



HIV and AIDS in the City Of Philadelphia



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Table of Contents

Foreword: Donald F. Schwarz, MD, MPH Deputy Mayor, Health and Opportunity Health Commissioner	3
HIV 101: The basic facts every citizen needs to know about HIV and AIDS	4
Overview: The HIV Prevention and Care Systems	5
HIV In Philadelphia: What is driving new cases of HIV	6
AIDS in Philadelphia: New AIDS Diagnoses	7
New HIV Rates in Philadelphia: Impact of new CDC formula for estimating HIV Incidence	8
HIV Prevention in Philadelphia	9
HIV/AIDS Care in Philadelphia	10
What Can I do? Information and Resources to pro- tect yourself	11
Know your status: Get tested!	12

Foreword

In 2007, Philadelphia recorded the largest number of people living with HIV/AIDS to date. Currently, 16,905 Philadelphians have HIV or AIDS. Of these, 10,444 are living with AIDS, and 6,461 are living with HIV but have not yet developed AIDS. Two out of three of these citizens are African American, two of three are male, and one in three are in their 30s. These are sobering facts that affect the quality of life for all Philadelphians. For those who are infected with HIV, Philadelphia Department of Public Health offers a complete range of outpatient medical and supportive services. These services meet the highest standards of quality care, can be accessed at dozens of medical care sites throughout the City, and are available to all Philadelphians regardless of whether or not they have insurance or can afford to pay.

Information on new infections is also troubling. In 2006, an estimated 1,400 new infections occurred among Philadelphia residents. This is at a pace of about 1 uninfected person becoming infected every 8 hours. More than two-thirds were African American, and the majority of new infections (55%) are among heterosexuals, with the next largest group (32%) being men who have sex with men (MSM).

But we are making progress. Through expanded HIV testing, including new rapid tests which give persons their results in minutes, we are doing a better job of identifying people with HIV giving us the opportunity to link them to primary medical care, prevention and other necessary services. We have nearly eliminated transmissions from mother to child during delivery, and have dramatically reduced the number of HIV infections among injecting drug users through needle-exchange programs.

Studies show that people who know their HIV status take steps to reduce the risk to others. Over the last two years we have dramatically expanded HIV testing to include emergency rooms, homeless shelters, city health centers and other health centers, the youth study center, city jails, and mobile testing in areas with high HIV incidence. We support large scale testing events including National African American AIDS Awareness Day, National HIV Testing Day, Latino National HIV Awareness Day, and observations for World AIDS Day. We have also, in collaboration with health care and community organizations implemented an array of effective, science-based prevention interventions. These approaches are our first line in preventing new HIV infections.

But more funding and expanded programs cannot, by themselves, bring the HIV epidemic under control. Each of us has a role to play. We must all take responsibility for our own risks, get tested, and reject HIV stigma so that persons who need information, prevention, or care services will not be afraid or ashamed to step forward and access the programs that are there to help them. We must counter ignorance of HIV and misinformation about transmission so that we have the knowledge that we need to protect ourselves, our families, our children, and our communities.

I hope the information in this report encourages Philadelphians to understand their risks, get tested and take the necessary steps to stay healthy. Working together we can make the elimination of transmission of HIV a public health priority in every community and among every population in this City.

Donald F. Schwarz, MD, MPH
Deputy Mayor, Health and Opportunity
Health Commissioner

HIV affects children, women and men of every age, race, ethnicity, sexual orientation, social class and economic status. Although there is still no cure for HIV there are many treatment options available to help those who know their HIV status stay healthy for a very long time. Treatment for HIV is available to Philadelphians who don't have health insurance.

HIV stands for human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 Cells) that the immune system must have to fight disease.

AIDS stands for acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infection. When someone has one or more specific infections, certain cancers, or a very low number of T cells, he or she is considered to have AIDS.

HIV is primarily found in the blood, semen, or vaginal fluid of an infected person. HIV is transmitted in 3 main ways:

- Having sex (anal, vaginal, or oral) with someone infected with HIV;
- Sharing needles and syringes with someone infected with HIV; or
- Being exposed (fetus or infant) to HIV before or during birth or through breast feeding.

HIV is a fragile virus. It cannot live for very long outside the body.

As a result, the virus is not transmitted through day-to-day activities such as shaking hands, hugging, or a casual kiss.

You cannot become infected from a toilet seat, drinking fountain, doorknob, dishes, drinking glasses, food, or pets. You also cannot get HIV from mosquitoes.

You should GET TESTED The CDC recommends all persons aged 13—64 get an HIV test by their doctor.

Or go get tested if you answer "Yes" to any of these questions...

- Have you injected drugs or steroids or shared equipment (such as needles, syringes, works) with others?
- Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners, or anonymous partners?
- Have you exchanged sex for drugs or money?
- Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD), like syphilis?
- Have you had unprotected sex with someone who could answer yes to any of the above questions?

Syphilis and HIV...What's the Connection?

Infectious Syphilis in Philadelphia has increased every year since 2005, and the majority of cases are among men who have sex with men (MSM). Syphilis can increase the risk of contracting HIV by 2-5 times and people with both HIV infection and Syphilis may more easily infect others with HIV. The American Medical Association recommends that sexual active MSM be tested for Syphilis at least once per year.

Overview

HIV and AIDS services generally fall into one of two large systems for managing the public health challenges presented by the disease: 1) the prevention system which serves at-risk individuals who have not contracted HIV in order to prevent them from contracting the virus and people who have already contracted HIV in order to prevent them from transmitting the virus on to others; and 2) the

care system which provides outpatient medical care and other medical and support services for people with

HIV and AIDS. This system is often referred to as the Ryan White care system because of the federal funding through the Ryan White Programs.

Since the mid-1990s, with the development and widespread use of medications in combinations known as Highly Active Anti-retroviral

Therapy (HAART) that work to prevent the HIV virus from replicating inside the human body, the prevention and care systems have developed important areas of overlap because people who are effectively controlling their HIV through anti-retroviral medications are less likely to transmit the virus to others. In other words, good HIV prevention and good

HIV care are two sides of the same coin in controlling the spread and impact of HIV/AIDS in our communities.

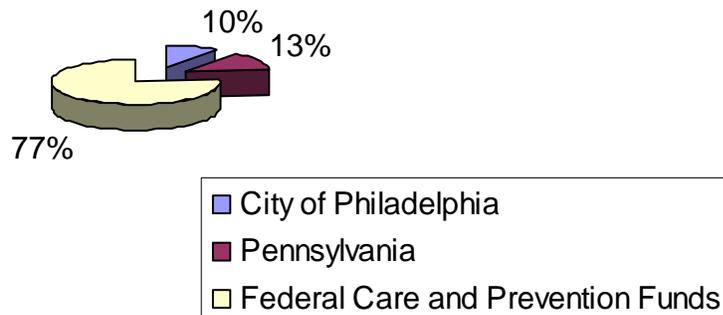
In Philadelphia, the AIDS Activities Coordinating Office (AACO) is the office within the Department of Public Health with the primary responsibility for managing both the prevention and care systems in the City. With an annual budget of over \$46 million derived from federal,

state and local government sources, AACO achieves its objectives primarily by funding health care

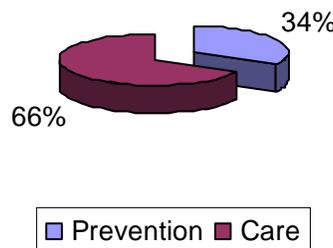
and human services agencies to provide specific HIV and AIDS services. AACO monitors service provider agencies and assures that the citizens of Philadelphia

receive the highest quality services that meet or exceed the Public Health Service's Standards of Care for HIV/AIDS Services.

HIV AIDS Funds: Sources



HIV AIDS Funds: Uses



AACO is supported in its efforts by two federally mandated and publicly appointed bodies: 1) the Community Planning Group which assists in the planning and implementation of the prevention system, and 2) the Planning Council which helps plan and monitor all Ryan White care programs.

HIV in Philadelphia

HIV and AIDS are both reportable diseases in Pennsylvania, meaning that all new cases of HIV and all new cases of AIDS are reported to public health authorities. However, HIV did not become reportable until October of 2005, so we are just beginning to develop good information about HIV in Philadelphia.

This information is provided to the federal government and forms the basis for the annual federal funding

from HRSA known as the Ryan White Programs. The Centers for Disease Control (CDC) use this information to track the spread of HIV and AIDS nationally.

The City of Philadelphia Department of Public Health uses this information to plan and implement health services, to understand

the communities most impacted by HIV and AIDS and to assure that funding and services are targeted where the need is highest.

New HIV infection estimates known as HIV incidence, provide a glimpse of the changes in HIV and AIDS across the population when compared to all current living cases of HIV and AIDS (known as

HIV prevalence).

The two charts on this page show the dramatic increase in HIV transmission via heterosexual sex, the modest increase in HIV transmission in men who have sex with men (MSM), and the significant decrease in HIV transmission via injection drug use (IDU).

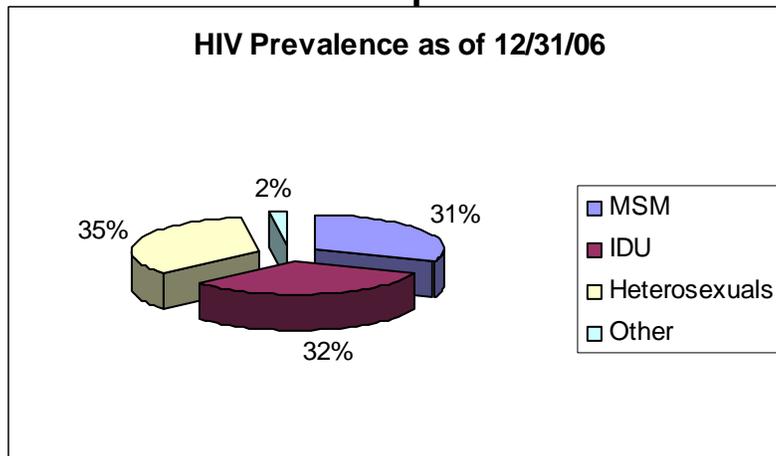
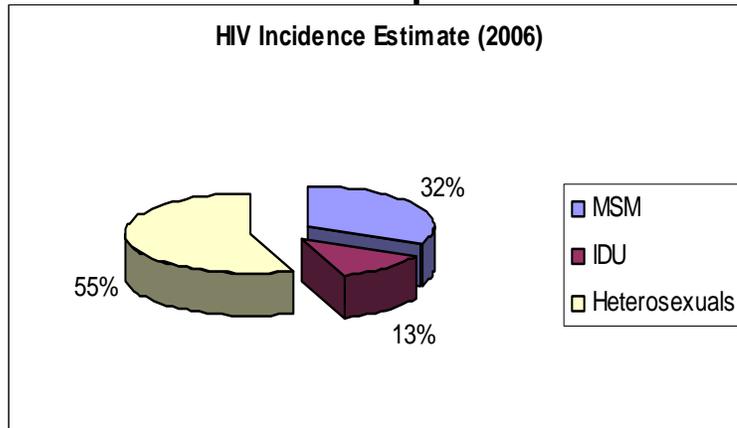
While the absolute numbers of HIV infections are highest among heterosexuals, the rates of HIV infection continue to be highest among MSM.

The former increase is attributed to people who are unaware that HIV can be spread through heterosexual sex and

therefore do not perceive themselves at risk and do not take precautions to prevent HIV transmission and do not get tested for HIV. Nationally it is estimated that

the approximately 25% of people with HIV who are unaware of their infection account for between 54% and 70% of all new HIV infections (see page 12).

The decrease in transmission via injection drug use is likely related to the introduction and expansion of needle exchange programs in Philadelphia.



AIDS in Philadelphia

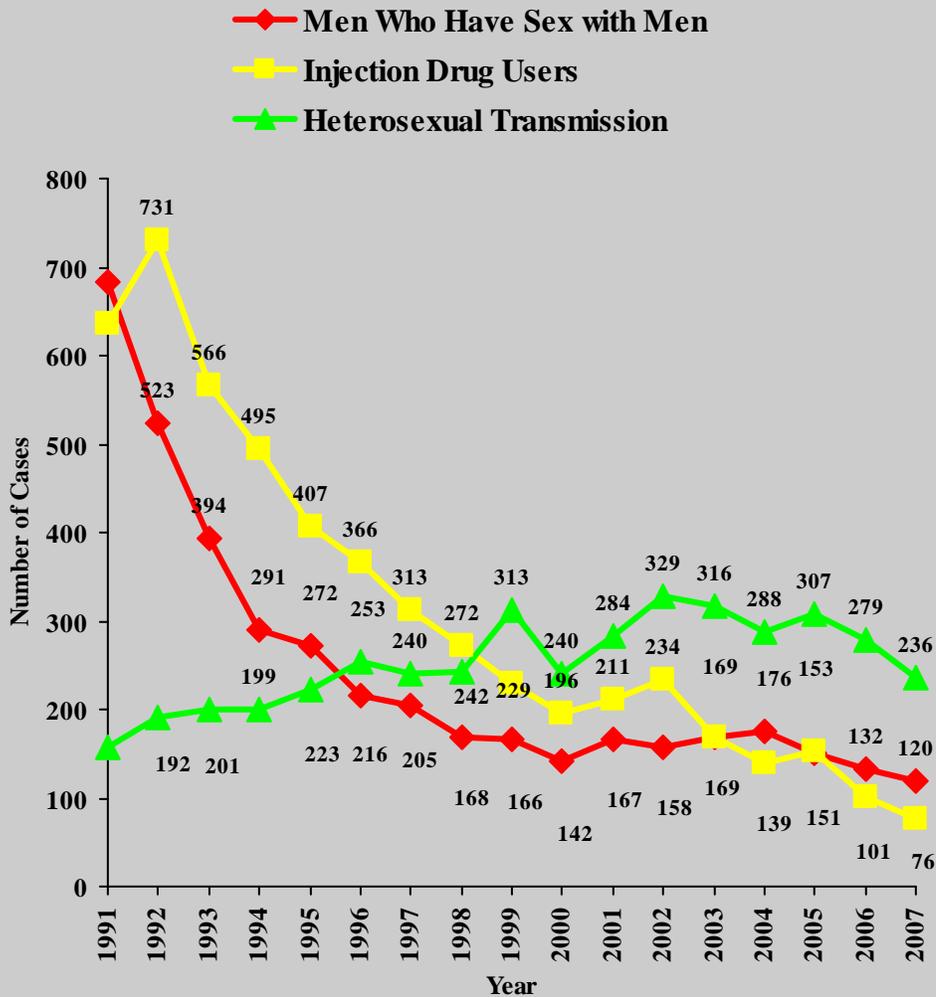
Each year, AACO provides funding to over 70 agencies who serve 15,000 clients in Philadelphia and the surrounding counties.

The graph on this page shows the longitudinal impact of improved HIV

period for those who contracted HIV through male to male sex and injection drug use, while there has been a moderate increase in AIDS diagnoses in those who contracted HIV through heterosexual sex.

of people who test positive for HIV and receive an AIDS diagnosis at the same time. Known as concurrent HIV and AIDS diagnoses, these individuals generally discover their HIV status because of an AIDS-related

Newly Diagnosed AIDS Cases



illness that requires them to seek care. Out of all people diagnosed with HIV in 2006, 36% had a concurrent AIDS diagnoses.

Looked at another way, 44.8% of persons newly diagnosed with AIDS in 2000 were also newly diagnosed with HIV. This has increased to 64.1% in 2007. This trend is the result of a growing number of persons who are presenting late in the course of HIV

therapies which have dramatically slowed the progression of HIV to AIDS from 1446 new cases of AIDS in 1992 to 490 new cases of AIDS in 2007. As the graph demonstrates, there was a sharp decline in AIDS diagnoses over this

While AIDS diagnoses have declined from their historic highs in the early 1990s, especially for people who perceive themselves at risk and scheduled routine HIV tests, there has been a dramatic increase in the number

infection.

Early testing and diagnosis of HIV provides the most treatment options and the highest probability that a person can take advantage of the many life-saving treatments now available.

New HIV Rates in Philadelphia

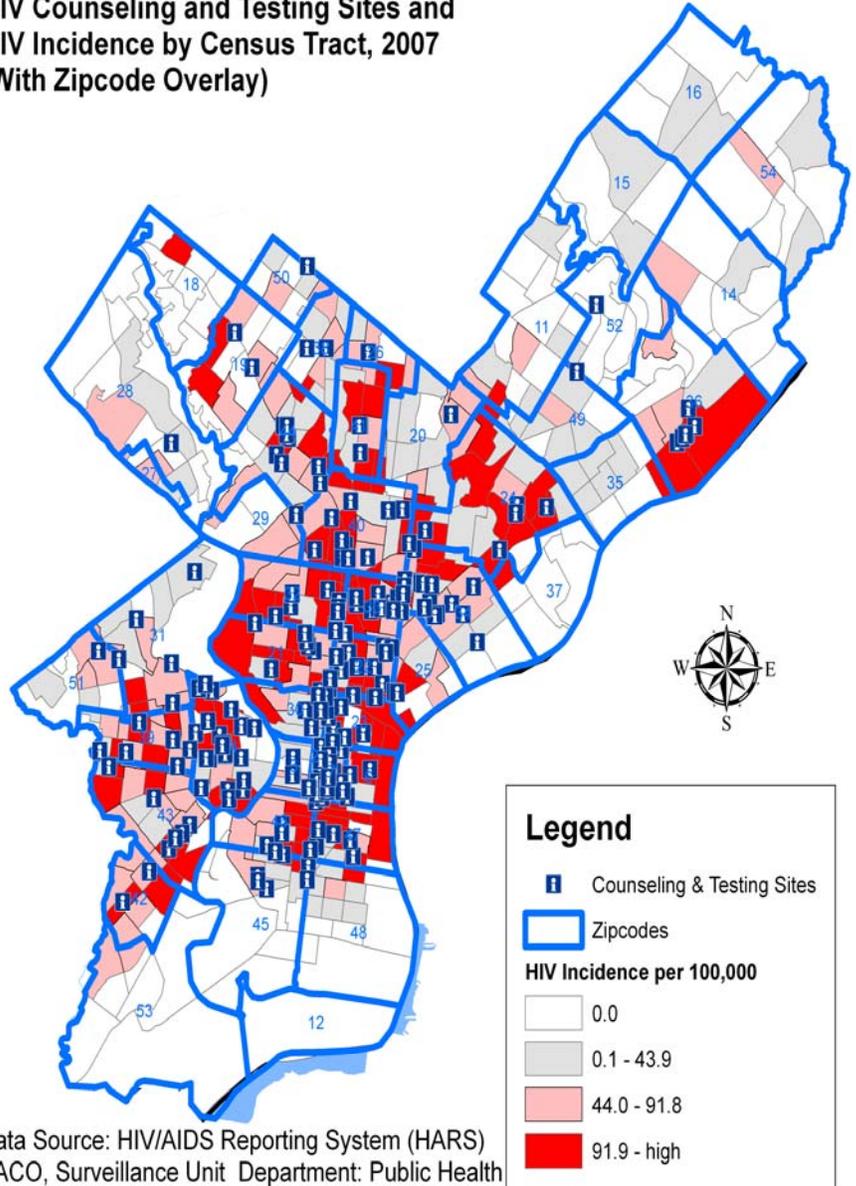
Estimates now put the rate of HIV infection of Philadelphia residents at 114 infections for every 100,000 population, five times the rate of the national population which is 23 infections per 100,000.

These estimated rates are a result of a new method of calculating HIV incidence and do not represent an increase in the annual number of new HIV infections but rather a more accurate way to estimate the number of new infections.

Philadelphia implemented HIV incidence surveillance in October 2005 and the local estimate for 2006 is based on cases reported through December 2007. A summary of the local findings:

- HIV infections in residents of Philadelphia in 2006 were disproportionately acquired by blacks, making up an estimated 67% of all new infections, at an estimated rate of 188 infections for every 100,000 adult population (13 years and older).
- Seventy percent of new infections were in males and 30% in females with rates of 177 and 62 new infections for every 100,000 population, respectively.

HIV Counseling and Testing Sites and HIV Incidence by Census Tract, 2007 (With Zipcode Overlay)



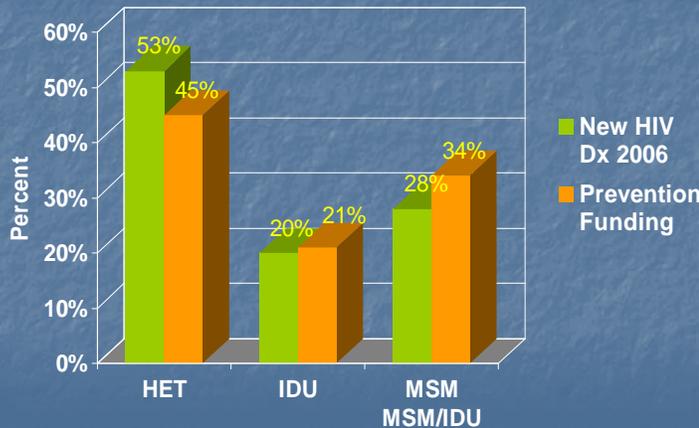
- Heterosexuals made up 55% of all new infections, with 32% in men who have sex with men and 13% in intravenous drug users.
- Individuals between 13 and 24 years old made up 15% of the newly infected; 25 to 44 years old, 51%; and those 45 and older, 34%.

HIV Prevention in Philadelphia

In the past two years, The AIDS Activities Coordinating Office, working with the Community Planning Group (CPG) has redirected efforts to address the challenges that HIV/AIDS transmission poses to public health efforts.

AACO provides \$11 million in prevention funding to 25 agencies to implement 41

Funding Consistent with the Local Epidemic



evidence-based prevention programs throughout Philadelphia. Of those 25 agencies, 16 (64%) are minority-run agencies serving minority communities.

Working with its community-based partners and the CPG, AACO has engaged in a community-focused planning process to ensure that resources are directed at the greatest need. Over the past two years, AACO has:

- Reconfigured prevention efforts to meet the CPG's new HIV Prevention Plan. This new system placed HIV counseling and testing at the core of HIV prevention services and expanded the menu of effective, science-based, interventions targeting people living with HIV/AIDS: African-American, Latino, White and Asian and Pacific Islander MSM; women; and injection

drug users;

- Expanded mobile testing to reach those at highest risk in neighborhoods, community centers, parks, homeless shelters, and outside school environments;
- Expanded testing in emergency rooms, Federally Qualified Health Centers, the City's health centers and city jails, and the Youth Study Center;

- Expanded the number of health resource centers in high schools from four to eleven. Health resource centers provide Philadelphia students with comprehensive STD, pregnancy and HIV prevention services;

- Launched, in collaboration with the CDC, the "Take Charge, Take The Test Campaign," a city-wide social marketing campaign encouraging African American women and their partners to take the HIV test.

- Began better integration of HIV, Sexually Transmitted Infections, Hepatitis C and TB services;
- Identified and secured additional funding from state and federal sources to develop new and innovative strategies to reach African American men who have sex with men (MSM); and
- Supported community forums, events, and conferences focused on HIV/AIDS prevention, including the AIDS Education summit, National African American AIDS Awareness Day, National HIV Testing Day, Latino National HIV awareness day and observations for World AIDS Day on December 1.

Taken together these efforts represent a comprehensive strategy for preventing the transmission of HIV in Philadelphia.

HIV/AIDS Care in Philadelphia

Philadelphia's HIV/AIDS service delivery network has been built around two strategies:

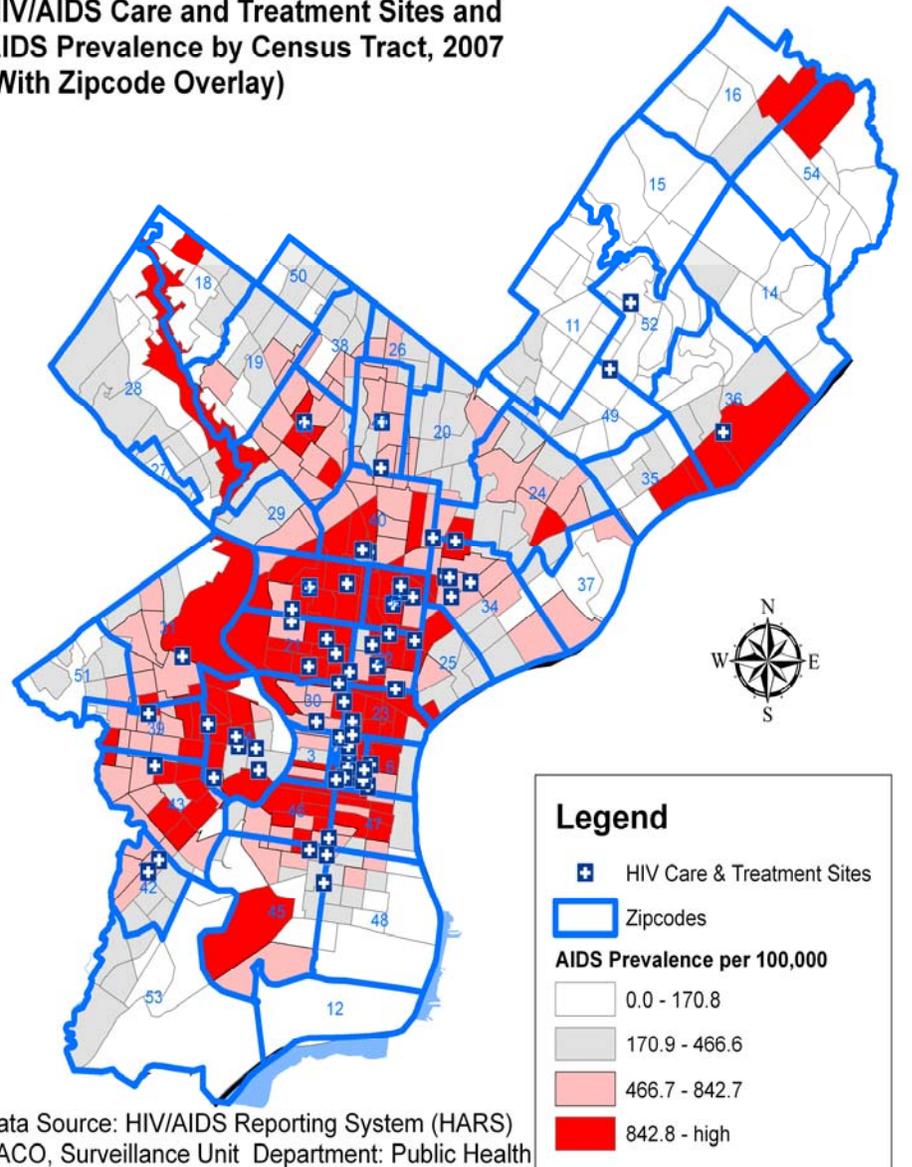
- Supply HIV/AIDS care services through an extensive, diverse, and geographically accessible network of Ryan White Program medical and related service providers throughout the City;
- Create specific access services that have been developed and integrated into the network of care services that directly address the special needs of historically disenfranchised and underserved populations.

Philadelphia's HIV/AIDS services network includes a full range of primary medical, diagnostic, and social services. AACO provides \$28.5 million in funding for HIV care services that:

- Are planned and coordinated to increase access to care
- Maintain people in care
- Eliminate disparities in care
- Improve quality of care

Philadelphia also funds and coordinates an extensive system of medical case management services that facilitate access to and retention in primary medical care.

HIV/AIDS Care and Treatment Sites and AIDS Prevalence by Census Tract, 2007 (With Zipcode Overlay)



Data Source: HIV/AIDS Reporting System (HARS) AACO, Surveillance Unit Department: Public Health

Services are available at 75 sites throughout the City. Specialized case management services are available to meet the needs of targeted populations. AACO's centralized intake process assures that all people with HIV are effectively linked to case managers who are conveniently located throughout the City and culturally competent. This results in better coordination, access, and immediate response to urgent client needs.

AACO engages in outcomes monitoring and evaluation to track performance with respect to client outcomes in order to ensure that Philadelphia citizens receive the highest quality services that meet or exceed public health service guidelines for HIV medical care.

You have the power to help stop the spread of HIV.

Web Resources. The following websites offer accurate and useful information about HIV and AIDS prevention, testing, treatment, and research:

National/Global:

www.cdc.gov/hiv

www.aids.gov

www.thebody.com

www.aegis.com

Philadelphia:

www.hivphilly.org

www.aidslibrary.org



AACO-funded mobile HIV testing van bringing rapid testing to communities throughout Philadelphia.

Be Safe. The best way to prevent HIV is to abstain from having sex. If you do have sex, use a new latex condom every time. Do not share needles or syringes.

Get Tested. It's free, easy, and there are many locations throughout the city. For a testing site near you, please call 1-800-985-AIDS.

Talk About It. Talk about sex and HIV with your partners. Find out when they were last tested for HIV and what their status was. Be clear that you will be having safer sex—or none at all. Talk to Your Doctor. If you are sexually active, you should get tested for HIV at least once each year. Do not assume that your doctor will suggest that you get tested for HIV. Tell your doctor that you want to take the test. Protect your family by giving them the information they need to protect themselves. Spread the word. Thousands of men and women are infected with HIV every year.

What is the HIV test?

The HIV test detects whether or not you have been exposed to the HIV virus. There are several different kinds of tests including blood tests and oral (mouth) test. Only a very small amount of blood is needed for the blood tests. New HIV testing technologies can provide results as little as 20 minutes.

Where can I get tested?

Free and confidential or anonymous HIV tests are available. To find an HIV testing site near you: Call **(215) 985-2437** or toll-free **1-800-985-AIDS**

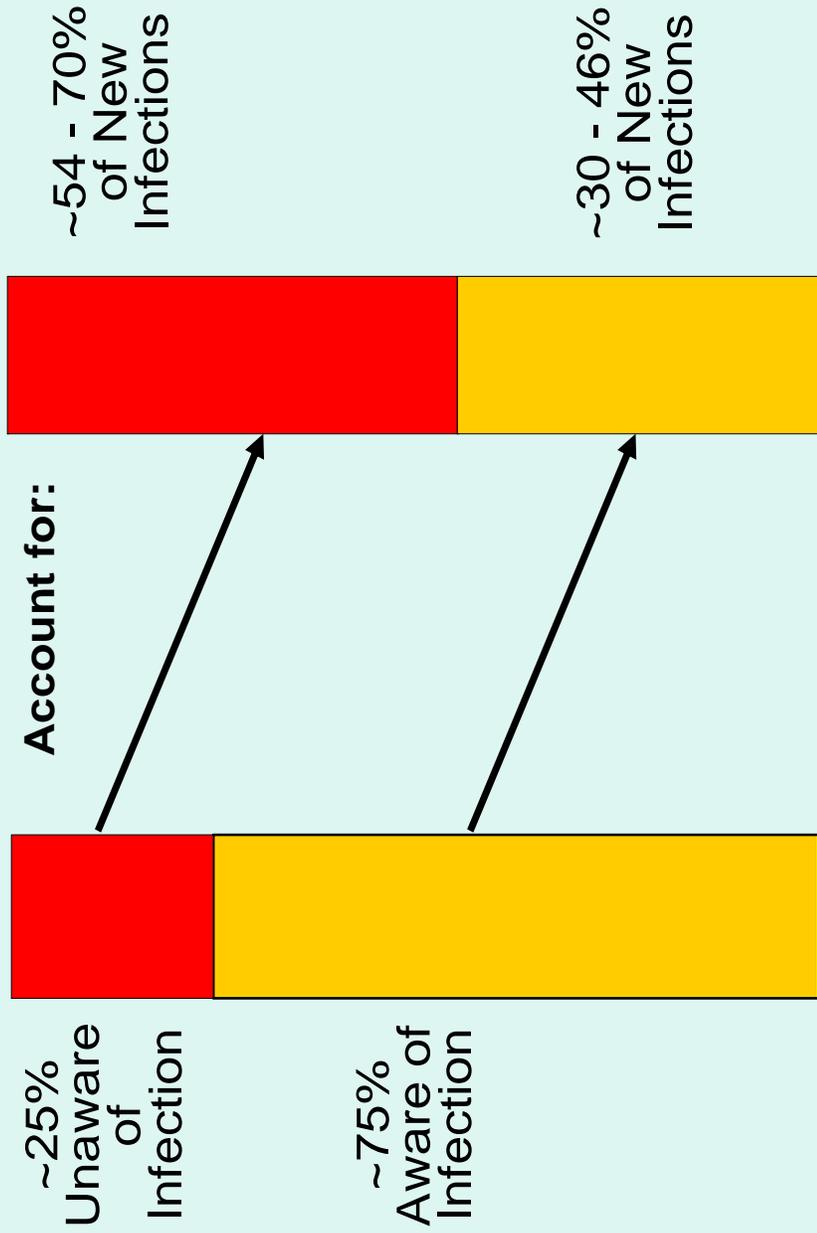
What If I Test Positive?

If you test positive:

- Make an appointment with your doctor or if you need a doctor call 1-800-985-AIDS
- Should you test positive you are not alone, there are many services available you can find out what they are by calling 1-800-985-AIDS.

Know your Status — Get Tested!

Awareness of Serostatus Among People with HIV and Estimates of Transmission in the U.S.



People Living with HIV/AIDS: 1,039,000-1,185,000
New Sexual Infections Each Year: ~32,000

Marks, et al
AIDS 2006