

**HIV Care in New York State, 2023:
Linkage to Care and Viral Suppression
Among Persons with Diagnosed HIV
Residing in New York State**

**AIDS Institute
New York State Department of Health
August 2024**

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
<i>Linkage to Care after Diagnosis (Appendix Table A)</i>	6
<i>Measures of Care (Appendix Table B)</i>	7
<i>Viral Suppression (Appendix Table C)</i>	8
Technical Notes and Appendices.....	9
New York State Methods for Counting Persons Living with Diagnosed HIV	9
Data Sources for Calculation of HIV Care Measures	9
Calculation of New York State Cascade Measures.....	9
Identification of Incarcerated Individuals	10
Table A: Linkage to Care in 2023 Persons Newly Diagnosed with HIV, New York State, 2023	11
Table B: Measures of Care in 2023 Persons Living with Diagnosed HIV in December 2022 and Alive in December 2023, New York State	12
Table C: Viral Suppression in 2023 Persons Living with Diagnosed HIV in December 2022 and Alive in December 2023, New York State	13

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 New York State. 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.

New York State was making progress to meet ETE goals by the end of 2020, but the onset of the COVID-19 pandemic and subsequent emergency response from public health officials and providers delayed progress. As a result, the ETE timeline has been revised, and New York State now pledges to reach the ETE goals by the end of 2024.

As persons retained in successful treatment who have achieved and maintained viral suppression are effectively not able to sexually transmit the virus, the provision of appropriate medical care for persons living with diagnosed HIV to achieve and maintain viral suppression is a key feature of the ETE initiative. The HIV care cascade is one tool for assessing the extent and effectiveness of HIV medical care in New York State.

The attached report summarizes 2023 New York State Department of Health 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 July 2024 Data Analysis and Research Translation (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 appropriate medical care as quickly as possible. By the end of 2024, the New York State goal is to link 90% of persons newly diagnosed with HIV to medical care within 30 days of diagnosis.

- In 2023, 79% of persons newly diagnosed with HIV in New York State showed evidence of linkage to care within 30 days of diagnosis, compared to an estimated 83% nationally.¹
- In 2023, 89% of persons newly diagnosed with HIV in New York State showed evidence of linkage to care within 91 days of diagnosis. New York State is above the U.S. 2019 estimate (88%).² More recent national estimates for this metric are not available.

Any HIV Care

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

- In 2023, 89% of persons living with diagnosed HIV in New York State showed evidence of any care during the year. Continuous care (≥ 2 visits/year, ≥ 91 days apart) was observed for 68% of persons living with diagnosed HIV. Both of these metrics are higher than the most recent national level estimates, which indicate that in 2022, 76% of persons living with diagnosed HIV in the U.S. had any evidence of care and 54% received continuous care.³

Viral Suppression

Persons who achieve viral suppression (an undetectable viral load) are effectively unable to sexually transmit HIV.

- In 2023, 80% of persons living with diagnosed HIV in New York State were virally suppressed at the test closest to the end of the calendar year. This is higher than the most recent national level estimates, which indicated that 65% of persons living with diagnosed HIV in the U.S. were virally suppressed in 2022.³

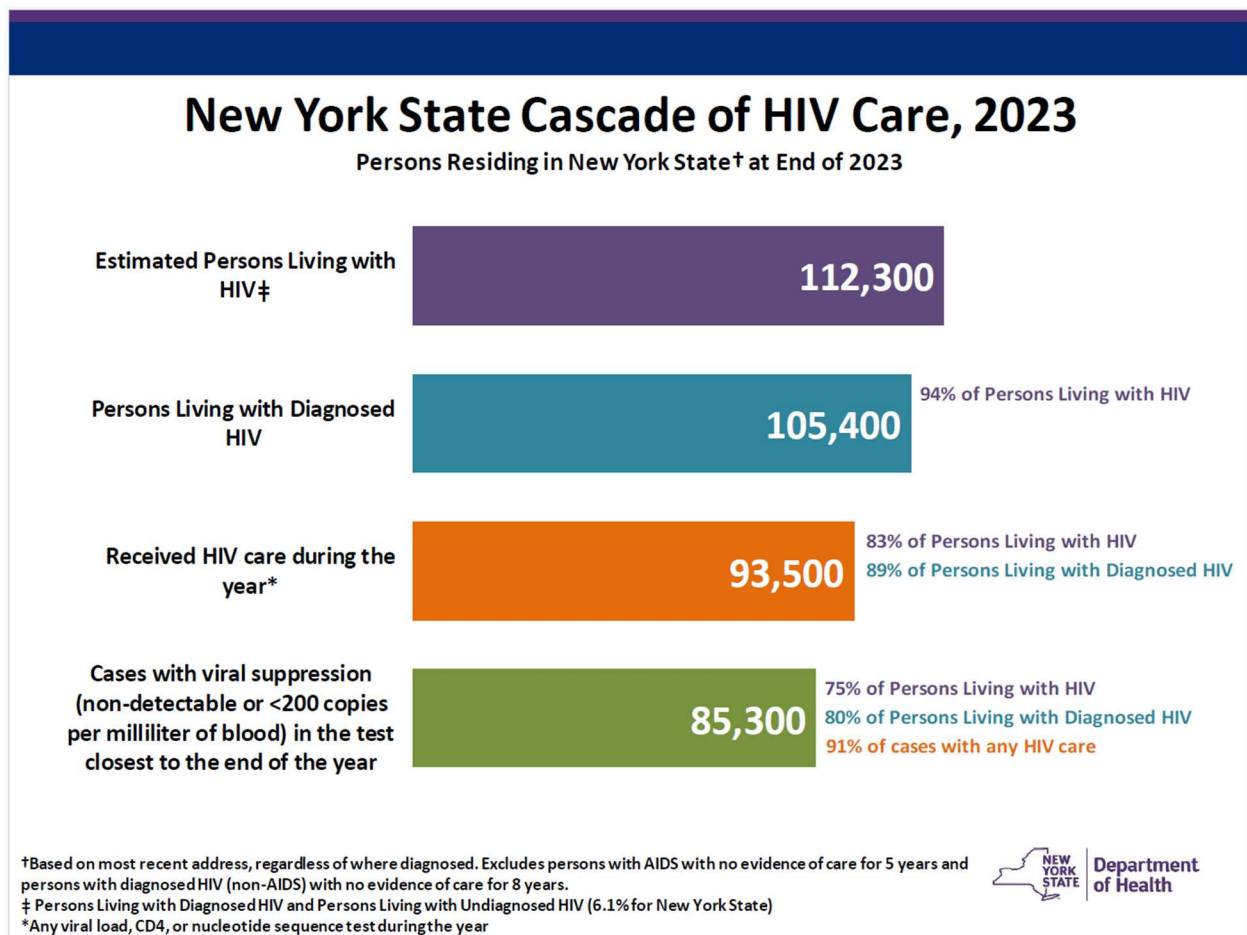
¹ Centers for Disease Control and Prevention. Core Indicators for Monitoring the Ending the HIV Epidemic Initiative (preliminary data): HIV Surveillance System Data Reported Through March 2024. HIV Surveillance Data Tables 2024;5(No. 2). <https://stacks.cdc.gov/view/cdc/158909>. Published July 2024. Accessed 08/09/2024.

² 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, 2020. HIV Surveillance Supplemental Report 2022;27(No. 3). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2022. Accessed 08/09/2024.

³ Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2022;29(No. 2). <https://stacks.cdc.gov/view/cdc/156511>. Published May 2024. Accessed 08/09/2024.

The following sections present rates of linkage to care and viral suppression in New York State. These rates are based on data from the New York State 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 New York State at one point in time, across the continuum of care from transmission through diagnosis, participation in care, and success of care (2023 New York State 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 the 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)

79% of persons newly diagnosed with HIV showed evidence of linkage to care within 30 days of diagnosis and 89% showed evidence of linkage to care within 91 days of diagnosis.

Linkage to Care within 30 days of diagnosis	
Variable	Observation
Region	Rest of State (ROS) (85%) > New York City (NYC) (77%); Highest in the Albany Ryan White Region (RWR) (91%) Lowest in Binghamton Ryan White Region (55%)
Sex	Males (80%) > Females (78%)
Current Gender	Non-Conforming / Non-Binary (95%) > Transgender Woman/Girl (85%) > Cisgender Men (79%) > Cisgender Women (78%) > Transgender Man/Boy (75%)
Race/Ethnicity	Native Hawaiian / Pacific Islander (100%) > Non-Hispanic White (82%) > Hispanic (81%) > Native American (80%) > Multi-Race (79%) > Non-Hispanic Black (77%) > Asian (76%)
Age	13-19 (86%) > 50-59 (84%) > 30-39 (80%) > 20-24 and 25-29 (79%, individually) > 40-49 and 60+ (76%, individually)
Transmission Risk**	Pediatric (100%) > Male-to-male sexual contact (84%) > Injection drug use (83%) > History of both male-to-male sexual contact and injection drug use (80%) > Heterosexual (79%) > Unknown (67%)

Linkage to Care within 91 days of diagnosis	
Variable	Observation
Region	Rest of State (ROS) (92%) > New York City (NYC) (88%); Highest in the Albany, Nassau/Suffolk, Rochester, and Syracuse Ryan White Regions (94%, individually) Lowest in Binghamton Ryan White Region (65%)
Sex	Males (89%) > Females (88%)
Current Gender	Non-Conforming / Non-Binary (100%) > Cisgender Man and Cisgender Woman (89%, individually) > Transgender Woman/Girl (86%) > Transgender Man/Boy (75%)
Race/Ethnicity	Native Hawaiian / Pacific Islander (100%) > Asian (92%) > Hispanic and Non-Hispanic White (90%, individually) > Non-Hispanic Black (88%) > Multi-Race (86%) > Native American (80%)
Age	13-19 (94%) > 50-59 (92%) > 20-24 and 30-39 (90%, individually) > 40-49 (88%) > 25-29 (87%) > 60+ (85%)
Transmission Risk	Pediatric (100%) > Male-to-male sexual contact and history of both male-to-male sexual contact and injection drug use (92%, individually) > Injection drug use (91%) > Heterosexual (89%) > Unknown (81%)

Measures of Care (Appendix Table B)

89% of persons living with diagnosed HIV showed evidence of any care during the year. Continuous care (≥ 2 laboratory tests/year, separated by ≥ 91 days) was observed for 68% of persons living with diagnosed HIV.

Any Care	
Variable	Observation
Region	Rest of State (ROS) (90%) > New York City (NYC) (88%); Highest in Albany and Buffalo Ryan White Regions (91%); Lowest in the Binghamton and Mid-Hudson Ryan White Regions (87%)
Sex	Females (90%) > Males (88%)
Current Gender	Cisgender Women (90%) > Transgender Woman/Girl (89%) > Cisgender Men and transgender Man/Boy (88%, individually) > Non-Conforming/Non-Binary (86%)
Race/Ethnicity	Hispanic and non-Hispanic Black (89%, individually) > Native Hawaiian / Pacific Islander, Native American, non-Hispanic White, and Unknown (88%, individually) > Asian and Multi-Race (86%, individually)
Age	60+ (92%) > 50-59 (90%) > 20-24 (88%) > 13-19 (87%) > 40-49 (86%) > 25-29 (85%) > 30-39 (84%)
Transmission Risk	Blood Products (94%) > Injection drug use (92%) > History of both male-to-male sexual contact and injection drug use (91%) > Heterosexual (90%) > Male-to-male sexual contact (88%) > Pediatric (87%) > Unknown (84%)

Continuous Care	
Variable	Observation
Region	New York City (NYC) (69%) > Rest of State (ROS) (65%) Highest in the Albany and Nassau/Suffolk Ryan White Regions (67%) Lowest in the Binghamton and Mid-Hudson Ryan White Regions (60%)
Sex	Females (71%) > Males (67%)
Current Gender	Transgender Woman/Girl (72%) > Cisgender Women (71%) > Non-Conforming / Non-Binary (68%) > Cisgender Men (67%) > Transgender Man/Boy (62%)
Race/Ethnicity	Unknown (73%) > Hispanic (71%) > Non-Hispanic Black (68%) > Asian (67%) > Native Hawaiian / Pacific Islander (66%) > Multi-Race and non-Hispanic White (65%, individually) > Native American (60%)
Age	60+ (75%) > 50-59 (70%) > 13-19 (68%) > 20-24 (65%) > 40-49 (64%) > 25-29 (61%) > 30-39 (60%)
Transmission Risk	Injection drug use (75%) > History of both male-to-male sexual contact and injection drug use (72%) > Blood products (71%) > Heterosexual (70%) > Male-to-male sexual contact (67%) > Pediatric and Unknown (65%, individually)

Viral Suppression (Appendix Table C)

80% of persons living with diagnosed HIV in New York State were virally suppressed, defined as having non-detectable viral load (VL) or a VL <200 copies/ml at the last test of the year.

Viral Suppression	
Variable	Observation
Region	Rest of State (ROS) (83%) > New York City (NYC) (79%); Highest in Albany Ryan White Region (86%) Lowest in Binghamton Ryan White Region (80%)
Sex	Females (81%) > Males (80%)
Current Gender	Cisgender Women (81%) > Cisgender Men (80%) > Non-Conforming / Non-Binary (76%) > Transgender Woman/Girl (75%) > Transgender Man/Boy (67%)
Race/Ethnicity	Unknown (86%) > Non-Hispanic White (83%) > Asian (82%) > Hispanic and Native Hawaiian / Pacific Islander (81%, individually) > Native American (78%) > Non-Hispanic Black (77%) > Multi-Race (76%)
Age	60+ (86%) > 50-59 (82%) > 40-49 (76%) > 20-24 (75%) > 13-19, 25-29, and 30-39 (73%, individually)
Transmission Risk	Blood Products (87%) > Male-to-male sexual contact, heterosexual, and injection drug use (81%, individually) > History of both male-to-male sexual contact and injection drug use and unknown (76%, individually) > Pediatric (70%)

Technical Notes and Appendices

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 New York State HIV Registry System, regardless of the residence of the individual at the time of diagnosis. Persons residing outside of New York State at the time of HIV or Stage 3/AIDS diagnosis, but whose most recent address reported to the HIV Registry System is in New York State, were included in the calculations. Individuals diagnosed in New York State whose most recently reported address indicated residence outside New York State were excluded.

In addition, individuals whose last report to the registry system was at least 5 years before December 2023 for persons diagnosed with Stage 3/AIDS or 8 years before December 2023 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 New York State (n=30,648).

Data Sources for Calculation of HIV Care Measures

Laboratory data used in these analyses are from the New York State HIV Registry System. New York State Public Health law requires the electronic reporting to the New York State Department of Health 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 the New York State Department of Health, which receives around 1 million HIV laboratory reports annually.

Counts shown in tables and the cascade may differ. The percentages for persons living with diagnosed HIV 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 New York State Cascade Measures

1. Estimated persons living with HIV

The percentage unaware for New York State in 2023 was 6.1% (N=~6,850).

2. Persons living with diagnosed HIV

New York State uses methodology from the CDC to calculate the cascade measures. Therefore, the total number of persons living with diagnosed HIV (Tables B and C) in the report will be different from the number of persons living with diagnosed HIV in the cascade picture and other New York State reports. The methodology for counting persons living with diagnosed HIV in this report: 1) excludes those ≤ 12 years old; and 2) includes only persons diagnosed with HIV during the previous year (i.e., December 2022) or earlier, and alive at the end of the analysis year (i.e., December 2023).

3. Persons living with diagnosed HIV with any HIV care during the year

89% of persons living with diagnosed HIV 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 persons living with diagnosed HIV as of December 2023 in the cascade.

4. Persons living with diagnosed HIV with continuous care during the year

68% of persons living with diagnosed HIV 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

Approximately 80% of all persons living with diagnosed HIV, were virally suppressed (<200 copies/ml or below) at the test closest to end-of-year. Approximately 91% of those with at least one VL test result were virally suppressed at the test closest to the end of the year. This percentage was applied to the entire number of persons living with diagnosed HIV as of December 2023 in the cascade.

Identification of Incarcerated Individuals

Incarcerated individuals are identified as having their most recent address (as reported to the New York State HIV Registry System) indicate a residence in a New York State 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 2023 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 2023
Persons Newly Diagnosed with HIV, New York State, 2023

	All	Linkage within 30 days of dx		Linkage within 91 days of dx	
Residence at Diagnosis					
New York City	1,799	1,389	77%	1,580	88%
Rest of State	716	606	85%	662	92%
New York State Total	2,515	1,995	79%	2,242	89%
Ryan White Region at Diagnosis¹					
Albany	87	79	91%	82	94%
Binghamton	20	11	55%	13	65%
Buffalo	62	55	89%	56	90%
Lower Hudson	133	111	83%	122	92%
Mid-Hudson	59	49	83%	54	92%
Nassau/Suffolk	170	144	85%	160	94%
Rochester	85	73	86%	80	94%
Syracuse	85	72	85%	80	94%
Birth Sex					
Male	1,988	1,585	80%	1,776	89%
Female	527	410	78%	466	88%
Current Gender					
Cisgender Man	1,894	1,503	79%	1,692	89%
Cisgender Woman	523	407	78%	463	89%
Transgender Man/Boy	4	3	75%	3	75%
Transgender Woman/Girl	73	62	85%	63	86%
Non-Conforming/Non-Binary	21	20	95%	21	100%
Race/Ethnicity					
Asian	107	81	76%	98	92%
Native Hawaiian / Pacific Islander	5	5	100%	5	100%
Hispanic	926	750	81%	830	90%
Multi-Race	14	11	79%	12	86%
Native American	5	4	80%	4	80%
Non-Hispanic Black	985	755	77%	865	88%
Non-Hispanic White	473	389	82%	428	90%
Age at Diagnosis					
13-19	71	61	86%	67	94%
20-24	342	270	79%	308	90%
25-29	477	379	79%	417	87%
30-39	857	685	80%	769	90%
40-49	398	301	76%	352	88%
50-59	227	190	84%	208	92%
60+	143	109	76%	121	85%
Transmission Risk					
Male-to-Male Sexual Contact	1,322	1,108	84%	1,214	92%
Injection Drug Use	65	54	83%	59	91%
Male-to-Male Sexual Contact and Injection Drug Use	59	47	80%	54	92%
Heterosexual	590	465	79%	527	89%
Pediatric	1	1	100%	1	100%
Unknown	478	320	67%	387	81%

Linkage to care is defined as receipt of first VL, CD4 or nucleotide sequence test after diagnosis, regardless of result
New York State HIV registry case and laboratory data as of July 2024

¹ Regional figures exclude persons ever incarcerated in a city jail, a county jail, a federal detention facility or a New York State Department of Corrections and Community Supervision facility

Table B: Measures of Care in 2023**Persons Living with Diagnosed HIV in December 2022 and Alive in December 2023, New York State**

	All	Any Care ¹		≥2 tests, ≥91 days apart	
Residence²					
New York City	79,940	70,719	88%	55,476	69%
Rest of State	22,812	20,432	90%	14,810	65%
New York State Total	102,752	91,151	89%	70,286	68%
Ryan White Region³					
Albany	2,973	2,708	91%	1,986	67%
Binghamton	503	440	87%	303	60%
Buffalo	2,906	2,637	91%	1,891	65%
Lower Hudson	3,552	3,143	88%	2,319	65%
Mid-Hudson	2,243	1,961	87%	1,353	60%
Nassau/Suffolk	5,462	4,880	89%	3,648	67%
Rochester	2,774	2,502	90%	1,731	62%
Syracuse	2,110	1,895	90%	1,351	64%
Birth sex					
Male	74,732	65,891	88%	50,374	67%
Female	28,020	25,260	90%	19,912	71%
Current Gender					
Cisgender Man	72,089	63,540	88%	48,479	67%
Cisgender Woman	27,919	25,170	90%	19,845	71%
Transgender Man/Boy	73	64	88%	45	62%
Transgender Woman/Girl	2,487	2,218	89%	1,791	72%
Non-Conforming/Non-Binary	184	159	86%	126	68%
Race/Ethnicity					
Asian	2,698	2,314	86%	1,797	67%
Native Hawaiian / Pacific Islander	113	100	88%	75	66%
Hispanic	30,764	27,487	89%	21,901	71%
Multi-Race	625	535	86%	404	65%
Native American	187	164	88%	112	60%
Non-Hispanic Black	45,269	40,165	89%	30,977	68%
Non-Hispanic White	23,018	20,317	88%	14,963	65%
Unknown	78	69	88%	57	73%
Age					
13-19	212	184	87%	144	68%
20-24	1,328	1,162	88%	868	65%
25-29	4,558	3,881	85%	2,787	61%
30-39	19,202	16,133	84%	11,577	60%
40-49	18,137	15,590	86%	11,667	64%
50-59	25,867	23,356	90%	18,180	70%
60+	33,448	30,845	92%	25,063	75%
Transmission Risk					
Male-to-Male Sexual Contact	48,487	42,754	88%	32,391	67%
Injection Drug Use	9,068	8,384	92%	6,787	75%
Male-to-male Sexual Contact and Injection Drug Use	4,254	3,854	91%	3,044	72%
Heterosexual	28,662	25,720	90%	20,108	70%
Blood Products	140	132	94%	99	71%
Pediatric Risk	1,912	1,672	87%	1,242	65%
Unknown	10,229	8,635	84%	6,615	65%

New York State HIV registry case and laboratory data as of July 2024

¹ At least 1 VL, CD4, or nucleotide sequence test during the year² Residence at the end of 2023³ Regional figures exclude persons who were incarcerated in a city jail, a county jail, a federal detention facility or a NYSDOCCS facility as of their last known address in 2023

Table C: Viral Suppression in 2023**Persons Living with Diagnosed HIV in December 2022 and Alive in December 2023, New York State**

	All	≥1 VL test during the year		Virally suppressed at test closest to end of year		
				% of All	% of tested	% of All
Residence¹						
New York City	79,940	69,938	87%	63,244	90%	79%
Rest of State	22,812	20,189	89%	18,986	94%	83%
New York State Total	102,752	90,127	88%	82,230	91%	80%
Ryan White Region²						
Albany	2,973	2,684	90%	2,544	95%	86%
Binghamton	503	437	87%	400	92%	80%
Buffalo	2,906	2,620	90%	2,443	93%	84%
Lower Hudson	3,552	3,098	87%	2,911	94%	82%
Mid-Hudson	2,243	1,920	86%	1,820	95%	81%
Nassau/Suffolk	5,462	4,819	88%	4,579	95%	84%
Rochester	2,774	2,476	89%	2,303	93%	83%
Syracuse	2,110	1,875	89%	1,757	94%	83%
Birth sex						
Male	74,732	65,151	87%	59,548	91%	80%
Female	28,020	24,976	89%	22,682	91%	81%
Current Gender						
Cisgender Man	72,089	62,814	87%	57,558	92%	80%
Cisgender Woman	27,919	24,887	89%	22,612	91%	81%
Transgender Man/Boy	73	63	86%	49	78%	67%
Transgender Woman/Girl	2,487	2,205	89%	1,871	85%	75%
Non-Conforming/Non-Binary	184	158	86%	140	89%	76%
Race/Ethnicity						
Asian	2,698	2,278	84%	2,201	97%	82%
Native Hawaiian / Pacific Islander	113	98	87%	91	93%	81%
Hispanic	30,764	27,212	88%	25,009	92%	81%
Multi-Race	625	529	85%	476	90%	76%
Native American	187	163	87%	146	90%	78%
Non-Hispanic Black	45,269	39,682	88%	35,023	88%	77%
Non-Hispanic White	23,018	20,096	87%	19,217	96%	83%
Unknown	78	69	88%	67	97%	86%
Age						
13-19	212	183	86%	154	84%	73%
20-24	1,328	1,148	86%	1,002	87%	75%
25-29	4,558	3,826	84%	3,347	87%	73%
30-39	19,202	15,936	83%	14,015	88%	73%
40-49	18,137	15,414	85%	13,786	89%	76%
50-59	25,867	23,094	89%	21,233	92%	82%
60+	33,448	30,526	91%	28,693	94%	86%
Transmission Risk						
Male-to-Male Sexual Contact	48,487	42,349	87%	39,143	92%	81%
Injection Drug Use	9,068	8,265	91%	7,302	88%	81%
Male-to-Male Sexual Contact and Injection Drug Use	4,254	3,811	90%	3,251	85%	76%
Heterosexual	28,662	25,437	89%	23,277	92%	81%
Blood Products	140	131	94%	122	93%	87%
Pediatric Risk	1,912	1,637	86%	1,339	82%	70%
Unknown	10,229	8,497	83%	7,796	92%	76%

Virally suppressed defined as VL non-detectable or <200 copies/ml
New York State HIV registry case and laboratory data as of July 2024

¹Residence by end of 2023

²Regional figures exclude persons who were incarcerated in a city jail, a county jail, a federal detention facility or a New York State Department of Corrections and Community Supervision facility as of their last known address in 2023

Contact Information:

Data Analysis and Research Translation
AIDS Institute, New York State Department of Health
Empire State Plaza
Albany New York 12237
518-474-4284
BHAE@health.ny.gov