

Executive Summary

The Annual Epidemiology and Surveillance Report for the District of Columbia confirms the District maintains serious epidemics of HIV, Sexually Transmitted Diseases (STDs), Hepatitis, and Tuberculosis (TB). The Department of Health (DOH) has multi-year evidence the District is making progress with combatting HIV. The number of newly reported HIV cases has decreased by nearly half (46%). There has been an increase in the proportion of persons linked to HIV care following diagnosis, a decrease in the number of new AIDS diagnoses, and a decline in the number of deaths among persons with HIV. However, the District still has more to accomplish toward achieving its goals of diagnosing all persons infected with HIV, retaining people in care, increasing the proportion of persons with sustained viral load suppression.

Key Facts:

The District continues to be impacted by severe epidemics. The snapshot of the District epidemics in the year 2011 was:

15,056 residents of the District of Columbia living with HIV in 2011

9,321 new cases of STDs in 2011

16,444 cases of chronic hepatitis reported between 2007 and 2011

55 cases of TB reported in 2011

718 newly reported cases of HIV

Health disparities remain a significant feature of the epidemics in the District. Blacks are disproportionately impacted by HIV, chlamydia, and gonorrhea, while adolescents have a higher burden of chlamydia and gonorrhea than older adults. Gay and bisexual men continue to have high rates of syphilis.

The Department of Health confirmed there were two children born with HIV in the District since 2009. A new initiative has been launched to prevent future births of HIV-infected infants, through several actions:

1. New Reporting Requirement:

District medical providers will report to the Department of Health when a woman living with HIV becomes pregnant.

2. New Support Services:

The Department will offer additional services, including assistance to medical appointments, treatment reminders and other support, for HIV-infected pregnant women.

3. Improved Communication:

The Department will be in routine communication with medical providers to help attain healthy outcomes for the mother and child.

Epidemiological Summary

Key points in this surveillance update of the District epidemics in the year 2011 include:

- 15,056 residents of the District of Columbia or 2.4% of the population are living with HIV. An estimated prevalence of 2.4% exceeds the World Health Organization definition of 1% as a generalized epidemic.
- Blacks, Hispanics, and whites with HIV exceed 1% of their respective populations, with blacks disproportionately impacted at 3.7%.
- To date there have been no reports of a child born with HIV infection in 2011.
- Men who have sex with men (MSM) and heterosexual contact are the two leading transmission modes reported among newly diagnosed and identified HIV cases.
- The number of newly diagnosed HIV cases in the District decreased to 718 cases in 2011, a decline of 46% from 1,333 cases in 2007.
- There was an 80% decrease in the number of newly diagnosed HIV cases where reported mode of transmission was injection drug use. In 2007, prior to the scale up of DC's needle exchange program there were 149 cases compared to 30 in 2011.
- The number of reports of newly diagnosed AIDS cases decreased 47% from 682 in 2007 to 363 in 2011.
- The number of deaths among persons with HIV decreased by 41% from 425 in 2007 to 251 in 2011.
- There were reports of 6,584 new cases of chlamydia, 2,572 new cases of gonorrhea and 165 new cases of primary and secondary syphilis reported.
- There were reports of 2,924 cases of hepatitis B and 13,520 cases of hepatitis C diagnosed between 2007 and 2011.
- 55 new cases of TB were reported in 2011.

Scaling Up Success: National HIV/AIDS Strategy

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

- A new record of 138,000 publicly supported HIV tests in 2012, up from 122,000 in 2011 and more than triple the 43,000 tests in 2007.
- Distributed more than 5.7 million male and female condoms in 2012, a 10-fold increase from 2007.
- Removed 550,000 needles from the street in 2012 through the DC needle exchange programs, an increase from 340,000 in 2011.
- Provided free STD testing for 5,870 youth ages 15 to 19 years old through the school based STD screening and community screening programs in 2012, up from 4,300 in 2011.
- Maintained "Treatment on Demand" with universal access to HIV medical care with no waiting lists for treatment and medications.

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 2011	DC 2015	Data Source/ Comments
Reducing New HIV Infections					
Objective 1	Reduce the number of new infections by 25%	853 new HIV cases	718 new HIV cases	640 new cases	Name-based HIV surveillance data/ DC plans to release HIV incidence estimates in the future. 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	4.9 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**	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%	79%	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%	‡	50%	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%	64%	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%	40%	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%	40%	30%	Name-based HIV surveillance and laboratory data
Objective 9	Increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%	32%	41%	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.					
** This estimate will be available for the next report.					
†National HIV Behavioral Surveillance 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.					