

## Ending the Epidemic Key Resources

### Data Committee



- ❖ 2012 New York State HIV/AIDS, STD, HCV Epidemiologic Profile: This is the first “Epi Profile” produced after a major realignment within the New York State Department of Health (NYSDOH). In 2010, the Bureau of HIV/AIDS Epidemiology (BHAE) and the Bureau of STD Control were moved from the Center for Community Health into the AIDS Institute (AI) to better address the “syndemics” of human immunodeficiency virus (HIV), sexually transmitted diseases (STDs), and hepatitis C virus (HCV). These infections tend to be interrelated in terms of risk factors, symptom/disease manifestations, and more frequent occurrence in socioeconomically disadvantaged subpopulations. In addition to background information on the population of New York State (NYS) and standard HIV epidemiologic information on the gender, race/ethnicity, age, and risk of persons with new HIV diagnoses and persons living with HIV infection, a new section provides estimates of linkage to care for those newly diagnosed, and retention in care for all New Yorkers known to have HIV infection. A section on STDs highlights recent trends and demographic characteristics in the three most common reportable diseases, i.e., syphilis, gonorrhea, and Chlamydia. A brief section on HCV shows newly reported cases and available demographic information. Finally, a section on HIV/AIDS among transgender persons is included by special request from the Prevention Planning Group (PPG). While surveillance data do not currently allow for a review of HIV/AIDS epidemiology among transgender persons in New York State, a review of the literature indicates that transgender persons are at particularly high risk for HIV/AIDS, STDs and Hepatitis C.
- ❖ HIV Surveillance Annual Report, New York City Department of Health and Mental Hygiene: This report presents 2012 surveillance data on the HIV epidemic in New York City (NYC). It highlights a range of important aspects of HIV/AIDS in NYC, as well as the major activities of the HIV Surveillance Unit at the NYC DOHMH. This annual report has an expanded scope and new content that reflects the shift in HIV burden to a chronic manageable disease, with sections that describe longitudinal trends, survival, and receipt of services among persons with HIV. NYC continues to have one of the largest HIV epidemics in the United States. Recent trends persist, with new HIV and AIDS diagnoses, incident HIV infections, perinatal infections, and deaths among persons with HIV declining, and the number of persons living with HIV growing. In 2012, 3,141 persons were newly diagnosed with HIV and 1,889 were diagnosed with AIDS in NYC. As of the end of 2012, 114,926 persons had been

diagnosed with HIV/AIDS, reported in NYC, and were presumed to be living. During 2012, there were 1,578 deaths among persons with HIV. Important disparities in HIV—by sex, race/ethnicity, HIV transmission risk, geography within NYC, and poverty level, among other factors—persisted in NYC in 2012. Persons newly diagnosed with HIV were largely male, black or Hispanic, young, men reporting sex with men, or persons living in impoverished NYC ZIP codes. HIV diagnosis rates were strikingly high among black and Hispanic males and females relative to other racial/ethnic groups. HIV continued to be unevenly distributed across NYC, with most high-burden areas also having a high proportion of impoverished residents. Disparities were also apparent in mortality and survival among persons with HIV. Persons living in high-poverty neighborhoods experienced more HIV-related deaths, and had poorer long-term survival, compared with persons living in areas with less poverty. Even in relatively low-poverty NYC neighborhoods, persons of color with HIV had poorer survival rates. Men who report sex with men (MSM) continue to be an HIV subpopulation of growing concern in NYC. The majority of new HIV diagnoses in NYC are now among MSM. In supplemental data among persons in HIV primary care in NYC, more than one-fifth of sexually active HIV-infected males reported unprotected anal intercourse with a male partner in the past 12 months. MSM, and in particular older white and Hispanic MSM, were also over-represented among persons diagnosed with acute HIV infection.

- ❖ New York State HIV/AIDS Annual Surveillance Report for Cases Diagnosed through December 2012: The Annual Surveillance Report presents recent data on newly diagnosed HIV cases and persons living with diagnosed HIV infection in New York State. Twenty-two sets of tables are grouped by major geographic division (New York State (NYS), New York City (NYC), NYS excluding NYC, Ryan White Regions<sup>1</sup>, NYC boroughs). Most sets feature four tables on separate pages – (A) living HIV and AIDS cases, (B) new HIV diagnoses, (C) AIDS diagnoses and (D) deaths among HIV and AIDS cases. The historical table (Table 1) includes HIV and AIDS diagnoses, and deaths among persons with AIDS. This HIV/AIDS Annual Surveillance Report is produced by the Bureau of HIV/AIDS Epidemiology (BHAЕ), AIDS Institute, New York State Department of Health (NYSDOH). Information presented in this report is generated from data collected and maintained by BHAЕ and the HIV Epidemiology and Field Services (HEFS) Program of the NYC Department of Health and Mental Hygiene (NYCDOHMH).
- ❖ HIV Care in New York State: Linkage, Retention and Success National HIV/AIDS Strategy Measures and the Cascade of Engagement in Care, 2012: This report presents summary measures that serve to evaluate linkage to HIV medical care, retention in care and success of care among persons living with diagnosed HIV infection (PLWDHI) in New York State (NYS). The measures are primarily derived from the National HIV/AIDS Strategy (White House Office of National AIDS Policy,

2010) and were calculated using data from the New York State Department of Health (NYSDOH) HIV Surveillance System or from other data sources within the NYSDOH AIDS Institute (AI), where noted.

- ❖ Newly Diagnosed HIV Cases and Persons Living With Diagnosed HIV Infection New York State, 2012 with Special Focus on Cases with MSM Transmission Risk: This report was prepared by the Bureau of HIV/AIDS Epidemiology, AIDS Institute, New York State Department of Health (BHAЕ) to support the work of the NYSDOH Gay Men/MSM Coordinating Committee, which was convened in the spring of 2013 to address the HIV prevention and care needs of this HIV transmission risk group. The report was produced using the January 2013 BHAЕ Statewide Analysis file. The Analysis file combines surveillance data from the New York State and New York City HIV/AIDS surveillance registries. Data definitions are the same as those used in the NYSDOH HIV/AIDS Surveillance annual report.
- ❖ Achieving and Advancing the Goals of the National HIV/AIDS Strategy for the United States: An editorial by David R Holtgrave on achieving the goals outlined in the National HIV/AIDS Strategy for the United States (NHAS).
- ❖ Development of a Clinical Screening Index Predictive of Incident HIV Infection Among Men Who Have Sex With Men in the United States: An article published in the Journal of Epidemiology and Prevention that discusses the development and validation of an index Predictive of Incident HIV Infection Among Men Who Have Sex With Men in the United States.
- ❖ The high proportion of late HIV diagnoses in the USA is likely to stay: findings from a mathematical model: This article discusses a static model of undiagnosed and diagnosed HIV infections by year of infection and year of diagnosis that was constructed to examine the impact of changes in HIV case-finding and HIV incidence on the proportion of late diagnoses.