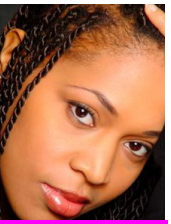


Snapshot of HIV/AIDS among Women in the District of Columbia

Revised November 2007



Women are a growing proportion of the HIV/AIDS epidemic in the District of Columbia. The epidemic has a two-fold impact on women on their own health and the potential health of their children, especially as the majority of women diagnosed with HIV or AIDS are in their childbearing years.

In the District of Columbia, women accounted for approximately one-third of all newly reported HIV/AIDS cases from 2001-2006. Black women accounted for the majority – nine out of 10 – of all reported HIV/AIDS cases among women from 2001-2006.

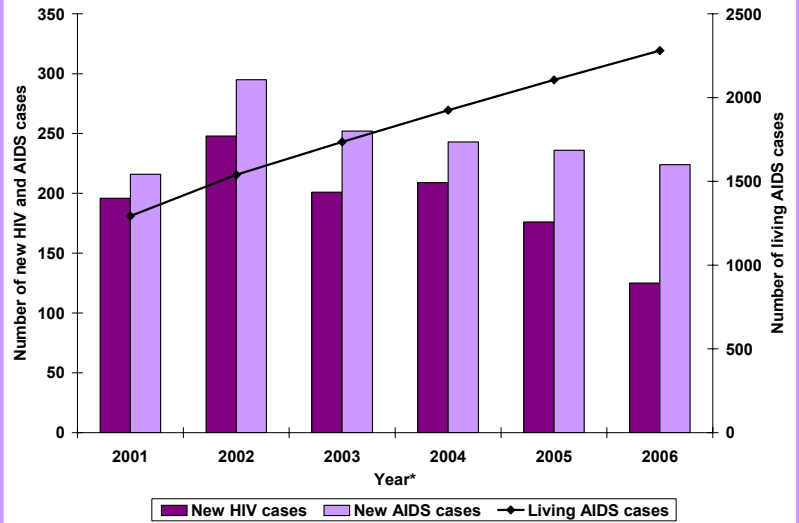
Of the 3,269 new HIV infections among adults and adolescents from 2001-2006 in the District, 35% (n=1,155) occurred among women. Of the 4,678 new AIDS infections among adults and adolescents from 2001-2006, 31% (n=1,466) occurred among women.

The number of District women living with AIDS has increased by more than 76% over the past six years. The District also has a larger number of newly reported HIV cases among females (47 cases per 100,000 residents) than other jurisdictions.

HIV, 2001-2006

- From 2001-2006, 1,155 women were reported diagnosed with HIV.
- The most common mode of transmission of newly reported HIV cases among women was heterosexual contact at 61% compared to 25% for men. Injection drug use (IDU) accounted for 16% of cases among women compared to 11% among men. Of new HIV cases among women, 23% were risk not identified (RNI). The most common mode of transmission of HIV reported among men was attributed to Men who have sex with Men (MSM) at 40%.

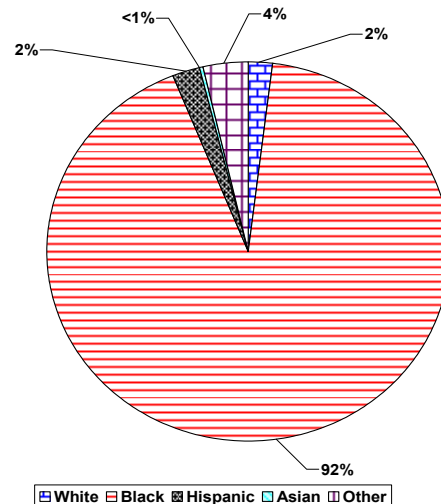
HIV and AIDS Cases among Women—
District of Columbia, 2001-2006



*Year refers to the year of diagnosis for new reports of HIV (not AIDS) and AIDS or the year during which people were living with AIDS.

**A patient is reported as an HIV (not AIDS) or an AIDS case. These categories are mutually exclusive

Race/Ethnicity of Newly Reported HIV
Cases among Women—
District of Columbia, 2001-2006



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

Government of the District of Columbia
Department of Health – HIV/AIDS Administration
64 New York Avenue, NE
Suite 5001
Washington, DC 20002
(202) 671 - 4900 www.doh.dc.gov

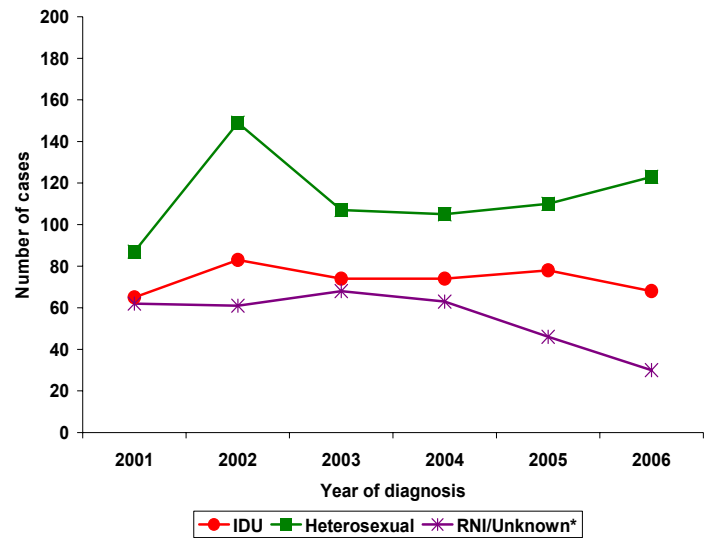


- Hispanics each counted for only 2% of newly reported HIV cases among women.
- From 2001-2006, there were 592 deaths reported among female AIDS cases, accounting for 32% of all adults and adolescents with AIDS who died during this time period in the District. Overall, deaths reported among women with AIDS decreased by 18% from 99 in 2001 to 81 in 2006, which is mostly likely attributable to the increased use of antiretroviral treatment.

AIDS, 2001-2006

- From 2001 to 2006, in the District, there were 1,466 newly reported AIDS cases among women.
- Significant racial disparities also exist with regard to newly reported AIDS cases among women in the District. Of the newly reported AIDS cases, 94% of women were black. During this time period, whites and Hispanics accounted for only 2% and 4% of newly reported AIDS cases among women, respectively.
- By the end of 2006, there were 2,281 women living with AIDS, accounting for 27% of all adults and adolescents living with AIDS through that year.
- From 2001-2006, there were 592 deaths reported among female AIDS cases, accounting for 32% of all adults and adolescents with AIDS who died during this time period in the District. Overall, deaths reported among women with AIDS decreased by 18% from 99 in 2001 to 81 in 2006, which is mostly likely attributable to the increased use of antiretroviral treatment.
- The most common mode of transmission for newly reported AIDS cases among women was heterosexual contact (46%). For 30% of newly reported female AIDS cases, the mode of transmission was IDU. RNI or unknown accounted for 27% of cases.
- In comparison, 17% of newly reported AIDS cases among men were attributed to heterosexual contact, and 18% were attributed to IDU. The majority of AIDS cases reported among men from 2001-2006 were attributed to MSM at 40%.

Mode of Transmission of Newly Reported AIDS Cases among Women—District of Columbia, 2001-2006



*RNI/unknown includes hemophilia, blood transfusion, and risk not identified

Women of Childbearing Age and HIV Transmission, 2001-2006

- From 2001 to 2006, in the District, there were 1,004 women of childbearing age (13-49 years old) newly reported with HIV – representing 87% of all women newly reported with HIV. In the same time period, there were 1,228 women of childbearing age newly reported with AIDS – representing 84% of all women newly reported with AIDS.

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.