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PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2017

• 2,157 people newly diagnosed with HIV in NYC in 2017

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Timely initiation of care among people newly diagnosed with HIV increased in NYC between 2013 and 2017.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, a larger proportion of men were timely linked to care than women and transgender people.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, a larger proportion of Whites were timely linked to care compared with other racial/ethnic groups.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. Native American and multiracial groups are not shown because of small numbers. There were 9 Native American and 15 multiracial people newly diagnosed with HIV in 2017. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, people ages 60 and older had the smallest proportion timely linked to care.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. New diagnoses in the 0-12 age group are not shown because of a small number. There were 2 children aged 0-12 years newly diagnosed with HIV in NYC in 2017. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, heterosexual and transgender people had the smallest proportions timely linked to care.

TG-SC = Transgender people with sexual contact.
Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. New diagnoses with other/unknown transmission risk are not shown. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY BOROUGH IN NYC, 2017

Among people newly diagnosed with HIV in NYC in 2017, residents of Queens and Staten Island had the smallest proportions timely linked to care.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
There were only slight differences in timely initiation of care among people newly diagnosed with HIV in NYC in 2017 by area-based poverty level.

FPL = Federal Poverty Level.
Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis. People diagnosed at death have been excluded. New diagnoses without area-based poverty information are not shown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, smaller proportions of US-born and people born outside of the US were timely linked to care.

Timely initiation of care is defined as HIV viral load, CD4, or genotype test drawn within 1 month (30 days) of HIV diagnosis.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, 45% were virally suppressed within 3 months and 64% within 6 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, a larger proportion of men were virally suppressed within 6 months of diagnosis compared with women and transgender people.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, Blacks had the smallest proportion virally suppressed within 6 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. Native American and multiracial groups are not shown because of small numbers. There were 9 Native American and 15 multiracial people newly diagnosed with HIV in 2017. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, people ages 60 and older had the smallest proportion virally suppressed within 6 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

New diagnoses in the 0-12 age group are not shown because of small numbers. There were 2 children aged 0-12 years newly diagnosed with HIV in 2017.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, MSM-IDU had the smallest proportion virally suppressed within 6 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded. New diagnoses with other/unknown transmission risk are not shown. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, Staten Island residents had the smallest proportion virally suppressed within 6 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, those living in very high poverty neighborhoods had the smallest proportion virally suppressed within 6 months of diagnosis.

VIRAL SUPPRESSION WITHIN 6 MONTHS OF NEW HIV DIAGNOSIS BY AREA-BASED POVERTY IN NYC, 2017

FPL=Federal Poverty Level.
Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.
New diagnoses without area-based poverty information are not shown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among people newly diagnosed with HIV in NYC in 2017, people born outside of the US had the largest proportion virally suppressed within 6 months of diagnosis.

Viral suppression is defined as viral load <200 copies/mL. People diagnosed at death have been excluded.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The proportion of people diagnosed with HIV-only in NYC between 2006 and 2015 who progressed to AIDS within 2 years of diagnosis decreased by 61%.

People are classified as having AIDS if they either have one or more AIDS-defining opportunistic illnesses (based on the 1993 CDC case definition) or a laboratory test indicating suppressed CD4+ cell counts (<200 cells/µL).

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
PEOPLE LIVING WITH HIV/AIDS (PLWHA)

• **90,500** PLWHA in NYC
  – Approximate number of people living with HIV in NYC at the end of 2017

• **83,800** diagnosed PLWHA in NYC
  – Approximate number of people living with diagnosed HIV in NYC at the end of 2017, including those diagnosed with HIV or AIDS in or before 2017, living in NYC at the end of 2017, and reported to the NYC DOHMH by March 31, 2018
Four-fifths of diagnosed PLWHA in NYC were virally suppressed in 2017.

Viral suppression is defined as viral load <200 copies/mL. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, a smaller proportion of transgender people were virally suppressed than men and women.

Viral suppression is defined as viral load <200 copies/mL. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, Whites and Asian/Pacific Islanders had the largest proportions virally suppressed among all racial/ethnic groups.

Viral suppression is defined as viral load <200 copies/mL.

Other/Unknown category includes people identified as multiracial or people with unknown race/ethnicity.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, those ages 60 and older had the largest proportion virally suppressed compared to other age groups.

Viral suppression is defined as viral load <200 copies/mL. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, MSM had the largest proportion virally suppressed, and people with perinatal transmission risk had the smallest.

TG-SC = Transgender people with sexual contact.
Viral suppression is defined as viral load <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, Bronx residents had the smallest proportion virally suppressed.

Viral suppression is defined as viral load <200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, people living in lower poverty neighborhoods had the largest proportion virally suppressed.

FPL=Federal Poverty Level.
Viral suppression is defined as viral load <200 copies/mL.
PLWHA without area-based poverty information are not shown.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, people born in the US or US dependencies had smaller proportions virally suppressed compared with people born outside the US.

Viral suppression is defined as viral load <200 copies/mL.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Of approximately 90,500 PLWHA in NYC in 2017, 74% had a suppressed viral load.
How to Find Our Data

• Our program publishes annual surveillance reports and slide sets, as well as special supplemental reports during the year.

  • Annual reports: http://www1.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page
  • Slide sets: http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page
  • HIV Care Status Reports (CSR) system: https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page
  • HIV Care Continuum Dashboards (CCDs): http://www1.nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page

• Email data requests to: HIVReport@health.nyc.gov
  • 2 weeks minimum needed for requests to be completed
TECHNICAL NOTES: NYC HIV CARE CONTINUUM

• “People living with HIV/AIDS”: calculated as “HIV-diagnosed” divided by the estimated proportion of people living with HIV/AIDS (PLWHA) who had been diagnosed (92.6%), based on a CD4 depletion model.


• “HIV-diagnosed”: calculated as PLWHA “retained in care” plus the estimated number of PLWHA who were out of care, based on a statistical weighting method. This estimated number aims to account for out-migration from NYC, and therefore is different from the number of PLWHA published elsewhere.


• “Retained in care”: PLWHA with ≥1 VL or CD4 count or CD4 percent drawn in 2017, and reported to NYC HIV surveillance.

  Source: NYC HIV Surveillance Registry.

• “Prescribed ART”: calculated as PLWHA “retained in care” multiplied by the estimated proportion of PLWHA prescribed ART in the previous 12 months (93.2%), based on the proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.


• “Virally suppressed”: calculated as PLWHA in care with a most recent viral load measurement in 2017 of <200 copies/mL, plus the estimated number of out-of-care 2017 PLWHA with a viral load <200 copies/mL, based on a statistical weighting method.