

HIV Among Transgender People 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>



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Basic Statistics of HIV Among Transgender People in New York City, 2023

- **60 transgender people newly diagnosed with HIV**
 - Including 7 transgender people concurrently diagnosed with AIDS (11.7% of diagnoses)
- **38 transgender people newly diagnosed with AIDS¹**
- **There are an estimated 2,500 transgender people with HIV²**
- **30 deaths among transgender people with HIV**
 - 9.7 deaths per 1,000 transgender people with HIV³

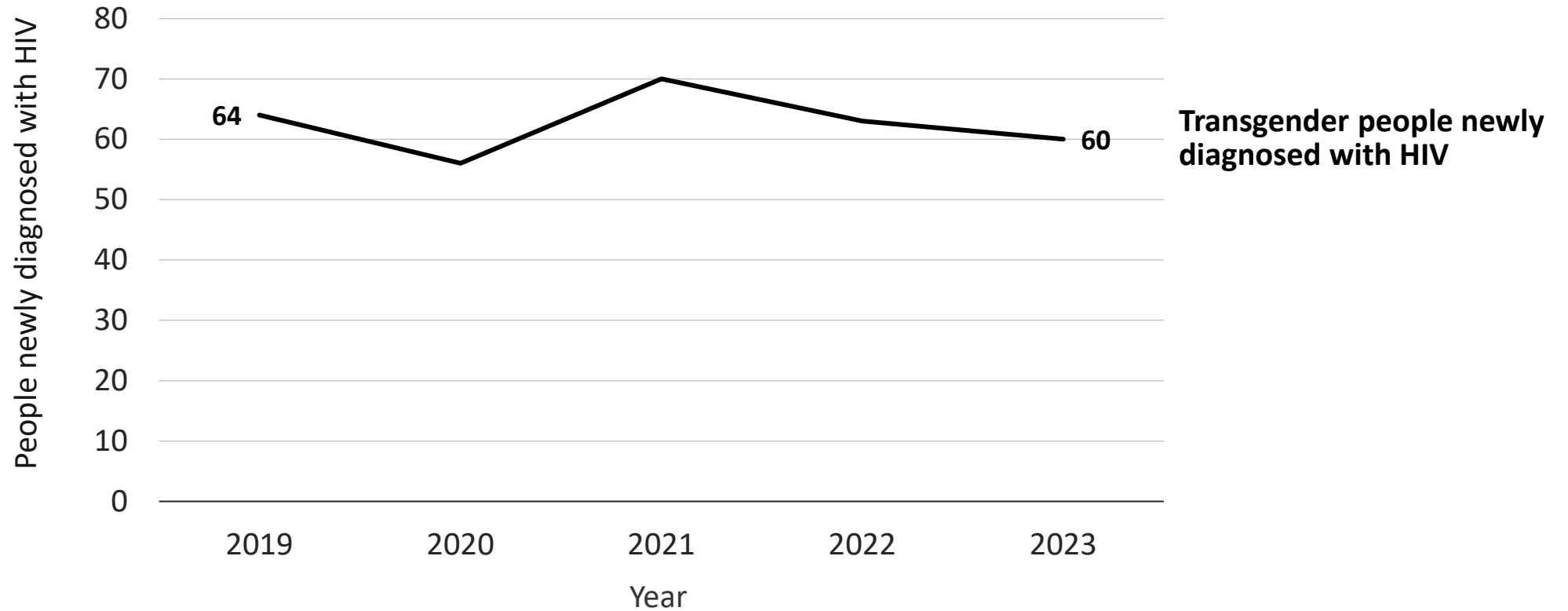
¹Includes people concurrently diagnosed with HIV and AIDS.

²Approximate 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.

³Age-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.

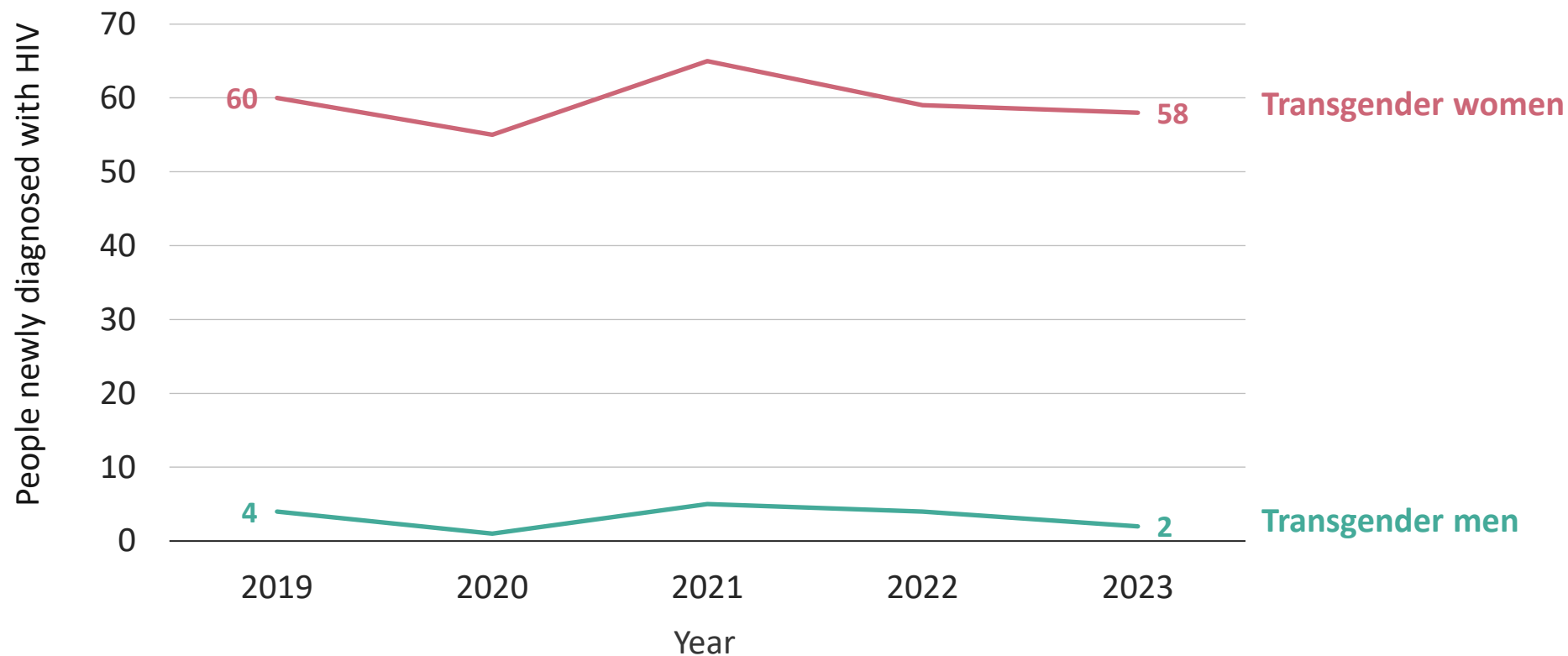
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among Transgender People in New York City, 2019-2023



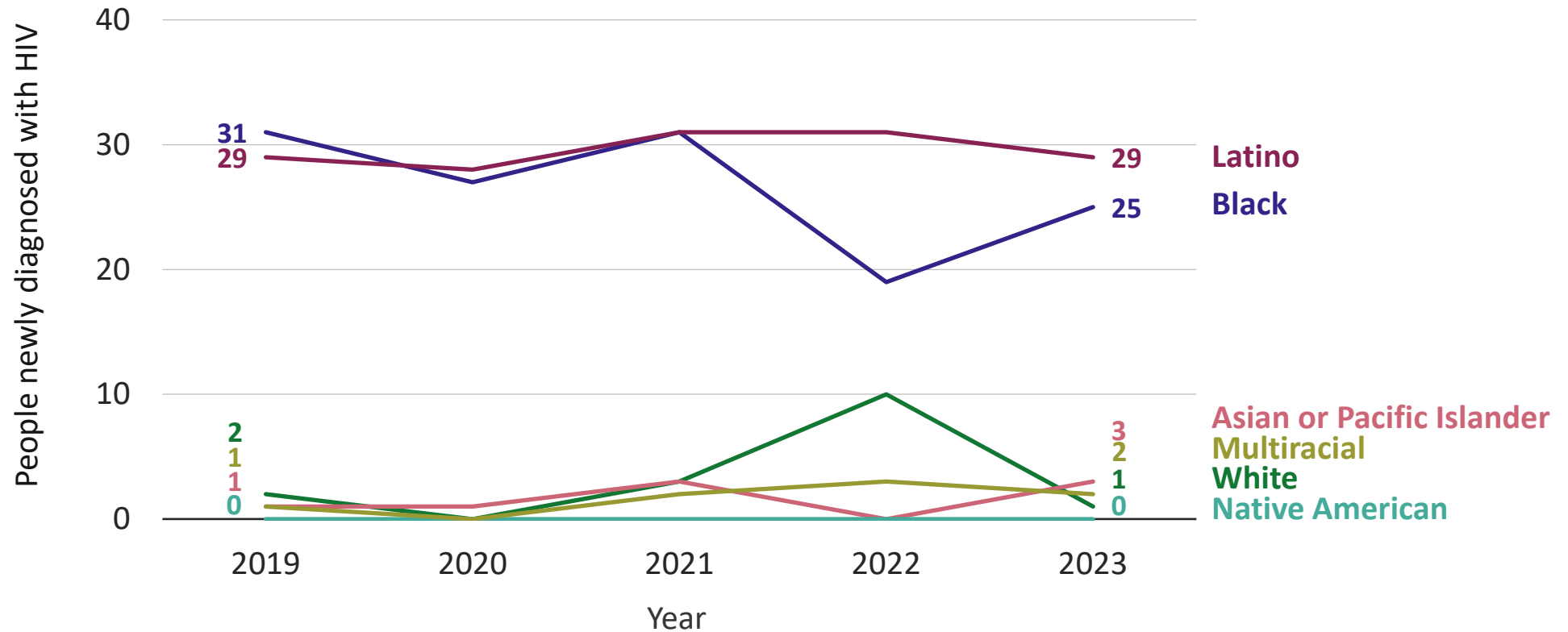
The number of transgender people newly diagnosed with HIV remained relatively stable from 2019 to 2023. The lowest number of diagnoses occurred in 2020, the year COVID-19 was first detected in New York City.

Number of New HIV Diagnoses Among Transgender People in New York City by Gender, 2019-2023



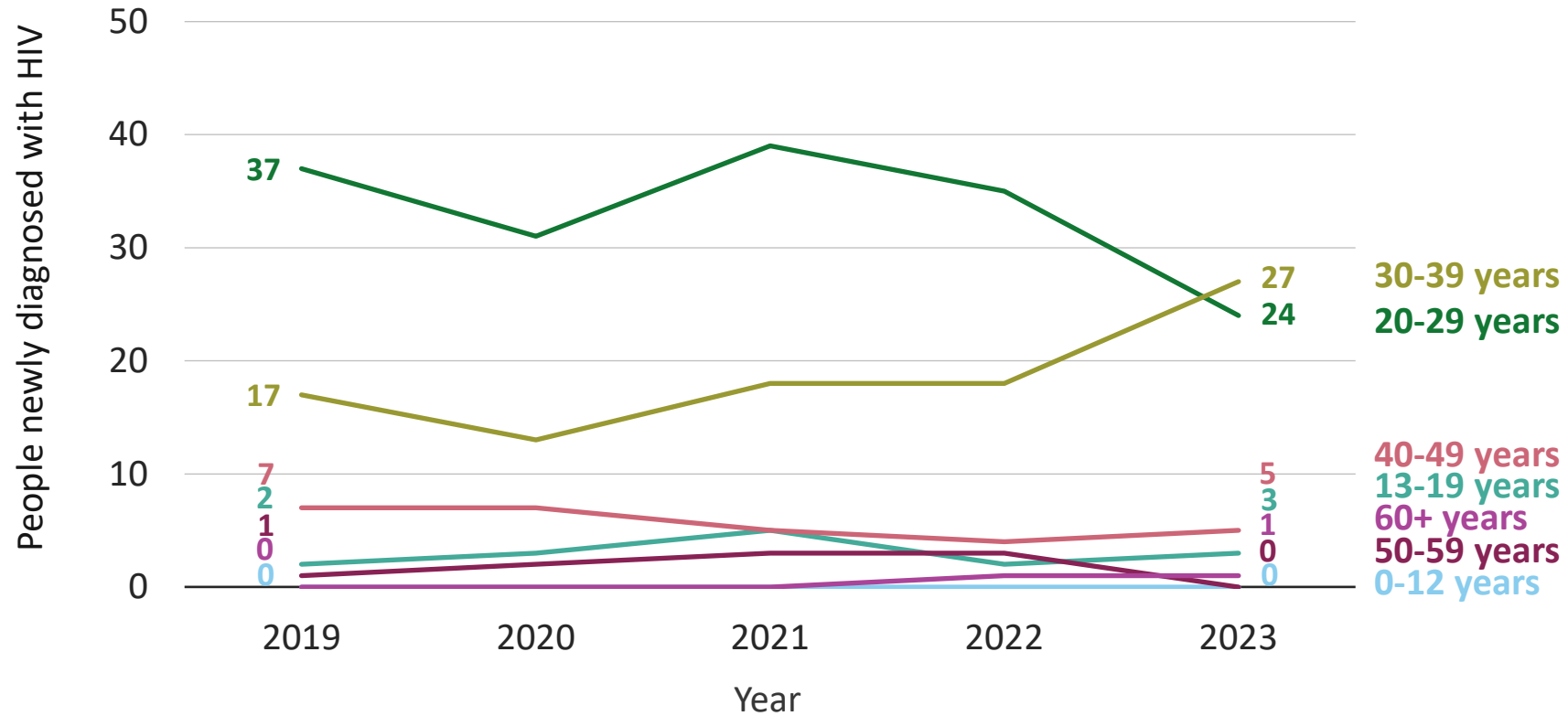
The number of transgender people newly diagnosed with HIV remained relatively stable between 2019 and 2023. Transgender women consistently experienced a higher number of new HIV diagnoses, representing 97% of new diagnoses among transgender people in 2023.

Number of New HIV Diagnoses Among Transgender People in New York City by Race or Ethnicity, 2019-2023



The number of transgender people newly diagnosed with HIV decreased or remained relatively stable in all race or ethnicity groups between 2019 and 2023. Black and Latino transgender people consistently experienced the highest number of new HIV diagnoses, representing a combined 90% of new diagnoses among transgender people in 2023.

Number of New HIV Diagnoses Among Transgender People in New York City by Age Group, 2019-2023



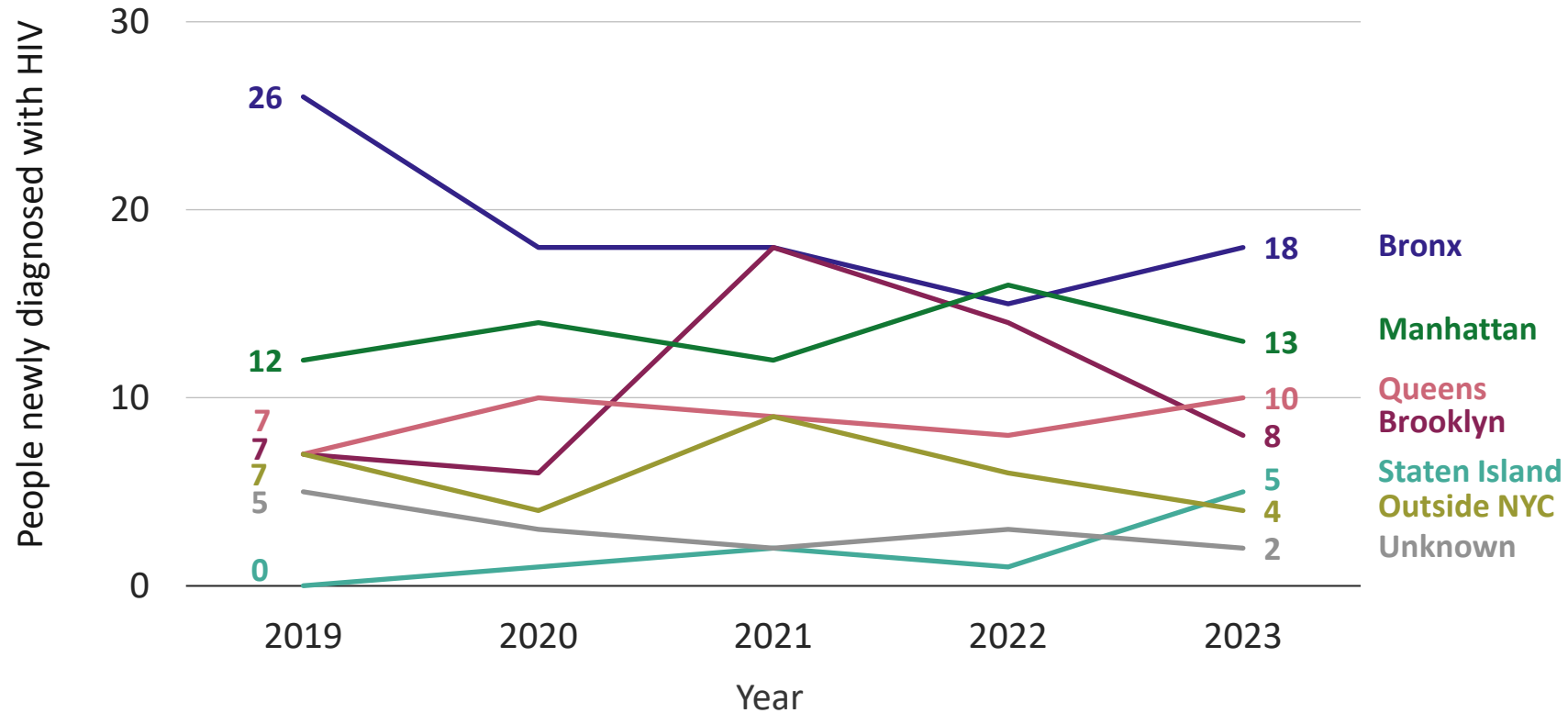
Since 2019, the number of transgender people newly diagnosed with HIV increased 59% among people aged 30 to 39 years. The number of new HIV diagnoses decreased or remained stable in all other age groups among transgender people. People aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses, representing a combined 85% of new diagnoses among transgender people in 2023.

Number of New HIV Diagnoses Among Transgender People in New York City by Race or Ethnicity and Age Group, 2023



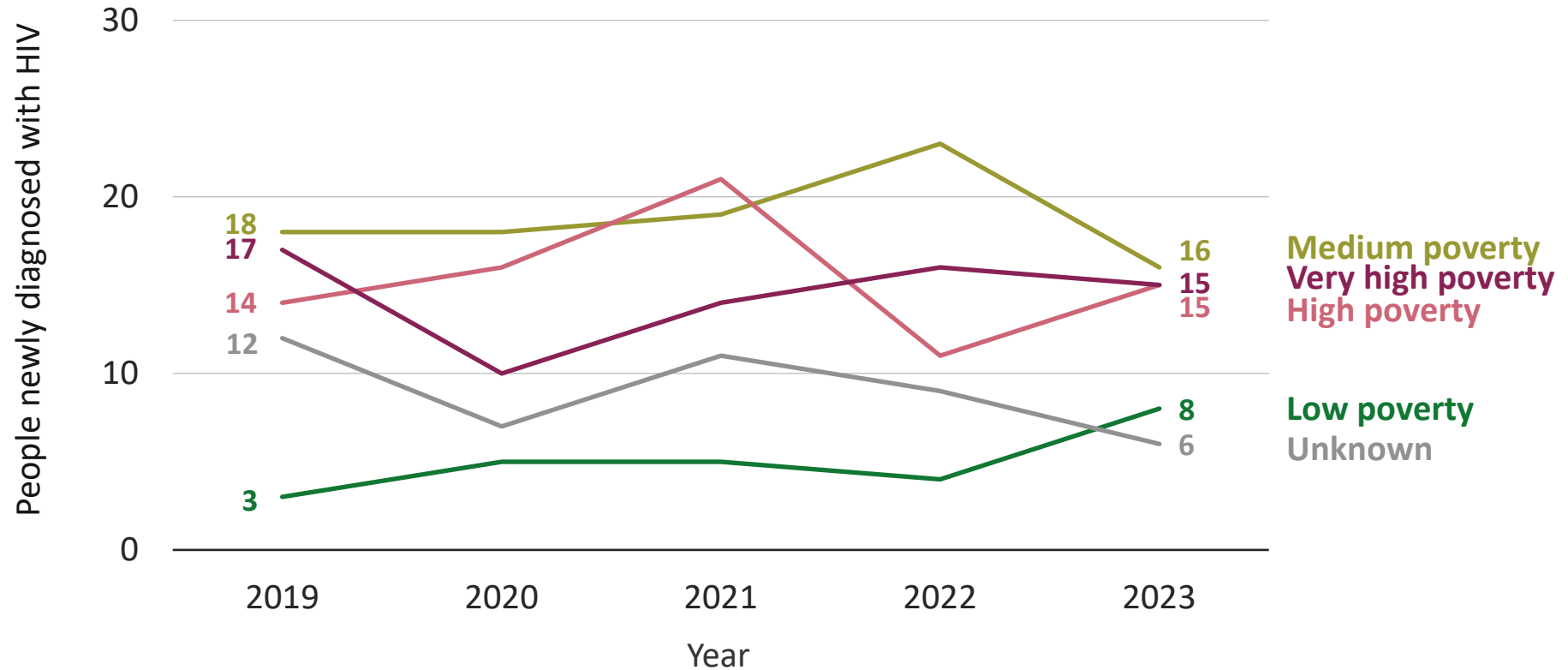
Black and Latino transgender people aged 20 to 39 years experienced the highest number of new HIV diagnoses in 2023, representing a combined 75% of new diagnoses among transgender people in 2023.

Number of New HIV Diagnoses Among Transgender People in New York City by Borough of Residence, 2019-2023



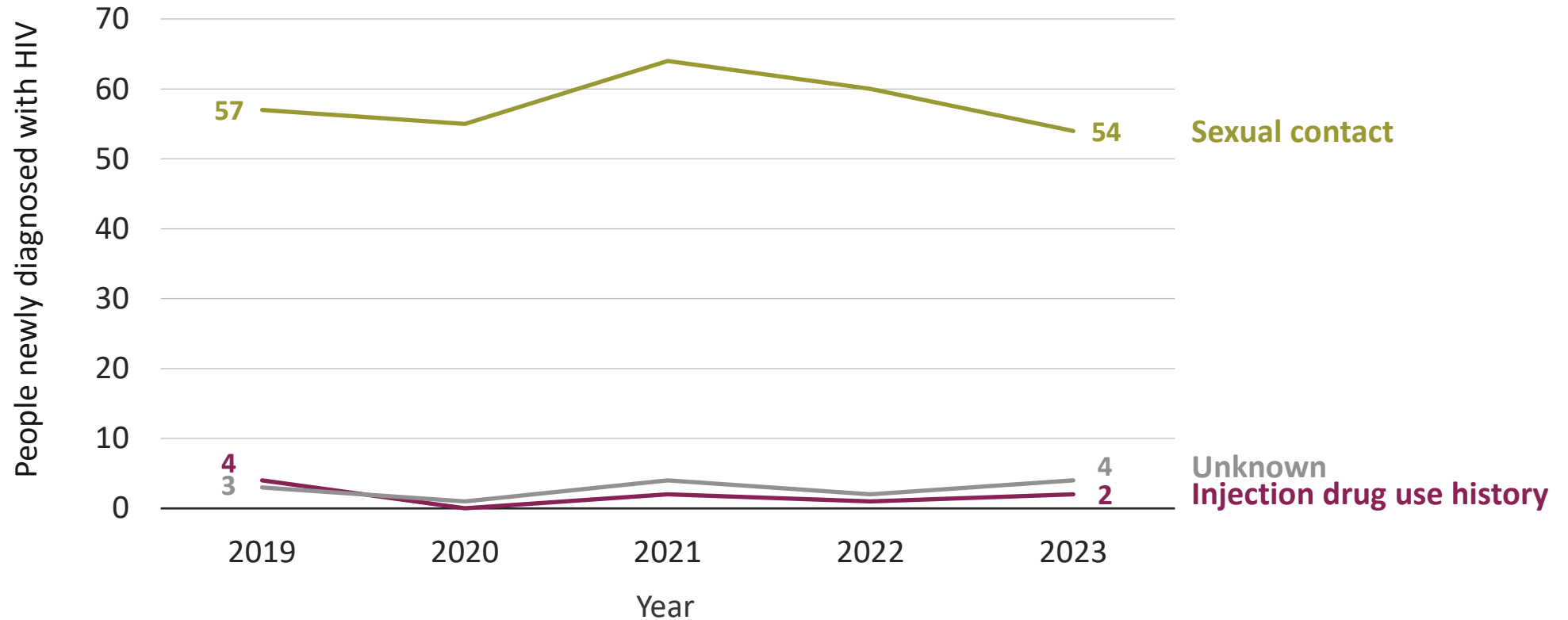
The number of transgender people newly diagnosed with HIV diagnoses decreased or remained relatively stable in all boroughs of residence between 2019 and 2023. Manhattan and the Bronx experienced the highest number of new HIV diagnoses in the period, representing a combined 52% of new diagnoses among transgender people in 2023.

Number of New HIV Diagnoses Among Transgender People in New York City by Neighborhood Poverty Level,¹ 2019-2023



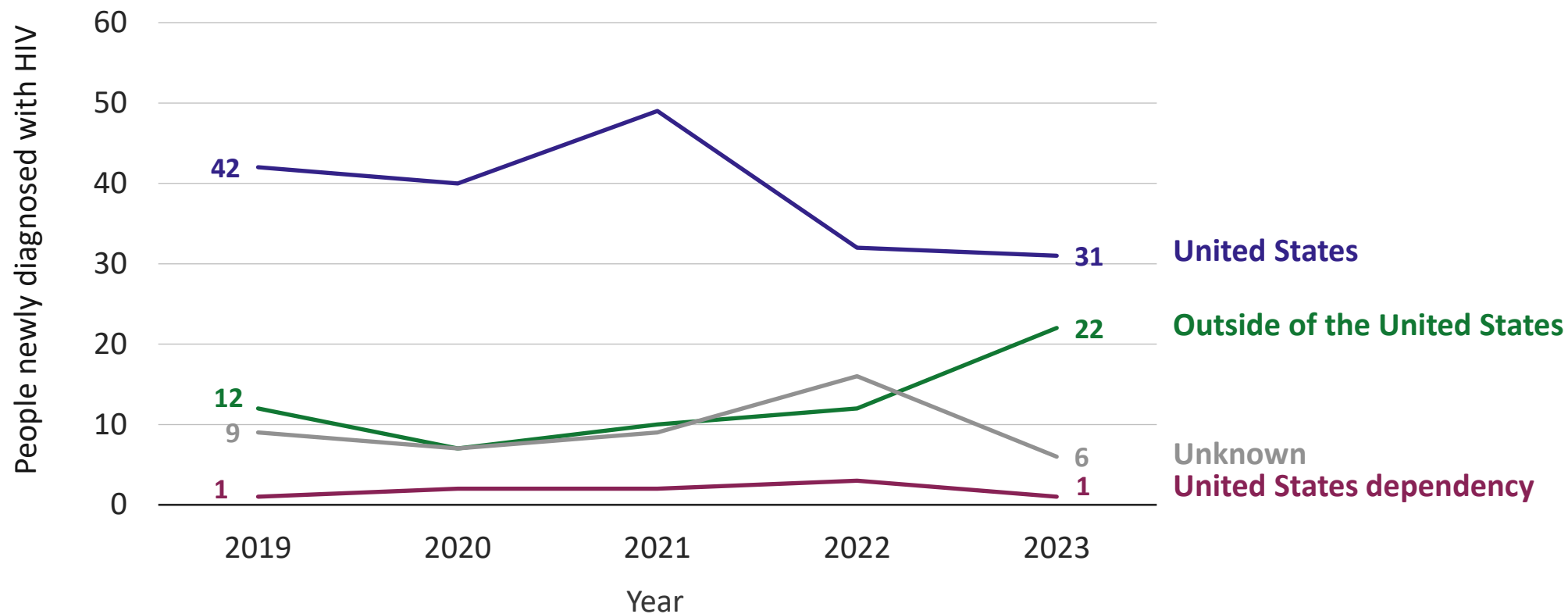
The number of transgender people newly diagnosed with HIV decreased or remained relatively stable in all neighborhood poverty level groups between 2019 and 2023. Neighborhoods with medium, high, or very high poverty consistently experienced the highest number of new HIV diagnoses.

Number of New HIV Diagnoses Among Transgender People in New York City by Transmission Category, 2019-2023



The number of transgender people newly diagnosed with HIV decreased or remained stable for all transmission categories between 2019 and 2023. Transgender people with sexual contact consistently experienced the highest number of new HIV diagnoses, representing 96% of new diagnoses among transgender people for whom data on transmission category were available in 2023.

Number of New HIV Diagnoses Among Transgender People in New York City by Place of Birth, 2019-2023

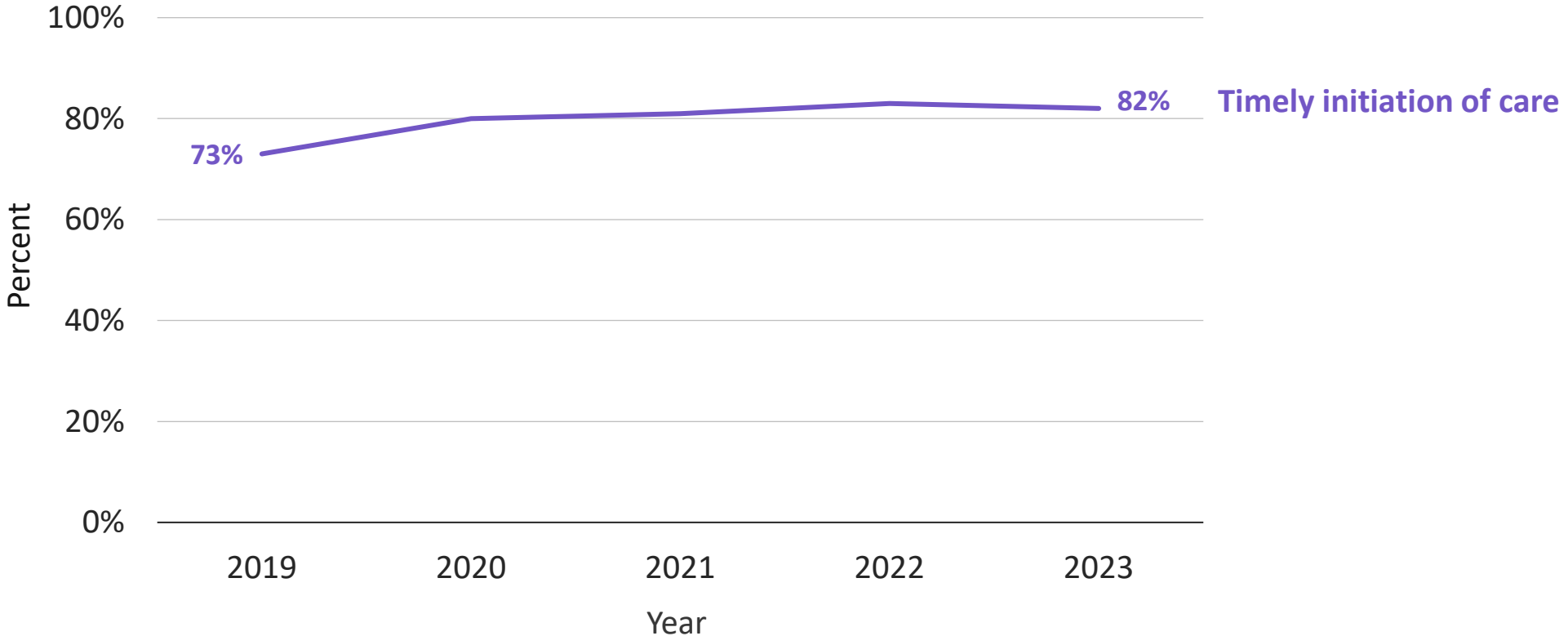


Since 2019, the number of transgender people newly diagnosed with HIV increased by 83% among people born outside of the United States. The number of new HIV diagnoses decreased or remained stable for all places of birth among transgender people. People born in the United States consistently experienced the highest number of new HIV diagnoses, representing 52% of new diagnoses among transgender people in 2023.

Care Outcomes Among Transgender People Newly Diagnosed With HIV

New York City

Timely Initiation of Care¹ After Diagnosis Among Transgender People in New York City, 2019-2023

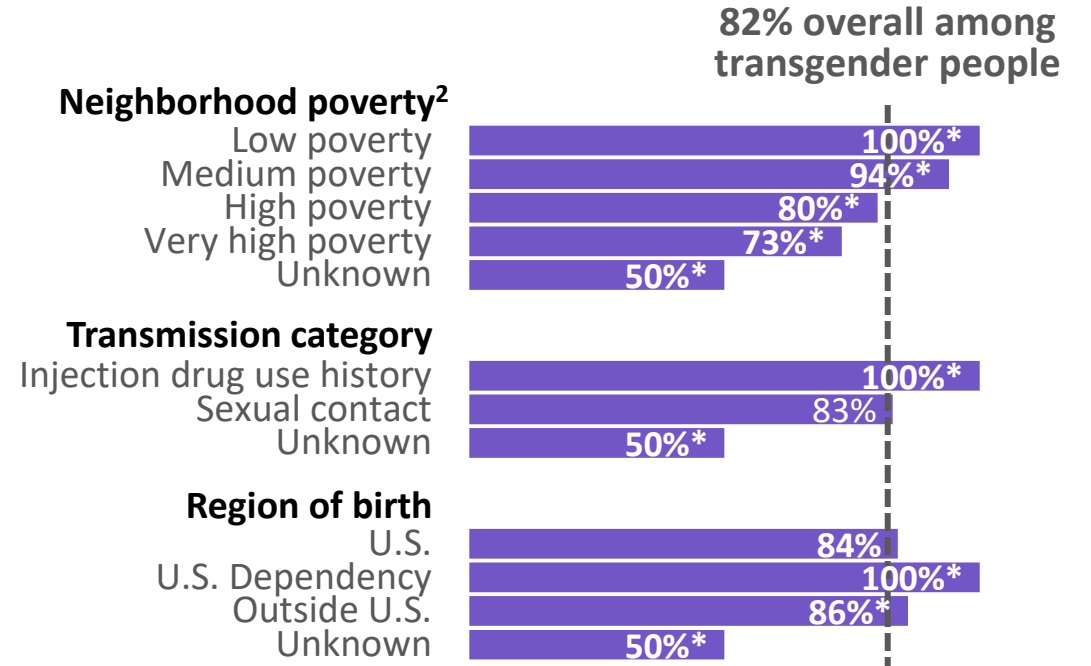
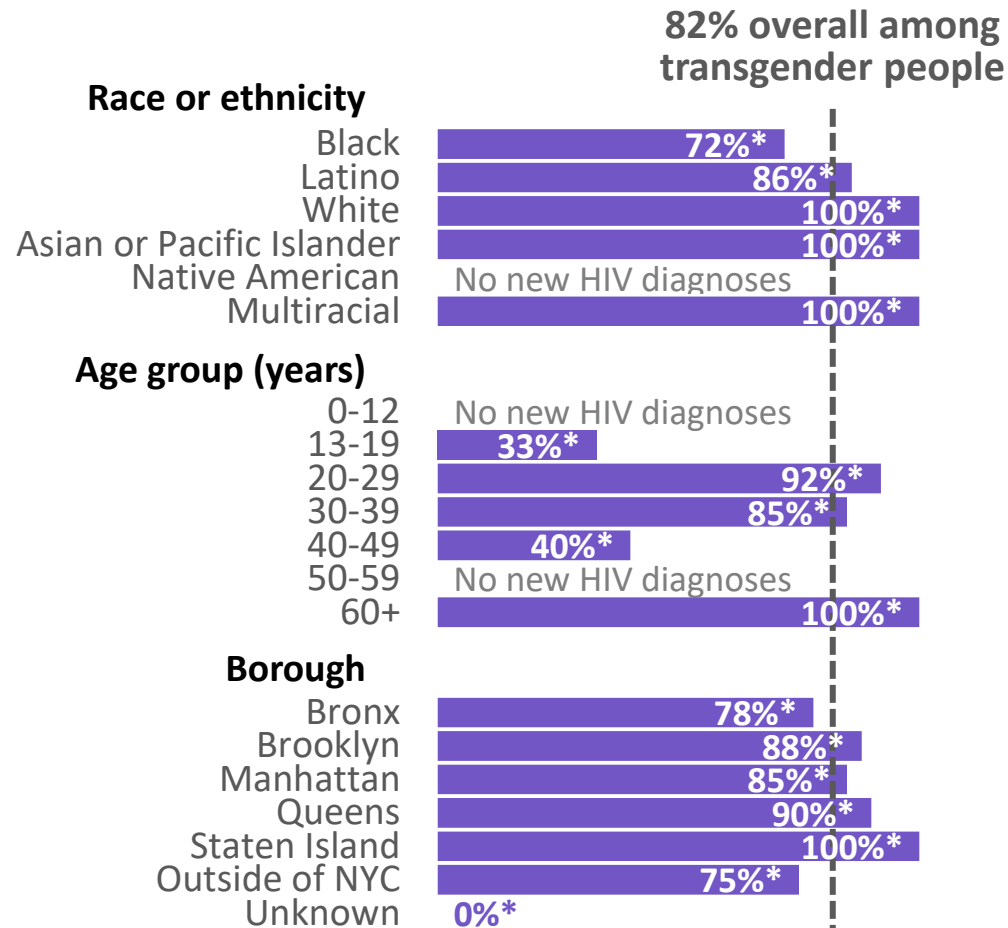


Timely initiation of care among transgender people increased by 9 percentage points from 2019 to 2023.



¹Timely 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 Care¹ After Diagnosis Among Transgender People in New York City by Demographic Group, 2023



Differences in timely initiation of care exist across demographic groups among transgender people.

*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.

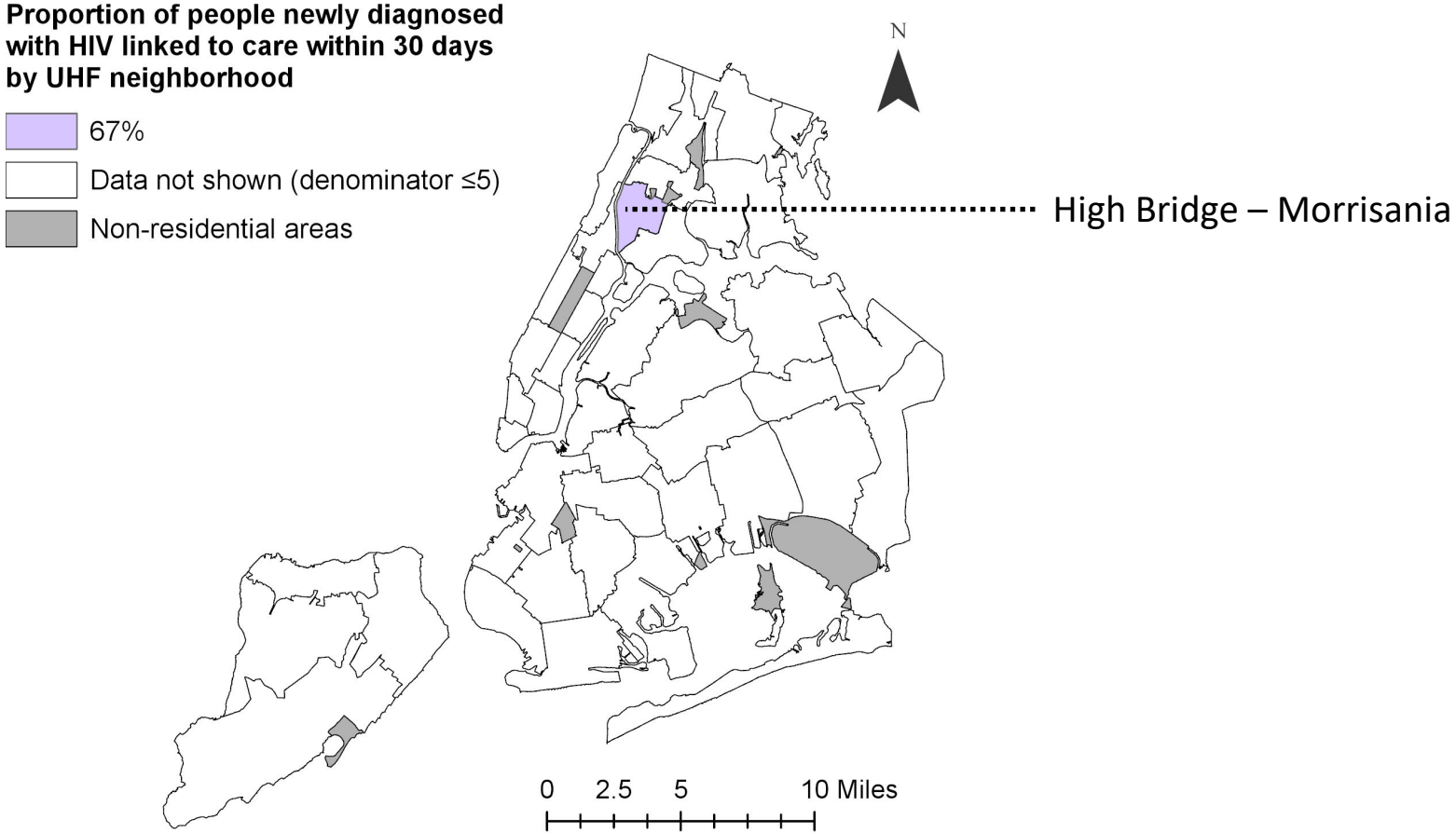
¹Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.

²Neighborhood 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= \geq 30% below FPL.

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

Timely Initiation of Care¹ After Diagnosis Among Transgender People in New York City by United Hospital Fund Neighborhood, 2023

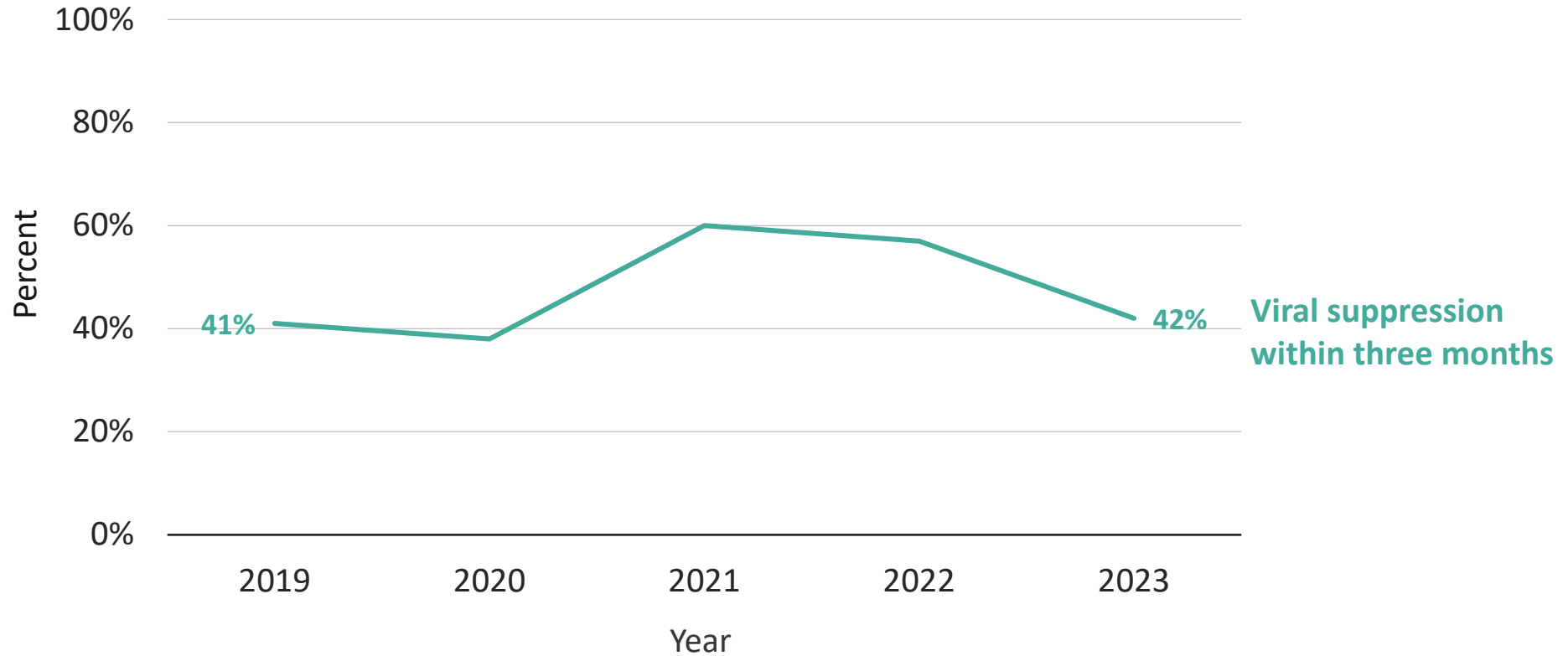


In 2023, the only United Hospital Fund neighborhood that had more than five new HIV diagnoses among transgender people was High Bridge – Morrisania, which had 67% of people newly diagnosed with HIV experience timely linkage to care.



¹Timely 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.

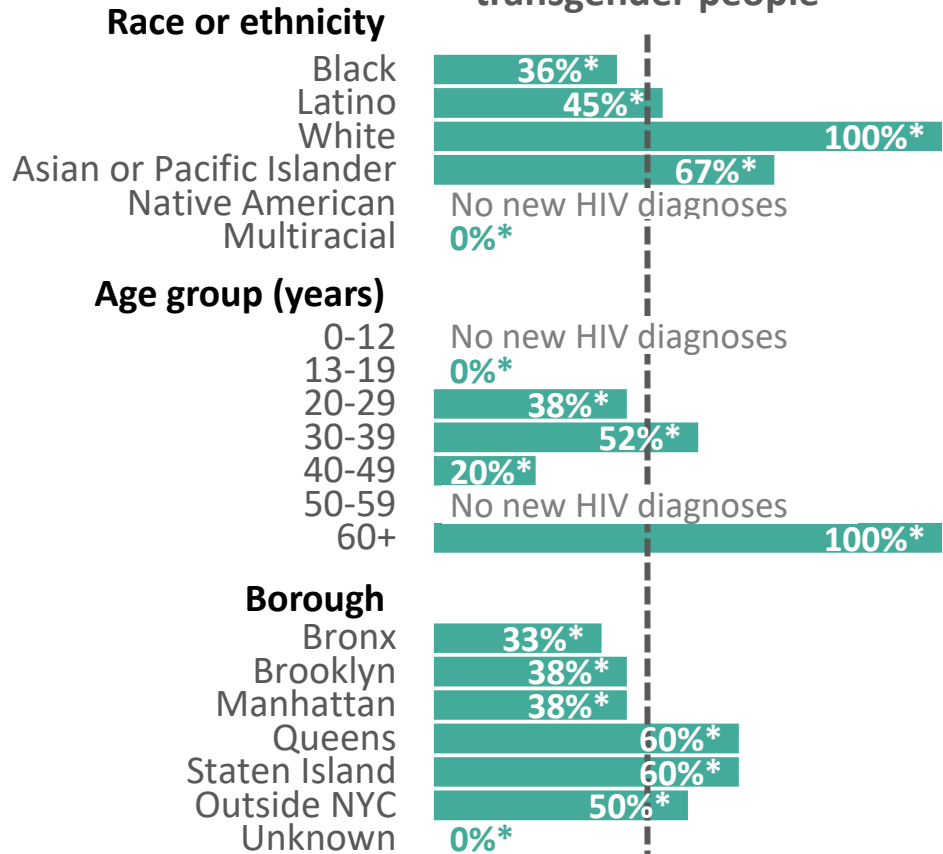
Viral Suppression¹ Within Three Months of Diagnosis Among Transgender People in New York City, 2019-2023



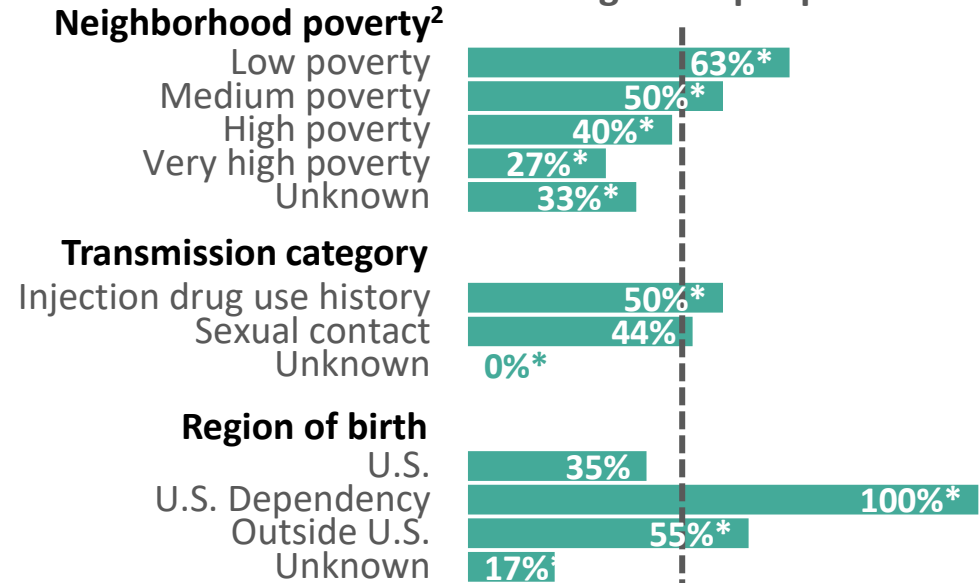
Viral suppression within three months of an HIV diagnosis among transgender people fluctuated from 2019 to 2023.

Viral Suppression¹ Within Three Months of Diagnosis Among Transgender People in New York City by Demographic Group, 2023

42% overall among transgender people



42% overall among transgender people



Differences in viral suppression within three months of an HIV diagnosis exist across demographic groups among transgender people.

*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.

¹Viral 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.

²Neighborhood 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.

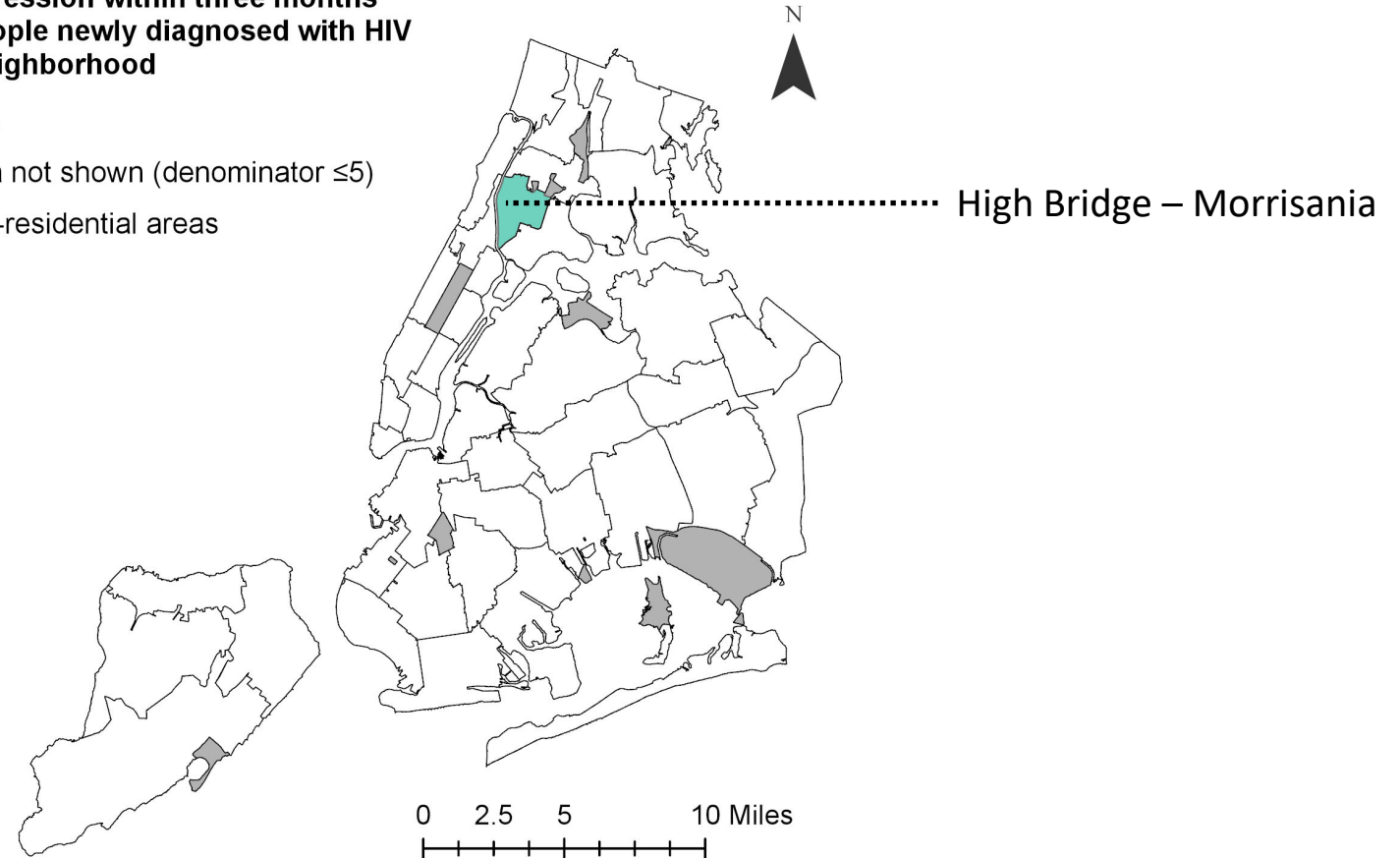
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty>=30% below FPL.

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

Viral Suppression¹ Within Three Months of Diagnosis Among Transgender People in New York City by United Hospital Fund Neighborhood, 2023

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

- 44%
- Data not shown (denominator ≤ 5)
- Non-residential areas

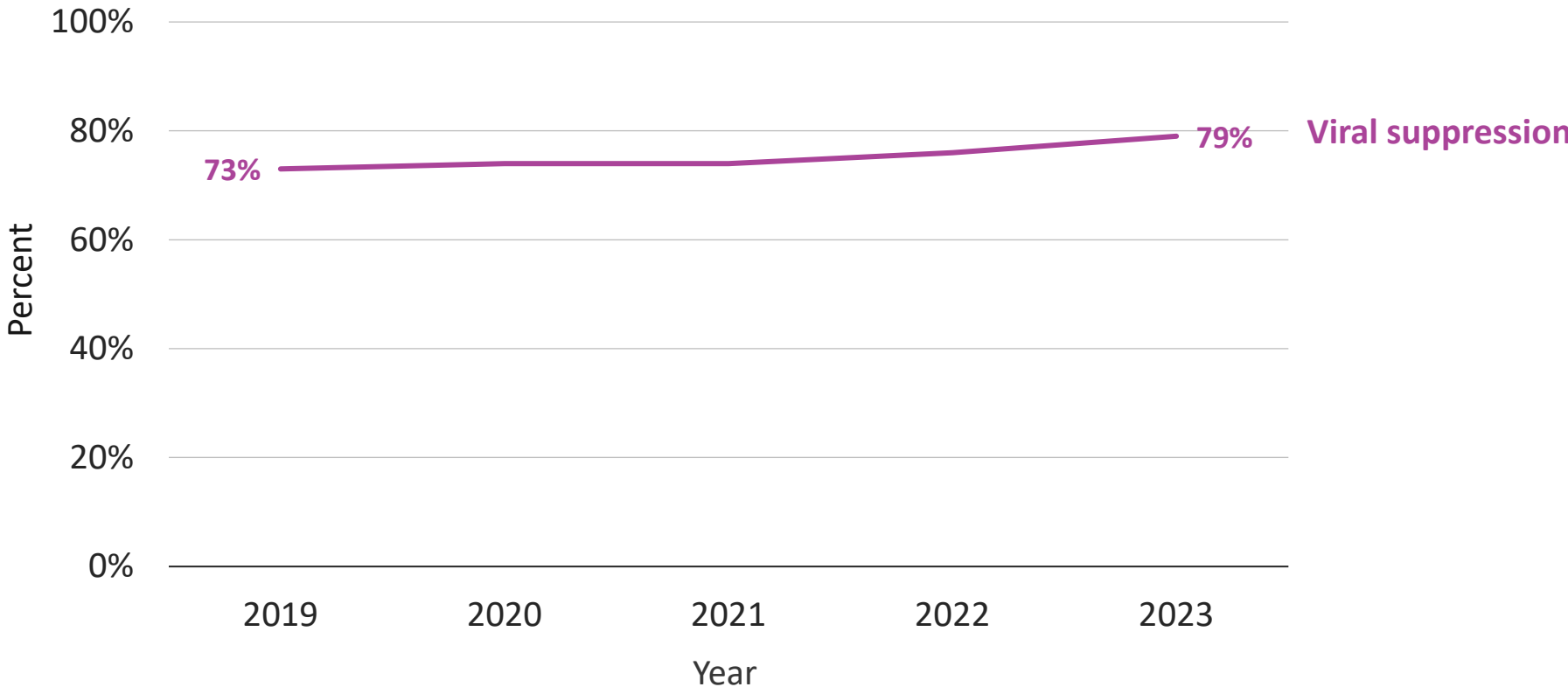


In 2023, the only United Hospital Fund neighborhood that had more than five new HIV diagnoses among transgender people was High Bridge – Morrisania, which had 44% of people newly diagnosed with HIV experience viral suppression within three months of their diagnosis.

Care Outcomes Among Transgender People With HIV

New York City

Viral Suppression¹ Among Transgender People Diagnosed With HIV² in New York City, 2019-2023



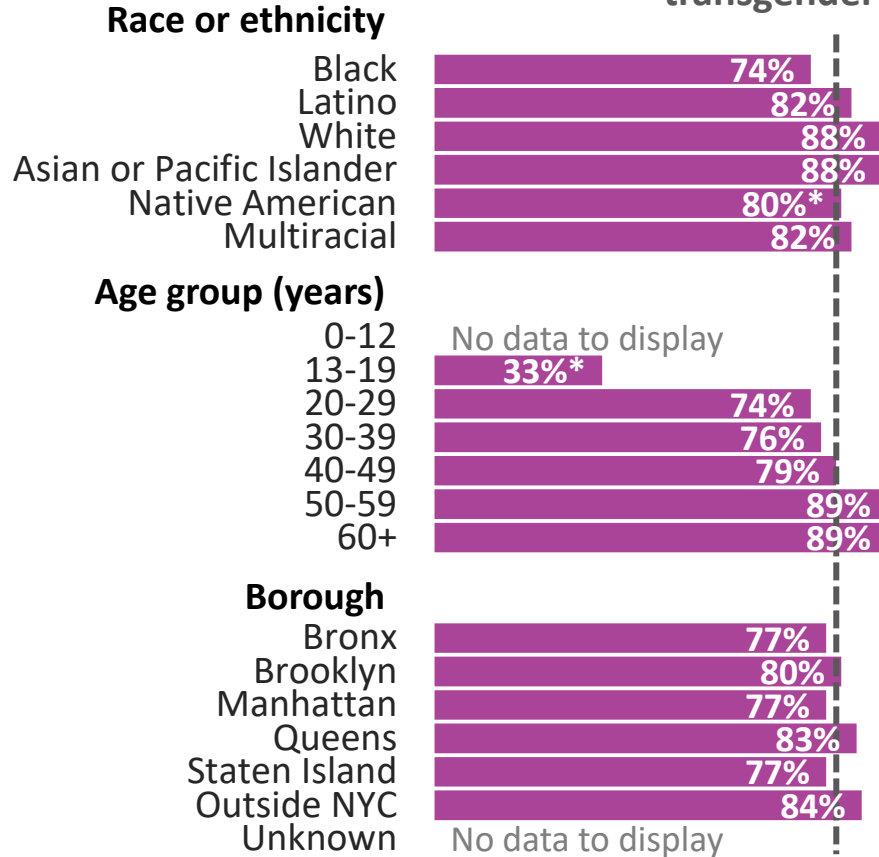
Viral suppression among transgender people increased six percentage points from 2019 to 2023.



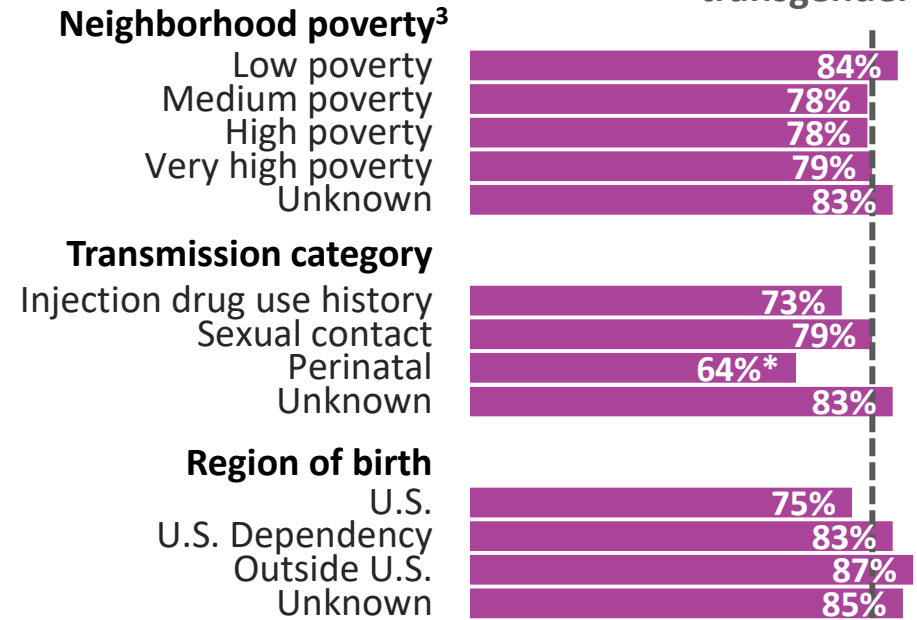
¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
²People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
As reported to the New York City Department of Health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

Viral Suppression¹ Among Transgender People Diagnosed With HIV² in New York City by Demographic Group, 2023

79% overall among transgender people



79% overall among transgender people



Differences in viral suppression exist across demographic groups among transgender people.

*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.

¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL. People diagnosed at death have been excluded.

²People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.

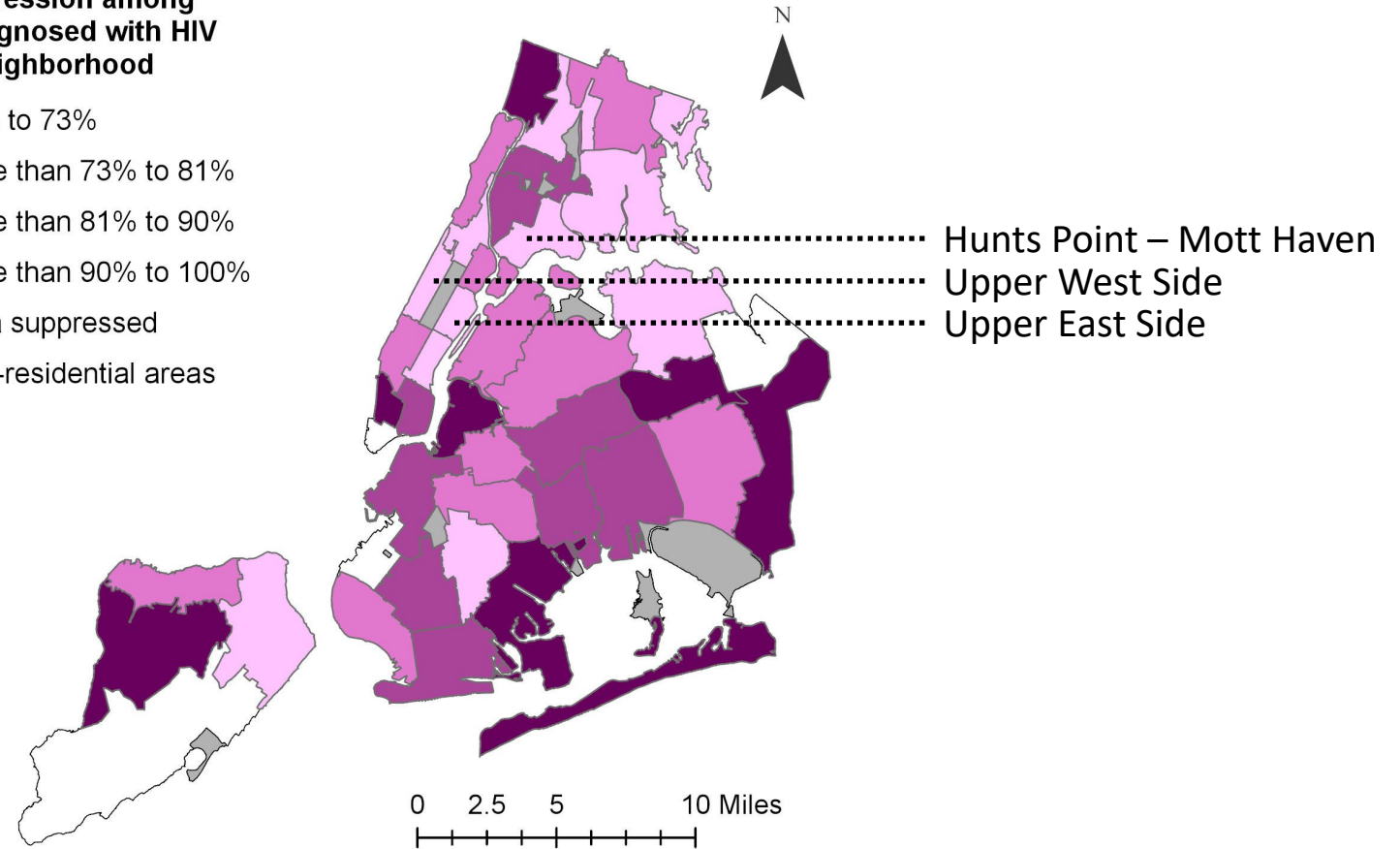
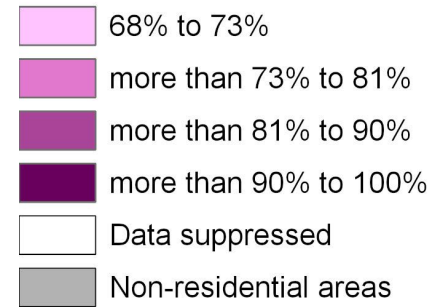
³Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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.

Viral Suppression¹ Among Transgender People Diagnosed With HIV² in New York City by United Hospital Fund Neighborhood, 2023

Viral suppression among people diagnosed with HIV by UHF neighborhood



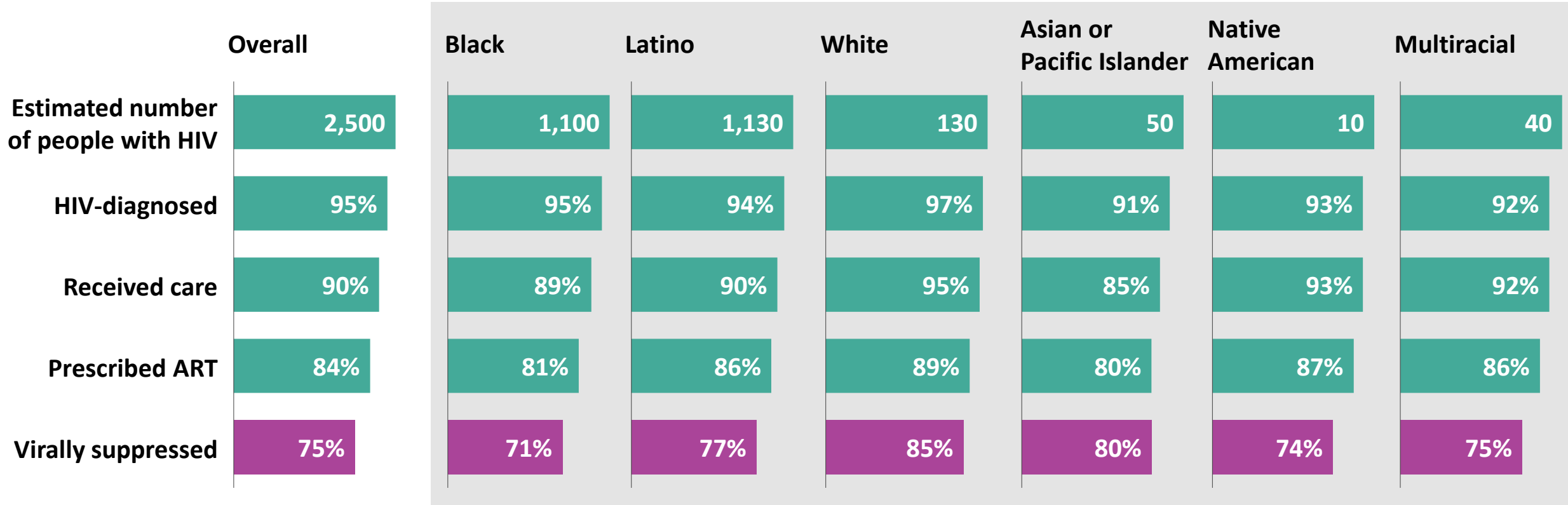
The neighborhoods with the lowest proportions of virally suppressed transgender people were the Upper East Side (68%), the Upper West Side (69%), and Hunts Point – Mott Haven (70%).

¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.

²People 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 Transgender People With HIV in Stages of the HIV Care Continuum^{1,2} in New York City Overall and by Race or Ethnicity,³ 2023



Of approximately 2,500 transgender people with HIV in 2023, 75% had a suppressed viral load. There were inequities in the HIV care continuum among transgender people by race or ethnicity in 2023.

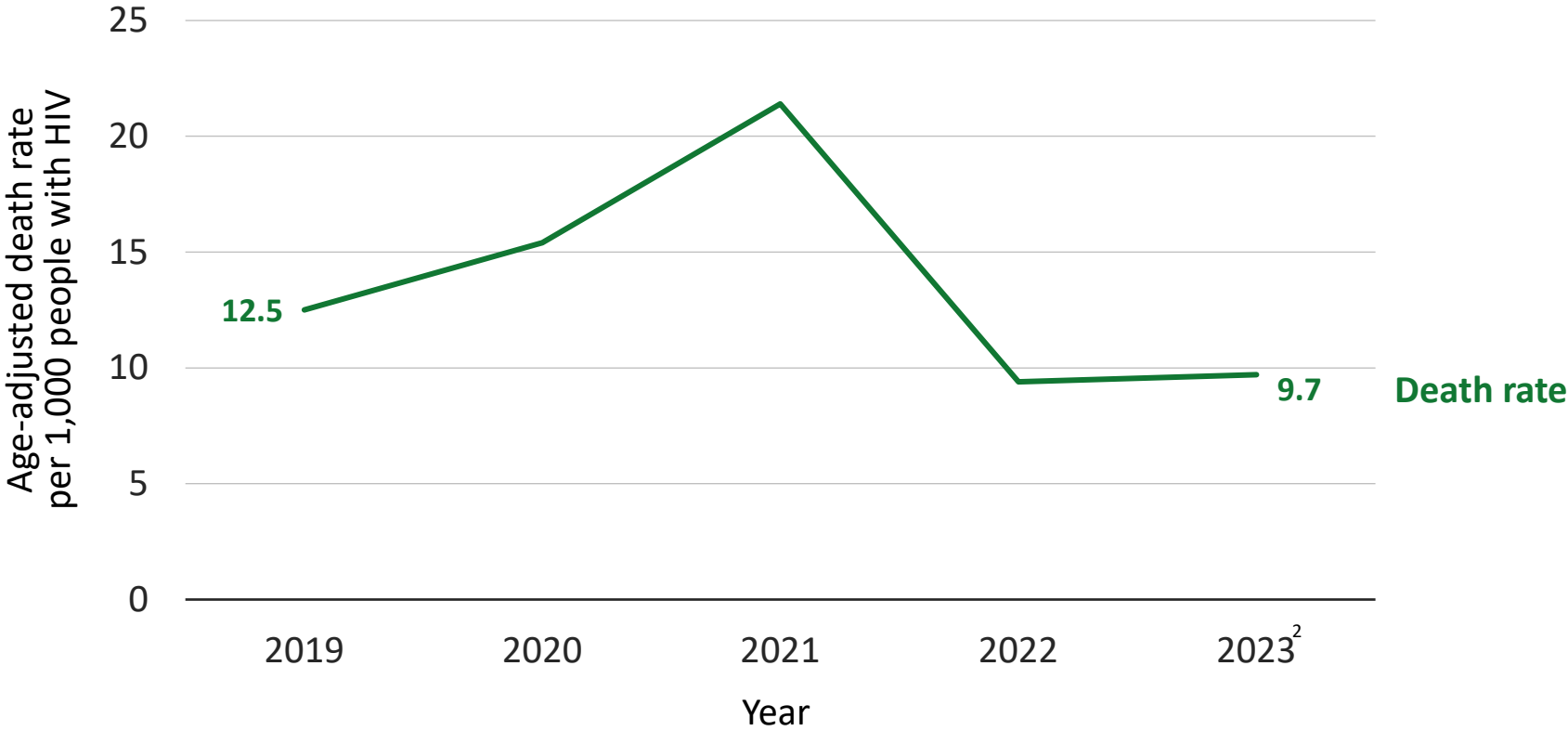
¹The HIV care continuum is a series of key stages for people with HIV. The denominator for each displayed proportion is the estimated number of people with HIV within a given group. For definitions of the stages of the continuum of care, see Technical Notes.

²Proportions 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)

³The 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-Adjusted¹ Death Rate per 1,000 Transgender People With HIV in New York City, 2019-2023



The age-adjusted death rate declined by 22% since 2019 and 55% since its recent peak in 2021.

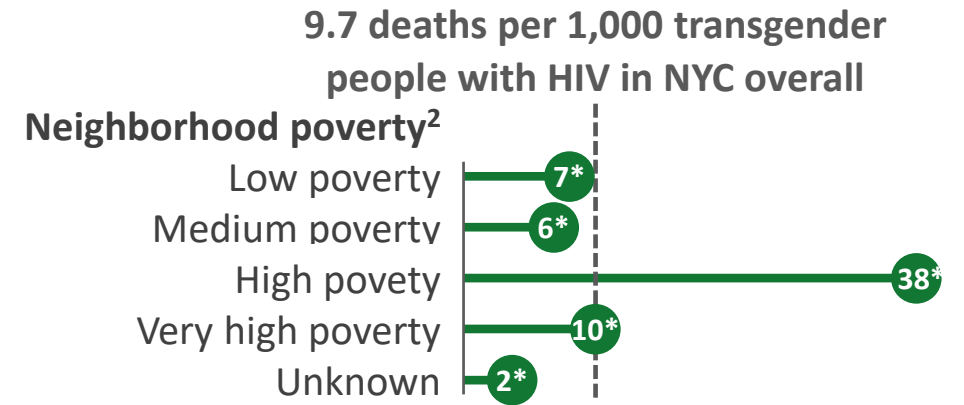
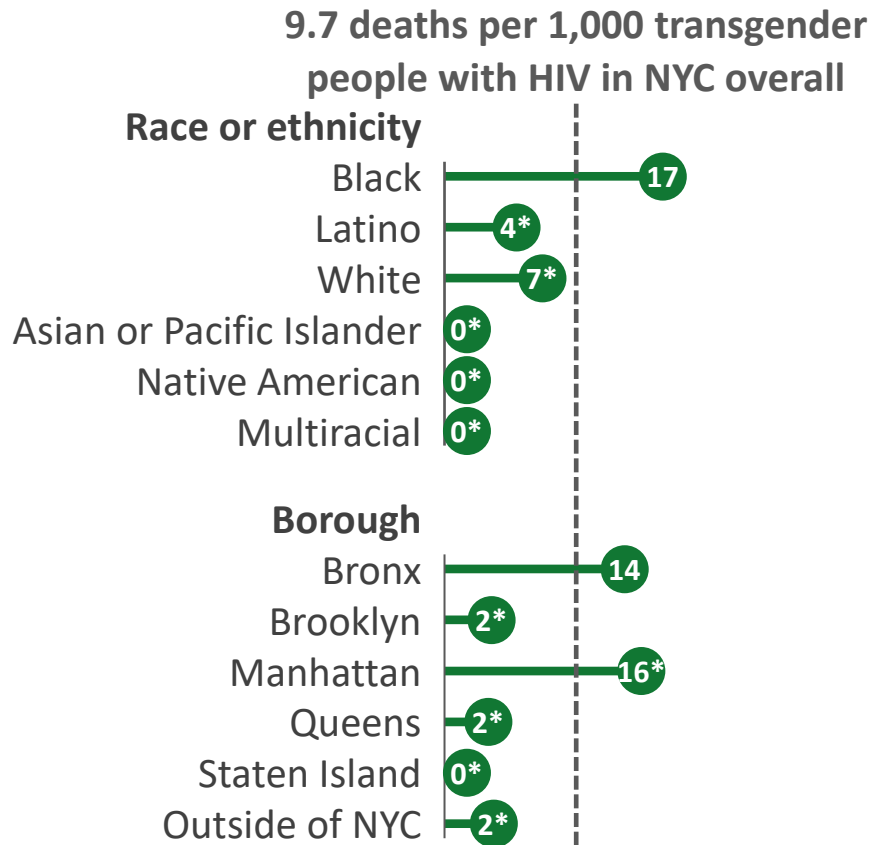


¹Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.

²Death data for 2023 are incomplete.

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

Age-Adjusted¹ Death Rate per 1,000 Transgender People With HIV in New York City by Demographic Group, 2023



Differences exist in the age-adjusted death rate across demographic groups among transgender people with HIV.

*Data should be interpreted with caution because of small population size.

¹Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.

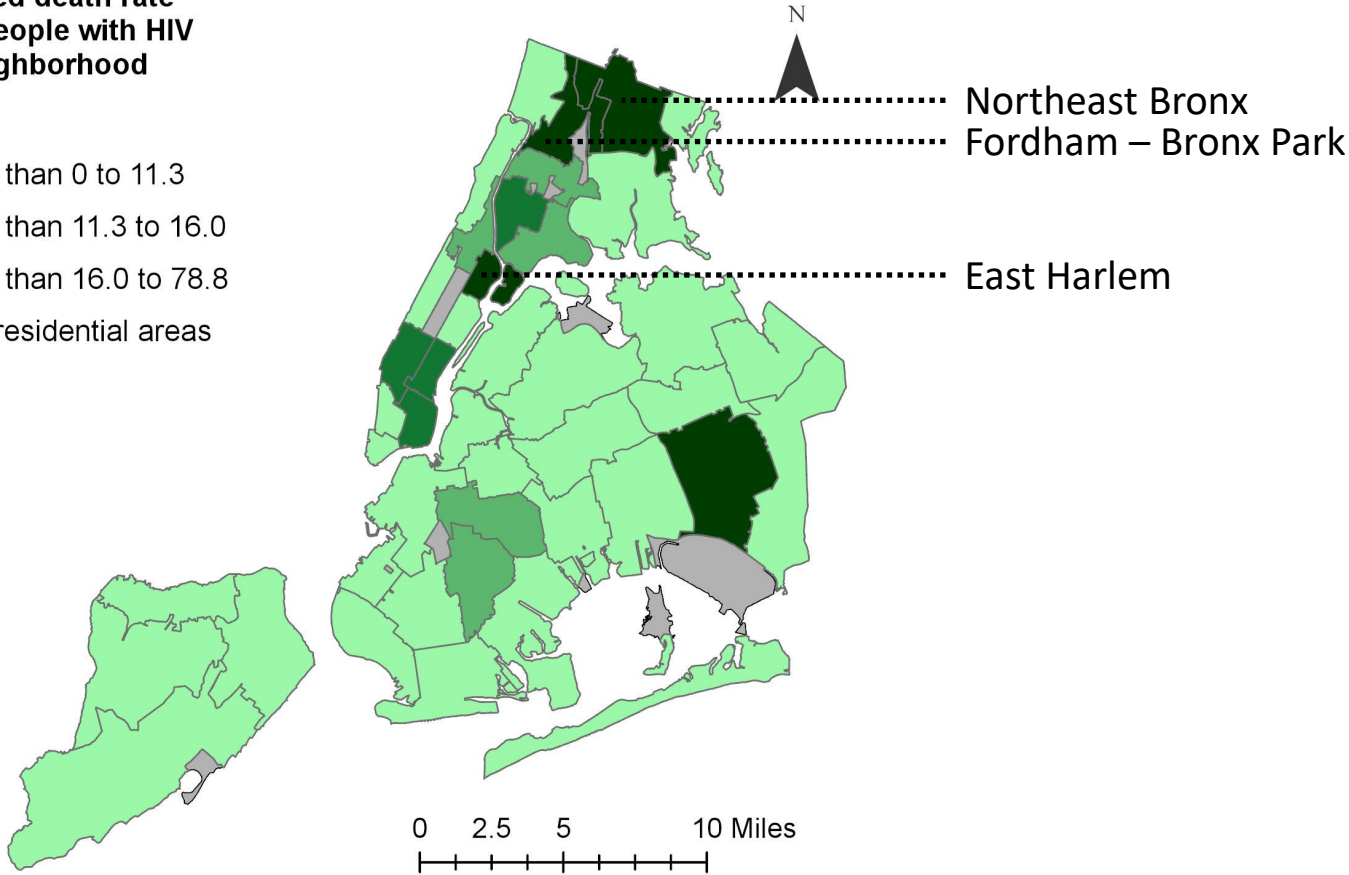
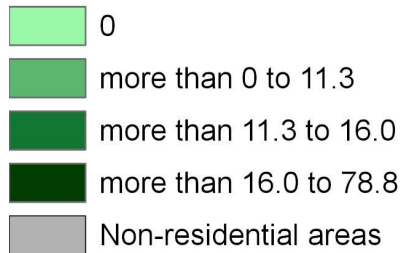
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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-Adjusted¹ Death Rate per 1,000 Transgender People With HIV in New York City by United Hospital Fund Neighborhood, 2023

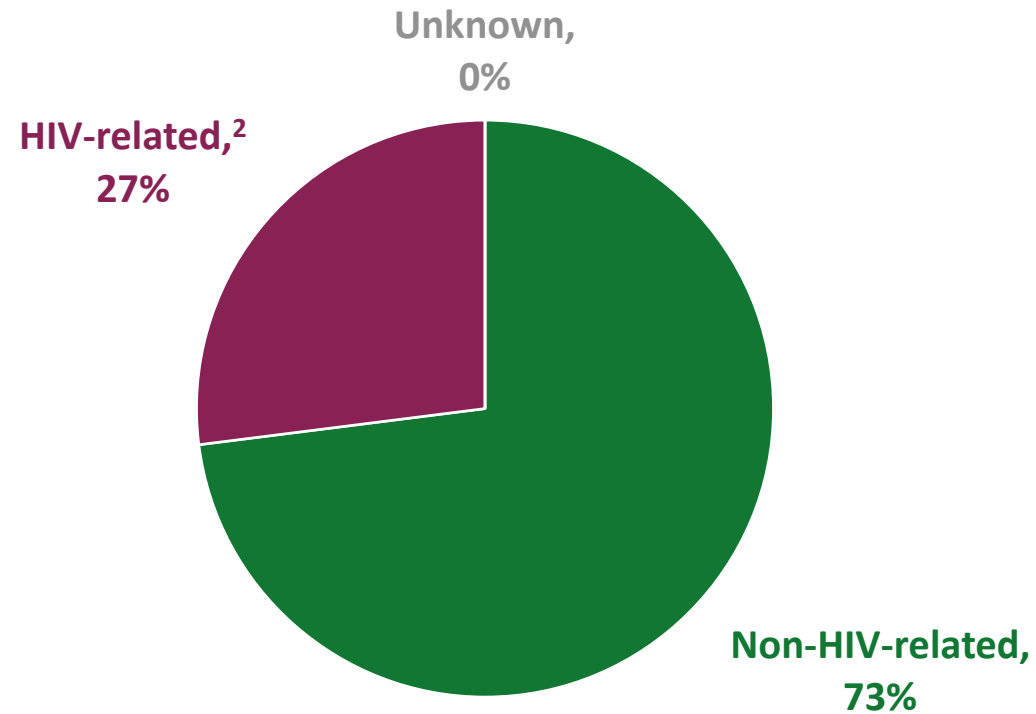
Age-adjusted death rate per 1,000 people with HIV by UHF neighborhood



The neighborhoods with the highest age-adjusted death rates among transgender people with HIV were Northeast Bronx (78.8 per 1,000), Fordham – Bronx Park (28.3 per 1,000), and East Harlem (23.9 per 1,000).

¹Age-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 Transgender People With HIV in New York City by Cause of Death, 2022¹



In 2022, 73% of deaths among transgender people with HIV were due to non-HIV-related causes. Among these, the top causes were accidents (22%), cardiovascular disease (19%), and non-HIV-related cancers (9%)

¹Cause of death data are not yet available for 2023.

²ICD10 codes B20-B24 were used to denote HIV-related deaths. For technical notes on cause of death by the NYC DOHMH's Office of Vital Statistics see:

<https://www.nyc.gov/assets/doh/downloads/pdf/vs/2021sum.pdf>.

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

Appendix: How to Find Our Data

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.

The HIV Epidemiology Program's work depends on the participation of NYC providers, New Yorkers with HIV, community members and multiple other contributors. To them we are immensely indebted. Thank you.