

**HIV Care in New York State, 2020:  
Linkage to Care and Viral Suppression  
Among Persons with Diagnosed HIV  
Residing in New York State**

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New York State Department of Health  
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# Table of Contents

Executive Summary .....	3
New York State Results .....	4
Major Findings .....	4
Linkage to Care .....	4
Any HIV Care.....	4
Viral Suppression .....	4
Linkage to Care after Diagnosis (Appendix Table A) .....	6
Viral Suppression (Appendix Table C).....	8
Technical Notes and Appendices.....	9
Changes to the 2020 Report .....	9
New York State Methods for Counting Persons Living with Diagnosed HIV .....	9
Data Sources for Calculation of HIV Care Measures .....	9
Calculation of NYS Cascade Measures .....	10
Identification of Incarcerated Individuals .....	10
Table A: Linkage to Care in 2020 Persons Newly Diagnosed with HIV, NYS, 2020 .....	12
Table B: Measures of Care in 2020 Persons Living with Diagnosed HIV in Dec. 2019 and Alive in Dec. 2020, NYS .....	13
Table C: Viral Suppression in 2020 Persons Living with Diagnosed HIV in Dec. 2019 and Alive in Dec. 2020, NYS.....	14

## **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 2020 NYS Department of Health (NYSDOH) HIV registry 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 March 2021 DART Statewide Analysis file which includes data combined from the New York State and New York City HIV registries.

## 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, the NYS goal was to link 90% of persons newly diagnosed with HIV to medical care within 30 days of diagnosis.

- In 2020, 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.) 2020 average (82%).<sup>1</sup>
- In 2020, 90% 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. 2019 average (88%).<sup>2</sup>

#### *Any HIV Care*

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

- In 2020, 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 60% of PLWDH. NYS continues to be above the U.S. average for both measures. The most recent national level estimates indicate that in 2019, 76% of PLWDH in the U.S. had any evidence of care and 58% were in continuous care.<sup>2</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.

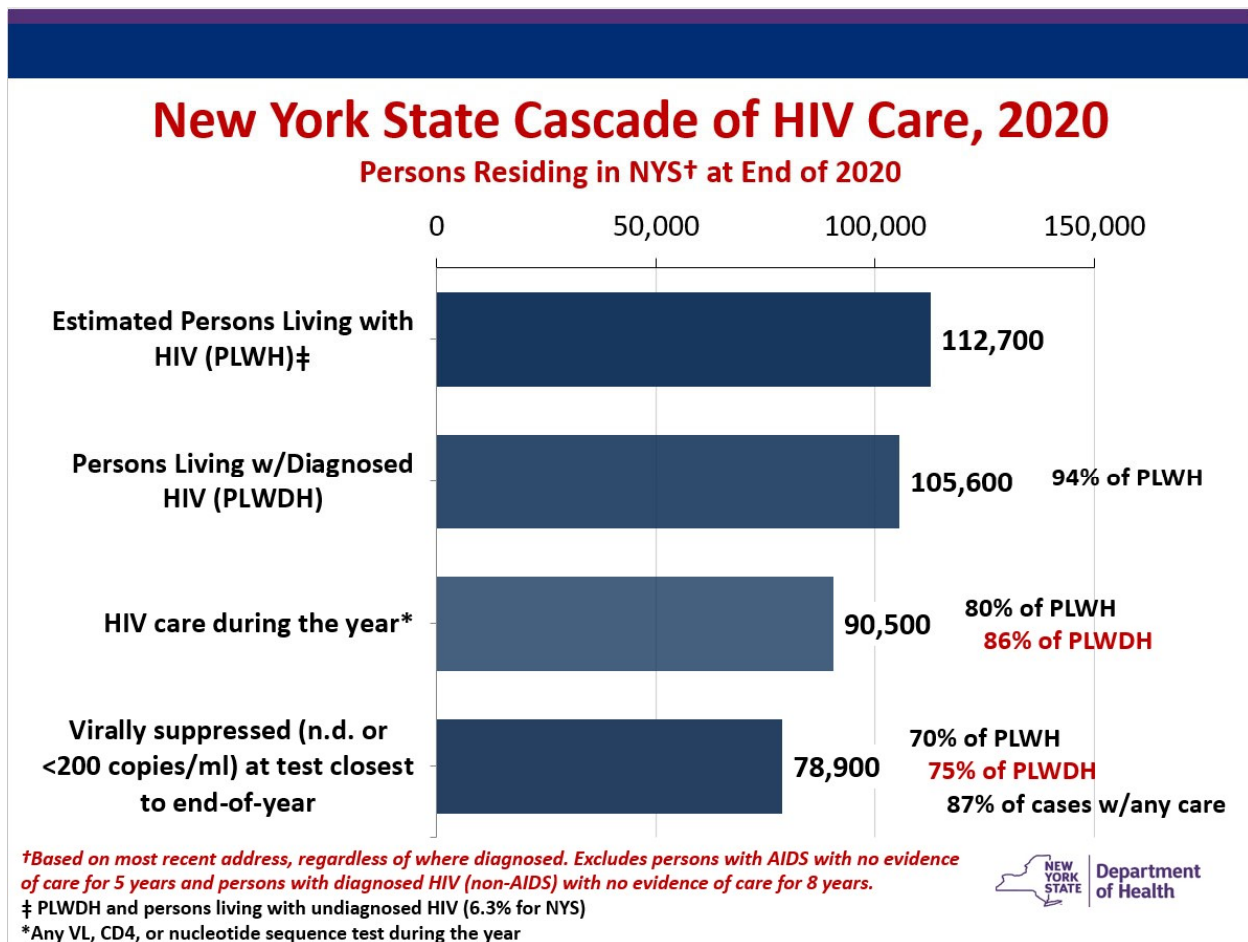
- In 2020, 75% of PLWDH in NYS were virally suppressed. This is above the last released national level estimates indicating in 2019, 66% of PLWDH in the U.S. were virally suppressed.<sup>2</sup>

<sup>1</sup> Centers for Disease Control and Prevention. Core indicators for monitoring the Ending the HIV Epidemic initiative (preliminary data): National HIV Registry System data reported through March 2021; and preexposure prophylaxis (PrEP) data reported through December 2020. HIV Registry Data Tables 2021;2(No. 3). <http://www.cdc.gov/hiv/library/reports/surveillance-data-tables/vol-2-no-3/index.html>. Published July 2021. Accessed [08/2021].

<sup>2</sup> Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV registry data—United States and 6 dependent areas, 2019. HIV Registry Supplemental Report 2021;26(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2021. Accessed [08/2021].

The sections that follow present rates of linkage to care and viral suppression in NYS. These rates are based on data from the NYS HIV Registry 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 (2020 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 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 90% 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) (85%) > New York City (NYC) (82%); Highest in the Rochester and Syracuse Ryan White regions (RWR) (89%); Lowest in the Mid-Hudson RWR (76%)
<b>Sex</b>	Males (84%) > Females (76%)
<b>Current Gender</b>	Transgender and non-binary/non-conforming (86%) > Cisgender men (84%) > Cisgender women (76%)
<b>Race/Ethnicity*</b>	Hispanic and non-Hispanic White (85%, individually) > Asian/Pacific Islander (84%) > non-Hispanic Black (80%) > Multi Race (77%)
<b>Age</b>	Highest among persons aged 13-19 years (87%); Lowest among persons aged 50-59 years (79%)
<b>Transmission Risk**</b>	History of both male-to-male sexual contact and injection drug use (MSM/IDU) (92%) > history of male-to-male sexual contact (MSM) (87%) > heterosexual (86%) > history of injection drug use (IDU) (84%) > Unknown (79%)

\* Zero new diagnoses 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 (93%) > NYC (90%); Highest in the Lower Hudson RWR (96%); Lowest in the Mid-Hudson RWR (76%)
<b>Sex</b>	Males (91%) > Females (87%)
<b>Current Gender</b>	Transgender and non-binary/non-conforming (92%) > Cisgender men (91%) > Cisgender women (87%)
<b>Race/Ethnicity*</b>	Non-Hispanic White (93%) > Hispanic (92%) > Asian/Pacific Islander (91%) > non-Hispanic Black (89%) > Multi Race (85%)
<b>Age</b>	Highest among persons aged 30-39 years (92%); Lowest among persons aged 40-49 (87%)
<b>Transmission Risk</b>	MSM/IDU (100%) > MSM (94%) > heterosexual (93%) > IDU and Unknown (86%, individually)

\* Zero new diagnoses documented among Native Americans

*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 60% of PLWDH.

<b>Any Care</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	ROS (88%) > NYC (85%); Highest in the Albany RWR (91%); Lowest in the Binghamton RWR (82%)
<b>Sex</b>	Females (87%) > Males (85%)
<b>Current Gender</b>	Cisgender Women and Transgender and non-binary/non-conforming (87%, individually) > Cisgender men (85%)
<b>Race/Ethnicity</b>	Non-Hispanic Black, Multi Race, and Hispanic (86%, individually) > non-Hispanic White (85%) > Native American (83%) > Asian/Pacific Islander (82%) > Unknown (79%)
<b>Age</b>	Highest among persons aged 60+ years (89%); Lowest among persons aged 30-39 years (80%)
<b>Transmission Risk</b>	MSM/IDU and IDU (90%, individually) > Blood products (88%) > heterosexual (86%) > MSM and Pediatric Risk (85%, individually) > Unknown (82%)

<b>Continuous Care</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	ROS (61%) > NYC (60%) Highest in the Albany RWR (67%); Lowest in the Binghamton RWR (53%)
<b>Sex</b>	Females (62%) > Males (60%)
<b>Current Gender</b>	Transgender and non-binary/non-conforming (65%) > Cisgender women (62%) > Cisgender men (60%)
<b>Race/Ethnicity</b>	Hispanic (62%) > Multi Race (61%) > non-Hispanic Black (60%) > Asian/Pacific Islander and Native American (59%, individually) > non-Hispanic White (58%) > Unknown (55%)
<b>Age</b>	Highest among persons aged 60+ years (66%); Lowest among persons aged 25-29 years and 30-39 years (53%, individually)
<b>Transmission Risk</b>	IDU (68%) > MSM/IDU (67%) > Blood products (63%) > heterosexual (61%) > Pediatric risk (60%) > MSM (59%) > Unknown (55%)

<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)*

75% 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>	ROS (81%) > NYC (73%); Highest in Albany RWR (85%); Lowest in the Binghamton RWR (73%);
<b>Sex</b>	Females and Males (75%, individually)
<b>Current Gender</b>	Cisgender men and Cisgender women (75%, individually) > Transgender and gender non-binary / non-conforming (68%)
<b>Race/Ethnicity</b>	Non-Hispanic White (80%) > Asian/Pacific Islanders, Hispanic, and Native American (76%, individually) > Multi Race (75%) > Unknown (74%) > non-Hispanic Black (72%)
<b>Age</b>	Highest among those aged 60+ years (81%); Lowest among those aged 25-29 years (66%)
<b>Transmission Risk</b>	Blood products (81%) > MSM and heterosexual (76%, individually) > IDU (75%) > MSM/IDU (71%) > Unknown (70%) > Pediatric (65%)



## **Technical Notes and Appendices**

### **Changes to the 2020 Report**

The data reported here may be affected by the COVID-19 global pandemic. Disruptions throughout the health care system and traditional care patterns may have impacted testing, linkage to care, routine HIV treatment, and laboratory reporting.

A revision of the race/ethnicity classification methodology was introduced in 2020 where race/ethnicity was derived from the first quality Adult/Pediatric Case Report Form (A/PCRF) entered into eHARS with a valid race or ethnicity. The old methodology calculated race/ethnicity from all documents in the registry. This change reduces misclassification with notable decreases in the percentage of individuals classified as Multi Race or Hispanic and increases in the percentages of other categories.

### **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 Registry 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 Registry System is in NYS, were included in the calculations. Individuals diagnosed in NYS whose most recently reported address indicated residence outside NYS were excluded.

In addition, individuals whose last report to the registry system was at least 5 years before December 2020 for persons diagnosed with Stage 3/AIDS or 8 years before December 2020 for persons diagnosed with HIV (not AIDS) were not included in the counts of care and viral suppression. These persons are presumed to be either no longer living or no longer residing in NYS (n=23,824).

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

Laboratory data used in these analyses are from the NYS HIV Registry 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 million HIV laboratory reports annually.

Counts shown in tables and the cascade 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 cascade 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**

The percentage unaware for NYS in 2020 was 6.3% (N=~7,500).

#### **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 methodology for counting PLWDH in this report: 1) excludes those  $\leq 12$  years old; and 2) includes only persons diagnosed with HIV during the previous year (i.e., December 2019) or earlier, and alive at the end of the analysis year (i.e., December 2020).

#### **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 2020 in the cascade.

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

60% 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 estimate is not shown in the HIV care cascade.

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

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. 75% of all PLWDH, including those with and without a reported VL, were virally suppressed at the test closest to end-of-year. This percentage was applied to the entire number of PLWDH as of December 2020 in the cascade.

### **Identification of Incarcerated Individuals**

Incarcerated individuals are identified as having their most recent address (as reported to the NYS HIV Registry System) indicate a 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 2020 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 2020<sup>1</sup>**  
**Persons Newly Diagnosed with HIV, NYS, 2020<sup>2</sup>**

	All	Linkage within 30 days of dx		Linkage within 91 days of dx	
<b>Residence at Diagnosis</b>					
NYC	1,430	1,170	82%	1,280	90%
ROS	500	426	85%	464	93%
NYS Total	1,930	1,596	83%	1,744	90%
<b>Ryan White Region at Dx<sup>3</sup></b>					
Albany	48	42	88%	45	94%
Binghamton	12	10	83%	11	92%
Buffalo	99	86	87%	92	93%
Lower Hudson	55	48	87%	53	96%
Mid-Hudson	21	16	76%	16	76%
Nassau/Suffolk	120	96	80%	111	93%
Rochester	76	68	89%	72	95%
Syracuse	61	54	89%	58	95%
<b>Birth Sex</b>					
Male	1,554	1,311	84%	1,418	91%
Female	376	285	76%	326	87%
<b>Current Gender</b>					
Cisgender Men	1,495	1,260	84%	1,364	91%
Cisgender Women	371	281	76%	321	87%
Transgender & Non-binary/non-conforming	64	55	86%	59	92%
<b>Race/Ethnicity</b>					
Non-Hispanic White	381	322	85%	353	93%
Non-Hispanic Black	881	709	80%	780	89%
Hispanic	571	486	85%	525	92%
Asian/Pac Islander	79	66	84%	72	91%
Native American	0	0	0%	0	0%
Multi Race	13	10	77%	11	85%
<b>Age at Diagnosis</b>					
13-19	75	65	87%	68	91%
20-24	257	213	83%	230	89%
25-29	378	316	84%	345	91%
30-39	600	502	84%	554	92%
40-49	278	223	80%	242	87%
50-59	224	178	79%	199	89%
60+	118	99	84%	106	90%
<b>Transmission Risk</b>					
MSM <sup>4</sup>	927	808	87%	872	94%
IDU <sup>5</sup>	37	31	84%	32	86%
MSM/IDU	26	24	92%	26	100%
Heterosexual	418	321	77%	365	87%
Pediatric Risk	0	0	0%	0	0%
Unknown	522	412	79%	449	86%

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

<sup>2</sup> NYS HIV registry case and laboratory data as of March 2021, 2020 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

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

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

Note – rates based on fewer than 25 individuals are not statistically reliable

**Table B: Measures of Care in 2020**  
**Persons Living with Diagnosed HIV in Dec. 2019 and Alive in Dec. 2020, NYS<sup>1</sup>**

	All	Any Care <sup>2</sup>		≥2 tests, ≥91 days apart	
<b>Residence<sup>3</sup></b>					
<b>NYC</b>	82,714	70,343	85%	49,673	60%
<b>ROS</b>	22,832	20,054	88%	13,938	61%
<b>NYS Total</b>	105,546	90,397	86%	63,611	60%
<b>Ryan White Region<sup>4</sup></b>					
<b>Albany</b>	3,076	2,803	91%	2,065	67%
<b>Binghamton</b>	499	409	82%	265	53%
<b>Buffalo</b>	2,895	2,586	89%	1,767	61%
<b>Lower Hudson</b>	3,527	3,042	86%	2,108	60%
<b>Mid-Hudson</b>	2,173	1,906	88%	1,323	61%
<b>Nassau/Suffolk</b>	5,301	4,616	87%	3,268	62%
<b>Rochester</b>	2,823	2,508	89%	1,629	58%
<b>Syracuse</b>	2,193	1,876	86%	1,260	57%
<b>Birth sex</b>					
<b>Male</b>	76,115	64,873	85%	45,425	60%
<b>Female</b>	29,431	25,524	87%	18,186	62%
<b>Current Gender</b>					
<b>Cisgender Men</b>	73,856	62,899	85%	43,949	60%
<b>Cisgender Women</b>	29,372	25,472	87%	18,155	62%
<b>Transgender &amp; Non-binary/non-conforming</b>	2,318	2,026	87%	1,507	65%
<b>Race/Ethnicity</b>					
<b>Non-Hispanic White</b>	24,179	20,599	85%	13,953	58%
<b>Non-Hispanic Black</b>	47,605	40,728	86%	28,774	60%
<b>Hispanic</b>	30,196	26,110	86%	18,781	62%
<b>Asian/Pacific Islander</b>	2,657	2,190	82%	1,559	59%
<b>Native American</b>	199	165	83%	118	59%
<b>Multi Race</b>	616	531	86%	374	61%
<b>Unknown</b>	94	74	79%	52	55%
<b>Age</b>					
<b>13-19</b>	314	276	88%	205	65%
<b>20-24</b>	1,864	1,593	85%	1,068	57%
<b>25-29</b>	5,670	4,602	81%	2,987	53%
<b>30-39</b>	18,872	15,131	80%	9,979	53%
<b>40-49</b>	19,041	15,812	83%	10,698	56%
<b>50-59</b>	31,560	27,796	88%	20,018	63%
<b>60+</b>	28,219	25,182	89%	18,652	66%
<b>Unknown</b>	6	5	83%	4	67%
<b>Transmission Risk</b>					
<b>MSM<sup>5</sup></b>	47,354	40,213	85%	27,707	59%
<b>IDU<sup>6</sup></b>	10,638	9,597	90%	7,265	68%
<b>MSM/IDU</b>	4,678	4,190	90%	3,144	67%
<b>Heterosexual</b>	29,771	25,628	86%	18,132	61%
<b>Blood Products</b>	155	137	88%	98	63%
<b>Pediatric Risk</b>	1,992	1,693	85%	1,195	60%
<b>Unknown</b>	10,958	8,939	82%	6,070	55%

<sup>1</sup> NYS HIV registry case and laboratory data as of March 2021, 2020 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 2020

<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

Note – rates based on fewer than 25 individuals are not statistically reliable

**Table C: Viral Suppression<sup>1</sup> in 2020**  
**Persons Living with Diagnosed HIV in Dec. 2019 and Alive in Dec. 2020, 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	82,714	68,756	83%	60,493	88%	73%
ROS	22,832	19,794	87%	18,475	93%	81%
NYS Total	105,546	88,550	84%	78,968	89%	75%
<b>Ryan White Region<sup>4</sup></b>						
Albany	3,076	2,774	90%	2,609	94%	85%
Binghamton	499	405	81%	364	90%	73%
Buffalo	2,895	2,561	88%	2,364	92%	82%
Lower Hudson	3,527	2,989	85%	2,789	93%	79%
Mid-Hudson	2,173	1,877	86%	1,738	93%	80%
Nassau/Suffolk	5,301	4,554	86%	4,329	95%	82%
Rochester	2,823	2,481	88%	2,295	93%	81%
Syracuse	2,193	1,849	84%	1,714	93%	78%
<b>Birth sex</b>						
Male	76,115	63,593	84%	56,780	89%	75%
Female	29,431	24,957	85%	22,188	89%	75%
<b>Current Gender</b>						
Cisgender Men	73,856	61,640	83%	55,232	90%	75%
Cisgender Women	29,372	24,906	85%	22,149	89%	75%
Transgender & Non conforming/non-binary	2,318	2,004	86%	1,587	79%	68%
<b>Race/Ethnicity</b>						
Non-Hispanic White	24,179	20,273	84%	19,229	95%	80%
Non-Hispanic Black	47,605	39,820	84%	34,173	86%	72%
Hispanic	30,196	25,559	85%	22,860	89%	76%
Asian/Pacific Islander	2,657	2,140	81%	2,021	94%	76%
Native American	199	164	82%	151	92%	76%
Multi Race	616	523	85%	464	89%	75%
Unknown	94	71	76%	70	99%	74%
<b>Age</b>						
13-19	314	272	87%	221	81%	70%
20-24	1,864	1,575	84%	1,291	82%	69%
25-29	5,670	4,538	80%	3,768	83%	66%
30-39	18,872	14,867	79%	12,722	86%	67%
40-49	19,041	15,506	81%	13,617	88%	72%
50-59	31,560	27,213	86%	24,425	90%	77%
60+	28,219	24,574	87%	22,919	93%	81%
Unknown	6	5	83%	5	100%	83%
<b>Transmission Risk</b>						
MSM <sup>5</sup>	47,354	39,580	84%	36,057	91%	76%
IDU <sup>6</sup>	10,638	9,388	88%	8,012	85%	75%
MSM/IDU	4,678	4,128	88%	3,317	80%	71%
Heterosexual	29,771	24,996	84%	22,482	90%	76%
Blood Products	155	137	88%	125	91%	81%
Pediatric Risk	1,992	1,677	84%	1,294	77%	65%
Unknown	10,958	8,644	79%	7,681	89%	70%

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

<sup>2</sup> NYS HIV registry case and laboratory data as of March 2021, 2020 data completeness is affected by the COVID-19 pandemic

<sup>3</sup> Residence by end of 2020

<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

Note – rates based on fewer than 25 individuals are not statistically reliable

## **Contact Information:**

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