

HIV Disease in the Northern Region

Updated November 2015

Newly Diagnosed Cases in the Northern Region

In 2014, 238 cases were diagnosed in the Northern Region. Overall, the rate of HIV diagnosis in 2014 in the Northern Health Region was slightly lower than the rate of HIV diagnosis in Virginia (9.8 versus 11.4 per 100,000 population). From 2010 to 2014, persons newly diagnosed with HIV in the Northern region has decreased slightly (see Figure 1).

Gender

In 2014, approximately 76% of the newly diagnosed cases were among males, and about 24% were among females.

Race/Ethnicity

In 2014, 38% of the new diagnoses were Black, non-Hispanic persons (Figure 2), followed by White non-Hispanics (33). Two percent of cases were of Multi-racial or unknown ethnicities ("Other"). Compared to other regions, the Northern region has a larger proportion of Hispanics newly diagnosed with HIV (21% in 2014).

Figure 2. Percentage of Newly Diagnosed HIV Disease Cases by Race/Ethnicity, 2014

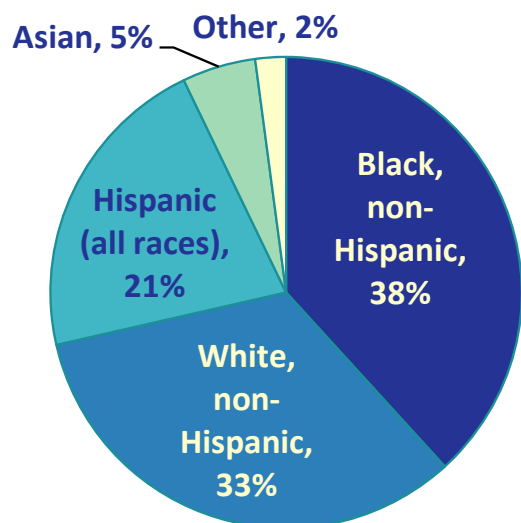
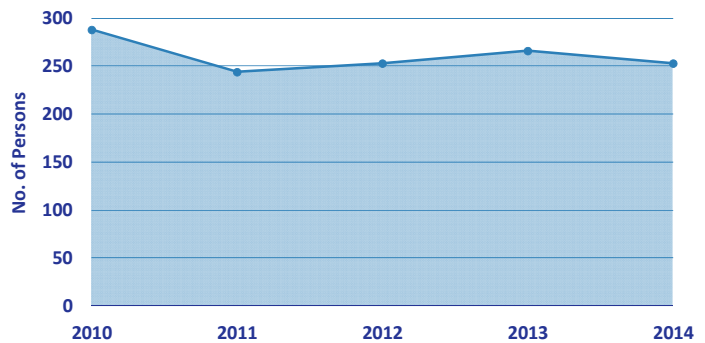
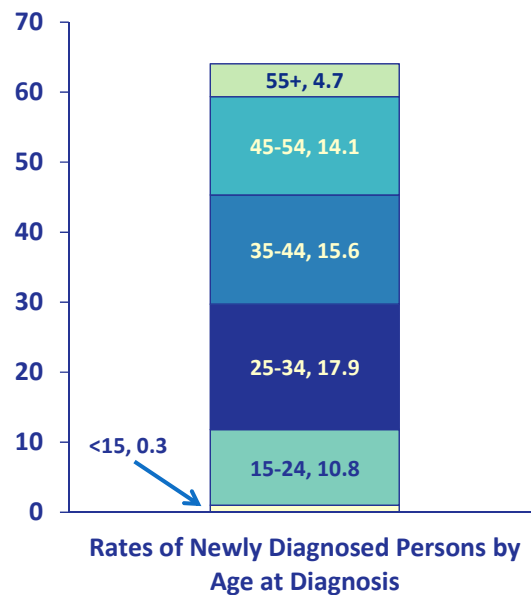


Figure 1. Newly Diagnosed HIV Disease Cases in the Northern Region, 2010-2014



Age of Diagnosis

Figure 3. Percentage of Newly Diagnosed HIV Disease Cases by Age at Diagnosis, 2014



In 2014, the newly diagnosed adult population (ages 25-54) accounted for the highest rates of HIV diagnosis. Persons aged 25-34 at the time of diagnosis had the highest rate of HIV diagnosis at 17.9 per 100,000. The lowest rate of diagnosis occurred among persons less than 15 years of age, at 0.3 cases per 100,000. Only the <15 and 55+ age groups had diagnosis rates lower than the overall 2014 rate of HIV diagnosis in the Northern region.

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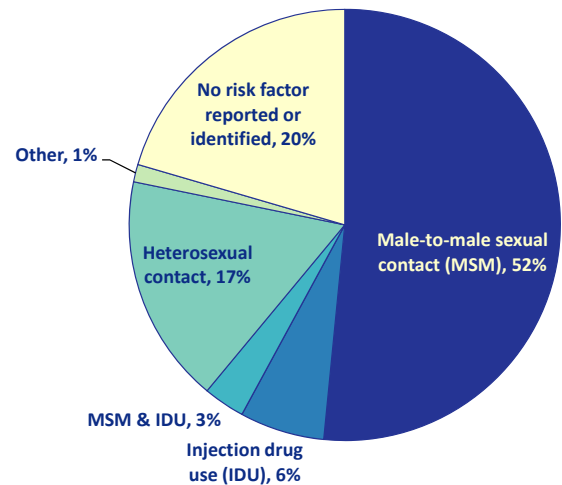
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Newly Diagnosed Cases in the Northern Region (continued)

Transmission Risk

In 2014, 50% of newly diagnosed persons were attributed to male-to-male sexual contact, followed by heterosexual contact (12%) (Figure 4). About 3% of newly diagnosed persons were attributed to both male-to-male sexual contact and injection drug use (IDU) and 2% were attributed solely to IDU. Thirty-two percent of newly diagnosed persons did not report or identify a known risk for HIV transmission.

Figure 4. Newly Diagnosed HIV Disease Cases by Transmission Risk, 2014



Late Diagnosis

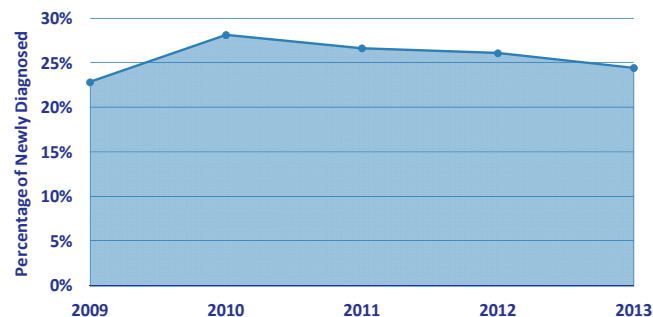
Late testing is defined as a person newly diagnosed with HIV who is diagnosed with AIDS less than a year from initial HIV diagnosis, or a person who is diagnosed with AIDS at initial diagnosis. Persons who are diagnosed late in the disease process have an increased risk of morbidity, increased health 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.

Gender

A higher proportion of newly diagnosed females had a late diagnosis in 2013 (32%), compared to that of newly diagnosed males (23%).

Trends of Late Diagnosis, 2009-2013

Figure 6. Percentage of Newly Diagnosed Cases With a Late Diagnosis, 2009-2013



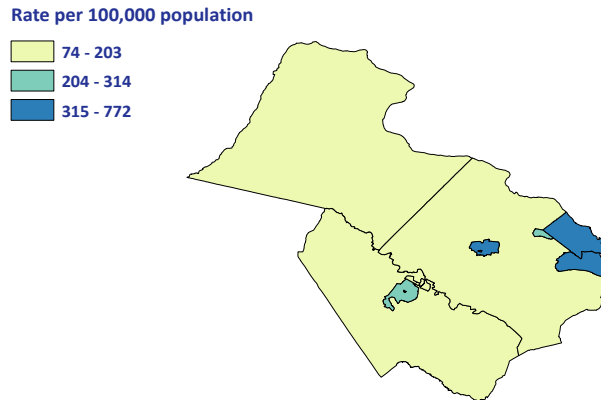
From 2009 to 2013, the percentage of newly diagnosed cases that had a late diagnosis has decreased in recent years, with a peak in 2010 and the lowest percentage of late diagnosis in 2009 (23%).

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Persons Living with HIV Disease in the Northern Region

Figure 8: Persons Living with HIV Disease as of December 31, 2014



As of December 31, 2014, there were 7,229 persons, or about one in 299 Northern Virginia residents, who were living with HIV disease. Of all persons living with HIV disease (PLWH) in Virginia, 29% reside in the Northern region. Figure 11 visually shows the distribution of PLWH in the Northern Virginia region. Rates ranged from 74 to 772 per 100,000 throughout the region (Figure 8). Alexandria County had the highest rate of PLWH in 2014 (772 per 100,000) and Loudoun County had the lowest rate of PLWH (74 per 100,000).

Gender

At the end of 2014, 5,521 males in Northern Virginia were living with HIV disease, representing approximately three-quarters of the HIV-positive population. Twenty-four percent of the living cases in the Northern region were female (N=1,708).

Current Age

By December 31, 2014, about 63% of persons living with HIV disease were ages 45 and older (Figure 10). As medical treatment continues to improve, individuals are living longer with HIV.

Figure 9: Persons Living with HIV Disease as of December 31, 2014 in the Northern Region by Race/Ethnicity

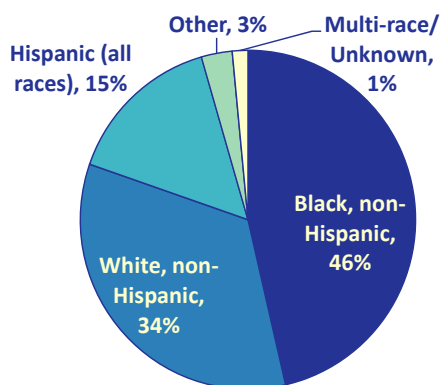
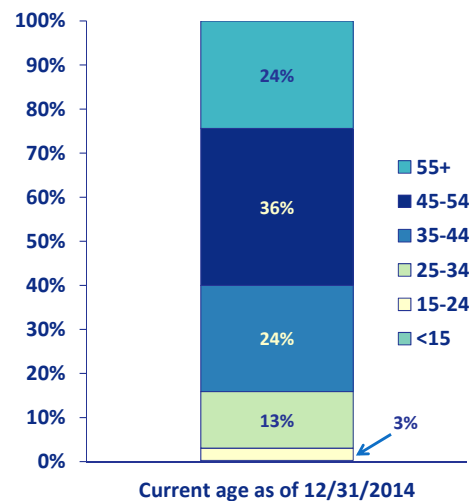


Figure 10: Persons Living with HIV Disease in the Northern Region by Current Age as of December 31, 2014



Race/Ethnicity

At the end of 2014, 46% of persons living with HIV disease were Black, non-Hispanic, followed by White, non-Hispanics (34%) and Hispanics (15%) (Figure 9). Three percent fall within "Other" race categories, which include Asian, Pacific Islander, Hawaiian, American Indian and Alaskan Native ethnicities.

Transmission Risk

At the end of 2014, 52% of all living cases in the Northern region were attributed to male-to-male sexual contact (MSM) (Figure 11). Heterosexual contact represented 17% of the living cases, and 6% of cases were attributed to injection drug use (IDU). Approximately 21% of persons living with HIV disease had no reported or no identified risk for transmission. One percent of cases were attributed to perinatal transmission and recipient of blood products (designated as "Other").

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HIV Care Continuum in the Northern Region

Of all 7,229 persons living with HIV in the Northern region, 40% had a care marker, defined by a medical visit, a CD4 or viral load laboratory test, or ART prescription in a 12 month timeframe. Only 28% of persons were retained in 2014, meaning that they had two or more care markers at least 90 days apart in 2014, and only 30% of PLWA were virally suppressed, meaning that their most recent viral load was less than 200 copies per milliliter. In 2014, 225 persons were newly diagnosed with HIV disease, and 84% were linked to care, within 90 days of diagnosis (Figure 11).

Figure 11: HIV Continuum of Care in the Northern Region, 2014

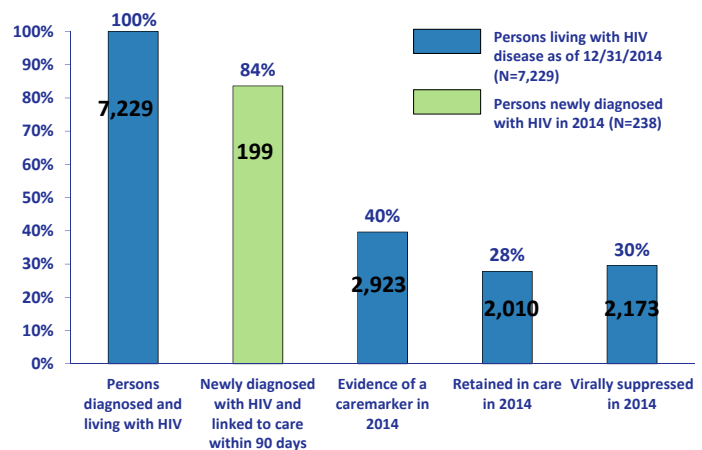
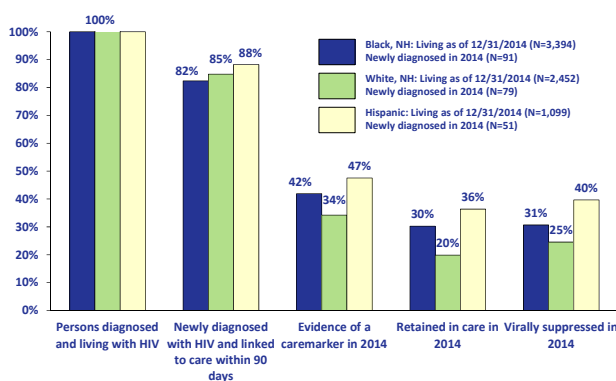


Figure 12: HIV Continuum of Care by Race/Ethnicity, 2014



Gender

On all measures of the care continuum, females reported better outcomes in 2014, with the most significant difference shown for retention in care (36% for females versus 25% for males). There were 1,708 females and 5,521 males living with HIV disease as of December 31, 2014, and 55 females and 170 males were newly diagnosed with HIV disease in 2014. Linkage to care was the same for males and females at 80%; however, females had higher rates of retention and viral suppression.

Race/Ethnicity

Hispanics report better outcomes for the care continuum, in the Northern region compared to Black, non-Hispanics and White, non-Hispanics. Only about a fifth of White, non-Hispanics living with HIV were retained in care, and only a quarter were virally suppressed as of December 31, 2014 (Figure 12).

Transmission Category

Among all transmission risk categories, persons who identified as heterosexual had higher rates of retention and viral suppression in 2014 (Figure 13). Linkage to care was highest among the heterosexual transmission category. Men-who-have-sex-with-men (MSM) had higher rates of evidence of care and viral suppression than injection drug users (IDUs) (not shown).

Figure 13: HIV Continuum of Care by Transmission Risk, 2014

