

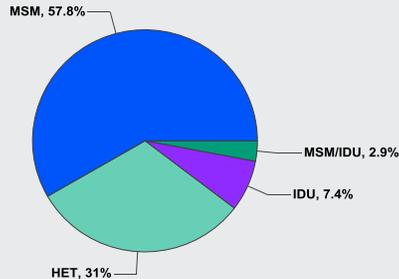
District of Columbia – 2015 State Health Profile

HIV/AIDS Epidemic

In 2013, an estimated 47,165 people in the United States were diagnosed with HIV, the virus that causes AIDS. About 1 in 6 people with HIV in the United States do not know that they are infected.

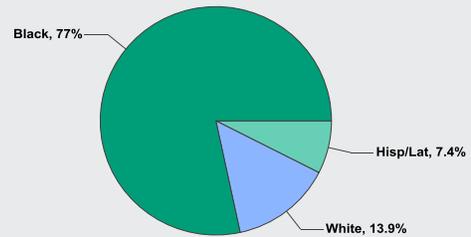
In 2013, an estimated 612 adults and adolescents were diagnosed with HIV in the District of Columbia.

Estimated adults and adolescents diagnosed with HIV, by transmission category, District of Columbia, 2013



*MSM, men who have sex with men; IDU, injection drug users; MSM/IDU, men who have sex with men who also inject drugs; HET, Heterosexuals
 **Other: <0.817%

Estimated adults and adolescents diagnosed with HIV, by race/ethnicity, District of Columbia, 2013



*AI/AN, American Indian/Alaska Native; Black, Black/African American; Hisp/Lat, Hispanic/Latino; MultRace, Multiple races; NHOPi, Native Hawaiian/Other Pacific Islander; Unk, Unknown
 **AI/AN, NHOPi, Asian, MultRace: <1.80%

Adolescent and School Health

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases, and unintended pregnancy. In 2013 among high school students in the District of Columbia:

- 54.9% had ever had sexual intercourse.
- 75.1% did not use a condom during last sexual intercourse (among students who were currently sexually active).

Sexually Transmitted Diseases (STDs)

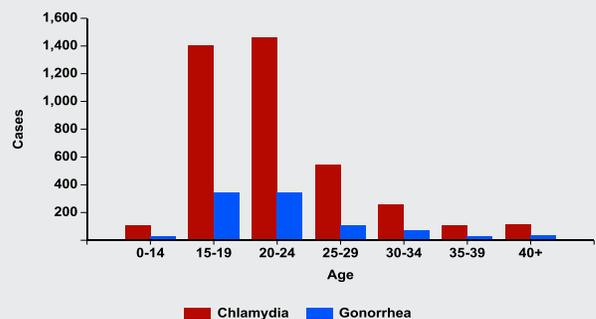
Primary and secondary (P&S) syphilis (the stages in which syphilis is most infectious) remains a health problem, primarily among men who have sex with men, but congenital transmission of syphilis from infected mothers to their unborn children persists in many areas of the country.

- In the District of Columbia, the rate of primary and secondary syphilis was 27.2 per 100,000 in 2009 and 26.6 per 100,000 in 2013.
- There were 4 cases of congenital syphilis from 2009 through 2013.

Chlamydia and Gonorrhea – Untreated STDs are a common cause of pelvic inflammatory disease, infertility and chronic pelvic pain. In addition, they can increase the spread of HIV, and cause cancer. Pregnant women and newborns are particularly vulnerable. In 2013, the District of Columbia:

- Reported 1014.4 chlamydial infections and 391.9 gonorrheal infections per 100,000 persons.
- Reported rates of chlamydia among women (1197.8 cases per 100,000) that were 1.5 times greater than those among men (802.6 cases per 100,000).

Chlamydia and Gonorrhea among Women by Age Group, District of Columbia, 2013



Tuberculosis (TB)

Although the overall rate of TB in the United States has declined substantially since 1992, the rate of decrease among foreign-born persons has been much smaller than that for U.S.-born persons. In 2013, the District of Columbia reported:

- 5.9 TB cases per 100,000 persons.
- 68.42% of TB cases occurred in foreign-born persons.

Hepatitis A, B, and C Virus (HAV, HBV, HCV)

In the United States in 2013, incidence of acute HAV and HBV was the lowest ever recorded due to the availability of safe and effective vaccines. However, there is no vaccine for HCV, and chronic HBV and HCV account for more than 50% of new cases of chronic liver disease—a leading cause of death. Approximately 4.4 million people are estimated to be living with HBV and HCV infection; most do not know they are infected.

Program Initiatives Supported by CDC

| CDC Funding to District of Columbia, 2014 | |
|-------------------------------------------|--------------|
| HIV/AIDS | \$19,093,107 |
| STDs | \$2,818,577 |
| TB | \$472,521 |
| Viral Hepatitis | \$89,093 |

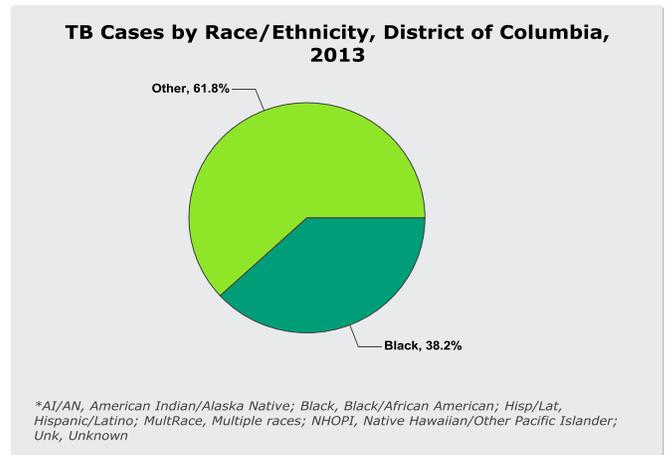
Includes direct assistance.

HIV/AIDS – CDC funds the District of Columbia health department to implement a high impact approach to HIV prevention, prioritizing the delivery of evidence-based, cost-effective, scalable interventions to the most affected communities and regions of the state. Funded activities include surveillance, program implementation and service delivery, capacity building, and routine program monitoring and evaluation. CDC also provides funding to eight community-based organizations and four capacity building assistance providers in the District of Columbia and supports two health department led HIV demonstration projects and the HIV prevention work of national organizations. CDC also funds the local school district and four capacity building assistance providers for HIV school health.

STD – In the District of Columbia, CDC funds the state health department through a grant program that supports a community-wide, science-based, interdisciplinary approach to addressing STDs that includes prevention activities; assessment, including disease surveillance; assurance; and policy development. CDC also funds national organizations headquartered in the District.

TB – CDC funds the District of Columbia for TB prevention and control activities, including surveillance, case management, and directly observed therapy. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services. CDC also funds TB clinical research in conjunction with the Veteran's Administration.

Viral Hepatitis – In the District of Columbia, CDC supports an adult viral hepatitis prevention coordinator to integrate viral hepatitis prevention activities into existing public health programs. CDC also supports two projects to increase viral hepatitis screening and linkage to care.



For More Information

District of Columbia: <http://doh.dc.gov/> CDC: <http://www.cdc.gov/nchstp/>