

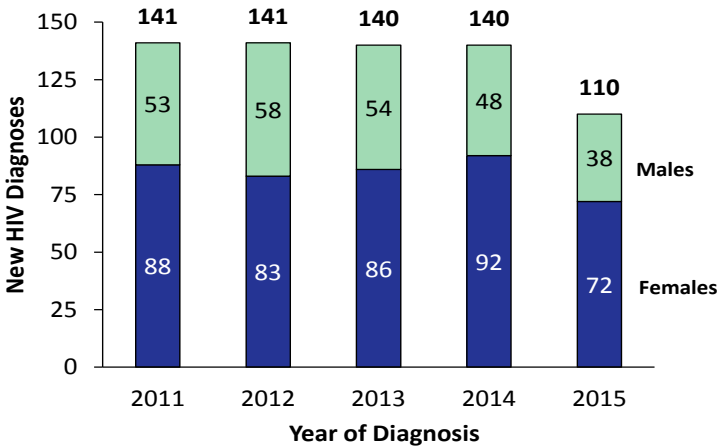


Heterosexuals

Heterosexual contact is the most common HIV transmission method among women and the second most common among men.¹ Of the 39,513 new HIV diagnoses in the United States (US) in 2015, 24% were attributed to heterosexual contact. While women accounted for 19% of the new HIV diagnoses in the US in 2015, over 86% of the new cases among women were due to heterosexual contact.¹

A number of factors contribute to women who have a high risk for HIV, particularly those who do not use condoms or know their male partner's risk factors for HIV, including men who have sex with both men and women and injection drug use.² Further, many men who have sex with men (MSM), especially Blacks and Hispanic/Latinos, do not self-identify as gay, have sexual intercourse with both men and women without disclosing their sexual behavior to partners, and are inconsistent with condom use.³

Figure 1: New HIV Diagnoses in Virginia by Gender, 2011-2015

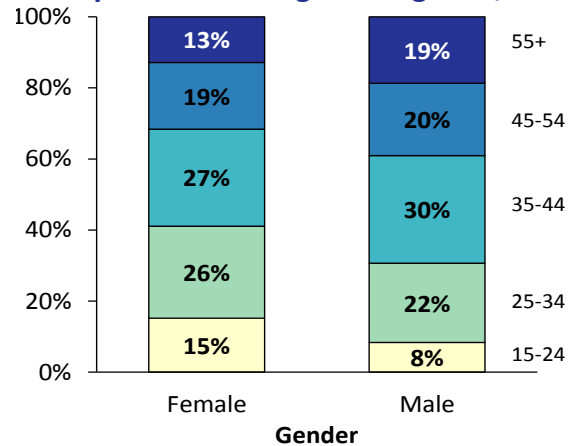


HIV DISEASE DIAGNOSES

In Virginia, the average number of new HIV diagnoses due to heterosexual contact from 2011 to 2015 was 134 new cases per year. On average, 14% of the total new HIV diagnoses in Virginia were attributed to heterosexual contact each year. New HIV diagnoses among heterosexuals in Virginia remained stable from 2011 to 2014, but decreased in 2015 (Figure 1). There were 110 new HIV diagnoses among those who reported heterosexual contact in Virginia in 2015.

Of the 110 new HIV cases among heterosexuals in 2015, 72 (62%) were females. Among heterosexuals newly diagnosed with HIV disease during this five-year period, approximately 72% were between the ages of 25 to 54. The smallest proportion of new HIV diagnoses among heterosexuals were younger, with only 13% among those 15 to 24 years.

Figure 2: New HIV Diagnoses due to Heterosexual Contact by Gender and Age at Diagnosis, 2011-2015



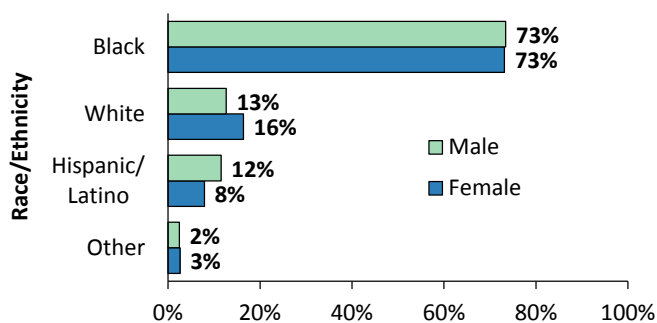
Among heterosexual males diagnosed with HIV disease in Virginia from 2011 to 2015, the majority were Black, non-Hispanic (NH) at 71%, followed by White, NH (15%) and Hispanic/Latino (12%). By age at diagnosis, the greatest proportion were those first diagnosed between the ages of 35 to 44 (30%) while those who were ages 25 to 34 at diagnosis comprised 22% of the total number of heterosexual HIV disease diagnoses from 2011 to 2015 (Figure 2).

Women are disproportionately affected by HIV disease among heterosexuals, especially women of color. From 2011 to 2015, 17% of new HIV diagnoses among women were White, NH and 8% were Hispanic/Latino. Black, NH women represented 72% of new HIV cases among women, even though only 20% of the female population in Virginia is Black, NH. There were 421 new HIV diagnoses among heterosexual women from 2011 to 2015 in Virginia. Among them, the majority were between the ages of 35 and 44 at the time of diagnosis (27%), followed by ages 25 to 34 at 26%, and 45 to 54 at 19% (Figure 2).

HIV/AIDS PREVALENCE

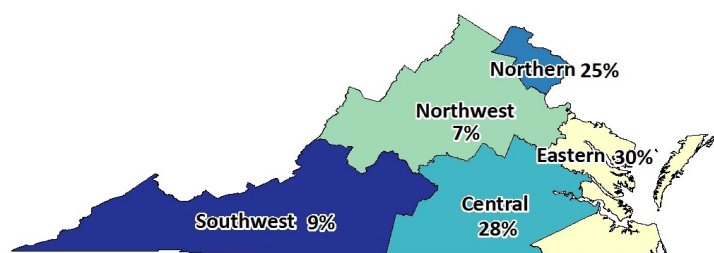
Of all persons living with HIV (PLWH) as of December 31, 2015, there were 4,781 (19%) PLWH due to heterosexual contact. Over 52% of this population had progressed to an AIDS-defining condition. Overall, men accounted for an estimated 32% of those living with HIV disease due to heterosexual contact in Virginia at the end of 2015. When separated into age groups, heterosexual men were more likely to be diagnosed later in life than women.

Figure 3: Persons Living with HIV Disease as of 12/31/2015 by Race/Ethnicity and Sex



At the end of 2015, the majority of heterosexual PLWH were Black, NH (73%), while 15% were White, NH and 8% were Hispanic/Latino. Among both males and females PLWH due to heterosexual contact, 73% were Black, NH. White heterosexual persons were more likely to be female than male and Hispanic/Latino heterosexuals were more likely to be male than female (Figure 3). Virginia is divided into five health regions: Central, Eastern, Northern, Northwest, and Southwest. At the end of 2015, 30% of PLWH due to heterosexual contact in Virginia were living in the Eastern region, followed by the Central region (28%) and the Northern region (25%) (Figure 4). The lowest percentages of heterosexual PLWH were in the Southwest and Northwest regions of Virginia at 9% and 7%, respectively.

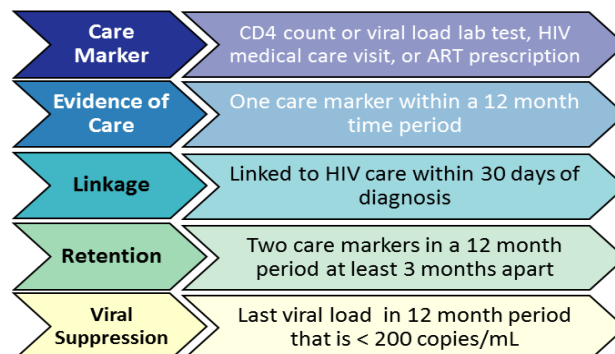
Figure 4: Persons Living with HIV Disease in Virginia as of December 31, 2015 by Health Region



HIV CARE CONTINUUM

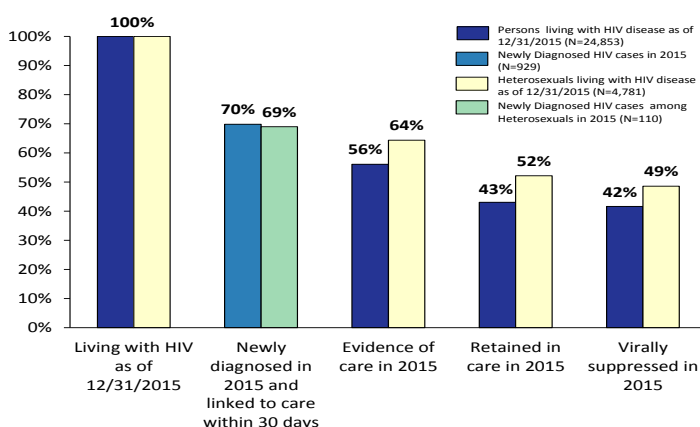
The HIV Care Continuum (HCC) is a framework for assessing health outcomes among PLWH (Figure 5).

Figure 5: HIV Care Continuum Definitions



Of the 4,781 heterosexual PLWH as of December 31, 2015, 64% had evidence of care in 2015, 52% were retained in care and 49% were virally suppressed. Of the 110 new HIV diagnoses attributed to heterosexual contact in 2015, 69% were linked to care within 30 days (Figure 6). Compared to all PLWH in Virginia, PLWH attributed to heterosexual contact had better health outcomes among all HCC measures in 2015. The percentage of those newly diagnosed with HIV in 2015 and linked to care in 30 days were similar among all new diagnoses and those due to heterosexual contact.

Figure 6: HIV Care Continuum in Virginia and among Heterosexuals, 2015



REFERENCES

1. CDC. "HIV in the United States: At A Glance" Accessed December 2016: <https://www.cdc.gov/hiv/statistics/overview/ataglance.html>
2. CDC. "HIV Among Women" Accessed December 2016: <https://www.cdc.gov/hiv/group/gender/women/index.html>
3. Wolitski, RJ et al. "Self-identification as "Down Low" among men who have sex with men (MSM) from 12 US cities" AIDS Behav. 10:519-529.