



Hepatitis



HIV/AIDS



Appendices

STDs



TB



Contents

	Appendix A. Understanding Surveillance Data	40
	Understanding HIV Surveillance	40
	Understanding Sexually Transmitted Infections (STI) Surveillance	40
	Understanding Viral Hepatitis Surveillance	41
	Understanding Tuberculosis Surveillance	41
	Understanding the District of Columbia HIV Prevalence Estimate	44
	Understanding the HIV Incidence Estimate	48
	Understanding HIV Clinical Outcomes	48
	Understanding Surveillance for HIV Drug Resistance	49
	Glossary	51
	Appendix B. Supplementary Tables and Figures	52
Table B1.	People Living with HIV in the District of Columbia as of December 31, 2022, by Gender Identity, Current Age, Race/Ethnicity and Mode of Transmission	52
Table B2.	People Living with HIV in the District of Columbia as of December 31, 2022, by Gender Identity and Mode of Transmission	53
Table B3.	HIV Cases Living in the District of Columbia by Race/Ethnicity, Sex, and Mode of Transmission, District of Columbia, 2022	54
Table B4.	HIV Cases Living in the District of Columbia by Race/Ethnicity, Gender Identity and Current Age, District of Columbia, 2022	55
Table B5.	Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis, District of Columbia, 2018-2022	57
Table B5a.	Newly Diagnosed HIV Cases by Ward, District of Columbia, 2022	58
Table B6.	Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, and Mode of Transmission, District of Columbia, 2018-2022	59
Table B7.	Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, and Age at Diagnosis, District of Columbia, 2018-2022	60
Table B8.	HIV Care Continuum among Cases Living in DC, by Selected Characteristics, District of Columbia, 2022	61
Table B9.	Linkage to Care and Viral Suppression among Newly Diagnosed HIV Cases, by Selected Characteristics, District of Columbia, 2015-2019	62
Table B10.	Time to Linkage to HIV Care among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2018-2022	63
Table B11.	Time to Viral Suppression among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2018-2022	64
Table B12.	Ryan White Program HIV Care Continuum, by Gender Identity, Race, Ethnicity, Mode of Transmission and Current Age, District of Columbia, 2022	65
Table B13.	Deaths among Persons with HIV by Year of Death, Gender Identity, Race/Ethnicity, Mode of Transmission and Age at Death,	66

District of Columbia, 2017-2022

Table B14. Number and Rate per 100,000 persons of Chlamydia Cases by Year of Diagnosis, Gender, Age, and Ward, District of Columbia, 2018-2022	67
Table B15. Number and Rate per 100,000 persons of Gonorrhea Cases by Year of Diagnosis, Gender, Age, and Ward, District of Columbia, 2018-2022	68
Table B16. Number and Rate per 100,000 persons of Primary, Secondary, and Early Non-Primary Non-Secondary Syphilis Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Age, Gender of Sex Partner, and Ward, District of Columbia, 2018-2022	70
Table B17. Reported Tuberculosis Cases by Selected Characteristics, District of Columbia, 2018-2022	72
Table B18. Number and Rate per 100,000 persons of Newly Reported Hepatitis B Cases by Gender, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2018-2022	73
Table B19. Number of Hepatitis B Cases Ever Reported by Gender Identity and Age at Diagnosis, District of Columbia, 2022	75
Table B20. Number of HCV Cases Ever Reported by Race/Ethnicity, Gender Identity and Current Age, District of Columbia, 202	76
Table B21. Number and Rate [*] per 100,000 persons of Newly Reported Hepatitis C Cases by Gender Identity, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2018-2022	77
Table B22. Number of Cured Hepatitis C Cases by Gender Identity, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2018-2022	79

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, 2022.

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/ μ L or a stage 3 defining opportunistic infection; both of these are signs of immune system failure. Only confirmed reports of HIV and stage 3 disease cases are accepted; anonymous test results are not reported. Reports are received from a variety of sources including hospitals, private physicians' offices, community-based organizations, clinics, and laboratories. Data on HIV and stage 3 disease cases are entered into the federally issued enhanced HIV/AIDS Reporting System (eHARS) and de-identified case information is shared with CDC monthly. CDC uses these data to prepare national surveillance reports. Please note that the term 'HIV' encompasses all persons living with HIV infection regardless of their stage of disease (including persons diagnosed with HIV infection who have not progressed to stage 3 disease (AIDS); 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 non-primary non-secondary syphilis and late latent or unknown 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. This includes probable cases which meet clinical definitions but are not laboratory supported and confirmed cases which meet both the clinical definition and have an associated positive laboratory report. HAHSTA holds primary responsibility for hepatitis B (HBV) and hepatitis C (HCV) surveillance activities, while hepatitis A (HAV) is monitored by the Center for Policy and Program Evaluation 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. Recently HAHSTA received funding through the CDC to conduct active case investigations, engagement in care and treatment, and provider engagement. This includes Hepatitis C cases that would be defined as cured, where a nucleic acid test (NAT) is negative for viral RNA particles following treatment. As a result, a substantial amount of data reconciliation occurred resulting in a considerable difference in the number of cases reflected in this report when compared to previous annual reports and providing a better description of the burden of HBV and HCV in the District of Columbia. This process involved identifying cases that were reported more than once and actively searching for missing critical elements including treatment or viral load laboratory records not previously reported to DC Health. This allowed for a more accurate application of the CDC hepatitis case surveillance definition identifying Acute and Chronic infections. Acute hepatitis C infection is defined by a patient testing positive for the hepatitis C virus or antibodies within 6 months of the initial exposure. Acute hepatitis can often occur without symptoms but symptoms may include fatigue, nausea, fever, jaundice, and muscle aches. Chronic hepatitis C infection persists beyond 6 months after the person first tests positive for the hepatitis C virus or antibodies. Additionally, these significant improvements to data quality have allowed elements such as race/ethnicity, housing, and treatment to be included to describe HCV and HBV Cases in the District. Surveillance data presented in this report include probable and confirmed acute and chronic HBV and HCV cases as defined by the Centers for Disease Control and Prevention (CDC), diagnosed through December 31, 2022, and reported to DC Health.

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. However, labs have rebounded in 2022 with HIV labs being at 82% of 2019 levels in light of the announcement by the Mayor of DC to end the public health emergency in July of 2021, and it is also consistent with the decrease in newly diagnosed HIV cases. This rebound can result in artificial surges which do not reflect the accurate evolution of disease burden in DC but an increase in catching previously unreported cases by individuals seeking routine care which was interrupted by the public health emergency. Both Hepatitis B and Hepatitis C have not returned to pre-pandemic 2019 lab volumes. Hepatitis C labs are at 50% and hepatitis B labs at 75% of 2019 levels and both can be asymptomatic. The combination of lower lab volume and asymptomatic infections may have led to underdiagnosis and underreporting of Hepatitis B and C. Syphilis has seen a 51% increase in lab volume in 2022 compared to the 2019 levels. This increase could be due to greater awareness of at-risk populations or improved screening practices. Chlamydia and Gonorrhea labs are above or near 2019 levels and syphilis labs increased to 44,337. As we get farther from the peak of the COVID-19 pandemic, we will continue to monitor its impact on disease and public health trends.

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 2019-2022, District of Columbia

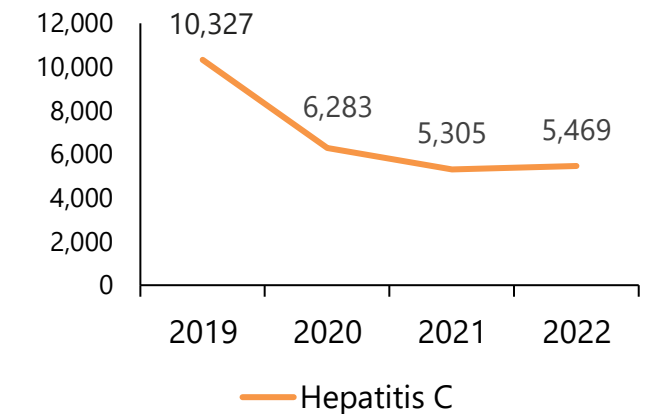
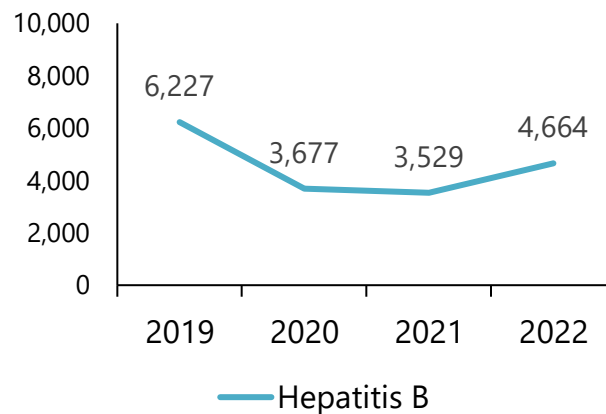
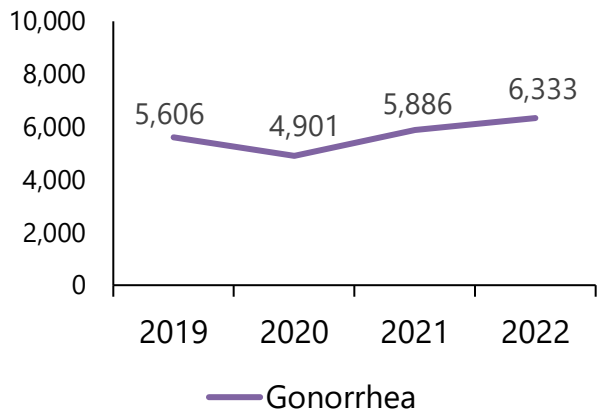
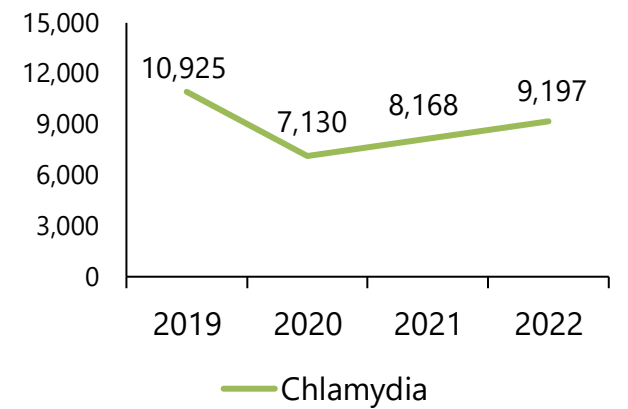
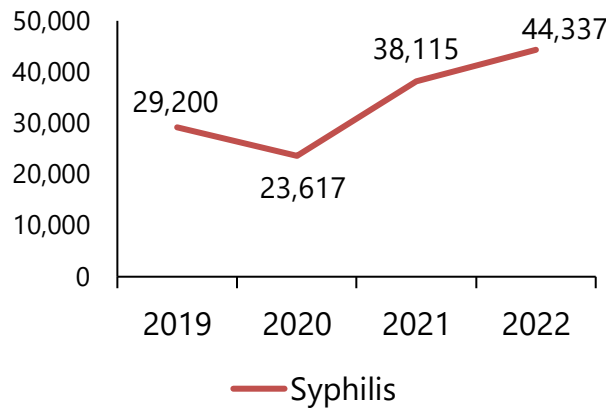
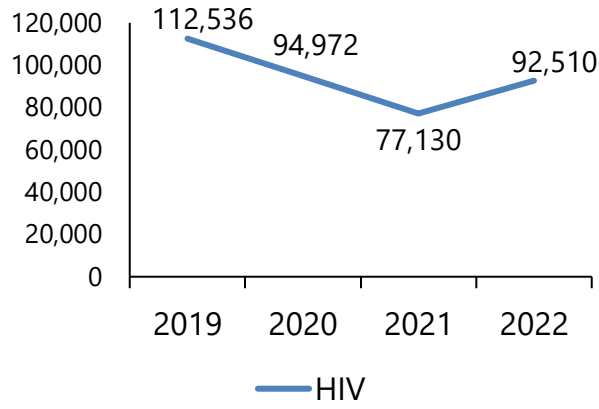


Table A1. Type of facility at HIV Diagnosis by Year of Diagnosis, District of Columbia, 2018-2022

Facility Type	2018		2019		2020		2021		2022		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Federally Qualified Health Center (FQHC) or Community Health Center (CHC)	111	33.6	94	34.3	72	33.8	71	31.7	77	36.7	425	34.0
Hospital	68	20.6	64	23.4	51	23.9	71	31.7	66	31.4	320	25.6
Hospital-based clinic	28	8.5	27	9.9	10	4.7	8	3.6	8	3.8	81	6.5
Private Practice	32	9.7	42	15.3	29	13.6	29	12.9	22	10.5	154	12.3
Health Department	9	2.7	8	2.9	22	10.3	21	9.4	20	9.5	80	6.4
Health Maintenance Organization (HMO)	12	3.6	13	4.7	5	2.3	6	2.7	3	1.4	39	3.1
Corrections	6	1.8	7	2.6	4	1.9	1	0.4	3	1.4	21	1.7
Urgent care	5	1.5	2	0.7	3	1.4	4	1.8	7	3.3	21	1.7
Military or Veterans	5	1.5	3	1.1	0	0.0	0	0.0	1	0.5	9	0.7
Community Based Organization (CBO)	0	0.0	0	0.0	0	0.0	2	0.9	1	0.5	3	0.2
Student health center	2	0.6	1	0.4	0	0.0	0	0.0	0	0.0	3	0.2
Other/Unknown	52	15.7	13	4.8	17	7.9	11	4.9	2	1.0	95	7.6
Missing	49	14.8	7	2.6	15	7.0	10	4.5	0	0.0	81	6.5
Total	330	100	274	100	213	100	224	100	210	100	1,251	100

Understanding the District of Columbia HIV Prevalence Estimate

There were 1,251 newly diagnosed HIV cases reported between 2018 and 2022. The total number of persons who are both living with HIV and were diagnosed in the District 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, the 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 registries matching provides 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. Additionally, DC Health conducts quarterly data exchanges with Maryland and Virginia to provide case and laboratory information. This exchange helps to

identify where a client is currently living and whether or not a person is in care. The summary table below 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, 2018-2022

Year of HIV Diagnosis	Potential Duplicate Cases Identified	Cases Assigned to Another State/Jurisdiction	
	N	N	%
2018	811	433	53.4
2019	451	258	57.2
2020	297	153	51.5
2021	292	148	50.7
2022	247	149	60.3

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. The total population of DC

$$\text{Prevalence Calculation: } \frac{11,747 \text{ people living with HIV in DC as of December, 2022}}{\text{Estimated 671,803 people living in the District, US Census 2022}} = 1.7\%$$

Table A3. Total Living HIV Cases and Rates of HIV based on Estimated 2022 DC Population by Gender Identity, Race/Ethnicity, and Age

	Total Living HIV Cases, 2022		Estimated DC Population†, 2022		Rate per 100,000
	N	%	N	%	
Gender Identity					
Male	8,458	72.0	319,682	47.6	2,645.8
Female	3,015	25.7	352,121	52.4	856.2
Transgender‡	274	2.3	N/A	N/A	N/A
Race/Ethnicity*					
White	1,727	14.7	252,150	37.5	684.9
Black	8,290	70.6	291,274	43.4	2,846.1
Latino	1,005	8.6	78,911	11.7	1,273.6
Other	725	6.2	49,468	7.4	1,465.6
Current Age					
<13	10	0.1	96,086	14.3	10.4

13-19	29	0.2	48,295	7.2	60
20-24	162	1.4	48,094	7.2	336.8
25-29	521	4.4	70,708	10.5	736.8
30-39	2,338	19.9	137,203	20.4	1,704.0
40-49	2,283	19.4	85,109	12.7	2,682.4
50-59	3,119	26.6	67,852	10.1	4,596.8
60 and older	3,284	28.0	118,456	17.6	2,772.3
Missing	1	0	0	N/A	N/A
Total	11,747	100	671,803	100	1,748.6
Male					
White	1,663	19.7	126,039	39.4	1,319.4
Black	5,375	63.5	132,501	41.4	4,056.6
Latino	860	10.2	39,681	12.4	2,167.3
Other	560	6.6	21,461	6.7	2,609.4
Total	8,458	100	319,682	100	2,645.8
Female					
White	52	1.7	126,111	35.8	41.2
Black	2,706	89.8	158,773	45.1	1,704.3
Latino	113	3.7	39,230	11.1	288.0
Other	144	4.8	28,007	8.0	514.2
Total	3,015	100	352,121	100	856.2
Transgender†					
White	12	4.4	N/A	N/A	N/A
Black	209	76.3	N/A	N/A	N/A
Latino	32	11.7	N/A	N/A	N/A
Other	21	7.7	N/A	N/A	N/A
Total	274	100	671,803	100	1,748.6
Ward					
Ward 1	1,350	11.5	85,285	12.4	1,582.9
Ward 2	1,036	8.8	89,485	13.0	1,157.7
Ward 3	334	2.8	85,301	12.4	391.6
Ward 4	1,173	10.0	84,660	12.3	1,385.5
Ward 5	1,713	14.6	89,617	13.0	1,911.5
Ward 6	1,155	9.8	84,266	12.2	1,370.7
Ward 7	2,190	18.6	85,685	12.4	2,555.9
Ward 8	1,992	17.0	85,246	12.4	2,336.8
Missing	804	6.8	N/A	-	-
Total	11,747	100	689,545**	100	N/A

†Source: 2022 US Census Estimates

*Race and ethnicity are combined for this report into mutually exclusive categories. Individuals who 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 Latino individuals 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, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals.

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

**Most recent population counts by Ward is from 2022 estimates using 2020 census data from the DC Office of Planning and cannot currently be calculated from 2022 census estimates https://planning.dc.gov/sites/default/files/dc/sites/op/page_content/attachments/All%20Wards%20Map%202022_Population.pdf

4. **Increase in DC population.** The District of Columbia’s population is changing as evidenced by the 2010 US Census and 2022 US Census data estimates. The table depicts the percent change between the 2010 Census and 2022 Census estimates. There was an 11.0% increase in the total number of persons living in the District.

Table A4. Increase in Population from 2010 to 2022, District of Columbia

	DC Population 2010*	Estimated DC Population**, 2022	Percent change
Birth Sex	N	N	%
Male	285,953	319,682	11.8
Female	319,273	352,121	10.3
Total	605,226	671,803	11.0
Race/Ethnicity			
White	211,946	252,150	19.0
Black	302,598	291,274	-3.7
Latino	55,847	78,911	41.3
Other***	34,835	49,468	42.0
Total	605,226	671,803	11.0
Current Age			
<13	74,288	96,086	29.3
13-19	49,920	48,295	-3.3
20-29	133,980	118,802	-11.3
30-39	99,467	137,203	37.9
40-49	76,652	85,109	11.0
50-59	71,763	67,852	-5.4
60 and older	99,156	118,456	19.5
Total	605,226	671,803	11.0

#Population data on Transgender individuals are not collected by the US Census

*Source: 2010 US Census **Source: 2022 US Census Estimates ***Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals.

The number of Latino individuals living in the District increased by 41.3%, and the number of those classified as other race increased by 42.0%. The change among Black individuals was -3.7%, the only race/ethnicity group showing a decline in population. In addition, the population between 30 and 39 years of age increased by 37.9%, while the population between 20 and 29 years of age decreased by 11.3%.

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, statistical analyses were performed to separate this group into representative smaller groups representative of the DC population to estimate 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 report HIV cases to DC DOH.
- **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 2022 HIV Transmitted Drug Resistance profile provides information about HIV drug resistance among DC residents newly diagnosed with HIV during the five-year span from 2018-2022.

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.

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
1-Class TDRM	Transmitted drug resistance mutation against one class of drugs
2-Class TDRM	Transmitted drug resistance mutation against two classes of drugs
3-Class TDRM	Transmitted drug resistance mutation against three classes of drugs
4-Class TDRM	Transmitted drug resistance mutation against four classes of drugs
*Definitions and resistance ascertained from Secure HIV-TRACE, a secure online tool developed by CDC to analyze sequences.	

Table A6. Completeness of HIV Sequences for New HIV Diagnoses, District of Columbia, 2019-2022

	Total Diagnoses	Complete Sequence		Sequence within 3 months of Diagnosis	
Year	N	N	%	N	%
2019	269	172	63.9	146	54.3
2020	201	124	61.7	115	57.2
2021	206	108	52.4	91	44.2
2022	208	113	54.3	106	51.0
Total	884	517	58.5	458	51.8

Table A7. TDRMs in Individuals with No Evidence of ARV Use, by Gender Identity, Age at Diagnosis, and Race/Ethnicity, District of Columbia, 2022

	Total	Any TDRM	
Gender	N	N	%
Male	255	44	17.3
Female	70	16	22.9
Transgender	7	2	28.6
Unknown	1	0	0.0
Total	333	62	18.6
Race/Ethnicity			
Black	236	42	17.8
Latino	42	7	16.7
White	43	11	25.6
Other	10	2	20.0
Unknown	2	0	0.0
Total			
Age at Diagnosis			
< 13	2	0	0.0
13-19	13	3	23.1
20-29	133	20	15
30-39	93	20	21.5
40-49	43	10	23.3
50+	49	9	18.4
Total			

Glossary

- **Primary syphilis:** a syphilis infection with a firm, round, and painless chancre at the initial site of infection.
- **Secondary syphilis:** A syphilis infection characterized by localized or diffused rashes on the skin. Often found on the palms of the hands, soles of the feet or trunk of the body along with generalized swelling of the lymph nodes.
- **Early non-primary non-secondary syphilis:** a syphilis infection that has occurred in the past 12 months where the patient exhibits no symptoms of primary or secondary syphilis infection, but the patient's syphilis serology tests are reactive for both nontreponemal (ex: RPR) and treponemal tests (ex:TP-PA).
- **Acute hepatitis C:** hepatitis C infection where the patient test positive for the hepatitis C virus or antibodies within 6 months of the initial exposure. Acute hepatitis can often occur without symptoms but symptoms may include fatigue, nausea, fever, jaundice and muscle aches.
- **Chronic hepatitis:** hepatitis C infection that persists beyond 6 months after the person first tests positive for the hepatitis C virus or antibodies.
- **Transmitted drug resistance mutation (TDRM):** a HIV sequence mutation identified in an individual with no evidence of antiretroviral (ARV) use within three months of diagnosis.
- **MSM:** men who have sex with men
- **IDU:** injection drug use
- **RNI:** risk not identified
- **Other transmission category:** perinatal transmission, hemophilia, blood transfusion, and occupational exposure

Appendix B. Supplementary Tables and Figures

Table B1. People Living with HIV in the District of Columbia as of December 31, 2022, 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	13,060	73.3	6,536	69.1	1,915	83.7	8,458	72.0	6,524	77.9
Female	4,417	24.8	2,704	28.6	311	13.6	3,015	25.7	1,713	20.5
Transgender	351	2.0	219	2.3	62	2.7	274	2.3	132	1.6
Missing	1	0.0	0	0	0	0	0	0	1	0.0
Total	17,829	100	9,459	100	2,288	100	11,747	100	8,370	100
Current Age										
<13	8	0.0	6	0.1	4	0.2	10	0.1	2	0.0
13-19	38	0.2	25	0.3	4	0.2	29	0.2	13	0.2
20-24	159	0.9	126	1.3	36	1.6	162	1.4	33	0.4
25-29	524	2.9	361	3.8	161	7.0	521	4.4	163	1.9
30-39	2,675	15.0	1,597	16.9	741	32.4	2,338	19.9	1,078	12.9
40-49	3,437	19.3	1,810	19.1	473	20.7	2,283	19.4	1,627	19.4
50-59	5,145	28.9	2,605	27.5	513	22.4	3,119	26.6	2,540	30.3
60+	5,842	32.8	2,928	31.0	356	15.6	3,284	28.0	2,914	34.8
Missing	1	0.0	1	0.0	0	0.0	1	0.0	-	0.0
Total	17,829	100	9,459	100	2,288	100	11,747	100	8,370	100
Race/Ethnicity										
White	2,870	16.1	1,249	13.2	478	20.9	1,727	14.7	1,621	19.4
Black	12,026	67.5	6,992	73.9	1,298	56.7	8,290	70.6	5,034	60.1
Latino	1,542	8.6	740	7.8	265	11.6	1,005	8.6	802	9.6
Other*	1,391	7.8	478	5.1	247	10.8	725	6.2	913	10.9
Total	17,829	100	9,459	100	2,288	100	11,747	100	8,370	100
Mode of Transmission										
Sexual contact	13,221	74.2	7,089	74.9	1,844	80.6	8,946	76.2	6,132	73.3
Injection drug use (IDU)	1,782	10.0	922	9.7	80	3.5	994	8.5	860	10.3
Sexual contact/IDU	886	5.0	357	3.8	117	5.1	465	4.0	529	6.3
Other**	203	1.1	111	1.2	34	1.5	145	1.2	92	1.1
Risk not identified	1,737	9.7	980	10.4	213	9.3	1,197	10.2	757	9.0
Total	17,829	100	9,459	100	2,288	100	11,747	100	8,370	100

*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals

** 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, 2022, 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	8,422	64.5	4,133	63.2	1,470	76.8	5,613	66.4	4,289	65.7
IDU	967	7.4	465	7.1	48	2.5	510	6.0	502	7.7
MSM/IDU	858	6.6	337	5.2	113	5.9	443	5.2	521	8.0
Heterosexual contact	1,599	12.2	937	14.3	114	6.0	1,053	12.4	662	10.1
Other*	546	4.2	44	0.7	17	0.9	61	0.7	502	7.7
Risk not identified	668	5.1	620	9.5	153	8.0	778	9.2	48	0.7
Total	13,060	100	6,536	100	1,915	100	8,458	100	6,524	100
Female										
IDU	802	18.2	450	16.6	32	10.3	477	15.8	352	20.5
Heterosexual contact	2,947	66.7	1,865	69.0	207	66.6	2,077	68.9	1,082	63.2
Other*	106	2.4	62	2.3	17	5.5	79	2.6	44	2.6
Risk not identified	562	12.7	327	12.1	55	17.7	382	12.7	235	13.7
Total	4,417	100	2,704	100	311	100	3,015	100	1,713	100
Transgender										
Sexual contact	252	71.8	154	70.3	53	85.5	203	74.1	98	74.2
IDU	13	3.7	7	3.2	0	0	7	2.6	6	4.5
Sexual contact/IDU	28	8.0	20	9.1	4	6.5	22	8.0	8	6.1
Other**	5	1.4	5	2.3	0	0	5	1.8	0	0.0
Risk not identified	53	15.1	33	15.1	5	8.1	37	13.5	20	15.2
Total	351	100	219	100	62	100	274	100	132	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, 2022

	White		Black		Latino		Other*		Total	
	N	%	N	%	N	%	N	%	N	%
Gender Identity										
Male	1,663	96.3	5,375	64.8	860	85.6	560	77.2	8,458	72.0
Female	52	3.0	2,706	32.6	113	11.2	144	19.8	3,015	25.7
Transgender	12	0.7	209	2.5	32	3.2	21	2.9	274	2.3
Total	1,727	100	8,290	100	1,005	100	725	100	11,747	100
Mode of Transmission										
Sexual Contact	1,493	86.5	6,049	73.0	869	86.5	535	73.8	8,946	76.2
Injection drug use (IDU)	21	1.2	892	10.8	32	3.2	49	6.7	994	8.5
Sexual Contact/IDU	83	4.8	305	3.7	29	2.9	48	6.6	465	4.0
Risk not Identified	126	7.3	925	11.2	66	6.6	80	11.0	1,197	10.2
Other**	4	0.2	119	1.4	9	0.9	13	1.8	145	1.2
Total	1,727	100	8,290	100	1,005	100	725	100	11,747	100
Male										
MSM	1,420	85.4	3,125	58.1	687	79.9	381	68.0	5,613	66.4
Injection drug use (IDU)	11	0.7	455	8.5	16	1.9	28	5.0	510	6.0
MSM/IDU	83	5.0	285	5.3	27	3.1	48	8.6	443	5.2
Heterosexual Contact	31	1.9	905	16.9	76	8.8	41	7.3	1,053	12.4
Risk not Identified	116	7.0	554	10.3	50	5.8	58	10.3	778	9.2
Other**	2	0.1	51	0.9	4	0.5	4	0.7	61	0.7
Subtotal	1,663	100	5,375	100	860	100	560	100	8,458	100
Female										
Injection drug use (IDU)	9	17.3	432	16.0	15	13.3	21	14.6	477	15.8
Heterosexual Contact	31	59.6	1,874	69.3	77	68.1	95	66.0	2,077	68.9
Risk not Identified	10	19.2	337	12.4	16	14.2	19	13.2	382	12.7
Other**	2	3.8	63	2.3	5	4.4	9	6.3	79	2.6
Subtotal	52	100	2,706	100	113	100	144	100	3,015	100
Transgender										
Sexual Contact	11	91.7	145	69.4	29	90.6	18	85.7	203	74.1
Injection drug use (IDU)	1	8.3	5	2.4	1	3.1	0	0.0	7	2.6
Sexual Contact/IDU	0	0.0	20	9.6	2	6.3	0	0.0	22	8.0
Risk not Identified	0	0.0	34	16.3	0	0.0	3	14.3	37	13.5
Other**	0	0.0	5	2.4	0	0.0	0	0.0	5	1.8
Subtotal	12	100	209	100	32	100	21	100	274	100

* Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals

** 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, 2022

	White		Black		Latino		Other*		Total	
	N	%	N	%	N	%	N	%	N	%
Current Age										
<13	1	0.1	6	0.1	1	0.1	2	0.3	10	0.1
13-19	0	0.0	24	0.3	4	0.4	1	0.1	29	0.2
20-24	4	0.2	136	1.6	12	1.2	10	1.4	162	1.4
25-29	43	2.5	369	4.5	66	6.6	43	5.9	521	4.4
30-39	219	12.7	1,653	19.9	282	28.0	184	25.3	2,338	19.9
40-49	335	19.4	1,559	18.8	234	23.3	155	21.3	2,283	19.4
50-59	526	30.5	2,155	26.0	260	25.9	178	24.5	3,119	26.6
60 and older	599	34.7	2,388	28.8	146	14.5	151	20.8	3,284	28.0
Missing	0	0.0	0	0.0	0	0.0	1	0.1	1	0.0
Total	1,727	100	8,290	100	1,005	100	725	100	11,747	100
Male										
<13	0	0.0	3	0.1	1	0.1	1	0.2	5	0.1
13-19	0	0.0	15	0.3	1	0.1	1	0.2	17	0.2
20-24	4	0.2	101	1.9	10	1.2	6	1.1	121	1.4
25-29	42	2.5	263	4.9	62	7.2	30	5.3	397	4.7
30-39	205	12.3	1,248	23.2	246	28.6	148	26.4	1,847	21.8
40-49	322	19.4	928	17.3	196	22.8	120	21.4	1,566	18.5
50-59	510	30.7	1,287	23.9	219	25.5	133	23.7	2,149	25.4
60 and older	580	34.9	1,530	28.5	125	14.5	120	21.4	2,355	27.8
Missing	0	0.0	0	0.0	0	0.0	1	0.2	1	0.0
Subtotal	1,663	100	5,375	100	860	100	560	100	8,458	100
Female										
<13	1	1.9	2	0.1	0	0.0	1	0.7	4	0.1
13-19	0	0.0	8	0.3	3	2.7	0	0.0	11	0.4
20-24	0	0.0	32	1.2	2	1.8	4	2.8	38	1.3
25-29	1	1.9	92	3.4	2	1.8	11	7.6	106	3.5
30-39	8	15.4	340	12.6	20	17.7	28	19.4	396	13.1
40-49	10	19.2	580	21.4	30	26.5	30	20.8	650	21.6
50-59	15	28.8	826	30.5	36	31.9	40	27.8	917	30.4
60 and older	17	32.7	826	30.5	20	17.7	30	20.8	893	29.6
Missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

Subtotal	52	100	2,706	100	113	100	144	100	3,015	100
Transgender										
<13	0	0.0	1	0.5	0	0.0	0	0.0	1	0.4
13-19	0	0.0	1	0.5	0	0.0	0	0.0	1	0.4
20-24	0	0.0	3	1.4	0	0.0	0	0.0	3	1.1
25-29	0	0.0	14	6.7	2	6.3	2	9.5	18	6.6
30-39	6	50.0	65	31.1	16	50.0	8	38.1	95	34.7
40-49	3	25.0	51	24.4	8	25.0	5	23.8	67	24.5
50-59	1	8.3	42	20.1	5	15.6	5	23.8	53	19.3
60 and older	2	16.7	32	15.3	1	3.1	1	4.8	36	13.1
Missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Subtotal	12	100	209	100	32	100	21	100	274	100

*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals

Table B5. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis, District of Columbia, 2018-2022

	2018		2019		2020		2021		2022		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender Identity												
Male	255	77.3	211	77.0	163	76.5	171	76.3	154	73.3	954	76.3
Female	68	20.6	59	21.5	40	18.8	49	21.9	48	22.9	264	21.1
Transgender	7	2.1	4	1.5	10	4.7	4	1.8	8	3.8	33	2.6
Missing	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	330	100	274	100	213	100	224	100	210	100	1,251	100
Race/Ethnicity												
White	27	8.2	22	8.0	27	12.7	26	11.6	16	7.6	118	9.4
Black	248	75.2	202	73.7	150	70.4	146	65.2	154	73.3	900	71.9
Latino	32	9.7	39	14.2	24	11.3	36	16.1	29	13.8	160	12.8
Other*	23	7.0	11	4.0	12	5.6	16	7.1	11	5.2	73	5.8
Total	330	100	274	100	213	100	224	100	210	100	1,251	100
Mode of Transmission												
Sexual Contact	272	82.4	249	90.9	186	87.3	196	87.5	174	82.9	1,077	86.1
Injection drug use (IDU)	11	3.3	3	1.1	1	0.5	2	0.9	8	3.8	25	2.0
Sexual Contact/IDU	10	3.0	7	2.6	9	4.2	5	2.2	7	3.3	38	3.0
Risk Not Identified	37	11.2	13	4.7	17	8.0	21	9.4	21	10.0	109	8.7
Other**	0	0.0	2	0.7	0	0.0	0	0.0	0	0.0	2	0.2
Total	330	100	274	100	213	100	224	100	210	100	1,251	100
Age at Diagnosis												
<13	0	0.0	2	0.7	0	0.0	0	0.0	0	0.0	2	0.2
13-17	2	0.6	3	1.1	4	1.9	1	0.4	2	1.0	12	1.0
18-19	11	3.3	11	4.0	6	2.8	7	3.1	4	1.9	39	3.1
20-24	52	15.8	37	13.5	28	13.1	23	10.3	33	15.7	173	13.8
25-29	61	18.5	49	17.9	50	23.5	36	16.1	48	22.9	244	19.5
30-39	93	28.2	82	29.9	54	25.4	80	35.7	67	31.9	376	30.1
40-49	46	13.9	34	12.4	29	13.6	24	10.7	24	11.4	157	12.5
50-59	46	13.9	38	13.9	31	14.6	32	14.3	18	8.6	165	13.2
60 and older	19	5.8	18	6.6	10	4.7	16	7.1	12	5.7	75	6.0
Missing	0	0.0	0	0.0	1	0.5	5	2.2	2	1.0	8	0.6
Total	330	100	274	100	213	100	224	100	210	100	1,251	100

* Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals.

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

Table B5a. Newly Diagnosed HIV Cases by Ward, District of Columbia, 2022

Ward	N	%	Rate
Ward 1	15	7.1	17.6
Ward 2	19	9.0	21.2
Ward 3	7	3.3	8.2
Ward 4	20	9.5	23.6
Ward 5	29	13.8	32.4
Ward 6	20	9.5	23.7
Ward 7	38	18.1	44.3
Ward 8	40	19.0	46.9
Missing	22	10.5	-
Total	210	100	30.5

Table B6. Newly Diagnosed HIV Cases by Year of Diagnosis, Gender Identity, and Mode of Transmission, District of Columbia, 2018-2022

	2018		2019		2020		2021		2022		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
MSM	184	72.2	161	76.3	121	74.2	131	76.6	103	66.9	700	73.4
Injection drug use (IDU)	7	2.7	2	0.9	0	0.0	0	0.0	4	2.6	13	1.4
MSM/IDU	10	3.9	6	2.8	8	4.9	5	2.9	6	3.9	35	3.7
Heterosexual Contact	30	11.8	32	15.2	23	14.1	19	11.1	26	16.9	130	13.6
Risk not identified	24	9.4	9	4.3	11	6.7	16	9.4	15	9.7	75	7.9
Other*	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	1	0.1
Subtotal	255	100	211	100	163	100	171	100	154	100	954	100
Female												
Injection drug use (IDU)	4	5.9	1	1.7	1	2.5	2	4.1	4	8.3	12	4.5
Heterosexual Contact	52	76.5	53	89.8	35	87.5	43	87.8	38	79.2	221	83.7
Risk not identified	12	17.6	4	6.8	4	10.0	4	8.2	6	12.5	30	11.4
Other**	0	0.0	1	1.7	0	0.0	0	0.0	0	0.0	1	0.4
Subtotal	68	100	59	100	40	100	49	100	48	100	264	100
Transgender												
Sexual Contact	6	85.7	3	75.0	7	70.0	3	75.0	7	87.5	26	78.8
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	1	25.0	1	10.0	0	0.0	1	12.5	3	9.1
Risk not identified	1	14.3	0	0.0	2	20.0	1	25.0	0	0.0	4	12.1
Other*	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Subtotal**	7	100	4	100	10	100	4	100	8	100	33	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, 2018-2022

	2018		2019		2020		2021		2022		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
<13	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	1	0.1
13-17	1	0.4	2	0.9	4	2.5	1	0.6	2	1.3	10	1.0
18-19	9	3.5	10	4.7	6	3.7	7	4.1	3	1.9	35	3.7
20-24	45	17.6	33	15.6	22	13.5	20	11.7	25	16.2	145	15.2
25-29	52	20.4	39	18.5	43	26.4	29	17.0	37	24.0	200	21.0
30-39	77	30.2	72	34.1	40	24.5	66	38.6	55	35.7	310	32.5
40-49	27	10.6	24	11.4	23	14.1	16	9.4	14	9.1	104	10.9
50-59	31	12.2	20	9.5	18	11.0	17	9.9	11	7.1	97	10.2
60 and older	13	5.1	10	4.7	6	3.7	10	5.8	6	3.9	45	4.7
Missing	0	0.0	0	0.0	1	0.6	5	2.9	1	0.6	7	0.7
Subtotal	255	100	211	100	163	100	171	100	154	100	954	100
Female												
<13	0	0.0	1	1.7	0	0.0	0	0.0	0	0.0	1	0.4
13-17	1	1.5	1	1.7	0	0.0	0	0.0	0	0.0	2	0.8
18-19	2	2.9	1	1.7	0	0.0	0	0.0	1	2.1	4	1.5
20-24	6	8.8	3	5.1	5	12.5	2	4.1	3	6.3	19	7.2
25-29	8	11.8	7	11.9	4	10.0	5	10.2	9	18.8	33	12.5
30-39	13	19.1	10	16.9	10	25.0	14	28.6	12	25.0	59	22.3
40-49	17	25.0	10	16.9	4	10.0	8	16.3	10	20.8	49	18.6
50-59	15	22.1	18	30.5	13	32.5	15	30.6	6	12.5	67	25.4
60 and older	6	8.8	8	13.6	4	10.0	5	10.2	6	12.5	29	11.0
Missing	0	-	0	-	0	-	0	-	1	2.0	1	0.3
Subtotal	68	100	59	100	40	100	49	100	48	100	264	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	1	14.3	1	25.0	1	10.0	1	25.0	5	62.5	9	27.3
25-29	1	14.3	3	75.0	3	30.0	2	50.0	2	25.0	11	33.3
30-39	3	42.9	0	0.0	4	40.0	0	0.0	0	0.0	7	21.2
40-49	2	28.6	0	0.0	2	20.0	0	0.0	0	0.0	4	12.1
50-59	0	0.0	0	0.0	0	0.0	0	0.0	1	12.5	1	3.0
60 and older	0	0.0	0	0.0	0	0.0	1	25.0	0	0.0	1	3.0
Subtotal**	7	100	4	100	10	100	4	100	8	100	33	100

** One individual with missing gender was excluded

Table B8. HIV Care Continuum among Cases Living in DC through the end of 2021, by Selected Characteristics, District of Columbia, 2022

	Living in DC		Ever linked to care		Retained in any care in 2022 ^a		Retained in continuous care in 2022 ^b		Ever virally suppressed		Suppressed at last known viral status in 2022	
	N		N	%	N	%	N	%	N	%	N	%
Sex												
Male	8,252		8,152	98.8	6,643	80.5	4,329	52.5	7,156	86.7	5,657	68.6
Female	3,002		2,965	98.8	2,457	81.8	1,675	55.8	2,510	83.6	2,061	68.7
Transgender	266		259	97.4	219	82.3	155	58.3	220	82.7	183	68.8
Total	11,520		11,376	98.8	9,319	80.9	6,159	53.5	9,886	85.8	7,901	68.6
Race/Ethnicity												
White	1,683		1,671	99.3	1,358	80.7	901	53.5	1,599	95.0	1,250	74.3
Black	8,158		8,049	98.7	6,631	81.3	4,419	54.2	6,841	83.9	5,545	68.0
Latino	979		963	98.4	769	78.5	516	52.7	858	87.6	664	67.8
Other**	700		693	99.0	561	80.1	323	46.1	588	84.0	442	63.1
Total	11,520		11,376	98.8	9,319	80.9	6,159	53.5	9,886	85.8	7,901	68.6
Mode of Transmission												
Sexual contact	8,725		8,639	99.0	7,097	81.3	4,657	53.4	7,552	86.6	6,062	69.5
Injection drug use (IDU)	1,001		998	99.7	837	83.6	589	58.8	840	83.9	693	69.2
Sexual contact/IDU	456		455	99.8	375	82.2	272	59.6	386	84.6	311	68.2
Other***	147		145	98.6	117	79.6	79	53.7	103	70.1	79	53.7
Risk not identified	1,191		1,139	95.6	893	75.0	562	47.2	1,005	84.4	756	63.5
Total	11,520		11,376	98.8	9,319	80.9	6,159	53.5	9,886	85.8	7,901	68.6
Current Age												
0-19	47		43	91.5	31	66.0	28	59.6	30	63.8	21	44.7
20-24	174		164	94.3	116	66.7	72	41.4	118	67.8	85	48.9
25-29	569		558	98.1	417	73.3	250	43.9	441	77.5	336	59.1
30-39	2,287		2,244	98.1	1,752	76.6	1,067	46.7	1,823	79.7	1,415	61.9
40-49	2,268		2,237	98.6	1,825	80.5	1,144	50.4	1,908	84.1	1,521	67.1
50-59	3,246		3,227	99.4	2,744	84.5	1,847	56.9	2,894	89.2	2,382	73.4
60 and older	2,929		2,903	99.1	2,434	83.1	1,751	59.8	2,672	91.2	2,141	73.1
Total	11,520		11,376	98.8	9,319	80.9	6,159	53.5	9,886	85.8	7,901	68.6

^a Having at least 1 medical visit in 2022. ^b Having 2 or more medical visits in 2022 that were at least 90 days apart

**Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals.

*** 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, 2017-2021

	Newly Diagnosed between 2017-2021 and Living in 2022***		Linked within 3 Months of Diagnosis		Viral suppression within 12 months of HIV diagnosis	
	N		N	%	N	%
Gender Identity						
Male	1,048		886	84.5	812	77.5
Female	289		250	86.5	224	77.5
Transgender	37		29	78.4	27	73.0
Total	1,374		1,165	84.8	1,063	77.4
Race/Ethnicity						
White	138		127	92.0	111	80.4
Black	973		812	83.5	753	77.4
Latino	174		148	85.1	129	74.1
Other*	89		78	87.6	70	78.7
Total	1,374		1,165	84.8	1,063	77.4
Mode of Transmission						
Sexual contact	1,169		1,005	86.0	935	80.0
Injection drug use (IDU)	23		20	87.0	11	47.8
Sexual contact/IDU	36		32	88.9	29	80.6
Other**	4		4	100.0	4	100.0
Risk not identified	142		104	73.2	84	59.2
Total	1,374		1,165	84.8	1,063	77.4
Age at Diagnosis						
0-19	69		63	91.3	56	81.2
20-24	196		162	82.7	156	79.6
25-29	265		227	85.7	201	75.8
30-39	415		347	83.6	322	77.6
40-49	182		149	81.9	134	73.6
50-59	171		150	87.7	137	80.1
60 and older	76		67	88.2	57	75.0
Total	1,374		1,165	84.8	1,063	77.4
Year of Diagnosis						
2017	372		308	82.8	281	75.5
2018	313		270	86.3	241	77.0
2019	265		229	86.4	206	77.7
2020	203		177	87.2	164	80.8
2021	221		181	81.9	171	77.4
Total	1,374		1,165	84.8	1,063	77.4

*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)

*** Excluded if deceased on or before December 31, 2022

Table B10. Time to Linkage to HIV Care among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2018-2022

	Newly diagnosed cases 2018-2022***		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	925	543	58.7	140	15.1	58	6.3	55	5.9	83	9.0	46	5.0	
Female	254	131	51.6	44	17.3	22	8.7	29	11.4	15	5.9	13	5.1	
Transgender	33	19	57.6	6	18.2	1	3.0	0	0	3	9.1	4	12.1	
Total	1,212	693	57.2	190	15.7	81	6.7	84	6.9	101	8.3	63	5.2	
Race/Ethnicity														
White	114	68	59.6	26	22.8	6	5.3	7	6.1	3	2.6	4	3.5	
Black	873	486	55.7	137	15.7	58	6.6	67	7.7	78	8.9	47	5.4	
Latino	154	92	59.7	20	13.0	13	8.4	7	4.5	15	9.7	7	4.5	
Other*	71	47	66.2	7	9.9	4	5.6	3	4.2	5	7.0	5	7.0	
Total	1,212	693	57.2	190	15.7	81	6.7	84	6.9	101	8.3	63	5.2	
Mode of Transmission														
Sexual contact	1,051	595	56.6	176	16.7	74	7.0	77	7.3	87	8.3	42	4.0	
Injection drug use (IDU)	23	18	78.3	2	8.7	0	0.0	0	0.0	1	4.3	2	8.7	
Sexual contact/IDU	38	23	60.5	8	21.1	2	5.3	2	5.3	2	5.3	1	2.6	
Other**	1	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
Risk not identified	99	56	56.6	4	4.0	5	5.1	5	5.1	11	11.1	18	18.2	
Total	1,212	693	57.2	190	15.7	81	6.7	84	6.9	101	8.3	63	5.2	
Age at Diagnosis														
0-19	52	33	63.5	6	11.5	4	7.7	4	7.7	3	5.8	2	3.8	
20-24	172	97	56.4	27	15.7	13	7.6	9	5.2	18	10.5	8	4.7	
25-29	245	147	60.0	43	17.6	13	5.3	13	5.3	19	7.8	10	4.1	
30-39	372	206	55.4	55	14.8	25	6.7	33	8.9	31	8.3	22	5.9	
40-49	151	84	55.6	22	14.6	12	7.9	9	6.0	17	11.3	7	4.6	
50-59	155	89	57.4	25	16.1	11	7.1	9	5.8	11	7.1	10	6.5	
60 and older	65	37	56.9	12	18.5	3	4.6	7	10.8	2	3.1	4	6.2	
Total	1,212	693	57.2	190	15.7	81	6.7	84	6.9	101	8.3	63	5.2	
Year of Diagnosis														
2018	313	193	61.7	40	12.8	21	6.7	16	5.1	29	9.3	14	4.5	
2019	265	136	51.3	51	19.2	22	8.3	20	7.5	28	10.6	8	3.0	
2020	203	122	60.1	34	16.7	11	5.4	10	4.9	10	4.9	16	7.9	
2021	221	120	54.3	27	12.2	12	5.4	22	10.0	26	11.8	14	6.3	
2022	210	122	58.1	38	18.1	15	7.1	16	7.6	8	3.8	11	5.2	
Total	1,212	693	57.2	190	15.7	81	6.7	84	6.9	101	8.3	63	5.2	

*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals..

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

***Excluded if diagnosed from 2018-2021 and deceased on or before December 31, 2022

Table B11. Time to Initial Viral Suppression among Newly Diagnosed Cases, by Selected Characteristics, District of Columbia, 2018-2022*

	Newly diagnosed cases 2018-2022	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	925	479	51.8	152	16.4	155	16.8	139	15.0	69.0
Female	254	122	48.0	49	19.3	46	18.1	37	14.6	84.5
Transgender	33	15	45.5	7	21.2	4	12.1	7	21.2	60.5
Total	1,212	616	50.8	208	17.2	205	16.9	183	15.1	62.0
Race/Ethnicity										
White	114	63	55.3	23	20.2	17	14.9	11	9.6	63.0
Black	873	424	48.6	151	17.3	153	17.5	145	16.6	77.0
Latino	154	83	53.9	26	16.9	26	16.9	19	12.3	79.0
Other**	71	46	64.8	8	11.3	9	12.7	8	11.3	51.0
Total	1,212	616	50.8	208	17.2	205	16.9	183	15.1	62.0
Mode of Transmission										
Sexual contact	1,051	546	52.0	183	17.4	182	17.3	140	13.3	63.0
Injection drug use (IDU)	23	8	34.8	5	21.7	5	21.7	5	21.7	126.5
Sexual contact/IDU	38	18	47.4	9	23.7	5	13.2	6	15.8	77.0
Other***	1	1	100.0	0	0.0	0	0.0	0	0.0	N/A
Risk not identified	99	43	43.4	11	11.1	13	13.1	32	32.3	37.0
Total	1,212	616	50.8	208	17.2	205	16.9	183	15.1	62.0
Age at Diagnosis										
0-19	52	30	57.7	8	15.4	7	13.5	7	13.5	62.5
20-24	172	89	51.7	22	12.8	36	20.9	25	14.5	56.0
25-29	245	119	48.6	46	18.8	39	15.9	41	16.7	58.0
30-39	372	188	50.5	69	18.5	61	16.4	54	14.5	65.5
40-49	151	69	45.7	32	21.2	27	17.9	23	15.2	84.5
50-59	155	83	53.5	20	12.9	30	19.4	22	14.2	57.0
60 and older	65	38	58.5	11	16.9	5	7.7	11	16.9	48.5
Total	1,212	616	50.8	208	17.2	205	16.9	183	15.1	62.0
Year of Diagnosis										
2018	313	139	44.4	65	20.8	75	24.0	34	10.9	90.0
2019	265	139	52.5	40	15.1	53	20.0	33	12.5	64.5
2020	203	105	51.7	43	21.2	24	11.8	31	15.3	62.0
2021	221	116	52.5	27	12.2	39	17.6	39	17.6	51.5
2022	210	117	55.7	33	15.7	14	6.7	46	21.9	53.0
Total	1,212	616	50.8	208	17.2	205	16.9	183	15.1	62.0

* Follow-up time varies by year of diagnosis, Excluded if diagnosed from 2018-2021 and deceased on or before December 31, 2022 ** 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, 2022

Gender Identity	≥ 1 medical visit		Retained in care**		Prescribed ART		VL suppressed***	
	N		N	%	N	%	N	%
Male	1,741		1,175	67.5	1,681	96.6	1,472	84.5
Female	1,249		903	72.3	1,206	96.6	1,052	84.2
Transgender M-F	33		13	39.4	32	97.0	28	84.8
Transgender F-M	12		12	100	12	100.0	11	91.7
Current age								
<13	6		5	83.3	6	100	5	83.3
13-24	83		49	59.0	78	94.0	55	66.3
25-34	393		237	60.3	371	94.4	309	78.6
35-44	516		330	64.0	495	95.9	416	80.6
45-54	667		490	73.5	648	97.2	562	84.3
55-64	880		633	71.9	851	96.7	780	88.6
65+	490		359	73.3	482	98.4	436	89.0
Race*								
White	196		125	63.8	187	95.4	171	87.2
Black	2,666		1,862	69.8	2,582	96.8	2,256	84.6
Asian	5		4	80.0	4	80.0	5	100
More than one race	129		91	70.5	125	96.9	103	79.8
Missing/Other	39		21	53.8	33	84.6	28	71.8
Ethnicity								
Latino	215		144	67.0	202	94.0	177	82.3
Not Latino	2,812		1,958	69.6	2,721	96.8	2,384	84.8
Unknown	8		1	12.5	8	100	2	25.0
HIV/AIDS Risk Factors*								
MSM	905		578	63.9	873	96.5	762	84.2
MSM/IDU	8		5	62.5	8	100	6	80.0
Injection drug use (IDU)	327		232	70.9	317	96.9	280	85.6
Heterosexual contact	1,523		1,092	71.7	1,477	97.0	1,298	85.2
Blood Transfusion/Blood Comp	8		5	62.5	7	87.5	6	75.0
Mother at risk/Perinatal	57		50	87.7	57	100	41	71.9
Risk not identified	206		140	68.0	191	92.7	170	82.5
Total	3,035		2,103	69.3	2,931	96.6	2,563	84.4

*These data elements allow for reporting of multiple responses, totals may vary ** ≥ 2 medical visits in 2022 at least 90 days apart *** <200 copies/mL at last VL in 2022

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, 2017-2021

	2017		2018		2019		2020		2021		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender Identity												
Male	205	67.2	199	71.1	140	66.4	271	71.7	235	69.7	1,050	69.5
Female	97	31.8	77	27.5	69	32.7	100	26.5	97	28.8	440	29.1
Transgender	3	1.0	4	1.4	2	0.9	7	1.9	5	1.5	21	1.4
Total	305	100	280	100	211	100	378	100	337	100	1,511	100
Race/Ethnicity												
White	28	9.2	30	10.7	16	7.6	31	8.2	35	10.4	140	9.3
Black	260	85.2	215	76.8	168	79.6	309	81.7	266	78.9	1,218	80.6
Latino	3	1.0	14	5.0	10	4.7	21	5.6	10	3.0	58	3.8
Other*	14	4.6	21	7.5	17	8.1	17	4.5	26	7.7	95	6.3
Total	305	100	280	100	211	100	378	100	337	100	1,511	100
Mode of Transmission												
Sexual contact	163	53.4	167	59.6	119	56.4	219	57.9	231	68.5	899	59.5
Injection drug use (IDU)	79	25.9	52	18.6	49	23.2	80	21.2	62	18.4	322	21.3
Sexual contact/IDU	20	6.6	27	9.6	16	7.6	32	8.5	17	5.0	112	7.4
Risk not identified	38	12.5	33	11.8	24	11.4	41	10.8	25	7.4	161	10.7
Other**	5	1.6	1	0.4	3	1.4	6	1.6	2	0.6	17	1.1
Total	305	100	280	100	211	100	378	100	337	100	1,511	100
Age at Death												
<13	0	0.0	0	0.0	0	0.0	1	0.3	0	0.0	1	0.1
13-19	0	0.0	1	0.4	0	0.0	0	0.0	0	0.0	1	0.1
20-14	2	0.7	2	0.7	0	0.0	2	0.5	2	0.6	8	0.5
25-29	6	2.0	3	1.1	4	1.9	6	1.6	5	1.5	24	1.6
30-39	32	10.5	22	7.9	18	8.5	23	6.1	23	6.8	118	7.8
40-49	36	11.8	44	15.7	30	14.2	38	10.1	38	11.3	186	12.3
50-59	110	36.1	92	32.9	70	33.2	108	28.6	91	27.0	471	31.2
60 and older	119	39.0	116	41.4	89	42.2	200	52.9	178	52.8	702	46.5
Total	305	100	280	100	211	100	378	100	337	100	1,511	100

*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals.

**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, 2018-2022

	2018		2019		2020		2021		2022		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Gender Identity											
Male	4,092	1,110.0	4,107	1,106.9	2,769	766.6	3,637	1,035.8	4,234	1,202.4	18,839
Female	4,818	1,307.0	5,013	1,351.1	3,179	880.2	3,248	925.0	3,763	1,068.7	20,021
Transgender	28	-	26	-	28	-	50	-	46	-	178
Unknown	35	-	72	-	27	-	14	-	68	-	216
Total	8,973	1,279.0	9,218	1,306.1	6,003	869.9	6,949	1,037.1	8,111	1,207.3	39,254
Age at Diagnosis											
0-12	4	4.0	8	7.8	2	2.0	4	4.1	3	3.1	21
13-17	798	3,053.5	772	2,944.4	473	1,756.3	435	1,570.3	594	2,092.4	3,072
18-19	1,078	5,088.3	1,127	5,323.8	689	3,377.3	671	3,376.1	812	4,079.2	4,377
20-24	2,631	4,982.4	2,737	5,325.2	1,728	3,516.1	1,795	3,933.8	2,044	4,250.0	10,935
25-29	2,076	2,502.1	2,178	2,639.6	1,418	1,839.0	1,607	2,295.7	1,779	2,516.0	9,058
30-39	1,630	1,137.3	1,685	1,155.4	1,231	853.1	1,723	1,243.1	1,985	1,446.8	8,254
40+	704	256.4	677	244.7	459	168.6	712	263.6	888	327.2	3,440
Missing	52	-	34	-	3	-	2	-	6	-	97
Total	8,973	1,279.0	9,218	1,306.1	6,003	869.9	6,949	1,037.1	8,111	1,207.3	39,254
Ward											
Ward 1	1,108	1,301.5	1,111	1,325.6	645	756.3	875	1,026.0	1,027	1,204.2	4,766
Ward 2	660	848.4	639	820.8	402	515.9	673	821.7	788	880.6	3,162
Ward 3	235	276.3	248	299.7	147	173.7	206	241.5	238	279.0	1,074
Ward 4	746	849.9	787	874.5	459	508.3	580	685.1	654	772.5	3,226
Ward 5	1,165	1,326.1	1,148	1,273.1	785	852.4	898	1,004.2	1,039	1,159.4	5,035
Ward 6	677	716.0	742	743.6	465	456.4	644	595.2	680	807.0	3,208
Ward 7	1,646	2,024.6	1,710	2,086.7	1,137	1,349.2	1,257	1,648.4	1,376	1,605.9	7,126
Ward 8	1,901	2,235.8	2,030	2,350.0	1,310	1,531.0	1,448	1,844.3	1,477	1,732.6	8,166
Missing	835	-	803	-	653	-	368	-	832	-	3,491
Total	8,973	1,279.0	9,218	1,306.1	6,003	869.9	6,949	1,037.1	8,111	1,207.3	39,254
HIV co-infected											
	N	%	N	%	N	%	N	%	N	%	N
Prior diagnosis	558	6.2	449	4.9	351	5.8	557	8.0	576	7.1	2,491
Concurrent diagnosis	20	0.2	21	0.2	14	0.2	23	0.3	21	0.3	99
Total	578	7.4	470	5.1	365	6.0	580	8.3	597	7.4	2,590

*Source: 2022 US Census Estimates <https://www.cdc.gov/std/statistics/2021/case-definitions.htm>. Rates calculated on events, not individuals. Race/Ethnicity not included due to missing info.

Table B15. Number and Rate* per 100,000 persons of Gonorrhea Cases by Year of Diagnosis, Gender Identity, Age, and Ward, District of Columbia, 2018-2022

	2018		2019		2020		2021		2022		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Gender Identity											
Male	2,939	882.8	2,958	883.7	2,485	755.5	3,103	973.0	3,594	1,124.2	15,079
Female	1,205	326.9	1,269	342.0	1,091	302.1	1,155	328.9	1,208	343.1	5,928
Transgender	43	-	34	-	39	-	70	-	63	-	249
Unknown	15	-	17	-	16	-	14	-	16	-	78
Total	4,202	599.0	4,278	606.2	3,631	526.2	4,342	648.0	4,881	726.6	21,334
Age at Diagnosis											
0-12	0	0.0	5	4.9	3	3.0	2	2.0	2	2.1	12
13-17	184	704.1	224	854.3	142	527.3	135	487.3	145	510.8	830
18-19	297	1401.9	303	1431.3	246	1205.8	223	1122.0	264	1326.2	1,333
20-24	890	1685.4	889	1729.7	779	1585.1	805	1764.2	870	1809.0	4,233
25-29	1,054	1270.4	1,047	1268.9	872	1130.9	1,033	1475.7	1,140	1612.3	5,146
30-39	1,178	821.9	1,219	835.9	1,055	731.1	1,494	1077.9	1,730	1260.9	6,676
40+	589	214.5	584	211.1	534	196.1	649	240.3	730	269.0	3,086
Missing	10	-	7	-	0	-	1	-	0	-	18
Total	4,202	599.0	4,278	606.2	3,631	526.2	4,342	648.0	4,881	726.6	21,334
Ward											
Ward 1	573	673.1	583	695.6	370	441.5	589	690.6	780	914.6	2,895
Ward 2	429	551.5	413	530.5	275	353.2	482	588.5	579	647.0	2,178
Ward 3	94	110.5	79	95.5	59	71.3	97	113.7	121	141.9	450
Ward 4	257	292.8	285	316.7	220	244.5	299	353.2	298	352.0	1,359
Ward 5	542	617.0	549	608.8	487	540.1	550	615.0	603	672.9	2,731
Ward 6	534	564.7	513	514.1	468	469.0	489	451.9	507	601.7	2,511
Ward 7	675	830.3	696	849.3	672	820.1	719	942.9	783	913.8	3,545
Ward 8	773	909.2	825	955.0	736	852.0	771	982.0	780	915.0	3,885
Missing	325	-	335	-	344	-	346	-	430	-	1,780
Total	4,202	599.0	4,278	606.2	3,631	526.2	4,342	648.0	4,881	726.6	21,334
Primary Male Infection Site											
	N	%	N	%	N	%	N	%	N	%	N
Rectal	655	22.3	377	12.7	499	20.1	1,077	34.7	1,275	35.5	3,883
Pharyngeal	635	21.6	930	31.4	557	22.4	797	25.7	909	25.3	3,828

Urethral	329	11.2	399	13.5	492	19.8	531	17.1	650	18.1	2,401
Other	457	15.5	300	10.1	53	2.1	22	0.7	42	1.2	874
Missing	863	29.4	952	32.2	884	35.6	676	21.8	718	20.0	4,093
Total	2,939	100	2,958	100	2,485	100	3,103	100	3,594	100	15,079
HIV co-infected											
Prior diagnosis	637	15.2	561	13.1	490	13.5	627	14.4	655	13.4	2,970
Concurrent diagnosis	14	0.3	21	0.5	17	0.5	26	0.6	24	0.5	102
Total	651	15.5	582	13.6	507	14.0	653	15.0	679	13.9	3,072

*Source: 2022 US Census Estimates. Rates calculated on events and not individuals. Race/Ethnicity information is not included because of the high percentage of missing information. **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 Early Non-Primary Non-Secondary Syphilis Cases by Year of Diagnosis, Gender Identity, Race/Ethnicity, Age, Gender of Sex Partner, and Ward, District of Columbia, 2018-2022

	2018		2019		2020		2021		2022		Total N
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	
Diagnosis											
Primary	106	15.1	120	17.0	96	13.9	95	14.2	103	15.3	520
Secondary	184	26.2	191	27.1	160	23.2	184	27.5	166	24.7	885
Early Non-Primary Non-Secondary	392	55.9	450	63.8	408	59.1	413	61.6	492	73.2	2,155
Total	682	97.2	761	107.8	664	96.2	692	103.3	761	113.3	3,560
Gender Identity											
Male	638	191.6	676	202.0	572	173.9	592	185.6	650	203.3	3,128
Female	33	9.0	56	15.1	68	18.8	65	18.5	59	16.8	281
Transgender	11	--	26	--	23	--	35	--	52	--	147
Unknown	0	--	3	--	1	--	0	--	0	--	4
Total	682	97.2	761	107.8	664	96.2	692	103.3	761	113.3	3,560
Age at Diagnosis											
0-12	0	--	0	--	0	--	0	--	0	--	0
13-17	3	11.5	4	15.3	4	14.9	3	10.8	2	7.2	16
18-19	12	56.6	13	61.4	8	39.2	7	35.2	6	30.2	46
20-24	53	100.4	83	161.5	61	124.1	52	114.0	46	100.8	295
25-29	139	167.5	149	180.6	125	162.1	111	158.6	113	161.4	637
30-39	259	180.7	290	198.9	280	194.0	283	204.2	326	235.2	1,438
40+	216	78.7	222	80.2	186	68.3	236	87.4	268	99.2	1,128
Total	682	97.2	761	107.8	664	96.2	692	103.3	761	113.3	3,560
Age at Diagnosis											
Black	373	118.0	418	133.4	408	134.8	401	135.5	445	150.4	2,045
White	172	66.1	201	76.0	150	57.7	167	66.9	172	68.9	862
Latino	93	119.2	104	130.9	87	110.3	94	122.2	105	136.5	483
Other	16	33.8	20	41.2	13	26.7	23	48.4	23	48.4	95
Unknown/Refused	28	--	18	--	6	--	7	--	16	--	75
Total	682	97.2	761	107.8	664	96.2	692	103.3	761	113.3	3,560
Ward											
Ward 1	94	110.4	137	163.5	89	104.4	113	132.5	115	134.8	548
Ward 2	114	146.5	97	124.6	66	84.7	92	112.3	92	102.8	461

Ward 3	21	24.7	26	31.4	23	27.2	19	22.3	19	22.3	108
Ward 4	57	64.9	74	82.2	64	70.9	60	70.9	74	87.4	329
Ward 5	106	120.7	103	114.2	84	91.2	93	104.0	117	130.6	503
Ward 6	68	71.9	57	57.1	74	72.6	77	71.2	79	93.8	355
Ward 7	100	123.0	112	136.7	123	146.0	98	128.5	118	137.7	551
Ward 8	91	107.0	110	127.3	115	134.4	107	136.3	123	144.3	546
Missing	31	--	45	--	26	--	33	--	24	--	159
Total	682	97.2	761	107.8	664	96.2	692	103.3	761	113.3	3,560
Sexual Behavior	N	%	N	%	N	%	N	%	N	%	N
Men who have sex with men	509	74.6	491	64.5	431	64.9	417	60.3	500	65.7	2,348
Men who have sex with women	21	3.1	39	5.1	27	4.1	17	2.5	28	3.7	132
Men who have sex with men and women	28	4.1	30	3.9	26	3.9	69	10.0	65	8.5	218
Females who have sex with men	20	2.9	41	5.4	45	6.8	42	6.1	47	6.2	195
Non-Cis gender sex with males	6	0.9	18	2.4	14	2.1	27	3.9	44	5.8	109
HIV co-infected	345	50.6	341	44.8	315	47.4	300	43.4	343	45.1	1,644
Total	682	100	761	100	664	100	692	100	761	100	3,560

Table B17. Reported Tuberculosis Cases by Selected Characteristics, District of Columbia, 2018-2022

	2018		2019		2020		2021		2022		Total	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
District Total	36	5.2	24	3.4	19	2.7	19	2.7	15	2.7	113	N/A
	N	%	N	%	N	%	N	%	N	%	N	%
Place of Birth												
Foreign-Born	28	77.8	17	70.8	17	89.5	14	73.7	11	73.3	87	77.0
US-Born	8	22.2	7	29.2	2	10.5	5	26.3	4	26.7	26	23.0
Total	36	100	24	100	19	100	19	100	15	100	113	100
Anatomical Site												
Pulmonary	24	66.7	17	71.0	10	52.6	11	57.9	9	60.0	71	62.8
Extrapulmonary	8	22.2	7	29.2	8	42.1	6	31.6	2	13.3	31	27.4
Both	4	11.1	0	0.0	1	5.3	2	10.5	4	26.7	11	9.7
Total	36	100	24	100	19	100	19	100	15	100	113	100
Sex												
Male	25	69.4	12	50.0	6	31.6	7	36.8	6	40.0	56	49.6
Female	11	30.6	12	50.0	13	68.4	12	63.2	9	60.0	57	50.4
Total	36	100	24	100	19	100	19	100	15	100	113	100
Age												
<5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5 - 14	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
15 - 24	1	2.8	3	12.5	1	5.3	3	15.8	0	0.0	8	7.1
25 - 44	13	36.1	10	41.7	10	52.6	8	42.1	5	33.3	46	40.7
45 - 64	16	44.4	8	33.3	7	36.8	6	31.6	6	40.0	43	38.1
≥65	6	16.7	3	12.5	1	5.3	2	10.5	4	26.7	16	14.2
Total	36	100	24	100	19	100	19	100	15	100	113	100
Race/Ethnicity												
White	2	5.6	5	20.8	0	0.0	2	10.5	2	13.3	11	9.7
Black	28	77.8	14	58.3	15	78.9	14	73.7	7	46.7	78	69.0
Latino	3	8.3	5	20.8	4	21.1	2	10.5	1	6.7	15	13.3
Other*	3	8.3	0	0.0	0	0.0	1	5.3	5	33.3	9	8.0
Total	36	100	24	100	19	100	19	100	15	100	113	100
Homeless w/in past year	0	0.0	2	8.3	0	0.0	1	5.3	0	0.0	3	2.7
Heavy Alcohol or Substance Use [†]	3	8.3	2	8.3	2	10.5	0	0.0	0	0.0	7	6.2
HIV Co-infection	3	8.3	1	4.2	3	15.8	3	15.8	0	0.0	10	8.8

*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race individuals. †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 Hepatitis B Cases by Gender Identity, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2018-2022

	2018		2019		2020		2021		2022		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Total	248	35.1	251	36.4	146	21.2	194	29.0	152	22.6	991
Confirmed Acute Infections	3	0.4	6	0.9	2	0.3	2	0.3	9	1.3	22
Confirmed Chronic Infections	124	17.6	95	13.8	41	5.9	70	10.4	36	5.4	366
Probable Chronic Infections	121	17.1	150	21.7	103	14.9	122	18.2	107	15.9	603
Total	248	35.7	251	35.8	146	20.7	194	28.1	152	22.7	991
Gender Identity											
Male	148	44.2	146	44.4	92	28.0	122	38.3	91	28.5	599
Female	100	27.0	105	29.1	52	14.4	70	19.9	59	16.8	386
Transgender	0	--	0	--	1	--	0	--	2	--	3
Missing	0	--	0	--	1	--	2	--	0	--	3
Total	248	35.7	251	35.8	146	20.7	194	28.1	152	22.7	991
Age at Diagnosis											
0-12	0	0.0	0	0.0	1	0.0	2	0.0	2	0.0	5
13-19	4	8.5	10	21.1	4	8.5	0	0.0	0	0.0	18
20-29	27	19.9	43	32.1	18	14.3	13	11.2	17	14.7	118
30-39	75	52.3	63	43.2	27	18.7	53	38.2	30	21.6	248
40-49	58	70.7	48	57.4	30	35.6	51	61.0	28	33.5	215
50-59	45	61.2	40	55.2	29	40.9	40	58.2	37	53.8	191
60+	38	31.9	47	39.0	37	31.6	34	28.9	38	32.3	194
Missing	1	--	0	--	0	--	1	--	0	--	2
Total	248	35.7	251	35.8	146	20.7	194	28.1	152	22.7	991
Race/Ethnicity											
Asian or Pacific Islander	24	78.9	29	93.8	32	101.0	25	84.4	20	65.1	130
Black	156	49.4	120	38.3	70	23.1	87	29.4	75	25.7	508
Latino	8	10.3	11	13.8	4	5.1	7	9.1	9	11.4	39
White	9	3.5	26	9.8	11	4.2	19	7.6	13	5.2	78
Other	1	5.8	6	32.9	2	10.8	4	22.4	1	5.3	14
Missing	50	0.2	59	0.2	27	0.2	52	0.3	34	0.2	222
Total	248	35.7	251	35.8	146	20.7	194	28.1	152	22.7	991
Birth Year Cohort											
<1945	N	%	N	%	N	%	N	%	N	%	N
<1945	10	4.0	14	5.6	12	8.2	6	3.1	4	2.6	46

1945-1965	59	23.8	60	23.9	44	30.1	50	25.8	45	29.6	258
1966-1980	84	33.9	69	27.5	43	29.5	66	34.0	50	32.9	312
1981-1994	87	35.1	88	35.1	34	23.3	61	31.4	42	27.6	312
1995-2012	7	2.8	20	8.0	12	8.2	9	4.6	9	5.9	57
2013 +	0	0.0	0	0.0	1	0.7	1	0.5	2	1.3	4
Unknown	1	0.4	0	0.0	0	0.0	1	0.5	0	0.0	2
Total	248	100	251	100	146	100	194	100	152	100	991
Born After 1990**	23	9.3	48	19.1	23	15.8	20	10.3	28	18.4	142
Pregnant	3	3.0	10	9.5	6	11.5	2	2.9	3	5.1	24
HIV co-infected	27	10.9	28	11.2	20	13.7	28	14.4	19	12.5	122
Prior History of STIs	9	3.6	10	4.0	14	9.6	10	5.2	8	5.3	51

*Source: 2022 US Census. Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts

**The childhood hepatitis B vaccination was mandated in 1990

Table B19. Number of Hepatitis B Cases Ever Reported by Gender Identity and Age at Diagnosis, District of Columbia, 2022

	N	%
Gender Identity		
Male	5,807	60.2
Female	3,794	39.3
Transgender	8	0.1
Missing	42	0.4
Total	9,651	100
Age at Diagnosis		
0-12	62	0.6
13-19	176	1.8
20-29	1356	14.1
30-39	2,376	24.6
40-49	2,433	25.2
50-59	1,829	19.0
60+	1,390	14.4
Missing	29	0.3
Total	9,651	100

Table B20. Number of HCV Cases Ever Reported by Race/Ethnicity, Gender Identity and Current Age, District of Columbia, 2022

	Total Cases Reported		RNA Confirmed		Genotype Test		Documented Treatment		Non-Detectable at Last RNA	
	N	%	N	%*	N	%**	N	%***	N	%****
Gender Identity										
Male	8,337	66	4,265	51	597	14	160	2	809	10
Female	4,092	32	2,122	52	312	15	77	2	414	10
Transgender	13	0	7	53	1	17	1	8	5	38
Missing	163	1	122	75	1	1	0	0	0	0
Total	12,605	100	6,516	52	911	14	238	2	1,228	10
Age at Diagnosis										
0-12	39	0	9	23	1	11	0	0	0	0
13-19	48	0	18	38	2	11	0	0	2	4
20-29	510	4	201	39	25	12	20	4	47	9
30-39	957	8	452	47	50	11	37	4	106	11
40-49	2,645	21	1,425	54	194	14	44	2	321	12
50-59	4,925	39	2,687	55	379	14	59	1	488	10
60+	3,281	26	1,598	49	260	16	78	2	264	8
Unknown	200	2	126	63	0	0	0	0	0	0
Total	12,605	100	6,516	52	911	7	238	2	1,228	10
Birth Cohort										
<1945	1292	10	479	37	75	16	10	1	58	4
1945-1965	8,920	71	4,850	54	725	15	130	1	939	11
1966-1980	1,281	10	647	51	65	10	52	4	130	10
1981-1994	806	6	378	47	41	11	39	5	93	12
1995-2012	105	1	35	33	4	11	7	7	8	8
2013 and later	1	0	1	100	1	100	0	0	0	0
Unknown	200	2	126	63	0	0	0	0	0	0
Total	12,605	100	6,516	52	911	14	238	2	1,228	10

*Proportion from the total number of cases reported; **Proportion of the number of RNA confirmatory labs that had a genotype;

*** Proportion of documented cured out of the total number of cases reported

**** Proportion of cured out of the total number of cases reported

Table B21. Number and Rate* per 100,000 persons of Newly Reported Hepatitis C Cases by Gender Identity, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2018-2022

	2018		2019		2020		2021		2022		Total
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Total	867	123.58	644	91.25	332	48.11	352	52.53	379	56.42	2574
Confirmed Acute	0	48.5	2	48.5	2	48.5	1	48.5	19	48.5	24
Confirmed Chronic	498	71.0	307	43.5	158	22.9	189	28.2	153	22.8	1305
Probable Chronic	340	48.5	312	44.2	133	19.3	136	20.3	183	27.2	1104
Confirmed Cured	28	4.0	23	3.3	36	5.2	26	3.9	22	3.3	135
Probable Cured	1	0.1	0	0.0	3	0.4	0	0.0	2	0.3	6
Gender Identity											
Male	468	140.6	405	121.0	222	67.5	252	79.0	253	79.1	1600
Female	286	77.6	232	62.5	106	29.3	98	27.9	121	34.4	843
Transgender	2	--	2	--	2	--	2	--	4	--	12
Missing	111	--	5	--	2	--	0	--	1	--	119
Total	867		644		332		352		379		2,574
Age at Diagnosis											
0-12	1	1.0	2	2.0	0	0.0	0	0.0	0	0.0	3
13-19	0	0.0	2	4.2	1	2.1	1	2.1	4	8.3	8
20-29	56	41.2	71	53.0	32	25.3	36	31.1	38	32.0	233
30-39	92	64.2	83	56.9	69	47.8	53	38.2	74	53.9	371
40-49	80	97.5	67	80.1	39	46.2	39	46.6	57	67.0	282
50-59	185	251.5	144	198.8	49	69.2	66	96.0	52	76.6	496
60+	319	268.0	266	220.6	136	116.1	147	124.8	142	119.9	1010
Missing	134	--	9	--	6	--	10	--	12	--	171
Total	867		644		332		352		379		2,574
Race/Ethnicity											
Black African American	--	--	406	129.6	204	67.4	228	77.1	242	83.1	--
Hispanic	--	--	23	28.9	10	12.7	17	22.1	12	15.2	--
White	--	--	82	31.0	44	16.9	34	13.6	62	24.6	--
Other	--	--	9	18.5	10	20.6	6	12.6	4	8.4	--
Missing	--	--	124	0.2	64	0.2	67	0.2	59	0.2	--
Total	867		644		332		352		379	100%	2540
Birth Cohort	n	%	n	%	n	%	n	%	n	%	

<1945	45	5%	38	6%	21	6%	25	7%	13	3%	142
1945-1965	426	49%	337	52%	141	42%	162	46%	149	39%	1215
1966-1980	131	15%	109	17%	64	19%	63	18%	75	20%	442
1981-1994	118	14%	131	20%	89	27%	78	22%	113	30%	529
1995-2012	10	1%	19	3%	11	3%	14	4%	17	4%	71
2013 or later	0	0%	1	0%	0	0%	0	0%	0	0%	1
Unknown	134	15%	9	1%	6	2%	10	3%	12	3%	171
Total	864		644		332		352		379		2571
MSM	47	10%	39	10%	30	14%	36	14%	40	16%	192
IDU	88	10%	30	5%	29	9%	22	6%	34	9%	203
History of Homelessness	68	8%	69	11%	41	12%	53	15%	46	12%	277
History of Incarceration	12	1%	37	6%	21	6%	29	8%	39	10%	138
Documented Treatment	28	3%	24	4%	39	12%	31	9%	49	13%	171
HIV co-infected	89	10%	70	11%	50	15%	58	16%	56	15%	323

*Source: 2022 US Census Estimates. Numbers may differ from previous publications due to additional record matching and/or data cleaning efforts

**Race/Ethnicity information is not included for 2018 because of the high percentage of missing information

Table B22. Number of Cured Hepatitis C Cases by Gender Identity, Age at Diagnosis, and Year of Diagnosis, District of Columbia 2018-2022

	2018		2019		2020		2021		2022		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Gender Identity												
Male	16	55.2	16	69.6	32	82.1	17	65.4	18	72.0	99	69.7
Female	12	41.4	6	26.1	7	17.9	8	30.8	7	28.0	40	28.2
Transgender	1	3.4	1	4.3	0	0.0	1	3.8	0	0.0	3	2.1
Total	29	100	23	100	39	100	26	100	25	100	142	100
Age at Diagnosis												
0-12	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13-19	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
20-29	3	10.3	2	8.7	4	10.3	1	3.8	3	12.0	13	9.2
30-39	5	17.2	4	17.4	8	20.5	6	23.1	2	8.0	25	17.6
40-49	2	6.9	3	13.0	5	12.8	1	3.8	5	20.0	16	11.3
50-59	7	24.1	5	21.7	5	12.8	6	23.1	6	24.0	29	20.4
60+	12	41.4	9	39.1	17	43.6	12	46.2	9	36.0	59	41.5
Total	29	100	23	100	39	100	26	100	25	100	142	100
Race/Ethnicity												
Black	24	82.8	17	73.9	30	76.9	15	57.7	21	84.0	107	75.4
Latino	2	6.9	2	8.7	3	7.7	2	7.7	2	8.0	11	7.7
White	1	3.4	3	13.0	6	15.4	7	26.9	2	8.0	19	13.4
Other	1	3.4	1	4.3	0	0.0	1	3.8	0	0.0	3	2.1
Missing	1	3.4	0	0.0	0	0.0	1	3.8	0	0.0	2	1.4
Total	29	100	23	100	39	100	26	100	25	100	142	100
Birth Cohort												
<1945	3	10.3	1	4.3	0	0.0	1	3.8	0	0.0	5	3.5
1945-1965	12	41.4	12	52.2	20	51.3	16	61.5	10	40.0	70	49.3
1966-1980	8	27.6	5	21.7	7	17.9	2	7.7	9	36.0	31	21.8
1981-1994	4	13.8	5	21.7	11	28.2	7	26.9	5	20.0	32	22.5
1995-2012	2	6.9	0	0.0	1	2.6	0	0.0	1	4.0	4	2.8
Total	29	100	23	100	39	100	26	100	25	100	142	100
MSM	5	17.2	4	17.4	10	25.6	4	15.4	4	16.0	27	19.0
IDU	2	6.9	3	13.0	7	17.9	3	11.5	1	4.0	16	11.3
History of Homelessness	1	3.4	1	4.3	4	10.3	1	3.8	2	8.0	9	6.3
History of Incarceration	2	6.9	4	17.4	4	10.3	3	11.5	1	4.0	14	9.9

Documented Treatment	25	86.2	17	73.9	33	84.6	19	73.1	25	100.0	119	83.8
HIV co-infected	6	20.7	6	26.1	14	35.9	6	23.1	4	16.0	36	25.4

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