

HIV/AIDS is a Regional Issue

HIV/AIDS Regional Update #1, October 2011

A Snapshot of HIV/AIDS in the Washington, DC Area

Prepared for the Regional Primary Care Coalition by Emily Gantz McKay, Mosaica

Summary

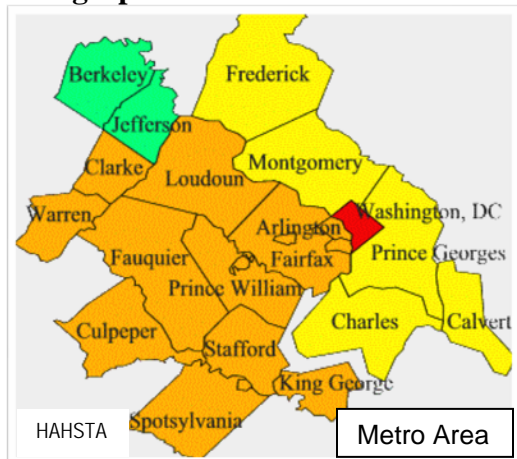
New data on living cases of HIV/AIDS (HIV/AIDS prevalence) in the Washington, DC area show that HIV/AIDS remains an important regional health issue. While the District of Columbia remains the epicenter of the regional epidemic with 16,721 living cases, nearly half of all people living with HIV and AIDS are residents of suburban communities. As of December 31, 2009, there were 32,891 people living with HIV disease in the Washington metropolitan area (officially the Washington-Arlington-Alexandria DC-VA-MD-WV primary metropolitan statistical area), and almost 96% of them (31,436) lived in the District and its inner suburbs. Prince George's County is the second epicenter of the regional epidemic, with 5,399 living cases.

These data include only HIV and AIDS cases reported to the Centers for Disease Control and Prevention (CDC) who were first diagnosed in this area. They do not include projections of undiagnosed cases. However, the CDC estimates that nationally, 21% of people living with HIV/AIDS do not know they are infected. If this estimate holds true for the Washington, area, the total number of people in the metro area with HIV/AIDS is probably close to 40,000, over 38,000 of them (almost 96%) live in DC and the inner suburbs, and nearly 18,800 of them (almost 47%) live outside DC in the inner suburbs.

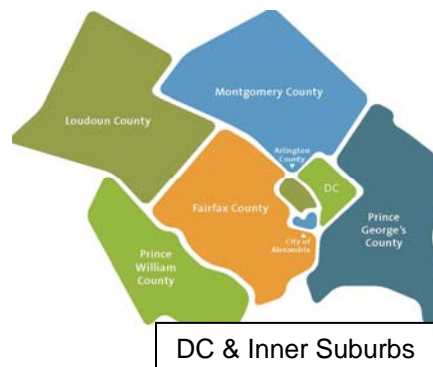
Introduction

Each year, as part of the planning and decision making about HIV/AIDS treatment, the Metropolitan Washington Health Services Planning Council for the Ryan White program works with the grantee (the DC Department of Health) and suburban administrative agents for Northern Virginia and Suburban Maryland to review data on HIV/AIDS cases, service needs and gaps. The Planning Council identifies service priorities and allocates funds to specific service categories. This helps to determine how about \$30 million in federal Ryan White "Part A" funds are used. (Part A provides funding to the metropolitan areas with the largest number of AIDS cases.)

Geographic Areas Covered



The Planning Council looks at HIV/AIDS data for the entire Metropolitan Washington "Eligible Metropolitan Area" (EMA), as defined by the CDC. This includes the entire Washington metropolitan area. As shown in the map on the left, it includes Washington, DC,

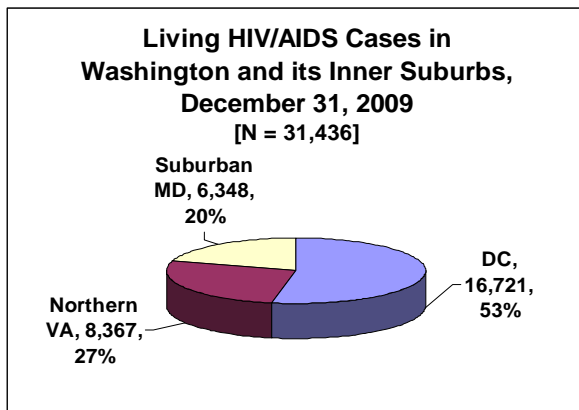


five counties in Maryland, 12 health districts (11 counties, the City of Alexandria, and 5 smaller cities) in Northern Virginia, and two counties in West Virginia. This update focuses on the epidemic in the “inner suburbs,” the core of the metro area, which includes the District of Columbia, the “Suburban Maryland” health region (Montgomery and Prince George’s Counties), and the “Northern Virginia” health region, which includes five health districts: the City of Alexandria and the counties of Arlington, Fairfax (including the cities of Fairfax and Falls Church), Loudoun, and Prince William (including the cities of Manassas and Manassas Park). The great majority of HIV/AIDS cases, 95.6%, are in the DC-Inner Suburbs area.

Data Sources

All the data in this update were provided by the epidemiology units of area health departments – the DC Department of Health, the Maryland Department of Health and Community Hygiene, and the Virginia Department of Health. They presented 2009 epidemiological profiles of HIV/AIDS at jurisdictional meetings convened by the Planning Council as part of its regional planning process. Where 2009 data were not presented, this document uses 2008 data provided by the health departments for Mosaica’s Profiles Project. These data provide a quick snapshot of the epidemic at one point in time: December 31, 2009. Because the focus of the presentations was on the entire metro area, some information for the inner suburbs was not separately available.

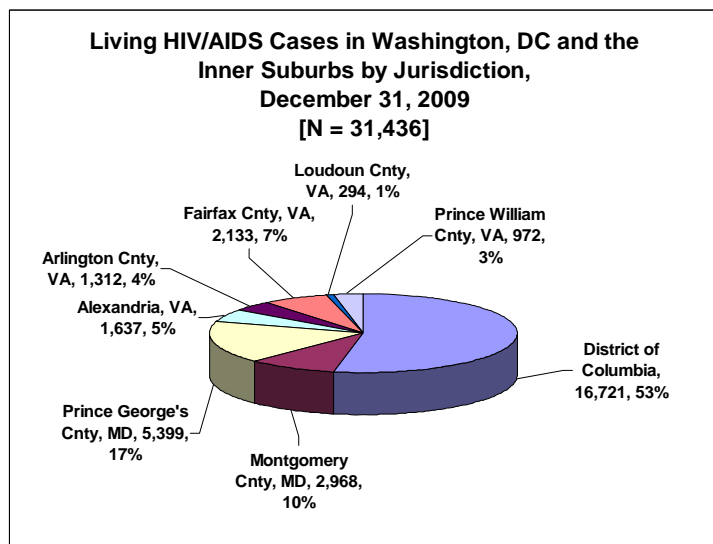
HIV/AIDS Prevalence in Washington and its Inner Suburbs



As of December 31, 2009, 31,436 people in the District of Columbia and its inner suburbs were living with HIV/AIDS. As the pie chart on the left shows, 53% lived in the District, 27% in Northern Virginia, and 20% in Suburban Maryland. As the pie chart below shows, there are great variations in cases by jurisdiction. DC accounts for about 53% of cases, Prince George’s County 17%, Montgomery County 10%, Fairfax County (including Fairfax City and Falls Church) 7%, and the other jurisdictions 5% or less.

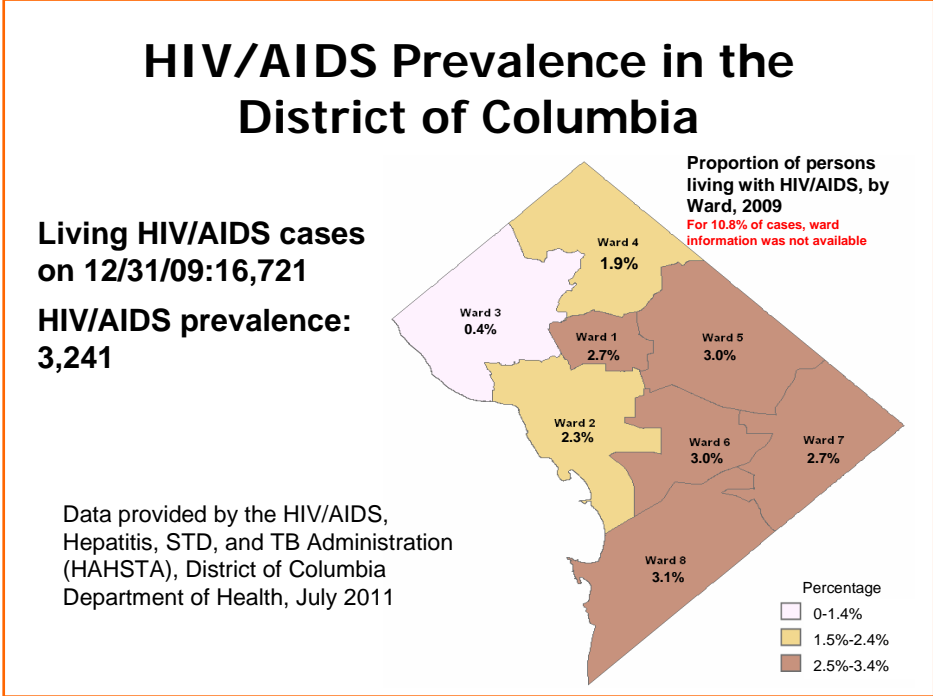
The HIV/AIDS prevalence rate in the District (number of cases per 100,000 population) is much higher than in the suburbs (3,241 versus 647 for Prince George’s County, 305 for Montgomery County, and about 297 (as of 2008) for Northern Virginia). However, the populations are much larger in the suburbs, and HIV disease is a major health issue in most of the inner suburbs.

The charts that follow show number of cases and provide some additional information by jurisdiction.



District of Columbia:

The box shows overall HIV/AIDS prevalence in the District of Columbia (3,241), as well as rates by ward. The map shows the percent of residents in each ward who were living with HIV/AIDS as of December 31, 2009. As the box indicates, ward data were not available for 10.8% of cases, so the actual percent is actually higher in some or all wards. For the District as a whole, about 3% of residents have been diagnosed with HIV/AIDS. The percent by ward ranges from 0.4% in Ward 3 to 3.1% in Ward 8.



The District of Columbia has released a detailed epidemiological report on HIV/AIDS, which is available online at http://dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/2010_Annual_Report_FINAL.pdf.

HIV/AIDS Prevalence: Suburban MD

County	Living Cases on 12/31/2009		
	Number	Percent	Prevalence*
Montgomery	2,968	35.5%	305
Prince George's	5,399	64.5%	647
Total	8,367	100.0%	484**
* Cases per 100,000 population **Combined prevalence rate as of 2008			

Data from presentation to Suburban MD by Colin Flynn, Chief, Center for HIV Surveillance & Epidemiology, Infectious Disease & Environmental Health Administration, MD Department of Health & Mental Hygiene, July 11, 2011. See http://ideha.dhmmh.maryland.gov/CHSE/pdf/Washington_MSA_Epidemiology.pdf.

Suburban Maryland:

As the table indicates, there were 8,367 individuals living with HIV disease in Suburban Maryland on December 31, 2009. Nearly two-thirds lived in Prince George's County, which had a prevalence rate more than double that of Montgomery County. The prevalence rate for the State of Maryland was 510; this reflects the high rate of HIV/AIDS in the Baltimore metropolitan area.

Northern Virginia: As the box shows, 6,348 people in the Northern Virginia Health Region were living with HIV disease as of the end of 2009. About 80% lived in the health districts

Health District	Living Cases On 12/31/09		
	Number	Percent	Prevalence*
Alexandria City	1,637	25.8%	894
Arlington County	1,312	20.7%	621
Fairfax County	2,133	33.6%	225
Loudoun County	294	4.6%	83
Prince William County	972	15.3%	244
Total	6,348	100.0%	297

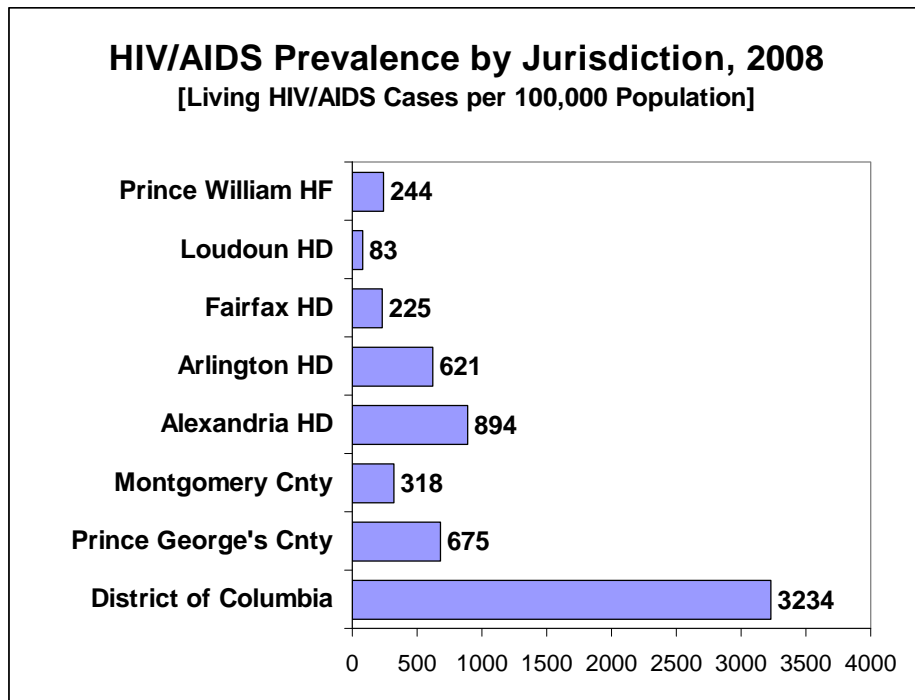
* Prevalence data are for 2008

Data provided by VA Department of Health, Division of Disease Prevention at VA DC EMA Data Presentation, July 20, 2011.

closest to the District of Columbia: Fairfax County, Alexandria, and Arlington County. Prevalence rates by county (which are for 2008) reflect population differences and indicate that the highest rates of HIV/AIDS are in Alexandria and Arlington County. The prevalence rate for the State of Virginia was 263 per 100,000.

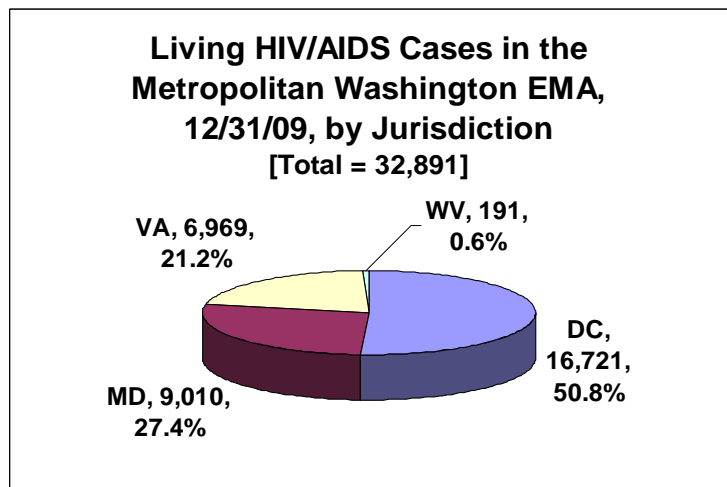
HIV/AIDS Prevalence, 2008

The bar chart provides a the HIV/AIDS prevalence rates within DC and the inner suburbs, which in 2008 varied from a low of 83 per 100,000 population in Loudoun County/Health District to a high of 3,234 in the District of Columbia. Suburban jurisdictions with the highest rates of HIV/AIDS were the City of Alexandria, Prince George’s County, and Arlington County/Health District. Prevalence rates for 2009 for the individual Virginia health districts were not provided during the 2011 Ryan White planning process.



HIV/AIDS Cases in the Metropolitan Area

Some additional information was provided by the health departments about the number and characteristics of people living with HIV and AIDS (PLWH/A) in the area served by the metropolitan Washington Ryan White Part A program. As shown in the metro area map, this includes the entire metropolitan area as defined by the Census Bureau – the core area already described plus additional counties and municipalities in Virginia and Maryland, plus two counties in West Virginia.

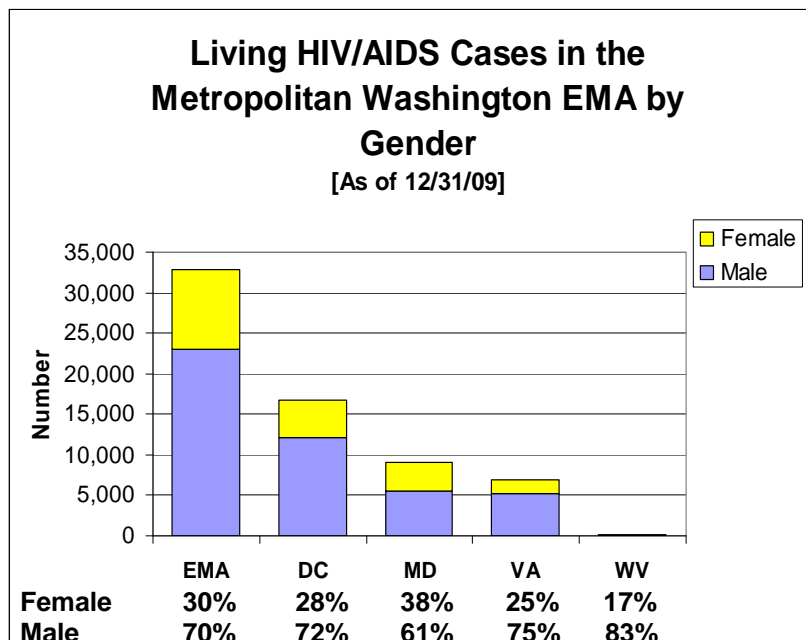


As the pie chart shows, in the metro area as a whole, as of the end of 2009, the District of Columbia was home to about 51% of people living with HIV disease in the metro area, more than 27% lived in Maryland, 21% in Virginia, and less than 1% in West Virginia. About 7% of metro area residents with HIV and AIDS in Maryland lived in jurisdictions outside the inner suburbs, as did about 9% of Virginia metro area residents.

Characteristics of People living with HIV and AIDS

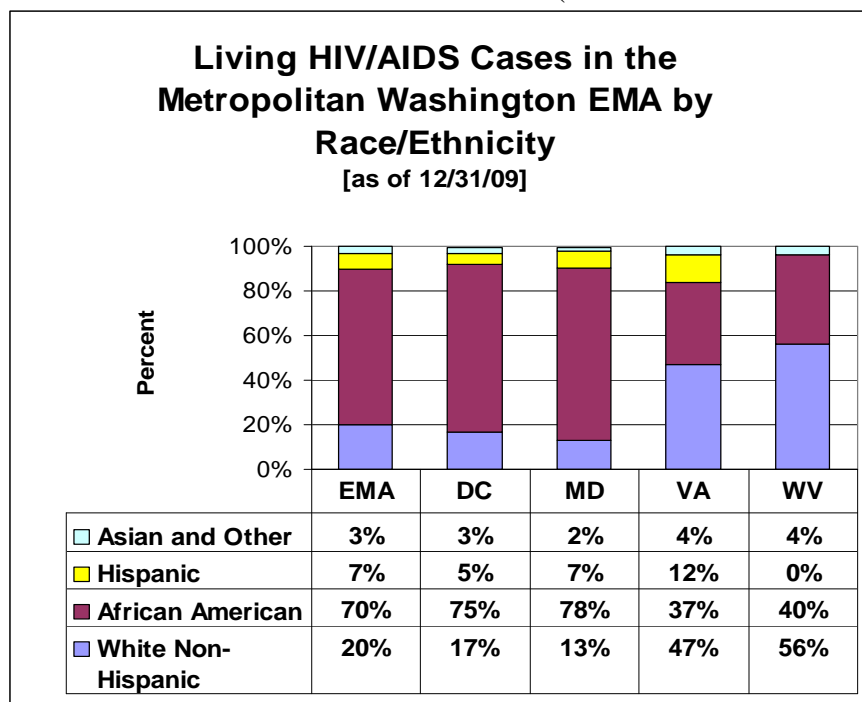
Some information about the characteristics of people living with HIV and AIDS is available for the metropolitan area as a whole and for Maryland, Virginia, and West Virginia segments of the metro area. Because more than 90% of non-DC residents with HIV disease live in the inner suburbs, the characteristics shown for the larger area are likely to be similar.

Gender: As the bar chart indicates, about 70% of people living with HIV disease in the metro area as of December 2009 were male and 30% female. The number of women was highest in Maryland (38%) and lowest in the two rural West Virginia counties that are part of the metropolitan area.



Race/ethnicity: The second bar chart provides information on the race and ethnicity. It indicates that for the metro area as a whole, 70% of people living with HIV disease at the end of

December 2009 were African American, 20% white non-Hispanic, 7% Hispanic/Latino, and 3% Asian American/Pacific Islander and other (American Indian and Alaskan Native). However,



there are considerable differences by jurisdiction. In the five Maryland counties within the metro area, 78% of people living with the disease were African American, as were 75% of DC residents with HIV/AIDS. In the 12 health districts of Northern Virginia, nearly half (47%) of PLWH/A were White non-Hispanic. The percentage of Hispanics was highest in Virginia (12%). Maryland reported that the proportion of Hispanics has been increasing.

Other Regional Information about HIV/AIDS

One or more of health departments reported other epidemiology-related trends and findings, some of which will be the focus of future RPCC updates prepared by Emily Gantz McKay of Mosaica. For example:

- **Early diagnosis and early entry into care:** Early diagnosis – helping people learn their HIV status as soon as possible after infection – and early entry into care – getting people into medical care within three months after diagnosis – are key local and national priorities. They are important for many reasons. It has long been understood that people who do not know their HIV status are much more likely than those who have been diagnosed to transmit the virus to others. Recent research indicates that people who are taking anti-retrovirals and have undetectable viral loads are very unlikely to transmit the virus to their sex partners, so treatment has become an important prevention strategy. In addition, an increasing body of research indicates that beginning medications as soon as possible after infection reduces damage to the immune system and greatly affects long-term health.
 - **Late diagnosis** – Late diagnosis occurs when an individual is diagnosed with AIDS within 12 months after initial diagnosis as HIV-positive. Nationally, 33% of people with AIDS are late diagnoses. In Maryland, 32% are late testers. In the District of Columbia, a major focus on testing has reduced the percent of late testers from 58% in 2005 to 44% in 2009.
 - **Entry into care:** Health departments and HIV/AIDS service providers are working hard to ensure that individuals with HIV and AIDS enter care immediately after diagnosis. There is some new evidence from Maryland newly diagnosed PLWH/A either enter care within three months after diagnosis or may delay care for more than a year. In the Maryland portion of the metro area, 56% of newly diagnosed PLWH/A were entering

care within three months after diagnosis (as shown by having a laboratory test). However, those who did not enter care within three months after diagnosis were typically still out of care nine months later – only 4% of the newly diagnosed entered care during that period.

- **Increases in HIV/AIDS among older residents:** In the metro area, there is a growing rate of HIV disease among individuals 50 and older. This is partly because PLWH/A diagnosed in their 20s or 30s are living longer, so they represent a growing proportion of the number of living HIV/AIDS cases. However, the proportion of new cases that are 50 and older is also increasing in the metro area. For example, in DC more than 37% of all people living with HIV and AIDS as of December 31, 2009 were 50 or older; 10% were 60 or older. In the Maryland section of the metro area, nearly 31% of all PLWH/A were 50 or older, 8% of them 60 or older. Maryland reported an increase in new diagnoses among people aged 50-59.

Other regional actions and initiatives are underway to improve HIV/AIDS care throughout the region. For example:

- **Working towards equal access to HIV/AIDS care throughout the region:** The Ryan White Planning Council, working closely with the jurisdictions and with PLWH/A groups in each area, has taken a number of new actions to increase equality in access to Ryan White services throughout the metropolitan area. These include directives and funding decisions – which will be addressed in future updates.
- **Metropolitan Washington Cross-Part Collaborative:** The HIV/AIDS Bureau and the National Quality Center (NQC) are leading an initiative to improve HIV/AIDS care across the region through a partnership to improve quality improvement throughout the metro area and across Ryan White Parts and grantees. It will also strengthen consumer involvement in quality activities. Health departments, AIDS service providers, and people living with HIV/AIDS in DC, Virginia, Maryland, and West Virginia are participating in training, planning sessions, and collaborative work. The initiative began in January 2011.