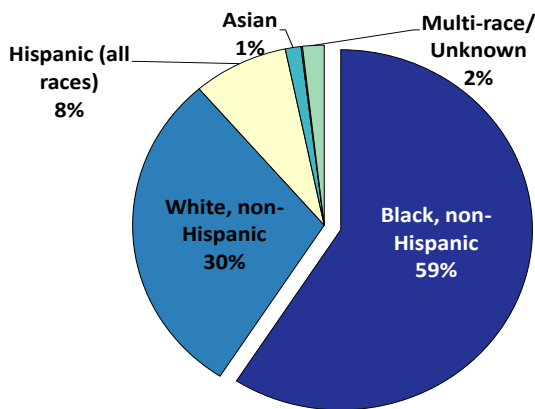




Black/African American Communities

African Americans make up the majority of persons living with HIV (PLWH) and the majority of new HIV diagnoses in Virginia. Of the 24,853 PLWH as of December 31, 2015, 14,703 persons (59%) were Black, non-Hispanic (NH) (Figure 1). In 2015, there were 929 newly diagnosed cases of HIV in Virginia, and 63% of the new diagnoses were among African Americans.

Figure 1. Race/Ethnicity Among Persons Living with HIV as of December 31, 2015 in Virginia



HIV/AIDS PREVALENCE

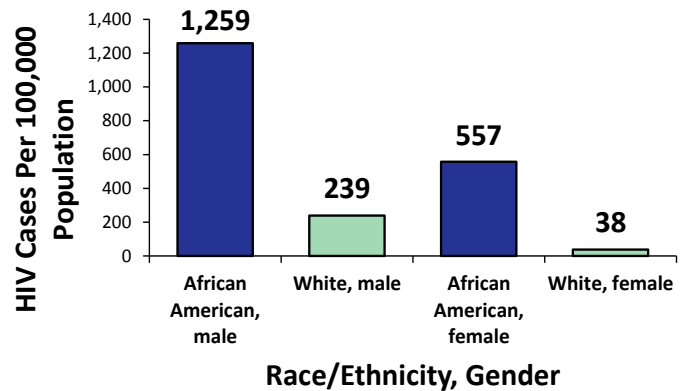
As of December 31, 2015, there were 14,703 Black, NH PLWH in Virginia. Black, NH persons are disproportionately affected by HIV compared to those of other race/ethnicities. As of December 31, 2015, the rate of Black, NH PLWH was 893 per 100,000 population in Virginia. Black, NH persons were seven times more likely to be living with HIV than White, NH persons (137 per 100,000) and over three times more likely to be living with HIV than Hispanic/Latino persons (272 per 100,000).

By Gender

The disparity is even more striking when the rate of HIV disease is further broken down by gender. As of December 31, 2015, the rate of PLWH was 1,259 per 100,000 for Black males compared to 239 per 100,000 for White males, and 557 per 100,000 for Black females compared to 38 per 100,000 for White

females in Virginia (Figure 2). Black males are five times more likely to be living with HIV in Virginia than White males. Black females are 15 times more likely to be living with HIV in Virginia than White females. As of December 31, 2015, 68% of Black PLWH were male and 32% were female.

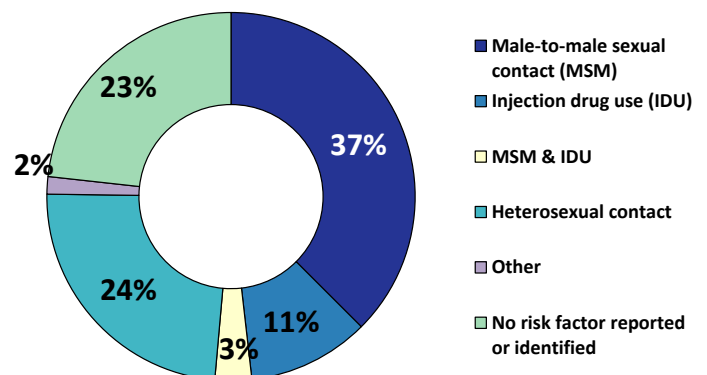
Figure 2. Rate of PLWH by Race/Ethnicity and Gender as of December 31, 2015 in Virginia



By Transmission Risk

As of the end of 2015, 56% of Black males were living with HIV due to male-to-male sexual contact (MSM), followed by heterosexual contact (11%), and injection drug use (IDU) (10%). Among Black females, the majority were living with HIV due to heterosexual contact (50%) or IDU (12%). Figure 3 shows transmission risk for Black, NH persons overall.

Figure 3. HIV Risk Among African Americans Living with HIV as of December 31, 2015 in Virginia



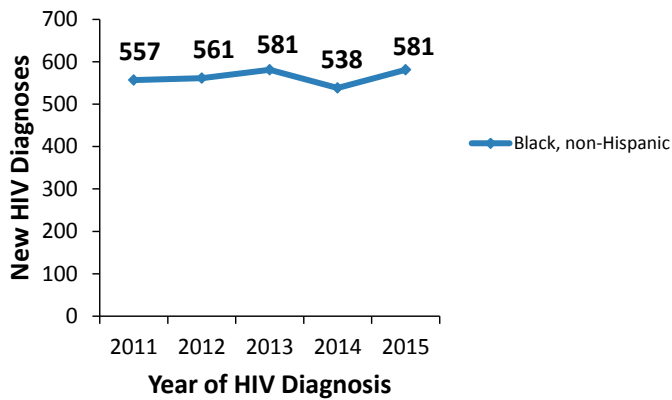
By Current Age

Sixty percent of Black, NH PLWH as of December 31, 2015 were ages 45 or older.

HIV DISEASE DIAGNOSES

New HIV diagnoses among Black, NH persons in Virginia stayed relatively stable over the past five years (Figure 4). From 2011 to 2015, the average number of new HIV diagnoses among African Americans was 564 cases per year. In 2015, 63% of the new HIV cases in Virginia were Black, NH.

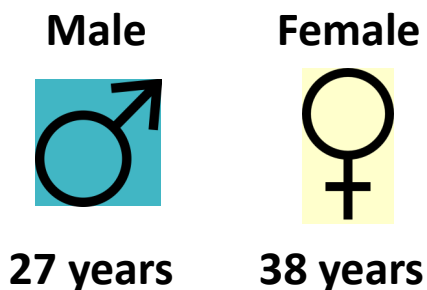
Figure 4. New HIV Diagnoses Among African Americans in Virginia, 2011-2015



By Gender and Age at Diagnosis

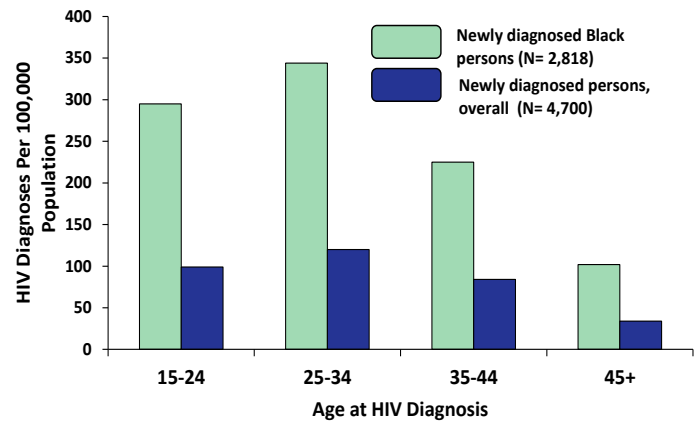
Among the newly diagnosed Black, NH cases in 2015, 76% were male and 24% were female. The median age at diagnosis for Black males in 2015 was 27 years and ranged from 4 to 78 years. The median age at diagnosis for Black females in 2015 was 38 years and ranged from 18 to 77 years (Figure 5).

Figure 5: Median Age at HIV Diagnosis by Gender among Black, non-Hispanic HIV Diagnoses in Virginia, 2015



In all age groups, the rate of HIV diagnoses per 100,000 population between 2011 and 2015 was higher among Black persons compared to the overall population (Figure 6). The highest diagnosis rate occurred among persons 25 to 34 years at time of diagnosis. Black, non-Hispanic persons aged 25 to 34 were nearly 3 times more likely to be diagnosed with HIV compared to the general population aged 25 to 34 years (340 per 100,000 versus 120 per 100,000).

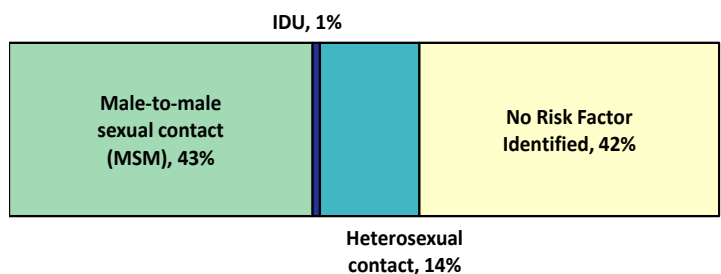
Figure 6. HIV Disease Diagnosis Rates Among African Americans and the Overall Population in Virginia, 2011-2015



By Transmission Risk

Of the 581 newly diagnosed HIV cases among African Americans in 2015, 43% were due to MSM, 14% were due to heterosexual contact, and 42% had no identified risk factor. Only 1% reported injection drug use (IDU) as the primary HIV transmission risk (Figure 7).

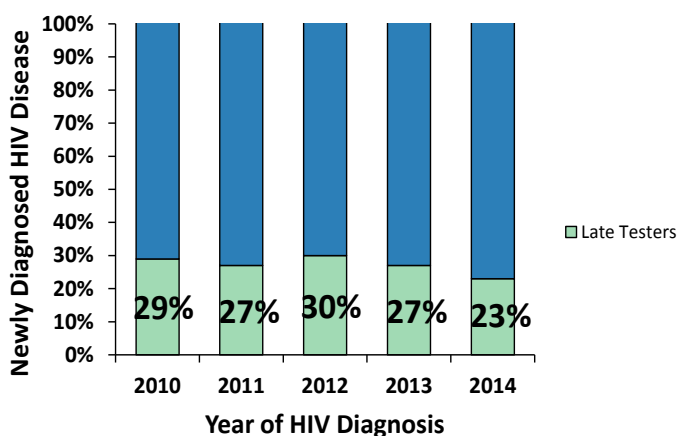
Figure 7: African Americans Newly Diagnosed with HIV by Transmission Risk, 2015



Late Diagnosis

Late diagnosis is defined as a person who is diagnosed with AIDS less than a year from initial HIV diagnosis, or a person who is diagnosed with AIDS at initial HIV 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, demonstrating the importance of access to HIV testing to increase timely diagnosis and early engagement in comprehensive HIV medical care. Between 2010 and 2014 (the most recent year for which data is available), among Black, NH persons in Virginia, the highest rate of late diagnosis was in 2012 at 30%. Twenty-three percent of new diagnoses in 2014 were diagnosed late. (Figure 8).

Figure 8: Late Diagnosis Among African Americans in Virginia, 2010-2014



HIV CARE CONTINUUM

The HIV Care Continuum (HCC) is a framework for assessing health outcomes among persons living in Virginia with diagnosed HIV infection. As of December 31, 2015, 14,703 Black, NH persons were diagnosed and living with HIV. Fifty-eight percent had evidence of care via a CD4 count, viral load, HIV medical care visit and/or antiretroviral (ART) prescription in 2015. Forty-five percent of the diagnosed population were retained in care (≥ 2 care markers at least 3 months apart), and 41% were virally suppressed (last viral load < 200 copies/mL) during calendar year 2015. Of those newly diagnosed in 2015, 406 (70%) were linked to medical care within 30 days of their HIV diagnosis. Figure 9

displays the HCC for Black, NH PLWH in Virginia compared to the overall population in Virginia. African American PLWH had comparable rates for all health outcomes as compared to the state as a whole.

Figure 9: HIV Care Continuum for the Overall Population and Black, non-Hispanic PLWH in Virginia, 2015

