

**HIV Care in New York State, 2019:  
Linkage to Care and Viral Suppression  
Among Persons with Diagnosed HIV  
Residing in New York State**

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## **Executive Summary**

In 2014, the Governor of New York State (NYS) outlined the Ending the Epidemic (ETE) initiative, a plan to end the AIDS epidemic in NYS. As part of the three-point plan, increased efforts are being directed towards: 1) identifying persons with HIV who remain undiagnosed and linking them to care; 2) linking and retaining in healthcare persons diagnosed with HIV to maximize viral suppression; and 3) increasing access to Pre-Exposure Prophylaxis (PrEP) for persons who are at risk for acquiring HIV.

The provision of appropriate medical care for persons living with diagnosed HIV (PLWDH) is a key feature of the ETE initiative. In addition to the immediate benefit to the PLWDH, persons retained in successful treatment who have achieved and maintained viral suppression are effectively not able to sexually transmit the virus. The HIV care cascade is one tool for assessing the extent and effectiveness of HIV medical care in NYS.

The attached report summarizes 2019 NYS Department of Health (NYSDOH) HIV Surveillance data for two of the three pillars of ETE: 1) identify persons diagnosed with HIV and link them to HIV medical care and 2) link and retain persons diagnosed with HIV in care. Data are sourced from the June 2020 BHAE Statewide Analysis file and include data combined from the New York State and New York City surveillance systems.

## New York State Results

### **Major Findings**

#### *Linkage to Care*

One of the ETE goals is to link persons newly diagnosed with HIV to HIV medical care as quickly as possible. By the end of 2020, NYS is striving to link 90% of persons newly diagnosed with HIV to medical care within 30 days of diagnosis.

- In 2019, 83% of persons newly diagnosed with HIV in NYS showed evidence of linkage to care within 30 days of diagnosis. NYS is above the United States (U.S.) 2018 average (80%).<sup>1</sup>
- In 2019, 92% of persons newly diagnosed with HIV in NYS showed evidence of linkage to care within 91 days of diagnosis. NYS is above the U.S. 2018 average (88%).<sup>1</sup>

#### *Any HIV Care*

Linking and retaining in healthcare persons diagnosed with HIV to maximize viral suppression is key to ETE.

- In 2019, 86% of PLWDH in NYS showed evidence of any care during the year. Continuous care ( $\geq 2$  visits/year,  $\geq 91$  days apart) was observed for 70% of PLWDH. NYS continues to be above the U.S. average for both measures. The most recent national level estimates indicate that in 2018, 76% of PLWDH in the U.S. had any evidence of care and 58% were in continuous care.<sup>1</sup>

#### *Viral Suppression*

Persons who achieve and maintain sustained viral suppression (an undetectable viral load (VL) for an extended time) are effectively unable to sexually transmit HIV. By the end of 2020, NYS is striving for at least 85% of PLWDH in NYS to achieve viral suppression.

- In 2019, 76% of PLWDH in NYS were virally suppressed. This is above the last released national level estimates indicating in 2018 65% of PLWDH in the U.S. were virally suppressed.<sup>1</sup>

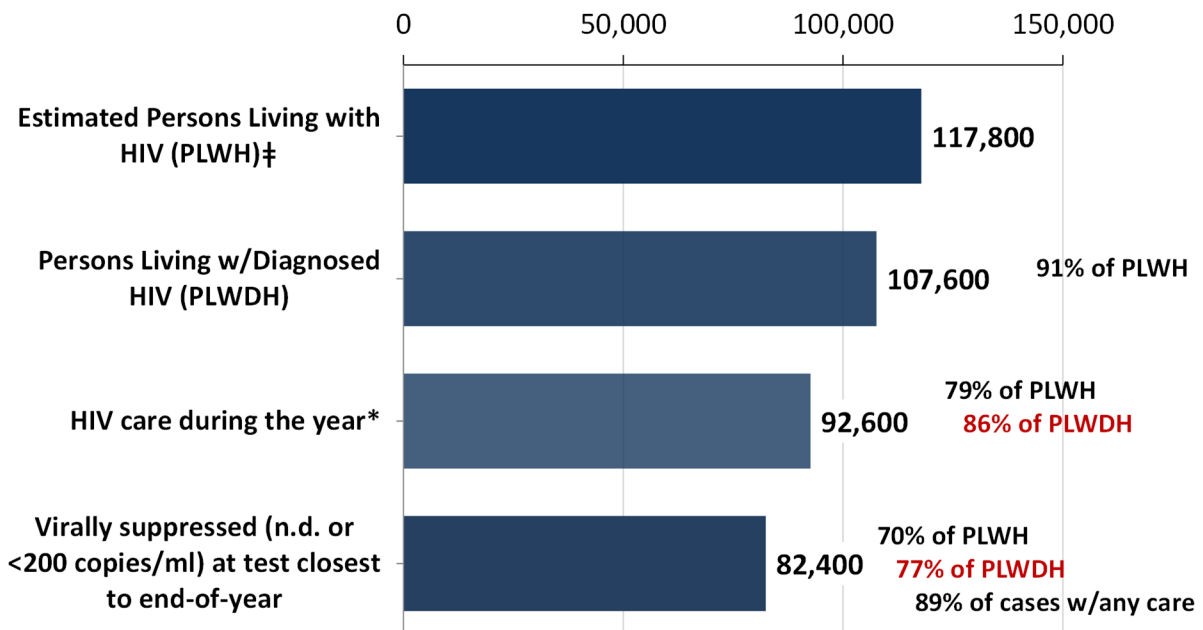
<sup>1</sup> Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. HIV Surveillance Supplemental Report 2020;25(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed [07/2020].

The sections that follow present estimates of linkage to care and viral suppression in NYS. These estimates are based on data from the NYS HIV Surveillance System using methods defined by the Centers for Disease Control and Prevention (CDC). The **Technical Notes and Appendices** section provides detailed tables and explanations of methods and data sources. The Cascade of HIV Care presents a picture of the total HIV population in NYS at one point in time, across the continuum of care from transmission through diagnosis, participation in care, and success of care (2019 NYS English and Spanish cascades can be found at <https://www.health.ny.gov/diseases/aids/general/statistics/>). *Caution is advised in comparing cascade outcomes from different sources.* Measures presented by different sources may be calculated differently or use different information even though their titles are similar. In addition, measures used in cascades from the same data source but created at different time points may use different definitions.



## New York State Cascade of HIV Care, 2019

Persons Residing in NYS† at End of 2019



†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

‡ PLWDH and persons living with undiagnosed HIV (7.0% for NYC and 13.8% Rest of State)

\*Any VL, CD4, or nucleotide sequence test during the year



## New York State HIV Care Outcome Measures

### *Linkage to Care after Diagnosis (Appendix Table A)*

83% of persons newly diagnosed with HIV showed evidence of linkage to care within 30 days of diagnosis and 92% showed evidence of linkage to care within 91 days of diagnosis.

<b>Linkage to Care within 30 days of diagnosis</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	Rest of State (ROS) (84%) > New York City (NYC) (82%); Highest in the Buffalo and Mid-Hudson Ryan White regions (RWR) (88%); Lowest in the Binghamton RWR (78%)
<b>Sex</b>	Males (83%) > Females (80%)
<b>Current Gender</b>	Non-conforming/non-binary (86%) > Cisgender men (83%) > Transgender women (82%) > Cisgender women (80%) > Transgender men (75%)
<b>Race/Ethnicity*</b>	Hispanic (85%) > non-Hispanic White (84%) > Asian/Pacific Islander (82%) > non-Hispanic Black and Multi Race (80%, individually)
<b>Age</b>	Highest among persons aged 20-24 years (86%); Lowest among persons aged 60+ years (77%)
<b>Transmission Risk**</b>	History of both male-to-male sexual contact and injection drug use (MSM/IDU) (89%) > history of male-to-male sexual contact (MSM) (87%) > heterosexual (80%) > history of injection drug use (IDU) (74%)

\* Zero new diagnosis documented among Native Americans

\*\* Zero new diagnoses with documented pediatric risk

<b>Linkage to Care within 91 days of diagnosis</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	ROS (95%) > NYC (91%); Highest in the Albany RWR (97%); Lowest in the Binghamton RWR (89%)
<b>Sex</b>	Males (92%) > Females (90%)
<b>Current Gender</b>	Non-conforming/non-binary (100%) > Cisgender men (92%) > Cisgender women (91%) > Transgender women (85%) > Transgender men (83%)
<b>Race/Ethnicity*</b>	Multi Race and non-Hispanic White (94%, individually) > Hispanic (93%) > Asian/Pacific Islander (92%) > non-Hispanic Black (90%)
<b>Age</b>	Highest among persons aged 13-19 years (95%); Lowest among persons aged 25-29 years, 30-39 years, and 40-49 years (91%, individually)
<b>Transmission Risk**</b>	MSM/IDU (98%) > MSM (95%) > heterosexual (91%) > IDU (87%)

\* Zero new diagnoses documented among Native Americans

\*\* Zero new diagnoses with documented pediatric risk

*Measures of Care (Appendix Table B)<sup>2</sup>*

86% of PLWDH showed evidence of any care during the year. Continuous care ( $\geq 2$  laboratory tests/year, separated by  $\geq 91$  days) was observed for 70% of PLWDH.

<b>Any Care</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	NYC (87%) > ROS (81%); Highest in the Rochester RWR (87%); Lowest in the Mid-Hudson RWR (77%)
<b>Sex</b>	Females (87%) > Males (85%)
<b>Current Gender</b>	Non-conforming/non-binary (94%) > Transgender women (89%) > Cisgender women (87%) > Cisgender men and Transgender men (85%, individually)
<b>Race/Ethnicity</b>	Multi Race (88%) > Hispanic (87%) > non-Hispanic Black and non-Hispanic White (85%, individually) > Asian/Pacific Islander (83%) > Native American (67%)
<b>Age</b>	Highest among persons aged 60+ years (89%); Lowest among persons aged 30-39 years (82%)
<b>Transmission Risk</b>	MSM/IDU (89%) > blood products and IDU (88%, individually) > heterosexual (87%) > MSM (86%) > pediatric (84%)

<b>Continuous Care</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	NYC (72%) > ROS (63%); Highest in the Rochester RWR (68%); Lowest in the Mid-Hudson RWR (57%)
<b>Sex</b>	Females (72%) > Males (69%)
<b>Current Gender</b>	Non-conforming/non-binary (78%) > Transgender women (75%) > Cisgender women (72%) > Transgender men (70%) > Cisgender men (69%)
<b>Race/Ethnicity</b>	Hispanic (73%) > Multi Race and non-Hispanic Black (70%, individually) > Asian/Pacific Islander (69%) > non-Hispanic White (67%) > Native American (58%)
<b>Age</b>	Highest among persons aged 60+ years (76%); Lowest among persons aged 25-29 years and 30-39 years (63%, individually)
<b>Transmission Risk</b>	IDU (76%) > blood products (75%) > MSM/IDU (74%) > heterosexual (71%) > MSM (69%) > pediatric (67%)

<sup>2</sup> The continuity of care and viral suppression percentages may be underestimates, since laboratory tests performed in federal facilities (e.g. Veterans Affairs hospitals, US Immigration and Customs Enforcement facilities, and in clinical trials) are not comprehensively reported to the state.

*Viral Suppression (Appendix Table C)*

76% of PLWDH in NYS were virally suppressed, defined as having non-detectable VL or a VL <200 copies/ml at the last test of the year.

<b>Viral Suppression</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	NYC (77%) > ROS (75%); Highest in Rochester RWR (80%); Lowest in the Mid-Hudson RWR (71%)
<b>Sex</b>	Females (77%) > Males (76%)
<b>Current Gender</b>	Non-conforming/non-binary (81%) > Cisgender women (77%) > Cisgender men (76%) > Transgender men (75%) > Transgender women (73%)
<b>Race/Ethnicity</b>	Non-Hispanic White (81%) > Asian/Pacific Islanders (79%) > Multi Race (78%) > Hispanic (77%) > non-Hispanic Black (73%) > Native American (68%)
<b>Age</b>	Highest among those aged 60+ years (83%); Lowest among those aged 20-24 years, 25-29 years, and 30-39 years (69%, individually)
<b>Transmission Risk</b>	MSM (78%) > heterosexual and blood products (77%, individually) > IDU (76%) > MSM/IDU (73%) > pediatric (62%)



## **Technical Notes and Appendices**

### **Changes to the 2019 Report**

Completeness of 2019 data may be affected by the COVID-19 global pandemic. The assessment of gender (transgender and gender non-conforming/non-binary, cisgender female, and cisgender male) has been included in this report.

### **New York State Methods for Counting Persons Living with Diagnosed HIV**

Residence of persons living with diagnosed HIV is assessed using the most recent address reported to the NYS HIV Surveillance System, regardless of the residence of the individual at the time of diagnosis. Persons residing outside of NYS at the time of HIV or Stage 3/AIDS diagnosis, but whose most recent address reported to the HIV Surveillance System is in NYS, were included in the calculations (n=9,777). Individuals diagnosed in NYS whose most recently reported address indicated residence outside NYS were excluded (n=9,160).

In addition, individuals whose last report to the surveillance system was at least 5 years before December 2019 for persons diagnosed with Stage 3/AIDS or 8 years before December 2019 for persons diagnosed with HIV (not AIDS) were not included in the count or estimates of care and viral suppression. These persons are presumed to be either no longer living or no longer residing in NYS (n=21,894).

### **Contact Information**

Please direct inquiries about these measures to:

Bureau of HIV/AIDS Epidemiology  
Division of Epidemiology, Evaluation and Partner Services  
AIDS Institute, NYSDOH  
Empire State Plaza  
Albany New York 12237  
518-474-4284  
[BHAE@health.ny.gov](mailto:BHAE@health.ny.gov)

### **Data Sources for Calculation of HIV Care Measures**

Laboratory data used in these analyses are from the NYS HIV Surveillance System. NYS Public Health law requires the electronic reporting to the NYSDOH the result of any laboratory test, tests or series of tests approved for the diagnosis or periodic monitoring of HIV. This includes reactive initial HIV immunoassay results, all results (e.g. positive, negative, indeterminate) from supplemental HIV immunoassays (HIV-1/2 antibody differentiation assay, HIV-1 Western blot, HIV-2 Western blot or HIV-1 Immunofluorescent assay), all HIV nucleic acid (RNA or DNA) detection test results (qualitative and quantitative; detectable and undetectable), CD4 lymphocyte counts and percentages, positive HIV detection tests (culture, antigen), and HIV genotypic

nucleotide sequence from resistance testing. Exempted from this reporting requirement are tests performed in the context of clinical trials or in Federal facilities such as military sites or by the Veterans' Administration, though several exempted facilities do report in "the spirit of cooperation." Laboratory data are reported electronically to NYSDOH, which receives around 1.3 million HIV laboratory reports annually.

Counts shown in tables and figures may differ. The percentages for PLWDH shown in the report tables are based on persons who were diagnosed prior to the calendar year and not known to be deceased at the end of the calendar year. Data shown in the report figures are based on all persons living with diagnosed HIV at the end of the calendar year regardless of when diagnosed.

### **Calculation of NYS Cascade Measures**

#### **1. Estimated persons living with HIV**

CDC's national estimate (13.8%) for 2018 was applied to PLWDH residing in NYS, outside of NYC. An estimate of 7.0% was applied to PLWDH residing in NYC. Overall, the combined percentage unaware for NYS in 2019 was 8.6% (N=~10,000).

#### **2. Persons living with diagnosed HIV**

NYS uses methodology from the CDC to calculate the cascade measures. Therefore, the total number of PLWDH (Tables B and C) in the report will be different from the number of PLWDH in the cascade picture and other NYS reports. The CDC methodology for counting PLWDH: 1) excludes those  $\leq 12$  years old; and 2) includes only persons diagnosed with HIV during the previous year (i.e., December 2018) or earlier, and alive at the end of the analysis year (i.e., December 2019).

#### **3. PLWDH with any HIV care during the year**

86% of PLWDH who were diagnosed and living during the entire year had at least one reported VL, CD4 or nucleotide sequence, regardless of result (Table B). This percentage was applied to the entire number of PLWDH as of December 2019.

#### **4. PLWDH with continuous care during the year**

70% of PLWDH who were diagnosed and alive during the entire year had at least two laboratory tests (VL, CD4 or nucleotide sequence) during the year which were separated by at least 91 days (Table B). This percentage was applied to the entire number of PLWDH as of December 2019. This estimate is not shown in the HIV care cascade.

#### **5. Virally suppressed at test closest to end-of-year**

Overall, VL results were received for 86% of PLWDH who were diagnosed and alive at the end of 2019. Of those with a VL test result, 89% had a suppressed VL ( $< 200$  copies/ml or below) at the test closest to end-of-year. 76% of all PLWDH, including those with and without a reported VL, were virally suppressed at the test closest to end-of-year.

## **Identification of Incarcerated Individuals**

Incarcerated individuals are identified from as having their most recent address (as reported to the NYS HIV Surveillance System) indicated residence in a NYS Department of Corrections and Community Supervision (NYSDOCCS) facility, a city jail, county jail, or federal detention facility.

Individuals identified as currently incarcerated at the end of 2019 were excluded from Ryan White regional calculations in order to avoid the artificial inflation of HIV diagnoses and prevalence among counties with relatively low HIV rates among non-incarcerated persons.

**Table A: Linkage to Care in 2019<sup>1</sup>**  
**Persons Newly Diagnosed with HIV, NYS, 2019<sup>2</sup>**

	All	Linkage within 30 days of dx		Linkage within 91 days of dx	
<b>Residence at Diagnosis</b>					
<b>NYC</b>	1,739	1,427	82%	1,580	91%
<b>ROS</b>	624	526	84%	590	95%
<b>NYS Total</b>	2,363	1,953	83%	2,170	92%
<b>Ryan White Region at Dx<sup>3</sup></b>					
<b>Albany</b>	59	49	83%	57	97%
<b>Binghamton</b>	9	7	78%	8	89%
<b>Buffalo</b>	74	65	88%	71	96%
<b>Lower Hudson</b>	109	95	87%	102	94%
<b>Mid-Hudson</b>	65	57	88%	61	94%
<b>Nassau/Suffolk</b>	172	139	81%	162	94%
<b>Rochester</b>	59	50	85%	56	95%
<b>Syracuse</b>	62	54	87%	59	95%
<b>Birth Sex</b>					
<b>Male</b>	1,886	1,572	83%	1,739	92%
<b>Female</b>	477	381	80%	431	90%
<b>Current Gender</b>					
<b>Cisgender Men</b>	1,818	1,516	83%	1,680	92%
<b>Transgender Men</b>	12	9	75%	10	83%
<b>Cisgender Women</b>	464	371	80%	420	91%
<b>Transgender Women</b>	62	51	82%	53	85%
<b>Non-conforming/non-binary</b>	7	6	86%	7	100%
<b>Race/Ethnicity</b>					
<b>Non-Hispanic White</b>	354	296	84%	331	94%
<b>Non-Hispanic Black</b>	998	801	80%	902	90%
<b>Hispanic</b>	852	727	85%	789	93%
<b>Asian/Pacific Islander</b>	77	63	82%	71	92%
<b>Native American</b>	0	0	0%	0	0%
<b>Multi Race</b>	80	64	80%	75	94%
<b>Age at Diagnosis</b>					
<b>13-19</b>	92	73	79%	87	95%
<b>20-24</b>	355	306	86%	334	94%
<b>25-29</b>	460	385	84%	420	91%
<b>30-39</b>	663	546	82%	605	91%
<b>40-49</b>	360	290	81%	327	91%
<b>50-59</b>	283	237	84%	264	93%
<b>60+</b>	150	116	77%	133	89%
<b>Transmission Risk</b>					
<b>MSM<sup>4</sup></b>	1,277	1,116	87%	1,211	95%
<b>IDU<sup>5</sup></b>	62	46	74%	54	87%
<b>MSM/IDU</b>	46	41	89%	45	98%
<b>Heterosexual</b>	554	445	80%	505	91%
<b>Pediatric Risk</b>	0	0	0%	0	0%
<b>Unknown</b>	424	305	72%	355	84%

<sup>1</sup> First VL, CD4 or nucleotide sequence test after diagnosis, regardless of result

<sup>2</sup> NYS HIV surveillance case and laboratory data as of June 2020, 2019 data completeness affected by the COVID-19 pandemic

<sup>3</sup> Regional figures exclude persons incarcerated in a city jail, a county jail, a federal detention facility or a NYSDOCCS facility; rates based on fewer than 25 individuals are not statistically reliable

<sup>4</sup> MSM-history of male-to-male sexual contact;

<sup>5</sup> IDU-history of injection drug use

**Table B: Measures of Care in 2019**  
**Persons Living with Diagnosed HIV in Dec. 2018 and Alive in Dec. 2019, NYS<sup>1</sup>**

	All	Any Care <sup>2</sup>		≥2 tests, ≥91 days apart	
<b>Residence<sup>3</sup></b>					
<b>NYC</b>	82,204	71,717	87%	59,326	72%
<b>ROS</b>	23,034	18,686	81%	14,567	63%
<b>NYS Total</b>	105,238	90,403	86%	73,893	70%
<b>Ryan White Region<sup>4</sup></b>					
<b>Albany</b>	3,030	2,441	81%	1,895	63%
<b>Binghamton</b>	480	385	80%	291	61%
<b>Buffalo</b>	2,843	2,429	85%	1,916	67%
<b>Lower Hudson</b>	3,614	2,911	81%	2,284	63%
<b>Mid-Hudson</b>	2,194	1,699	77%	1,247	57%
<b>Nassau/Suffolk</b>	5,487	4,385	80%	3,407	62%
<b>Rochester</b>	2,802	2,440	87%	1,904	68%
<b>Syracuse</b>	2,179	1,772	81%	1,428	66%
<b>Birth sex</b>					
<b>Male</b>	75,540	64,534	85%	52,411	69%
<b>Female</b>	29,698	25,869	87%	21,482	72%
<b>Current Gender</b>					
<b>Cisgender Men</b>	73,461	62,680	85%	50,851	69%
<b>Transgender Men</b>	331	280	85%	232	70%
<b>Cisgender Women</b>	29,354	25,576	87%	21,235	72%
<b>Transgender Women</b>	2,015	1,795	89%	1,515	75%
<b>Non-conforming/non-binary</b>	77	72	94%	60	78%
<b>Race/Ethnicity</b>					
<b>Non-Hispanic White</b>	20,179	17,234	85%	13,547	67%
<b>Non-Hispanic Black</b>	41,976	35,865	85%	29,263	70%
<b>Hispanic</b>	34,856	30,188	87%	25,348	73%
<b>Asian/Pacific Islander</b>	1,870	1,556	83%	1,286	69%
<b>Native American</b>	52	35	67%	30	58%
<b>Multi Race</b>	6,194	5,438	88%	4,347	70%
<b>Unknown</b>	111	87	78%	72	65%
<b>Age</b>					
<b>13-19</b>	274	237	86%	201	73%
<b>20-24</b>	1,714	1,457	85%	1,110	65%
<b>25-29</b>	5,701	4,752	83%	3,576	63%
<b>30-39</b>	17,810	14,535	82%	11,184	63%
<b>40-49</b>	19,836	16,573	84%	13,218	67%
<b>50-59</b>	32,990	28,980	88%	24,114	73%
<b>60+</b>	26,911	23,867	89%	20,489	76%
<b>Unknown</b>	2	2	100%	1	50%
<b>Transmission Risk</b>					
<b>MSM<sup>5</sup></b>	45,353	39,067	86%	31,332	69%
<b>IDU<sup>6</sup></b>	11,280	9,975	88%	8,551	76%
<b>MSM/IDU</b>	4,038	3,586	89%	2,979	74%
<b>Heterosexual</b>	29,912	25,906	87%	21,342	71%
<b>Blood Products</b>	166	146	88%	124	75%
<b>Pediatric Risk</b>	2,082	1,757	84%	1,385	67%
<b>Unknown</b>	12,407	9,966	80%	8,180	66%

<sup>1</sup> NYS HIV surveillance case and laboratory data as of June 2020, 2019 data completeness is affected by the COVID-19 pandemic

<sup>2</sup> At least 1 VL, CD4, or nucleotide sequence test during the year

<sup>3</sup> Residence by end of 2019

<sup>4</sup> Regional figures exclude persons incarcerated in a city jail, a county jail, a federal detention facility or a NYSDOCCS facility

<sup>5</sup> MSM-history of male-to-male sexual contact

<sup>6</sup> IDU-history of injection drug use

**Table C: Viral Suppression<sup>1</sup> in 2019**  
**Persons Living with Diagnosed HIV in Dec. 2018 and Alive in Dec. 2019, NYS<sup>2</sup>**

	All	≥1 VL test during the year		Virally suppressed at test closest to end of year		
				% of All	% of tested	% of All
<b>Residence<sup>3</sup></b>						
NYC	82,204	71,717	87%	63,107	88%	77%
ROS	23,034	18,686	81%	17,248	92%	75%
NYS Total	105,238	90,403	86%	80,356	89%	76%
<b>Ryan White Region<sup>4</sup></b>						
Albany	3,030	2,441	81%	2,244	92%	74%
Binghamton	480	385	80%	353	92%	74%
Buffalo	2,843	2,429	85%	2,206	91%	78%
Lower Hudson	3,614	2,911	81%	2,677	92%	74%
Mid-Hudson	2,194	1,699	77%	1,550	91%	71%
Nassau/Suffolk	5,487	4,385	80%	4,116	94%	75%
Rochester	2,802	2,440	87%	2,241	92%	80%
Syracuse	2,179	1,772	81%	1,652	93%	76%
<b>Birth sex</b>						
Male	75,540	64,534	85%	57,572	89%	76%
Female	29,698	25,869	87%	22,784	88%	77%
<b>Current Gender</b>						
Cisgender Men	73,461	62,680	85%	56,058	89%	76%
Transgender Men	331	280	85%	247	88%	75%
Cisgender Women	29,354	25,576	87%	22,525	88%	77%
Transgender Women	2,015	1,795	89%	1,464	82%	73%
Non-conforming/non-binary	77	72	94%	63	87%	81%
<b>Race/Ethnicity</b>						
Non-Hispanic White	20,179	17,234	85%	16,401	95%	81%
Non-Hispanic Black	41,976	35,865	85%	30,723	86%	73%
Hispanic	34,856	30,188	87%	26,805	89%	77%
Asian/Pacific Islander	1,870	1,556	83%	1,486	95%	79%
Native American	52	35	67%	35	100%	68%
Multi Race	6,194	5,438	88%	4,818	89%	78%
Unknown	111	87	78%	87	100%	78%
<b>Age</b>						
13-19	274	237	86%	199	84%	73%
20-24	1,714	1,457	85%	1,183	81%	69%
25-29	5,701	4,752	83%	3,919	82%	69%
30-39	17,810	14,535	82%	12,362	85%	69%
40-49	19,836	16,573	84%	14,489	87%	73%
50-59	32,990	28,980	88%	25,964	90%	79%
60+	26,911	23,867	89%	22,238	93%	83%
Unknown	2	2	100%	2	100%	100%
<b>Transmission Risk</b>						
MSM <sup>5</sup>	45,353	39,067	86%	35,482	91%	78%
IDU <sup>6</sup>	11,280	9,975	88%	8,533	86%	76%
MSM/IDU	4,038	3,586	89%	2,954	82%	73%
Heterosexual	29,912	25,906	87%	23,069	89%	77%
Blood Products	166	146	88%	128	88%	77%
Pediatric Risk	2,082	1,757	84%	1,292	74%	62%
Unknown	12,407	9,966	80%	8,896	89%	72%

<sup>1</sup> Virally suppressed defined as VL non-detectable or <200 copies/ml

<sup>2</sup> NYS HIV surveillance case and laboratory data as of June 2020, 2019 data completeness is affected by the COVID-19 pandemic

<sup>3</sup> Residence by end of 2019

<sup>4</sup> Regional figures exclude persons incarcerated in a city jail, a county jail, a federal detention facility, or a NYSDOCCS facility

<sup>5</sup> MSM-history of male-to-male sexual contact;

<sup>6</sup> IDU-history of injection drug use

## **Contact Information:**

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