HIV in Brooklyn, 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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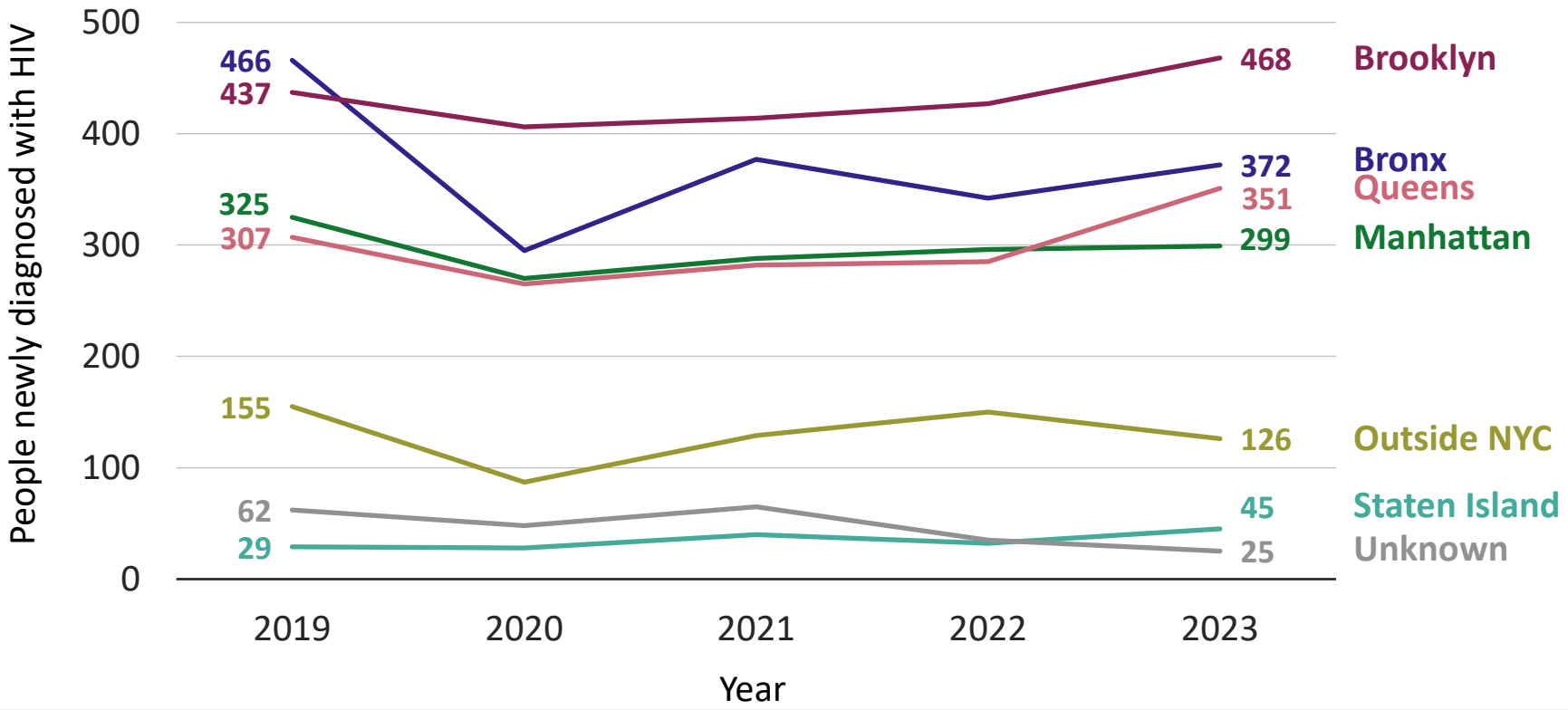
Number of New HIV Diagnoses in New York City by Borough of Residence, 2019-2023



Since 2019, the number of people newly diagnosed with HIV increase among people residing in Staten Island by 55%, among people residing in Queens by 14%, and among people residing in Brooklyn by 7%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other borough of residence groups. People residing in the Bronx experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Brooklyn and the Bronx consistently experienced the highest number of new HIV diagnoses, accounting for a combined 50% of new diagnoses in 2023.

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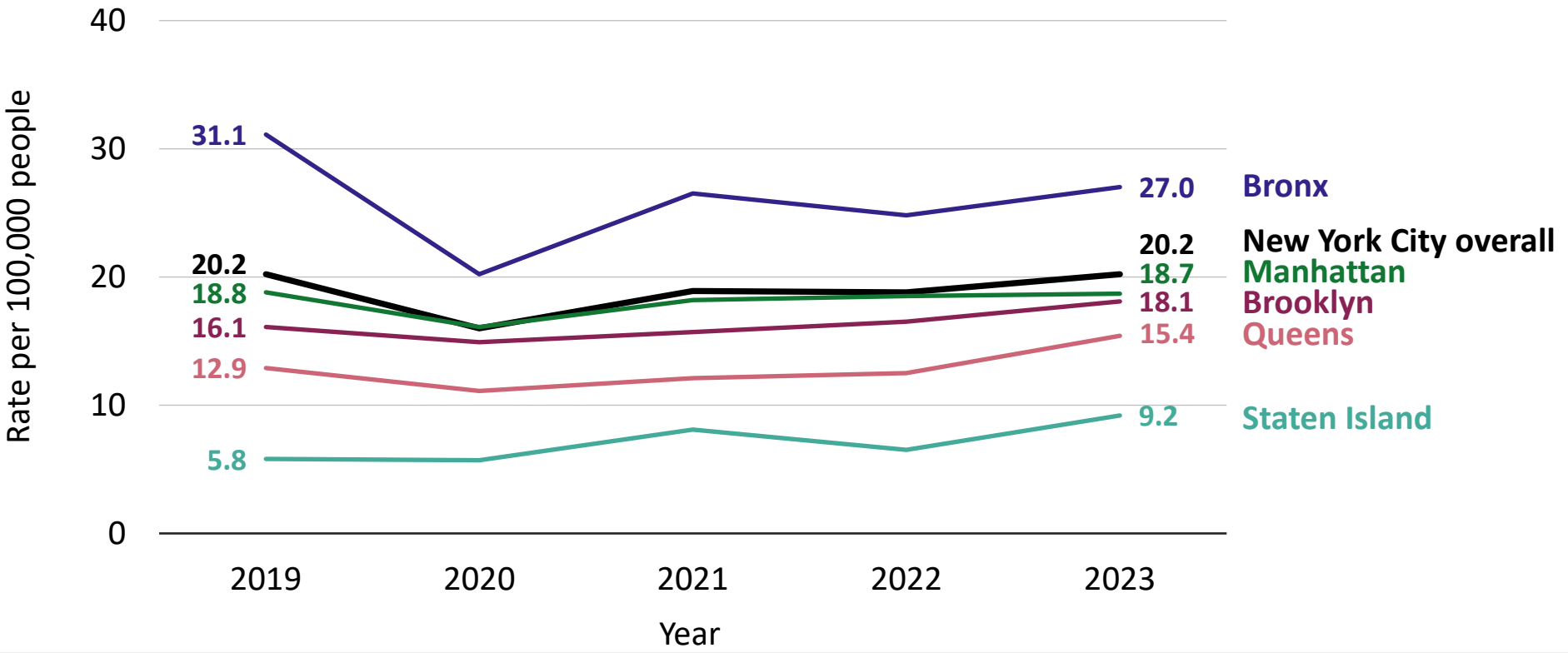
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Rate of New HIV Diagnoses[1] per 100,000 People in New York City by Borough of Residence and New York City Overall, 2019-2023



Since 2019, the rate of new HIV diagnoses increased among people residing in Brooklyn by 12%, in Queens by 19%, and in Staten Island by 59%; the number of Staten Island residents newly diagnosed with HIV remains low, the rate should be interpreted with caution. The rate of new HIV diagnoses decreased or remained relatively stable in all other boroughs of residence. People residing in the Bronx experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Brooklyn's rate was lower than the rates in the Bronx, Manhattan, and New York City overall.

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

Basic Statistics of HIV in Brooklyn, 2023

- **468 people newly diagnosed with HIV**
  - Including 88 people concurrently diagnosed with AIDS (18.8% of diagnoses)
- **282 people newly diagnosed with AIDS[1]**
- **There are an estimated 22,800 people with HIV[2]**
- **368 deaths among people with HIV**
  - 9.0 deaths per 1,000 people with HIV[3]

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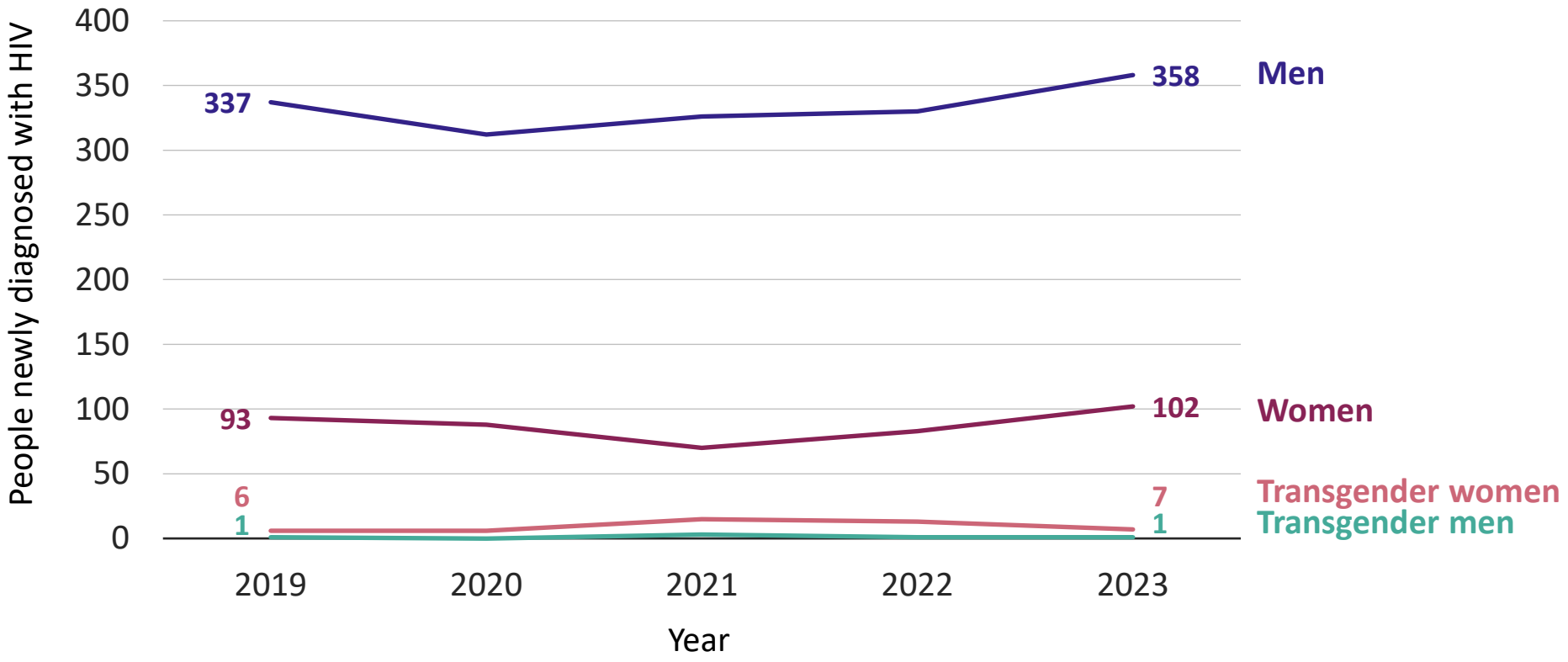
[1]Includes people concurrently diagnosed with HIV and AIDS.
[2]Approximate value calculated as the number of people with HIV divided by the estimated proportion of people with HIV who had been diagnosed, see Technical Notes for more details.
[3]Age-adjusted to the 2000 U.S. Standard Population. People 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.

Number of New HIV Diagnoses in Brooklyn by Gender, 2019-2023



In 2023, the number of people newly diagnosed with HIV decreased or returned to levels similar to those in 2019 in all gender groups. Men experienced a decline from 2019 to 2020 and then an increase from 2020 to 2023. Men consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 76% of new diagnoses in 2023, similar to the citywide proportion of 79%.

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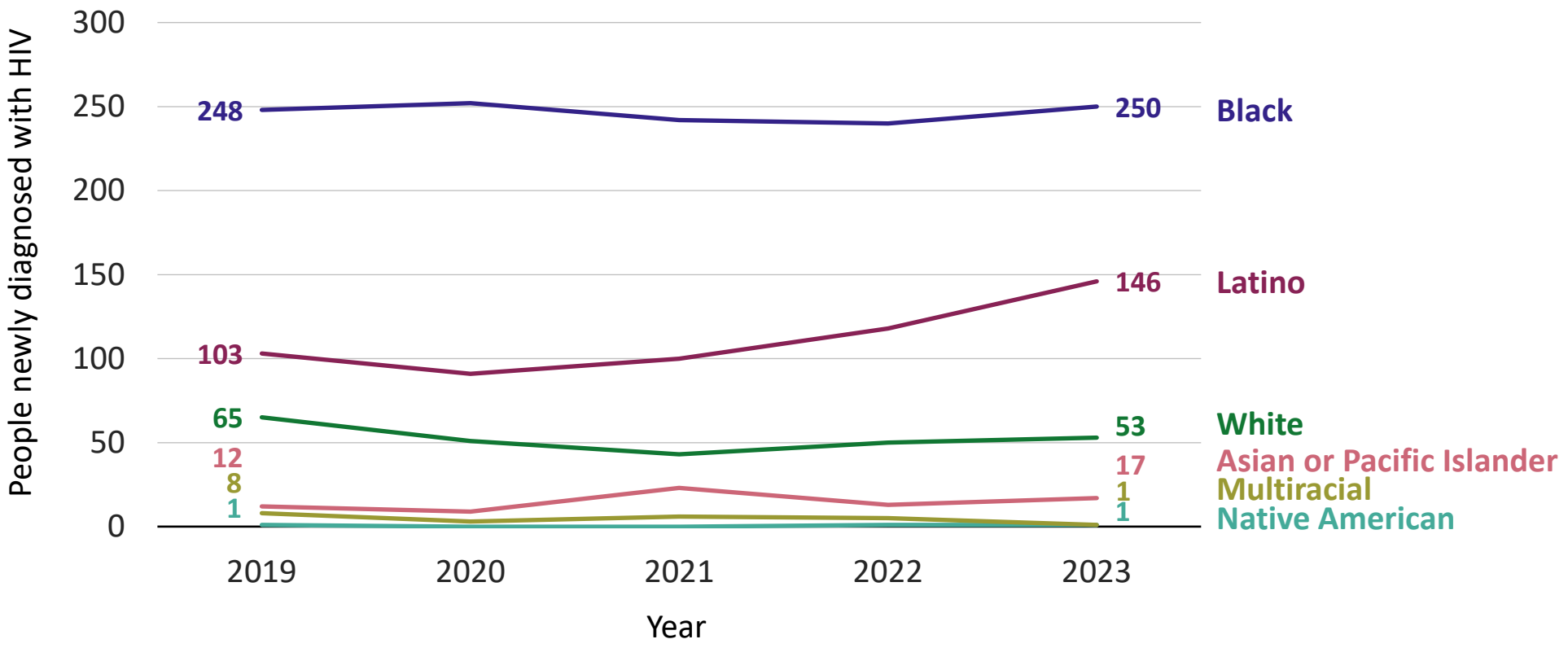
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses in Brooklyn by Race or Ethnicity, 2019-2023



Since 2019, the number of people newly diagnosed with HIV increased among Latino people by 42%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other race or ethnicity groups. Black people consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 53% of new diagnoses in 2023, higher than the citywide proportion of 41%.

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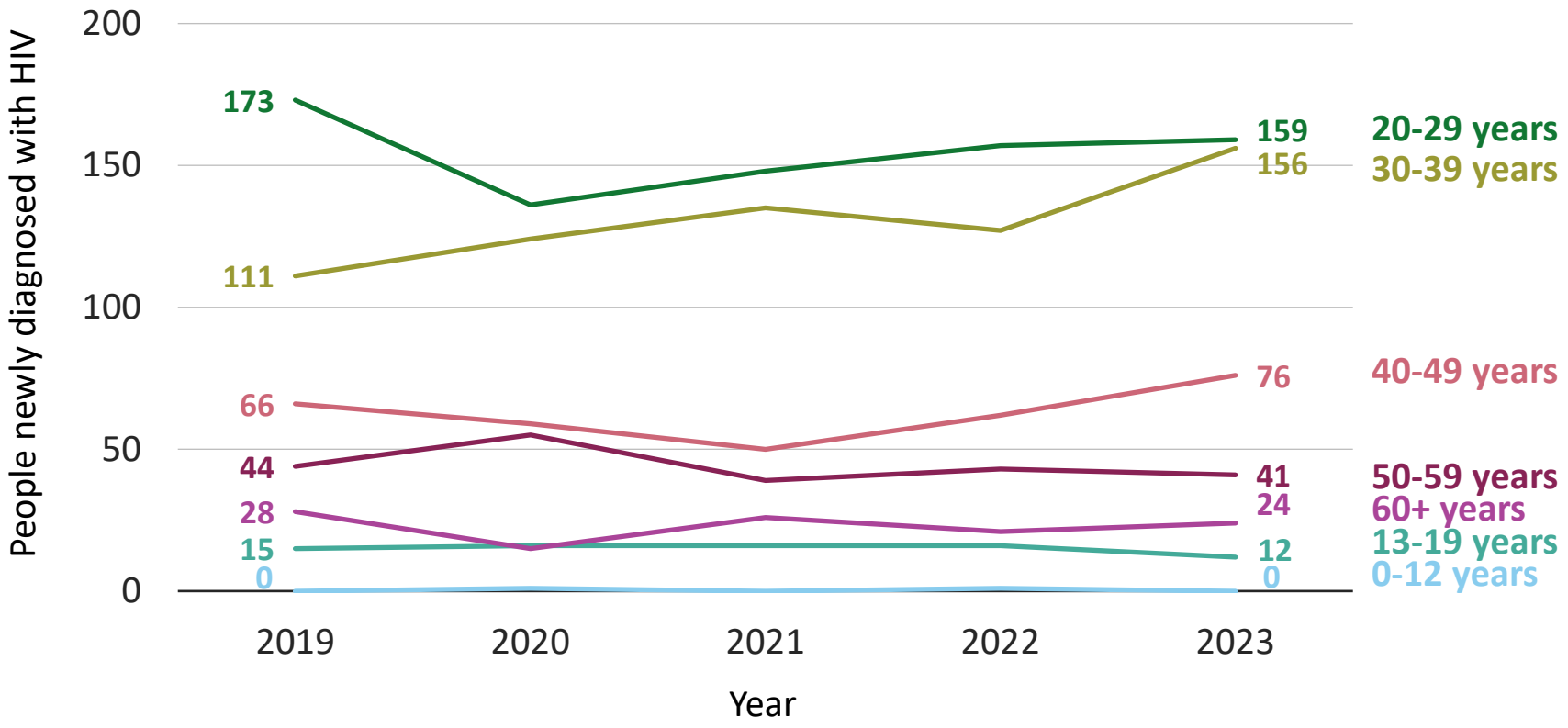
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses in Brooklyn by Age Group, 2019-2023



Since 2019, the number of people newly diagnosed with HIV increased among people ages 30 to 39 by 41%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other age groups. People aged 20 to 29 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 in Brooklyn, representing a combined 67% of new diagnoses in 2023, the same as the citywide proportion.

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

Number of New HIV Diagnoses in Brooklyn by Race or Ethnicity and Age Group, 2023

Black and Latino people aged 20 to 39 years in Brooklyn experienced the highest number of people newly diagnosed with HIV in 2023, representing a combined 57% of new diagnoses in 2023, the same as the citywide proportion.

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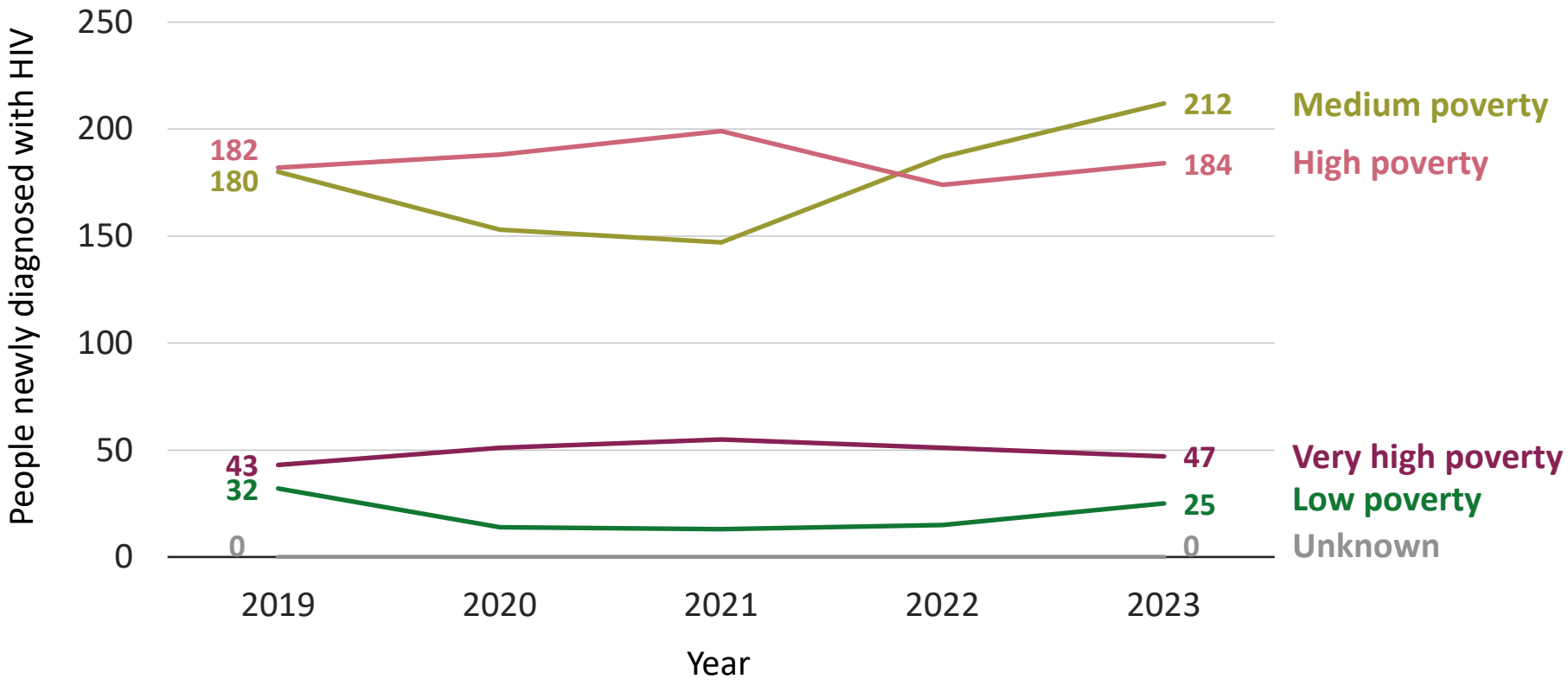
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses in Brooklyn by Neighborhood Poverty Level,[1] 2019-2023



Since 2019, the number of people newly diagnosed with HIV increased among people residing in neighborhoods with medium poverty by 18%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other neighborhood poverty levels. Neighborhoods with medium and high poverty consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing a combined 85% of new diagnoses in 2023, higher than the citywide proportion of 63%.

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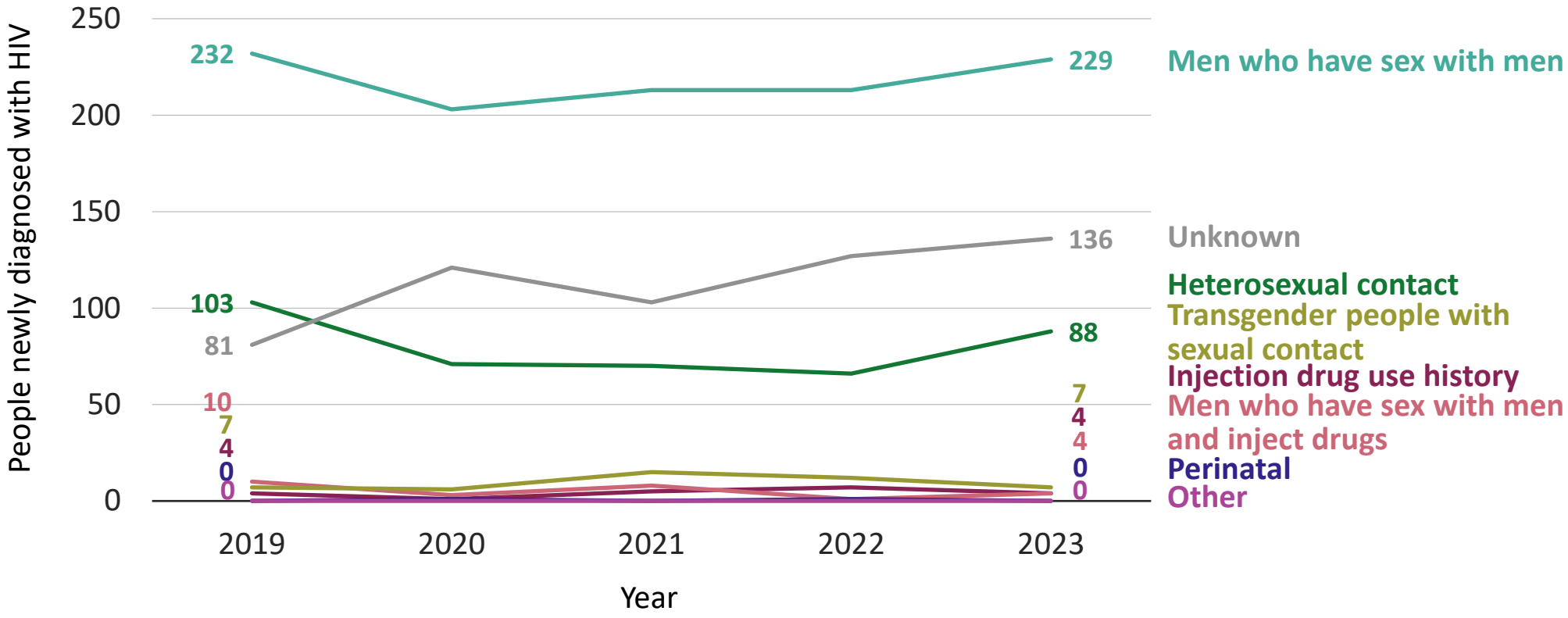
[1]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.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

Number of New HIV Diagnoses in Brooklyn by Transmission Category, 2019-2023



Since 2019, the number of people newly diagnosed with HIV with an unknown transmission category[1] increased by 68%. The number of people newly diagnosed with HIV decreased or remained relatively stable for all other transmission categories. Men who have sex with men consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 69% of new diagnoses among people for whom data on transmission category were available in 2023, the same as the citywide proportion.

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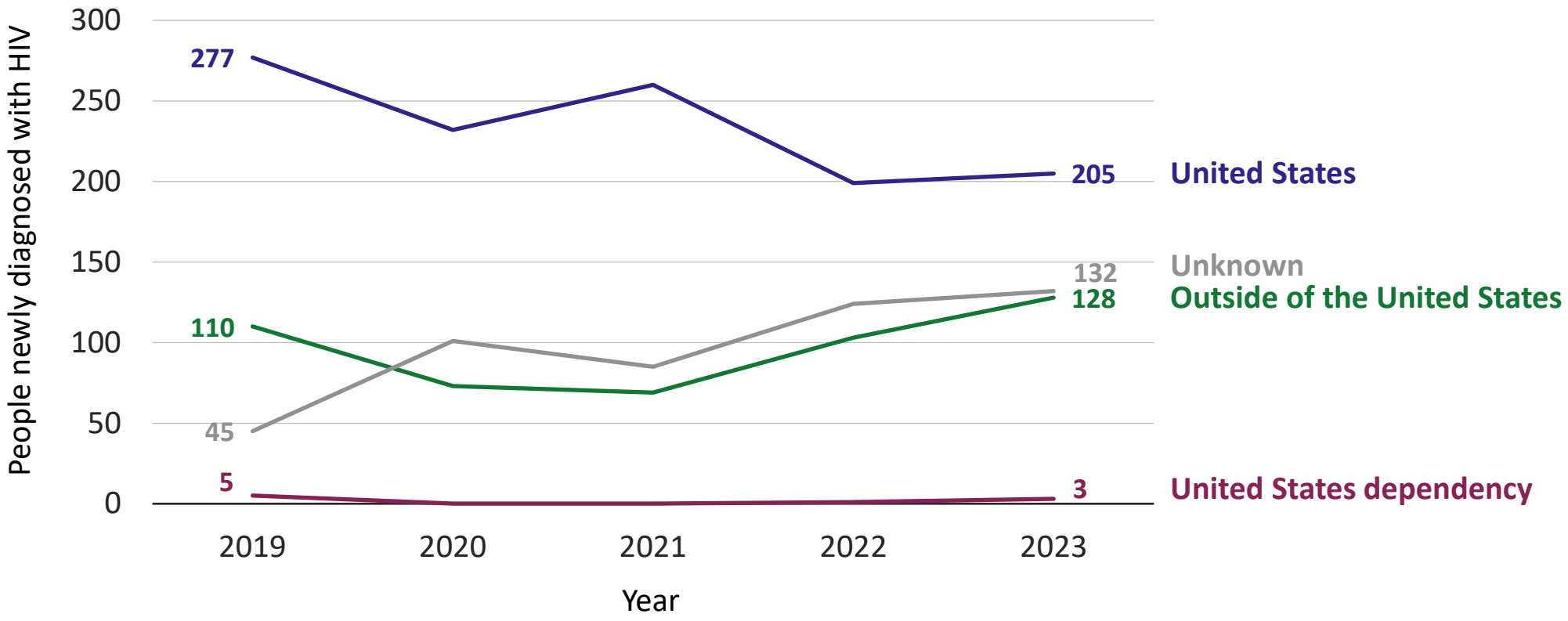
[1]The number of people newly diagnosed with HIV with an unknown transmission category increased due to changes in access to medical records after the emergence of COVID-19 in New York City.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses in Brooklyn by Place of Birth, 2019-2023



Since 2019, the number of people newly diagnosed with HIV increased among people with an unknown place of birth[1] by 193% and among people born outside of the United States by 16%. The number of people newly diagnosed with HIV decreased or remained relatively stable for all other places of birth. People born in the United States consistently experienced the highest number of new HIV diagnoses in Brooklyn, representing 44% of new diagnoses in 2023, higher than the citywide proportion of 38%.

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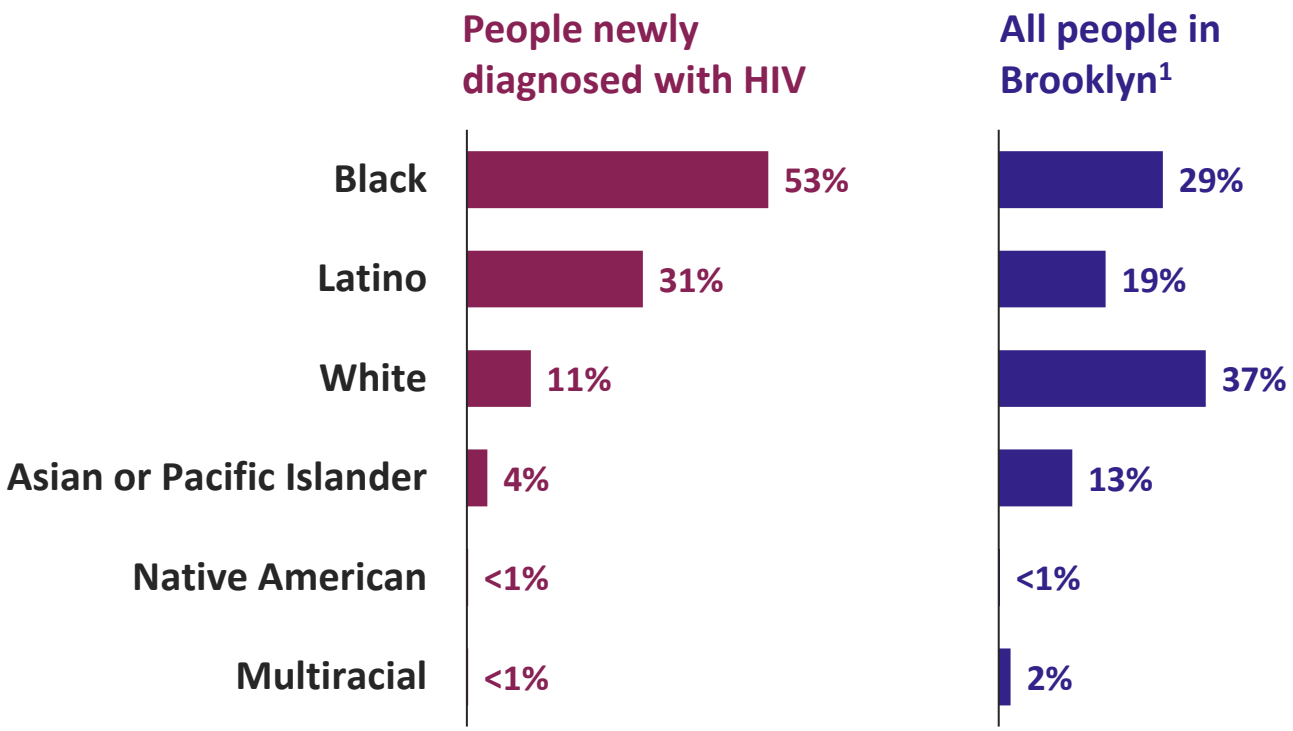
[1]The number of people newly diagnosed with HIV with an unknown place of birth increased due to changes in access to medical records after the emergence of COVID-19 in New York City. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

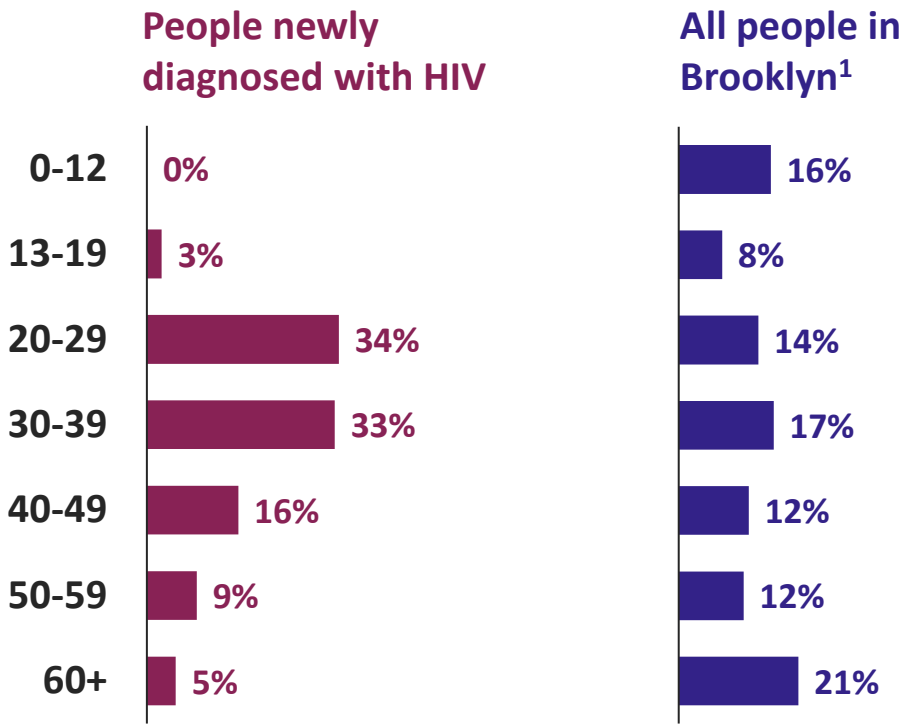
Proportion of People Newly Diagnosed With HIV and All People[1] in Brooklyn by Race or Ethnicity, 2023



The proportions of new HIV diagnoses among Black and Latino people are higher than their respective proportions among all people in Brooklyn.

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

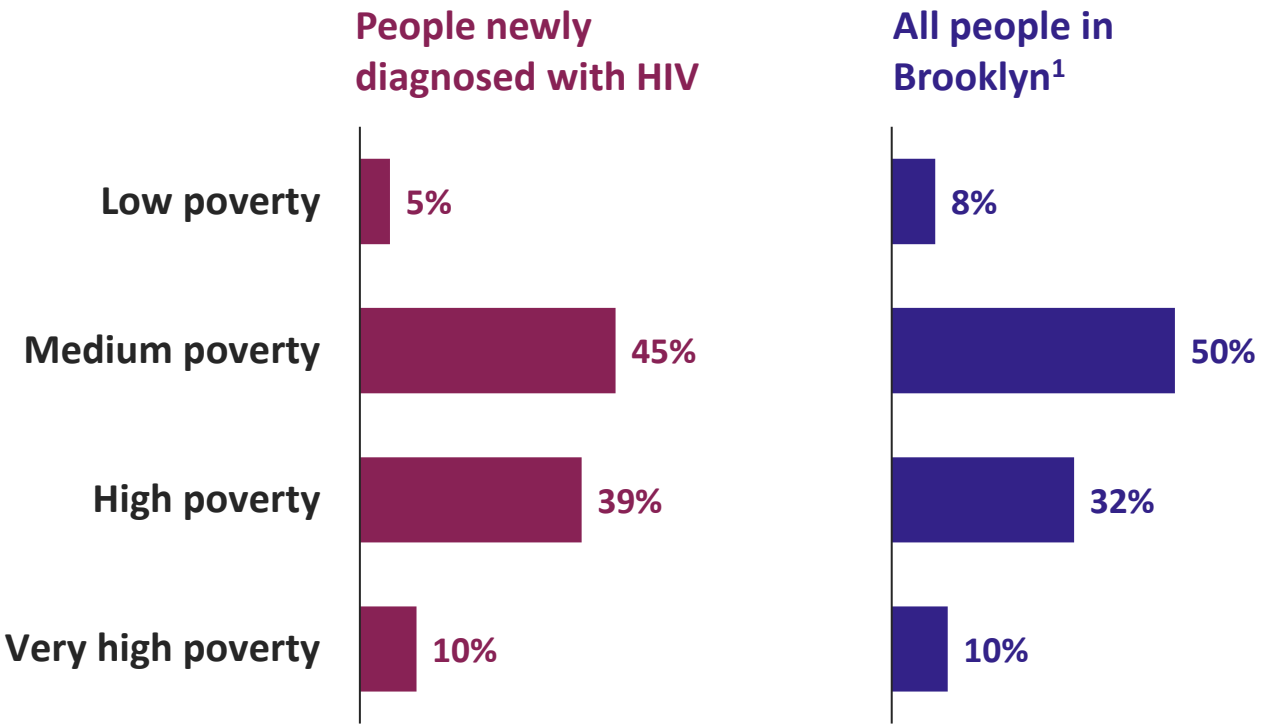
Proportion of People Newly Diagnosed With HIV and All People[1] in Brooklyn by Age Group, 2023



The proportions of new HIV diagnoses among people aged 20 to 49 years are higher than their respective proportions among all people in Brooklyn.

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

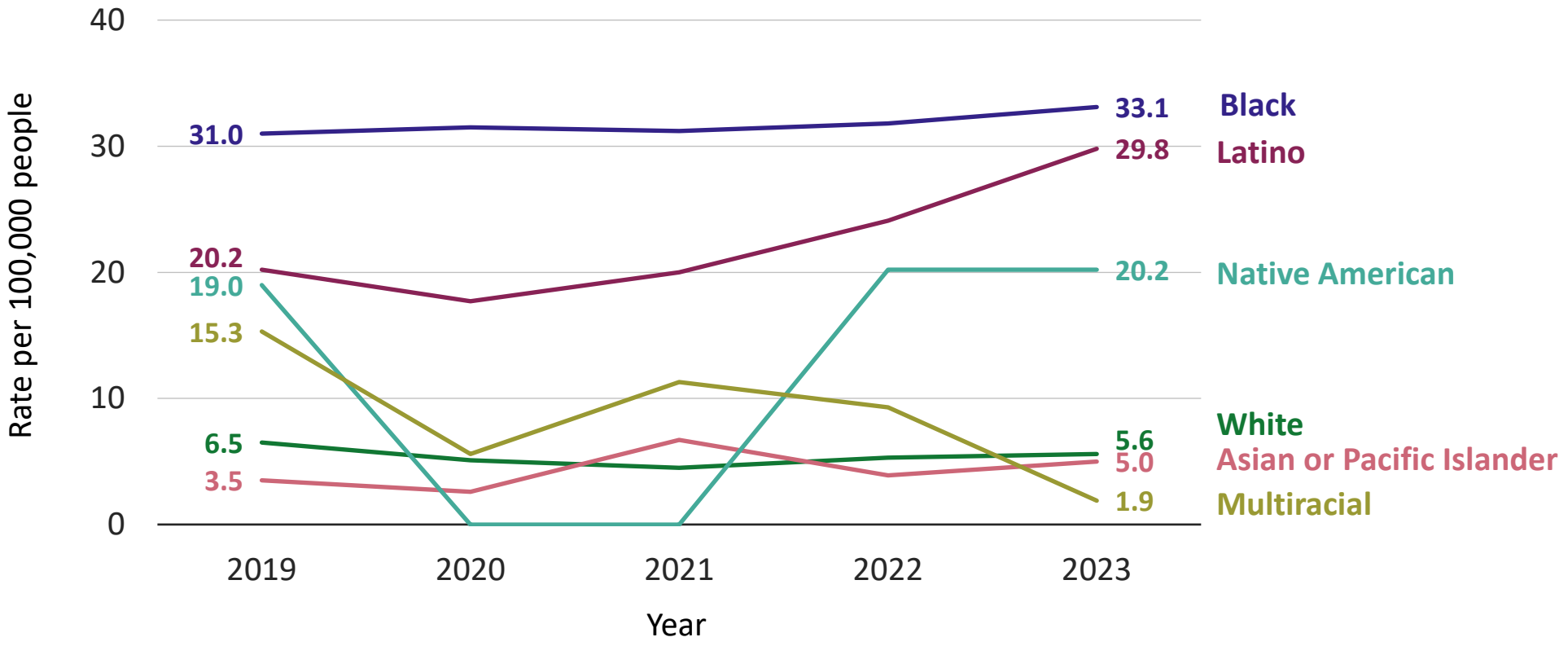
Proportion of People Newly Diagnosed With HIV and All People[1] in Brooklyn by Neighborhood Poverty Level,[2,3] 2023



The proportion of new HIV diagnoses among people living in neighborhoods with high poverty is higher than the proportion among all people in Brooklyn.

[1]NYC population calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[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.
[3]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.

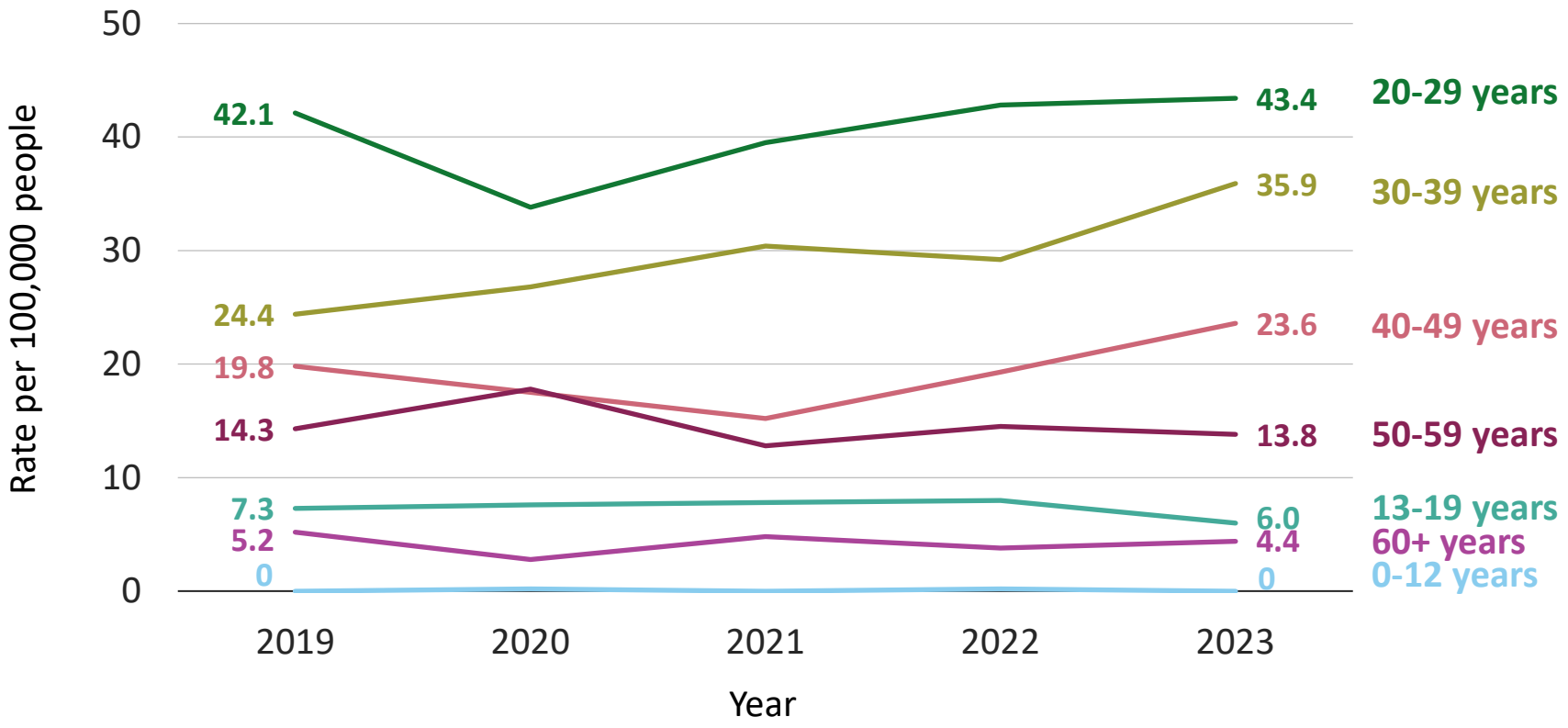
Rate of New HIV Diagnoses[1] per 100,000 People in Brooklyn by Race or Ethnicity, 2019-2023



Since 2019, the rate of new HIV diagnoses increased among Latino people by 48%. The rate fluctuated among Native American people; one person was newly diagnosed with HIV in 2023, 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 and Latino people consistently experienced the highest rates of new HIV diagnoses in Brooklyn.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates. 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 People in Brooklyn by Age Group, 2019-2023



Since 2019, the rate of new HIV diagnoses increased among people ages 30 to 39 by 47% and among people ages 40 to 49 by 19%. The rate of new HIV diagnoses decreased or remained relatively stable in all other age groups. People aged 20 to 29 years experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. People ages 20 to 39 consistently experienced the highest rates of new HIV diagnoses in Brooklyn.

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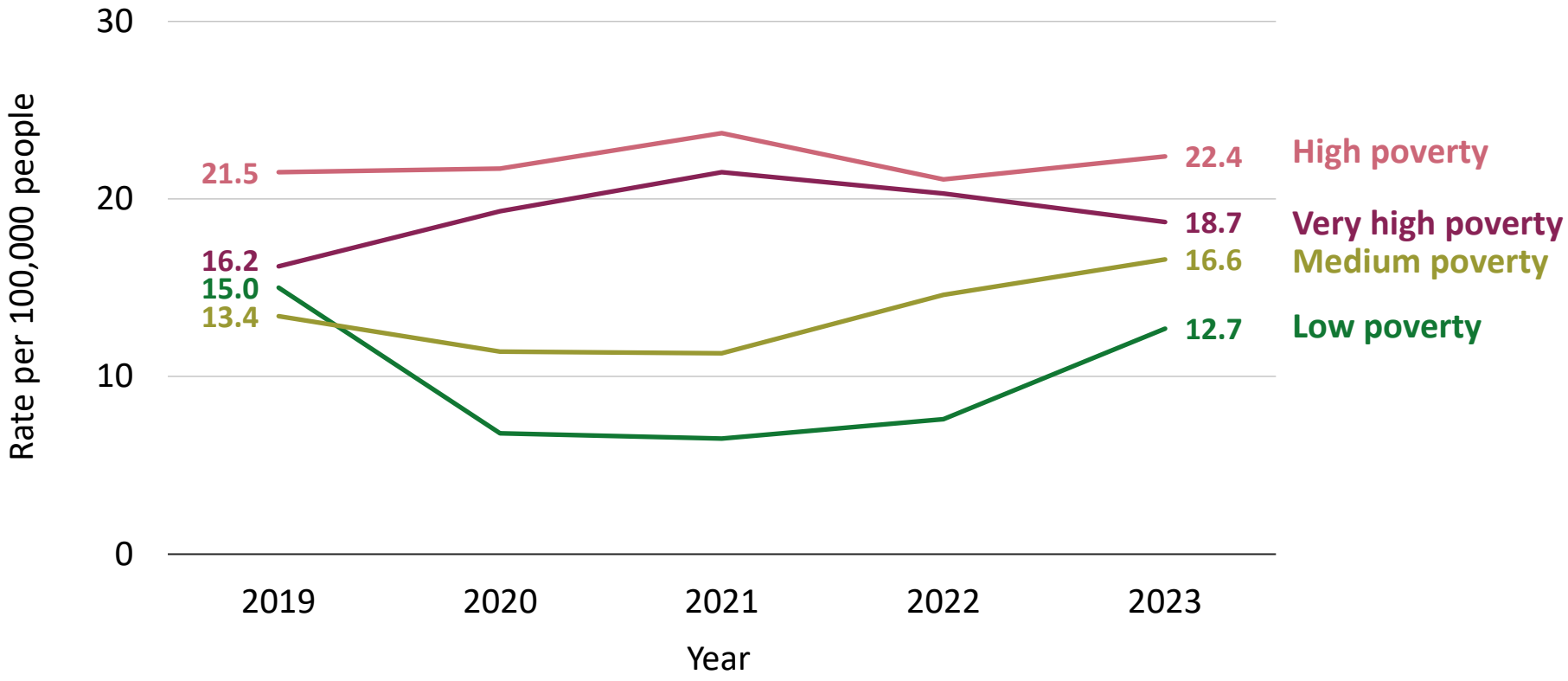
[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Rate of New HIV Diagnoses[1] per 100,000 People in Brooklyn by Neighborhood Poverty Level,[2] 2019-2023



Since 2019, the rate of new HIV diagnoses increased among people residing in neighborhoods with medium poverty by 24% and among people residing in neighborhoods with very high poverty by 15%. The rate of new HIV diagnoses remained relatively stable in all other neighborhood poverty level groups. People residing in neighborhoods with high or very high poverty consistently experienced the highest rates of new HIV diagnoses in Brooklyn.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[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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Care Outcomes Among People Newly Diagnosed With HIV

Brooklyn

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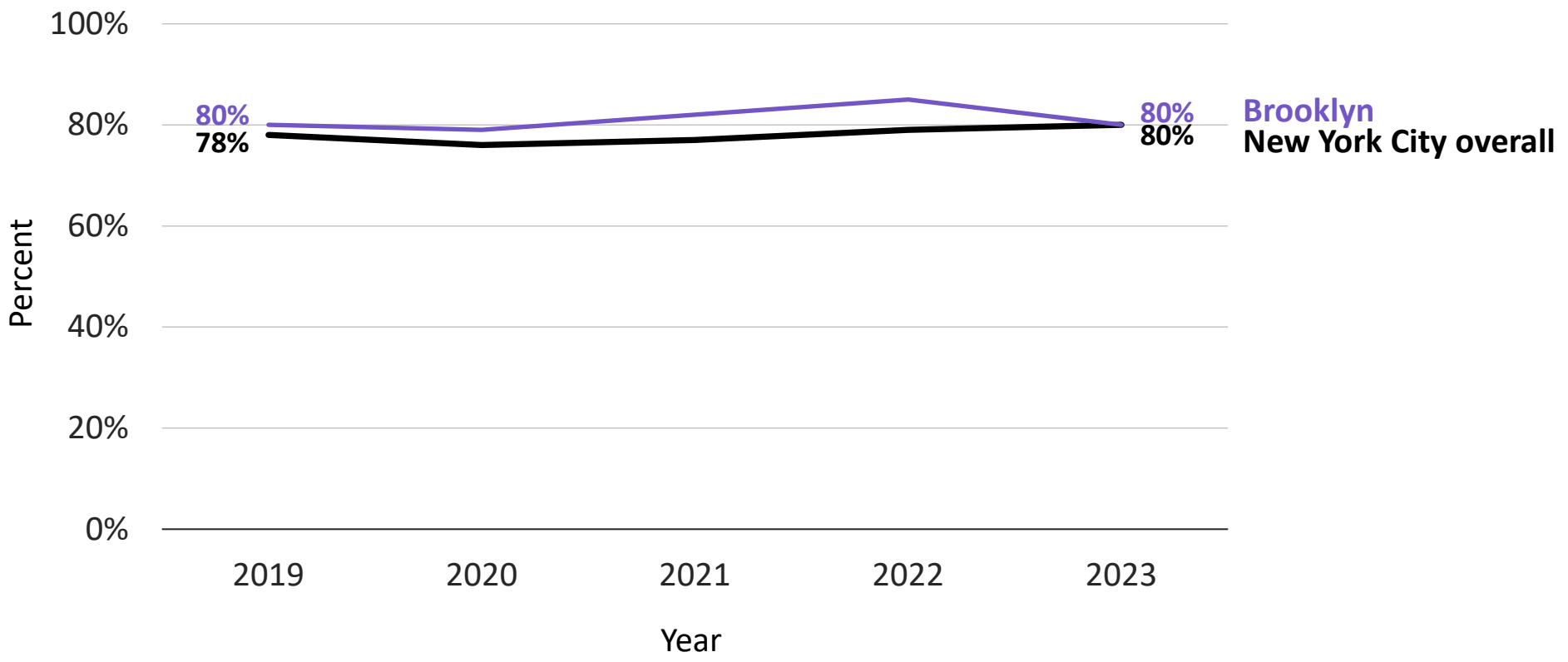
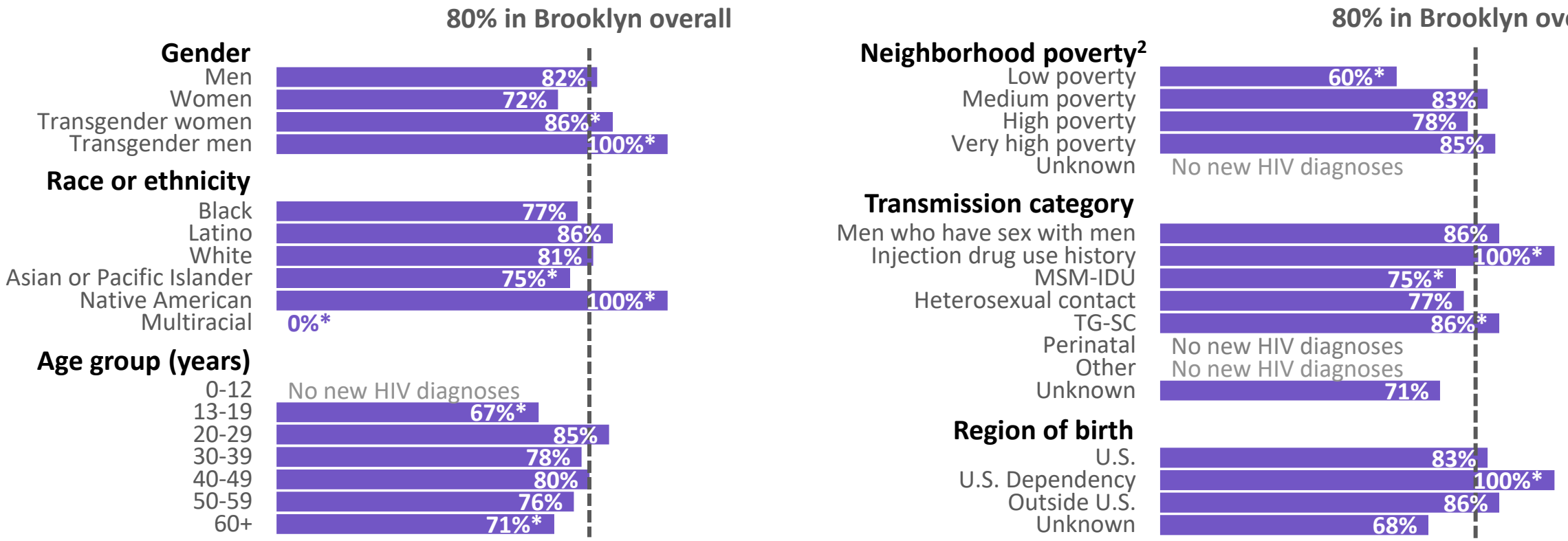
Timely Initiation of Care[1] After Diagnosis
in Brooklyn and New York City Overall, 2019-2023



Timely initiation of care remained relatively stable in Brooklyn and was approximately equal to the proportion in New York City overall, 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.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

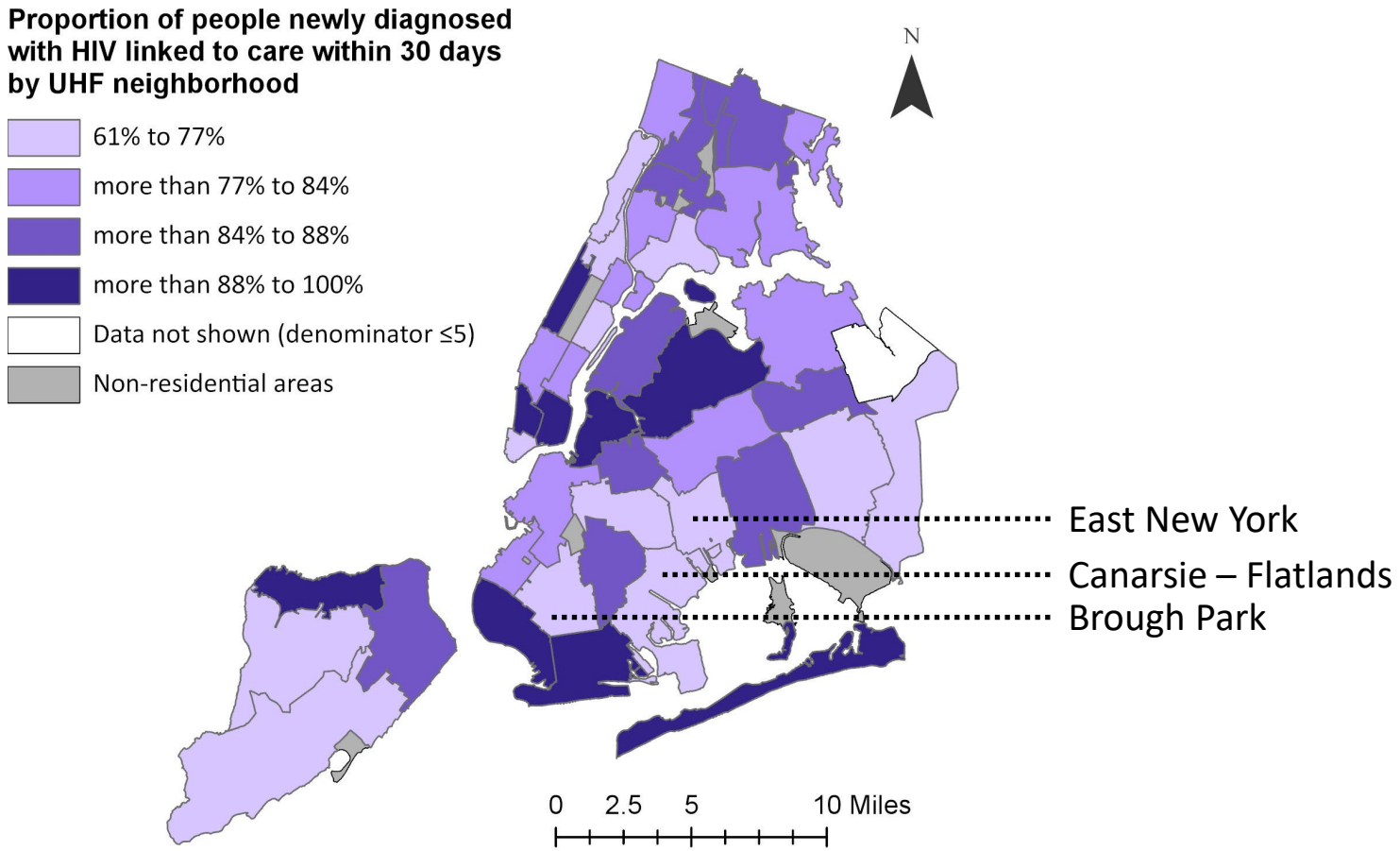
Timely Initiation of Care[1] After Diagnosis in Brooklyn by Demographic Group, 2023



Differences in timely initiation of care exist across demographic groups in Brooklyn.

*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.

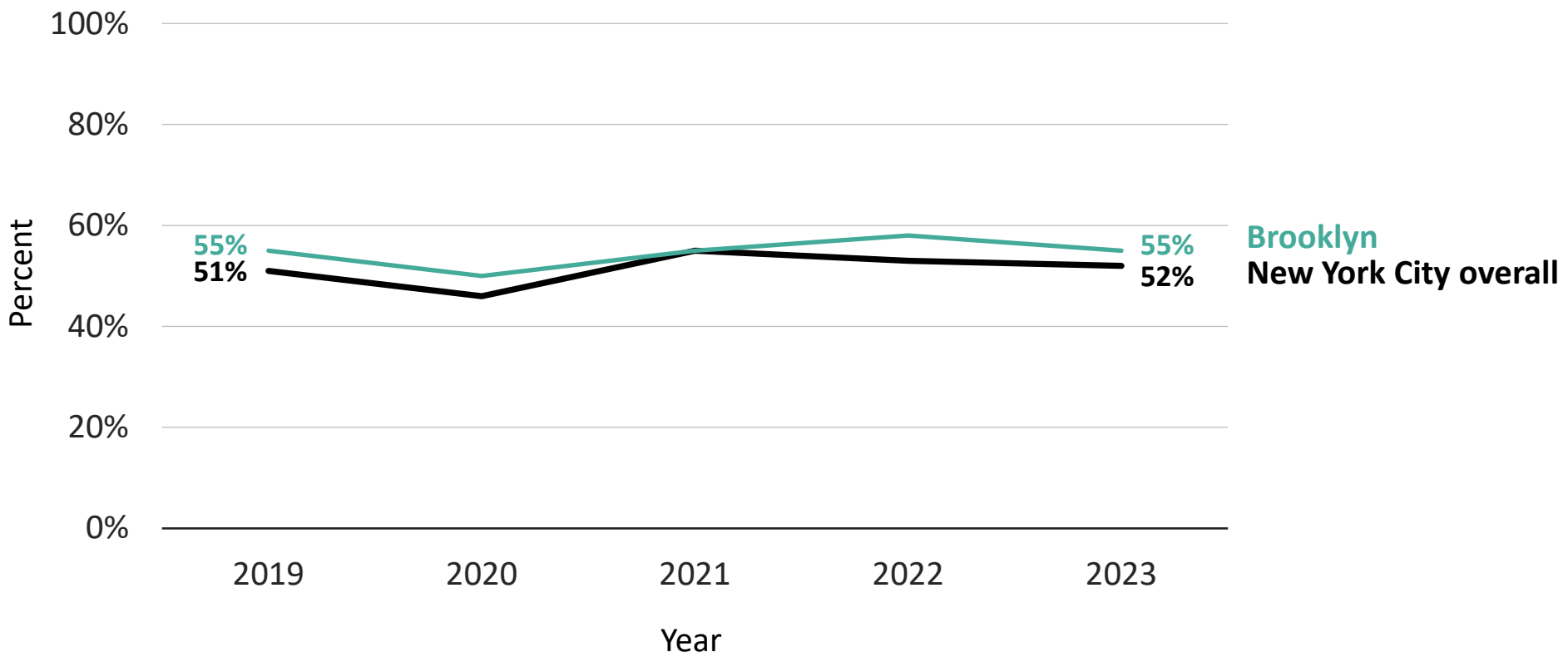
Timely Initiation of Care[1] After Diagnosis in Brooklyn by United Hospital Fund Neighborhood, 2023



The neighborhoods in Brooklyn with the lowest proportions of people linked to care within 30 days were East New York (66%), Borough Park (73%), and Canarsie – Flatlands (73%).

[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.

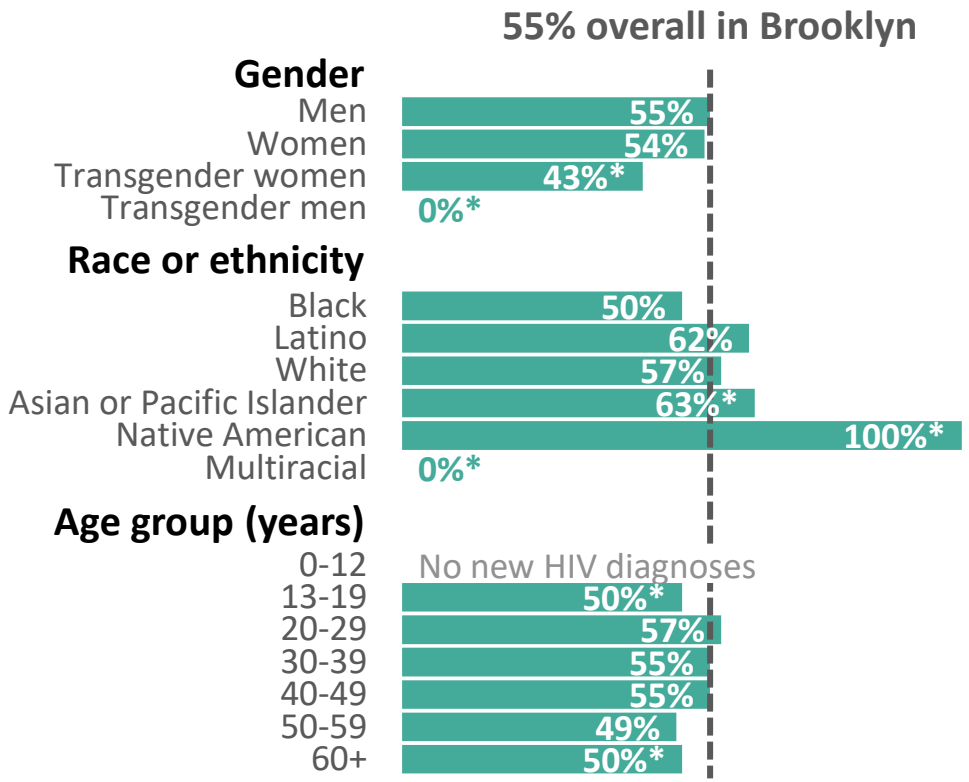
Viral Suppression[1] Within Three Months of Diagnosis
in Brooklyn and New York City Overall, 2019-2023

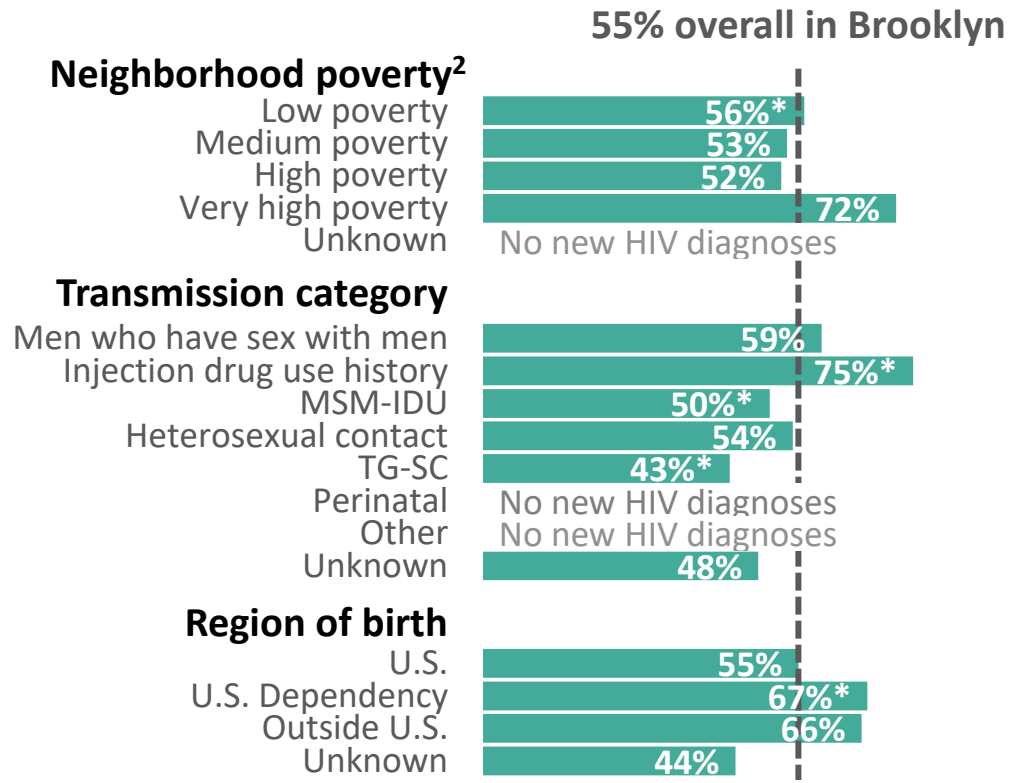


Viral suppression within three months of an HIV diagnosis remained relatively stable in Brooklyn and was approximately equal to the proportion in New York City overall, from 2019 to 2023.

[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 in Brooklyn by Demographic Group, 2023

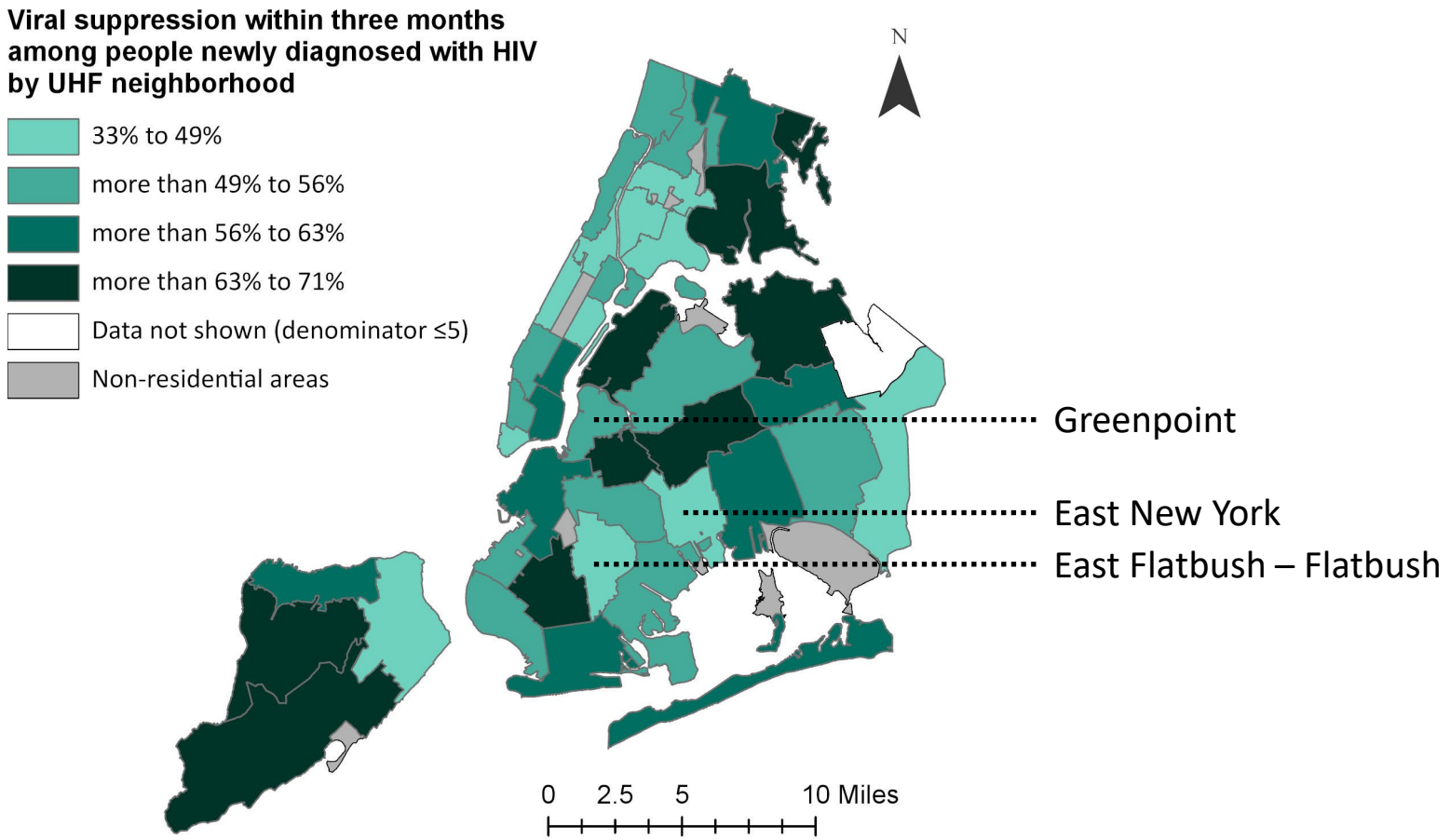




Differences in viral suppression within three months of an HIV diagnosis exist across demographic groups in Brooklyn.

*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.
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 in Brooklyn by United Hospital Fund Neighborhood, 2023



The neighborhoods in Brooklyn with the lowest proportions of people virally suppressed within three months of an HIV diagnosis were East New York (40%), East Flatbush – Flatbush (49%) and Greenpoint (50%)

[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 With HIV

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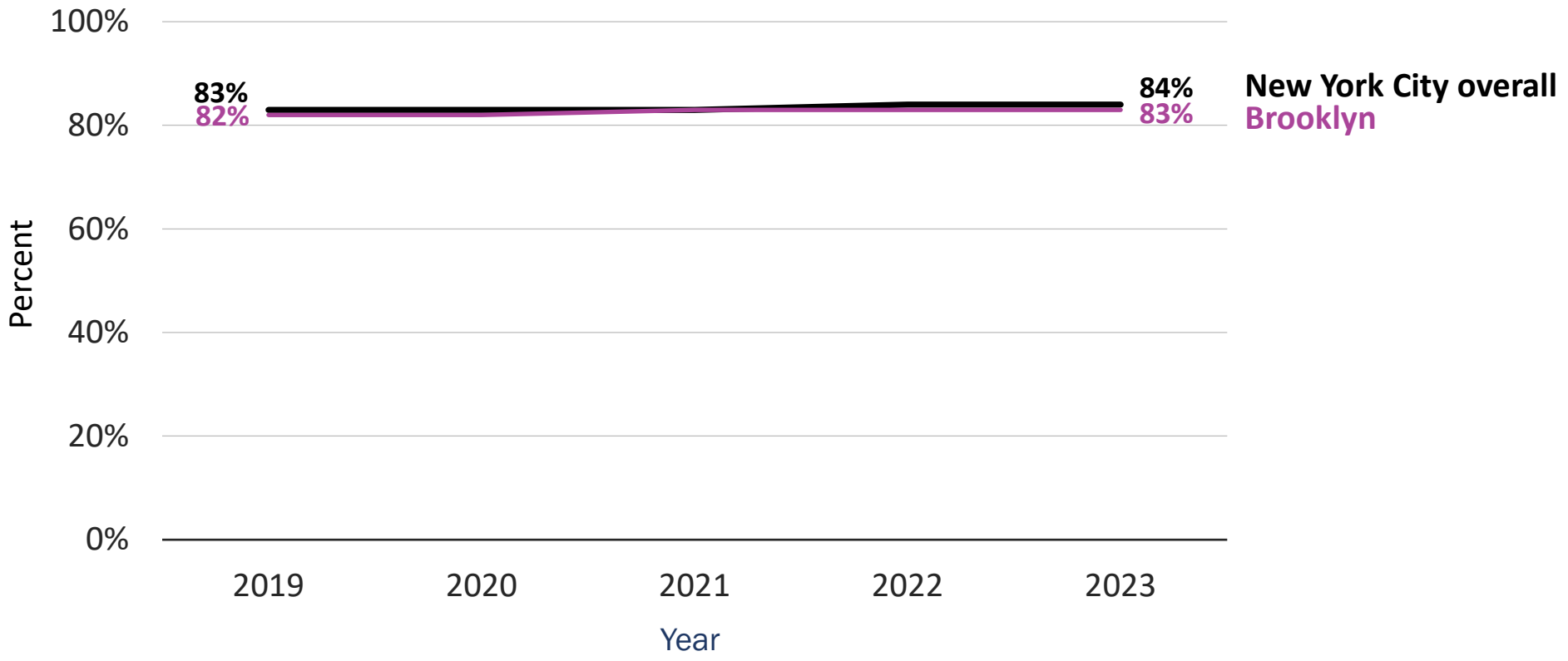
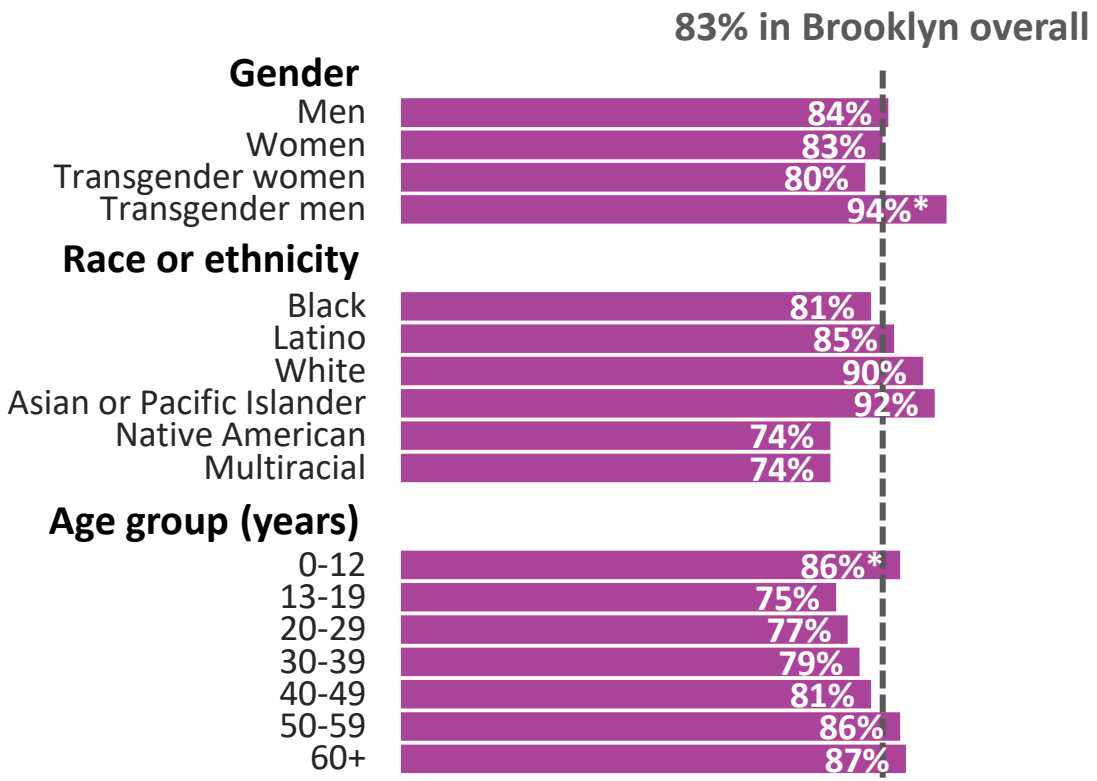
Viral Suppression[1] Among People Diagnosed With HIV[2] in Brooklyn and New York City Overall, 2019-2023

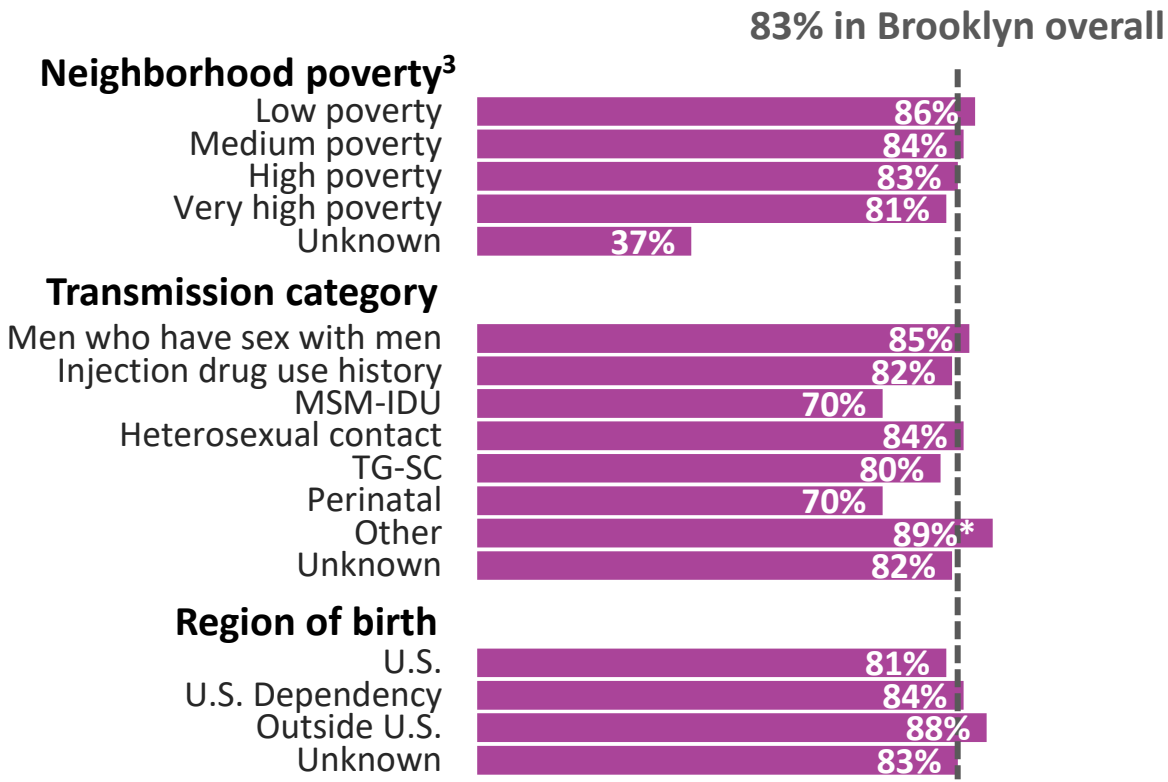


Viral suppression relatively stable in Brooklyn and was approximately equal to the proportion in New York City overall, from 2019 to 2023.

[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 Diagnosed With HIV[2] in Brooklyn by Demographic Group, 2023

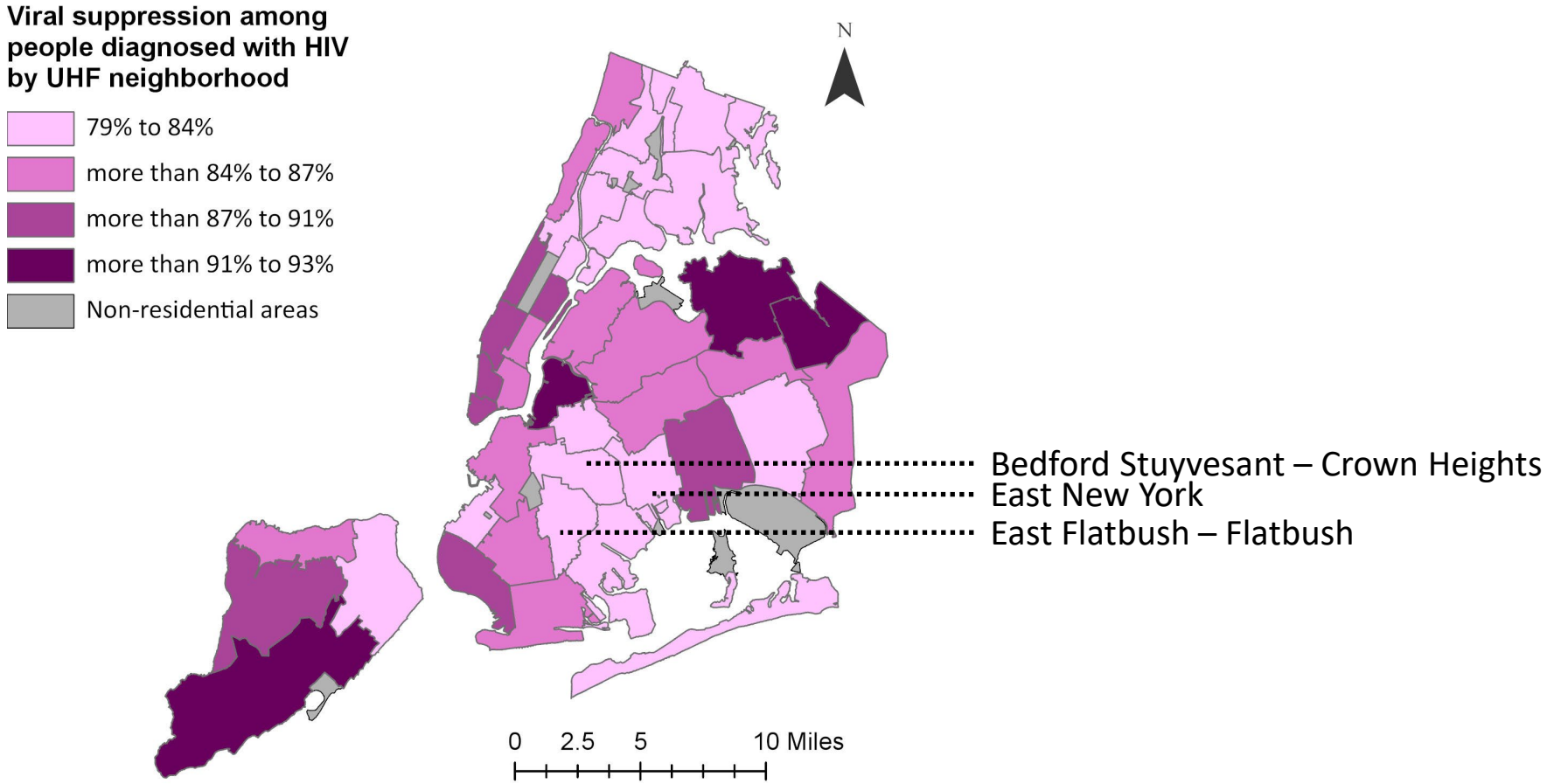




Differences in viral suppression exist across demographic groups in Brooklyn.

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

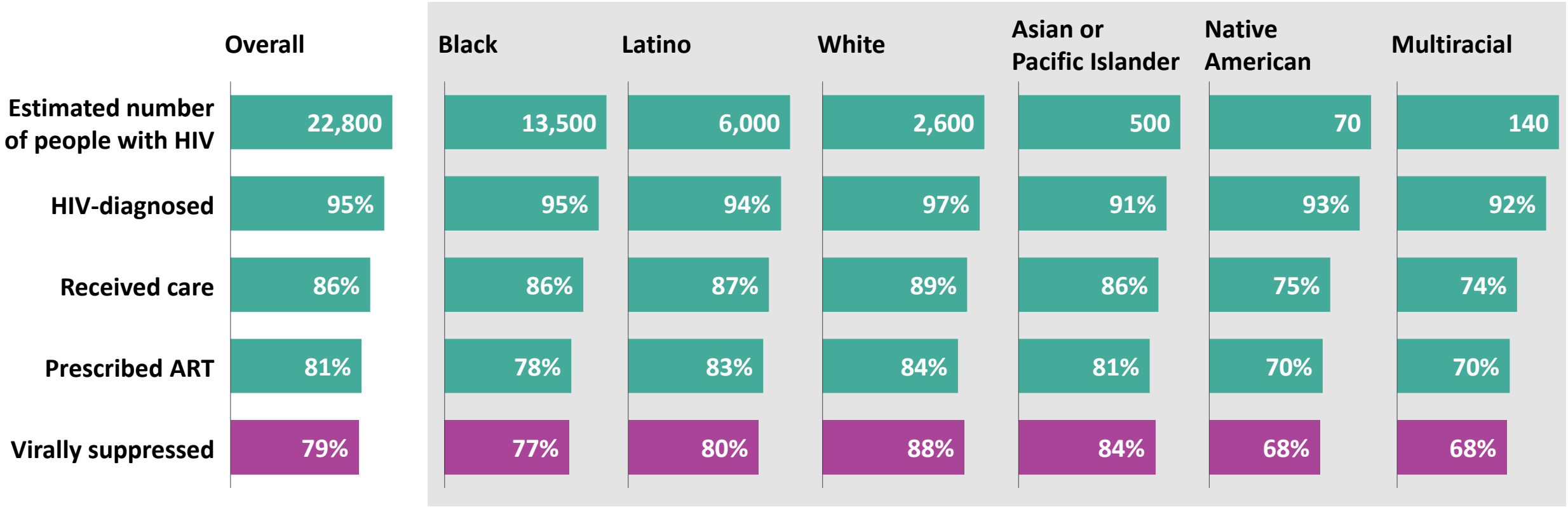
Viral Suppression[1] Among People Diagnosed With HIV[2] in Brooklyn by United Hospital Fund Neighborhood, 2023



The neighborhoods in Brooklyn with the lowest proportions of people virally suppressed were Bedford Stuyvesant – Crown Heights (81%), East New York (82%), and East Flatbush – Flatbush (83%).

[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.

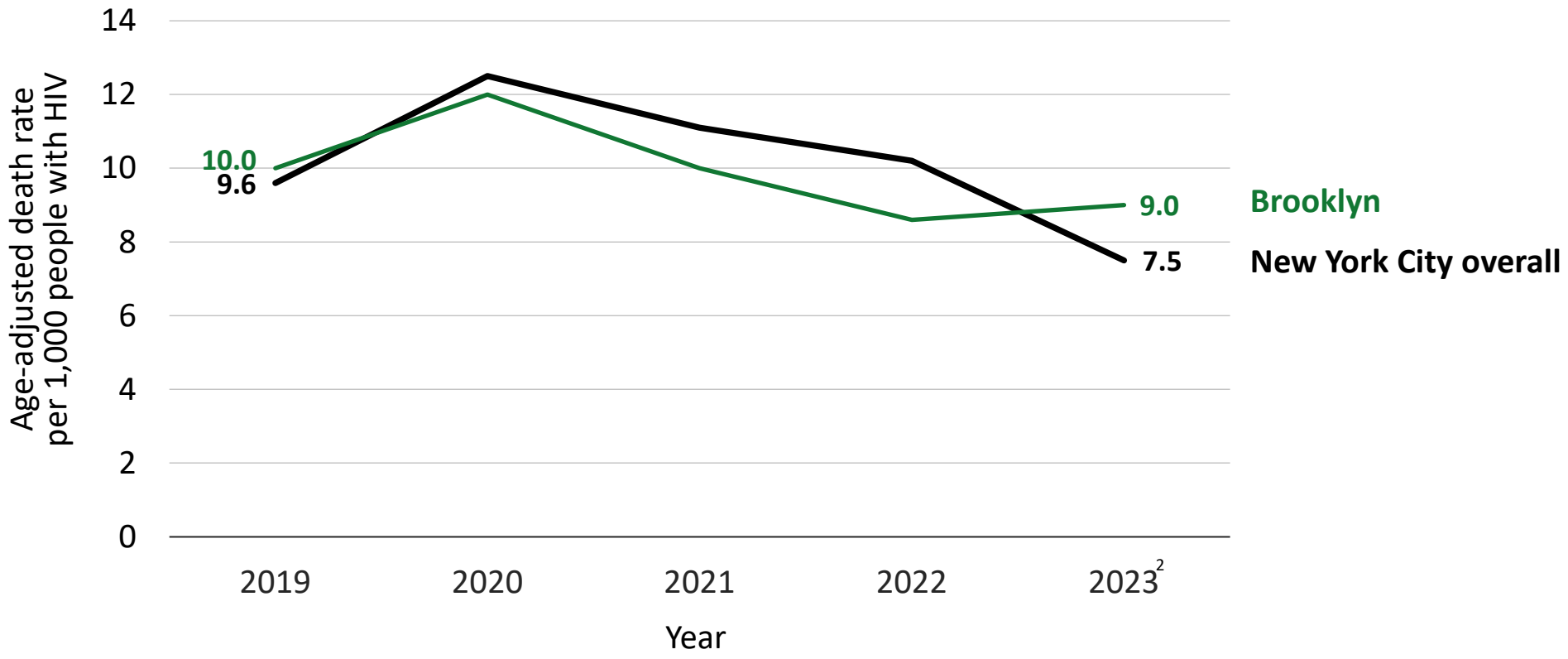
Proportion of People With HIV in Stages of the HIV Care Continuum[1,2] in Brooklyn Overall and by Race or Ethnicity,[3] 2023



Of approximately 22,800 people with HIV in Brooklyn in 2023, 79% had a suppressed viral load, slightly lower than the citywide proportion of 80%. There were inequities in the HIV care continuum by race or ethnicity in 2023.

[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.
[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.
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.

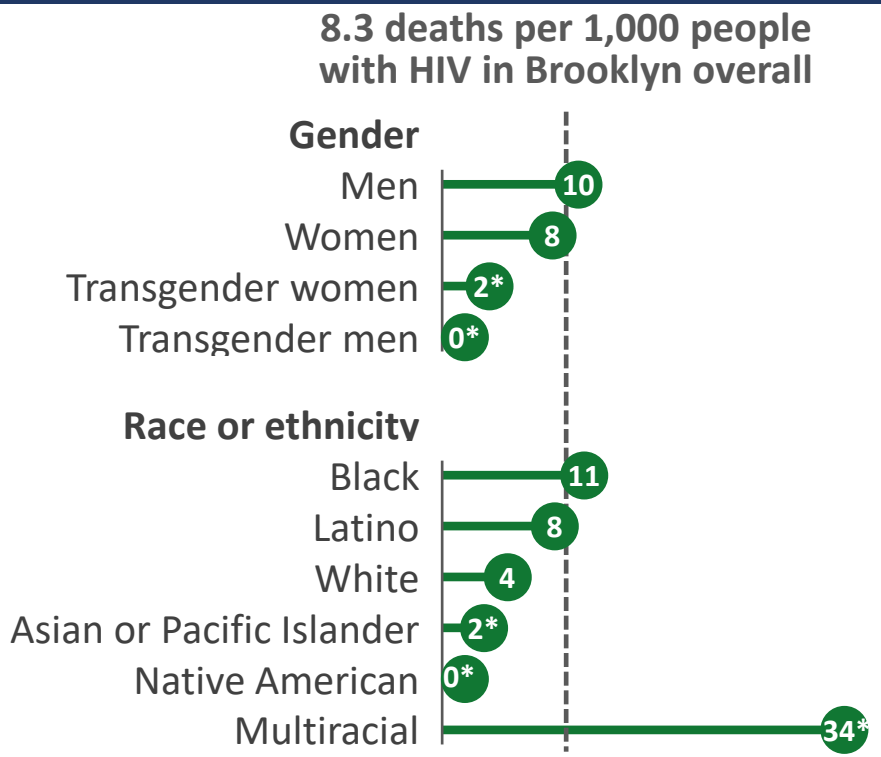
Age-Adjusted[1] Death Rate per 1,000 People With HIV in Brooklyn and New York City Overall, 2019-2023

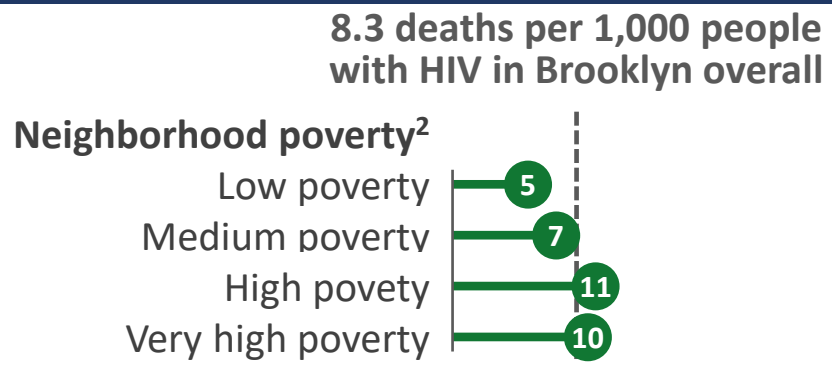


In Brooklyn, the age-adjusted death rate declined 25% since the peak in 2020 and is now slightly lower than the 2019 rate. Brooklyn experienced a higher age-adjusted death rate than the citywide rate in 2023.

[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 With HIV in Brooklyn by Demographic Group, 2023

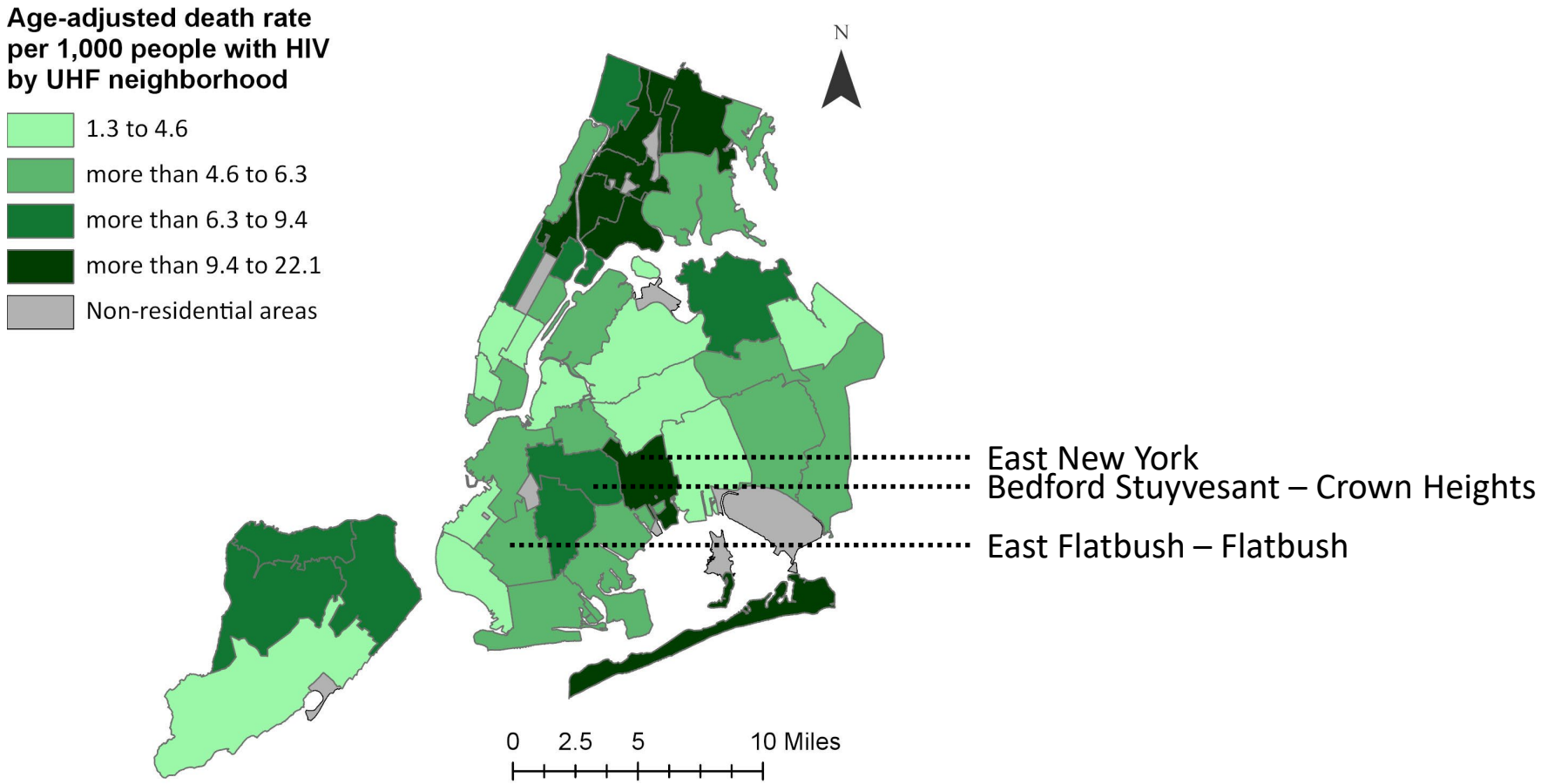




Differences in the age-adjusted death rate exist across demographic groups in Brooklyn.

*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.

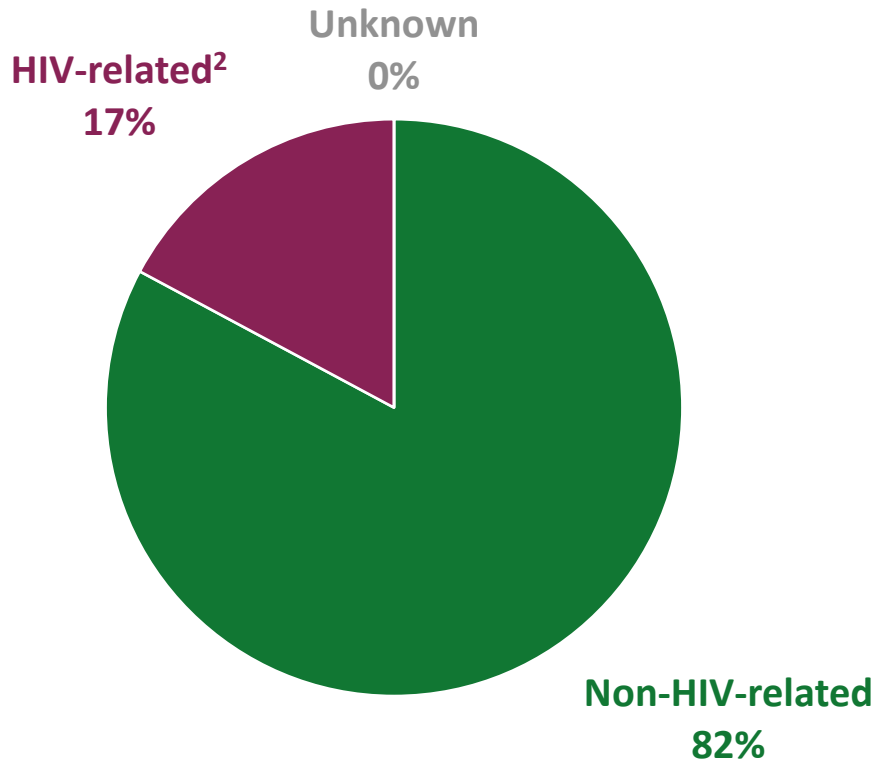
Age-Adjusted[1] Death Rate per 1,000 People With HIV in Brooklyn by United Hospital Fund Neighborhood, 2023



The neighborhoods in Brooklyn with the highest age-adjusted death rates were East New York (22.1 per 1,000), Bedford Stuyvesant – Crown Heights (9.0 per 1,000), and East Flatbush – Flatbush (8.9 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 With HIV in Brooklyn by Cause of Death, 2022[1]



In 2022, 82% of deaths among people with HIV in Brooklyn were due to non-HIV-related causes. Among these, the top causes were Cardiovascular disease (21%), non-HIV-related cancers (19%), and COVID-19 (8%).

[1]Cause of death data are not yet available for 2023.
[2]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.