

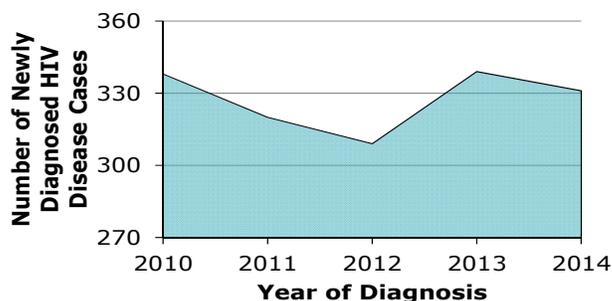
# HIV Disease in the Eastern Region

Updated November 2015

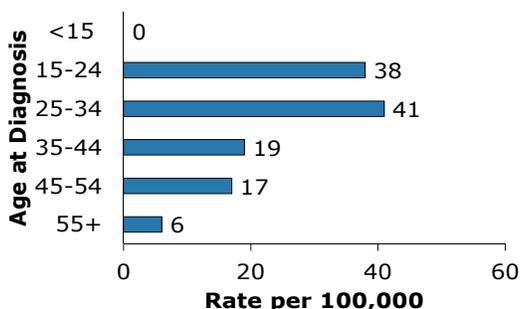
## Newly Diagnosed Cases in the Eastern Region

In 2014, 331 cases were newly diagnosed in the Eastern health region of Virginia. From 2010 to 2014, the number of new diagnoses in the Eastern region have remained relatively stable, at an average of 325 cases per year (Figure 1). Of the 331 cases newly diagnosed in 2014, 81% were male and 19% were female.

**Figure 1: Newly Diagnosed HIV Disease Cases in the Eastern Region, 2010-2014**



**Figure 2: Newly Diagnosed HIV Disease Cases by Age at Diagnosis, 2014**



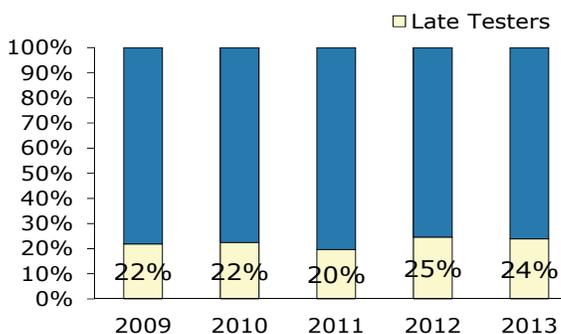
As shown in Figure 2, the highest rate of diagnosis by age group was among persons ages 25-34 at 41 per 100,000 population, followed by persons ages 15-24 at 38 per 100,000. Newly diagnosed HIV disease cases among the young adult population have increased in recent years in the Eastern region. In 2010, 54% of the newly diagnosed HIV cases were among persons ages 15-34 years old; in

2014, 66% of the new diagnoses were among persons ages 15-34. In 2014, 73% of new diagnoses were among Black, non-Hispanic persons, followed by White, non-Hispanics at 22%. Six percent of the new diagnoses were among the Hispanic, Asian, and Multi-Race/Unknown populations. In 2014, half of the new diagnoses in the Eastern region were attributed to male-to-male sexual contact (MSM). Fifteen percent of the new diagnoses was attributed to heterosexual contact. Injection drug use (IDU) and MSM and IDU both represented approximately 3% of the newly diagnosed HIV cases in 2014. Thirty-two percent of the newly diagnosed population in 2014 did not report or identify a known risk for transmission or identified "other" risk, defined as mother-to-child transmission or receipt of blood products.

## Late Testing

Late testing is defined as a person newly diagnosed with HIV who is diagnosed with AIDS less than a year from initial HIV diagnosis, or a person who is diagnosed with AIDS at initial diagnosis. Persons who are diagnosed late in the disease process have an increased risk of morbidity, increased health costs, and diminished responses to antiretroviral therapy, showing that the importance of access to HIV testing to increase timely diagnosis and early engagement in comprehensive HIV medical care support better health outcomes for persons living with HIV. In 2013, 24% of newly diagnosed cases in the Eastern region were considered late testers (Figure 3). Males were more likely to test late than females in 2013 (25% versus 18%), and Hispanics (33%) were more likely to be late testers as compared to other race/ethnicity groups. On average, from 2010 to 2014, 23% of newly diagnosed cases in the Eastern region were tested late in the disease process.

**Figure 3: Late Diagnosis in the Eastern Region, 2009-2013**



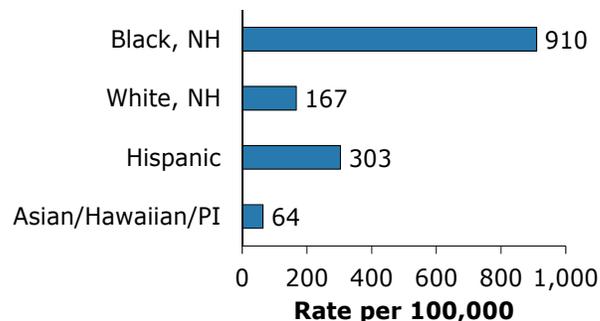
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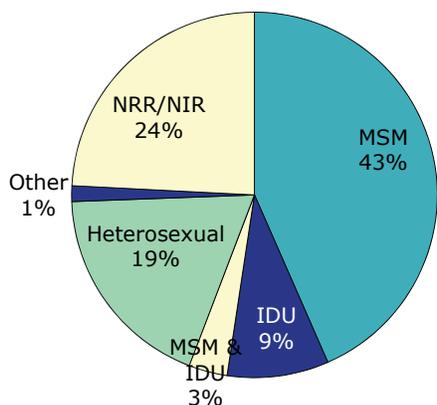
## Persons Living with HIV Disease in the Eastern Region

**As of** December 31, 2014, 7,619 persons were living with HIV disease (PLWH) in the Eastern region, 43% of which had an AIDS-defining condition. Almost three-quarters of PLWH in the Eastern region were male (72%), and 28% were female. Black, non-Hispanic persons had the highest rate of PLWH, at 910 per 100,000 population, and Asian/Hawaiian/Pacific Islanders (PI) had the lowest rate of PLWH at 64 per 100,000 population (Figure 4). Overall, Black, non-Hispanic persons were over 5 times more likely to be living with HIV disease at the end of 2014 than White, non-Hispanic persons, and Hispanic persons were almost 2 times more likely to be living with HIV disease than White, non-Hispanic persons in the Eastern region.

**Figure 4: Persons Living with HIV by Race/Ethnicity in the Eastern Region as of December 31, 2014**



**Figure 5: Persons Living with HIV by Transmission Risk in the Eastern Region as of December 31, 2014**



Persons are living longer with HIV due to advances in medical treatment and care. At the end of 2014, 59% of PLWH in the Eastern region were ages 45 and older. Five percent were ages 15-24, 17% were 25-34, and 19% were 35-44, respectively.

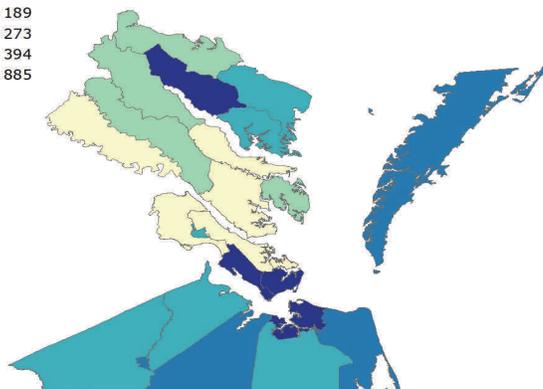
As shown in Figure 5, at the end of 2014, 43% of all living cases of HIV disease in the Eastern region were attributed to MSM risk. Heterosexual contact represented 19% of the living cases, and 12% of cases were attributed to IDU and MSM and IDU. Approximately 24% of PLWH had no reported or identified risk, and only 1% reported other risk, either pediatric transmission or receipt of blood products.

**Figure 6: Persons Living with HIV Disease in the Eastern Region as of December 31, 2014**

As evidenced from the map in Figure 6, the rate of HIV disease per 100,000 population varied by locality in the Eastern region. Poquoson City had the lowest rate of PLWH in the Eastern region at 75 per 100,000, and Norfolk City had the highest rate of PLWH at 885 per 100,000. Overall, higher rates of PLWH were located in more metropolitan areas of the Eastern region.

Rate per 100,000 population

- 75 - 131
- 132 - 189
- 190 - 273
- 274 - 394
- 395 - 885



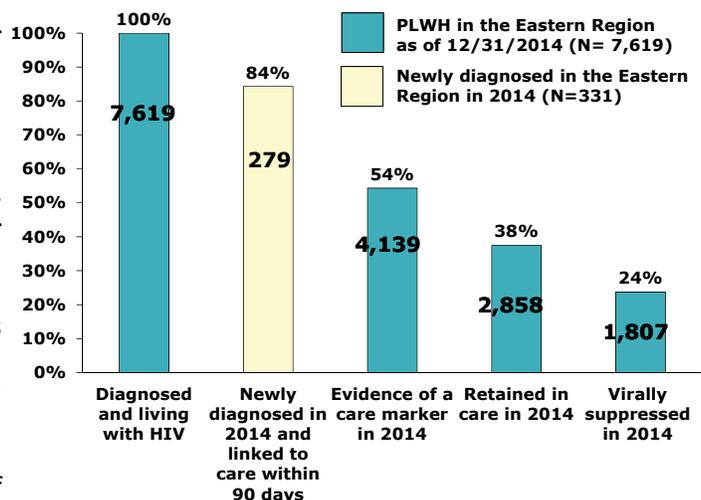
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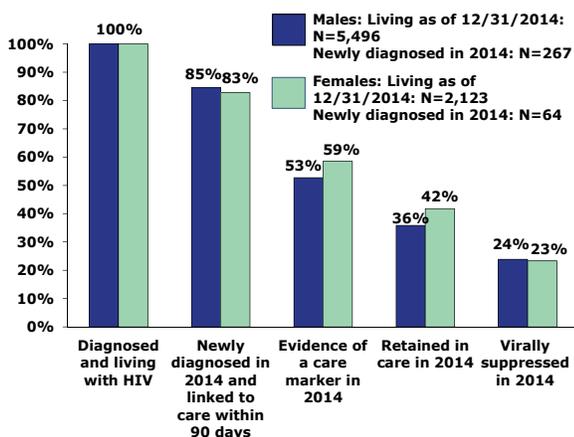
## HIV Care Continuum in the Eastern Region

The **HIV** continuum of care is a framework for assessing health outcomes among persons living in Virginia with diagnosed HIV infection. As of December 31, 2014, 7,619 persons were diagnosed and living with HIV in the Eastern region. Fifty-four percent of PLWH in the Eastern region had evidence of care in 2014, defined as having a care marker (CD4 count, viral load, HIV medical care visit, or antiretroviral (ART) prescription) in 2014. Of the living cases, 38% were retained in care in 2014 (had at least two care markers at least 90 days apart), and 24% of PLWH had their last viral load in 2014 at <200 copies/mL (viral suppression). Of the 331 cases newly diagnosed in 2014, 279 (84%) were linked to HIV care within 90 days of their HIV diagnosis (Figure 7).

**Figure 7: HIV Continuum of Care in the Eastern Region, 2014**



**Figure 8: HIV Continuum of Care by Gender in the Eastern Region, 2014**



In the Eastern region, IDUs were the risk group least likely to have evidence of HIV care, be retained in care, and have a suppressed viral load in 2014 as compared to MSM and heterosexual risk groups. The heterosexual risk group was the most likely to be retained in care (44%) and virally suppressed (25%) in the Eastern region in 2014.

As shown in Figure 8, males and females reported similar rates of linkage to care (85% versus 83%) and viral suppression (24% versus 23%); however, females were more likely to have evidence of care in 2014 and be retained in care than males.

White, non-Hispanic persons and Hispanic persons were more likely to be linked to care within 90 days than Black, non-Hispanic persons; Black, non-Hispanic persons were slightly more likely to have evidence of care in 2014 and be retained in care in 2014 than their White or Hispanic counterparts. Overall, viral suppression rates were similar across race/ethnicity groups.

**Figure 9: HIV Continuum of Care by Race/Ethnicity in the Eastern Region, 2014**

