District of Columbia HIV/AIDS Epidemiology Annual Report

2007

Government of the District of Columbia
Adrian M. Fenty, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH

District of Columbia HIV/AIDS Epidemiology Annual Report

2007

Government of the District of Columbia
Department of Health
HIV/AIDS Administration
Bureau of Surveillance and Epidemiology

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of the Mayor

November 19, 2007

Greetings:

Over the past year, residents of the District of Columbia have made one thing very clear: They expect their government and community to work together to confront the HIV/AIDS epidemic that impacts our lives. As Mayor, I have made confronting this epidemic the number one public health priority of this government and will continue to show leadership, engagement, and follow-through to ensure we are making fast and sustained progress. In April 2007, I held the first-ever Mayor's Summit on HIV/AIDS to facilitate communication and get input from frontline experts on how we collectively move toward our goals of more effective outreach, education, prevention, and care for those living with and at risk for HIV and AIDS. To achieve those goals, there was a unanimous appeal for better statistics on the District's epidemic.

I am proud to present this 2007 annual report to District residents and the public health community that provides the first comprehensive portrait of HIV and AIDS in the District. Readers will learn that the District has a very complex and modern epidemic. It affects all populations, but impacts some communities more than others. Our epidemic is, in many ways, more complex than the rest of the country. It presents new challenges for our partnership between government and community to have more people know their own HIV status, to transition people living with HIV into care earlier, to improve HIV services for pregnant women, to make sure older adults are paying attention to HIV, and to reduce the brunt on our African-American residents.

We are reaching a milestone with these new statistics on HIV and AIDS in our city. We must take advantage of this information with the sense of urgency that this epidemic deserves. We have to increase our outreach, improve availability of services, and innovate with best practices and evidence-based approaches to fight this life-threatening virus. We must also embrace our brothers, sisters, neighbors, and especially our young people to break down the stigma and get tested, avoid unsafe behavior, and take advantage of the District's extensive treatment and care services.

In the coming weeks and months, my Administration will use the information in the following pages to develop a data-driven response plan with measurable outcome goals. The time of uncertainty is over. We now have the statistics we needed. It is time to get to work to fight HIV.

Sincerely,

Adrian M. Fenty, Mayor

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EXECUTIVE SUMMARY

The HIV/AIDS epidemic in the District of Columbia continues to present a major public health challenge. Although significant strides in the diagnosis, treatment and survival of those living with HIV and AIDS have occurred both nationally and locally, the District remains a city with one of the highest burdens of the disease in the United States.

The following report contains the first ever statistics on HIV in the District, along with updated data on AIDS cases. Previously the District Government has reported on AIDS cases only. This unprecedented snapshot on people who have HIV but not yet progressed to AIDS in addition to people with AIDS offers the District a new tool to help improve the scope, quality, and distribution of care and treatment and prevention services in the District.

The preeminent finding of this renewed annual examination of the District's HIV and AIDS status is that every community and every population group is impacted by the virus. However, the data presented also shows specific and troubling aspects of the epidemic that require more review and response.

SNAPSHOT OF THE EPIDEMIC

As of 2006, there were 12,428 people reported as living with HIV and AIDS. Here is a quick breakdown on the characteristics of the epidemic in the District.

- Race/ethnicity: 80.7% black, 12.7% white, 4.9% Hispanic, 0.2% Asian, 1.5% other.
- Sex: 70% male, 30% female.
- Mode of transmission: 33.2% men who have sex with men (MSM), 29.5% heterosexual contact, 20.8% injection drug use (IDU), 3.3% MSM/IDU, 5.6% risk not identified (RNI), 7.5% other.
- Geography: Wards 1, 5, 6, and 8 consistently had the highest number of newly reported HIV and AIDS cases as well as the highest rates of HIV and AIDS cases.
- Age: the majority (two-thirds) of newly reported HIV and AIDS cases were among people ages 40 to 49 and 30 to 39 years old.

How the District's epidemic compares to the country and other major cities.

- The District had the highest AIDS case rate nationally (128.4 cases per 100,000 population in the District compared to 14.0 cases per 100,000 population in the United States).
- The District's rate for newly reported AIDS cases is higher than rates in Baltimore, Philadelphia, New York City, Detroit, and Chicago.

At the end of 2006, there were 8,368 reported cases of people living with AIDS in the District, a 43% increase from 2001. While some of the increase is attributed to new infections, another major factor is the greater longevity among HIV positive individuals due to increased use of life prolonging HIV medications.

MAJOR FINDINGS

There are several striking and disturbing findings of the District's epidemic. The new data show that the epidemic is having a disproportionate impact on District residents compared to both the national picture of HIV and AIDS as well as the demographics of the District.

Late testing, faster progression of the disease, and missed opportunities for prevention and treatment.

- Between 1997 and 2006, almost 70% of all AIDS cases progressed from HIV to AIDS in less than 12 months after the initial HIV diagnosis, primarily due to late testing. Nationally, only 39% of AIDS cases are late testers. This means that the individual was first diagnosed with HIV and shortly thereafter the disease had advanced to AIDS, decreasing the person's life expectancy and increasing the cost of care and treatment – both which could have been avoided with earlier testing.

More children are being born with HIV or AIDS when medical treatment can completely prevent mother-to-child transmission.

- The District accounted for nine percent of all pediatric AIDS cases in the United States during 2005. Between 2001 and 2006, there were 56 children ages 13 or younger diagnosed with either HIV or AIDS in the District of Columbia. Many states reported no new cases among children during this same time period.

Heterosexual contact leads new transmissions.

- Roughly 37% of newly reported HIV cases in the District were transmitted through heterosexual contact; followed by 27% through men having sex with men (MSM); 14% through intravenous drug use; and 22% from an unknown mode of transmission. Nationally, MSM remains the leading mode of transmission for new HIV cases.

Women are a growing proportion of the District's epidemic.

- The number of women living with AIDS has increased by more than 76% over the past six years. The District has a larger number of newly reported HIV cases among females (47 cases per 100,000 residents) than in other jurisdictions.

Black community is hardest hit by the epidemic.

- Although black residents account for only 57% of the District's population, they account for 81% of new reports of HIV cases and approximately 86% of living AIDS cases. Black women constitute only 58% of the District's female population, but they account for 90% of all new female HIV cases and 93% of living AIDS cases among women.

NOTE ON THE DATA

The District began HIV surveillance in 2000 using code-based reporting, when new HIV cases were reported to the Department of Health (DOH) using a unique identifier code. The data presented on HIV cases that have not progressed to AIDS are limited to cases reported between January 1, 2001 (the start of code-based HIV reporting) and November 16, 2006. HIV data collected on and after November 17, 2006,

when the District began confidential name-based HIV reporting are not included in this report. AIDS surveillance began in 1985 as confidential name-based reporting. The AIDS data presented in this report include cases reported through December 31, 2006.

Surveillance data are collected primarily through the investigation of cases reported by laboratories and providers, and the data in this report are not adjusted for reporting delays. The report provides comprehensive demographic information about people living with HIV and AIDS. It shows readers "what" is going on with the epidemic with more detail than ever compiled previously, but we know we have more to learn about the "why" of how the epidemic continues to impact District residents. DOH knows that there are more people with HIV or AIDS in the District. With better diagnosis of the virus, the reported numbers will increase. Subsequent reports will better inform public officials and community members for future prevention and planning.

CALL TO ACTION

Overall, this report shows that HIV/AIDS in the District has become a modern epidemic with complexities and challenges that continue to threaten the lives and well-being of far too many residents. The data presented here is not intended to sit on a shelf. It is meant to motivate stakeholders, public officials, medical and community providers, civic and business leadership, people living with HIV/AIDS, and every District resident to translate the numbers into policy and programmatic action. DOH urges everyone to consider the severity of the epidemic in the District, seek more refined data, and challenge the administrators and network of services and providers that address HIV/AIDS to improve their response to this devastating disease. A successful outcome of this report will be increased targeted prevention efforts, more aggressive testing, and improved care for those in need.

ABBREVIATIONS AND ACRONYMS

AIDS: Acquired Immunodeficiency Syndrome

CDC: United States Centers for Disease Control and Prevention

DOH: District of Columbia Department of Health

HAA: HIV/AIDS Administration

HAART: Highly Active Antiretroviral Therapy

HARS: HIV/AIDS Reporting System

HIV: Human Immunodeficiency Virus

IDU: Injection Drug User

MSM: Men who have sex with men

RNI: Risk Not Identified

STD: Sexually Transmitted Disease

UIS: Unique Identifier System

SECTION I. SOCIODEMOGRAPHIC CHARACTERISTICS OF THE POPULATION OF THE DISTRICT OF COLUMBIA

OVERVIEW:

POPULATION

According to the U.S. Census Bureau, the estimated population for the District of Columbia in 2005 was 582,049 persons. This is a 1.7% increase from the 2000 Census population of 572,059. The District is divided into eight geographic regions known as "wards," which ranged in population in 2000 from 61,532 persons in Ward 8 to 82,845 persons in Ward 2.

Table 1. Distribution of DC Population by Ward, 2000

Ward	Number of residents	Percentage of total population (N =572,059)
1	80,014	14.0
2	82,845	14.5
3	79,566	13.9
4	71,393	12.5
5	66,548	11.6
6	65,457	11.4
7	64,704	11.3
8	61,532	10.8

Source: U.S. Census Bureau, 2000 data
Note: The most recent data regarding population per ward for the District of Columbia is from 2000. Note: Percentages may not add to 100.0% because of rounding.

Table 2. Percentage Distribution of DC Population by Race/Ethnicity and Ward, 2000, [N=572,059]

Ward	Race/Ethnicity, %						
	White	Black	Asian	AIAN*	NHPI†	Mixed Race	*Hispanic*§
1 (n = 80,014)	35.2	43.2	3.6	0.5	0.1	4.4	*23.4*
2 (n = 82,845)	56.2	30.4	6.9	0.3	0.1	2.7	*8.6*
3 (n = 79,566)	83.6	6.3	5.3	0.2	0.1	2.5	*6.5*
4 (n = 71,393)	10.3	77.9	0.9	0.3	0.0	3.1	*12.8*
5 (n = 66,548)	7.9	88.2	0.8	0.3	0.0	1.6	*2.5*
6 (n = 65,457)	27.2	68.7	1.3	0.2	0.1	1.6	*2.4*
7 (n = 64,704)	1.4	96.9	0.2	0.2	0.0	1.0	*0.9*
8 (n = 61,532)	5.8	91.8	0.5	0.2	0.1	1.1	*1.5*
Total	38.4	56.5	3.2	0.4	0.1	1.4	*8.2*

Source: U.S. Census Bureau, 2000 data
Note: The most recent data regarding distribution by ward in the District of Columbia is from 2000.
* AIAN: American Indian/Alaskan Native
† NHPI: Native Hawaiian/Pacific Islander
§ For purpose of census data, persons of Hispanic/Latino origin are considered a distinct ethnic group and they are included in both a racial category and an ethnic category. The percentage distribution of the Hispanic/Latino population, therefore, should not be included when totaling the percentage distribution of the racial categories.

The average population among all eight wards was 71,507 persons. There is a great deal of variance in racial distribution among the wards. The proportion of black residents ranged from 6.3% in Ward 3 to 96.9% in Ward 7. Similarly, the proportion of white residents ranged from 1.4% in Ward 7 to 83.6% in Ward 3. Black individuals made up the majority (≥50%) of the population in Wards 4, 5, 6, 7, and 8, with Wards 5, 7, and 8 comprising over 80% blacks. The majority of individuals in Wards 2 and 3 were white. No single race made up the majority of the Ward 1 population. Ward 2 had the highest proportion of Asian residents (6.9%), and Ward 1 had the highest proportion of residents of Hispanic or Latino origin (23.4%).

PUBLIC HEALTH STRUCTURE

The District of Columbia Department of Health (DOH) is responsible for programs and policies for the public health, safety, and well-being throughout the city. DOH is organized into seven administrations that provide such services as addiction prevention and recovery assistance; health emergency preparedness and response; health regulation and licensing; medical assistance; community health; disease monitoring and reporting; health policy and planning; sexually transmitted disease (STD) education, testing, and treatment; and immunizations.[1] There are currently 16 hospitals in the District, which include federally-run institutions such as the Walter Reed Army Medical Center and the Veterans' Administration Medical Center. The District's only city-operated general services hospital, DC General, closed in 2001; however, the District does operate a number of public health clinics including an STD clinic, a Tuberculosis clinic, and a psychiatric hospital. DOH also funds a network of community health clinics, many operated by Unity Health Care, that provide primary care services for indigent and uninsured residents. DOH also administers the District's Medicaid program and DC Healthcare Alliance system, an insurance program for low-income residents who are not eligible for Medicaid or Medicare. The HIV/AIDS Administration (HAA) is the division within DOH that conducts HIV/AIDS surveillance and administers federally and locally funded care, treatment, supportive services, prevention, and counseling, testing, and referral programs.

HEALTH INDICATORS

The Metropolitan Washington Council of Governments Public Health Assessment Center published a report in 2001 that assessed the health of the Washington area based on 29 health indicators, which drew upon the 10 Leading Health Indicators outlined in *Healthy People 2010*. According to the report, the District scored worse than the national average on 18 of the 29 indicators. Further, STD prevalence – specifically AIDS, chlamydia, and gonorrhea – was much higher among District residents compared to both the national average and the prevalence in the surrounding metropolitan area.[2]

[1] http://doh.dc.gov
[2] http://www.mwcog.org/pdf/healthindicators.pdf

DEMOGRAPHIC CHARACTERISTICS

Table 3. Percentage Distribution of DC Population by Age Group and Sex, 2006

Age Group (years)	Males (n = 272,664)		Females (n = 308,866)		Total Population (n = 581,530)	
	No.	%	No.	%	No.	%
<5	17,660	6.5	17,288	5.6	34,948	6.0
5-13	27,388	10.0	26,800	8.7	54,188	9.3
14-17	12,941	4.7	12,804	4.1	25,745	4.4
18-24	32,486	11.9	39,096	12.7	71,582	12.3
25-44	91,682	33.6	97,107	31.4	188,789	32.5
45-64	62,788	23.0	72,159	23.4	134,947	23.2
≥65	27,719	10.2	43,612	14.1	71,331	12.3
Median Age (years)		*34*		*35*		*35*

Source: U.S. Census Bureau estimates for 2006 data
Note: Percentages may not add to 100.0% because of rounding.

The 2006 Census estimate of the population of the District was 581,530. More than 50% of the population was 25 to 64 years of age. In 2006, males comprised 47% of the District population, while females comprised 53%.

Table 4. Distribution of DC Population by Race/Ethnicity and Sex, 2006

Race/Ethnicity	Males (n = 272,664)		Females (n = 308,866)		Total Population (n = 581,530)	
	No.	%	No.	%	No.	%
White	91,002	33.4	93,253	30.2	184,255	31.7
Black	144,071	52.8	177,851	57.6	321,922	55.4
Asian	8,224	3.0	10,246	3.3	18,470	3.2
American Indian/Alaska Native	722	0.3	745	0.2	1,467	0.3
Native Hawaiian/Pacific Islander	179	<0.1	189	<0.1	368	<0.1
Mixed race	3,392	1.2	3,882	1.3	7,274	1.2
Hispanic/Latino origin	25,074	*9.2*	22,700	*7.3*	47,774	*8.2*

Source: U.S. Census Bureau estimates for 2006 data

According to 2006 Census estimates, the majority of District residents (55.4%) were black (Table 4). An estimated 144,071 (24.8%) black males and 177,851 (30.6%) black females were living in the District in 2006. There was a slightly higher proportion of black females than black males. The proportion (55.4%) of black residents in the District was significantly higher than the national average of 12.8%. Conversely, the proportion of residents who identified as white (31.7%) was less than the national average of 80.2%. White males made up a higher proportion than white females. Asians constituted 3.2% of the population, American Indians and Alaskan Natives constituted 0.3%, and Native Hawaiians and other Pacific Islanders constituted less than 0.1%. Persons reporting two or more races (mixed race) totaled 1.2%. Persons of Hispanic or Latino origin made up 8.2% of the population. Further, in 2005, foreign-born individuals made up 13.1% of the population, compared to the national average of 12.4%.

SOCIOECONOMIC CHARACTERISTICS

Table 5. DC Residents (by Age, Sex, and Educational Attainment) Living Below the Poverty Level During the Past 12 Months, 2005

		No.	% Below Poverty Line
Total Population (n = 513,127)*		97,617	19.0
Age (years)	**<18**	35,310	32.2
	18-64	51,426	15.1
	≥ 64	10,881	17.4
Sex	**Male**	39,722	16.4
	Female	57,895	21.3
Educational Attainment†	**Less than high school graduate**	18,444	30.2
	High school graduate (or equivalency)	17,096	21.9
	Some college, associate's degree	8,562	13.3
	Bachelor's degree of higher	8,756	5.2

Source: U.S. Census Bureau estimates for 2005 data
Note: The most recent data regarding poverty in the District of Columbia is from 2005.
*** Data is limited to the population for whom poverty status is known.**
† Based on the population aged 25 years or older.

According to the Census Bureau, the median household income in the District in 2005 was $47,221, slightly higher than the national average of $46,242. The median income of white households ($77,534) was more than twice that of black households ($32,360). The unemployment rate in 2005, according to the U.S. Bureau of Labor Statistics, was 6.5%; compared to the national average of 5.1%.[3] In 2005, an estimated 19% of the District's population was living below the poverty level,[4] compared with a national rate of 13.3%. Compared to 9.0% of the white population, 25.5% of blacks and 17.6% of Hispanics are below the poverty line. A greater proportion of female residents (21.3%) than male residents (16.4%) were living below the poverty level. Nearly one-third of youth in the city (under the age of 18 years) lived below the poverty level; among 18 to 64 year olds, this proportion was 15.1%. Thirty percent of individuals who did not graduate from high school were living below the poverty line, compared to only 5.2% of individuals who received a Bachelor's degree or higher.

Table 6. Percentage Distribution of the DC Population 25 Years or Older by Educational Attainment and Sex, 2005

Highest Educational Attainment	Males, % (n = 170,565)	Females, % (n = 201,367)	Total, % (n = 371,932)
None	1.4	1.1	1.2
Some school, less than high school graduate	15.6	14.8	15.3
High school graduate (or equivalency)	19.3	22.5	21.0
Some college, associate's degree	15.4	19.0	17.3
Bachelor's degree or higher	48.3	42.7	45.3

Source: U.S. Census Bureau estimates for 2005 data
Note: The most recent data regarding educational attainment is from 2005.
Note: Percentages may not add to 100.0% because of rounding.

[3] http://stats.bls.gov/
[4] The poverty threshold, or poverty line, is the minimum level of income deemed necessary to achieve an adequate standard of living. The Census Bureau determines poverty by looking at money income, plus family size and composition.

As of 2005, nearly one-half of District residents aged 25 years or older had received a Bachelor's degree or higher. This was the most common level of educational attainment for both sexes, although it was reached by a higher proportion of males (48.3%) than females (42.7%); both of these percentages are significantly higher than the national average of 9.3%. A high school degree or General Educational Development (GED) equivalency was second-most common level of educational attainment among both sexes. Of the total population, 16.5% of residents had not received a high school diploma; and males (17.0%) were slightly more likely to not graduate from high school than females (15.9%).

Table 7. Health Insurance Coverage of DC Adult Residents (19 to 64 years of age), 2005

Source of Insurance	Males		Females %		Total	
	No.	%	No.	%	No.	%
Employer	99,292	58.0	117,328	62.0	216,620	60.0
Individual Plan	11,684	7.0	14,225	8.0	25,908	7.0
Medicaid	19,789	12.0	32,633	17.0	52,422	15.0
Other public provider	3,581	2.0	2,408	1.0	5,989	3.0
None/uninsured*	36,669	21.0	22,253	12.0	58,922	16.0

Source: Kaiser Family Foundation[5]
Note: Percentages may not add to 100.0% because of rounding.
* Persons enrolled in DC Healthcare Alliance are included in this category.

According to data from the Kaiser Family Foundation, the majority of adult District residents in 2005 received health insurance coverage through their employer. Among females, the second-largest proportion (17.0%) received health insurance coverage through Medicaid; however, among males, the second-largest proportion (21.0%) was uninsured. This highlights a disparity between the proportion of males (21.0%) and females (12.0%) in the District who had no health insurance. In 2005, according to the federal Centers for Medicare and Medicaid Services, 28.0% of District residents were covered by Medicaid and 13% were covered by Medicare. As of 2006, an additional 7.0% of District residents were enrolled in the Healthcare Alliance.[6] Also, in 2005, the District Government spent approximately $1.3 billion dollars on Medicaid and $93 million on the Healthcare Alliance. A total of $569 million in federal dollars were spent on Medicare for the District in 2005.[7]

RISK FACTORS FOR HIV/AIDS

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), DC, 2005[8]

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based annual telephone survey conducted in conjunction with the U.S. Centers for Disease Control and Prevention (CDC). The survey focuses on health issues and risk behaviors associated with certain health conditions including HIV/AIDS. The District participates in BRFSS regularly and the most recent data from the survey conducted in the District are available from 2005. According to 2005 BRFSS data from the District; nearly two-thirds of the 2,819 respondents (62.8%) indicated that they had ever been tested for HIV. This is substantially higher than the national rate of 37.8% in 2002, the last year for which national data was available.[9] Males and females were about equally likely to have been tested. Respondents ages 35 to 44 years old were most likely to have been tested, with 73.0% indicating that they had received an HIV test. Those between the ages of 55 and 64

[5] www.statehealthfacts.org
[6] http://doh.dc.gov/doh/lib/doh/services/health_care_safety_net/pdf/fiscal_year_06_web_page_as_of_9-30-06.pdf
[7] http://www.cms.hhs.gov/home/rsds.asp
[8] http://www.cdc.gov/brfss/
[9] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5347a4.htm#tab1

were least likely (50.1%) to have ever been tested, followed closely by 18 to 24 year olds (50.9%). Blacks and Hispanics were most likely to have been tested, with just over 68% of both groups reporting that they had received an HIV test. The proportion of whites was lower at 56.5%. With regard to geographic distribution, respondents from Wards 1 and 8 were most likely to have been tested (73.6% and 71.4%, respectively), while those from Ward 3 were least likely (49.0%). The majority (58.3%) of the respondents who had been tested indicated that they had been tested within the past year.

The 2005 BRFSS assessed the prevalence of HIV risk factors by asking respondents if within the past year they had one or more of the following risk factors indicative of high-risk behavior: used intravenous drugs, received treatment for a sexually transmitted or venereal disease, exchanged money or drugs for sex, or participated in anal sex without a condom. The vast majority of the 2,847 respondents (93.7%) indicated that none of the risk factors applied to them.[10] Males (7.4%) were more likely than females (5.4%) to have engaged in at least one of the described behaviors. There was an inverse association between age and presence of risk factors; 8.4% of young adults aged 18 to 24 had at least one of the factors for high-risk behavior compared to only 3.3% of adults aged 55 to 64. A higher proportion of blacks (6.6%) and whites (6.5%), as compared to any other races, had at least one risk factor.

YOUTH RISK BEHAVIOR SURVEY (YRBS, DC, 2005) [11]

The Youth Risk Behavior Survey (YRBS) is a health survey system that monitors the prevalence of health risk behaviors – including high risk sexual behaviors – among youth and adults. Among youth, the survey is administered to students in grades 6 through 12. The survey includes questions regarding drug use, sexual behaviors, and STDs, including HIV/AIDS. According to 2005 data, 34.6% of male middle school students (grades 6 to 8) in the District had ever had sexual intercourse, compared to 13.6% of females. Among high school students (grades 9 to 12), males (54.5%) were again more likely to have ever had sexual intercourse than females (41.8%), but the divide between the sexes was less pronounced. Among students who had ever had sexual intercourse, 82.2% of middle schoolers and 76.2% of high schoolers reported using a condom during their last intercourse. A self-reported 82.5% of middle school students and 90.5% of high school students received HIV/AIDS education at school.

SEXUALLY TRANSMITTED DISEASE DATA[12]

The rate of transmission of other STDs is a widely accepted proxy for HIV sexual transmission risk. In 2006, there were 6,639 cases of chlamydia; 3,314 cases of gonorrhea; and 224 cases of syphilis reported in the District. Males comprised 95.1% of the syphilis cases, but only 24.9% of chlamydia cases. Blacks, who comprise 56.5% of the District's population, were over-represented among chlamydia cases (85.3%), though the other STDs had a distribution more similar to that of the overall demographics in the District. The most common age for chlamydia and gonorrhea diagnoses was between 15 and 29 years of age, but syphilis was about equally common among persons 25 to 54 years of age.

[10] This does not imply that these respondents had never engaged in such behaviors, but rather that they had not done so within the past 12 months.
[11] http://www.k12.dc.us/DCPS/dcpsHIV/HIVSURVEY.html
[12] Division of STD Prevention, Centers for Disease Control and Prevention.

SECTION II. HIV/AIDS CASE SURVEILLANCE

UNDERSTANDING NATIONAL HIV/AIDS REPORTING

CDC routinely collects information on HIV and AIDS cases from all 50 states and certain other jurisdictions in the United States. CDC establishes case definitions, and requires that a minimum amount of information to be reported to CDC before the report is considered a "case." Data on demographics (e.g., age, sex, race/ethnicity), mode of transmission, confirmatory test results, and AIDS-defining illnesses are collected by all reporting areas. Jurisdictions conduct surveillance through a combination of passive and active surveillance. "Passive surveillance" is the process by which providers submit HIV and AIDS case reports to the health department. "Active surveillance" requires the health department to investigate potential cases through direct contact with providers and other reporting sources. On a monthly basis, areas conducting HIV/AIDS surveillance send de-identified case information to CDC. CDC then aggregates this information to produce national estimates about the number of new cases of HIV (not AIDS) and AIDS, the number of people living with HIV/AIDS, the number of infected people that have died, and the modes of transmission. The surveillance information received by CDC is also used by the Health Resources and Services Administration (HRSA) for the allocation of monies for care, treatment, and support services under the Ryan White CARE Act programs, as well as by the U.S. Department of Housing and Urban Development for the allocation of monies to provide housing assistance to people living with HIV/AIDS and their families.

Surveillance data collected in this manner counts only HIV/AIDS cases that come to the attention of the public health departments. This type of surveillance, referred to as "case-based surveillance," reflects population-based estimates for HIV (not AIDS) and AIDS. This differs from other methods of surveillance, such as "sentinel surveillance," in which data collected on a small number of cases are used to make estimates about the true burden of disease. CDC also employs other surveillance methods; for example, "behavioral surveillance" examines behaviors that put people at risk for HIV and specialized testing methods to determine how long a person has been infected with HIV ("incidence surveillance"), among others are used to understand the epidemic.

HIV/AIDS surveillance data and trends in these data are subject to changes in reporting systems, including changes in case definitions, and influences outside of reporting systems, such as advances in medical knowledge and standards for testing, care, and treatment. Notably, in 1993, the case definition for AIDS was changed to include CD4 counts less than or equal to 200, which resulted in an increase in the number of reported AIDS cases. In 1994, the U.S. Public Health Service began recommending routine testing and screening of pregnant women which led to a significant decrease in the number of cases of HIV transmitted from mother to child. In 1996, highly active antiretroviral therapy (HAART) became available, prolonging the time of progression from HIV to AIDS. In 2005, CDC required that all states and areas reporting HIV and AIDS cases transition to confidential name-based HIV reporting in order to provide a more accurate and reliable picture of the HIV epidemic. Most recently, in 2006, CDC recommended routine testing for HIV in all medical settings, in an effort to identify more individuals living with HIV/AIDS who are unaware of their status.

Surveillance data are provided to CDC for use in making population-based estimates regarding HIV (not AIDS) and AIDS, including estimated numbers of new cases annually and the number of people living with HIV who are unaware of their infections. CDC uses complex statistical methods to analyze the data received. For example, among persons for whom the mode of transmission is not identified, statistical methods are used to reassign cases to a certain mode of transmission. In addition, because there are often delays between the time a person is diagnosed with HIV or AIDS to the time that they are reported to the

health department, CDC adjusts certain data analyses to account for these reporting delays. These adjustments allow for a more accurate picture of the epidemic.

UNDERSTANDING HIV/AIDS SURVEILLANCE DATA FOR THE DISTRICT OF COLUMBIA

HIV/AIDS surveillance has evolved in the District over the past two decades. AIDS reporting began in 1985 in the District as confidential name-based reporting; that is, cases were reported to DOH by name. HIV (not AIDS) surveillance began as code-based (or non-name) reporting in 2001, with HIV (not AIDS) cases reported using a unique identifier code. In November 2006, the District began transitioning from code-based HIV (not AIDS) reporting to confidential, name-based HIV (not AIDS) reporting, as per CDC requirements.

The District of Columbia municipal code (22 DCMR § 206) mandates the reporting of HIV (not AIDS) and AIDS diagnoses. Only reports of confirmed cases are accepted, and anonymous tests are not reported. Surveillance reports for both HIV (not AIDS) and AIDS are received both passively and actively from a variety of sources including hospitals, private physicians' offices, community-based organizations, clinics, and laboratories. Data on AIDS cases are entered into the federally issued HIV/AIDS Reporting System (HARS), and de-identified case information is shared with CDC monthly and used for national surveillance reports. DOH has released data on reported AIDS cases in previous epidemiologic profiles. The last profile was issued in 2003 and included data on AIDS cases through December 2002. Until November 2006, HIV (not AIDS) data were entered into a separate code-based reporting database known as the Unique Identifier System (UIS). These code-based data did not meet CDC reporting requirements for HIV case reporting, and were not accepted by CDC for inclusion in the national HIV surveillance reports. Additionally, data from the UIS system have never been reported by DOH prior to the release of this Annual Report.

An "HIV (not AIDS) case" refers to a person with a diagnosis of HIV infection who has not progressed to AIDS. An "AIDS case" refers to a person with a diagnosis of HIV infection and a later diagnosis of AIDS or a person with a concurrent diagnosis of HIV infection and AIDS. HIV (not AIDS) cases that were previously reported and have since progressed to AIDS are removed from the UIS system and entered into the HARS database. Every effort is made to ensure that cases are not counted twice as both HIV (not AIDS) and AIDS cases.

TRANSITION TO CONFIDENTIAL NAME-BASED HIV REPORTING

HIV (not AIDS) code-based reporting began in the District in January 2001. A unique identifier was generated for each HIV (not AIDS) report which consisted of a combination of the person's last name, date of birth, sex, and social security number. Effective November 17, 2006, per CDC requirements, the District began implementing HIV reporting by name, which requires both laboratories and providers to report all HIV cases by name to DOH. In addition, laboratories are required to report all viral load tests, CD4 counts, and other tests indicative of HIV infection or an AIDS diagnosis. The transition to name-based reporting is currently underway; however, the HIV (not AIDS) data included in this report are reflective of the code-based HIV reporting era only. Thus, there were 471 HIV (not AIDS) cases that occurred in the District between 2001 and 2006 that are not included in this report that were reported after November 16, 2006 by name. CDC estimates that in the District, as in other states, reporting of trend data using name-based HIV (not AIDS) reporting takes approximately five years, as the system matures. The District's transition to name-based reporting is now consistent with all other states and jurisdictions that report HIV (not AIDS) cases to the CDC, and will help to better define the HIV epidemic in the District.

The District's code-based reporting system has a number of limitations. As in most other jurisdictions using code-based systems, the District's system was never formally evaluated. For example, the unique identifier code created to report HIV (not AIDS) cases was not evaluated for the uniqueness of the code elements, redundancy, or the completeness of reporting. Moreover, the reported HIV (not AIDS) data are not complete. As a result, there is a potential for duplicative reports both within the code-based HIV (not AIDS) reporting system and between the individual HIV (not AIDS) and AIDS reporting systems. DOH has completed extensive de-duplication efforts, further described below, to remove any potential duplicates identified in its database systems. The data presented in this report thus reflect persons diagnosed with and reported to have HIV (not AIDS) based upon the code-based data reported from January 2001 through November 2006, after completing de-duplication.

HIV/AIDS SURVEILLANCE METHODS

In the District, HIV/AIDS cases are reported through a combination of active and passive surveillance. The majority of cases are identified through laboratory reports; however, cases are also identified through sources such as medical providers, hospitals, clinics, and community based organizations that provide HIV testing and treatment. Active surveillance requires that DOH field investigators review laboratory reports and medical records to identify cases and complete case report forms. HIV/AIDS cases are also identified through passive reporting, review of death certificates, and reports from other state health departments. In the District, approximately 90% of HIV/AIDS case surveillance consists of active surveillance.

Delays in both HIV (not AIDS) and AIDS case reporting have been observed. In 2005, HAA staff were temporarily displaced due to an environmental incident, and there were significant disruptions to routine surveillance resulting in a large backlog of uninvestigated cases. HAA has since completely eliminated this case investigation and data entry backlog. Nonetheless, it is important to note that adjustments for delays in reporting, such as those performed by the CDC, have not been made to the data presented in this report. Therefore, the number of cases that were reported in recent years, including those in 2005 and 2006, may not reflect all cases diagnoses during that time period. Thus, the number of cases reported, for both HIV (not AIDS) and AIDS, may increase as new reports of cases are received.

HIV (not AIDS) case reporting under the code-based reporting system occurred from January 2001 through November 16, 2006, after which the District transitioned to name-based HIV (not AIDS) reporting. All of the HIV (not AIDS) data represented in this report are representative of code-based reporting.

The District also conducts "incidence surveillance" which uses blood specimens from infected individuals to determine whether the individual was infected with HIV within the last 90 days. Incidence surveillance data is aggregated in order to determine trends in HIV infection at a population level. Data on the District's incidence surveillance program are not included in this report, but will be released in subsequent epidemiologic profiles. As a result, the HIV (not AIDS) cases reported in this report are referred to as "new reports" of HIV (not AIDS), since, without the benefit of the incidence surveillance data, we can not state with certainty that these cases represent new HIV infections.

DE-DUPLICATION OF DATA

All attempts have been made to de-duplicate and clean both the HIV (not AIDS) and AIDS data; however, there are concerns that are known to exist nationally relating to the accuracy of code-based reports as well as with respect to underreporting. Moreover, as discussed above, the District's code-based system has never been formally evaluated. Each database has been reviewed for duplicates within the database as well as reviewed for duplicates between databases. HAA found that approximately 35% of HIV (not AIDS) cases were duplicate reports either within the HIV (not AIDS) reporting system or between the HIV (not AIDS) and AIDS reporting systems. Since completing this data cleaning process, every effort has been made to ensure that each case is only counted once -- either as an HIV (not AIDS) case or as an AIDS case. HAA is confident that approximately 95% of cases were counted only once in each database. This data cleaning process does not, however, address the completeness or accuracy of code-based reporting.

TRENDS IN DATA

AIDS reporting in the District began in 1985, and HIV (not AIDS) reporting began in January 2001. Peaks in both HIV (not AIDS) and AIDS cases in 2001 and 2002 are seen throughout the data due to the start of HIV surveillance. In general, reported cases peaked in 2002. This is most likely associated with the expansion of case reporting in the District in 2001 to include HIV reporting. Decreases in the numbers and rates of both HIV (not AIDS) and AIDS cases after 2005 and 2006 are not necessarily due to decreases in the true number of cases in the District. These decreases may be explained by underreporting or reporting delays. Upon further surveillance, these numbers may change in future reports.

MODE OF TRANSMISSION CATEGORIES

Seven categories regarding mode of transmission for HIV are used throughout this report, including men who have sex with men (MSM); heterosexual contact; injection drug use (IDU); men who have sex with men and also inject drugs (MSM/IDU); transfusion/transplant; Risk Not Identified (RNI); and other. Definitions of each category can be found at the end of this report in the glossary. With the exception of heterosexual contact, these categories are the same as those routinely used when reporting mode of transmission. Heterosexual contact includes persons who had heterosexual sexual contact with an individual known to have been HIV infected, or to be at high risk for HIV infection (This is equivalent to the CDC "high-risk heterosexual" mode of transmission). In addition, for purposes of this report, the heterosexual contact category also includes persons who reported only heterosexual contact and who had no other identified risk factor for HIV. Also, although CDC redistributes cases with Risk Not Identified (RNI) into other modes of transmission, it has not been done in this report.

ORGANIZATION OF THE REPORT

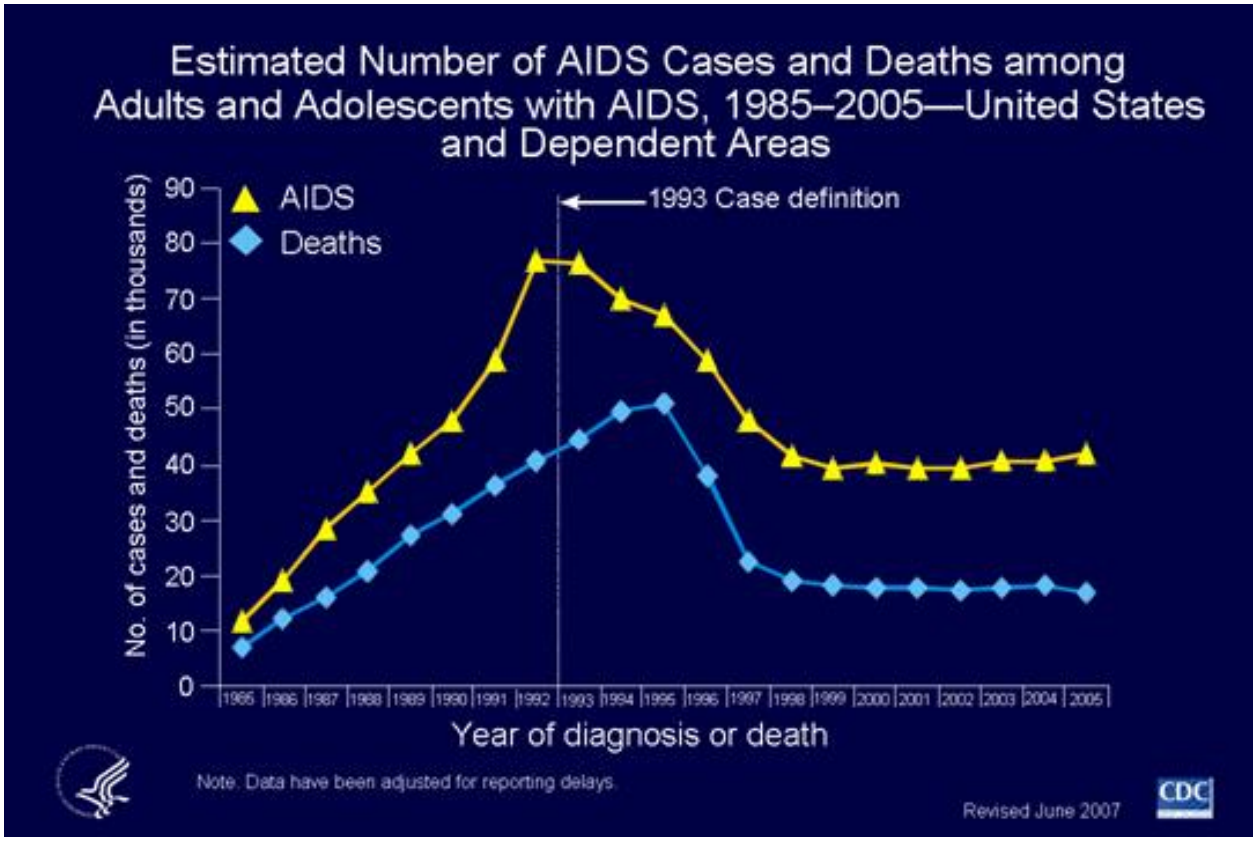
In general, each section of this report begins with a summary of the more important data. This summary is followed by two descriptive tables; one by year (2001 through 2006), and a second table which describes the racial/ethnic breakdown of the data. These two summary tables precede detailed figures that describe the trends in the numbers of cases reported and the relevant rates for selected data. Below each figure are bullets that highlight the major findings in the data. All comparisons to national data are based upon the CDC 2005 Annual Surveillance Report.

SECTION III. OVERVIEW OF HIV/AIDS NATIONALLY

INTRODUCTION:

Annually, CDC publishes a comprehensive surveillance report on HIV (not AIDS) and AIDS in the United States. The information published is estimated from data collected and reported by the 50 states and other dependent areas and jurisdictions that conduct AIDS reporting, and by the 33 states and dependent areas that conduct name-based HIV reporting. CDC indicates that data from these 33 states are thought to represent 63% of the U.S. epidemic. The last annual surveillance report was based on data through December 31, 2005. CDC classifies HIV/AIDS cases in three diagnostic categories: a diagnosis of HIV (not AIDS) infection; a diagnosis of HIV (not AIDS) infection with a later diagnosis of AIDS; and a concurrent diagnosis of HIV infection and AIDS. This data is summarized below, and unless specifically noted otherwise, refers to adjusted CDC estimates[13] for adults and adolescents age 13 years or greater.

Figure 1. Estimated Number of AIDS Cases and Deaths among Adults and Adolescents with AIDS, 1985 - 2005 - United States and Dependent Areas



According to the 2005 CDC Annual Surveillance Report,[14] by the end of 2005, more than 950,000 AIDS cases had been reported in the United States since the beginning of the epidemic, and more than 520,000 infected persons had died. Between 2001 and 2005, the number of people newly diagnosed with HIV/AIDS in the 33 states with confidential name-based reporting fell slightly (from 39,944 to 37,331); however, the number of people living with HIV/AIDS in these areas increased (from 384,529 to 475,871) by 23.7%. A

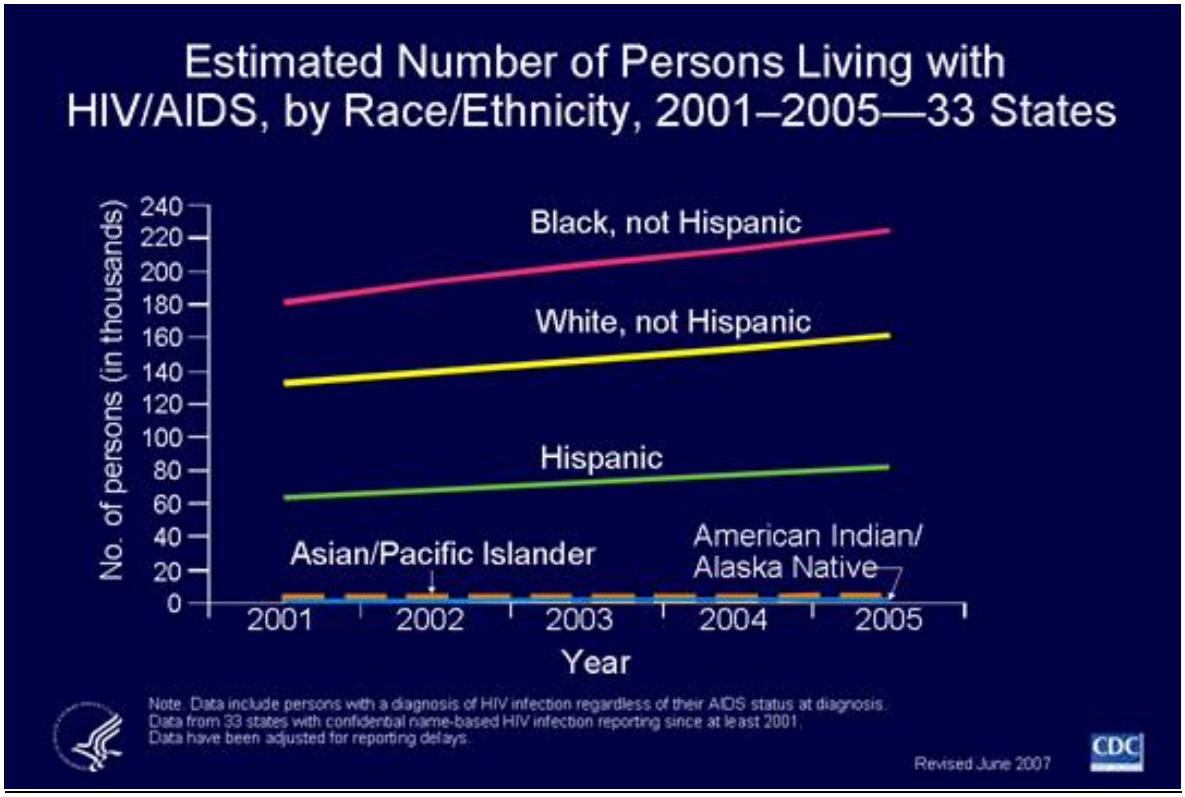
[13] CDC adjusts data reported by states to estimate year of diagnosis (which provides a more accurate picture of the HIV/AIDS epidemic) instead of year of report (which is more susceptible to biases in reporting). CDC also statistically assigns a mode of transmission to cases reported without an identified risk factor, something that the District of Columbia does not do when reporting its data in this report or elsewhere.

[14] Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, Volume 17, Revised Edition, June 2007

large part of this increase is likely due to the increased time that patients survive after an HIV or AIDS diagnosis with the availability of highly active antiretroviral therapy (HAART). In 2005, 174.5 out of every 100,000 adults and adolescents in the United States were living with AIDS. Additionally, among cases diagnosed in 2005 for the 33 states that report name-based HIV (not AIDS) data to the CDC, there were 137.0 cases per 100,000 population that were living with HIV (not AIDS).

RACE/ETHNICITY

Figure 2. Estimated Number of Persons Living with HIV/AIDS by Race Ethnicity, 2001 - 2005 - 33 States



The CDC surveillance report shows that HIV/AIDS disproportionately affected racial and ethnic minorities, especially blacks, who comprised an estimated 49% of newly reported HIV/AIDS cases and an estimated 44% of prevalent (or living) AIDS cases. Nearly one in three newly reported HIV/AIDS cases in 2005 was among black males. The rate of new HIV/AIDS cases among whites in 2005 was estimated at 10.4 cases per 100,000 population; this rate is 3.5 times lower than the rate among Hispanics (36.7 cases per 100,000 population) and 8.7 times lower than the rate among blacks (90.4 cases per 100,000 population). Between 2001 and 2005, the percentage of people living with HIV/AIDS increased approximately 17% among whites, 20% among both blacks and Hispanics, and 42% among Asian/Pacific Islanders.

SEX

Data for 2005 show that males accounted for an estimated 74% of new HIV/AIDS cases and 73% of adults living with HIV/AIDS. Between 2001 and 2005, the estimated number of new HIV/AIDS cases decreased by 19% for females and by less than 1% (0.7%) for males. However, during the same period, the number of women and men living with HIV/AIDS increased by an estimated 25.2% and 23.7%, respectively.

MODE OF TRANSMISSION

Nationally, in 2005, transmission attributed to sexual contact among MSM comprised over 45% of all people living with AIDS. Among males, 59% of living AIDS cases were attributed to MSM, 20% to IDU, 11% to high-risk heterosexual contact, and 9% to males who were both MSM and IDU. Among females, 65% of living AIDS cases were attributed to high-risk heterosexual contact and 33% to IDU.

Data on newly reported HIV/AIDS cases indicate that the epidemic is being driven increasingly by high-risk heterosexual contact. Between 2001 and 2005, the estimated number of females newly diagnosed with HIV/AIDS fell by 19%. The number of females infected via IDU fell by 33% versus a 14% decline among those infected through high-risk heterosexual contact. Similarly, between 2001 and 2005, the estimated number of new diagnoses of HIV/AIDS cases among males who injected drugs decreased by 29%, but declined by 14% among cases attributed to high-risk heterosexual contact. Further, the number of male cases attributed to MSM increased by 12% during the same time period.

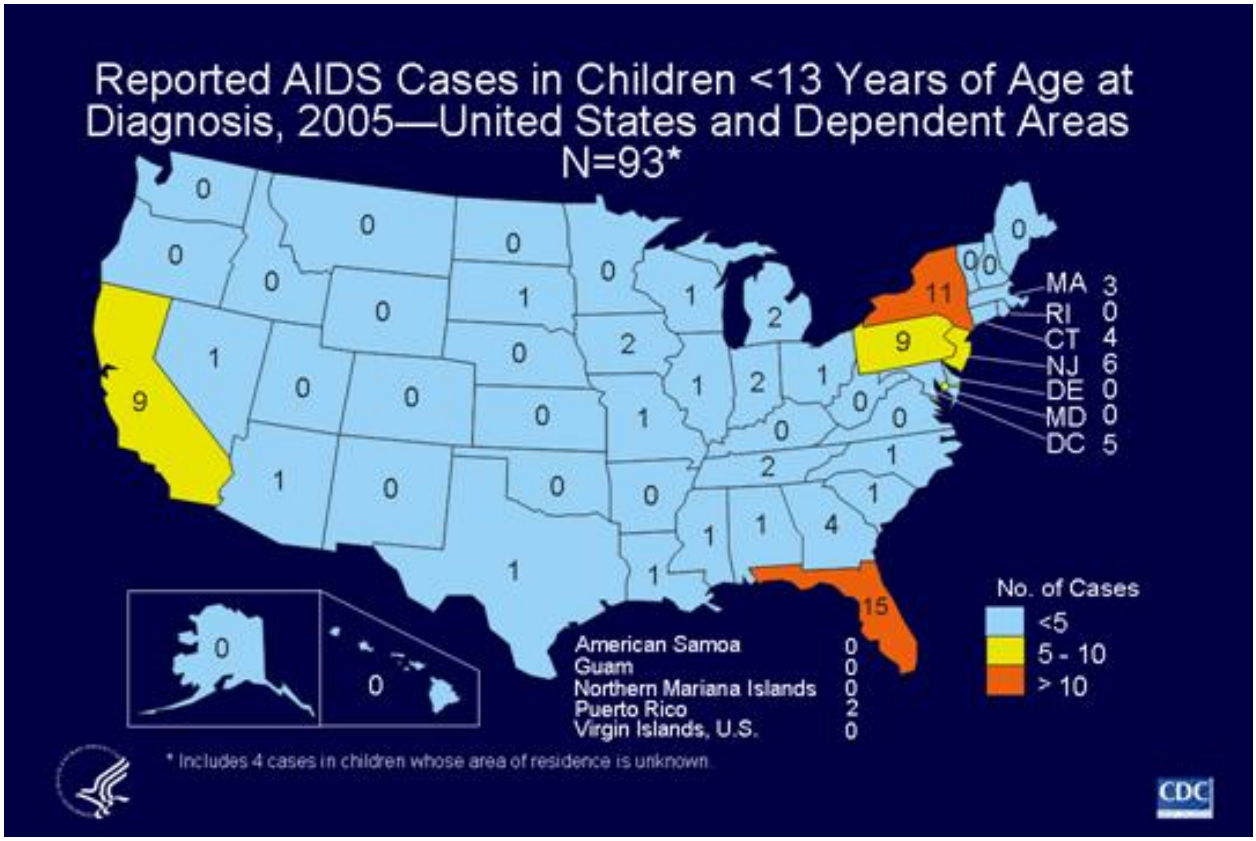
AGE DISTRIBUTION

Between 2001 and 2005, the number of new cases of HIV/AIDS increased among those 15 to 29 years old and 50 to 64 years old, and decreased among children under 13 and people ages 30 to 49 years old. However, the number of cases of HIV/AIDS cases was highest among people 35 to 39 years old, who comprised nearly one in six new HIV/AIDS cases in 2005. People living with AIDS tended to be somewhat older than people who had recently been diagnosed with HIV/AIDS. More than 40% of living AIDS cases were between 40 and 49 years old, and 70.1% were over the age of 40. This proportion is likely to increase as HAART substantially increases the length of time people can survive after an HIV/AIDS diagnosis.

HIV/AIDS IN CHILDREN

The number of HIV/AIDS cases among children under the age of 13 has decreased dramatically since the implementation of guidelines to test and treat HIV-positive pregnant women and their children with zidovudine became standard in the mid 1990s. As of the end of 2005, there were 1,393 children under 13 living with AIDS in the United States and 68 new pediatric AIDS cases, an extremely large decrease from the early 1990s when the number of new pediatric AIDS cases often reached 800 cases per year. Of the new HIV/AIDS cases, by race/ethnicity, 63.7% were black, 14.9% were Hispanic, and 16.7% were white. The leading mode of transmission for mothers of children with HIV infection before or at birth was high-risk heterosexual contact, followed by maternal injection drug use.

Figure 3. Reported AIDS Cases in Children < 13 Years of Age at Diagnosis, 2005 - United States and Dependent Areas, [N=93]



SURVIVAL AND MORTALITY

The estimated number of deaths of persons with AIDS who resided United States decreased 4% from 2001 through 2005. During this time period, the estimated number of deaths decreased among children less than 13 years of age and in 20 to 44 year olds. The estimated number of deaths remained stable among persons aged 15 to 19 years and increased in the age groups 13 to 14, and in those 45 and older. In addition, the estimated number of deaths among persons with AIDS decreased among whites and blacks. The estimated number of deaths among persons with AIDS remained stable among Hispanics, Asians/Pacific Islanders, and American Indians/Alaska Natives. Among males and females with AIDS attributed to injection drug use, the number of deaths decreased, but the number of deaths among persons exposed through high-risk heterosexual contact increased.

SECTION IV. OVERVIEW OF HIV/AIDS IN THE DISTRICT OF COLUMBIA

This section provides an overview of the HIV/AIDS epidemic in the District. The individual sections that follow this overview will provide a more detailed look at HIV/AIDS with regard to sex, race, ethnicity, age at diagnosis, and mode of transmission. They also provide information on the geographic distribution of cases in the city, as well as a detailed look at HIV/AIDS among children less than 13 years of age at diagnosis.

SUMMARY

Between 2001 and 2006, there were 7,947 new HIV/AIDS cases reported among District residents, of which 4,468 were AIDS cases. As of December 2005, according to CDC, the District had the highest AIDS case rate nationally (128.4 cases per 100,000 population in the District vs. 14.0 cases per 100,000 population in the United States.)[15] The ratio of AIDS cases to HIV (not AIDS) cases in the District in 2006 was 1.7 AIDS cases to each HIV (not AIDS) case. Nationally, according to the CDC, the ratio of AIDS to HIV (not AIDS) cases varies, but it is generally around a one to one ratio.

Further, although blacks in the District were estimated to comprise 55.4% of the population in 2006, they accounted for 78.9% of new reports of HIV (not AIDS) cases and approximately 81.2% of living AIDS cases. The percentage of reported HIV/AIDS cases from 2001 to 2006 among blacks (84.3%) was 9 times higher than whites (9.1%), and nearly 20 times that of Hispanics (4.5%). Nationally, among states with confidential name-based HIV reporting, CDC indicates that blacks account for 49% of the new HIV/AIDS cases diagnosed in 2005, and 44% of living (or prevalent) AIDS cases at the end of 2005.

Nationally, among living AIDS cases, MSM sexual contact and IDU have been the leading modes of transmission. However, recent data show that heterosexual sexual contact is becoming one of the leading modes of transmission in the District, accounting for 26.5% of cases among those newly diagnosed with AIDS. This percentage is behind only MSM, which accounts for 27.7% of all newly diagnosed cases. Among newly reported HIV (not AIDS) cases, the proportion of cases attributed to heterosexual and MSM transmission is high as well, accounting for 37.4% and 25.8% of cases diagnosed from 2001 to 2006, respectively.

In terms of the distribution, people ages 30 to 39 and 40 to 49 represent the majority of the HIV/AIDS epidemic at 31.3% and 34.2% respectively. Eighteen percent of new reports of HIV (not AIDS) and 12.1% of new reports of AIDS were reported among those 20 to 29 years of age. This age stratification of cases is similar to national trends.

Deaths among those living with AIDS declined by 36.2% from 2003 to 2006. This decrease may be due to the increased availability of life-prolonging medications.

There were 337 children under the age of 13 diagnosed with HIV (not AIDS) (n=146) and AIDS (n=191) since the start of the epidemic. The majority of these children were black and had acquired the infection perinatally (from mother to child). This trend is consistent with national trends regarding HIV/AIDS.

[15] Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, Volume 17, Revised Edition, June 2007.

DETAILED DESCRIPTION

The following contains the detailed description of the HIV/AIDS epidemic in the District with tables, figures and specific data points.

TOTAL NUMBER OF AIDS CASES REPORTED

Table 8. Number of AIDS Cases among Adults and Adolescents by Race/Ethnicity, Sex, Mode of Transmission, and Age of Diagnosis, District of Columbia, Cumulative through 2006, [N=17,415]

	White		Black		Hispanic		Asian		Other*		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
MSM	2,615	89.2	4,642	46.4	353	64.4	<3	--	49	76.6	**7,661**	**56.5**
IDU	73	2.5	2,685	26.8	45	8.2	0	0	6	9.4	**2,809**	**20.7**
MSM/IDU	121	4.1	738	7.4	25	4.6	0	0	0	0	**884**	**6.5**
Heterosexual contact	42	1.4	1,095	10.9	69	12.6	<3	--	<3	--	**1,209**	**8.9**
RNI/Unknown	60	2.1	810	8.1	53	9.7	4	57.1	5	7.8	**932**	**6.9**
Other†	20	0.68	41	0.41	3	0.55	0	0	<3	--	**66**	**0.49**
Subtotal	**2,931**	**100.0**	**10,011**	**100.0**	**548**	**100.0**	**7**	**100.0**	**64**	**100.0**	**13,561**	**100.0**
Female												
IDU	57	43.5	1,598	44.2	19	22.1	0	0.0	5	21.7	**1,680**	**43.6**
Heterosexual contact	52	39.7	1,505	41.7	54	62.8	<3	--	12	52.2	**1,624**	**42.1**
RNI/Unknown	16	12.2	463	12.8	13	15.1	0	0.0	6	26.1	**498**	**12.9**
Other†	6	4.6	46	1.3	0	0.0	0	0.0	0	0.0	**52**	**1.4**
Subtotal	**131**	**100.0**	**3,612**	**100.0**	**86**	**100.0**	**<3**	**--**	**23**	**100.0**	**3,854**	**100.0**
Age at diagnosis												
13-19	<3	--	104	0.7	6	1.0	0	0	0	0	**111**	**0.6**
20-29	407	13.3	2,001	14.7	127	20.0	<3	--	14	16.09	**2,550**	**14.6**
30-39	1,333	43.5	5,303	38.9	276	43.5	4	50	28	32.18	**6,944**	**39.9**
40-49	961	31.4	4,349	31.9	157	24.8	<3	--	30	34.48	**5,499**	**31.6**
50-59	299	9.8	1,431	10.5	55	8.7	<3	--	11	12.64	**1,797**	**10.3**
≥60	61	2.0	436	3.2	13	2.1	0	0	4	4.60	**514**	**3.0**
Subtotal	**3,062**	**100.0**	**13,624**	**100.0**	**634**	**100.0**	**8**	**100.0**	**87**	**100.0**	**17,415**	**100.0**

*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Since the beginning of the AIDS epidemic in the early 1980s, there were 17,415 AIDS cases reported between 1985 and 2006. Among these reported cases, males comprised 77.9% of reported AIDS cases diagnosed since 1982, with black males comprising 58% of cumulative AIDS cases reported, followed by black females (20.7%) and white males (16.8%).

- Blacks consistently represented a higher proportion of all reported AIDS cases than any other race/ethnic group. Blacks comprised as many as 78.3% (13,624) cases reported since 1985. The second race/ethnic group most affected by AIDS in the District was whites (n=3062), followed by Hispanics (n=634).
- Overall the most reported mode of transmission among reported AIDS cases was MSM sexual contact (7,662) followed by IDU (4,433) and heterosexual contact (2,833).

NEWLY REPORTED HIV/AIDS CASES

Table 9. Reported HIV (not AIDS) and AIDS Cases among Adults and Adolescents, by Sex, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis - District of Columbia, 2001 - 2006

	HIV (not AIDS) (%)		AIDS (%)		Total HIV/AIDS (%)		DC Population, 2006 (%)	
Sex	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Male	2,114	64.7%	3,212	68.7%	5,326	67.0%	230,864	46.3%
Female	1,155	35.3%	1,466	31.3%	2,621	33.0%	267,953	53.7%
Subtotal	**3,269**	**100.0%**	**4,678**	**100.0%**	**7,947**	**100.0%**	**498,817**	**100.0%**
Race/Ethnicity								
White	359	11.0%	361	7.7%	720	9.1%	169,766	34.0%
Black	2,649	81.0%	4,050	86.6%	6,699	84.3%	265,516	53.2%
Hispanic†	132	4.0%	224	4.8%	356	4.5%	39,379	7.9%
Asian	9	0.3%	7	0.1%	16	0.2%	16,996	3.4%
Other§/Unknown	120	3.7%	36	0.8%	156	2.0%	7,160	1.4%
Subtotal	**3,269**	**100.0%**	**4,678**	**100.0%**	**7,947**	**100.0%**	**498,817**	**100.0%**
Mode of transmission								
Men who have sex with men (MSM)	842	25.8%	1,294	27.7%	2,136	26.9%	N/A	---
Injection drug use (IDU)	432	13.2%	1,023	21.9%	1,455	18.3%	N/A	---
MSM/IDU	61	1.9%	158	3.4%	219	2.8%	N/A	---
Heterosexual contact	1,222	37.4%	1,241	26.5%	2,463	31.0%	N/A	---
Risk Not Identified (RNI)	712	21.8%	940	20.1%	1,652	20.7%	N/A	---
Other¶	N/A	---	22	0.5%	22	0.3%	N/A	---
Subtotal	**3,269**	**100.0%**	**4,678**	**100.0%**	**7,947**	**100.0%**	**N/A**	**---**
Age at diagnosis								
13-19	84	2.6%	48	1.0%	132	1.7%	52,259	9.0%
20-29	588	18.0%	564	12.1%	1,152	14.5%	107,316	18.5%
30-39	1,037	31.7%	1,452	31.0%	2,489	31.3%	92,194	15.9%
40-49	1,033	31.6%	1,686	36.0%	2,719	34.2%	79,301	13.6%
50-59	422	12.9%	718	15.3%	1,140	14.3%	70,909	12.2%
≥60	105	3.2%	210	4.5%	315	4.0%	96,838	16.7%
Subtotal	**3,269**	**100.0%**	**4,678**	**100.0%**	**7,947**	**100.0%**	**498,817**	**100.0%**

* The total number of DC 2006 population estimate does not include children under the age of 13

† Persons of Hispanic origin were counted as Hispanic, regardless of a person's racial identity.

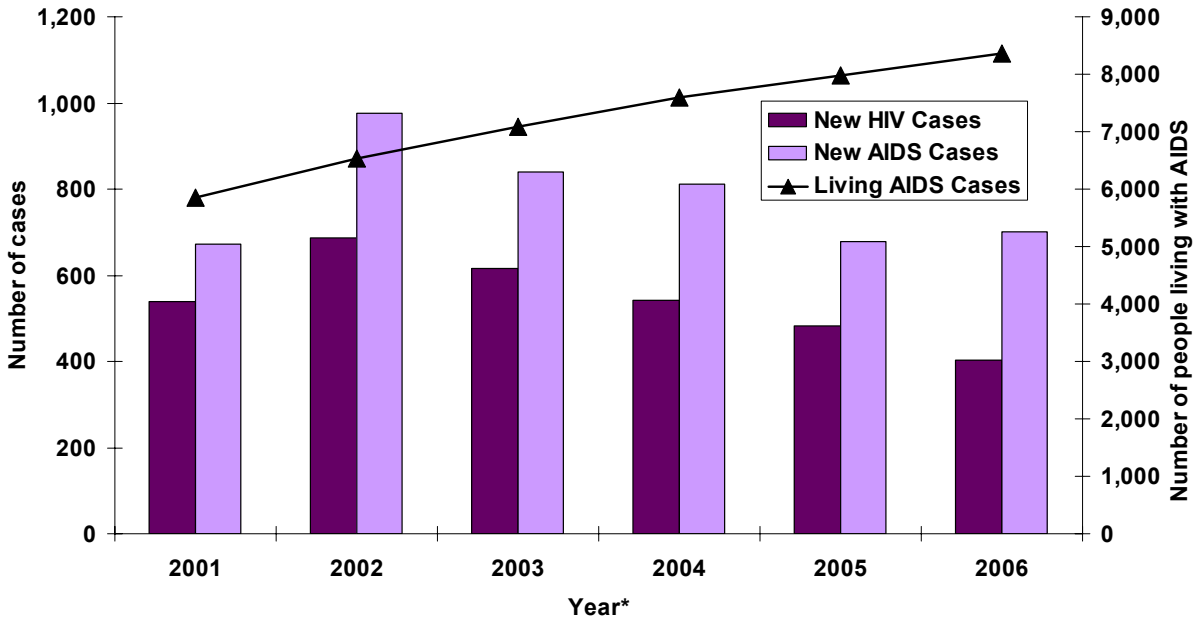
§ Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

¶ Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

From 2001 through 2006, there were a total of 7,947 HIV/AIDS diagnoses reported among District adults and adolescents, of which, 3,269 were newly reported HIV (not AIDS) cases and 4,678 were newly reported AIDS cases.

- HIV/AIDS in the District disproportionately affects blacks (84.3%) and males (67.0%).
- Of all HIV/AIDS cases, 31.0% were attributed to heterosexual contact, followed by cases attributed to men who have sex with men (MSM) (26.9%).
- Approximately 34.2% of all new HIV/AIDS cases reported were 40 to 49 year olds, followed closely by those ages 30 to 39 year olds (31.3%).

Figure 4. HIV (not AIDS) and AIDS Cases among Adults and Adolescents - District of Columbia, 2001 - 2006

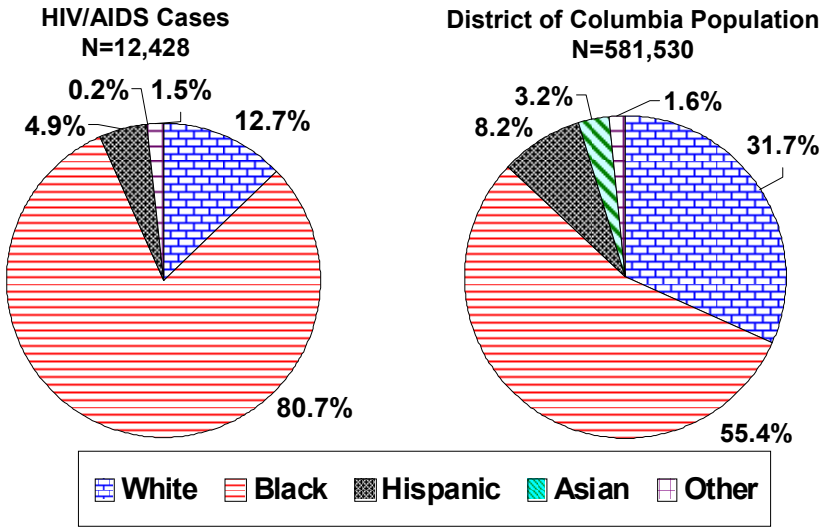


Note: Cases are counted as either HIV (not AIDS) or AIDS cases, but not as both.
* Year refers to the year of diagnosis for new reports of HIV (not AIDS) and AIDS or the year during which people were living with AIDS.

- The number of newly reported HIV (not AIDS) and AIDS cases in the District peaked in 2002 and has declined each year since. The decline in AIDS cases may be explained by the expanded use of HAART. The decline in reports of HIV (not AIDS) and AIDS cases may also be explained by reporting delays and/or underreporting of new cases; therefore conclusions regarding HIV (not AIDS) trends cannot be made with confidence based on code-based HIV (not AIDS) data.
- In 2006, there were 403 new code-based HIV (not AIDS) cases and 700 new AIDS cases reported.
- The ratio of AIDS cases to HIV (not AIDS) cases ranged from 1.2 AIDS cases for every HIV (not AIDS) case in 2001 to 1.7 AIDS cases for every HIV (not AIDS) case in 2006.

LIVING HIV/AIDS CASES AND MORTALITY AMONG THOSE WITH AIDS

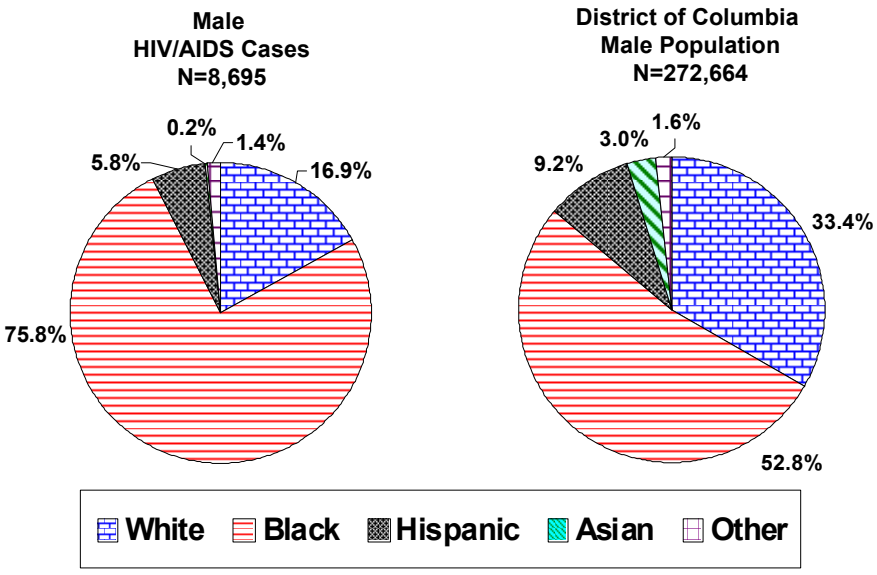
Figure 5. Proportion of Reported Living HIV/AIDS Cases and Population, by Race/Ethnicity - District of Columbia, 2006



* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, and Pacific Islanders.

- While blacks make up 55.4% of the population of the District of Columbia, they account for 80.7% of those persons living with HIV/AIDS.
- Although whites make up 31.7% of the District's population, they accounted for 12.7% of persons living with HIV/AIDS. Similarly, Hispanics comprise 8.2% of the District's population, they accounted for 4.9% of living HIV/AIDS cases.

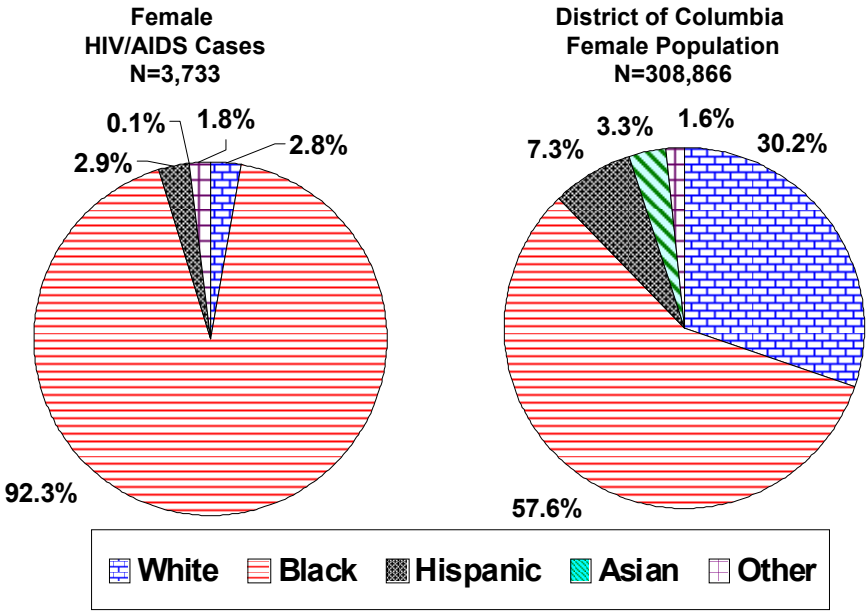
Figure 6. Proportion of Reported Living Male HIV/AIDS Cases and Population, by Race/Ethnicity - District of Columbia, 2006



* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- Disproportionate to their representation of 52.8% of the District's male population, blacks constitute 75.8% of males living with HIV/AIDS.
- White males account for 33.4% of the District's male population compared to their making up of 16.9% of males living with HIV/AIDS.
- Hispanic males account for 9.2% of the District's male population and 5.8% of males living with HIV/AIDS

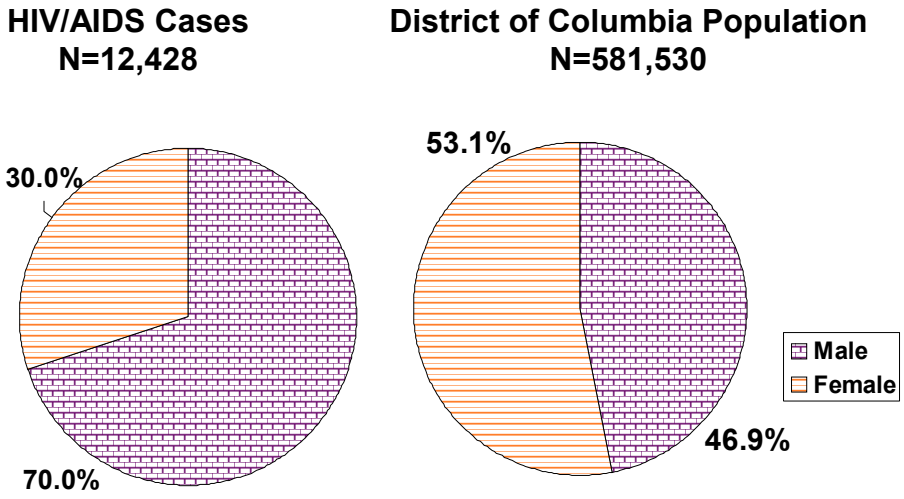
Figure 7. Proportion of Reported Living Female HIV/AIDS Cases and Population, by Race/Ethnicity - District of Columbia, 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

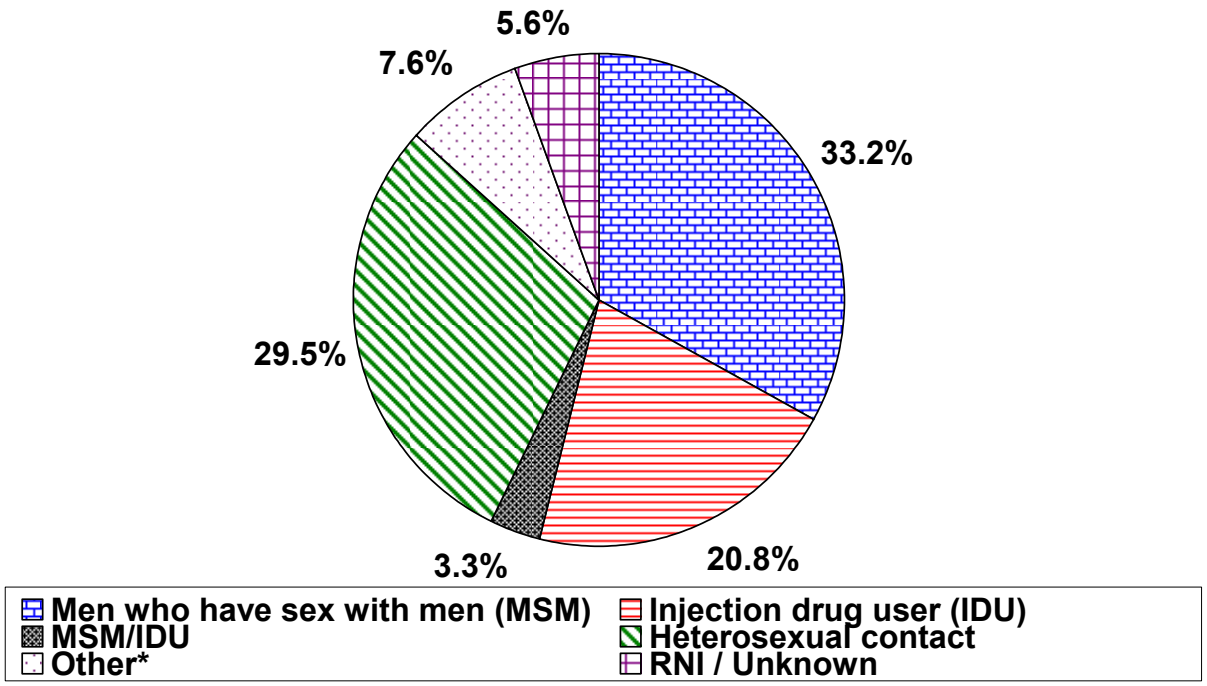
- Disproportionate to their representation of 57.6% of the District's female population blacks constitute 92.3% of cases among females living with HIV/AIDS,
- Hispanic females account for 7.3% of the District's female population and 2.9% of females living with HIV/AIDS.
- White females account for 30.2% of the District's female population compared to their making up 2.8% of females living with HIV/AIDS.

Figure 8. Proportion of Reported Living HIV/AIDS Cases and Population, by Sex - District of Columbia, 2006



- Although black females and males account respectively for only 57.6% and 52.8% of the District population, 92.3% and 75.8% of persons living with HIV/AIDS are black females and males, respectively.
- Although males comprise 46.9% of the District's population, they make up 70.0% of persons living with HIV/AIDS.

Figure 9. Proportion of Adults and Adolescents Reported Living with HIV/AIDS, by Mode of Transmission - District of Columbia, 2006 [N=12,428]



* Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

Table 10. Number and Proportion of Adults and Adolescents Reported Living with HIV/AIDS, by Age at Diagnosis - District of Columbia, 2006 [N=12,428]

Age at diagnosis	N	(%)
13-19	211	1.7%
20-29	2,079	16.7%
30-39	4,438	35.7%
40-49	4,012	32.3%
50-59	1,352	10.9%
≥60	336	2.7%
Total	**12,428**	**100.0%**

Table 11. Number and Proportion of Reported AIDS Cases and Adults and Adolescents Living with AIDS, by Sex and Race/Ethnicity - District of Columbia, 2006

	Number of newly reported AIDS Cases* (%)		Number of persons living with AIDS † (%)	
Males	**N**	**%**	**N**	**%**
White	335	10.4%	999	16.4%
Black	2,675	83.3%	4,681	76.9%
Hispanic	172	5.4%	357	5.9%
Asian	6	0.2%	8	0.1%
Other§/Unknown	24	0.7%	42	0.7%
Subtotal	**3,212**	**100.0%**	**6,087**	**100.0%**
Females	**N**	**%**	**N**	**%**
White	26	1.8%	71	3.1%
Black	1,375	93.8%	2,112	92.6%
Hispanic	52	3.5%	76	3.3%
Asian	<3	<0.1%	<3	<0.1%
Other§/Unknown	12	0.8%	21	0.9%
Subtotal	**1,466**	**100.0%**	**2,281**	**100.0%**
Total	**4,678**	**100.0%**	**8,368**	**100.0%**

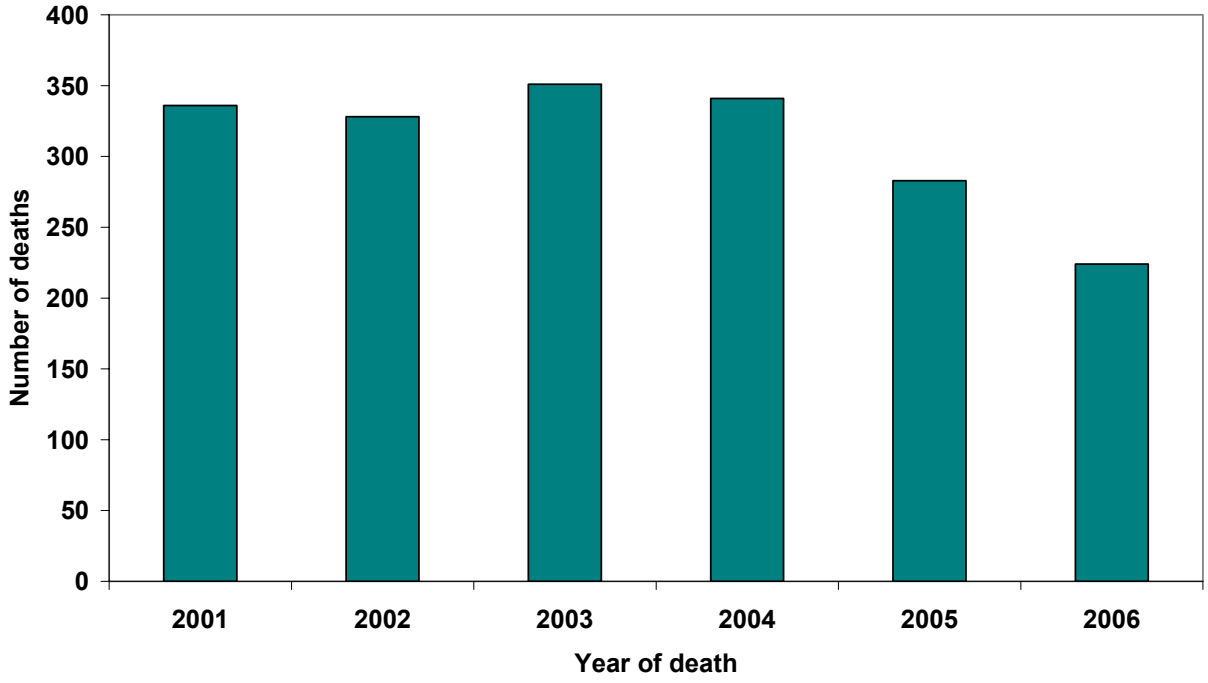
* Newly reported AIDS cases between 2001 and 2006

† Living AIDS cases reported and diagnosed between 1979 and 2006

§ Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- The most commonly reported mode of transmission among persons living with HIV/AIDS was attributed to MSM (n=4,121), followed by heterosexual contact (n=3,670) and injection drug use (n=2,586) (Fig. 9).
- The majority of persons living with HIV/AIDS were diagnosed between the ages of 30 to 39 (35.7%) or 40 to 49 years old (32.3%) (Table 10).
- Of male AIDS cases, black men made up 83.3% of new reports of AIDS cases among men and 76.9% of living AIDS cases (Table 11).
- Of female AIDS cases, black women accounted for 93.8% of all new reports of AIDS cases and 92.6% of living AIDS cases (Table 11).

Figure 10. AIDS Deaths among Adults and Adolescents, by Year of Death - District of Columbia, 2001 - 2006, [N=1,863]



- Deaths among persons diagnosed with AIDS decreased overall between 2001 and 2006, most likely due to the increased use of HAART and prophylaxis against opportunistic infections.
- There was a 36.2% reduction in mortality between 2003 and 2006.
- On average, from 2001 to 2006, there were 310 deaths per year among people living with AIDS in the District.
- In 2006, there were 224 deaths among people diagnosed with AIDS.

HIV/AIDS CASES IN CHILDREN LESS THAN 13 YEARS OF AGE

Table 12. Number and Percentage of Newly Reported HIV (not AIDS) and AIDS Cases among Children, by Sex, Race/Ethnicity, Mode of Transmission, Maternal Mode of Transmission, - District of Columbia, Cumulative through 2006

	HIV (not AIDS)		AIDS	
	N	%	N	%
Total	**146**	**100**	**191**	**100**
Sex				
Male	62	42.5	90	47.1
Female	84	57.5	101	52.9
Race/Ethnicity				
White	<3	--	3	1.6
Black	142	97.3	182	95.3
Hispanic	<3	--	6	3.1
Asian	0	0.0	0	0.0
Other*/Unknown	<3	--	0	0.0
Mode of Transmission				
Perinatally acquired	140	95.9	176	92.2
Other†/Unknown	6	4.1	15	7.8
Maternal Mode of Transmission				
Injection drug use	18	12.9	55	31.3
Heterosexual contact	31	22.1	54	30.7
Other†/Risk Not Identified	91	65.0	67	38.0

Note: Pediatric HIV (not AIDS) cases were diagnosed between 1989-2006. Pediatric AIDS cases were diagnosed from 1983-2006.

* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, and Pacific Islanders.

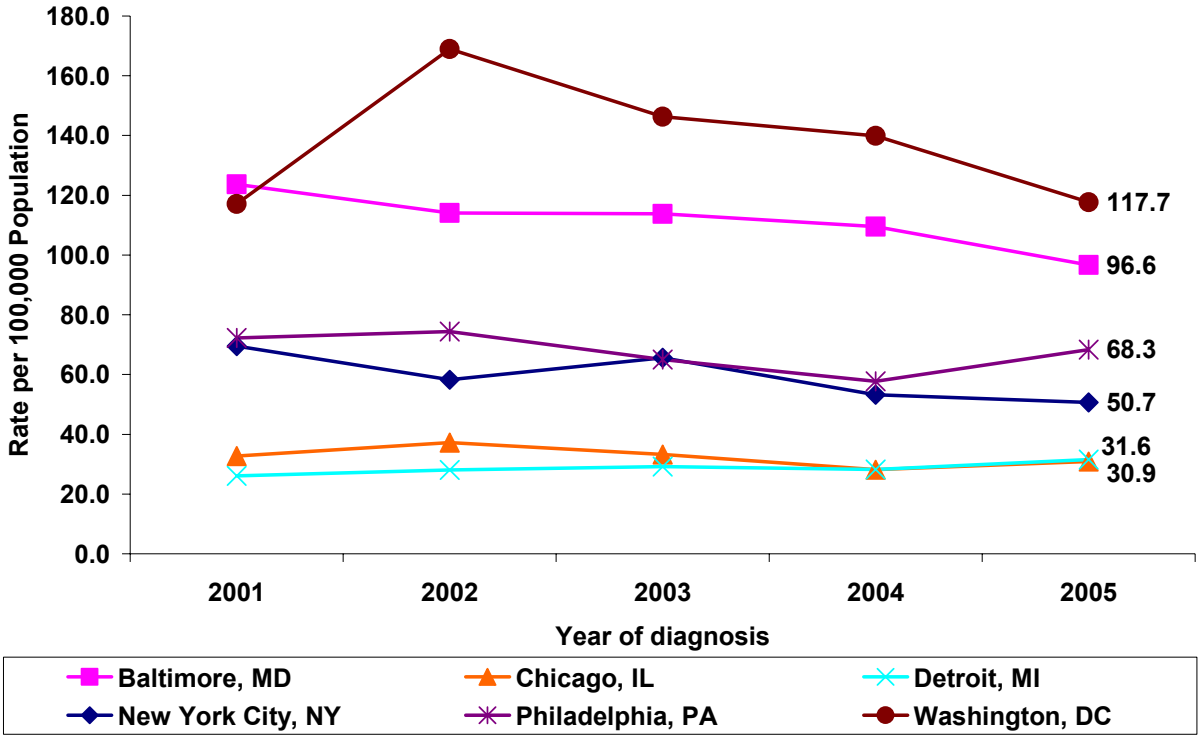
† Other includes heterosexual transmission, transfusion, hemophilia or unidentified mode of transmission.

- A total of 146 HIV (not AIDS) cases and 191 AIDS cases among children less than 13 were reported through 2006.
- Black children were predominantly affected by both HIV (not AIDS) (97.3%) and AIDS (95.3%).
- The majority of HIV (not AIDS) (95.9%) and AIDS (92.2%) cases were perinatally acquired (mother to child).
- Among those mothers for whom the maternal mode of transmission was identified, 22.1% of HIV (not AIDS) and 30.7% of AIDS cases were attributed to mothers who were infected through heterosexual contact. For both HIV (not AIDS) and AIDS cases, the maternal mode of transmission was not specified in the majority of cases.

COMPARISON OF AIDS IN THE DISTRICT OF COLUMBIA WITH OTHER CITIES [16]

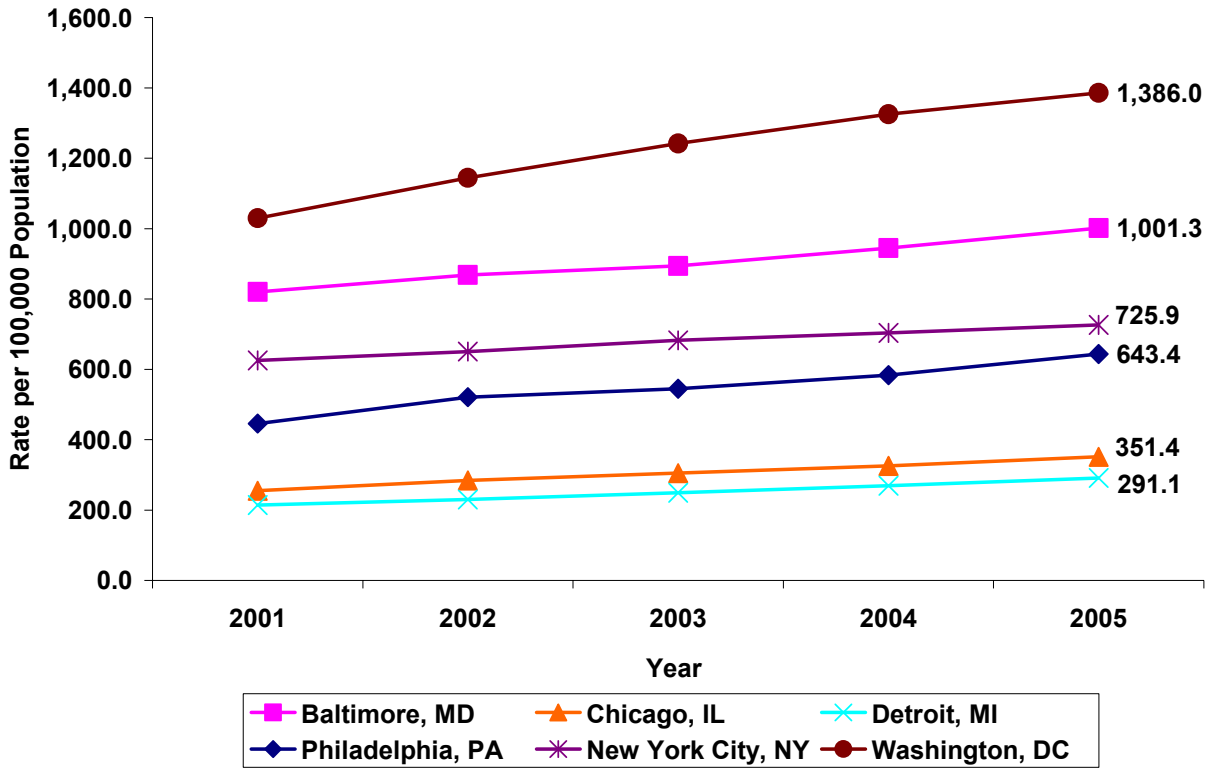
The District, which is classified for many governmental purposes as a state, is often compared to other states with high numbers of HIV (not AIDS) and AIDS cases. In order to provide a more meaningful comparison, the number of newly reported AIDS cases and the number of cases of persons living with AIDS in the District was compared to other cities with similar demographics and disease burden between 2001 and 2005 (the most recent year data was available).

Figure 11. Rates for Newly Reported AIDS Cases, by Year of Diagnosis and City, 2001 - 2005



[16] Data for cities comparison includes adults, adolescents, and children diagnosed with AIDS.

Figure 12. Rates for People Living with AIDS by Year and City. 2001 - 2005



- In comparison to other cities of comparable demographics and high rates of infection, the District had the highest rate of new reports of AIDS cases. At the end of 2005, the rate was 117.7 cases per 100,000 population (Figure 11).
- The District also consistently had the highest AIDS prevalence rate among these cities at 1,386 cases per 100,000 population living with AIDS by the end of 2005 (Figure 12).

SECTION V. HIV (NOT AIDS) DIAGNOSES

This section discusses HIV (not AIDS) cases reported to DOH. Looking at HIV (not AIDS) data separately from the overall HIV/AIDS cases allows us to examine the characteristics of more recent infections—thus provides insight into where current prevention and early treatment strategies should focus. Although the District transitioned from code-based to name-based HIV reporting on November 17, 2006, the data presented here are only representative of data collected under the code-based era. The data here include all newly reported cases of HIV (not AIDS) received by the DOH for persons who were diagnosed between January 1, 2001 and November 16, 2006. All HIV (not AIDS) cases received during this time period were collected and entered into the unique identifier system (UIS).

SUMMARY

Although blacks and Hispanics made up 63.6% of the total District population, they were over represented among new reports of HIV (not AIDS) cases, comprising 83.4% of the 3,269 newly reported HIV (not AIDS) cases in the District. The number of HIV (not AIDS) cases reported among men was consistently higher than the number of female cases across all racial and ethnic groups. There were 14 times more HIV (not AIDS) cases among white males than white females, and more than 4 times more HIV (not AIDS) cases among Hispanic males than Hispanic females. This large disparity among sexes was less evident among blacks, with 1.5 times as many black male HIV (not AIDS) cases compared to black female cases. Further, over 90% of all new reports of HIV (not AIDS) cases among women were among black women. Blacks and Hispanics also comprised 85.0% of newly reported HIV (not AIDS) cases among young adults 13 to 29 years of age (n=571).

The rate of HIV (not AIDS) cases in the District peaked in 2002 at 140 HIV (not AIDS) cases per 100,000 population. In 2006, the rate had declined to 81 HIV (not AIDS) cases per 100,000 population, with a rate among males and females of 120 and 47 cases per 100,000 population, respectively; both rates of which are substantially higher than national trends for HIV (not AIDS) of 36.2 and 12.2 cases per 100,000 population for males and females, respectively. Additionally, the rate of HIV (not AIDS) cases was consistently lowest among those 60 years and older (range 13.9 to 22.8 cases per 100,000 population) and those 13 to 19 years of age (range: 13.4 to 44.8 cases per 100,000 population).

MSM sexual contact and heterosexual sexual contact continued to be the leading modes of transmission for those newly reported cases of HIV (not AIDS). Among all newly reported HIV (not AIDS) cases, 25.8% of cases were attributed to MSM sexual contact. MSM as a mode of transmission accounted for 71.3% of all new reports of HIV (not AIDS) cases among white males, and one third of cases among black males. Heterosexual sexual contact was the second most reported mode of transmission among new HIV (not AIDS) cases in black and Hispanic males, accounting for nearly one third of all reported HIV (not AIDS) cases in each of these groups. Heterosexual sexual contact was also the leading mode of HIV (not AIDS) transmission among women of all racial and ethnic groups, except Asians for whom all cases were classified as Risk Not Identified. Approximately 95% of newly reported HIV (not AIDS) positive individuals who reported their mode of transmission as IDU were black or Hispanic (n=410), with 93.1% of all female IDU cases being found among black women. This is in contrast to the national statistics reported by CDC, in which 13.8% of women newly infected with HIV (not AIDS) through IDU were black.

DETAILED DESCRIPTION

The following contains the detailed description of the HIV (not AIDS cases) in the District with tables, figures and specific data points.

Table 13. Number and Percentage of Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis, Sex, Mode of Transmission, and Age at Diagnosis, District of Columbia, 2001 - 2006

	2001		2002		2003		2004		2005		2006		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total	540	100.0	687	100.0	615	100.0	541	100.0	483	100.0	403	100.0	3,269	100.0
Sex														
Male	344	63.7	439	63.9	414	67.3	332	61.4	307	63.6	278	69.0	2,114	64.7
Female	196	36.3	248	36.1	201	32.7	209	38.6	176	36.4	125	31.0	1,155	35.3
Race/Ethnicity*														
White	57	10.6	61	8.9	82	13.3	47	8.7	62	12.8	50	12.4	359	11.0
Black	441	81.7	561	81.7	497	80.8	434	80.2	398	82.4	318	78.9	2,649	81.0
Hispanic	23	4.3	21	3.1	26	4.2	33	6.1	11	2.3	18	4.5	132	4.0
Asian	<3	--	<3	--	<3	--	<3	--	4	0.8	<3	--	9	0.3
Other	18	3.3	43	6.3	9	1.5	27	5.0	8	1.7	15	3.7	120	3.7
Mode of transmission														
MSM	146	27.0	189	27.5	172	28.0	116	21.4	106	21.9	113	28.0	842	25.8
IDU	70	13.0	96	14.0	84	13.7	84	15.5	62	12.8	36	8.9	432	13.2
MSM/IDU	10	1.9	12	1.7	15	2.4	9	1.7	9	1.9	6	1.5	61	1.9
Heterosexual	208	38.5	263	38.3	209	34.0	189	34.9	178	36.9	175	43.4	1,222	37.4
RNI/Unknown	106	19.6	127	18.5	135	22.0	143	26.4	128	26.5	73	18.1	712	21.8
Age at diagnosis														
13-19	11	2.0	13	1.9	21	3.4	23	4.3	9	1.9	7	1.7	84	2.6
20-29	100	18.5	116	16.9	109	17.7	102	18.9	80	16.6	81	20.1	588	18.0
30-39	195	36.1	238	34.6	207	33.7	136	25.1	146	30.2	115	28.5	1,037	31.7
40-49	161	29.8	223	32.5	193	31.4	172	31.8	155	32.1	129	32.0	1,033	31.6
50-59	59	10.9	84	12.2	64	10.4	88	16.3	71	14.7	56	13.9	422	12.9
≥60	14	2.6	13	1.9	21	3.4	20	3.7	22	4.6	15	3.7	105	3.2

*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- Between 2001 and 2006, there were 3,269 newly reported cases of HIV (not AIDS). Among these newly reported cases, males comprised a larger proportion of cases than females.

There was a decline in the number of HIV (not AIDS) cases reported since 2002; however, this decline may be due to reporting delays or underreporting in recent years under the code-based reporting system.

- Blacks consistently represented a higher proportion of newly reported HIV (not AIDS) cases than any other racial/ethnic group. Blacks comprised as many as 82.4% of new cases in 2005. The second racial/ethnic group most affected by HIV (not AIDS) in the District was whites (n=359), followed by Hispanics (n=132).
- Overall the most reported mode of transmission among new reports of HIV (not AIDS) cases was heterosexual contact (37.4% between 2001 and 2006).
- The largest decrease in cases by mode of transmission was among HIV (not AIDS) cases attributed to IDU. The number of cases decreased from 70 cases in 2001 to 36 cases in 2006, almost a 50% reduction.
- Between 2001 and 2003, the highest proportion of HIV (not AIDS) cases was diagnosed between 30 to 39 year olds after which the majority of HIV (not AIDS) cases was diagnosed among the 40 to 49 year old age group.

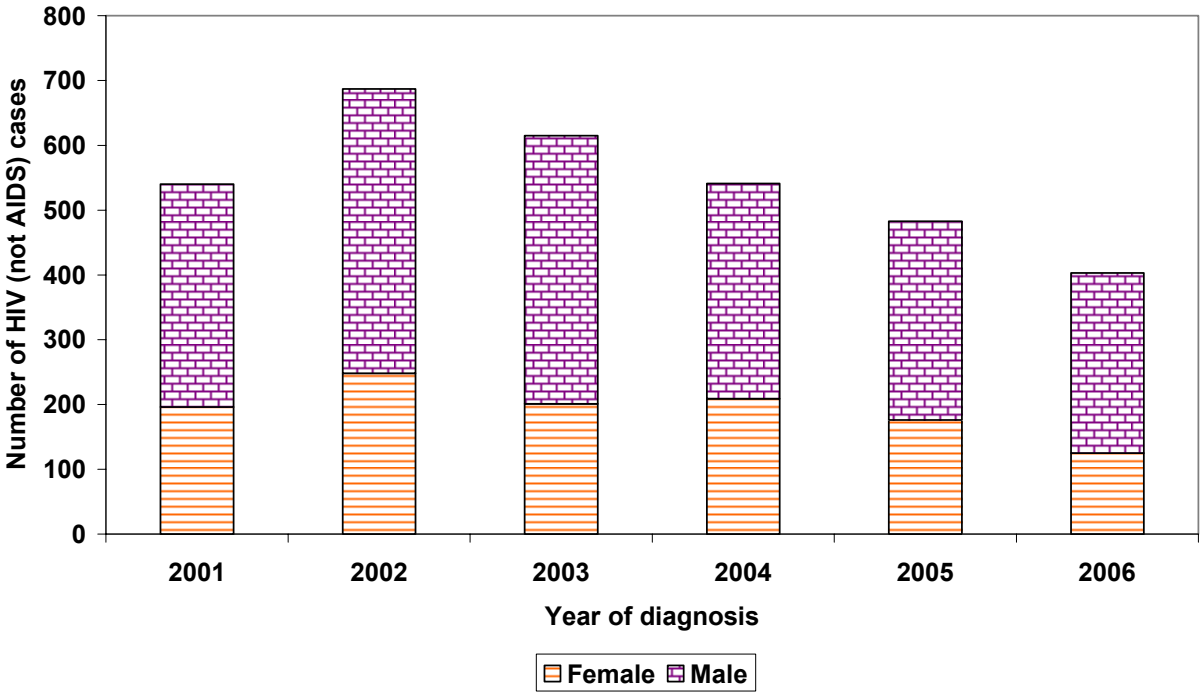
Table 14. Number and Percentage of Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Race/Ethnicity, Sex, Mode of Transmission, and Age at Diagnosis, District of Columbia, 2001 - 2006, [N=3,269]

	White		Black		Hispanic		Asian		Other		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
MSM	239	71.3	530	33.4	48	44.9	6	85.7	19	24.7	**842**	**39.8**
IDU	9	2.7	228	14.4	3	2.8	0	0.0	3	3.9	**243**	**11.5**
MSM/IDU	8	2.4	51	3.2	<3	--	0	0.0	0	0.0	**61**	**2.8**
Heterosexual contact	20	6.0	457	28.8	30	28.0	0	0.0	13	16.9	**521**	**24.6**
RNI/Unknown	59	17.6	322	20.3	26	24.3	<3	--	42	54.5	**447**	**21.3**
Subtotal	**335**	**100.0**	**1,588**	**100.0**	**107**	**100.0**	**7**	**100.0**	**77**	**100.0**	**2,114**	**100.0**
Female												
IDU	6	25.0	176	16.6	3	12.0	0	0.0	4	9.3	**189**	**16.4**
Heterosexual contact	15	62.5	651	61.4	15	60.0	0	0.0	20	46.5	**701**	**60.7**
RNI/Unknown	3	12.5	234	22.1	7	28.0	<3	--	19	44.2	**265**	**22.9**
Subtotal	**24**	**100.0**	**1,061**	**100.0**	**25**	**100.0**	**<3**	**--**	**43**	**100.0**	**1,155**	**100.0**
Age at diagnosis												
13-19	3	0.8	66	2.5	5	3.8	<3	--	9	7.5	**84**	**2.6**
20-29	66	18.4	466	17.6	34	25.8	<3	--	21	17.5	**588**	**18**
30-39	150	41.8	788	29.7	54	40.9	4	44.4	41	34.2	**1,037**	**31.7**
40-49	93	25.9	880	33.2	27	20.5	<3	--	32	26.7	**1,033**	**31.6**
50-59	39	10.9	362	13.7	5	3.8	<3	--	15	12.5	**422**	**12.9**
≥60	8	2.2	87	3.3	7	5.3	<3	--	<3	--	**105**	**3.2**
Subtotal	**359**	**100.0**	**2649**	**100.0**	**132**	**100.0**	**9**	**100.0**	**120**	**100.0**	**3,269**	**100.0**

- Black males accounted for nearly half (n=1,588) of all new reports of HIV (not AIDS) cases, followed by black females (n=1,061) and white males (n=335). Over 90% of all newly reported cases of HIV (not AIDS) among women were among black women (n=1061).

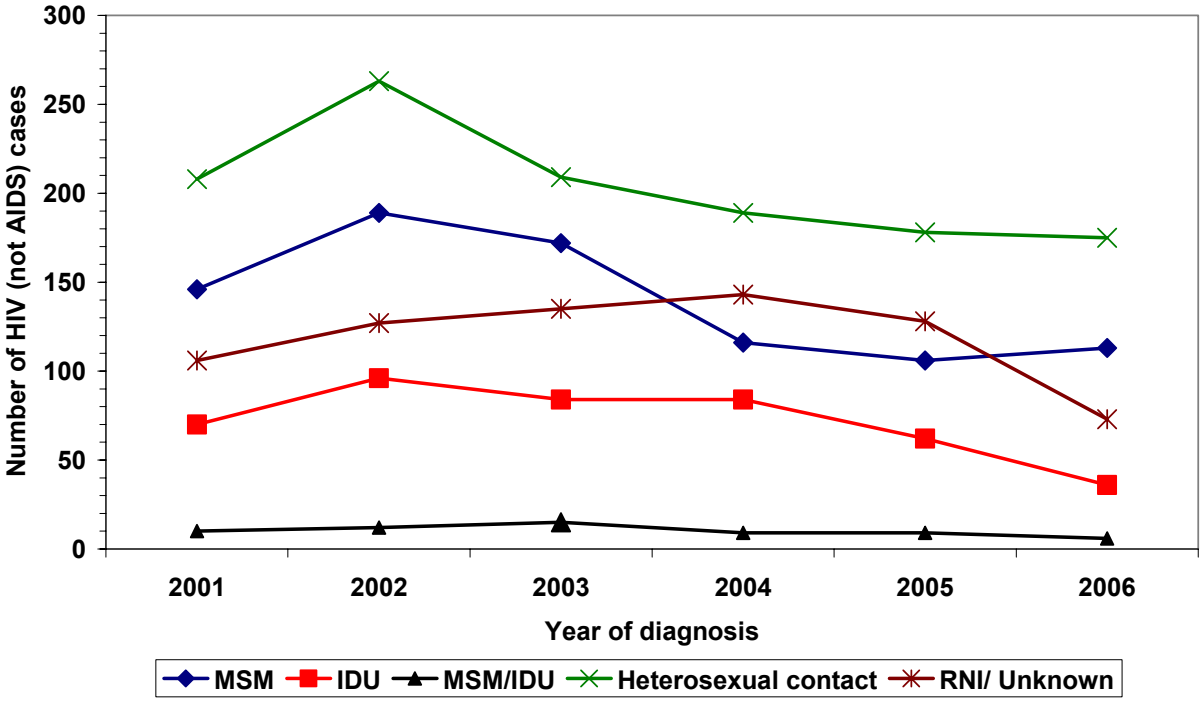
- Among all newly reported male HIV (not AIDS) cases, 39.8% of cases were attributed to MSM sexual contact. Among white males, 71.3% of all newly reported cases of HIV (not AIDS) were due to MSM sexual contact (n=239). However, cases attributed to MSM sexual contact among blacks accounted for nearly two-thirds of all new MSM HIV (not AIDS) cases (n=530).
- Heterosexual sexual contact was the leading mode of transmission of HIV (not AIDS) among women of all racial and ethnic groups with newly reported cases of HIV (not AIDS) (46.5% to 62.5%), except for Asian women among whom none had an identified risk factor.
- The leading mode of transmission among black and Hispanic males was MSM (33.4% and 44.9%, respectively). Heterosexual contact was the second leading mode of transmission for newly reported HIV (not AIDS) cases among black and Hispanic males, at 28.8% and 28% respectively. Of the 432 newly reported HIV (not AIDS) cases among injection drug users, 93.5% were black, and of those 43.6% were women.
- With the exception of blacks, the 30 to 39 year old age group had the highest proportion of new reports of HIV (not AIDS) cases among all racial and ethnic groups. The highest proportion of new reports of HIV (not AIDS) cases among blacks was found among the 40 to 49 year old age group.

Figure 13. Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Sex - District of Columbia, 2001 - 2006



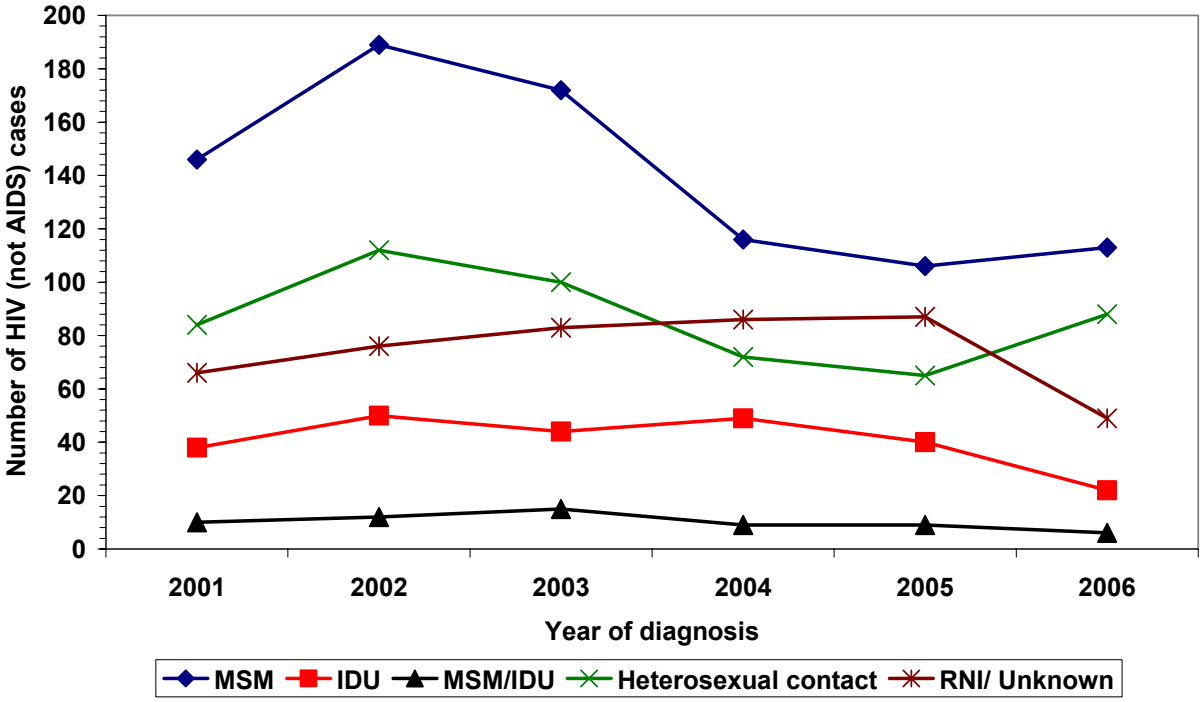
- During the code-based HIV reporting era (2001 to 2006), the number of new cases of HIV (not AIDS) reported in the District peaked in 2002 and then declined throughout 2006. This is most likely due to delays in reporting or underreporting; however, conclusions regarding HIV trends cannot be made with confidence based on code-based HIV data.
- The number of new reports of HIV (not AIDS) cases among males was consistently higher than among females.
- The ratio of male to female HIV (not AIDS) cases between 2001 and 2006 ranged from 1.6 to 2.2 male cases to female cases. In 2006, there were 278 newly reported code-based HIV (not AIDS) cases among males and 125 reported cases among females, a ratio of 2.2 male cases to 1 female case.

Figure 14. Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Mode of Transmission - District of Columbia, 2001 - 2006



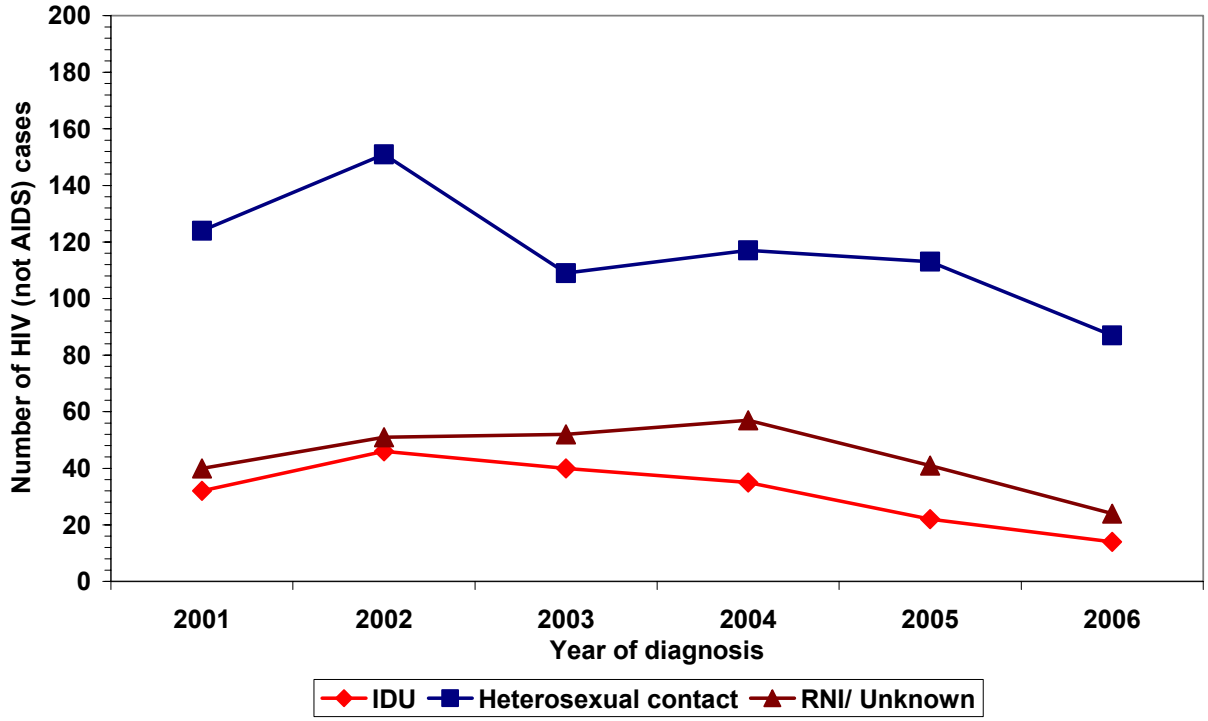
- Heterosexual contact (37.4%) was consistently the most reported mode of transmission among new reports of HIV (not AIDS) between 2001 and 2006, followed by MSM (25.8%) and those with RNI (21.8%).
- Cases attributed to IDU accounted for 8.9% (n= 36) of all newly reported HIV (not AIDS) cases in 2006 and was the fourth most common mode of transmission.
- The number of cases reporting MSM/IDU as the mode of transmission has remained relatively stable between 2001 and 2006 (n=10 vs. n=6, respectively).

Figure 15. Newly Reported HIV (not AIDS) Cases among Male Adults and Adolescents, by Year of Diagnosis and Mode of Transmission - District of Columbia, 2001 - 2006



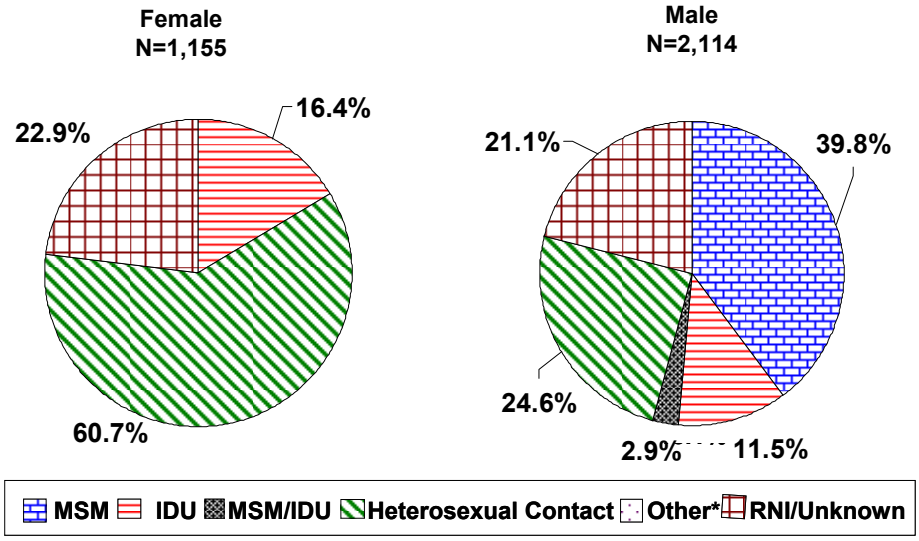
- Among adult and adolescent males with newly reported HIV (not AIDS) cases, the most reported mode of transmission was MSM from 2001 to 2006 (n=842).
- Heterosexual contact was the second most reported mode between 2001 and 2003; cases with RNI were second in 2004 and 2005.
- By the end of 2006, heterosexual contact was again the second most reported mode of transmission among males newly reported with HIV (not AIDS).
- After a decline in transmission attributed to MSM sexual contact between 2002 and 2005, there was an increase in 2006, with 113 newly reported HIV (not AIDS) cases.
- There was a decline in all male cases attributed to IDU between 2004 and 2006.
- At the end of 2006, new reports of HIV (not AIDS) attributed to MSM sexual contact remained the most reported mode of transmission among males (n=113), followed by heterosexual contact (n=88) and then RNI (n=49).

Figure 16. Newly Reported HIV (not AIDS) Cases among Female Adults and Adolescents, by Year of Diagnosis and Mode of Transmission - District of Columbia, 2001 - 2006



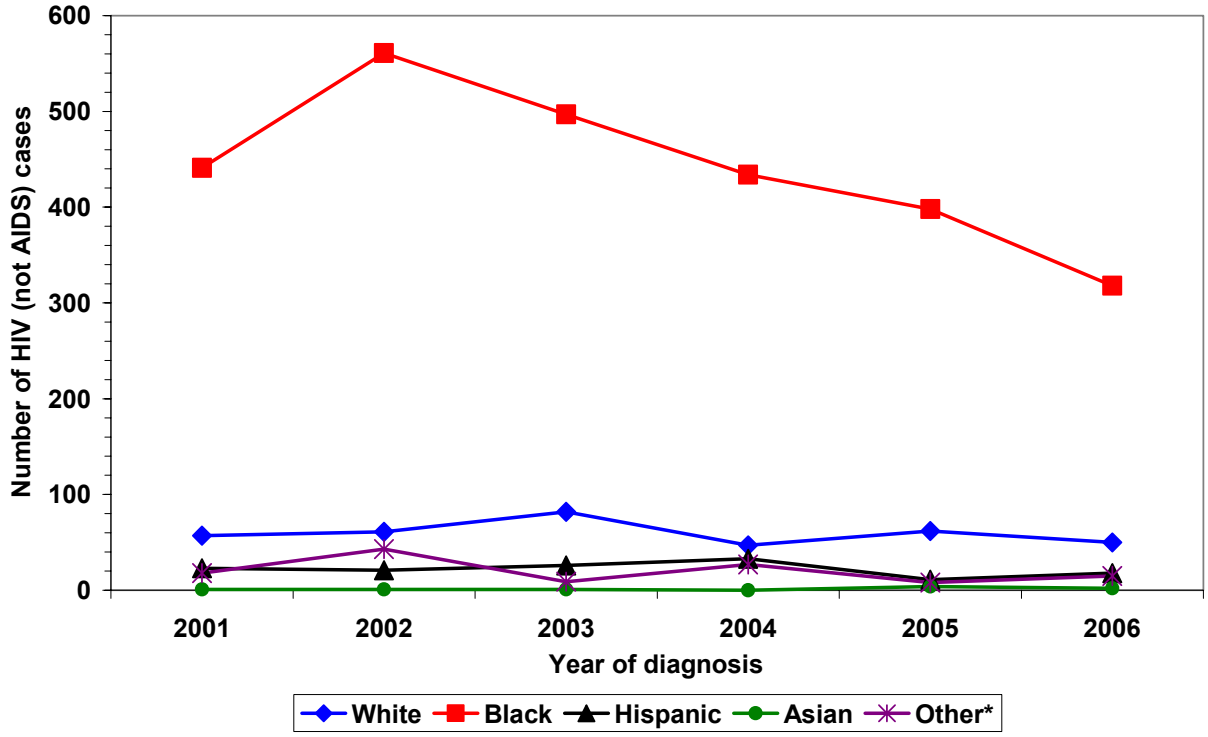
- Most new reports of HIV (not AIDS) among adult and adolescent females were attributed to heterosexual contact (n=701), followed by RNI (n=265).
- Cases where mode of transmission was injection drug use briefly increased between 2001 and 2002. The number of IDU cases then steadily declined after 2002.
- The number of cases in women attributed to heterosexual contact declined between 2002 and 2003, and again decreased between 2004 and 2006.

Figure 17. Proportion of Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Sex and Mode of Transmission - District of Columbia, 2001 - 2006



- Although 16.4% of newly reported HIV (not AIDS) cases among females were injection drug users between 2001 and 2006, the highest proportion of newly reported HIV (not AIDS) cases among females were among heterosexuals (60.7%), followed by RNI (22.9%).
- During the same time period, transmission attributed to MSM accounted for 39.8% of all newly reported male HIV (not AIDS) cases.
- Among men, the following is the proportional distribution by mode of transmission, 24.6% for heterosexuals, 11.5% for IDU, 21.1% for RNI, and 2.9% for MSM/IDU.

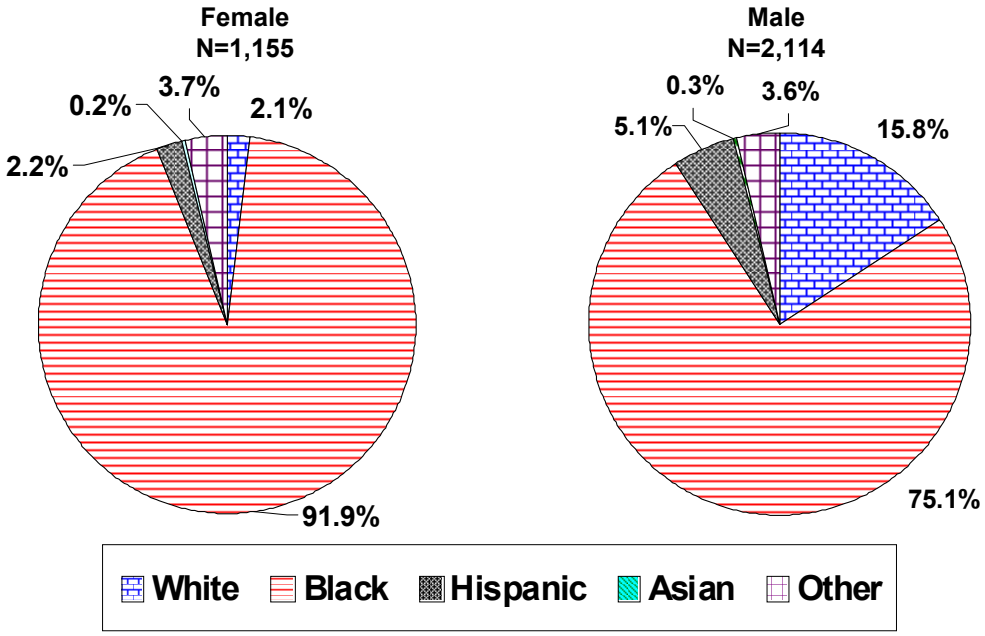
Figure 18. Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- Blacks were over represented among new cases of HIV (not AIDS) reported between 2001 and 2006, accounting for between six and nine times the number of new reports of HIV (not AIDS) cases among whites in any given year.
- Whites had the second highest number of new reports of HIV (not AIDS) cases among racial and ethnic groups.
- The number of new reports of HIV (not AIDS) peaked among blacks in 2002. Since that time, there has been a steady decline in the number of new reports of HIV (not AIDS) cases among this racial group; however, this may be due to delays in reporting or underreporting of cases in recent years.

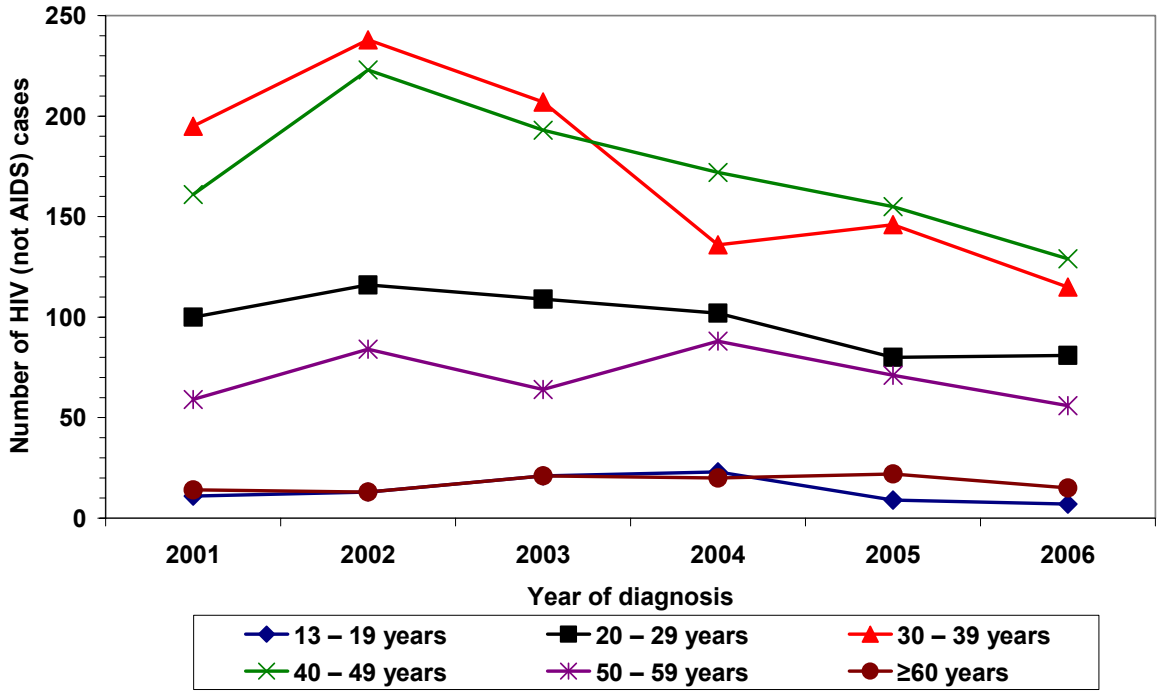
Figure 19. Proportion of Newly Reported HIV (not AIDS) cases among Adults and Adolescents, by Race/Ethnicity and Sex - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

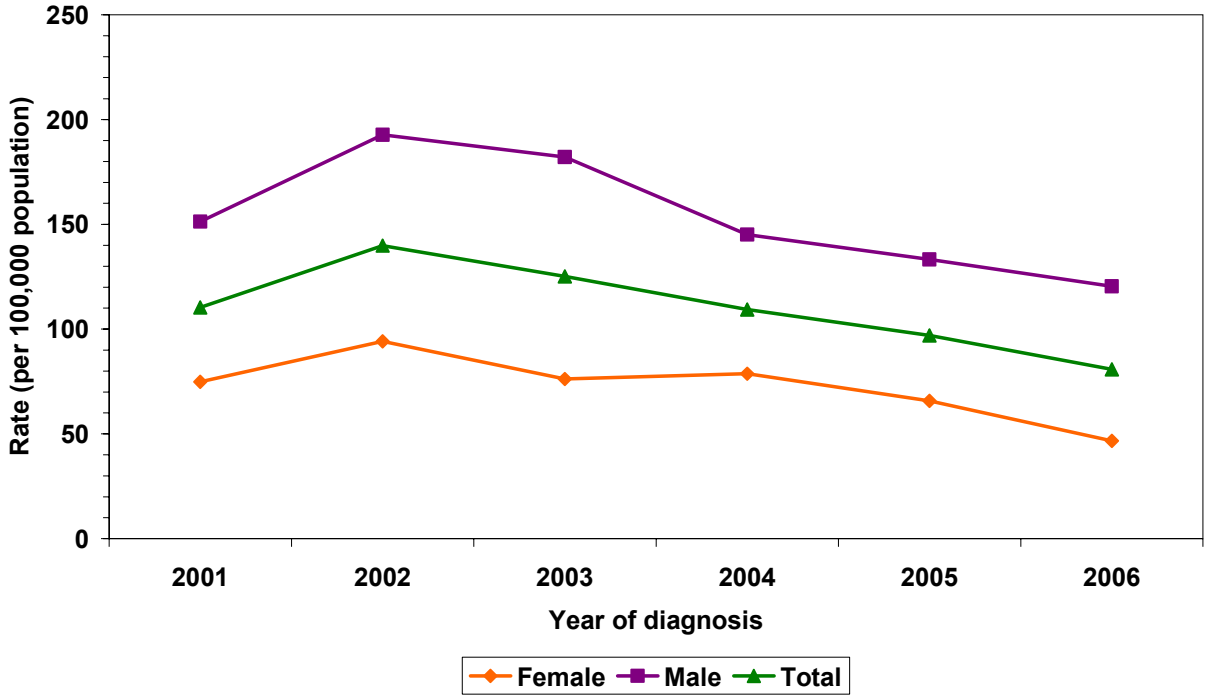
- According to 2006 Census estimates, 57% of the District population was black; however, blacks comprised 81% of the total HIV (not AIDS) cases reported between 2001 and 2006, and 92% and 75% of HIV (not AIDS) cases in women and men, respectively.
- Hispanics (2.2%) and whites (2.1%) had the second highest proportion of HIV (not AIDS) cases for females. The second highest proportion of cases among males was found among whites (15.8%).
- The smallest proportion of newly reported HIV (not AIDS) cases among both males and females were among Asians.

Figure 20. Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Age of Diagnosis – District of Columbia, 2001 - 2006



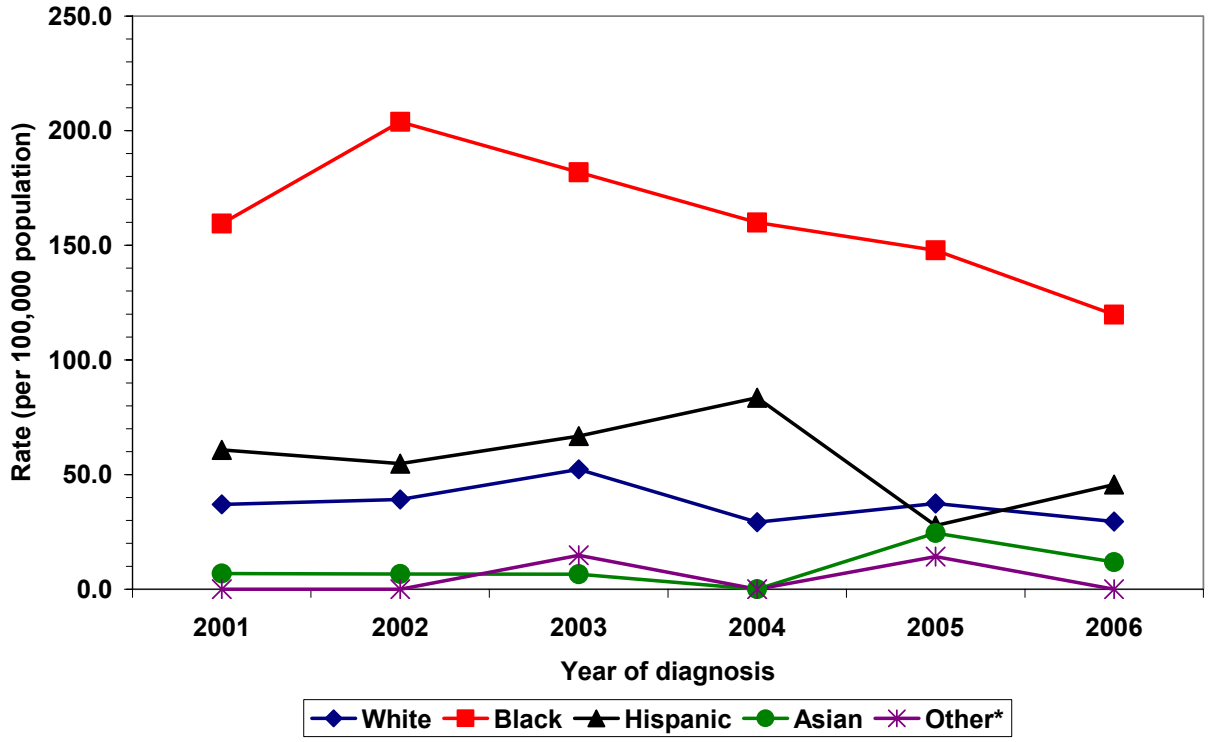
- Overall, 30 to 49 year olds made up the majority of newly reported HIV (not AIDS) cases between 2001 and 2006. During that timeframe, there were 1,037 newly reported HIV (not AIDS) cases among 30 to 39 year olds and 1,033 cases among 40 to 49 year olds, accounting for nearly two-thirds of all new HIV (not AIDS) cases.
- In 2004, the number of cases among 40 to 49 year olds exceeded that of 30 to 39 year olds and continued to remain higher than any other age group through 2006.
- The number of newly reported HIV (not AIDS) cases among 20 to 29 year olds was the third highest and has remained relatively stable from 2001 through 2006.
- From 2001 to 2006, both the youngest (13 to 19 year olds) and oldest age groups (60 and over) had the lowest numbers of newly reported HIV (not AIDS) cases, 84 cases and 105 cases respectively.
- In 2006, there were 129 newly reported HIV (not AIDS) cases among 40 to 49 year olds, 115 cases among 30 to 39 year olds, and 81 new cases among 20 to 29 year olds.

Figure 21. Rates of HIV (not AIDS) Cases among Adults and Adolescents by Year of Diagnosis and Sex - District of Columbia, 2001 - 2006



- The total rate of new HIV (not AIDS) cases among adults and adolescents in the District peaked in 2002 at 139.9 HIV (not AIDS) cases per 100,000 population.
- In 2006, the total rate declined to 80.8 HIV (not AIDS) cases per 100,000 population.
- The rate of new HIV (not AIDS) cases among males was consistently at least two times higher than the rate among females. In 2006, the HIV (not AIDS) rate among males was 120.4 cases per 100,000 population compared to 46.7 cases per 100,000 population among females.

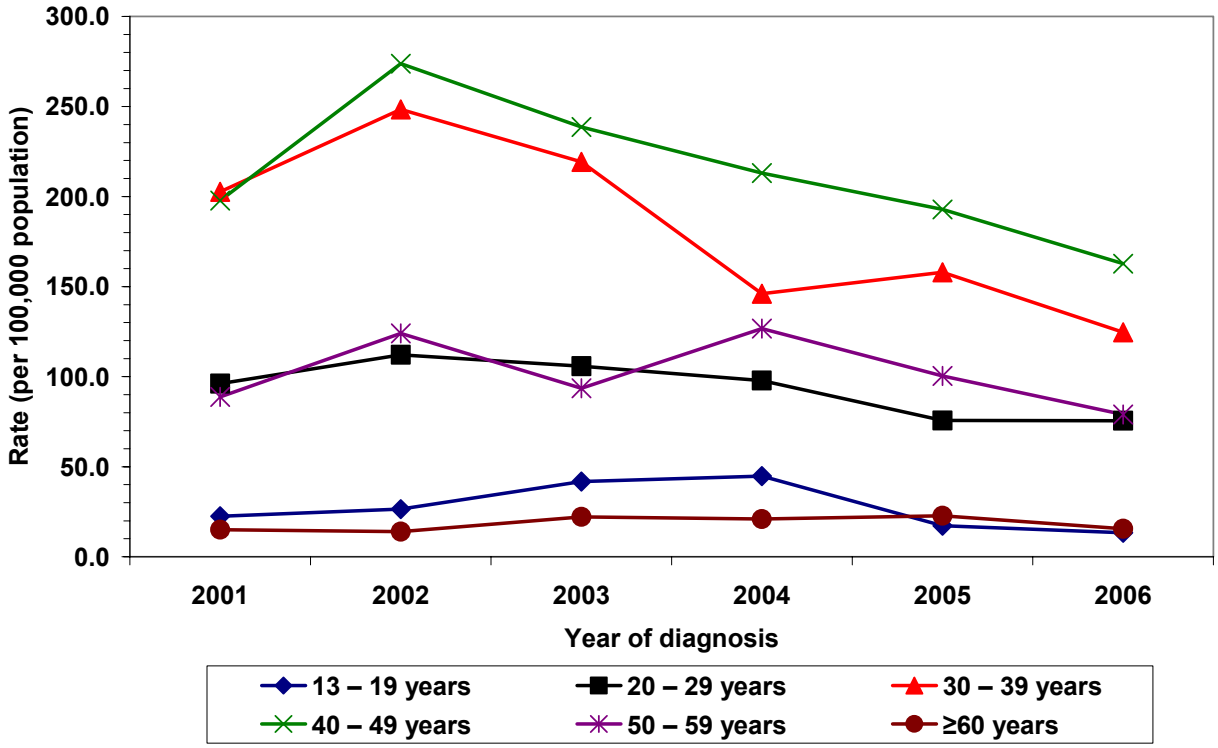
Figure 22. Rates of HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- The rate of newly reported HIV (not AIDS) cases among blacks was considerably and consistently higher than all other racial/ethnic groups. The rate decreased from its peak in 2002 from 203.9 cases per 100,000 population to 119.8 cases per 100,000 population in 2006.
- HIV (not AIDS) rates among the Hispanic population were the second highest during this time period, peaking in 2004 at 83.5 cases per 100,000 population. The rate among Hispanics decreased after 2004, but increased again in 2006 (45.7 cases per 100,000 population). This may be due to reporting delays or underreporting.
- Among whites, the rate of newly reported HIV (not AIDS) cases has ranged from 29.5 in 2006 to 52.3 cases per 100,000 population in 2004. The rates surpassed those of Hispanics in 2005 and then declined again. This trend could also be explained by underreporting.
- In 2006, the rate of newly reported HIV (not AIDS) cases among blacks was 2.6 times higher than that among Hispanics and 4.1 times higher than the rate among whites.

Figure 23. Rates of HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis - District of Columbia, 2001 - 2006



- The rate of newly reported HIV (not AIDS) cases was consistently highest among the 40 to 49 year old age group, followed by 30 to 39 year olds.
- The rate of newly reported HIV (not AIDS) cases was consistently lowest among those 60 years and older (range: 13.9 to 22.8 cases per 100,000 population) and those 13 to 19 years of age (range: 13.4 to 44.8 cases per 100,000 population).
- There was an overall decline in the rate of newly reported HIV (not AIDS) cases among 20 to 29 year olds and among 50 to 59 year olds.
- In 2006, the rates of newly reported HIV (not AIDS) cases among the 40 to 49 and 30 to 39 years olds were 162.7 and 124.7 cases per 100,000 population, respectively.

SECTION VI. AIDS DIAGNOSES

This section discusses newly diagnosed AIDS cases reported to DOH. Although AIDS case reporting began in the District in 1985, unless otherwise noted, AIDS cases in this section refer to all newly reported cases of AIDS received by the DOH who were diagnosed between January 1, 2001 and December 31, 2006.

SUMMARY

The number of AIDS cases reported in the last six years has remained relatively stable, aside from a peak in 2002 consistent with the start of HIV (not AIDS) reporting. Between 2001 and 2006, there were 4,678 new AIDS diagnoses among District residents. Delays in reporting most likely affected the numbers of AIDS cases in recent years, particularly for 2005 and 2006.

In 2005, the rate of newly reported AIDS cases in the District was 136.4 cases per 100,000 population, more than eight times the national AIDS case rate of 16.6 cases per 100,000 population as reported by CDC in 2005. When comparing the proportion of cases within racial and ethnic groups, whites, blacks, and Hispanics in the District had approximately three to four times the AIDS case rate of their national counterparts in 2005, the latest time national data was available. On average, the rate of newly reported AIDS cases among males in the District was consistently more than twice the rate among females, which is consistent with national data.

Overall, newly reported AIDS cases in the District have occurred predominantly among blacks and Hispanics, accounting for over 90% of all newly reported AIDS cases. Minorities were also over represented among young adults (13 to 29 year olds), with blacks and Hispanics comprising 93.3% of newly reported AIDS cases in that age group (n=571). Black men, who comprised only 25% of the District population, account for more than half (57.2%) of all new AIDS cases and over 70% of cases attributed to sexual contact with men who have sex with men. Black and Hispanic women comprise more than 30% of all newly reported AIDS cases in the District (n=1,427), disproportionate to national statistics on women and AIDS. White males had nearly13 times more AIDS cases compared to white females, while Hispanic males had slightly more than three times the number AIDS cases compared to Hispanic females. This disparity between males and females is less evident among blacks, with black males having approximately twice the number of AIDS cases as black females.

Among all newly diagnosed AIDS cases, MSM sexual contact was the most common mode of transmission (n=1,294), but heterosexual contact followed closely behind (n=1,241). Heterosexual contact constituted a higher proportion of newly reported AIDS cases among men in the District than among men nationally. Minorities were also over represented among injection drug users, with approximately 97% of AIDS cases reporting the mode of transmission as IDU being either black or Hispanic (n=996).

DETAILED DESCRIPTION

The following contains the detailed description of the newly reported AIDS cases in the District with tables, figures and specific data points.

TABULAR AND GRAPHICAL PRESENTATION OF AIDS CASES BY SEX, RACE/ETHNICITY, MODE OF TRANSMISSION, AND AGE AT DIAGNOSIS

Table 15. Number and Percentage of Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis, Race/Ethnicity, Sex, Mode of Transmission, and Age at Diagnosis - District of Columbia, 2001 - 2006

	2001		2002		2003		2004		2005		2006		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total	**673**	**100.0**	**975**	**100.0**	**841**	**100.0**	**810**	**100.0**	**679**	**100.0**	**700**	**100.0**	**4,678**	**100.0**
Sex														
Male	457	67.9	680	69.7	589	70.0	567	70.0	443	65.2	476	68.0	3,212	68.7
Female	216	32.1	295	30.3	252	30.0	243	30.0	236	34.8	224	32.0	1,466	31.3
Race/Ethnicity*														
White	60	8.9	78	8.0	72	8.6	54	6.7	42	6.2	55	7.9	361	7.7
Black	580	86.2	857	87.9	719	85.6	694	85.7	589	86.7	611	87.4	4,050	86.6
Hispanic	30	4.5	33	3.4	40	4.8	49	6.0	41	6.0	31	4.4	224	4.8
Asian	0	0.0	<3	--	3	0.4	<3	--	<3	0.3	0	0.0	7	0.1
Other*	3	0.4	6	0.6	6	0.7	12	1.5	5	0.7	<3	--	36	0.8
Mode of transmission														
MSM	197	29.3	309	31.7	250	29.7	206	25.4	142	20.9	190	27.1	1,294	27.7
IDU	137	20.4	191	19.6	167	19.9	188	23.2	206	30.3	134	19.1	1,023	21.9
MSM/IDU	28	4.2	33	3.4	24	2.9	27	3.3	22	3.2	24	3.4	158	3.4
Heterosexual	148	22.0	244	25.0	209	24.9	206	25.4	188	27.7	246	35.1	1,241	26.5
RNI	161	23.9	192	19.7	185	22.0	181	22.3	119	17.5	102	14.6	940	20.1
Other†	<3	--	6	0.6	6	0.7	<3	--	<3	--	4	0.6	22	0.5
Age at diagnosis														
13-19	<3	--	11	1.1	9	1.1	13	1.6	9	1.3	4	0.6	48	1.0
20-29	77	11.4	95	9.7	102	12.1	107	13.2	92	13.5	91	13.0	564	12.1
30-39	228	33.9	322	33.0	298	35.4	235	29.0	194	28.6	175	25.0	1,452	31.0
40-49	250	37.1	366	37.5	277	32.9	282	34.8	252	37.1	259	37.0	1,686	36.0
50-59	89	13.2	150	15.4	120	14.3	129	15.9	90	13.3	140	20.0	718	15.3
≥60	27	4.0	31	3.2	35	4.2	44	5.4	42	6.2	31	4.4	210	4.5

*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Between 2001 and 2006, there were 4,678 new reports of AIDS cases. Among these cases, males comprised a larger proportion of cases than females.
- Blacks consistently represented a higher proportion of newly reported AIDS cases than any other racial/ethnic group.
- Overall, the most reported mode of transmission among cases was MSM; however, in 2005, the highest proportion of AIDS cases was attributed to IDU; and in 2006, the highest proportion of AIDS cases was attributed to heterosexual contact.

- By age of diagnosis, the greatest proportion of AIDS cases was diagnosed when they were between the ages of 40 to 49 years old. However, it should be noted that the number of AIDS cases diagnosed between 50 to 59 year olds increased by nearly 60% between 2001 and 2006.

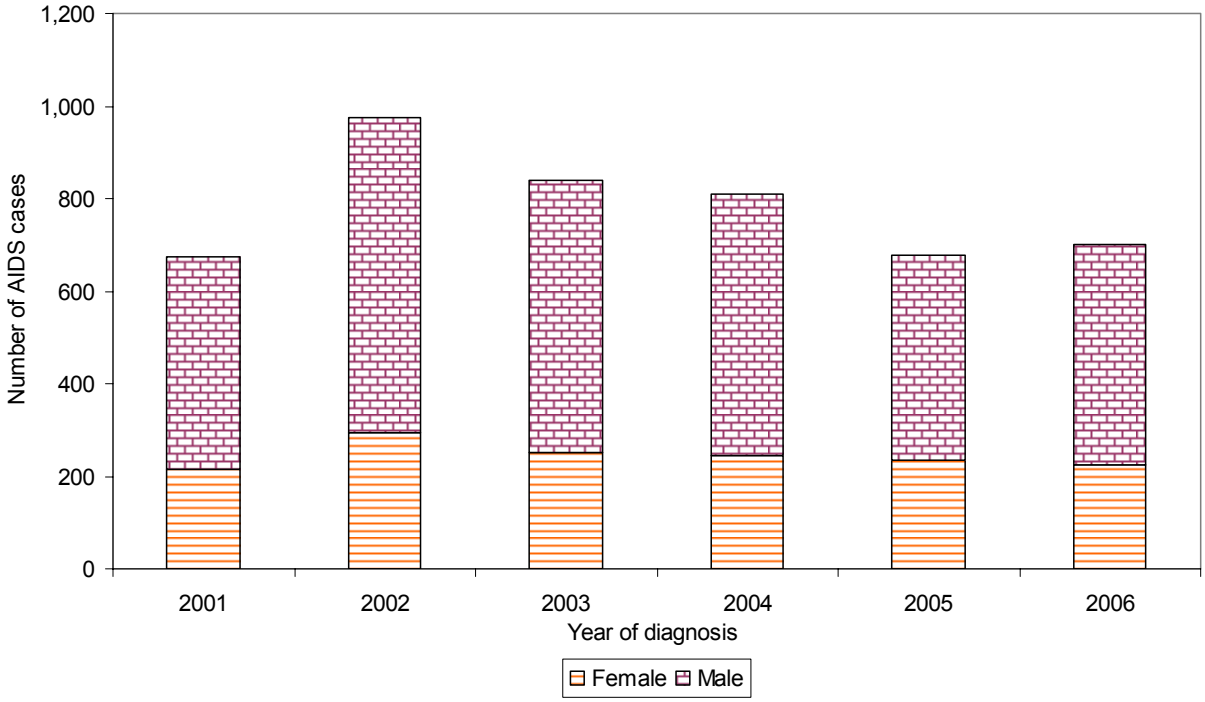
Table 16. Number and Percentage of Newly Reported AIDS Cases among Adults and Adolescents, by Race/Ethnicity, Sex, Mode of Transmission, and Age at Diagnosis - District of Columbia, 2001 - 2006, [N=4,678]

	White		Black		Hispanic		Asian		Other*		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Male												
MSM	261	77.9	928	34.7	89	51.7	<3	--	15	62.5	**1,294**	**40.3**
IDU	13	3.9	547	20.4	17	9.9	0	0.0	4	16.7	**581**	**18.1**
MSM/IDU	15	4.5	137	5.1	6	3.5	0	0.0	0	0.0	**158**	**4.9**
Heterosexual contact	12	3.6	512	19.1	33	19.2	<3	--	<3	--	**560**	**17.4**
RNI/Unknown	34	10.1	542	20.3	27	15.7	4	66.7	3	12.5	**610**	**19.0**
Other†	0	0.0	9	0.3	0	0.0	0	0.0	0	0.0	**9**	**0.3**
Subtotal	**335**	**100.0**	**2,675**	**100.0**	**172**	**100.0**	**6**	**100.0**	**24**	**100.0**	**3,212**	**100.0**
Female												
IDU	7	26.9	420	30.5	12	23.1	0	0.0	3	25.0	**442**	**30.2**
Heterosexual contact	14	53.8	631	45.9	29	55.8	<3	--	6	50.0	**681**	**46.5**
RNI/Unknown	5	19.2	312	22.7	10	19.2	0	0.0	3	25.0	**330**	**22.5**
Other†	0	0.0	12	0.9	<3	--	0	0.0	0	0.0	**13**	**0.9**
Subtotal	**26**	**100.0**	**1,375**	**100.0**	**52**	**100.0**	**<3**	**--**	**12**	**100.0**	**1,466**	**100.0**
Age at diagnosis												
13-19	0	0.0	44	1.1	4	1.8	0	0.0	0	0.0	**48**	**1.0**
20-29	37	10.2	479	11.8	44	19.6	0	0.0	4	11.1	**564**	**12.1**
30-39	138	38.2	1,214	30.0	87	38.8	4	57.1	9	25.0	**1,452**	**31.0**
40-49	115	31.9	1,495	36.9	60	26.8	<3	--	14	38.9	**1,686**	**36.0**
50-59	58	16.1	631	15.6	22	9.8	<3	--	6	16.7	**718**	**15.3**
≥60	13	3.6	187	4.6	7	3.1	0	0.0	3	8.3	**210**	**4.5**
Subtotal	**361**	**100.0**	**4,050**	**100.0**	**224**	**100.0**	**7**	**100.0**	**36**	**100.0**	**4,678**	**100.0**

*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.
† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

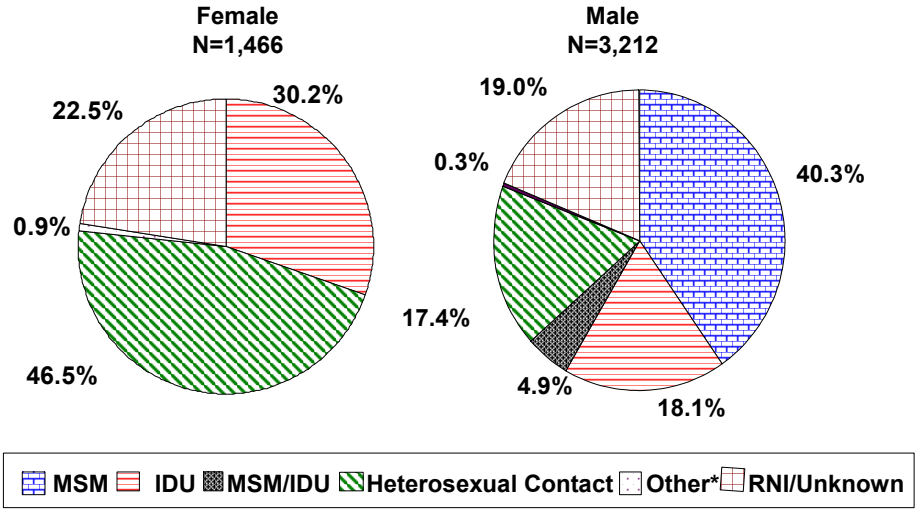
- Between 2001 and 2006, there were 4,678 new reports of AIDS cases reported to DOH. The majority of these newly reported cases was among black males (n= 2,675), followed by black females (n= 1,375) and white males (n=335).
- Among males, 40.3% of newly reported AIDS cases were attributed to MSM, and this was the leading mode of transmission among white, black, and Hispanic males.
- Among females, 46.5% of newly reported AIDS cases were attributed to heterosexual contact, and this was the leading mode of transmission among all racial and ethnic groups.
- Overall, the greatest number of newly reported AIDS cases were among 40 to 49 year olds (36.0%) followed by 30 to 39 year olds (31.0%). However, among whites, Hispanics and Asians, the highest proportion of newly reported AIDS cases were among 30 to 39 year olds, whereas it was highest among 40 to 49 year olds for blacks and those of other races.

Figure 24. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Sex - District of Columbia, 2001 - 2006



- Between 2002 and 2005, the total number of newly reported AIDS cases in the District declined. This overall decline may be due to a combination of increased use of HAART and prophylactic medications and by underreporting or delays in reporting in recent years.
- The number of AIDS cases reported among males and females peaked in 2002, with 680 and 295 new reports of AIDS, respectively.
- In 2006, there were 476 new reports of AIDS cases among males and 224 cases among females, a ratio of two male cases to each female case.

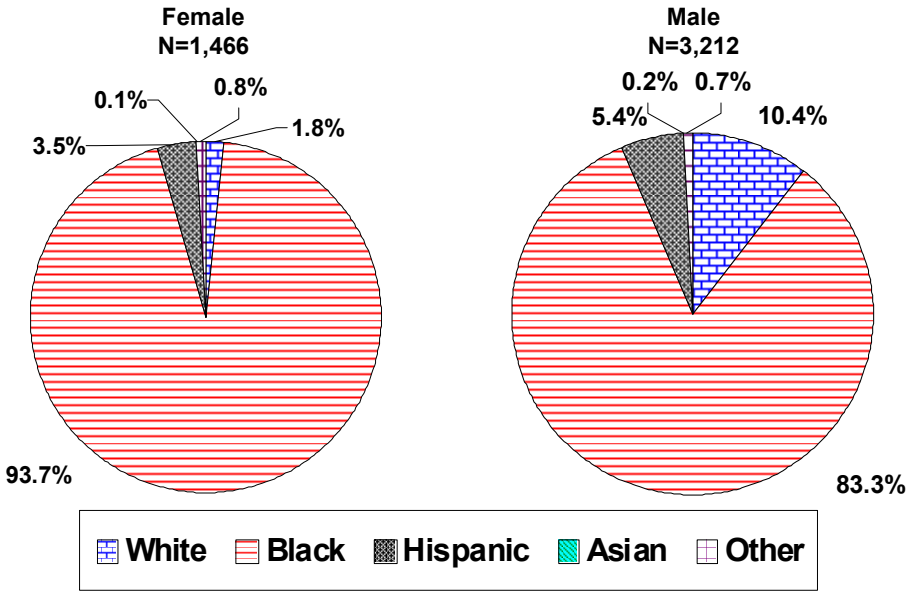
Figure 25. Proportion of Newly Reported AIDS Cases among Adults and Adolescents, by Sex and Mode of Transmission - District of Columbia, 2001 - 2006



* Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Although 22.5% of newly reported AIDS cases among females had RNI between 2001 and 2006, the highest proportion of newly reported AIDS cases among females were among heterosexuals (46.5%), followed by IDU (30.2%).
- During the same time period, transmission attributed to MSM accounted for 40.3% of all newly reported male AIDS cases.
- Proportions of mode of transmission were similar among men for IDU (18.1%), heterosexuals (17.4%), and those with RNI (19.0%).

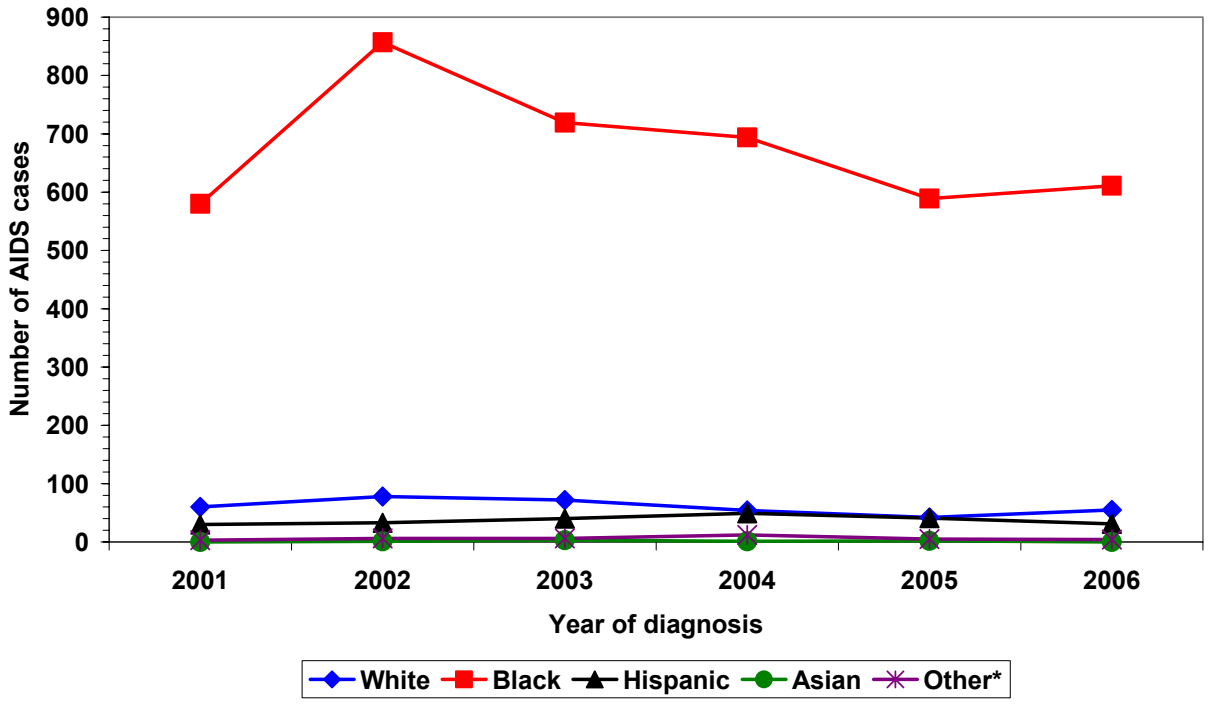
Figure 26. Proportion of Newly Reported AIDS Cases among Adults and Adolescents, by Race/ethnicity and Sex - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

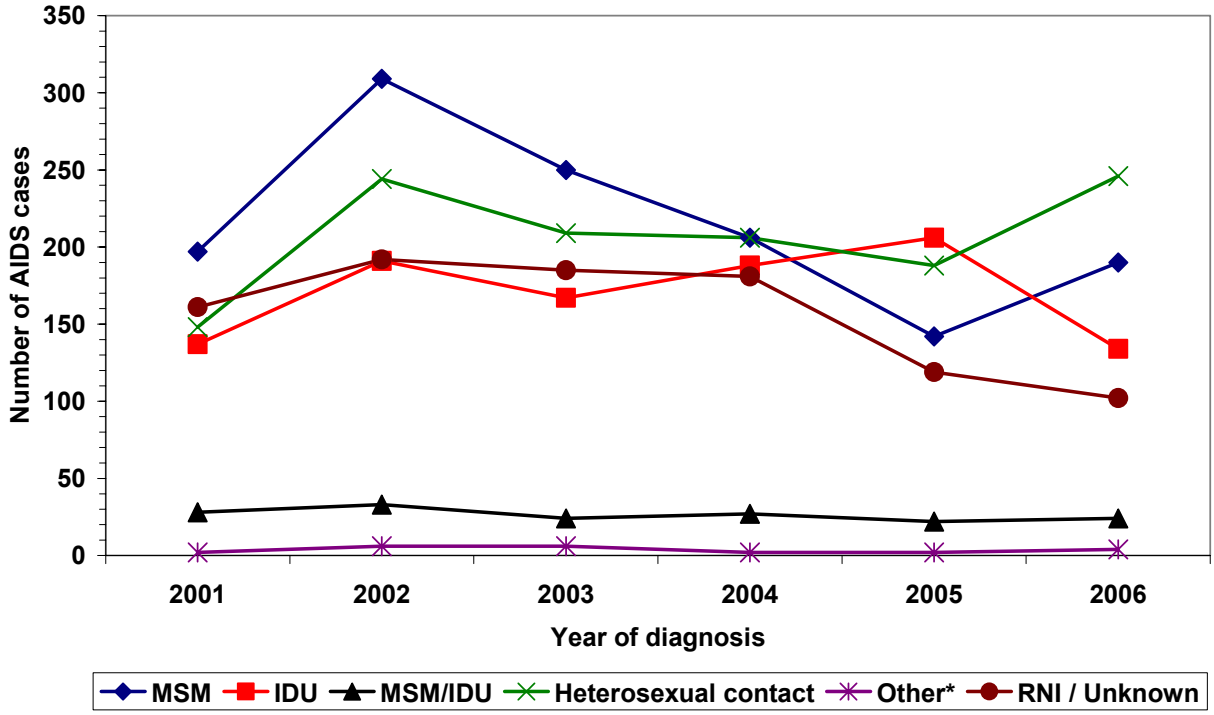
- Racial and ethnic minorities are disproportionately affected by AIDS in comparison to their distribution in the District's population. Although black and Hispanic males and females were estimated to account for 63.3% and 66% of the population, respectively, they accounted for 97.2% of all new reports of AIDS cases among women and 88.7% among men.
- Between 2001 and 2006, the majority of newly reported AIDS cases were among black males and females.
- Asians, both males and females, had the lowest proportion of newly reported AIDS cases.

Figure 27. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity - District of Columbia, 2001 - 2006



- Blacks were over represented among new cases of AIDS reported between 2001 and 2006, accounting for between 9.5 and 10 times the number of new reports of AIDS cases among whites in any given year.
- Whites had the second highest number of new reports of AIDS cases among racial and ethnic groups.
- New reports of AIDS cases among Hispanics were always lower than among whites, although this difference was minimal in 2004 and 2005.
- The number of new reports of AIDS peaked among blacks in 2002. From 2002 to 2005, there was a steady decline in the number of new reports of AIDS cases among this racial group; however, in 2006, the number began to increase once again. The decrease from 2002 to 2005 may be due to delays in reporting or underreporting of cases in those years.

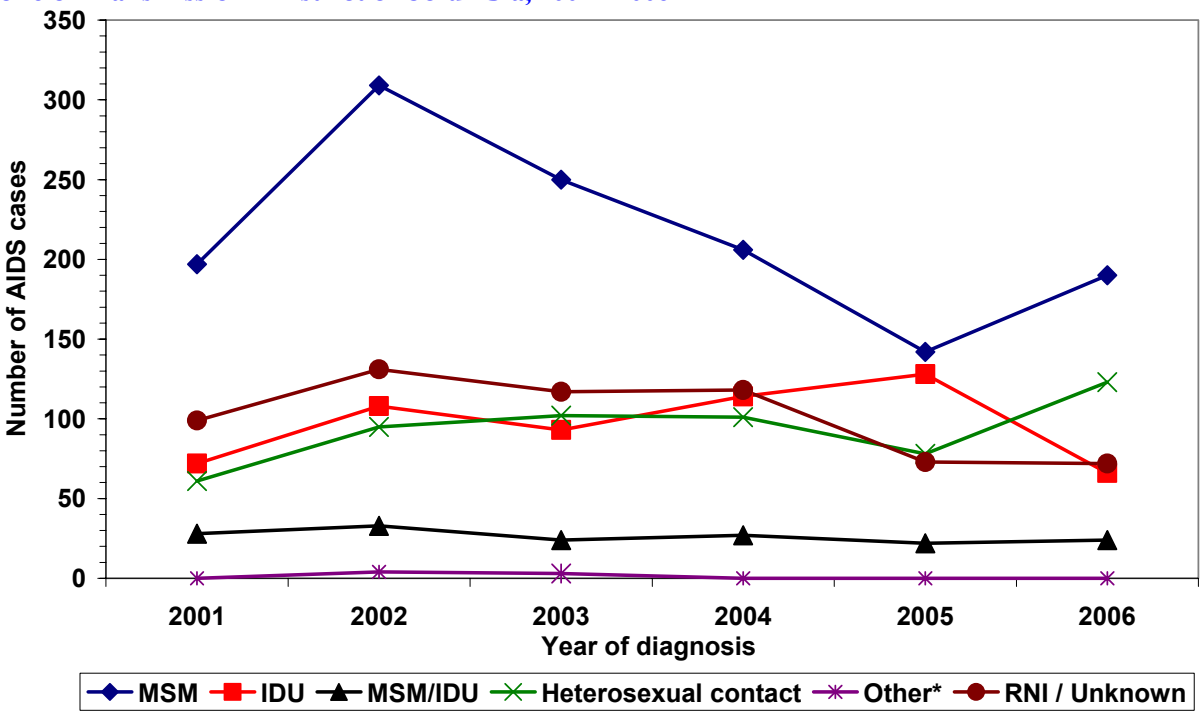
Figure 28. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Mode of Transmission - District of Columbia, 2001- 2006



* Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Between 2001 and 2006, MSM sexual contact was the most common mode of transmission reported among newly reported AIDS cases (n=1,294). Heterosexual transmission was the second most common mode of transmission (n=1,241), followed by IDU (n=1,023).
- After 2002, there was a steady decline in the number of newly reported AIDS cases among MSM, however between 2005 and 2006, there was a 33.8% increase in the number of newly reported MSM AIDS cases.
- Between 2003 and 2005, there was an increase in the number of newly reported AIDS cases among those with infection attributed to IDU, with this mode being the most common mode of transmission in 2005.
- The number of newly reported AIDS cases among heterosexuals was highest in 2006 (n=246), increasing by 30.8% since 2005.

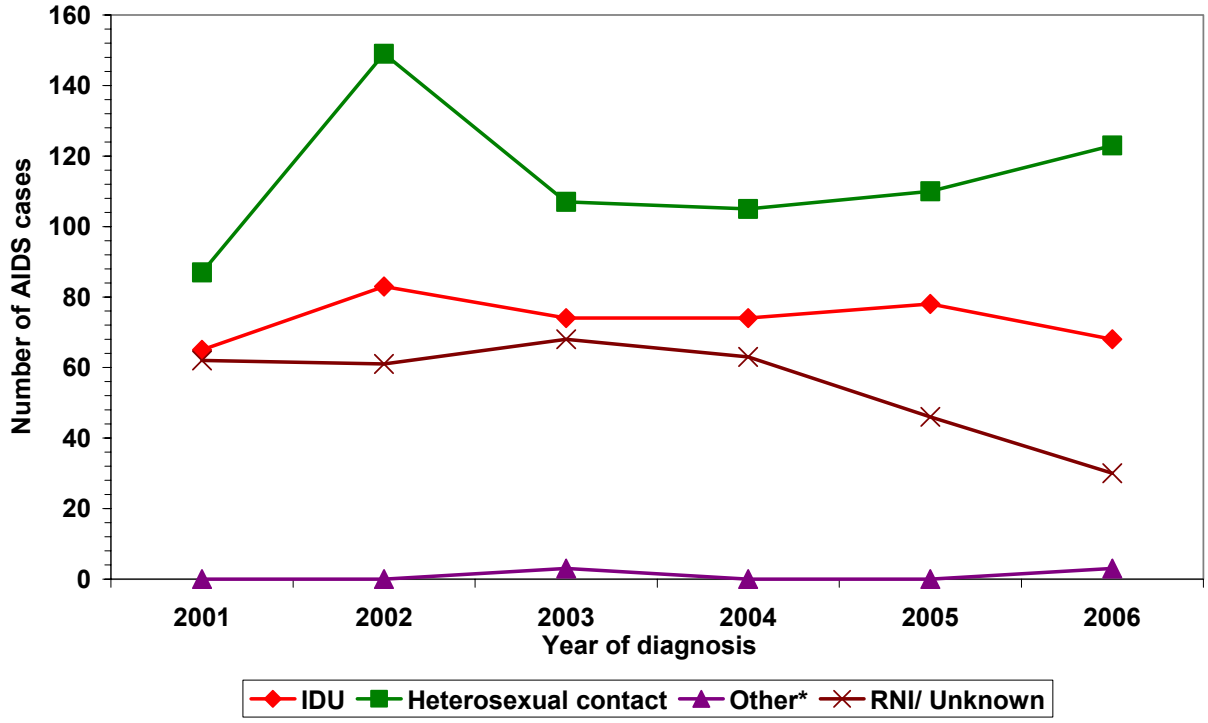
Figure 29. Newly Reported AIDS Cases among Adult and Adolescent Males, by Year of Diagnosis and Mode of Transmission - District of Columbia, 2001 - 2006



* Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Among adult and adolescent males with newly reported AIDS cases, the most reported mode of transmission was among MSM from 2001 to 2006 (n=1,294).
- RNI cases were the second most reported mode between 2001 and 2004, after which IDU and heterosexual contact were second and/or third.
- By the end of 2006, heterosexual contact was the second most reported mode of transmission among males newly reported with AIDS.
- There was a large increase in the number of newly reported male AIDS cases attributed to heterosexual sexual contact, with 78 cases in 2005 and 123 in 2006, a 57.7% increase.
- After a decline in transmission attributed to MSM sexual contact between 2002 and 2005, there was an increase in 2006, with 190 newly reported AIDS cases.
- There was a decline in all cases attributed to IDU between 2005 and 2006.
- At the end of 2006, new reports of AIDS attributed to MSM sexual contact remained the most reported mode of transmission among males (n=190), followed by heterosexual contact (n=123), those with RNI (n=72) and then IDU (n=66).

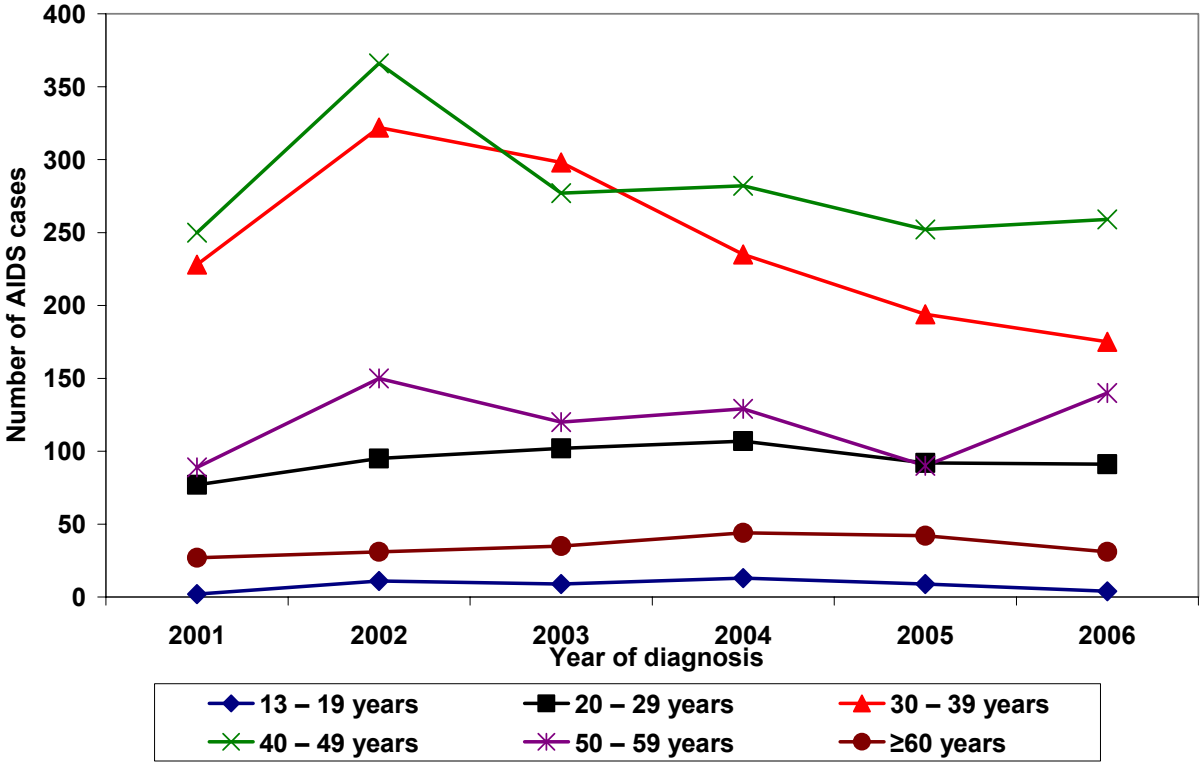
Figure 30. Newly Reported AIDS Cases among Adult and Adolescent Females, by Year of Diagnosis and Mode of Transmission - District of Columbia, 2001 - 2006



* Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

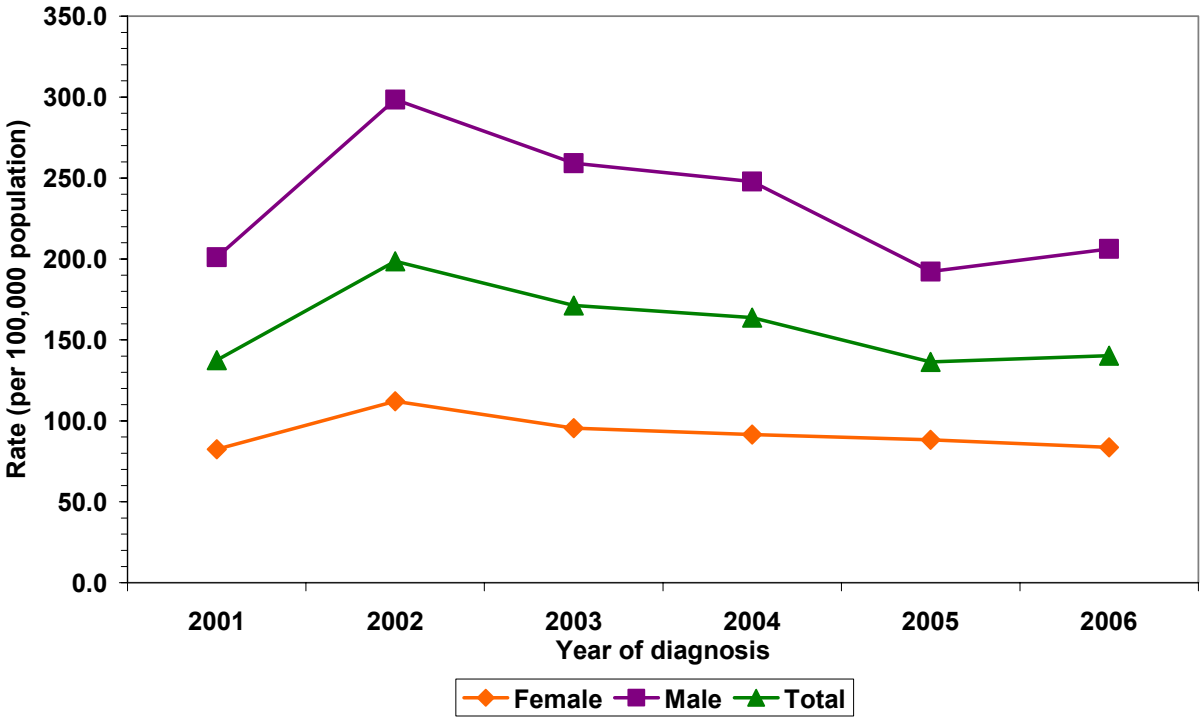
- Most new reports of AIDS among adult and adolescent females were attributed to heterosexual contact (n=681), followed by IDU (n=442).
- RNI cases accounted for between 13.4% and 26.9% of female cases between 2001 and 2006. The number of RNI cases also declined after 2003, and a proportion of these cases are assumed to be attributable to heterosexual contact.
- The number of cases in women attributed to heterosexual contact declined between 2002 and 2004, then increased steadily after 2004.
- Between 2001 and 2006, the number of cases attributed to IDU remained relatively stable.

Figure 31. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis - District of Columbia, 2001 - 2006



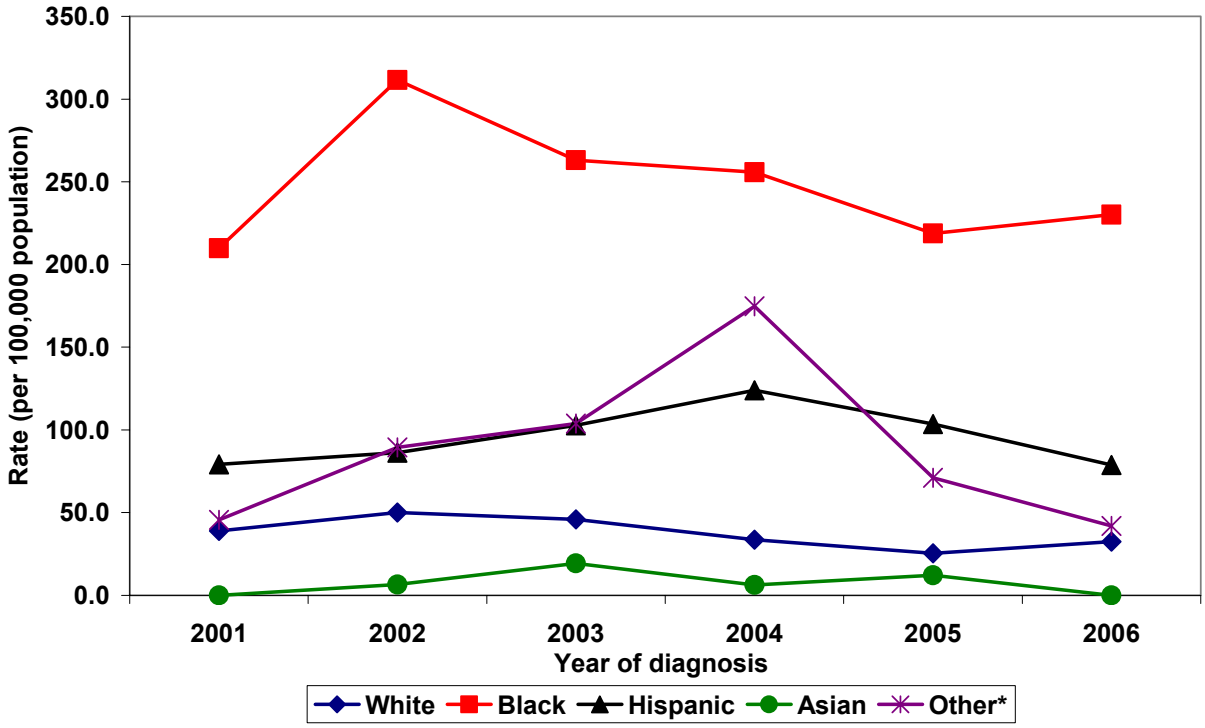
- Between 2001 and 2006, people aged 40 to 49 had the highest number of newly reported AIDS cases compared to other age groups, with the exception of 2003, when the highest number of newly reported AIDS cases was among those aged 30 to 39. Both age categories have seen declines in the number of new reported cases since 2002, whereas other age groups have remained relatively stable.
- The number of cases among 50 to 59 year olds remained relatively stable until 2005, after which there was a 55.6% increase in newly diagnosed cases.
- Among 13 to 19 year olds, 20 to 29 year olds, and those 60 and older, the number of cases has remained relatively stable. Adolescents (13 to 19 year olds) and those ages 60 and older consistently had the lowest number of newly reported AIDS cases.

Figure 32. Rate of Newly Reported AIDs Cases among Adults and Adolescents, by Year of Diagnosis and Sex - District of Columbia, 2001 - 2006



- The overall rate of new AIDS cases peaked in 2002 at 199 cases per 100,000 population.
- Since 2002, the overall rate has steadily declined to a rate of 140 cases per 100,000 population in 2006; however this is 10 times greater than the CDC reported national rate for newly reported AIDS cases in 2005, the most current year data is available. This decline may be due to underreporting or delays in reporting in recent years.
- A similar trend in rates of newly reported AIDS cases was seen among both males and females. The rate among District males was consistently higher than that among females. In 2002, the rate of newly reported AIDS cases among males (298.4 cases per 100,000 population) was more than 2.5 times that of females (112.1 cases per 100,000 population).
- In 2006, the rate of newly reported AIDS cases among males and females was 206.2 and 83.6 cases per 100,000 population, respectively.

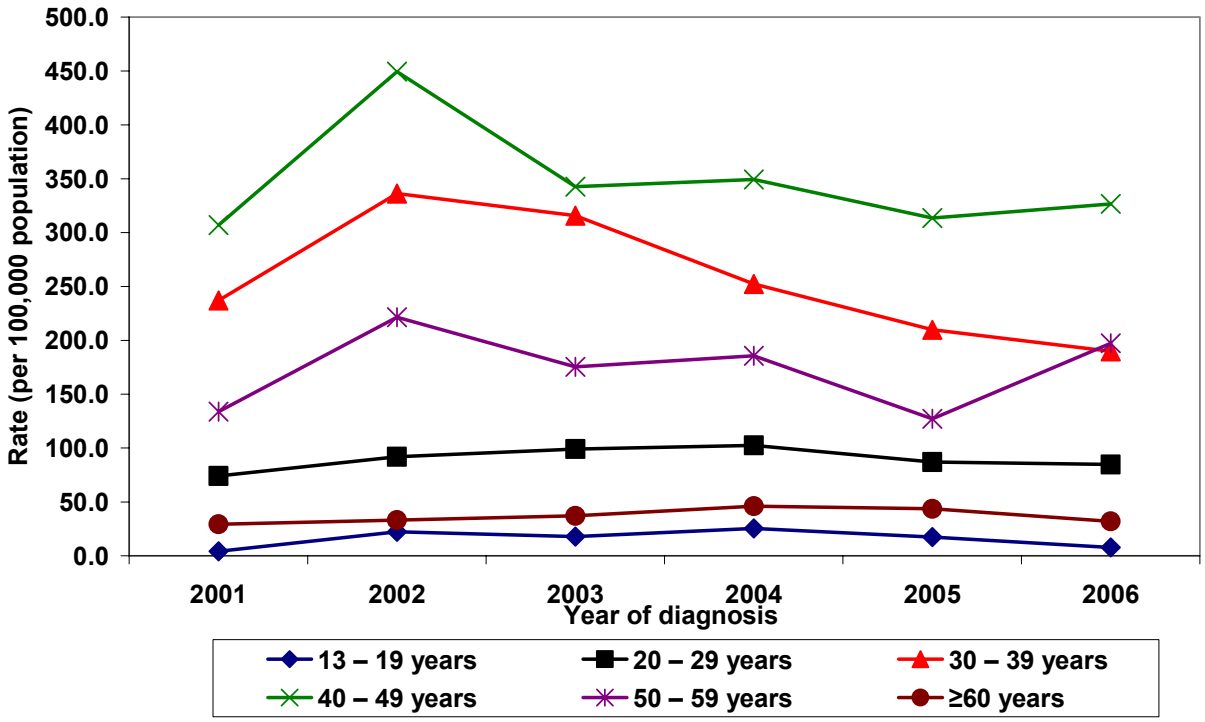
Figure 33. Rate of Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- The rate of newly reported AIDS cases among blacks was considerably and consistently higher than the rate among all other racial/ethnic groups. The rate among blacks peaked in 2002 at 311.5 cases per 100,000 population.
- In 2004, the rate of newly reported AIDS cases for Alaskan Natives, Pacific Islanders, American Indians, Native Hawaiians, and those of other races was 174.7 cases per 100,000 population. Although this rate was second only to blacks this year, the number of AIDS cases in this group was less than 25 for that year.
- By the end of 2006, the rate among blacks (230.1 cases per 100,000 population) was 2.9 times higher than the rate among Hispanics (78.7 cases per 100,000 population) and was 7.1 times higher than the rate among whites (32.4 cases per 100,000 population).
- The rate of newly reported AIDS cases among Asians was consistently the lowest.

Figure 34. Rate of Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Age at Diagnosis - District of Columbia, 2001 - 2006



- The rate of newly reported AIDS cases was consistently highest among 40 to 49 year olds compared to all other age groups from 2001 through 2006.
- In 2006, the rate of newly reported AIDS cases was highest among 40 to 49 years old at 326.6 cases per 100,000 population. The lowest rate of 7.7 cases per 100,000 population was found among 13 to 19 year olds.
- From 2005 to 2006, there was a marked increase in the rate of newly reported AIDS cases among 50 to 59 year olds from 127.2 cases in 2005 to 197.4 cases per 100,000 in 2006. This increase coupled with a consistent decrease in the rates among 30 to 39 year olds, narrowed the gap in rates between these two age groups in 2006.
- The rates of newly reported AIDS cases among 13 to 19 year olds, 20 to 29 year olds, and those 60 years old and older remained relatively stable between 2001 and 2006.

SECTION VII. PERSONS LIVING WITH AIDS

This section of the report discusses AIDS prevalence or those living with AIDS. AIDS prevalence refers to all persons in the District who were reported to DOH with a diagnosis of AIDS and were living as of December 31, 2006. These persons could have been diagnosed with AIDS any time prior to or on December 31, 2006.

SUMMARY

At the end of 2006, there were 8,368 people living with AIDS in the District, an increase of 42.9% from 2001 to 2006. This increase was most likely due to the increased use of life-prolonging HIV (not AIDS) medications. The rate of living AIDS cases in the District in 2006 was 1,677.6 persons living with AIDS per 100,000 population, 9.6 times the national rate in 2005 (174.5 cases per 100,000 population). In the District, most persons living with AIDS (70.8%) were diagnosed between the ages of 30 and 49 years of age.

Males made up greater than 70% of all cases living with AIDS, consistent with national trends. Black males, who comprise only 24.8% of the District population, accounted for more than half (56.0%) of all prevalent AIDS cases. After black males, black females (25.2%) and white males (11.9%) made up the second and third largest proportions of living AIDS cases, respectively.

When comparing by sex, males consistently had higher numbers of AIDS cases than females across all racial and ethnic groups. There were 14 times the number of white males living with AIDS compared to white females; while among Hispanics, the number of males living with AIDS was almost five times that of Hispanic females. However, this disparity between males and females was less pronounced among blacks, with black males having just 2.2 times the number of AIDS cases as black females.

Although blacks and Hispanics made up 63.6% of the total District population, they were overrepresented among prevalent AIDS cases, comprising 86.4% of living AIDS cases in the District (n=7,226). This over representation of cases among blacks and Hispanics has been seen throughout the United States, with 44% and 19% of living AIDS cases being found among each of these racial/ethnic groups, respectively; however, among District residents, there is a larger impact proportionally among these two minority populations. In 2006, in the District, the AIDS prevalence rate among blacks was 2,558.4 living cases per 100,000 population, among Hispanics, 1,099.6 cases per 100,000 population, and among whites 630.3 cases per 100,000 population, respectively. By 2006, the rates among blacks were 2.3 times higher than that among Hispanics and 4.1 times higher than the rate among whites.

According to CDC data, in 2005, 45.4% of those persons living with AIDS had infection attributed to MSM sexual contact, followed by 22.6% who were infected thought IDU and 65.0% of women had infection attributed to heterosexual sexual contact. In the District, similar trends were observed. By the end of 2006, a decreasing proportion of those living with AIDS had been infected through MSM contact (36.7% in 2006) and an increasing proportion had AIDS attributed to heterosexual contact (26.2% in 2006). Among women living with AIDS, 54.1% had been infected through heterosexual contact.

DETAILED DESCRIPTION

The following contains the detailed description of persons living with AIDS in the District with tables, figures and specific data points.

Table 17. Number of Adults and Adolescents Living with AIDS, by Year, Sex, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis - District of Columbia, 2001 - 2006

	2001		2002		2003		2004		2005		2006	
	N	%	N	%	N	%	N	%	N	%	N	%
Total	5,855	100	6,534	100	7,080	100	7,591	100	7,972	100	8,368	100
Sex												
Male	4,562	77.9	4,995	76.4	5,345	75.5	5,666	74.6	5,866	73.6	6,087	72.7
Female	1,293	22.1	1,539	23.6	1,735	24.5	1,925	25.4	2,106	26.4	2,281	27.3
Race/Ethnicity												
White	1,101	18.8	1,113	17.0	1,120	15.8	1,112	14.6	1,092	13.7	1,070	12.8
Black	4,447	76.0	5,084	77.8	5,585	78.9	6,049	79.7	6,408	80.4	6,793	81.2
Hispanic	274	4.7	298	4.6	326	4.6	368	4.8	403	5.1	433	5.2
Asian	<3	--	3	0.0	6	0.1	7	0.1	9	0.1	9	0.1
Other*	30	0.5	35	0.5	41	0.6	53	0.7	58	0.7	60	0.7
Mode of transmission												
MSM	2,736	46.7	2,893	44.3	2,988	42.2	3,050	40.2	3,041	38.1	3,068	36.7
IDU	1,530	26.1	1,648	25.2	1,739	24.6	1,845	24.3	1,980	24.8	2,039	24.4
MSM/IDU	295	5.0	308	4.7	309	4.4	316	4.2	322	4.0	327	3.9
Heterosexual contact	1,044	17.8	1,328	20.3	1,587	22.4	1,798	23.7	1,962	24.6	2,195	26.2
RNI	202	3.5	304	4.7	400	5.6	525	6.9	612	7.7	684	8.2
Other†	48	0.8	53	0.8	57	0.8	57	0.8	55	0.7	55	0.7
Age at diagnosis												
13-19	50	0.9	61	0.9	70	1.0	83	1.1	90	1.1	92	1.1
20-29	972	16.6	1,022	15.6	1,090	15.4	1,149	15.1	1,196	15.0	1,246	14.9
30-39	2,521	43.1	2,719	41.6	2,887	40.8	3,008	39.6	3,067	38.5	3,103	37.1
40-49	1,820	31.1	2,104	32.2	2,284	32.3	2,475	32.6	2,644	33.2	2,820	33.7
50-59	413	7.1	529	8.1	625	8.8	717	9.4	784	9.8	897	10.7
≥60	79	1.3	99	1.5	124	1.8	159	2.1	191	2.4	210	2.5

* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Between 2001 and 2006, the number of those living with AIDS increased by 42.9%. This is most likely due to increased use of HAART and prophylactic therapies leading to delayed progression from AIDS to death.
- Among those living with AIDS, males made up a larger proportion of cases than females, a ratio of 2.7 male cases to each female case. However, the proportion of women living with AIDS has increased by 76.4% over the past 6 years.
- Increases in the number of persons living with AIDS occurred in all racial/ethnic groups with the exception of whites, in which the number of cases decreased by 31 cases from 2001 to 2006.

- Blacks consistently represented a higher proportion of persons living with AIDS than any other racial/ethnic group. Although blacks account for just over half of all District residents, the proportion of people living with AIDS who are black increased from 76% in 2001 to 81.2% in 2006.
- Overall the most reported mode of transmission was attributed to MSM sexual contact. In 2006, MSM accounted for 36.7% of all living AIDS cases, a reduction from 46.7% in 2001.
- Among those living with AIDS, the number of cases attributed to heterosexual contact more than doubled from 1,044 cases in 2001 to 2,195 cases in 2006.
- IDU and MSM/IDU accounted for 28.3% of all living AIDS cases in 2006.
- Over 70% those living with AIDS in 2006 were between the ages of 30 to 49 years old.

Table 18. Number of Adults and Adolescents Living with AIDS, by Race/Ethnicity, Sex, Mode of Transmission and Age at Diagnosis - District of Columbia, 2006, [N=8,368]

	White		Black		Hispanic		Asian		Other*		Total	
Sex	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Males	999	93.4	4,681	68.9	357	82.4	8	88.9	40	66.7	6,087	72.3
Females	71	6.6	2,112	31.1	76	17.6	<3	--	20	33.3	2,281	27.7
Total	1,070	100.0	6,793	100.0	433	100.0	9	100.0	60	100.0	8,368	100.0
Mode of transmission	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
MSM	853	79.7	1,970	29.0	209	48.2	3	33.3	33	55.0	3,068	36.7
IDU	56	5.2	1,934	28.5	41	9.5	0	0.0	8	13.3	2,039	24.4
MSM/IDU	39	3.6	275	4.0	13	3.0	0	0.0	0	0.0	327	3.9
Heterosexual contact	67	6.3	1,990	29.3	122	28.2	3	33.3	13	21.7	2,195	26.2
Risk Not Identified (RNI)	50	4.7	581	8.6	45	10.4	3	33.3	5	8.3	684	8.2
Other†	5	0.5	43	0.6	3	0.7	0	0.0	<3	--	55	0.6
Total	1,070	100.0	6,793	100.0	433	100.0	9	100.0	60	100.0	8,368	100.0
Age at diagnosis	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
13-19	<3	--	83	1.2	7	1.6	0	0.0	0	0.0	92	1.1
20-29	142	13.3	993	14.6	97	22.4	<3	--	13	21.7	1,246	14.9
30-39	471	44.0	2,440	35.9	168	38.8	5	55.6	19	31.7	3,103	37.1
40-49	328	30.7	2,353	34.6	114	26.3	<3	--	22	36.7	2,819	33.7
50-59	111	10.4	742	10.9	38	8.8	<3	11.1	3	5.0	895	10.7
≥60	16	1.5	182	2.7	9	2.1	0	0.0	3	5.0	210	2.5
Total§	1,070	100.0	6,793	100.0	433	100.0	9	100.0	60	100.0	8,365	100.0

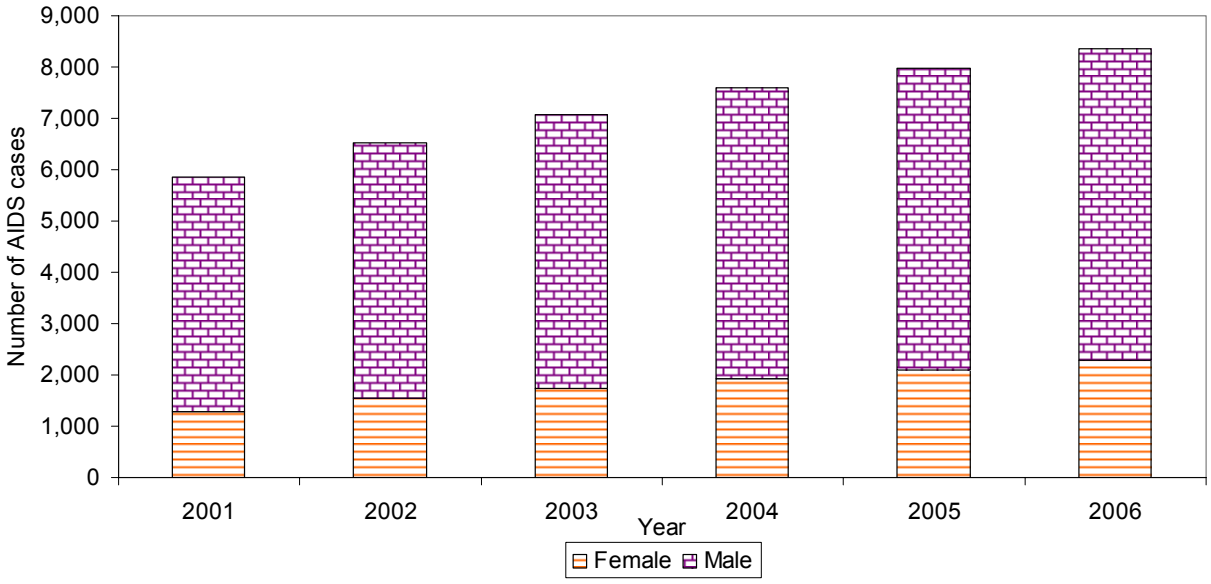
* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

§ For three cases the year of diagnosis was unable to be determined.

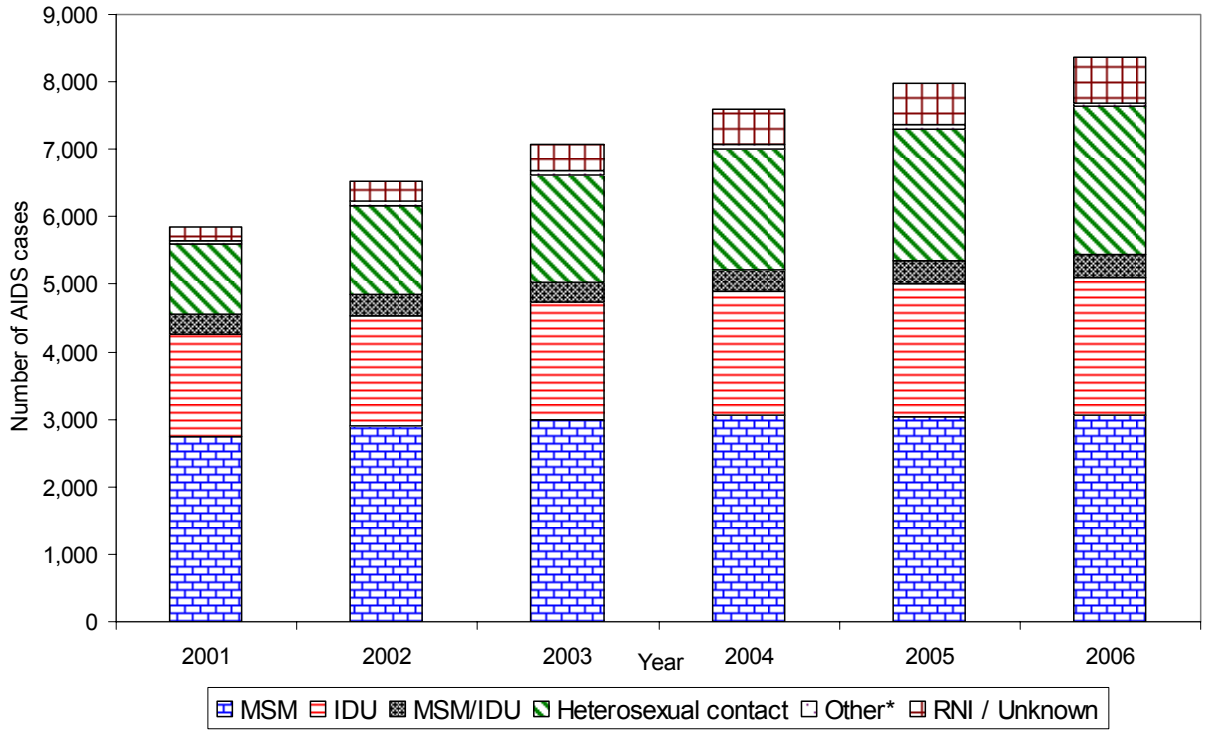
- At the end of 2006, 8,368 District adults and adolescents were living with AIDS; of those, 72.3% were males and 81.2% were black.
- The most commonly reported mode of transmission among persons living with AIDS was MSM sexual contact (36.7%), followed by heterosexual contact (26.2%) and IDU (24.4%).
- Among whites and Hispanics living with AIDS, cases attributed to MSM were the leading mode of transmission (79.7% and 48.2%, respectively). Among blacks living with AIDS, cases attributed to heterosexual contact and MSM sexual contact were the leading modes of transmission (29.3% and 29.0%, respectively), followed closely by IDU (28.5%).
- Thirty to 39 year olds made up the largest proportion of cases living with AIDS (37.1%), followed by 40 to 49 year olds (33.7%). This trend was found among whites, blacks, Hispanics, and Asians.

Figure 35. Number of Adults and Adolescents Living with AIDS, by Year and Sex - District of Columbia, 2001 - 2006



- Between 2001 and 2006, the number of adults and adolescents living with AIDS increased by 42.9%, from 5,855 cases in 2001 to 8,368 cases in 2006.
- Throughout this time period, the majority of those cases were among males. The male to female ratio was 3.5 cases in 2001 and decreased to 2.7 cases in 2006, indicating that a higher proportion of women were living with AIDS than in previous years.
- In 2006, there were 6,087 (72.7%) adult and adolescent males living with AIDS and 2,281 (27.3%) females living with AIDS.

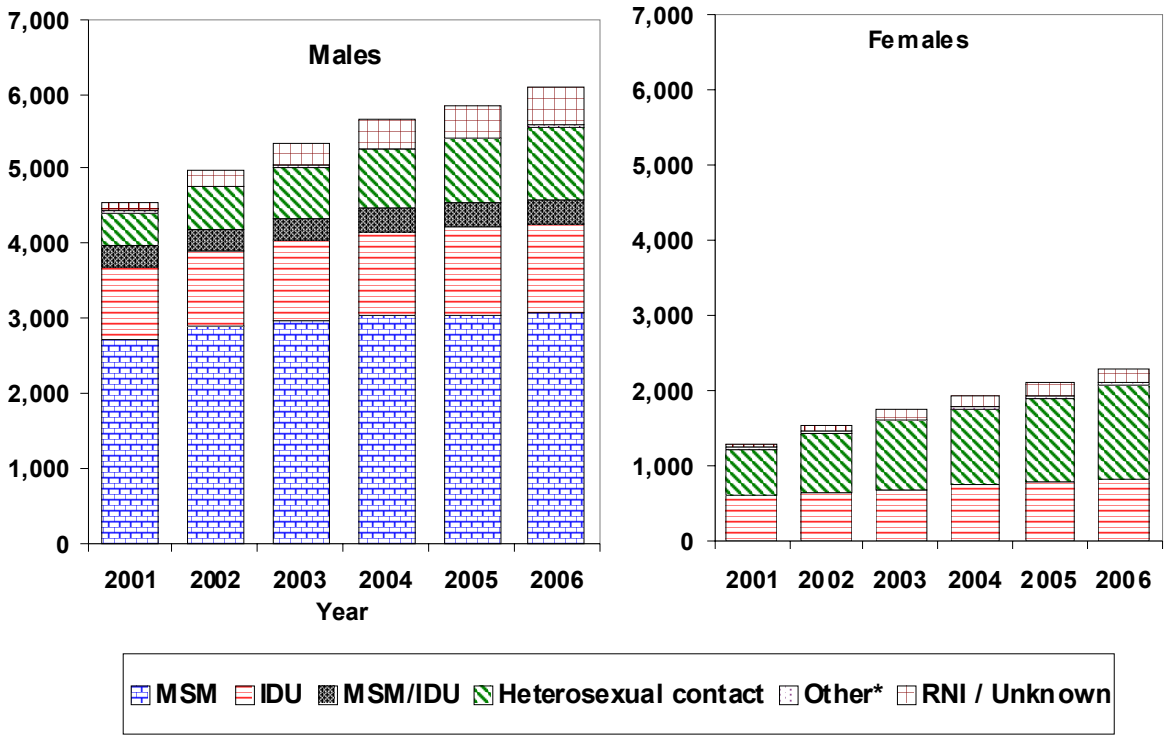
Figure 36. Number of Adults and Adolescents Living with AIDS, by Year and Mode of Transmission - District of Columbia, 2001 - 2006



*Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Between 2001 and 2006 among persons living with AIDS, the highest number of cases was consistently among those attributed to MSM sexual contact, followed by heterosexual contact and IDU.
- The number of cases among each transmission category increased between 2001 and 2006.
- The largest proportional increase in the number of cases where mode of transmission was known from 2001 to 2006 was among those cases attributed to heterosexual contact (110%).

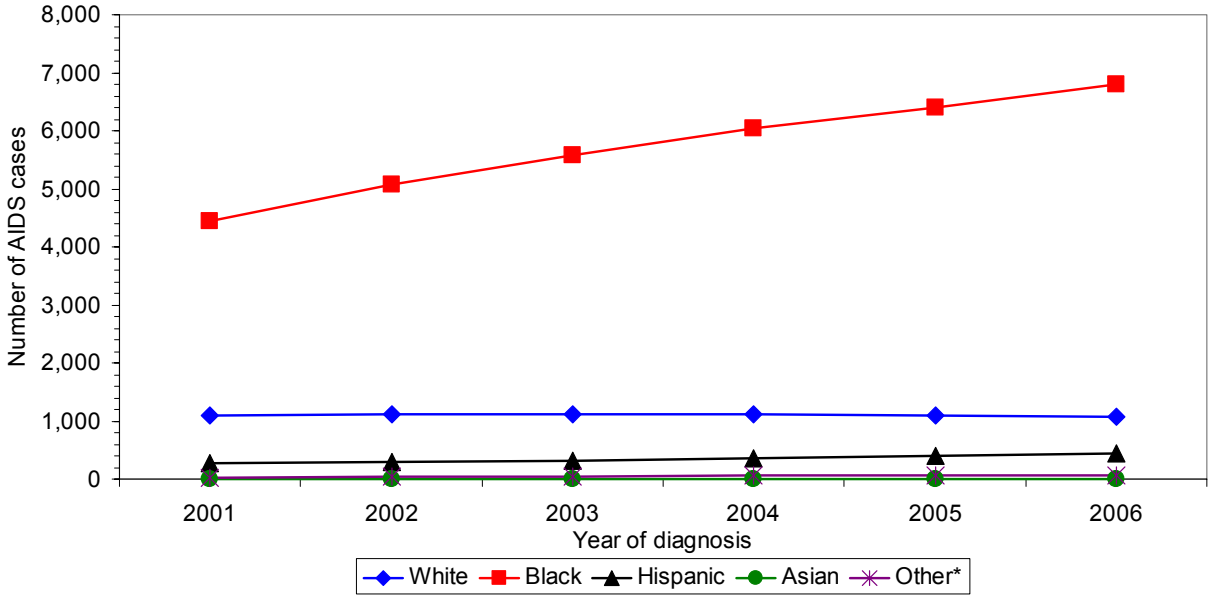
Figure 37. Number of Adults and Adolescents Living with AIDS, by Year, Sex, and Mode of Transmission - District of Columbia, 2001 - 2006



*Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

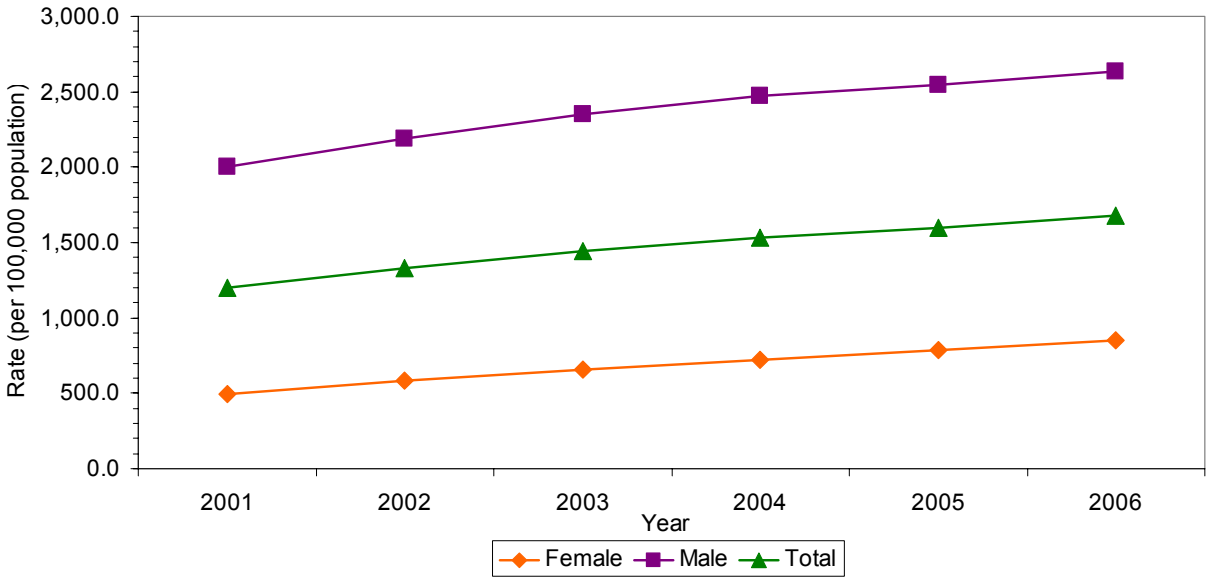
- Among women who were living with AIDS at the end of 2006, 90% of cases were attributed to heterosexual contact (n=1,234) and IDU (n= 824).
- Between 2001 and 2006, there was a 99.0% increase in the number of women living with AIDS with heterosexual contact as the reported mode of transmission, from 620 cases in 2001 to 1,234 cases in 2006. Additionally, there was a 40.3% increase in the number of cases among females living with AIDS attributed to IDU, from 587 in 2001 to 824 in 2006. At the end of 2006, among women living with AIDS, the proportion of cases attributed to heterosexual sexual contact was 54.1%; IDU was 36.1%, and RNI in 8.6% of women.
- Among adult and adolescent males living with AIDS between 2001 and 2006, the majority of cases (50.4%) were attributed to MSM sexual contact, followed by IDU and MSM/IDU at 25.3%.
- The number of males living with AIDS attributed to MSM sexual contact has increased by 12.1% between 2001 and 2006 from 2,736 to 3,068 cases. Among males living with AIDS, the largest increase has been among cases attributed to heterosexual contact with an increase of 126.7% over the same time period (424 cases in 2001 compared to 961 cases in 2006).
- In 2006, the proportion of cases among adult and adolescent males living with AIDS attributed to MSM was 50.4%, IDU only 20.0%, and heterosexual contact 15.8%.

Figure 38. Number of Adults and Adolescents Living with AIDS, by Year, Race/Ethnicity - District of Columbia, 2001 - 2006



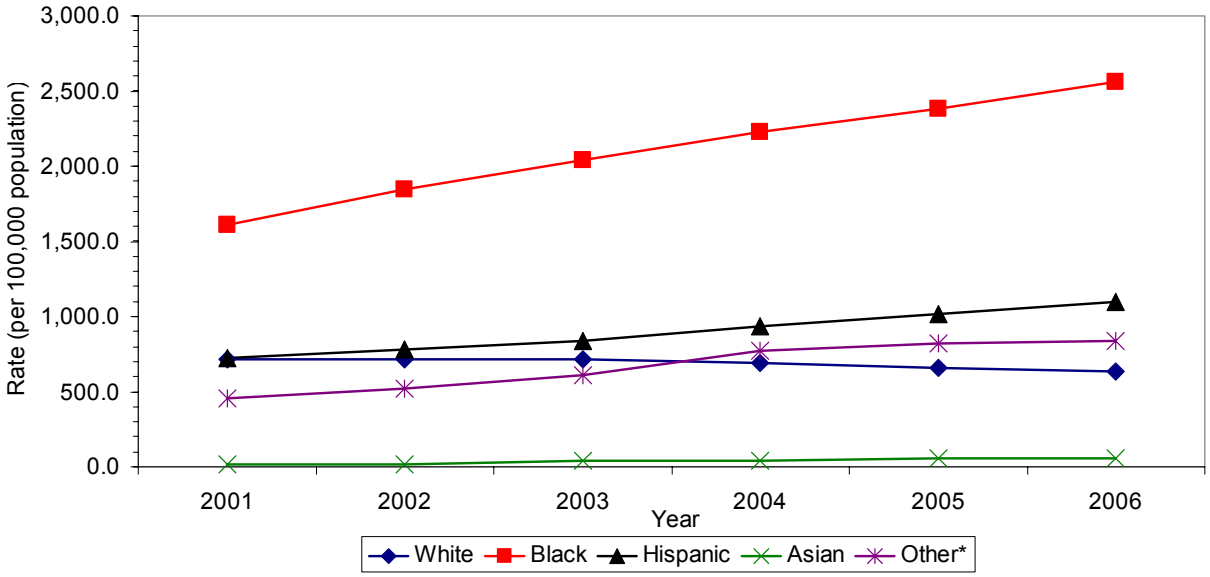
- Blacks were over represented among living cases of AIDS reported between 2001 and 2006, accounting for between four and six times the number of living AIDS cases among whites in any given year.
- Whites had the second highest number of living AIDS cases among racial and ethnic groups.
- Numbers of living AIDS cases among Hispanics were always lower than among whites.
- The number of living AIDS among blacks increased steadily from 2001 to 2006. In contrast, the number of living AIDS cases among all other racial and ethnic groups remained constant.

Figure 39. Rates for Adults and Adolescents Living with AIDS, by Year and Sex - District of Columbia, 2001 - 2006



- The overall AIDS prevalence rate continued to increase from 2001 through 2006. Between 2001 and 2006, the rate increased from 1,196.0 cases in 2001 to 1,677.6 cases per 100,000 population by the end of 2006.
- The AIDS prevalence rate for females ranged from 493.1 cases per 100,000 population in 2001 to 851.3 cases per 100,000 population in 2006. The AIDS prevalence rate for males ranged from 2,006.6 cases per 100,000 population in 2001, to 2,636.6 cases per 100,000 population in 2006, and was consistently higher than the rate for females.

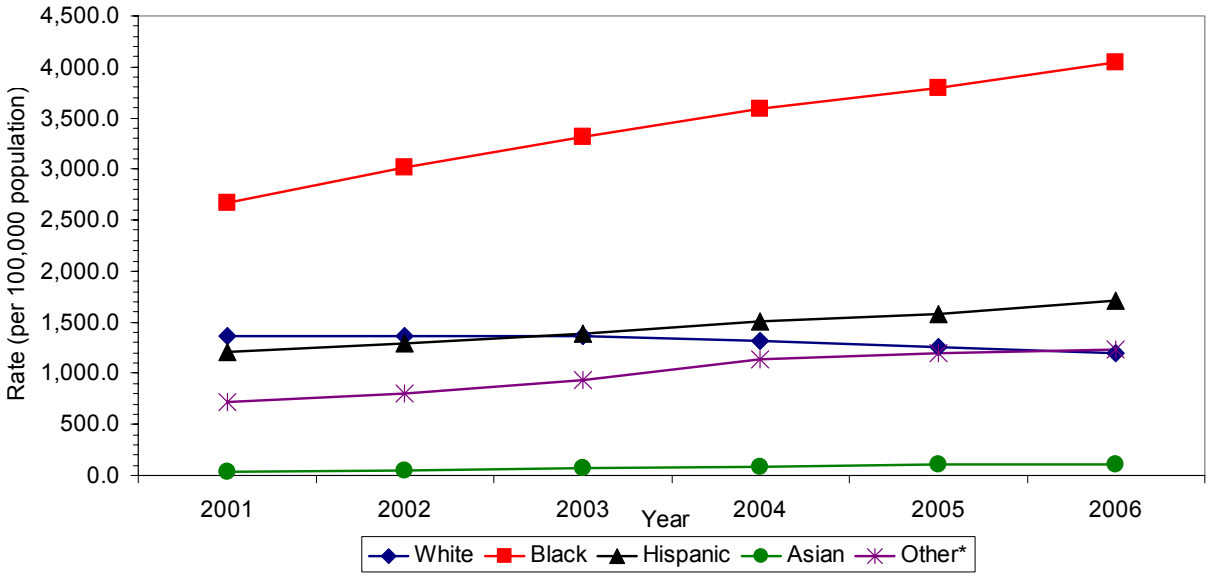
Figure 40. Rates for Adults and Adolescents Living with AIDS, by Year and Race/Ethnicity - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- AIDS prevalence rates among adult and adolescent blacks were consistently higher than the rates among any other racial/ethnic group from 2001 through 2006.
- In 2006, the AIDS prevalence rate for blacks (2,558.4 cases per 100,000 population) was 2.3 times higher than the rate for Hispanics (1,099.6 cases per 100,000 population) and 4.1 times higher than the rate for whites (630.3 cases per 100,000 population).

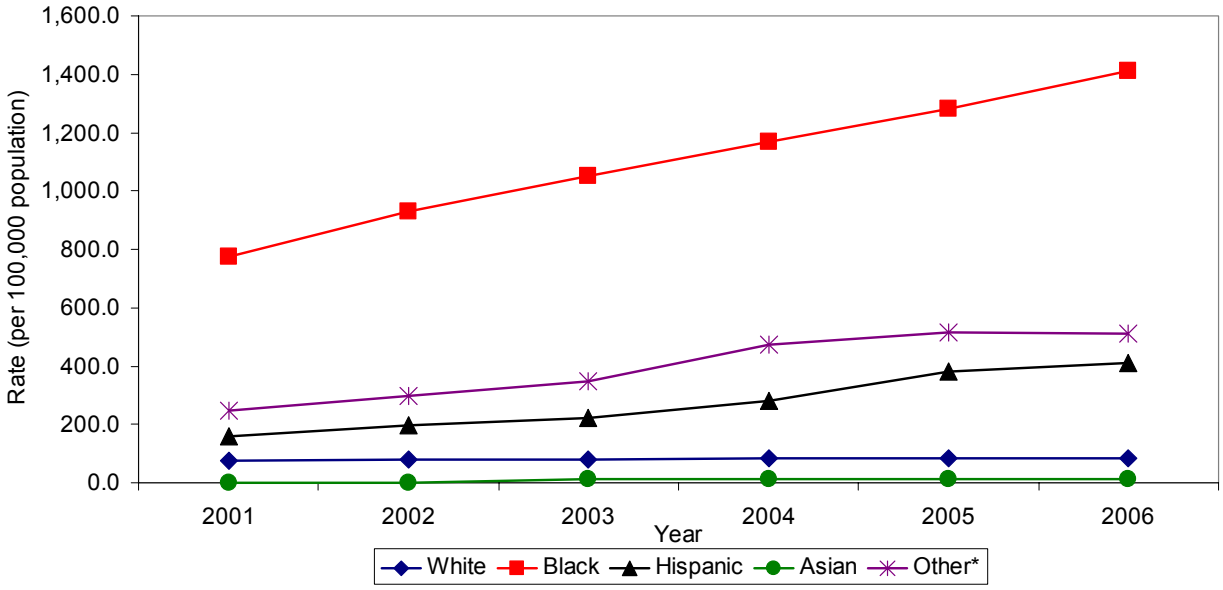
Figure 41. Rates for Adult and Adolescent Males Living with AIDS, by Year and Race/Ethnicity - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- AIDS prevalence rates among black males were consistently and substantially higher than those of any other male racial/ethnic group.
- In 2006, the AIDS prevalence rate among black males living with AIDS in the District was 4,043.0 cases per 100,000 population, 3.4 times higher than that of white males (1,195.7 cases per 100,000 population). In comparing the AIDS prevalence rate among blacks and Hispanics, blacks have a rate 2.4 times higher than that of Hispanic males (1,716.5 per 100,000 population).
- Between 2001 and 2006, the rates among blacks and Hispanics continued to increase, while rates among whites declined.

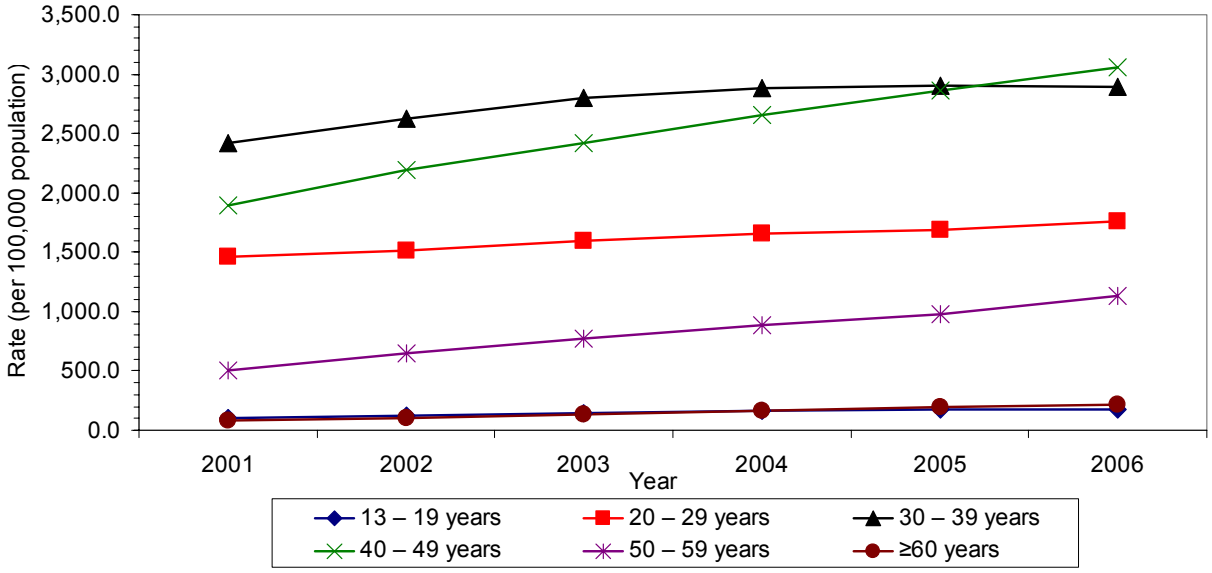
Figure 42. Rates for Adult and Adolescent Females Living with AIDS, by Year and Race/Ethnicity - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- Although AIDS prevalence rates among all female racial/ethnic groups increased between 2001 and 2006, the AIDS prevalence rates among adult and adolescent black females were consistently and substantially higher than the rates among any other racial/ethnic group.
- In 2006, the rate for black females (1,410.5 cases per 100,000 population) was 3.4 times higher than the rate for Hispanic females (409.0 cases per 100,000 population), 17.1 times higher than the rate for white females (82.4 cases per 100,000 population), and 134.3 times higher than for Asian females (10.5 cases per 100,000 population).
- There were no reported cases of Asian females living with AIDS prior to 2003, after which Asian females consistently had the lowest prevalence rates.

Figure 43. Rates for Adults and Adolescents Living with AIDS, by Year and Age at Diagnosis - District of Columbia, 2001 - 2006



- AIDS prevalence rates were highest among the 30 to 39 year old age group until 2005, after which the rate among the 40 to 49 year old age group became the highest.
- Among the 20 to 29 age group, rates increased 20.2%. Among 50 to 59 year olds, the AIDS prevalence rate more than doubled from 2001 through 2006.
- Rates among 13 to 19 year olds and those 60 and older increased between 2001 and 2006; however, the numbers of cases in these age groups is small.
- In 2006, AIDS prevalence rates by age group were 3,058.8 cases per 100,000 population, 2,891.5 cases per 100,000 population, and 1,757.2 cases per 100,000 population among the 40 to 49, 30 to 39, and 20 to 29 year old age groups, respectively.

SECTION VIII. AIDS SURVIVAL AND MORTALITY

This section of the report focuses on the interval of time from HIV (not AIDS) to AIDS diagnoses, and survival and mortality of those individuals living with a diagnosis of AIDS and those that have died since being diagnosed with AIDS. Late testing, that is when a person is diagnosed with AIDS within 12 months of an HIV/AIDS diagnosis, is indicative of missed opportunities for prevention and treatment of HIV/AIDS, specifically HIV testing. Survival was calculated as the time between the date of initial AIDS diagnosis and the date of death. For the survival analysis, this included only deaths that occurred after 1997 (post-HAART era). Dates of death were obtained by reviewing death certificates from the Office of Vital Statistics and matches with the National Death Index (NDI). The most recent death review occurred for all AIDS cases from 1981 through 2005. Persons not known to have died were removed from the record of cases on December 31, 2006. A death certificate review was not conducted on HIV (not AIDS) cases. If an individual with AIDS has died, this does not imply that the cause of death was HIV/AIDS related.

SUMMARY

A strikingly large proportion of AIDS cases (69%) in the District progressed from a diagnosis of HIV (not AIDS) to AIDS within 12 months (late-testers), and this disparity was seen throughout all strata including age, race/ethnicity, and mode of transmission. In contrast, nationally, 39% of AIDS cases are late testers. This finding is indicative of a lack of testing and/or diagnosis among those at risk for HIV infection. This finding may also be explained by the late start of HIV (not AIDS) reporting in the District, compared to other states and jurisdictions nationally. There were no differences between males and females in the number and proportion of late testers; however, more than 70% were late testers among individuals less than 13 years old, 20 to 29 year olds, and 60 years and older.

There were 1,862 deaths among those diagnosed with AIDS between 2001 and 2006. There was a 33% reduction in the number of deaths during this time period, whereas throughout the United States, there was an estimated 4% decrease from 2001 through 2005. Over 40% of deaths occurred in cases between the ages of 40 and 49 years old. In addition, the number of deaths among those 60 years of age and older increased, which is consistent with national findings reported by the CDC in 2005.

Ninety percent of all deaths were among black District residents; however there was a decrease in the number of deaths among whites, blacks, and Hispanics, a trend seen nationally as well among blacks and whites. A majority of deaths occurred among men of all racial and ethnic groups. Among whites and Hispanics, the most deaths were among MSM compared to blacks, where the most deaths occurred among those infected through IDU.

From 2001 through 2006, most deaths were seen among those infected through IDU; however, there was a decline in the number of deaths among all modes of transmission except heterosexual contact. This decline was seen among both males and females. Nationally, this decline in the number of cases was seen in those infected through IDU, according to CDC data.

Survival analysis showed that survival was greatest among Hispanics, whites, and those of other and mixed races, and was lowest for blacks in the 10 years after an initial AIDS diagnosis. However, this finding must be interpreted with caution as there were small numbers of cases among Hispanics and those of other races, and there may have been a high rate of unidentified loss to follow-up. Compared to the national data, survival from the time of AIDS diagnosis to death among infected whites is also higher than among infected blacks.

DETAILED DESCRIPTION

The following contains the detailed description of the HIV/AIDS epidemic in the District with tables, figures and specific data points.

Table 19. Time to AIDS Diagnosis after a diagnosis of HIV (not AIDS), by Selected Characteristics - District of Columbia, 2001 - 2006[17]

Characteristic	≥12 months after diagnosis of HIV (not AIDS)		<12 months after diagnosis of HIV (not AIDS)		Total No.
	No.	(%)	No.	(%)	
Total (number of AIDS cases)	2,327	(31.3)	5,096	(68.7)	7,423
Sex					
Female	740	(32.3)	1,554	(67.7)	2,294
Male	1,587	(32.6)	3,542	(67.4)	5,129
Age group (at diagnosis)					
<13	12	(30.0)	28	(70.0)	40
13-19	24	(33.8)	47	(66.2)	71
20-29	239	(25.9)	683	(74.1)	922
30-39	797	(31.8)	1,708	(68.2)	2,505
40-49	833	(32.2)	1,750	(67.8)	2,583
50-59	339	(33.8)	664	(66.2)	1,003
≥60	83	(27.8)	216	(72.2)	299
Race/Ethnicity					
White	261	(39.8)	394	(60.2)	655
Black	1,964	(30.8)	4,412	(69.2)	6,376
Hispanic	89	(26.5)	247	(73.5)	336
Asian	<3	(12.5)	7	(87.5)	8
Other*	12	(25.0)	36	(75.0)	48
Mode of Transmission					
Heterosexual contact	641	(28.9)	1,576	(71.1)	2,217
Injection drug use (IDU)	594	(32.7)	1,220	(67.3)	1,814
Men who have sex with Men (MSM)	772	(35.0)	1,431	(65.0)	2,203
MSM/IDU	88	(38.3)	142	(61.7)	230
Other†	13	(56.5)	10	(43.5)	23
Risk Not Identified (RNI)	197	(22.3)	688	(77.7)	885
Pediatric	22	(43.1)	29	(56.9)	51
Insurance at time of AIDS diagnosis					
Public	1,215	(34.0)	2,363	(66.0)	3,578
Private	677	(33.6)	1,339	(66.4)	2,016
None	158	(19.2)	666	(80.8)	824
Unknown	277	(27.6)	728	(72.4)	1,005

[17] Since HAART was not available prior to 1997, many infected persons quickly progressed from a diagnosis of HIV to AIDS; therefore, this table excludes cases diagnosed prior to 1997; includes only persons diagnosed with AIDS; and includes persons whose diagnoses of HIV infection and AIDS were made at the same time.

Characteristic	≥12 months after diagnosis of HIV (not AIDS)		<12 months after diagnosis of HIV (not AIDS)		Total No.
	No.	(%)	No.	(%)	
Country of birth					
US	2,254	(31.9)	4,808	(68.1)	7,062
US Dependency	6	(37.5)	10	(62.5)	16
Outside of US	49	(18.8)	212	(81.2)	261
Unknown	18	(21.4)	66	(78.6)	84
Initial AIDS diagnosis					
CD4 count ≤200	1,733	(35.5)	3,152	(64.5)	4,885
Opportunistic infection	314	(27.5)	828	(72.5)	1,142
Low CD4 and OI	280	(20.0)	1,116	(80.0)	1,396
Year of diagnosis					
1997	192	(23.1)	638	(76.9)	830
1998	206	(24.0)	653	(76.0)	859
1999	133	(23.0)	446	(77.0)	579
2000	165	(28.0)	424	(72.0)	589
2001	222	(35.8)	398	(64.2)	620
2002	501	(52.6)	452	(47.4)	953
2003	225	(27.2)	603	(72.8)	828
2004	223	(27.9)	576	(72.1)	799
2005	234	(34.6)	442	(65.4)	676
2006	226	(32.8)	464	(67.2)	690

* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, and Pacific Islanders, and unknown races.

† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- Between 1997 and 2006, 68.7% of all AIDS cases diagnosed in the District progressed from HIV (not AIDS) to AIDS in less than 12 months after their initial HIV (not AIDS) diagnosis, known as late-testers.
- Asians, Hispanics, seniors, heterosexuals, the uninsured, and people born outside of the United States were more likely to be later testers.
- There were no differences between males and females in the proportion of late testers.
- Among children less than 13, 20 to 29 years olds, and those 60 years of age and older, at least 70% were late testers.
- Eighty-seven percent of Asians were late testers; however, the number of cases in this category was small. Among Hispanics, 73.5% were late testers, followed by 69.2% blacks and 60.2% whites.
- More than 70% with RNI factor and those with heterosexual contact as the mode of transmission were late testers.
- Eighty-one percent of those who were uninsured tested late at the time of AIDS diagnosis.
- Of the people born outside the United States, 81.2% were late testers.
- Thirty-eight percent of late testers were diagnosed with AIDS based on either an opportunistic infection or an opportunistic infection concurrently with a low CD4 count, suggesting that a high proportion of cases may have been symptomatic at the time of diagnosis.
- In more recent years, the proportion of late testers has decreased to 65 to 67% of cases; however, this is well above national trends.

Table 20. AIDS Deaths among Adults and Adolescents, by Sex, Race/Ethnicity, Mode of Transmission and Age Group at Death - District of Columbia, 2001 - 2006

	2001		2002		2003		2004		2005		2006		Cumulative Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Total	**336**	**100**	**328**	**100**	**351**	**100**	**341**	**100**	**283**	**100**	**224**	**100**	**1,863**	**100**
Sex														
Male	237	70.5	235	71.6	241	68.7	226	66.3	189	66.8	143	63.8	**1,271**	**68.2**
Female	99	29.5	93	28.4	110	31.3	115	33.7	94	33.2	81	36.2	**592**	**31.8**
Race/Ethnicity														
White	20	5.9	24	7.3	28	8.0	35	10.3	25	8.8	14	6.3	**146**	**7.8**
Black	309	92.0	300	91.5	312	88.9	299	87.7	252	89.0	205	91.5	**1,677**	**90.0**
Hispanic	7	2.1	3	0.9	8	2.3	3	0.9	3	1.1	4	1.8	**28**	**1.5**
Asian	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	**0**	**0.0**
Other*	0	0.0	<3	--	3	0.9	4	1.2	3	1.1	<3	--	**12**	**0.6**
Mode of transmission														
MSM	85	25.3	85	25.9	84	23.9	86	25.2	70	24.7	45	20.1	**455**	**24.4**
IDU	117	34.8	111	33.8	125	35.6	102	29.9	90	31.8	67	29.9	**612**	**32.9**
MSM/IDU	14	4.2	19	5.8	17	4.8	15	4.4	12	4.2	8	3.6	**85**	**4.6**
Heterosexual contact	71	21.1	76	23.2	88	25.1	90	26.4	73	25.8	73	32.6	**471**	**25.3**
RNI	47	14.0	37	11.3	37	10.5	47	13.8	37	13.1	31	13.8	**236**	**12.7**
Other†	<3	--	0	0.0	0	0.0	<3	--	<3	--	0	0.0	**4**	**0.2**
Age at death														
13-19	<3	--	<3	--	0	0.0	<3	--	0	0.0	0	0.0	**3**	**0.2**
20-29	19	5.7	11	3.4	17	4.8	13	3.8	7	2.5	12	5.4	**79**	**4.2**
30-39	92	27.4	74	22.6	77	21.9	68	19.9	57	20.1	49	21.9	**417**	**22.4**
40-49	135	40.2	148	45.1	141	40.2	137	40.2	110	38.9	81	36.6	**752**	**40.4**
50-59	76	22.6	77	23.5	90	25.6	85	24.9	72	25.4	52	23.2	**452**	**24.3**
≥60	13	3.9	17	5.2	26	7.4	37	10.9	37	13.1	30	13.4	**160**	**8.6**

* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- There were 1,863 deaths among persons diagnosed with AIDS between 2001 and 2006. Of those, the majority of deaths (68.2%) were among males. Approximately twice the number of males compared to females died during this time.
- Ninety percent of all deaths among persons with AIDS were among blacks. There were no deaths among Asians during this time period.
- By mode of transmission, the largest proportion of deaths were among those with transmission attributed to IDU (32.9%), MSM (24.4%), and heterosexual contact (25.3%).
- By age group, the most deaths occurred among 40 to 49 year olds (40.4%).

Table 21. AIDS Deaths among Adults and Adolescents, by Race/Ethnicity, Sex, Mode of Transmission, and Age Group at Death - District of Columbia, 2001 - 2006 [N=1,863]

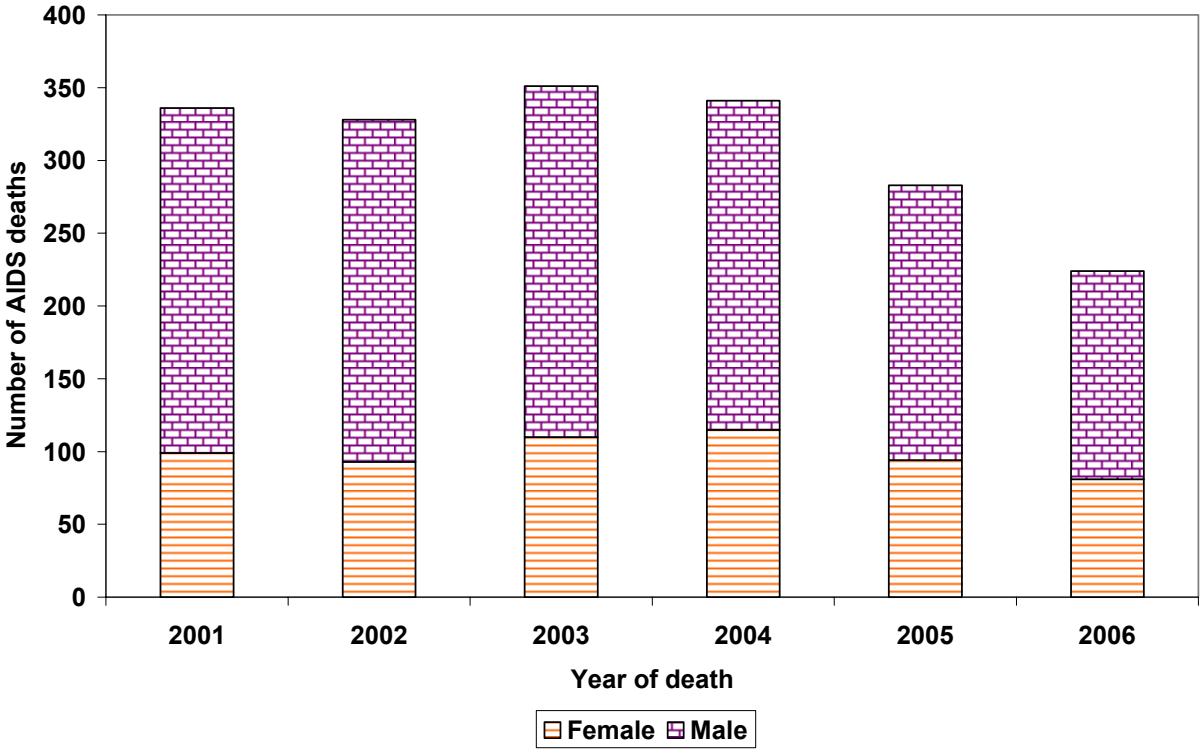
	White		Black		Hispanic		Other*		Total	
Sex	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Males	135	92.5	1,102	65.7	23	82.1	11	91.7	1,271	68.2
Females	11	7.5	575	34.3	5	17.9	<3	--	592	31.8
Total	146	100.0	1,677	100.0	28	100.0	12	100.0	1,863	100.0
Mode of transmission										
MSM	101	69.2	337	20.1	11	39.3	6	50.0	455	24.4
IDU	15	10.3	590	35.2	6	21.4	<3	--	612	32.9
MSM/IDU	10	6.8	75	4.5	0	0.0	0	0.0	85	4.6
Heterosexual	10	6.8	450	26.8	9	32.1	<3	--	471	25.3
Risk Not Identified (RNI)	9	6.2	222	13.2	<3	--	3	25.0	236	12.7
Other†	<3	--	3	0.2	0	0.0	0	0.0	4	0.2
Total	146	100.0	1,677	100.0	28	100.0	12	100.0	1,863	100.0
Age of death										
13-19	0	0.0	3	0.2	0	0.0	0	0.0	3	0.2
20-29	4	2.7	72	4.3	3	10.7	0	0.0	79	4.2
30-39	28	19.2	379	22.6	6	21.4	4	33.3	417	22.4
40-49	52	35.6	687	41.0	10	35.7	3	25.0	752	40.4
50-59	48	32.9	394	23.5	7	25.0	3	25.0	452	24.3
>60	14	9.6	142	8.5	<3	--	<3	--	160	8.6
Total	146	100.0	1,677	100.0	28	100.0	12	100.0	1,863	100.0

* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, and Pacific Islanders, and unknown races.

† Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

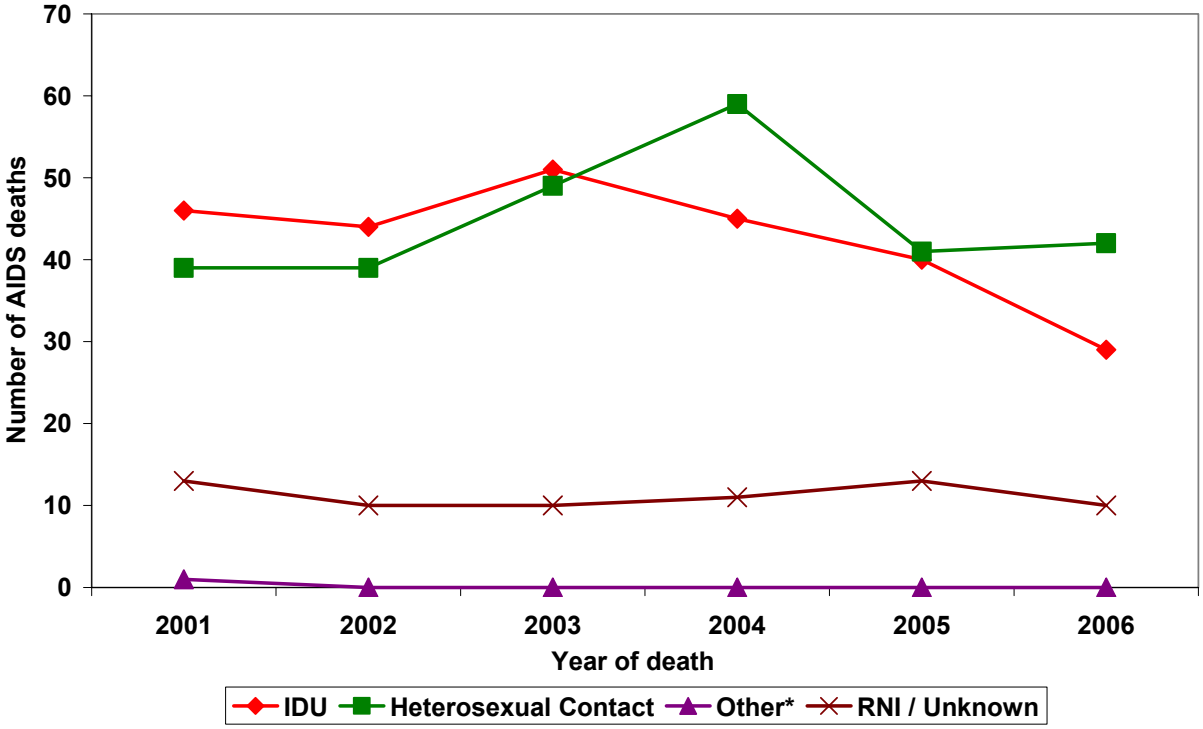
- Between 2001 and 2006, 68.2% of all deaths among those diagnosed with AIDS occurred in males.
- Blacks constituted the majority of all deaths (n=1,677).
- Cases attributed to injection drug users accounted for 32.9% of deaths.
- Among whites and Hispanics, the largest numbers of deaths were among those with infection attributed to MSM sexual contact (though the number of heterosexual deaths is similar for Hispanics). For blacks, the largest numbers of deaths were attributed to IDU.
- More than 40% of AIDS deaths occurred among 40 to 49 year olds. This age group had the highest number and proportion of deaths among all racial/ethnic groups.

Figure 44. AIDS Deaths among Adults and Adolescents, by Year of Death and Sex - District of Columbia, 2001 - 2006



- There were more deaths among males than females each year between 2001 and 2006.
- Among males, the number of reported deaths from AIDS peaked at 241 in 2003; for females, the number of deaths from AIDS peaked in 2004 at 115 deaths.
- There was a 33.3% decrease in the overall number of deaths from 2001 through 2006 (336 to 224).

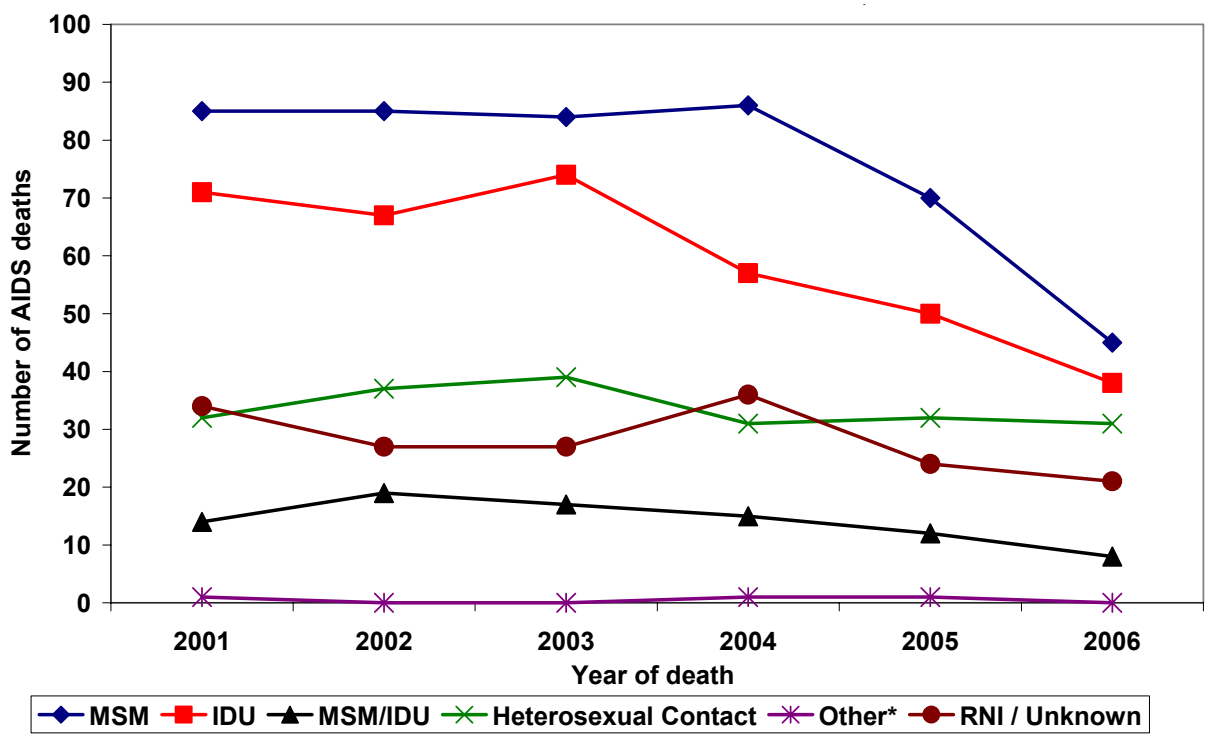
Figure 45. AIDS Deaths among Adult and Adolescent Females, by Year of Death, and Mose of Transmission - District of Columbia, 2001 - 2006



* Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

- The number of deaths among adult and adolescent females diagnosed with AIDS attributed to IDU decreased between 2001 and 2006, while the number of deaths attributed to heterosexual contact increased during this time period.

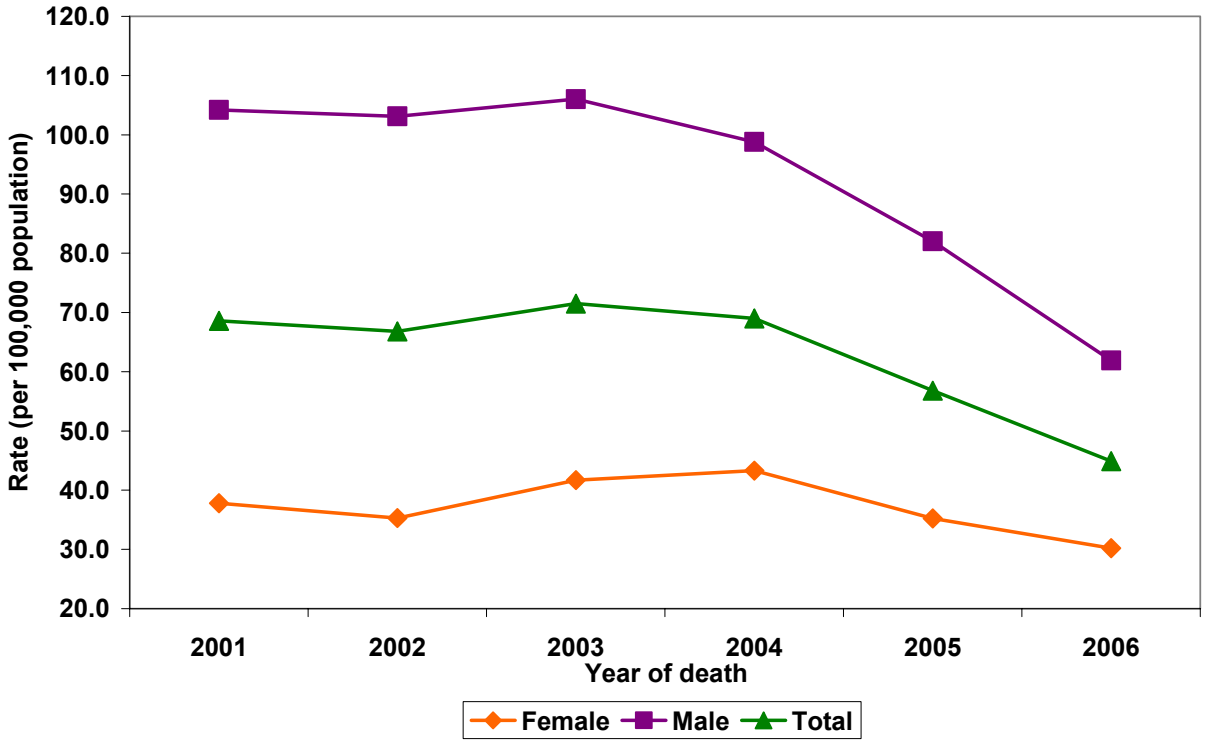
Figure 46. AIDS Deaths among Adult and Adolescent Males, by Year of Death and Mode of Transmission - District of Columbia, 2001 - 2006



* Other includes hemophilia, blood transfusion, and occupational exposure (healthcare workers).

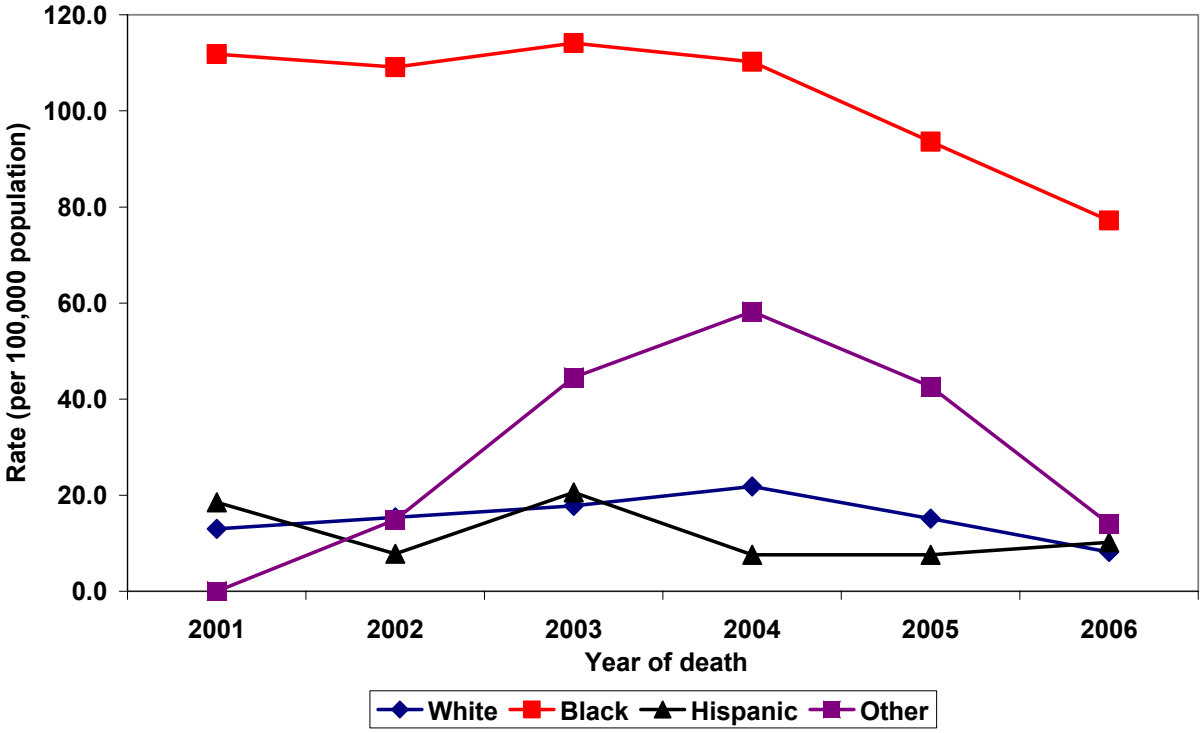
- The number of deaths among males decreased among all modes of transmission; however, the largest relative decrease was observed among cases attributed to MSM (47.1%) and IDU (46.5%).

Figure 47. AIDS Mortality Rate among Adults and Adolescents, by Year of Death and Sex - District of Columbia, 2001 - 2006



- AIDS mortality rates for the District ranged from 44.9 deaths (2006) to 71.5 deaths (2003) per 100,000 population.
- AIDS mortality rates were consistently higher among adult and adolescent males than the rates among females.
- The mortality rates declined for both sexes between 2001 and 2006. In 2006, the AIDS mortality rates were 30.2 and 61.9 deaths per 100,000 population for females and males, respectively.

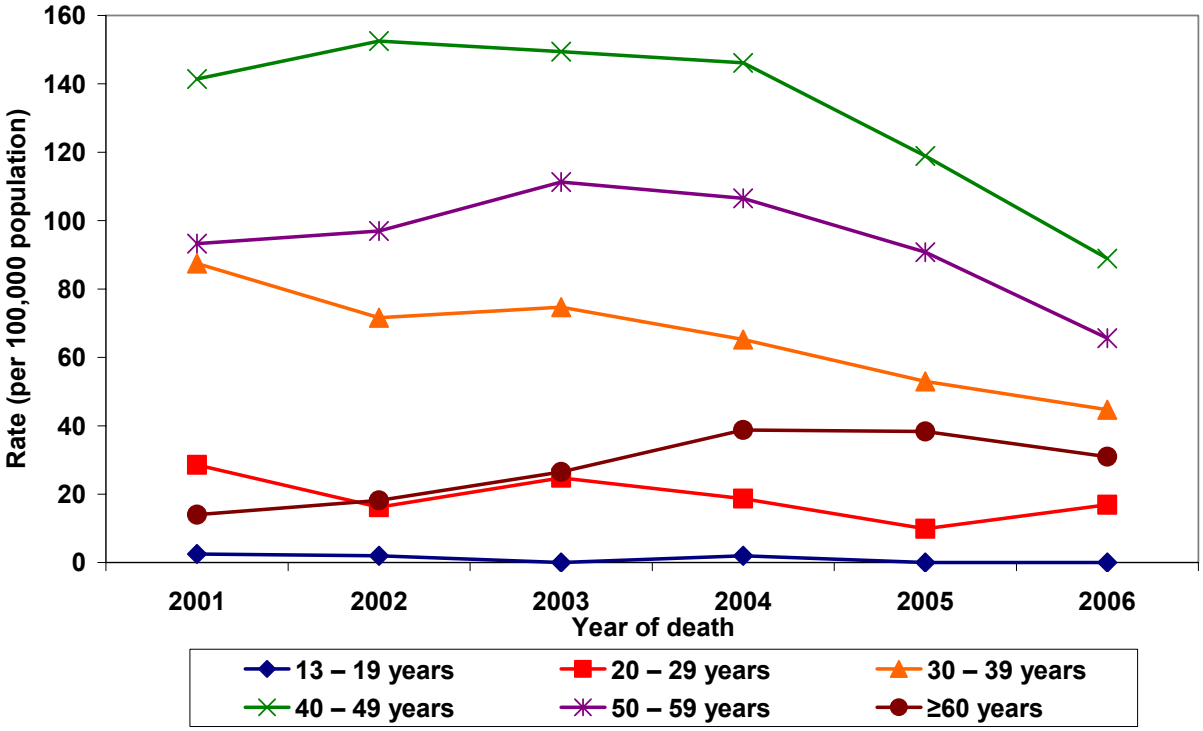
Figure 48. AIDS Mortality Rate among Adults and Adolescents, by Year of Death and Race/Ethnicity - District of Columbia, 2001 - 2006



*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

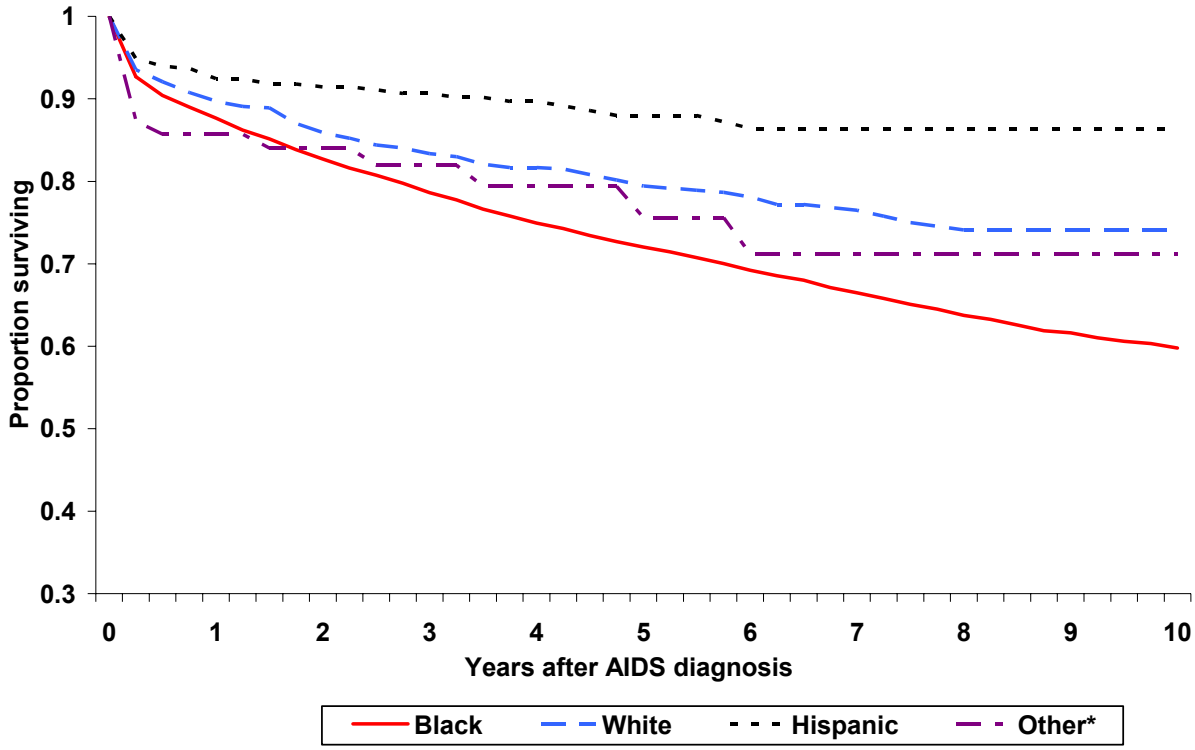
- AIDS mortality rates were consistently and substantially higher among blacks than among any other racial/ethnic group.
- AIDS mortality rates among Hispanics decreased after 2003 but increased again after 2004, and the rate among whites decreased after 2004.
- In 2006, the AIDS mortality rate among blacks (77.2 deaths per 100,000 population) was 9.4 times higher than that of whites (8.2 deaths per 100,000 population) and 7.6 times higher than that of Hispanics (10.2 deaths per 100,000 population).

Figure 49. AIDS Mortality Rate among Adults and Adolescents, by Year of Death and Age Group at Death - District of Columbia, 2001 - 2006



- AIDS mortality rates were highest among those ages 40 to 49 years old, followed by 50 to 59 year olds and 30 to 39 year olds.
- In 2002, the rate among those 60 and older surpassed that of those ages 20 to 29 years old.
- In 2006, the rates among 30 to 39 years old, 40 to 49 year olds and 50 to 59 year olds were 44.7, 88.9, and 65.6 deaths per 100,000 population, respectively.

Figure 50. Proportion of Persons Surviving, by Number of Years after AIDS Diagnosis and Race/Ethnicity - District of Columbia, 1997 - 2006 [N=7,793]



Note: Since HAART was not available prior to 1997, many infected persons quickly progressed from a diagnosis of HIV (not AIDS) to AIDS, therefore, this table excludes cases diagnosed prior to 1997.
*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- Five years after their initial AIDS diagnosis, 72.0% of blacks, 79.4% of whites, and 88.0% of Hispanics were still alive. At 10 years after an initial AIDS diagnosis, 59.8% of blacks, 74.1% of whites, and 86.4% of Hispanics were still alive.
- Survival among those diagnosed with AIDS was greater among Hispanics and whites than among blacks; however, results must be interpreted with caution since the numbers of persons in the Hispanic and other racial/ethnic groups were small. Additionally, it is possible that some deaths were not reported to the District, resulting in misclassification of some deceased patients as living.
- There were no reported deaths among Asians diagnosed with AIDS during this time period.

SECTION IX. GEOGRAPHIC DISTRIBUTION OF HIV (NOT AIDS) AND AIDS CASES IN THE DISTRICT OF COLUMBIA

SUMMARY

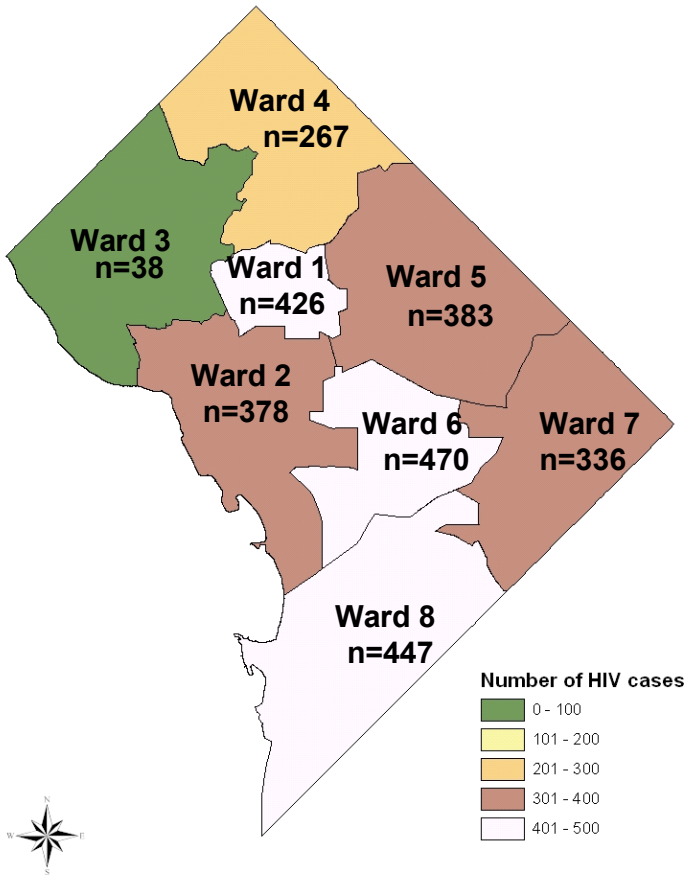
The District is divided into eight geopolitical areas called "wards." Ward information is collected for all HIV (not AIDS) and AIDS cases. For persons who were incarcerated in the District of Columbia Department of Corrections (DC Jail) or who were homeless at the time of diagnosis, the ward of residence is not collected and is reported separately from the maps as "Jail" or "Homeless" cases. For HIV (not AIDS) and AIDS rates, the most recent census information by ward was from the year 2000, therefore these were the denominators used to calculate HIV (not AIDS) and AIDS rates by ward. It is also important to note that the ward of residence is not indicative of where a person was infected, but represents where the person resided at the time of diagnosis. Similarly, the ward at the time of death does not represent where the person lived at the time of death, but where they lived at the time of diagnosis of AIDS. For 16% to 25% of cases, ward data was not available and these cases were therefore not included in the maps.

The geographic distribution of District HIV (not AIDS) and AIDS cases shows that between 2001 and 2006, Wards 1, 5, 6, and 8 consistently had the most reported number of new HIV (not AIDS) and AIDS cases, as well as the highest rates of reported HIV (not AIDS) and AIDS cases. Ward 3, on the other hand, consistently had the lowest number of new HIV (not AIDS) and AIDS cases and the lowest rates. Ward 3 varies from Wards 6 and 8 in terms of racial distribution, with almost 84% of its residents being white compared to 27% and 6% in Wards 6 and 8, respectively. Persons who were incarcerated at the DC Jail or homeless at the time of diagnosis with HIV (not AIDS) or AIDS also represented a large number of cases.

DETAILED DESCRIPTION

The following contains the detailed description of the geographic distribution of HIV (not AIDS) and AIDS cases in the District with maps and specific data points.

Map 1. Number of Newly Reported HIV (not AIDS) Cases by Ward - District of Columbia, 2001 - 2006 [N=3,052]

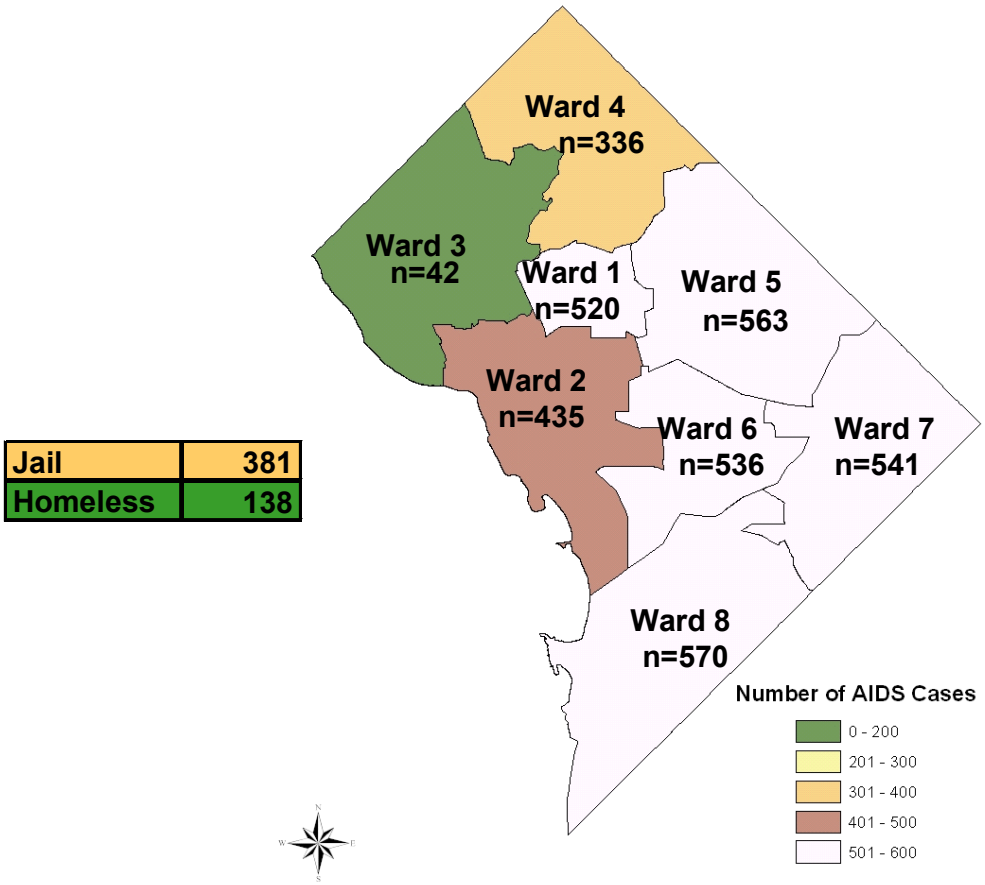


Jail	216
Homeless	91

* For 16% of cases, ward information was not available and therefore not displayed on this map.

- The number of reported HIV (not AIDS) cases ranged from 38 to 470 cases per ward between 2001 and 2006.
- The largest number of newly reported HIV (not AIDS) cases between 2001 and 2006 were living in Wards 1 (n=426), 6 (n=470), and 8 (n=447) at the time of diagnosis.
- The smallest number of reported HIV (not AIDS) cases (n=38) were living in Ward 3 at the time of diagnosis.
- Over 300 HIV (not AIDS) cases were reported among persons who were in the DC Jail or homeless during this time period.

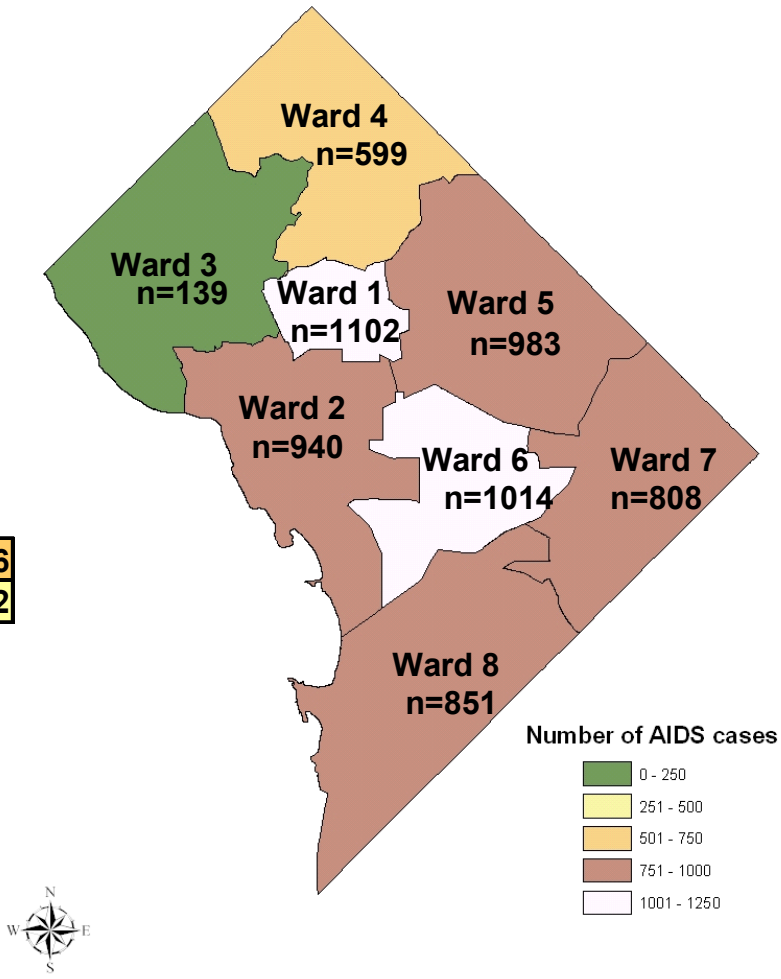
Map 2. Number of Newly Reported AIDS Cases by Ward - District of Columbia, 2001 - 2006 [N=4,062]



*For 25% of cases, ward information was not available and therefore not displayed on this map.

- The number of reported AIDS cases ranged from 42 to 570 cases per ward between 2001 and 2006.
- The largest number of reported AIDS cases, were living in Wards 1 (n=520), 5 (n=563), 6 (n=536), 7 (n=541), and 8 (n=570) at the time of AIDS diagnosis.
- The smallest number of reported AIDS cases (n=42) were living in Ward 3 at the time of diagnosis.
- Over 375 AIDS cases were diagnosed among persons incarcerated at the DC Jail during this time period.

Map 3. Number of Living AIDS Cases by Ward - District of Columbia, 2006 [N=7,414]

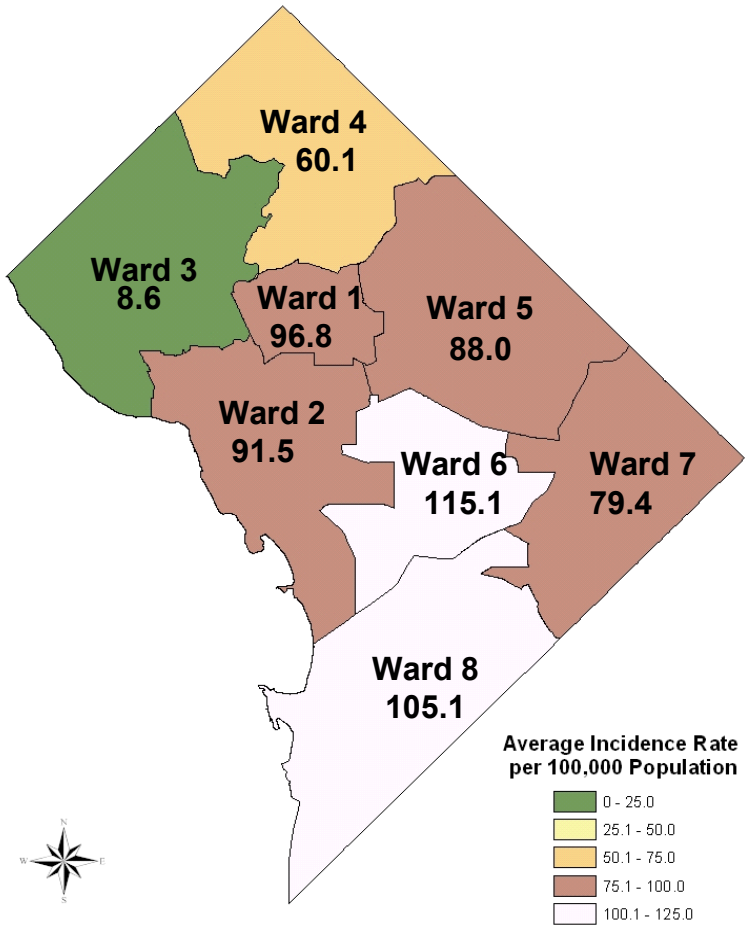


Jail	636
Homeless	342

* For 12% of cases, ward information was not available and therefore not displayed on this map.

- The number of persons living with AIDS by ward ranged from 139 to 1102 persons per ward.
- The highest numbers of people living with AIDS in the District were living in Wards 1 (n=1,102) and 6 (n=1,014).
- The smallest number of people living with AIDS (n= 139) were living in Ward 3.
- Nearly 1,000 persons living with AIDS in the District were either in the DC Jail or homeless.

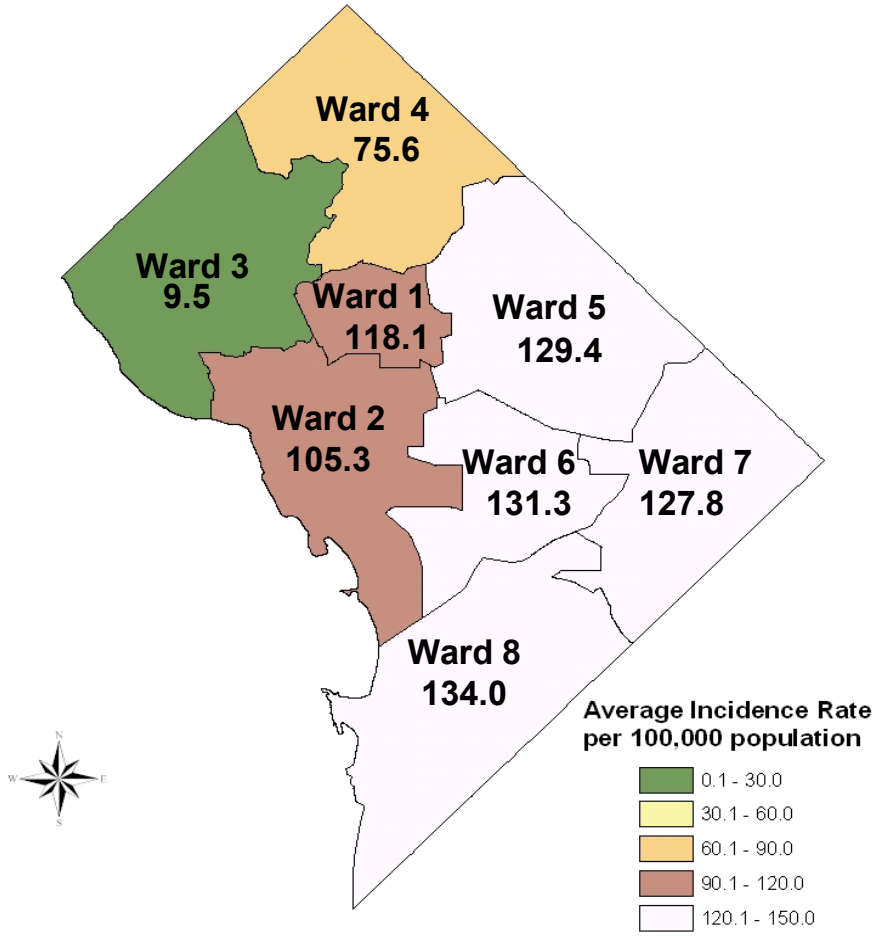
Map 4. Average Rate of HIV (not AIDS) Cases by Ward - District of Columbia, 2001 - 2006 [N=3,052]



* Numbers found below each ward refer to the rate of newly reported HIV cases per 100,000 population. Rates were calculated using 2000 Census data. For 16% of cases, ward information was not available and therefore not displayed on this map.

- The average rate of newly diagnosed HIV (not AIDS) cases by ward ranged between 8.6 and 115.1 cases per 100,000 population.
- The highest rates were found among cases living in Wards 6 and 8, where the rates were 115.1 and 105.1 cases per 100,000 population, respectively. The next highest rate was in Ward 1 at 96.8 cases per 100,000 population.
- The lowest rates were found among cases living in Ward 3, at 8.6 cases per 100,000 population.

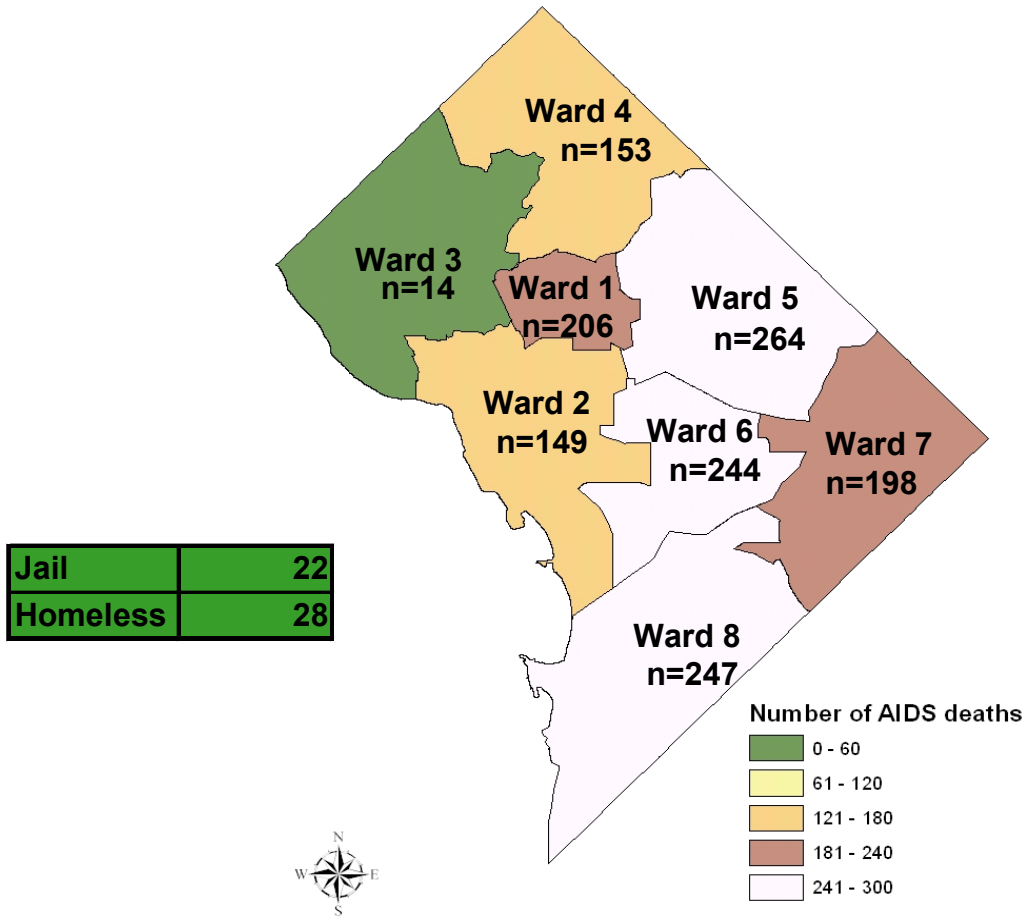
Map 5. Average Rate of AIDS Cases by Ward - District of Columbia, 2001 - 2006 [N=4,062]



* Numbers found below each ward refer to the rate of newly reported AIDS cases per 100,000 population. Rates were calculated using 2000 census data. For 25% of cases, ward information was not available and therefore not displayed on this map.

- The average rate of newly diagnosed AIDS cases by ward ranged between 9.5 and 134 cases per 100,000 population.
- The highest rates were found among cases living in Wards 5, 6, 7, and 8, where the rates were 129.4, 131.3, 127.8, and 134.0 cases per 100,000, respectively.
- The lowest rates were found among cases living in Ward 3 with 9.5 cases per 100,000 population.

Map 6. Number of AIDS Deaths by Ward - District of Columbia, 2001 - 2006 [N=1,525]



Jail	22
Homeless	28

* For 21% of cases, ward information was not available and therefore not displayed on this map.

- The number of people who died with an AIDS diagnosis between 2001 and 2006 by ward ranged from 14 to 264 per ward.
- The largest number of people with AIDS who died was living in Wards 5, 6, and 8.
- The smallest number of people with AIDS who died was living in Ward 3.

SECTION X. HIV/AIDS AMONG CHILDREN

This section focuses on HIV/AIDS among children. Pediatric HIV (not AIDS) and AIDS cases are defined as those cases diagnosed before the age of 13. The District currently requires that confirmed cases of HIV (not AIDS) or AIDS among children less than 13 years old be reported; however, the District regulations do not expressly require perinatal exposure reporting. Between 1994 and 1995, federal guidelines and recommendations were released that encouraged testing of pregnant women for HIV and treatment with zidovudine (ZDV) among those who were positive to reduce the risk of transmission to their children. Since the introduction of antiretrovirals during pregnancy and in the neonatal period, there has been a 95% reduction in mother to child transmission of HIV nationally. These recommendations were updated in 2002 with the goal of helping women become aware of their HIV status and to get medical care early in pregnancy or in their infant's life, when treatment has a better chance of preventing the progression from HIV infection to AIDS in their children. Transmission rates among mothers who receive proper treatment during pregnancy are as low as 2%. For children who do become infected, it is important to note that with the increased use of HAART in a child who was diagnosed with HIV, an infant may now live to be an adult (i.e., 13 years of age or older) before he or she is diagnosed with AIDS. Also of note, during 2004, the District participated in the CDC Enhanced Perinatal Surveillance project. Therefore, increases in reporting are noted during this year as there was increased surveillance for perinatal exposure.

SUMMARY

Despite extensive efforts and improvements nationally in the prevention of HIV/AIDS in children, the District continues to have relatively high numbers of HIV/AIDS cases among children less than 13 years of age. Nationally, according to the CDC, in 2005 there were 68 reported cases of AIDS among children under the age of 13. For that same year the District had six newly reported AIDS cases among children; contributing almost 9% of the total number of pediatric AIDS cases nationally. As a result of the relatively small numbers of cases among children each year, trends in HIV and AIDS are difficult to assess. Furthermore, although there have been declines in the rates of newly reported HIV/AIDS cases, there are still high rates of death among District children diagnosed with AIDS.

The majority of the HIV/AIDS cases among children in the District were perinatally acquired, which is consistent with national trends in which 98.5% of AIDS cases are perinatally acquired. Nationally, there have been dramatic declines in perinatal transmission due to increased use of HAART. Among the perinatally acquired cases in the District between 2001 and 2006, 64% of mothers reported heterosexual sexual contact as the mode of transmission, 15% IDU, and 15% RNI. This, too, is consistent with national trends in which a growing proportion of mothers who transmitted the virus to their children were infected through heterosexual contact (43%) and fewer through IDU (19%).

Further, the majority of reported HIV (not AIDS) cases (97.3%) and AIDS cases (95.3%) are among black children, which is also consistent with the national epidemic. In comparison, in 2005, CDC reported that almost 70% of AIDS cases in children were among black children. In the District, seven of the 56 cases of new HIV (not AIDS) cases and no new AIDS cases among children diagnosed between 2001 and 2006 were foreign born (data not shown).

As a result of the recommendations and guidelines for the use of antiretrovirals (ARV) in HIV positive pregnant women and their children, there has been an increase nationally in the proportion of women and their children who receive ARV treatment, approximately 60% as of 2005. In 2005, according to the CDC, 31% and 42% of women who had children who perinatally acquired AIDS were tested before or at birth, or

after the birth of the child, respectively. Unfortunately, there are still a large number of pregnant women in the District who are not getting tested for HIV before or at birth and of those who test positive, 50% or less of mothers and children are receiving ARVs at any time, compared to as many as 60% of women nationally. In addition, because few women are getting tested prior to giving birth, four out of ten children are not diagnosed with HIV until after the age of two.

DETAILED DESCRIPTION

The following contains the detailed description of HIV/AIDS among children in the District with tables, figures and specific data points.

Table 22. Number and Percentage of Newly Reported HIV (not AIDS) and AIDS Cases among Children, by Mode of Transmission, Sex, and Race/Ethnicity - District of Columbia, Cumulative through 2006

	HIV (not AIDS)		AIDS	
	N	%	N	%
Total	**146**	**100.0**	**191**	**100.0**
Mode of Transmission				
Perinatally acquired	140	95.9	176	92.2
Other*/Unknown	6	4.1	15	7.8
Sex				
Male	62	42.5	90	47.1
Female	84	57.5	101	52.9
Race/Ethnicity				
White	<3	0.7	3	1.6
Black	142	97.3	182	95.3
Hispanic	<3	1.4	6	3.1
Asian	0	0.0	0	0.0
Other†/Unknown	<3	0.7	0	0.0

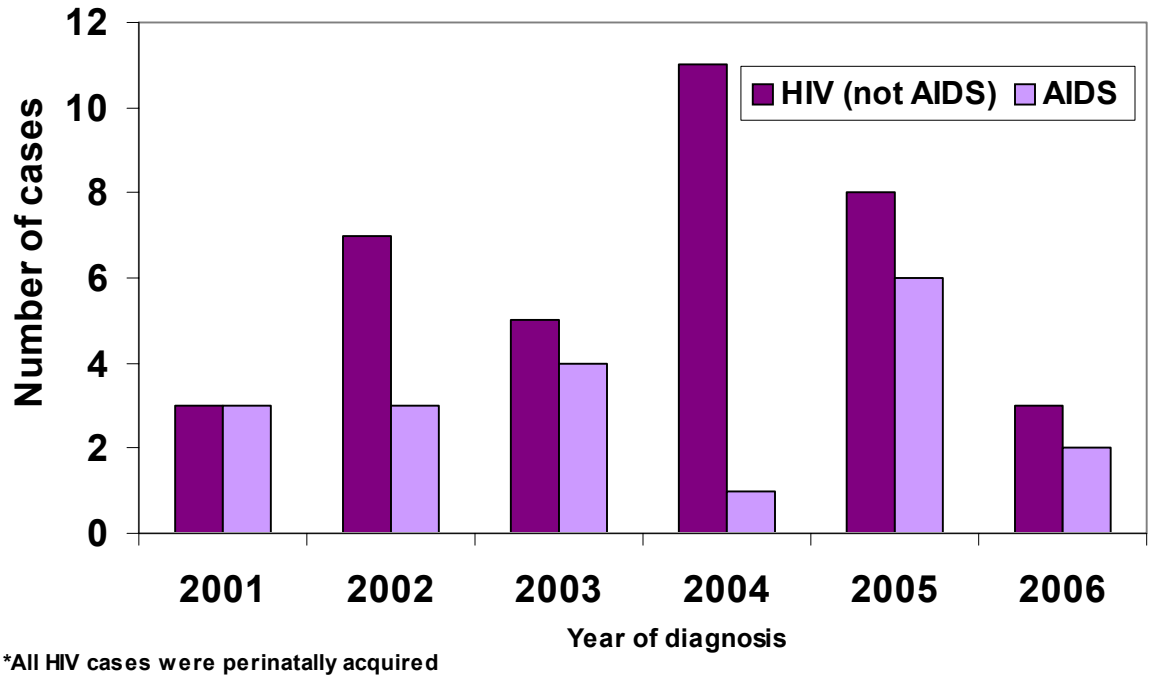
Note: Pediatric HIV (not AIDS) cases were diagnosed between 1989-2006. Pediatric AIDS cases were diagnosed between 1983-2006

* Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

† Other includes heterosexual transmission, hemophilia, transfusion, and unidentified mode of transmission.

- Since the beginning of the HIV/AIDS epidemic in the District, 146 cases of HIV (not AIDS) have been reported and 191 cases of AIDS have been reported.
- Perinatal transmission (from mother to child during birth) accounted for 95.9% of HIV (not AIDS) and 92.2% of AIDS cases among children. The remaining percentage of pediatric infections was attributed to hemophilia and blood transfusions or the mode of transmission was unknown.
- Black children accounted for 97.3% of pediatric HIV (not AIDS) cases and 95.3% of pediatric AIDS cases.

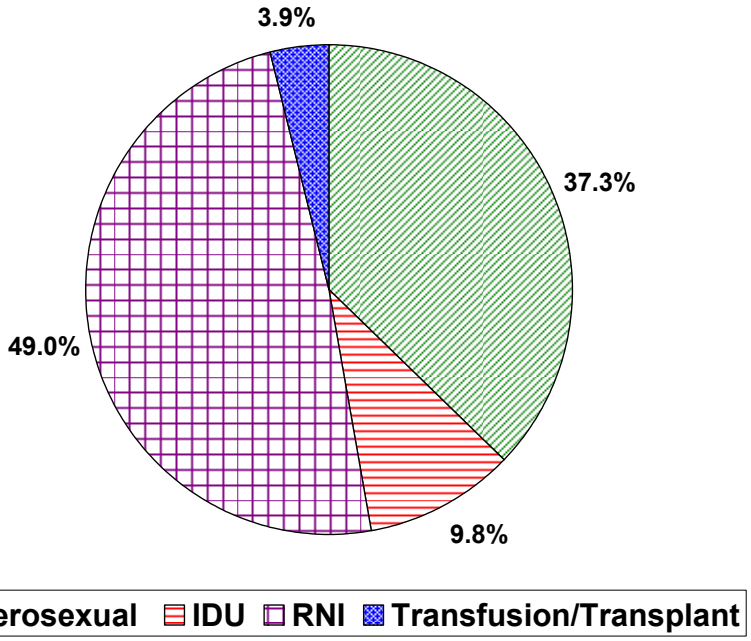
Figure 51. Pediatric HIV (not AIDS) and AIDS Cases by Year of Diagnosis - District of Columbia, 2001 - 2006



***All HIV cases were perinatally acquired**
****14 AIDS cases were perinatally acquired; the remainder were transfusion/hemophiliac or unknown risk.**

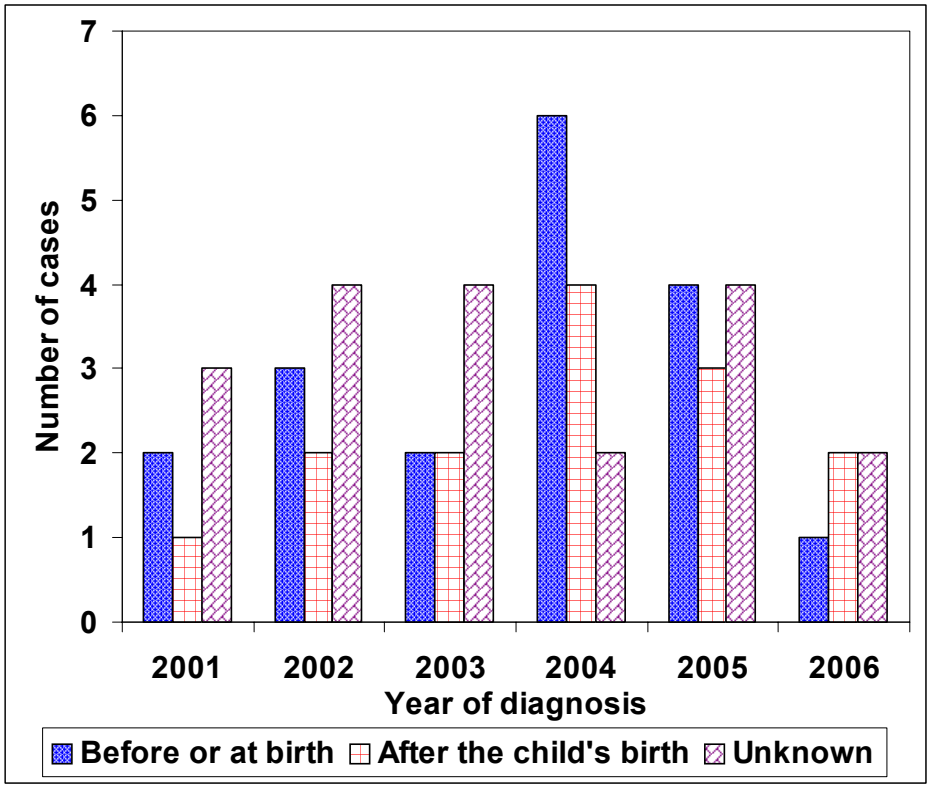
- Between 2001 and 2006, there were 56 children younger than 13 years of age diagnosed with either HIV (not AIDS) or AIDS in the District.
- There were 37 children diagnosed with HIV (not AIDS), who did not progress to AIDS during this time period, and all had perinatally acquired the virus (i.e., from their mothers during pregnancy or at child birth).
- The number of new HIV (not AIDS) cases among children peaked in 2004 at 11 cases and has declined since then. This peak in 2004 may be explained by increased surveillance efforts conducted in 2004 for perinatally acquired cases.
- Between 2001 and 2006, 19 children were diagnosed with AIDS; 14 (74%) of these cases were perinatally acquired.
- The number of AIDS cases among children was highest in 2005 and declined in 2006.
- In 2006, there were five pediatric HIV/AIDS cases diagnosed in the District. Due to delays in reporting, the number of cases reported in later years may be subject to change.

Figure 52. Proportion of Perinatally-Acquired HIV/AIDS by Maternal Mode of Transmission - District of Columbia, 2001 - 2006 [N=51]



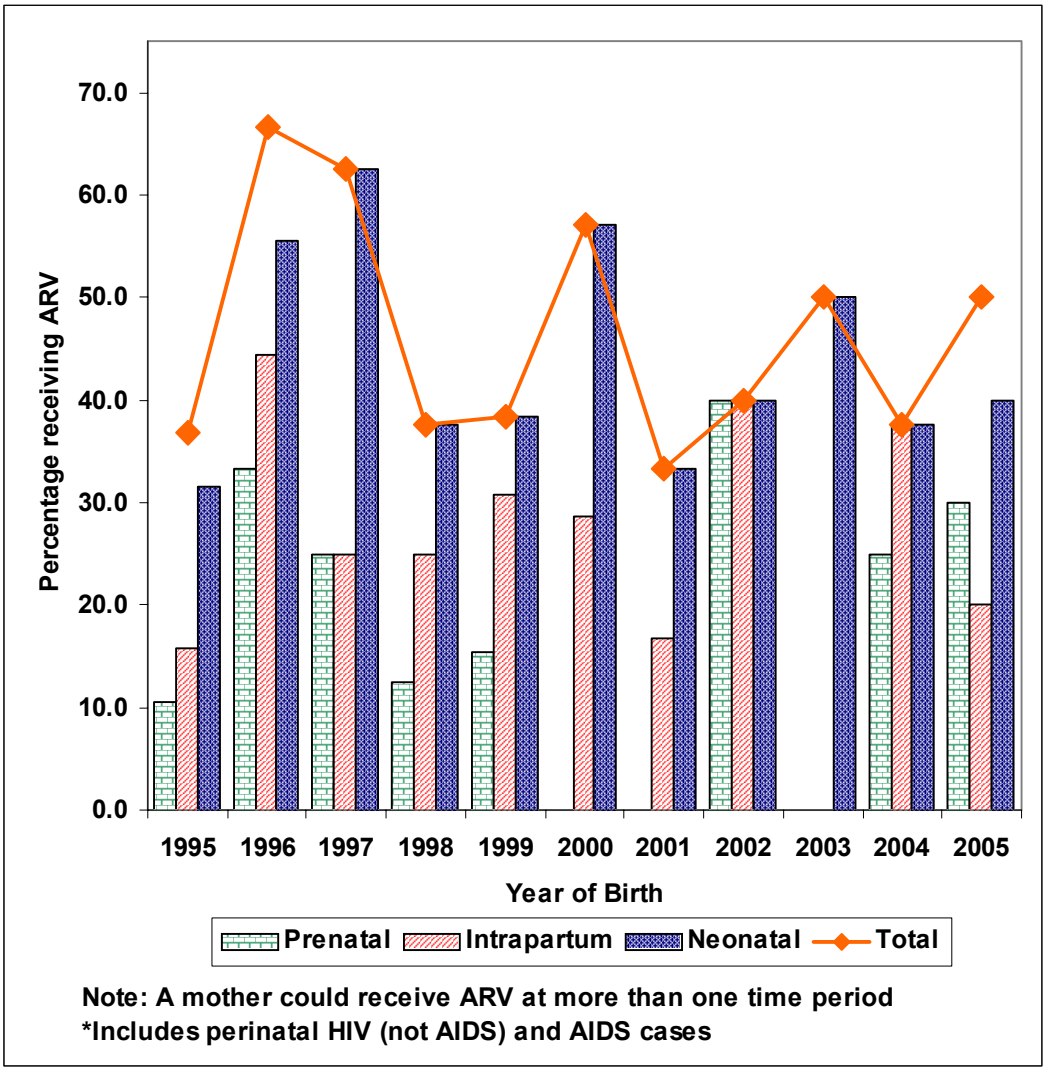
- From 2001-2006, 37.3% of mothers whose children were perinatally infected with HIV/AIDS attributed their infections to heterosexual contact, 9.8% to IDU, and 49.0% did not have a risk factor for HIV specified.

Figure 53. Time of Maternal HIV (not AIDS) Testing among Children with Perinatally-Acquired HIV/AIDS by Year of Diagnosis - District of Columbia, 2001 - 2006 [N=51]



- Between 2001 and 2006, of the women who perinatally infected their children with HIV (not AIDS), a total of 18 (35.0%) of women were tested for HIV before or during the birth of the child; 14 (27.0%) of women were tested for HIV after the birth of the child; and among 19 (37.0%) of women, it was unknown at what point they became aware of their HIV status.
- In 2004, 50.0% of HIV (not AIDS) infected mothers were tested before or at birth; however, by 2006, this proportion had declined to one in five women (20%). This decline may be explained by efforts made for enhanced surveillance of perinatal infection which occurred in 2004, a project which ended in 2005.

Figure 54. Antiretroviral Therapy Use among HIV (not AIDS) Positive Pregnant Women or Perinatally-Infected Children Born 1995 - 2005 - District of Columbia

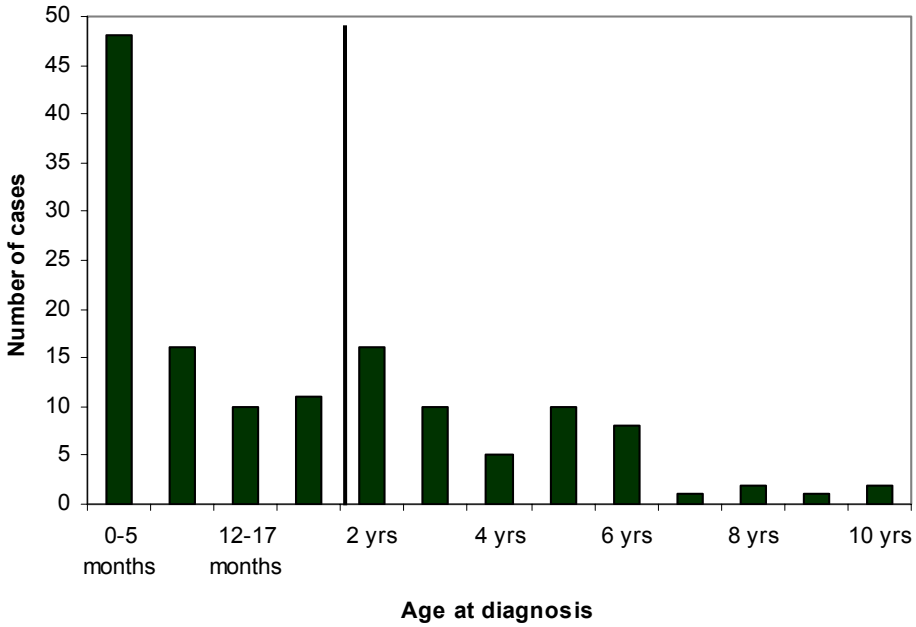


* Includes perinatal HIV (not AIDS) and AIDS cases.
Prenatal: during pregnancy; Intrapartum: during labor and delivery; Neonatal: during the first 28 days of life. (See glossary for further details.)

- The proportion of women whose children were perinatally infected with HIV (not AIDS) and children who ARV either prenatally, intrapartum, or neonatally ranged from 33% to 67% between 1995 and 2005.

- The proportion of women who received ARV therapy prenatally (during pregnancy) ranged from none to 40%.
- The proportion of women who received ARV therapy during the intrapartum period (during labor and delivery) ranged from none to 44%.
- The proportion of children who received ARVs as neonates (during the first 28 days of life) ranged from 32% to 63%.
- At the end of 2005, 20%, 30%, and 40% of women and children had received ARV intrapartum, prenatally, and neonatally, respectively.

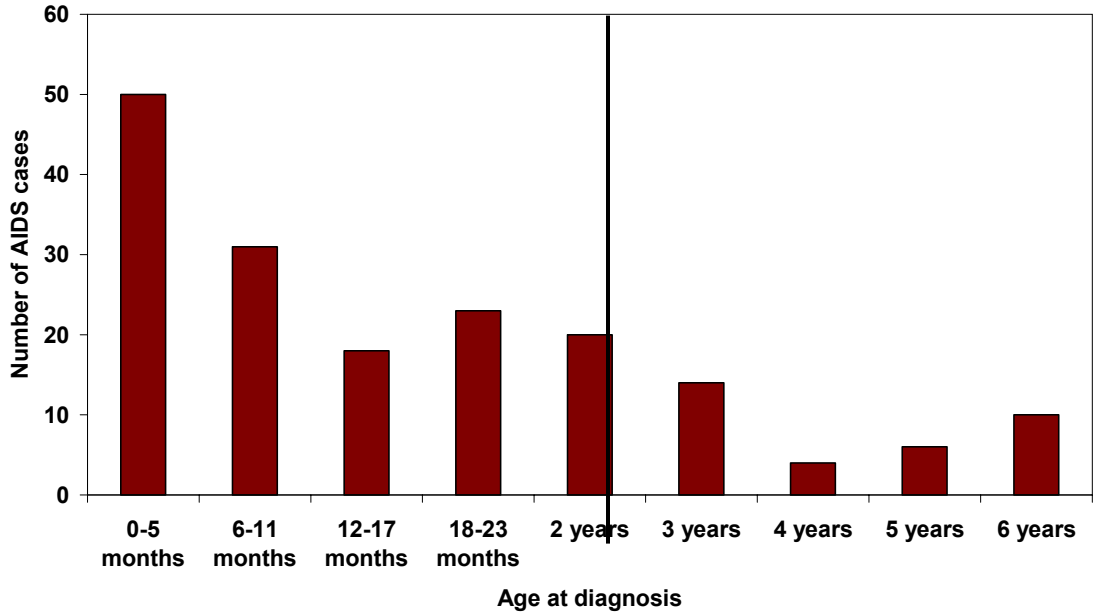
Figure 55. Perinatally-Acquired HIV (not AIDS) Cases by Age at Diagnosis - District of Columbia, Cumulative through 2006, [N=140]



* These cases were diagnosed between 1989 and 2006

- By the end of 2006, 34.3% (n= 48) of all perinatally acquired HIV (not AIDS) cases had been diagnosed between the ages of 0 and 5 months and 60.7% (n= 85) had been diagnosed within the first two years of life.

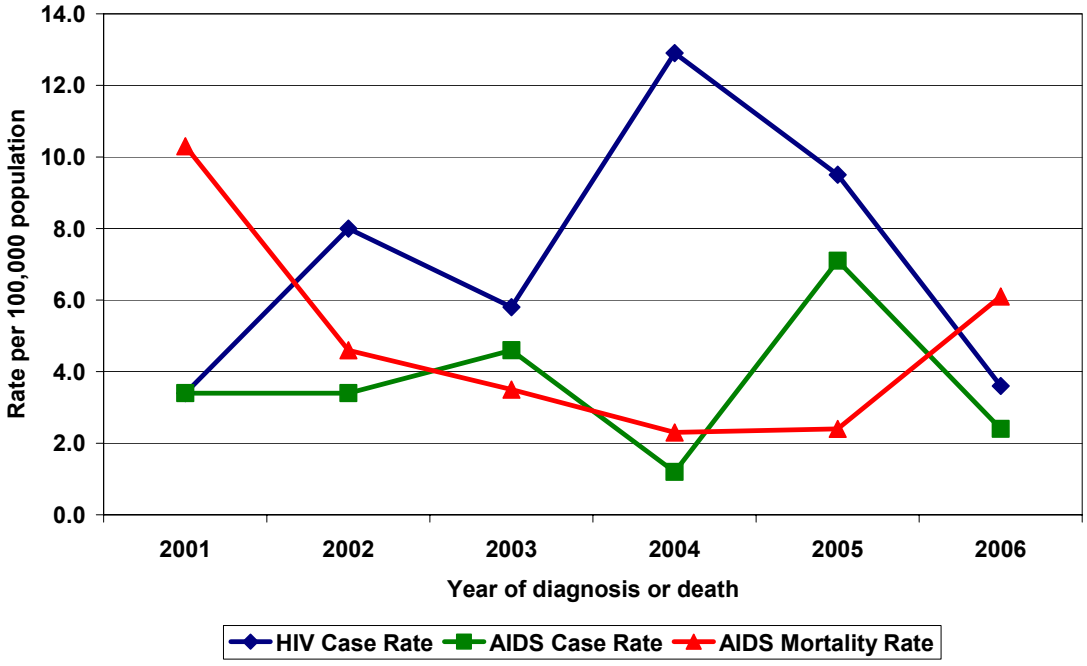
Figure 56. Number of Perinatally-Acquired AIDS Cases by Age at Diagnosis - District of Columbia, Cumulative through 2006, [N=176]



* These cases were diagnosed between 1983 and 2006.

- By the end of 2006, 28.4% (n= 50) of perinatally acquired AIDS cases were diagnosed within the first five months of life.
- Of perinatally acquired AIDS cases, 69.3% (n=122) were diagnosed within the first two years of life.

Figure 57. Pediatric HIV (not AIDS) and AIDS Case Rates and AIDS Mortality Rate by Year of Diagnosis or Death - District of Columbia, 2001 – 2006



- The rate of newly reported pediatric HIV (not AIDS) cases peaked in 2004, but has declined since then from a rate of 12.9 to 3.6 cases per 100,000 population in 2006.
- The rate of newly reported pediatric AIDS cases peaked in 2005 at 7.1 cases per 100,000 population and then decreased to 2.4 cases per 100,000 population in 2006.
- Mortality rates among children with AIDS have fluctuated between 2001 and 2006. These fluctuations may be due to the small numbers of cases and should be interpreted with caution. In 2006, the mortality rate was 6.1 deaths per 100,000 population.
- Data on mortality among children with HIV (not AIDS) have not yet been analyzed as these data were collected under the code-based reporting system.

SECTION XI. TECHNICAL NOTES

RACIAL/ETHNIC CATEGORIES

For the purposes of this report and analysis, and for consistency with the CDC method of reporting racial/ethnic data, Hispanic origin is considered an ethnicity. Therefore persons of Hispanic origin were counted as Hispanic, regardless of a person's racial identity. This differs from the census data presented in Section III of the report, in which Hispanics were considered a distinct ethnic group and a person was counted in both a racial and ethnic category. Those included in the other race category included mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races. Blacks include African Americans and persons of African and Caribbean descent.

GROUPING OF DATA CATEGORIES

Data regarding certain racial/ethnic or risk categories are grouped together when the number of persons with HIV/AIDS in that particular group is small (less than 3). For example, "Other" in the Race/Ethnicity breakdown represents Pacific Islanders, Native Americans, Hawaiian natives, and people of mixed races; "Other" in the Mode of Transmission category breakdown may include transfusion or hemophilia; "Risk Not Identified (RNI)/Unknown" refers to persons for whom a risk factor for transmission remained unidentified. HIV (not AIDS) cases in which no risk factor is identified may be due to code reporting and difficulty following up. All ages are reported in years, unless otherwise noted. Footnotes are included in all figures, tables, and maps to indicate what cases are included in these categories.

HIV (NOT AIDS) AND AIDS CASE RATES

Annual HIV (not AIDS) and AIDS case rate calculations were calculated based on Census population estimates for the District for the corresponding year of diagnosis. Age and race/ethnicity specific rates were calculated as the number of new cases diagnosed for a particular racial/ethnic or age group during each year divided by the population for that racial/ethnic or age group, multiplied by 100,000. These rates were similarly calculated for males and females. Population denominators for the District from 2001 through 2006 were obtained from www.Census.gov.

AIDS PREVALENCE RATES

AIDS prevalence rates were calculated for those persons who were known to be living with AIDS at the end of the calendar year. Denominators used were taken from Census estimates for each corresponding year.

MAINTAINING SECURITY AND CONFIDENTIALITY OF THE DATA

All measures possible are taken to ensure that all patient information is confidential ad used only for epidemiologic purposes. DOH and CDC have implemented policies and procedures to assure the security and confidentiality of HIV/AIDS surveillance data. In keeping with these procedures, when a table cell would include less than three people, the exact number is replaced with "<3" in order to protect against the unlikely possibility of inadvertently enabling others to determine the HIV/AIDS status of a patient to others familiar with his or her demographic characteristics. When a cell's value has been suppressed, any row, column, or overall total from which the value of the suppressed cell could be mathematically deduced is also suppressed.

SECTION XII. DATA TABLES

The following tables are grouped by sections in the report. Each group of tables is preceded by the corresponding section in the report.

Section IV. Brief Overview of HIV/AIDS in the District of Columbia

Figure 4. HIV (not AIDS) and AIDS Cases among Adults and Adolescents, by Year of Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
New HIV (not AIDS) Cases	540	687	615	541	483	403	**3,269**
New AIDS Cases	673	975	841	810	679	700	**4,678**
Living AIDS Cases	5,855	6,534	7,080	7,591	7,972	8,368	**N/A**

Figure 5. Raw Data of Proportion of Living HIV/AIDS Cases and Population, by Race/Ethnicity — District of Columbia, 2006

	HIV/AIDS Cases	District of Columbia Population
White	1,573	184,255
Black	10,032	321,922
Hispanic	609	47,774
Asian	20	18,470
Other	192	9,109
Total	**12,428**	**581,530**

Figure 6. Raw Data of Proportion of Living Male HIV/AIDS Cases and Population, by Race/Ethnicity and Sex — District of Columbia, 2006

	Male HIV/AIDS Cases	District of Columbia Male Population
White	1,467	91,002
Black	6,586	144,071
Hispanics	501	25,074
Asians	16	8,224
Other	123	4,293
Total	**8,695**	**272,664**

Figure 7. Raw Data of Proportion of Living Female HIV/AIDS Cases and Population, by Race/Ethnicity and Sex — District of Columbia, 2006

	Female HIV/AIDS Cases	District of Columbia Female Population
White	106	93,253
Black	3,446	177,851
Hispanics	108	22,700
Asians	4	10,246
Other	69	4,816
Total	**3,733**	**308,866**

Figure 8. Raw Data of Proportion of Living HIV/AIDS Cases and Population, by Sex — District of Columbia, 2006

	HIV/AIDS Cases	District of Columbia Population
Male	8,695	272,664
Female	3,733	308,866
Total	***12,428***	***581,530***

Figure 9. Raw Data of Proportion of Adults and Adolescents Living with HIV/AIDS, by Mode of Transmission -- District of Columbia, 2006, [N=12,428]

	Number of Cases
MSM	4,121
IDU	2,586
MSM/IDU	408
Heterosexual Contact	3,670
Other	947
RNI / Unknown	696
Total	***12,428***

Figure 10. AIDS Deaths among Adults and Adolescents, by Year of Death — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
Deaths	336	328	351	341	283	224	*1,863*

Figure 11. Rates for Newly Reported AIDS Cases, by Year of Diagnosis and City, 2001-2005

	2001	2002	2003	2004	2005
Baltimore, MD	123.7	114.1	113.8	109.5	96.6
Chicago, IL	32.7	37.2	33.3	28.1	30.9
Detroit, MI	26.1	28.1	29.2	28.2	31.6
Philadelphia, PA	72.2	74.4	65.0	57.7	68.3
New York City, NY	69.5	58.2	65.6	53.2	50.7
Washington, DC	117.1	168.9	146.3	139.9	117.7

Figure 12. Rates for People Living with AIDS by Year and City, 2001-2005

	2001	2002	2003	2004	2005
Baltimore, MD	819.8	868.1	894.0	944.8	1001.3
Chicago, IL	254.8	284.3	304.7	325.3	351.4
Detroit, MI	214.2	229.6	249.2	269.0	291.1
Philadelphia, PA	445.8	521.1	544.5	583.6	643.4
New York City, NY	625.4	650.2	682.3	703.7	725.9
Washington, DC	1,030.0	1,144.4	1,242.0	1,325.1	1,386.0

Section V. Trends in HIV (not AIDS) Diagnoses

Figure 13. Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Sex — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
Male	344	439	414	332	307	278	***2,114***
Female	196	248	201	209	176	125	***1,155***
Total	***540***	***687***	***615***	***541***	***483***	***403***	***3,269***

Figure 14. Newly Reported HIV (not AIDS) Cases among Adults and adolescents, by Year of Diagnosis and Mode of Transmission — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
MSM	146	189	172	116	106	113	***842***
IDU	70	96	84	84	62	36	***432***
MSM/IDU	10	12	15	9	9	6	***61***
Heterosexual Contact	208	263	209	189	178	175	***1,222***
RNI / Unknown	106	127	135	143	128	73	***712***

Figure 15. Newly Reported HIV (not AIDS) Cases among Male Adults and Adolescents, by Year of Diagnosis and Mode of Transmission – District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
MSM	146	189	172	116	106	113	***842***
IDU	38	50	44	49	40	22	***243***
MSM/IDU	10	12	15	9	9	6	***61***
Heterosexual Contact	84	112	100	72	65	88	***521***
RNI / Unknown	66	76	83	86	87	49	***447***

Figure 16. Newly Reported HIV (not AIDS) Cases among Female Adults and Adolescents, by Year of Diagnosis and Mode of Transmission – District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
IDU	32	46	40	35	22	14	***189***
Heterosexual Contact	124	151	109	117	113	87	***701***
RNI / Unknown	40	51	52	57	41	24	***265***

Figure 17. Raw Data for Proportion of Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Sex and Mode of Transmission – District of Columbia, 2001-2006

	Female	Male	*Total*
MSM	*N/A*	*842*	***842***
IDU	*189*	*243*	***432***
MSM/IDU	*N/A*	*61*	***61***
Heterosexual Contact	*701*	*521*	***1,222***
RNI / Unknown	*265*	*447*	***712***

Figure 18. Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
White	57	61	82	47	62	50	***359***
Black	441	561	497	434	398	318	***2,649***
Hispanic	23	21	26	33	11	18	***132***
Asian	<3	<3	<3	<3	4	<3	--
Other	18	43	9	27	8	15	***120***

Figure 19. Raw Data for Proportion of Newly Reported HIV (not AIDS) Cases among Adults and Adolescent, by Race/Ethnicity and Sex — District of Columbia, 2001-2006

	Female	Male	*Total*
White	24	335	***359***
Black	1,061	1,588	***2,649***
Hispanic	25	107	***132***
Asian	<3	7	--
Other	43	77	***120***

Figure 20. Newly Reported HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Age at Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
13 – 19	11	13	21	23	9	7	***84***
20 – 29	100	116	109	102	80	81	***588***
30 – 39	195	238	207	136	146	115	***1,037***
40 – 49	161	223	193	172	155	129	***1,033***
50 – 59	59	84	64	88	71	56	***422***
60+	14	13	21	20	22	15	***105***
Total	***540***	***687***	***615***	***541***	***483***	***403***	***3,269***

Figure 21. Rates of HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Sex — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
Female	74.8	94.2	76.2	78.7	65.8	46.7
Male	151.3	192.7	182.1	145.1	133.2	120.4
Total	*110.3*	*139.9*	*125.2*	*109.4*	*97.0*	*80.8*

Figure 22. Rates of HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
White	37.0	39.1	52.3	29.2	37.4	29.5
Black	159.5	203.9	181.9	159.9	147.8	119.8
Hispanic	60.7	54.8	66.8	83.5	27.8	45.7
Asian	6.8	6.6	6.5	0.0	24.5	11.8
Other	0.0	0.0	14.8	0.0	14.2	0.0
Total	*110.3*	*139.9*	*125.2*	*109.4*	*97.0*	*80.8*

Figure 23. Rates of HIV (not AIDS) Cases among Adults and Adolescents, by Year of Diagnosis and Age at Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
13 – 19	22.5	26.4	41.8	44.8	17.3	13.4
20 – 29	96.1	112.2	105.8	97.8	75.7	75.5
30 – 39	202.7	248.5	219.3	146.1	157.9	124.7
40 – 49	197.7	273.8	238.7	213.1	192.9	162.7
50 – 59	88.8	124.0	93.5	126.7	100.4	79.0
60+	15.1	13.9	22.2	20.9	22.8	15.5
Total	***110.3***	***139.9***	***125.2***	***109.4***	***97.0***	***80.8***

Section VI. Trends in AIDS Diagnoses

Figure 24. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Sex —District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
Female	216	295	252	243	236	224	***1,466***
Male	457	680	589	567	443	476	***3,212***
Total	***673***	***975***	***841***	***810***	***679***	***700***	***4,678***

Figure 25. Raw Data for Proportion of Newly Reported AIDS Cases among Adults and Adolescents, by Sex and Mode of Transmission -- District of Columbia, 2001 -2006

	Female	Male	*Total*
MSM	--	1294	***1,294***
IDU	442	581	***1,023***
MSM/IDU	--	158	***158***
Heterosexual Contact	681	560	***1,241***
Other	13	9	***22***
RNI / Unknown	330	610	***940***
Total	***1,466***	***3,212***	***4,678***

Figure 26. Raw Data for Proportion of Newly Reported AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Sex — District of Columbia, 2001-2006

	Female	Male	*Total*
White	26	335	*361*
Black	1,375	2,675	*4,050*
Hispanic	52	172	*224*
Asian	<3	6	--
Other	12	24	*36*

Figure 27. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity – District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
White	60	78	72	54	42	55	*361*
Black	580	857	719	694	589	611	*4,050*
Hispanic	30	33	40	49	41	31	*224*
Asian	--	<3	3	<3	<3	--	*7*
Other	3	6	6	12	5	4	*36*
Total	***673***	***975***	***840***	***810***	***679***	***701***	***4,678***

Figure 28. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Mode of Transmission — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
MSM	197	309	250	206	142	190	*1,294*
IDU	137	191	167	188	206	134	*1,023*
MSM/IDU	28	33	24	27	22	24	*158*
Heterosexual Contact	148	244	209	206	188	246	*1,241*
Other	<3	6	6	<3	<3	4	--
RNI / Unknown	161	192	185	181	119	102	*940*

Figure 29. Newly Reported AIDS Cases among Adult and Adolescent Males, by Year of Diagnosis and Mode of Transmission — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
MSM	197	309	250	206	142	190	*1,294*
IDU	72	108	93	114	128	66	*581*
MSM/IDU	28	33	24	27	22	24	*158*
Heterosexual Contact	61	95	102	101	78	123	*560*
Other	<3	4	3	<3	<3	<3	--
RNI / Unknown	99	131	117	118	73	72	*610*

Figure 30. Newly Reported AIDS Cases among Adult and Adolescent Females, by Year of Diagnosis and Mode of Transmission — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
IDU	65	83	74	74	78	68	*442*
Heterosexual Contact	87	149	107	105	110	123	*681*
Other	<3	<3	3	<3	<3	3	--
RNI / Unknown	62	61	68	63	46	30	*330*

Figure 31. Newly Reported AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Age at Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
13 – 19	<3	11	9	13	9	4	--
20 – 29	77	95	102	107	92	91	*564*
30 – 39	228	322	298	235	194	175	*1,452*
40 – 49	250	366	277	282	252	259	*1,686*
50 – 59	89	150	120	129	90	140	*718*
60+	27	31	35	44	42	31	*210*
Total	--	*975*	*841*	*810*	*679*	*700*	--

Figure 32. Rate of AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Sex — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
Female	82.4	112.1	95.5	91.5	88.3	83.6
Male	201.0	298.4	259.1	247.8	192.2	206.2
Total	*137.5*	*198.6*	*171.2*	*163.8*	*136.4*	*140.3*

Figure 33. Rate of AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Race/Ethnicity —District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
White	39.0	50.1	45.9	33.6	25.4	32.4
Black	209.8	311.5	263.1	255.8	218.8	230.1
Hispanic	79.2	86.2	102.8	124.0	103.6	78.7
Asian	0.0	6.6	19.4	6.3	12.2	0.0
Other	45.7	89.5	103.8	174.7	71.0	41.9
Total	*137.5*	*198.6*	*171.2*	*163.8*	*136.4*	*140.3*

Figure 34. Rate of AIDS Cases among Adults and Adolescents, by Year of Diagnosis and Age at Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
13 – 19	4.1	22.4	17.9	25.4	17.3	7.7
20 – 29	74.0	91.9	99.0	102.5	87.0	84.8
30 – 39	237.0	336.3	315.8	252.4	209.8	189.8
40 – 49	307.0	449.4	342.7	349.4	313.6	326.6
50 – 59	133.9	221.5	175.4	185.7	127.2	197.4
60+	29.2	33.1	37.1	46.1	43.5	32.0
Total	*137.5*	*198.6*	*171.2*	*163.8*	*136.4*	*140.3*

Section VII. Trends among Persons Living with AIDS

Figure 35. Number of Adults and Adolescents Living with AIDS, by Year and Sex — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
Female	1,293	1,539	1,735	1,925	2,106	2,281
Male	4,562	4,995	5,345	5,666	5,866	6,087
Total	***5,855***	***6,534***	***7,080***	***7,591***	***7,972***	***8,368***

Figure 36. Number of Adults and Adolescents Living with AIDS, by Year and Mode of Transmission — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
MSM	2,736	2,893	2,988	3,050	3,041	3,068
IDU	1,530	1,648	1,739	1,845	1,980	2,039
MSM/IDU	295	308	309	316	322	327
Heterosexual Contact	1,044	1,328	1,587	1,798	1,962	2,195
Other	48	53	57	57	55	55
RNI / Unknown	202	304	400	525	612	684
Total	***5,855***	***6,534***	***7,080***	***7,591***	***7,972***	***8,368***

Figure 37. Number of Adults and Adolescents Living with AIDS, by Year, Sex and Mode of Transmission —District of Columbia, 2001-2006

Males	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
MSM	2,736	2,893	2,988	3,050	3,041	3,068
IDU	943	1,002	1,054	1,114	1,191	1,215
MSM/IDU	295	308	309	316	322	327
Heterosexual Contact	424	551	683	777	846	961
Other	27	31	34	34	31	28
RNI / Unknown	137	210	277	375	435	488
Total	***4,562***	***4,995***	***5,345***	***5,666***	***5,866***	***6,087***
Females	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**
IDU	587	646	685	731	789	824
Heterosexual Contact	620	777	904	1,021	1,116	1,234
Other	21	22	23	23	24	27
RNI / Unknown	65	94	123	150	177	196
Total	***1,293***	***1,539***	***1,735***	***1,925***	***2,106***	***2,281***

Figure 38. Number of Adults and Adolescents Living with AIDS, by Year and Race/Ethnicity — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
White	1,101	1,113	1,120	1,112	1,092	1,070
Black	4,447	5,084	5,585	6,049	6,408	6,793
Hispanic	274	298	326	368	403	433
Asian	0	3	6	7	9	9
Other	30	35	41	53	58	60

Figure 39. Rates for Adults and Adolescents Living with AIDS, by Year and Sex – District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
Female	493.1	584.8	657.7	724.9	787.6	851.3
Male	2006.6	2192.0	2350.9	2475.8	2544.8	2636.6
Total	***1196.0***	***1330.6***	***1441.5***	***1535.4***	***1601.2***	***1677.6***

Figure 40. Rates for Adults and Adolescents Living with AIDS, by Year and Race/Ethnicity — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
White	714.9	714.2	714.5	691.5	659.1	630.3
Black	1,608.9	1,848.1	2,043.6	2,229.3	2,380.0	2,558.4
Hispanic	723.3	778.2	837.6	931.6	1,018.0	1,099.6
Asian	13.6	19.8	38.8	44.1	55.1	53.0
Other	457.4	522.3	608.0	771.5	823.1	838.0
Total	***1,196.0***	***1,330.6***	***1,441.5***	***1,535.4***	***1,601.2***	***1,677.6***

Figure 41. Rates for Adult and Adolescent Males Living with AIDS, by Year and Race/Ethnicity — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
White	1,369.9	1,367.0	1,369.1	1,319.6	1,252.8	1,195.7
Black	2,669.0	3,018.7	3,309.8	3,588.7	3,796.4	4,043.0
Hispanic	1,212.9	1,291.4	1,385.1	1,509.8	1,585.0	1,716.5
Asian	31.1	45.4	74.5	86.7	110.9	106.8
Other	716.7	801.1	934.6	1,139.0	1,200.6	1,231.2
Total	***2,006.6***	***2,192.0***	***2,350.9***	***2,475.8***	***2,544.8***	***2,636.6***

Figure 42. Rates for Adult and Adolescent Females Living with AIDS, by Year and Race/Ethnicity — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
White	74.5	78.5	80.4	83.2	83.2	82.4
Black	774.5	928.7	1,053.1	1,170.3	1,281.4	1,410.5
Hispanic	157.6	195.3	223.5	280.0	380.9	409.0
Asian	0.0	0.0	11.5	11.2	11.0	10.5
Other	248.0	296.9	346.9	474.1	515.2	511.4
Total	***493.1***	***584.8***	***657.7***	***724.9***	***787.6***	***851.3***

Figure 43. Rates for Adult and Adolescent Living with AIDS, by Year and Age at Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
13 – 19	102.4	124.0	139.4	161.9	173.1	176.1
20 – 29	1,462.2	1,509.1	1,592.9	1,654.0	1,690.5	1,757.2
30 – 39	2,423.4	2,630.1	2,802.3	2,882.8	2,901.4	2,891.5
40 – 49	1,891.8	2,197.1	2,20.1	2,658.1	2,858.7	3,058.8
50 – 59	507.2	649.5	773.2	888.3	975.6	1,131.1
60+	85.3	105.8	131.5	166.5	197.7	216.9
Total	***1,196.0***	***1,330.6***	***1,441.5***	***1,535.4***	***1,601.2***	***1,677.6***

Section VIII. Trends in AIDS Survival and Mortality

Figure 44. AIDS Deaths among Adults and Adolescents, by Year of Death and Sex — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
Female	99	93	110	115	94	81	*592*
Male	237	235	241	226	189	143	*1,271*
Total	***336***	***328***	***351***	***341***	***283***	***224***	***,1863***

Figure 45. AIDS Deaths among Adult and Adolescent Females, by Year of Death and Mode of Transmission — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
IDU	46	44	51	45	40	29	*255*
Heterosexual Contact	39	39	49	59	41	42	*269*
Other	<3	<3	<3	<3	<3	<3	--
RNI / Unknown	13	10	10	11	13	10	*67*

Figure 46. AIDS Deaths among Adult and Adolescent Males, by Year of Death and Mode of Transmission —District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006	*Total*
MSM	85	85	84	86	70	45	*455*
IDU	71	67	74	57	50	38	*357*
MSM/IDU	14	19	17	15	12	8	*85*
Heterosexual Contact	32	37	39	31	32	31	*202*
Other	<3	<3	<3	<3	<3	<3	--
RNI / Unknown	34	27	27	36	24	21	*169*

Figure 47. AIDS Mortality Rate among Adults and Adolescents, by Year of Death and Sex — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
Female	37.8	35.3	41.7	43.3	35.2	30.2
Male	104.2	103.1	106.0	98.8	82.0	61.9
Total	***68.6***	***66.8***	***71.5***	***69.0***	***56.8***	***44.9***

Figure 48. AIDS Mortality Rate among Adults and Adolescents, by Year of Death and Race/Ethnicity — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
White	13.0	15.4	17.8	21.8	15.1	8.2
Black	111.8	109.1	114.1	110.2	93.6	77.2
Hispanic	18.5	7.8	20.6	7.6	7.6	10.2
Other	0.0	14.9	44.5	58.2	42.6	14.0
Total	***68.6***	***66.8***	***71.5***	***69.0***	***56.8***	***44.9***

Figure 49. AIDS Mortality Rate among Adults and Adolescents, by Year of Death and Age Group at Death — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
13 – 19	2.5	2.0	0.0	2.0	0.0	0.0
20 – 29	28.6	16.2	24.8	18.7	9.9	16.9
30 – 39	87.5	71.6	74.7	65.2	53.0	44.7
40 – 49	141.4	152.5	149.4	146.1	118.9	88.9
50 – 59	93.3	97.0	111.3	106.5	90.8	65.6
60+	14.0	18.2	26.5	38.8	38.3	31.0
Total	***68.6***	***66.8***	***71.5***	***69.0***	***56.8***	***44.9***

Figure 50. Proportion of Persons Surviving, by Number of Years after AIDS Diagnosis and Race/Ethnicity — District of Columbia, 1997-2006 [N=7,793]

	No. of Persons	Proportion Surviving					
		>12 months	>24 months	>36 months	> 5 years	> 7.5 years	> 10 years
White	710	0.900	0.860	0.830	0.794	0.750	0.741
Black	6670	0.880	0.830	0.790	0.720	0.651	0.598
Hispanic	350	0.920	0.910	0.910	0.880	0.864	0.864
Other	63	0.860	0.840	0.820	0.756	0.711	0.711

Section IX. Geographic Distribution of HIV (not AIDS) and AIDS in the District of Columbia

Map 1. Number of Newly Reported HIV (not AIDS) Cases, by Ward — District of Columbia, 2001-2006

	Cumulative HIV (not AIDS) Cases
Ward 1	426
Ward 2	378
Ward 3	38
Ward 4	267
Ward 5	383
Ward 6	470
Ward 7	336
Ward 8	447
Total	***3,052***

Map 2. Number of Newly Reported AIDS Cases, by Ward — District of Columbia, 2001–2006

	Cumulative AIDS Cases
Ward 1	520
Ward 2	435
Ward 3	42
Ward 4	336
Ward 5	563
Ward 6	536
Ward 7	541
Ward 8	570
Total	***4,062***

Map 3. Number of Living AIDS Cases, by Ward — District of Columbia, 2006

	AIDS Prevalence
Ward 1	1,102
Ward 2	940
Ward 3	139
Ward 4	599
Ward 5	983
Ward 6	1,014
Ward 7	808
Ward 8	851
Total	***7,414***

Map 4. Average Rate of HIV (not AIDS) Cases, by Ward — District of Columbia, 2001-2006

	Average Rate of HIV (not AIDS) Cases
Ward 1	96.8
Ward 2	91.5
Ward 3	8.6
Ward 4	60.1
Ward 5	88.0
Ward 6	115.1
Ward 7	79.4
Ward 8	105.1

Map 5. Average Rate of AIDS Cases, by Ward — District of Columbia, 2001-2006 (N=2,745)

	Average AIDS Case Rate
Ward 1	118.1
Ward 2	105.3
Ward 3	9.5
Ward 4	75.6
Ward 5	129.4
Ward 6	131.3
Ward 7	127.8
Ward 8	134.0

Map 6. Number of AIDS Deaths, by Ward — District of Columbia, 2001–2006

	AIDS Mortality
Ward 1	206
Ward 2	149
Ward 3	14
Ward 4	153
Ward 5	264
Ward 6	244
Ward 7	198
Ward 8	247

Section X. HIV (not AIDS) and AIDS Diagnoses among Children

Figure 51. Pediatric HIV (not AIDS) and AIDS Cases, by Year of Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
HIV (not AIDS)	3	7	5	11	8	3
AIDS	3	3	4	<3	6	<3

Figure 52. Proportion of Perinatally Acquired HIV/AIDS Cases, by Maternal Mode of Transmission —District of Columbia, Cumulative through 2006

	Cases
IDU	5
Heterosexual Contact	22
Transfusion/Transplant	<3
Risk Not Identified	5

Figure 53. Time of Maternal HIV (not AIDS) Testing among Children with Perinatally Acquired HIV/AIDS, by Year of Diagnosis — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
Before or at birth	<3	3	<3	6	4	<3
After birth	<3	<3	<3	4	4	<3
Unknown	3	4	4	<3	4	<3

Figure 54. Antiretroviral Therapy Use among HIV (not AIDS) Positive Pregnant Women or Perinatally-Infected Children Born 1995-2005 – District of Columbia

Year of Birth	Percent (%) of Antiretroviral Therapy Use		
	Prenatal	Intrapartum	Neonatal
1995	10.5	15.8	31.6
1996	33.3	44.4	55.6
1997	25.0	25.0	62.5
1998	12.5	25.0	37.5
1999	15.4	30.8	38.5
2000	0.0	28.6	57.1
2001	0.0	16.7	33.3
2002	40.0	40.0	40.0
2003	0.0	0.0	50.0
2004	25.0	37.5	37.5
2005	30.0	20.0	40.0
Total	17.9	26.3	42.1

Figure 55. Perinatally-Acquired HIV (not AIDS) Cases, by Age at Diagnosis — District of Columbia, Cumulative through 2006

	Number
0-5 months	48
6-11 months	16
12-17 months	10
18-23 months	11
2 years	16
3 years	10
4 years	5
5 years	10
6 years	8
7 years	<3
8 years	<3
9 years	<3
10 years	<3

Figure 56. Perinatally-Acquired AIDS Cases, by Age at Diagnosis — District of Columbia, Cumulative through 2006

	Number
0-5 months	50
6-11 months	31
12-17 months	18
18-23 months	23
2 years	20
3 years	14
4 years	4
5 years	6
6 years	10

Figure 57. Pediatric HIV (not AIDS) and AIDS Case Rates and AIDS Mortality Rate, by Year of Diagnosis or Death — District of Columbia, 2001-2006

	2001	2002	2003	2004	2005	2006
HIV (not AIDS) Case Rate	3.4	8.0	5.8	12.9	9.5	3.6
AIDS Case Rate	3.4	3.4	4.6	1.2	7.1	2.4
AIDS Mortality Rate	10.3	4.6	3.5	2.3	2.4	6.1

XIII. DEFINITIONS

Acquired Immunodeficiency Syndrome (AIDS):

A disease of the body's immune system caused by the human immunodeficiency virus (HIV). AIDS is characterized by the death of CD4 cells (an important part of the body's immune system), which leaves the body vulnerable to life-threatening conditions, including infections and cancers.

Active Reporting:

State and local health department surveillance staff collect information by contacting health care practitioners, and reviewing medical records in hospitals, clinics, and doctor's offices.

Adjustments:

Statistical calculations that allow the comparison of different groups (when the difference may affect what you are studying) as though they are alike. Differences in populations or subgroups make it difficult to make comparisons; adjustments remove the influence of a specific factor (for example, age, gender, race, or disease status) from the analysis.

Aggregated data:

Information, usually summary statistics that may be compiled from personal information, but that is grouped or presented together to prevent the identification of individuals.

AIDS-defining illness:

Any of a list of illnesses included that, when occurring in an HIV-infected person, leads to a diagnosis of AIDS, the most serious stage of HIV (not AIDS) infection. AIDS is also diagnosed if an HIV-infected person has a CD4 count below 200 cells/mm^3, whether or not that person has an AIDS-defining condition. The CDC published a list of 26 AIDS-defining conditions in 1993, including candidiasis, cytomegalovirus disease, Kaposi's sarcoma, mycobacterium avium complex, pneumocystis carinii pneumonia, recurrent pneumonia, progressive multifocal leukoencephalopathy, pulmonary tuberculosis, invasive cervical cancer, and wasting syndrome.

Analysis data, datasets, or database:

A dataset created by removing personal data (for example, names, addresses, ZIP codes, and telephone numbers) so the record or records cannot be linked to an individual, but still allows the remaining data to be analyzed.

Antiretroviral therapy:

Treatment with drugs that inhibit the ability of retroviruses (such as HIV) to multiply in the body. The antiretroviral therapy recommended for HIV infection is referred to as HAART, which uses a combination of medications to attack HIV at different points in its life cycle.

Average:

The sum of a set of data divided by the number of cases.

Case:

In epidemiology, a countable instance in the population or study group of a particular disease, health disorder, or condition under investigation, such as HIV infection (for example, an HIV (not AIDS) case) or AIDS (for example, an AIDS case). A case may be an individual with the particular disease.

CD4 Cell:

Also known as helper T cell or CD4 lymphocyte. A type of infection-fighting white blood cell that carries the CD4 protein receptor on its surface. CD4 cells coordinate the immune response, signaling other cells in the immune system to perform their special functions. The number of CD4 cells in a sample of blood is an indicator of the health of the immune system. HIV (not AIDS) infects and kills CD4 cells, leading to a weakened immune system.

CD4 Cell Count:

A measurement of the number of CD4 cells in a sample of blood. The CD4 count is one of the most useful indicators of the health of the immune system and the progression of HIV/AIDS. A CD4 cell count is used by health care providers to determine when to begin, interrupt, or halt anti-HIV therapy; when to give preventative treatment form opportunistic infections; and to measure response to treatment. A normal CD4 cell count is between 500 and 1,400 cells/mm^3, but an individual's CD4 count can vary. In HIV-infected individuals, a CD4 count at or below 200 cells/mm^3 is considered an AIDS-defining condition.

Census:

The enumeration of an entire population, usually with details being recorded on residence, age, sex, occupation, ethnic group, marital status, birth history, and relationship to head of household.

Centers for Disease Control and Prevention (CDC):

An agency of the U.S. Department of Health and Human Services that is charged with protecting the health and safety of citizens at home and abroad.

Code-based Reporting:

HIV (not AIDS) case reporting under the code-based era occurred from January 2001 through November 16, 2006 in the District. The unique identifier code consists of a combination of the letters and number of letters in the last name, social security number, sex, and date of birth.

Core Surveillance:

The primary source of population-based data on persons living with HIV/AIDS. Includes the number of annual cases of HIV (not AIDS) diagnosed; the prevalence of persons living with HIV (not AIDS) infection; and HIV/AIDS-related morbidity and mortality in adults, adolescents, and children; perinatal exposure to HIV infection; access to care in HIV-infected populations; and changes in trends of HIV transmission.

Cumulative cases:

The total number of cases of a disease reported or diagnosed during a specified time. Cumulative cases can include cases in people who have died.

Cumulative incidence rate:

The total number of persons who experience the onset of a disease during a specified period of time among all people at risk for the disease. A cumulative incidence rate is calculated by dividing cumulative incidence for a specified period by the population in which cases occurred during that period. A multiplier is used to convert the resulting fraction to a number over a common denominator (often 100,000).

Data cleaning:

A standard practice commonly employed to improve the usability, quality, integrity, completeness, and accuracy of information collected in a database system.

Demographic information:

The "person" characteristics – age, sex, race, and occupation – of descriptive epidemiology used to characterize the populations at risk.

Denominator:

The lower portion of a fraction used to calculate a rate or ratio. In a rate, the denominator is usually the population (or population experience, as in person-years, etc.) at risk.

Epidemic:

A disease that has spread rapidly through a segment of the human population in a given geographic area.

Epidemiologic follow-up:

The investigative process for obtaining additional information on a reported HIV/AIDS case.

Epidemiologic profile:

See HIV/AIDS epidemiologic profile.

Epidemiology:

The branch of medical science that studies the occurrence, distribution, and control of disease, injury, or health in human populations, and the application of this study to the prevention and control of health problems.

Estimate:

In situations in which precise data are not available, an estimate may be made on the basis of available data and an understanding of how the data may be generalized to larger populations. In some instances, national or state data may be statistically adjusted to estimate local conditions. Good estimates are accompanied by statistical estimates of error (a confidence interval), which describe the limitations of the estimate.

Exposure:

Contact with an infectious agent or other substance, or possession of a characteristic that is suspected to influence the risk of developing a particular disease.

Graph:

A way to show quantitative data visually, using a system of coordinates.

Hemophilia:

An inherited disorder of the blood clotting process that causes excessive and sometimes spontaneous bleeding; requires numerous transfusions of clotting factors, some of which, if required precautions have not been taken, may be contaminated by the HIV virus.

Highly Active Antiretroviral Therapy (HAART):

The name given to treatment regimens that aggressively suppress HIV replication and progression of HIV disease. The usual HAART regimen combines three or more anti-HIV drugs.

HIV (not AIDS):

See "Human Immunodeficiency Virus".

HIV/AIDS epidemiologic profile:

A document that describes the HIV/AIDS epidemic in various populations in defined geographic areas, and identifies characteristics of the general population, HIV-infected populations, and non-infected (and untested) persons whose behavior places them at risk for HIV infection. It consists of information gathered to describe the effect of HIV/AIDS on an area in terms of socio-demographic, geographic, behavioral, and clinical characteristics. The epidemiologic profile serves as the scientific basis from which HIV prevention and care needs are identified and prioritized for a jurisdiction.

HIV/AIDS surveillance:

The systematic data collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with a diagnosis of HIV infection and persons with a diagnosis of AIDS.

HIV diagnosis date:

The earliest date at which HIV (not AIDS) infection was diagnosed from either a positive confirmatory laboratory test result or, in the absence of laboratory documentation, a documented physician diagnosis date.

HIV disease:

Any signs, symptoms, or other adverse health effects of HIV.

HIV positive:

A test result that indicates that antibody to the virus is found in the blood. This test does not predict whether the person will become ill with AIDS; however, it may indicate that one is contagious and capable of passing the virus on to others.

HIV/AIDS surveillance:

The systematic collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with a diagnosis of HIV infection and persons with a diagnosis of AIDS. HIV/AIDS surveillance programs monitor the HIV/AIDS epidemic, and provide factual information that is critical to planning, setting priorities for, and funding HIV prevention, care, and treatment.

Human Immunodeficiency Virus (HIV):

The virus that causes the Acquired Immunodeficiency Syndrome (AIDS). HIV is in the retrovirus family, and two types have been identified: HIV-1 and HIV-2. HIV-1 is responsible for most HIV infections throughout the world, while HIV-2 is found primarily in West Africa. Individuals with HIV in their system are referred to as HIV infected.

Incidence:

The number of new cases of a disease in a defined population during a specific period of time, often one year, which can be used to measure disease frequency. It is important to understand the difference between HIV incidence and reported HIV diagnoses. The number of new HIV (not AIDS) diagnoses does not necessarily reflect trends in HIV incidence (that is, new infections) because some individuals will have been infected recently while others will have been infected some time in the past. Further, because the results of anonymous tests are not reported, not all diagnoses of HIV infection are included in HIV/AIDS surveillance data. Therefore, surveillance data do not represent incident cases.

Incidence Rate:

The frequency of new cases of a disease that occur per unit of population during a defined period of time – such as the rate of new cases per 100,000 population in the District.

Incidence Surveillance:

Provides estimates of the number of newly-acquired HIV infections. It includes the collection and testing of diagnostic blood specimens from newly reported HIV infections; calculation of population-based estimates of HIV incidence using HIV testing information; and monitoring HIV strains for resistance to anti-retroviral drugs.

Infection:

The establishment of an infectious micro-organism, such as bacteria, fungi, protozoa, or viruses, in the body. The term is also used to refer to disease caused by an infectious micro-organism.

Injection-drug users:

Individuals who have ever used needles to inject illicit drugs.

Interpretation:

The explanation of the meaning of the data. For example, interpreting a trend in the number of HIV cases diagnosed during a five-year period enables a planning group to assess whether the number of cases has increased or decreased.

Intrapartum:

The time period spanning labor and delivery.

Mode of transmission:

The means by which HIV is transmitted from one individual to another. It describes how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, or heterosexual sexual contact.

Mortality:

The total number of persons who have died of a particular disease. Usually expressed as a rate, mortality (total number of deaths over the total population) measures the effect of the disease on the population as a whole.

Mother-to-Child Transmission:

The passage of HIV from an HIV-infected mother to her infant. The infant may become infected while in the womb, during labor and delivery, or through breastfeeding.

Name-based Reporting:

The District transitioned from code-based to name-based HIV (not AIDS) reporting in November 2006. Confidential name-based reporting is done through laboratory reports; however, cases are also identified through reporters such as medical providers, hospitals, clinics and community based organizations that provide HIV testing and treatment.

Neonatal:

The time period from birth through the first four weeks after birth.

Numerator:

The upper portion of a fraction.

Passive reporting:

Health care practitioners, hospitals, clinics, and laboratories report cases of HIV/AIDS to state and local health departments.

Pediatric HIV/AIDS:

The medical specialty concerned with the development, care, and treatment of children living with living HIV/AIDS from birth through adolescence.

Percentage:

A proportion of the whole, expressed as parts per 100.

Perinatal:

The time period spanning shortly before and after birth.

Perinatal transmission:

The passage of HIV from an HIV-infected mother to her infant. The infant may become infected while in the womb, during labor and delivery, or through breastfeeding.

Population:

The total number of inhabitants of a given area or country. In sampling, the population may refer to the units from which the sample is drawn, not necessarily the total population of people.

Prevalence:

The total number of people in a population affected with a particular disease or condition at a given time. Prevalence can be thought of as a snapshot of all existing cases of a disease or condition at a specified time.

Prevalence rate:

The total or cumulative number of cases of a disease per unit of population during a defined period of time, such as the rate of AIDS cases per 100,000 population diagnosed through December 31, 2006, in the District of Columbia.

Proportion:

A portion of the complete population or data set, usually expressed as a fraction or percentage of the population or data set.

Provider:

Any source of HIV/AIDS surveillance information, such as physician, nurse, dentist, pharmacist, or other professional provider of health care or a hospital, health maintenance organization, pharmacy, laboratory, STD clinic, TB clinic, or other health care facility that forwards data into the surveillance system.

Public health uses of surveillance data:

The principal public health uses of HIV/AIDS surveillance data at state and federal levels is for epidemiologic monitoring of trends in disease incidence and outcomes. This includes collection of data and evaluation of the collection system, as well as the reporting of aggregate trends in incidence and prevalence by demographic, geographic, and behavioral risk characteristics to assist the formulation of public health policy and direct intervention programs.

Range:

The difference between the largest and smallest values in a data set.

Rate:

A measure of the frequency of an event or a disease compared with the number or persons at risk for the event or disease.

Ratio:

A way of showing the relative size of two numbers. The first number is divided by the second number to derive the ratio. The ratio may be expressed as fraction; for example, 2/3, or the two numbers may be separated by a colon; for example, 2:3.

Reliability:

Refers to the consistency and dependability of a data-collection instrument or measure. For example, if you repeat a blood test three (3) times on the same specimen and the results are the same each time, the test is said to be reliable.

Reporting delay:

The time between a diagnosis of HIV infection or AIDS and the receipt of the report by the health department.

Risk:

The probability that an event will occur; for example, that an individual will become ill or die within a stated period of time or age.

Risk factor:

An aspect of personal behavior or lifestyle, an environmental exposure, or an inborn or inherited characteristic that is associated with an increased occurrence of disease or other health-related event or condition.

Risk Not Identified (RNI):

Cases in which epidemiologic follow-up has been conducted and sources of data have been reviewed, which may include an interview with the provider, but no mode of exposure has been identified. Any case that continues to have no reported risk for twelve (12) or more months after the report date is considered RNI.

Sex:

The biological state of maleness or femaleness determined at birth, as opposed to "gender," which is a psychosocial construct.

Sexually Transmitted Disease (STD):

Any infection spread by the transmission of organisms from person to person during sexual contact.

Sociodemographic factors:

Background information about a population of interest; for example, age, sex, race, educational status, income, and geographic location. These factors are often thought of as explanatory because they help to make sense of the results of analyses.

Socioeconomic status:

A measure of social and economic factors that helps to describe a person's standing in society (for example, income level, relationship to the national poverty line, educational achievement, neighborhood of residence, home ownership).

Statistics:

The collection, analysis, interpretation, and presentation of quantitative (numerical) data.

STD:

See sexually transmitted disease.

Stratification:

A technique for dividing data into homogenous groups (strata).

Surveillance (public health surveillance):

The continuous, systematic collection, analysis, interpretation, dissemination, and evaluation of population-based health information for purposes of disease prevention and control.

Surveillance data:

Statistics generated from disease surveillance in either paper or electronic format.

Surveillance information:

Details collected on an individual or individuals for completing routine or special surveillance investigations. Examples of HIV/AIDS surveillance information are the HIV/AIDS report forms, ancillary notes about risk investigations and related questionnaires, notes about suspect cases, laboratory reports, line lists, discharge summaries, death certificates, and drug data stores.

Table:

A set of data arranged in rows and columns.

Trend:

A long-term movement or change in frequency, usually upward or downward; may be presented as a line graph.

Variable:

Any characteristic or attribute that can be measured.

Virus:

A microscopic organism that requires a host cell to make more copies of itself. Examples of human diseases caused by virus infections are AIDS, measles, mumps, polio, influenza, and the common cold.

Vital statistics:

Systematically tabulated information about births, marriages, divorces, and deaths, based on registration of these events.

Year of diagnosis:

The year in which a diagnosis of HIV (not AIDS) infection or AIDS was made.

Year of report:

The year in which a person with a diagnosis of HIV (not AIDS) infection or AIDS was reported to the health department.

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