

HIV Disease in the Northwest Region

Updated November 2015

Newly Diagnosed Cases in the Northwest Region

As of December 31, 2014, there were 63 new cases of HIV disease diagnosed in the Northwest region of Virginia. The average number of newly diagnosed HIV disease from 2010 to 2014 was 69 new cases per year. The five-year trend from 2010 to 2014 was fairly consistent, despite a slight increase in 2013, with 84 new HIV cases (Figure 1). Of the 63 new cases in 2014, males accounted for 71% and females for 29% of all new cases of HIV. Over half of all newly diagnosed HIV infection in 2014 were among persons ages 25-44. Rates of new HIV diagnoses were highest among the 40-44 age group at 12 per 100,000, followed by 45-49 at 11 per 100,000. White, non-Hispanic persons represented 51% of all new HIV diagnoses in 2014, followed by Black non-Hispanics at 40%, and Hispanics at 8%. As shown in Figure 2, Black males and Black females had the highest rates of newly diagnosed HIV infection in 2014 were among persons ages 25-44. Rates of new HIV diagnoses were highest among the 40-44 age group at 12 per 100,000, followed by 45-49 at 11 per 100,000. White, non-Hispanic persons represented 51% of all new HIV diagnoses in 2014, followed by Black non-Hispanics at 40%, and Hispanics at 8%. As shown in Figure 2, Black males and Black females had the highest rates of newly

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

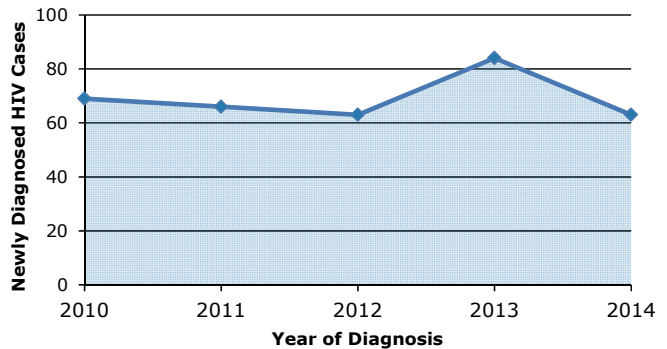
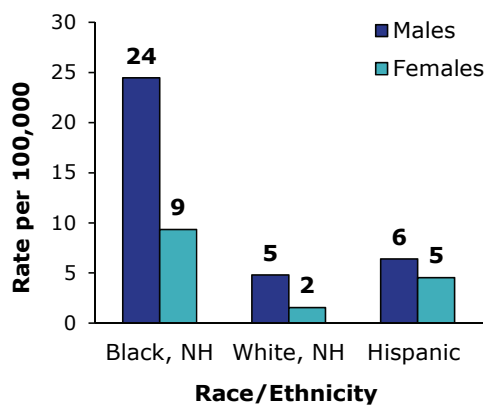
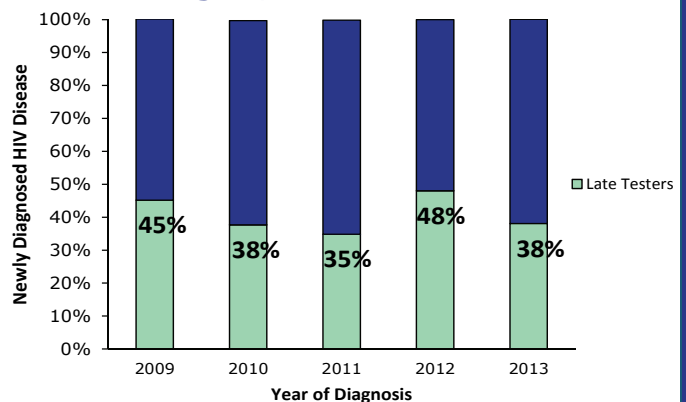


Figure 2: Newly Diagnosed HIV Disease Cases by Race/Ethnicity and Gender in the Northwest Region, 2014



diagnosed HIV cases by gender and race/ethnicity in 2014, with 24 and 9 per 100,000, respectively, whereas White males and females had the lowest rates at 5 and 2 per 100,000, respectively. In 2014, 59% of new HIV cases were attributed to male-to-male sexual contact (MSM), 11% to heterosexual contact, and 5% to injection drug use (IDU).

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



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. Of the 84 new HIV diagnoses in 2013, 38% were considered late testers. In 2013, 78% of males and 22% of females were late testers in the Northwest region. Half of all late testers were White, non-Hispanics, followed by Black, non-Hispanics at 34%, and Hispanics at 16%. On average, approximately 41% of new diagnoses were considered to be late testers in the Northwest region from 2009 to 2013.

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Persons Living with HIV Disease in the Northwest Region

In 2014, there were 1,936 persons living with HIV disease (PLWHA) in the Northwest region of Virginia. Of the 1,936 PLWHA in 2014, 56% had an AIDS-defining condition. As of December 31, 2014, there were 1,452 males and 484 females living with HIV disease in the Northwest region; males represented 75% of the total HIV positive population. More than three-

Figure 4: Persons Living with HIV Disease in the Northwest Region by Current Age as of December 31, 2014

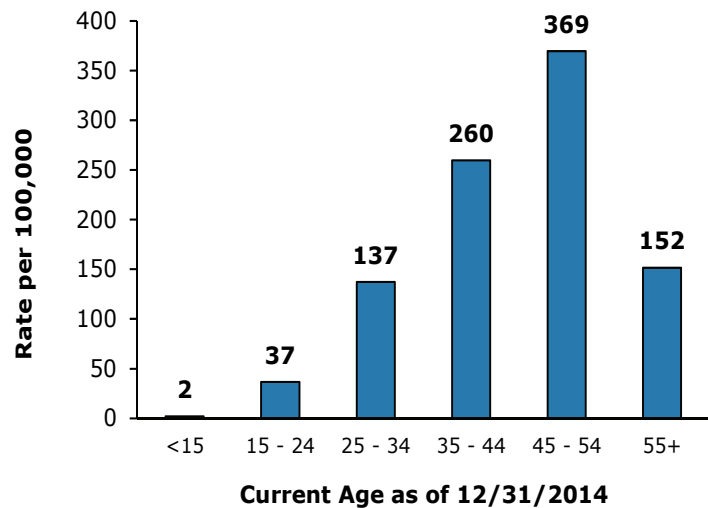
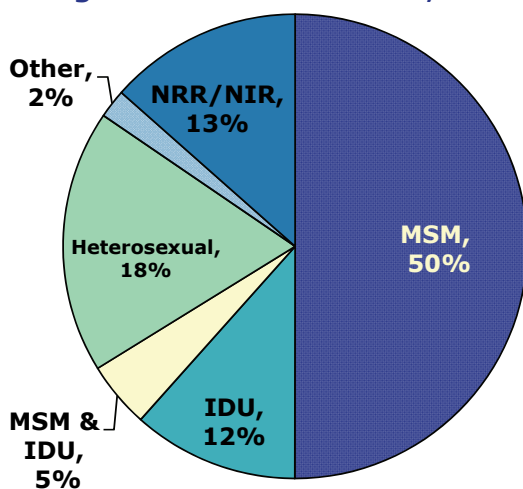


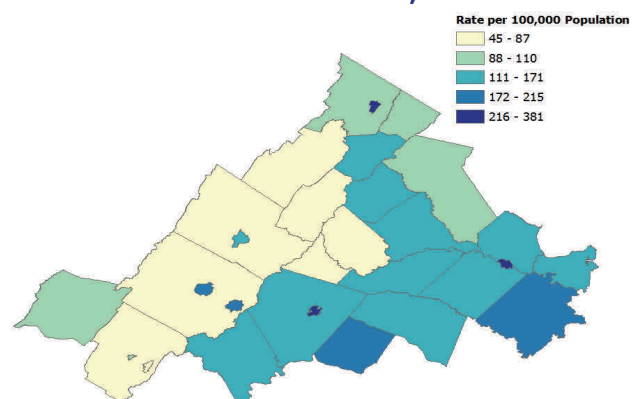
Figure 5: Persons Living with HIV by Transmission Risk in the Northwest Region as of December 31, 2014



quarters of PLWHA in the Northwest region were ages 40 and older, indicative of an aging population. Rates of HIV disease were highest among persons ages 45-54 at 369 per 100,000 population, followed by persons age 35-44 at 260 per 100,000 population (Figure 4). Forty-six percent of PLWHA in 2014 were White, non-Hispanic, 45% were Black, non-Hispanic and 7% were Hispanic. Black, non-Hispanics had the highest prevalence

rate at 585 per 100,000, followed by Hispanics at 149 per 100,000. White non-Hispanics had the lowest prevalence rate at 87 per 100,000. At the end of 2014, half of all living cases of HIV disease were attributed to male-to-male sexual contact (MSM), while heterosexual contact accounted for 18% of living cases and injection drug use (IDU) represented 12% (Figure 5). As evidenced from Figure 6, in 2014, higher rates of PLWHA were located in the southeastern part of the Northwest region. Fredericksburg, Charlottesville, and Winchester experienced the highest rates of living cases at 381, 331 and 323 per 100,000 population, respectively. Lower rates occurred primarily in the western part of the Northwest region, where the lowest rate was in Buena Vista County at 55 per 100,000 population.

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



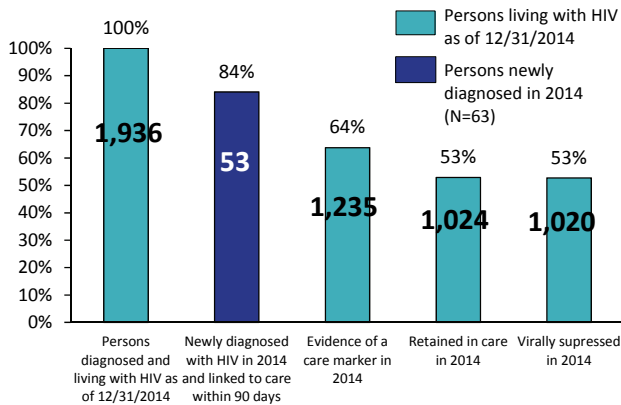
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HIV Care Continuum in the Northwest Region

The HIV Continuum of Care (HCC) is a framework for assessing health outcomes among persons living with HIV disease. Of the 1,936 PLWHA in the Northwest region of Virginia in 2014, 64% had a care marker (CD4 count or viral load lab test, HIV medical care visit, or antiretroviral (ART) prescription), 53% were considered retained in care (two care markers in a 12 month period at least 3 months apart), and 53% were virally suppressed (viral load < 200 copies/mL). Of the 63 newly diagnosed HIV cases in 2014, 84% were linked to care within 90 days of

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



diagnosis (Figure 7). In 2014, there were 1,452 males and 484 females living with HIV. Males had lower percentages than females in evidence of a care in a 12-month time frame, retention and viral suppression. Overall, as shown in Figure 8, 89% of males and 72% of females newly diagnosed in 2014 were linked to care within 90 days. There were 883 White, non-Hispanic, 868 Black, non-Hispanic, and 138 Hispanic PLWHA in 2014. Black and White PLWHA had similar percentages for evidence of care and linkage at 84% for both White and Black newly diagnosed HIV cases (Figure 9). Fifty-five percent of White, 51% of Black, and 49% of Hispanic PLWHA were virally suppressed in 2014. There were 969 living cases of HIV disease attributed to male-to-male sexual contact (MSM), 335 cases to heterosexual contact, and 224 cases to injection drug use (IDU) in 2014. Sixty-seven percent of MSMs had a care marker in 2014 and 56% were both retained in care and virally suppressed. Of the living HIV cases attributed to heterosexual contact, 70% had evidence of care, 59% were retained in care and 61% were virally suppressed in 2014. IDU was associated with the lowest percentages for HCC measures for transmission risk. Of the newly diagnosed HIV cases in 2014, 89% of MSMs, 86% of heterosexuals, and 67% of IDUs were linked to care within 90 days.

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

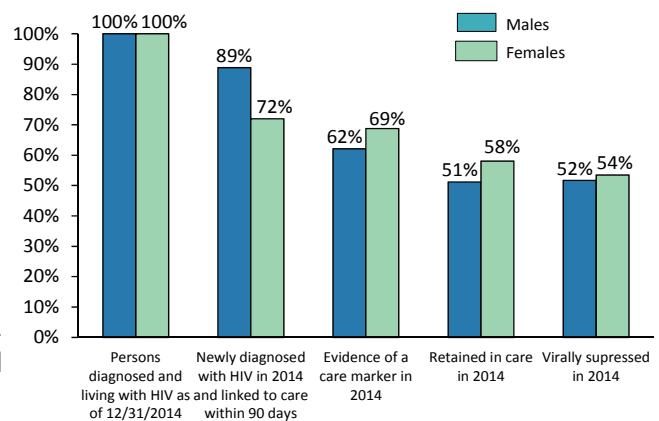


Figure 9: HIV Continuum of Care by Race/Ethnicity in the Northwest Region, 2014

