HIV in New York City, 2023

HIV Epidemiology Program
New York City Department of Health and Mental Hygiene
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https://www.nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page

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Basic Statistics of HIV in New York City, 2023

- **1,686 people newly diagnosed with HIV**
  - Including 328 people concurrently diagnosed with AIDS (19.5% of diagnoses)
- **1,149 people newly diagnosed with AIDS[1]**
- **There are an estimated 88,500 people with HIV[2]**
- **1,538 deaths among people with HIV**
  - 7.5 deaths per 1,000 people with HIV[3]

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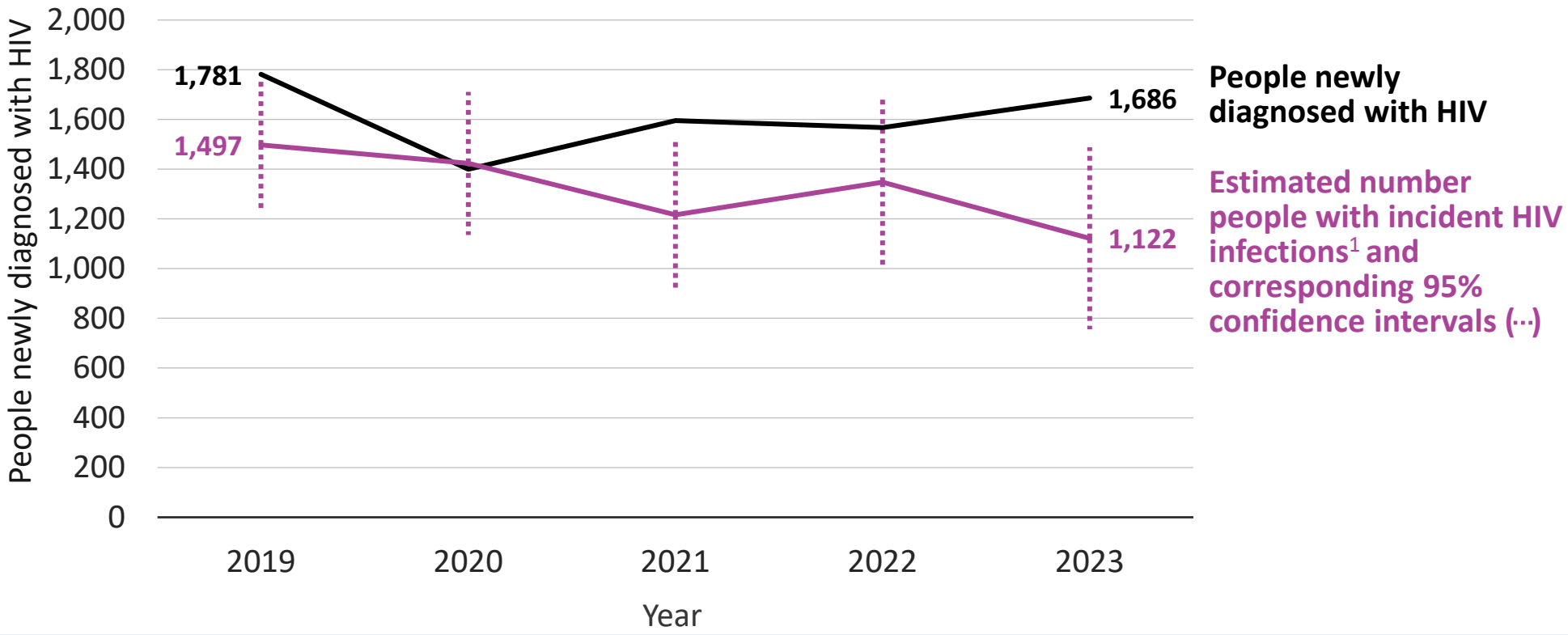
[1]Includes people concurrently diagnosed with HIV and AIDS.
[2]Approximate value calculated as the number of people with HIV divided by the estimated proportion of people with HIV who had been diagnosed, see Technical Notes for more details.
[3]Age-adjusted to the 2000 U.S. Standard Population. People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

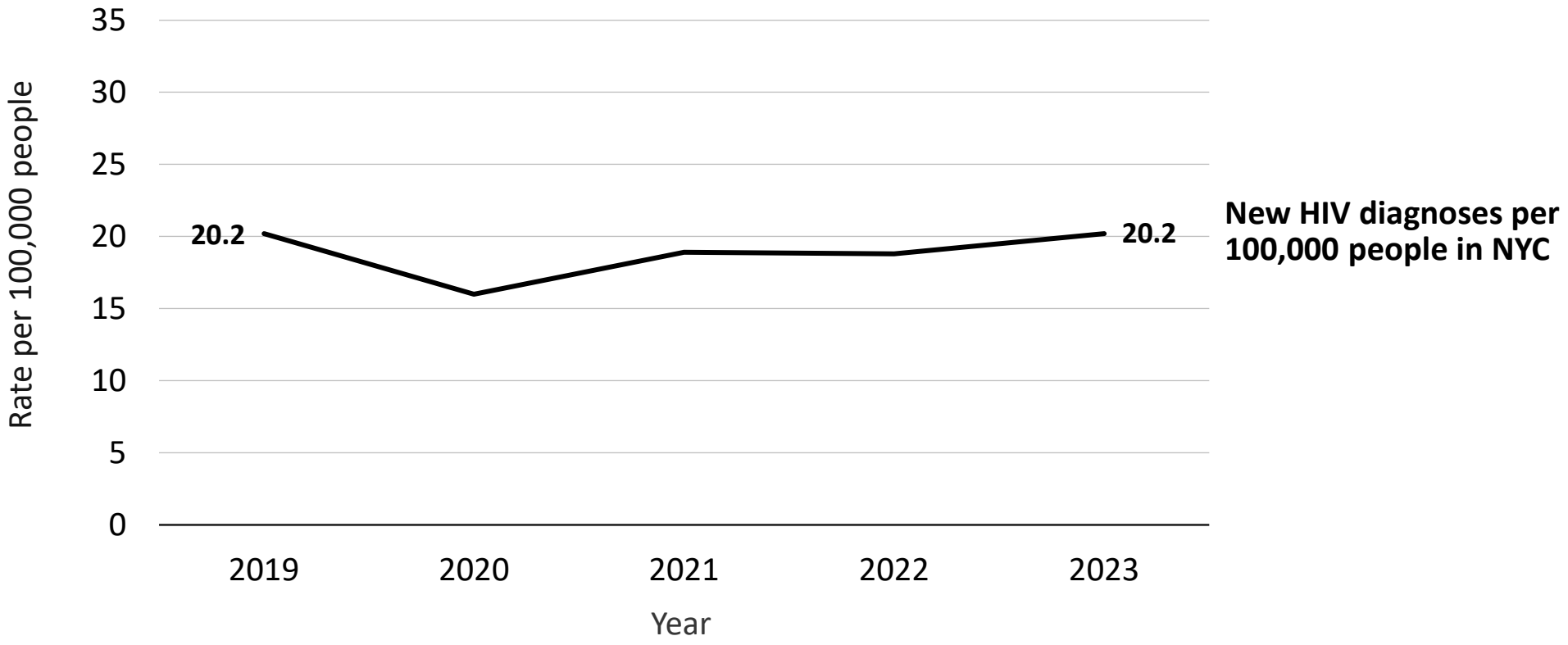
Number of New HIV Diagnoses and Estimated HIV Infections[1] in New York City, 2019-2023[2]



The number of people newly diagnosed with HIV decreased by 5% from 2019 to 2023. The number of people newly diagnosed with HIV increased by 21% since 2020, the year COVID-19 was first detected in New York City. The method used nationally and locally to estimate incidence – or new HIV infections within the calendar year – is based on the distribution of CD4 count at HIV diagnosis. The estimated HIV incidence declined between 2019 and 2023.

[1]Using the method in: Song R, Hall HI, Green TA, et al. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the U.S. *J Acquir Immune Defic Syndr*. 2017;74(1):3-9.
[2]2023 incidence estimates are preliminary.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

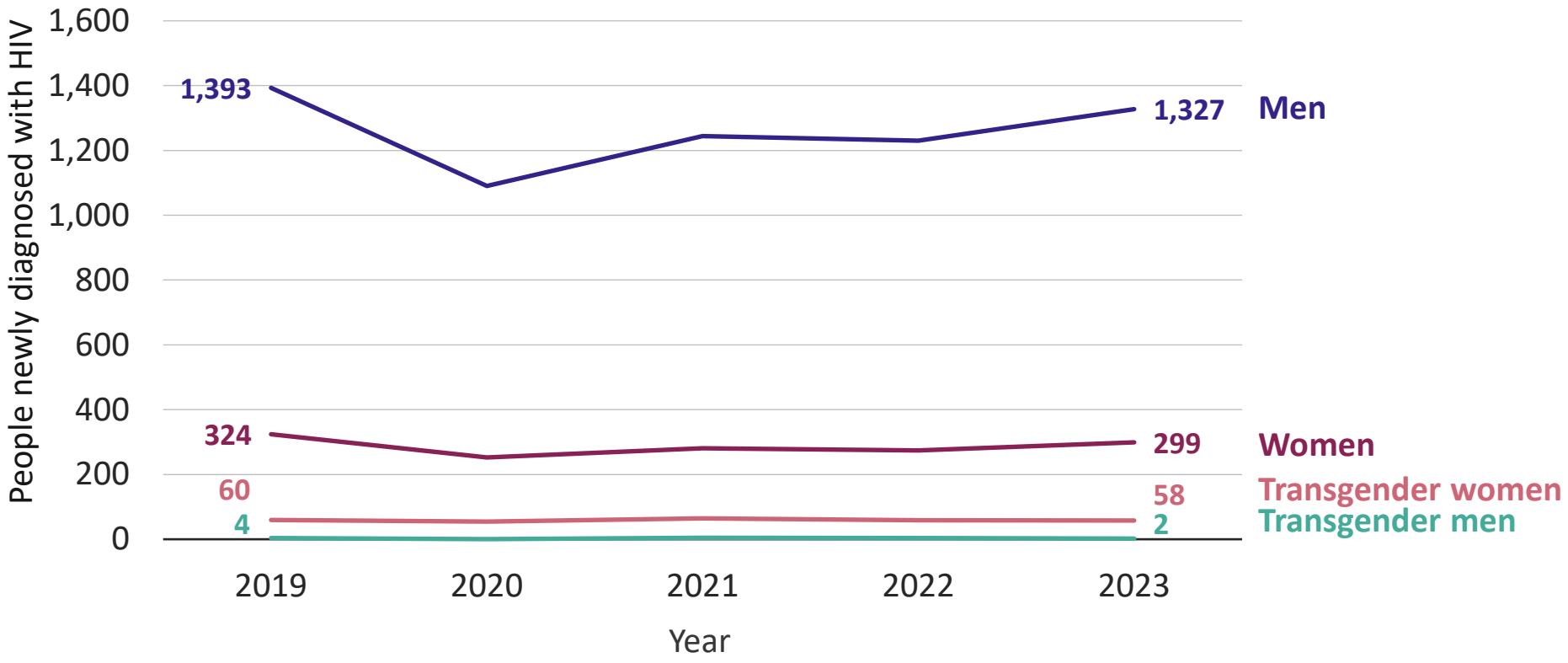
Rate of New HIV Diagnoses[1] per 100,000 People in New York City, 2019-2023



The rate of new HIV diagnoses in 2023 was equal to the rate in 2019. Since 2020, the rate of new HIV diagnoses increased by 26%.

[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.

Number of New HIV Diagnoses in New York City 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, accounting for 79% of new diagnoses in 2023.

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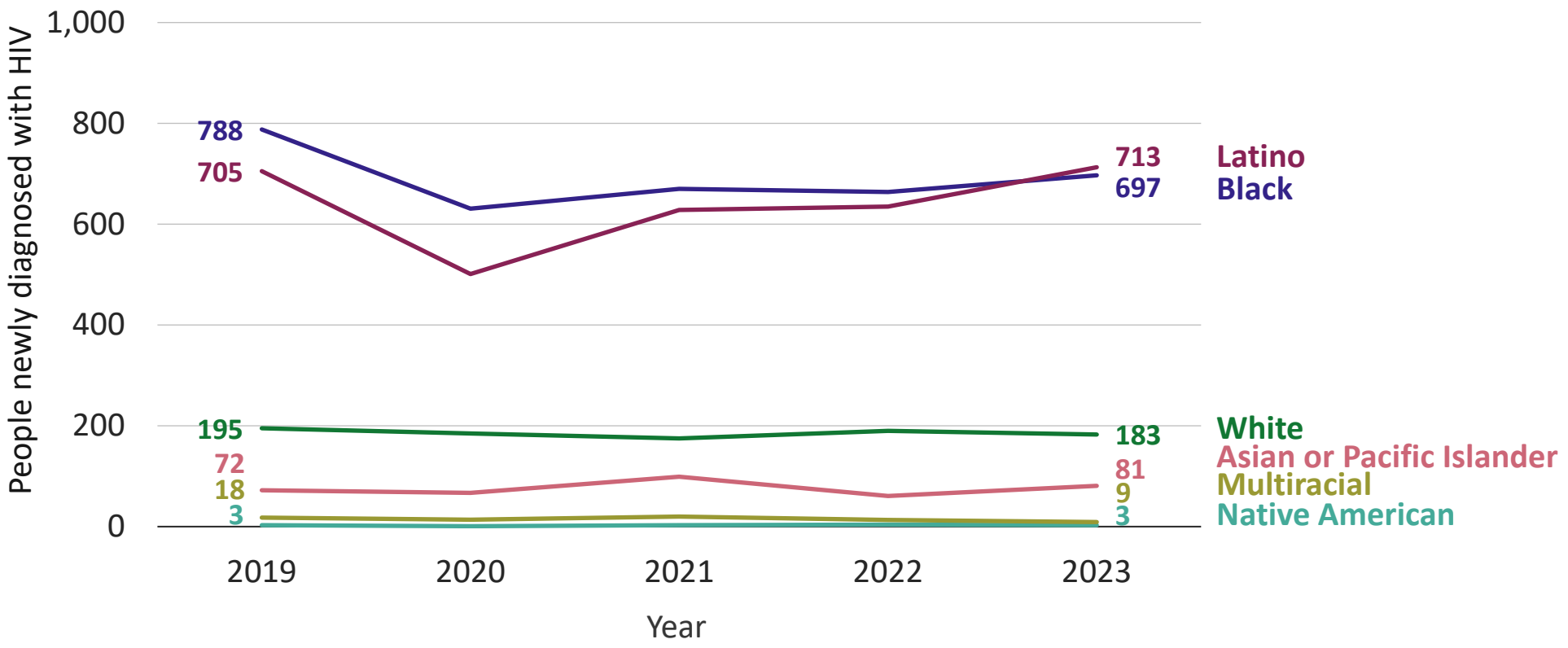
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Number of New HIV Diagnoses in New York City 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. Black and Latino people experienced a steep decline from 2019 to 2020 and then an increase or relatively stable numbers from 2020 to 2023. Black and Latino people consistently experienced the highest number of new HIV diagnoses, accounting for a combined 84% of new diagnoses in 2023.

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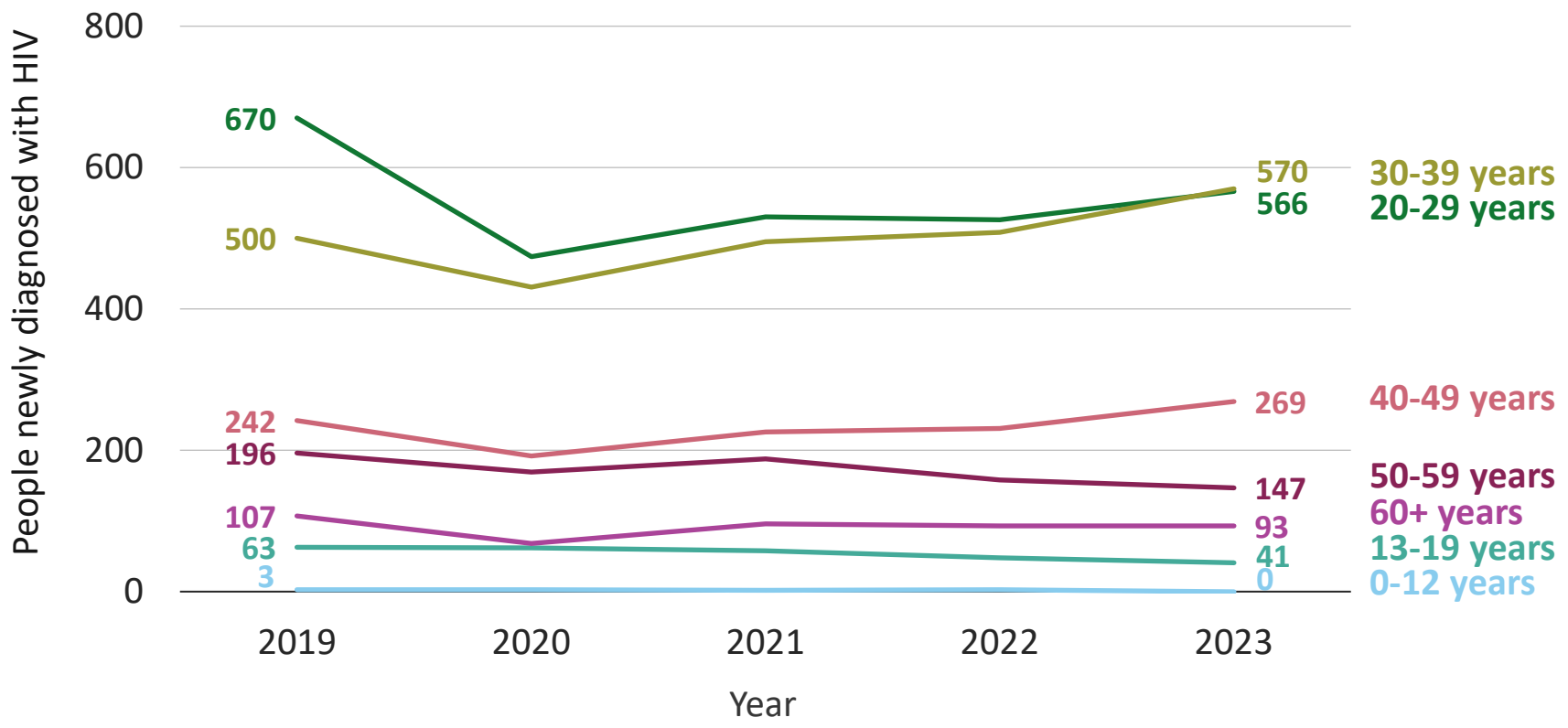
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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



Since 2019, the number of people newly diagnosed with HIV increased among people ages 30 to 39 years by 14% and among people ages 40 to 49 years by 11%. For all other age groups, the number of people newly diagnosed with HIV decreased from 2019 to 2023. People ages 20 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, accounting for a combined 67% 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.

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

Black and Latino people aged 20 to 39 years experienced the highest number of new HIV diagnoses, accounting for a combined 57% of new diagnoses in 2023.

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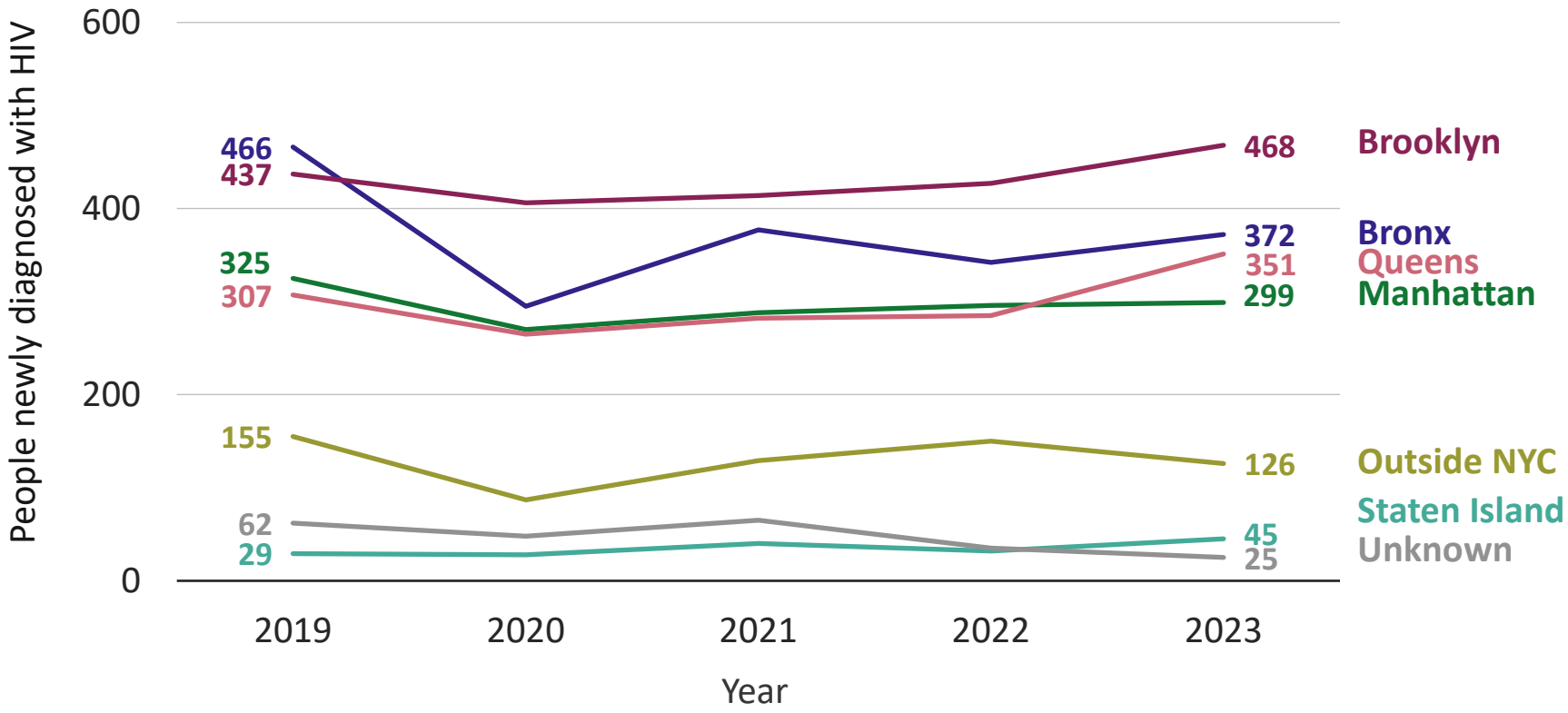
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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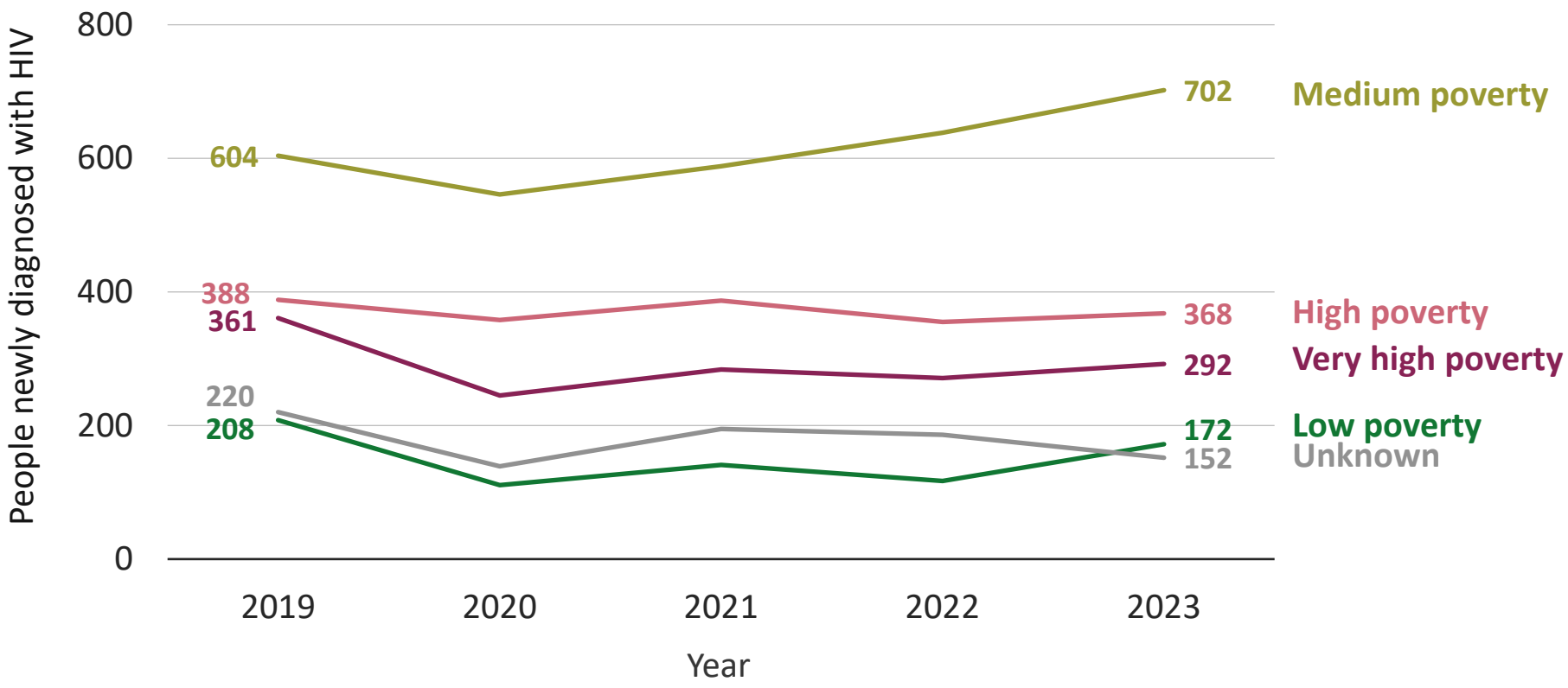
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

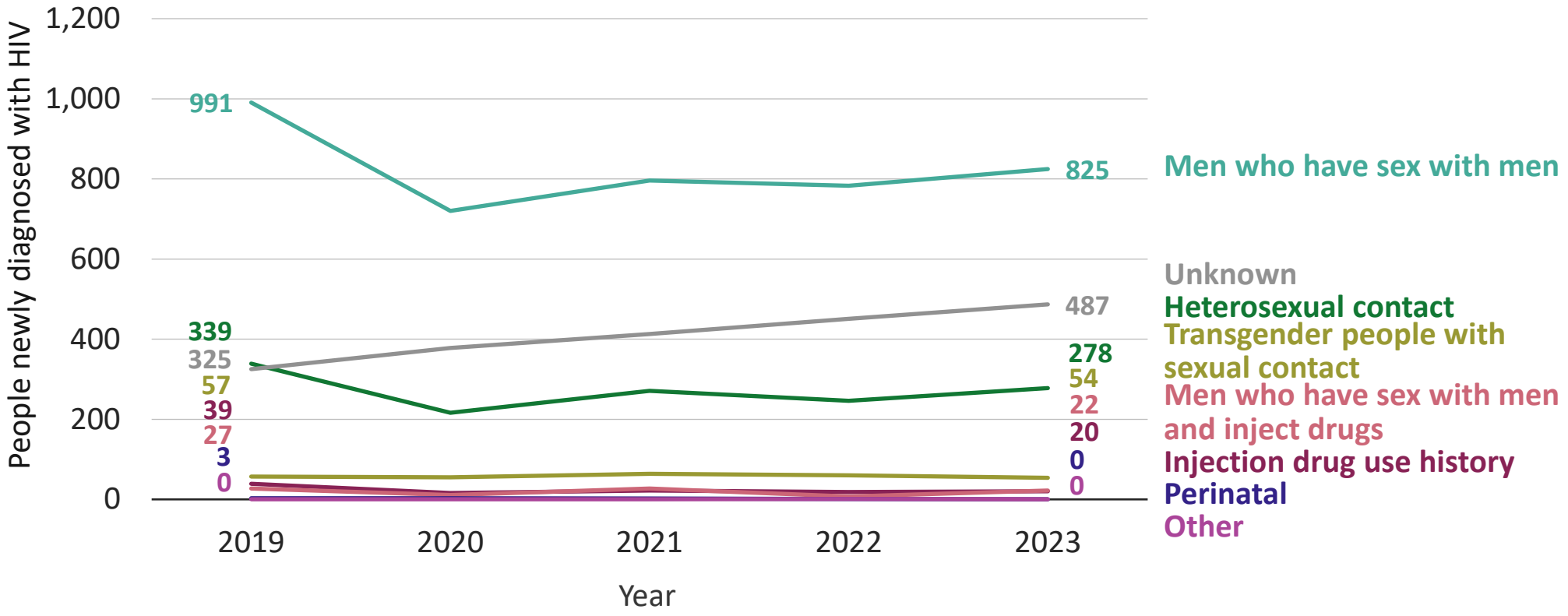
Number of New HIV Diagnoses in New York City by Neighborhood Poverty Level,[1] 2019-2023



Since 2019, the number of people newly diagnosed with HIV increased among people residing in medium poverty neighborhoods by 16%. The number of people newly diagnosed with HIV decreased or remained relatively stable in all other neighborhood poverty levels. Neighborhoods with medium poverty consistently experienced the highest number of new HIV diagnoses, accounting for 42% of new diagnoses in 2023.

[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 New York City by Transmission Category, 2019-2023



Since 2019, the number of people newly diagnosed with HIV with an unknown transmission category increased by 50%.[1] The number of people newly diagnosed with HIV decreased or remained relatively stable for all other transmission categories. Men who have sex with men experienced a steep decline from 2019 to 2020 and then a slight increase from 2020 to 2023. Men who have sex with men consistently experienced the highest number of new HIV diagnoses, representing 69% of new diagnoses among people for whom data on transmission category were available in 2023.

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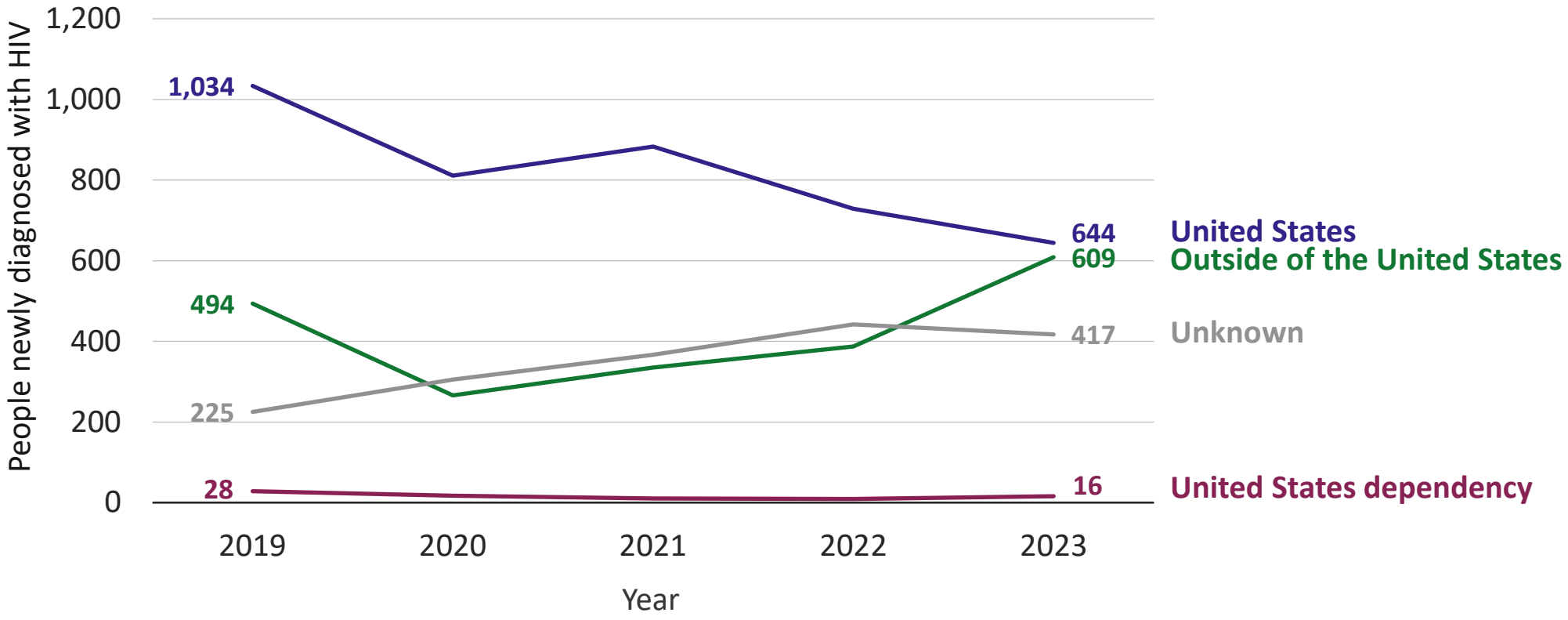
[1]The number of people newly diagnosed with HIV with an unknown transmission category increased due to changes in access to medical records after the emergence of COVID-19 in New York City. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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



Since 2019, the number of people newly diagnosed with HIV increased among those with an unknown place of birth[1] by 85% and among those born outside of the United States by 23%. The number of people newly diagnosed with HIV decreased or remained stable for all other places of birth. In 2023, the difference in the number of people born in the United States and those born outside of the United States narrowed markedly.

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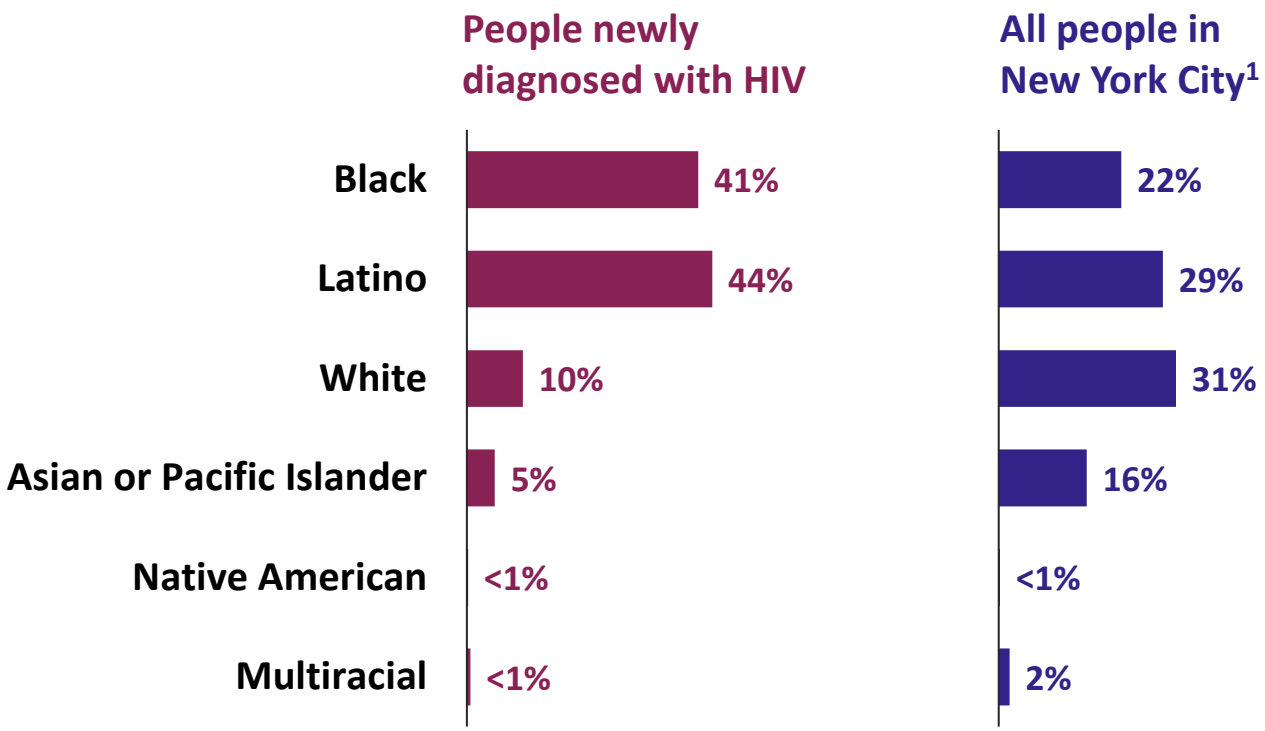
[1]The number of people newly diagnosed with HIV with an unknown place of birth increased due to changes in access to medical records after the emergence of COVID-19 in New York City.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

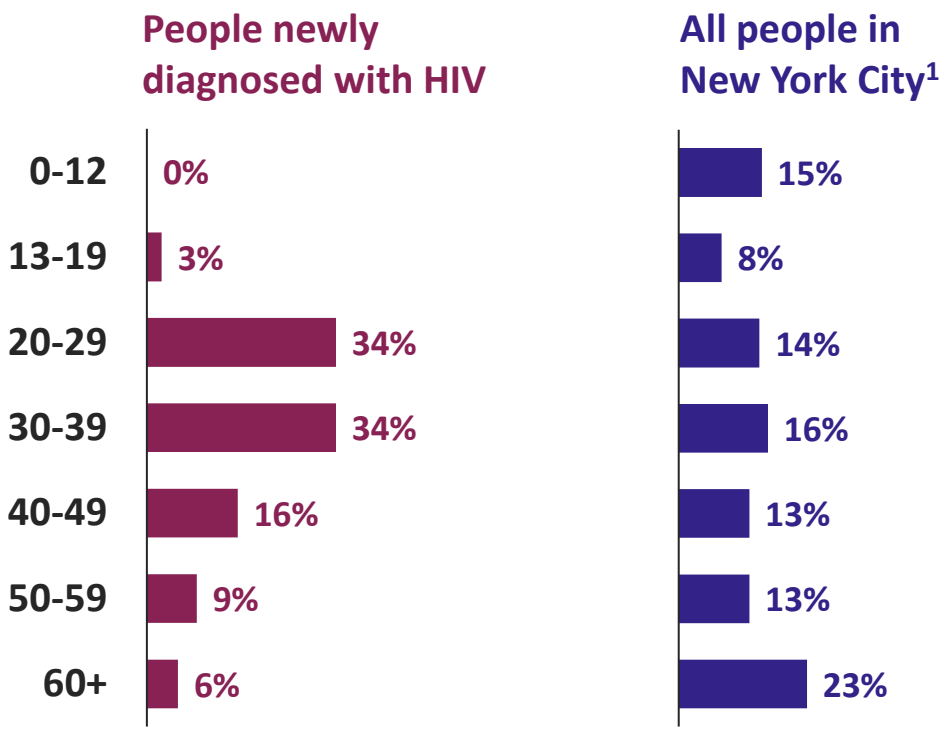
Proportion of People Newly Diagnosed With HIV and All People[1,2] in New York City by Race or Ethnicity, 2023



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

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

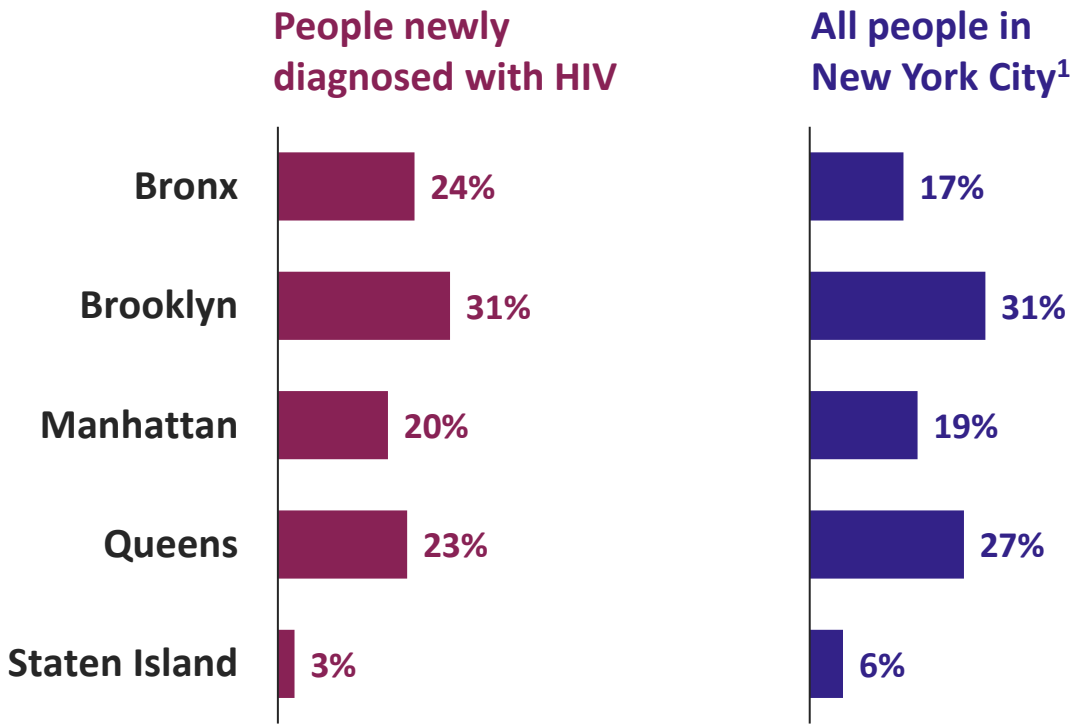
Proportion of People Newly Diagnosed With HIV and All People[1,2] in New York City by Age Group, 2023



The proportions of new HIV diagnoses among people aged 20 to 39 years are more than double their respective proportions among all people in New York City.

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

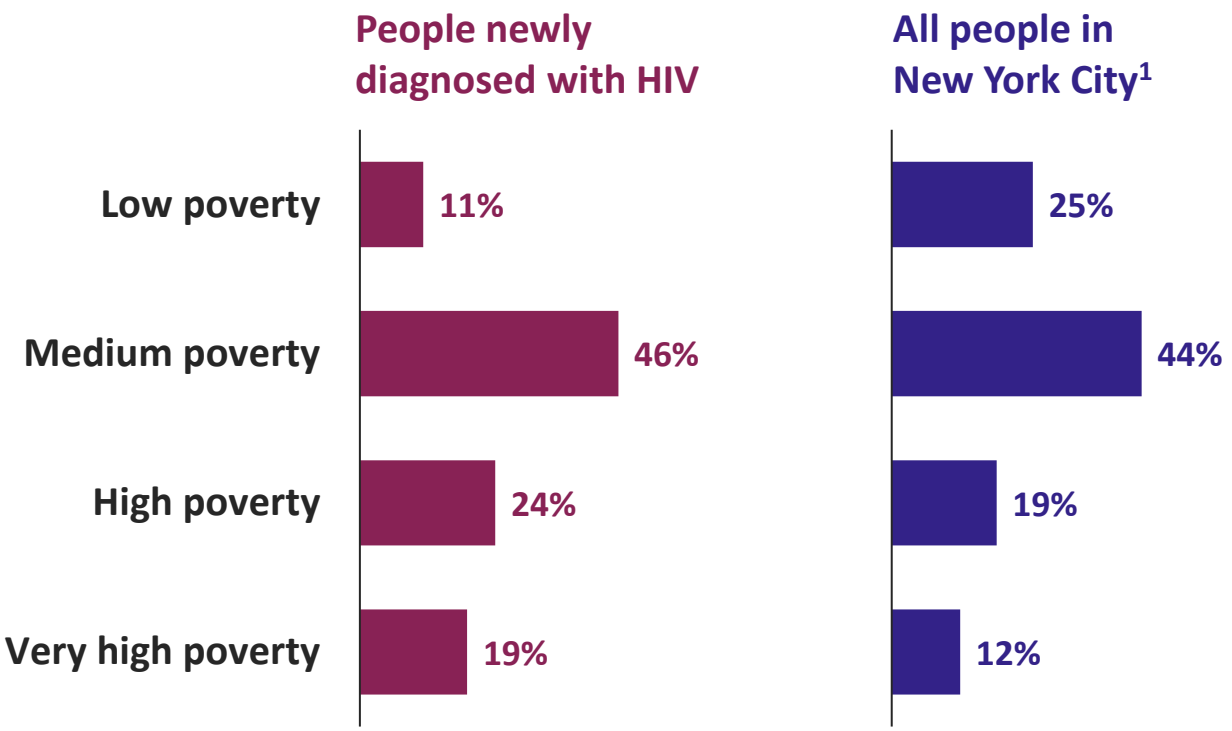
Proportion of People Newly Diagnosed With HIV and All People[1,2] in New York City by Borough of Residence, 2023



The proportion of new HIV diagnoses among people residing in the Bronx is higher than the proportion among all people in New York City.

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

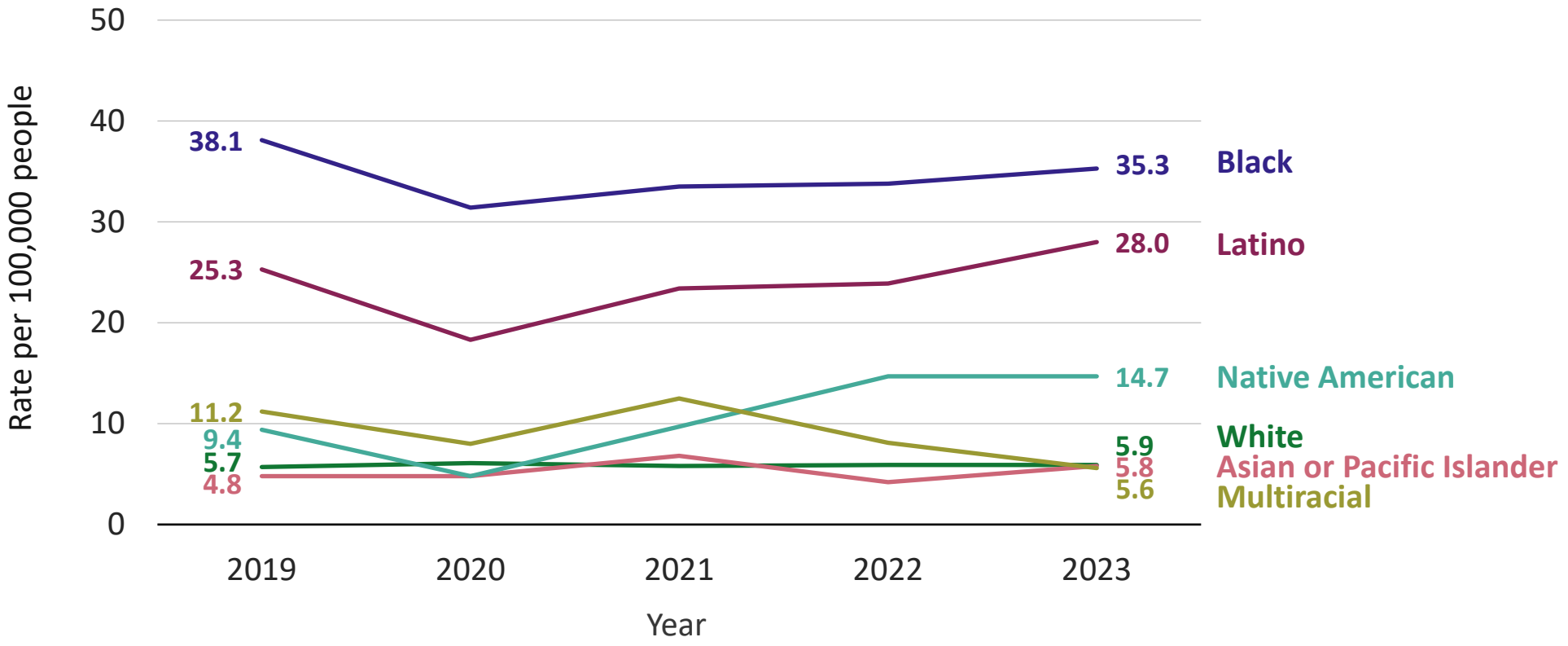
Proportion of People Newly Diagnosed With HIV and All People[1,2] in New York City by Neighborhood Poverty Level,[3,4] 2023



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

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

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



Since 2020, the rate of new HIV diagnoses increased among Latino people by 11% and among Native American people by 56%; the number of Native American people 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 race or ethnicity groups. Black, Latino, and Native American people experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. Black and Latino people consistently experienced the highest rates of new HIV diagnoses.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
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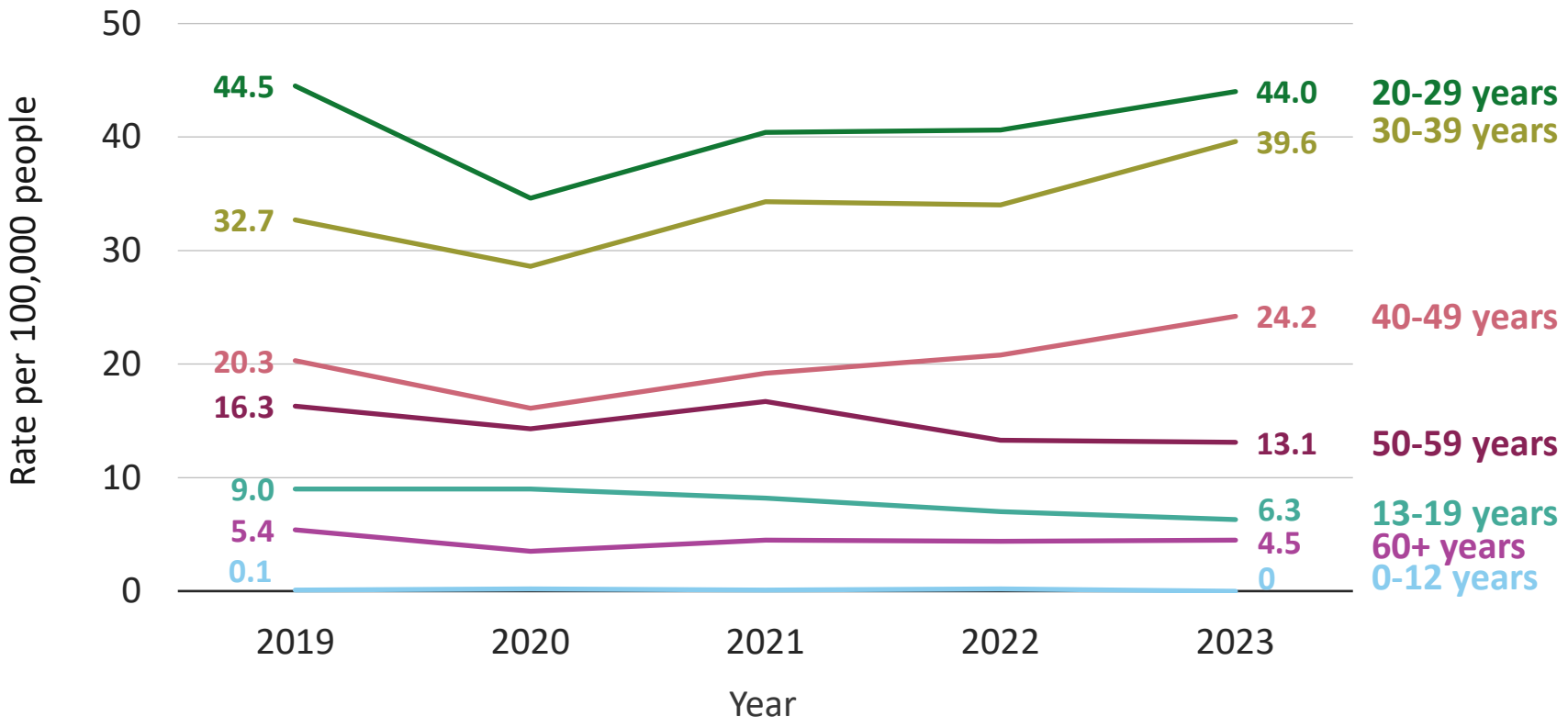
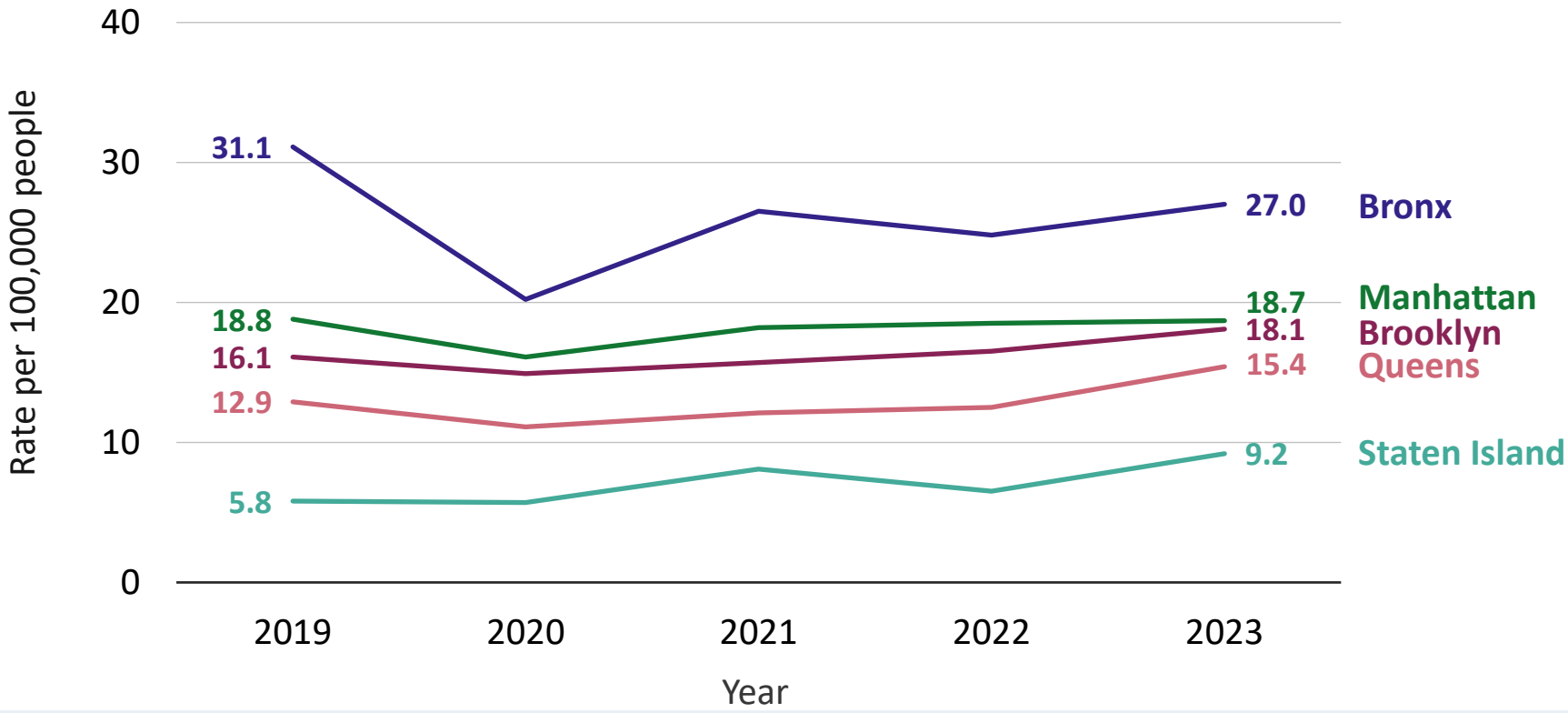
Rate of New HIV Diagnoses[1,2] per 100,000 People in New York City by Age Group, 2019-2023



Since 2019, the rate of new HIV diagnoses increased among people ages 30 to 39 years by 21% and among people ages 40 to 49 years by 19%. The rate of new HIV diagnoses decreased or remained relatively stable in all other age groups. People ages 20 to 49 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 rates of new HIV diagnoses.

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

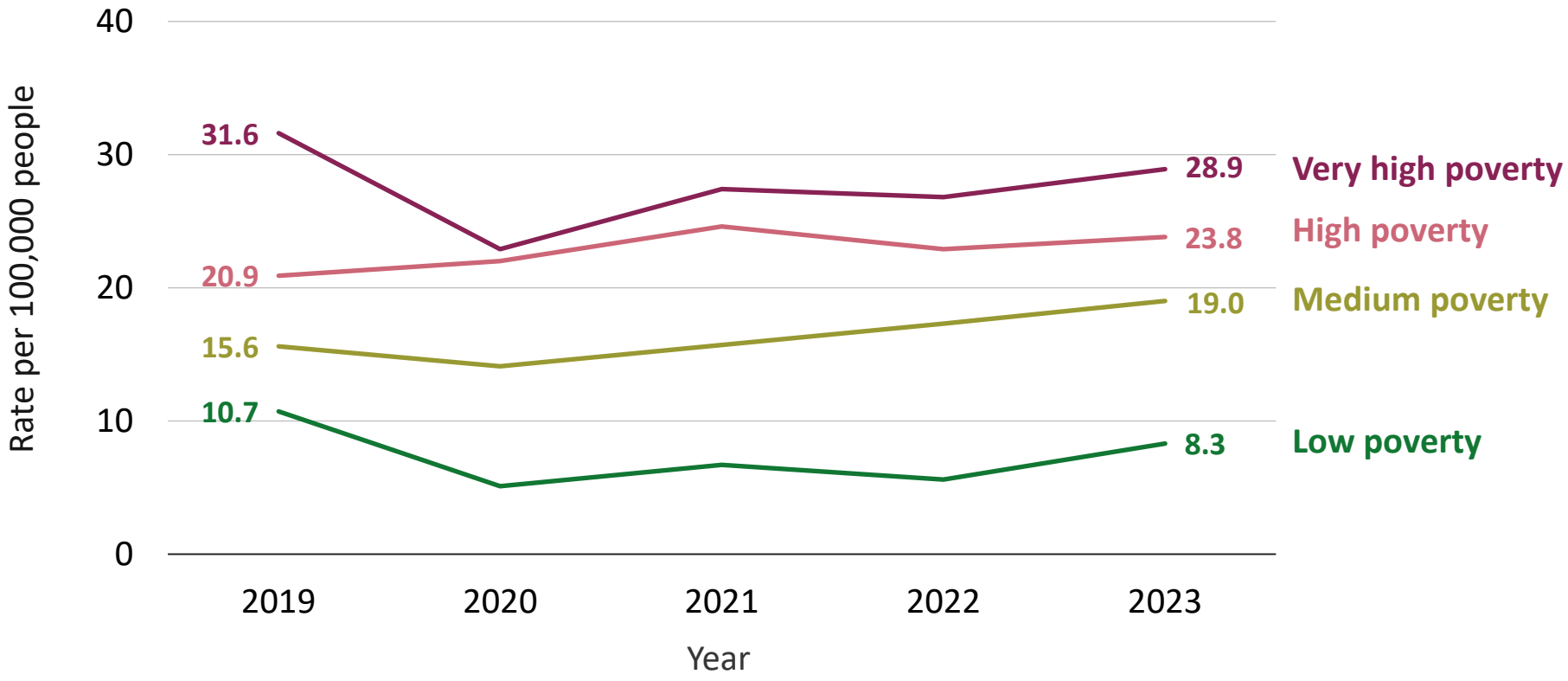
Rate of New HIV Diagnoses[1,2] per 100,000 People in New York City by Borough of Residence, 2019-2023



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. People in the Bronx consistently experienced the highest rate of new HIV diagnoses.

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

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



Since 2019, the rate of new HIV diagnoses increased among people residing neighborhoods with medium poverty by 22% and high poverty by 14%. The rate of new HIV diagnoses decreased or remained relatively stable in all other neighborhood poverty levels. People residing in neighborhoods with very high poverty experienced a steep decline from 2019 to 2020 and then an increase from 2020 to 2023. People living in neighborhoods with very high poverty consistently experienced the highest rates of new HIV diagnoses.

[1]Rates calculated using Health Department population estimates, modified from U.S. Census Bureau intercensal population estimates.
[2]Excludes people newly diagnosed with HIV in New York City who were residing outside of New York City at the time of diagnosis.
[3]Neighborhood poverty level is determined by the proportion of residents living below the federal poverty level (FPL) in the NYC ZIP code of residence at diagnosis. Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Care Outcomes Among People Newly Diagnosed With HIV

New York City

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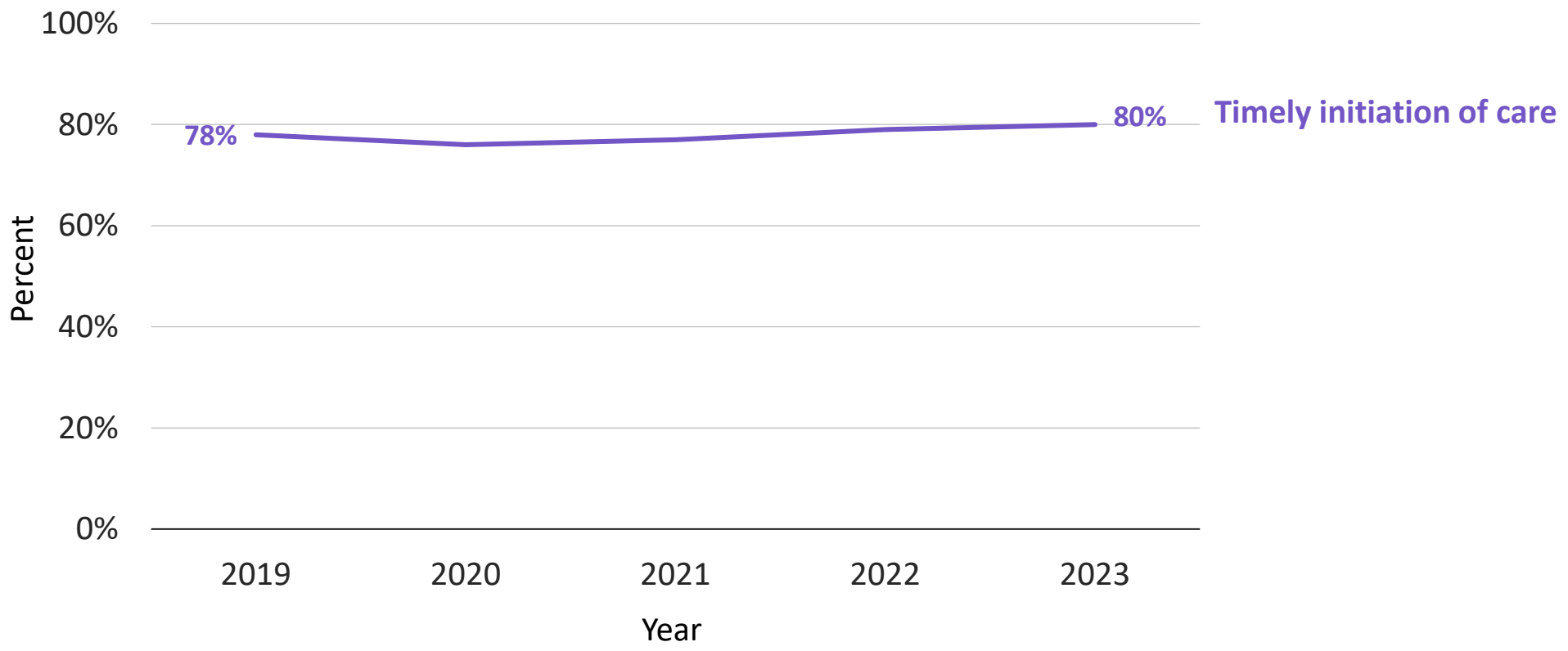
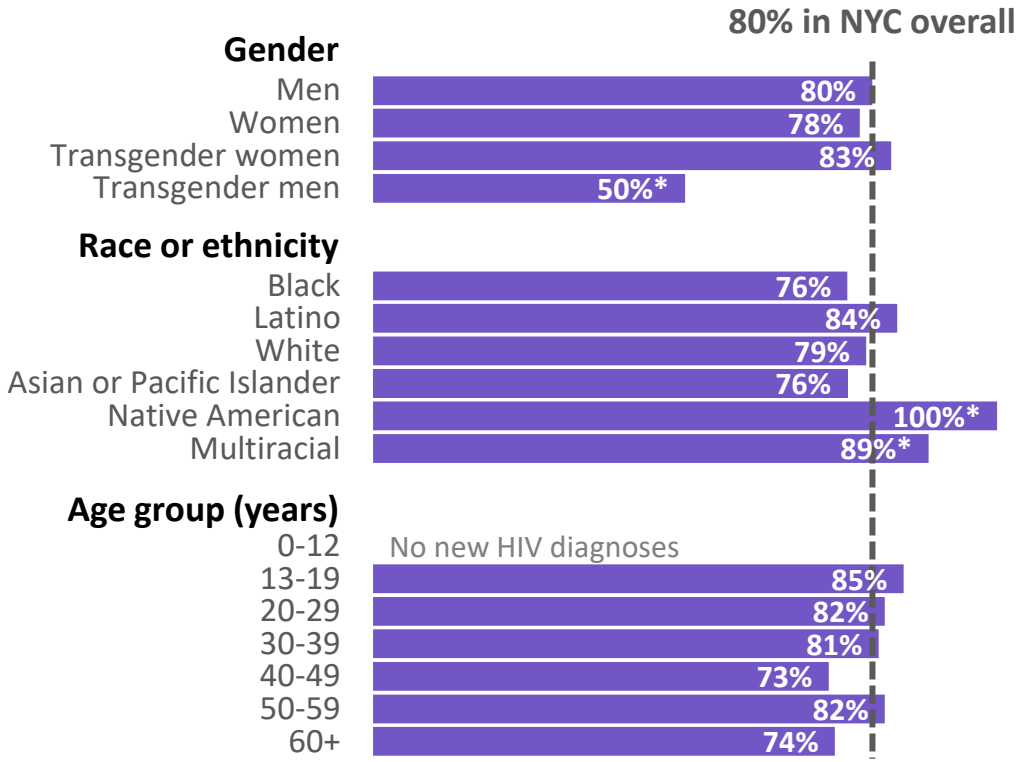
Timely Initiation of Care[1] After Diagnosis
in New York City, 2019-2023

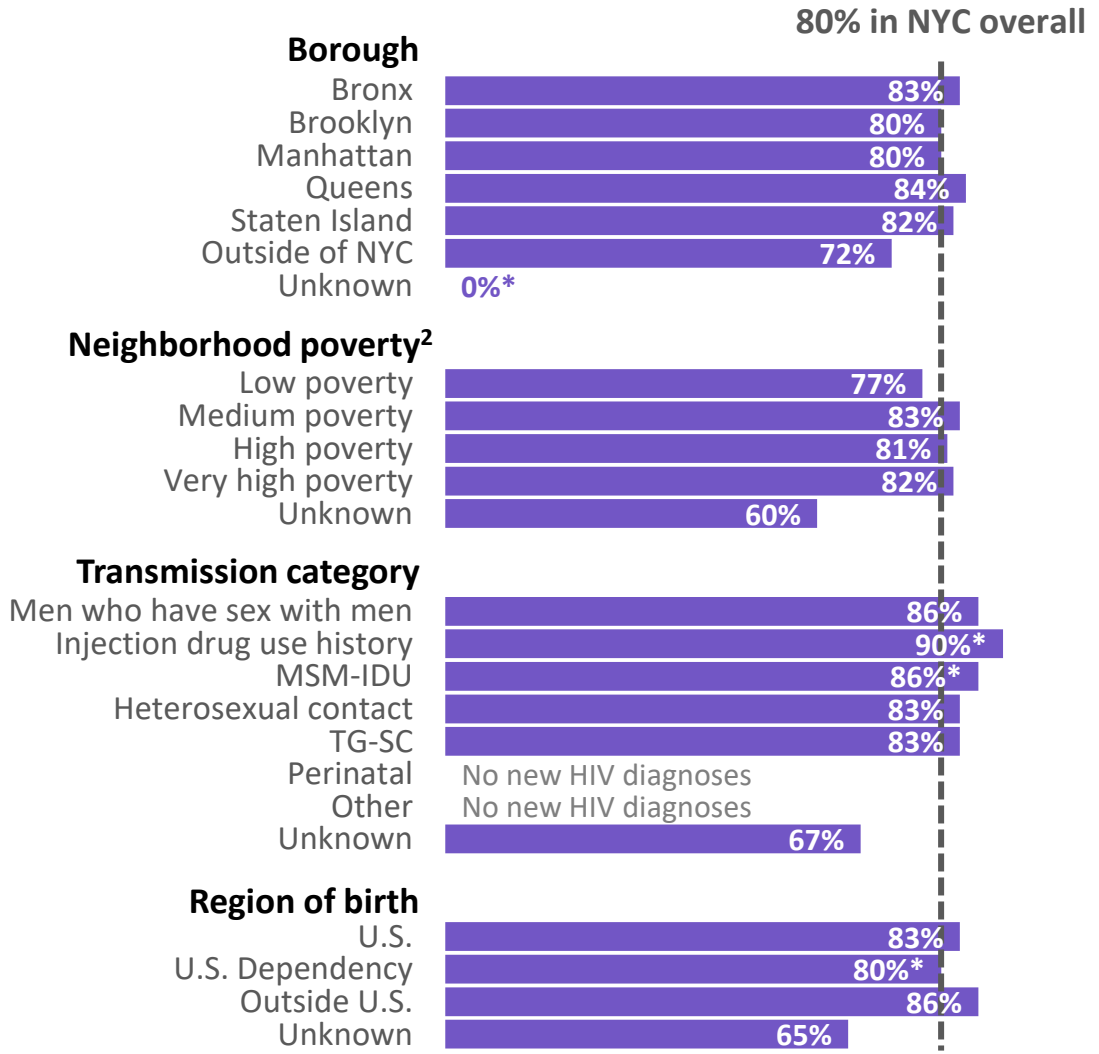


Among people newly diagnosed with HIV, timely initiation of care remained relatively flat from 2019 to 2023.

[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 New York City by Demographic Group, 2023

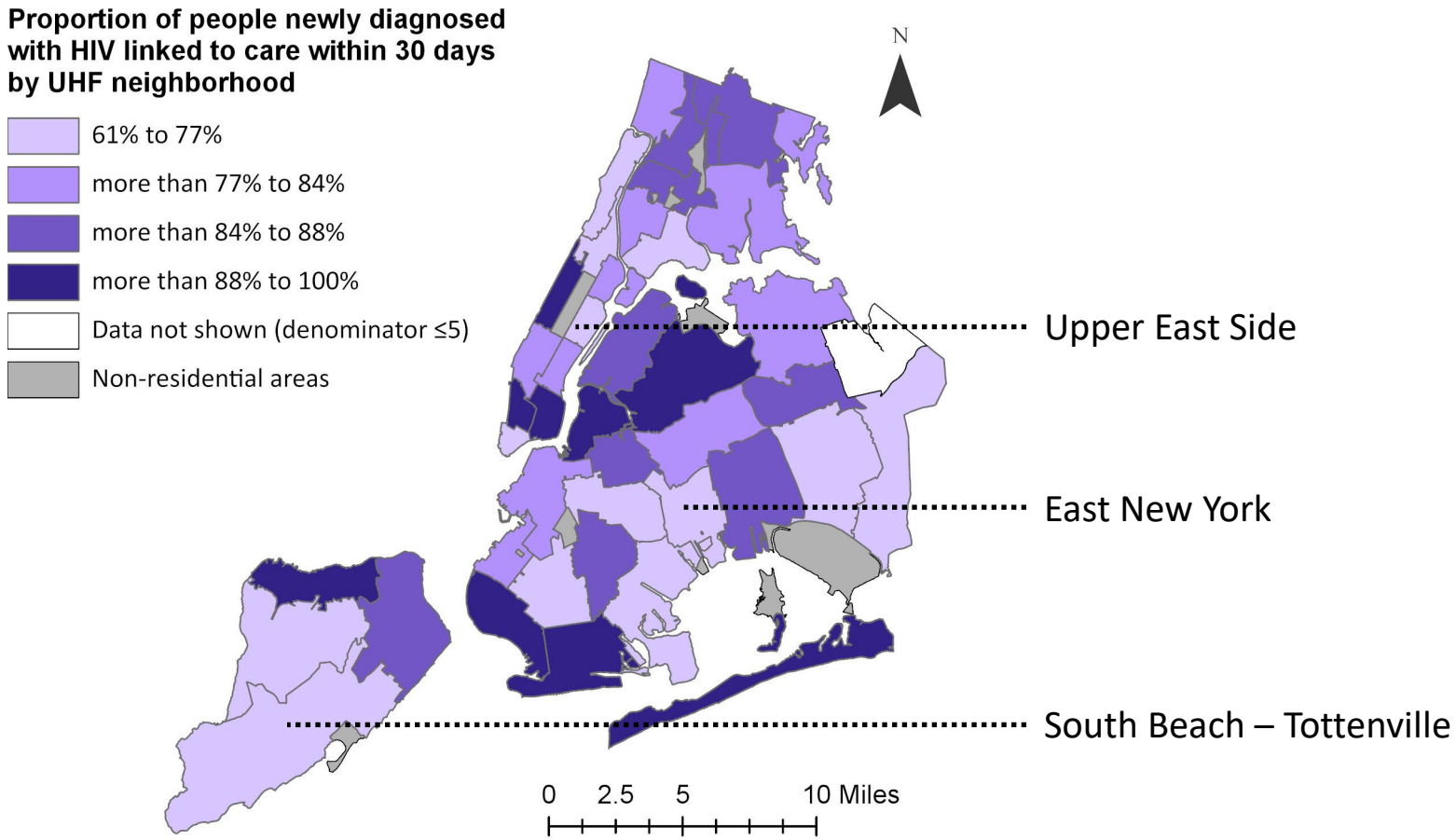




Differences in timely initiation of care exist across demographic groups.

*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.

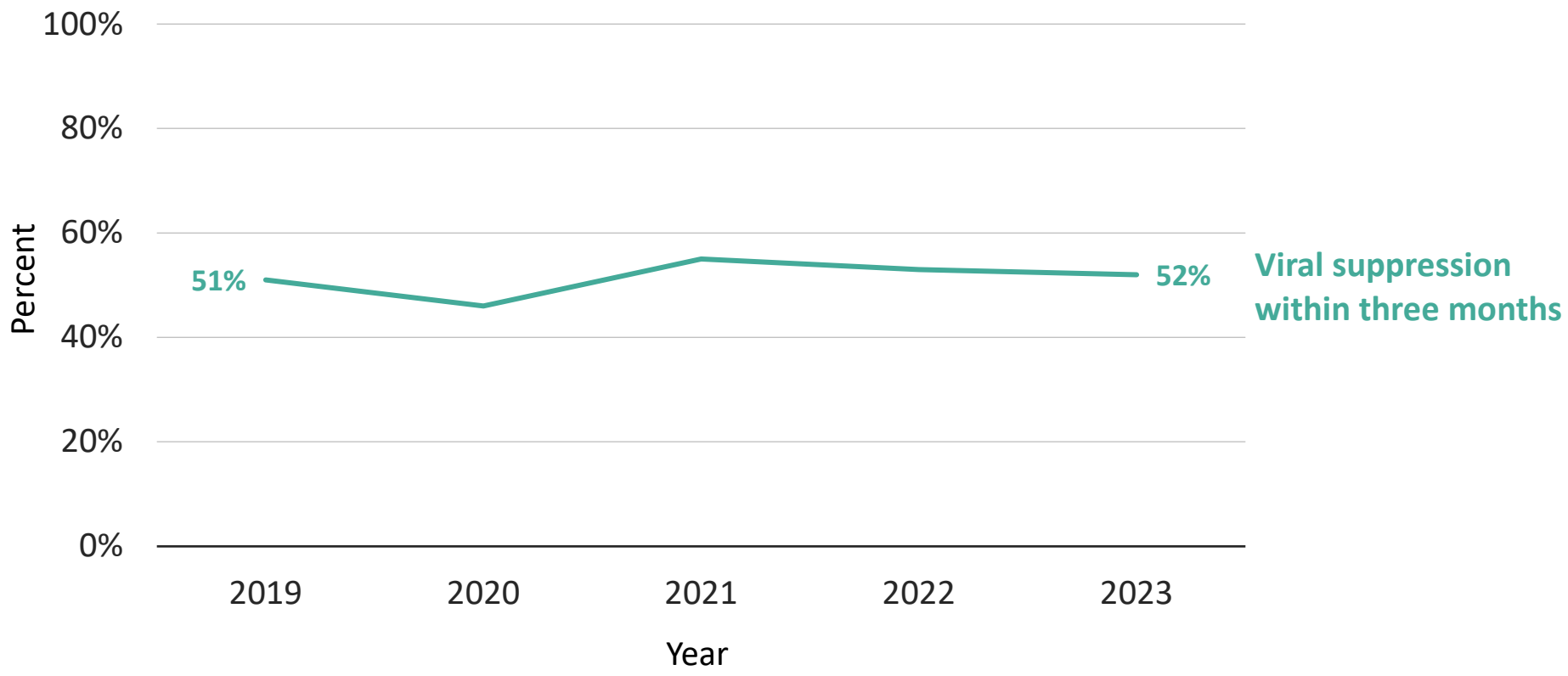
Timely Initiation of Care[1] After Diagnosis in New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the lowest proportions of people linked to care within 30 days were the Upper East Side (61%), East New York (66%), and South Beach – Tottenville (67%).

[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.

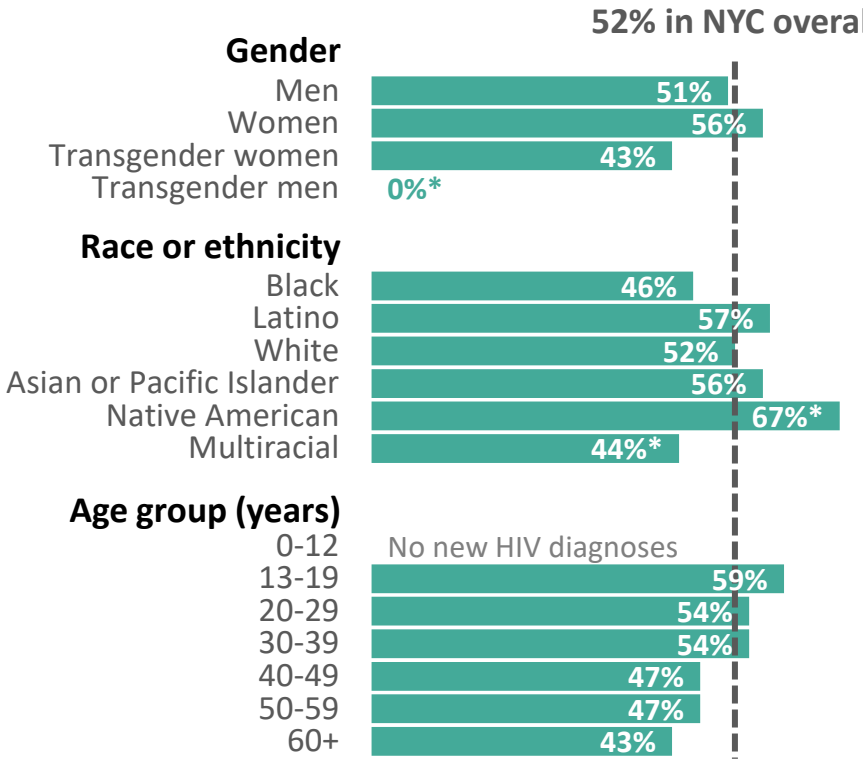
Viral Suppression[1] Within Three Months of Diagnosis
in New York City, 2019-2023

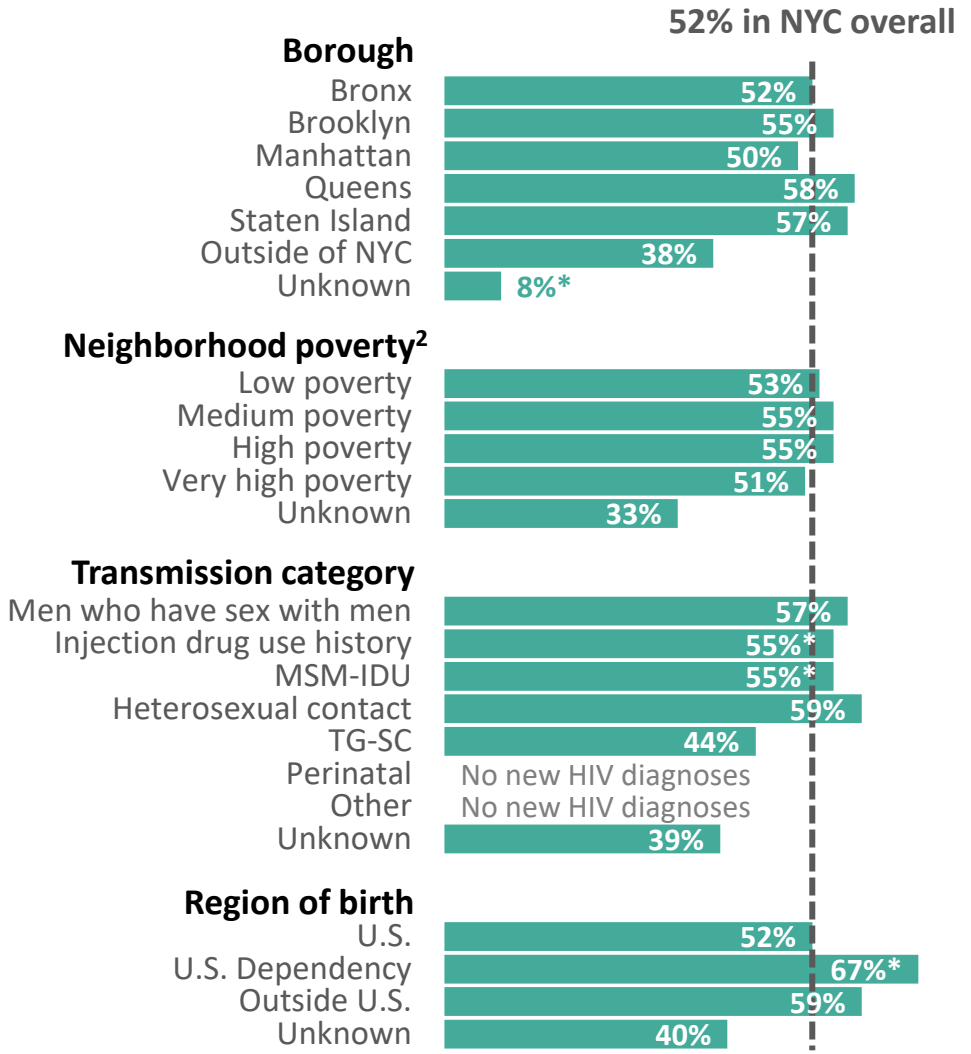


Among people newly diagnosed with HIV, viral suppression within three months of an HIV diagnosis remained relatively flat from 2019 to 2023.

[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 New York City by Demographic Group, 2023

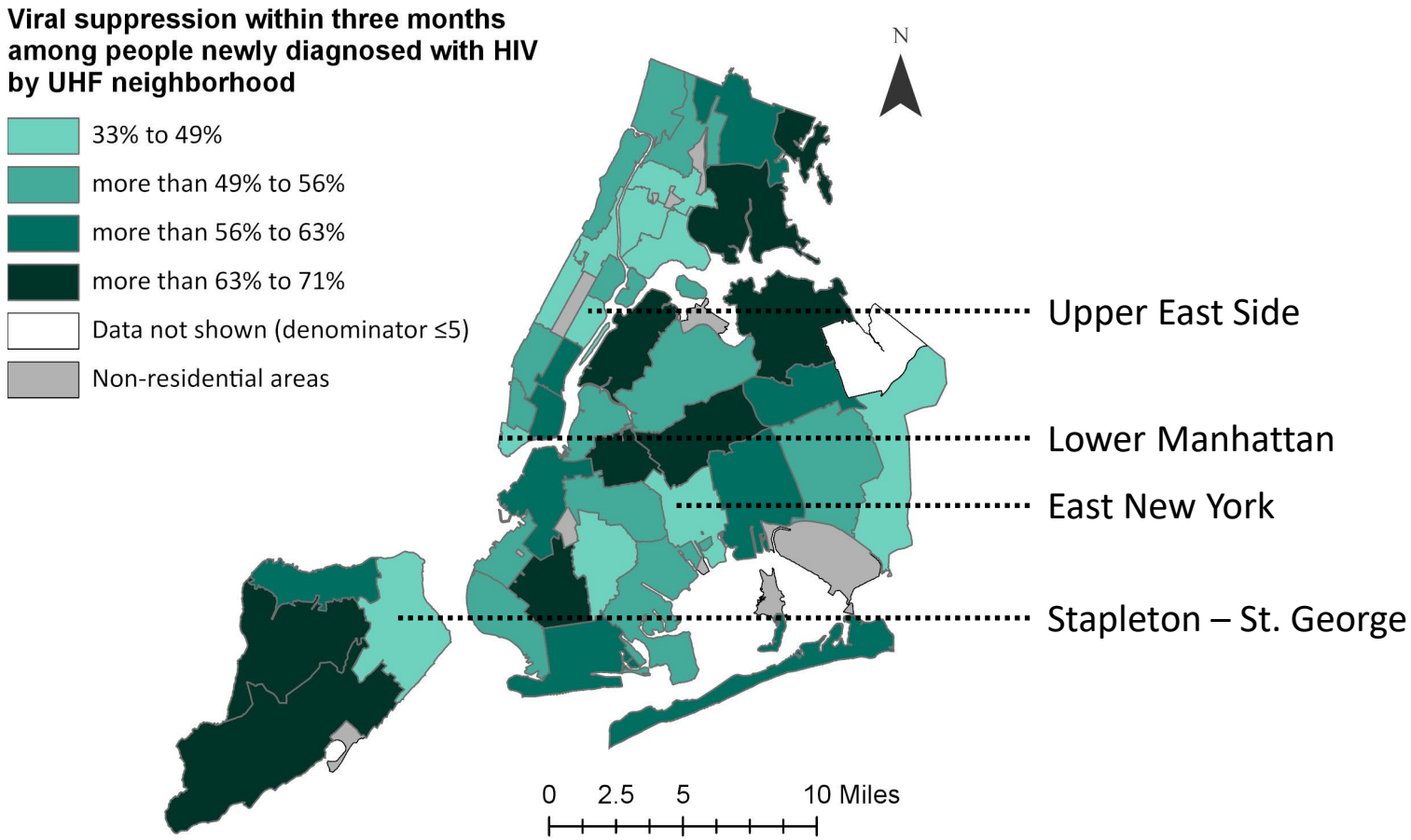




Differences in viral suppression within three months of an HIV diagnosis exist across demographic groups.

*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 After Diagnosis in New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the lowest proportions of people virally suppressed within three months of an HIV diagnosis were the Upper East Side (33%), Lower Manhattan (33%), East New York (40%), and Stapleton – St. George (40%).

[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

New York City

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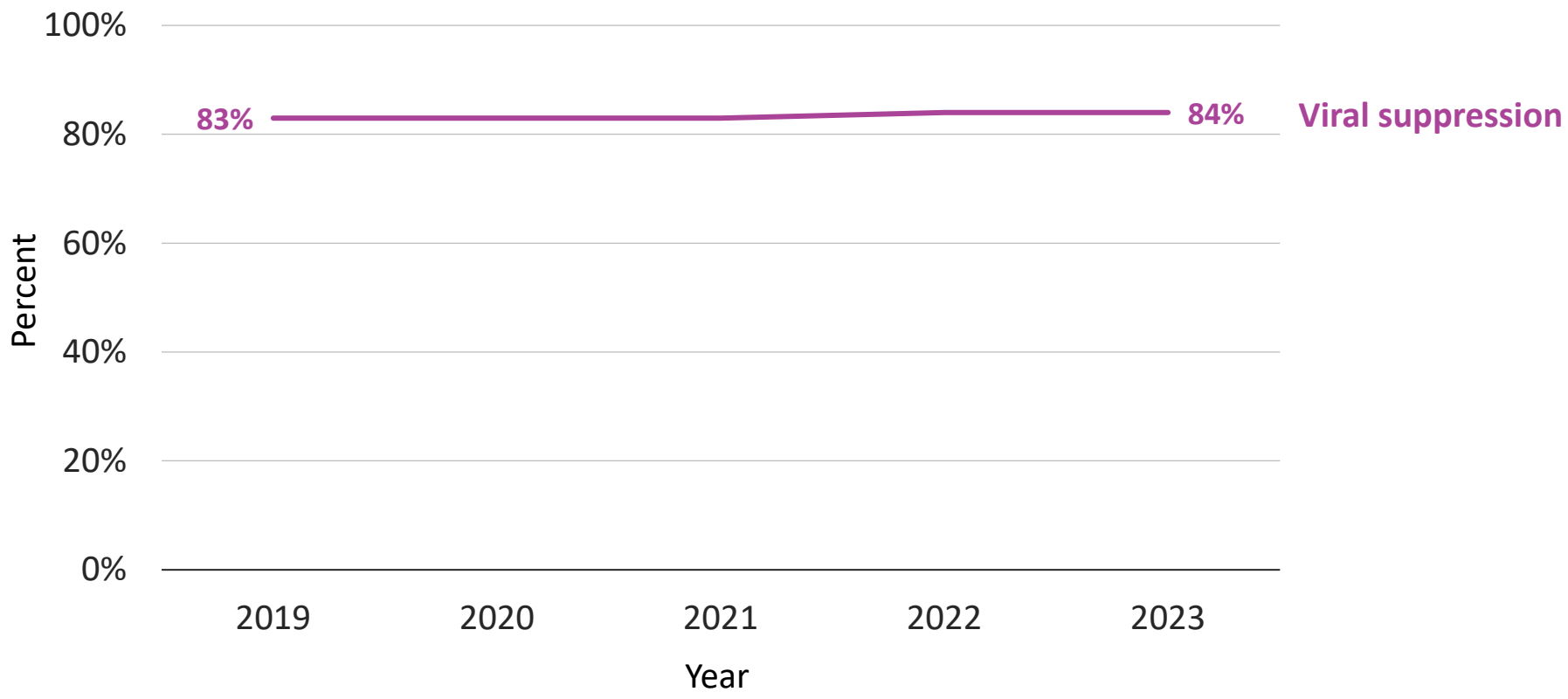
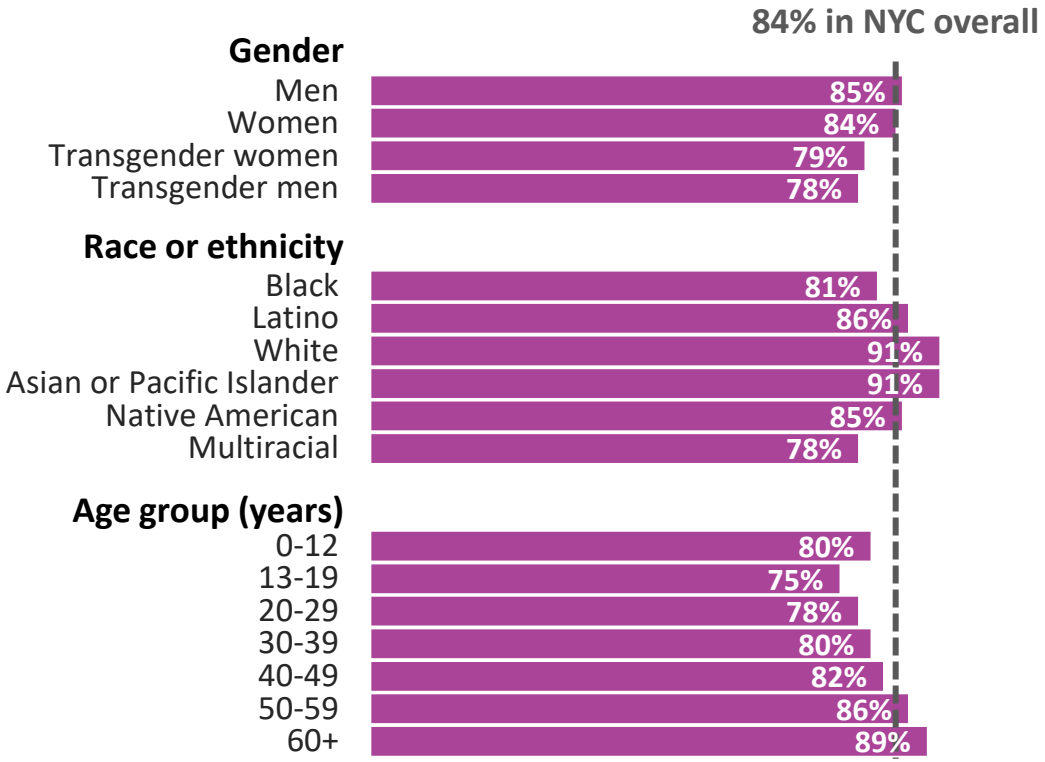
Viral Suppression[1] Among People Diagnosed With HIV[2] in New York City, 2019-2023

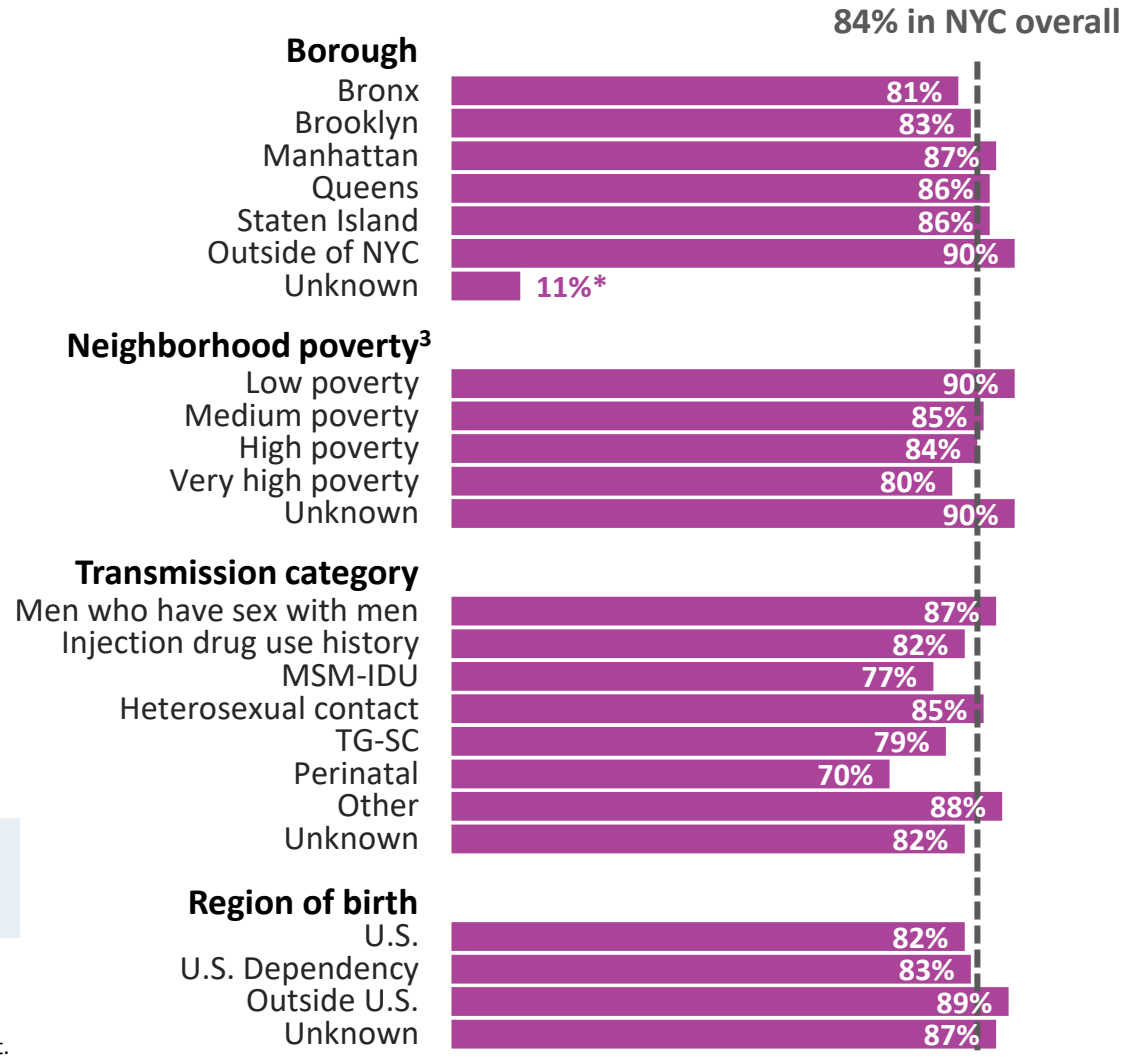


Viral suppression remained relatively flat among people diagnosed with HIV from 2019 to 2023.

[1]Viral suppression is defined as a viral load <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 New York City by Demographic Group, 2023





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

*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 a viral load <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 the NYC ZIP code of residence at diagnosis.
Low poverty=<10% below FPL; Medium poverty=10 to <20% below FPL; High poverty=20 to <30% below FPL; Very high poverty=≥30% below FPL.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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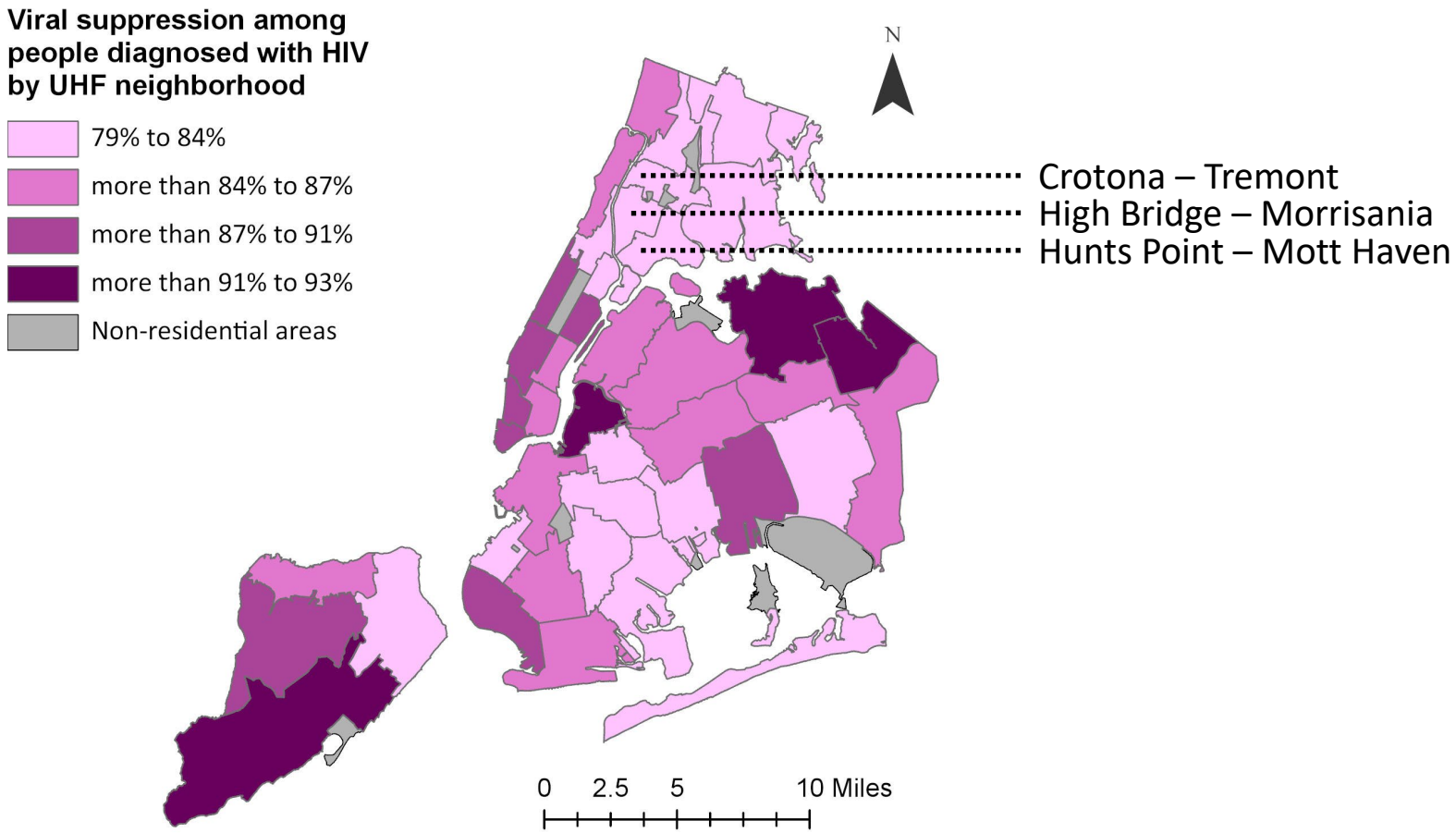
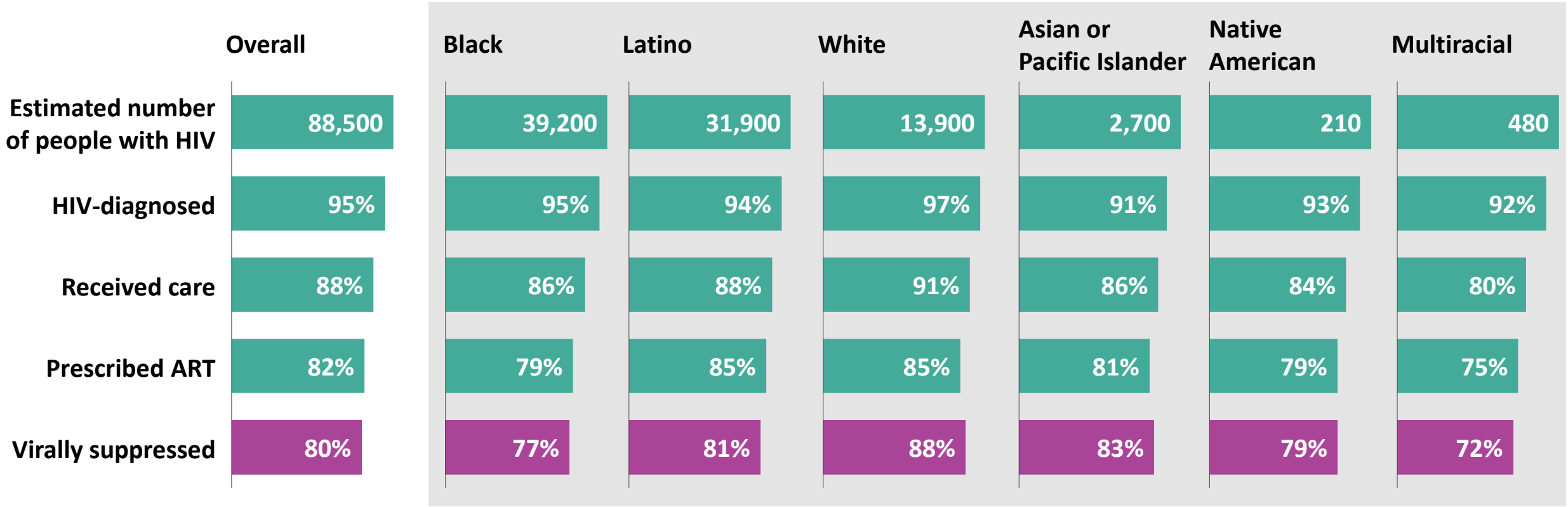
Viral Suppression[1] Among People Diagnosed With HIV[2] in New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the lowest proportions of virally suppressed people diagnosed with HIV were Crotona – Tremont (79%), Hunts Point – Mott Haven (79%), and High Bridge – Morrisania (80%).

[1]Viral suppression is defined as a viral load <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.

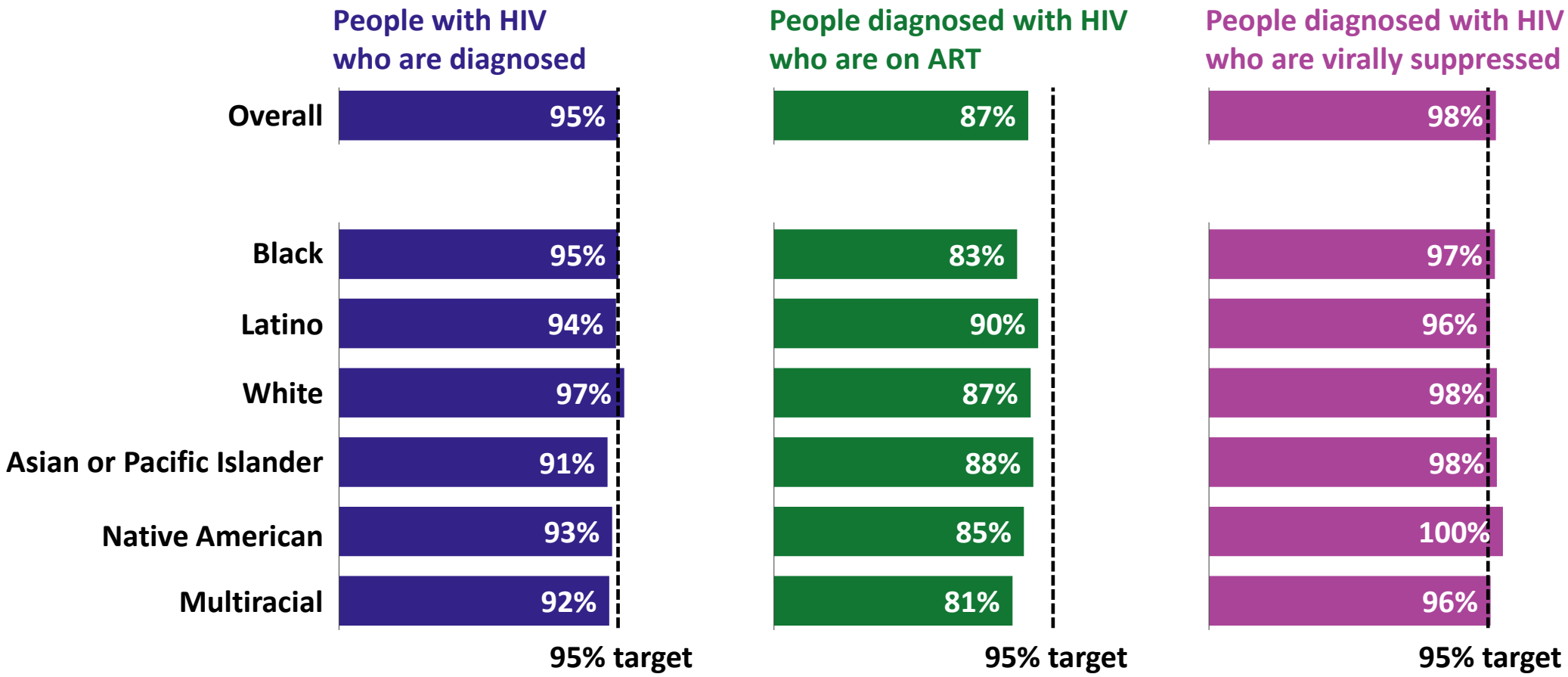
Proportion of People With HIV in Stages of the HIV Care Continuum[1,2] in New York City Overall and by Race or Ethnicity,[3] 2023



Of approximately 88,500 people with HIV in 2023, 80% had a suppressed viral load.
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.

Proportion of People With HIV Meeting UNAIDS 95-95-95 Targets[1] in New York City
Overall and by Race or Ethnicity, 2023



The proportion of people diagnosed with HIV who are on ART is lower than the 95% target.
There were inequities in meeting UNAIDS 95-95-95 targets by race or ethnicity in 2023.

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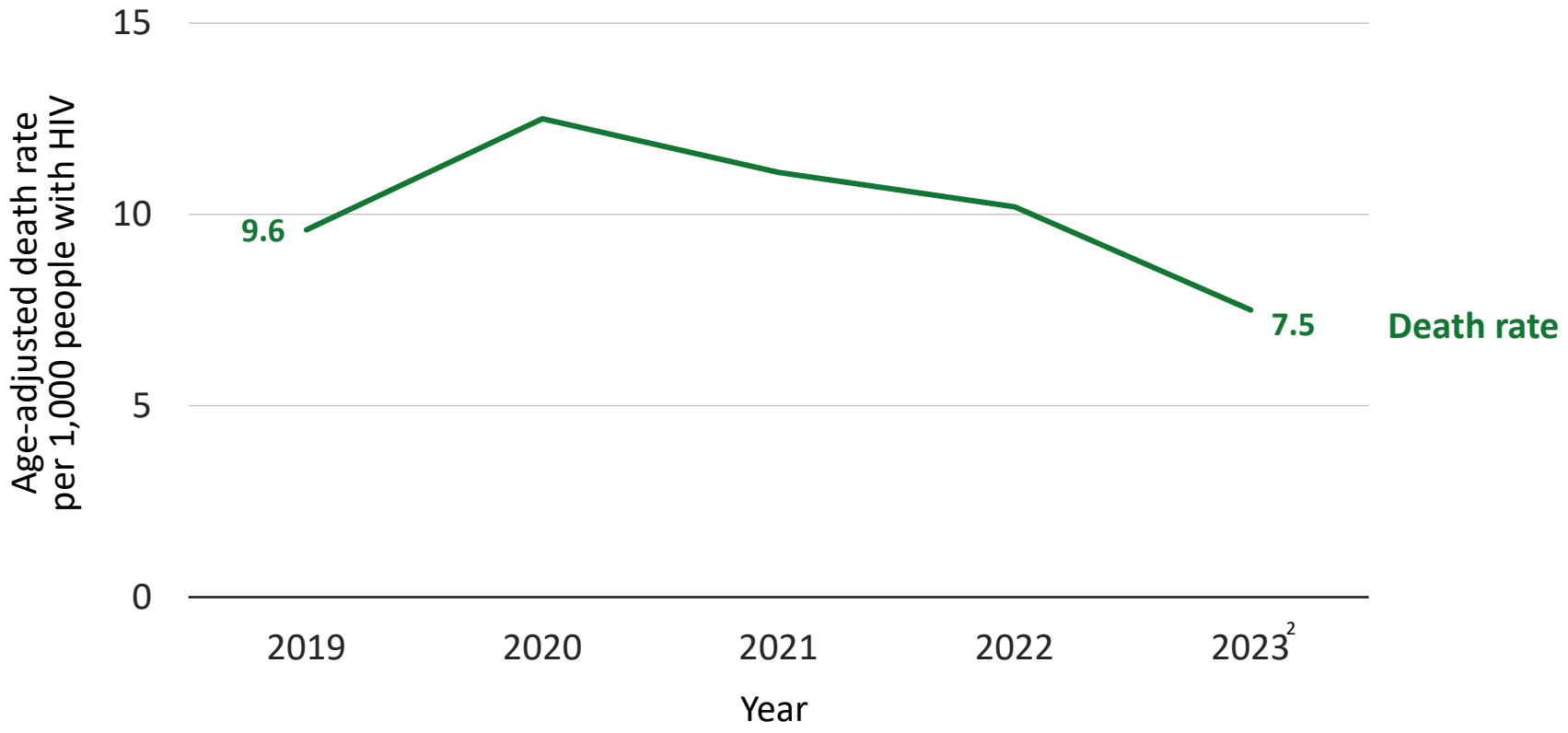
[1]For more information on these targets, see: https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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



The age-adjusted death rate declined by 22% since 2019 and 40% since its recent peak in 2020.

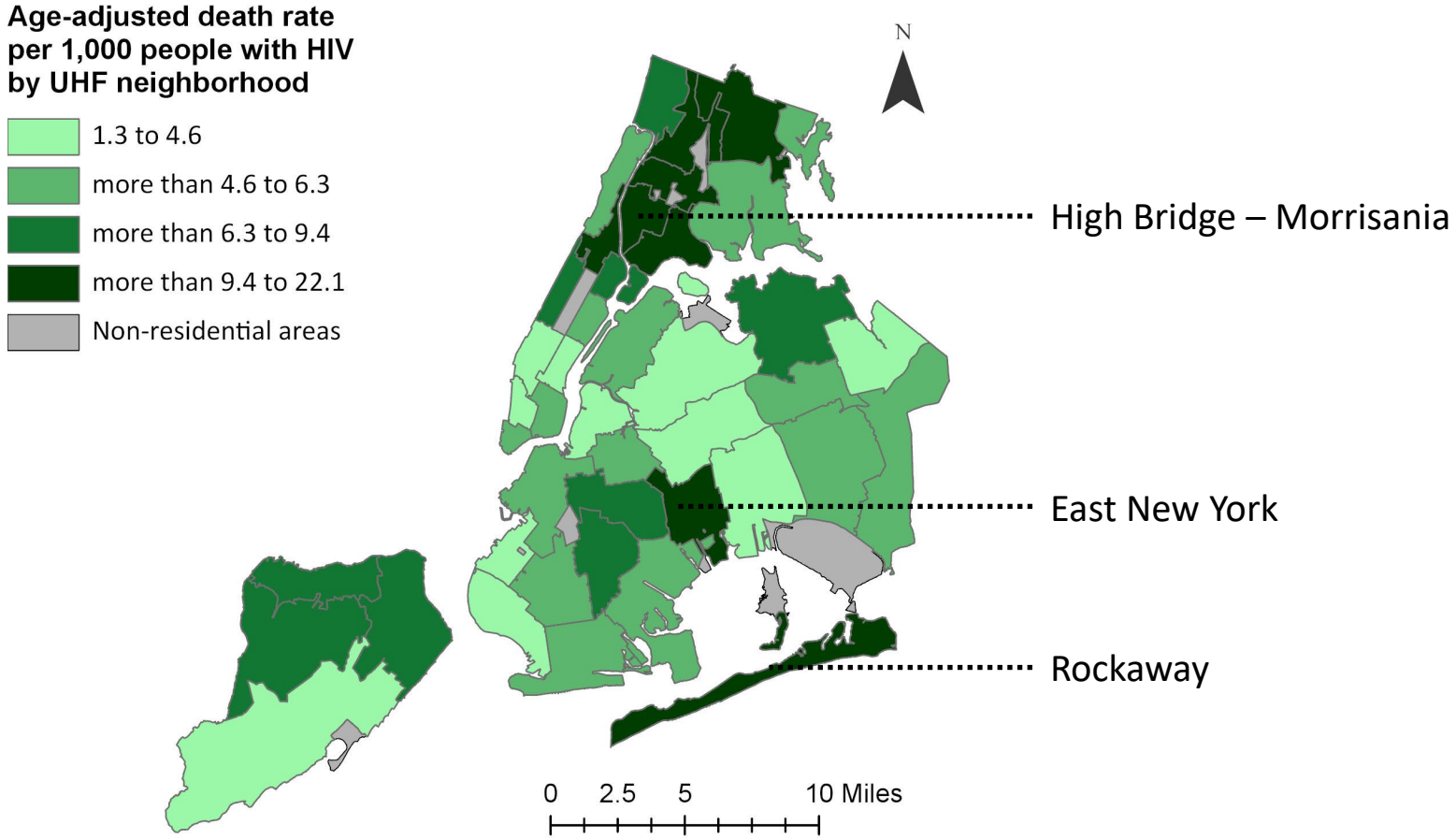
[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
[2]Death data for 2023 are incomplete.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

Age-Adjusted[1] Death Rate per 1,000 People With HIV in New York City by Demographic Group, 2023

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

*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 New York City by United Hospital Fund Neighborhood, 2023



The neighborhoods with the highest age-adjusted death rates were East New York (22.1 per 1,000), High Bridge – Morrisania (12.9 per 1,000), and Rockaway (12.8 per 1,000).

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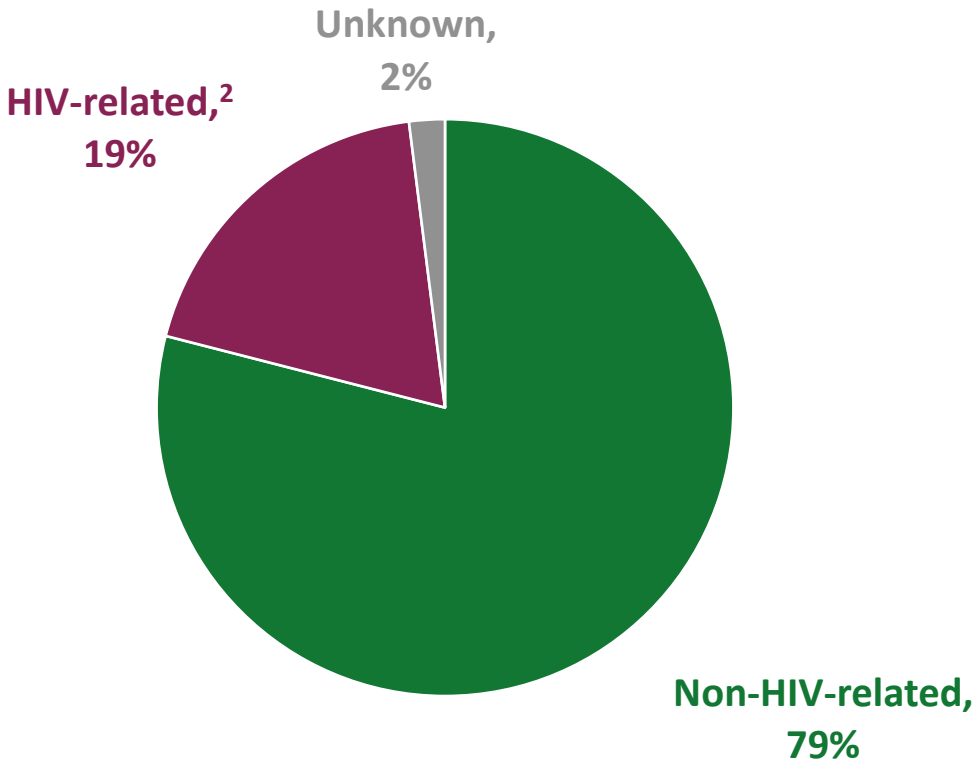
[1]Age-adjusted to the standard 2000 U.S. population. People newly diagnosed with HIV at death were excluded from the numerator.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2024.

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



In 2022, 79% of deaths among people with HIV were due to non-HIV-related causes. Among these, the top causes were cardiovascular disease (22%), non-HIV-related cancers (18%), and accidents (11%).

[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.