# Brooklyn Joint EtE/Knows/NYLinks Meeting

**Brooklyn Borough Hall, 209 Joralemon St, Community Room, Brooklyn, NY 11201**  
**October 29, 2018  9:30AM – 3:00PM**

## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>9:00 - 9:30</td>
<td>Registration and Networking</td>
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<tr>
<td>9:30 - 10:00</td>
<td>Opening Remarks</td>
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<tr>
<td></td>
<td>Matthew Gannon, NYSDOH, AIDS Institute</td>
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<td>Donovan Jones, Bureau of HIV/AIDS Prevention and Control, DOHMH</td>
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<tr>
<td>10:00 - 10:15</td>
<td>Welcome, Introductions &amp; Meeting Overview</td>
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<td>Brooklyn EtE/Knows/Links</td>
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<tr>
<td>10:15 - 10:35</td>
<td>Presentation of a Brooklyn Shared Vision and Updates from EtE, Brooklyn Knows, Brooklyn NYLinks</td>
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<td>Thierry Amegnona Ekon, NYCDOHMH, NY Knows</td>
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<td>Clemens Steinbock NYSDOH, AIDS Institute-NYLinks</td>
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<td>Zeenath Rehana, NYCDOHMH-NYLinks</td>
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<td>David Matthews, ETE Chair</td>
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<td>Bedford-Stuyvesant Family Health Center</td>
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<td>10:35 – 11:05</td>
<td>Key Brooklyn HIV Data: What everyone should know</td>
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<td>Cristina Rodriguez-Hart, Epidemiologic Liaison, NYCDOHMH, Bureau of HIV/AIDS Prevention and Control</td>
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<tr>
<td>11:05 - 12:00</td>
<td>Group Brainstorming Exercise: How we can work together to end the HIV epidemic in Brooklyn?</td>
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<td>Group work (Topics were proposed by last year meeting attendees in brainstorming session)</td>
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<tr>
<td>12:00 - 12:45</td>
<td>Presentations from the Field: Testing, Linkage, Care</td>
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<td>Cassandra Demosthenes- Diaspora Community Services</td>
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<td>Lisa Khaleque &amp; Shaquana Simpson- The Brooklyn Hospital PATH Center</td>
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<td>Dr. Jessica Yager- Brookdale Hospital</td>
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<td>12:45 - 1:30</td>
<td>Working Lunch</td>
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<td>Networking</td>
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<tr>
<td>1:30 – 2:00</td>
<td>QI Interactive Exercise: Lost at Sea</td>
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<td>Clemens Steinbock</td>
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<td>2:00 – 2:30</td>
<td>Life Experiences from Consumers</td>
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<td>Steve Hemraj, Brightpoint Health</td>
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<td>Gail Brown- Director of Advocacy at COPE</td>
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<td>Teresa Cooper- Brooklyn Resident, on the Board of COPE</td>
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<tr>
<td>2:30 - 2:50</td>
<td>Team Action Planning and Report Back</td>
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<td>EtE, Brooklyn Knows, Brooklyn NYLinks</td>
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<tr>
<td>2:50 - 3:00</td>
<td>Next Steps &amp; Evaluation</td>
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<td>EtE, Brooklyn Knows, Brooklyn NYLinks</td>
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<tr>
<td>3:00</td>
<td>Adjourn</td>
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**Breakfast and Lunch will be provided**

Joint EtE/Brooklyn Knows/NYLinks Meeting
October 29, 2018

Brooklyn Borough Hall, 209 Joralemon St, Community Room
Brooklyn, NY 11201
Opening Remarks
Opening Remarks

• Donovan Jones, NYCDOHMH, Bureau of HIV/AIDS Prevention and Control
• Matthew Gannon, NYSDOH, AIDS Institute
Meeting Overview

• Meeting Co-Chairs:
  – Clemens Steinbock (NYSDOH AIDS Institute)
  – Thierry Amegnona Ekon, Zeenath Rehana (NYCDOHMH)
  – David Matthews, EtE, Bedford-Stuyvesant Family Health Center

• Meeting Purpose:
  – Strengthen the coordination of improvement efforts to ultimately end the HIV epidemic in Brooklyn
  – Align the efforts of EtE/Brooklyn Knows/Brooklyn NYLinks
  – Create a platform for peer learning and regional improvements
| Agenda |
|------------------|------------------|
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| Opening Remarks | 9:30 - 10:00 |
| Welcome, Introductions & Meeting Overview | 10:00 - 10:15 |
| Presentation of a Brooklyn Shared Vision and Updates from EtE, Brooklyn Knows, Brooklyn NYLinks | 10:15 - 10:35 |
| Key Brooklyn HIV Data: What everyone should know | 10:35 – 11:05 |
| Group Brainstorming Exercise: How we can work together to end the HIV epidemic in Brooklyn? | 11:05 - 1200 |
| Presentations from the Field: Testing, Linkage, Care | 12:00 - 12:45 |
| Working Lunch | 12:45 - 1:30 |
| QI Interactive Exercise: Lost At Sea | 1:30 – 2:00 |
| Life Experiences from Consumers | 2:00 – 2:30 |
| Team Action Planning and Report Back | 2:30 - 2:50 |
| Next Steps & Evaluation | 2:50 - 3:00 |
| Adjourn | 3:00 |
Picture Consent

• You allow EtE/Brooklyn Knows/NYLInks to take pictures at this event and to post them on our websites, social media platforms, and marketing materials for an undetermined period of time
• You have the right to revoke your consent for pictures that are publicly posted
• At no time will individual names be used to identify you, unless you sign the appropriate release form
“Improvement is a journey of many small steps.”
Shared Vision
Public Release of the Blueprint

April 29, 2015

We must add AIDS to the list of diseases conquered by our society, and today we are saying we can, we must and we will end this epidemic. ~Governor Cuomo
EtE Goal: To end the HIV Epidemic in Brooklyn by the year 2020

Identify and provide support for the needs and gaps in the HIV Care Continuum

**EtE Steering Committee: Addressing 5 Priority Blueprint Points in Brooklyn**

- #1 – Routinize HIV testing
- #8 – Enhance services to support non-medical needs of persons with HIV
- #11 to 14 – All aspects pertaining to PrEP use
- #23 – Promote comprehensive sexual health education throughout the borough
- GTZ #1 – Ensure expedited access to essential benefits for all low-income persons with HIV in New York State

**EtE Goal:** To end the HIV Epidemic in Brooklyn by the year 2020

**Promote HIV awareness through testing**
- Promote routine HIV screening in healthcare settings
- Linkage to prevention services, including PrEP

**Linkage to Care**
- Engagement in Care
- Viral Suppression
- Peer Learning for Providers and Consumers

**NYLinks**

*Images of logos and additional text are present but not transcribed here.*
1. Through collaborative, targeted, and passionate alliance we can increase HIV testing, decrease stigma, promote early linkage and adherence to care, regardless of status, and determine the needs and gaps by working with partners and consumers toward ending the epidemic among all Brooklyn Communities.

2. To utilize the collaborative efforts of Brooklyn ETE, Brooklyn Knows and NYLinks across the HIV Care Continuum with partners and consumers, to end the HIV epidemic in the borough.

3. With a shared vision of Ending the HIV Epidemic in Brooklyn, the collaborative work of ETE, Brooklyn Knows, and NYLinks, targets the needs and gaps to provide access to the HIV Care Continuum from Prevention to Linkage to Viral Suppression for all.
Programmatic Updates
New York/Brooklyn Knows Mission

New York Knows is a collaboration between New York City Department of Health and Mental Hygiene and community organizations, clinics, hospitals, colleges/universities, faith-based organizations and businesses, which aims:

• to coordinate efforts to encourage all NYC residents to learn their HIV status
• facilitate access to the city’s HIV prevention and treatment services.
New York Knows Key Components

• Collectively we can make a greater impact. Our advocacy is amplified through coordination to serve NY residents better
• Develop borough-wide steering committees which meet monthly and guide the work – Brooklyn Knows
• Organize other subcommittees to meet needs identified by partners
• Strengthen relationships between agencies, develop linkages, and share information and resources
• Coordinate borough and city-wide testing and linkage events
Goals of Brooklyn Knows

- Provide a voluntary HIV test for every Brooklyn resident who has never been tested— with special attention to higher risk populations
- Identify undiagnosed HIV-positive people in Brooklyn and link them to medical care
- Make HIV testing a routine part of health care in Brooklyn.
- Connect HIV-negative people to preventative services, including PrEP and PEP

HIV testing is the gateway to HIV treatment and prevention and is also a vital step in ending the epidemic.

#BEHIVSURE
What do we request of partners?

- Pledge to support the goals of New York Knows
- Participate in monthly steering committee meetings
- Submit testing data quarterly
- Keep us updated on staff and program changes
- Coordinate and attend events
What do we offer our partners?

- Event coordination, promotion, and support
- Technical assistance
- Weekly Newsletter/Promotional materials
- Opportunities to collaborate and network
- Online resource database – *New York Knows Directory*
Contact Information

Brooklyn Borough Liaison
Thierry Amegnona Ekon, aekon@health.nyc.gov

Director of Jurisdictional Testing Initiatives
Donovan Jones, djones2@health.nyc.gov

Additional information, newyorkknows@health.nyc.gov
NYLinks

NYLinks began as a HRSA Special Project of National Significance and was subsequently adopted by the NYSDOH AIDS Institute

Goals: End the Epidemic by 2020 by

- Improving linkage to care
- Engagement in Care
- Viral Suppression
- Peer Learning for Providers and Consumers
NYLinks

• Strategies:
  – Involve providers and consumers in planning and implementing regional networks that improve outcomes along the HIV treatment cascade
  – Strengthen partnerships and peer learning through regional improvement networks
  – Increase the use of quality improvement on an organizational and regional level
  – Enhance understanding of how facility and local data have regional and statewide impact
Existing Regional Group Locations
Regional Groups

• Engage all medical and non-medical organizations within a geographic area to improve linkage to care, retention in care, and viral suppression
• Involve all types of organizations—hospitals, community health centers, CBOs, local health departments, NYS staff
• Involve all levels of individuals—consumers, front line staff, administrators, data staff, QI staff, CEOs, medical directors, medical providers
• Develop both an organizational and a regional approach to improvement
• Use data to improve performance
• Use QI strategies to design and assess performance
• Use peer learning to spread innovation
Brooklyn NYLinks

- Brooklyn NYLinks Initiated: December 2016
- # of Full Group Meetings: 5
- # of organizations involved: 30
- Viral suppression project:
  - Conducting process investigation for clinic-wide viral suppression
  - Providing technical assistance on clinic-level process changes and QI activities
  - Following-up on those practices after technical assistance and giving feedback
- Survey:
  - We also conducted a survey among our partners to get feedback to tailor Brooklyn NYLinks activities so that we can assist partners their clinic-wide improvement efforts
- Collaboration:
  - We are working together with Brooklyn ETE/Knows initiatives to reduce meeting burden on providers and also to better consolidate the work being done in the region
Welcome to NY Links

NY Links focuses on improving linkage to and retention in HIV care to support the delivery of routine, timely, and effective care for Persons living with HIV/AIDS in New York State. We bridge systemic gaps between HIV related services and achieve better outcomes for PLWHA through improving systems for monitoring, recording, and accessing information about HIV care in NYS. Region by region, we utilize the learning collaborative model to fortify the links holding together communities of practice, and the links grounding them in the communities of consumers they serve.

New York Links is supported by the HRSA HIV/AIDS Bureau (HAB)-sponsored Special Projects of National Significance (SPNS) and the NYSDOH AIDS Institute.

New York State Ending the Epidemic Initiative

On June 29, 2014, Governor Andrew M. Cuomo detailed a three-point plan to move us closer to the end of
Contacts

Clemens Steinbock, clemens.steinbock@health.ny.gov
Zeenath Rehana, zrehana@health.nyc.gov
Brooklyn
Ending the Epidemic (EtE)
Regional Steering Committee

David W. Matthews, MBA
Program Manager
Bedford-Stuyvesant Family Health Center
New York State EtE Plan

• In June 2014, Governor Cuomo detailed a three-point plan to move us closer to ending the HIV epidemic in the state
• The goal of the initiative is to reduce the number of new cases of HIV from 3,000 to 750 annually by the year 2020
• The three points:
  – Identify persons with HIV who remain undiagnosed and link them to healthcare
  – Link and retain persons diagnosed with HIV in healthcare to maximize viral suppression so they remain healthy and prevent further transmission
  – Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to help keep them HIV negative
• On October 14, 2014, Governor Cuomo announced members of the Ending the Epidemic Task Force. The Task Force was established to support Governor Cuomo's three-point plan. The Task Force developed and synthesized recommendations, presented in New York's Blueprint to end the epidemic.
Purpose of the Brooklyn Ending The Epidemic Regional Steering Committee

• To provide a forum to develop and execute on-going EtE-related efforts in the Brooklyn region

• To eliminate duplication and enhance coordination among regional clinical and non-clinical service providers, faith-based initiatives, non-traditional partners, consumers and networks including Brooklyn Knows and NYLinks

• To develop and implement a strategic plan to address identified needs and gaps in the Brooklyn region in alignment with the Regional Action Plan

• To identify and address new emerging regional issues
Brooklyn EtE Priority Blue Print Points

• Five prioritized Blue Print Points:
  – BP#23: Promote comprehensive sexual health education
  – BP#8: enhance and streamline services to support the non-medical needs of persons with HIV
  – BP#’s 11 – 14: All items that facilitate access to pre-exposure prophylaxis
  – BP#1: Make routine HIV testing truly routine, and
  – GTZ#1: Single point of entry across all NYS for all low income persons with HIV/AIDS
Best Practices and Next Steps of the Brooklyn Ending The Epidemic Regional Steering Committee

• All partners of the existing Brooklyn Knows and Brooklyn NYLinks initiatives will be invited to attend all Brooklyn EtE Steering Committee meetings going forward
• Brainstorming has begun for planning the first EtE borough-wide event in Brooklyn with a focus on BP23 – To promote comprehensive sexual health education
• Sub-committees have formed to address each of the priority Blueprint Points
• Next meeting will take place in October 2017
Thank you!

Please join contact:
David W. Matthews,
dmatthews@bac-ny.org and
etedashboardny.org
NYS ETE Dashboard
Key Brooklyn HIV Data
WHAT HIV SURVEILLANCE DOES

- NYC providers and laboratories are required by state law to report HIV information to the health department
  - Positive HIV test results, viral load and CD4 test results, and genotypes
- When we receive a report, we check to see if there is an existing match in our HIV Registry and if not then we assign the case for field investigation
  - Patient interview and chart review
- Data in the HIV Registry is used to guide service delivery and to ask for funding from the federal government to support HIV services in NYC
For all reported clinical outcomes we also collect patient socio-demographics:
- Gender, race/ethnicity, age, zip code of residence, area-based poverty, transmission risk (e.g. MSM)
- Do not have good information on mental health, incarceration, homelessness, detailed risk behavior

The information tells us which subpopulations are most impacted by the HIV epidemic and trends over time

It does not tell us why we have these clinical outcomes and disparities
The rate of new HIV diagnoses decreased in all boroughs except Staten Island between 2012 and 2016. Brooklyn had the third highest rate.
Brooklyn neighborhoods with the highest rates of new HIV diagnoses in 2016 were Bedford Stuyvesant-Crown Heights, East New York, and Williamsburg-Bushwick.

*Rates calculated using the intercensal 2015 NYC population.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.*
Between 2012 and 2016, numbers of new HIV diagnoses decreased among both genders, with males having the highest numbers.

Females includes transgender women and male includes transgender men. In 2016 there were 11 new diagnoses among transgender people in Brooklyn. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Between 2012 and 2016, numbers of new HIV diagnoses decreased among all age groups, with those aged 20-29 having the highest numbers.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Native American and multiracial groups not shown due to small numbers. In 2016, there was 1 diagnosis among Native Americans and 6 diagnoses among multiracial people.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

Since 2012, HIV diagnoses have decreased among Blacks, Hispanics/Latinos, and Whites. It has risen among Asian/Pacific islanders.
Between 2012 and 2016, the number of new HIV diagnoses decreased among all transmission risk groups in Brooklyn.

Perinatal and unknown risks not shown. There were 187 people with unknown risk and 0 persons with perinatal risk newly diagnosed with HIV in Brooklyn in 2016. TG-SC = transgender people with sexual contact.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
People born outside of the US accounted for 29% of new HIV diagnoses in Brooklyn in 2016. The Caribbean^ and Central and South America accounted for 63% of these new HIV diagnoses.

^Excludes Puerto Rico and the US Virgin Islands.
*Central American includes Mexico.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Timely initiation of care among people newly diagnosed with HIV remained stable in Brooklyn between 2012 and 2016, whereas it increased in NYC overall.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. JAIDS 2014;65(5):571-578.)

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among people newly diagnosed with HIV in Brooklyn in 2016, transgender people were less likely to have timely initiation of care than non-transgender people.

* The total number for this group is small (n=11) and therefore the percentage should be interpreted with caution.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. JAIDS 2014;65(5):571-578.)

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among people newly diagnosed with HIV in Brooklyn in 2016, Blacks were the least likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. JAIDS 2014;65(5):571-578.)

Native American and multiracial groups not displayed. There were 1 Native American and 6 multiracial people newly diagnosed with HIV in 2016. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among people newly diagnosed with HIV in Brooklyn in 2016, people under 50 years of age were the least likely to have timely initiation of care.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. JAIDS 2014;65(5):571-578.)

New diagnoses in the 0-12 age group not displayed. There was 1 child aged 0-12 years old newly diagnosed with HIV in NYC in 2016.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among people newly diagnosed with HIV in Brooklyn in 2016, transgender people with sexual contact were less likely to have timely initiation of care.

* The total number for this group is small and therefore the percentage should be interpreted with caution.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. JAIDS 2014;65(5):571-578.)

TG-SC = Transgender people with sexual contact. New diagnoses with other/unknown transmission risk not displayed.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among people newly diagnosed with HIV in Brooklyn, timely initiation of care was lower than the citywide average for 8 of the 11 neighborhoods in 2016.

Proportions based on numerators at or below 10 are marked with an asterisk (*) and should be interpreted with caution.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. JAIDS 2014;65(5):571-578.)

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Viral suppression among all people diagnosed with HIV/AIDS steadily increased in both Brooklyn and NYC between 2012 and 2016.

Timely initiation of care is defined as first CD4 or VL drawn within 3 months (91 days) of HIV diagnosis, following a 7-day lag (Sabharwal CJ, Braunstein SL, Robbins RS, Shepard CW. *JAIDS* 2014;65(5):571-578.)

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among diagnosed PLWH in Brooklyn, transgender people had a lower viral suppression proportion than non-transgender people.

Viral suppression is defined as most recent viral load in 2016 was ≤200 copies/mL.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among diagnosed PLWH in Brooklyn, Blacks and Native Americans had the lowest viral suppression proportions among all racial/ethnic groups.

* The total number for this group is small and therefore the percentage should be interpreted with caution.

Viral suppression is defined as most recent viral load in 2016 was ≤200 copies/mL.

Unknown race not shown.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among diagnosed PLWH in Brooklyn, those ages 13 to 19 had the lowest viral suppression proportions, and those ages 60 and older had the highest.

* The total number for this group is small and therefore the percentage should be interpreted with caution.

Viral suppression is defined as most recent viral load in 2016 was ≤200 copies/mL.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among diagnosed PLWH in Brooklyn, MSM and IDU had the highest viral suppression proportion, and people with perinatal transmission risk had the lowest.

Viral suppression is defined as most recent viral load in 2016 was ≤200 copies/mL.

TG-SC = Transgender people with sexual contact.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.
Among diagnosed PLWH in Brooklyn, viral suppression was lower than the citywide average for 7 of the 11 neighborhoods in 2016.

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

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
The age-adjusted death rate among PLWH decreased in Brooklyn and NYC during 2012-2016, and was lower in Brooklyn than NYC in 2016.

Age-adjusted to the NYC Census 2010 population. The overall rate includes people with unknown cause of death. Death data and cause of death data for 2016 are incomplete. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
• The rate of new HIV diagnoses continues to decline
  – MSM, young adults ages 20-29, and Blacks continue to account for the largest number of HIV diagnoses
  – Death rate has steadily declined

• Levels of timely initiation of care have not increased in the past 4 years in Brooklyn. Timely initiation of care in 73% of Brooklyn neighborhoods was lower than the citywide average
  – Within Brooklyn, levels were lowest for transgender persons, blacks, adults younger than 50

• Viral suppression was slightly lower in Brooklyn than in NYC overall. Viral suppression in 64% of Brooklyn neighborhoods was lower than the citywide average
  – Within Brooklyn, viral suppression was lower for transgender persons, blacks, adolescents, those perinatally-infected
• Our program publishes annual surveillance reports and slide sets, as well as special supplemental reports during the year.
  – Care status reports (CSRs): https://www1.nyc.gov/site/doh/health/health-topics/aids-hiv-care-status-reports-system.page
  – HIV Care Continuum Dashboards (CCDs): http://www1.nyc.gov/site/doh/health/health-topics/care-continuum-dashboard.page

• Email data requests to: HIVReport@health.nyc.gov
  – 2 weeks minimum needed for requests to be completed
Thank you!

Cristina Rodriguez-Hart
HIV Epidemiologic Liaison

crodriguezhart@health.nyc.gov
(347) 396-7634
Definitions:

- “HIV diagnoses” include diagnoses of HIV (non-AIDS) and HIV concurrent with AIDS (AIDS diagnosed within 31 days of HIV), unless otherwise specified.
- “New HIV diagnoses” include individuals diagnosed in NYC during the reporting period and reported in NYC.
- “Death rates” refer to deaths from all causes, unless otherwise specified.
- Data presented by “Transmission risk” categories include only individuals with known or identified transmission risk, except when an “unknown” category is presented.
- “PWHA” refers to people with HIV or AIDS during the reporting period (note: includes people with HIV/AIDS who remained alive or died during the reporting period); “PLWHA” refers to people living with HIV or AIDS during the reporting period.
- Female includes transgender women and Male includes transgender men. For more information on transgender surveillance in NYC, please see the “HIV among People identified as Transgender” slide set.
- Risk information is collected from people’s self-report, their diagnosing provider, or medical chart review. “Heterosexual contact” includes people who had heterosexual sex with a person they know to be HIV-infected, an injection drug user, or a person who has received blood products. For females only, also includes history of sex work, multiple sex partners, sexually transmitted disease, crack/cocaine use, sex with a bisexual male, probable heterosexual transmission as noted in medical chart, or sex with a male and negative history of injection drug use. “Transgender people with sexual contact” includes people identified as transgender by self-report, diagnosing provider, or medical chart review with sexual contact reported and negative history of injection drug use. “Other” includes people who received treatment for hemophilia, people who received a transfusion or transplant, and children with a non-perinatal transmission risk.
- The “men who have sex with men” risk category does not include anyone identified as transgender.

Statistical notes:

- UHF boundaries in maps were updated for data released in 2010 and onward. Non-residential zones are indicated, and Rikers Island is classified with West Queens.