Executive Summary

The Annual Epidemiology & Surveillance Report for the District of Columbia confirms that the District maintains serious epidemics of HIV, sexually transmitted diseases (STDs), hepatitis, and tuberculosis (TB). The Department of Health (DOH) continues to see multi-year progress in reducing new cases of HIV in the District. The number of newly reported HIV cases has decreased by 42% from 2008 to 2012. This year's report marks another year of success in increasing the proportion of persons linked to HIV care following diagnosis, decreasing the number of new AIDS diagnoses, and lowering the number of deaths among persons with HIV. The report also shows continued progress in the District's effort to achieve TB elimination, as evidenced by a one-third reduction in the number of reported cases of TB from 2008 to 2012.

New in This Report

This year's report contains new data to provide more insight into the District's epidemics:

HIV Incidence: For the first time, the DOH will report estimated HIV incidence data for the District. HIV incidence estimates the number of new HIV infections that occurred during the year. This estimate provides another snapshot into the District's HIV epidemic. This first estimate shows that there is a decline in new infections, that new infections are proportionately impacting younger people, and that new infections are proportionately more heterosexual.

Hepatitis C: With the introduction of new medications with the potential to eradicate hepatitis C, the leading cause of liver disease and transplants in the country, DOH compiled data on the total number of reported chronic hepatitis C cases in the District from 2008 to 2012. With 15,915 cases documented during this timeframe, the magnitude of the HCV epidemic in the District is, at a minimum, comparable to that of HIV.

Key Facts:

The District continues to be affected by severe epidemics. The snapshot of the District epidemics in the year 2012 include:

16,072 residents of the District of Columbia living with HIV in 2012

680 newly reported cases of HIV in 2012

10,036 new cases of STDs in 2012

12,221 new cases of chronic hepatitis reported between 2008 and 2012

Epidemiological Summary

Key points in this surveillance update of the District epidemics in the year 2012 include:

- 16,072 residents of the District of Columbia (2.5% of the population) are living with HIV, which exceeds the World Health Organization definition of 1% as a severe epidemic.
- Blacks, Hispanics, and whites with HIV exceed 1% of their respective populations, with blacks disproportionately affected at 3.9%.
- The DOH received 2 reports of confirmed cases of babies born with HIV in 2012.*
- The number of newly diagnosed HIV cases in the District decreased to 680 cases in 2012, a decline of 42% from 1,180 cases in 2008.
- There was an 81% decrease in the number of newly diagnosed HIV cases where the reported mode of transmission was injection drug use. In 2008, the first year of the scale up of DC's needle exchange program, there were 109 cases, compared with 21 in 2012.
- The number of reports of newly diagnosed AIDS cases decreased 35%, from 567 in 2008 to 370 in 2012.
- The number of deaths among persons with HIV decreased by 36%, from 345 in 2008 to 221 in 2012.
- There were reports of 7,258 new cases of chlamydia, 2,605 new cases of gonorrhea and 173 new cases of primary and secondary syphilis reported in 2012.
- There were new reports of 2,402 cases of chronic hepatitis B between 2008 and 2012.
- There were new reports of 9,819 cases of chronic hepatitis C between 2008 and 2012.
- The rate of new TB cases decreased 35%, from 9.1 per 100,000 in 2008 to 5.9 per 100,000 persons in 2012.

* Updated on 9/1/2014

HIV Care Continuum

In addition to the annual report, DOH prepares a supplemental report on HIV Clinical and Care Dynamics. This supplement 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 goals of the care continuum are for all persons with HIV to be diagnosed, connected into medical care and achieve viral load suppression. Viral suppression ensures a strong immune system and healthier outcomes for persons living with HIV. Here are several highlights demonstrating the District's progress in the care continuum:

- Increased linkage to care within 3 months from 57.3% in 2008 to 85.7% in 2012.
- Increased viral load suppression from 57.4% in 2008 to 61.0% in 2012.
- Increased average CD4 count at time of diagnosis from 330 in 2008 to 435 in 2012.
- Decreased late testing from 56% in 2008 to 44% in 2012.

Scaling Up Success: National HIV/AIDS Strategy

The DC Department of Health and its community partners continue to scale up programs to reduce the impact of HIV, STDs, hepatitis and TB on District residents and achieve the objectives outlined in the National HIV/AIDS Strategy (NHAS). The most recent achievements by the District include:

- A new record of 177,000 publicly supported HIV tests in 2013, up from 138,000 in 2012 and more than four times the 43,000 tests in 2007.
- More than 6.9 million male and female condoms distributed in 2013, a nearly 14-fold increase from 2007.
- 647,000 needles removed from the street in 2013 through the DC needle exchange programs, an increase from 550,000 in 2012.
- "Treatment on Demand" program maintained, serving 8,449 persons in 2013 with universal access to HIV medical care with no waiting lists for treatment and medications; 64% were retained in care during 2013.

The following chart summarizes the nine NHAS objectives, their targets, and the District's estimated metrics:

National HIV/AIDS Strategy Objectives and Key Performance Indicators

Objective	National Target 2015	DC 2009*	DC 2012	DC 2015	Data Source/ Comments
Reducing New HIV Infections					
Objective 1	Reduce the number of new infections by 25%	853 new HIV cases	680 new HIV cases	640 new cases	Name-based HIV surveillance data/The incidence estimate for 2012 will not be available until the next report. During the interim, newly diagnosed HIV cases used to approximate incident or new infections.
Objective 2	Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30%	5.1 per 100 persons living with HIV	4.2 per 100 persons living with HIV	3.6 per 100 persons living with HIV	Name-based HIV surveillance data/ Estimate based on newly diagnosed HIV cases.
Objective 3	Increase the percentage of people living with HIV who know their serostatus from 79% to 90%.	HET-1 (2007):53% MSM-2 (2008):59% IDU-2 (2009):70%	HET-2 (2010):79% MSM-3 (2011)-77% IDU-3 (2012) 78%	90%	National HIV Behavioral Surveillance Data†
Increasing Access to Care and Improving Health Outcomes for People Living With HIV					
Objective 4	Increase the proportion of newly diagnosed patients linked to clinical care within 3 months of their HIV diagnosis from 65% to 85%	70%	86%	85%	Name-based HIV surveillance and laboratory data
Objective 5	Increase the proportion of Ryan White HIV Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at 3 months apart) from 73% to 80%	‡	64%	80%	Ryan White Service Data/ Data include all HIV-infected persons receiving care at a Ryan White funded program in the District, regardless of residence.
Objective 6	Increase the number of Ryan White clients with permanent housing from 82% to 86%	70%	74%	86%	Ryan White Service Data/ Excludes those with missing housing status
Reducing HIV-Related Health Disparities					
Objective 7	Increase the proportion of HIV-diagnosed gay and bisexual men with undetectable viral load by 20%	29%	49%	35%	Name-based HIV surveillance and laboratory data. This includes HIV transmission modes male-to-male sexual contact (MSM) and MSM/injection drug use (IDU)
Objective 8	Increase the proportion of HIV-diagnosed blacks with undetectable viral load by 20%	25%	45%	30%	Name-based HIV surveillance and laboratory data
Objective 9	Increase the proportion of HIV-diagnosed Latinos with undetectable viral load by 20%	32%	52%	38%	Name-based HIV surveillance and laboratory data. Latino is defined as self-reported Hispanic ethnicity

*DC 2009 information was calculated based upon data frozen in 2010; current surveillance numbers for 2009 may differ based upon updated information reported to HAHSTA and continued record review.
†National HIV Behavioral Surveillance (NHBS) Data: Abbreviations indicate the population and cycle of data collection. For example, HET 1 indicates Heterosexual Cycle 1 Data Collection, MSM 2 indicates Men who have Sex with Men Cycle 2 Data Collection, and IDU 2 represents Injection Drug Users Cycle 2 Data Collection. Each NHBS population-based cycle involves cross-sectional data collection with specimen testing and self-reported responses to questionnaire data. MSM and IDU recruitment methodologies were similar for the 2 cycles but the HET recruitment methodology significantly changed. Interpretation and direct comparison of these cycles should be thoughtful and should take these factors into account. The same question was used in all cycles to generate the data for this metric: "What was the result of your most recent HIV test?". The denominator is all persons with a positive HIV test result obtained from specimens collected during the NHBS screening, and the numerator is participants with a self-reported history of a positive HIV test; this metric provides an approximation of the percent of persons who know their HIV serostatus. These data are a proxy for a metric that cannot directly be measured.
‡This information was not available in the 2009 Ryan White Service dataset.