

**HIV Care in New York State, 2015:  
Linkage, Retention and Viral Suppression  
Among Persons Residing in New York State**

**AIDS Institute  
New York State Department of Health**

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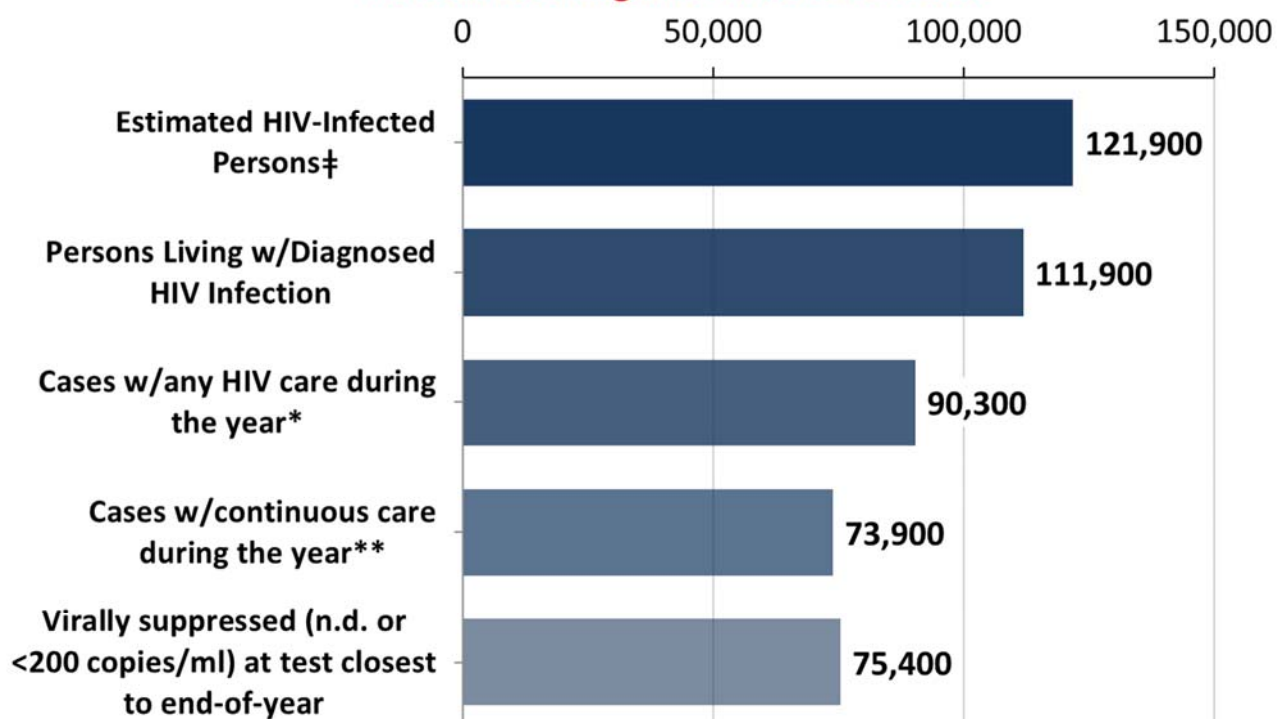
## Executive Summary

The attached report presents summary measures of linkage to HIV medical care, retention in care and HIV viral suppression among persons living with diagnosed HIV infection (PLWDHI) in New York State (NYS). HIV care measures were calculated using data from the New York State Department of Health (NYSDOH) HIV surveillance registry.

The Cascade presents a picture of the total HIV infected population at one point in time, across the spectrum of the continuum of care from infection through diagnosis, participation in care and success of care.

## **New York State Cascade of HIV Care, 2015**

**Persons Residing in NYS† at End of 2015**



*†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.*

*‡ Estimated unknown 6.7% for NYC and 13% Rest of State\* Any VL, CD4, genotype test during the year;*

*\*\* At least 2 tests, at least 91 days apart*

## Major Findings

### *Linkage to Care*

- 73% of newly diagnosed cases showed evidence of entry to care within 30 days of diagnosis. This percentage is below the 2020 National HIV/AIDS Strategy (NHAS) target of 85% and the 2020 NYS Ending the Epidemic target of 90%, but is comparable to the United States (U.S.) (75%).<sup>1,2</sup>
- 86% of newly diagnosed cases showed evidence of entry to care within 91 days of diagnosis. This compares well with the 2015 NHAS target (85%) and to the U.S. (84%).<sup>3</sup>
- The percentage of total infected persons who are in continuous care appears higher in New York (66%) than in the U.S. as a whole (57%), although NYS and CDC methods are not identical.<sup>1</sup>

### *Any HIV Care*

- 81% of PLWDHI showed evidence of some care during the year. Continuous care ( $\geq 2$  visits/year,  $\geq 91$  days apart) was observed for 66% of PLWDHI. This percentage is substantially lower than the 2015 (80%) and 2020 (90%) NHAS targets.
- In the U.S., 71% of PLWDHI had any evidence of care and 57% were in continuous care.<sup>1</sup>

### *Viral Suppression*

- 67% of PLWDHI in NYS appeared to be virally suppressed. This percentage is slightly higher than the 2015 target (66%)<sup>3</sup> but is lower than the 2020 NHAS target (80%) and the 2020 NYS Ending the Epidemic target (85%).<sup>2</sup>
- In the U.S., 55% of PLWDHI appeared to be virally suppressed.<sup>1</sup>
- The 2020 NHAS target also sets a viral suppression target of 80% for youth (aged 13-24 years) and injection drug users. In NYS, 55% of youth and 67% of persons with injection drug use as the HIV transmission risk were virally suppressed.

## Changes to the 2015 Report

The 2015 update to the National HIV/AIDS Strategy specified targets for HIV quality of care indicators that are believed to be achievable by 2020. This report includes the NYS estimates for both the 30-day (2020) and 91-day (2015) linkage to care, retention in care and viral suppression compared to NHAS targets.

NYS uses methodology from the Centers for Disease Control and Prevention (CDC) to calculate NHAS targets. Linkage to care was calculated based on the date of diagnosis and the date of the

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<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, 2014. HIV Surveillance Supplemental Report 2016;21(No. 4). <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published July 2016. Accessed [03/2017].

<sup>2</sup> Ending the Epidemic in New York State. [http://www.health.ny.gov/diseases/aids/ending\\_the\\_epidemic/index.htm](http://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm)

<sup>3</sup> 2015 target, adjusted based on presumed residence in NYS at the end of 2010.

first viral load, CD4 or genotype lab test. Continuity of care was calculated as  $\geq 2$  laboratory tests/year,  $\geq 91$  days apart.

The number and percentage of persons with HIV viral suppression in NYS was calculated based on the number of persons infected with HIV with one or more HIV viral load test in 2015. In past iterations of this report, HIV viral suppression was calculated based on persons with any HIV care during the calendar year. The change resulted in a small reduction in the number of people who achieved HIV viral suppression. No substantial change in the overall percentage of those who were virally suppressed was observed.

## **Introduction**

### **Need for Assessing Engagement in HIV Care**

In 2014, the Governor of New York outlined New York State's *Ending the Epidemic (ETE)* initiative, 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 link them to care; 2) link and retain persons diagnosed with HIV in healthcare to maximize viral suppression; and 3) facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk HIV negative persons.

The provision of appropriate medical care for PLWDHI is a key feature of the second ETE initiative and the National HIV/AIDS Strategy (NHAS) ([National HIV/AIDS Strategy: Updated to 2020](#)). In addition to the immediate benefit to the infected individuals, persons retained in successful treatment for their HIV infection have a greater chance for viral suppression. The HIV care cascade is one tool for assessing the extent and effectiveness of HIV-related medical care in NYS.

### **Measures for Assessing Engagement in Care**

The NHAS, originally released in 2010, outlined a set of targets for the nation's fight against HIV/AIDS. The document called for an increase in the percentage of persons with timely linkage to care, retention in care and HIV viral suppression. Retention in care and viral suppression targets were defined for specific subpopulations and Ryan White program clients but were applied to the total NYS population of PLWDHI. The targets were:

1. Increase the percentage of newly diagnosed patients **linked to care within three months of diagnosis** to 85%.
2. Increase the percentage of PLWDHI who are in continuous care, defined as  $\geq 2$  visits/year, separated by  $\geq 3$  months to 80%.
3. Increase the percentage of PLWDHI with **undetectable viral load** by 20%.

The 2015 update of the NHAS updated the indicators and set targets for 2020. The 2020 targets for linkage to care, retention in care and viral suppression are:

1. Increase the percentage of newly diagnosed persons **linked to HIV medical care within one month** of HIV diagnosis to at least 85%.

2. Increase the percentage of persons with diagnosed HIV infection who are **retained in care** to at least 90%.
3. Increase the percentage of persons with diagnosed HIV infection who are **virally suppressed** to at least 80%.
4. Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are **virally suppressed** to at least 80%.

NYS values for linkage, retention and HIV viral suppression are presented in this report and compared to the 2015 and 2020 NHAS targets. “Continuous care” is used synonymously with “retained in care” in this report, as well as “linkage to care” being used synonymously with “entry to care.”

The Ending the Epidemic initiative set targets for select measures of care by the year 2020. The 2020 targets for linkage to care and viral suppression are:

1. Increase the percentage of newly diagnosed persons **linked to HIV medical care within one month** of HIV diagnosis to at least 90%.
2. Increase the percentage of persons with diagnosed HIV infection who are **virally suppressed** to at least 85%.

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

Residence in NYS is based on the most recent address reported to the NYS HIV Surveillance System, regardless of the residency of the individual at diagnosis. Persons diagnosed while a resident outside NYS but whose most recent address reported to the HIV surveillance system is in NYS were included in the estimates. Individuals diagnosed in NYS whose most recently reported address indicated residence outside NYS were excluded.

In addition, individuals whose last reported test to the surveillance system was at least 5 years (AIDS cases) or 8 years (HIV non-AIDS cases) before December 2015 were not included in the count of living cases or in estimates of continuity of care and viral suppression. These persons are presumed to be either no longer living or no longer a resident in NYS.

### **New York State Results**

The sections that follow present estimates of linkage, retention and viral suppression in NYS. These estimates are based on data from the NYS HIV Surveillance System following methods specified by the CDC. The **Technical Notes and Appendices** provide detailed tables and explanations of methods and data sources. *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)**

73% of newly diagnosed cases showed evidence of entry to care within 30 days of diagnosis and 86% showed evidence of entry 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>	ROS (76%) is > NYC (73%); Lowest in the Buffalo (69%) Ryan White region (RWR); Highest in the Rochester (84%) RWR
<b>Sex</b>	Females (71%) < Males (74%)
<b>Race/Ethnicity</b>	Multi Race (84%) > Non-Hispanic, White (78%) > Hispanic (72%) > Non-Hispanic, Black (71%) > Asian/Pacific Islander (68%)
<b>Age</b>	Lowest for ages 20-24 (71%); Highest for ages 13-19 years (82%)
<b>Transmission Risk</b>	MSM/IDU (89%) > MSM (75%) > Heterosexual (72%) > IDU (56%)

<b>Linkage to Care within 91 days of diagnosis</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	ROS (89%) > NYC (85%); Lowest in the Mid-Hudson (85%) RWR; Highest in the Binghamton (100%) RWR
<b>Sex</b>	Females (84%) < Males (87%)
<b>Race/Ethnicity</b>	Multi Race (92%) > Non-Hispanic, White (89%) > Hispanic (87%) > Asian/Pacific Islander (85%) > Non-Hispanic, Black (83%)
<b>Age</b>	Lowest for ages 20-24 years (83%); Highest for ages 13-19 years (94%)
<b>Transmission Risk</b>	MSM/IDU (96%) > MSM (89%) > Heterosexual (85%) > IDU (80%)

## Measures of Care (Appendix Table B)<sup>4</sup>

81% of PLWDHI showed evidence of some care during the year.

Continuous care ( $\geq 2$  laboratory tests/year, separated by  $\geq 91$  days) was observed for 66% of PLWDHI.

Any Care	
Variable	Observation
<b>Region</b>	NYC (81%) > ROS (78%); Lowest in the Binghamton and Mid-Hudson (76%, respectively) RWRs; Highest in the Buffalo (85%) RWR
<b>Sex</b>	Females (83%) > Males (80%)
<b>Race/Ethnicity</b>	Multi Race (85%) > Hispanic and Non-Hispanic, Black (81%) > Non-Hispanic, White (79%) > Asian/Pacific Islander (77%) > Native American (67%)
<b>Age</b>	Lowest for ages 30-39 years (75%); Highest for ages 13-19 years and 60+ (85%, respectively)
<b>Transmission Risk</b>	IDU and MSM/IDU (83%, respectively) > Heterosexual and Pediatric (82%, respectively) > MSM (81%)

Continuous Care	
Variable	Observation
<b>Region</b>	NYC (67%) > ROS (63%); Lowest in the Mid-Hudson (60%) RWR; Highest in the Syracuse (70%) RWR
<b>Sex</b>	Females (69%) > Males (65%)
<b>Race/Ethnicity</b>	Multi Race (70%) > Hispanic (68%) > Non-Hispanic, Black (66%) > Asian/Pacific Islander (65%) > Non-Hispanic, White (62%) > Native American (52%)
<b>Age</b>	Lowest for ages 25-29 years and 30-39 years (58%, respectively); Highest for ages 13-19 years and 60+ (73%, respectively)
<b>Transmission Risk</b>	IDU (72%) > MSM/IDU (70%) > Heterosexual and Pediatric (67%, respectively) > MSM (65%)

<sup>4</sup> The continuity of care and viral suppression percentages may be underestimates, since laboratory tests performed in federal facilities, e.g. VA hospitals, and in clinical trials are not comprehensively reported to the state.  
Updated May, 2017



### Viral Suppression (Appendix Table C)

67% of PLWDHI in NYS were virally suppressed, defined as having non-detectable viral load or a viral load <200 copies/ml at the last test during the year.

<b>Viral Suppression</b>	
<b>Variable</b>	<b>Observation</b>
<b>Region</b>	ROS (68%) and NYC (67%) are similar; Lowest in the Mid-Hudson (66%) RWR; Highest in Rochester (74%) RWR
<b>Sex</b>	Same for men and women (67%, respectively)
<b>Race/Ethnicity</b>	Non-Hispanic, White (72%) > Asian/Pacific Islanders (70%) and Multi Race (70%) > Hispanic (68%) > Non-Hispanic, Black (64%) > Native American (59%)
<b>Age</b>	Lowest among 20-24 years (54%), 13-19 and 25-29 years (58%, respectively); Highest among those aged 60+ years (75%)
<b>Transmission Risk</b>	MSM (70%) > Heterosexual (68%) > IDU (67%) > MSM/IDU (66%) > Pediatric (50%)

## New York State and the NHAS Targets

### Linkage to Care

The percentage of people in NYS who were newly diagnosed with HIV infection and entered care within 30 days of diagnosis (73%) was below the 2020 NHAS target (85%) and the 2020 NYS ETE target of 90%. In contrast, the percentage who entered care within three months of diagnosis (86%) compares well with the 2015 NHAS target (85%).

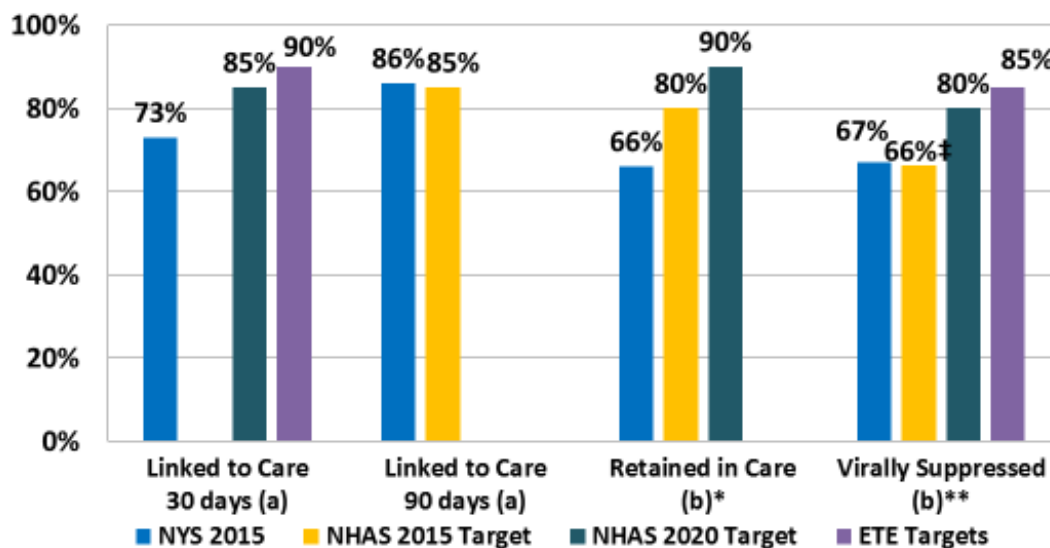
### Continuous Care

NYS's 66% of PLWDHI in continuous care is below the 2015 (80%) and 2020 (90%) NHAS targets.

### Viral Suppression

New York State's 67% of PLWDHI who appear to be virally suppressed is comparable to the 2015 NHAS target (66%) but is substantially lower than the 2020 NHAS target (80%) and the 2020 NYS ETE target (85%). In addition, slightly more than half (55%) of youth (aged 13-24 years) and two-thirds (67%) of people with injection drug use as the HIV transmission risk appeared to be virally suppressed.

### New York State HIV Care Measures, 2015 NHAS Targets and ETE Targets Newly Diagnosed (a), PLWDHI (b)



\*2015 NHAS target is only for RW program participants; 2020 target is for all PLWDHI.

\*\*2015 NHAS target is a 20% increase in the proportion of MSM, Black and Hispanic PLWDHI who are virally suppressed; NYS target shown here is calculated as a 20% increase for all PLWDHI. 2020 NHAS suppression target applies to all PLWDHI. †2015 target adjusted for living cases presumed to be residing in NYS

## **Technical Notes and Appendices**

### **Contact Information**

Please direct inquiries about these measures of HIV health care in NYS to:

Bureau of HIV/AIDS Epidemiology

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 any laboratory test, tests or series of tests approved for the diagnosis or periodic monitoring of HIV infection. 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 resistance testing. Exempted from this rule are tests done for insurance purposes or in clinical trials or in Federal facilities such as military sites or by the Veterans' Administration, though several exempted facilities report in "the spirit of cooperation." Laboratory data are reported electronically to NYSDOH, which receives around 1.3 million HIV laboratory reports annually. Counts of PLWDHI were derived from the BHAE statewide analysis file of January, 2017.

Counts shown in tables and figures may differ. The percentages for PLWDHI shown in report tables are based on persons who were diagnosed prior to the calendar year and lived to the end of that year. Data shown in report figures are based on all persons living with diagnosed HIV infection regardless of when diagnosed.

### **Persons living with diagnosed HIV infection residing in NYS at the end of 2015**

Residence in NYS is based on the most recent address reported to the NYS HIV Surveillance System, regardless of where the individual was diagnosed. For this report, residence is classified in two ways: 1) living in New York City (NYC); and 2) living in NYS, outside of NYC [Rest of State (ROS)]. Individuals diagnosed outside NYS but presumed to be residing within the state (n~6,500), based on the most recent address, were included in the NYS calculations. Individuals diagnosed within NYS whose most recent address indicated residence outside of NYS were excluded (n~3,000).

Individuals whose last reported test to the surveillance system was at least 5 years (AIDS cases) or 8 years (HIV non-AIDS cases) before December 2015 were not included in the count of living cases or in estimates of continuity of care and viral suppression. These persons are presumed to be either no longer living or no longer residing in NYS (n≈25,400).

## **Calculation of NYS Cascade measures**

### **1. Estimated HIV infected persons**

CDC's national estimate (13%) for 2013 was applied to PLWDHI residing in NYS, outside of NYC. An estimate of 6.7% was applied to PLWDHI residing in NYC. Overall, the combined percentage unaware for NYS in 2015 was 8% (N=10,000).

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

NYS uses methodology from the CDC to calculate the cascade measures. Therefore, total number of PLWDHI (Tables B and C) will be different from the number of PLWDHI in the cascade and other NYS reports. The CDC methodology for counting PLWDHI: 1) excludes those  $\leq 12$  years old; and 2) persons must be diagnosed with HIV infection the previous year (i.e. December, 2014), and alive at the end of the analysis year (i.e. December, 2015).

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

81% of living cases who were diagnosed and living during the entire year had at least one reported viral load, CD4 or genotype test, regardless of result (Table B). This percentage was applied to the entire number of PLWDHI as of December 2015.

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

66% of living cases who were diagnosed and alive during the entire year had at least two laboratory tests (VL, CD4 or genotype) during the year which were separated by at least 91 days (Table B). This percentage was applied to the entire number of PLWDHI as of December 2015.

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

Overall, viral load results were received for 79% of PLWDHI who were diagnosed and alive at the end of 2015. Of those with a viral load test result, 85% had a viral load of  $< 200$  copies/ml or below a quantifiable detection limit at the test closest to end-of-year; 67% of living cases were virally suppressed. This percentage (67%) was applied to the entire number of PLWDHI as of December 2015.

## **Identification of incarcerated individuals**

In counties with relatively low HIV rates among non-incarcerated persons, inclusion of diagnosis and prevalence data from individuals in state correctional facilities may overstate HIV diagnoses and prevalence. To address this problem, individuals identified as currently incarcerated in NYS correctional facilities outside NYC at the end of 2015 are excluded from Ryan White regional calculations. Identification may be based on most recent residence reported to the registry, on information reported from the NYS Department of Corrections and Community Services to the NYS HIV Surveillance System, or on receipt by NYSDOH of a laboratory report referencing a state correctional facility outside NYC. It is important to note that because both the timing and location of incarceration may be uncertain, surveillance data on individuals identified as incarcerated cannot yield a reliable description of the number and characteristics of persons with HIV who are incarcerated in state facilities in a year.

**Table A: Entry to Care in 2015<sup>1</sup>**  
**Persons Newly Diagnosed with HIV, NYS, 2015<sup>2</sup>**

	All	Entry within 30 days of dx		Entry within 91 days of dx	
<b>Residence at Diagnosis</b>					
<b>NYC</b>	2,350	1,705	73%	2,002	85%
<b>ROS</b>	770	586	76%	684	89%
<b>NYS Total</b>	3,120	2,291	73%	2,686	86%
<b>Ryan White Region at Dx<sup>3</sup></b>					
<b>Albany</b>	68	52	76%	60	88%
<b>Binghamton</b>	20	16	80%	20	100%
<b>Buffalo</b>	137	95	69%	123	90%
<b>Lower Hudson</b>	108	81	75%	95	88%
<b>Mid-Hudson</b>	46	37	80%	39	85%
<b>Nassau/Suffolk</b>	194	147	76%	168	87%
<b>Rochester</b>	92	77	84%	82	89%
<b>Syracuse</b>	81	63	78%	76	94%
<b>Birth Sex</b>					
<b>Male</b>	2,486	1,839	74%	2,152	87%
<b>Female</b>	634	452	71%	534	84%
<b>Race/Ethnicity<sup>4</sup></b>					
<b>Non-Hispanic, White</b>	584	453	78%	518	89%
<b>Non-Hispanic, Black</b>	1,226	874	71%	1,023	83%
<b>Hispanic</b>	1,046	758	72%	909	87%
<b>Asian/Pac Islander</b>	93	63	68%	79	85%
<b>Native American</b>	1	0	0%	0	0%
<b>Multi Race</b>	170	143	84%	157	92%
<b>Age at Diagnosis</b>					
<b>13-19</b>	114	93	82%	107	94%
<b>20-24</b>	486	343	71%	405	83%
<b>25-29</b>	614	447	73%	543	88%
<b>30-39</b>	773	560	72%	652	84%
<b>40-49</b>	531	410	77%	465	88%
<b>50-59</b>	415	304	73%	355	86%
<b>60+</b>	187	134	72%	159	85%
<b>Transmission Risk</b>					
<b>MSM</b>	1,759	1,326	75%	1,558	89%
<b>IDU</b>	82	46	56%	66	80%
<b>MSM/IDU</b>	46	41	89%	44	96%
<b>Heterosexual</b>	744	539	72%	631	85%
<b>Pediatric</b>	3	3	100%	3	100%
<b>Unknown</b>	486	336	69%	384	79%

<sup>1</sup> First viral load, CD4, or genotype test after diagnosis, regardless of result

<sup>2</sup> NYS HIV surveillance case and laboratory data as of January, 2017

<sup>3</sup> Regional figures exclude people incarcerated in state correctional facilities; rates based on fewer than 25 cases are not statistically reliable

<sup>4</sup> High percentage entering care among Multi Race is not reliable and is likely an artifact of CDC's algorithm for inferring Multi Race

**Table B: Measures of Care in 2015****Persons Living with Diagnosed HIV Infection in Dec. 2014 and Alive in Dec. 2015, NYS<sup>1</sup>**

	All	Any Care <sup>2</sup>		≥2 tests, ≥91 days apart	
<b>Residence<sup>3</sup></b>					
<b>NYC</b>	85,182	69,397	81%	56,879	67%
<b>ROS</b>	23,451	18,216	78%	14,807	63%
<b>NYS Total</b>	108,633	87,613	81%	71,686	66%
<b>Ryan White Region<sup>4</sup></b>					
<b>Albany</b>	2,871	2,256	79%	1,871	65%
<b>Binghamton</b>	467	357	76%	283	61%
<b>Buffalo</b>	2,572	2,194	85%	1,750	68%
<b>Lower Hudson</b>	3,671	2,845	77%	2,305	63%
<b>Mid-Hudson</b>	2,085	1,592	76%	1,248	60%
<b>Nassau/Suffolk</b>	5,474	4,288	78%	3,370	62%
<b>Rochester</b>	2,703	2,244	83%	1,840	68%
<b>Syracuse</b>	2,081	1,686	81%	1,448	70%
<b>Birth sex</b>					
<b>Male</b>	76,882	61,247	80%	49,914	65%
<b>Female</b>	31,751	26,366	83%	21,772	69%
<b>Race/Ethnicity<sup>5</sup></b>					
<b>Non-Hispanic, White</b>	22,221	17,558	79%	13,888	62%
<b>Non-Hispanic, Black</b>	44,447	35,827	81%	29,142	66%
<b>Hispanic</b>	34,756	28,271	81%	23,734	68%
<b>Asian/Pacific Islander</b>	1,577	1,215	77%	1,029	65%
<b>Native American</b>	63	42	67%	33	52%
<b>Multi Race</b>	5,426	4,594	85%	3,787	70%
<b>Unknown</b>	143	106	74%	73	51%
<b>Age</b>					
<b>13-19</b>	572	489	85%	420	73%
<b>20-24</b>	2,551	2,041	80%	1,572	62%
<b>25-29</b>	6,518	4,971	76%	3,764	58%
<b>30-39</b>	16,701	12,489	75%	9,685	58%
<b>40-49</b>	26,562	21,090	79%	16,952	64%
<b>50-59</b>	35,827	29,680	83%	24,816	69%
<b>60+</b>	19,900	16,851	85%	14,475	73%
<b>Unknown</b>	2	2	100%	2	100%
<b>Transmission Risk</b>					
<b>MSM</b>	42,650	34,363	81%	27,518	65%
<b>IDU</b>	14,030	11,680	83%	10,119	72%
<b>MSM/IDU</b>	3,568	2,972	83%	2,504	70%
<b>Heterosexual</b>	31,399	25,840	82%	21,154	67%
<b>Blood Products</b>	194	169	87%	147	76%
<b>Pediatric Risk</b>	2,134	1,755	82%	1,429	67%
<b>Unknown</b>	14,658	10,834	74%	8,815	60%

<sup>1</sup> NYS HIV surveillance case and laboratory data as of January, 2017<sup>2</sup> At least 1 viral load, CD4, or genotype test during the year<sup>3</sup> Residence as of December 2015<sup>4</sup> Regional figures exclude people incarcerated in state correctional facilities<sup>5</sup> High percentage of persons with care among Multi Race persons is likely an artifact of CDC's algorithm for inferring Multi Race

**Table C: Viral Suppression<sup>1</sup> in 2015****Persons Living with Diagnosed HIV Infection in Dec. 2014 and Alive in Dec. 2015, 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	85,182	68,019	80%	57,210	84%	67%
ROS	23,451	17,936	76%	15,940	89%	68%
NYS Total	108,633	85,955	79%	73,150	85%	67%
<b>Ryan White Region<sup>4</sup></b>						
Albany	2,871	2,233	78%	2,001	90%	70%
Binghamton	467	356	76%	315	88%	67%
Buffalo	2,572	2,148	84%	1,840	86%	72%
Lower Hudson	3,671	2,803	76%	2,479	88%	68%
Mid-Hudson	2,085	1,561	75%	1,383	89%	66%
Nassau/Suffolk	5,474	4,185	76%	3,769	90%	69%
Rochester	2,703	2,228	82%	2,000	90%	74%
Syracuse	2,081	1,676	81%	1,482	88%	71%
<b>Birth sex</b>						
Male	76,882	60,125	78%	51,764	86%	67%
Female	31,751	25,830	81%	21,386	83%	67%
<b>Race/Ethnicity<sup>5</sup></b>						
Non-Hispanic, White	22,221	17,236	78%	16,082	93%	72%
Non-Hispanic, Black	44,447	35,018	79%	28,326	81%	64%
Hispanic	34,756	27,847	80%	23,690	85%	68%
Asian/Pacific Islander	1,577	1,196	76%	1,110	93%	70%
Native American	63	41	65%	37	90%	59%
Multi Race	5,426	4,514	83%	3,810	84%	70%
Unknown	143	103	72%	95	92%	66%
<b>Age</b>						
13-19	572	472	83%	331	70%	58%
20-24	2,551	1,985	78%	1,373	69%	54%
25-29	6,518	4,873	75%	3,772	77%	58%
30-39	16,701	12,281	74%	9,944	81%	60%
40-49	26,562	20,708	78%	17,378	84%	65%
50-59	35,827	29,155	81%	25,428	87%	71%
60+	19,900	16,479	83%	14,922	91%	75%
Unknown	2	2	100%	2	100%	100%
<b>Transmission Risk</b>						
MSM	42,650	33,783	79%	29,811	88%	70%
IDU	14,030	11,467	82%	9,360	82%	67%
MSM/IDU	3,568	2,924	82%	2,355	81%	66%
Heterosexual	31,399	25,330	81%	21,368	84%	68%
Blood Products	194	163	84%	148	91%	76%
Pediatric Risk	2,134	1,684	79%	1,067	63%	50%
Unknown	14,658	10,604	72%	9,041	85%	62%

<sup>1</sup> Virally suppressed defined as viral load non-detectable or <200 copies/ml<sup>2</sup> NYS HIV surveillance case and laboratory data as of January, 2017<sup>3</sup> Residence as of December 2015<sup>4</sup> Regional figures exclude people incarcerated in state correctional facilities<sup>5</sup> High percentage of persons with care among Multi Race persons is likely an artifact of CDC's algorithm for inferring Multi Race