HIV Among People Born Outside of the United States in New York City, 2023

HIV Epidemiology Program
New York City Department of Health and Mental Hygiene
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https://www.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page

NYC Health

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- **609 people newly diagnosed with HIV**

  – Including 160 people concurrently diagnosed with AIDS (26.3% of diagnoses)

- **418 people newly diagnosed with AIDS[1]**

- **There are an estimated 22,000 people with HIV[2]**

- **240 deaths among people with HIV**

  – 5.9 deaths per 1,000 people with HIV[3]

[1]Includes people concurrently diagnosed with HIV and AIDS.
[2]Approximate value calculated as the number of people with HIV divided by the estimated proportion of people with HIV who had been diagnosed, see Technical Notes for more details.
[3]Age-adjusted to the 2000 U.S. Standard Population. People newly diagnosed with HIV at death were excluded from the analysis. Death data for 2023 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

People born outside of the United States newly diagnosed with HIV
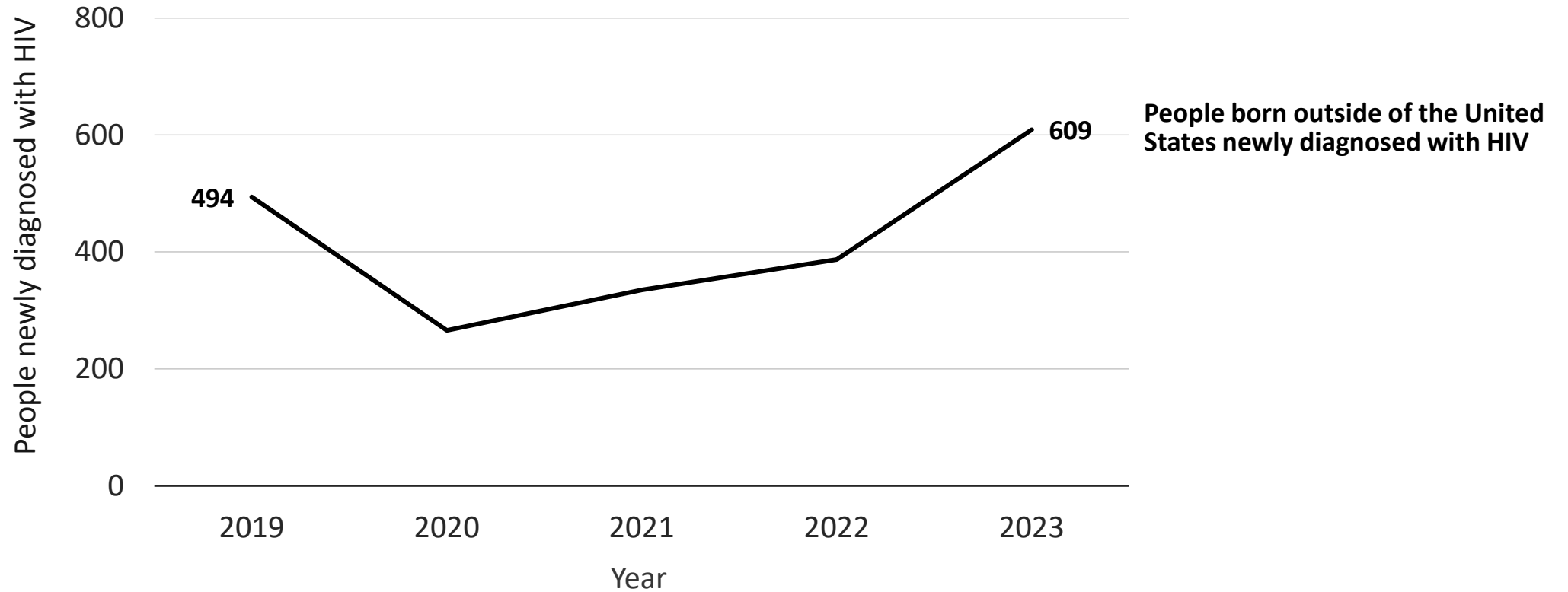
The number of new HIV diagnoses among people born outside of the U.S. increased by 23% from 2019 to 2023 in New York City. The number of new diagnoses has increased by 129% since 2020, the year COVID-19 was first detected in New York City.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among People Born Outside of the U.S. by Gender – New York City, 2019-2023
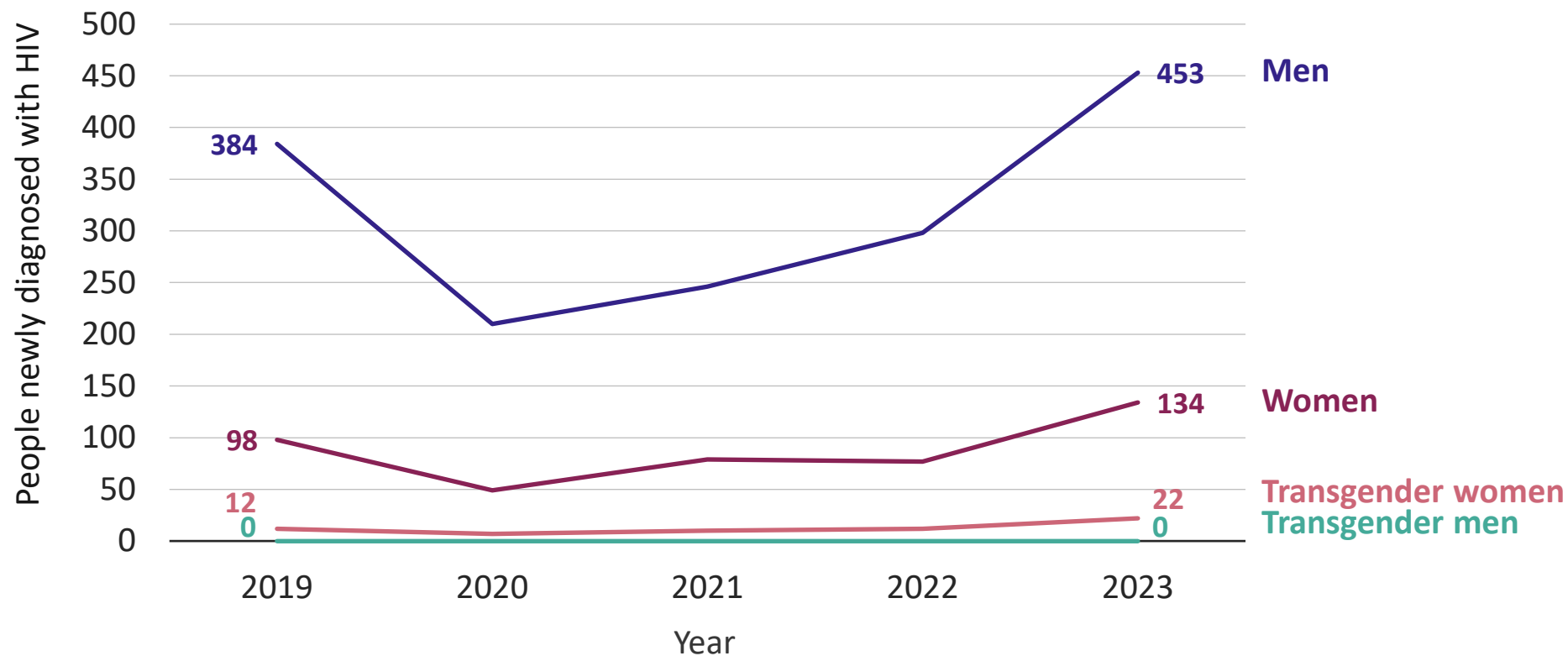
Since 2019, the number of people newly diagnosed with HIV born outside of the U.S. increased among men by 18%, among women by 37%, and among transgender women by 83%. There were no transgender men born outside of the U.S. newly diagnosed with HIV between 2019 and 2023. Men experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Men consistently experienced the highest number of new HIV diagnoses, representing 74% of new diagnoses among people born outside the U.S. in 2023.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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Number of New HIV Diagnoses Among People Born Outside of the U.S. by Race or Ethnicity – New York City, 2019-2023

Since 2019, the number of people newly diagnosed with HIV born outside of the U.S. increased among Black people by 8% and among Latino people by 41%. The number of new HIV diagnoses remained relatively stable in all other race or ethnicity groups among people born outside of the U.S. Black and Latino people experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Latino people consistently experienced the highest number of new HIV diagnoses, representing 60% of new diagnoses among people born outside the U.S. in 2023.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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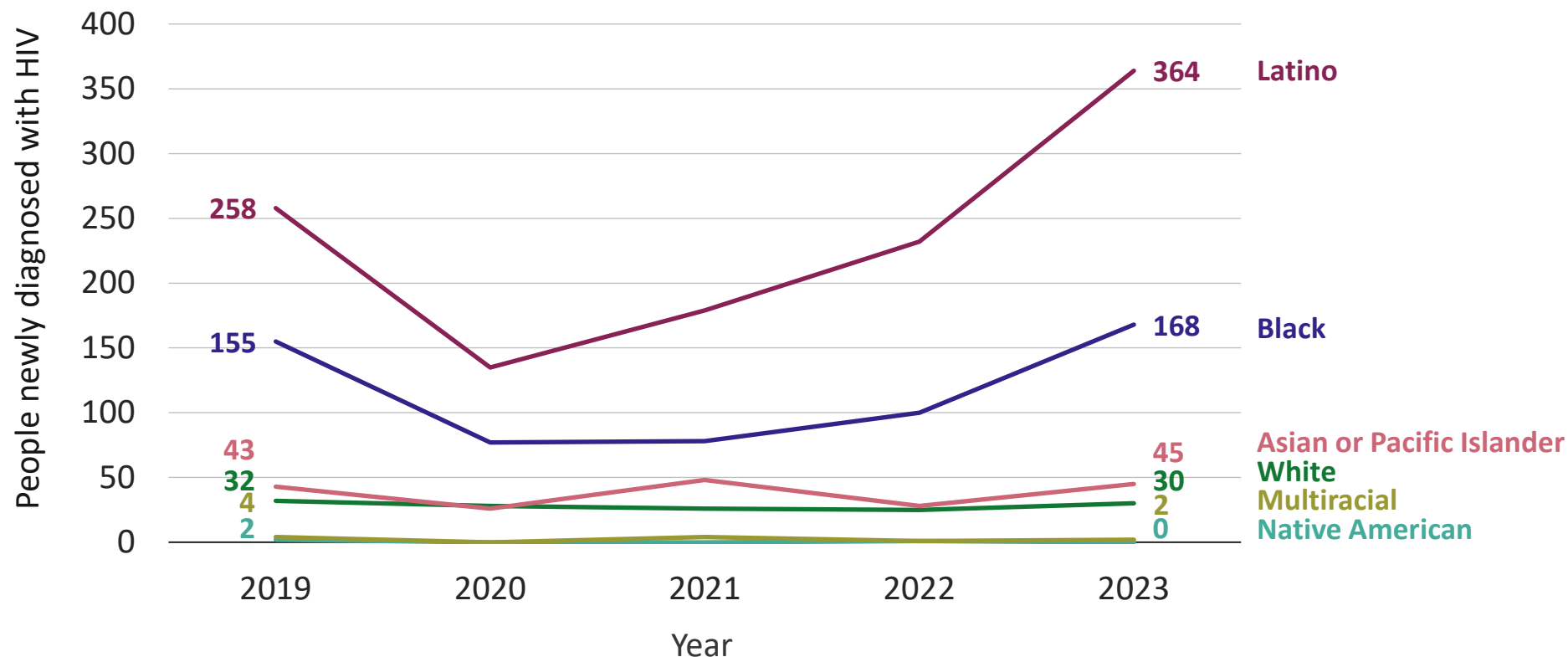# Number of New HIV Diagnoses Among People Born Outside of the U.S. by Age Group – New York City, 2019-2023
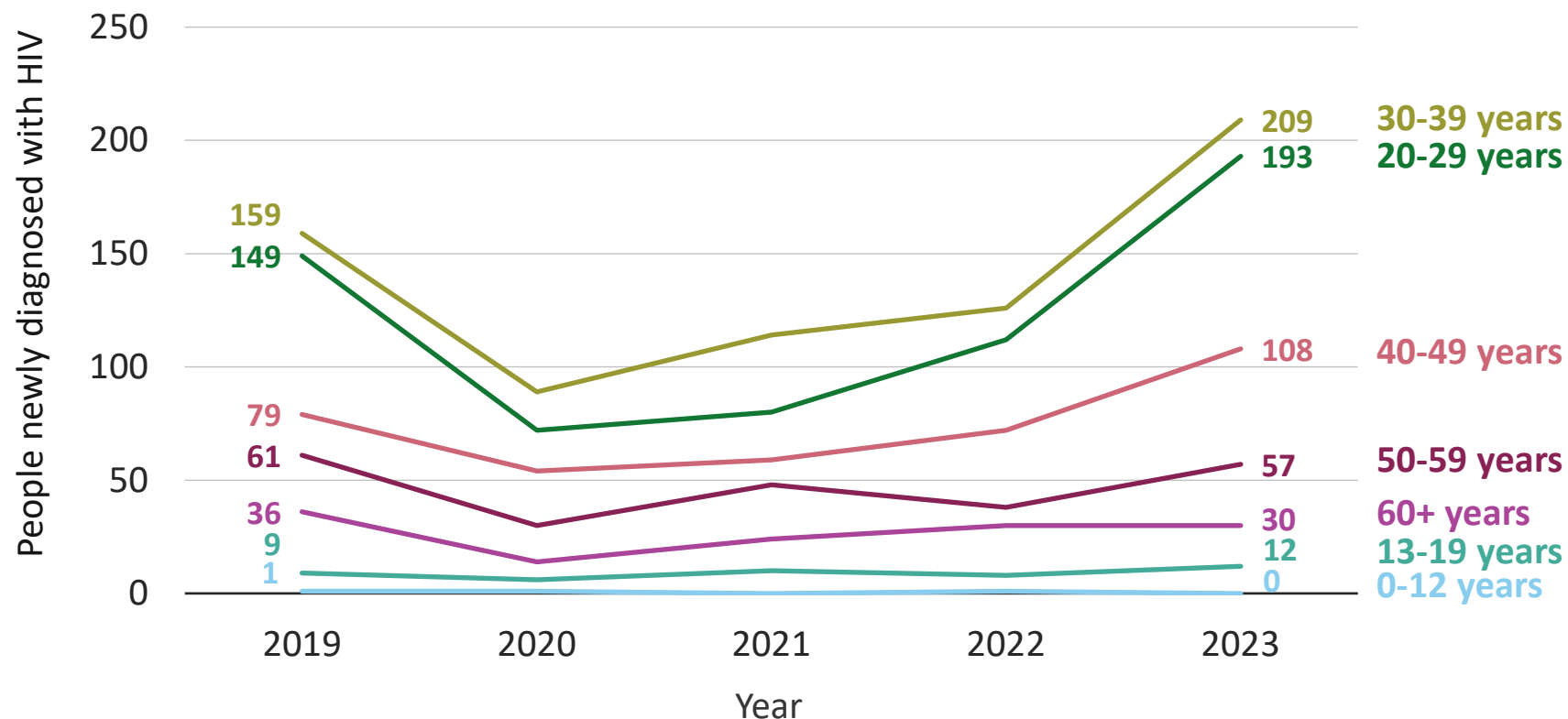
People newly diagnosed with HIV (y-axis) vs. Year (x-axis)

Age Group	2019	2023
30-39 years	159	209
20-29 years	149	193
40-49 years	79	108
50-59 years	61	57
60+ years	36	30
13-19 years	9	12
0-12 years	1	0

Since 2019, the number of people newly diagnosed with HIV born outside of the U.S. increased among people ages 20 to 29 by 30%, among people 30 to 39 by 31%, and among people 40 to 49 by 37%. The number of new HIV diagnoses decreased or remained stable in all other age groups among people born outside of the U.S. People aged 20 to 39 years experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. People aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses, representing a combined 66% of new diagnoses among people born outside the U.S. in 2023.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among People Born outside of the U.S. by Race or Ethnicity and Age Group – New York City, 2023

Age	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
0-12	0	0	0	0	0	0
13-19	1	11	0	0	0	0
20-29	37	131	8	17	0	0
30-39	56	128	12	12	0	1
40-49	30	57	7	14	0	0
50-59	31	25	0	1	0	0
60+	13	12	3	1	0	1

Latino people born outside the U.S. aged 20 to 39 years experienced the highest number of new HIV diagnoses in 2023, representing a combined 43% of new diagnoses among people born outside the U.S. in 2023.

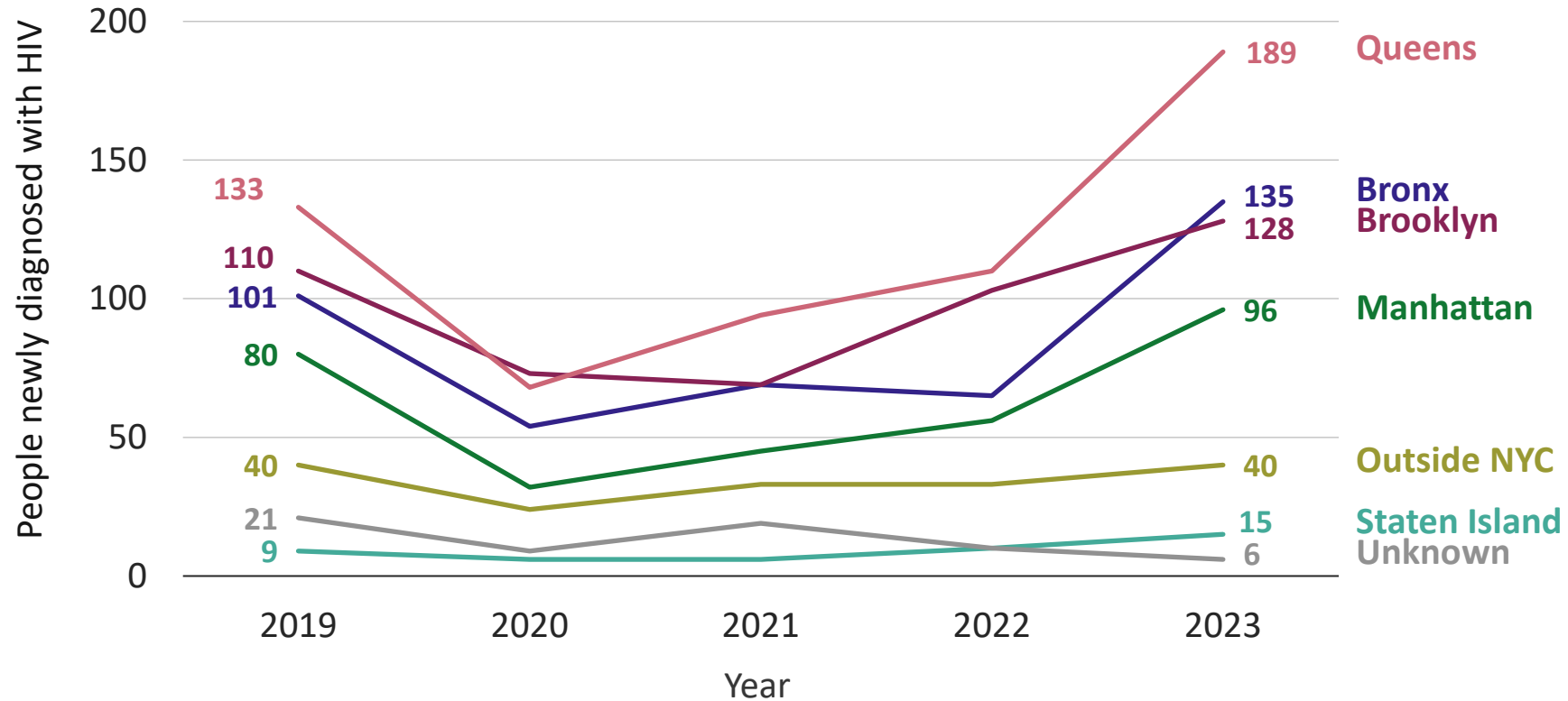# Number of New HIV Diagnoses Among People Born Outside of the U.S. by Borough of Residence – New York City, 2019-2023

People newly diagnosed with HIV

Borough	2019	2023
Queens	133	189
Bronx	101	135
Brooklyn	110	128
Manhattan	80	96
Outside NYC	40	40
Staten Island	9	15
Unknown	21	6

Since 2019, the number of people newly diagnosed with HIV born outside of the U.S. increased among people residing in Staten Island by 67%, in Queens by 42%, in the Bronx by 35%, in Manhattan by 20%, and in Brooklyn by 16%. The number of new HIV diagnoses remained relatively stable in all other boroughs of residence among people born outside of the U.S. People residing in Queens experienced the highest number of new HIV diagnoses, representing 31% of new diagnoses among people born outside the U.S. in 2023.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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Number of New HIV Diagnoses Among People Born Outside of the U.S. by Neighborhood Poverty Level[1] – New York City, 2019-2023
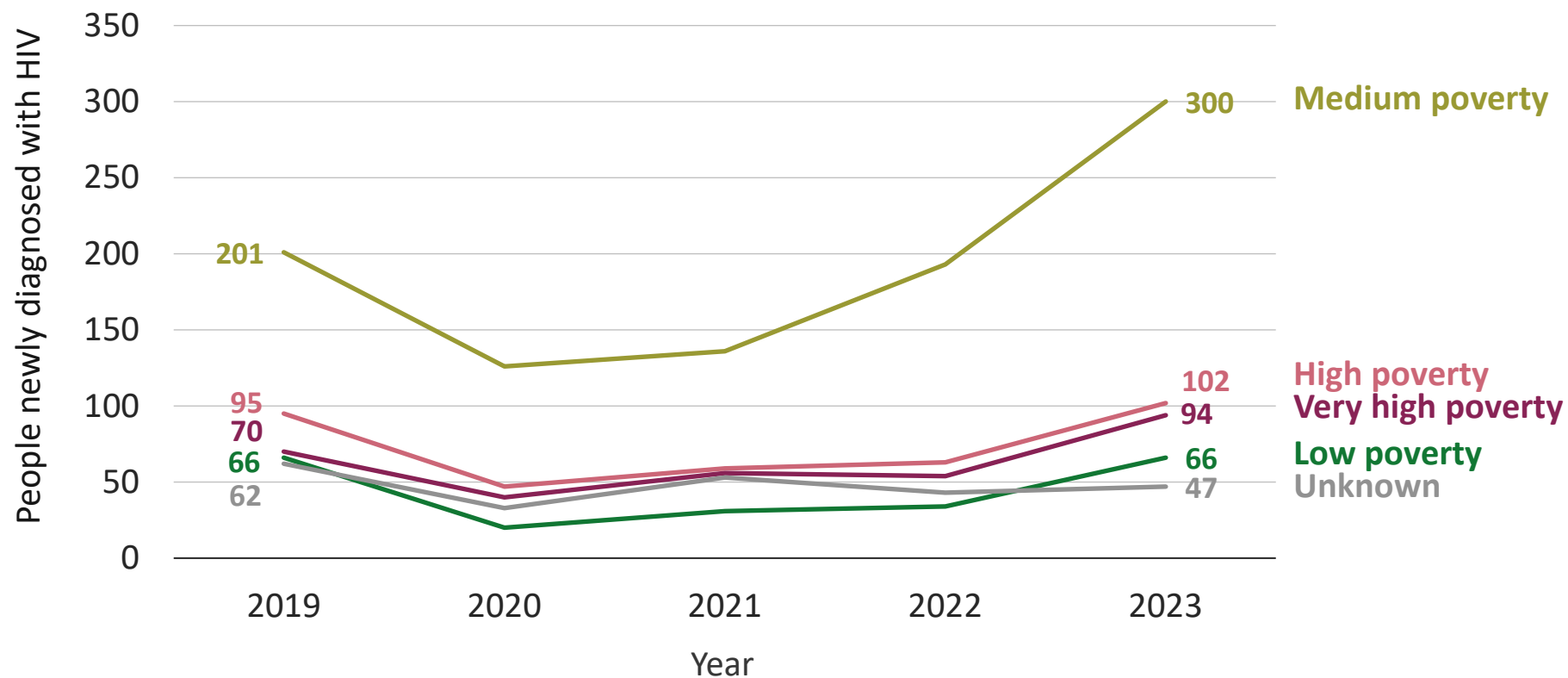
Since 2019, the number of people newly diagnosed with HIV born outside of the U.S. increased among people residing in neighborhoods with medium poverty by 49%, in neighborhoods with very high poverty by 34%, and in neighborhoods with high poverty by 7%. The number of new HIV diagnoses remained relatively stable in all other neighborhood poverty levels. Neighborhoods with medium poverty consistently experienced the highest number of new HIV diagnoses, representing 49% of new diagnoses among people born outside the U.S. in 2023.

[1]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among People Born Outside of the U.S. by Transmission Category – New York City, 2019-2023
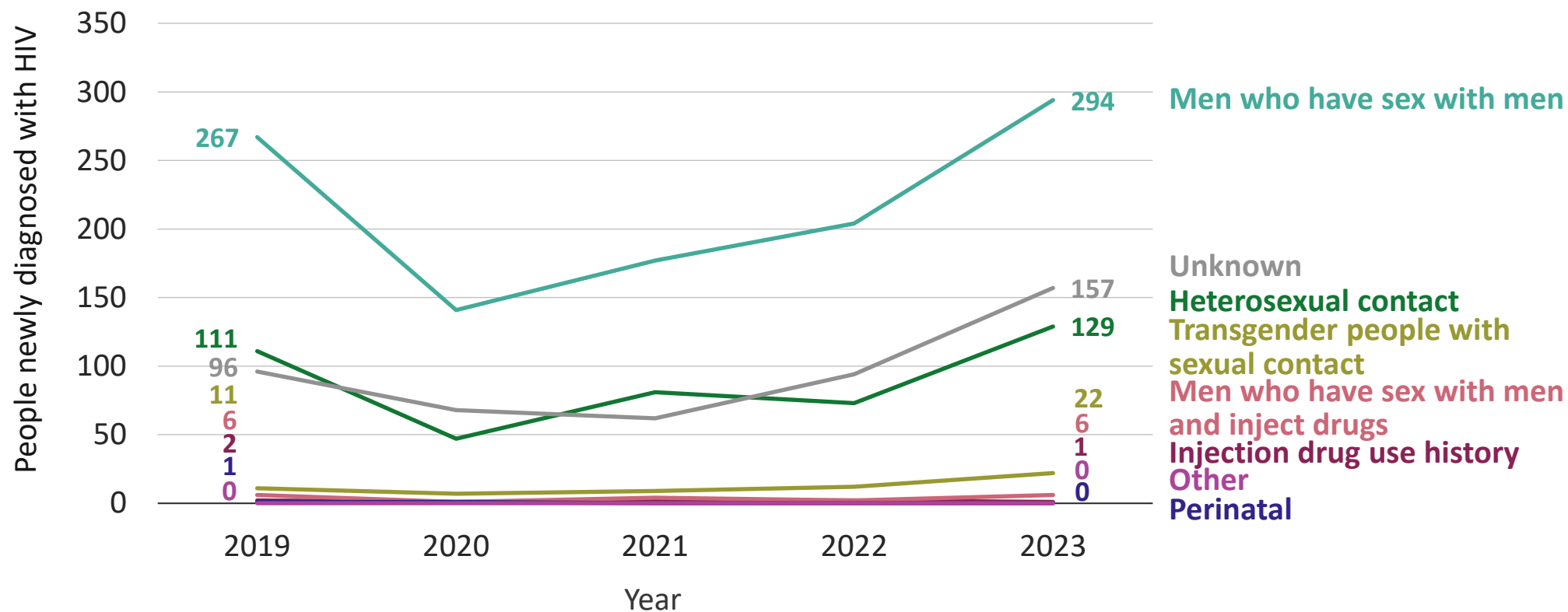
Since 2019, the number of people newly diagnosed with HIV born outside of the U.S. increased among men who have sex with men by 10%, people with heterosexual contact by 16%, transgender people with sexual contact by 100%, and people with an unknown transmission category[1] by 64%. The number of new HIV diagnoses remained relatively low and stable for all other transmission categories. Men who have sex with men consistently experienced the highest number of new HIV diagnoses, representing 65% of new diagnoses among people born outside the U.S. for whom data on transmission category were available in 2023.

[1]The number of people newly diagnosed with HIV with an unknown transmission category increased due to changes in access to medical records after the emergence of COVID-19 in New York City.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Care Outcomes Among People Born Outside of the United States Newly Diagnosed With HIV

New York City

Timely Initiation of Care[1] After Diagnosis Among People Born Outside of the U.S. – New York City, 2019-2023

Timely initiation of care
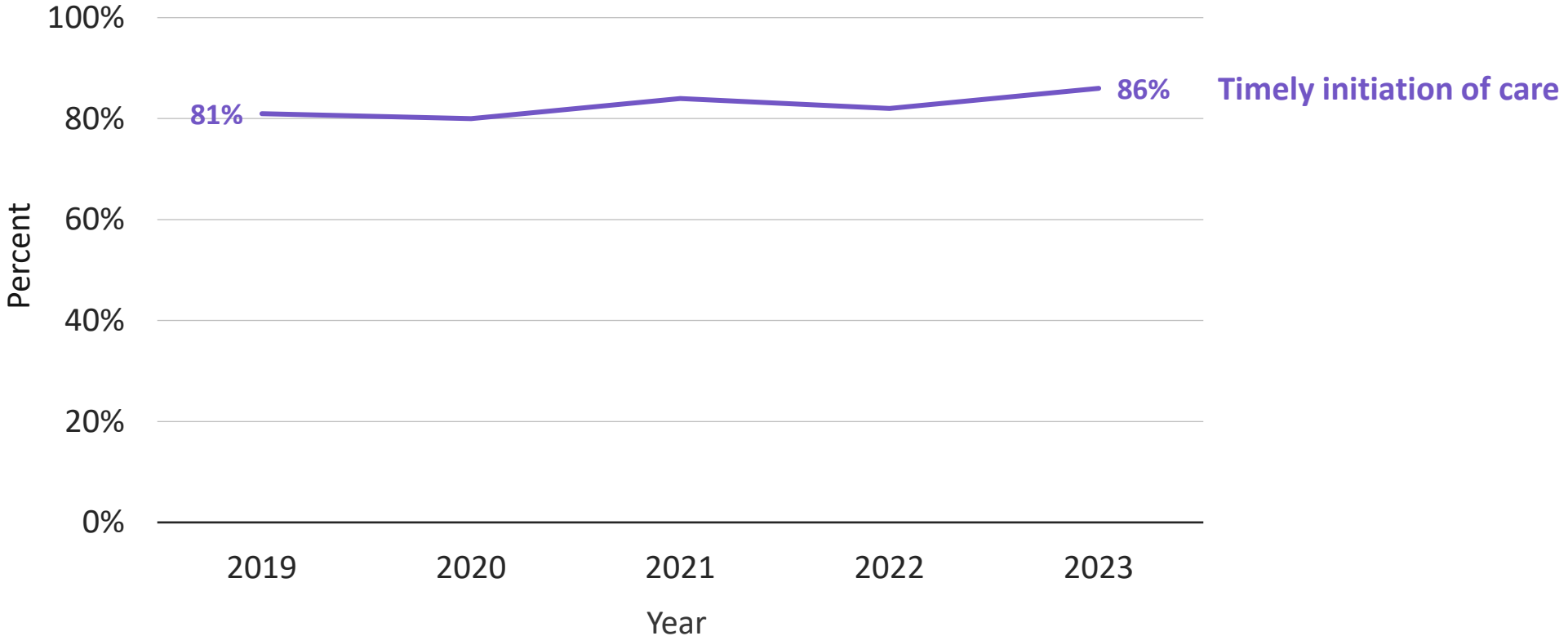
Timely initiation of care among people born outside of the U.S. increased five percentage points from 2019 to 2023 in New York City .

[1]Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 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, 2024.

Timely Initiation of Care[1] After Diagnosis Among People Born Outside of the U.S. by Demographic Groups – New York City, 2023

86% overall among people born outside the U.S.

Gender
- Men — 88%
- Women — 82%
- Transgender women — 86%*
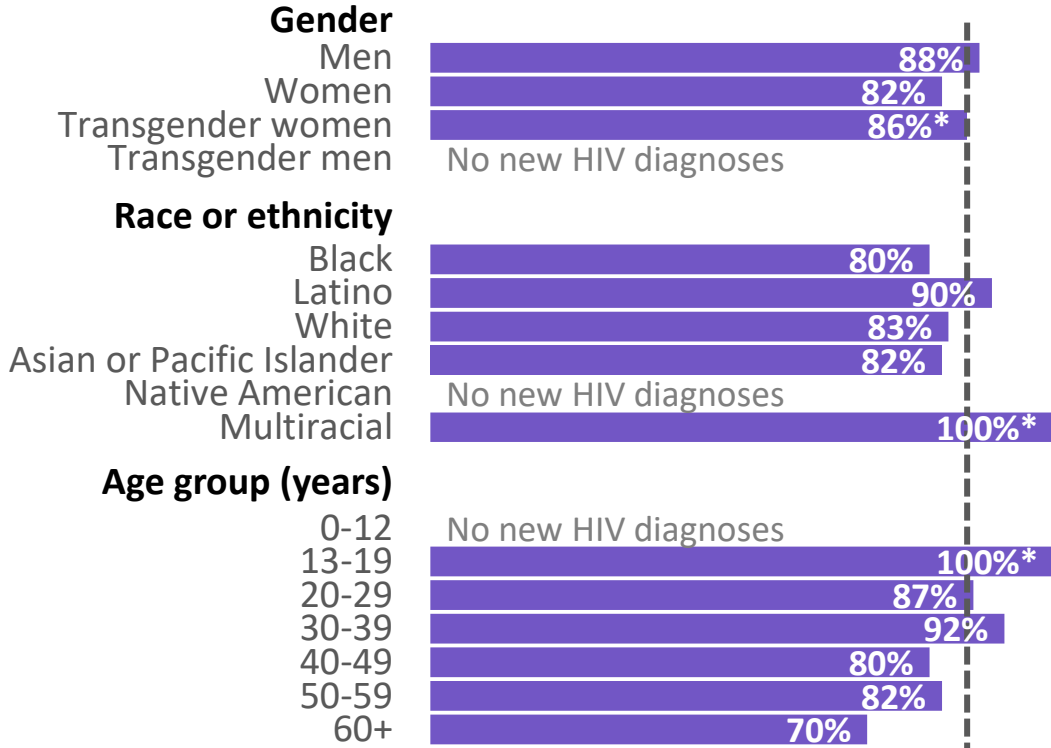- Transgender men — No new HIV diagnoses

Race or ethnicity
- Black — 80%
- Latino — 90%
- White — 83%
- Asian or Pacific Islander — 82%
- Native American — No new HIV diagnoses
- Multiracial — 100%*

Age group (years)
- 0-12 — No new HIV diagnoses
- 13-19 — 100%*
- 20-29 — 87%
- 30-39 — 92%
- 40-49 — 80%
- 50-59 — 82%
- 60+ — 70%

In New York City, differences in timely initiation of care exist across demographic groups among people born outside of the U.S.

86% overall among people born outside the U.S.

Borough
- Bronx — 89%
- Brooklyn — 86%
- Manhattan — 91%
- Queens — 89%*
- Staten Island — 79%
- Outside of NYC — 75%
- Unknown — 0%*

Neighborhood poverty[2]
- Low poverty — 76%
- Medium poverty — 90%
- High poverty — 91%
- Very high poverty — 89%
- Unknown — 66%

Transmission category
- Men who have sex with men — 93%
- Injection drug use history — 100%*
- MSM-IDU — 100%*
- Heterosexual contact — 88%
- TG-SC — 86%*
- Perinatal — No new HIV diagnoses
- Other — No new HIV diagnoses
- Unknown — 73%

*Data should be interpreted with caution because of small population size.
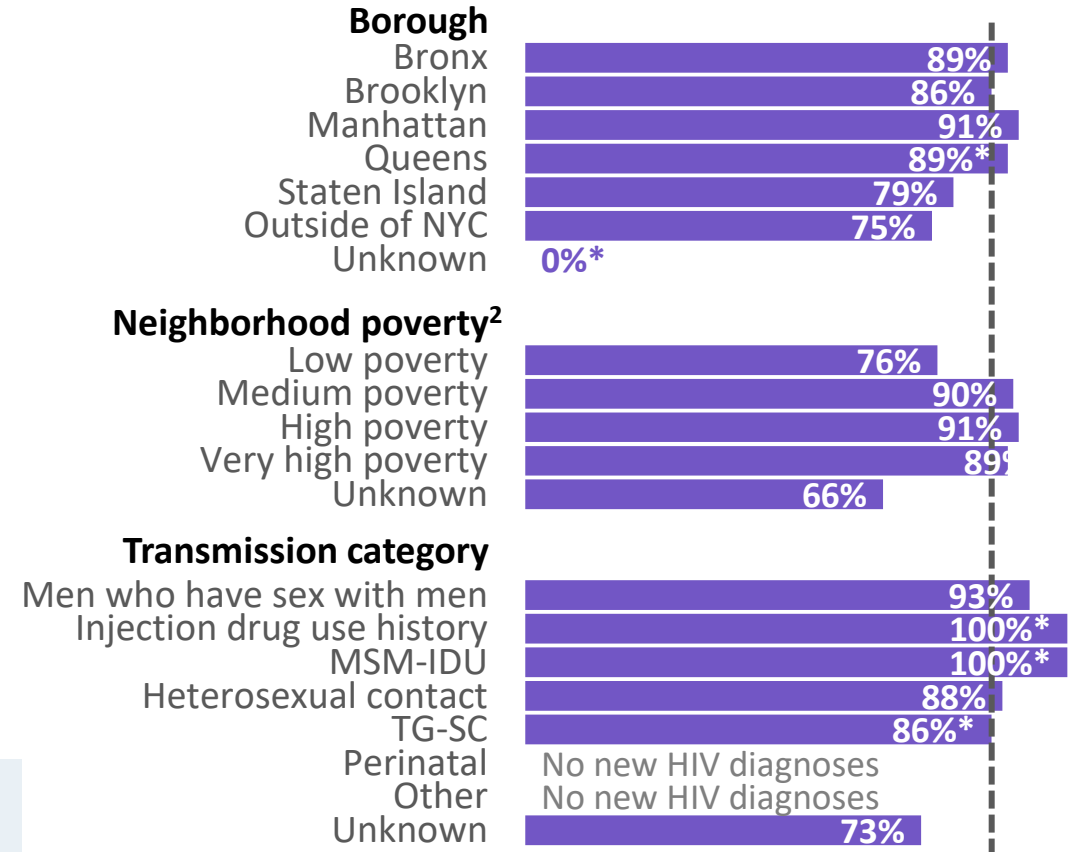MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
[2]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Timely Initiation of Care[1] After Diagnosis Among People Born Outside of the U.S. by United Hospital Fund Neighborhood – New York City, 2023

Proportion of people newly diagnosed with HIV linked to care within 30 days by UHF neighborhood

- 63% to 80%
- more than 80% to 89%
- more than 89% to 95%
- more than 95% to 100%
- Data not shown (denominator ≤5)
- Non-residential areas

Washington Heights – Inwood

Southeast Queens

Canarsie – Flatlands

0   2.5   5   10 Miles

The neighborhoods with the lowest proportions of people born outside of the U.S. linked to care within 30 days were Canarsie – Flatlands (63%), Southeast Queens (67%), and Washington Heights – Inwood (75%).

[1]Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
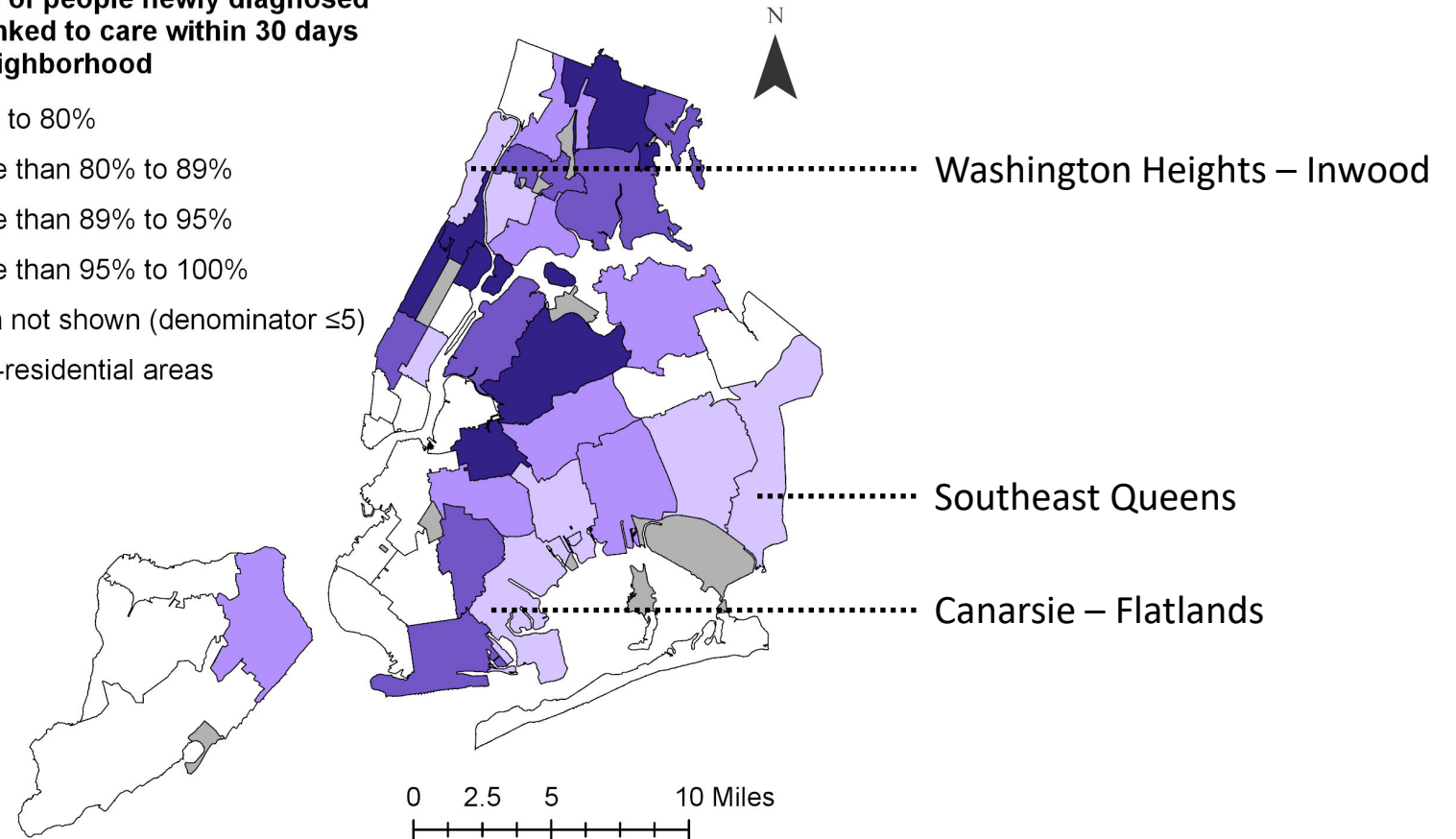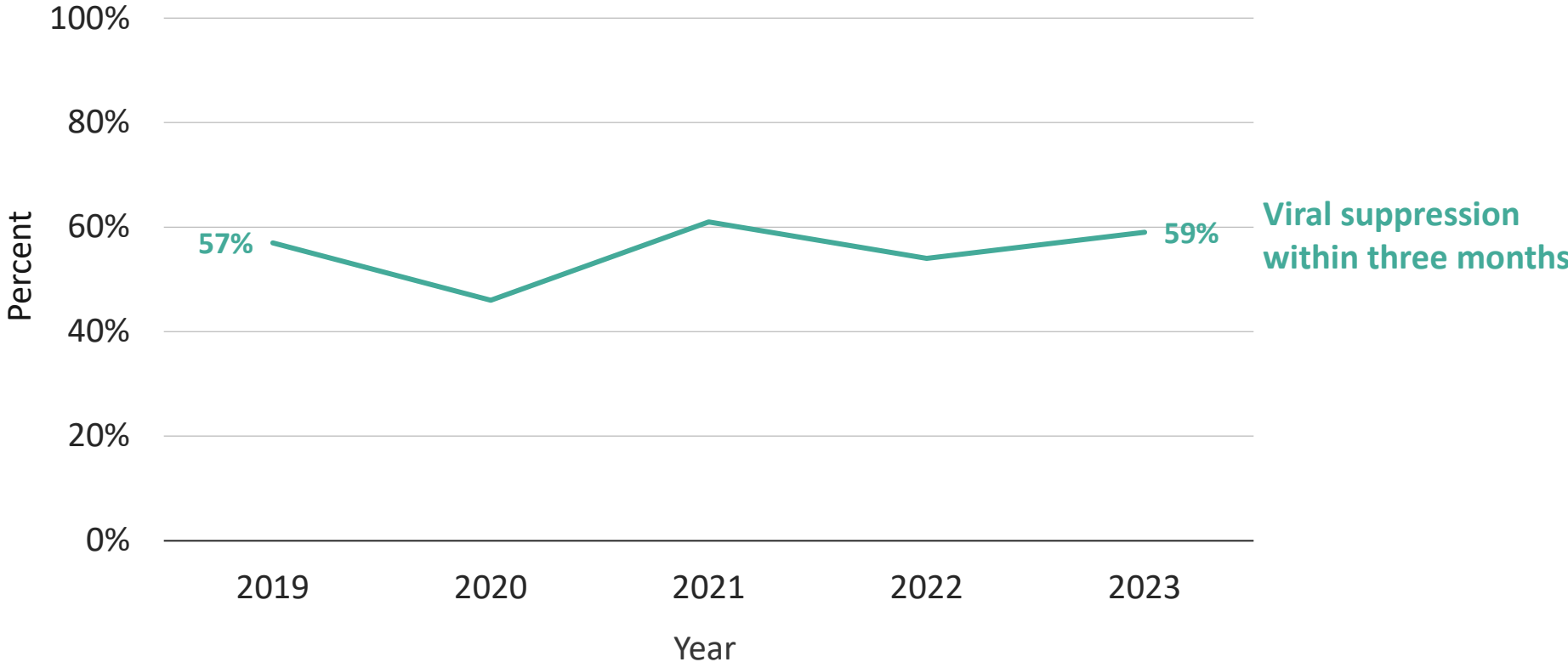As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Viral Suppression[1] Within Three Months of Diagnosis Among People Born Outside of the U.S. – New York City, 2019-2023

Percent vs Year

- **57%** (2019)
- **59%** (2023)

Viral suppression within three months

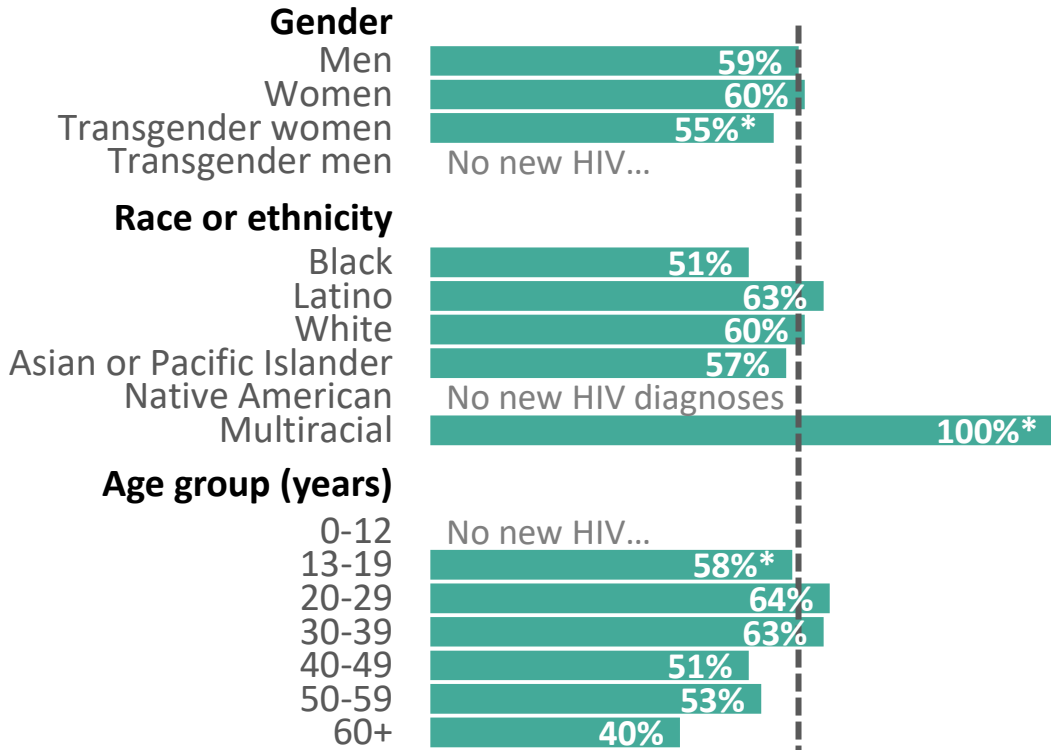**Viral suppression within three months of an HIV diagnosis among people born outside of the U.S. remained relatively flat in New York City from 2019 to 2023.**
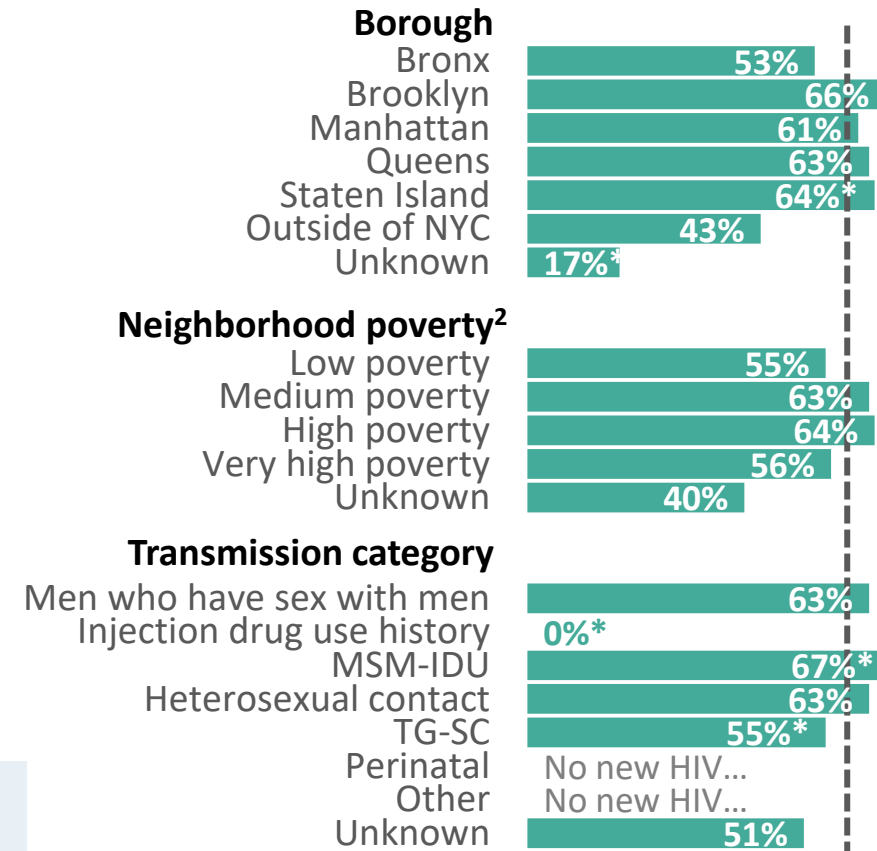
[1]Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Viral Suppression[1] Within Three Months of Diagnosis Among People Born Outside of the U.S. by Demographic Group – New York City, 2023

59% overall among people born outside the U.S.

Gender
- Men: 59%
- Women: 60%
- Transgender women: 55%*
- Transgender men: No new HIV…

Race or ethnicity
- Black: 51%
- Latino: 63%
- White: 60%
- Asian or Pacific Islander: 57%
- Native American: No new HIV diagnoses
- Multiracial: 100%*

Age group (years)
- 0-12: No new HIV…
- 13-19: 58%*
- 20-29: 64%
- 30-39: 63%
- 40-49: 51%
- 50-59: 53%
- 60+: 40%

In New York City, differences in viral suppression within three months of an HIV diagnosis exist across demographic groups among people born outside of the U.S.

59% overall among people born outside the U.S.

Borough
- Bronx: 53%
- Brooklyn: 66%
- Manhattan: 61%
- Queens: 63%
- Staten Island: 64%*
- Outside of NYC: 43%
- Unknown: 17%*

Neighborhood poverty[2]
- Low poverty: 55%
- Medium poverty: 63%
- High poverty: 64%
- Very high poverty: 56%
- Unknown: 40%

Transmission category
- Men who have sex with men: 63%
- Injection drug use history: 0%*
- MSM-IDU: 67%*
- Heterosexual contact: 63%
- TG-SC: 55%*
- Perinatal: No new HIV…
- Other: No new HIV…
- Unknown: 51%

*Data should be interpreted with caution because of small population size.
MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.
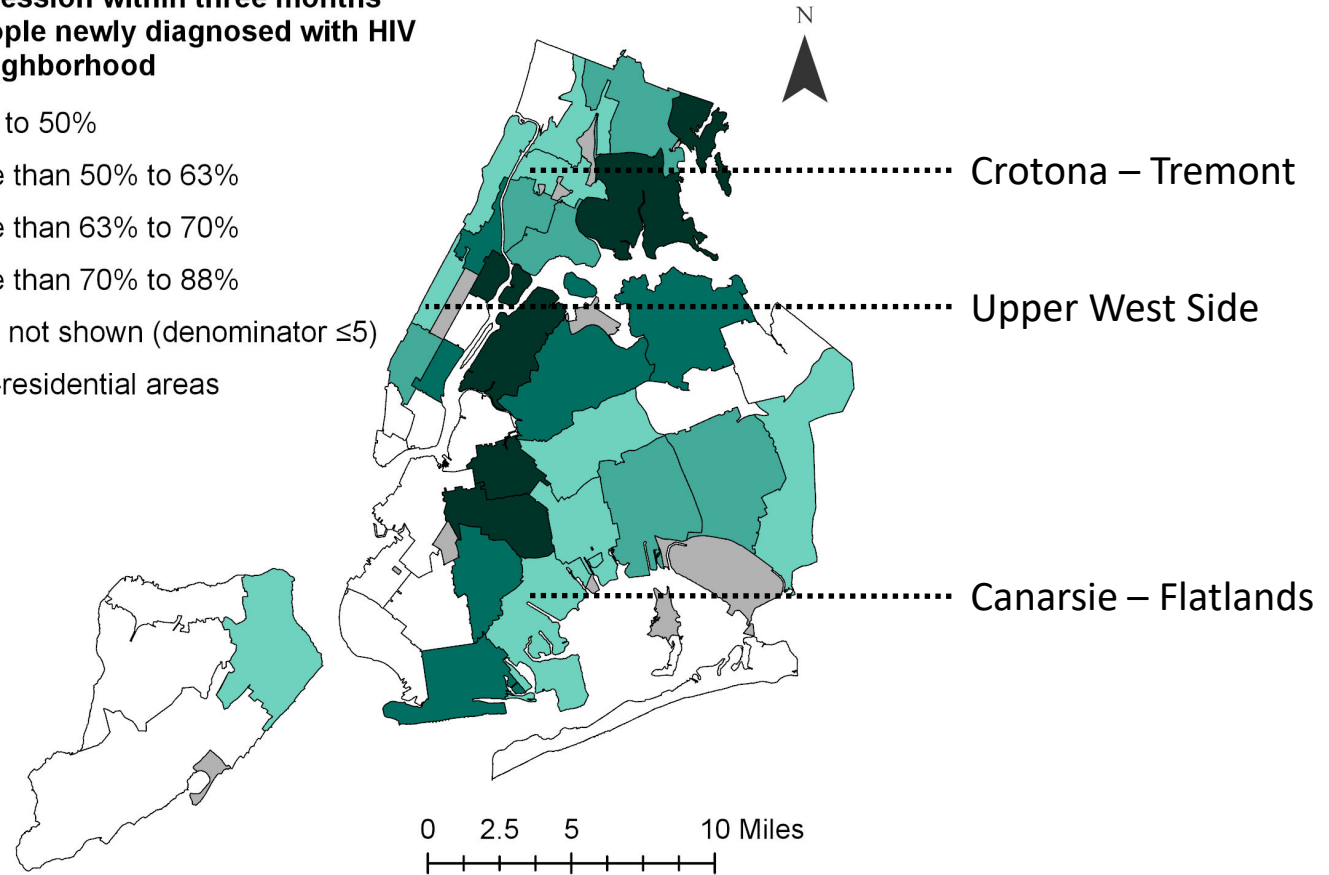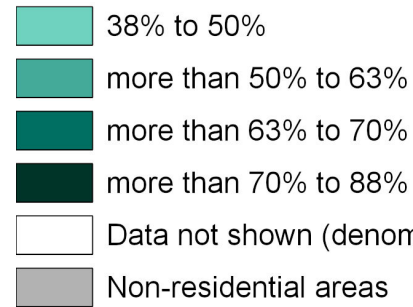[2]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
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Viral Suppression[1] Within Three Months of Diagnosis Among People Born Outside of the U.S. by United Hospital Fund Neighborhood – New York City, 2023

Viral suppression within three months among people newly diagnosed with HIV by UHF neighborhood

- 38% to 50%
- more than 50% to 63%
- more than 63% to 70%
- more than 70% to 88%
- Data not shown (denominator ≤5)
- Non-residential areas

Crotona – Tremont

Upper West Side

Canarsie – Flatlands

0   2.5   5   10 Miles

The neighborhoods with the lowest proportions of people born outside of the U.S. virally suppressed within three months of an HIV diagnosis were Canarsie – Flatlands (38%), Crotona – Tremont (41%), and the Upper West Side (43%).

[1]Viral suppression is defined as an HIV viral load in the calendar year <200 copies/mL within three months of diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Care Outcomes Among People Born Outside of the United States With HIV

New York City

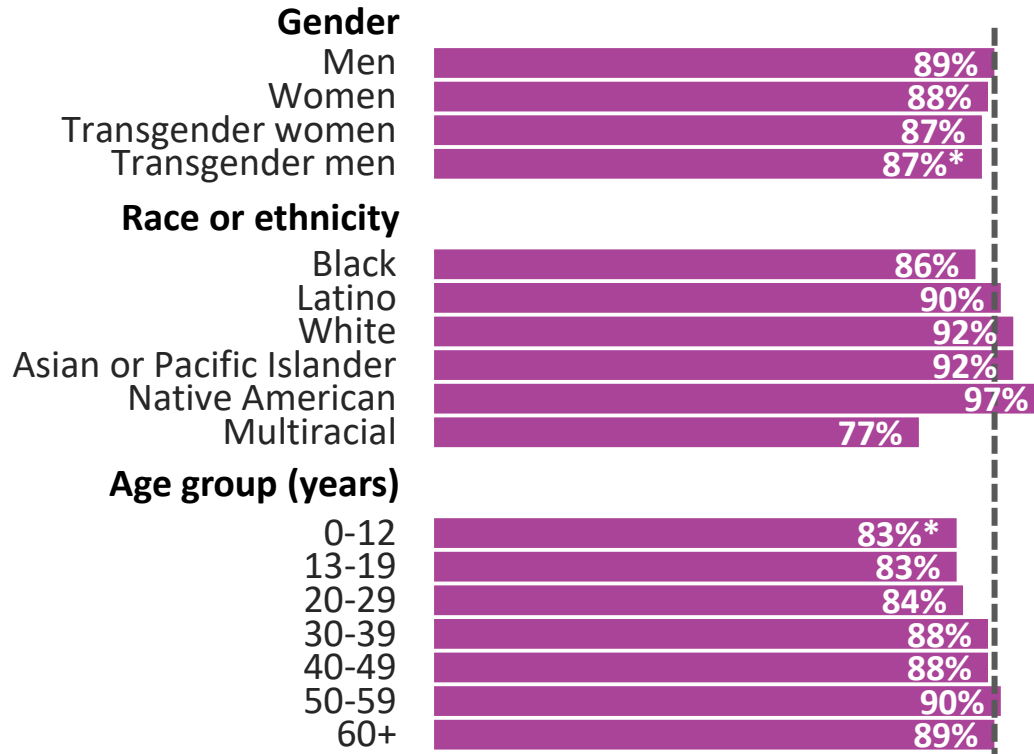# Viral Suppression[1] Among People Born Outside of the U.S. and Diagnosed With HIV[2] – New York City, 2019-2023
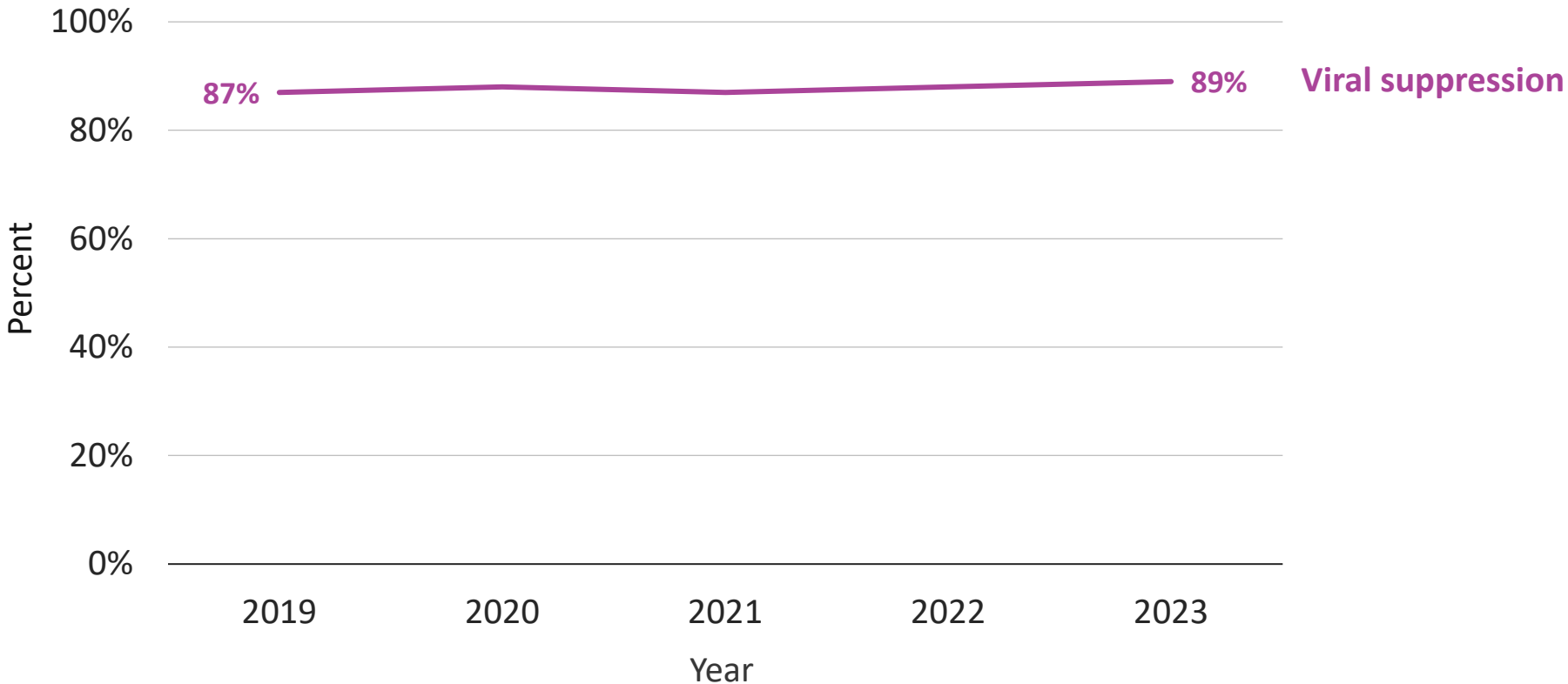
Viral suppression among people born outside of the U.S. with diagnosed HIV increased two percentage points in New York City from 2019 to 2023.
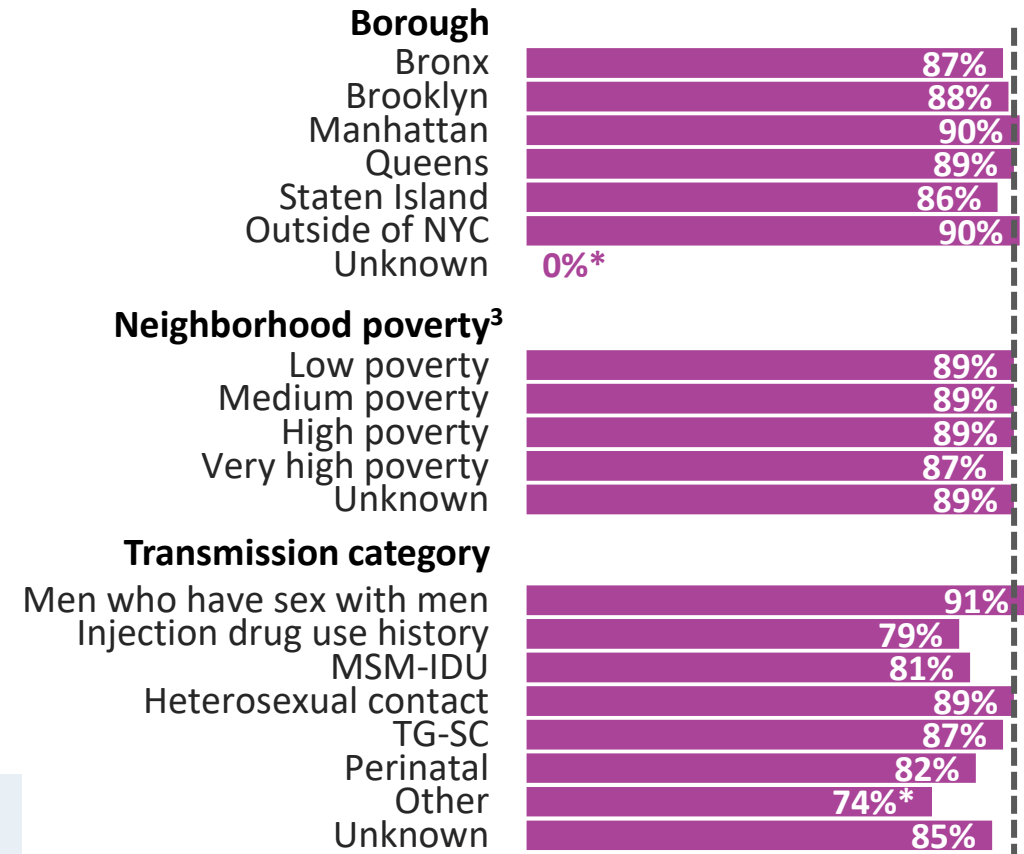
[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
[2]People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Viral Suppression[1] Among People Born Outside of the U.S. and Diagnosed With HIV[2] by Demographic Group – New York City, 2023

89% overall among people born outside the U.S.

89% overall among people born outside the U.S.

Gender
- Men: 89%
- Women: 88%
- Transgender women: 87%
- Transgender men: 87%*

Race or ethnicity
- Black: 86%
- Latino: 90%
- White: 92%
- Asian or Pacific Islander: 92%
- Native American: 97%
- Multiracial: 77%

Age group (years)
- 0-12: 83%*
- 13-19: 83%
- 20-29: 84%
- 30-39: 88%
- 40-49: 88%
- 50-59: 90%
- 60+: 89%

Borough
- Bronx: 87%
- Brooklyn: 88%
- Manhattan: 90%
- Queens: 89%
- Staten Island: 86%
- Outside of NYC: 90%
- Unknown: 0%*

Neighborhood poverty[3]
- Low poverty: 89%
- Medium poverty: 89%
- High poverty: 89%
- Very high poverty: 87%
- Unknown: 89%

Transmission category
- Men who have sex with men: 91%
- Injection drug use history: 79%
- MSM-IDU: 81%
- Heterosexual contact: 89%
- TG-SC: 87%
- Perinatal: 82%
- Other: 74%*
- Unknown: 85%

Differences in viral suppression exist across demographic groups among people born outside of the U.S.

*Data should be interpreted with caution because of small population size.
MSM-IDU=Men who have sex with men and inject drugs; TG-SC=Transgender people with sexual contact.
[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.
[2]People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
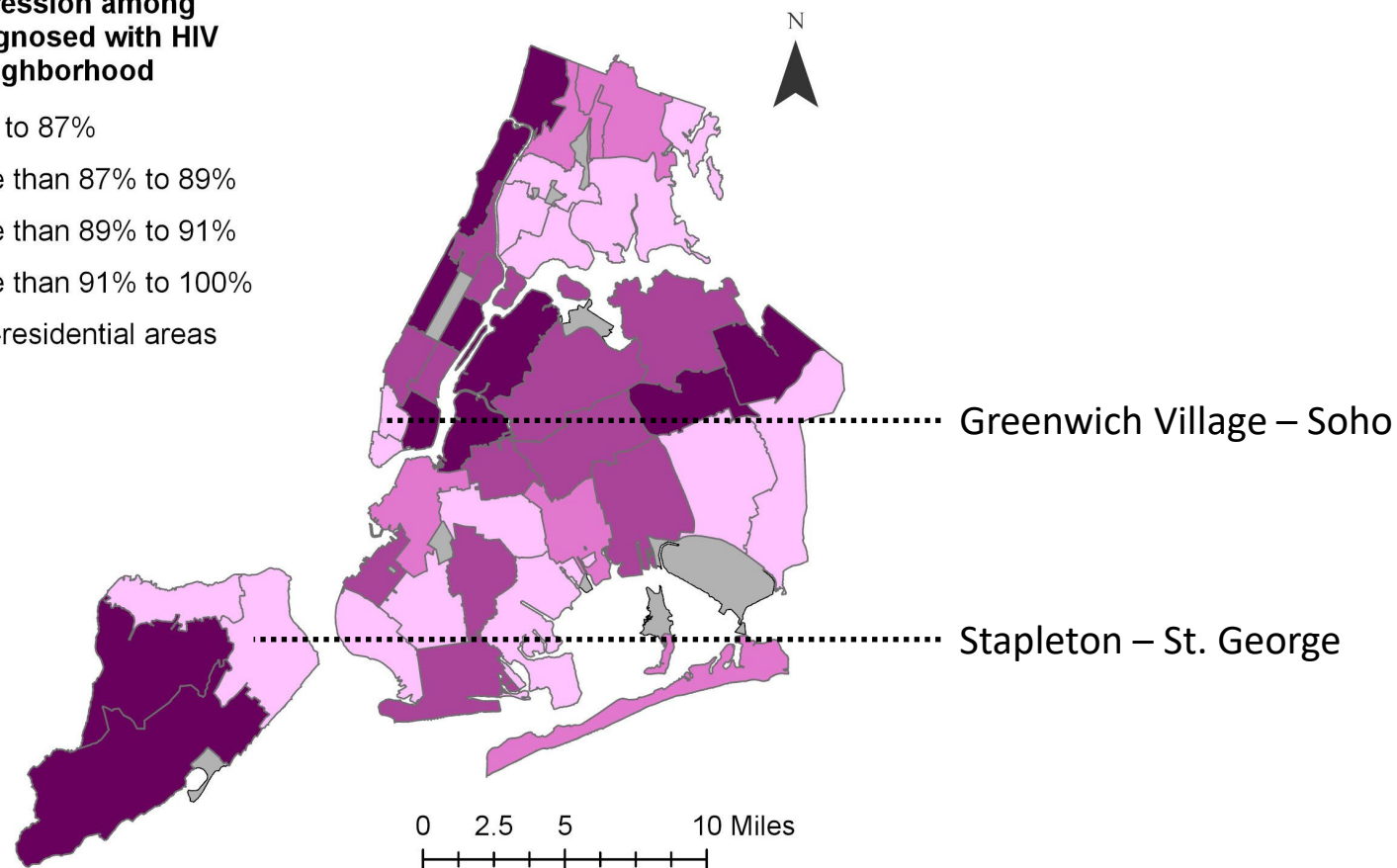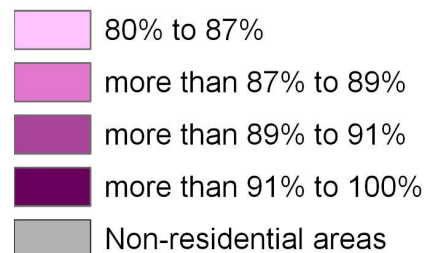[3]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
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Viral Suppression[1] Among People Born Outside of the U.S. and Diagnosed With HIV[2] by United Hospital Fund Neighborhood – New York City, 2023

Viral suppression among people diagnosed with HIV by UHF neighborhood

- 80% to 87%
- more than 87% to 89%
- more than 89% to 91%
- more than 91% to 100%
- Non-residential areas

Greenwich Village – Soho

Stapleton – St. George
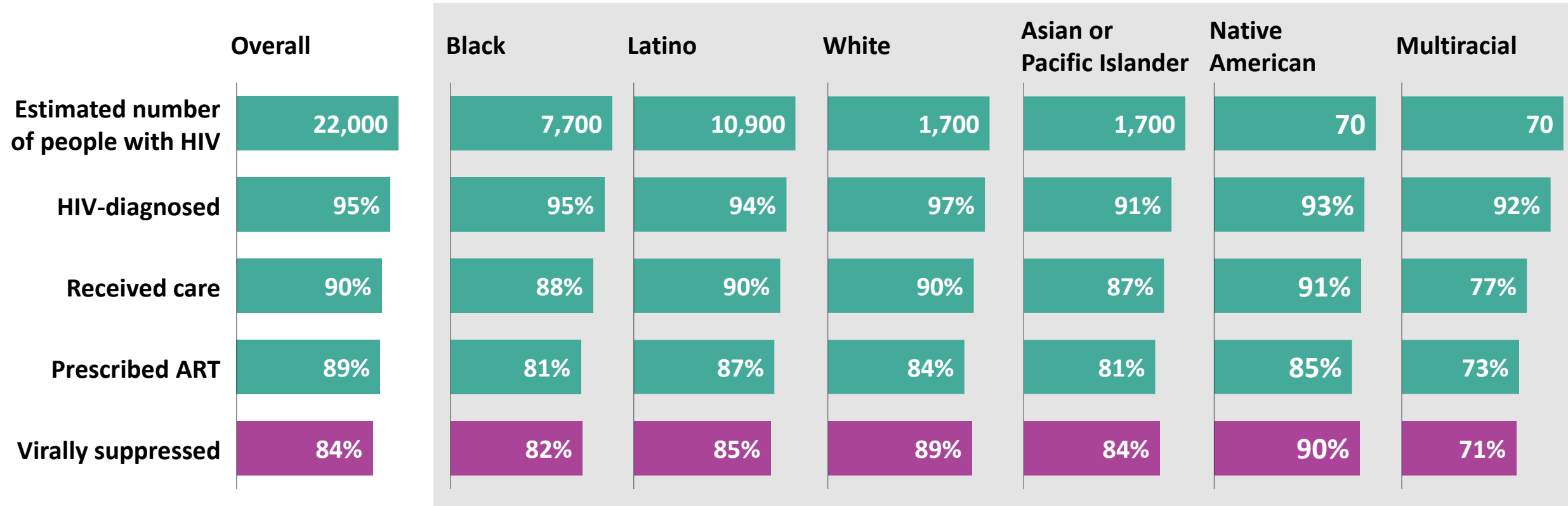
0   2.5   5   10 Miles

The neighborhoods with the lowest proportions of virally suppressed people born outside of the U.S. and diagnosed with HIV were Stapleton – St. George (80%) and Greenwich Village – Soho (82%).

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
[2]People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Proportion of People With HIV Born Outside of the U.S. in Stages of the HIV Care Continuum[1,2]
Overall and by Race or Ethnicity[3] – New York City, 2023

|	Overall	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
Estimated number of people with HIV	22,000	7,700	10,900	1,700	1,700	70	70
HIV-diagnosed	95%	95%	94%	97%	91%	93%	92%
Received care	90%	88%	90%	90%	87%	91%	77%
Prescribed ART	89%	81%	87%	84%	81%	85%	73%
Virally suppressed	84%	82%	85%	89%	84%	90%	71%

In New York City, of approximately 20,500 people with HIV born outside of the U.S., 84% had a suppressed viral load in 2023. There were inequities in the HIV care continuum among people born outside the U.S. by race or ethnicity in 2023 in New York City.

[1]The HIV care continuum is a series of key stages for people with HIV. The denominator for each displayed proportion is the estimated number of people with HIV within a given group. For definitions of the stages of the continuum of care, see Technical Notes.
[2]Proportions in the care continuum may not align between stages due to the use of multiple data sources in calculations (e.g., proportion prescribed ART may be lower than the proportion virally suppressed)
[3]The estimated number of people with HIV by race or ethnicity may not sum to the overall value due to rounding and the use of specific estimated proportions of people with HIV who have been diagnosed within each race or ethnicity group.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Age-Adjusted[1] Death Rate per 1,000 People Born Outside of the U.S. With HIV – New York City, 2019-2023

Age-adjusted death rate per 1,000 people with HIV

- 2019: 8.0
- 2020
- 2021
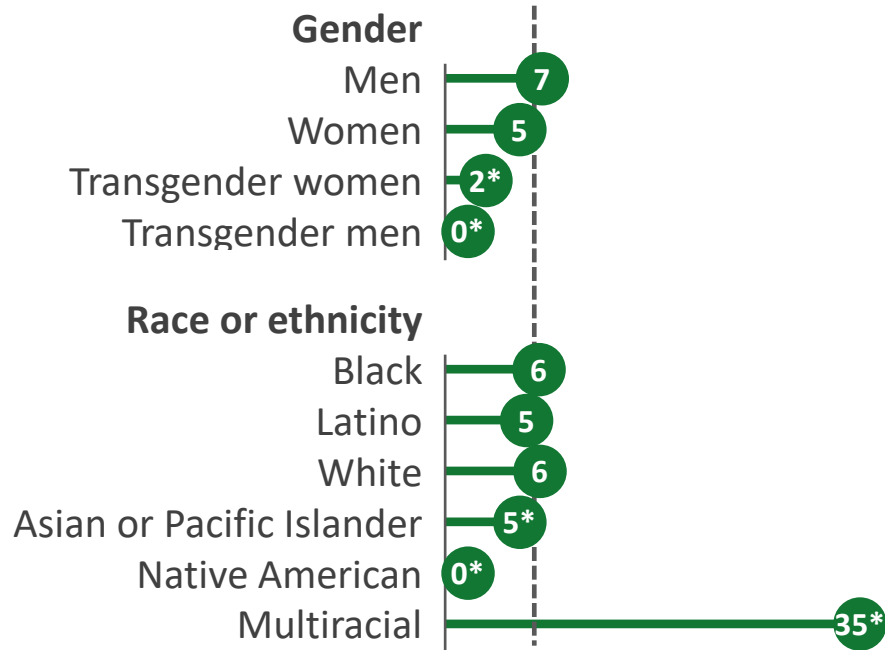- 2022
- 2023[2]: 5.9

Death rate

Year
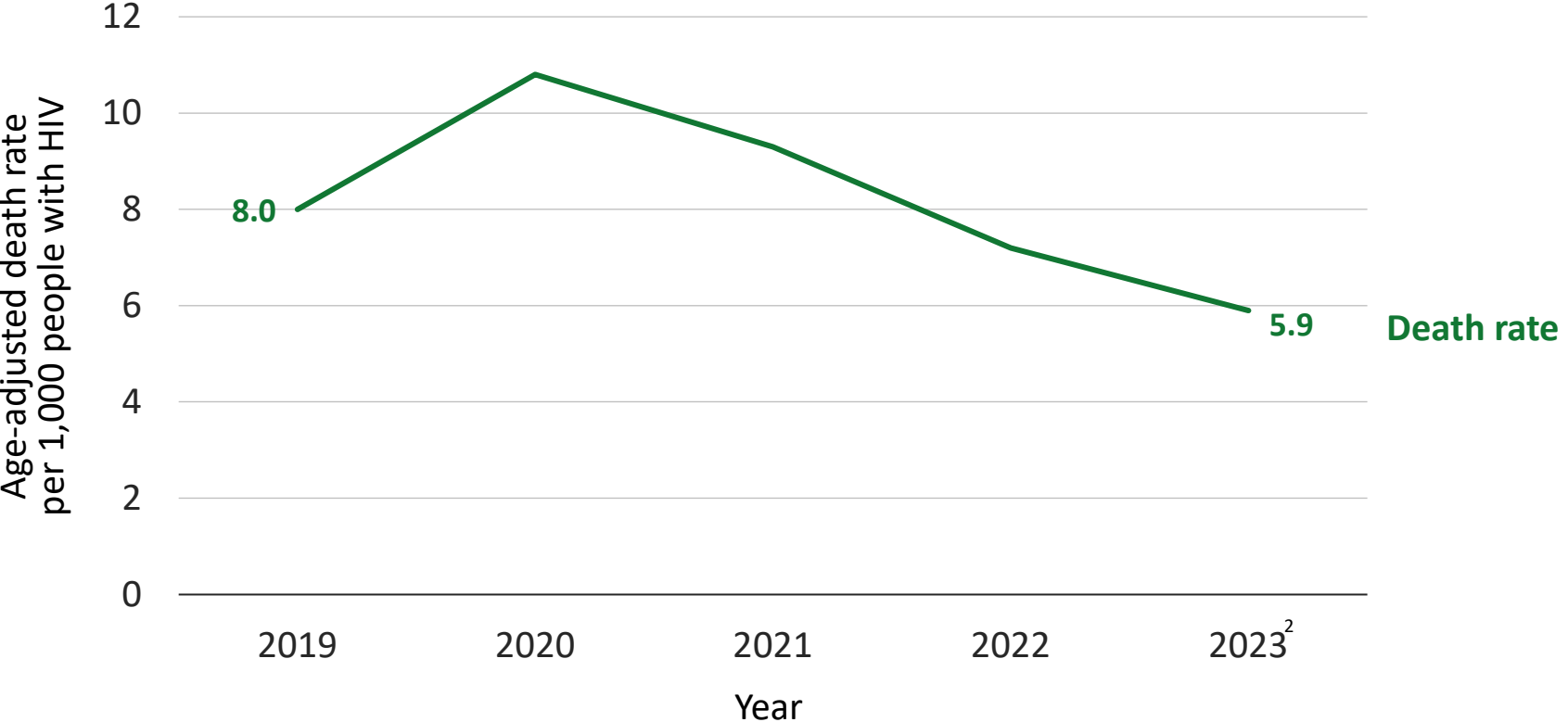
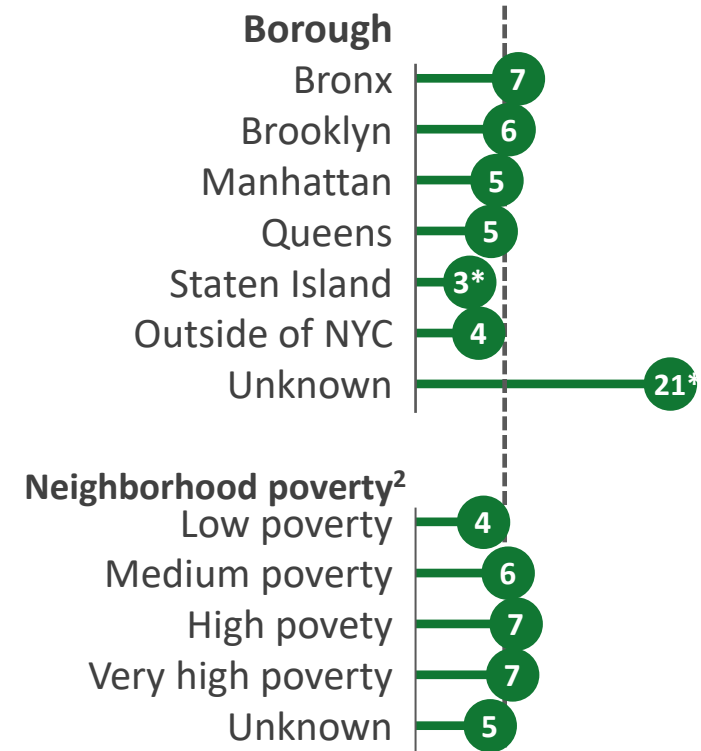**The age-adjusted death rate declined by 26% since 2019 and 45% since its recent peak in 2020.**

[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
[2]Death data for 2023 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Age-Adjusted[1] Death Rate per 1,000 People Born Outside of the U.S. With HIV by Demographic Group – New York City, 2023

5.9 deaths per 1,000 people with HIV born outside the U.S. overall

Gender
- Men: 7
- Women: 5
- Transgender women: 2*
- Transgender men: 0*

Race or ethnicity
- Black: 6
- Latino: 5
- White: 6
- Asian or Pacific Islander: 5*
- Native American: 0*
- Multiracial: 35*

Borough
- Bronx: 7
- Brooklyn: 6
- Manhattan: 5
- Queens: 5
- Staten Island: 3*
- Outside of NYC: 4
- Unknown: 21*

Neighborhood poverty[2]
- Low poverty: 4
- Medium poverty: 6
- High povety: 7
- Very high poverty: 7
- Unknown: 5

In New York City, inequities in the age-adjusted death rate exist across demographic groups among people born outside of the U.S. with HIV.

*Data should be interpreted with caution because of small population size.
[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
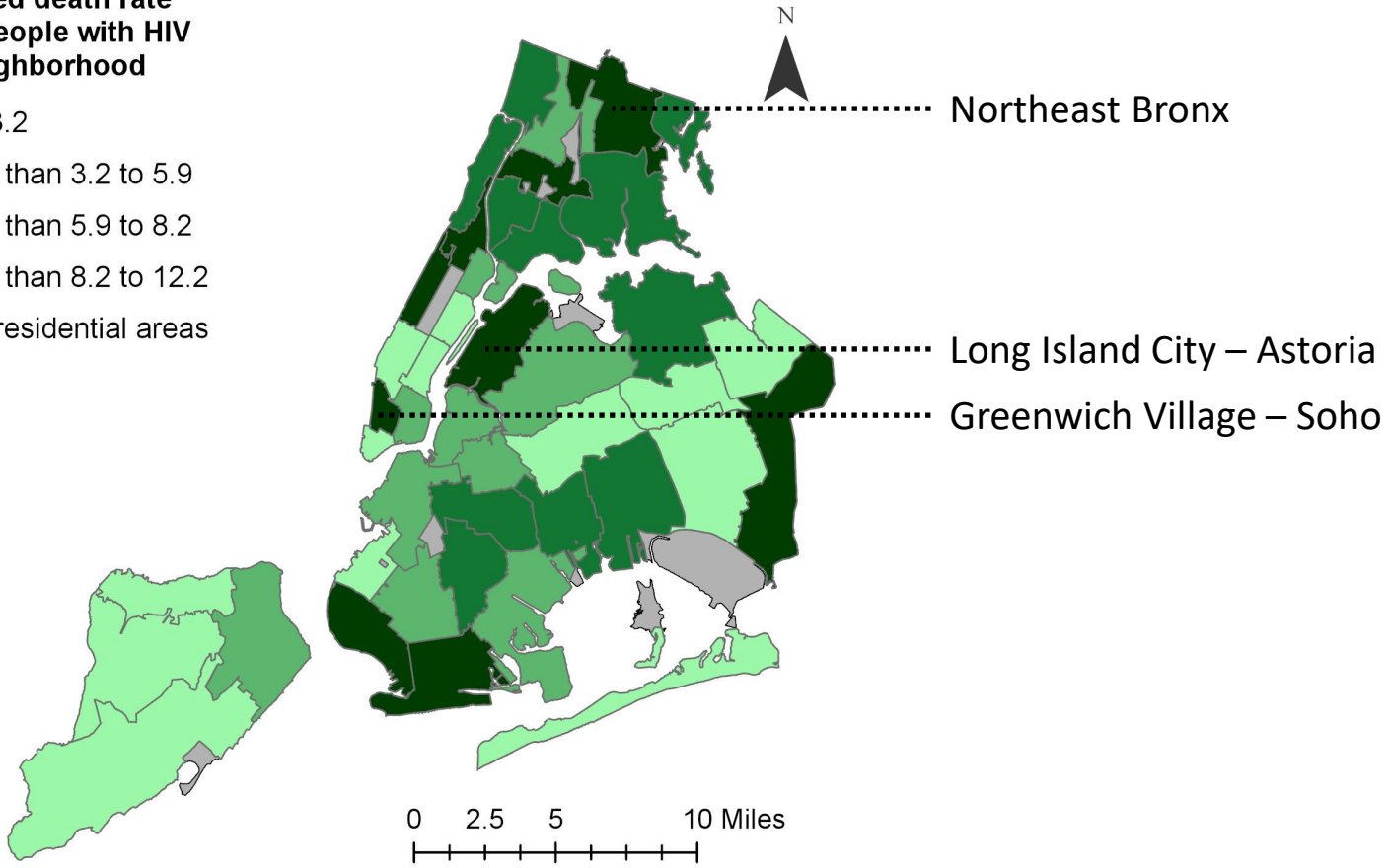[2]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Age-Adjusted[1] Death Rate per 1,000 People Born Outside of the U.S. With HIV by United Hospital Fund Neighborhood – New York City, 2023

Age-adjusted death rate per 1,000 people with HIV by UHF neighborhood

- 0 to 3.2
- more than 3.2 to 5.9
- more than 5.9 to 8.2
- more than 8.2 to 12.2
- Non-residential areas

Northeast Bronx

Long Island City – Astoria

Greenwich Village – Soho

0 2.5 5 10 Miles

The neighborhoods with the highest age-adjusted death rates among people born outside of the U.S. with HIV were Long Island City – Astoria (12.2 per 1,000), Greenwich Village – Soho (10.4 per 1,000), and Northeast Bronx (10.0 per 1,000).

[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Proportion of Deaths Among People Born Outside the U.S. With HIV by Cause of Death – New York City, 2022[1]

HIV-related,[2] 20%

Unknown, 3%
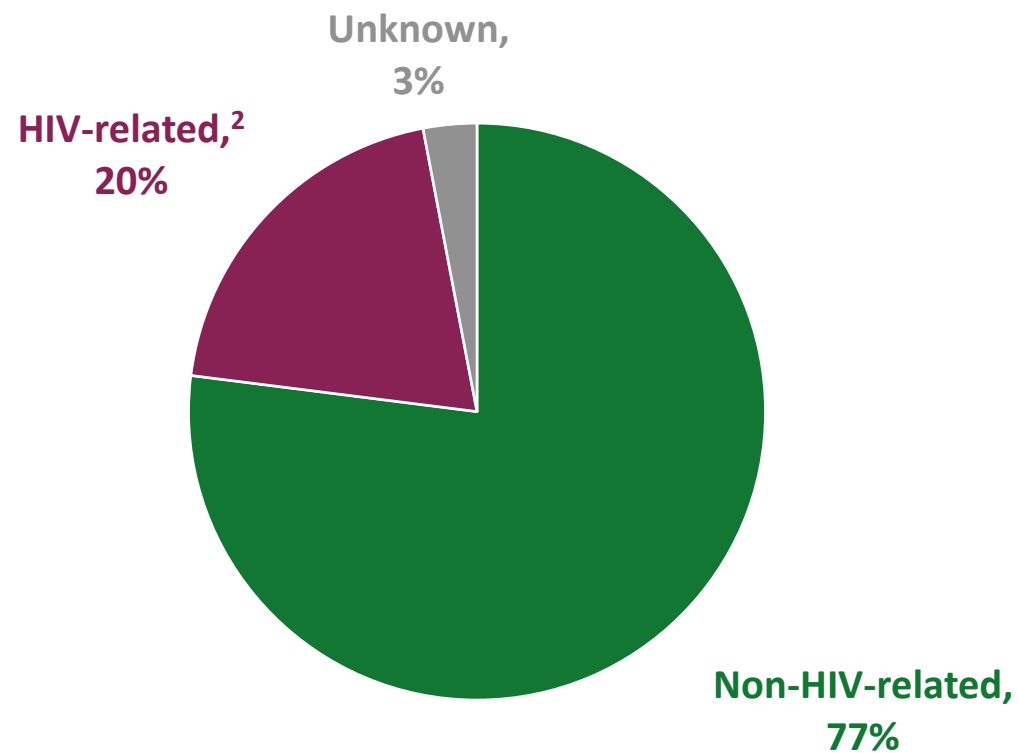
Non-HIV-related, 77%

In 2022, 77% of deaths among people with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (24%), non-HIV-related cancers (23%), accidents (7%), and COVID-19 (7%).

The New York City Department of Health and Mental Hygiene (NYC Health Department) issues the various publications related to our HIV surveillance data, including:

- **Annual HIV surveillance reports, surveillance slide sets,** and **statistics tables**, *available at*: https://www.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page
- **HIV Care Status Reports**, *available at:* https://www.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page
- **HIV Care Continuum Dashboards**, *available at:* https://www.nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page

For HIV surveillance data requests, email HIVReport@health.nyc.gov. Please allow a minimum of two weeks for requests to be completed.

Appendix: Definitions and Methodology Notes

Definitions
- **HIV diagnoses** include diagnoses of HIV and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- **New HIV diagnoses** include individuals diagnosed in NYC during the reporting period and reported in NYC.
- **Death rates** refer to deaths from all causes, unless otherwise specified.
- **People with HIV (PWH)** refers to people with HIV during the reporting period.
- HIV surveillance collects information about individuals' current **gender identity**, when available. This report displays the following gender categories: men, women, transgender women, and transgender men. People whose current gender identity differs from their sex assigned at birth are considered transgender. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. Sex and gender information are collected from people's self-reports, their diagnosing providers or medical chart reviews. This information may or may not reflect self-identification. Transgender identity has been collected routinely since 2005 for newly reported cases. Reported numbers of HIV diagnoses among transgender people and transgender people with HIV are likely to be underestimates. For more information, see the "HIV Among People Identified as Transgender in New York City" surveillance slide set available at nyc.gov/assets/doh/downloads/pdf/dires/hiv-in-transgender-persons.pdf. NYC HIV surveillance collects information on other gender identity categories, including "Non-binary/Gender non-conforming." In this report, data for these individuals at the time of publication are displayed by sex assigned at birth.
- **Transmission category** includes people with known or identified transmission category, except when an unknown category is presented. Transmission category information is collected from people's self-report, their diagnosing provider, or medical chart review. "Heterosexual contact" includes people who had heterosexual sex with a person they know to have HIV, a person who has injected drugs or a person who has received blood products. For women only, it also includes history of sex work, multiple sex partners, sexually transmitted infection, crack/cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in a medical chart, or sex with a man and negative history of injection drug use. "Transgender people with sexual contact" includes people identified as transgender who have reported sexual contact and have a negative history of injection drug use. "Other" includes people who received treatment for hemophilia, people who received a transfusion or transplant, people with other health care-associated transmission and children with non-perinatal transmission category.

Methodology notes
- United Hospital Fund (UHF) boundaries in maps were updated for data released in 2010 and onward. Non-residential zones are indicated, and Rikers Island is classified with West Queens.

Appendix: Technical Notes on the HIV Care Continuum

- **People with HIV** is calculated as the number of people diagnosed with HIV divided by the estimated proportion of people with HIV who had been diagnosed, based on a CD4 depletion model.
  - Source: NYC HIV Surveillance Registry. Method: Song R, et al. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. J Acquir Immune Defic Syndr. 2017 Jan 1;74(1):3-9.
- **HIV-diagnosed** is calculated as the number of people with HIV retained in care plus the estimated number of people with HIV who were out of care, based on a statistical weighting method. This estimated number aims to account for migration out of NYC, and therefore is different from the total number of people diagnosed and reported with HIV in NYC.
  - Source: NYC HIV Surveillance Registry. Method: Xia Q, et al. Proportions of Patients With HIV Retained in Care and Virally Suppressed in New York City and the United States. *JAIDS* 2015;68(3):351-358.
- **Received care** is defined as people with HIV with ≥1 viral load or CD4 count or CD4 percent drawn in the calendar year and reported to NYC HIV surveillance.
  - Source: NYC HIV Surveillance Registry.
- **Prescribed ART** is calculated as the number of people with HIV retained in care multiplied by the estimated proportion of people with HIV prescribed ART in the previous 12 months, based on the proportion of NYC Medical Monitoring Project participants whose medical record included documentation of ART prescription.
  - Source: NYC HIV Surveillance Registry and NYC Medical Monitoring Project.
- **Virally suppressed** is calculated as people with HIV in care with a most recent viral load measurement in the calendar year of <200 copies/mL, plus the estimated number of out-of-care people with HIV in the calendar year with a viral load of <200 copies/mL, based on a statistical weighting method.
  - Source: NYC HIV Surveillance Registry. Method: Xia Q, et al. Proportions of Patients With HIV Retained in Care and Virally Suppressed in New York City and the United States. *JAIDS* 2015;68(3):351-358.

Appendix: Acknowledgements

This report was prepared by the HIV Epidemiology Program in the NYC Health Department's Bureau of Hepatitis, HIV, and Sexually Transmitted Infections. We would like to acknowledge staff in the HIV Epidemiology Program's Surveillance Unit, ACE Team, Core HIV Surveillance Special Projects, and Data Support Unit, whose work is the foundation of this report.

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