

### The HIV/AIDS Epidemic in Washington, D.C.

July 2012

Washington, D.C. is one of the areas hardest hit by HIV in the United States (U.S.), with an epidemic on par with some developing nations.<sup>1,2,3</sup> In D.C., approximately 2.7% of the population is living with HIV, which exceeds UNAIDS' definition of a "generalized" epidemic (having HIV prevalence greater than 1% of the population),<sup>3,4</sup> and D.C. has the highest AIDS diagnosis rate of any state in the U.S.<sup>1</sup> The epidemic is driven by a complex interplay of factors and the impact of HIV/ADS varies across the District. In recent years, there have been renewed efforts to address the epidemic by an array of stakeholders, including the D.C. government and community organizations, and while there are signs of progress and measurable successes—including declines in new diagnoses and increases in the number of people linked to care—challenges remain. This month, D.C. will serve as host to the XIX International AIDS Conference—the first time the conference will return to the U.S. in 22 years—providing an opportunity to focus attention on the U.S. epidemic and spotlight the impact of HIV on D.C.

and in D.C., and represent the majority of people living with HIV, new HIV and AIDS diagnoses, and deaths among people with HIV in the District.

- Black residents are hardest hit—they represent three quarters of people living with HIV (75%), but less than half (48%) of the District's population. A similar pattern can be seen with new HIV and AIDS diagnoses.
- Overall, 4.3% of Black adult/adolescent residents are living with HIV, compared to 1.8% of Latino residents and 1.2% of white residents. HIV prevalence is highest among Black men—6.3% of Black men are living with HIV, followed by Latino men (3.0%), and Black women (2.6%).
- Blacks also have the highest HIV prevalence rates per 100,000 adults and adolescents (4,264.6)—more than twice the rate among Latinos (1,836.4) and three times the rate among whites (1,226.3).
- Blacks accounted for the majority (89%) of deaths among people with HIV in D.C. in 2010.

#### Figure 1: Snapshot of the D.C. Epidemic<sup>3</sup>

- Number living with HIV: **14,465**
- Percent living with HIV: **2.7%**
- Number of new HIV diagnoses: **835**
- Number of deaths among those with HIV: **207**
- Percent diagnosed with HIV linked to care within a year: **89%**

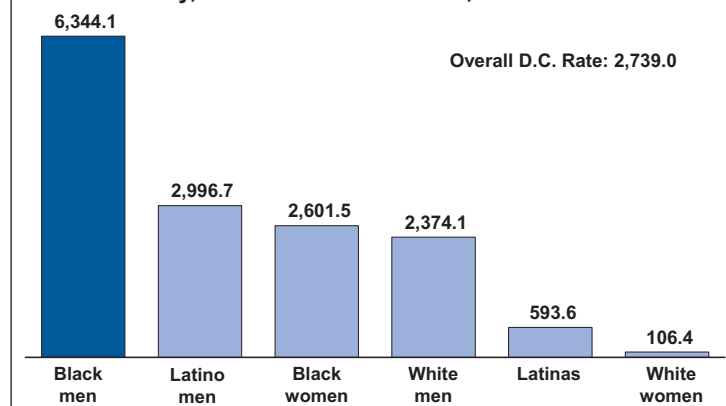
#### Overview and Key Trends

- As of December 2010, an estimated 14,465 D.C. residents, or 2.7% of adults/adolescents, were living with HIV.
- HIV prevalence exceeds 1% for all racial/ethnic groups (for which data are provided), with the highest prevalence being among Black residents (4.3%), a group disproportionately affected by the epidemic nationwide and in D.C.
- There were 835 new HIV diagnoses in 2010, down slightly from 853 in 2009 and down 24% from 2006. Of note, the number of new HIV diagnoses attributable to injection drug use dropped the most significantly (by about 70% since 2006), and there were no children born with HIV in 2010.
- There were 477 new AIDS (the most advanced stage of HIV) diagnoses in 2010, representing a decline of 32% from 2006.
- There were 207 deaths among people with HIV in 2010, about half the number of deaths that occurred in 2006.
- In many ways, the D.C. epidemic is a microcosm for what is happening nationally and many factors contribute to the high burden of the epidemic in D.C. These include: geography—D.C. is a small, densely populated community with overlapping sexual networks that can fuel transmission;<sup>5</sup> health care access challenges;<sup>6</sup> poverty;<sup>7</sup> drug use;<sup>8</sup> and high rates of other sexually transmitted infections,<sup>3,9</sup> as well as stigma and lack of knowledge of HIV status.<sup>5,10</sup>

#### Impact on Racial and Ethnic Minorities

- Racial and ethnic minorities have been disproportionately impacted by HIV/AIDS since the beginning of the epidemic across the country

Figure 2: HIV Prevalence Rates per 100,000 by Sex and Race/Ethnicity, for Adults/Adolescents, 2010<sup>3</sup>



#### Impact by Sex and Age

- Similar to the national epidemic, men represent a greater share of the epidemic than women in D.C., accounting for the majority of people living with HIV (72%) as of the end of 2010, new HIV diagnoses (72%) and new AIDS diagnoses (68%). Additionally, the HIV prevalence rate per 100,000 for men (4,238.8) is three times the rate among women (1,422.4).
- However, there are important differences that emerge when examining data by race/ethnicity and sex. For instance, the impact of the epidemic is greater among men overall, but HIV prevalence is higher among Black women (2.6%) compared with white men (2.4%).
- Among Blacks, women represent a larger share of the epidemic than women of other racial/ethnic groups. Black women represented a third (34%) of Blacks living with HIV in 2010. By comparison, Latinas represented 16% of Latinos and white women represented 4% of whites.
- Black women represent the majority of women living with HIV (92%)

and have a prevalence rate (2,601.5) four times the rate among Latinas (593.6) and 24 times the rate among white women (106.4) (Figure 2).

- The impact of HIV also varies by age, with residents over 40 being more heavily affected in recent years. As of the end of 2010, 6.6% of 40–49 year-olds and 5.5% of 50–59 year-olds were living with HIV, compared with 2.7% of those 30–39 and 1.0% of those 20–29. However, there are some indications that the epidemic is starting to take a greater toll on younger residents.

### Transmission

- Most HIV transmission in the District is attributable to sex between men and heterosexual contact.
- Of the 835 new HIV diagnoses in 2010, more than a third (37%) were among men who have sex with men (MSM), and another third (33%) from heterosexual contact. Injection drug use accounted for 5%.
- Within D.C., transmission patterns vary by race/ethnicity. Blacks are more likely to be infected through heterosexual contact, whereas whites and Latinos are more likely to be infected through sex between men.
- Across all racial/ethnic groups, heterosexual contact accounts for the majority of cases among women.

### Geography

- Although HIV/AIDS cases have been reported throughout D.C., the epidemic is not uniformly distributed in the city.<sup>11</sup> In seven of D.C.'s eight wards (all but Ward 3), more than 1% of adult/adolescent residents are living with HIV. Prevalence ranges widely, from a high of 3.1% in Ward 8 to a low of 0.5% in Ward 3 (Figure 3).
- While Ward 8 has the highest percent of residents living with HIV, Ward 1 has the greatest number of adults/adolescents living with HIV (1,913 in 2010).

**Figure 3: Adults/Adolescents Living with HIV in D.C., by Ward, 2010<sup>3</sup>**

	Number of Adults/Adolescents Living with HIV	Percent of Adults/Adolescents Living with HIV
Ward 1	1,913	2.7%
Ward 2	1,648	2.1%
Ward 3	322	0.5%
Ward 4	1,291	1.9%
Ward 5	1,824	2.7%
Ward 6	1,803	2.6%
Ward 7	1,624	2.6%
Ward 8	1,827	3.1%
<b>D.C. Total</b>	<b>14,465<sup>12</sup></b>	<b>2.7%</b>

### HIV Testing and Linkages to Care

- Nearly seven in ten (68%) D.C. residents, ages 18–64, report ever having been tested for HIV, the highest share of any state.<sup>13</sup>
- Over the last several years, fewer people have been diagnosed with HIV late in their illness—that is, diagnosed with AIDS within one year of testing positive for HIV—which is partially attributable to early testing and treatment. Still, among those who were diagnosed with HIV in 2009, about a third progressed to AIDS within a year of their HIV diagnosis. This share is similar to the national average.<sup>14</sup>
- The large majority of people newly diagnosed with HIV in 2010 (89%) were linked to care within 12 months of their initial diagnosis; 76% were linked to care within three months of their diagnosis. The share of people entering care has increased since 2006, yet there are still people with HIV who are not getting the care and treatment they need.

### The Response

D.C. HAHSTA, along with support from the federal government, community partners, medical providers, and other stakeholders, has worked to address the HIV epidemic in the District. Efforts have been scaled up in recent years, which have produced measurable successes, including decreases in new diagnoses, especially among certain populations (e.g., injection drug users and babies) and increases in those being linked to and accessing care. Key elements of the response include:

- For FY 2012, D.C.'s HIV/AIDS budget totaled \$75.6 million, most of which is provided by the federal government, and includes funds for prevention, testing, and care and treatment (e.g., Ryan White Program services), as well as other support services (e.g., housing).<sup>15</sup>
- HAHSTA's goals align with the National HIV/AIDS Strategy and D.C. is one of the areas included in the "12 Cities Project," an initiative under the U.S. Department of Health and Human Services targeting areas hard hit by HIV in the U.S. This includes additional support from the U.S. Centers for Disease Control and Prevention (CDC) tied to the development of an Enhanced Comprehensive HIV Prevention Plan (ECHPP).<sup>16</sup>
- Examples of HAHSTA's activities include:<sup>3</sup>
  - *Condoms.* In partnership with community organizations, HAHSTA distributed over 5 million free condoms in 2011, a 10-fold increase from 2007.
  - *HIV testing.* Approximately 122,000 publicly supported HIV tests were performed in the District in 2011, triple the number in 2007. D.C. was the first jurisdiction to adopt CDC recommendations for routine HIV testing in health care settings and actively works with providers to expand testing.<sup>16</sup>
  - *Needle exchange services.* D.C. began to scale up needle exchange activities in 2007, and particularly since 2009 when the Congressional ban prohibiting D.C. from using its own funds to support needle exchange was lifted.<sup>17</sup>
  - *Linkages to care and treatment.* HAHSTA works to link those newly diagnosed to care, treatment, and support programs, and maintains a "treatment on demand" policy, with "universal access" to HIV medical care.

### Concern About HIV/AIDS in D.C.<sup>18</sup>

- D.C. residents are much more concerned about HIV than the national public overall. In a recent survey, D.C. residents identified HIV/AIDS as the top health problem facing the area, whereas it ranks seventh nationally.
- Blacks in D.C. were more likely than their white counterparts to view HIV/AIDS as a serious problem, to express concern about becoming infected with HIV, and to know someone who has HIV/AIDS or who has died of AIDS.
- Among Black residents, those in Wards 7 and 8 (Ward 8 having the highest HIV prevalence), were the most likely to say HIV/AIDS is a problem in their community.

<sup>1</sup> CDC. *HIV Surveillance Report*, Vol. 22; 2012.

<sup>2</sup> Kaiser Family Foundation (KFF). [www.globalhealthfacts.org](http://www.globalhealthfacts.org). Data Source: UNAIDS, *Report on the Global AIDS Epidemic*; 2010.

<sup>3</sup> District of Columbia Department of Health (D.C. DOH). HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA). *Annual Report 2011*; June 2012. All data included in this fact sheet are from HAHSTA's annual report unless otherwise noted.

<sup>4</sup> Includes those ages 13 and older and referred to throughout fact sheet as "adults/adolescents."

<sup>5</sup> D.C. DOH, HAHSTA. *MSM in DC: A Life Long Commitment to Stay HIV Free*.

<sup>6</sup> KFF. [www.statehealthfacts.org](http://www.statehealthfacts.org). Data Source: State Population and Health Professional Shortage Areas Designation Population Statistics, Health Resources and Services Administration (HRSA); February 2012.

<sup>7</sup> KFF. [www.statehealthfacts.org](http://www.statehealthfacts.org). Data Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2010 and 2011 Current Population Survey (CPS: Annual Social and Economic Supplements).

<sup>8</sup> D.C. DOH, HAHSTA. *Injection Drug Use: IDUs and HIV Infection in DC*.

<sup>9</sup> CDC. *STD Surveillance Report*, 2010; November 2011.

<sup>10</sup> D.C. DOH, HAHSTA. *Heterosexual Relationships and HIV in Washington, DC*.

<sup>11</sup> AIDSvu. [www.aidsvu.org](http://www.aidsvu.org). Data Source: D.C. DOH, HAHSTA.

<sup>12</sup> Ward totals do not add to D.C. total as ward information was not available for all cases.

<sup>13</sup> KFF. [www.statehealthfacts.org](http://www.statehealthfacts.org). Data Source: CDC, *Behavioral Risk Factor Surveillance System Survey*; 2010.

<sup>14</sup> CDC. *HIV Surveillance Supplemental Report*, Vol. 17, No. 3 (Part A); 2012.

<sup>15</sup> D.C. Office of the Chief Financial Officer. *FY 2013 Proposed Budget for the District of Columbia Government*; 2012.

<sup>16</sup> D.C. *Enhanced Comprehensive HIV Prevention Plan*; 2011.

<sup>17</sup> KFF. *The Global HIV/AIDS Timeline*. [www.kff.org/hivaids/timeline](http://www.kff.org/hivaids/timeline).

<sup>18</sup> KFF. *Black Residents' Views on HIV/AIDS in the District of Columbia*; October 2011.