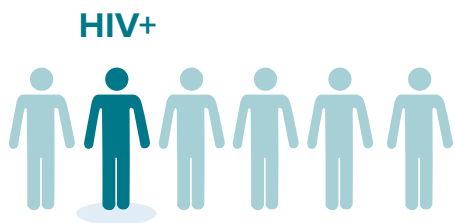


HIV PREVENTION

District of Columbia

% Unaware of HIV infection[†]

15%

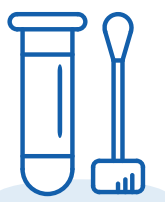


85% of Washingtonians with HIV are aware of their status, which means approximately **2,500 people** in the District of Columbia **aren't getting the care they need.** The national goal for the percentage of people with HIV who know their status is 90%.

Annual HIV Diagnoses

321

new cases



1st Highest

The District of Columbia had the nation's **1st-highest rate of new HIV diagnoses** in 2017.

People with HIV[†]

17,400



When a person with HIV takes their medicine regularly they become virally suppressed and have effectively no risk of transmitting HIV. **51% of Washingtonians** with HIV are virally suppressed; the national goal is 80%.

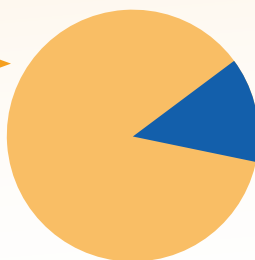
Washingtonians with HIV will face an average **lifetime cost of \$478,000** to treat their infection (2017 dollars)



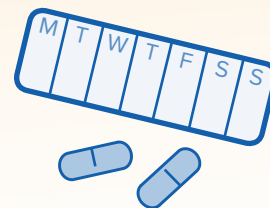
Pre-exposure prophylaxis (PrEP) is a pill for those at high risk for HIV.

13,820*

Washingtonians at high risk for HIV could potentially benefit from PrEP



Taken daily, it can **block HIV**



1,869* Washingtonians were prescribed PrEP in 2017



*AIDSvu (www.aidsvu.org). Emory University, Rollins School of Public Health. †2015 data.

CDC awarded **\$17.4M^{††}** to the District of Columbia health departments and community-based organizations for HIV prevention activities, including:

HIV Testing



HIV Diagnosis



Linkage to Care



65,231 HIV tests^{†††} were provided in the District of Columbia

CDC-funded HIV testing ensures people at risk know their HIV status. Awareness of HIV status allows people who are HIV-negative to choose prevention activities to avoid infection.

of those

180 Washingtonians^{†††} were newly diagnosed with HIV through CDC-funded HIV testing

CDC-funded HIV testing makes people with HIV aware of their infection so they can take medicine to stay healthy and prevent transmission.

of those

77 Washingtonians^{†††} were linked to medical care within 90 days of HIV diagnosis

CDC-funded programs link people to medical care immediately after HIV diagnosis, so they can stay healthy and not transmit HIV to others.

Due to end of year data submission dates, those who were diagnosed and successfully linked to care during the last two weeks of the year may have been excluded from this calculation.

What Can Be Done?

Major developments in HIV science, prevention, and treatment have produced a **once-in-a-generation opportunity to eliminate new HIV infections** in the United States — *including the District of Columbia.*

To End HIV:

Use the **right practices** in the **right places** targeted to the **right people**

Diagnose

All people with HIV as early as possible after infection



Treat

All people with HIV rapidly so they can take HIV medicine to stay healthy and prevent transmission



Protect

People at risk for HIV with proven interventions, including medications that can prevent HIV



Respond

Rapidly to growing HIV networks and effectively respond to outbreaks of new HIV infections



Dedicated people at all levels working together to end HIV

For more information on HIV prevention, please visit

www.cdc.gov/HIV

††FY 2018. †††2017 data.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

