

HIV in Manhattan, 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>



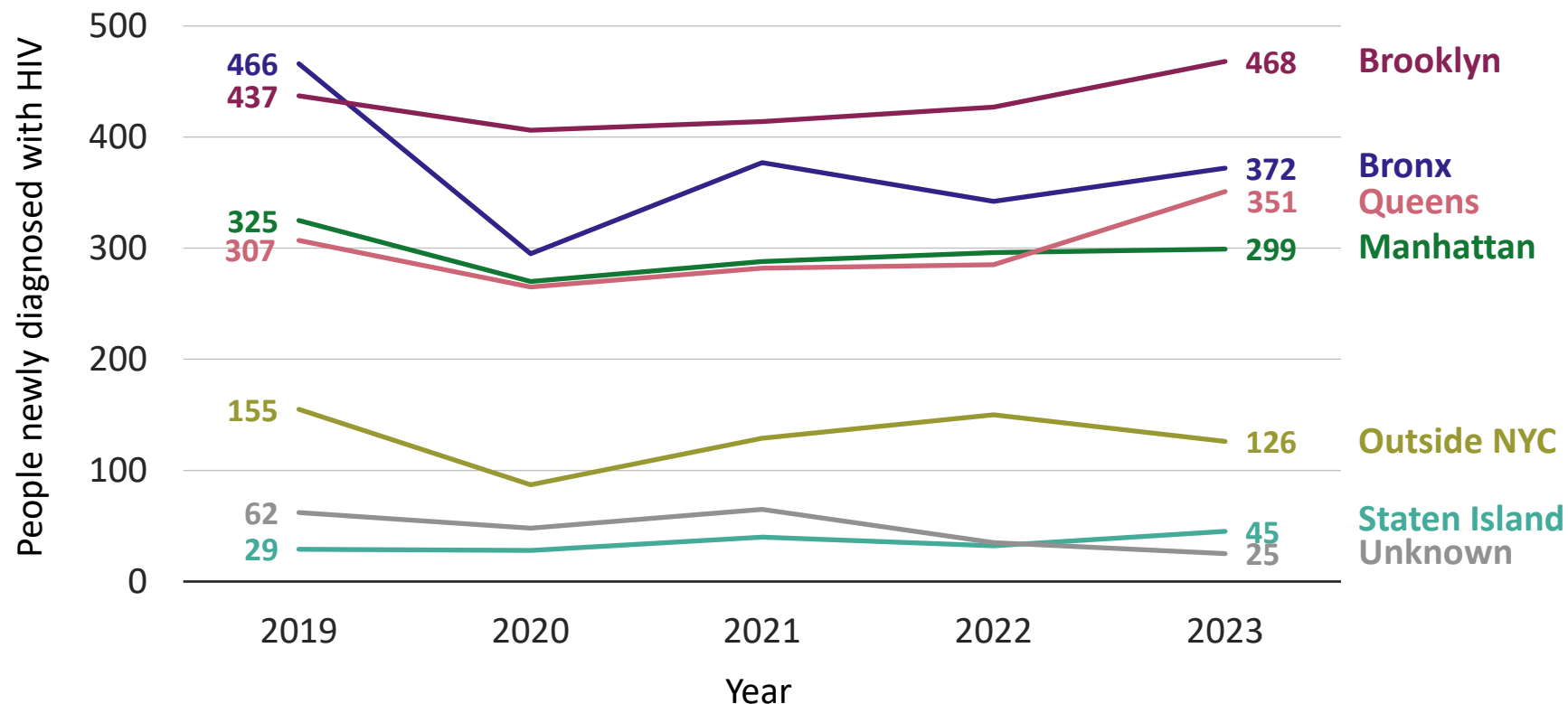
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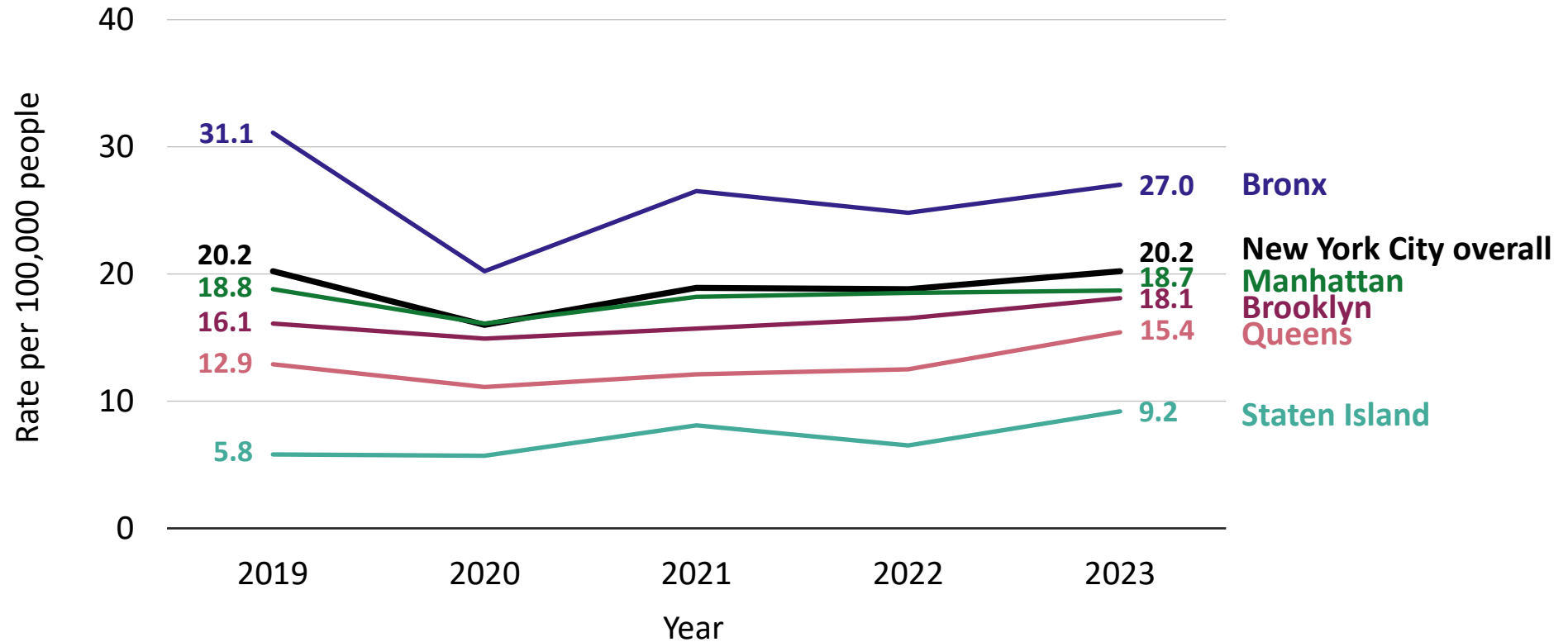
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Number of New HIV Diagnoses in New York City by Borough of Residence, 2019-2023



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.

Rate of New HIV Diagnoses¹ 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. The rate of new HIV diagnoses in Manhattan was relatively stable and higher than the rates in Brooklyn, Queens, and Staten Island.

Basic Statistics of HIV in Manhattan, 2023

- **299 people newly diagnosed with HIV**
 - Including 57 people concurrently diagnosed with AIDS (19.1% of diagnoses)
- **206 people newly diagnosed with AIDS¹**
- **There are an estimated 20,300 people with HIV²**
- **328 deaths among people with HIV**
 - 6.1 deaths per 1,000 people with HIV³

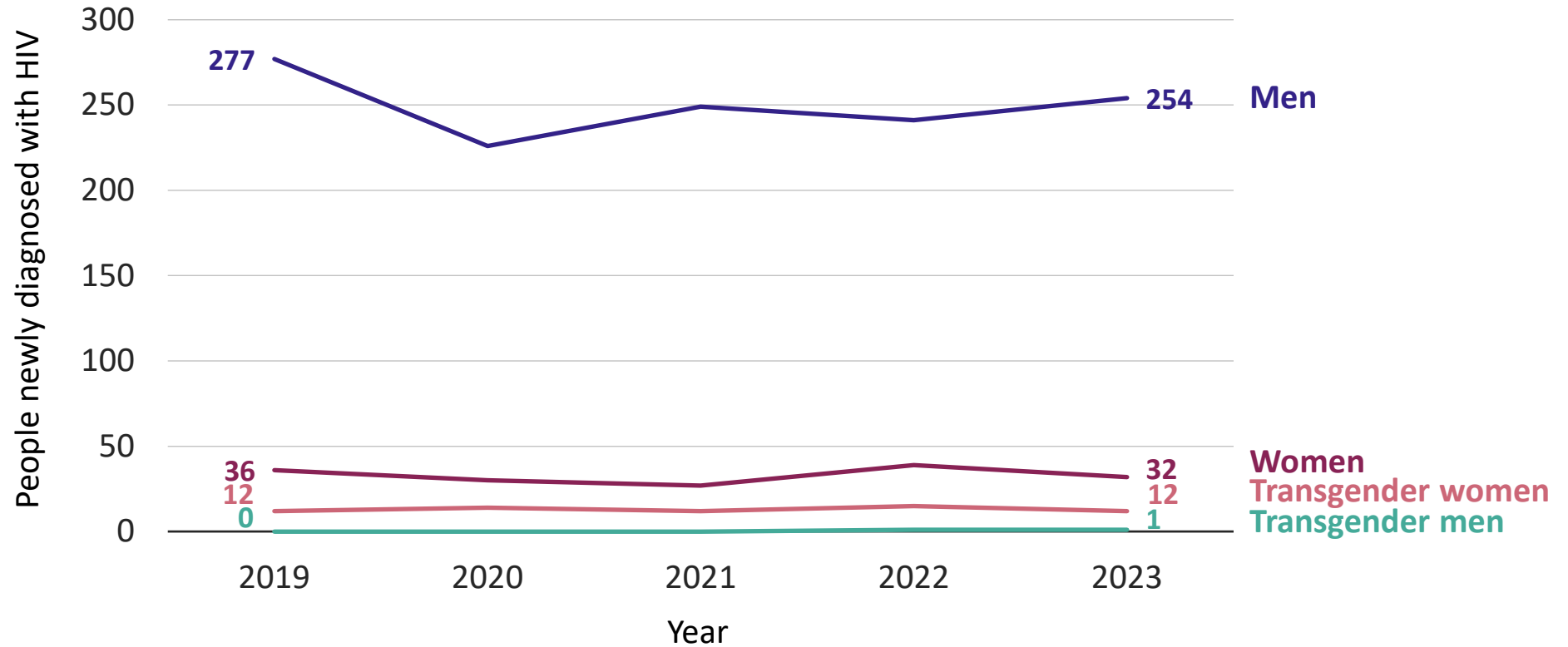
¹Includes people concurrently diagnosed with HIV and AIDS.

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.

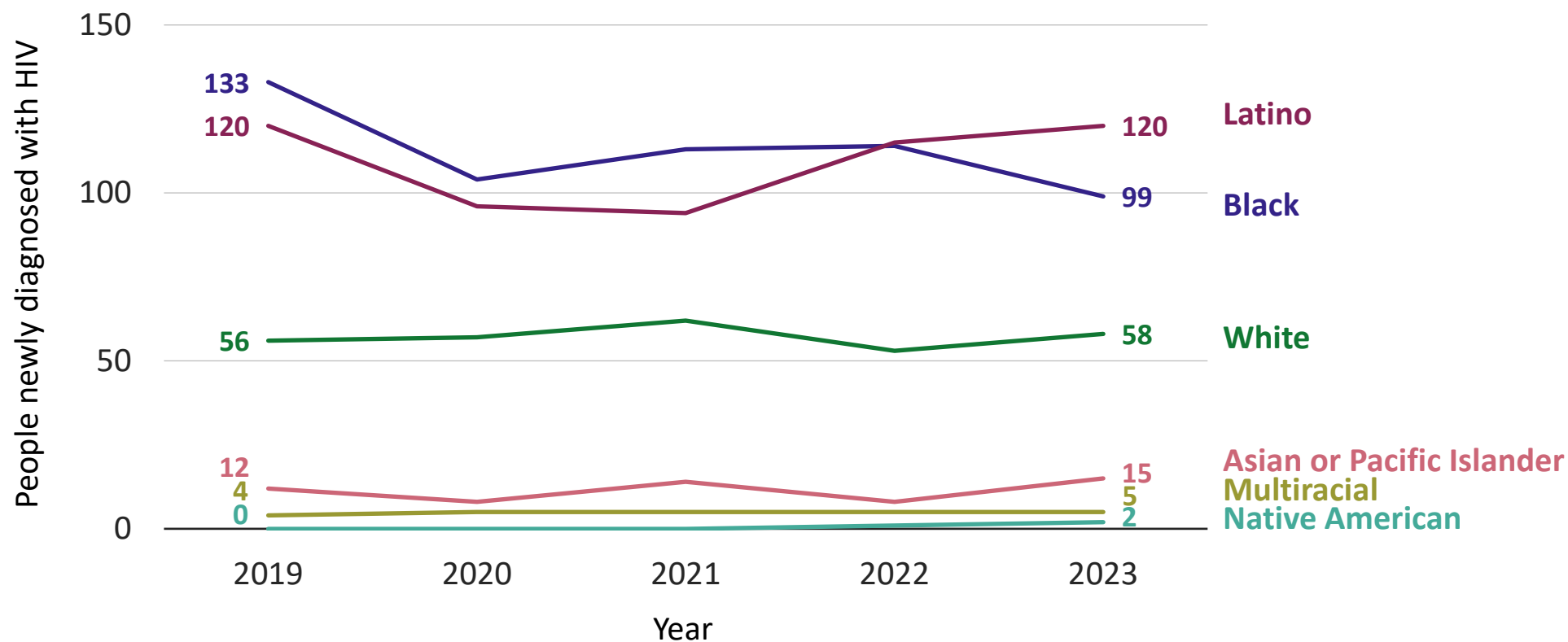
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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



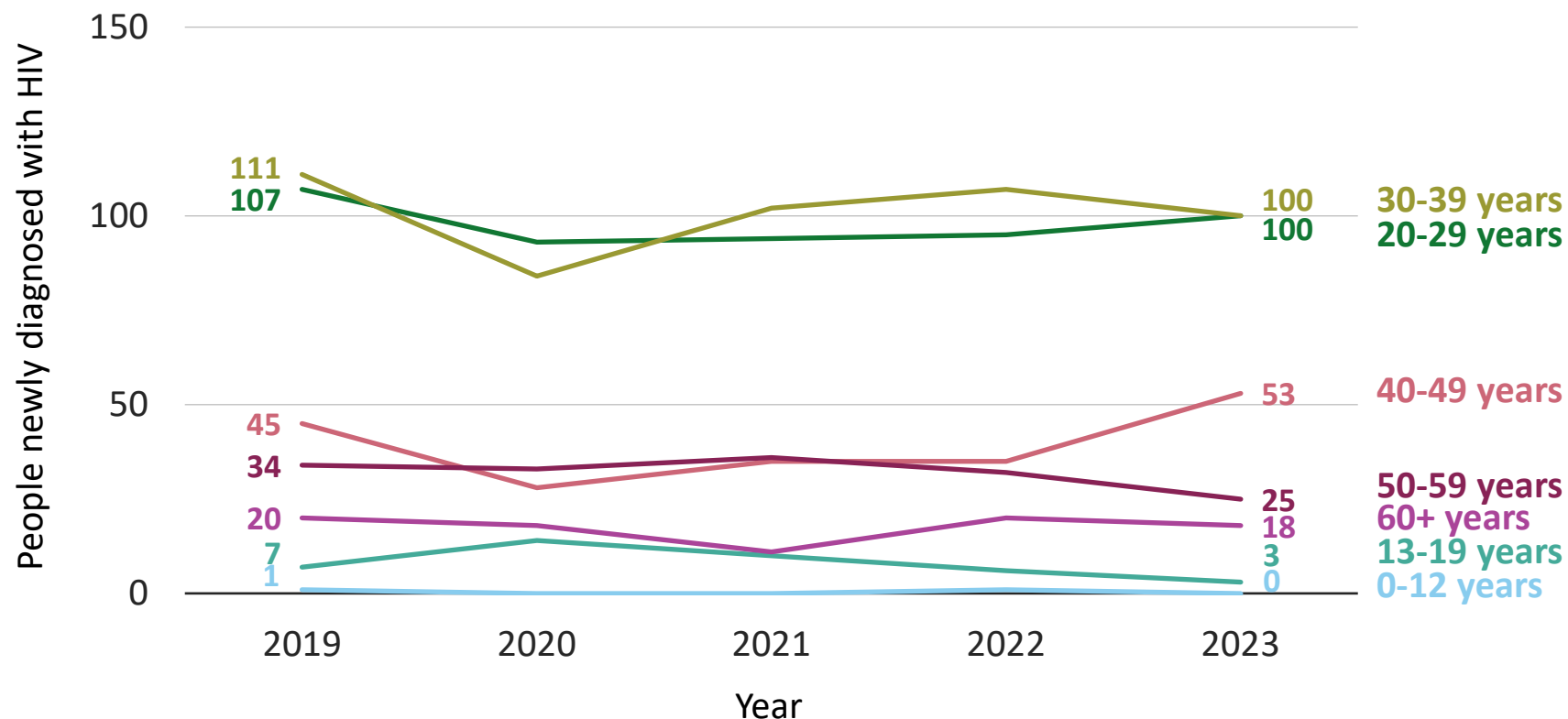
In 2023, the number of people newly diagnosed with HIV decreased or returned to levels similar to those in 2019 in all gender groups. Men experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Men consistently experienced the highest number of new HIV diagnoses in Manhattan, representing 85% of new diagnoses in 2023, higher than the citywide proportion of 79%.

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



In 2023, the number of people newly diagnosed with HIV decreased or returned to levels similar to those in 2019 in all race or ethnicity groups. Latino people experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Latino people now experience the highest number of new HIV diagnoses in Manhattan, representing 40% of new diagnoses in 2023, similar to the citywide proportion of 42%.

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



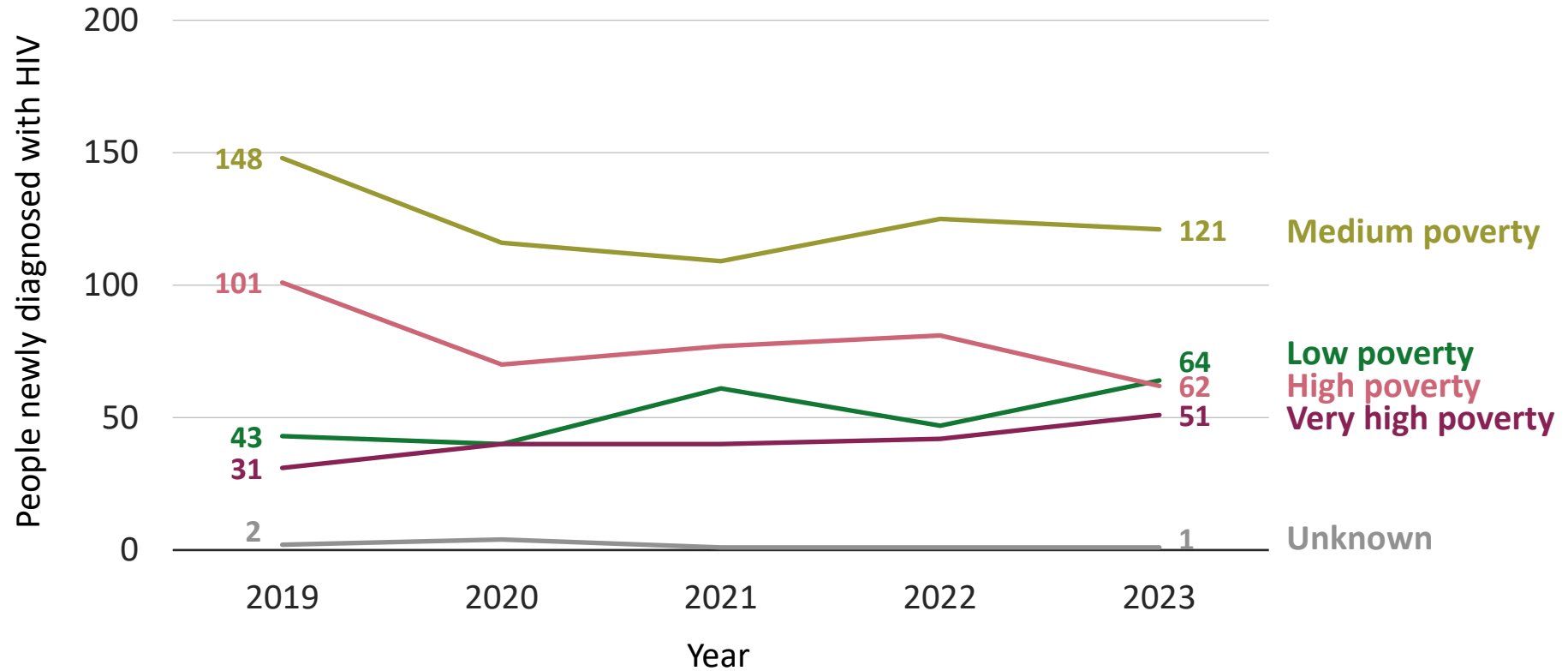
Since 2019, the number of people newly diagnosed with HIV increased among people ages 40 to 49 by 18%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other age groups. People aged 30 to 39 years experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. People aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses in Manhattan, representing a combined 67% of new diagnoses in 2023, the same as the citywide proportion.

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



Black and Latino people aged 20 to 39 years in Manhattan experienced the highest number of people newly diagnosed with HIV in 2023, representing a combined 48% of new diagnoses in 2023, lower than the citywide proportion of 57%.

Number of New HIV Diagnoses in Manhattan by Neighborhood Poverty Level,¹ 2019-2023



Since 2019, the number of people newly diagnosed with HIV increased among people residing in neighborhoods with low poverty by 49% and among people residing in neighborhoods with very high poverty by 65%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other neighborhood poverty groups. Neighborhoods with medium poverty consistently experienced the highest number of new HIV diagnoses in Manhattan, representing 40% of new diagnoses in 2023, similar to the citywide proportion of 42%.

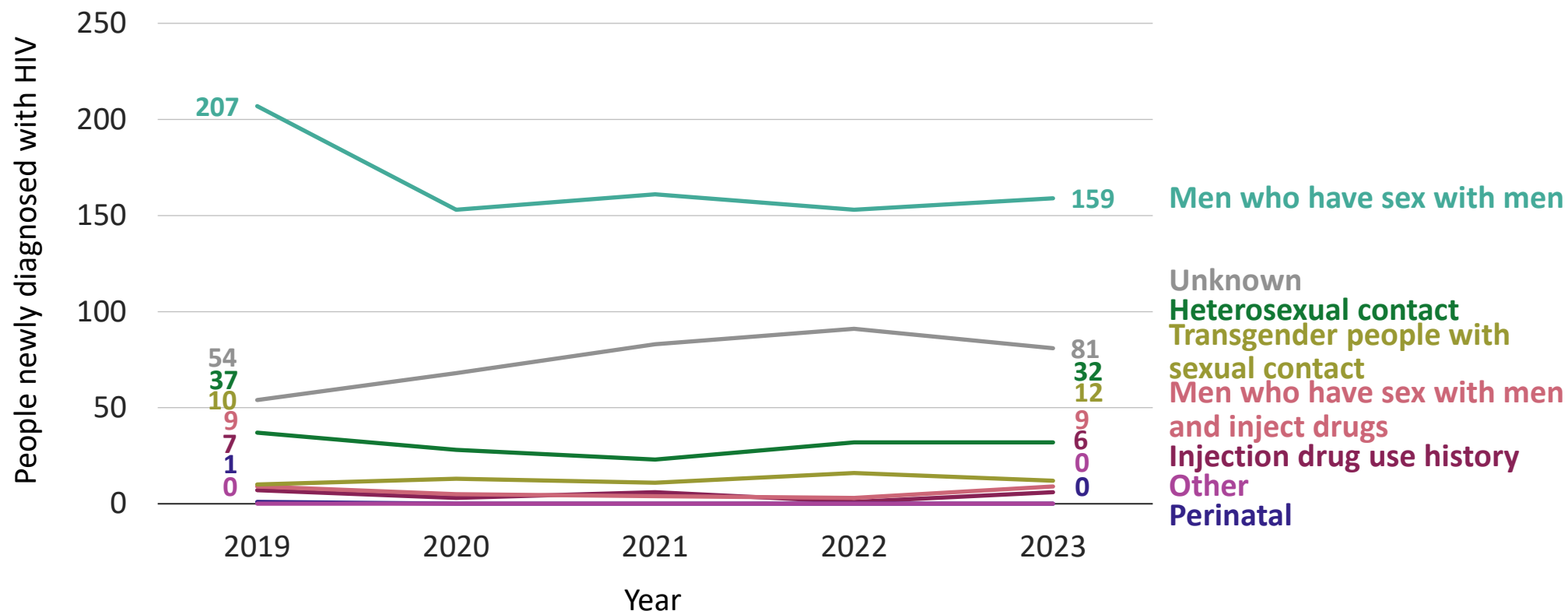


¹Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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.

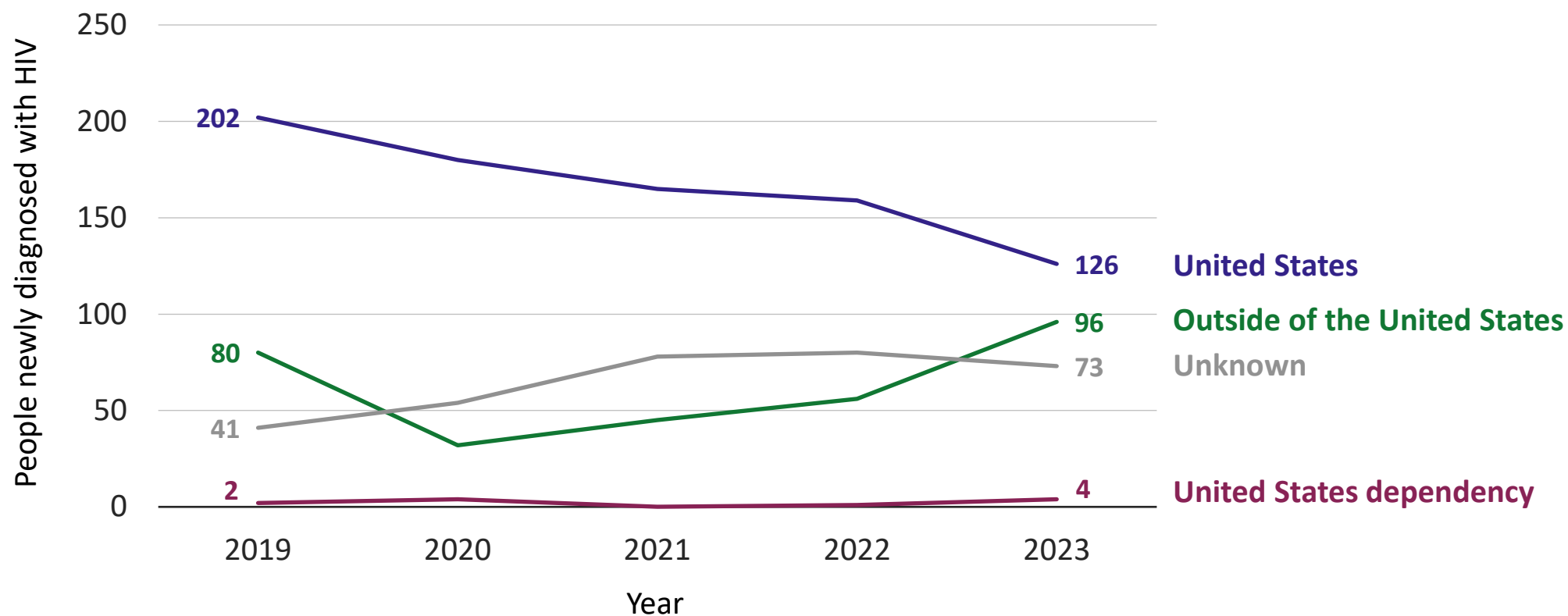
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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



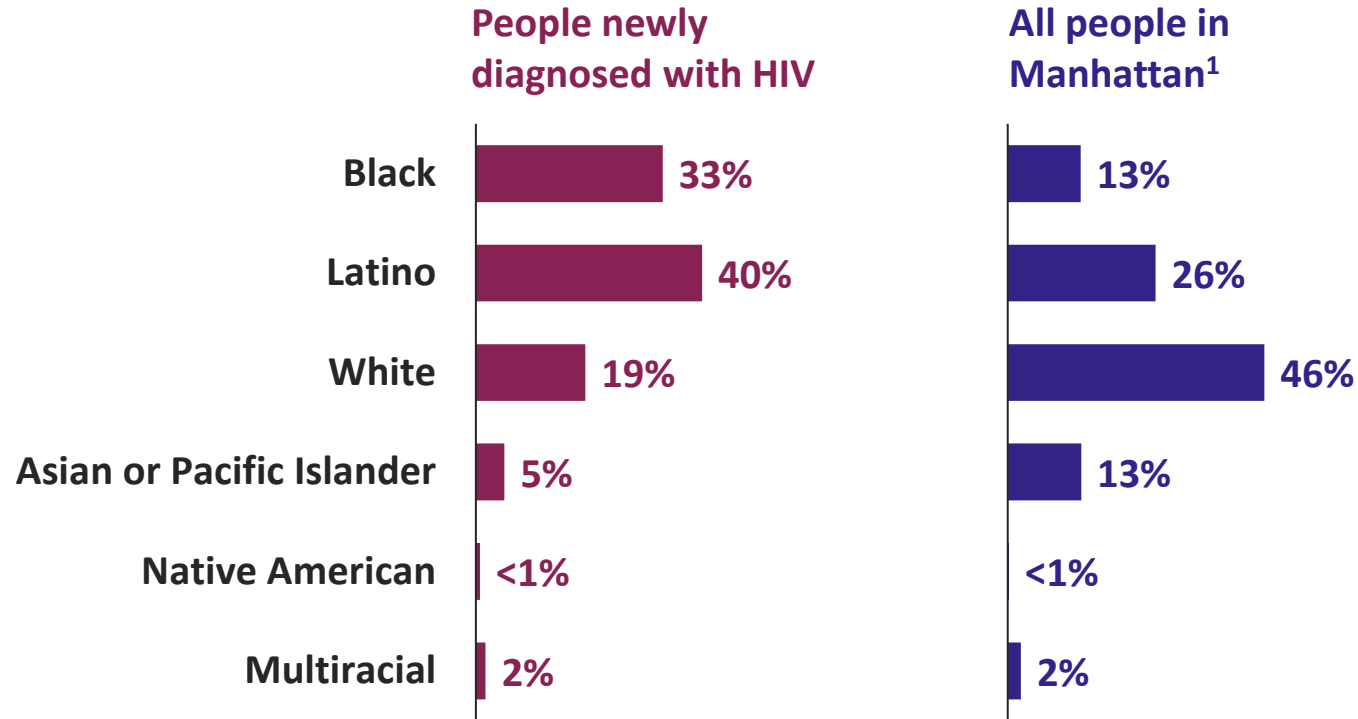
Since 2019, the number of people newly diagnosed with HIV with an unknown transmission category¹ increased by 50%. The number of people newly diagnosed with HIV decreased or remained relatively stable for all other transmission categories. Men who have sex with men consistently experienced the highest number of new HIV diagnoses in Manhattan, representing 73% of new diagnoses among people for whom data on transmission category were available in 2023, higher than the citywide proportion of 69%.

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



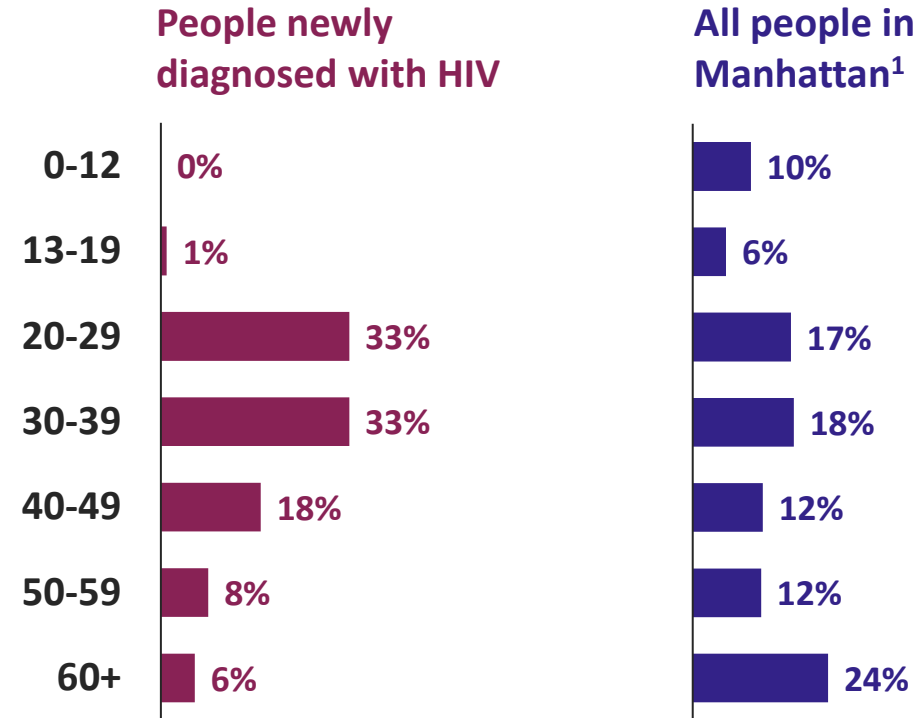
Since 2019, the number of people newly diagnosed with HIV increased among people with an unknown place of birth¹ by 78% and among people born outside of the United States by 20%. The number of people newly diagnosed with HIV decreased or remained relatively stable for all other places of birth. People born in the United States consistently experienced the highest number of new HIV diagnoses in Manhattan, representing a combined 42% of new diagnoses in 2023, higher than the citywide proportion of 38%.

Proportion of People Newly Diagnosed With HIV and All People¹ in Manhattan by Race or Ethnicity, 2023



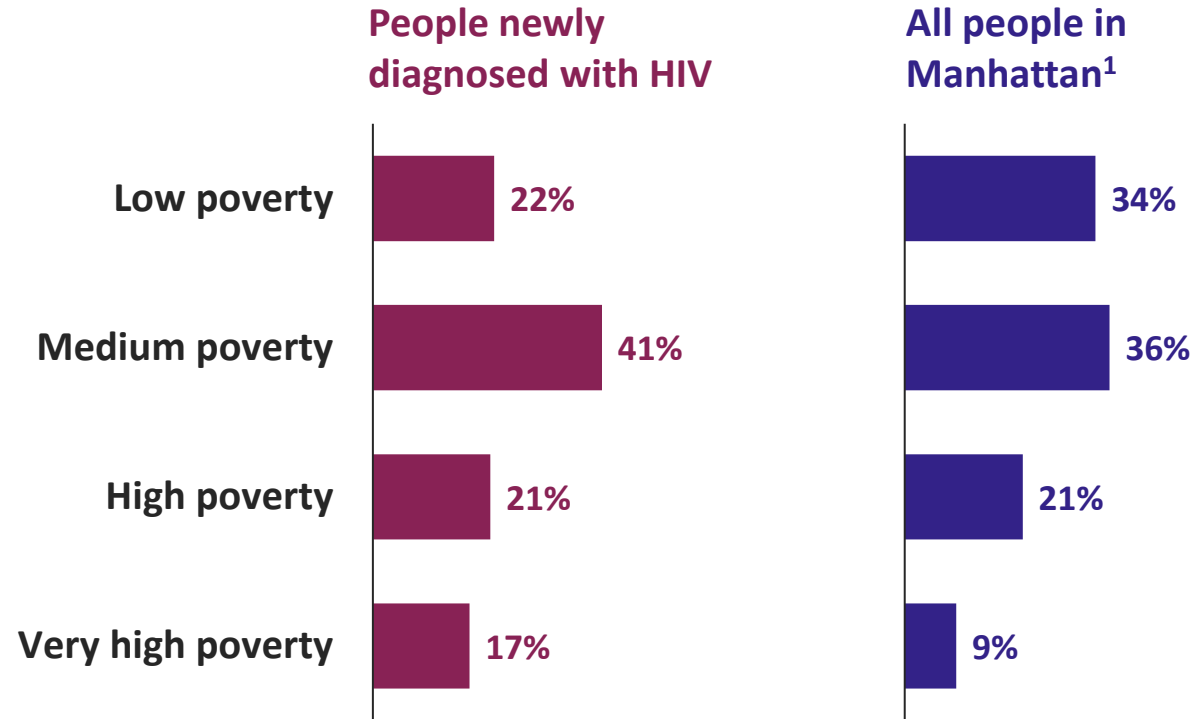
The proportions of new HIV diagnoses among Black and Latino people are higher than their respective proportions among all people in Manhattan. Almost three times as many Black people were newly diagnosed with HIV than their proportional representation in Manhattan.

Proportion of People Newly Diagnosed With HIV and All People¹ in Manhattan by Age Group, 2023



The proportions of new HIV diagnoses among people aged 20 to 39 years are nearly double their respective proportions among all people in Manhattan.

Proportion of People Newly Diagnosed With HIV and All People¹ in Manhattan by Neighborhood Poverty Level,^{2,3} 2023



The proportions of new HIV diagnoses among people living in neighborhoods with medium or very high poverty are higher than their respective proportions among all people in Manhattan.

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

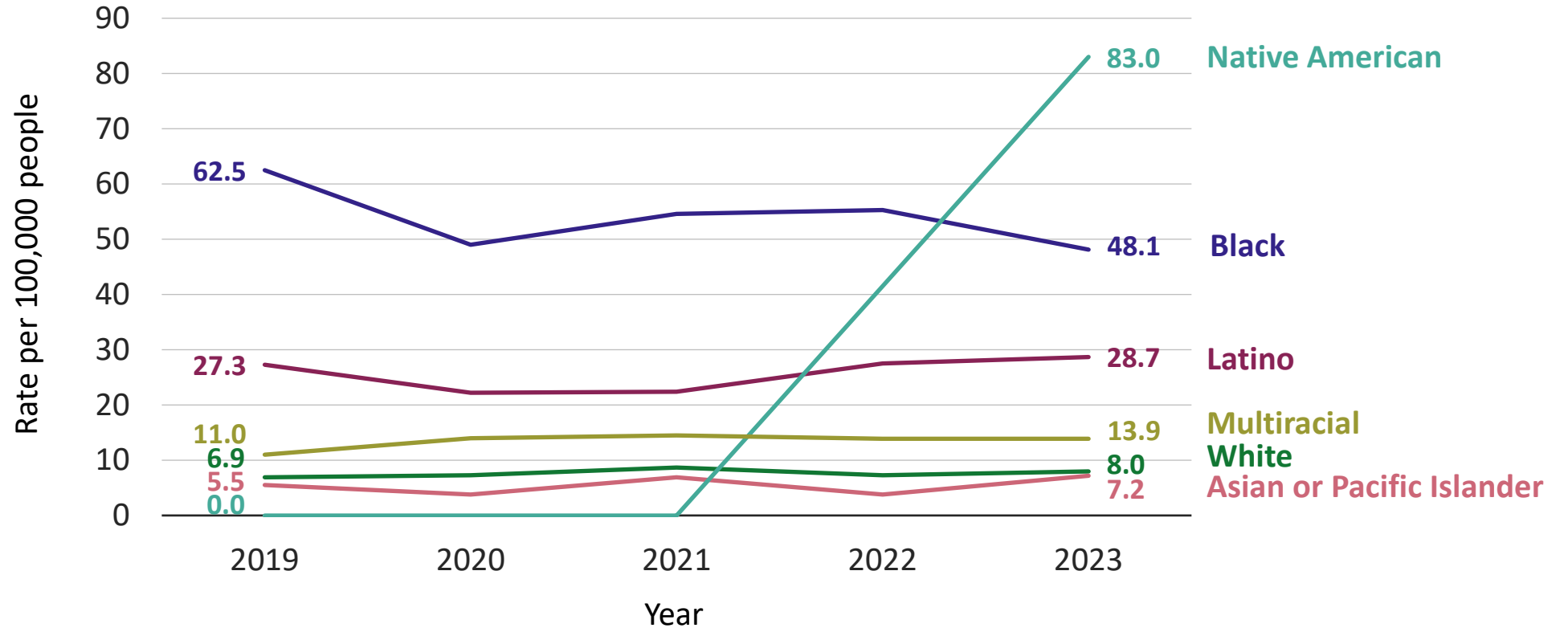
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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.

³Proportions exclude people living in neighborhoods with an unknown poverty level

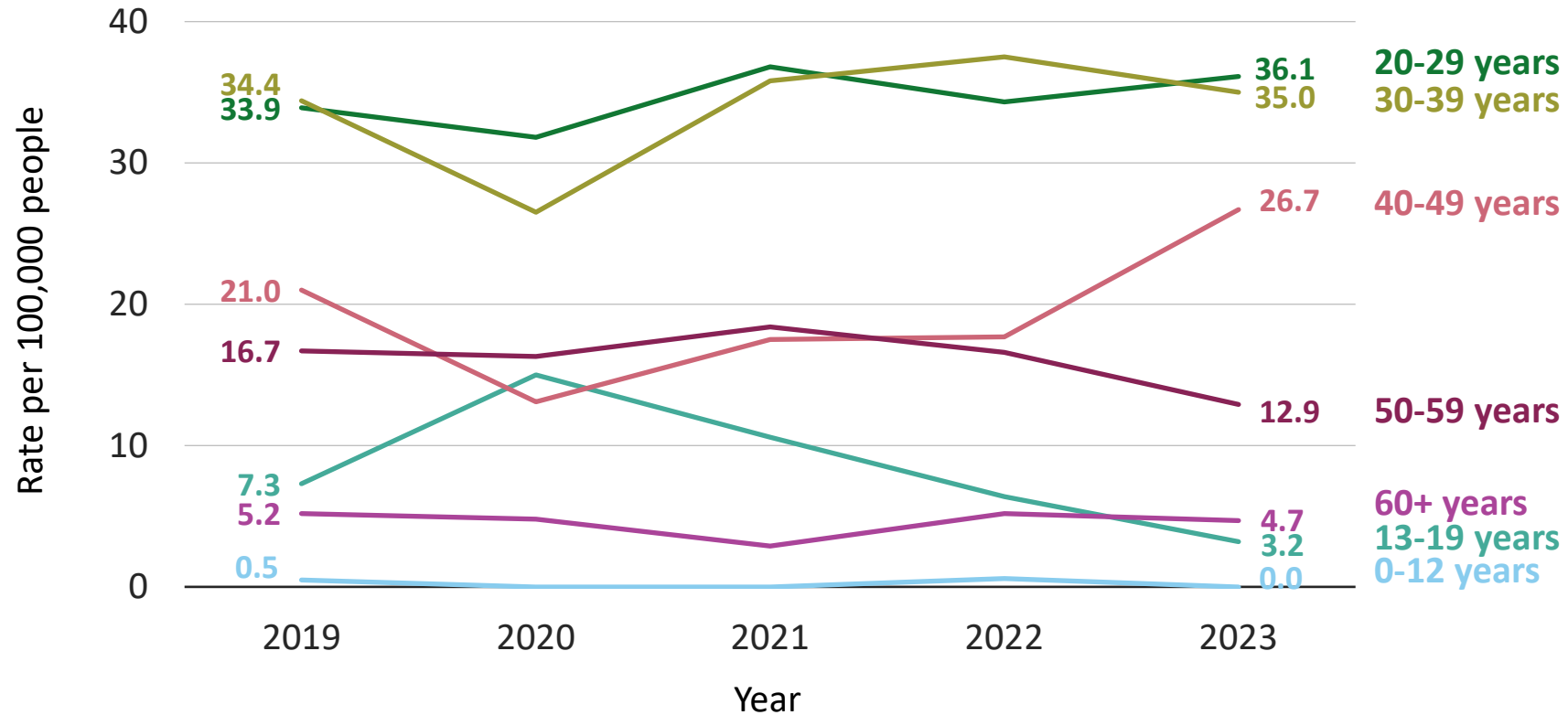
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Rate of New HIV Diagnoses¹ per 100,000 People in Manhattan by Race or Ethnicity, 2019-2023



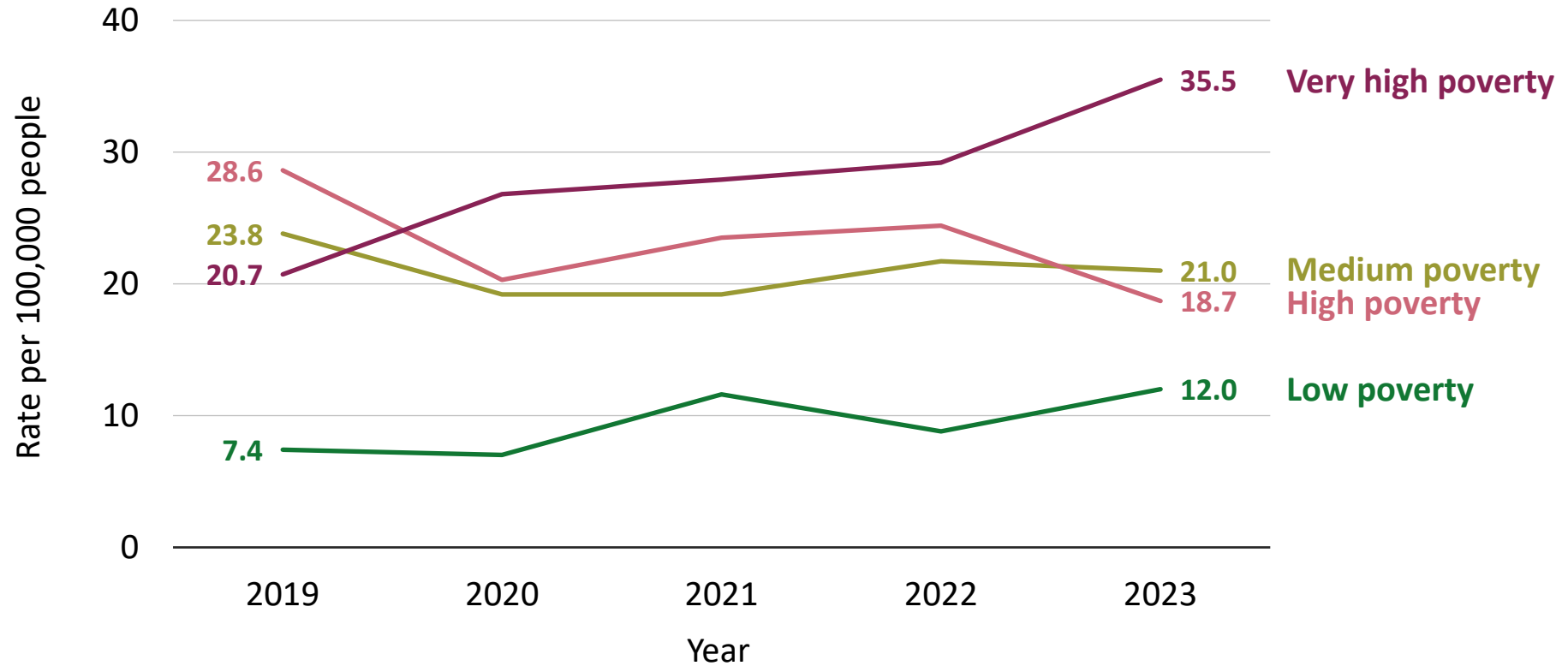
Since 2019, the rate increased among Native American people, with two people newly diagnosed with HIV in 2023; counts remain low, the rate should be interpreted with caution. The rate of new HIV diagnoses decreased or remained stable in all other race or ethnicity groups. Excluding 2023, Black people consistently experienced the highest rate of new HIV diagnoses in Manhattan.

Rate of New HIV Diagnoses¹ per 100,000 People in Manhattan by Age Group, 2019-2023



Since 2019, the rate of new HIV diagnoses increased among people ages 40 to 49 by 27%. The rate of new HIV diagnoses decreased or remained relatively stable in all other age groups. People aged 30 to 39 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 Manhattan.

Rate of New HIV Diagnoses¹ per 100,000 People in Manhattan by Neighborhood Poverty Level,² 2019-2023



Since 2019, the rate of new HIV diagnoses increased among people residing in neighborhoods with low poverty by 62% and among people residing in neighborhoods with very high poverty by 71%. The rate of new HIV diagnoses decreased or remained relatively stable in all other neighborhood poverty level groups. Since 2020, people living in areas with very high poverty consistently experienced the highest rates of new HIV diagnoses in Manhattan.

¹Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.

²Area-based 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.

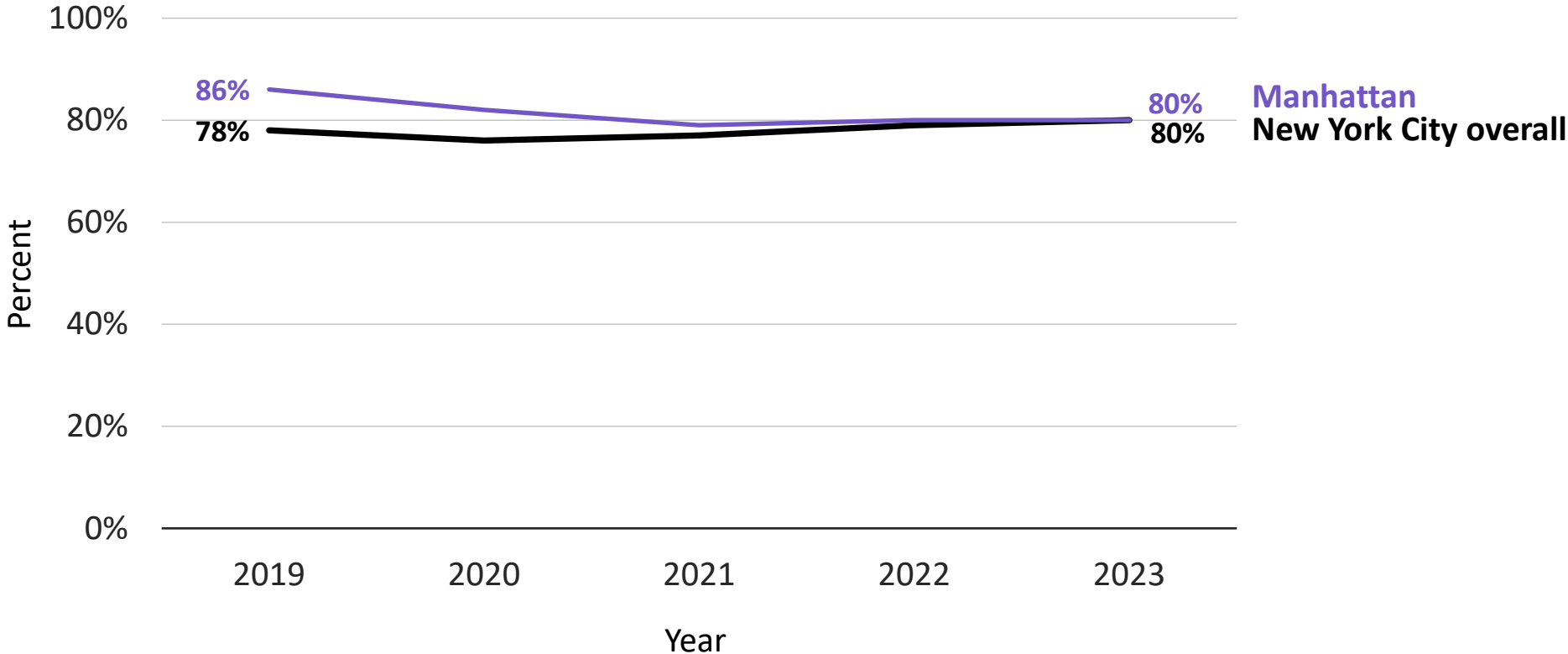
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= \geq 30% below FPL.

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

Care Outcomes Among People Newly Diagnosed With HIV

Manhattan

Timely Initiation of Care¹ After Diagnosis in Manhattan and New York City Overall, 2019-2023

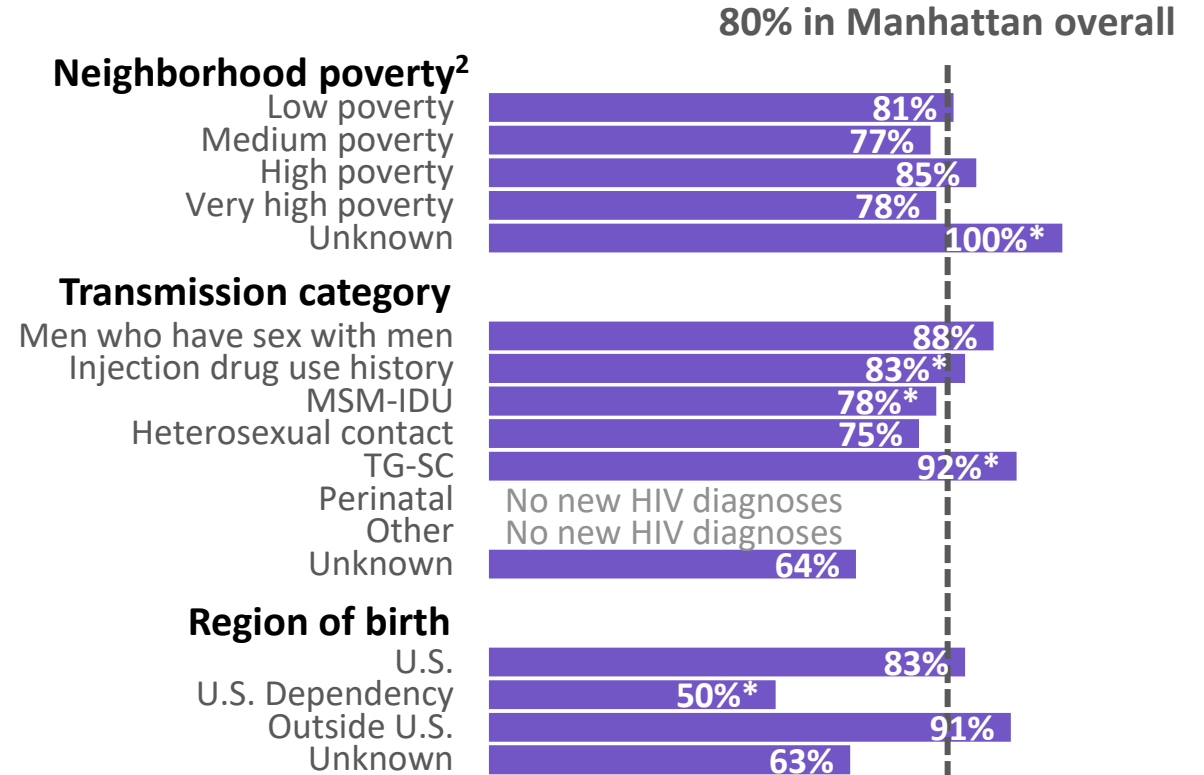
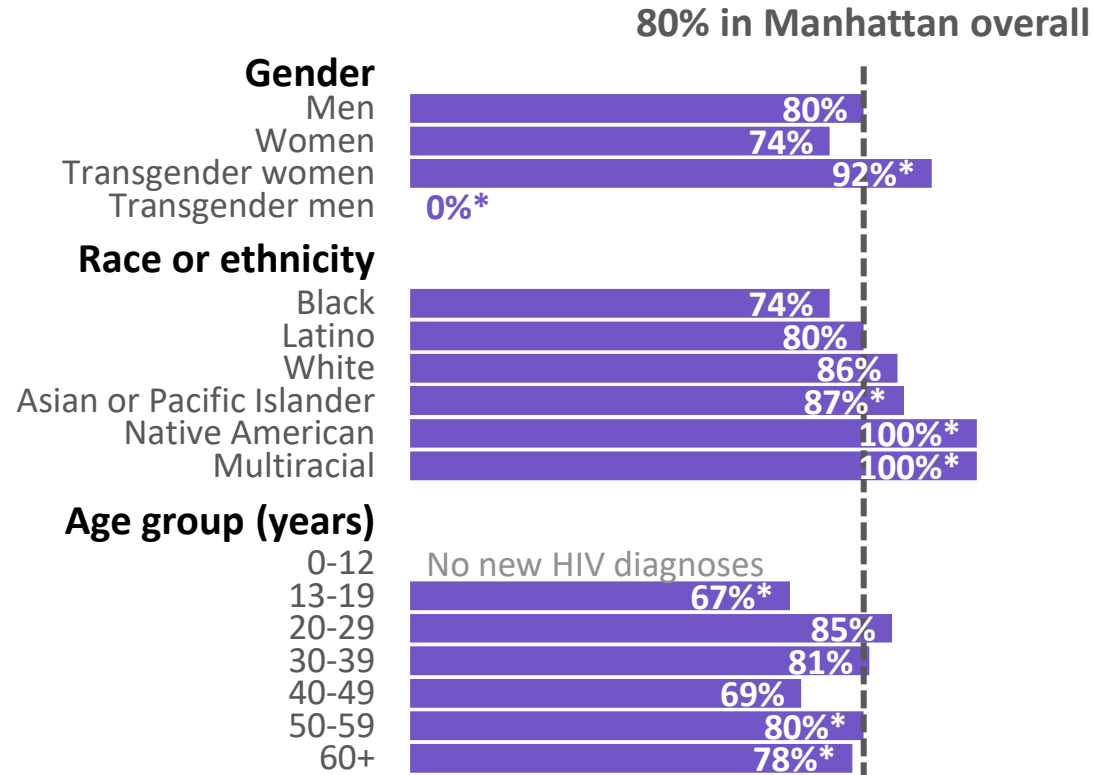


From 2019 to 2023, timely initiation of care decreased by six percentage points in Manhattan and is now equal to the value for New York City overall.



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 in Manhattan by Demographic Group, 2023



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

*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.

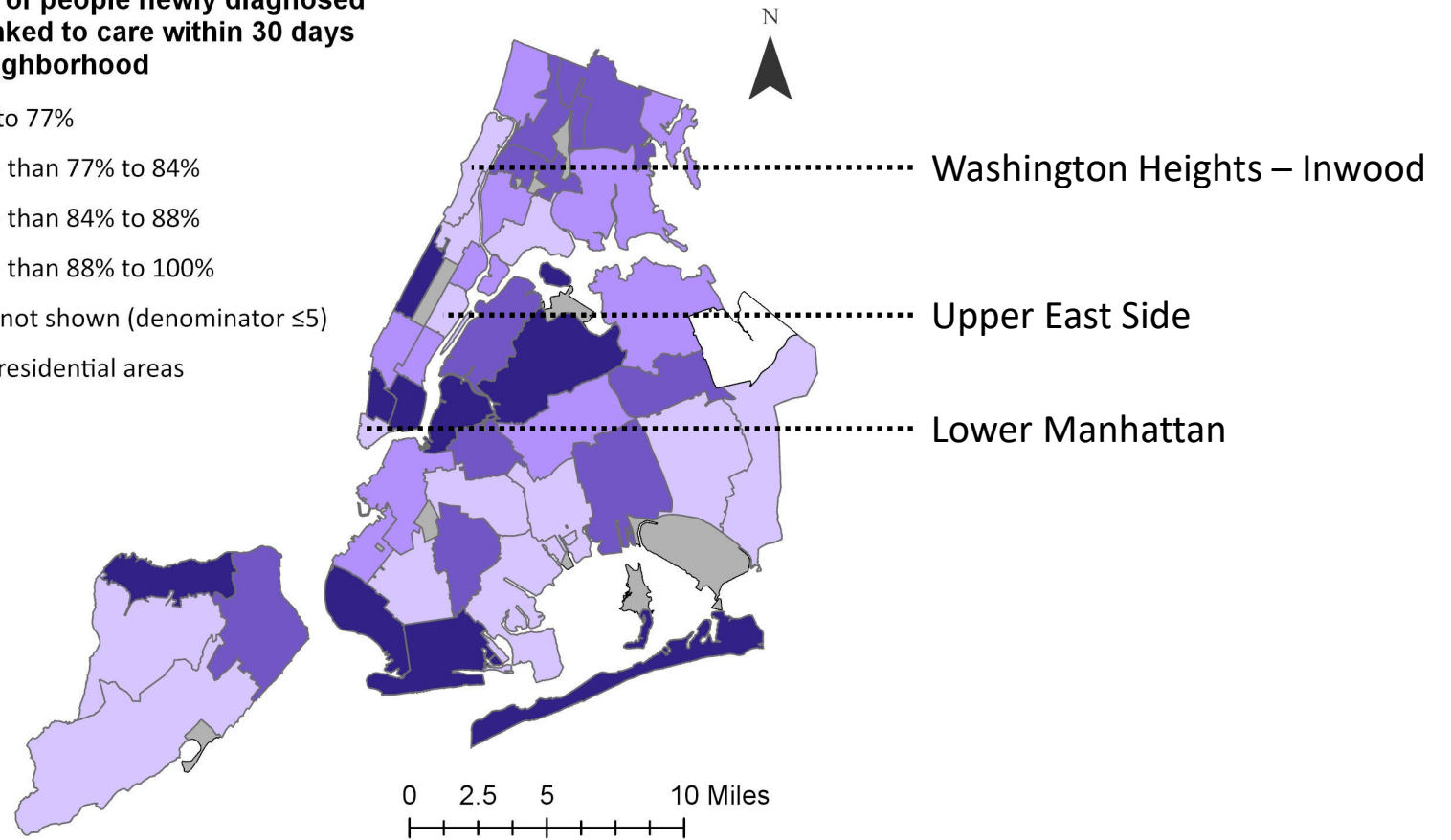
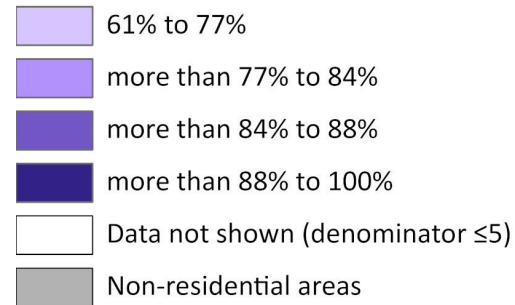
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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

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

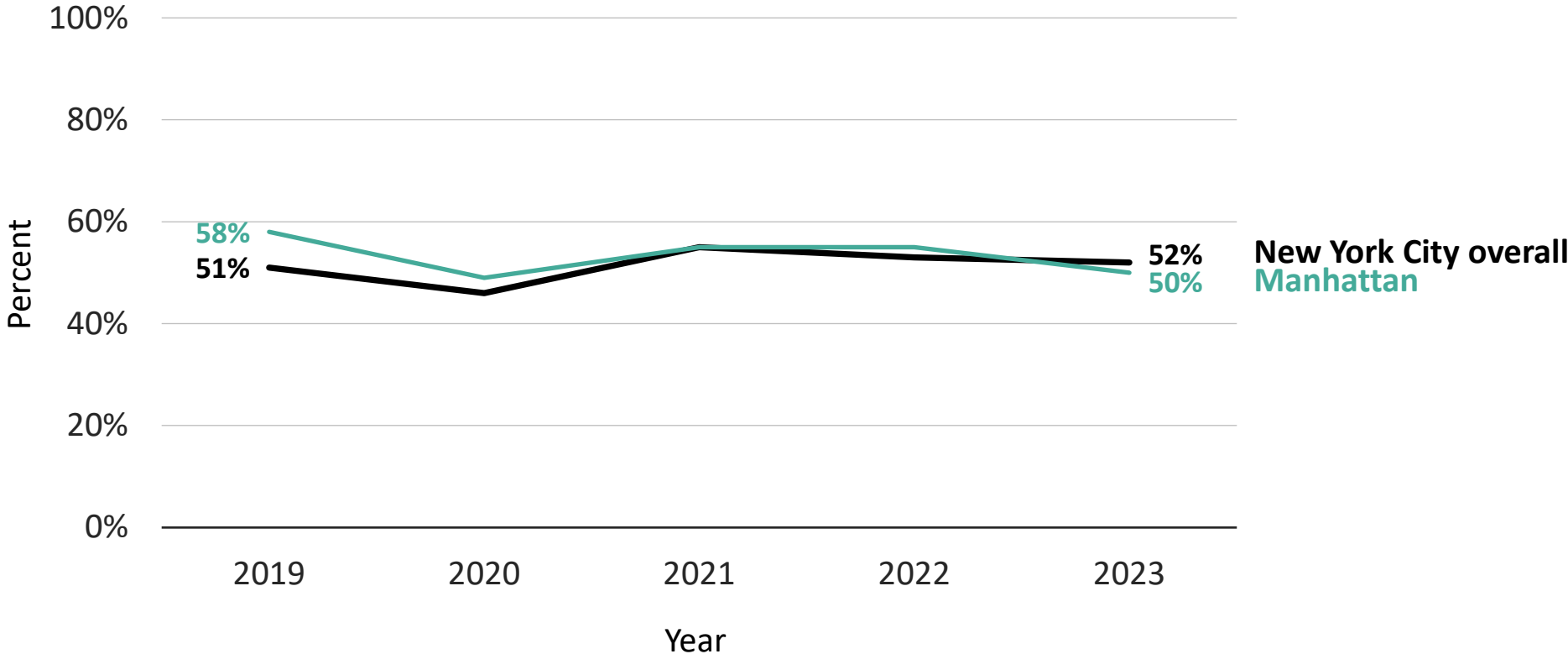
Timely Initiation of Care¹ After Diagnosis in Manhattan by United Hospital Fund Neighborhood, 2023

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



The neighborhoods in Manhattan with the lowest proportions of people linked to care within 30 days were the Upper East Side (61%), Lower Manhattan (67%), and Washington Heights – Inwood (75%).

Viral Suppression¹ Within Three Months of Diagnosis in Manhattan and New York City Overall, 2019-2023

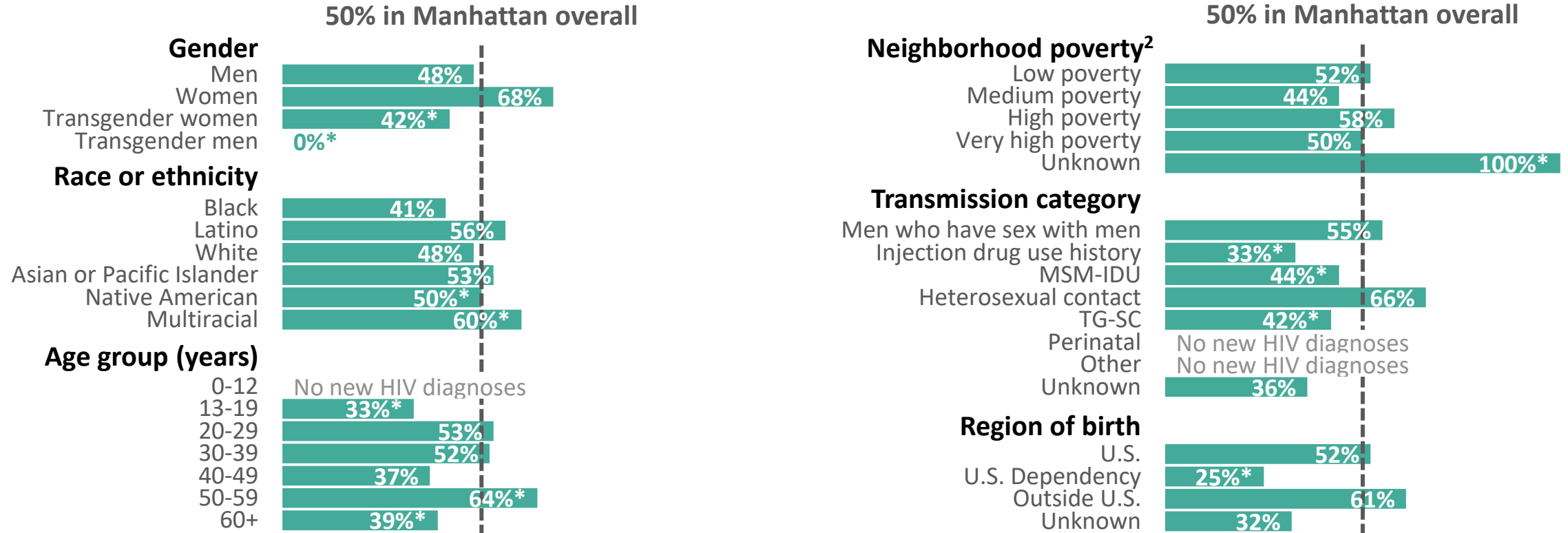


From 2019 to 2023, viral suppression within three months of an HIV diagnosis decreased by eight percentage points in Manhattan and is now slightly lower than the value for New York City overall.



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

Viral Suppression¹ Within Three Months of Diagnosis in Manhattan by Demographic Group, 2023



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

*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.

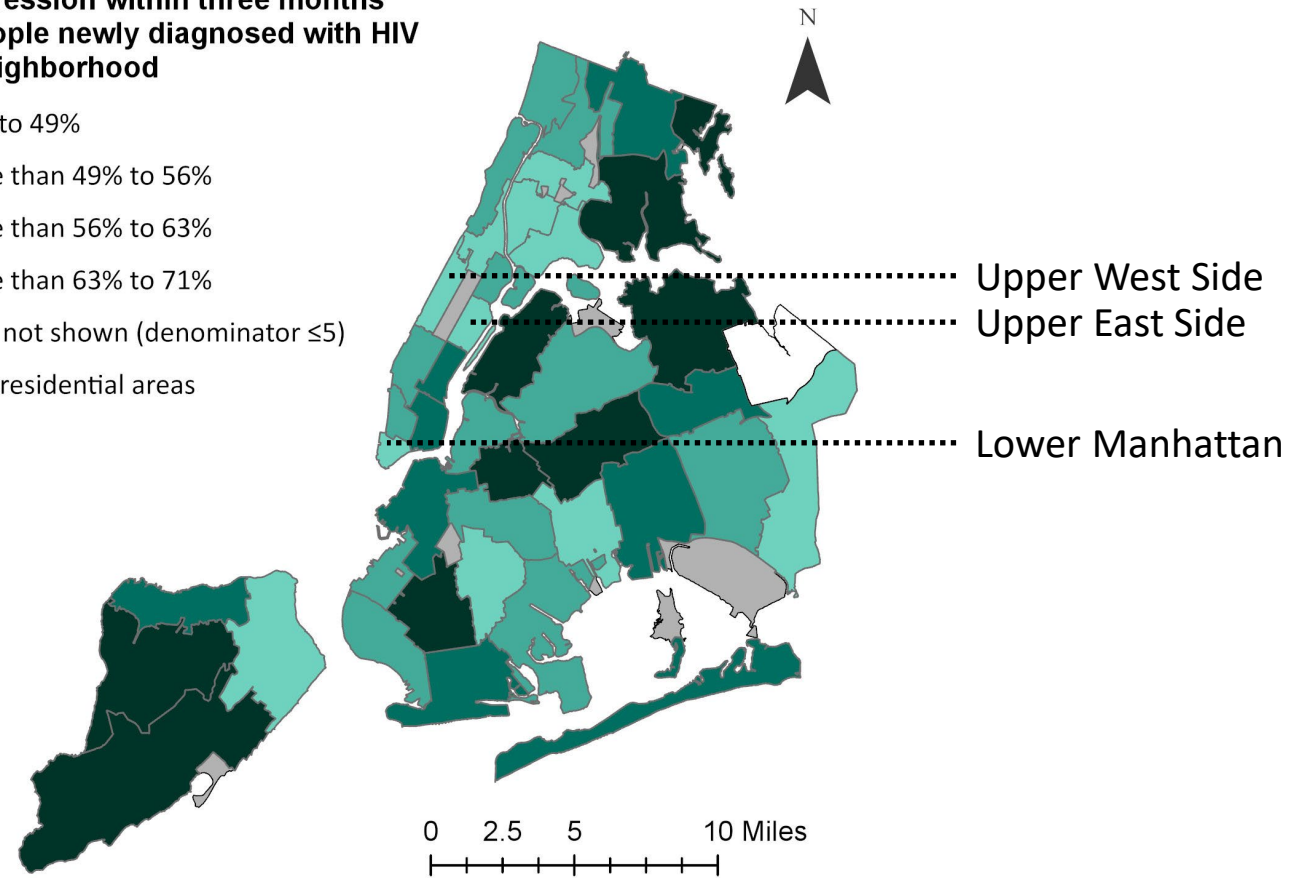
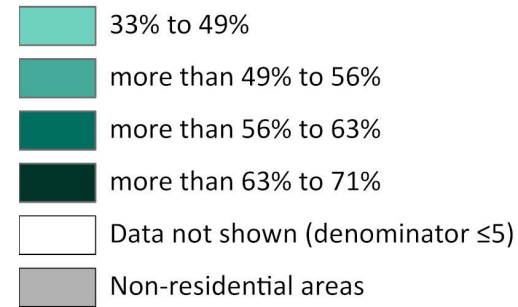
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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 in Manhattan by United Hospital Fund Neighborhood, 2023

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

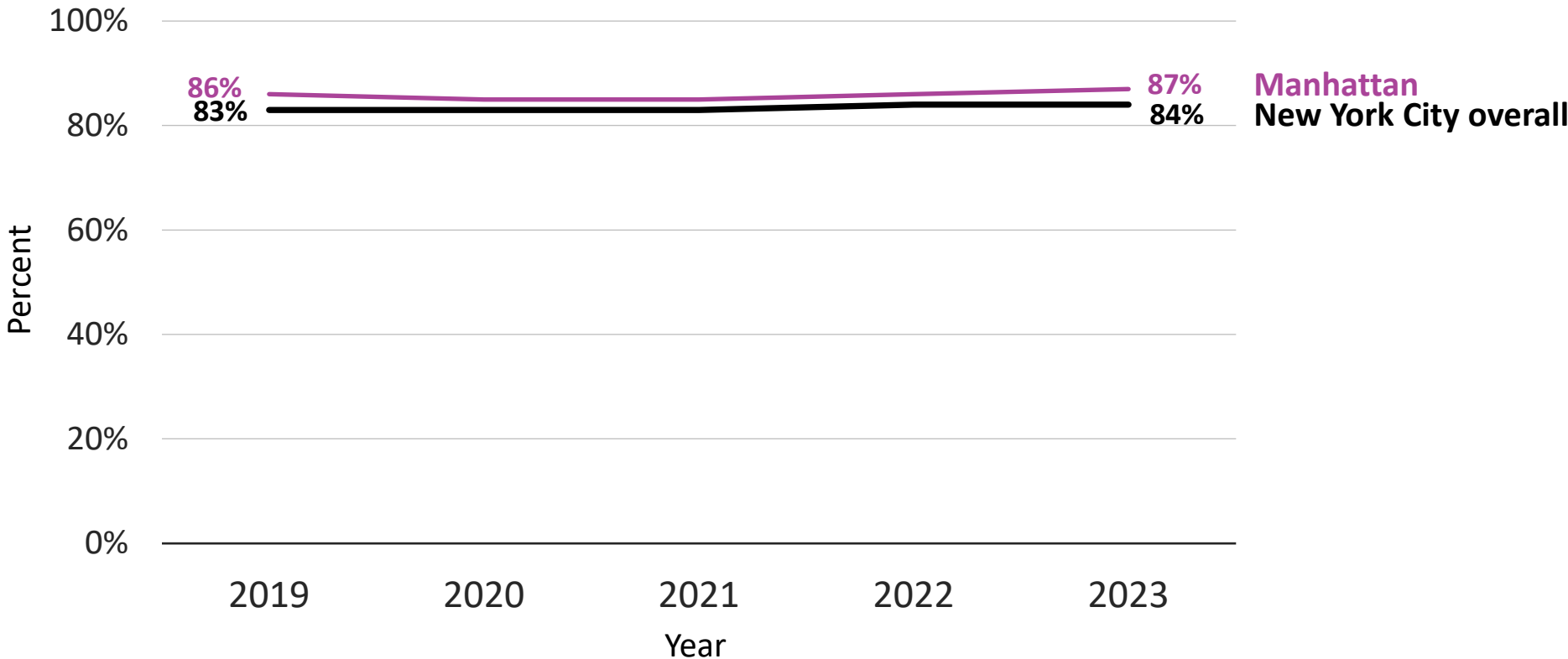


The neighborhoods in Manhattan with the lowest proportions of people virally suppressed within three months of an HIV diagnosis were Lower Manhattan (33%), the Upper East Side (33%) and the Upper West Side (42%)

Care Outcomes Among People With HIV

Manhattan

Viral Suppression¹ Among People Diagnosed With HIV² in Manhattan and New York City Overall, 2019-2023



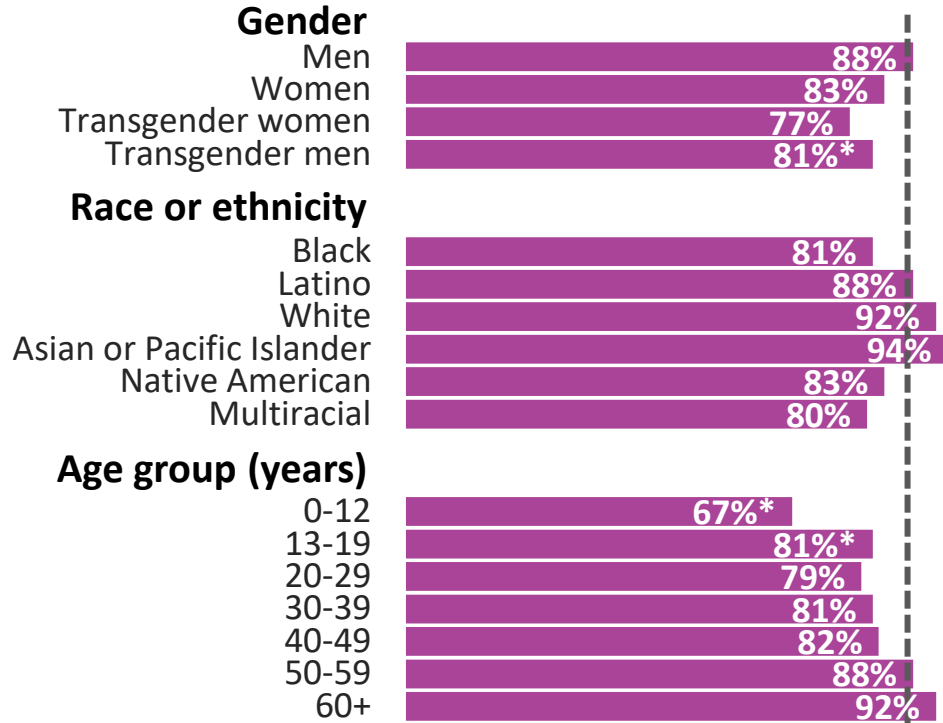
Viral suppression remained relatively flat in Manhattan, and was slightly higher than New York City overall, from 2019 to 2023.



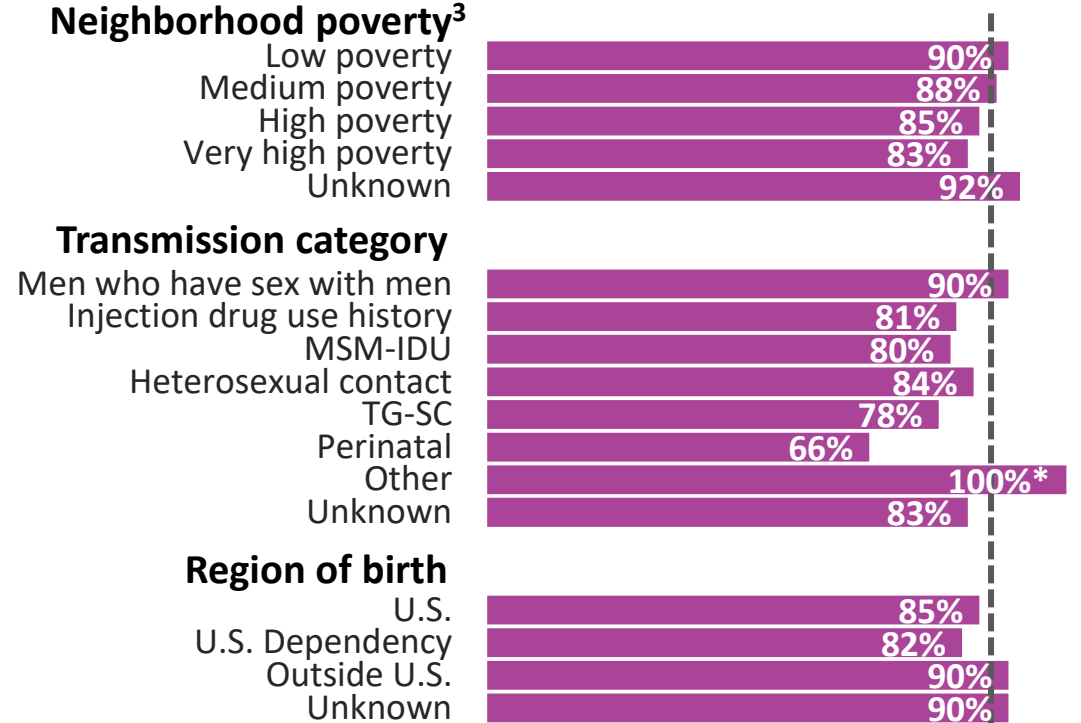
¹Viral suppression is defined as the last HIV viral load in the calendar year <200 copies/mL.
²People diagnosed with HIV and viral suppression were calculated using the statistical weighting method. For more details and references, see Technical Notes.
As reported to the New York City Department of Health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

Viral Suppression¹ Among People Diagnosed With HIV² in Manhattan by Demographic Group, 2023

87% in Manhattan overall



87% in Manhattan overall



Differences exist in viral suppression across demographic groups in Manhattan.

*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.

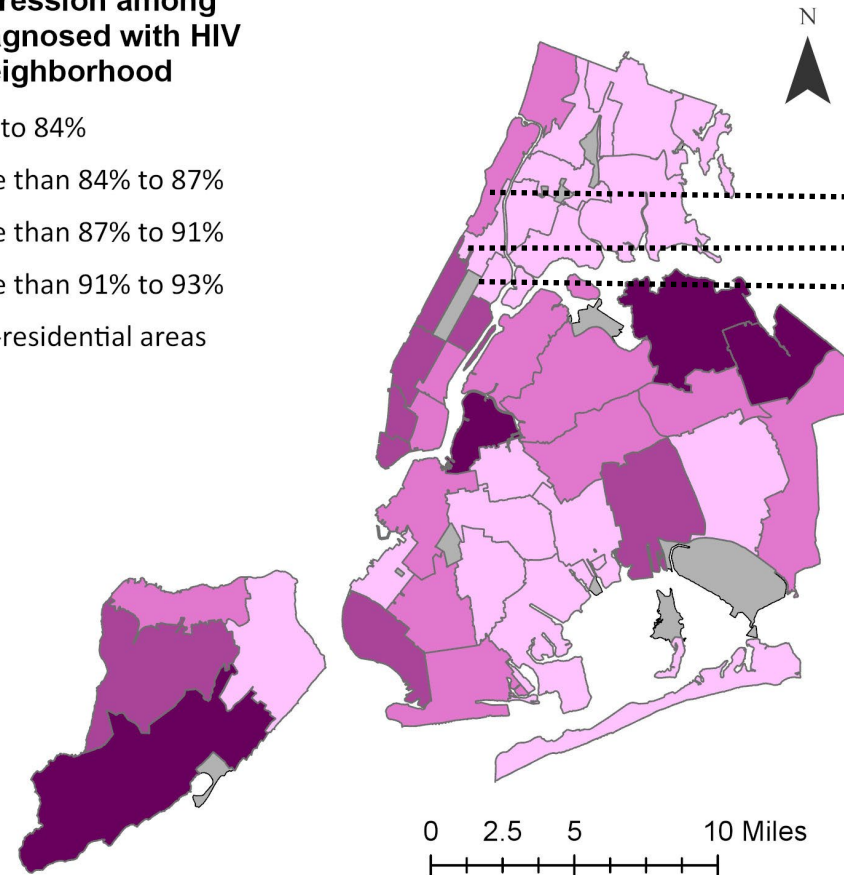
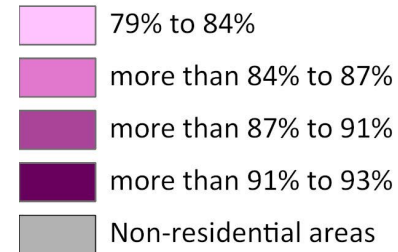
³Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

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 People Diagnosed With HIV² in Manhattan by United Hospital Fund Neighborhood, 2023

Viral suppression among
people diagnosed with HIV
by UHF neighborhood



Washington Heights – Inwood

Central Harlem – Morningside Heights

East Harlem

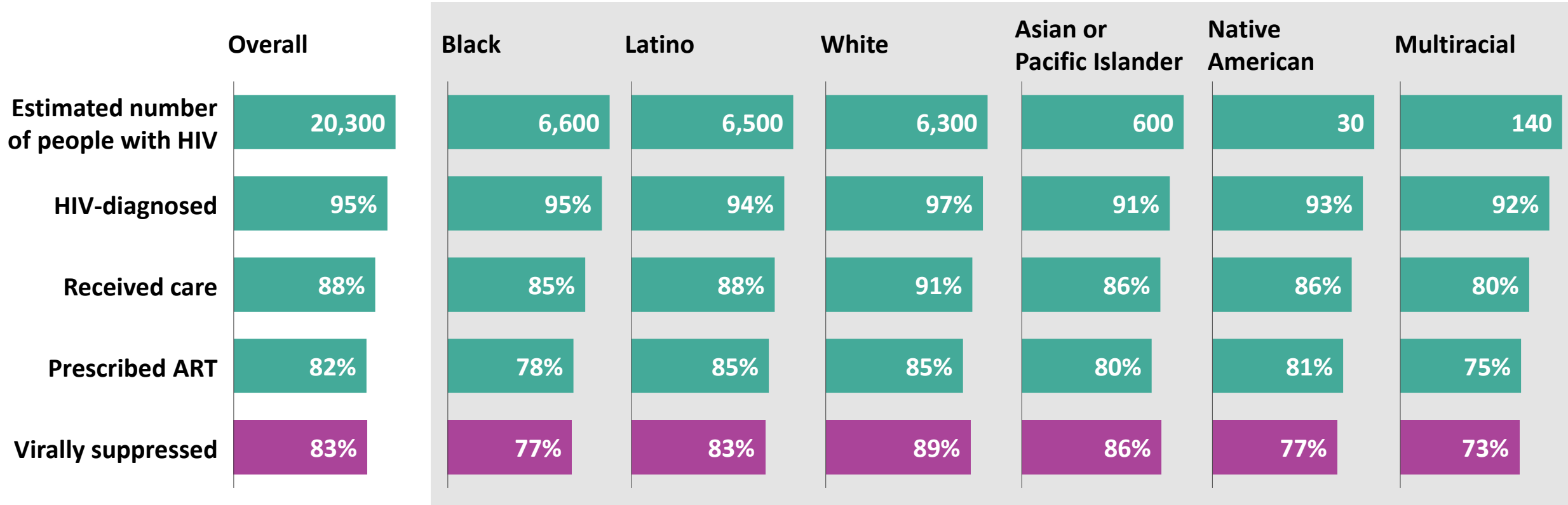
The neighborhoods in Manhattan with the lowest proportions of people virally suppressed were Central Harlem – Morningside Heights (83%), East Harlem (84%) and Washington Heights – Inwood (85%).

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



Of approximately 20,300 people with HIV in Manhattan in 2023, 83% had a suppressed viral load, slightly higher than the citywide proportion of 80%. There were inequities in the HIV care continuum by race or ethnicity in 2023 in Manhattan.

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.

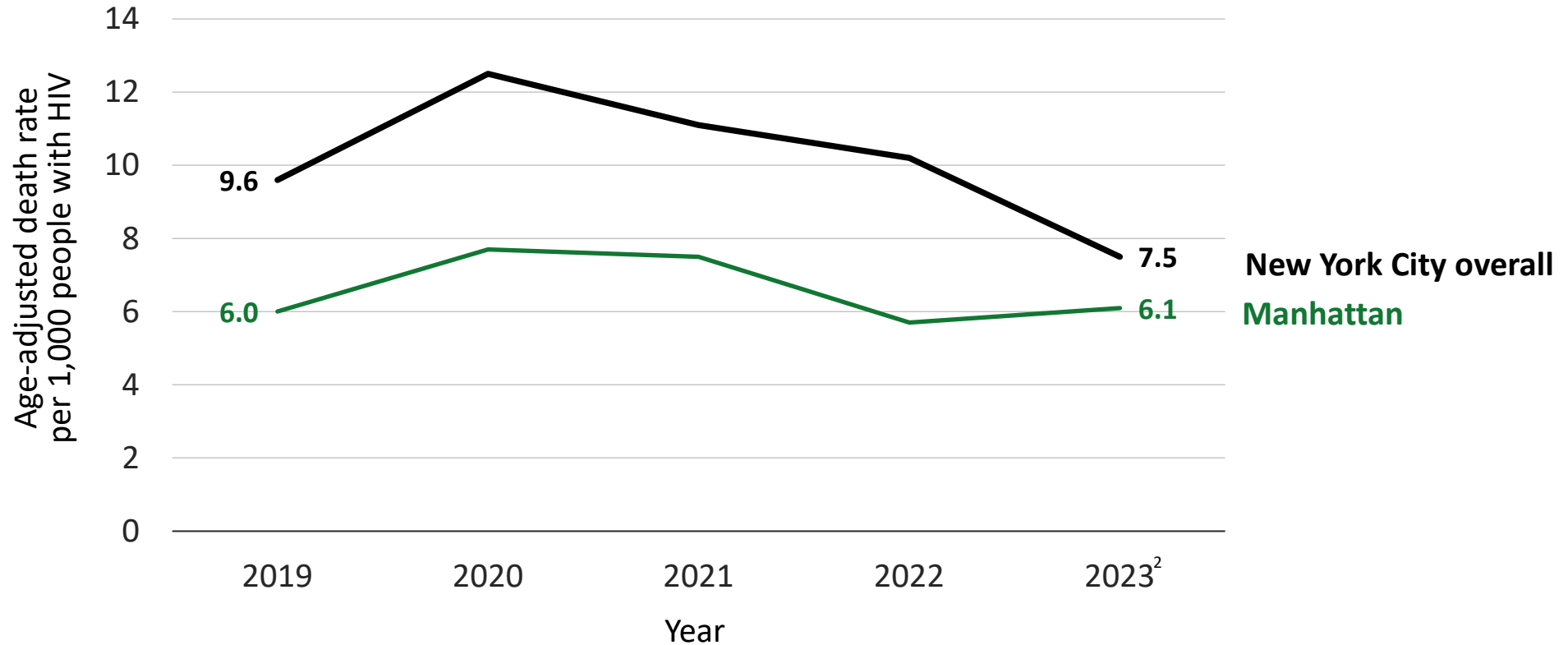
²Proportions in the care continuum may not align between stages due to the use of multiple data sources in calculations (e.g., proportion prescribed ART may be lower than the proportion virally suppressed)

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.

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.

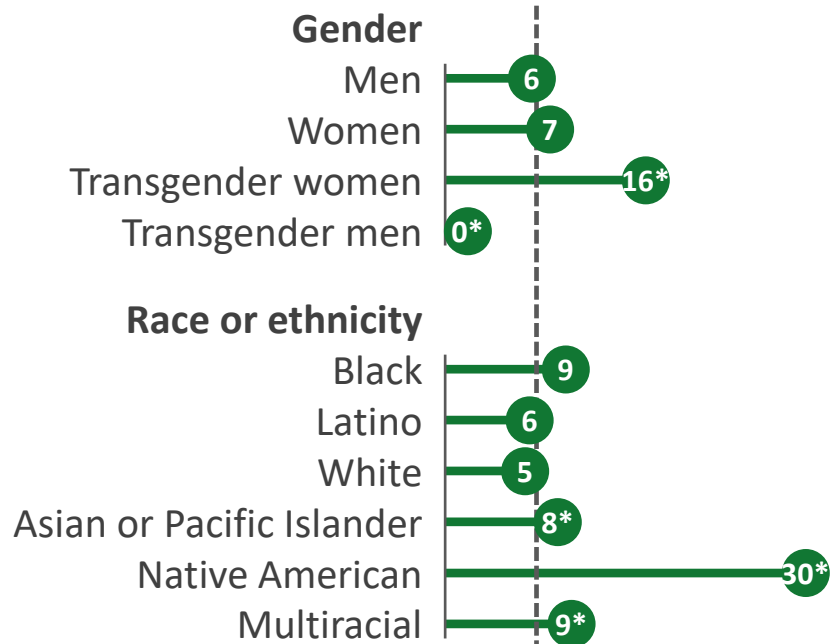
Age-Adjusted¹ Death Rate per 1,000 People With HIV in Manhattan and New York City Overall, 2019-2023



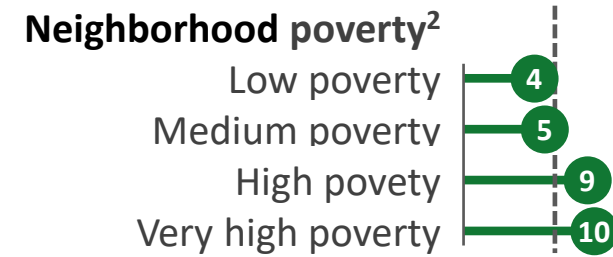
In Manhattan, the age-adjusted death rate declined 21% since its peak in 2020 and is now approximately equal to the 2019 level. Manhattan consistently experienced a lower age-adjusted death rate than the citywide rate.

Age-Adjusted¹ Death Rate per 1,000 People With HIV in Manhattan by Demographic Group, 2023

6.1 deaths per 1,000 people with HIV in Manhattan overall



6.1 deaths per 1,000 people with HIV in Manhattan overall



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

*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.

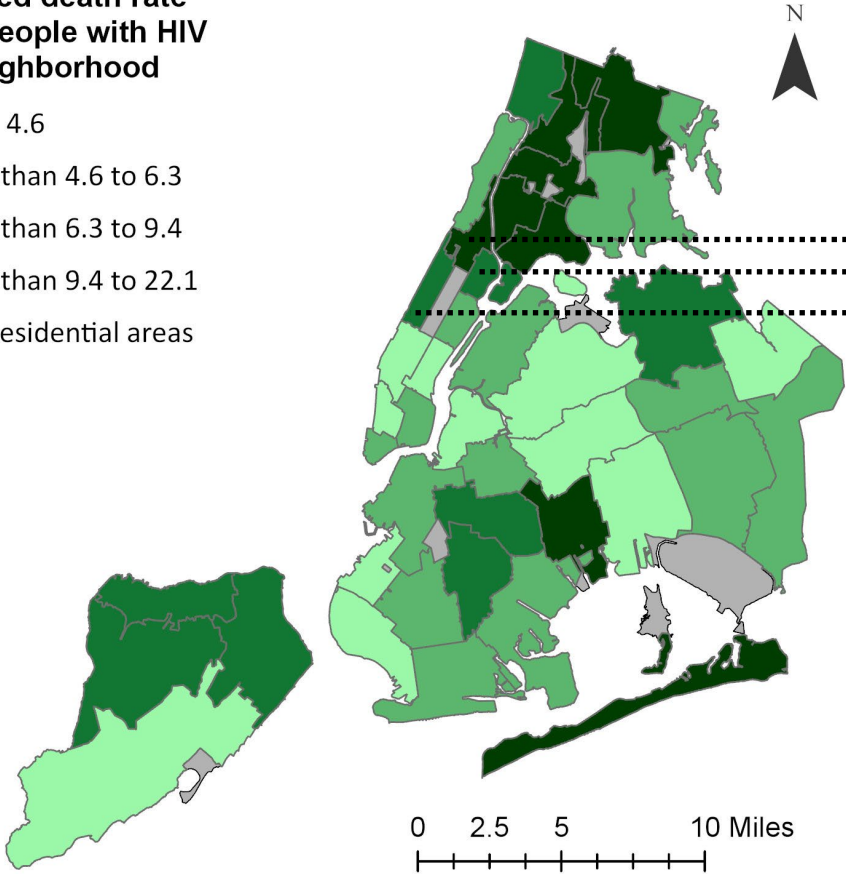
²Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis.

Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty= \geq 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 People With HIV in Manhattan by United Hospital Fund Neighborhood, 2023

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



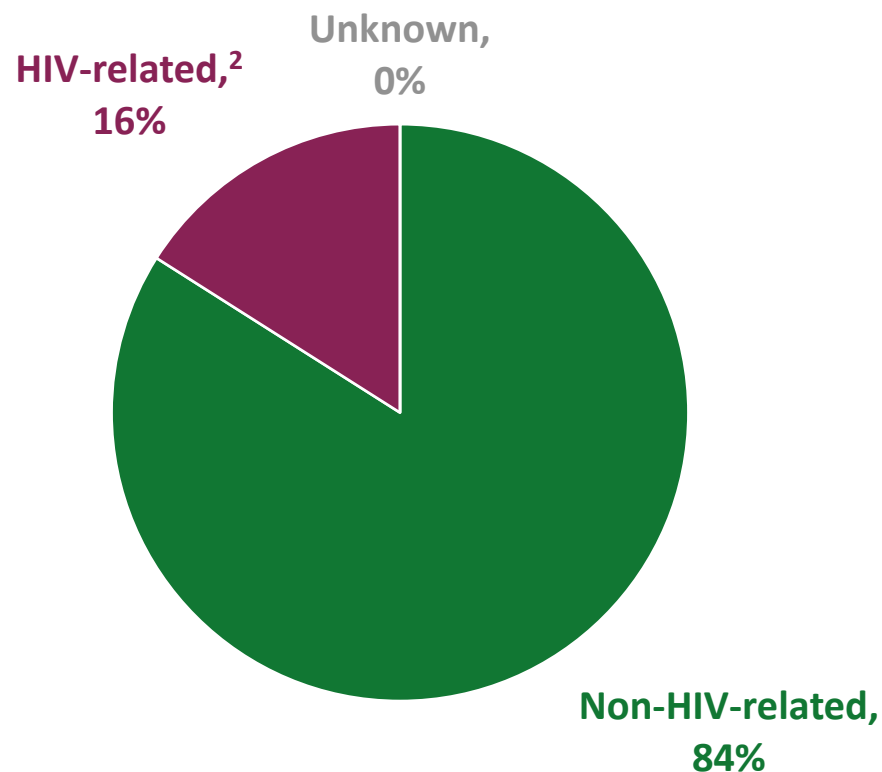
Central Harlem – Morningside Heights
East Harlem
Upper West Side

The neighborhoods in Manhattan with the highest age-adjusted death rates were Central Harlem – Morningside Heights (10.1 per 1,000), East Harlem (9.4 per 1,000) and the Upper West Side (7.4 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 People With HIV in Manhattan by Cause of Death, 2022¹



In 2022, 84% of deaths among people with HIV in Manhattan were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (25%), non-HIV-related cancers (21%), and accidents (8%).

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.

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