Bronx Community Health Dashboard: HIV and AIDS

Created: 5/4/2017
Last Updated: 3/20/2019

See last slide for more information about this project.
Overview of HIV/AIDS in the Bronx

- Disparities exist in early HIV/AIDS detection, but are declining
- Bronx residents are being diagnosed with HIV at a lower rate and are living with HIV longer
- Bronx residents with lower incomes and less education are more likely to have had an HIV/AIDS test

- Bronx residents have the highest likelihood of ever having an HIV/AIDS screening compared to other boroughs
- Newly diagnosed Bronx residents equally likely to initiate care, but somewhat less likely to have viral suppression, 2017
- AIDS diagnoses are highest in the Bronx amongst non-Hispanic black residents and males
Fewer people are being newly diagnosed with HIV and AIDS in the Bronx

HIV Diagnosis: positive Western blot test in adults and positive PCR (polymerase chain reaction) test in infants <18 months

AIDS Diagnosis: HIV-infected and either 1+ AIDS-defining opportunistic illness or a lab test indicating suppressed CD4+ cell counts (<200 cells/µL)

The percent of Bronx residents living with HIV/AIDS has been steadily increasing over the last 15 years.

New HIV and AIDS diagnoses rates are falling

- **3 fold decrease in new HIV diagnoses**
- **5 fold decrease in new AIDS diagnoses**

The rate of new HIV/AIDS cases is falling but the rate of people living with HIV/AIDS is increasing.

HIV Testing
Bronx adult residents are more likely to have ever had an HIV/AIDS test compared to other boroughs

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Bronx only

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Age-adjusted percent reporting ever getting HIV/AIDS test

<table>
<thead>
<tr>
<th>Age</th>
<th>Bronx</th>
<th>Brooklyn</th>
<th>Manhattan</th>
<th>Queens</th>
<th>Staten Island</th>
<th>18-24</th>
<th>25-44</th>
<th>45-64</th>
<th>65+</th>
<th>Male</th>
<th>Female</th>
<th>Married/coupled</th>
<th>Divorced/widowed/separated</th>
<th>Never married</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
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<tr>
<td>Age</td>
<td>78.7</td>
<td>71.8</td>
<td>58.2</td>
<td>52.1</td>
<td>63.9</td>
<td>89.6</td>
<td>83.7</td>
<td>55.7</td>
<td></td>
<td>74.5</td>
<td>82.5</td>
<td>78.3</td>
<td>85.2</td>
<td>79.1</td>
</tr>
</tbody>
</table>

Data source: Community Health Survey, 2017.
Age results not age-adjusted.
Residents with lower incomes and less education more likely to have ever had an HIV/AIDS test

Data source: Community Health Survey, 2017.
Since 2004, the Bronx has had the highest percentage of people ever getting an HIV/AIDS test

HIV Diagnoses in the Bronx
HIV diagnosis rates have decreased in all groups, but disparities remain

Non-Hispanic black population's HIV diagnosis rate has fallen over 3 fold since 2001 but remains highest of all race/ethnicities in the Bronx

Data source: New York City HIV/AIDS Annual Surveillance Statistics, 2001-2017. 2002-2004 data for the Asian population is unstable. For 2016 and 2017, denominators are from the American Community Survey. For all other years, denominators are DOHMH population estimates.
Males in the Bronx have higher rates of HIV diagnoses

For 2016 and 2017, denominators are from American Community Survey. For all other years, denominators are DOHMH population estimates.
4 of 10 community districts with highest rates of new HIV diagnoses are in the Bronx

New HIV Diagnoses
Rate per 100,000 people

3.1 - 14.4
14.5 - 19.0
19.1 - 34.8
34.9 - 69.6
Unpopulated areas

Interpret with caution due to small number of events

Data source: NYC Community Health Profiles, 2018.
In the Bronx, HIV diagnoses are highest for men who have sex with men


Abbreviations
MSM=men who have sex with men
IDU=people who inject drugs
MSM-IDU=men who have sex with men and inject drugs
HIV diagnoses are highest for females with heterosexual contact in the Bronx

AIDS Diagnoses in the Bronx

AIDS diagnosis is defined as:
1) Those diagnosed concurrent with HIV
2) Those who transitioned from HIV to AIDS
AIDS diagnoses rates are highest among the non-Hispanic black population in the Bronx

2001-2004 data for Asian population is unstable.
For 2016 and 2017, denominators are from American Community Survey. For all other years, denominators are DOHMH population estimates.

AIDS Diagnosis: HIV-infected and either ≥1 AIDS-defining opportunistic illness or a lab test indicating suppressed CD4+ cell counts (<200 cells/µL)
Males in the Bronx have higher rates of AIDS diagnoses

AIDS diagnosis rates pre-2006 are unavailable.
For 2016 and 2017, denominators are from American Community Survey. For all other years, denominators are DOHMH population estimates.
In the Bronx, AIDS diagnoses are highest for men who have sex with men

MSM-IDU category was not created until 2009; Transgender category was not created until 2011.

Abbreviations
MSM = men who have sex with men
IDU = people who inject drugs
MSM-IDU = men who have sex with men and inject drugs
In the Bronx, AIDS diagnoses are highest for females with heterosexual contact.

Data source: New York City HIV/AIDS Annual Surveillance Statistics, 2001-2017. MSM-IDU category was not created until 2009; Transgender category was not created until 2011.

*numbers from 2017 data
HIV/AIDS Related Care in the Bronx
Timely initiation of care among those newly diagnosed with HIV slightly increased in the Bronx between 2013 and 2017.

Timely initiation of care is defined as first CD4 or VL drawn within 30 days of HIV diagnosis.

Among Bronx residents newly diagnosed with HIV in 2017, Hispanic residents were most likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 30 days of HIV diagnosis.

Among Bronx residents newly diagnosed with HIV in 2017, MSM-IDU were most likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 30 days of HIV diagnosis.

Abbreviations
MSM = men who have sex with men
IDU = people who inject drugs
MSM-IDU = men who have sex with men and inject drugs
TG-SC = transgender sexual contact

Newly diagnosed Bronx residents are equally likely to initiate care, but somewhat less likely to have viral suppression, 2017

Timely Initiation of Care Among Newly Diagnosed, 2017

Viral Suppression* within 6 Months of HIV Diagnosis, 2017

Viral Suppression* Among PLWHA, 2017

Timely initiation: First CD4 or viral load drawn within 30 days of diagnosis

*Viral suppression: Viral load ≤200 copies/mL; PLWHA: People Living with HIV/AIDS

HIV/AIDS related care by risk category for all of New York City, 2017

Timely Initiation of Care Among Newly Diagnosed, 2017

Viral Suppression* within 6 Months of HIV Diagnosis, 2017

Viral Suppression* Among PLWHA, 2017

Timely initiation: First CD4 or viral load drawn within 30 days of diagnosis

*Viral suppression: Viral load ≤200 copies/mL; PLWHA: People Living with HIV/AIDS

Among Bronx residents newly diagnosed with HIV, 41% achieved viral suppression within 3 months and 61% within 6 months.

Viral suppression is defined as viral load ≤200 copies/mL.

Among people newly diagnosed with HIV in the Bronx, MSM were most likely to achieve viral suppression within 6 months.

Viral suppression is defined as viral load ≤200 copies/mL.

Abbreviations:
- MSM = men who have sex with men
- IDU = people who inject drugs
- MSM-IDU = men who have sex with men and inject drugs
- TG-SC = transgender sexual contact

Among diagnosed PLWHA in the Bronx, non-Hispanic black residents had the lowest viral suppression proportion.

Viral suppression is defined as viral load ≤200 copies/mL.

Data source: HIV/AIDS in the Bronx, New York City, 2017. PLWHA = People Living with HIV/AIDS. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Among diagnosed PLWHA in NYC, people with perinatal transmission risk had the lowest viral suppression proportion.

Viral suppression is defined as viral load ≤200 copies/mL.

Abbreviations:
- MSM = men who have sex with men
- IDU = people who inject drugs
- MSM-IDU = men who have sex with men and inject drugs
- TG-SC = transgender sexual contact

Data source: HIV/AIDS in the Bronx, New York City, 2017. PLWHA = People Living with HIV/AIDS.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Of approximately 25,300 PLWHA in the Bronx in 2017, 69% had a suppressed viral load.

![Bar chart](chart.png)

**Viral suppression is defined as viral load ≤200 copies/mL**

Data source: HIV/AIDS in the Bronx, New York City, 2017. PLWHA = People Living with HIV/AIDS. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
HIV/AIDS Mortality in the Bronx
HIV mortality rates have fallen over 4-fold since 2000

Bronx -- 2000: 3rd leading cause of death | 2017: 12th leading cause of death

Males and 45-64 year olds have highest rates of HIV mortality in the Bronx

Age-specific rates are not age-adjusted. 25-34 year data unstable after 2006. 35-44 unstable after 2016.
HIV/AIDS mortality rates are highest for the non-Hispanic black population in the Bronx

There are dramatic disparities in all-cause mortality among people living HIV/AIDS in the Bronx.


All-cause mortality can include any cause of death, not necessarily HIV/AIDS.

Note: Different analysis approach from previous slides.

Abbreviations:
- MSM = men who have sex with men
- IDU = people who inject drugs
- MSM-IDU = men who have sex with men and inject drugs
About the Community Health Dashboard Project

- The goal of the project is to provide Bronx-specific data on risk factors and health outcomes with an emphasis on presenting data on trends, socio-demographic differences (e.g., by age, sex, race/ethnicity, etc.) and sub-county/neighborhood level data.

- Data will be periodically updated as new data becomes available.

- Produced by Montefiore’s Office of Community & Population Health using publicly-available data sources.

- For more information please contact us at OCPHDept@montefiore.org