



Hispanics/Latinos

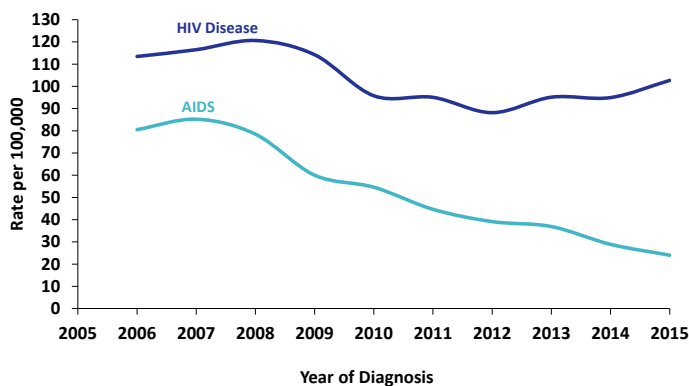
HIV is more common among Hispanics/Latinos in the United States (US).* The nationwide rate of new HIV infections among Hispanics/Latinos in 2015 was about three times that of Whites. The rate among Hispanic/Latino men was more than double the rate among White men (22 versus 8 per 100,000). The rate among Hispanic/Latina women was about triple that of Whites (2.5 versus 0.9 per 100,000)¹.

According to the Centers for Disease Control and Prevention (CDC), substance use, socioeconomic factors, language barriers, and stigma around homosexuality contribute to the spread of HIV among Hispanics². CDC reports that Hispanic/Latino men who have sex with men (MSM) had the highest rates of unprotected male-to-male sexual contact (MMSC) among a sample of US MSM².

HIV DISEASE DIAGNOSES

In 2015, Hispanic/Latino persons accounted for 10% of the newly diagnosed HIV cases in Virginia in 2015; this has remained relatively stable over the past five years (2011 to 2015). As evidenced by Figure 1, rates per 100,000 population of Hispanic/Latino AIDS diagnoses have decreased steadily since 2007, with the rate per 100,000 in 2015 being 3.5 times lower than that in 2007 (85 in 2007 and 24 in 2015). The rate of HIV disease diagnoses has decreased overall in the last ten years, but has increased a low of 88 per 100,000 in 2012 to 103 per 100,000 in 2015.

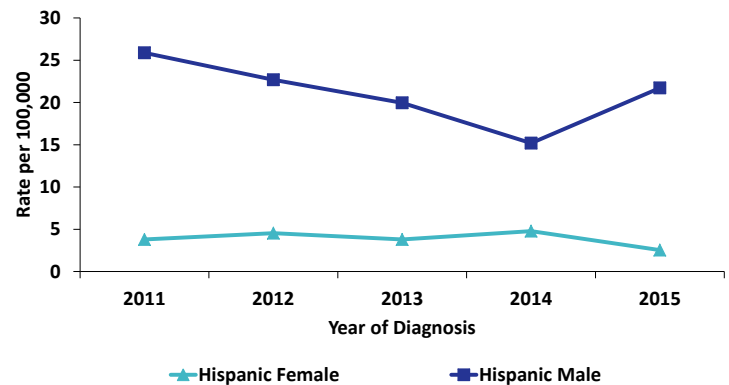
Figure 1: HIV Disease & AIDS Diagnosis Rates among Hispanics/Latinos in Virginia, 2006-2015



By Gender

From 2011 to 2015, the average rate of HIV diagnoses among Hispanic/Latino males was almost four times that of females (21 versus 6 per 100,000). New HIV diagnoses among Hispanic/Latina females have been stable from 2011 to 2015 (Figure 2).

Figure 2: HIV Disease Diagnoses among Hispanics/Latinos by Gender, 2011-2015



By Age at Diagnosis

Figure 3 shows higher rates of HIV diagnoses among Hispanics/Latinos aged 45 or older compared to the general HIV population. The highest rate of HIV diagnosis occurred among 45-54 year olds from 2011 to 2015. Figure 4 shows Hispanic/Latino persons aged 35 to 44 at diagnosis were the only age group with increasing rates of HIV diagnosis.

Figure 3: HIV Disease Rates among Hispanics/Latinos versus Virginia by Age at Diagnosis, 2011-2015†

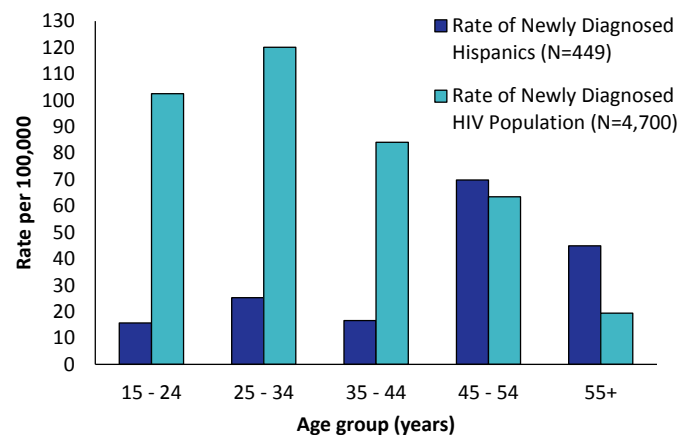
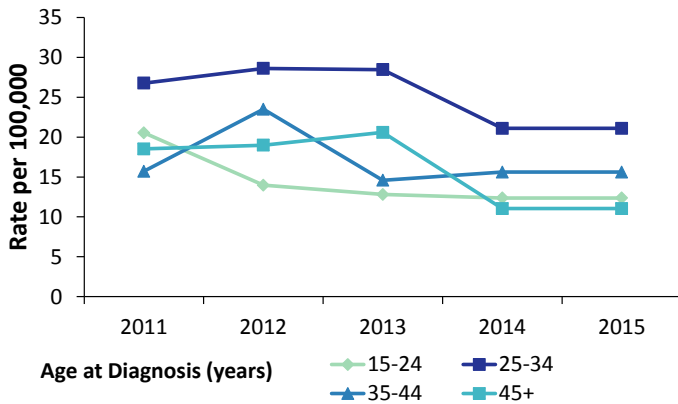


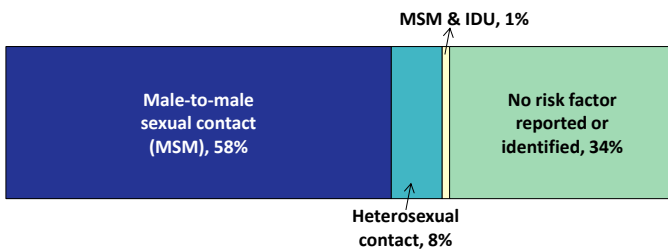
Figure 4: HIV Disease among Hispanics/Latinos by Age at Diagnosis, 2011-2015



By Transmission Category

In 2015, over half (58%) of the newly diagnosed HIV cases among Hispanics/Latinos were attributed to male-to-male sexual contact (MSM), followed by MSM with a history of injection drug use (IDU). (Figure 5). Heterosexual contact and infection with no risk reported or identified followed.

Figure 5: Hispanics/Latinos Newly Diagnosed with HIV by Transmission Risk, 2015



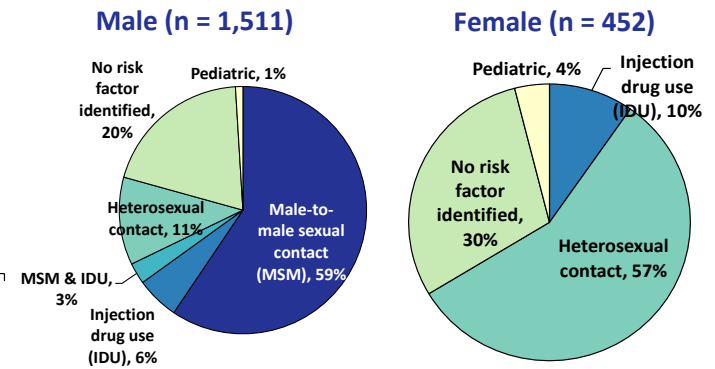
HIV/AIDS PREVALENCE

As of December 31, 2015, there were 2,003 Hispanic/Latinos living with HIV in Virginia, 52% of whom had progressed to an AIDS-defining condition.

By Transmission Category

Among male Latino PLWH, MSM is the primary risk factor for HIV, at 59%. IDU is more common among Hispanic/Latina women living with HIV versus males (10% versus 1%) (Figure 6). Transmission risk differs among Hispanic PLWH by gender. Heterosexual contact is the primary transmission risk for Hispanic/Latina women living with HIV at 57%; however, only 11% of Hispanic/Latino men living with HIV report heterosexual contact.

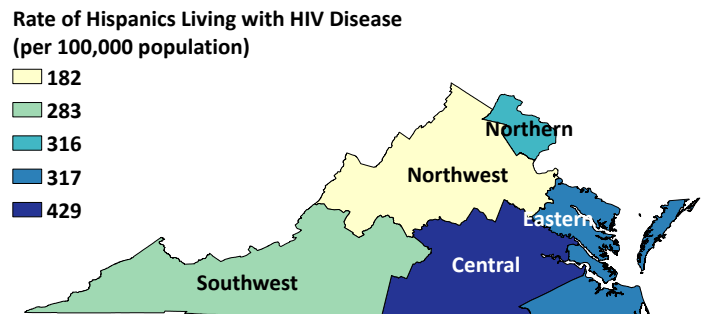
Figure 6: Hispanic/Latino PLWH by Transmission Risk in Virginia, 2015



By Health Region

There are five health regions in Virginia: Northern, Northwest, Eastern, Southwest and Central. Figure 7 shows rates per 100,000 population of Hispanics living with HIV. Rates are highest in the Central region, at 429 cases per 100,000 population, followed by the Eastern region at 317 cases per 100,000 population. The Northwest region has the lowest rate at 182 per 100,000 population.

Figure 7: Hispanics/Latinos Living with HIV Disease by City/County in Virginia, 2015



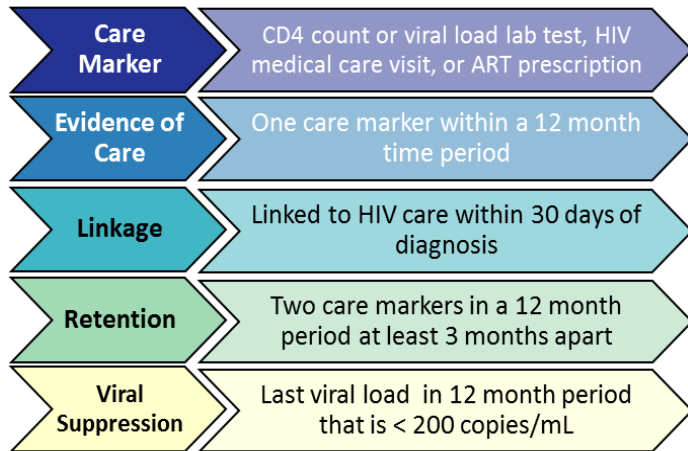
LATE DIAGNOSIS

Early knowledge of HIV infection can improve an individual's health outcome and help prevent further HIV transmission. Late diagnosis refers to cases that have an initial AIDS diagnosis or receive an AIDS diagnosis within 12 months of their HIV diagnosis. In Virginia, the rate of late diagnosis among Hispanics is three times that of White, non-Hispanic and Black, non-Hispanic persons.

HIV CARE CONTINUUM

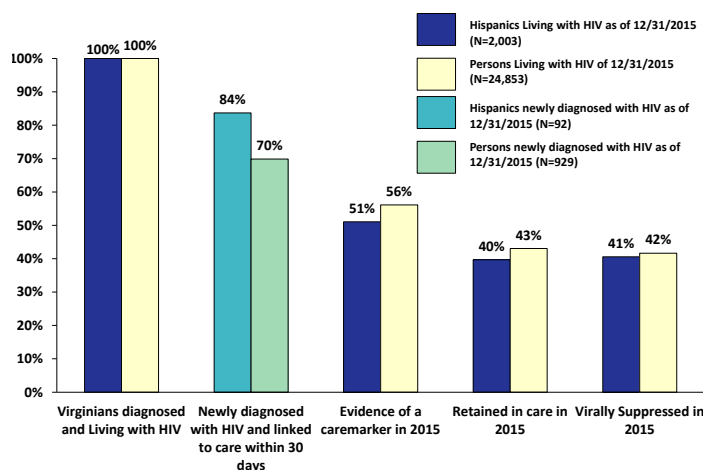
The HIV Care Continuum (HCC) is a framework for assessing health outcomes among persons living in Virginia with diagnosed HIV infection. Figure 8 shows definitions for the HCC.

Figure 8: HIV Care Continuum Definitions



In 2015, 51% of the 2,003 Hispanic/Latino PLWH in Virginia had a care marker. Of all PLWH in Virginia as of 2015, 57% had a care marker. Forty percent of Hispanic/Latino PLWH were retained in care and 41% were virally suppressed, compared to 45% and 43% of Virginians living with HIV in 2015. In 2015, 84% of Hispanics/Latinos newly diagnosed were linked to care within 30 days, compared to 70% of Virginians living with HIV in 2015 (Figure 9).

Figure 9: HIV Care Continuum among Hispanics/Latinos versus PLWH in Virginia, 2015



REFERENCES

1. Prejean, J. *et al.* (2011). Estimated HIV incidence in the United States, 2006-2009. *PLoS ONE* 6(8):e17502.
2. CDC (2013). "HIV among Hispanics/Latinos." Accessed April 2016: <http://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos>.

*Hispanics/Latinos can be of any race. Hispanic and Latino/Latina are used interchangeably.

^Data presented in the national HIV incidence report are annual estimates of the number of new infections, whether or not they were actually diagnosed. In contrast, Virginia data are based on new diagnoses each year, which can include persons who were infected in previous years. These two sets of data cannot be directly compared; they are presented here only to show similarity in trends.

†Small case counts among some Hispanic/Latino age groups in 5 year increments may result in unreliable rate estimates.

‡ Small case counts among Hispanics/Latinos and small Hispanic population in some localities may result in unreliable rate estimates.