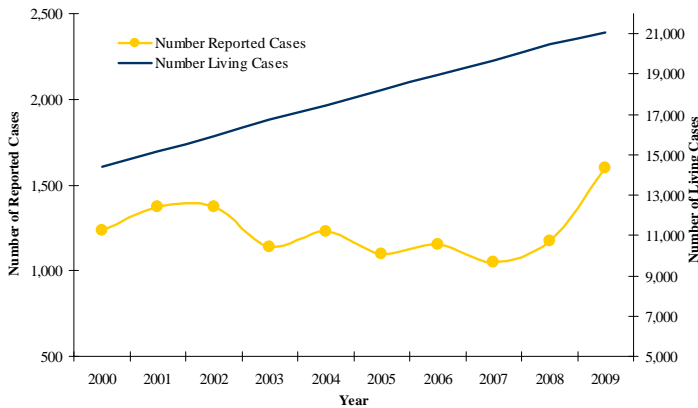


The Scope of HIV/AIDS in Virginia

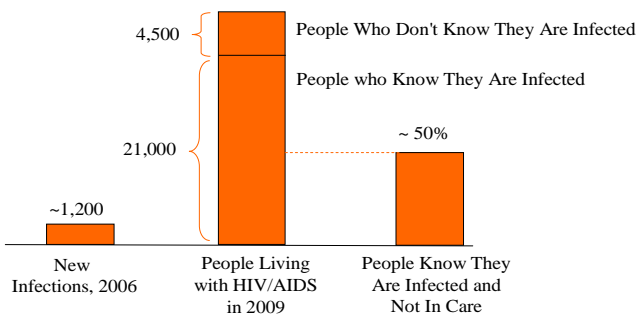
About 21,000 Virginians are known to be living with HIV/AIDS as of 2009. This represents a continual increase over time as people are living longer with the disease. Additionally, there has been a recent increase in the number of newly-reported HIV/AIDS cases. The discordance observed between HIV/AIDS reports and persons living with HIV signifies the increasing need to focus resources and ensure appropriate HIV surveillance, prevention and care-related services (Figure 1).

Figure 1: Virginia Reported and Living HIV/AIDS Cases



It is estimated that about 50% or less of Virginians living with HIV/AIDS are not in care. In addition, estimates suggest that about 4,500 Virginians do not know that they are infected with HIV (Figure 2).

Figure 2: The Continuing HIV/AIDS Epidemic in Virginia



Annually, 1 in:
 2,100 Black Virginians are diagnosed with HIV/AIDS
 19,100 White Virginians are diagnosed with HIV/AIDS

One in 380 Virginians is known to be living with HIV/AIDS.

Blacks are 9 times more likely to be living with HIV/AIDS than Whites.

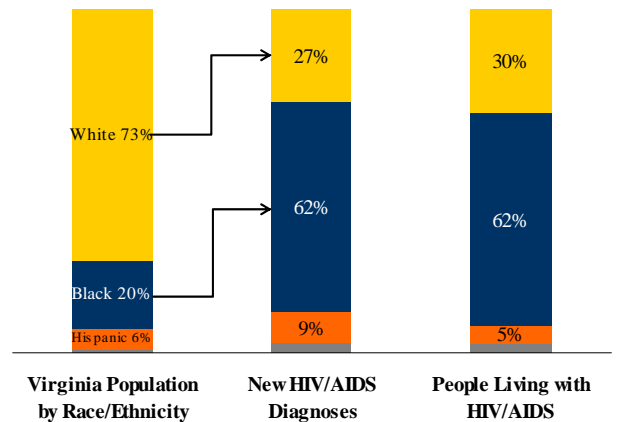
Black women account for 77% of all women living with HIV/AIDS.

For every 5 Virginians living with HIV/AIDS, approximately:

- 4 are Men
- 3 are Black
- 3 live in the Eastern or Northern region
- 2 are men who have sex with men
- 2 are ages 20 to 34 at diagnosis

The HIV/AIDS epidemic continues to have a disproportionate impact on certain populations, particularly racial and ethnic minorities (Figure 3), and men who have sex with men (MSM). Among Virginians living with HIV/AIDS; 62% are Black, 26% are women, and 44% are MSM.

Figure 3: The Impact of Racial Health Disparities on HIV/AIDS in Virginia, 2008



The Centers for Disease Control and Prevention estimates HIV incidence in the U.S. is higher than previously thought. In Virginia, it is estimated that about 1,200 new HIV infections occurred in 2006. The rates of HIV/AIDS diagnoses in 2008 were 47.9, 5.2, and 18.4 per 100,000 among Blacks, Whites and Hispanics, respectively.

The Scope of HIV/AIDS in Virginia

Programs in Action

HIV/AIDS Surveillance: AIDS became a reportable condition in Virginia in 1983. Name-based HIV reporting began on July 1, 1989.

The HIV/AIDS Surveillance program encourages ongoing and systematic collection of HIV/AIDS reporting from public and private providers and laboratories across the state. Surveillance activities and associated epidemiologic data are critical to effectively monitor the HIV/AIDS epidemic and to target delivery of HIV prevention, care and treatment in Virginia and the U.S.

In addition to core HIV surveillance activities, Virginia's surveillance staff currently participate in 3 Centers for Disease Control and Prevention projects: 1) HIV Incidence; 2) the Medical Monitoring Project; and 3) Epidemiology Capacity Building. These programs collect and/or evaluate additional HIV client data that are key to better planning for resource allocation and evaluation of care and prevention initiatives.

HIV Prevention Services: More than 100,000 Virginians receive HIV prevention services annually and the Virginia HIV, STD & Viral Hepatitis Hotline receives approximately 6,000 inquiries for information, testing and treatment. In the past two years, Virginia has launched campaigns to ensure that pregnant women receive an HIV test and to promote understanding of partner services, in which partners of persons with HIV are notified and offered testing and treatment.

HIV testing is available through state and federal sources. All 35 health districts in Virginia offer free HIV testing, prevention counseling and referral services. Legislation passed in 2008 removed the requirement for separate consent for HIV testing in Virginia. Recent federal funding enabled VDH to increase the number of rapid tests and offer testing in non-traditional sites, such as jails and emergency departments. Partner services are offered to all persons with HIV infection and their partners. Trained health department staff interview clients to elicit information and confidentially notify partners, and assist with linkages or referral to services. Publicly funded sites conducted more than 75,000 HIV tests in 2007. Partner services identified 191 persons who did not know they were infected.

In the U.S., the rate of HIV transmission has declined by 89% since the peak of the epidemic. This represents major successes in HIV testing and prevention. To further reduce HIV transmission, prevention efforts must reach a saturation point in at-risk populations. Resources are insufficient to reach all the people in need of prevention services and further reduce new cases.

HIV Care Services: Federal Ryan White (RW) Program funding addresses critical gaps in care for low income, un-/under-insured Virginians with HIV and is distributed in Parts (A, B, C, D, F). In 2008, RW programs provided access to HIV-related medical care for 7,297 Virginians. VDH administers RW Part B, which includes health and support services, strategies to link underserved populations to treatment, and the AIDS Drug Assistance Program (ADAP). In 2009, 61,340 prescriptions from the ADAP formulary were dispensed for 3,774 ADAP clients. ADAP enrollment has increased by 21.3% and monthly medication costs have increased 15.1% over the last three years. Enrolled clients have no other way to access medications or care services.

The State Pharmaceutical Assistance Program (SPAP) maximizes Medicare Part D prescription drug savings by providing co-pay and premium coverage to eligible ADAP clients at a \$3:\$1 cost savings. Due to reduced funding and service utilization levels, in early 2010 SPAP instituted a co-pay assistance wait list – impacted clients are now served by ADAP. ADAP stability is vital as it provides treatment access for a population with no alternatives – reducing morbidity, disability, and mortality related to advanced HIV disease.