

**HIV Care in New York State, 2013:
Linkage, Retention and Viral Suppression
Among Persons Residing in New York State**

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

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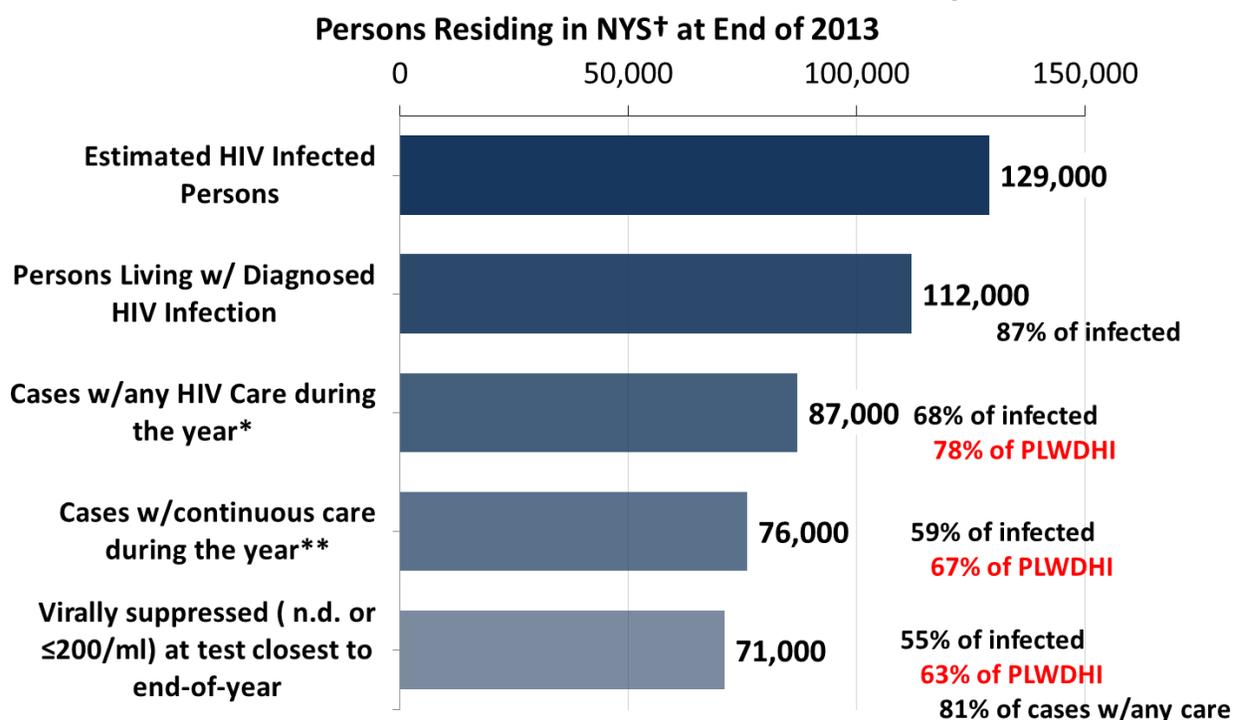
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Executive Summary

The attached report presents summary measures of linkage to HIV medical care, retention in care and HIV viral suppression among persons living with diagnosed HIV infection (PLWDHI) in New York State (NYS). This report differs from previous iterations in that HIV care outcomes are calculated based on residence in NYS at the end of 2013 rather than on residence in NYS at the time of HIV or AIDS diagnosis. HIV care measures were calculated using data from the New York State Department of Health (NYSDOH) HIV Surveillance System. For comparison with previous years, the final section of the report presents the Cascade based on residence in NYS at the time of HIV or AIDS diagnosis.

The Cascade presents a picture of the total infected population at one point in time, across the spectrum of engagement in care from infection through diagnosis, participation in care and success of care.

New York State Cascade of HIV Care, 2013



* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart

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

Major findings:

Linkage to Care

83% of newly diagnosed cases showed evidence of entry to care within three months of diagnosis. This compares well with the 2015 National HIV/AIDS Strategy (NHAS) target (85%) and to the United States (U.S.) (82%) as a whole.¹

Evidence of HIV Care

78% of PLWDHI showed evidence of some care during the year. Continuous care (≥ 2 visits/year, ≥ 3 months apart) was observed for 67% of PLWDHI. This proportion is substantially lower than both the 2015 (80%) and 2020 (90%) NHAS targets.

Viral Suppression

63% of PLWDHI in NYS appeared to be virally suppressed. This proportion is below the 2015 (66%)² and 2020 NHAS targets (80%). The 2020 NHAS target also sets a viral suppression target of 80% for youth (aged 13-24 years) and injection drug users. In NYS, 48% of youth and 62% of persons with injection drug use as the HIV transmission risk were virally suppressed.

Changes to the 2013 Report

In this 2013 report, residence in NYS is based on the most recent address reported to the NYS HIV surveillance system, regardless of where the individual lived at diagnosis. Persons diagnosed outside NYS but whose most recent address reported to the HIV surveillance system is in NYS were included in the estimates. Individuals diagnosed in NYS whose most recently reported address indicated residence outside NYS were excluded.

In addition, individuals whose last reported test to the Surveillance System was at least 5 years (AIDS cases) or 8 years (HIV non-AIDS cases) before December 2013 were not included in the count of living cases or in estimates of continuity of care and viral suppression. These persons are presumed to be either no longer living or no longer resident in NYS.

¹ Results for the 2020 NYS NHAS measure of entry to care within 30 days of diagnosis were not available for inclusion in this report.

² 2015 target, adjusted for new style of counting living cases.

Introduction

Need for Assessing Engagement in HIV Care

The provision of appropriate medical care for persons living with diagnosed HIV infection (PLWDHI) is a key feature of New York State's *Ending the Epidemic* initiative and the National HIV/AIDS Strategy (NHAS) (White House Office of National AIDS Policy). In addition to the immediate benefit to the infected individuals, persons retained in successful treatment for their HIV infection have better virologic control and are less likely to transmit the virus to others. The HIV care cascade is one tool for assessing the extent and effectiveness of HIV-related medical care in NYS.

Measures for Assessing Engagement in Care

The NHAS, originally released in 2010, outlined a set of targets for the nation's fight against HIV/AIDS. The document called for an increase in the proportion of persons with timely linkage to care, retention in care and HIV viral suppression. Retention in care and viral suppression targets were defined for specific subpopulations of minorities and Ryan White program clients but were applied to the total NYS population of PLWDHI. The targets were:

1. Increase the proportion of newly diagnosed patients **linked to care within three months of diagnosis** to 85%.
2. Increase the proportion of persons living with diagnosed HIV infection (PLWDHI) who are in **continuous care**, defined as ≥ 2 visits/year, separated by ≥ 3 months to 80%.
3. Increase the proportion of PLWDHI with **undetectable viral load** by 20%.

The July 2015 revision of the NHAS updated the indicators and set targets for 2020. The 2020 targets for linkage to care, retention in care and viral suppression are:

1. Increase the proportion of newly diagnosed persons **linked to HIV medical care within one month** of HIV diagnosis to at least 85%.
2. Increase the proportion of persons with diagnosed HIV infection who are **retained in care** to at least 90%.
3. Increase the proportion of persons with diagnosed HIV infection who are **virally suppressed** to at least 80%.
4. Increase the proportion of youth and persons who inject drugs with diagnosed HIV infection who are **virally suppressed** to at least 80%.

NYS values for linkage, retention and HIV viral suppression are presented in this report and compared to the 2015 NHAS targets and to 2020 targets for updated indicators 2 through 4. Estimates of linkage to care within 30 days—the first 2020 NHAS indicator—were not available for this report. “Continuous care” is used synonymously with “retained in care” in this report. The continuity of care measure for Ryan White clients was calculated using Ryan White Part B program information for 2013 from the AIDS Institute Data Application (AIDA) and data obtained from AIDS Drug Assistance Program (ADAP) program participants for 2013.

New York State Methods for Counting Persons with Diagnosed HIV Infection

In this 2013 report, residence in NYS is based on the most recent address reported to the NYS HIV surveillance system, regardless of where the individual was diagnosed. Persons diagnosed outside NYS but whose most recent address reported to the HIV surveillance system is in NYS were included in the estimates. Individuals diagnosed in NYS whose most recently reported address indicated residence outside NYS were excluded.

In addition, individuals whose last reported test to the Surveillance System was at least 5 years (AIDS cases) or 8 years (HIV non-AIDS cases) before December 2013 were not included in the count of living cases or in estimates of continuity of care and viral suppression. These persons are presumed to be either no longer living or no longer resident in NYS.

The changes implemented with the 2013 NYS Cascade of HIV Care are intended to provide a more accurate picture of HIV-infected persons who are living and receiving care in NYS. The previous method of counting cases by residence at HIV or AIDS diagnosis likely overestimated the number of PLWDHI and, therefore, underestimated continuity of care and HIV viral suppression.

New York State Results

The sections that follow present estimates of linkage, retention and viral suppression in NYS. These estimates are based on data from the NYS HIV surveillance system following methods specified by the Centers for Disease Control and Prevention (CDC). The **Technical Notes and Appendices** provide detailed tables and explanations of methods and data sources. *Caution is advised in comparing cascade outcomes from different sources.* Measures presented by different jurisdictions may be calculated differently or use different kinds of data, even though their titles are similar. In addition, measures used in Cascades from the same data source but created at different time points may use different kinds of data.

New York State HIV Care Outcome Measures

1. Linkage to Care after Diagnosis (Appendix table A)

83% of newly diagnosed cases showed evidence of entry to care within three months of diagnosis as indicated by a viral load or CD4 test.

Linkage to Care	
Variable	Observation
Region	NYS excluding NYC (83%) and NYC (83%) are similar Highest in the Mid-Hudson (88%), Nassau-Suffolk (87%) and Rochester (87%) Ryan White regions (RWR) Lowest in Lower Hudson (77%) RWR
Sex	Females (85%) > males (83%)
Race/Ethnicity	White (85%), Hispanic (84%) > African American/Black (81%), Asian/Pacific Islander (80%)
Age	Highest for ages 40-49 years (86%), lowest for ages 25-29 years (79%)
Transmission Risk	Heterosexual (87%) > MSM (85%), IDU (84%), female presumed heterosexual (FPHC) (82%), and MSM/IDU (74%)

2. Continuity of Care¹ (Appendix table B)

78% of PLWDHI showed evidence of some care during the year, as indicated by a VL or CD4 test.

Continuous care (≥2 visits/year, separated by ≥3 months) was observed for 67% of PLWDHI.

Continuous Care	
Variable	Observation
Region	NYC (68%) > NYS excluding NYC (66%) Varied across RWRs - 65% (Mid-Hudson) to 73% (Rochester)
Sex	Women (70%) > men (66%)
Race/Ethnicity	Hispanic (69%) > Black (67%), White (66%), Asian/Pacific Islander (64%), Native American (55%)
Age	Highest for ages 13-19 years (76%), 60+ (74%), lowest for ages 25-29 years (58%), 30-39 years (59%)
Transmission Risk	Lowest for MSM (66%) and FPHC (66%) Similar for persons with pediatric (73%), IDU (72%), MSM/IDU (71%), and heterosexual (71%) HIV transmission risk

3. Viral Suppression¹ (Appendix table C)

About 63% of PLWDHI in NYS appeared to be virally suppressed, defined as having non-detectable viral load or a viral load ≤ 200 copies/ml at the last test during the year.

¹ The continuity of care and viral suppression percentages may be *underestimates*, since laboratory tests performed in federal facilities, e.g. VA hospitals, and in clinical trials are not comprehensively reported to the state.

Viral Suppression	
Variable	Observation
Region	NYS excluding NYC (65%) > NYC (62%) Lowest Mid-Hudson (66%) and Lower Hudson (66%) RWRs; highest Albany (73%) and Buffalo (70%) RWRs
Sex	Similar among men and women (63%, respectively)
Race/Ethnicity	White (70%) > Asian/Pacific Islanders (67%), Hispanic (62%), Black (59%), Native American (55%)
Age	Except for youngest (13-19, 56%; 20-24 46%), percent suppressed increased as age increased, range 51% to 72%
Transmission Risk	Highest among MSM (66%) and heterosexual (64%) Similar for FPHC (60%), IDU (62%), MSM/IDU (61%) Lowest among persons with pediatric HIV transmission risk (49%)

New York State and the NHAS Targets

1. Linkage to Care

NYS's 83% of newly diagnosed cases entering care within three months of diagnosis compares well with the 2015 NHAS target (85%).

2. Continuity of Care

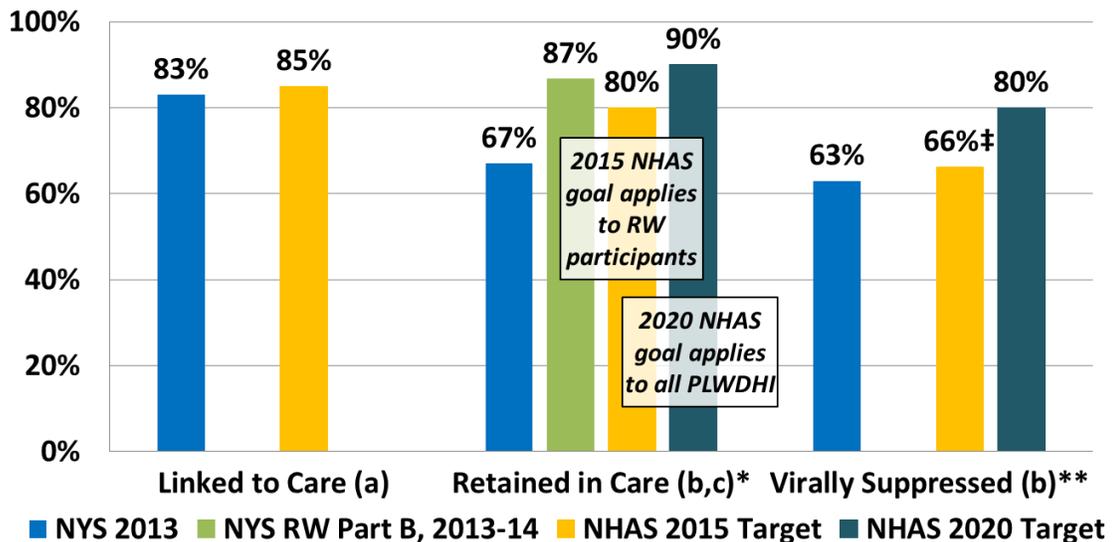
NYS's 67% of PLWDHI in continuous care is below the 2015 (80%) and 2020 (90%) NHAS targets. The NYS Ryan White continuous care percentage¹ of 87% exceeds the 2015 NHAS target (80%) and approaches the 2020 target of 90%.

3. Viral Suppression

NYS's 63% of PLWDHI approaches the 2015 NHAS target (66%). However, this figure is substantially less than the 2020 NHAS target (80%) for persons with diagnosed HIV infection. Similarly, only 48% of youth (aged 13-24 years) and 62% of person with injection drug use as the HIV transmission risk were virally suppressed.

New York State HIV Care Measures, 2013 and NHAS Targets

Newly Diagnosed (a), PLWDHI (b), Ryan White Participants (c)



*2015 NHAS target is specified for RW program participants only; 2020 NHAS target is for all PLWDHI.

**2015 NHAS target is a 20% increase in the proportion of MSM, Black and Hispanic PLWDHI who are virally suppressed; NYS target shown here is calculated as a 20% increase for *all* PLWDHI. 2020 NHAS suppression target applies to all PLWDHI.

‡2015 NHAS target adjusted for new style of counting living cases.

¹ Calculated for Ryan White Part B participants only.

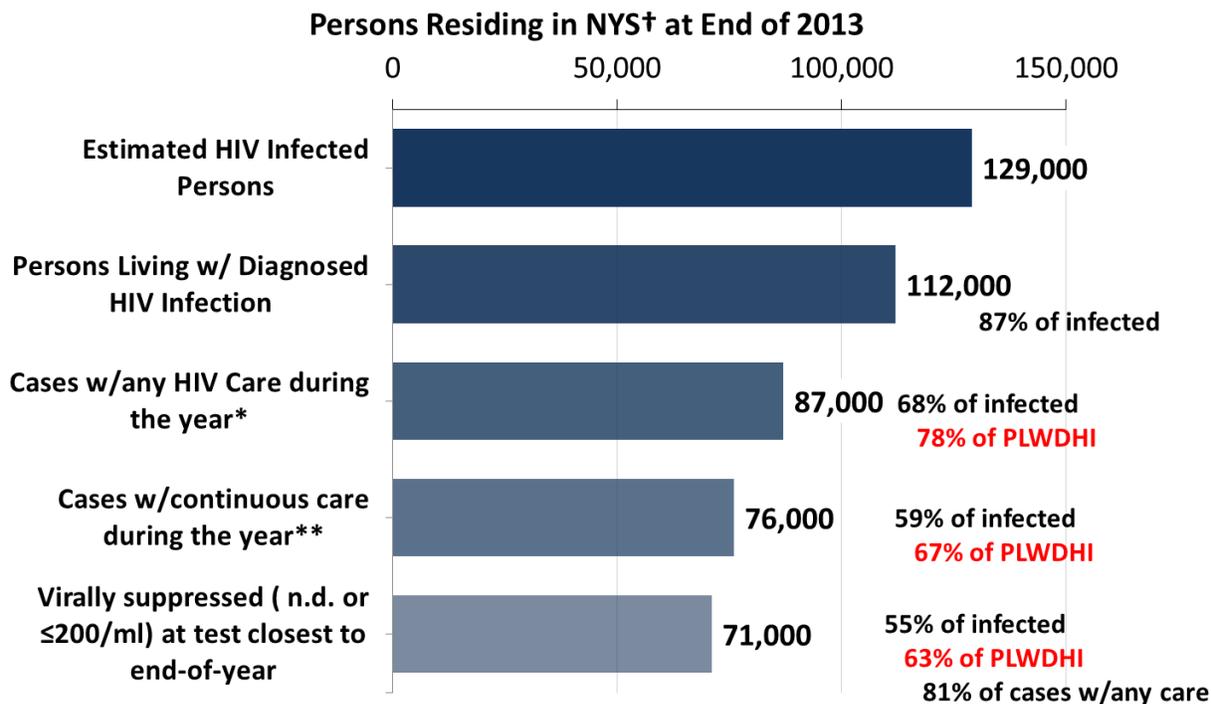
The Cascade of HIV Care

The NYS Cascade combines continuity of care and viral suppression measures with the count of living cases (PLWDHI) and estimated total HIV-infected persons.

Two measures from the New York Cascade and the CDC national estimates for HIV care in the U.S. (*HIV Surveillance Supplemental Report 2015;20* (No. 2), Table 11) can be compared meaningfully:

- The percent of total infected persons who are in continuous care appears higher in New York (58%) than in the U.S. as a whole (39%), although NYS and CDC methods are not identical.
- The percent of total infected persons who are virally suppressed is higher in NYS (55%) than in the U.S. (30%).

New York State Cascade of HIV Care, 2013



* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart

†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care ≥ 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for ≥ 8 years.

Technical Notes and Appendices

Contact Information

Please direct inquiries about these measures of HIV health care in NYS to:

Bureau of HIV/AIDS Epidemiology

AIDS Institute, NYSDOH

Empire State Plaza

Albany New York 12237

518-474-4284

BHAE@health.ny.gov

Data sources for calculation of HIV care measures

Laboratory data used in these analyses are from the NYS HIV Surveillance System. NYS Public Health law requires the electronic reporting to the NYSDOH any laboratory test, tests or series of tests approved for the diagnosis or periodic monitoring of HIV infection. 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 resistance testing. Excepted from this rule are tests done for insurance purposes or in clinical trials or in Federal facilities such as military sites or by the Veterans' Administration, though several exempted facilities report in "the spirit of cooperation". Laboratory data are reported electronically to NYSDOH, which receives around 1.3 million HIV laboratory reports annually. Counts of PLWDHI were derived from the BHAE statewide analysis file of February, 2015.

Counts shown in tables and figures may differ. The percentages shown in report tables are based on persons with a definitive date of diagnosis or on records that could be linked to laboratory data. Data shown in report figures are based on all persons living with diagnosed HIV infection regardless of whether they could be linked to laboratory data.

The NYS Ryan White continuous care measure pertains to Ryan White Part B participants, and is a composite of information from the AIDA and the ADAP. Client and HIV medical care visit information for 2013 was derived from the AIDA, which holds AIDS Institute Reporting System (AIRS) data, submitted monthly by funded providers throughout NYS. HIV medical care visits may be service visits provided by the funded program or HIV medical care visits administered by other service providers and entered into AIRS. Ryan White Part B direct services program client data were identified by selecting only clients of AI-Part B funded medical case management programs; clients of non-AI funded Part B programs were excluded from analyses, as were clients of service programs that are not required to collect retention information. Continuous care for individuals who participated in the ADAP February 1, 2013 through January 31, 2014 were matched to HIV surveillance data for 2013, and participants with continuous care were identified using the same criteria as those used for the statewide calculation.

Persons Living with Diagnosed HIV Infection residing in NYS at the end of 2013

Residence in NYS is based on the most recent address reported to the NYS HIV surveillance system, regardless of where the individual was diagnosed. Individuals diagnosed

outside NYS but presumed to be residing within the state (n~5,800), based on the most recent address, were included in the NYS calculations. Individuals diagnosed within NYS whose most recent address indicated residence outside of NYS were excluded (n~1,600).

Individuals whose last reported test to the Surveillance System was at least 5 years (AIDS cases) or 8 years (HIV non-AIDS cases) before December 2013 were not included in the count of living cases or in estimates of continuity of care and viral suppression. These persons are presumed to be either no longer living or no longer resident in NYS (n~25,200).

Calculation of NYS Cascade measures

1. Estimated HIV Infected Persons

CDC's national estimate (12.8%) was applied to PLWDHI residing in NYS.

2. Persons living with diagnosed HIV infection

PLWDHI as of December 2013, from BHAEC statewide analysis file, February, 2015.

3. Cases with any HIV care during the year

78% of living cases who were diagnosed and living during the entire year had at least one reported viral load or CD4 test, regardless of result (Table B). This percentage was applied to the entire number of PLWDHI as of December 2013.

4. Cases with continuous care during the year

67% of living cases who were diagnosed and alive during the entire year had at least two laboratory tests (VL or CD4) during the year which were separated by at least 3 months (Table B). This percentage was applied to the entire number of PLWDHI as of December 2013.

5. Virally suppressed at test closest to end-of-year

Viral load results were received for 77% of PLWDHI who were diagnosed and alive at the end of 2013 (Table C). Of these, 81% had a viral load ≤ 200 copies/ml or below quantifiable detection limit at the test closest to end-of-year. Overall, 63% of living cases were virally suppressed. This percentage was applied to the entire number of PLWDHI as of December 2013.

Identification of Prisoner Cases

In counties with relatively low HIV rates among non-incarcerated persons, inclusion of diagnosis and prevalence data from individuals in state correctional facilities may overestimate HIV diagnoses and prevalence. To address this problem, individuals ever identified as inmates in New York State correctional facilities outside New York City are excluded from Ryan White regional calculations. Identification may be based on reported residence at diagnosis, on information reported from the NYS Department of Corrections and Community Services to the NYS HIV surveillance program, or on receipt by NYSDOH of a laboratory report referencing a state correctional facility outside New York City. It is important to note that because both the timing and location of incarceration may be uncertain, surveillance data on individual identified as prisoners cannot yield a reliable description of the number and characteristics of persons with HIV who are actually incarcerated in state facilities in a given year.

**Table A: Entry to Care in 2013¹
Persons Newly Diagnosed with HIV, NYS, 2013²**

	All	Entry within 3 months of dx	
Residence at Diagnosis			
NYC	2,470	2,050	83%
NYS, excluding NYC	713	595	83%
NYS Total	3,183	2,645	83%
Ryan White Reg. at Dx³			
Albany	77	62	81%
Binghamton	14	11	79%
Buffalo	108	87	81%
Lower Hudson	111	86	77%
Mid-Hudson	56	49	88%
Nassau Suffolk	182	159	87%
Rochester	62	54	87%
Syracuse	69	59	86%
Birth Sex			
Male	2,515	2,078	83%
Female	668	567	85%
Race/Ethnicity⁴			
White	610	519	85%
Black	1,224	996	81%
Hispanic	1,082	906	84%
Asian/Pac Isl.	81	65	80%
Native Am.	1	1	100%
Multirace	185	158	85%
Age at Diagnosis			
13-19	126	101	80%
20-24	505	420	83%
25-29	590	464	79%
30-39	742	619	83%
40-49	644	554	86%
50-59	392	333	85%
60+	184	154	84%
Transmission Risk			
MSM	1,753	1,484	85%
IDU	82	69	84%
MSM/IDU	65	48	74%
Heterosexual	413	358	87%
Female Presumed Hetero Contact	380	313	82%
Unknown	490	373	76%

¹ First viral load or CD4 test after diagnosis, regardless of result

² NYS HIV surveillance case and laboratory data as of February, 2015

³ Rates based on fewer than 25 cases are not statistically reliable; regional figures exclude prisoners in state correctional facilities

⁴ High proportion entering care among multi-race is not reliable and is likely an artifact of CDC's algorithm for inferring multi-race status.

Table B: Continuity of Care in 2013
Persons Living with Diagnosed HIV Infection Dec. 2012 and Alive Dec. 2013, NYS¹

	All	Any Care ²		≥2 tests, ≥3 mos apart	
Residence³					
NYC	87,830	68,420	78%	59,541	68%
NYS, excluding NYC	22,709	17,579	77%	15,001	66%
NYS Total	110,539	85,999	78%	74,542	67%
Ryan White Reg. ⁴					
Albany	2,402	1,981	82%	1,724	72%
Binghamton	402	315	78%	274	68%
Buffalo	2,317	1,920	83%	1,607	69%
Lower Hudson	3,348	2,597	78%	2,219	66%
Mid-Hudson	1,850	1,450	78%	1,197	65%
Nassau Suffolk	5,036	4,014	80%	3,293	65%
Rochester	2,430	2,009	83%	1,787	73%
Syracuse	1,722	1,387	81%	1,207	70%
Birth sex					
Male	77,664	59,505	77%	51,415	66%
Female	32,875	26,494	81%	23,127	70%
Race/Ethnicity⁵					
White	22,998	18,006	78%	15,165	66%
Black	46,345	35,927	78%	30,924	67%
Hispanic	34,610	26,681	77%	23,755	69%
Asian/Pac Isl.	1,527	1,130	74%	981	64%
Native Am.	75	45	60%	41	55%
Multirace	4,821	4,081	85%	3,568	74%
Age					
13-19	707	591	84%	539	76%
20-24	2,967	2,238	75%	1,819	61%
25-29	6,080	4,357	72%	3,505	58%
30-39	16,842	11,967	71%	9,881	59%
40-49	32,021	24,546	77%	21,093	66%
50-59	35,134	28,489	81%	25,201	72%
60+	16,776	13,799	82%	12,493	74%
Transmission Risk					
MSM	40,730	31,568	78%	26,859	66%
IDU	15,708	12,609	80%	11,355	72%
MSM/IDU	3,377	2,693	80%	2,401	71%
Heterosexual	20,148	16,360	81%	14,253	71%
Female Presumed Hetero Contact	12,282	9,435	77%	8,147	66%
Blood Products	213	179	84%	159	75%
Pediatric Risk	1,947	1,633	84%	1,422	73%
Unknown	16,134	11,522	71%	9,946	62%

¹ NYS HIV surveillance case and laboratory data as of February, 2015

² At least 1 viral load or CD4 test during the year

³ Residence at end of 2013

⁴ Regional figures exclude prisoners in state correctional facilities

⁵ High proportion of persons with care among multi-race persons is likely an artifact of CDC's algorithm for inferring multi-race status.

Table C: Viral Suppression¹ in 2013
Persons Living with Diagnosed HIV Infection Dec. 2012 and Alive Dec. 2013, NYS²

	All	≥1 VL Test during the year		Virally suppressed at test closest to end of year		
			% of All	% of tested	% of All	
Residence³						
NYC	87,830	67,725	77%	54,466	80%	62%
NYS, excluding NYC	22,709	17,344	76%	14,830	86%	65%
NYS Total	110,539	85,069	77%	69,296	81%	63%
Ryan White Reg. ⁴						
Albany	2,402	1,971	82%	1,743	88%	73%
Binghamton	402	306	76%	266	87%	66%
Buffalo	2,317	1,898	82%	1,633	86%	70%
Lower Hudson	3,348	2,577	77%	2,205	86%	66%
Mid-Hudson	1,850	1,424	77%	1,225	86%	66%
Nassau Suffolk	5,036	3,938	78%	3,401	86%	68%
Rochester	2,430	1,977	81%	1,671	85%	69%
Syracuse	1,722	1,371	80%	1,183	86%	69%
Birth sex						
Male	77,664	58,858	76%	48,718	83%	63%
Female	32,875	26,211	80%	20,578	79%	63%
Race/Ethnicity⁵						
White	22,998	17,829	78%	16,163	91%	70%
Black	46,345	35,448	76%	27,290	77%	59%
Hispanic	34,610	26,474	76%	21,436	81%	62%
Asian/Pac Isl	1,527	1,126	74%	1,029	91%	67%
Native Am.	75	44	59%	41	93%	55%
Multirace	4,821	4,020	83%	3,222	80%	67%
Age						
13-19	707	589	83%	398	68%	56%
20-24	2,967	2,203	74%	1,359	62%	46%
25-29	6,080	4,306	71%	3,086	72%	51%
30-39	16,842	11,836	70%	9,163	77%	54%
40-49	32,021	24,298	76%	19,579	81%	61%
50-59	35,134	28,191	80%	23,679	84%	67%
60+	16,776	13,634	81%	12,022	88%	72%
Transmission Risk						
MSM	40,730	31,291	77%	26,741	85%	66%
IDU	15,708	12,459	79%	9,668	78%	62%
MSM/IDU	3,377	2,666	79%	2,045	77%	61%
Heterosexual	20,148	16,190	80%	12,982	80%	64%
Female Presumed Hetero Contact	12,282	9,318	76%	7,416	80%	60%
Blood Products.	213	176	83%	145	82%	68%
Pediatric Risk	1,947	1,620	83%	962	59%	49%
Unknown	16,134	11,349	70%	9,337	82%	58%

¹ Virally suppressed defined as viral load non-detectable or ≤ 200 copies/ml

² NYS HIV surveillance case and laboratory data as of February, 2015

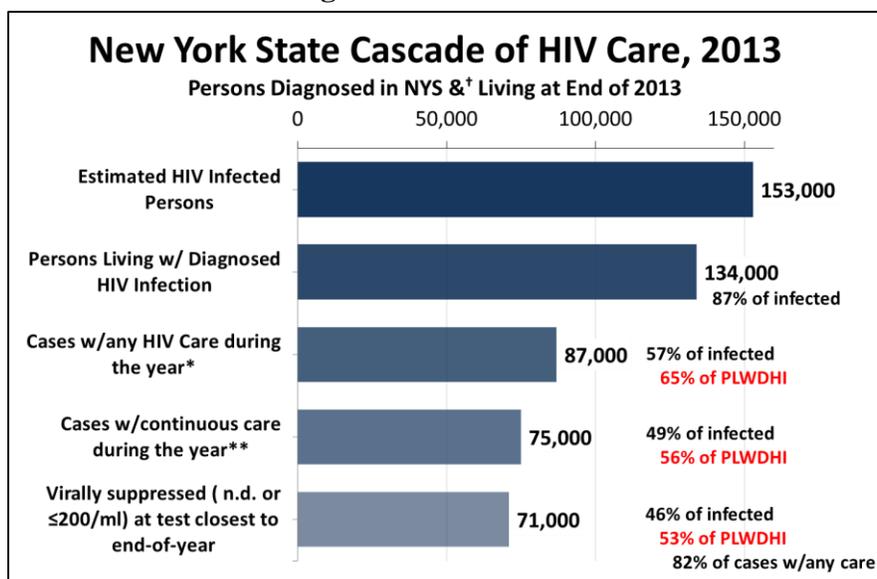
³ Residence at end of 2013

⁴ Regional figures exclude prisoners in state correctional facilities

⁵ High proportion of persons with care among multi-race persons is likely an artifact of CDC's algorithm for inferring multi-race status.

Old and New-Style New York State Cascades

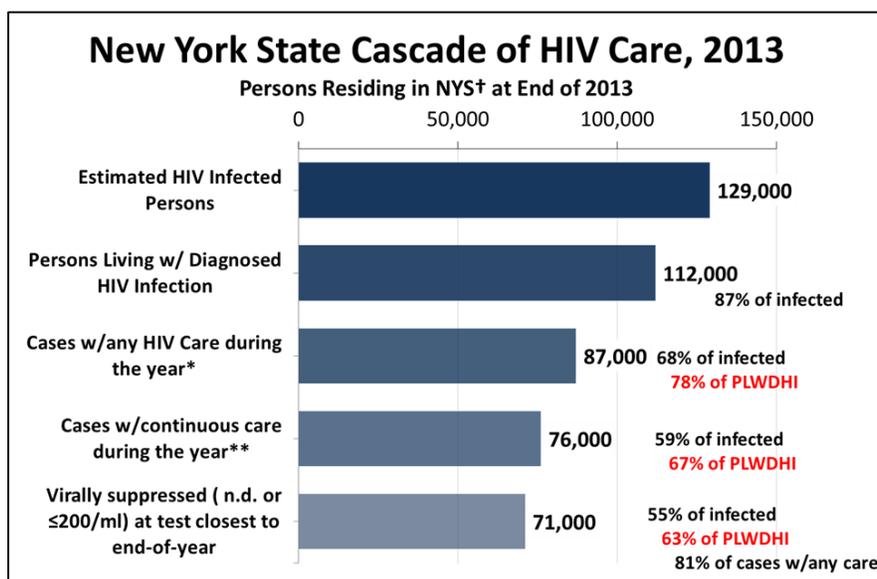
Old style – based on residence at diagnosis



* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart

† Residing in NYS at the time of diagnosis and alive as of December 31, 2013

New style - based on recent residence



* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart

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

The old-style cascade for 2013 is presented here to allow comparison with previous years. Estimated PLWDHI is substantially smaller in the recent-residence version, largely because of the exclusion of cases with no reports for several recent years. The number of persons in care or virally suppressed, however, is essentially the same in both versions, leading to higher estimates of the percentage in care and virally suppressed.