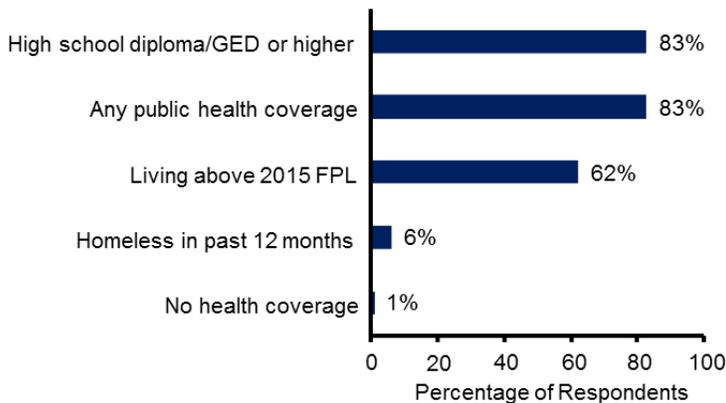


The **Virginia Medical Monitoring Project (MMP)** is an ongoing, supplemental surveillance system that assesses clinical and behavioral characteristics of HIV-infected adults in the United States. Each year, in collaboration with CDC, a randomized sample of 400 participants are selected throughout Virginia to participate in the project. Structured interviews and medical record abstractions are conducted for each respondent. This fact sheet presents interview and medical record data from 2015.

DEMOGRAPHICS

Data for one hundred eleven respondents were included in analyses for the 2015 data collection cycle; and of these respondents, approximately 67% were male and 32% female. One respondent (1%) self-identified as transgender. Most respondents were Black (57%), with smaller percentages for Whites (28%), Hispanics (6%) and respondents of another race/multiple races (9%). Respondents' ages ranged from 21 to 68, with a mean of 48 years of age. Most respondents self-identified as heterosexual (56%), with 33% reporting sexual orientation as homosexual/gay/lesbian, and 9% bisexual. Respondents were likely to have completed high school or beyond (83%); and approximately 62% reported annual income that was above the 2015 federal poverty level (FPL).

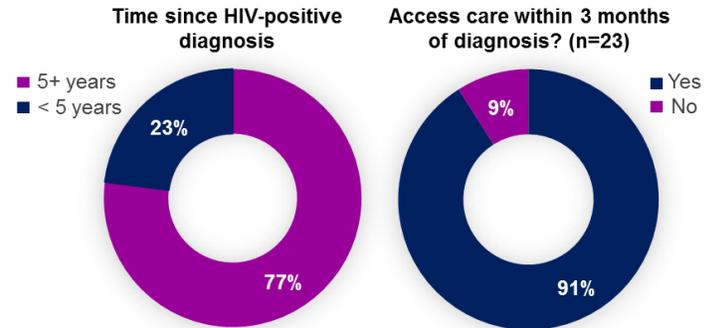
Figure 1. Selected Sociodemographic Indicators



TIME SINCE HIV DIAGNOSIS AND LINKAGE TO CARE

Of the 111 respondents, 25 (23%) reported being diagnosed HIV-positive within 5 years of their MMP interview date. The majority, 86 respondents (77%), reported being diagnosed HIV-positive five or more years before the MMP interview date. Ninety-one percent of the respondents diagnosed within the past five years reported accessing HIV medical care within 3 months of diagnosis.

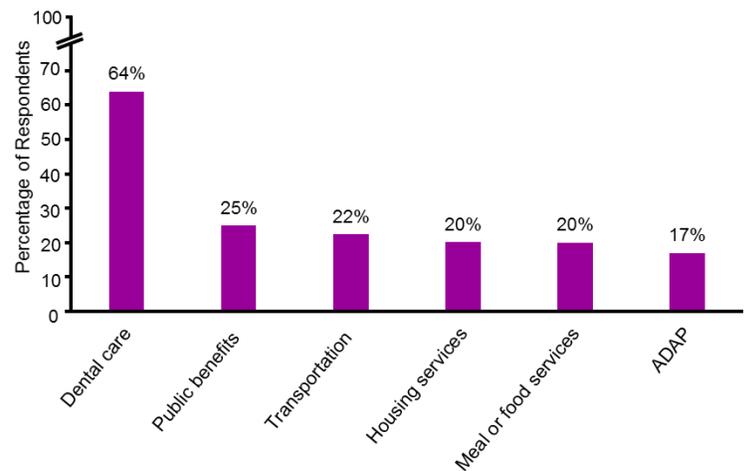
Figure 2. Linkage to Care



MET AND UNMET NEED

Respondents reported receiving a range of ancillary services during the 12 months prior to the interview. Services used most frequently included HIV case management (60%), the AIDS Drug Assistance Program (ADAP, 57%), dental care (53%), ART medication adherence support services (46%), mental health services (32%), and public benefits (31%; e.g., Supplemental Security Income, Social Security Disability Insurance). Dental care services was the greatest unmet need reported by respondents. The most frequently cited barrier for dental care was service cost/lack of insurance (73%).

Figure 3. Top Six Unmet Services Needs



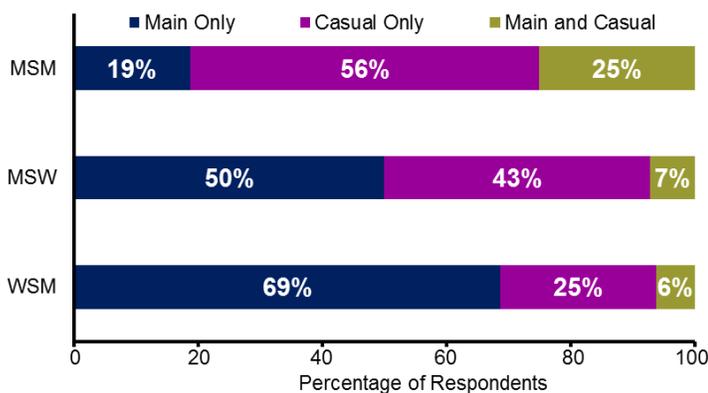
ANTIRETROVIRAL TREATMENT AND ADHERENCE

Most respondents (97%) reported currently taking antiretroviral therapy (ART) medications. Sixty-six percent of those on ART said that they never skipped a dose in the past 30 days. The most commonly-cited reason for the last missed dose was forgetting to take medication (41%), followed by a change in routine or being out of town (32%). The majority of respondents (82%) reported never or rarely being troubled by side effects in the past 30 days.

SEXUAL BEHAVIORS

Fifty-nine percent of all respondents reported having sex in the last 12 months (66% of males and 44% of females). Among male respondents, 44% reported having sex with other men (MSM), and 19% reported having sex with women only (MSW). Among female respondents, 44% reported having sex with men (WSM). Median number of partners reported by MSM was greater than what was found with MSW and WSM; and the range in the number of partners was different between MSM and MSW/WSM (MSM = 1-16, median = 2; MSW = 1-2, median = 1; WSM = 1-2, median = 1). Sixty-three percent of MSM reported engaging in unprotected sex in the past 12 months, compared to 44% of WSM and 15% of MSW.

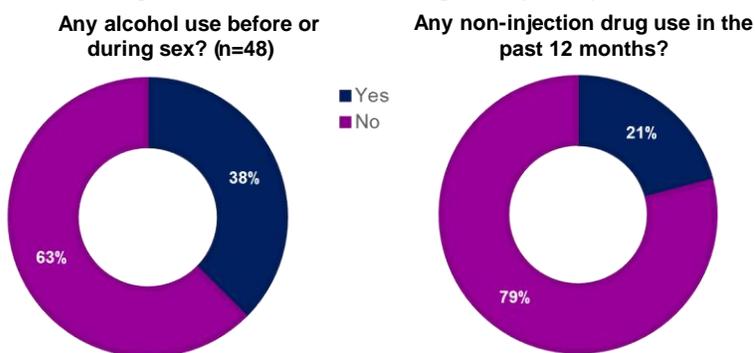
Figure 4. Sex Partner Type among Sexually Active



SUBSTANCE USE

The percentage of current daily smokers for MMP participants was above the state average for all smokers in Virginia (32% vs. 17%)[§]. Fifty-one percent of MMP respondents reported alcohol use in the past 30 days. In addition, 14% of MMP respondents reported binge level drinking on days that they drink (19% of males and 6% of females), as compared to 17% of all adult Virginians[§]. Of the 48 respondents who reported sexual activity and drinking alcohol in the past 12 months, 38% reported drinking alcohol before or during sexual behaviors. Twenty-one percent of MMP respondents reported using non-injection drugs during the past year. For those reporting non-injection drug use, marijuana was the most frequently reported drug used (91%). Less than 1% of respondents reported injection drug use (IDU) in the past 12 months.

Figure 5. Substance use among MMP participants



PREVENTION ACTIVITIES IN PAST 12 MONTHS

Forty-six percent (n=50) of respondents reported receiving free condoms in the past 12 months. Fifty-six percent (n=62) of respondents reported having an HIV or STD prevention conversation in the past 12 months. Of the 62 respondents, these conversations occurred with a doctor, nurse, or other health care provider (90%), a counselor (60%), or in an organized session or small group (17%).

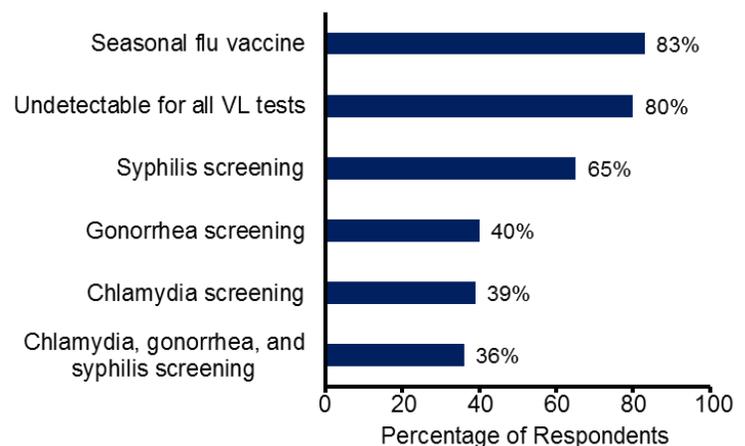
DEPRESSION AND ANXIETY SYMPTOMS

Twenty-three percent (n=25) of MMP respondents met the criteria threshold for moderate to severe depression symptoms at the time of the interview, according to their responses to the Patient Health Questionnaire 8 (PHQ-8). Twenty-four percent (n=27) of respondents met the criteria threshold for presence of anxiety symptoms, according to their responses to the Generalized Anxiety Disorder Scale (GAD-2).

LABORATORY RESULTS AND PREVENTIVE THERAPY

Eighty percent of respondents had undetectable viral load (VL) for all viral load tests in their medical record for the past twelve months. Eighty-three percent received the seasonal flu vaccine. Among sexually active respondents, 40% received gonorrhea screening, 39% received chlamydia screening, 65% received syphilis screening, and 36% received screening for all three infections in the past 12 months.

Figure 6. Reported laboratory results and preventive therapy



REFERENCES

[§] Pickens CM, Pierannunzi C, Garvin W, Town M. Surveillance for Certain Health Behaviors and Conditions Among States and Selected Local Areas — Behavioral Risk Factor Surveillance System, United States, 2015. MMWR Surveill Summ 2018; 67(No. SS-9):1–90.