STDs

TB

Hepatitis

HIV

Annual Epidemiology & Surveillance Report

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

Acknowledgments

This report was compiled through the combined efforts of many individuals in DC Health's HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration, with contribution from the Milken Institute School of Public Health at George Washington University. This report would not have been possible without the hard work, dedication, and contribution of health care providers, community groups, researchers, and members of the community.

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With special thanks to:

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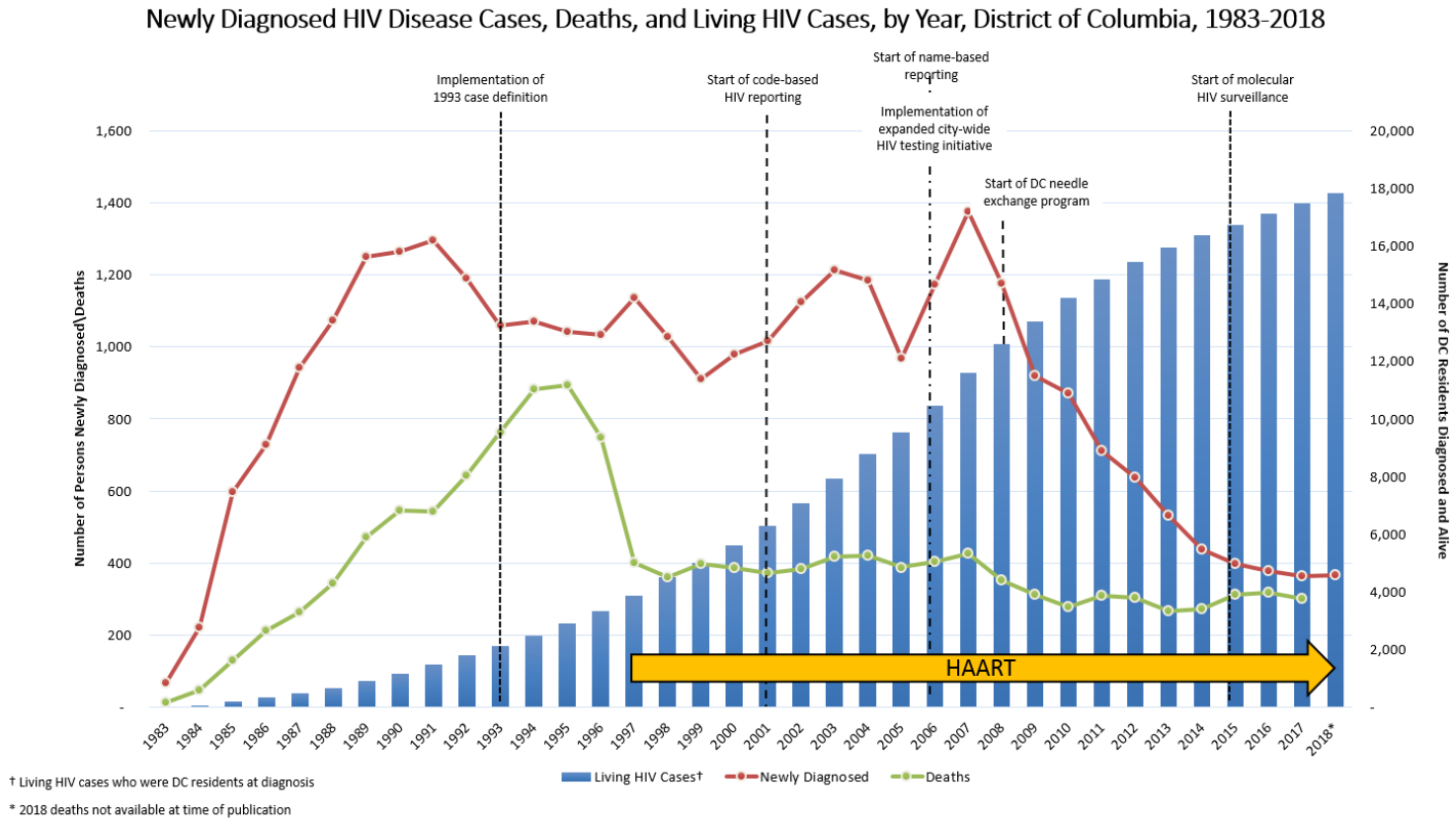
Contents

Executive Summary

The Annual HIV, Sexually Transmitted Infections (STIs), Hepatitis, and Tuberculosis (TB) Surveillance Report for the District of Columbia shows the District continues to experience complex epidemics of HIV, STIs, hepatitis, and TB. The Department of Health (DC Health) reports that the number of new HIV cases decreased slightly for the second year, which highlights the urgency to accelerate key prevention and treatment strategies. The District maintained high rates of STIs and level number of new TB cases. There are encouraging advances in more people being diagnosed and treated to cure for hepatitis C.

Figure 1. Newly Diagnosed HIV Disease Cases, Deaths, and Living HIV Cases, by Year, District of Columbia, 1983-2018.



Key points in this surveillance update of the District epidemics in the year 2018 include:

- 12,322 current residents of the District of Columbia or 1.8% of the population are living with HIV.
- The number of newly diagnosed HIV cases in the District decreased to 360 cases in 2018, a decline of 49% from 721 cases in 2011 and 73% from 1,374 cases in 2007.
- There were no babies born with HIV in 2018.
- The number of newly diagnosed HIV cases attributable to injection drug use decreased by 94% from 150 cases in 2007, prior to the scale up of DC's needle exchange program, to 9 cases in 2018; however, the number of men newly diagnosed with HIV attributable to injection drug use increased for the first time in 10 years from 2 in 2017 to 7 in 2018.
- Blacks and Latinos with HIV exceeded 1% of their respective populations, with Blacks disproportionately impacted at 2.7%.
- For the first time, more than half of people living with HIV in DC are older than 50 years old.

- Young people ages 13 to 24 represent 20% of new HIV diagnoses; the number of new HIV diagnoses among young people ages 20-24 remained level for the past three years.
- Sexual contact is the leading mode of transmission reported among newly diagnosed and identified HIV cases.
- There were 9,007 cases of chlamydia, 4,249 cases of gonorrhea and 282 cases of primary and secondary syphilis reported.
- A substantial minority (39%) of primary and secondary syphilis cases occurred among people with HIV.
- There were 1,515 people with newly reported hepatitis C in 2018.
- There were 36 cases of TB in 2018 with three-quarters among people born outside of the US.

HIV Care Continuum

DC Health tracks the District's efforts to improve the care continuum for people living with HIV to sustain their health from diagnosis to linkage and retention in care. The care continuum measures people linked to care, engaged in care, and viral load suppression. Surveillance data includes all people known to be living in the District. DC Health administers the Ryan White CARE Program that serves more than half of all people living with HIV in the District. People achieving viral suppression maintain strong immune systems, achieve healthier outcomes, and cannot transmit HIV sexually to other people, known as Undetectable equals Untransmittable or U=U. The District saw improvements in the care continuum in DC through 2018:

- Among people newly diagnosed with HIV, 57% were linked to medical care within 7 days of diagnosis and 84% within 30 days.
- Viral suppression among all people living with HIV in DC remained at 66% overall and 85% among people with an indication of engaged in care.
- There was an increase in achieving viral suppression within six months of new diagnosis from 63% to 68% from 2017 to 2018, where the median time to viral suppression was 114 days. This indicates that people are getting on HIV treatment quicker.
- Among Ryan White clients, 73% retained were in care, 95% prescribed treatment, and 80% virally suppressed.
- Young people ages 0-19 and 20-24 had the lowest viral suppression rates at 40.7% and 50.9%, respectively; among newly diagnosed people, viral suppression rates were lowest for people who inject drugs at 42.6%.

Scaling Up Success

The District Government and its community partners continue to scale up programs to reduce the impact of HIV, STDs, hepatitis and TB on residents of Washington, DC. These successes are the most recent achievements by the District.

- Supported 61,584 HIV tests in 2018; 44% of the tests were among young people ages 13 to 29.
- Distributed more than 4.1 million male and female condoms in 2018.
- Supported about 3,400 people to start Pre-Exposure Prophylaxis (PrEP) to prevent HIV in 2018.
- Removed 530,527 needles from the street in 2018 through the DC needle exchange programs.
- Provided 5,000 free STD tests for young people through the school based STD screening and community screening programs in 2018.
- Provided HIV medical care and support services to more than 7,000 people through the Ryan White Program.

Ending the HIV Epidemic

In 2016, Mayor Bowser released the *90/90/90/50 Plan to End the HIV Epidemic in the District of Columbia by 2020*. While there has been steady progress (see Table E1), this year's report reflects the necessity to increase availability, accessibility, and acceptability of services. In 2019, the US Department of Health and Human Services launched an Ending the HIV Epidemic Initiative, which focuses on 48 counties, seven rural states, and two cities (Washington, DC and San Juan, PR) where half of all new HIV diagnoses are located nationally. DC Health with its public-private collaborators DC Appleseed Center and Washington AIDS Partnership aims to update the 90/90/90/50 Plan to achieve

a compatible and timely end to the epidemic in the nation's capital.

Table E1. HIV Wellness and Prevention Measures of the 90-90-90-50 Plan, 2018

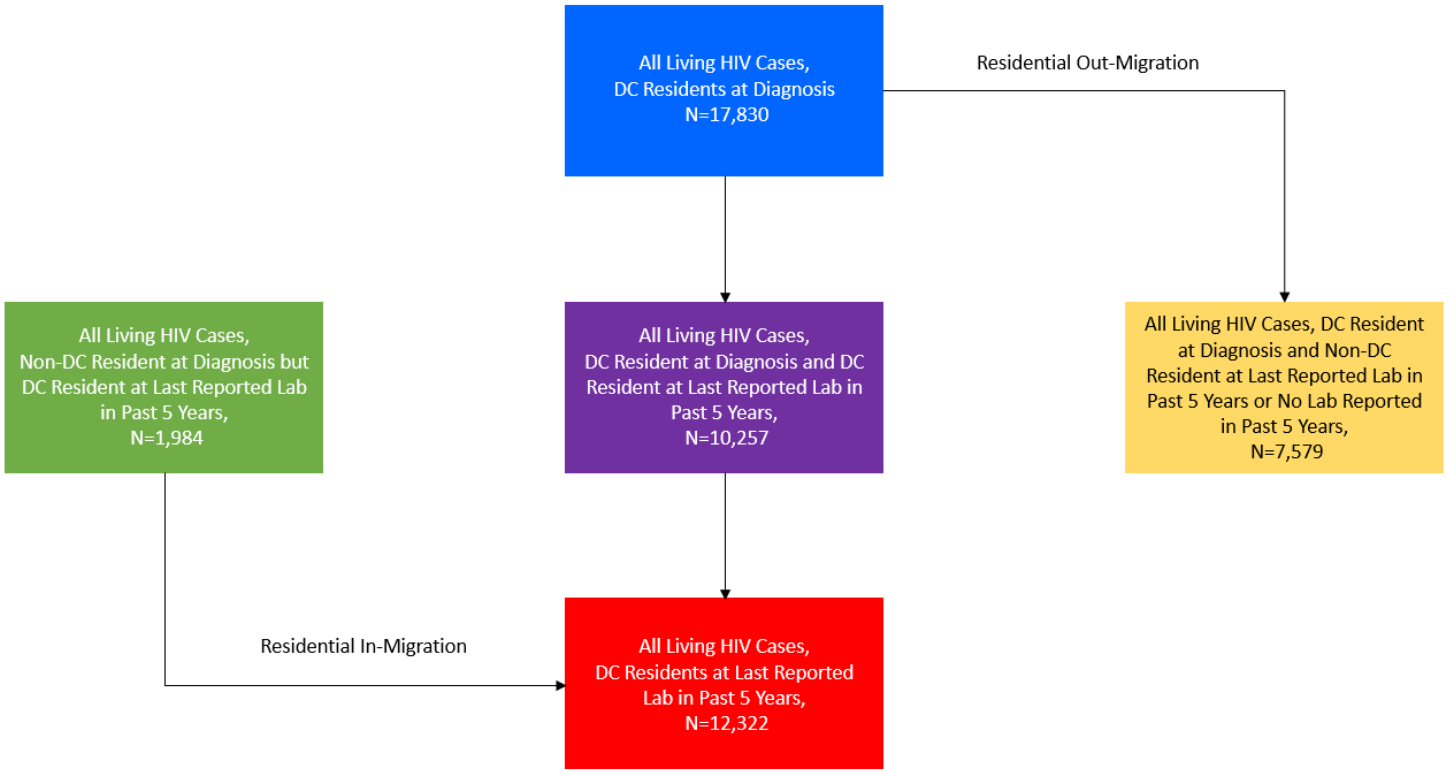
HIV Wellness and Prevention Measures	2015	2016	2017	2018	2020 Goal
Goal #1: 90% of HIV-positive District residents know their status	86%	86%	87%	pending	90%
Goal #2: 90% of District Residents living with HIV are in treatment	73%	76%	77%	78%	80%
Goal #3: 90% of District residents living with HIV who are in treatment reach viral suppression	78%	82%	84%	85%	90%
Goal #4: 50% reduction in new HIV diagnoses	400	378	373	360	260*

*Reference year 2013

HIV Cases Living in DC

In 2016, this report, for the first time, devised a methodology to more accurately count the number of people diagnosed with HIV actually living in the District as compared to previous reports that contained data of the cumulative number of known living individuals diagnosed with HIV who were residents of the District at the time of diagnosis. The new methodology is repeated here. As presented in Figure 1, the number of all diagnosed stands at 17,830. Figure 1 accounts for new HIV diagnoses among current District residents, reported deaths among those previously diagnosed, and the residential migration of HIV positive individuals in and out of the District over time. The report uses residence at last lab to more accurately assess the number of individuals diagnosed with HIV living within the District (Figure 1). This methodology not only provides a better foundation for understanding the extent of HIV within the District, but also an improved baseline from which to evaluate the population coverage of HIV prevention and care activities.

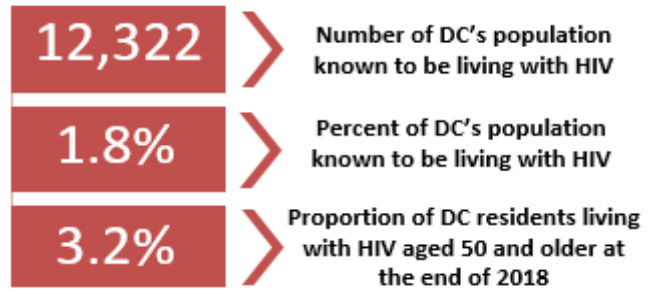
Figure 1. People Living with HIV in the District of Columbia as of December 31, 2018

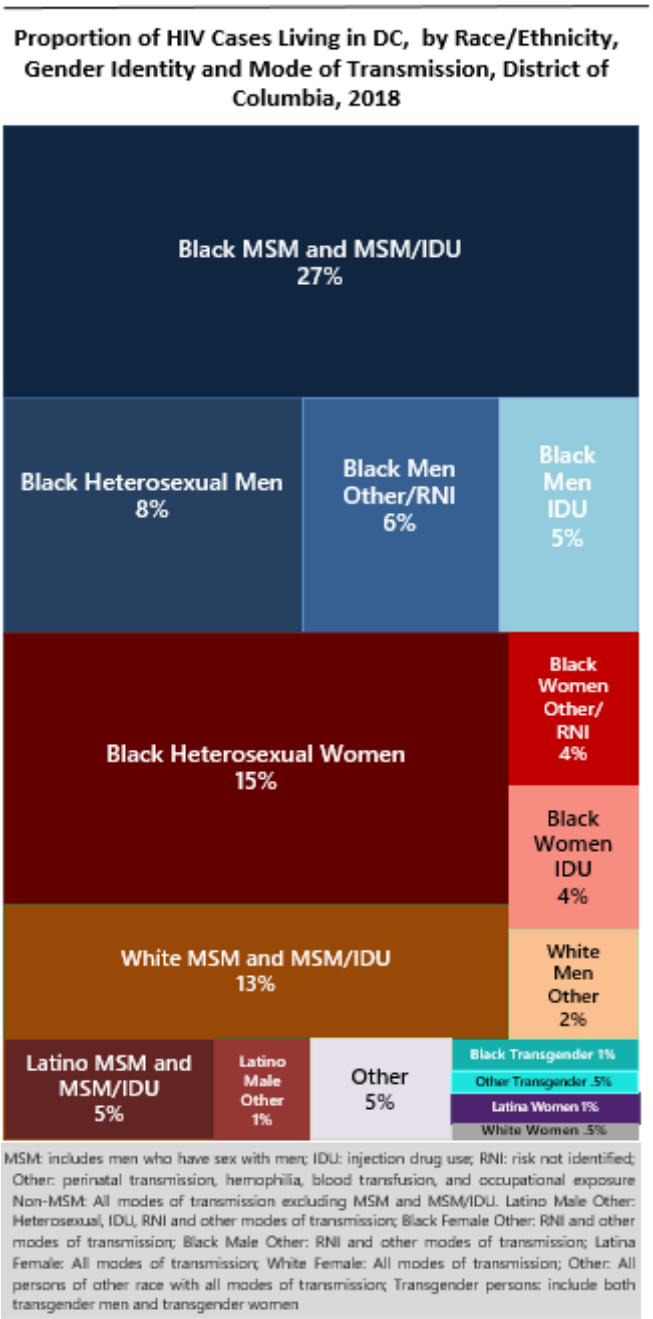


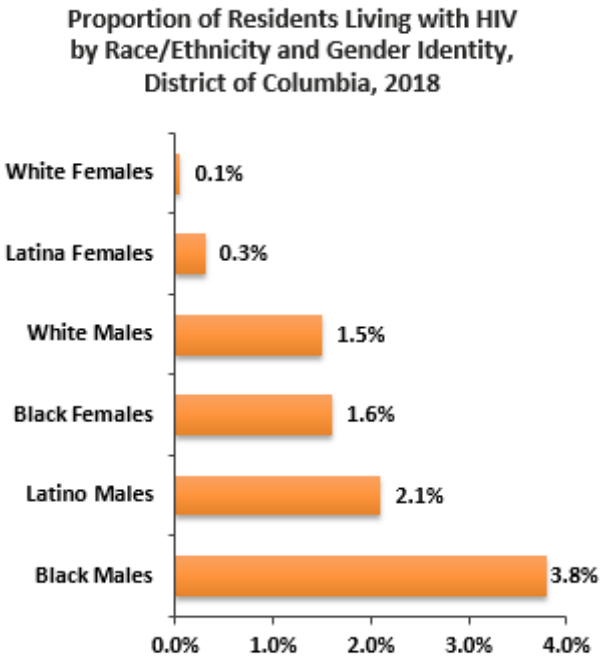
Estimation of the Number of People Living in DC

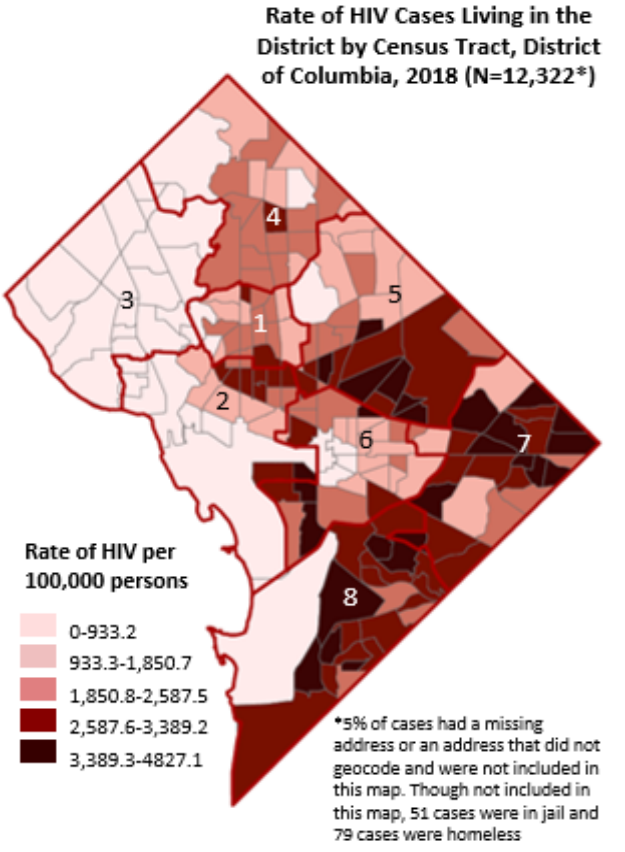
Of the 17,830 individuals diagnosed with HIV while a District resident, approximately 43% (n=7,579) were presumed to have moved outside of the jurisdiction (out-migration) prior to the end of 2018, as evidenced by a non-District residential address on their last reported laboratory report or the lack of any reported laboratory information for more than 5 years. Laboratory data was also used to assess the number of individuals diagnosed with HIV while a resident of other jurisdictions who have moved into the District over time (in-migration); we identified 1,984 individuals initially diagnosed with HIV outside of the jurisdiction with a current residential address in the District. As indicated in Figure 1, after adjusting the initial count of all living HIV cases for in- and out-migration, an estimated 12,322 individuals diagnosed with HIV were presumed to be living in the District at the end of 2018. Detailed characteristics of people living with HIV based on residential migration status since diagnosis are included in **appendix tables B1-B4**. In the

future, HAHSTA expects to refine the estimates further, as a result of improved data-sharing processes with surrounding jurisdictions and additional information sources for ascertainment of residential addresses.



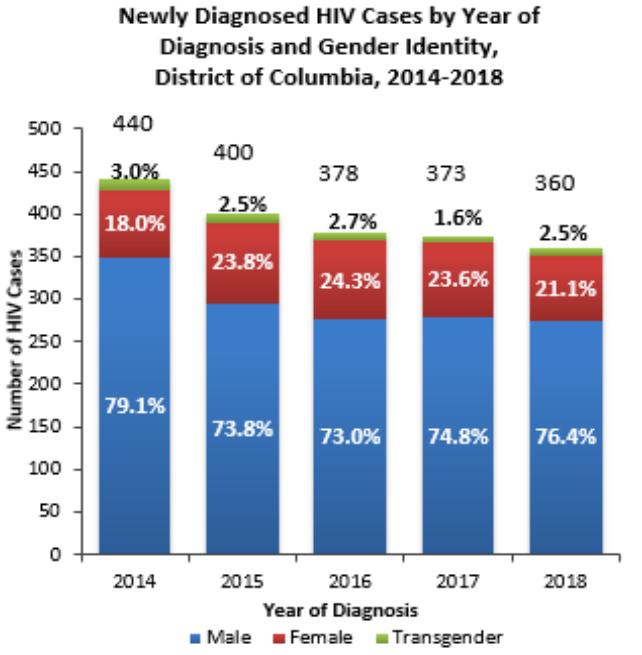


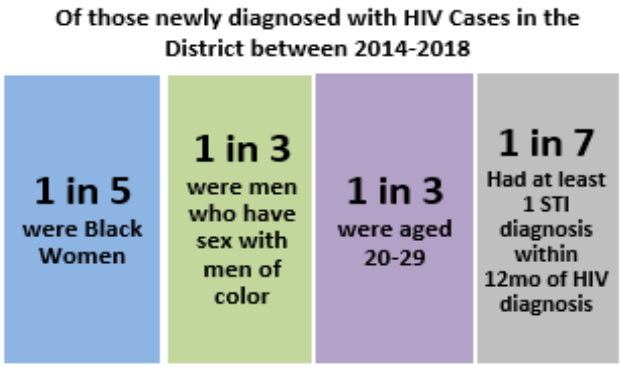


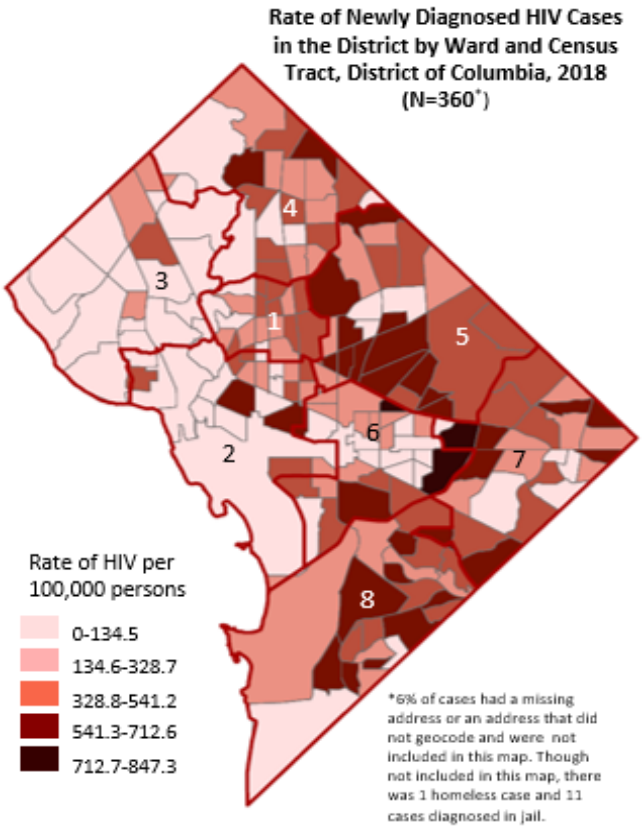


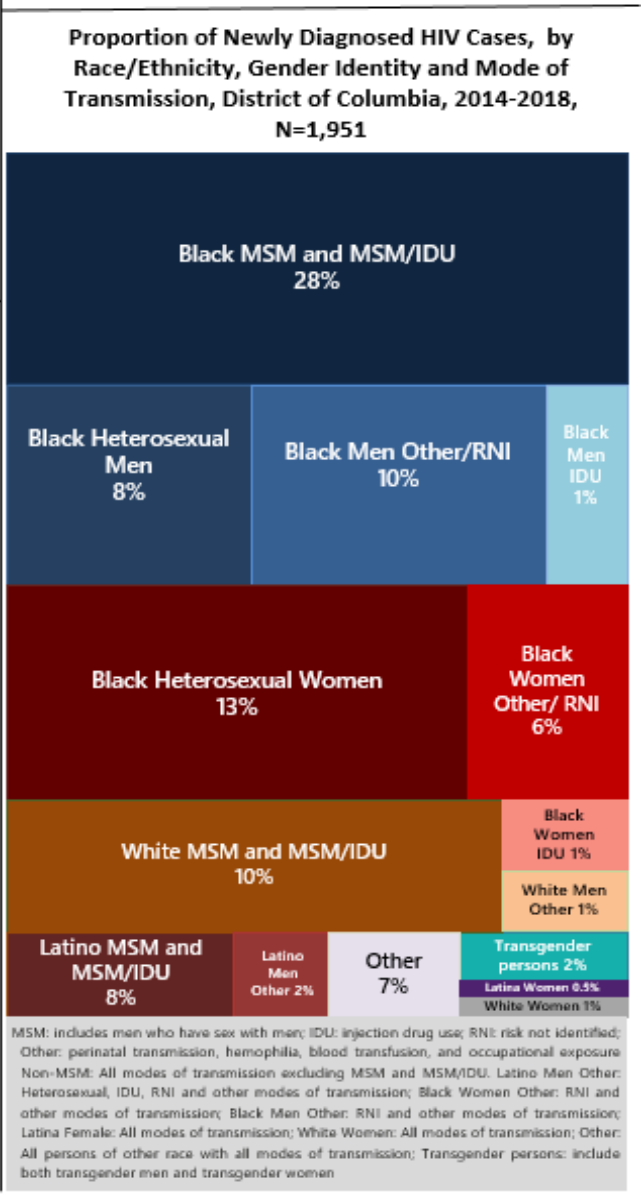
Rates were calculated using the 2017 Census Estimates

Newly Diagnosed HIV Cases









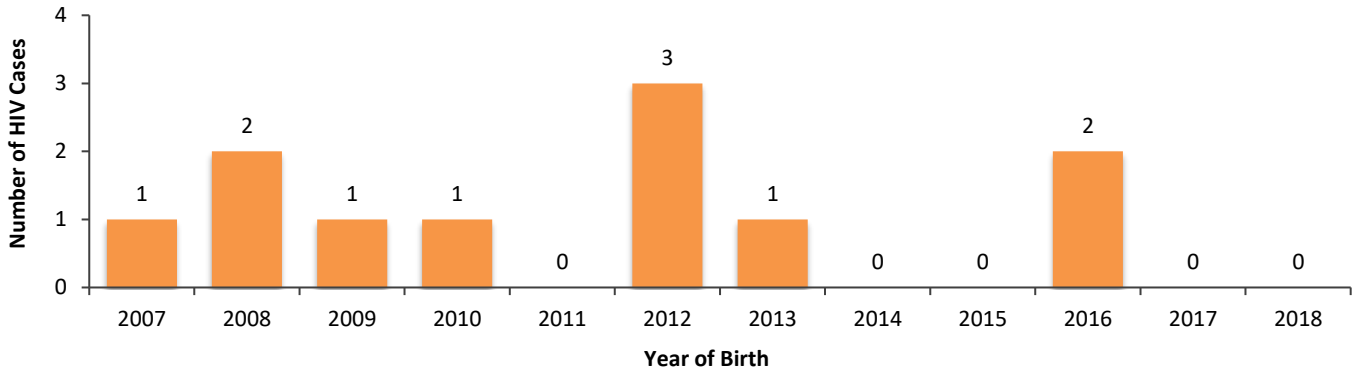
Rates were calculated using the 2017 Census Estimates

Please refer to appendix table **B5-B7** for additional data regarding newly diagnosed HIV cases.

Perinatal HIV

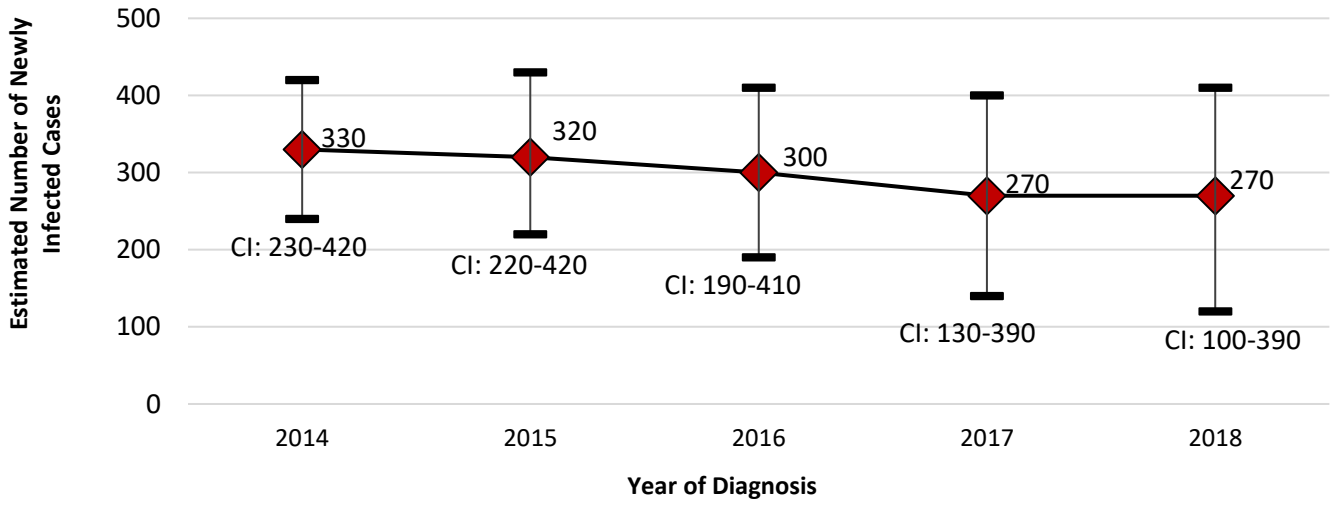
Perinatal HIV cases are defined as those in which transmission occurs during pregnancy, labor and delivery, or breastfeeding. Since the introduction of recommendations to provide anti-retroviral medication to women during pregnancy, during labor and delivery, and to the infant in the neonatal period, there has been a 95% reduction in mother to child transmission of HIV nationally. Transmission rates among those who receive recommended treatment during pregnancy, at labor and delivery, and newborn period are as low as 1%.

Figure 2. Perinatal HIV cases by Year of Birth, District of Columbia, 2007-2018



HIV Incidence

Figure 3. Estimated Number of Newly Infected HIV Cases by Year, District of Columbia, 2014-2018

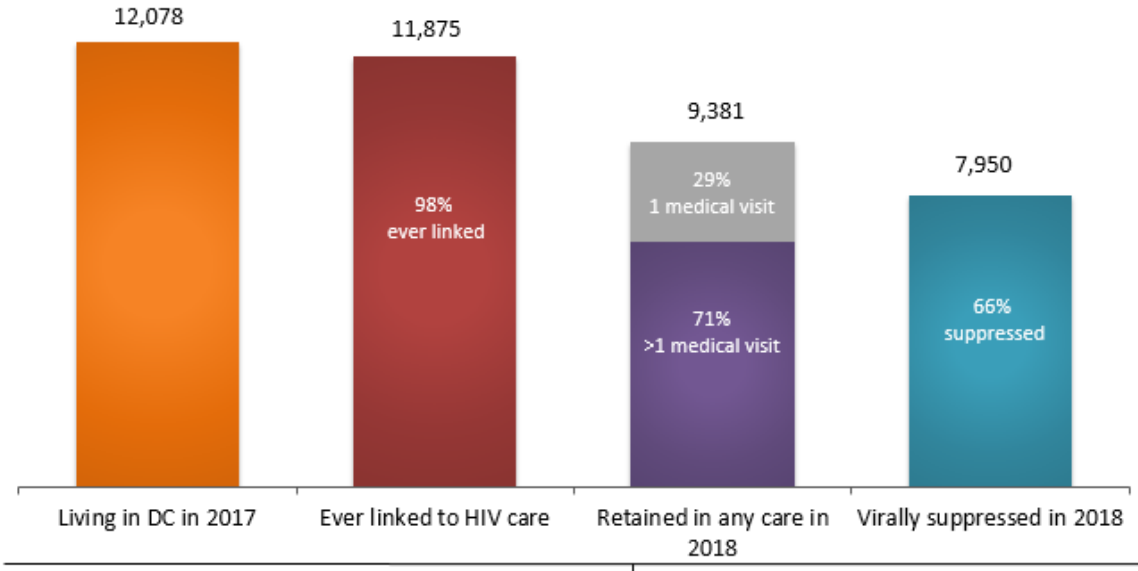


The estimated number of new infections of HIV in the District remained stable from 2014 to 2018. The estimated rate of new infections in the District exceeded the national rate in 2015 at 47.6 estimated cases/ 100,000 compared with 14.4 estimated cases/ 100,000 respectively. Since the number of new infections of HIV is an estimate, the 95% confidence interval shows the range within which the estimate may lie after adjusting for variability in sampling and timing of testing.

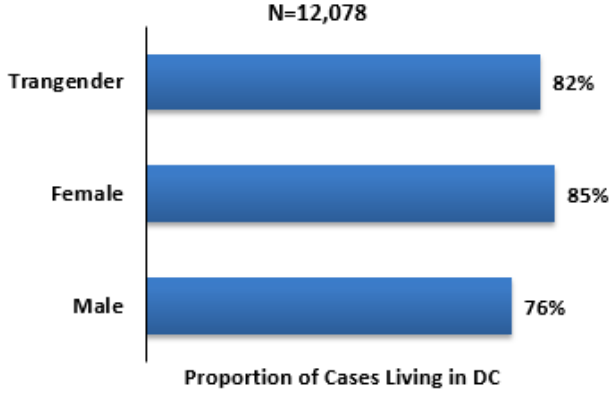
HIV Care Dynamics

The Care Continuum is the approach of diagnosing people with HIV, linking them into care and treatment, retaining them in care and medication adherence, and achieving viral load suppression, which is the marker of a person's and community's health. Assessing HIV care dynamics is an essential step in understanding the strengths of HIV programs in the District, as well as an opportunity to identify and resolve gaps in the care continuum.

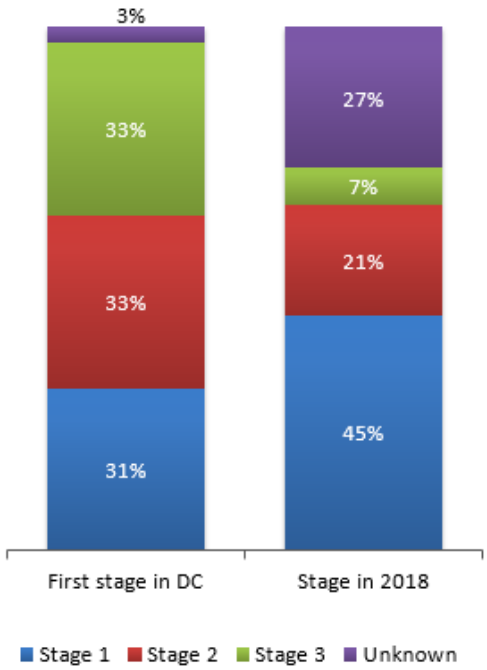
2018 Care Dynamics among People Living with HIV in DC



Retention in Any HIV Care among HIV Cases Living in DC, by Gender Identity, District of Columbia, 2018, N=12,078



Stage of Disease at First Lab in DC and in 2018 among Cases Living in DC, District of Columbia, N=12,078

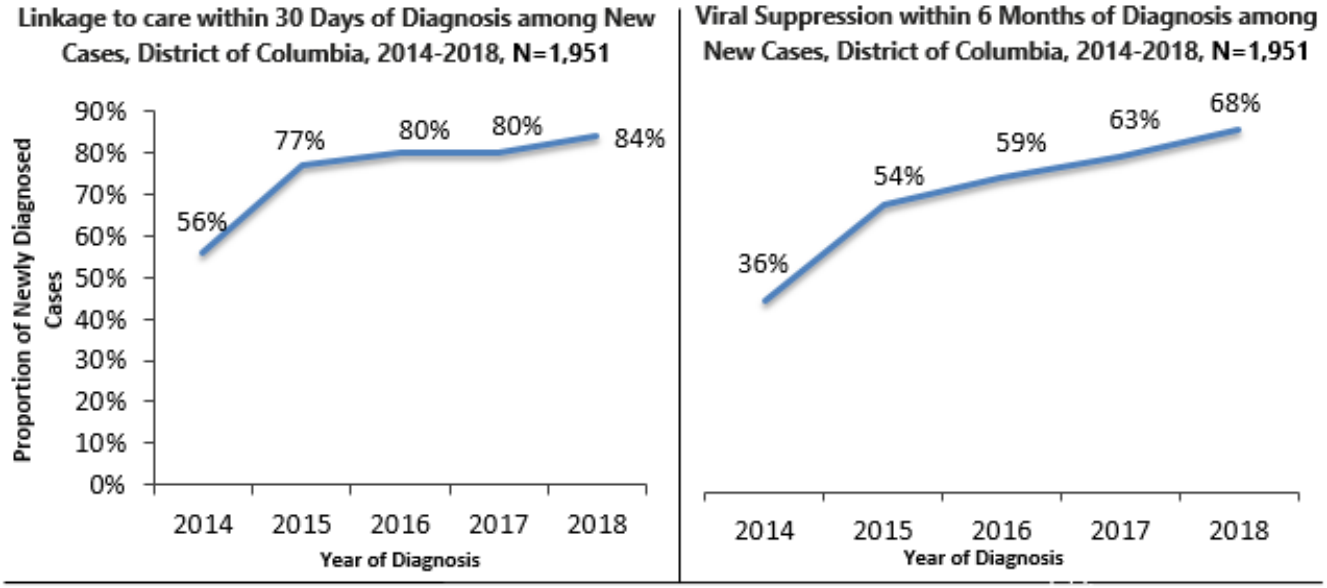


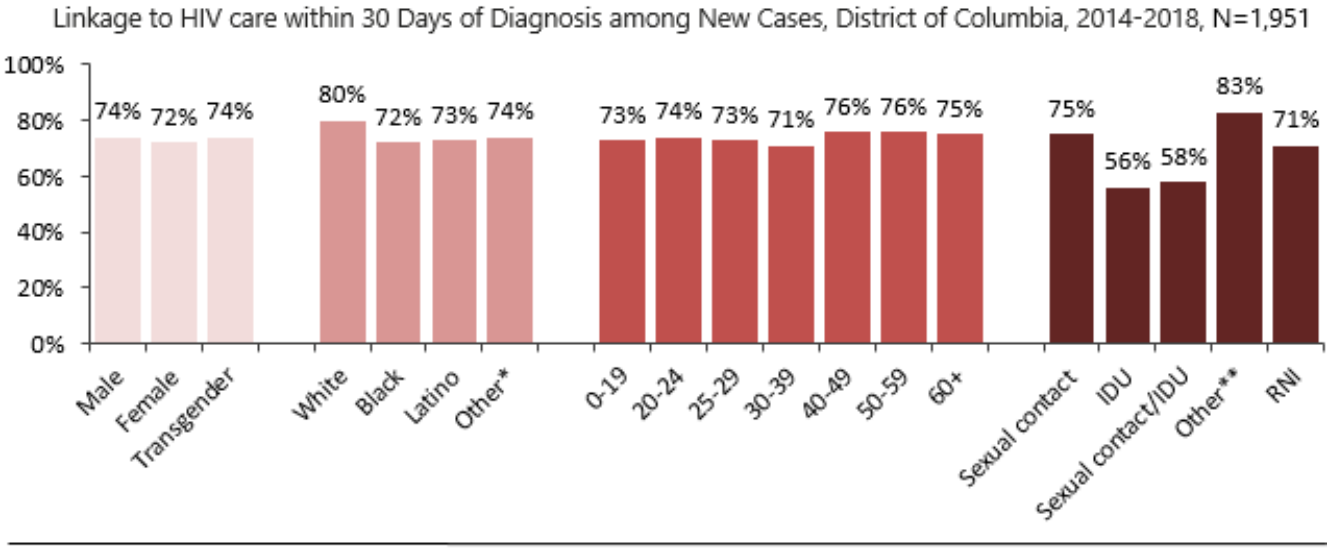
Of those newly diagnosed with HIV between 2014-2018 ...

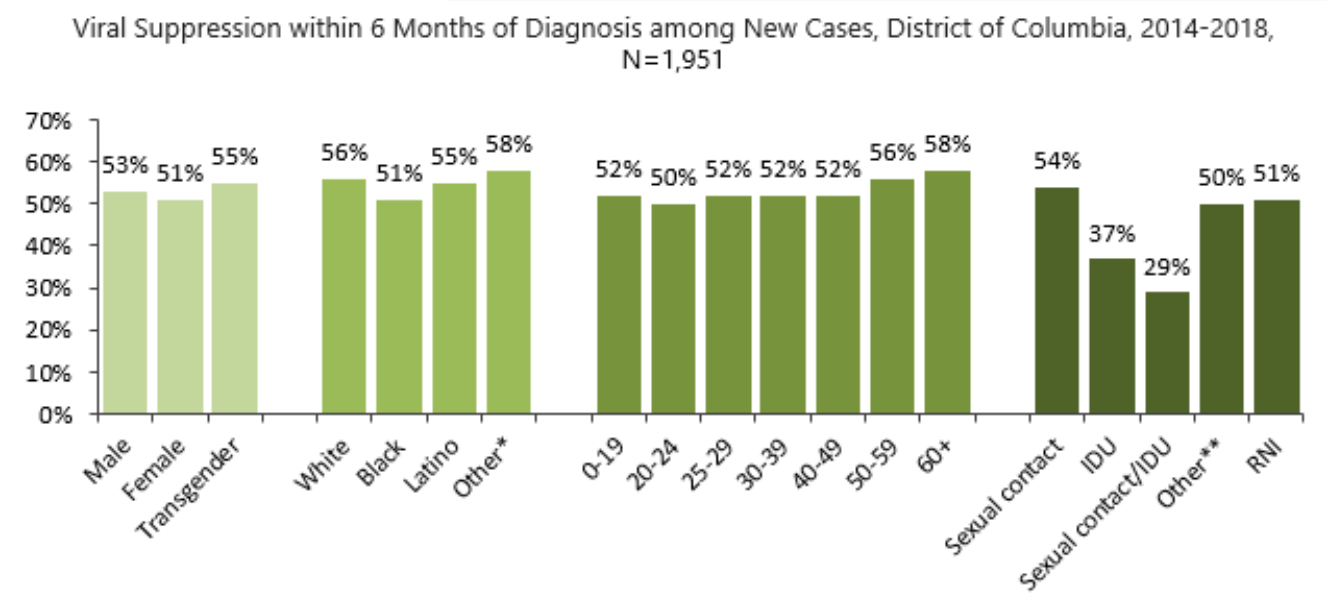
57.2%
were linked to HIV care within 7 days of diagnosis

114.0
the median number of days to viral suppression

Please refer to appendix table **B8** for additional data regarding HIV care dynamics.







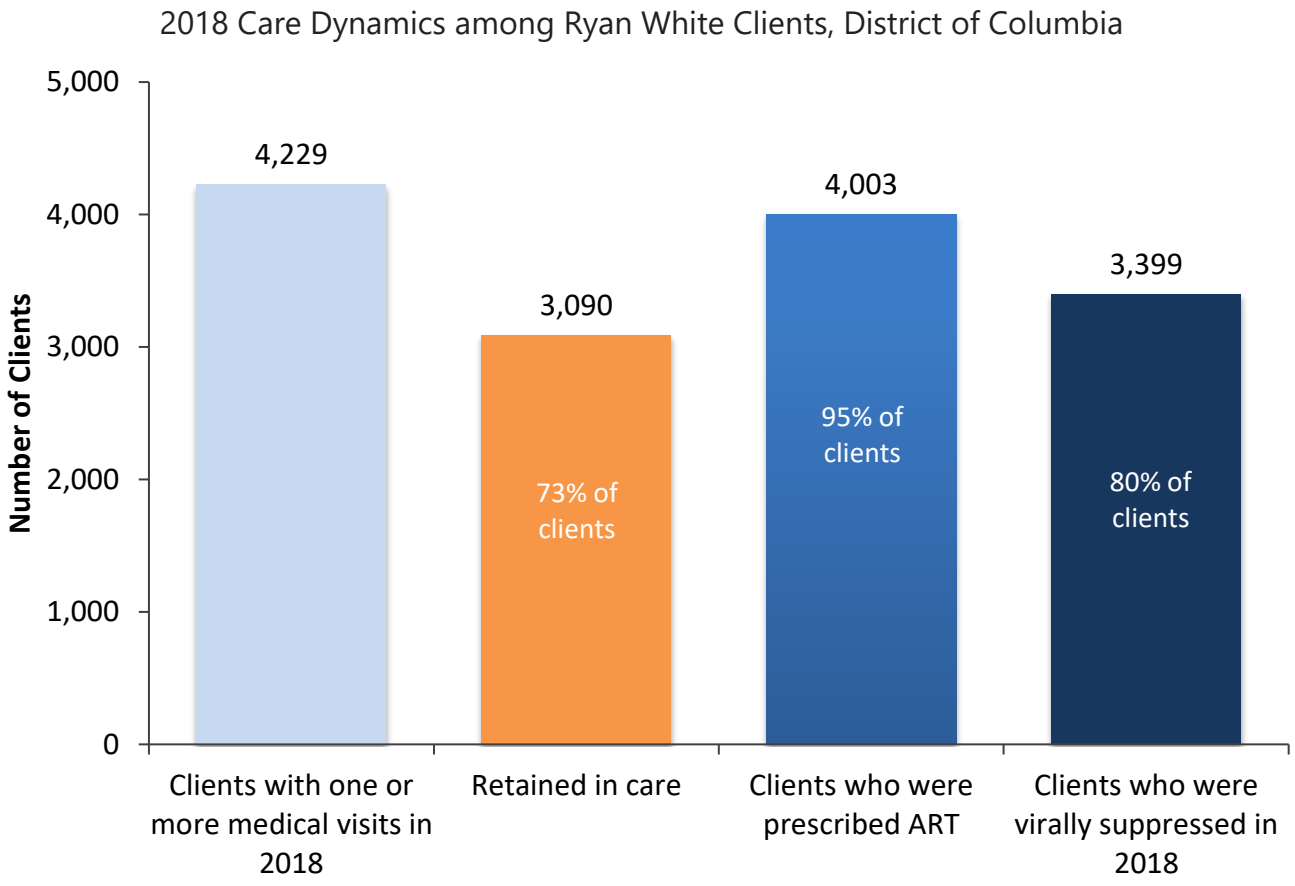
Please refer to appendix table **B8-11** for additional data regarding HIV care dynamics.

Ryan White Care Dynamics

HIV Care dynamics among clients served through Ryan White in the District was examined to evaluate clients on the care continuum and assess their health outcomes. This continuum of care differs from what has been previously presented in several ways. First, the population used is a subset of the total number of HIV cases living in the District. These cases are not newly diagnosed in a given year, but are HIV cases who received any type of Ryan White CARE Act funded medical service in 2018. Second, care status was measured through documented medical visits, rather than laboratory tests. Finally, information is included on the number of clients who had been prescribed HIV medication.

Table 1. Ryan White Care Dynamics Measure Definitions

Measure	Definition
Clients with one or more medical visit	Ryan White clients with at least one documented primary care visit in 2018
Retained in care in 2017	Having 2 or more medical visits in 2018 that were at least 90 days apart
Prescribed ART	Ryan White clients with documentation of having been prescribed HIV medication
Virally suppressed in 2017	Having a viral load result of <200 copies/mL at the most recent viral load test in 2018



Please refer to appendix table **B12** for additional data regarding RW HIV care dynamics.

Transmitted Drug Resistance

Table 2. Evidence of Antiretroviral Drug Resistance among Newly Diagnosed HIV Cases with Initial Genotype Sequences Collected within 90 days of Diagnosis, District of Columbia, 2014-2018*‡

Antiretroviral Drug Classification	Antiretroviral Drug (ARV)	High-Level Resistance %	Intermediate Resistance %	Low-Level Resistance %	Susceptible %	N
Integrase Strand Transfer Inhibitors	Bictegravir	0.0	0.4	0.0	99.6	227
	Dolutegravir	0.0	0.4	0.0	99.6	227
	Elvitegravir	0.9	0.0	1.3	97.8	227
	Raltegravir	0.4	0.4	1.3	97.8	227
Non-Nucleotide Reverse Transcriptase Inhibitors	Doravirine	1.1	2.3	5.4	91.2	831
	Efavirenz	9.6	2.1	0.7	87.6	831
	Etravirine	1.0	1.1	0.7	97.2	831
	Nevirapine	10.6	1.7	0.8	86.9	831
	Rilpivirine	2.4	0.6	4.1	92.9	831
Nucleotide Reverse Transcriptase Inhibitors	Abacavir	0.6	0.7	2.3	96.4	831
	Didanosine	0.6	1.1	0.8	97.5	831
	Emtricitabine	2.7	0.0	0.0	97.4	831
	Lamivudine	2.7	0.0	0.0	97.4	831
	Stavudine	0.6	1.2	1.8	96.4	831
	Tenofovir	0.1	0.7	1.0	98.2	831
	Zidovudine	0.6	1.1	1.3	97.0	831
Protease Inhibitors	Atazanavir/r	0.4	0.1	0.8	98.7	845
	Darunavir/r	0.0	0.2	0.2	99.5	845
	Fosamprenavir/r	0.4	0.2	0.7	98.7	845
	Indinavir/r	0.2	0.7	0.4	98.7	845
	Lopinavir/r	0.0	0.6	0.6	98.8	845
	Nelfinavir	1.1	0.4	1.0	97.6	845
	Saquinavir/r	0.4	0.6	0.2	98.8	845
	Tipranavir/r	0.0	0.2	0.4	99.4	845

Drug resistance is an important guide to medical providers in determining the best treatment regimen for a person newly diagnosed with HIV. The genotype test gives the drug resistance profile of the particular type of virus the person has and if there are medications that will not be effective with the virus. HIV can become resistant to some medications, usually when a person does not consistently take their medication. While current treatment guidelines* specify that a genotypic resistance test should be conducted at the time of HIV diagnosis prior to starting antiretroviral therapy, **only 51.1% of new HIV cases diagnosed in 2018 had a documented genotype test within 3 months of diagnosis**. Ensuring that newly diagnosed HIV cases receive genotypic resistance testing is not only important for clinical practice, but is also essential for monitoring trends in drug resistance at the population level.

The dominant subtype among cases in DC is subtype B, which accounts for 90.6% of available genotype sequences. The largest proportions of high level resistance were found for Nevirapine (10.6%) and Efavirenz (9.6%). The smallest proportions of resistance were found in the protease inhibitors drug class with resistance ranging from 0%-1.1%. Additional information about drug resistance can be found in Appendix A under ***Understanding HIV-related Drug Resistance.***

* United States Department of Health and Human Services, Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV, Drug-Resistance Testing, updated July 14, 2016.

HIV Mortality

Table 3. Primary Cause of Death among People Diagnosed with HIV, by Year of Death, District of Columbia, 2013-2017

	2013		2014		2015†		2016		2017		Total	
Cause of Death	N	%	N	%	N	%	N	%	N	%	N	%
HIV-related causes	92	34.5	73	26.6	N/A	N/A	91	28.7	86	28.5	399	27.1
Non-AIDS Defining Malignancies	50	18.7	45	16.4	N/A	N/A	48	15.1	50	16.6	224	15.2
Cardiovascular	37	13.9	45	16.4	N/A	N/A	45	14.2	58	19.2	229	15.5
Substance Use	1	0.4	3	1.1	N/A	N/A	3	0.9	2	0.7	13	0.9
Accidental Death	12	4.5	20	7.3	N/A	N/A	39	12.3	39	12.9	132	9.0
Other*	47	17.6	54	19.7	N/A	N/A	62	19.6	47	15.6	246	16.7
Unknown	28	10.5	34	12.4	N/A	N/A	29	9.1	20	6.6	230	15.6
Total	267	100.0	274	100.0	N/A	N/A	317	100.0	302	100.0	1,473	100.0

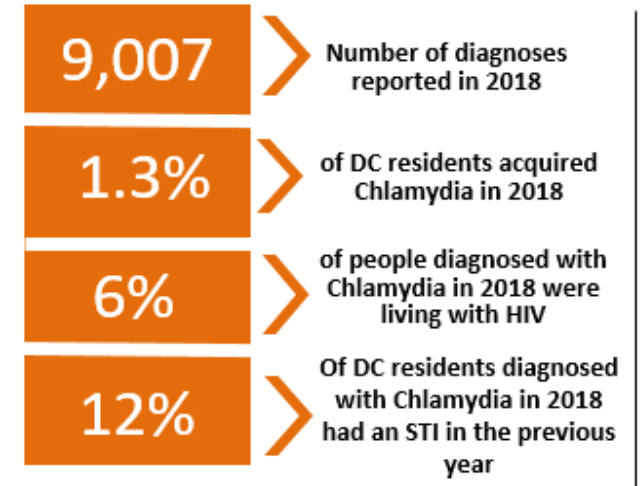
†2015 cause of death is incomplete and will be updated when available.
* Other causes of death include suicide, pneumonia, COP, diabetes, etc

Over 70% of deaths among people diagnosed with HIV in the District were due to non-HIV related causes between 2013 and 2017. The primary cause of death was unknown for 15.6% of deaths during this 5-year period. People diagnosed with HIV who died in 2015 had an incomplete cause of death and were not included in this report.

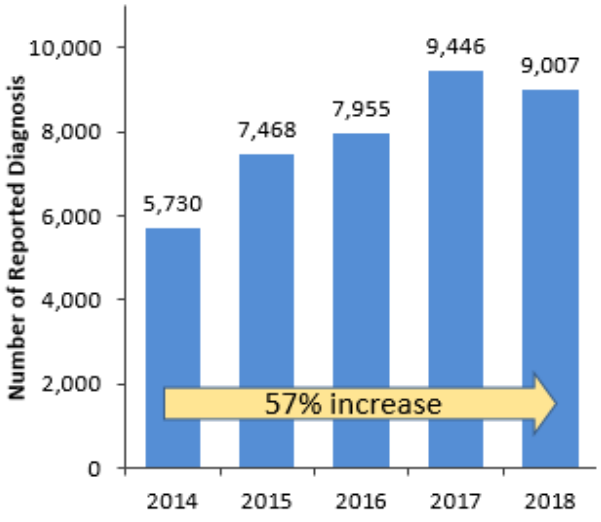
Please refer to appendix table **B13** for additional data regarding deaths among people diagnosed with HIV disease.

Sexually Transmitted Infections

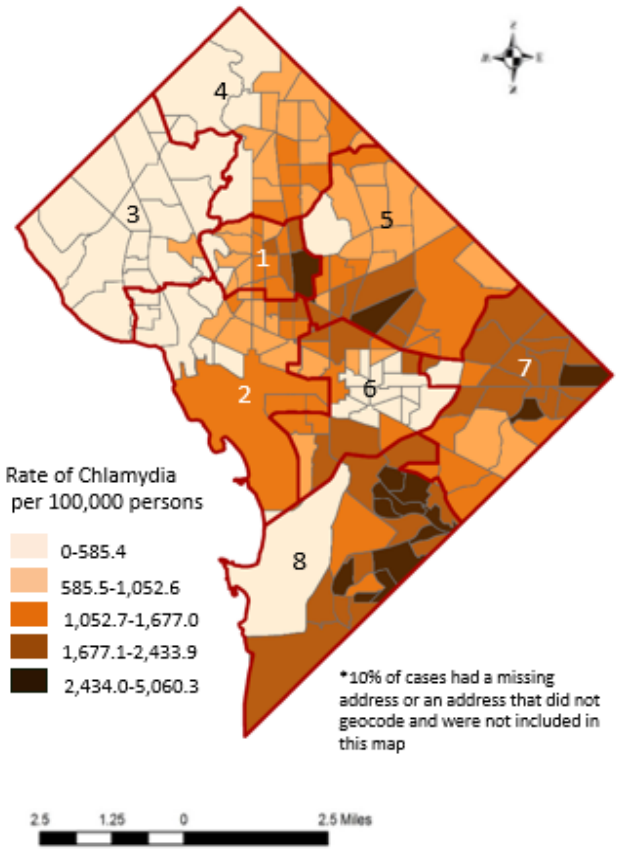
Chlamydia



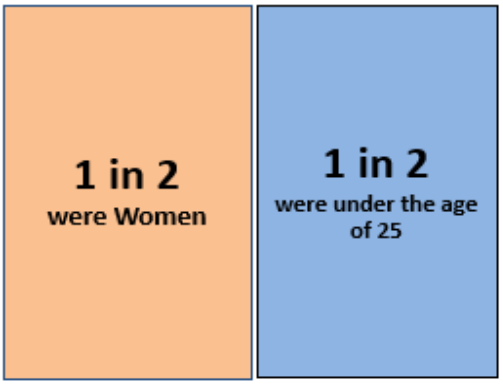
Newly Reported Diagnoses of Chlamydia, by Year, District of Columbia, 2014-2018



Rate of Newly Reported Chlamydia Diagnoses, by Census Tract, District of Columbia, 2018 (N=9,007*)



Of those newly reported with Chlamydia in DC in 2018...



Rates were calculated using the 2017 Census Estimates

Please refer to appendix table **B14** for additional data regarding newly diagnosed Syphilis cases.

Gonorrhea

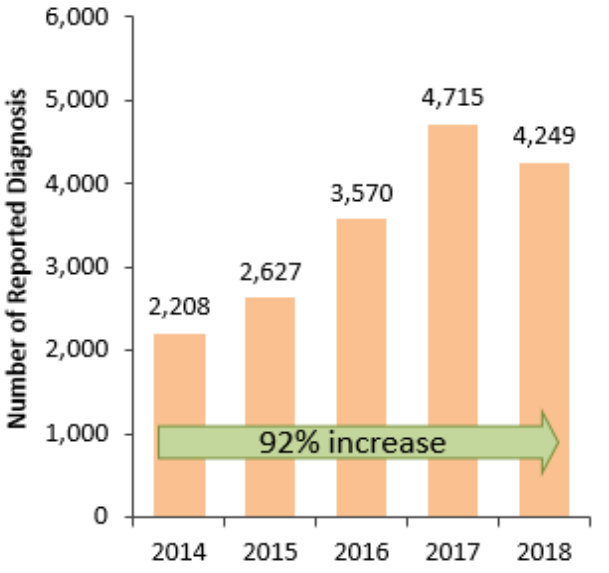
4,249 — Number of diagnoses reported in 2018

0.6% — of DC residents acquired Gonorrhea in 2018

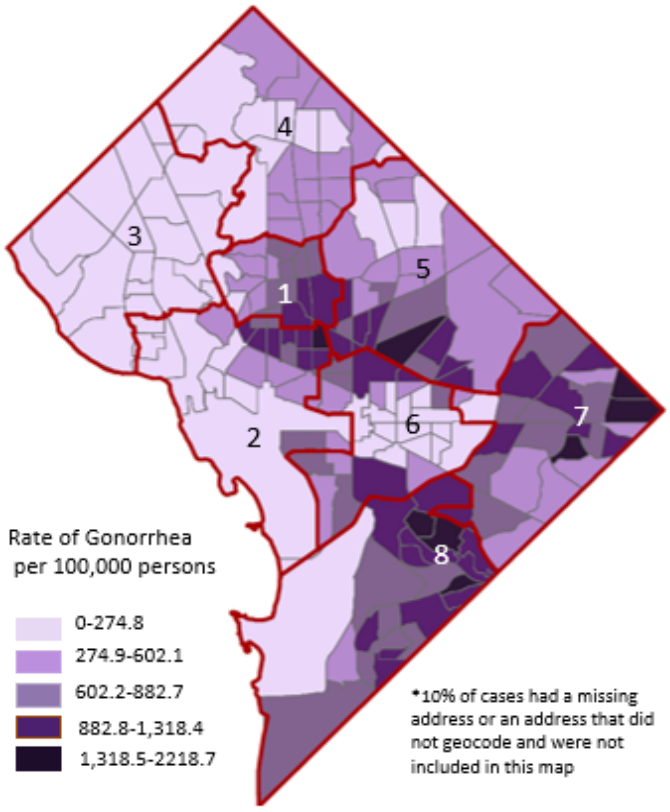
14% — of people diagnosed with Gonorrhea in 2018 were living with HIV

17% — Of people diagnosed with Gonorrhea in 2018 had an STI in the previous year

Newly Reported Diagnoses of Gonorrhea, by Year, District of Columbia, 2014-2018



Rate of Reported Gonorrhea Diagnoses, by Census Tract, District of Columbia, 2018, (N=4,249*)



*10% of cases had a missing address or an address that did not geocode and were not included in this map

Of those newly reported with Gonorrhea in DC in 2018...

7 in 10 were Men

1 in 4 were aged 25-29

Rates were calculated using the 2017 Census Estimates

Please refer to appendix table **B15** for additional data regarding newly diagnosed Syphilis cases.

Syphilis

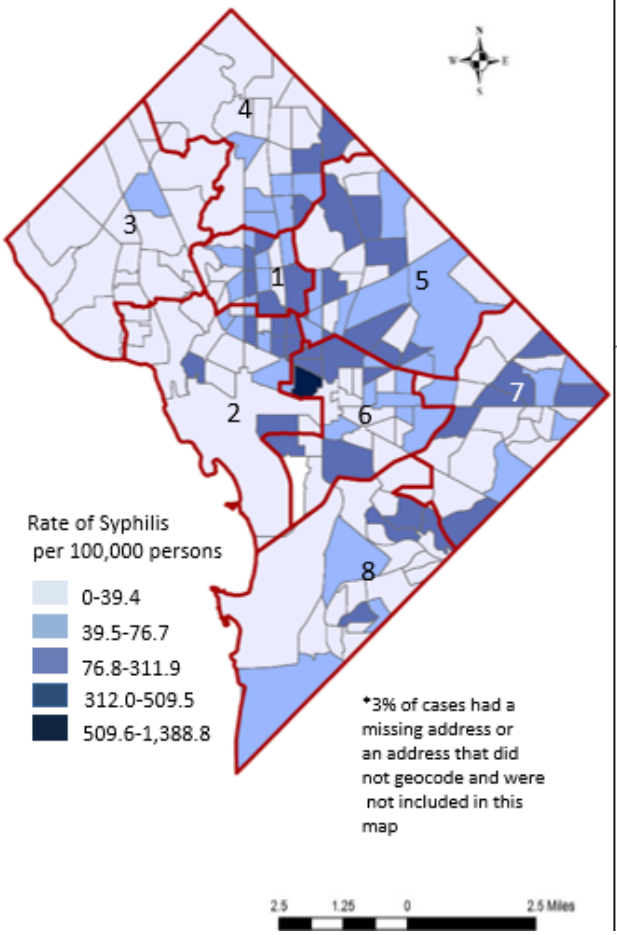
282 — Number of primary or secondary Syphilis diagnoses reported in 2018

39% — of people diagnosed with Syphilis were living with HIV

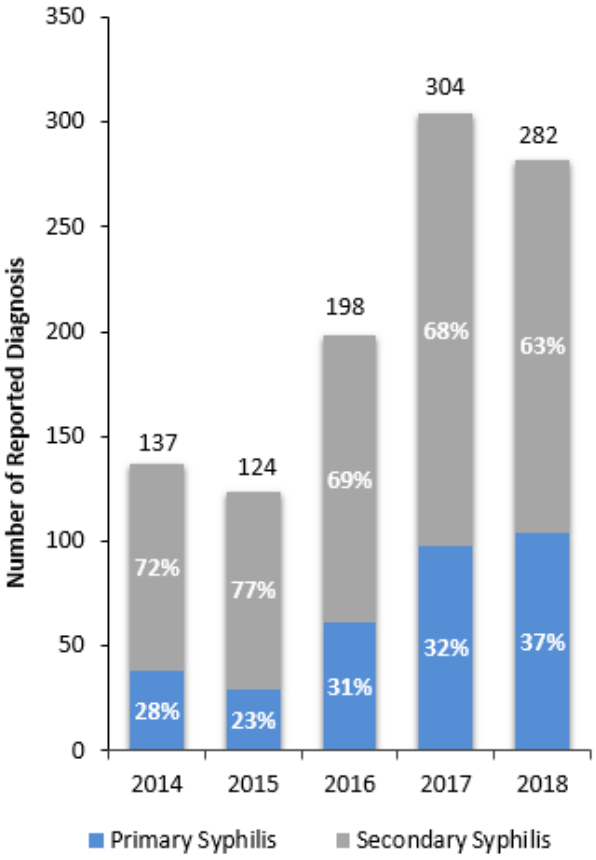
49% — Of people diagnosed with Syphilis in 2018 had another STI within the past year

0 — the number of congenital cases diagnosed in 2018

Rate of Reported Primary and Secondary Syphilis Diagnoses, by Census Tract, District of Columbia, 2018 (N=282*)



Newly Reported Diagnoses of Primary and Secondary Syphilis, by Year, District of Columbia, 2014-2018



Of those newly reported with Primary and Secondary Syphilis in DC in 2018...

9 in 10 were Men

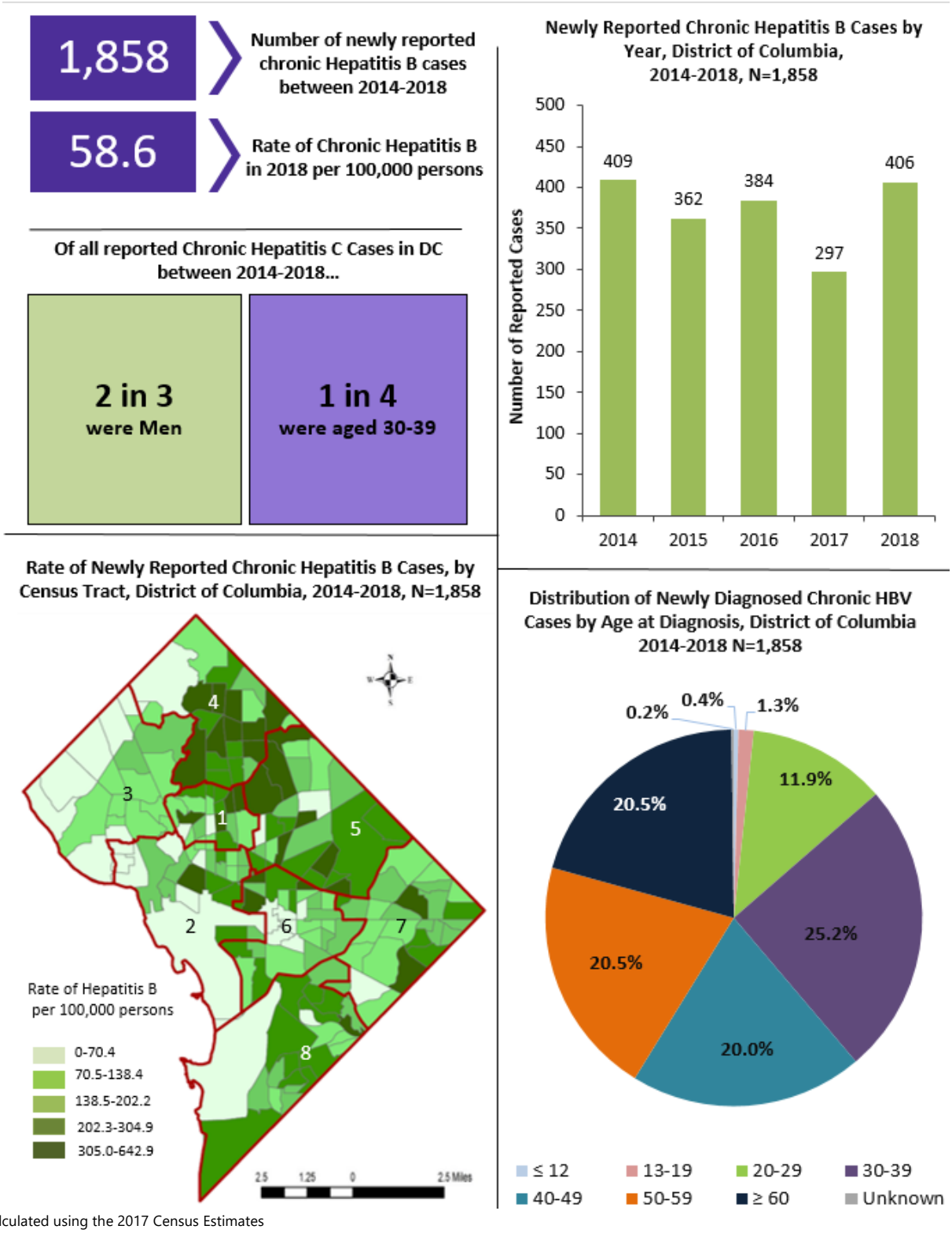
1 in 3 were aged 30-39

Rates were calculated using the 2017 Census Estimates

Please refer to appendix table **B16** for additional data regarding newly diagnosed Syphilis cases.

Viral Hepatitis

Hepatitis B



Rates were calculated using the 2017 Census Estimates

Please refer to appendix table **B18** for additional data regarding diagnosed Hepatitis B cases.

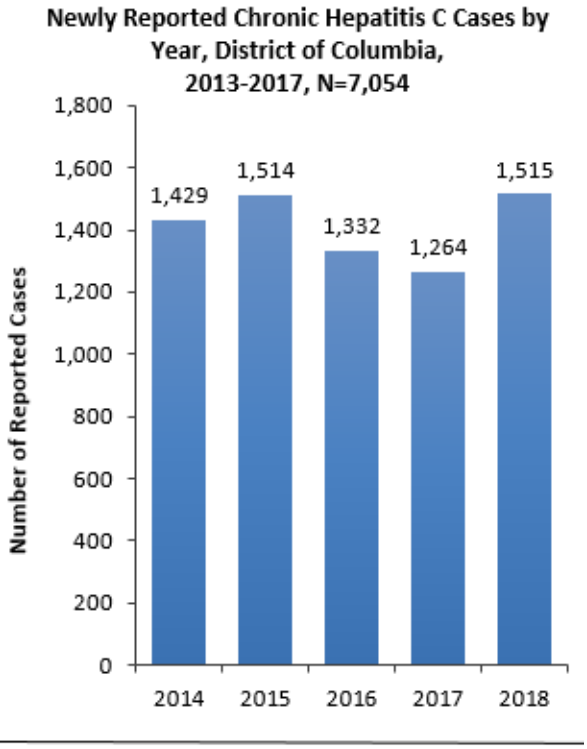
Hepatitis C

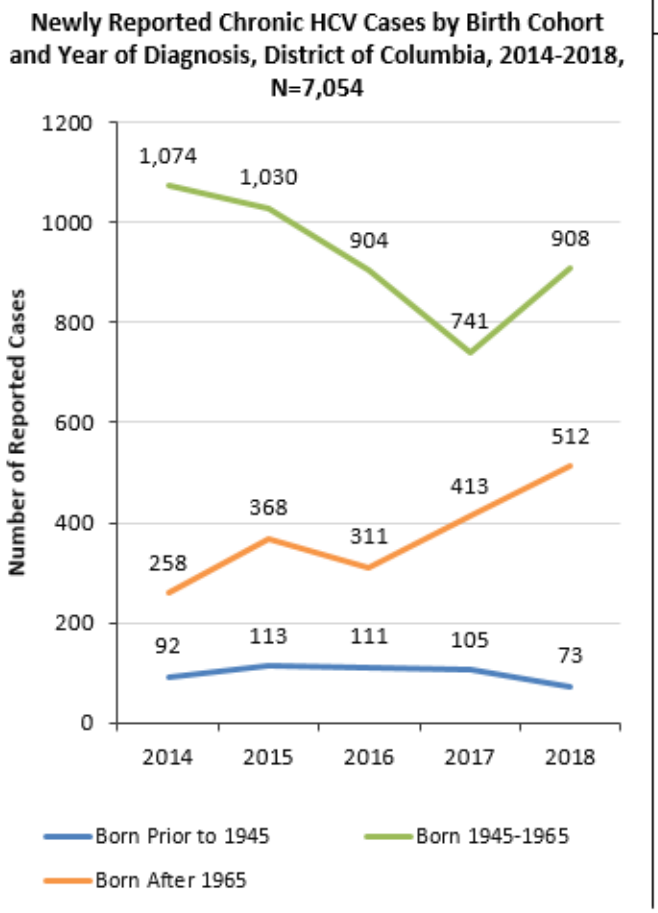
16,375 Number of all positive chronic Hepatitis C cases between 2014-2018

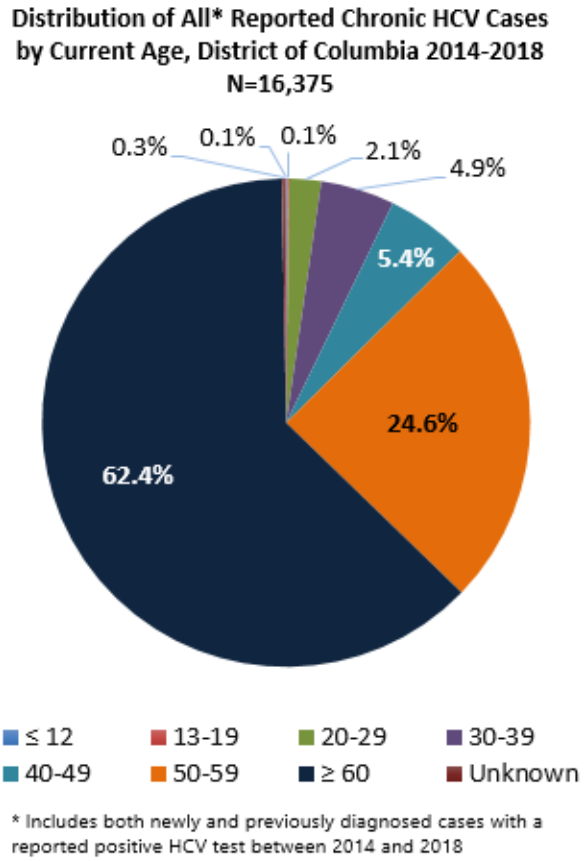
7,054 Number of newly reported chronic Hepatitis C cases between 2014-2018

Of all reported Chronic Hepatitis C Cases in DC between 2014-2018...

- **2 in 3** were Men
- **9 in 10** were aged 50 and older
- **8 in 10** were born between 1945 and 1965



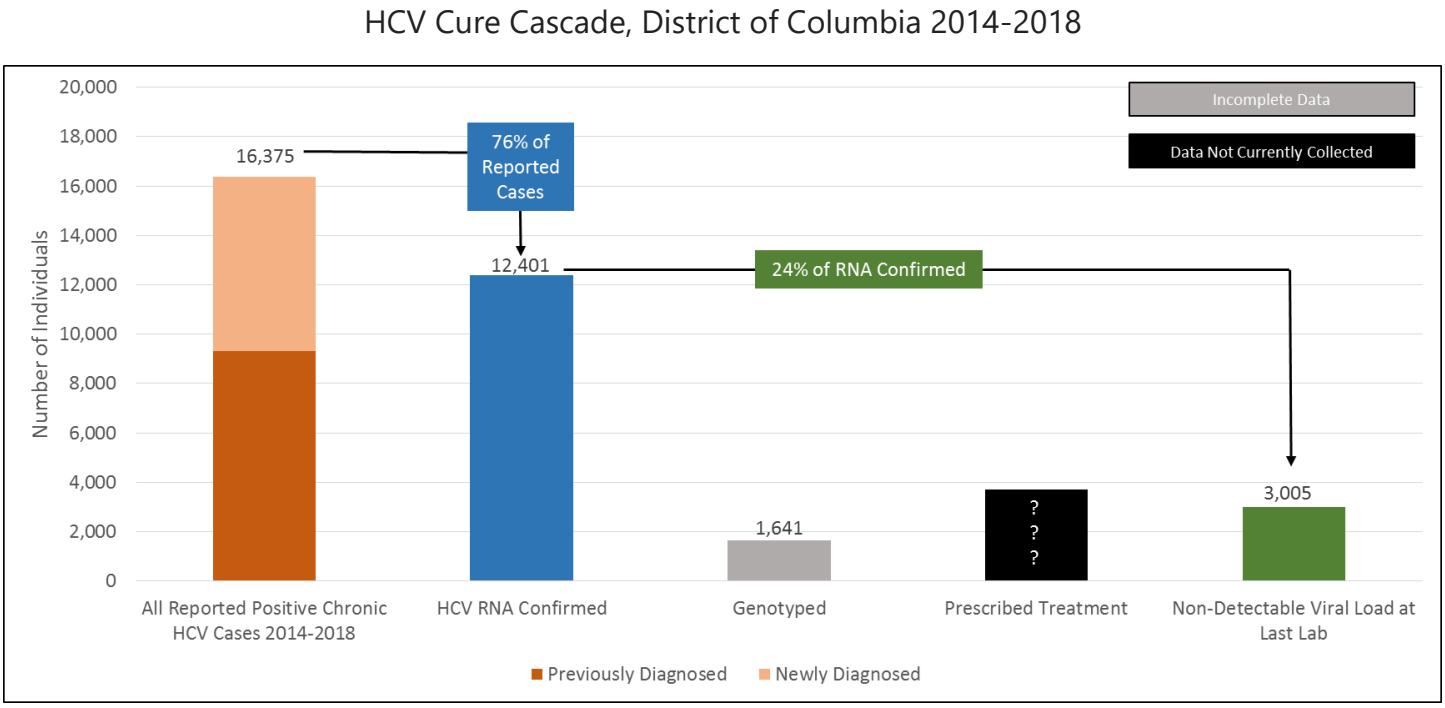




Please refer to appendix table **B19-20** for additional data regarding diagnosed Hepatitis C cases.

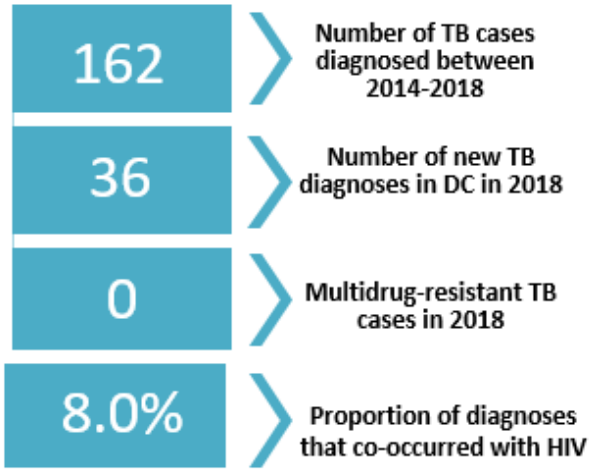
Chronic Hepatitis C Cure Cascade

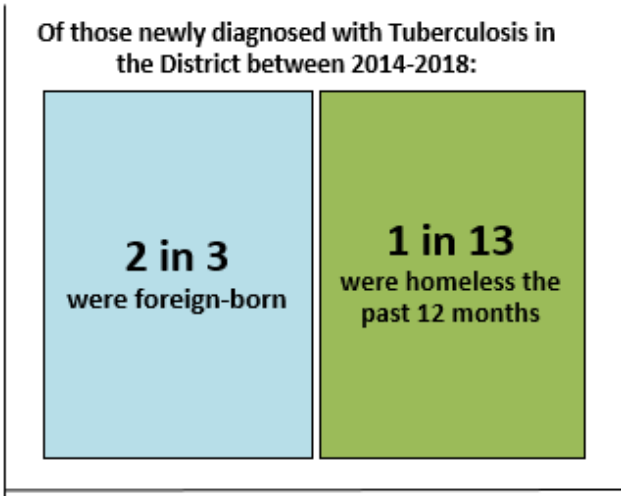
While hepatitis surveillance and case investigation activities are currently limited, efforts have been made toward utilizing available data and resources to better understand care and treatment dynamics among individuals diagnosed with chronic hepatitis C (HCV). Based on current surveillance data, 76% of individuals reported to DC Health as having chronic HCV between 2014 and 2018 had a documented positive HCV RNA confirmatory test. Of those having a positive HCV confirmatory test, 24% had evidence of an undetectable viral load based on the last reported HCV RNA laboratory result. Both percentage points provide preliminary evidence that there are opportunities to enhance care linkage and engagement activities within the District in relation to addressing the treatment needs of people with chronic HCV.

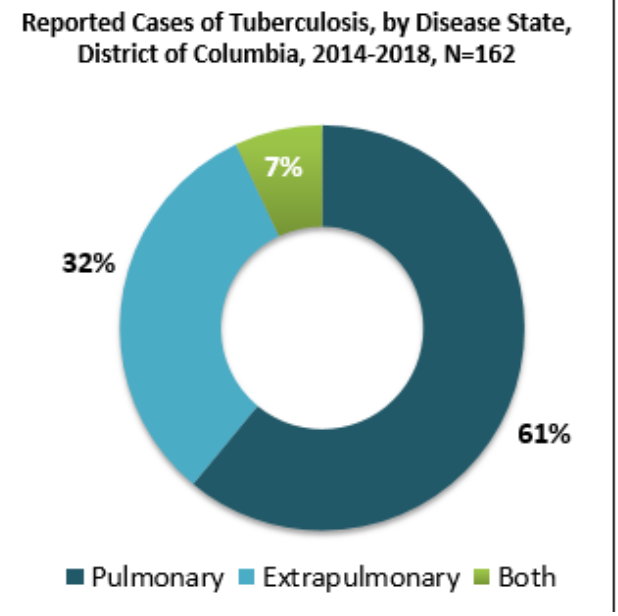


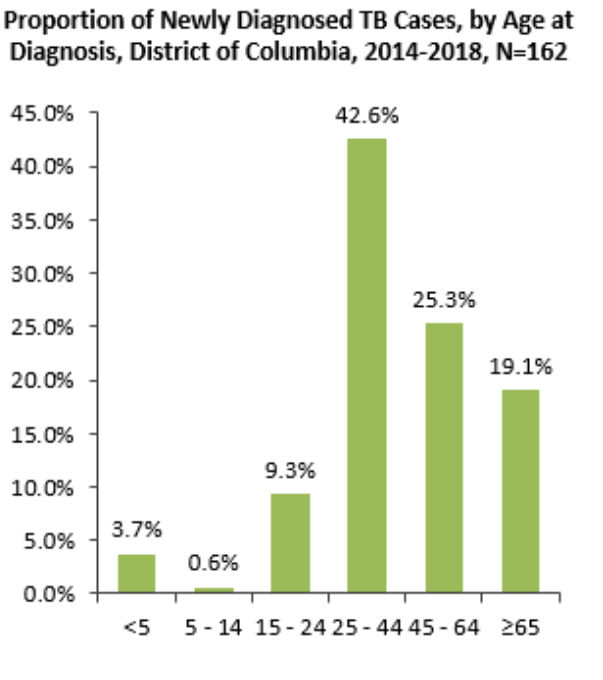
Tuberculosis

Tuberculosis (TB) is caused by the bacteria *Mycobacterium tuberculosis*. TB is spread from person to person through the air where infection can occur by sharing airspace for an extended period of time in an enclosed setting such as one's home or in a small office. TB usually affects the lungs, and bacteria are put into the air when a person with active TB of the lungs coughs, sneezes, laughs, or sings. TB can also affect other parts of the body (extrapulmonary TB). TB can be cured if treated properly.







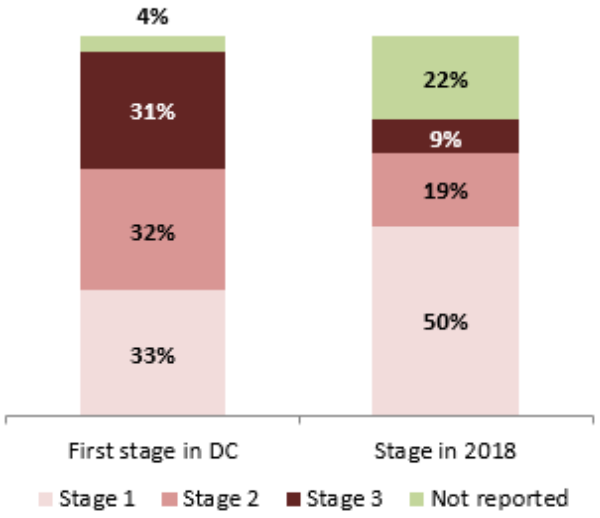


Please refer to appendix table **B17** for additional data regarding newly diagnosed HIV cases.

Special Populations
Women

3,223	Number of Women in DC known to be living with HIV
76	Number of new HIV diagnoses in DC in 2018
1.0%	Percent of women living in DC known to be living with HIV
1.3%	Proportion of Chlamydia diagnoses among women living in DC in 2018
53	Number of HIV positive women who gave birth in 2018

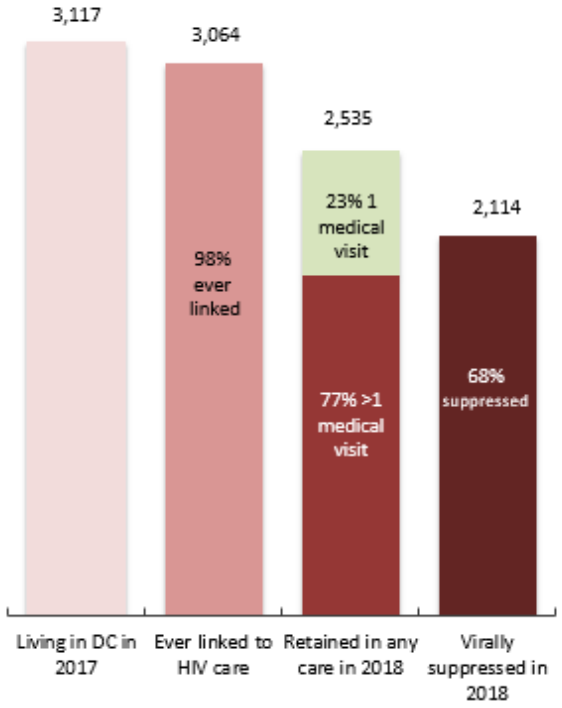
Stage of HIV Disease at First Lab in DC and in 2018 among Women Living in DC, District of Columbia, N=3,223



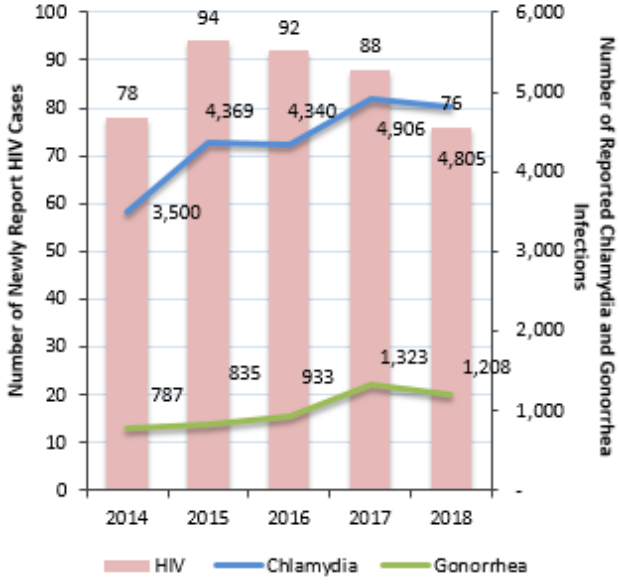
Of those newly diagnosed with HIV in DC in 2018...

9 in 10 were Black	**1 in 4** were aged 30-39

Care Dynamics among Women Diagnosed with HIV Living in DC, 2018



Number of Newly Reported HIV cases, Chlamydia and Gonorrhea Diagnoses among Women, by Year, District of Columbia, 2014-2018

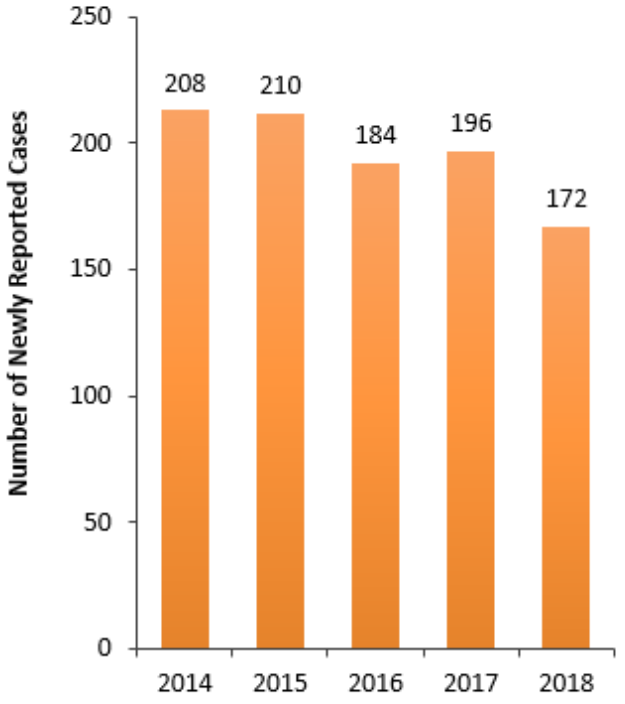


Men who have Sex with Men

5,540 — Number of Men who have sex with men in DC known to be living with HIV

26% — Proportion of new HIV diagnoses in 2018 with a mode of transmission of MSM among those aged 13-24

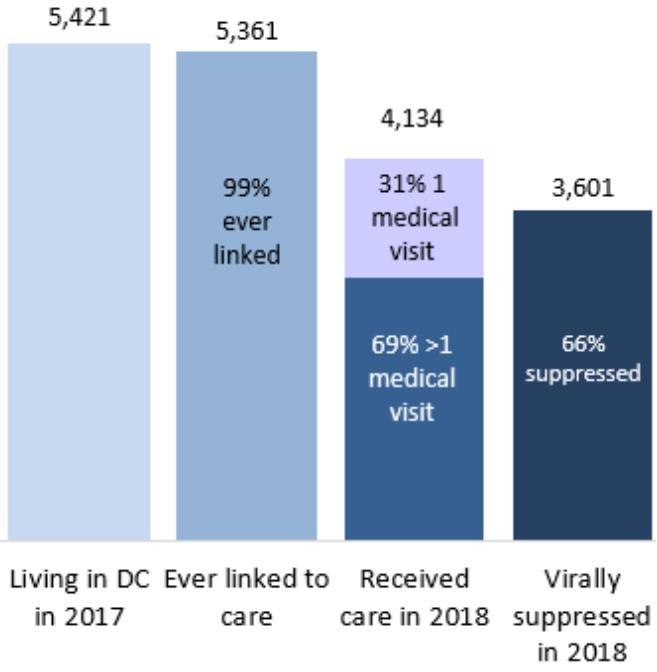
Number of New HIV Diagnoses among MSM, by Year, District of Columbia, 2014-2018



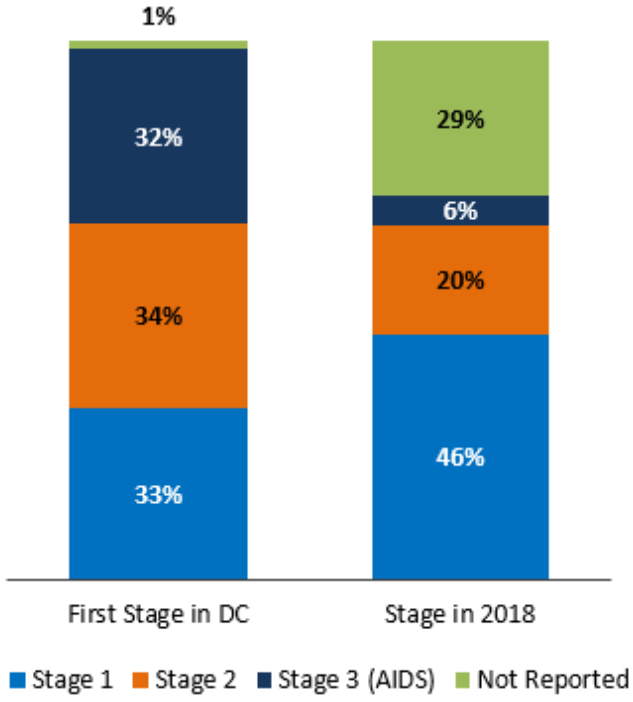
Of those newly diagnosed with HIV in DC in 2018...

2 in 3	1 in 8	1 in 3
were Black	were White	were aged 30-39

Care Dynamics among MSM Diagnosed with HIV Living in DC, 2018



Stage of HIV Disease at First Lab in DC and in 2018 among MSM Living in DC, District of Columbia, N=5,421



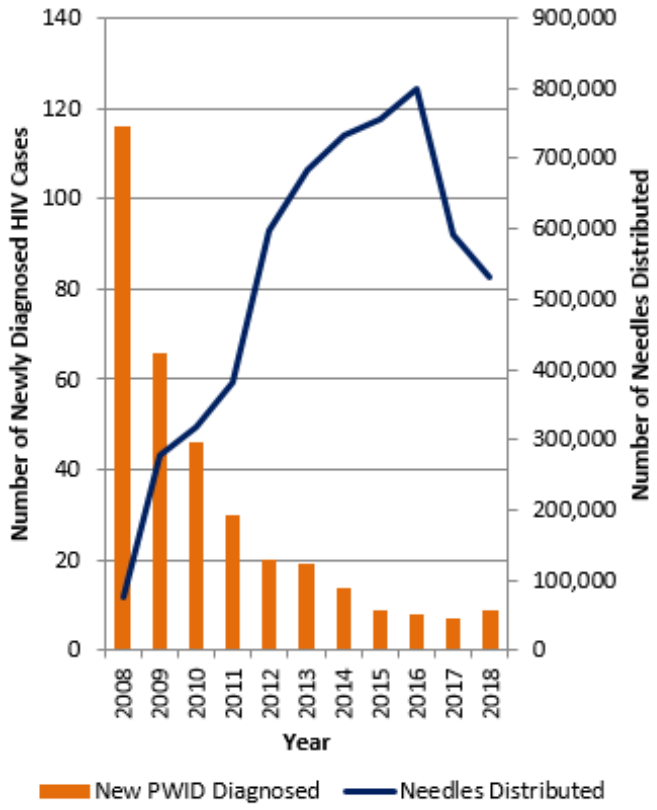
People Who Inject Drugs (PWID)

1,193 — Number of PWID in DC known to be living with HIV in 2018

9 — Number of new HIV diagnoses in DC in 2018

31% — Proportion of HIV/HCV co-occurrence among PWID living in DC in 2018

Newly Diagnosed PWID and the Number of Needles Exchanged, by Year, District of Columbia, 2008-2018



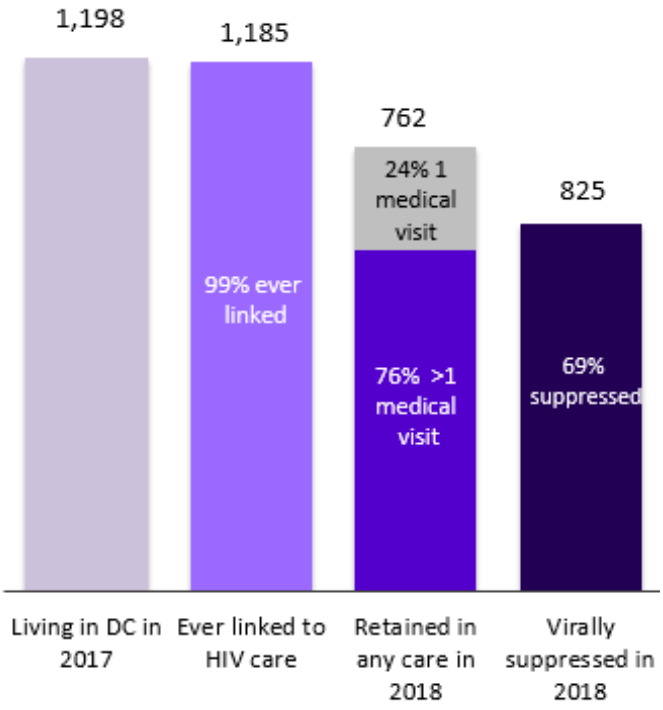
Number of Distribution Sites in 2014

23

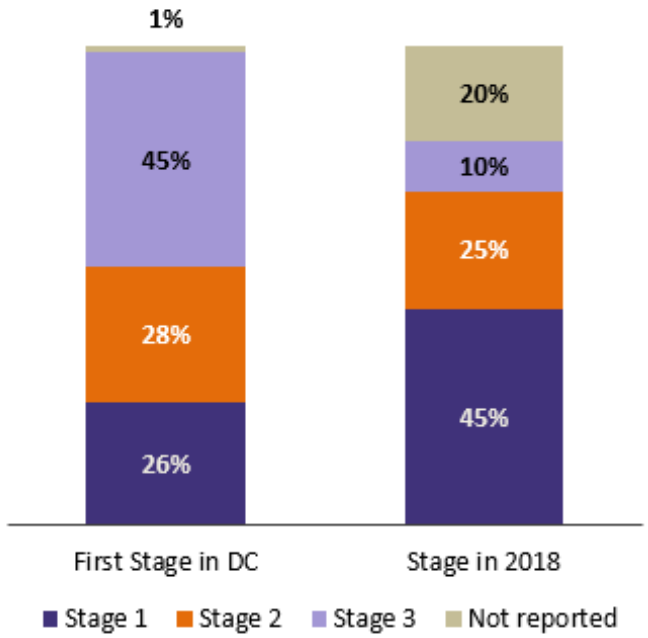
Number of Distribution Sites in 2018

20

Care Dynamics among PWID Diagnosed with HIV Living in DC, 2018



Stage of HIV Disease at First Lab in DC and in 2018 among PWID Living in DC, District of Columbia, N=1,193



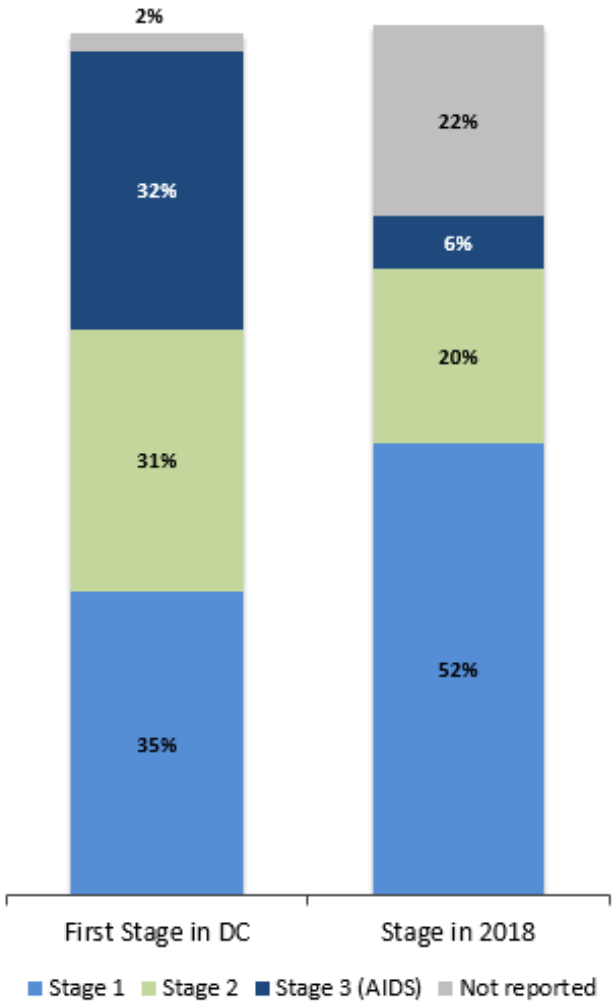
Transgender People

245 — Number of transgender individuals in DC known to be living with HIV in 2018

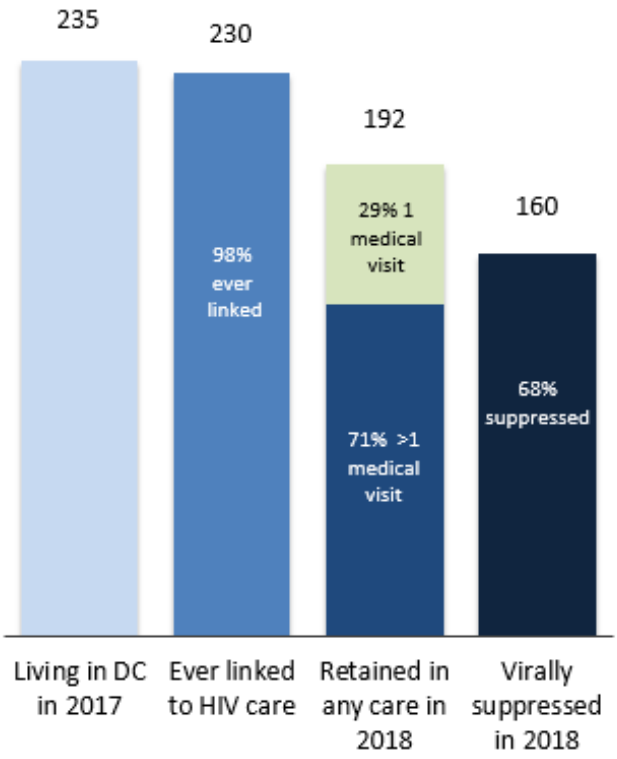
13 — Number of transgender men newly diagnosed between 2014-2018

32% — Proportion of new diagnoses that were aged 25-29 between 2014-2018

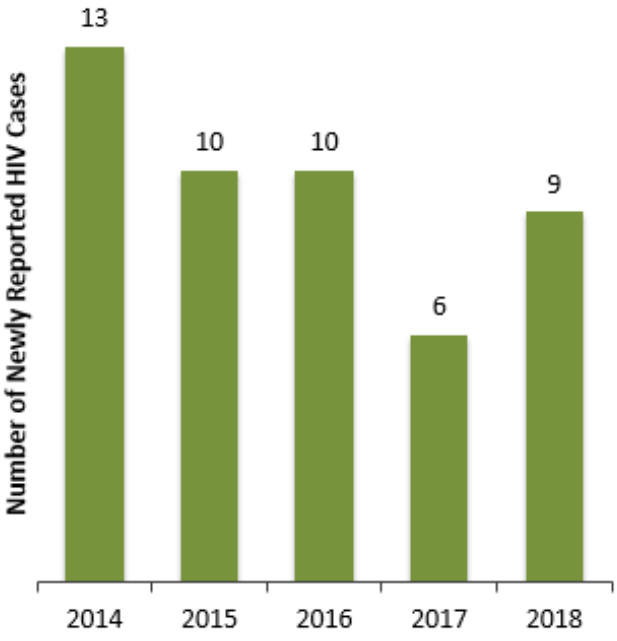
Stage of Disease at First Lab in DC and in 2018 among Transgender People Living in DC, District of Columbia, N=235



Care Dynamics among Transgender People Diagnosed with HIV Living in DC, 2018



Number of New HIV Diagnoses among Transgender People, by Year, District of Columbia, 2014-2018, N=48

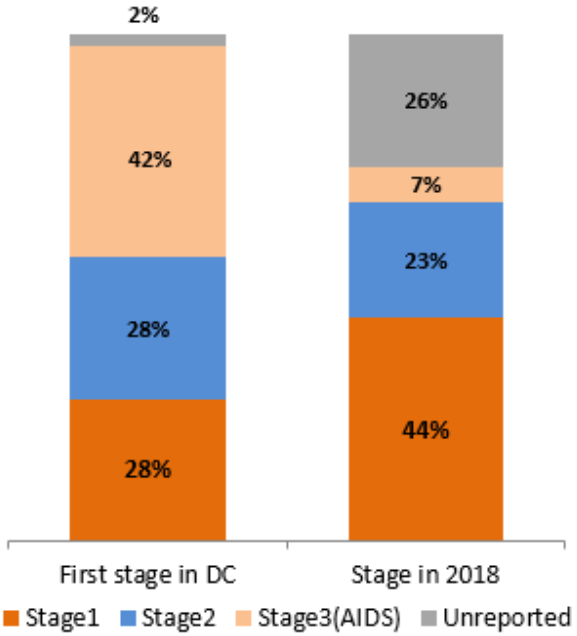


Older Adults (Aged 55 and older)

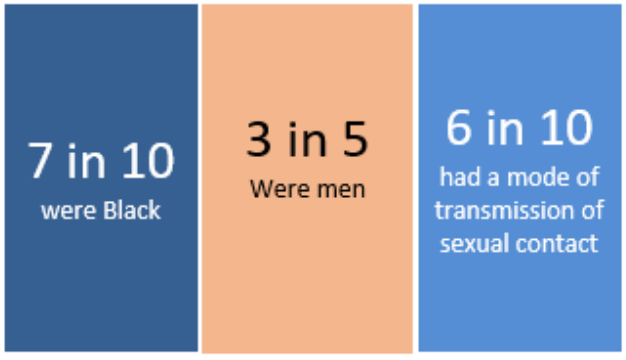
4,431 Number of individuals aged 55+ known to be living with HIV

40 Number of new HIV diagnoses in DC in 2018

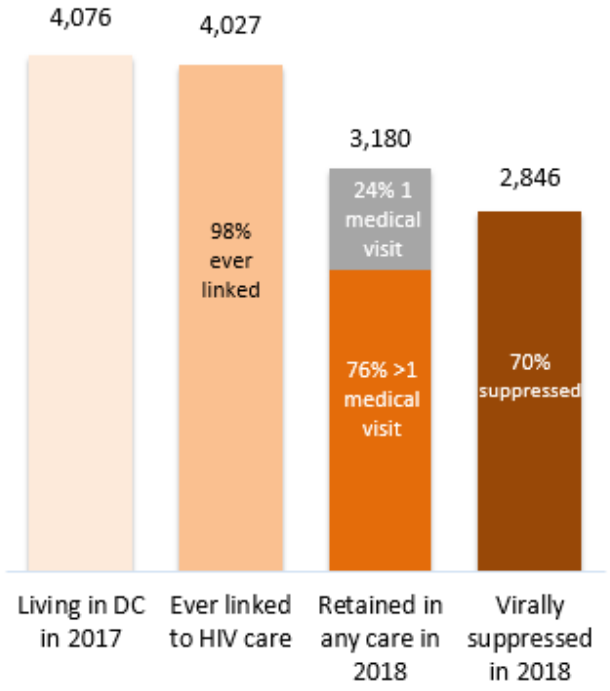
Stage of HIV Disease at First Lab in DC and in 2018 Among People aged 55+ Living in DC, District of Columbia, N=4,076



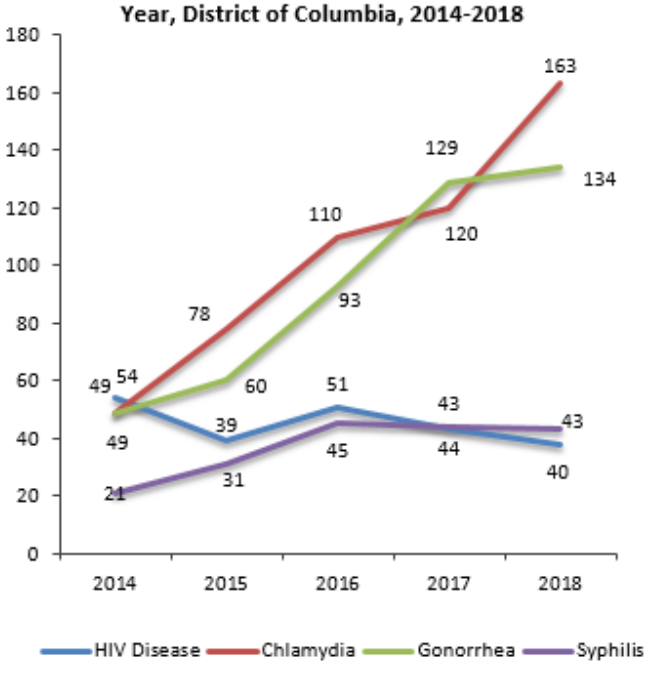
Of those newly diagnosed with HIV in DC in 2014-2018…



Care Dynamics among Persons Aged 55+ Diagnosed with HIV Living in DC, 2018



Number of Newly Reported HIV, Chlamydia, Gonorrhea and P&S Syphilis Diagnoses among People aged 55+, by Year, District of Columbia, 2014-2018

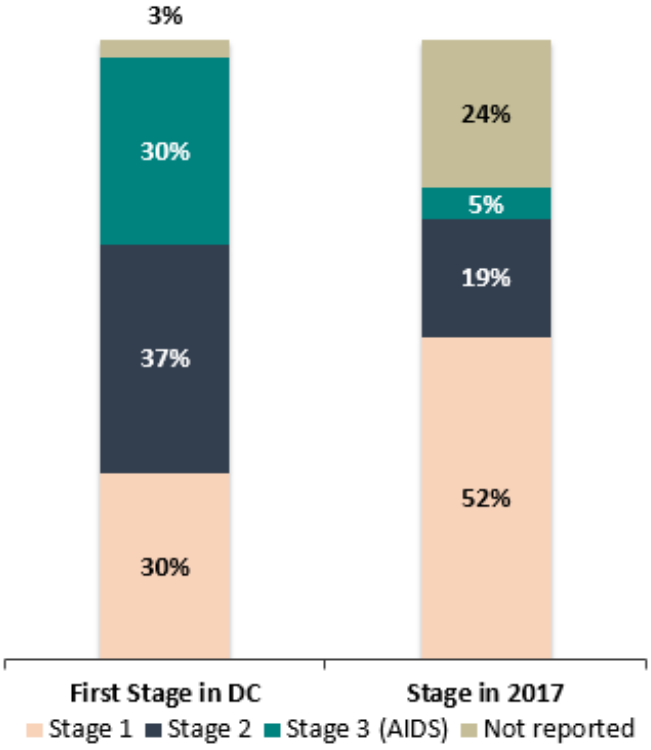


Latinos

937 Number of Latinos in DC known to be living with HIV

1.2% Percent of Latinos living in DC known to be living with HIV

Stage of HIV Disease at First Lab in DC and in 2018 among Latinos Living in DC, District of Columbia, N=906

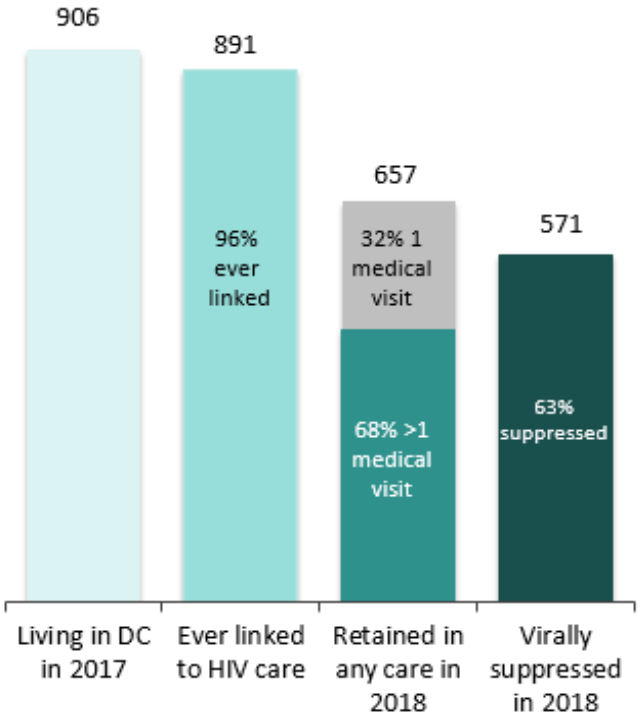


Of those newly diagnosed with HIV in DC in 2014-2018...

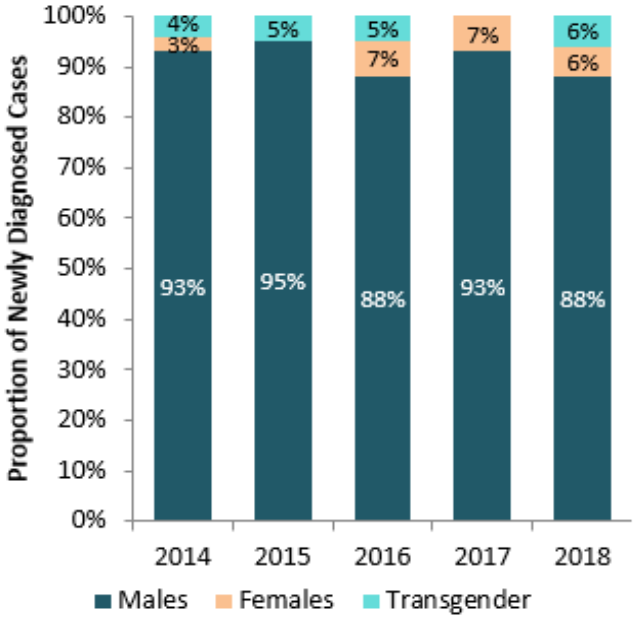
6 in 10 Were Men who have Sex with Men

3 in 10 Were aged 30-39

Care Dynamics among Latinos Diagnosed with HIV and Living in DC, 2018



Number of Newly Diagnosed Cases among Latinos, by Year and Gender Identity, District of Columbia, 2014-2018



Youth (Aged 13-24)

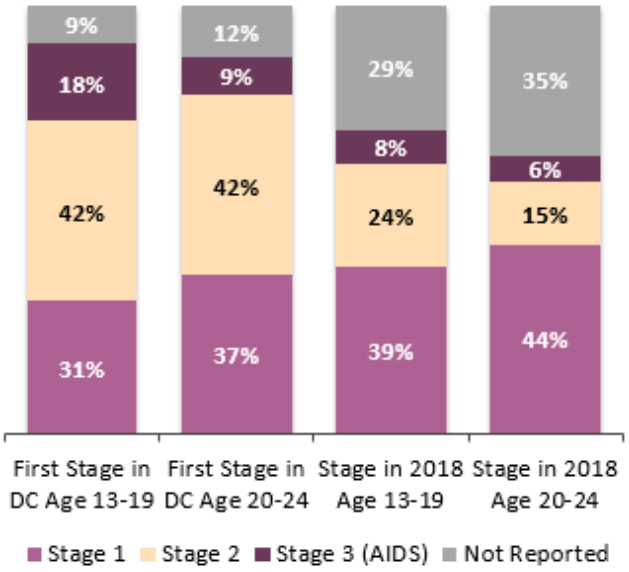
319 Number of youth in DC known to be living with HIV in 2018

0.3% HIV prevalence of youth living in DC in 2018

4.2% Incidence of Chlamydia among youth living in DC in 2018

1.3% Incidence of Gonorrhea among youth living in DC in 2018

Stage of HIV Disease at First Lab in DC and in 2018 Among Youth Living in DC, by Age Group, District of Columbia



Of those newly diagnosed with HIV in DC in 2018...

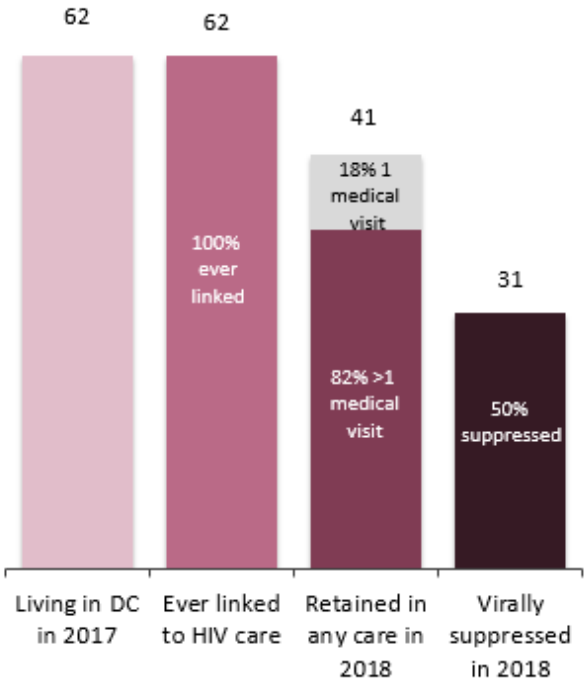
3 in 4 were Black

3 in 5 were among men who have sex with men

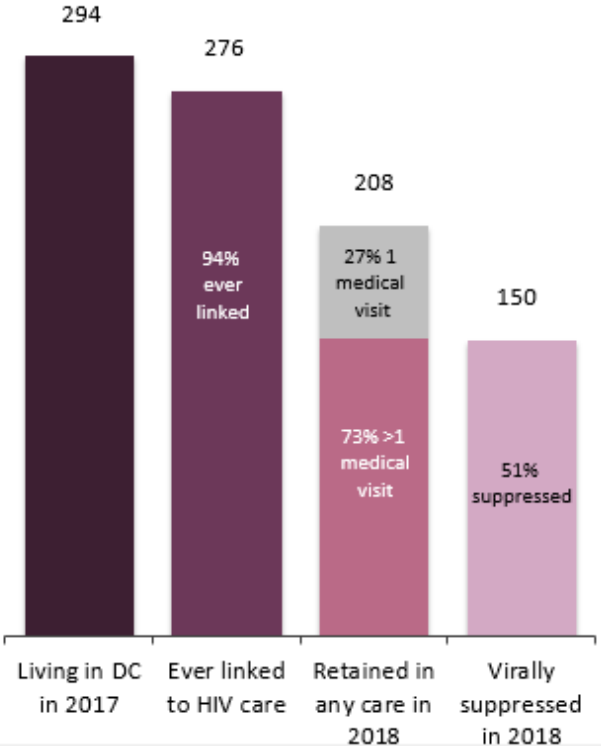
1 in 5 were aged 18-19

4 in 5 Were male

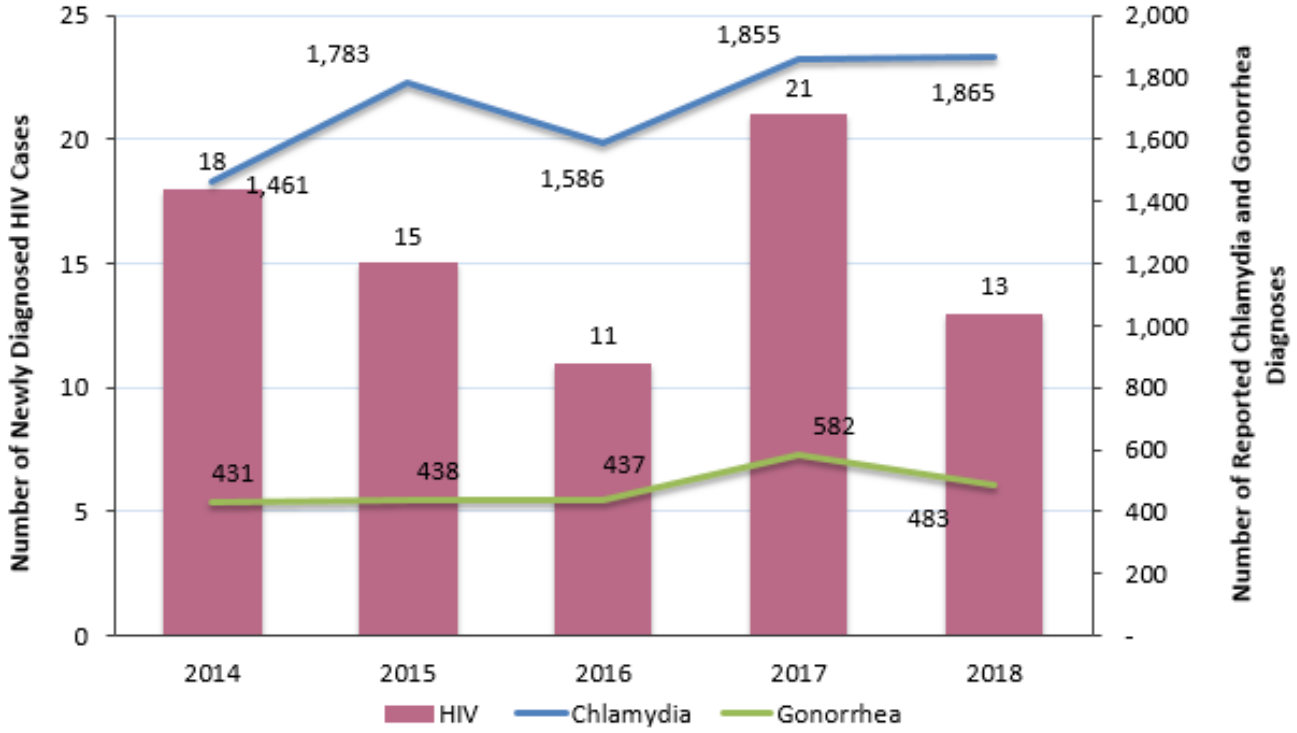
Care Dynamics among Youth Aged 13-19 Diagnosed with HIV Living in DC, 2018



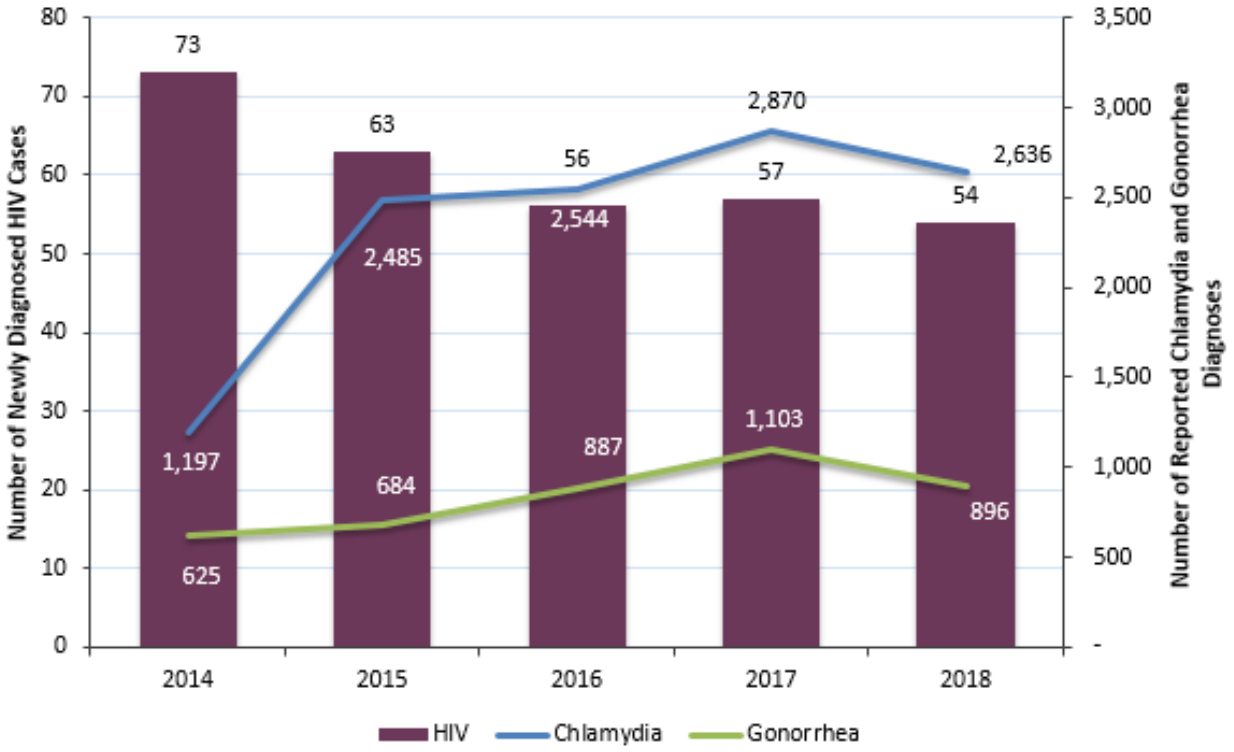
Care Dynamics among Youth Aged 20-24 Diagnosed with HIV Living in DC, 2018



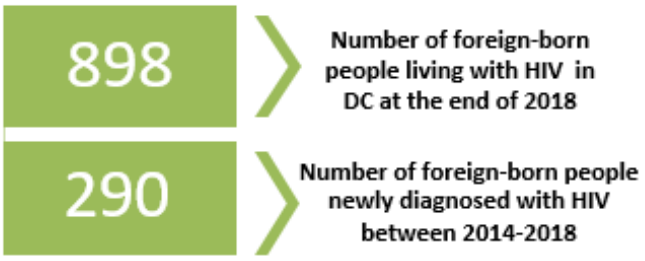
New Diagnoses of HIV, Gonorrhea and Chlamydia among Youth Aged 13-19, District of Columbia, 2014-2018

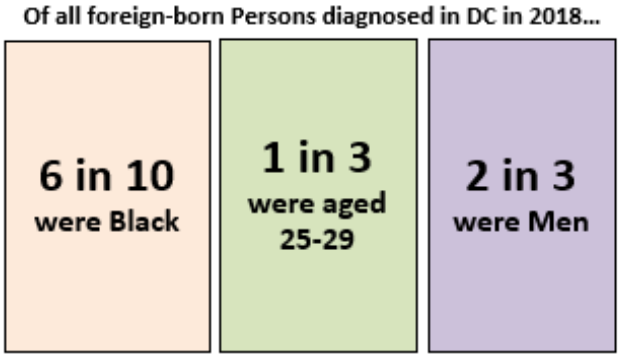


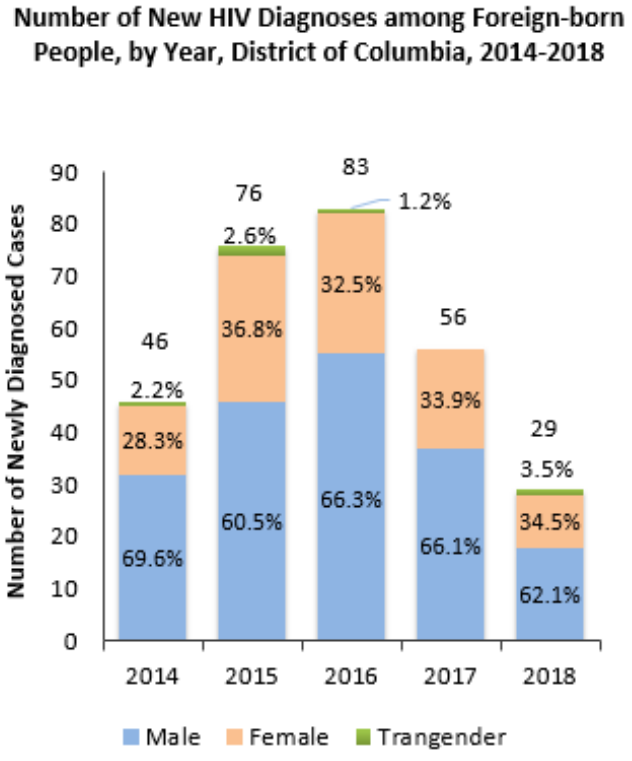
New Diagnoses of HIV, Gonorrhea and Chlamydia among Youth Aged 20-24, District of Columbia, 2014-2018

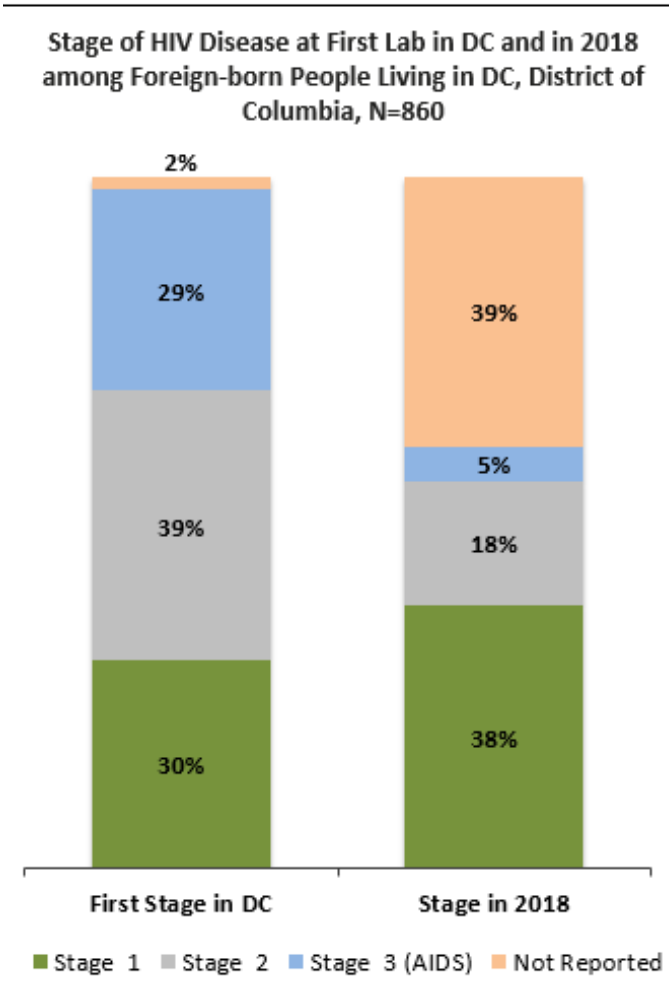


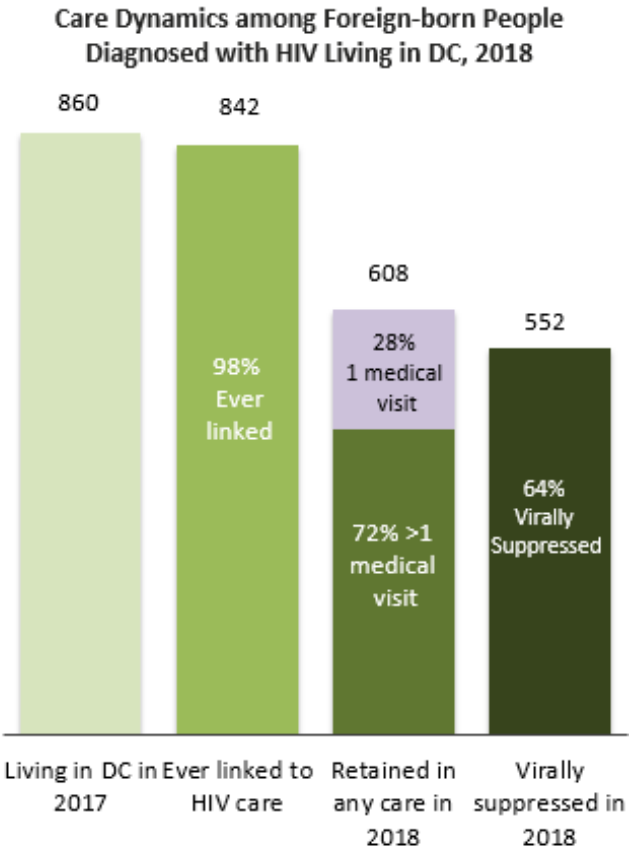
Foreign-born People











National HIV Behavioral Surveillance Study (NHBS)

Men who have Sex with Men

The National HIV Behavioral Surveillance (NHBS) is a CDC-funded initiative to learn more about what puts people at risk for HIV. The purpose of NHBS is to assess prevalence of HIV and trends in sexual and drug-use behaviors among populations most at risk for HIV. In 2017, men who have sex with men were recruited from several venues throughout the DC Metropolitan Statistical Area (MSA) and were surveyed.

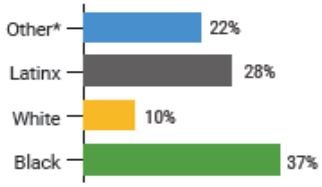
- 47% were aged 30 and younger
- 44% were Black/African American
- 90% had attended at least some college
- 84% were employed
- 18% of participants reported that they were bisexual or straight
- 7% reported being homeless
- 16% reported a yearly household income of <$20,000
- 18% of participants had ever been to jail, prison, or juvenile detention

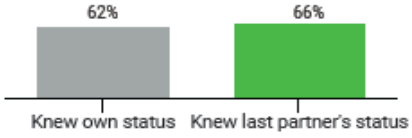
HIV Status and Risk Behaviors

Among those that tested HIV positive, 1 in 5 men were considered new positives

Nearly 50% of participants reported 7+ sexual partners in the past 12 months

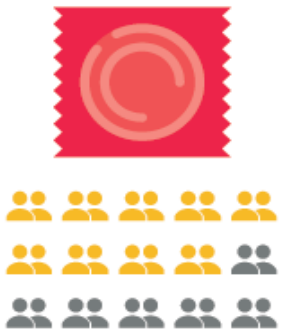
Black MSM had the highest rate of HIV infection





Over 60% of participants knew their own HIV status and nearly 70% knew their last sex partner's HIV status

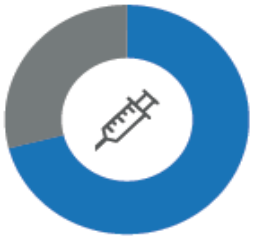
Nearly 7 in 10 men had condomless anal sex at last sexual encounter

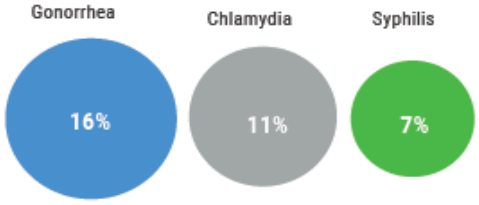


More than half of men reported that they had a concurrent sex partner in the last 12 months

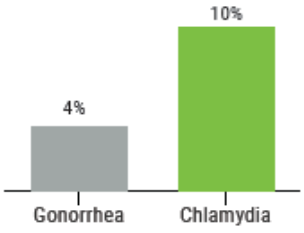
HIV and STD Testing and Missed Opportunities

71% of men who saw a healthcare provider were offered an HIV test



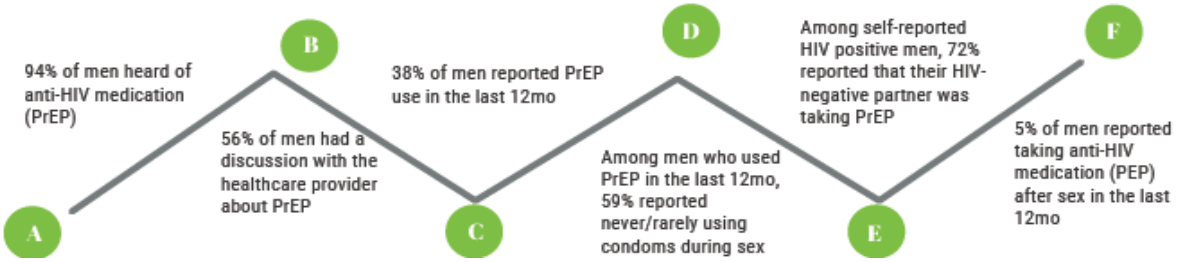


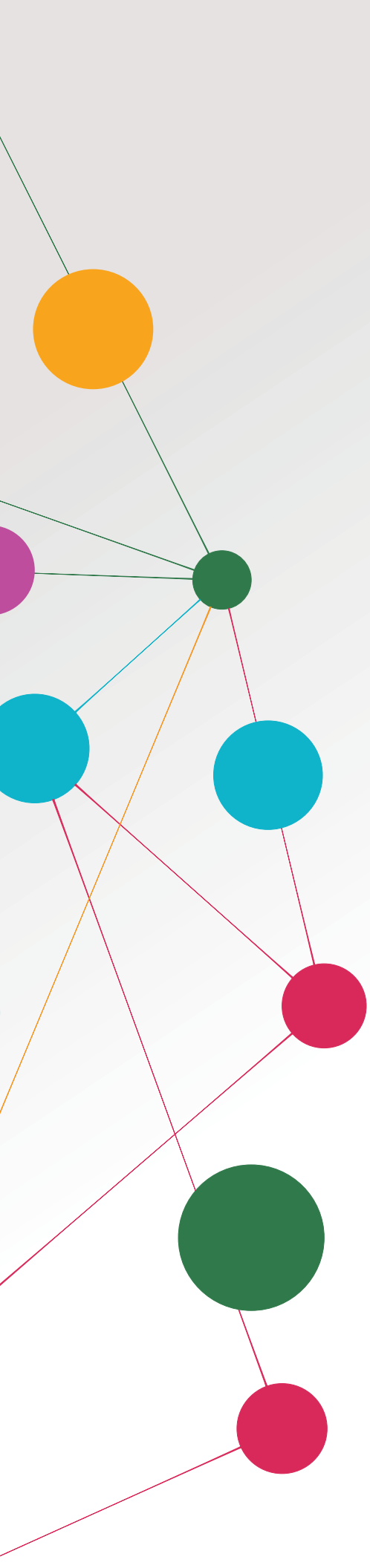
Self-reported STI prevalence in the last 12 months varied



Rectal Gonorrhea and Chlamydia prevalence among study participants

Anti-HIV Drug Knowledge and Use





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