



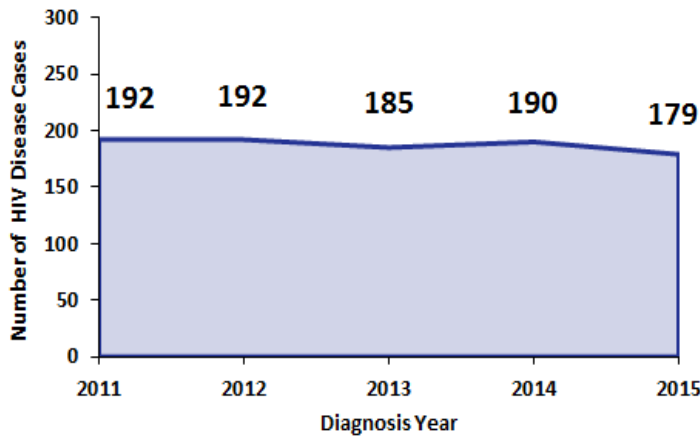
Women

Nationally, approximately one out of four persons living with HIV (PLWH) is female.¹ In 2014, there were 44,073 new HIV disease diagnoses among women in the United States. Of these cases, 62% were African American, 18% were White, and 16% were Hispanic/Latino. Nationally, most new diagnoses among women are attributed to heterosexual sex, followed by injection drug use (IDU). It is important to note that from 2005 to 2014, the number of newly diagnosed HIV disease cases among women decreased by 40%.¹

NEW HIV DISEASE DIAGNOSES

In Virginia, from 2011 to 2015, 1,006 women were newly diagnosed with HIV. Women account for approximately 20% of all the newly diagnosed cases annually in Virginia. Figure 1 shows the trend of new diagnoses among women over the five-year time period, with 179 HIV disease cases diagnosed among women in 2015.

Figure 1: Newly Diagnosed HIV Disease Cases Among Women in Virginia, 2011-2015



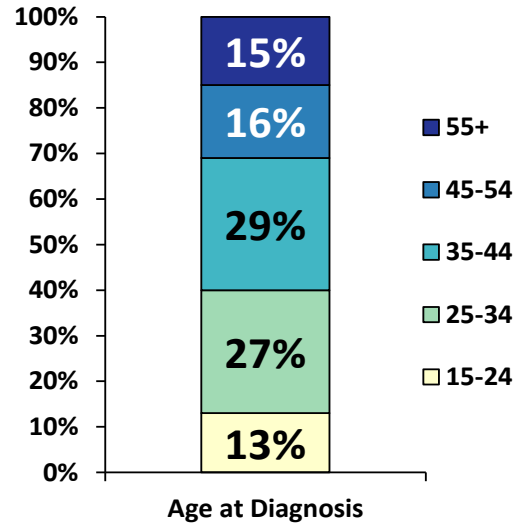
Transmission Category

In 2015, the most common transmission category for new HIV disease diagnoses among women was heterosexual contact (40%), followed by IDU at 1%. Approximately 59% of women had no reported or identified risk.

Age at Diagnosis

Of the 179 cases newly diagnosed in 2015, 29% of the women newly diagnosed with HIV were between the ages of 35 to 44, followed by women ages 25 to 34 (27%) (Figure 2).

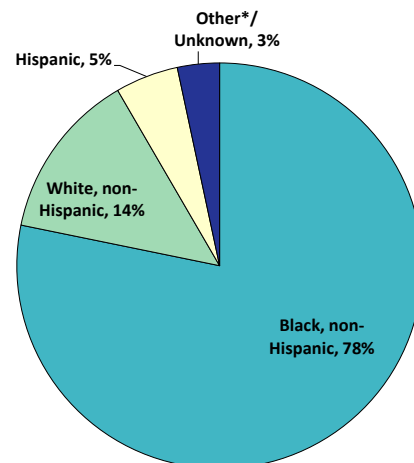
Figure 2: Newly Diagnosed HIV Disease Cases Among Women by Age at Diagnosis in Virginia, 2015



Race/Ethnicity

In 2015, 78% of new HIV disease diagnoses in Virginia occurred among Black, non-Hispanic (NH) women. White, NH women accounted for 13% of the new HIV disease diagnoses, while Hispanic/Latino women accounted for 5% of the new diagnoses.

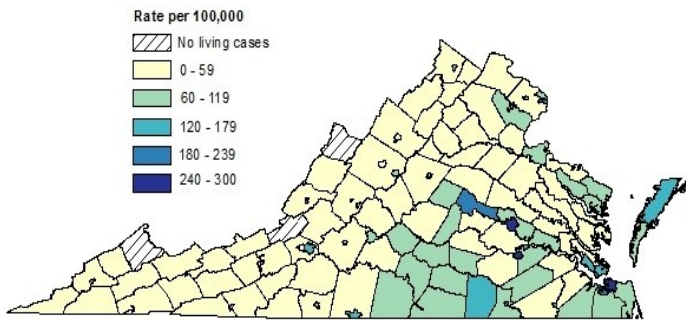
Figure 3: Newly Diagnosed HIV Disease Cases Among Women by Race/Ethnicity in Virginia, 2015



HIV/AIDS PREVALENCE

As of December 31, 2015, there were 6,430 women living with HIV in Virginia; 47% of women living in Virginia have progressed to an AIDS-defining condition. Figure 4 below shows a map of Virginia and the rate of women living with HIV by locality as of December 31, 2015. Higher rates of HIV disease diagnosis occurred in the Eastern and Central regions.

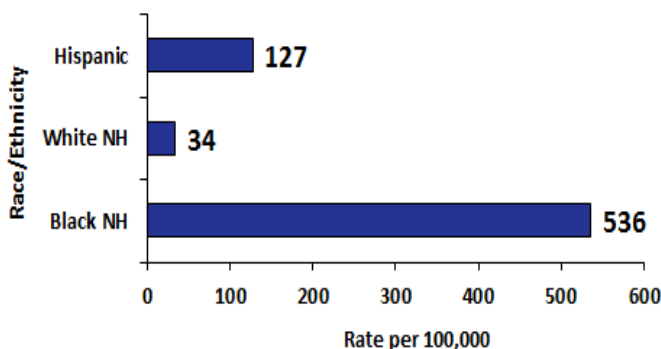
Figure 4: Rates of Women Living with HIV by City/County in Virginia as of December 31, 2015



Race/Ethnicity

Of the 6,430 women living with HIV as of December 31, 2015, 74% were Black, NH. Sixteen percent were White, NH, and 7% were Hispanic/Latino. Black, NH women are approximately 16 times more likely to be living with HIV than White, NH women and four times more likely to be living with HIV compared to Hispanic/Latino women. Hispanic/Latino women are four times more likely to be living with HIV compared to White women (Figure 5).

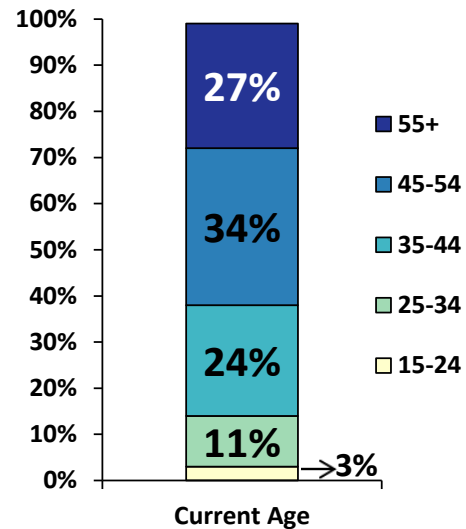
Figure 5: Rates of Women Living with HIV in Virginia by Race/Ethnicity as of December 31, 2015



Current Age

As of December 31, 2015, 34% of women living with HIV in Virginia were between the ages of 45 to 54. Twenty-seven percent were aged 55 or older (Figure 6).

Figure 5: Women Living with HIV by Current Age in Virginia as of December 31, 2015



Transmission Category

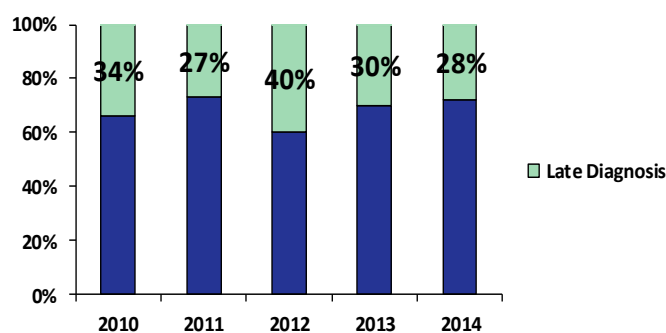
As of December 31, 2015, the most commonly identified transmission category among women living with HIV was heterosexual contact (50%). Thirteen percent reported IDU as their transmission category, and an additional 2% were pediatric/perinatal exposure cases.

LATE DIAGNOSIS

Late diagnosis is defined as a person who is diagnosed with AIDS less than a year after initial HIV 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, demonstrating the importance of access to HIV testing to increase timely diagnosis and early engagement in comprehensive HIV medical care. Figure 7 displays the percentage of newly diagnosed HIV disease cases among women that were late diagnoses based on year of 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.

Figure 7: Percentage of Late Diagnoses in Newly Diagnosed HIV Disease Cases Among Women in Virginia, 2010-2014



Late testers consistently comprise less than 50% of the newly diagnosed cases among women each year. Overall, the percentage of late diagnosis among women appears to be decreasing from 2010 to 2014, from 34% in 2010 to 28% in 2014.

HIV CARE CONTINUUM

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

Figure 9 displays the 2015 HIV care continuum for all women living with HIV compared to all HIV disease cases in the Commonwealth of Virginia.

Figure 8: HIV Care Continuum Definitions

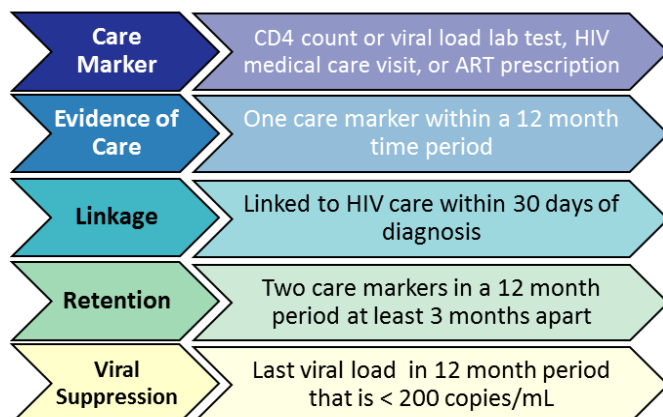
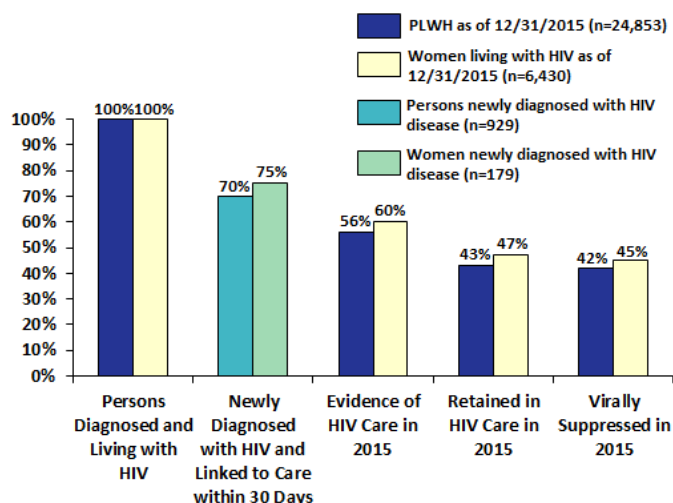


Figure 9: HIV Care Continuum for Women Living with HIV versus Virginia, 2015



In 2015, 60% of women had evidence of HIV care, measured through having at least one care marker (CD4 test, viral load, HIV medical care visit, or antiretroviral prescription). Forty-seven percent of women were retained in care in 2015, and 45% were virally suppressed in 2015.

Overall, women showed better health outcomes for linkage, retention in care, and viral suppression as compared to PLWH in Virginia as a whole.

REFERENCES

1. CDC (2016). "HIV among Women." Accessed April 14, 2016: <http://www.cdc.gov/hiv/group/gender/women/>.
- * The "other" race/ethnicity category includes: Asian, American Indian, Pacific Islander, Alaskan Native, and Multi-Race.