Dynamic Trends in HIV/AIDS Diagnoses and its Biological, Sexual and Drug Use Risk Factors in Young People in Washington, DC

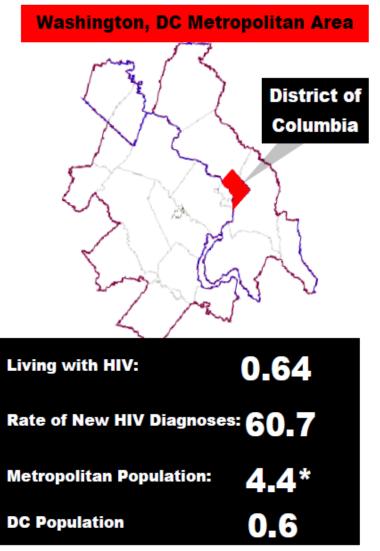
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50% of people with HIV in the United States Reside in 12 Cities

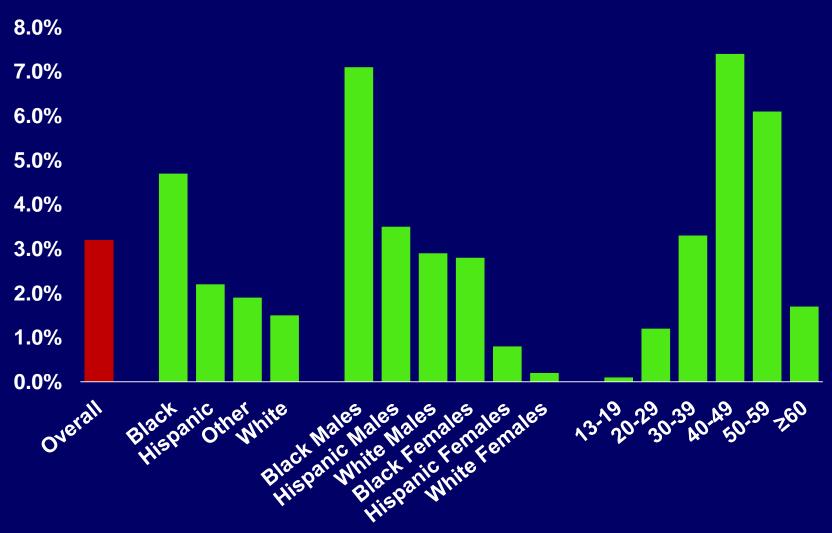


United States Chicago Philadelphia New York San Francisco Metropolitan Area Metropolitan Area Metropolitan Area Metropolitan Area Living with HIV_ Living with HIV Living with HIV Living with HIV per 100,000: 0.62 per 100,000: 0.34 per 100,000: 0.52 per 100,000: 0.81 Rate of New Rate of New Rate of New Rate of New HIV Cases in 30.4 22.8 HIV Cases in 36.2 HIV Cases in 36.9 HIV Cases in 2007: 2007: 2007: Population: 3.6* Population: 4.8* Population: 15.8* Population: 7.7* Baltimore Metropolitan Area Living with HIV per 100,000: 0,78 Rate of New HIV Cases in 64.22.2* Population Miami Los Angeles Atlanta Houston Metropolitan Area Metropolitan Area Metropolitan Area Metropolitan Area Living with HIV per 100,000: **0.40** Living with HIV Living with HIV Living with HIV 0.440.47 1.0 per 100,000: per 100,000: per 100,000: Rate of New 25.9 Rate of New Rate of New Rate of New 30.7 41.0% HIV Cases in 77.2 HIV Cases in **HIV Cases in** 2007: 2007: 2007: 2007: 4.4* 4.5*Population: 10.4* 4.2* Popula Population: Population:

* Number in Millions

Source: Hall HI et al, Epidemiology of HIV Infection in Large Urban Areas in the United States. PLoS One. 2010 Sep 15;5(9):e12756.

HIV/AIDS in DC



DC DOH. Annual Report 2010

Objective

 This study was to assess the dynamic trends of HIV/AIDS diagnoses and its biological, sexual and drug use risk factors in young people (13-24 years) in Washington D.C.

Methods and Data Sources

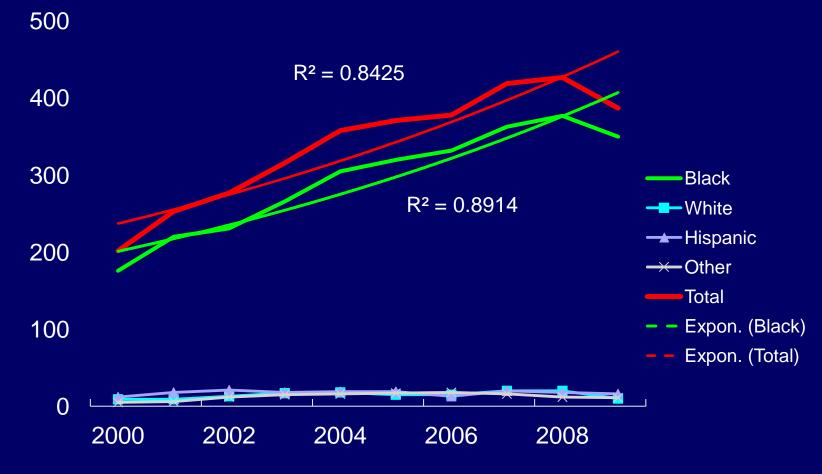
- Estimated annual percentage changes (EAPCs) for HIV infected and diagnosed young people aged 13-24 years were calculated using Poisson regression, with p<0.05 indicating significance.
- Data sources
 - Youth Risk Behavioral Surveillance Survey (YRBSS)
 - Case Report Surveillance Data

Results (1) HIV Prevalence in DC's Young People (13-24 yrs)

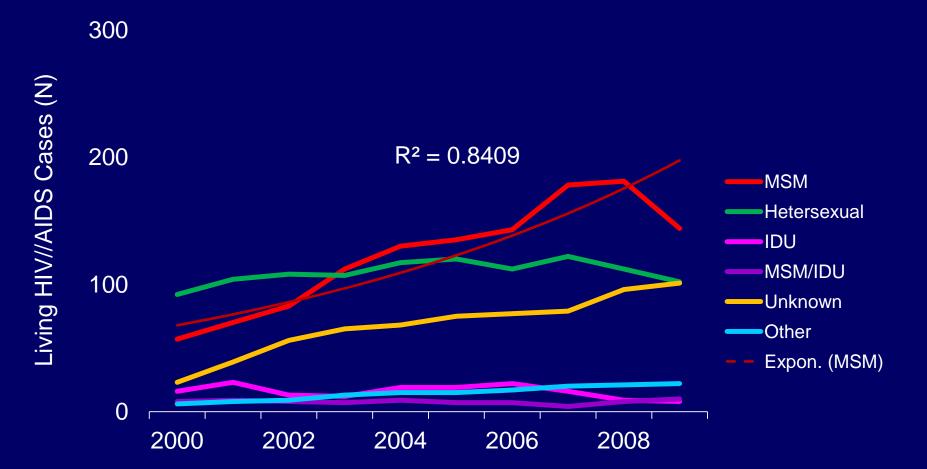
- A total of 419 new diagnoses in 2009
 - 67% were male; 90% African Americans, the major transmission categories were male-to-male sexual contacts (MSM, 51.8%), heterosexual (36.7%), and injection drug use (7%)
- The prevalence of new diagnoses increased significantly (EAPC=10%)
 - From 0.3% (95%CI: 0.2%-0.3%) in 2000 to 0.5% (95%CI: 0.4%-0.5%) in 2009
- The prevalence rates of diagnoses from 2000 to 2009 contributed mainly
 - Black/African American (EAPC: 15%, P<0.01), MSM (EAPC: 32%, P<0.01), and Male (EAPC: 30%, P<0.01)

Results(2): HIV Prevalence in DC's Young People (13-24 yrs) by Race/Ethnicity

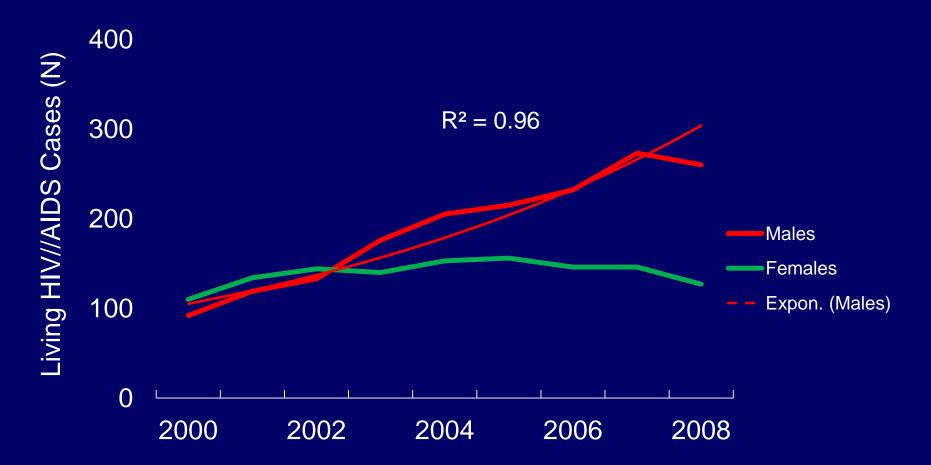
Living HIV//AIDS Cases (N)



Results (3) HIV Prevalence in DC's Young People (13-24yrs) by Subgroups



Results (4) HIV Prevalence in DC's Boys & Girls (13-24 yrs)



Results (5) Sexually Transmitted Infections

 From 2000 to 2009, the number of primary and secondary syphilis diagnoses increased significantly among males and blacks, leveled in other groups. Chlamydia (5%) and Gonorrhea (2%) diagnoses are common among youths with most of them occurred among blacks (Chlamydia: 73%; Gonorrhea: 81%)

Results (6): Substance Use

- Serial YRBSS from 1999 to 2009 suggested that high school students had sex (48%-65%), more sexual partners (≥23%-40%), sex in the past 3 months (34%-48%), unprotected sex in the last act (75%-82%), drug/alcohol use before sex (12%-16%) were common. High proportion (25%-41%) of high school students involved in offering/selling drugs;
- Among middle/high school students, alcohol use was common (38%-67%); marijuana (11%-45%) and inhalant (6%-16%) were most common drugs, followed by Ecstacy (4%-9%), cocaine (2%-7%), methamphetamine (2%-6%), and heroin (2%-5%)

Discussion

- There is a continuing rise of HIV new diagnoses in DC's young people.
- Multiple sex partners, unprotected sex, substance use are common among DC's young people.
- Structural interventions that address access to health care as well as individual prevention interventions that address sexual/drug use risks including harm reduction services are needed to reduce HIV transmission in young people and reduce HIV disparities.

Any questions and comments are most welcome!

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