

# HIV Disease in the Southwest Region

## Newly Diagnosed Cases in the Southwest Region

In 2014, there were 86 newly diagnosed cases in the Southwest region. Figure 1 shows the trend of newly diagnosed cases in the region from 2010-2014, with an average of 86 cases per year.

### Gender

Of the 86 newly diagnosed cases, 77% were male and 23% were female.

### Age at Diagnosis

The highest rate of diagnosis in the Southwest region was for persons ages 25-34, at 15 per 100,000 persons. Persons ages 15-24 and 35-44 also had high rates of diagnosis compared to other age groups, at 11 per 100,000 and 10 per 100,000, respectively.

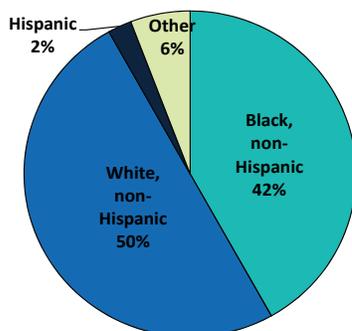
### Transmission Risk

The most common risk factor for the newly diagnosed cases was men who have sex with men (MSM) (55%), followed by heterosexual contact (20%). Other risk factors included injection drug use (IDU) and IDU & MSM (3%). Twenty-two percent of the newly diagnosed cases were pediatric cases or had no risk factor reported (NRR) or identified (NRI).

### Race/Ethnicity

Fifty percent of the newly diagnosed cases were White, non-Hispanic and 42% were Black, non-Hispanic. Two percent were Hispanic, and the remaining 6% comprised other race categories that included Asian/Hawaiian/Pacific Islander, American Indian/Alaskan Native, multi-race, or unknown race/ethnicity (Figure 2).

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



Updated November 2015

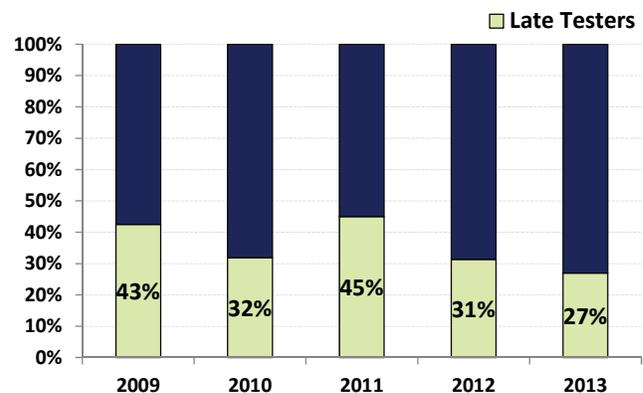
**Figure 1. Newly Diagnosed HIV Disease Cases in the Southwest Region, 2010–2014**



## Late Testers

**Late testing** is defined as a person newly diagnosed with HIV who is diagnosed with AIDS less than a year after initial 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. Figure 3 shows the percentage of newly diagnosed cases that were considered late testers from 2009-2013. Overall, the trend of late testers in the Southwest region seems to be decreasing over time.

**Figure 3. Late Diagnosis in the Southwest Region, 2009-2013**



# HIV Disease in the Southwest Region

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## Persons Living with HIV Disease in the Southwest Region

As of December 31, 2014, there were 2,043 people living with HIV disease (PLWH) in the Southwest region. Figure 4 on the right shows a map of the Southwest region of Virginia and the rate of PLWH per locality. The cities of Danville and Roanoke had the highest rates of PLWH, while Scott, Craig, Carroll, Buchanan, Russell, and Dickenson counties had the lowest rates.

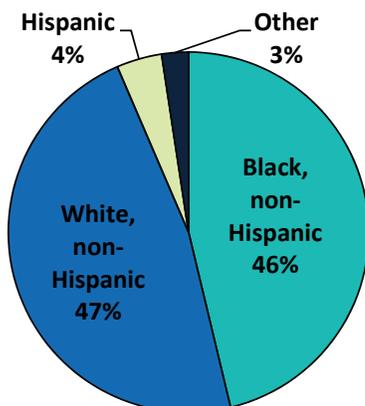
### Current Age

The highest rate of PLWH in the Southwest region in 2014 was for persons ages 45-54, at 388 per 100,000 persons. Persons ages 35-44, 25-34, and 55+ also had high rates of PLWH compared to other age groups, at 274 per 100,000, 162 per 100,000, and 149 per 100,000 respectively. The rate of PLWH ages 15-24 was 51 per 100,000, and the rate of PLWH less than 15 years of age was 2 per 100,000 persons.

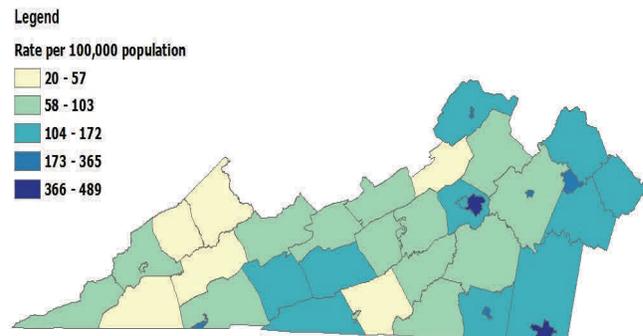
### Race/Ethnicity

Forty-six percent of the PLWH in the Southwest region were White, non-Hispanic and 47% were Black, non-Hispanic. Four percent were Hispanic, and the remaining 3% comprised other race categories: Asian, Pacific Islander, Hawaiian, American Indian, Alaskan Native, multi-race, or unknown race/ethnicity (Figure 5).

**Figure 5. PLWH by Race/Ethnicity in the Southwest Region as of December 31, 2014**



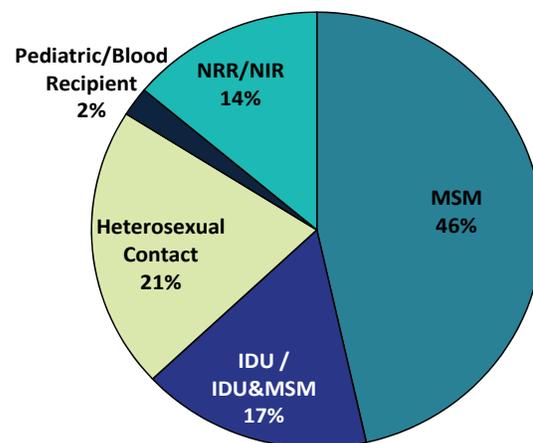
**Figure 4. Persons Living with HIV Disease in the Southwest Region as of December 31, 2014**



### Transmission Risk

Forty-six percent of the cases living with HIV in 2014 were attributed to was male-to-male sexual contact (MSM), followed by heterosexual contact (21%). Other risk factors included injection drug use (IDU) and IDU & MSM (17%). Two percent of the PLWH were pediatric cases or were infected through the receipt of blood products. 14% of the PLWH had no reported risk (NRR) or identified risk factor (NIR) (Figure 6).

**Figure 6. PLWH by Transmission Risk in the Southwest Region as of December 31, 2014**



### Gender

Of the 2,043 PLWH in the Southwest region as of 12/31/2014, 72% were male and 28% were female.

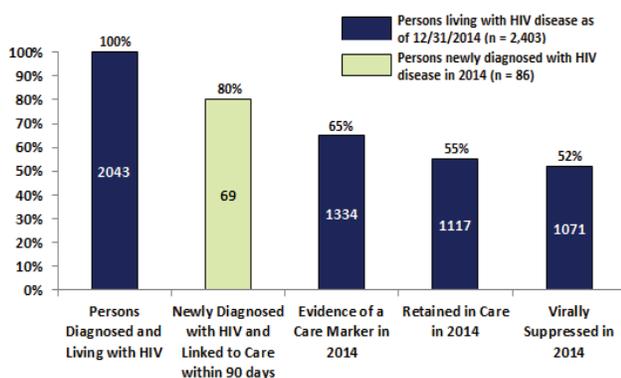
# HIV Disease in the Southwest Region

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## HIV Care Continuum

There were 2,043 persons diagnosed and living with HIV disease as of December 31, 2014. Of the 86 cases that were newly diagnosed with HIV in 2014, 80% were linked to care within 90 days. Of the total number of PLWH in 2014, 65% had evidence of care (a CD4, viral load, HIV medical visit, or antiretroviral (ART) prescription), 55% were retained in care, and 52% were virally suppressed in 2014 (Figure 8).

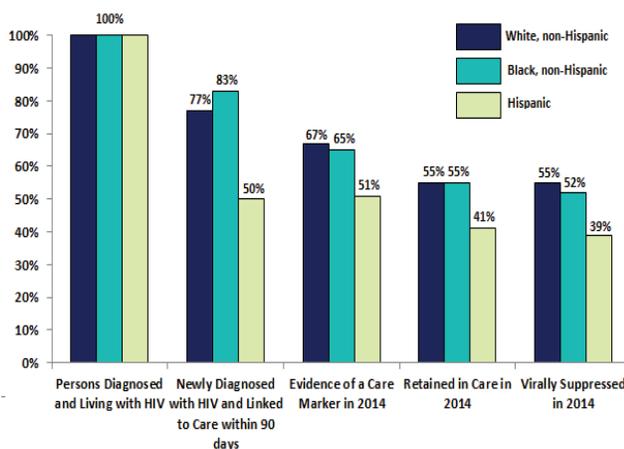
**Figure 8. HIV Care Continuum for the Southwest Region, 2014**



## Race/Ethnicity

Figure 9 displays the HIV care continuum by race/ethnicity. Among the newly diagnosed cases, Black, non-Hispanic cases were more likely to be linked to care within 90 days. Overall, Hispanics were less likely to be linked and retained in care, and be virally suppressed.

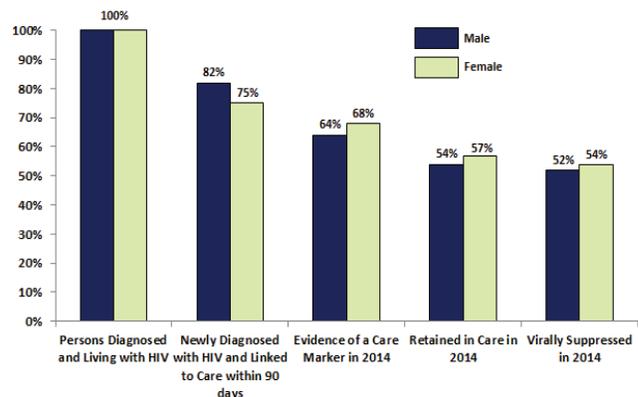
**Figure 9. HIV Care Continuum for the Southwest Region by Race/Ethnicity, 2014**



## Gender

Figure 10 displays the HIV care continuum by gender. Newly diagnosed males were more likely to be linked to care within 90 days compared to newly diagnosed females. However, females were more likely to be retained in care and be virally suppressed in 2014 compared to males.

**Figure 10. HIV Care Continuum for the Southwest Region by Gender, 2014**



## Transmission Risk

Figure 11 displays the HIV care continuum by risk. Among the newly diagnosed cases, IDU cases were more likely to be linked to care within 90 days. However, IDU cases were less likely to be retained in care and be virally suppressed. PLWH attributed to MSM and heterosexual contact were more likely to achieve these measures.

**Figure 11. HIV Care Continuum for the Southwest Region by Transmission Risk, 2014**

