



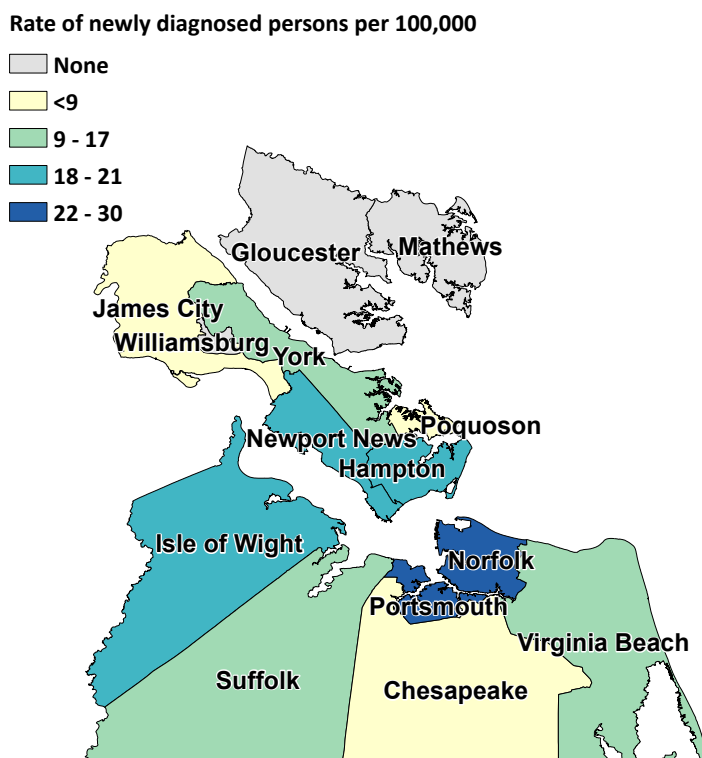
Norfolk Transitional Grant Area (TGA)

Part A of the Ryan White (RW) HIV/AIDS Treatment Extension Act of 2009 provides funding assistance to Transitional Grant Areas (TGAs). For a geographical area to qualify for TGA status, an area must have reported 1,000 to 1,999 AIDS cases in the most recent five years and have a population of at least 50,000. The Norfolk TGA consists of 14 localities in Eastern Virginia.

HIV DISEASE DIAGNOSES

In 2015, there were 280 persons newly diagnosed with HIV disease in the Norfolk TGA, which represents 30% of all newly diagnosed cases in Virginia in 2015. Figure 1 shows the distribution of newly diagnosed cases across cities/counties in the Norfolk TGA. The cities of Norfolk and Portsmouth had the highest rates of newly diagnosed HIV cases in 2015, both at 29 cases per 100,000 population, respectively. The locality with the lowest HIV diagnosis rate in 2015 was James City County, at 3 cases per 100,000 population.

Figure 1: Rate of HIV Disease Diagnosis Rates among Norfolk TGA Localities in Virginia, 2015

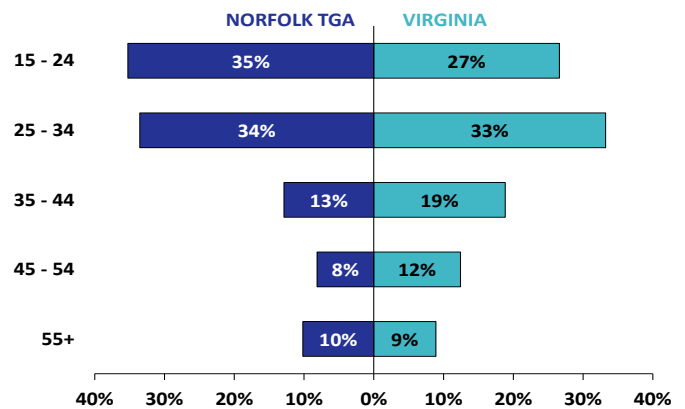


By Gender

Eighty percent of the new HIV diagnoses in 2015 in the Norfolk TGA were male, which is also comparable to the state's gender distribution of new HIV diagnoses in 2015.

By Age at Diagnosis

Figure 2: HIV Disease Diagnoses in Norfolk TGA and Virginia by Age at Diagnosis, 2015



According to Figure 2, the average age at diagnosis among HIV-positive persons in 2015 in the Norfolk TGA is slightly less than that of Virginia in 2015 (33.8 versus 34.7 years). The highest percentage of new diagnoses occurred among the 15-24 age group in the Norfolk TGA and among the 25-34 age group in Virginia in 2015. Figure 2 shows a higher proportion of HIV-positive persons in the Norfolk TGA being diagnosed at 15 to 34 years. The distribution in the Norfolk TGA shows age at diagnosis of persons newly diagnosed with HIV is more concentrated among persons younger than 35 years than in Virginia overall.

By Race/Ethnicity

In 2015, the highest percentage of new HIV disease diagnoses was among Black, non-Hispanics in the Norfolk TGA (74%). In the Norfolk TGA, the ratio of Whites to Hispanics/Latinos diagnosed with HIV in 2015 was 5 to 1, whereas in the state, there were about two White persons for every one Hispanic/Latino person diagnosed with HIV in 2015.

Table 1: HIV Disease Diagnoses in the Norfolk TGA and Virginia by Race/Ethnicity, 2015

Race/Ethnicity	NORFOLK TGA	VIRGINIA
Black, non-Hispanic	74%	62%
White, non-Hispanic	21%	24%
Hispanic (all races)	4%	10%
Asian/Hawaiian/Pacific Islander	1%	3%
Multi-race/Unknown	0%	1%

By Transmission Category

Male-to-male sexual contact (MSM) accounted for most HIV infections among Norfolk TGA residents in 2015 (52%), followed by no risk factor reported or identified (35%), heterosexual contact (9%), injection drug use (IDU) (2%), and MSM with a history of IDU (<2%).

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. To determine late diagnosis, one year of follow-up from the first HIV diagnosis is needed to determine if a person is also diagnosed with AIDS in that year. Because of this reason, the most recent year of data available in Virginia is 2014. Twenty-four percent of 2014 new diagnoses in the Norfolk TGA had a late diagnosis, which is comparable to the percentage of late diagnosis in Virginia overall.

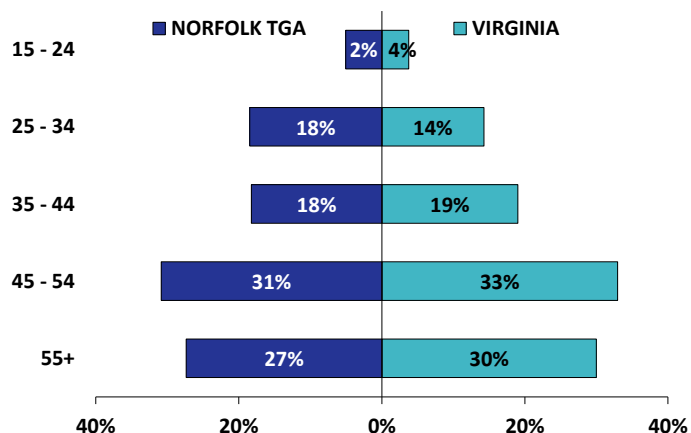
HIV/AIDS PREVALENCE

As of 2015, there were 7,271 persons living with HIV (PLWH) in the Norfolk TGA, which represented 29% of all PLWH in Virginia (24,853). Forty-three percent of PLWH in the Norfolk TGA had an AIDS-defining condition as of December 31, 2015, versus 47% of PLWH in the state. Seventy-two percent of PLWH in the Norfolk TGA as of the end of 2015 were male.

By Current Age

The majority of PLWH in the Norfolk TGA are 45 or older, comparable to the age distribution of PLWH in Virginia. In the Norfolk TGA, the percentage of young adults aged 25 to 34 living with HIV is slightly higher than that in Virginia (18% versus 14%) (Figure 3).

Figure 3: HIV Disease Diagnoses in the Norfolk TGA and Virginia by Current Age as of December 31, 2015



By Race/Ethnicity

Table 2 shows a much higher proportion of Black, non-Hispanics living with HIV in the Norfolk TGA compared to the state (70% versus 59%). The proportion of Hispanics/Latinos living with HIV in the Norfolk TGA is slightly lower than that of Virginia (5% versus 8%), and the percentage of White, non-Hispanics living with HIV is slightly lower than that in Virginia (23% versus 30%).

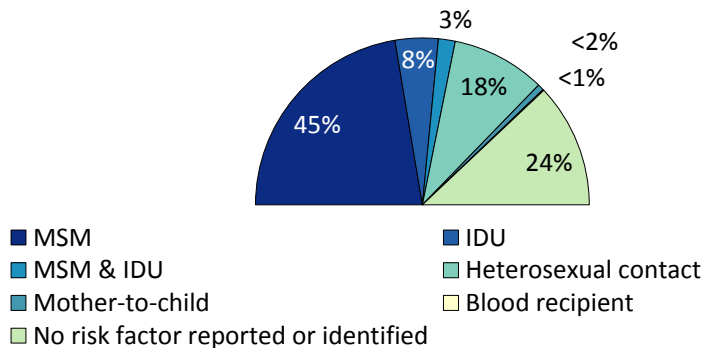
Table 2: Percentage of PLWH in the Norfolk TGA and Virginia by Race/Ethnicity, 2015

Race/Ethnicity	NORFOLK TGA	VIRGINIA
Black, non-Hispanic	70%	59%
White, non-Hispanic	23%	30%
Hispanic (all races)	5%	8%
Asian/Hawaiian/Pacific Islander	1%	1%
Multi-race/Unknown	2%	2%

By Transmission Category

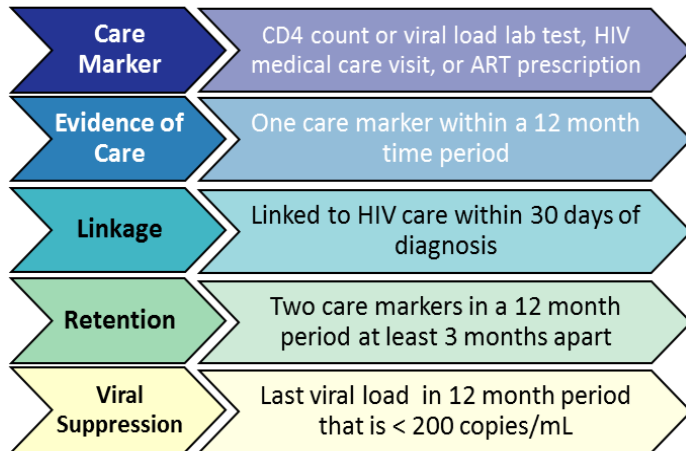
MSM accounted for most HIV infections among PLWH in the Norfolk TGA (45%), followed by those with no risk reported or identified (24%), heterosexual contact (18%), IDU (7%), MSM & IDU (3%), mother-to-child transmission (1%) and receipt of blood products (<1%) (Figure 4).

Figure 4: HIV Disease by Transmission Category in the Norfolk TGA, 2015



HIV CARE CONTINUUM

Figure 5: HIV Care Continuum Definitions



The HIV Care Continuum (HCC) is a framework for assessing health outcomes among persons living in the Norfolk TGA with diagnosed HIV infection. Figure 5 shows definitions for the HCC health outcomes of linkage, retention, and viral suppression. As of 2015, 57% of the 7,271 PLWH in the Norfolk TGA had evidence of HIV care in 2015. Only 43% of PLWH in the Norfolk TGA were retained in care and 33% were virally suppressed, compared to 43% and 42% of Virginians living with HIV in 2015.

In 2015, 69% of persons newly diagnosed with HIV were linked to HIV care within 30 days, roughly comparable to the 70% of Virginians living with HIV linked to HIV care in 2015 (Figure 6).

Figure 6: HIV Care Continuum among PLWH in the Norfolk TGA and PLWH in Virginia, 2015

