

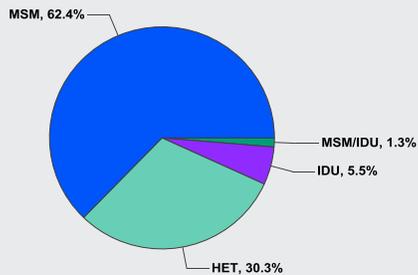
District of Columbia – Health Profile

HIV/AIDS Epidemic

In 2015, an estimated 39,393 people in the United States were diagnosed with HIV, the virus that causes AIDS. About 1 in 7 people with HIV in the United States do not know that they are infected.

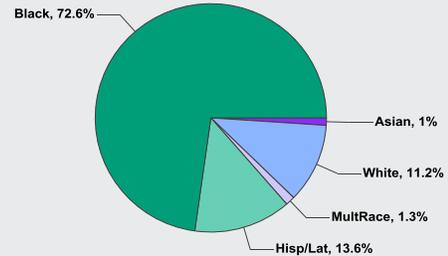
In 2015, an estimated 383 adults and adolescents were diagnosed with HIV in the District of Columbia.

Estimated adults and adolescents diagnosed with HIV, by transmission category, District of Columbia, 2015



*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: <0.522%

Estimated adults and adolescents diagnosed with HIV, by race/ethnicity, District of Columbia, 2015



*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: <0.26%

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. However, there has been a nationwide decrease in the percentage of adolescents who have ever had sex; in 2015 among high school students in District of Columbia:

- 24.6% of 9th graders had ever had sexual intercourse.
- 36.4% of 10th graders had ever had sexual intercourse.

Sexually Transmitted Diseases (STDs)

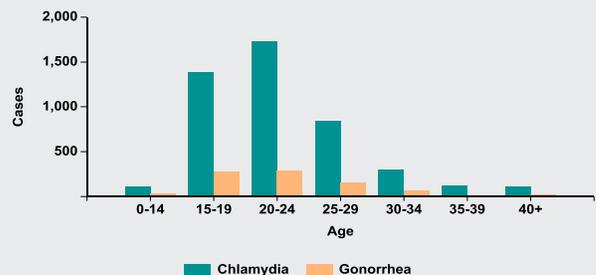
Syphilis – Primary and secondary (P&S) syphilis (the stages in which syphilis is most infectious) remains a health problem, primarily among men who have sex with men, but congenital transmission of syphilis from infected mothers to their unborn children persists in many areas of the country.

- In the District of Columbia, the rate of primary and secondary syphilis was 26.7 per 100,000 in 2011 and 14.4 per 100,000 in 2015.
- There were 4 cases of congenital syphilis from 2011 through 2015.

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 2015, the District of Columbia:

- Reported 1198.1 chlamydial infections and 416.2 gonorrheal infections per 100,000 persons.
- Reported rates of chlamydia among women (1337.6 cases per 100,000) that were 1.3 times greater than those among men (994.2 cases per 100,000).

Chlamydia and Gonorrhea among Women by Age Group, District of Columbia, 2015



*Chlamydia: [0-14: 108] [15-19: 1,389] [20-24: 1,728] [25-29: 845] [30-34: 298] [35-39: 119] [40+: 115]
 **Gonorrhea: [0-14: 33] [15-19: 281] [20-24: 295] [25-29: 151] [30-34: 64] [35-39: 17] [40+: 28]



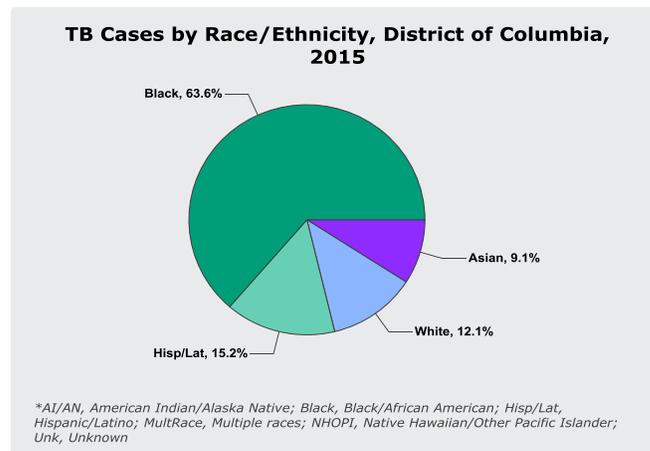
Tuberculosis (TB)

Although the overall rate of TB in the United States has declined substantially since 1992, the rate of decrease among non-U.S. born has been much smaller than that for U.S.-born persons. In 2015, the District of Columbia reported:

- 4.9 TB cases per 100,000 persons.
- 54.55% of TB cases occurred in non-U.S. born.

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

While acute hepatitis A virus and acute hepatitis B virus (HBV) infections have generally been declining in incidence since 1990 mainly due to effective vaccination strategies, the number of cases in the United States increased in 2015 compared to 2014. Nationwide, reported cases of acute hepatitis C virus (HCV) infection also continued to increase in 2015, more than 2.9-fold from 2011– 2015. Approximately 4.4 million people in the U.S. are living with HBV and HCV infection; most do not know they are infected. Lifelong infections with HBV and HCV are shown to be major risk factors for liver cancer.



Program Initiatives Supported by CDC

CDC Funding to District of Columbia, 2016	
HIV/AIDS	\$22,267,083
STDs	\$1,347,351
TB	\$407,953
Viral Hepatitis	\$241,715

Includes direct assistance.

HIV/AIDS – CDC funds the District of Columbia health department to implement cost-effective and scalable programs and policies that will have the greatest impact on HIV prevention in the state’s most affected communities and regions. Funding supports evidence-based disease monitoring, service delivery, staff development, routine program

evaluation. CDC also supports eight community-based organizations, four capacity building assistance providers and the HIV prevention work of national organizations. CDC also funds the District of Columbia Public Schools for HIV prevention activities, to assess adolescent health-risk behaviors, and to increase access to youth-friendly health services and effective education programs to delay sexual initiation and prevent HIV infection and other STDs..

STD – In the District of Columbia, CDC funds the District of Columbia health department to reduce STDs through science-based prevention and control services that are high impact, scalable, cost effective, and sustainable. CDC also funds national organizations headquartered in the District.

TB – CDC funds the District of Columbia for TB prevention and control activities. 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 projects to improve the delivery of primary and secondary viral hepatitis prevention services in health-care settings and public health programs that serve at-risk adults and adolescents. CDC also supports projects to lead and grow a national coalition to address the public health challenge of chronic viral hepatitis through training and technical assistance to conduct culturally competent outreach, extend the reach of CDC’s national campaigns, and enhance testing and linkage to care in high risk communities.

For More Information

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