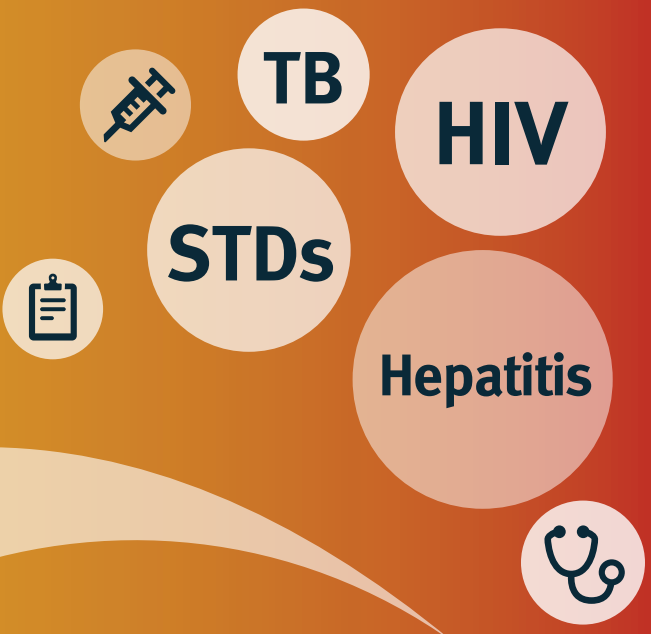
Annual Epidemiology & Surveillance Report

Data Through December 2017

District of Columbia Department of Health
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)



DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Acknowledgments

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

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With special thanks to:

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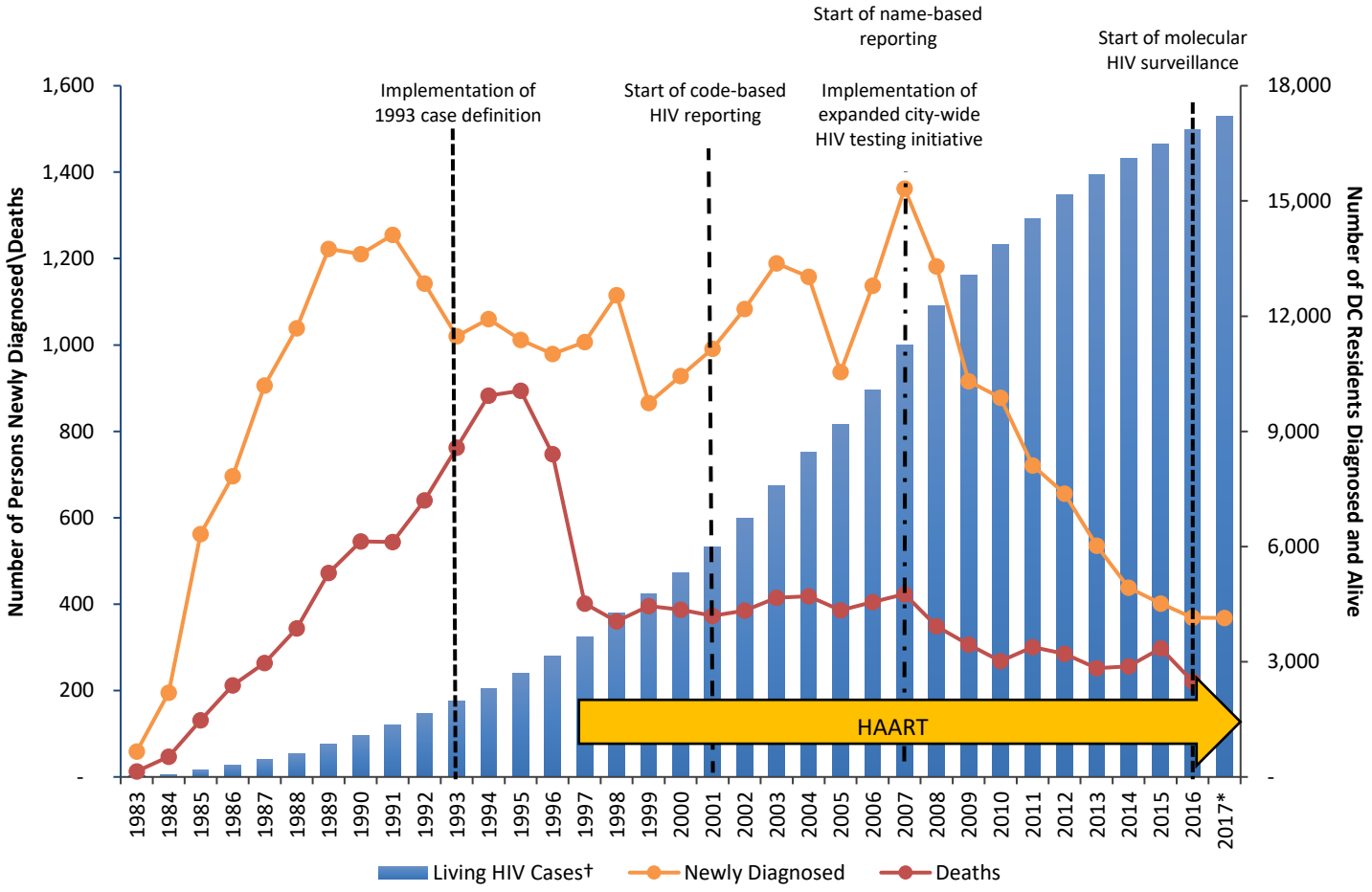
Executive Summary

The Annual Surveillance Report for the District of Columbia presents a snapshot of the District's HIV, Sexually Transmitted Diseases (STDs), Hepatitis, and Tuberculosis (TB) complex epidemics. These data provide insight into how the DC Department of Health (DC Health) in partnership with community can continue to make progress for the health of District residents. The number of new HIV diagnoses remained level while there was continued improvement and new records achieved on HIV health outcomes. There were significant increases in reported STDs reflecting enhanced screening efforts. New hepatitis C diagnoses declined and more persons were cured. The District has the direction, strategies, collaboration, and data to inform its actions.

Figure E1. Newly Diagnosed HIV Disease Cases, Deaths, and Living HIV Cases, by Year, District of Columbia, 1983-2017.



Key points in this surveillance update of the District of Columbia's epidemics in the year 2017 include:

- 13,003 current residents of the District or 1.9% of the population are living with HIV.
- The number of newly diagnosed HIV cases in the District remained statistically level at 368 cases, a decline of 31% from 535 cases in 2013 and 73% from 1,362 cases in 2007.
- There were no babies born with HIV in 2017; 100% of perinatal HIV cases were averted in 2017.
- The number of newly diagnosed HIV cases attributable to injection drug use decreased by 95% from 150 cases in 2007, prior to the scale up of DC's needle exchange program, to 7 cases. Also, the proportion of new HIV cases attributed to injection drug use reached an all-time low at 1.9%.
- There were increases in new HIV diagnoses among young people ages 13-29 from 134 in 2016 to 150 in 2017,

men who have sex with men from 159 in 2016 to 177 in 2017, and Latinos from 41 in 2016 to 43 in 2017. There was a decrease among heterosexual men from 44 in 2016 to 34 in 2017.

- Black men through sex with men and black women through heterosexual contact have the highest proportion of newly diagnosed HIV.
- The estimated number of new HIV infections showed a stable downward trend from 2013 to 2017.
- There were record numbers and increases among reported STDs with 10,157 cases of chlamydia, a 35% increase from 2013 to 2017; 5,070 cases of gonorrhea, a 56% increase from 2013 to 2017; and 318 cases of primary and secondary syphilis, a 13% increase from 2013 to 2017.
- There were no babies born with congenital syphilis in 2017.
- There were 1,268 persons newly diagnosed and reported with hepatitis C in 2017.
- There were 36 new active TB cases, which has been level since 2014.

New in this Report

Report Design: DC Health has always considered this report as a tool for community partners, clinical providers, policy makers, and residents to employ in their programs, practice, information sharing, and community engagement. For this year and forward, DC Health streamlined the presentation of the data into a more pictorial display, mostly in a one-page design. The approach will hopefully assist in understanding the data in a more visual format. DC Health will publish the data tables separately in an appendix. Also, DC Health will provide the data on its web site for convenience to aid in program and policy development.

HIV Care Continuum

DC Health tracks the District's efforts to improve the care continuum for persons living with HIV to sustain their health from diagnosis to linkage and retention in care. The care continuum measures persons linked to care, received care, and viral load suppression. Surveillance data includes all persons known to be living in the District. DC Health administers the Ryan White CARE Program that serves nearly half of all persons living with HIV in the District. Consistent viral suppression ensures a strong immune system, healthier outcomes for persons living with HIV and does not transmit HIV to other persons. There were improvements in the HIV Care Continuum indicators from 2013 to 2017.

- Among people newly diagnosed with HIV, 83% were linked to medical care within 30 days.
- Viral suppression among people living with HIV in DC increased from 63% to 65%.
- There was an increase in achieving viral suppression within six months of new diagnosis from 55% to 59% from 2016 to 2017 and a 23% increase from 48% in 2013, indicating persons are getting on HIV treatment quicker.
- Among Ryan White clients, 83% retained were in care, 96% prescribed treatment, and 82% virally suppressed.

Scaling Up Success

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

- Supported 95,334 HIV tests in 2017.
- Distributed more than 5.2 million male and female condoms in 2017.
- Supported more than 1,700 persons to obtain Pre-Exposure Prophylaxis (PrEP) in 2017.
- Removed 592,853 needles from the street in 2017 through the DC needle exchange programs.
- Provided free STD testing for more than 5,000 young people through the school based STD screening and community screening programs in 2017.
- Provided HIV medical care and support services to 8,000 persons through the Ryan White CARE Program.

Moving Forward

This year's report identifies significant opportunities for the District to accelerate its efforts to achieve the Mayor's HIV, STD, hepatitis, and TB goals. After nine years of continued decreases, the District experienced a pause in reducing new HIV diagnoses. While this is a one-year period, the report spotlights areas where the District needs heightened attention:

- **PrEP** – While, DC Health reports a 70% increase in new persons starting PrEP in 2017, the District has an ambitious goal of 8,000 persons on PrEP by the year 2020. DC Health is launching a new PrEP Drug Assistance Program (PrEP DAP) to provide financial assistance to persons with insurance coverage gaps.
- **Post-Exposure Prophylaxis (PEP)** – PEP successfully prevents HIV by taking HIV medications within 72 hours of a possible exposure. DC Health intends to launch a new PEP initiative in 2018 to make it easily available 24 hours a day/7 days a week.
- **U=U** – In 2017, the District became the second health department in the nation to endorse the science of Undetectable equals Untransmittable or U=U. Persons with HIV who take their medication consistently and achieve viral load suppression or undetectable means one cannot transmit the virus to another person sexually. DC Health will increase its promotion and education of U=U to medical providers and residents.
- **Young People** – Youth now represent 41% of new HIV diagnoses, higher than any proportion in the past 10 years. The number of cases of chlamydia increased by 19% and gonorrhea by 36% for young people ages 15-19 from 2016 to 2017. DC Health will be moving forward with four efforts in 2018: providing easy access to expedited partner treatment of STDs at the DC Health and Wellness Center; promoting and making PrEP available for adolescents (FDA recently approved the medication for people younger than 18 years old), including financial assistance to young people to get PrEP through the PrEP DAP; working with school-based health centers and community-based partners to make sexual health services more easily available; and enhancing the DC Health *Sex is…* campaign.
- **Gay/Bisexual/Same Gender Loving Men** – There was an 11% increase in new HIV diagnoses among gay/bisexual/same gender loving men or men who have sex with men. Two-thirds of new HIV diagnoses among men are gay/bisexual. Through its IMPACT DMV demonstration project, DC Health is collaborating with community partners to ensure more culturally affirming services across the metropolitan area.
- **Health Equity** – DC Health recognizes that social factors impact a person's health and inequities exist that present barriers to persons achieving healthy outcomes. DC Health is launching a new housing initiative to provide temporary rental assistance for persons with HIV who need some extra support to live stably. DC Health is also offering a new housing and employment program for persons with HIV that provides workforce development along with rental assistance. DC Health also has incorporated workforce development in its IMPACT DMV project for gay/bisexual/same gender loving men of color and transgender women of color.

Table E1. HIV Wellness and Prevention Measures of the 90-90-90-50 Plan, 2017

HIV Wellness and Prevention Measures	2015	2016	2017	2020 Goal
Goal #1: 90% of HIV-positive District residents know their status	86%	86%	pending	90%
Goal #2: 90% of District Residents living with HIV are in treatment	73%	76%	77%	90%
Goal #3: 90% of District residents living with HIV who are in treatment reach viral suppression	78%	82%	84%	90%
Goal #4: 50% reduction in new HIV diagnoses	401	369	368	196

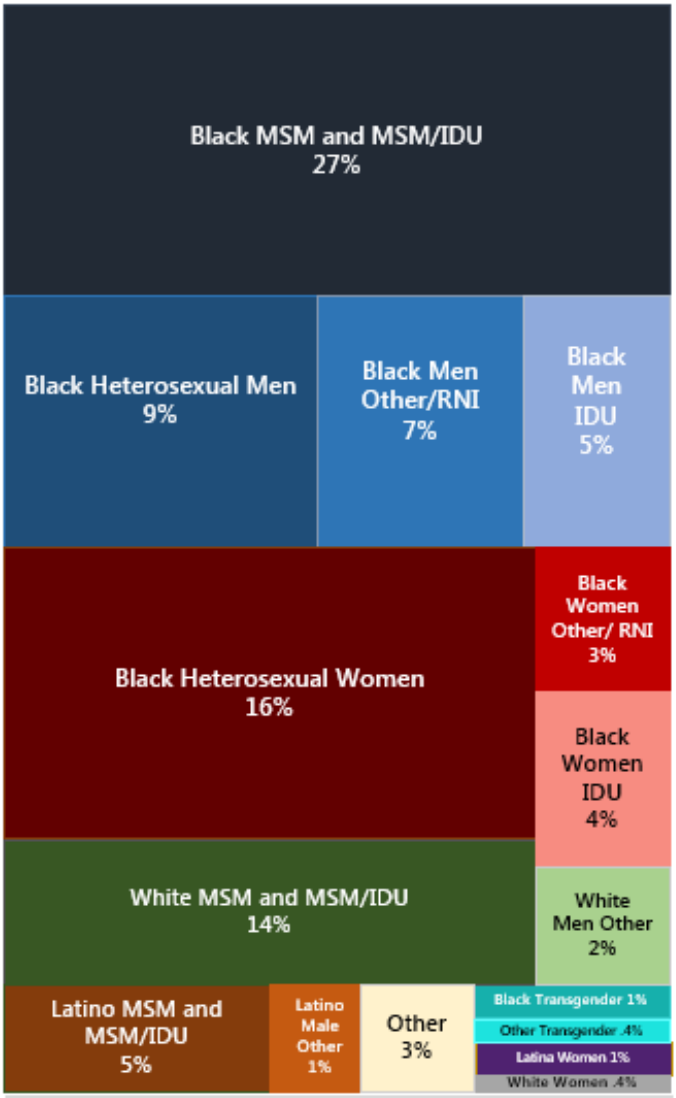
HIV Cases Living in DC

13,003 — Number of DC's population known to be living with HIV

1.9% — Percent of DC's population known to be living with HIV

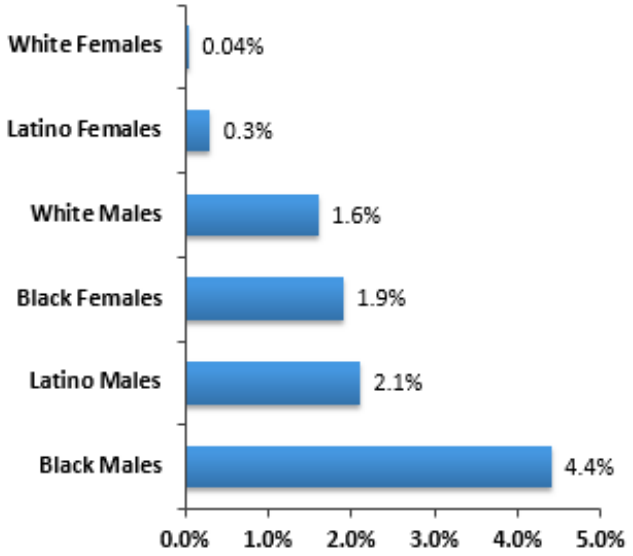
5% — Proportion of DC residents aged 50-59 living with HIV at the end of 2017

Proportion of HIV Cases Living in DC, by Race/Ethnicity, Gender Identity and Mode of Transmission, District of Columbia, 2017

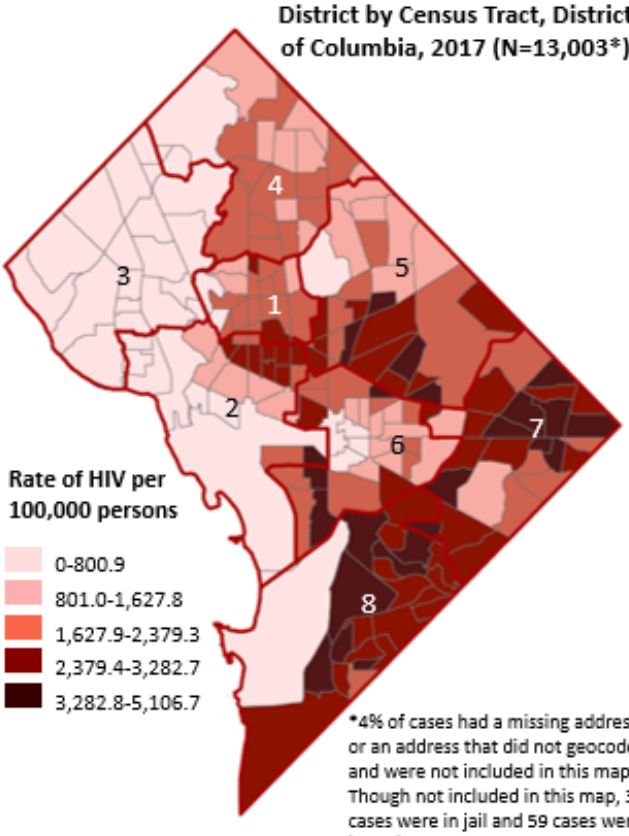


MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure Non-MSM: All modes of transmission excluding MSM and MSM/IDU. Latino Male Other: Heterosexual, IDU, RNI and other modes of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

Proportion of Residents Living with HIV by Race/Ethnicity and Gender Identity, District of Columbia, 2017



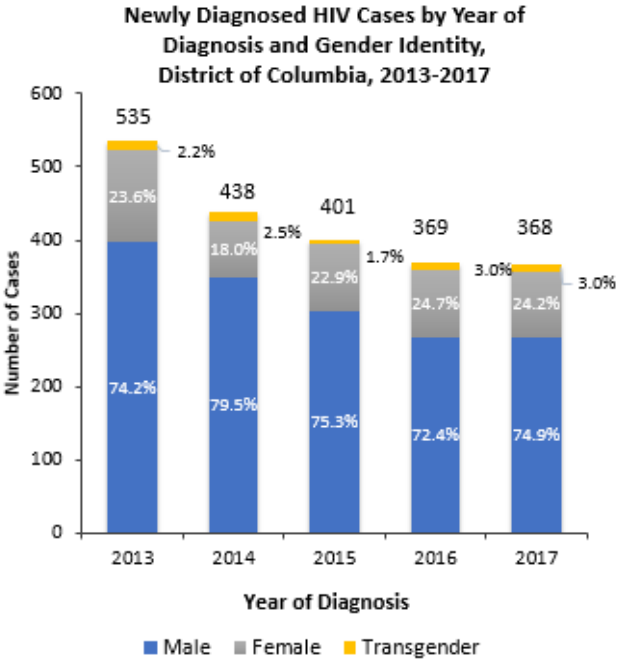
Rate of HIV Cases Living in the District by Census Tract, District of Columbia, 2017 (N=13,003*)

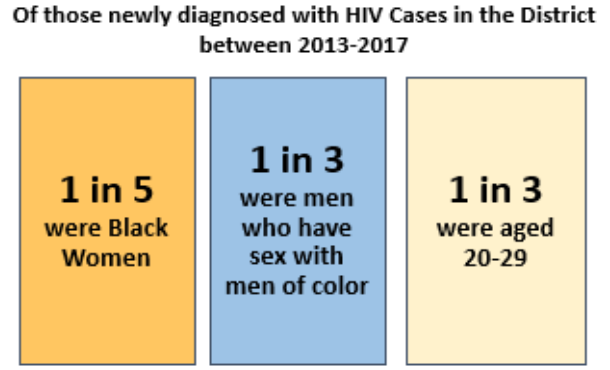


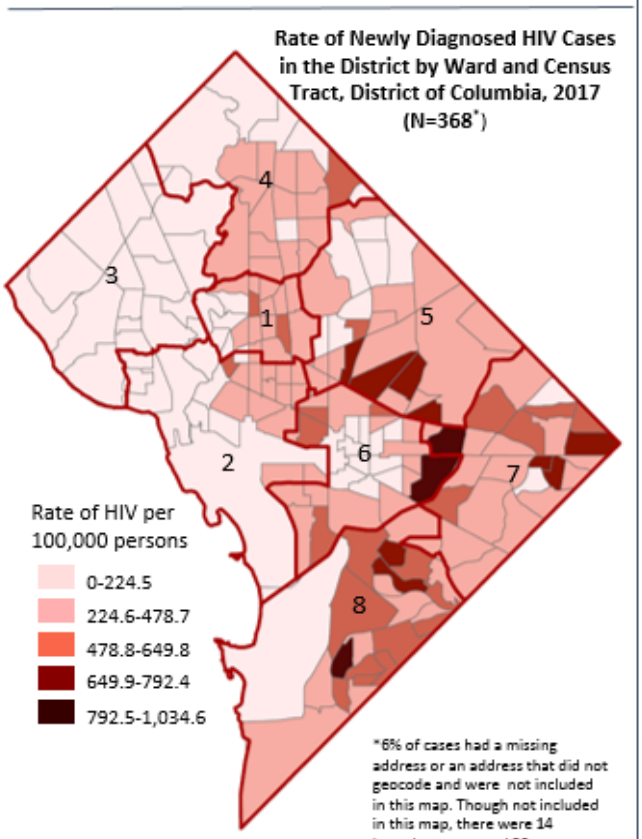
*4% of cases had a missing address or an address that did not geocode and were not included in this map. Though not included in this map, 32 cases were in jail and 59 cases were homeless

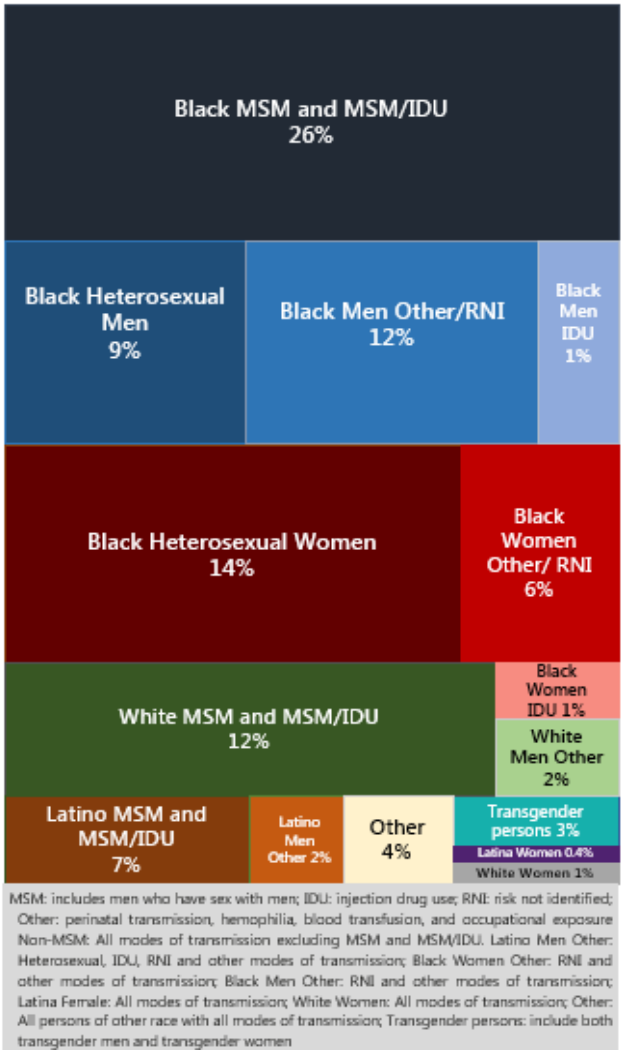
Please refer to appendix table **B1-B4** for additional data regarding HIV cases Living in DC.

Newly Diagnosed Cases









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

Perinatal HIV

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

Table 1. Perinatal HIV cases by Year of Birth, District of Columbia, 2013-2017

	Year of Birth				
	2013	2014	2015	2016	2017
Number of perinatal cases born	0	0	0	2	0

Table 1 depicts the number of perinatal cases with a date of birth between 2013 and 2017. Not all HIV diagnoses are confirmed at the time of birth.

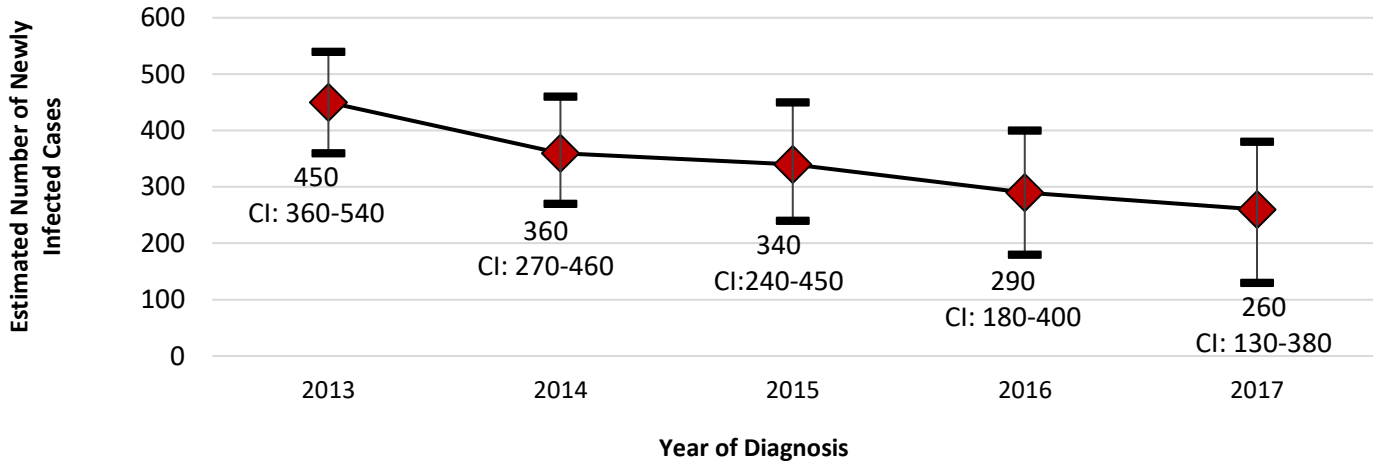
Table 2. Newly Diagnosed Perinatal HIV Cases by Year of Diagnosis, District of Columbia, 2013-2017

	Year of HIV Diagnosis				
	2013	2014	2015	2016	2017
Number of perinatal cases diagnosed	1	0	0	0	2

There were 3 perinatal HIV cases diagnosed in the District between 2013 and 2017. Confirming HIV perinatal cases can take up to 18 months, therefore case totals can be subject to change.

HIV Incidence

Estimated Number of Newly Infected HIV Cases by Year, District of Columbia, 2012-2016

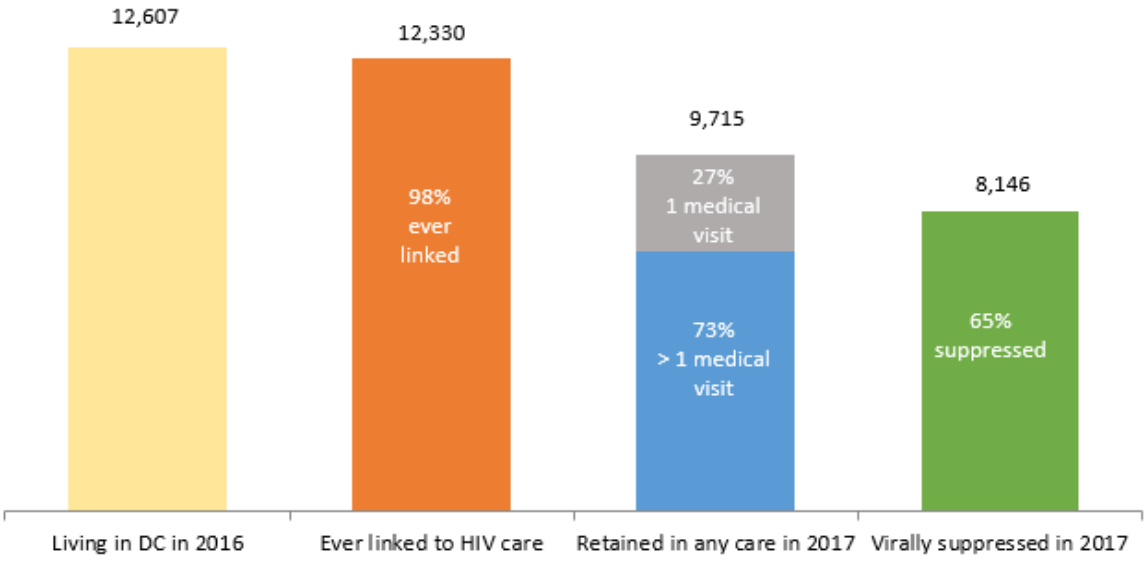


The estimated median number of new infections of HIV in the District has been on a downward trend from 2013 to 2017. The estimated rate of new infections in the District in 2015 (50.6 per 100,000) exceeded the estimated national rate (14.4 cases per 100,000). Since the number of new infections of HIV is an estimate, the 95% confidence interval shows the range within which the estimate may lie after adjusting for variability in sampling and timing of testing.

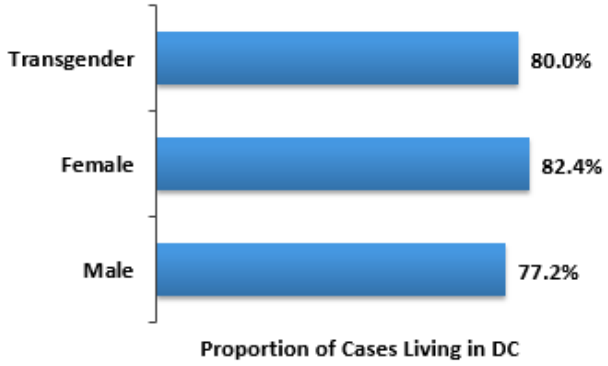
HIV Care Dynamics

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

2017 Care Dynamics HIV Cases Living in DC, District of Columbia



Retention in HIV Care among HIV Cases Living in DC, by Gender Identity, District of Columbia, 2017, N=12,607

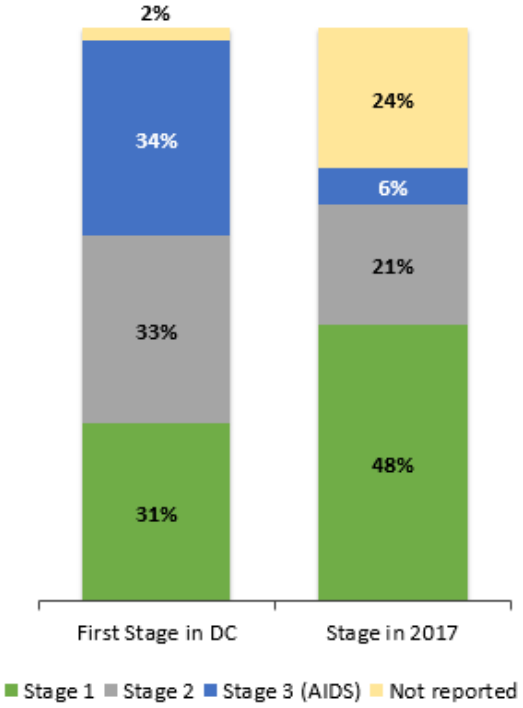


Of those living in DC ...

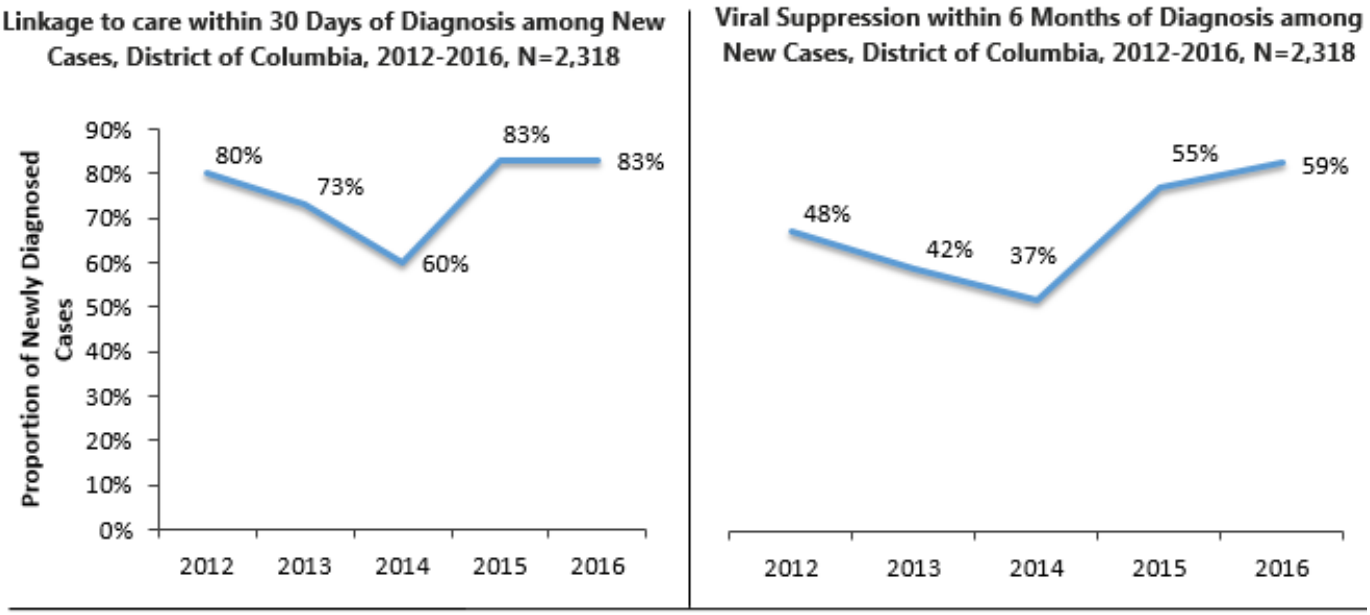
1 in 2
persons aged 20-24 were suppressed in 2017

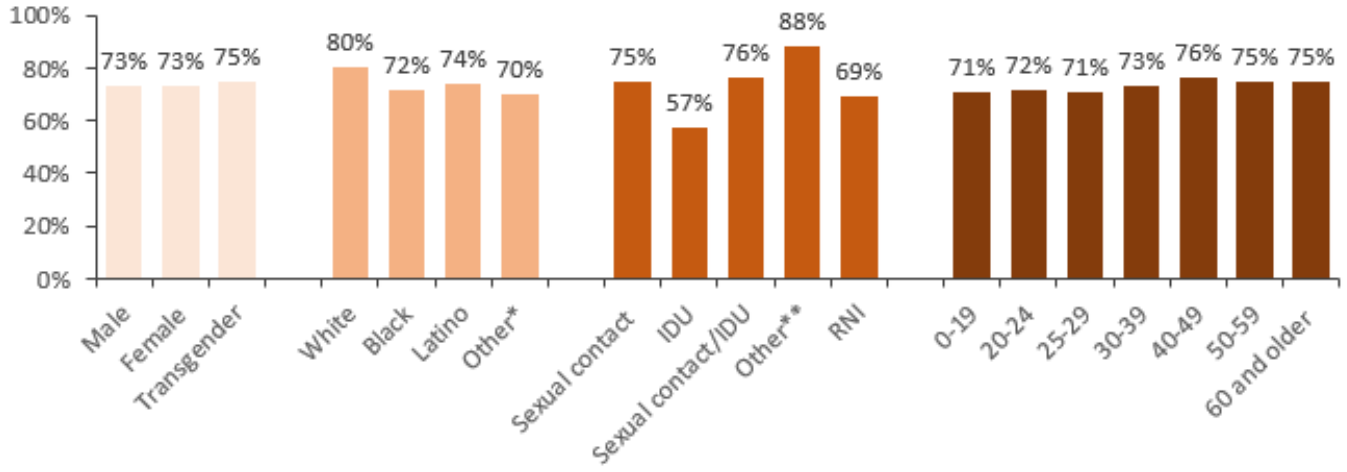
7 in 10
persons aged 60+ were suppressed in 2017

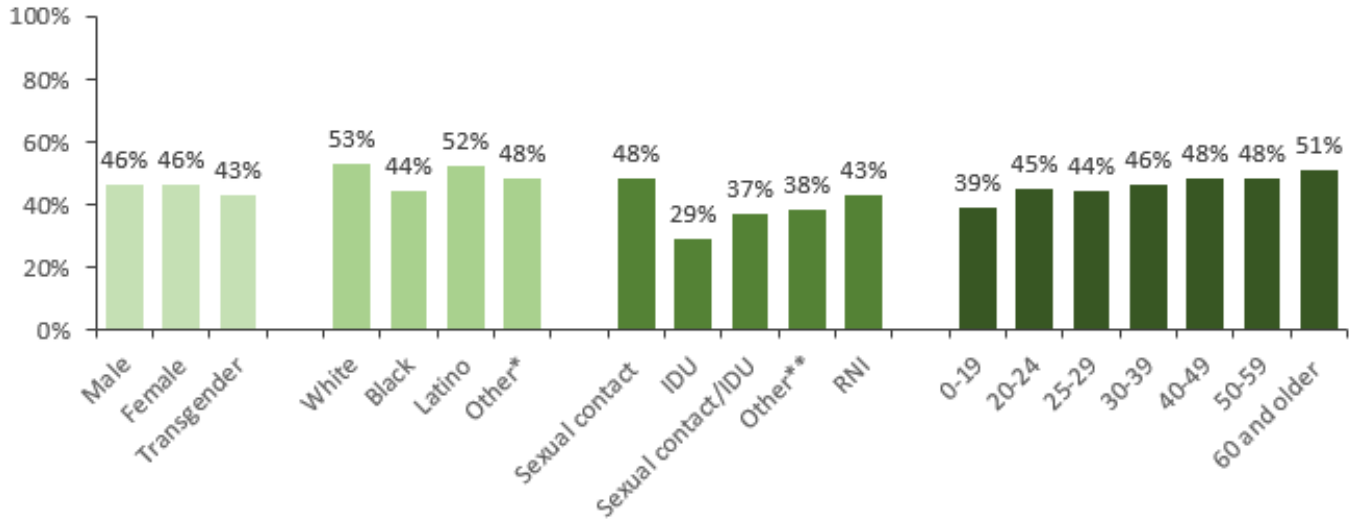
Stage of Disease at First Lab in DC and in 2017 among Cases Living in DC, District of Columbia, N=12,607



Please refer to appendix table **B10** for additional data regarding HIV care dynamics.







*Other race/ethnicity includes: American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and Multiracial. **Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure.

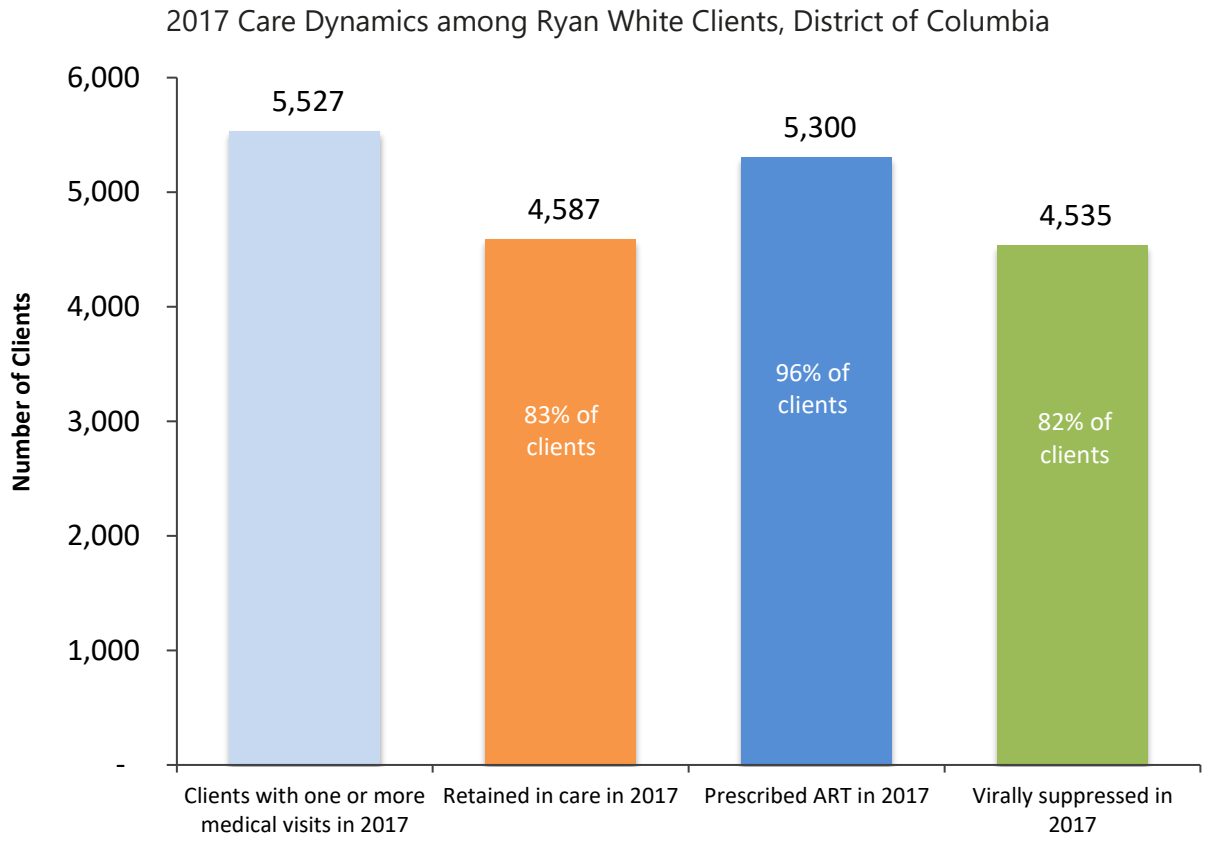
Please refer to appendix table **B11** for additional data regarding HIV care dynamics.

Ryan White Care Dynamics

HIV care dynamics among clients served through the Ryan White Program in the District were examined to evaluate clients on the care continuum and assess their health outcomes. This continuum of care differs from what has been previously presented in several ways. First, the population used is a subset of the total number of people living with HIV in the District. The population includes people living with HIV in the District who received any type of Ryan White CARE Act funded service in 2017. Second, care status was measured through documented medical visits, rather than laboratory tests. Finally, information is included on the number of clients who had been prescribed HIV medication.

Table 3. Ryan White Care Dynamics Measure Definitions

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



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

HIV-Related Drug Resistance

Table 4. HIV-Related Drug Resistance among Newly Diagnosed HIV Cases with Available Genotype Sequences Collected within 90 days of Diagnosis, District of Columbia, 2017*‡

Antiretroviral Drug Classification	Antiretroviral Drug (ARV)	High-Level Resistance, %	Intermediate Resistance, %	Low-Level Resistance, %	Potential Low-Level Resistance, %	Susceptible, %	Samples available for analysis, n
Integrase Strand Transfer Inhibitors (INSTI)	Bictegravir	0.0	0.0	0.0	0.0	100	96
	Dolutegravir	0.0	0.0	0.0	0.0	100	
	Elvitegravir	0.0	0.0	1.0	12.5	86.5	
	Raltegravir	0.0	0.0	1.0	12.5	86.5	
Non-Nucleotide Reverse Transcriptase Inhibitors (NNRTI)	Efavirenz	8.6	1.1	1.7	4.0	84.5	174
	Etravirine	0.6	0.6	1.1	7.5	90.2	
	Nevirapine	9.2	2.3	1.1	2.9	84.5	
	Rilpivirine	1.7	0.6	4.6	2.9	90.2	
Nucleotide Reverse Transcriptase Inhibitors (NRTI)	Abacavir	0.0	0.6	4.0	0.0	95.4	174
	Didanosine	0.6	0.0	1.1	4.6	93.7	
	Emtricitabine	3.4	0.6	0.0	0.0	96	
	Lamivudine	3.4	0.6	0.0	0.0	96	
	Stavudine	0.6	0.6	2.3	0.6	96	
	Tenofovir	0.6	.	0.6	0.0	98.9	
	Zidovudine	0.0	1.1	1.7	0.6	96.6	
Protease Inhibitors (PI)	Atazanavir/r	0.0	0.0	1.1	0.6	98.3	174
	Darunavir/r	0.0	0.0	0.0	0.0	100	
	Fosamprenavir/r	0.0	0.0	1.1	0.6	98.3	
	Indinavir/r	0.0	1.1	.	0.6	98.3	
	Lopinavir/r	0.0	0.6	0.6	0.0	98.9	
	Nelfinavir	0.6	0.6	1.1	0.0	97.7	
	Saquinavir/r	0.0	0.6	0.6	0.0	98.9	
	Tipranavir/r	0.0	0.0	0.0	0.0	100	

*Darker shades indicate a larger proportion of resistant results.

‡ Only cases with available genotype sequences are included in this table.

Drug resistance is an important guide to medical providers in determining the best treatment regimen for a person newly diagnosed with HIV. The genotype test gives the drug resistance profile of the particular type of virus the person has and if there are medications that will not be effective with the virus. HIV can become resistant to some medications, usually when a person does not consistently take their medication. While current treatment guidelines specify that a genotypic resistance test should be conducted at the time of HIV diagnosis prior to starting antiretroviral therapy, only 50.5% of new HIV cases diagnosed in 2017 have a documented genotype test within 3 months of diagnosis.* Ensuring that newly diagnosed HIV cases receive genotypic resistance testing is not only important for clinical practice, but is also essential for monitoring trends in drug resistance at the population level.

The following are highlights of the current drug resistance profile:

- HIV has multiple subtypes, mostly based on geographic areas of the world. Subtype B – found predominantly in the Americas, Europe, North Africa, among other areas – accounts for 91.4% of available genotype sequences collected within 90 days of diagnosis in newly diagnosed persons in DC in 2017.

- The two medications with high-level drug resistance were Nevirapine (9.2%) and Efavirenz (8.6%). Nevirapine is one of the earliest antiretroviral medications and is most often used to prevent perinatal transmission. Efavirenz is also an early antiretroviral medication and is used in combination with other antiretrovirals as one of the frontline treatment regimens.
- There was little high-level drug resistance to Tenofovir (0.6%), which is very encouraging as Tenofovir is one of the primary ingredients of the PrEP medication.
- There was some low-level and potential low-level drug resistance to Raltegravir and Elvitegravir (both in the INSTI class). Therefore, medical providers should order the INSTI genotypic resistance test in addition to the PR/RT genotypic resistance test prior to initiating patients on medications from this class.*

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

HIV Mortality

Table 4. Cause of Deaths among Persons with HIV Cases by Year of Death, District of Columbia, 2012-2016

	2012		2013		2014		2015†		2016		Total	
Cause of Death	N	%	N	%	N	%	N	%	N	%	N	%
HIV-related causes	104	36.5	90	35.7	71	27.7	NA	NA	63	28.5	383	29.2
Non-AIDS Defining Malignancies	46	16.1	50	19.8	43	16.8	NA	NA	39	17.6	207	15.8
Cardiovascular	38	13.3	35	13.9	44	17.2	NA	NA	33	14.9	194	14.8
Substance Use	5	1.8	1	0.4	2	0.8	NA	NA	1	0.5	13	1.0
Accidental Death	15	5.3	12	4.8	17	6.6	NA	NA	28	12.7	94	7.2
Other*	57	20.0	46	18.3	52	20.3	NA	NA	34	15.4	224	17.1
Not Available	20	7.0	18	7.1	27	10.5	NA	NA	23	10.4	197	15.0
Total	285	100.0	252	100.0	256	100.0	NA	NA	221	100.0	1,312	100.0

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

Over 70% of deaths among persons diagnosed with HIV in the District were due to non-HIV related causes between 2012 and 2015. The underlying cause of death was not available for 16.9% of deaths during this 5-year period.

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

Sexually Transmitted Infections

Chlamydia

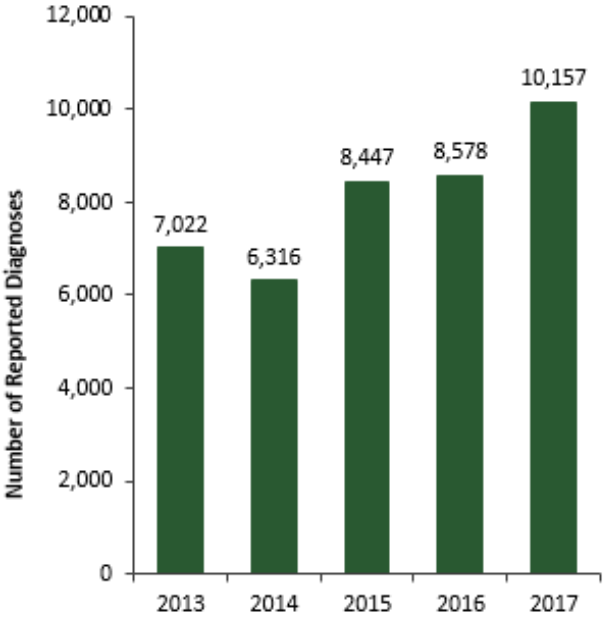
10,157 Number of diagnoses reported in 2017

1.4% of DC residents acquired Chlamydia in 2017

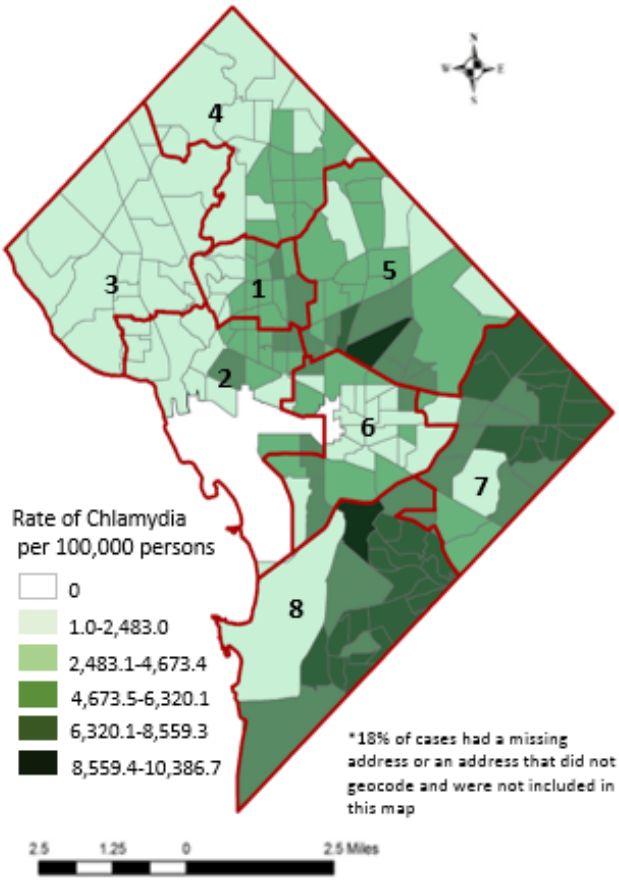
6% of people diagnosed with Chlamydia were living with HIV

5% had one or more STIs within 12 months of Chlamydia diagnosis

Newly Reported Diagnoses of Chlamydia, by Year, District of Columbia, 2013-2017



Rate of Newly Reported Chlamydia Diagnoses, by Census Tract, District of Columbia, 2017 (N=10,157*)



*18% of cases had a missing address or an address that did not geocode and were not included in this map

Of those newly reported with Chlamydia in DC in 2017...

22% were aged 15-19

1 in 2 were Women

30% were aged 20-24

17% Men had rectal Chlamydia

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

Gonorrhea

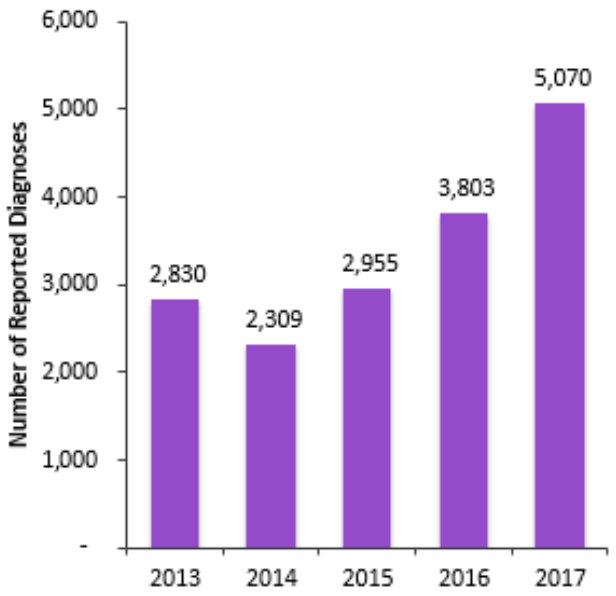
5,070 Number of diagnoses reported in 2017

0.7% of DC residents acquired gonorrhea in 2017

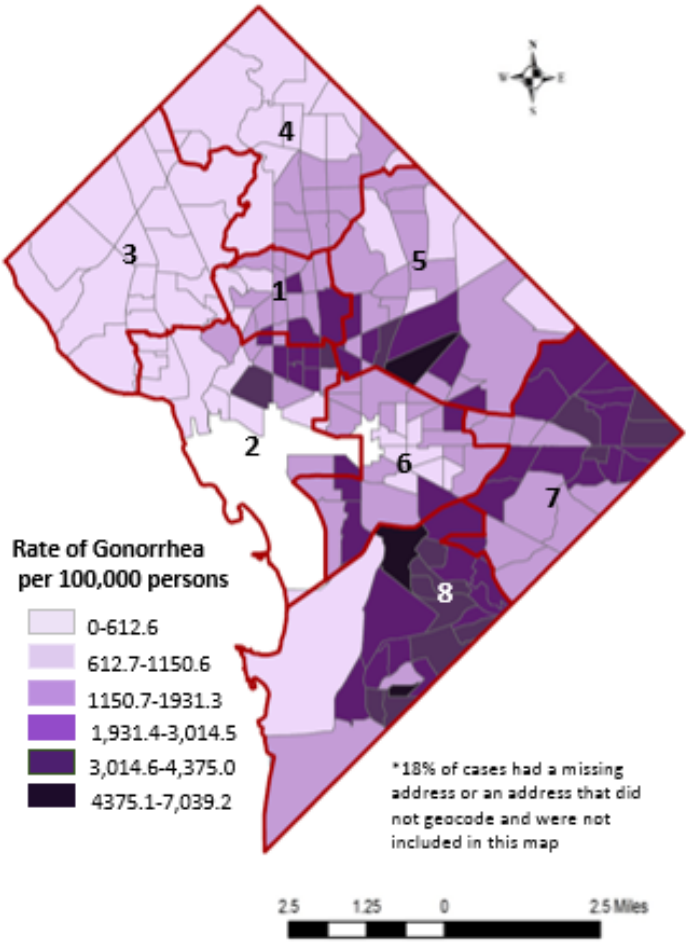
16% of people diagnosed with gonorrhea were living with HIV

11% had one or more STI's within 12 months of their Gonorrhea infection

Newly Reported Diagnoses of Gonorrhea, by Year, District of Columbia, 2013-2017



Rate of Reported Gonorrhea Diagnoses, by Census Tract, District of Columbia, 2017, (N=5,070*)



Of those newly reported with Gonorrhea in DC in 2017...

1 in 7 were aged 15-19	**7 in 10** were Men
1 in 5 were aged 20-24	**1 in 5** Men had an extra-genital diagnosis

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

Syphilis

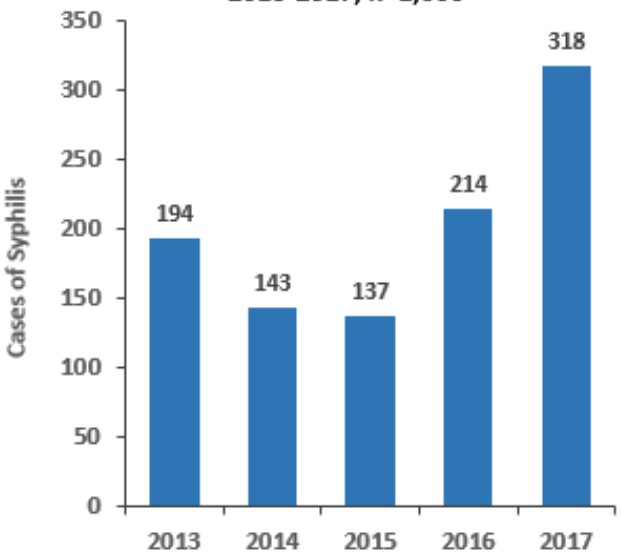
318 Number of primary or secondary Syphilis diagnoses reported in 2017

51% of people diagnosed with Syphilis were living with HIV

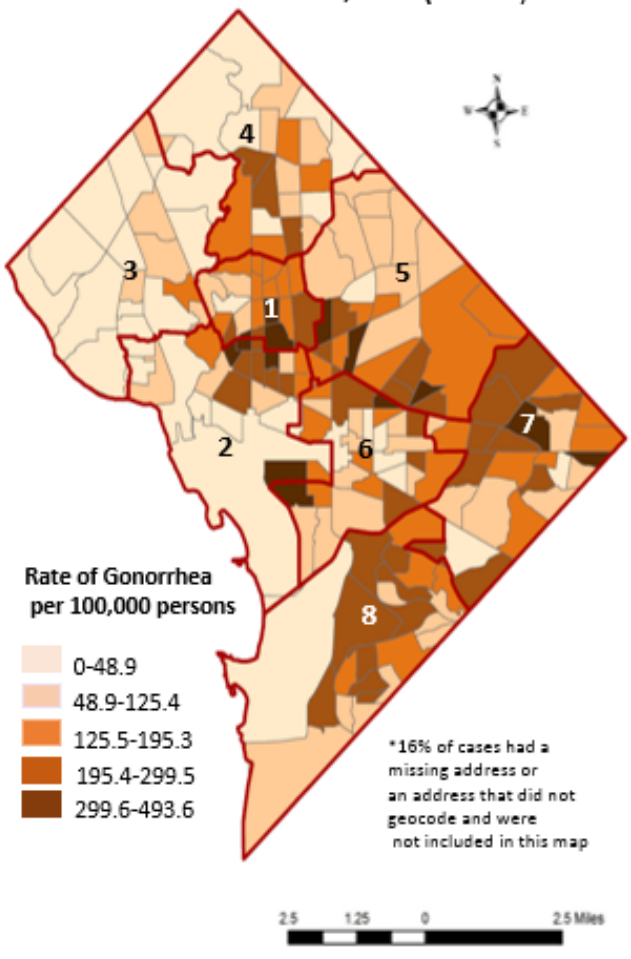
23% had 1 or more STIs within a 12 month period of their Syphilis diagnosis

0 the number of congenital cases diagnosed in 2017

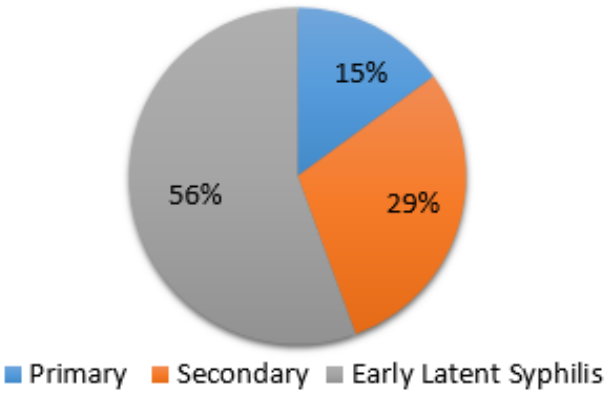
Newly Reported Diagnoses of Primary and Secondary Syphilis, by Year, District of Columbia, 2013-2017, n=1,006



Rate of Reported Primary, Secondary and Early Latent Syphilis Diagnosis, by Census Tract, District of Columbia, 2017 (N=318*)



Stage of Infectious Syphilis, District of Columbia, 2017 N=716



Of those newly reported with Primary and Secondary Syphilis in DC in 2017...

95% were Men

83%* were men that had sex with men

*Of those who had identified gender of sex partner

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

Viral Hepatitis

Hepatitis B

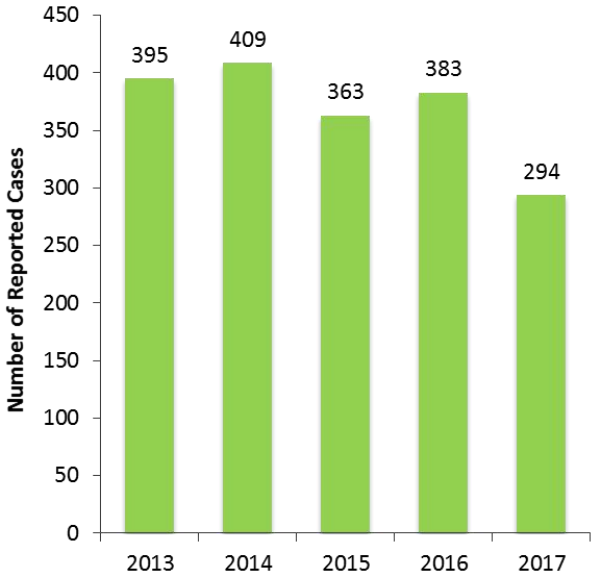
1,844 — Number of newly reported chronic Hepatitis B cases between 2013-2017

42.4 — Rate of chronic Hepatitis B in 2017 per 100,000 persons

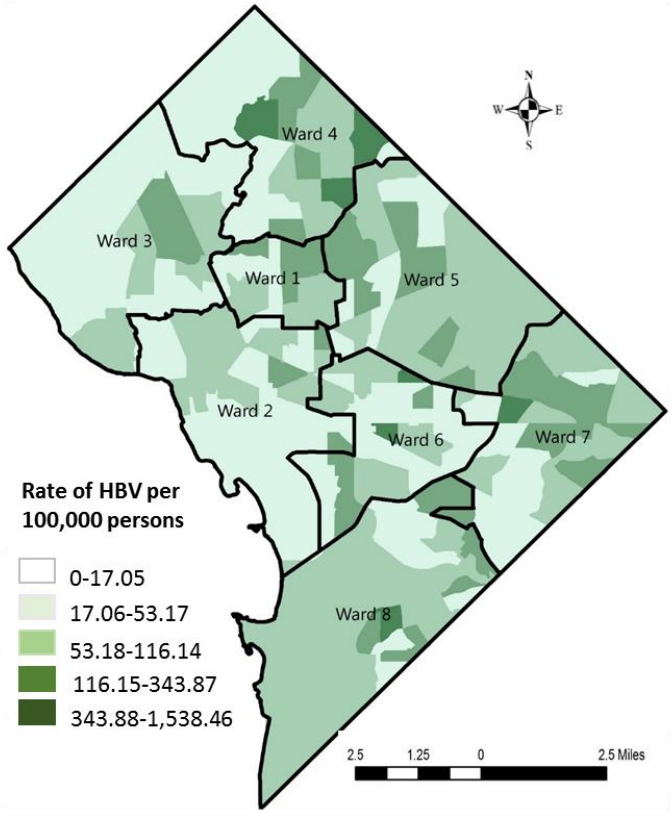
Of all reported Chronic Hepatitis B Cases in DC in 2017…

- **6 in 10** were Men
- **1 in 4** were aged 30-39
- **1 in 50** diagnoses co-occurred with HIV

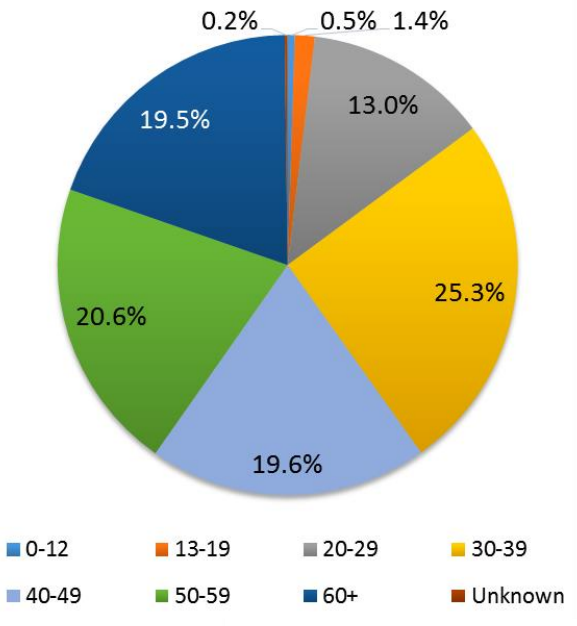
Newly Reported Chronic Hepatitis B Cases by Year, District of Columbia, 2013-2017, N=1,844



Rate of Newly Reported Chronic Hepatitis B Cases, by Census Tract and Ward, District of Columbia, 2017 (N=294)



Proportion of Newly Reported Chronic Hepatitis B Cases, by Age at Diagnosis, District of Columbia, 2013-2017 N=1,544



Please refer to appendix table **B18** for additional data regarding newly diagnosed HBV cases.

Hepatitis C

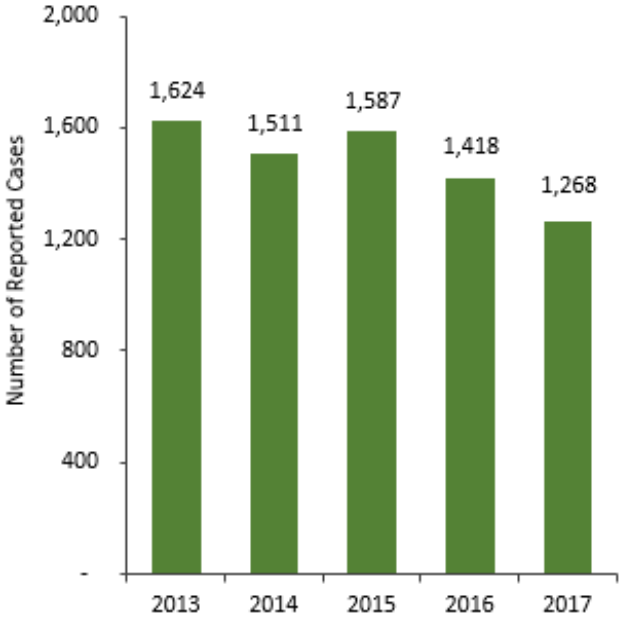
16,578 Number of all positive chronic Hepatitis C cases between 2013-2017

7,408 Number of newly reported chronic Hepatitis C cases between 2013-2017

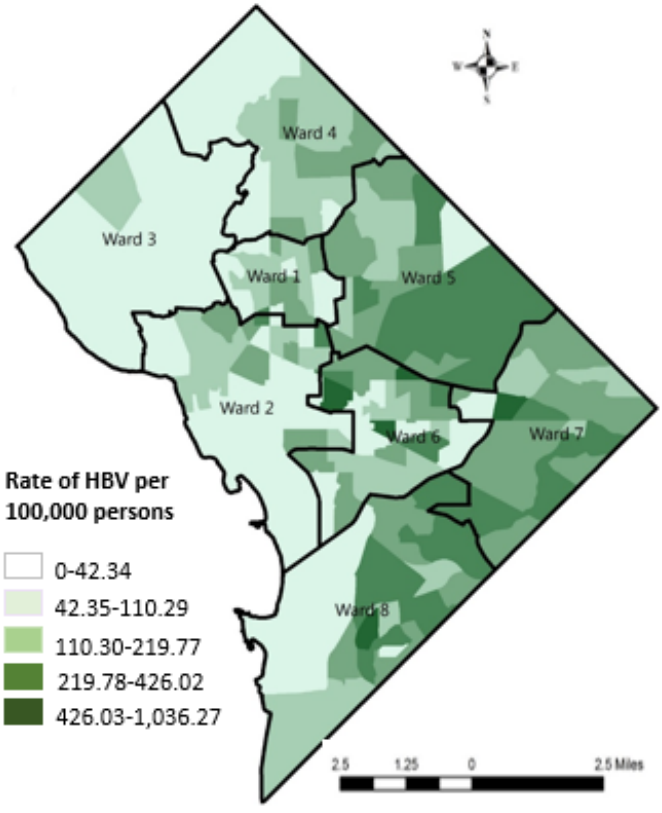
Of all reported Chronic Hepatitis C Cases in DC in 2017…

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

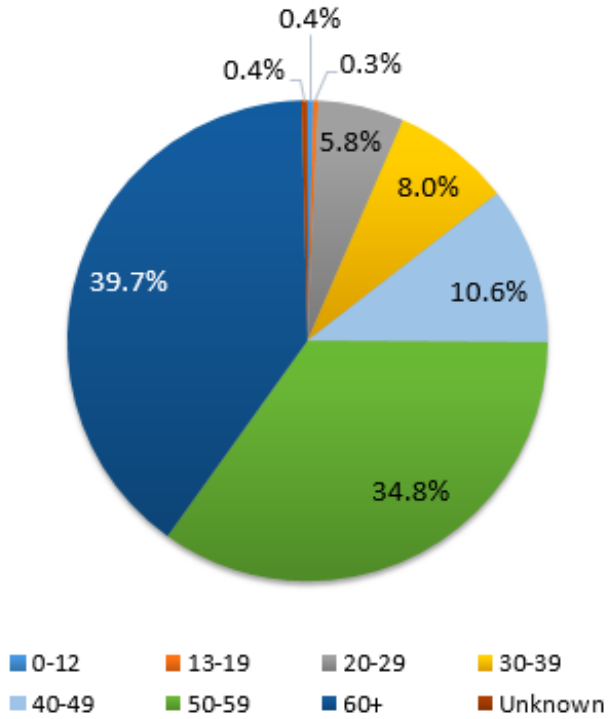
Newly Reported Chronic Hepatitis C Cases by Year, District of Columbia, 2013-2017, N=7,408



Rate of Newly Reported Chronic Hepatitis C Cases, by Census Tract and Ward, District of Columbia, 2017 N=1,268



Proportion of Newly Reported Chronic Hepatitis C Cases, by Age at Diagnosis, District of Columbia, 2013-2017 N=7,408

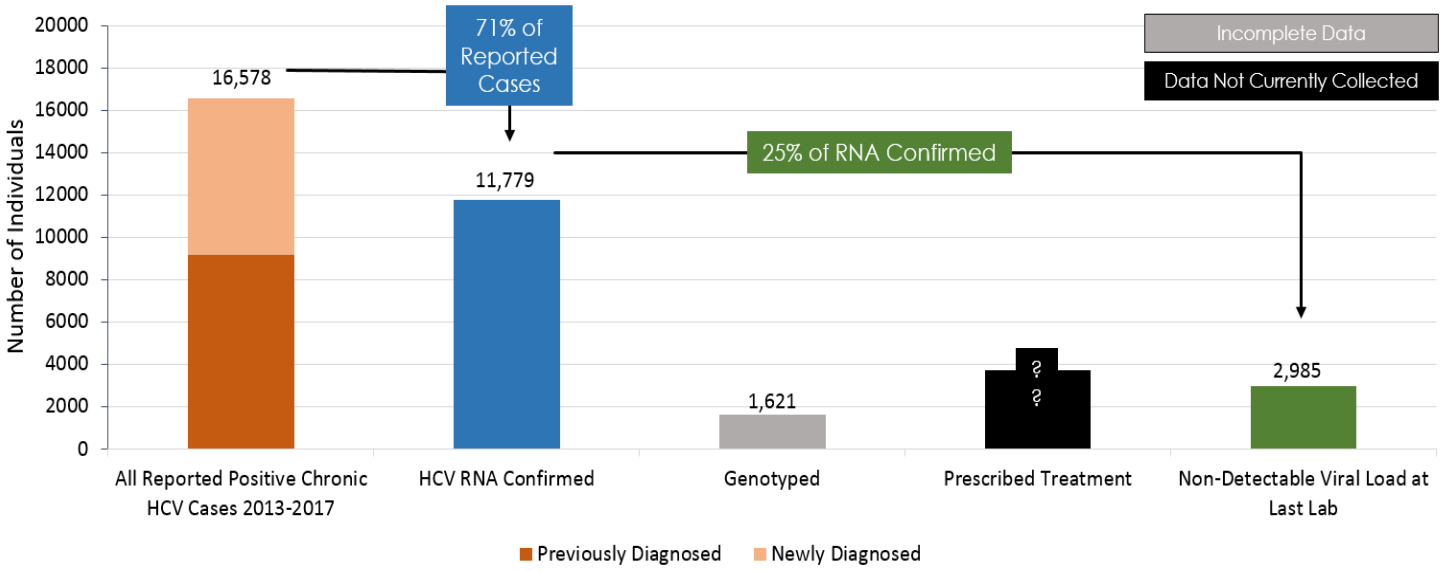


Please refer to appendix table **B19-20** for additional data regarding diagnosed Hepatitis C cases.

Chronic Hepatitis C Cure Cascade

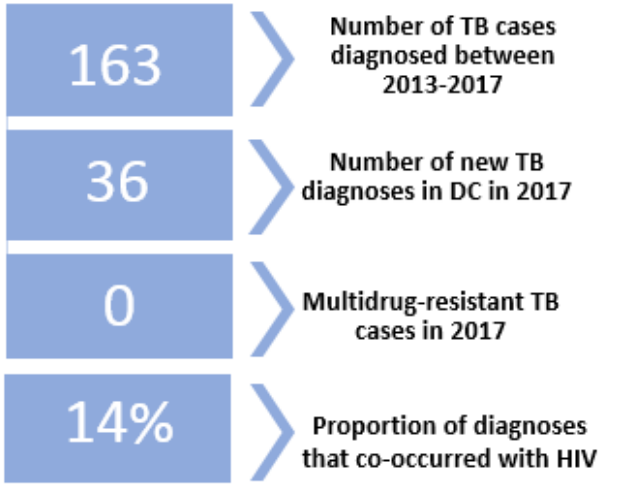
While hepatitis surveillance and case investigation activities are currently limited, efforts have been made toward utilizing available data and resources to better understand care and treatment dynamics among individuals diagnosed with chronic hepatitis C (HCV). Based on current surveillance data, 71% of individuals reported to DC Health as having chronic HCV between 2013 and 2017 have a documented HCV RNA confirmatory test. Of those having an HCV confirmatory test, 25% have evidence of an undetectable viral load based on their last reported HCV RNA laboratory result. Both percentage points provide preliminary evidence that there are opportunities to enhance care linkage and engagement activities within the District in relation to addressing the treatment needs of those infected with chronic HCV.

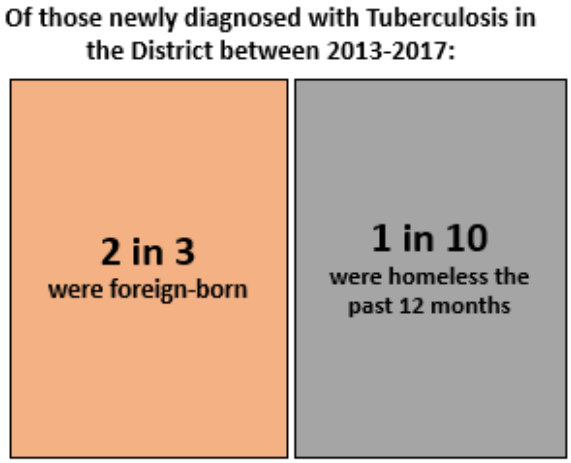
HCV Cure Cascade, District of Columbia 2013-2017

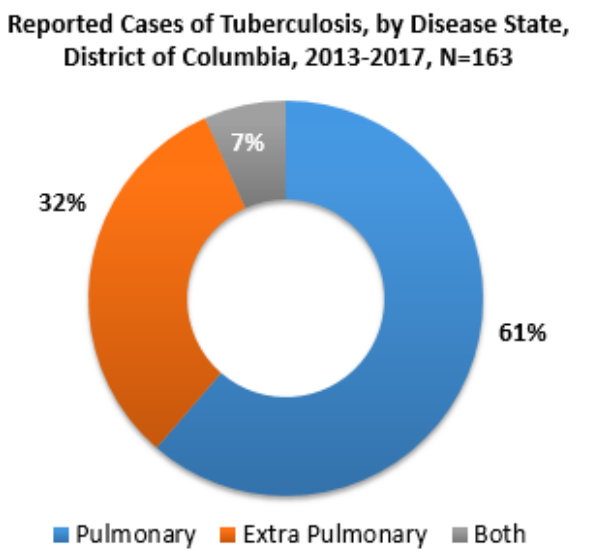


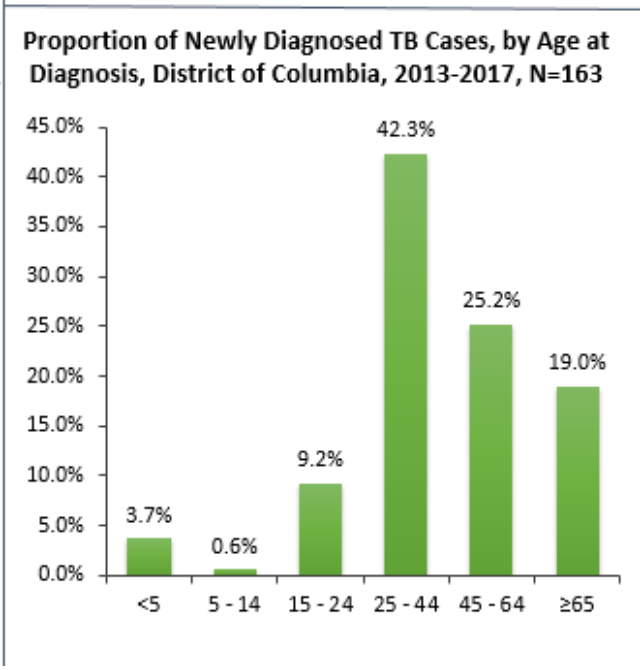
Tuberculosis

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









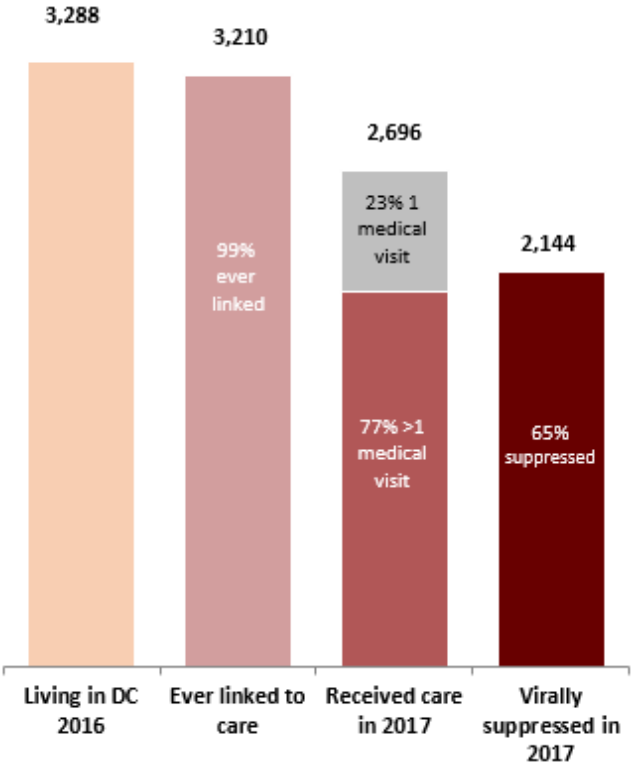
Please refer to appendix table **B17** for additional data regarding newly diagnosed TB cases.

Special Populations

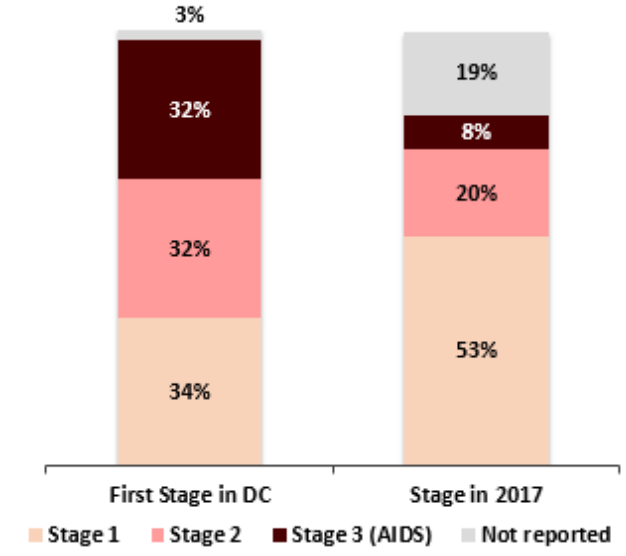
Women

3,394	Number of Women in DC known to be living with HIV
89	Number of new HIV diagnoses in DC in 2017
1%	Percent of women living in DC known to be living with HIV
52%	Proportion of Chlamydia diagnoses among women in 2017
58	Number of HIV positive women who gave birth in 2017

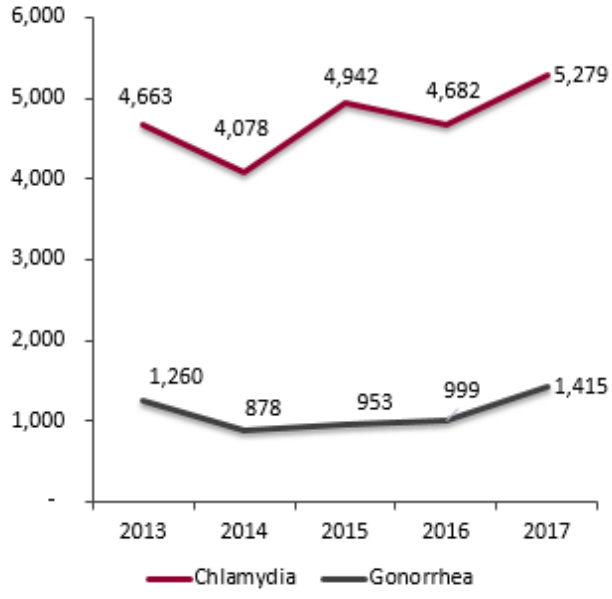
Care Dynamics among Women Diagnosed with HIV Living in DC, 2017



Stage of Disease at First Lab in DC and in 2017 among Women Living in DC, District of Columbia, N=3,394



Number of Reported Chlamydia and Gonorrhea Diagnoses among Women, by Year, District of Columbia, 2013-2017



Of those newly diagnosed with HIV in DC in 2017...

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

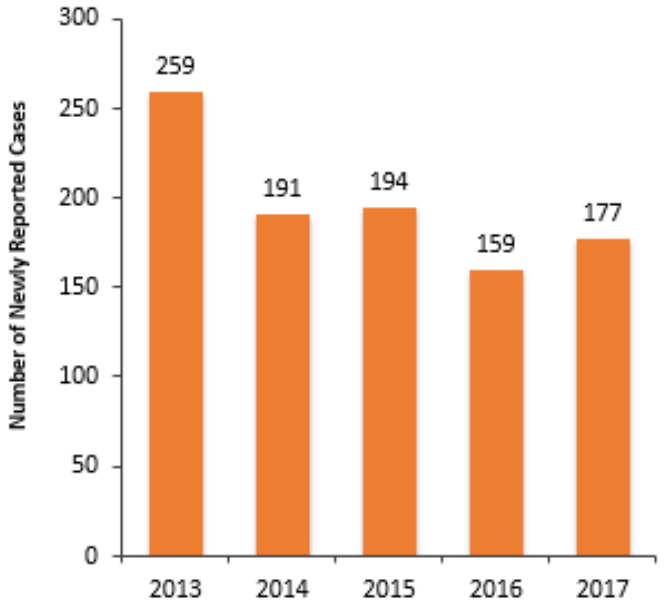
Men who have Sex with Men

6,134 — Number of Men who have sex with men in DC known to be living with HIV

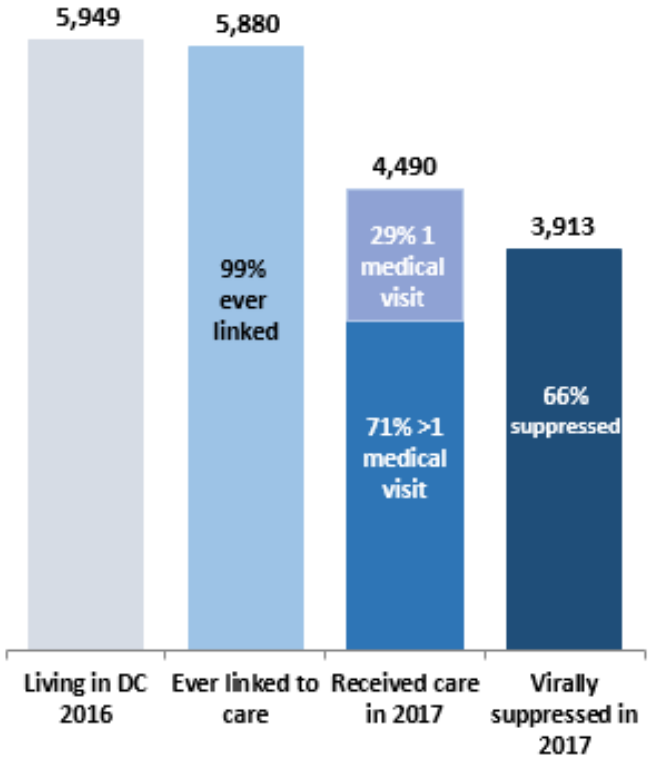
27% — Proportion of new HIV diagnoses in 2017 with a mode of transmission of MSM among those aged 13-24

88% — Estimated proportion of clients prescribed PrEP through DC funded healthcare sites that were men who have sex with men

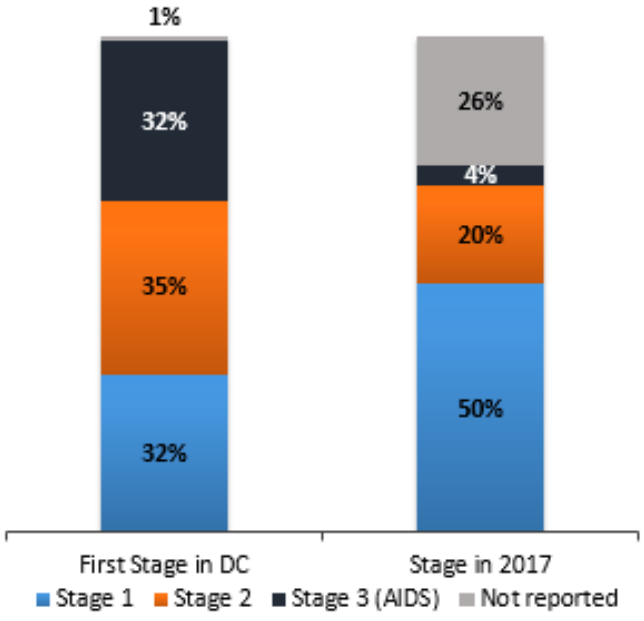
Number of New HIV Diagnoses among MSM, by Year, District of Columbia, 2013-2017



Care Dynamics among MSM Diagnosed with HIV Living in DC, 2017



Stage of Disease at First Lab in DC and in 2017 among MSM Living in DC, District of Columbia, N=6,134



Of those newly diagnosed with HIV in DC in 2017...

6 in 10 were Black

1 in 5 were White

3 in 10 were aged 30-39

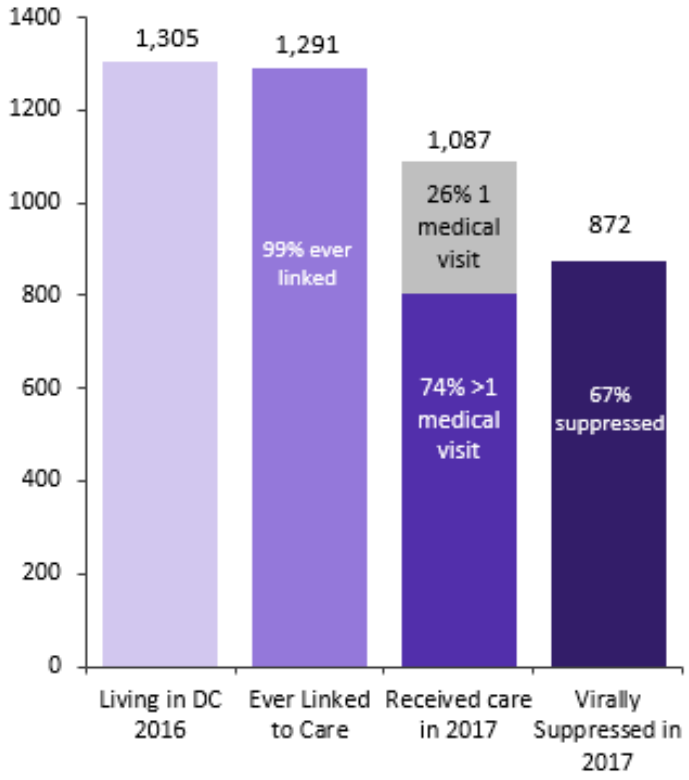
People who Inject Drugs (PWID)

1,304 — Number of PWID in DC known to be living with HIV

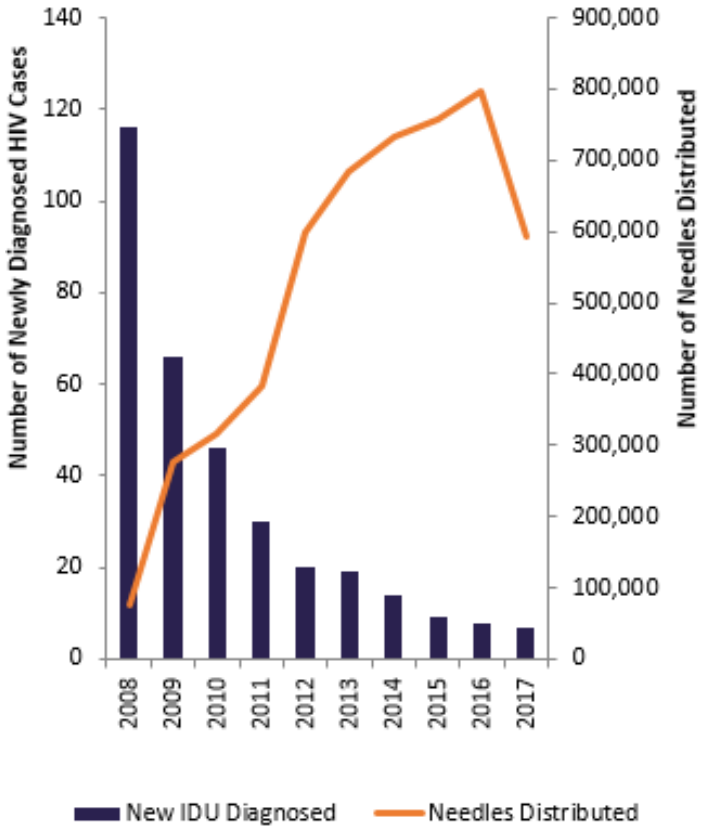
7 — Number of new HIV diagnoses in DC in 2017

27% — Proportion of HIV/HCV co-occurrence among PWID living in DC in 2017

Care Dynamics among PWID Diagnosed with HIV Living in DC, 2017



Newly Diagnosed PWID and the Number of Needles Exchanged, by Year, District of Columbia, 2008-2017



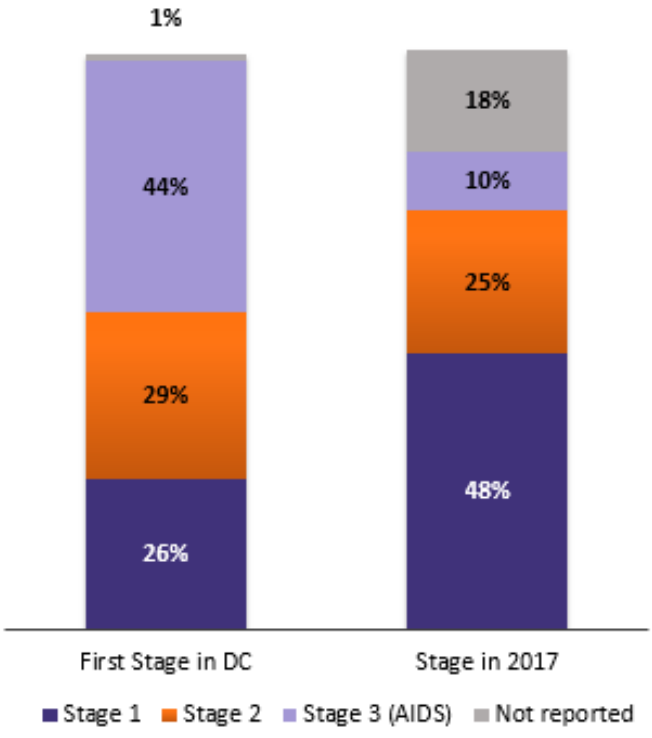
Number of Distribution Sites in 2014

23

Number of Distribution Sites in 2017

20

Stage of Disease at First Lab in DC and in 2017 among PWID Living in DC, District of Columbia, N=1,304

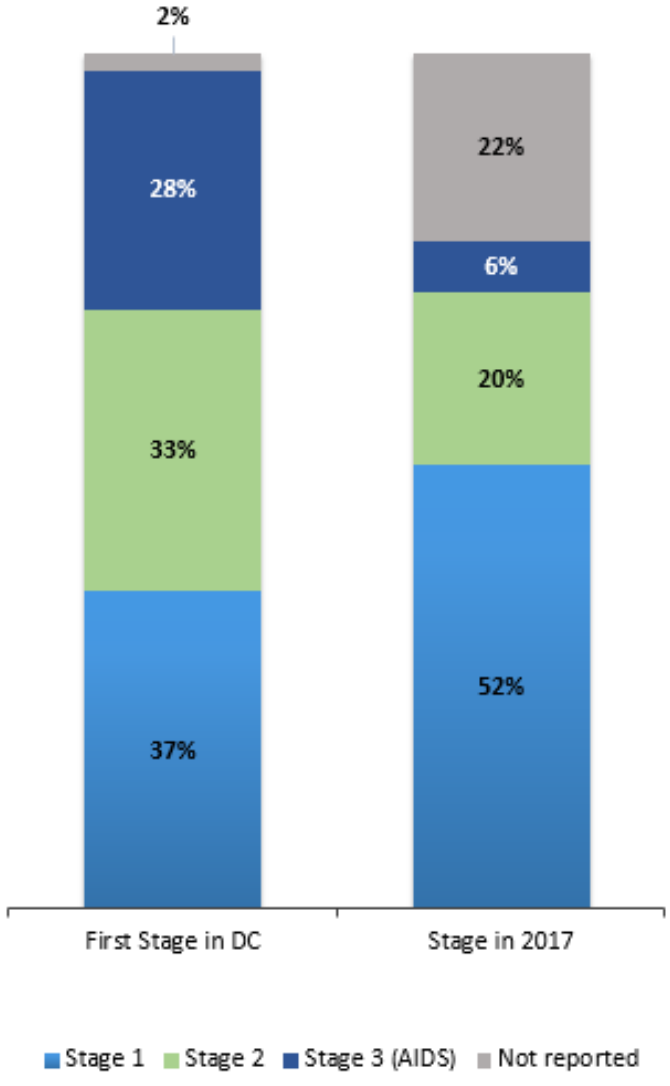


Transgender Persons

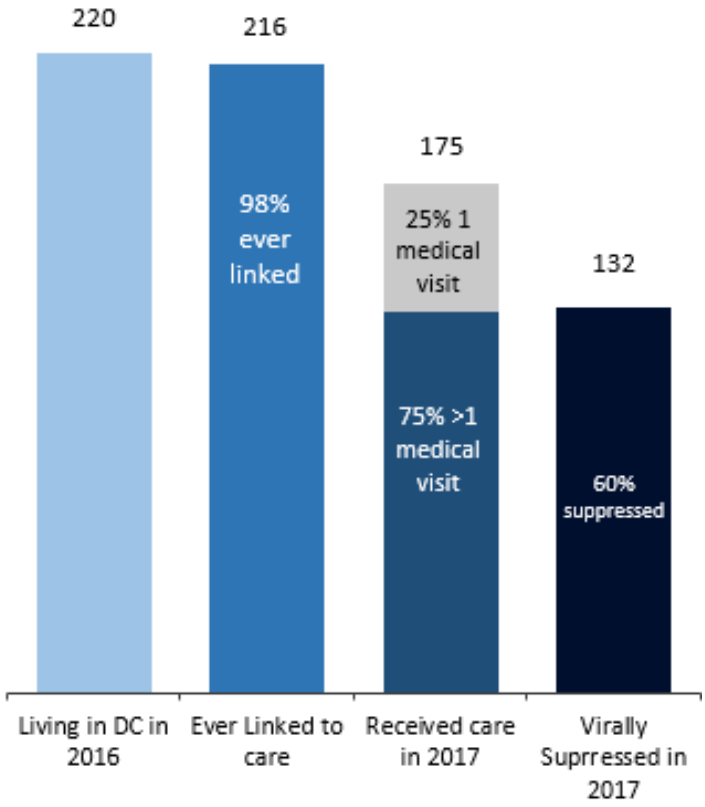
230 — Number of transgender individuals in DC known to be living with HIV

31% — Proportion of new diagnoses that were aged 25-29 between 2013-2017

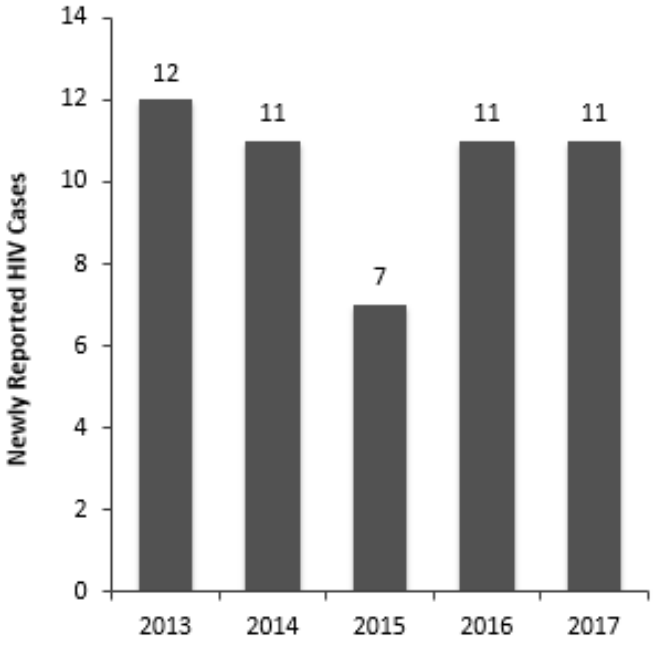
Stage of Disease at First Lab in DC and in 2017 among Transgender Persons Living in DC, District of Columbia, N=230



Care Dynamics among Transgender Persons Diagnosed with HIV Living in DC, 2017



Number of New HIV Diagnoses among Transgender Persons, by Year, District of Columbia, 2013-2017

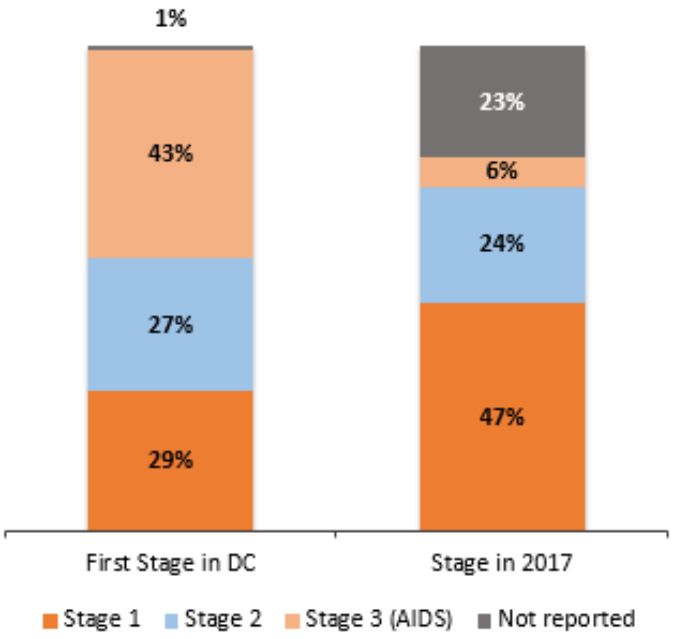


Adults Aged 55 and Older

4,392 — Number of individuals aged 55+ known to be living with HIV

39 — Number of new HIV diagnoses in DC in 2017

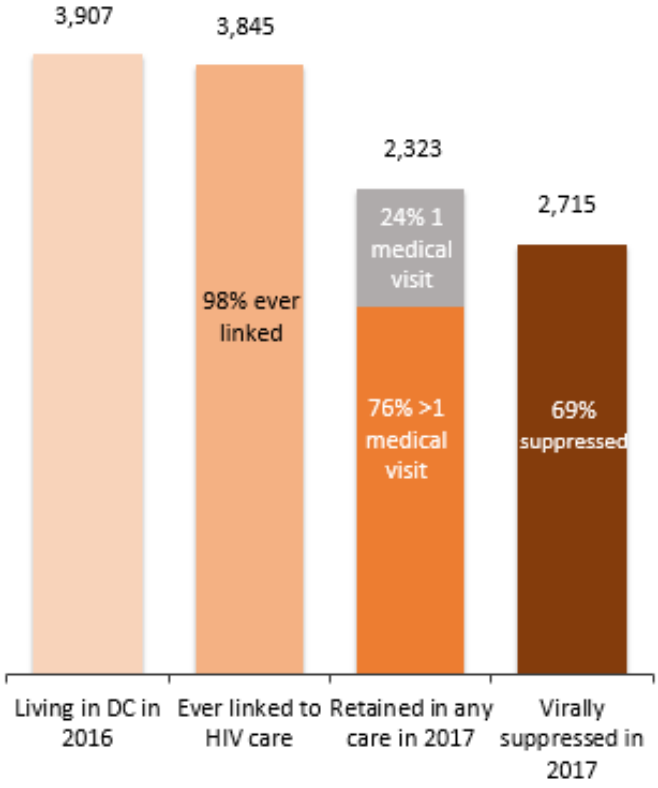
Stage of Disease at First Lab in DC and in 2017 Among People aged 55+ Living in DC, District of Columbia, N=4,392



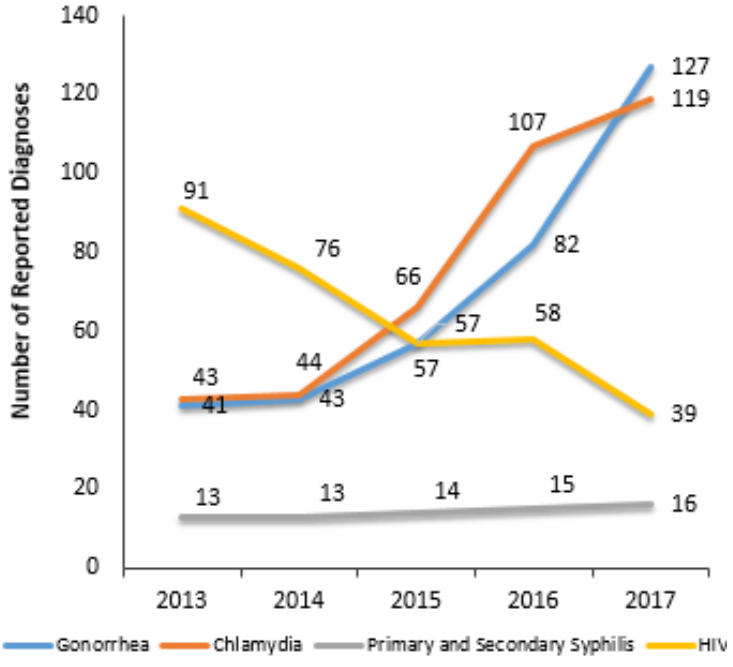
Of those newly diagnosed with HIV in DC in 2013-2017…

- **8 in 10** were Black
- **2 in 3** were Men
- **6 in 10** had a mode of transmission of sexual contact

Care Dynamics among Persons Aged 55+ Diagnosed with HIV Living in DC, 2017



Number of Newly Reported HIV, Chlamydia, Gonorrhea and P&S Syphilis Diagnoses among People aged 55+, by Year, District of Columbia, 2013-2017

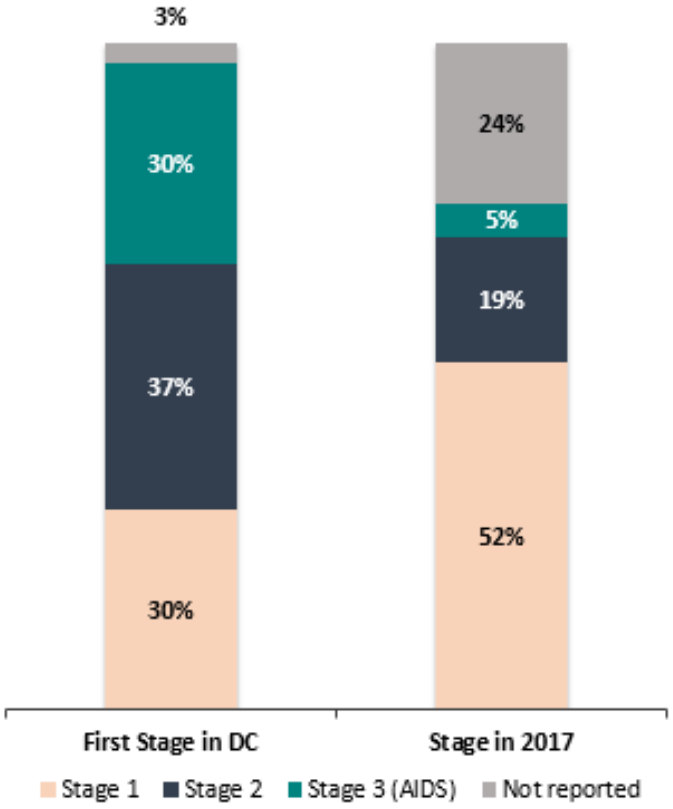


Latinos

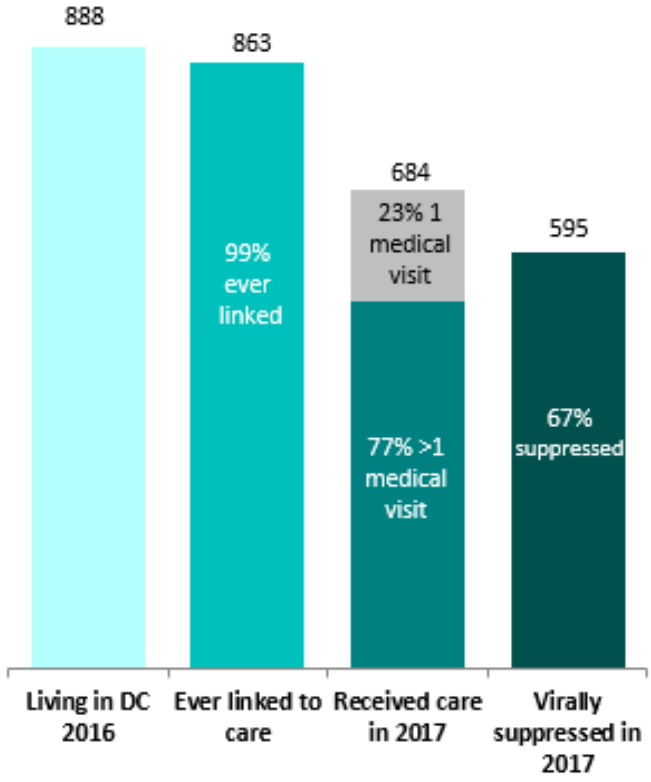
932 — Number of Latino persons in DC known to be living with HIV

1% — Percent of Latino persons living in DC known to be living with HIV

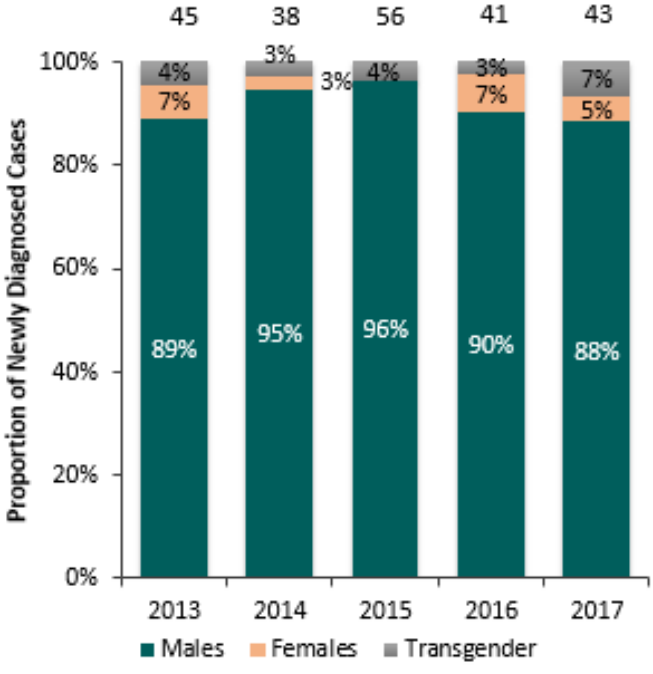
Stage of Disease at First Lab in DC and in 2017 among Latino Persons Living in DC, District of Columbia, N=932



Care Dynamics among Latino Persons Diagnosed with HIV and Living in DC, 2017



Number of Newly Diagnosed Cases among Latino Persons, by Year and Gender Identity, District of Columbia, 2013-2017



Of those newly diagnosed with HIV in DC in 2013-2017...

6 in 10 Were Men who have Sex with Men

3 in 10 Were aged 30-39

Youth (Aged 13-24)

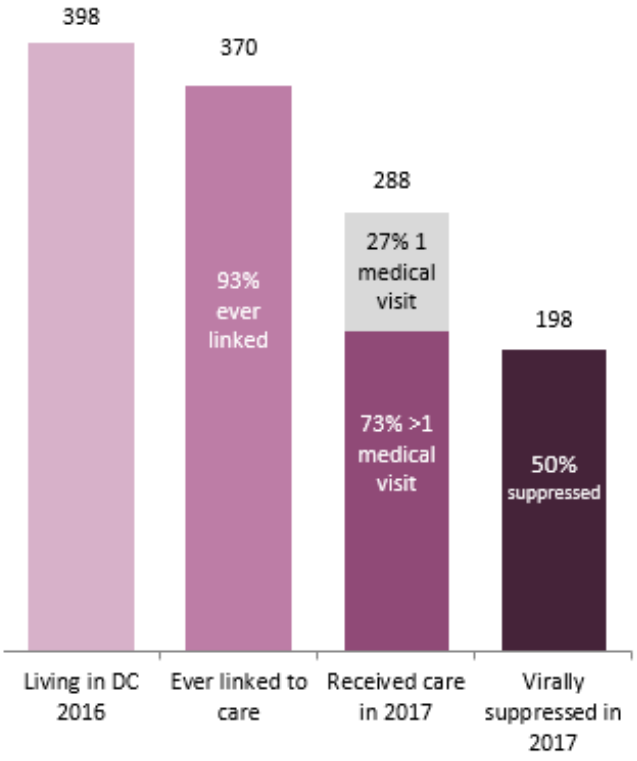
368 — Number of youth in DC known to be living with HIV in 2017

0.3% — HIV prevalence of youth living in DC in 2017

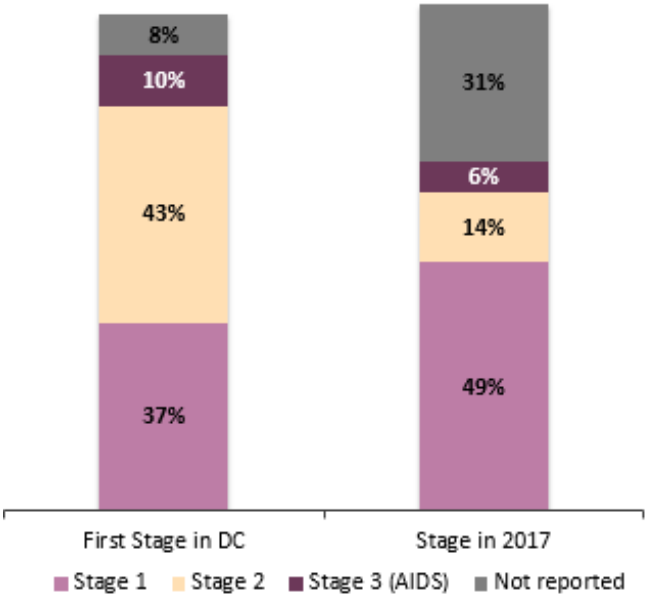
11% — Prevalence of Chlamydia among youth living in DC in 2017

5% — Prevalence of Gonorrhea among youth living in DC in 2017

Care Dynamics among Youth Diagnosed with HIV Living in DC, 2017



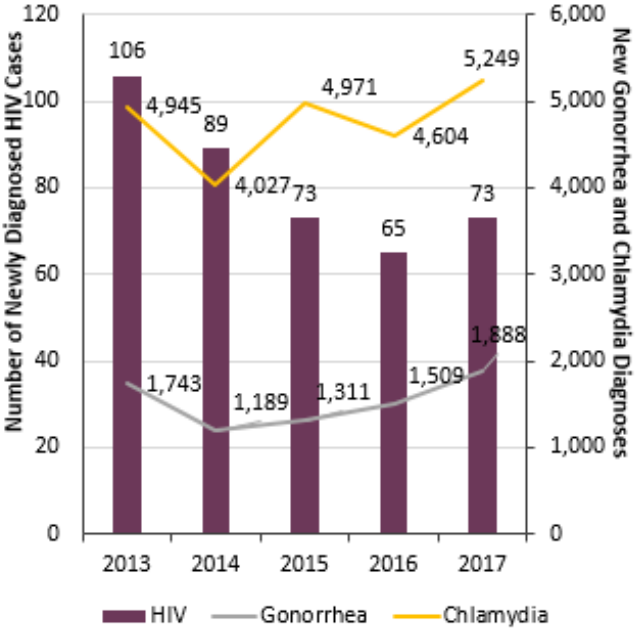
Stage of Disease at First Lab in DC and in 2017 Among Youth Living in DC, District of Columbia, N=398



Of those newly diagnosed with HIV in DC in 2017…

8 in 10 were Black	**2 in 3** were among men who have sex with men
1 in 3 were aged 20-29	**8 in 10** were Men

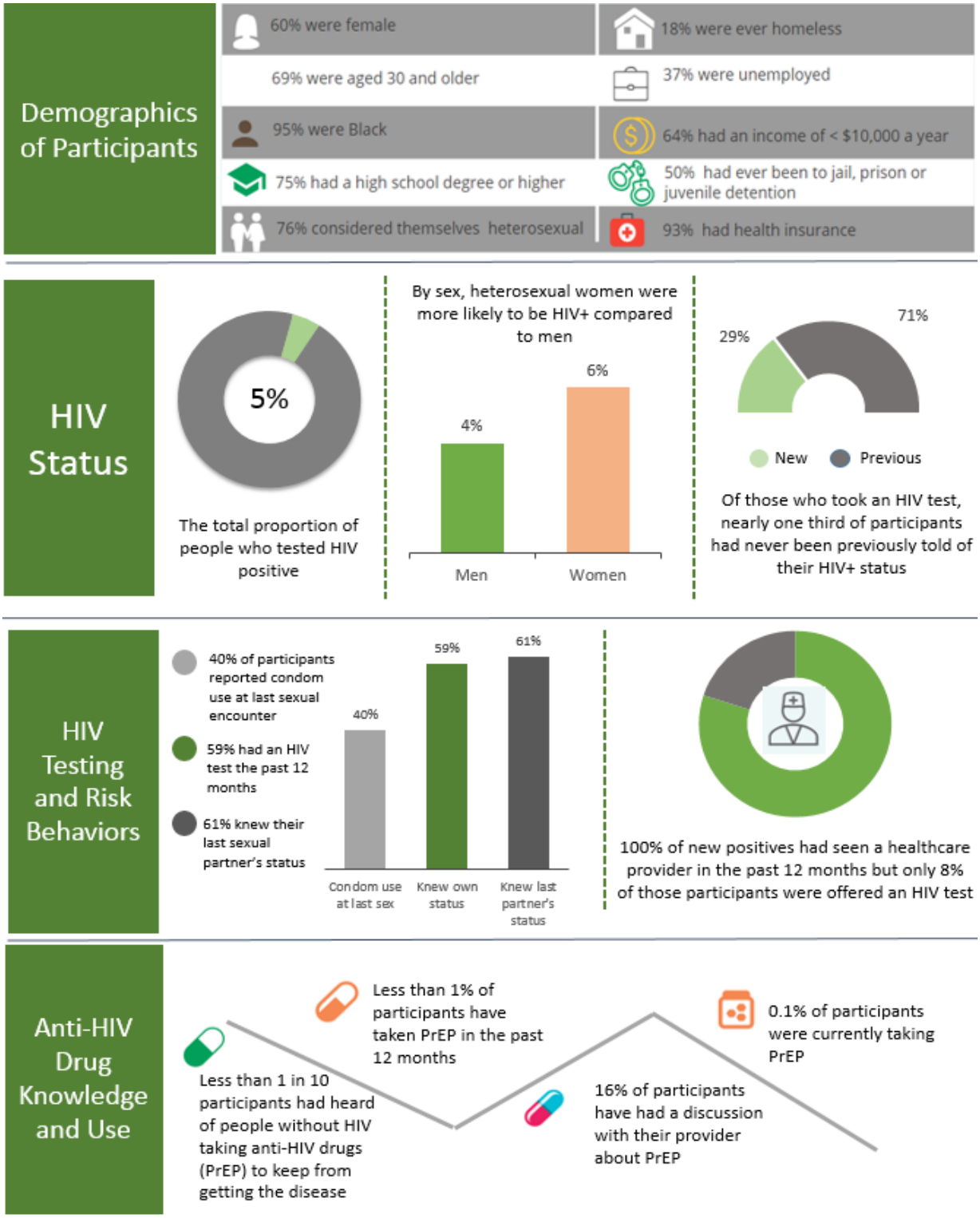
Diagnoses of HIV, Gonorrhea and Chlamydia among Youth, District of Columbia, 2013-2017



National HIV Behavioral Surveillance Study (NHBS)

Heterosexuals at Increased Risk for HIV in DC, 2016

The National HIV Behavioral Surveillance (NHBS) is a CDC-funded initiative to learn more about what puts people at risk for HIV. The purpose of NHBS is to assess prevalence of HIV and trends in sexual and drug-use behaviors among populations most at risk for HIV. Data collection was completed in 2016 among heterosexuals at increased risk of HIV infection and has allowed DC Health to use this information as a baseline for future programs, such as social network HIV testing and PrEP promotion.



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