CARE AND CLINICAL STATUS OF PEOPLE NEWLY DIAGNOSED WITH HIV AND PEOPLE LIVING WITH HIV/AIDS IN NYC, 2015

HIV Epidemiology and Field Services Program
New York City Department of Health and Mental Hygiene

Prepared: December 2016

http://www1.nyc.gov/site/doh/data/data-sets/epi-surveillance-slide-sets.page

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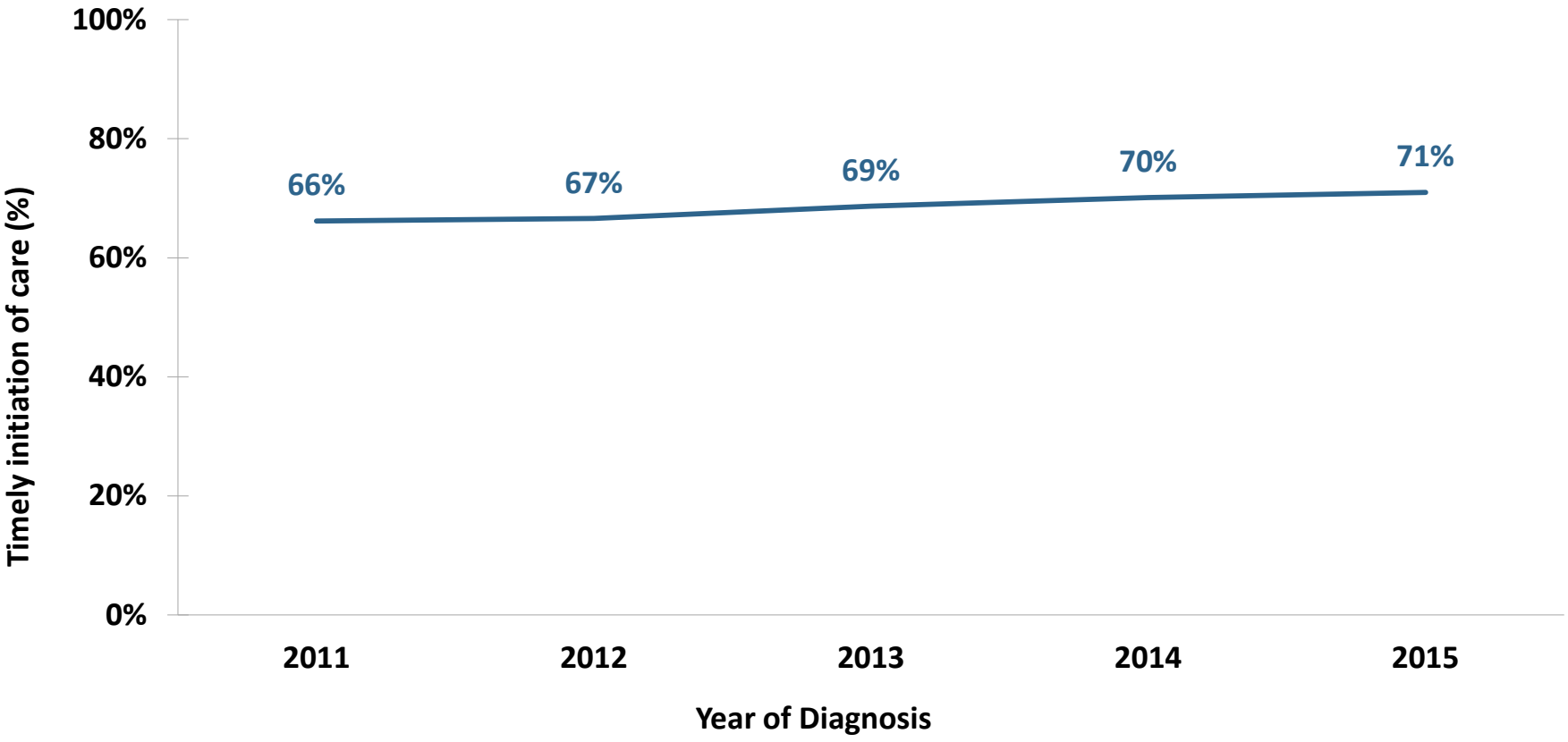
PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2015

- **2,493 people newly diagnosed with HIV in NYC in 2015**
  - Newly diagnosed with HIV in NYC in 2015 and reported to the NYC DOHMH by June 30, 2016

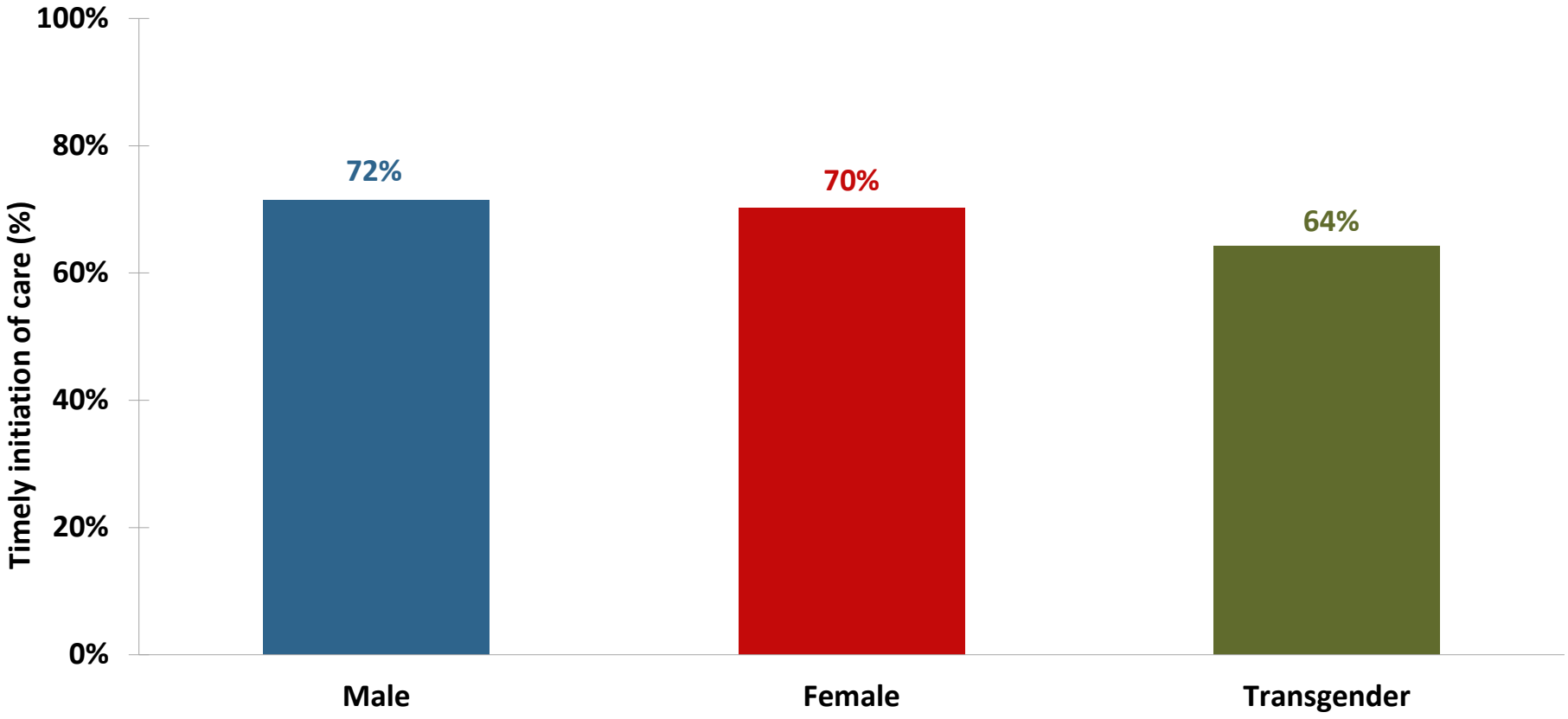
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV IN NYC, 2011-2015



Timely initiation of care among people newly diagnosed with HIV increased in NYC between 2011 and 2015.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

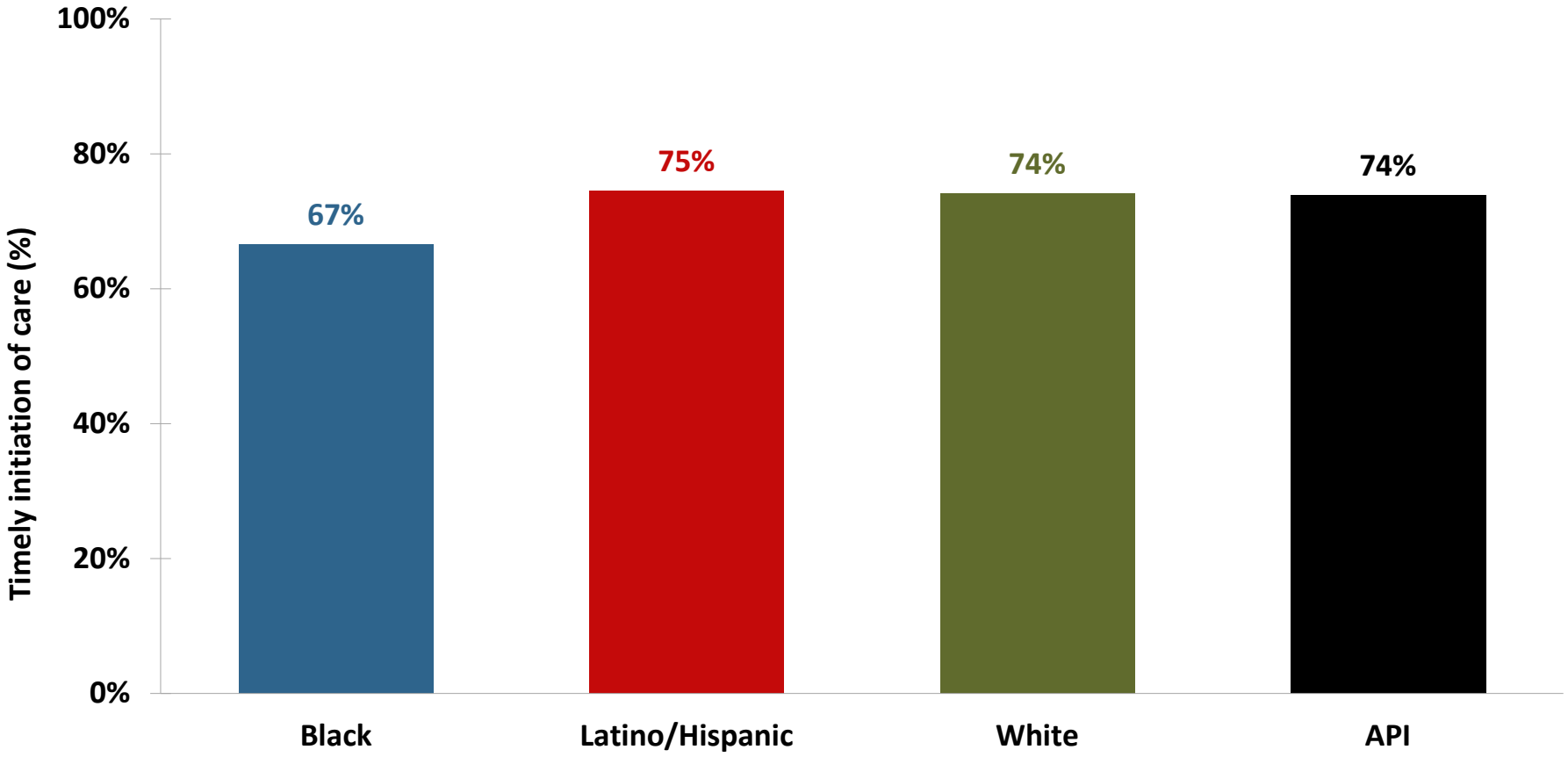
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY GENDER IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, transgender people were less likely to have timely initiation of care than non-transgender people.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY RACE/ETHNICITY IN NYC, 2015



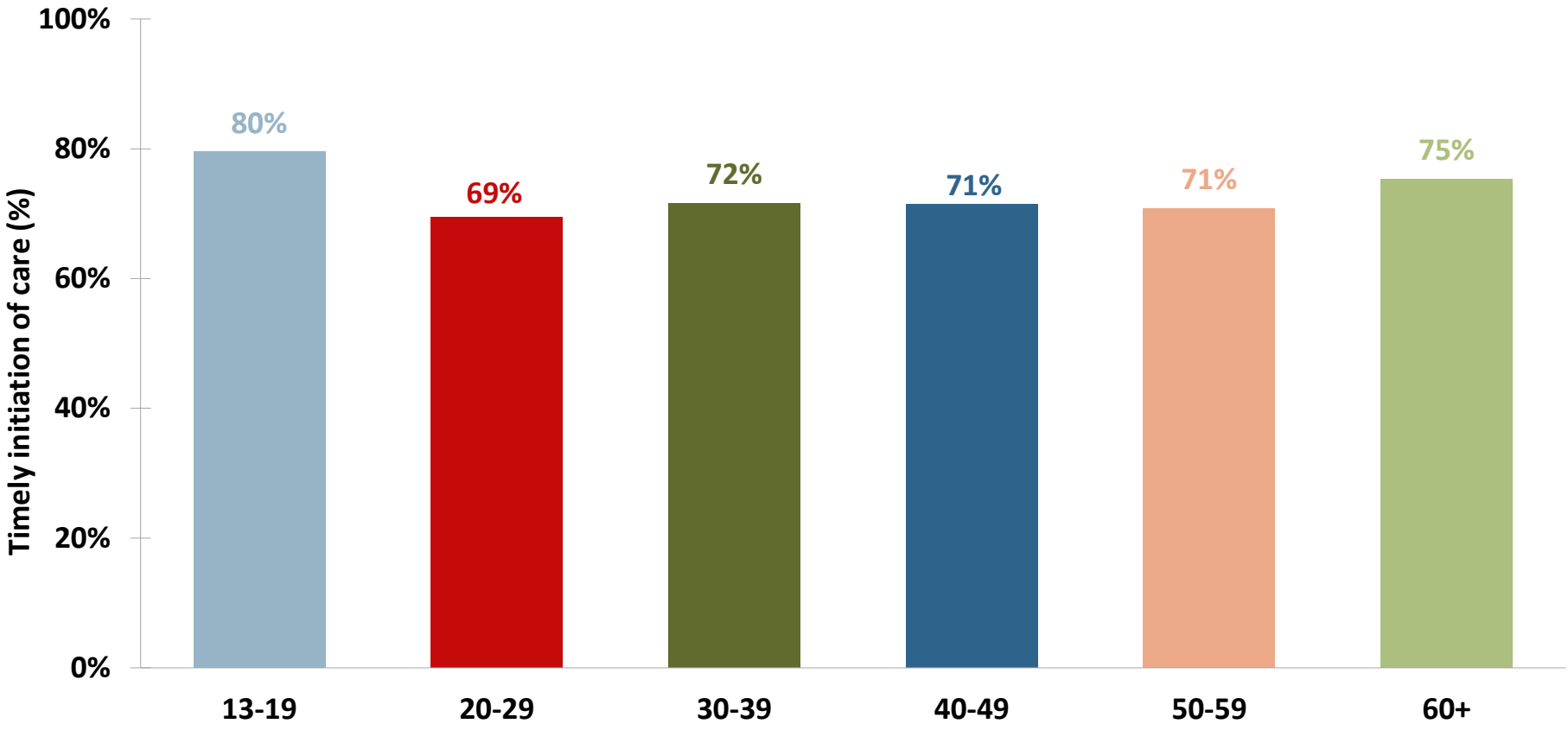
Among people newly diagnosed with HIV in NYC in 2015, Blacks were the least likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)

Native American and multiracial groups not displayed. There were 3 Native American and 20 multiracial people newly diagnosed with HIV in 2015.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

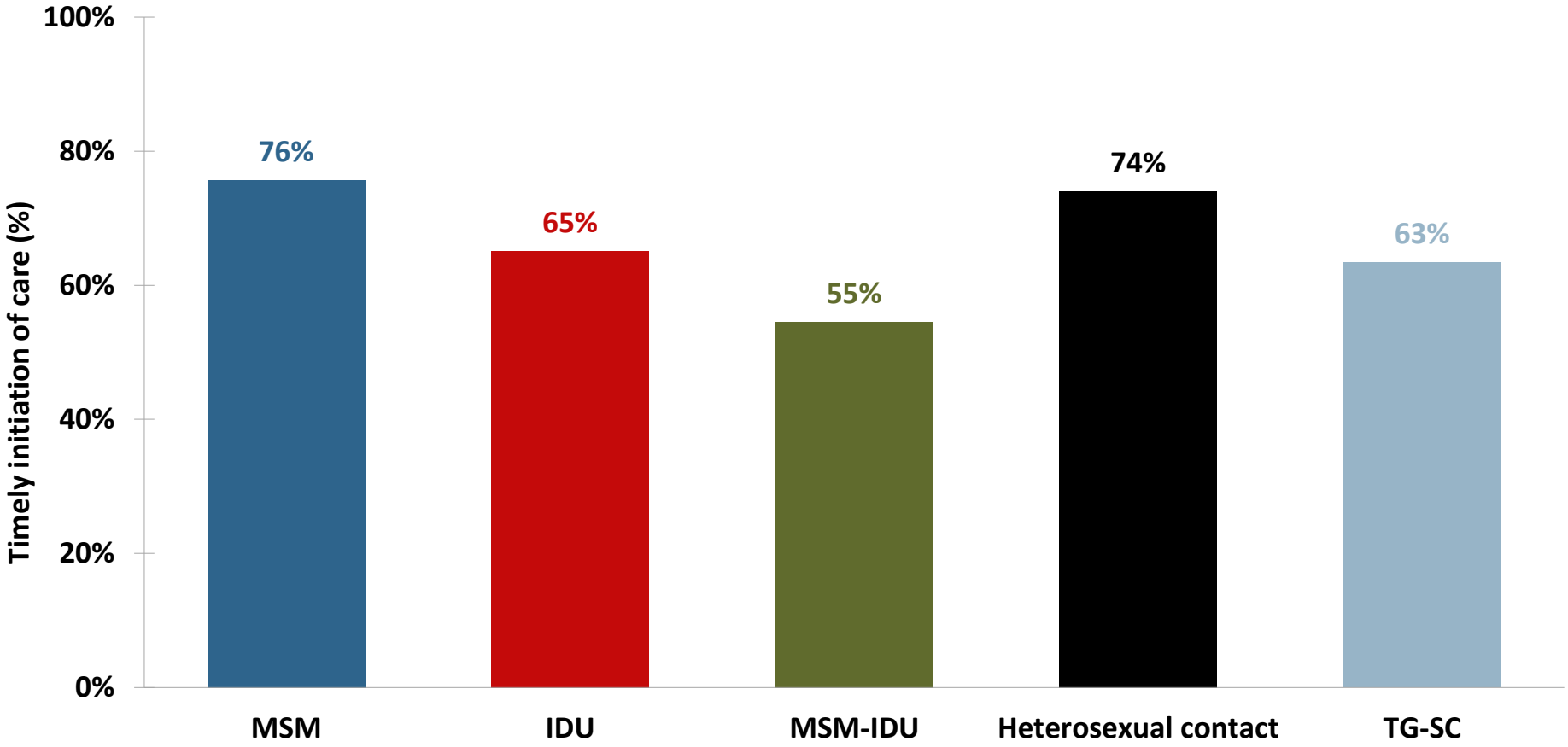
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AGE IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, those ages 20 to 29 were the least likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)
New diagnoses in the 0-12 age group not displayed. There were 3 children aged 0-12 years old newly diagnosed with HIV in NYC in 2015.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

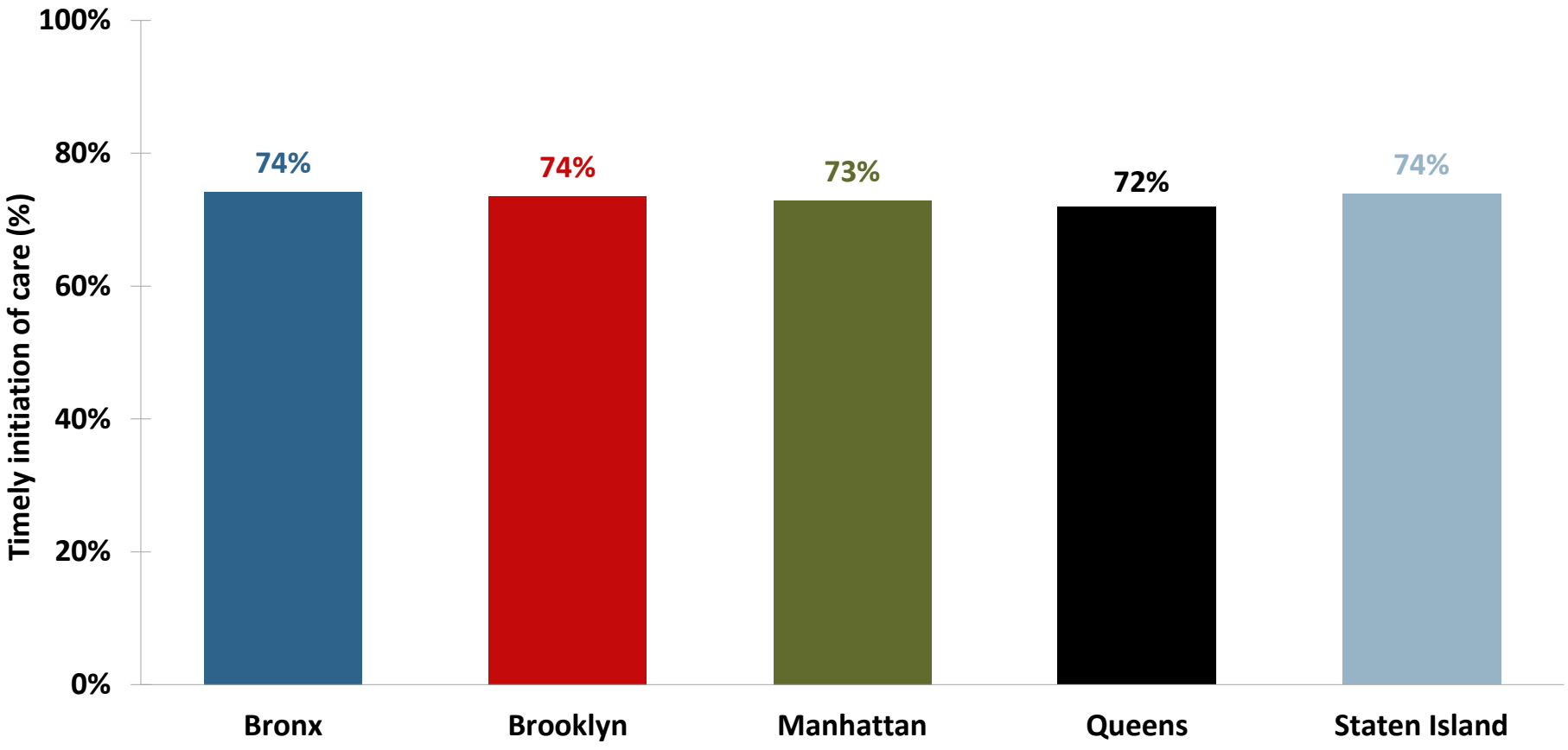
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY TRANSMISSION RISK IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, those with MSM or heterosexual contact transmission risk were more likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)
TG-SC = Transgender people with sexual contact. New diagnoses with other/unknown transmission risk not displayed.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

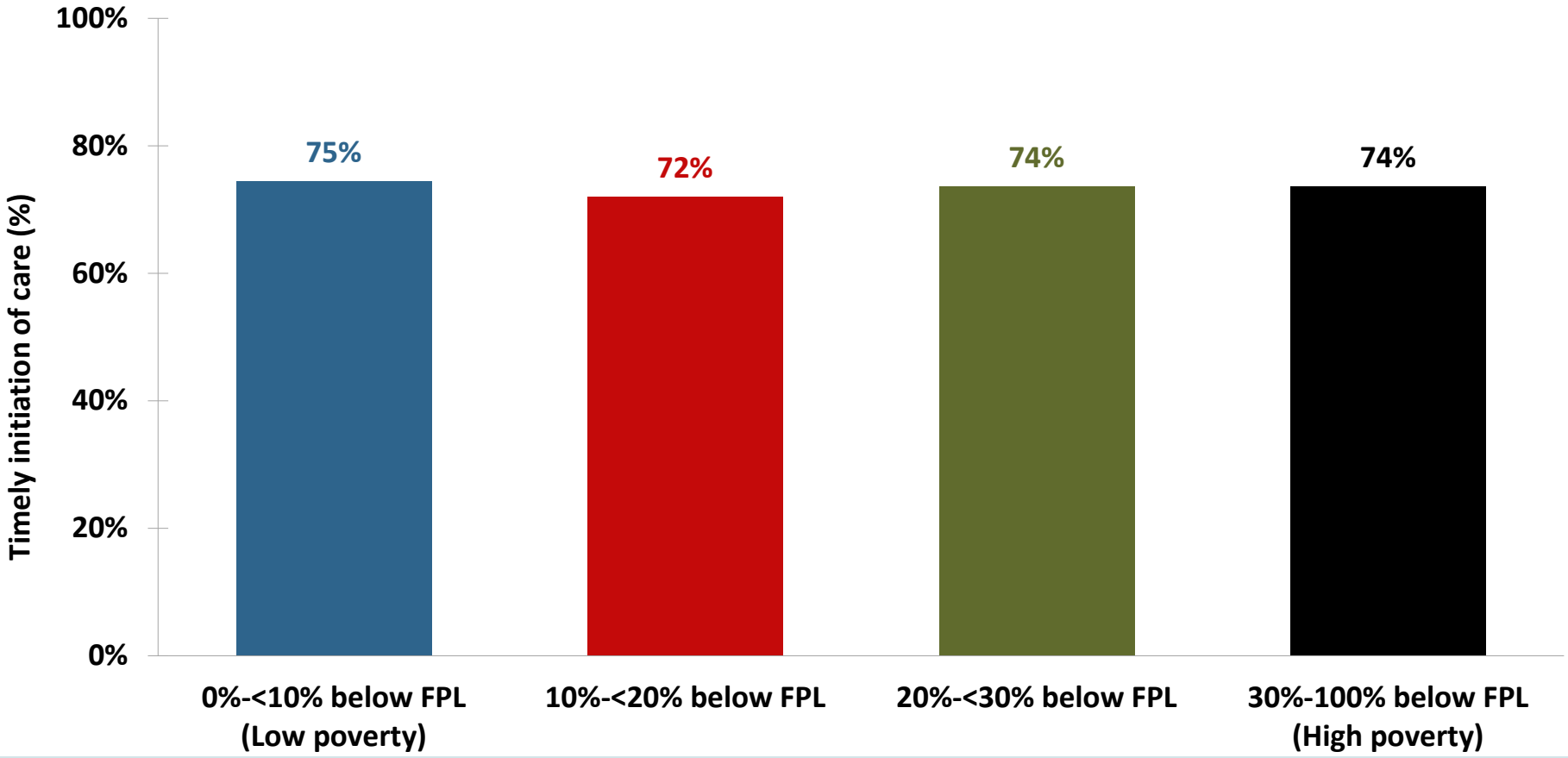
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY BOROUGH IN NYC, 2015



There were only slight differences in timely initiation of care by borough of residence among people newly diagnosed with HIV in NYC in 2015.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

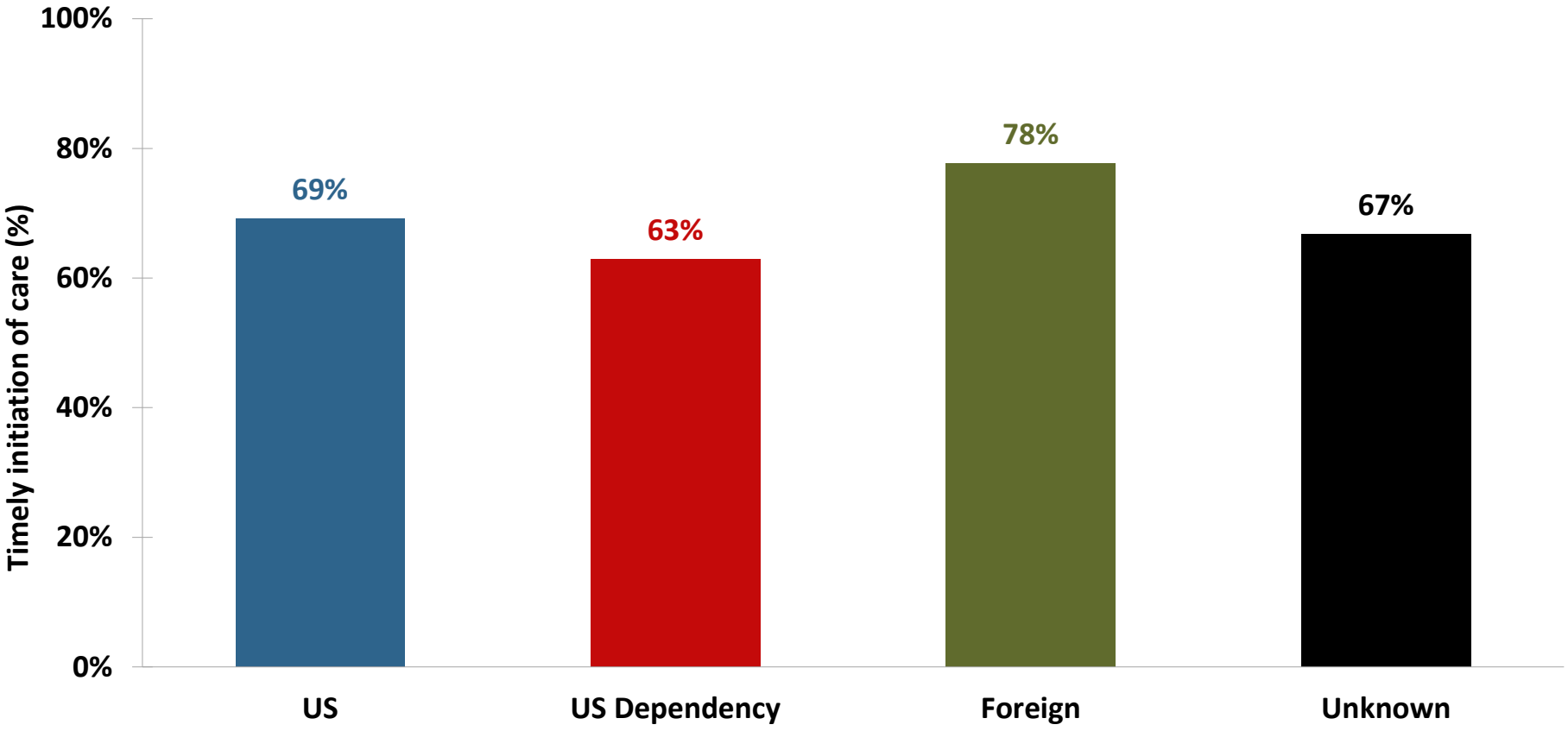
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY AREA-BASED POVERTY IN NYC, 2015



There were only slight differences in timely initiation of care by area-based poverty level among people newly diagnosed with HIV in NYC in 2015.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)
FPL=Federal Poverty Level. Area-based poverty defined as percent of the population in a given ZIP code whose household income is below the FPL.
New diagnoses without area-based poverty information not displayed.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

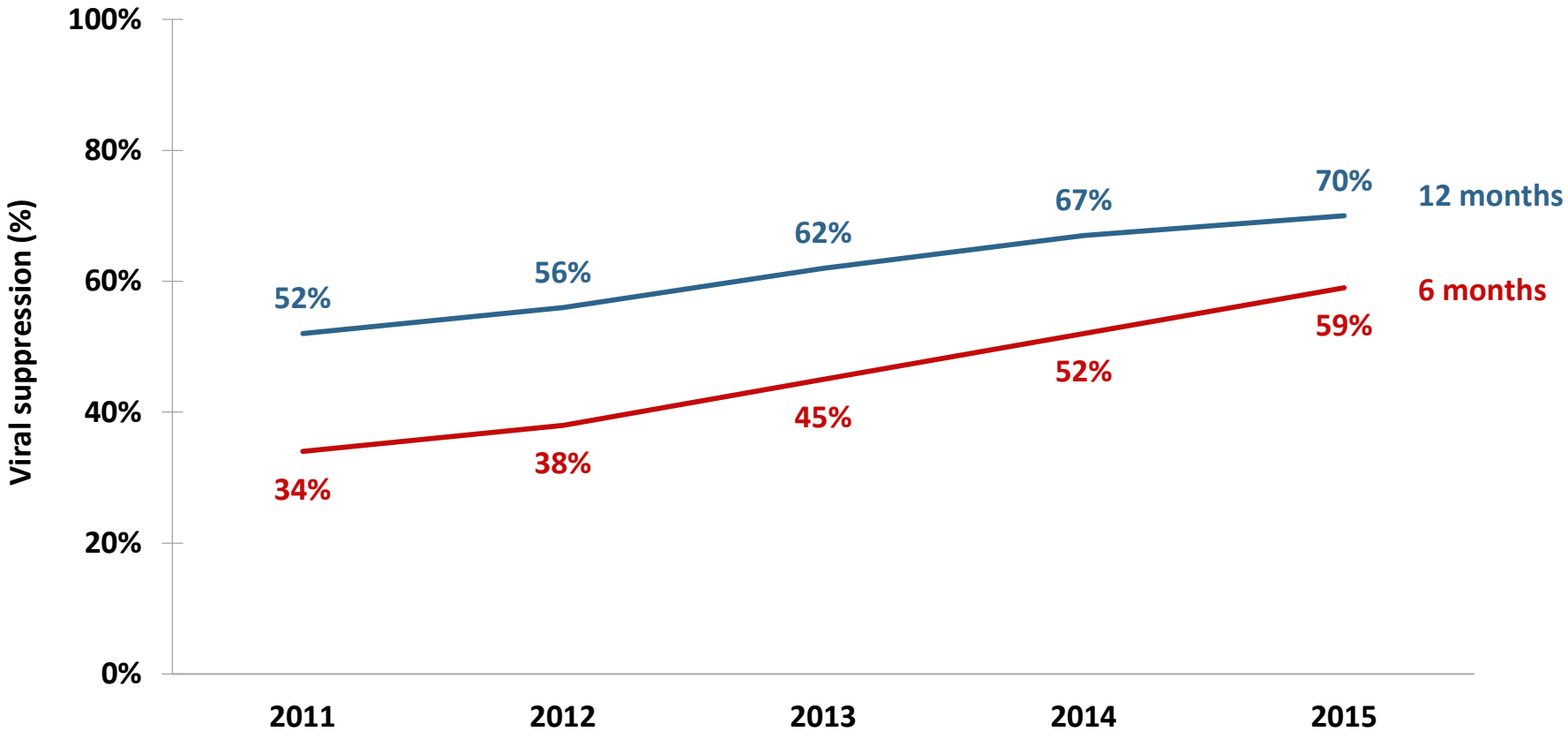
TIMELY INITIATION OF CARE AMONG PEOPLE NEWLY DIAGNOSED WITH HIV BY COUNTRY OF BIRTH IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, foreign-born people were most likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

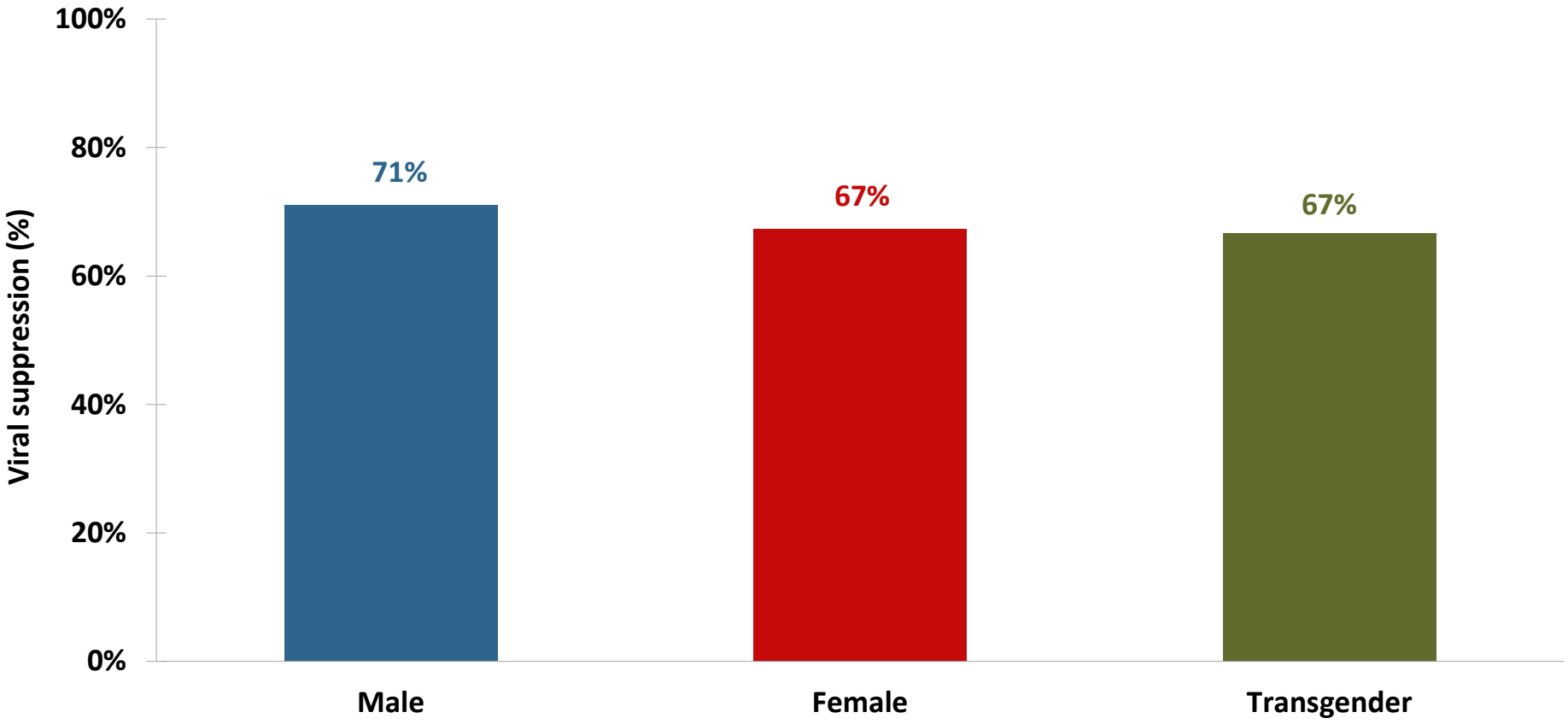
VIRAL SUPPRESSION WITHIN 6 AND 12 MONTHS OF HIV DIAGNOSIS IN NYC, 2011-2015



The proportion of people newly diagnosed with HIV who achieved viral suppression within 6 and 12 months of diagnosis increased in NYC between 2011 and 2015.

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

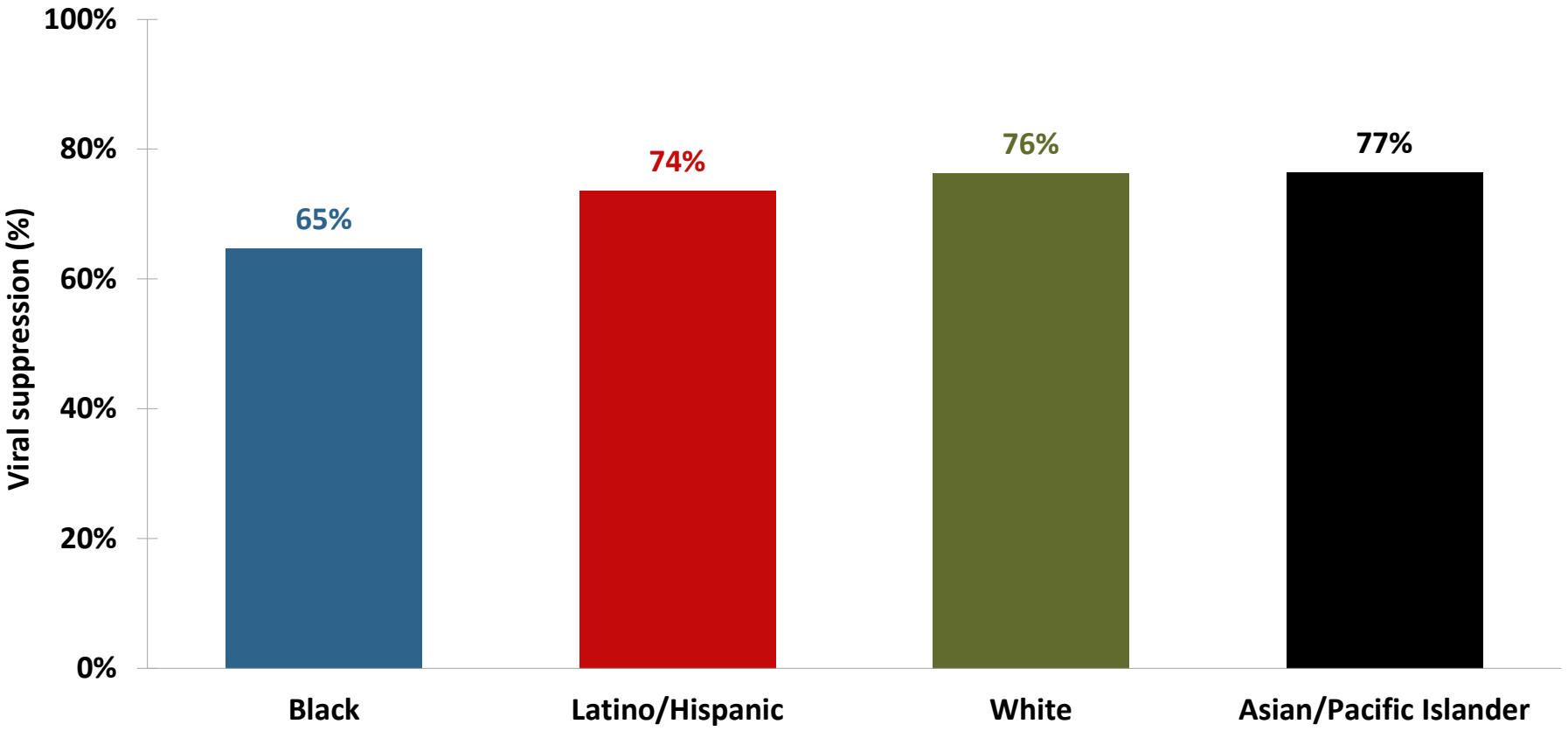
VIRAL SUPPRESSION WITHIN 12 MONTHS OF HIV DIAGNOSIS BY GENDER IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, males not identified as transgender were more likely to have achieved viral suppression within 12 months of diagnosis.

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

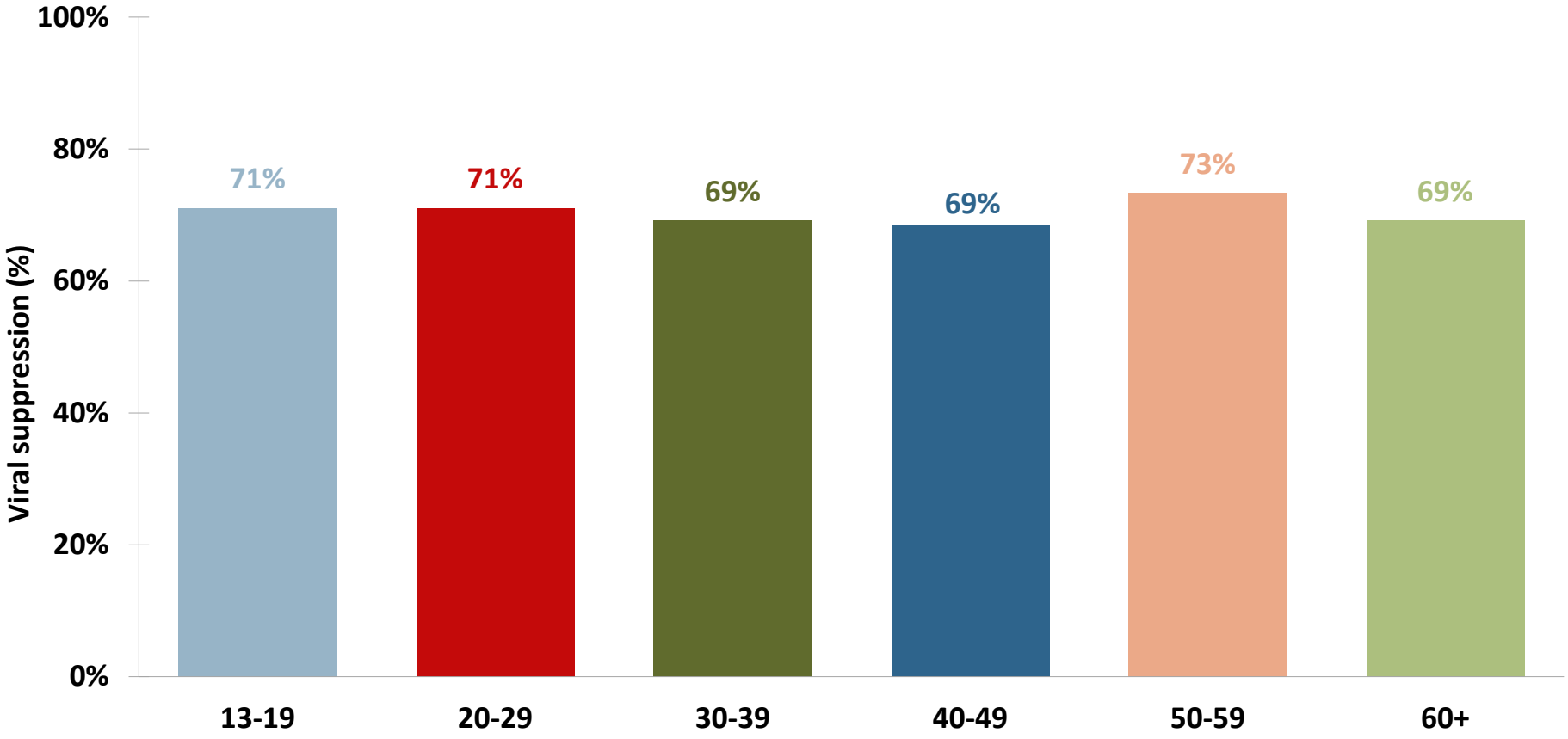
VIRAL SUPPRESSION WITHIN 12 MONTHS OF HIV DIAGNOSIS BY RACE/ETHNICITY IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, Blacks were the least likely to have achieved viral suppression within 12 months of diagnosis.

Viral suppression is defined as viral load ≤200 copies/mL.
Native American and multiracial groups not displayed. There were 3 Native American and 20 multiracial people newly diagnosed with HIV in 2015.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

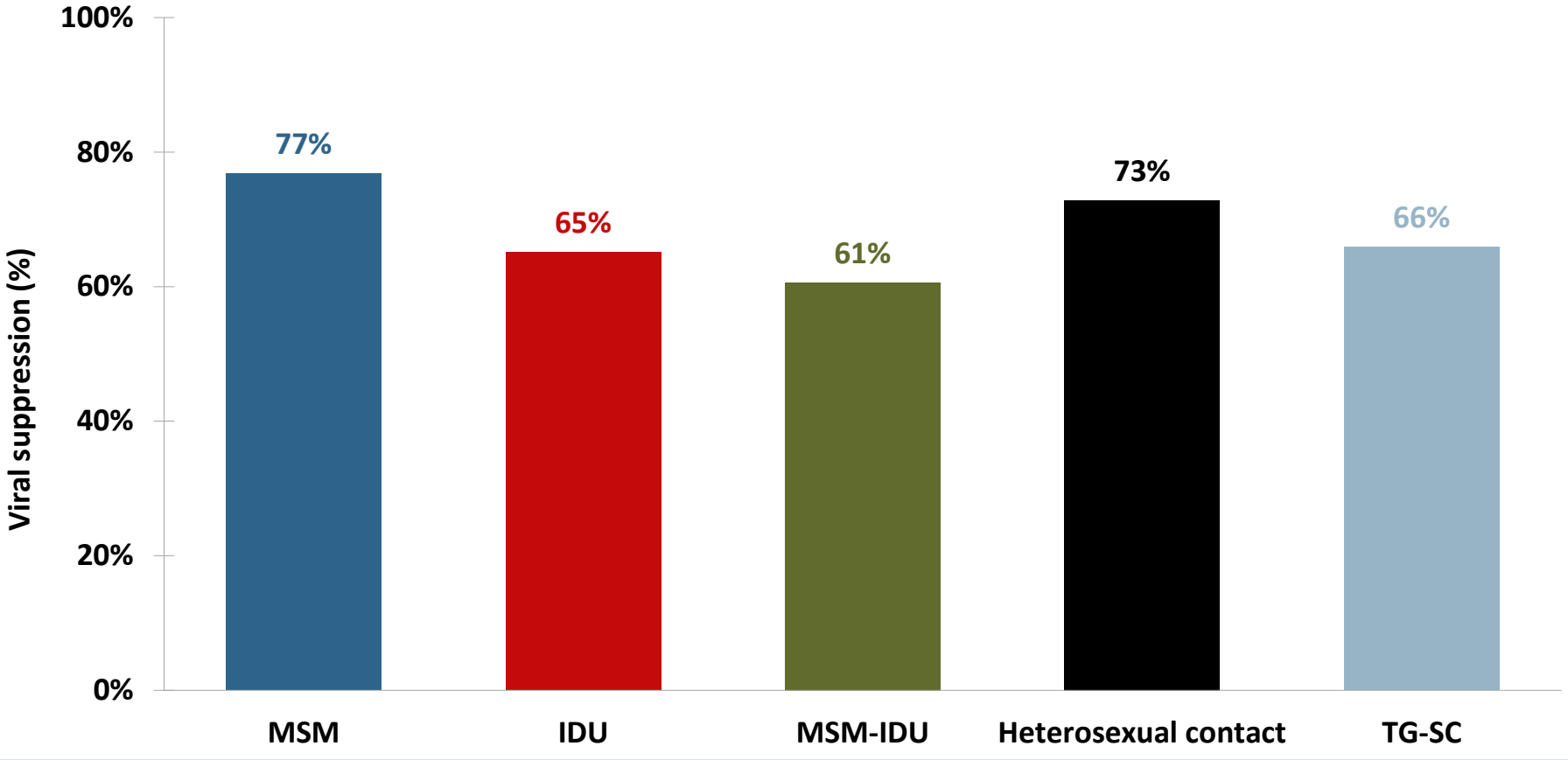
VIRAL SUPPRESSION WITHIN 12 MONTHS OF HIV DIAGNOSIS BY AGE IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, differences by age in achieving viral suppression within 12 months of diagnosis were small.

Viral suppression is defined as viral load ≤200 copies/mL.
New diagnoses in the 0-12 age group not displayed. There were 3 children aged 0-12 years old newly diagnosed with HIV in 2015.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

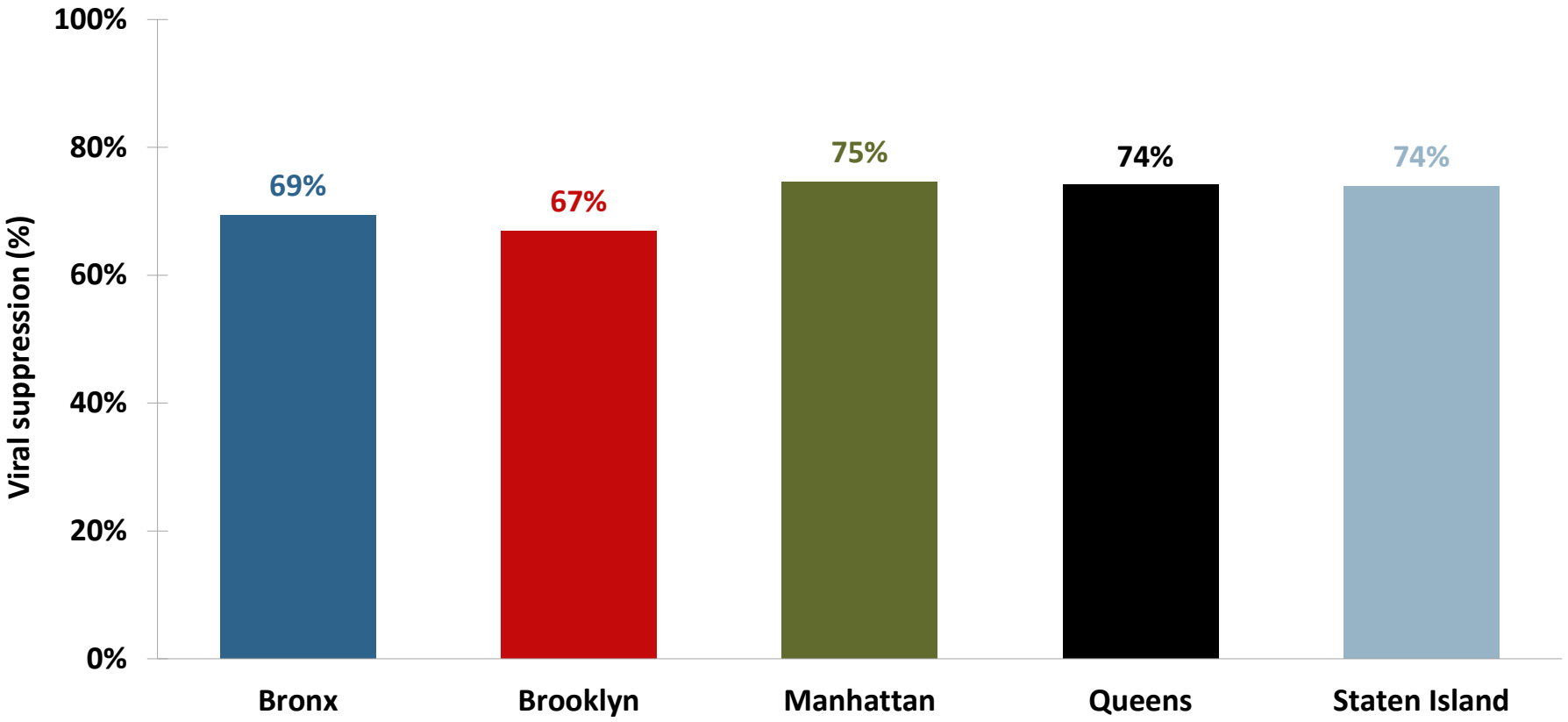
VIRAL SUPPRESSION WITHIN 12 MONTHS OF HIV DIAGNOSIS BY TRANSMISSION RISK IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, those with MSM or heterosexual contact transmission risk were most likely to have achieved viral suppression within 12 months of diagnosis.

Viral suppression is defined as viral load ≤200 copies/mL.
TG-SC = Transgender people with sexual contact. New diagnoses with other/unknown transmission risk not displayed.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

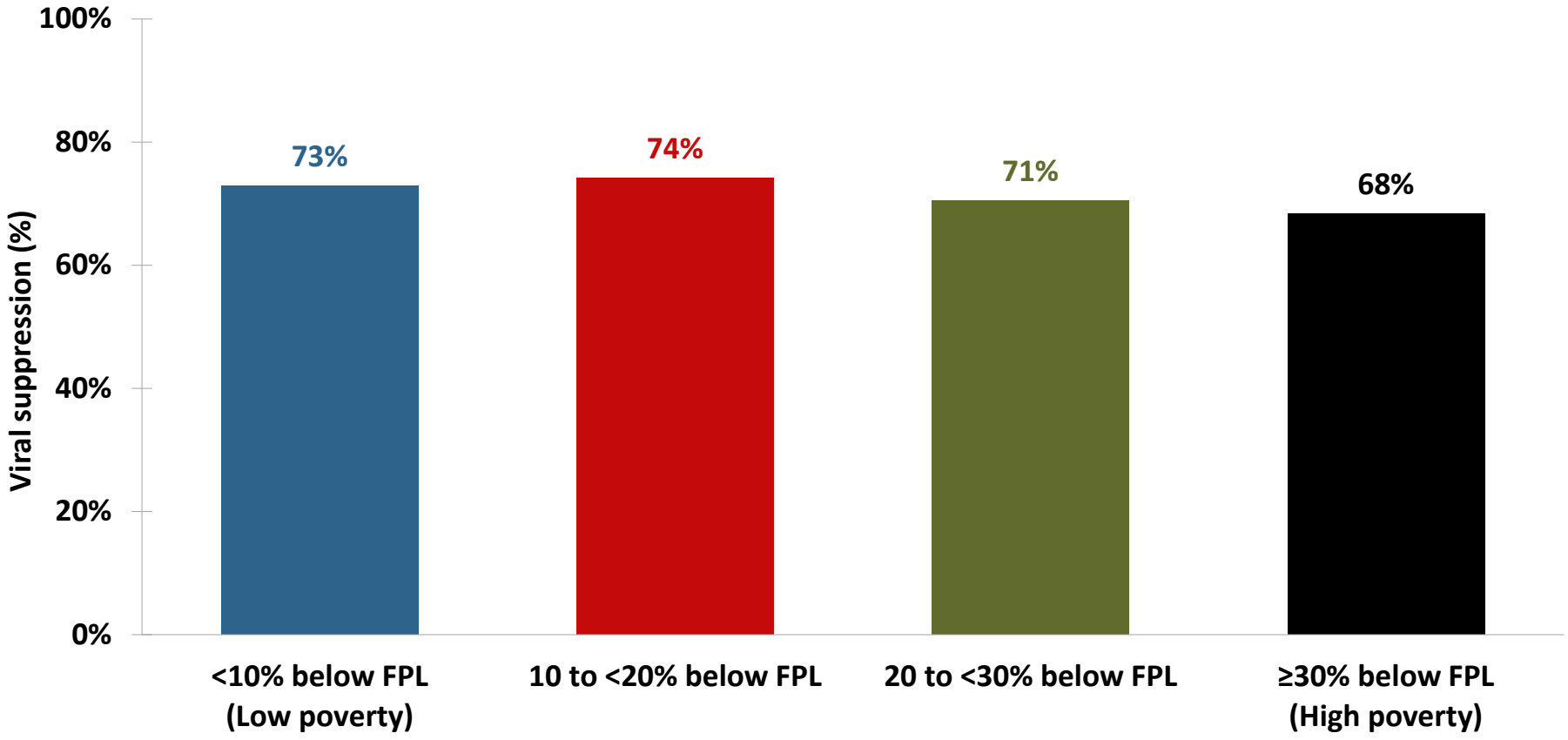
VIRAL SUPPRESSION WITHIN 12 MONTHS OF HIV DIAGNOSIS BY BOROUGH IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, Bronx and Brooklyn residents were less likely to have achieved viral suppression within 12 months of diagnosis compared with other boroughs.

Viral suppression is defined as viral load ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

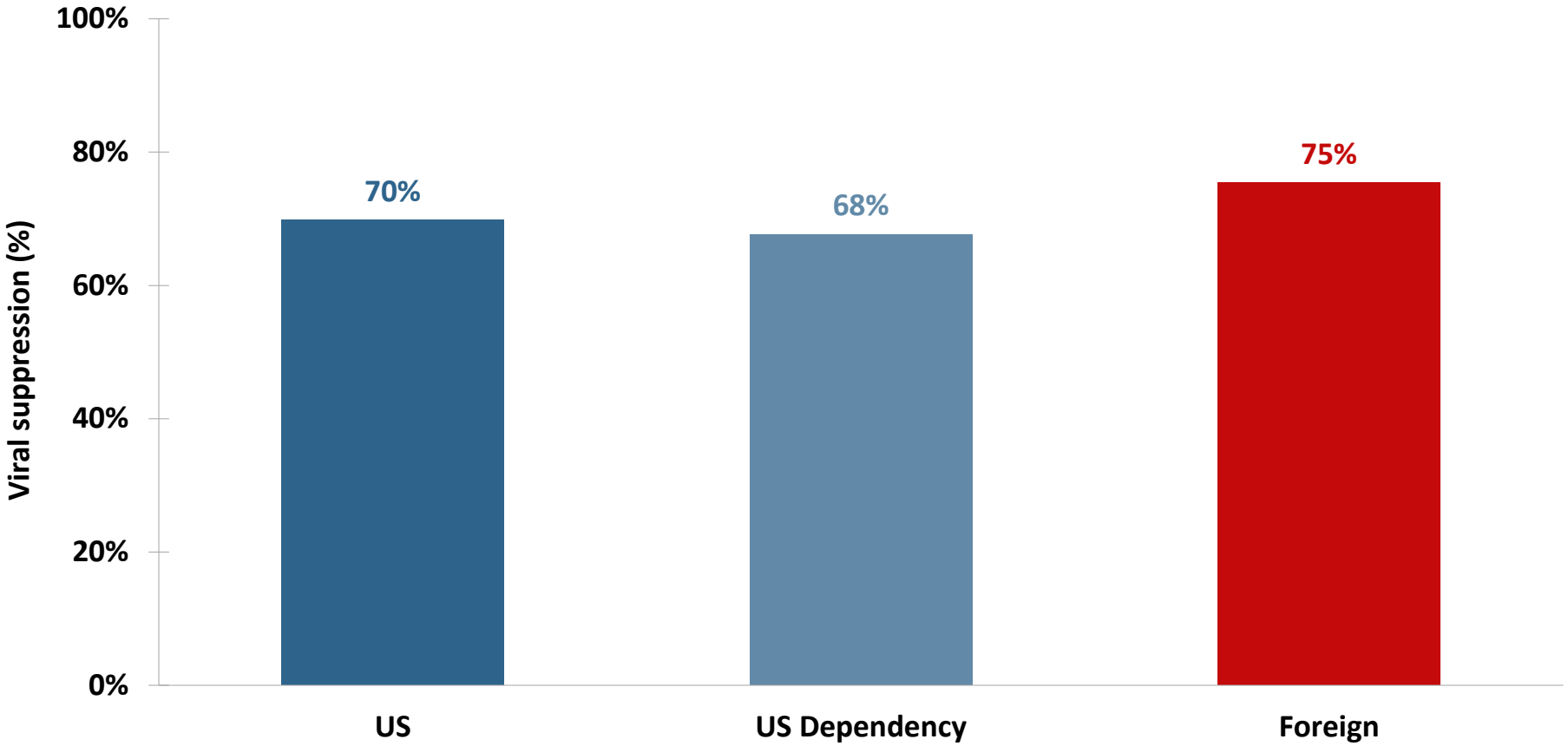
VIRAL SUPPRESSION WITHIN 12 MONTHS OF HIV DIAGNOSIS BY AREA-BASED POVERTY IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, those living in high poverty neighborhoods were the least likely to have achieved viral suppression within 12 months of diagnosis.

FPL=Federal Poverty Level; Viral suppression is defined as viral load ≤200 copies/mL.
New diagnoses without area-based poverty information not displayed.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

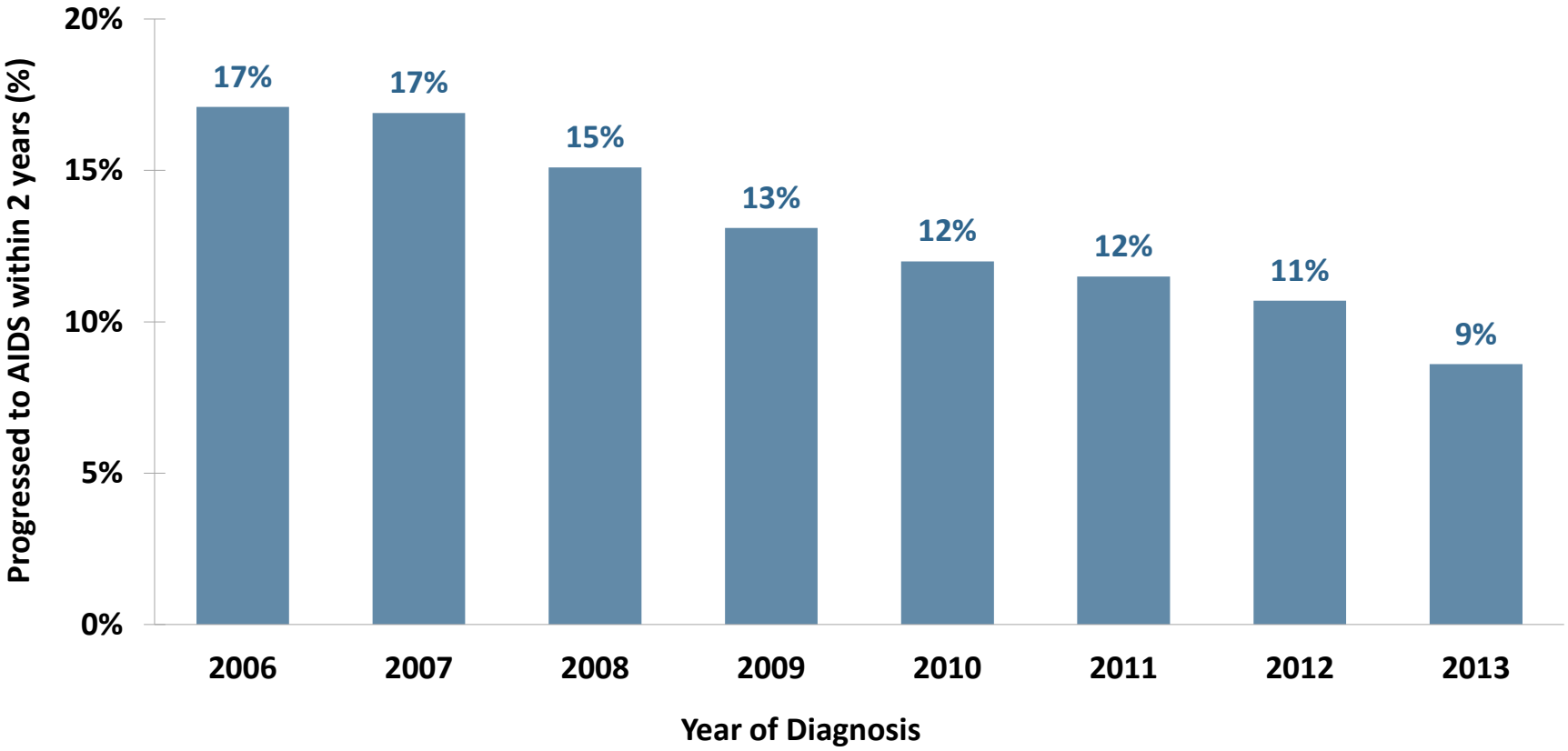
VIRAL SUPPRESSION WITHIN 12 MONTHS OF HIV DIAGNOSIS BY COUNTRY OF BIRTH IN NYC, 2015



Among people newly diagnosed with HIV in NYC in 2015, foreign-born people were most likely to have achieved viral suppression within 12 months of diagnosis.

Viral suppression is defined as viral load ≤200 copies/mL.
New diagnoses with unknown country of birth (N = 449) not displayed.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

PROPORTION OF NEW HIV-ONLY DIAGNOSES PROGRESSING TO AIDS WITHIN 2 YEARS IN NYC, 2006-2013



The proportion of new HIV-only diagnoses that progressed to AIDS within 2 years decreased in NYC between 2006 and 2013.

People are classified as having AIDS if they either have one or more AIDS-defining opportunistic illnesses (based on the 1993 CDC case definition) or a laboratory test indicating suppressed CD4+ cell counts (<200 cells/µL).
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

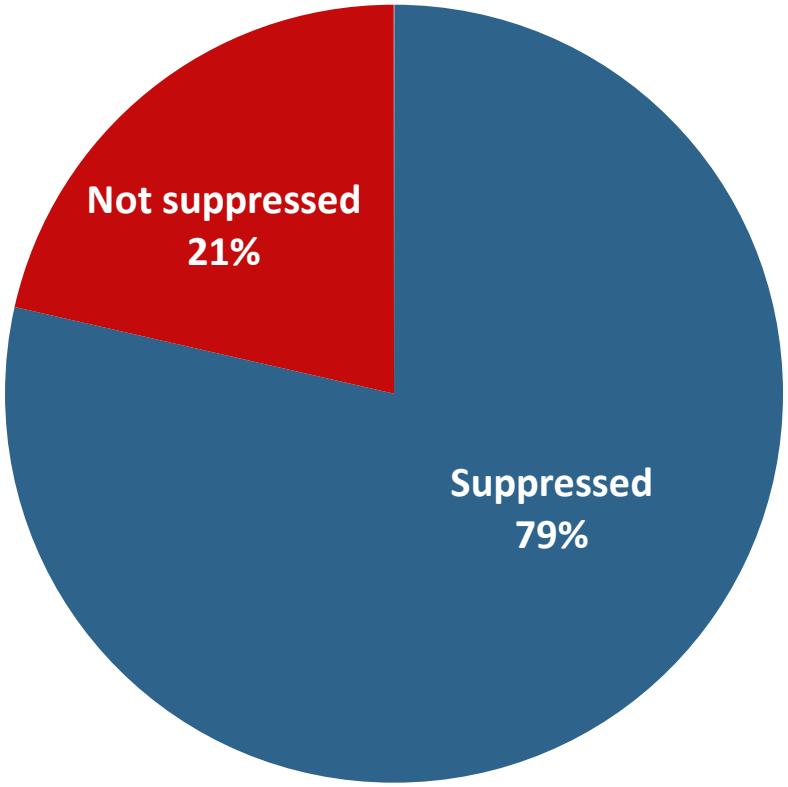
PEOPLE LIVING WITH HIV/AIDS (PLWHA)

- PLWHA
  - People living with HIV in NYC at the end of 2015
  - Approximately 87,600 PLWHA in NYC at the end of 2015

- Diagnosed PLWHA
  - Diagnosed with HIV infection or AIDS in or before 2015, living in NYC at the end of 2015, and reported to the NYC DOHMH by June 30, 2016
  - Approximately 82,500 diagnosed PLWHA in NYC at the end of 2015

For more details on definitions, see Technical Notes.

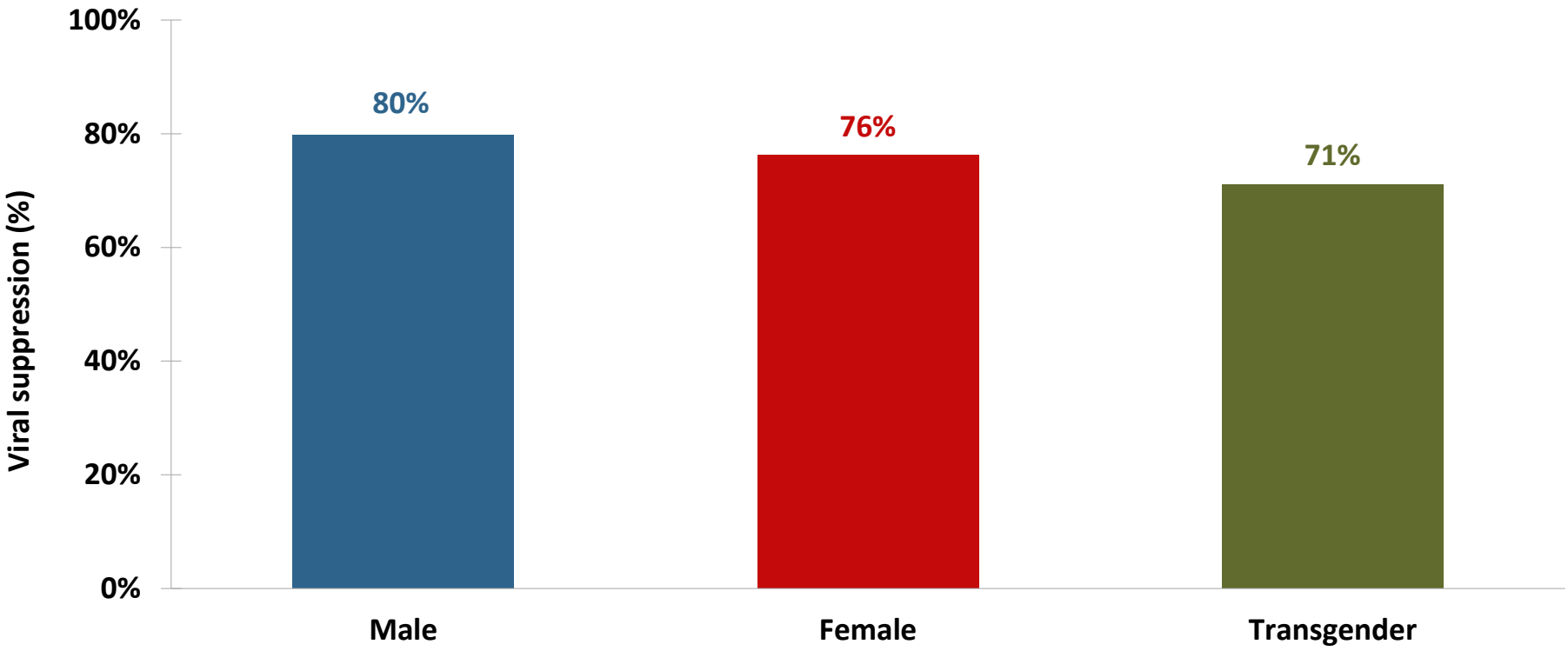
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA IN NYC, 2015



About four-fifths of diagnosed PLWHA in NYC were virally suppressed in 2015.

Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

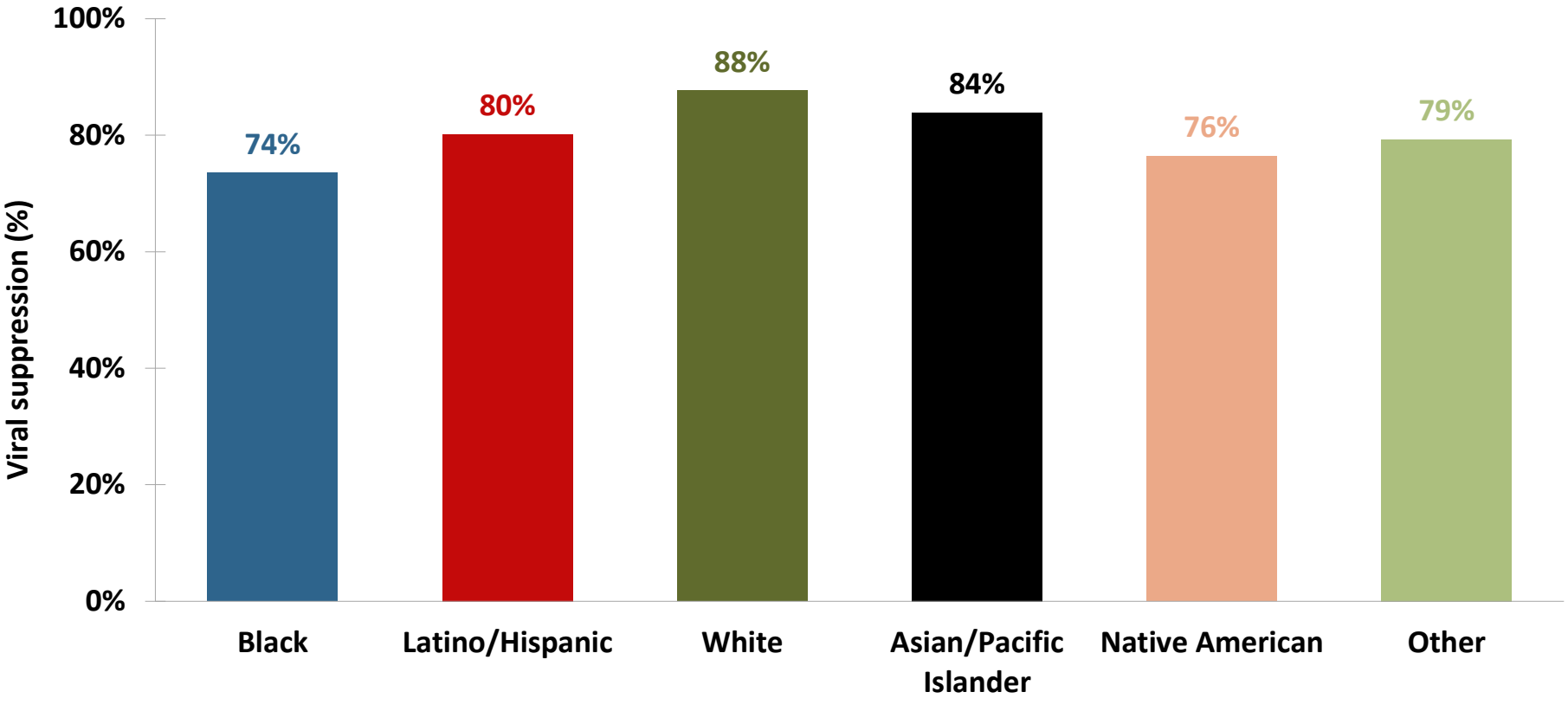
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY GENDER IN NYC, 2015



Among diagnosed PLWHA in NYC, a lower proportion of transgender than non-transgender people were virally suppressed.

Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

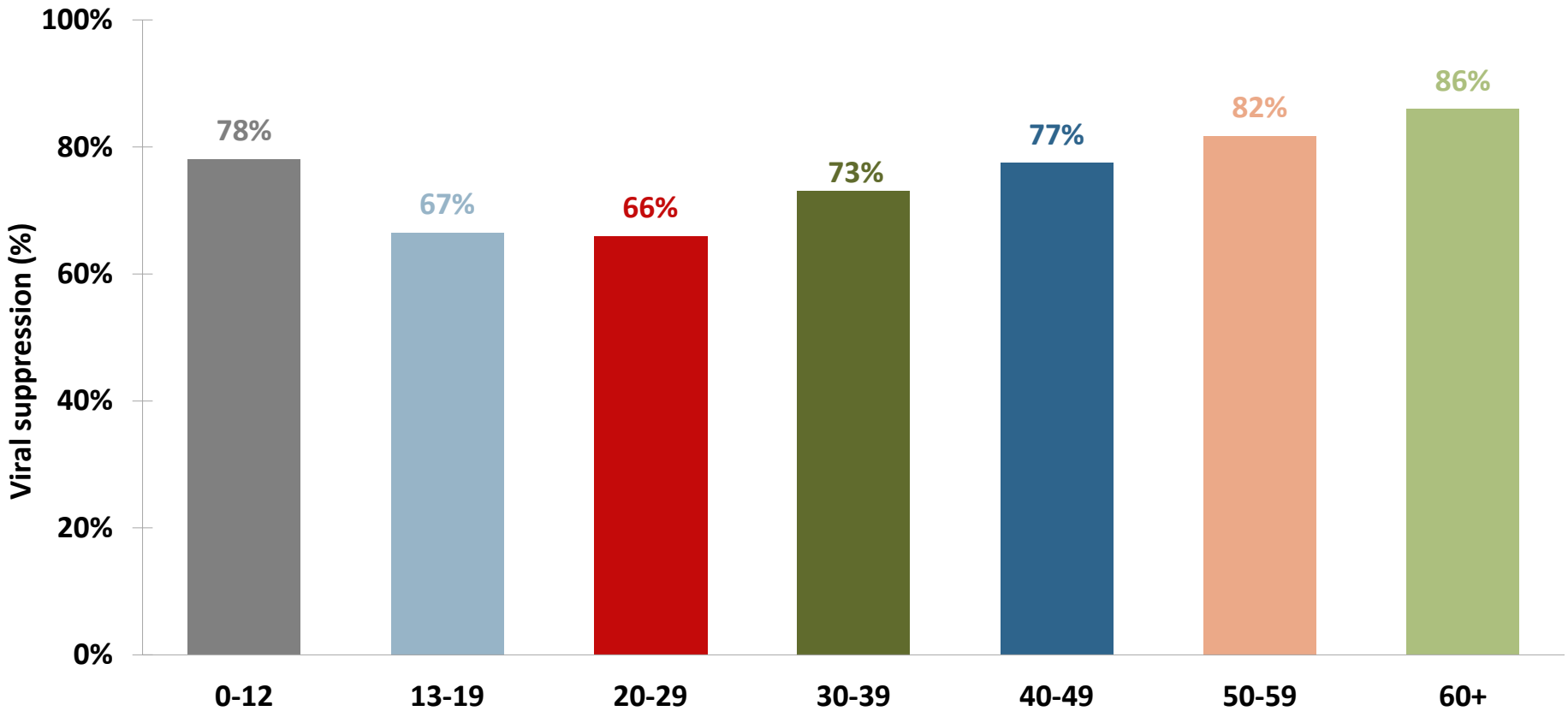
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY RACE/ETHNICITY IN NYC, 2015



Among diagnosed PLWHA in NYC, Whites were most likely to be virally suppressed compared with other racial/ethnic groups.

Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

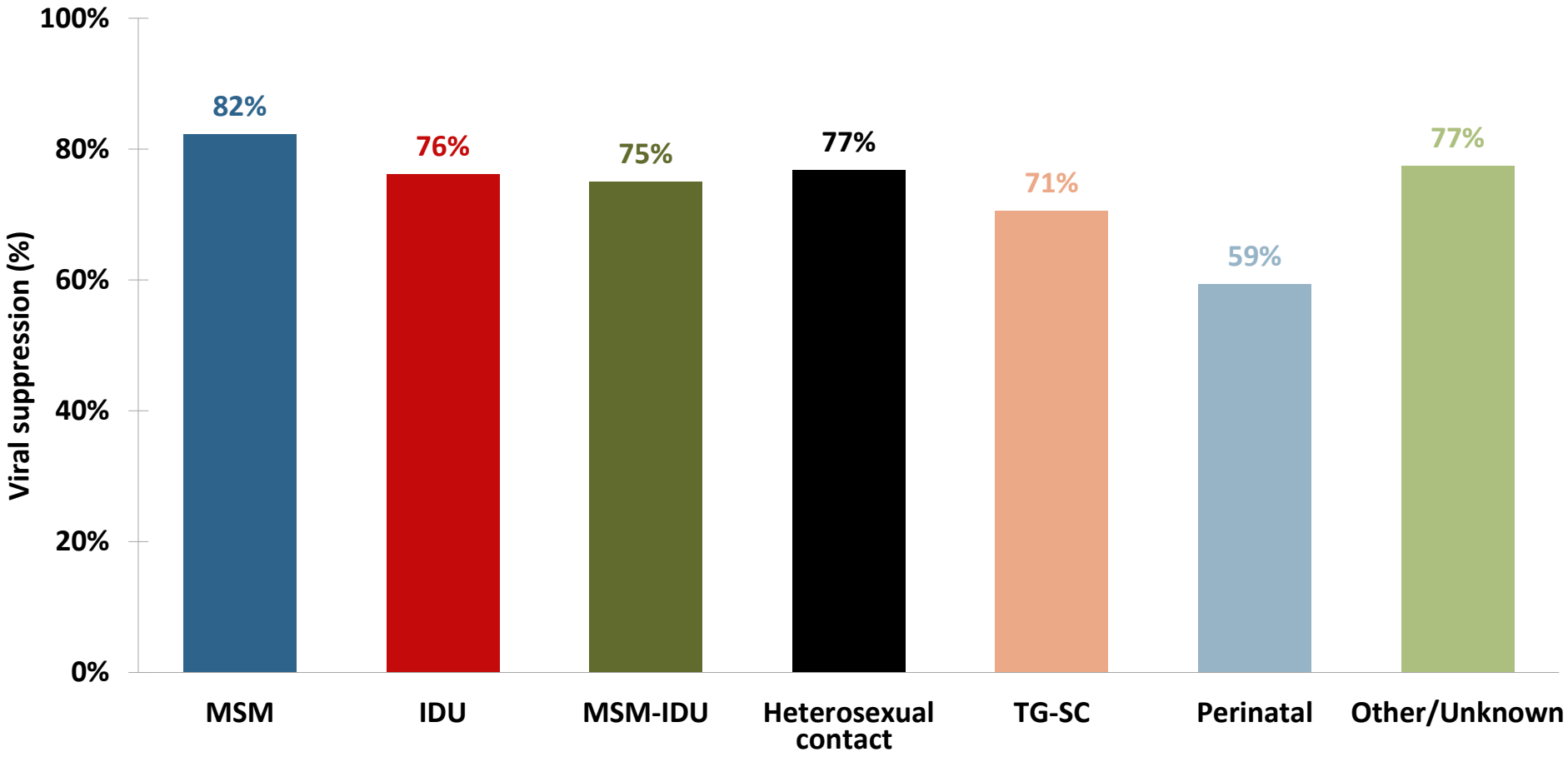
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY AGE IN NYC, 2015



Among diagnosed PLWHA in NYC, those ages 13 to 29 were least likely to be virally suppressed, and those ages 60 and older were most likely to be virally suppressed.

Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

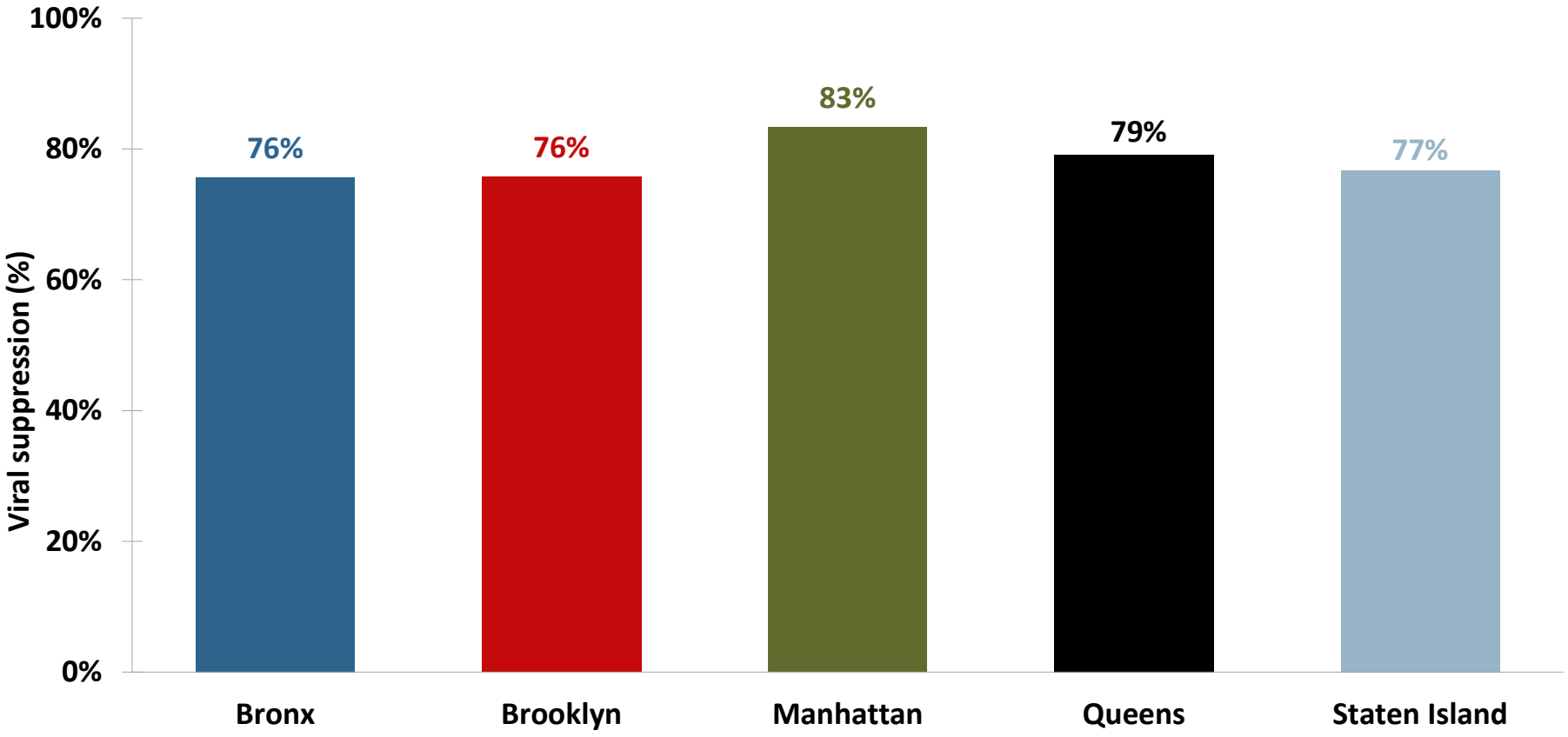
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY TRANSMISSION RISK IN NYC, 2015



Among diagnosed PLWHA in NYC, a higher proportion of MSM were virally suppressed compared with those in other transmission risk categories.

Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
TG-SC = Transgender people with sexual contact.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

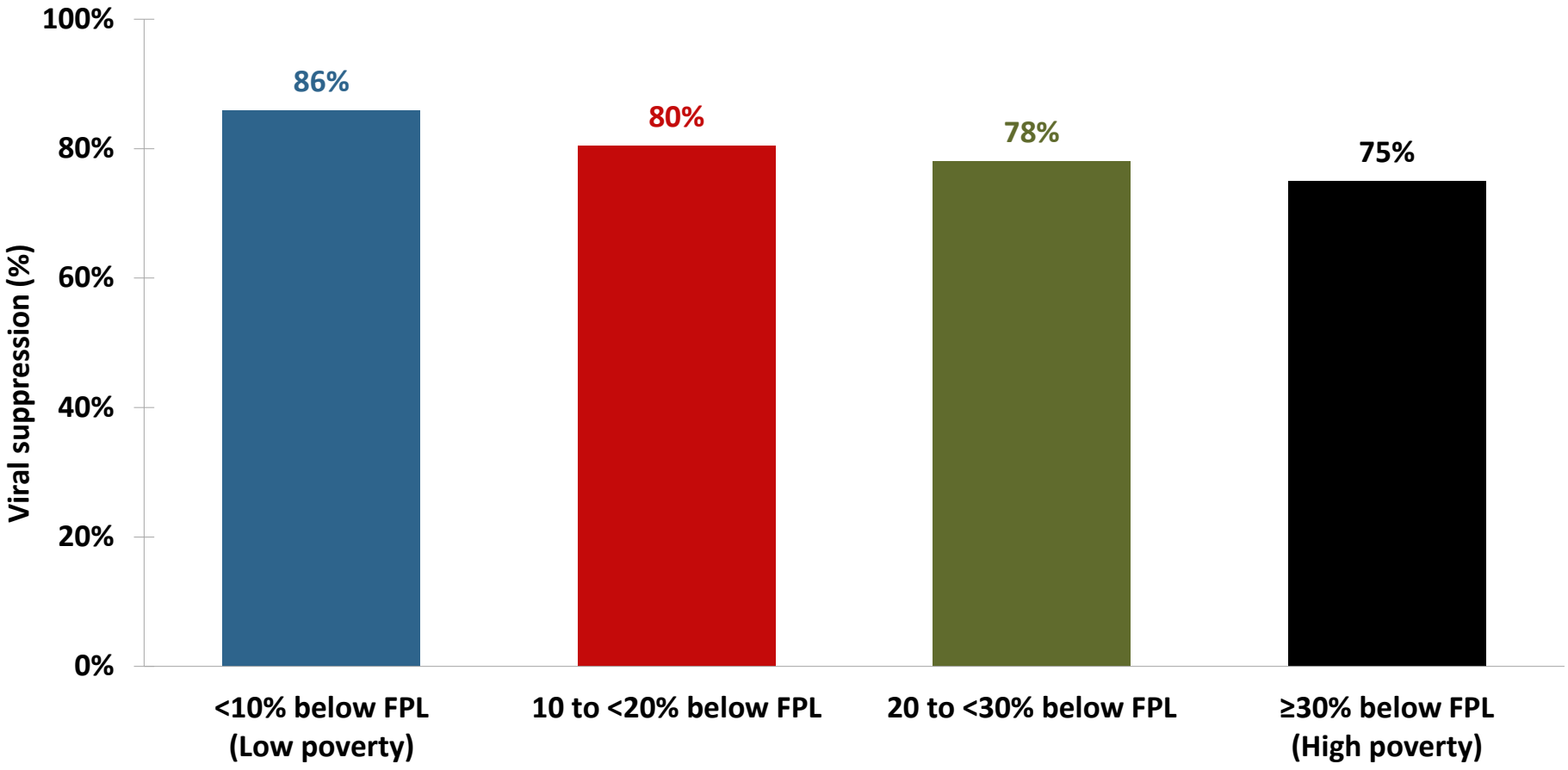
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY BOROUGH IN NYC, 2015



Among diagnosed PLWHA in NYC, a higher proportion of Manhattan residents were virally suppressed compared with residents of other NYC boroughs.

Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

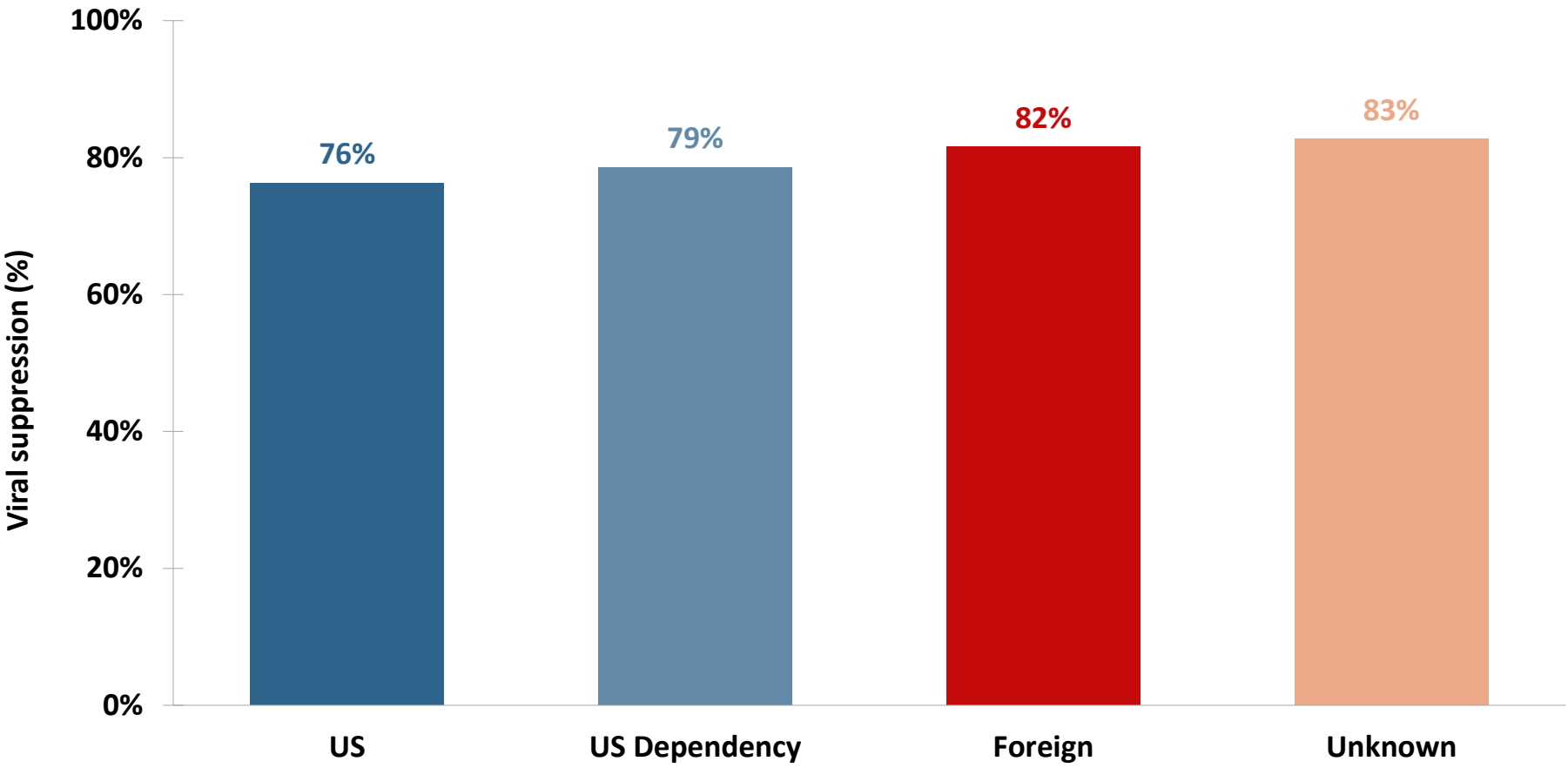
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY AREA-BASED POVERTY IN NYC, 2015



Among diagnosed PLWHA in NYC, people living in lower poverty neighborhoods were more likely to have a suppressed viral load.

FPL=Federal Poverty Level; Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
PLWHA without area-based poverty information not displayed.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

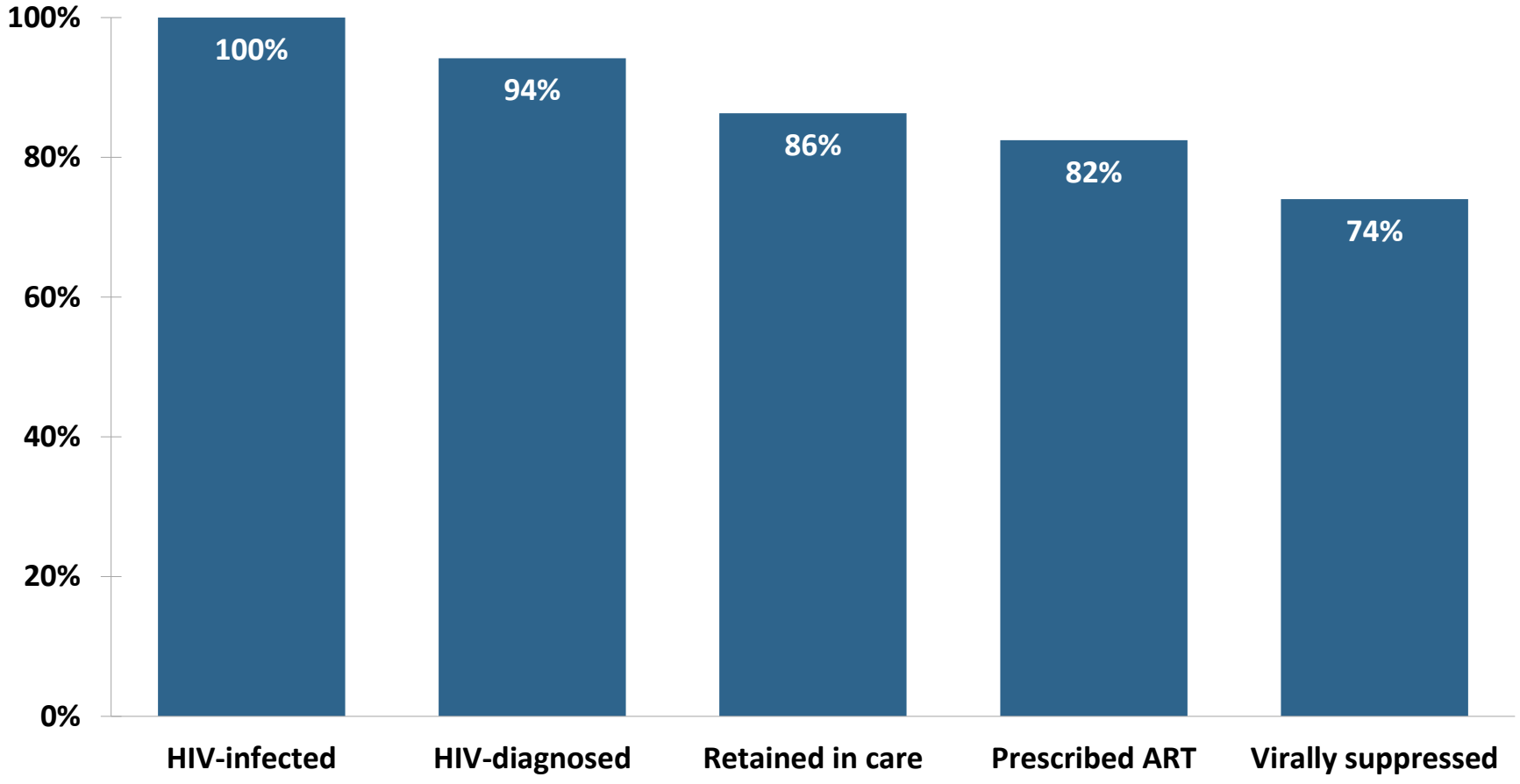
VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY COUNTRY OF BIRTH IN NYC, 2015



Among diagnosed PLWHA in NYC, people born in the US or US dependencies were less likely to have a suppressed viral load.

Viral suppression is defined as most recent viral load in 2015 was ≤200 copies/mL.
As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

PROPORTION OF PLWHA IN NYC ENGAGED IN SELECTED STAGES OF THE HIV CARE CONTINUUM, 2015



Of approximately 87,600 HIV-infected people living in NYC in 2015, 74% had a suppressed viral load.

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 June 30, 2016.

TECHNICAL NOTES: NYC HIV CARE CONTINUUM

- "HIV-infected": calculated as "HIV-diagnosed" divided by the estimated proportion of people living with HIV/AIDS (PLWHA) who had been diagnosed (94.2%), based on a back-calculation method.

  Source: NYC HIV Surveillance Registry. Method: Hall HI, et al. Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008-2012. *MMWR* 2015;64(24):657-662.

- "HIV-diagnosed": calculated as PLWHA "retained in care" plus the estimated number of PLWHA who were out of care, based on a statistical weighting method. This estimated number aims to account for out-migration from NYC, and therefore is different from the total number of people diagnosed and reported with HIV/AIDS 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.

- "Retained in care": PLWHA with ≥1 VL or CD4 count or CD4 percent drawn in 2015, and reported to NYC HIV surveillance.

  Source: NYC HIV Surveillance Registry.

- "Prescribed ART": calculated as PLWHA "retained in care" multiplied by the estimated proportion of PLWHA prescribed ART in the previous 12 months (95.5%), based on the weighted 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, 2014.

- "Virally suppressed": calculated as PLWHA in care with a most recent viral load measurement in 2015 of ≤200 copies/mL, plus the estimated number of out-of-care 2015 PLWHA with a viral load ≤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.