HIV Among Women 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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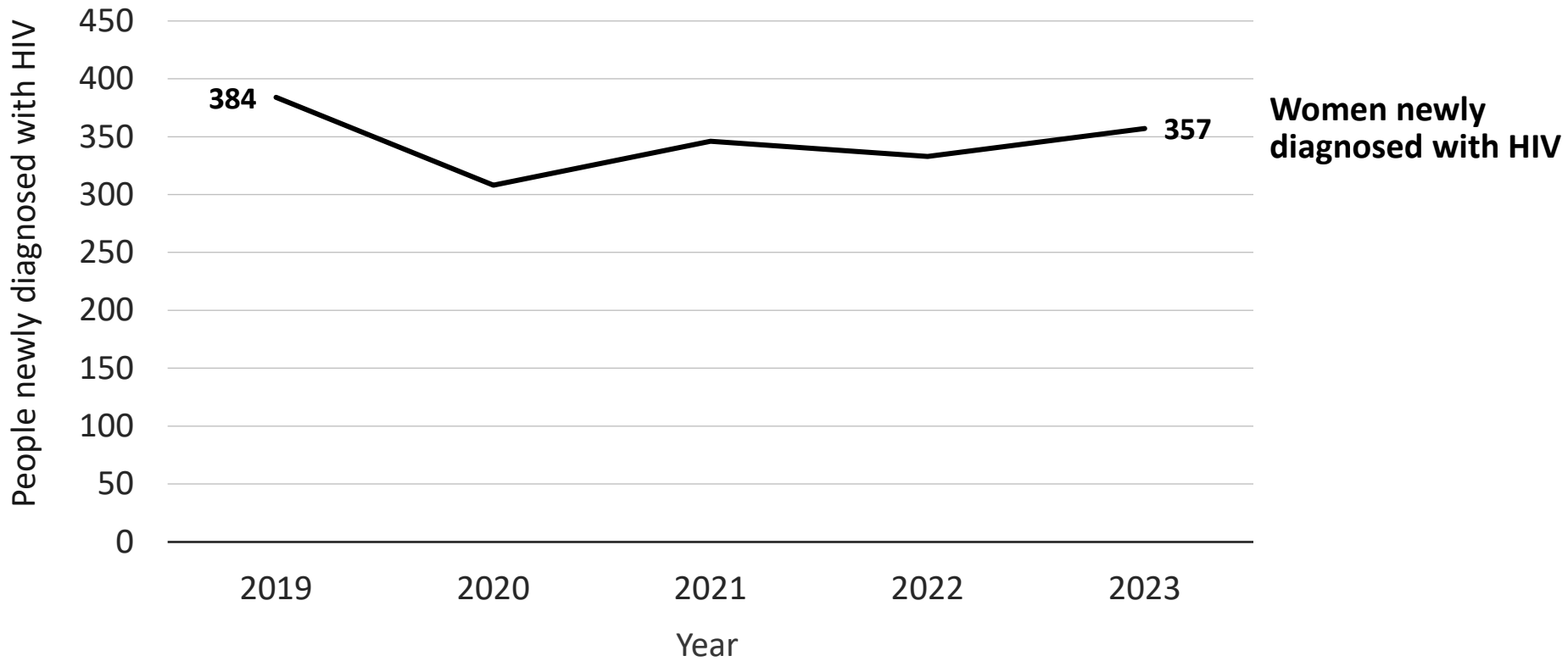
Basic Statistics of HIV Among Women[1] in New York City, 2023

- **357 women newly diagnosed with HIV**
  - Including 77 women concurrently diagnosed with AIDS (21.6% of diagnoses)
- **328 women newly diagnosed with AIDS[2]**
- **There are an estimated 25,400 women with HIV[3]**
- **442 deaths among women with HIV**
  - 7.6 deaths per 1,000 women with HIV[4]

[1]Women includes transgender women.
[2]Includes people concurrently diagnosed with HIV and AIDS.
[3]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.
[4]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.

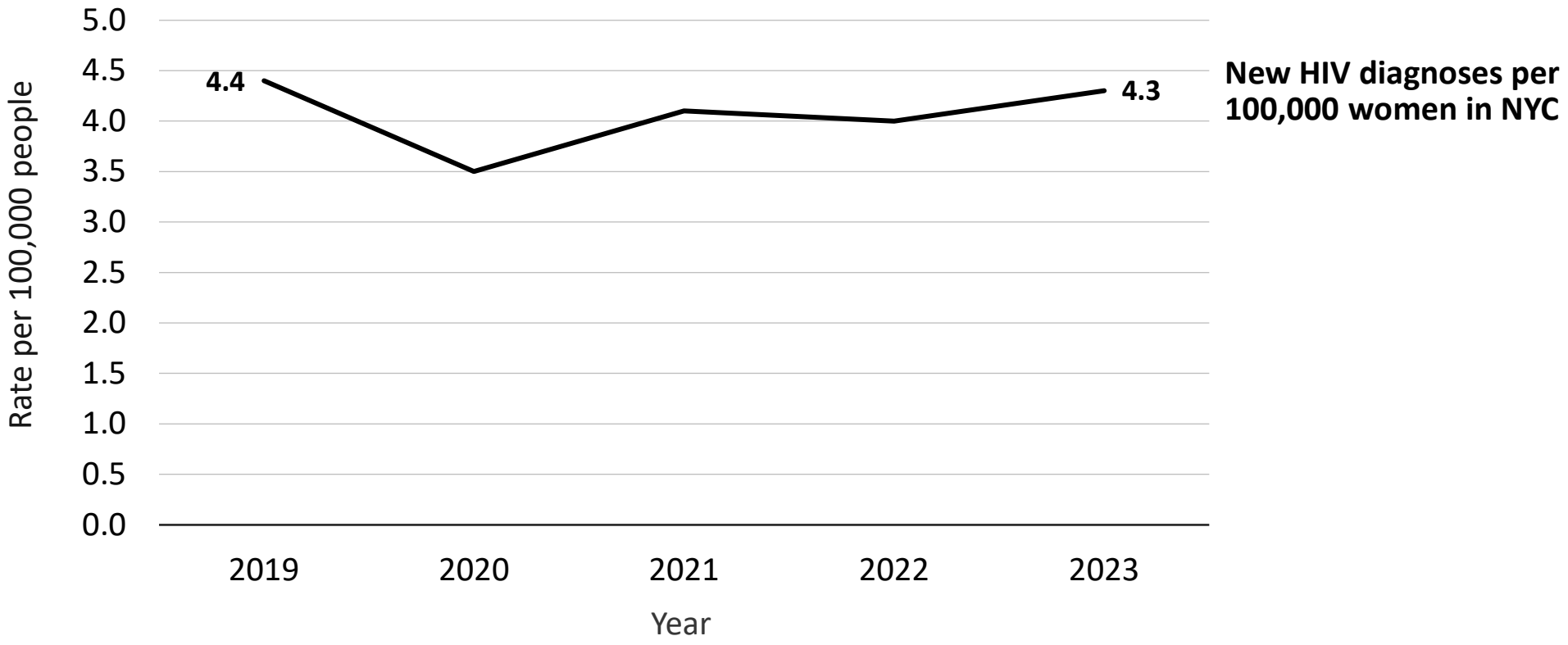
Number of New HIV Diagnoses Among Women[1] in New York City, 2019-2023



The number of women newly diagnosed with HIV decreased by 7% from 2019 to 2023. The number of women newly diagnosed with HIV increased by 16% since 2020, the year COVID-19 was first detected in New York City.

[1]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

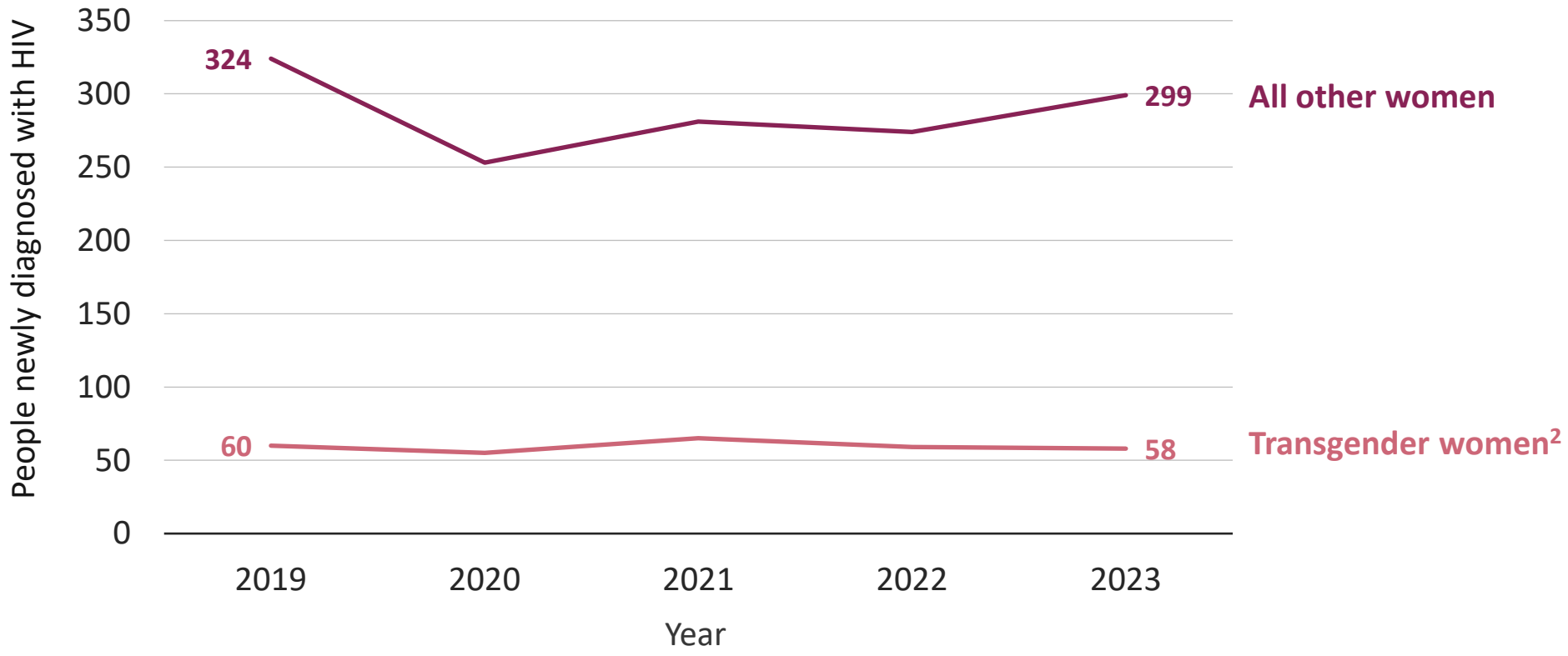
Rate of New HIV Diagnoses[1] per 100,000 Women[2] in New York City, 2019-2023



The rate of new HIV diagnoses among women in 2023 was approximately equivalent to the rate in 2019. Since 2020, the rate of new HIV diagnoses increased by 23%.

[1]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

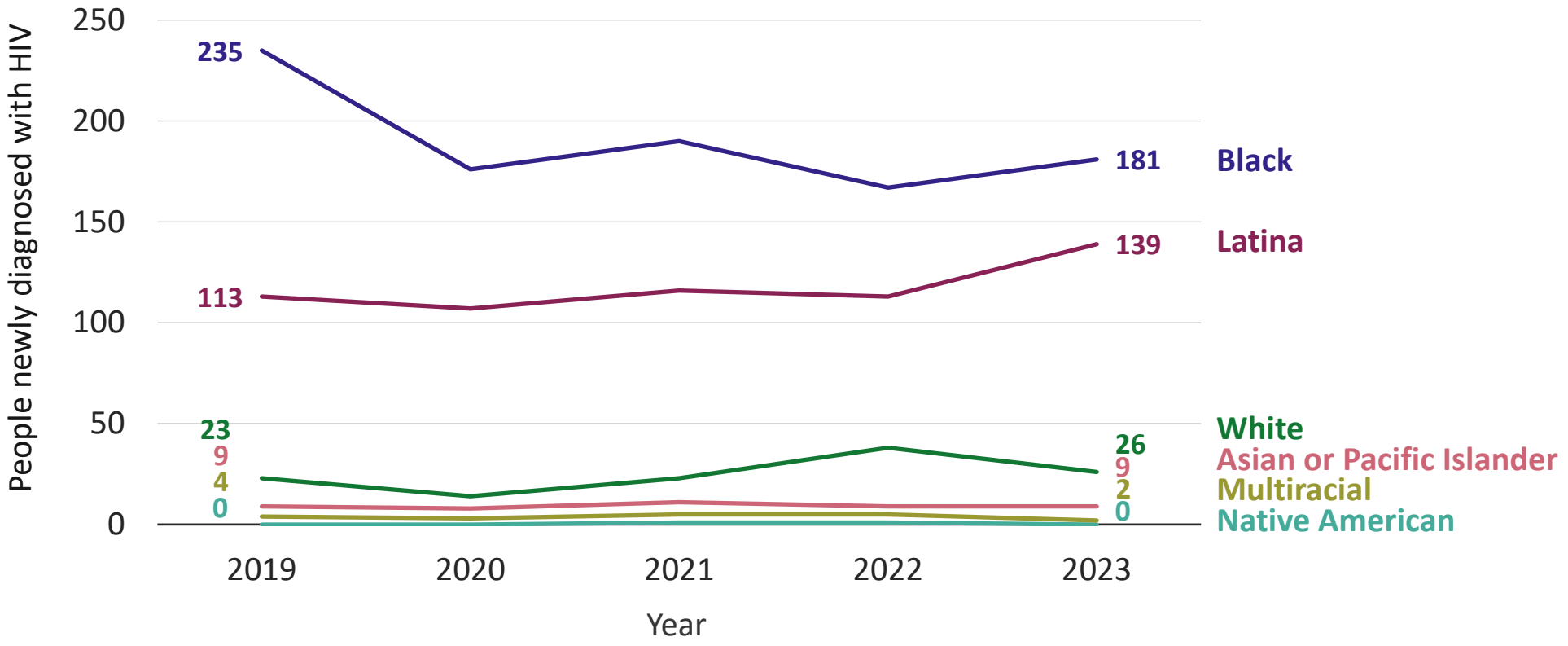
Number of New HIV Diagnoses Among Women[1] in New York City by Gender, 2019-2023



In 2023, the number of women newly diagnosed with HIV decreased or returned to levels similar to those in 2019 in all gender groups. All other women experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023.

[1]Women includes transgender women.
[2]The NYC HIV Epidemiology Program collects information on gender identity, when available. People whose current gender identity differs from their sex assigned at birth are classified as transgender people. 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 health care providers or medical chart reviews. This information may or may not reflect self-identification. Reported numbers of new HIV diagnoses among transgender people and transgender people with HIV are likely to be underestimates.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among Women[1] in New York City by Race or Ethnicity, 2019-2023



Since 2019, the number of Latina women newly diagnosed with HIV increased by 23%. The number of new HIV diagnoses decreased or remained stable among women in all other race or ethnicity groups. Black and Latina women consistently experienced the highest number of new HIV diagnoses, representing a combined 90% of new diagnoses among women in 2023.

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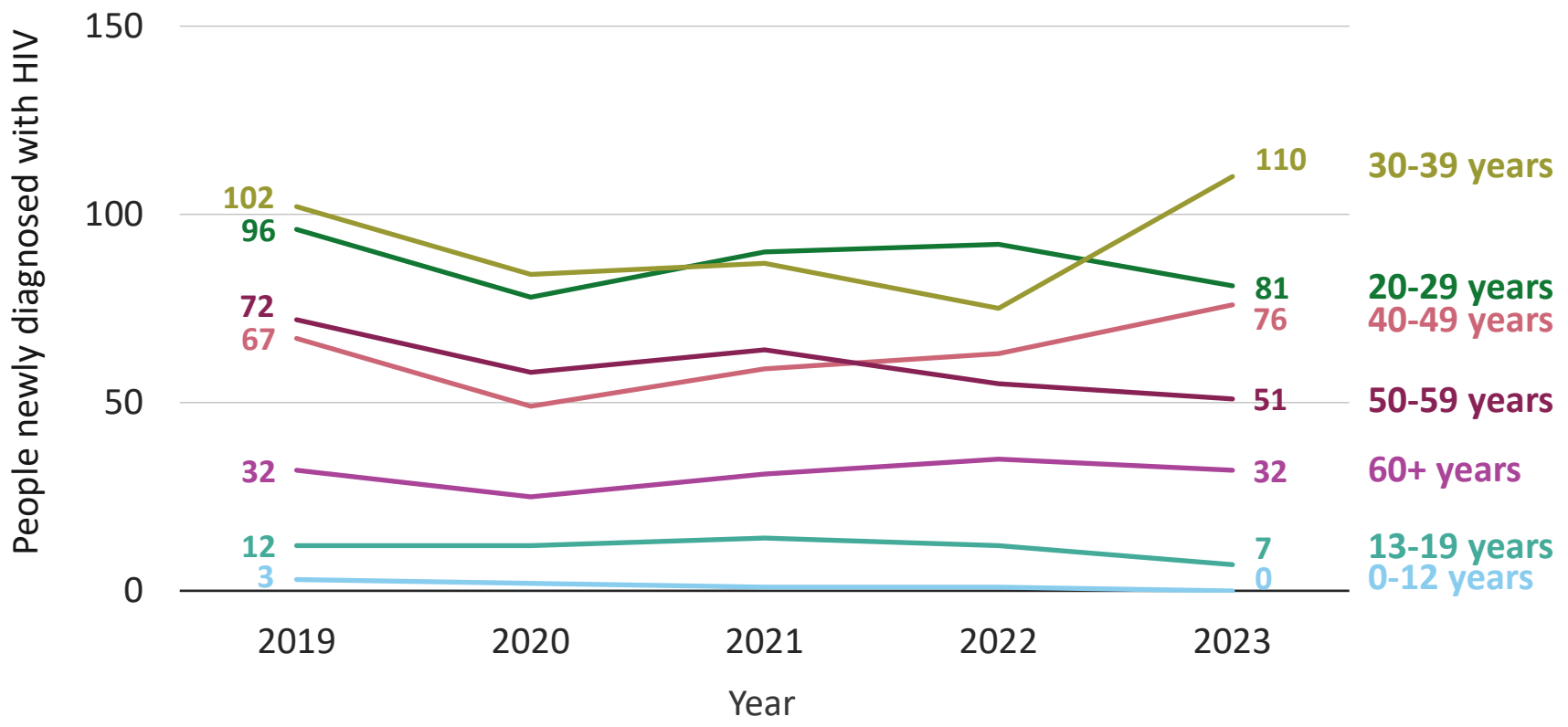
[1]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among Women[1] in New York City by Age Group, 2019-2023



Since 2019, the number of women newly diagnosed with HIV increased among women aged 30 to 39 years by 8% and among women aged 40 to 49 years by 13%. The number of women newly diagnosed with HIV decreased or remained stable in all other age groups. Women aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses, representing a combined 54% of new diagnoses among women in 2023.

[1]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among Women[1] in New York City by Race or Ethnicity and Age Group, 2023

Black women aged 20 to 59 years and Latina women aged 20 to 49 years experienced the highest number of new HIV diagnoses, representing a combined 75% of new diagnoses among women in 2023.

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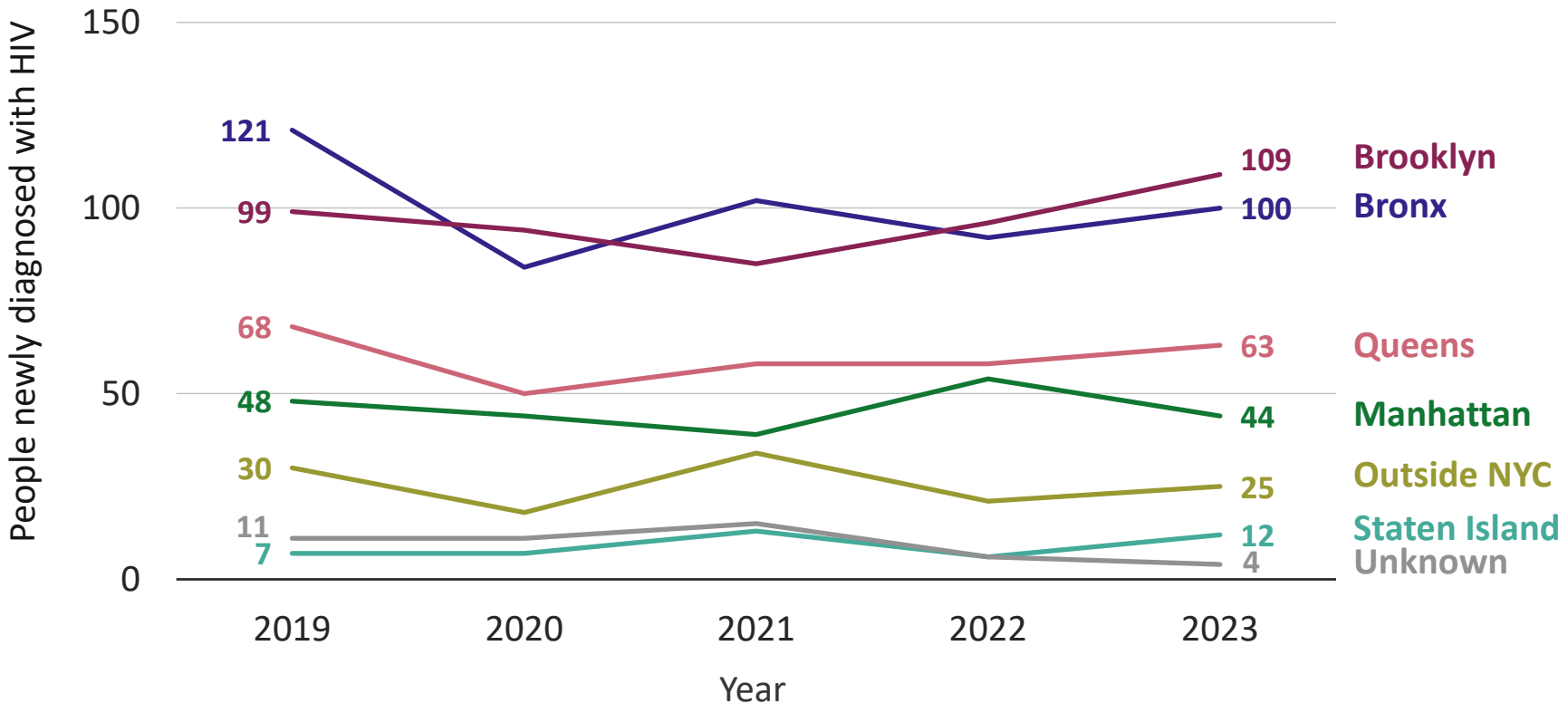
[1]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses Among Women[1] in New York City by Borough of Residence, 2019-2023



Since 2019, the number of women newly diagnosed with HIV increased among women residing in Brooklyn by 10%. The number of women newly diagnosed with HIV decreased or remained relatively stable in all other boroughs of residence between 2019 and 2023. Brooklyn and the Bronx consistently experienced the highest number of new HIV diagnoses, representing a combined 59% of new diagnoses among women in 2023.

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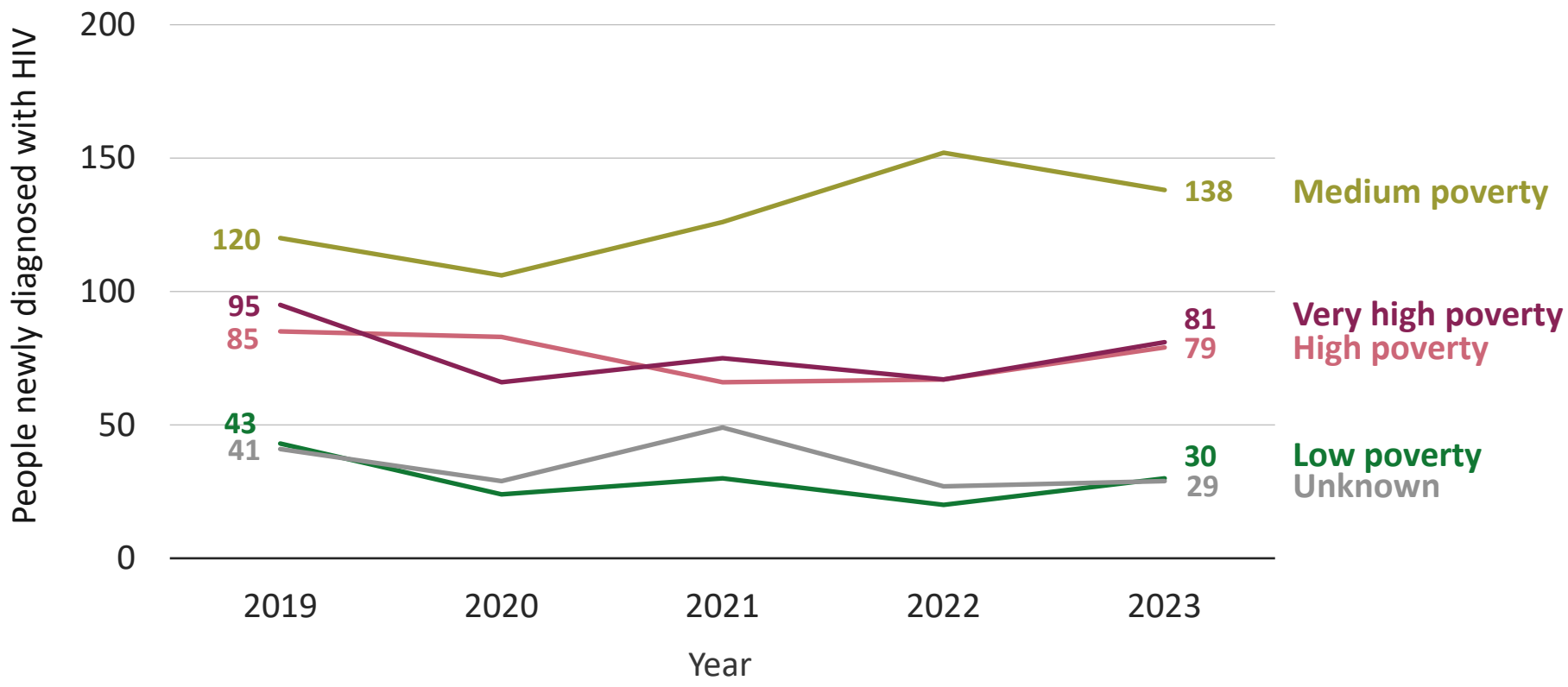
[1]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

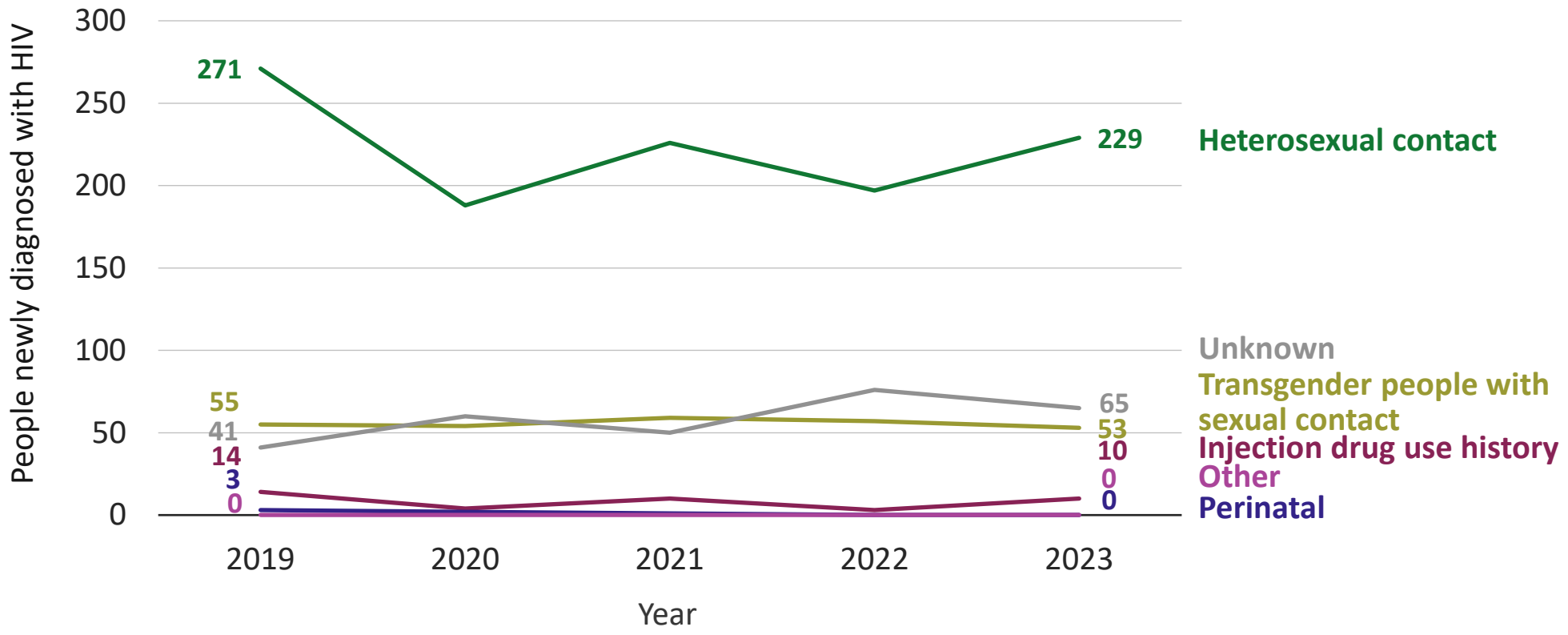
Number of New HIV Diagnoses Among Women[1] in New York City by Neighborhood Poverty Level,[2] 2019-2023



Since 2019, the number of women newly diagnosed with HIV increased among women residing in neighborhoods with medium poverty by 15%. The number of women newly diagnosed with HIV decreased or remained stable in all other neighborhood poverty level groups. Neighborhoods with medium poverty consistently experienced the highest number of new HIV diagnoses, representing 39% of new diagnoses among women in 2023.

[1]Women includes transgender women.
[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.

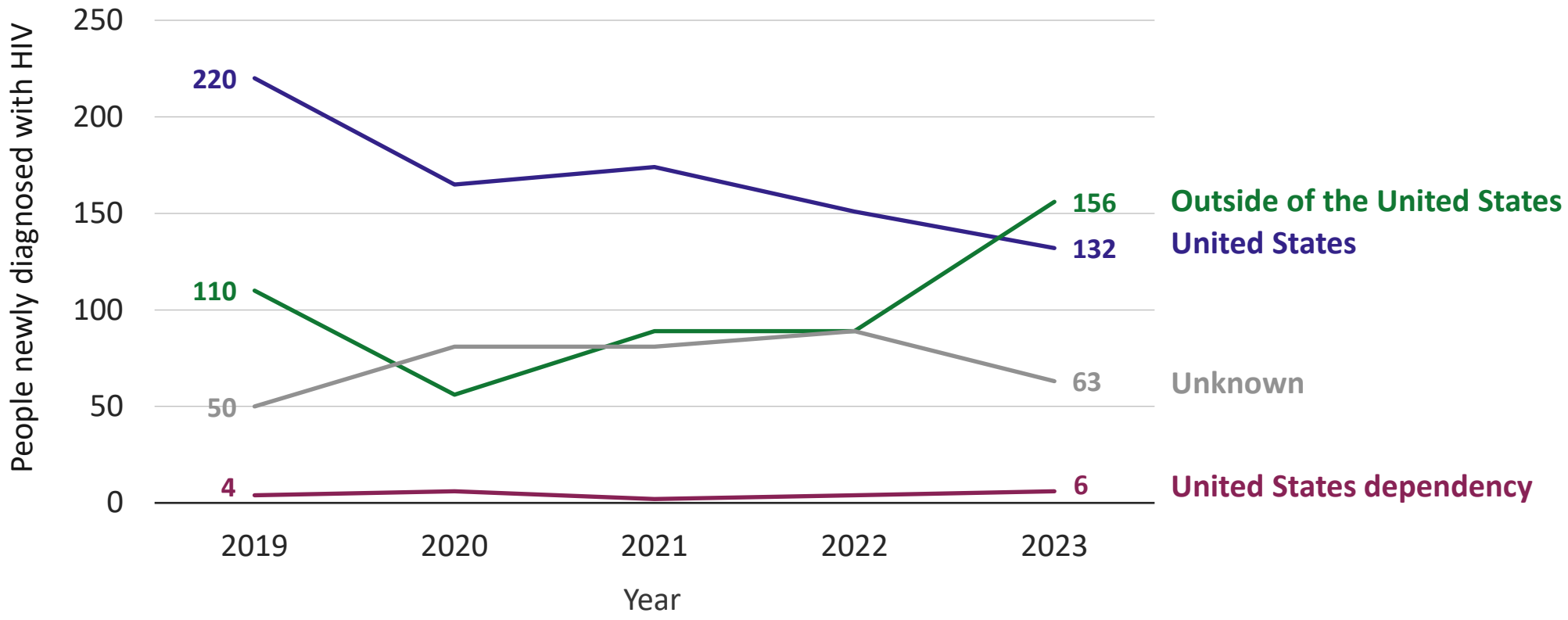
Number of New HIV Diagnoses Among Women[1] in New York City by Transmission Category, 2019-2023



Since 2019, the number of women newly diagnosed with HIV with an unknown transmission category increased by 59%.[2] The number of women newly diagnosed with HIV decreased or remained stable for all other transmission categories. Women with heterosexual contact experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Women with heterosexual contact consistently experienced the highest number of new HIV diagnoses, representing 78% of new diagnoses among women newly for whom data on transmission category were available in 2023.

[1]Women includes transgender women.
[2]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.

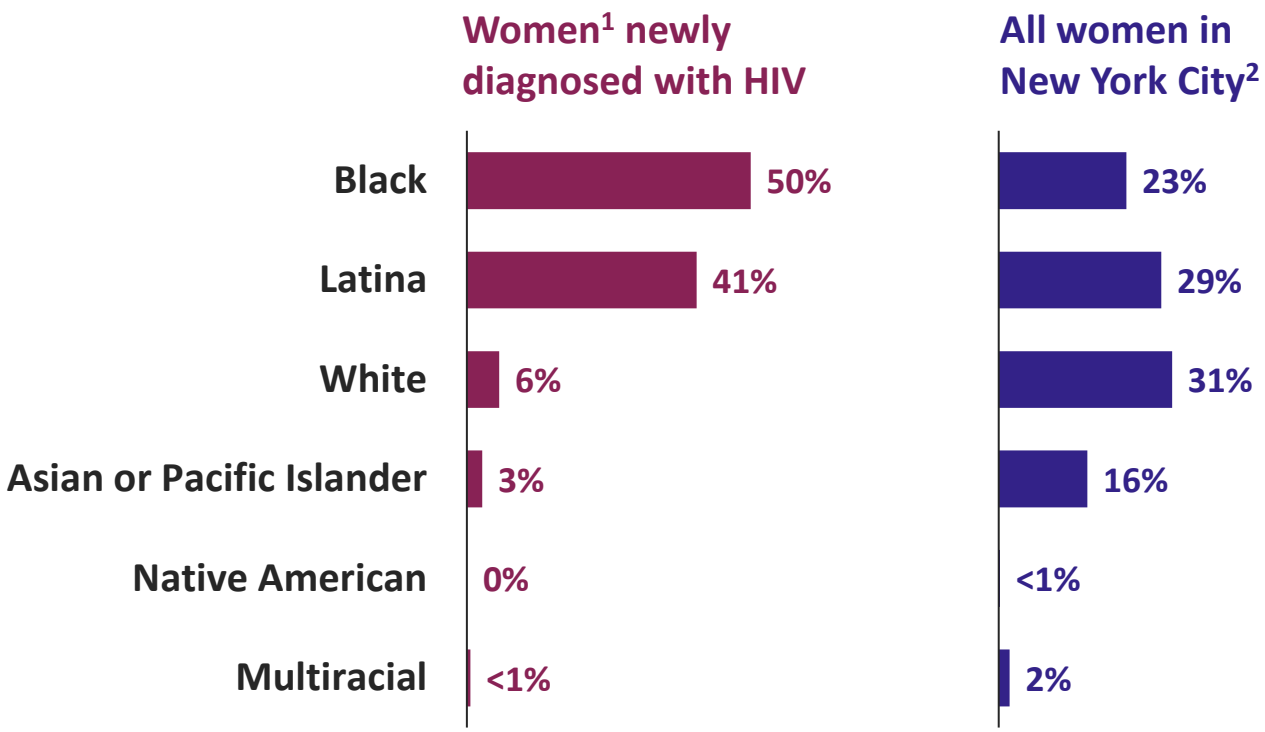
Number of New HIV Diagnoses Among Women[1] in New York City by Place of Birth, 2019-2023



Since 2019, the number of women newly diagnosed with HIV increased by 42% among women born outside of the United States and by 26% among women with an unknown place of birth.[2] The number of women newly diagnosed with HIV decreased or remained stable for all other places of birth. Women born outside of the United States experienced the highest number of new HIV diagnoses in 2023, representing 44% of new diagnoses among women.

[1]Women includes transgender women.
[2]The number of people newly diagnosed with HIV with an unknown place of birth 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.

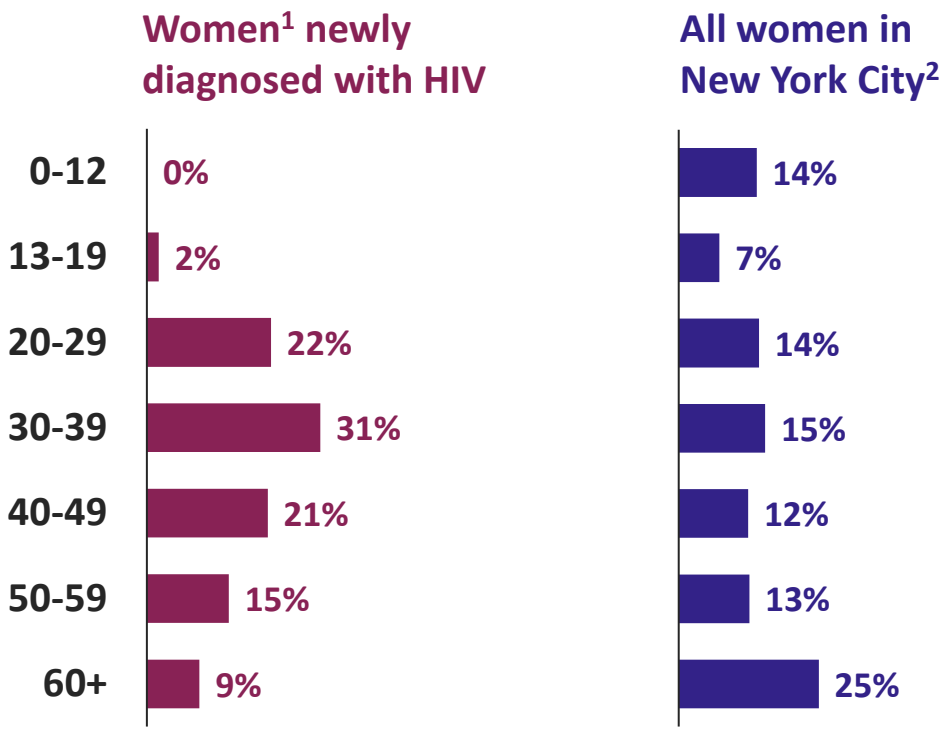
Proportion of Women[1] Newly Diagnosed With HIV and All Women[2,3] in New York City by Race or Ethnicity, 2023



The proportions of new HIV diagnoses among Black and Latina women are higher than their respective proportions among all women in New York City.

[1]Women includes transgender women.
[2]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[3]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

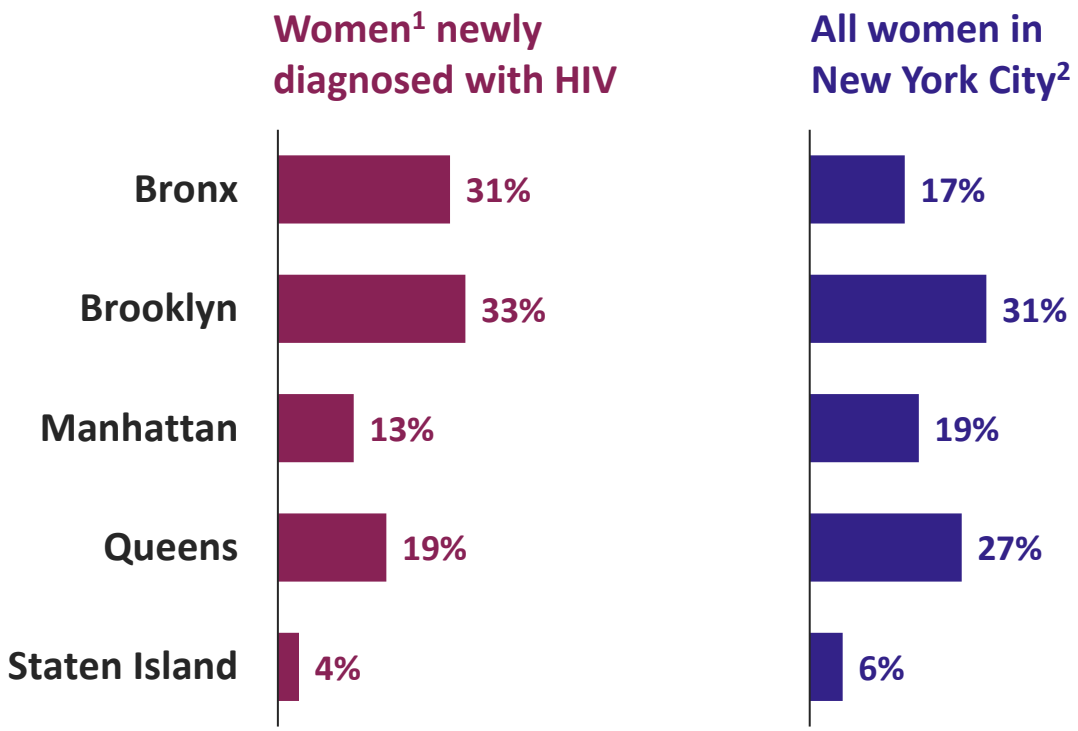
Proportion of Women[1] Newly Diagnosed With HIV and All Women[2,3] in New York City by Age Group, 2023



The proportions of new HIV diagnoses among women aged 20 to 59 years are higher than their respective proportions among all women in New York City. Women newly diagnosed with HIV aged 30 to 39 years accounted for more than double the proportion they comprise among all women in New York City.

[1]Women includes transgender women.
[2]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[3]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

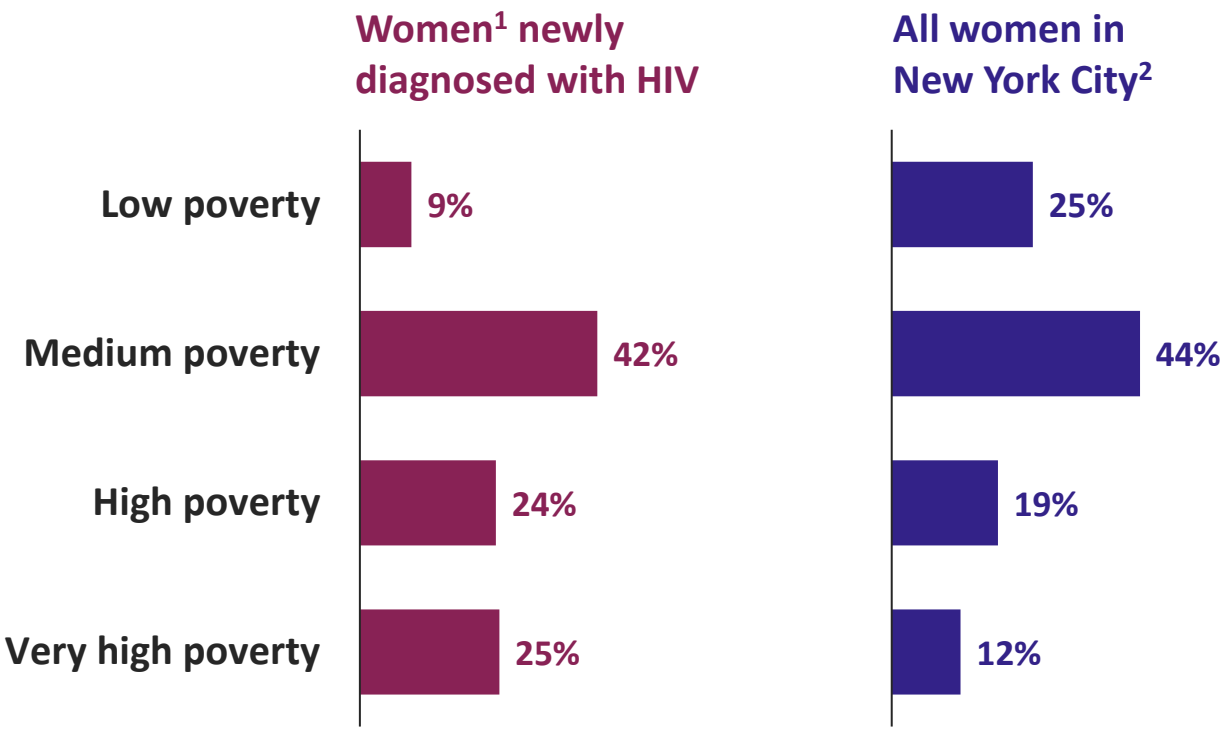
Proportion of Women[1] Newly Diagnosed With HIV and All Women[2,3] in New York City by Borough of Residence,[3] 2023



The proportions of new HIV diagnoses among women in the Bronx and Brooklyn are higher than their respective proportions among all women in New York City.

[1]Women includes transgender women.
[2]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[3]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis and those with an unknown borough of residence.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

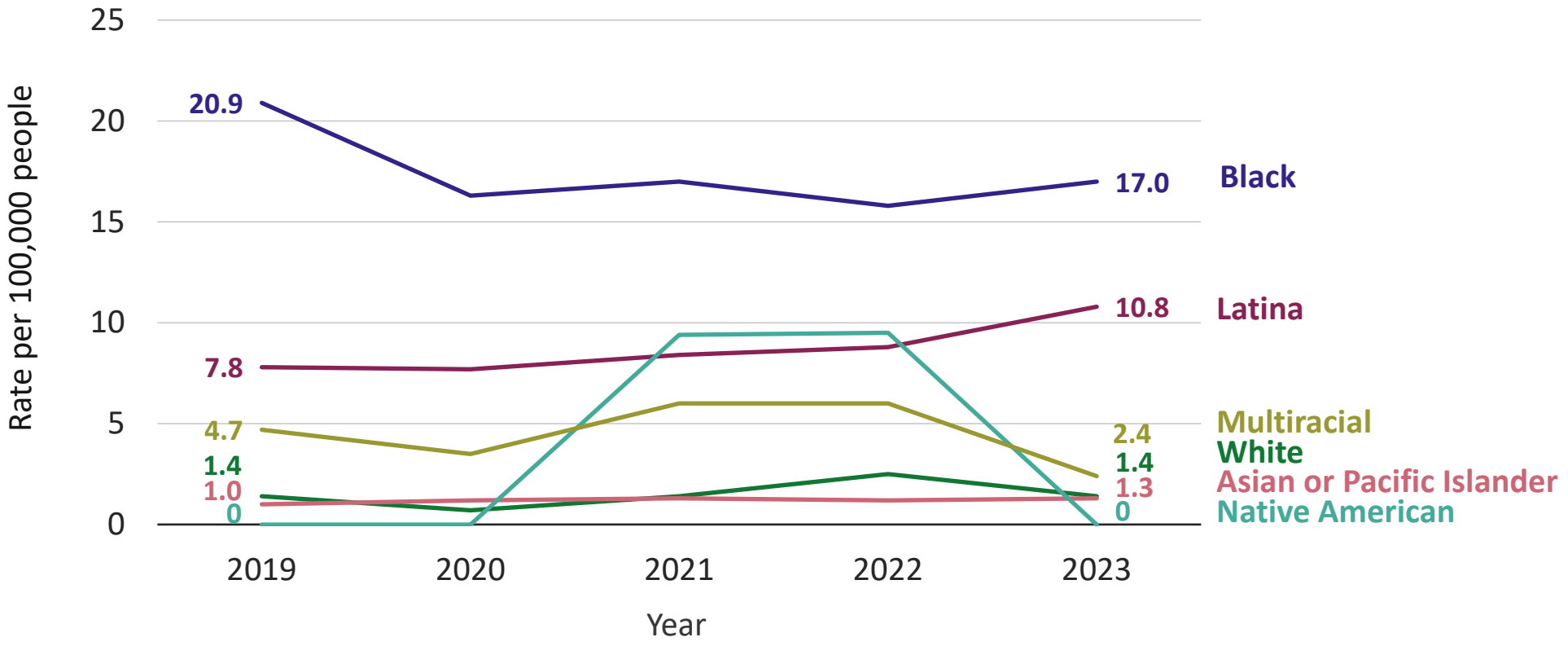
Proportion of Women[1] Newly Diagnosed With HIV and All Women[2,3] in New York City by Neighborhood Poverty Level,[4,5] 2023



The proportions of new HIV diagnoses among people living in neighborhoods with high or very high poverty are higher than their respective proportion among all women in New York City.

[1]Women includes transgender women.
[2]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[3]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[4]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.
[5]Proportions exclude people living in neighborhoods with an unknown poverty level
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

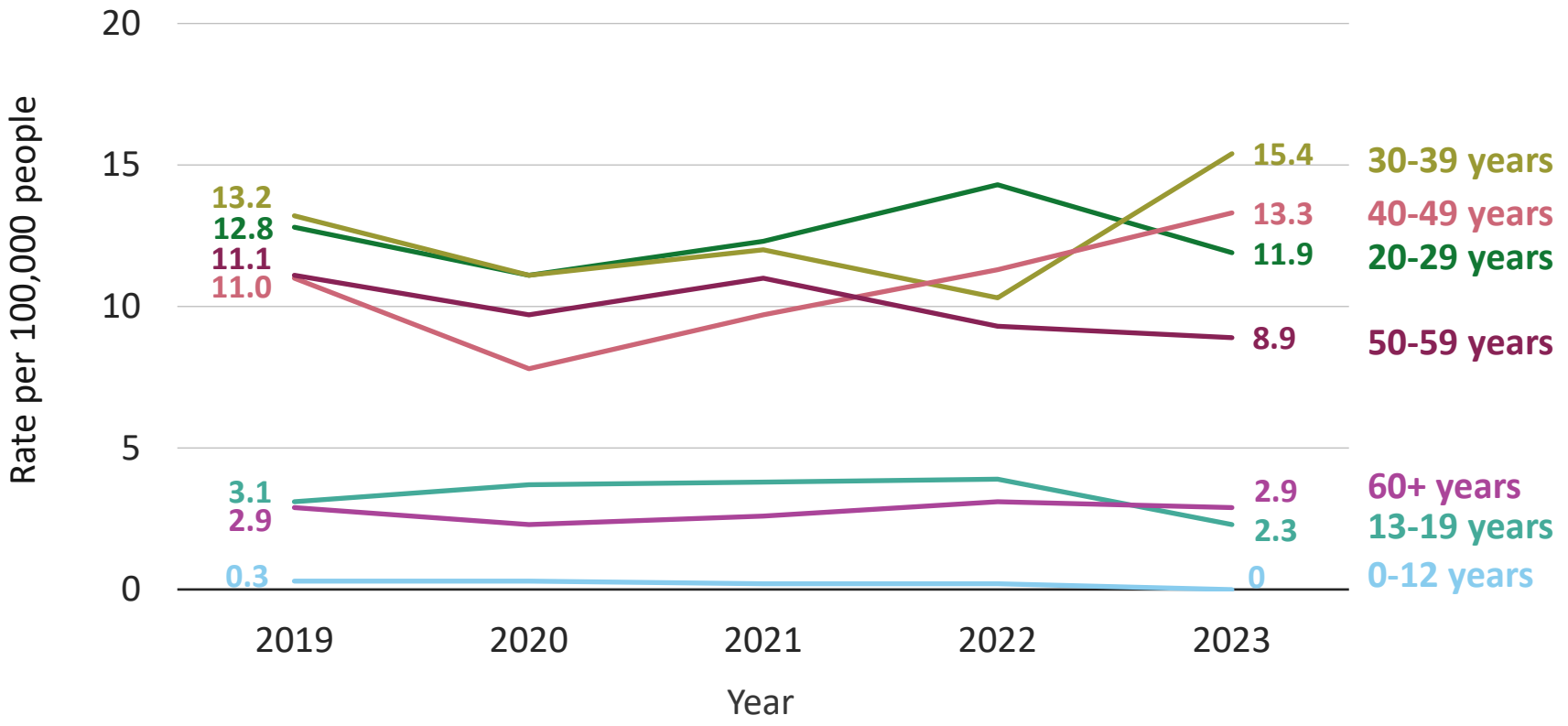
Rate of New HIV Diagnoses[1,2] per 100,000 Women[3] in New York City by Race or Ethnicity, 2019-2023



Since 2019, the rate of new HIV diagnoses increased among Latina women increased by 38% between 2019. The rate of new HIV diagnoses among Native American women fluctuated; counts remained low, the rate should be interpreted with caution. The rate of new HIV diagnoses decreased or remained relatively stable in all other race or ethnicity groups. Black women consistently experienced the highest rate of new HIV diagnoses.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

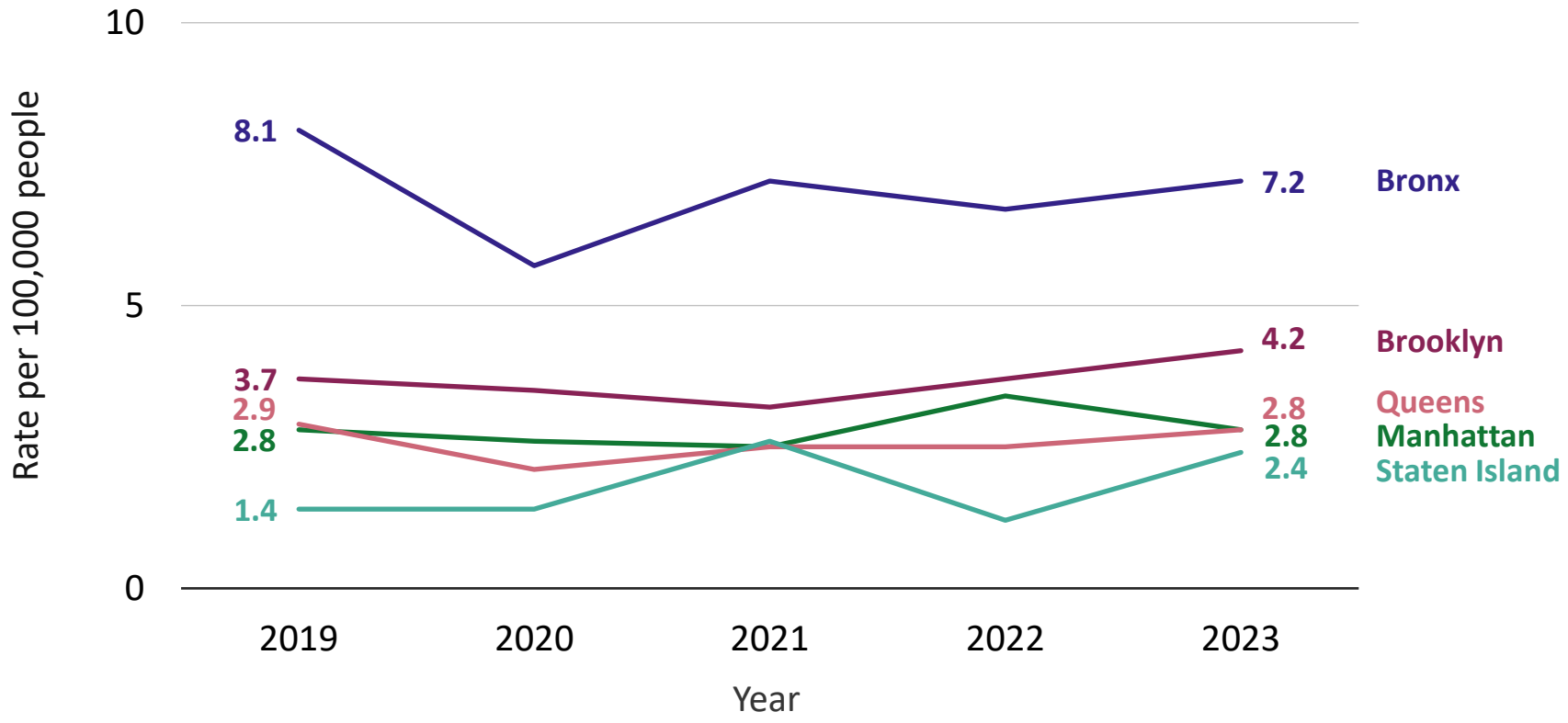
Rate of New HIV Diagnoses[1,2] per 100,000 Women[3] in New York City by Age Group, 2019-2023



Since 2019, the rate of new HIV diagnoses increased among women aged 30 to 39 years by 17% and among women aged 40 to 49 by 21%. The rate of new HIV diagnoses decreased or remained stable in all age groups. Women aged 20 to 59 consistently experienced the highest rates of new HIV diagnoses.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

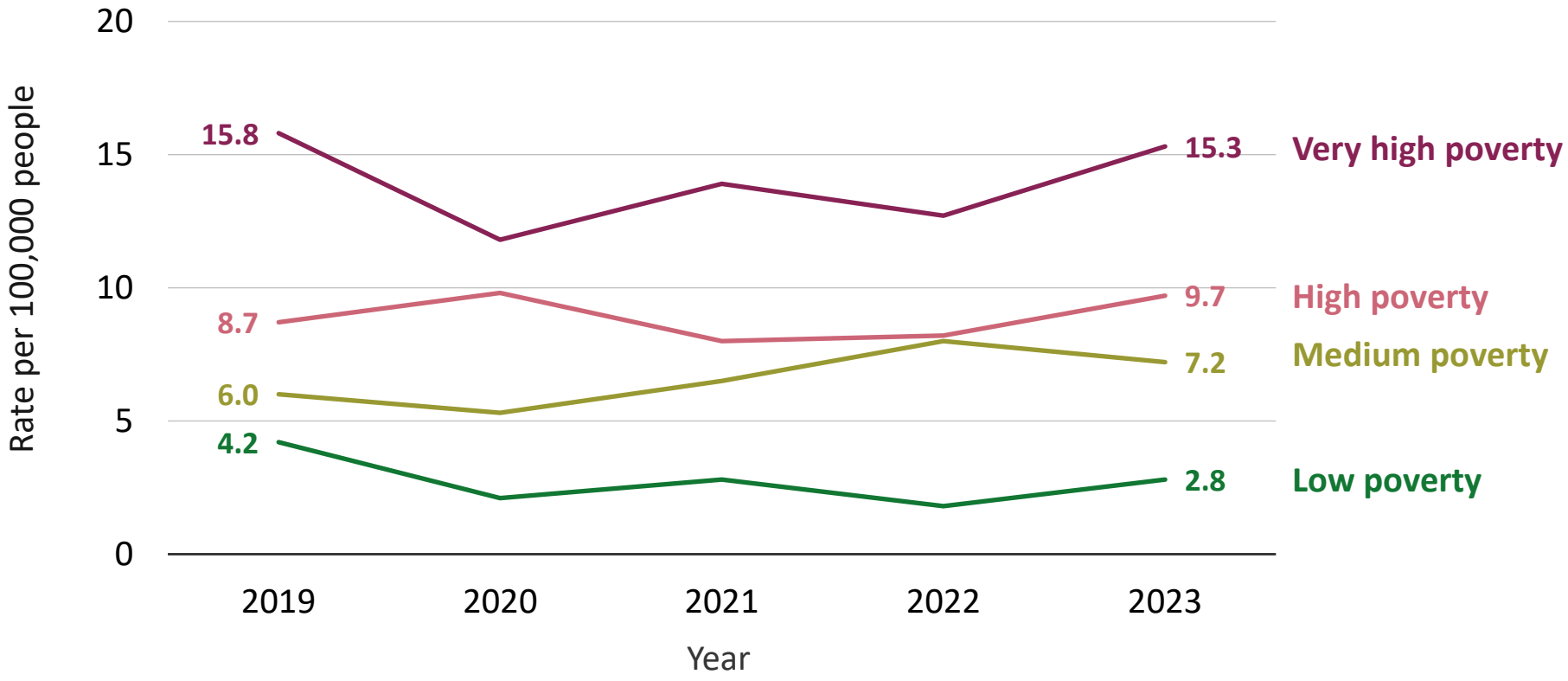
Rate of New HIV Diagnoses[1,2] per 100,000 Women[3] in New York City by Borough of Residence, 2019-2023



The rate of new HIV diagnoses among women decreased or remained relatively stable in all boroughs between 2019 and 2023. Women in the Bronx consistently experienced the highest rate of new HIV diagnoses.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Rate of New HIV Diagnoses[1,2] per 100,000 Women[3] in New York City by Neighborhood Poverty Level,[4] 2019-2023



The rate of new HIV diagnoses among women decreased or remained stable in all neighborhood poverty groups between 2019 and 2023. Women living in neighborhoods with very high poverty consistently experienced the highest rate of new HIV diagnoses.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Women includes transgender women.
[4]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.

Care Outcomes Among Women Newly Diagnosed With HIV

New York City

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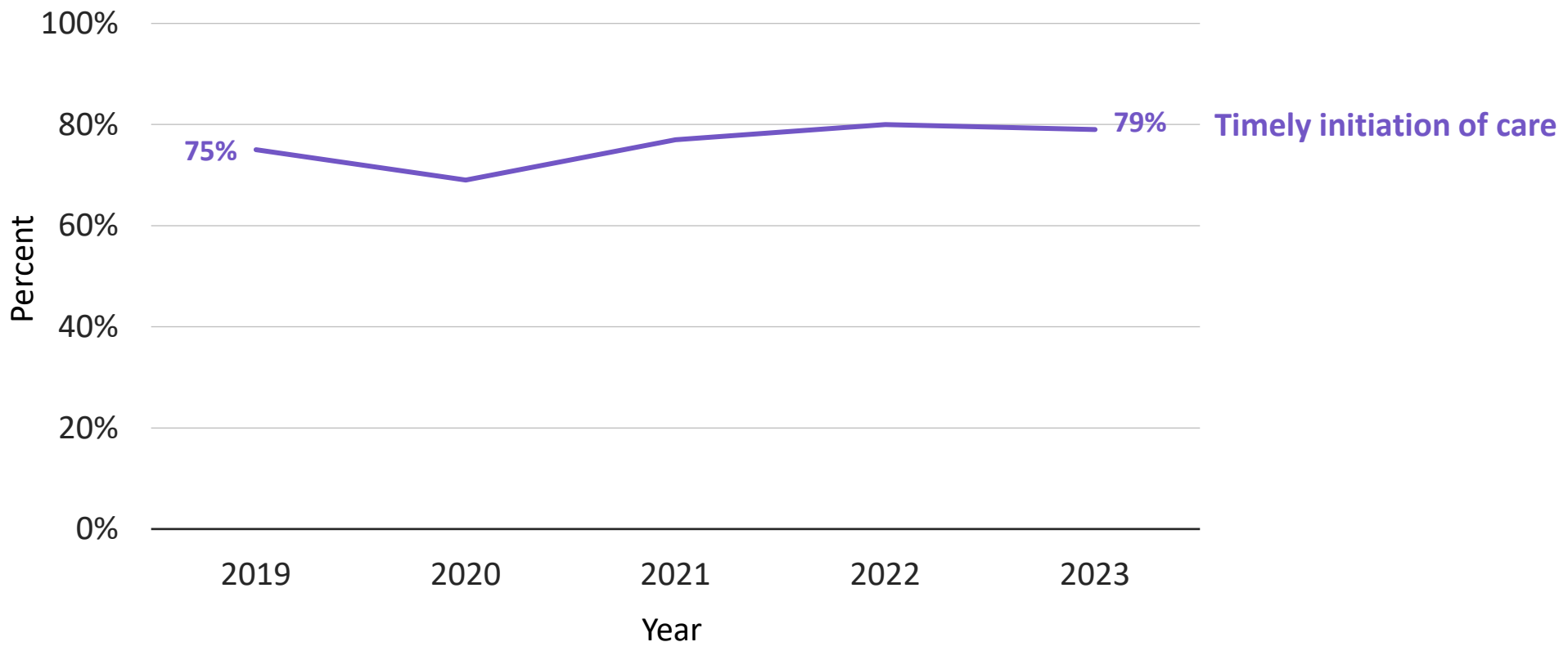
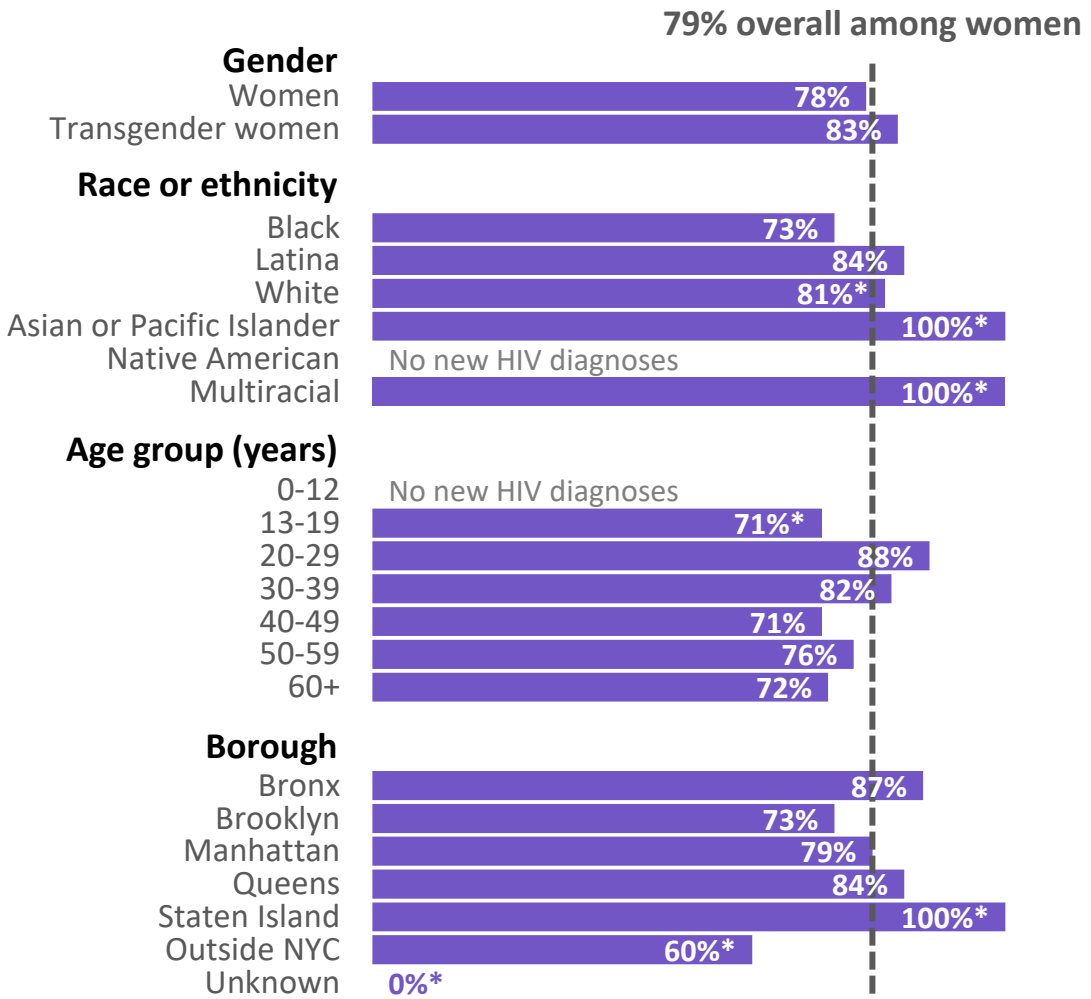
Timely Initiation of Care[1] After Diagnosis Among Women[2] in New York City, 2019-2023

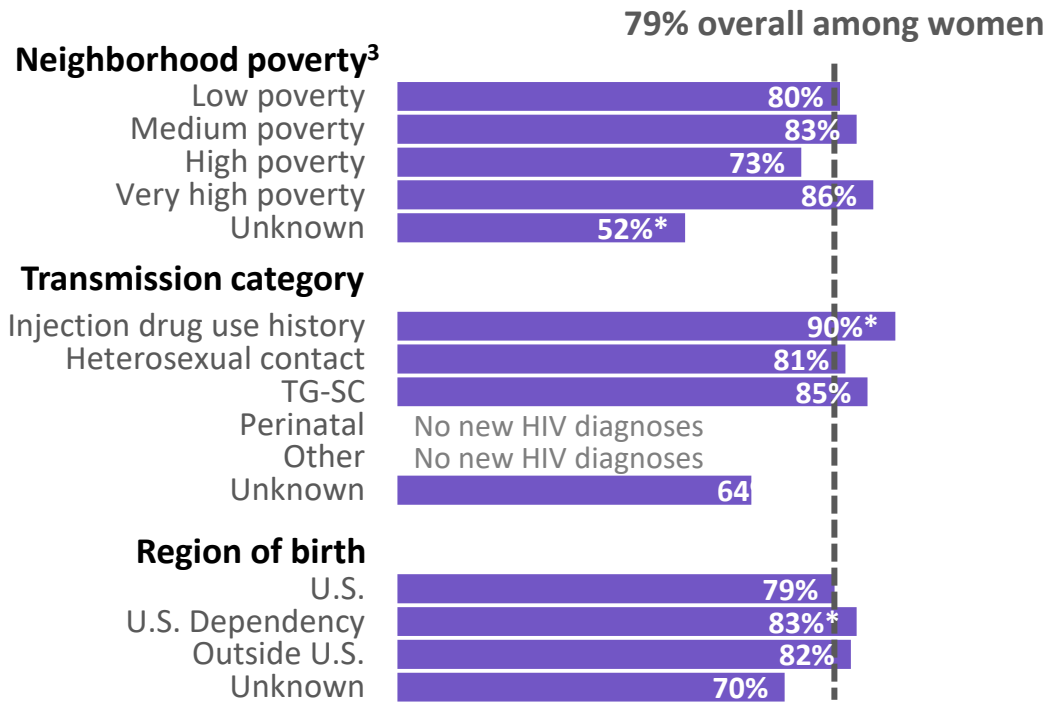


Timely initiation of care among women increased by four percentage points from 2019 to 2023.

[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]Women includes transgender women.
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 Women[2] in New York City by Demographic Group, 2023

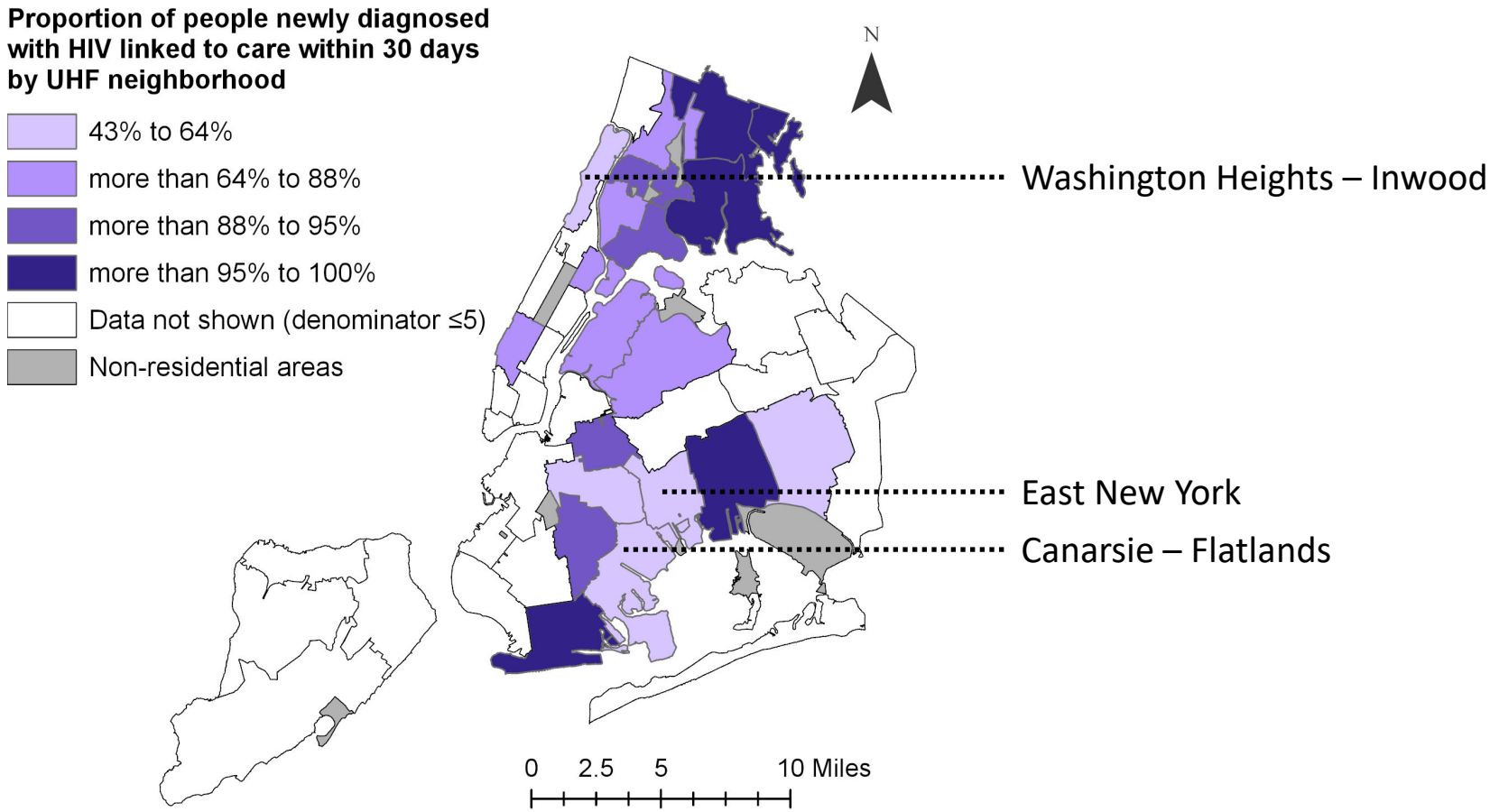




Differences in timely initiation of care exist across demographic groups among women.

*Data should be interpreted with caution because of small population size.
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]Women includes transgender women.
[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.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

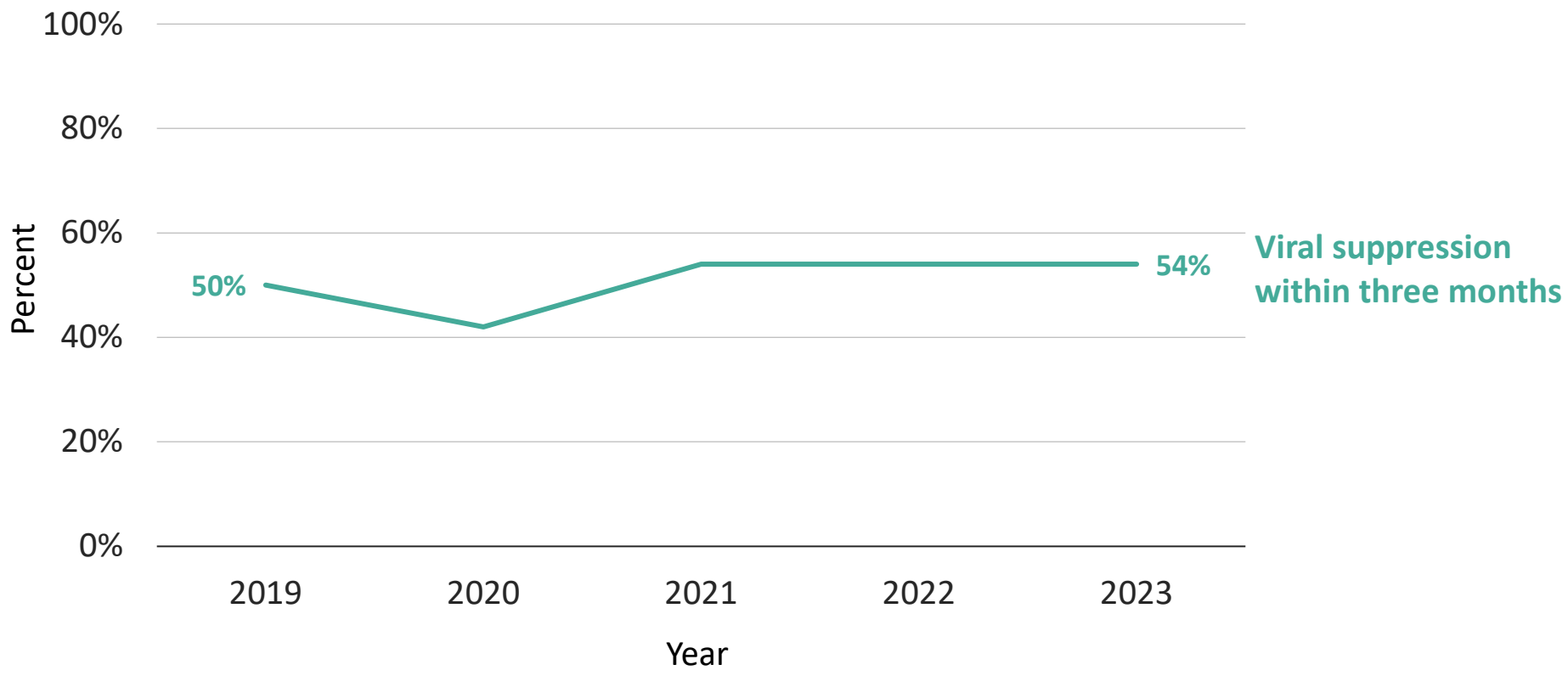
Timely Initiation of Care[1] After Diagnosis Among Women[2] in New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the lowest proportions of women linked to care within 30 days were Washington Heights – Inwood (43%), Canarsie – Flatlands (45%), and East New York (47%).

[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]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

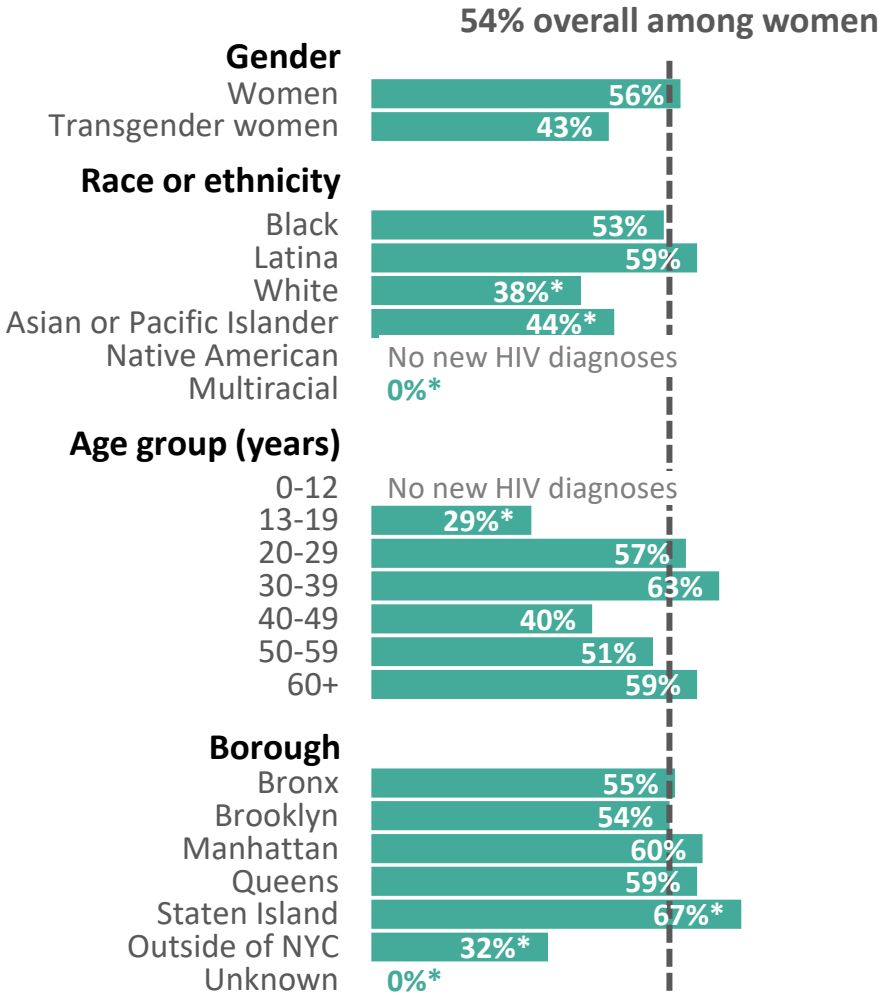
Viral Suppression[1] Within Three Months of Diagnosis Among Women[2] in New York City, 2019-2023

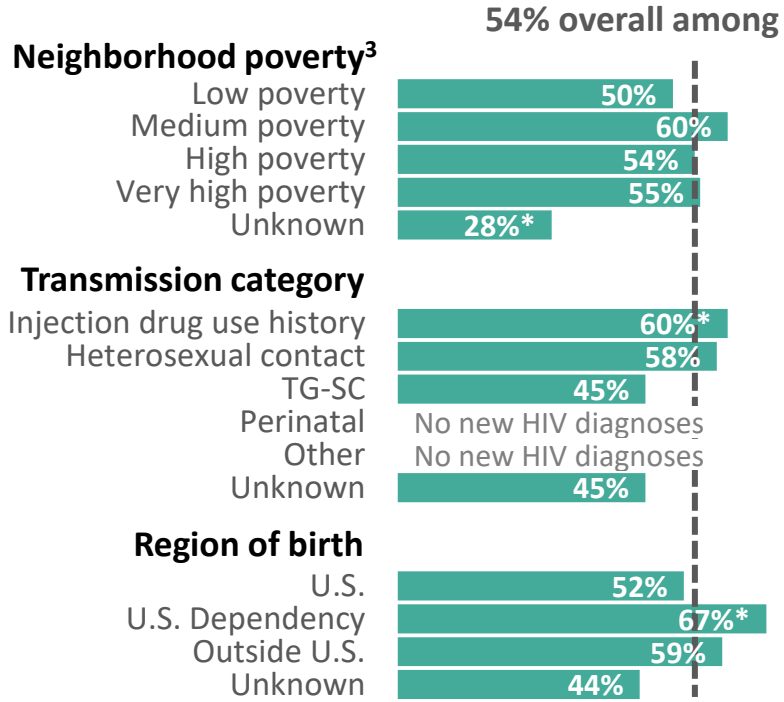


Viral suppression within three months of an HIV diagnosis among women increased by four percentage points from 2019 to 2023.

[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.
[2]Women includes transgender women.
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 Women[2] in New York City by Demographic Group, 2023





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

*Data should be interpreted with caution because of small population size.
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]Women includes transgender women.
[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.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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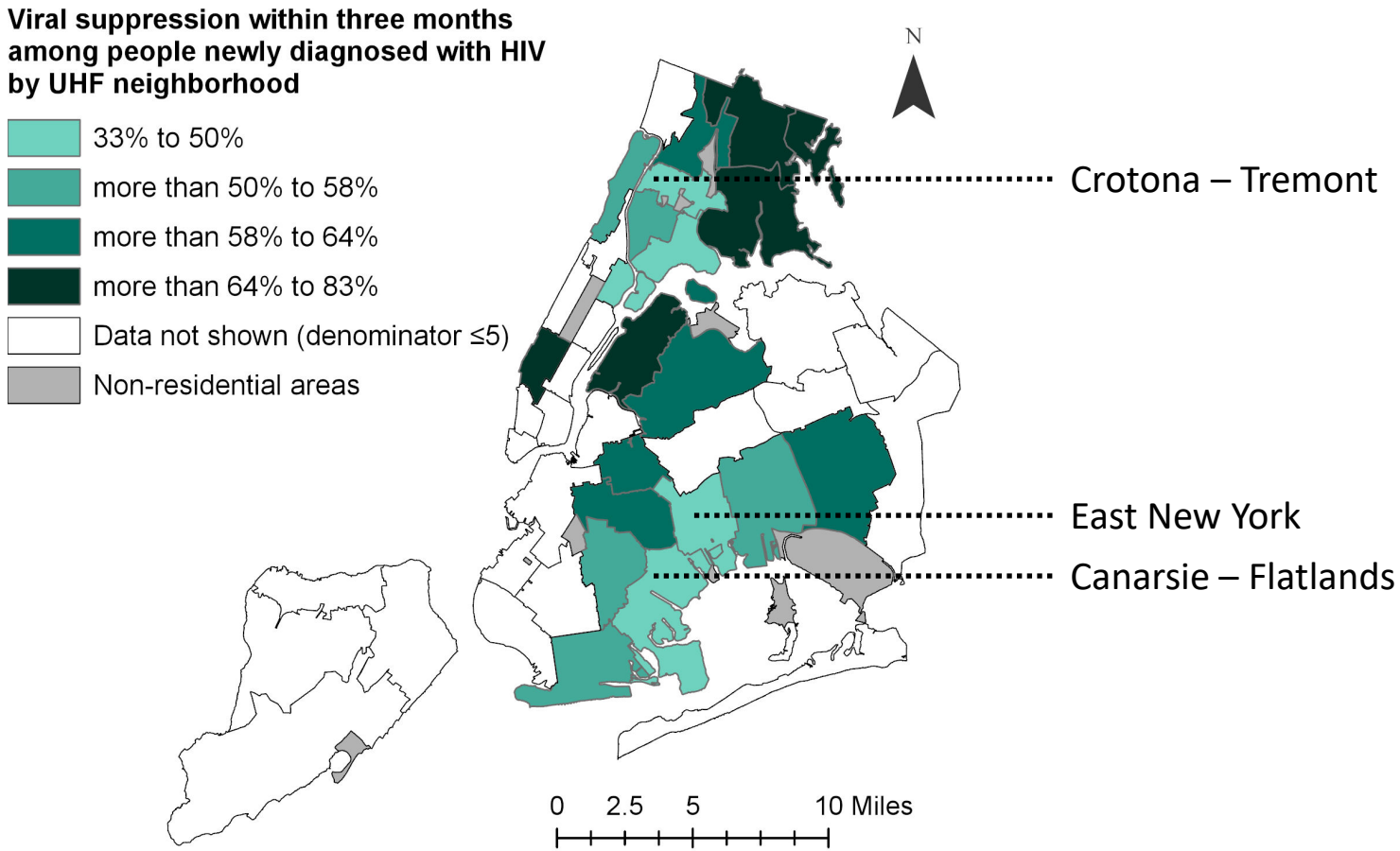
Viral Suppression[1] Within Three Months of Diagnosis Among Women[2] in New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the lowest proportions of women virally suppressed within three months of an HIV diagnosis were East New York (33%), Canarsie – Flatlands (36%), and Crotona – Tremont (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.
[2]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Care Outcomes Among Women With HIV

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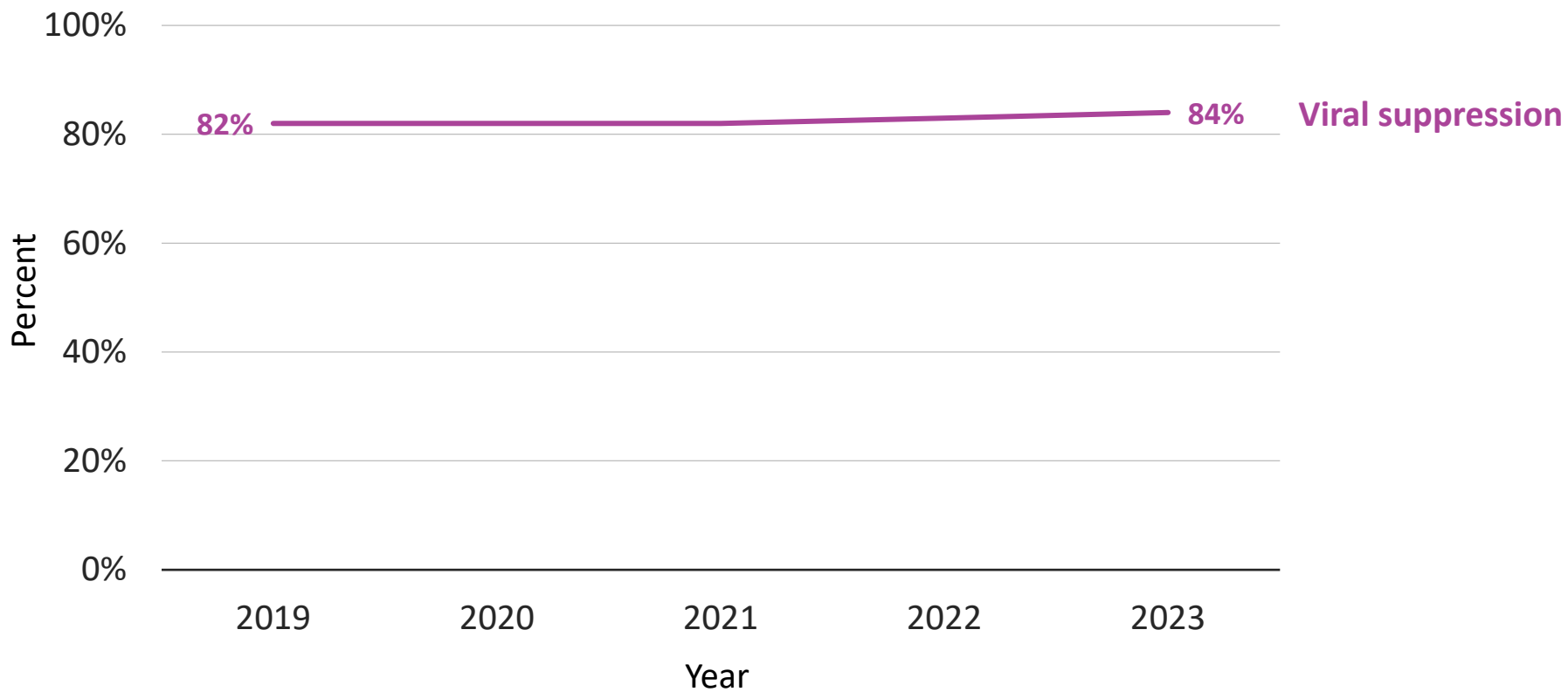
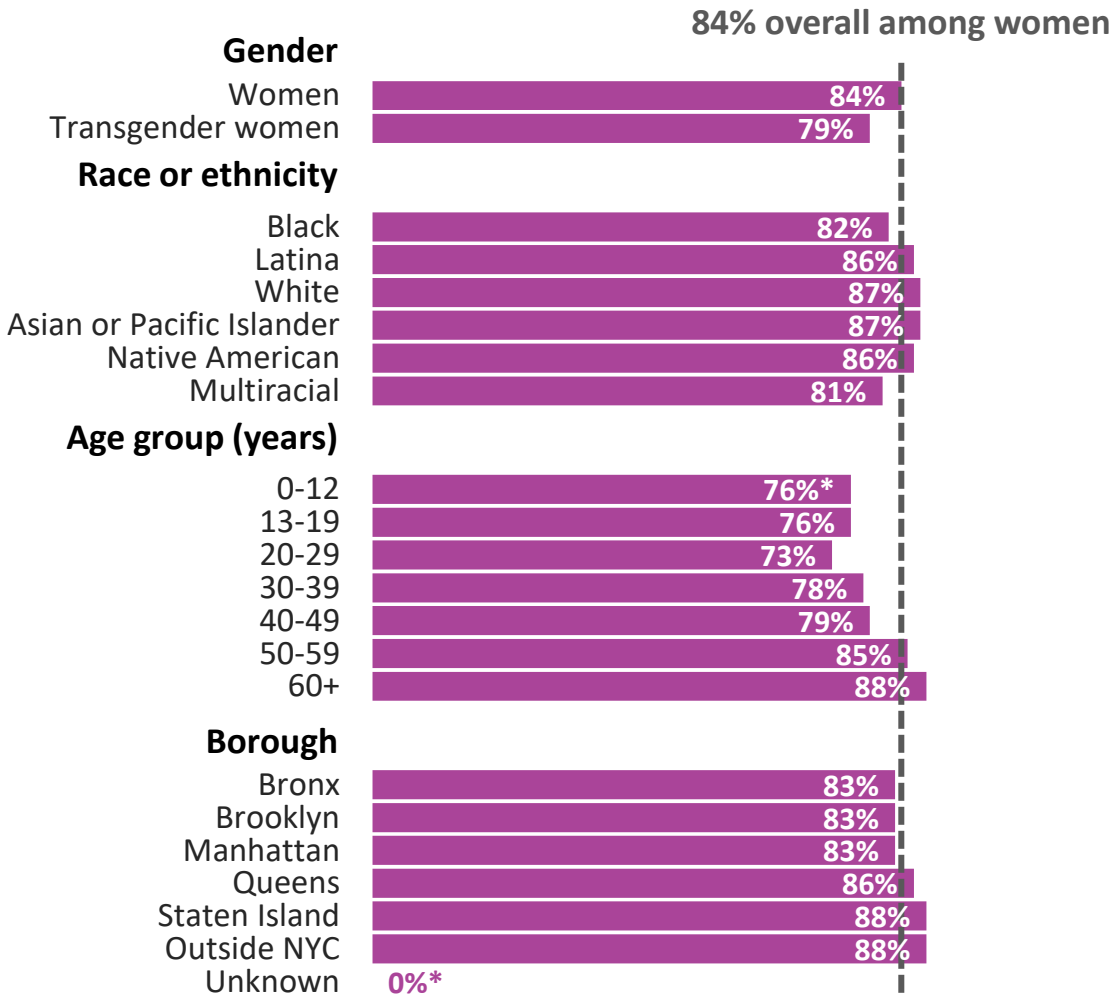
Viral Suppression[1] Among Women[2] Diagnosed With HIV[3] in New York City, 2019-2023

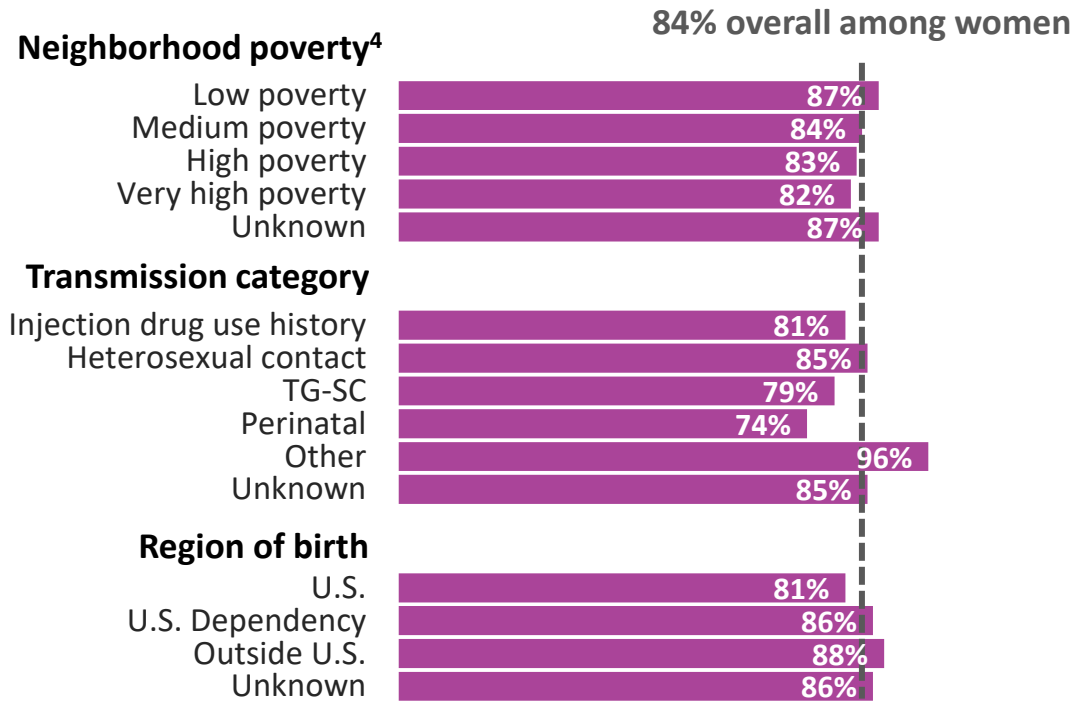


Viral suppression among women diagnosed with HIV increased two percentage points from 2019 to 2023.

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
[2]Women includes transgender women.
[3]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 Women[2] Diagnosed With HIV[3] in New York City by Demographic Group, 2023





Differences in viral suppression exist across demographic groups among women diagnosed with HIV.

*Data should be interpreted with caution because of small population size.
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]Women includes transgender women.
[3]People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
[4]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.

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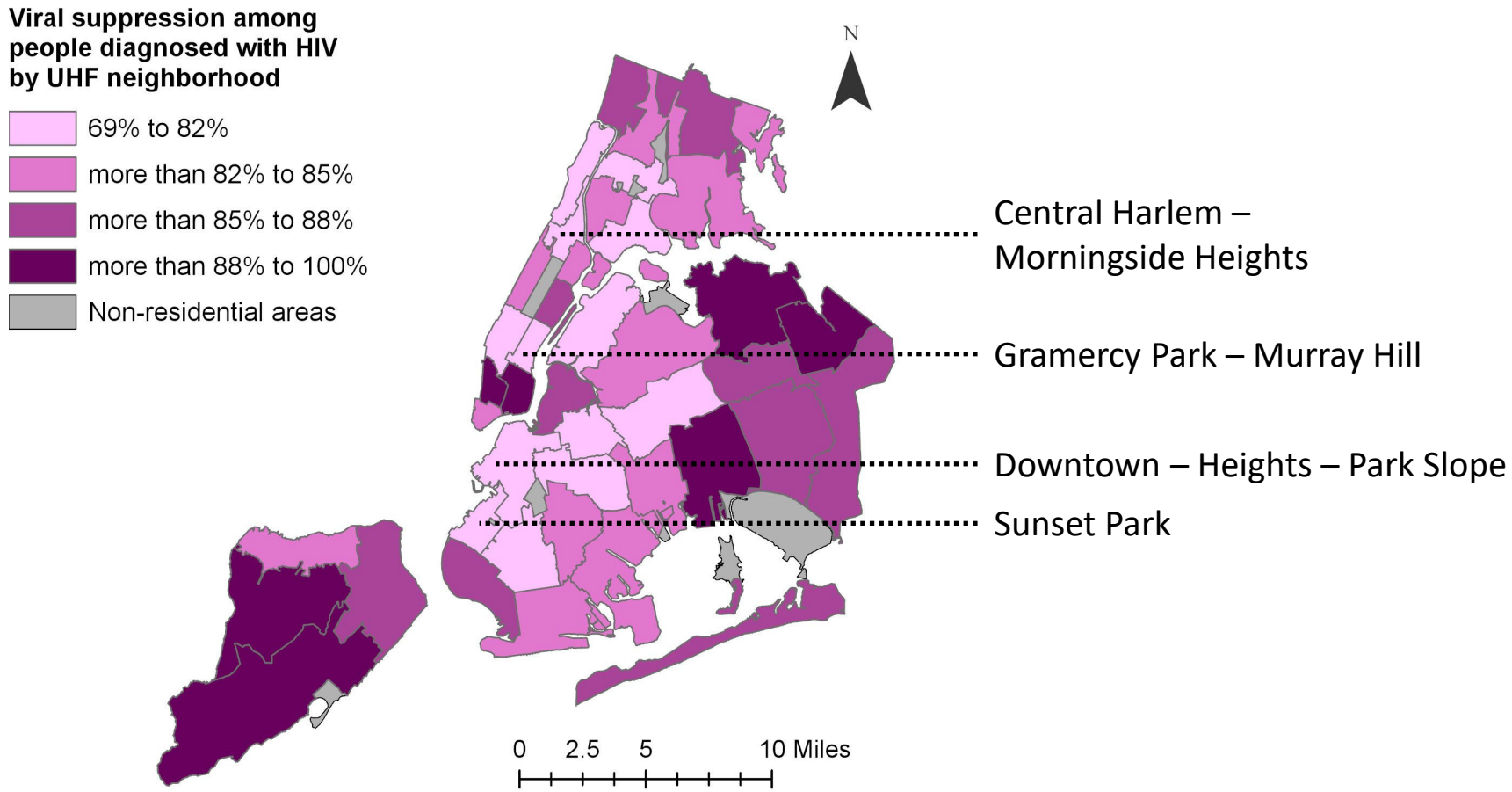
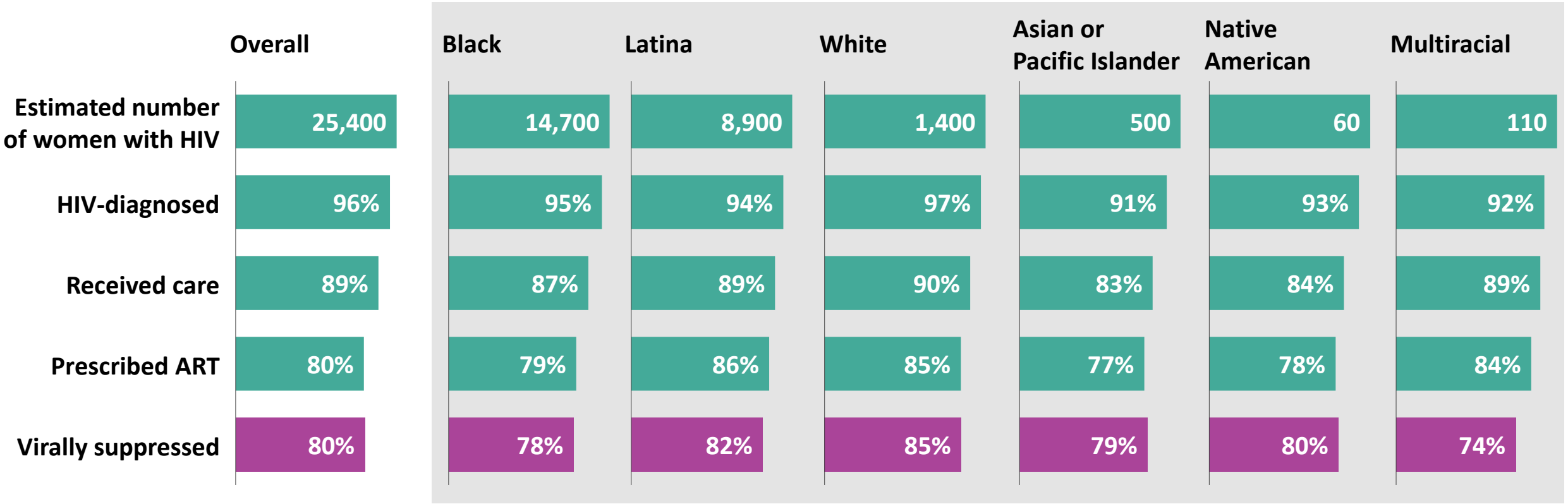
Viral Suppression[1] Among Women[2] Diagnosed With HIV[3] in New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the lowest proportions of virally suppressed women diagnosed with HIV were Gramercy Park – Murray Hill (69%), Central Harlem – Morningside Heights (78%), Sunset Park (80%), and Downtown – Heights – Park Slope (80%).

[1]Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
[2]Women includes transgender women.
[3]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.

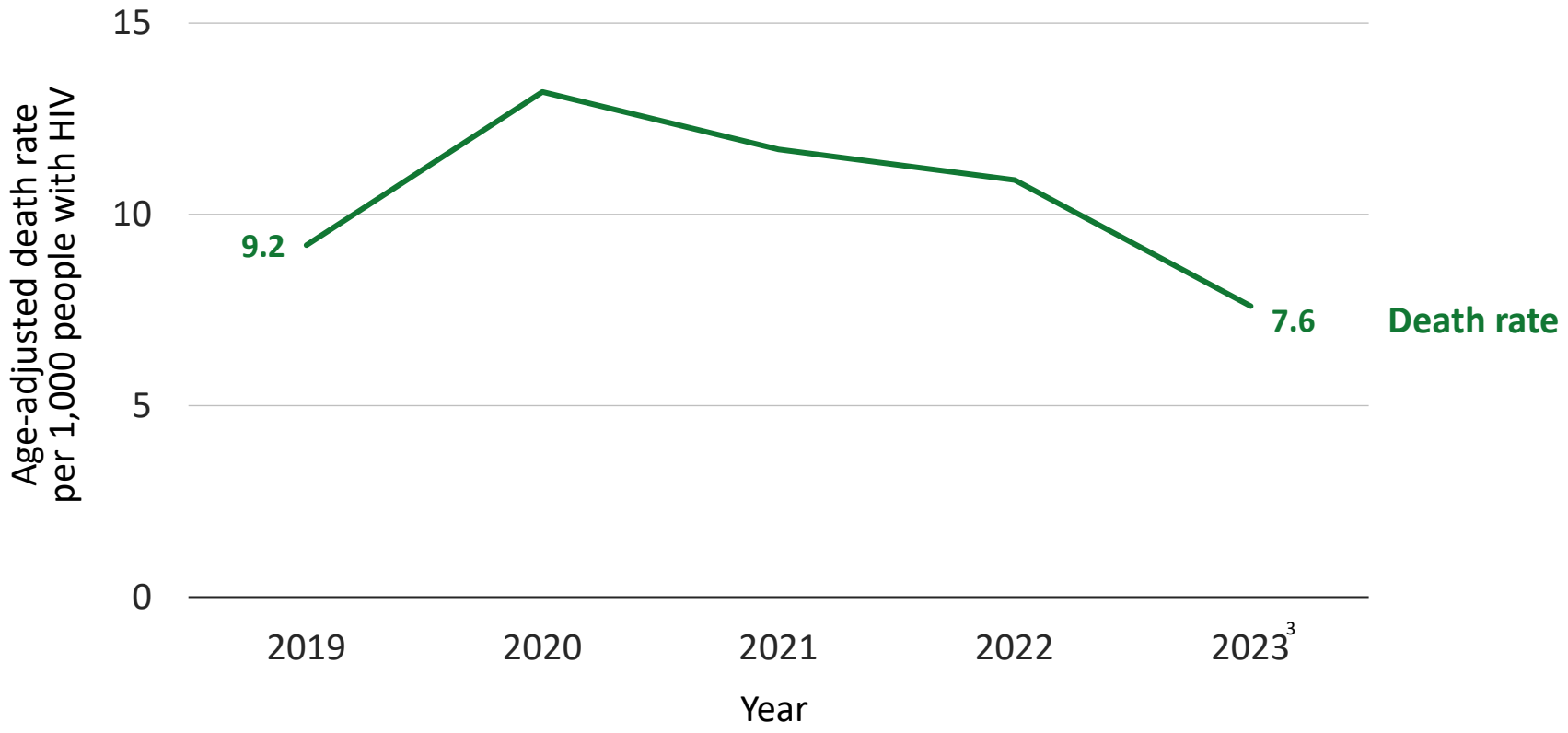
Proportion of Women[1] With HIV in Stages of the HIV Care Continuum[2,3] in New York City Overall and by Race or Ethnicity,[4] 2023



Of approximately 25,400 women with HIV in 2023, 80% had a suppressed viral load.
There were inequities in the HIV care continuum among women by race or ethnicity in 2023.

[1]Women includes transgender women.
[2]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.
[3]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)
[4]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.
For definitions of the stages of the continuum of care, see Technical Notes.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

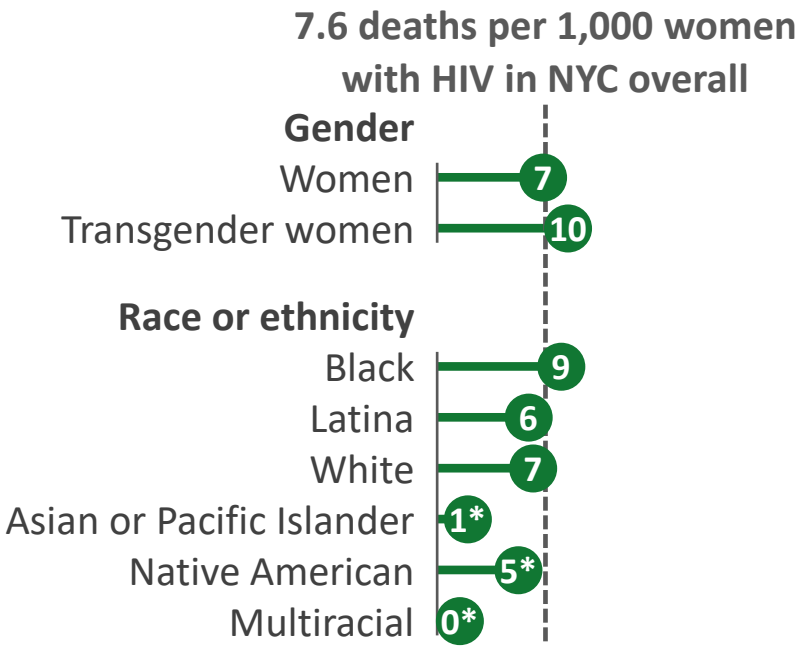
Age-Adjusted[1] Death Rate per 1,000 Women[2] With HIV in New York City, 2019-2023

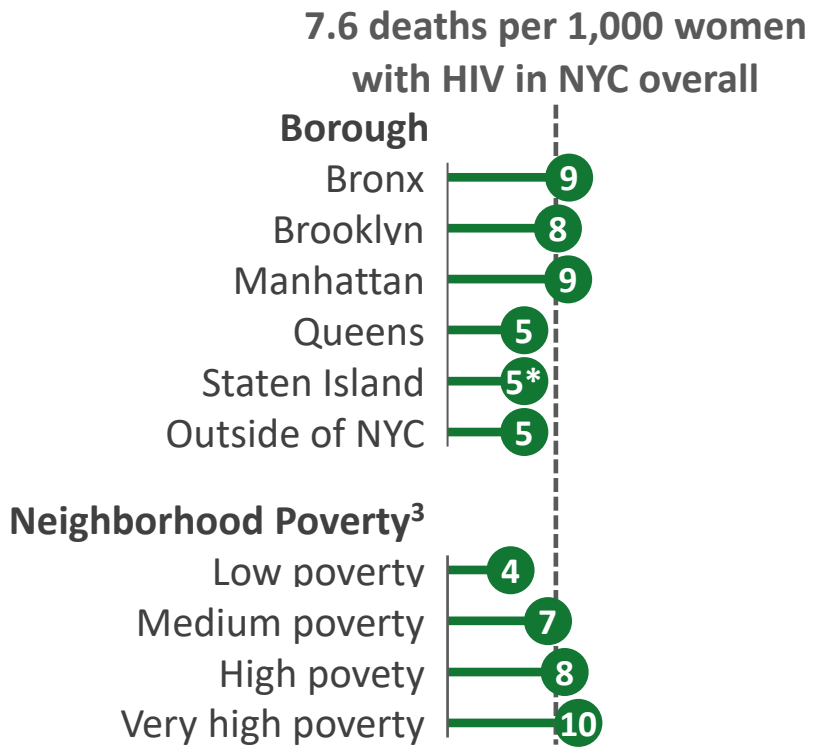


The age-adjusted death rate among women with HIV declined by 17% since 2019 and 42% since its recent peak in 2020.

[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
[2]Women includes transgender women.
[3]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 Women[2] With HIV in New York City by Demographic Group, 2023

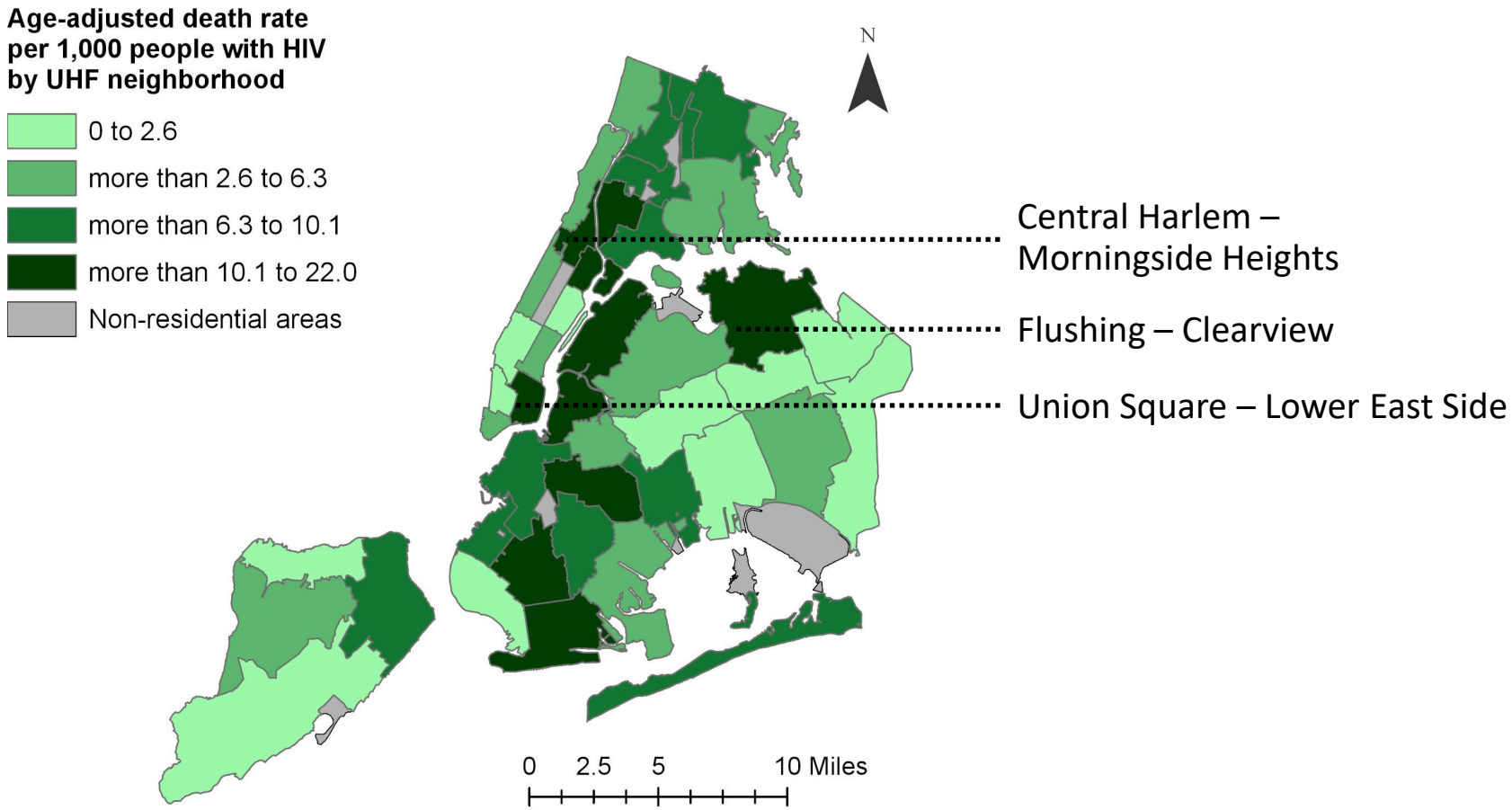




Differences in the age-adjusted death rate exist across demographic groups among women with HIV.

*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]Women includes transgender women.
[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.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

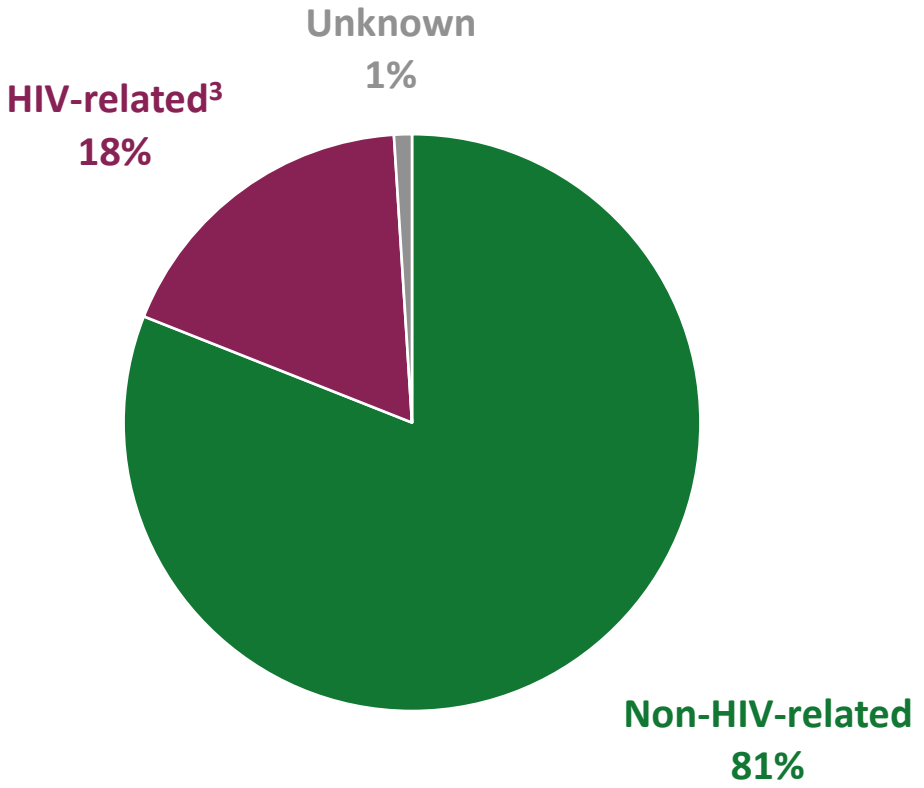
Age-Adjusted[1] Death Rate per 1,000 Women[2] With HIV in New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the highest age-adjusted death rates among women with HIV were Flushing – Clearview (22.0 per 1,000), Central Harlem – Morningside Heights (16.3 per 1,000), and Union Square – Lower East Side (14.0 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.
[2]Women includes transgender women.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Proportion of Deaths Among Women[1] With HIV in New York City by Cause of Death, 2022[2]



In 2022, 81% of deaths among women with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (24%), non-HIV-related cancers (18%), and accidents (10%).

[1]Women includes transgender women.
[2]Cause of death data are not yet available for 2023.
[3]ICD10 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.

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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.

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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.