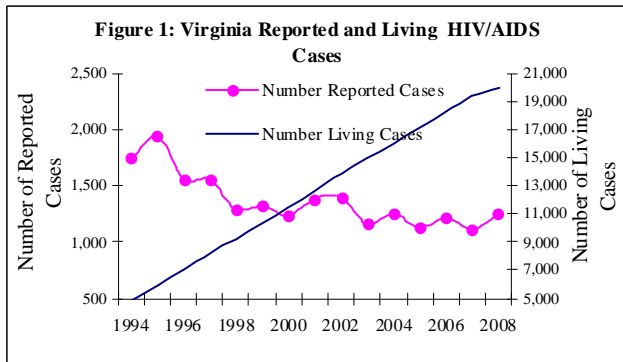


The Scope of HIV/AIDS in Virginia

About 21,000 Virginians are known to be living with HIV/AIDS. This represents a continual increase over time as people are living longer with the disease and new infections are occurring at a relatively stable rate. For the past 6 years, the number of newly reported HIV/AIDS cases has also remained consistent. 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).



One out of every 370 Virginians is known to be 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 other men

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 other men (MSM). Among Virginians living with HIV/AIDS; 62% are Black, 26% are women, and 43% are MSM.

It is estimated that about 50% or less of Virginians living with HIV/AIDS are not in care. In addition, estimates suggest that about 5,500 Virginians do not know that they are infected with HIV (Figure 2).

Figure 3: The Impact of Racial Health Disparities on HIV/AIDS in Virginia, 2007

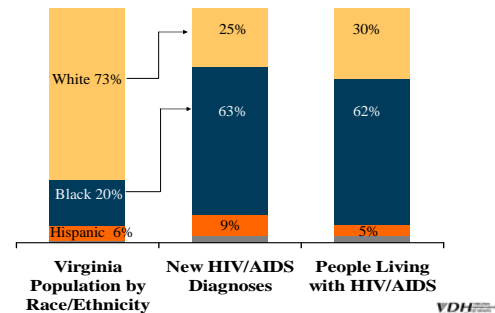
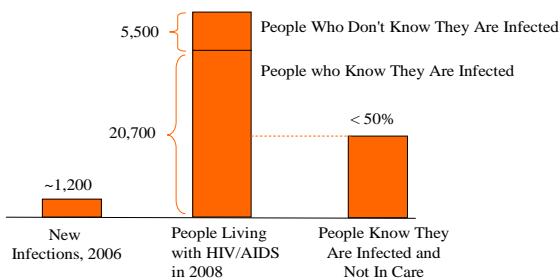


Figure 2: The Continuing HIV/AIDS Epidemic in Virginia



Blacks are 7 times more likely to be living with HIV/AIDS than Whites.

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

Each year, 1 in every:

- 2,100 Black Virginians contracts HIV/AIDS
- 19,000 White Virginians contracts HIV/AIDS

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 were 46.8, 5.4, and 21.8 per 100,000 among Blacks, Whites and Hispanics, respectively.

www.vdh.virginia.gov/epidemiology/DiseasePrevention/

The Scope of HIV/AIDS in Virginia

- Programmatic 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) Evaluating HIV Surveillance through Geographic Information Systems. 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 received HIV prevention services in 2007. The Virginia HIV, STD & Viral Hepatitis Hotline received 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. Twelve sites are also funded to provide anonymous testing. 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. RW funding is distributed to metropolitan areas (Part A), states (Part B), clinics (Part C), and women, infants, children, and youth (Part D). Virginia has 2 Part A areas, 6 Part C clinics and 2 Part D programs. The Virginia Department of Health administers Part B, which includes the AIDS Drug Assistance Program (ADAP), health and support services, and strategies to link underserved populations to treatment through the Minority AIDS Initiative. In 2007, RW provided access to HIV-related medical care for 4,771 individuals. In addition, 1,228 individuals received 3,799 dental visits. During a recent statewide needs assessment, dental care was cited as the most needed service (21%).

In 2007, 3,219 ADAP clients received 51,068 prescriptions. Virginia's State Pharmaceutical Assistance Program (SPAP) uses state funds to support Medicare Part D coverage, for 103 clients.

Virginia provides state funds to supplement federal funding for HIV services, as well as to meet match requirements for RW.

www.vdh.virginia.gov/epidemiology/DiseasePrevention/