

HIV

Special Perspectives Report

2022

New York State Department of Health
AIDS Institute

Division of Epidemiology, Evaluation, and Partner Services



Department
of Health

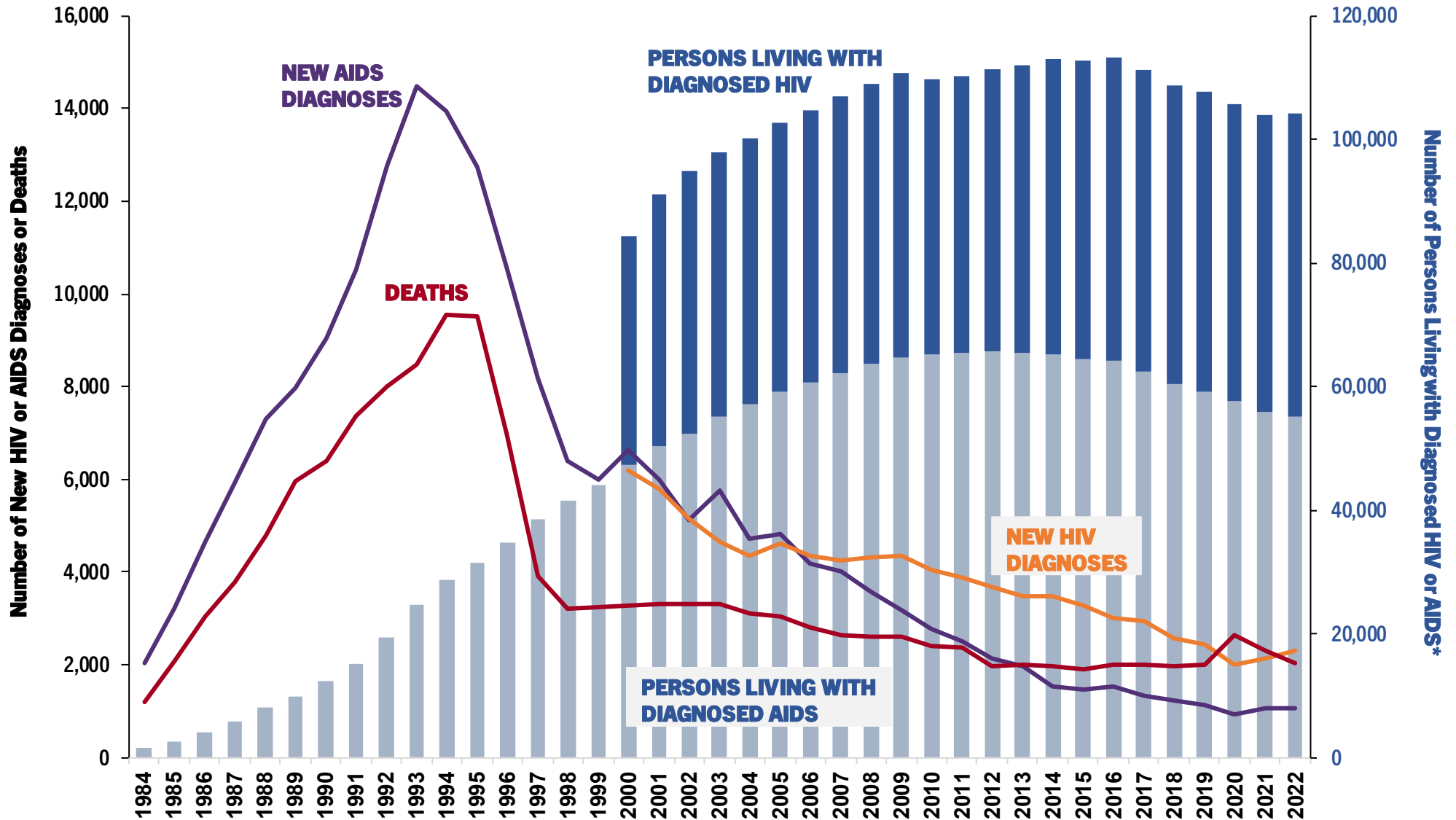
AIDS
Institute

Report Summary

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History of the HIV Epidemic in New York State, 1984-2022

New HIV diagnoses have decreased 60% since 2000.



NYS began collecting information on HIV in the early 1980's. Name-based reporting began in June 2020, allowing the distinction between HIV and AIDS diagnoses. Since a peak in diagnoses and deaths in the 1990's, both have been decreasing over time. Deaths are among people with diagnosed HIV from all causes, with a spike in 2020 due to Coronavirus Disease.

Data as of June 2023, New York State HIV Registry

*Excludes persons diagnosed 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.

Demographic Characteristics of Individuals Diagnosed with HIV in New York State, 2022

Individuals reporting as Male; Non-Hispanic Black; or with Male to Male sexual contact transmission risk, make up the highest percentages of new HIV diagnosis.

	HIV Diagnoses					AIDS Diagnoses ²		Deaths ³	
	Total		Concurrent with AIDS Diagnosis ¹			N	%	N	%
	N	%	N	%	Row %				
Total	2,318	100%	418	100%	18.0%	1,060	100%	2,036	100%
Sex at Birth									
Male	1,879	81.1%	325	77.8%	17.3%	786	74.2%	1,481	72.7%
Female	439	18.9%	93	22.2%	21.2%	274	25.8%	555	27.3%
Race/Ethnicity									
Non-Hispanic Black	941	40.6%	151	36.1%	16.0%	485	45.8%	1,052	51.7%
Hispanic	830	35.8%	146	34.9%	17.6%	337	31.8%	530	26.0%
Non-Hispanic White	430	18.6%	97	23.2%	22.6%	194	18.3%	419	20.6%
Asian	93	4.0%	21	5.0%	22.6%	37	3.5%	16	0.8%
Multi-Race	19	0.8%	2	0.5%	10.5%	4	0.4%	11	0.5%
Native American	3	0.13%	1	0.2%	33.3%	3	0.3%	7	0.3%
Native Hawaiian/Pacific Islander	2	0.09%	0	0.0%	0.0%	0	0.0%	1	0.05%
Unknown	0	0.00%	0	0.0%	0.0%	0	0.0%	0	0.0%
Transmission Risk									
Male to Male Sexual Contact	1,260	54.4%	197	47.1%	15.6%	451	42.5%	598	29.4%
Heterosexual	504	21.7%	117	28.0%	23.2%	298	28.1%	520	25.5%
Unknown	475	20.5%	93	22.2%	19.6%	201	19.0%	216	10.6%
Injection Drug Use	47	2.0%	8	1.9%	17.0%	71	6.7%	490	24.1%
Male to Male Sexual Contact/Injection Drug Use	25	1.1%	2	0.5%	8.0%	26	2.5%	181	8.9%
Pediatric	7	0.3%	1	0.2%	14.3%	13	1.2%	6	0.3%
Blood Products	0	0.0%	0	0.0%	0.0%	0	0.0%	29	1.4%

Data as of June 2023, New York State HIV Registry; Row % = Percentage of HIV diagnoses that were concurrent with AIDS diagnoses.

¹AIDS(stage 3 HIV) diagnosis within 30 days of HIV diagnosis.

²Includes concurrent HIV/AIDS diagnoses.

³Includes deaths from any cause among individuals with diagnosed HIV. Death data are incomplete.

Demographic Characteristics of Individuals Diagnosed with HIV in New York State, 2022

Individuals aged 30-39; Cisgender Men; and New York City residents, make up the highest percentages of new HIV diagnosis.

	HIV Diagnoses					AIDS Diagnoses ²		Deaths ³	
	Total		Concurrent with AIDS Diagnosis ¹			N	%	N	%
	N	%	N	%	Row %				
Total	2,318	100%	418	100%	18.0%	1,060	100%	2,036	100%
Age Group (Years)⁴									
0-12	5	0.2%	0	0.0%	0.0%	1	0.1%	0	0.0%
13-19	73	3.1%	11	2.6%	15.1%	14	1.3%	0	0.0%
20-24	333	14.4%	30	7.2%	9.0%	54	5.1%	4	0.2%
25-29	453	19.5%	69	16.5%	15.2%	132	12.5%	31	1.5%
30-39	728	31.4%	120	28.7%	16.5%	287	27.1%	167	8.2%
40-49	353	15.2%	85	20.3%	24.1%	211	19.9%	217	10.7%
50-59	228	9.8%	61	14.6%	26.8%	204	19.2%	530	26.0%
60+	145	6.3%	42	10.0%	29.0%	157	14.8%	1,087	53.4%
Unknown	0	0.0%	0	0.0%	0.0%	0	0.0%	0	0.0%
Current Gender									
Cisgender Men	1,785	77.0%	316	75.6%	17.7%	757	71.4%	1,443	70.9%
Cisgender Women	433	18.7%	93	22.2%	21.5%	274	25.8%	554	27.2%
Transgender Men	5	0.2%	0	0.0%	0.0%	0	0.0%	0	0.0%
Transgender Women	78	3.4%	5	1.2%	6.4%	25	2.4%	38	1.9%
Non-conforming/Non-binary	17	0.7%	4	1.0%	23.5%	4	0.4%	1	0.0%
Ryan White Region (RWR)⁵									
Albany	73	3.1%	16	3.8%	21.9%	31	2.9%	69	3.4%
Binghamton	17	0.7%	5	1.2%	29.4%	5	0.5%	17	0.8%
Buffalo	76	3.3%	18	4.3%	23.7%	50	4.7%	69	3.4%
Low Hudson	84	3.6%	18	4.3%	21.4%	30	2.8%	58	2.8%
Mid Hudson	37	1.6%	12	2.9%	32.4%	29	2.7%	51	2.5%
Nassau Suffolk	170	7.3%	42	10.0%	24.7%	82	7.7%	83	4.1%
New York City	1,713	73.9%	280	67.0%	16.3%	766	72.3%	1,568	77.0%
Rochester	81	3.5%	10	2.4%	12.3%	31	2.9%	78	3.8%
Syracuse	67	2.9%	17	4.1%	25.4%	36	3.4%	43	2.1%

Data as of June 2023, New York State HIV Registry; Row %=Percentage of HIV diagnoses that were concurrent with AIDS diagnoses.

¹AIDS(stage 3 HIV) diagnosis within 30 days of HIV diagnosis.

²Includes concurrent HIV/AIDS diagnoses.

³Includes deaths from any cause among individuals with diagnosed HIV. Death data are incomplete.

⁴For HIV and AIDS diagnoses, age at diagnosis; For deaths, age at death.

⁵For HIV and AIDS diagnoses, residence at diagnosis; for deaths, last known residence. Visit <https://www.health.ny.gov/diseases/aids/general/statistics/> to view the Regional Information on Community HIV report for more information on Ryan White Regions and the counties within each region.

Demographic Characteristics of Individuals Living with Diagnosed HIV in New York State, 2022

Fewer individuals had disease stage classified as current AIDS than those who had historical AIDS.

	Total	Current Disease Stage		Historical Disease Stage	
		HIV ¹	AIDS ²	HIV ³	AIDS ⁴
Total	104,124	96,171	7,953	49,005	55,119
Sex at Birth					
Male	73,089	67,496	5,593	35,609	37,480
Female	28,403	26,277	2,126	11,807	16,596
Race / Ethnicity					
Non-Hispanic Black	46,358	42,144	4,214	20,390	25,968
Hispanic	30,573	28,158	2,415	14,497	16,076
Non-Hispanic White	23,490	22,360	1,130	11,968	11,522
Asian	2,690	2,566	124	1,576	1,114
Multi-race	626	583	43	341	285
Native American	193	176	17	92	101
Native Hawaiian/Pacific Islander	112	104	8	72	40
Unknown	82	80	2	69	13
Transmission Risk					
Male to Male Sexual Contact	48,371	45,624	2,747	27,392	20,979
Heterosexual	29,073	26,962	2,111	12,356	16,717
Unknown	10,619	9,714	905	4,791	5,828
Injection Drug Use	9,557	8,280	1,277	2,190	7,367
Male to Male Sexual Contact/Injection Drug Use	4,391	3,790	601	1,479	2,912
Pediatric	1,969	1,671	298	773	1,196
Blood Products	144	130	14	24	120



Persons living with diagnosed HIV are classified into two disease stage groups: AIDS for those who have ever been diagnosed with stage 3/AIDS (Acquired Immune Deficiency Syndrome), and HIV those who have not. Historical disease stage means that once an individual has been classified as AIDS, this classification remains forever. Because advancements in HIV treatment have enabled persons diagnosed with AIDS to regain immune system function, using a person's current disease stage instead should provide a more accurate picture of the current level of health among persons living with diagnosed HIV in New York State.

Data as of June 2023, New York State HIV Registry

¹No Clusters of Differentiation 4 level <200 copies/mL, or opportunistic infection reported during the analysis year.

²Had a reported Clusters of Differentiation 4 level <200 copies/mL and/or documentation of a definitive or presumptive opportunistic infection during the analysis year.

³Never had a Clusters of Differentiation 4 level <200 copies/mL or opportunistic infection.

⁴Ever had a reported Clusters of Differentiation 4 level <200 copies/mL and/or documentation of a definitive or presumptive opportunistic infection.

Demographic Characteristics of Individuals Living with Diagnosed HIV in New York State, 2022

Higher number of individuals aged 30 and older had disease stage classified as historical AIDS than those who had current AIDS.

	Total	Current Disease Stage		Historical Disease Stage	
		HIV ¹	AIDS ²	HIV ³	AIDS ⁴
Total	104,124	96,171	7,953	49,005	55,119
Age Group (Years)					
0-12	51	51	0	39	12
13-19	273	257	16	237	36
20-24	1,631	1,554	77	1,400	231
25-29	4,994	4,713	281	4,003	991
30-39	19,366	18,104	1,262	13,478	5,888
40-49	18,190	16,780	1,410	9,905	8,285
50-59	28,036	25,609	2,427	10,591	17,445
60+	31,583	29,103	2,480	9,352	22,231
Current Gender					
Cisgender Men	73,089	67,496	5,593	35,609	37,480
Cisgender Women	28,403	26,277	2,126	11,807	16,596
Transgender Men	71	64	7	48	23
Transgender Women	2,395	2,185	210	1,432	963
Non-conforming/Non-binary	166	149	17	109	57



Persons living with diagnosed HIV are classified into two disease stage groups: AIDS for those who have ever been diagnosed with stage 3/AIDS (Acquired Immune Deficiency Syndrome), and HIV those who have not. Historical disease stage means that once an individual has been classified as AIDS, this classification remains forever. Because advancements in HIV treatment have enabled persons diagnosed with AIDS to regain immune system function, using a person's current disease stage instead should provide a more accurate picture of the current level of health among persons living with diagnosed HIV in New York State.

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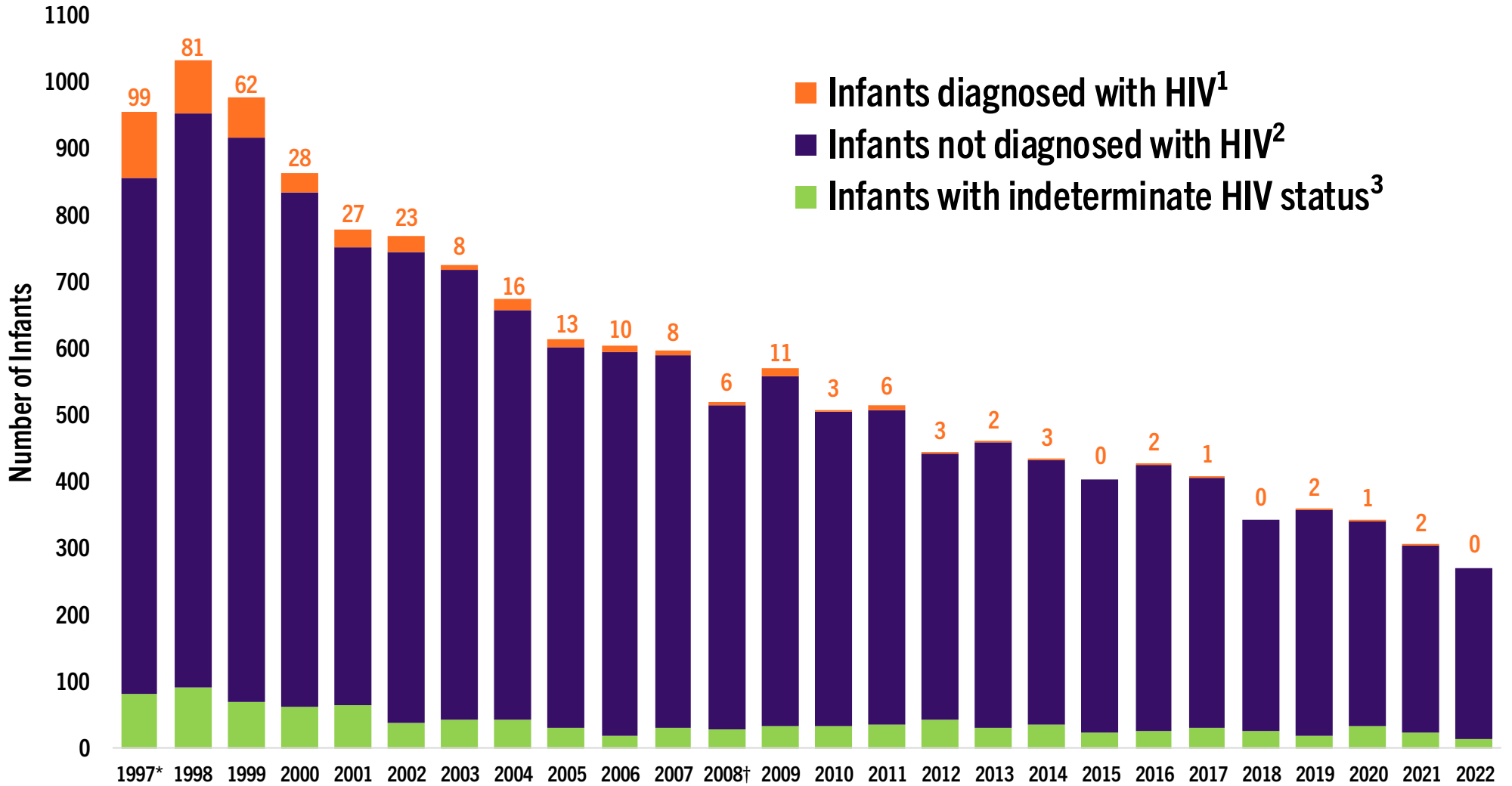
²Had a reported Clusters of Differentiation 4 level <200 copies/mL and/or documentation of a definitive or presumptive opportunistic infection during the analysis year.

³Never had a Clusters of Differentiation 4 level <200 copies/mL or opportunistic infection.

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HIV Status Among all Liveborn Infants Perinatally Exposed to HIV in New York State, 1997-2022

The number of infants perinatally exposed to HIV and diagnosed with perinatal HIV infection has decreased significantly since 1997.



Since the late 1990's, the number of infants perinatally exposed to HIV and diagnosed with perinatal HIV infection in New York State has decreased. 2015 was the first year that zero infants acquired perinatal HIV infection. Similarly, zero transmission occurred in 2018 and 2022.

Data as of June 2023, New York State HIV Registry and Newborn Screening Program

*1997 data include February-December births. †Deoxyribonucleic Acid Polymerase Chain Reaction discontinued; APTIMA use began November 2008.

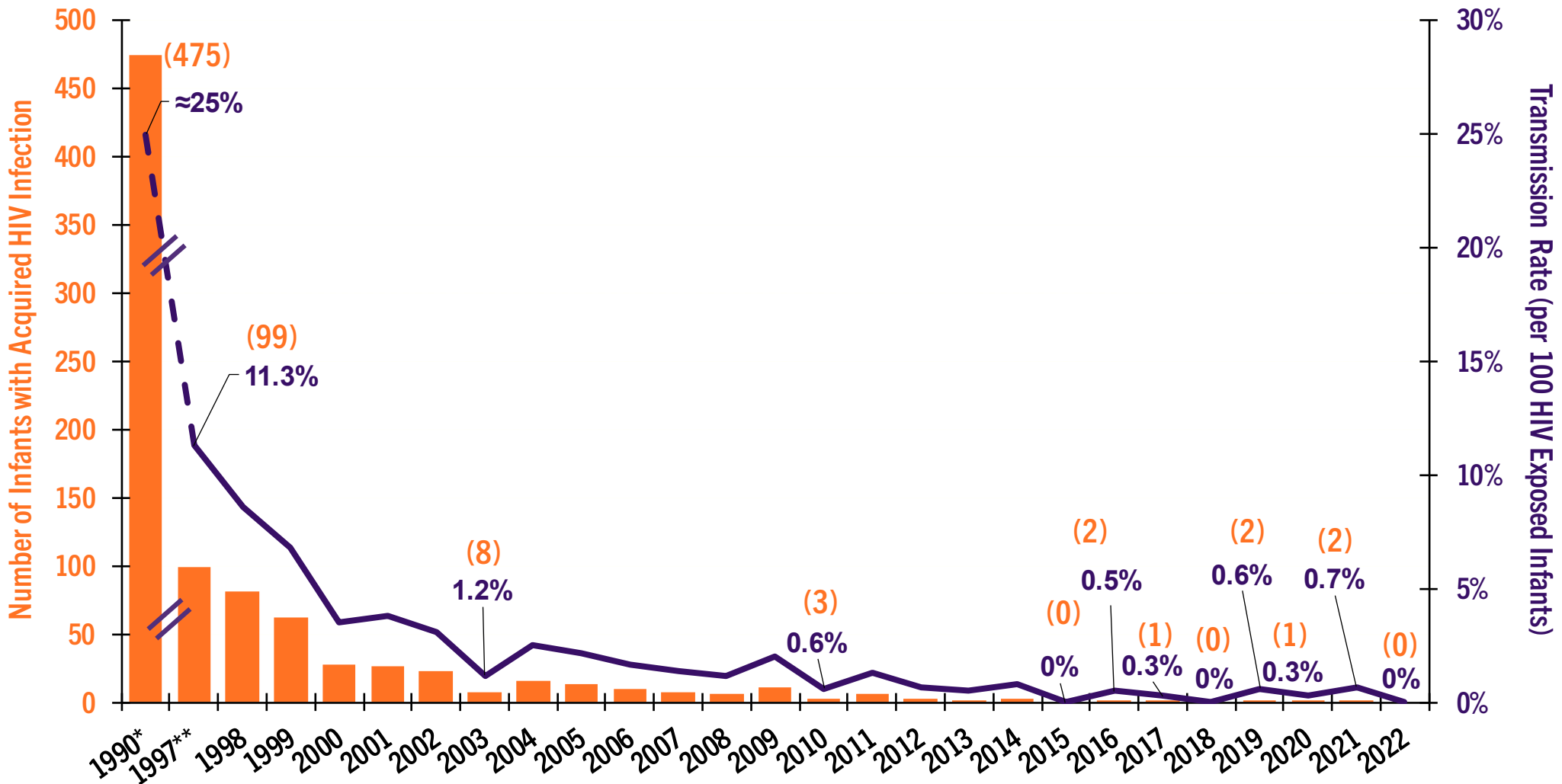
¹Includes infants confirmed positive (≥ 2 positive diagnostic test results at any time after birth) and presumptive positive (one positive diagnostic test result any time after birth).

²Includes infants confirmed negative (≥ 2 negative diagnostic test results, one at ≥4 weeks of age and one at ≥4 months of age) and presumptive negative (one negative diagnostic test result at ≥4 weeks of age).

³No positive diagnostic test result and no diagnostic test result at ≥4 weeks of age; or no test results at all.

HIV Status Among all Liveborn Infants Perinatally Exposed to HIV in New York State, 1997-2022

The **number** and **rate** of perinatal HIV transmissions have decreased significantly since the 1990's.



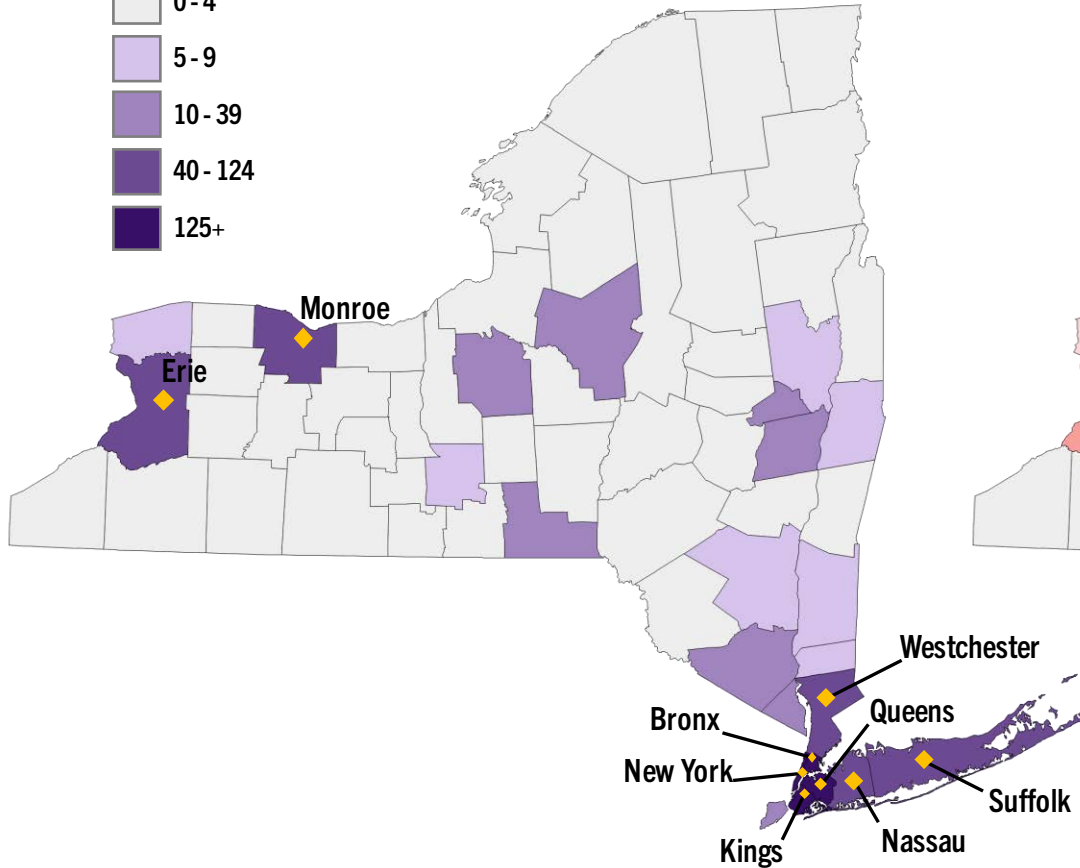
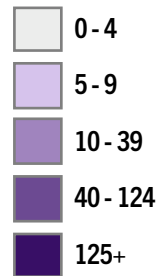
HIV transmission rates among infants perinatally exposed to HIV have sharply declined since the 1990's. Since 2012, less than 1% of infants perinatally exposed to HIV acquired HIV perinatally.

Data as of June 2023, New York State HIV Registry and Newborn Screening Program
 *1990 estimate based on 1,898 exposures and an estimated 25% transmission rate.
 **1997 data include February-December births.

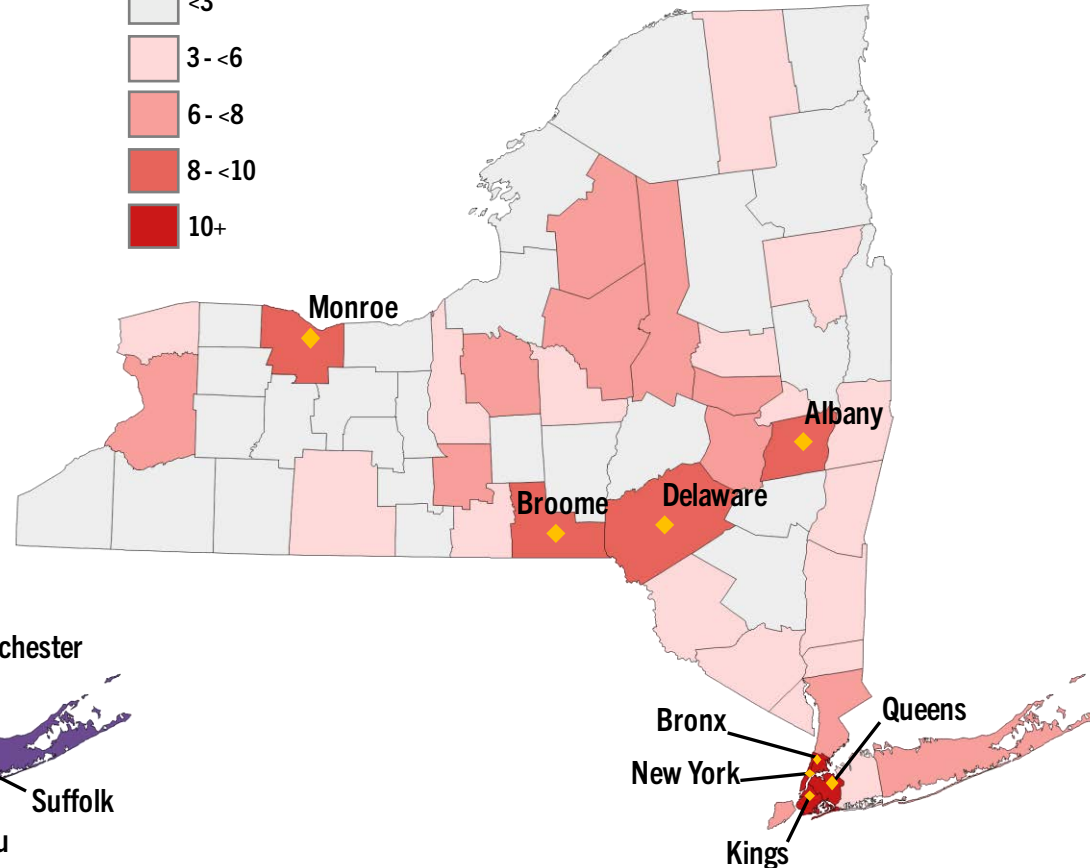
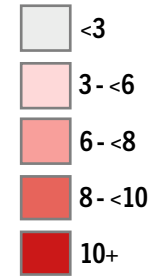
Geographic Distribution of New HIV Diagnoses in New York State, 2022

The counties with the highest **number** of HIV diagnoses were not always the same counties with the highest **rate** of diagnoses.

Number of individuals newly diagnosed with HIV by county



Rate of individuals newly diagnosed with HIV by county per 100,000 population¹

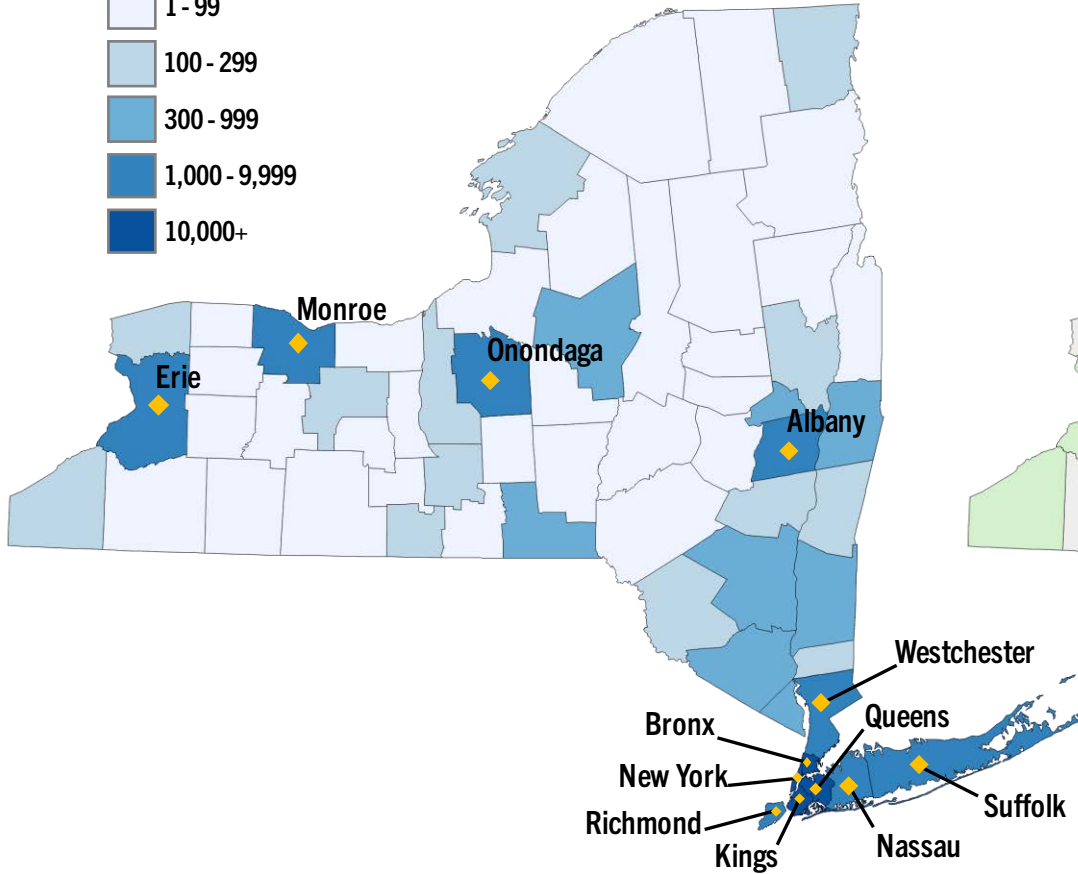
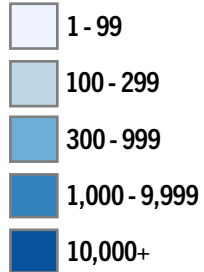


The highest number of individuals newly diagnosed with HIV were seen in New York City (Kings, Bronx, Queens, and New York), as well as Suffolk, Monroe, Nassau, Westchester and Erie counties. New York City (Bronx, New York, Kings, and Queens) also had the highest rate of new HIV diagnoses, followed by Monroe, Delaware, Broome and Albany counties.

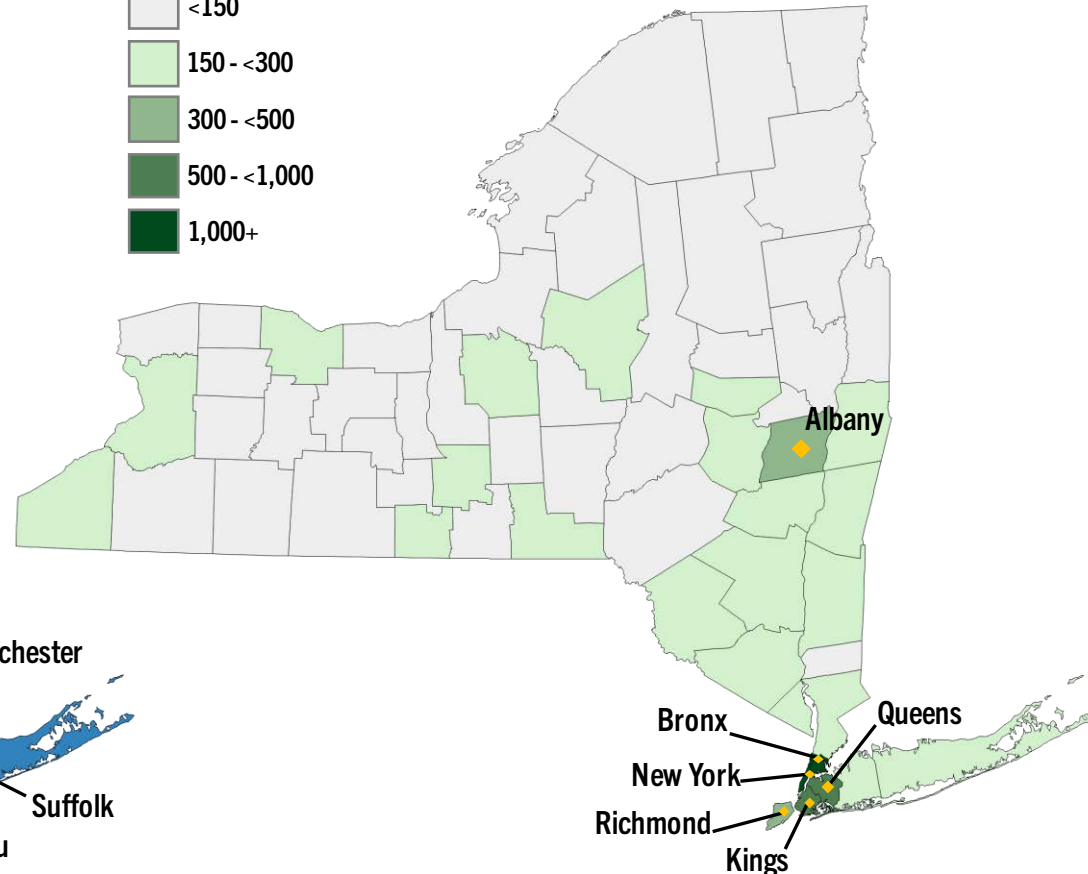
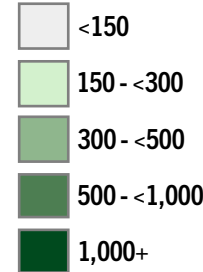
Geographic Distribution of Person Living With Diagnosed HIV in New York State, 2022

Outside of New York City, Albany county had both a large number and high rate of persons living with diagnosed HIV in 2022.

Number of person living with diagnosed HIV by county



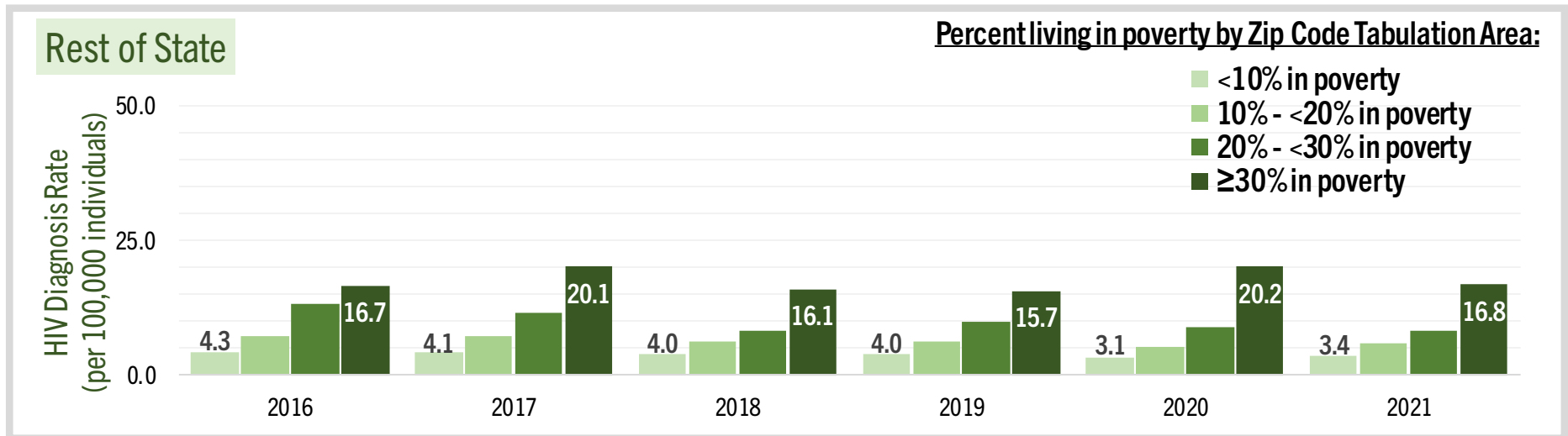
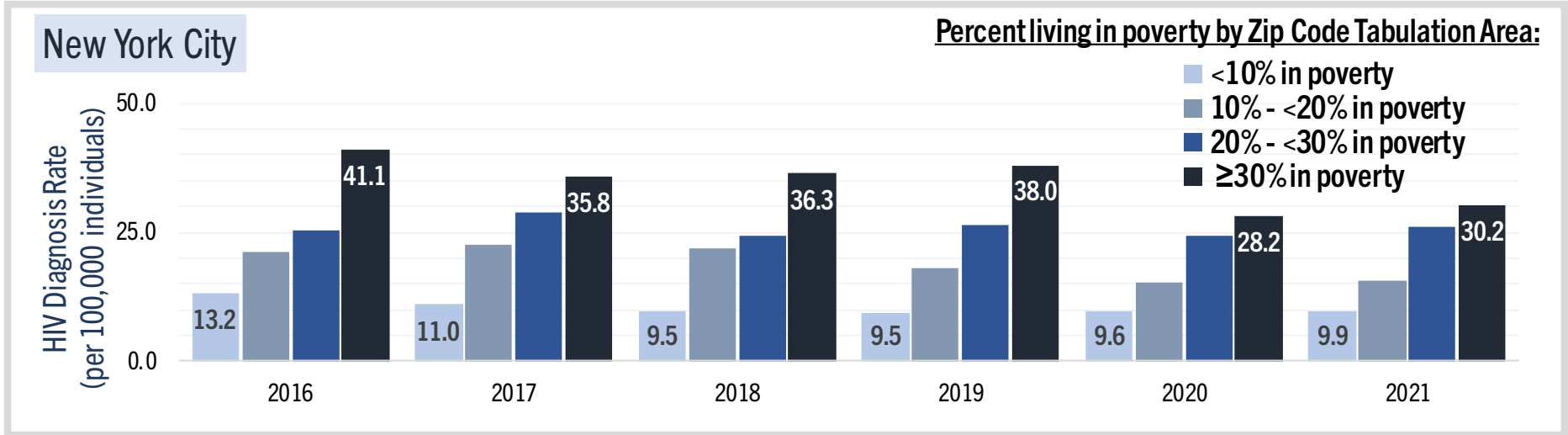
Rate of persons living with diagnosed HIV by county per 100,000 population¹



The highest number of individuals living with diagnosed HIV resided in New York City (Bronx, Kings, New York and Queens), as well as Westchester, Suffolk, Nassau, Monroe, Erie, Richmond, Onondaga, and Albany counties. The highest prevalence rates were observed in Bronx and New York, followed by Kings, Queens, Richmond and Albany counties.

HIV Diagnosis Rates and Population in Poverty in New York State, 2016-2021

HIV diagnosis rates¹ were higher in populations where higher percentages of individuals lived in poverty².



HIV diagnosis rates in New York City have consistently been near double the HIV diagnosis rates in Rest of State. For both New York City and Rest of State, as the percentage of poverty in the population increases, the diagnosis rate also increases. Populations with higher poverty percentages have historically had the highest HIV diagnosis rate, regardless of location.

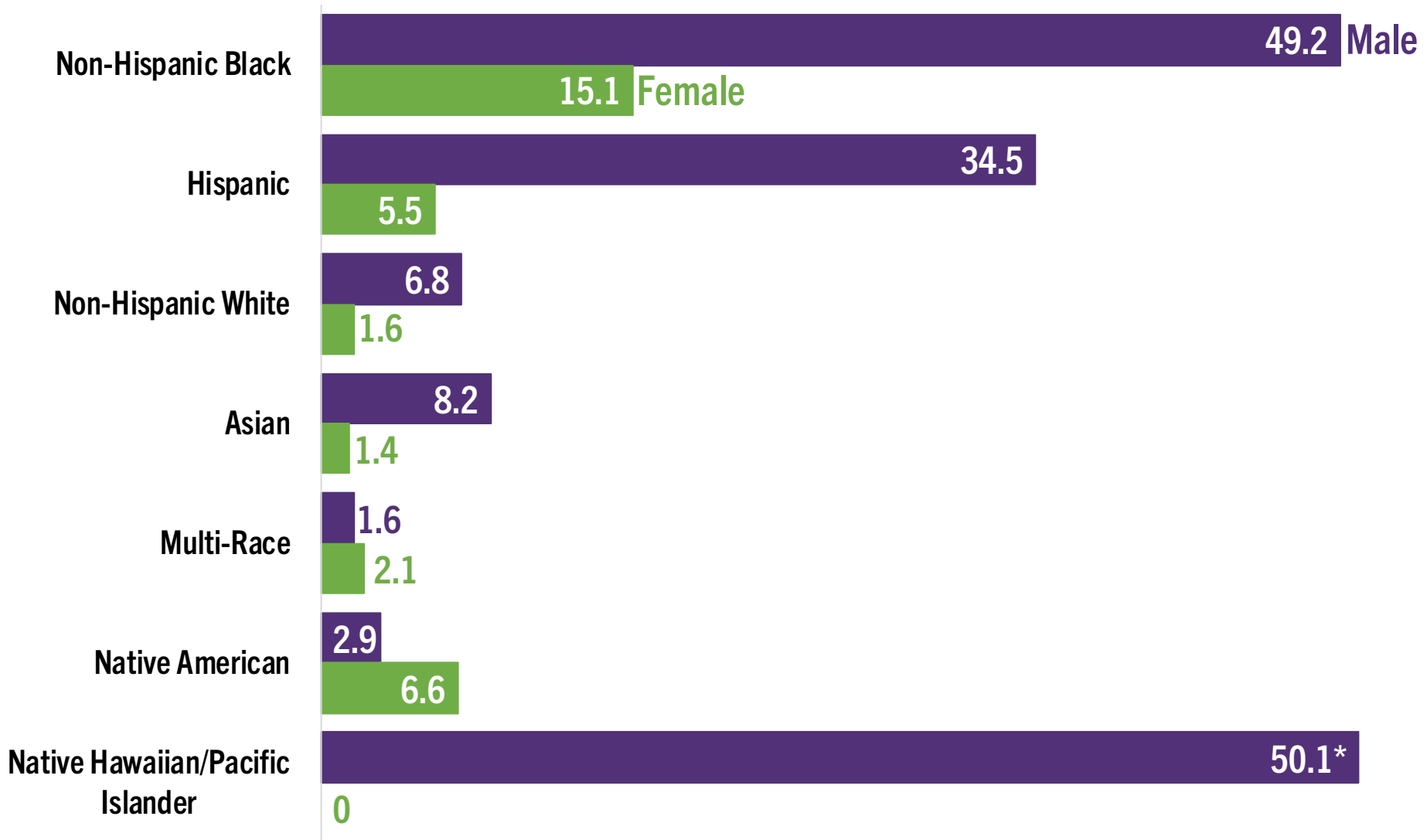
Data as of June 2023, New York State HIV Registry

¹HIV diagnosis rates based on 100,000 individuals.

²Zip Code Tabulation Area level poverty metrics were derived from the 2021 American Community Survey 5-year estimates. This information is representative of the population living within the Zip Code Tabulation Area and may not specifically represent an individual living in the Zip Code Tabulation Area. 2022 poverty data was not available at the Zip Code Tabulation Area level. For more information on Zip Code Tabulation Areas visit <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/zctas.html>.

HIV Diagnosis Rates in New York State, 2022

For most race/ethnicities, **Males** have a higher HIV diagnosis rate¹ than **Females**.



Non-Hispanic Black individuals had a higher HIV diagnosis rate than individuals of other race/ethnicities for both males and females. The HIV diagnosis rate among Non-Hispanic Black males ranged from 1.4 to over 30 times higher than rates among males of other race/ethnicities. Non-Hispanic Black females experienced a similar rate difference, ranging from 2.3 to over 15 times higher than other race/ethnicities.

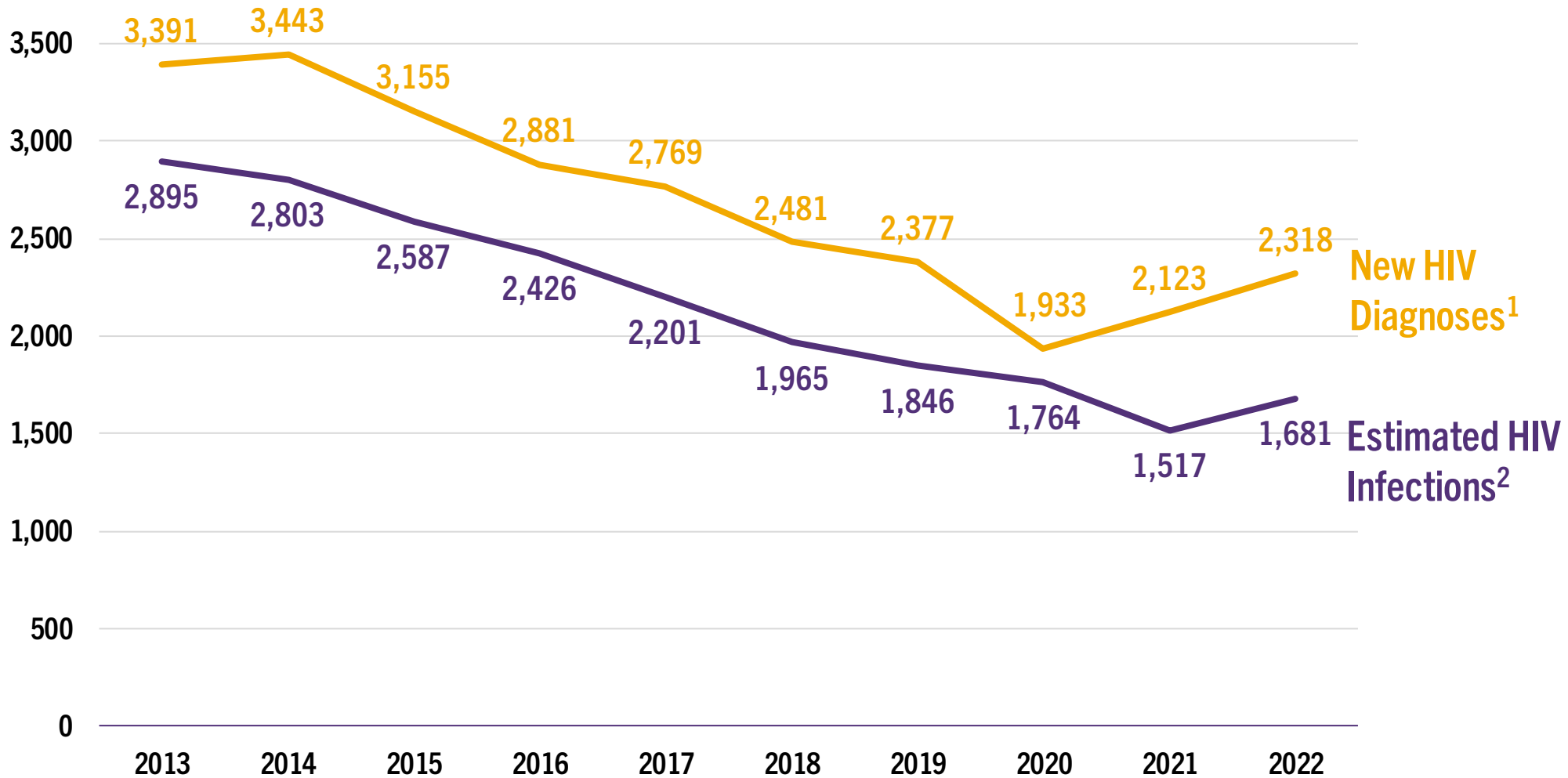
Data as of June 2023, New York State HIV Registry: Male/Female data: Sex at birth.

*Rate should be interpreted with caution because of small population size.

¹Per 100,000 population. Rates for Total, Sex at Birth and Race/Ethnicity were age-adjusted to the 2010 United States Census Population.

HIV Acquisition in New York State, 2013-2022

The number of **new HIV diagnoses** and **estimated HIV infections** has decreased since 2013.



The number of individuals newly diagnosed with HIV decreased 32% from 2013 to 2022. Additionally, the estimated number of HIV infections decreased 42%. The increase shown from 2020-2022 is due to disruptions from the coronavirus disease pandemic. Once coronavirus disease became less apparent, the new HIV diagnoses and estimated HIV infections slowly returned to their normal trendline.

Data as of June 2023, New York State HIV Registry

¹New HIV diagnoses show the number of individuals who were reported as diagnosed in New York State each year.

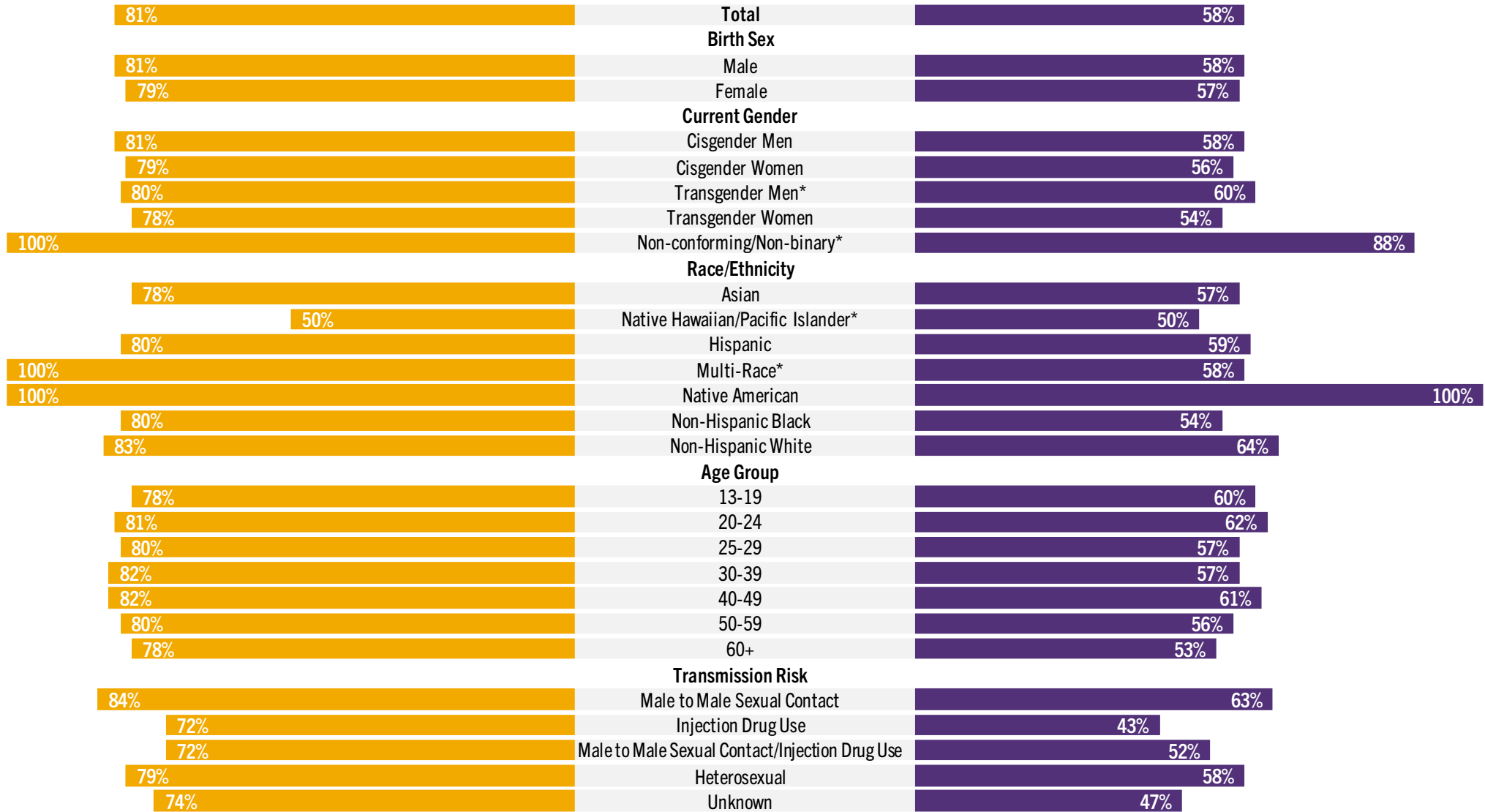
²Estimated HIV infections was a mathematical calculation (Centers for Disease Control Clusters of Differentiation 4 Incidence model) of the number of individuals who acquired HIV each year, whether they were diagnosed or not.

Linkage to Care and Viral Suppression after HIV Diagnosis in 2022

Percentages of **linkage to care** and **viral suppression** vary by demographic characteristics.

Linkage to care within 30 days of diagnosis¹

Virally suppressed within 90 days of diagnosis²



Data as of June 2023, New York State HIV Registry

*Rate should be interpreted with caution because of small population size.

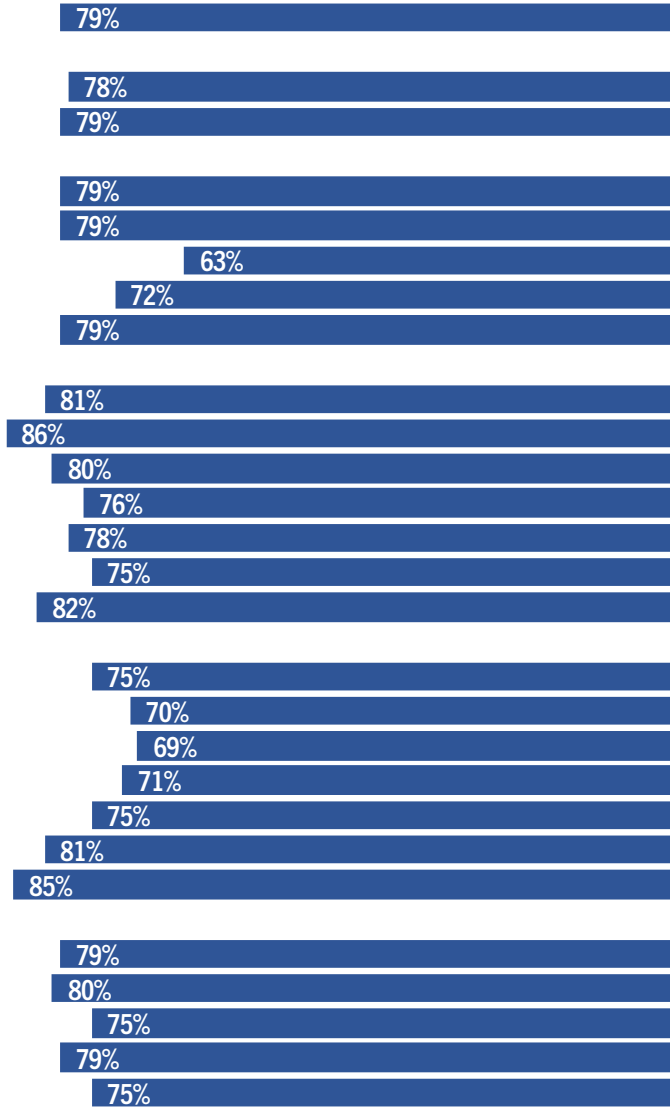
¹HIV care defined as a viral load, Clusters of Differentiation 4, or genotype test reported within 30 days of HIV diagnosis.

²Virally suppressed defined as a viral load level reported as non-detectable or <200 copies/mL within 90 days of HIV diagnosis.

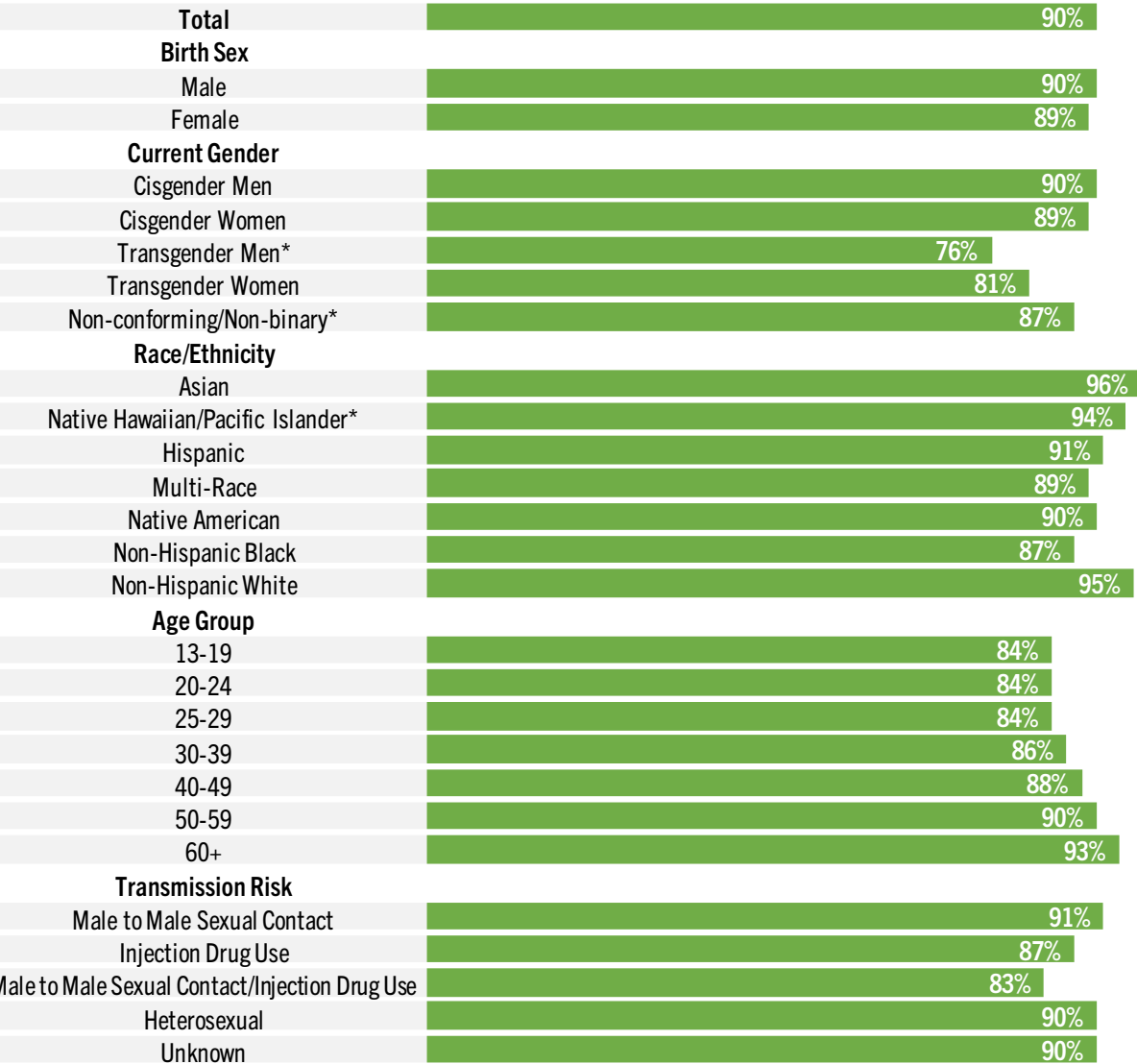
Viral Suppression Among Persons Living With Diagnosed HIV in 2022

Percentages of viral suppression among **Person Living with Diagnosed HIV** and **Persons Living with Diagnosed HIV in care** vary by demographic characteristics.

Viral suppression among Persons Living with Diagnosed HIV¹



Viral suppression among Persons Living with Diagnosed HIV in care²



Data as of June 2023, New York State HIV Registry

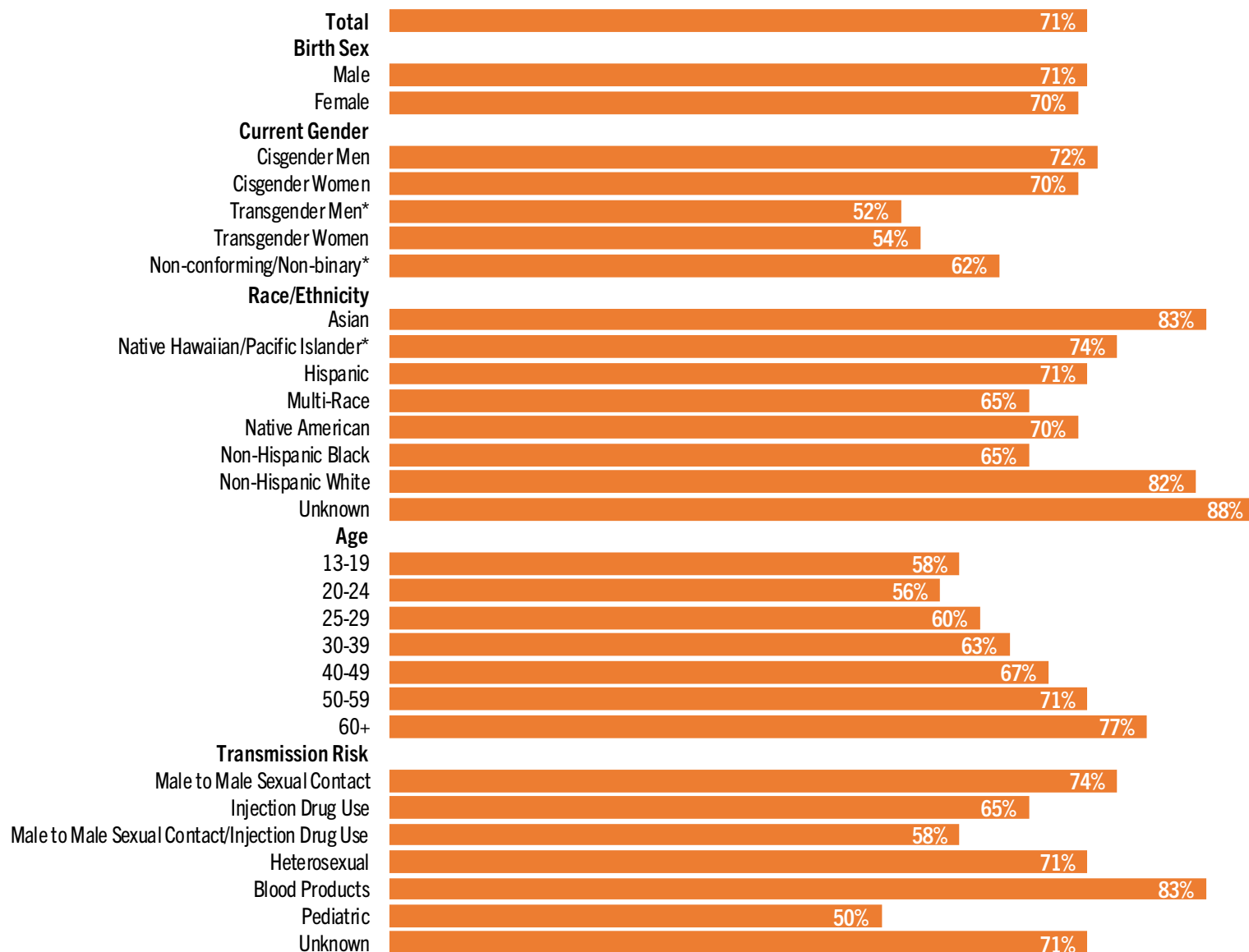
*Rate should be interpreted with caution because of small population size.

¹Viral suppression defined as last viral load result reported in the calendar year was undetectable or <200 copies/mL.

²Last viral load test in calendar year was non-detectable or <200 copies/mL, among those in care (defined as having at least one Clusters of Differentiation 4, viral load, or genotype test) during the calendar year.

Sustained Viral Suppression Among Person Living With Diagnosed HIV in 2022

Percentages of **Sustained Viral Suppression**¹ among Persons Living with Diagnosed HIV vary by demographic characteristics.



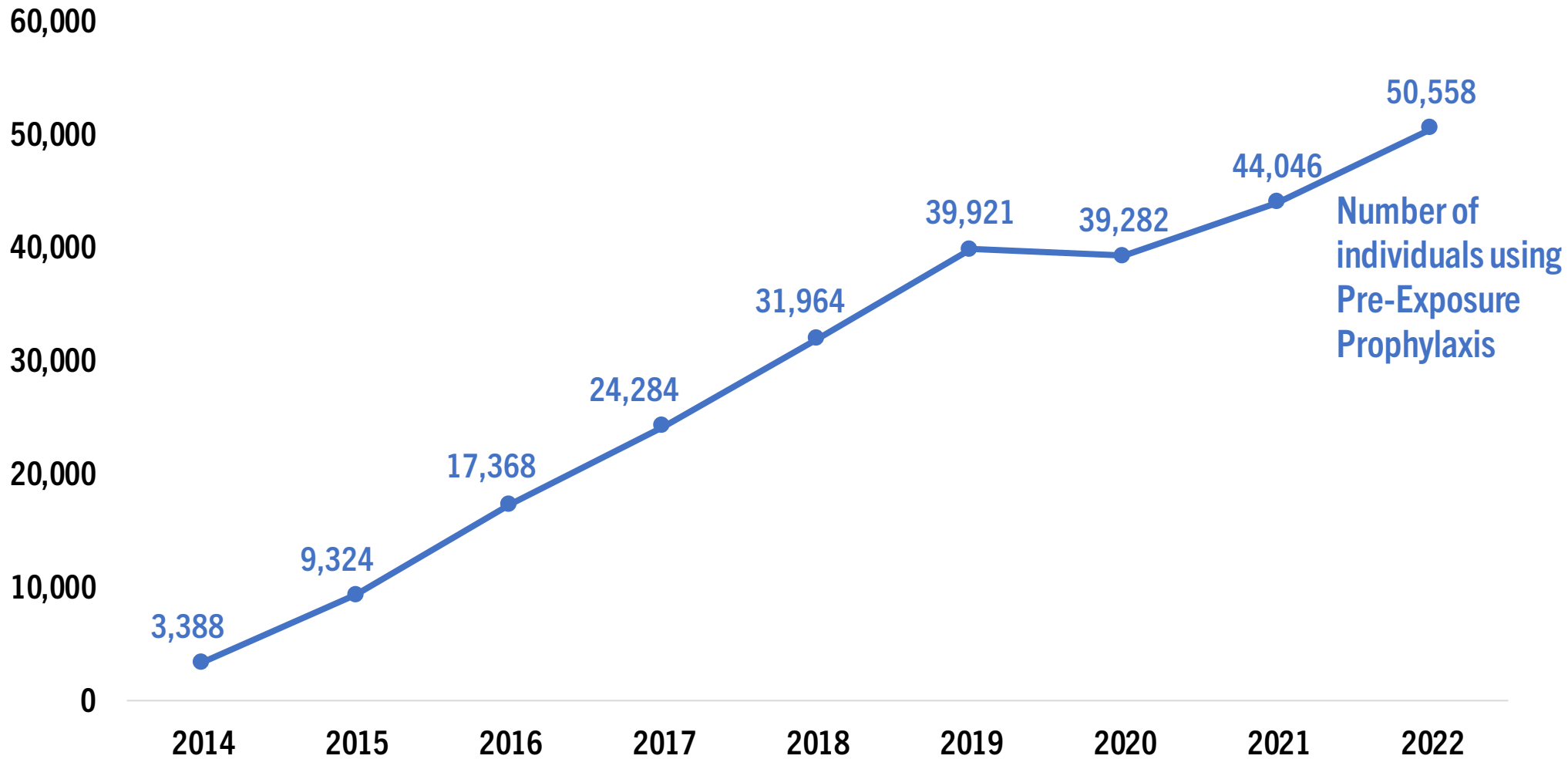
Data as of June 2023, New York State HIV Registry

*Rate should be interpreted with caution because of small population size.

¹Sustained viral suppression defined as viral load test suppressed (non-detectable or <200 copies/mL) on all viral load tests in the previous 2 years, among those with at least 2 viral load tests in the previous 2 years.

Pre-Exposure Prophylaxis Utilization, 2014-2022

Pre-Exposure Prophylaxis usage¹ has consistently increased since 2014.



In 2022, there were 50,558 people using Pre-Exposure Prophylaxis in New York State, a 29% increase from 2020 and was near 15 times the usage from 2014.

HIV Care Cascade in New York State, 2022

An estimated 73% of persons living with HIV were virally suppressed in 2022.

Estimated persons living with HIV¹, 111,000

Persons living with diagnosed HIV², 104,100

94% of Persons living with HIV

Received Care³, 90,700

82% of Persons Living with HIV

87% of Persons living with diagnosed HIV

Virally Suppressed⁴, 82,300

73% of Persons living with HIV

78% of Persons living with diagnosed HIV

91% of cases that received care



Of an estimated 111,000 individuals with HIV in New York State during 2022, 94% have been diagnosed with HIV, 82% have received care, and 73% had a suppressed viral load. Of persons living with diagnosed HIV, 87% received care and 78% were suppressed at last test, with 91% of those in care achieving viral suppression.

Data as of June 2023, New York State HIV Registry

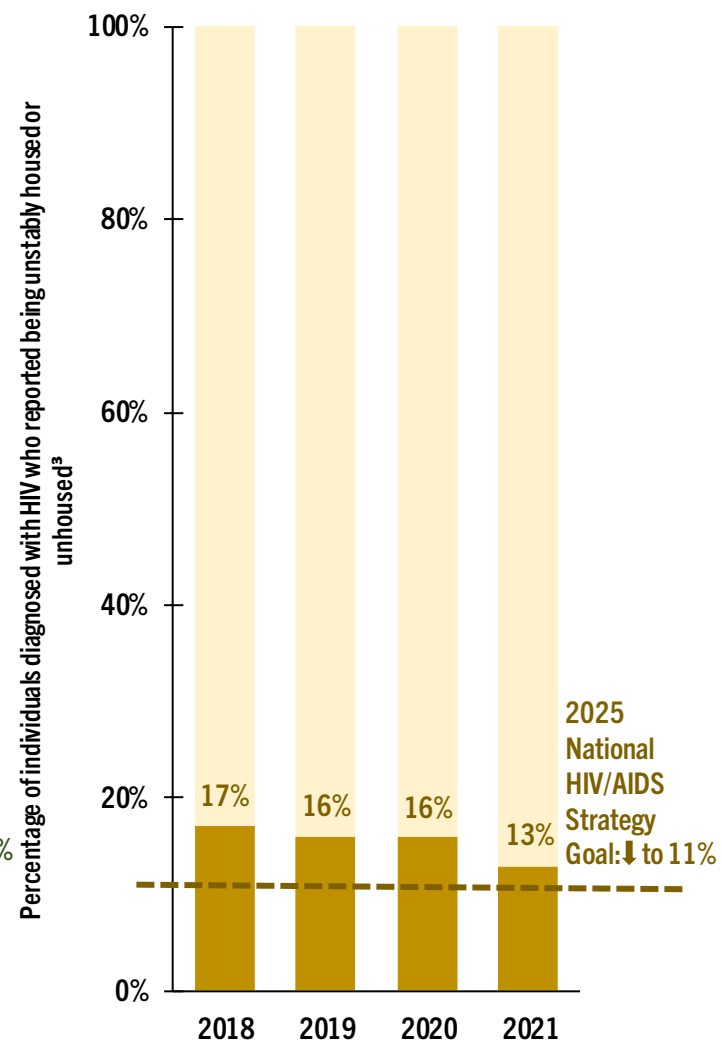
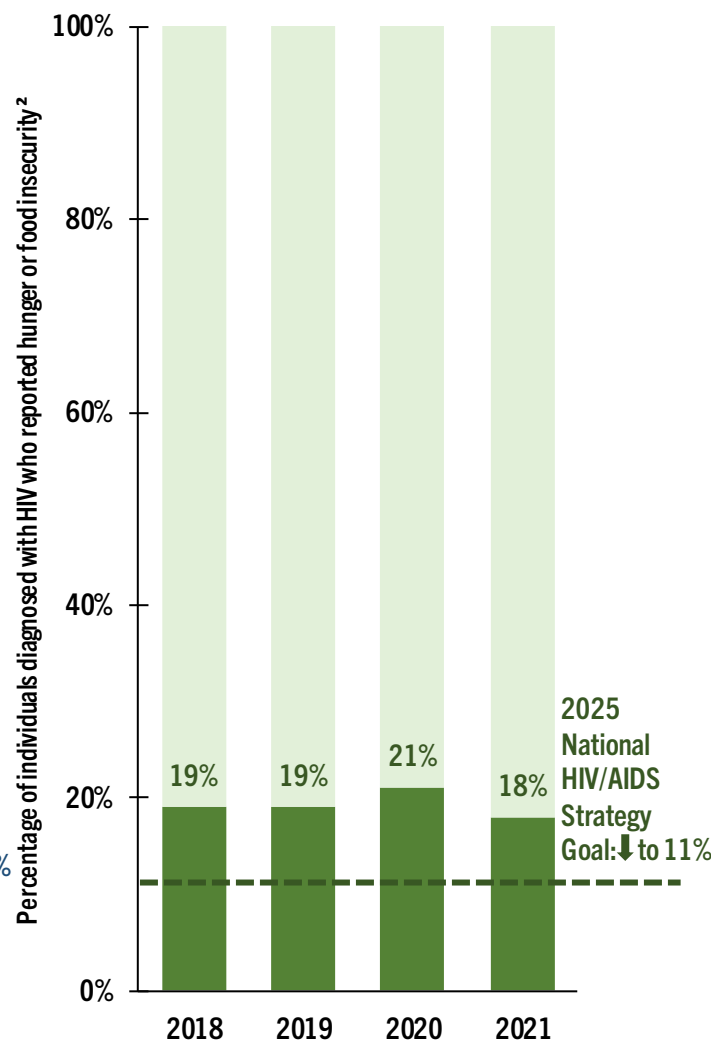
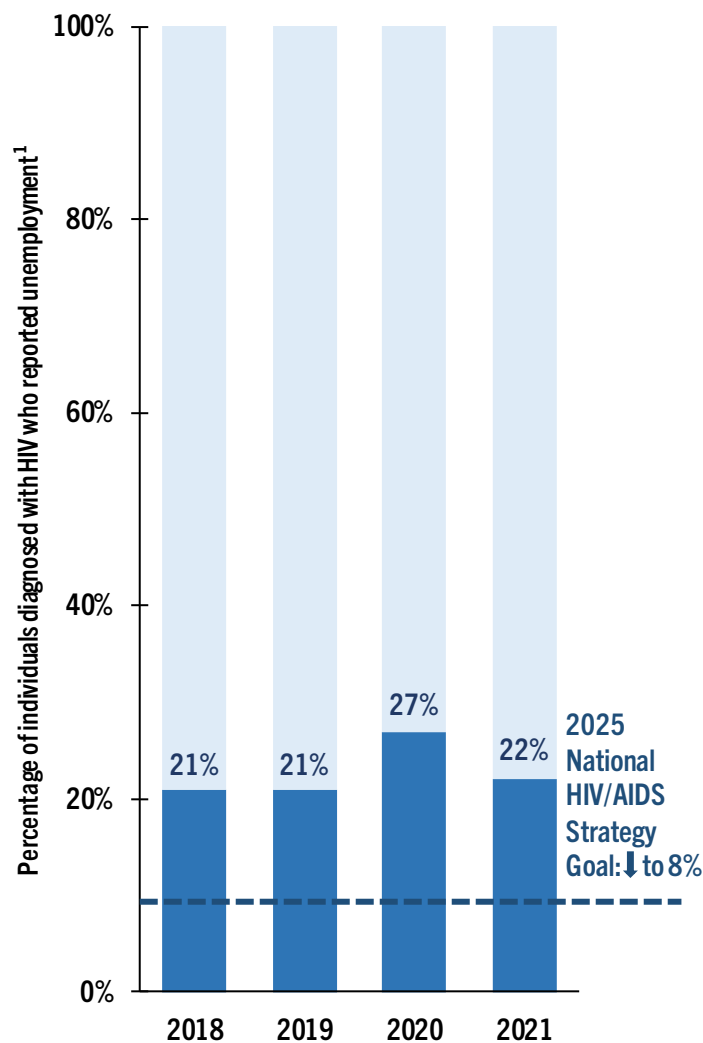
¹Persons living with diagnosed HIV and persons living with undiagnosed HIV (6.2% for New York State).

²Based on most recent address, regardless of where diagnosed. Excludes persons diagnosed 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.

³Any Viral Load, Clusters of Differentiation 4, or genotype test during the year.

⁴Last viral load test reported in the calendar year was undetectable or <200 copies/mL.

Percentages of Individuals Diagnosed with HIV in New York State Experiencing Unemployment, Hunger, and Homelessness, 2018-2021



Between 2018 and 2021, more than 20% of New Yorkers living with diagnosed HIV reported experiencing unemployment; this was nearly three times the 2025 National HIV/AIDS Strategy goal. Between 2018 and 2021, nearly 1 in 4 New Yorkers living with diagnosed HIV reported hunger or food insecurity. Between 2018 and 2021, unstable housing or homelessness reported by New Yorkers living with diagnosed HIV decreased from 17% to 13%, bringing us closer to the 2025 National HIV/AIDS Strategy goal of 11%.

Data as of August 2023, Medical Monitoring Project; The National HIV/AIDS Strategy outlines a national plan for ending the HIV epidemic in the United States by 2030.

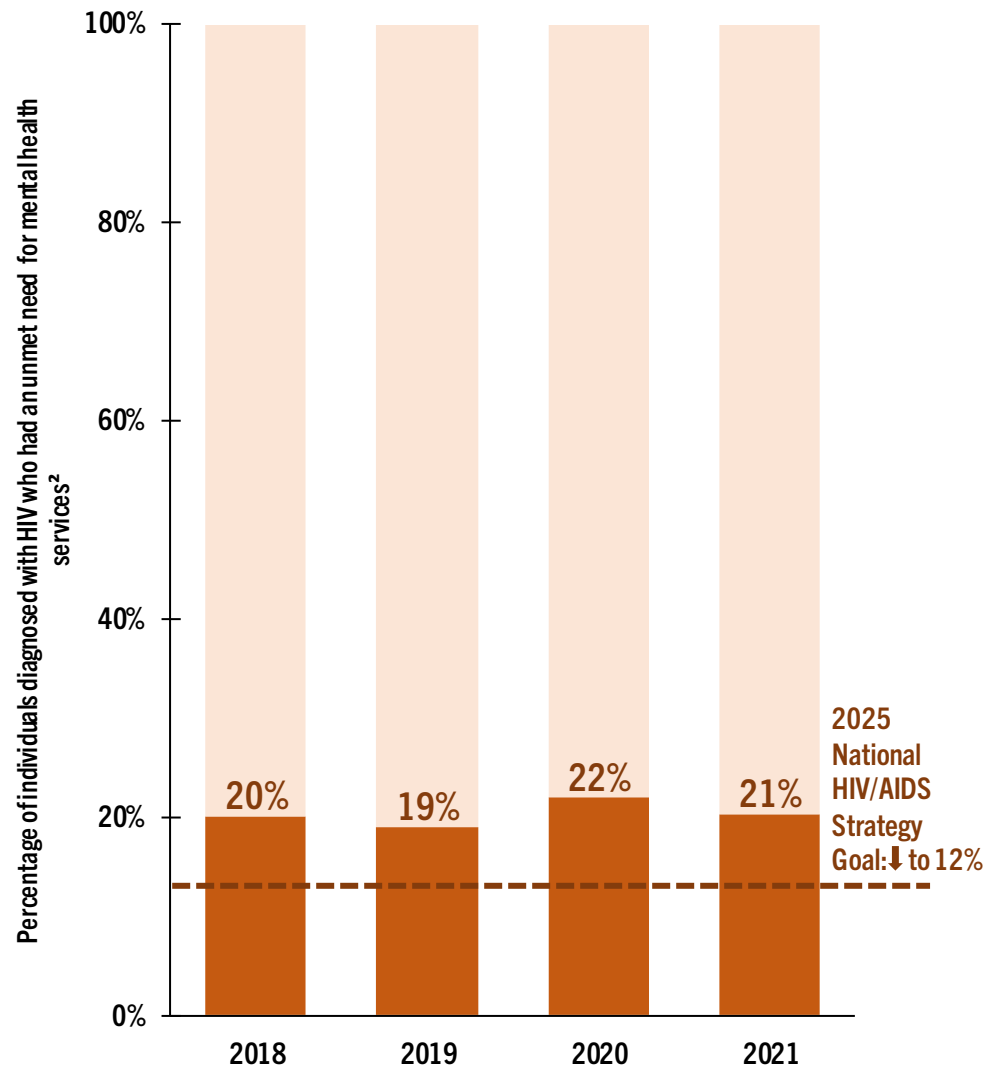
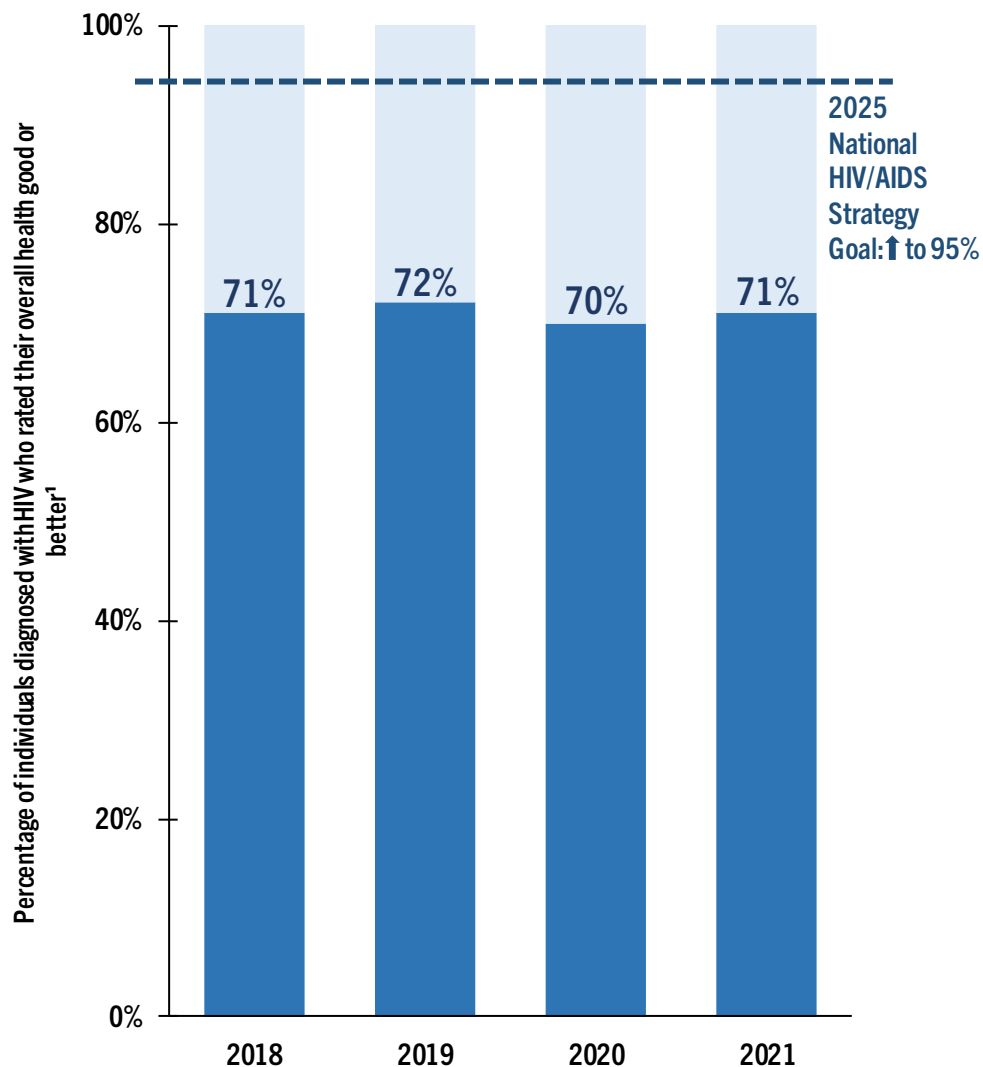
*2022 data are currently not available.

¹Unemployment is defined as individuals who reported being unemployed at the time of the interview.

²Hunger or food insecurity is defined as going without food due to lack of money during the past 12 months.

³Unstable housing or homelessness is defined as experiencing unstable housing (i.e., moving in with others due to financial issues, moving 2 or more times, or being evicted at any time) or homelessness (i.e., living on the street, in a shelter, in a single-room-occupancy hotel, or in a car at any time) during the past 12 months.

Percentages of Overall Health and Unmet Needs for Mental Health Services Among Individuals Diagnosed with HIV in New York State, 2018-2021



Between 2018 and 2021, more than 7 in 10 New Yorkers living with diagnosed HIV rated their overall health as good or better. Efforts to improve medication adherence and viral suppression could increase individuals' self-rated health. Between 2018 and 2021, approximately 1 in 5 New Yorkers living with diagnosed HIV reported an unmet need for mental health services. More work is needed to improve access to mental health services for those who need it.

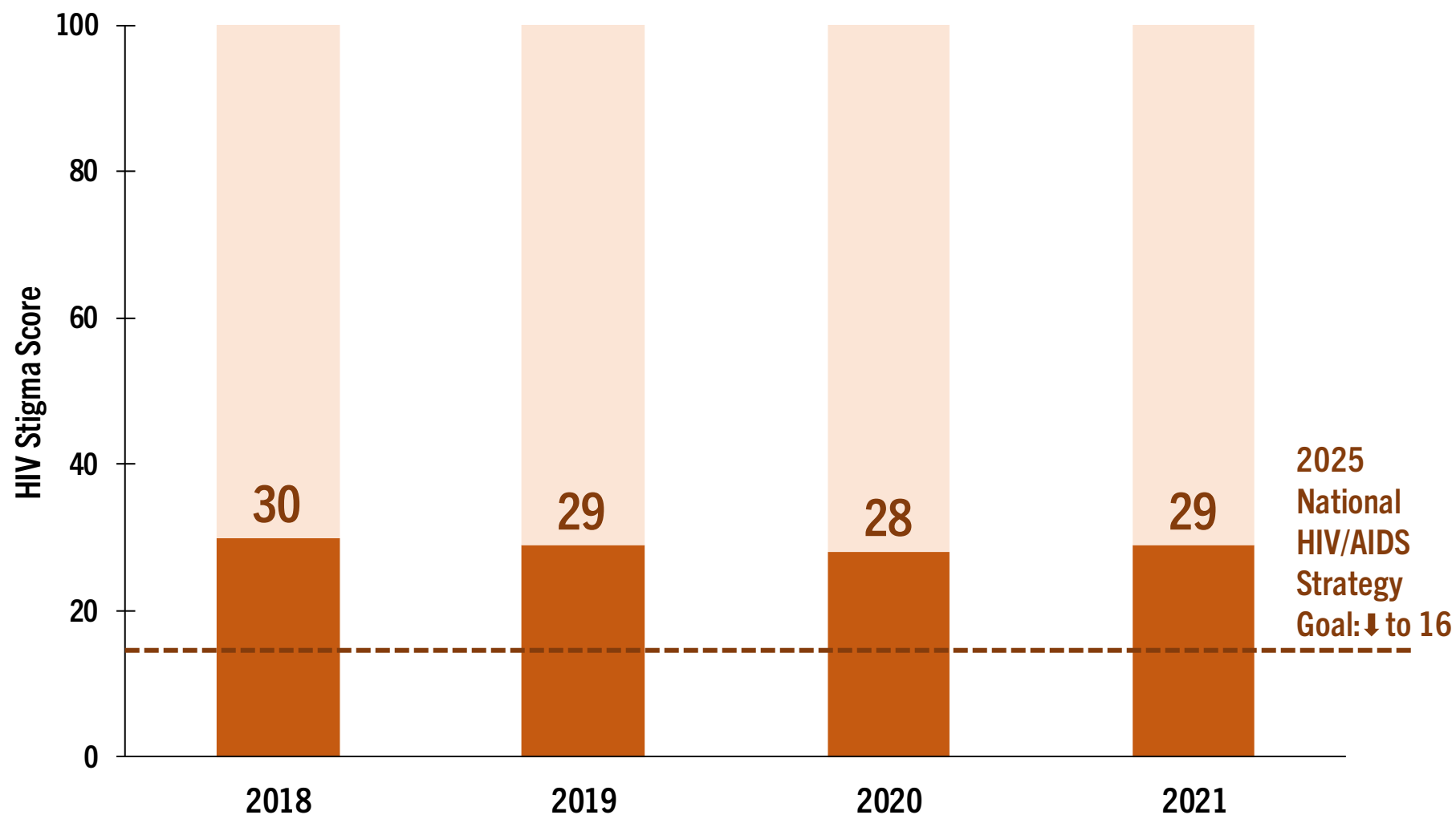
Data as of August 2023, Medical Monitoring Project; The National HIV/AIDS Strategy outlines a national plan for ending the HIV epidemic in the United States by 2030.

*2022 data are currently not available.

¹Good or better self-rated health is defined as rating one's health as good, very good, or excellent (as opposed to poor or fair) at the time of interview.

²Unmet need for mental health services from a mental health professional is defined as needing, but not receiving, services from a mental health professional among those who indicated needing mental health services (i.e., receiving or needing but not receiving) during the past 12 months

Reported Stigma Scores of Individuals Diagnosed with HIV in New York State, 2018-2021



Between 2018 and 2021, there was little variation in stigma scores¹ among New Yorkers living with diagnosed HIV. Encouraging safe and supportive communities can reduce stigma and help improve health outcomes for individuals with HIV.

Data as of August 2023, Medical Monitoring Project; The National HIV/AIDS Strategy outlines a national plan for ending the HIV epidemic in the United States by 2030.

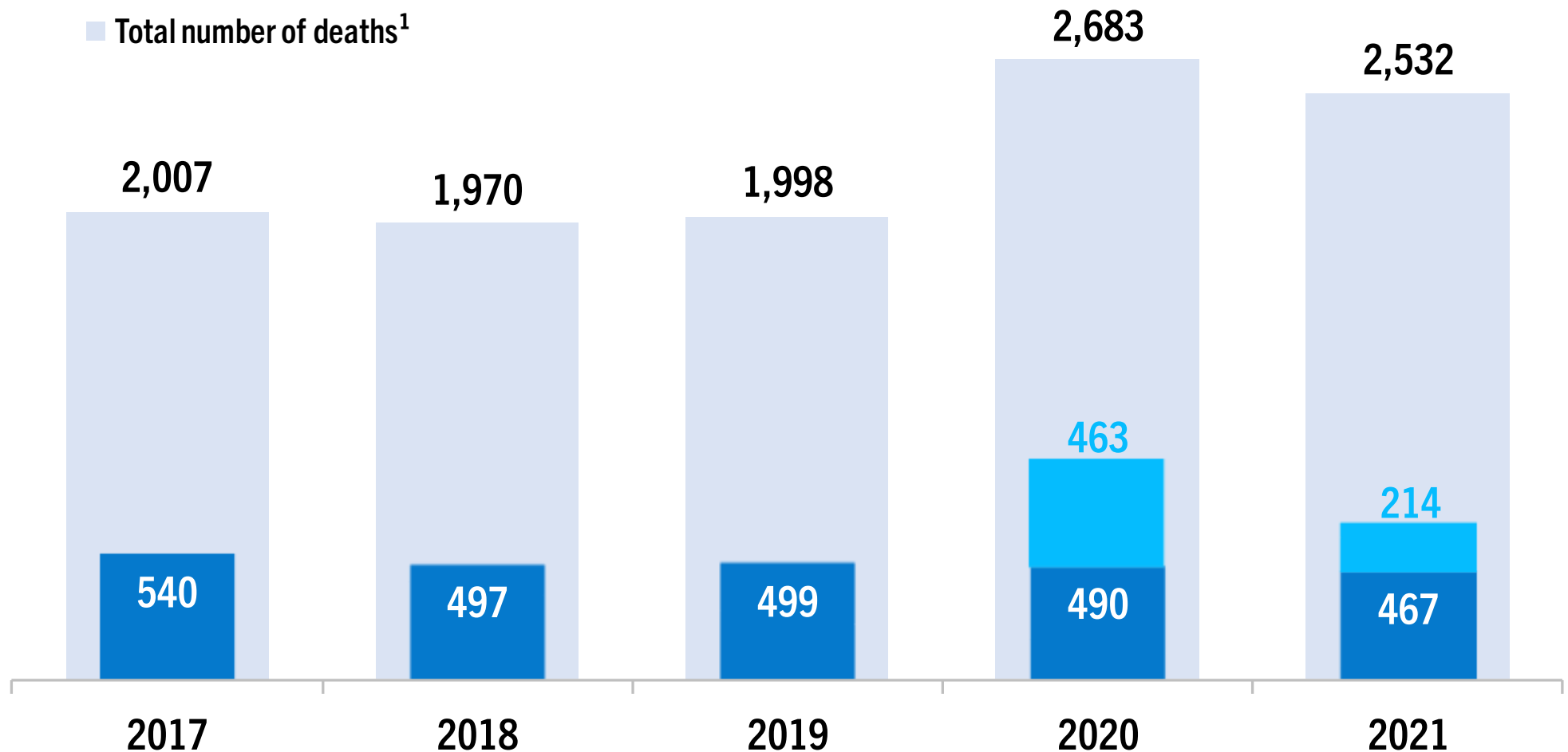
*2022 HIV stigma score data are currently not available.

¹Median HIV stigma scores are presented based on a ten-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures personalized stigma during the past 12 months, current disclosure concerns, current negative self-image, and current perceived public attitudes about individuals with HIV.

Mortality Among Individuals Diagnosed with HIV in New York State, 2017-2021

HIV related deaths have decreased over time despite the increase in total deaths.

- Coronavirus Disease related deaths
- HIV related deaths
- Total number of deaths¹



The overall number of deaths among individuals living with HIV in New York State has increased since 2017. Despite the increase in total deaths, HIV related deaths have decreased 12% since 2017. The increase in total deaths is explained by the spike of Coronavirus Disease infections and other deaths not related to HIV during 2020 and 2021. Among all deaths in 2020 Coronavirus Disease accounted for 463 (16%); and 214 (8%) in 2021.

Data as of June 2023, New York State HIV Registry

*2022 cause of death data are currently not available.

¹Total deaths were based off the absolute total number of deaths each year and includes individuals with unknown causes of death. The sums of all causes of deaths are higher due to some individuals having multiple underlying causes of death.

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