HIV Special Perspectives Report

2024

New York State Department of Health
AIDS Institute
Division of Epidemiology, Evaluation, and Partner Services

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Report Summary

- History of HIV Epidemic in New York State
- Demographic characteristics of persons diagnosed with HIV in New York State
- HIV status among all liveborn infants perinatally exposed to HIV in New York State
- Geographic distribution of new HIV diagnoses in New York State
- Geographic distribution of people living with diagnosed HIV in New York State
- HIV diagnosis rates among populations in poverty in New York State
- HIV diagnosis rates in New York State
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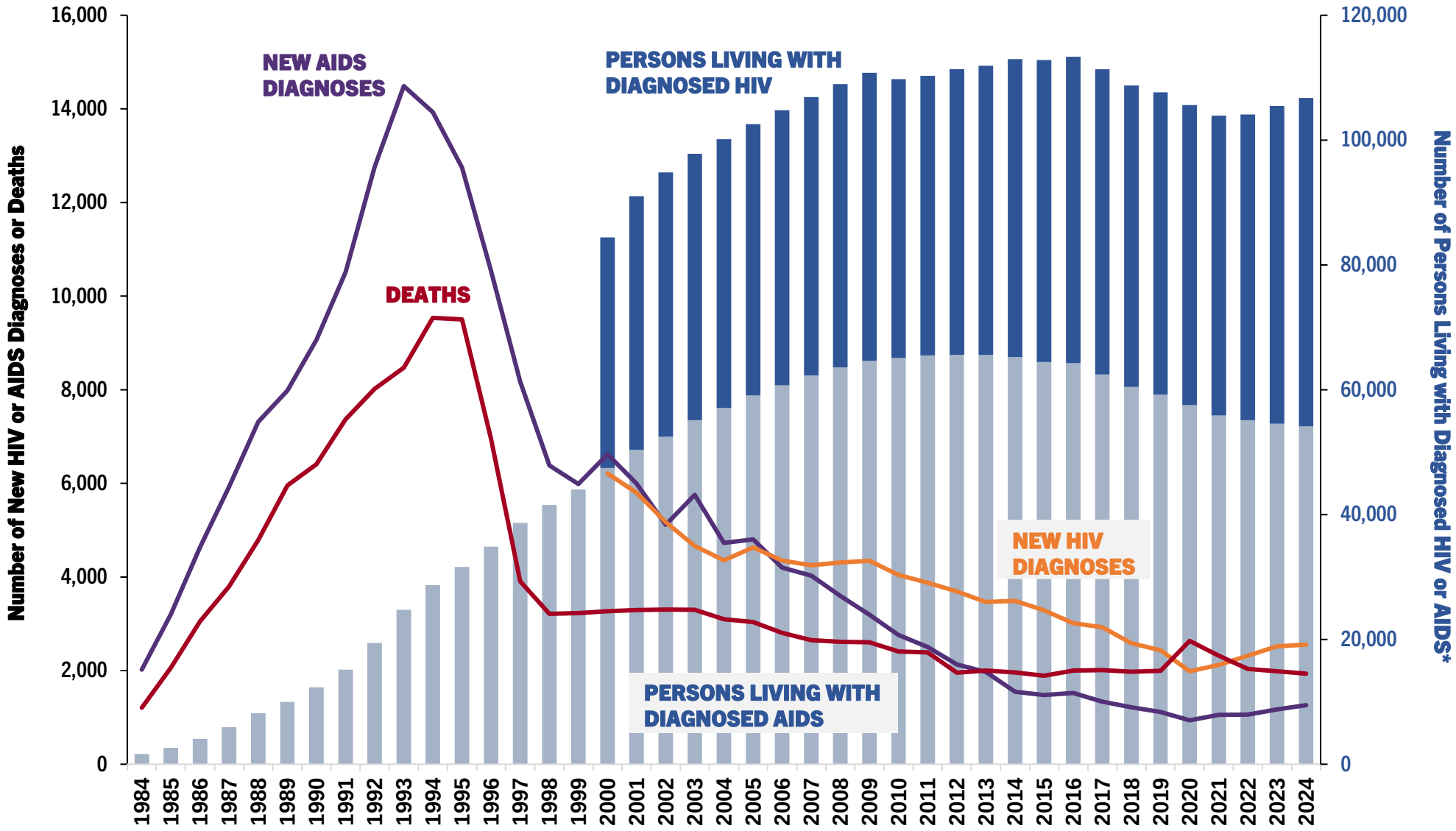
- Linkage to care and viral suppression after HIV diagnosis in New York State
- Viral suppression among people living with HIV in New York State
- Sustained viral suppression among people living with HIV in New York State
- Pre-exposure Prophylaxis (PrEP) utilization in New York State
- HIV care cascade in New York State
- Percentages of persons diagnosed with HIV in New York State experiencing unemployment, hunger, and homelessness
- Percentages of overall health and unmet needs for mental health services among persons diagnosed with HIV in New York State
- Reported stigma scores of persons diagnosed with HIV in New York State
- Mortality among persons diagnosed with HIV in New York State

History of the HIV Epidemic in New York State, 1984-2024

New HIV diagnoses have **decreased** 59% since 2000.



New York State began collecting information on HIV in the early 1980's. Name-based reporting began in June 2000, 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 July 2025, 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.

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Demographic Characteristics of Persons Diagnosed with HIV in New York State, 2024

Persons reporting as male, Non-Hispanic Black, or with male-to-male sexual contact make up the highest percentages of new HIV diagnosis.

	HIV Diagnoses					AIDS Diagnoses[2]		Deaths[3]	
	Total		Concurrent with AIDS Diagnosis[1]						
	N	%	N	%	Row %	N	%	N	%
Total	**2,555**	**100%**	**529**	**100%**	**20.7%**	**1,262**	**100%**	**1,935**	**100%**
Sex at Birth									
Men	2,004	78.4%	428	80.9%	21.4%	970	76.9%	1,402	72.5%
Women	551	21.6%	101	19.1%	18.3%	292	23.1%	533	27.5%
Race or Ethnicity									
Non-Hispanic Black	1078	42.2%	210	39.7%	19.5%	552	43.7%	991	51.2%
Hispanic	923	36.1%	171	32.3%	18.5%	411	32.6%	504	26.0%
Non-Hispanic White	392	15.3%	101	19.1%	25.8%	213	16.9%	398	20.6%
Asian	118	4.6%	36	6.8%	30.5%	59	4.7%	19	1.0%
Multi-race	33	1.3%	8	1.5%	24.2%	21	1.7%	14	0.7%
Native American	8	0.31%	2	0.4%	25.0%	4	0.3%	6	0.3%
Native Hawaiian/Pacific Islander	3	0.12%	1	0.2%	33.3%	2	0.2%	3	0.16%
Transmission Risk									
Male-to-male sexual contact	1,266	49.5%	224	42.3%	17.7%	513	40.6%	566	29.3%
Heterosexual contact	618	24.2%	129	24.4%	20.9%	320	25.4%	511	26.4%
Unknown	557	21.8%	150	28.4%	26.9%	279	22.1%	239	12.4%
Injection drug use	61	2.4%	18	3.4%	29.5%	87	6.9%	441	22.8%
Male-to-male sexual contact and injection drug use	48	1.9%	7	1.3%	14.6%	46	3.6%	165	8.5%
Pediatric	5	0.2%	1	0.2%	20.0%	17	1.3%	10	0.5%
Blood products	0	0.0%	0	0.0%	0.0%	0	0.0%	3	0.2%

Data as of June 2025, New York State HIV Registry; Row % = Percentage of HIV diagnoses that were concurrent with AIDS diagnoses.

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

[2]Includes concurrent HIV/AIDS diagnoses.

[3]Includes deaths from any cause among persons with diagnosed HIV. Death data are incomplete.

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Demographic Characteristics of Persons Diagnosed with HIV in New York State, 2024

Persons 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	%	Row %	N	%	N	%
Total	**2,555**	**100%**	**529**	**100%**	**20.7%**	**1,262**	**100%**	**1,935**	**100%**
Age Group (Years)[4]									
0-12	3	0.1%	0	0.0%	0.0%	1	0.1%	0	0.0%
13-19	73	2.9%	6	1.1%	8.2%	14	1.1%	1	0.1%
20-24	372	14.6%	45	8.5%	12.1%	66	5.2%	4	0.2%
25-29	462	18.1%	82	15.5%	17.7%	160	12.7%	18	0.9%
30-39	841	32.9%	164	31.0%	19.5%	383	30.3%	146	7.5%
40-49	398	15.6%	115	21.7%	28.9%	264	20.9%	166	8.6%
50-59	243	9.5%	69	13.0%	28.4%	197	15.6%	431	22.3%
60+	163	6.4%	48	9.1%	29.4%	177	14.0%	1,169	60.4%
Current Gender									
Transgender men	2	0.1%	0	0.0%	0.0%	1	0.1%	1	0.1%
Transgender women	85	3.3%	9	1.7%	10.6%	37	2.9%	42	2.2%
Non-conforming/Non-binary	11	0.4%	3	0.6%	27.3%	6	0.5%	1	0.1%
Ryan White Region[5]									
Albany	82	3.2%	25	4.7%	30.5%	44	3.5%	74	3.8%
Binghamton	11	0.4%	6	1.1%	54.5%	12	1.0%	13	0.7%
Buffalo	69	2.7%	21	4.0%	30.4%	38	3.0%	50	2.6%
Low Hudson	96	3.8%	16	3.0%	16.7%	48	3.8%	52	2.7%
Mid Hudson	54	2.1%	9	1.7%	16.7%	20	1.6%	43	2.2%
Nassau Suffolk	218	8.5%	52	9.8%	23.9%	110	8.7%	84	4.3%
New York City	1,821	71.3%	338	63.9%	18.6%	870	68.9%	1,492	77.1%
Rochester	101	4.0%	21	4.0%	20.8%	45	3.6%	65	3.4%
Syracuse	84	3.3%	36	6.8%	42.9%	54	4.3%	57	2.9%

Data as of June 2025, New York State HIV Registry; Row %=Percentage of HIV diagnoses that were concurrent with AIDS diagnoses.

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

[2]Includes concurrent HIV/AIDS diagnoses.

[3]Includes deaths from any cause among persons with diagnosed HIV. Death data are incomplete.

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

[5]For HIV and AIDS diagnoses, residence at diagnosis; for deaths, last known residence. Visit https://www.health.ny.gov/diseases/aids/general/statistics/ to view additional data products with more information on Ryan White Regions.

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Demographic Characteristics of Persons Living with Diagnosed HIV in New York State, 2024

The percentage of persons with disease stage classified as current AIDS dropped 5.4% from 2023 to 2024.

		Current Disease Stage		Histoical Disease Stage	
	Total	HIV[1]	AIDS[2]	HIV[3]	AIDS[4]
Total	**106,754**	**101,098**	**5,656**	**52,602**	**54,152**
Sex at Birth					
Men	78,221	74,050	4,171	40,344	37,877
Women	28,533	27,048	1,485	12,258	16,275
Race or Ethnicity					
Non-Hispanic Black	46,662	43,671	2,991	21,334	25,328
Hispanic	32,722	30,959	1,763	16,668	16,054
Non-Hispanic White	23,305	22,551	754	12,147	11,158
Asian	2,961	2,860	101	1,793	1,168
Multi-race	706	671	35	407	299
Native American	201	193	8	106	95
Native Hawaiian/Pacific Islander	117	113	4	79	38
Unknown	80	80	0	68	12
Transmission Risk					
Male-to-male sexual contact	51,327	49,365	1,962	30,204	21,123
Heterosexual	29,297	27,779	1,518	12,838	16,459
Unknown	11,054	10,321	733	5,249	5,805
Injection drug use	8,691	7,868	823	2,002	6,689
Male-to-male sexual contact and injection drug use	4,264	3,860	404	1,508	2,756
Pediatric	1,985	1,777	208	779	1,206
Blood products	136	128	8	22	114

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 a person 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 2025, New York State HIV Registry

[1]No CD4 level <200 copies/mL, or opportunistic infection reported during the analysis year.

[2]Had a reported CD4 level <200 copies/mL and/or documentation of a definitive or presumptive opportunistic infection during the analysis year.

[3]Never had a CD4 level <200 copies/mL or opportunistic infection.

[4]Ever had a reported CD4 level <200 copies/mL and/or documentation of a definitive or presumptive opportunistic infection.

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Demographic Characteristics of Persons Living with Diagnosed HIV in New York State, 2024

Persons 60+ made up the majority among current and historical AIDS disease stages.

		Current Disease Stage		Histoical Disease Stage	
	Total	HIV[1]	AIDS[2]	HIV[3]	AIDS[4]
Total	**106,754**	**101,098**	**5,656**	**52,602**	**54,152**
Age Group (Years)					
0-12	44	44	0	31	13
13-19	252	244	8	221	31
20-24	1,648	1,600	48	1,434	214
25-29	5,102	4,901	201	4,199	903
30-39	20,833	19,844	989	15,056	5,777
40-49	19,014	17,924	1,090	10,971	8,043
50-59	24,311	22,904	1,407	9,867	14,444
60+	35,550	33,637	1,913	10,823	24,727
Current Gender					
Cisgender men	75,177	71,189	3,988	38,392	36,785
Cisgender women	28,433	26,954	1,479	12,200	16,233
Transgender men	77	73	4	49	28
Transgender women	2,834	2,659	175	1,793	1,041
Non-conforming/Non-binary	219	210	9	157	62

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 a person 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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[2]Had a reported CD4 level <200 copies/mL and/or documentation of a definitive or presumptive opportunistic infection during the analysis year.

[3]Never had a CD4 level <200 copies/mL or opportunistic infection.

[4]Ever had a reported CD4 level <200 copies/mL and/or documentation of a definitive or presumptive opportunistic infection.

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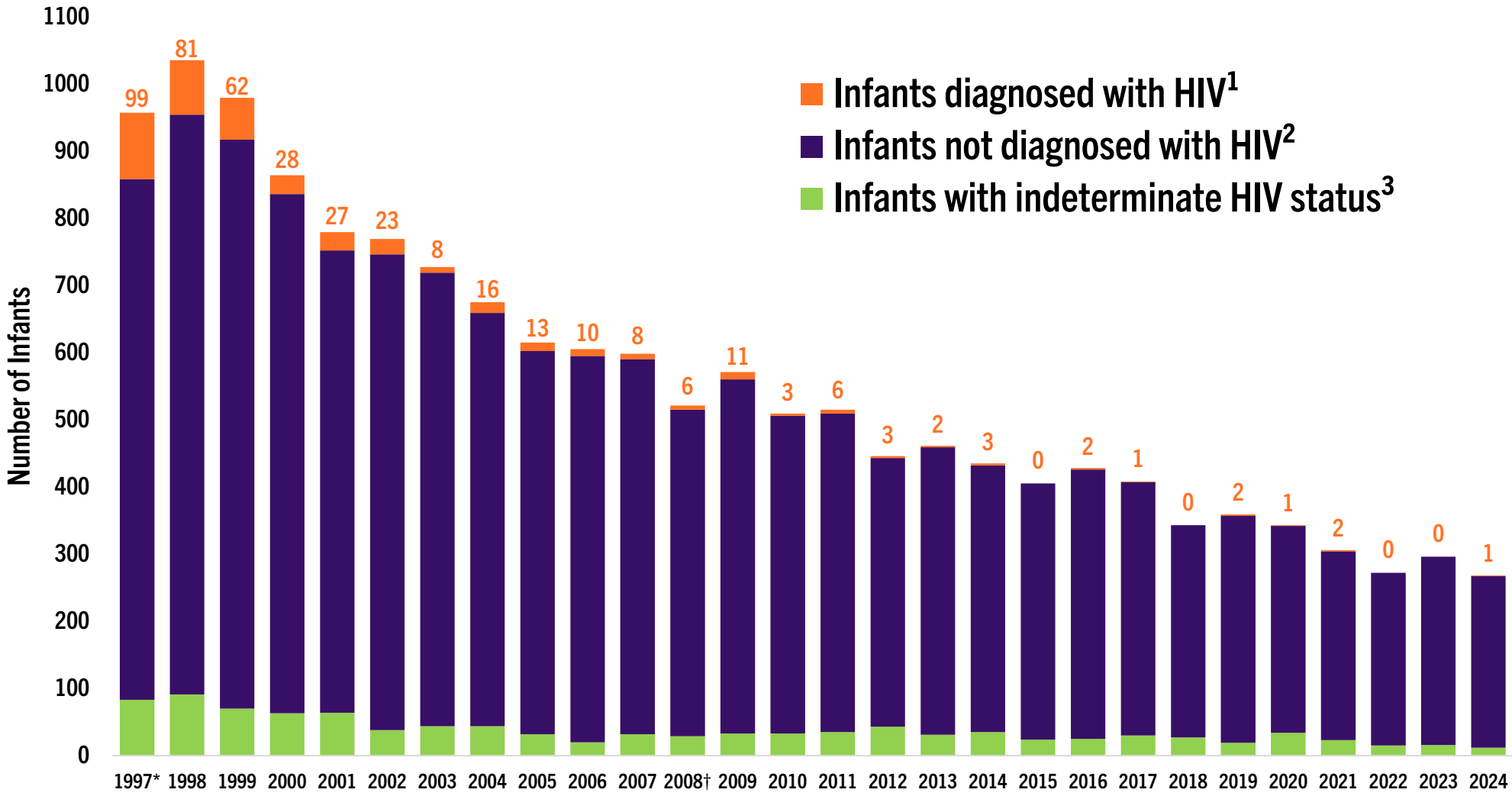
HIV Status Among all Liveborn Infants Perinatally Exposed to HIV in New York State, 1997-2024

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 transmissions occurred in 2018 , 2022, and 2023.

Data as of June 2025, New York State HIV Registry and Newborn Screening Program

*1997 data include February-December births. †DNA PCR discontinued; APTIMA use began November 2008.

[1]Includes 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).

[2] Includes 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).

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

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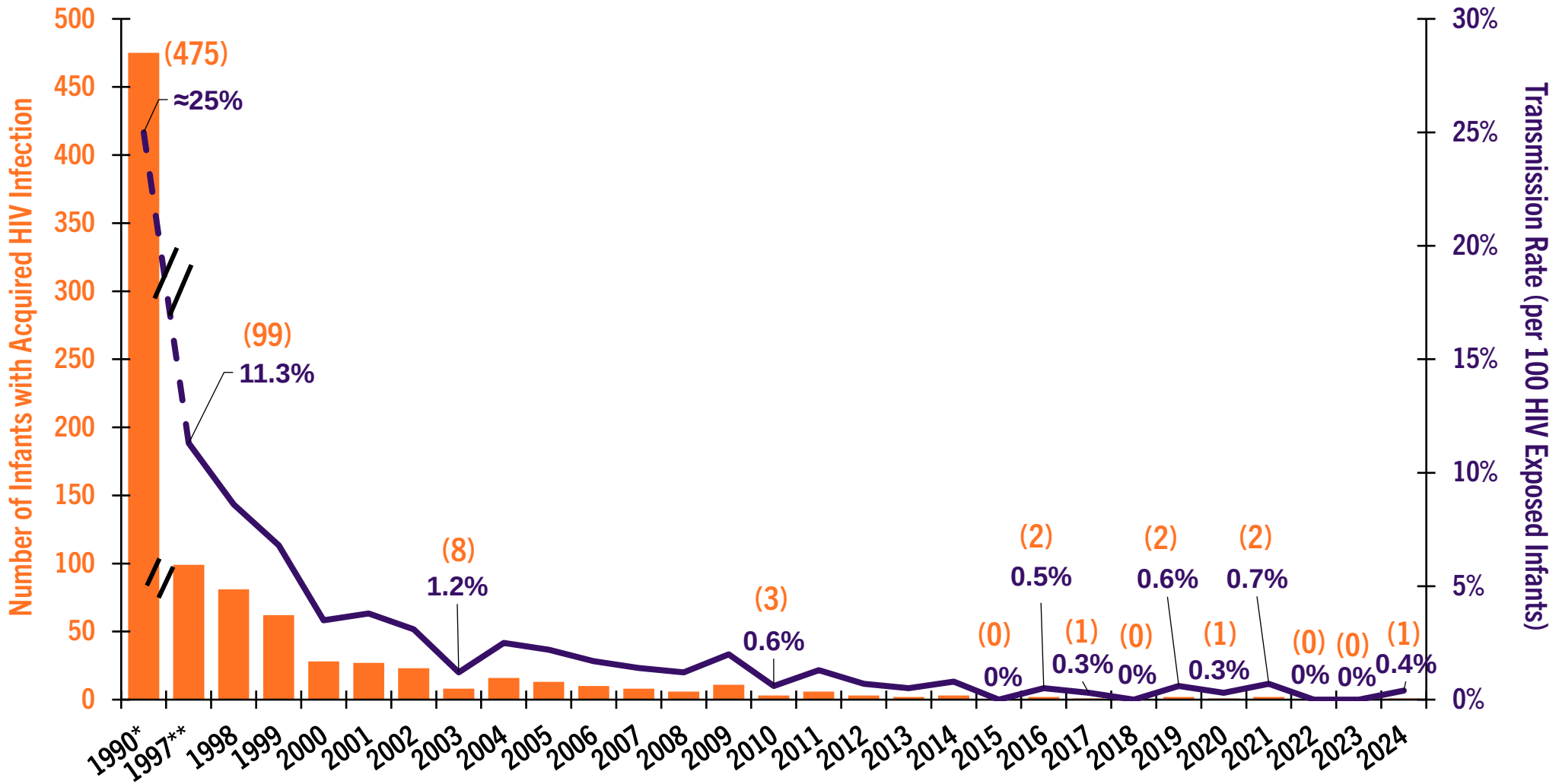
HIV Status Among all Liveborn Infants Perinatally Exposed to HIV in New York State, 1997-2024

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 2025, 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.

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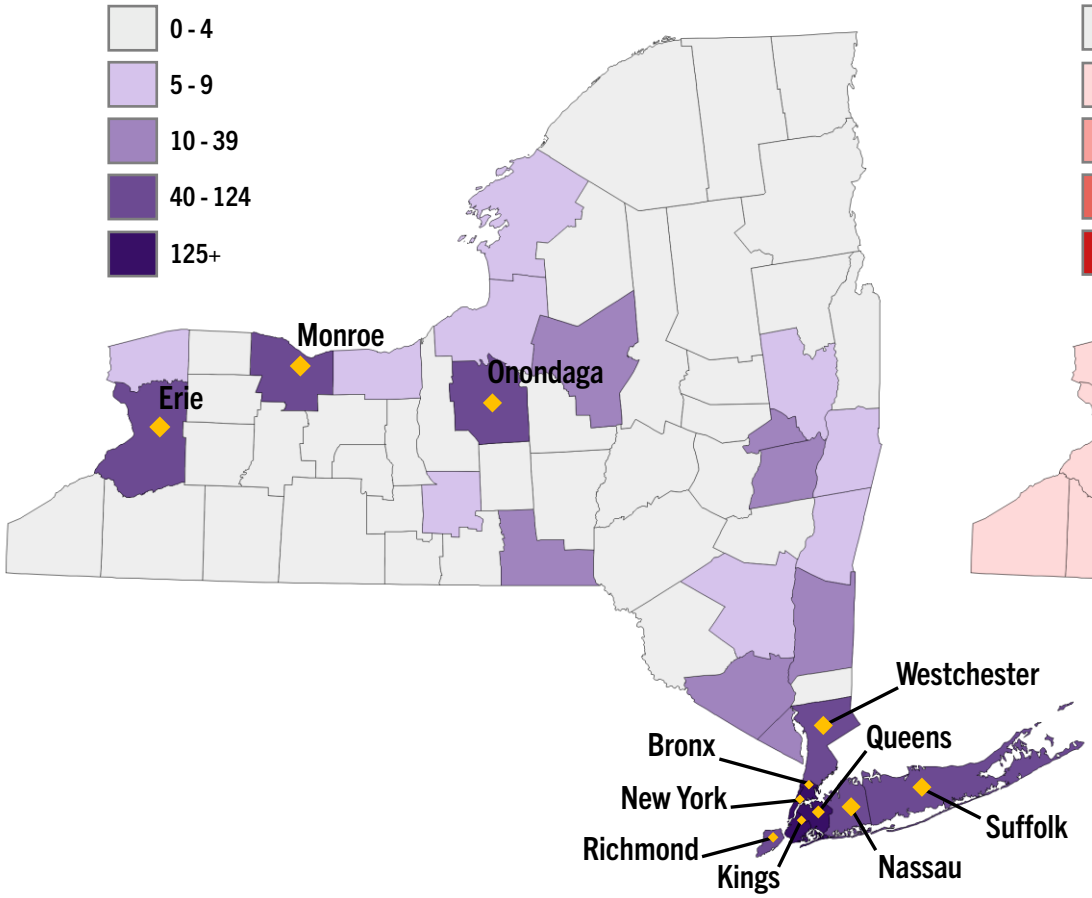
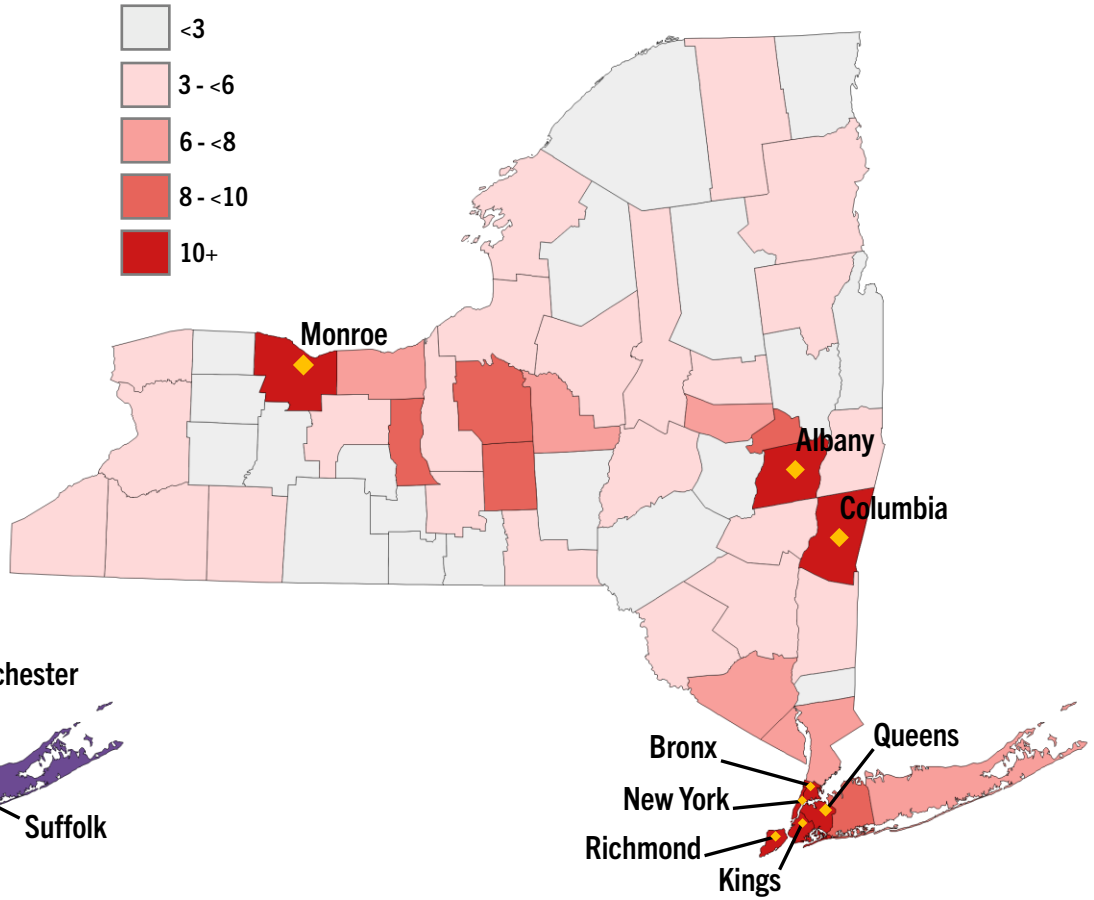
Geographic Distribution of New HIV Diagnoses in New York State, 2024

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

Number of persons newly diagnosed with HIV by county



Rate of persons newly diagnosed with HIV by county per 100,000 population[1]



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

Data as of June 2025, New York State HIV Registry

[1]Rates are age adjusted to the 2000 United States Standard Population.

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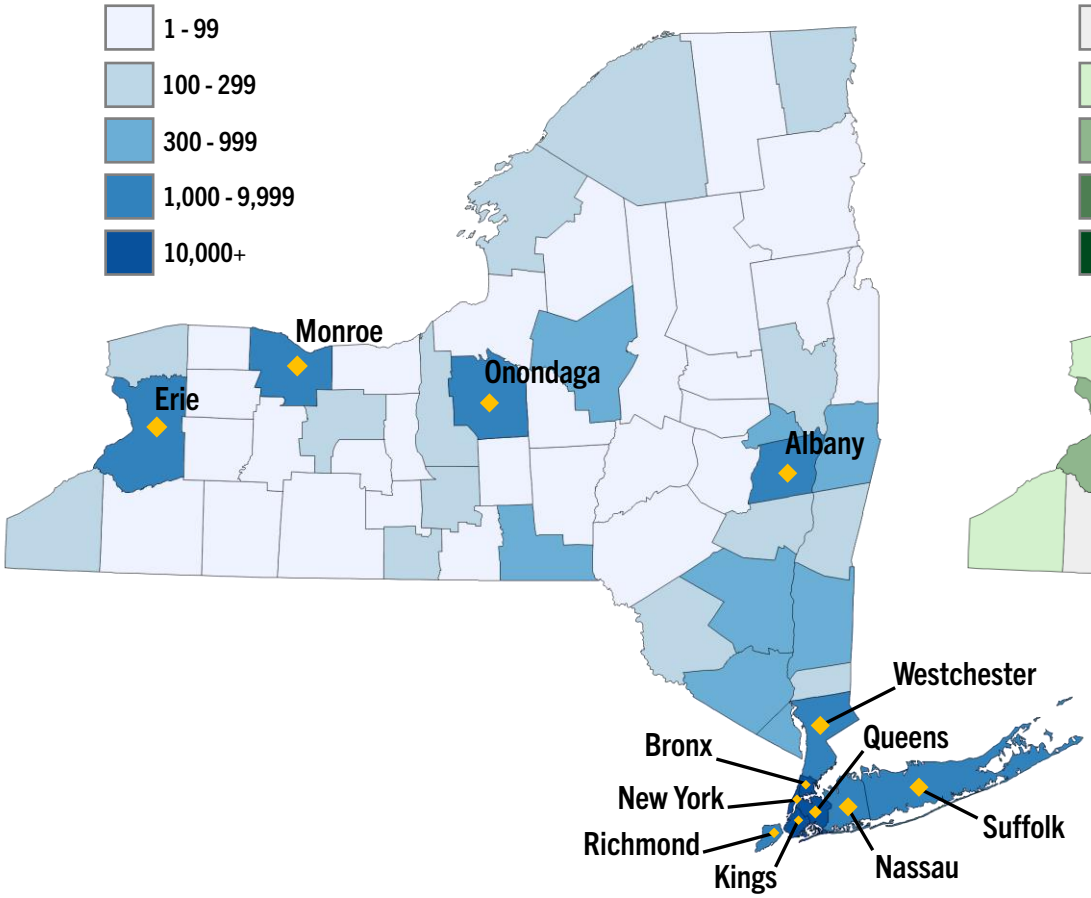
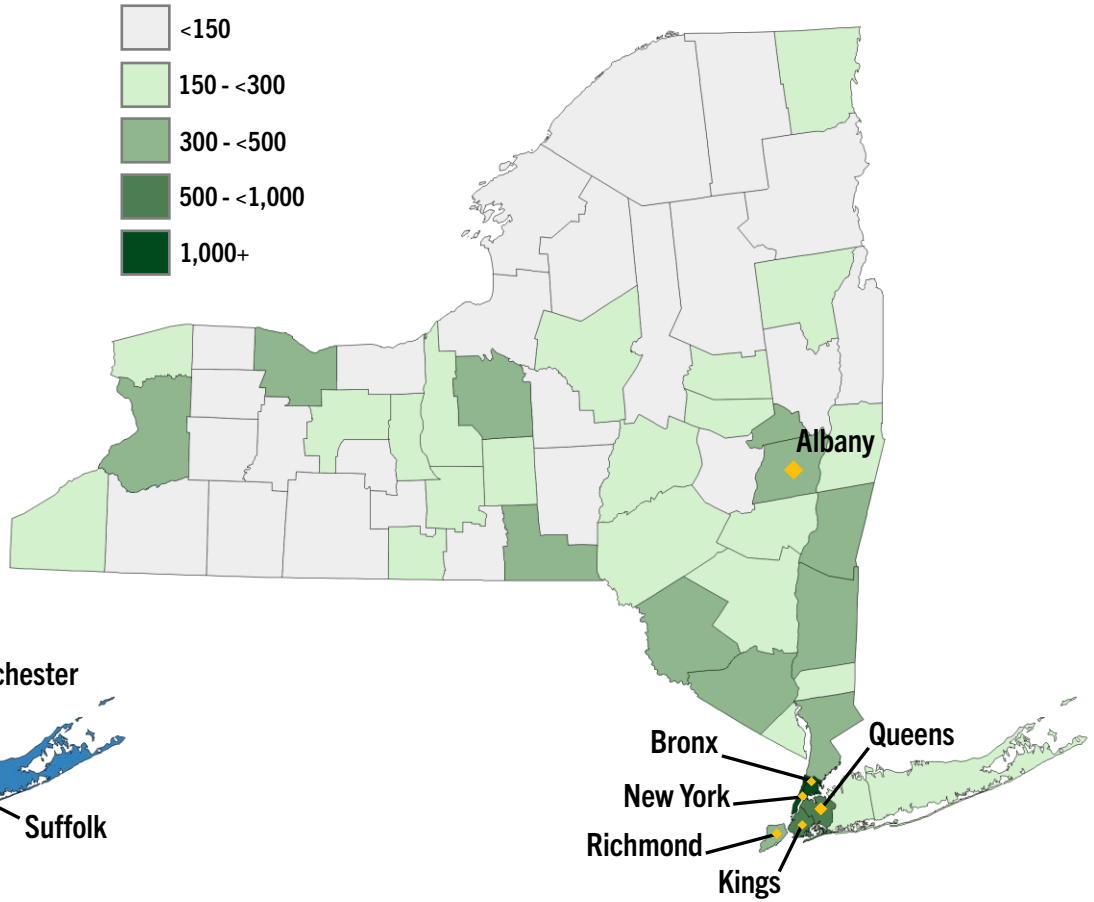
Geographic Distribution of Persons Living With Diagnosed HIV in New York State, 2024

Outside of New York City, Albany county had both a large number and high rate of persons living with diagnosed HIV in 2024.

Number of persons living with diagnosed HIV by county



Rate of persons living with diagnosed HIV by county per 100,000 population[1]



The highest number of persons living with diagnosed HIV resided in New York City (Bronx, Kings, New York and Queens), as well as Suffolk, Westchester, 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.

Data as of June 2025, New York State HIV Registry

[1]Rates are age adjusted to the 2000 United States Standard Population.

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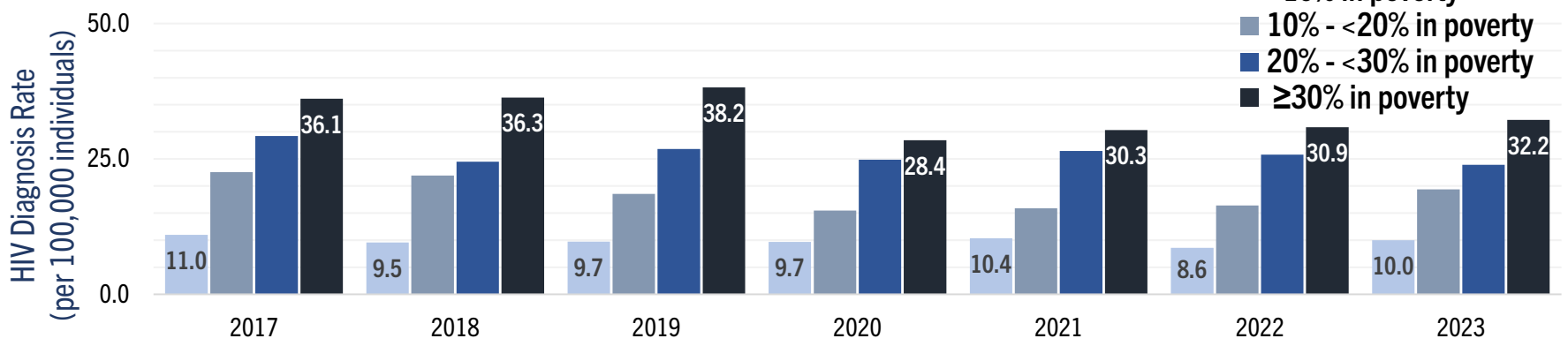
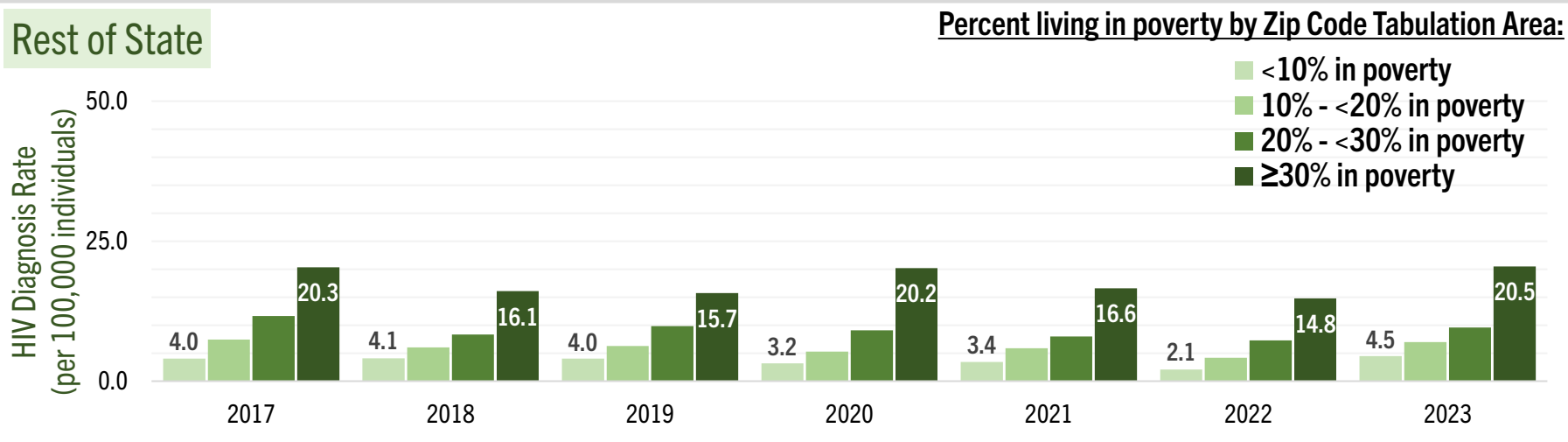
HIV Diagnosis Rates and Populations in Poverty in New York State, 2017-2023

HIV diagnosis rates[1] were **higher** in populations where higher percentages of people live in poverty[2].

New York City



Rest of State



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 2025, New York State HIV Registry

[1]HIV diagnosis rates per 100,000 individuals are age-adjusted to the U.S. 2000 standard population

[2]Zip Code Tabulation Area level poverty metrics were derived from the 2022 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. 2024 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.

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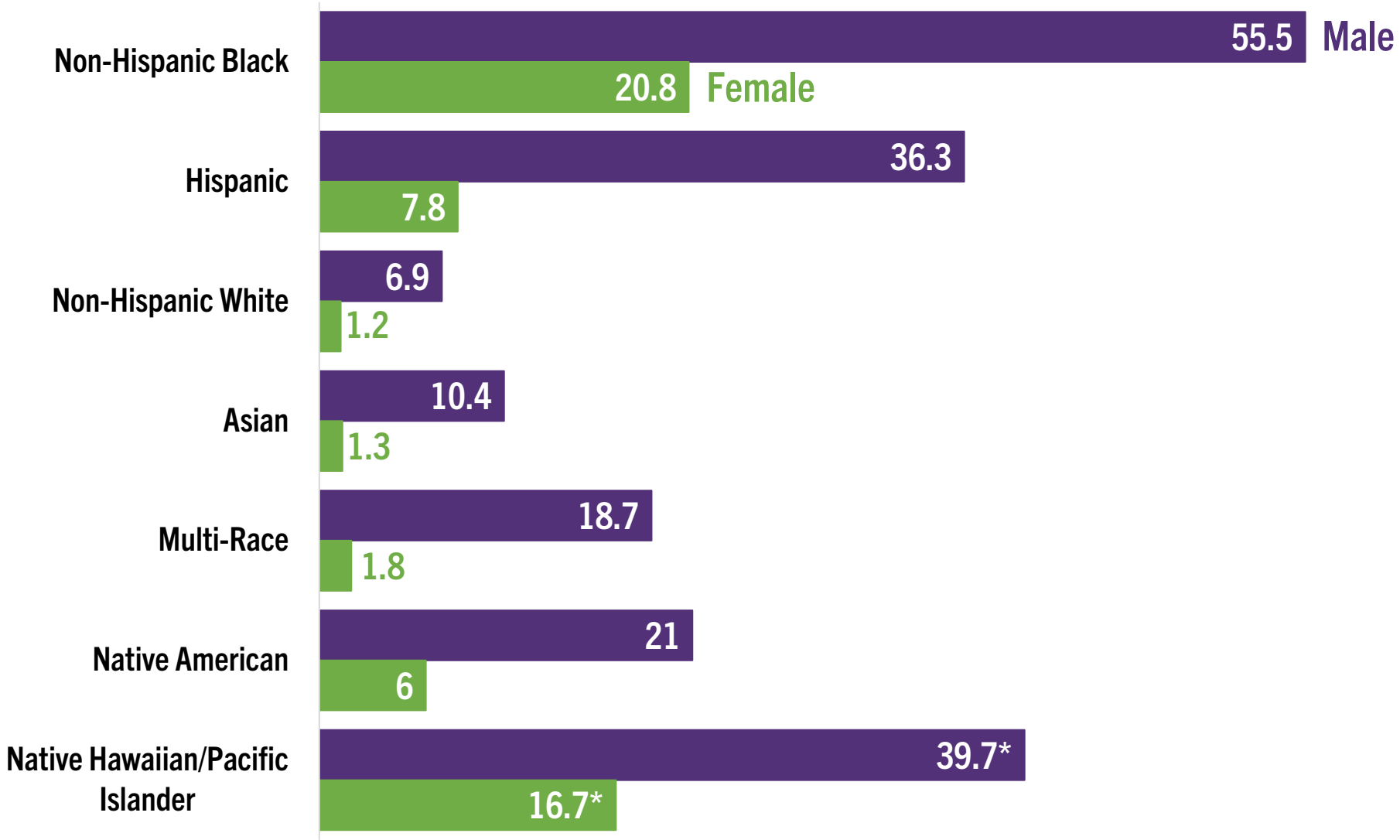
HIV Diagnosis Rates in New York State, 2024

For all race/ethnicities presented, males have a higher HIV diagnosis rate[1] 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 1.5 to 8 times higher than rates among males of other race/ethnicities (excluding native Hawaiian/Pacific Islanders due to small population size). Non-Hispanic Black females experienced a similar rate difference, ranging from 1.25 to over 17 times higher than other race/ethnicities.

Data as of June 2025, New York State HIV Registry: Male/Female data: Sex at birth.

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

[1]Per 100,000 population. Rates for Total, Sex at Birth and Race/Ethnicity were age-adjusted to the 2000 United States Standard Population.

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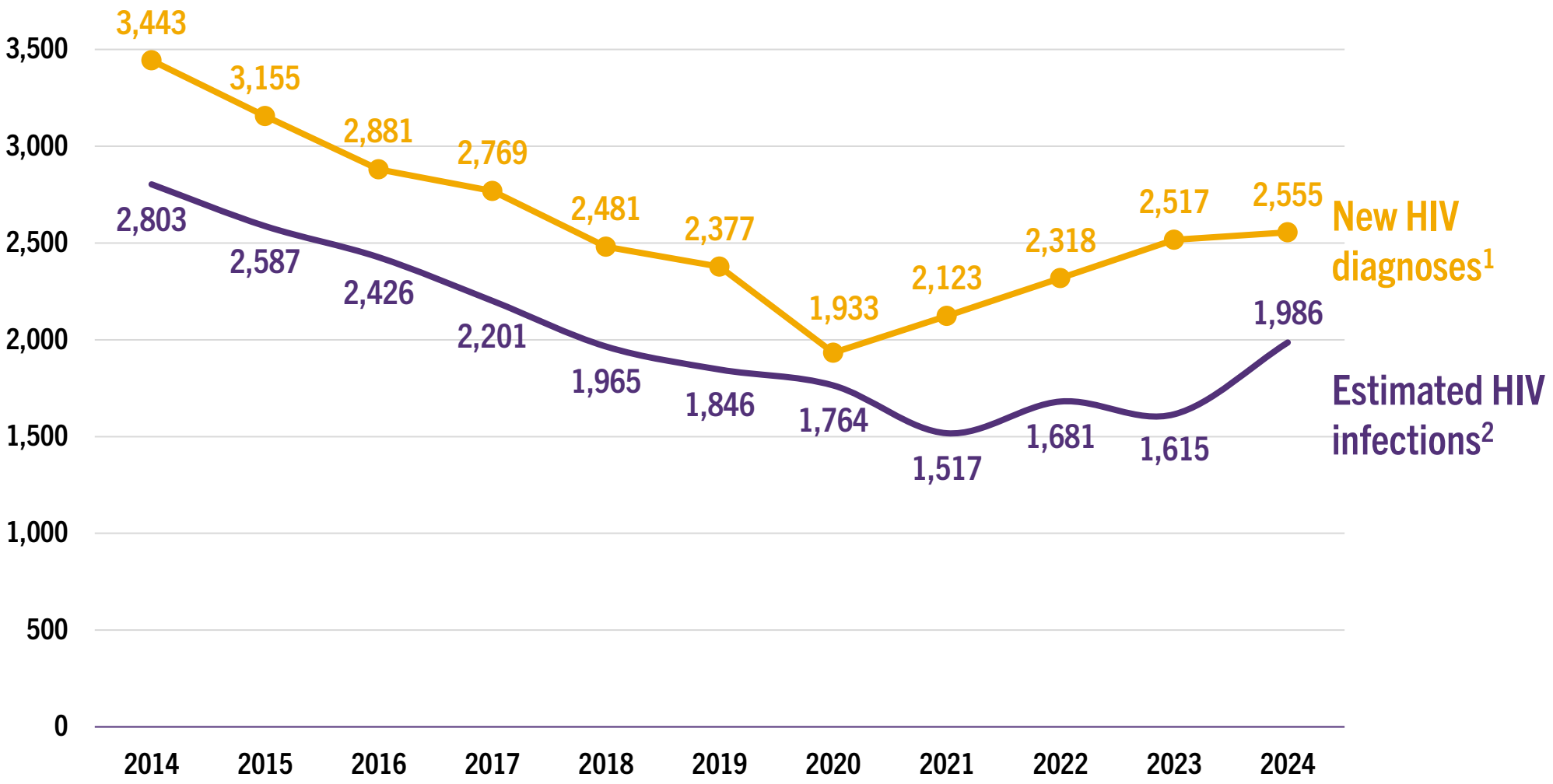
HIV Acquisition in New York State, 2014-2024

The number of new HIV diagnoses and estimated HIV infections has decreased since 2014.



The number of persons newly diagnosed with HIV decreased 26% from 2014 to 2024. Additionally, the estimated number of HIV infections decreased 29%. However, since 2020 there has been a steady increase in new HIV diagnoses.

Data as of June 2025, New York State HIV Registry

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

[2]Estimated HIV infections was a mathematical calculation (Centers for Disease Control and Prevention CD4 Incidence model) of the number of persons who acquired HIV each year, whether they were diagnosed or not.

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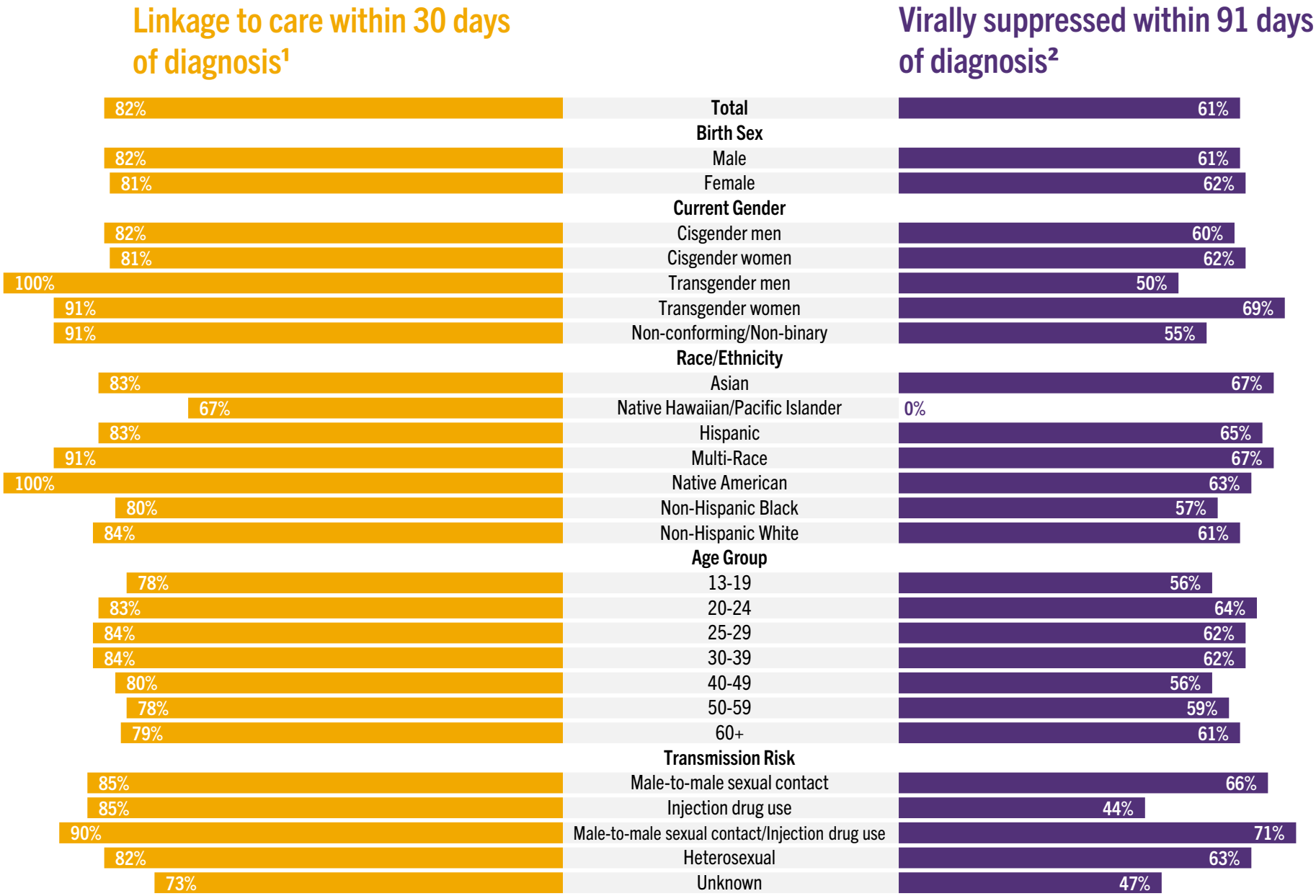
Linkage to Care and Viral Suppression after HIV Diagnosis in 2024

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



Data as of June 2025, New York State HIV Registry. Note: Percentages in this metric are based on diagnoses from ages 13 and older.

[1]HIV care defined as a viral load, CD4, or genotype test reported within 30 days of HIV diagnosis.

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

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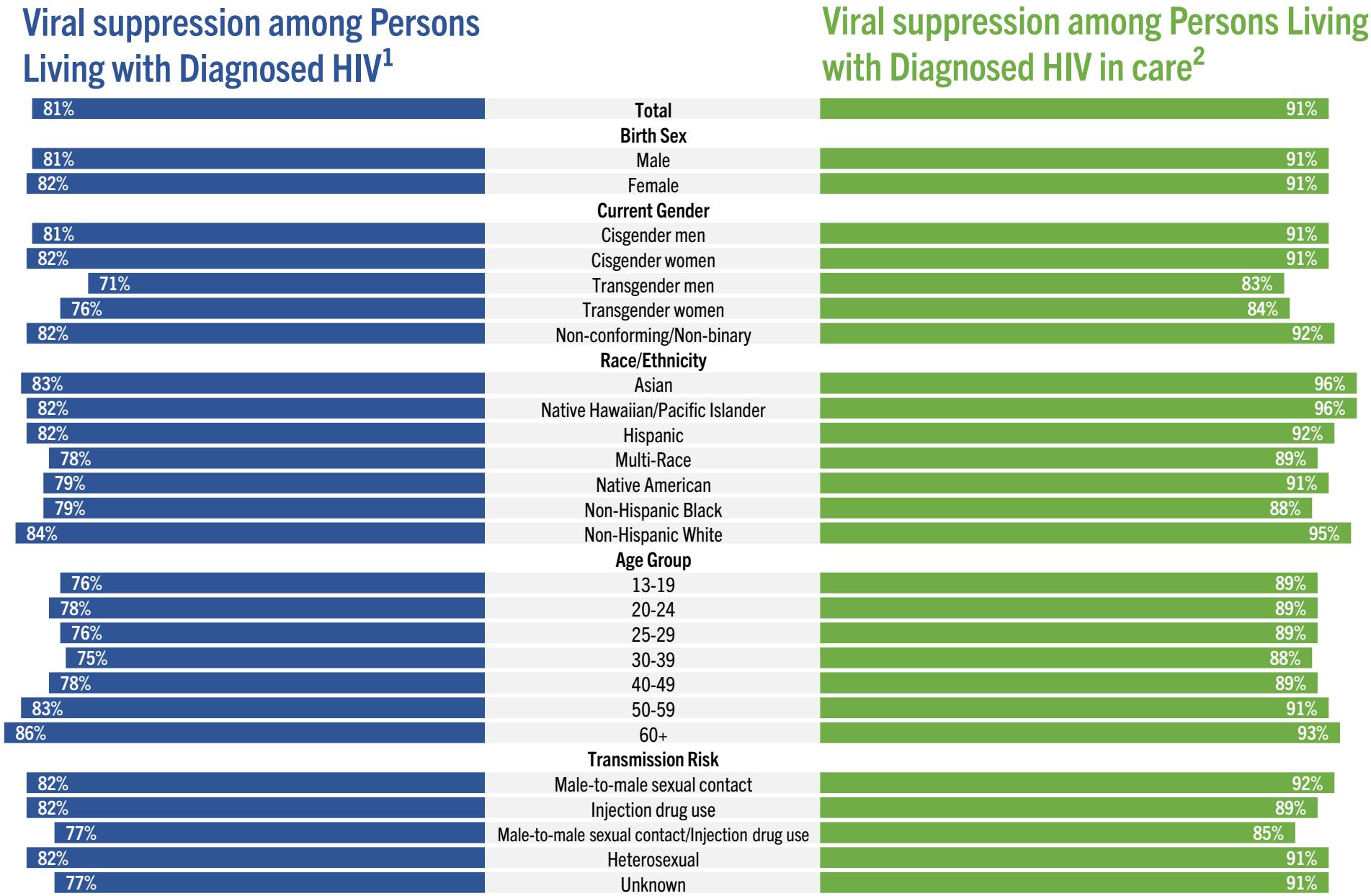
Viral Suppression Among Persons Living With Diagnosed HIV in 2024

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



Data as of June 2025, New York State HIV Registry. Note: Percentages in this metric are based on diagnoses from ages 13 and older.

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

[2]Last viral load test in calendar year was non-detectable or <200 copies/mL, among those in care (defined as having at least one CD4, viral load, or genotype test) during the calendar year.

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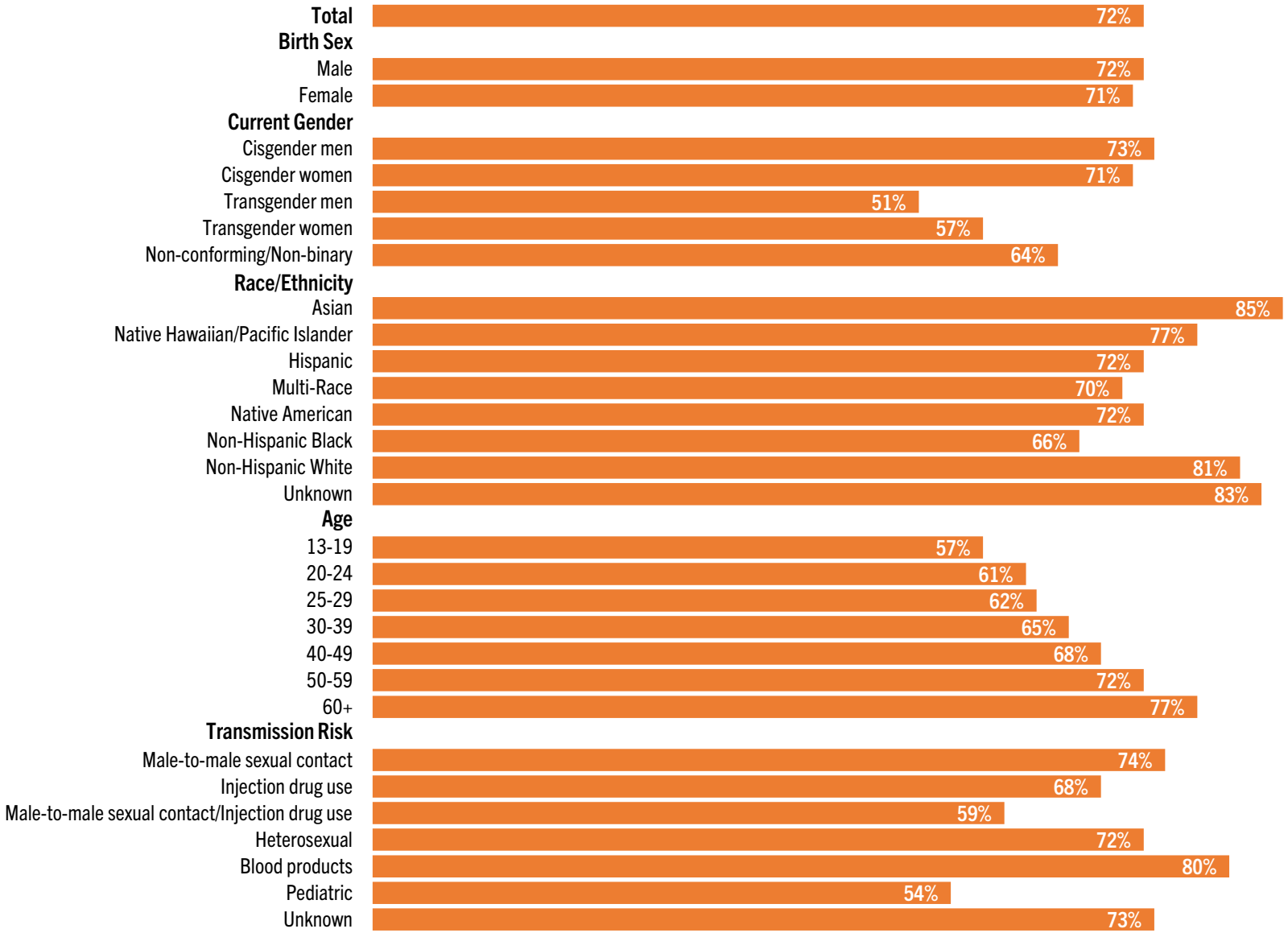
Sustained Viral Suppression Among Persons Living With Diagnosed HIV in 2024

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



Data as of June 2025, New York State HIV Registry. Note: Percentages in this metric are based on diagnoses from ages 13 and older.

[1]Sustained 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.

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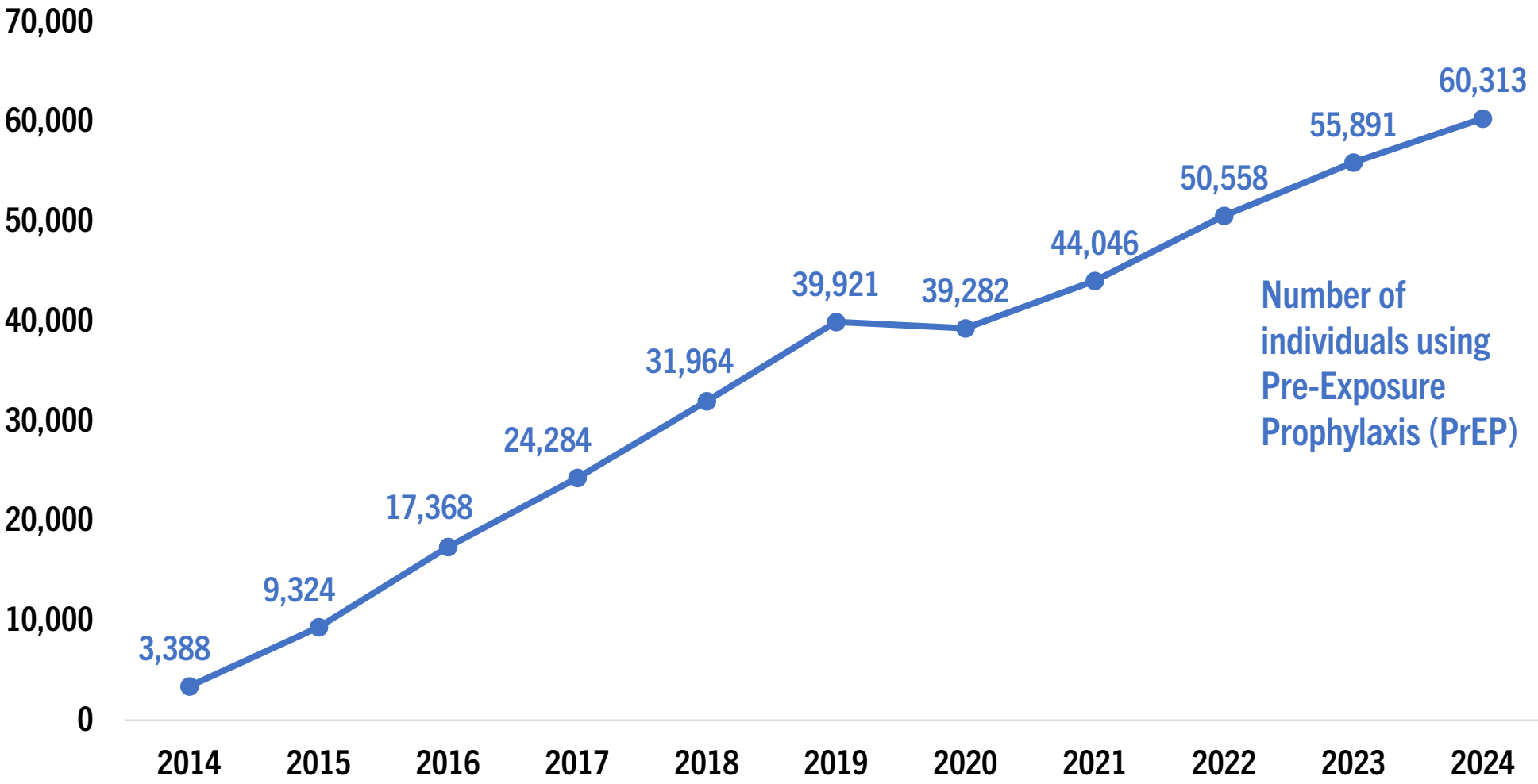
Pre-Exposure Prophylaxis (PrEP) Utilization, 2014-2024

Pre-Exposure Prophylaxis (PrEP) usage[1] has consistently **increased** since 2014.



In 2024, there were 60,313 people using Pre-Exposure Prophylaxis (PrEP) in New York State, a 53% increase from 2020 and was over 18 times the usage in 2014.

Data as of June 2025, New York State HIV Registry

[1]Pre-Exposure Prophylaxis (PrEP) use defined as persons who filled at least one Pre-Exposure Prophylaxis (PrEP) prescription within the calendar year.

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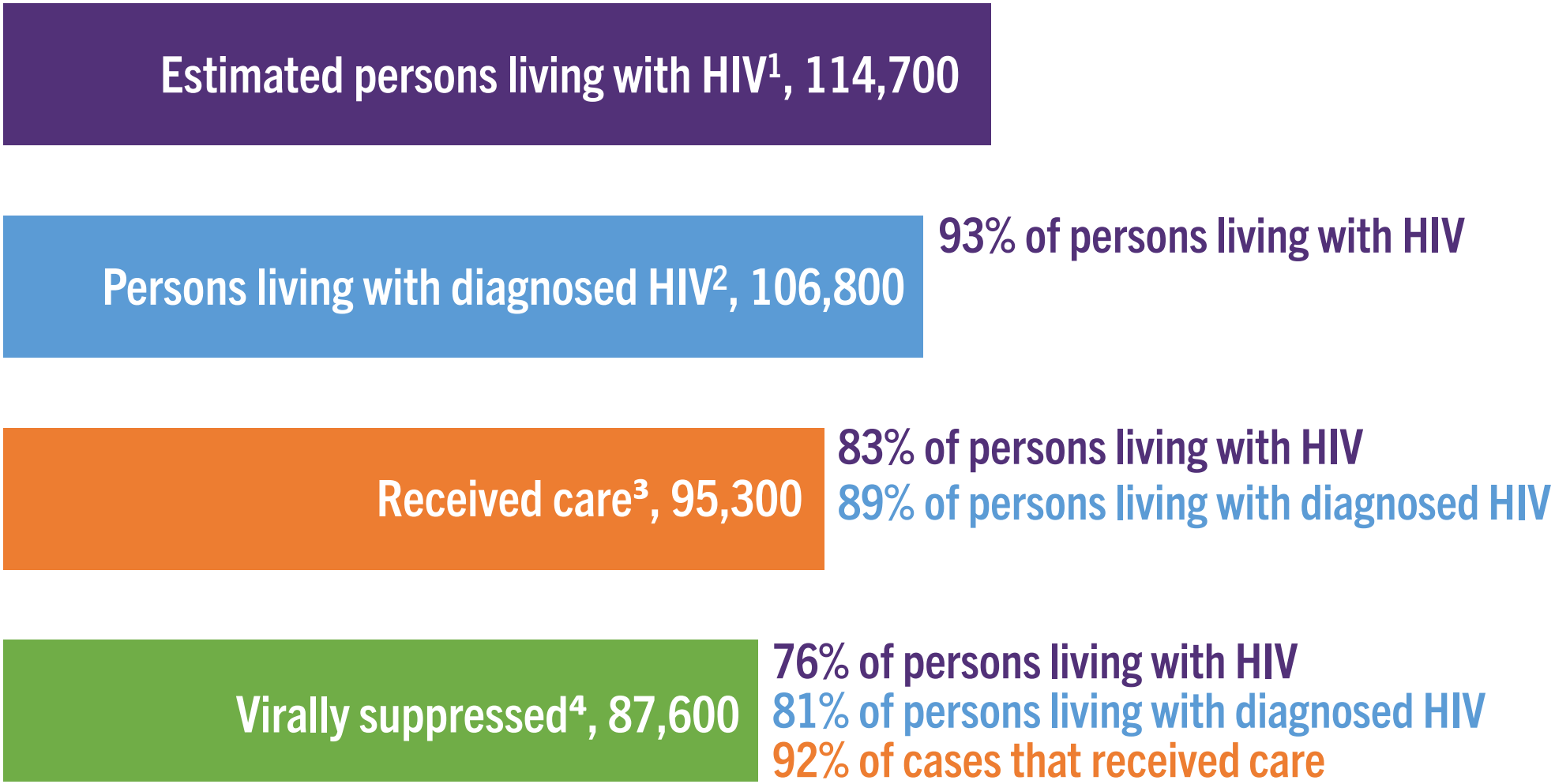
HIV Care Cascade in New York State, 2024

An estimated 76% of persons living with HIV were virally suppressed in 2024.



Of an estimated 114,700 persons with HIV in New York State during 2024, 93% have been diagnosed with HIV, 83% have received care in 2024, and 76% had a suppressed viral load. In 2024, of persons living with diagnosed HIV, 89% received care and 81% were suppressed at last test, with 92% of those in care achieving viral suppression.

Data as of June 2025, New York State HIV Registry

[1]Persons living with diagnosed HIV and persons living with undiagnosed HIV (6.9% for New York State).

[2]Based 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.

[3]Any Viral Load, CD4, or genotype test during the year.

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

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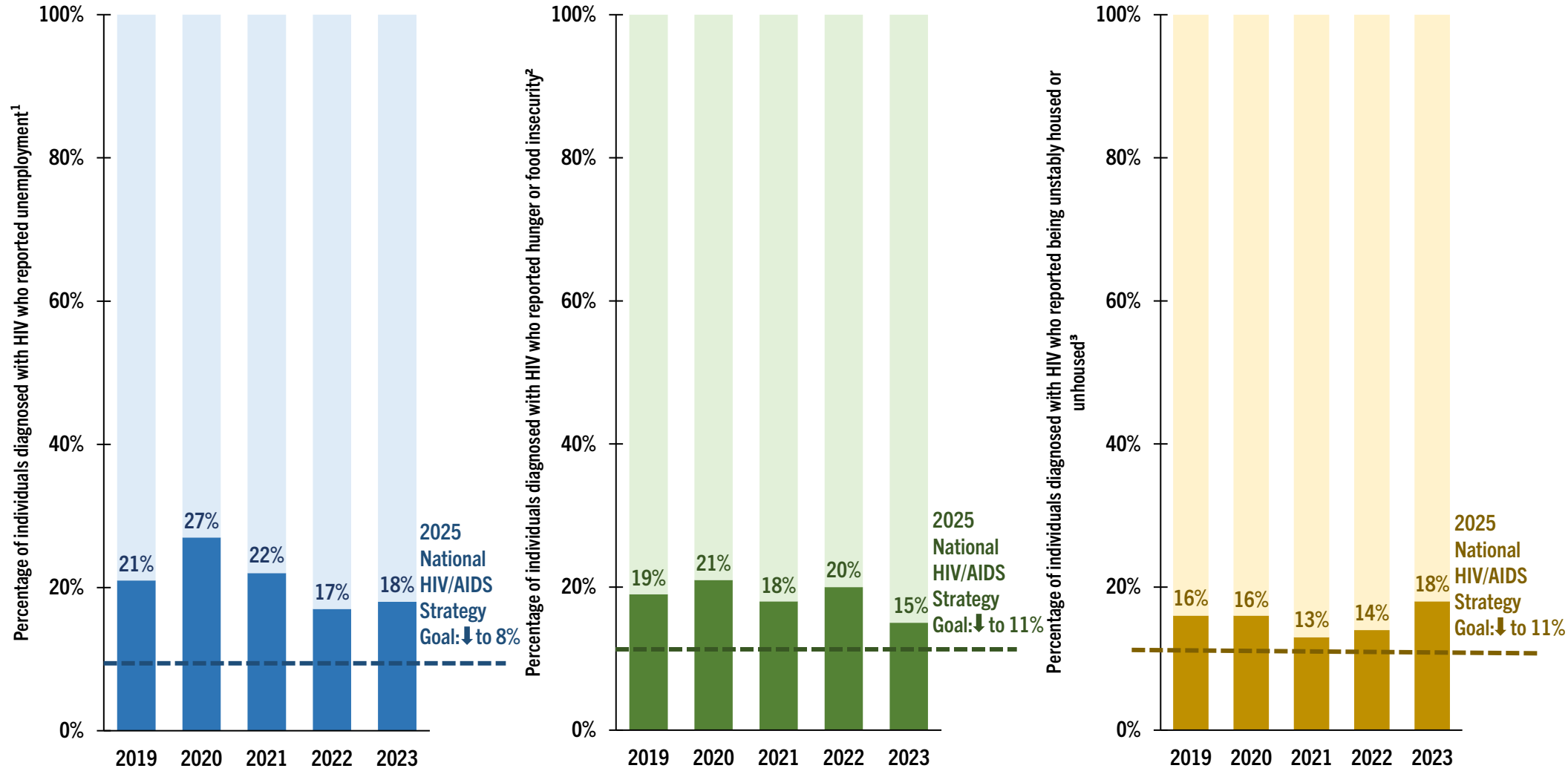
Percentages of Persons Diagnosed with HIV in New York State Experiencing Unemployment, Hunger, and Homelessness, 2019-2023



Between 2019 and 2023, 18% of New Yorkers living with diagnosed HIV reported experiencing unemployment; this was slightly higher than double the 2025 National HIV/AIDS Strategy goal. Between 2019 and 2023, 15% of New Yorkers living with diagnosed HIV reported hunger or food insecurity. Between 2019 and 2023, unstable housing or homelessness reported by New Yorkers living with diagnosed HIV increased from 16% to 18%, putting us further away from the 2025 National HIV/AIDS Strategy goal of 11%.

Data as of August 2025, Medical Monitoring Project; The National HIV/AIDS Strategy outlines a national plan for ending the HIV epidemic in the United States by 2030.

*2024 data are currently not available.

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

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

[3]Unstable 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.

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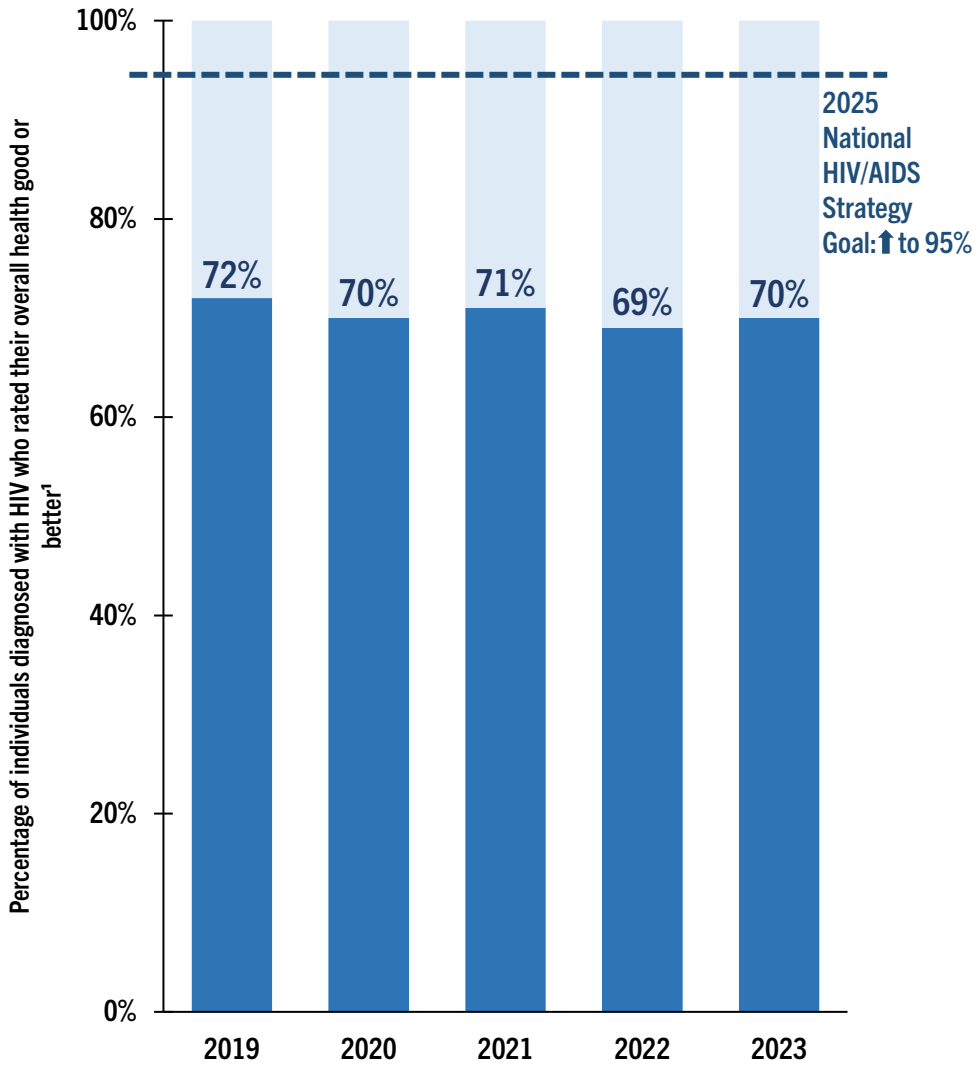
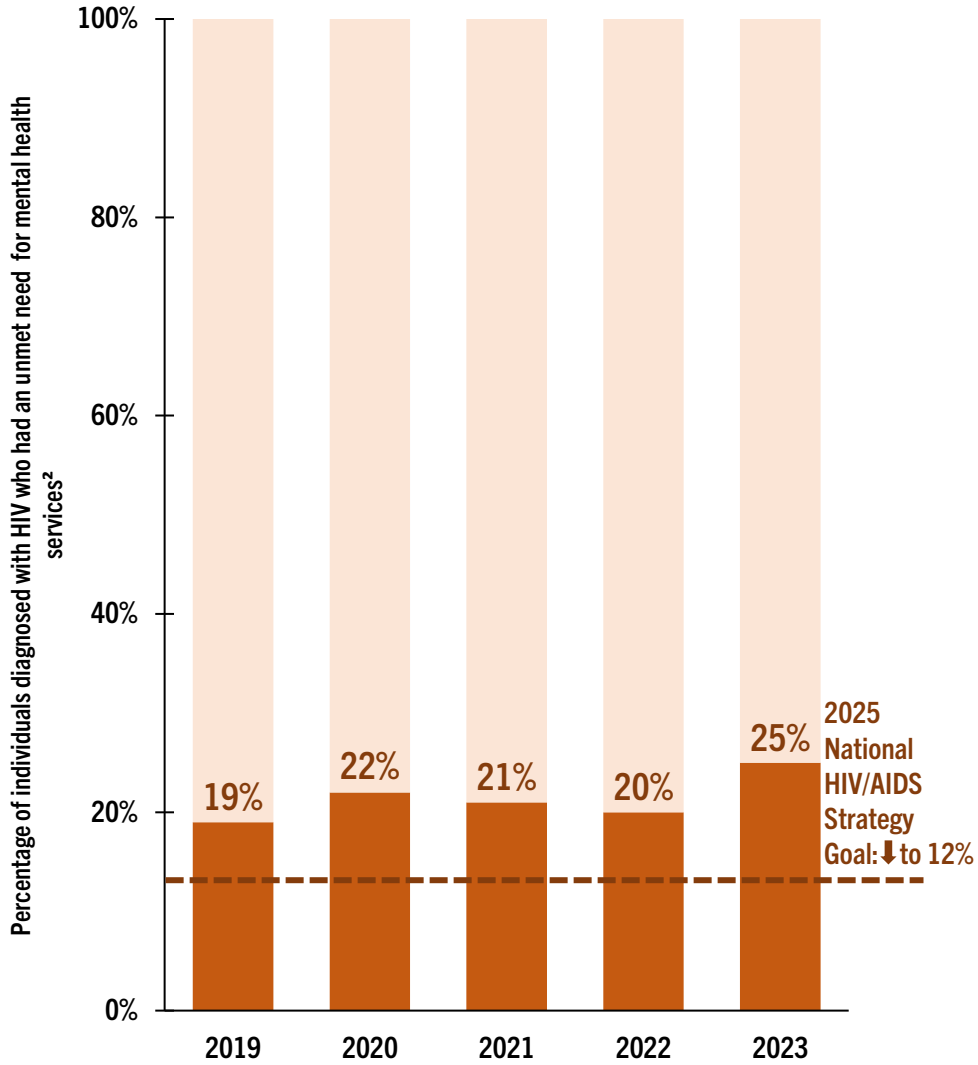
Percentages of Overall Health and Unmet Needs for Mental Health Services Among Persons Diagnosed with HIV in New York State, 2019-2023





Between 2019 and 2023, 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 2019 and 2023, 1 in 4 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 2025, Medical Monitoring Project; The National HIV/AIDS Strategy outlines a national plan for ending the HIV epidemic in the United States by 2030.

*2024 data are currently not available.

[1]Good 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.

[2]Unmet 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 during the past 12 months.

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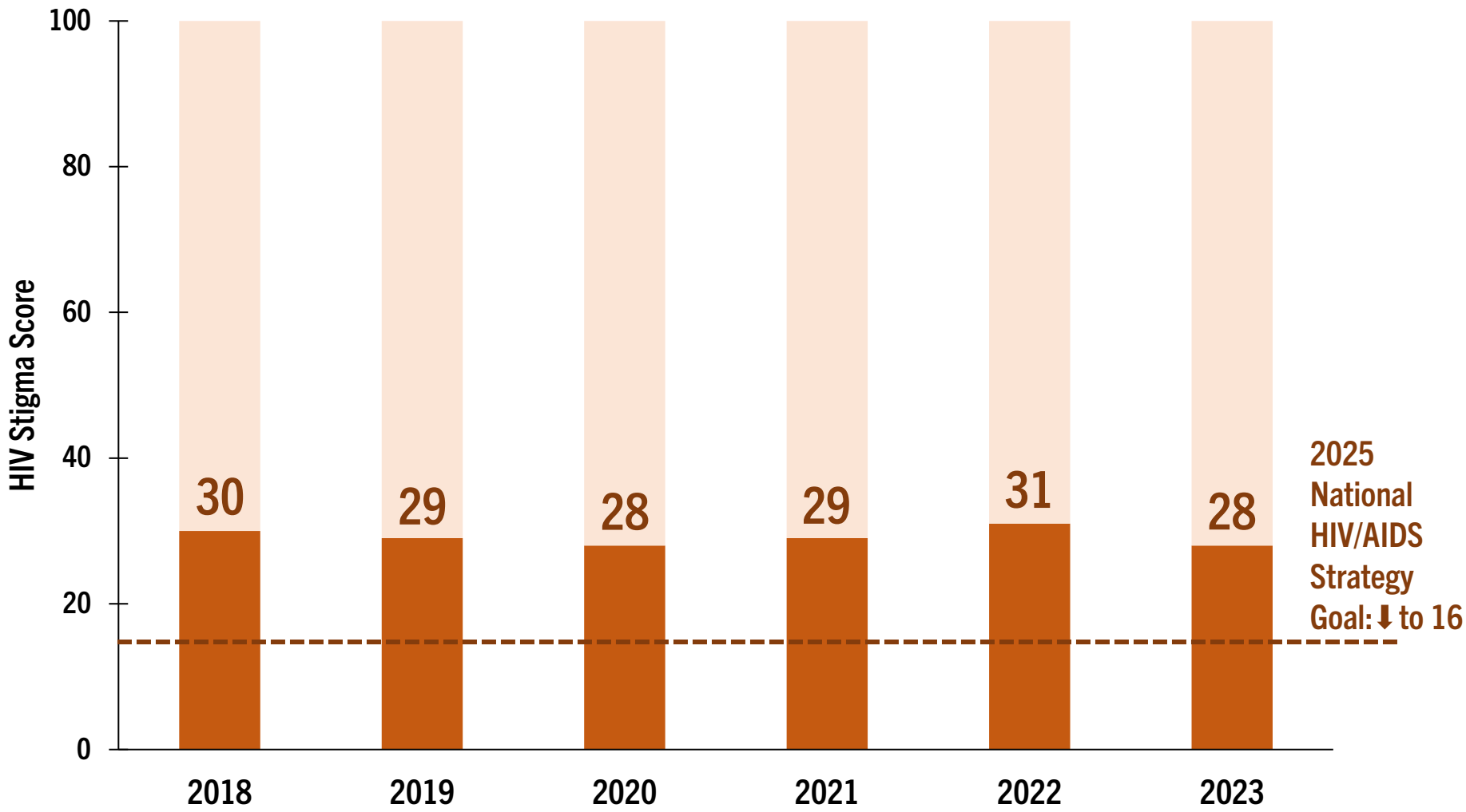
Reported Stigma Scores of Persons Diagnosed with HIV in New York State, 2018-2023



Between 2018 and 2023, there was little variation in stigma scores[1] 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 June 2025, Medical Monitoring Project; The National HIV/AIDS Strategy outlines a national plan for ending the HIV epidemic in the United States by 2030.

*2024 HIV stigma score data are currently not available.

[1]Median 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.

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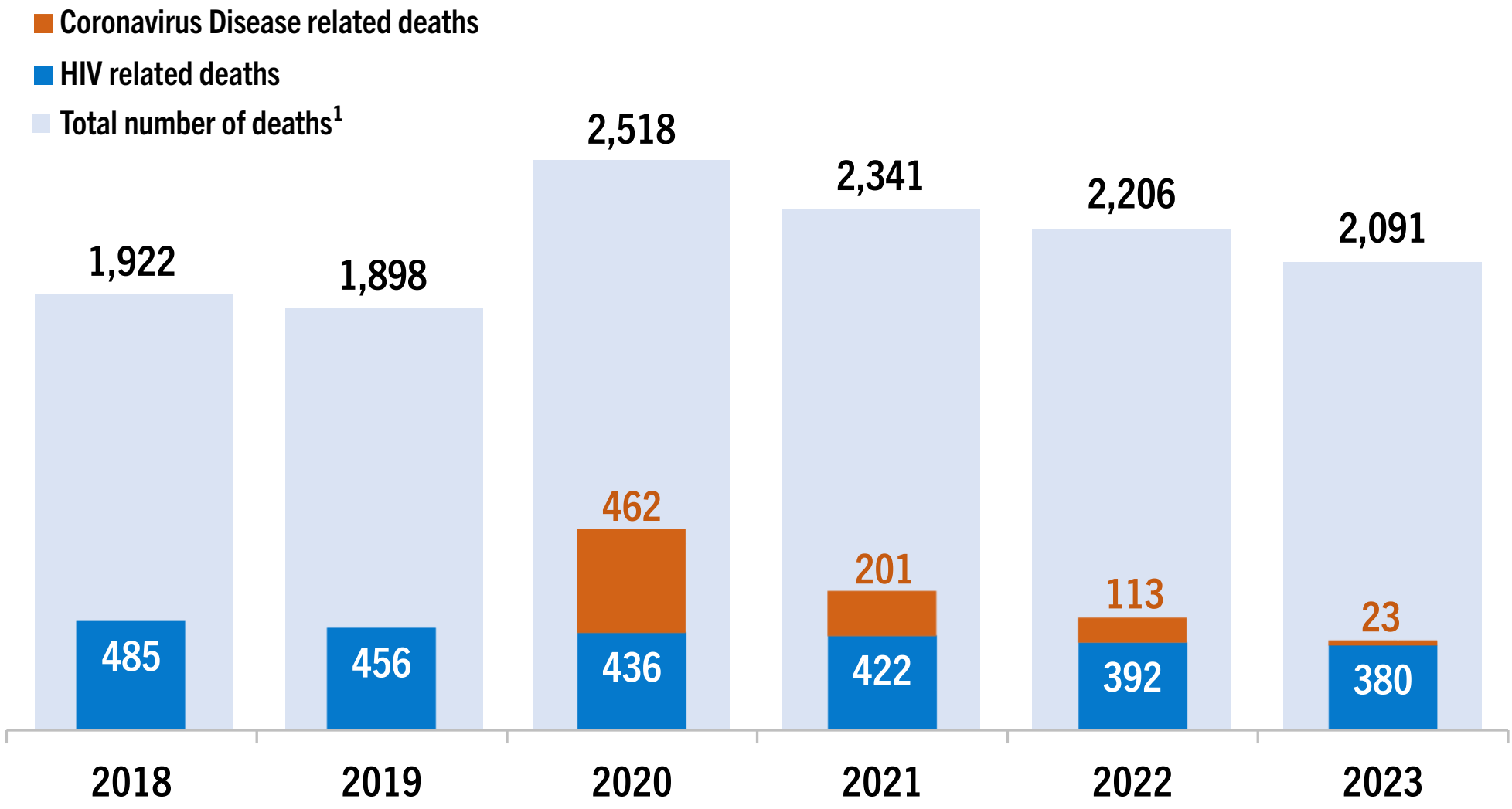
Mortality Among Persons Diagnosed with HIV in New York State, 2018-2023

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



The overall number of deaths among persons living with HIV in New York State has increased from 2018-2020 and then began to decline. Despite the increase in total deaths, HIV related deaths have decreased 23% since 2018. 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, the Coronavirus Disease accounted for 462 (18%) in 2020, 201 (9%) in 2021, 113 (5%) in 2022 and 23 (1%) In 2023.

Data as of June 2025, New York State HIV Registry

*2024 cause of death data are currently not available.

[1]Total deaths were based off the absolute total number of deaths each year and includes persons 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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