HIV in Queens, 2023

NYC Health

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

People newly diagnosed with HIV (y-axis)

Borough	2019	2023
Brooklyn	437	468
Bronx	466	372
Queens	307	351
Manhattan	325	299
Outside NYC	155	126
Staten Island	29	45
Unknown	62	25
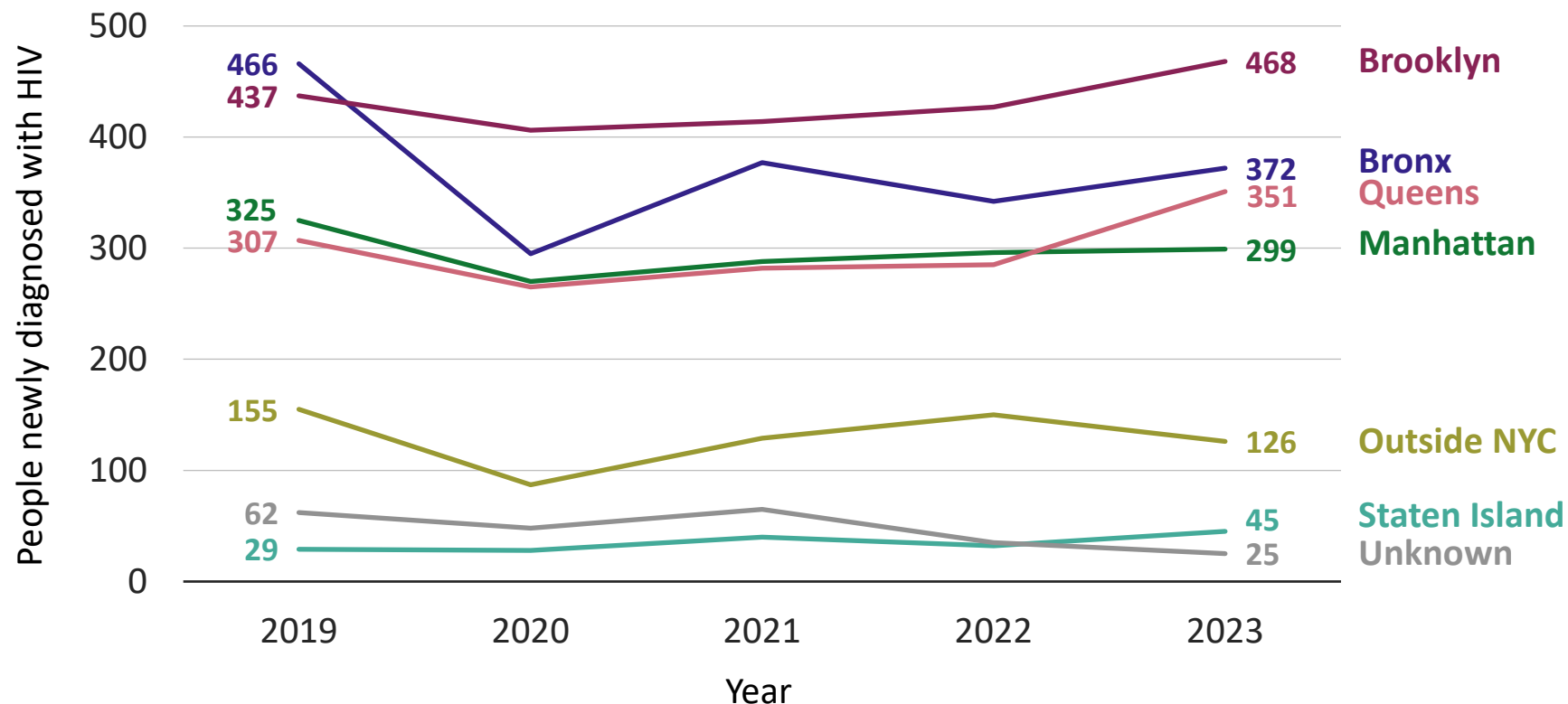
Since 2019, the number of people newly diagnosed with HIV increase among people residing in Staten Island by 55%, among people residing in Queens by 14%, and among people residing in Brooklyn by 7%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other borough 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.

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

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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
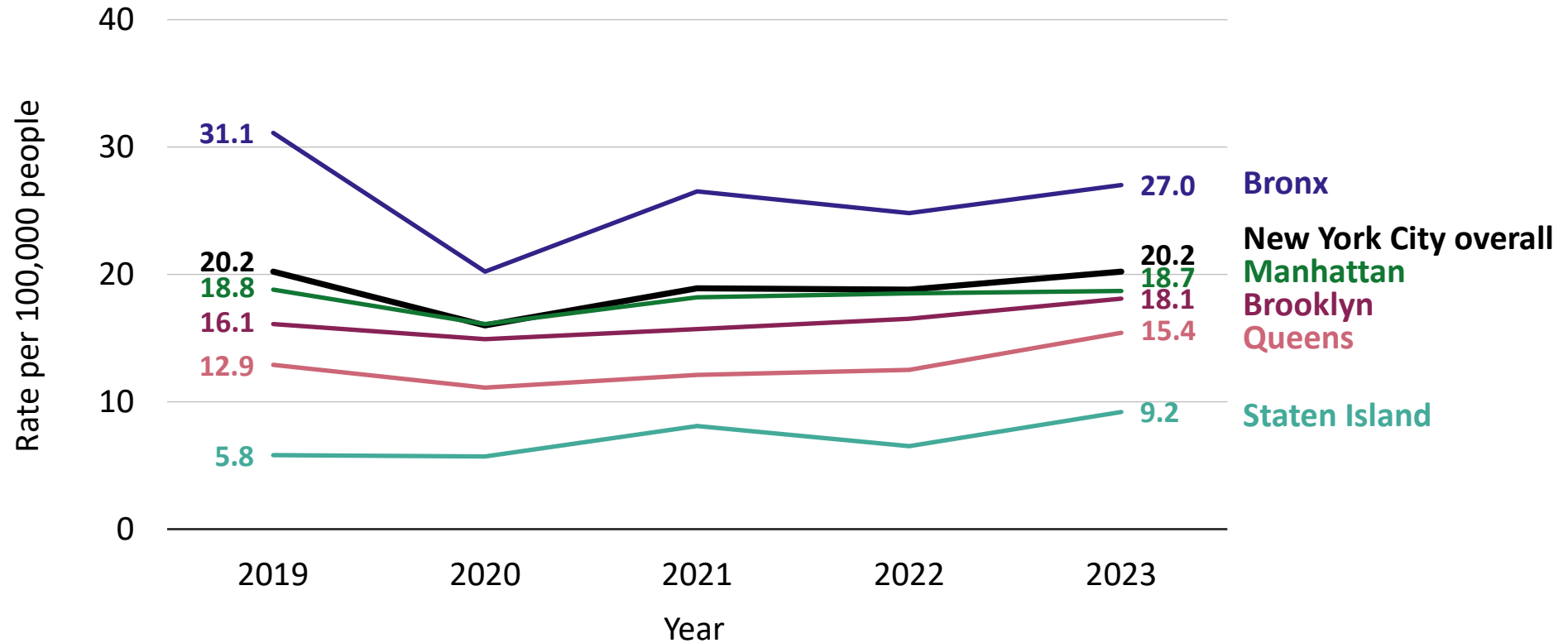
Since 2019, the rate of new HIV diagnoses increased among people residing in Brooklyn by 12%, in Queens by 19%, and in Staten Island by 59%; the number of Staten Island residents newly diagnosed with HIV remains low, the rate should be interpreted with caution. The rate of new HIV diagnoses decreased 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. The rate of new HIV diagnoses in Queens was the second lowest in the city across all years.

Basic Statistics of HIV in Queens, 2023

- **351 people newly diagnosed with HIV**

  - Including 77 people concurrently diagnosed with AIDS (21.9% of diagnoses)

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

- **There are an estimated 13,800 people with HIV[2]**

- **141 deaths among people with HIV**

  - 4.5 deaths per 1,000 people with HIV[3]

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

Since 2019, the number of people newly diagnosed with HIV increased among men by 21%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other gender groups. Men consistently experienced the highest number of new HIV diagnoses in Queens, representing 82% of new diagnoses in 2023, higher than the citywide proportion of 79%.

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

Number of New HIV Diagnoses in Queens
by Race or Ethnicity, 2019-2023
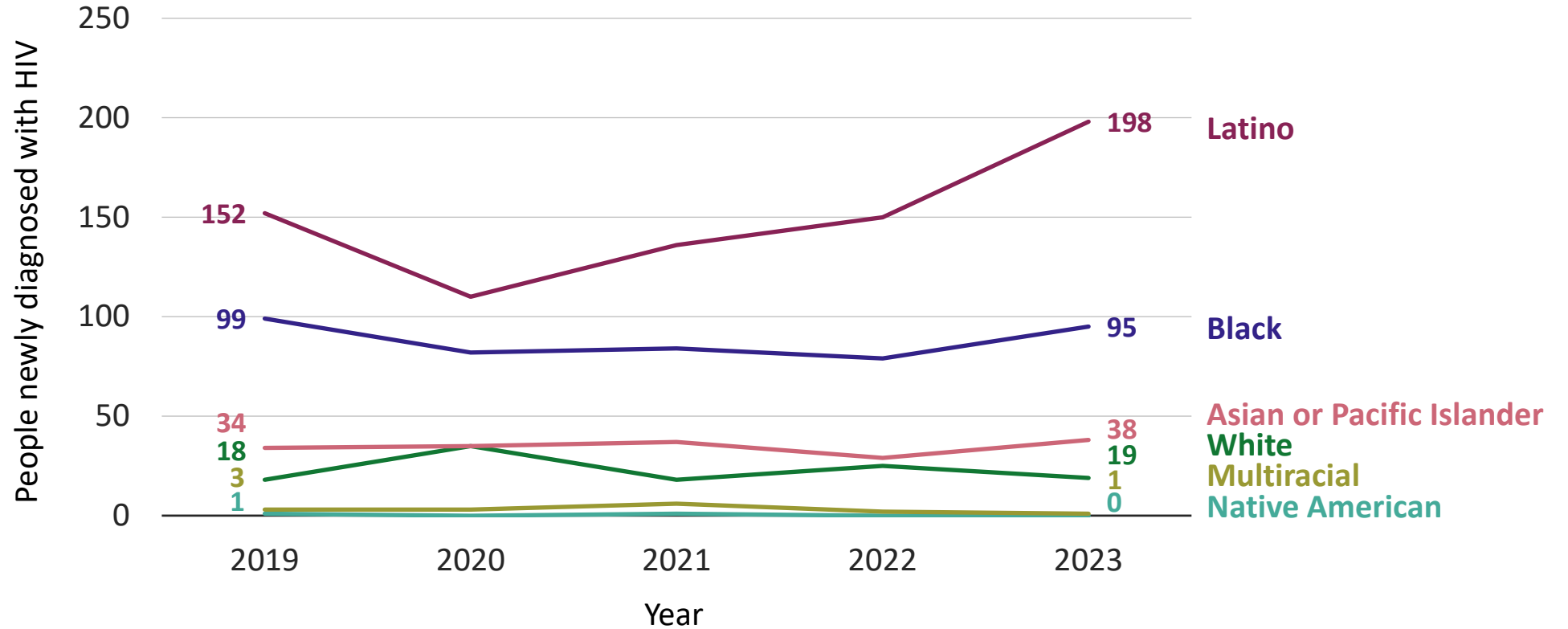
Since 2019, the number of people newly diagnosed with HIV increased among Latino people by 30%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other race or ethnicity groups. Latino people consistently experienced the highest number of new HIV diagnoses in Queens, representing 56% of new diagnoses in 2023, higher than the citywide proportion of 42%.

Number of New HIV Diagnoses in Queens
by Age Group, 2019-2023
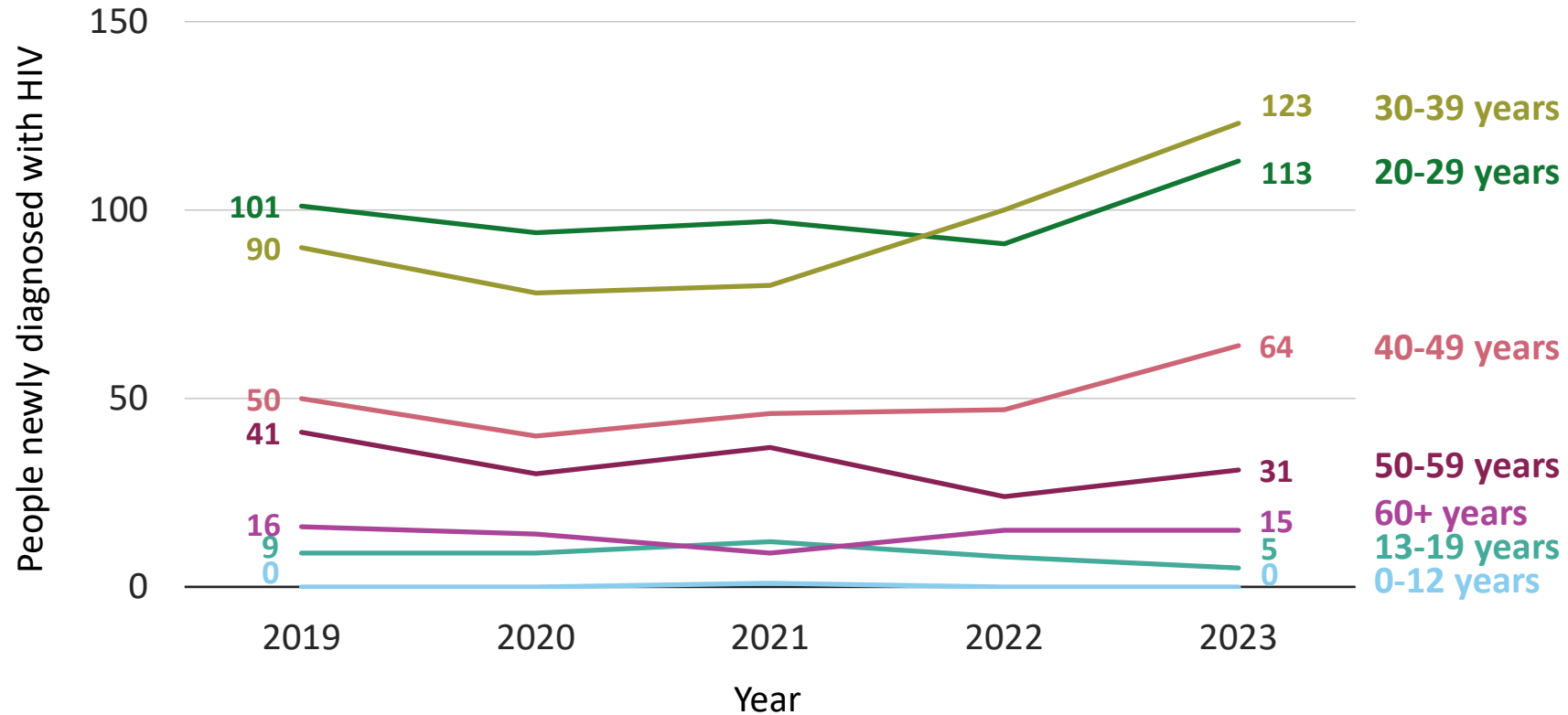
Since 2019, the number of people newly diagnosed with HIV increased among people ages 20 to 29 by 12%, among people ages 30 to 39 by 37%, and among people ages 40 to 49 by 28%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other age groups. People aged 20 to 39 years consistently experienced the highest number of new HIV diagnoses in Queens, representing a combined 67% of new diagnoses in 2023, the same as the citywide proportion.

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

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

	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
0-12	0	0	0	0	0	0
13-19	1	4	0	0	0	0
20-29	30	70	3	10	0	0
30-39	27	74	10	11	0	1
40-49	20	26	4	14	0	0
50-59	13	16	1	1	0	0
60+	4	8	1	2	0	0

Latino people aged 20 to 39 years in Queens experienced the highest number of people newly diagnosed with HIV in 2023, representing a combined 41% of new diagnoses in 2023. This is considerably higher than the combined 30% of new HIV diagnoses seen in this group in New York City overall.

Number of New HIV Diagnoses in Queens
by Neighborhood Poverty Level,[1,2] 2019-2023
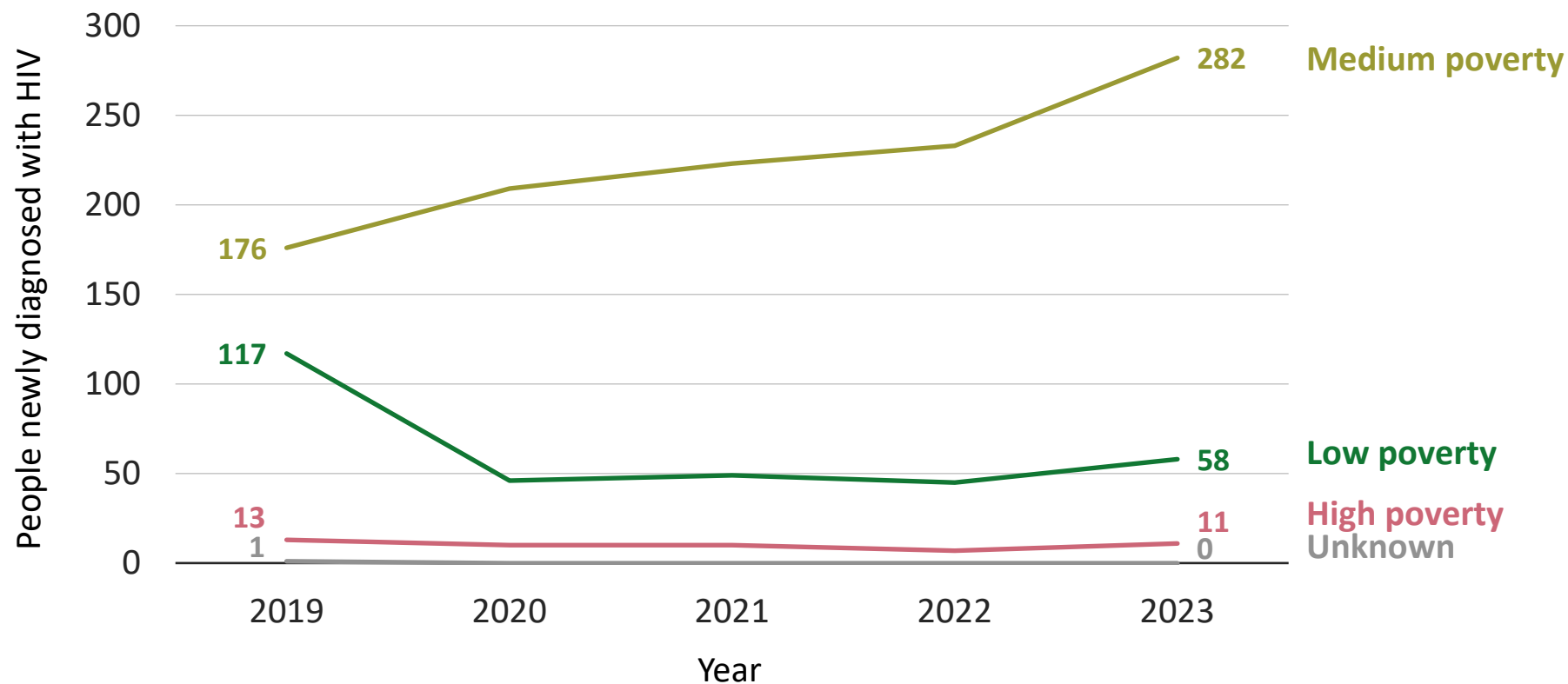
Medium poverty
282
176

Low poverty
117
58

High poverty
13
11

Unknown
1
0

People newly diagnosed with HIV

Year

Since 2019, the number of people newly diagnosed with HIV increased among people residing in neighborhoods with medium poverty by 60%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other neighborhood poverty level groups. Neighborhoods with medium poverty consistently experienced the highest number of new HIV diagnoses in Queens, representing 80% of new diagnoses in 2023, considerably higher than the citywide proportion of 41%.

[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.
[2]Queens does not have neighborhoods with very high poverty.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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

Since 2019, the number of people newly diagnosed with HIV increased among people with an unknown transmission category[1] by 82%. The number of people newly diagnosed with HIV decreased or remained relatively stable for all other transmission categories. Men who have sex with men and people with heterosexual contact experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Men who have sex with men consistently experienced the highest number of new HIV diagnoses in Queens, representing 70% of new diagnoses among people for whom data on transmission category were available in 2023, similar to the citywide proportion of 69%.

MSM-IDU=men who have sex with men with an injection drug use history; TG-SC=transgender people with sexual contact.
[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.

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Number of New HIV Diagnoses in Queens
by Place of Birth, 2019-2023
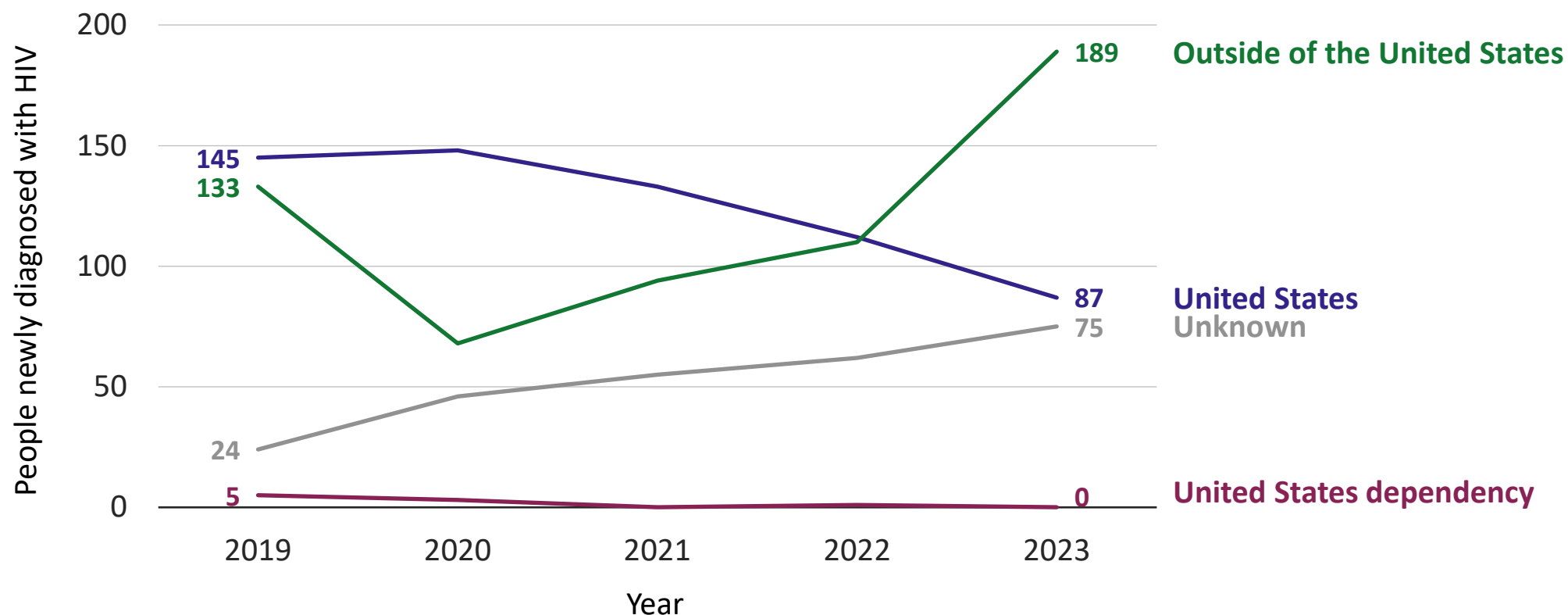
Since 2019, the number of people newly diagnosed with HIV increased among people with an unknown place of birth[1] by 213% and among people born outside of the United States by 42%. The number of people newly diagnosed with HIV decreased or remained stable for all other places of birth. In 2023, people born outside of the United States experienced the highest number of new HIV diagnoses in Queens, representing a 54% of new diagnoses in 2023, higher than the citywide proportion of 36%.
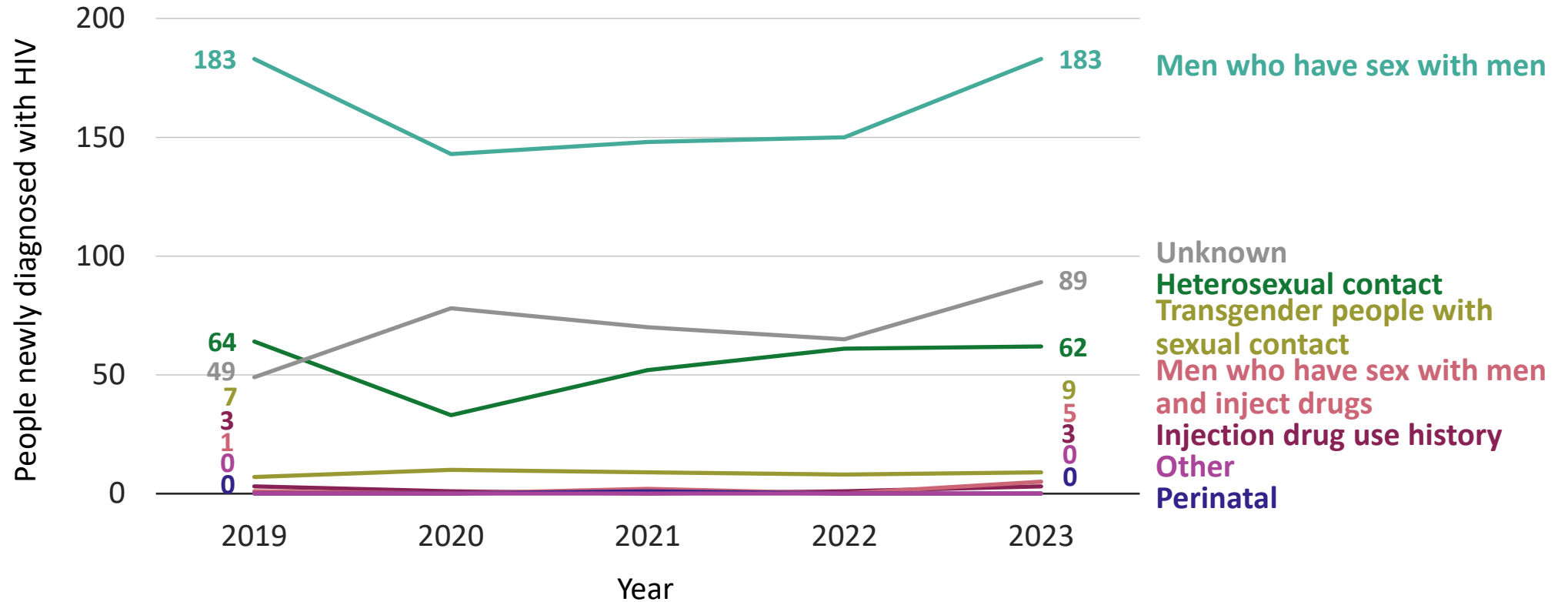
Proportion of People Newly Diagnosed With HIV and All People[1] in Queens
by Race or Ethnicity, 2023

People newly diagnosed with HIV

All people in Queens[1]

Race or Ethnicity	People newly diagnosed with HIV	All people in Queens[1]
Black	27%	18%
Latino	56%	28%
White	5%	24%
Asian or Pacific Islander	11%	28%
Native American	0%	<1%
Multiracial	<1%	2%
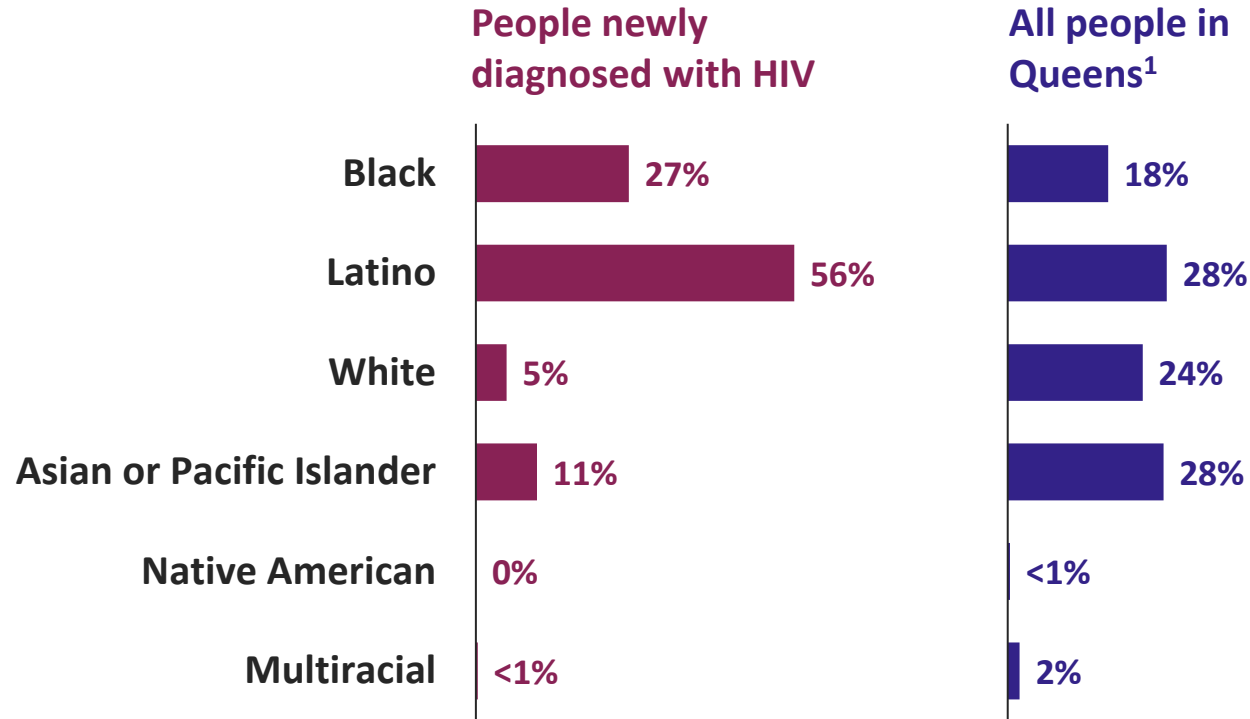
The proportions of new HIV diagnoses among Black and Latino people are higher than their respective proportions among all people in Queens. The proportion of new diagnoses among Latino people is double the proportion among all people in Queens.

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

People newly diagnosed with HIV

Age Group	Percent
0-12	0%
13-19	1%
20-29	32%
30-39	35%
40-49	18%
50-59	9%
60+	4%

All people in Queens[1]

Age Group	Percent
0-12	14%
13-19	7%
20-29	13%
30-39	15%
40-49	13%
50-59	14%
60+	25%
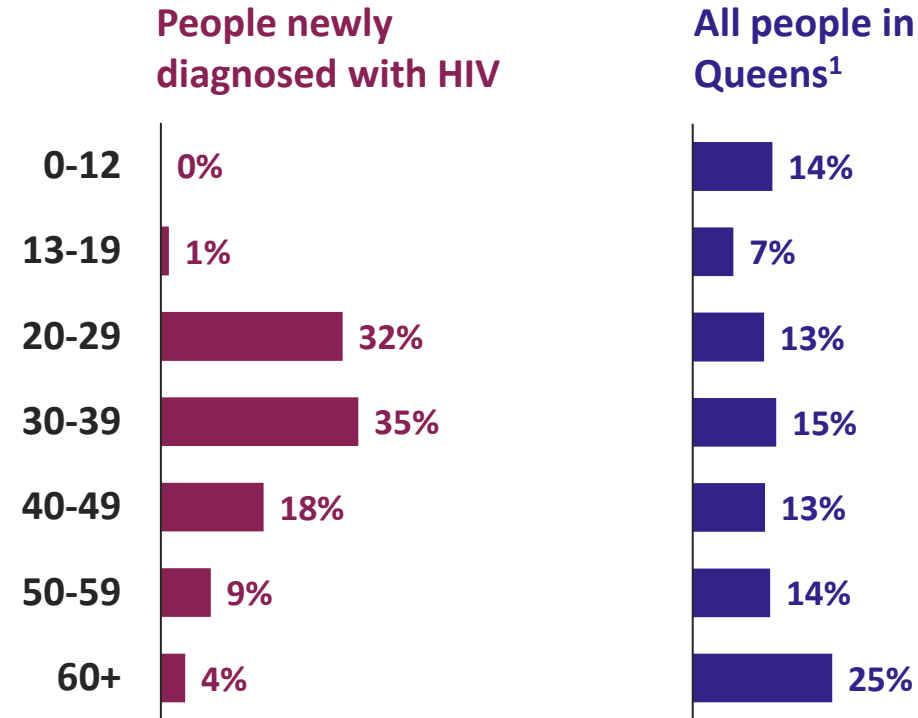
The proportions of new HIV diagnoses among people aged 20 to 49 years are higher than their respective proportions among all people in Queens.

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

People newly diagnosed with HIV

Low poverty	17%
Medium poverty	80%
High poverty	3%

All people in Queens[1]

Low poverty	29%
Medium poverty	67%
High poverty	4%
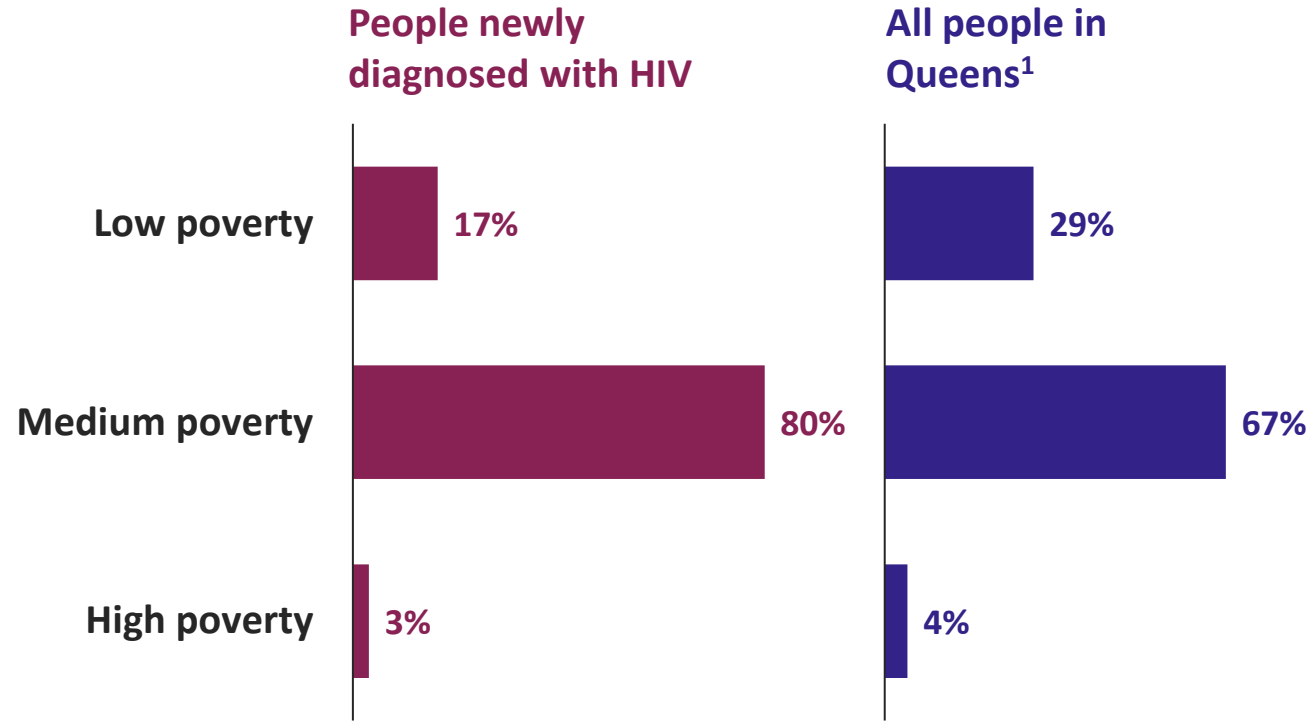
The proportion of new HIV diagnoses among people residing in neighborhoods with medium poverty is higher than the proportion among all people in Queens.

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

Since 2019, the rate of new HIV diagnoses increased among Latino people by 34%. 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 Queens.

[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 Queens by Age Group, 2019-2023

Rate per 100,000 people (y-axis)
Year (x-axis): 2019, 2020, 2021, 2022, 2023

20-29 years: 31.2 → ... → 39.4
30-39 years: 25.0 → ... → 36.5
40-49 years: 16.1 → ... → 21.9
50-59 years: 12.6 → ... → 9.9
13-19 years: 5.3 → ... → 3.0
60+ years: 2.9 → ... → 2.7
0-12 years: 0 → ... → 0

Since 2019, the rate of new HIV diagnoses increased among people ages 20 to 29 by 26%, among people ages 30 to 39 by 46%, and among people ages 40 to 49 by 36%. The rate of new HIV diagnoses decreased or remained relatively stable in all other age groups. People ages 20 to 39 consistently experienced the highest rates of new HIV diagnoses in Queens.

[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 Queens by Neighborhood Poverty Level,[2,3] 2019-2023
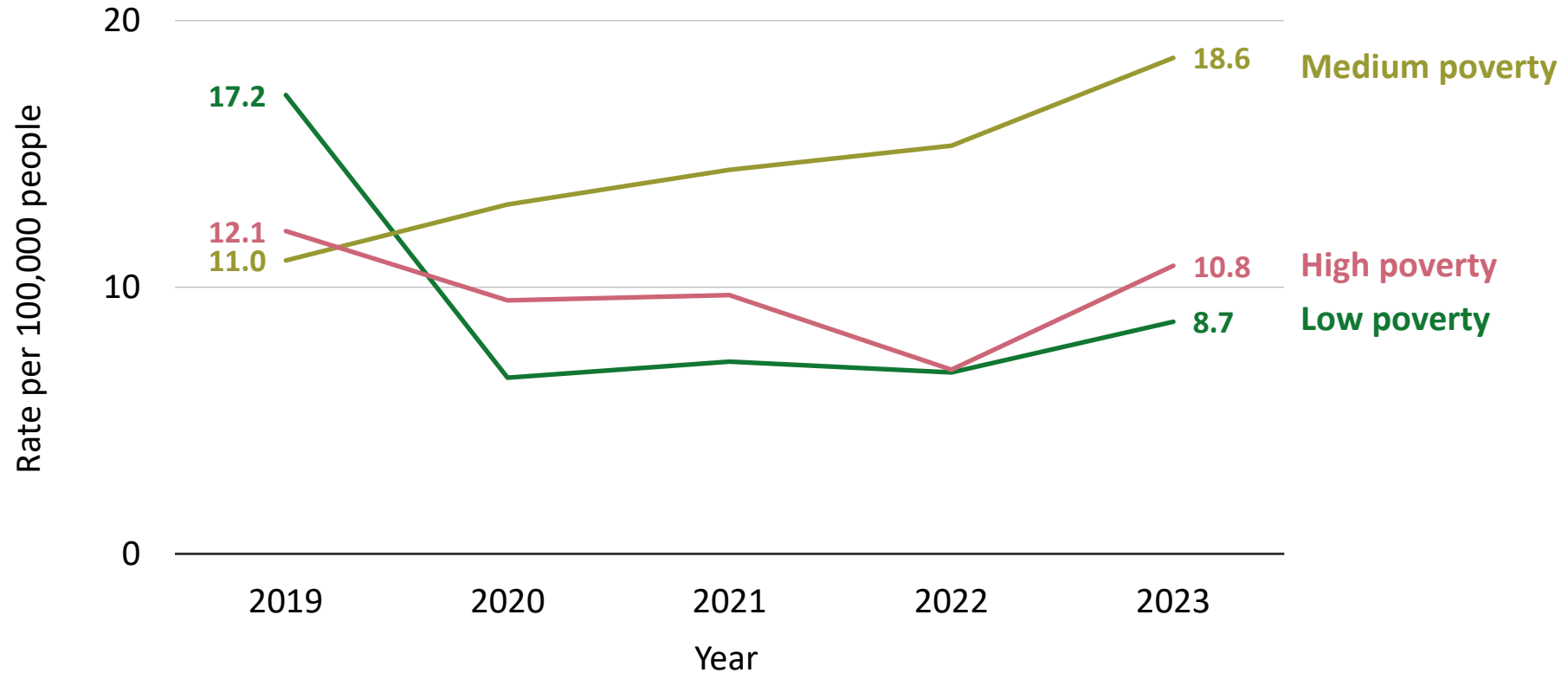
Since 2019, the rate of new HIV diagnoses increased among people residing in medium poverty neighborhoods by 69%. The rate of new HIV diagnoses remained relatively stable in all neighborhood poverty level groups. People living in neighborhoods with medium poverty consistently experienced the highest rate of new HIV diagnoses in Queens.

[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 NY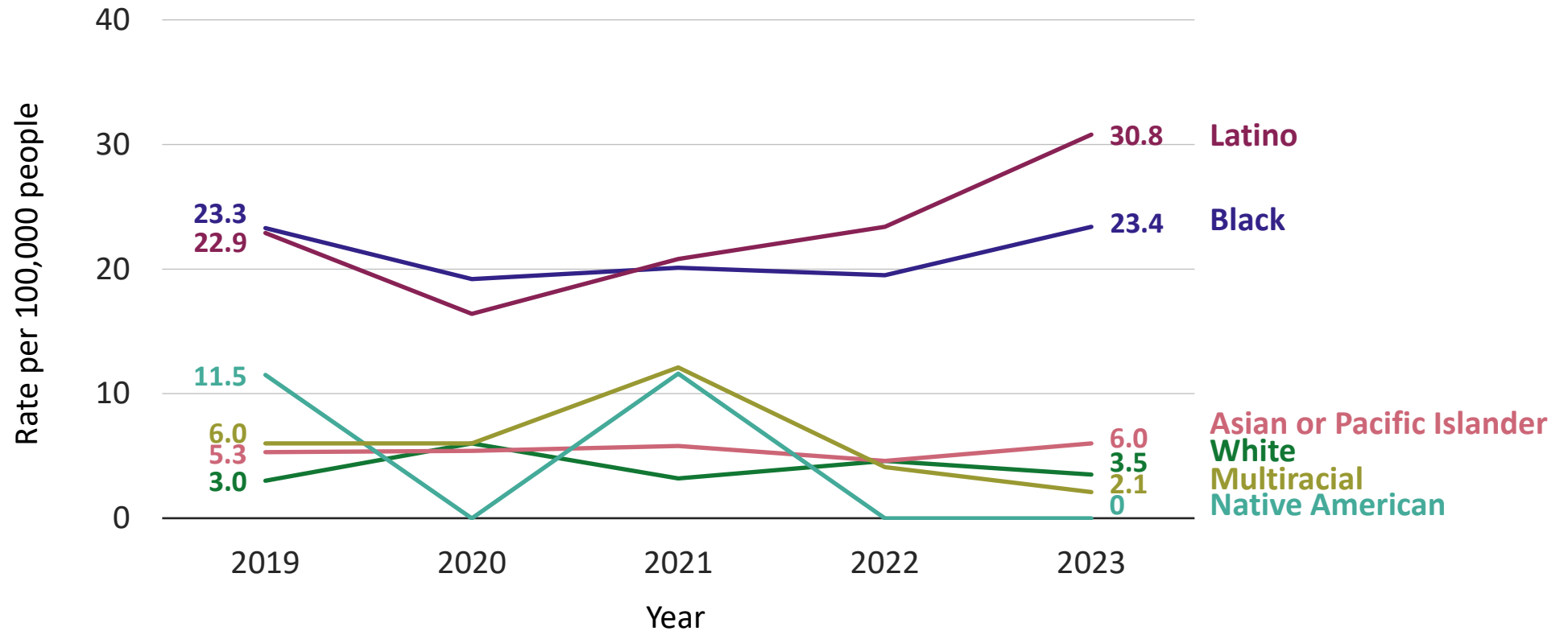C ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
[3]Queens does not have neighborhoods with very high poverty.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Care Outcomes Among
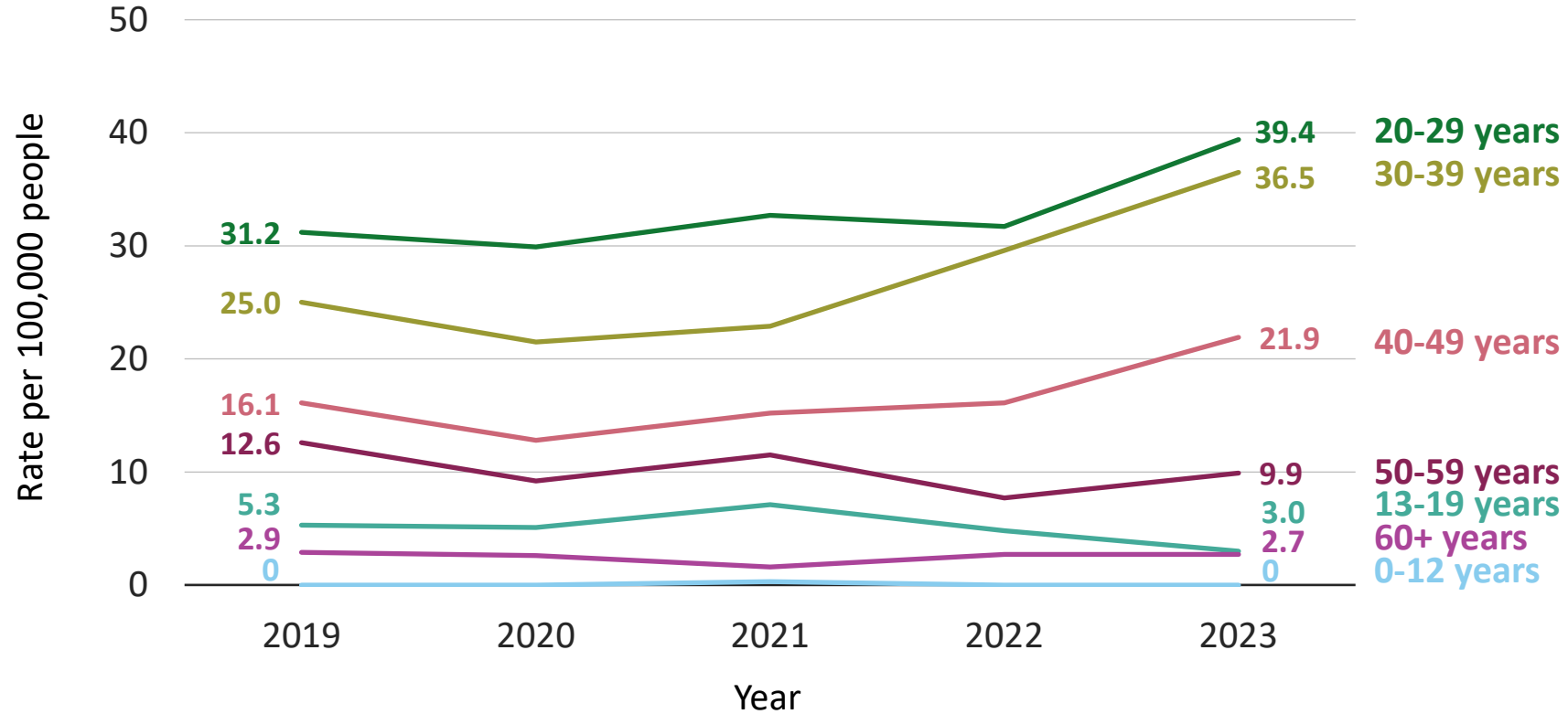# People Newly Diagnosed With HIV

Queens

NYC
Health

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

Timely initiation of care remained relatively flat in Queens and was higher than 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 Queens
by Demographic Group, 2023

84% in Queens overall

84% in Queens overall

Gender
Men	84%
Women	83%
Transgender women	90%*
Transgender men	No new HIV diagnoses

Race or ethnicity
Black	78%
Latino	91%
White	79%*
Asian or Pacific Islander	68%
Native American	No new HIV diagnoses
Multiracial	100%*

Age group (years)
0-12	No new HIV diagnoses
13-19	100%*
20-29	90%
30-39	86%
40-49	69%
50-59	84%
60+	87%*

Neighborhood poverty[2,3]
Low poverty	81%
Medium poverty	85%
High poverty	73%*
Very high poverty	No applicable areas
Unknown	No new diagnoses

Transmission category
Men who have sex with men	90%
Injection drug use history	67%*
MSM-IDU	100%*
Heterosexual contact	92%
TG-SC	89%*
Perinatal	No new HIV diagnoses
Other	No new HIV diagnoses
Unknown	67%

Region of birth
U.S.	85%
U.S. Dependency	No new HIV diagnoses
Outside U.S.	89%
Unknown	72%

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

*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.
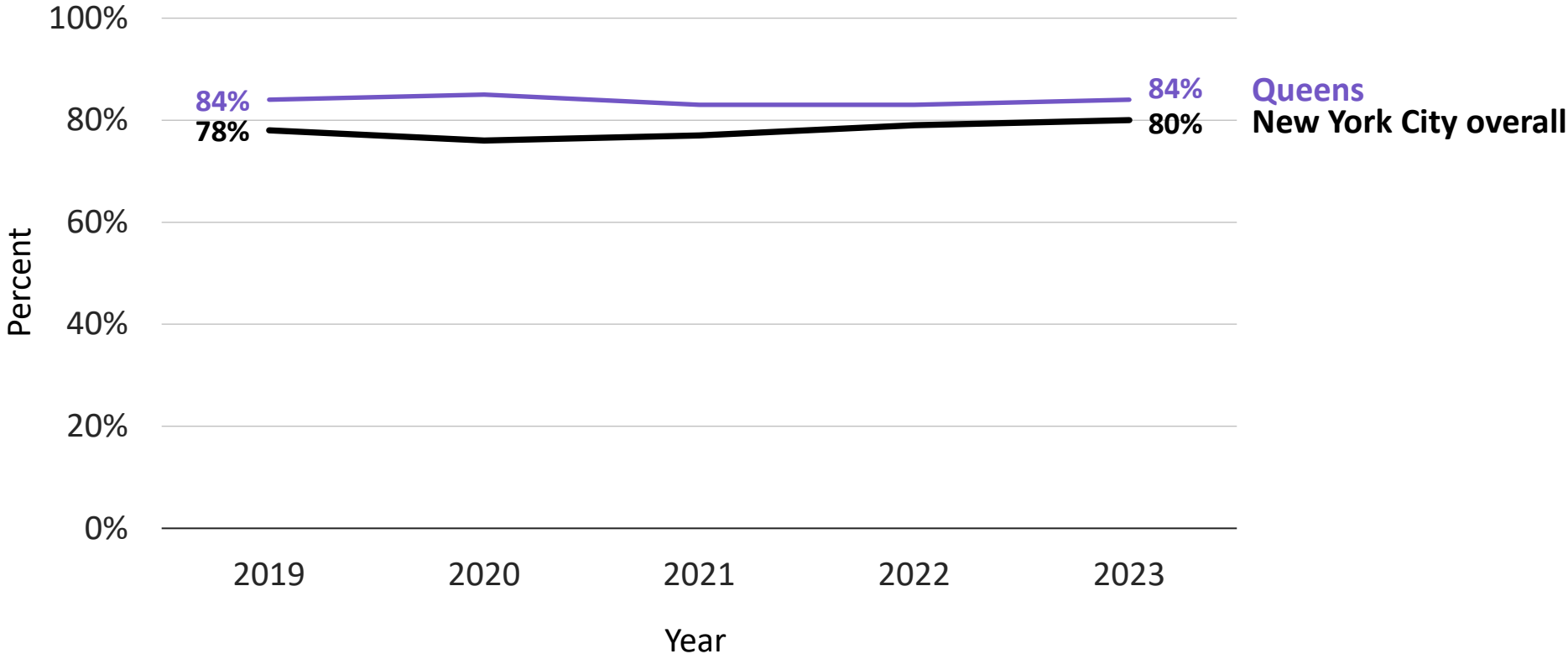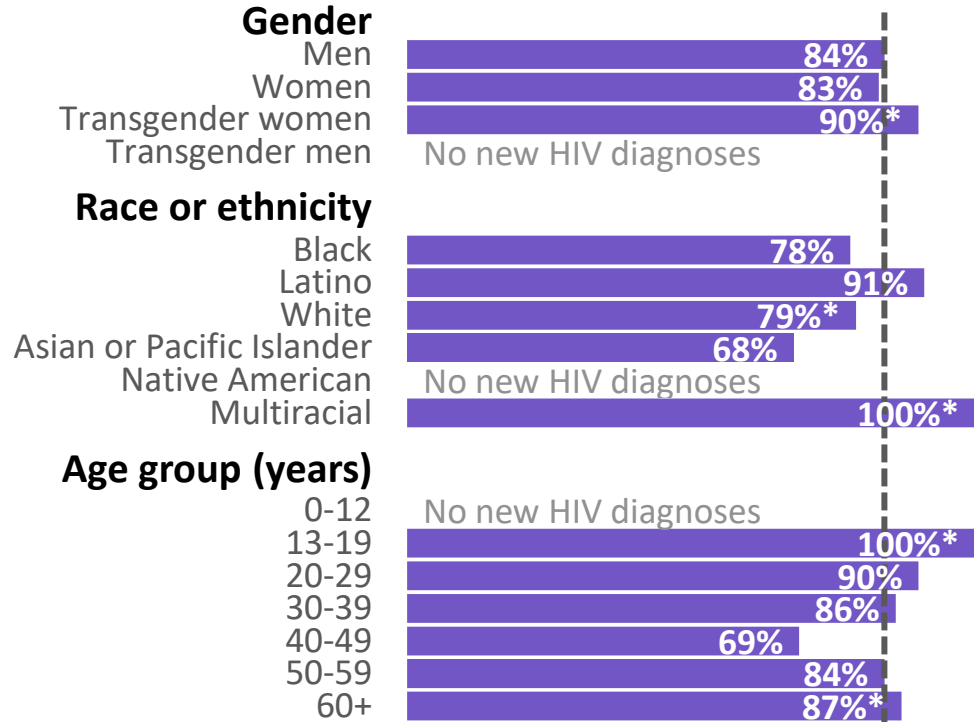
[3]Queens does not have neighborhoods with very high poverty.

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 Queens
by United Hospital Fund Neighborhood, 2023

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

- 61% to 77%
- more than 77% to 84%
- more than 84% to 88%
- more than 88% to 100%
- Data not shown (denominator ≤5)
- Non-residential areas

Ridgewood – Forest Hills
Southeast Queens
Jamaica

N

0   2.5   5   10 Miles
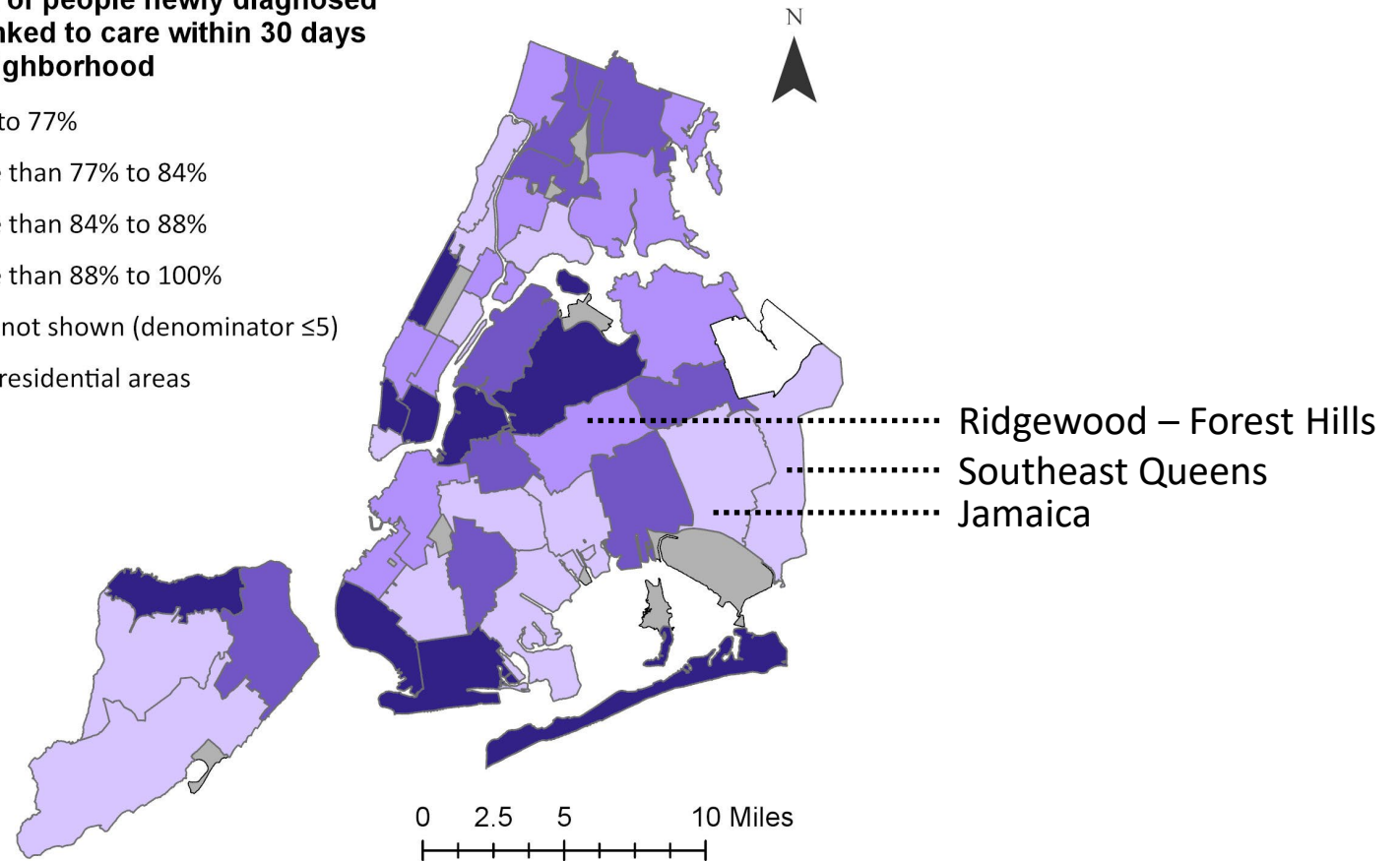
The neighborhoods in Queens with the lowest proportions of people linked to care within 30 days were Jamaica (71%), Southeast Queens (74%), and Ridgewood – Forest Hills (80%).
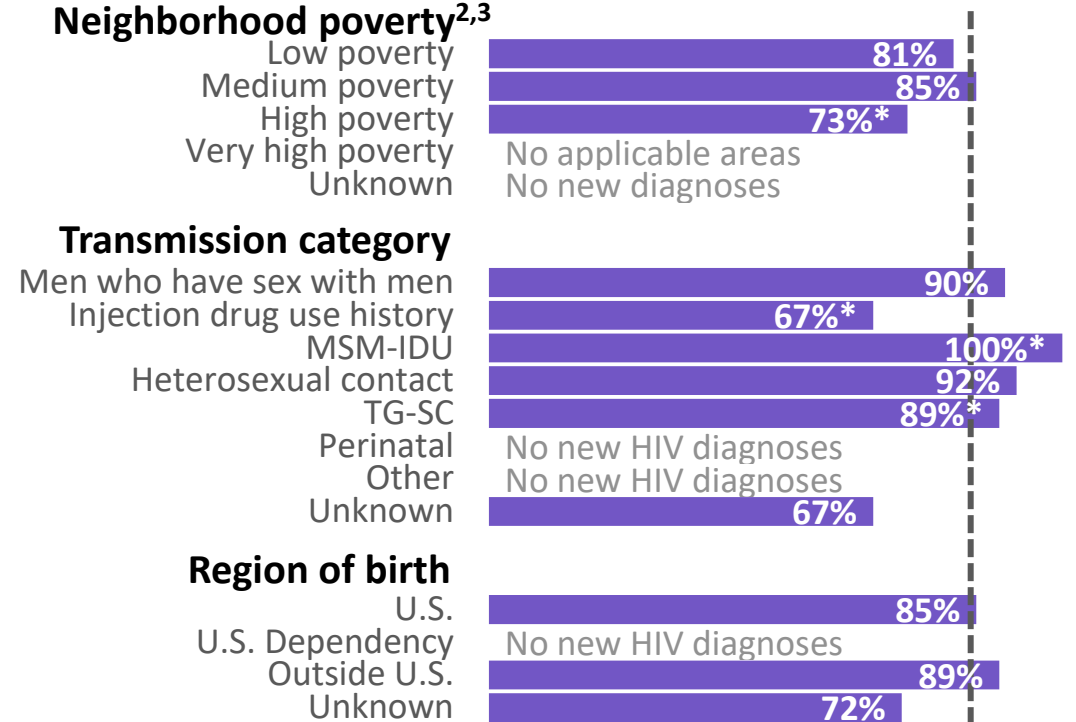
[1]Timely initiation of care is defined as first CD4, viral load, or genotype drawn within 30 days of HIV diagnosis. People diagnosed at death have been excluded.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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

Queens
New York City overall

Viral suppression within three months of an HIV diagnosis increased by four percentage points in Queens and was more variable than New York City overall, from 2019 to 2023.

Viral Suppression[1] Within Three Months of Diagnosis in Queens
by Demographic Group, 2023

58% in Queens overall

Gender
Men	58%
Women	58%
Transgender women	60%*
Transgender men	No new HIV diagnoses

Race or ethnicity
Black	47%
Latino	64%
White	68%*
Asian or Pacific Islander	50%
Native American	No new HIV diagnoses
Multiracial	0%*

Age group (years)
0-12	No new HIV diagnoses
13-19	40%*
20-29	58%
30-39	67%
40-49	47%
50-59	45%
60+	53%*

58% in Queens overall

Neighborhood poverty[2,3]
Low poverty	50%
Medium poverty	59%
High poverty	64%*
Very high poverty	No applicable areas
Unknown	No new HIV diagnoses

Transmission category
Men who have sex with men	62%
Injection drug use history	33%*
MSM-IDU	80%*
Heterosexual contact	66%
TG-SC	67%*
Perinatal	No new HIV diagnoses
Other	No new HIV diagnoses
Unknown	42%

Region of birth
U.S.	53%
U.S. Dependency	No new HIV diagnoses
Outside U.S.	63%
Unknown	51%

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

*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.

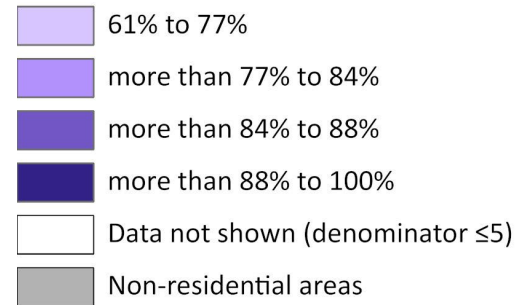[2]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.

[3]Queens does not have neighborhoods with very high poverty.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.
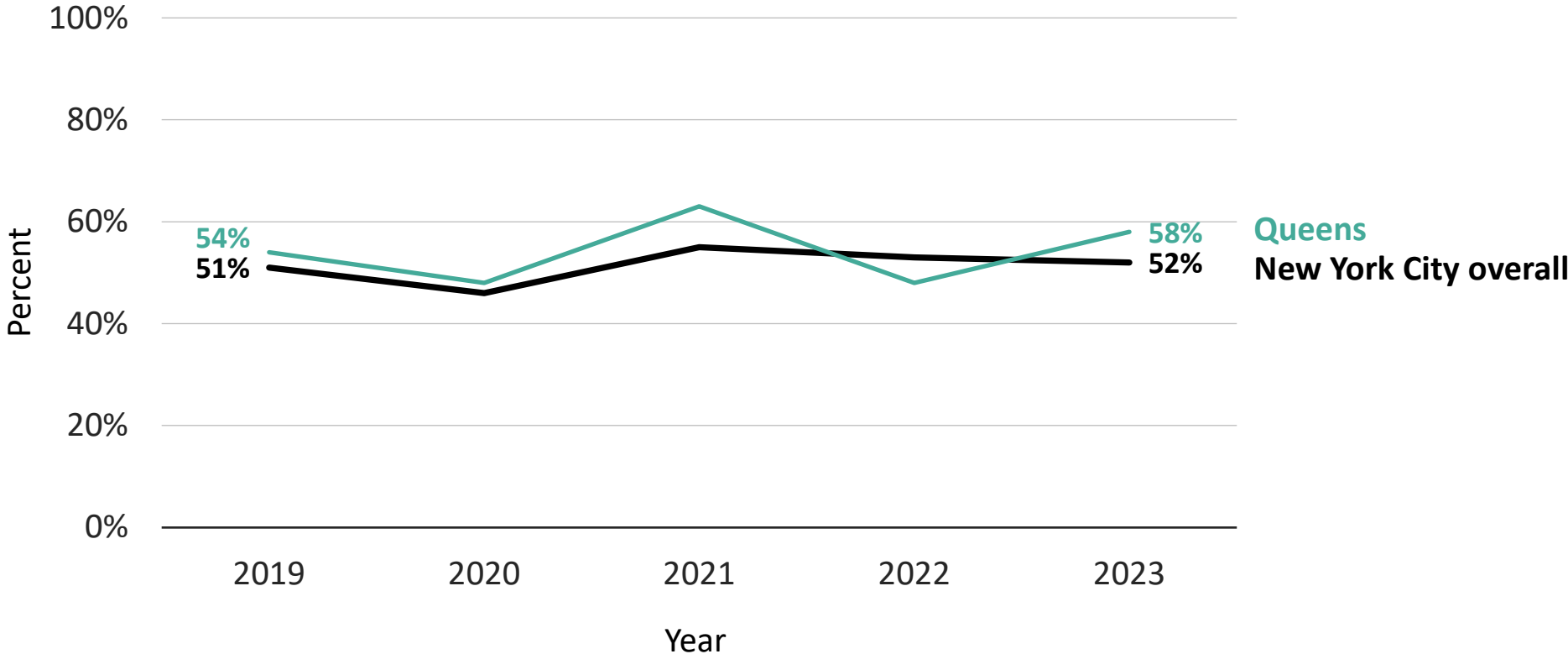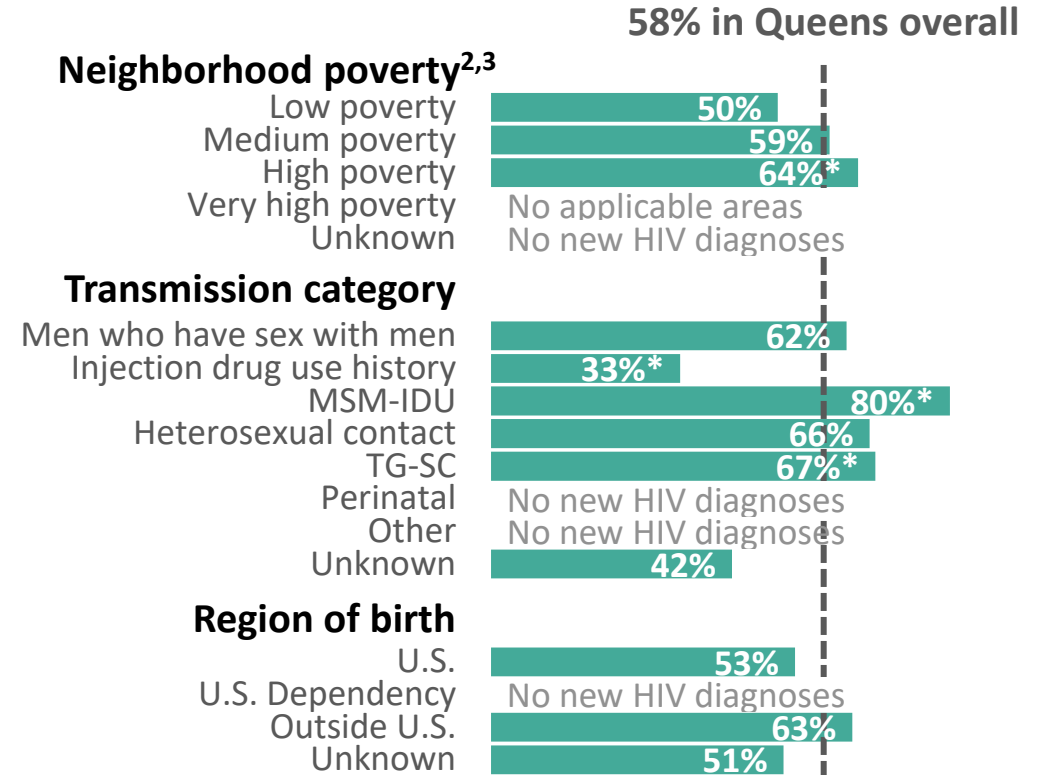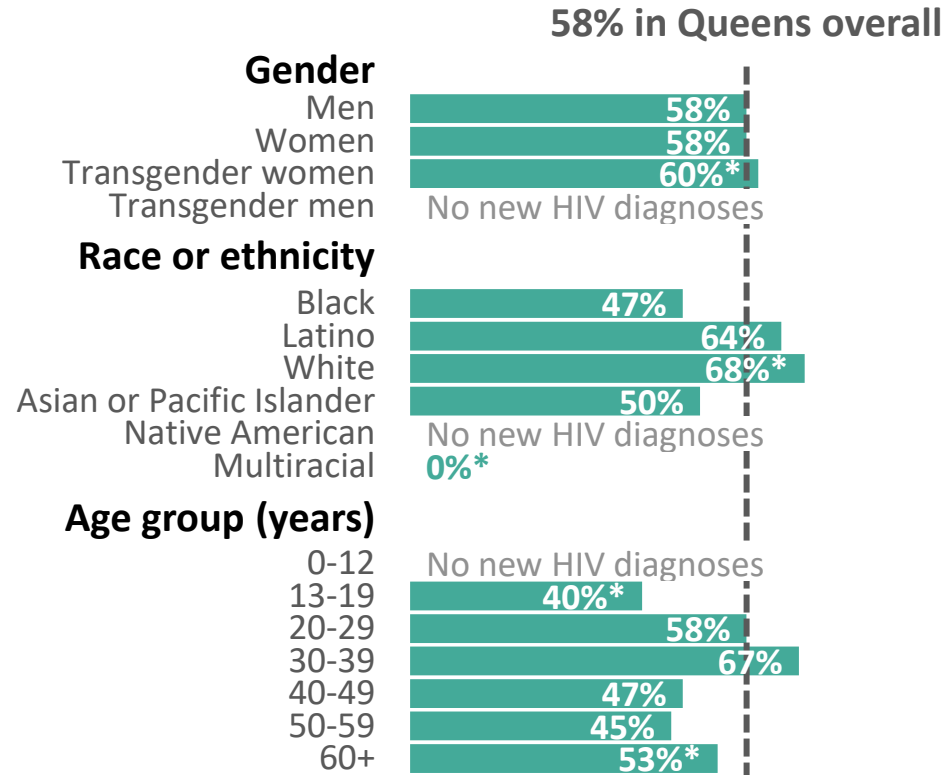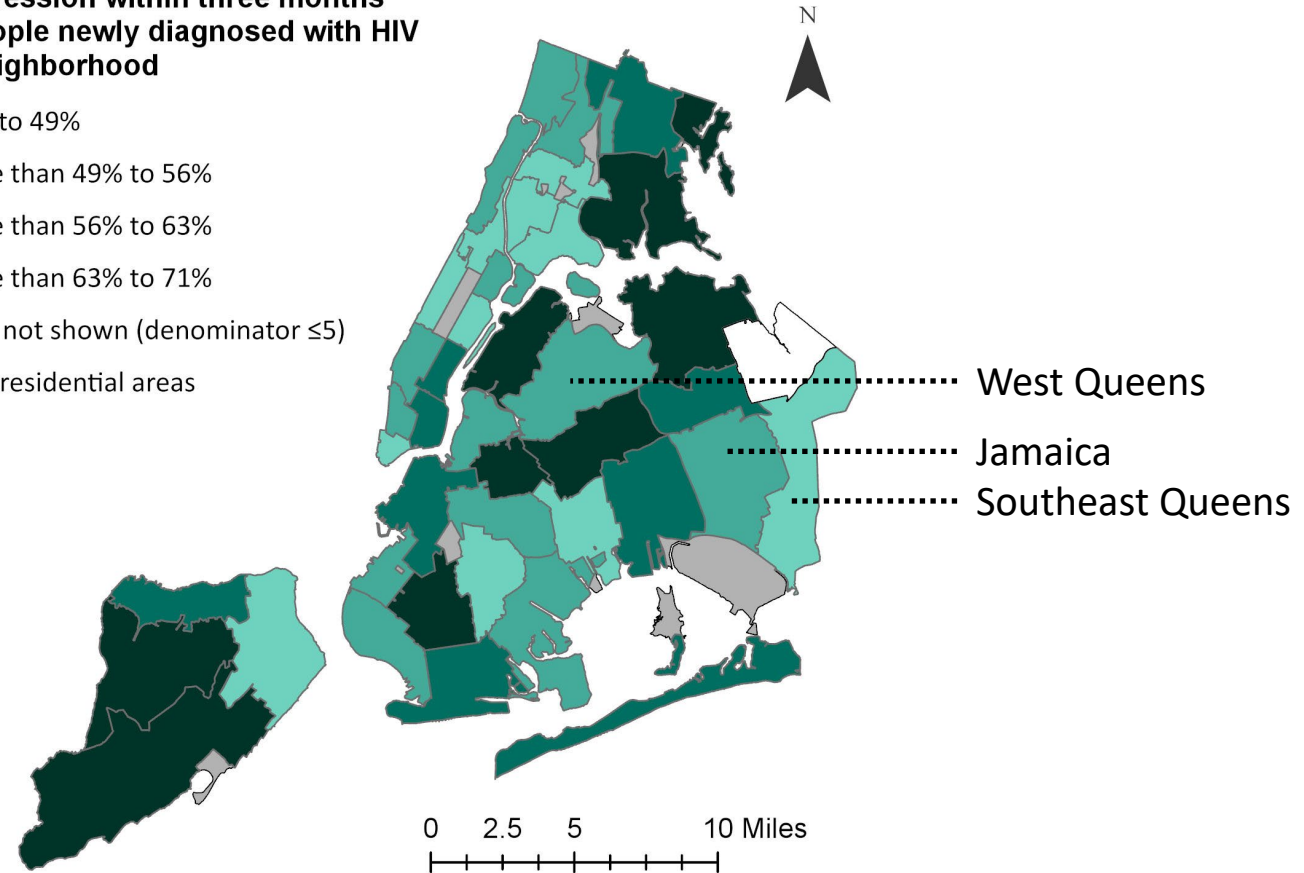
Viral Suppression[1] Within Three Months of Diagnosis in Queens
by United Hospital Fund Neighborhood, 2023

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

- 33% to 49%
- more than 49% to 56%
- more than 56% to 63%
- more than 63% to 71%
- Data not shown (denominator ≤5)
- Non-residential areas

West Queens
Jamaica
Southeast Queens

0   2.5   5   10 Miles

The neighborhoods in Queens with the lowest proportions of people virally suppressed within three months of an HIV diagnosis were Southeast Queens (48%), Jamaica (51%), and West Queens (56%).

[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

Queens

Viral Suppression[1] Among People Diagnosed With HIV[2] in Queens and New York City Overall, 2019-2023
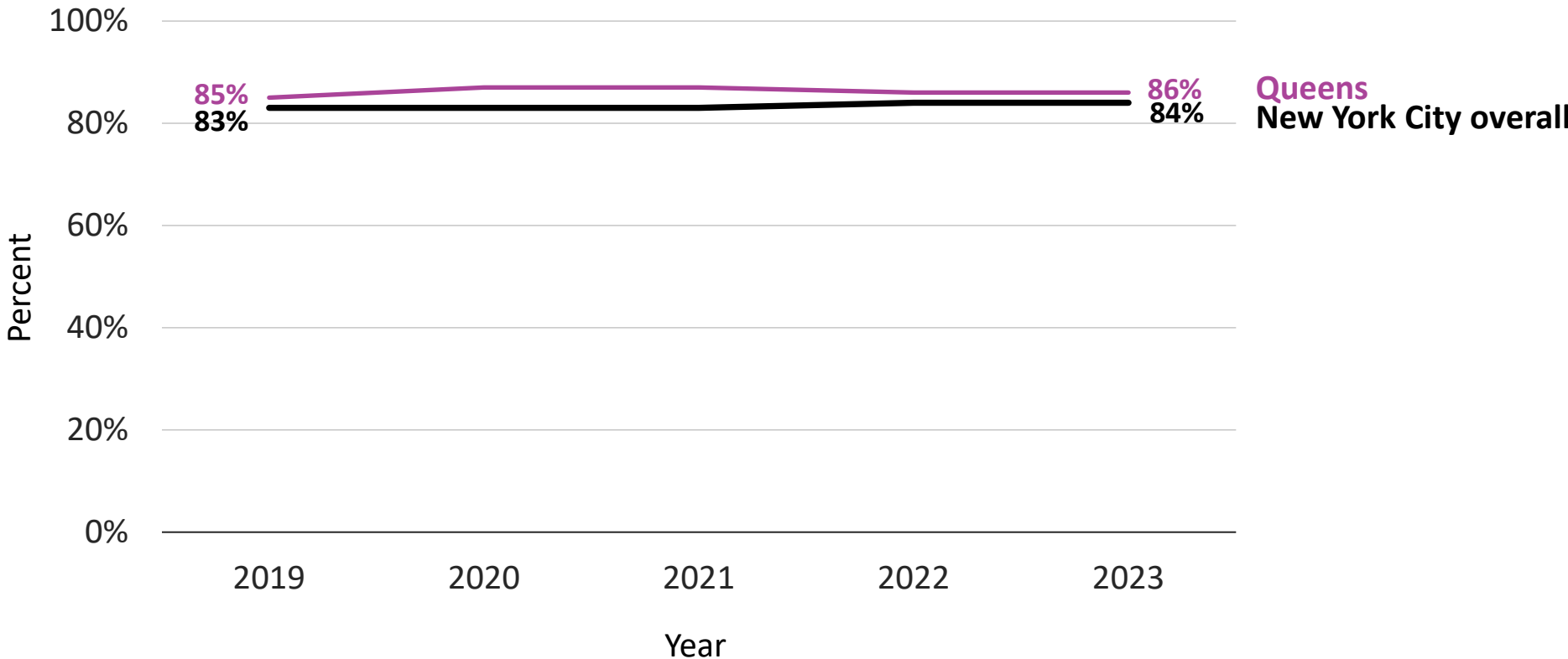
Viral suppression increased by one percentage points in Queens and was slightly higher than New York City overall, from 2019 to 2023.

[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 Queens by Demographic Group, 2023
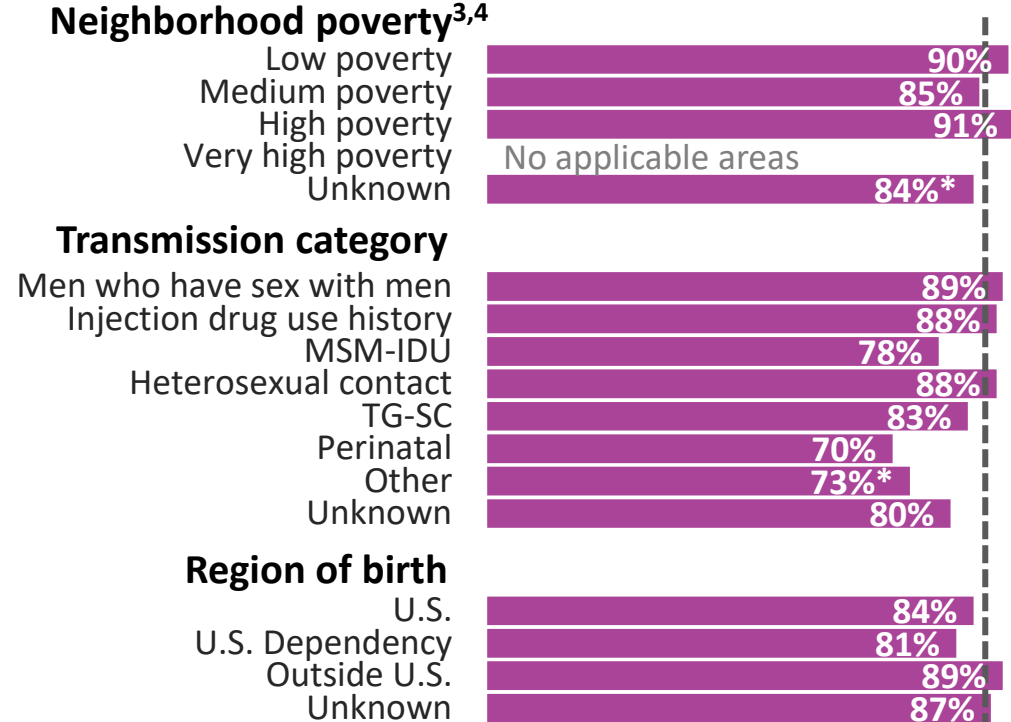
86% in Queens overall

Gender
Men	86%
Women	87%
Transgender women	83%
Transgender men	76%*

Race or ethnicity
Black	83%
Latino	87%
White	90%
Asian or Pacific Islander	90%
Native American	89%
Multiracial	84%

Age group (years)
0-12	71%*
13-19	79%*
20-29	79%
30-39	83%
40-49	85%
50-59	88%
60+	90%

86% in Queens overall

Neighborhood poverty[3,4]
Low poverty	90%
Medium poverty	85%
High poverty	91%
Very high poverty	No applicable areas
Unknown	84%*

Transmission category
Men who have sex with men	89%
Injection drug use history	88%
MSM-IDU	78%
Heterosexual contact	88%
TG-SC	83%
Perinatal	70%
Other	73%*
Unknown	80%

Region of birth
U.S.	84%
U.S. Dependency	81%
Outside U.S.	89%
Unknown	87%

Differences in viral suppression exist across demographic groups in Queens.

*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.

[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 th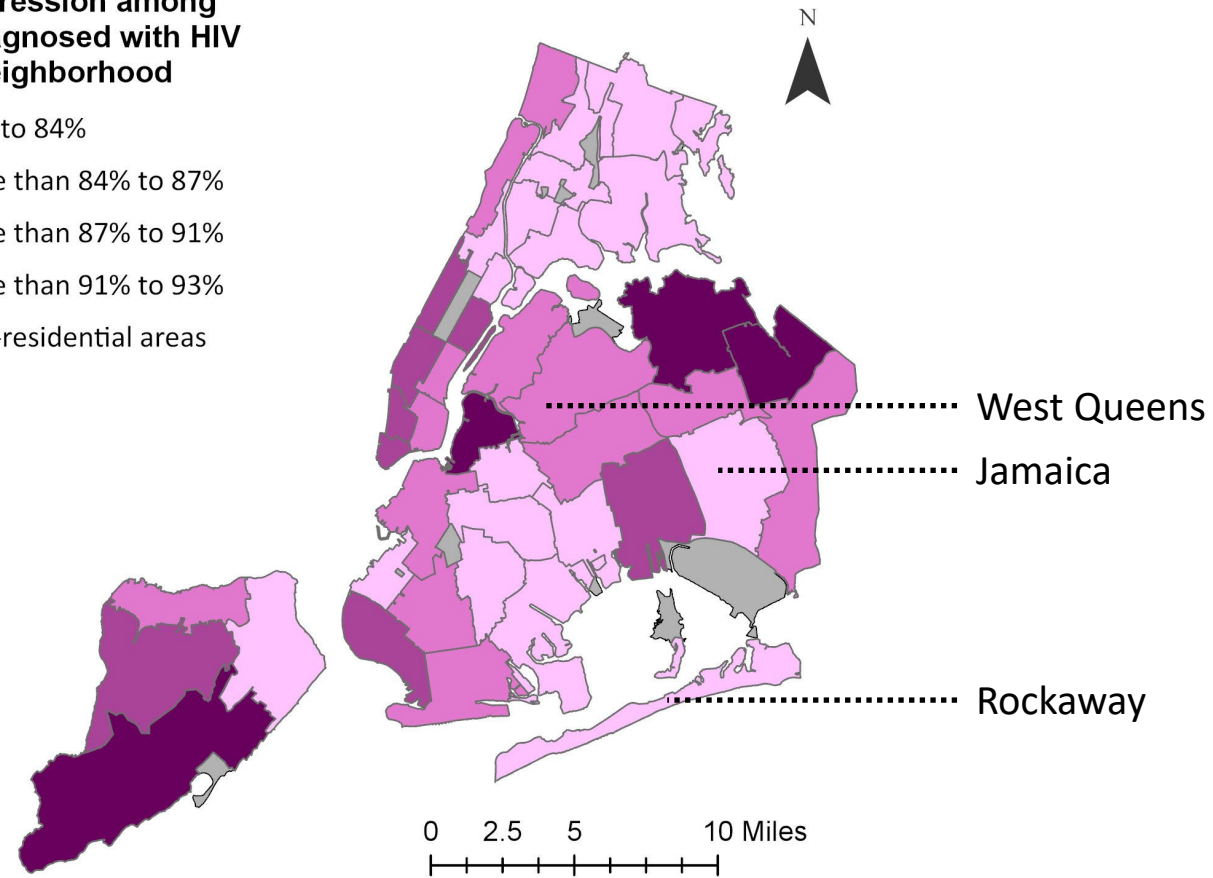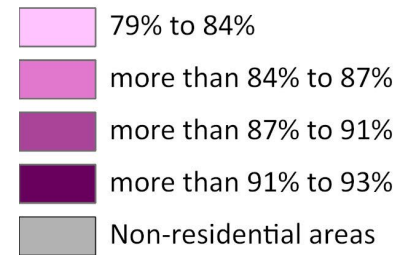e NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.

[4]Queens does not have neighborhoods with very high poverty.

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 in Queens by United Hospital Fund Neighborhood, 2023

Viral suppression among people diagnosed with HIV by UHF neighborhood

- 79% to 84%
- more than 84% to 87%
- more than 87% to 91%
- more than 91% to 93%
- Non-residential areas

N

West Queens

Jamaica

Rockaway
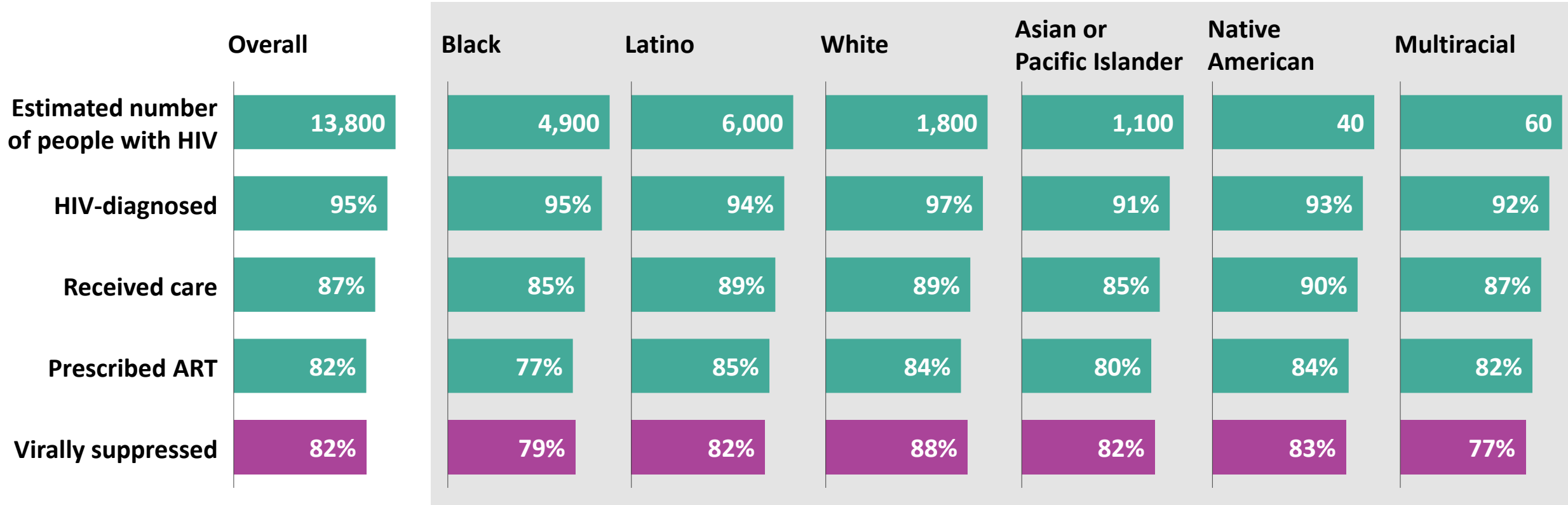
0   2.5   5   10 Miles

The neighborhoods in Queens with the lowest proportions of people virally suppressed were Rockaway (82%), Jamaica (84%), and West Queens (86%)

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

	Overall	Black	Latino	White	Asian or Pacific Islander	Native American	Multiracial
Estimated number of people with HIV	13,800	4,900	6,000	1,800	1,100	40	60
HIV-diagnosed	95%	95%	94%	97%	91%	93%	92%
Received care	87%	85%	89%	89%	85%	90%	87%
Prescribed ART	82%	77%	85%	84%	80%	84%	82%
Virally suppressed	82%	79%	82%	88%	82%	83%	77%

Of approximately 13,800 people with HIV in Queens in 2023, 82% 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 Queens.

[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 Queens and New York City Overall, 2019-2023

New York City overall: 9.6 (2019), ... 7.5 (2023)
Queens: 5.6 (2019), ... 4.5 (2023)
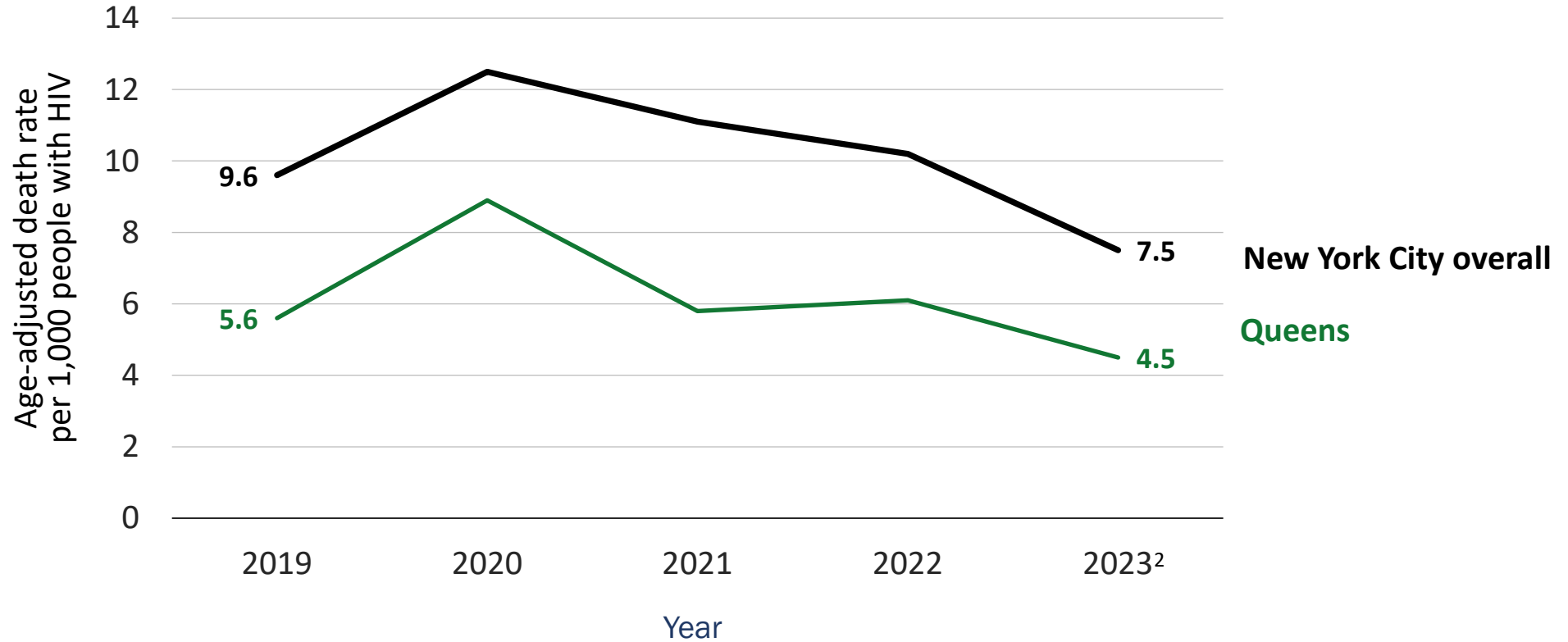
In Queens, the age-adjusted death rate declined 49% since its peak in 2020 and is now lower than the rate in 2019. Queens consistently experienced a lower age-adjusted death rate than the citywide rate.

[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
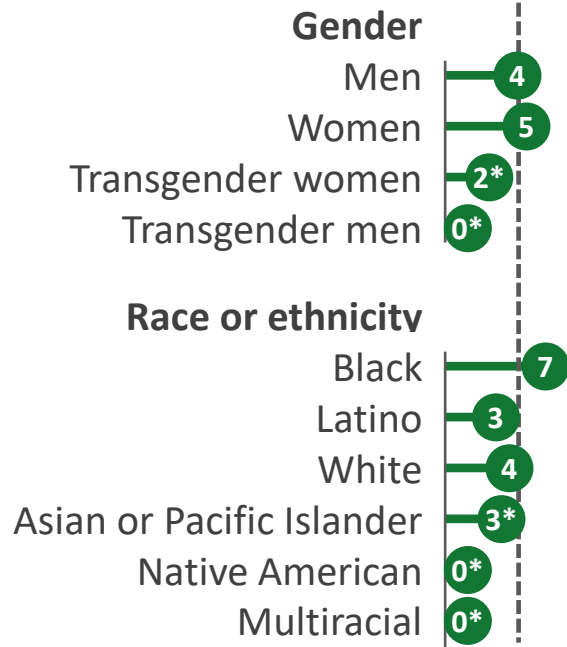[2]Death data for 2023 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.
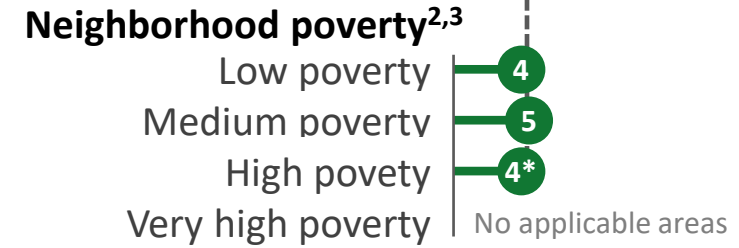
Age-Adjusted[1] Death Rate per 1,000 People With HIV in Queens by Demographic Group, 2023

4.5 deaths per 1,000 people with HIV in Queens overall

Gender

Men	4
Women	5
Transgender women	2*
Transgender men	0*

Race or ethnicity

Black	7
Latino	3
White	4
Asian or Pacific Islander	3*
Native American	0*
Multiracial	0*

4.5 deaths per 1,000 people with HIV in Queens overall

Neighborhood poverty[2,3]

Low poverty	4
Medium poverty	5
High povety	4*
Very high poverty	No applicable areas

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

*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.
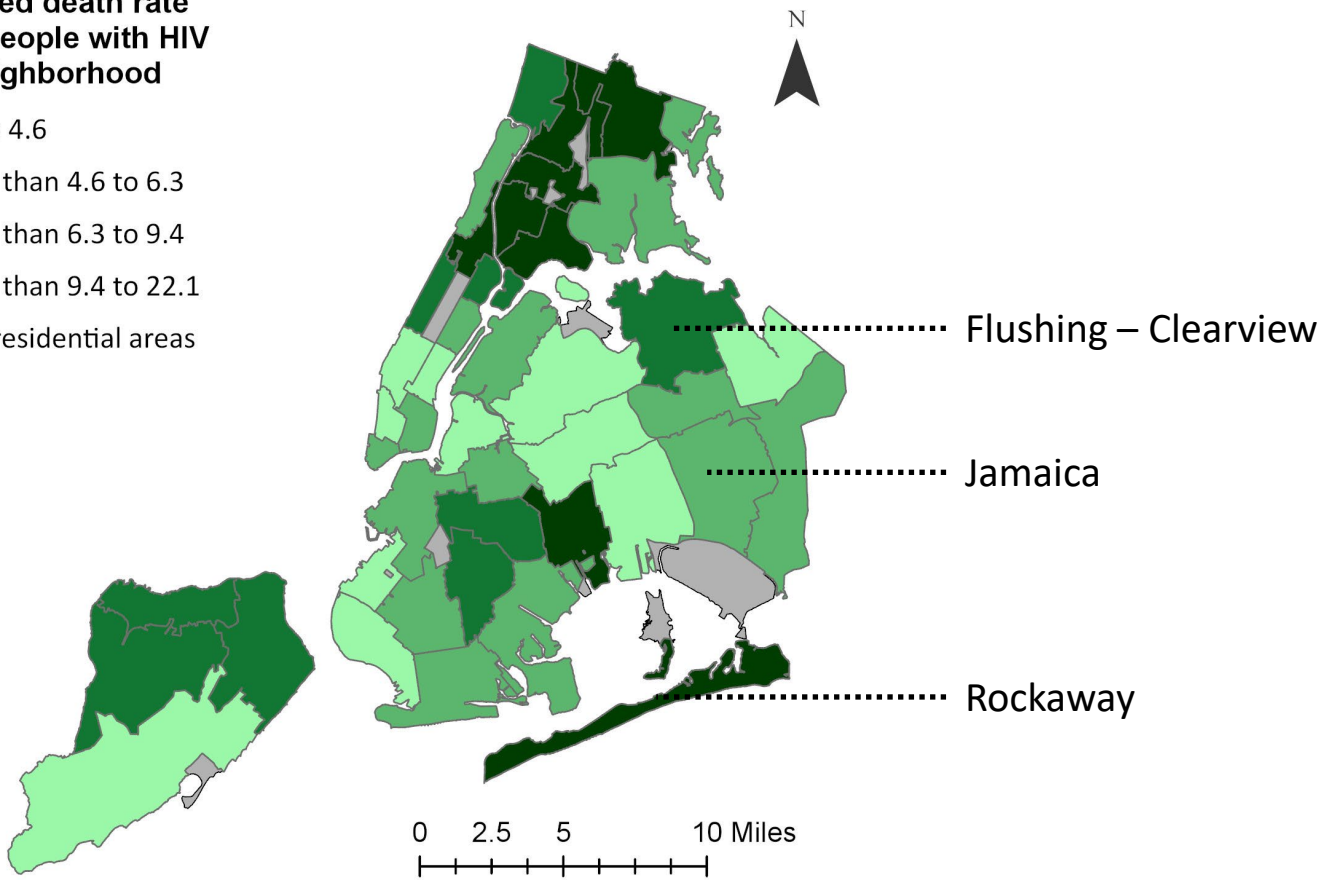[3]Queens does not have neighborhoods with very high poverty.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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

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

- 1.3 to 4.6
- more than 4.6 to 6.3
- more than 6.3 to 9.4
- more than 9.4 to 22.1
- Non-residential areas

Flushing – Clearview

Jamaica

Rockaway

0   2.5   5   10 Miles

The neighborhoods in Queens with the highest age-adjusted death rates were Rockaway (12.8 per 1,000), Flushing – Clearview (6.4 per 1,000), and Jamaica (6.3 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 Queens by Cause of Death, 2022[1]

Unknown, 1%

HIV-related,[2] 18%
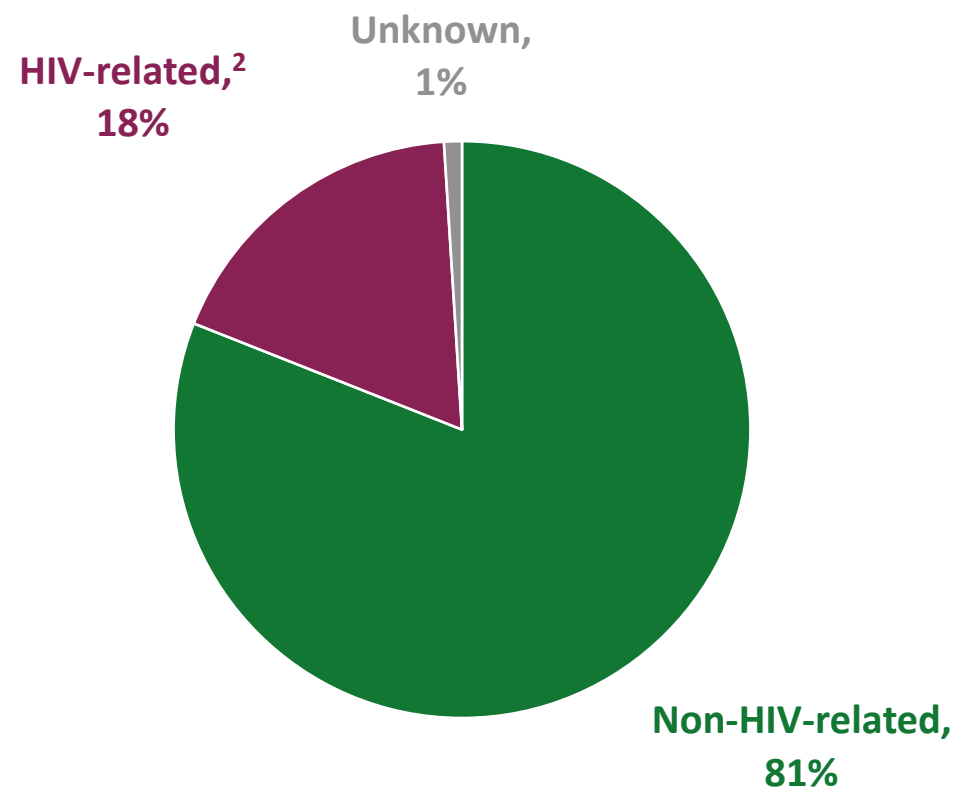
Non-HIV-related, 81%

In 2022, 81% of deaths among people with HIV in Queens were due to non-HIV-related causes.
Among these, the top causes were cardiovascular disease (30%), non-HIV-related cancers (14%), and accidents (8%).

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.

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

Appendix: Acknowledgements

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

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