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MURIEL BOWSER, MAYOR

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Appendix A. Understanding Surveillance Data

To understand surveillance data, it is important to be familiar with some key terms.

Diagnosis

Newly diagnosed, or new diagnoses, are persons diagnosed with a disease in a given time period; a diagnosis could be a positive test result or could be determined by a clinician. A diagnosis does not always occur at the same time as someone is infected or gets sick; sometimes it is months or years before someone is diagnosed.

Incidence

Incidence is the number of ***new infections*** of a disease in a defined population during a specific period of time. It is important to understand the difference between incidence and 'newly diagnosed'. Incident cases, or new infections, are not always diagnosed right away. Thus, the number of new diagnoses does not necessarily reflect trends in incidence (that is, new infections). At the time of diagnosis, some individuals will have been infected recently while others will have been infected sometime in the past.

Prevalence

Prevalence is the total number of people in a population with a particular disease or condition at a given time point. Prevalence can be thought of as a snapshot of all existing cases of a disease or condition at a specified time - for instance the percentage of persons living with HIV among all persons living in the District as of December 31, 2021.

Understanding HIV Surveillance

The District of Columbia Municipal Code (22 DCMR 206) mandates reporting of all HIV and stage 3 (AIDS) diagnoses to the DC DOH. An HIV diagnosis or case refers to a person who has tested positive for HIV infection. A stage 3 (AIDS) case refers to a person who had a diagnosis of HIV infection and later had a diagnosis of stage 3 HIV disease (AIDS), or a person diagnosed with HIV and stage 3 disease (AIDS) at the same time. Stage 3 disease (AIDS) is defined by a CD4+ T-cell count less than 200 cells/μL or a stage 3 defining opportunistic infection; both of these are signs of immune system failure. Only confirmed reports of HIV and stage 3 disease cases are accepted; anonymous test results are not reported. Reports are received from a variety of sources including hospitals, private physicians' offices, community-based organizations, clinics, and laboratories. Data on HIV and stage 3 disease cases are entered into the federally issued enhanced HIV/AIDS Reporting System (eHARS) and de-identified case information is shared with CDC monthly. CDC uses these data to prepare national surveillance reports. Nearly a 20% decline in the volume of HIV, chlamydia, gonorrhea, syphilis, HBV, and HCV laboratory reports received by DC Health was documented in 2020 compared to 2019 (Figure A1). In 2021, lab reporting increased for primary and secondary syphilis (8%), chlamydia (13%), and gonorrhea (17%), but reporting for STIs was still below 2019 levels for chlamydia and syphilis. Hepatitis B and C saw a small decline of 4% and 8% respectively from 2020 to 2021. HIV lab volume decreased further from 2020 to 2021 with a 20% decline, and an overall decline from 2019 of 32% (Figure 1A). Please note that the term 'HIV' encompasses all persons living with HIV infection regardless of their stage of disease (including persons diagnosed with HIV infection who have not progressed to stage 3 disease (AIDS); persons who were diagnosed with HIV infection and stage 3 disease at the same time; and persons who were diagnosed

with HIV infection and later received a stage 3 diagnosis). This is consistent CDC HIV surveillance categorization and reports.

Understanding Sexually Transmitted Infections (STI) Surveillance

Currently, chlamydia, gonorrhea, and syphilis are the only STIs for which surveillance data are routinely collected and analyzed in the District. Local reporting laws require all clinicians and laboratories to report findings relevant to STIs – including positive test results, patients receiving STI treatment, and suspicious STI-related symptoms – to the department of health.

STI morbidity reports should include the patient's name, address, and requested demographic information (sex, age, race, ethnicity, etc.); however, demographic information is often missing from these reports. The percentage of cases missing pertinent data varies depending on the disease and the variable of interest.

Data on race and ethnicity are reported separately and are not mutually exclusive variables. To avoid the double counting of individuals reporting both a race and ethnicity, information regarding the racial/ethnic background of reported infection cases has been consolidated into one variable. The Latino category under race/ethnicity for all STI tables and graphics included in this report includes individuals of any race reporting Latino ethnicity.

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

Understanding Viral Hepatitis Surveillance

Viral hepatitis is a nationally and locally reportable disease. The District of Columbia municipal code (22 DCMR Chapter 2 201.5) mandates reporting of "hepatitis, infections and serum" by healthcare providers, medical institutions, and laboratories. HAHSTA holds primary responsibility for hepatitis B (HBV) and hepatitis C (HCV) surveillance activities, while hepatitis A (HAV) is monitored by a separate administration within DC Health. Viral hepatitis surveillance activities within the District have historically been passive with laboratory reports serving as the primary source of information regarding the occurrence of infection. DC Health recently received federal funding for local viral hepatitis surveillance efforts and will be implementing active case investigation and monitoring, including the promotion of the utilization of provider case report forms and the collection of additional information regarding the demographics, risk factors, and treatment patterns of diagnosed individuals.

Surveillance data presented in the current report focuses of probable and confirmed HBV and HCV cases as defined by the Centers for Disease Control and Prevention (CDC). Data presented in the annual report includes a focus on newly reported cases from 2017 through 2021 and all positive chronic cases during this timeframe. All positive chronic cases includes both newly reported and previously reported cases.

Understanding Tuberculosis Surveillance

In the District of Columbia, active tuberculosis (TB) is a reportable condition by medical providers and laboratories. Medical providers must report anyone diagnosed with, or who has symptoms suspicious of TB. Laboratories are required to report preliminary and confirmatory tests indicative of active TB. In any given year approximately 25 to 30% of initial reports of persons with suspicious clinical or laboratory findings will be verified as active TB by laboratory confirmation or clinical case definition. Receiving initial reports allows HAHSTA to begin immediate medical and epidemiological follow-up on suspect cases;

this is done to interrupt potential disease transmission while the person waits for final results, which could take as long as eight weeks.

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 2020-2021. 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). A substantial decline in new diagnoses 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 2020 and remained relatively stable for the remainder of the year. Reporting was more consistent in 2021, with a slight dip in diagnosed primary and secondary syphilis cases in April and May. In 2021, lab reporting increased for primary and secondary syphilis (8%), chlamydia (13%), and gonorrhea (17%), but reporting for STIs was still below 2019 levels for chlamydia and syphilis. Hepatitis B and C saw a small decline of 4% and 8% respectively from 2020 to 2021. HIV lab volume decreased further from 2020 to 2021 with a 20% decline, and an overall decline from 2019 of 32% (Appendix Figure 1A). Given disruptions to screening services, the potential for underdiagnosis and underreporting is most substantial for those with asymptomatic infections.

All 2020 and 2021 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 A1. Volume of HIV, Primary & Secondary Syphilis, Chlamydia, Gonorrhea, HBV, and HCV laboratory reports received by DC Health comparing 2019-2021, District of Columbia

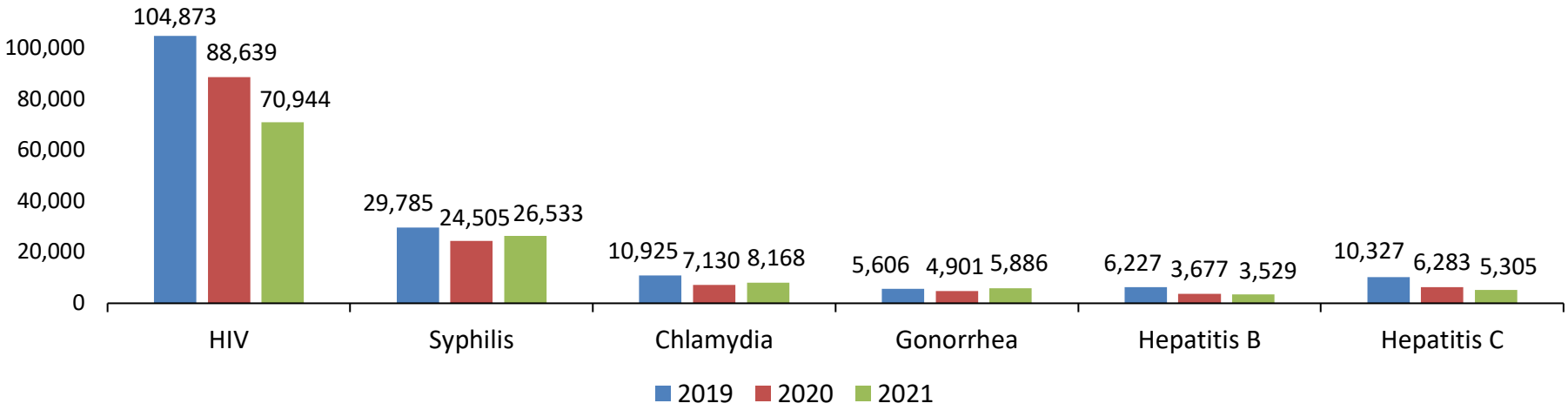

Table A1. Type of facility at HIV Diagnosis by Year of Diagnosis, District of Columbia, 2017-2021

Facility Type	2017		2018		2019		2020		2021		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
FQHC or CHC	150	38.9	111	33.5	97	35.5	77	35.2	71	30.9	506	35.2
Hospital	82	21.2	61	18.4	59	21.6	53	24.2	66	28.7	321	22.3
Hospital-based clinic	44	11.4	28	8.5	27	9.9	10	4.6	7	3.0	116	8.1
Private Practice	28	7.3	20	6.0	42	15.4	29	13.2	25	10.9	144	10.0
HMO	13	3.4	13	3.9	13	4.8	5	2.3	5	2.2	49	3.4
Health Department	3	0.8	7	2.1	8	2.9	19	8.7	19	8.3	56	3.9
CBO	0	0.0	0	0	0	0	0	0	1	0.4	1	0.1
Corrections	1	0.3	1	0.3	4	1.5	2	0.9	0	0	8	0.6
Urgent care	2	0.5	5	1.5	2	0.7	3	1.4	2	0.9	14	1.0
Military or Veterans	2	0.5	5	1.5	3	1.1	0	0	0	0	10	0.7
Student health center	0	0.0	2	0.6	1	0.4	0	0	0	0	3	0.2
Other	0	0.0	3	0.9	5	1.8	2	0.9	0	0	10	0.7
Missing	61	15.8	75	22.7	12	4.4	19	8.7	34	14.8	201	14.0
Total	**386**	**100**	**331**	**100**	**273**	**100**	**219**	**100**	**230**	**100**	**1,439**	**100**

Understanding the District of Columbia HIV Prevalence Estimate

There were 1,439 newly diagnosed HIV cases reported between 2017 and 2021. The total number of persons living with HIV in the District diagnosed with HIV who were residents of the District and alive decreased compared to last year's report. Reasons for this change in these data include the following:

1. **Completeness of vital status data continues to improve**. Annually, HAHSTA matches HIV cases with the DC Department of Health Vital Records Registry, national Social Security Death Master File, and the National Death Index to determine the vital status of persons diagnosed with HIV in the District. While HAHSTA routinely receives information regarding District of Columbia residents who have died, national death registry matches provide information about persons diagnosed in the District who moved outside the District and have died outside of the District. Executing matches with the national death registries reduces case counts, resulting in a more accurate prevalence estimate of persons living with HIV in the District.
2. **CDC routinely notifies HAHSTA if an HIV case reported in DC appears to be the same person reported in another state or jurisdiction**. CDC makes this determination based on the soundex (a phonetic algorithm for indexing names) of a person's name, date of birth, and sex at birth; CDC does not have access to names, so matches must be determined through this process. Each case is investigated to determine if both states/jurisdictions are reporting on the same individual. If such a determination is made, the state with the earliest report date counts the case as diagnosed with HIV in their jurisdiction. The summary table on the previous page shows the number of times newly diagnosed cases were identified as a possible duplicate report and the number and proportion of possible duplicates that were assigned to another state or jurisdiction.

Table A2. The number of potential duplicate HIV cases identified and proportion assigned to another jurisdiction, District of Columbia, 2017-2021

Year of HIV Diagnosis	Potential Duplicate Cases Identified	Cases Assigned to Another State/Jurisdiction	
		N	%
2017	1226	599	48.9
2018	811	433	53.4
2019	451	258	57.2
2020	297	153	51.5
2021	292	148	50.7

3. **Change in method of prevalence calculation**. HAHSTA has included all HIV cases who are living in DC, regardless of where they were diagnosed in the prevalence calculation to fully reflect the current HIV epidemic in Washington, DC.

$$\text{Prevalence Calculation: } \frac{\text{11,904 people living with HIV in DC as of December, 2021}}{\text{670,050 people living in the District, 2021}} = 1.8\%$$

Table A3. Total Living HIV Cases and Rates of HIV based on estimated 2021 DC Population by Gender Identity, Race/Ethnicity, and Age

	Total Living HIV Cases, 2021		Estimated DC Population†, 2021		Rate per 100,000
Gender Identity	N	%	N	%	
Male	8,529	71.6	318,904	47.6	2,674.5
Female	3,096	26.0	351,146	52.4	881.7
Transgender‡	278	2.3	N/A	N/A	N/A
Missing	1	0.0	N/A	N/A	N/A
Race/Ethnicity*					
White	1,767	14.8	249,751	37.3	707.5
Black	8,448	71.0	295,889	44.2	2,855.1
Latino	1,000	8.4	76,919	11.5	1,300.1
Other	689	5.8	47,491	7.1	1,450.8
Current Age					
<13	13	0.1	98,133	14.6	13.2
13-19	32	0.3	47,577	7.1	67.3
20-24	186	1.6	45,630	6.8	407.6
25-29	579	4.9	70,000	10.4	827.1
30-39	2,349	19.7	138,606	20.7	1,694.7
40-49	2,307	19.4	83,634	12.5	2,758.4
50-59	3,342	28.1	68,718	10.3	4,863.4
60 and older	3,093	26.0	117,752	17.6	2,626.7
Missing	3	0.0	0		N/A
Total	11,904	100%	670,050	100	1,776.6
Male					
White	1,701	19.9	124,810	39.1	1,362.9
Black	5,450	63.9	134,497	42.2	4,052.1
Latino	852	10.0	38,820	12.2	2,194.7
Other	526	6.2	20,777	6.5	2,531.6
Total	8,529	100%	318,904	100%	2,674.5
Female					
White	52	1.7	124,941	35.6	41.6
Black	2,789	90.1	161,392	46.0	1728.1
Latino	114	3.7	38,099	10.8	299.2
Other	141	4.6	26,714	7.6	527.8
Total	3,096	100%	351,146	100%	881.68
Transgender‡					
White	14	5.0	N/A	N/A	N/A
Black	209	75.2	N/A	N/A	N/A
Latino	34	12.2	N/A	N/A	N/A
Other	21	7.6	N/A	N/A	N/A

Total	278	100%				

†Source: 2021 US Census Estimates

*Race and ethnicity are combined for this report into mutually exclusive categories. Individuals identified as Hispanic or Latino are included in the Latino group. White, Black, and Other race/ethnicity does not include Latino individuals. The term "Latino" is used in place of "Latinx" due to local focus group data revealing that many Latinos in DC do not identify with the term Latinx. However, in recognition of the gendered nature of the Spanish language, our use of "Latino" includes everyone on the gender spectrum. Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiians, Pacific Islanders, and unknown.

ǂPopulation data on Transgender individuals are not collected by the US Census, therefore prevalence rates are not able to be calculated.

4. **Increase in DC population.** The District of Columbia's population is changing as evidenced by the 2010 US Census and 2021 US Census data estimates. The table depicts the percent change between the 2010 Census and 2021 Census estimates. There was 10.7% increase in the total number of persons living in the District.

Table A4. Increase in Population from 2010 to 2021, District of Columbia

	DC Population 2010*	Estimated DC Population**, 2021	Percent change
Sex	N	N	%
Male	285,953	318,904	11.5
Female	319,273	351,146	10.0
Total	605,226	670,050	10.7
Race/Ethnicity			
White	211,946	249,751	17.8
Black	302,598	295,889	-2.2
Latino	55,847	76,919	37.7
Other*	34,835	47,491	36.3
Total	605,226	670,050	10.7
Current Age			
<13	74,288	98,133	32.1
13-19	49,920	47,577	-4.7
20-29	133,980	115,630	-13.7
30-39	99,467	138,606	39.3
40-49	76,652	83,634	9.1
50-59	71,763	68,718	-4.2
60 and older	99,156	117,752	18.8
Total	605,226	670,050	10.7

ǂPopulation data on Transgender individuals are not collected by the US Census

*Source: 2010 US Census **Source: 2021 US Census Estimates

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

The composition of District residents also changed by race/ethnicity and age. The number of Latinos living in the District increased by 37.7%, and the number of those classified as other race increased by 36.3%. The change among Blacks was -2.2%, the only race/ethnicity group showing a decline in population. In addition, the population between 0 and 12 years of age increased by 32.1%, while the population between 20 and 29 years of age decreased by 13.7%. It is also important to note that the population between 30 and 39 years of age increased by 39.3%.

Understanding the HIV Incidence Estimate

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

Methodology of the HIV Incidence Estimate

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

Limitations and Assumptions of the Incidence Estimate

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

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

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

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

- **Reliability**: Per CDC guidance, a percent change in new HIV diagnoses greater than 17% from one year to the next renders the HIV incidence estimate unreliable.

Understanding HIV Clinical Outcomes

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

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

Understanding Surveillance for HIV Drug Resistance

The objective of surveillance for HIV drug resistance is to understand trends in the prevalence of resistance to particular drug classes in DC. Drug resistance occurs when the HIV virus adapts to the effects of particular drugs, making them ineffective to treat the infection. Genetic sequence testing is an essential tool for assessing an individual's drug resistance and developing an effective treatment plan. The 2021 HIV Transmitted Drug Resistance profile provides information about HIV drug resistance among DC residents newly diagnosed with HIV during the five-year span from 2017-2021.

Table A5. Antiretroviral Drug Classes and Drug Resistance Definitions

Term	Definition
Integrase Strand Transfer Inhibitors (INSTIs)	Class of drugs used to prevent the HIV virus from making copies within the cell
Nucleotide Reverse Transcriptase Inhibitors (NRTIs)	Class of drugs used to prevent the HIV virus from making copies within the cell
Non-Nucleotide Reverse Transcriptase Inhibitors (NNRTIs)	Class of drugs used to prevent the HIV virus from making copies within the cell
Protease Inhibitors (PIs)	Class of drugs used to prevent the virus from growing within the cell
Susceptible*	No evidence of ARV resistance
Low Level Resistance*	The predicted level of resistance is similar to those with suboptimal response to treatment with the drug.
Intermediate Resistance*	The predicted level of resistance may reduce drug effectiveness.
High Level Resistance*	The predicted level of resistance is similar to those with the highest levels of drug resistance.
*Definitions and susceptibility were ascertained from the Stanford University Sierra HIV Drug Resistance Database. https://hivdb.stanford.edu/page/release-notes/	

Limitations and Assumptions of HIV Drug Resistance

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

Appendix B. Supplementary Tables and Figures

Table B1. People Living with HIV in the District of Columbia as of December 31, 2021, by Gender Identity, Current Age, Race/Ethnicity, and Mode of Transmission

	DC residents at diagnosis		DC residents at HIV diagnosis, still in DC		In-migrants: Diagnosed out of jurisdiction, now in DC		People living in DC diagnosed with HIV (total)		Out-migrants diagnosed in DC but now living out of jurisdiction	
	N	%	N	%	N	%	N	%	N	%
Gender Identity										
Male	13,152	73.2	6,737	69.1	1,792	83.0	8,529	71.6	6,415	78.0
Female	4,473	24.9	2,787	28.6	309	14.3	3,096	26.0	1,686	20.5
Transgender	348	1.9	221	2.3	57	2.6	278	2.3	127	1.5
Missing	2	0.0	1	0.0	-	-	1	0.0	1	0.0
Total	17,975	100	9,746	100	2,158	100	11,904	100	8,229	100
Current Age										
<13	9	0.1	6	0.1	7	0.3	13	0.1	3	0.0
13-19	42	0.2	26	0.3	6	0.3	32	0.3	16	0.2
20-24	171	1.0	137	1.4	49	2.3	186	1.6	34	0.4
25-29	588	3.3	420	4.3	159	7.4	579	4.9	168	2.0
30-39	2,784	15.5	1,658	17.0	691	32.0	2,349	19.7	1,126	13.7
40-49	3,531	19.6	1,869	19.2	438	20.3	2,307	19.4	1,662	20.2
50-59	5,415	30.1	2,857	29.3	484	22.4	3,342	28.1	2,558	31.1
60+	5,431	30.2	2,769	28.4	324	15.0	3,093	26.0	2,662	32.3
Missing	4	0.0	4	0.0	0	0.0	3	0.0	-	0.0
Total	17,975	100	9,746	100	2,158	100	11,904	100	8,229	100
Race/Ethnicity										
White	2,915	16.2	1,318	13.5	449	20.8	1,767	14.8	1,597	19.4
Black	12,164	67.7	7,185	73.7	1,263	58.5	8,448	71.0	4,979	60.5
Latino	1,517	8.4	758	7.8	242	11.2	1,000	8.4	759	9.2
Other*	1,379	7.7	485	5.0	204	9.5	689	5.8	894	10.9
Total	17,975	100	9,746	100	2,158	100	11,904	100	8,229	100
Mode of Transmission										
Sexual contact	13,247	73.7	7,249	74.4	1,719	79.7	8,968	75.3	5,998	72.9
Injection drug use (IDU)	1,831	10.2	956	9.8	87	4.0	1,043	8.8	875	10.6
Sexual contact/IDU	887	4.9	365	3.7	105	4.9	470	3.9	522	6.3
Other**	205	1.1	108	1.1	32	1.5	140	1.2	97	1.2

Risk not identified	1,805	10.0	1,068	11.0	215	10.0	1,283	10.8	737	9.0
Total	17,975	100	9,746	100	2,158	100	11,904	100	8,229	100

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

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

Table B2. People Living with HIV in the District of Columbia as of December 31, 2021, by Gender Identity and Mode of Transmission

	DC residents at diagnosis		DC residents at HIV diagnosis, still in DC		In-migrants: Diagnosed out of jurisdiction, now in DC		People living in DC diagnosed with HIV (total)		Out-migrants diagnosed in DC but now living out of jurisdiction	
	N	%	N	%	N	%	N	%	N	%
Male										
MSM	8,414	64.0	4,223	62.7	1,364	76.1	5,587	65.5	4,191	65.3
IDU	998	7.6	485	7.2	50	2.8	535	6.3	513	8.0
MSM/IDU	864	6.6	348	5.1	102	5.7	450	5.3	516	8.0
Heterosexual contact	1,619	12.3	963	14.3	114	6.4	1,077	12.6	656	10.2
Other*	93	0.7	44	0.7	13	0.7	57	0.7	49	0.8
Risk not identified	1,164	8.9	674	10.0	149	8.3	823	9.7	490	7.6
Total	13,152	100	6,737	100	1,792	100	8,529	100	6,415	100
Female										
IDU	820	18.3	465	16.7	36	11.7	501	16.2	355	21.1
Heterosexual contact	2,962	66.2	1,904	68.3	193	62.5	2,097	67.7	1,058	62.8
Other*	107	2.4	60	2.2	19	6.1	79	2.6	47	2.8
Risk not identified	584	13.1	358	12.8	61	19.7	419	13.5	226	13.4
Total	4,473	100	2,787	100	309	100	3,096	100	1,686	100
Transgender										
Sexual contact	252	72.4	159	71.9	48	84.2	207	74.5	93	73.2
IDU	13	3.7	6	2.7	1	1.8	7	2.5	7	5.5
Sexual contact/IDU	23	6.6	17	7.7	3	5.3	20	7.2	6	4.7
Other**	5	1.4	4	1.8	-	0.0	4	1.4	1	0.8
Risk not identified	55	15.8	35	15.8	5	8.8	40	14.4	20	15.7
Total	348	100	221	100	57	100	278	100	127	100

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

Table B3. HIV Cases Living in the District of Columbia by Race/Ethnicity, Gender Identity, and Mode of Transmission, District of Columbia, 2021

	White		Black		Latino		Other*		Total	
	N	%	N	%	N	%	N	%	N	%
Gender Identity										
Male	1,701	96.3	5,450	64.5	852	85.2	526	76.3	8,529	71.6
Female	52	2.9	2,789	33.0	114	11.4	141	20.5	3,096	26.0
Transgender	14	0.8	209	2.5	34	3.4	21	3.0	278	2.3
Missing	0	0.0	0	0.0	0	0.0	1	0.1	1	0.0
Total	1,767	100	8,448	100	1,000	100	689	100	11,904	100
Mode of Transmission										
Sexual Contact	1,523	86.2	6,084	72.0	853	85.3	509	73.9	8,968	75.3
Injection drug use (IDU)	21	1.2	943	11.2	32	3.2	47	6.8	1,043	8.8
Sexual Contact/IDU	83	4.7	321	3.8	26	2.6	38	5.5	470	3.9
Risk not Identified	136	7.7	980	11.6	82	8.2	86	12.5	1,283	10.8
Other**	4	0.2	120	1.4	7	0.7	9	1.3	140	1.2
Total	1,767	100	8,448	100	1,000	100	689	100	11,904	100
Male										
MSM	1,448	85.1	3,117	57.2	665	78.1	357	67.9	5,587	65.5
Injection drug use (IDU)	12	0.7	480	8.8	17	2.0	26	4.9	535	6.3
MSM/IDU	84	4.9	303	5.5	25	2.9	38	7.2	450	5.3
Heterosexual Contact	30	1.8	924	17.0	80	9.4	43	8.2	1,077	12.6
Risk not Identified	125	7.4	576	10.6	62	7.3	60	11.4	823	9.7
Other**	2	0.1	50	0.9	3	0.4	2	0.4	57	0.7
Subtotal	1,701	100	5,450	100	852	100	526	100	8,529	100
Female										
Injection drug use (IDU)	8	15.4	457	16.4	15	13.2	21	14.9	501	16.2
Heterosexual Contact	32	61.5	1,899	68.1	75	65.8	91	64.5	2,097	67.7
Risk not Identified	10	19.2	367	13.2	20	17.5	22	15.6	419	13.5
Other**	2	3.8	66	2.4	4	3.5	7	5.0	79	2.6
Subtotal	52	100	2,789	100	114	100	141	100	3,096	100
Transgender										
Sexual Contact	13	92.9	143	68.4	33	97.1	18	85.7	207	74.5
Injection drug use (IDU)	1	7.1	6	2.9	0	0.0	0	0.0	7	2.5
Sexual Contact/IDU	0	0.0	19	9.1	1	2.9	0	0.0	20	7.2
Risk not Identified	0	0.0	37	17.7	0	0.0	3	14.3	40	14.4

Other**	0	0.0	4	1.9	0	0.0	0	0.0	4	1.4
Subtotal	14	100	209	100	34	100	21	100	278	100

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

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

Table B4. HIV Cases Living in the District of Columbia by Race/Ethnicity, Gender Identity and Current Age, District of Columbia, 2021

	White		Black		Latino		Other*		Total	
	N	%	N	%	N	%	N	%	N	%
Current Age										
<13	1	0.1	9	0.1	1	0.1	2	0.3	13	0.1
13-19	0	0.0	25	0.3	6	0.6	1	0.1	32	0.3
20-24	8	0.5	148	1.8	17	1.7	13	1.9	186	1.6
25-29	36	2.0	427	5.1	74	7.4	42	6.1	579	4.9
30-39	237	13.4	1659	19.6	276	27.6	177	25.7	2,349	19.7
40-49	337	19.1	1590	18.8	244	24.4	136	19.7	2,307	19.4
50-59	570	32.3	2342	27.7	254	25.4	176	25.5	3,342	28.1
60 and older	578	32.7	2248	26.6	128	12.8	139	20.2	3,093	26.0
Missing	0	0.0	0	0.0	0	0.0	3	0.4	3	0.0
Total	1,767	100	8,448	100	1,000	100	689	100	11,904	100
Male										
<13	0	0.0	3	0.1	1	0.1	1	0.2	5	0.1
13-19	0	0.0	13	0.2	3	0.4	0	0.0	16	0.2
20-24	7	0.4	108	2.0	14	1.6	8	1.5	137	1.6
25-29	35	2.1	327	6.0	66	7.7	28	5.3	456	5.3
30-39	224	13.2	1227	22.5	240	28.2	142	27.0	1,833	21.5
40-49	325	19.1	926	17.0	202	23.7	101	19.2	1,554	18.2
50-59	551	32.4	1419	26.0	216	25.4	136	25.9	2,322	27.2
60 and older	559	32.9	1427	26.2	110	12.9	108	20.5	2,204	25.8
Missing	0	0.0	0	0.0	0	0.0	2	0.4	2	0.0
Subtotal	1,701	100	5,450	100	852	100	526	100	8,529	100
Female										
<13	1	1.9	5	0.2	0	0.0	1	0.7	7	0.2
13-19	0	0.0	12	0.4	3	2.6	1	0.7	16	0.5
20-24	1	1.9	35	1.3	1	0.9	5	3.5	42	1.4
25-29	0	0.0	89	3.2	5	4.4	12	8.5	106	3.4
30-39	8	15.4	369	13.2	20	17.5	26	18.4	423	13.7

40-49	9	17.3	611	21.9	34	29.8	30	21.3	684	22.1
50-59	17	32.7	879	31.5	33	28.9	36	25.5	965	31.2
60 and older	16	30.8	789	28.3	18	15.8	30	21.3	853	27.6
Missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Subtotal	52	100	2,789	100	114	100	141	100	3,096	100
Transgender										
<13	0	0.0	1	0.5	0	0.0	0	0.0	1	0.4
13-19	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20-24	0	0.0	5	2.4	2	5.9	0	0.0	7	2.5
25-29	1	7.1	11	5.3	3	8.8	2	9.5	17	6.1
30-39	5	35.7	63	30.1	16	47.1	9	42.9	93	33.5
40-49	3	21.4	53	25.4	8	23.5	5	23.8	69	24.8
50-59	2	14.3	44	21.1	5	14.7	4	19.0	55	19.8
60 and older	3	21.4	32	15.3	0	0.0	1	4.8	36	12.9
Missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Subtotal	14	100	209	100	34	100	21	100	278	100

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

Table B5. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis, District of Columbia, 2017-2021

	2017		2018		2019		2020		2021		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender Identity												
Male	290	75.1	253	76.4	210	76.9	165	75.3	170	73.9	1,088	75.6
Female	88	22.8	69	20.8	61	22.3	43	19.6	52	22.6	313	21.8
Transgender	8	2.1	9	2.7	2	0.7	10	4.6	8	3.5	37	2.6
Missing	0	0.0	0	0.0	0	0.0	1	0.5	0	0.0	1	0.0
Total	386	100	331	100	273	100	219	100	230	100	1,439	100
Race/Ethnicity												
White	43	11.1	27	8.2	22	8.1	29	13.2	24	10.4	145	10.1
Black	266	68.9	250	75.5	200	73.3	151	68.9	147	63.9	1014	70.5
Latino	48	12.4	31	9.4	39	14.3	24	11.0	32	13.9	174	12.1
Other*	29	7.5	23	6.9	12	4.4	15	6.8	27	11.7	106	7.4
Total	386	100	331	100	273	100	219	100	230	100	1,439	100
Mode of Transmission												
Sexual Contact	297	76.9	274	82.8	248	90.8	191	87.2	165	71.7	1,175	81.7
Injection drug use (IDU)	9	2.3	10	3.0	2	0.7	1	0.5	0	0.0	22	1.5
Sexual Contact/IDU	6	1.6	10	3.0	4	1.5	6	2.7	5	2.2	31	2.2
Risk Not Identified	71	18.4	37	11.2	17	6.2	21	9.6	60	26.1	206	14.3
Other**	3	0.8	0	0.0	2	0.7	0	0.0	0	0.0	5	0.3
Total	386	100	331	100	273	100	219	100	230	100	1,439	100
Age at Diagnosis												
<13	3	1	0	0.0	2	0.7	0	0.0	0	0.0	5	0.3
13-17	8	2.1	2	0.6	3	1.1	4	1.8	1	0.4	18	1.3
18-19	11	2.8	11	3.3	11	4.0	6	2.7	8	3.5	47	3.3
20-24	60	15.5	53	16.0	38	13.9	28	12.8	22	9.6	201	14.0
25-29	68	17.6	59	17.8	47	17.2	49	22.4	37	16.1	260	18.1
30-39	116	30.1	94	28.4	81	29.7	56	25.6	77	33.5	424	29.5
40-49	56	14.5	47	14.2	35	12.8	30	13.7	29	12.6	197	13.7
50-59	35	9.1	46	13.9	38	13.9	31	14.2	35	15.2	185	12.9
60 and older	29	7.5	19	5.7	18	6.6	12	5.5	18	7.8	96	6.7
Missing	0	0.0	0	0.0	0	0.0	3	1.4	3	1.3	6	0.4
Total	386	100	331	100	273	100	219	100	230	100	1,439	100

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

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

Table B6. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, and Mode of Transmission, District of Columbia, 2017-2021

	2017		2018		2019		2020		2021		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
MSM	201	69.3	183	72.3	160	76.2	122	73.9	107	63.0	773	71.0
Injection drug use (IDU)	2	0.7	7	2.8	1	0.5	0	0.0	0	0.0	10	0.9
MSM/IDU	6	2.1	10	4.0	4	1.9	5	3.0	5	2.9	30	2.8
Heterosexual Contact	33	11.4	29	11.5	33	15.7	24	14.5	15	8.8	134	12.3
Risk not identified	47	16.2	24	9.5	11	5.2	14	8.5	43	25.3	139	12.8
Other*	1	0.3	0	0.0	1	0.5	0	0.0	0	0.0	2	0.2
Subtotal	290	100	253	100	210	100	165	100	170	100	1,088	100
Female												
Injection drug use (IDU)	7	8.0	3	4.3	1	1.6	1	2.3	0	0.0	12	3.8
Heterosexual Contact	57	64.8	54	78.3	53	86.9	37	86.0	36	69.2	237	75.7
Risk not identified	22	25.0	12	17.4	6	9.8	5	11.6	16	30.8	61	19.5
Other**	2	2.3	0	0.0	1	1.6	0	0.0	0	0.0	3	1.0
Subtotal	88	100	69	100	61	100	43	100	52	100	313	100
Transgender												
Sexual Contact	6	75.0	8	88.9	2	100.0	8	81.8	7	87.5	30	81.6
Injection drug use (IDU)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Sexual Contact/IDU	0	0.0	0	0.0	0	0.0	2	18.2	0	0.0	2	5.3
Risk not identified	2	25.0	1	11.1	0	0.0	0	0	1	12.5	5	13.2
Other*	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Subtotal**	8	100	9	100	2	100	10	100	8	100	37	100

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

** One individual with missing gender was excluded

Table B7. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, and Age at Diagnosis, District of Columbia, 2017-2021

	2017		2018		2019		2020		2021		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
<13	1	0.3	0	0.0	1	0.5	0	0.0	0	0.0	2	0.2
13-17	6	2.1	1	0.4	2	1.0	4	2.4	1	0.6	14	1.3
18-19	9	3.1	9	3.6	10	4.8	6	3.6	7	4.1	41	3.8
20-24	53	18.3	45	17.8	34	16.2	22	13.3	17	10.0	171	15.7
25-29	60	20.7	50	19.8	38	18.1	42	25.5	31	18.2	221	20.3
30-39	84	29.0	78	30.8	70	33.3	41	24.8	64	37.6	337	31.0
40-49	40	13.8	27	10.7	25	11.9	23	13.9	18	10.6	133	12.2
50-59	21	7.2	30	11.9	20	9.5	18	10.9	17	10.0	106	9.7
60 and older	16	5.5	13	5.1	10	4.8	7	4.2	12	7.1	58	5.3
Missing	0	0	0	0	0	0	2	1.2	3	1.8	5	0.5
Subtotal	290	100	253	100	210	100	165	100	170	100	1,088	100
Female												
<13	2	2.3	0	0.0	1	1.6	0	0.0	0	0.0	3	1.0
13-17	2	2.3	1	1.4	1	1.6	0	0.0	0	0.0	4	1.3
18-19	2	2.3	2	2.9	1	1.6	0	0.0	1	1.9	6	1.9
20-24	7	8.0	6	8.7	4	6.6	5	11.6	3	5.8	25	8.0
25-29	8	9.1	8	11.6	7	11.5	4	9.3	5	9.6	32	10.2
30-39	28	31.8	13	18.8	11	18.0	11	25.6	12	23.1	75	24.0
40-49	14	15.9	18	26.1	10	16.4	5	11.6	11	21.2	58	18.5
50-59	13	14.8	15	21.7	18	29.5	13	30.2	15	28.8	74	23.6
60 and older	12	13.6	6	8.7	8	13.1	5	11.6	5	9.6	36	11.5
Subtotal	88	100	69	100	61	100	43	100	52	100	313	100
Transgender												
<13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-17	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
18-19	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20-24	0	0.0	2	22.2	0	0.0	1	10.0	2	25.0	5	13.5
25-29	0	0.0	1	11.1	2	100.0	3	30.0	1	12.5	7	18.9
30-39	4	50.0	3	33.3	0	0.0	4	40.0	1	12.5	12	32.4
40-49	2	25.0	2	22.2	0	0.0	2	20.0	0	0.0	6	16.2
50-59	1	12.5	1	11.1	0	0.0	0	0.0	3	37.5	5	13.5
60 and older	1	12.5	0	0.0	0	0.0	0	0.0	1	12.5	2	5.4
Subtotal**	8	100	9	100	2	100	10	100	8	100	37	100

** One individual with missing gender was excluded

Table B8. HIV Care Continuum among Cases Living in DC through the end of 2020, by Selected Characteristics, District of Columbia, 2021

	Living in DC	Ever linked to care		Retained in any care in 2021[a]		Retained in continuous care in 2021[b]		Ever virally suppressed		Suppressed at last known viral status in 2021	
	N	N	%	N	%	N	%	N	%	N	%
Sex											
Male	8,455	8,335	98.6	6,508	77.0	3,986	47.1	7,346	86.9	5,629	66.6
Female	3,079	3,040	98.7	2,451	79.6	1,602	52.0	2,567	83.4	2,056	66.8
Transgender	271	264	97.4	219	80.8	148	54.6	224	82.7	184	67.9
Race/Ethnicity											
White	1,771	1,753	99.0	1,309	73.9	756	42.7	1,681	94.9	1,217	68.7
Black	8,391	8,266	98.5	6,641	79.1	4,216	50.2	7,027	83.7	5,604	66.8
Latino	978	962	98.4	713	72.9	437	44.7	864	88.3	629	64.3
Other**	665	658	98.9	515	77.4	327	49.2	565	85.0	419	63.0
Mode of Transmission											
Sexual contact	8,878	8,783	98.9	6,918	77.9	4,286	48.3	7,689	86.6	5,959	67.1
Injection drug use (IDU)	1,048	1,043	99.5	869	82.9	579	55.2	878	83.8	721	68.8
Sexual contact/IDU	468	467	99.8	363	77.6	247	52.8	411	87.8	323	69.0
Other***	140	138	98.6	114	81.4	81	57.9	104	74.3	87	62.1
Risk not identified	1,271	1,208	95.0	914	71.9	543	42.7	1,055	83.0	779	61.3
Current Age											
0-19	54	51	94.4	37	68.5	30	55.6	34	63.0	24	44.4
20-24	232	222	95.7	157	67.7	89	38.4	163	70.3	119	51.3
25-29	685	662	96.6	482	70.4	275	40.1	515	75.2	383	55.9
30-39	2,295	2,253	98.2	1,714	74.7	1,006	43.8	1,842	80.3	1,397	60.9
40-49	2,346	2,313	98.6	1,824	77.7	1,090	46.5	1,988	84.7	1,537	65.5
50-59	3,387	3,361	99.2	2,727	80.5	1,774	52.4	3,019	89.1	2,407	71.1
60 and older	2,806	2777	99.0	2,237	79.7	1,472	52.5	2,576	91.8	2,002	71.3
Missing	0	0	-	0	-	0	-	0	-	0	-
Total	11,805	11,639	98.6	9,178	77.7	5,736	48.6	10,137	85.9	7,869	66.7

[a] Having at least 1 medical visit in 2021.[b] Having 2 or more medical visits in 2021 that were at least 90 days apart

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

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

Table B9. Linkage to Care and Viral Suppression among Newly Diagnosed HIV Cases, by Selected Characteristics, District of Columbia, 2016-2020

	Newly Diagnosed between 2016-2020 and Living in 2021	Linked within 3 Months of Diagnosis		Viral suppression within 12 months of HIV diagnosis	
	N	N	%	N	%
Gender Identity					
Male	1,163	997	85.7	883	75.9
Female	336	287	85.4	259	77.1
Transgender	38	32	84.2	26	68.4
Race/Ethnicity					
White	165	150	90.9	121	73.3
Black	1,093	932	85.3	835	76.4
Latino	184	157	85.3	138	75.0
Other*	95	77	81.1	74	77.9
Mode of Transmission					
Sexual contact	1,274	1,105	86.7	997	78.3
Injection drug use (IDU)	28	23	82.1	16	57.1
Sexual contact/IDU	32	29	90.6	22	68.8
Other**	5	4	80.0	4	80.0
Risk not identified	198	155	78.3	129	65.2
Age at Diagnosis					
0-19	75	67	89.3	61	81.3
20-24	233	197	84.5	171	73.4
25-29	300	257	85.7	227	75.7
30-39	432	363	84.0	331	76.6
40-49	223	190	85.2	166	74.4
50-59	190	167	87.9	147	77.4
60 and older	84	75	89.3	65	77.4
Year of Diagnosis					
2016	373	315	84.5	263	70.5
2017	368	307	83.4	277	75.3
2018	317	273	86.1	248	78.2
2019	268	236	88.1	211	78.7
2020	211	185	87.7	169	80.1
Total	1,537	1,316	85.6	1,168	76.0

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

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

Table B10. Time to Linkage to HIV Care among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2017-2021

	Newly diagnosed cases 2017-2021	Linked within 7 days		Linked within 8-15 days		Linked within 16-30 days		Linked within 31-90 days		Linked >90 days		No evidence of linkage to care	
	N	N	%	N	%	N	%	N	%	N	%	N	%
Sex													
Male	1,058	613	57.9	152	14.4	65	6.1	70	6.6	104	9.8	54	5.1
Female	299	162	54.2	45	15.1	25	8.4	25	8.4	23	7.7	19	6.4
Transgender	37	25	67.6	6	16.2	0	-	0	-	1	2.7	5	13.5
Missing	0	0	-	0	-	0	-	0	-	0	-	0	-
Race/Ethnicity													
White	140	84	60.0	28	20.0	7	5.0	10	7.1	4	2.9	7	5.0
Black	982	553	56.3	143	14.6	64	6.5	69	7.0	102	10.4	51	5.2
Latino	171	102	59.6	20	11.7	13	7.6	10	5.8	13	7.6	13	7.6
Other*	101	61	60.4	12	11.9	6	5.9	6	5.9	9	8.9	7	6.9
Mode of Transmission													
Sexual contact	1,150	650	56.5	185	16.1	78	6.8	86	7.5	99	8.6	52	4.5
Injection drug use (IDU)	20	15	75.0	1	5.0	0	0.0	0	0.0	3	15.0	1	5.0
Sexual contact/IDU	31	22	71.0	4	12.9	3	9.7	0	0.0	2	6.9	0	0.0
Other**	4	4	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Risk not identified	189	109	57.7	13	6.9	9	4.8	9	4.8	24	12.7	25	13.2
Age at Diagnosis													
0-19	69	48	69.6	7	10.1	5	7.2	4	5.8	3	4.3	2	2.9
20-24	199	115	57.8	28	14.1	13	6.5	11	5.5	27	13.6	5	2.5
25-29	259	156	60.2	41	15.8	13	5.0	17	6.6	23	8.9	9	3.5
30-39	415	229	55.2	61	14.7	25	6.0	32	7.7	42	10.1	26	6.3
40-49	191	101	52.9	26	13.6	15	7.9	14	7.3	21	11.0	14	7.3
50-59	178	104	58.4	28	15.7	13	7.3	11	6.2	8	4.5	14	7.9
60 and older	82	47	57.3	12	14.6	6	7.3	6	7.3	4	4.9	7	8.5
Missing	1	0	-	0	-	0	-	0	-	0	-	1	100.0
Year of Diagnosis													
2017	368	213	57.9	47	12.8	21	5.7	26	7.1	50	13.6	11	3.0
2018	317	193	60.9	40	12.6	23	7.3	17	5.4	31	9.8	13	4.1
2019	268	141	52.6	52	19.4	23	8.6	20	7.5	23	8.6	9	3.4
2020	211	127	60.2	36	17.1	12	5.7	10	4.7	9	4.3	17	8.1
2021	230	126	54.8	28	12.2	11	4.8	22	9.6	15	6.5	28	12.2
Total	1,394	800	57.4	203	14.6	90	6.5	95	6.8	128	9.2	78	5.6

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

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

Table B11. Time to Initial Viral Suppression among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2017-2021*

	Newly diagnosed cases 2017-2021	Suppressed within 0-90 days		Suppressed within 91-180 days		Suppressed within >180 days		No documented suppression		Median time to viral suppression (days)
	N	N	%	N	%	N	%	N	%	
Gender Identity										
Male	1,058	528	49.9	177	16.7	210	19.8	143	13.5	69.0
Female	299	131	43.8	60	20.1	65	21.7	43	14.4	84.5
Transgender	37	18	48.6	9	24.3	5	13.5	5	13.5	60.5
Race/Ethnicity										
White	140	75	53.6	20	14.3	31	22.1	14	10.0	63.0
Black	982	465	47.4	184	18.7	197	20.1	136	13.8	77.0
Latino	171	80	46.8	30	17.5	33	19.3	28	16.4	79.0
Other*	101	57	56.4	12	11.9	19	18.8	13	12.9	51.0
Mode of Transmission										
Sexual contact	1,150	572	49.7	216	18.8	228	19.8	134	11.6	71.0
Injection drug use (IDU)	20	4	20.0	5	25.0	7	35.0	4	20.0	156.5
Sexual contact/IDU	31	15	48.4	6	19.4	6	19.4	4	12.9	79.0
Other**	4	2	50.0	1	25.0	1	25.0	0	0.0	60.5
Risk not identified	189	84	44.4	18	9.5	38	20.1	49	25.9	52.5
Age at Diagnosis										
0-19	69	37	53.6	13	18.8	9	13.0	10	14.5	63.0
20-24	199	96	48.2	33	16.6	48	24.1	22	11.1	77.0
25-29	259	122	47.1	50	19.3	54	20.8	33	12.7	71.5
30-39	415	197	47.5	78	18.8	85	20.5	55	13.3	79.0
40-49	191	85	44.5	35	18.3	39	20.4	32	16.8	83.0
50-59	178	97	54.5	25	14.0	34	19.1	22	12.4	54.5
60 and older	82	43	52.4	12	14.6	11	13.4	16	19.5	34.5
Missing	1	0	0.0	0	0.0	0	0.0	1	100.0	N/A
Year of Diagnosis										
2017	368	161	43.8	68	18.5	111	30.2	28	7.6	96.0
2018	317	143	45.1	65	20.5	75	23.7	34	10.7	86.0
2019	268	143	53.4	40	14.9	47	17.5	38	14.2	62.0
2020	211	110	52.1	43	20.4	24	11.4	34	16.1	59.0
2021	230	120	52.2	30	13.0	23	10.0	57	24.8	47.0
Total	1,394	677	48.6	246	17.6	280	20.1	191	13.7	71.0

*Follow-up time varies by year of diagnosis

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

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

Table B12. Ryan White Program HIV Care Continuum, by Gender Identity, Race, Ethnicity, Mode of Transmission and Current Age, District of Columbia, 2021

	≥ 1 medical visit	Retained in care**		Prescribed ART		VL suppressed***	
Gender Identity	N	N	%	N	%	N	%
Male	1,723	1,382	80.2	1,640	95.2	1,420	82.4
Female	1,164	952	81.8	1,117	96.0	964	82.8
Transgender M-F	33	22	66.7	27	81.8	21	63.6
Transgender F-M	15	15	100.0	15	100.0	12	80.0
Total	2,935	2,371	80.8	2,799	95.4	2,417	82.4
Current age							
<13	0	0	-	0	-	0	-
13-24	78	68	87.2	73	93.6	58	74.4
25-34	396	298	75.3	361	91.2	300	75.8
35-44	532	419	78.8	505	94.9	410	77.1
45-54	662	543	82.0	634	95.8	560	84.6
55-64	855	712	83.3	822	96.1	730	85.4
65+	412	331	80.3	404	98.1	359	87.1
Total	2,935	2,371	80.8	2,799	95.4	2,417	82.4
Race*							
White	199	149	74.9	181	91.0	156	78.4
Black/African American	2,651	2,154	81.3	2,542	95.9	2,194	82.8
Asian	9	8	88.9	8	88.9	9	100.0
Native Hawaiian/Pacific Islander	3	3	100.0	3	100.0	2	66.7
Native American/Alaska Native	8	7	87.5	8	100.0	7	87.5
Unknown	65	50	76.9	57	87.7	49	75.4
Total	2,935	2,371	80.8	2,799	95.4	2,417	82.4
Ethnicity							
Latino	210	164	78.1	189	90.0	169	80.5
Not Latino	2,725	2,206	81.0	2,609	95.7	2,247	82.5
Total	2,935	2,371	80.8	2,799	95.4	2,417	82.4
HIV/AIDS Risk Factors*							
MSM	874	679	77.7	821	93.9	724	82.8
Injection drug use (IDU)	313	261	83.4	302	96.5	269	85.9
Hemophilia/Coagulation Disease	2	2	100.0	2	100.0	1	50.0
Heterosexual contact	1,409	1,129	80.1	1,362	96.7	1,153	81.8
Blood Transfusion/Blood Components	7	6	85.7	7	100.0	6	85.7
Mother at risk/Perinatal	43	33	76.7	42	97.7	32	74.4
Risk not identified	287	261	90.9	263	91.6	231	80.5

Total	2,935	2,371	80.8	2,799	95.4	2,417	82.4	

*These data elements allow for reporting of multiple responses, totals may vary
**Having ≥ 2 medical visits in 2021 at least 90 days apart ***Having a viral load result of <200 copies/mL at most recent viral load test in 2021

Table B13. Deaths among Persons with HIV by Year of Death, Gender Identity, Race/Ethnicity, Mode of Transmission and Age at Death, District of Columbia, 2016-2020

	2016		2017		2018		2019		2020		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender Identity												
Male	217	71.1	220	72.4	201	66.3	198	71.0	137	66.2	286	71.7
Female	86	28.2	78	25.7	97	32.0	77	27.6	68	32.9	106	26.6
Transgender	2	0.7	6	2.0	5	1.7	4	1.4	2	1.0	7	1.8
Total	305	100	304	100	303	100	279	100	207	100	399	100
Race/Ethnicity												
White	33	10.8	29	9.5	27	8.9	30	10.8	16	7.7	32	8.0
Black	237	77.7	243	79.9	259	85.5	215	77.1	164	79.2	328	82.2
Latino	12	3.9	10	3.3	3	1.0	13	4.7	10	4.8	23	5.8
Other*	23	7.5	22	7.2	14	4.6	21	7.5	17	8.2	16	4.0
Total	305	100	304	100	303	100	279	100	207	100	399	100
Mode of Transmission												
Sexual contact	175	57.4	185	60.9	162	53.5	166	59.5	116	56.0	235	58.9
Injection drug use (IDU)	73	23.9	65	21.4	79	26.1	52	18.6	49	23.7	85	21.3
Sexual contact/IDU	28	9.2	20	6.6	20	6.6	27	9.7	16	7.7	32	8.0
Risk not identified	27	8.9	32	10.5	37	12.2	33	11.8	23	11.1	41	10.3
Other**	2	0.7	2	0.7	5	1.7	1	0.4	3	1.4	6	1.5
Total	305	100	304	100	303	100	279	100	207	100	399	100
Age at Death												
<13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.3
13-19	1	0.3	1	0.3	0	0.0	1	0.4	0	0.0	0	0.0
20-24	2	0.7	3	1.0	2	0.7	2	0.7	0	0.0	2	0.5
25-29	5	1.6	5	1.6	6	2.0	3	1.1	4	1.9	6	1.5
30-39	19	6.2	23	7.6	31	10.2	22	7.9	17	8.2	26	6.5
40-49	63	20.7	60	19.7	35	11.6	44	15.8	30	14.5	40	10.0
50-59	107	35.1	90	29.6	110	36.3	91	32.6	68	32.9	118	29.6
60 and older	108	35.4	122	40.1	119	39.3	116	41.6	88	42.5	206	51.6
Total	305	100	304	100	303	100	279	100	207	100	399	100

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

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

Table B14. Number and Rate* per 100,000 persons of Chlamydia Cases by Year of Diagnosis, Gender Identity, Age, and Ward, District of Columbia, 2017-2021

	2017		2018		2019		2020		2021		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Gender Identity											
Male	4,392	1,332.5	4,071	1,222.9	4,105	1,226.4	2,764	840.4	3,621	1,135.5	18,953
Female	4,873	1,333.9	4,778	1,296.1	5,015	1,351.6	3,186	882.1	3,250	925.5	21,102
Transgender	22	N/A	25	N/A	21	N/A	20	N/A	35	N/A	123
Unknown	52	N/A	37	N/A	74	N/A	27	N/A	14	N/A	204
Total	9,339	1,343.9	8,911	1270.2	9,215	1,305.7	5,997	869.0	6,920	1,032.8	40,382
Age at Diagnosis											
0-12	9	9.1	4	4.0	8	7.8	2	2.0	4	4.1	27
13-17	833	3,192.8	794	3,038.2	771	2,940.6	471	1,748.9	435	1,570.3	3,304
18-19	1,001	4,771.4	1,068	5,041.1	1,126	5,319.1	691	3,387.1	672	3,381.1	4,558
20-24	2,846	5,342.0	2,620	4,961.6	2,734	5,319.4	1,728	3,516.1	1,795	3,933.8	11,723
25-29	2,160	2,577.4	2,066	2,490.1	2,179	2,640.8	1,417	1,837.7	1,600	2,285.7	9,422
30-39	1,752	1,255.8	1,611	1,124.1	1,688	1,157.5	1,229	851.7	1,708	1,232.3	7,988
40+	690	253.1	693	252.3	672	242.9	456	167.5	703	260.3	3,214
Missing	48	-	55	-	37	-	3	-	3	-	146
Total	9,339	1,343.9	8,911	1,270.2	9,215	1,305.7	5,997	869.0	6,920	1,032.8	40,382
Ward											
Ward 1	1,142	1,366.1	1,043	1,225.1	1,061	1,265.9	635	744.5	885	1,037.7	4,766
Ward 2	716	918.7	650	835.6	615	789.9	390	500.5	682	832.7	3,053
Ward 3	228	271.4	219	257.4	225	271.9	146	172.5	203	238.0	1,021
Ward 4	768	907.3	719	819.1	759	843.4	469	519.4	605	714.6	3,320
Ward 5	1,138	1,321.2	1,105	1,257.8	1,089	1,207.7	764	829.6	921	1,029.9	5,017
Ward 6	654	717.9	633	669.4	682	683.5	461	452.5	647	598.0	3,077
Ward 7	1,591	1,993.7	1,539	1,893.0	1,622	1,979.4	1,140	1,352.8	1,276	1,673.3	7,168
Ward 8	1,758	2,064.3	1,760	2,070.0	1,918	2,220.3	1,314	1,535.7	1,475	1,878.7	8,225
Missing	1,344	N/A	1243	N/A	1,244	N/A	678	N/A	226	N/A	4,735
Total	9,339	1,343.9	8,911	1,270.2	9,215	1,305.7	5,997	869.0	6,920	1,032.8	40,382
HIV co-infected	554	5.9%	532	6.0%	432	4.7%	335	5.6%	534	7.7%	2,387

*Source: 2020 US Census Estimates. Rates calculated on events and not individuals. Race/Ethnicity information is not included in table because of the high percentage of cases missing information (71%)

Table B15. Number and Rate* per 100,000 persons of Gonorrhea Cases by Year of Diagnosis, Gender Identity, Age, and Ward, District of Columbia, 2017-2021

	2017		2018		2019		2020		2021		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Gender Identity											
Male	3,262	989.7	2,908	873.5	2,965	885.8	2,486	755.8	3,082	966.4	14,703
Female	1,284	351.5	1,198	325.0	1,270	342.3	1,092	302.3	1158	329.8	6,002
Transgender	24	N/A	28	N/A	22	N/A	31	N/A	51	N/A	156
Unknown	13	N/A	16	N/A	18	N/A	17	N/A	13	N/A	77
Age at Diagnosis											
0-12	9	9.1	0	0.0	5	4.9	3	3.0	2	2.0	19
13-17	254	973.6	182	696.4	225	858.2	142	527.3	134	483.7	937
18-19	301	1,434.8	290	1,368.8	305	1,440.8	247	1,210.7	223	1,122.0	1,366
20-24	1,076	2,019.7	882	1,670.3	887	1,725.8	783	1,593.2	803	1,759.8	4,431
25-29	1,157	1,380.6	1,040	1,253.5	1,045	1,266.5	871	1,129.6	1,028	1,468.6	5,141
30-39	1,144	820.0	1,167	814.3	1,216	833.8	1,048	726.3	1,474	1,063.4	6,049
40+	635	232.9	579	210.8	584	211.1	532	195.4	639	236.6	2,969
Missing	7	-	10	-	8	-	0	-	1	-	26
Total	4,583	659.5	4,150	591.5	4,275	605.7	3,626	525.4	4,304	642.3	20,938
Anatomical Site Female**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**
Rectal	17	1.3	15	1.3	9	0.7	8	0.7	17	1.5	66
Pharyngeal	29	2.3	34	2.8	66	5.2	45	4.1	95	8.2	269
Genital	384	29.9	333	27.8	391	30.8	510	46.7	625	54.0	2,243
Other	359	28.0	255	21.3	136	10.7	15	1.4	19	1.6	784
Missing	495	38.6	561	46.8	668	52.6	514	47.1	402	34.7	2,640
Total	1,284	100.0	1,198	100.0	1,270	100.0	1,092	100.0	1,158	100.0	6,002
Anatomical Site Male**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**
Rectal	802	24.6	649	22.3	376	12.7	500	20.1	1,079	35.0	3,406
Pharyngeal	495	15.2	627	21.6	935	31.5	563	22.6	794	25.8	3,414
Genital	492	15.1	327	11.2	399	13.5	487	19.6	529	17.2	2,234
Other	714	21.9	452	15.5	296	10.0	52	2.1	23	0.7	1,537
Missing	759	23.3	853	29.3	959	32.3	884	35.6	657	21.3	4,112
Total	3,262	100.0	2,908	100.0	2,965	100.0	2,486	100.0	3,082	100.0	14,703
Ward											
Ward 1	621	742.8	555	651.9	569	678.9	375	439.7	610	715.2	2,730
Ward 2	444	569.7	438	563.0	425	545.9	273	350.3	502	612.9	2,082
Ward 3	101	120.2	83	97.6	81	97.9	56	66.2	105	123.1	426
Ward 4	270	319.0	257	292.8	295	327.8	230	254.7	306	361.4	1,358
Ward 5	565	655.9	533	606.7	546	605.5	477	517.9	585	654.2	2,706
Ward 6	362	397.4	313	331.0	324	324.7	304	298.4	395	365.1	1,698
Ward 7	701	878.4	684	841.3	706	861.5	692	821.2	767	1,005.8	3,550
Ward 8	904	1,061.5	760	893.9	824	953.9	759	887.1	812	1,034.2	4,059
Missing	615	N/A	527	N/A	505	N/A	460	N/A	222	N/A	2,329
Total	4,583	659.5	4,150	591.5	4,275	605.7	3,626	525.4	4,304	642.3	20,938
HIV co-infected	692	15%	601	14%	549	13%	479	13%	606	14%	2,927

*Source: 2020 US Census Estimates. Rates calculated on events and not individuals. Race/Ethnicity information is not included because of the high percentage of missing information (59%)

**A case is assigned to one location only per the hierarchy Rectal, Oropharyngeal then Genital

Table B16. Number and Rate* per 100,000 persons of Primary, Secondary, and Non-Primary Syphilis Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Age, Gender of Sex Partner, and Ward, District of Columbia, 2017-2021

	2017		2018		2019		2020		2021		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Type											
Primary	100	14.4	101	14.4	118	16.7	85	12.3	61	9.1	465
Secondary	188	27.1	178	25.4	191	27.1	147	21.3	117	17.5	821
Non-Primary, Non-Secondary Syphilis	385	55.4	367	52.3	430	60.9	380	55.1	399	59.5	1961
Total	673	96.8	646	92.1	739	104.7	612	88.7	577	86.1	3,247
Gender Identity											
Male	637	193.3	608	182.6	662	197.8	527	160.2	496	155.5	2930
Female	31	8.5	30	8.1	60	16.2	67	18.6	61	17.4	249
Transgender	5	N/A	8	N/A	14	N/A	17	N/A	19	N/A	63
Unknown	0	N/A	0	N/A	3	N/A	1	N/A	1	N/A	5
Total	673	96.8	646	92.1	739	104.7	612	88.7	577	86.1	3,247
Race/Ethnicity											
Black	345	108.8	347	109.8	404	129.0	367	121.3	337	113.9	1800
White	182	71.3	166	63.8	195	73.8	146	56.1	138	55.3	827
Latino	70	91.8	90	115.4	102	128.3	80	101.5	70	91.0	412
Other**	18	38.9	16	33.8	18	37.1	12	24.7	21	44.2	85
Unknown	58	N/A	27	N/A	20	N/A	7	N/A	11	N/A	123
Total	673	96.8	646	92.1	739	104.7	612	88.7	577	86.1	3,247
Age at Diagnosis											
13-17	3	11.5	3	11.5	3	11.4	5	18.6	2	7.2	16
18-19	7	33.4	10	47.2	13	61.4	9	44.1	3	15.1	42
20-24	48	90.1	53	100.4	86	167.3	58	118.0	44	96.4	289
25-29	146	174.2	135	162.7	147	178.2	117	151.7	99	141.4	644
30-39	238	170.6	250	174.4	278	190.6	253	175.3	240	173.2	1259
40+	231	84.7	195	71.0	212	76.6	170	62.4	189	70.0	997
Total	673	96.8	646	92.1	739	104.7	612	88.7	577	86.1	3,247
Ward	N	%	N	%	N	%	N	%	N	%	N
Ward 1	116	17%	90	14%	123	17%	84	14%	85	15%	498
Ward 2	94	14%	104	16%	90	12%	56	9%	75	13%	419
Ward 3	20	3%	20	3%	24	3%	20	3%	21	4%	105
Ward 4	53	8%	50	8%	73	10%	64	10%	50	9%	290
Ward 5	107	16%	108	17%	99	13%	77	13%	77	13%	468

Ward 6	50	7%	62	10%	60	8%	64	10%	61	11%	297
Ward 7	85	13%	87	13%	109	15%	110	18%	84	15%	475
Ward 8	96	14%	84	13%	105	14%	102	17%	87	15%	474
Missing	52	8%	41	6%	56	8%	35	6%	37	6%	221
Total	673	96.8	646	92.1	739	104.7	612	88.7	577	86.1	3,247
Gender of Sex Partners among Men											
Men who have sex with men	451	71%	478	79%	470	71%	377	72%	325	66%	2,101
Men who have sex with women	18	3%	25	4%	46	7%	32	6%	33	7%	154
Men who have sex with men and women	27	4%	22	4%	27	4%	17	3%	21	4%	114
Unknown/refused	141	22%	83	14%	119	18%	101	19%	117	24%	561
HIV co-infected	321	48%	288	45%	303	41%	247	40%	217	38%	1,376

Table B17. Reported Tuberculosis Cases by Selected Characteristics, District of Columbia, 2017-2021

	2017		2018		2019		2020		2021		Total	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
District Total	36	5.3	36	5.2	24	3.4	19	2.7	19		134	N/A
	N	%	N	%	N	%	N	%	N	%	N	%
Place of Birth												
Foreign-Born	24	66.7	28	77.8	17	70.8	17	89.5	14	73.7	100	74.6
US-Born	12	33.3	8	16.8	7	29.2	2	10.5	5	26.3	34	25.4
Total	36	100	36	94.6	24	100	19	100	19	100	134	100
Anatomical Site												
Pulmonary	21	58.3	24	67	17	71	10	52.6	11	57.9	83	61.9
Extrapulmonary	14	38.9	8	22	7	29.2	8	42.1	6	31.6	43	32.1
Both	1	2.8	4	11	0	0	1	5.3	2	10.5	8	6.0
Total	36	100	36	100	24	100	19	100	19	100	134	100
Sex												
Male	19	52.8	25	69	12	50	6	31.6	7	36.8	69	51.5
Female	17	47.2	11	31	12	50	13	68.4	12	63.2	65	48.5
Total	36	100	36	100	24	100	19	100	19	100	134	100.
Age												
<5	1	2.8	0	0	0	0	0	0	0	0.0	1	0.7
5 - 14	0	0.0	0	0	0	0	0	0	0	0.0	0	0.0
15 - 24	4	11.1	1	3	3	12.5	1	5.3	3	15.8	12	9.0
25 - 44	11	30.6	13	36	10	41.7	10	52.6	8	42.1	52	38.8
45 - 64	12	33.3	16	44	8	33.3	7	36.8	6	31.6	49	36.6
≥65	8	22.2	6	17	3	12.5	1	5.3	2	10.5	20	14.9
Total	36	100	36	100	24	100	19	100	19	100	134	100
Race/Ethnicity												
White	2	5.6	2	5.6	5	20.8	0	0	2	10.5	11	8.2
Black	26	72.2	28	77.8	14	58.3	15	78.9	14	73.7	97	72.4
Latino	7	19.4	3	8.3	5	20.8	4	21.1	2	10.5	21	15.7
Other*	1	2.8	3	8.3	0	0	0	0	1	5.3	5	3.7
Total	25	100	36	100	36	100	24	100	19	100	140	100
Homeless w/in past year	8	22.2	0	0	2	8.3	0	0	1	5.3	11	7.4
Heavy Alcohol or Substance Use†	7	19.4	3	8.3	2	8.3	2	10.5	0	0.0	14	14.2
HIV Co-infection	5	13.9	3	8.3	1	4.2	3	15.8	3	15.8	15	13.6

*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiians, and Pacific Islanders. †Heavy alcohol use: binge drinking on 5 or more days in a month over the past 12 months, i.e. bringing blood alcohol concentration levels to 0.08 g/dL, which typically occurs after four drinks for women and five drinks for men in about 2 hours . (Source: National Institute on Alcohol Abuse and Alcoholism). Substance use includes injecting and noninjecting drug use in the past 12 months not prescribed by a health care provider or approved by FDA for over-the-counter dispensing

Table B18. Number and Rate* per 100,000 persons of Newly Reported Chronic Hepatitis B Cases by Gender Identity, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2017-2021

	2017		2018		2019		2020		2021		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Gender Identity											
Male	253	76.8	258	77.5	200	59.8	135	41.0	155	48.6	1,001
Female	151	41.3	146	39.6	137	36.9	65	18.0	91	25.9	590
Transgender	1	N/A	1	N/A	0	N/A	1	N/A	3	N/A	6
Unknown	1	N/A	0	N/A	1	N/A	1	N/A	3	N/A	6
Total	406	58.4	405	57.7	338	47.9	202	29.3	252	37.6	1,603
Age at Diagnosis											
0-12	2	2.0	1	1.0	0	0.0	2	2.0	1	1.0	6
13-19	5	10.6	4	8.5	7	14.8	4	8.4	0	0.0	20
20-29	42	30.6	31	22.8	44	32.9	19	14.2	16	13.8	152
30-39	101	72.4	96	67.0	81	55.5	38	26.1	62	44.7	378
40-49	88	108.5	85	103.6	65	77.7	46	55.0	61	72.9	345
50-59	93	125.0	90	122.4	66	91.1	40	55.2	57	82.9	346
60+	75	64.0	97	81.5	75	62.2	53	44.0	53	45.0	353
Missing	0	N/A	1	N/A	0	N/A	0	N/A	2	N/A	3
Total	406	58.4	405	57.7	338	47.9	202	29.3	252	37.6	1,603
HIV co-infected	50	12.3%	42	10.4%	49	14.5%	29	14.4%	33	13.1%	203

[1]Cases with a reported residential address outside of the District of Columbia at the time of diagnosis are excluded from analysis
[2]Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts
[3]Race/Ethnicity information is not included in table because of the high percentage of cases missing information
*Source: 2020 US Census

Table B19. All Positive Chronic Hepatitis C Cases by Gender Identity, Current Age, Case Classification, and Diagnosis Type, District of Columbia 2017-2021

	Total Cases Reported		Diagnosis Type				
	N	%	Newly Reported N (%)	Previously Reported N (%)	RNA Confirmed N (%)	Documented Genotype Test N (%)	Non-Detectable at Last RNA N (%)
Gender Identity							
Male	7,825	63.4	2,788 (36)	5,037 (64)	6,205 (79)	759 (10)	791 (10)
Female	4,374	35.4	1,616 (37)	2,758 (63)	3,177 (73)	414 (9)	543 (12)
Transgender	14	<1.0	3 (21)	11 (79)	10 (71)	3 (21)	2 (14)
Missing	133	1.1	133 (100)	0 (0)	119 (89)	0 (0)	0 (0)
Total	12,346	100	4,540 (37)	7,806 (63)	9,511 (77)	1,176 (10)	1,336 (11)
Age at Diagnosis							
0-12	15	<1.0	9 (60)	6 (40)	6 (40)	2 (13)	0 (0)
13-19	36	<1.0	11 (31)	25 (69)	22 (61)	3 (8)	7 (19)
20-29	501	4.1	335 (67)	166 (33)	278 (55)	27 (5)	55 (11)
30-39	1,037	8.4	508 (49)	529 (51)	751 (72)	77 (7)	83 (8)
40-49	2,857	23.1	446 (16)	2,411 (84)	2,369 (83)	309 (11)	399 (14)
50-59	4,459	36.1	1,041 (23)	3,418 (77)	3,646 (82)	478 (11)	563 (13)
60+	3,264	26.4	2,013 (62)	1,251 (38)	2,302 (71)	280 (9)	229 (7)
Unknown	177	1.4	177 (100)	0 (0)	137 (77)	0 (0)	0 (0)
Total	12,346	100	4,540 (37)	7,806 (63)	9,511 (77)	1,176 (10)	1,336 (11)
Birth Cohort							
<1945	615	5.0	280 (46)	335 (54)	438 (71)	61 (10)	53 (9)
1945-1965	9,130	74.0	2,577 (28)	6,553 (72)	7,338 (80)	989 (11)	1,097 (12)
1966-1990	2,076	16.8	1,198 (58)	878 (42)	1,432 (69)	111 (5)	165 (8)
1991-2018	347	2.8	307 (88)	40 (12)	166 (48)	15 (4)	21 (6)
2019-2021	1	<1.0	1 (100)	0 (0)	0 (0)	0 (0)	0 (0)
Unknown	177	<1.0	177 (100)	0 (0)	137 (77)	0 (0)	0 (0)
Total	12,346	100	4,540 (37)	7,806 (63)	9,511 (77)	1,176 (10)	1,336 (11)
HIV Coinfection							
HIV dx before HCV	962	8	217 (23)	745 (77)	766 (80)	116 (12)	143 (15)
HIV dx after HCV	175	1.4	5 (3)	170 (97)	150 (86)	31 (18)	22 (13)
Concurrent infections	106	<1.0	18 (17)	88 (83)	87 (82)	12 (11)	17 (16)

[1]Cases with a reported residential address outside of the District of Columbia at the time of diagnosis are excluded from analysis
[2]Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts
[3]Diagnosis year based on date of first reported chronic hepatitis C positive laboratory report based on 2016 CDC case definition guidance
[4]Race/Ethnicity information is not included in table because of the high percentage of cases missing information
[5]Percentages for diagnosis type, RNA confirmation documented genotype test and non-detectable RNA are row percentages

Table B20. Number and Rate* per 100,000 persons of Newly Reported Chronic Hepatitis C Cases by Gender Identity, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2017-2021

	2017		2018		2019		2020		2021		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Gender Identity											
Male	698	211.8	903	271.2	543	162.2	352	107.0	292	91.6	2,788
Female	472	129.2	544	147.6	296	79.8	189	52.3	115	32.7	1,616
Transgender	0	N/A	0	N/A	1	N/A	2	N/A	0	N/A	3
Unknown	2	N/A	118	N/A	7	N/A	5	N/A	1	N/A	133
Total	1,172	168.7	1,565	223.1	847	120.0	548	79.4	408	60.9	4,540
Age at Diagnosis											
0-12	3	3.0	2	2.0	2	2.0	2	2.0	0	0.0	9
13-19	2	4.2	5	10.6	2	4.2	1	2.1	1	2.1	11
20-29	88	64.2	96	70.7	78	58.2	42	33.3	31	26.8	335
30-39	122	87.4	145	101.2	90	61.7	102	70.7	49	35.4	508
40-49	110	135.6	142	173.1	87	104.0	65	77.1	42	50.2	446
50-59	291	391.1	378	514.0	202	278.8	93	131.3	77	112.1	1,041
60+	547	467.1	659	553.6	376	311.8	235	200.7	196	166.5	2,013
Missing	9	N/A	138	N/A	10	N/A	8	N/A	12	N/A	177
Total	1,172	168.7	1,565	223.1	847	120.0	548	79.4	408	60.9	4,540

[1]Cases with a reported residential address outside of the District of Columbia at the time of diagnosis are excluded from analysis

[2]Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts

[3]Diagnosis year based on date of first reported chronic hepatitis C positive laboratory report based on 2016 CDC case definition guidance

[4]Race/Ethnicity information is not included in table because of the high percentage of cases missing information

*Source: 2020 US Census Estimates

Government of the District of Columbia

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