

# Snapshot of HIV/AIDS by Race/Ethnicity in the District of Columbia

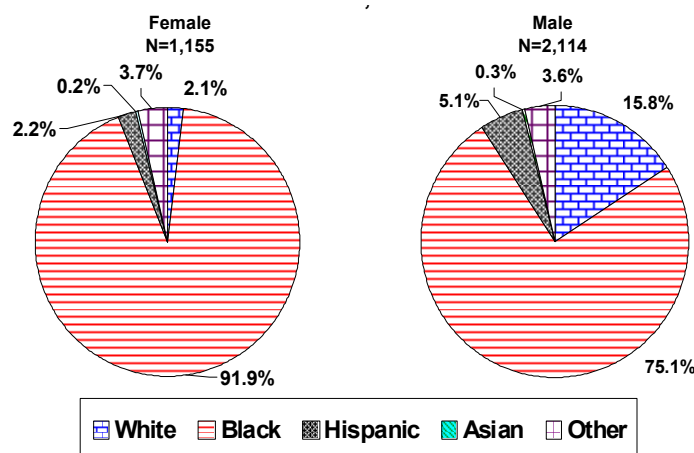
Revised November 2007



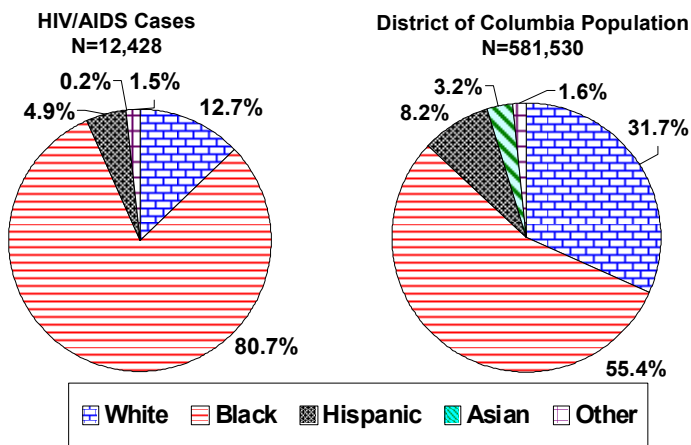
One of the striking features of the HIV/AIDS epidemic in the District of Columbia is the disproportionate impact of the disease by race and ethnicity. Although blacks comprised 57% of District residents in 2006, they accounted for 81% of all new reports of HIV cases and all living AIDS cases. The percentage of newly reported HIV/AIDS cases from 2001-2006 among adult and adolescent blacks (84%) was 9 times that of whites (9%) and 21 times that of Hispanics (4%)

- Black males accounted for 75% of all new reports of adult and adolescent HIV cases from 2001 through 2006, followed by black females (50%) and white males (16%).

## Proportion of Newly Reported HIV cases among Adults and Adolescents, by Race/Ethnicity and Sex - District of Columbia, 2001 - 2006



## Proportion of Reported Living HIV/AIDS Cases and Population, by Race/Ethnicity — District of Columbia, 2006



## AIDS, 2001-2006

### HIV, 2001-2006

- In the District, from 2001-2006, over 90% of all new reports of HIV cases among adult and adolescent females were among blacks. Blacks and Hispanics also comprised 85% of newly reported HIV cases among young adults 13-29 years of age. After blacks, the second racial/ethnic group most affected by HIV was whites (11%), followed by Hispanics (4%).

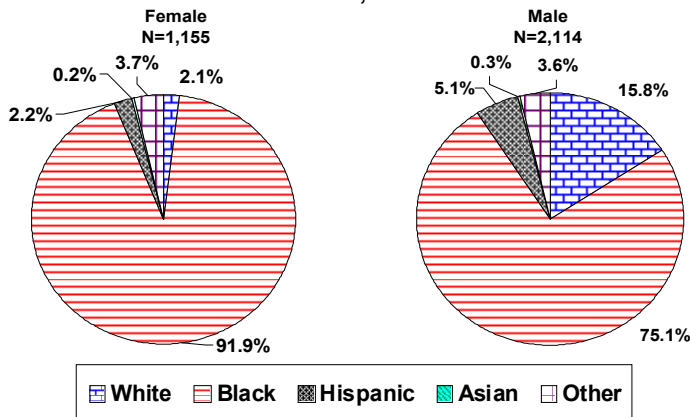
- Of all newly identified adult and adolescent AIDS cases in the District from 2001-2006, 94% of females and 83% of males were black. The rate of newly reported AIDS cases among black adults and adolescents was considerably and consistently higher than the rate among all other racial/ethnic groups during this time period.



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- In 2006, the rate of newly reported cases among blacks was 2.9 times higher than the rate among Hispanics (230.1 vs. 78.7 cases per 100,000 population, respectively) and 7.2 times higher than the rate among whites (230.1 vs. 32.0 cases per 100,000 population, respectively)

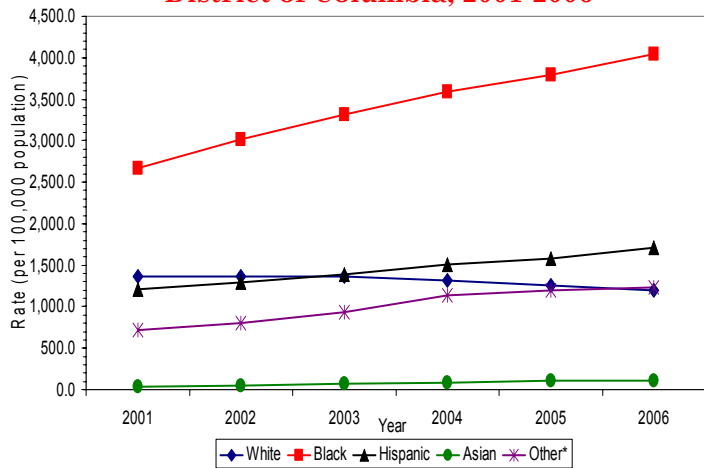
**Proportion of Newly Reported AIDS Cases among Adults and Adolescents, by Race/Ethnicity and Sex—District of Columbia, 2001-2006**



\*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

- AIDS prevalence rates (rates of those persons living with AIDS) among adult and adolescent blacks were consistently higher than the rates among any other racial/ethnic group from 2001 through 2006. The rate for persons living with AIDS for blacks (2,558.4 cases per 100,000 population) was 2.3 times higher than the rate for Hispanics (1,099.6 cases per 100,000 population) and 4.1 times higher than the rate for whites (630.3 cases per 100,000) in 2006.

**Rates for Adults and Adolescents Living with AIDS, by Year and Race/Ethnicity—District of Columbia, 2001-2006**



\*Other race includes mixed race individuals, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown races.

**AIDS Survival and Mortality**

Between 2001 and 2006, 90% of all deaths among AIDS cases were among blacks in the District. The majority of these deaths among black AIDS cases were male (66%). Among black AIDS cases, the largest numbers of deaths were attributed to injection drug use (IDU). In contrast, among white and Hispanic AIDS cases, the largest numbers of deaths were attributable to sexual contact with men who have sex with men (MSM).

- From 2001-2006, blacks consistently had the highest mortality rates among adult and adolescent AIDS cases, ranging from 111.8 in 2001 to 77.2 in 2006 (per 100,000 population).
- Five years after their initial AIDS diagnosis, 72% of black, 79% of white, and 88% of Hispanic adults and adolescents were still alive. Sixty percent (60%) of blacks, 74% of whites, and 86% of Hispanics were living with AIDS ten years after an initial AIDS diagnosis.

**Understanding HIV/AIDS Surveillance Data in the District of Columbia**

The District began HIV surveillance in 2000 using code-based reporting, with new HIV cases were reported to the Department of Health (DOH) using a unique identifier code. The data presented on HIV cases that have not progressed to AIDS are limited to cases reported between January 1, 2001 (the start of code-based HIV reporting) and November 16, 2006. HIV data collected on and after November 17, 2006, when the District began confidential name-based HIV reporting are not included in this report. AIDS surveillance began in 1985 as confidential name-based reporting. The AIDS data presented in this report include cases reported through December 31, 2006.

Surveillance data are collected primarily through the investigation of cases reported by laboratories and providers, and the data in this report are not adjusted for reporting delays. The report provides comprehensive demographic information about people living with HIV and AIDS. It shows readers “what” is going on with the epidemic with more detail than ever compiled previously, but we know we have more to learn about the “why” of how the epidemic continues to impact District residents. DOH knows that there are more people with HIV or AIDS in the District. With better diagnosis of the virus, the reported numbers will increase. Subsequent reports will better inform public officials and community members for future prevention and planning.