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AIDS Activities Coordinating Office (AACO)

Surveillance Report

2013

HIV/AIDS in Philadelphia

~Cases Reported through June 2014~

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Surveillance Unit

To Our Readers:

The AACO Surveillance Unit of the Philadelphia Department of Public Health, which conducts HIV/ AIDS surveillance for the City of Philadelphia, produces this report. The data in this report reflect cases diagnosed through December 2013 and reported through June 2014.

HIV/AIDS surveillance is the ongoing and systematic collection, analysis, and dissemination of population-based information on HIV/AIDS. There are two basic types of surveillance; active and passive. **Passive surveillance** is a process whereby diagnosing physicians voluntarily submit reports to the Department of Health.   **Active surveillance** employs strategies intended to identify unreported cases, and depends on secondary information sources for leads. Information from laboratories, death certificates, direct contact with health care providers and review of medical records, initiate the follow-up investigations. The HIV/AIDS case count in Philadelphia results from a combination of active and passive surveillance. Physicians began reporting AIDS cases to the Department of Health in 1983. Name-based HIV reporting began in October, 2005.

Cases can be reported on a standard CDC report form to our unit by contacting (215) 685-4789 during the day or by mailing the completed form to:

City of Philadelphia Department of Public Health
Post Office Box #58909
Philadelphia, PA 19102-8909

Security and Confidentiality

All information about HIV/AIDS patients is strictly confidential and is collected solely for epidemiologic purposes. Confidentiality of HIV/AIDS case reports is of critical importance to maintaining effective HIV/AIDS surveillance. Federal, state and local health departments have implemented procedures and policies to assure the confidentiality and security of HIV/AIDS data. CDC is prohibited from accepting patient names, and before records are transmitted electronically, all information is encrypted by a computer program. In addition, strict guidelines govern the release of reports similar to this one, which ensure that HIV/AIDS data are not presented in such a way as to possibly identify any individual with HIV/AIDS.   **Maintenance of confidentiality and security safeguards are criteria for federal funding and are a top priority within the Philadelphia HIV/AIDS Surveillance Unit.**

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Table 1. Cumulative Adult HIV (Non-AIDS) and AIDS Cases by Selected Characteristics
Philadelphia Diagnoses (Diagnosed Through December 31, 2013)

	HIV (Non-AIDS)		AIDS		HIV/AIDS	
	N	%	N	%	N	%
Total	7,984	100.0 %	22,670	100.0 %	30,654	100.0 %
Race						
Black	5,089	63.7 %	14,761	65.1 %	19,850	64.7 %
White	1,524	19.0 %	4,808	21.2 %	6,332	20.6 %
Hispanic	1,121	14.0 %	2,585	11.4 %	3,706	12.0 %
Multi-race	154	1.9 %	393	1.7 %	547	1.7 %
Asian	70	0.8 %	103	0.4 %	173	0.5 %
Other/Unk	26	0.3 %	20	0.0 %	46	0.1 %
Gender						
Female	2,425	30.3 %	5,426	23.9 %	7,851	25.6 %
Male	5,559	69.6 %	17,244	76.0 %	22,803	74.3 %
Age Category						
Unknown	0	0	2,585	11.4 %	2,585	8.4 %
13-19	454	5.6 %	557	2.4 %	1,011	3.2 %
20-29	2,440	30.5 %	4,739	20.9 %	7,179	23.4 %
30-39	2,374	29.7 %	7,355	32.4 %	9,729	31.7 %
40-49	1,776	22.2 %	4,884	21.5 %	6,660	21.7 %
50+	940	11.7 %	2,550	11.2 %	3,490	11.3 %
Transmission Risk						
MSM	2,744	34.3 %	8,013	35.3 %	10,757	35.0 %
IDU	1,662	20.8 %	7,462	32.9 %	9,124	29.7 %
Heterosexual	3,205	40.1 %	5,776	25.4 %	8,981	29.2 %
MSM/IDU	149	1.8 %	982	4.3 %	1,131	3.6 %
Pediatric	*	0.0 %	*	0.0 %	*	0.0 %
Other	*	0.0 %	72	0.3 %	77	0.2 %
No Risk Reported	217	2.7 %	364	1.6 %	581	1.8 %

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Table 2. Cumulative Adult HIV/AIDS Cases by HIV Diagnosis Year and Selected Characteristics
Philadelphia Diagnoses (Diagnosed Through December 31, 2013)

	1980-2010		2011		2012		2013		Total	
	N	%	N	%	N	%	N	%	N	%
Total	28,568	100.0 %	676	100.0 %	736	100.0 %	674	100.0 %	30,654	100.0 %
Race										
Black	18,369	64.2 %	476	70.4 %	504	68.4 %	501	74.3 %	19,850	64.7 %
White	6,059	21.2 %	105	15.5 %	98	13.3 %	70	10.3 %	6,332	20.6 %
Hispanic	3,426	11.9 %	86	12.7 %	113	15.3 %	81	12.0 %	3,706	12.0 %
Multi-race	532	1.8 %	*	0.5 %	7	0.9 %	*	0.5 %	547	1.7 %
Asian	144	0.5 %	*	0.7 %	11	1.4 %	13	1.9 %	173	0.5 %
Other/Unk	38	0.1 %	0	0	*	0.4 %	*	0.7 %	46	0.1 %
Gender										
Female	7,356	25.7 %	158	23.3 %	195	26.4 %	142	21.0 %	7,851	25.6 %
Male	21,212	74.2 %	518	76.6 %	541	73.5 %	532	78.9 %	22,803	74.3 %
Age Category										
Unknown	2,585	9.0 %	0	0	0	0	0	0	2,585	8.4 %
13-19	900	3.1 %	39	5.7 %	32	4.3 %	40	5.9 %	1,011	3.2 %
20-29	6,449	22.5 %	219	32.3 %	263	35.7 %	248	36.7 %	7,179	23.4 %
30-39	9,291	32.5 %	149	22.0 %	149	20.2 %	140	20.7 %	9,729	31.7 %
40-49	6,220	21.7 %	159	23.5 %	156	21.1 %	125	18.5 %	6,660	21.7 %
50+	3,123	10.9 %	110	16.2 %	136	18.4 %	121	17.9 %	3,490	11.3 %
Transmission Risk										
MSM	9,830	34.4 %	278	41.1 %	304	41.3 %	345	51.1 %	10,757	35.0 %
IDU	8,970	31.3 %	51	7.5 %	66	8.9 %	37	5.4 %	9,124	29.7 %
Heterosexual	8,051	28.1 %	326	48.2 %	329	44.7 %	275	40.8 %	8,981	29.2 %
MSM/IDU	1,106	3.8 %	11	1.6 %	10	1.3 %	*	0.5 %	1,131	3.6 %
Pediatric	*	0.0 %	*	0.1 %	0	0	*	0.1 %	*	0.0 %
Other	77	0.2 %	0	0	0	0	0	0	77	0.2 %
No Risk Reported	533	1.8 %	9	1.3 %	27	3.6 %	12	1.7 %	581	1.8 %

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Table 3. Newly-diagnosed HIV disease (regardless of AIDS status) by Year and Selected Characteristics, Philadelphia Residents, 2009-2013

| | Year of Dx | | | | | | | | | |
| | 2009 | | 2010 | | 2011 | | 2012 | | 2013 | |
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Total	899	100.0 %	730	100.0 %	675	100.0 %	730	100.0 %	674	100.0 %
Race										
Black	537	59.7 %	481	65.8 %	476	70.5 %	501	68.6 %	500	74.1 %
Hispanic	213	23.6 %	123	16.8 %	86	12.7 %	112	15.3 %	81	12.0 %
White	125	13.9 %	107	14.6 %	104	15.4 %	96	13.1 %	71	10.5 %
Asian	10	1.1 %	9	1.2 %	*	0.7 %	11	1.5 %	13	1.9 %
Multi-race	12	1.3 %	9	1.2 %	*	0.5 %	7	0.9 %	*	0.5 %
Other/Unk	*	0.2 %	*	0.1 %	0	0	*	0.4 %	*	0.7 %
Gender										
Female	245	27.2 %	195	26.7 %	159	23.5 %	194	26.5 %	141	20.9 %
Male	654	72.7 %	535	73.2 %	516	76.4 %	536	73.4 %	533	79.0 %
Age Category										
0-12	*	0.3 %	*	0.6 %	*	0.2 %	*	0.1 %	*	0.1 %
13-19	46	5.1 %	43	5.8 %	39	5.7 %	32	4.3 %	40	5.9 %
20-29	306	34.0 %	223	30.5 %	218	32.2 %	261	35.7 %	248	36.7 %
30-39	199	22.1 %	179	24.5 %	149	22.0 %	149	20.4 %	139	20.6 %
40-49	211	23.4 %	156	21.3 %	157	23.2 %	154	21.0 %	126	18.6 %
50+	134	14.9 %	124	16.9 %	110	16.2 %	133	18.2 %	120	17.8 %
Transmission Risk										
MSM	333	37.0 %	302	41.3 %	276	40.8 %	300	41.0 %	345	51.1 %
IDU	103	11.4 %	74	10.1 %	51	7.5 %	66	9.0 %	37	5.4 %
Heterosexual	253	28.1 %	312	42.7 %	325	48.1 %	327	44.7 %	274	40.6 %
MSM/IDU	12	1.3 %	8	1.0 %	11	1.6 %	10	1.3 %	*	0.5 %
Pediatric	*	0.4 %	6	0.8 %	*	0.4 %	*	0.1 %	*	0.2 %
No Risk Reported	194	21.5 %	28	3.8 %	9	1.3 %	26	3.5 %	12	1.7 %

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Table 4. AIDS Diagnoses by Year and Selected Characteristics, Philadelphia Residents, 2009-2013

Data are currently not available.

Table 5. Persons Living with AIDS by Selected Characteristics[†]
Philadelphia Residents, 2013

	Total	
	N	Col %
Total	11,560	100.0 %
Race		
Black	7,420	64.1 %
White	2,126	18.3 %
Hispanic	1,619	14.0 %
Multi-race	287	2.4 %
Asian	90	0.7 %
Other/Unk	18	0.1 %
Gender		
Female	3,174	27.4 %
Male	8,386	72.5 %
Age Category		
Unknown	29	0.2 %
0-12	6	0.0 %
13-19	44	0.3 %
20-29	624	5.3 %
30-39	1,411	12.2 %
40-49	3,418	29.5 %
50+	6,028	52.1 %
Transmission Risk		
MSM	3,801	32.8 %
IDU	3,173	27.4 %
Heterosexual	3,807	32.9 %
MSM/IDU	416	3.5 %
Pediatric	148	1.2 %
Other	13	0.1 %
No Risk Reported	202	1.7 %
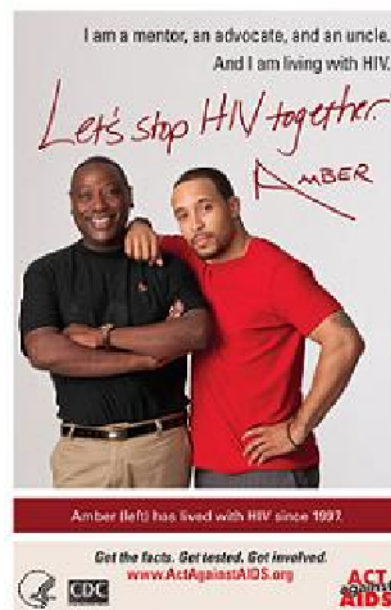
Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office
†Age as of December 31, 2013

Table 6. Persons Living with AIDS by Race and Selected Characteristics*
Philadelphia Residents, 2013

| | Race | | | | | |
| | Black | | White | | Hispanic | |
	N	Col %	N	Col %	N	Col %
Total	7,420	100.0 %	2,126	100.0 %	1,619	100.0 %
Gender						
Female	2,319	31.2 %	291	13.6 %	462	28.5 %
Male	5,101	68.7 %	1,835	86.3 %	1,157	71.4 %
Age Category						
Unknown	13	0.1 %	*	0.1 %	8	0.4 %
0-12	6	0.0 %	0	0	0	0
13-19	39	0.5 %	*	0.0 %	*	0.2 %
20-29	475	6.4 %	53	2.4 %	74	4.5 %
30-39	933	12.5 %	180	8.4 %	223	13.7 %
40-49	2,211	29.7 %	551	25.9 %	508	31.3 %
50+	3,743	50.4 %	1,337	62.8 %	802	49.5 %
Transmission Risk						
MSM	2,077	27.9 %	1,249	58.7 %	333	20.5 %
IDU	2,017	27.1 %	438	20.6 %	619	38.2 %
Heterosexual	2,822	38.0 %	315	14.8 %	536	33.1 %
MSM/IDU	253	3.4 %	89	4.1 %	59	3.6 %
Pediatric	114	1.5 %	10	0.4 %	23	1.4 %
Other	*	0.0 %	6	0.2 %	*	0.1 %
No Risk Reported	133	1.7 %	19	0.8 %	47	2.9 %

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office
*Age as of December 31, 2013

Table 7. Persons Living with AIDS by Gender and Selected Characteristics*
Philadelphia Residents, 2013

| | Gender | | | |
| | Female | | Male | |
	N	Col %	N	Col %
Total	3,174	100.0 %	8,386	100.0 %
Race				
Black	2,319	73.0 %	5,101	60.8 %
White	291	9.1 %	1,835	21.8 %
Hispanic	462	14.5 %	1,157	13.7 %
Multi-race	80	2.5 %	207	2.4 %
Asian	17	0.5 %	73	0.8 %
Other/Unk	*	0.1 %	13	0.1 %
Age Category				
Unknown	7	0.2 %	22	0.2 %
0-12	*	0.0 %	*	0.0 %
13-19	20	0.6 %	24	0.2 %
20-29	142	4.4 %	482	5.7 %
30-39	427	13.4 %	984	11.7 %
40-49	1,130	35.6 %	2,288	27.2 %
50+	1,446	45.5 %	4,582	54.6 %
Transmission Risk				
MSM	0	0	3,801	45.3 %
IDU	1,010	31.8 %	2,163	25.7 %
Heterosexual	2,022	63.7 %	1,785	21.2 %
MSM/IDU	0	0	416	4.9 %
Pediatric	69	2.1 %	79	0.9 %
Other	*	0.0 %	11	0.1 %
No Risk Reported	71	2.2 %	131	1.5 %

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office
*Age as of December 31, 2013

Table 8. Persons Living with HIV/AIDS by Selected Characteristics*
Philadelphia Residents, 2013

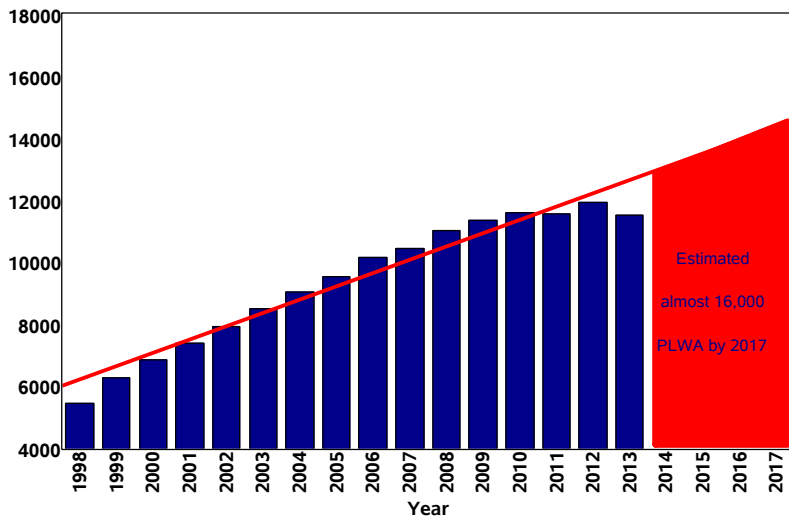|	Total	
	N	**Col %**
Total	19,564	100.0 %
Race		
Black	12,402	63.3 %
White	3,629	18.5 %
Hispanic	2,861	14.6 %
Multi-race	464	2.3 %
Asian	165	0.8 %
Other/Unk	43	0.2 %
Gender		
Female	5,594	28.5 %
Male	13,970	71.4 %
Age Category		
Unknown	51	0.2 %
0-12	40	0.2 %
13-19	148	0.7 %
20-29	1,965	10.0 %
30-39	3,154	16.1 %
40-49	5,587	28.5 %
50+	8,619	44.0 %
Transmission Risk		
MSM	6,726	34.3 %
IDU	4,624	23.6 %
Heterosexual	6,907	35.3 %
MSM/IDU	570	2.9 %
Pediatric	282	1.4 %
Other	17	0.0 %
No Risk Reported	438	2.2 %

Source: Philadelphia Department of Public Health,
AIDS Activities Coordinating Office
*Age as of December 31, 2013

Table 9. Persons Living with HIV/AIDS by Race and Selected Characteristics*
Philadelphia Residents, 2013

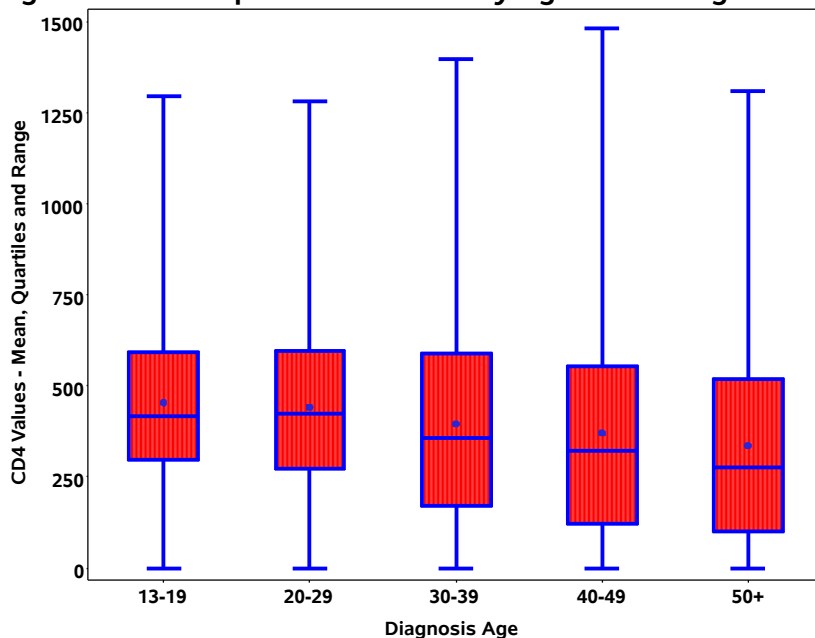| | Race | | | | | |
| | Black | | White | | Hispanic | |
	N	Col %	N	Col %	N	Col %
Total	12,402	100.0 %	3,629	100.0 %	2,861	100.0 %
Gender						
Female	4,051	32.6 %	563	15.5 %	792	27.6 %
Male	8,351	67.3 %	3,066	84.4 %	2,069	72.3 %
Age Category						
Unknown	23	0.1 %	6	0.1 %	17	0.5 %
0-12	30	0.2 %	*	0.0 %	7	0.2 %
13-19	123	0.9 %	*	0.1 %	18	0.6 %
20-29	1,453	11.7 %	203	5.5 %	237	8.2 %
30-39	1,988	16.0 %	493	13.5 %	537	18.7 %
40-49	3,455	27.8 %	1,021	28.1 %	883	30.8 %
50+	5,330	42.9 %	1,900	52.3 %	1,162	40.6 %
Transmission Risk						
MSM	3,706	29.8 %	2,094	57.7 %	680	23.7 %
IDU	2,779	22.4 %	701	19.3 %	992	34.6 %
Heterosexual	5,087	41.0 %	621	17.1 %	964	33.6 %
MSM/IDU	329	2.6 %	136	3.7 %	80	2.7 %
Pediatric	205	1.6 %	21	0.5 %	52	1.8 %
Other	7	0.0 %	7	0.1 %	*	0.0 %
No Risk Reported	289	2.3 %	49	1.3 %	91	3.1 %

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office
*Age as of December 31, 2013

Table 10. Persons Living with HIV/AIDS by Gender and Selected Characteristics*
Philadelphia Residents, 2013

	Gender			
	Female		Male	
	N	Col %	N	Col %
Total	5,594	100.0 %	13,970	100.0 %
Race				
Black	4,051	72.4 %	8,351	59.7 %
White	563	10.0 %	3,066	21.9 %
Hispanic	792	14.1 %	2,069	14.8 %
Multi-race	136	2.4 %	328	2.3 %
Asian	38	0.6 %	127	0.9 %
Other/Unk	14	0.2 %	29	0.2 %
Age Category				
Unknown	14	0.2 %	37	0.2 %
0-12	20	0.3 %	20	0.1 %
13-19	59	1.0 %	89	0.6 %
20-29	432	7.7 %	1,533	10.9 %
30-39	913	16.3 %	2,241	16.0 %
40-49	1,906	34.0 %	3,681	26.3 %
50+	2,250	40.2 %	6,369	45.5 %
Transmission Risk				
MSM	0	0	6,726	48.1 %
IDU	1,494	26.7 %	3,130	22.4 %
Heterosexual	3,796	67.8 %	3,111	22.2 %
MSM/IDU	0	0	570	4.0 %
Pediatric	132	2.3 %	150	1.0 %
Other	*	0.0 %	14	0.1 %
No Risk Reported	169	3.0 %	269	1.9 %

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office
*Age as of December 31, 2013

Figure 1. Actual and Predicted Values of Persons Living with AIDS in Philadelphia, 1998-2017

Figure 2. First Reported CD4 Value by Age at HIV Diagnosis

Figure 3. Documented Lab Data For Persons Living with HIV/AIDS
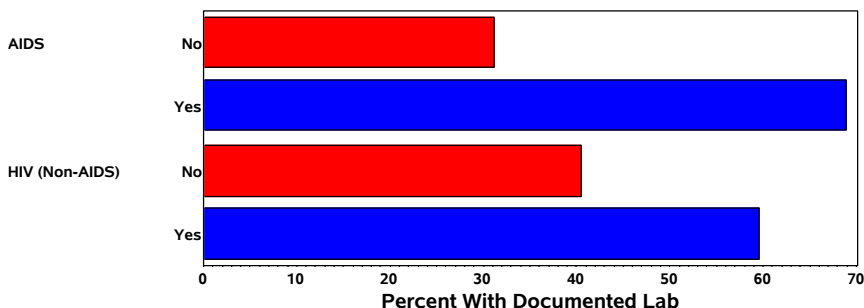

Advances in HIV diagnosis and treatment continue to help persons diagnosed with HIV to live longer, healthier lives. In Philadelphia, it is estimated that by 2017 there will be more than 15,000 persons living with AIDS. This statistic continues to be impacted by the widespread use of highly active antiretroviral therapy (HAART), as well as the diagnosis of approximately 700 new HIV cases each year in the City of Philadelphia.

A diagnosis of AIDS is indicated when CD4 values drop below 200 (or 14%), or diagnosis with any of several AIDS-defining opportunistic infections. Data from HIV cases diagnosed since 2006 (the first year in which name-based reporting was in place), indicate that there is an inverse relationship between age at diagnosis and the first reported CD4 count. The initial CD4 count decreases as the person's age at diagnosis increases, indicating that HIV testing and diagnosis at an earlier age may improve disease outcomes and prolong a diagnosis of AIDS.

The enhanced HIV/AIDS Reporting System (eHARS) contains laboratory test results for all reported cases of HIV. Lab data are matched with case data for more detailed analyses of persons living with HIV. Laboratory data are routinely evaluated for completeness of reporting, and used to assess linkage to care, retention in care, and viral suppression. Figure 3 shows the percentage of cases with labs reported in the previous 12 months.

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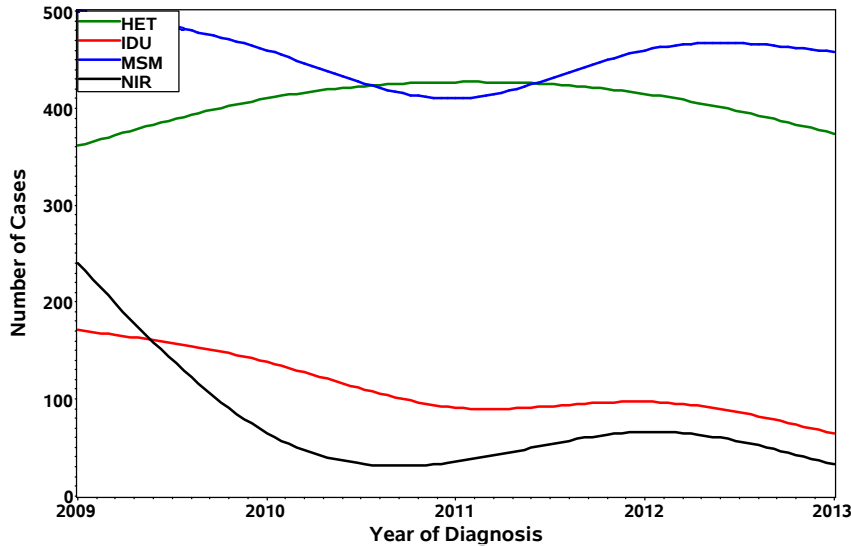**Figure 4. Risk Category Trend by Year: All Cases, 2009-2013**

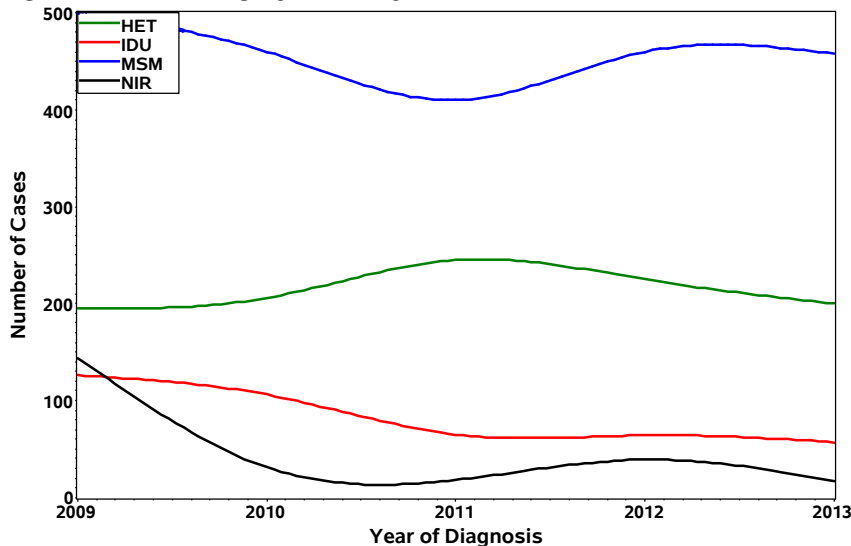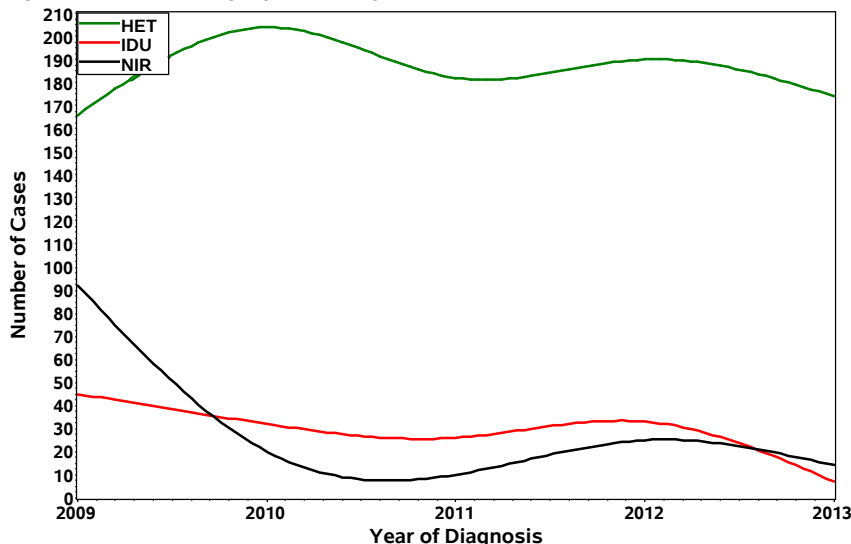**Figure 5. Risk Category Trend by Year: Males, 2009-2013**

**Figure 6. Risk Category Trend by Year: Females, 2009-2013**

Trends in HIV/AIDS transmission risk continue to show a decline in cases associated with injection drug use(IDU), possibly due to the success of needle exchange and other risk-reduction programs in the City of Philadelphia. Cases associated with male-to-male sexual contact (MSM) have fluctuated, but remained relatively stable over the past six years. In 2009, after conversion to a new database classification algorithm, a decrease was seen in heterosexual transmission, along with an increase in those cases classified as NIR - No Identified Risk. Increased investigation by surveillance staff has resulted in more accurate documentation of heterosexual risk, resulting in a reduction of the number of cases classified as NIR.

Among males, the majority of HIV/AIDS cases are associated with male-to-male sexual contact (MSM). This has been the case over the course of the epidemic. Cases among male IDU have declined steadily over the past several years, and cases classified as heterosexual transmission have fluctuated.

Heterosexual contact continues to be the most commonly reported risk factor among female HIV/AIDS cases. Factors associated with heterosexual contact include the number of partners, presence of other sexually transmitted infections, and partner non-disclosure of risk factors (e.g. injection drug use and men who have sex with men).

Map 1. Persons Living With HIV/AIDS by Census Tract, Philadelphia, 2013

Prisons

Number of Cases
	Less than 5
	5 to 14
	15 to 34
	35 or more
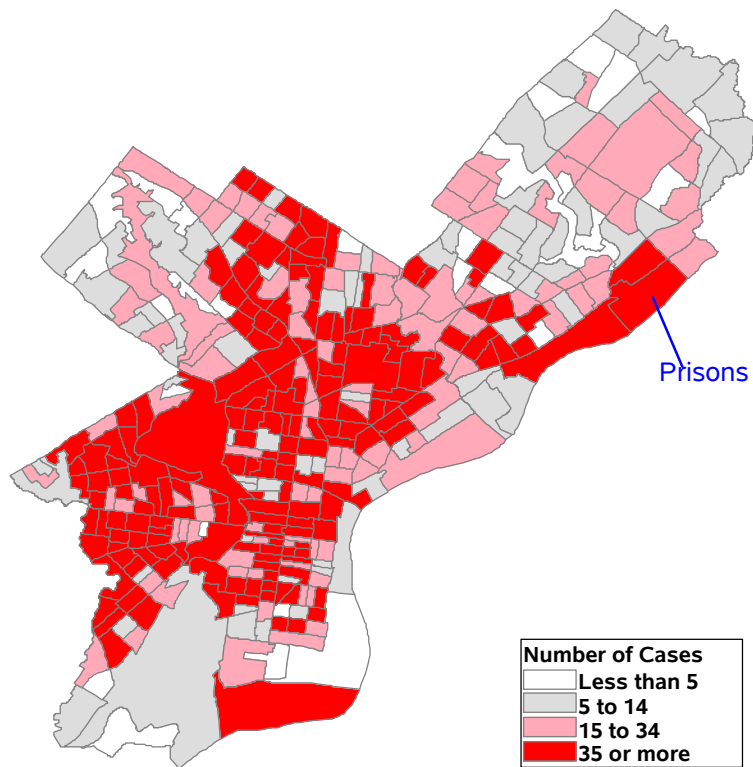
Map 2. Newly Diagnosed HIV by Census Tract, Philadelphia, 2013

Prisons

Number of Cases
	No Cases
	Less than 5
	5 to 9
	10 or more
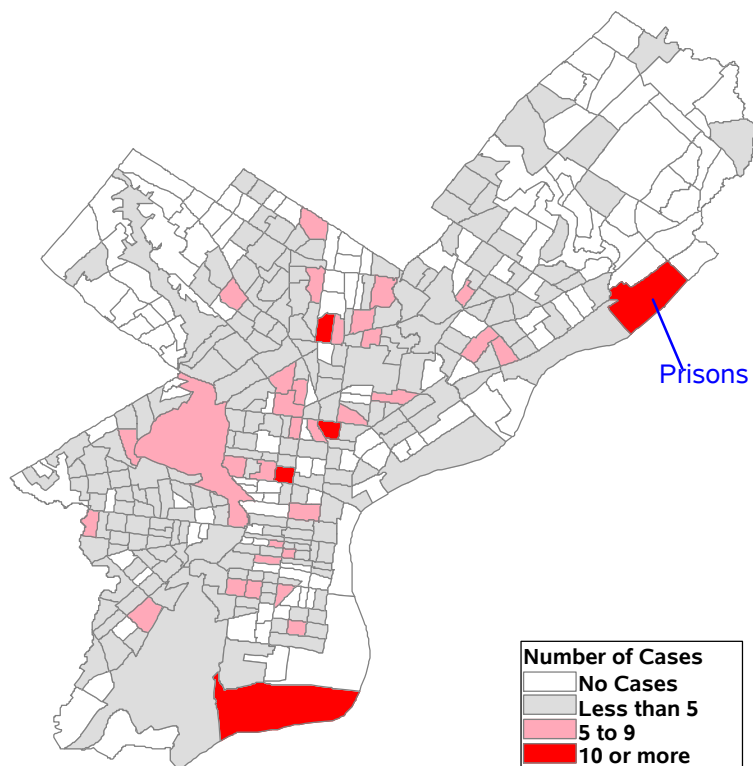
Table 11. Prevalence Rates of HIV/AIDS in Philadelphia, 2013

Category	Population	PLWHA	Rate per 100,000
Total	1,526,006	19,564	1,282.0
Female	806,193	5,594	693.9
Male	719,813	13,970	1,940.8
Hispanic	187,611	2,861	1,525.0
Black	644,287	12,402	1,924.9
White	562,585	3,629	645.1
Asian	95,521	165	172.7
AIAN	3,498	29	829.0
NHPI	457	13	2,844.6
Other Race	4,105	1	24.4
Multi-racial	27,942	464	1,660.6
Hispanic Female	94,484	792	838.2
Black Female	353,319	4,051	1,146.6
White Female	290,025	563	194.1
Asian Female	49,137	38	77.3
AIAN Female	1,882	9	478.2
NHPI Female	237	5	2,109.7
Other race Female	2,014	0	0.0
Multi-racial Female	15,095	136	901.0
Hispanic Male	93,127	2,069	2,221.7
Black Male	290,968	8,351	2,870.1
White Male	272,560	3,066	1,124.9
Asian Male	46,384	127	273.8
AIAN Male	1,616	20	1,237.6
NHPI Male	220	8	3,636.4
Other race Male	2,091	1	47.8
Multi-racial Male	12,847	328	2,553.1

Note: Rates were calculated using the 2010 decennial census data.

Table 12. Concurrent* HIV/AIDS, Demographics and Transmission Risk
Among Incident HIV Diagnoses, Philadelphia Residents, 2013

	Non-concurrent		Concurrent HIV/AIDS		Total	
	N	Row %	N	Row %	N	Col %
Total	514	76.3 %	159	23.6 %	673	100.0 %
Sex						
Female	99	70.2 %	42	29.7 %	141	20.9 %
Male	415	78.0 %	117	21.9 %	532	79.0 %
Race/Ethnicity						
Black	388	77.6 %	112	22.4 %	500	74.2 %
Hispanic	63	77.7 %	18	22.2 %	81	12.0 %
White	49	70.0 %	21	30.0 %	70	10.4 %
Asian	7	53.8 %	6	46.1 %	13	1.9 %
Other/Unk	*	80.0 %	*	20.0 %	*	0.7 %
Multi-race	*	75.0 %	*	25.0 %	*	0.5 %
Age at HIV Dx						
0-12	*	100.0 %	0	0	*	0.1 %
13-19	38	95.0 %	*	5.0 %	40	5.9 %
20-29	203	81.8 %	45	18.1 %	248	36.8 %
30-39	101	72.6 %	38	27.3 %	139	20.6 %
40-49	91	72.8 %	34	27.2 %	125	18.5 %
50+	80	66.6 %	40	33.3 %	120	17.8 %
Transmission Risk						
MSM	278	80.5 %	67	19.4 %	345	51.2 %
IDU	27	72.9 %	10	27.0 %	37	5.4 %
Heterosexual	193	70.6 %	80	29.3 %	273	40.5 %
MSM/IDU	*	100.0 %	0	0	*	0.5 %
Pediatric	*	100.0 %	0	0	*	0.2 %
No Risk Reported	10	83.3 %	*	16.6 %	12	1.7 %

Concurrent HIV/AIDS diagnosis indicates a missed opportunity to diagnose and treat HIV disease at its earliest stages. Early diagnosis and treatment of HIV has been shown to increase survival time and reduce co-morbidities associated with chronic HIV infection.

The proportion of new cases diagnosed with AIDS within 90 days of HIV diagnosis has been closely monitored since 2007. The data presented here indicate that 23.6% of newly diagnosed HIV cases in 2013 could have been identified sooner, allowing for earlier intervention with antiretroviral therapy and delays in AIDS diagnosis. Early diagnosis and treatment has also been shown to reduce transmission - a critical component of the National HIV/AIDS Strategy (NHAS).

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office
*Diagnosis of AIDS within 90 days of initial diagnosis of HIV

DEFINITIONS

AACO (AIDS Activities Coordinating Office): The office within the Philadelphia Department of Public Health responsible for administering the city's HIV/AIDS Programs.

AIDS (Acquired Immune Deficiency Syndrome): A result of Human Immunodeficiency Virus (HIV) infection, which disables the immune system from effectively fighting numerous opportunistic infections and cancers.

CDC (Centers for Disease Control and Prevention): A federal disease prevention agency, which is part of the U.S. Department of Health and Human Services, that provides national laboratory and health and safety guidelines and recommendations; tracks diseases throughout the world; and performs basic research involving laboratory, behavioral science, epidemiology and other studies of disease.

Confidentiality: Keeping medical information confidential or private.

Diagnosis: Determination of the nature of a case of a disease based on signs, symptoms, and laboratory findings during life. A diagnosis of AIDS for an adult is being HIV antibody-positive in addition to having one opportunistic infection, condition, or disease (e.g. wasting syndrome, PCP, Kaposi's sarcoma, CD4 T-lymphocyte count below 200 or 14%).

Epidemiology: The branch of medical science that deals with the study of incidence, distribution and control of a disease in a population.

HIV (Human Immunodeficiency Virus): The retrovirus that causes AIDS by infecting the T-helper cells.

IDU (Injection Drug Use): An HIV/AIDS transmission category.

MSM (Men who have sex with men): An HIV/AIDS transmission category.

MSM/IDU (Men who have sex with men who are also injection drug users): An HIV/AIDS transmission category.

NIR (No Identified Risk): Indicates when documentation is insufficient to assign an HIV/AIDS transmission category based on CDC guidelines.

Perinatal Transmission of HIV: Term used to describe the spread of HIV/AIDS from a mother to her baby that can occur during pregnancy, labor, delivery or breastfeeding; also known as vertical transmission.

Prevalence: Total number of cases of a disease in a population over a period of time.

Risk Behavior: Used here to describe activities that put people at risk of contracting HIV/AIDS.

Sexual Orientation: The sexual attraction people feel for others, whether of their own sex, the opposite sex, or both sexes.

Transmission Category: A system that classifies cases by possible HIV transmission risk factors or mode(s) of infection; e.g. IDU, MSM/IDU, perinatal transmission, heterosexual contact.

City of Philadelphia ~ Board of Health Reporting Regulations

In April 2012, the Board of Health of the City of Philadelphia issued an amendment to the regulations governing the control of communicable and non-communicable diseases and conditions related to HIV. According to the amendment, health care providers and laboratories are required to do the following:

 • Report all positive results of all tests used as a part of the HIV testing algorithm that is approved by the CDC, the APHL and CLSI, or the FDA to establish the presence of HIV including preliminary test results if no supplemental/confirmatory test was performed.

 • Change CD4 reporting from results less than 350 cells/uL and/or 25% total lymphocytes to reporting of all CD4 results regardless of the level.

 • Submit specimens for HIV Incidence Testing (STARHS). (Exemptions for submission of specimens for STARHS testing may be requested from the Philadelphia Health Commissioner.)

 • Submit genotype results containing the nucleotide sequence data.

 There has been no change in reporting of all confirmatory Western Blot tests, viral loads (including both detectable and undetectable results), and opportunistic infections such as tuberculosis, etc.

Any questions about this report should be directed to:

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To be added or removed from the Epidemiological Update mailing list, to request data from the AIDS Activities Coordinating Office, or to make suggestions for future Epidemiological Updates please email your request to aacoepi@phila.gov.

Please allow at least 10 business days for all data requests.

If you would like more information, surveillance staff may be available to make presentations of up-to-date surveillance data for Philadelphia or your hospital/reporting site/geographic area or presentations regarding the importance and methods of reporting HIV/AIDS cases. If interested, please contact Kathleen A. Brady, M.D. at (215) 685-4778 to schedule a meeting time.

Cover photograph by Philadelphia Convention & Visitors Bureau.