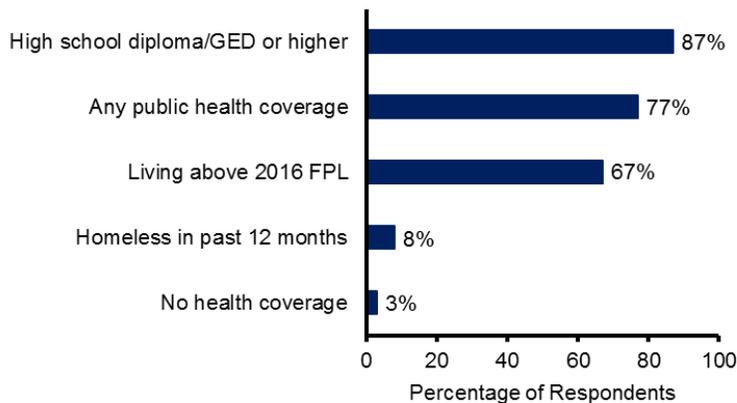


The **Virginia Medical Monitoring Project (MMP)** is an ongoing, supplemental surveillance system that assesses clinical and behavioral characteristics of HIV-infected adults in the United States. Each year, in collaboration with CDC, a randomized sample of 400 participants are selected throughout Virginia 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 2016.

### DEMOGRAPHICS

Data for one hundred fifty-seven respondents were included in analyses for the 2016 data collection cycle; and of these respondents, approximately 64% were male and 32% female. Six respondents (4%) self-identified as transgender. Most respondents were Black (62%), with smaller percentages for Whites (21%), Hispanics (8%) and respondents of another race/multiple races (9%). Respondents' ages ranged from 22 to 76, with a mean of 48 years of age. Nearly half of respondents self-identified as heterosexual (47%), 39% reporting sexual orientation as homosexual/gay/lesbian, 13% bisexual, and 2% as 'other'. Respondents were likely to have completed high school or beyond (87%); and approximately 67% reported annual income that was above the 2016 federal poverty level (FPL).

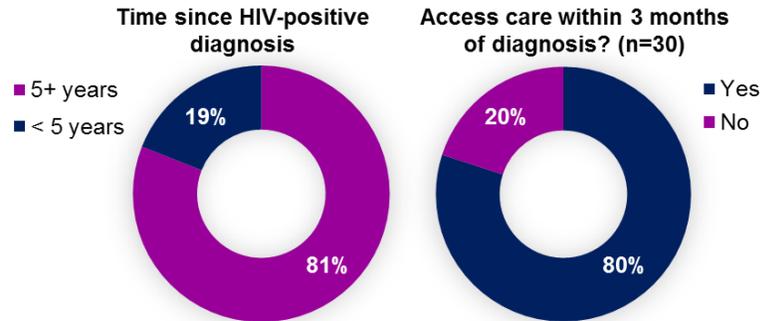
Figure 1. Selected Sociodemographic Indicators



### TIME SINCE HIV DIAGNOSIS AND LINKAGE TO CARE

Of the 157 respondents, 30 (19%) reported being diagnosed HIV-positive less than 5 years before their MMP interview date. The majority, 127 respondents (81%), reported being diagnosed HIV-positive five or more years before the MMP interview date. Eighty percent of the respondents diagnosed within the past five years reported accessing HIV medical care within 3 months of diagnosis.

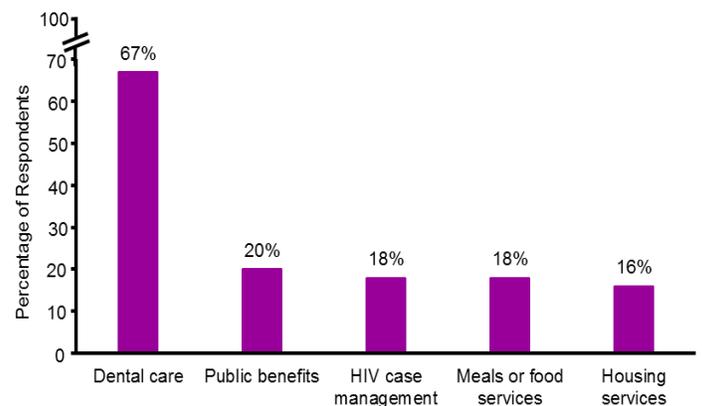
Figure 2. Linkage to Care



### 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 dental care (54%), HIV case management (53%), the AIDS Drug Assistance Program (ADAP, 48%), mental health services (32%), ART medication adherence support services (32%), and transportation assistance (25%). 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 (69%).

Figure 3. Top Five Unmet Services Needs



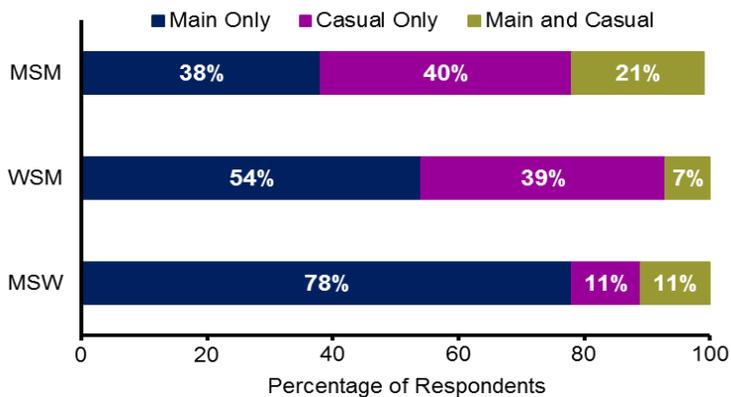
### ANTIRETROVIRAL TREATMENT AND ADHERENCE

Most respondents (92%) reported currently taking antiretroviral therapy (ART) medications. Fifty-four 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 (40%), followed by a change in routine or being out of town (39%). The majority of respondents (86%) 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 (63% of males, 56% of females, and 17% of transgender participants). Among male respondents, 48% reported having sex with other men (MSM), and 9% reported having sex with women only (MSW). Among female respondents, 56% reported having sex with men (WSM). Median number of partners reported by MSM was consistent with what was found with MSW and WSM; however, the range in the number of partners was different between MSM and MSW/WSM (MSM = 1-12, median = 1; MSW = 1-2, median = 1; WSM = 1-2, median = 1). Fifty-two percent of MSM reported engaging in unprotected sex in the past 12 months, compared to 41% of WSM and 33% of MSW.

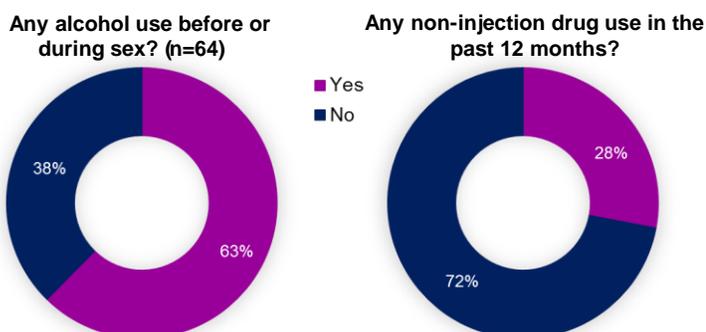
Figure 4. Sex Partner Type among Sexually Active



### SUBSTANCE USE

The percentage of current daily smokers for MMP participants was above the state average for all smokers in Virginia (28% vs. 17%)<sup>§</sup>. Fifty-three percent of MMP respondents reported alcohol use in the past 30 days. In addition, 18% of MMP respondents reported binge level drinking on days that they drink (22% of males and 10% of females), as compared to 17% of all adult Virginians<sup>§</sup>. Of the 64 sexually active respondents who reported drinking alcohol in the past 30 days, 63% reported drinking alcohol before or during sex in the past 12 months. Twenty-eight 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 (84%). Less than 3% 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

Fifty-two percent (n=81) of respondents reported receiving free condoms in the past 12 months. Fifty-five percent (n=87) of respondents reported having an HIV or STD prevention conversation in the past 12 months. Of the 87 respondents, these conversations occurred with a doctor, nurse, or other health care provider (92%), a counselor (53%), or in an organized session or small group (22%).

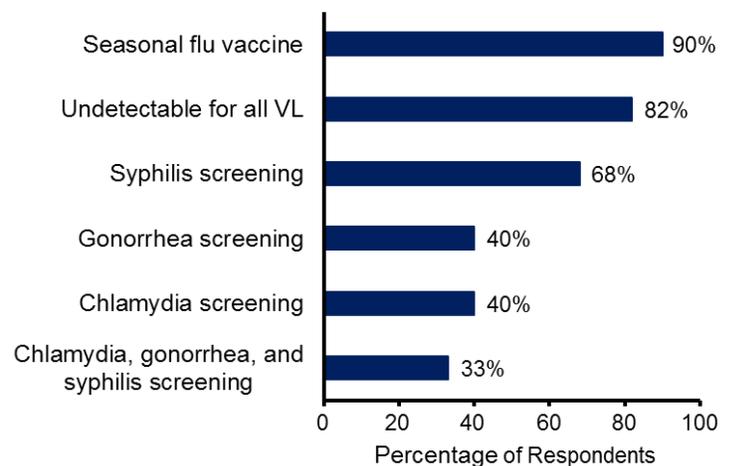
### DEPRESSION AND ANXIETY SYMPTOMS

Nineteen percent (n=30) 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-five percent (n=40) 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-two percent of respondents had undetectable viral load (VL) for all viral load tests in their medical record for the past twelve months. Ninety percent received the seasonal flu vaccine. Among sexually active respondents, 40% received gonorrhea screening, 40% received chlamydia screening, 68% received syphilis screening, and 33% 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.