Annual Epidemiology & Surveillance Report

Data Through **December 2019**

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

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With special thanks to:
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This report is available online at: https://dchealth.dc.gov/service/hiv-reports-and-publications

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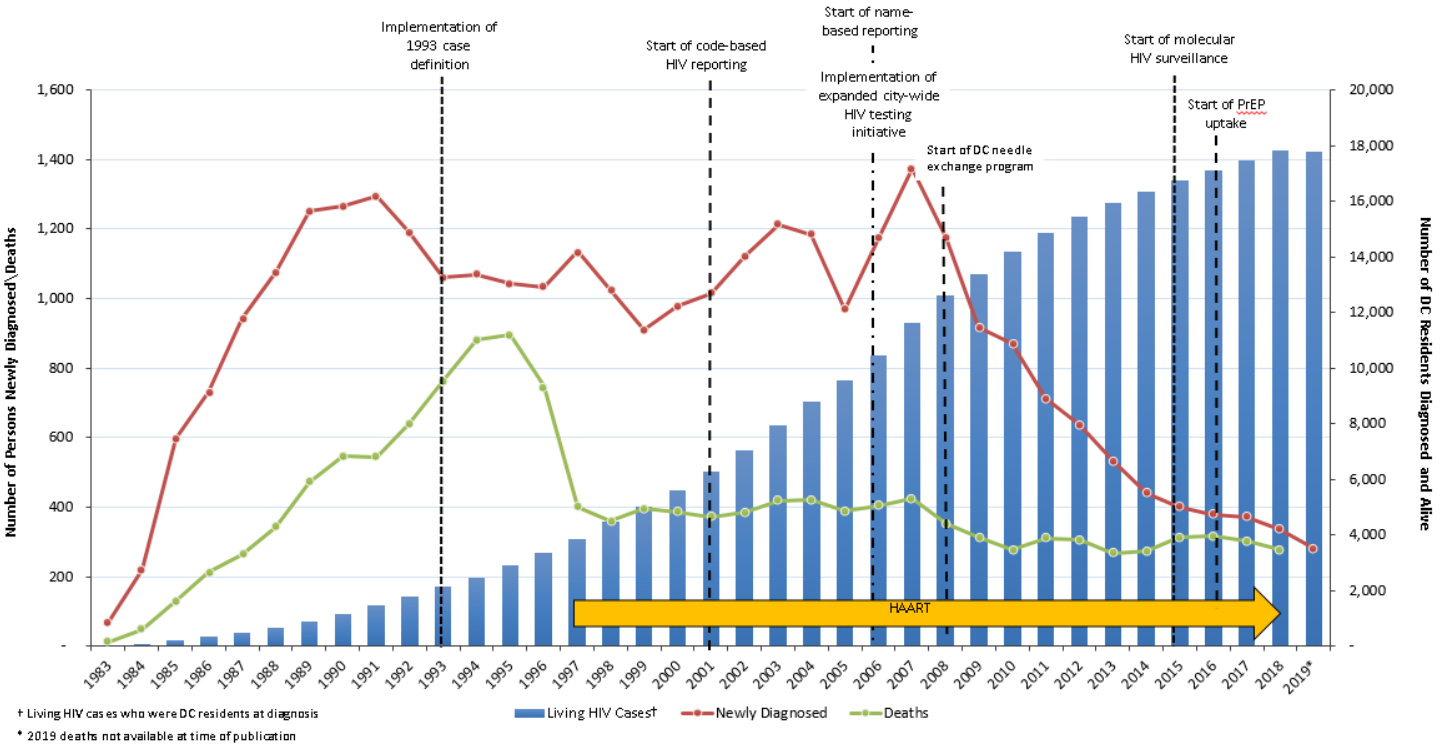
Executive Summary

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 by the widest margin in the past five years, which is encouraging that efforts to accelerate key prevention and treatment strategies are proving effective. The District maintained high rates of STIs and a decrease in 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, 1983-2019.



Key points in this surveillance update of the District epidemics in the year 2019 include:

- 12,408 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 282 cases in 2019, a decline of 61% from 721 cases in 2011 and 79% from 1,374 cases in 2007.
- There were two babies born with HIV in 2019.
- The number of newly diagnosed HIV cases attributable to injection drug use decreased by 99% from 150 cases in 2007, prior to the scale up of DC's needle exchange program, to 2 cases in 2019
- Blacks and Latinos with HIV exceeded 1% of their respective populations, with Blacks disproportionately impacted at 2.8%.
- More than half of people living with HIV in DC are 50 years old and older.
- Young people ages 13 to 24 represent nearly 20% of new HIV diagnoses between 2015 and 2019; the number of new HIV diagnoses among young people ages 20-24 remained level for the past three years.
- Men who have sex with men and heterosexual contact are the two leading modes of transmission reported among newly diagnosed and identified HIV cases.

- There were 9,337 cases of chlamydia, 4,374 cases of gonorrhea and 297 cases of primary and secondary syphilis reported in 2019.
- A substantial minority (37%) of primary and secondary syphilis cases occurred among people with HIV, which declined from 43% in 2015
- There were 1,099 people with newly reported hepatitis C in 2019.
- There were 24 cases of TB in 2019 with nearly three-quarters occurring 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 HIV care continuum in DC through 2019:

- Among people newly diagnosed with HIV, 62% were linked to medical care within 7 days of diagnosis and 81% within 30 days.
- Viral suppression among all people living with HIV in DC remained at 69% overall and 87% among people with an indication of engagement in care.
- Among people newly diagnosed with HIV, 59% were virally suppressed within 90 days, which is an improvement from 45% in 2018. However, this indicates that not enough people are getting on HIV treatment timely to attain viral suppression.
- Of the 4,304 Ryan White clients with one or more medical visits, 95% were prescribed treatment and 84% were virally suppressed.
- Young people ages 0-19 and 20-24 had the lowest viral suppression rates at 31.4% and 54.6%, respectively; among newly diagnosed people, viral suppression rates within 12 months of diagnosis were lowest for people who inject drugs at 45.8%.
- There was a 50% increase in cardiovascular causes of death among people with HIV, which highlights that importance of holistic approaches to health, including smoking cessation.

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 about 1,700 people to start Pre-Exposure Prophylaxis (PrEP) in 2019.
- Distributed more than 4.6 million male and female condoms in 2019.
- Removed 478,038 needles from the street in 2019 through the DC needle exchange programs.
- Distributed 43,034 Naloxone kits, saved nearly 1,000 people from opioid overdose death, and supported 520 people onto medication assisted treatment for opioid addiction in 2019.
- Provided more than 5,000 STD tests for young people through the school-based STD screening and community screening programs in 2019.
- Provided HIV medical care and support services to more than 6,500 people through the Ryan White Program in 2019.

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), including meeting the first goal of the plan a year early, 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.

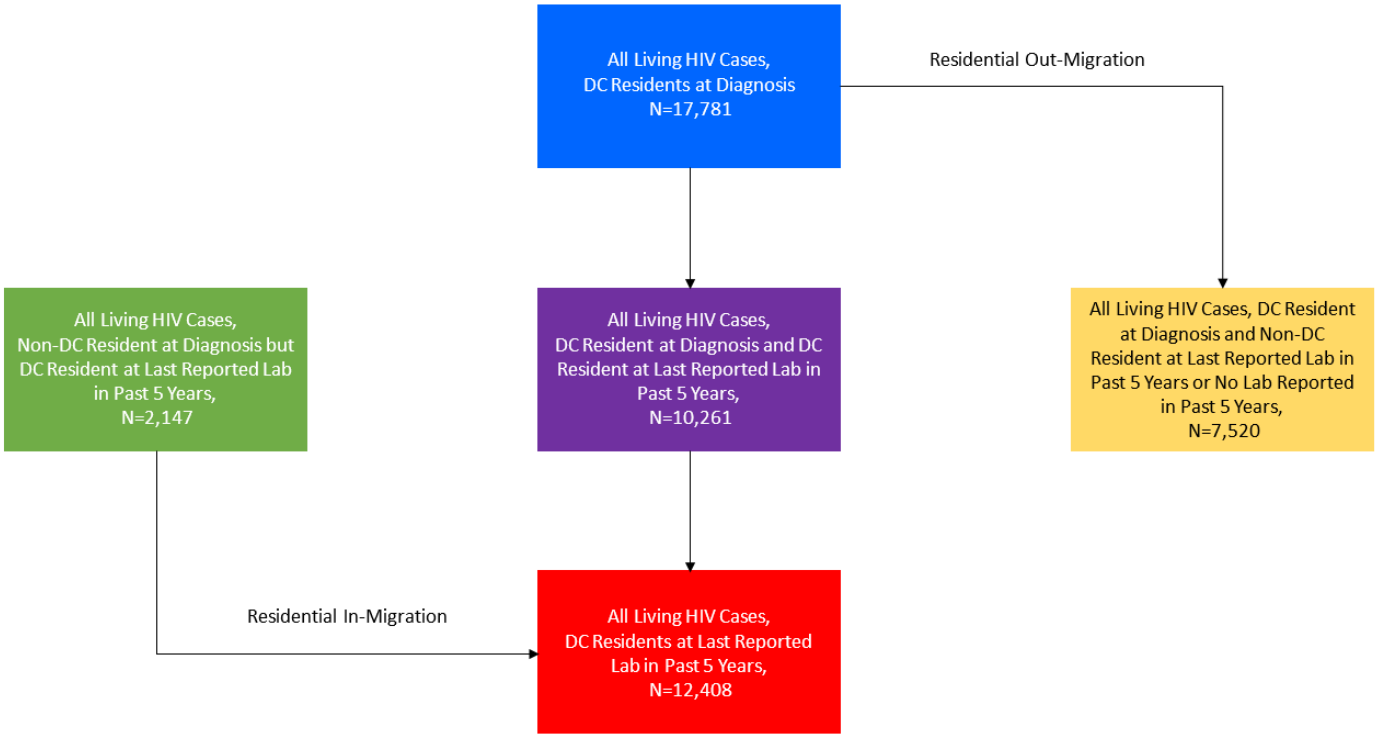
Table 1. Mayor's 90/90/90/50 Ending the HIV Epidemic Plan Goal Update, 2019

Ending the HIV Epidemic Measures	2015	2016	2017	2018	2019	2020 Goal
Goal #1: 90% of HIV-positive District residents know their status	86%	86%	87%	88%	90%	90%
Goal #2: 90% of District Residents living with HIV are in treatment	73%	76%	77%	77%	80%	90%
Goal #3: 90% of District residents living with HIV who are in treatment reach viral suppression	78%	82%	84%	85%	87%	90%
Goal #4: 50% reduction in new HIV diagnoses	399	379	371	335	282	196

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 17,781. 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 2. People Living with HIV in the District of Columbia as of December 31, 2019



Estimation of the Number of People Living in DC

Of the 17,781 individuals diagnosed with HIV while a District resident, approximately 42% (n=7,520) were presumed to have moved outside of the jurisdiction (out-migration) prior to the end of 2019, 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 2,147 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 12,408 individuals diagnosed with HIV were presumed to be living in the District at the end of 2019. 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.

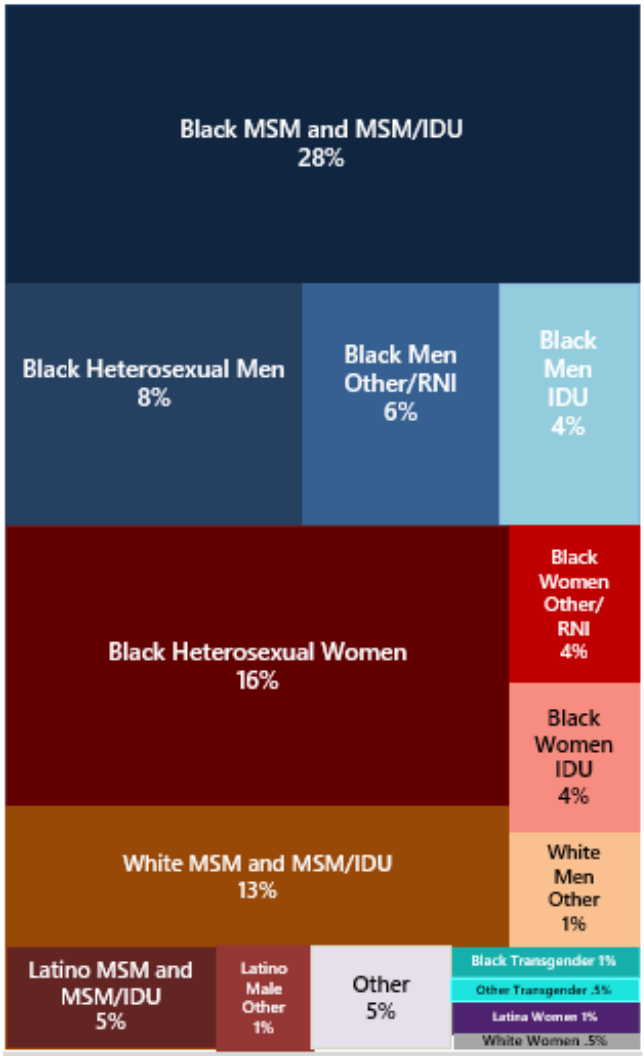
People Living with HIV

12,408 Number of DC's population known to be living with HIV

1.8% Percent of DC's population known to be living with HIV

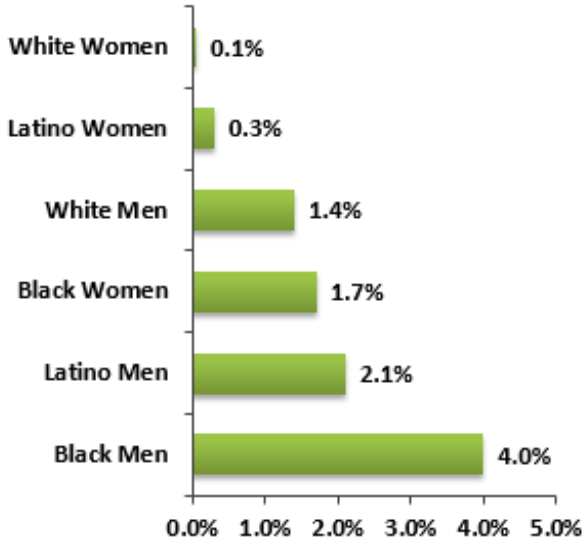
3.3% Proportion of DC residents aged 50 and older living with HIV at the end of 2019

Proportion of HIV Cases Living in DC, by Race/Ethnicity, Gender Identity and Mode of Transmission, District of Columbia, 2019

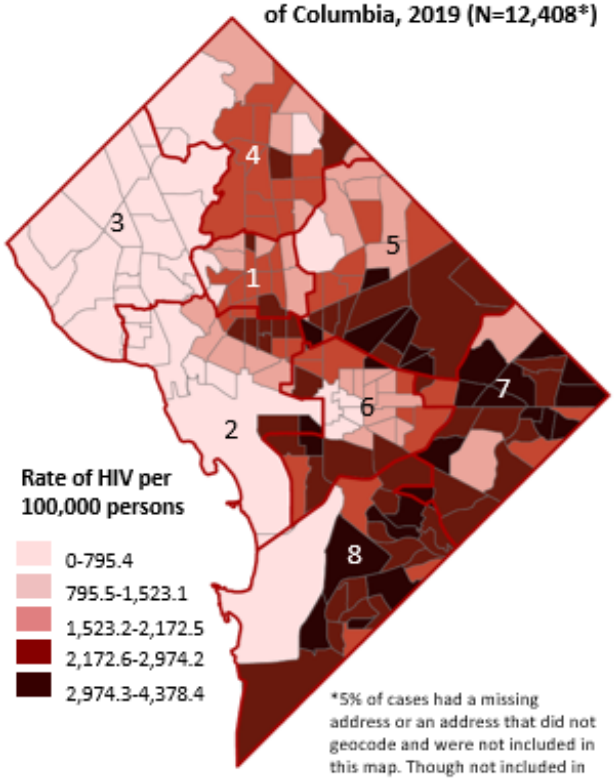


MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure Non-MSM: All modes of transmission excluding MSM and MSM/IDU. Latino Male Other: Heterosexual, IDU, RNI and other modes of transmission; Black Female Other: RNI and other modes of transmission; Black Male Other: RNI and other modes of transmission; Latina Female: All modes of transmission; White Female: All modes of transmission; Other: All persons of other race with all modes of transmission; Transgender persons: include both transgender men and transgender women

Proportion of Residents Living with HIV by Race/Ethnicity and Gender Identity, District of Columbia, 2019



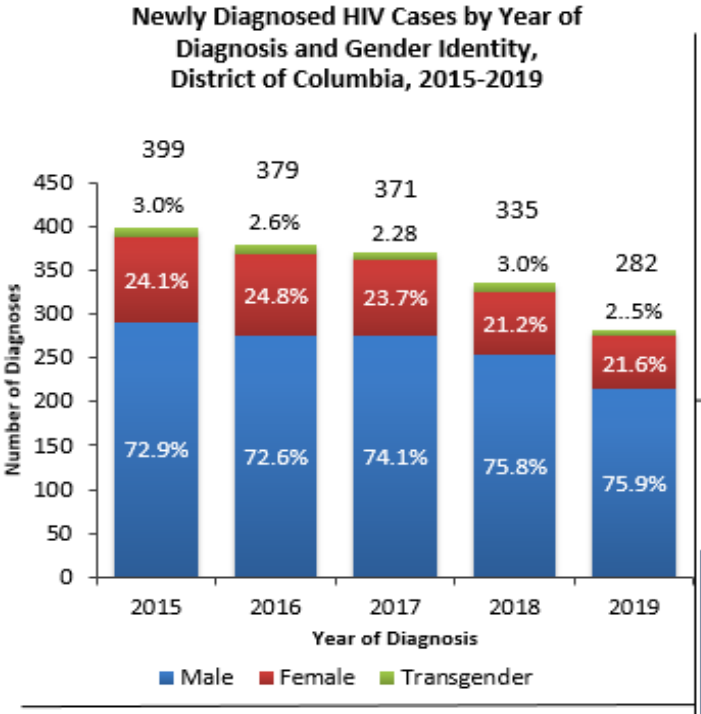
Rate of HIV Cases Living in the District by Census Tract, District of Columbia, 2019 (N=12,408*)

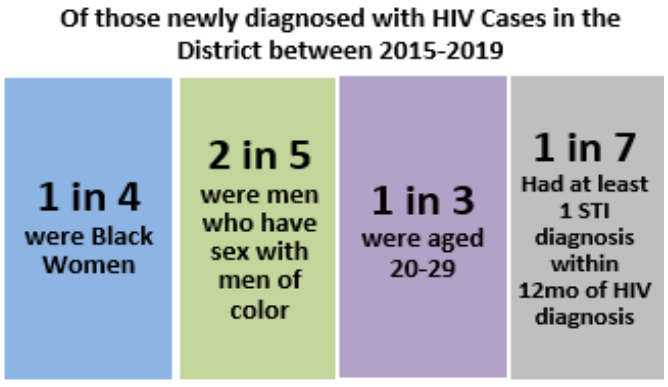


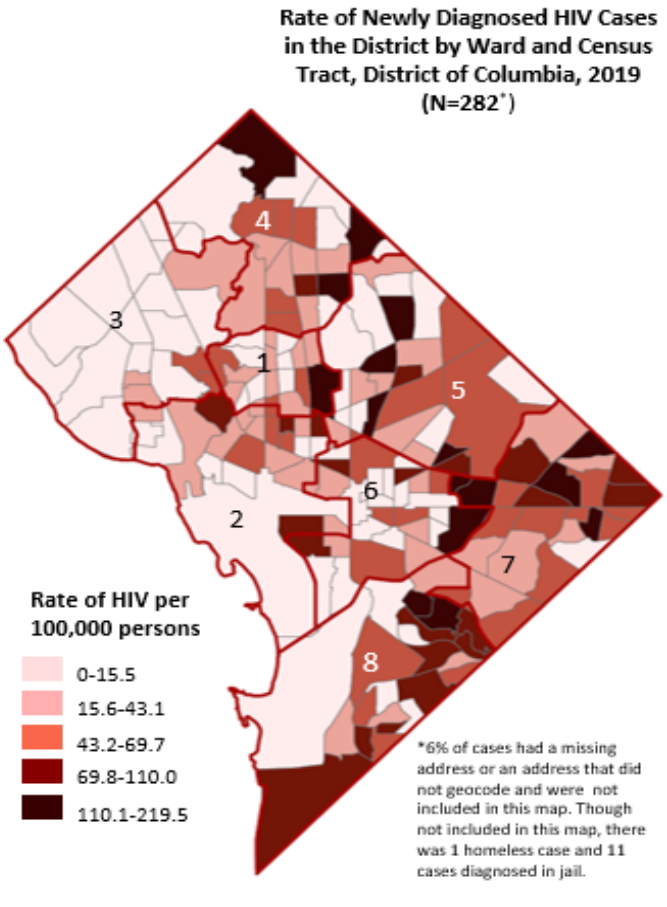
*5% of cases had a missing address or an address that did not geocode and were not included in this map. Though not included in this map, 51 cases were in jail and 79 cases were homeless

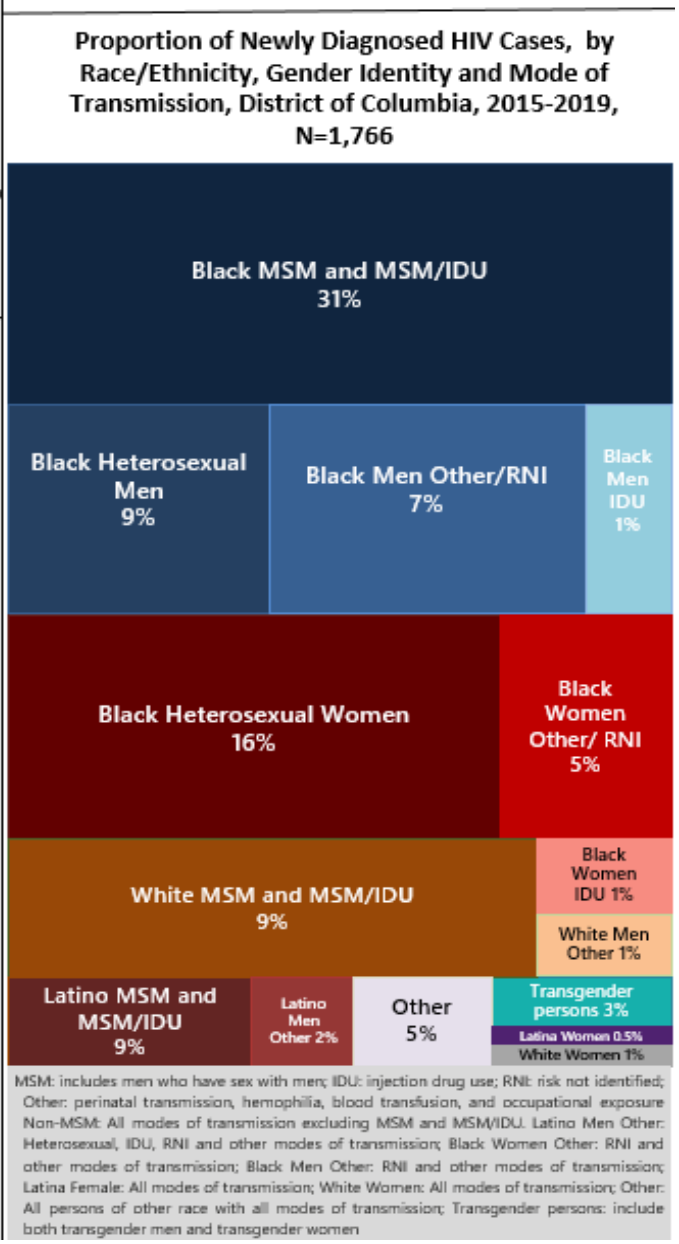
Rates were calculated using the 2018 Census Estimates

Newly Diagnosed HIV Cases









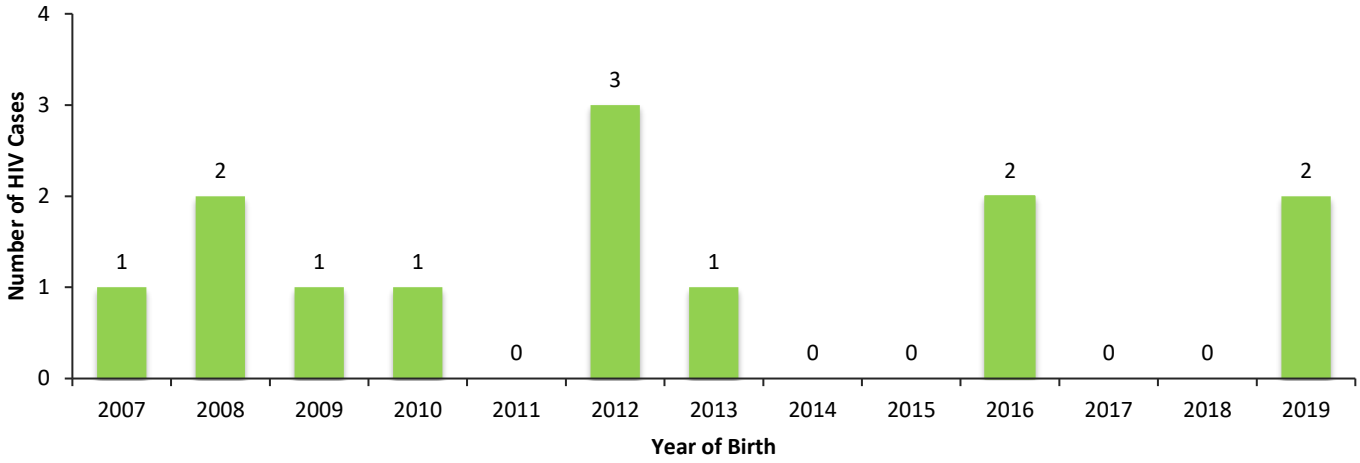
Rates were calculated using the 2018 Census Estimates

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

Perinatal HIV

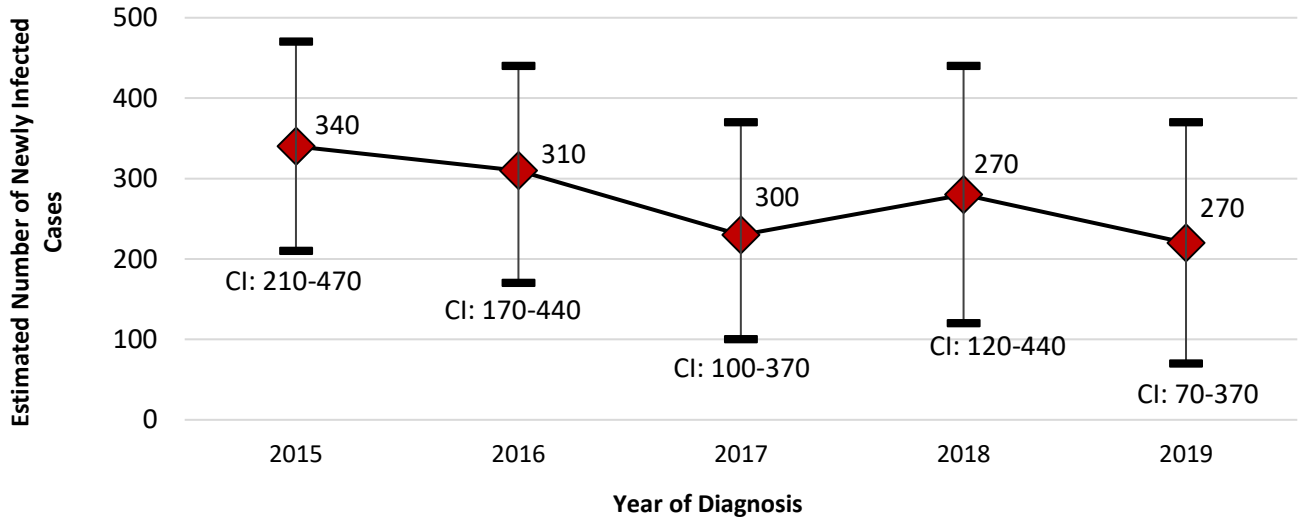
Perinatal HIV cases are defined as those in which transmission occurs during pregnancy, labor and delivery, or breastfeeding. Since the introduction of recommendations to provide anti-retroviral medication to women during pregnancy, during labor and delivery, and to the infant in the neonatal period, 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 3. Perinatal HIV cases by Year of Birth, District of Columbia, 2007-2019



HIV Incidence

Figure 4. Estimated Number of Newly Infected HIV Cases by Year, District of Columbia, 2015-2019

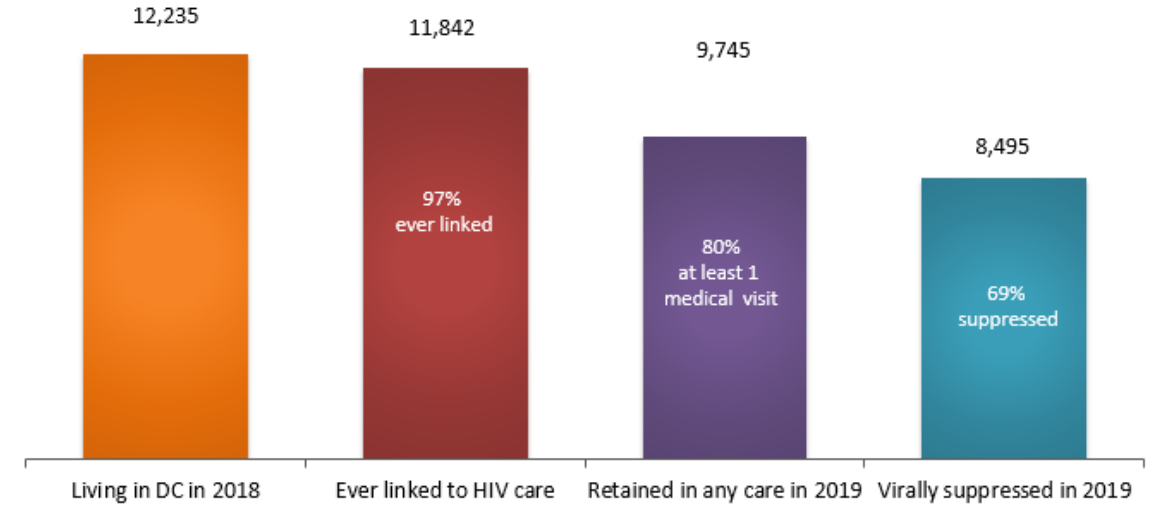


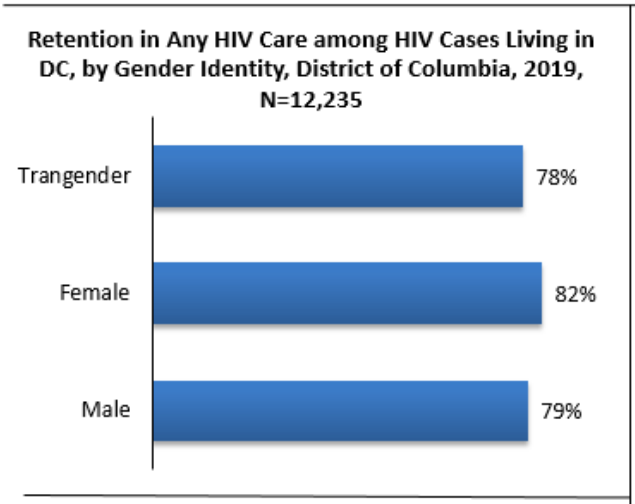
The estimated number of new infections of HIV in the District remained stable from 2015 to 2019. The estimated rate of new infections in the District exceeded the national rate in 2018 at 46.5 estimated cases per 100,000 compared with 13.3 estimated cases per 100,000 respectively. Since the number of new infections of HIV is an estimate, the 95% confidence interval shows the range within which the estimate may be after adjusting for variability in sampling and timing of testing.

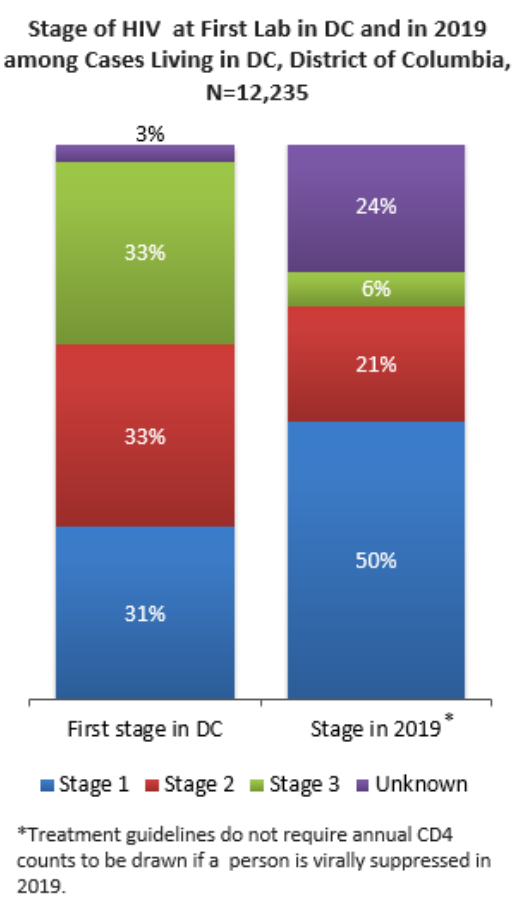
HIV Care Continuum

The HIV 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 HIV 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.

Figure 5. 2019 HIV Care Continuum among People Living with HIV in DC





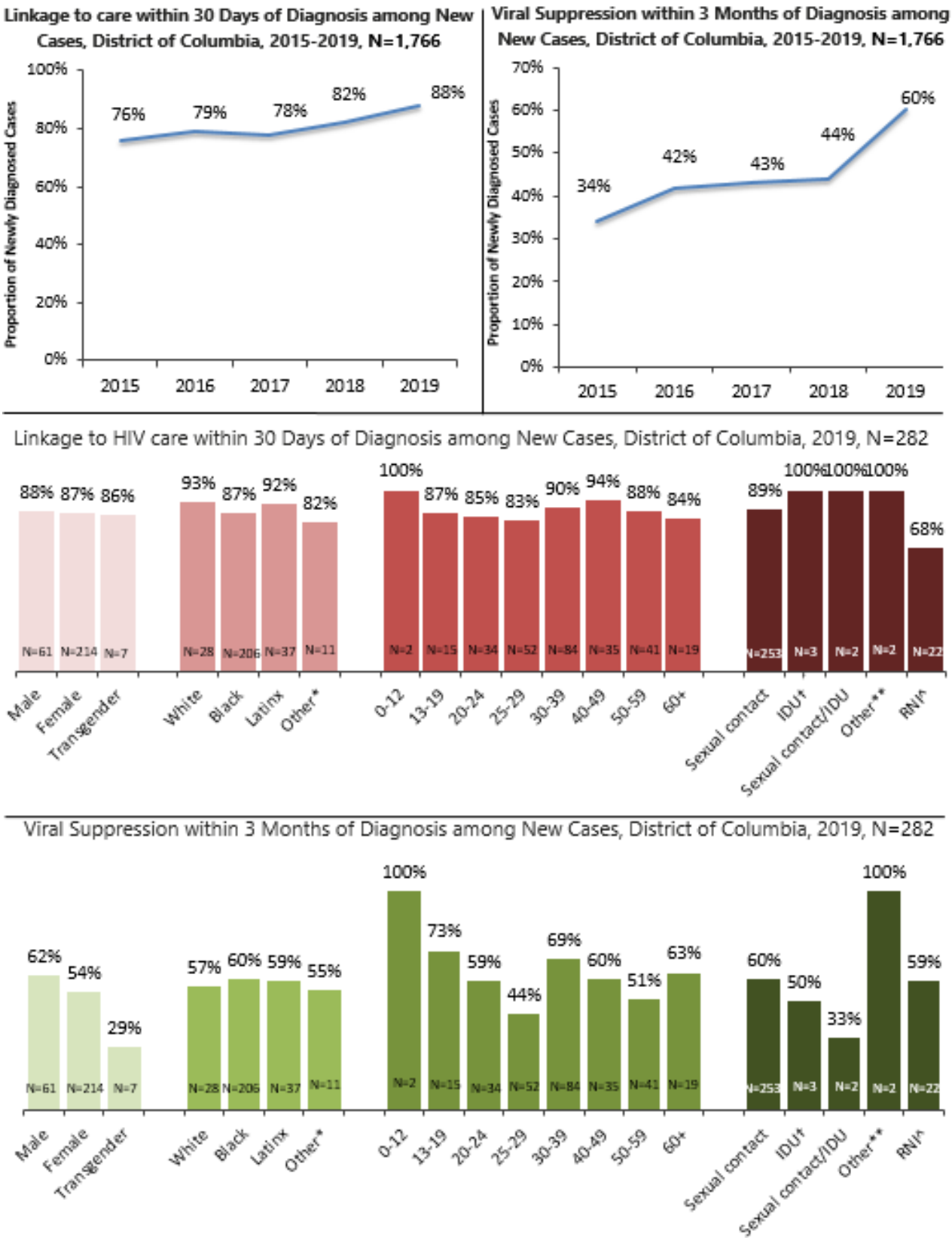


Of those newly diagnosed with HIV between 2015-2019..

61.8%
were linked to HIV care within 7 days of diagnosis

98.0
the median number of days to viral suppression

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



*Other race/ethnicity icludes, Asian, Pacific Islander, Hawaii/Alaska Native, multi-race and missing

†IDU= Injecting drug user/People who inject drugs

** Other mode of HIV transmission includes pernatal, blood transfusion, healthcare exposure and blood transfusion

^RNI= Risk not identified

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

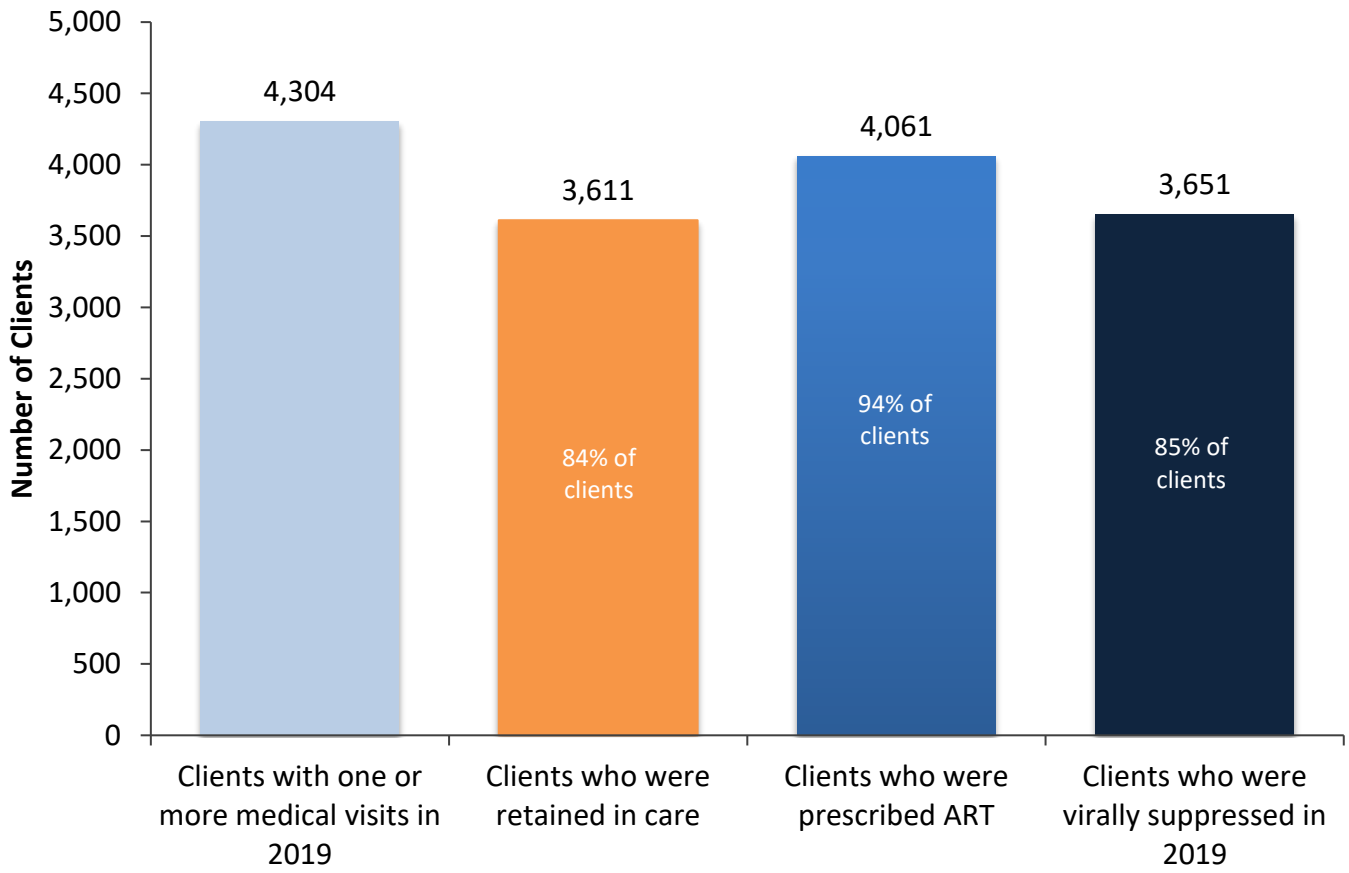
Ryan White Program Care Continuum

HIV care metrics among Ryan White Program clients in the District were examined to evaluate clients on the care continuum. This continuum of care differs from what has been presented on the previous pages 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 these are HIV cases who received at least one Ryan White CARE Program-funded medical visit in 2019. Second, care status was measured through documented medical visits, rather than laboratory tests. Finally, information is included on the number of clients who were prescribed HIV treatment.

Table 2. Ryan White Care Continuum Measure Definitions

Measure	Definition
Clients with one or more medical visit	Ryan White clients with at least one documented primary care visit in 2019
Retained in care in 2019	Having 2 or more medical visits in 2019 that were at least 90 days apart
Prescribed HAART	Ryan White clients with documentation of having been prescribed antiretroviral therapy (ART) to treat HIV.
Virally suppressed in 2019	Having a viral load result of <200 copies/mL at the most recent viral load test in 2019

Figure 6. 2019 HIV Care Continuum among Ryan White Clients, District of Columbia



Please refer to appendix table **B12** for additional data regarding the HIV Care Continuum among RW clients.

Transmitted Drug Resistance

Table 3. Evidence of Antiretroviral Drug Resistance among Newly Diagnosed HIV Cases with Initial Genotype Sequences Collected within 90 days of Diagnosis, District of Columbia, 2015-2019

Antiretroviral Drug Classification	Antiretroviral Drug (ARV)	High-Level Resistance %	Intermediate Resistance %	Low-Level Resistance %	Susceptible %	N
Integrase Strand Transfer Inhibitors	Bictegravir	0.0	0.5	0.0	99.5	209
	Dolutegravir	0.0	0.5	0.0	99.5	209
	Elvitegravir	1.0	0.0	2.4	96.6	209
	Raltegravir	0.5	0.5	2.4	96.6	209
Non-Nucleotide Reverse Transcriptase Inhibitors	Doravirine	1.0	2.7	2.5	93.8	803
	Efavirenz	11.2	1.6	1.0	86.2	803
	Etravirine	0.9	1.3	0.9	97.0	803
	Nevirapine	12.0	1.8	0.8	85.5	803
	Rilpivirine	2.4	0.9	4.1	92.6	803
Nucleotide Reverse Transcriptase Inhibitors	Abacavir	1.1	0.3	3.0	95.6	803
	Didanosine	0.9	0.9	1.1	97.1	803
	Emtricitabine	3.4	0.0	0.0	96.6	803
	Lamivudine	3.4	0.0	0.0	96.6	803
	Stavudine	0.6	1.3	2.0	96.1	803
	Tenofovir	0.1	0.6	1.5	97.8	803
	Zidovudine	0.5	1.3	1.1	97.1	803
Protease Inhibitors	Atazanavir/r	0.4	0.1	0.9	98.7	815
	Darunavir/r	0.3	0.3	0	99.4	815
	Fosamprenavir/r	0.4	0.4	0.7	98.5	815
	Indinavir/r	0.3	0.6	0.5	98.7	815
	Lopinavir/r	0.1	0.5	0.6	98.8	815
	Nelfinavir	0.2	0.3	1.0	97.6	815
	Saquinavir/r	0.4	0.7	0.1	98.8	815
	Tipranavir/r	0.3	0.6	0.0	99.1	815

Antiretroviral 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 55.3% of new HIV cases diagnosed in 2019 had a reported genotype test sequence** 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 (12.0%) and Efavirenz (11.2%). The smallest proportions of resistance were found in the protease inhibitors drug class with resistance ranging from 0%-1.0%. 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 October 25, 2018, accessed July 13, 2020 (https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/6/drug-resistance-testing).
** Genotype sequences are reported via HL7 messages to the DC Department of Health.

HIV Mortality

Table 4. Primary Cause of Death among People Diagnosed with HIV, by Year of Death, District of Columbia, 2014-2018

	2014		2015†		2016		2017		2018		Total	
Cause of Death	N	%	N	%	N	%	N	%	N	%	N	%
HIV-related causes	73	26.5	NA	NA	91	29.0	86	28.3	87	31.4	337	28.8
Non-AIDS Defining Malignancies	45	16.4	NA	NA	47	15.0	50	16.4	37	13.4	179	15.3
Cardiovascular	45	16.4	NA	NA	46	14.6	58	19.1	68	24.5	217	18.5
Substance Use	3	1.1	NA	NA	3	1.0	2	0.7	3	1.1	15	1.3
Accidental Death	20	7.3	NA	NA	38	12.1	38	12.5	28	10.1	124	10.6
Other*	53	19.3	NA	NA	62	19.7	47	15.5	44	15.9	206	17.6
Unknown	36	13.1	NA	NA	27	8.6	23	7.6	10	3.6	96	8.2
Total	275	100.0	NA	NA	314	100.0	304	100.0	277	100.0	1,170	100.0

†2015 cause of death is incomplete and will be updated when available.
* Other causes of death include suicide, pneumonia, chronic obstructive pulmonary disorder (COPD), diabetes, etc.

Over 70% of deaths among people diagnosed with HIV in the District were due to non-HIV related causes between 2014 and 2018. 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

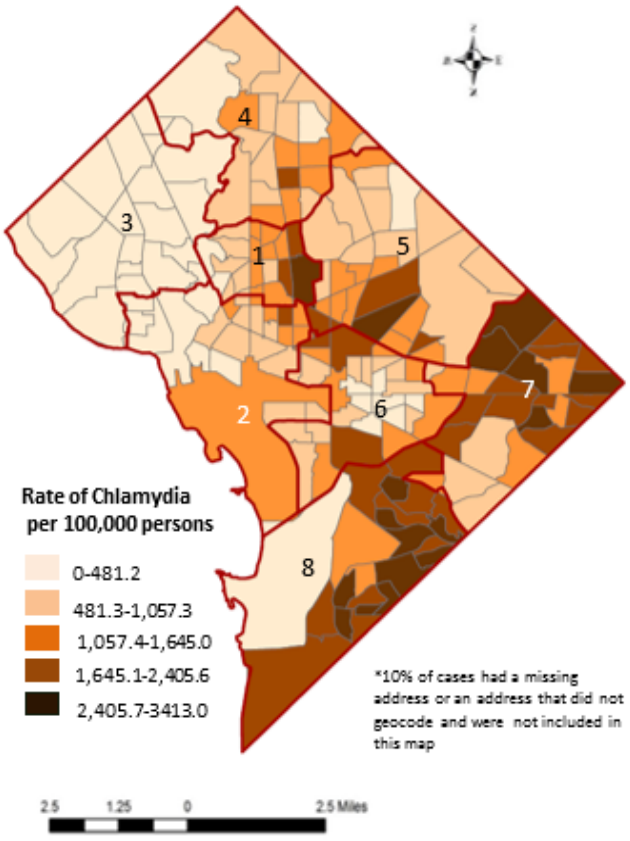
9,337 Number of diagnoses reported in 2019

5.4% of DC residents aged 18-19 acquired Chlamydia in 2019

4% of people diagnosed with Chlamydia in 2019 were living with HIV

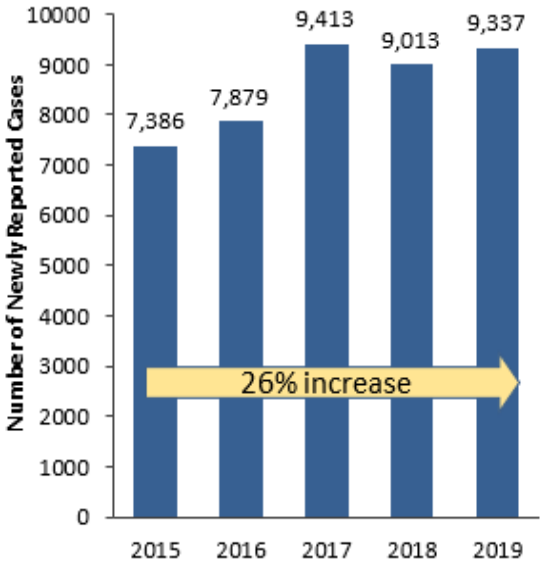
16% Of DC residents diagnosed with Chlamydia in 2019 had an STI in the previous year

Rate of Newly Reported Chlamydia Diagnoses, by Census Tract, District of Columbia, 2019 (N=9,337*)



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

Newly Reported Diagnoses of Chlamydia, by Year, District of Columbia, 2015-2019



Of those newly reported with Chlamydia in DC in 2019...

1 in 5 were aged 13-19

1 in 2 were aged 20-29

Rates were calculated using the 2018 Census Estimates

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

Gonorrhea

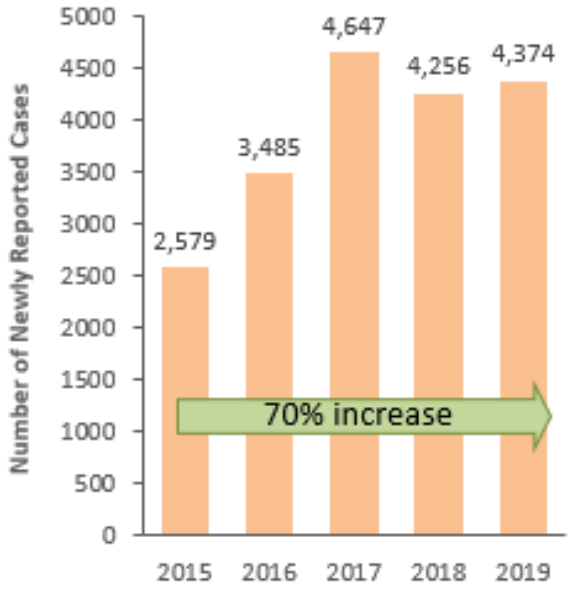
4,374 Number of diagnoses reported in 2019

1.4% of DC residents aged 18-19 acquired Gonorrhea in 2019

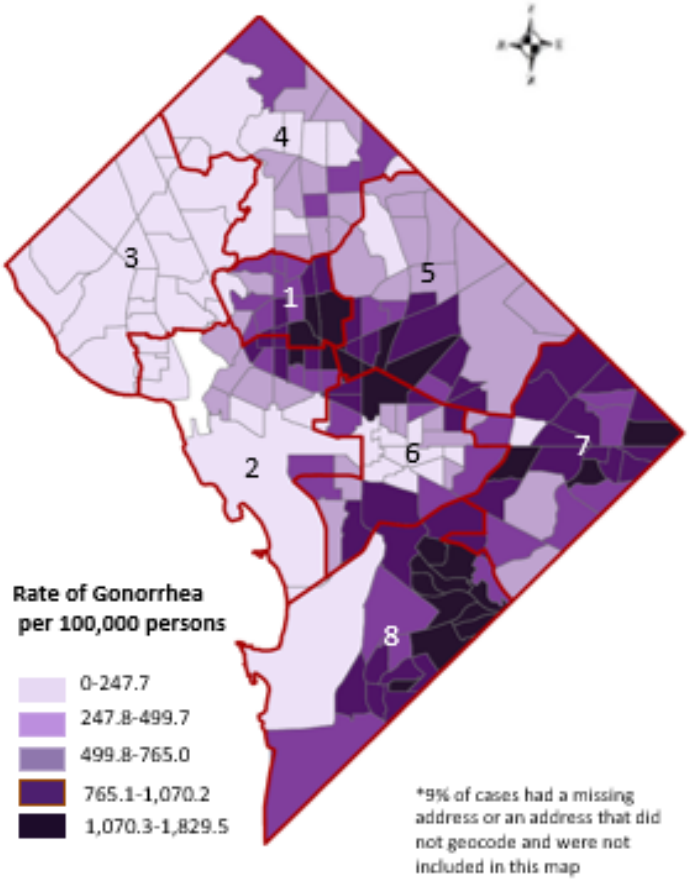
13% of people diagnosed with Gonorrhea in 2019 were living with HIV

23% Of people diagnosed with Gonorrhea in 2019 had an STI in the previous year

Newly Reported Diagnoses of Gonorrhea, by Year, District of Columbia, 2015-2019



Rate of Reported Gonorrhea Diagnoses, by Census Tract, District of Columbia, 2019, (N=4,374*)



*9% 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 2019...

7 in 10 were Men

2 in 5 were aged 20-29

Rates were calculated using the 2018 Census Estimates

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

Syphilis

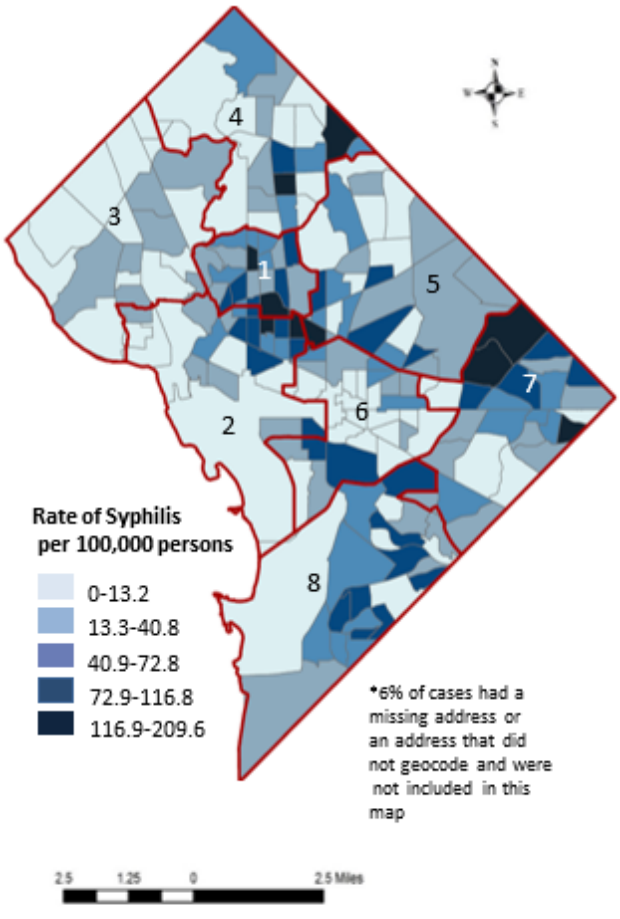
297 — Number of primary or secondary Syphilis diagnoses reported in 2019

37% — of people diagnosed with Syphilis were living with HIV

49% — Of people diagnosed with Syphilis in 2019 had another STI within the past year

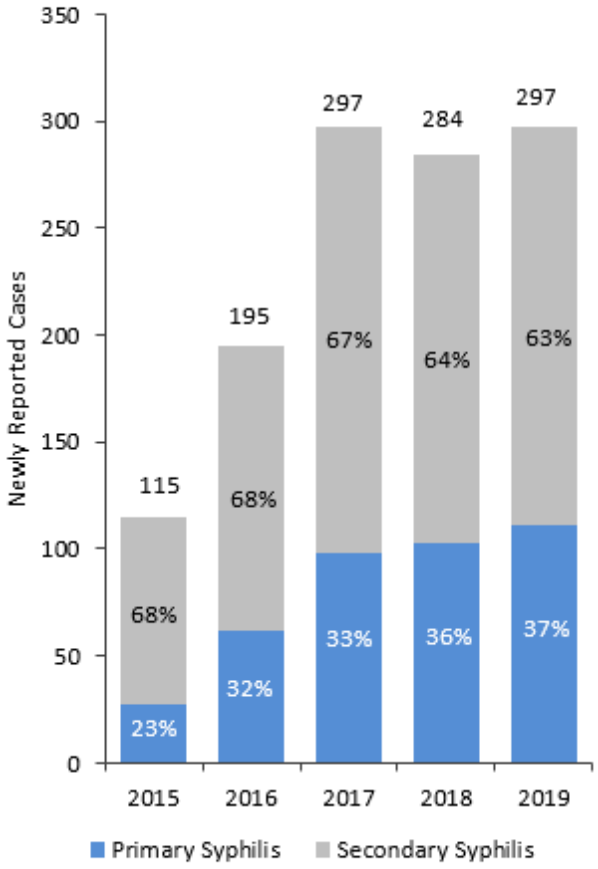
1 — the number of congenital cases diagnosed in 2019

Rate of Reported Primary and Secondary Syphilis Diagnoses, by Census Tract, District of Columbia, 2019 (N=297*)



*6% of cases had a missing address or an address that did not geocode and were not included in this map

Newly Reported Diagnoses of Primary and Secondary Syphilis, by Year, District of Columbia, 2015-2019



Of those newly reported with Primary and Secondary Syphilis in DC in 2019...

- **9 in 10** were Men
- **1 in 2** were Black
- **1 in 4** were aged 30-39
- **2 in 3** were men who have sex with men

Rates were calculated using the 2018 Census Estimates

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

Viral Hepatitis

Hepatitis B

1,750 Number of newly reported chronic Hepatitis B cases between 2015-2019

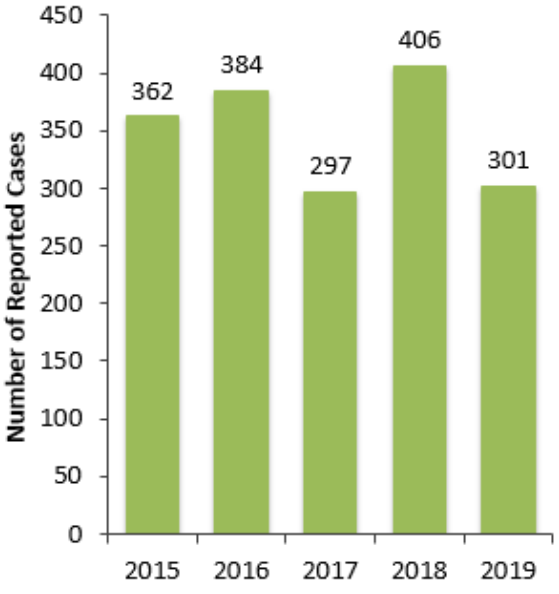
42.9 Rate of Chronic Hepatitis B in 2019 per 100,000 persons

Of all reported Chronic Hepatitis B Cases in DC between 2015-2019...

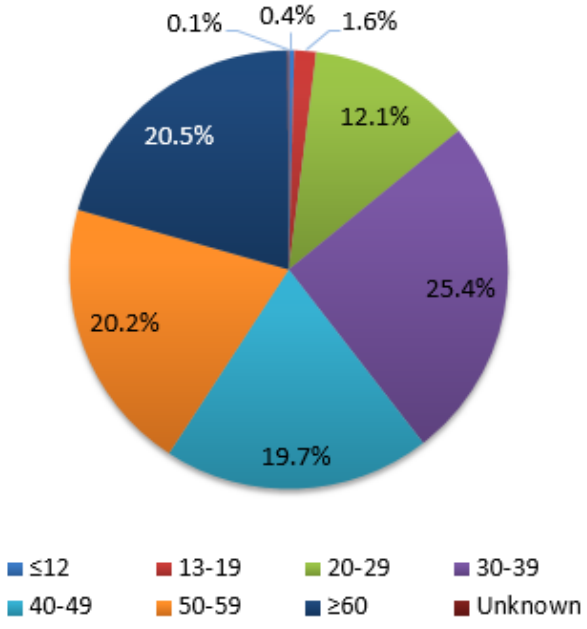
2 in 3 were Men

1 in 5 were aged 30-39

Newly Reported Chronic Hepatitis B Cases by Year, District of Columbia, 2015-2019, N=1,750



Distribution of Newly Diagnosed Chronic HBV Cases by Age at Diagnosis, District of Columbia 2015-2019 N=1,750



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

Hepatitis C

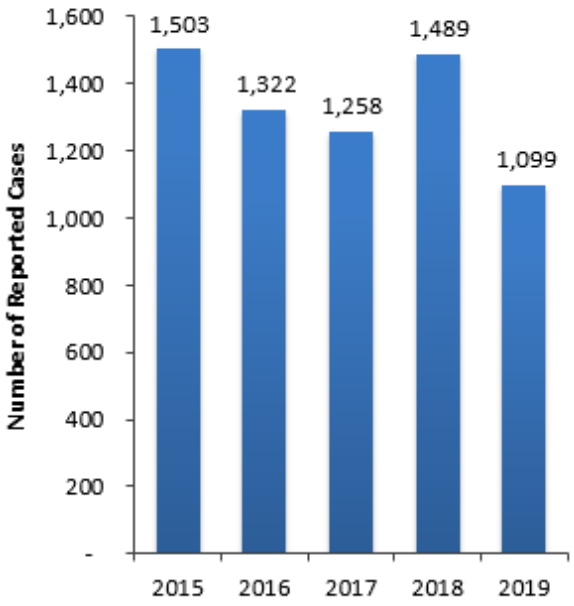
15,811 Number of all positive chronic Hepatitis C cases between 2015-2019

6,671 Number of newly reported chronic Hepatitis C cases between 2015-2019

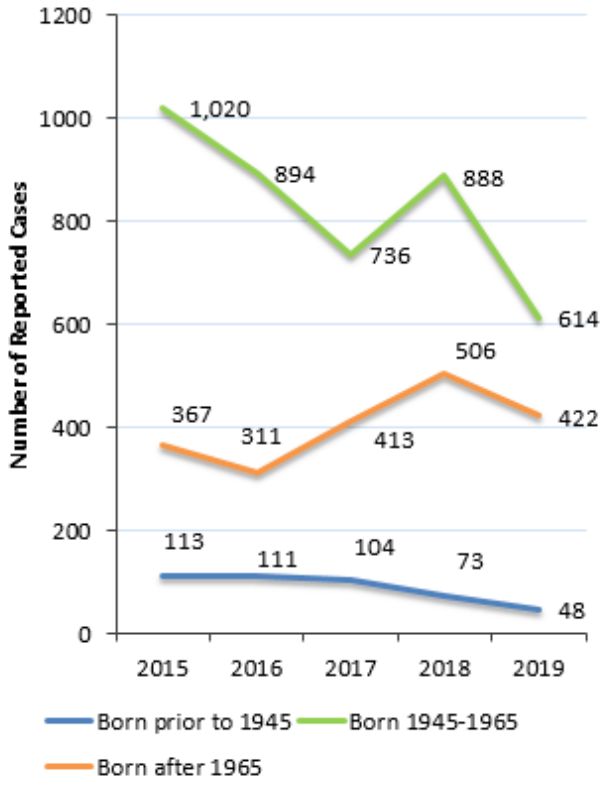
Of all reported Chronic Hepatitis C Cases in DC between 2015-2019...

- **2 in 3** were Men
- **3 in 4** were aged 50 and older
- **2 in 3** were born between 1945 and 1965

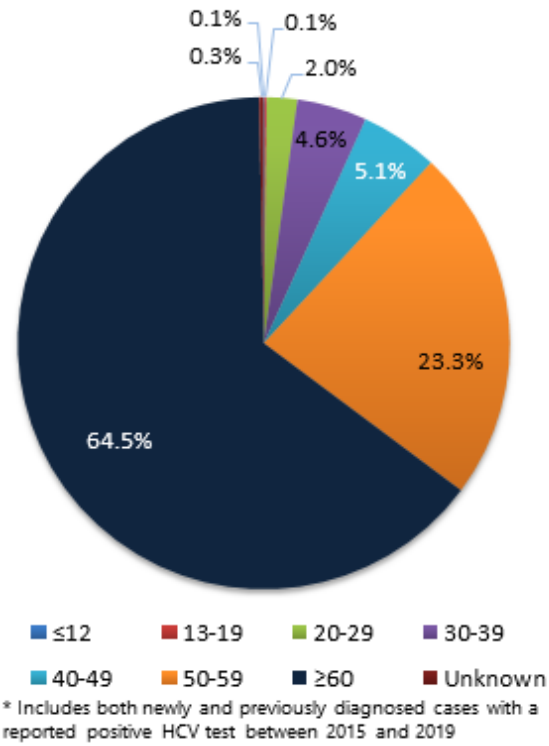
Newly Reported Chronic Hepatitis C Cases by Year, District of Columbia, 2015-2019, N=6,671



Newly Reported Chronic HCV Cases by Birth Cohort and Year of Diagnosis, District of Columbia, 2015-2019, N=6,671



Distribution of All* Reported Chronic HCV Cases by Current Age, District of Columbia 2015-2019 N=15,811



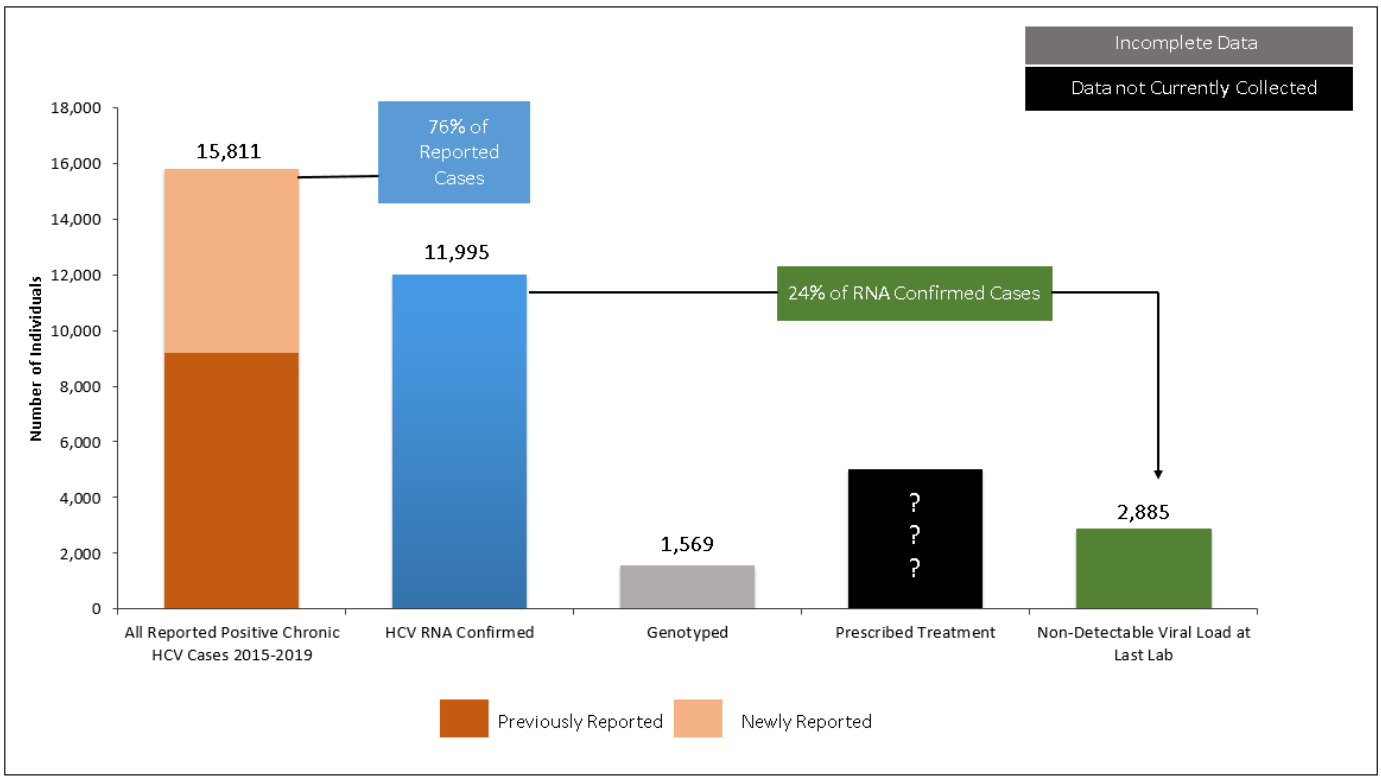
* Includes both newly and previously diagnosed cases with a reported positive HCV test between 2015 and 2019

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

Chronic Hepatitis C Cure Cascade

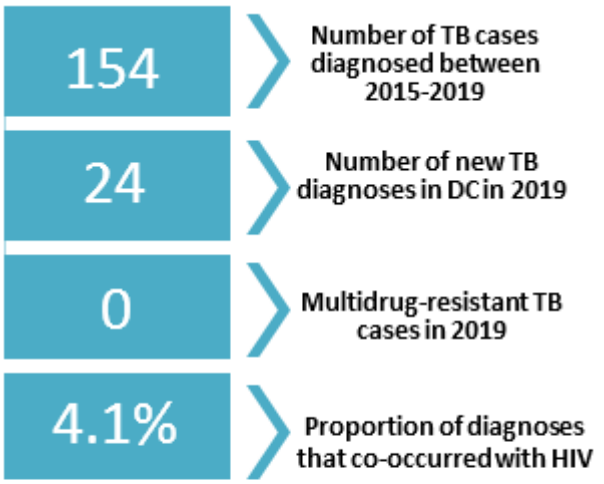
While hepatitis surveillance and case investigation activities are currently limited, efforts have been made toward utilizing available data and resources to better understand care and treatment dynamics among individuals diagnosed with chronic hepatitis C (HCV). Based on current surveillance data, 76% of individuals reported to DC Health as having chronic HCV between 2015 and 2019 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.

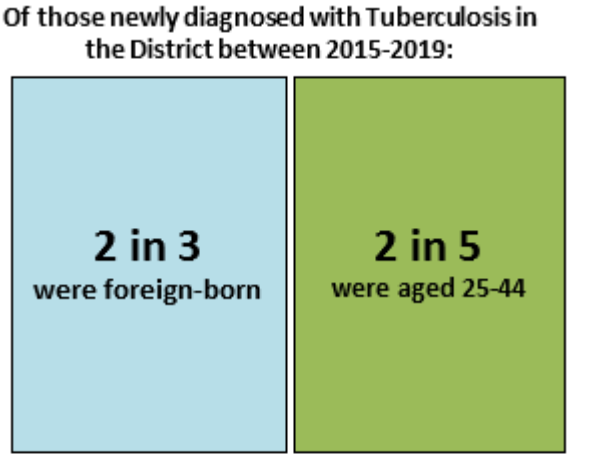
Figure 7. HCV Cure Cascade, District of Columbia 2015-2019

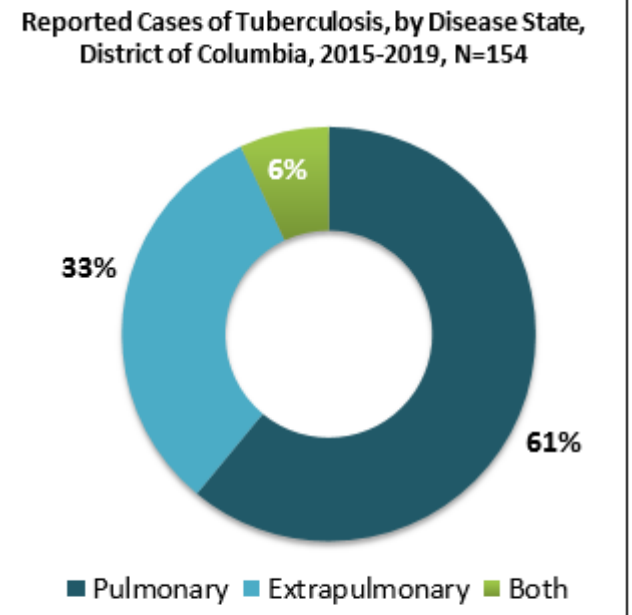


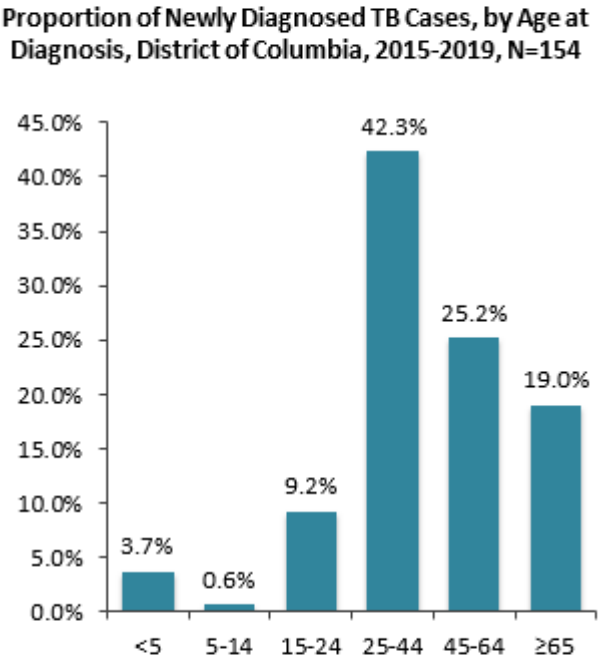
Tuberculosis

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.









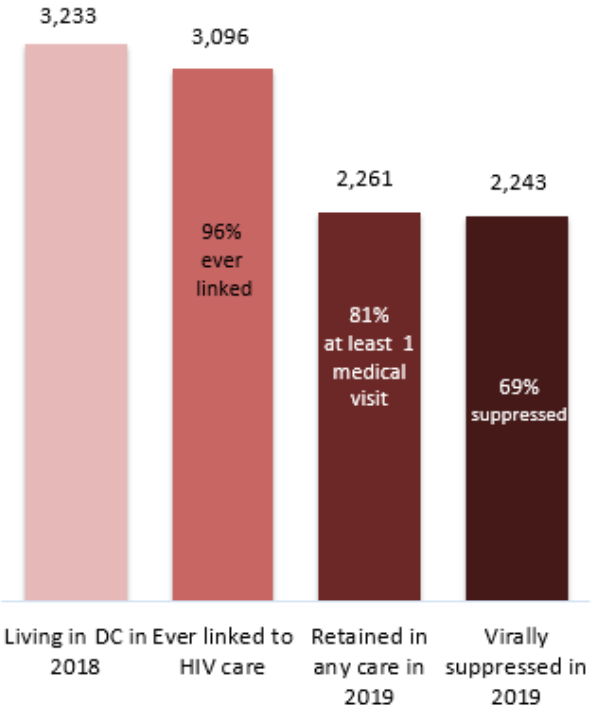
Please refer to appendix table **B17** for additional data regarding newly diagnosed TB cases.

Focus Populations

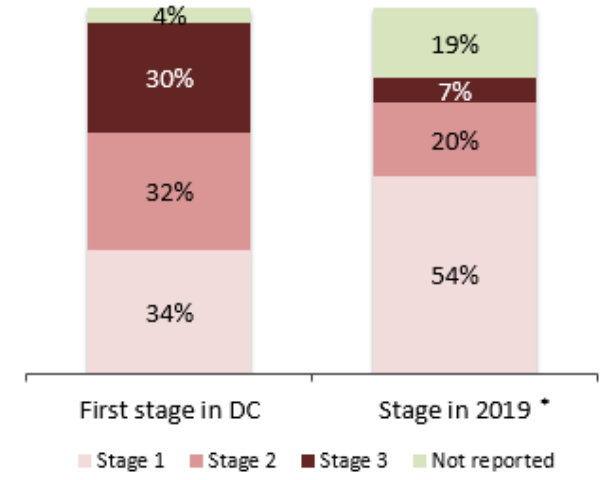
Women

3,292	Number of Women in DC known to be living with HIV
61	Number of new HIV diagnoses in DC in 2019
0.9%	Percent of women living in DC known to be living with HIV
1.3%	Proportion of women living in DC with a chlamydia diagnosis in 2019
43	Number of HIV positive women who gave birth in 2019

HIV Care Continuum among Women Diagnosed with HIV Living in DC, 2019

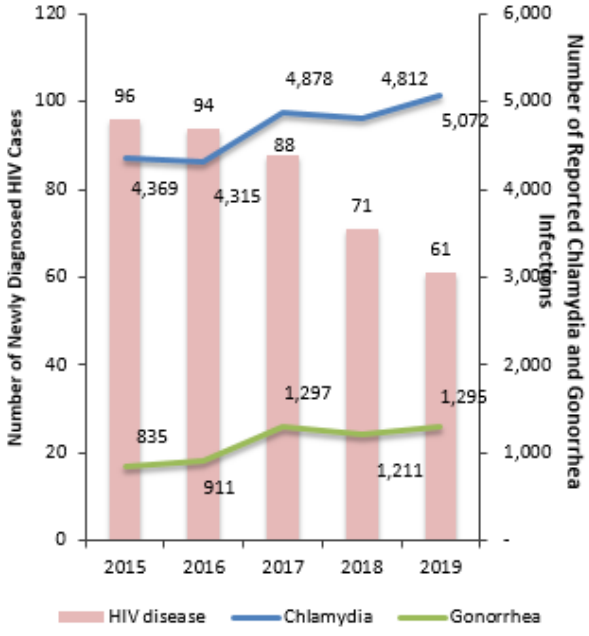


Stage of HIV at First Lab in DC and in 2019 among Women Living in DC, District of Columbia, N=3,233



*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019.

Number of Newly Reported HIV cases among Women, by Year, District of Columbia, 2015-2019



Of those women newly diagnosed with HIV in DC in 2019...

9 in 10 were Black

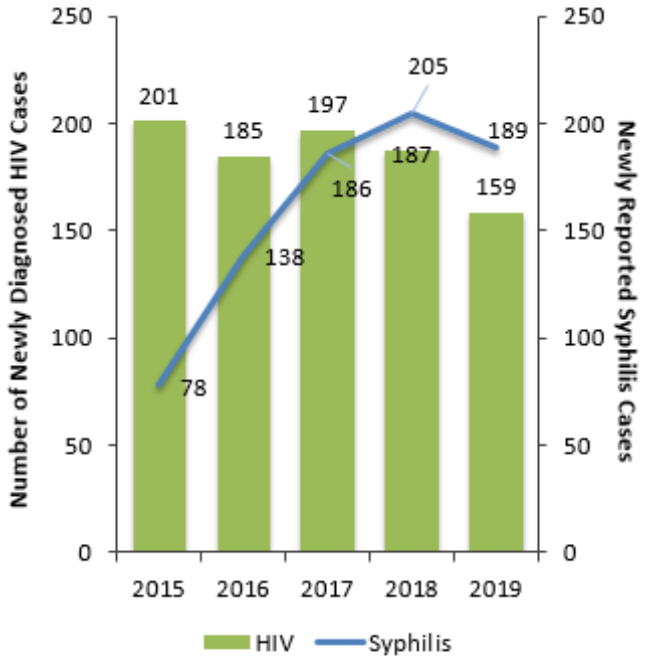
3 in 10 were aged 50-59

Men who have Sex with Men

5,621 — Number of Men who have sex with men in DC known to be living with HIV

12% — Proportion of new HIV diagnoses in 2019 with a mode of transmission of MSM among those aged 13-24

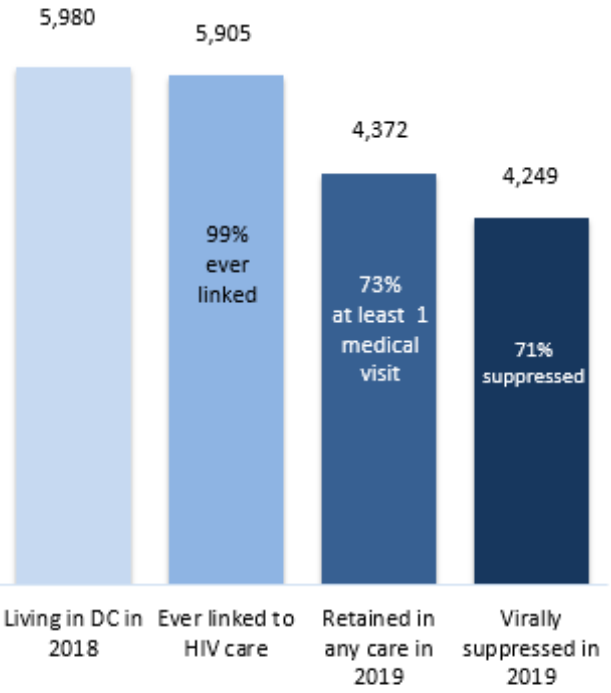
Number of New Reported HIV and Syphilis among Men who have Sex with Men , by Year, District of Columbia, 2015-2019



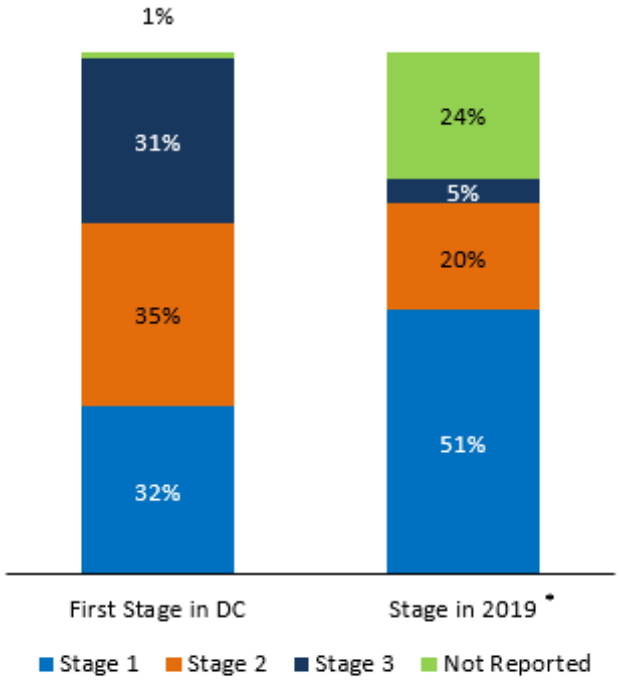
Of those newly diagnosed MSM with HIV in DC in 2019...

1 in 2	1 in 4	1 in 3
were Black	were White	were aged 30-39

HIV Care Continuum among MSM Diagnosed with HIV Living in DC, 2019



Stage of HIV at First Lab in DC and in 2019 among MSM Living in DC, District of Columbia, N=6,112



*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019.

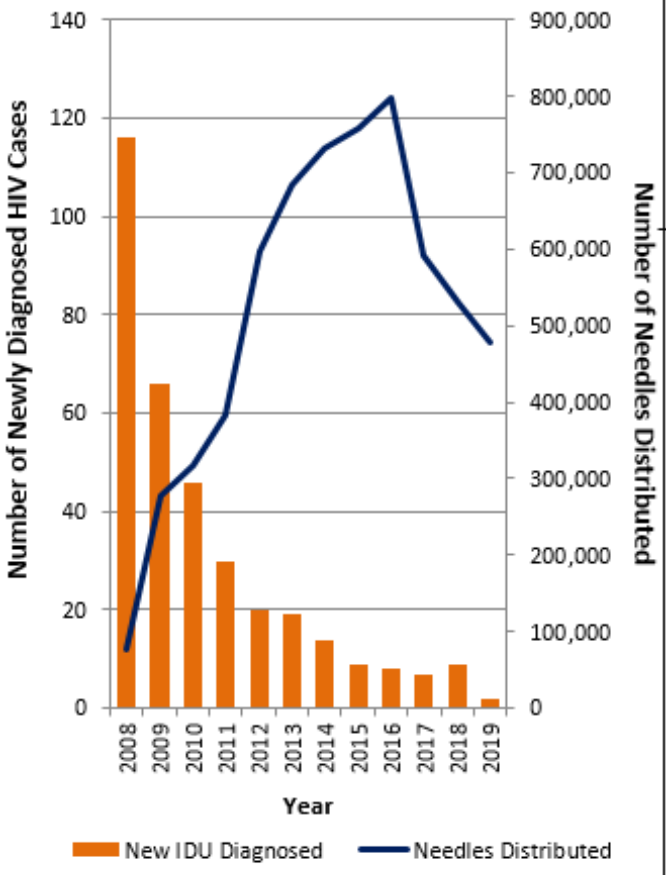
People who Inject Drugs (PWID)

1,159 — Number of PWID in DC known to be living with HIV in 2019

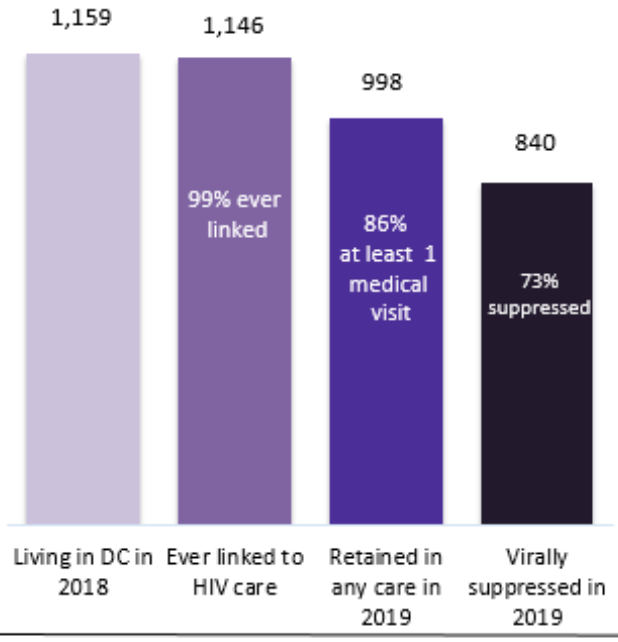
2 — Number of new HIV diagnoses in DC in 2019

27% — Proportion of HIV/HCV co-occurrence among PWID living in DC in 2019

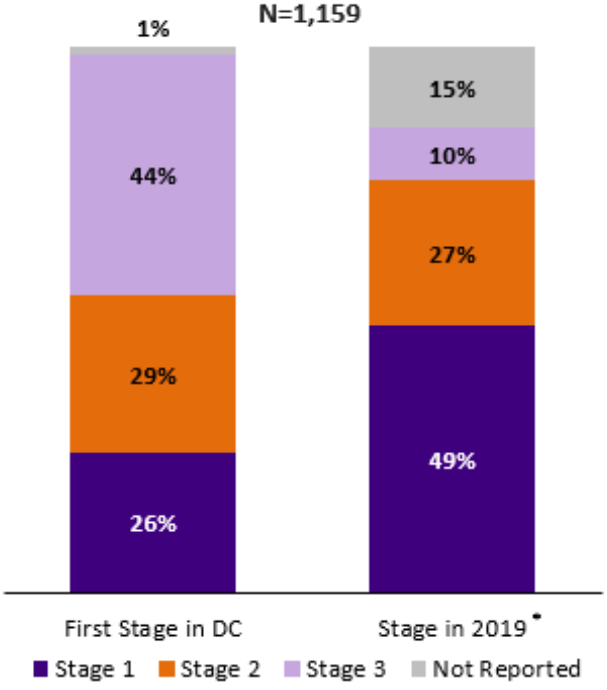
Newly Diagnosed PWID and the Number of Needles Exchanged, by Year, District of Columbia, 2008-2019



HIV Care Continuum among PWID Diagnosed with HIV Living in DC, 2019

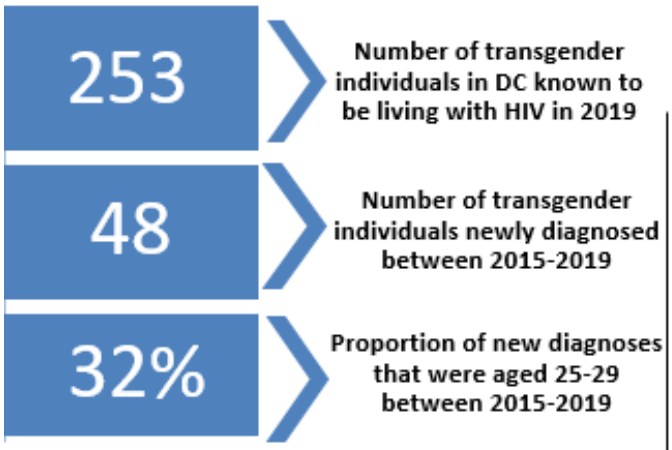


Stage of HIV at First Lab in DC and in 2019 among PWID Living in DC, District of Columbia, N=1,159

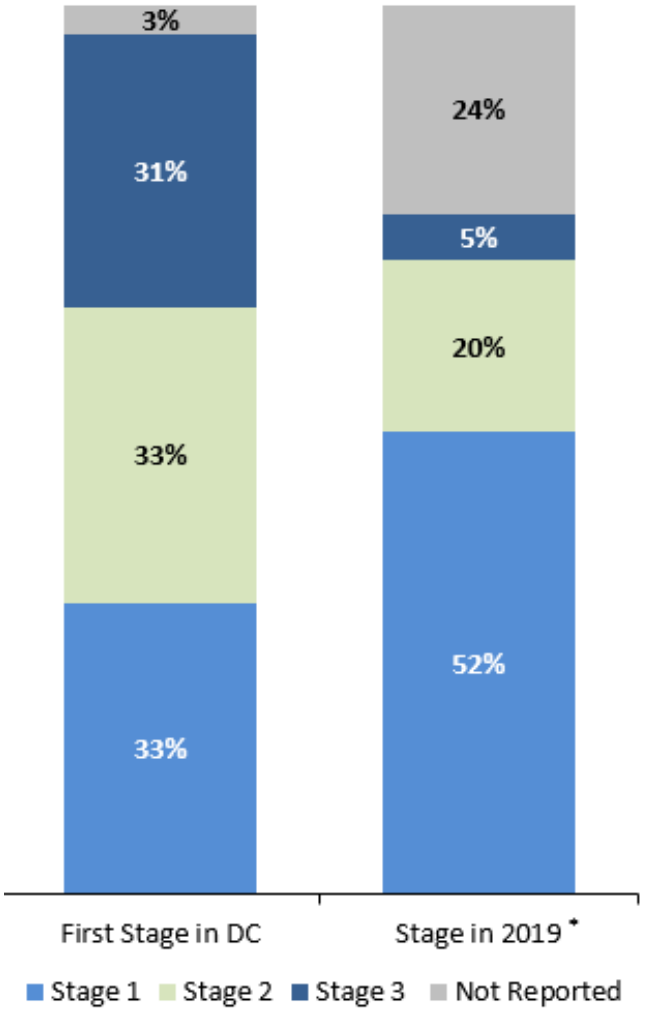


*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019

Transgender People

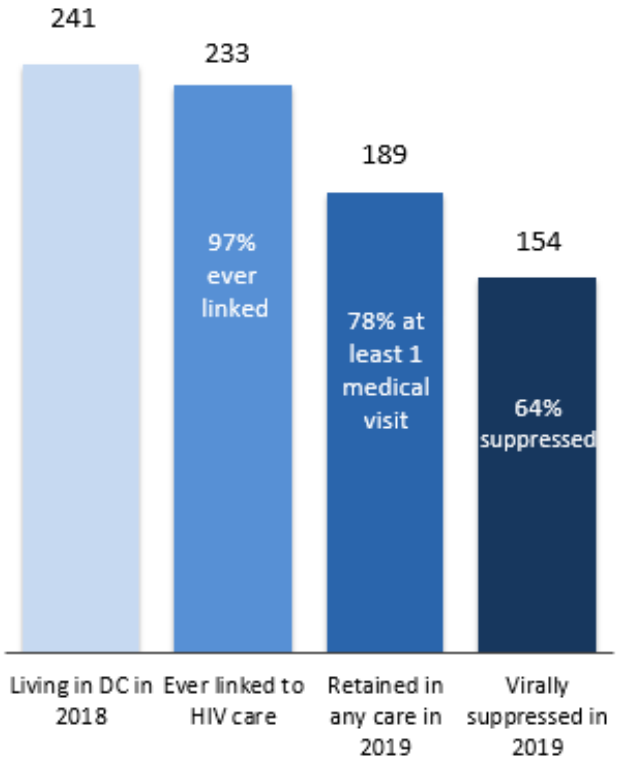


Stage of HIV at First Lab in DC and in 2019 among Transgender People Living in DC, District of Columbia, N=241

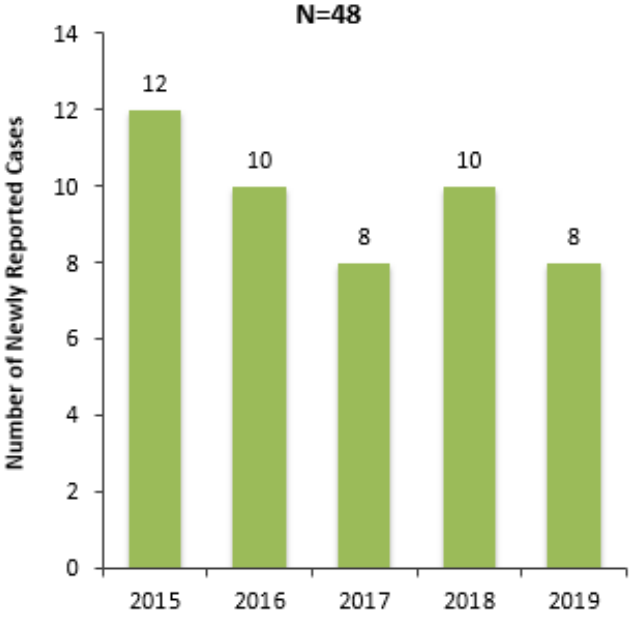


*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019.

HIV Care Continuum among Transgender People Diagnosed with HIV Living in DC, 2019



Number of New HIV Diagnoses among Transgender People, by Year, District of Columbia, 2015-2019, N=48

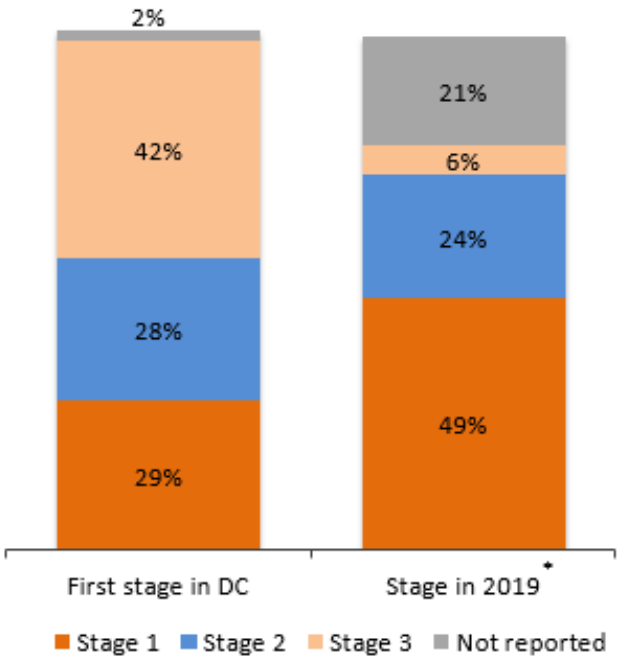


Older Adults (Aged 55 and older)

4,682 Number of individuals aged 55+ known to be living with HIV

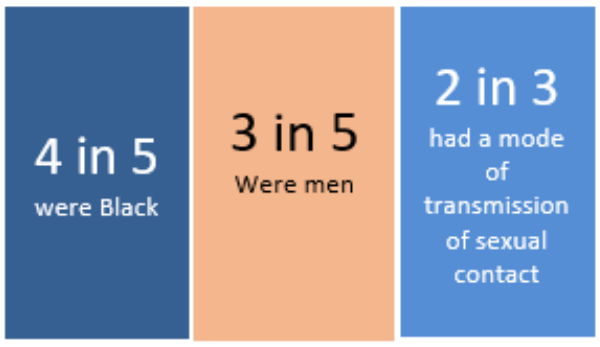
37 Number of new HIV diagnoses in DC in 2019

Stage of HIV at First Lab in DC and in 2019 Among People aged 55+ Living in DC, District of Columbia, N=4,331

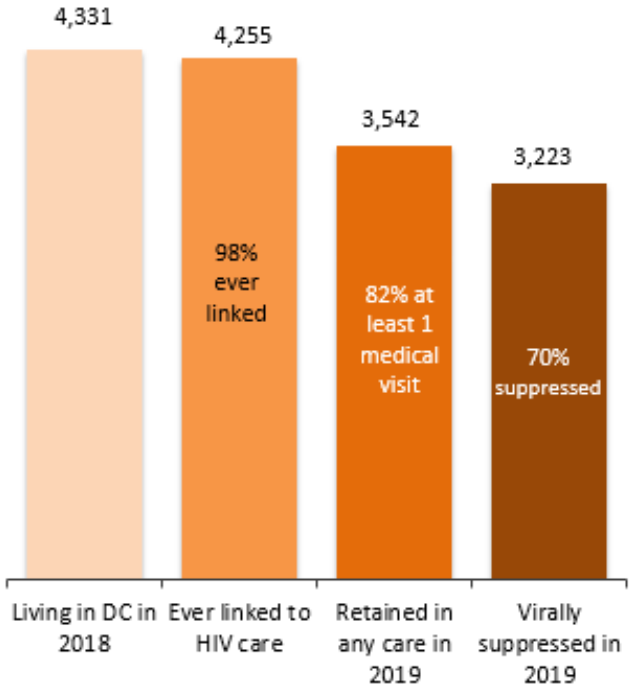


*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019.

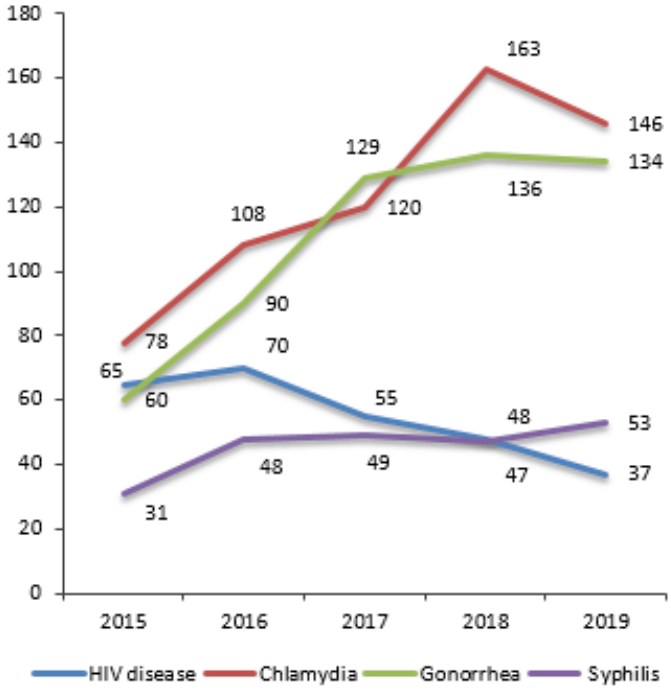
Of those newly diagnosed with HIV in DC in 2015-2019…



HIV Care Continuum among Persons Aged 55+ Diagnosed with HIV Living in DC, 2019



Number of Newly Reported HIV, Chlamydia, Gonorrhea and P&S Syphilis Diagnoses among People aged 55+, by Year, District of Columbia, 2015-2019

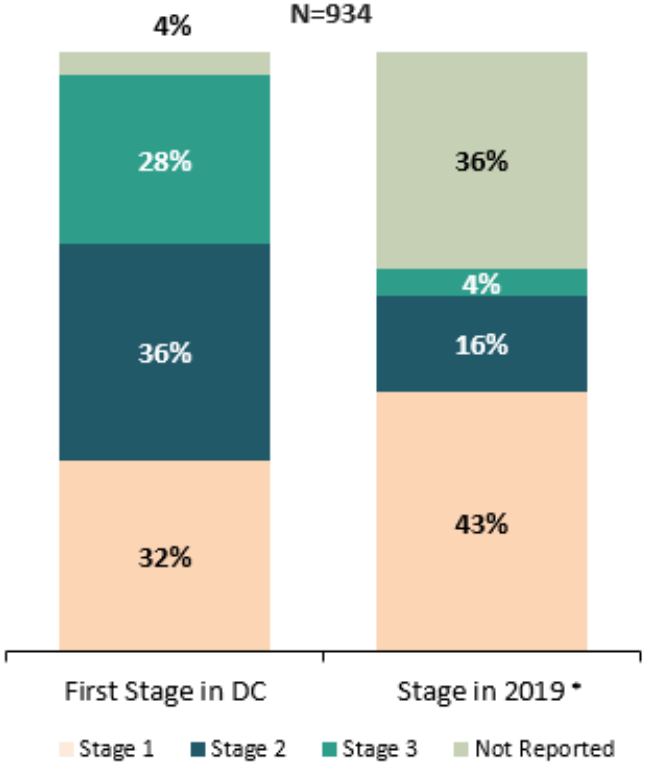


Latinos

973 — Number of Latinos in DC known to be living with HIV

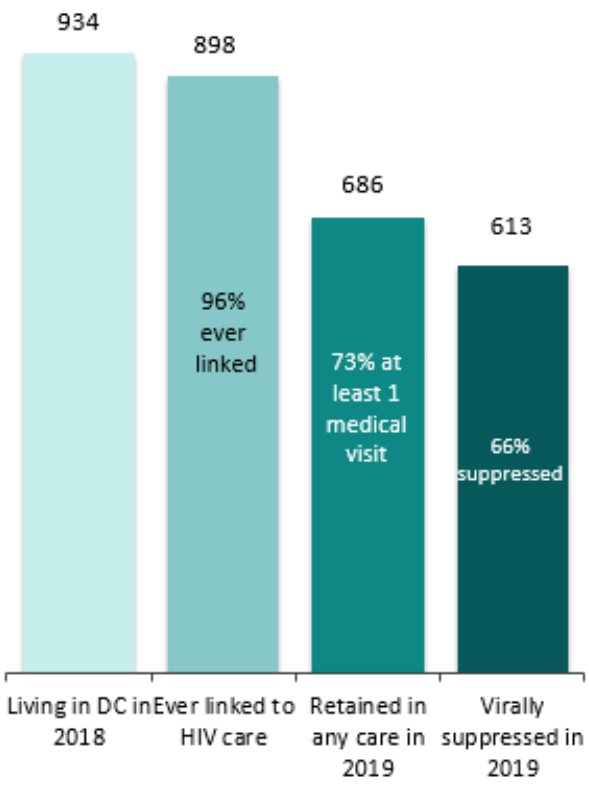
1.2% — Percent of Latinos living in DC known to be living with HIV

Stage of HIV Disease at First Lab in DC and in 2019 among Latinos Living in DC, District of Columbia, N=934

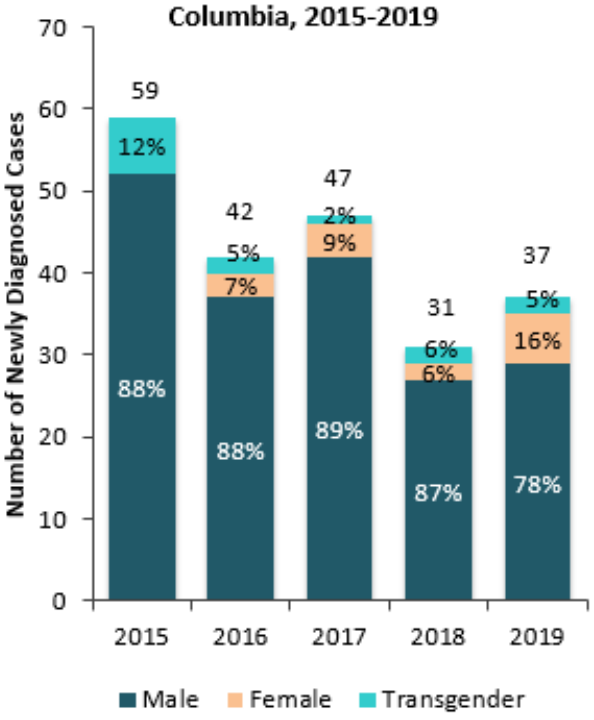


*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019.

Care Continuum among Latinos Diagnosed with HIV and Living in DC, 2019



Number of Newly Diagnosed Cases among Latinos, by Year and Gender Identity, District of Columbia, 2015-2019



Of those newly diagnosed with HIV in DC in 2015-2019:

8 in 10 Were Men who have Sex with Men

4 in 10 Were aged 20-29

Youth (Aged 13-24)

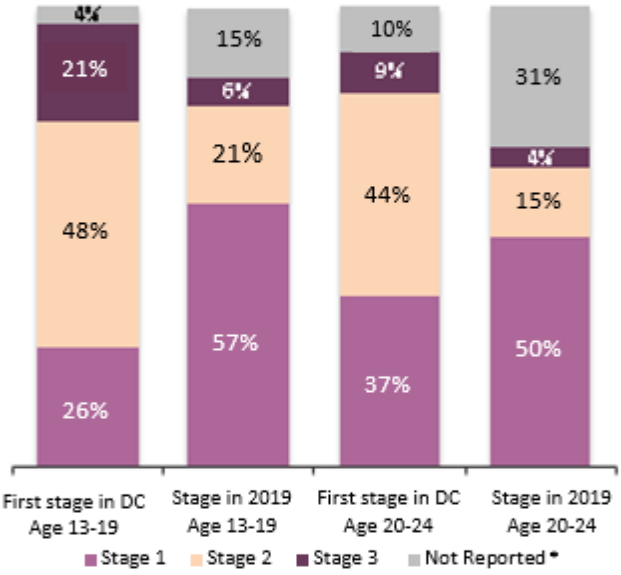
274 Number of youth in DC known to be living with HIV in 2019

0.3% HIV prevalence of youth living in DC in 2019

4.7% Incidence of Chlamydia among youth in 2019

1.4% Incidence of Gonorrhea among youth in 2019

Stage of HIV at First Lab in DC and in 2019 among Youth Living in DC, by Age Group, District of Columbia

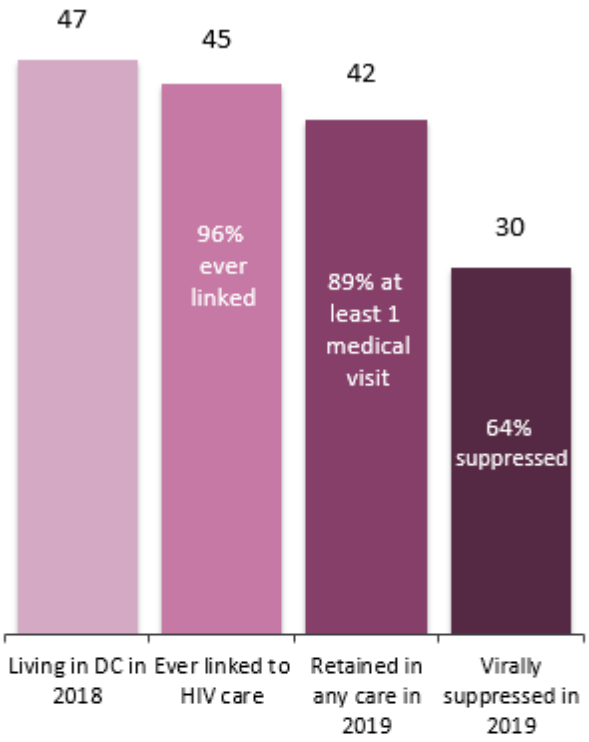


*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019.

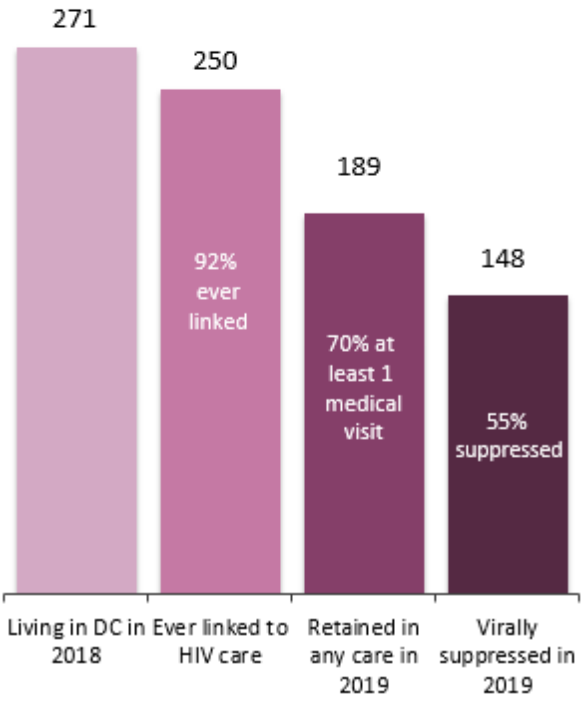
Of those newly diagnosed with HIV in DC in 2019...

- **3 in 4** were Black
- **4 in 5** were among men who have sex with men
- **4 in 5** were aged 20-24
- **9 in 10** were male

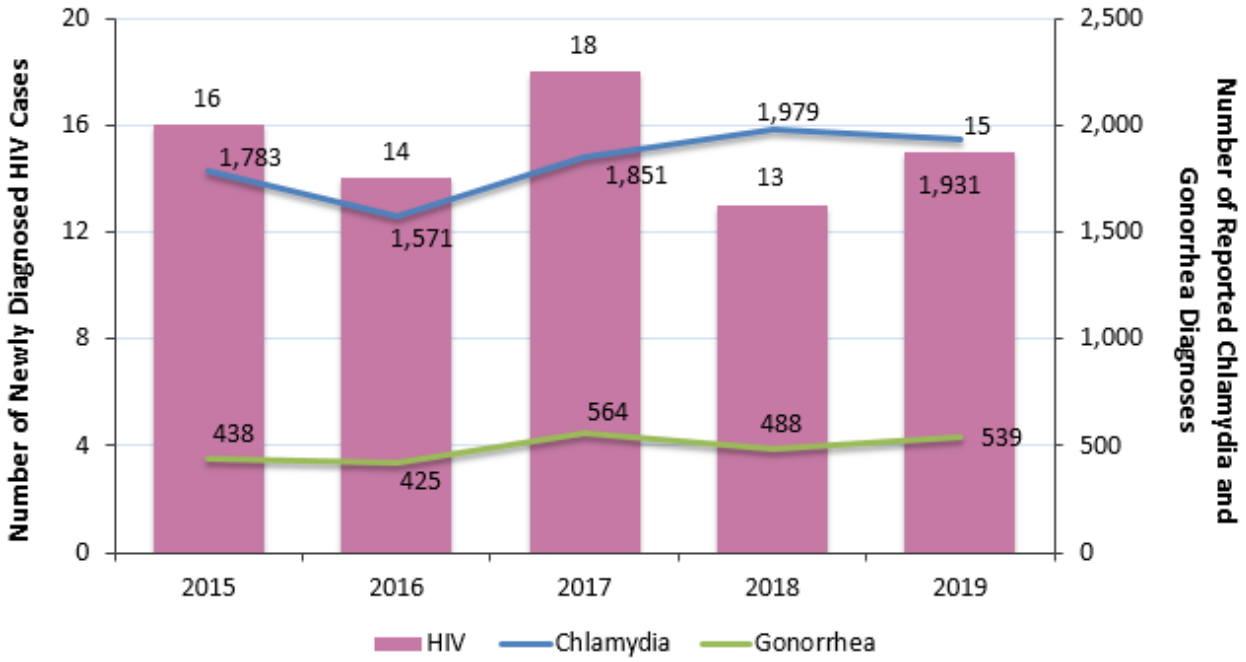
HIV Care Continuum among Youth Aged 13-19 Diagnosed with HIV Living in DC, 2019



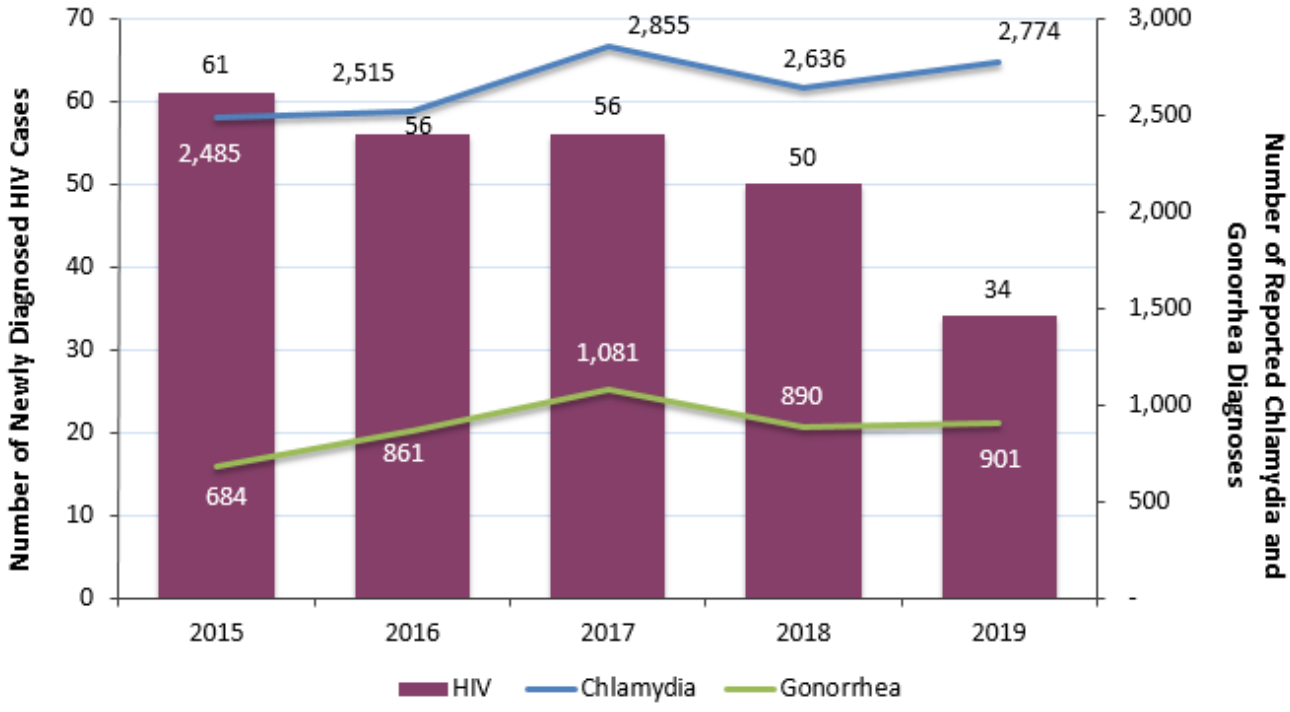
HIV Care Continuum among Youth Aged 20-24 Diagnosed with HIV Living in DC, 2019



New Diagnoses of HIV, Gonorrhea and Chlamydia among Youth Aged 13-19, District of Columbia, 2015-2019



New Diagnoses of HIV, Gonorrhea and Chlamydia among Youth Aged 20-24, District of Columbia, 2015-2019



Foreign-born

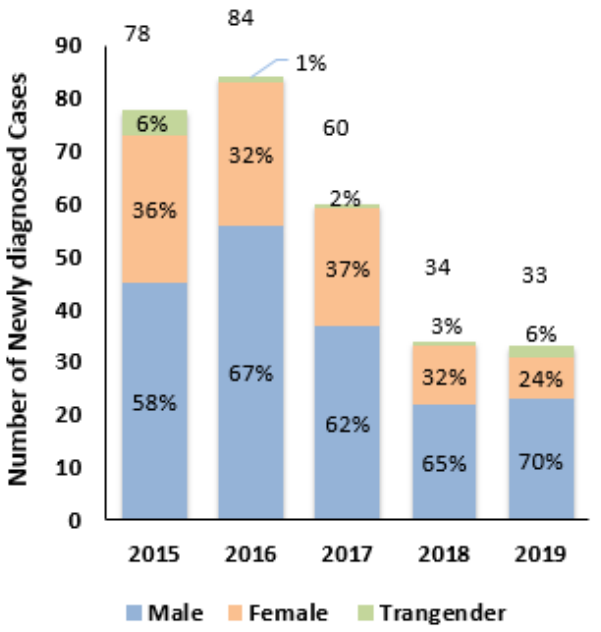
1,007 Number of foreign-born people living with HIV in DC at the end of 2019

289 Number of foreign-born people newly diagnosed with HIV between 2015-2019

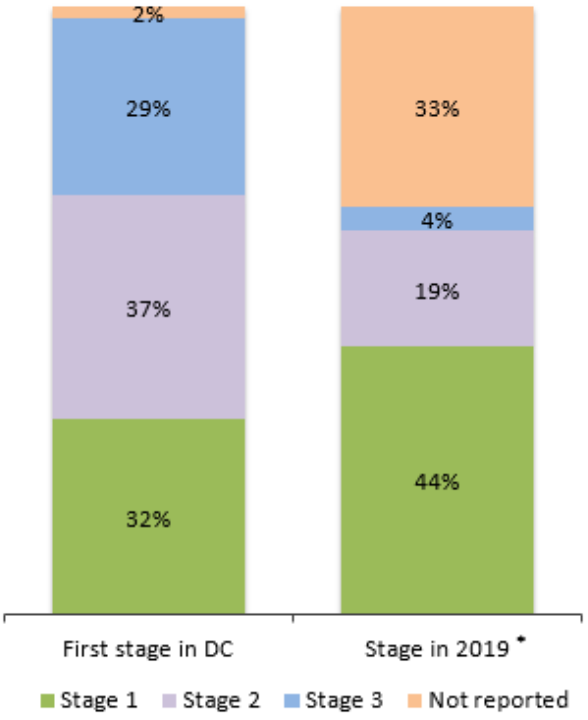
Of all foreign-born Persons diagnosed in DC in 2019...

- **1 in 2** were Black
- **4 in 10** were aged 30-39
- **7 in 10** were Men

Number of New HIV Diagnoses among Foreign-born People, by Gender Identity and Year, District of Columbia, 2015-2019

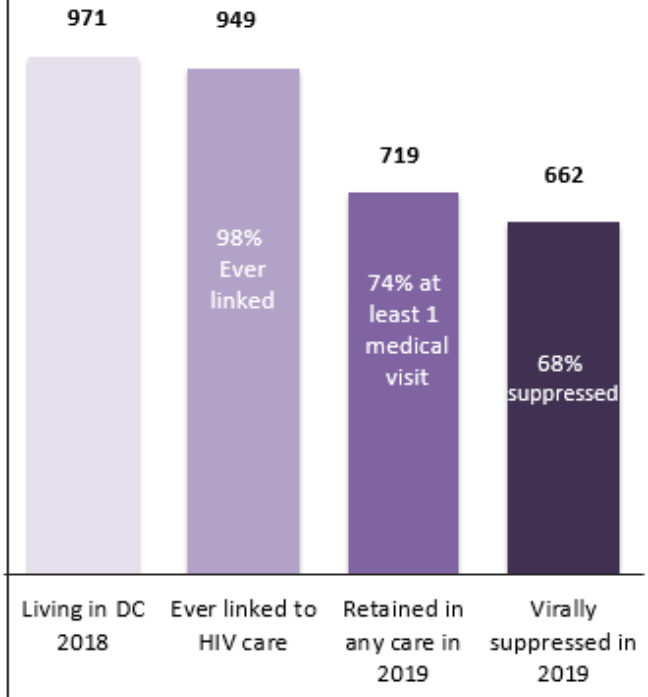


Stage of HIV at First Lab in DC and in 2019 among Foreign-born People Living in DC, District of Columbia, N=971



*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2019.

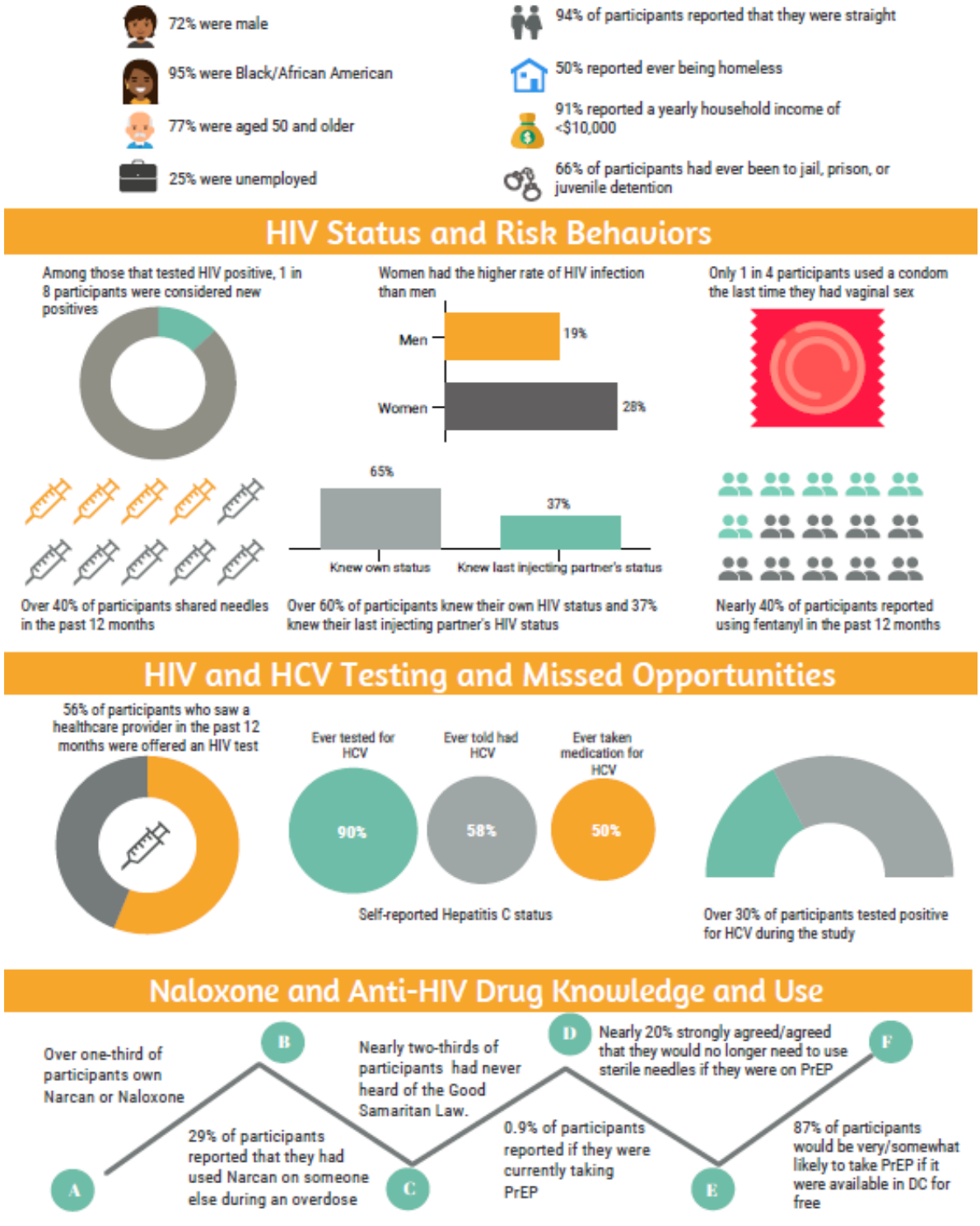
HIV Care Continuum among Foreign-born People Diagnosed with HIV Living in DC, 2019



National HIV Behavioral Surveillance Study (NHBS)

People who Inject Drugs

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 2018, people who inject drugs were recruited throughout the DC Metropolitan Statistical Area (MSA) and were surveyed.



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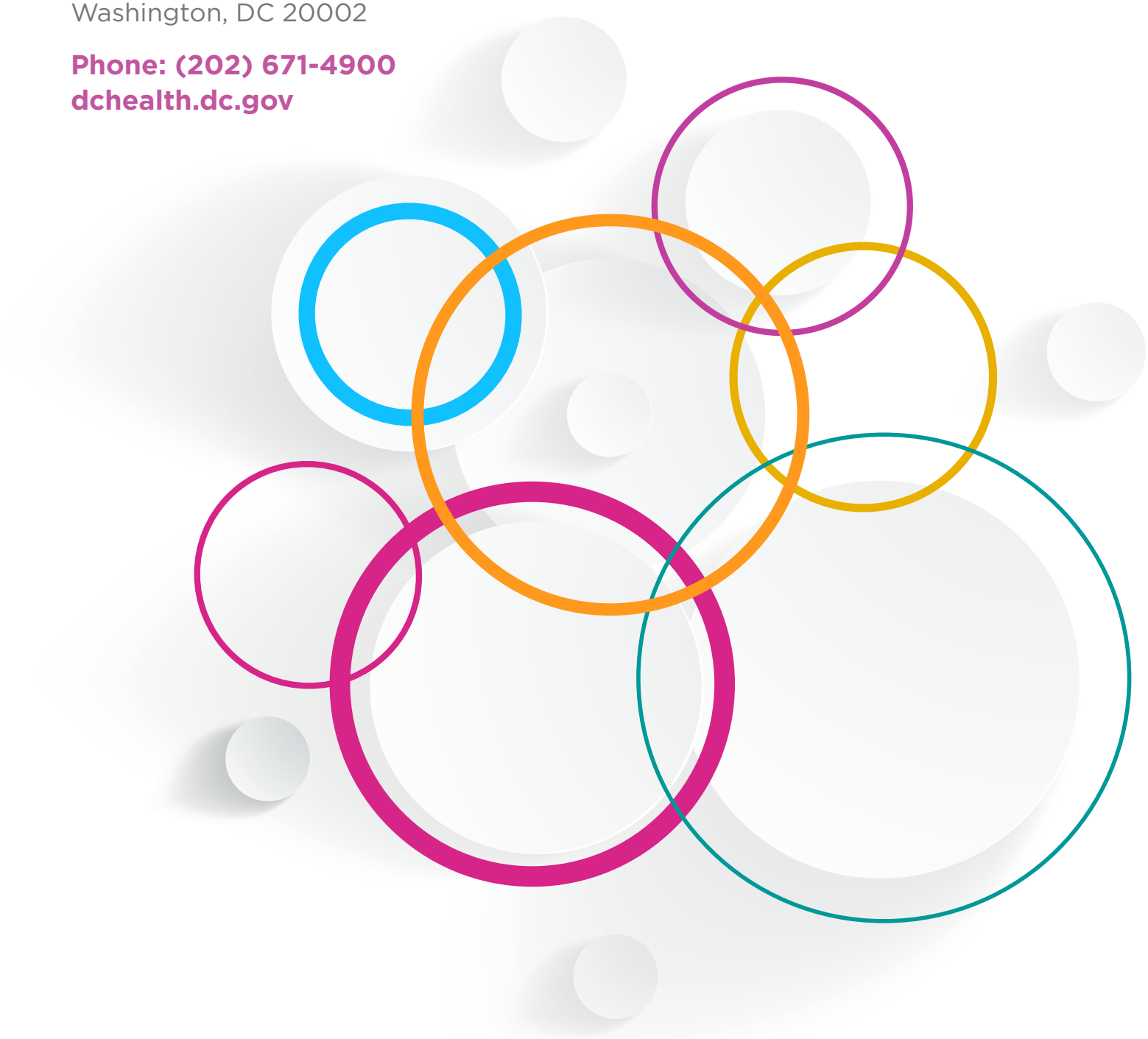

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