Annual Epidemiology & Surveillance Report

Data Through December 2020

Government of the District of Columbia
DC 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 the District of Columbia Department of Health's HIV/AIDS, Hepatitis, STI, and Tuberculosis Administration, with contribution from the Milken Institute School of Public Health at George Washington University (GWU). 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.

Muriel Bowser, Mayor
Kevin Donahue, City Administrator
LaQuandra S. Nesbitt, MD, MPH, Director, Department of Health
Clover L. Barnes, RN, BSN, MBA, Senior Deputy Director
Anjali Talwalkar, MD, MPH, Chief Science Officer

The Annual Epidemiology & Surveillance Report is compiled by the Strategic Information Division. To request additional data or aid in interpreting the data herein, contact:

Strategic Information Division
HIV/AIDS, Hepatitis, STI, and TB Administration (HAHSTA)
DC Department of Health
899 N. Capitol St. NE
Fourth Floor
Washington, DC 20002

Phone: (202) 671-4900

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

Recommended Citation: *Annual Epidemiology & Surveillance Report: Data Through December 2020. District of Columbia Department of Health, HIV/AIDS, Hepatitis, STI, & TB Administration 2021. Accessed [access date] at https://dchealth.dc.gov/service/hiv-reports-and-publications*

Contents

Executive Summary

The Annual HIV, Hepatitis, Sexually Transmitted Infections (STIs), and Tuberculosis (TB) Surveillance Report for the District of Columbia shows the District continues to experience complex epidemics. Annual surveillance data is critical to our understanding of disease trends and to our planning and programmatic efforts to control and prevent disease. However, the data in this year's report must be examined in the context of 2020 and the COVID-19 pandemic. The pandemic had an immense impact on the availability, accessibility and utilization of disease screening, prevention, and care services. While DC Health and numerous clinical and community providers pivoted their service delivery models to improve access and convenience for residents, such as offering home-based testing and virtual supports, the presented data for 2020 should be interpreted cautiously given the decline in testing and other preventive health services that was experienced last year, both here in DC and across the country.

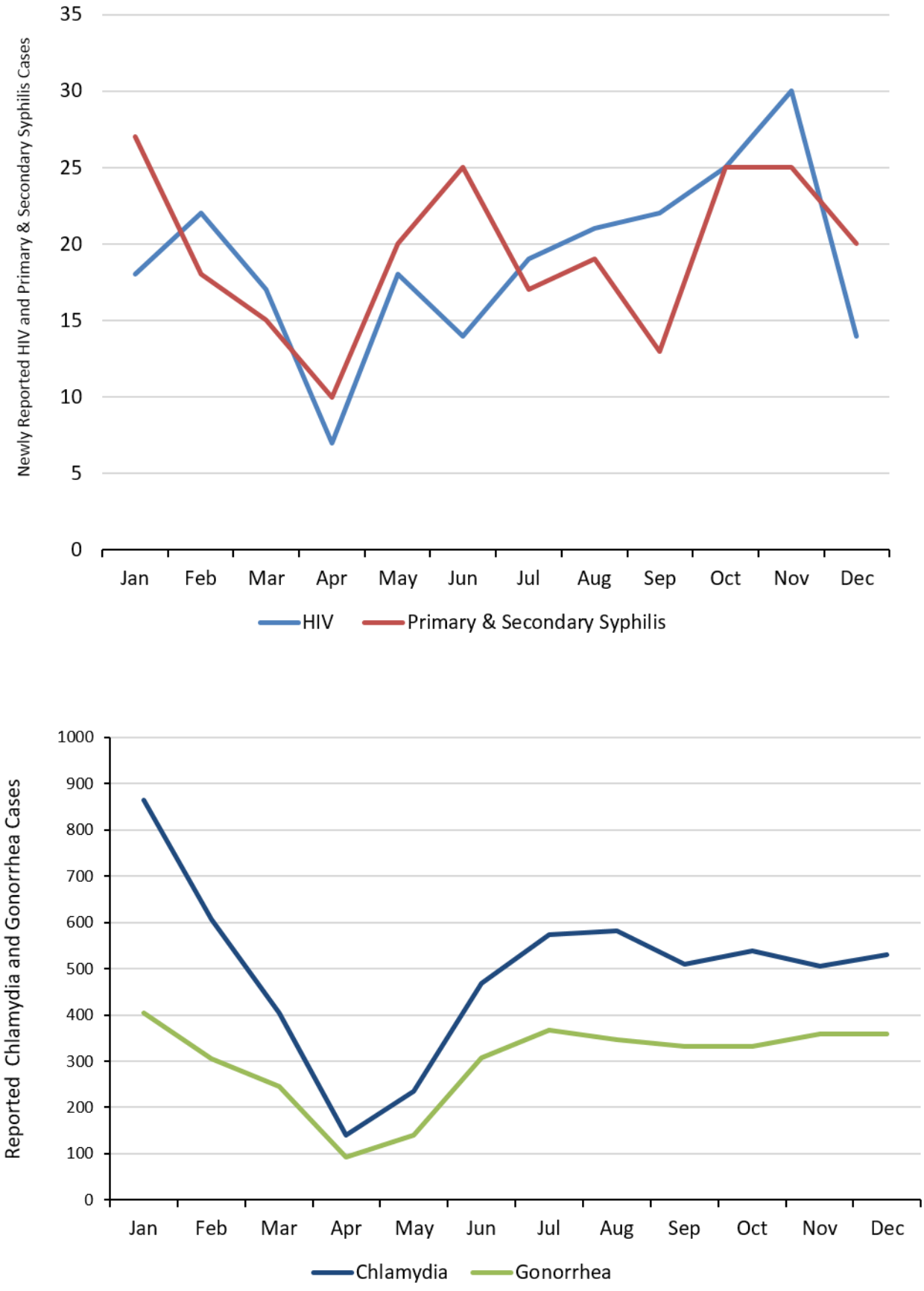
Impact of COVID-19 Pandemic on Disease Prevention, Screening and Care Services

The declaration of a local public health emergency on March 11, 2020, in response to the COVID-19 pandemic necessitated the initiation of community mitigation measures, including a stay-at-home order, and the redirection of health care related resources and personnel, impacting the accessibility and utilization of core routine disease prevention, screening, and care services in the District. Over the course of the pandemic, restricted patient eligibility for services, reduced operating hours, and suspended activities by provider facilities and organizations contributed to significant disruptions within the health care system. Additionally, active HIV, hepatitis, and STI disease surveillance and case investigation efforts were limited during the initial stages of the COVID-19 pandemic while emergency response operations were stood up.

While directly assessing the impact of the COVID-19 pandemic on surveillance activities poses some challenges, corresponding laboratory reporting and case diagnosis patterns raise concerns regarding the underreporting and underdiagnosis of HIV, hepatitis, and STI cases during 2020. DC Health saw a nearly 20% decline in the volume of HIV, chlamydia, gonorrhea, syphilis, HBV, and HCV laboratory reports received in 2020 compared to 2019 (Appendix A). With regards to monthly patterns in new diagnoses (Figure 1), a substantial decline was observed from January through April of 2020 across conditions, consistent with declines in other outpatient health services such as pediatric vaccinations. Corresponding with evolving strategies for providing health care services during the pandemic, a subsequent increase in the number of new HIV and STI diagnoses was observed from May through July and remained relatively stable for the remainder of the year. Given disruptions to screening services, the potential for underdiagnosis and underreporting is most substantial for those with asymptomatic infections.

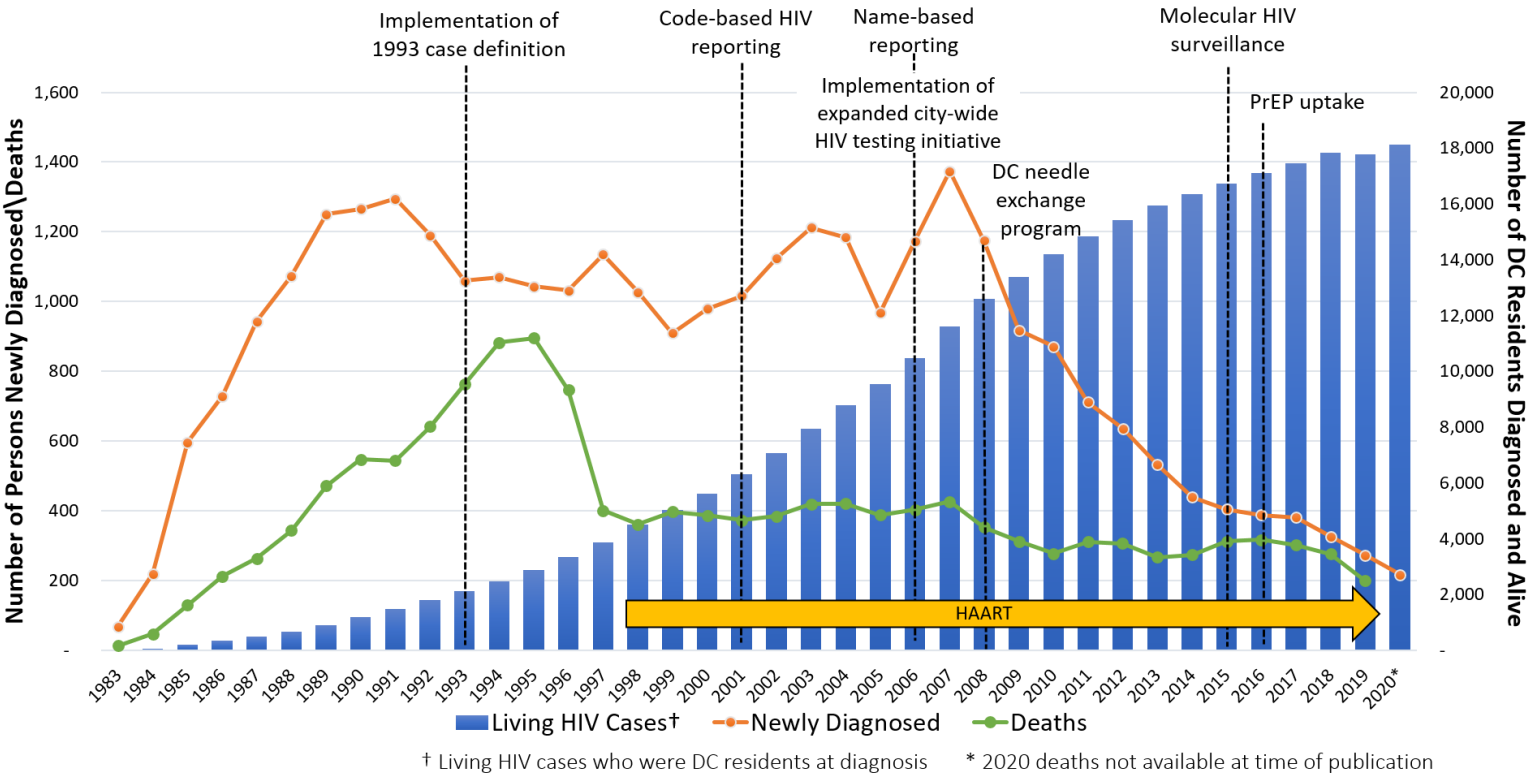
All 2020 data presented in the current report should be interpreted in the context of the potential impact of the COVID-19 pandemic on the utilization of disease prevention, screening, and care services.

Figure 1. Newly reported HIV, Primary & Secondary Syphilis, Chlamydia, and Gonorrhea cases by month, District of Columbia, 2020



DC Health continues to closely monitor the impact of HIV, hepatitis, STIs and TB on our community and to work with District partners to ensure access to prevention and treatment services for all our residents.

Figure 2. Newly Diagnosed HIV Cases, Deaths, and Living HIV Cases, by Year, District of Columbia, 1983-2020



Key points in this surveillance update of the District in the year 2020 include:

- 12,161 current residents of the District of Columbia or 1.7% of the population are living with HIV.
- The number of newly diagnosed HIV cases in the District decreased to 217 cases in 2020, a decline of 85% from the peak of 1,374 cases in 2007.
- There were zero babies born with HIV in 2020.
- 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 1 case in 2020.
- Blacks and Latinos with HIV exceeded 1% of their respective populations of existing cases, 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 aged 13 to 24 represent over 19% of new HIV diagnoses between 2016 and 2020; the proportion of new HIV diagnoses among young people aged 20 to 24 remained level for the past five years.
- Sexual contact is the leading mode of transmission reported among newly diagnosed HIV cases.
- There were 5,956 cases of chlamydia, 3,593 cases of gonorrhea, and 234 cases of primary and secondary syphilis reported in 2020.
- A substantial minority (31%) of primary and secondary syphilis cases occurred among people with HIV, which declined from 42% in 2016.
- There were 874 people with newly reported hepatitis C in 2020.
- Approximately ¾ of TB cases between 2016-2020 occurred 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 with 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 2020:

- Among people newly diagnosed with HIV in 2020, 58% were linked to medical care within 7 days of diagnosis and 80% within 30 days.
- Viral suppression in 2020 among all people living with HIV in DC remained at 66% overall and 87% among people with an indication of engagement in care.
- Among young people living with HIV in DC, those ages 13-19 and 20-24 had low viral suppression rates in 2020 at 55.6% and 45.6%, respectively; among newly diagnosed people, viral suppression rates within 12 months of diagnosis were lowest for people who inject drugs at 49%.
- Among people newly diagnosed with HIV in 2020, 49% were virally suppressed within 90 days, which has decreased since 2019. This indicates that there is room for improvement for timeliness of HIV treatment initiation.
- Of the 4,230 Ryan White clients with one or more medical visits, 93% were prescribed treatment, and 79% were virally suppressed in 2020.

Scaling Up Success

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

- Launched GetCheckedDC (https://www.getcheckeddc.org/) and supported 2,015 at-home tests for HIV (launched June 2020) and STIs (launched September 2020) and 598 walk-in tests at LabCorp for HIV, STIs, and hepatitis
- Started 268 people on Pre-Exposure Prophylaxis (PrEP) at the DC Health and Wellness Center in 2020.
- Distributed more than 3.2 million male and female condoms in 2020.
- Removed 578,730 needles from the street in 2020 through the DC needle exchange programs.
- Distributed 43,768 Naloxone kits and saved 756 people from opioid overdose deaths in 2020.
- Provided HIV medical care and support services to more than 7,436 people through the Ryan White Program in 2020.

Ending the HIV Epidemic

The federal Ending the HIV Epidemic: A Plan for America (EHE) offers a new opportunity to accelerate key strategies and promote innovative approaches towards diagnosing, preventing, treating, and responding to HIV. On December 4, 2020, DC Mayor Muriel Bowser announced the release of the District's updated ending the HIV epidemic plan and new community platform DCEndsHIV.org. For this updated plan, Washington, DC follows the four pillars of the federal Ending the HIV Epidemic of Diagnose, Treat, Prevent, and Respond. The Plan values health equity and recognizes structural barriers, such as racism and stigma, to optimal health outcomes and individual success. It also centers on people's life experiences, including social determinants of health. To reflect these critical factors, the DC Ends HIV plan adds a fifth pillar: Engage. In addition, the plan has raised the floor to a minimum of 95%/95%/95% of people knowing their HIV status, people diagnosed being on treatment, and people on treatment reaching viral suppression. The new plan also has a primary goal of fewer than 130 new HIV diagnoses per year by 2030. To achieve this, DC has to increase uptake and use of Pre-Exposure Prophylaxis (PrEP), setting a goal of more than 13,000 people on PrEP. The DC Ends HIV plan was developed and informed through substantial community engagement, and as a public-private partnership among DC Health, DC Appleseed Center, and the Washington AIDS Partnership.

Table 1. Mayor's Ending the HIV Epidemic Plan Goal Update, 2020

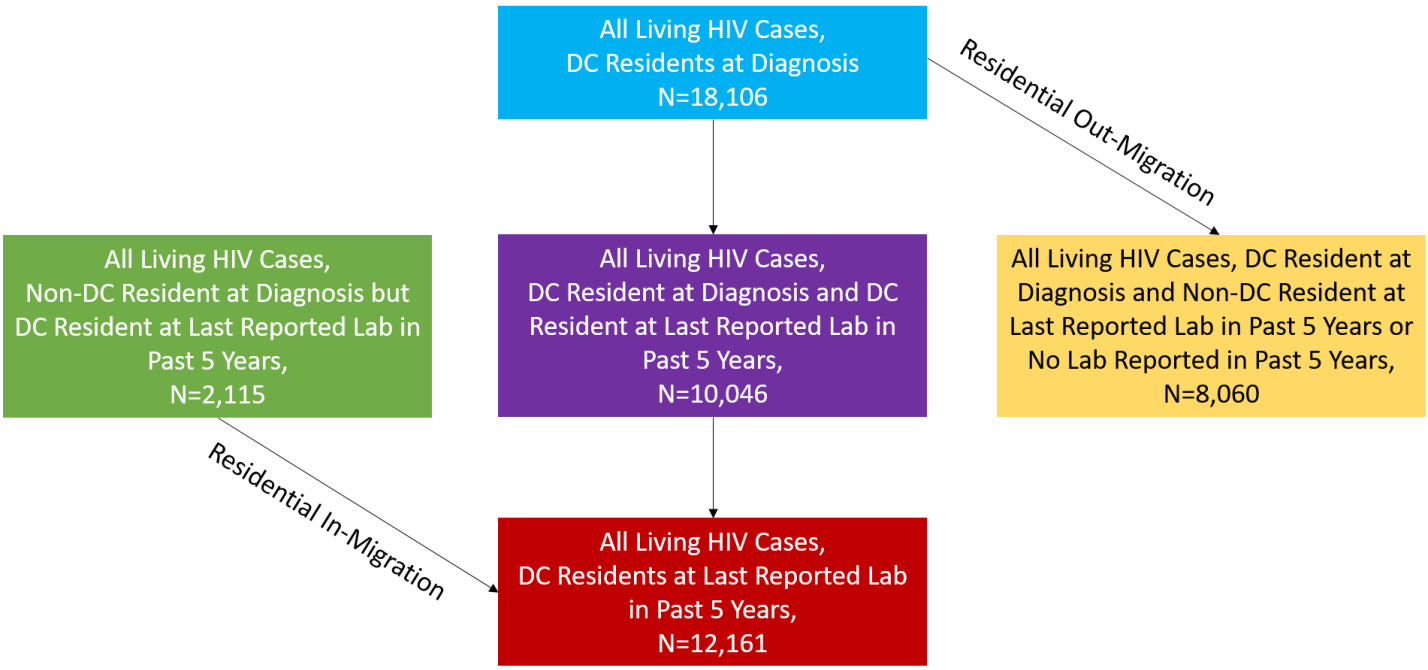
Ending the HIV Epidemic Measures	2015	2016	2017	2018	2019	2020	2030 Goal
Goal #1: 95% of HIV-positive District residents know their status	86%	86%	87%	88%	90%	N/A*	95%
Goal #2: 95% of District Residents living with HIV are in treatment	73%	76%	77%	77%	80%	76%	95%
Goal #3: 95% of District residents living with HIV who are in treatment reach viral suppression	78%	82%	84%	85%	87%	87%	95%
Goal #4: Reduction in new HIV diagnoses	399	388	381	327	273	217	130

*Cannot be calculated due to lack of reliability based upon national decreases in HIV testing and CD4 monitoring in 2020, per CDC guidance

People Living with HIV in DC

Since 2016, this report has used 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. As presented in Figure 2, the number of all diagnosed stands at 18,106. Figure 3 accounts for new HIV diagnoses among current District residents, reported deaths among those previously diagnosed, and the residential migration people living with HIV 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 3). 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 3. People Living with HIV in the District of Columbia as of December 31, 2020



Estimation of the Number of People Living with HIV in DC

Of the 18,106 individuals diagnosed with HIV while a District resident, approximately 45% (n=8,060) were presumed to have moved outside of the jurisdiction (out-migration) prior to the end of 2020, 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 2,115 individuals initially diagnosed with HIV outside of the jurisdiction with a current residential address in the District. As indicated in Figure 2, after adjusting the initial count of all living HIV cases for in- and out-migration, an estimated 12,161 individuals diagnosed with HIV were presumed to be living in the District at the end of 2020. 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.

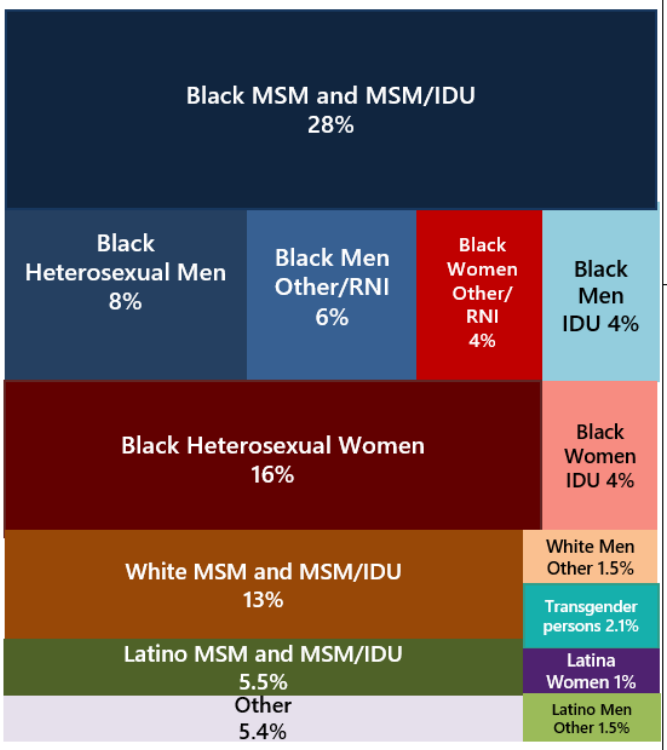
People Living with HIV

12,161 Number of DC's population known to be living with HIV

1.7% Percent of DC's population known to be living with HIV

53.2% Proportion of people living with HIV that are 50 + years

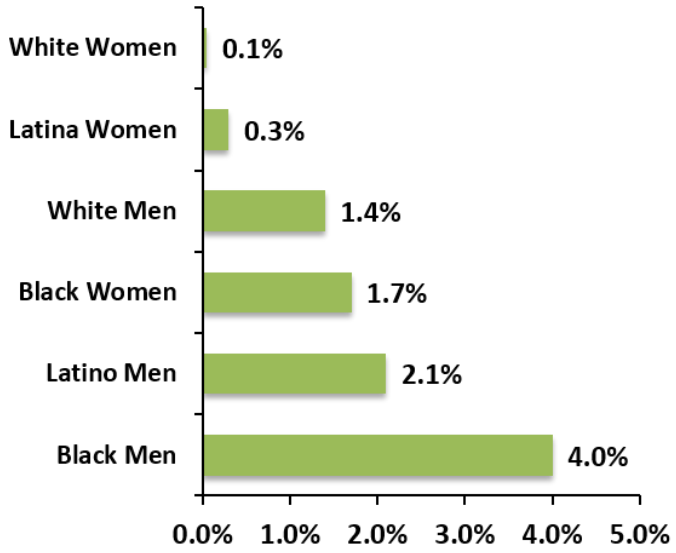
Proportion of HIV Cases Living in DC, by Race/Ethnicity, Gender Identity and Mode of Transmission, District of Columbia, 2020



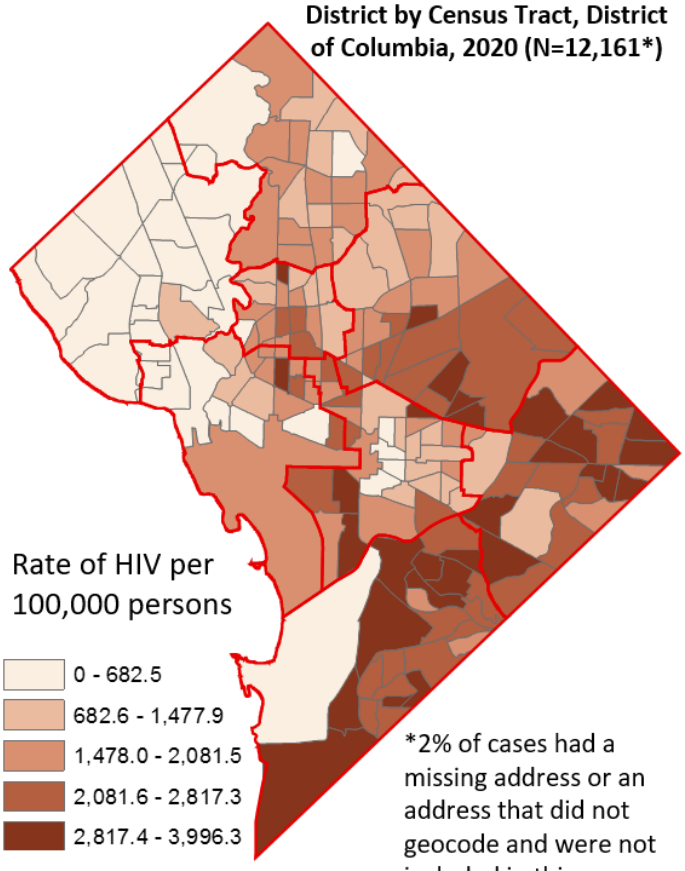
MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure Non-MSM: All modes of transmission excluding MSM and MSM/IDU. Latino Men Other: Heterosexual, IDU, RNI and other modes of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

Rates were calculated using the 2019 Census Estimates

Proportion of Residents Living with HIV by Race/Ethnicity and Gender Identity, District of Columbia, 2020



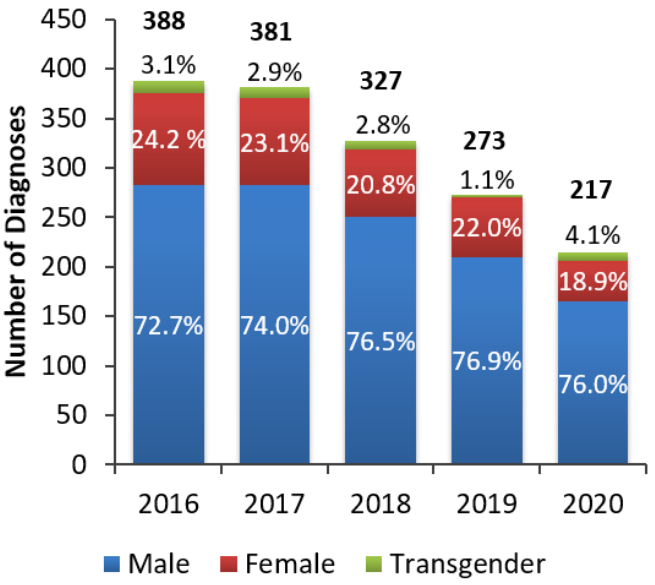
Rate of HIV Cases Living in the District by Census Tract, District of Columbia, 2020 (N=12,161*)



*2% of cases had a missing address or an address that did not geocode and were not included in this map.

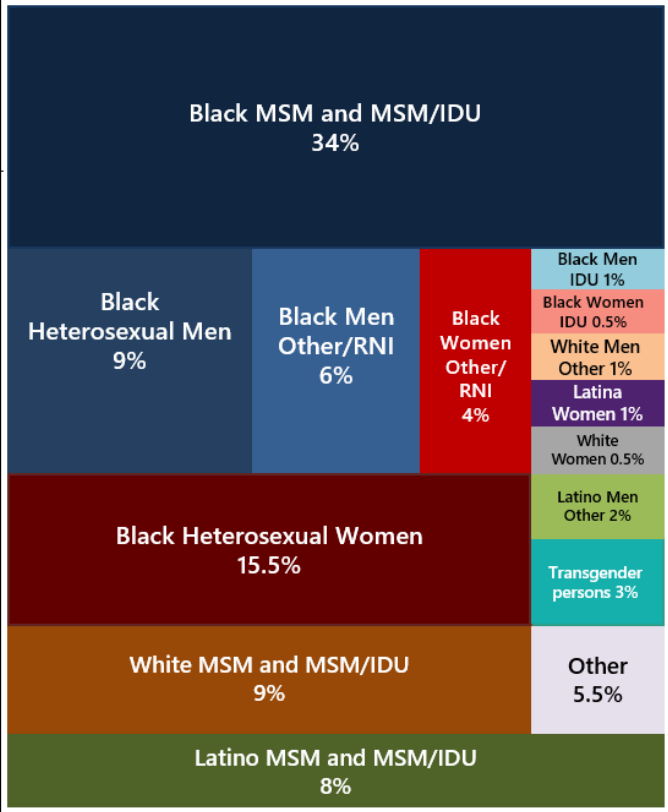
Newly Diagnosed HIV Cases

Newly Diagnosed HIV Cases by Year of Diagnosis and Gender Identity, District of Columbia, 2016-2020



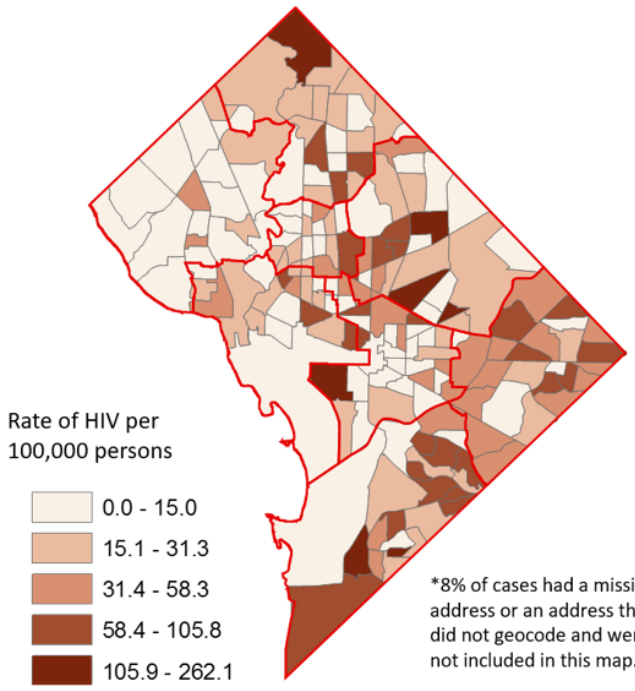
Newly Diagnosed HIV Cases in the District between 2016-2020

Proportion of Newly Diagnosed HIV Cases, by Race/Ethnicity, Gender Identity and Mode of Transmission, District of Columbia, 2016-2020, N=1,586



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 Men Other: Heterosexual, IDU, RNI and other modes of transmission; Black Women Other: RNI and other modes of transmission; Black Men Other: RNI and other modes of transmission; Latina Women: All modes of transmission; White Women: All modes of transmission; Other: All persons of other race with all modes of transmission; Transgender persons: include both Transgender men and Transgender women

Rate of Newly Diagnosed HIV Cases in the District by Ward and Census Tract, District of Columbia, 2020 (N=217*)



*8% of cases had a missing address or an address that did not geocode and were not included in this map.

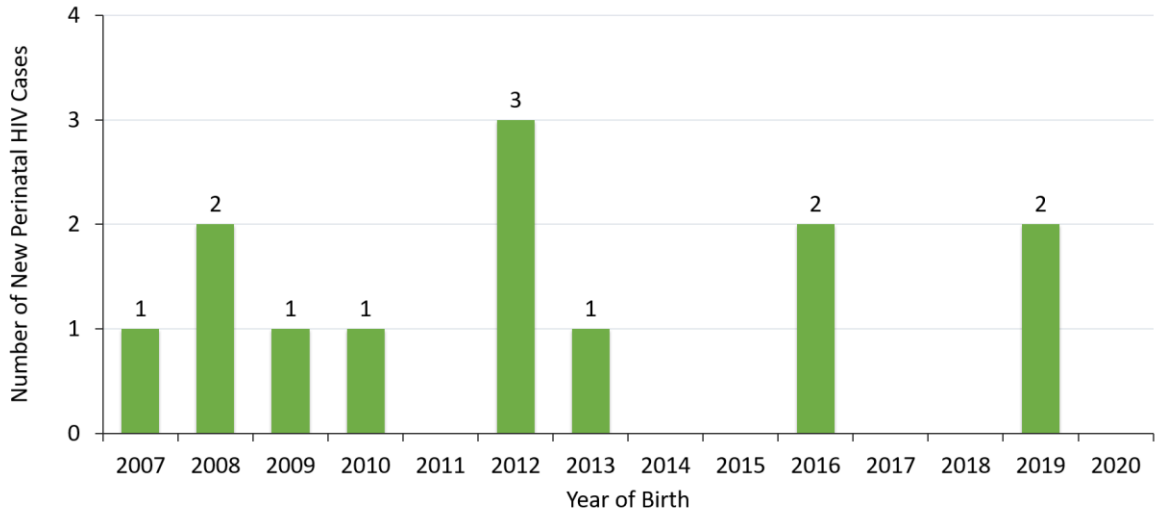
Rates were calculated using the 2019 Census Estimates.

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

Perinatal HIV

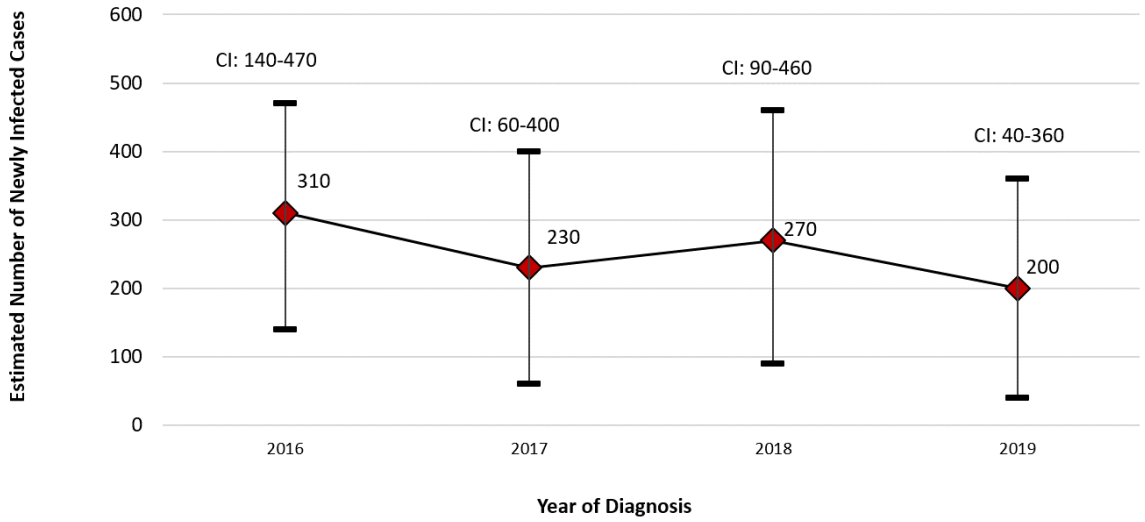
Perinatal HIV cases are defined as those in which transmission occurs during pregnancy, labor and delivery, or breastfeeding. Since the introduction of recommendations to provide antiretroviral medication to women during pregnancy, during labor and delivery, and to the infant in the neonatal period, 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 4. Perinatal HIV Cases by Year of Birth, District of Columbia, 2007-2020



HIV Incidence

Figure 5. Estimated Number of New HIV Infections by Year, District of Columbia, 2016-2019

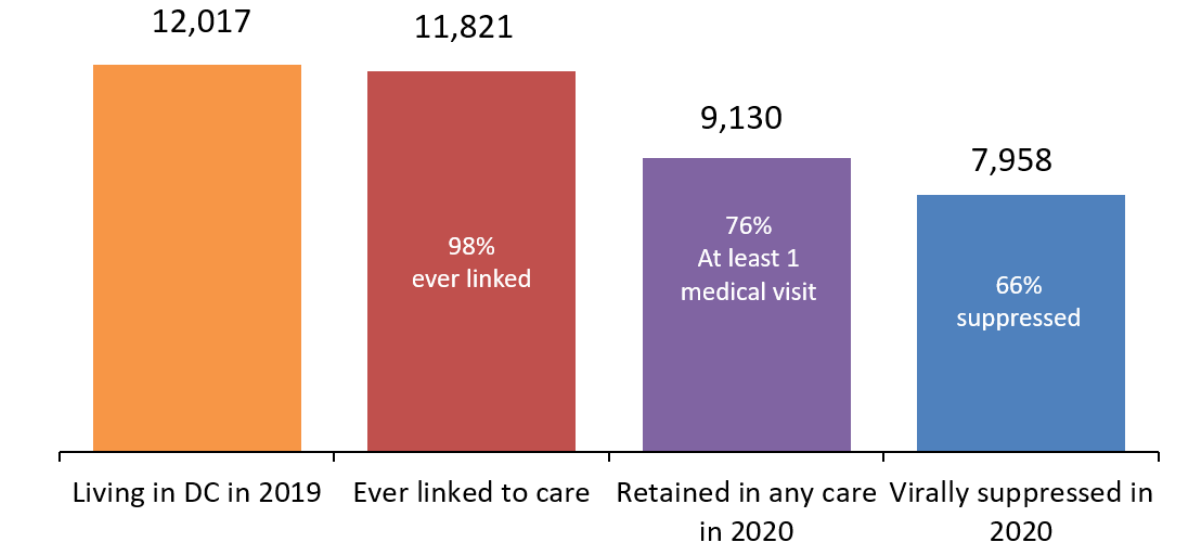


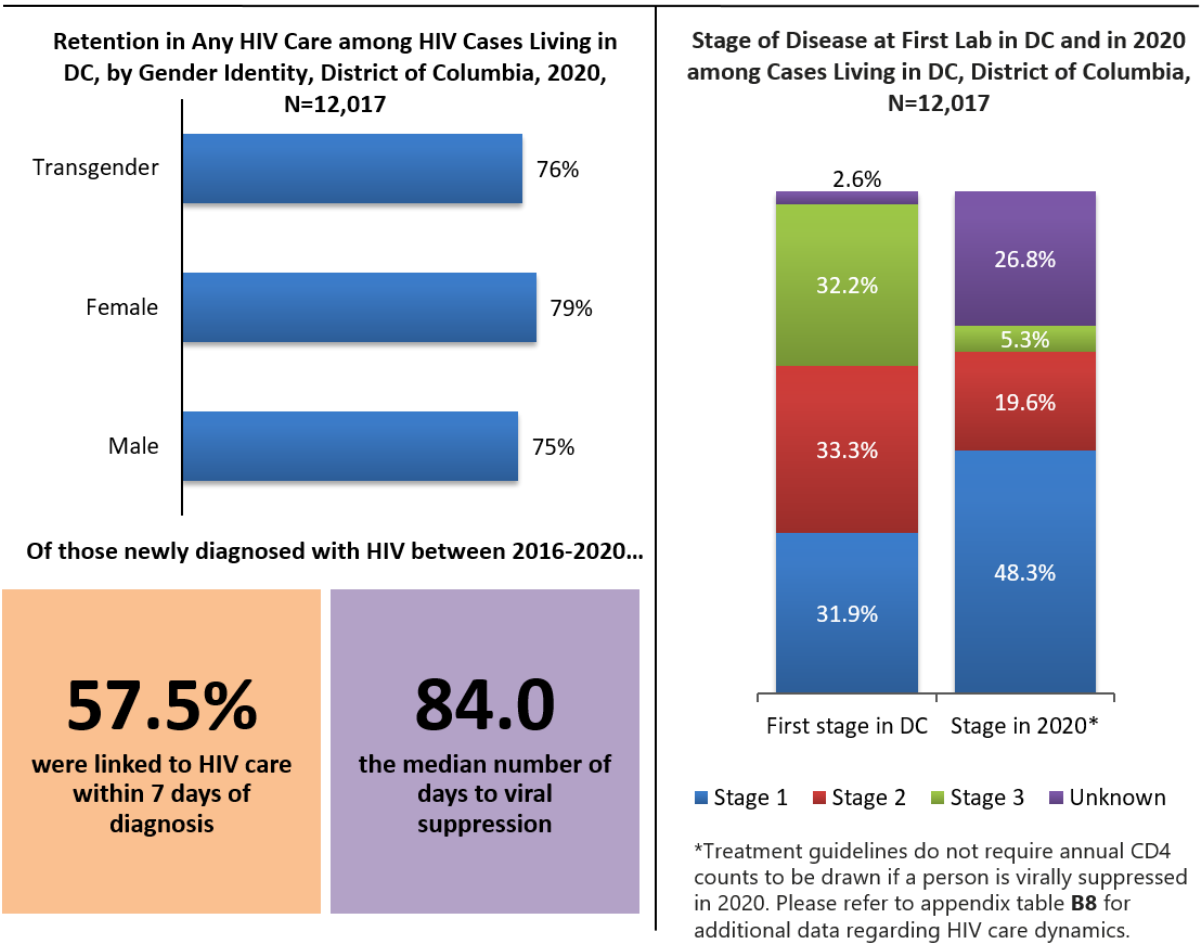
The estimated number of new infections of HIV in the District remained stable from 2016 to 2019. The estimated rate of new infections in the District exceeded the national rate in 2019 at 32.9 estimated cases per 100,000 compared with 12.6 estimated cases per 100,000 respectively. The 2020 incidence estimate is not included. Per CDC guidance, based upon national decreases in HIV testing and CD4 monitoring in 2020, a percent change in new HIV diagnoses from 2019 to 2020 greater than 17% renders the 2020 HIV incidence estimate unreliable. 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 Continuum

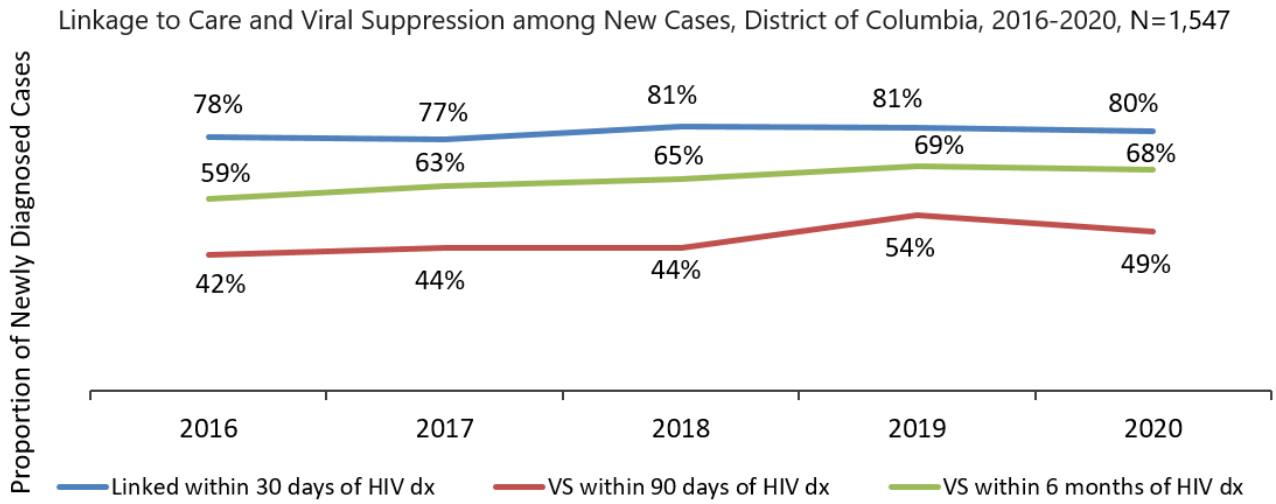
The HIV Care Continuum is the approach of diagnosing people with HIV, linking them into care and treatment, retaining them in care and medication adherence, and achieving viral load suppression, which is the marker of a person's and community's HIV health. Assessing HIV care dynamics is an essential 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.

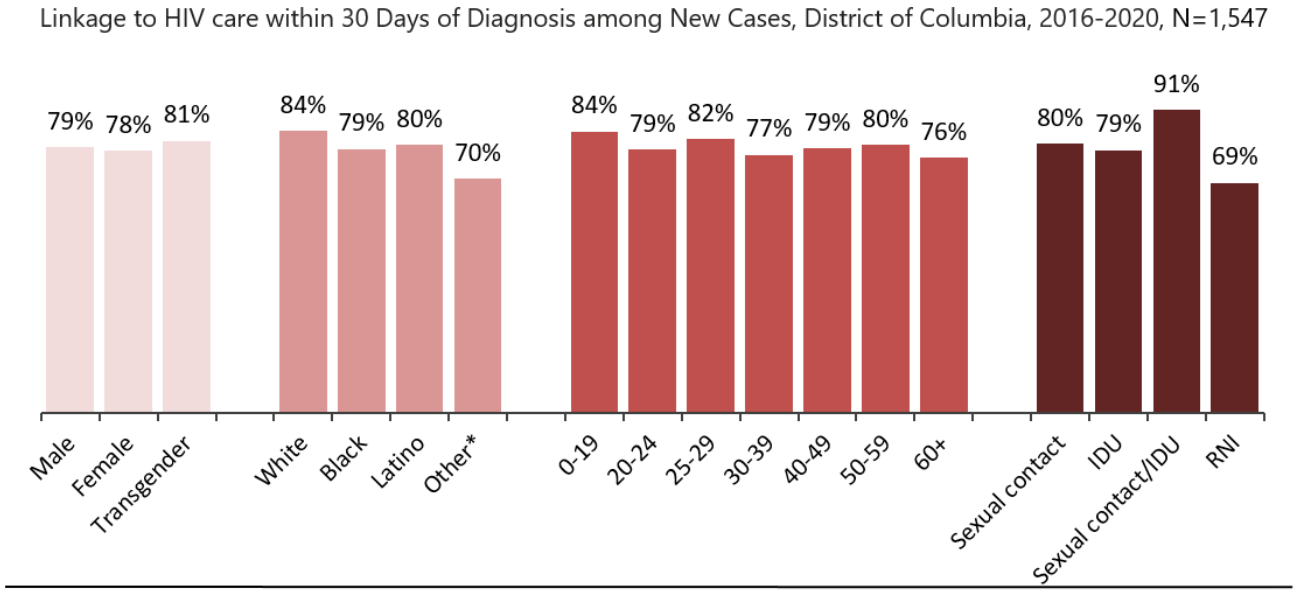
Figure 6. HIV Care Continuum among People Living with HIV in DC, 2020

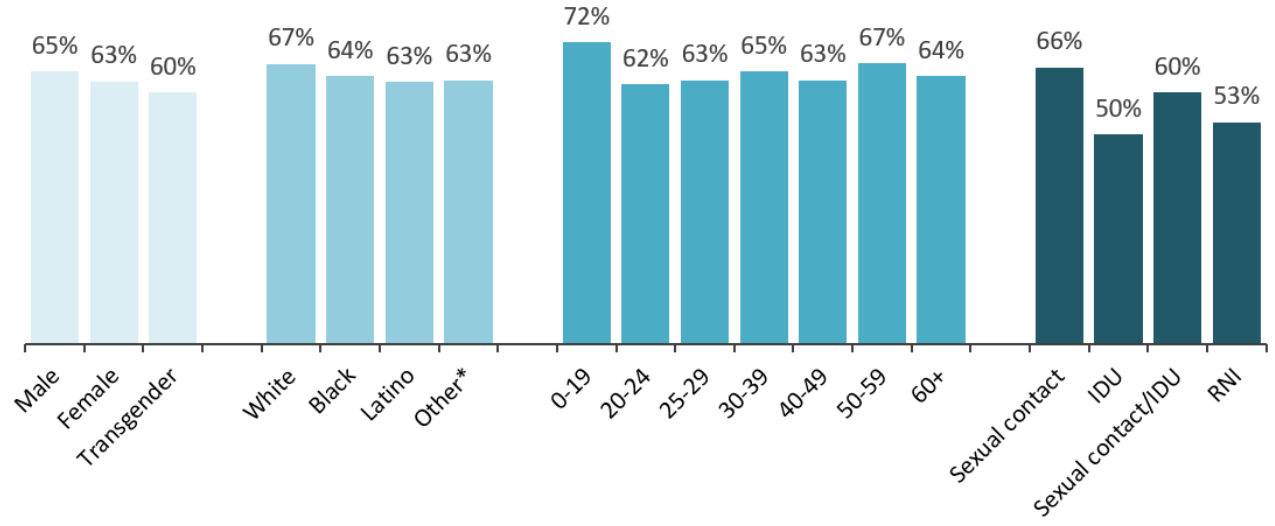




*Treatment guidelines do not require annual CD4 counts to be drawn if a person is virally suppressed in 2020. Please refer to appendix table **B8** for additional data regarding HIV care dynamics.







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

†IDU= Injecting drug user/People who inject drugs ^RNI= Risk not identified

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

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

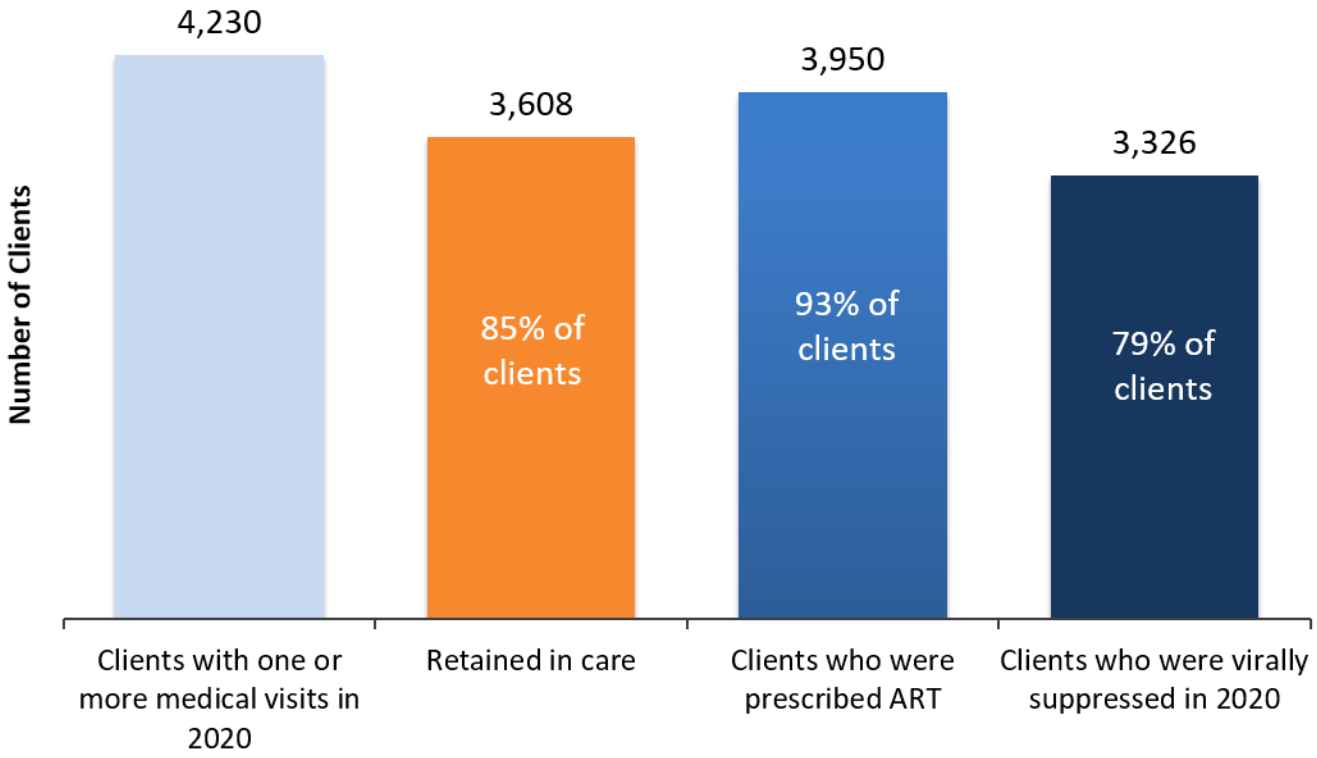
Ryan White Program HIV Care Continuum

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 2020. 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 Program HIV 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 2020
Retained in care in 2020	Having 2 or more medical visits in 2020 that were at least 90 days apart
Prescribed ART	Ryan White clients with documentation of having been prescribed antiretroviral therapy (ART) to treat HIV
Virally suppressed in 2020	Having a viral load result of <200 copies/mL at most recent viral load test in 2020

Figure 7. HIV Care Continuum among Ryan White Clients, District of Columbia, 2020



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, 2016-2020

Antiretroviral Drug Classification	Antiretroviral Drug (ARV)	High-Level Resistance %	Intermediate Resistance %	Low-Level Resistance %	Susceptible %	N
Integrase Strand Transfer Inhibitors	Bictegravir	0	0	0	100	192
	Dolutegravir	0	0	0	100	192
	Elvitegravir	0.5	0	0.5	99	192
	Raltegravir	0.5	0	0.5	99	192
Non-Nucleotide Reverse Transcriptase Inhibitors	Doravirine	1.1	2.3	2.7	94	733
	Efavirenz	10.2	1.9	1.1	86.8	733
	Etravirine	0.8	1.2	1.4	96.6	733
	Nevirapine	11.3	1.6	1.2	85.8	733
	Rilpivirine	2.3	1.1	5.0	91.5	733
Nucleotide Reverse Transcriptase Inhibitors	Abacavir	0.5	0.5	2.7	96.2	733
	Didanosine	0.4	0.5	1.1	97.9	733
	Emtricitabine	3.1	0	0	96.9	733
	Lamivudine	3.1	0	0	96.9	733
	Stavudine	0.4	0.8	1.8	97	733
	Tenofovir	0.1	0.4	0.9	98.5	733
	Zidovudine	0.4	0.8	1.2	97.5	733
Protease Inhibitors	Atazanavir/r	0.13	0	0.8	99.1	744
	Darunavir/r	0	0	0	100	744
	Fosamprenavir/r	0	0	0.9	99.1	744
	Indinavir/r	0	0.8	0.1	99.1	744
	Lopinavir/r	0	0.3	0.5	99.2	744
	Nelfinavir	0.7	0.4	0.5	98.4	744
	Saquinavir/r	0	0.7	0.3	99.1	744
	Tipranavir/r	0	0	0.5	99.5	744

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 46.3% of new HIV cases diagnosed in 2020 had a reported genotype test sequence** within 3 months of diagnosis. Compared to 2019 (55.6%) there was a 9% decrease**.** This could be attributed to the 2020 COVID pandemic and the shift in provider resources. Ensuring that newly diagnosed HIV cases receive genotypic resistance testing is not only important for clinical practice, but it 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 (11.3%) and Efavirenz (10.2%). 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 October 26, 2021 (https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/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, 2015-2019

	2015		2016		2017		2018		2019	
Cause of Death	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
HIV-related causes	56	18.3	90	28.9	86	28.2	87	31.3	50	25.0
Non-AIDS Defining Malignancies	30	9.8	47	15.1	50	16.4	37	13.3	19	9.5
Cardiovascular	44	14.4	45	14.5	58	19	68	24.5	36	18.0
Substance Use	4	1.3	3	1	2	0.7	3	1.1	1	0.5
Accidental Death	22	7.2	38	12.2	38	12.5	28	10.1	23	11.5
Other**	33	10.8	59	47	47	15.4	44	15.8	22	11.0
Unknown	117	38.2	29	9.3	24	7.9	11	4	49	24.5
Total	306	100	311	100	305	100	278	100	200	100

** Other causes of death include suicide, pneumonia, chronic obstructive pulmonary disorder (COPD), diabetes, etc.

Among people living with HIV in the District who died in 2019, 25% were due to HIV-related causes, this is a decrease compared to the previous year where 31.3% died from HIV-related causes.

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

Sexually Transmitted Infections

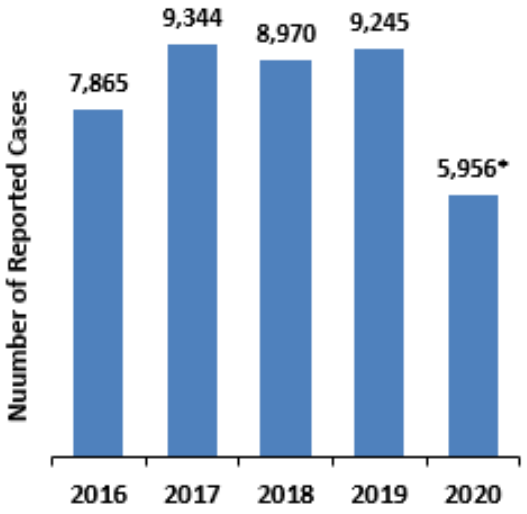
Chlamydia

5,956 Number of diagnoses reported in 2020

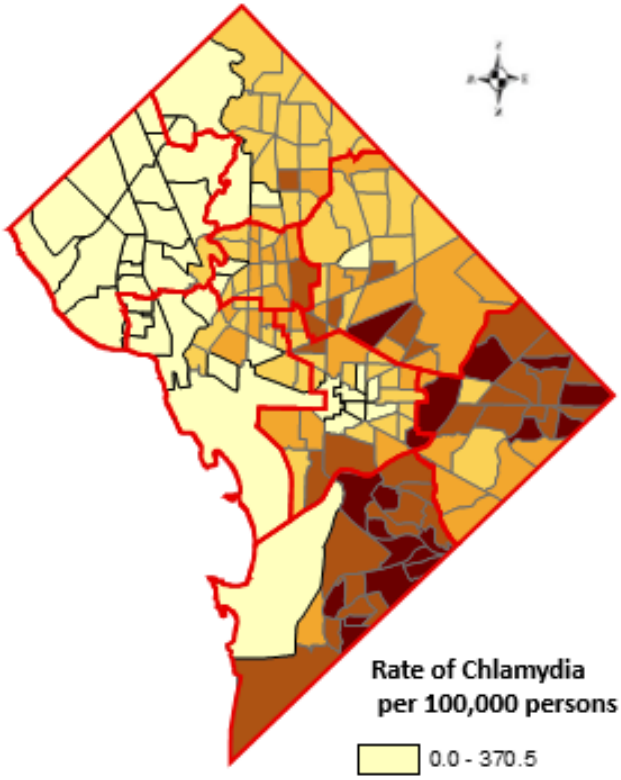
12% of people diagnosed with Chlamydia in 2020 had an STI in the previous 12 months

6% of people diagnosed with Chlamydia in 2020 were living with HIV

Newly Reported Diagnoses of Chlamydia, by Year, District of Columbia, 2016-2020



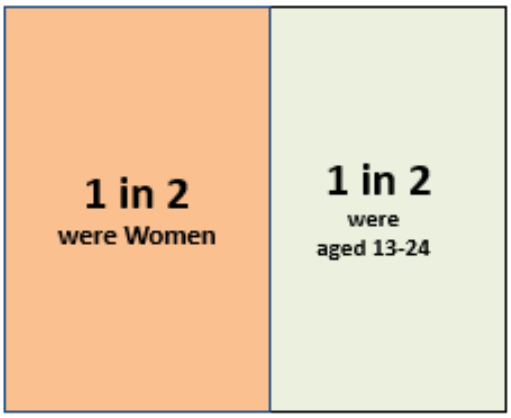
Rate of Newly Reported Diagnoses of Chlamydia, by Census Tract, District of Columbia, 2020 (N=5,956*)



Rate of Chlamydia per 100,000 persons

- 0.0 - 370.5
- 370.6 - 759.4
- 759.5 - 1,161.6
- 1,161.7 - 1,658.2
- 1,658.3 - 2,329.1

Of those newly reported with Chlamydia in DC in 2016-2020…



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

*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization

Rates were calculated using the 2019 Census Estimates

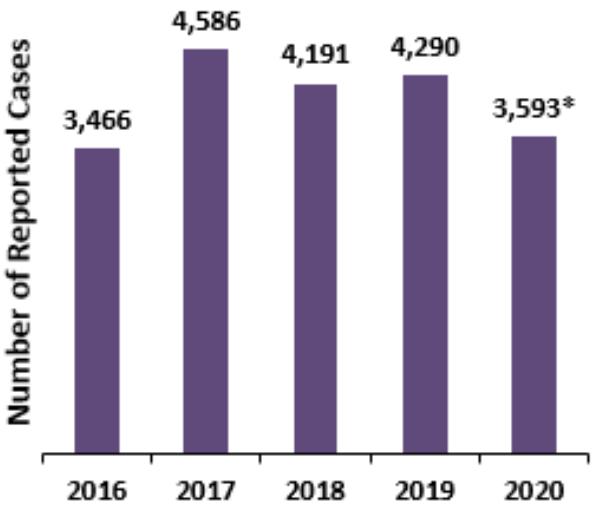
Gonorrhea

3,593 Number of diagnoses reported in 2020

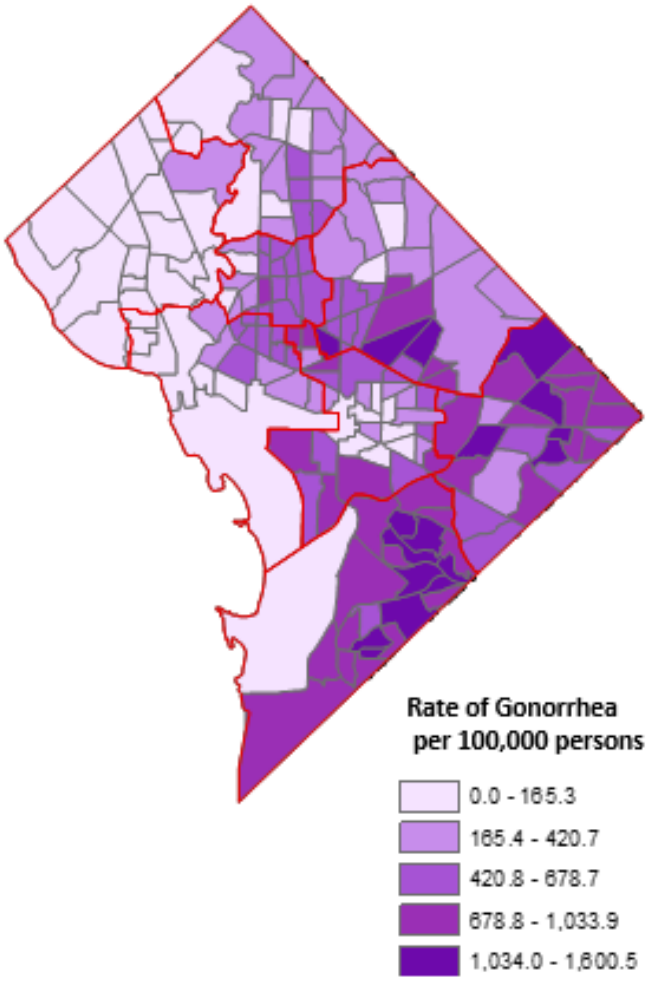
14% of people diagnosed with Gonorrhea in 2020 had an STI in the previous 12 months

13% of people diagnosed with Gonorrhea in 2020 were living with HIV

Newly Reported Diagnoses of Gonorrhea, by Year, District of Columbia, 2016-2020



Rate of Reported Diagnoses of Gonorrhea, by Census Tract, District of Columbia, 2020, (n=3,593)



Of those newly reported with Gonorrhea in DC in 2016-2020...

7 in 10 were Men

1 in 2 were aged 20-29

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

*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization

Rates were calculated using the 2019 Census Estimates

Syphilis

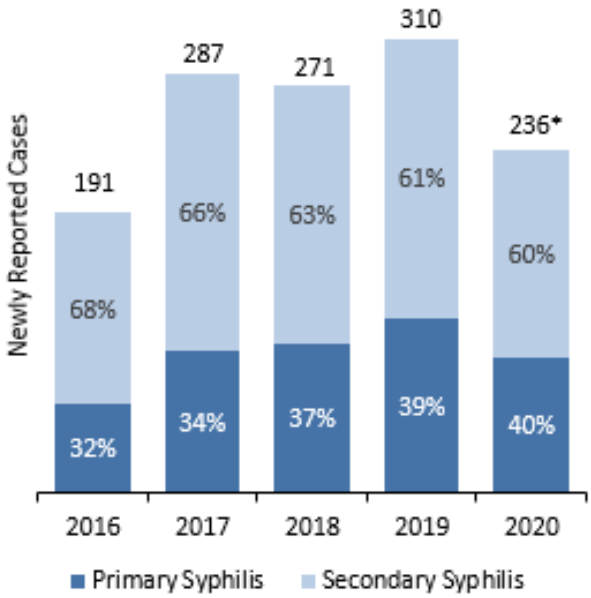
236 — Number of primary or secondary diagnoses reported in 2020

31% — Of people with primary or secondary Syphilis were living with HIV

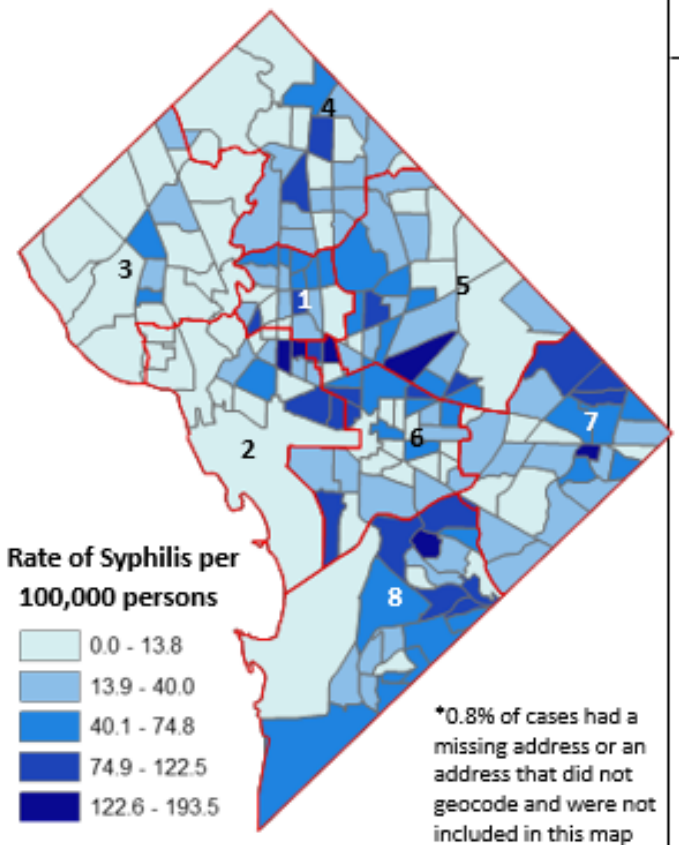
183% — Increase in primary or secondary Syphilis in women 15-44 since 2016

3 — Number of probable congenital cases diagnosed in 2020

Newly Reported Diagnoses of Primary and Secondary Syphilis, by Year, District of Columbia, 2016-2020



Rate of Reported Primary and Secondary Syphilis Diagnosed, by Census Tract, District of Columbia, 2020 (N=236)



*0.8% of cases had a missing address or an address that did not geocode and were not included in this map

Rates were calculated using the 2019 Census Estimates

Of those newly reported with Primary or Secondary Syphilis in DC in 2016-2020…

9 in 10 were Men

1 in 2 were Black

2 in 5 were aged 30-39

2 in 3 were Men who have sex with men

*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization

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

Viral Hepatitis

Hepatitis B

1,588 Number of newly reported chronic Hepatitis B cases between 2016-2020

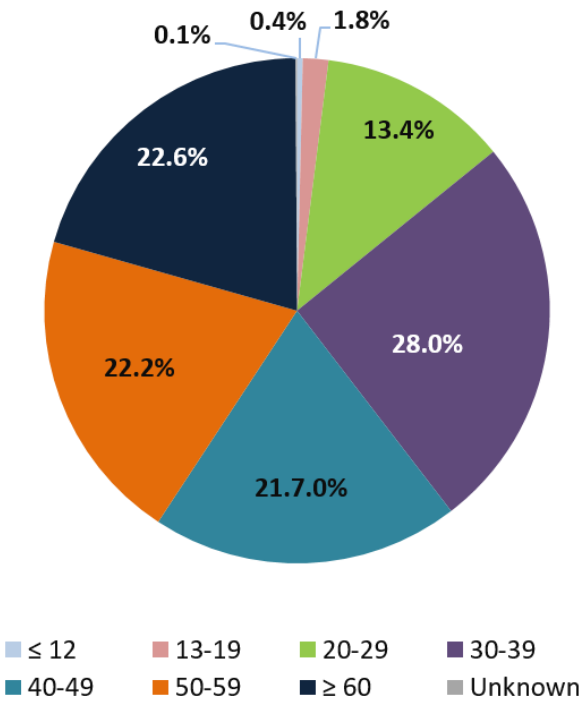
28.3 Rate of Chronic Hepatitis B in 2020 per 100,000 persons

Of all reported Chronic Hepatitis B Cases in DC between 2016-2020…

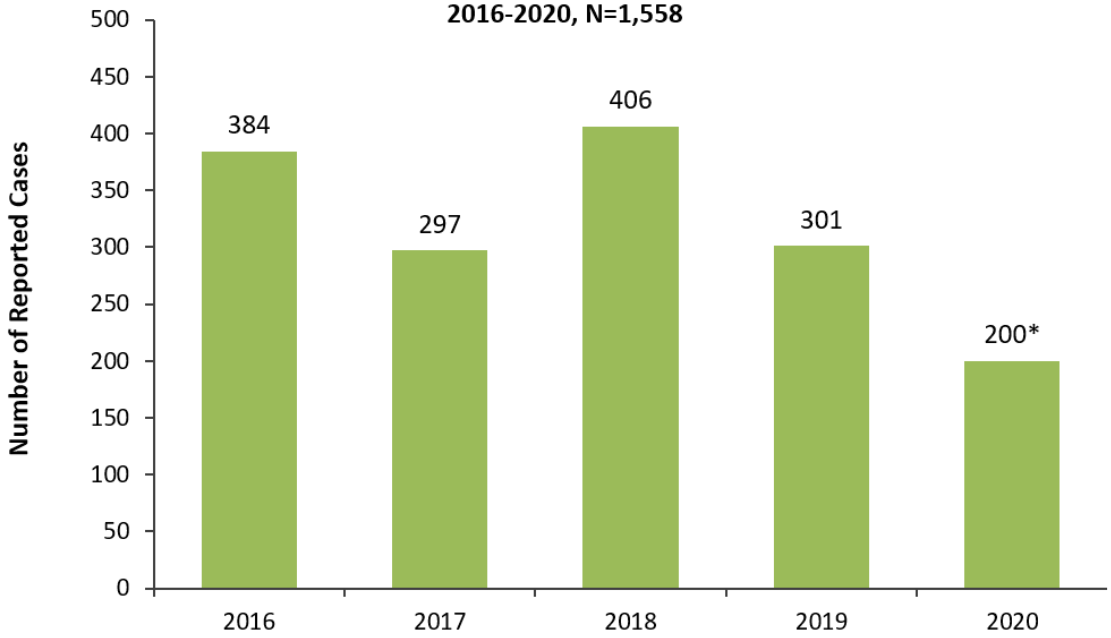
3 in 5 were Men

3 in 10 were aged 30-39

Distribution of Newly Diagnosed Chronic HBV Cases by Age at Diagnosis, District of Columbia 2016-2020 N=1,588



Newly Reported Chronic Hepatitis B Cases by Year, District of Columbia, 2016-2020, N=1,558



Please refer to appendix table **B18** for additional data regarding reported Hepatitis B cases.
*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization

Hepatitis C

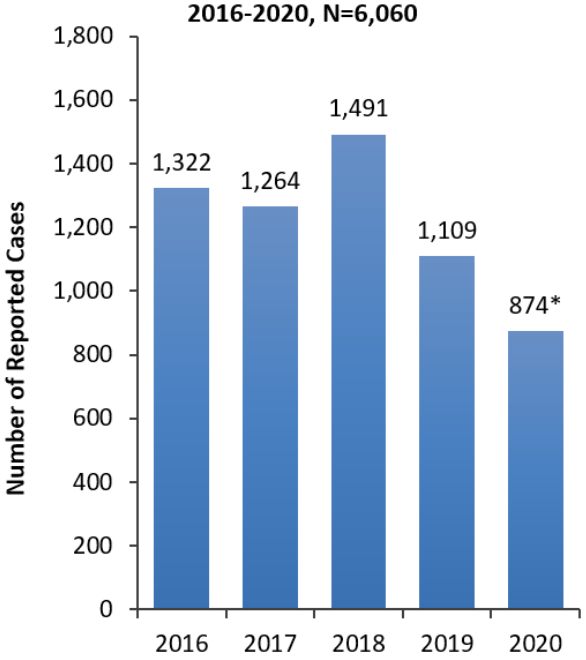
11,804 Number of all positive chronic Hepatitis C cases between 2016-2020

6,020 Number of newly reported chronic Hepatitis C cases between 2016-2020

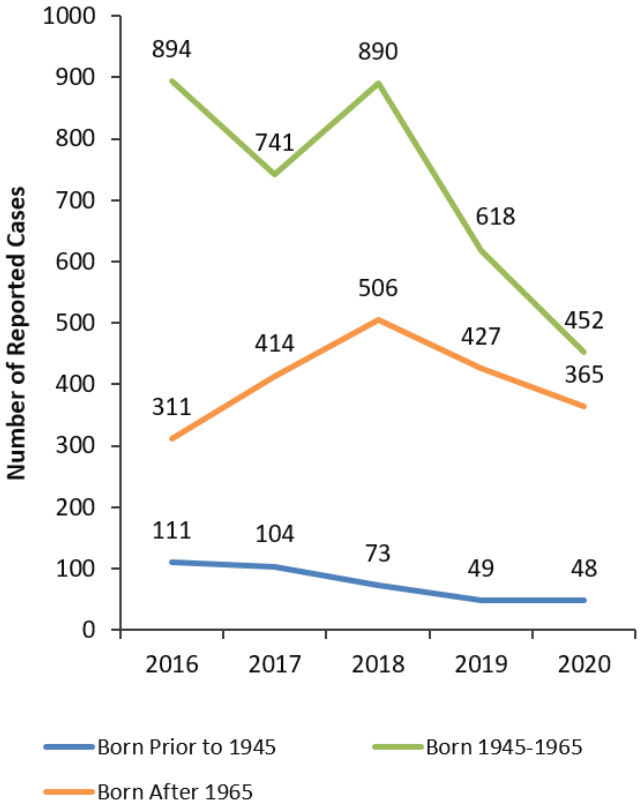
Of all reported Chronic Hepatitis C Cases in DC between 2016-2020…

2 in 3	8 in 10	7 in 10
were Men	were aged 50 and older	were born between 1945 and 1965

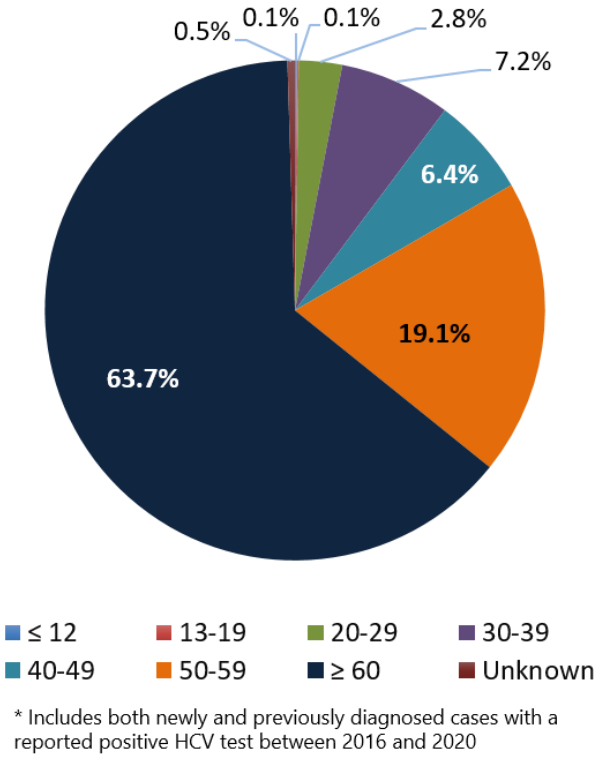
Newly Reported Chronic Hepatitis C Cases by Year, District of Columbia, 2016-2020, N=6,060



Newly Reported Chronic HCV Cases by Birth Cohort and Year of Diagnosis, District of Columbia, 2016-2020, N=6,060



Distribution of All* Reported Chronic HCV Cases by Current Age, District of Columbia 2016-2020 N=11,804



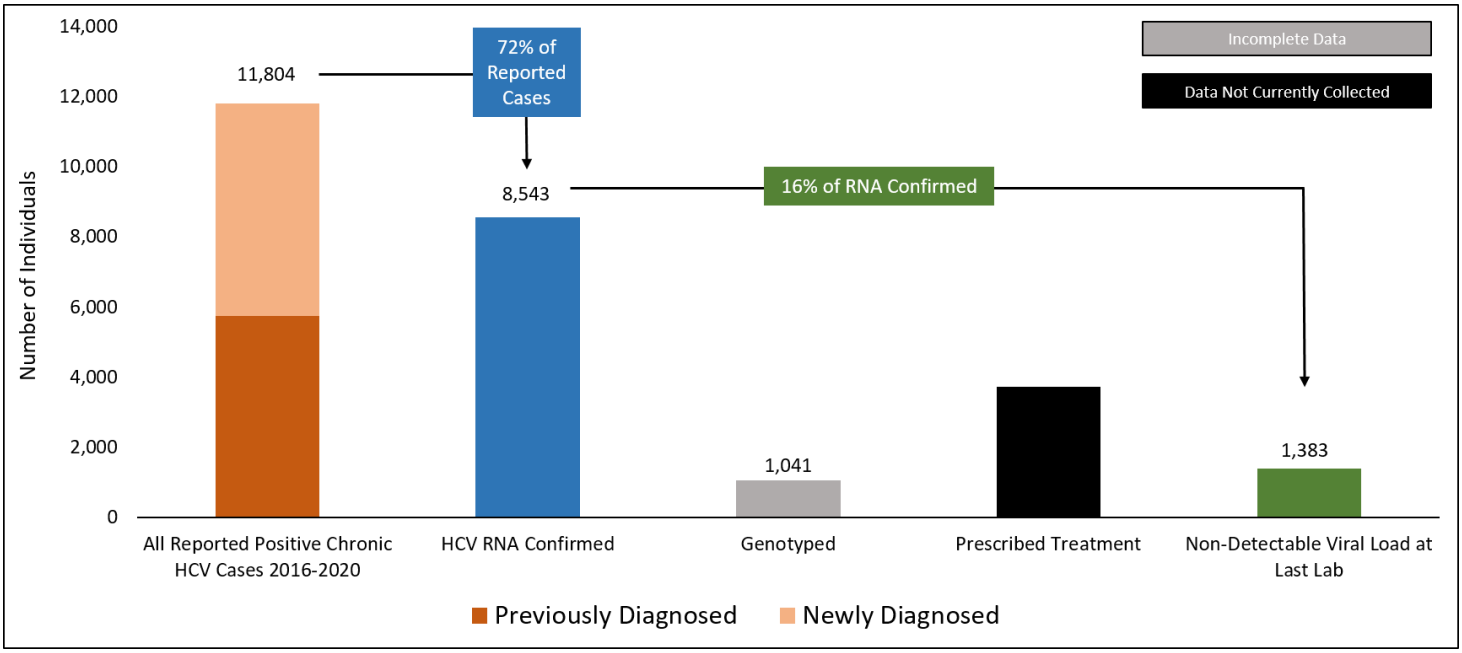
* Includes both newly and previously diagnosed cases with a reported positive HCV test between 2016 and 2020

Please refer to appendix table **B19-20** for additional data regarding reported Hepatitis C cases.
*2020 case data should be interpreted with caution due to the potential impact of the COVID-19 pandemic on health care availability and utilization

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, 73% of individuals reported to DC Health as having chronic HCV between 2016 and 2020 had a documented positive HCV RNA confirmatory test. Of those having a positive HCV confirmatory test, 12% 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 8. HCV Cure Cascade, District of Columbia, 2016-2020



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.

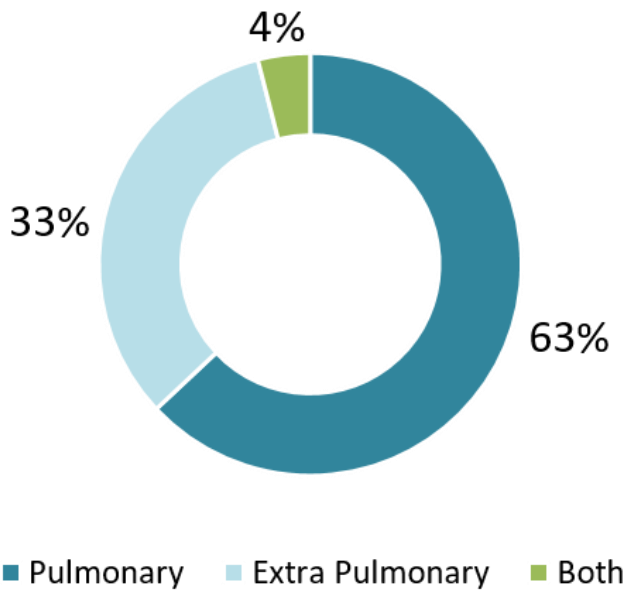
140	Number of TB cases diagnosed between 2016-2020
19	Number of new TB diagnoses in DC in 2020
0	Multidrug-resistant TB cases in 2020
15.8%	Proportion of 2020 diagnoses that co-occurred with HIV

Of those newly diagnosed with Tuberculosis in the District between 2016-2020:

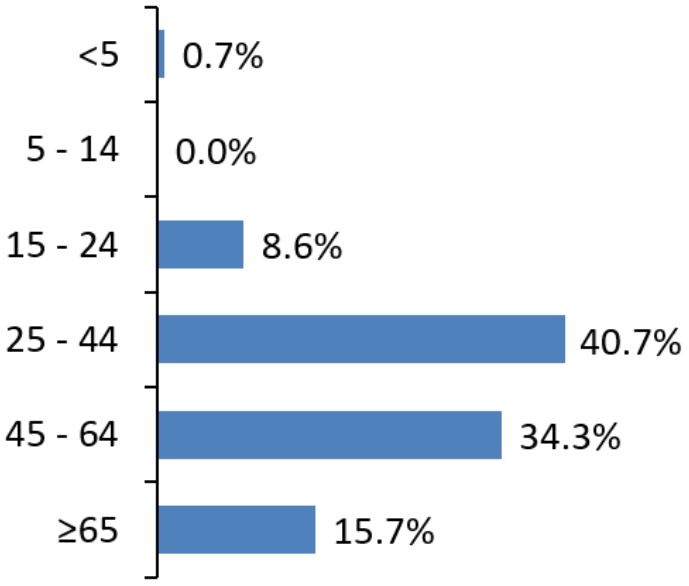
3 in 4 were Foreign-Born

1 in 12 were homeless the past 12 months

Reported Cases of Tuberculosis, by Anatomical Site, District of Columbia, 2016-2020, N=140



Proportion of Newly Diagnosed TB Cases, by Age at Diagnosis, District of Columbia, 2016-2020, N=140



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

Focus Populations

Women

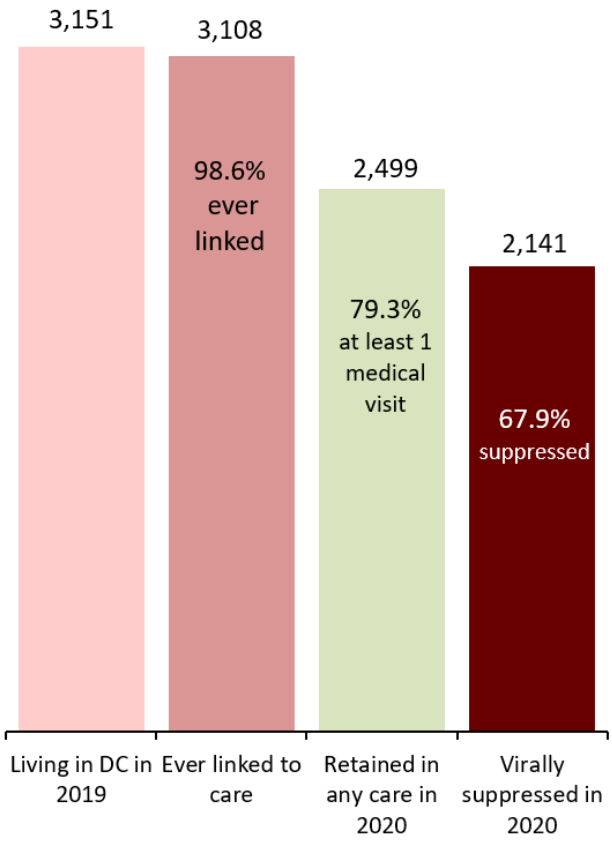
3,164	Number of Women in DC known to be living with HIV
41	Number of new HIV diagnoses among Women in DC in 2020
0.9%	Percent of Women living in DC known to be living with HIV
183%	Increase in primary or secondary Syphilis in Women 15-44 since 2016
46	Number of Women living with HIV who gave birth in 2020

Of those Women newly diagnosed with HIV in DC in 2020…

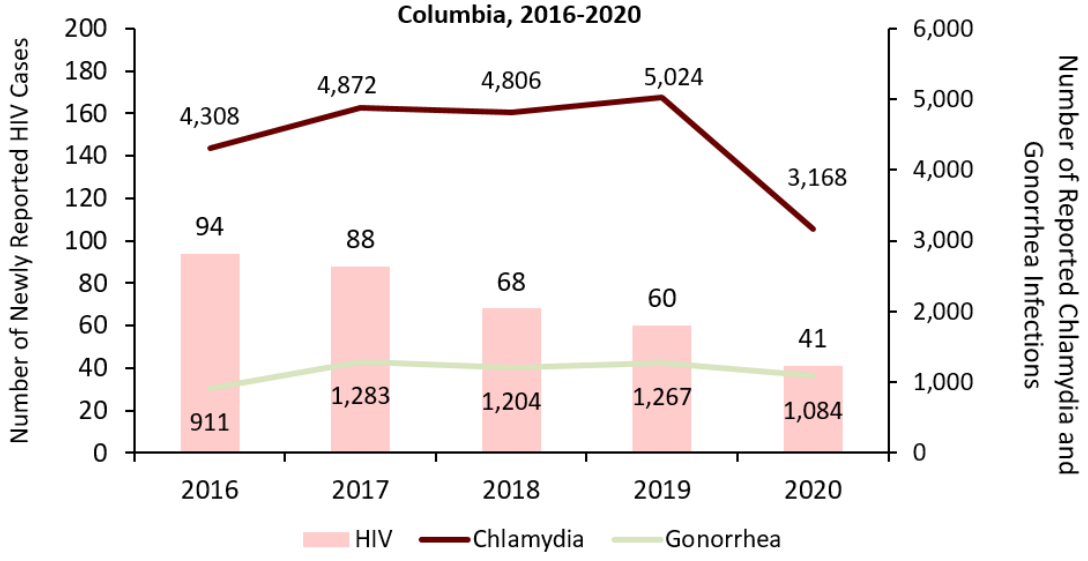
9 in 10 were Black

1 in 2 were aged 50+

HIV Care Continuum among Women Diagnosed with HIV Living in DC, 2020



Number of Newly Reported HIV, Chlamydia, and Gonorrhea cases among Women, by Year, District of Columbia, 2016-2020



Men Who Have Sex with Men

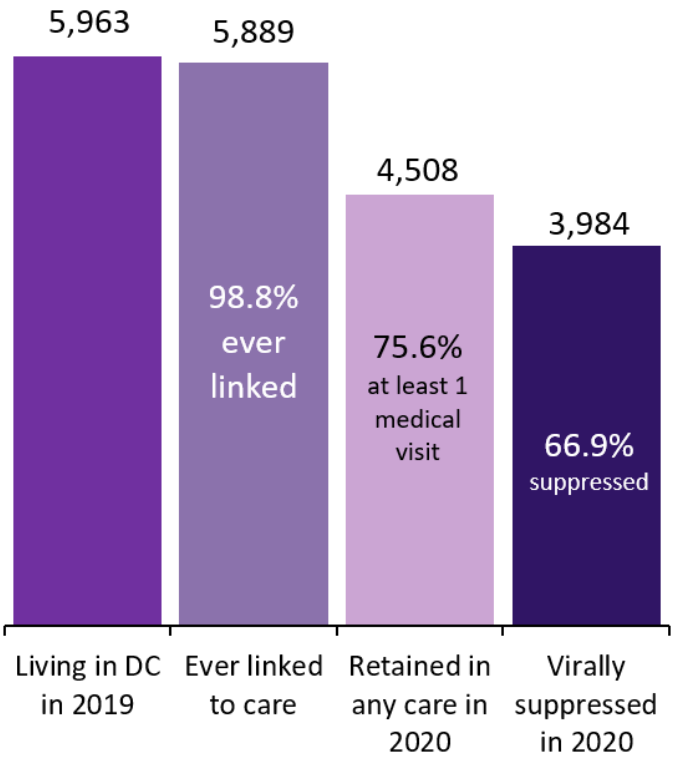
6,084 — Number of Men who have sex with men in DC known to be living with HIV

59% — Proportion of new HIV diagnoses in 2020 with a mode of transmission of MSM or MSM/IDU

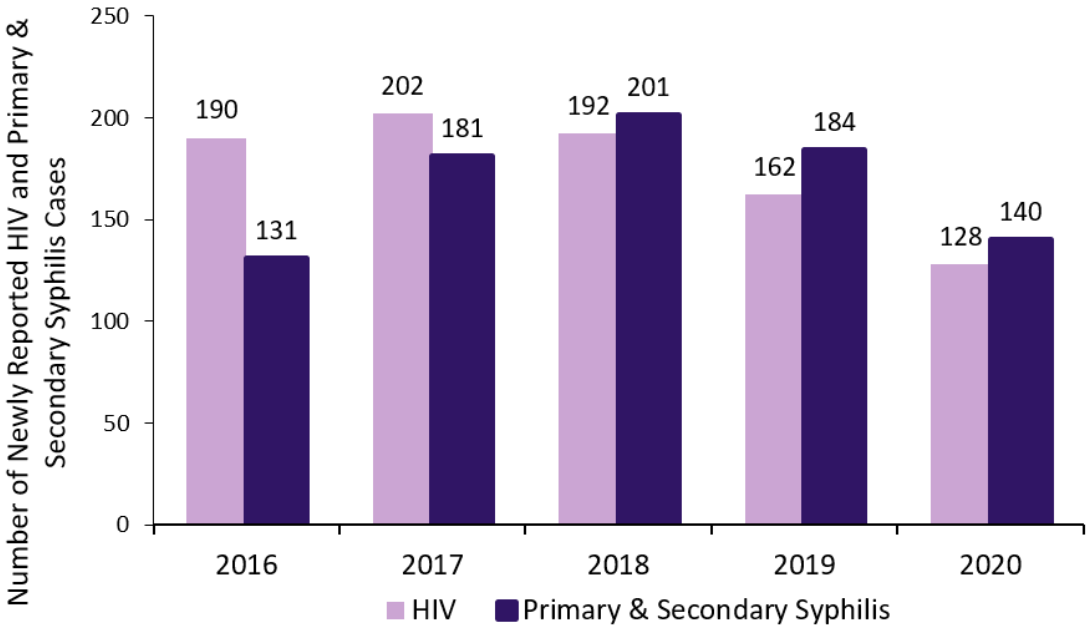
Of MSM newly diagnosed with HIV in DC in 2020…

- **6 in 10** were Black
- **3 in 10** were 25-29
- **1 in 5** were White

HIV Care Continuum among MSM Diagnosed with HIV Living in DC, 2020



Number of Newly Reported HIV and Primary & Secondary Syphilis among Men who have sex with men, by Year, District of Columbia, 2016-2020



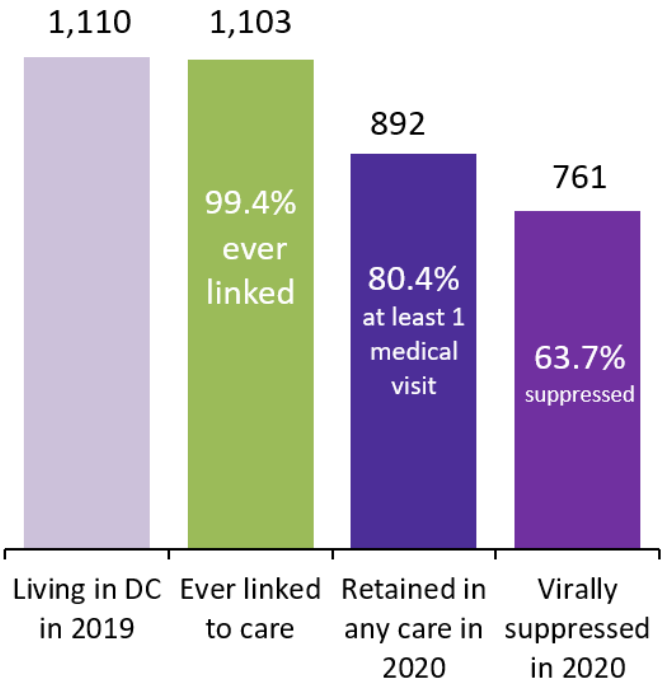
People Who Inject Drugs (PWID)

1,108 — Number of PWID in DC known to be living with HIV in 2020

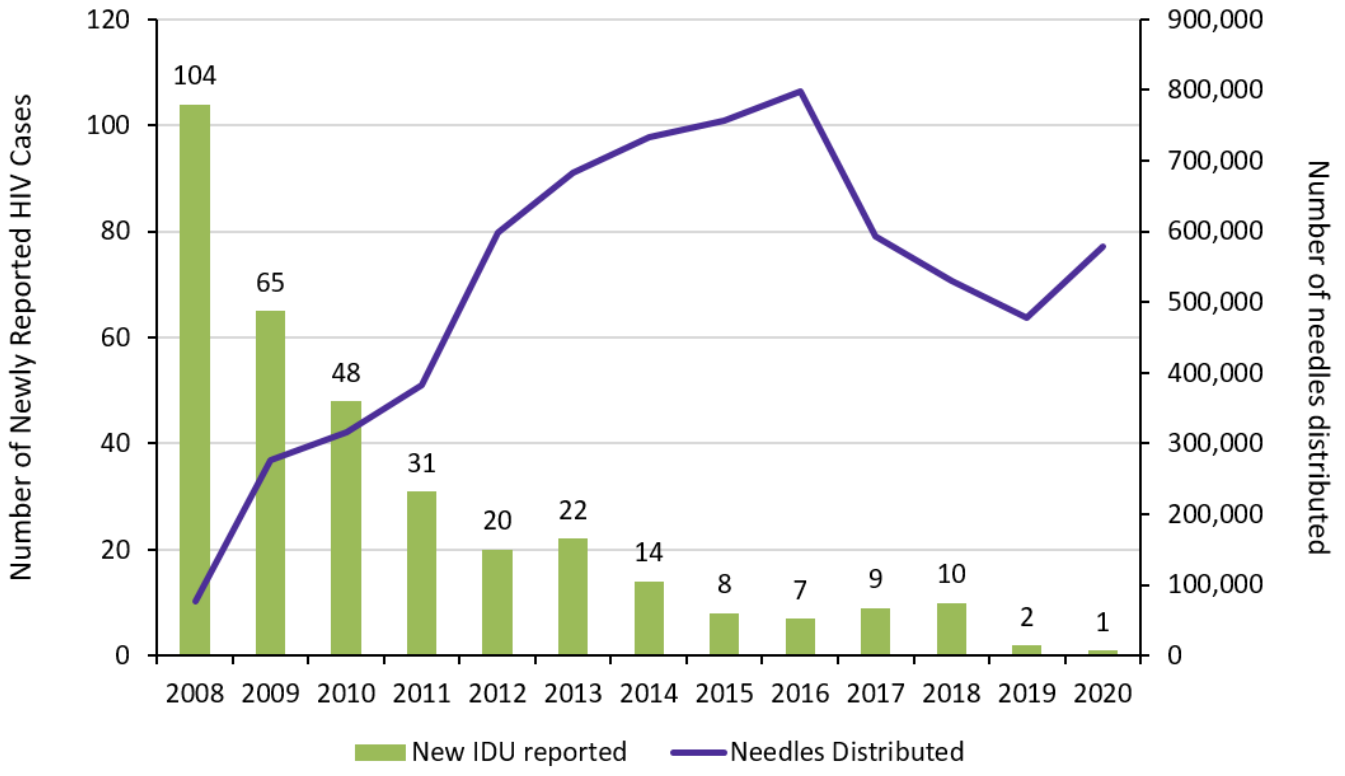
1 — Number of new HIV diagnoses among PWID in DC in 2020

Number of Narcan Partner Organizations in 2017	Number of Narcan Partner Organizations in 2020
2	82

HIV Care Continuum among PWID Diagnosed with HIV Living in DC, 2020



Newly Diagnosed PWID and the Number of Needles Distributed, by Year, District of Columbia, 2008-2020



Transgender People

270

Number of Transgender individuals in DC known to be living with HIV in 2020

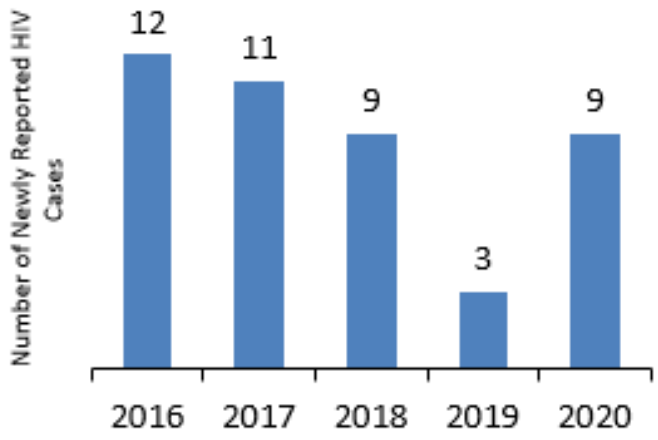
9

Number of Transgender individuals newly diagnosed with HIV in 2020

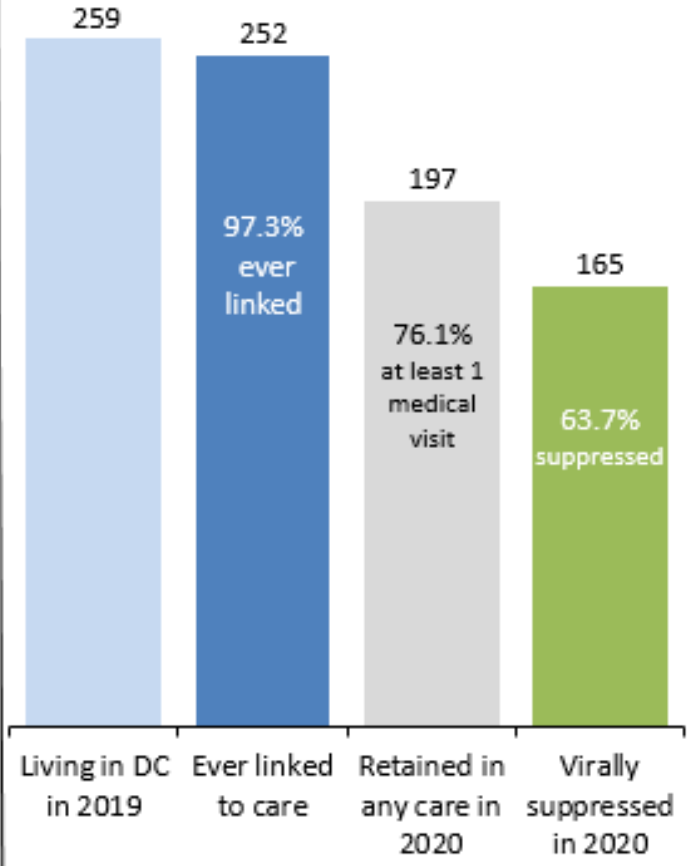
56%

Proportion of new diagnoses that were aged 30-39 in 2020

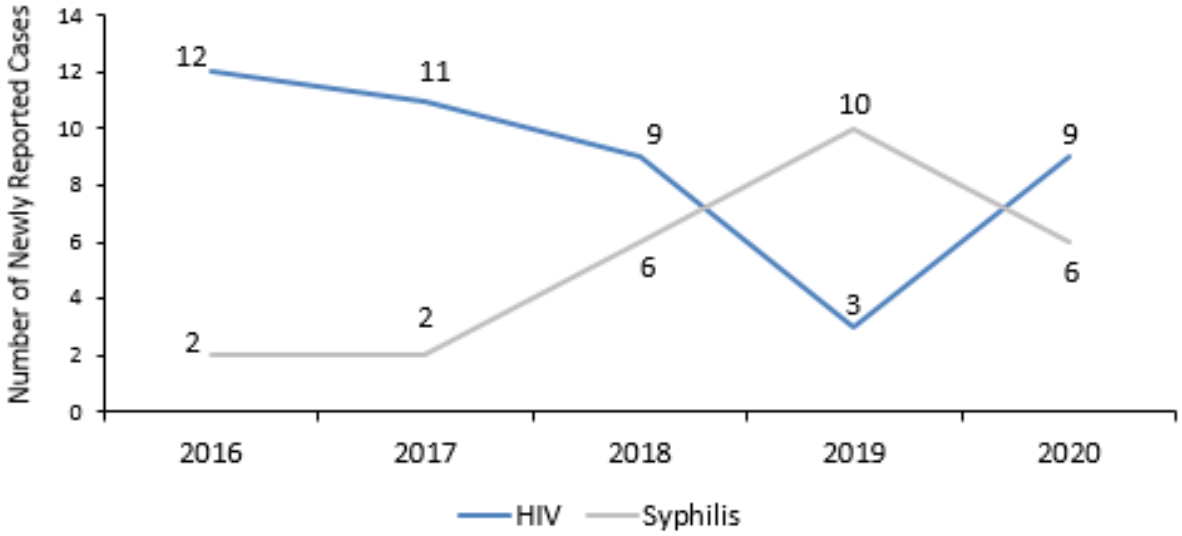
Number of New HIV Diagnoses among Transgender People, by Year, District of Columbia, 2016-2020, N=44



HIV Care Continuum among Transgender People Diagnosed with HIV Living in DC, 2020



Number of Newly Reported HIV and Primary & Secondary Syphilis among Transgender People, by Year, District of Columbia, 2016-2020



Older Adults (Aged 55 and Older)

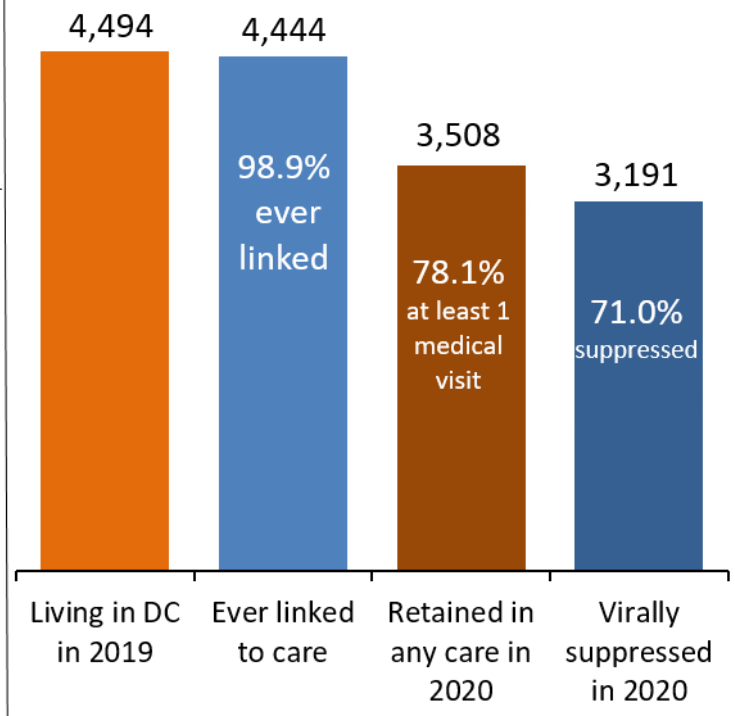
4,864 — Number of individuals aged 55+ known to be living with HIV

32 — Number of new HIV diagnoses in DC in 2020

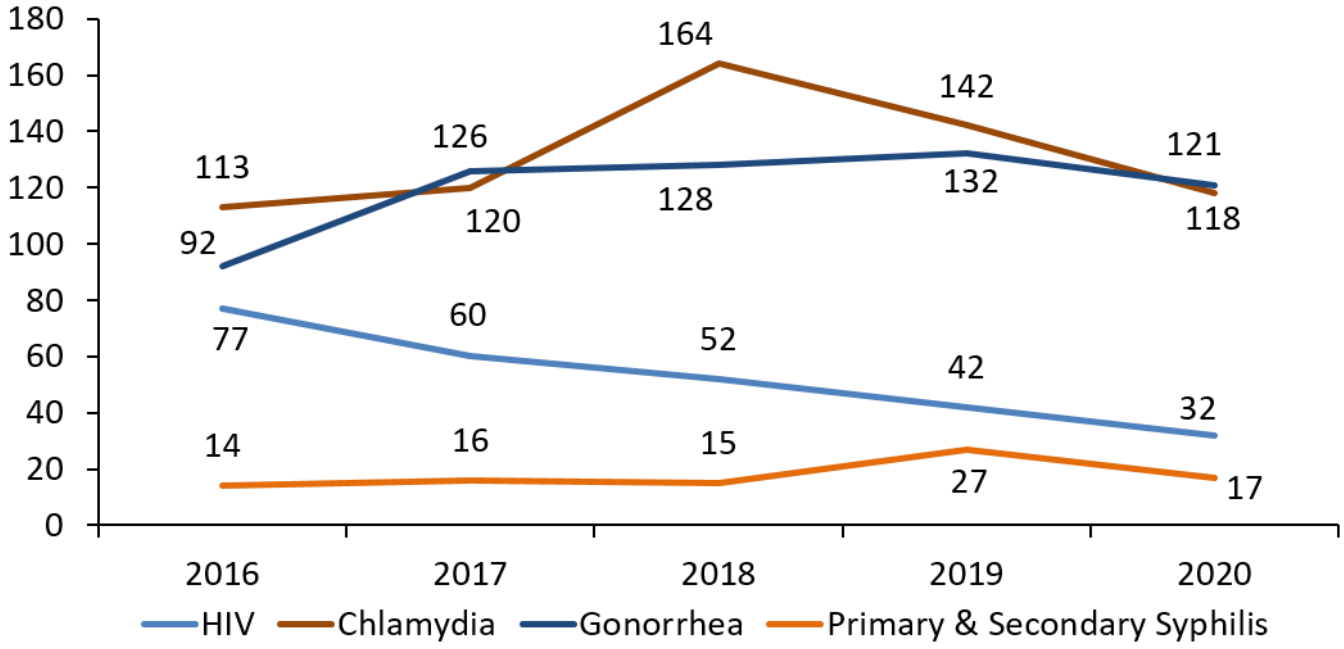
Of those newly diagnosed with HIV in DC in 2016-2020…

- **4 in 5** were Black
- **1 in 4** were Men who have sex with men
- **2 in 5** were Women

HIV Care Continuum among Persons Aged 55+ Diagnosed with HIV Living in DC, 2020



Number of Newly Reported HIV, Chlamydia, Gonorrhea and Primary & Secondary Syphilis Diagnoses among People aged 55+, by Year, District of Columbia, 2016-2020



Latinos

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

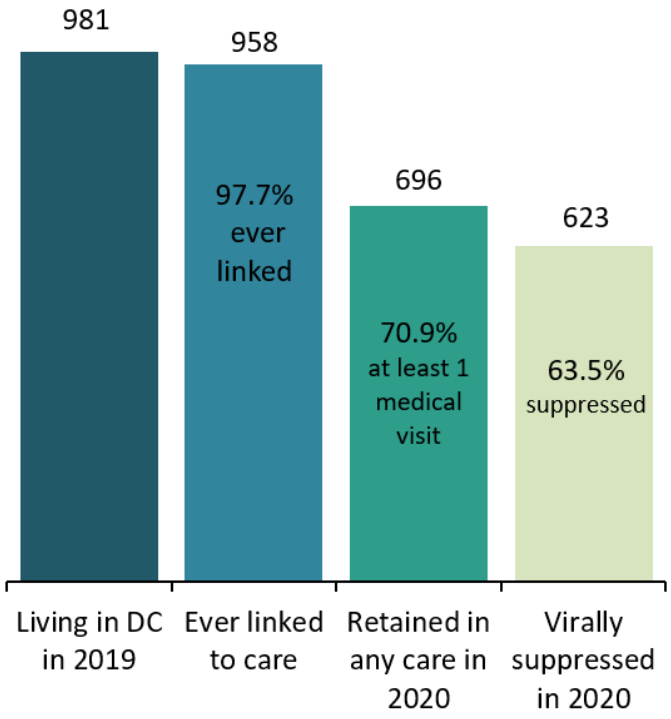
1.2% — Percent of Latinos living in DC known to be living with HIV

Of those newly diagnosed with HIV in DC in 2016-2020

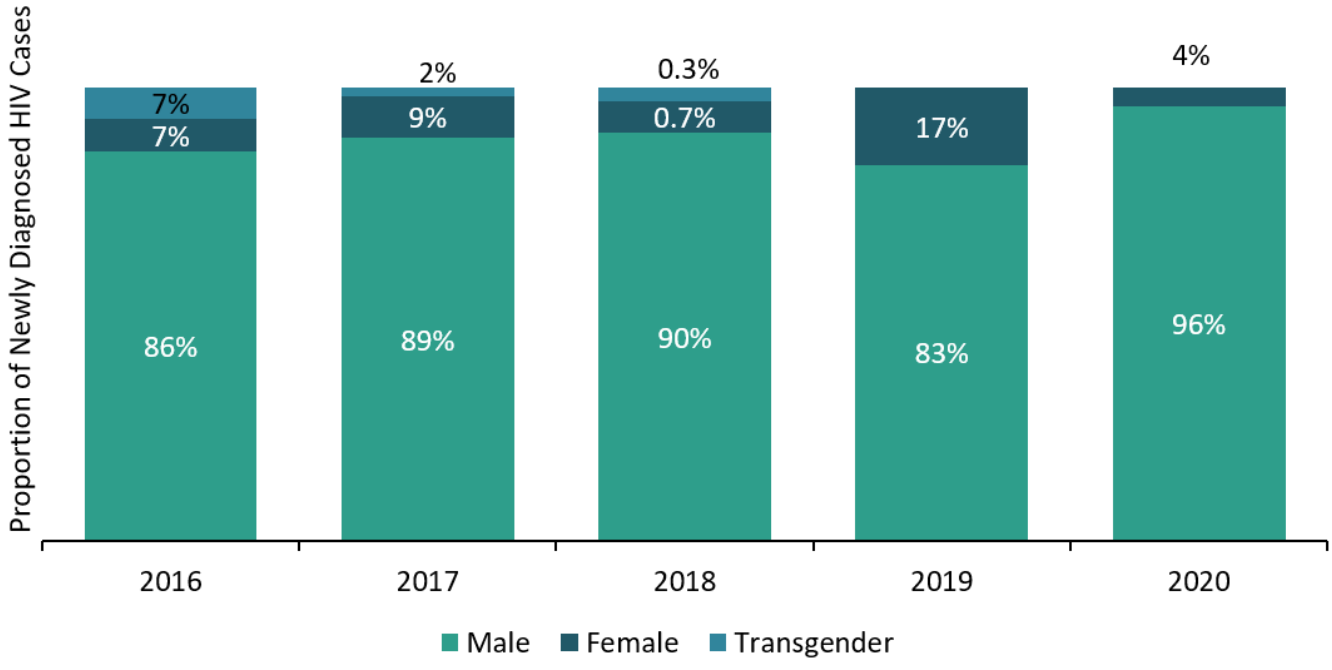
3 in 4 were Men who have sex with men

3 in 10 were aged 25-29

HIV Care Continuum among Latinos Diagnosed with HIV and Living in DC, 2020



Proportion of Newly Diagnosed Cases among Latinos, by Year and Gender Identity, District of Columbia, 2016-2020



Youth (Ages 13-24)

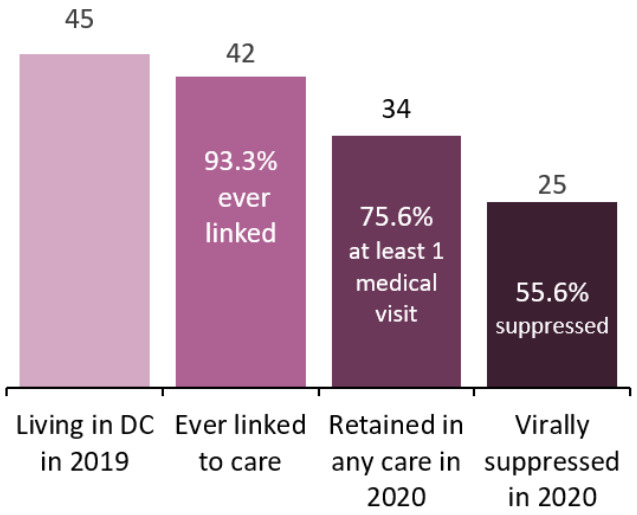
259 Number of youth in DC known to be living with HIV in 2020

0.3% HIV prevalence of youth living in DC in 2020

4.1% Incidence of Chlamydia among youth in 2020

1.3% Incidence of Gonorrhea among youth in 2020

HIV Care Continuum among Youth Aged 13-19 Diagnosed with HIV Living in DC, 2020



Of those newly diagnosed with HIV in DC in 2020…

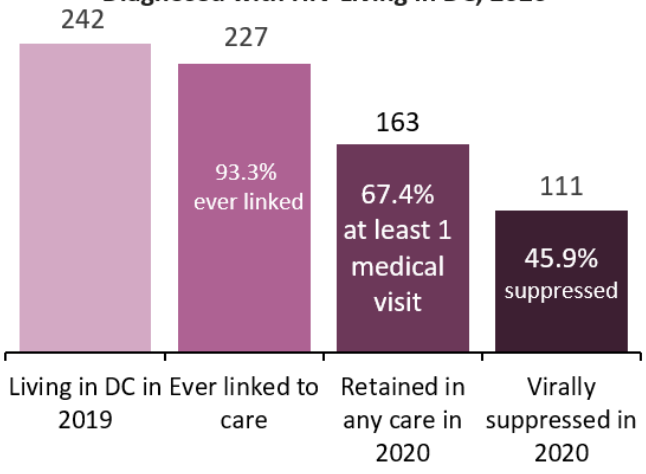
4 in 5 were Black

4 in 5 were among Men who have sex with men

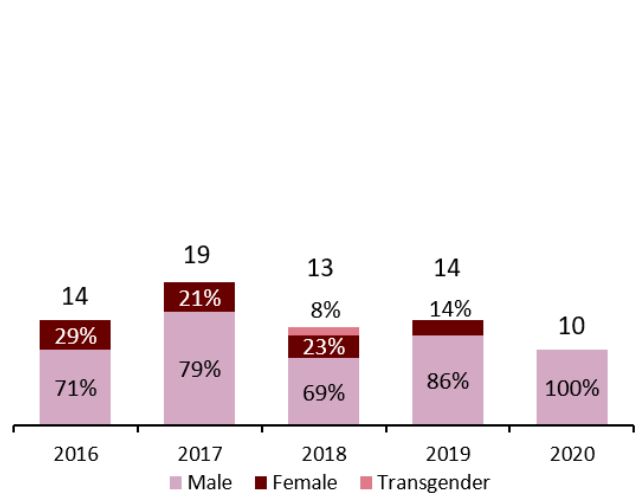
1 in 5 were aged 16-19

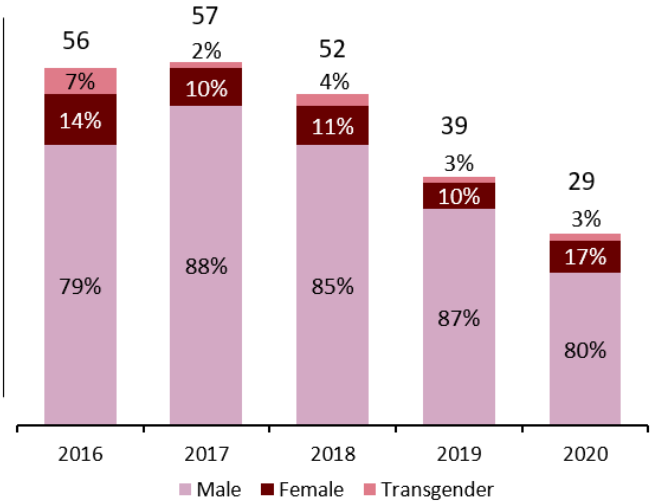
9 in 10 were Male

HIV Care Continuum among Youth Aged 20-24 Diagnosed with HIV Living in DC, 2020

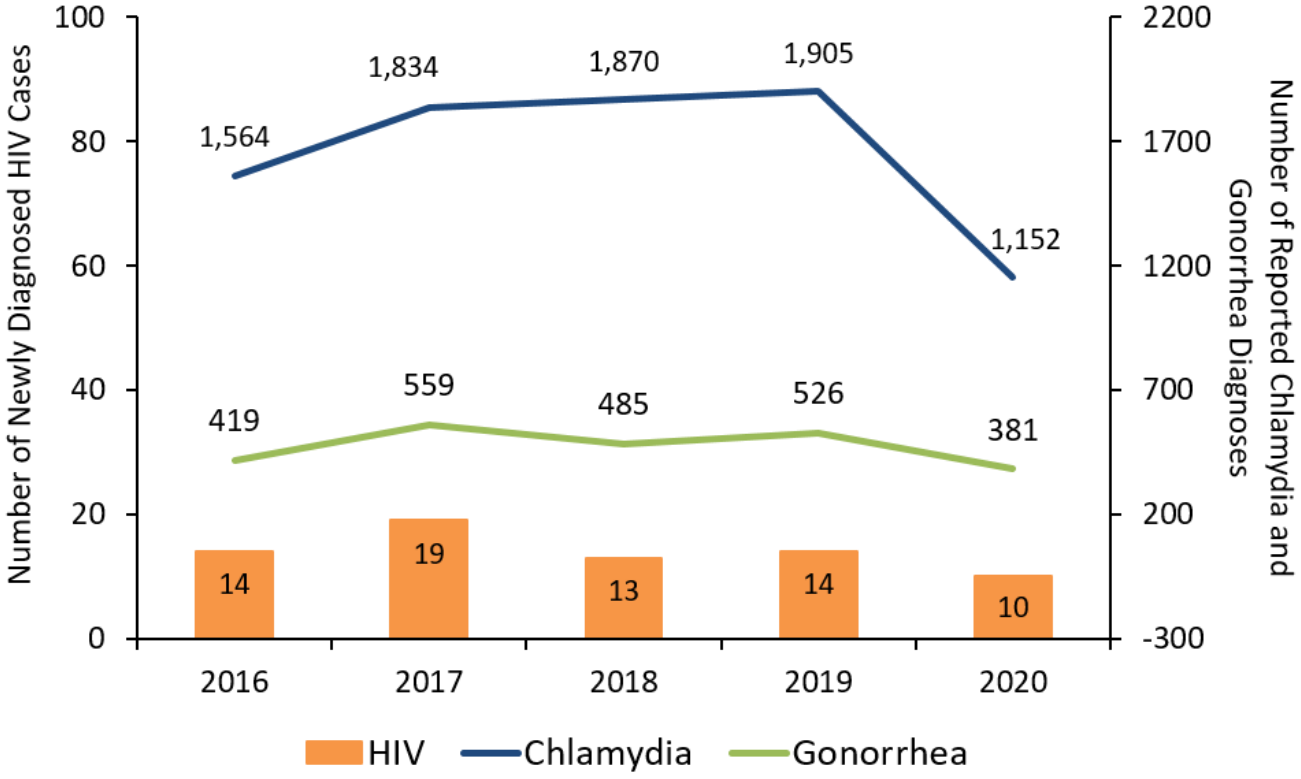


Number of Newly Diagnosed HIV Cases among Youth 13-19 and 20-24, by Year and Gender Identity, DC, 2016-2020

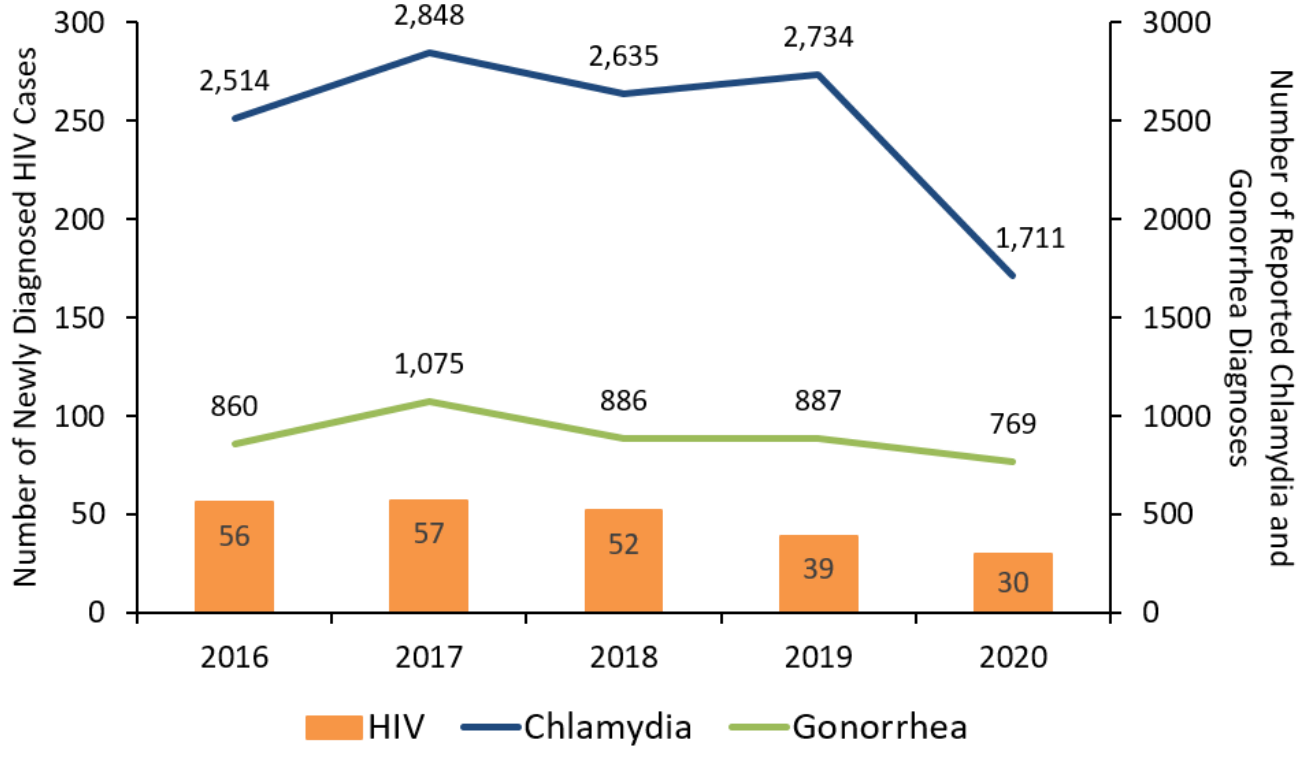




New Diagnoses of HIV, Chlamydia, and Gonorrhea among Youth Aged 13-19, District of Columbia, 2016-2020



New Diagnoses of HIV, Chlamydia, and Gonorrhea among Youth Aged 20-24, District of Columbia, 2016-2020



Foreign-Born

980

Number of Foreign-Born people living with HIV in DC at the end of 2020

13

Number of Foreign-Born people newly diagnosed with HIV in 2020

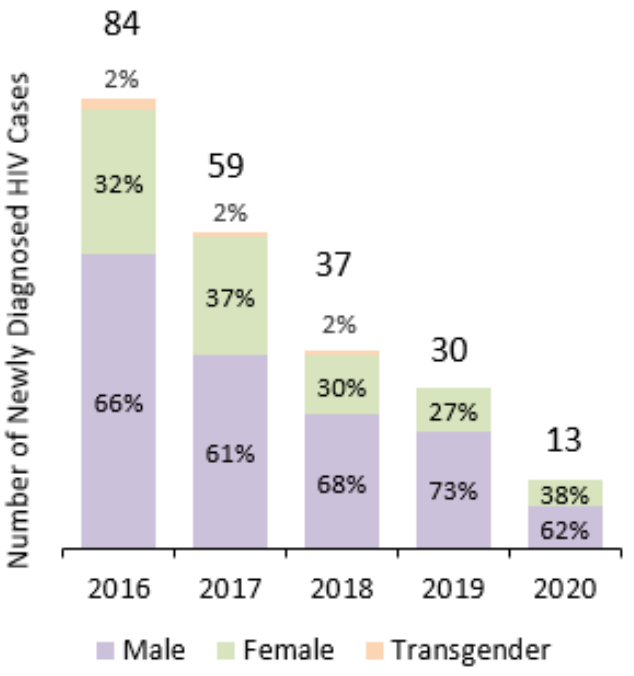
Of all Foreign-Born persons diagnosed in DC in 2020...

1 in 2 were Black

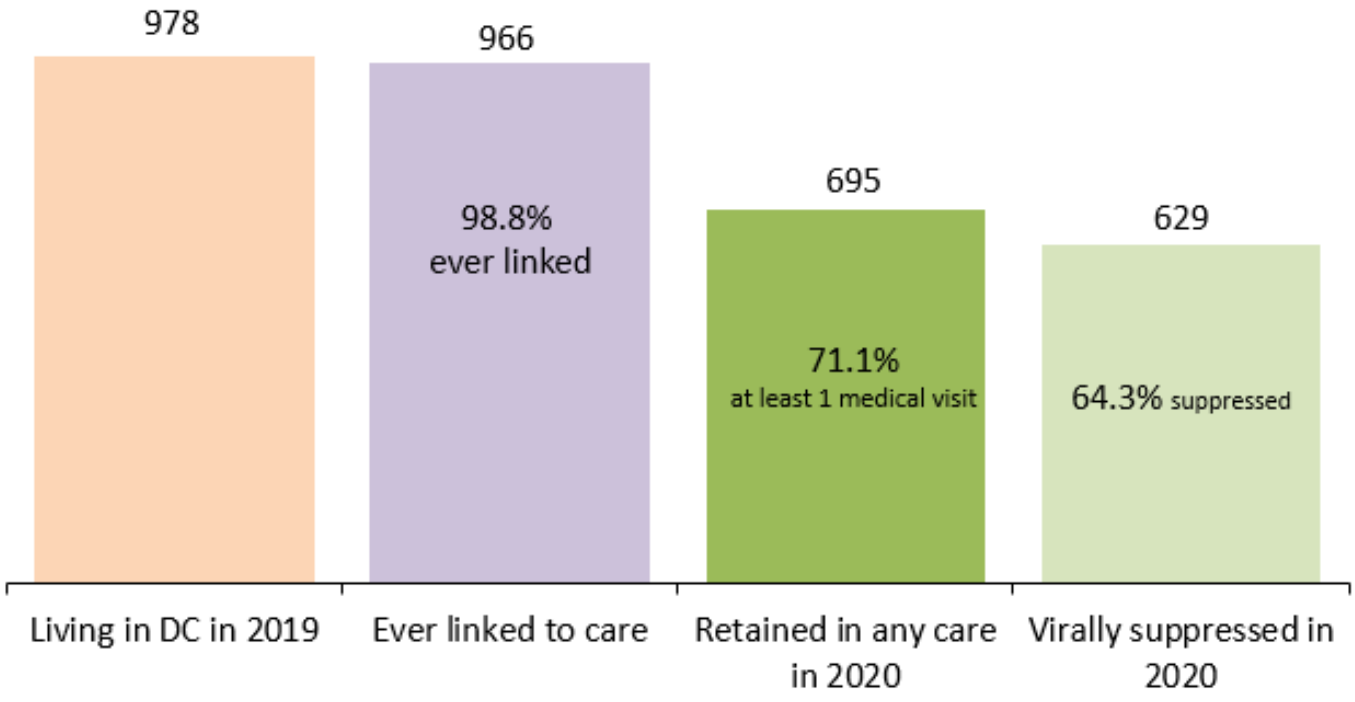
1 in 3 were aged 25-29

6 in 10 were Men

Number of New HIV Diagnoses among Foreign-Born People, by Year, District of Columbia, 2016-2020



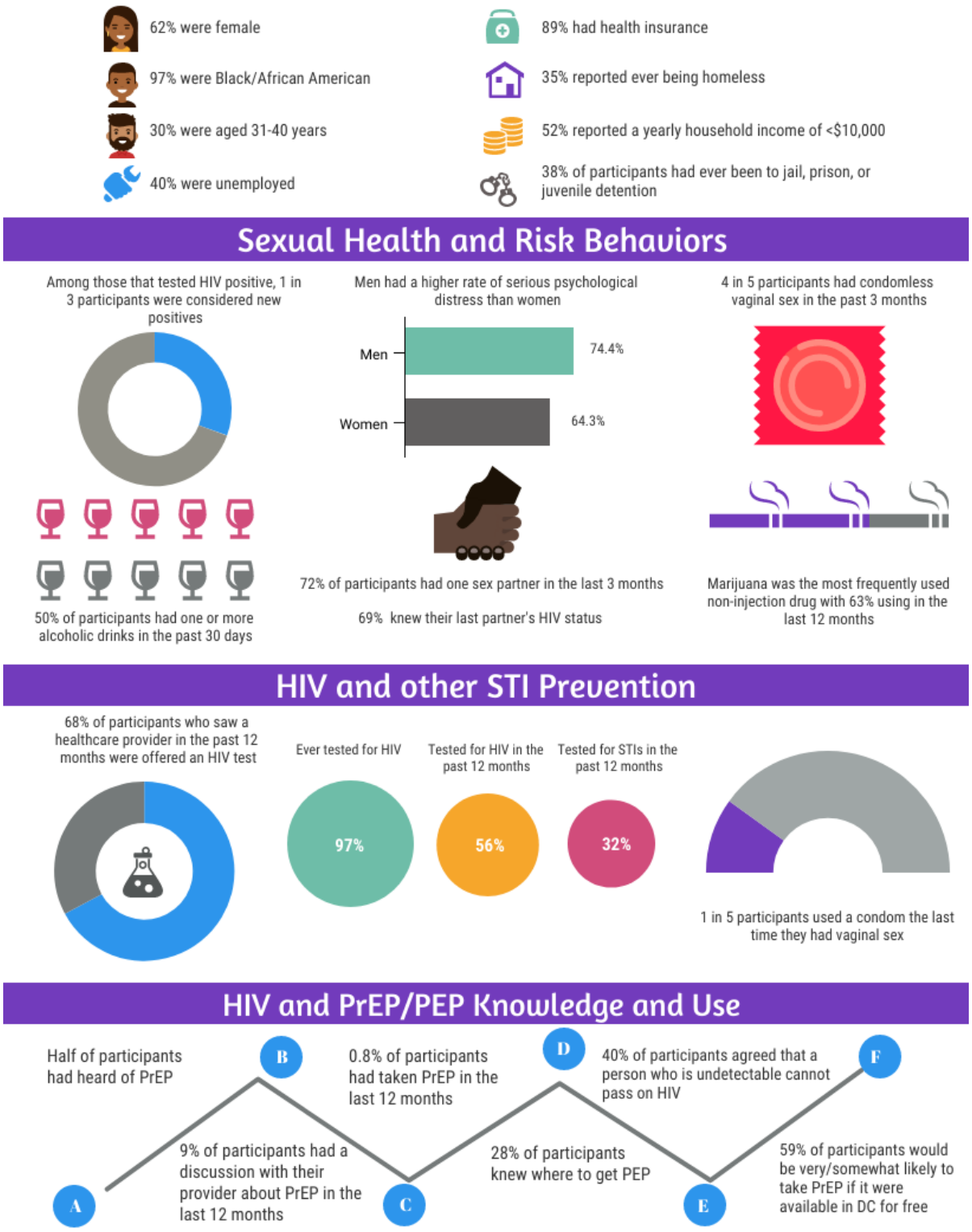
HIV Care Continuum among Foreign-Born People Diagnosed with HIV Living in DC, 2020

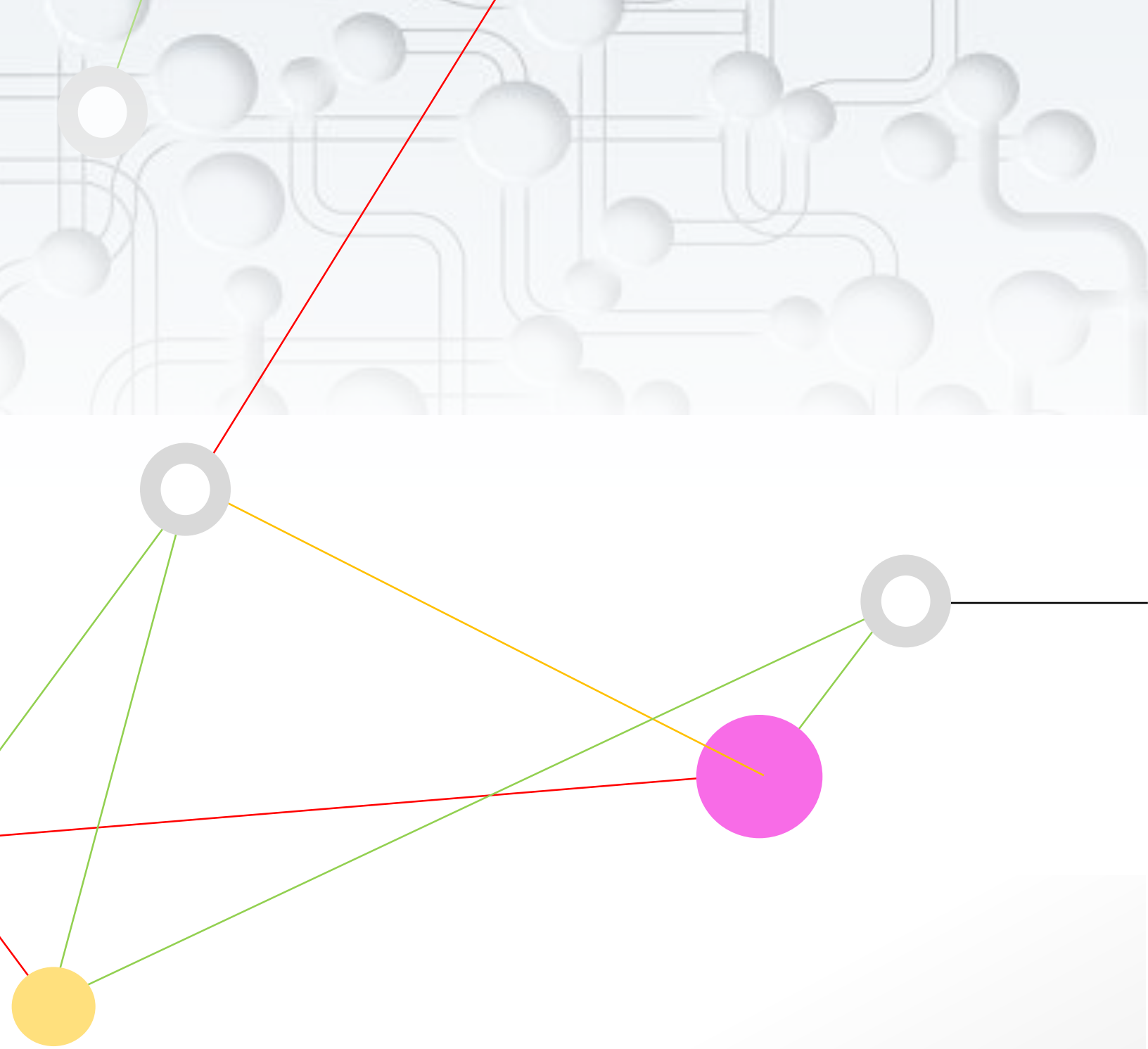


National HIV Behavioral Surveillance Study (NHBS)

Heterosexual Individuals

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 2019, heterosexual individuals were recruited throughout the DC Metropolitan Statistical Area (MSA) and were surveyed.





Government of the District of Columbia

DC Health

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

Fourth Floor

899 North Capitol Street, NE, 20002

(202) 671-4900