**AIDS** Activities Coordinating Office (AACO)
**Surveillance Report**

# HIV
## IN PHILADELPHIA

*Cases reported through June 2018*

## 2017

| James F. Kenney | Thomas Farley, MD, MPH | Caroline Johnson, MD | Coleman Terrell |
|---|---|---|---|
| *Mayor* | *Health Commissioner* | *Acting Deputy Commissioner* | *AACO Director* |

**Department of**
**Public Health**
CITY OF PHILADELPHIA

## SECURITY AND CONFIDENTIALITY

All information about individuals diagnosed and/or living with Human Immunodeficiency Virus (HIV) is strictly confidential and is collected for legitimate public health purposes. Confidentiality of HIV case reports is of critical importance to maintaining effective HIV surveillance. Federal, state, and local health departments have implemented procedures and policies to assure the confidentiality and security of HIV data. Prior to submitting data to the CDC, all information is de-identified and encrypted using computer encryption software. In addition, strict guidelines govern the release of reports similar to this one, which ensure that HIV data are not presented in such a way as to possibly identify any individual with HIV. **Maintenance of confidentiality and security safeguards are critical for federal funding and are a top priority within the Philadelphia HIV Surveillance Unit.**

## PRIMARY AUTHORS

Tanner Nassau, MPH
*Epidemiologist*

Melissa Miller, MPH
*Epidemiologist*

Chrysanthus Nnumolu, MD, MPH
*HIV Surveillance Program Manager*

Kathleen A. Brady, MD
*Medical Director/Medical Epidemiologist*

### Suggested Citation

Philadelphia Department of Public Health, AIDS Activities Coordinating Office Surveillance Report, 2017. Philadelphia, PA: City of Philadelphia; October 2018.

## CONTRIBUTORS AND EDITORS FOR THIS ISSUE:

| HIV Surveillance Staff | Data Management Staff |
|---|---|
| Samuel Alexis | Maura Boughter-Dornfeld |
| Barbara Allen | Dana Higgins |
| Shirley Goss | Antonios Mashas |
| Juanita Johnson | Melissa Miller |
| Violet Lippincott | Tanner Nassau |
| Erika Solomon | Shedane Shaw |
| Niya Spells | Champagnae Smith |
| Ruth Trino | |

# Contents

# Introduction

The AIDS Activities Coordinating Office (AACO) Surveillance Report is the annual report presenting data on human immunodeficiency virus (HIV) infections in the City of Philadelphia. Data in this report include persons diagnosed through December 31, 2017 and reported through June 30, 2018. The number of newly diagnosed HIV cases has been on a steady decline since the mid-2000s (Figure 3) consistent with national trends. In addition, Philadelphia has a similar percentage of HIV-positive individuals in care when compared to national data. This report highlights these and other notable trends observed through 2017. 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.

## Report Changes

The authors would like to point out that the 2017 HIV Surveillance Report includes new information and figures, including a Goals and Evaluation Dashboard (Table 1), an HCV Continuum of Care among persons living with HIV (Figure 5), and a table on HIV mortality (Table 17). With the addition of these new tables, we hope to inform readers of the ongoing efforts by the community and local health department to help prevent HIV, reduce disparities related to HIV, and improve the lives of all people living with HIV. In 2017 the Philadelphia Department of Public Health changed its method for identifying heterosexual transmission of HIV in order to align with the Centers for Disease Control and Prevention (CDC) standards for risk factor collection. Those assigned female sex at birth who reported sex with men of unknown HIV status and no other risk factors are presumed heterosexual transmission risk.

Those assigned male sex at birth who reported sex with women of unknown HIV status and no other risk factor are classified as No Risk Reported (NRR). This method for identifying heterosexual transmission risk is reflected in the 2017 newly diagnosed cases but cannot be applied retroactively to HIV cases diagnosed prior to 2017. Because of this, the proportion and rate of heterosexuals newly diagnosed with HIV in 2017 are not comparable to those diagnosed in all years prior to 2017.

All rates presented are per 100,000 population. Rates for the general population and by race, sex, and age are calculated from the 2010 decennial census data. Rates by transmission risk (MSM, PWID, at-risk heterosexuals) are based on the most recent population estimates. Please read all table titles and footnotes carefully to ensure a complete understanding of the displayed data.

# 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 new HIV infections. The Continuum depicts the percentage of people living with HIV at various levels of engagement in care and 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 in a timely manner, defined as a CD4 or viral load collected within 1 month of initial HIV diagnosis; the percentage of people who were retained in care, defined as two or more laboratory results at least 91 days apart in the calendar year; and the percentage of people who were virally suppressed, defined as a viral load of <200 copies/mL at last measure in 2017.
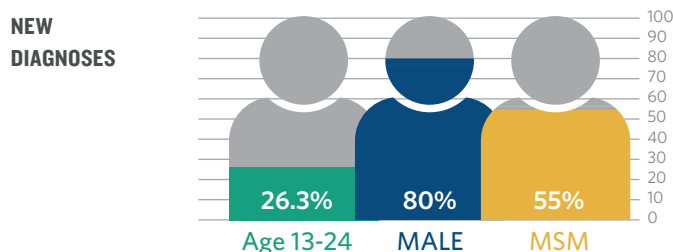
The percentages presented in this continuum are based on all persons living with HIV (both diagnosed and undiagnosed). Among persons newly diagnosed with HIV disease in 2017, 86.3% were linked to HIV medical care within 1 month of their diagnosis. However, under half (46.1%) of all people living with HIV in Philadelphia were retained in HIV medical care in 2017. In addition, 51.1% of all people living with HIV in Philadelphia were virally suppressed at their most recent viral load in 2017 (regardless of 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.



Linked to Care: **86.3%**                Retained in Care: **46.1%**                Virally Suppressed: **51.1%**

# Diagnoses of HIV Infection and Diagnoses of Infection Classified as Stage 3 (AIDS)

Individuals aged 13-24 accounted for 26.3% of all newly diagnosed HIV infections in 2017 (Table 2). Those whose sex at birth was male (80.0%), and those reported as MSM (55.0%) made up the largest proportions of new diagnoses. The rate of new HIV diagnoses in 2017 was higher among MSM (1,022.7 per 100,000) compared to PWID (74.3 per 100,000) and at-risk heterosexuals, defined as individuals over the age of 18 who are living in poverty, (41.2 per 100,000) (Figure 2). Racial/ethnic health disparities in Philadelphia persist and mirror disparities observed across the nation.

Non-Hispanic Blacks continue to be affected by HIV more than any other race/ethnicity group. In 2017, the highest rate of new HIV diagnosis was among non-Hispanic Blacks (53.6 per 100,000 population) followed by Hispanics/Latinx (44.9) and non-Hispanic whites (11.4) (Table 3). New AIDS diagnoses in Philadelphia were comprised primarily of males (72.0%), with MSM (36.4%), and those aged 50 and older (32.3%) representing the largest proportion of transmission and age categories, respectively (Table 7). Of all cases newly diagnosed with HIV in 2017, 18.8% had a concurrent diagnosis of AIDS, defined as a diagnosis of AIDS within 3 months of initial HIV diagnosis (Table 5). Concurrent diagnoses of AIDS and HIV infection represent missed opportunities for early HIV diagnosis. While the overall number of concurrent diagnoses has decreased since 2013, certain subpopulations have had better outcomes than others. Between 2013 and 2017, concurrent diagnoses among MSM (18.3% vs 13.9%) have fallen below the citywide average of 18.8%, but the same is not true for Heterosexuals (29.5% vs 20.4%) and PWID (24.2% vs 23.7%).

**NEW DIAGNOSES**



26.3% Age 13-24    80% MALE    55% MSM

## Estimates of HIV Incidence

Incidence of disease is defined as the number of new infections in a given time period, typically one year, regardless of when those infections were diagnosed. HIV diagnoses indicate when a person was diagnosed with HIV, not when the person was infected. 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. HIV incidence estimates based on a CD4 depletion model can be found in Table 6.

There were an estimated 450 new HIV transmissions in Philadelphia in 2016. The highest rates of HIV infection occurred among men (47.2 per 100,000 population), persons aged 25-34 (61.0), and MSM (775.0) (Table 6). 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.

## Prevalence of HIV Infection among Philadelphia Residents

Among people living with HIV infection diagnosed through 2017, those assigned male sex at birth (71.9%), MSM (37.1%), and those aged 50 and older (52.0%) accounted for the largest percentages by sex, transmission risk, and age group, respectively (Table 8). HIV prevalence was highest among non-Hispanic Blacks (1,904.9 per 100,000 population), followed by Hispanic/Latinx (1,574.0) (Table 12).

There are no reliable estimates available for the racial composition of the population of PWID. Because of this, prevalence by race among PWID are not displayed in Figure 4. However, differences in prevalence by race and transmission risk can be seen, with non-Hispanic Black MSM having the highest prevalence of HIV (27,982.6 per 100,000 population).

## Hepatitis Co-Infection

Of the 19,199 people living with diagnosed HIV (PLWDH) in Philadelphia, 3,375 (17.6%) were co-infected with Hepatitis C Virus (HCV), and 1,109 (5.8%) were co-infected with Hepatitis B Virus (HBV) (Table 13). The proportion of PLWDH HCV co-infection was greatest among those assigned female sex at birth (18.4%), Hispanic/Latinx (24.4%), PWID (42.0%), and those aged 50 and older (22.8%) (Table 13).

HCV care continuum outcomes are significantly better among PLWDH HCV co-infection than HCV mono-infection alone (data not shown). Among 3,375 HCV antibody-positive persons living with HIV infection 2,768 (82.0%) received a confirmatory RNA test of whom 2,289 were confirmed positive. 1,206 (35.7%) persons have resolved their HCV infection through 2017. This amounts to 52.7% resolution among those with confirmed HCV viremia (Figure 5).

## Migration

In the past, the description of persons with HIV infection in terms of geographic area has been based on their residence at diagnosis. Migrations were assumed to either be negligible or in-migration and out-migration were assumed to be roughly equal. HIV case surveillance increasingly focuses on the individuals currently living in a jurisdiction, rather than those diagnosed in the jurisdiction.

While Philadelphia has seen roughly 500 to 700 new cases a year for the past several years, the total population of people living with diagnosed HIV 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 Continuum of Care.

# Emerging Issues

## Pre-Exposure Prophylaxis (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. 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. PrEP does not prevent other sexually transmitted infections or pregnancy. In May of 2018, the CDC published estimates of adults with indications for PrEP by transmission risk group and race/ethnicity. Based on this methodology[1], AACO estimates there are 13,113 HIV negative persons in Philadelphia with a PrEP indication, with HIV-negative non-Hispanic Black MSM having the greatest population proportion with a PrEP indication (58.0%) (Table 16). Furthermore, in collaboration with other health departments and academic institutions, AACO has developed a PrEP Monitoring and Evaluation plan to track the progress of PrEP usage in the City of Philadelphia. Future reports will provide progress on PrEP use in Philadelphia by priority populations.

## 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 11 presents demographic information based on gender identity and reclassifies transmission risk reported as MSM and heterosexual contact into one category called sexual contact. A greater 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—including internal and external trainings on standardized collection of gender identity data and medical chart review—are ongoing.

**PrEP INDICATION
by Transmission Category
and Race/Ethnicity[1]**
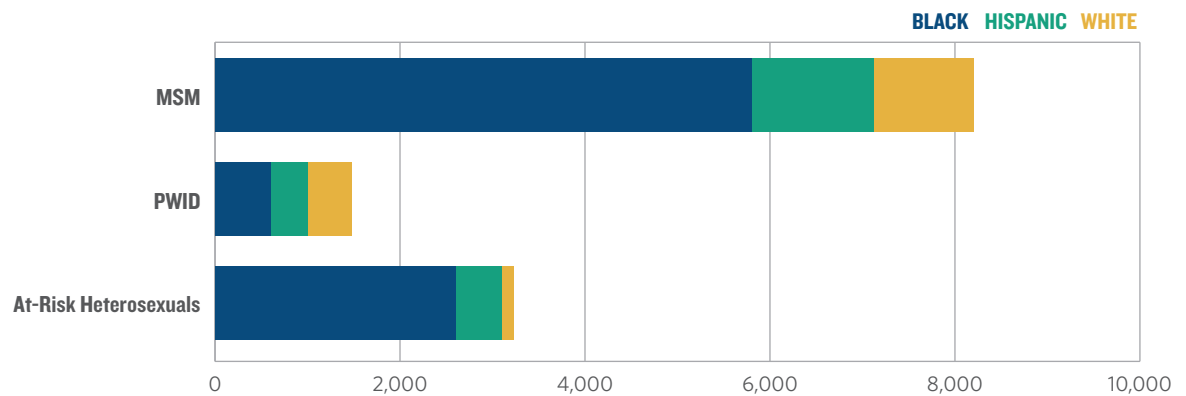
BLACK   HISPANIC   WHITE



1 Methods based on: Smith, D. K., Handel, M. V., & Grey, J. (2018). Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States, 2015. Annals of Epidemiology.

# Definitions

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

**Acute HIV Infection:** Acute HIV infection typically describes the interval between the first possible detection of virus by virologic assay and development of a mature antibody response. Signs and symptoms of acute HIV infection can include fever, headache, sore throat, adenopathy, anorexia, and rash and often develop about 2 weeks after the start of the infection.

**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/Alaska 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.

**HBV Co-Infection:** Hepatitis B Virus Co-infection. Refers to a person living with HIV who has current or past HBV infection evidenced by a positive HBV surface antigen, HBV DNA or HBV e-antigen.

**HCV Co-Infection:** Hepatitis C Virus Co-Infection. Refers to a person living with HIV who has current or past HCV infection evidenced by a positive HCV antibody, HCV RNA, or HCV genotype test.

**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 transmission category.

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

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

**NRR (No Reported Risk):** Indicates when documentation is insufficient to assign an HIV transmission category based on CDC guidelines.

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

**PLWDH:** People living with diagnosed HIV.

**PLWH:** People living with HIV, both diagnosed and undiagnosed.

**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 transmission category.

**Risk Behavior:** Used here to describe behaviors that put people at risk of contracting HIV.

**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.

# Goals and Evaluation Dashboard

TABLE 1

| | 2020 National Goal[1] | 2014 | 2015 | 2016 | 2017 | Current Trend |
|---|---|---|---|---|---|---|
| **HIV Diagnosis** | | | | | | |
| **New HIV Diagnosis, Rate** | ↓ 25% | 37.0/100,000 | 35.8/100,000 | 30.7/100,000 | 32.5/100,000 | Goal not met |
| **Diagnosed Proportion[2]** | 90% | 91.3% | 90.3% | 90.7% | N/A | Goal met |
| **HIV Care and Morbidity** | | | | | | |
| **Linked to Care in 1 month[3]** | 85% | 71.7% | 79.6% | 77.9% | 86.3% | Goal met |
| **In HIV Care[4,5]** | 90% | 63.4% | 64.6% | 66.3% | 66.7% | Improving but goal not met |
| **Viral Suppression[4,6]** | 80% | 53.4% | 54.9% | 54.9% | 56.1% | Improving but goal not met |
| **Disparities: Viral Suppression[4,6]** | | | | | | |
| **White PLWDH** | -- | 52.4% | 54.0% | 53.5% | 54.1% | No disparities |
| **Black PLWDH** | -- | 53.6% | 55.5% | 55.5% | 56.6% | No disparities |
| **Hispanic/Latino PLWDH** | -- | 51.6% | 52.3% | 52.8% | 54.2% | No disparities |
| **Transgender PLWDH** | -- | 60.3% | 62.0% | 65.2% | 60.6% | No disparities |
| **PWID PLWDH** | -- | 49.9% | 50.8% | 49.6% | 50.5% | Disparity observed. Lower rates of viral suppression |

[1]All 2020 goals use 2014 as the baseline
[2]Based on the CDC developed CD4 depletion model
[3]Among persons with a new HIV diagnosis
[4]Among HIV-infected persons with diagnosed HIV infection
[5]In HIV care is defined as 1+ CD4 or viral load lab in the calendar year
[6]Viral suppression is defined as a viral load <200 copies/mL at last measure in the calendar year

**Abbreviations:**

PLWDH, people living with diagnosed HIV; MSM, men who have sex with men; PWID, people who inject drugs

**Note**    Rates of new HIV diagnoses are per 100,000 population and based on the 2010 decennial census data
**Source**    Philadelphia Department of Public Health, AIDS Activities Coordinating Office

# HIV Care Continuum

**Philadelphia 2017 vs the United States**



**HIV-Diagnosed**
- 19,199/21,168: **90.7%**
- **85.5%**

**Linked to care (2017 new cases)**
- 428/496: **86.3%**
- **75.9%**

**Retained In HIV Care**
- 9,749/21,168: **46.1%**
- **48.9%**

**Suppressed VL (<200 copies/mL)**
- 10,812/21,168: **51.1%**
- **51.2%**
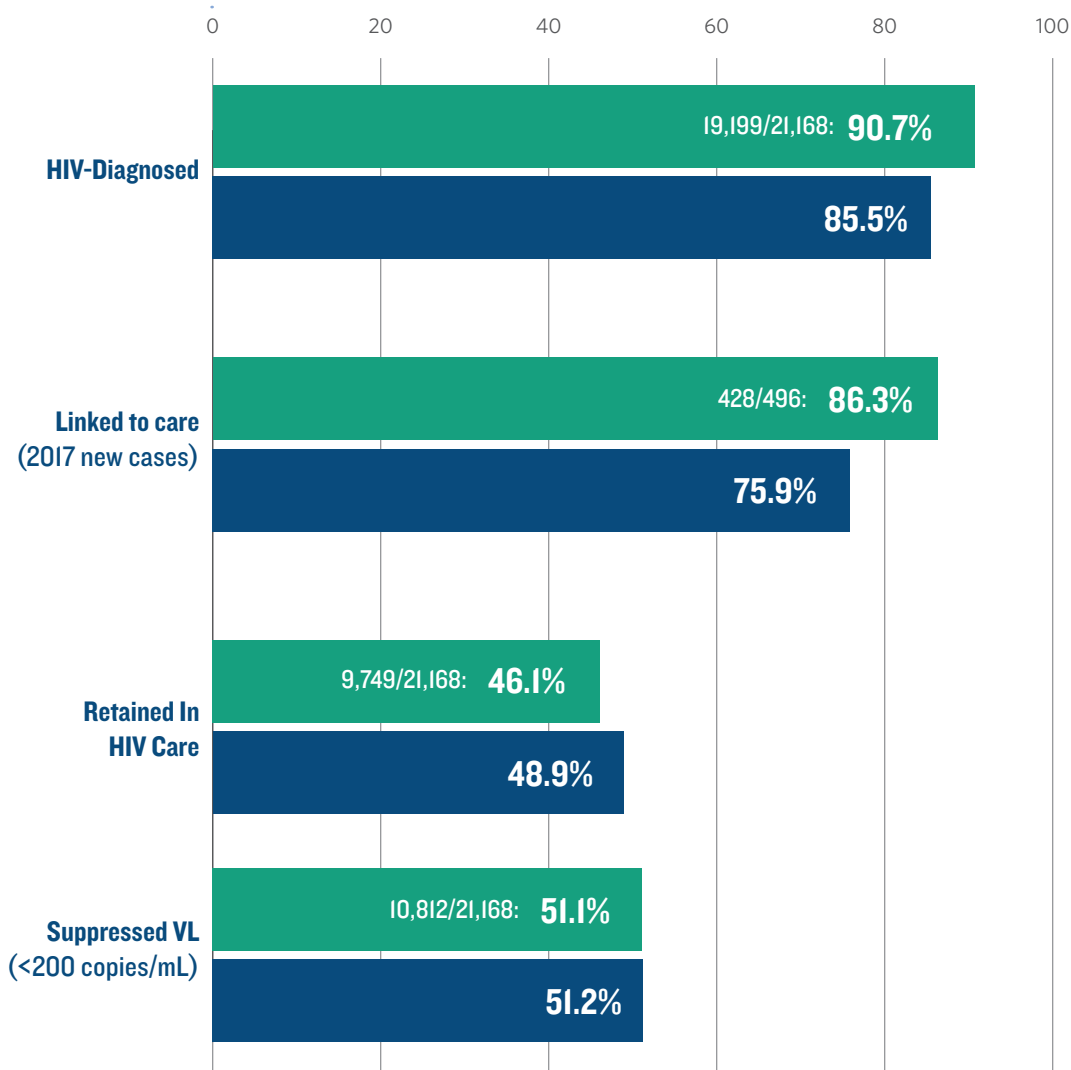
### Linked to Care

People diagnosed with HIV in a given calendar year who had one or more documented viral load or CD4 tests within one month of diagnosis

### Retained in HIV Care

Persons who have 2 or more CD4 or viral loads during the calendar year, at least 91 days apart

### Suppressed Viral Load (VL)

Last reported viral load of a calendar year being <200 copies/mL

**Sources**

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

U.S. Data: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2016. HIV Surveillance Supplemental Report 2018;23(No. 4). http://www.cdc.gov/hiv/library/reports/ hiv-surveillance.html. Published June 2018. Accessed August 2018.

Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2015. HIV Surveillance Supplemental Report 2018;23(No. 1). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published March 2018. Accessed August 2018.

# Newly Diagnosed HIV

**By Year and Selected Characteristics (regardless of AIDS status) | 2013-2017**

Bar graphs indicate 2017 percentages

| | YEAR OF DIAGNOSIS | | | | | | | | | |
| | 2013 | | 2014 | | 2015 | | 2016 | | 2017 | |
| | N | % | N | % | N | % | N | % | N | % |
|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | 642 | 100.0% | 565 | 100.0% | 547 | 100.0% | 468 | 100.0% | 496 | 100.0% |
| **Sex at Birth** | | | | | | | | | | |
| Female | 123 | 19.1% | 118 | 20.8% | 119 | 21.7% | 112 | 23.9% | 99 | 19.9% |
| Male | 519 | 80.8% | 447 | 79.1% | 428 | 78.2% | 356 | 76.0% | 397 | 80.0% |
| **Race/Ethnicity** | | | | | | | | | | |
| Black | 479 | 74.6% | 383 | 67.7% | 398 | 72.7% | 304 | 64.9% | 339 | 68.3% |
| Hispanic | 71 | 11.0% | 72 | 12.7% | 75 | 13.7% | 89 | 19.0% | 83 | 16.7% |
| White | 68 | 10.5% | 86 | 15.2% | 58 | 10.6% | 59 | 12.6% | 64 | 12.9% |
| Asian | 13 | 2.0% | 12 | 2.1% | 10 | 1.8% | 10 | 2.1% | * | * |
| Multi-race | 7 | 1.0% | 8 | 1.4% | * | * | * | * | * | * |
| Other/Unknown | * | * | * | * | * | * | * | * | * | * |
| **Age Category** | | | | | | | | | | |
| 0-12 | * | * | * | * | * | * | 0 | 0 | 0 | 0 |
| 13-19 | 45 | 7.0% | 31 | 5.4% | 34 | 6.2% | 29 | 6.1% | 42 | 8.4% |
| 20-24 | 133 | 20.7% | 110 | 19.4% | 100 | 18.2% | 88 | 18.8% | 89 | 17.9% |
| 25-29 | 102 | 15.8% | 87 | 15.3% | 97 | 17.7% | 94 | 20.0% | 96 | 19.3% |
| 30-39 | 129 | 20.0% | 121 | 21.4% | 133 | 24.3% | 108 | 23.0% | 143 | 28.8% |
| 40-49 | 117 | 18.2% | 96 | 16.9% | 86 | 15.7% | 64 | 13.6% | 61 | 12.2% |
| 50+ | 111 | 17.2% | 119 | 21.0% | 95 | 17.3% | 85 | 18.1% | 65 | 13.1% |
| **Transmission Risk** | | | | | | | | | | |
| MSM | 328 | 51.0% | 286 | 50.6% | 310 | 56.6% | 265 | 56.6% | 273 | 55.0% |
| PWID | 33 | 5.1% | 35 | 6.1% | 27 | 4.9% | 26 | 5.5% | 38 | 7.6% |
| MSM/PWID | 18 | 2.8% | 11 | 1.9% | 8 | 1.4% | * | * | * | * |
| Heterosexual | 254 | 39.5% | 229 | 40.5% | 195 | 35.6% | 165 | 35.2% | 108 | 21.7% |
| Pediatric | 6 | 0.9% | * | * | * | * | 0 | 0 | 0 | 0 |
| No Reported Risk | * | * | * | * | * | * | 7 | 1.4% | 72 | 14.5% |
| **Co-Infections** | | | | | | | | | | |
| Hepatitis B | 31 | 4.80% | 24 | 4.30% | 21 | 3.80% | 12 | 2.60% | 13 | 2.60% |
| Hepatitis C | 78 | 12.20% | 63 | 11.20% | 76 | 13.90% | 46 | 9.80% | 56 | 11.30% |
| **TOTAL CASES** | 642 | | 565 | | 547 | | 468 | | 496 | |

**Note** *Cell sizes <6 are supressed.

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

# Newly Diagnosed HIV

## By Race/Ethnicity | 2017

Racial/ethnic health disparities persist and mirror disparities observed across the nation.

| | | BLACK | | | HISPANIC | | | WHITE | |
|---|---|---|---|---|---|---|---|---|---|
| | | N | % | | N | % | | N | % |
| **Total** | | 339 | 100.0 % | | 83 | 100.0 % | | 64 | 100.0 % |
| **Sex at Birth** | | | | | | | | | |
| Female | | 69 | 20.3 % | | 18 | 21.6 % | | 10 | 15.6 % |
| Male | | 270 | 79.6 % | | 65 | 78.3 % | | 54 | 84.3 % |
| **Age Category** | | | | | | | | | |
| 13-19 | | 36 | 10.6 % | | * | * | | * | * |
| 20-24 | | 69 | 20.3 % | | 11 | 13.2 % | | 6 | 9.3 % |
| 25-29 | | 67 | 19.7 % | | 14 | 16.8 % | | 12 | 18.7 % |
| 30-39 | | 87 | 25.6 % | | 31 | 37.3 % | | 24 | 37.5 % |
| 40-49 | | 39 | 11.5 % | | 10 | 12.0 % | | 11 | 17.1 % |
| 50+ | | 41 | 12.0 % | | 12 | 14.4 % | | 10 | 15.6 % |
| **Transmission Risk** | | | | | | | | | |
| MSM | | 190 | 56.0 % | | 43 | 51.8 % | | 37 | 57.8 % |
| PWID | | 8 | 2.3 % | | 13 | 15.6 % | | 17 | 26.5 % |
| MSM/PWID | | * | * | | * | * | | 0 | 0 |
| Heterosexual | | 83 | 24.4 % | | 19 | 22.8 % | | * | * |
| No Reported Risk | | 56 | 16.5 % | | 6 | 7.2 % | | 6 | 9.3 % |
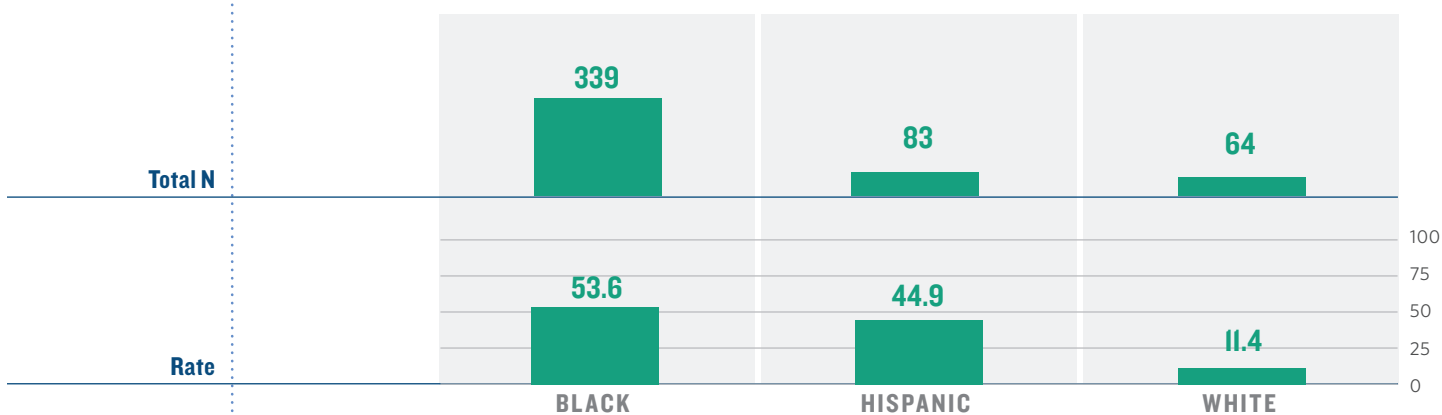
**Total N**

| BLACK | HISPANIC | WHITE |
|---|---|---|
| 339 | 83 | 64 |

**Rate**

| BLACK | HISPANIC | WHITE |
|---|---|---|
| 53.6 | 44.9 | 11.4 |

100
75
50
25
0

BLACK   HISPANIC   WHITE

**Notes**    *Cell sizes <6 are supressed. Rates were calculated using the 2010 decennial census data.

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

# Newly Diagnosed HIV

TABLE 4

## By Sex at Birth | 2017

Men comprised the majority of all new HIV diagnoses (80%), with the greatest diagnosis rates among MSM. Women comprised 20% of new diagnoses, with the highest rates among Black and heterosexual women.

| | FEMALE | | | MALE | | |
|---|---|---|---|---|---|---|
| | N | % | Rate † | N | % | Rate † |
| **Total** | 99 | 100.0 % | 12.3 | 397 | 100.0 % | 55.2 |
| **Race/Ethnicity** | | | | | | |
| Black | 69 | 69.6 % | 19.5 | 270 | 68.0 % | 92.8 |
| Hispanic | 18 | 18.1 % | 19.1 | 65 | 16.3 % | 69.8 |
| White | 10 | 10.1 % | 3.4 | 54 | 13.6 % | 19.8 |
| Asian | * | * | * | * | * | * |
| Multi-race | * | * | * | * | * | * |
| Other/Unknown | 0 | 0 | 0 | * | * | * |
| **Age Category** | | | | | | |
| 13-19 | * | * | * | 39 | 9.8 % | 50.6 |
| 20-24 | 8 | 8.0 % | 10.6 | 81 | 20.4 % | 113.8 |
| 25-29 | 9 | 9.0 % | 12.7 | 87 | 21.9 % | 134.7 |
| 30-39 | 39 | 39.3 % | 36.8 | 104 | 26.1 % | 105.6 |
| 40-49 | 15 | 15.1 % | 15 | 46 | 11.5 % | 49.9 |
| 50+ | 25 | 25.2 % | 9.8 | 40 | 10.0 % | 20.9 |
| **Transmission Risk** | | | | | | |
| MSM | 0 | 0 | - | 273 | 68.7 % | 813.7 |
| PWID | 12 | 12.1 % | N/A | 26 | 6.5 % | N/A |
| MSM/PWID | 0 | 0 | - | * | * | N/A |
| Heterosexual | 84 | 84.8 % | 52.3 | 24 | 6.0 % | 21.3 |
| No Reported Risk | * | * | N/A | 69 | 17.3 % | N/A |

**Total N**

99
FEMALE

397
MALE

**Notes** *Cell sizes <6 are supressed.

† Rates are per 100,000 population. 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.

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

# Newly Diagnosed HIV

MAP 1

## By Census Tract | 2017



PRISON*

### Newly Diagnosed 2017

NUMBER OF CASES

- ☐ No Cases
- ☐ Less than 6
- ☐ 6 to 9
- ☐ 10 or more

**Notes** *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 are available online at www.AIDSVu.org.

**Source** Philadelphia Department of Public Health, AIDS Activities Coordinating Office
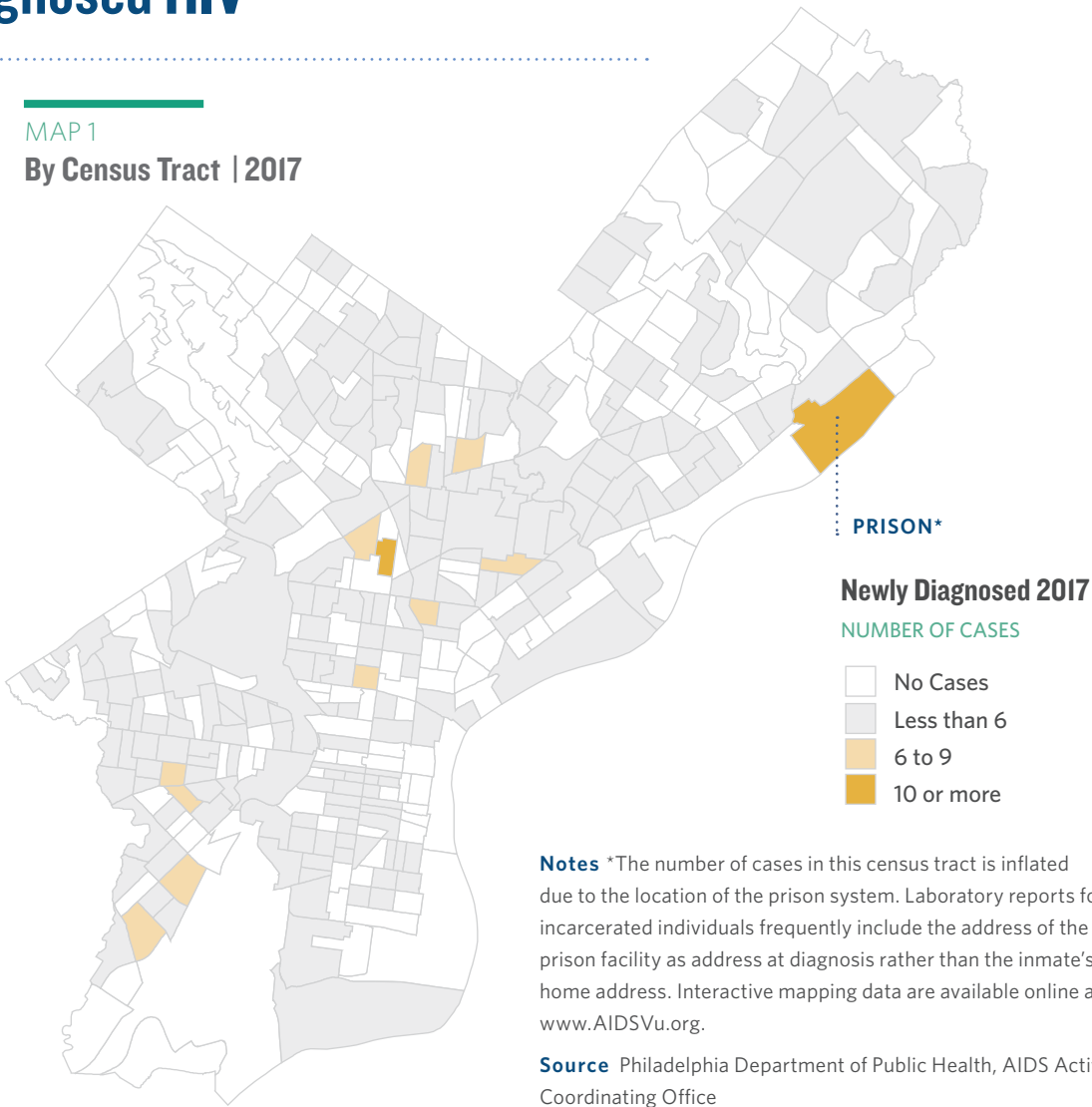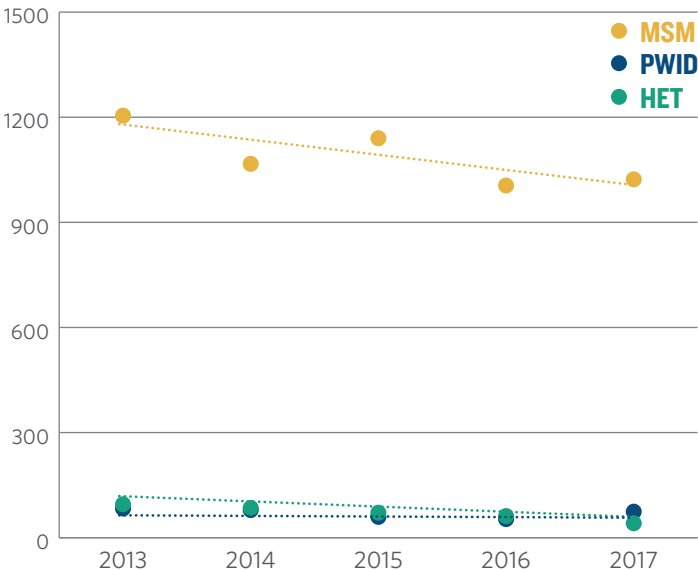
FIGURE 2

## Rates of Newly Diagnosed HIV disease per 100,000 People by Year of Diagnosis and Risk Group 2013-2017

**MSM** population size based on estimates of MSM activity among males 13 and older in the last 5 years. **PWID** population size estimated as 55,000 citywide. Individuals 18 and older living below the poverty level was used as a proxy for **high risk heterosexuals**.

# Newly Diagnosed HIV

## Concurrent HIV/AIDS, Demographics and Transmission Risk | 2013–2017

| | 2013 Non-concurrent N | Row % | 2013 Concurrent HIV/AIDS N | Row % | 2014 Non-concurrent N | Row % | 2014 Concurrent HIV/AIDS N | Row % | 2015 Non-concurrent N | Row % | 2015 Concurrent HIV/AIDS N | Col % | 2016 Non-concurrent N | Row % | 2016 Concurrent HIV/AIDS N | Row % | 2017 Non-concurrent N | Row % | 2017 Concurrent HIV/AIDS N | Row % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | 497 | 77.4% | 145 | 22.6% | 449 | 79.5% | 116 | 20.5% | 446 | 81.5% | 101 | 18.5% | 388 | 82.9% | 80 | 17.1% | 403 | 81.3% | 93 | 18.8% |
| **Sex at Birth** | | | | | | | | | | | | | | | | | | | | |
| Female | 89 | 72.4% | 34 | 27.6% | 89 | 75.4% | 29 | 24.6% | 96 | 80.7% | 23 | 19.3% | 97 | 86.6% | 15 | 13.4% | 81 | 81.8% | 18 | 18.2% |
| Male | 408 | 78.6% | 111 | 21.4% | 360 | 80.5% | 87 | 19.5% | 350 | 81.8% | 78 | 18.2% | 291 | 81.7% | 65 | 18.3% | 322 | 81.1% | 75 | 18.9% |
| **Race/Ethnicity** | | | | | | | | | | | | | | | | | | | | |
| Black | 376 | 78.5% | 103 | 21.5% | 297 | 77.5% | 86 | 22.5% | 324 | 81.4% | 74 | 18.6% | 252 | 82.9% | 52 | 17.1% | 278 | 82.0% | 61 | 18.0% |
| Hispanic | 59 | 83.1% | 12 | 16.9% | 64 | 88.9% | 8 | 11.1% | 65 | 86.7% | 10 | 13.3% | 76 | 85.4% | 13 | 14.6% | 67 | 80.7% | 16 | 19.3% |
| White | 47 | 69.1% | 21 | 30.9% | 70 | 81.4% | 16 | 18.6% | 48 | 82.8% | 10 | 17.2% | 48 | 81.4% | 11 | 18.6% | 50 | 78.1% | 14 | 21.9% |
| Asian | 7 | 53.8% | 6 | 46.2% | 11 | * | * | * | * | * | 6 | * | 7 | * | * | * | * | * | * | * |
| Multi-race | * | * | * | * | * | * | * | * | * | * | * | * | * | 100.0% | 0 | 0.0% | * | * | * | * |
| Other/Unknown | * | * | * | * | * | * | * | * | * | 100.0% | 0 | 0.0% | * | * | * | * | * | 100.0% | 0 | 0.0% |
| **Age at HIV Dx** | | | | | | | | | | | | | | | | | | | | |
| 0-12 | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| 13-19 | 43 | * | * | * | 30 | * | * | * | 33 | * | * | * | 27 | * | * | * | 41 | * | * | * |
| 20-24 | 113 | 85.0% | 20 | 15.0% | 101 | 91.8% | 9 | 8.2% | 96 | * | * | * | 80 | 90.9% | 8 | 9.1% | 81 | 91.0% | 8 | 9.0% |
| 25-29 | 83 | 81.4% | 19 | 18.6% | 78 | 89.7% | 9 | 10.3% | 86 | 88.7% | 11 | 11.3% | 80 | 85.1% | 14 | 14.9% | 86 | 89.6% | 10 | 10.4% |
| 30-39 | 94 | 72.9% | 35 | 27.1% | 91 | 75.2% | 30 | 24.8% | 105 | 78.9% | 28 | 21.1% | 93 | 86.1% | 15 | 13.9% | 116 | 81.1% | 27 | 18.9% |
| 40-49 | 84 | 71.8% | 33 | 28.2% | 66 | 68.8% | 30 | 31.3% | 58 | 67.4% | 28 | 32.6% | 45 | 70.3% | 19 | 29.7% | 38 | 62.3% | 23 | 37.7% |
| 50+ | 75 | 67.6% | 36 | 32.4% | 82 | 68.9% | 37 | 31.1% | 66 | 69.5% | 29 | 30.5% | 63 | 74.1% | 22 | 25.9% | 41 | 63.1% | 24 | 36.9% |
| **Transmission Risk** | | | | | | | | | | | | | | | | | | | | |
| MSM | 268 | 81.7% | 60 | 18.3% | 246 | 86.0% | 40 | 14.0% | 259 | 83.5% | 51 | 16.5% | 225 | 84.9% | 40 | 15.1% | 235 | 86.1% | 38 | 13.9% |
| PWID | 25 | 75.8% | 8 | 24.2% | 29 | 82.9% | 6 | 17.1% | 25 | * | * | * | 23 | * | * | * | 29 | 76.3% | 9 | 23.7% |
| MSM/PWID | 16 | * | * | * | 10 | * | * | * | 6 | * | * | * | * | * | * | * | * | * | * | * |
| Heterosexual | 179 | 70.5% | 75 | 29.5% | 161 | 70.3% | 68 | 29.7% | 149 | 76.4% | 46 | 23.6% | 130 | 78.8% | 35 | 21.2% | 86 | 79.6% | 22 | 20.4% |
| Pediatric | 6 | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| No Risk Reported | * | 100.0% | 0 | 0.0% | * | * | * | * | * | 100.0% | 0 | 0.0% | 6 | * | * | * | 49 | 68.1% | 23 | 31.9% |

**Notes** *Cells size < 6 are suppressed. 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

# HIV Incidence Estimates

**Incidence Estimates by Year and Selected Characteristics | 2014–2016**

| | 2014 | | | | 2015 | | | | 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | 95%CI | Rate† | N | % | 95%CI | Rate† | N | % | 95%CI | Rate† |
| **Total** | 410 | 100.0% | 250-560 | 26.9 | 470 | 100.0% | 290-650 | 30.8 | 450 | 100.0% | 240-660 | 29.5 |
| **Sex at Birth** | | | | | | | | | | | | |
| Male | 330 | 80.5% | 190-470 | 45.8 | 370 | 78.7% | 200-530 | 51.4 | 340 | 75.6% | 140-530 | 47.2 |
| Female | 80 | 19.5% | 10-140 | 9.9 | 100 | 21.3% | 20-180 | 12.4 | 110 | 24.4% | 20-200 | 13.6 |
| **Race/Ethnicity** | | | | | | | | | | | | |
| Black | 300 | 73.2% | 160-440 | 46.6 | 350 | 74.5% | 190-500 | 54.3 | 270 | 60.0% | 100-450 | 41.9 |
| Hispanic | 60 | 14.6% | 10-100 | 32.0 | 70 | 14.9% | 10-140 | 37.3 | 100 | 22.2% | 10-190 | 53.3 |
| White | 50 | 12.2% | 0-100 | 8.9 | 40 | 8.5% | 0-80 | 7.1 | 60 | 13.3% | 0-130 | 10.7 |
| Asian | 10 | 2.4% | 0-30 | 10.5 | 10 | 2.1% | 0-20 | 10.5 | 10 | 2.2% | 0-40 | 10.5 |
| Multiple races | - | - | - | - | 0 | 0.0% | 0-20 | 0.0 | 10 | 2.2% | 0-30 | 35.8 |
| American Indian/ Alaska Native | - | - | - | - | 0 | 0.0% | 0-10 | 0.0 | - | - | - | - |
| Native Hawaiian/ Other Pacific Islander | - | - | - | - | - | - | - | - | - | - | - | - |
| **Age at Infection** | | | | | | | | | | | | |
| 13-24 | 130 | 31.7% | 50-210 | 43.1 | 130 | 27.7% | 30-220 | 43.1 | 130 | 28.9% | 10-250 | 43.1 |
| 25-34 | 150 | 36.6% | 60-250 | 61.0 | 200 | 42.6% | 80-310 | 81.3 | 150 | 33.3% | 30-270 | 61.0 |
| 35-44 | 60 | 14.6% | 0-120 | 31.9 | 70 | 14.9% | 0-140 | 37.2 | 70 | 15.6% | 0-150 | 37.2 |
| 45-54 | 60 | 14.6% | 0-130 | 30.3 | 50 | 10.6% | 0-120 | 25.3 | 70 | 15.6% | 0-150 | 35.4 |
| >=55 | 30 | 7.3% | 0-80 | 8.7 | 40 | 8.5% | 0-90 | 11.6 | 40 | 8.9% | 0-110 | 11.6 |
| **Transmission Risk** | | | | | | | | | | | | |
| MSM | 240 | 58.5% | 120-350 | 715.4 | 280 | 59.6% | 140-410 | 834.6 | 260 | 57.8% | 90-420 | 775.0 |
| PWID | 30 | 7.3% | 0-80 | 54.5 | 30 | 6.4% | 0-70 | 54.5 | 30 | 6.7% | 0-80 | 54.5 |
| MSM/PWID | 10 | 2.4% | 0-30 | - | 0 | 0.0% | 0-10 | - | 10 | 2.2% | 0-40 | - |
| Heterosexual | 140 | 34.1% | 40-230 | 52.1 | 160 | 34.0% | 50-270 | 59.5 | 150 | 33.3% | 30-270 | 55.8 |

**TOTAL Number**

| 2014 | 2015 | 2016 |
|---|---|---|
| 560 / 410 / 250 | 650 / 470 / 290 | 660 / 450 / 240 |

**Note:** 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 among most groups, new HIV transmissions are still affecting certain groups disproportionately. Blacks, Hispanics, males, and those aged 13-24, 25-34, and the MSM populations 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. Rates among MSM were calculated using estimates of MSM activity among males 13 and older in the last 5 years. PWID rates based on a local population estimate of 55,000 active injection drug users. Heterosexual rates were calculated using the number of individuals 18 and older living below the federal poverty level from the 2010 American Community Survey.

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

# AIDS Diagnoses

**By Year and Selected Characteristics | 2013-2017**

**Bar graphs indicate 2017 percentages**

| | | YEAR OF DIAGNOSIS | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | 2013 | | 2014 | | 2015 | | 2016 | | 2017 | |
| | | N | % | N | % | N | % | N | % | N | % |
| | Total | 352 | 100.0 % | 263 | 100.0 % | 243 | 100.0 % | 207 | 100.0 % | 247 | 100.0 % |
| **Sex at Birth** | | | | | | | | | | | |
| | Female | 100 | 28.4 % | 83 | 31.5 % | 72 | 29.6 % | 64 | 30.9 % | 69 | 27.9 % |
| | Male | 252 | 71.5 % | 180 | 68.4 % | 171 | 70.3 % | 143 | 69.0 % | 178 | 72.0 % |
| **Race/Ethnicity** | | | | | | | | | | | |
| | Black | 249 | 70.7 % | 190 | 72.2 % | 179 | 73.6 % | 144 | 69.5 % | 157 | 63.5 % |
| | Hispanic | 46 | 13.0 % | 28 | 10.6 % | 33 | 13.5 % | 32 | 15.4 % | 43 | 17.4 % |
| | White | 38 | 10.7 % | 34 | 12.9 % | 22 | 9.0 % | 24 | 11.5 % | 38 | 15.3 % |
| | Multi-race | 10 | 2.8 % | 9 | 3.4 % | * | * | * | * | 8 | 3.2 % |
| | Asian | 8 | 2.2 % | * | * | 6 | 2.4 % | * | * | * | * |
| | Other/Unknown | * | * | * | * | * | * | * | * | 0 | 0 |
| **Age Category** | | | | | | | | | | | |
| | 13-19 | * | * | * | * | 7 | 2.8 % | * | * | * | * |
| | 20-24 | 38 | 10.7 % | 15 | 5.7 % | 13 | 5.3 % | 15 | 7.2 % | 14 | 5.6 % |
| | 25-29 | 45 | 12.7 % | 28 | 10.6 % | 36 | 14.8 % | 34 | 16.4 % | 32 | 12.9 % |
| | 30-39 | 81 | 23.0 % | 63 | 23.9 % | 57 | 23.4 % | 49 | 23.6 % | 65 | 26.3 % |
| | 40-49 | 83 | 23.5 % | 74 | 28.1 % | 58 | 23.8 % | 45 | 21.7 % | 53 | 21.4 % |
| | 50+ | 102 | 28.9 % | 80 | 30.4 % | 72 | 29.6 % | 60 | 28.9 % | 80 | 32.3 % |
| **Transmission Risk** | | | | | | | | | | | |
| | MSM | 115 | 32.6 % | 86 | 32.6 % | 97 | 39.9 % | 82 | 39.6 % | 90 | 36.4 % |
| | PWID | 41 | 11.6 % | 39 | 14.8 % | 34 | 13.9 % | 18 | 8.6 % | 31 | 12.5 % |
| | MSM/PWID | 9 | 2.5 % | * | * | * | * | * | * | 9 | 3.6 % |
| | Heterosexual | 176 | 50.0 % | 131 | 49.8 % | 102 | 41.9 % | 98 | 47.3 % | 88 | 35.6 % |
| | No Reported Risk | 11 | 3.1 % | * | * | * | * | * | * | 28 | 11.3 % |
| | Pediatric | 0 | 0 | * | * | * | * | * | * | * | * |

| TOTAL CASES | 352 | 263 | 243 | 207 | 247 |
| --- | --- | --- | --- | --- | --- |

**Notes** *Cells size < 6 are suppressed.

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

# Persons Living with Diagnosed HIV

**Philadelphia HIV and AIDS Diagnoses, Deaths, and People Living with HIV by Year | 1985-2017**



Legend:
- New AIDS
- New HIV*
- Deaths
- Prevalence

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

Y-axis (left): HIV/AIDS Prevalence — 0, 5,000, 10,000, 15,000, 20,000

Y-axis (right): Newly Diagnosed and Deaths — 0, 500, 1,000, 1,500, 2,000

X-axis: 1985 to 2017
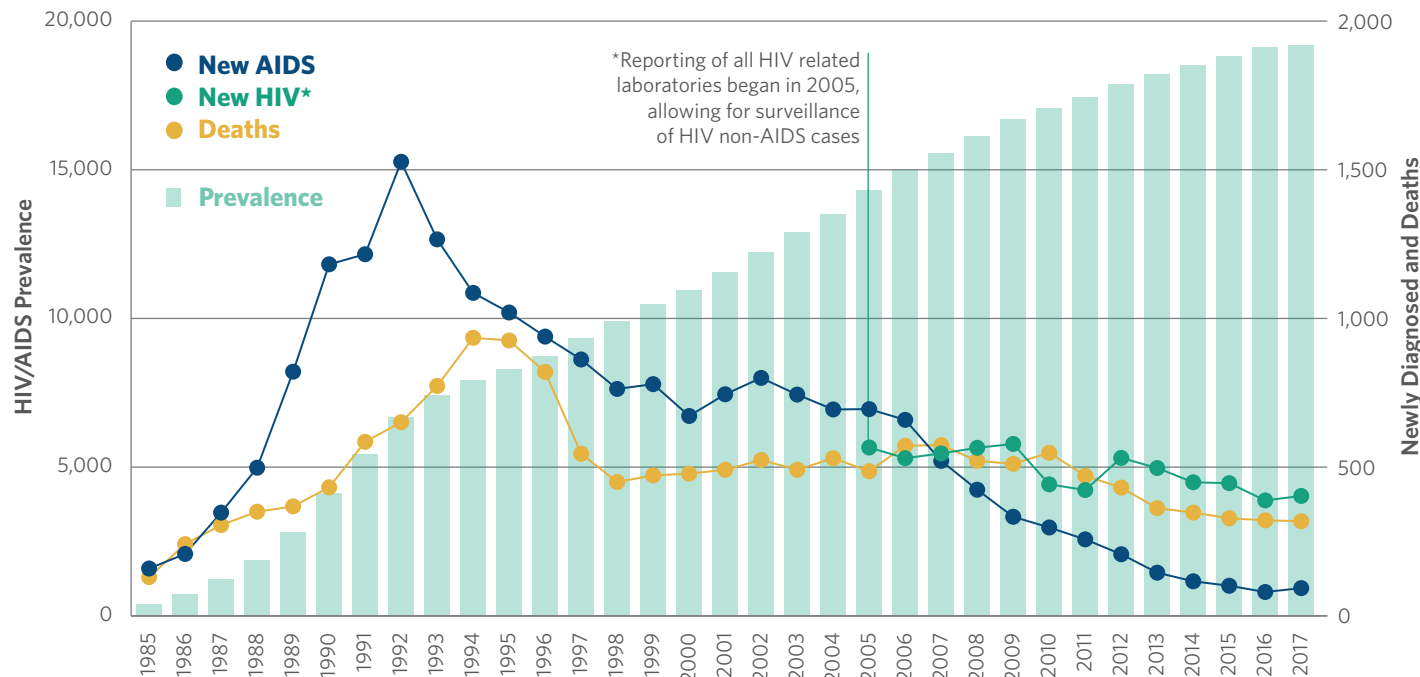
# Persons Living with Diagnosed HIV

**HIV (non-AIDS) and AIDS Cases by Selected Characteristics | 2017**

| | HIV (NON-AIDS) | | AIDS | | HIV/AIDS | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| **Total** | 8,494 | 100.0 % | 10,705 | 100.0 % | 19,199 | 100.0 % |
| **Sex at Birth** | | | | | | |
| ● Female | 2,417 | 28.4 % | 2,967 | 27.7 % | 5,384 | 28.0 % |
| ● Male | 6,077 | 71.5 % | 7,738 | 72.2 % | 13,815 | 71.9 % |
| **Race/Ethnicity** | | | | | | |
| Black | 5,366 | 63.1 % | 6,907 | 64.5 % | 12,273 | 63.9 % |
| White | 1,459 | 17.1 % | 1,868 | 17.4 % | 3,327 | 17.3 % |
| Hispanic | 1,378 | 16.2 % | 1,575 | 14.7 % | 2,953 | 15.3 % |
| Multi-race | 165 | 1.9 % | 246 | 2.2 % | 411 | 2.1 % |
| Asian | 98 | 1.1 % | 89 | 0.8 % | 187 | 0.9 % |
| Other/Unknown | 28 | 0.3 % | 20 | 0.1 % | 48 | 0.2 % |
| **Age Category†** | | | | | | |
| Unknown | 38 | 0.4 % | 85 | 0.7 % | 123 | 0.6 % |
| 0-12 | 22 | 0.2 % | * | * | 25 | 0.1 % |
| 13-19 | 83 | 0.9 % | 20 | 0.1 % | 103 | 0.5 % |
| 20-24 | 381 | 4.4 % | 82 | 0.7 % | 463 | 2.4 % |
| 25-29 | 944 | 11.1 % | 369 | 3.4 % | 1,313 | 6.8 % |
| 30-39 | 2,056 | 24.2 % | 1,188 | 11.0 % | 3,244 | 16.8 % |
| 40-49 | 1,774 | 20.8 % | 2,167 | 20.2 % | 3,941 | 20.5 % |
| 50+ | 3,196 | 37.6 % | 6,791 | 63.4 % | 9,987 | 52.0 % |
| **Transmission Risk** | | | | | | |
| MSM | 3,525 | 41.4 % | 3,603 | 33.6 % | 7,128 | 37.1 % |
| PWID | 1,260 | 14.8 % | 2,652 | 24.7 % | 3,912 | 20.3 % |
| MSM/PWID | 264 | 3.1 % | 536 | 5.0 % | 800 | 4.1 % |
| Other | * | * | 11 | 0.1 % | 14 | 0.0 % |
| Heterosexual | 3,116 | 36.6 % | 3,573 | 33.3 % | 6,689 | 34.8 % |
| Pediatric | 127 | 1.4 % | 148 | 1.3 % | 275 | 1.4 % |
| No Reported Risk | 199 | 2.3 % | 182 | 1.7 % | 381 | 1.9 % |

● FEMALE
● MALE

**Total N**

| HIV (NON-AIDS) | AIDS | HIV/AIDS |
|---|---|---|
| 8,494 | 10,705 | 19,199 |

**Notes**  *Cell sizes <6 are supressed. † Age as of December 31, 2017
**Source**  Philadelphia Department of Public Health, AIDS Activities Coordinating Office

# Persons Living with Diagnosed HIV

TABLE 9

**By Race/Ethnicity and Selected Characteristics | 2017**

| | | BLACK | | WHITE | | HISPANIC | |
|---|---|---|---|---|---|---|---|
| | | N | % | N | % | N | % |
| **Total** | | 12,273 | 100.0 % | 3,327 | 100.0 % | 2,953 | 100.0 % |
| **Sex at Birth** | | | | | | | |
| ● Female | | 3,916 | 31.9 % | 500 | 15.0 % | 800 | 27.0 % |
| ● Male | | 8,357 | 68.0 % | 2,827 | 84.9 % | 2,153 | 72.9 % |
| **Age Category†** | | | | | | | |
| Unknown | | 68 | 0.5 % | 24 | 0.7 % | 27 | 0.9 % |
| 0-12 | | 18 | 0.1 % | 0 | 0 | * | * |
| 13-19 | | 87 | 0.7 % | * | * | 11 | 0.3 % |
| 20-24 | | 365 | 2.9 % | 25 | 0.7 % | 59 | 1.9 % |
| 25-29 | | 956 | 7.7 % | 127 | 3.8 % | 180 | 6.0 % |
| 30-39 | | 2,128 | 17.3 % | 459 | 13.7 % | 521 | 17.6 % |
| 40-49 | | 2,462 | 20.0 % | 622 | 18.6 % | 687 | 23.2 % |
| 50+ | | 6,189 | 50.4 % | 2,066 | 62.0 % | 1,463 | 49.5 % |
| **Transmission Risk** | | | | | | | |
| MSM | | 4,060 | 33.0 % | 1,995 | 59.9 % | 818 | 27.7 % |
| PWID | | 2,371 | 19.3 % | 573 | 17.2 % | 862 | 29.1 % |
| MSM/PWID | | 435 | 3.5 % | 167 | 5.0 % | 162 | 5.4 % |
| Other | | 8 | 0.0 % | * | * | * | * |
| Heterosexual | | 4,952 | 40.3 % | 521 | 15.6 % | 986 | 33.3 % |
| Pediatric | | 199 | 1.6 % | 22 | 0.6 % | 50 | 1.6 % |
| No Reported Risk | | 248 | 2.0 % | 45 | 1.3 % | 74 | 2.5 % |

● FEMALE
● MALE

| | BLACK | WHITE | HISPANIC |
|---|---|---|---|
| **Total N** | 12,273 | 3,327 | 2,953 |

**Notes** *Cell sizes <6 are supressed. † Age as of December 31, 2017

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

# Persons Living with Diagnosed HIV

**By Sex at Birth and Selected Characteristics | 2017**

| | | FEMALE | | MALE | |
|---|---|---|---|---|---|
| | **N** | **%** | | **N** | **%** |
| **Total** | 5,384 | 100.0 % | | 13,815 | 100.0 % |
| **Race/Ethnicity** | | | | | |
| Black | 3,916 | 72.7 % | | 8,357 | 60.4 % |
| White | 500 | 9.2 % | | 2,827 | 20.4 % |
| Hispanic | 800 | 14.8 % | | 2,153 | 15.5 % |
| Multi-race | 115 | 2.1 % | | 296 | 2.1 % |
| Asian | 41 | 0.7 % | | 146 | 1.0 % |
| Other/Unknown | 12 | 0.2 % | | 36 | 0.2 % |
| **Age Category†** | | | | | |
| Unknown | 34 | 0.6 % | | 89 | 0.6 % |
| 0-12 | 14 | 0.2 % | | 11 | 0.0 % |
| 13-19 | 31 | 0.5 % | | 72 | 0.5 % |
| 20-24 | 88 | 1.6 % | | 375 | 2.7 % |
| 25-29 | 226 | 4.1 % | | 1,087 | 7.8 % |
| 30-39 | 811 | 15.0 % | | 2,433 | 17.6 % |
| 40-49 | 1,373 | 25.5 % | | 2,568 | 18.5 % |
| 50+ | 2,807 | 52.1 % | | 7,180 | 51.9 % |
| **Transmission Risk** | | | | | |
| MSM | - | - | | 7,128 | 51.5 % |
| PWID | 1,373 | 25.5 % | | 2,539 | 18.3 % |
| MSM/PWID | - | - | | 800 | 5.7 % |
| Other | * | * | | 10 | 0.0 % |
| Heterosexual | 3,829 | 71.1 % | | 2,860 | 20.7 % |
| Pediatric | 133 | 2.4 % | | 142 | 1.0 % |
| No Reported Risk | 45 | 0.8 % | | 336 | 2.4 % |

**Total N**

| FEMALE | MALE |
|---|---|
| 5,384 | 13,815 |

**Notes** *Cell sizes <6 are supressed. † Age as of December 31, 2017

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

# Persons Living with Diagnosed HIV

**By Gender Identity and Selected Characteristics | 2017**

| | GENDER IDENTITY | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | (M) Male | | (F) Female | | (MF) Transgender Male to Female | | (FM) Transgender Female to Male | |
| | N | % | N | % | N | % | N | % |
| **Total** | 13,540 | 100.0 % | 5,345 | 100.0 % | 283 | 100.0 % | 28 | 100.0 % |
| **Race/Ethnicity** | | | | | | | | |
| Black | 8,150 | 60.1 % | 3,887 | 72.7 % | 212 | 74.9 % | 21 | 75.0 % |
| White | 2,808 | 20.7 % | 496 | 9.2 % | 20 | 7.0 % | * | * |
| Hispanic | 2,116 | 15.6 % | 794 | 14.8 % | 39 | 13.7 % | * | * |
| Multi-race | 290 | 2.1 % | 115 | 2.1 % | 6 | 2.1 % | 0 | 0 |
| Asian | 142 | 1.0 % | 41 | 0.7 % | * | * | 0 | 0 |
| Other/Unknown | 34 | 0.2 % | 12 | 0.2 % | * | * | 0 | 0 |
| **Age Category†** | | | | | | | | |
| Unknown | 88 | 0.6 % | 34 | 0.6 % | * | * | 0 | 0 |
| 0-12 | 11 | 0.0 % | 14 | 0.2 % | 0 | 0 | 0 | 0 |
| 13-19 | 71 | 0.5 % | 30 | 0.5 % | * | * | * | * |
| 20-24 | 358 | 2.6 % | 87 | 1.6 % | 17 | 6.0 % | * | * |
| 25-29 | 1,026 | 7.5 % | 220 | 4.1 % | 63 | 22.2 % | * | * |
| 30-39 | 2,335 | 17.2 % | 797 | 14.9 % | 100 | 35.3 % | 12 | 42.8 % |
| 40-49 | 2,534 | 18.7 % | 1,369 | 25.6 % | 35 | 12.3 % | * | * |
| 50+ | 7,117 | 52.5 % | 2,794 | 52.2 % | 66 | 23.3 % | 8 | 28.5 % |
| **Transmission Risk** | | | | | | | | |
| Sexual Contact | 9,769 | 72.1% | 3,797 | 71.0% | 226 | 79.9% | 25 | 89.3% |
| PWID | 3,288 | 24.3% | 1,367 | 25.5% | 52 | 18.4% | * | * |
| Pediatric | 142 | 1.0% | 132 | 2.4% | 0 | 0.0% | * | * |
| Other | 10 | 0.0% | * | * | 0 | 0.0% | 0 | 0.0% |
| No Reported Risk | 331 | 2.4% | 45 | 0.8% | * | * | 0 | 0.0% |

| TOTAL N | | | | |
| --- | --- | --- | --- | --- |
| | 13,540 | 5,345 | 283 | 28 |
| | Male | Female | Male to Female | Female to Male |

**Notes**  *Cell sizes <6 are supressed. † Age as of December 31, 2017

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. Individuals identifying as non-binary were excluded from the table due to small cell sizes.

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

# Persons Living with Diagnosed HIV

**Prevalence by Sex and Race/Ethnicity | 2017**

| | POPULATION | PLWHA | RATE PER 100,000 | |
|---|---|---|---|---|
| **Sex** | | | | |
| **Female** | 806,193 | 5,384 | 667.8 | |
| **Male** | 719,813 | 13,815 | 1,919.2 | |
| **Race/Ethnicity** | | | | |
| **Hispanic** | 187,611 | 2,953 | 1,574.0 | |
| **Black** | 644,287 | 12,273 | 1,904.9 | |
| **White** | 562,585 | 3,327 | 591.4 | |
| **Asian** | 95,521 | 187 | 195.8 | |
| **AIAN** | 3,498 | 36 | 1,029.2 | |
| **NHPI** | 457 | * | * | |
| **Other Race** | 4,105 | * | * | |
| **Multi-racial** | 27,942 | 411 | 1,470.9 | |
| **Sex and Race/Ethnicity** | | | | |
| **Hispanic Female** | 94,484 | 800 | 846.7 | |
| **Black Female** | 353,319 | 3,916 | 1,108.3 | |
| **White Female** | 290,025 | 500 | 172.4 | |
| **Asian Female** | 49,137 | 41 | 83.4 | |
| **AIAN Female** | 1,882 | 9 | 478.2 | |
| **NHPI Female** | 237 | * | * | |
| **Other race Female** | 2,014 | 0 | 0 | |
| **Multi-racial Female** | 15,095 | 115 | 761.8 | |
| **Hispanic Male** | 93,127 | 2,153 | 2,311.9 | |
| **Black Male** | 290,968 | 8,357 | 2,872.1 | |
| **White Male** | 272,560 | 2,827 | 1,037.2 | |
| **Asian Male** | 46,384 | 146 | 314.8 | |
| **AIAN Male** | 1,616 | 27 | 1,670.8 | |
| **NHPI Male** | 220 | * | * | |
| **Other race Male** | 2,091 | * | * | |
| **Multi-racial Male** | 12,847 | 296 | 2,304.0 | |
| **Total** | 1,526,006 | 19,199 | 1,258.1 | |

**Notes**  *Cell sizes <6 are supressed. Rates and case counts in categories with <500 population are also suppressed. Rates were calculated using the 2010 decennial census data.

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

# Persons Living with Diagnosed HIV

**Prevalence by Race/Ethnicity and Transmission Category | 2017**

**Rate per 100,000 people**
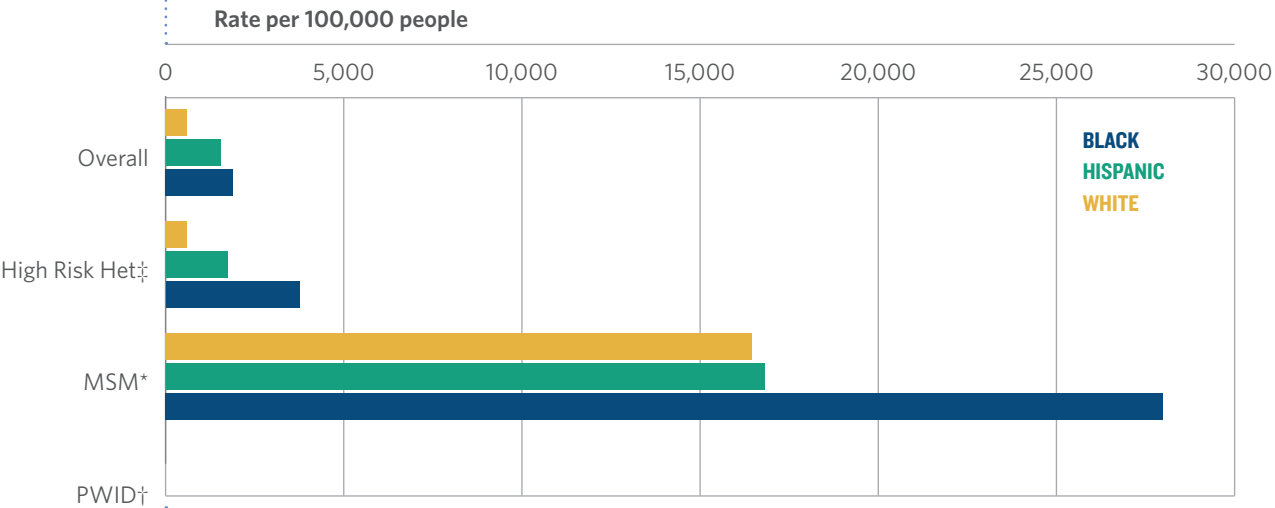


**Notes**  * MSM total population based on estimated number of active MSM in the past 5 years.

† HIV prevalence is not displayed for PWID as there are currently no reliable estimates of PWID population size and racial composition for the city of Philadelphia. A population estimation methodology is being used among PWID in Philadelphia participating in the National HIV Behavioral Surveillance survey. AACO hopes to have reliable estimates for PWID prevalence by the release of the 2019 HIV Surveillance Report.

‡ The population of individuals 18 and older living below poverty level is used as a proxy for high risk heterosexual population estimates.

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

# Persons Living with Diagnosed HIV

MAP 2

**By Census Tract** | **2017**
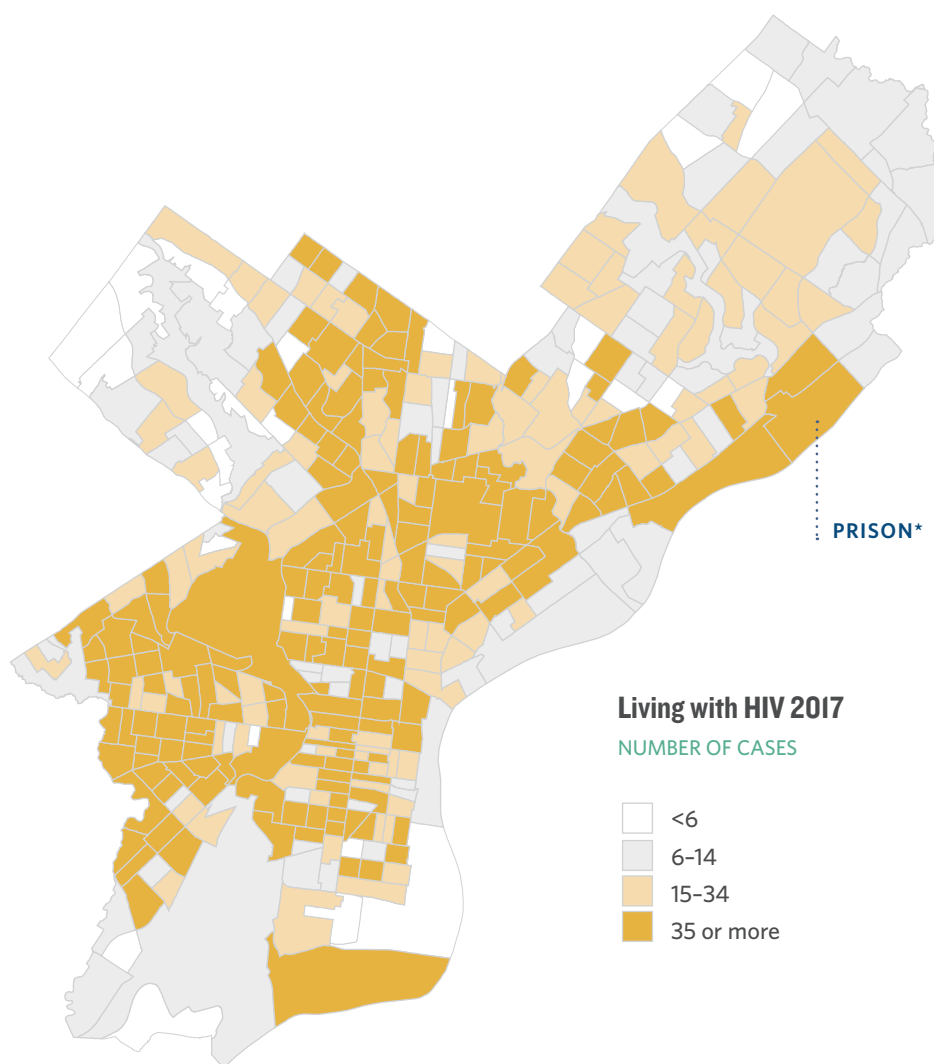


**PRISON***

**Living with HIV 2017**
NUMBER OF CASES

- ☐ <6
- ☐ 6–14
- ☐ 15–34
- ☐ 35 or more

**Notes**  *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 are available online at www.AIDSVu.org.

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

# Persons Living with Diagnosed HIV

## By Hepatitis B or C Co-Infection and Selected Characteristics† | 2017

| | ● Hepatitis B/HIV | | ● Hepatitis C/HIV | | ● HIV Total | | |
|---|---|---|---|---|---|---|---|
| | N | Row % | N | Row% | N | Row% | |
| **Total** | 1,109 | 5.8% | 3,375 | 17.6% | 19,199 | 100.0% | |
| **Sex at Birth** | | | | | | | |
| Female | 268 | 5.0% | 993 | 18.4% | 5,384 | 100.0% | |
| Male | 841 | 6.1% | 2,382 | 17.2% | 13,815 | 100.0% | |
| **Race/Ethnicity** | | | | | | | |
| Black | 775 | 6.3% | 1,934 | 15.8% | 12,273 | 100.0% | |
| White | 153 | 4.6% | 601 | 18.1% | 3,327 | 100.0% | |
| Hispanic | 132 | 4.5% | 720 | 24.4% | 2,953 | 100.0% | |
| Multi-race | 28 | 6.8% | 98 | 23.8% | 411 | 100.0% | |
| Asian | 17 | 9.1% | 19 | 10.2% | 187 | 100.0% | |
| Other/Unknown | * | * | * | * | 48 | 100.0% | |
| **Age Category†** | | | | | | | |
| Unknown | 15 | 12.2% | 43 | 35.0% | 123 | 100.0% | |
| 0-12 | * | * | * | * | 25 | 100.0% | |
| 13-19 | * | * | * | * | 103 | 100.0% | |
| 20-24 | * | * | 16 | 3.5% | 463 | 100.0% | |
| 25-29 | 26 | 2.0% | 77 | 5.9% | 1,313 | 100.0% | |
| 30-39 | 121 | 3.7% | 332 | 10.2% | 3,244 | 100.0% | |
| 40-49 | 277 | 7.0% | 626 | 15.9% | 3,941 | 100.0% | |
| 50+ | 666 | 6.7% | 2,278 | 22.8% | 9,987 | 100.0% | |
| **Transmission Risk** | | | | | | | |
| MSM | 393 | 5.5% | 533 | 7.5% | 7,128 | 100.0% | |
| PWID | 309 | 7.9% | 1,644 | 42.0% | 3,912 | 100.0% | |
| Heterosexual | 322 | 4.8% | 867 | 13.0% | 6,689 | 100.0% | |
| MSM/PWID | 56 | 7.0% | 278 | 34.8% | 800 | 100.0% | |
| Pediatric | 9 | 3.3% | 10 | 3.6% | 275 | 100.0% | |
| Other | * | * | 6 | 42.9% | 14 | 100.0% | |
| No Risk Reported | 19 | 5.0% | 37 | 9.7% | 381 | 100.0% | |

5,000　　　　10,000　　　　15,000　　　　20,000

HIV/AIDS Total: 19,199

Hep B/HIV: 1,109

Hep C/HIV: 3,375

**TOTAL N**

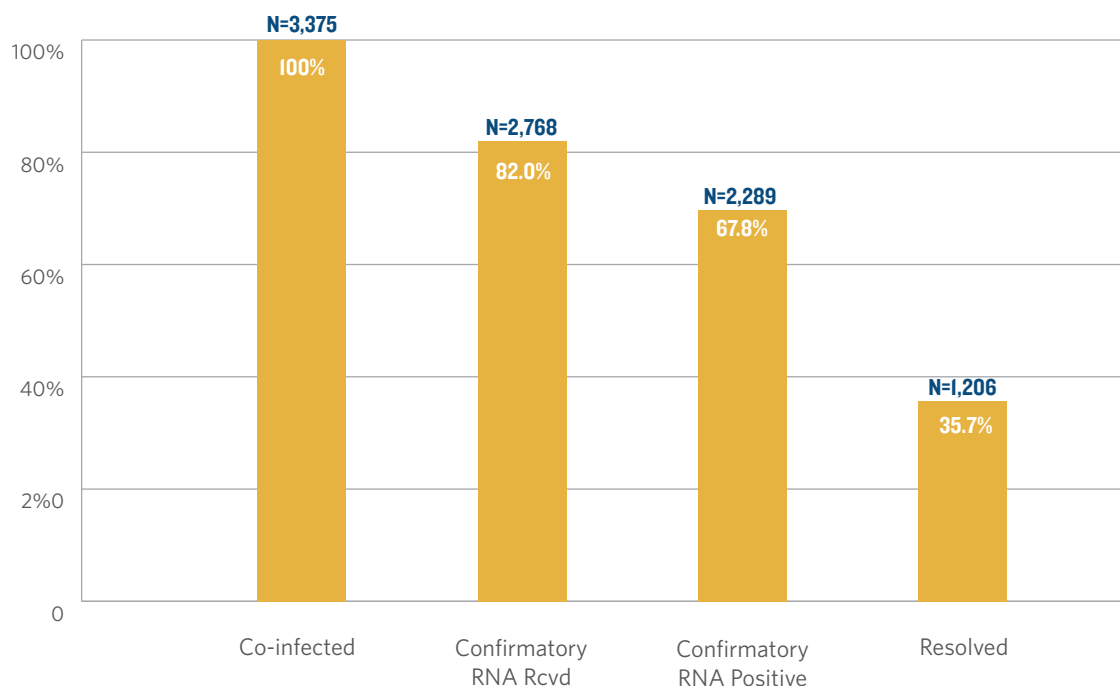**Notes** *Cells size < 6 are suppressed. ‡Row, not column, percentages are presented here. †Age as of December 31, 2017
**Source** Philadelphia Department of Public Health, AIDS Activities Coordinating Office

# Persons Living with Diagnosed HIV

**HCV Care Continuum among Persons Living with HIV, 2017**



Note    Resolved refers to the percentage of people with a negative HCV RNA result following a previously positive HCV RNA result.

Source    Philadelphia Department of Public Health, AIDS Activities Coordinating Office

# Cumulative HIV Cases

**Cumulative Adult HIV Cases | Diagnosed through December 31, 2017**

| | HIV (NON-AIDS) | | AIDS | | TOTAL | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| **Total** | 9,062 | 100.0 % | 23,770 | 100.0 % | 32,832 | 100.0 % |
| **Sex at Birth** | | | | | | |
| Female | 2,572 | 28.3 % | 5,740 | 24.1 % | 8,312 | 25.3 % |
| Male | 6,490 | 71.6 % | 18,030 | 75.8 % | 24,520 | 74.6 % |
| **Race/Ethnicity** | | | | | | |
| Black | 5,832 | 64.3 % | 15,508 | 65.2 % | 21,340 | 64.9 % |
| White | 1,643 | 18.1 % | 4,945 | 20.8 % | 6,588 | 20.0 % |
| Hispanic | 1,305 | 14.4 % | 2,743 | 11.5 % | 4,048 | 12.3 % |
| Multi-race | 159 | 1.7 % | 433 | 1.8 % | 592 | 1.8 % |
| Asian | 91 | 1.0 % | 117 | 0.4 % | 208 | 0.6 % |
| Other/Unknown | 32 | 0.3 % | 24 | 0.1 % | 56 | 0.1 % |
| **Age Category†** | | | | | | |
| Unknown | 0 | 0 | 2,571 | 10.8 % | 2,571 | 7.8 % |
| 13-19 | 558 | 6.1 % | 621 | 2.6 % | 1,179 | 3.5 % |
| 20-24 | 1,486 | 16.3 % | 1,940 | 8.1 % | 3,426 | 10.4 % |
| 25-29 | 1,465 | 16.1 % | 3,122 | 13.1 % | 4,587 | 13.9 % |
| 30-39 | 2,607 | 28.7 % | 7,633 | 32.1 % | 10,240 | 31.1 % |
| 40-49 | 1,833 | 20.2 % | 5,123 | 21.5 % | 6,956 | 21.1 % |
| 50+ | 1,113 | 12.2 % | 2,760 | 11.6 % | 3,873 | 11.7 % |
| **Transmission Risk** | | | | | | |
| MSM | 3,503 | 38.6 % | 8,350 | 35.1 % | 11,853 | 36.1 % |
| PWID | 1,645 | 18.1 % | 7,546 | 31.7 % | 9,191 | 27.9 % |
| MSM/PWID | 273 | 3.0 % | 1,338 | 5.6 % | 1,611 | 4.9 % |
| Other | * | * | 60 | 0.2 % | 65 | 0.1 % |
| Heterosexual | 3,446 | 38.0 % | 6,153 | 25.8 % | 9,599 | 29.2 % |
| Pediatric | * | * | * | * | * | * |
| No Reported Risk | 187 | 2.0 % | 322 | 1.3 % | 509 | 1.5 % |

- ● FEMALE
- ● MALE

**Total N**

| HIV (NON-AIDS) | AIDS | HIV/AIDS |
|---|---|---|
| 9,062 | 23,770 | 32,832 |

**Notes**   *Cell sizes <6 are supressed. † Age as of December 31, 2017

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

# Perinatal Exposures

## By Selected Demographics and Clinical Characteristics | 2013–2017

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.

Clinical characteristics table shows data for 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.

**MATERNAL DEMOGRAPHICS**

|  | N | % |
|---|---|---|
| **Maternal Age** |  |  |
| 13-19 | 16 | 4.80% |
| 20-24 | 66 | 19.90% |
| 25-34 | 185 | 55.70% |
| ≥35 | 65 | 19.80% |
| **Maternal Race/Ethnicity** |  |  |
| Black | 269 | 81.00% |
| White | 30 | 9.00% |
| Hispanic | 23 | 7.00% |
| Other | 10 | 3.00% |
| **Transmission Risk** |  |  |
| Heterosexual | 270 | 81.30% |
| PWID | 32 | 9.60% |
| Pediatric | 26 | 7.80% |
| Other/Unknown | * | * |
| **TOTAL N** | 332 | 100% |

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

**Source** Philadelphia Department of Public Health, AIDS Activities Coordinating Office
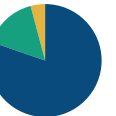
**CLINICAL CHARACTERISTICS**

|  | NOT INFECTED | | HIV-INFECTED | |
|---|---|---|---|---|
|  | N | % | N | % |
| **Maternal Viral Load** |  |  |  |  |
| <1000 | 268 | 81.40% | 2 | 66.60% |
| ≥1000 | 49 | 14.80% | 1 | 33.30% |
| Unknown | 12 | 3.60% | 0 | 0.00% |
| **Prenatal care** |  |  |  |  |
| No | 66 | 20.00% | 1 | 33.30% |
| Yes | 263 | 79.90% | 2 | 66.60% |
| Unknown | 0 | 0.00% | 0 | 0.00% |
| **Maternal Timing of Diagnosis** |  |  |  |  |
| Early | 328 | 99.60% | 3 | 100.00% |
| Late | 1 | 0.30% | 0 | 0.00% |
| Unknown | 0 | 0.00% | 0 | 0.00% |
| **ARV medications during pregnancy** |  |  |  |  |
| No | 10 | 3.00% | 1 | 33.30% |
| Yes | 288 | 87.50% | 2 | 66.60% |
| Unknown | 31 | 9.40% | 0 | 0.00% |
| **ARV medications during L&D** |  |  |  |  |
| No | 81 | 24.60% | 0 | 0.00% |
| Yes | 149 | 45.20% | 2 | 66.60% |
| Unknown | 99 | 30.00% | 1 | 33.30% |
| **Neonatal ARV medications** |  |  |  |  |
| No | 0 | 0.00% | 0 | 0.00% |
| Yes | 314 | 95.40% | 3 | 100.00% |
| Unknown | 15 | 4.50% | 0 | 0.00% |
| **TOTAL N** | 329 |  | 3 |  |

# PrEP Indications

**Estimates of Adults with Indications for HIV Pre-exposure Prophylaxis by Race/Ethnicity and Transmission Category, Philadelphia 2017[1]**

| | NEGATIVE AT RISK | | | PrEP INDICATION | | | % NEGATIVE POPULATION | | |
|---|---|---|---|---|---|---|---|---|---|
| | MSM | PWID | Heterosexual | MSM | PWID | Heterosexual | MSM | PWID | Heterosexual |
| **Black** | 10,099 | 6,978 | 125,646 | 5,801 | 598 | 2,598 | 58.0% | 8.6% | 2.1% |
| **Hispanic** | 3,588 | 9,643 | 48,283 | 1,326 | 404 | 500 | 37.0% | 4.2% | 1.4% |
| **White** | 10,147 | 34,161 | 64,310 | 1,077 | 478 | 133 | 10.6% | 1.4% | 0.2% |
| **TOTAL** | 26,596 | 52,195 | 260,726 | 8,287 | 1,495 | 3,331 | 31.2% | 2.9% | 1.3% |

1  Methods based on Smith, D. K., Handel, M. V., & Grey, J. (2018). Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States, 2015. Annals of Epidemiology.

**Notes**   The population of individuals 18 and older living below poverty level is used as a proxy for at risk heterosexual population estimates. MSM population estimate based on number of active MSM in the past 5 years. PWID population based on an estimated 55,000 active injection drug users in Philadelphia.

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

# HIV-Related Deaths

It is important to monitor the proportion of deaths among PLWH for which HIV is the underlying cause of death. The underlying cause of death was not HIV for persons in the **No** column. The underlying cause of death was HIV related for persons in the **Yes** column. The proportion of deaths for which the underlying cause is HIV has decreased from 34.8% in 2012 to 28.3% in 2016.

| | 2012 No N | 2012 No Row% | 2012 Yes N | 2012 Yes Row% | 2013 No N | 2013 No Row% | 2013 Yes N | 2013 Yes Row% | 2014 No N | 2014 No Row% | 2014 Yes N | 2014 Yes Row% | 2015 No N | 2015 No Row% | 2015 Yes N | 2015 Yes Row% | 2016 No N | 2016 No Row% | 2016 Yes N | 2016 Yes Row% |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | 211 | 64.9% | 113 | 34.8% | 215 | 59.4% | 138 | 38.1% | 235 | 67.7% | 102 | 29.4% | 234 | 71.3% | 90 | 27.4% | 213 | 66.4% | 91 | 28.3% |
| **Sex at Birth** | | | | | | | | | | | | | | | | | | | | |
| Female | 59 | 56.2% | 46 | 43.8% | 67 | 61.5% | 41 | 37.6% | 62 | 73.8% | 21 | 25.0% | 64 | 68.8% | 29 | 31.2% | 74 | 72.5% | 26 | 25.5% |
| Male | 152 | 69.1% | 67 | 30.5% | 148 | 58.5% | 97 | 38.3% | 173 | 65.8% | 81 | 30.8% | 170 | 72.3% | 61 | 26.0% | 139 | 63.5% | 65 | 29.7% |
| **Race/Ethnicity** | | | | | | | | | | | | | | | | | | | | |
| Black | 143 | 66.8% | 71 | 33.2% | 152 | 58.0% | 104 | 39.7% | 137 | 64.9% | 69 | 32.7% | 155 | 69.8% | 64 | 28.8% | 139 | 68.5% | 55 | 27.1% |
| White | 39 | 65.0% | 21 | 35.0% | 30 | 57.7% | 20 | 38.5% | 56 | 73.7% | 17 | 22.4% | 45 | 72.6% | 16 | 25.8% | 32 | 60.4% | 17 | 32.1% |
| Hispanic | 21 | 55.3% | 16 | 42.1% | 26 | 70.3% | 10 | 27.0% | 30 | 65.2% | 14 | 30.4% | 24 | 75.0% | 8 | 25.0% | 35 | 67.3% | 15 | 28.8% |
| Multi-race | 7 | 58.3% | * | * | 7 | 63.6% | * | * | 11 | 84.6% | * | * | 8 | 88.9% | * | * | 7 | 53.8% | * | * |
| Asian | * | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | * | * | * | * | 0 | 0.0% | 0 | 0.0% |
| Other/Unknown | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| **Age at HIV Dx** | | | | | | | | | | | | | | | | | | | | |
| Unknown | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% |
| 0-12 | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | * | * | * | * |
| 13-19 | * | * | * | * | * | * | * | * | * | * | 6 | 66.7% | * | * | * | * | * | * | * | * |
| 20-24 | 9 | 64.3% | * | * | 13 | 48.1% | 13 | 48.1% | 13 | 65.0% | 7 | 35.0% | 16 | 76.2% | * | * | 15 | 62.5% | 7 | 29.2% |
| 25-29 | 21 | 44.7% | 26 | 55.3% | 18 | 58.1% | 13 | 41.9% | 22 | 61.1% | 12 | 33.3% | 31 | 62.0% | 18 | 36.0% | 21 | 53.8% | 16 | 41.0% |
| 30-39 | 67 | 67.7% | 32 | 32.3% | 76 | 66.7% | 37 | 32.5% | 74 | 68.5% | 29 | 26.9% | 60 | 70.6% | 25 | 29.4% | 59 | 71.1% | 20 | 24.1% |
| 40-49 | 65 | 74.7% | 22 | 25.3% | 59 | 61.5% | 35 | 36.5% | 59 | 70.2% | 23 | 27.4% | 61 | 69.3% | 27 | 30.7% | 67 | 66.3% | 29 | 28.7% |
| 50+ | 44 | 62.9% | 25 | 35.7% | 47 | 53.4% | 36 | 40.9% | 64 | 71.1% | 25 | 27.8% | 62 | 78.5% | 15 | 19.0% | 46 | 70.8% | 15 | 23.1% |
| **Transmission Risk** | | | | | | | | | | | | | | | | | | | | |
| MSM | 41 | 62.1% | 25 | 37.9% | 34 | 51.5% | 30 | 45.5% | 56 | 65.1% | 28 | 32.6% | 54 | 72.0% | 19 | 25.3% | 42 | 61.8% | 17 | 25.0% |
| IDU | 85 | 68.5% | 38 | 30.6% | 83 | 64.8% | 43 | 33.6% | 90 | 74.4% | 27 | 22.3% | 89 | 75.4% | 29 | 24.6% | 76 | 71.0% | 28 | 26.2% |
| MSM/IDU | 10 | 58.8% | 7 | 41.2% | 15 | 68.2% | 6 | 27.3% | 14 | 56.0% | 8 | 32.0% | 13 | 61.9% | 7 | 33.3% | 10 | 58.8% | * | * |
| Heterosexual | 70 | 63.6% | 40 | 36.4% | 80 | 55.9% | 59 | 41.3% | 74 | 64.9% | 39 | 34.2% | 72 | 66.7% | 35 | 32.4% | 80 | 67.2% | 36 | 30.3% |
| No Reported Risk | * | * | * | * | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | * | * | * | * |
| Pediatric | * | 100.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | * | * | * | * |
| Other | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | * | 100.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |

**Notes**: *Cells size < 6 are suppressed. 2017 HIV related deaths are not shown due to delays in reporting cause of death. Row percentages are based on total number of deaths in a calendar year among people living with HIV. A small number of deaths in each year have unknown cause of death and are not presented in this table.

# Reporting Information

## Who Must Report?

All HIV Testing Providers, Health Care Providers & Laboratories

## What Test Results Must Be Reported?

- All results, including: Positive, Negative & Indeterminate will be reported to the PDPH including if the patient is determined to have either:

  — a confirmed HIV infection

  — a probable or possible HIV infection (including cases where additional testing is needed to confirm the diagnosis)

- Preliminary Positive Results — including instances where no supplemental/confirmatory testing was performed or when supplemental/confirmatory testing was negative

- Negative and indeterminate Results — including test results for HIV infection within 180 days of (before, after, or on the same date as) the HIV diagnosis. The negative/indeterminate test results are needed to recognize infections as early or acute when transmission to others is more likely and intervention is more urgent.

- Results of all CD4 counts and HIV viral loads including undetectable results

- HIV genotype sequence data (FASTA or FASTQ format)

## What Cases Need to be Reported?

- All individuals who are Philadelphia residents AND

- All individuals who are tested in Philadelphia or receive care at a Philadelphia based facility or provider.

- Pregnancy in an HIV-infected woman

- New HIV-positive result in a pregnant woman

- Birth of an infant to an HIV-infected woman

## When Do I Need to Report?

The following tests results or events need to be reported by telephone to the PDPH within 1 business day of the result or the confirmation of the event:

1. Confirmed or suspected acute HIV infection
   *(Call 215-685-4781 to report a case)*

2. Pregnancy in an HIV-infected pregnant woman
   *(Call 215-685-4786 to report a case)*

3. New HIV-positive result in a pregnant woman
   *(Call 215-685-4786 to report a case)*

4. Birth of an infant to an HIV-infected woman
   *(Call 215-685-4786 to report a case)*

All other test results and HIV case reports must be reported to the PDPH within 5 business days of the receipt.

## How Do I Submit a Report?

Drop off or mail the completed HIV Case Report Forms to the Philadelphia Health Department. To drop off the forms, put them in a sealed envelope and bring them to:

PDPH HIV Surveillance Unit
1101 Market Street, 8th floor, behind elevator C.

Call to drop off forms or for reporting questions: Melissa Miller (215-685-4781).

Do not leave forms with the receptionist.

If you would like to mail the forms please use these steps:

1. Place the forms in a sealed envelope that states:

   Confidential, to be opened by addressee only

2. Place the first envelope into another sealed envelope addressed to:

   Philadelphia Health Department
   Attention: Melissa Miller, MPH
   P.O. Box 58909
   Philadelphia, PA 19102-8909

## TO OUR READERS:

The AACO Surveillance Unit of the Philadelphia Department of Public Health, which conducts HIV surveillance for the City of Philadelphia, produces this report. The data in this report reflects cases diagnosed through December 2017 and reported through June 2018.

HIV surveillance is the ongoing and systematic collection, analysis, and dissemination of population-based information on HIV. There are two basic types of surveillance; active and passive. Passive surveillance is submission of HIV case reports from physicians, laboratories, and other individuals or institutions without having to regularly contact the reporting sources. Active surveillance employs strategies intended to identify unreported cases, and depends on secondary information sources for leads e.g., hospitals, clinics, physician offices, laboratories. Review of medical charts at provider sites or via telephone with facility staff are completed to establish cases of HIV infection and to obtain information critical to completing HIV case reports.

The HIV 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.

New HIV reporting regulations were approved by the City of Philadelphia's Board of Health in November 2016 and went into effect in January of 2017.

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

Melissa Miller, MPH  AACOEPI@PHILA.GOV

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