NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Alister Martin, MD, MPP
Health Commissioner

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June 6, 2026

Honorable Julie Menin
Speaker, New York City Council
City Hall
New York, NY 10007

Dear Speaker Menin:

Attached, please find a copy of the Terms and Conditions New Infections report, pursuant to Unit of Appropriations 102 and 112 in the Department of Health and Mental Hygiene's budget. This semi-annual report details the number of new infections in the City of New York. Thank you!

If you have further questions, please do not hesitate to contact Maura Kennelly, Deputy Commissioner for External Affairs, at (347) 396-4279 or mkennell@health.nyc.gov.

Sincerely,

Alister Martin, MD, MPP
Health Commissioner

New Infections Terms & Conditions Report on Hepatitis A, B, and C; HIV; Tuberculosis; and Measles in New York City: April 2025

Hepatitis A, B, and C in New York City

In 2022, there were 47 people reported with hepatitis A in New York City (NYC); in 2023, there were 61 people reported with hepatitis A in NYC; and in 2024, there were 60 people reported with hepatitis A in NYC.

In 2022, there were 30 people confirmed with acute hepatitis B and 5,518 people newly reported with chronic hepatitis B in NYC; in 2023, there were 19 people confirmed with acute hepatitis B and 6,947 people newly reported with chronic hepatitis B in NYC; and in 2024, there were 305 people with acute hepatitis B and 8,029 people newly reported with chronic hepatitis B in NYC. In 2024, following an update to the Council of State and Territorial Epidemiologists (CSTE)'s acute hepatitis B case definition, NYC implemented a new acute hepatitis B case definition, which drove the increase in reported acute hepatitis B cases in NYC compared with prior years. Implementation of laboratory reporting of negative hepatitis B surface antigen in 2024 improved the detection of acute hepatitis B identified via hepatitis B surface antigen seroconversion. The increase in chronic hepatitis B cases in 2023 and 2024 in NYC may be linked to improved screening, which likely identified people with previously undiagnosed infections. In 2023, the CDC recommended universal hepatitis B testing for all adults in the U.S. at least once in their lifetime, replacing its risk-based screening recommendation.

In 2022, there were 140 people confirmed with acute hepatitis C and 2,665 people newly reported with chronic hepatitis C in NYC; in 2023, there were 145 people confirmed with acute hepatitis C and 2,375 people newly reported with chronic hepatitis C in NYC; and in 2024, there were 398 people with acute hepatitis C and 2,188 people newly reported with chronic hepatitis C in NYC. In 2020, following an update to CSTE's acute hepatitis C case definition, NYC implemented a new acute hepatitis C case definition, which drove the increase in reported acute hepatitis C cases in NYC compared with prior years. Implementation of laboratory reporting of negative hepatitis C antibody in 2024 improved the detection of acute hepatitis C identified via hepatitis C antibody seroconversion. The increase in acute hepatitis C cases in 2024 may be linked to improved screening, which likely identified people with previously undiagnosed hepatitis C.

For additional information, see the NYC Health Department's Hepatitis A, B, and C Surveillance Annual Reports for 2024, 2023 (with appendices), and 2022. The above data for 2022 and 2023 are adjusted to reflect ongoing surveillance activities. The NYC Health Department is currently collecting and analyzing hepatitis A, B, and C surveillance data for 2025 to be released in late 2026.

HIV in New York City

In 2022, 1,591 people were newly diagnosed with HIV in New York City (NYC); in 2023, 1,700 people were newly diagnosed with HIV in NYC; and in 2024, 1,791 people were newly diagnosed with HIV in NYC. Using a modeling technique, it is estimated that there were 1,431 new or incident HIV infections in 2024, an increase of 17% compared with 2023. When viewed over longer time periods, new HIV diagnoses in NYC decreased 1%, from 1,802 in 2019 to 1,791 in 2024; and decreased 26%, from 2,405 in 2015 to 1,791 in 2024. A wide range of factors may be contributing to more recent increases in new HIV diagnoses and new or incident HIV infections in NYC, including barriers to accessing health care, poverty, homelessness or housing instability, lack of adequate health insurance or employment, unmet supportive service needs, stigma and discrimination, and a misperception of HIV risk.

For additional information, see the NYC Health Department's HIV Surveillance Annual Reports for 2024, 2023, and 2022. The above data for 2022 and 2023 are adjusted to reflect ongoing surveillance activities. Updated data appear in the NYC Health Department's HIV Annual Surveillance Statistics tables for 2024, 2023, and

2022. The NYC Health Department is currently collecting and analyzing HIV surveillance data for 2025 to be released in late 2026.

Tuberculosis in New York City

In 2023, 679 New York City (NYC) residents with confirmed tuberculosis (TB) were reported; in 2024, 832 NYC residents with confirmed TB were reported; and in 2025, 743 NYC residents with confirmed TB were reported. The reduction in TB cases in 2022 compared to prior to 2020 may be due to changes in care access and travel related to the COVID-19 pandemic, which may have led to delayed diagnoses; COVID-19 prevention measures may also have had an impact.

For additional information, see the NYC Health Department's Tuberculosis in New York City 2025 report. The above data for 2024 has been adjusted to reflect ongoing surveillance activities.

Measles in New York City

In 2023, there was one confirmed case of measles in NYC; in 2024, there were 14 confirmed cases; and 2025, there were 20 confirmed cases. From January through May 8, 2026, 6 measles cases were confirmed in NYC.