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AIDS Activities Coordinating Office (AACO) Surveillance Report 2015

HIV/AIDS in Philadelphia

Cases Reported through June 2016

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Executive Summary

The AIDS Activities Coordinating Office Surveillance Report is the annual report presenting data on HIV/AIDS cases in the city of Philadelphia. Data in this report includes persons diagnosed through December 31, 2015 and reported through June 30, 2016.

The number of newly diagnosed HIV cases has been on a steady decline since the mid-2000s (Figure 4). In addition to these declines, Philadelphia has a similar percentage of HIV-positive individuals in care when compared to national rates. This report highlights these and other notable trends observed through 2015. By collecting, analyzing, and publishing the most recent data available, AACO is helping our partners initiate, target, and focus their outreach, testing, prevention, and care approaches across the city to ensure that resources and efforts are directed to populations in greatest need.

New Tables

The authors would like to point out that the 2015 HIV Surveillance Report includes new information on perinatal exposures (Table 14) as well as co-infections of Hepatitis B and C with HIV (Table 1 & Table 15).

HIV CONTINUUM OF CARE

The HIV Continuum of Care is a data driven tool focusing on the diagnosis and care of individuals living with HIV. Engaging HIV patients in care is critical to both individual health as well as slowing the spread of the disease. The Continuum highlights the percentage of people living with HIV at various levels of engagement in care. The report highlights various areas in which Philadelphia is exceeding national outcomes. The Continuum (Figure 1) includes the percentage of people with new diagnoses who were linked to care; the percentage of people who were retained in care; and the percentage of people who were virally suppressed based on all persons living with HIV (both diagnosed and undiagnosed). Nine out of ten (91%) people diagnosed with HIV in 2015 were linked to HIV medical care within 3 months of their diagnosis. However, just under half (49%) of all people living with HIV in Philadelphia were retained in HIV medical care in 2015, defined as two or more medical visits at least 90 days apart. In addition, 52% of all people living with HIV in Philadelphia were virally suppressed at their most recent viral load in 2015 (regardless of if their retention in care status). Identifying new opportunities to improve linkage to care, retention in care, and viral suppression are vital to improving the health of HIV-

positive individuals and reducing the rate of HIV transmission.

WHO IS MOST AFFECTED?

Individuals aged 13-24 accounted for 25.1% of all newly diagnosed HIV infections in 2015 (Table 1). Those whose sex at birth was male (78%), and those reported as MSM (57%) made up the largest proportions of new diagnoses. New AIDS diagnoses in Philadelphia were comprised primarily of males (71%), with heterosexuals (41%), and those aged 50 and older (30%) representing the largest transmission and age categories, respectively (Table 4). The rate of new HIV diagnoses is higher among MSM (1,122 per 100,000) compared to PWID (137 per 100,000) and high risk heterosexuals (72 per 100,000) (Figure 5). Additionally, the rate of new diagnoses appears to be increasing among MSM and decreasing among PWID and heterosexuals (Figure 5). Among people living with HIV/AIDS infected through 2015, the highest morbidity is among those who were born male (72%), MSM (35%), and those aged 50 and older (49%). Non-Hispanic Blacks continue to be affected by HIV more than any other race/ethnicity group; they represent 72% of all newly diagnosed cases, 75% of newly diagnosed AIDS, and 64% of all prevalent cases. Of all cases newly diagnosed in 2015, 20% were concurrent HIV/AIDS diagnoses (Table 12). Concurrent HIV/AIDS diagnoses represent a missed opportunity for early HIV diagnosis. While the overall number of concurrent diagnoses has gone down since 2011, certain subpopulations have had better outcomes than others. Between 2011 and 2015, concurrent diagnoses among MSM (23% vs 17%) and PWID (26% vs 10%) have fallen below the citywide average of 19.5%, but the same is not true for Heterosexuals (32% vs 25%).

RACIAL/ETHNIC DISPARITIES

Racial/ethnic health disparities in Philadelphia persist and mirror disparities observed across the nation. In 2015, the rates of new HIV diagnoses in Philadelphia were highest among Non-Hispanic Blacks (61.7 per 100,000) followed by Hispanics (41.1 per 100,000) and Non-Hispanic Whites (10.0 per 100,000) (Figure 3). The overall number of reported HIV cases among Non-Hispanic Blacks is almost twice that of Non-Hispanic Whites and Hispanics combined.

Disparities are also evident in HIV Incidence Estimates. In 2014, an estimated 57% of new infections for individuals 13 and older occurred among non-Hispanic blacks (Table 13). Identifying and eliminating these

disparities is critical to slowing the spread of the HIV epidemic.

ESTIMATES OF HIV INCIDENCE

HIV incidence refers to the number of new infections in a given time period. The majority of new infections occurred among men, persons aged 13-24, and MSM (Table 13). An estimated 43.8% of new infections occurred among youth age 13-24 in 2014. The significant declines in recent HIV infections are due, in part, to decreases in new infections among heterosexuals and people who inject drugs. These estimates provide valuable information on where additional education and prevention efforts are needed.

MIGRATION

Historically, HIV/AIDS surveillance has been based on geographical location at the time of HIV or AIDS diagnoses. Migrations were assumed to either be negligible or in migration and out migration were assumed to be roughly equal. HIV/AIDS surveillance increasingly focuses on the individuals currently living in a jurisdiction, rather than those diagnosed in the jurisdiction. While Philadelphia has seen between 500 and 700 new cases a year for the past several years, the total population of people living with HIV/AIDS in Philadelphia has remained stable due to a proportionate number of individuals moving out of Philadelphia or dying. Thus current residents, rather than those diagnosed locally, are the focus of our in-care and viral suppression measures in the HIV Care Continuum.

EMERGING ISSUES

Lifetime Risk Estimates

In February 2016, the Centers for Disease Control and Prevention released lifetime risk estimates for HIV infection by sex at birth, age, race, and exposure groups. Overall, they estimated that the lifetime risk for HIV diagnosis for MSM was 1 in 6 (1:6), significantly higher than men who inject drugs (1:36), women who inject drugs (1:23), heterosexual men (1:473), and heterosexual women (1:241). Furthermore, they estimated the lifetime risk for African American MSM at 1:2, Hispanic/Latino MSM at 1:4 and White MSM at 1:11. These numbers reflect national data collected on individuals diagnosed with HIV between 2009 and 2013, as well as census data and published population proportions for risk groups. While the methods used to calculate these estimates are sound, there are several limitations. By the end of 2016, Philadelphia plans to

release more detailed estimates of lifetime risk for HIV infection among the local population. Although the national estimates and future local estimates may not be exact, they highlight important difference in lifetime risk for HIV infection among subpopulations. Lifetime risk estimates should be used to guide HIV prevention programming and evaluation. For more information on the national lifetime risk estimates for HIV infection, visit

<http://www.cdc.gov/nchhstp/newsroom/2016/croi-press-release-risk.html>.

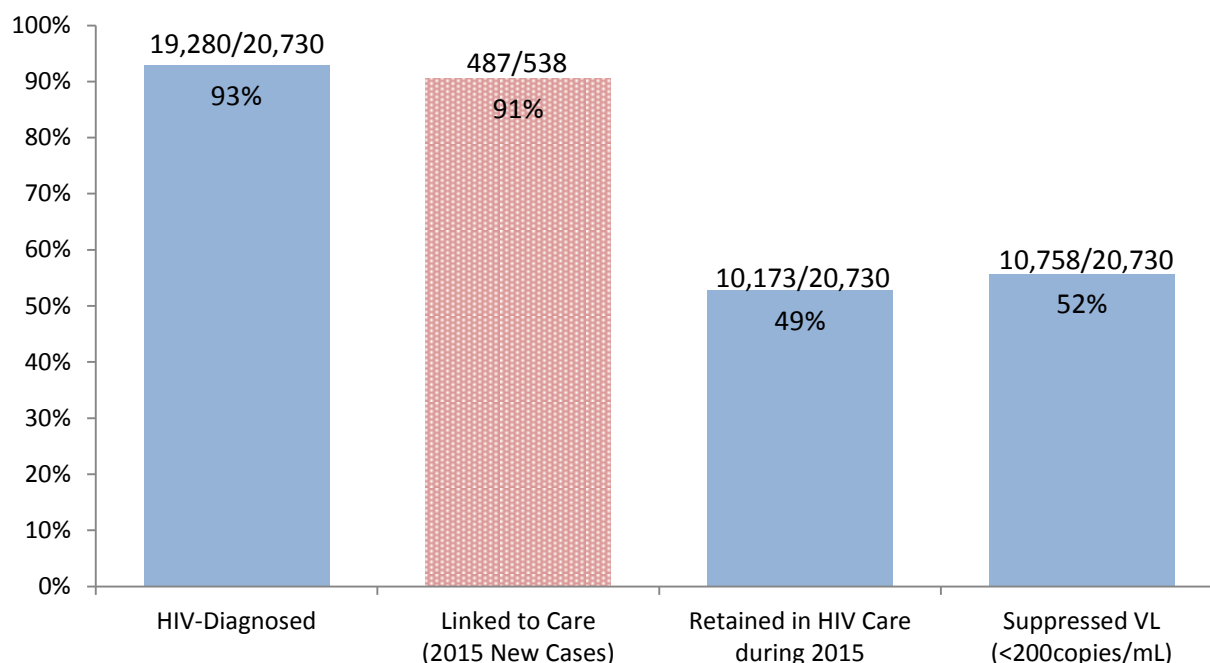
PrEP

Pre-Exposure Prophylaxis, or PrEP, is a daily medication taken by individuals at high risk for HIV infection to lower their chances of getting infected. In the summer of 2014, 544 MSM were interviewed as part of the National HIV Behavioral Surveillance (NHBS) project and 269 (49.4%) reported some knowledge of PrEP. NHBS surveys conducted in previous years among high risk heterosexuals and people who inject drugs demonstrated a smaller proportion of each respective risk group had any knowledge of PrEP. While PrEP can reduce an individual's chances of acquiring HIV, it is not effective when not taken as directed. Adherence to PrEP must be stressed by providers and condom usage must still be encouraged.

Transgender Persons

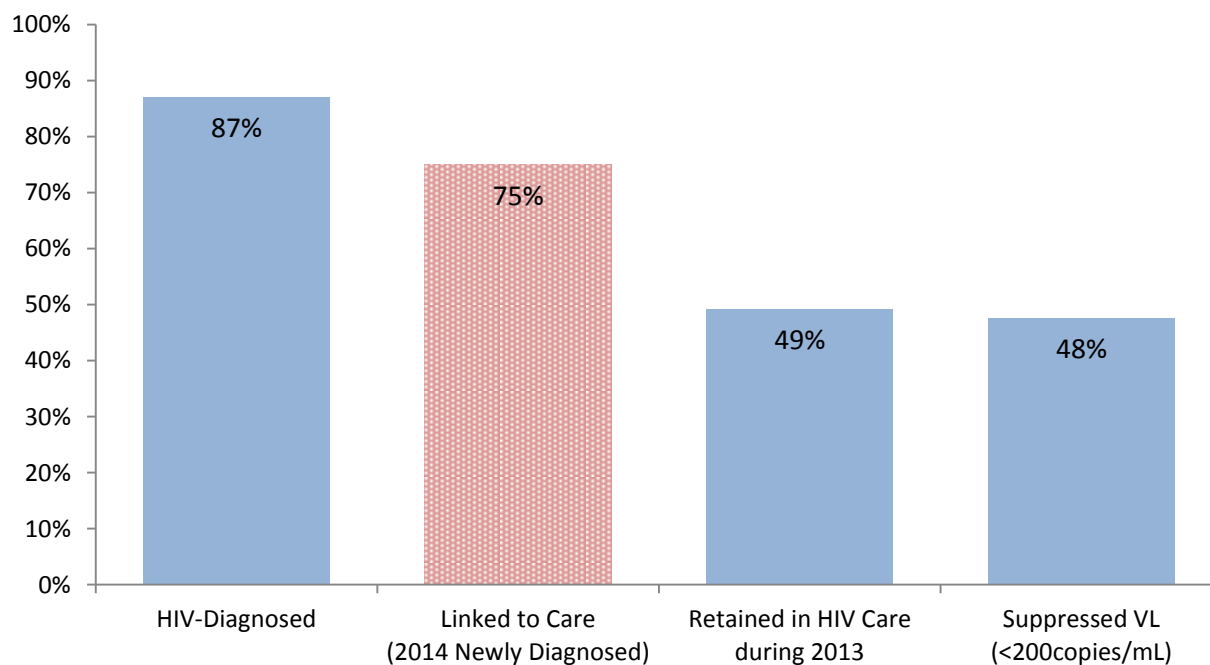
The quality of data on transgender individuals has not improved at the same pace as surveillance data on the overall population. Some of these differences are attributed to the lack of a gender identity variable in the surveillance system and most medical records before 2009, making it difficult to determine gender identity for individuals diagnosed prior to the addition of these variables to the current data system. Furthermore, many transgender persons are misclassified as men who have sex with men. In attempt to reexamine issues surrounding the quality of transgender data, Table 8 presents demographic information based on gender identity and reclassifies transmission risk reported as MSM and heterosexual contact into one category called sexual contact. Further understanding of the risk behaviors and needs of transgender persons is needed to inform best practices for treatment and prevention in this population. Efforts to improve data on transgender individuals are ongoing.

Figure 1. HIV Care Continuum, Philadelphia, 2015



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

Figure 2. The HIV Care Continuum in the United States, 2013



Source: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives using HIV surveillance data—United States and 6 dependent areas, 2014. *HIV Surveillance Supplemental Report 2016*; 21(No. 4). <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published July 2016. Accessed August 2016

Linked to care: People diagnosed with HIV in a given calendar year who had one or more documented viral load or CD4 test within three months of diagnosis

Retained in HIV Care: At least one CD4 or viral load test in each 6 month period of the calendar year, with at least 90 days between the two tests

Suppressed Viral Load (VL): The last reported viral load of a calendar year being <200 copies/mL

Table 1. Newly Diagnosed HIV Disease (regardless of AIDS status) by Year and Selected Characteristics, Philadelphia Residents, 2011-2015

	Year of Diagnosis									
	2011		2012		2013		2014		2015	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Total	694	100.0 %	737	100.0 %	634	100.0 %	569	100.0 %	538	100.0 %
Race										
Black	486	70.0 %	508	68.9 %	474	74.7 %	386	67.8 %	390	72.4 %
Hispanic	91	13.1 %	114	15.4 %	69	10.8 %	71	12.4 %	76	14.1 %
White	105	15.1 %	93	12.6 %	68	10.7 %	87	15.2 %	56	10.4 %
Asian	7	1.0 %	11	1.4 %	12	1.8 %	13	2.2 %	11	2.0 %
Multi-race	*	*	7	0.9 %	6	0.9 %	8	1.4 %	*	*
Other/Unk	0	0	*	*	*	*	*	*	*	*
Sex at Birth										
Female	163	23.4 %	196	26.5 %	125	19.7 %	120	21.0 %	118	21.9 %
Male	531	76.5 %	540	73.2 %	509	80.2 %	449	78.9 %	420	78.0 %
Age Category										
0-12	*	*	*	*	*	*	*	*	*	*
13-19	41	5.9 %	33	4.4 %	44	6.9 %	33	5.7 %	34	6.3 %
20-24	125	18.0 %	154	20.8 %	132	20.8 %	110	19.3 %	101	18.7 %
25-29	97	13.9 %	115	15.6 %	100	15.7 %	87	15.2 %	92	17.1 %
30-39	151	21.7 %	147	19.9 %	129	20.3 %	120	21.0 %	129	23.9 %
40-49	164	23.6 %	154	20.8 %	111	17.5 %	97	17.0 %	88	16.3 %
50+	114	16.4 %	133	18.0 %	113	17.8 %	121	21.2 %	92	17.1 %
Transmission Risk										
MSM	286	41.2 %	300	40.7 %	322	50.7 %	291	51.1 %	304	56.5 %
PWID	70	10.0 %	83	11.2 %	40	6.3 %	40	7.0 %	30	5.5 %
Heterosexual	313	45.1 %	313	42.4 %	250	39.4 %	225	39.5 %	189	35.1 %
MSM/PWID	13	1.8 %	10	1.3 %	8	1.2 %	6	1.0 %	*	*
Pediatric	*	*	*	*	6	0.9 %	*	*	*	*
No Risk Reported	9	1.2 %	30	4.0 %	8	1.2 %	6	1.0 %	11	2.0 %
Co-Infections										
Hepatitis B	24	3.5%	21	2.8%	23	3.6%	20	3.5%	14	2.6%
Hepatitis C	108	15.6%	110	14.9%	70	11.0%	56	9.8%	71	13.2%

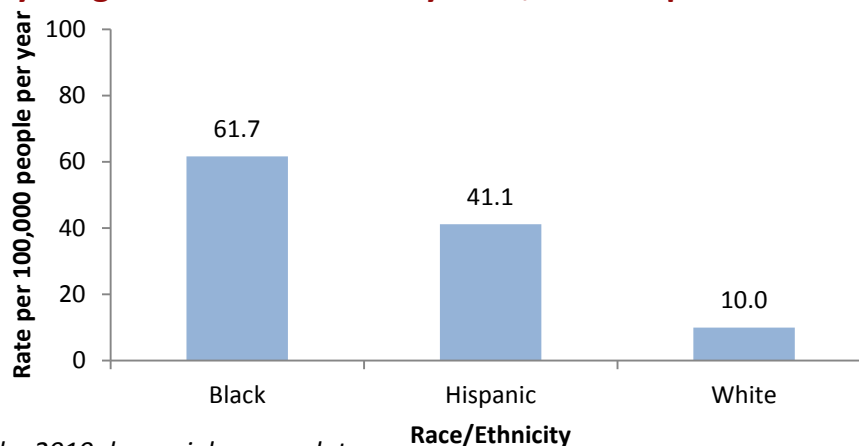
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Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program

Table 2. Newly Diagnosed HIV Disease by Race and Selected Characteristics, Philadelphia Residents, 2015

	Race					
	Black		Hispanic		White	
	N	Col %	N	Col %	N	Col %
Total	390	100.0 %	76	100.0 %	56	100.0 %
Sex at Birth						
Female	88	22.5 %	16	21.0 %	11	19.6 %
Male	302	77.4 %	60	78.9 %	45	80.3 %
Age Category						
0-12	*	*	0	0	0	0
13-19	32	8.2 %	*	*	0	0
20-24	80	20.5 %	15	19.7 %	*	*
25-29	71	18.2 %	9	11.8 %	12	21.4 %
30-39	84	21.5 %	23	30.2 %	17	30.3 %
40-49	56	14.3 %	13	17.1 %	12	21.4 %
50+	66	16.9 %	14	18.4 %	10	17.8 %
Transmission Risk						
MSM	224	57.4 %	36	47.3 %	37	66.0 %
PWID	10	2.5 %	11	14.4 %	8	14.2 %
Heterosexual	145	37.1 %	28	36.8 %	9	16.0 %
MSM/PWID	*	*	0	0	*	*
Pediatric	*	*	0	0	0	0
No Risk Reported	9	2.3 %	*	*	*	*

Figure 3: Rates of Newly Diagnosed HIV Disease by Race, Philadelphia Residents, 2015



*Cells size < 6 are suppressed

Note: Rates were calculated using the 2010 decennial census data

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

Table 3. Newly Diagnosed HIV Disease by Sex at Birth and Selected Characteristics, Philadelphia Residents, 2015

	Sex at Birth					
	Female			Male		
	N	Col %	Rate [†]	N	Col %	Rate [†]
Total	118	100.0 %	14.6	420	100.0 %	58.3
Race						
Black	88	74.5 %	24.9	302	71.9 %	103.8
Hispanic	16	13.5 %	16.9	60	14.2 %	64.4
White	11	9.3 %	3.8	45	10.7 %	16.5
Asian	*	*	*	9	2.1 %	19.4
Other/Unk	0	0	0	*	*	*
Multi-race	*	*	*	*	*	*
Age Category						
0-12	*	*	*	0	0	0
13-19	*	*	*	32	7.6 %	41.6
20-24	11	9.3 %	14.6	90	21.4 %	126.4
25-29	15	12.7 %	21.1	77	18.3 %	119.2
30-39	45	38.1 %	42.5	84	20.0 %	85.3
40-49	17	14.4 %	16.9	71	16.9 %	77.1
50+	26	22.0 %	10.2	66	15.7 %	34.5
Transmission Risk						
MSM	-	-	-	304	72.3 %	906.1
PWID	10	8.4 %	N/A	20	4.7 %	N/A
Heterosexual	97	82.2 %	60.4	92	21.9 %	81.5
MSM/PWID	-	-	-	*	*	*
Pediatric	*	*	N/A	0	0	N/A
No Risk Reported	9	7.6 %	N/A	*	*	N/A

*Cells size < 6 are suppressed

[†]Rates for age and race/ethnicity by sex at birth were calculated using the 2010 decennial census. MSM rates were calculated using estimates of MSM activity among males 13 and older in the last 5 years. Heterosexual rates were calculated using the number of individuals 18 and older living below the federal poverty level from the 2010 American Community Survey 1-Year Estimates. Reliable population estimates for Philadelphia PWID by sex at birth are not available.

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

Table 4. AIDS Diagnoses by Year and Selected Characteristics, Philadelphia Residents, 2011-2015

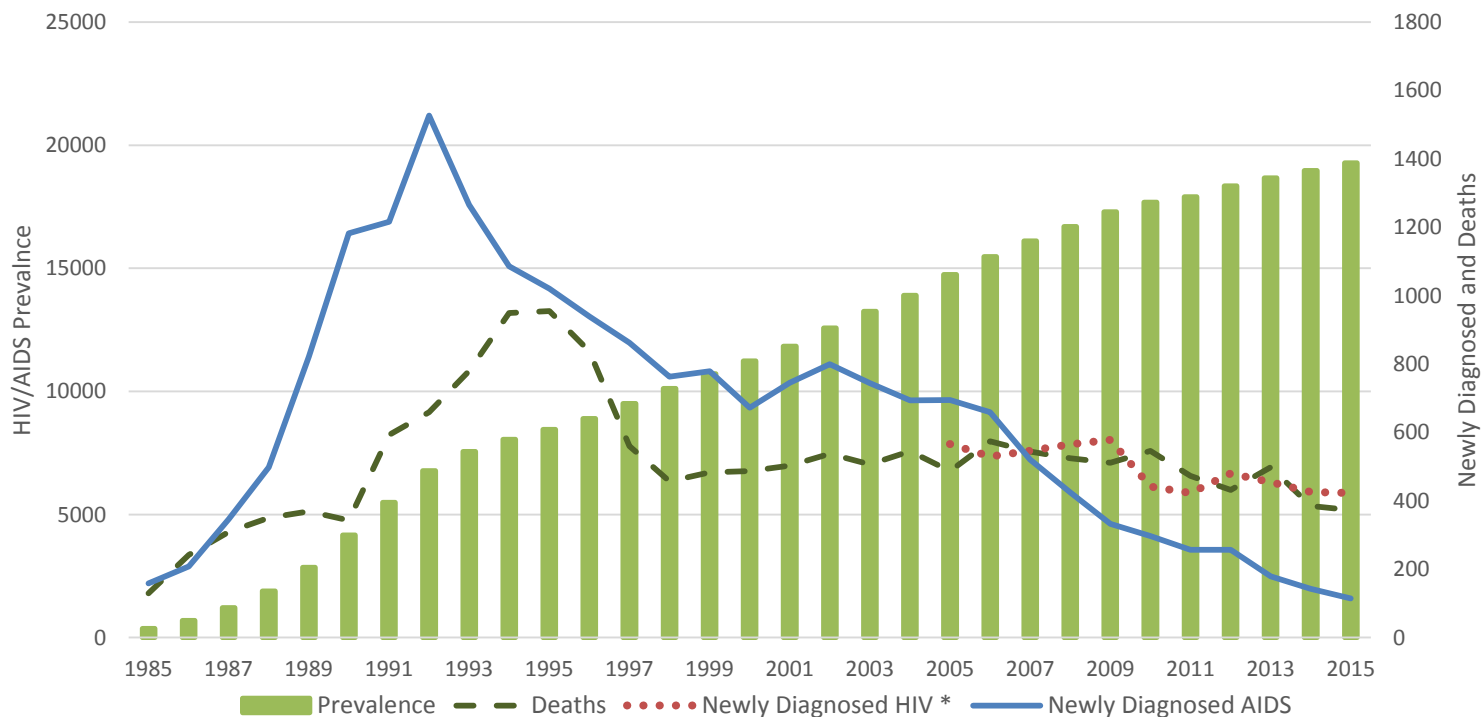
	Year of Diagnosis									
	2011		2012		2013		2014		2015	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Total	412	100.0 %	427	100.0 %	350	100.0 %	265	100.0 %	238	100.0 %
Race										
Black	287	69.6 %	299	70.0 %	247	70.5 %	192	72.4 %	178	74.7 %
Hispanic	56	13.5 %	63	14.7 %	47	13.4 %	27	10.1 %	30	12.6 %
White	58	14.0 %	52	12.1 %	38	10.8 %	34	12.8 %	22	9.2 %
Multi-race	8	1.9 %	*	*	9	2.5 %	9	3.3 %	*	*
Asian	*	*	7	1.6 %	8	2.2 %	*	*	*	*
Other/Unk	0	0	*	*	*	*	*	*	*	*
Sex at Birth										
Female	119	28.8 %	129	30.2 %	99	28.2 %	83	31.3 %	70	29.4 %
Male	293	71.1 %	298	69.7 %	251	71.7 %	182	68.6 %	168	70.5 %
Age Category										
13-19	11	2.6 %	9	2.1 %	*	*	*	*	6	2.5 %
20-24	39	9.4 %	48	11.2 %	38	10.8 %	15	5.6 %	12	5.0 %
25-29	45	10.9 %	46	10.7 %	44	12.5 %	28	10.5 %	36	15.1 %
30-39	116	28.1 %	93	21.7 %	81	23.1 %	64	24.1 %	56	23.5 %
40-49	112	27.1 %	117	27.4 %	83	23.7 %	75	28.3 %	57	23.9 %
50+	89	21.6 %	114	26.6 %	101	28.8 %	80	30.1 %	71	29.8 %
Transmission Risk										
MSM	128	31.0 %	145	33.9 %	116	33.1 %	86	32.4 %	93	39.0 %
PWID	58	14.0 %	73	17.0 %	46	13.1 %	40	15.0 %	35	14.7 %
Heterosexual	208	50.4 %	183	42.8 %	169	48.2 %	131	49.4 %	98	41.1 %
MSM/PWID	8	1.9 %	9	2.1 %	*	*	*	*	*	*
Pediatric	*	*	*	*	0	0	*	*	*	*
No Risk Reported	8	1.9 %	16	3.7 %	15	4.2 %	6	2.2 %	6	2.5 %

*Cells size < 6 are suppressed

Note: A proportion of AIDS diagnoses in each year were diagnosed with HIV in a previous year and later progressed to AIDS

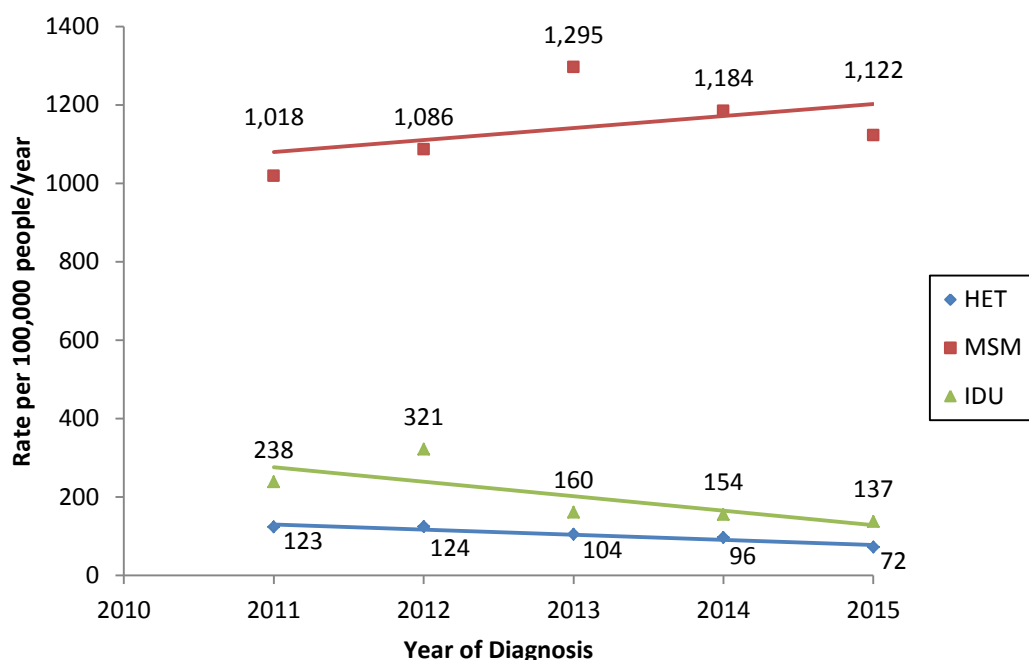
Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Figure 4. Philadelphia HIV Diagnoses, AIDS Diagnoses, Deaths, and People Living with HIV/AIDS by Year



*Reporting of all HIV related laboratories began in 2005, allowing for surveillance of HIV non-AIDS cases

Figure 5. Rates of Newly Diagnosed HIV/AIDS per 100,000 People by Year of Diagnosis and Risk Group, 2011-2015



MSM population size based on estimates of MSM activity among males 13 and older in the last 5 years. PWID population size based on estimate of 173 active injection drug users per 10,000 population. High risk heterosexual population includes all individuals 18 and older living below poverty level.

Table 5. Persons Living with HIV (Non-AIDS) and AIDS Cases by Selected Characteristics, Philadelphia Residents, 2015[†]

	HIV (Non-AIDS)		AIDS		HIV/AIDS	
	N	Col%	N	Col%	N	Col%
Total	8,234	100.0 %	11,046	100.0 %	19,280	100.0 %
Race						
Black	5,162	62.6 %	7,097	64.2 %	12,259	63.5 %
White	1,478	17.9 %	1,952	17.6 %	3,430	17.7 %
Hispanic	1,299	15.7 %	1,612	14.5 %	2,911	15.0 %
Multi-race	179	2.1 %	267	2.4 %	446	2.3 %
Asian	87	1.0 %	98	0.8 %	185	0.9 %
Other/Unk	29	0.3 %	20	0.1 %	49	0.2 %
Sex at Birth						
Female	2,405	29.2 %	3,063	27.7 %	5,468	28.3 %
Male	5,829	70.7 %	7,983	72.2 %	13,812	71.6 %
Age Category						
Unknown	47	0.5 %	92	0.8 %	139	0.7 %
0-12	31	0.3 %	6	0.0 %	37	0.1 %
13-19	80	0.9 %	21	0.1 %	101	0.5 %
20-24	383	4.6 %	126	1.1 %	509	2.6 %
25-29	933	11.3 %	421	3.8 %	1,354	7.0 %
30-39	1,867	22.6 %	1,243	11.2 %	3,110	16.1 %
40-49	1,936	23.5 %	2,696	24.4 %	4,632	24.0 %
50+	2,957	35.9 %	6,441	58.3 %	9,398	48.7 %
Transmission Risk						
MSM	3,165	38.4 %	3,586	32.4 %	6,751	35.0 %
PWID	1,467	17.8 %	3,037	27.4 %	4,504	23.3 %
Heterosexual	3,073	37.3 %	3,621	32.7 %	6,694	34.7 %
MSM/PWID	170	2.0 %	435	3.9 %	605	3.1 %
Pediatric	128	1.5 %	145	1.3 %	273	1.4 %
Other	*	*	11	0.0 %	15	0.0 %
No Risk Reported	227	2.7 %	211	1.9 %	438	2.2 %

*Cells size < 6 are suppressed

[†]Age as of December 31, 2015

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

Table 6. Persons Living with HIV/AIDS by Race and Selected Characteristics, Philadelphia Residents, 2015[†]

	Race					
	Black		White		Hispanic	
	N	Col %	N	Col %	N	Col %
Total	12,259	100.0 %	3,430	100.0 %	2,911	100.0 %
Sex at Birth						
Female	3,958	32.2 %	539	15.7 %	793	27.2 %
Male	8,301	67.7 %	2,891	84.2 %	2,118	72.7 %
Age Category						
Unknown	93	0.7 %	13	0.3 %	26	0.8 %
0-12	28	0.2 %	*	*	6	0.2 %
13-19	79	0.6 %	6	0.1 %	14	0.4 %
20-24	397	3.2 %	25	0.7 %	75	2.5 %
25-29	1,008	8.2 %	138	4.0 %	161	5.5 %
30-39	1,985	16.1 %	457	13.3 %	519	17.8 %
40-49	2,877	23.4 %	774	22.5 %	784	26.9 %
50+	5,792	47.2 %	2,016	58.7 %	1,326	45.5 %
Transmission Risk						
MSM	3,789	30.9 %	1,980	57.7 %	725	24.9 %
PWID	2,683	21.8 %	673	19.6 %	1,006	34.5 %
Heterosexual	4,943	40.3 %	548	15.9 %	961	33.0 %
MSM/PWID	346	2.8 %	152	4.4 %	84	2.8 %
Pediatric	199	1.6 %	20	0.5 %	49	1.6 %
Other	7	0.0 %	6	0.1 %	*	*
No Risk Reported	292	2.3 %	51	1.4 %	85	2.9 %

*Cells size < 6 are suppressed

[†]Age as of December 31, 2015

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

Table 7. Persons Living with HIV/AIDS by Sex at Birth and Selected Characteristics, Philadelphia Residents, 2015[†]

	Sex at Birth			
	Female		Male	
	N	Col %	N	Col %
Total	5,468	100.0 %	13,812	100.0 %
Race				
Black	3,958	72.3 %	8,301	60.0 %
White	539	9.8 %	2,891	20.9 %
Hispanic	793	14.5 %	2,118	15.3 %
Multi-race	125	2.2 %	321	2.3 %
Asian	40	0.7 %	145	1.0 %
Other/Unk	13	0.2 %	36	0.2 %
Age Category				
Unknown	41	0.7 %	98	0.7 %
0-12	20	0.3 %	17	0.1 %
13-19	31	0.5 %	70	0.5 %
20-24	109	1.9 %	400	2.8 %
25-29	262	4.7 %	1,092	7.9 %
30-39	853	15.5 %	2,257	16.3 %
40-49	1,612	29.4 %	3,020	21.8 %
50+	2,540	46.4 %	6,858	49.6 %
Transmission Risk				
MSM	0	0	6,751	48.8 %
PWID	1,470	26.8 %	3,034	21.9 %
Heterosexual	3,695	67.5 %	2,999	21.7 %
MSM/PWID	0	0	605	4.3 %
Pediatric	127	2.3 %	146	1.0 %
Other	*	*	12	0.0 %
No Risk Reported	173	3.1 %	265	1.9 %

*Cells size < 6 are suppressed

[†] Age as of December 31, 2015

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



Table 8. Persons Living with HIV/AIDS by Gender Identity and Selected Characteristics, Philadelphia Residents, 2015

	Gender Identity									
	Male		Female		Male to Female		Female to Male		Additional Identity	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Total	13,615	100.0 %	5,452	100.0 %	198	100.0 %	8	100.0 %	7	100.0 %
Race										
Black	8,152	59.8 %	3,946	72.3 %	148	74.7 %	6	75.0 %	7	100.0 %
White	2,878	21.1 %	538	9.8 %	13	6.5 %	*	*	0	0
Hispanic	2,091	15.3 %	790	14.4 %	29	14.6 %	*	*	0	0
Multi-race	317	2.3 %	125	2.2 %	*	*	0	0	0	0
Asian	142	1.0 %	40	0.7 %	*	*	0	0	0	0
Other/Unk	35	0.2 %	13	0.2 %	*	*	0	0	0	0
Age Category[†]										
Unknown	93	0.6 %	41	0.7 %	*	*	0	0	0	0
0-12	17	0.1 %	20	0.3 %	0	0	0	0	0	0
13-19	69	0.5 %	30	0.5 %	*	*	0	0	0	0
20-24	383	2.8 %	110	2.0 %	16	8.0 %	0	0	0	0
25-29	1,059	7.7 %	257	4.7 %	36	18.1 %	*	*	0	0
30-39	2,192	16.0 %	851	15.6 %	63	31.8 %	*	*	*	*
40-49	2,990	21.9 %	1,608	29.4 %	30	15.1 %	*	*	*	*
50+	6,812	50.0 %	2,535	46.4 %	46	23.2 %	*	*	*	*
Transmission Risk										
Sexual Contact	9,598	70.4 %	3,685	67.5 %	152	76.7 %	7	87.5 %	*	*
PWID	3,596	26.4 %	1,467	26.9 %	42	21.2 %	0	0	*	*
Pediatric	146	1.0 %	127	2.3 %	0	0	0	0	0	0
Other	12	0.0 %	*	*	0	0	0	0	0	0
No Risk Reported	263	1.9 %	170	3.1 %	*	*	*	*	0	0

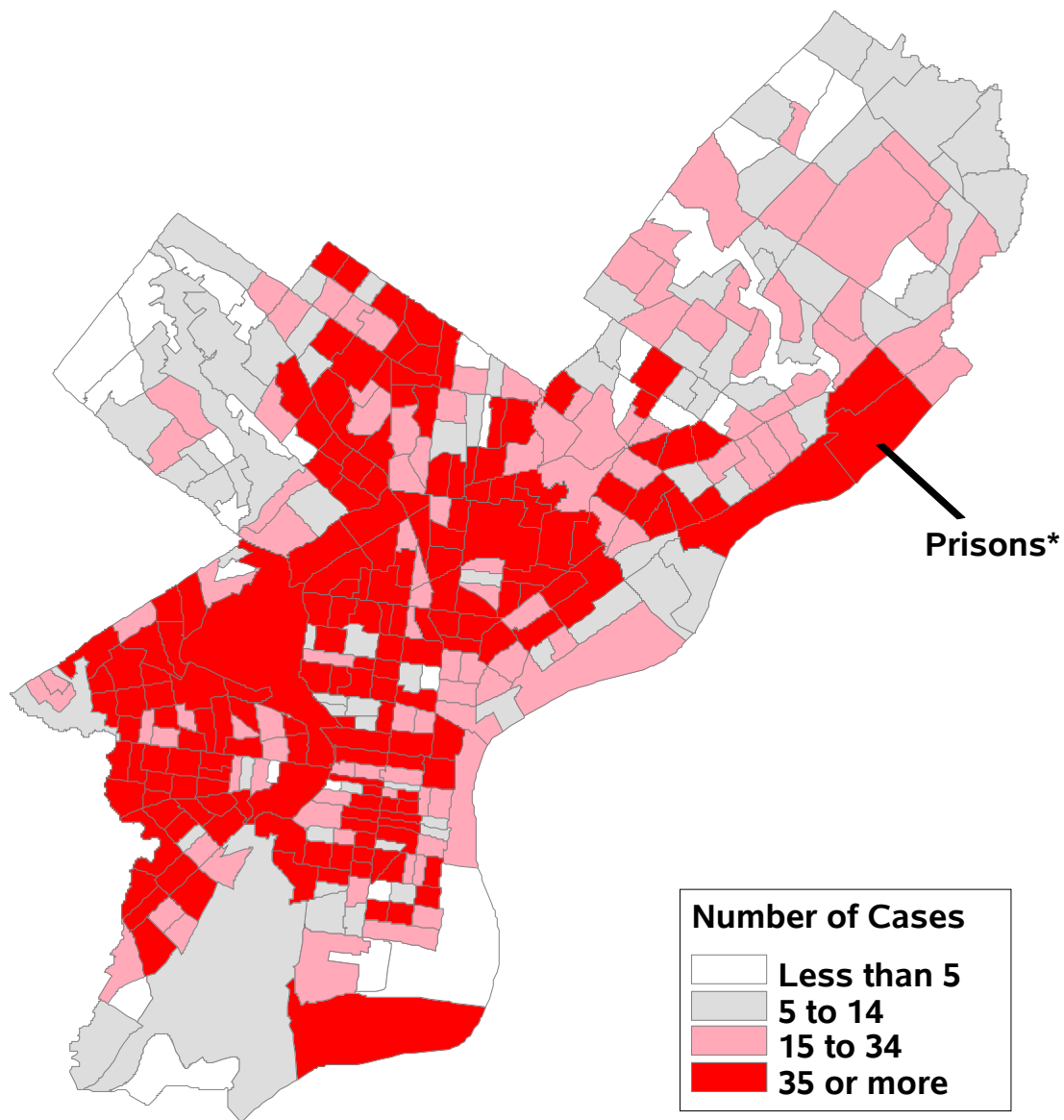
*Cells size < 6 are suppressed

[†]Age as of December 31, 2015

Note: Gender identity is often not recorded in medical records. Birth sex was used to determine gender identity where no additional information was present. The prevalence among Male to Female, Female to Male, and those cases with additional gender identities is assumed to be higher.

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

Map 1. Persons Living with HIV/AIDS by Census Tract, Philadelphia, 2015

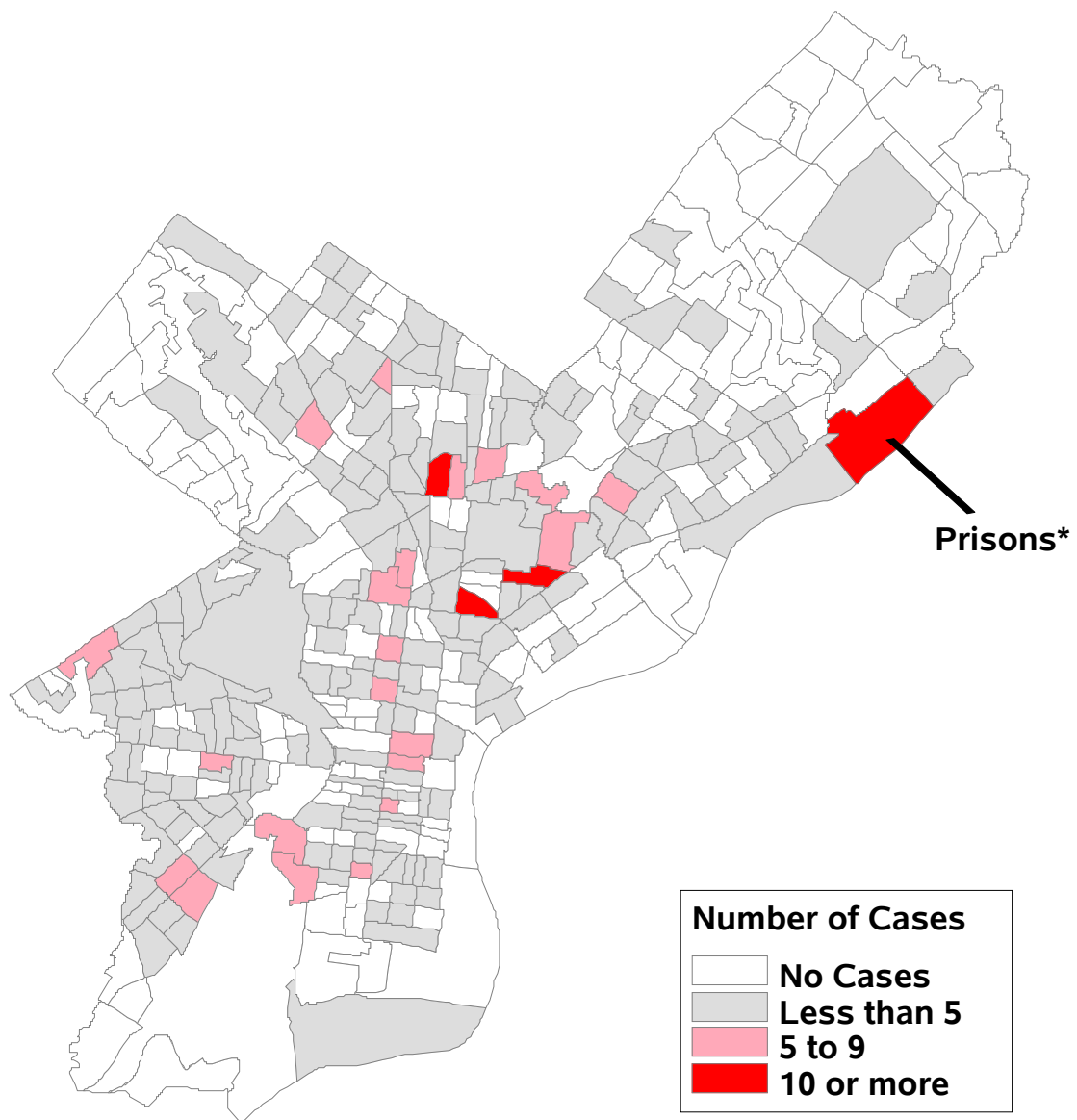


Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

**The number of cases in this census tract is inflated due to the location of the prison system. Laboratory reports for incarcerated individuals frequently include the address of the prison facility as current address rather than the inmate's home address.*

Interactive mapping data is available online at www.AIDSVu.org

Map 2. Newly Diagnosed HIV by Census Tract, Philadelphia, 2015



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

**The number of cases in this census tract is inflated due to the location of the prison system. Laboratory reports for incarcerated individuals frequently include the address of the prison facility as address at diagnosis rather than the inmate's home address.*

Interactive mapping data is available online at www.AIDSVu.org

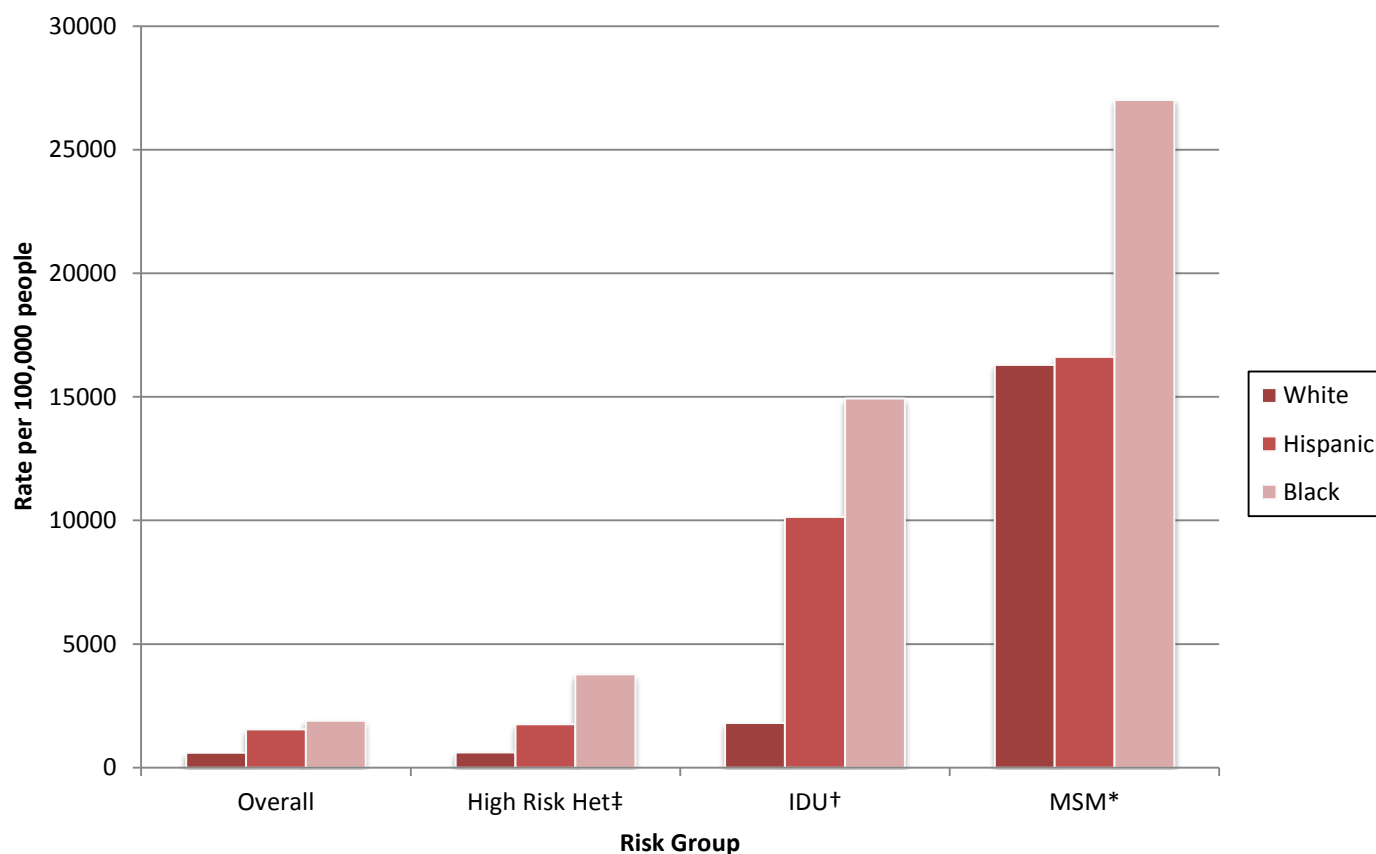
Table 9. Prevalence Rates of HIV/AIDS in Philadelphia, 2015

Category	Population	PLWHA	Rate per 100,000
Total	1,526,006	19,280	1,263.4
Female	806,193	5,478	678.2
Male	719,813	13,812	1,918.8
Hispanic	187,611	2,911	1,551.6
Black	644,287	12,259	1,902.7
White	562,585	3,430	609.7
Asian	95,521	185	193.7
AIAN	3,498	35	1,000.6
NHPI	457	13	2,844.6
Other Race	4,105	*	*
Multi-racial	27,942	446	1,596.2
Hispanic Female	94,484	793	839.3
Black Female	353,319	3,958	1,120.2
White Female	290,025	539	185.8
Asian Female	49,137	40	81.4
AIAN Female	1,882	9	478.2
NHPI Female	237	*	*
Other race Female	2,014	0	0.0
Multi-racial Female	15,095	125	828.1
Hispanic Male	93,127	2,118	2,274.3
Black Male	290,968	8,301	2,852.9
White Male	272,560	2,891	1,060.7
Asian Male	46,384	145	312.6
AIAN Male	1,616	26	1,608.9
NHPI Male	220	9	4,09.9
Other race Male	2,091	*	*
Multi-racial Male	12,847	321	2,498.6

Note: Rates were calculated using the 2010 decennial census data

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

Figure 6. HIV/AIDS Prevalence Rates per 100,000 People by Race and Transmission Category, Philadelphia Residents, 2015



*MSM total population based on estimated number of active MSM in the past 5 years

†PWID population estimated as 173 per 10,000 population

‡Population of individuals 18 and older living below poverty level

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




Table 11. Cumulative Adult HIV (Non-AIDS) and AIDS Cases by Selected Characteristics, Philadelphia Diagnoses (Diagnosed Through December 31, 2015)

	HIV (Non-AIDS)		AIDS		HIV/AIDS	
	N	%	N	%	N	%
Total	8,568	100.0 %	23,285	100.0 %	31,853	100.0 %
Race						
Black	5,492	64.0 %	15,195	65.2 %	20,687	64.9 %
White	1,593	18.5 %	4,879	20.9 %	6,472	20.3 %
Hispanic	1,212	14.1 %	2,662	11.4 %	3,874	12.1 %
Multi-race	156	1.8 %	415	1.7 %	571	1.7 %
Asian	84	0.9 %	113	0.4 %	197	0.6 %
Other/Unk	31	0.3 %	21	0.0 %	52	0.1 %
Sex at Birth						
Female	2,507	29.2 %	5,596	24.0 %	8,103	25.4 %
Male	6,061	70.7 %	17,689	75.9 %	23,750	74.5 %
Age Category						
Unknown	0	0	2,574	11.0 %	2,574	8.0 %
13-19	507	5.9 %	593	2.5 %	1,100	3.4 %
20-29	2,706	31.5 %	4,910	21.0 %	7,616	23.9 %
30-39	2,483	28.9 %	7,518	32.2 %	10,001	31.3 %
40-49	1,825	21.3 %	5,021	21.5 %	6,846	21.4 %
50+	1,047	12.2 %	2,669	11.4 %	3,716	11.6 %
Transmission Risk						
MSM	3,125	36.4 %	8,160	35.0 %	11,285	35.4 %
PWID	1,764	20.5 %	7,697	33.0 %	9,461	29.7 %
Heterosexual	3,284	38.3 %	5,894	25.3 %	9,178	28.8 %
MSM/PWID	171	1.9 %	1,097	4.7 %	1,268	3.9 %
Pediatric	*	*	*	*	*	*
Other	*	*	60	0.2 %	65	0.2 %
No Risk Reported	217	2.5 %	376	1.6 %	593	1.8 %

*Cells size < 6 are suppressed

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



“I fought for my country. Now I'm bringing the fight to my HIV.”

Reggie - Atlanta, GA
Living with HIV since 1985.
[Hear his story >](#)

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HIV
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Table 12. Concurrent HIV/AIDS, Demographics and Transmission Risk among New HIV Diagnoses, Philadelphia Residents, 2011-2015

Year																								
2011					2012					2013					2014					2015				
Non-concurrent		Concurrent HIV/AIDS			Non-concurrent		Concurrent HIV/AIDS			Non-concurrent		Concurrent HIV/AIDS			Non-concurrent		Concurrent HIV/AIDS			Non-concurrent		Concurrent HIV/AIDS		
N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	
Total	503	72.5	191	27.5	531	72.0	206	28.0	494	77.9	140	22.1	444	78.0	125	22.0	433	80.5	105	19.5				
Sex																								
Female	124	76.1	39	23.9	148	75.5	48	24.5	91	72.8	34	27.2	89	74.2	31	25.8	95	80.5	23	19.5				
Male	379	71.4	152	28.6	382	70.7	158	29.3	403	79.2	106	20.8	355	79.1	94	20.9	338	80.5	82	19.5				
Race/Ethnicity																								
Black	357	73.5	129	26.5	369	72.6	139	27.4	375	79.1	99	20.9	294	76.2	92	23.8	312	80.0	78	20.0				
Hispanic	60	65.9	31	34.1	81	71.1	33	28.9	57	82.6	12	17.4	63	88.7	8	11.3	66	86.8	10	13.2				
White	78	74.3	27	25.7	69	74.2	24	25.8	47	69.1	21	30.9	70	80.5	17	19.5	46	82.1	10	17.9				
Asian	*	71.4	*	28.6	6	54.6	*	45.4	7	58.3	*	41.7	10	76.9	*	23.1	*	45.5	6	54.5				
Multi-race	*	60.0	*	40.0	*	57.1	*	42.9	*	66.7	*	33.3	*	50.0	*	50.0	*	50.0	*	50.0				
Other/Unk	0	0	0	0	*	33.3	*	66.7	*	80.0	*	20.0	*	75.0	*	25.0	*	100.0	0	0				
Age at HIV Dx																								
0-12	*	100.0	0	0	*	100.0	0	0	*	100.0	0	0	*	100.0	0	0.0	*	100.0	0	0				
13-19	36	87.8	*	12.2	30	90.9	*	9.1	42	95.5	*	4.5	31	93.9	*	6.1	33	97.1	*	2.9				
20-24	103	82.4	22	17.6	124	80.5	30	19.5	111	84.1	21	15.9	101	91.8	9	8.2	96	95.0	*	5.0				
25-29	73	75.3	24	24.7	91	79.1	24	20.9	82	82.0	18	18.0	77	88.5	10	11.5	81	88.0	11	12.0				
30-39	109	72.2	42	27.8	106	72.1	41	27.9	95	73.6	34	26.4	89	74.2	31	25.8	101	78.3	28	21.7				
40-49	113	68.9	51	31.1	100	64.9	54	35.1	83	74.8	28	25.2	62	63.9	35	36.1	57	64.8	31	35.2				
50+	67	58.8	47	41.2	79	59.4	54	40.6	76	67.3	37	32.7	83	68.6	38	31.4	63	68.5	29	31.5				
Transmission Risk																								
MSM	221	77.3	65	22.7	223	74.3	77	25.7	264	82.0	58	18.0	247	84.9	44	15.1	253	83.2	51	16.8				
PWID	52	74.3	18	25.7	63	75.9	20	24.1	32	80.0	8	20.0	33	82.5	7	17.5	27	90.0	*	10.0				
Heterosexual	212	67.7	101	32.3	216	69.0	97	31.0	179	71.6	71	28.4	153	68.0	72	32.0	142	75.1	47	24.9				
MSM/PWID	9	69.2	*	30.8	9	90.0	*	10.0	7	87.5	*	12.5	6	100.0	0	0.0	*	50.0	*	50.0				
Pediatric	*	100.0	0	0	*	100.0	0	0	6	100.0	0	0	*	100.0	0	0.0	*	100.0	0	0				
No Risk Reported	6	66.7	*	33.3	19	63.3	11	36.7	6	75.0	*	25.0	*	66.7	*	33.3	8	72.7	*	27.3				

*Cells size < 6 are suppressed

Note: Concurrent HIV/AIDS is defined as diagnosis of AIDS within 90 days of initial diagnosis of HIV
Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Table 13. Incidence Estimates by Year and Selected Characteristics, Philadelphia Residents, 2012- 2014

	2012				2013				2014			
	N	%	95% CI	Rate [†]	N	%	95% CI	Rate [†]	N	%	95% CI	Rate [†]
Total	618	100.00%	419-817	40.5	490	100.00%	319-661	32.1	299	100.00%	205-393	19.6
Race												
Black	413	66.8 %	257-568	64.1	380	77.6 %	239-522	59.0	170	56.9 %	108-231	26.4
White	97	15.7 %	37-157	17.2	70	14.3 %	0-143	12.4	51	17.1 %	17-85	9.1
Hispanic	101	16.3 %	34-168	53.8	33	6.7 %	0-69	17.6	70	23.4 %	26-114	37.3
Other	8	1.3 %	0-27	7.7	6	1.2 %	0-35	5.8	8	2.7 %	0-24	7.7
Sex at Birth												
Male	449	72.7 %	292-606	62.4	426	86.9 %	270-582	59.2	254	84.9 %	168-341	35.3
Female	169	27.3 %	69-269	21.0	64	13.1 %	13-116	7.9	44	14.7%	15-74	5.5
Age at Infection												
13-24	213	34.5 %	115-311	70.6	200	40.8 %	103-296	66.3	131	43.8 %	76-185	43.4
25-34	161	26.1 %	76-246	65.4	129	26.3 %	53-206	52.4	85	28.4 %	41-128	34.5
35-44	111	18.0 %	39-184	58.9	76	15.5 %	17-135	40.4	32	10.7 %	6-58	17.0
45+	133	21.5 %	48-218	24.4	85	17.3 %	22-148	15.6	51	17.1 %	18-85	9.4
Transmission Risk												
MSM	284	46.0 %	175-394	846.5	308	62.9 %	180-437	918.1	196	65.6 %	122-269	584.2
PWID	70	11.3 %	13-126	265.2	30	6.1 %	0-69	113.6	33	11.0 %	6-59	125.0
Heterosexual /Other	264	42.7 %	129-399	98.2	152	31.0 %	71-232	56.5	70	23.4 %	33-107	26.0

Incidence of disease is defined as the number of new infections in a given time period, typically one year. Due to the nature of HIV infection, true incidence is difficult to measure. Recent infection is rarely accompanied with symptoms, and persons are often unaware of their exposure. Routine testing of all persons at risk for HIV is sporadic at best, and many are not tested and diagnosed until some time after their initial infection. The estimates presented here utilize diagnostic testing algorithms designed to detect recent infection, along with testing and treatment history data available for newly diagnosed persons in Philadelphia. These estimates provide the best available indicator of the true number of new HIV infections in Philadelphia. While the rate of incident cases is declining amongst most groups, new HIV transmissions are still affecting certain groups disproportionately. Blacks and Hispanics, males, those aged 13-24, 25-34, and the MSM population are all experiencing the highest percentages of new HIV infections.

[†]Rate of incident cases are per 100,000 people and based on 2010 decennial census data for race, sex, and age and based on previously used population estimates for MSM, PWID, and high risk heterosexuals.

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

Table 14. Perinatal Exposures by Selected Demographics (a) and Clinical Characteristics (b), Philadelphia Residents, 2011—2015

a.	Perinatal Exposures	
	N	Col %
Total	315	100.0 %
Maternal Age		
13-19	16	5.1 %
20-24	69	21.9 %
25-34	161	51.1 %
≥35	69	21.9 %
Maternal Race		
Black	255	81.0 %
White	21	6.7 %
Hispanic	32	10.2 %
Other	7	2.2 %
Transmission Risk		
Heterosexual	245	77.8 %
PWID	36	11.4 %
Pediatric	17	5.4 %
Other/Unk	17	5.4 %

Perinatal exposures represent instances where HIV transmission might have occurred from mother to child during pregnancy, labor and delivery (L&D), or breastfeeding. Incidence of HIV infection among perinatally exposed children in Philadelphia has remained low in the past five years due to local perinatal prevention efforts. Data presented in table 14a represent the demographics of the mothers while table 14b represents clinical characteristics of the mother and child before, during, and after birth. Maternal viral load represents the most recent viral load before birth; prenatal care was defined as at least 1 medical visit during pregnancy; maternal timing at diagnosis was categorized as early (any time before L&D), late (during or after L&D), and unknown.

b.	Not Infected		HIV-Infected	
	N	Col %	N	Col %
Total	310	100.0 %	5	100.0 %
Maternal Viral Load				
<1000	246	79.3 %	3	60.0 %
≥1000	54	17.4 %	1	20.0 %
Unknown	10	3.2 %	1	20.0 %
Prenatal care				
No	68	21.9 %	0	0
Yes	242	78.1 %	5	100.0 %
Unknown				
Maternal timing of diagnosis				
Early	310	100.0 %	5	100.0 %
Late	0	0	0	0
Unknown	0	0	0	0
ARV medications during pregnancy				
No	8	2.5 %	0	0
Yes	203	65.4 %	4	80.0 %
Unknown	99	31.9 %	1	20.0 %
ARV medications during L&D				
No	38	12.2 %	0	0
Yes	191	61.6 %	5	100.0 %
Unknown	81	26.1 %	0	0
Neonatal ARV medications				
No	0	0	0	0
Yes	298	96.1 %	5	100.0 %
Unknown	12	3.9 %	0	0

**Cells size < 6 are suppressed for demographic data but not clinical data*

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

Table 15. Persons Living with HIV and Hepatitis B or C Co-infection by Selected Characteristics, Philadelphia Residents, 2015[‡]

	Hepatitis B/HIV		Hepatitis C/HIV		HIV/AIDS Total	
	N	Row %	N	Row %	N	Row %
Total	984	5.1 %	3,383	17.5 %	19,280	100.0 %
Race						
Black	681	5.6 %	1,928	15.7 %	12,259	100.0 %
White	138	4.0 %	611	17.8 %	3,430	100.0 %
Hispanic	119	4.1 %	712	24.5 %	2,911	100.0 %
Multi-race	25	5.6 %	110	24.6 %	446	100.0 %
Asian	17	9.1 %	18	9.7 %	185	100.0 %
Other/Unk	*	*	*	*	49	100.0 %
Sex at Birth						
Female	219	4.0 %	987	18.0 %	5,468	100.0 %
Male	765	5.5 %	2,396	17.4 %	13,812	100.0 %
Age Category						
Unknown	9	6.5 %	48	34.5 %	139	100.0 %
0-12	*	*	0	0	37	100.0 %
13-19	*	*	0	0	101	100.0 %
20-24	*	*	24	4.7 %	509	100.0 %
25-29	23	1.7 %	70	5.2 %	1,354	100.0 %
30-39	119	3.8 %	370	11.9 %	3,110	100.0 %
40-49	295	6.4 %	685	14.8 %	4,632	100.0 %
50+	533	5.7 %	2,186	23.3 %	9,398	100.0 %
Transmission Risk						
MSM	367	5.4 %	479	7.1 %	6,751	100.0 %
PWID	272	6.0 %	1,086	40.1 %	4,504	100.0 %
Heterosexual	283	4.2 %	837	12.5 %	6,694	100.0 %
MSM/PWID	37	6.1 %	188	31.1 %	605	100.0 %
Pediatric	7	2.6 %	9	3.3 %	273	100.0 %
Other	*	*	8	53.3 %	15	100.0 %
No Risk Reported	18	4.1 %	56	12.8 %	438	100.0 %

*Cells size < 6 are suppressed

‡Row, not column, percentages are presented here

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program

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.

AIAN (American Indian/ Alaskan Native): A racial/ethnic group.

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.

Gender Identity: One's innermost concept of self as male or female or both or neither—how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different than the sex assigned at birth.

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

Incidence: The number or rate of new cases of a disease over defined period of time.

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

MSM/PWID (Men who have sex with men who are also people who inject drugs): An HIV/AIDS transmission category.

NHPI (Native Hawaiian/ Pacific Islander): A racial/ethnic group.

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.

PrEP: Pre-exposure prophylaxis. Antiretroviral medication taken daily by individuals at increased risk for HIV infection to lower their chances of getting infected.

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

PWID (Person/People Who Inject Drugs): An HIV/AIDS transmission category.

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. PWID, MSM/PWID, perinatal transmission, heterosexual contact.

Reporting Information

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 reflects cases diagnosed through December 2015 and reported through June 2016.

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 the 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.

According to the Board of Health's current reporting regulations, health care providers and laboratories are required to report the following: all positive results used as part of the HIV testing algorithm to establish the presence of HIV including preliminary test results if no supplemental/confirmatory test was performed, both detectable and undetectable HIV viral loads, all CD4 results regardless of the level, and all HIV genotypes containing the nucleotide sequence data. Philadelphia facilities and laboratories are also required to submit specimens for HIV incidence testing (STARHS) and are only exempt pending a request submitted to the Philadelphia Health Commissioner.

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

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

Any Questions about this report and/or requests for data can be directed to:

Tanner Nassau, MPH
AACOEPi@PHILA.GOV

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