STDs

TB

Hepatitis

HIV

Annual Epidemiology & Surveillance Report

Appendices

Data Through December 2018

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB
Administration (HAHSTA)

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Appendix A. Understanding Surveillance Data

In order to understand surveillance data it is important to be familiar with some key terms. Newly diagnosed, or new diagnoses, are persons diagnosed with a disease in a given time period; a diagnosis could be a positive test result, or could be determined by a clinician. A diagnosis does not always occur at exactly the same time as someone is infected or gets sick; sometimes it is months or years before someone is diagnosed. Incidence is the number of ***new infections*** of a disease in a defined population during a specific period of time. It is important to understand the difference between incidence and 'newly diagnosed'. Incident cases, or new infections, are not always diagnosed right away. Thus, the number of new diagnoses does not necessarily reflect trends in incidence (that is, new infections). At the time of diagnosis, some individuals will have been infected recently while others will have been infected sometime in the past.

Prevalence is the total number of people in a population with a particular disease or condition at a given time point. Prevalence can be thought of as a snapshot of all existing cases of a disease or condition at a specified time - for instance, the percentage of persons living with HIV among all persons living in the District as of December 31, 2018.

Understanding HIV Surveillance

The District of Columbia Municipal Code (22 DCMR 206) mandates reporting of all HIV and stage 3 (AIDS) diagnoses to the DC Department of Health. An HIV diagnosis or case refers to a person who has tested positive for HIV infection. A stage 3 (AIDS) case refers to a person who had a diagnosis of HIV infection and later had a diagnosis of stage 3 HIV disease (AIDS), or a person diagnosed with HIV and stage 3 disease (AIDS) at the same time. Stage 3 disease (AIDS) is defined by a CD4+ T-cell count less than 200 cells/μL or a stage 3 defining opportunistic infection; both of these are signs of immune system failure. Only confirmed reports of HIV and stage 3 disease cases are accepted; anonymous test results are not reported. Reports are received from a variety of sources including hospitals, private physicians' offices, community-based organizations, clinics, and laboratories. Data on HIV and stage 3 disease cases are entered into the federally issued Enhanced HIV/AIDS Reporting System (eHARS) and de-identified case information is shared with CDC monthly. CDC uses these data to prepare national surveillance reports.

Please note that the term 'HIV' encompasses all persons living with HIV infection regardless of their stage of disease (including persons diagnosed with HIV infection who have not progressed to stage 3 disease (AIDS); person who were diagnosed with HIV infection and stage 3 disease at the same time; and persons who were diagnosed with HIV infection and later received a stage 3 diagnosis). This is consistent with the Centers for Disease Control and Prevention HIV surveillance categorization and reports.

Understanding the District of Columbia HIV Prevalence Estimate

There were 1,951 newly diagnosed HIV cases reported between 2014 and 2018. However, the total number of persons diagnosed with HIV who were residents of the District and alive decreased compared to last year's report. Reasons for this change in these data include the following:

1. Completeness of vital status data continues to improve. HAHSTA matched HIV cases with Social Security Death files, as well as the National Death Index and Vital Records to determine the vital status of persons diagnosed with HIV in the District. While HAHSTA routinely receives information regarding District of Columbia residents who have died, national death matches provide information about persons diagnosed in the District who moved outside the District. Executing matches reduces case counts, resulting in a more accurate prevalence estimate of persons living with HIV in the District.

2. CDC routinely notifies HAHSTA if an HIV case reported in DC appears to be the same person reported in another state or jurisdiction. CDC makes this determination based on the soundex (a phonetic algorithm for indexing names) of a person's name, date of birth, and sex at birth; CDC does not have access to names, so matches must be determined through this process. Each case is investigated to determine if both states/jurisdictions are reporting on the same individual. If such a determination is made, the state with the earliest report date counts the case as diagnosed with HIV in their jurisdiction. The summary table on the previous page shows the number of times newly diagnosed cases were identified as a possible duplicate report and the number and proportion of possible duplicates that were assigned to another state or jurisdiction.

Year of HIV Diagnosis	Potential Duplicate Cases Identified	Cases Assigned to Another State/Jurisdiction	
		N	%
2014	1,929	1,148	59.6
2015	1,819	977	53.7
2016	1,227	604	49.2
2017	834	326	39.1
2018	378	119	31.5

3. In previous reports, the prevalence of HIV in the District was calculated by dividing the number of cases who were DC residents at diagnosis and alive by the total population of the District in the calendar year. HIV cases who were not DC residents at diagnosis but were currently living in DC were not included in the prevalence calculation. Starting in this report, HAHSTA has included all HIV cases who are living in DC, regardless of where they were diagnosed in the prevalence calculation to fully reflect the current HIV epidemic in Washington, DC.

$$\text{Prevalence Calculation: } \frac{\text{12,322 persons living with HIV in DC as of December, 2018}}{\text{693,337 persons living in the District, 2017}} = 1.8\%$$

Persons diagnosed at 13 years of age or younger are living longer lives due to advances in HIV care and treatment; the median age among pediatric cases living as of December 31, 2018 was 19 years. Addition of this age group decreases the calculated prevalence of HIV because the denominator, or total population of the District, increased by including those between 0 and 12 years of age and the prevalence of disease in this age group is low.

4. The District of Columbia's population is changing as evidenced by the 2010 US Census and 2018 US Census data estimates. The table depicts the percent change between the 2010 Census and 2018 Census estimates. There was 12.6% increase in the total number of persons living in the District.

	DC Population† 2010	Estimated DC Population, 2018	Percent Change
	N	N	%
Sex			
Male	285,786	328,173	14.8
Female	319,126	365,164	14.4
Total	604,912	693,337	14.6
Race/Ethnicity			
White	211,121	253,700	20.2
Black	303,731	324,683	6.9
Latino	55,266	76,275	38.0
Other*	34,794	38,679	11.2
Total	604,91	693,337	14.6
Current Age			
<13	73,919	98,020	32.6
13-19	50,090	48,682	-2.8
20-29	134,520	140,692	4.6
30-39	98,546	132,659	34.6
40-49	76,478	81,505	6.6
50-59	72,098	77,068	6.9
≥60	99,261	114,711	15.6
Total	604,912	693,337	14.6

†Source: 2010 US Census
††Source: 2017 US Census Estimates
*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and Unknowns

The composition of District residents also changed by race/ethnicity, and age. The number of Latinos living in the District increased by 38.0% and the number of those classified as other race increased by 11.2%. The percent change among Blacks was negligible at 6.9%. In addition, the population between 0 and 12 years of age increased by 32.6%, while the population between 13 and 19 years of age decreased by 2.8%. It is also important to note that the population between 30 and 39 years of age increased by 34.6%.

Understanding the HIV Incidence Estimate

The 2018 HIV incidence estimate provides an estimated number of new infections of HIV occurring each year among DC residents during the five year span from 2014-2018. The estimate takes into consideration the probability of being newly infected within the entire population at risk, thus including cases that are not yet diagnosed. For this reason, the incidence estimate should not be compared with the annual new diagnoses reported in the Annual Epidemiology and Surveillance Report. The objective of reducing new infections tackles the leading edge of the epidemic by reducing transmissions as well as determining where and among whom new infections are occurring. This insight can inform prevention strategies and allow for more effective resource allocation to best address the HIV epidemic in DC.

Methodology of the HIV Incidence Estimate

The HIV Incidence Estimate technique has changed from the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) method to the CD4 depletion model. The CD4 depletion model uses the idea that CD4 counts proportionately decrease without treatment during the course of infection to estimate the date of infection based on the first CD4 result following diagnosis.[1] The incidence estimate uses statistical imputation to estimate the number of newly infected individuals in DC while accounting for diagnosis and reporting delays. For cases where information was missing, a stratified extrapolation approach was used to impute the missing information.

Limitations and Assumptions of the Incidence Estimate

- **Delayed Diagnosis:**
  The time between infection and diagnosis is considered the diagnosis delay. The amount of diagnosis delay varies by case. The statistical imputation of the estimate adjusts for diagnosis delays using existing data to estimate delays.

- **Delayed Reporting:**
  The incidence estimates are subject to variation by year since they are based on reported surveillance data. Fluctuations in timing of data reported to the DC Department of Health may affect data availability at the time of reporting. The statistical imputation of the estimate adjusts for reporting delays using existing data to estimate current delays.

- **Reporting Completeness:**
  The completeness of CD4 results are limited by laboratory participation. Currently, laboratories representing approximately 90% of identified cases participate in the HIV Incidence Surveillance Program.

- **Missing Data:**
  Incidence testing can only be assessed among persons with reported laboratory data and testing and antiretroviral use history data. Proportions of the diagnosed population may not have these data, but as diagnosed cases in the District, are included in the report. For these cases it is assumed that the information is missing at random and, statistical imputation was used to estimate the missing information.

[1] Song R, Hall HI, Green TA, Szwarcwald CL, Pantazis N. Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the United States. *J Acquir Immune Defic Syndr*. 2017 Jan 1; 74(1):3-9.

Understanding Clinical Outcomes

Primary care visits are not reportable to the DC Department of Health HIV surveillance program. However, HIV-related laboratory measures, such as CD4+ T-cell counts and HIV RNA viral loads, are required by DC Municipal Code to be reported to HAHSTA by healthcare providers and clinical laboratories. Laboratory measures are used in surveillance to provide approximate measures of access to medical care and HIV-related clinical health status. With improved reporting of laboratory data through the comprehensive electronic laboratory reporting system instituted in 2007, HAHSTA is able to obtain a picture of HIV care among persons living with HIV in the District.

The Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (DHHS) released measures to monitor the stages of HIV care, including diagnosis, linkage to care, retention in care and measurement of viral suppression. The measures reported reflect local variations of federal standards revised to reflect the realities of available HIV surveillance data.

Understanding HIV-Related Drug Resistance

The 2018 HIV-related Drug Resistance profile provides information about drug resistance for HIV occurring each year among DC residents during the five year span from 2014-2018. The objective of HIV-related drug resistance is to track the prevalence of resistance to particular drug classes in DC. Drug resistance occurs when the HIV virus adapts to the effects of particular drugs making them ineffective to treat the infection. Genetic sequence testing is an essential tool for assessing an individual's drug resistance and developing an effective treatment plan. Resistance to integrase strand-transfer inhibitors was not included since this has not been conducted in a standard way across all 5 years of the analysis.

Table 1. Drug Resistance Definitions

Term	Definition
Integrase Strand Transfer Inhibitors (INSTIs)	Class of drugs used to prevent the HIV virus from making copies within the cell.
Nucleotide Reverse Transcriptase Inhibitors (NRTIs)	Class of drugs used to prevent the HIV virus from making copies within the cell.
Non-Nucleotide Reverse Transcriptase Inhibitors (NNRTIs)	Class of drugs used to prevent the HIV virus from making copies within the cell.
Protease Inhibitors (PIs)	Class of drugs used to prevent the virus from growing within the cell
Susceptible*	No evidence of ARV resistance
Low Level Resistance*	The predicted level of resistance is similar to those with suboptimal response to treatment with the drug
Intermediate Resistance*	The predicted level of resistance may reduce drug effectiveness.
High Level Resistance*	The predicted level of resistance is similar to those with the highest levels of drug resistance

*Definitions and susceptibility were ascertained from the Stanford University Sierra HIV Drug Resistance Database. https://hivdb.stanford.edu/page/release-notes/

Limitations and Assumptions of HIV-Related Drug Resistance

- **Reporting Completeness:**
  The completeness of HIV-related drug resistance data are limited by laboratory participation. Due to the nature of the result, electronic laboratory reporting via HL7 messaging is required. Currently, genotypic laboratory results are reported by labs representing approximately ~90% of HIV-related tests conducted in the District.

Understanding Sexually Transmitted Infections (STI) Surveillance

Currently, chlamydia, gonorrhea, and syphilis are the only STIs for which surveillance data are routinely collected and analyzed in the District. Local reporting laws require all clinicians and laboratories to report findings relevant to STIs – including positive test results, patients receiving STI treatment, and suspicious STI related symptoms – to the DC Department of Health. At the end of 2013, data management systems collecting STI information were upgraded.

STI morbidity reports should include the patient's name, address, and requested demographic information (sex, age, race, ethnicity, etc.); however, demographic information is often missing from these reports. The percentage of cases missing pertinent data varies depending on the disease and the variable of interest. For example, in 2018, only 426 (1.0%) cases of reported chlamydia had "unknown" gender identity but 28,039 (70.1%) cases had "unknown" race.

Race/ethnicity was reported for primary and secondary syphilis cases. If someone was identified as Latino, they were classified as Latino, regardless of their race classification. Data on race and ethnicity was largely missing for chlamydia and gonorrhea cases; therefore, we have not reported incident cases by race or ethnicity for chlamydia or gonorrhea.

In addition, unlike HIV surveillance, STI surveillance is based on incident (new) infections. Some individuals may be diagnosed multiple times with the same STI, or with different types of STIs at the same time. Additionally, primary and secondary syphilis cases are used as a measure of disease incidence while early latent and late latent syphilis cases are a better indicator of disease prevalence.

Understanding Viral Hepatitis Surveillance

Viral hepatitis is a nationally and locally reportable disease. The District of Columbia Municipal Regulations (22 DCMR Chapter 2 201.5) mandate reporting of "hepatitis, infections and serum" by healthcare providers, and medical institutions such as hospitals, and laboratories. Hepatitis cases are primarily reported to the DC Department of Health by laboratory reports, however, they are also identified through reports from health care providers, hospitals, clinics and reports from other health departments. In some instances, the DC Department of Health requires additional information to classify a case, therefore hepatitis program investigators contact providers and patients to obtain more complete information. Of note, the District does not currently receive federal funding to support or strengthen case surveillance for viral hepatitis.

The District's hepatitis surveillance program uses a confidential name-based Viral Hepatitis Registry (VHR) which includes basic demographic data, diagnosis and event/illness onset dates, when available. Supplemental information collected through the case investigation process is documented and often includes clinical features, serologic test results, and risk factors for infection. This information is compiled and used to classify cases according to CDC case definitions. Confirmed chronic hepatitis B or C cases include a complete series of labs. A probable case of chronic hepatitis B or C is a combination of reported lab results

that are an incomplete series and don't include all results necessary to confirm a diagnosis.

Understanding Tuberculosis Surveillance

In the District of Columbia, active tuberculosis (TB) is a reportable condition by both medical providers and laboratories. Medical providers must report anyone diagnosed with, or who has symptoms suspicious of, TB. Laboratories are required to report preliminary tests indicative of active TB, as well as confirmed tests. In any given year approximately 25 to 30% of initial reports of persons with suspicious clinical or laboratory findings will be verified as TB by laboratory confirmation or clinical case definition. Receiving initial reports allows HAHSTA to begin immediate medical and epidemiological follow-up on suspect cases; this is done to interrupt potential disease transmission while the person waits for final results, which could take as long as eight weeks.

Incomplete Reporting/Missing Data

Essential information for characterizing demographic, risks, and geographic trends in infection is collected by the DC Department of Health from testing organizations and providers utilizing a standard case report form (https://dchealth.dc.gov/page/dc-health-applications-and-forms), as well as through laboratory reports. Incomplete case report forms limit the utility of disease surveillance data for monitoring infection patterns among District residents. A summary of the extent of missing information for select surveillance data elements is provided in Table 2.

Table 2. Percentage of Newly Reported Cases with Missing Information (2014-2018)

Variable	**Infection Type**						
	HIV % Missing	Chlamydia % Missing	Gonorrhea % Missing	P & S Syphilis % Missing	HBV % Missing	HCV % Missing	TB % Missing
Date of Birth	-----	1%	<1%	-----	<1%	1%	-----
Gender	-----	1%	1%	<1%	-----	-----	-----
Race/Ethnicity	2%	71%	59%	13%	87%	84%	-----
Residential Address	5%	13%	10%	5%	35%	42%	-----
Mode of Transmission	23%						
Gender of Sex Partner		92%	82%	40%			
Anatomical Site		59%	51%				

Appendix B. Supplementary Tables and Figures

Table B1. People Living with HIV in the District of Columbia as of December 31, 2018, by Gender Identity, Current Age, Race/Ethnicity and Mode of Transmission

	Total HIV Cases who were DC Residents at diagnosis		DC Residents at HIV Diagnosis, still in DC		In-migrants: Diagnosed out of jurisdiction, now in DC		People living in DC diagnosed with HIV (total)		Out-migrants diagnosed in DC but now living out of jurisdiction	
			N	%	N	%	N	%	N	%
Gender										
Male	13,017	73.0	7,252	69.9	1,602	82.2	8,854	71.9	5,766	77.3
Female	4,516	25.3	2,920	28.2	302	15.5	3,223	26.2	1,600	21.4
Transgender	297	1.7	201	1.9	45	2.3	245	2.0	96	1.3
Total	17,830	100	10,373	100	1,949	100	12,322	100	7,462	100
Current Age										
<13	13	0.1	9	0.1	4	0.2	13	0.1	4	0.1
13-17	33	0.2	24	0.2	4	0.2	28	0.2	9	0.1
18-19	29	0.2	22	0.2	3	0.2	25	0.2	7	0.1
20-24	277	1.6	212	2.0	54	2.8	266	2.2	67	0.9
25-29	848	4.8	609	5.9	208	10.7	817	6.6	240	3.2
30-39	3,007	16.9	1,805	17.4	544	27.9	2,349	19.1	1,203	16.1
40-49	3,895	21.8	2,137	20.6	395	20.3	2,532	20.5	1,758	23.6
50-59	5,691	31.9	3,245	31.3	483	24.8	3,728	30.3	2,447	32.8
60+	4,037	22.6	2,310	22.3	249	12.8	2,559	20.8	1,727	23.1
Missing	-	0.0	-	0.0	5	0.3	5	0.0	-	0.0
Total	17,830	100	10,373	100	1,949	100	12,322	100	7,462	100
Race/Ethnicity										
White	3,002	16.8	1,475	14.2	449	23.0	1,924	15.6	1,527	20.5
Black	12,407	69.6	7,705	74.3	1,131	58.0	8,836	71.7	4,702	63.0
Latino	1,354	7.6	736	7.1	201	10.3	937	7.6	618	8.3
Other*	1,072	6.0	457	4.4	168	8.6	555	4.5	615	8.2
Unknown	-	-	-	-	-	-	70	0.6	-	-
Total	17,830	100	10,373	100	1,949	100	12,322	100	7,462	100
Mode of Transmission										
Sexual contact	12,920	72.4	7,503	72.3	1,486	76.2	8,990	73.0	5,417	72.6
IDU	1,940	10.9	1,109	10.7	84	4.3	1,193	9.7	831	11.1
Sexual contact/IDU	852	4.8	380	3.7	89	4.6	469	3.8	472	6.3
Other**	207	1.2	124	1.2	23	1.2	146	1.2	83	1.1
RNI	1,916	10.7	1,257	12.1	267	13.7	1,524	12.4	659	8.8
Total	17,830	100	10,373	100	1,949	100	12,322	100	7,462	100

*Other race/ethnicity includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown

** Other mode of transmission includes perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

Table B2. People Living with HIV in the District of Columbia as of December 31, 2018, by Gender Identity and Mode of Transmission

	Total HIV Cases who were DC Residents at Diagnosis		DC Residents at HIV Diagnosis, still in DC		In-migrants: Diagnosed out of jurisdiction, now in DC		People living in DC diagnosed with HIV (total)		Out-migrants diagnosed in DC but now living out of jurisdiction	
	N	%	N	%	N	%	N	%	N	%
Male										
MSM	8,094	62.2	4,388	60.5	1,152	71.9	5,540	62.6	3,706	64.3
IDU	1,072	8.2	586	8.1	49	3.1	635	7.2	486	8.4
MSM/IDU	835	6.4	369	5.1	87	5.4	456	5.2	466	8.1
Heterosexual contact	1,683	12.9	1,048	14.5	130	8.1	1,178	13.3	635	11.0
Other**	92	0.7	53	0.7	9	0.6	62	0.7	39	0.7
RNI	1,241	9.5	808	11.1	175	10.9	983	11.1	434	7.5
Total	**13,017**	**100**	**7,252**	**100**	**1,602**	**100**	**8,854**	**100**	**5,766**	**100**
Female										
IDU	858	19.0	516	17.7	33	10.9	549	17.0	342	21.4
Heterosexual contact	2,934	64.9	1,929	66.1	170	56.3	2,101	65.2	1,006	62.9
Other**	109	2.4	67	2.3	14	4.6	80	2.5	42	2.6
RNI	615	13.7	408	14.0	85	28.1	493	15.3	210	13.1
Total	**4,516**	**100**	**2,920**	**100**	**302**	**100**	**3,223**	**100**	**1,600**	**100**
Transgender										
Sexual contact	208	70.0	138	68.7	34	75.6	171	78.8	70	72.9
IDU	10	3.4	7	3.5	2	4.4	9	4.1	3	3.1
Sexual contact/IDU	17	5.7	11	5.5	2	4.4	13	6.0	6	6.3
Other**	6	2.0	4	2.0	-	0.0	4	1.8	2	2.1
RNI	56	18.9	41	20.4	7	15.6	48	22.1	15	15.6
Total	**297**	**100**	**201**	**100**	**45**	**100**	**245**	**100**	**96**	**100**

** Other mode of transmission includes perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

Table B3. HIV Cases Living in the District of Columbia by Race/Ethnicity, Sex, and Mode of Transmission, District of Columbia, 2018

	White		Black		Latino		Other*		Unknown		Total	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Gender Identity												
Male	1,854	96.4	5,738	64.9	800	85.4	405	73.0	61	87.1	8,854	71.9
Female	58	3.0	2,915	33.0	109	11.6	132	23.8	9	12.9	3,223	26.2
Transgender	16	0.8	183	2.1	28	3.0	18	3.2	0	0.0	245	2.0
Total	1,924	100.0	8,836	100.0	937	100.0	555	100.0	70	100.0	12,322	100.0
Mode of Transmission												
Sexual Contact	1,664	86.5	6,080	68.8	799	85.3	410	73.9	37	52.9	8,990	73.0
IDU	24	1.2	1,090	12.3	27	2.9	51	9.2	1	1.4	1,193	9.7
Sexual Contact/IDU	75	3.9	338	3.8	22	2.3	31	5.6	3	4.3	469	3.8
Risk not Identified	157	8.2	1,196	13.5	87	9.3	56	10.1	28	40.0	1,524	12.4
Other**	4	0.2	1,321	15.0	2	0.2	7	1.3	1	1.4	146	1.2
Total	1,924	100.0	8,836	100.0	937	100	555	100	70	100.0	12,322	100
Male												
MSM	1,580	85.4	3,045	53.1	612	76.6	271	66.9	32	52.5	5,540	62.6
IDU	14	0.8	578	10.1	15	1.9	27	6.7	1	1.6	635	7.2
MSM/IDU	75	4.1	326	5.7	21	2.6	31	7.7	3	4.9	456	5.2
Heterosexual Contact	32	1.7	1,021	17.8	82	10.3	42	10.4	1	1.6	1,178	13.3
Risk not Identified	146	7.9	711	12.4	69	8.6	33	8.1	24	39.3	982	11.1
Other**	3	0.2	57	1.0	1	0.1	1	0.2	0	0.0	62	0.7
Subtotal	1,850	100	5,737	100	799	100	405	100	61	100.0	8,854	100
Female												
IDU	9	16.1	504	17.3	12	11.2	24	17.6	0.0	0.0	549	17.0
Heterosexual Contact	38	67.9	1,898	65.0	78	72.9	87	64.0	4.0	44.4	2,101	65.2
Risk not Identified	10	17.9	442	15.1	18	16.8	23	16.9	4.0	44.4	493	15.3
Other**	1	1.8	71	2.4	1	0.9	7	5.1	1.0	11.1	80	2.5
Subtotal	56	100	2,918	100	107	100	136	100	9	100.0	3,223	100
Transgender												
Sexual Contact	14	87.5	116	63.4	27	96.4	14	77.8	0	0.0	171	69.8
IDU	1	6.25	8	4.4	0	0.0	0	0.0	0	0.0	9	3.7
Sexual Contact/IDU	0	0	12	6.6	1	3.6	0	0.0	0	0.0	13	5.3
Risk not Identified	1	6.25	43	23.5	0	0.0	4	22.2	0	0.0	48	19.6
Other**	0	0	4	2.2	0	0.0	0	0.0	0	0.0	5	2.0
Subtotal	16	100	183	100	28	100	18	100	0	0.0	245	100

*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian and Pacific Islanders

** Other mode of transmission includes perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers

Table B4. HIV Cases Living in the District of Columbia by Race/Ethnicity, Gender Identity and Current Age, District of Columbia, 2018

	White		Black		Latino		Other*		Unknown		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Current Age												
<13	2	0.1	9	0.1	0	0.0	1	0.2	0	0.0	12	0.1
13-17	0	0.0	26	0.3	1	0.1	1	0.2	0	0.0	28	0.2
18-19	0	0.0	23	0.3	1	0.1	0	0.0	1	1.4	25	0.2
20-24	8	0.4	208	2.4	27	2.9	22	4.0	1	1.4	266	2.2
25-29	64	3.3	620	7.0	77	8.2	51	9.2	5	7.1	817	6.6
30-39	289	15.0	1,634	18.5	280	29.9	136	24.5	11	15.7	2,350	19.1
40-49	439	22.8	1,740	19.7	225	24.0	115	20.7	13	18.6	2,532	20.5
50-59	671	34.9	2,664	30.1	219	23.4	148	26.7	26	37.1	3,728	30.3
≥60	450	23.4	1,908	21.6	107	11.4	81	14.6	13	18.6	2,559	20.8
Missing	1	0.1	4	0.0	0	0.0	0	0.0	0	0.0	5	0.0
Total	1,924	100	8,836	100	937	100	555	100	70	100.0	12,322	100
Male												
<13	1	0.1	4	0.1	0	0.0	0	0.0	0	0.0	5	0.1
13-17	0	0.0	9	0.2	1	0.1	0	0.0	0	0.0	10	0.1
18-19	0	0.0	14	0.2	1	0.1	0	0.0	0	0.0	15	0.2
20-24	8	0.4	141	2.5	22	2.8	13	3.2	0	0.0	184	2.1
25-29	61	3.3	475	8.3	68	8.5	37	9.1	5	8.2	646	7.3
30-39	276	14.9	1,141	19.9	240	30.0	109	26.9	9	14.8	1,775	20.0
40-49	416	22.5	995	17.3	191	23.9	81	20.0	13	21.3	1,696	19.2
50-59	649	35.1	1,715	29.9	190	23.8	108	26.7	22	36.1	2,684	30.3
≥60	438	23.7	1,242	21.6	87	10.9	57	14.1	12	19.7	1,836	20.7
Missing	1	0.1	2	0.0	0	0.0	0	0.0	0	0.0	3	0.0
Subtotal	1,850	100	5,738	100	800	100	405	100	61	100.0	8,854	100
Female												
<13	1	1.7	5	0.2	0	0.0	1	0.7	0	0.0	7	0.2
13-17	0	0.0	16	0.5	0	0.0	1	0.7	0	0.0	17	0.5
18-19	0	0.0	9	0.3	0	0.0	1	0.7	1	11.1	10	0.3
20-24	0	0.0	60	2.1	4	3.7	10	7.1	1	11.1	74	2.3
25-29	2	3.4	131	4.5	4	3.7	11	7.8	0	0.0	148	4.6
30-39	12	20.7	442	15.2	27	24.8	23	16.3	2	22.2	504	15.6
40-49	16	27.6	702	24.1	29	26.6	31	22.0	0	0.0	778	24.1
50-59	17	29.3	914	31.4	26	23.9	39	27.7	4	44.4	996	30.9
≥60	10	17.2	635	21.8	19	17.4	24	17.0	1	11.1	688	21.3
Missing	0	0.0	1	0.0	0	0.0	0	0.0	0	0.0	1	0.0
Subtotal	58	100	2,915	100	109	100	141	100	9	100.0	3,223	100
Transgender												
<13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-17	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	1	0.4
18-19	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20-24	0	0.0	7	3.8	1	3.6	0	0.0	0	0.0	8	3.3
25-29	1	6.3	14	7.7	5	17.9	3	16.7	0	0.0	23	9.4
30-39	1	6.3	51	27.9	13	46.4	6	33.3	0	0.0	71	29.0

40-49	7	43.8	43	23.5	5	17.9	3	16.7	0	0.0	58	23.7
50-59	5	31.3	35	19.1	3	10.7	5	27.8	0	0.0	48	19.6
≥60	2	12.5	31	16.9	1	3.6	1	5.6	0	0.0	35	14.3
Missing	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	1	0.4
Subtotal	16	100	183	100	28	100	18	100	0	0	245	100

*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian and Pacific Islanders

Table B5. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis, District of Columbia, 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender Identity												
Male	348	79.1	295	73.8	276	73.0	279	74.8	275	76.4	1,473	75.5
Female	79	18.0	95	23.8	92	24.3	88	23.6	76	21.1	430	22.0
Transgender	13	3.0	10	2.5	10	2.6	6	1.6	9	2.5	48	2.5
Total	440	100.0	400	100.0	378	100.0	373	100.0	360	100.0	1,951	100.0
Race/Ethnicity											-	
White	71	16.1	48	12.0	54	14.3	40	10.7	29	8.1	242	12.4
Black	309	70.2	273	68.3	264	69.8	265	71.0	256	71.1	1,367	70.1
Latino	40	9.1	58	14.5	42	11.1	44	11.8	33	9.2	217	11.1
Other*	19	4.3	19	4.8	15	4.0	15	4.0	13	3.6	81	4.2
Unknown	1	0.2	2	0.5	3	0.8	9	2.4	29	8.1	44	2.3
Total	440	100.0	400	100.0	378	100.0	373	100.0	360	100.0	1,951	100.0
Mode of Transmission											-	
Sexual contact	296	67.3	313	78.3	288	76.2	284	76.1	250	69.4	1,431	73.3
IDU	14	3.2	9	2.3	6	1.6	9	2.4	9	2.5	47	2.4
Sexual contact/IDU	7	1.6	4	1.0	8	2.1	6	1.6	2	0.6	27	1.4
Risk not identified	123	28.0	74	18.5	76	20.1	70	18.8	99	27.5	441	22.6
Other**	0	0.0	0	0.0	0	0	4	1.1	0	0.0	4	0.2
Total	440	100.0	400	100.0	378	100.0	373	100.0	360	100.0	1,951	100.0
Age at Diagnosis											-	
<13 †	0	0	0	0	1	0.3	3	1.1	0	0.0	4	0.2
13-17	6	1.4	3	0.8	2	0.5	8	2.1	2	0.6	21	1.1
18-19	12	2.7	12	3.0	9	2.4	13	3.5	11	3.1	57	2.9
20-24	73	16.6	63	15.8	56	14.8	57	15.3	54	15.0	303	15.5
25-29	79	18.0	91	22.8	74	19.6	66	17.7	69	19.2	379	19.4
30-39	113	25.7	111	27.8	97	25.7	108	28.7	102	28.3	531	27.2
40-49	74	16.8	53	13.3	62	16.4	53	14.2	56	15.6	298	15.3
50-59	55	12.5	44	11.0	52	13.8	35	9.4	47	13.1	233	11.9
≥60	28	6.4	23	5.8	25	6.6	30	8.0	19	5.3	125	6.4
Total	440	100.0	400	100.0	378	100.0	373	100.0	360	100.0	1,951	100.0

*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian, and Pacific Islanders.

** Other mode of transmission includes perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

† One case diagnosed under the age of 13 had a mode of transmission of risk not identified (RNI)

Table B6. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, and Mode of Transmission, District of Columbia, 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
MSM	203	58.3	202	68.5	178	64.5	194	69.5	166	60.4	943	64.0
IDU	5	1.4	5	1.7	3	1.1	2	0.7	7	2.5	22	1.5
MSM/IDU	7	2.0	3	1.0	8	2.9	6	2.2	2	0.7	26	1.8
Heterosexual contact	46	13.2	40	13.6	42	15.2	32	11.5	27	9.8	187	12.7
Risk not identified	87	25.0	45	15.3	45	16.3	43	15.4	73	26.5	293	19.9
Other**	0	0.0	0	0.0	0	0.0	2	0.7	0	0.0	2	0.1
Subtotal	348	100.0	295	100.0	276	100.0	279	100.0	275	100.0	1,473	100.0
Female												
IDU	9	11.4	4	4.2	3	3.3	7	8.0	2	2.6	25	5.8
Heterosexual contact	40	50.6	63	66.3	62	67.4	55	62.5	49	64.5	269	62.6
Risk not identified	30	38.0	28	29.5	26	28.3	24	27.3	25	32.9	133	30.9
Other**	0	0.0	0	0.0	1	1.1	2	2.3	0	0.0	3	0.7
Subtotal	79	100.0	95	100.0	92	100.0	88	100.0	76	100.0	430	100.0
Transgender												
Sexual contact	7	53.8	8	80.0	6	60.0	3	50.0	8	88.9	32	66.7
IDU	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sexual contact/IDU	0	0.0	1	10.0	0	0.0	0	0.0	0	0.0	1	2.1
Risk not identified	6	46.2	1	10.0	4	40.0	3	50.0	1	11.1	15	31.3
Other**	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Subtotal	13	100.0	10	100.0	10	100.0	6	100.0	9	100.0	48	100.0

** Other mode of transmission includes perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

Table B7. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, and Age at Diagnosis, District of Columbia, 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
<13	0	0.0	0	0.0	0	0.0	2	0.7	0	0.0	2	0.1
13-17	5	1.4	2	0.7	1	0.4	6	2.2	1	0.4	15	1.0
18-19	10	2.9	9	3.1	7	2.5	10	3.6	9	3.3	45	3.1
20-24	63	18.1	53	18.0	45	16.3	49	17.6	46	16.7	256	17.4
25-29	57	16.4	80	27.1	60	21.7	57	20.4	59	21.5	313	21.2
30-39	91	26.1	82	27.8	77	27.9	81	29.0	81	29.5	412	28.0
40-49	59	17.0	32	10.8	41	14.9	38	13.6	37	13.5	207	14.1
50-59	43	12.4	23	7.8	30	10.9	22	7.9	30	10.9	148	10.0
≥60	20	5.7	14	4.7	15	5.4	14	5.0	12	4.4	75	5.1
Subtotal	348	100.0	295	100.0	276	100.0	279	100.0	275	100.0	1,473	100.0
Female												
<13	0	0.0	0	0.0	1	1.1	2	2.3	0	0.0	3	0.7
13-17	1	1.3	0	0.0	1	1.1	2	2.3	1	1.3	5	1.2
18-19	1	1.3	3	3.2	2	2.2	3	3.4	2	2.6	11	2.6
20-24	5	6.3	9	9.5	8	8.7	7	8.0	6	7.9	35	8.1
25-29	17	21.5	6	6.3	11	12.0	8	9.1	9	11.8	51	11.9
30-39	20	25.3	28	29.5	19	20.7	25	28.4	17	22.4	109	25.3
40-49	15	19.0	21	22.1	20	21.7	14	15.9	17	22.4	87	20.2
50-59	12	15.2	20	21.1	21	22.8	12	13.6	17	22.4	82	19.1
≥60	8	10.1	8	8.4	9	9.8	15	17.0	7	9.2	47	10.9
Subtotal	79	100.0	95	100.0	92	100.0	88	100.0	76	100.0	430	100.0
Transgender												
<13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-17	0	0.0	1	10.0	0	0.0	0	0.0	0	0.0	1	2.1
18-19	1	7.7	0	0.0	0	0.0	0	0.0	0	0.0	1	2.1
20-24	5	38.5	1	10.0	3	30.0	1	16.7	2	22.2	12	25.0
25-29	5	38.5	5	50.0	3	30.0	1	16.7	1	11.1	15	31.3
30-39	2	15.4	1	10.0	1	10.0	1	16.7	4	44.4	9	18.8
40-49	0	0.0	0	0.0	1	10.0	1	16.7	2	22.2	4	8.3
50-59	0	0.0	1	10.0	1	10.0	1	16.7	0	0.0	3	6.3
≥60	0	0.0	1	10.0	1	10.0	1	16.7	0	0.0	3	6.3
Subtotal	13	100.0	10	100.0	10	100.0	6	100.0	9	100.0	48	100.0

Table B8. HIV Care Dynamics among Cases Living in DC, by Selected Characteristics, District of Columbia, 2018

	Living in DC*	Ever linked to Care		Retained in any care in 2018		More than 1 Medical visit in 2018		Ever virally suppressed		Virally suppressed in 2018	
	N	N	%	N	%	N	%	N	%	N	%
Gender											
Male	8,666	8,521	98.3	6,593	76.1	4,618	53.3	7,267	83.9	5,676	65.5
Female	3,177	3,124	98.3	2,696	84.9	1,901	59.8	2,518	79.3	2,114	66.5
Transgender	235	230	97.9	192	81.7	139	59.1	188	80.0	160	68.1
Race/Ethnicity											
White	1,919	1,897	98.9	1,350	70.3	828	43.1	1,779	92.7	1,260	65.7
Black	8,651	8,492	98.2	6,889	79.6	5,055	58.4	6,930	80.1	5,720	66.1
Latino	906	891	98.3	657	72.5	448	49.4	771	85.1	571	63.0
Other**	540	535	99.1	445	82.4	302	55.9	448	83.0	364	67.4
Unknown	62	60	96.8	40	64.5	25	40.3	45	72.6	35	56.5
Mode of Transmission											
Sexual contact	8,811	8,706	98.8	6,857	77.8	4,796	54.4	7,366	83.6	5,858	66.5
IDU	1,198	1,185	98.9	994	83.0	762	63.6	982	82.0	825	68.9
Sexual contact/IDU	462	461	99.8	398	86.1	296	64.1	380	82.3	325	70.3
Other***	150	149	99.3	126	84.0	102	68.0	98	65.3	85	56.7
RNI	1,457	1,374	94.3	1,006	69.0	702	48.2	1,147	78.7	857	58.8
Current Age											
0-19	80	79	98.8	63	78.8	52	65.0	52	65.0	41	51.3
.20-24	294	276	93.9	208	70.7	151	51.4	196	66.7	150	51.0
25-29	856	833	97.3	658	76.9	408	47.7	610	71.3	500	58.4
30-39	2,263	2,206	97.5	1,716	75.8	1,160	51.3	1,752	77.4	1,382	61.1
40-49	2,622	2,586	98.6	2,028	77.3	1,417	54.0	2,161	82.4	1,701	64.9
50-59	3,686	3,655	99.2	2,974	80.7	2,177	59.1	3,188	86.5	2,619	71.1
60 and older	2,273	2,237	98.4	1,732	76.2	1,292	56.8	2,011	88.5	1,555	68.4
Missing	4	3	75.0	2	50.0	1	25.0	3	75.0	2	50.0
Total	12,078	11,875	98.3	9,381	77.7	6,658	55.1	9,973	82.6	7,950	65.8

* HIV cases living in DC at the end of 2017

**Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian and Pacific Islanders

*** Other mode of transmission includes perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

Table B9. 2018 HIV Care Dynamics among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2013-2017

	Newly diagnosed between 2013-2017 and living in 2018	Linked within 3 months of diagnosis		Virally suppressed within 12 months of HIV diagnosis	
	N	N	%	N	%
Gender					
Male	1,545	1,229	79.5	1,007	65.2
Female	453	364	80.4	302	66.7
Transgender	53	42	79.2	32	60.4
Race/Ethnicity					
White	295	250	84.7	204	69.2
Black	1,426	1,127	79.0	917	64.3
Latino	231	167	72.3	158	68.4
Other*	80	56	70.0	62	77.5
Unknown	19	15	78.9	13	68.4
Mode of Transmission					
Sexual contact	1,566	1,273	81.3	1,065	68.0
IDU	53	34	64.2	23	43.4
Sexual contact/IDU	43	26	60.5	18	41.9
Other**	6	5	83.3	5	83.3
RNI	383	297	77.5	231	60.3
Age at Diagnosis					
0-19	94	74	78.7	56	59.6
20-24	329	262	79.6	207	62.9
25-29	403	313	77.7	260	64.5
30-39	546	424	77.7	360	65.9
40-49	332	276	83.1	219	66.0
50-59	224	185	82.6	156	69.6
60 and older	123	101	82.1	83	67.5
Year of Diagnosis					
2012	508	389	76.6	281	55.3
2013	420	279	66.4	244	58.1
2014	386	331	85.8	268	69.4
2015	371	322	86.8	265	71.4
2016	366	312	85.2	283	77.3
Total	2,051	1,635	79.7	1,341	65.4

**Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian and Pacific Islanders

*** Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

Table B10. Time to Linkage to HIV Care among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2014-2018

	Newly Diagnosed Cases 2014-2018	Linked within 7 days		Linked within 8-15 days		Linked within 16-30 days		Linked within 31-90 days		Linked >90 days		Never linked	
	N	N	%	N	%	N	%	N	%	N	%	N	%
Gender													
Male	1,473	849	57.6	156	10.6	93	6.3	108	7.3	191	13.0	76	5.2
Female	430	234	54.4	55	12.8	32	7.4	33	7.7	48	11.2	28	6.5
Transgender	48	33	68.8	2	4.2	1	2.1	5	10.4	6	12.5	1	2.1
Race/Ethnicity													
White	242	151	62.4	29	12.0	14	5.8	15	6.2	25	10.3	8	3.3
Black	1,367	770	56.3	153	11.2	86	6.3	105	7.7	174	12.7	79	5.8
Latino	217	122	56.2	20	9.2	17	7.8	20	9.2	27	12.4	11	5.1
Other*	125	43	34.4	8	6.4	7	5.6	3	2.4	16	12.8	4	3.2
Unknown	44	30	68.2	3	6.8	2	4.5	3	6.8	3	6.8	3	6.8
Mode of Transmission													
Sexual contact	1,431	815	57.0	170	11.9	99	6.9	103	7.2	186	13.0	58	4.1
IDU	47	25	53.2	3	6.4	1	2.1	4	8.5	7	14.9	7	14.9
Sexual contact/IDU	27	13	48.1	1	3.7	2	7.4	1	3.7	10	37.0	0	0.0
Other**	5	4	80.0	0	0.0	0	0.0	0	0.0	1	20.0	0	0.0
RNI	441	259	58.7	39	8.8	24	5.4	38	8.6	41	9.3	40	9.1
Age at Diagnosis													
0-19	83	49	59.0	6	7.2	8	9.6	6	7.2	13	15.7	1	1.2
20-24	303	181	59.7	31	10.2	17	5.6	23	7.6	39	12.9	12	4.0
25-29	379	210	55.4	38	10.0	24	6.3	27	7.1	69	18.2	11	2.9
30-39	530	293	55.3	59	11.1	33	6.2	41	7.7	65	12.3	39	7.4
40-49	298	181	60.7	35	11.7	22	7.4	21	7.0	20	6.7	19	6.4
50-59	233	127	54.5	34	14.6	12	5.2	20	8.6	31	13.3	9	3.9
60 and older	125	75	60.0	10	8.0	10	8.0	8	6.4	8	6.4	14	11.2
Year of Diagnosis													
2014	440	170	38.6	45	10.2	33	7.5	46	10.5	120	27.3	26	5.9
2015	400	216	54.0	62	15.5	32	8.0	31	7.8	39	9.8	20	5.0
2016	378	243	64.3	37	9.8	21	5.6	28	7.4	40	10.6	9	2.4
2017	373	239	64.1	35	9.4	21	5.6	26	7.0	33	8.8	19	5.1
2018	360	248	68.9	34	9.4	19	5.3	15	4.2	13	3.6	31	8.6
Grand Total	1,951	1,116	57.2	213	10.9	126	6.5	146	7.5	245	12.6	105	5.4

**Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian and Pacific Islanders

*** Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

Table B11. Time to Viral Suppression among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2014-2017†

	Newly Diagnosed Cases 2014-2017	Suppressed within 0-90 days		Suppressed within 91-180 days		Suppressed within 181-365 days		Suppressed ≥366 days		Never Suppressed		Median time to viral suppression (days)
	N	N	%	N	%	N	%	N	%	N	%	
Gender Identity												
Male	1,198	403	33.6	213	17.8	186	15.5	186	15.5	210	17.5	121.0
Female	354	133	37.6	53	15.0	62	17.5	43	12.1	63	17.8	105.0
Transgender	39	19	8.7	4	10.3	2	5.1	8	20.5	6	15.4	79.0
Race/Ethnicity												
White	213	91	42.7	30	14.1	30	14.1	34	16.0	28	13.1	91.0
Black	1,111	371	33.4	193	17.4	177	15.9	163	14.7	207	18.6	120.5
Latino	184	68	37.0	33	17.9	28	15.2	24	13.0	31	16.8	108
Other*	68	20	29.4	10	14.7	12	17.6	16	23.5	10	14.7	140.0
Unknown	15	5	33.3	4	26.7	3	20.0	0	0.0	3	20.0	112.0
Mode of Transmission												
Sexual contact	1,181	431	36.5	222	18.8	187	15.8	176	14.9	165	14.0	112.5
IDU	38	11	28.9	2	5.3	2	5.3	9	23.7	14	36.8	121.5
Sexual contact/IDU	25	4	16.0	2	8.0	4	16.0	11	44.0	4	16.0	389.0
Other**	5	2	40.0	1	20.0	1	20.0	1	20.0	0	0.0	121.0
RNI	342	107	31.3	43	12.6	56	16.4	40	11.7	96	28.1	113.0
Age at Diagnosis												
0-19	70	27	38.6	12	17.1	7	10.0	14	20.0	10	14.3	124.0
20-24	249	85	34.1	42	16.9	36	14.5	42	16.9	44	17.7	114.0
25-29	310	99	31.9	59	19.0	51	16.5	52	16.8	49	15.8	139.0
30-39	428	155	36.2	73	17.1	71	16.6	60	14.0	69	16.1	110.0
40-49	242	88	36.4	34	14.0	46	19.0	29	12.0	45	18.6	106.0
50-59	186	65	34.9	33	17.7	26	14.0	31	16.7	31	16.7	112.0
60 and older	106	36	34.0	17	16.0	13	12.3	9	8.5	31	29.2	93.0
Year of Diagnosis												
2014	440	99	22.5	57	13.0	92	20.9	113	25.7	79	18.0	215.0
2015	400	136	34.0	76	19.0	63	15.8	65	16.3	60	15.0	116.0
2016	378	159	42.1	61	16.1	46	12.2	43	11.4	69	18.3	85.0
2017	373	161	43.2	76	20.4	49	13.1	16	4.3	71	19.0	82.5
Grand Total	1,591	555	34.9	270	17.0	250	15.7	237	14.9	279	17.5	114.0

†2018 newly diagnosed cases not included as they have not had a full year since the initial diagnosis

**Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian and Pacific Islanders

*** Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers)

Table B12. 2018 Ryan Care Dynamics, by Gender Identity, Race, Ethnicity, Mode of Transmission and Current Age, District of Columbia

	1 or more medical visit	Retained in care		Prescribed ART		VL Suppressed	
	N	N	%	N	%	N	%
Gender Identity							
Male	2,447	1,760	71.9	2,312	94.5	1,964	80.3
Female	1,683	1,261	74.9	1,599	95.0	1,363	81.0
Transgender M-F	70	49	70.0	66	94.3	52	74.3
Transgender F-M	27	19	70.4	26	96.3	19	70.4
Total	**4,229**	**3,090**	**73.1**	**4,003**	**94.7**	**3,399**	**80.4**
Current age							
13 - 24	146	112	76.7	134	91.8	96	65.8
25 - 34	632	453	71.7	585	92.6	437	69.1
35 - 44	779	591	75.9	733	94.1	593	76.1
45 - 54	1,107	794	71.7	1,048	94.7	914	82.6
55 - 64	1,140	829	72.7	1,092	95.8	976	85.6
65+	413	302	73.1	399	96.6	377	91.3
Total	**4,229**	**3,090**	**73.1**	**4,003**	**94.7**	**3,399**	**80.4**
Race*							
White	403	266	66.0	347	86.1	341	84.6
Black/African American	4,715	3,469	73.6	4,509	95.6	3,733	79.2
Asian	17	13	76.5	17	100.0	10	58.8
Native Hawaiian/Pacific Islander	5	4	80.0	5	100.0	5	100.0
American Indian/Alaska Native	27	18	66.7	24	88.9	21	77.8
Total	**5,167**	**3,770**	**73.0**	**4,902**	**94.9**	**4,110**	**79.5**
Ethnicity							
Latino	311	212	68.2	269	86.5	265	85.2
Non-Latino	3,918	2,878	73.5	3,734	95.3	3,134	80.0
Total	**4,229**	**3,090**	**73.1**	**4,003**	**94.7**	**3,399**	**80.4**
HIV/AIDS Risk Factors*							
MSM	1,066	802	75.2	996	93.4	839	78.7
IDU	223	169	75.8	213	95.5	184	82.5
Hemophilia/Coagulation Disease	7	7	100.0	7	100.0	7	100.0
Heterosexual contact	2,464	1,863	75.6	2,347	95.3	1,951	79.2
Blood Transfusion/Blood Components	20	14	70.0	18	90.0	20	100.0
Mother at risk/Perinatal	82	67	81.7	81	98.8	47	57.3
RNI /Missing	796	479	60.2	748	94.0	653	82.0
Total	**4,658**	**3,401**	**73.0**	**4,410**	**94.7**	**3,701**	**80.0**

*These data elements allow for reporting of multiple responses

Table B13. Deaths among Persons with HIV by Year of Death, Gender Identity, Race/Ethnicity, Mode of Transmission and Age at Death, District of Columbia, 2013-2017

	2013		2014		2015		2016		2017		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender Identity												
Male	177	66.3	192	70.1	223	71.2	234	73.8	202	66.9	1,028	69.8
Female	85	31.8	81	29.6	88	28.1	78	24.6	95	31.5	427	29.0
Transgender	5	1.9	1	0.4	2	0.6	5	1.6	5	1.7	18	1.2
Total	267	100	274	100	313	100	317	100	302	100	1,473	100
Race/Ethnicity												
White	25	9.4	26	9.5	36	11.5	30	9.5	29	9.6	146	9.9
Black	221	82.8	220	80.3	241	77.0	254	80.1	257	85.1	1,193	81.0
Latino	5	1.9	5	1.8	12	3.8	11	3.5	3	1.0	36	2.4
Other*	16	6.0	23	8.4	24	7.7	22	6.9	13	4.3	98	6.7
Total	267	100	274	100	313	100	317	100	302	100	1,473	100
Mode of Transmission												
Sexual contact	156	58.4	143	52.2	183	58.5	192	60.6	163	54.0	837	56.8
IDU	62	23.2	75	27.4	74	23.6	69	21.8	77	25.5	357	24.2
Sexual contact/IDU	16	6.0	13	4.7	27	8.6	22	6.9	20	6.6	98	6.7
Risk not identified	32	12.0	43	15.7	27	8.6	32	10.1	37	12.3	171	11.6
Other**	1	0.4	0	0.0	2	0.6	2	0.6	5	1.7	10	0.7
Total	267	100	274	100	313	100	317	100	302	100	1,473	100
Age at Death												
<13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	-	0.0
13-19	0	0.0	2	0.7	1	0.3	1	0.3	0	0.0	4	0.3
20-24	5	1.9	1	0.4	2	0.6	3	0.9	2	0.7	13	0.9
25-29	10	3.7	4	1.5	5	1.6	6	1.9	6	2.0	31	2.1
30-39	19	7.1	25	9.1	19	6.1	24	7.6	32	10.6	119	8.1
40-49	60	22.5	51	18.6	68	21.7	59	18.6	35	11.6	273	18.5
50-59	97	36.3	93	33.9	107	34.2	99	31.2	111	36.8	507	34.4
≥60	76	28.5	98	35.8	111	35.5	125	39.4	116	38.4	526	35.7
Total	267	100	274	88	313	100	317	100	302	100	1,473	100

Table B14. Number and Rate† per 100,000 persons of Chlamydia Cases by Year of Diagnosis, Gender, Age, and Ward, District of Columbia, 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Gender Identity												
Male	2,130	681.4	3,003	942.6	3,436	1,063.0	4,458	1,358.4	4,132	1,259.1	17,159	1,060.9
Female	3,500	1,010.7	4,369	1,235.5	4,340	1,212.5	4,906	1,343.5	4,805	1,315.8	21,920	1,223.6
Transgender**	12	N/A	25	N/A	22	N/A	19	N/A	23	N/A	101	N/A
Unknown	88	N/A	71	N/A	157	N/A	63	N/A	47	N/A	426	N/A
Total	5,730	869.6	7,468	1,110.9	7,955	1167.8	9,446	1,362.4	9,007	1,299.1	39,606	1,161.9
Age at Diagnosis												
0-12	10	11.2	17	18.4	15	15.8	8	8.2	6	6.1	56	11.9
13-17	679	2,543.4	837	3,121.6	730	2,719	840	3,094.5	798	2,939.8	3,884	2,883.7
18-19	782	3,510.7	946	4,325.8	856	3,932	1,015	4,600.9	1,067	4,836.6	4,666	4,241.2
20-24	1,997	3,411.9	2,485	4,141.9	2,544	4,305.1	2,870	5,042.3	2,636	4,631.1	12,532	4,306.5
25-29	1,103	1,416.2	1,611	2,060.0	1,786	2,257.5	2,181	2,603.5	2,086	2,490.1	8,767	2,165.5
30-39	772	628.5	1,060	825.7	1,387	1,043.0	1,777	1,339.5	1,645	1,240.0	6,641	1,015.3
40+	351	133.8	470	176.8	584	217.9	706	258.3	710	259.8	2,821	209.3
Missing	36	N/A	42	N/A	53	N/A	49	N/A	59	N/A	239	N/A
Total	5,730	869.6	7,468	1,110.9	7,955	1,167.8	9,446	1,362.4	9,007	1,299.1	39,606	1,161.9
Ward												
Ward 1	494	71.2	725	875.0	938	1,098.0	1,201	1,436.6	1,132	1,354.1	4,490	966.9
Ward 2	268	38.7	384	463.4	522	611.0	643	769.2	528	631.6	2,345	502.8
Ward 3	135	19.5	143	172.6	179	209.5	254	303.8	240	287.1	951	198.5
Ward 4	436	62.9	529	638.4	614	718.7	795	951.0	736	880.4	3,110	650.3
Ward 5	700	101.0	815	983.6	1,001	1,171.8	1,244	1,488.1	1,196	1,430.7	4,956	1,035.0
Ward 6	568	81.9	638	770.0	794	929.4	1,045	1,250.0	1,016	1,215.3	4,061	4,662.8
Ward 7	943	136.0	1,240	1,496.5	1,314	1,538.1	1,538	1,839.8	1,495	1,788.3	6,530	8,625.8
Ward 8	1,214	175.1	1,474	1,778.9	1,578	1,847.2	1,793	2,144.8	1,815	2,171.1	7,874	9,514.5
Missing	972	N/A	1,520	N/A	1,015	N/A	933	N/A	849	N/A	5,289	N/A
Total	5,730	869.6	7,468	1,110.9	7,955	1,167.8	9,446	1,362.4	9,007	1,299.1	39,606	1161.9

* Race/Ethnicity information is not included in table because of the high percentage of cases missing information (71%)

†Source: 2017 US Census Estimates

** Rates are not provided due to the lack of an accurate population denominator

Table B15. Number and Rate[†] per 100,000 persons of Gonorrhea Cases by Year of Diagnosis, Gender, Age, and Ward, District of Columbia, 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Gender Identity												
Male	1,381	441.8	1,762	441.8	2547	788.0	3,354	1,022.0	3,000	914.2	12,044	721.6
Female	787	227.3	835	227.3	933	260.7	1,323	362.3	1,208	330.8	5,086	281.7
Transgender**	13	N/A	12	N/A	30	N/A	22	N/A	21	N/A	98	N/A
Unknown	27	N/A	18	N/A	60	N/A	16	N/A	20	N/A	141	N/A
Total	2,208	335.1	2,627	390.8	3,570	524.1	4,715	680.0	4,249	612.8	17,369	508.6
Age at Diagnosis												
0-12	2	2.2	3	3.2	6	6.3	9	9.2	0	0.0	20	4.2
13-17	209	782.9	231	861.5	201	748.7	271	998.3	188	692.6	1,100	816.8
18-19	222	996.6	207	946.5	236	1,084.1	311	1,409.7	295	1,337.2	1,271	1,154.8
20-24	625	1,067.8	684	1,140.1	887	1501.0	1,103	1,937.8	896	1,574.2	4,195	1,444.2
25-29	479	615.0	626	800.5	880	1112.3	1,187	1,416.9	1,063	1,268.9	4,235	1,042.7
30-39	407	331.3	546	425.3	846	636.2	1,176	886.5	1,189	896.3	4,164	632.1
40+	253	96.5	319	120.0	498	185.8	651	238.2	609	222.8	2,330	172.7
Missing	11	N/A	11	N/A	16	N/A	7	N/A	9	N/A	54	N/A
Total	2,208	335.1	2,627	390.8	3,570	524.1	4,715	680.0	4,249	612.8	17,369	508.6
Ward												
Ward 1	225	275.6	321	387.4	514	601.7	641	766.8	584	698.6	2,285	546.0
Ward 2	159	194.8	220	265.5	322	376.9	378	452.2	371	443.8	1,450	346.6
Ward 3	42	51.4	40	48.3	75	87.8	112	134.0	95	113.6	364	87.0
Ward 4	116	142.1	133	160.5	218	255.2	299	357.7	261	312.2	1,027	245.5
Ward 5	292	357.7	315	380.2	461	539.6	631	754.8	575	687.8	2,274	544.0
Ward 6	235	287.9	279	336.7	398	465.9	595	711.7	518	619.6	2,025	484.4
Ward 7	367	449.6	454	547.9	516	604.0	699	836.1	675	807.4	2,711	649.0
Ward 8	476	583.1	547	660.2	682	798.3	926	1,107.7	782	935.4	3,413	816.9
Missing	296	N/A	318	N/A	384	N/A	434	N/A	388	N/A	1,820	N/A
Total	2,208	335.1	2,627	390.8	3,570	524.1	4,715	680.0	4,249	612.8	17,369	508.6

* Race/Ethnicity information is not included in table because of the high percentage of cases missing information (59%)

†Source: 2017 US Census Estimates

** Rates are not provided due to the lack of an accurate population denominator

Table B16. Number and Rate[†] per 100,000 persons of Primary and Secondary Syphilis Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Age, and Ward, District of Columbia, 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Type												
Primary	38	5.8	29	4.3	61	9.0	98	14.1	104	15.0	330	9.6
Secondary	99	15.0	95	14.1	137	20.1	206	29.7	178	25.7	715	20.9
Total	**137**	**20.8**	**124**	**18.4**	**198**	**29.1**	**304**	**43.8**	**282**	**40.7**	**1,045**	**30.6**
Gender Identity												
Male	124	39.7	113	35.5	191	59.1	293	89.3	266	81.1	987	60.9
Female	9	2.6	5	1.4	7	2.0	8	2.2	11	3.0	40	2.2
Transgender**	4	N/A	6	N/A	0	N/A	2	N/A	5	N/A	17	N/A
Unknown	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	1	N/A
Total	**137**	**20.8**	**124**	**18.4**	**198**	**29.1**	**304**	**43.8**	**282**	**40.7**	**1,045**	**30.6**
Race/Ethnicity												
Black	79	33.4	58	23.9	82	33.0	129	50.8	132	52.0	480	38.6
White	33	10.6	26	8.3	70	22.3	91	28.0	79	24.3	299	18.7
Latino	6	8.8	13	18.3	14	18.8	29	38.0	33	43.3	95	25.4
Other	1	2.4	1	2.3	1	2.3	6	15.5	5	12.9	14	7.1
Unknown	13	N/A	23	N/A	26	N/A	46	N/A	33	N/A	141	N/A
Total	**137**	**20.8**	**124**	**18.4**	**198**	**29.1**	**304**	**43.8**	**282**	**40.7**	**1,045**	**30.6**
Age at Diagnosis												
0-14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-17	3	11.2	0	0.0	3	11.2	1	3.7	1	3.7	8	5.9
18-19	2	9.0	4	18.3	1	4.6	6	27.2	4	18.1	17	15.4
20-24	17	29.0	20	33.3	26	44.0	23	40.4	22	38.7	108	37.1
25-29	21	27.0	24	30.7	34	43.0	69	82.4	59	70.4	207	50.7
30-39	37	30.1	34	26.5	68	51.1	106	79.9	110	82.9	355	54.1
40+	57	21.7	42	15.8	66	24.6	99	36.2	86	31.5	350	25.9
Total	**137**	**20.8**	**124**	**18.4**	**198**	**29.1**	**304**	**43.8**	**282**	**40.7**	**1,045**	**30.6**
Ward												
Ward 1	21	25.7	18	21.7	37	43.3	58	69.4	49	58.6	183	43.7
Ward 2	13	15.9	21	25.3	30	35.1	37	44.3	36	43.1	137	32.7
Ward 3	4	4.9	7	8.4	3	3.5	10	12.0	6	7.2	30	6.0
Ward 4	18	22.0	4	4.8	16	18.7	28	33.5	32	38.3	98	19.6
Ward 5	23	28.2	22	26.6	33	38.6	48	57.4	47	56.2	173	34.6
Ward 6	15	18.4	16	19.3	36	42.1	42	50.2	46	55.0	155	31.0
Ward 7	20	24.5	17	20.5	17	19.9	32	38.3	31	37.1	117	23.4
Ward 8	15	18.4	15	18.1	14	16.4	30	35.9	27	32.3	101	20.2
Missing	8	N/A	4	N/A	12	N/A	19	N/A	8	N/A	51	N/A
Total	**137**	**20.8**	**124**	**18.4**	**198**	**29.1**	**304**	**43.8**	**282**	**40.7**	**1,045**	**30.6**

† Source: 2017 US Census Estimates

** Rates are not provided due to the lack of an accurate population denominator

Table B17. Reported Tuberculosis Cases by Selected Characteristics, District of Columbia, 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
District Total	32	5.0	33	4.9	25	3.7	36	5.3	36	5.2	162	N/A
	N	%	N	%	N	%	N	%	N	%	N	%
Country of Birth												
Foreign Born	17	53.1	18	54.5	17	68	24	66.7	28	77.8	104	62.0
US Born	15	46.9	15	45.5	8	32	12	33.3	8	22.2	58	38.0
Total	32	100.0	33	100.0	25	100.0	36	100.0	36	100.0	162	100.0
Disease Site												
Pulmonary	22	68.8	18	54.5	16	64	21	58.3	24	66.7	100	61.7
Extrapulmonary	8	25.0	11	33.3	9	36	14	38.9	8	22.2	52	32.1
Both	2	6.3	4	12.1	0	0	1	2.8	4	11.1	11	6.8
Total	32	100.0	33	100.0	25.0	100.0	36	100.0	36	100.0	162	100.0
Sex												
Males	16	50.0	15	45.5	15	60.0	19	52.8	25	69.4	90	55.6
Female	16	50.0	18	54.5	10	40.0	17	47.2	11	30.6	73	45.1
Total	32	100.0	33	100.0	25.0	100.0	36	100.0	36	100	162	100.0
Age at Diagnosis												
<5	0	0	2	6.1	0	0	1	2.8	0	0	6	3.7
5 - 14	0	0	0	0	0	0	0	0.0	0	0	1	0.6
15 - 24	2	6.3	3	9.1	3	12	4	11.1	1	2.8	15	9.3
25 - 44	16	50	12	36.4	13	52	11	30.6	13	36.1	69	42.6
45 - 64	9	28.1	6	18.2	5	20	12	33.3	16	44.4	41	25.3
≥65	5	15.6	10	30.3	4	16	8	22.2	6	16.7	31	19.1
Total	32	100.0	33	100.0	25.0	100.0	36	100.0	36	100.0	162	100.0
Race/Ethnicity												
White	1	3.1	4	12.1	2	8	1	2.8	2	5.6	11	6.8
Black	27	84.4	21	63.6	19	76	26	72.2	28	77.8	121	74.7
Latino	3	9.4	4	12.1	0	0	7	19.4	2	5.6	17	10.5
Other	1	3.1	4	12.1	4	16	2	5.6	4	11.1	14	8.6
Total	32	100.0	33	100.0	25.0	100.0	36	100.0	36	100.0	162	100.0
Homeless within past year												
Total	1	3.1	0	0	3	12.0	8	22.2	0	0	12	7.4
Alcohol or Substance Use												
Total	3	9.3	7	21.2	3	12.0	7	19.4	3	8.3	23	14.2
HIV Co-infection												
Total	3	9.3	4	12.1	7	28.0	5	13.9	3	8.3	22	13.6

Table B18. Number and Rate[†] per 100,000 persons of Newly Reported Chronic Hepatitis B Cases by Gender, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Gender Identity												
Male	244	78.1	222	69.7	242	74.9	175	53.3	253	77.1	1,136	70.6
Female	165	47.6	140	39.6	142	39.7	122	33.4	153	41.9	722	40.4
Transgender	---	NA	---	NA	---	NA	---	NA	---	NA	---	NA
Unknown	---	NA	---	NA	---	NA	---	NA	---	NA	---	NA
Total	409	62.1	362	53.9	384	56.4	297	42.8	406	58.6	1,858	54.7
Age at Diagnosis												
0-12	1	1.1	1	1.1	2	2.1	2	2.0	1	1.0	7	1.5
13-19	7	14.3	5	10.3	3	6.2	6	12.2	4	8.1	25	10.2
20-29	53	38.9	40	28.9	51	36.9	42	29.9	36	25.6	222	32.0
30-39	96	74.8	93	72.4	90	67.7	89	67.1	100	75.4	468	71.5
40-49	82	103.0	75	93.5	72	89.1	55	67.5	87	106.7	371	92.0
50-59	84	111.1	77	101.6	83	110.1	57	74.0	80	103.8	381	100.1
60+	84	78.4	71	64.6	83	74.2	46	40.1	96	83.7	380	68.2
Missing	2	NA	0	NA	0	NA	0	NA	2	NA	4	NA
Total	409	62.1	362	53.9	384	56.4	297	42.8	406	58.6	1,858	54.7
Ward												
Ward 1	46	56.3	37	44.7	30	35.1	27	32.3	31	37.1	171	41.1
Ward 2	30	39.6	25	32.2	20	25.0	16	20.5	15	19.2	106	27.3
Ward 3	22	26.6	11	13.2	14	16.3	15	17.9	9	10.7	71	16.9
Ward 4	54	65.6	49	59.0	45	52.5	34	40.2	33	39.0	215	51.2
Ward 5	42	52.3	48	58.5	47	55.6	30	34.8	33	38.3	200	47.9
Ward 6	30	36.5	32	38.0	33	38.0	22	24.2	23	25.2	140	32.4
Ward 7	31	44.2	23	31.4	41	54.3	33	41.4	17	21.3	145	38.5
Ward 8	46	58.5	31	38.2	27	32.3	30	35.2	19	22.3	153	37.3
Missing	108	NA	106	NA	127	NA	90	NA	226	NA	657	NA
Total	409	62.1	362	53.9	384	56.4	297	42.8	406	58.6	1,858	54.7

[1]Cases with a reported residential address outside of the District of Columbia at the time of diagnosis are excluded from analysis.
[2]Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts.
[3]Diagnosis year based on date of first reported chronic hepatitis C positive laboratory report based on 2016 CDC case definition guidance.
[4]Race/Ethnicity information is not included in table because of the high percentage of cases missing information
†Source: 2017 US Census Estimates

Table B19. All Positive Chronic Hepatitis C Cases by Gender, Age at Diagnosis, Case Classification, and Diagnosis Type, District of Columbia 2014-2018

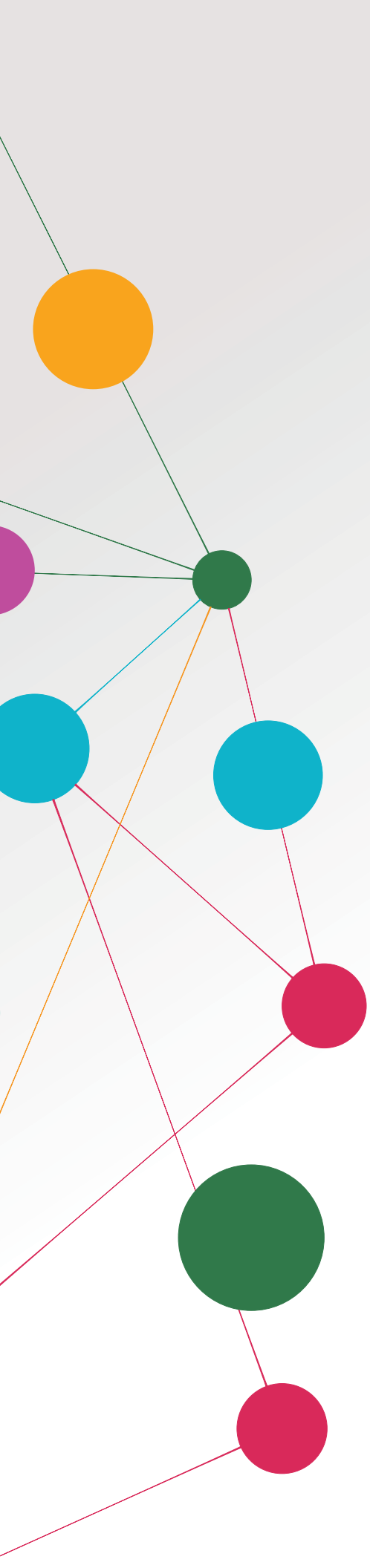
	Total Cases Reported		Diagnosis Type				
	N	%	Newly Reported N (%)	Previously Reported N (%)	RNA Confirmed N (%)	Documented Genotype Test N (%)	Non-Detectable at Last RNA N (%)
Gender Identity							
Male	10,675	65	4,553 (43)	6,122 (57)	8,149 (76)	1,057 (10)	1,951 (18)
Female	5,699	35	2,500 (44)	3,199 (56)	4,251 (75)	584 (10)	1,054 (18)
Transgender	1	<1	1 (100)	---	1 (100)	---	---
Total	16,375		7,054 (43)	9,321 (57)	12,401 (76)	1,641 (10)	3,005 (18)
Current Age							
0-12	20	<1	19 (95)	1 (5)	7 (35)	---	---
13-19	10	<1	10 (100)	---	2 (20)	---	---
20-29	343	2	316 (92)	27 (8)	146 (43)	6 (2)	16 (5)
30-39	806	5	633 (79)	173 (21)	448 (56)	32 (4)	62 (8)
40-49	889	5	571 (64)	318 (36)	550 (62)	52 (6)	84 (9)
50-59	4,025	25	1,641 (41)	2,384 (59)	3,225 (80)	341 (8)	691 (17)
60+	10,225	62	3,823 (37)	6,402 (63)	7,996 (78)	1,208 (12)	2,148 (21)
Unknown	57	<1	41 (72)	16 (28)	27 (47)	2 (4)	4 (7)
Total	16,375		7,054 (43)	9,321 (57)	12,401 (76)	1,641 (10)	3,005 (18)
Birth Cohort							
Born Prior to 1945	980	6	494 (50)	486 (50)	699 (71)	110 (11)	139 (14)
Born 1945-1965	12,674	77	4,657 (37)	8,017 (63)	10,073 (79)	1,398 (11)	2,629 (21)
Born 1966 or Later	2,664	16	1,862 (70)	802 (30)	1,602 (60)	131 (5)	233 (9)
Unknown	57	<1	41 (72)	16 (28)	27 (47)	2 (4)	4 (7)
Total	16,375		7,054 (43)	9,321 (57)	12,401 (76)	1,641 (10)	3,005 (18)

[1]Cases with a reported residential address outside of the District of Columbia at the time of diagnosis were excluded from analysis.
[2]Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts.
[3]Diagnosis year based on date of first reported chronic hepatitis C positive laboratory report based on 2016 CDC case definition guidance.
[4]Race/Ethnicity information is not included in table because of the high percentage of cases missing information

Table B20. Number and Rate[†] per 100,000 persons of Newly Reported Chronic Hepatitis C Cases by Gender, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2014-2018

	2014		2015		2016		2017		2018		Total	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Gender Identity												
Male	948	303.3	997	312.9	908	280.9	764	232.8	936	285.2	4,553	283.0
Female	481	138.9	517	146.2	424	118.5	500	136.9	578	158.3	2,500	139.8
Transgender**	---	NA	---	NA	---	NA	---	NA	1	NA	1	NA
Unknown	---		---		---		---		---		---	
Total	1,429	216.9	1,514	225.2	1,332	195.5	1,264	182.3	1,515	218.5	7,054	207.7
Age at Diagnosis												
0-12	4	4.5	3	3.2	5	5.3	6	6.1	2	2.0	20	4.2
13-19	3	6.1	6	12.3	7	14.4	2	4.1	5	10.2	23	9.4
20-29	66	48.4	81	58.6	67	48.5	106	75.3	106	75.3	426	61.2
30-39	90	70.1	136	105.9	103	77.5	142	107.0	169	127.4	640	97.6
40-49	150	188.5	152	189.5	116	143.6	121	148.5	160	196.3	699	173.3
50-59	598	790.9	474	625.4	384	509.2	334	433.4	412	534.6	2,202	578.7
60+	512	478.0	659	599.6	644	575.8	548	477.7	639	557.1	3,002	537.6
Missing	6	NA	3	NA	6	NA	5	NA	22	NA	42	NA
Total	1,429	216.9	1,514	225.2	1,332	195.5	1,264	182.3	1,515	218.5	7,054	207.7

[1]Cases with a reported residential address outside of the District of Columbia at the time of diagnosis are excluded from analysis.
[2]Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts.
[3]Diagnosis year based on date of first reported chronic hepatitis C positive laboratory report based on 2016 CDC case definition guidance.
[4]Race/Ethnicity information is not included in table because of the high percentage of cases missing information
†Source: 2017 US Census Estimates
** Rates are not provided due to the lack of an accurate population denominator



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