
The Scope of HIV Disease and AIDS in Virginia DC EMA Localities*

May 6, 2010

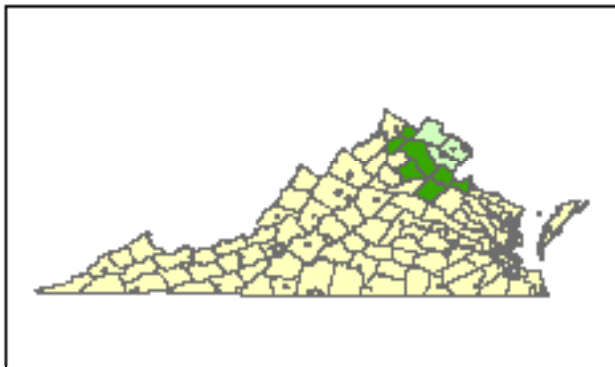
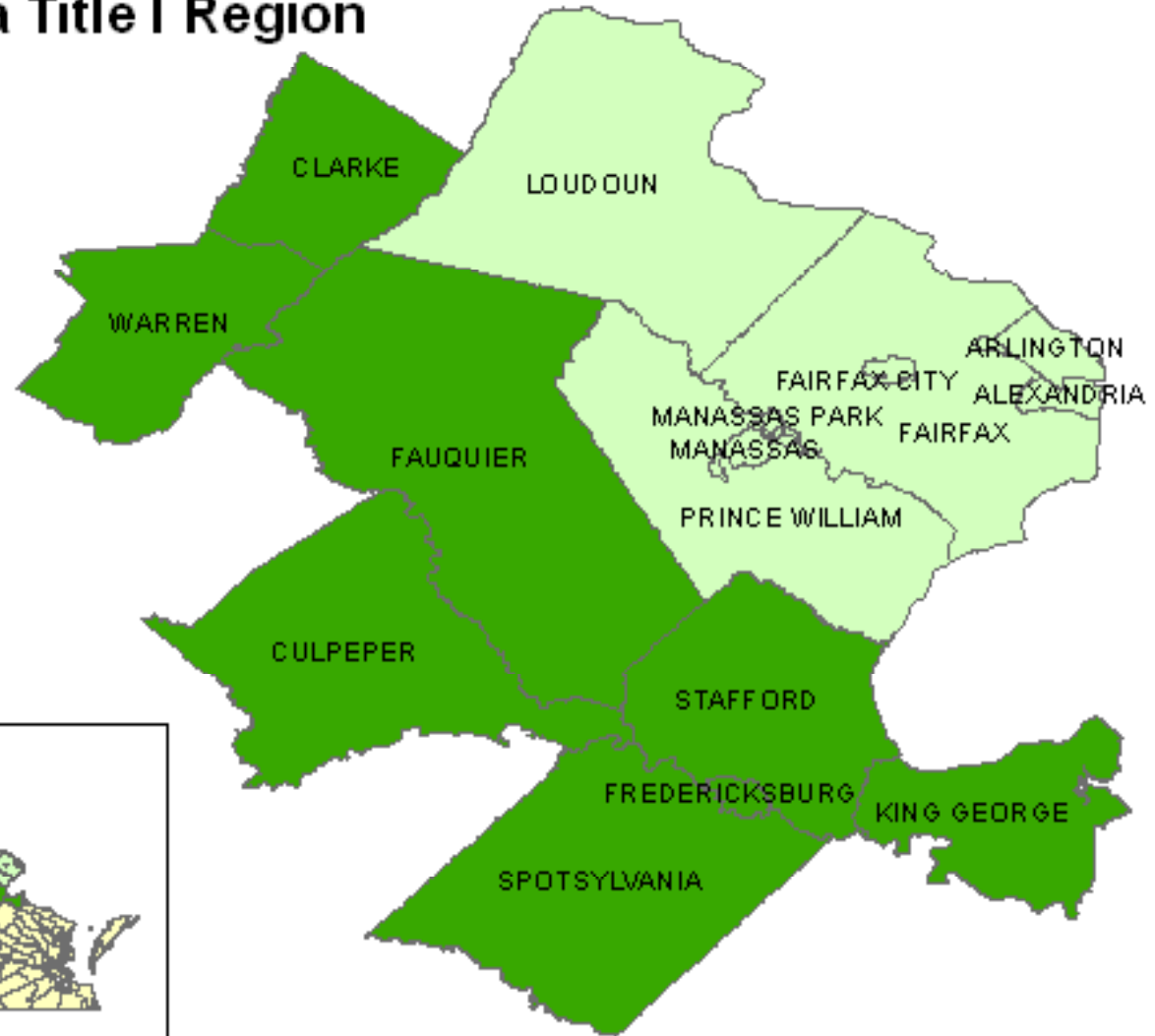
*NOTE:

Data presented is for the following localities only:

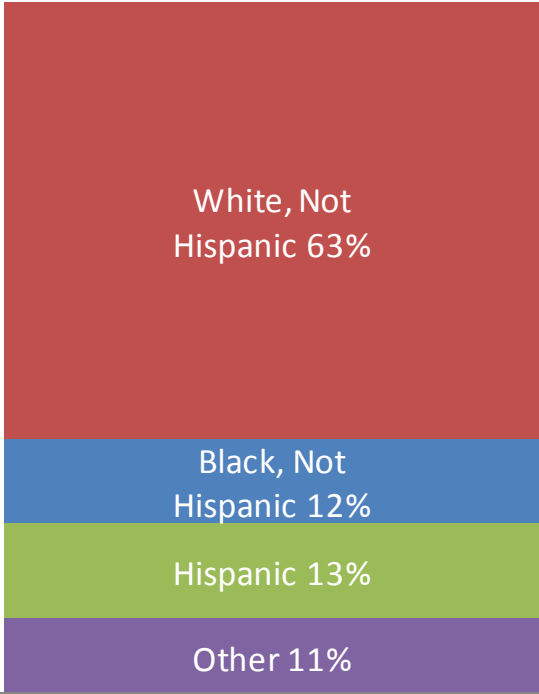
- Loudoun County
- Falls Church City
- Arlington County
- Alexandria City
- Fairfax City
- Fairfax County
- Manassas Park City
- Manassas City
- Prince William County
- Clarke County
- Warren County
- Fauquier County
- Culpeper County
- Stafford County
- Fredericksburg City
- Spotsylvania County
- King George County

Northern Virginia Title I Region

- designated urban
- designated rural



Population Distribution in 2008 (N=2,557,340)



Total Population by Race/Ethnicity

People Living with HIV Disease

- In Virginia DC EMA there are 5,828 people known to be living with HIV disease.
 - Living with HIV infection n=2,750 (47%)
 - Living with AIDS n=3,078
- 29% of Virginia's total

People Living with HIV Disease

A total of 5,828 people are living with HIV disease

- 47% Black
- 38% White
- 12% Hispanic/Latino
- 75% males
- 60% between 30-49 years old
- 49% MSM
- 28% White MSM

Out of 10 people living with HIV disease, approximately:

- 5 are Black
- 4 are White
- 1 is Hispanic/Latino
- 8 are males
- 6 are 30-49 years old
- 5 are MSM
- 3 are White MSM

People Living with HIV Disease, Urban/Rural

Urban areas

- A total of 5,354 people living with HIV disease (92% of total living)
- 47% Black
- 37% White
- 13% Hispanic/Latino
- 75% males
- 60% between 30-49 years old
- 47% MSM

Rural areas

- A total of 474 people living with HIV disease (8% of total living)
- 46% Black
- 48% White
- 5% Hispanic/Latino
- 72% males
- 58% between 30-49 years old
- 43% MSM





People Living with HIV Disease, Rates

- 228 per 100,000 population (overall)
 - 113 per 100,000 females
 - 345 per 100,000 males
 - 139 per 100,000 Whites
 - 865 per 100,000 Blacks
 - 204 per 100,000 Hispanics/Latinos

Rates of Persons Living with HIV Disease in VA DC EMA Localities

- 1 in every 439 Virginians
- 1 in every 889 female Virginians
- 1 in every 290 male Virginians
- 1 in every 721 White Virginians
- 1 in every 116 Black Virginians
- 1 in every 490 Hispanic/Latino Virginians

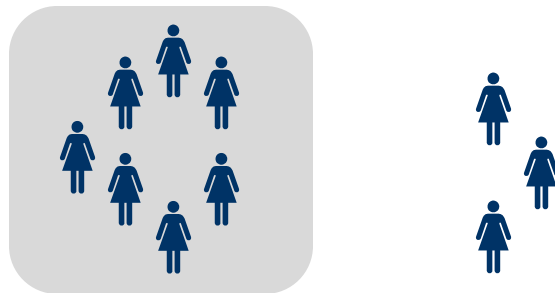
Racial Impact in VA DC EMA Counties among People Living with HIV Disease

- Black persons are **6 times** more likely to be living with HIV disease than White persons
 - White 
 - Black 
- Males are **3 times** more likely to be living with HIV disease than females
 - Female 
 - Male 

Racial Impact in VA DC EMA Counties among People Living with HIV Disease

Black women represent **70%** of all women living with HIV disease.

7 out of every 10 women living with HIV disease are Black.



Co-morbidities

Among people living with HIV disease in Virginia DC EMA localities in 2008,

- 16 were also diagnosed with **Chlamydia**
- 18 were also diagnosed with **Gonorrhea**
- 40 were also diagnosed with **Primary, Secondary or Early Latent Syphilis**
- 2 were also diagnosed with **Tuberculosis**

... in 2008.

Deaths Among People Diagnosed with HIV Disease

Total of **310** people died between 2004 and 2008 who had been reported with HIV disease in Virginia DC EMA area

- Urban localities n=271
- Rural localities n=39

2008 REPORTED CASES OF HIV DISEASE

Reported Cases of HIV Disease, 2008

- A total of 337 new HIV disease cases were reported in 2008
 - 90% Urban
- Urban Cases (303 cases)
 - 47% Black
 - 30% White
 - 21% Hispanic/Latino
 - 77% males
 - 45% MSM
 - 84% were 20-49 years
- Rural Cases (34 cases)
 - 50% Black
 - 44% White
 - 6% Hispanic/Latino
 - 79% males
 - 62% MSM
 - 74% were 20-49 years

New Infection Rates in Virginia DC EMA Localities

Each year, approximately **1** in every:

- **7,589** Virginians
- **16,724 female** Virginians
- **4,883 male** Virginians
- **15,466 White** Virginians
- **1,992 Black** Virginians
- **5,377 Hispanic/Latino** Virginians



...is infected with HIV disease.

New Infections in VA DC EMA Localities, Racial Impact

- Blacks are **8 times** more likely to be reported with HIV disease than Whites

- White 
- Black 

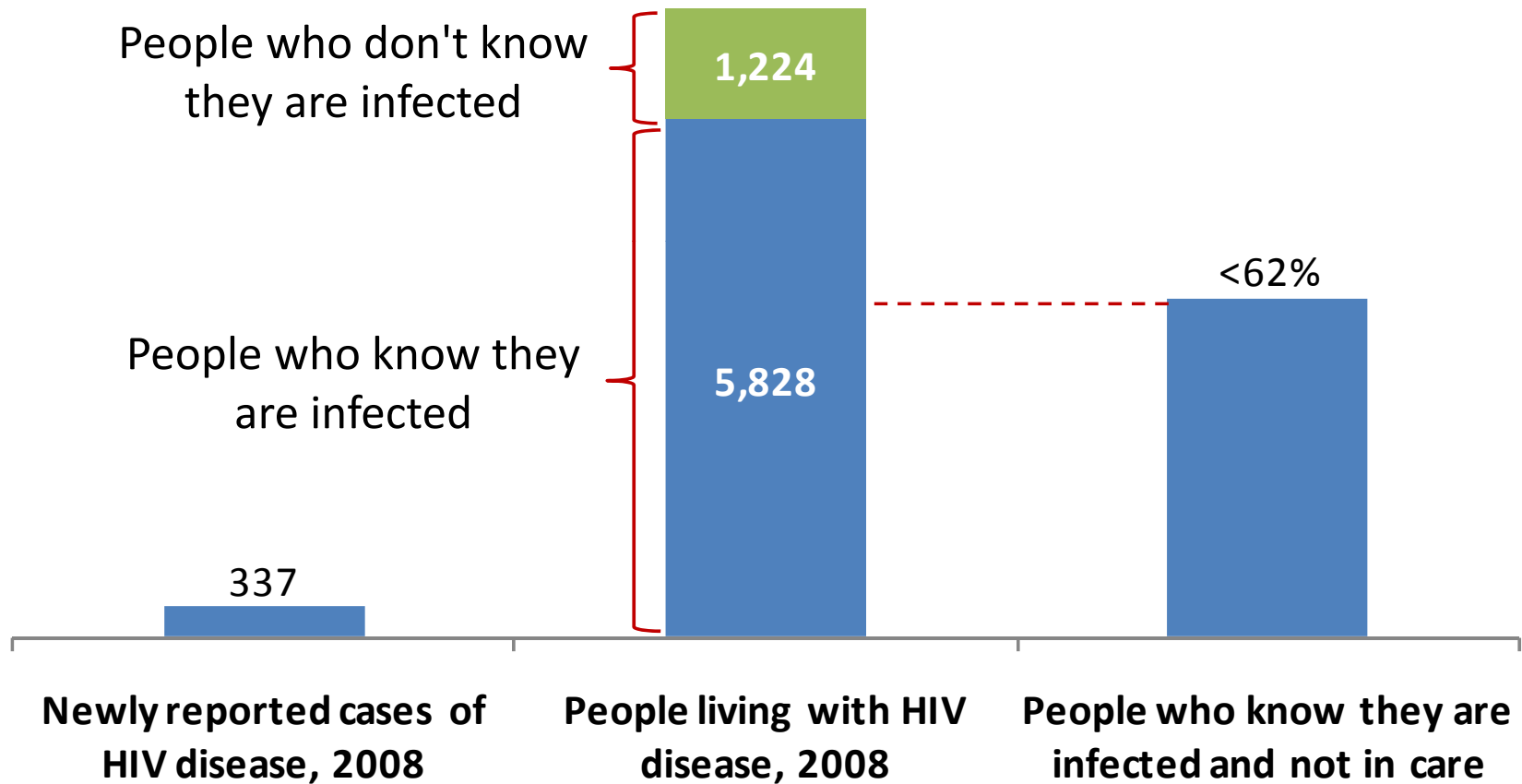
- Hispanics/Latinos are **3 times** more likely to be reported with HIV disease than Whites

- White 
- Black 

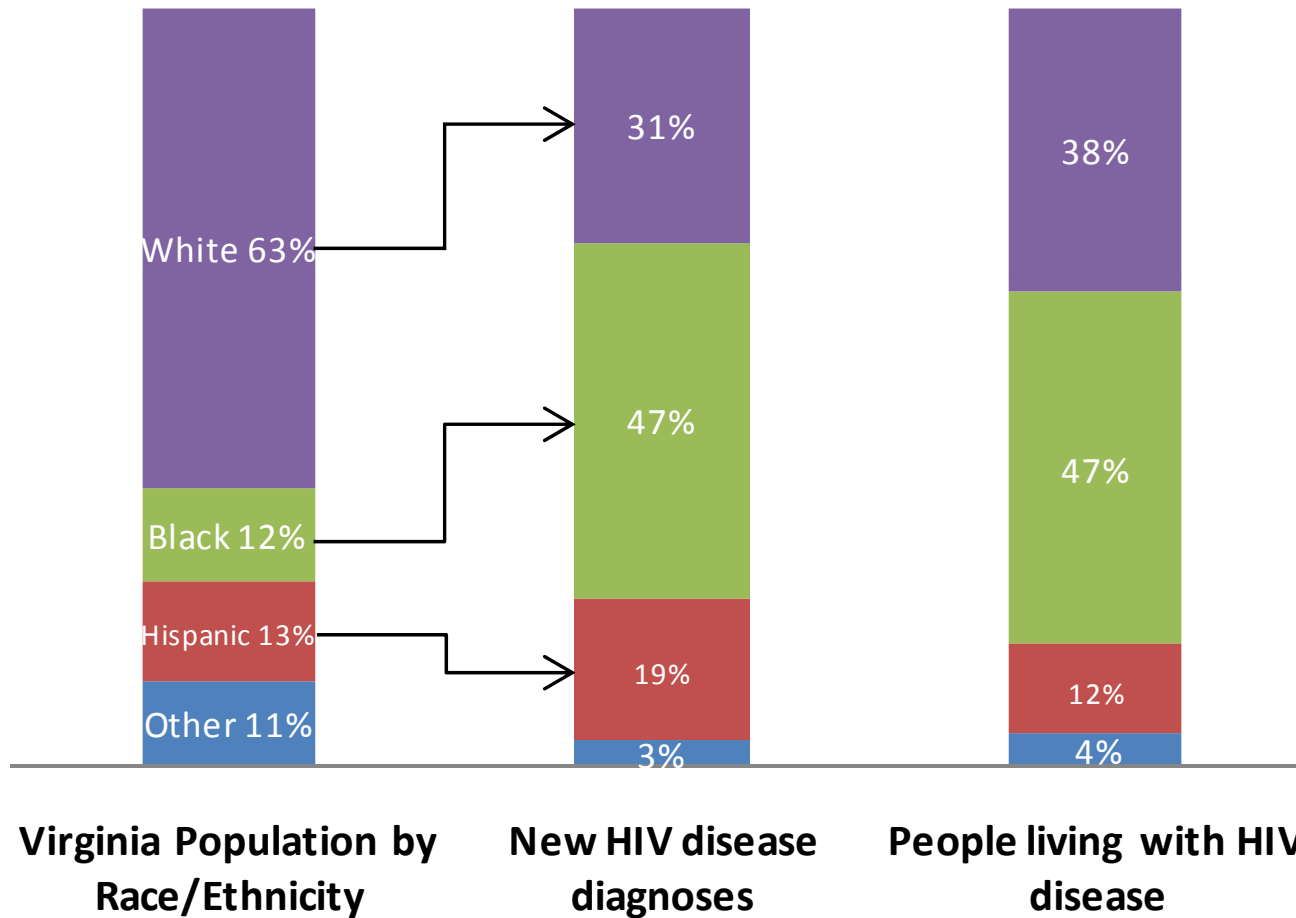
- Males are **3 times** more likely to be reported with HIV disease than females

- Females 
- Males 

The Continuing Epidemic of HIV Disease, 2008

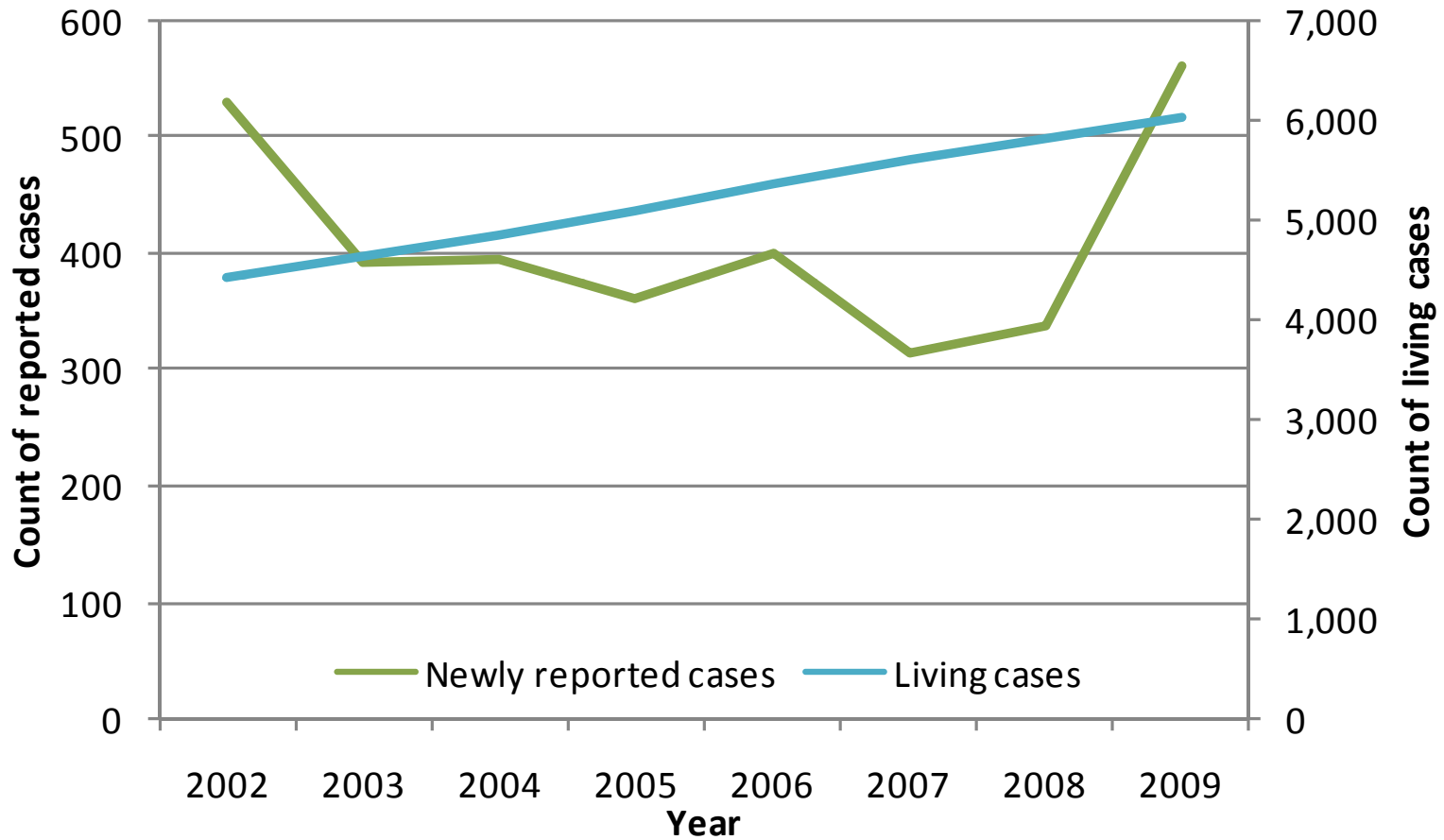


The Impact of Racial Health Disparities on HIV Disease, 2008

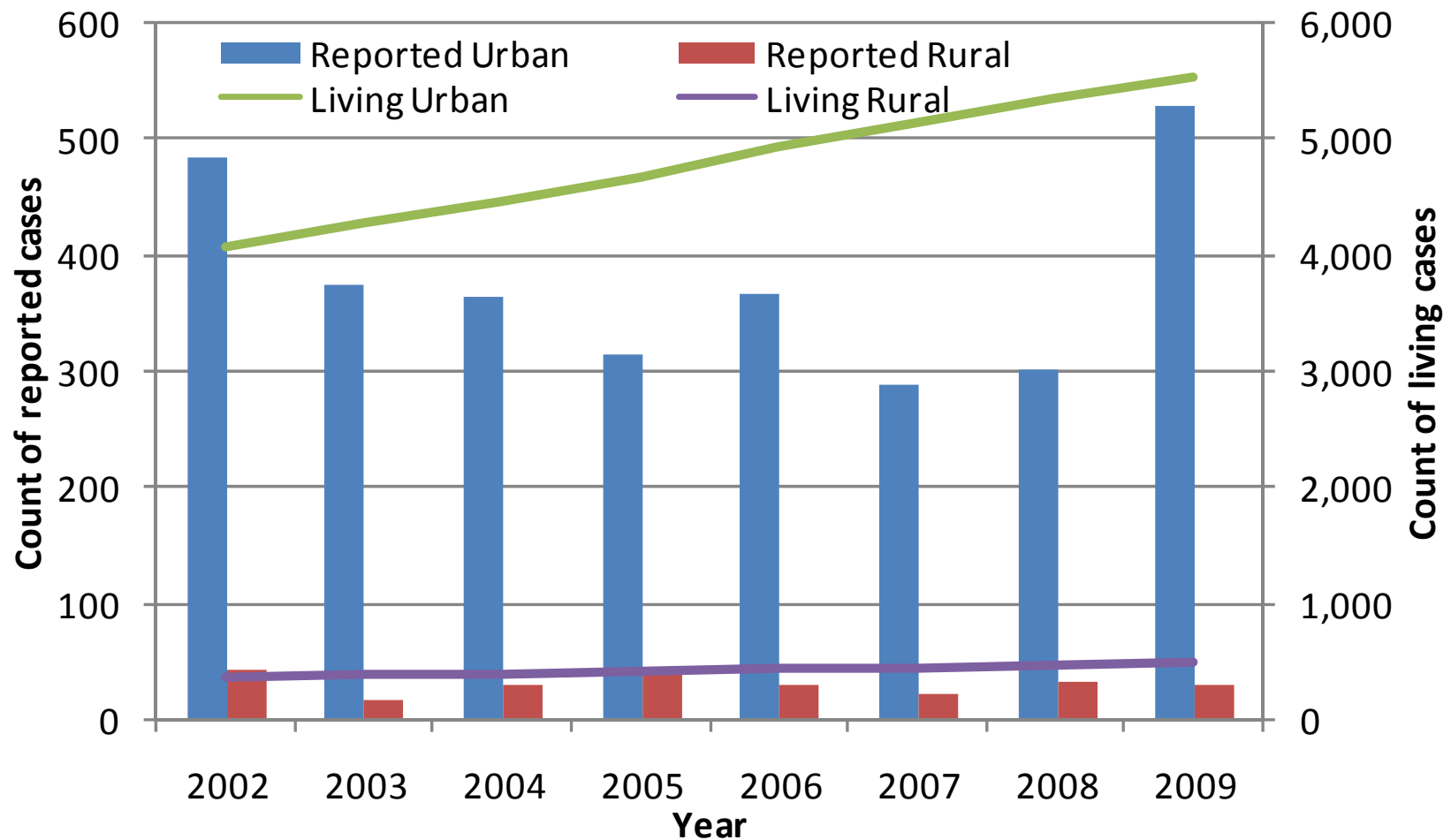


YEARLY TRENDS IN HIV DISEASE AND AIDS

Trends of Newly Reported/Living HIV Disease Cases



Trends of Newly Reported and Living HIV Disease Cases, Urban/Rural



Living HIV Disease Cases, One Year Trend

Between 2007 and 2008, the number of known living cases of HIV disease increased by:

200 cases in urban counties

3.9% increase

23 cases in rural counties

5.1% increase

Living HIV Disease Cases, 10 Year Trends

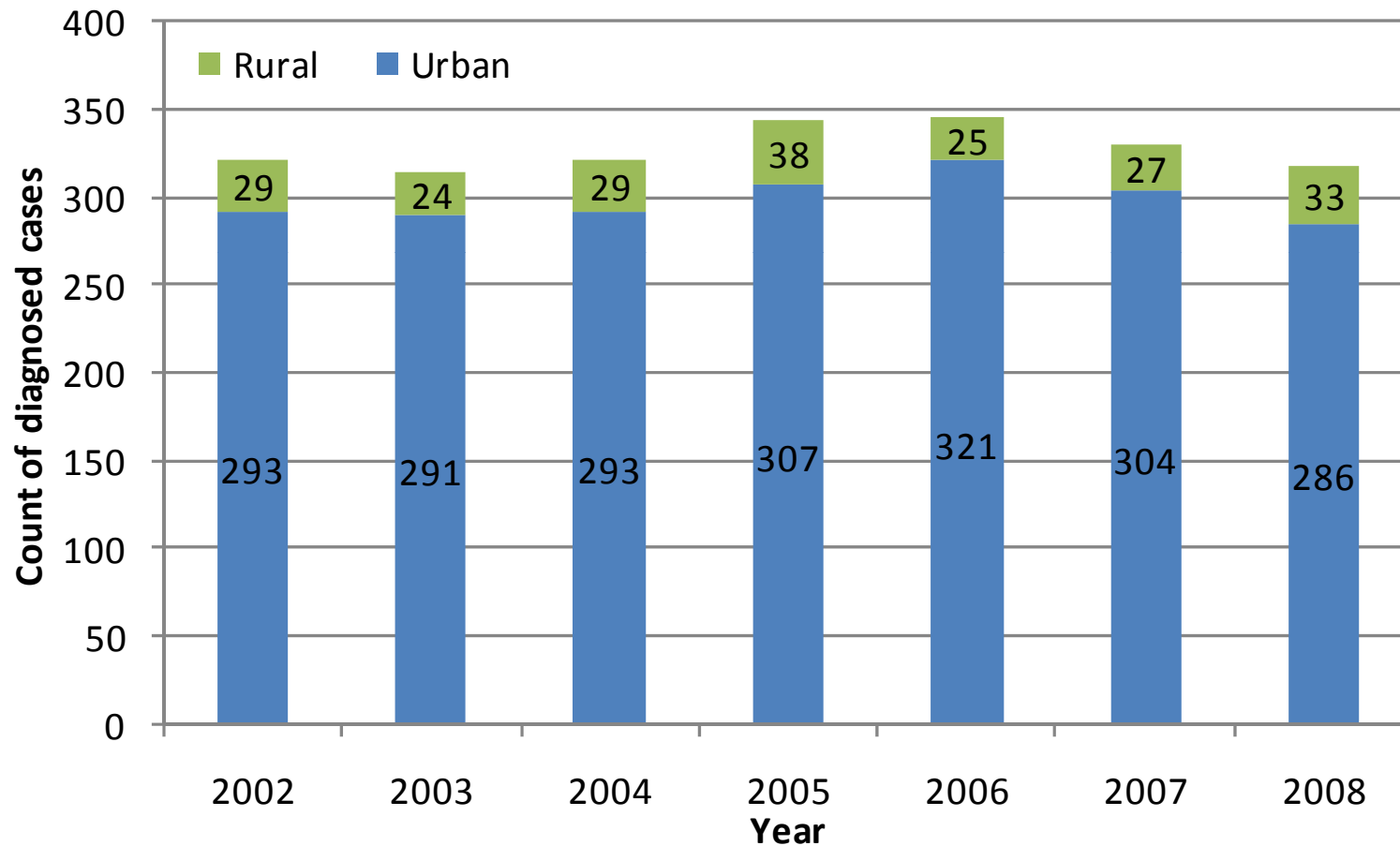
Between 1999 and 2008:

- The number of living HIV disease cases increased by 62%
 - 62% in urban localities (from 3,312 to 5,354)
 - 65% in rural localities (from 287 to 474)

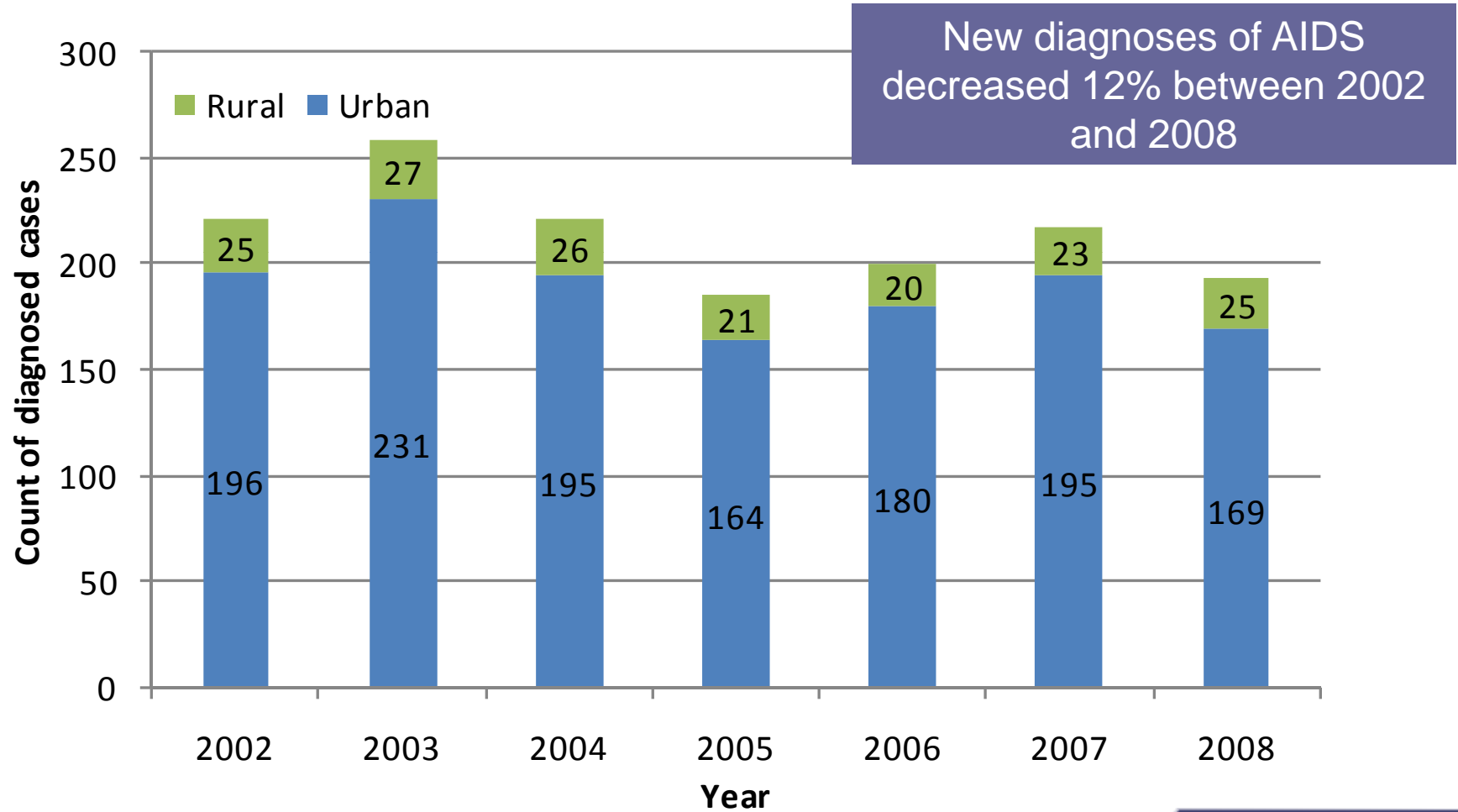
Overall:

- 204 cases average annual increase in urban areas
- 19 cases average annual increase in rural areas

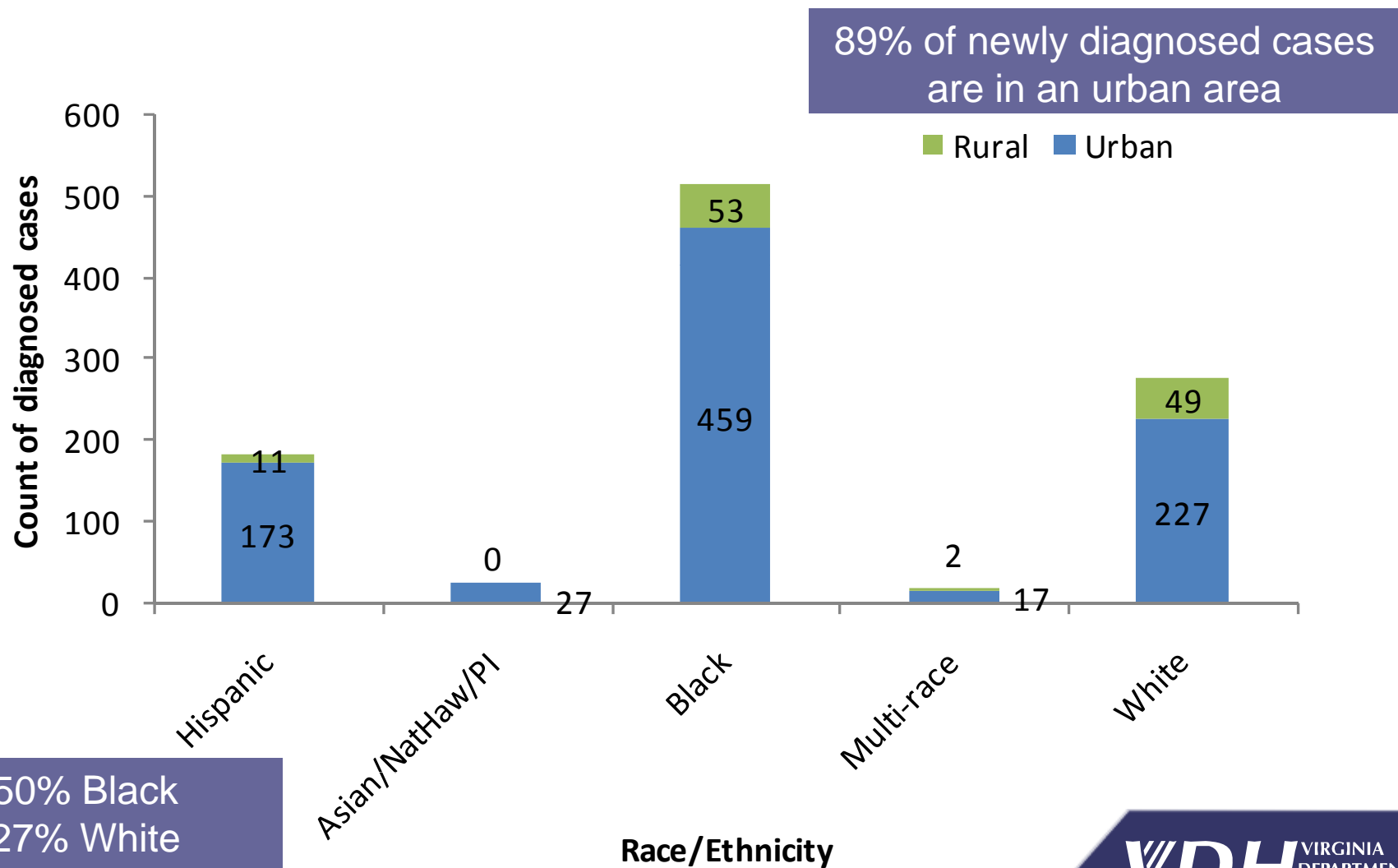
Diagnosed Cases of HIV Disease, 2002-2008



Diagnosed Cases of AIDS, 2002-2008

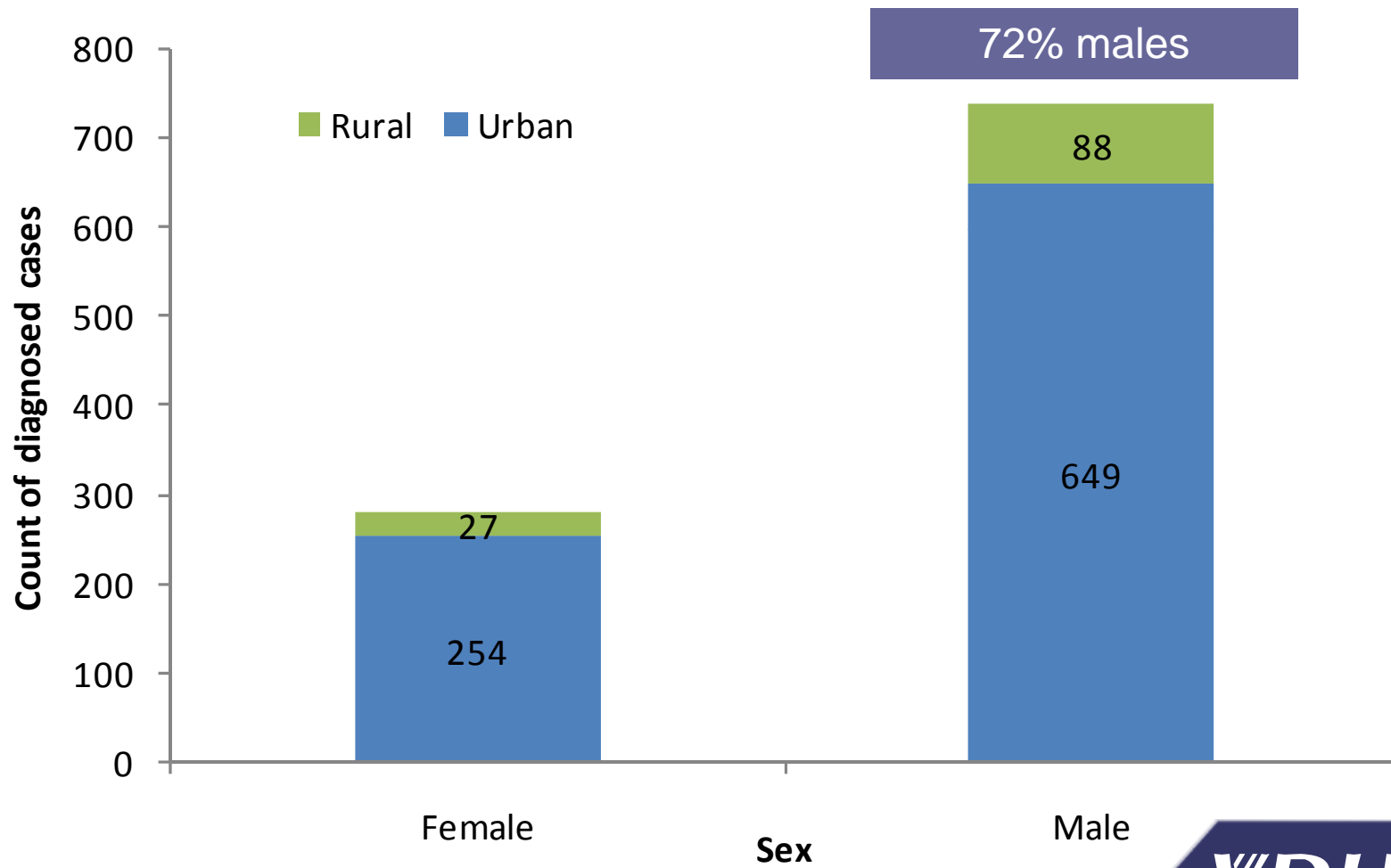


Diagnosed Cases of AIDS by Race/Ethnicity, 2004-2008 (n=1,018)

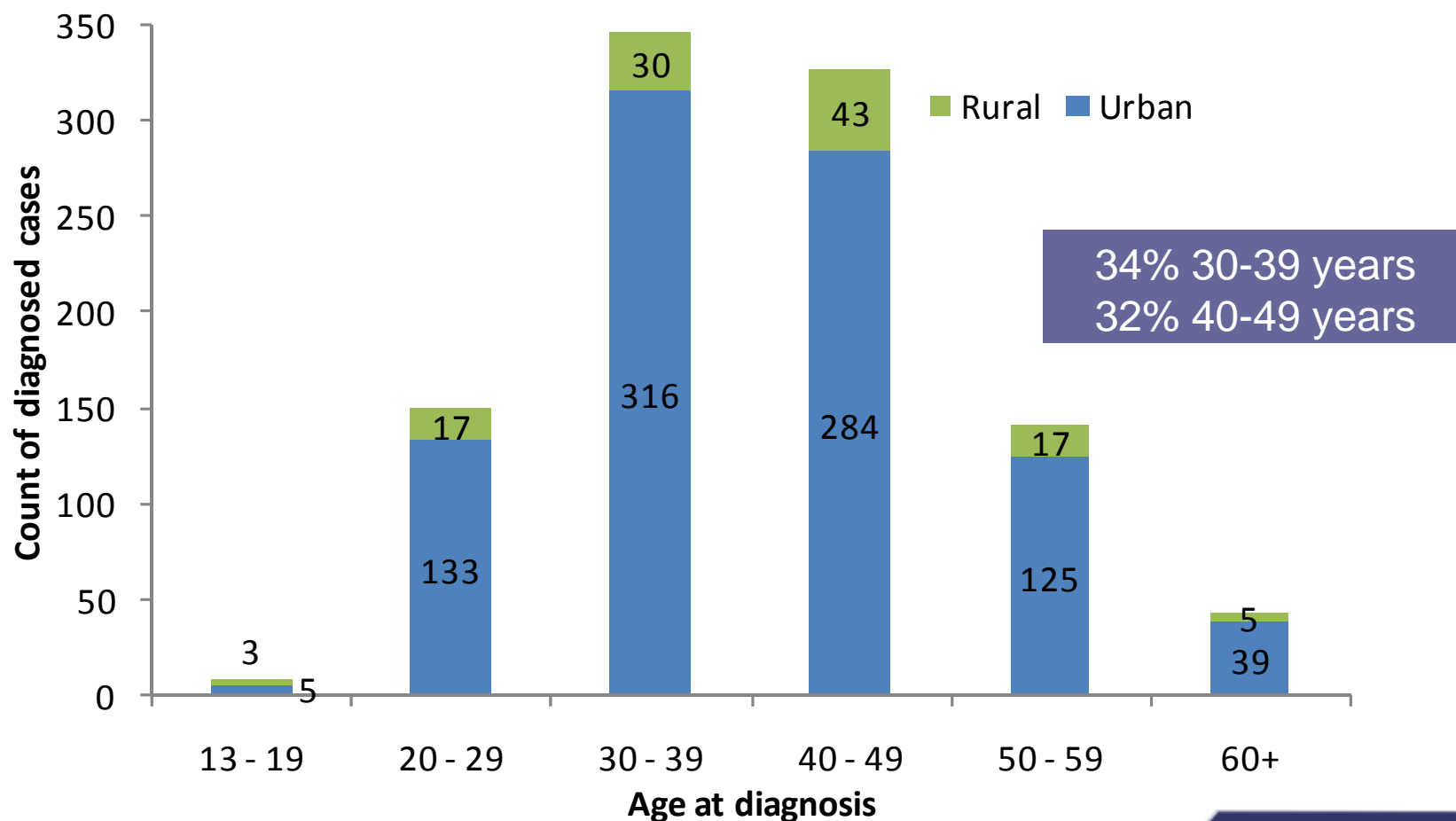


50% Black
27% White
18% Hispanic/Latino

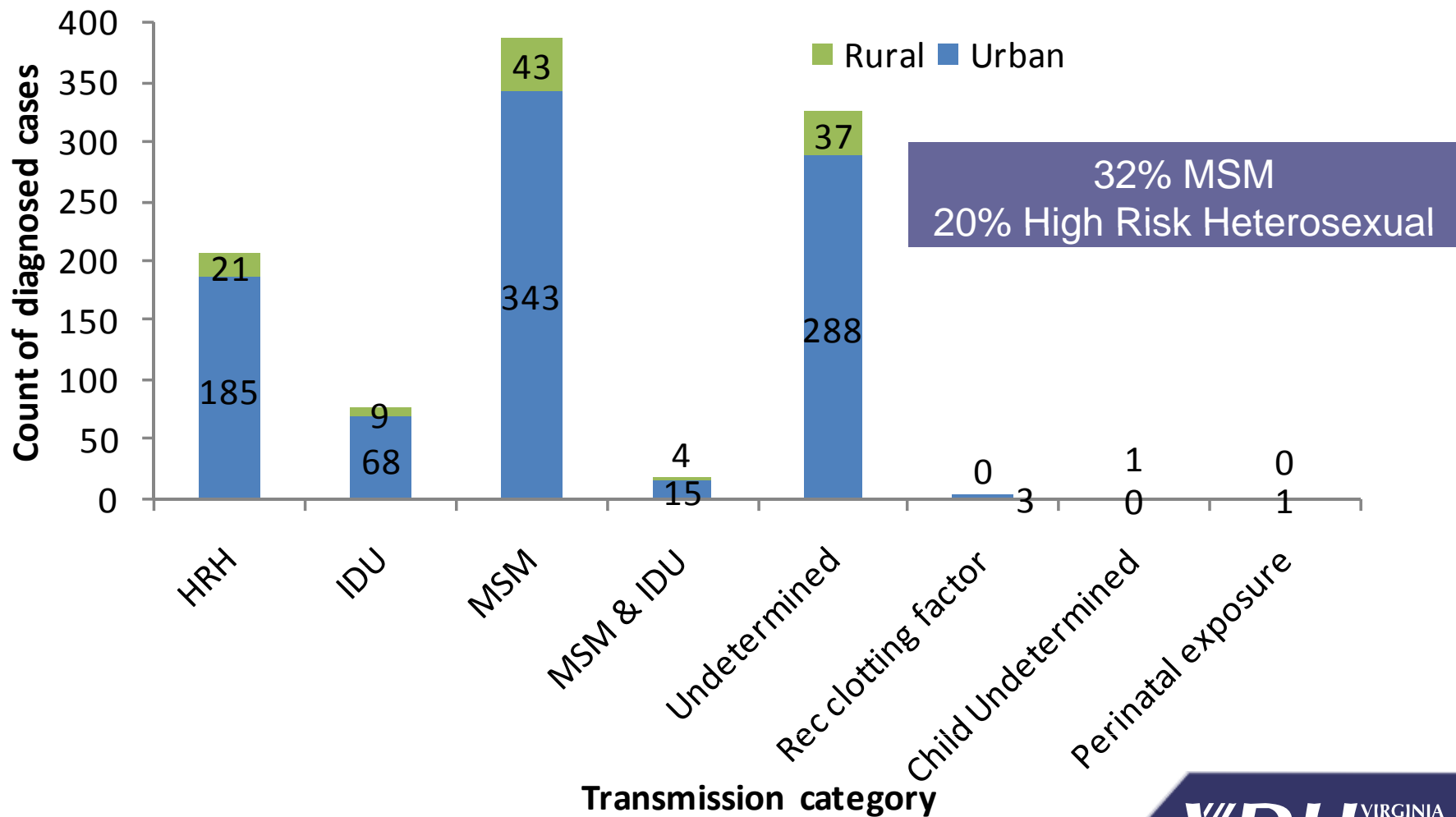
Diagnosed Cases of AIDS by Sex, 2004-2008 (n=1,018)



Diagnosed Cases of AIDS by Age at Diagnosis, 2004-2008 (n=1,018)



Diagnosed Cases of AIDS by Transmission Category, 2004-2008 (n=1,018)



UNMET NEED - 2008 DATA

Why do we calculate unmet need?

Initiated in the CARE Act Amendments of 2000

Required as part of the grant application for all Ryan White Part A and B grantees

Goal is two-fold: Assess people living with HIV disease service needs and gaps with particular attention to...

- Individuals with HIV disease who **know their HIV status and are not receiving HIV-related services** and
- **Disparities** in access and services among affected subpopulations and historically underserved communities

Unmet Need Technical Notes

Unmet need for care:

An individual living with HIV infection or AIDS is considered to have an unmet need for care (or to be out of care) when there is no evidence that he/she received any of the following four components of HIV primary medical care during calendar year 2008:

- viral load (VL) testing,
- CD4 count,
- provision of anti-retroviral therapy (ART), OR
- provision of HIV or AIDS related medical visit.

Met need:

A person is considered to have met need (or to be in care) when there is evidence of any one or more of these four measures during the specified time period.

Unmet Need Data Sources

To assess care as defined above, Virginia utilizes data from multiple sources:

- e-HARS - HIV/AIDS Reporting System (VDH HIV/AIDS surveillance database)
- VACRS - Virginia Client Reporting System (RW Part B database)
- CAREWare
- MMP - Medical Monitoring Project
- LabCorp - Laboratory Corporation of America (CD4 and Viral Load testing)
- ADAP - AIDS Drug Assistance Program (Part B medication dispensing database)
- DMAS - Department of Medical Assistance Services (Medicaid)

Methods for Unmet Need Calculation

eHARS: People living with HIV disease as of Dec 31, 2008.

Evidence of care was obtained by comparing all people living with HIV disease recorded in eHARS with each data source acquired

Conclusions from CY 2008 Unmet Need

The unmet need estimate was 62% in Virginia DC EMA for CY 2008. This is compared to the Virginia estimate of 54%.

The majority of the people without evidence of care were male (79%) and Black (47%).

49% of people with unmet need reported a risk of MSM followed by high-risk heterosexual contact (19%).

A majority had ages at diagnosis between 20-39 years (67%) and a current age between 40-59 years (65%).

The gender, race, and risk reported for people with unmet need are consistent with the gender, race and risk for all cases.

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Data accessed from eHARS on 04/25/2010