

Philadelphia Department of Public Health (PDPH)
HIV Surveillance Report

HIV

IN PHILADELPHIA

Cases reported through June 2019

2018



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Department of
Public Health
CITY OF PHILADELPHIA

October 2019

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Introduction

The Philadelphia Department of Public Health (PDPH), 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, 2018 and reported through June 30, 2019. The number of newly diagnosed HIV cases has been on a steady decline since the mid-2000s (Figure 5) consistent with national trends. More recently, the number of newly diagnosed HIV cases has decreased 14.3% from 495 new diagnoses in 2017 to 424 new diagnoses in 2018. Despite an increase among People Who Inject Drugs (PWID), there was a significant decrease among men who have sex with men (MSM) (Table 2). This report highlights these and other notable trends observed through 2018. By collecting, analyzing, and publishing the most recent data available, PDPH 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 2018 HIV Surveillance Report includes new information including; 1) an addendum to the HIV Care Continuum that assesses retention in care and viral load suppression among people living with diagnosed HIV (PLWDH) who had evidence of HIV care in the last 5 years (Figure 3b); and 2) an epidemiology curve highlighting a recently identified increase of new HIV diagnoses among PWID (Figure 2). With the addition of these new figures, 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 (PLWH).

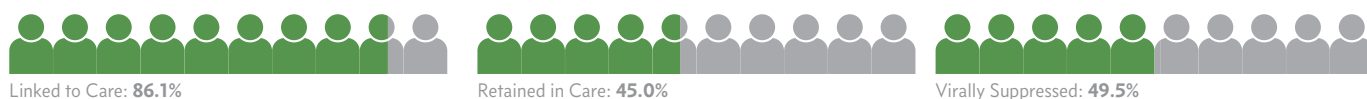
In 2017, PDPH changed its method for identifying heterosexual transmission of HIV in order to align with the Centers for Disease Control and Prevention (CDC) standards for risk factor collection.

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 and 2018 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 and 2018 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 group 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.

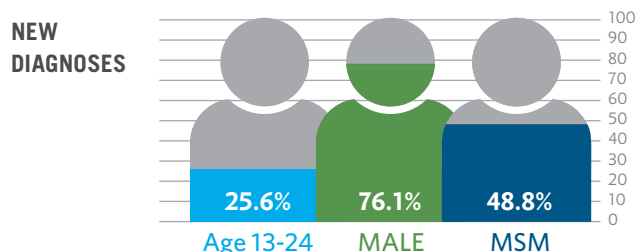
HIV Continuum of Care

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, and falling below national outcomes. The Continuum (Figure 3a) 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 90 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 2018. 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 2018, 86.1% were linked to HIV medical care within 1 month of their diagnosis. However, 45.0% of all people living with HIV in Philadelphia were retained in HIV medical care in 2018, and 49.5% of all people living with HIV in Philadelphia were virally suppressed at their most recent viral load in 2018 (regardless of their retention in care status).



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

Individuals aged 13-24 accounted for 25.6% of all newly diagnosed HIV infections in 2018 (Table 2). Those whose sex at birth was male (76.2%), and those reported as MSM (48.8%) made up the largest proportions of new diagnoses. While the rate of new HIV diagnoses in 2018 was higher among MSM (784.0 per 100,000) compared to PWID (121.1 per 100,000) and at-risk heterosexuals defined as individuals over the age of 18 who are living in poverty (29.7 per 100,000) (Figure 4), the rate of new diagnoses decreased among MSM and at-risk heterosexuals, and increased among PWID. Racial/ethnic health disparities in Philadelphia persist and mirror disparities observed across the nation.



In this report, an addendum to the HIV Care Continuum assessing HIV outcomes among people with evidence of recent HIV care in the last 5 years is included. HIV case reporting data is typically used to determine HIV Care Continuum outcomes. However, this methodology can overestimate the number of PLWH due to duplicate case reporting, migration, and missed deaths of PLWH. We hope that by excluding individuals without evidence of recent care in the last 5 years that we can more precisely evaluate our HIV Care Continuum outcomes and better identify individuals for intervention and re-linkage services. Unlike Figure 3a, which assesses outcomes among people living with diagnosed and undiagnosed HIV, the percentages presented in Figure 3b are based on all persons living with diagnosed HIV who had evidence of a CD4 or viral load reported to PDPH from January 1, 2014 – December 31, 2018. Compared to all PLWH in Philadelphia, retention in HIV care and viral suppression outcomes were higher among those with evidence of recent care (Figure 3a, Figure 3b - not all data shown). 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.

Non-Hispanic Blacks have the highest burden of HIV compared to any other race/ethnicity group. In 2018, the highest rate of new HIV diagnosis was among Hispanics/Latinx (46.0 per 100,000 population), followed by non-Hispanic Blacks (38.9) and non-Hispanic Whites (13.9) (Table 3). New AIDS diagnoses in Philadelphia were comprised primarily of males (72.0%), MSM (37.6%), and those aged 50 and older (33.3%), representing the largest proportion of transmission and age categories, respectively (Table 7). Of all cases newly diagnosed with HIV in 2018, 16.3% had a concurrent diagnosis of AIDS (Table 5). Concurrent diagnoses of HIV/AIDS infection represent missed opportunities for early HIV diagnosis. While the overall number of concurrent diagnoses has decreased since 2014, certain subpopulations have had better outcomes than others. Between 2014 and 2018, concurrent diagnoses among PWID (17.1% vs 12.9%) have fallen below the citywide average of 16.3%, but the same is not true for non-Hispanic Blacks (22.5% vs 18.7%), and those aged greater than 30 (29.1% vs 22.4%).

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 460 new HIV transmissions in Philadelphia in 2017. The highest rates of HIV infection occurred among men (48.6 per 100,000 population), persons aged 25-34 (81.3), and MSM (894.2) (Table 6). 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 2018, non-Hispanic Blacks (63.8%), those assigned male sex at birth (71.9%), MSM (37.5%), and those aged 50 and older (52.5%) accounted for the largest percentages by race/ethnicity, sex, transmission risk, and age group, respectively (Table 8).

HIV prevalence was highest among non-Hispanic Blacks (1,883.9 per 100,000 population), followed by Hispanic/Latinx (1,579.3) (Table 12). Differences in prevalence by race and transmission risk remain, with non-Hispanic Black MSM having the highest prevalence rates of HIV (29,216.3 per 100,000 population) (Figure 6).

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 between 400 and 600 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. In May of 2018, CDC published estimates of adults with indications for PrEP by transmission risk group and race/ethnicity. Based on this methodology,¹ PDPH estimates there are 13,900 HIV negative persons in Philadelphia with a PrEP indication, with HIV-negative non-Hispanic Black MSM having the greatest proportion of PrEP indications (49.2%) (Table 15). Furthermore, in collaboration with other health departments and academic institutions, PDPH 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 uptake in Philadelphia by priority populations. 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 as PrEP does not prevent other sexually transmitted infections.

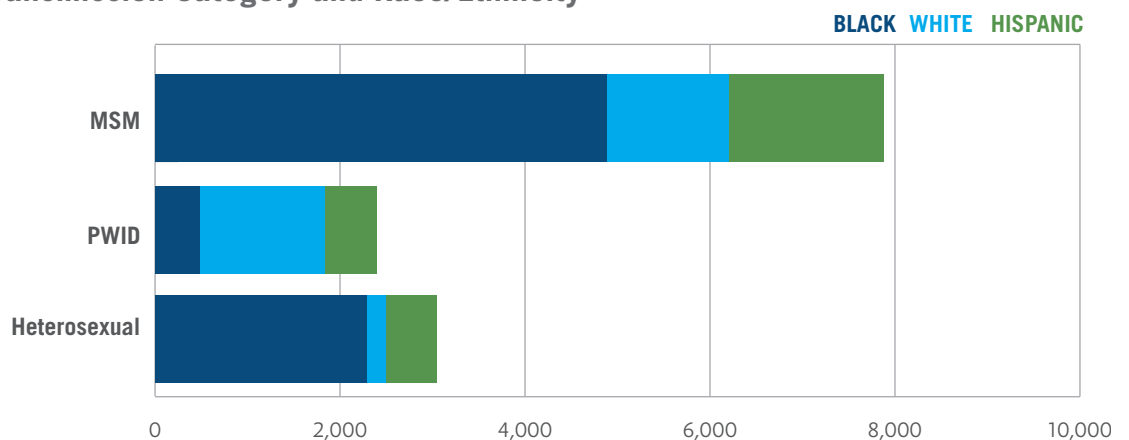
Transgender Persons

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 an 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. Efforts to improve surveillance data on transgender individuals—including internal and external trainings on standardized collection of gender identity data and medical chart review—are ongoing.

FIGURE 1

PrEP Indication by Transmission Category and Race/Ethnicity¹

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*.



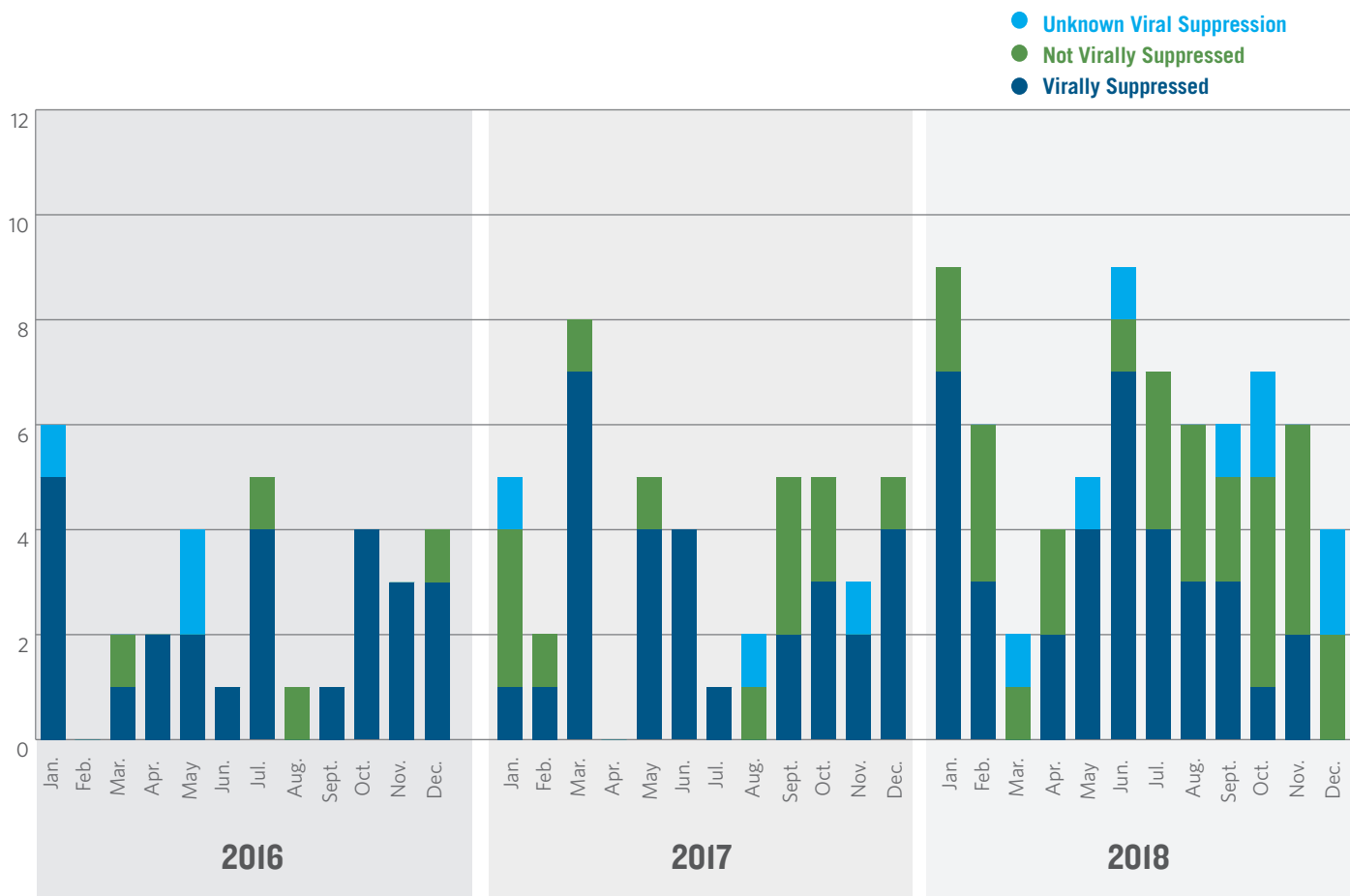
Hepatitis Co-Infection

Of the 19,011 PLWDH in Philadelphia, 3,077 (16.2%) were co-infected with hepatitis C Virus (HCV), and 1,109 (6.4%) 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 (17.1%), Hispanic/Latinx (22.8%), PWID (40.9%), and those aged 50 and older (21.6%) (Table 13). The proportion of PLWDH/HBV co-infection was greatest among those assigned male at birth (6.6%), PWID (8.6%) and PWID/MSM (7.9%), and those aged 40–49 (7.7%). In 2016, PDPH received a 3-year Special Projects of National Significance (SPNS) award aimed at reducing disparities among PLWH/HCV co-infection.

The project, known as C YA!, took a systems-level approach to identify best practices, increase the number of people screened, diagnosed, and treated for HCV, and ultimately eliminate HCV among all PLWH/HCV co-infection in Philadelphia. Through the duration of C-YA!, outcomes have improved along each stage of the HCV Care Continuum. Among 3,077 HCV antibody-positive persons living with HIV infection 2,774 (90.2%) received a confirmatory RNA test of whom 2,227 were confirmed positive. 1,320 (42.9%) person have resolved their HCV infection through 2018. This amounts to 59.3% resolution among those with confirmed HCV viremia (Figure 7).

HIV Among People Who Inject Drugs

FIGURE 2
Month of Diagnosis Among all PWID Stratified by Viral Suppression Status as of December 31, 2018



HIV Outbreak Among People Who Inject Drugs

The number of newly diagnosed cases of HIV among PWID had been declining since the implementation of the syringe exchange program in 1992. However, in September 2018, PDPH identified an increase in the number of new HIV infections among this population. Since then, the number of new HIV diagnoses among PWID, including persons who inject and have sex with men (MSM/PWID), has continued to rise. In 2018, there were 71 newly diagnosed cases of HIV among PWID. This was a 115% increase from 33 cases reported in 2016. This outbreak

presents a renewed risk for HIV infection among PWID and their partners, especially given the disparities observed in viral suppression among this group (Table 1). In addition to newly diagnosed cases, viral suppression in previously diagnosed PWID remains a challenge (Figure 2). PDPH continues to respond to this outbreak through increased testing and linkage to care initiatives, communication and collaboration with community stakeholders, and the expansion of harm reduction services.

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	2018	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	27.8/ 100,000	Goal met
Diagnosed Proportion ²	90%	91.3%	90.3%	90.7%	90.4%	NA	Goal met
HIV Care and Morbidity							
Linked to Care in 1 month ³	85%	71.7%	79.6%	77.9%	86.3%	86.1%	Goal met
In HIV Care ^{4,5}	90%	63.4%	64.6%	66.3%	66.7%	64.8%	Goal not met
Viral Suppression ^{4,6}	80%	53.4%	54.9%	54.9%	56.1%	52.9%	Goal not met
Disparities: Viral Suppression^{4,6}							
White PLWDH	--	52.4%	54.0%	53.5%	54.1%	47.7%	Lower rates of viral suppression
Black PLWDH	--	53.6%	55.5%	55.5%	56.6%	54.3%	No disparities
Hispanic/Latino PLWDH	--	51.6%	52.3%	52.8%	54.2%	51.8%	No disparities
Transgender PLWDH	--	60.3%	62.0%	65.2%	60.6%	60.0%	No disparities
PWID PLWDH	--	49.9%	50.8%	49.6%	50.5%	49.0%	Disparity observed. Lower rates of viral suppression

¹All 2020 goals use 2014 as the baseline

²Based on the CDC developed CD4 depletion model

³Among persons with a new HIV diagnosis

⁴Among HIV-infected persons with diagnosed HIV infection

⁵In HIV care is defined as 1+ CD4 or viral load lab in the calendar year

⁶Viral 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

FIGURE 3A

Philadelphia 2018 vs the United States

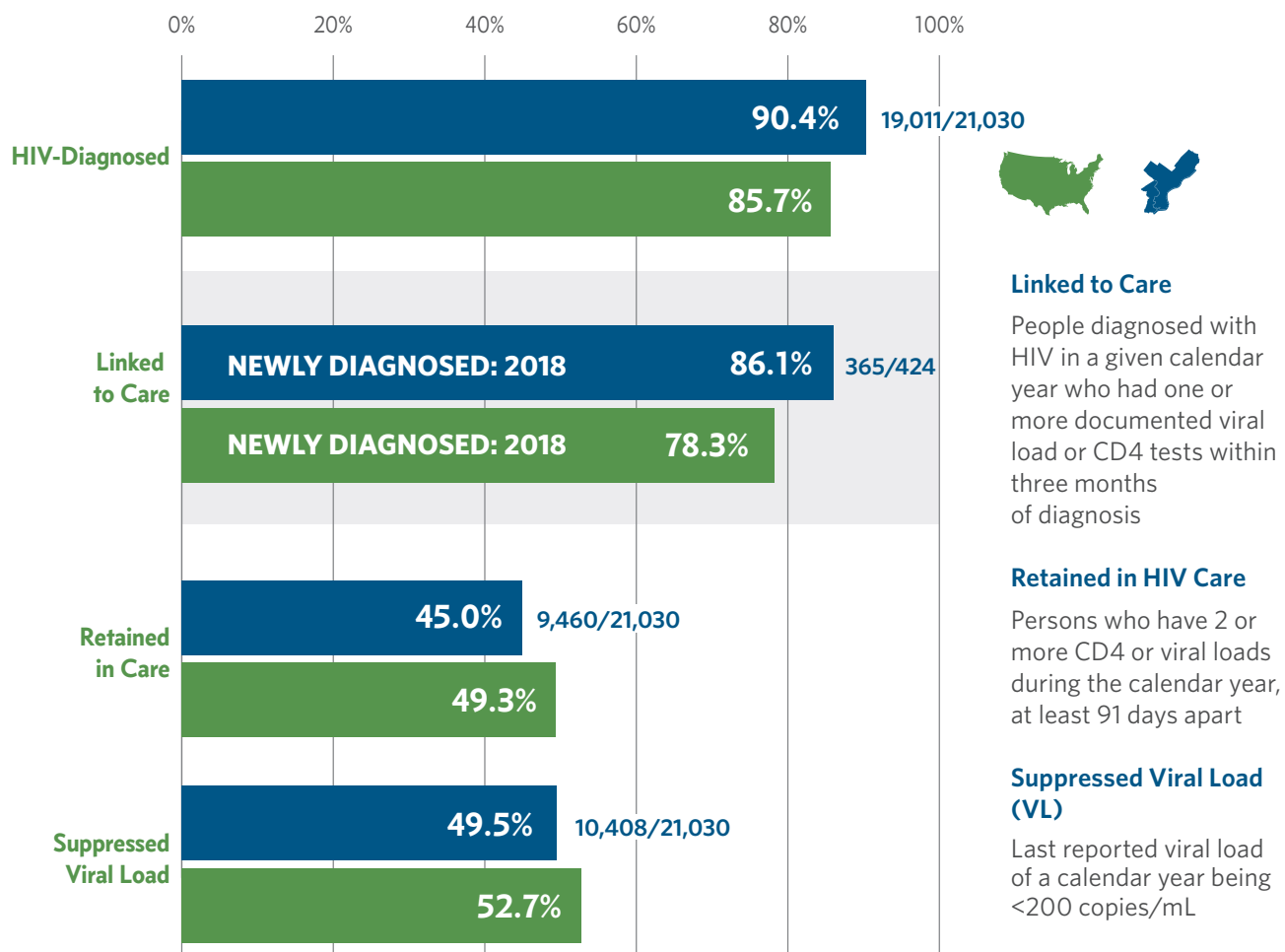


FIGURE 3B

HIV Care Continuum (Recent Care)

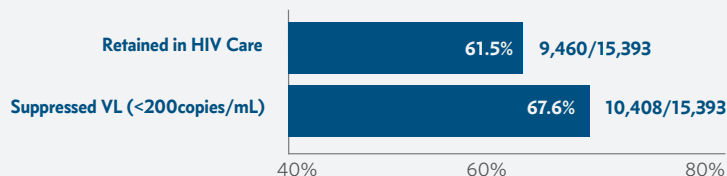


FIGURE 3A **Source** Philadelphia Data: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Source 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, 2017. HIV Surveillance Supplemental Report 2019;24(No. 3). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published June 2019. Accessed August 2019.

FIGURE 3B **Note** Care Continuum Outcomes are Among PLWDH with a reported CD4 or Viral Load in the last 5 years (Jan 1, 2014 - Dec 31, 2018)

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Newly Diagnosed Cases

TABLE 2

By Year and Selected Characteristics (regardless of AIDS status) | 2014-2018

Bar graphs indicate 2018 percentages

		YEAR OF DIAGNOSIS									
		2014		2015		2016		2017		2018	
		N	%	N	%	N	%	N	%	N	%
Total		566	100%	548	100%	469	100%	495	100%	424	100%
Sex at Birth											
	Female	117	20.6%	119	21.7%	112	23.8%	100	20.2%	101	23.8%
	Male	449	79.3%	429	78.2%	357	76.1%	395	79.7%	323	76.2%
Race/Ethnicity											
	Black	383	67.6%	396	72.2%	304	64.8%	335	67.6%	246	58.0%
	Hispanic	73	12.8%	78	14.2%	91	19.4%	80	16.1%	85	20.0%
	White	86	15.1%	58	10.5%	58	12.3%	67	13.5%	78	18.3%
	Asian	12	2.1%	10	1.8%	10	2.1%	*	1.0%	7	1.6%
	Multi-race	8	1.4%	*	*	*	*	6	1.2%	6	1.4%
	Other/Unknown	*	*	*	*	*	*	*	*	*	*
Age Category											
	0-12	*	*	*	*	0	0.0%	0	0.0%	0	0.0%
	13-19	30	5.3%	34	6.2%	30	6.3%	43	8.6%	20	4.7%
	20-24	111	19.6%	101	18.4%	88	18.7%	88	17.7%	89	20.9%
	25-29	88	15.5%	98	17.8%	93	19.8%	99	20.0%	77	18.1%
	30-39	121	21.3%	133	24.2%	108	23.0%	137	27.6%	120	28.3%
	40-49	96	16.9%	85	15.5%	65	13.8%	60	12.1%	47	11.0%
	50+	119	21.0%	95	17.3%	85	18.1%	68	13.7%	71	16.7%
Transmission Risk											
	MSM	288	50.8%	310	56.5%	268	57.1%	272	54.9%	207	48.8%
	PWID	35	6.1%	29	5.2%	28	5.9%	40	8.0%	62	14.6%
	MSM/PWID	12	2.1%	9	1.6%	*	*	*	*	9	2.1%
	Heterosexual	227	40.1%	193	35.2%	161	34.3%	106	21.4%	78	18.3%
	Pediatric	*	*	*	*	0	0.0%	0	0.0%	0	0.0%
	No Risk Reported	*	*	*	*	7	1.4%	72	14.5%	68	16.0%
Co-Infections											
	Hepatitis B	29	5.1%	28	5.1%	17	3.6%	16	3.2%	26	6.1%
	Hepatitis C	52	9.2%	62	11.3%	44	9.4%	54	10.9%	67	15.8%
TOTAL CASES		566		548		469		495		424	

Notes *Cell sizes <6 are suppressed.

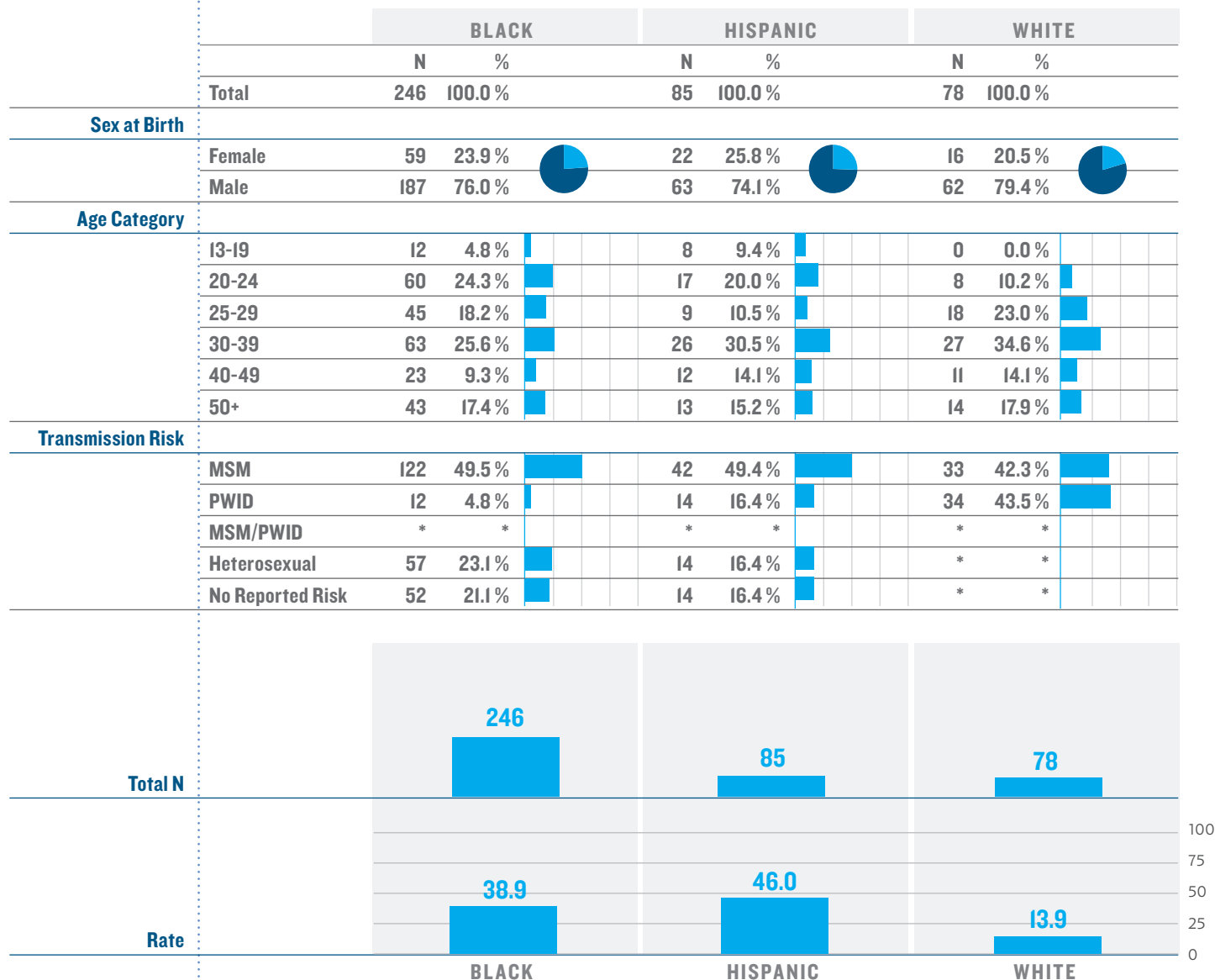
Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program

Newly Diagnosed HIV

TABLE 3

By Race/Ethnicity | 2018

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



Notes *Cell sizes <6 are suppressed. 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 | 2018

Men comprised the majority of all new HIV diagnoses (76.2%), with the greatest diagnosis rates among MSM. Women comprised 23.8% of new diagnoses, with the highest rate among Hispanic and heterosexual women.

	FEMALE							MALE									
	N	%	Rate †					N	%	Rate †							
	Total	101	100.0 %	12.6					323	100.0 %	45.7						
Race/Ethnicity																	
	Black	59	58.4 %	<div><div></div></div>					16.9	187	57.8 %	<div><div></div></div>					66.1
	Hispanic	22	21.7 %	<div><div></div></div>					23.5	63	19.5 %	<div><div></div></div>					69.3
	White	16	15.8 %	<div><div></div></div>					5.5	62	19.1 %	<div><div></div></div>					23.0
	Asian	0	0.0%						0	7	2.1%						15.1
	Multi-race	*	*						*	*						*	
	Other/Unknown	*	*						*	*						*	
Age Category																	
	13-19	*	*	<div><div></div></div>					*	18	5.5 %	<div><div></div></div>					23.4
	20-24	12	11.8 %	<div><div></div></div>					15.9	77	23.8 %	<div><div></div></div>					108.8
	25-29	13	12.8 %	<div><div></div></div>					18.4	64	19.8 %	<div><div></div></div>					100.7
	30-39	36	35.6 %	<div><div></div></div>					34.2	84	26.0%	<div><div></div></div>					87.6
	40-49	14	13.8 %	<div><div></div></div>					14.1	33	10.2%	<div><div></div></div>					36.8
	50+	24	23.7 %	<div><div></div></div>					9.5	47	14.5 %	<div><div></div></div>					25.5
Transmission Risk																	
	MSM	0	0.0%	<div><div></div></div>					-	207	64.0 %	<div><div></div></div>					784.0
	PWID	24	23.7 %	<div><div></div></div>					N/A	38	11.7 %	<div><div></div></div>					N/A
	MSM/PWID	0	0.0%	<div><div></div></div>					-	9	2.7%	<div><div></div></div>					N/A
	Heterosexual	73	72.2 %	<div><div></div></div>					59.6	*	*	<div><div></div></div>					*
	No Reported Risk	*	*	<div><div></div></div>					N/A	64	19.8 %	<div><div></div></div>					N/A
Total N																	
	101							323									
	FEMALE							MALE									

Notes *Cell sizes <6 are suppressed.

Notes † 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 | 2018

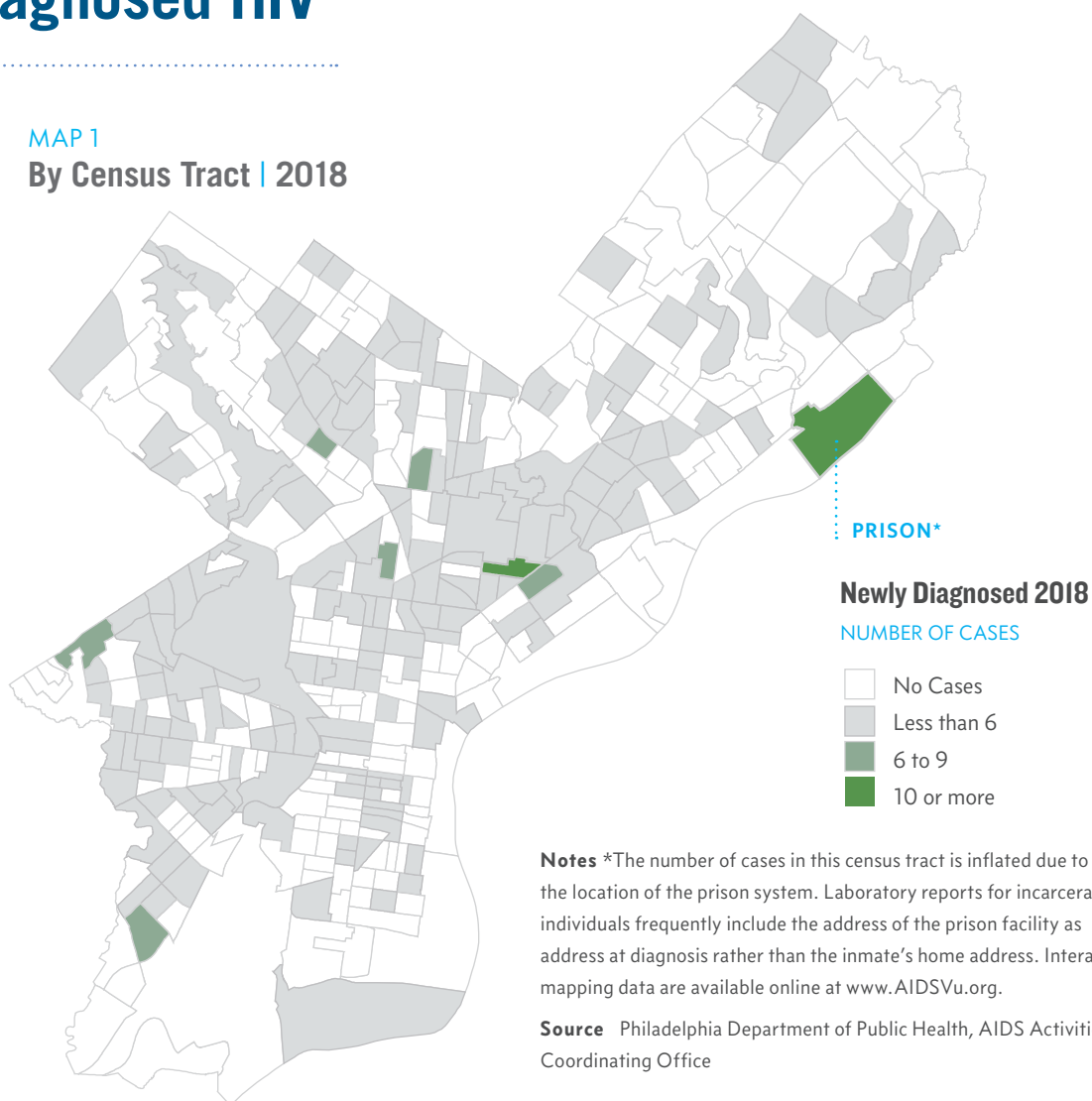
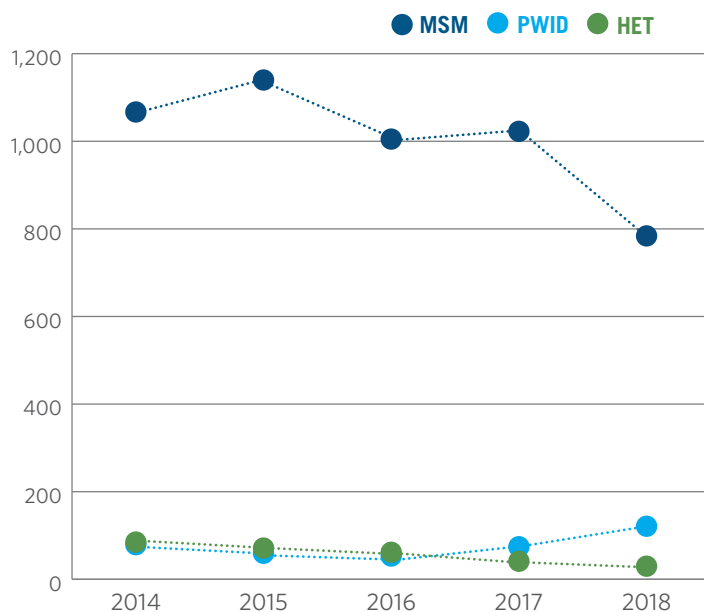


FIGURE 4
Rates of Newly Diagnosed HIV disease per 100,000 People by Year of Diagnosis and Risk Group 2014-2018

MSM population size based on estimates of MSM activity among males 13 and older in the last 5 years. Ever **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

TABLE 5

Concurrent HIV/AIDS, Demographics and Transmission Risk | 2014-2018

	2014				2015				2016				2017				2018			
	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	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %
Total	450	79.5%	116	20.5%	447	81.6%	101	18.4%	389	82.9%	80	17.1%	405	81.8%	90	18.2%	355	83.7%	69	16.3%
Sex at Birth																				
Female	88	75.2%	29	24.8%	96	80.7%	23	19.3%	97	86.6%	15	13.4%	82	82.0%	18	18.0%	86	85.1%	15	14.9%
Male	362	80.6%	87	19.4%	351	81.8%	78	18.2%	292	81.8%	65	18.2%	323	81.8%	72	18.2%	269	83.3%	54	16.7%
Race/Ethnicity																				
Black	297	77.5%	86	22.5%	322	81.3%	74	18.7%	251	82.6%	53	17.4%	276	82.4%	59	17.6%	200	81.3%	46	18.7%
Hispanic	65	89.0%	8	11.0%	68	87.2%	10	12.8%	77	84.6%	14	15.4%	66	82.5%	14	17.5%	71	83.5%	14	16.5%
White	70	81.4%	16	18.6%	48	82.8%	10	17.2%	48	82.8%	10	17.2%	53	79.1%	14	20.9%	69	88.5%	9	11.5%
Asian	11	*	*	*	*	*	6	*	7	*	*	*	*	*	*	*	7	100.0%	0	0.0%
Multi-race	*	*	*	*	*	*	*	*	*	*	0	0.0%	*	*	*	*	6	100.0%	0	0.0%
Other/Unknown	*	*	*	*	*	*	0	0.0%	*	*	0	0.0%	*	*	*	*	*	*	0	0.0%
Age at HIV Dx																				
0-12	*	*	0	0.0%	*	*	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0.0%	0.0%	0	0.0%
13-19	29	*	*	*	33	*	*	*	28	*	*	*	42	*	*	*	19	*	*	*
20-24	102	91.9%	9	8.1%	97	*	*	*	80	90.9%	8	9.1%	81	92.0%	7	8.0%	79	88.8%	10	11.2%
25-29	79	89.8%	9	10.2%	87	88.8%	11	11.2%	80	86.0%	13	14.0%	89	89.9%	10	10.1%	71	92.2%	6	7.8%
30-39	91	75.2%	30	24.8%	105	78.9%	28	21.1%	93	86.1%	15	13.9%	112	81.8%	25	18.2%	96	80.0%	24	20.0%
40-49	66	68.8%	30	31.3%	57	67.1%	28	32.9%	45	69.2%	20	30.8%	38	63.3%	22	36.7%	36	76.6%	11	23.4%
50+	82	68.9%	37	31.1%	66	69.5%	29	30.5%	63	74.1%	22	25.9%	43	63.2%	25	36.8%	54	76.1%	17	23.9%
Transmission Risk																				
MSM	248	86.1%	40	13.9%	259	83.5%	51	16.5%	227	84.7%	41	15.3%	236	86.8%	36	13.2%	175	84.5%	32	15.5%
PWID	29	82.9%	6	17.1%	27	*	*	*	25	*	*	*	31	77.5%	9	22.5%	54	87.1%	8	12.9%
MSM/PWID	11	*	*	*	7	*	*	*	*	*	*	*	*	*	*	*	8	*	*	*
Heterosexual	159	70.0%	68	30.0%	147	76.2%	46	23.8%	127	78.9%	34	21.1%	84	79.2%	22	20.8%	65	83.3%	13	16.7%
Pediatric	*	*	0	0.0%	*	*	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No Risk Reported	*	*	*	*	*	*	0	0.0%	6	*	*	*	50	69.4%	22	30.6%	53	77.9%	15	22.1%

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

TABLE 6

Incidence Estimates by Year and Selected Characteristics | 2015-2017

	2015			2016			2017		
	N	95%CI	Rate†	N	95%CI	Rate†	N	95%CI	Rate†
Total*	480	310-650	31.5	460	260-670	30.1	460	230-700	30.1
Sex at Birth									
Male	380	220-540	52.8	360	170-540	50.0	350	130-580	48.6
Female	100	40-160	12.4	110	40-180	13.6	110	20-190	13.6
Race/Ethnicity									
Black	340	190-490	52.8	280	120-450	43.5	310	110-510	48.1
Hispanic	80	20-150	42.6	110	20-200	58.6	70	0-170	37.3
White	50	0-100	8.9	60	0-120	10.7	60	0-130	10.7
Asian	0	0-10	0.0	10	0-40	10.5	10	0-50	10.5
Multi-race	0	0-20	0.0	10	0-30	35.8	10	0-40	35.8
American Indian/ Alaska Native	0	0-30	-	-	-	-	-	-	-
Native Hawaiian/ Other Pacific Islander	-	-	-	-	-	-	-	-	-
Age at Infection									
13-24	140	40-230	46.4	140	20-250	46.4	130	0-270	43.1
25-34	200	90-300	81.3	170	50-290	69.1	200	50-350	81.3
35-44	70	10-140	37.2	70	0-140	37.2	80	0-180	42.5
45-54	60	0-110	30.3	60	0-130	30.3	10	0-60	5.5
>=55	30	0-80	8.7	40	0-100	11.6	40	0-100	11.6
Transmission Risk									
MSM	290	160-430	864.4	280	120-450	834.6	300	100-500	894.2
PWID	30	0-80	54.5	40	0-80	72.7	50	0-120	90.9
MSM/PWID	0	0-20	-	10	0-30	-	0	0-30	-
Heterosexual	150	50-240	56.1	140	30-240	52.4	110	0-220	41.1

*Estimates based on CD4 Depletion Model; subgroups will not add up to total

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 persons who have ever injected drugs. 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

TABLE 7
By Year and Selected Characteristics | 2014-2018

Bar graphs indicate
2018 percentages

		YEAR OF DIAGNOSIS									
		2014		2015		2016		2017		2018	
		N	%	N	%	N	%	N	%	N	%
	Total	264	100.0 %	242	100.0 %	207	100.0 %	247	100.0 %	186	100.0 %
Sex at Birth											
	Female	84	31.8 %	71	29.3 %	65	31.4 %	69	27.9 %	52	27.9 %
	Male	180	68.1 %	171	70.6 %	142	68.5 %	178	72.0 %	134	72.0 %
Race/Ethnicity											
	Black	191	72.3 %	179	73.9 %	145	70.0 %	156	63.1 %	129	69.3 %
	Hispanic	28	10.6 %	33	13.6 %	33	15.9 %	43	17.4 %	32	17.2 %
	White	34	12.8 %	21	8.6 %	23	11.1 %	38	15.3 %	24	12.9 %
	Asian	*	*	6	2.4 %	*	*	*	*	0	0.0 %
	Multi-race	9	3.4 %	*	*	*	*	8	3.2 %	*	*
	Other/Unknown	*	*	*	*	0	0.0 %	*	*	0	0.0 %
Age Category											
	13-19	*	*	7	2.8 %	*	*	*	*	*	*
	20-24	15	5.6 %	13	5.3 %	15	7.2 %	13	5.2 %	18	9.6 %
	25-29	28	10.6 %	35	14.4 %	33	15.9 %	33	13.3 %	18	9.6 %
	30-39	63	23.8 %	57	23.5 %	49	23.6 %	64	25.9 %	58	31.1 %
	40-49	74	28.0 %	58	23.9 %	45	21.7 %	53	21.4 %	29	15.5 %
	50+	80	30.3 %	72	29.7 %	60	28.9 %	81	32.7 %	62	33.3 %
Transmission Risk											
	MSM	86	32.5 %	98	40.4 %	82	39.6 %	91	36.8 %	70	37.6 %
	PWID	39	14.7 %	34	14.0 %	18	8.6 %	31	12.5 %	34	18.2 %
	MSM/PWID	*	*	*	*	*	*	9	3.6 %	6	3.2 %
	Heterosexual	131	49.6 %	101	41.7 %	97	46.8 %	88	35.6 %	55	29.5 %
	Pediatric	*	*	*	*	*	*	*	*	*	*
	No Reported Risk	*	*	*	*	*	*	27	10.9 %	19	10.2 %
TOTAL CASES		264		242		207		247		186	

Notes *Cells size < 6 are suppressed.

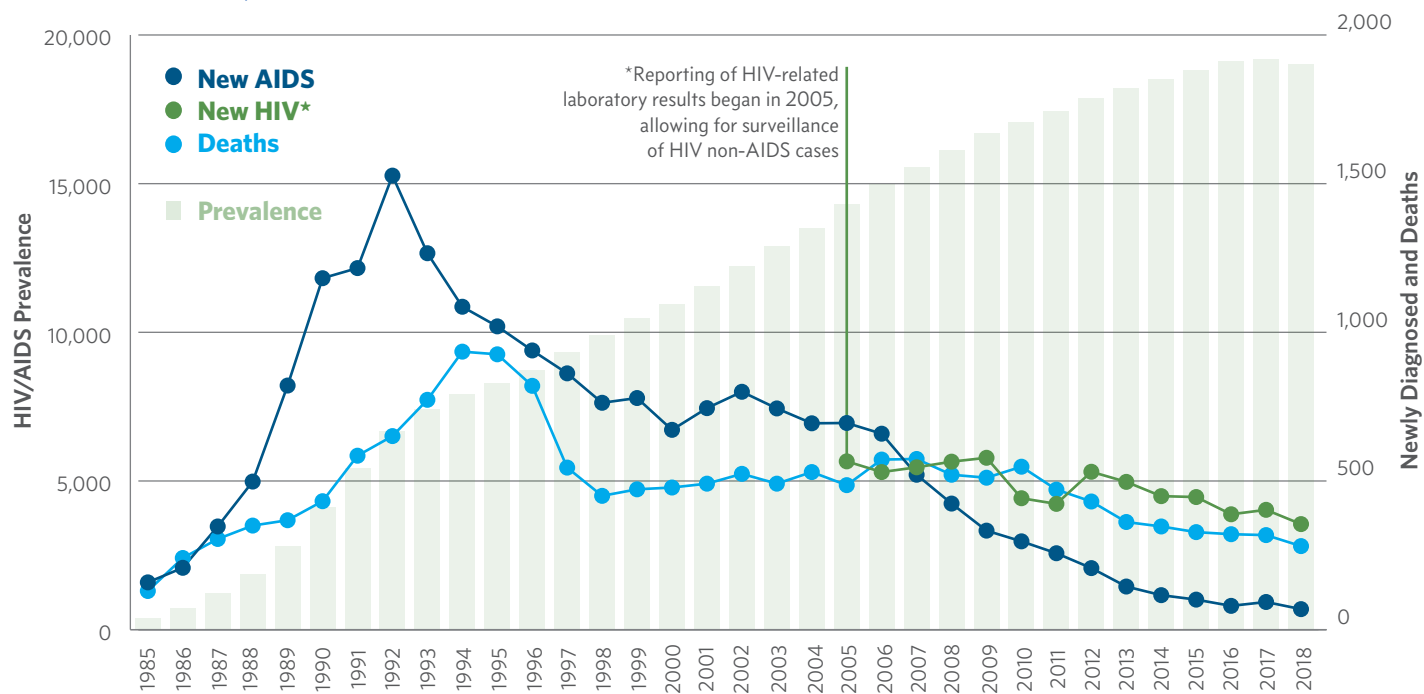
A proportion of AIDS diagnoses in each year were diagnosed with HIV in a previous year and later progressed to AIDS.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

FIGURE 5

Philadelphia HIV and AIDS Diagnoses, Deaths, and People Living with HIV by Year | 1985-2018



Persons Living with Diagnosed HIV

TABLE 8

HIV (non-AIDS) and AIDS Cases by Selected Characteristics | 2018

		HIV (NON-AIDS)		AIDS		HIV/AIDS	
		N	%	N	%	N	%
Total		8,531	100.0 %	10,480	100.0 %	19,011	100.0 %
Sex at Birth							
●	Female	2,412	28.2 %	2,920	27.8 %	5,332	28.0 %
●	Male	6,119	71.7 %	7,560	72.1 %	13,679	71.9 %
Race/Ethnicity							
	Black	5,374	62.9 %	6,764	64.5 %	12,138	63.8 %
	Hispanic	1,385	16.2 %	1,578	15.0 %	2,963	15.5 %
	White	1,467	17.1 %	1,795	17.1 %	3,262	17.1 %
	Asian	100	1.1 %	87	0.8 %	187	0.9 %
	Multi-race	177	2.0 %	237	2.2 %	414	2.1 %
	Other/Unknown	28	0.3 %	19	0.1 %	47	0.2 %
Age Category†							
	Unknown	*	*	0	0.0 %	*	*
	<13	19	0.2 %	*	*	21	0.1 %
	13-19	78	0.9 %	17	0.1 %	95	0.5 %
	20-24	416	4.8 %	95	0.9 %	511	2.6 %
	25-29	940	11.1 %	331	3.1 %	1,271	6.6 %
	30-39	2,146	25.1 %	1,221	11.6 %	3,367	17.7 %
	40-49	1,688	19.7 %	2,073	19.7 %	3,761	19.7 %
	50+	3,243	38.0 %	6,741	64.3 %	9,984	52.5 %
Transmission Risk							
	MSM	3,601	42.2 %	3,545	33.8 %	7,146	37.5 %
	PWID	1,234	14.4 %	2,562	24.4 %	3,796	19.9 %
	MSM/PWID	264	3.0 %	518	4.9 %	782	4.1 %
	Heterosexual	3,060	35.8 %	3,507	33.4 %	6,567	34.5 %
	Pediatric	122	1.4 %	140	1.3 %	262	1.3 %
	Other	*	*	10	0.0 %	13	0.0 %
	No Reported Risk	247	2.8 %	198	1.8 %	445	2.3 %
<div> <div>● FEMALE</div> <div>● MALE</div> </div> <div> <div>8,531</div> <div>10,480</div> <div>19,011</div> </div>							
Total N		HIV (NON-AIDS)		AIDS		HIV/AIDS	

Notes *Cell sizes <6 are suppressed. † Age as of December 31, 2018

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 9

By Race/Ethnicity and Selected Characteristics | 2018

		BLACK		HISPANIC		WHITE	
		N	%	N	%	N	%
Total		12,138	100.0 %	2,963	100.0 %	3,262	100.0 %
Sex at Birth							
● Female	Female	3,862	31.8 %	804	27.1 %	499	15.2 %
● Male	Male	8,276	68.1 %	2,159	72.8 %	2,763	84.7 %
Age Category†							
	Unknown	*	*	0	0.0 %	0	0.0 %
	<13	15	0.1 %	*	*	0	0.0 %
	13-19	75	0.6 %	17	0.5 %	*	*
	20-24	409	3.3 %	64	2.1 %	22	0.6 %
	25-29	896	7.3 %	183	6.0 %	140	4.2 %
	30-39	2,211	18.2 %	535	18.0 %	485	14.8 %
	40-49	2,352	19.3 %	658	22.2 %	588	18.0 %
	50+	6,179	50.9 %	1,503	50.7 %	2,024	62.0 %
Transmission Risk							
	MSM	4,097	33.7 %	845	28.5 %	1,948	59.7 %
	PWID	2,271	18.7 %	846	28.5 %	573	17.5 %
	MSM/PWID	420	3.4 %	154	5.1 %	172	5.2 %
	Heterosexual	4,852	39.9 %	984	33.2 %	501	15.3 %
	Pediatric	192	1.5 %	47	1.5 %	20	0.6 %
	Other	7	0.0 %	*	*	*	*
	No Reported Risk	299	2.4 %	86	2.9 %	44	1.3 %
Total N							
		12,138		2,963		3,262	
		BLACK		HISPANIC		WHITE	

Notes *Cell sizes <6 are suppressed. † Age as of December 31, 2018

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 10
By Sex at Birth and Selected Characteristics | 2018

		FEMALE						MALE									
		N	%							N	%						
	Total	5,332	100.0 %							13,679	100.0 %						
Race/Ethnicity																	
	Black	3,862	72.4 %							8,276	60.5 %						
	Hispanic	804	15.0 %							2,159	15.7 %						
	White	499	9.3 %							2,763	20.1 %						
	Asian	39	0.7 %							148	1.0 %						
	Multi-race	113	2.1 %							301	2.2 %						
	Other/Unknown	15	0.2 %							32	0.2 %						
Age Category†																	
	Unknown	0	0.0 %							*	*						
	<13	14	0.2 %							7	0.0 %						
	13-19	26	0.45 %							69	0.5 %						
	20-24	92	1.76 %							419	3.0 %						
	25-29	223	4.1 %							1,048	7.6 %						
	30-39	806	15.1%							2,561	18.7 %						
	40-49	1,317	25.5 %							2,444	17.8 %						
	50+	2,854	53.5 %							7,130	52.1 %						
Transmission Risk																	
	MSM	0	0.0%							7,146	52.2 %						
	PWID	1,347	25.2 %							2,449	17.9 %						
	MSM/PWID	0	0.0%							782	5.7 %						
	Heterosexual	3,803	71.3 %							2,764	20.2 %						
	Pediatric	130	2.4 %							132	0.9 %						
	Other	*	*							10	0.0 %						
	No Reported Risk	49	0.9 %							396	2.8 %						
Total N																	
	5,332						13,679										
	FEMALE						MALE										

Notes *Cell sizes <6 are suppressed. † Age as of December 31, 2018

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 11

By Gender Identity and Selected Characteristics | 2018

	GENDER IDENTITY							
	(M) Cisgender Male		(F) Cisgender Female		(MF) Transgender Female		(FM) Transgender Male	
	N	%	N	%	N	%	N	%
Total	13,382	100.0 %	5,290	100.0 %	304	100.0 %	32	100.0 %
Race/Ethnicity								
Black	8,055	60.1 %	3,832	72.4 %	224	73.6 %	24	75.0 %
Hispanic	2,113	15.7 %	799	15.1 %	47	15.4 %	*	**
White	2,746	20.5 %	492	9.3 %	20	6.5 %	*	**
Asian	144	1.0 %	39	0.7 %	*	*	0	0.0 %
Multi-race	295	2.2 %	113	2.1 %	6	1.9 %	0	0.0 %
Other/Unknown	29	0.2 %	15	0.2 %	*	*	0	0.0 %
Age Category†								
Unknown	*	*	0	0.0 %	0	0.0 %	0	0.0 %
<13	7	0.0 %	14	0.2 %	0	0.0 %	0	0.0 %
13-19	69	0.5 %	25	0.4 %	0	0.0 %	*	*
20-24	394	2.9 %	90	1.7 %	25	8.2 %	*	*
25-29	993	7.4 %	218	4.1 %	55	18.0 %	*	*
30-39	2,443	18.2 %	794	15.0 %	118	38.8 %	12	37.5 %
40-49	2,411	18.0 %	1,312	24.8 %	35	11.5 %	*	*
50+	7,064	52.7 %	2,837	53.6 %	71	23.3 %	9	28.1 %
Transmission Risk								
Sexual Contact	9,674	72.2 %	3,768	71.2 %	242	79.6 %	29	90.6 %
PWID	3,176	23.7 %	1,341	25.3 %	56	18.4 %	*	*
Pediatric	132	0.9 %	129	2.4 %	0	0.0 %	*	*
Other	10	0.0 %	*	*	0	0.0 %	0	0.0 %
No Reported Risk	390	2.9 %	49	0.9 %	6	1.9 %	0	0.0 %
TOTAL N	13,382		5,290		304		32	
	Cisgender Male		Cisgender Female		Transgender Female		Transgender Male	

Notes *Cell sizes <6 are suppressed. † Age as of December 31, 2018

Gender identity is often not recorded in medical records. Birth sex was used to determine gender identity where no additional information was present. Cisgender Males and Females are persons whose gender identity matches the sex they were assigned at birth. Transgender Females are persons who were assigned Male sex at birth, but who identify as Female. Transgender Males are persons who were assigned Female at birth, but who identify as Male. The prevalence among Transgender Males and Transgender Females, 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

TABLE 12

Prevalence by Sex and Race/Ethnicity | 2018

	POPULATION	PLWHA	RATE PER 100,000				
Sex							
Female	806,193	5,332	661.4				
Male	719,813	13,679	1,900.4				
Race/Ethnicity							
Black	644,287	12,138	1,883.9				
Hispanic	187,611	2,963	1,579.3				
White	562,585	3,262	579.8				
Asian	95,521	187	195.8				
Multi-racial	27,942	414	1,481.6				
AIAN	3,498	35	1,000.6				
NHPI	457	*	*				
Other Race	4,105	*	*				
Sex and Race/Ethnicity							
Black Female	353,319	3,862	1,093.1				
Hispanic Female	94,484	804	850.9				
White Female	290,025	499	172.1				
Asian Female	49,137	39	79.4				
Multi-racial Female	15,095	113	748.6				
AIAN Female	1,882	10	531.3				
NHPI Female	237	*	*				
Other race Female	2,014	0	0.0				
Black Male	290,968	8,276	2,844.3				
Hispanic Male	93,127	2,159	2,318.3				
White Male	272,560	2,763	1,013.7				
Asian Male	46,384	148	319.1				
Multi-racial Male	12,847	301	2,343.0				
AIAN Male	1,616	25	1,547.0				
NHPI Male	220	*	*				
Other race Male	2,091	*	*				
Total	1,526,006	19,011	1,245.8				

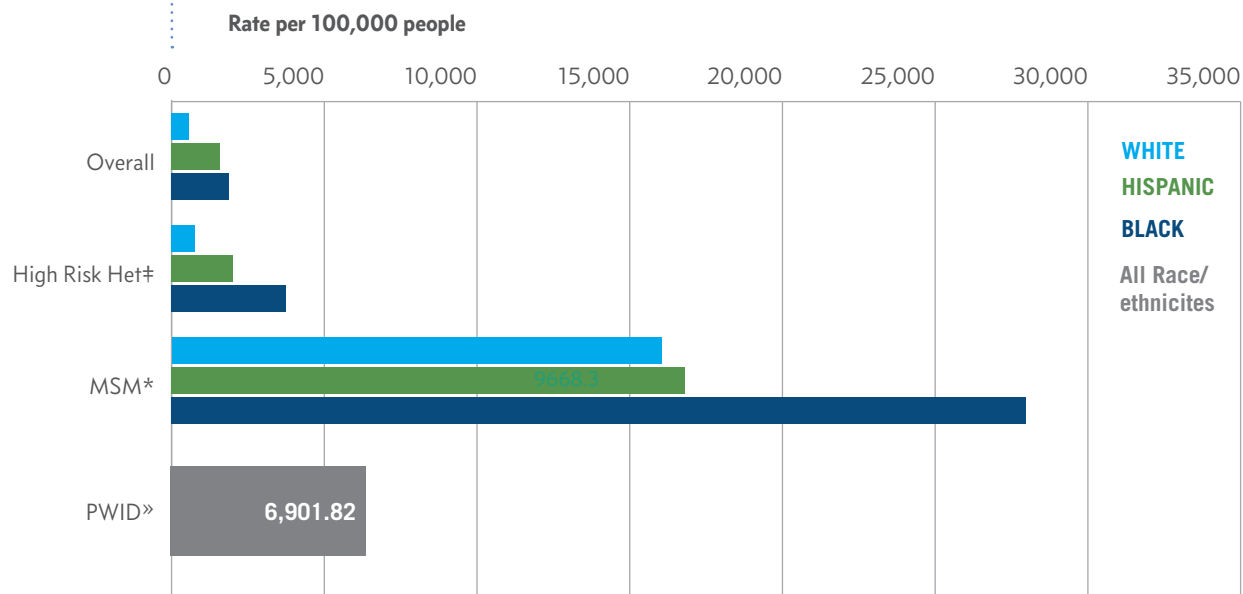
Notes *Cell sizes <6 are suppressed. Rates and case counts in categories with <500 population are also suppressed.
Rates were calculated using the 2010 decennial census data.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

FIGURE 6

Prevalence by Race/Ethnicity and Transmission Category | 2018



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

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

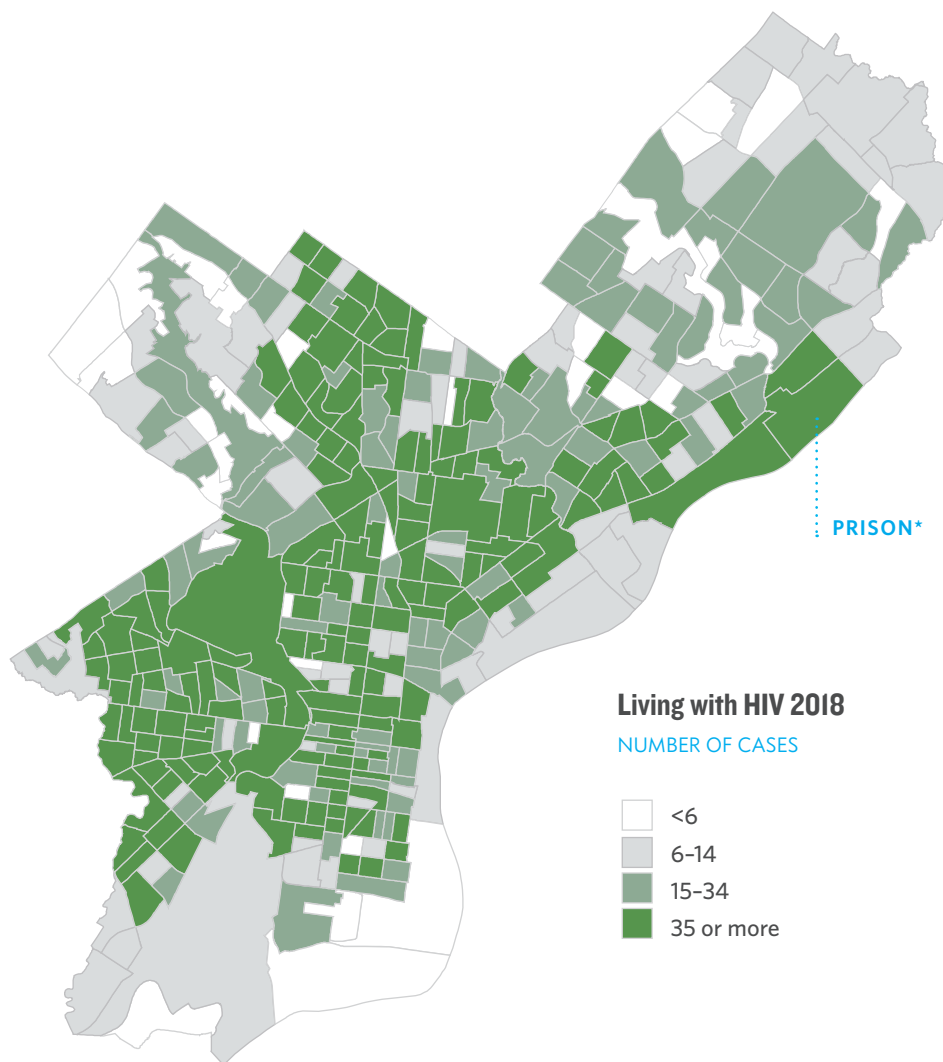
» There are currently no reliable estimates of PWID by race. The total PWID population is estimated to be 55,000 persons who have ever injected drugs. Methods based on Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE 9(5): e97596. A population estimation methodology is being used among PWID in Philadelphia participating in the National HIV Behavioral Surveillance survey, but were not available at the time of this report.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

MAP 2

By Census Tract | 2018



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.

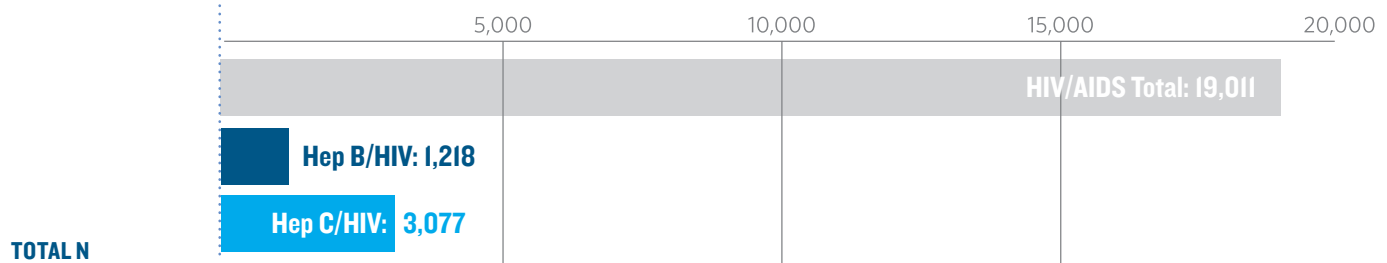
Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 13

By Hepatitis B or C Co-Infection and Selected Characteristics† | 2018

	● Hepatitis B/HIV		● Hepatitis C/HIV		● HIV Total	
	N	Row %	N	Row %	N	Row %
Total	1,218	6.4%	3,077	16.2%	19,011	100.0%
Sex at Birth						
Female	316	5.9%	913	17.1%	5,332	100.0%
Male	902	6.6%	2,164	15.8%	13,679	100.0%
Race/Ethnicity						
Black	842	6.9%	1,707	14.1%	12,138	100.0%
Hispanic	156	5.3%	674	22.8%	2,963	100.0%
White	171	5.2%	591	18.1%	3,262	100.0%
Asian	18	9.6%	18	9.6%	187	100.0%
Multi-race	28	6.8%	85	20.5%	414	100.0%
Other/Unknown	*	*	*	*	47	100.0%
Age Category†						
Unknown	*	*	*	*	*	*
0-12	*	*	*	*	21	100.0%
13-19	*	*	*	*	95	100.0%
20-24	*	*	15	2.9%	511	100.0%
25-29	26	2.1%	68	5.4%	1,271	100.0%
30-39	142	4.2%	293	8.7%	3,367	100.0%
40-49	289	7.7%	539	14.3%	3,761	100.0%
50+	753	7.5%	2,160	21.6%	9,984	100.0%
Transmission Risk						
MSM	416	5.8%	489	6.8%	7,146	100.0%
PWID	326	8.6%	1,551	40.9%	3,796	100.0%
MSM/PWID	382	5.8%	732	11.2%	6,567	100.0%
Heterosexual	62	7.9%	255	32.6%	782	100.0%
Pediatric	8	3.1%	9	3.4%	262	100.0%
Other	*	*	6	46.2%	13	100.0%
No Risk Reported	24	5.4%	35	7.9%	445	100.0%



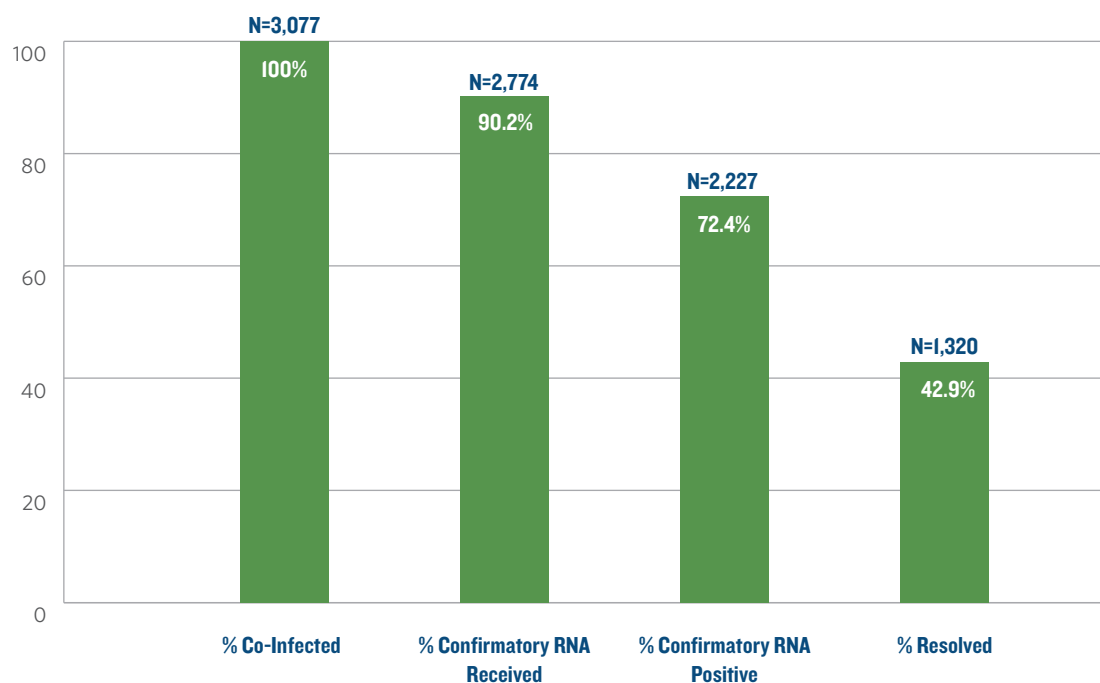
Notes *Cells size < 6 are suppressed. Decline in the proportion of previously reported Hepatitis C co-infection can be attributed to routine data cleaning activities. †Row, not column, percentages are presented here. †Age as of December 31, 2018

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

Persons Living with Diagnosed HIV

FIGURE 7

Hepatitis C Virus (HCV) Care Continuum among Persons Living with HIV, 2018



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; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program

Perinatal Exposures

TABLE 14

By Selected Demographics and Clinical Characteristics | 2014–2018

Data for this table is not available at the time of publication. Please check back for updates or contact AACOEPI@PHILA.GOV for information on perinatal exposures.

PrEP Indications

TABLE 15

Estimates of Adults with Indications for HIV Pre-exposure Prophylaxis by Race/Ethnicity and Transmission Category, Philadelphia 2018¹

	NEGATIVE AT RISK			PrEP INDICATION			% NEGATIVE POPULATION		
	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual
Black	9,926	N/A	125,713	4,880	480	2,290	49.2%	N/A	1.8%
Hispanic	3,516	N/A	48,243	1,680	560	560	47.8%	N/A	1.2%
White	10,197	N/A	64,349	1,320	1,360	200	12.9%	N/A	0.3%
TOTAL	26,406	55,000	260,795	8,290	2,480	3,130	31.4%	4.8%	1.2%

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 persons who have ever injected drugs in Philadelphia.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office



HIV-Related Deaths

TABLE 16

HIV-Related Death by Year and Select Characteristics, Philadelphia 2015-2017

It is important to monitor the proportion of deaths among PLWH for which HIV is the underlying cause of death. Delays in death ascertainment activities may contribute to a higher proportion of cases with unknown cause of death in more recent years.

	2015						2016						2017					
	No		Unknown		Yes		No		Unknown		Yes		No		Unknown		Yes	
	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %
Total	231	71.5%	*	*	88	27.2%	246	66.3%	6	1.6%	119	32.1%	237	72.9%	33	10.2%	55	16.9%
Sex at Birth																		
Female	62	69.7%	0	0.0%	27	30.3%	77	68.8%	*	*	33	29.5%	67	67.7%	11	11.1%	21	21.2%
Male	169	72.2%	*	*	61	26.1%	169	65.3%	*	*	86	33.2%	170	75.2%	22	9.7%	34	15.0%
Race/Ethnicity																		
Black	152	70.0%	*	*	62	28.6%	159	68.5%	*	*	69	29.7%	155	74.9%	18	8.7%	34	16.4%
Hispanic	24	75.0%	0	0.0%	8	25.0%	40	66.7%	0	0.0%	20	33.3%	29	70.7%	*	*	7	17.1%
White	45	72.6%	*	*	16	25.8%	37	57.8%	*	*	26	40.6%	46	69.7%	8	12.1%	12	18.2%
Asian	*	*	0	0.0%	*	*	0	0.0%	0	0.0%	0	0.0%	*	*	0	0.0%	0	0.0%
Multi-race	8	88.9%	0	0.0%	*	*	10	66.7%	*	*	*	*	*	*	*	*	*	*
Other/ 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%
Age at HIV Dx																		
0-12	0	0.0%	0	0.0%	0	0.0%	*	*	0	0.0%	*	*	*	*	0	0.0%	*	*
13-19	*	*	0	0.0%	*	*	*	*	0	0.0%	*	*	*	*	0	0.0%	*	*
20-24	17	77.3%	*	*	*	*	16	57.1%	0	0.0%	12	42.9%	14	70.0%	0	0.0%	6	30.0%
25-29	29	63.0%	*	*	16	34.8%	26	52.0%	*	*	22	44.0%	19	59.4%	*	*	8	25.0%
30-39	58	69.9%	0	0.0%	25	30.1%	76	72.4%	*	*	28	26.7%	62	71.3%	12	13.8%	13	14.9%
40-49	61	69.3%	0	0.0%	27	30.7%	72	66.7%	*	*	35	32.4%	72	79.1%	7	7.7%	12	13.2%
50+	62	78.5%	*	*	15	19.0%	50	72.5%	*	*	17	24.6%	62	75.6%	8	9.8%	12	14.6%
Transmission Risk																		
MSM	53	71.6%	*	*	19	25.7%	52	62.7%	*	*	30	36.1%	53	72.6%	7	9.6%	13	17.8%
PWID	88	75.2%	0	0.0%	29	24.8%	89	73.6%	*	*	30	24.8%	78	75.7%	13	12.6%	12	11.7%
MSM/PWID	13	61.9%	*	*	7	33.3%	17	68.0%	0	0.0%	8	32.0%	12	75.0%	*	*	*	*
Heterosexual	71	67.6%	*	*	33	31.4%	84	63.6%	*	*	45	34.1%	85	70.2%	12	9.9%	24	19.8%
Pediatric	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%	0	0.0%
No Reported Risk	*	*	0	0.0%	0	0.0%	*	*	0	0.0%	*	*	7	87.5%	0	0.0%	*	*

Notes *Cell sizes <6 are suppressed. 2018 HIV related death rates not shown due to delays in reporting causes of death. Row percentages are based on the total number of deaths in a calendar year among people living with HIV.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

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:
Samantha Crowe (215-685-4769).

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: Samantha Crowe
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 2018 and reported through June 2019.

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](mailto:Melissa.Miller@PHILA.GOV)

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