HIV Surveillance
Annual Report, 2023

New York City Department of Health and Mental Hygiene

In 2023, 1,686 people were newly diagnosed with HIV in New York City, an increase of 7.6% from 2022, and one in contrast with the year-over-year decline in new diagnoses between 2001 and 2022 (Figure 1). While the number of new diagnoses increased in 2023, the estimated number of new HIV infections decreased by 17%, from 1,347 in 2022 to 1,122 in 2023 (Figure 7.1). The divergence in new diagnoses and estimated new infections suggests that more existing infections were diagnosed, which may allow providers to link more people to care so that they can initiate HIV treatment and achieve viral suppression.

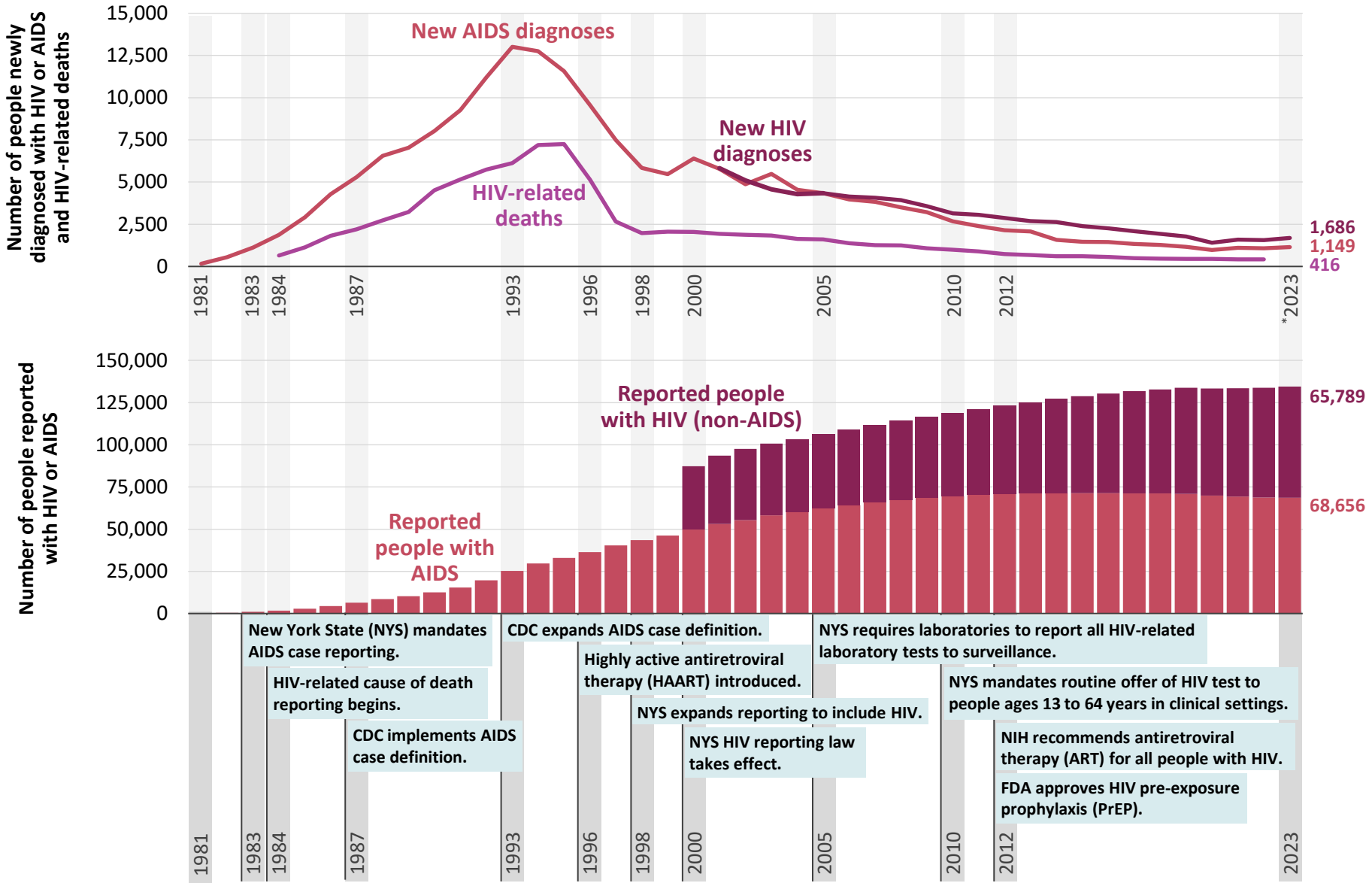Key takeaways from the 2023 HIV Surveillance Annual Report include:

- Among the 1,686 people newly diagnosed with HIV in NYC in 2023, sociodemographic distributions were similar to those observed over the past five years.
    - Forty-two percent (42%) were Latino and 41% were Black (Table 1).
    - Seventy-nine percent (79%) were men, 18% were women, 3% were transgender women, and less than 1% were transgender men (Table 1).
    - Sixty-seven percent (67%) were ages 20 to 39 years, and 14% were ages 50 years or older (Table 1).
    - Thirty-nine percent (39%) lived in high- or very high-poverty ZIP codes at the time of diagnosis (Table 1).
    - Among all people newly diagnosed with HIV for whom data on transmission category were available, 69% were men who have sex with men (MSM) (Table 1); among all men newly diagnosed with HIV with transmission category data, 91% were MSM (Table 2).
- Progress on improving HIV care outcomes among people with HIV in NYC remained flat, with stable trends or small improvements over the past five years (Figures 10.1 and 10.3). In 2023, the proportion of people with HIV who were receiving HIV care was 88% (Figure 11.1), and among all people receiving HIV care, 89% were virally suppressed (Figure 10.3).
- Eighty-two percent (82%) of people reported with newly diagnosed HIV and assigned to the NYC Health Department's Assess. Connect. Engage. (ACE) Team were interviewed and offered partner services, linkage to care, and referral to support services, as needed (Figure 8.1).

Data in the NYC HIV surveillance system come from two principal sources: (1) HIV-related laboratory tests ordered by NYC-based providers, and (2) NYC Health Department-led surveillance investigations to confirm diagnoses and determine whether they are new or previously reported. Surveillance data assist the NYC Health Department and its partners to plan and implement HIV prevention, testing, care, and treatment initiatives. The data also help us to understand and evaluate progress toward reducing disparities in HIV prevention, diagnosis, and outcomes by demographic groups.

The increase in new HIV diagnoses, the relative plateau in HIV care outcomes among people with HIV, and the inequities reflected in many measures in this report call for continued action in addressing the social and structural barriers that contribute to disparate HIV incidence and health outcomes.

Figure 1. History of the HIV Epidemic in NYC From 1981 to 2023

CDC = Centers for Disease Control and Prevention; NIH = National Institutes of Health; FDA = Food and Drug Administration
*Data on 2023 deaths are incomplete.

Figure 2. Trends in New HIV Diagnoses in NYC From 2001 to 2023

New HIV diagnoses	2001		2023	Average annual percent change[1]
Total	5,823		1,686	-5.89
Gender [2]				
Men	3,843		1,327	-5.06
Women	1,911		299	-9.09
Transgender women	68		58	-0.35
Transgender men	1		2	7.52
Race or ethnicity[3]				
Black	3,017		697	-6.99
Latino	1,768		713	-4.52
White	896		183	-6.84
Asian or Pacific Islander	120		81	-1.15
Native American	12		3	-8.97
Multiracial	8		9	1.30
Age group (years) [4]				
0-12	83		0	-18.51
13-19	214		41	-6.56
20-29	1,146		566	-3.15
30-39	2,049		570	-6.76
40-49	1,500		269	-8.84
50-59	618		147	-5.76
60+	213		93	-3.44

New HIV diagnoses	2001		2023	Average annual percent change[1]
Borough of residence [5]				
Bronx	1,261		372	-5.81
Brooklyn	1,564		468	-5.58
Manhattan	1,465		299	-7.54
Queens	708		351	-4.18
Staten Island	100		45	-4.29
Outside NYC	605		126	-6.97
Transmission category [6]				
Men who have sex with men (MSM)	1,794		825	-3.44
Injection drug use history (IDU)	886		20	-17.46
MSM-IDU	152		22	-8.46
Heterosexual contact	1,570		278	-7.95
Transgender people with sexual contact (TG-SC)	57		54	0.25
Perinatal	80		0	-19.11
Other	5		0	-10.40
Place of birth[7]				
U.S.	4,298		644	-6.90
U.S. dependencies	271		16	-11.37
Outside of the U.S.	897		609	-3.26

The average annual percent change in the number of people newly diagnosed with HIV decreased in NYC from 2001 to 2023 overall and among most demographic groups. The largest decreases occurred among children newborn to age 12 years, people with perinatally transmitted HIV, and people with injection drug use history. Increases in the average annual percent change in the number of people newly diagnosed with HIV occurred among transgender men, multiracial people, and transgender people with sexual contact; however, the number of new HIV diagnoses in these groups remains relatively low and the increases should be interpreted with caution.

MSM-IDU = men who have sex with men and inject drugs
[1]The average annual change is the geometric mean over the specified time period. [2]HIV surveillance collects information on other gender identity categories, including "Nonbinary or gender-nonconforming." Data for these individuals are displayed by sex assigned at birth due to small population sizes. For further information on gender identity, see Technical Notes. [3]Black, white, Asian or Pacific Islander, Native American, and multiracial race categories exclude Latino ethnicity. People with the ethnicity Latino are grouped in the Latino category regardless of their race classification. For further information on race and ethnicity, see Technical Notes. [4]Age at HIV diagnosis. [5]Borough of residence at HIV diagnosis. [6]For further information on transmission category, see Technical Notes. [7]"U.S. dependency" includes people born in Puerto Rico and other U.S. dependencies (such as the U.S. Virgin Islands and Guam).

Table 1. New HIV and AIDS Diagnoses and Deaths From January 1, 2023, to December 31, 2023; and People Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[1] | | | | | | New AIDS diagnoses[3] | | People with HIV as of Dec. 31, 2023 | | Deaths[4] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[2] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	1,686	100.0	1,358	100.0	328	100.0	19.5	1,149	100.0	134,445	100.0	1,538	100.0
Gender[5]													
Men	1,327	78.7	1,076	79.2	251	76.5	18.9	820	71.4	98,285	73.1	1,095	71.2
Women	299	17.7	229	16.9	70	21.3	23.4	291	25.3	33,270	24.7	413	26.9
Transgender women	58	3.4	51	3.8	7	2.1	12.1	37	3.2	2,826	2.1	29	1.9
Transgender men	2	0.1	2	0.1	0	0.0	0.0	1	0.1	64	0.0	1	0.1
Race or ethnicity[6]													
Black	697	41.3	560	41.2	137	41.8	19.7	507	44.1	56,731	42.2	826	53.7
Latino	713	42.3	570	42.0	143	43.6	20.1	478	41.6	46,086	34.3	496	32.2
White	183	10.9	157	11.6	26	7.9	14.2	122	10.6	26,641	19.8	184	12.0
Asian or Pacific Islander	81	4.8	66	4.9	15	4.6	18.5	30	2.6	3,700	2.8	18	1.2
Native American	3	0.2	1	0.1	2	0.6	66.7	2	0.2	308	0.2	5	0.3
Multiracial	9	0.5	4	0.3	5	1.5	55.6	10	0.9	679	0.5	9	0.6
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	300	0.2	0	0.0
Age group (years)[7]													
0-12	0	0.0	0	0.0	0	0.0	0.0	1	0.1	35	0.0	0	0.0
13-19	41	2.4	41	3.0	0	0.0	0.0	4	0.3	230	0.2	1	0.1
20-29	566	33.6	493	36.3	73	22.3	12.9	175	15.2	6,442	4.8	26	1.7
30-39	570	33.8	459	33.8	111	33.8	19.5	356	31.0	22,705	16.9	114	7.4
40-49	269	16.0	201	14.8	68	20.7	25.3	236	20.5	23,286	17.3	137	8.9
50-59	147	8.7	104	7.7	43	13.1	29.3	184	16.0	34,066	25.3	371	24.1
60+	93	5.5	60	4.4	33	10.1	35.5	193	16.8	47,681	35.5	889	57.8

[1]Excludes people known to have been diagnosed outside NYC. [2]HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with AIDS diagnoses. [3]Includes concurrent HIV-AIDS diagnoses. [4]Includes deaths from any cause in people with HIV. Death data are incomplete. [5]For further information on gender identity, see Technical Notes. [6]For further information on race or ethnicity, see Technical Notes. [7]For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death.

Table 1 (Continued). New HIV and AIDS Diagnoses and Deaths From January 1, 2023, to December 31, 2023; and People Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[1] | | | | | | New AIDS diagnoses[3] | | People with HIV as of Dec. 31, 2023 | | Deaths[4] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[2] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Borough of residence[8]													
Bronx	372	22.1	302	22.2	70	21.3	18.8	315	27.4	31,732	23.6	570	37.1
Brooklyn	468	27.8	380	28.0	88	26.8	18.8	282	24.5	31,731	23.6	368	23.9
Manhattan	299	17.7	242	17.8	57	17.4	19.1	206	17.9	33,104	24.6	328	21.3
Queens	351	20.8	274	20.2	77	23.5	21.9	198	17.2	20,416	15.2	141	9.2
Staten Island	45	2.7	36	2.7	9	2.7	20.0	22	1.9	2,577	1.9	39	2.5
Outside NYC	126	7.5	99	7.3	27	8.2	21.4	117	10.2	14,492	10.8	56	3.6
Unknown	25	1.5	25	1.8	0	0.0	0.0	9	0.8	393	0.3	36	2.3
Area-based poverty level[9]													
Low poverty	172	10.2	143	10.5	29	8.8	16.9	92	8.0	14,451	10.7	118	7.7
Medium poverty	702	41.6	556	40.9	146	44.5	20.8	435	37.9	50,732	37.7	478	31.1
High poverty	368	21.8	292	21.5	76	23.2	20.7	255	22.2	28,051	20.9	382	24.8
Very high poverty	292	17.3	242	17.8	50	15.2	17.1	238	20.7	25,112	18.7	466	30.3
Unavailable	152	9.0	125	9.2	27	8.2	17.8	129	11.2	16,099	12.0	94	6.1

[1-4]Footnotes appear on the previous page. [8]For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available. [9]Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence at diagnosis or most recent residence (see Footnote 8). 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.

Table 1 (Continued). New HIV and AIDS Diagnoses and Deaths From January 1, 2023, to December 31, 2023; and People Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[1] | | | | | | New AIDS diagnoses[3] | | People with HIV as of Dec. 31, 2023 | | Deaths[4] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[2] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Transmission category[10]													
MSM	825	48.9	689	50.7	136	41.5	16.5	450	39.2	62,210	46.3	403	26.2
Injection drug use history	20	1.2	15	1.1	5	1.5	25.0	63	5.5	13,614	10.1	373	24.3
MSM-IDU	22	1.3	19	1.4	3	0.9	13.6	25	2.2	3,464	2.6	77	5.0
Heterosexual contact	278	16.5	206	15.2	72	22.0	25.9	252	21.9	27,365	20.4	346	22.5
TG-SC	54	3.2	49	3.6	5	1.5	9.3	31	2.7	2,567	1.9	20	1.3
Perinatal	0	0.0	0	0.0	0	0.0	0.0	21	1.8	2,502	1.9	23	1.5
Other	0	0.0	0	0.0	0	0.0	0.0	1	0.1	186	0.1	2	0.1
Unknown	487	28.9	380	28.0	107	32.6	22.0	306	26.6	22,537	16.8	294	19.1
Place of birth[11]													
U.S.	644	38.2	541	39.8	103	31.4	16.0	521	45.3	74,117	55.1	1,095	71.2
U.S. dependency	16	0.9	11	0.8	5	1.5	31.3	31	2.7	4,660	3.5	159	10.3
Outside of the U.S.	609	36.1	449	33.1	160	48.8	26.3	418	36.4	31,488	23.4	240	15.6
Unknown	417	24.7	357	26.3	60	18.3	14.4	179	15.6	24,180	18	44	2.9

MSM = men who have sex with men; MSM-IDU = men who have sex with men and inject drugs; TG-SC = transgender people with sexual contact
[1-4]Footnotes appear on first page of Table 1. [10]For further information on transmission category, see Technical Notes. [11]"U.S. dependency" includes people born in Puerto Rico and other U.S. dependencies (such as the U.S. Virgin Islands and Guam).

Table 2. New HIV and AIDS Diagnoses and Deaths Among Men[1,2] From January 1, 2023, to December 31, 2023; and Men Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[3] | | | | | | New AIDS diagnoses[5] | | People with HIV as of Dec. 31, 2023 | | Deaths[6] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[4] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	1,329	100.0	1,078	100.0	251	100.0	18.9	821	100.0	98,349	100.0	1,096	100.0
Race or ethnicity[7]													
Black	516	38.8	419	38.9	97	38.6	18.8	324	39.5	36,215	36.8	536	48.9
Latino	574	43.2	460	42.7	114	45.4	19.9	351	42.8	34,002	34.6	366	33.4
White	157	11.8	137	12.7	20	8.0	12.7	106	12.9	24,010	24.4	164	15.0
Asian or Pacific Islander	72	5.4	58	5.4	14	5.6	19.4	29	3.5	3,124	3.2	17	1.6
Native American	3	0.2	1	0.1	2	0.8	66.7	2	0.2	237	0.2	4	0.4
Multiracial	7	0.5	3	0.3	4	1.6	57.1	9	1.1	529	0.5	9	0.8
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	232	0.2	0	0.0
Age group (years)[8]													
0-12	0	0.0	0	0.0	0	0.0	0.0	0	0.0	16	0.0	0	0.0
13-19	34	2.6	34	3.2	0	0.0	0.0	1	0.1	148	0.2	1	0.1
20-29	485	36.5	426	39.5	59	23.5	12.2	127	15.5	4,904	5.0	15	1.4
30-39	460	34.6	367	34.0	93	37.1	20.2	280	34.1	18,298	18.6	89	8.1
40-49	193	14.5	139	12.9	54	21.5	28.0	165	20.1	17,054	17.3	101	9.2
50-59	96	7.2	69	6.4	27	10.8	28.1	122	14.9	24,069	24.5	254	23.2
60+	61	4.6	43	4.0	18	7.2	29.5	126	15.3	33,860	34.4	636	58.0
Borough of residence[9]													
Bronx	272	20.5	223	20.7	49	19.5	18.0	216	26.3	20,039	20.4	394	35.9
Brooklyn	359	27.0	297	27.6	62	24.7	17.3	188	22.9	21,573	21.9	247	22.5
Manhattan	255	19.2	207	19.2	48	19.1	18.8	165	20.1	28,040	28.5	251	22.9
Queens	288	21.7	225	20.9	63	25.1	21.9	146	17.8	15,161	15.4	105	9.6
Staten Island	33	2.5	25	2.3	8	3.2	24.2	18	2.2	1,662	1.7	29	2.6
Outside NYC	101	7.6	80	7.4	21	8.4	20.8	81	9.9	11,562	11.8	42	3.8
Unknown	21	1.6	21	1.9	0	0.0	0.0	7	0.9	312	0.3	28	2.6

[1]For further information on gender identity, see Technical Notes. [2]Includes transgender men. For detailed breakdown of HIV among transgender people, see Table 4. [3]Excludes people known to have been diagnosed outside NYC. [4]HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with AIDS diagnoses. [5]Includes concurrent HIV-AIDS diagnoses. [6]Includes deaths from any cause in people with HIV. Death data are incomplete. [7]For further information on race and ethnicity, see Technical Notes. [8]For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death. [9]For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available.

Table 2 (Continued). New HIV and AIDS Diagnoses and Deaths Among Men[1,2] From January 1, 2023, to December 31, 2023; and Men Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[3] | | | | | | New AIDS diagnoses[5] | | People with HIV as of Dec. 31, 2023 | | Deaths[6] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[4] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Area-based poverty level[10]													
Low poverty	142	10.7	119	11.0	23	9.2	16.2	69	8.4	11,926	12.1	100	9.1
Medium poverty	564	42.4	453	42.0	111	44.2	19.7	324	39.5	38,119	38.8	352	32.1
High poverty	289	21.7	226	21.0	63	25.1	21.8	177	21.6	19,347	19.7	259	23.6
Very high poverty	211	15.9	178	16.5	33	13.1	15.6	161	19.6	16,136	16.4	314	28.6
Unavailable	123	9.3	102	9.5	21	8.4	17.1	90	11.0	12,821	13.0	71	6.5
Transmission category[11]													
MSM	825	62.1	689	63.9	136	54.2	16.5	450	54.8	62,210	63.3	403	36.8
Injection drug use history	10	0.8	6	0.6	4	1.6	40.0	43	5.2	8,684	8.8	255	23.3
MSM-IDU	22	1.7	19	1.8	3	1.2	13.6	25	3.0	3,464	3.5	77	7.0
Heterosexual contact	49	3.7	32	3.0	17	6.8	34.7	60	7.3	6,963	7.1	121	11.0
TG-SC	1	0.1	1	0.1	0	0.0	0.0	0	0.0	38	0.0	1	0.1
Perinatal	0	0.0	0	0.0	0	0.0	0.0	9	1.1	1,204	1.2	14	1.3
Other	0	0.0	0	0.0	0	0.0	0.0	1	0.1	105	0.1	2	0.2
Unknown	422	31.8	331	30.7	91	36.3	21.6	233	28.4	15,681	15.9	223	20.3
Place of birth[12]													
U.S.	512	38.5	433	40.2	79	31.5	15.4	372	45.3	54,876	55.8	754	68.8
U.S. dependency	10	0.8	5	0.5	5	2	50	26	3.2	3,254	3.3	114	10.4
Outside of the U.S.	453	34.1	334	31	119	47.4	26.3	284	34.6	22,374	22.7	194	17.7
Unknown	354	26.6	306	28.4	48	19.1	13.6	139	16.9	17,845	18.1	34	3.1

MSM = men who have sex with men; MSM-IDU = men who have sex with men and inject drugs; TG-SC = transgender people with sexual contact
[1-6]Footnotes appear on the previous page. [10]Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence at diagnosis or most recent residence (see Footnote 9). 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. [11]For further information on transmission category, see Technical Notes. [12]"U.S. dependency" includes people born in Puerto Rico and other U.S. dependencies (such as the U.S. Virgin Islands and Guam).

Table 3. New HIV and AIDS Diagnoses and Deaths Among Women[1,2] From January 1, 2023, to December 31, 2023; and Women Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[3] | | | | | | New AIDS diagnoses[5] | | People with HIV as of Dec. 31, 2023 | | Deaths[6] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[4] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	357	100.0	280	100.0	77	100.0	21.6	328	100.0	36,096	100.0	442	100.0
Race or ethnicity[7]													
Black	181	50.7	141	50.4	40	51.9	22.1	183	55.8	20,516	56.8	290	65.6
Latina	139	38.9	110	39.3	29	37.7	20.9	127	38.7	12,084	33.5	130	29.4
White	26	7.3	20	7.1	6	7.8	23.1	16	4.9	2,631	7.3	20	4.5
Asian or Pacific Islander	9	2.5	8	2.9	1	1.3	11.1	1	0.3	576	1.6	1	0.2
Native American	0	0.0	0	0.0	0	0.0	0.0	0	0.0	71	0.2	1	0.2
Multiracial	2	0.6	1	0.4	1	1.3	50.0	1	0.3	150	0.4	0	0.0
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	68	0.2	0	0.0
Age group (years)[8]													
0-12	0	0.0	0	0.0	0	0.0	0.0	1	0.3	19	0.1	0	0.0
13-19	7	2.0	7	2.5	0	0.0	0.0	3	0.9	82	0.2	0	0.0
20-29	81	22.7	67	23.9	14	18.2	17.3	48	14.6	1,538	4.3	11	2.5
30-39	110	30.8	92	32.9	18	23.4	16.4	76	23.2	4,407	12.2	25	5.7
40-49	76	21.3	62	22.1	14	18.2	18.4	71	21.6	6,232	17.3	36	8.1
50-59	51	14.3	35	12.5	16	20.8	31.4	62	18.9	9,997	27.7	117	26.5
60+	32	9.0	17	6.1	15	19.5	46.9	67	20.4	13,821	38.3	253	57.2
Borough of residence[9]													
Bronx	100	28.0	79	28.2	21	27.3	21.0	99	30.2	11,693	32.4	176	39.8
Brooklyn	109	30.5	83	29.6	26	33.8	23.9	94	28.7	10,158	28.1	121	27.4
Manhattan	44	12.3	35	12.5	9	11.7	20.5	41	12.5	5,064	14.0	77	17.4
Queens	63	17.6	49	17.5	14	18.2	22.2	52	15.9	5,255	14.6	36	8.1
Staten Island	12	3.4	11	3.9	1	1.3	8.3	4	1.2	915	2.5	10	2.3
Outside NYC	25	7.0	19	6.8	6	7.8	24.0	36	11.0	2,930	8.1	14	3.2
Unknown	4	1.1	4	1.4	0	0.0	0.0	2	0.6	81	0.2	8	1.8

[1]For further information on gender identity, see Technical Notes. [2]Includes transgender women. For detailed breakdown of HIV among transgender people, see Table 4. [3]Excludes people known to have been diagnosed outside NYC. [4]HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with AIDS diagnoses. [5]Includes concurrent HIV-AIDS diagnoses. [6]Includes deaths from any cause in people with HIV. Death data are incomplete. [7]For further information on race and ethnicity, see Technical Notes. [8]For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death. [9]For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available.

Table 3 (Continued). New HIV and AIDS Diagnoses and Deaths Among Women[1,2] From January 1, 2023, to December 31, 2023; and Women Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[3] | | | | | | New AIDS diagnoses[5] | | People with HIV as of Dec. 31, 2023 | | Deaths[6] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[4] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Area-based poverty level[10]													
Low poverty	30	8.4	24	8.6	6	7.8	20.0	23	7.0	2,525	7.0	18	4.1
Medium poverty	138	38.7	103	36.8	35	45.5	25.4	111	33.8	12,613	34.9	126	28.5
High poverty	79	22.1	66	23.6	13	16.9	16.5	78	23.8	8,704	24.1	123	27.8
Very high poverty	81	22.7	64	22.9	17	22.1	21.0	77	23.5	8,976	24.9	152	34.4
Unavailable	29	8.1	23	8.2	6	7.8	20.7	39	11.9	3,278	9.1	23	5.2
Transmission category[11]													
Injection drug use history	10	2.8	9	3.2	1	1.3	10.0	20	6.1	4,930	13.7	118	26.7
Heterosexual contact	229	64.1	174	62.1	55	71.4	24.0	192	58.5	20,402	56.5	225	50.9
TG-SC	53	14.8	48	17.1	5	6.5	9.4	31	9.5	2,529	7.0	19	4.3
Perinatal	0	0.0	0	0.0	0	0.0	0.0	12	3.7	1,298	3.6	9	2.0
Other	0	0.0	0	0.0	0	0.0	0.0	0	0.0	81	0.2	0	0.0
Unknown	65	18.2	49	17.5	16	20.8	24.6	73	22.3	6,856	19.0	71	16.1
Place of birth[12]													
U.S.	132	37.0	108	38.6	24	31.2	18.2	149	45.4	19,241	53.3	341	77.1
U.S. dependency	6	1.7	6	2.1	0	0.0	0.0	5	1.5	1,406	3.9	45	10.2
Outside of the U.S.	156	43.7	115	41.1	41	53.2	26.3	134	40.9	9,114	25.2	46	10.4
Unknown	63	17.6	51	18.2	12	15.6	19.0	40	12.2	6,335	17.6	10	2.3

TG-SC = transgender people with sexual contact
[1-6]Footnotes appear on the previous page. [10]Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence at diagnosis or most recent residence (see footnote 9). 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. [11]For further information on transmission category, see Technical Notes. [12]"U.S. dependency" includes people born in Puerto Rico and other U.S. dependencies (such as the U.S. Virgin Islands and Guam).

Table 4. New HIV and AIDS Diagnoses and Deaths Among Transgender People[1] From January 1, 2023, to December 31, 2023; and Transgender People Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

	New HIV diagnoses[2]							New AIDS diagnoses[4]		People with HIV as of Dec. 31, 2023		Deaths[5]	
	Total		Without AIDS		Concurrent with AIDS diagnosis[3]								
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Total	60	100.0	53	100.0	7	100.0	11.7	38	100.0	2,890	100.0	30	100.0
Gender													
Transgender women	58	96.7	51	96.2	7	100.0	12.1	37	97.4	2,826	97.8	29	96.7
Transgender men	2	3.3	2	3.8	0	0.0	0.0	1	2.6	64	2.2	1	3.3
Race or ethnicity[6]													
Black	25	41.7	23	43.4	2	28.6	8.0	13	34.2	1,340	46.4	20	66.7
Latino	29	48.3	26	49.1	3	42.9	10.3	22	57.9	1,260	43.6	8	26.7
White	1	1.7	1	1.9	0	0.0	0.0	1	2.6	175	6.1	2	6.7
Asian or Pacific Islander	3	5.0	2	3.8	1	14.3	33.3	1	2.6	58	2.0	0	0.0
Native American	0	0.0	0	0.0	0	0.0	0.0	0	0.0	9	0.3	0	0.0
Multiracial	2	3.3	1	1.9	1	14.3	50.0	1	2.6	48	1.7	0	0.0
Age group (years)[7]													
0-12	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0.0
13-19	3	5.0	3	5.7	0	0.0	0.0	0	0.0	3	0.1	0	0.0
20-29	24	40.0	21	39.6	3	42.9	12.5	9	23.7	468	16.2	3	10.0
30-39	27	45.0	24	45.3	3	42.9	11.1	17	44.7	1,145	39.6	10	33.3
40-49	5	8.3	4	7.5	1	14.3	20.0	9	23.7	677	23.4	2	6.7
50-59	0	0.0	0	0.0	0	0.0	0.0	2	5.3	406	14.0	9	30.0
60+	1	1.7	1	1.9	0	0.0	0.0	1	2.6	191	6.6	6	20.0

[1]For further information on gender identity, see Technical Notes. [2]Excludes people known to have been diagnosed outside NYC. [3]HIV diagnosed concurrently with AIDS (within 31 days of HIV diagnosis). Row percentage is percentage of HIV diagnoses that were concurrent with AIDS diagnoses. [4]Includes concurrent HIV-AIDS diagnoses. [5]Includes deaths from any cause in people with HIV. Death data are incomplete. [6]For further information on race and ethnicity, see Technical Notes. [7]For HIV and AIDS diagnoses, age at diagnosis; for people with HIV, age at the end of the calendar year; for deaths, age at death.

Table 4 (Continued). New HIV and AIDS Diagnoses and Deaths Among Transgender People[1] From January 1, 2023, to December 31, 2023; and Transgender People Diagnosed With HIV, Reported in NYC and Presumed To Be Living as of December 31, 2023

| | New HIV diagnoses[2] | | | | | | New AIDS diagnoses[4] | | People with HIV as of Dec. 31, 2023 | | Deaths[5] | |
| | Total | | Without AIDS | | Concurrent with AIDS diagnosis[3] | | | | | | | | |
	N	%	n	%	n	%	Row %	N	%	N	%	N	%
Borough of residence[8]													
Bronx	18	30.0	16	30.2	2	28.6	11.1	12	31.6	973	33.7	16	53.3
Brooklyn	8	13.3	8	15.1	0	0.0	0.0	4	10.5	675	23.4	2	6.7
Manhattan	13	21.7	10	18.9	3	42.9	23.1	10	26.3	560	19.4	10	33.3
Queens	10	16.7	8	15.1	2	28.6	20.0	7	18.4	444	15.4	1	3.3
Staten Island	5	8.3	5	9.4	0	0.0	0.0	0	0.0	72	2.5	0	0.0
Outside NYC	4	6.7	4	7.5	0	0.0	0.0	5	13.2	159	5.5	1	3.3
Unknown	2	3.3	2	3.8	0	0.0	0.0	0	0.0	7	0.2	0	0.0
Area-based poverty level[9]													
Low poverty	8	13.3	5	9.4	3	42.9	37.5	5	13.2	177	6.1	2	6.7
Medium poverty	16	26.7	15	28.3	1	14.3	6.3	12	31.6	1,068	37.0	8	26.7
High poverty	15	25.0	14	26.4	1	14.3	6.7	7	18.4	700	24.2	8	26.7
Very high poverty	15	25.0	13	24.5	2	28.6	13.3	9	23.7	773	26.7	11	36.7
Unavailable	6	10.0	6	11.3	0	0.0	0.0	5	13.2	172	6.0	1	3.3
Transmission category[10]													
Injection drug use history	2	3.3	1	1.9	1	14.3	50.0	4	10.5	227	7.9	7	23.3
Sexual contact	54	90.0	49	92.5	5	71.4	9.3	31	81.6	2,567	88.8	20	66.7
Perinatal	0	0.0	0	0.0	0	0.0	0.0	0	0.0	14	0.5	1	3.3
Unknown	4	6.7	3	5.7	1	14.3	25.0	3	7.9	82	2.8	2	6.7
Place of birth[11]													
U.S.	31	51.7	26	49.1	5	71.4	16.1	18	47.4	1,856	64.2	24	80.0
U.S. dependency	1	1.7	1	1.9	0	0.0	0.0	0	0.0	90	3.1	1	3.3
Outside of the U.S.	22	36.7	20	37.7	2	28.6	9.1	19	50.0	672	23.3	2	6.7
Unknown	6	10.0	6	11.3	0	0.0	0.0	1	2.6	272	9.4	3	10.0

[1-5]Footnotes appear on the previous page. [8]For HIV and AIDS diagnoses, borough of residence at diagnosis; for people with HIV and deaths, borough of residence on most recent record available. [9]Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in NYC ZIP code of residence at diagnosis or most recent residence (see Footnote 8). 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. [10]For further information on transmission category, see Technical Notes. [11]"U.S. dependency" includes people born in Puerto Rico and other U.S. dependencies (such as the U.S. Virgin Islands and Guam).

Figure 3. All HIV-Exposed Births in NYC and Current HIV Status[1] of Children Born to People[2] With HIV at Select NYC Medical Facilities[3] by Year of Birth in NYC From 1988 to 2023[4]

Legend:
- Diagnosed with HIV (value shown)
- HIV not detected
- Not determined
- Investigation pending

Y-axis: Number of children

X-axis: Year of birth

Diagnosed with HIV values by year: 1988: 275, 1989: 274, 1990: 313, 1991: 305, 1992: 245, 1993: 231, 1994: 180, 1995: 167, 1996: 133, 1997: 94, 1998: 81, 1999: 67, 2000: 29, 2001: 31, 2002: 21, 2003: 6, 2004: 15, 2005: 13, 2006: 9, 2007: 10, 2008: 5, 2009: 9, 2010: 3, 2011: 6, 2012: 1, 2013: 1, 2014: 3, 2015: 0, 2016: 2, 2017: 1, 2018: 0, 2019: 1, 2020: 1, 2021: 2, 2022: 0, 2023: 0

Milestones in Reduction of Perinatal HIV Transmission

1985: CDC recommends that people with HIV avoid breastfeeding.[5,6]

1994: ACTG 076 study shows that AZT, the first antiretroviral medicine to treat HIV, reduces perinatal transmission.

1997: Routine newborn screening begins in New York State.

1999: New York State implements expedited testing in obstetric settings.

2015, 2018, 2022, and 2023: No perinatal transmissions reported in children born in NYC.

From 2019 to 2023, less than 1% of infants born to people with HIV in NYC were diagnosed with HIV. The small number of infants with HIV reflects the success of perinatal HIV prevention interventions.

CDC = Centers for Disease Control and Prevention; ACTG = AIDS Clinical Trials Group Protocol

[1]Children born to people with HIV at select NYC medical facilities are followed for two years after birth to determine HIV status. HIV status is labeled as "not determined" if the child is lost to follow-up. [2]On this page, "people" refers to people with female sex assigned at birth. [3]Includes data collected at high-volume NYC medical facilities that care for the majority of HIV-exposed children and children with HIV. Since 2017, NYC's perinatal surveillance program has conducted exposure investigations at 21 NYC medical facilities. Children born outside NYC are not included in this figure. [4]Includes people diagnosed as of December 31, 2023. [5]Breastfeeding includes chestfeeding and all other types of nursing. [6]The National Institutes of Health has updated guidelines and now supports breastfeeding among people with HIV who are on antiretroviral therapy and have a sustained undetectable viral load; see **clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/perinatal-hiv/guidelines-perinatal.pdf**.

Figure 4.1. Area-Based Poverty Level[1] in NYC by United Hospital Fund Neighborhood[2] From 2018 to 2022
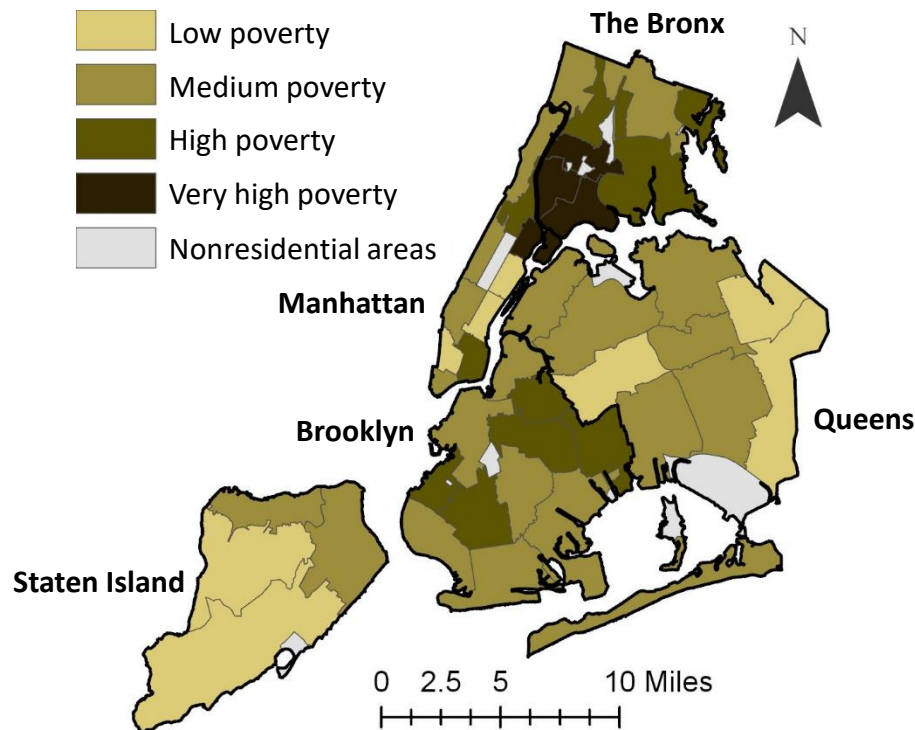
Figure 4.2. Rates of New HIV Diagnoses[3] per 100,000 People in NYC by United Hospital Fund Neighborhood[2] in 2023
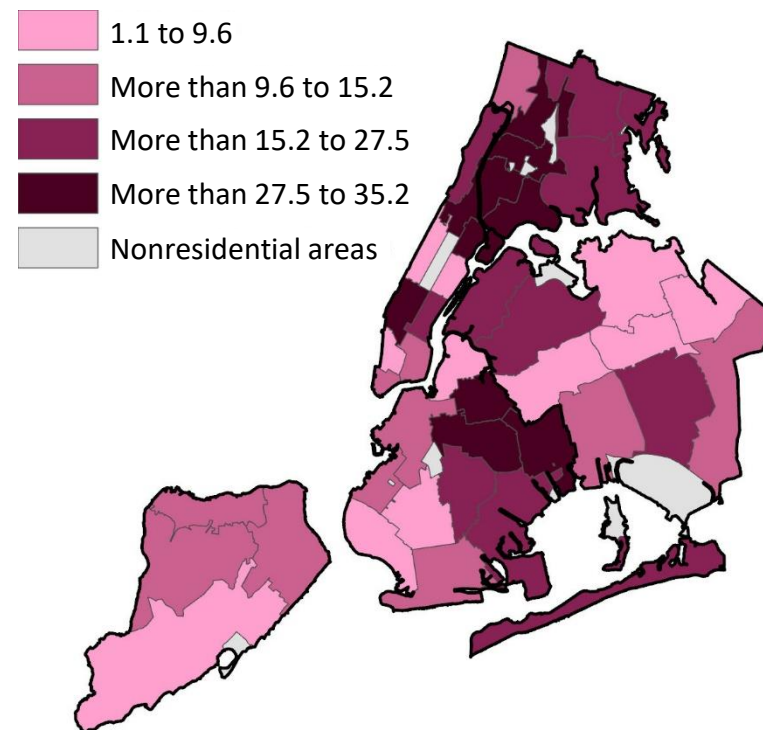
Many neighborhoods with the highest poverty rates in NYC (Figure 4.1) were also among those with high rates of new HIV diagnoses in 2023 (Figure 4.2), including those in Central Harlem–Morningside Heights, East Harlem, Hunts Point–Mott Haven, High Bridge–Morrisania, Crotona–Tremont, and East New York. Crotona–Tremont and Chelsea–Clinton had the highest rates of new HIV diagnoses in NYC in 2023 (Figure 4.2).

[1]Area-based poverty level determined by proportion of residents living below federal poverty level (FPL) in the United Hospital Fund neighborhood of most recent residence. 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]For a map of NYC's United Hospital Fund neighborhoods, see **nyc.gov/assets/doh/downloads/pdf/tracking/uhf42.pdf**. [3]Calculated using NYC Health Department 2022 population estimates, modified from U.S. Census Bureau intercensal population estimates, updated November 2023.

Figure 4.3. People With HIV as a Proportion of the Population[1] in NYC by United Hospital Fund Neighborhood[2] in 2023
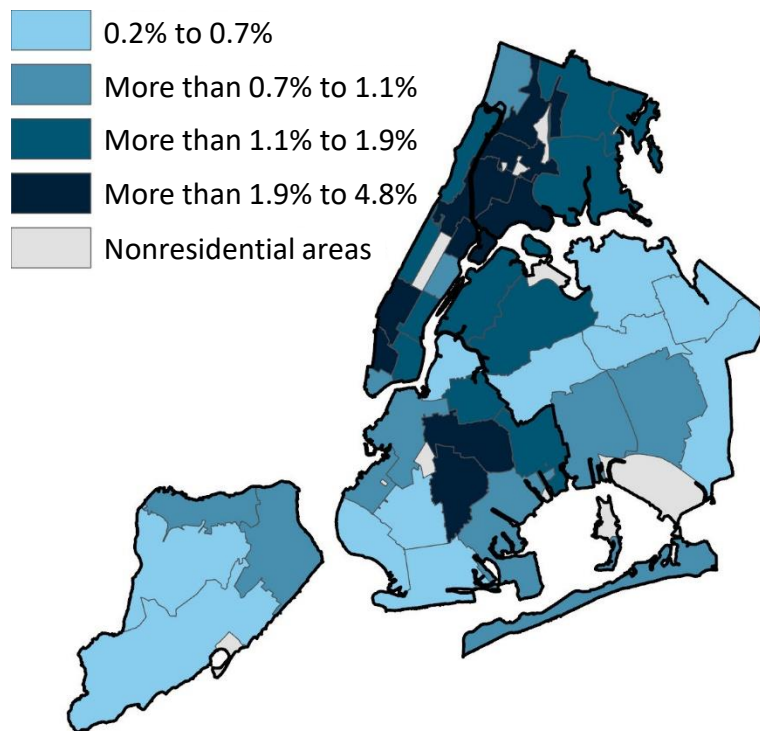
Figure 4.4. Age-Adjusted Death Rates[1,3] per 1,000 People With HIV in NYC by United Hospital Fund Neighborhood[2] in 2023

Legend (Figure 4.3):
- 0.2% to 0.7%
- More than 0.7% to 1.1%
- More than 1.1% to 1.9%
- More than 1.9% to 4.8%
- Nonresidential areas

Legend (Figure 4.4):
- 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
- Nonresidential areas
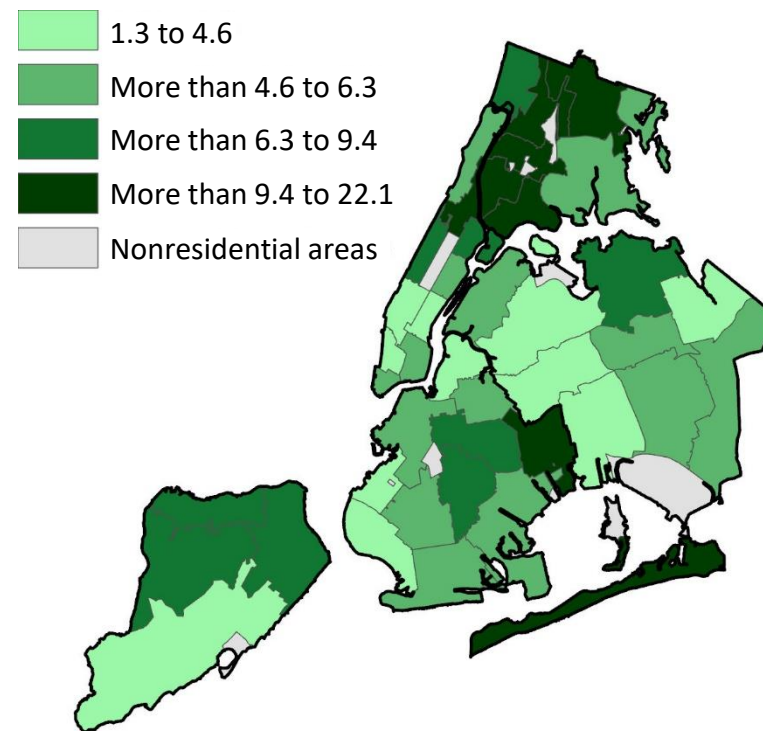
Chelsea–Clinton, Crotona–Tremont, and High Bridge–Morrisania had the highest HIV prevalence in NYC in 2023 (Figure 4.3). East New York, High Bridge–Morrisania, and Rockaway had the highest mortality rates among people with HIV (Figure 4.4). Chelsea–Clinton had a high new HIV diagnosis rate but relatively low poverty and mortality rates, making it an exception to the usual alignment of these outcomes in NYC.

Figure 5.1. Rates of New HIV Diagnoses[1,2] per 100,000 NYC Residents by Gender[3] and Race or Ethnicity in 2023

	Men	Women
Black	62	18
Latino	49	11
White	12	2
Asian or Pacific Islander	12	1*
Native American	30*	0*
Multiracial	9*	2*
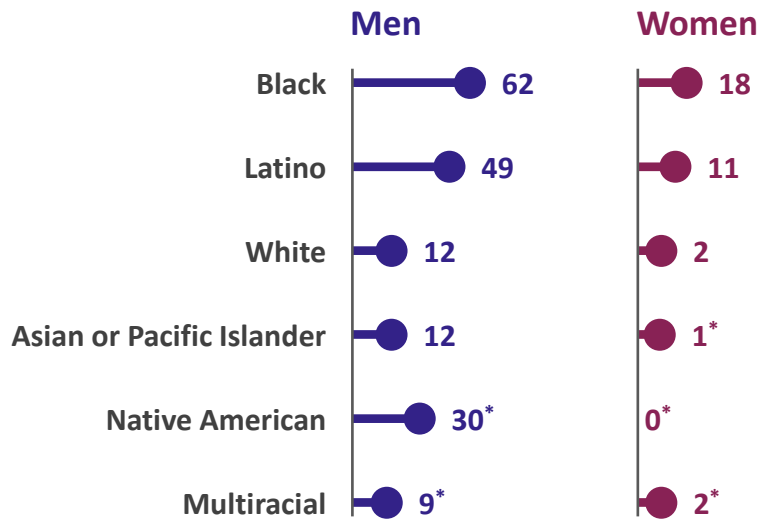
Among men in 2023, Black men experienced the highest new HIV diagnosis rate in NYC. The rate for Black men ranged from 1.3 times higher than that experienced by Latino men to more than 6.9 times higher than that experienced by multiracial men.

Among women in 2023, Black women experienced the highest new HIV diagnosis rate in NYC. The rate for Black women ranged from 1.6 times higher than that experienced by Latina women to 18 times higher than that experienced by Asian or Pacific Islander women.

Figure 5.2. Average Annual Rates of New HIV Diagnoses[1,2] per 100,000 NYC Residents by Subregion of Birth[4,5] From 2019 to 2023

Africa
East Africa	39
Central Africa	61*
North Africa	7
South Africa	45*
West Africa	40

Asia
East Asia	3
South Asia	4
Southeast Asia	11
West Asia	11

Europe
East Europe	4
North Europe	4*
South Europe	5
West Europe	8

The Americas
Caribbean	14
Mexico and Central America	25
North American (not U.S.)	2*
South America	27
U.S. and U.S. territories	16

Oceania
Oceania	3*
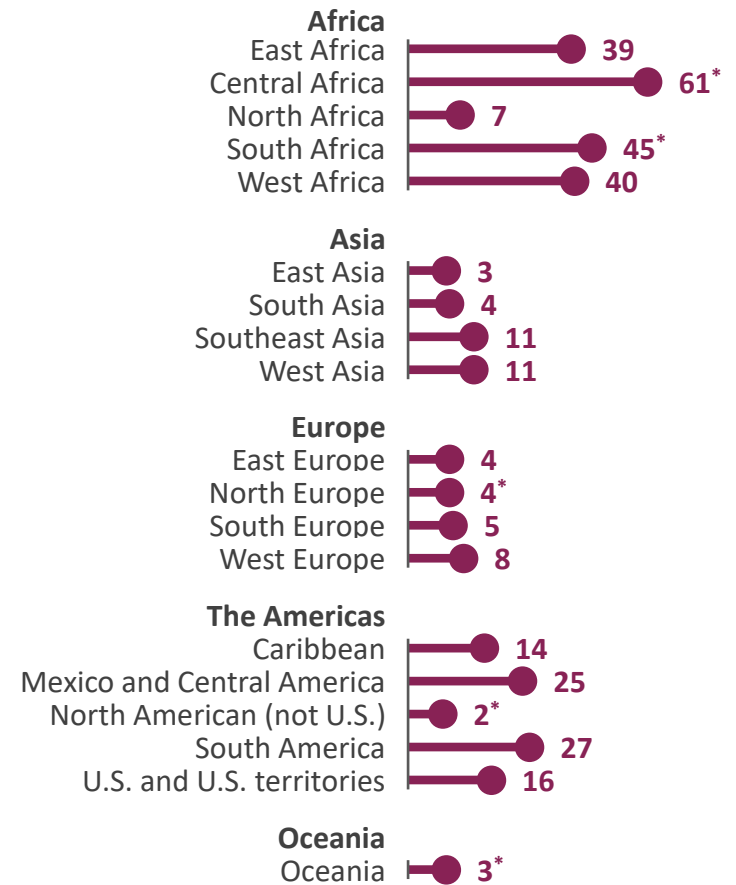
From 2019 to 2023, compared with the average annual new HIV diagnosis rate among people born in the U.S. and U.S. territories, New Yorkers born in Mexico and Central America; South America; or East, Central, South, or West Africa experienced higher rates.

*Rate should be interpreted with caution due to small population size.
[1]Includes diagnoses of HIV without AIDS and HIV concurrent with AIDS. [2]Rates calculated using NYC Health Department 2022 population estimates, modified from U.S. Census Bureau intercensal population estimates, updated November 2023. [3]Men category includes transgender men, and women category includes transgender women. [4]Excludes people newly diagnosed with HIV in NYC with an unknown subregion of birth (n = 1,757, 21.9% of people newly diagnosed). [5]For further information on subregion of birth groups, see the "Place of Birth, Migration, and Place of Work" tab in the Code Lists Excel file available at **census.gov/programs-surveys/acs/technical-documentation/code-lists.2022.html#list-tab-155790978**.

Figure 6.1. Annual Number of Acute HIV Infections in NYC From 2019 to 2023
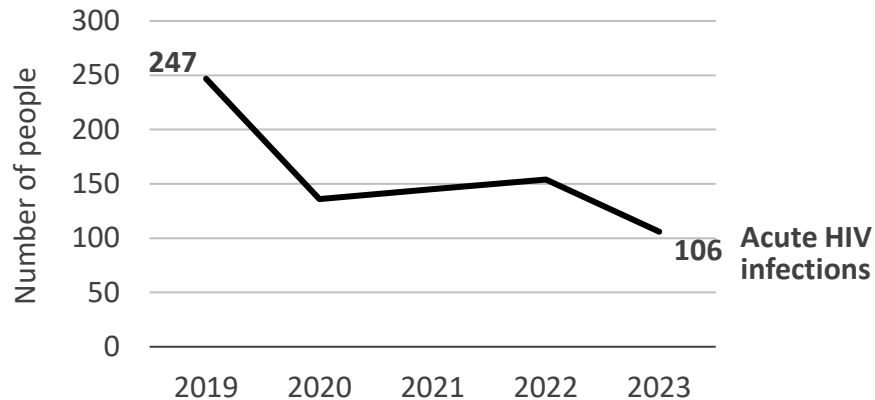
Diagnosis of HIV in the acute phase, a very early stage that occurs shortly after an HIV infection, enables timely treatment, which reduces onward transmission to exposed partners and reduces morbidity.

Among all people newly diagnosed with HIV in NYC in 2023, 106 (6%) were diagnosed with an acute HIV infection (Figure 6.1). Since 2019, there has been a 57% decrease in the number of diagnoses made during the acute phase in NYC.

MSM were overrepresented among people newly diagnosed with HIV in the acute phase in NYC in 2023 (Figure 6.2), in part due to a higher testing frequency compared with other groups.

Among all MSM diagnosed with acute HIV in NYC in 2023, a greater proportion of them were Black or Latino across all age groups (Figure 6.3), representing a combined 77% of acute HIV infections across all age groups among MSM.

Figure 6.2. Number of Acute HIV Infections by Transmission Category and Gender in NYC in 2023

	Men	Women	Transgender women	Transgender men
MSM	60	0	0	0
IDU[1]	3	0	0	0
Heterosexual contact[2]	4	10	0	0
TG-SC	0	0	6	0
Unknown	20	3	0	0
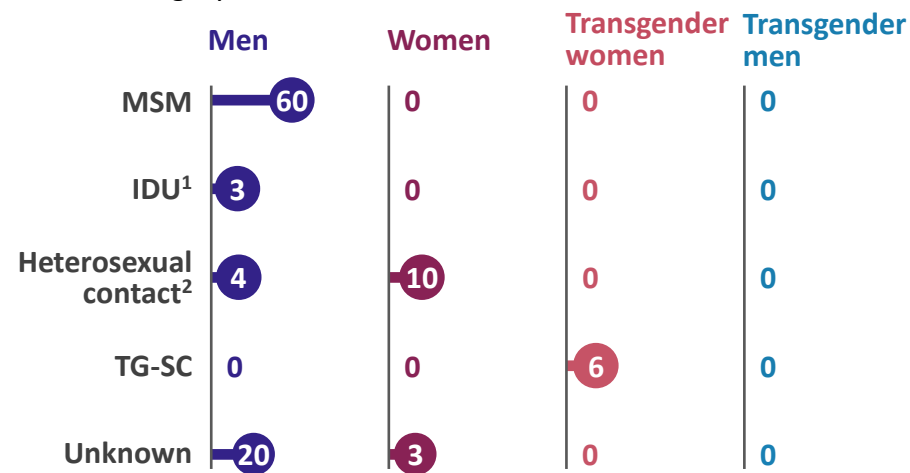
Figure 6.3. Number of Acute HIV Infections Among MSM by Race or Ethnicity and Age Group (Years) in NYC in 2023

	13-19	20-24	25-29	30+
Black	2	8	1	7
Latino	2	5	5	16
White	0	0	3	6
Asian or Pacific Islander	0	1	0	4
Native American	0	0	0	0
Multiracial	0	0	0	0
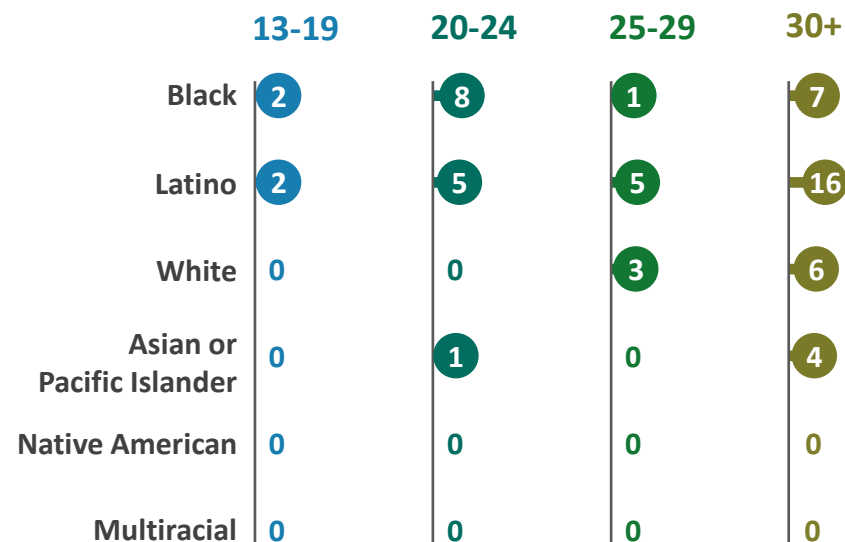
MSM = men who have sex with men; IDU = injection drug use history; TG-SC = transgender people with sexual contact
[1]IDU includes MSM who also report IDU (MSM-IDU). [2]For further information on heterosexual contact, see Transmission Category in Technical Notes.

Figure 7.1. Annual Number of People Estimated To Have Incident HIV Infections[1] and Number of People Newly Diagnosed With HIV in NYC From 2019 to 2023[2]
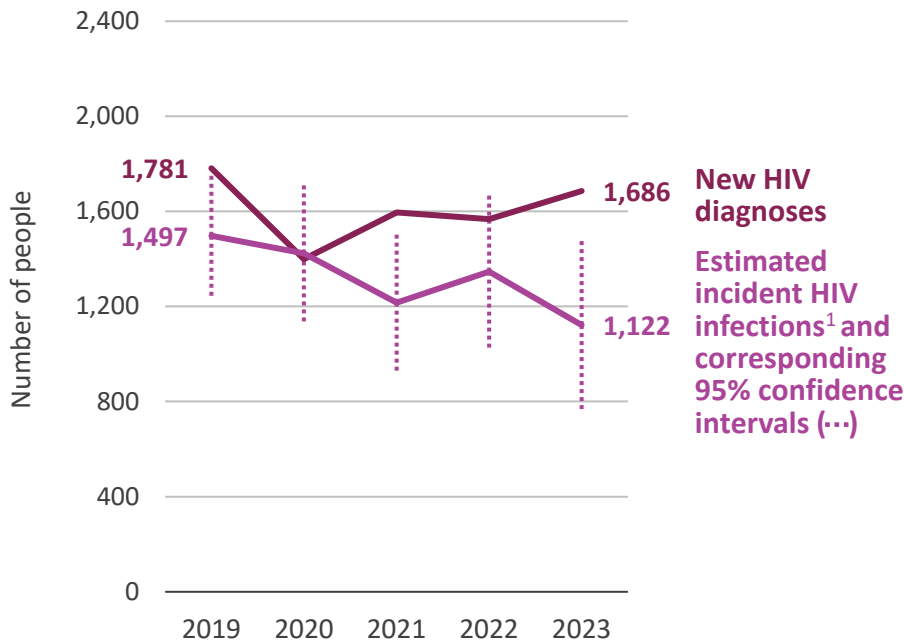
Figure 7.2. Annual Number of People Estimated To Have Incident HIV Infections[1] by Sex Assigned at Birth[3] and Transmission Category in NYC From 2019 to 2023[2]
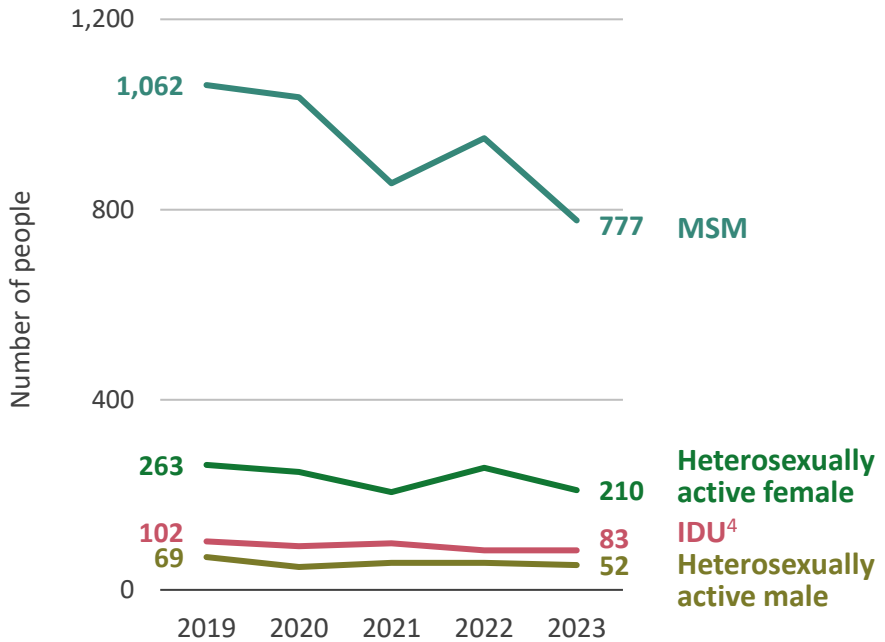
The method used nationally and locally to estimate incidence — or new HIV infections within the calendar year — is based on the distribution of CD4 count at HIV diagnosis. The estimated HIV incidence overall (Figure 7.1) and by transmission category (Figure 7.2) declined in NYC between 2019 and 2023.

The estimated number of people with incident HIV infections and the number of people newly diagnosed with HIV diverged in NYC starting in 2020, with the former decreasing and the latter increasing (Figure 7.1). The estimated incidence among MSM declined more than in other transmission groups over this time period, but it remains high (Figure 7.2).

MSM = men who have sex with men; IDU = injection drug use history
[1]Using the method in: Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the United States. *J Acquir Immune Defic Syndr.* 2017;74(1):3-9. doi:**10.1097/QAI.0000000000001151** [2]2023 incidence estimates are preliminary. [3]Centers for Disease Control estimation methodology produces results by sex assigned at birth and not gender identity. [4]IDU includes males and females with injection drug use history, including men who have sex with men and inject drugs.

Figure 8.1. Outcomes Among People Reported With Newly Diagnosed HIV in NYC From 2022 to 2023
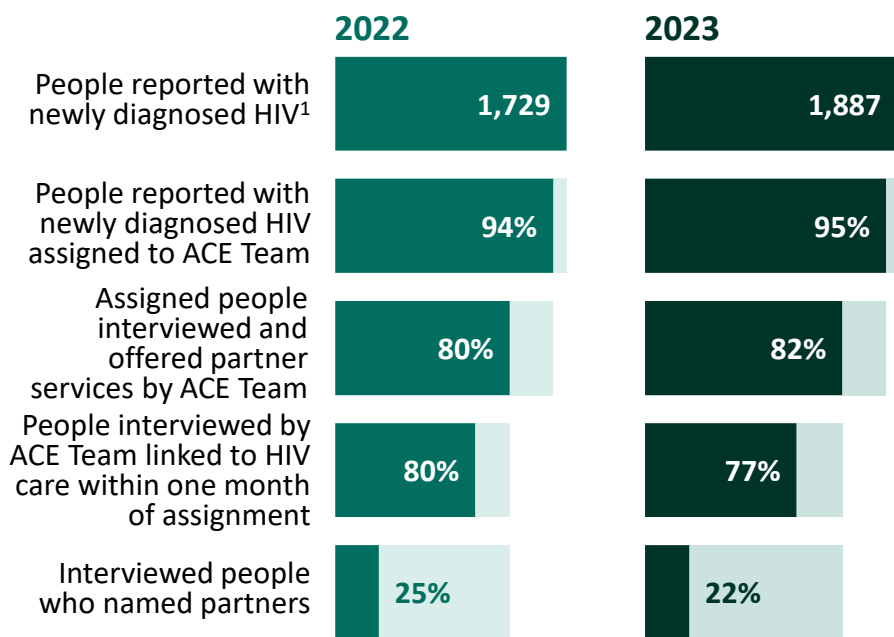
Figure 8.2. Outcomes Among Named Partners[2] of People Reported With Newly Diagnosed HIV From 2022 to 2023

Figure 8.1

	2022	2023
People reported with newly diagnosed HIV[1]	1,729	1,887
People reported with newly diagnosed HIV assigned to ACE Team	94%	95%
Assigned people interviewed and offered partner services by ACE Team	80%	82%
People interviewed by ACE Team linked to HIV care within one month of assignment	80%	77%
Interviewed people who named partners	25%	22%

Figure 8.2

	2022	2023
Eligible partners[2] elicited	366	404
Elicited partners who were notified	57%	57%
Notified partners who tested for HIV[3]	10%	10%
Tested partners[3] with a reactive HIV test result	10%	5%
Tested partners[3] with a nonreactive HIV test result	90%	95%

The NYC Health Department's ACE Team assists people reported with newly diagnosed HIV with linkage to care and partner notification. In 2023, 1,800 people reported with newly diagnosed HIV in NYC were assigned to the ACE Team, 1,474 (82%) of whom were interviewed and offered HIV and supportive services (Figure 8.1). In 2023, 77% of people whom ACE Team staff interviewed were linked to care within one month of assignment, and 22% of them named partners, allowing ACE Team staff to notify partners, offer HIV testing, and connect them to HIV treatment or prevention services, as needed.

The overall number of named and notified partners in 2023 (404 named and 229 notified) increased compared with 2022 (366 named and 208 notified), while the proportions in 2023 remained consistent with 2022 (Figure 8.2). Of HIV tests performed on partners in 2023, 95% were nonreactive, meaning they did not detect HIV, compared with 90% in 2022.

[1]Includes people reported with newly diagnosed HIV subsequently found to be previously reported with HIV in NYC. [2]Excludes cases in which the partner is found to be deceased, there are unresolved intimate partner violence issues, there is insufficient information to investigate, or the partner has a previous HIV diagnosis. For partners found to have a previous HIV diagnosis, ACE Team reviews their viral load history in the past year from index case HIV exposure date. People with at least one unsuppressed viral load (≥ 200 copies per milliliter) are contacted and offered assistance with linkage to care and treatment and partner services, as needed. [3]Prior to March 17, 2020, ACE Team offered fourth generation HIV testing to named sex and needle-sharing partners in their communities. For those who declined testing, an OraQuick HIV self-test kit (HIVST) via courier or in person was offered for in-home HIV testing. Due to the COVID-19 pandemic, ACE Team community-based HIV testing and HIVSTs were suspended as of March 17, 2020. From June 22, 2020, to August 25, 2023, ACE Team offered OraQuick coupon codes to partners so they could receive HIVSTs directly from the company via mail. In April 2024, both community-based HIV testing and the OraQuick HIVST programs resumed.

Figure 9.1. Proportion of People Genotyped Within Three Months of HIV Diagnosis in NYC in 2023
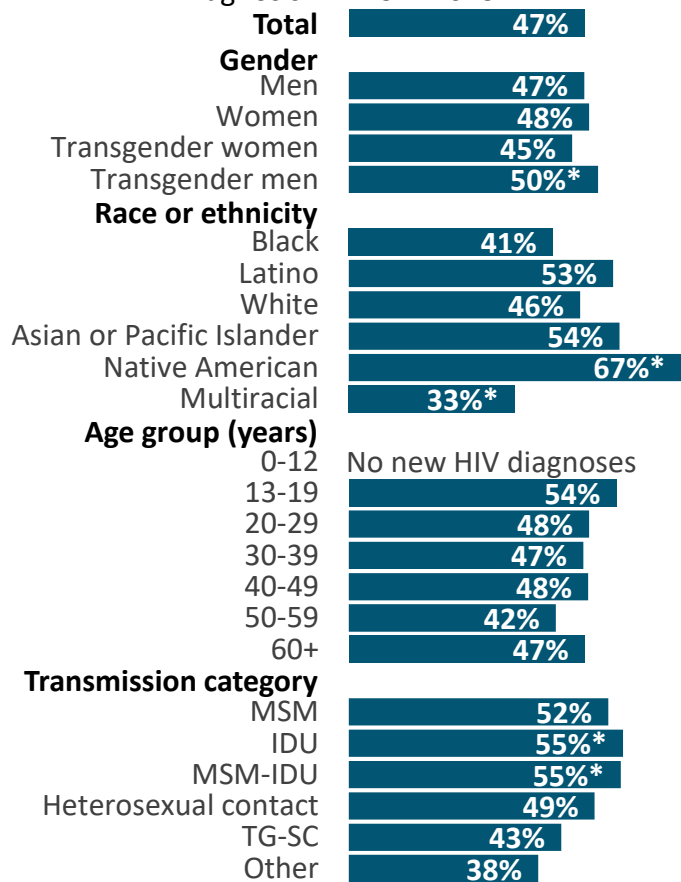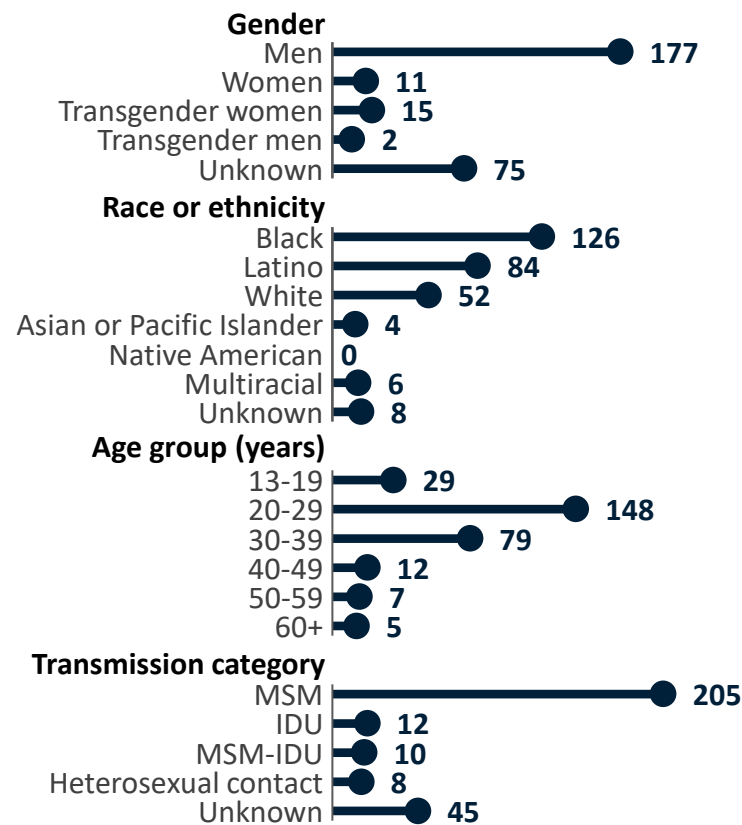
Total — 47%

Gender
Men — 47%
Women — 48%
Transgender women — 45%
Transgender men — 50%*

Race or ethnicity
Black — 41%
Latino — 53%
White — 46%
Asian or Pacific Islander — 54%
Native American — 67%*
Multiracial — 33%*

Age group (years)
0-12 — No new HIV diagnoses
13-19 — 54%
20-29 — 48%
30-39 — 47%
40-49 — 48%
50-59 — 42%
60+ — 47%

Transmission category
MSM — 52%
IDU — 55%*
MSM-IDU — 55%*
Heterosexual contact — 49%
TG-SC — 43%
Other — 38%

Figure 9.2. Number of People in HIV Clusters Detected in NYC From September 2018 to July 2024

Gender
Men — 177
Women — 11
Transgender women — 15
Transgender men — 2
Unknown — 75

Race or ethnicity
Black — 126
Latino — 84
White — 52
Asian or Pacific Islander — 4
Native American — 0
Multiracial — 6
Unknown — 8

Age group (years)
13-19 — 29
20-29 — 148
30-39 — 79
40-49 — 12
50-59 — 7
60+ — 5

Transmission category
MSM — 205
IDU — 12
MSM-IDU — 10
Heterosexual contact — 8
Unknown — 45

Federal guidelines for the care and treatment of people with HIV recommend genotypic resistance testing at initiation of HIV care, both to establish a baseline and to guide treatment.[1] In 2023, 47% of people newly diagnosed with HIV in NYC received a genotype within three months of diagnosis, compared with 52% in 2022. Differences in genotype testing within three months exist across demographic groups among people newly diagnosed with HIV in NYC.

HIV clusters are identified by the detection of similar HIV sequences in a group of people. Detection of HIV clusters allows for targeted responses, including outreach for HIV testing and supportive services. HIV clusters detected in NYC mostly include men, Black people, people ages 20 to 39, and men who have sex with men (Figure 9.2).

In 2023, the ACE Team reached out to 16 cluster members who were presumed to be out of care. Thirteen (81%) of these were successfully contacted, and 3 (19%) were confirmed out of care.

MSM=men who have sex with men; IDU=injection drug use history; MSM-IDU=men who have sex with men and inject drugs; TG-SC=transgender people with sexual contact
[1]For guidelines on genotypic resistance testing, see **clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult-adolescent-arv.pdf**.

Figure 10.1. Proportion of People Newly Diagnosed With HIV[1] Linked to HIV Care Within 30 days[2] and Virally Suppressed Within Three Months[3] of Diagnosis in NYC From 2019 to 2023
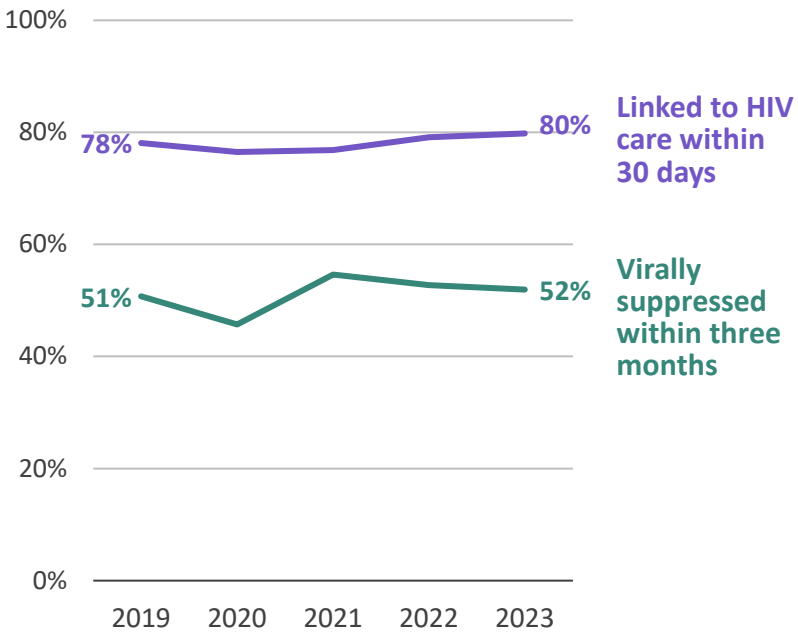

Linkage to HIV care within 30 days of diagnosis ensures that people get to their first medical appointment, which allows them to start HIV treatment. Among people newly diagnosed with HIV in NYC, linkage to HIV care increased slightly from 2019 to 2023 (Figure 10.1). Viral suppression within three months among people newly diagnosed with HIV in NYC remained relatively flat from 2019 to 2023 (Figure 10.1). Differences in linkage to care within 30 days and viral suppression within three months exist across demographic groups among people newly diagnosed with HIV in NYC (Figure 10.2).

Figure 10.2. Proportion of People Newly Diagnosed With HIV[1] Linked to HIV Care Within 30 days[2] and Virally Suppressed Within Three Months[3] of Diagnosis in NYC in 2023
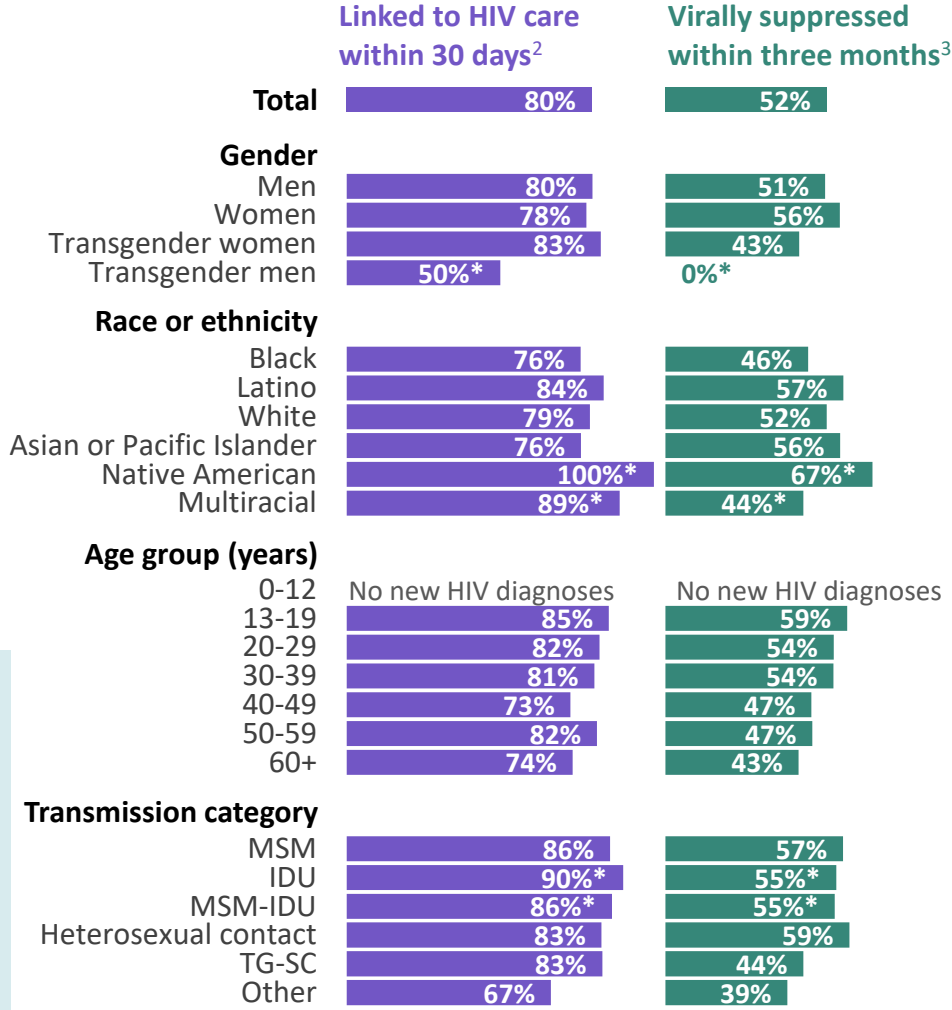
*Proportion should be interpreted with caution due to small population size.

MSM = men who have sex with men; IDU = injection drug use history; MSM-IDU = men who have sex with men and inject drugs; TG-SC = transgender people with sexual contact; Other = perinatal, other, and unknown transmission categories

[1]People newly diagnosed with HIV at death were excluded. [2]HIV viral load (VL), CD4, or genotype test drawn within one month (30 days) of HIV diagnosis. [3]At least one HIV VL within three months (91 days) of HIV diagnosis was < 200 copies per milliliter.

20

Figure 10.3. Proportion of People in HIV Medical Care[1] Who Are Virally Suppressed[2] and Who Have Sustained Viral Suppression[3] in NYC From 2019 to 2023

100%

87% ———————— 89% **Virally suppressed**

80%

76% ———————— 79% **Sustained viral suppression**

60%

40%

20%

0%

2019 2020 2021 2022 2023
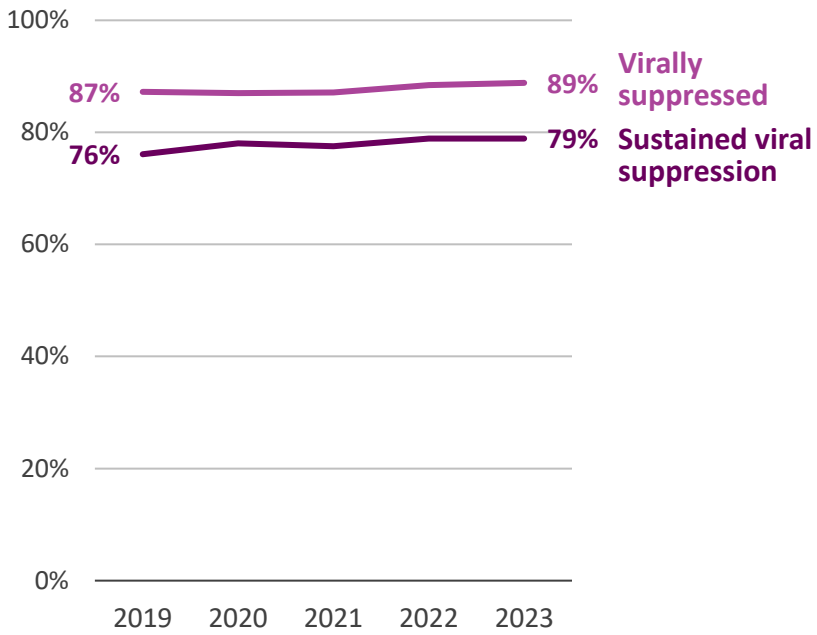
Among people in HIV medical care in NYC, viral suppression was relatively stable and sustained viral suppression increased slightly from 2019 to 2023 (Figure 10.3). Differences in viral suppression and sustained viral suppression exist across demographic groups among people in HIV medical care in NYC (Figure 10.4).

Figure 10.4. Proportion of People in HIV Medical Care[1] Who Are Virally Suppressed[2] and Who Have Sustained Viral Suppression[3] in NYC in 2023
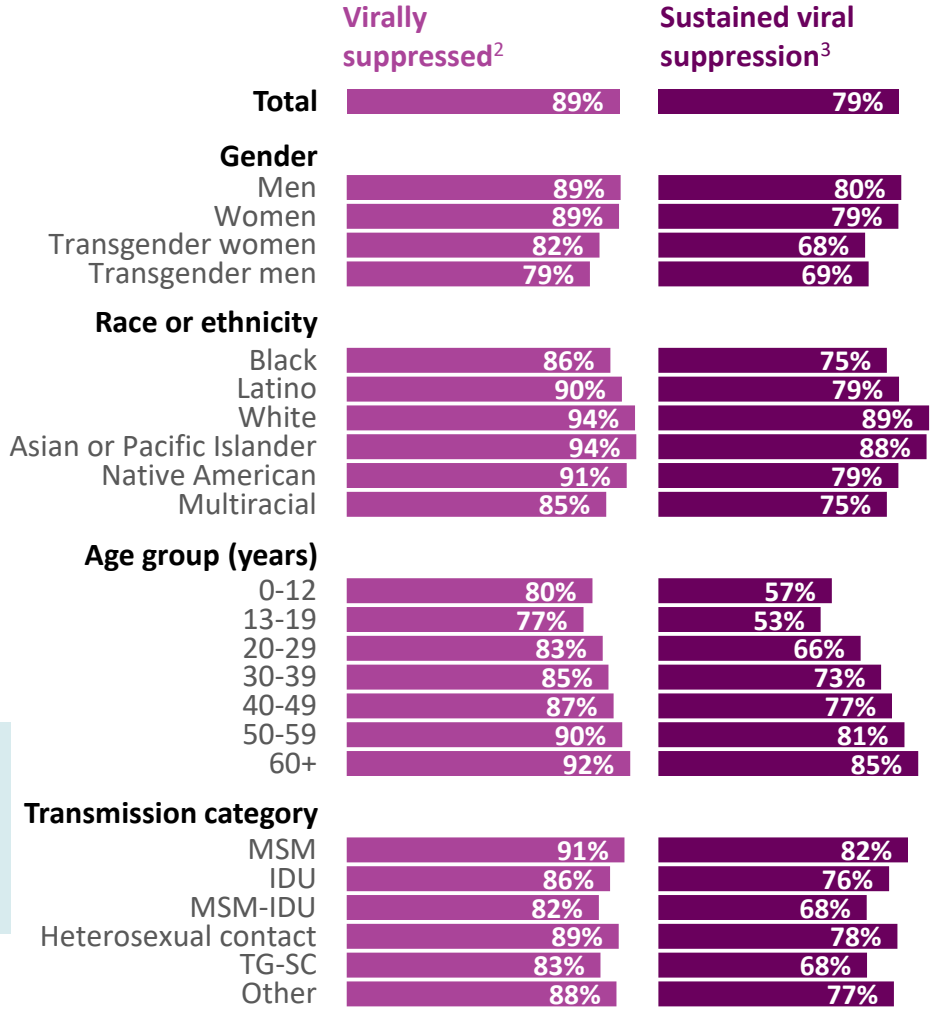
	Virally suppressed[2]	Sustained viral suppression[3]
Total	89%	79%
Gender		
Men	89%	80%
Women	89%	79%
Transgender women	82%	68%
Transgender men	79%	69%
Race or ethnicity		
Black	86%	75%
Latino	90%	79%
White	94%	89%
Asian or Pacific Islander	94%	88%
Native American	91%	79%
Multiracial	85%	75%
Age group (years)		
0-12	80%	57%
13-19	77%	53%
20-29	83%	66%
30-39	85%	73%
40-49	87%	77%
50-59	90%	81%
60+	92%	85%
Transmission category		
MSM	91%	82%
IDU	86%	76%
MSM-IDU	82%	68%
Heterosexual contact	89%	78%
TG-SC	83%	68%
Other	88%	77%

*Proportion should be interpreted with caution due to small population size.

MSM = men who have sex with men; IDU = injection drug use history; MSM-IDU = men who have sex with men and inject drugs; TG-SC = transgender people with sexual contact; Other = perinatal, other, and unknown transmission categories

[1]At least one HIV VL, CD4, or genotype test in the calendar year. [2]Last HIV VL value in the calendar year was < 200 copies per milliliter. [3]All VL values were < 200 copies per milliliter in the calendar year.

HIV Care Continuum Among All People With HIV in New York City

Figure 11.1. Proportion of People With HIV Engaged in Selected Stages of the HIV Care Continuum[1] in NYC in 2023

People with HIV, 100%

Diagnosed, 95%

Received care, 88%

Prescribed ART, 82%

Virally suppressed, 80%
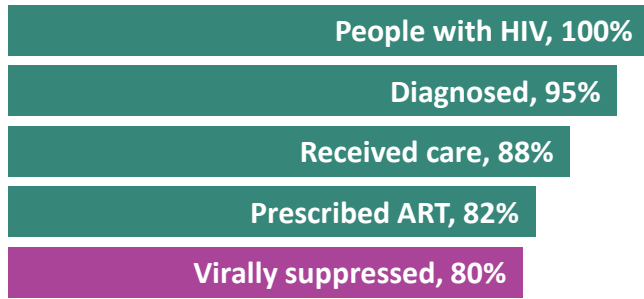
Figure 11.2. Proportion of People With HIV in the HIV Care Continuum[1] Who Were Virally Suppressed in NYC From 2019 to 2023

78% → 80% Virally suppressed
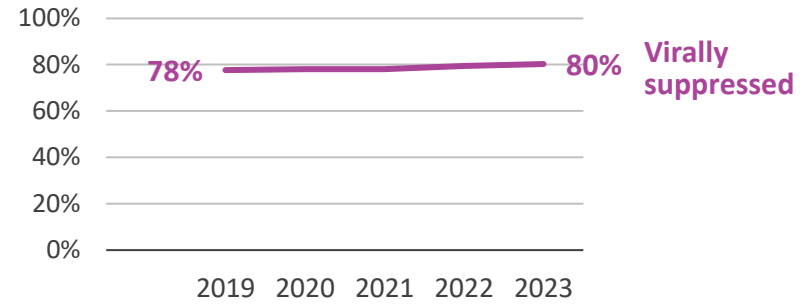
Of approximately 88,500 people with HIV in NYC in 2023, 80% had a suppressed viral load (Figure 11.1). From 2019 to 2023, there has been a slight increase in the proportion of people with HIV who are included in the virally suppressed stage of the HIV care continuum (Figure 11.2).

Mortality Among People With HIV in New York City

Figure 12.1. Annual Age-Adjusted Death Rate[2] per 1,000 People With HIV by HIV-Related and Non-HIV-Related Causes of Death in NYC From 2000 to 2022

Deaths per 1,000 people with HIV

10.2, All-cause[3]
7.9, Non-HIV-related
2.1, HIV-related
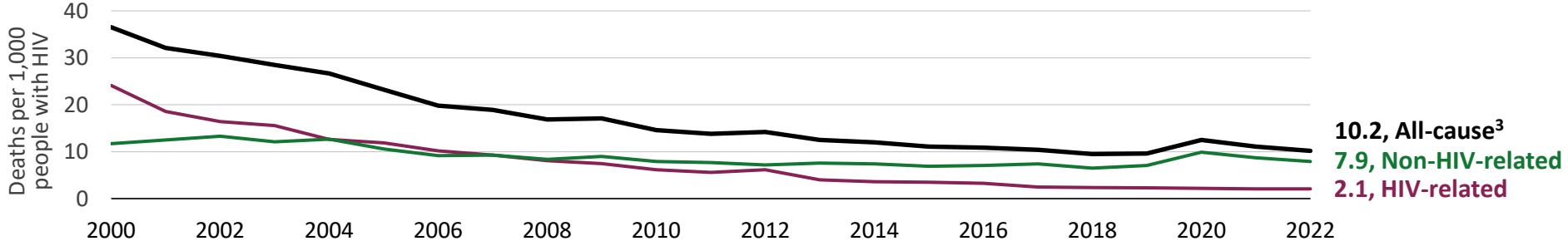
The all-cause death rate (10.2 per 1,000 in 2022) among people with HIV in NYC decreased by 72% from 2000 to 2022 but remained higher than the death rate for the overall NYC population (6.1 in 2021[4]). Although the rates of both HIV-related and non-HIV-related causes of death decreased during this time, the decrease in the all-cause death rate was driven by relatively larger decreases among non-HIV-related deaths. All-cause and non-HIV-related death rates increased in 2020, the first year of the COVID-19 pandemic, and since have declined. Among all people with HIV who died in NYC in 2022, 101 (5%) died due to COVID-19, a large decrease from 2020 when 441 (18%) deaths were due to COVID-19.

[1]For definitions of the stages of the HIV care continuum and how it differs from Figures 10.3 and 10.4, see Technical Notes. [2]Age-adjusted to the 2000 U.S. standard population. People newly diagnosed with HIV at death were excluded from the numerator. [3]Includes people with unknown causes of death (3.5% of all deaths). [4]Li W, Onyebeke C, Castro A, et al. Summary of vital statistics, 2021. Bureau of Vital Statistics, NYC Dept of Health and Mental Hygiene. **https://www.nyc.gov/assets/doh/downloads/pdf/vs/2021sum.pdf**

Figure 12.2. Ranked Leading Non-HIV-Related Causes of Death[1] Among People With HIV in NYC From 2013 to 2022
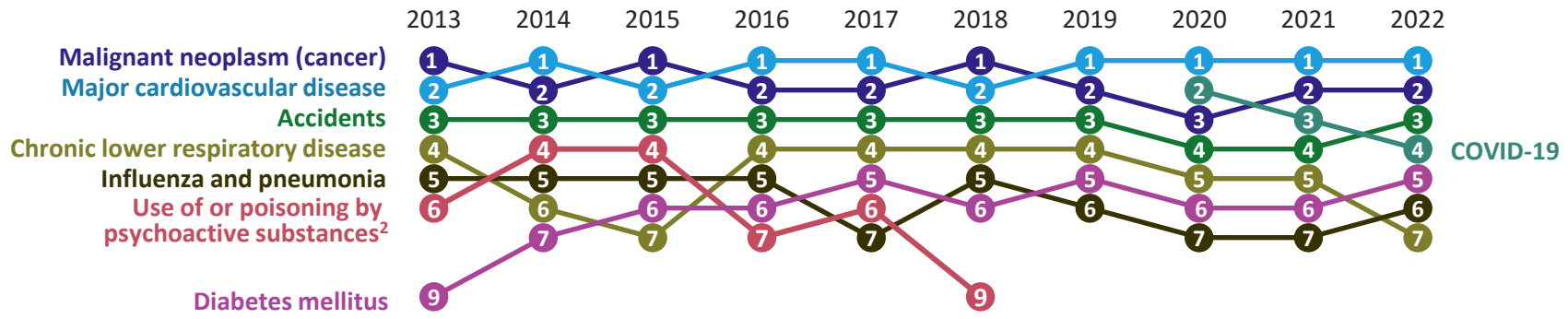
In 2022, 1,739 (81%) of 2,155 total deaths among people with HIV were attributed to a non-HIV-related cause. Since 2013, malignant neoplasm (cancer), major cardiovascular disease, and accidents have been among the top non-HIV-related causes of death for people with HIV in NYC. COVID-19 has remained a top cause of death among people with HIV in NYC but has been steadily decreasing in rank from 2020 to 2022.

Figure 12.3. Age-Adjusted HIV-Related Death Rate[3] per 1,000 People With HIV in NYC by Race or Ethnicity[4] Among men[5] From 2018 to 2022
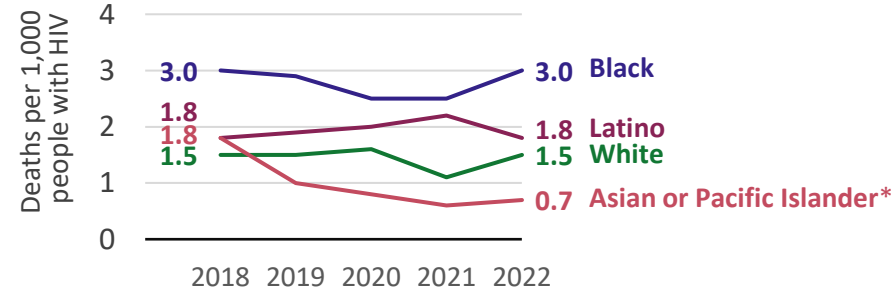
Figure 12.4. Age-Adjusted HIV-Related Death Rate[3] per 1,000 People With HIV in NYC by Race or Ethnicity[4] Among Women[5] From 2018 to 2022
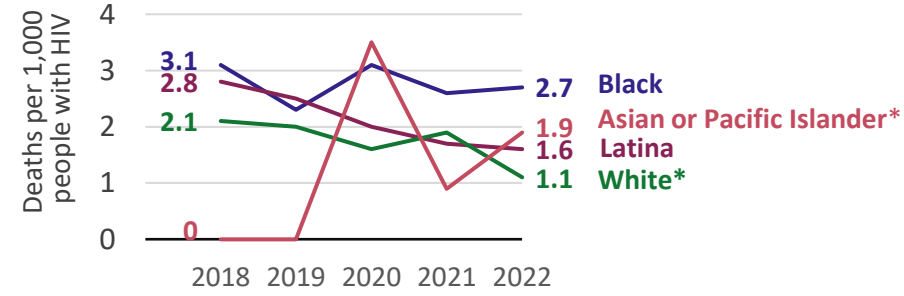
Black and Latino men experienced higher age-adjusted HIV-related death rates than white and Asian or Pacific Islander men (Figure 12.3). Black women consistently had one of the highest age-adjusted HIV-related death rates (Figure 12.4). HIV-related death rates decreased or remained relatively stable across all race or ethnicity groups from 2018 to 2022, excluding Asian or Pacific Islander women, who experienced highly varied rates across years. Data for Asian or Pacific Islander women, white women, and Asian or Pacific Islander men should be interpreted with caution due to small population sizes.

*Data should be interpreted with caution due to small population size.
[1]Non-HIV-related causes of death that appear in the top five are tracked for all years until they fall out of the top ten leading causes of death. [2]Excludes the use of tobacco or alcohol. [3]Age-adjusted to the 2000 U.S. standard population. People newly diagnosed with HIV at death were excluded from the analysis. [4]Native American and multiracial people are excluded due to unstable rates. [5]Men category includes transgender men, and women category includes transgender women.

Figure 13.1. Demographic Characteristics of People With HIV Interviewed by the Medical Monitoring Project in NYC From 2015 to 2022
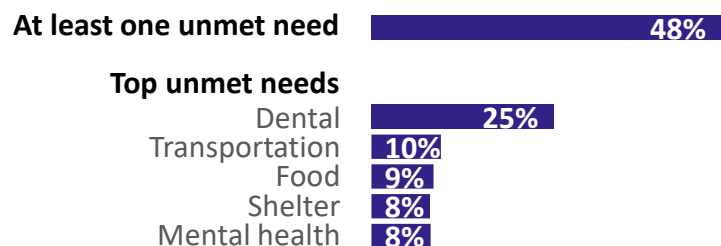
Gender
- Men: 67%
- Women: 31%
- Transgender people[1]: 2%

Race or ethnicity
- Black: 49%
- Latino: 35%
- White: 14%
- Asian or Pacific Islander: 1%
- Other[2]: < 1%

Age group (years)
- ≤ 29: 7%
- 30-39: 15%
- 40-49: 19%
- 50+: 58%
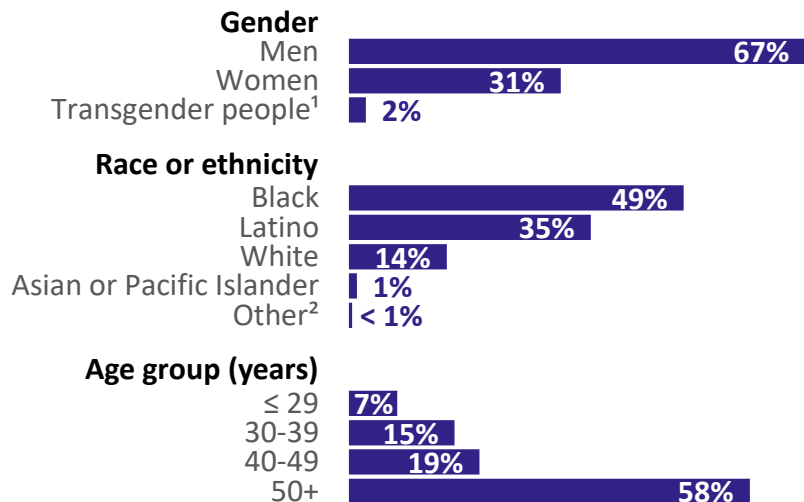
Figure 13.2. Proportion of People With HIV Interviewed by the Medical Monitoring Project in NYC Reporting Top Unmet Needs From 2015 to 2022

At least one unmet need: 48%

Top unmet needs
- Dental: 25%
- Transportation: 10%
- Food: 9%
- Shelter: 8%
- Mental health: 8%

The Medical Monitoring Project is a national surveillance activity of people with HIV, conducted in conjunction with the Centers for Disease Control and Prevention. During the cycles from 2015 to 2022, 2,501 New Yorkers with HIV participated.

Figure 14.1. Proportion of Men Who Have Sex With Men Interviewed by National HIV Behavioral Surveillance[3] in NYC Reporting Mpox Vaccination or Diagnosis[4] in 2023

- Received at least one mpox vaccine dose: 54%
- Diagnosed with mpox: 3%
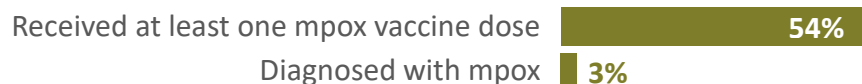
Figure 14.2. Proportion of Men Who Have Sex With Men Interviewed by National HIV Behavioral Surveillance[3] in NYC Reporting Reasons[5] for Not Getting the Mpox Vaccine in 2023

- Unsure where to get vaccinated: 21%
- Other: 16%
- Unable to get a vaccine appointment: 13%
- Concerned about vaccine side effects: 13%
- Did not think they were at risk for mpox: 11%
- Believed they were vaccine ineligible: 8%
- Concerned about vaccine safety: 7%
- Unable to travel to vaccination site: 3%
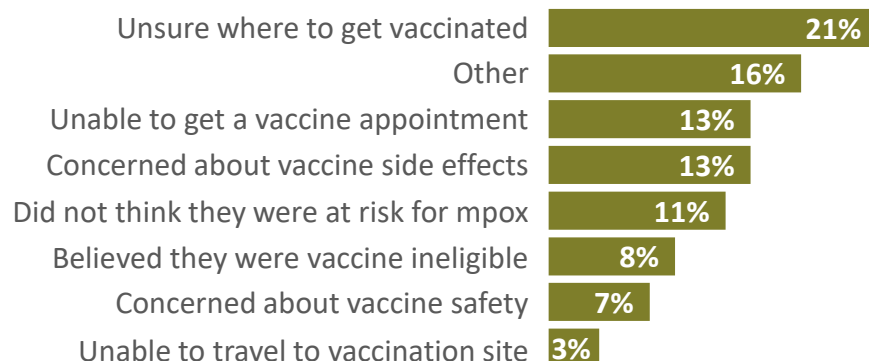
The National HIV Behavioral Surveillance is an ongoing study focusing on people at increased risk for HIV. In the 2023 cycle, participants included 134 men who have sex with men. More than half of the study participants self-reported receipt of at least one dose of the mpox vaccine — which prevents mpox, a contagious viral disease that has disproportionately affected gay men, other men who have sex with men, and transgender people in NYC since 2022. Among the 61 participants who did not receive a dose of the mpox vaccine, many reported logistical issues related to obtaining the vaccine or concerns about its safety or side effects, as well as concerns about vaccine eligibility and beliefs that they were not at risk for mpox.

[1]Includes transgender women and transgender men; categories collapsed due to small sample size. [2]Includes Native American people and multiracial people; categories collapsed due to small sample size. [3]Eligible participants self-identified as a man or were assigned male at birth and self-identified as nonbinary, were aged 18 years or older, and lived in the NYC metropolitan statistical area and reported having oral or anal sex with another man in the past 12 months. Participants were recruited through venue-based sampling. [4]For more information on mpox in NYC, see **on.nyc.gov-2023-sti-report**. [5]Options were not mutually exclusive; categories do not sum to 100%.

About This Report: This report provides an overview of the HIV epidemic in NYC using HIV surveillance data and presents highlights for the reporting period (2023 calendar year) based on core HIV surveillance activities. All data are based on information received by the NYC Department of Health and Mental Hygiene (NYC Health Department) as of March 31, 2024.

HIV Surveillance: The HIV Epidemiology Program in the NYC Health Department's Bureau of Hepatitis, HIV, and Sexually Transmitted Infections manages the NYC HIV Surveillance Registry, a population-based registry of all people diagnosed with AIDS (since 1981) or HIV (since 2000) and reported to the NYC Health Department according to standard Centers for Disease Control and Prevention (CDC) case definitions.[1] The registry contains demographic, HIV transmission category and clinical information on people diagnosed with HIV, as well as all diagnostic tests, viral load tests, CD4 counts, and HIV genotypes reportable under New York State (NYS) law. For a list of surveillance definitions and technical notes, see **nyc.gov/site/doh/data/data-sets/hiv-aids-surveillance-and-epidemiology-reports.page**. While surveillance data capture the entire population diagnosed with HIV in NYC and show the differential effect of HIV on subpopulations by age, race or ethnicity, and gender, they do not assist us in explaining the social and structural factors underlying the differences in distribution and how those differences affect important outcomes, such as timely initiation of care and viral suppression, that are known to affect long-term prognosis.

Gender Identity Ascertainment: NYC HIV surveillance collects information about people's 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 people for purposes of this report. Classifying transgender people in surveillance requires accurate collection of both sex assigned at birth and current gender identity. Sex and gender information are collected from people's self-reports, their health care providers, or medical chart reviews. This information may or may not reflect self-identification. Transgender identity has been collected routinely since 2005 for newly reported cases. Reported numbers of new HIV diagnoses among transgender people and transgender people with HIV are likely to be underestimates. NYC HIV surveillance collects information on other gender identity categories, including "Nonbinary or gender-nonconforming." In this report, data for these individuals at the time of publication are displayed by sex assigned at birth.

Race or Ethnicity: NYC HIV surveillance collects data on race or ethnicity from multiple sources, including medical charts, provider reporting, vital statistics records, and patient interviews. Black, white, Asian or Pacific Islander, Native American, and multiracial race categories exclude Latino ethnicity. People with the ethnicity Latino are grouped in the Latino race or ethnicity category, regardless of their race classification.

Transmission Category: NYC HIV surveillance collects data on behaviors possibly related to HIV transmission that occurred any time prior to diagnosis. Transmission categories include men who have sex with men, injection drug use history, men who have sex with men and inject drugs, heterosexual contact, transgender people with sexual contact, perinatal transmission, and other. Heterosexual contact includes people who had heterosexual sex with a person they know to have HIV, a person they know to have injected drugs, or a person they know to have received blood products. For women only, it also includes history of sex work, multiple sex partners, sexually transmitted infection, crack or cocaine use, sex with a bisexual man, probable heterosexual transmission as noted in a medical chart, or sex with a man and no injection drug use history. Transgender people with sexual contact includes people identified as transgender at any time by self-report, a medical provider or chart review, or ongoing data collection who have reported sexual contact and no injection drug use history. Transgender people with injection drug use history are categorized under injection drug use history. 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 nonperinatal transmission.

Perinatal and Pediatric HIV Surveillance: NYC HIV surveillance collects data on infants exposed to or diagnosed with HIV and children diagnosed with HIV before 13 years of age. Data are used to monitor perinatal HIV transmission, measure perinatal HIV transmission rates, and describe morbidity and mortality among children with HIV. Perinatal and pediatric surveillance data are informed by routine HIV and AIDS case surveillance, as well as a range of other activities and data sources, including longitudinal case follow-up, the NYS Department of Health Newborn Screening Program, and CDC-funded special projects related to pediatric HIV.

[1]CDC. Revised surveillance case definition for HIV infection — United States, 2014. *MMWR Morb Mortal Wkly Rep*. 2014;63(RR-03):1-10. PMID:**24717910**

Acute HIV Surveillance: Since 2008, NYC HIV surveillance has collected data on people diagnosed in the acute stage of HIV. For NYC's acute HIV infection case definition, see **nyc.gov/assets/doh/downloads/pdf/ah/definition-acute-hiv-infection.pdf**.

Death Data: NYC HIV surveillance collects data on deaths among people with HIV occurring in NYC through matches with the NYC Vital Statistics registry, medical chart reviews, and provider reports, including on autopsies of people with HIV by the NYC Office of Chief Medical Examiner. Data on deaths occurring outside NYC are from matches with the U.S. Social Security Administration's Death Master File and CDC's National Death Index. At the time of publication of this report, death data for the reporting period are incomplete. They include preliminary NYC death data, National Death Index data, and partial Death Master File data.

Cause of Death: In this report, cause of death is a person's underlying cause of death. For deaths occurring between 1984 and 1986, ICD-9 code 279.1 was used to denote AIDS-related deaths. For deaths occurring between 1987 and 1998, ICD-9 codes 042-044 were used to denote HIV- or AIDS-related deaths. For deaths occurring between 1999 and the most recent year, ICD-10 codes B20-B24 were used to denote HIV/AIDS-related deaths. For technical notes on cause of death by the NYC Health Department's Bureau of Vital Statistics, see **nyc.gov/assets/doh/downloads/pdf/vs/2021sum.pdf**. HIV infection and its management may contribute to causes of death classified as non-HIV-related, such as cardiovascular disease and certain cancers.[1,2]

Area-Based Poverty: Area-based poverty is based on NYC ZIP code of residence and is defined as the percentage of the population in a ZIP code with a household income that is below the federal poverty level. This measure is not available for people missing a ZIP code or living outside NYC. Income data used in this report are from the five-year American Community Survey (ACS) estimates centered on the year of the numerator data (for example, 2014 to 2018 ACS five-year estimate for 2016 data); if the preferred five-year file was not available, the most recent five-year ACS file was used. Cut points for area-based poverty categories in NYC were defined by a NYC Health Department work group.[3]

Medical Monitoring Project: The Medical Monitoring Project (MMP) is a national, ongoing supplemental surveillance activity sponsored by the CDC and designed to collect data to better understand the health behaviors, outcomes, and needs of people with HIV. NYC is one of 23 MMP sites. A two-stage sampling design is used to obtain a probability sample of in-care and out-of-care adults with HIV known to the NYC HIV Surveillance Registry. The project is cross-sectional and conducted yearly. For more information on MMP, see **cdc.gov/hiv-data/mmp**.

National HIV Behavioral Surveillance: National HIV Behavioral Surveillance (NHBS) is a national, ongoing surveillance activity sponsored by the CDC and designed to collect data to better understand behaviors related to HIV risk, HIV testing, and the receipt or use of HIV prevention services and strategies. NYC is one of 19 NHBS sites. Surveillance is conducted in rotating annual cycles in three different populations: gay and bisexual men and other men who have sex with men; people who inject drugs; and heterosexual people at increased risk of HIV. For more information on NHBS, see **cdc.gov/hiv-data/nhbs**.

HIV Incidence: HIV incidence is the number of people who acquired HIV infection in a population in a given period (such as a calendar year) and estimated based on a CD4 depletion model.[4] This differs from HIV diagnoses, which is the number of people who were newly diagnosed with HIV in a population in a given period (such as a calendar year) but may have acquired HIV infection many years prior to their diagnosis.

[1]Petoumenos K, Worm SW. HIV infection, aging and cardiovascular disease: epidemiology and prevention. *Sex Health*. 2011;8(4):465-473. doi:**10.1071/SH11020** [2]Deeken JF, Tjen-A-Looi A, Rudek MA, et al. The rising challenge of non-AIDS-defining cancers in HIV-infected patients. *Clin Infect Dis*. 2012;55(9):1228-1235. doi:**10.1093/cid/cis613** [3]Toprani A, Hadler JL. Selecting and applying a standard area-based socioeconomic status measure for public health data: analysis for New York City. NYC Dept of Health and Mental Hygiene: Epi Research Report; May 2013. [4]Source: NYC HIV Surveillance Registry; method: Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the United States. *J Acquir Immune Defic Syndr.* 2017;74(1):3-9. doi:**10.1097/QAI.0000000000001151**

Technical Notes (Continued)

NYC 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.[1] "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.[2] "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.[3] "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 MMP participants whose medical record included documentation of ART prescription.[4] "Virally suppressed" is calculated as people with HIV in care with a most recent viral load measurement in the calendar year of < 200 copies per milliliter, plus the estimated number of out-of-care people with HIV in the calendar year with a viral load of < 200 copies per milliliter, based on a statistical weighting method.[2]

Notes About Care Continuum-Specific Estimates: The number of people with HIV (first bar in Figure 11.1) represents an estimate of all people with HIV in NYC at the end of the calendar year. The number of people with HIV presented elsewhere in the report (for example, Table 1) represents people ever diagnosed with HIV, reported in NYC and not known to have died as of the end of the calendar year. Viral suppression estimates in the care continuum are among all people with HIV in NYC. These differ from Figures 10.3 and 10.4, which show viral suppression among people in HIV medical care in the calendar year.

HIV Provider Reporting

All diagnostic and clinical providers (for example, physicians, physician assistants, nurse practitioners, nurses, midwives) and laboratories are required by NYS law to report specific HIV-related events.

Report HIV and AIDS Cases: New York State (NYS) Public Health Law requires providers to report new HIV diagnoses, new AIDS diagnoses (CD4 < 200 or opportunistic infection), and previously diagnosed HIV or AIDS among people they are seeing for the first time to the NYC Health Department within seven days of diagnosis or receipt of laboratory results. Providers must report acute HIV infections within 24 hours of diagnosis. Provider report forms (PRFs) can be submitted electronically through the NYS Health Commerce System's Provider Portal at **commerce.health.state.ny.us**. For instructions and assistance on accessing the portal, see **hivguidelines.org/wp-content/uploads/2023/11/PublicHealthLawCommunication_2023.pdf**. For further assistance with the provider portal, call the NYS Department of Health at 518-474-4284. Alternatively, obtain paper forms (DOH-4189) from the NYC Health Department or arrange for the pickup of completed paper forms by calling 212-442-3388. To protect patient confidentiality, PRFs must not be mailed or faxed to the NYC Health Department.

Discuss Partner Services and Report Partners: The NYC Health Department's ACE (Assess. Connect. Engage.) Team was established in 2006 to assist HIV medical providers and patients diagnosed with HIV with partner services and linkage to care. Partner services, a free program offered to all people diagnosed with HIV, helps people with HIV determine how best to notify their sex or needle-sharing partners. The NYS Public Health Law requires providers to report all known sex or needle-sharing partners to the NYC Health Department so that partners can be notified of their potential exposure to HIV.

To report partners, call the NYC Health Department Contact Notification Assistance Program (CNAP) at 212-693-1419 or complete the PRF whenever partner information is available (either at the time of the reportable event or at a follow-up visit). Essential partner information to report includes: each partner's first and last name (and alias, if applicable), date of birth or estimated age, gender, and domestic violence screening results.

For more information on HIV provider reporting, see **nyc.gov/site/doh/data/data-sets/hiv-aids-how-to-report-a-diagnosis.page**.

[1]Source: NYC HIV Surveillance Registry; method: Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the United States. *J Acquir Immune Defic Syndr.* 2017;74(1):3-9. doi:**10.1097/QAI.0000000000001151** [2]Source: NYC HIV Surveillance Registry; method: Xia Q, Kersanske LS, Wiewel EW, et al. Proportions of patients with HIV retained in care and virally suppressed in New York City and the United States: higher than we thought. *J Acquir Immune Defic Syndr.* 2015;68(3):351-358. doi:**10.1097/QAI.0000000000000464** [3]Source: NYC HIV Surveillance Registry. [4]Source: NYC HIV Surveillance Registry and NYC MMP.

Additional Resources

Care Status Reports: The Care Status Report (CSR) is a program designed to assist providers in identifying patients who are out of care in NYC. The CSR system is a secure web-based application that enables facilities to electronically submit eligible out-of-care patients (patients out of care less than six months) to the NYC Health Department for a query against the NYC HIV Surveillance Registry for return of limited-outcome information on the patients' current HIV care status in NYC. The care status outcomes include: follow-up needed; possibly in care; established in care; no follow-up needed — deceased; non-case; or pending further investigation by the NYC Health Department. The outcomes are based on HIV-related laboratory test data (CD4 counts and viral load tests) reported to the NYC HIV surveillance system and information on vital status. For more information on the CSR, see **nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page**.

HIV Care Continuum Dashboards: The HIV Care Continuum Dashboards use NYC HIV surveillance data to show the performance of providers who give HIV care to people with HIV in NYC. The goal of these dashboards is to improve HIV care and accelerate efforts to end the HIV epidemic in NYC. The dashboards contain information on how quickly people newly diagnosed with HIV are linked to care and how well their viral loads are controlled. At the time of this report's publication, data are available for 56 NYC HIV care providers. For more information on the Care Continuum Dashboards, see **nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page**.

Additional NYC Health Department Resources on HIV and Sexual Health in NYC:
For information on the NYC Health Department, see **nyc.gov/health**.
For information on HIV and AIDS, including HIV testing, prevention, and treatment, see **nyc.gov/health/hiv**.
For information on the NYC HIV Epidemiology Program, see **nyc.gov/site/doh/data/data-sets/aids-hiv-epidemiology-and-field-services.page**.
For information on sexual health, see **nyc.gov/sexualhealth**.
For information on NYC Sexual Health Clinics, see **nyc.gov/health/sexualhealthclinics**.
For STI reports, see **nyc.gov/site/doh/data/publications.page** and select Series Title **Sexually Transmitted Surveillance Report**.
For viral hepatitis reports, see **nyc.gov/site/doh/data/data-publications/hepatitis-abc-surveillance-data.page**.

Additional NYC Health Department Data Resources:
For NYC Health Department datasets, see **nyc.gov/site/doh/data/data-sets/data-sets-and-tables.page**.
For Geographical Information System (GIS) data files for download, see **nyc.gov/site/doh/data/health-tools/maps.page**.

Additional HIV Resources:
National HIV surveillance, including the CDC's case definitions for HIV surveillance: **cdc.gov/hiv-data**
New York State Ending the Epidemic (ETE) Dashboard: **etedashboardny.org**
AIDSVu, including interactive online maps illustrating the prevalence of HIV in the U.S.: **aidsvu.org**
Fast-Track Cities initiative, tracking progress against HIV/AIDS (UNAIDS) 95-95-95 targets: **fast-trackcities.org**

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