

District of Columbia  
Department of Health  
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)



# ANNUAL EPIDEMIOLOGY & SURVEILLANCE REPORT

SURVEILLANCE DATA THROUGH **DECEMBER 2011**



Vincent C Gray, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA



# Acknowledgements

This report was compiled by the combined efforts of many individuals in the District of Columbia Department of Health; HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration, with major contribution from The George Washington University School of Public Health and Health Services, Department of Epidemiology and Biostatistics. This report would not have been possible without the hard work, dedication, and contribution of health care providers, community groups, researchers, and members of the community.

Vincent C. Gray, Mayor  
Allen Lew, Office of the City Administrator  
Joxel Garcia, MD, PhD, Acting Department of Health Director  
Michael Kharfen, Interim Senior Deputy Director

With special thanks to:  
Strategic Information Division  
STD/TB Control Division  
Prevention and Intervention Services Division  
The George Washington School of Public Health and Health Services

The Annual Epidemiology & Surveillance Report is compiled annually by the Strategic Information Division. To request additional data or aid in interpreting the data herein, contact:

Strategic Information Division  
HIV/AIDS, Hepatitis, STDs and TB Administration (HAHSTA)  
Government of the District of Columbia  
Department of Health  
899 North Capitol St NE  
Fourth Floor  
Washington DC, 20002

Phone: (202) 671-4900

This report is available online at: [doh.dc.gov](http://doh.dc.gov)

# Contents

Index of Figures/Tables/Maps.....	4
Executive Summary .....	6
Reducing New Infections	
Increasing Access to Care	
National HIV/AIDS Strategy	
Diagnosed and Living HIV Cases.....	8
Newly Diagnosed HIV Cases .....	14
Perinatal HIV Cases .....	19
Newly Diagnosed AIDS Cases .....	22
HIV Mortality .....	27
Sexually Transmitted Diseases.....	34
Chlamydia	
Gonorrhea	
Syphilis	
Viral Hepatitis.....	43
Hepatitis B	
Hepatitis C	
Hepatitis A	
Tuberculosis .....	52
Appendix A.....	57
Understanding Surveillance Data	
Appendix B.....	60
Supplementary Tables	

# Figures

## Living HIV Cases

1. Newly Diagnosed HIV Cases, Deaths, and Living HIV Cases by Year.....	8
2. Proportion of Residents Diagnosed and Living with HIV by Current Age.....	10
3. Proportion of Residents Diagnosed and Living with HIV by Race/Ethnicity.....	10
4. Proportion of Residents Diagnosed and Living with HIV by Race/Ethnicity and Sex.....	11
5. Proportion of All Living Cases of HIV Diagnosed in DC by Race/Ethnicity, Sex, and Mode of Transmission.....	12

## Newly Diagnosed HIV Cases

6. Newly Diagnosed HIV Cases by Year of Diagnosis and Sex.....	14
7. Newly Diagnosed HIV Cases by Year of Diagnosis and Race/Ethnicity.....	15
8. Newly Diagnosed HIV Cases by Year of Diagnosis and Age at Diagnosis.....	15
9. Newly Diagnosed HIV Cases by Year of Diagnosis and Mode of Transmission.....	16
10. Proportion of All Newly Diagnosed HIV Cases in DC by Race/Ethnicity, Sex, and Mode of Transmission.....	17

## Perinatal HIV Cases

11. Maternal Mode of HIV Transmission among Newly Diagnosed Perinatal HIV Cases.....	21
--	----

## Newly Diagnosed AIDS Cases

12. Newly Diagnosed AIDS Cases by Year of Diagnosis and Time to AIDS Diagnosis.....	23
13. Newly Diagnosed AIDS Cases by Year of Diagnosis and Sex.....	23
14. Newly Diagnosed AIDS Cases by Year of Diagnosis and Race/Ethnicity.....	24
15. Newly Diagnosed AIDS Cases by Year of Diagnosis and Age at AIDS Diagnosis.....	24
16. Newly Diagnosed AIDS Cases by Year of Diagnosis and Mode of Transmission.....	25
17. Proportion of All Newly Diagnosed AIDS cases in DC by Race/Ethnicity, Sex, and Mode of Transmission.....	26

## HIV Mortality

18. Deaths Among HIV Cases by Year of Death and Sex.....	27
19. Deaths Among HIV Cases by Year of Death and Race/Ethnicity.....	28
20. Deaths Among HIV Cases by Year of Death and Age at Death.....	28
21. Deaths Among HIV Cases by Year of Death and Mode of Transmission.....	29
22. Proportion of All Recent Deaths Among HIV Cases in DC By Race/Ethnicity, Sex, and Mode of Transmission.....	31

## Chlamydia and Gonorrhea

23. Reported Chlamydia and Gonorrhea Cases by Year of Report.....	33
24. Reported Chlamydia Cases by Year of Report and Sex.....	33
25. Reported Gonorrhea Cases by Year of Report and Sex.....	34
26. Reported Chlamydia Cases by Year of Report and Age at Diagnosis.....	35
27. Reported Gonorrhea Cases by Year of Report and Age at Diagnosis.....	35
28. Reported Chlamydia Cases by Year of Report and Race.....	36
29. Reported Gonorrhea Cases by Year of Report and Race.....	36

## Syphilis

30. Reported Cases of Primary and Secondary Syphilis by Year of Report.....	39
31. Reported Cases of Primary and Secondary Syphilis by Year of Report and Sex.....	40
32. Reported Cases of Primary and Secondary Syphilis by Year of Report and Age.....	40
33. Reported Cases of Primary and Secondary Syphilis by Year of Report and Race.....	41

## Hepatitis

34. Newly Reported Cases of Chronic Hepatitis B by Age at Diagnosis and Sex.....	45
35. Newly Reported Cases of Chronic Hepatitis C by Age at Diagnosis and Sex.....	48
36. Newly Reported Cases of Acute Hepatitis A by Age at Diagnosis and Sex.....	51

## Tuberculosis

37. Reported Cases of Tuberculosis by Disease State and Year of Diagnosis.....	53
38. Reported Cases of Tuberculosis by Sex and Year of Diagnosis.....	53
39. Reported Cases of Tuberculosis by Age at Diagnosis and Year of Diagnosis.....	54
40. Reported Cases of Tuberculosis by Race/Ethnicity and Year of Diagnosis.....	55
41. Reported Cases of Tuberculosis by Place of Birth and Year of Diagnosis.....	55



# Tables

## Surveillance Summary

A. National HIV/AIDS Strategy Objectives and Key Performance Indicators.....	7
B. Duplicate Cases by Year.....	57
C. 2011 Updated Census Estimates.....	58

## Living HIV Cases

1. HIV Cases Diagnosed in the District and Alive as of December 2011: Rates by Sex, Race/Ethnicity, and Current Age .....	9
A1. HIV Cases Diagnosed in the District of Columbia and Alive by Race/Ethnicity, Sex, and Mode of Transmission .....	60
A2. HIV Cases Diagnosed in the District of Columbia and Alive by Race/Ethnicity, Age at Diagnosis, and Current Age .....	61

## Newly Diagnosed HIV Cases

A3. Newly Diagnosed HIV Cases by Year of Diagnosis, Sex, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis .....	62
A4. Newly Diagnosed AIDS Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age at Diagnosis, and Mode of Transmission .....	63
A5. Newly Diagnosed AIDS Cases by Year of Diagnosis, Sex, and Mode of Transmission .....	64

## Perinatal HIV Cases

2. Perinatal HIV Cases Diagnosed in the District and Alive as of December, 2011 .....	19
3. Perinatal HIV cases by Year of Birth.....	20
4. Newly Diagnosed Perinatal HIV Cases by Year of Diagnosis .....	20
5. Newly Diagnosed Perinatal HIV Cases by Age at Diagnosis .....	20

## Newly Diagnosed AIDS Cases

6. Newly Diagnosed AIDS Cases by Year of Diagnosis.....	22
---	----

## HIV Mortality

7. Number of Deaths among HIV cases by Year of Death.....	27
8. Cause of Death among Persons with HIV by Year of Death.....	30
A6. Deaths among HIV Cases by Year of Death, Sex, Race/Ethnicity, Mode of Transmission and Age at Death.....	65
A7. Deaths among HIV Cases by Race/Ethnicity, Sex, Mode of Transmission and Age at Death .....	66

## Sexually Transmitted Diseases

A8. Number, Percent, and Rate (per 100,000 persons) of Chlamydia Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age, and Ward .....	67
A9. Number, Percent, and Rate (per 100,000 persons) of Gonorrhea Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age, and Ward .....	68
A10. Number, Percent, and Rate (per 100,000 persons) of Primary and Secondary Syphilis Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age, and Ward .....	69

## Hepatitis

9. Reported Chronic Hepatitis B Cases by Sex, Race/Ethnicity, Age at Diagnosis, and Year of Diagnosis .....	44
10. Reported Chronic Hepatitis C Cases by Sex, Race/Ethnicity, Age at Diagnosis, and Year of Diagnosis .....	47
11. Reported Acute Hepatitis A Cases by Sex, Race/Ethnicity, Age at Diagnosis, Year of Diagnosis .....	50

## Tuberculosis

12. Reported Tuberculosis Rate per 100,000 persons .....	52
A11. Reported Tuberculosis Cases by Selected Characteristics .....	70

# Maps

1. HIV Cases Diagnosed in the District and Alive as of December 2011 Rates per 100,000 persons by Ward .....	13
2. Newly Diagnosed HIV Cases Diagnosed in the District Rates per 100,000 persons by Ward .....	18
3. Chlamydia Rates per 100,000 persons by Ward.....	37
4. Gonorrhea Rate per 100,000 persons by Ward.....	38
5. Primary and Secondary Syphilis Rates per 100,000 persons by Ward .....	42
6. Number of Newly Diagnosed Chronic Hepatitis B Cases by Ward.....	46
7. Number of Newly Diagnosed Chronic Hepatitis C Cases by Ward .....	49
8. Number of Reported Cases of Tuberculosis by Ward.....	56

# Executive Summary

The Annual Epidemiology and Surveillance Report for the District of Columbia confirms the District maintains serious epidemics of HIV, Sexually Transmitted Diseases (STDs), Hepatitis, and Tuberculosis (TB). The Department of Health (DOH) has multi-year evidence the District is making progress with combatting HIV. The number of newly reported HIV cases has decreased by nearly half (46%). There has been an increase in the proportion of persons linked to HIV care following diagnosis, a decrease in the number of new AIDS diagnoses, and a decline in the number of deaths among persons with HIV. However, the District still has more to accomplish toward achieving its goals of diagnosing all persons infected with HIV, retaining people in care, increasing the proportion of persons with sustained viral load suppression.

## Key Facts:

The District continues to be impacted by severe epidemics. The snapshot of the District epidemics in the year 2011 was:

**15,056** residents of the District of Columbia living with HIV in 2011

**9,321** new cases of STDs in 2011

**16,444** cases of chronic hepatitis reported between 2007 and 2011

**55** cases of TB reported in 2011

**718** newly reported cases of HIV

Health disparities remain a significant feature of the epidemics in the District. Blacks are disproportionately impacted by HIV, chlamydia, and gonorrhea, while adolescents have a higher burden of chlamydia and gonorrhea than older adults. Gay and bisexual men continue to have high rates of syphilis.

The Department of Health confirmed there were two children born with HIV in the District since 2009. A new initiative has been launched to prevent future births of HIV-infected infants, through several actions:

### 1. New Reporting Requirement:

District medical providers will report to the Department of Health when a woman living with HIV becomes pregnant.

### 2. New Support Services:

The Department will offer additional services, including assistance to medical appointments, treatment reminders and other support, for HIV-infected pregnant women.

### 3. Improved Communication:

The Department will be in routine communication with medical providers to help attain healthy outcomes for the mother and child.

## Epidemiological Summary

Key points in this surveillance update of the District epidemics in the year 2011 include:

- 15,056 residents of the District of Columbia or 2.4% of the population are living with HIV. An estimated prevalence of 2.4% exceeds the World Health Organization definition of 1% as a generalized epidemic.
- Blacks, Hispanics, and whites with HIV exceed 1% of their respective populations, with blacks disproportionately impacted at 3.7%.
- To date there have been no reports of a child born with HIV infection in 2011.
- Men who have sex with men (MSM) and heterosexual contact are the two leading transmission modes reported among newly diagnosed and identified HIV cases.
- The number of newly diagnosed HIV cases in the District decreased to 718 cases in 2011, a decline of 46% from 1,333 cases in 2007.
- There was an 80% decrease in the number of newly diagnosed HIV cases where reported mode of transmission was injection drug use. In 2007, prior to the scale up of DC's needle exchange program there were 149 cases compared to 30 in 2011.
- The number of reports of newly diagnosed AIDS cases decreased 47% from 682 in 2007 to 363 in 2011.
- The number of deaths among persons with HIV decreased by 41% from 425 in 2007 to 251 in 2011.
- There were reports of 6,584 new cases of chlamydia, 2,572 new cases of gonorrhea and 165 new cases of primary and secondary syphilis reported.
- There were reports of 2,924 cases of hepatitis B and 13,520 cases of hepatitis C diagnosed between 2007 and 2011.
- 55 new cases of TB were reported in 2011.

### Scaling Up Success: National HIV/AIDS Strategy

The DC Department of Health and its community partners continue to scale up programs to address the objectives outlined in the National HIV/AIDS Strategy (NHAS), the goal of which is to reduce the impact of HIV, STDs, hepatitis and TB on residents in Washington, DC. Among the most recent achievements by the District include:

- A new record of 138,000 publicly supported HIV tests in 2012, up from 122,000 in 2011 and more than triple the 43,000 tests in 2007.
- Distributed more than 5.7 million male and female condoms in 2012, a 10-fold increase from 2007.
- Removed 550,000 needles from the street in 2012 through the DC needle exchange programs, an increase from 340,000 in 2011.
- Provided free STD testing for 5,870 youth ages 15 to 19 years old through the school based STD screening and community screening programs in 2012, up from 4,300 in 2011.
- Maintained "Treatment on Demand" with universal access to HIV medical care with no waiting lists for treatment and medications.

The following chart summarizes the nine NHAS objectives, their targets, and the District's estimated metrics.

National HIV/AIDS Strategy Objectives and Key Performance Indicators					
Objective	National Target 2015	DC 2009*	DC 2011	DC 2015	Data Source/ Comments
<b>Reducing New HIV Infections</b>					
Objective 1	Reduce the number of new infections by 25%	853 new HIV cases	718 new HIV cases	640 new cases	Name-based HIV surveillance data/ DC plans to release HIV incidence estimates in the future. During the interim, newly diagnosed HIV cases used to approximate incident or new infections.
Objective 2	Reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30%	5.1 per 100 persons living with HIV	4.9 per 100 persons living with HIV	3.6 per 100 persons living with HIV	Name-based HIV surveillance data/ Estimate based on newly diagnosed HIV cases.
Objective 3	Increase the percentage of people living with HIV who know their serostatus from 79% to 90%.	HET-1 (2007):53% MSM-2 (2008):59% IDU-2 (2009):70%	HET-2 (2010):79% MSM-3 (2011)-77% IDU-3**	90%	National HIV Behavioral Surveillance Data†
<b>Increasing Access to Care and Improving Health Outcomes for People Living with HIV</b>					
Objective 4	Increase the proportion of newly diagnosed patients linked to clinical care within 3 months of their HIV diagnosis from 65% to 85%	70%	79%	85%	Name-based HIV surveillance and laboratory data
Objective 5	Increase the proportion of Ryan White HIV Program clients who are in continuous care (at least 2 visits for routine HIV medical care in 12 months at 3 months apart) from 73% to 80%	‡	50%	80%	Ryan White Service Data/ Data include all HIV infected persons receiving care at a Ryan White funded program in the District, regardless of residence.
Objective 6	Increase the number of Ryan White clients with permanent housing from 82% to 86%	70%	64%	86%	Ryan White Service Data/ Excludes those with missing housing status
<b>Reducing HIV-Related Health Disparities</b>					
Objective 7	Increase the proportion of HIV diagnosed gay and bisexual men with undetectable viral load by 20%	29%	40%	35%	Name-based HIV surveillance and laboratory data. This includes HIV transmission modes male to male sexual contact (MSM) and MSM/injection drug use (IDU)
Objective 8	Increase the proportion of HIV diagnosed blacks with undetectable viral load by 20%	25%	40%	30%	Name-based HIV surveillance and laboratory data
Objective 9	Increase the proportion of HIV diagnosed Latinos with undetectable viral load by 20%	32%	41%	38%	Name-based HIV surveillance and laboratory data. Latino is defined as self-reported Hispanic ethnicity

\*DC 2009 information was calculated based upon data frozen in 2010; current surveillance numbers for 2009 may differ based upon updated information reported to HAHSTA and continued record review.

\*\* This estimate will be available for the next report.

†National HIV Behavioral Surveillance Data: Abbreviations indicate the population and cycle of data collection. For example, HET 1 indicates Heterosexual Cycle 1 Data Collection, MSM 2 indicates Men who have Sex with Men Cycle 2 Data Collection, and IDU 2 represents Injection Drug Users Cycle 2 Data Collection. Each NHBS population-based cycle involves cross-sectional data collection with specimen testing and self-reported responses to questionnaire data. MSM and IDU recruitment methodologies were similar for the 2 cycles but the HET recruitment methodology significantly changed. Interpretation and direct comparison of these cycles should be thoughtful and should take these factors into account. The same question was used in all cycles to generate the data for this metric: "What was the result of your most recent HIV test?". The denominator is all persons with a positive HIV test result obtained from specimens collected during the NHBS screening and the numerator is participants with a self-reported history of a positive HIV test; this metric provides an approximation of the percent of persons who know their HIV serostatus. These data are a proxy for a metric that cannot directly be measured.

‡This information was not available in the 2009 Ryan White Service dataset.

# Section 1. Diagnosed and Living HIV Cases

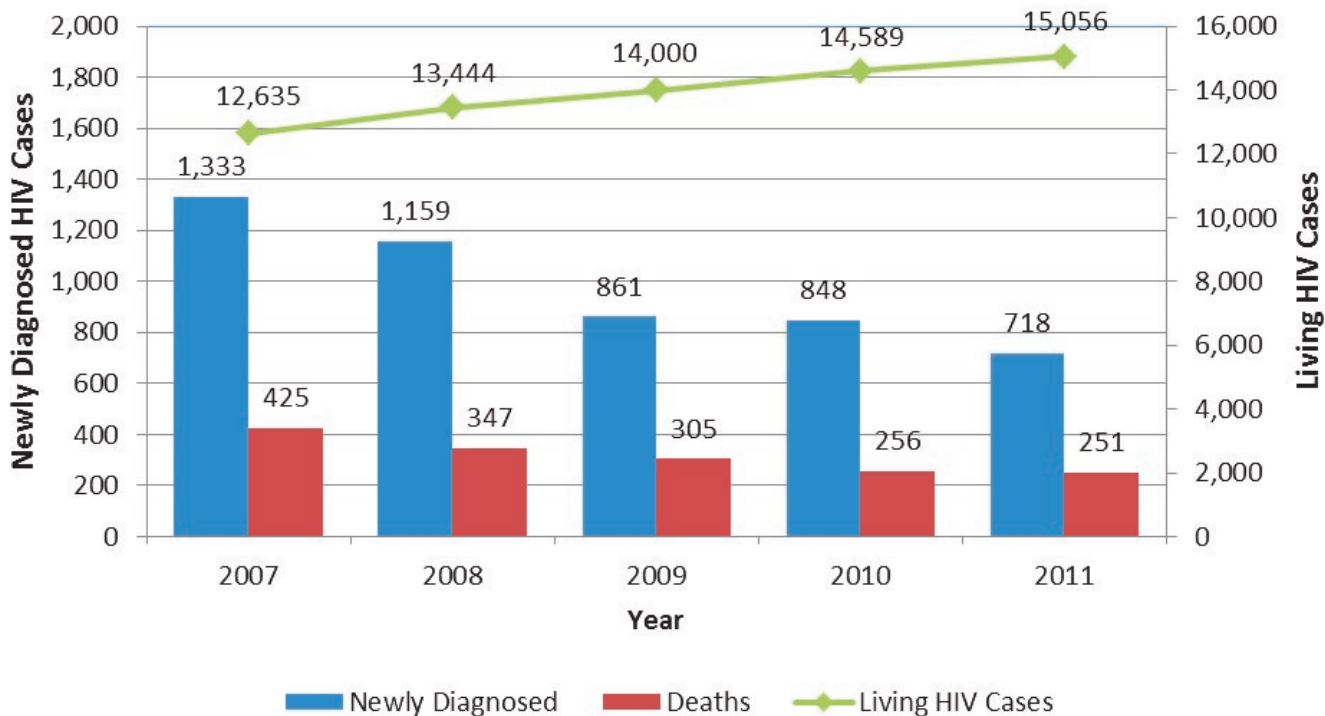
All persons diagnosed with HIV in the District of Columbia and alive as of December 31, 2011 are presented in this section regardless of their age at diagnosis. In previous years this section included only adolescents and adults, or persons 13 years of age and older at the time of HIV diagnosis. Pediatric cases, or persons less than 13 years of age at HIV diagnosis, were presented solely in a separate section. Persons diagnosed as pediatric cases are living longer lives due to advances in HIV care and treatment; the median age among pediatric cases living as of December 31, 2011 was 19 years of age. It is important to include persons who were diagnosed as pediatric cases in the overview to more fully describe the HIV epidemic in Washington, DC.

## Summary

The World Health Organization defines generalized HIV epidemics as those in which the prevalence of HIV is greater than 1% in the overall population. As of December 31, 2011 there were 15,056 residents of the District of Columbia living with HIV; this number accounts for approximately 2.4% of the population and is indicative of a continued generalized epidemic.

District residents over 40 years of age continue to be disproportionately impacted by HIV. Approximately 6.4% of residents whose current age is 40 to 49 years and 5.8% of residents 50 to 59 years of age are living with HIV. Blacks still account for the majority of persons living with HIV in the District. At the end of 2011, 3.7% of black residents were living with HIV, with the highest burden of disease among black males (5.4%). Approximately 1.5% of Hispanic residents and 1.1% of white residents were living with HIV. [Refer to appendix tables A1 and A2](#) for additional information regarding HIV cases diagnosed in the District and alive as of December 31, 2011.

**Figure 1. Newly Diagnosed HIV Cases, Deaths, and Living HIV Cases by Year**  
District of Columbia, 2007-2011



**Figure 1**

- At the end of 2011, 15,056 residents were living with HIV in the District, accounting for 2.4% of District residents.
- There has been a 44% decrease in the number of cases diagnosed and reported from 2007 to 2011.

**Table 1. HIV Cases Diagnosed in the District and Alive as of December, 2011: Rates by Sex, Race/Ethnicity, and Current Age**

Sex	Total Living HIV Cases, 2011		Estimated DC Population <sup>†</sup> , 2011		Rate per 100,000
	N	%	N	%	
Male	10,882	72.3	292,221	47.3	3,723.9
Female	4,174	27.7	325,775	52.7	1,281.3
<b>Total</b>	<b>15,056</b>	<b>100.0</b>	<b>617,996</b>	<b>100.0</b>	<b>2,436.3</b>
<b>Race/Ethnicity</b>					
White	2,482	16.5	218,278	35.3	1,137.1
Black	11,307	75.1	304,203	49.2	3,716.9
Hispanic	904	6.0	58,744	9.5	1,538.9
Other*	363	2.4	36,771	6.0	987.2
<b>Total</b>	<b>15,056</b>	<b>100.0</b>	<b>617,996</b>	<b>100.0</b>	<b>2,436.3</b>
<b>Male</b>					
White	2,374	21.8	108,034	37.0	2,197.5
Black	7,459	68.5	138,080	47.3	5,401.9
Hispanic	760	7.0	30,248	10.4	2,512.6
Other*	289	2.7	15,859	5.4	1,822.3
<b>Total</b>	<b>10,882</b>	<b>100.0</b>	<b>292,221</b>	<b>100.0</b>	<b>3,723.9</b>
<b>Female</b>					
White	108	2.6	110,244	33.8	98.0
Black	3,848	92.2	166,123	51.0	2,316.4
Hispanic	144	3.4	28,496	8.7	505.3
Other*	74	1.8	20,912	6.4	353.9
<b>Total</b>	<b>4,174</b>	<b>100.0</b>	<b>325,775</b>	<b>100.0</b>	<b>1,281.3</b>
<b>Current Age</b>					
<13	46	0.3	78,779	12.7	58.4
13-19	116	0.8	49,255	8.0	235.5
20-29	1,351	9.0	135,073	21.9	1,000.2
30-39	2,629	17.5	103,104	16.7	2,549.9
40-49	4,988	33.1	77,396	12.5	6,444.8
50-59	4,232	28.1	72,608	11.7	5,828.6
≥60	1,694	11.3	101,781	16.5	1,664.4
<b>Total</b>	<b>15,056</b>	<b>100.0</b>	<b>617,996</b>	<b>100.0</b>	<b>2,436.3</b>

<sup>†</sup>Source: 2011 US Census Estimates

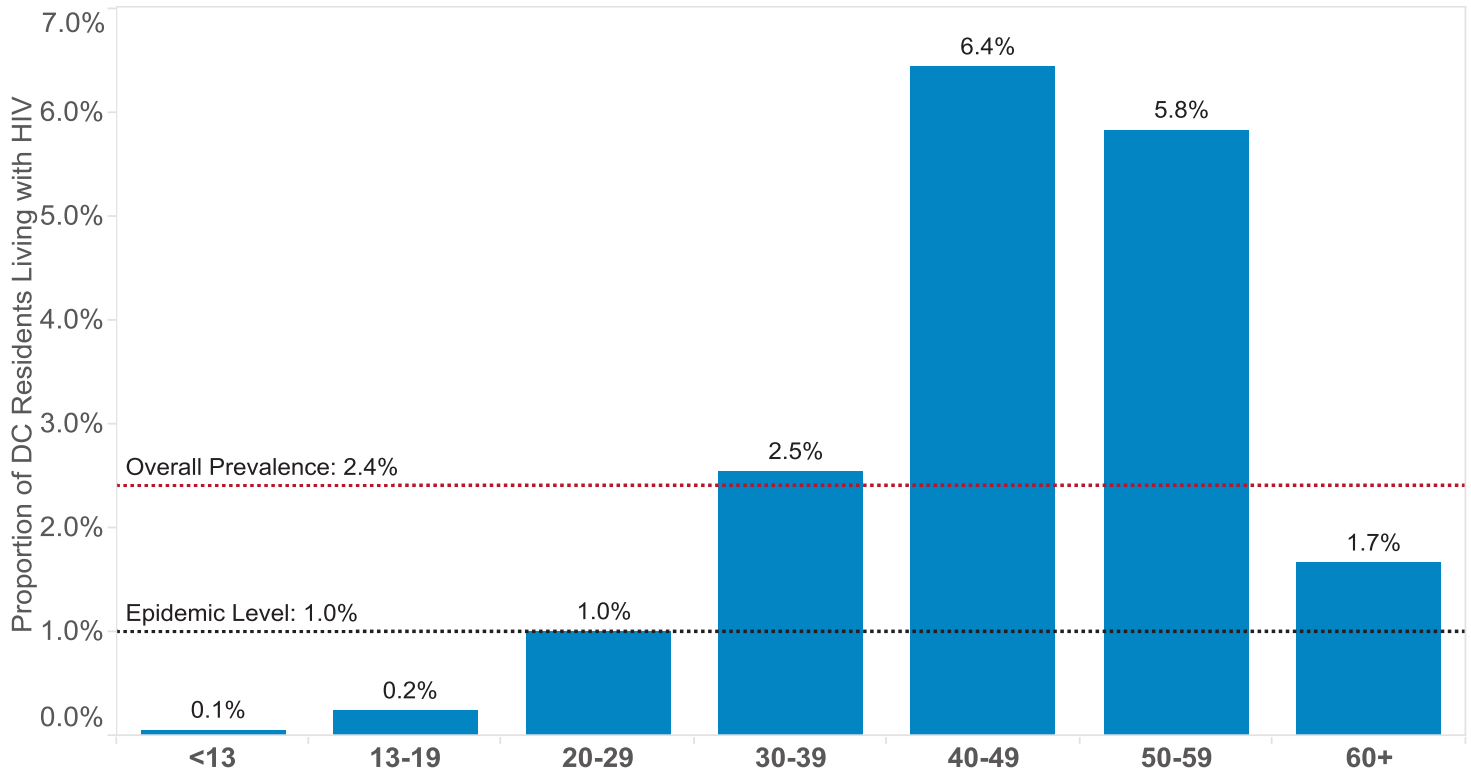
\*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown

### Table 1

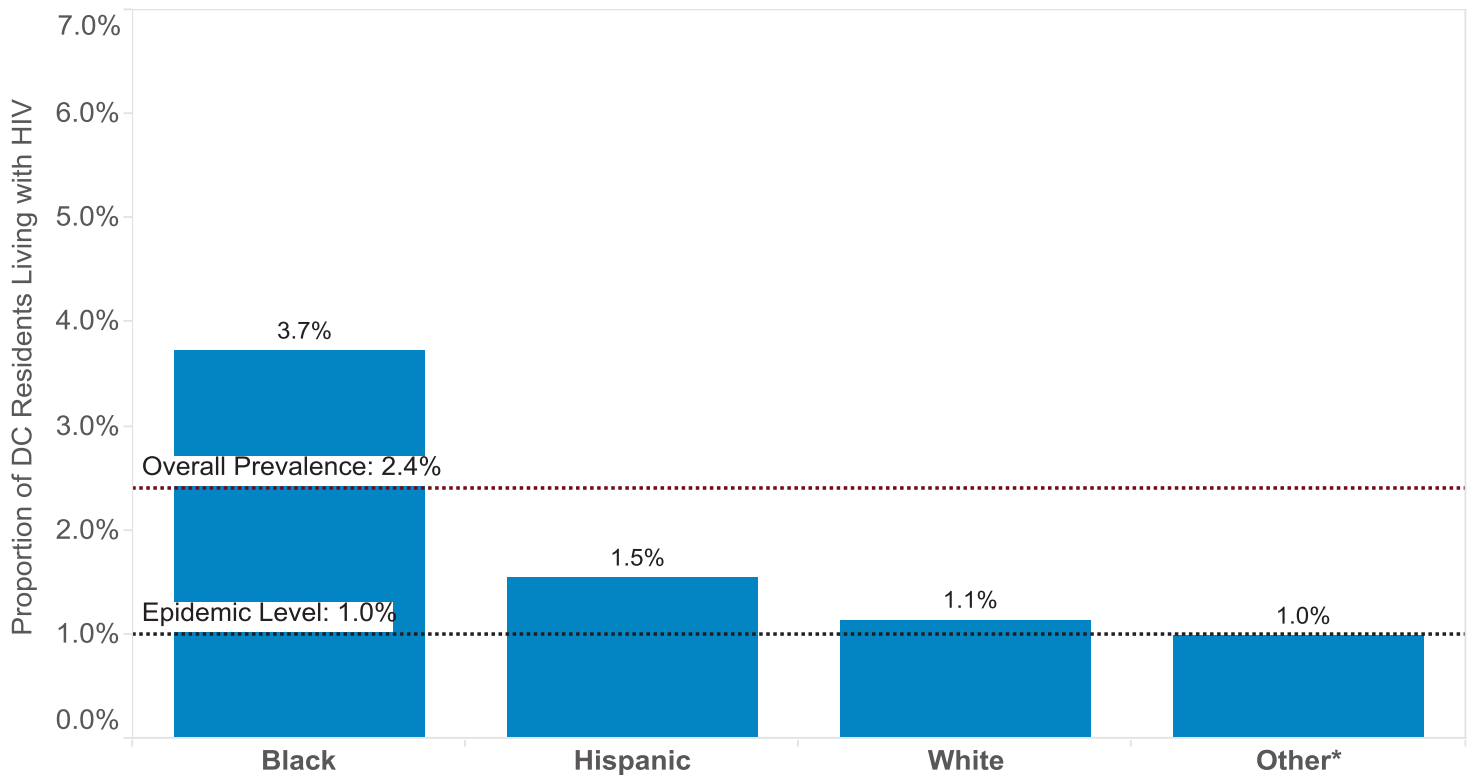
- District residents between 40 and 49 years of age and 50 and 59 years of age have the highest rates of HIV at 6,444.8 and 5,828.6 cases per 100,000 persons, respectively.
- Men accounted for less than half (47.3%) of District residents, but almost three-quarters (72.3%) of living cases.
- Although blacks accounted for just under half (49.2%) of District residents, they account for more than three quarters (75.1%) of all cases living with HIV.
- Among District women, black women accounted for the majority (92.2%) of living HIV cases.



**Figure 2. Proportion of Residents Diagnosed and Living with HIV by Current Age**  
 District of Columbia, 2011



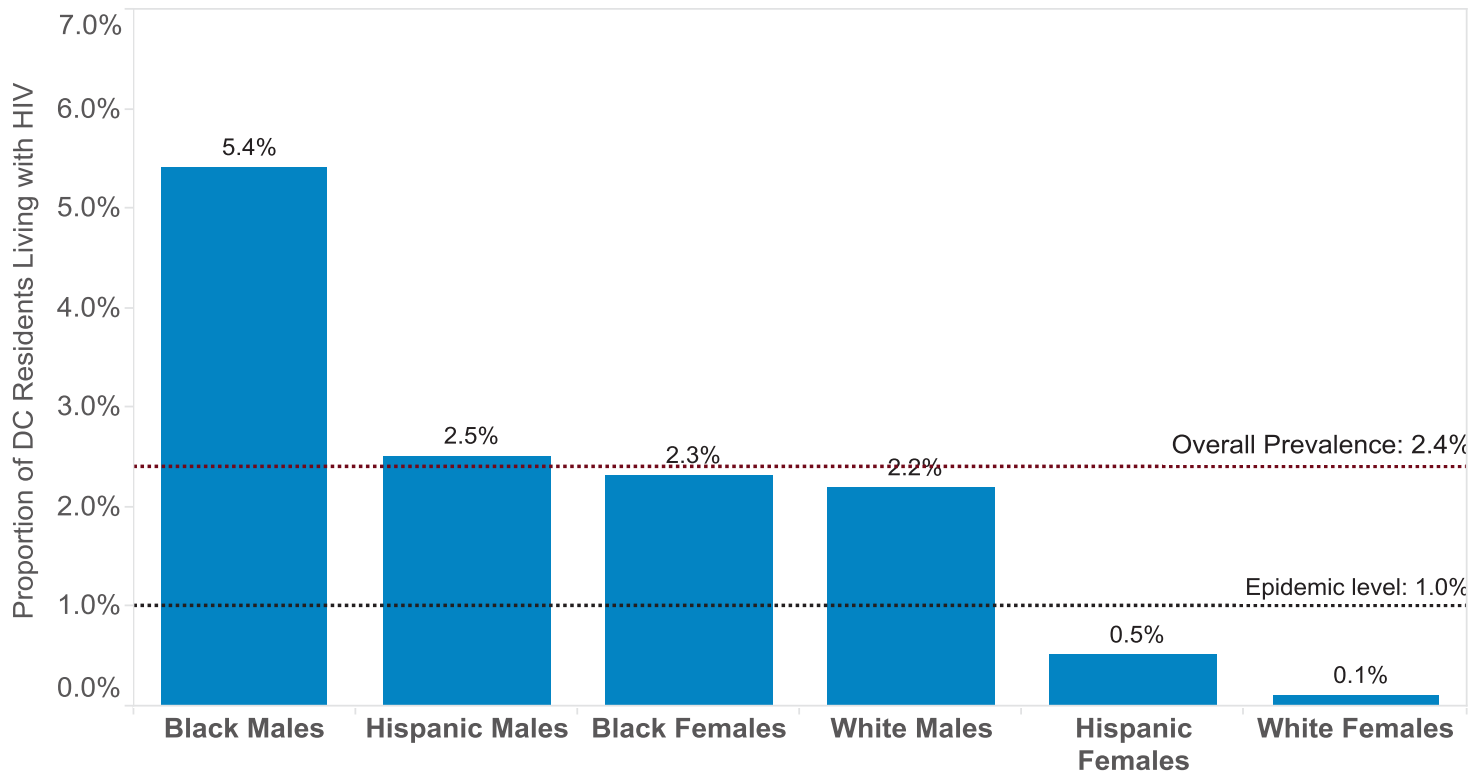
**Figure 3. Proportion of Residents Diagnosed and Living with HIV by Race/Ethnicity**  
 District of Columbia, 2011



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

**Figure 4.** Proportion of Residents Diagnosed and Living with HIV by Race/Ethnicity and Sex

District of Columbia, 2011

**Figure 2**

- The lowest proportions of persons living with HIV was among <13 year olds (0.1%); this is a rate that was added to the report this year.
- The highest burden continues to be among the 40 to 49 (6.4%) and 50 to 59 (5.8%) year olds.

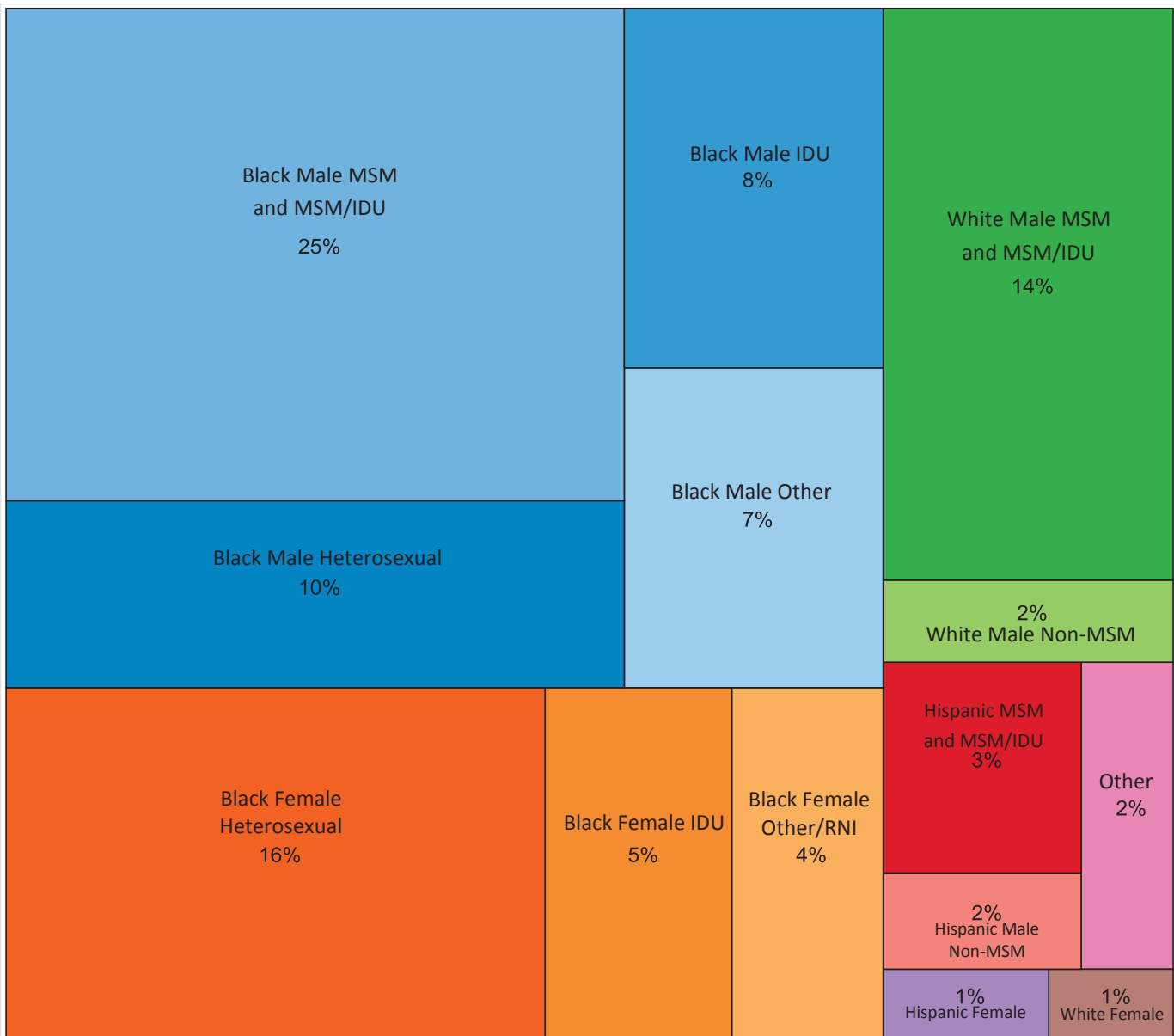
**Figure 3**

- Rates among blacks, whites and Hispanics are higher than 1%, the rate recognized as a generalized epidemic.
- The prevalence of HIV among black residents was 3.7%, which is nearly 4 times greater than the rates among white and Hispanic residents.

**Figure 4**

- The lowest rates of HIV are among white women (0.1%) and Hispanic women (0.5%); these rates are below the generalized epidemic rate of 1%.
- The highest rate of HIV is among black women, this rate is nearly 5 times greater than for Hispanic females.
- Black and Hispanic men have the highest rates of HIV, but the rate is more than twice as large among black men compared to Hispanic men.

**Figure 5.** Proportion of all living Cases of HIV/AIDS diagnosed in DC by Race/Ethnicity, Sex, and Mode of Transmission District of Columbia, 2011 (n=15,056)



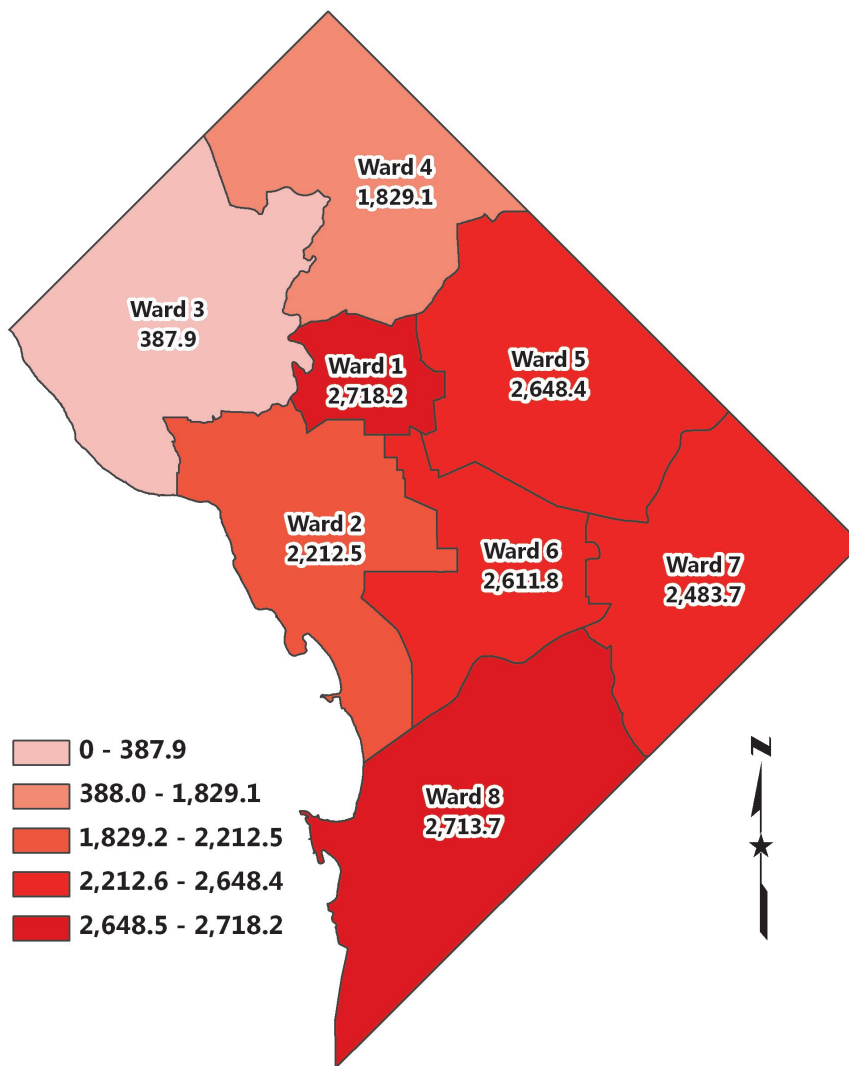
\*MSM: men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers); Non-MSM: All modes of transmission excluding MSM and MSM/IDU.  
 Hispanic Male non-MSM: Heterosexual, IDU, RNI and other modes of transmission  
 Black Female Other: RNI and other modes of transmission  
 Black Male Other: RNI and other modes of transmission  
 Hispanic Female: All modes of transmission  
 White Female: All modes of transmission  
 Other: All persons of other race with all modes of transmission

**Figure 5** represents all persons diagnosed with HIV in the District and alive as of December, 2011 (n=15,056) by sex, race/ethnicity, and mode of transmission. Mode of transmission represents the reported risk factor that most likely resulted in HIV transmission. Persons may report multiple risk factors; the transmission mode with the greatest transmission probability is reported. This figure is a new addition to the report and is called a tree map. These figures present a broad overview of the population; this helps to visualize the various demographic groups and their HIV burden.

**Figure 5**

- Approximately one-quarter (25%) of persons diagnosed with HIV in the District and alive as of December, 2011 were black MSM and MSM/IDU.
- Black women who reported heterosexual contact as mode of transmission represent the second largest group (16%), while white MSM and MSM/IDU represent the third largest group (14%).

**Map 1. HIV Cases Diagnosed in the District and Alive as of December 2011 Rates per 100,000 persons by Ward District of Columbia, 2011**

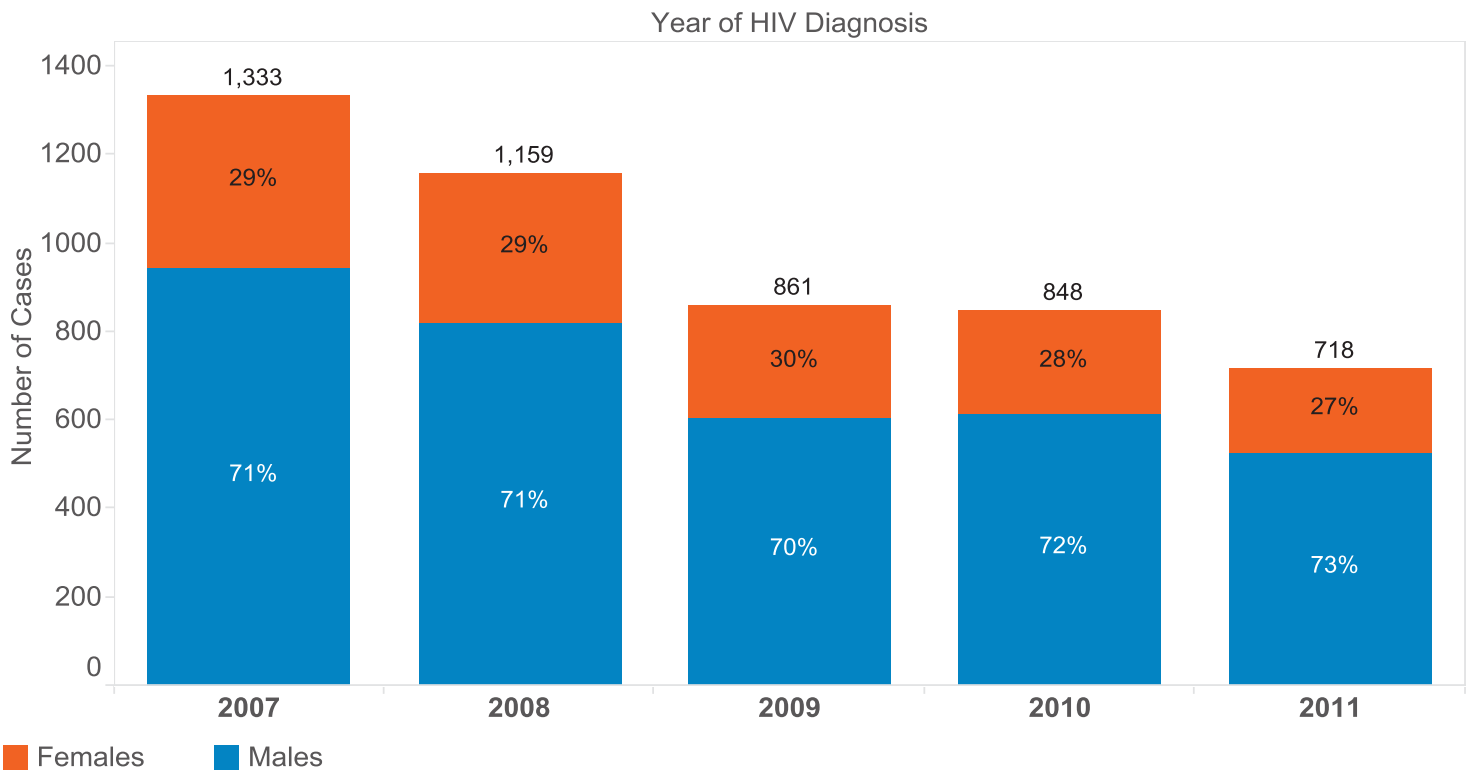


- Residence at diagnosis and ward information was available for 95.9% of living HIV cases.
- At the end of 2011, the highest rate of persons living with HIV by ward were in Wards 1 and 8 (2.7%) and the lowest rate of persons living with HIV was in Ward 3 (0.4%).
- Ward information was available for almost all (95.6%) living HIV cases and rates of persons living with HIV at the end of 2011.
- Similar to previous years, the rate of HIV in nearly all wards was greater than 1%; this indicates that the HIV epidemic is severe in seven of the city's eight wards.

## Section 2. Newly Diagnosed HIV Cases

There were 4,919 HIV cases diagnosed and reported among residents of the District between 2007 and 2011. The number of newly diagnosed HIV cases declined each year, from 1,333 cases in 2007 to 718 cases in 2011; this represents a 46% decline in the number of diagnosed cases. More than two-thirds of these cases (71.2%) were men, approximately three-quarters (77.4%) were black, and about one-half (50.7%) were between 30 and 49 years of age. The leading mode of transmission among newly diagnosed cases were men who had sex with men (MSM) sexual contact (37.5%), followed by heterosexual contact (31.4%). In 20.5% of newly diagnosed cases the mode of transmission was not identified. [Refer to appendix table A3](#) for additional data regarding newly diagnosed HIV cases.

**Figure 6.** Newly Diagnosed HIV Cases by Year of Diagnosis and Sex  
District of Columbia, 2007-2011

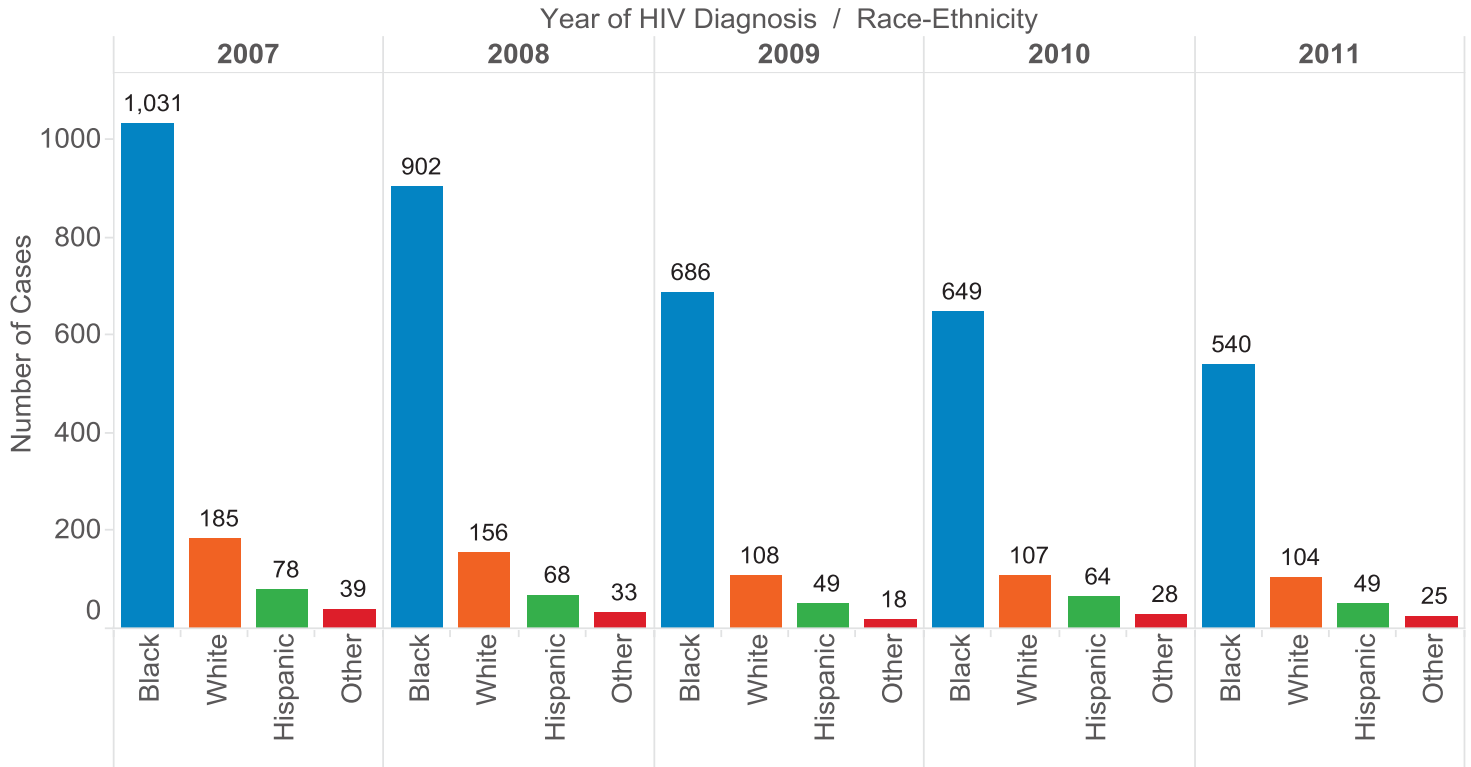


**Figure 6**

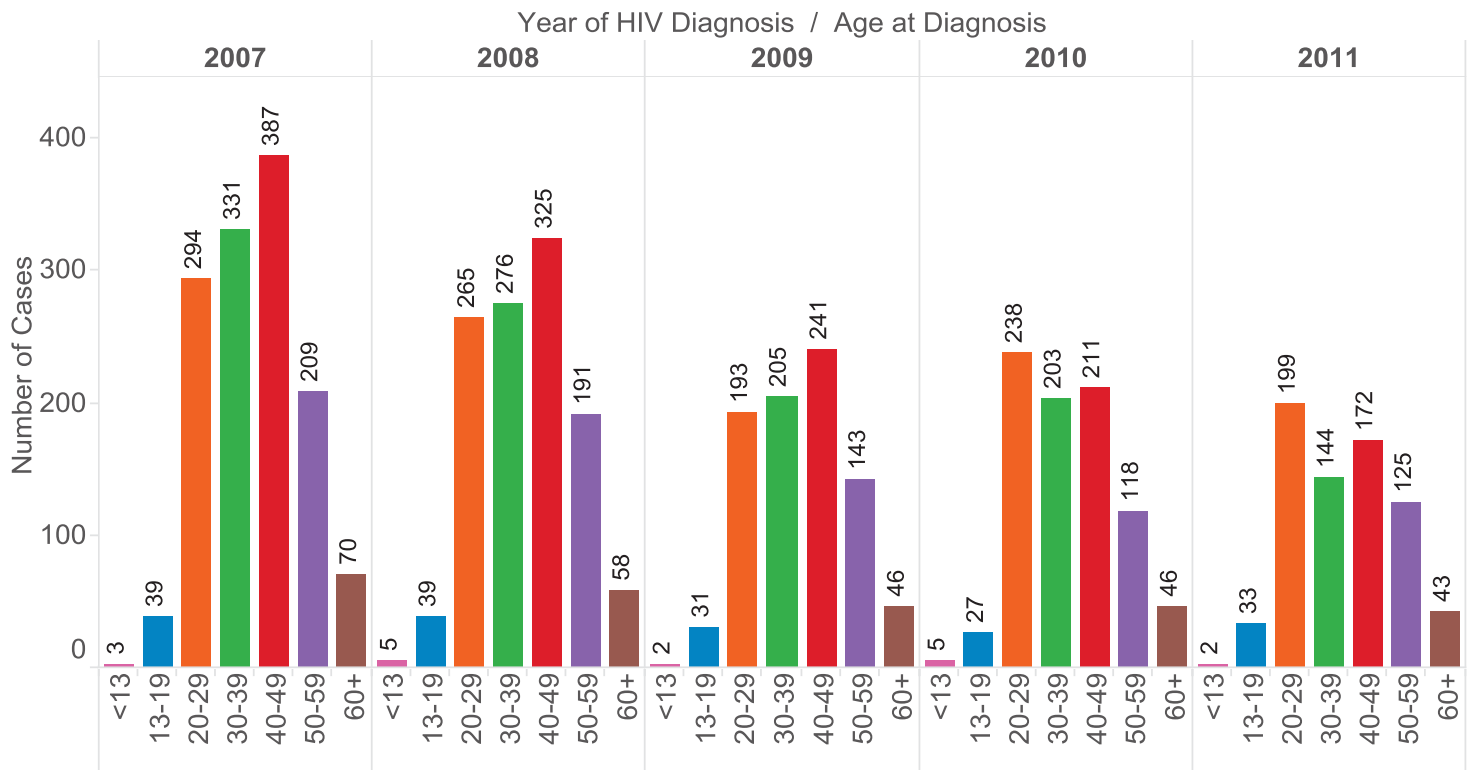
- While the number of newly diagnosed HIV cases declined between 2007 and 2011, the ratio of men to women remained constant at approximately 3:1.
- Men in the District continue to be disproportionately affected by HIV; men represent 47% of the District's population but more than 70% of HIV diagnoses.



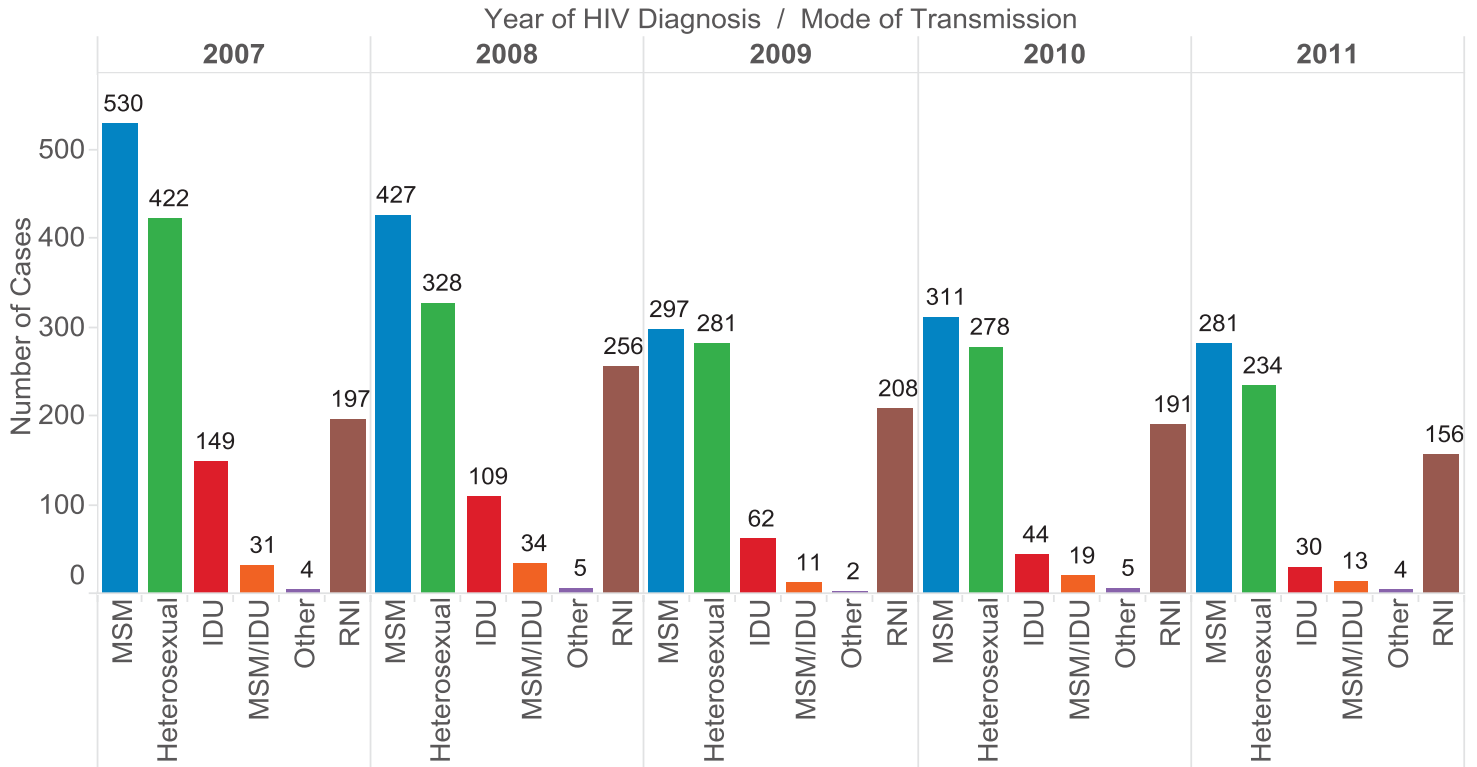
**Figure 7. Newly Diagnosed HIV Cases by Year of Diagnosis and Race/Ethnicity**  
 District of Columbia, 2007-2011



**Figure 8. Newly Diagnosed HIV Cases by Year of Diagnosis and Age at Diagnosis**  
 District of Columbia, 2007-2011



**Figure 9. Newly Diagnosed HIV Cases by Year of Diagnosis and Mode of Transmission**  
 District of Columbia, 2007-2011



\*Other mode of transmission includes perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers).

**Figure 7**

- The number of newly diagnosed HIV cases among blacks declined 48% between 2007 and 2011 and among whites decreased 44%. Blacks still represent the majority of HIV cases diagnosed in the District (77% in 2007 and 75% in 2011), while whites represent 14% of cases diagnosed (14% in 2007 and 14% in 2011).
- Although the overall number of newly diagnosed HIV cases declined, the racial distribution has remained relatively stable.

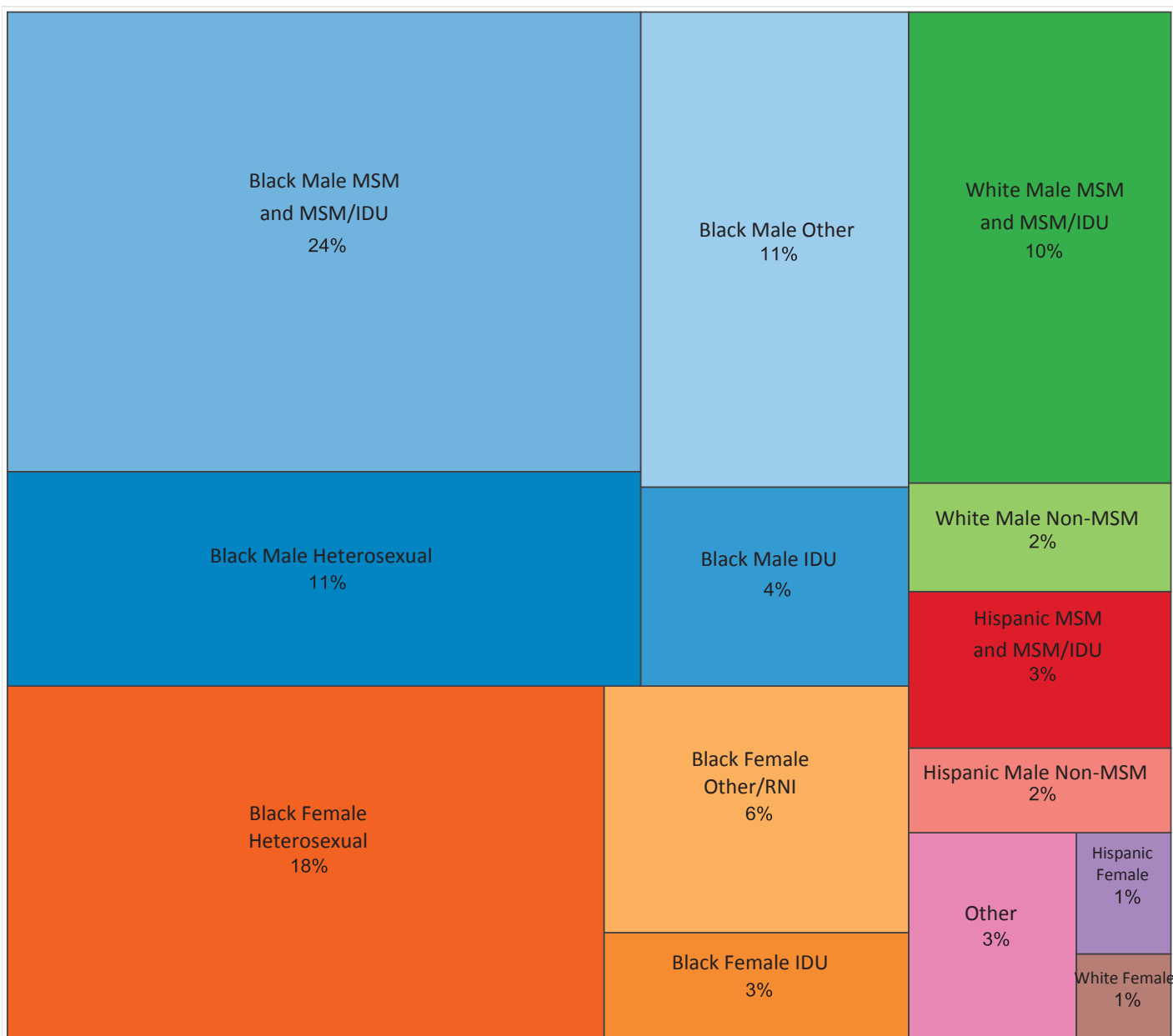
**Figure 8**

- The number of newly diagnosed HIV cases 30 to 49 years of age declined 56% between 2007 and 2011.
- In 2007, 20 to 29 year olds represented 22% of newly diagnosed HIV cases and in 2011 this age group represented 28% of newly diagnosed HIV cases. This age group now has the highest number of newly diagnosed cases.

**Figure 9**

- A decline of 47% was seen in the number of HIV cases diagnosed among MSM, between 2007 (530 cases) and 2011 (281 cases).
- There was a similar decline (45%) in the number of HIV cases diagnosed among persons with heterosexual contact as mode of transmission between 2007 (422 cases) and 2011 (234 cases).
- Percentages of cases with a mode of transmission of MSM (40%) and heterosexual (32%) remained steady between 2007 and 2011.
- There was a 80% decline between 2007 (149 cases) and 2011 (30 cases) in the number of HIV cases in which injection drug use was reported as transmission mode. The District’s needle exchange services were expanded during this time period.
- The proportion of cases where mode of transmission is unknown, or not reported due to incomplete health care provider case reports, remains (20.5%).

**Figure 10.** Proportion of all Newly Diagnosed HIV cases in DC by Race/Ethnicity, Sex, and Mode of Transmission  
 District of Columbia, 2007-2011 (n=4,919)

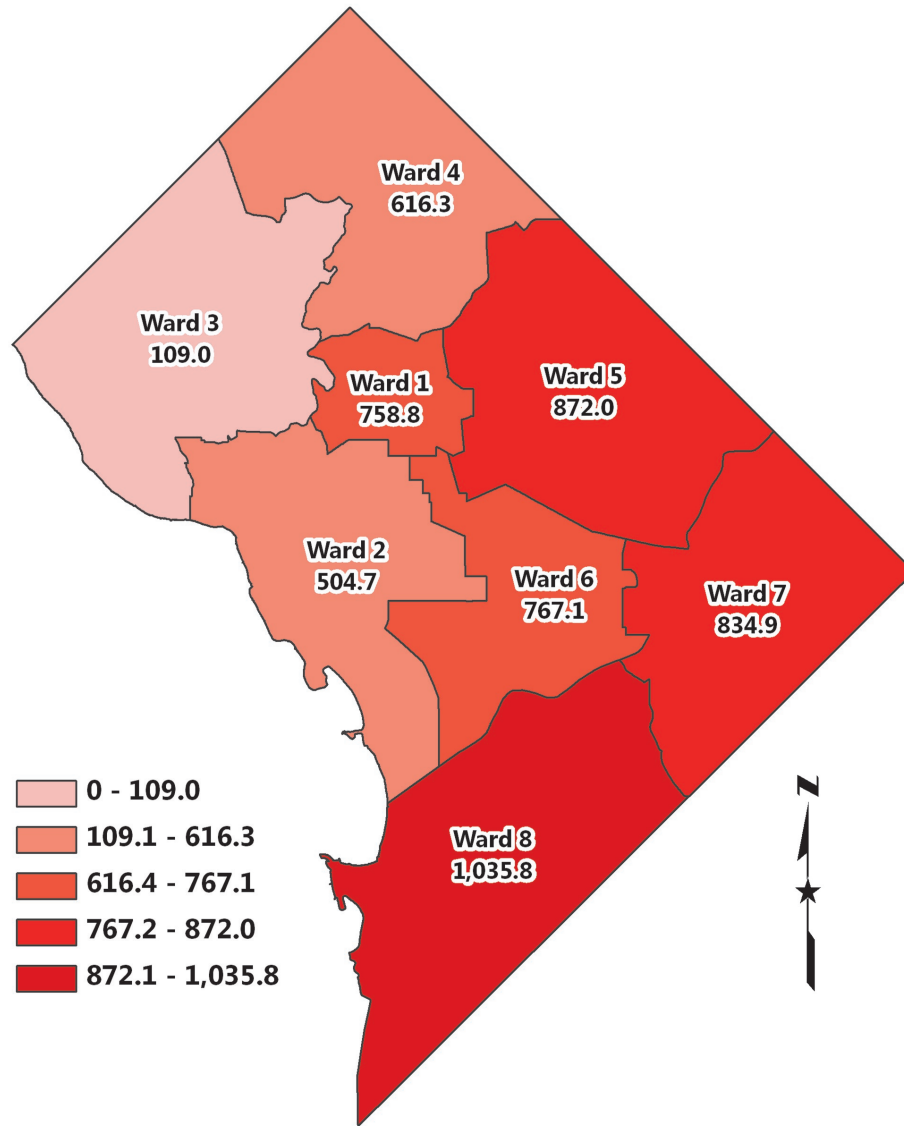


\*MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers); Non-MSM: All modes of transmission excluding MSM and MSM/IDU.  
 Hispanic Male non-MSM: Heterosexual, IDU, RNI and other modes of transmission  
 Black Female Other: RNI and other modes of transmission  
 Black Male Other: RNI and other modes of transmission  
 Hispanic Female: All modes of transmission  
 White Female: All modes of transmission  
 Other: All persons of other race with all modes of transmission

**Figure 10**

- Figure 10 represents newly diagnosed HIV cases in the District of Columbia (n=4,919) by sex, race/ethnicity, and mode of transmission.
- The largest burden of HIV was among black MSM and MSM/IDU (24%).
- Black women with heterosexual contact as mode of transmission represent the second largest group (18%) of persons newly diagnosed with HIV in the District and black men with heterosexual contact as mode of transmission represent the third largest group (11%).

**Map 2.** Newly Diagnosed HIV Cases Diagnosed in the District Rates per 100,000 persons by Ward District of Columbia, 2007-2011



- Residence at diagnosis and ward information was available for 95.9% of living HIV cases.
- The highest rates of newly diagnosed HIV cases are located in the southeast corner of the District, in Wards 5, 7 and 8, where roughly 1 in every 100 residents were diagnosed with HIV in the past 5 years.

## Section 3. Perinatal HIV Cases

Perinatal HIV cases are defined as those in which transmission occurs during pregnancy, labor and delivery, or breastfeeding. Since the introduction of recommendations to provide antiretrovirals to women during these periods there has been a nationwide 95% reduction in mother to child transmission of HIV. Transmission rates among those who receive recommended treatment during pregnancy, at labor and delivery, and newborn period are now as low as 1%.

There were 143 perinatal HIV cases diagnosed in the District of Columbia and alive as of December, 2011. Over half (53.2%) of these cases were female, the majority (95.1%) were black, and half (50.4%) were diagnosed at less than 1 year of age. As of December 2011, the majority (85.3%) were 10 years of age and older.

**Table 2.** Perinatal HIV Cases Diagnosed in the District and Alive as of December, 2011

Perinatal HIV Cases		
Sex	N	%
Male	67	46.9
Female	76	53.2
<b>Total</b>	<b>143</b>	<b>100.0</b>
Race/Ethnicity		
White	0	0.0
Black	136	95.1
Hispanic	5	3.5
Other*	2	1.4
<b>Total</b>	<b>143</b>	<b>100.0</b>
Age at Diagnosis		
< 1 year	72	50.4
1 to 2 years	42	29.3
3 to 4 years	8	5.6
5 to 15 years	21	14.7
<b>Total</b>	<b>143</b>	<b>100.0</b>
Current Age		
< 1	0	0.0
1 to 2	2	1.4
3 to 4	3	2.1
5 to 9	16	11.2
10 to 19	69	48.3
20 to 29	53	37.0
<b>Total</b>	<b>143</b>	<b>100.0</b>

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



**Table 3. Perinatal HIV cases by Year of Birth**  
District of Columbia, 2007-2011

	Year of Birth				
	2007	2008	2009	2010	2011
Number of perinatal cases born	1	2	1	1	0

Table 3 depicts the number of perinatal cases with a date of birth between 2007 and 2011. Not all HIV diagnoses are confirmed at the time of birth as noted in the tables below. Currently, there are no confirmed cases among children born in 2011.

**Table 4. Newly Diagnosed Perinatal HIV Cases by Year of Diagnosis**  
District of Columbia, 2007-2011

	Year of HIV Diagnosis				
	2007	2008	2009	2010	2011
Number of perinatal cases diagnosed	2	3	2	2	3

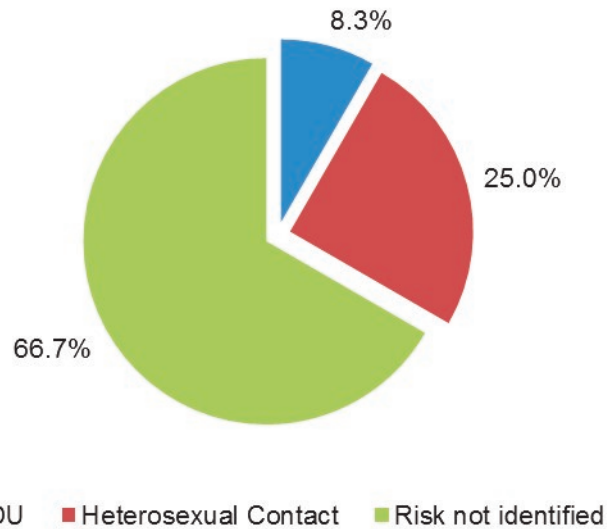
There were 12 perinatal HIV cases diagnosed in the District between 2007 and 2011 (Table 4). Confirming HIV perinatal cases can take up to 18 months, so case totals should be interpreted with caution. These numbers have been updated from previous reports and may change in subsequent reports.

**Table 5. Newly Diagnosed Perinatal HIV Cases by Age at Diagnosis**  
District of Columbia, 2007-2011

Age at HIV diagnosis	N	%
<1 year	5	41.6
1 to 2 years	0	0.0
3 to 4 years	1	8.4
5 to 15 years	6	50.0
Total	12	100.0

Table 5 shows the age at which perinatal cases were diagnosed with HIV. Seven of the 12 perinatal HIV cases were diagnosed when older than one year of age. As stated above, confirming a perinatal case can take 18 months, therefore HAHSTA may not close an investigation until a child is almost two years of age. For children born in another country, HAHSTA must use the date of diagnosis by medical providers for surveillance purposes.

**Figure 11. Maternal Mode of HIV Transmission among Newly Diagnosed Perinatal HIV Cases**  
District of Columbia, 2007-2011



There is limited information available on maternal mode of HIV transmission for perinatal cases. Between 2007 and 2011, 25% of cases were attributed to heterosexual contact, and 8.3% to injection drug use. Two thirds of perinatal cases (66.7%) diagnosed in the past 5 years had an unknown mother's mode of transmission. Additional efforts to collect maternal mode at the time of the child's diagnosis will assist in classifying unknown risk transmission. Classification of these risk not identified (RNI) cases could greatly change the counts and proportions heterosexual and IDU modes of transmission, and allow for better data on at-risk maternal demographics.

## Section 4. Newly Diagnosed AIDS Cases

This section summarizes newly diagnosed and reported AIDS cases between 2007 and 2011. An AIDS case refers to a person who had a diagnosis of HIV infection and later had a diagnosis of AIDS, or a person with a concurrent diagnosis of HIV infection and AIDS. This is illustrated in Figure 12, which looks at the time from an HIV diagnosis to an AIDS diagnosis among cases diagnosed and reported in this time period.

Confidential name based AIDS case surveillance has been conducted in the District since 1985. An AIDS diagnosis is made when a person infected with HIV has a CD4+ T-cell count less than 200 cells/ $\mu$ L and/or the person is diagnosed with an opportunistic infection. CD4+ T-cells measure the immune system's ability to fight infections; when they are low (<200 cells/ $\mu$ L), it is an indication that the immune system may be weakening. This section includes all newly diagnosed AIDS cases and includes all age groups, different than in previous years.

**Table 6.** Newly Diagnosed AIDS Cases by Year of Diagnosis  
District of Columbia, 2007-2011

	Year of HIV Diagnosis				
	2007	2008	2009	2010	2011
Number of AIDS cases	682	536	507	498	363

### Summary

There were 2,586 AIDS cases diagnosed among residents of the District between 2007 and 2011. The number of newly diagnosed AIDS cases declined each year, from 682 cases in 2007 to 363 cases in 2011; this represents a 47% decline in the number of diagnosed cases. More than two-thirds of these cases (68.5%) were among men, the majority (82.4%) were black, and over one-half (51.1%) were between 40 and 59 years of age at AIDS diagnosis. The leading modes of transmission among newly diagnosed cases were men who had sex with men (MSM) sexual contact (31.9%) and heterosexual contact (31.5%). In 21.4% of cases the mode of transmission was not identified. [Refer to appendix tables A4 and A5](#) for additional data regarding newly diagnosed AIDS cases.

### Table 6

- There has been a steady decline in newly diagnosed AIDS cases during this five year period.
- This decline occurred at the same time the District expanded HIV testing and people living with HIV were diagnosed and linked to care closer to their diagnosis date.

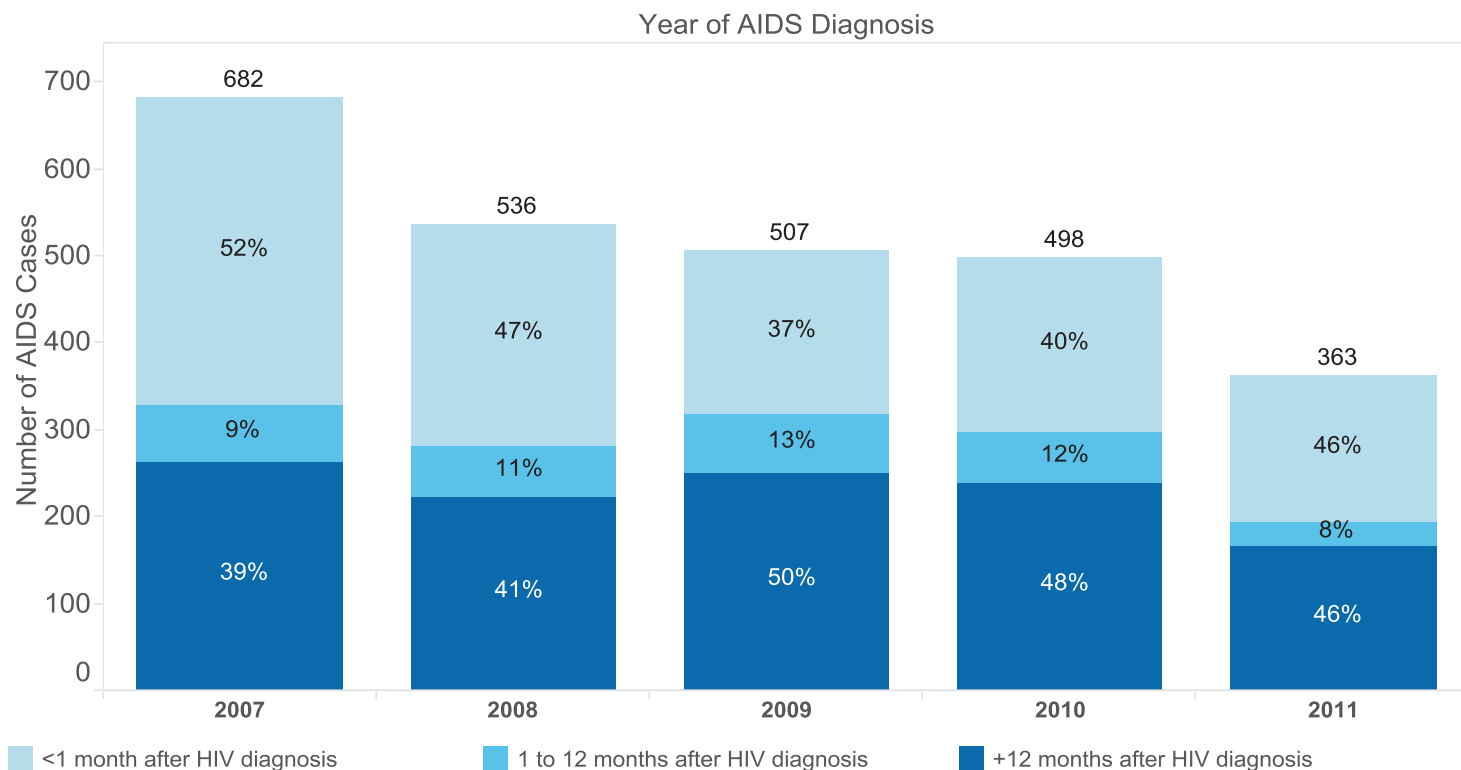
### Figure 12

- Being diagnosed with AIDS within a month of an HIV diagnosis indicates a delay in testing or accessing health care, as well as a failure to identify the case closer to the time of infection.
- Among persons diagnosed with AIDS in 2007, 52% were diagnosed within one month of receiving a positive HIV test result and 9% were diagnosed between one and 12 months after a positive HIV test result.
- Among 39% of the newly diagnosed AIDS cases in 2007, at least one year had passed since they were diagnosed with HIV. In fact, it could have been many years since their initial HIV diagnosis.
- The proportion of newly diagnosed AIDS cases that occurred within one month of an HIV diagnosis declined slightly from 52% in 2007 to 46% in 2011.

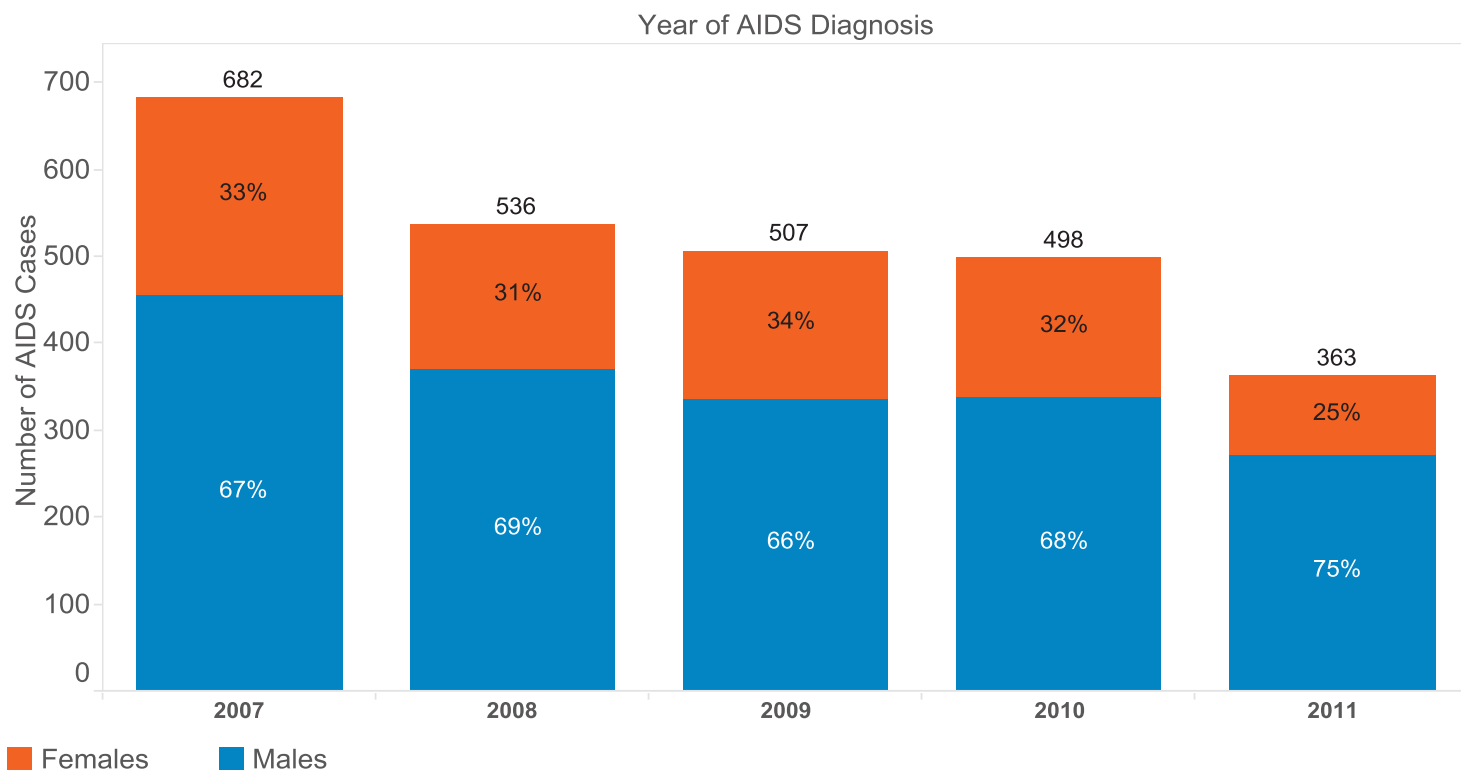
### Figure 13

- Overall 68.5% of AIDS cases diagnosed between 2007 and 2011 in the District were among men; this is similar to the proportion of men diagnosed with HIV in the District.
- Between 2007 and 2010 the proportion of newly diagnosed cases among men were relatively stable (66% to 69%). In 2011 the proportion of newly diagnosed cases among men increased to 75%.

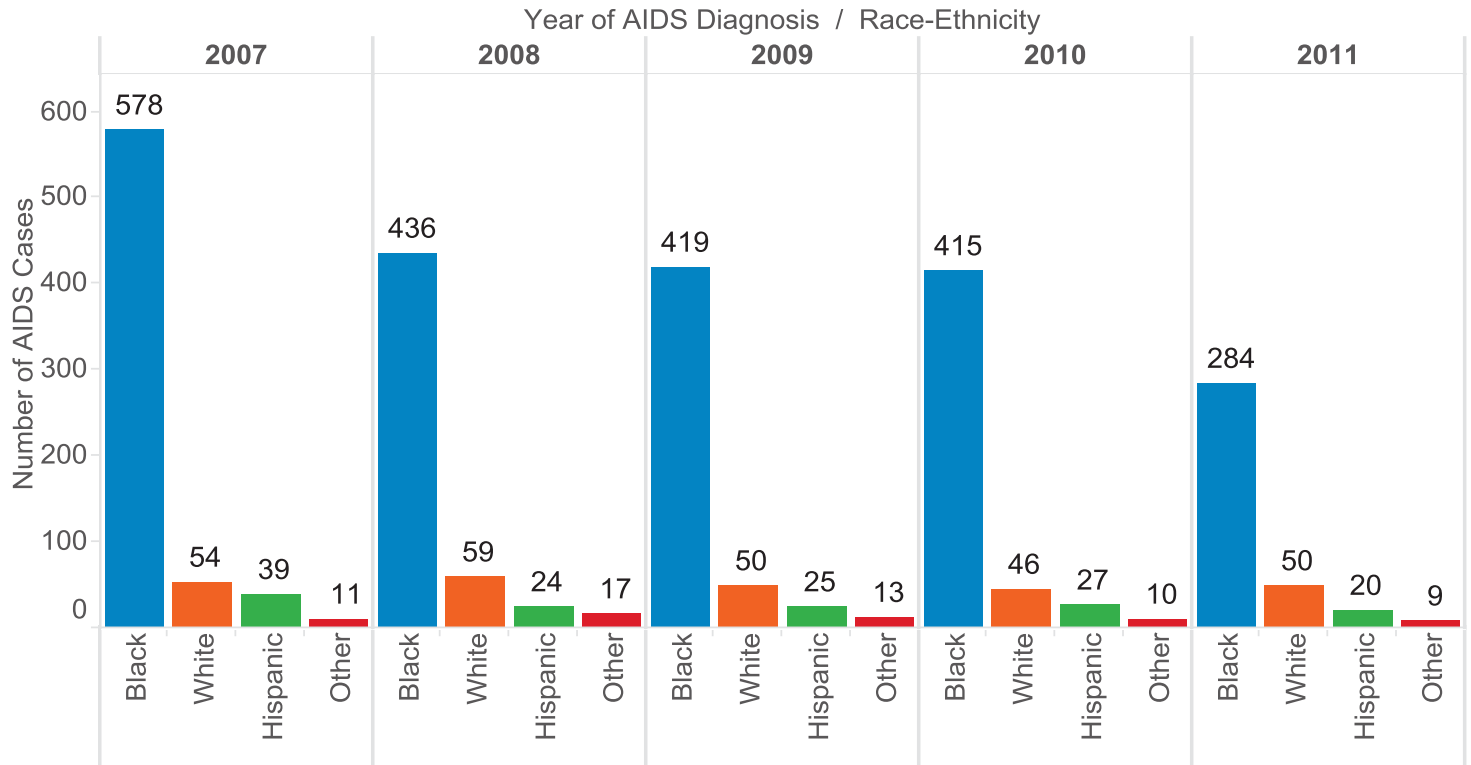
**Figure 12. Newly Diagnosed AIDS Cases by Year of Diagnosis and Time to AIDS Diagnosis**  
District of Columbia, 2007-2011



**Figure 13. Newly Diagnosed AIDS Cases by Year of Diagnosis and Sex**  
District of Columbia, 2007-2011

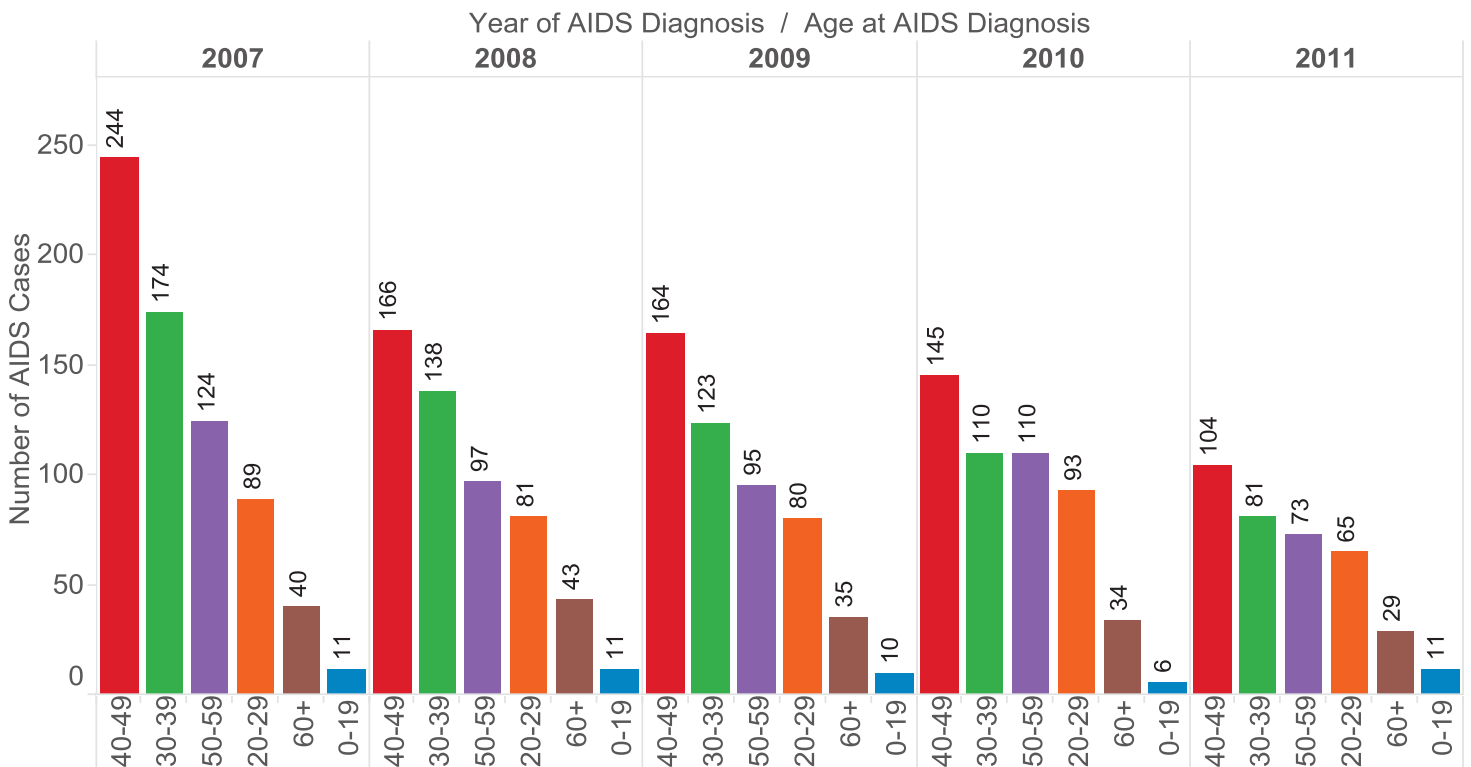


**Figure 14.** Newly Diagnosed AIDS Cases by Year of Diagnosis and Race/Ethnicity  
District of Columbia, 2007-2011



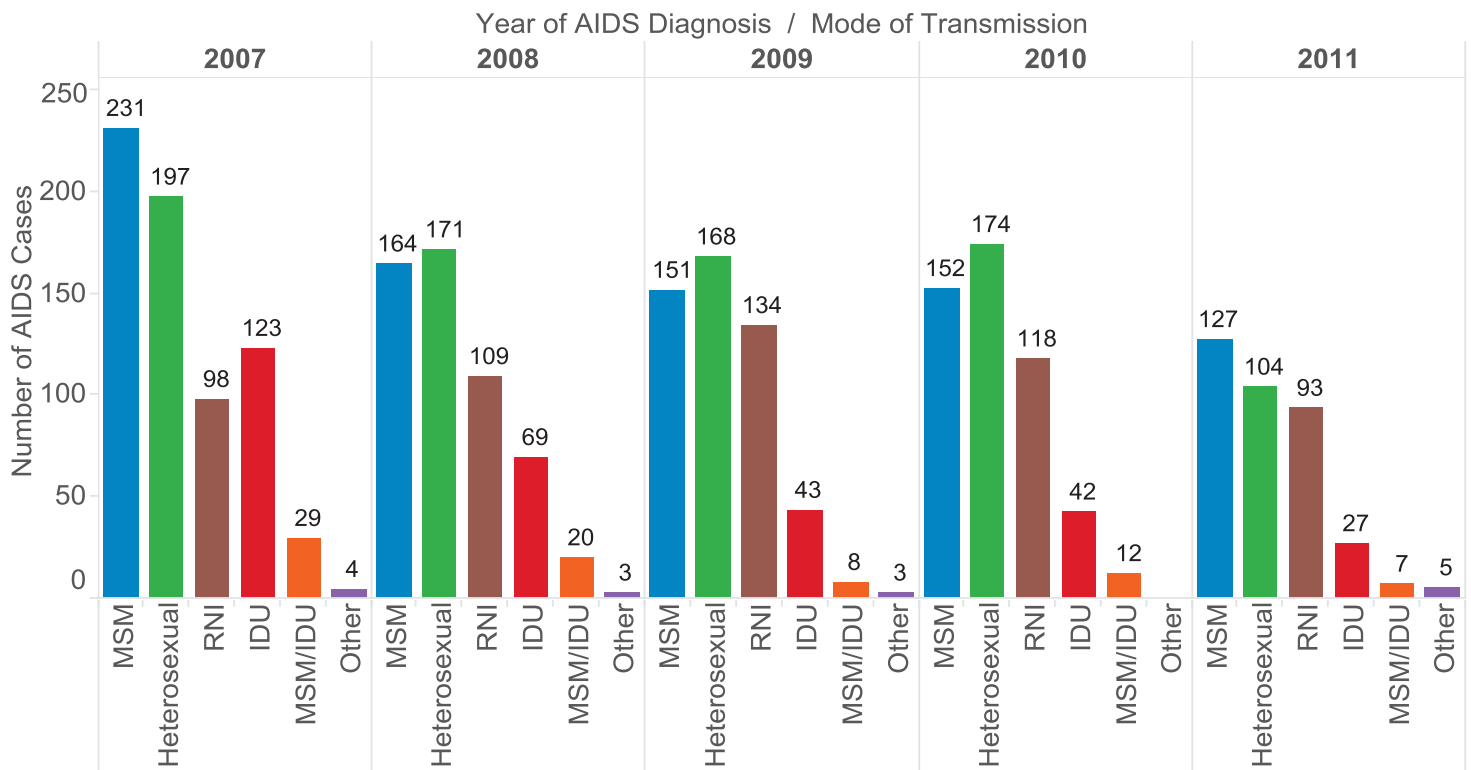
\*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and unknown

**Figure 15.** Newly Diagnosed AIDS Cases by Year of Diagnosis and Age at AIDS Diagnosis  
District of Columbia, 2007-2011





**Figure 16. Newly Diagnosed AIDS Cases by Year of Diagnosis and Mode of Transmission**  
District of Columbia, 2007-2011



#### Figure 14

- There was a 51% decrease in the number of newly diagnosed AIDS cases among blacks between 2007 and 2011 and a 9% decrease among whites.
- Although the number of diagnoses among the other race groups were small, there was also an almost 50% decrease in cases among Hispanics between 2007 and 2011.
- The proportion of AIDS cases among blacks in 2007 was 84% and in 2011 was 78%.

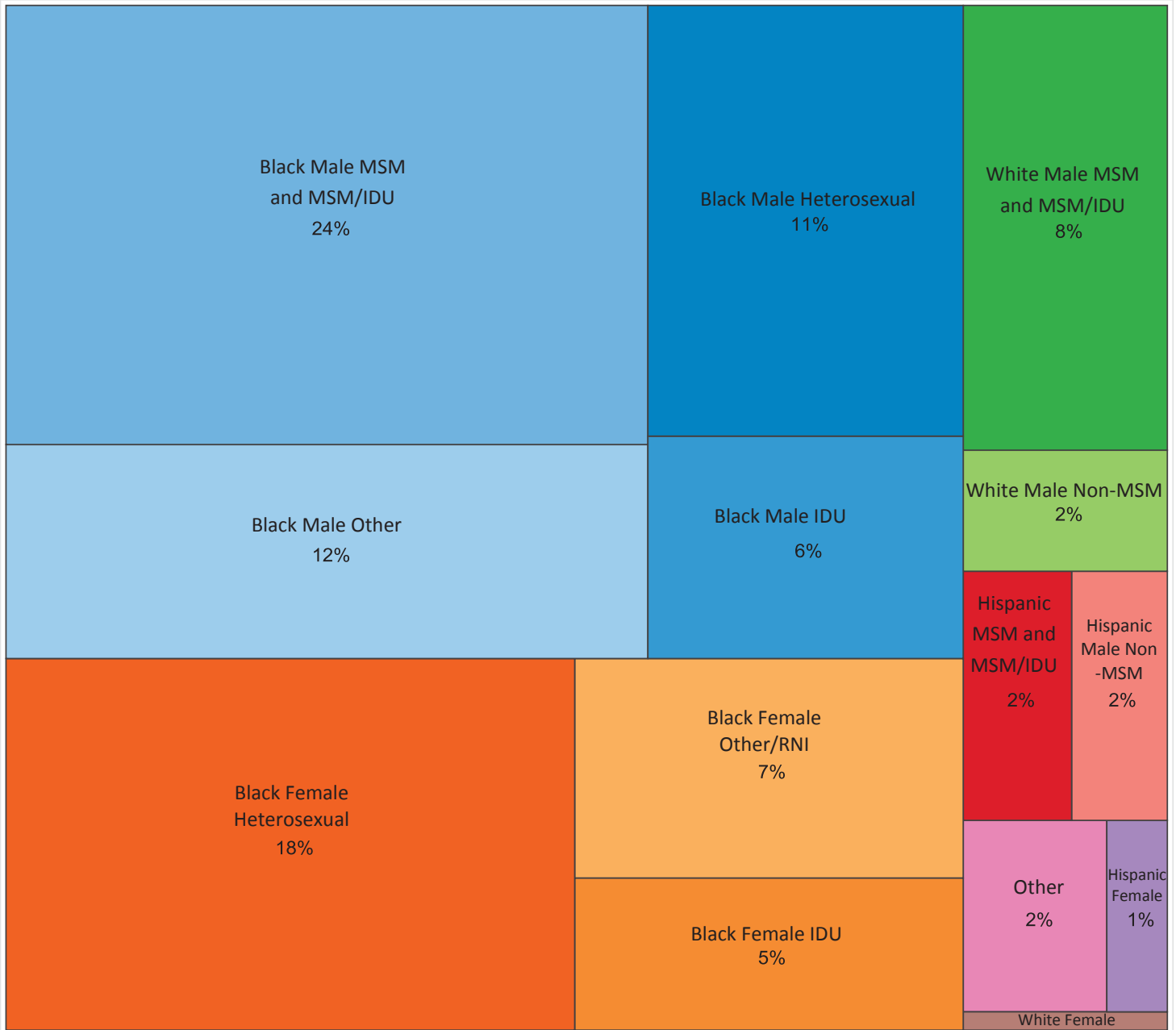
#### Figure 15

- The number of AIDS cases diagnosed between 2007 and 2011 declined 48% among those 20 years of age and older (2007: 671 cases; 2011: 352 cases).
- Among children and adolescents (0-19 years old), the number of newly diagnosed AIDS cases is consistently low, but it still remains a public health concern.

#### Figure 16

- The number of newly diagnosed AIDS cases in which mode of transmission is not known (RNI) remains high due to incomplete provider reports which makes it difficult to assess the burden of AIDS on specific modes of transmission.
- The number of cases diagnosed among intravenous drug users has decreased significantly, a 78% drop, compared to other transmissions types.

**Figure 17.** Proportion of all Newly Diagnosed AIDS Cases in DC by Race/Ethnicity, Sex, and Mode of Transmission District of Columbia, 2007-2011 (n=2,586)



\*MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers); Non-MSM: All modes of transmission excluding MSM and MSM/IDU.

Hispanic Male non-MSM: Heterosexual, IDU, RNI and other modes of transmission

Black Female Other: RNI and other modes of transmission

Black Male Other: RNI and other modes of transmission

Hispanic Female: All modes of transmission

White Female: All modes of transmission

Other: All persons of other race with all modes of transmission

**Figure 17**

- Figure 17 represents newly diagnosed AIDS cases in the District of Columbia (n=2,586) by sex, race/ethnicity, and mode of transmission.
- Approximately one-quarter (24%) of persons newly diagnosed with AIDS in the District were black MSM.
- Black women with heterosexual mode of transmission represent the second largest group (18%) of persons newly diagnosed with AIDS in the District.

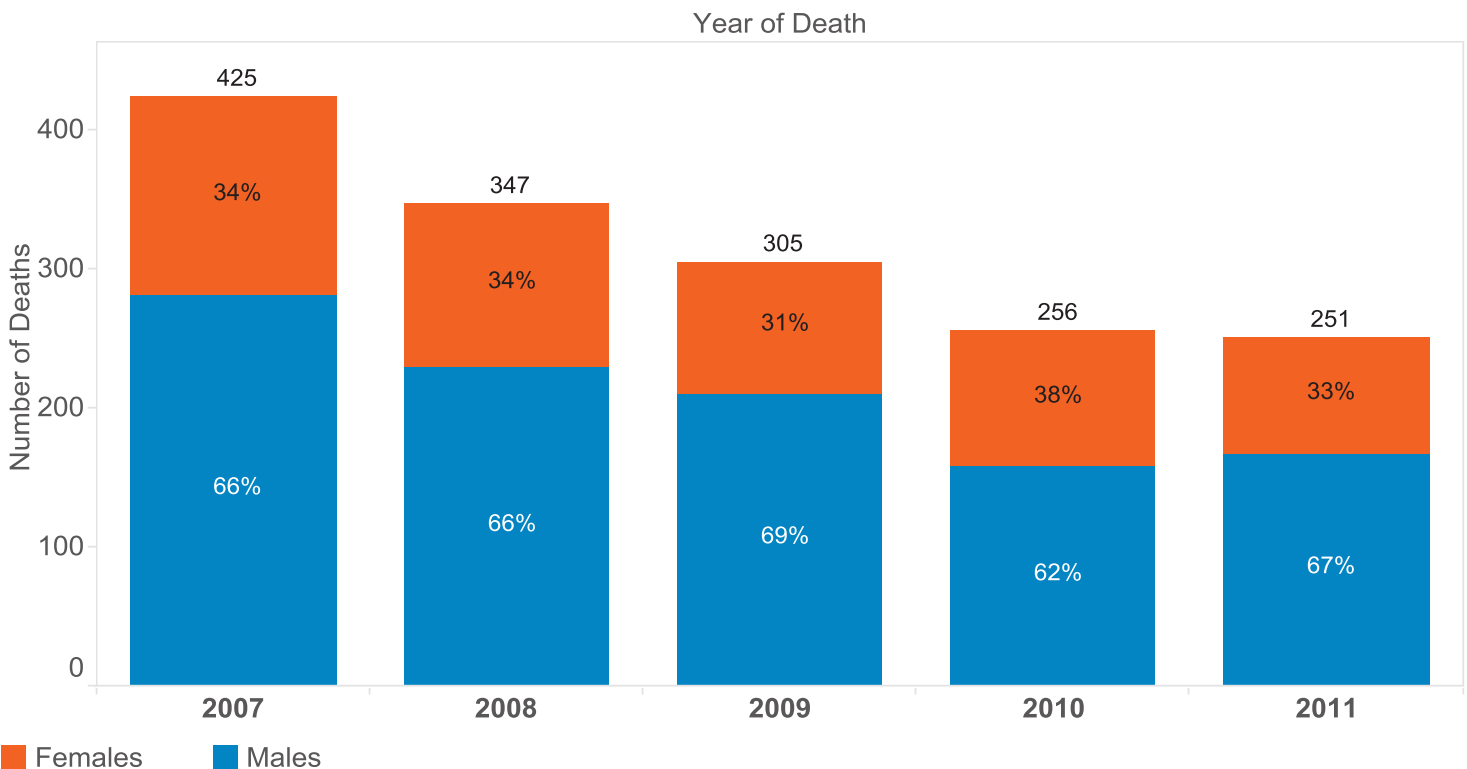
## Section 5. HIV Mortality

From 2007 to 2011 there were 1,584 deaths among persons with HIV in the District of Columbia. Approximately two-thirds (66.2%) of deaths occurred among men and 89.5% of deaths were among blacks. Approximately one-third (30.4%) of deaths occurred in people 40 to 49 years old and another third (35.8%) were among people 50 to 59 years of age. By mode of transmission, the largest proportion of deaths was among those with transmission attributed to IDU (30.3%), followed by heterosexual contact (25.6%), and MSM (21.7%), although all declined over the 5-year period. Approximately 50 percent of deaths among the HIV population were attributed to HIV-related causes.

**Table 7.** Number of Deaths among HIV cases by Year of Death  
District of Columbia, 2007-2011

	Year of Death				
	2007	2008	2009	2010	2011
Number of deaths	425	347	305	256	251

**Figure 18.** Deaths among HIV Cases by Year of Death and Sex  
District of Columbia, 2007-2011



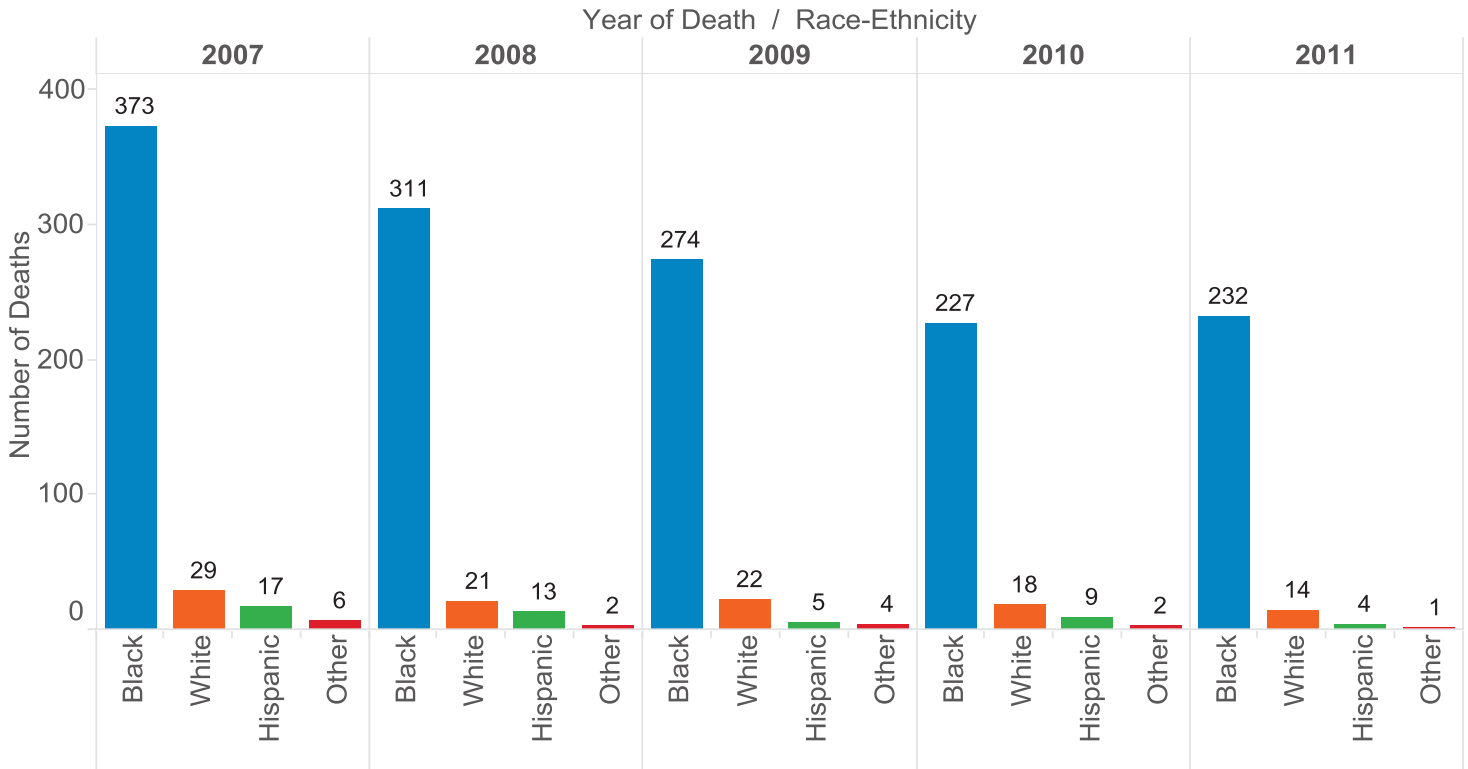
**Table 7**

- There was a steady decline in the number of deaths among HIV cases with an overall decline of 41% between 2007 and 2011.

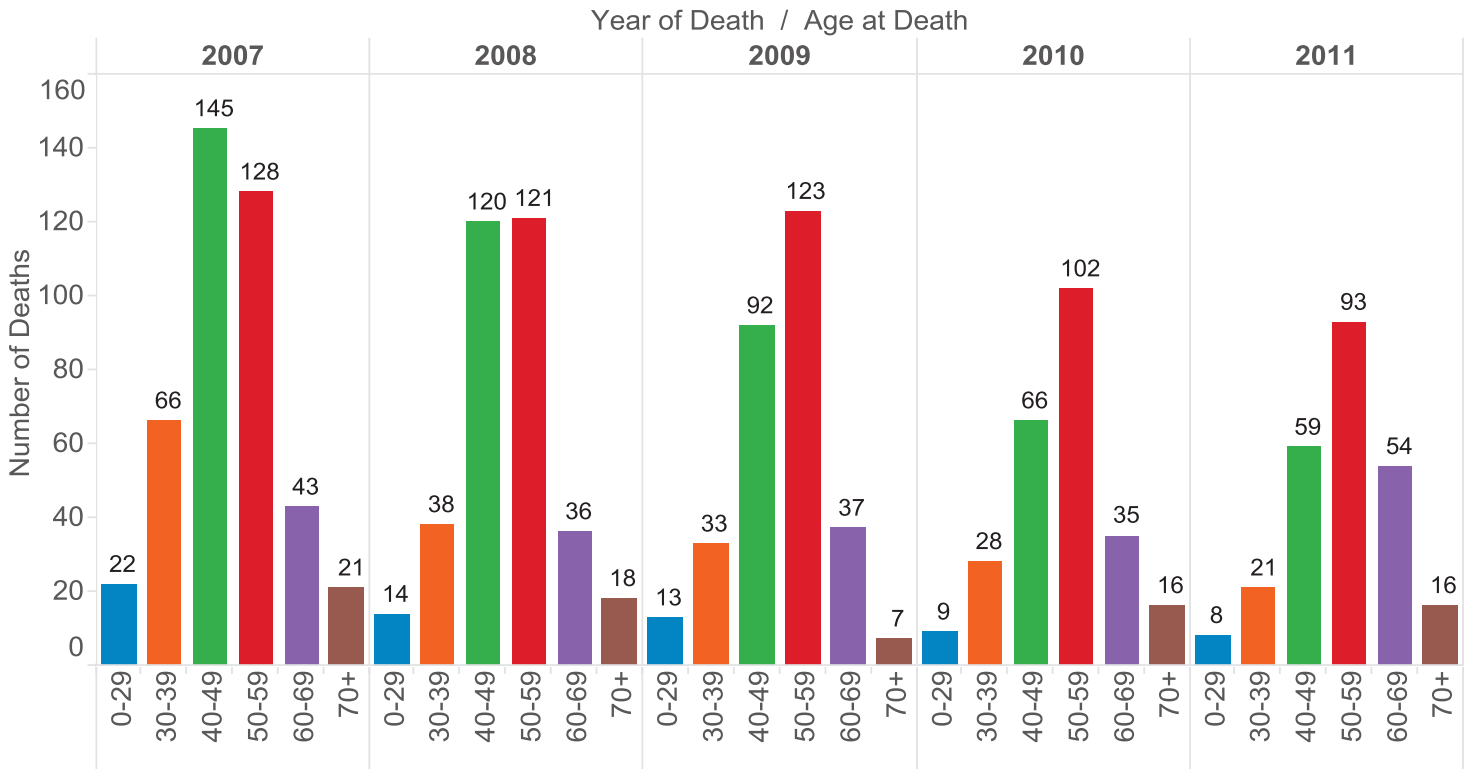
**Figure 18**

- Approximately two-thirds (66.2%) of deaths during this five year time period were among men, while the proportion of new HIV diagnoses among men was 71.2% during the same time period.
- The ratio of deaths comparing men and women has not changed between 2007 and 2011.

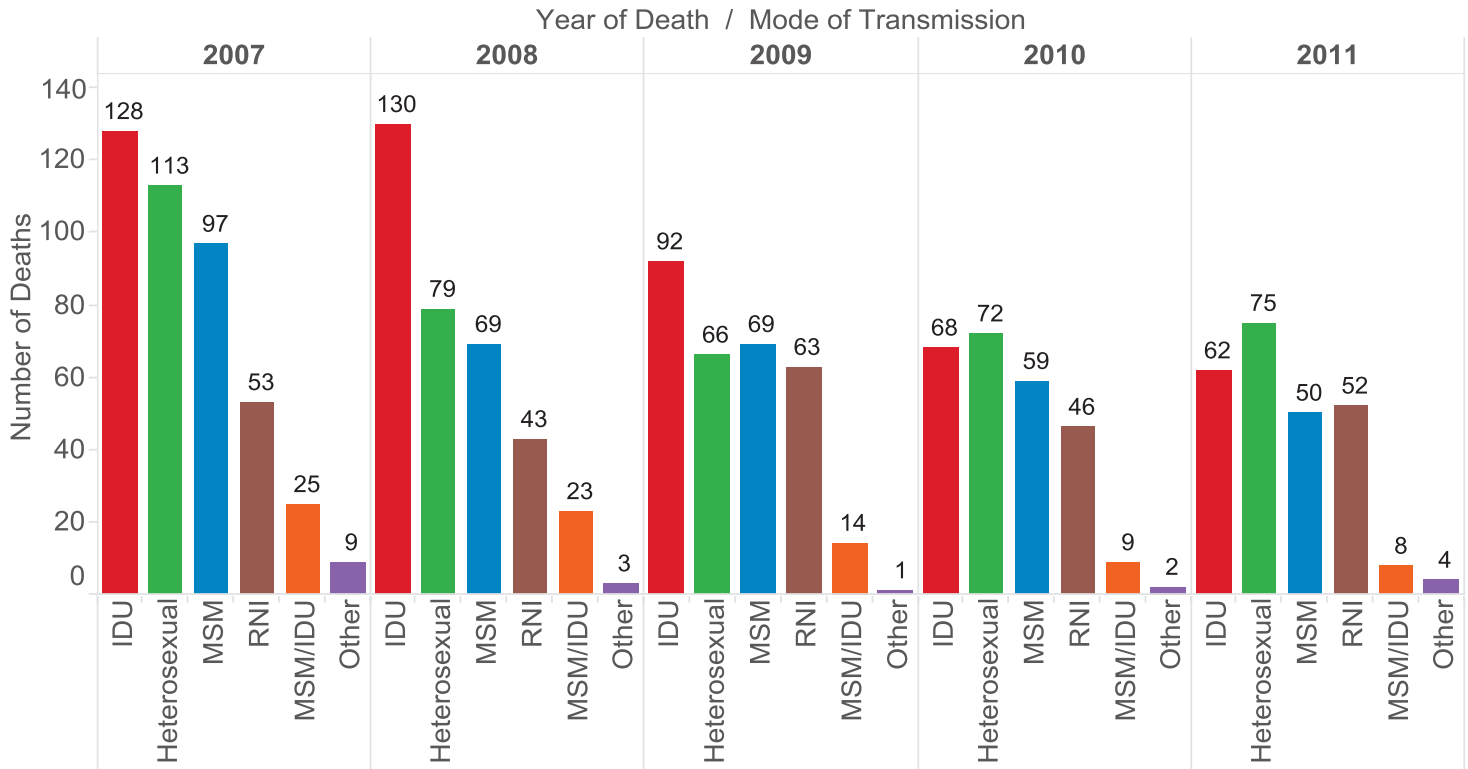
**Figure 19. Deaths among HIV Cases by Year of Death and Race/Ethnicity**  
District of Columbia, 2007-2011



**Figure 20. Deaths among HIV Cases by Year of Death and Age at Death**  
District of Columbia, 2007-2011



**Figure 21. Deaths among HIV Cases by Year of Death and Mode of Transmission**  
 District of Columbia, 2007-2011



**Figure 19**

- Number of deaths among HIV cases in all race groups declined between 2007 and 2011.

**Figure 20**

- The age at death has increased; median age at death in 2007 was 48 years while the median age at death in 2011 was 54 years.
- In 2007 the greatest number of deaths (145) occurred among those 40 to 49 years of age. However starting in 2008 and in each subsequent year, the greatest number of deaths occurred among those 50 to 59 years of age.
- Between 2010 and 2011 there was a substantial increase of 35% in the number of deaths among 60 to 69 year olds.

**Figure 21**

- The largest decrease in number of deaths by mode of transmission was among injection drug users. Deaths among this group decreased 52% between 2007 and 2011.
- The number of deaths among HIV cases with heterosexual contact and men who have sex with men reported as the mode of transmission decreased 34% and 48%, respectively, between 2007 and 2011.

**Table 8. Cause of Death among Persons with HIV by Year of Death**

District of Columbia, 2007-2011

Cause of Death	2007		2008		2009		2010		2011		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
HIV-related causes*	221	52.0	196	56.5	162	53.1	125	48.8	69	27.5	773	48.8
Non-AIDS Defining Malignancies	42	9.9	38	11.0	31	10.2	29	11.3	40	15.9	180	11.4
Cardiovascular	50	11.8	38	11.0	26	8.5	32	12.5	29	11.6	175	11.1
Substance Use	6	1.4	2	0.6	8	2.6	3	1.2	4	1.6	23	1.5
Accidental Death	14	3.3	9	2.6	9	3.0	19	7.4	10	4.0	61	3.9
Other**	58	13.7	44	12.7	32	10.5	43	16.8	30	12.0	207	13.1
Unknown	34	8.0	20	5.8	37	12.1	5	2.0	69	27.5	165	10.4
<b>Total</b>	<b>425</b>	<b>100.0</b>	<b>347</b>	<b>100.0</b>	<b>305</b>	<b>100.0</b>	<b>256</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>

\*HIV-related causes include opportunistic infections and AIDS defining cancers.

\*\*Other causes of death include suicide, pneumonia, COPD, and diabetes, etc.

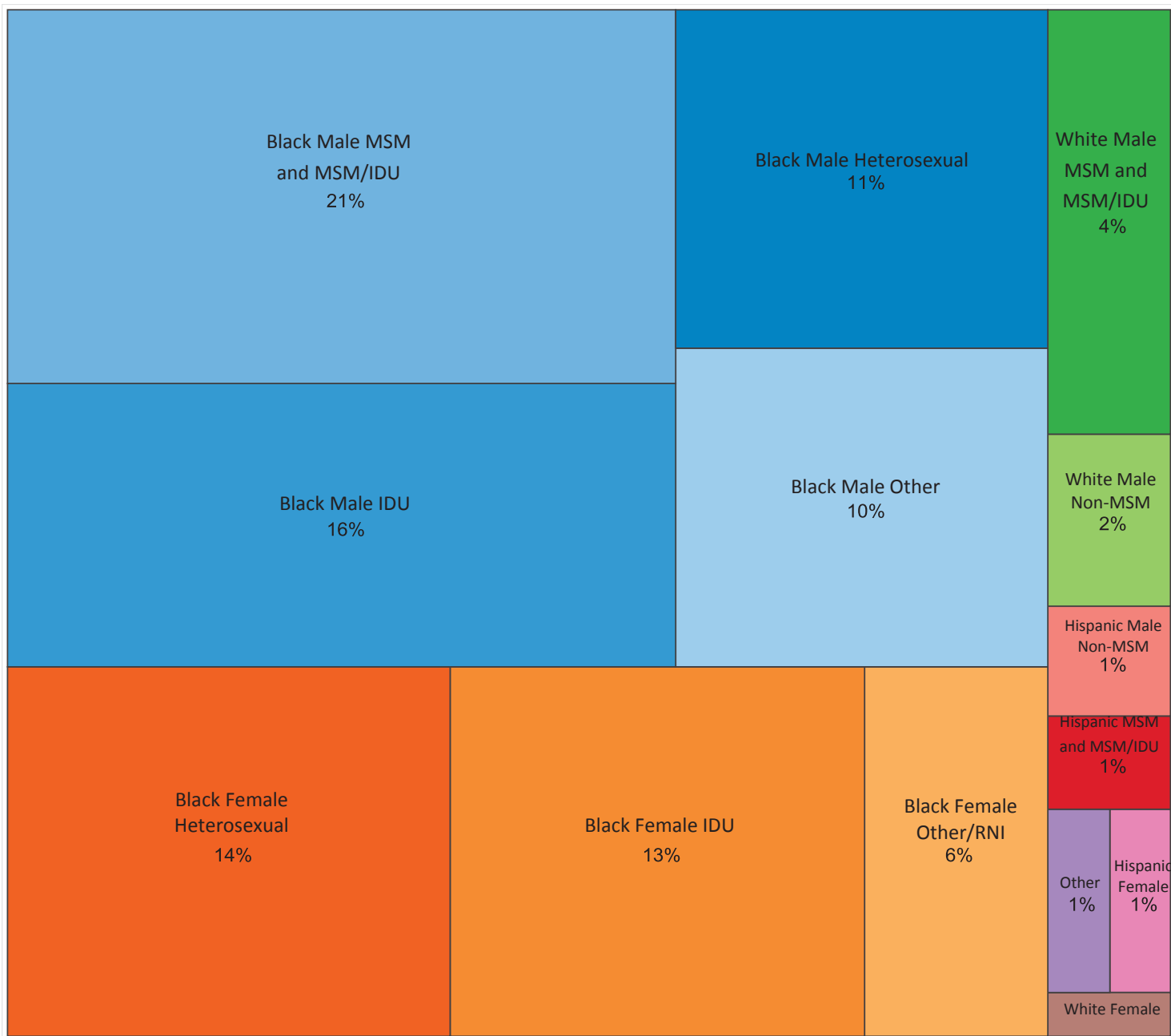
**Table 8**

- Almost one-half (48.8%) of deaths among persons diagnosed with HIV in the District were due to HIV-related causes such as opportunistic infections and AIDS-defining cancers between 2007 and 2011.
- The underlying cause of death was unknown for 10.4% of deaths between 2007 and 2011. Approximately one-quarter (27.5%) of deaths in 2011 had an unknown cause. HAHSTA is working with the Office of Vital Statistics to ascertain cause of death for these cases and will reclassify them in subsequent reports.

**Figure 22**

- Figure 22 represents deaths that occurred among persons diagnosed with HIV in the District of Columbia between 2007 and 2011 (n=1,584) by sex, race/ethnicity, and mode of transmission.
- 16% of deaths among persons with HIV were among black men with injection drug use reported as their mode of transmission and another 21% were black men with MSM reported as their mode of transmission.

**Figure 22.** Proportion of All Recent Deaths among HIV Cases in DC by Race/Ethnicity, Sex, and Mode of Transmission  
 District of Columbia, 2011 (n=1,584)



\*MSM: includes men who have sex with men; IDU: injection drug use; RNI: risk not identified; Other: perinatal transmission, hemophilia, blood transfusion, and occupational exposure (healthcare workers); Non-MSM: All modes of transmission excluding MSM and MSM/IDU.  
 Hispanic Male non-MSM: Heterosexual, IDU, RNI and other modes of transmission  
 Black Female Other: RNI and other modes of transmission  
 Black Male Other: RNI and other modes of transmission  
 Hispanic Female: All modes of transmission  
 White Female: All modes of transmission  
 Other: All persons of other race with all modes of transmission

## Section 6. Sexually Transmitted Diseases

This section provides an overview of the incidence and trends of sexually transmitted diseases – chlamydia, gonorrhea, and primary and secondary syphilis – in the District of Columbia. Sexually transmitted diseases (STDs) continue to have a major impact on the health of District residents, particularly adolescents and MSM.

### Summary

From 2007 to 2011, the District received 31,590 reports of chlamydia infection, an 11% increase in the number of reported cases between 2006 and 2010 (28,461 cases). Among the reported cases approximately two-thirds were women (65.4%), two-thirds were black (64.0%), and more than two-thirds (69.6%) were between 15 and 24 years of age. Geographically, the greatest number of chlamydia cases were reported among persons living in Wards 7 and 8 (39.1%). [Refer to appendix table 8](#) for more information on chlamydia infections reported between 2007 and 2011 in the District.

From 2007 to 2011, the District received 12,216 reports of gonorrhea infection, a 6% increase in the number of reported cases between 2006 and 2010 (11,569 cases). Unlike chlamydia, the sex of reported cases was divided almost equally between men and women at 51.9% and 47.9%, respectively. Almost three-quarters of reported cases were among blacks (70.6%) and more than half (61.0%) were between 15 and 24 years of age. The greatest number of gonorrhea cases were also reported among persons living in Wards 7 and 8 (41.6%). [Refer to appendix table 9](#) for more information on gonorrhea infections reported between 2007 and 2011 in the District.

From 2007 to 2011, the District received 782 reports of primary and secondary syphilis infection, also known as infectious syphilis, a 6% increase in the number of reported cases between 2006 and 2010 (735 cases). Unlike chlamydia and gonorrhea, which predominately affected youth and young adults less than 25 years of age, almost two-thirds (63.6%) of primary and secondary syphilis cases were 30 years of age or older. Slightly more than half (58.4%) of reported primary and secondary syphilis cases were among blacks and almost all cases (96.2%) were reported among men. In contrast to chlamydia and gonorrhea, the greatest number of primary and secondary syphilis cases were reported among persons living in Wards 1 and 2 (38.7%). [Refer to appendix table 10](#) for more information on primary and secondary syphilis infections reported between 2007 and 2011 in the District.

### Reported Cases of Chlamydia and Gonorrhea in the District of Columbia

Chlamydia is the most commonly reported STD in the United States, sexually active women 25 years old and younger need to be tested every year, and even though it is easy to cure, these bacteria can impact a woman's ability to have children if left untreated.

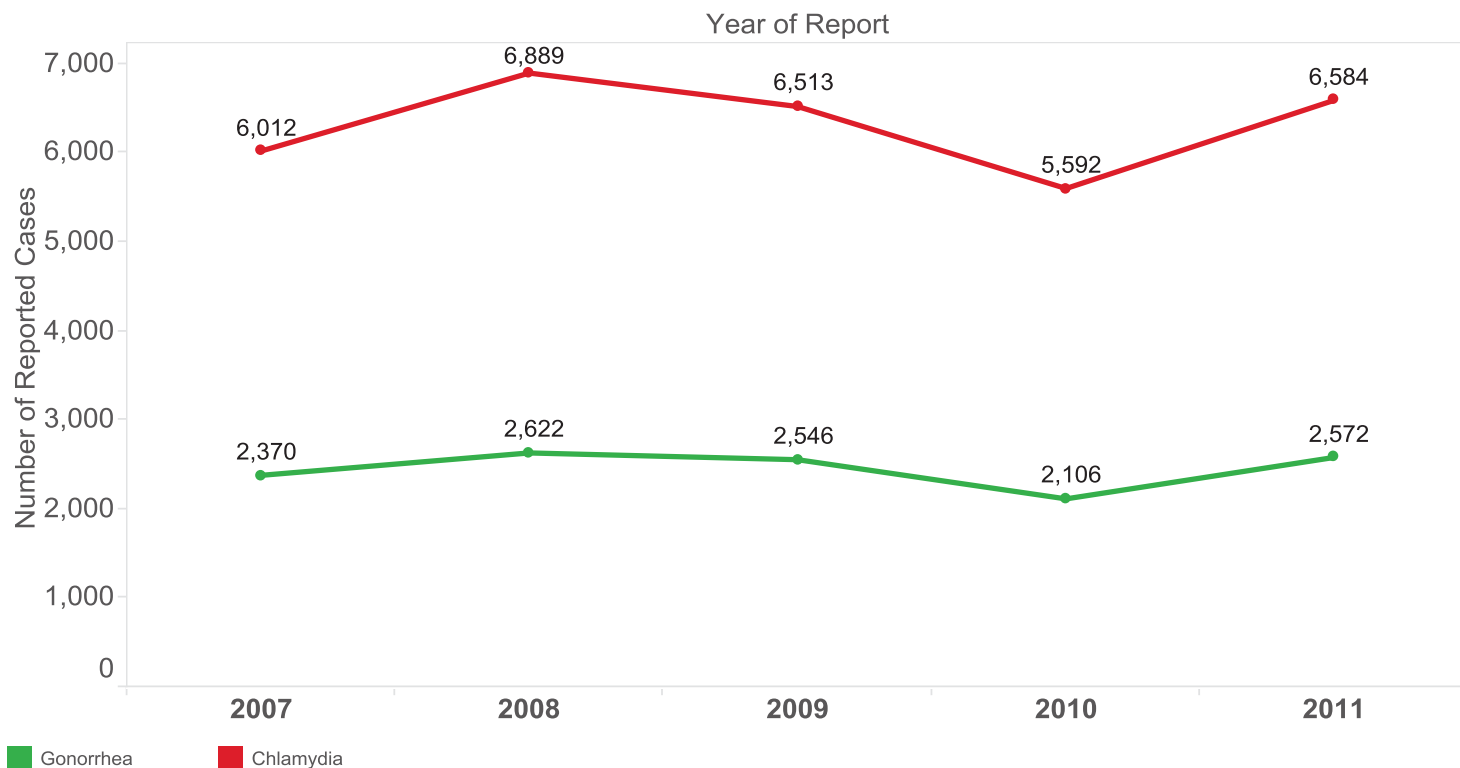
Because of emerging antibiotic resistance, this infection requires treatment with two different antibiotics (dual therapy). Gonorrhea infection can occur in anyone who is sexually active. If they occur, symptoms in men and women vary depending on what part of the body is infected: these bacteria can infect the anus, eyes, mouth, genitals, or throat. This disease can impact the ability to have children if left untreated.

### Figure 23

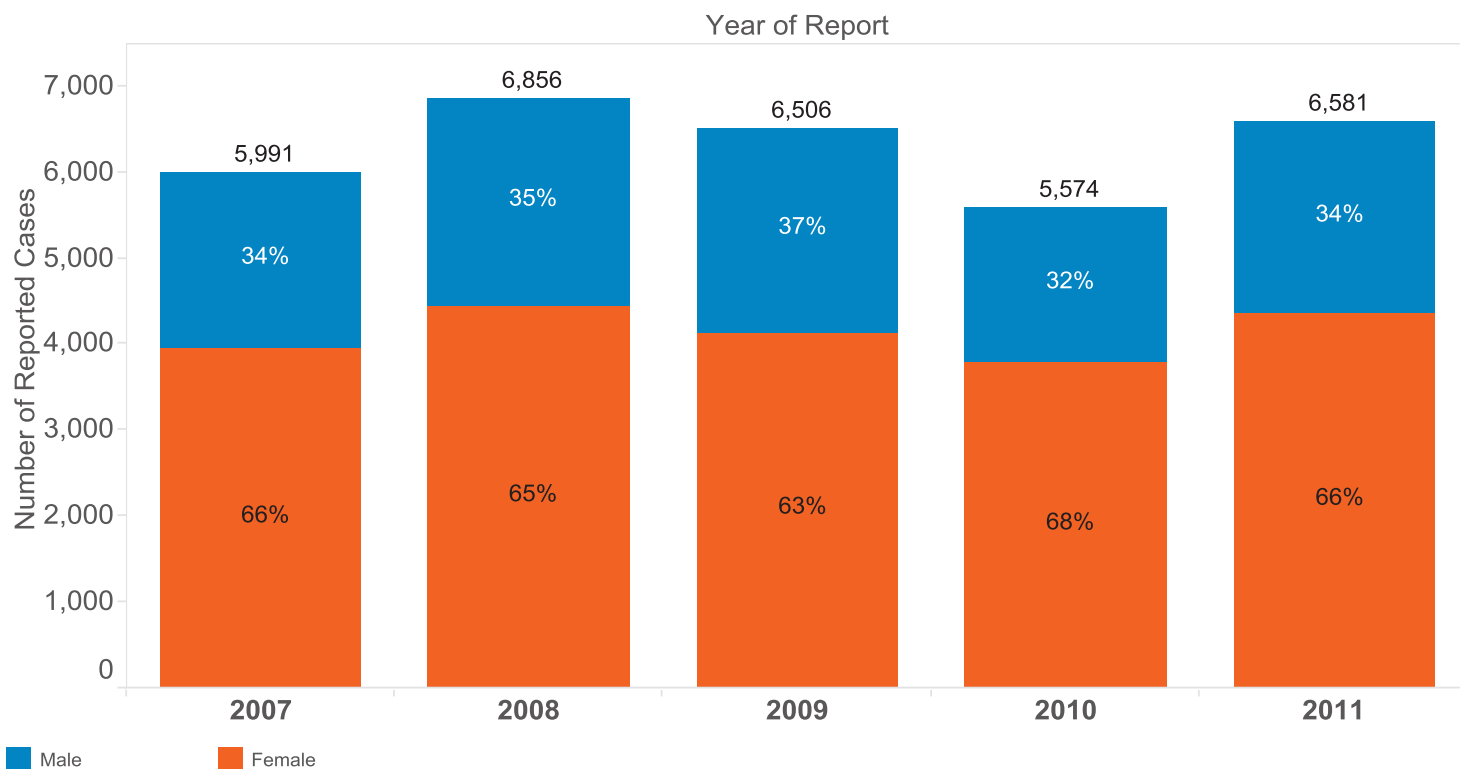
- Chlamydia is often considered the “silent disease,” meaning infections may not have any symptoms and are usually detected during screening. That is, the “more you look for it” (i.e. screen for it) the “more you will find it.” Screening is when all people receive a test regardless of symptoms.
- In contrast, gonorrhea is usually symptomatic and identified through diagnostic testing rather than screening.
- Due to more sensitive testing technology, an increase in youth-focused screening programs, and an increase in the non-genital (throat and rectum) screening of men who have sex with men, the number of reported chlamydia and gonorrhea cases gradually increased between 2007 and 2011.



**Figure 23. Reported Chlamydia and Gonorrhea Cases by Year of Report**  
 District of Columbia, 2007-2011

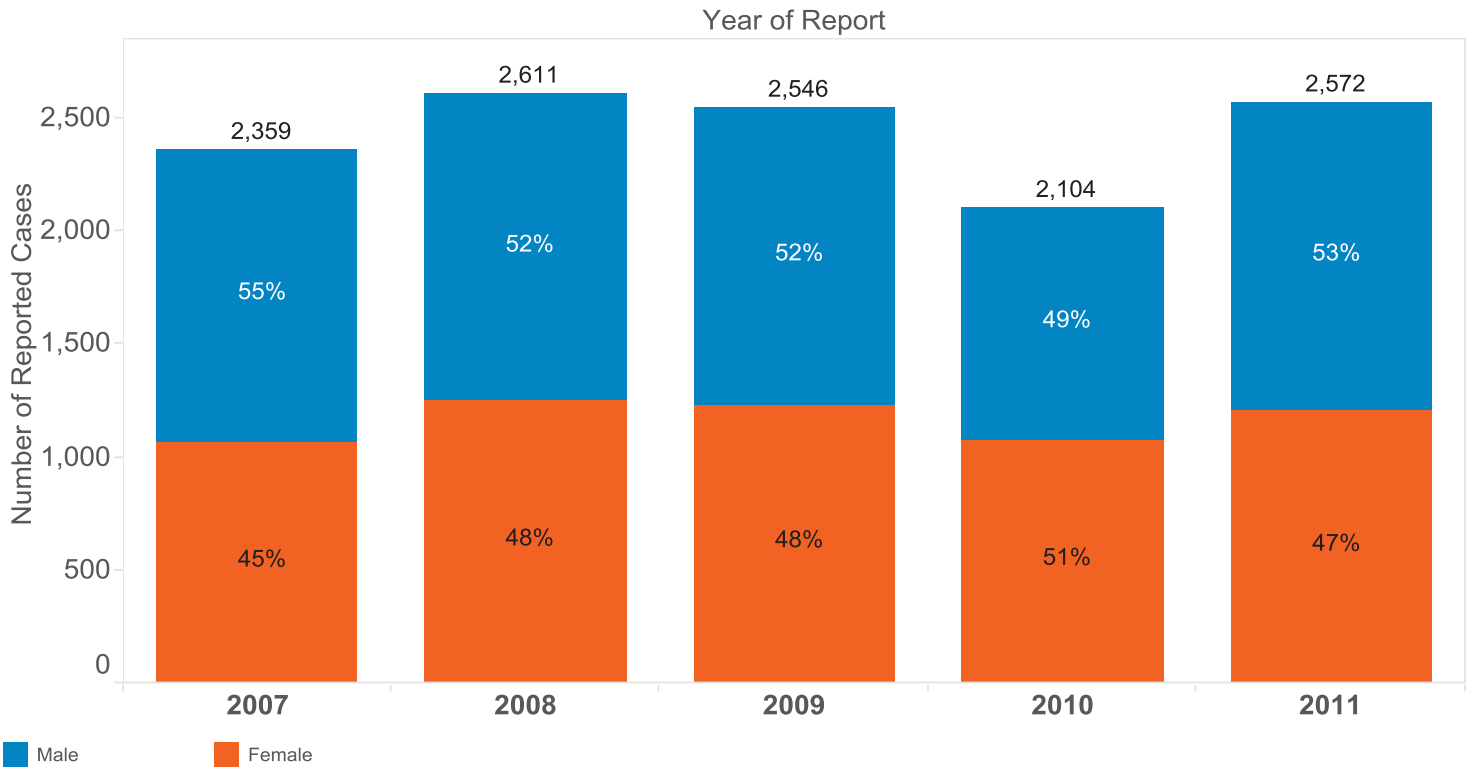


**Figure 24. Reported Chlamydia Cases by Year of Report and Sex**  
 District of Columbia, 2007-2011



\*Missing sex not included

**Figure 25. Reported Gonorrhea Cases by Year of Report and Sex**  
 District of Columbia, 2007-2011



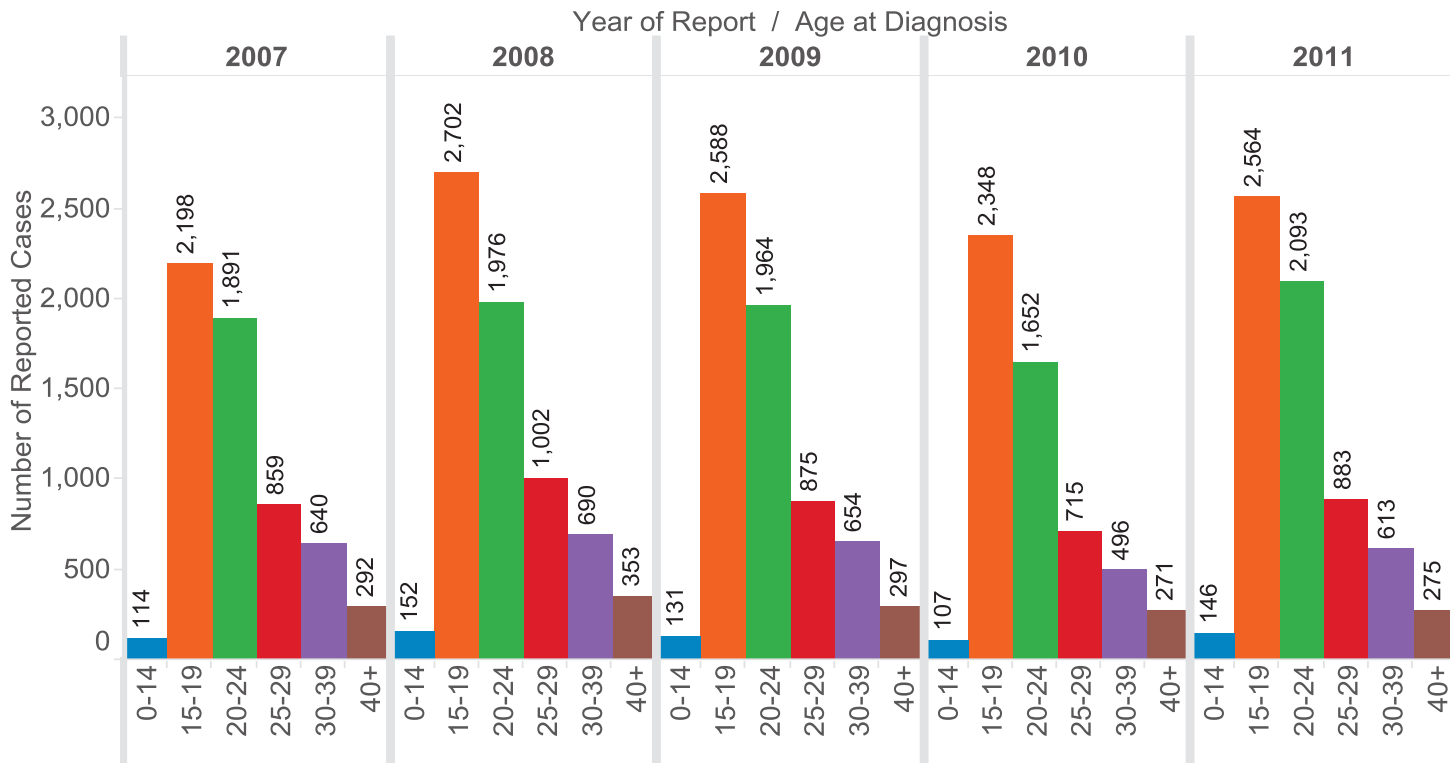
**Figures 24 & 25**

- Undetected and untreated chlamydial infection may lead to infertility and pelvic inflammatory disease. CDC guidelines and most chlamydia screening programs target women of childbearing age. This explains the percentage of chlamydia cases reported among women was higher than among men, ranging from a low of 63% (2009) to a high of 68% (2010).
- In contrast, most gonorrhea cases are identified through diagnostic testing. The percentage of cases reported among men and women is almost equal regardless of report year.

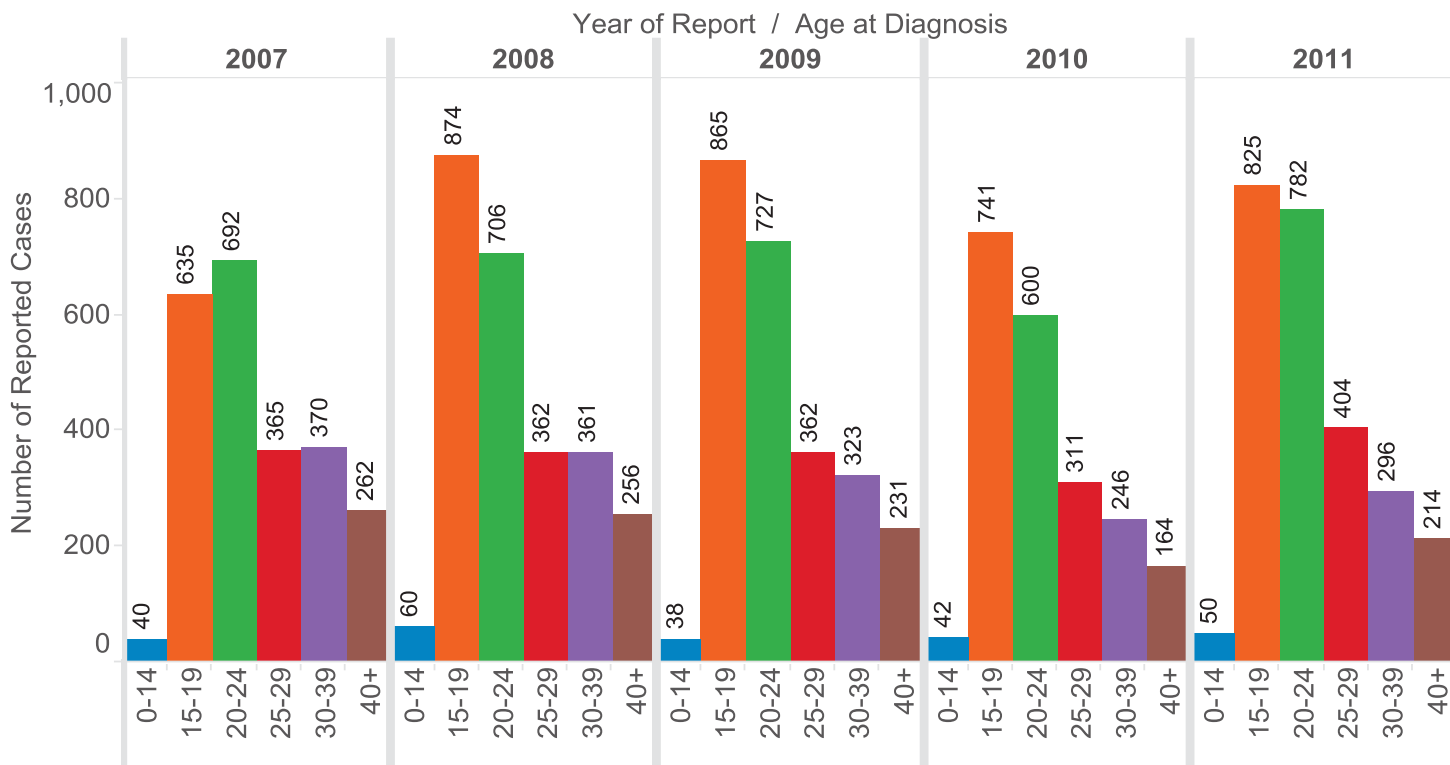
**Figure 26 & 27**

- In 2007, 36.6% of reported chlamydia cases were among 15 to 19 year olds. In 2011, 38.9% were reported among this same age category.
- In 2007, 26.8% of reported gonorrhea cases were among 15 to 19 year olds. In 2011, 32.1% were reported among this same age category.
- Both of these increases are most likely due to targeted screening of adolescents and differ somewhat from national surveillance data, where the highest rates of both infections are reported among 20 to 24 year olds.

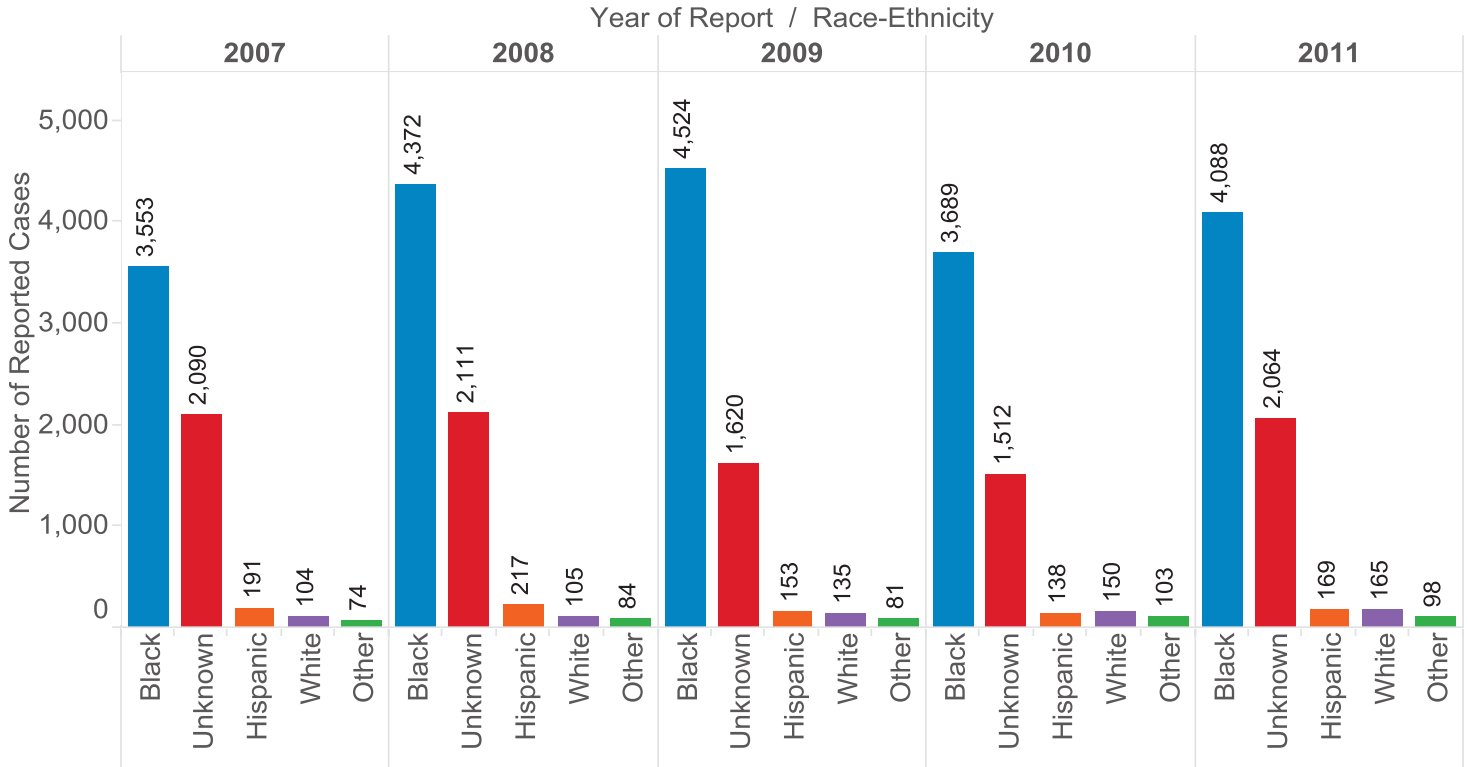
**Figure 26. Reported Chlamydia Cases by Year of Report and Age at Diagnosis**  
 District of Columbia, 2007-2011



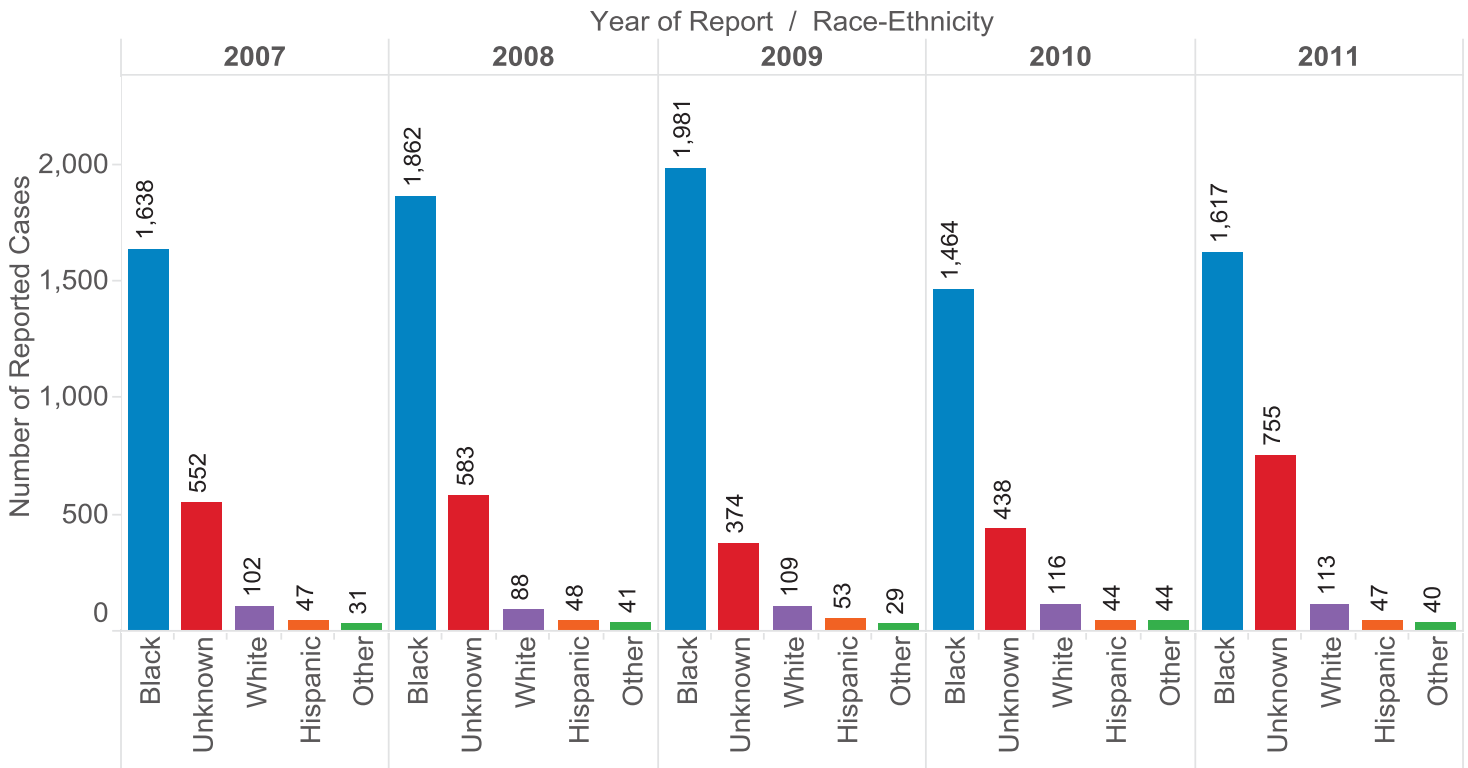
**Figure 27. Reported Gonorrhea Cases by Year of Report and Age at Diagnosis**  
 District of Columbia, 2007-2011



**Figure 28. Reported Chlamydia Cases by Year of Report and Race**  
 District of Columbia, 2007-2011



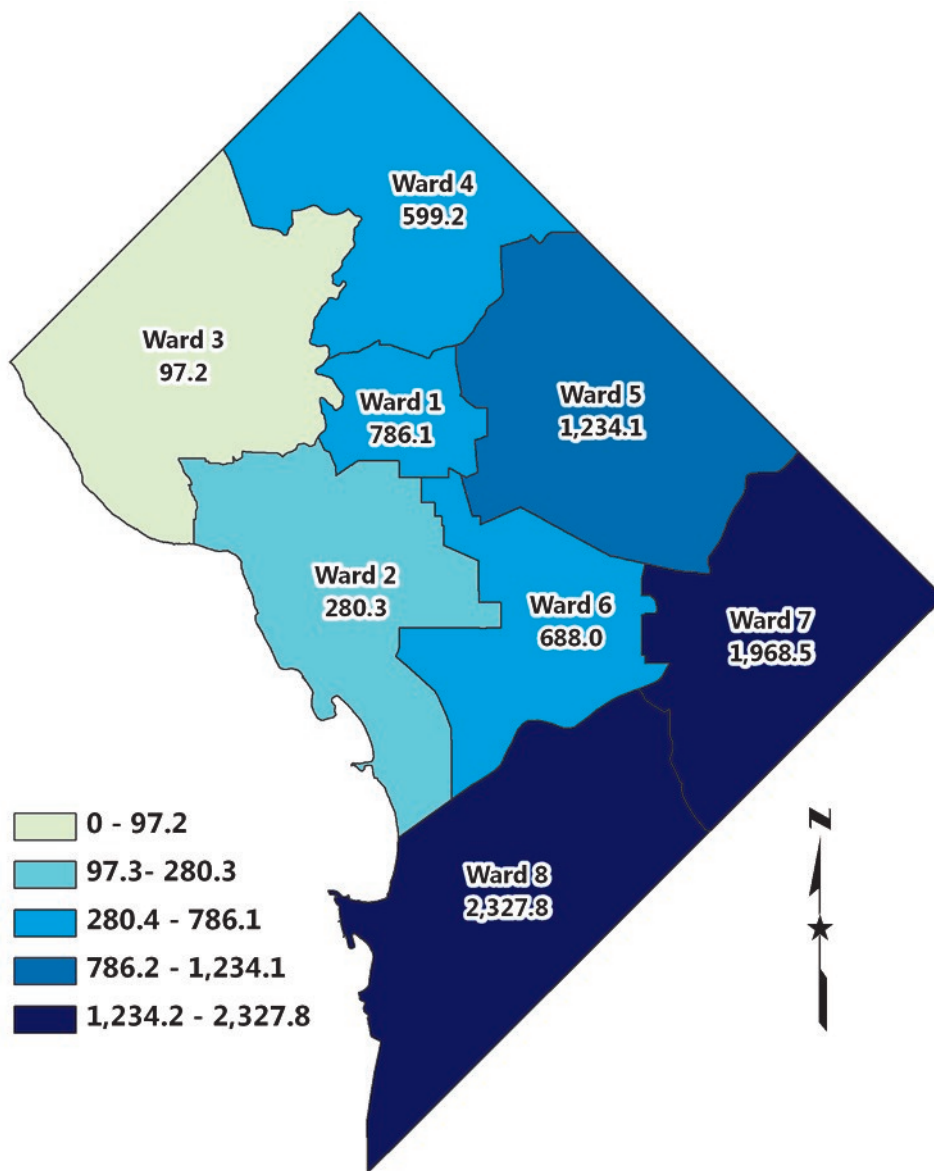
**Figure 29. Reported Gonorrhea Cases by Year of Report and Race**  
 District of Columbia, 2007-2011



**Figures 28 & 29**

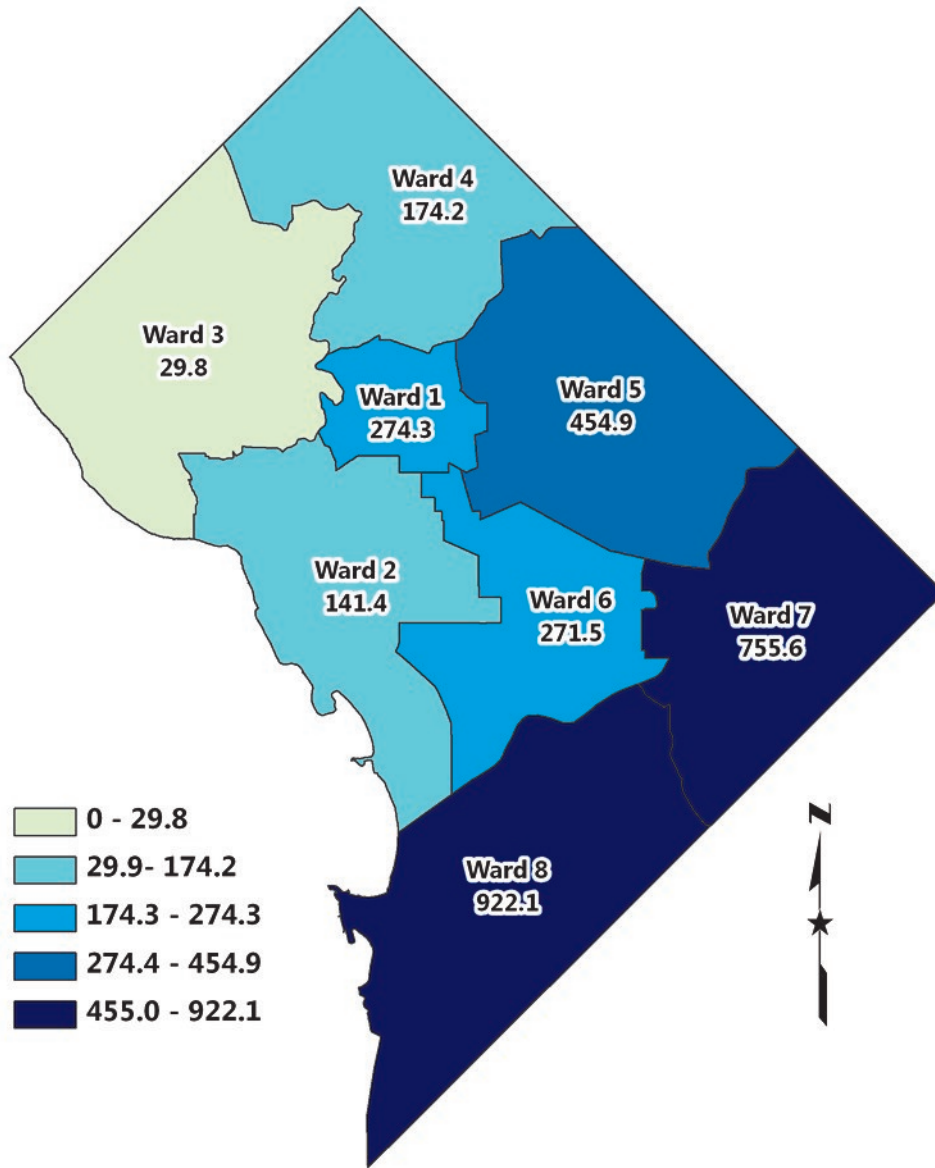
- Among chlamydia cases with known race/ethnicity, the proportion of black cases remained consistent at 90.6% in 2007 and 90.4% in 2011.
- Among gonorrhea cases with known race/ethnicity, the proportion of black cases also remained consistent with 90.1% in 2007 and 89.0% in 2011.
- Blacks represent about half of the District population (49.2%), but make up the majority of reported chlamydia and gonorrhea cases with known race/ethnicity in the District. This disparity among chlamydia and gonorrhea cases is consistent with national surveillance data.

**Map 3. Chlamydia Rates per 100,000 persons by Ward District of Columbia, 2011**



- Ward information was available for 88.7% of chlamydia cases diagnosed in 2011.
- In 2011, the highest rate for chlamydia cases was reported in Ward 8 (2,327.8 cases per 100,000 persons).
- In 2011, the lowest for chlamydia cases was reported in Ward 3 (97.2 cases per 100,000 persons).
- Refer to Table A9 in the Appendix for absolute numbers by ward.

**Map 4. Gonorrhea Rate per 100,000 persons by Ward**  
 District of Columbia, 2011

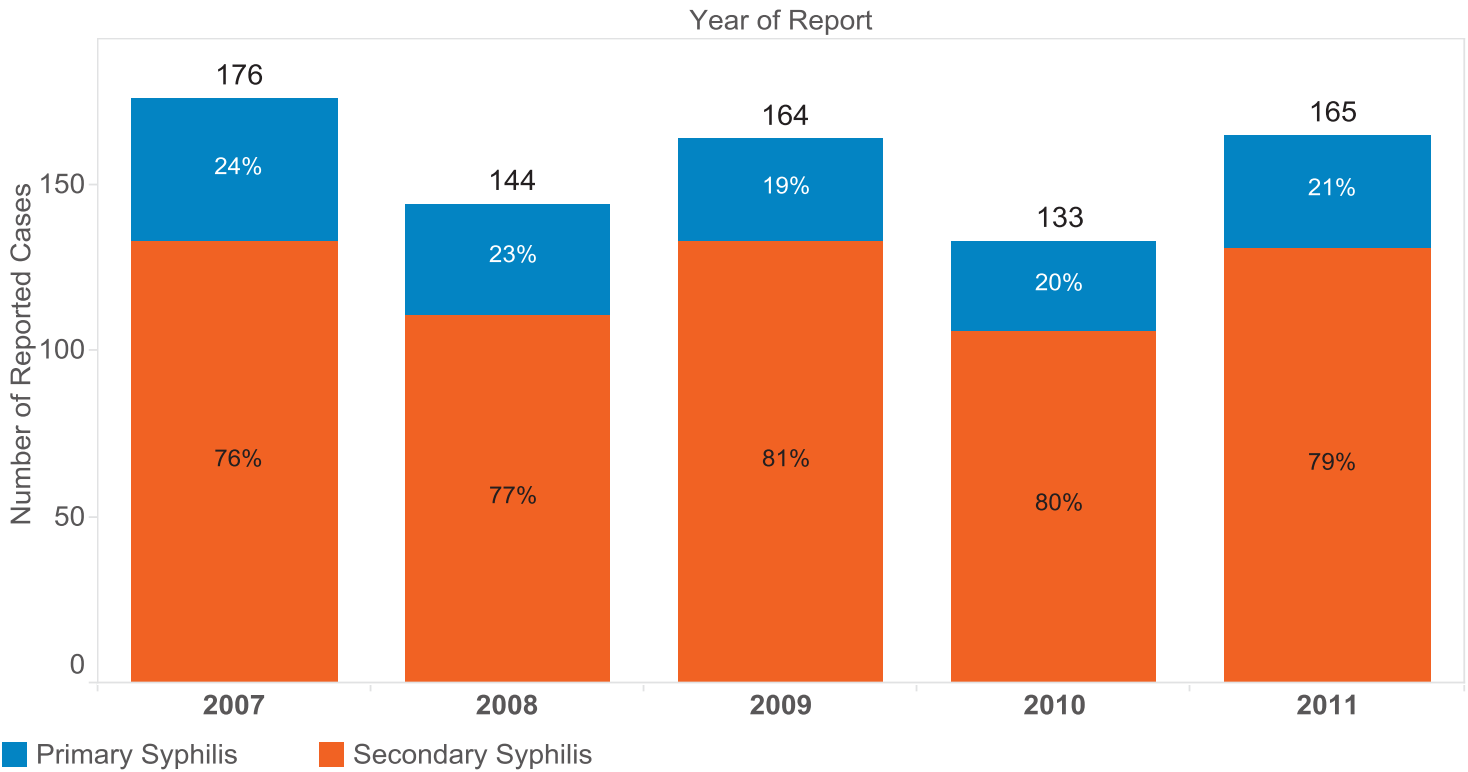


- Ward information was available for 86.0% of the gonorrhea cases diagnosed in 2011.
- In 2011, the highest rate of gonorrhea cases was reported in Ward 8 (922.1 cases per 100,000 persons).
- In 2011, the lowest rate of gonorrhea cases was reported in Ward 3 (29.8 cases per 100,000 persons).
- Refer to Table A10 in the Appendix for absolute numbers of cases by ward.

### Reported Cases of Primary and Secondary Syphilis in the District of Columbia

Primary syphilis is defined as the stage of syphilis characterized by a large painless lesion (chancre) where the bacteria entered the body. This lesion can be on or in the mouth, rectum, vagina, or penis. The time from exposure/infection to the onset of symptoms ranges from 10 to 90 days, with an average of 21 days. The chancre tends to be painless and thus often goes unnoticed, which results in people not seeking medical care. Secondary syphilis is characterized by rashes that can appear anywhere on the body, but typically involve the hands and feet, which prompts people to seek care. Other secondary syphilis symptoms can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches and fatigue. Primary and secondary syphilis surveillance data is used as a measure of the incidence (new cases) of syphilis.

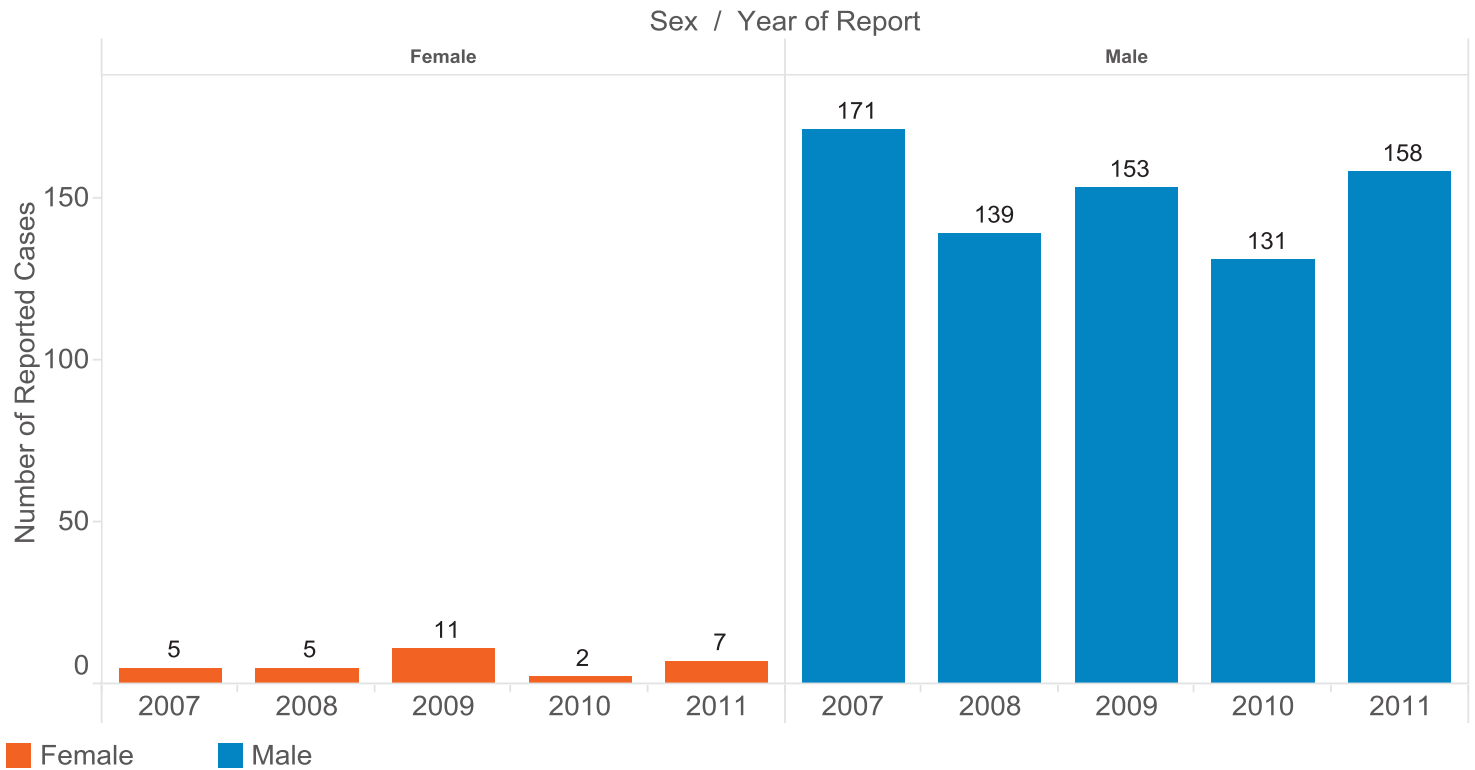
**Figure 30.** Reported Cases of Primary and Secondary Syphilis Cases by Year of Report  
District of Columbia, 2007-2011



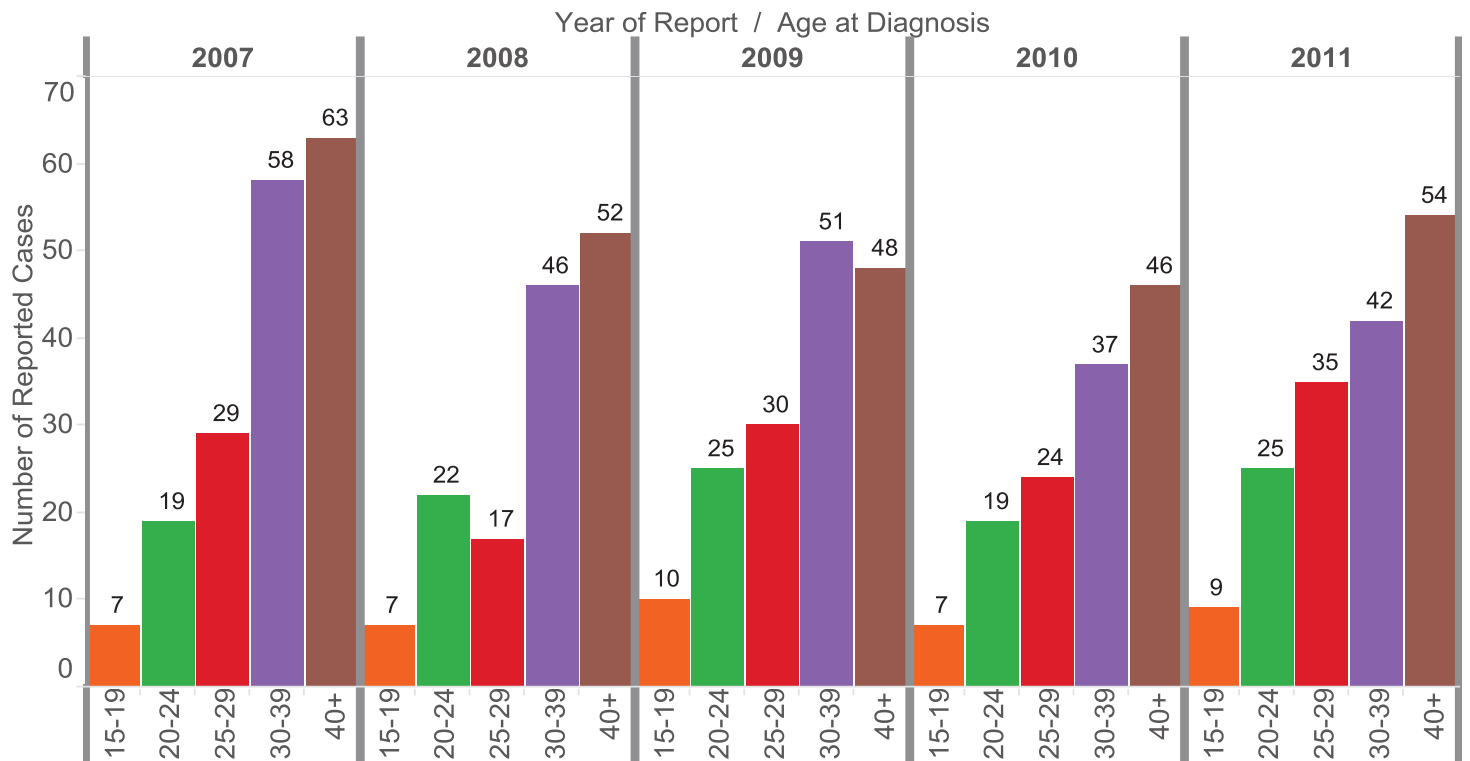
**Figure 30**

- Since 2000, there has been a reemergence of syphilis in the District of Columbia. In 2000, there were less than 40 cases of infectious syphilis reported, while in 2011 there were 165 cases reported. This trend is consistent with national surveillance data.
- Between 2007 and 2011, secondary syphilis represented 76% to 81% of infectious syphilis cases reported each year.

**Figure 31.** Reported Cases of Primary and Secondary Syphilis Cases by Year of Report and Sex  
District of Columbia, 2007-2011

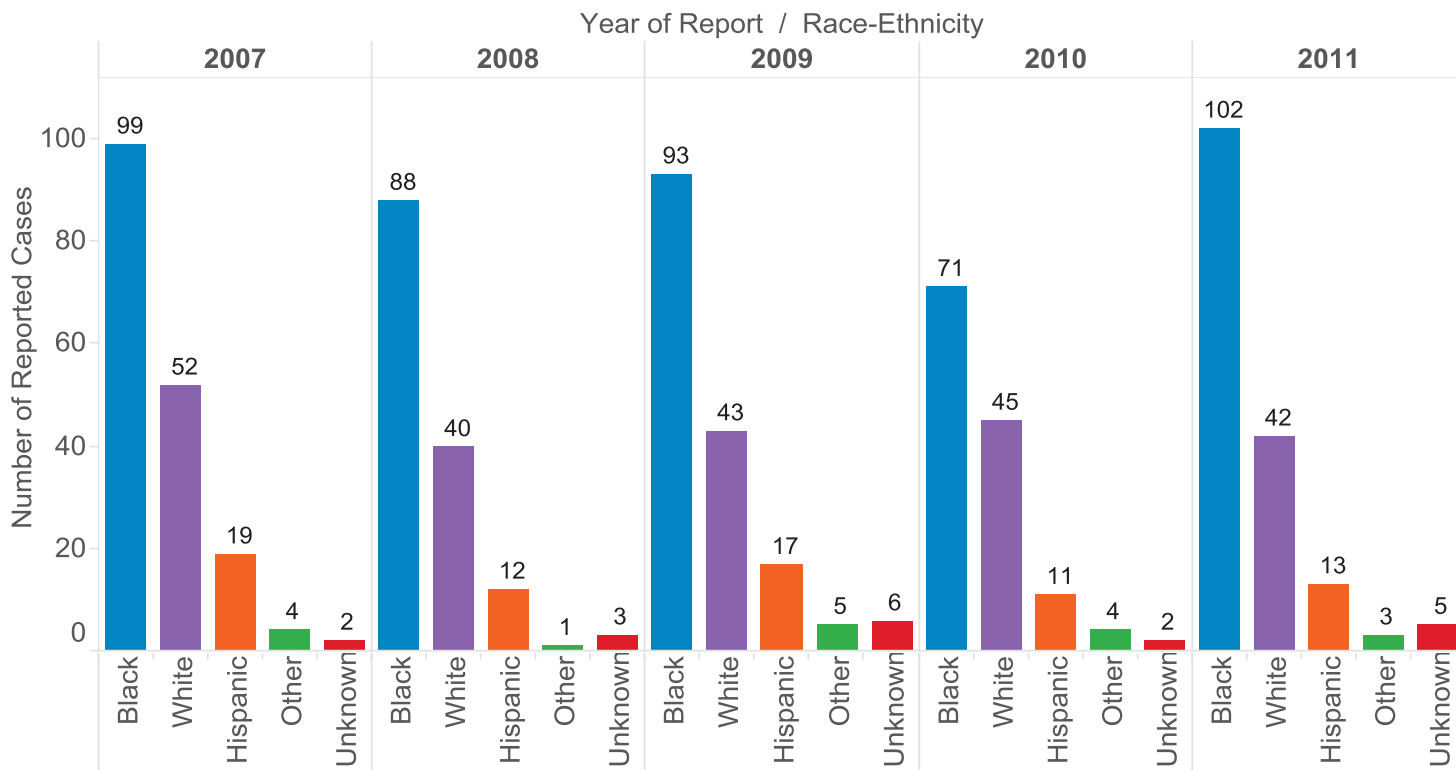


**Figure 32.** Reported Cases of Primary and Secondary Syphilis Cases by Year of Report and Age  
District of Columbia, 2007-2011





**Figure 33. Reported Cases of Primary and Secondary Syphilis Cases by Year of Report and Race**  
 District of Columbia, 2007-2011



**Figure 31**

- In 2000, the ratio of men to women reported with infectious syphilis was approximately 2.8 to 1. In 2011 the men to women ratio of infectious syphilis was 22 to 1. This indicates that the primary mode of transmission driving the re-emergence of primary and secondary syphilis in Washington, DC is men who have sex with men (MSM). This trend is consistent with national surveillance data.

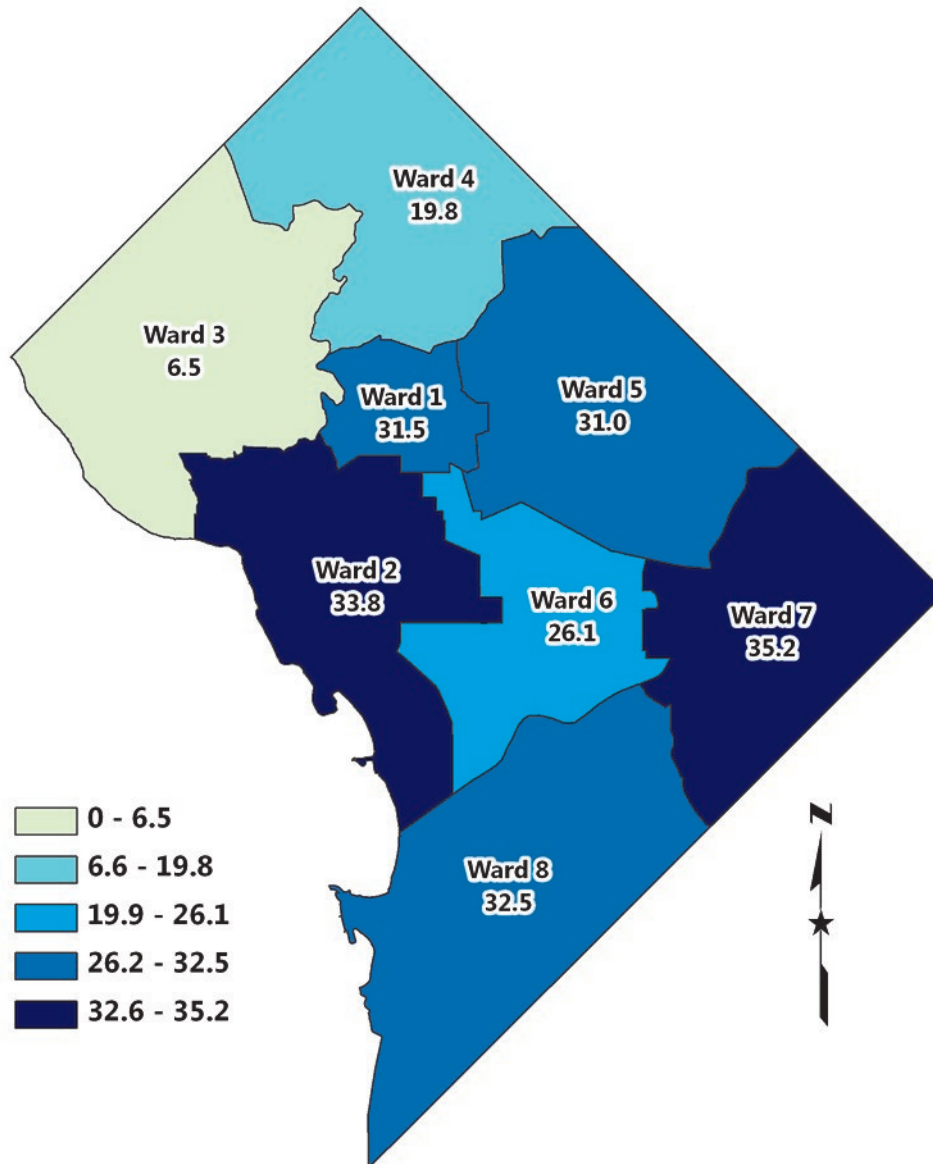
**Figure 32**

- Regardless of report year, and unlike chlamydia and gonorrhea (in which the majority of cases were diagnosed among people 15 to 24 years of age), the largest number of primary and secondary syphilis cases was reported among those 30 years of age and older.
- In 2007, 27.3% of infectious syphilis cases were reported among 20 to 29 year olds, while in 2011, this percentage was 36.4%.

**Figure 33**

- From 2007 to 2011, 28.6% of reported infectious syphilis cases were among whites. This is substantially higher than for chlamydia (2.1%) and gonorrhea (4.4%) cases, which is consistent with national surveillance data.

**Map 5. Primary and Secondary Syphilis Rates per 100,000 persons by Ward**  
District of Columbia, 2011



- Ward information was available for 98.2% of syphilis cases diagnosed in 2011.
- In 2011, the highest rates of primary and secondary syphilis were in Ward 7 (35.2 cases per 100,000 persons) and Ward 2 (33.8 cases per 100,000 persons).
- In 2011, the lowest rate of primary and secondary syphilis was in Ward 3 (6.5 cases per 100,000 persons).
- Refer to Table A11 in the Appendix for absolute numbers of cases by ward.

## Section 7. Viral Hepatitis

Hepatitis is defined as inflammation or swelling of the liver. The most common types of viral hepatitis in the United States are hepatitis A, hepatitis B, and hepatitis C. Although all these viruses affect the liver, the symptoms, severity, and primary modes of transmission differ based on the type of hepatitis. This section presents a detailed look at persons that met at least the minimum surveillance diagnostic criteria defined below for viral hepatitis between 2007 and 2011. This report does not describe all persons in the District living with viral hepatitis, i.e. those diagnosed prior to 2007 and still living with the disease.

The purpose of the viral hepatitis surveillance system in DC is to systematically assess the burden of disease, monitor trends, and identify possible outbreaks. Locally, confirmed chronic hepatitis B or C cases include a complete series of labs. A probable case of chronic hepatitis B or C is a combination of reported lab results that are an incomplete series and don't include all results necessary to confirm a diagnosis. A suspect case of chronic hepatitis C includes a single positive lab result indicative of possible chronic hepatitis C. For this report, unless otherwise noted "Chronic Hepatitis B" refers to confirmed or probable cases; "Chronic Hepatitis C" refers to a confirmed, probable, or suspect case; and "Acute Hepatitis A" refers to a laboratory confirmed case.

## Chronic Hepatitis B

Hepatitis B virus is transmitted through contact with bodily fluids from an infected person; fluids include blood, semen, and vaginal fluid. Chronic hepatitis B begins as an acute infection, but in some people the immune system fails to clear the infection and it becomes chronic.

According to the CDC, among persons exposed to hepatitis B virus, the risk for chronic infection varies according to age at infection and is greatest among young children. Approximately 90% of infants and 25 to 50% of children less than 5 years of age remain chronically infected with hepatitis B. By contrast, approximately 95% of adults recover completely from acute infection and do not develop chronic disease.

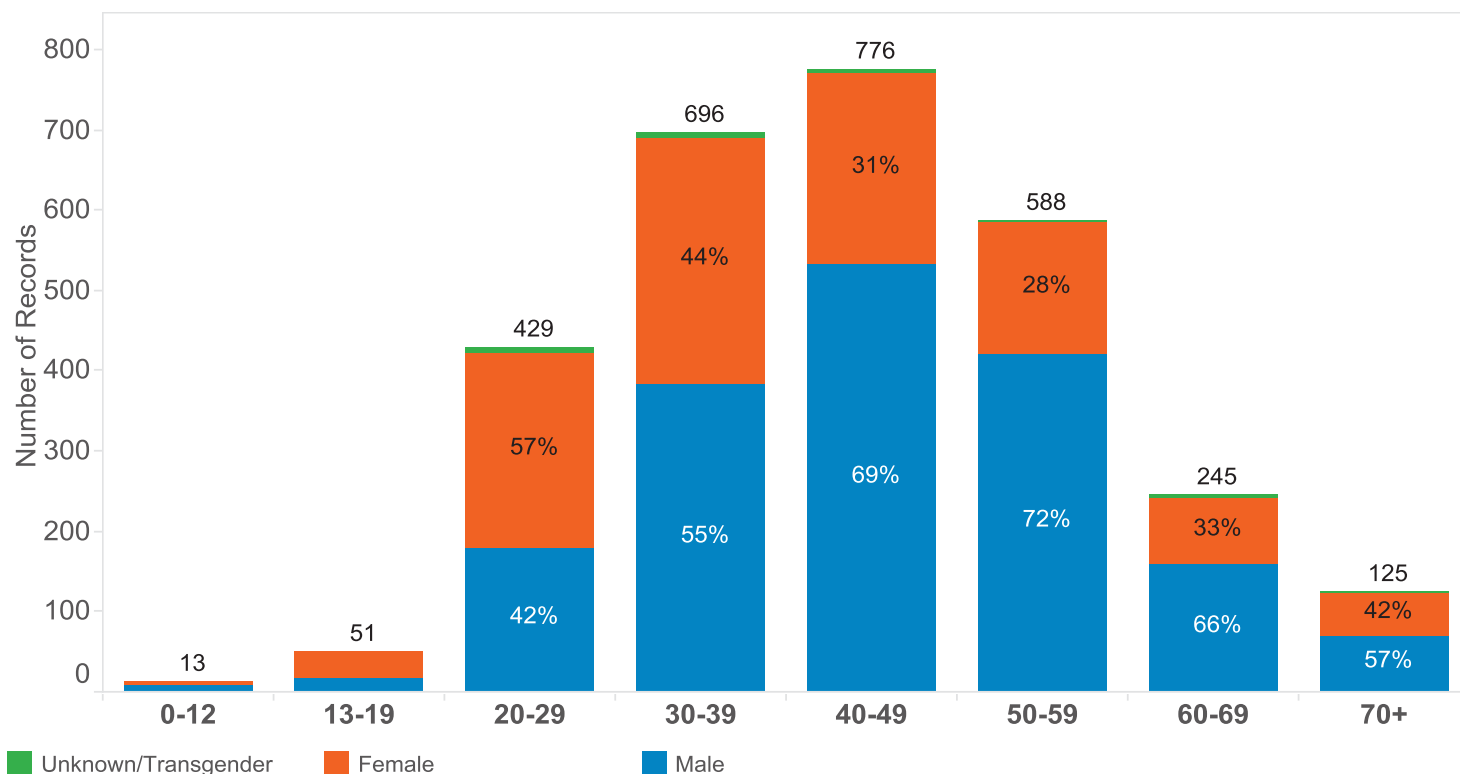
Pediatric cases of hepatitis B are reported to HAHSTA and case investigation falls under the jurisdiction of the DOH Division of Immunizations. However, pediatric cases of chronic hepatitis B reported 2007 to 2011 are incorporated into the data presented here.

**Table 9.** Reported Chronic Hepatitis B Cases by Sex, Race/Ethnicity, Age at Diagnosis, and Year of Diagnosis  
District of Columbia, 2007-2011

Chronic Hepatitis B Cases		
	N	%
<b>Gender</b>		
Male	1,774	60.7
Female	1,127	38.5
Transgender/Unknown	23	0.8
<b>Total</b>	<b>2,924</b>	<b>100.0</b>
<b>Race/Ethnicity</b>		
Black	759	26.0
White	100	3.4
Hispanic	32	1.1
Asian/Pacific Islander	118	4.0
American Indian	3	0.1
Mixed	13	0.4
Unknown	1,899	64.9
<b>Total</b>	<b>2,924</b>	<b>100.0</b>
<b>Age at Diagnosis</b>		
0 - 12	9	0.3
13 - 19	43	1.5
20 - 29	369	12.6
30 - 39	705	24.1
40 - 49	764	26.1
50 - 59	663	22.7
≥60	371	12.7
Unknown	0	0.0
<b>Total</b>	<b>2,924</b>	<b>100.0</b>
<b>Year of Diagnosis</b>		
2007	825	28.2
2008	519	17.7
2009	527	18.0
2010	573	19.6
2011	480	16.4
<b>Total</b>	<b>2,924</b>	<b>100.0</b>
<b>Case Classification</b>		
Confirmed	618	21.1
Probable	2,306	78.9
<b>Total</b>	<b>2,924</b>	<b>100.0</b>

**Figure 34. Newly Reported Cases of Chronic Hepatitis B by Age at Diagnosis and Sex**

District of Columbia, 2007-2011



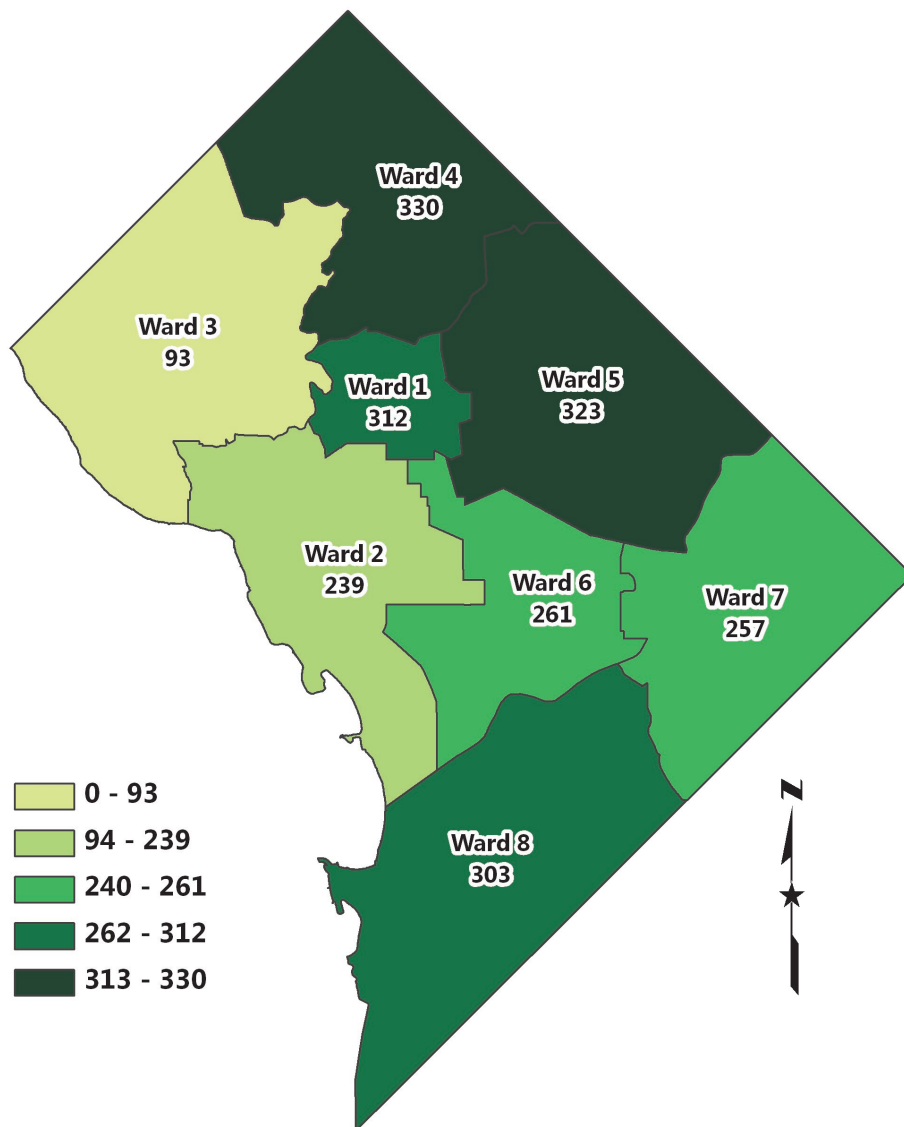
**Table 9**

- Between 2007 and 2011, 2,924 people were reported to have chronic hepatitis B in the District.
- Race/ethnicity data were missing for the majority of cases (64.9%); among those with available information, 74.0% were black and 11.5% were Asian/Pacific Islander.
- The total number of chronic hepatitis B cases reported to the District decreased 41% between 2007 and 2011—from 825 to 480 cases.
- More than 75% of hepatitis reports are probable cases; only 21% are confirmed at time of report.

**Figure 34**

- Among persons less than 30 years of age at diagnosis, more than half were women. However among persons 30 years of age or older at diagnosis, more than half were men.
- The majority of the burden of hepatitis B continues to be among the 40 to 49 age group.

**Map 6.** Number of Newly Diagnosed Chronic Hepatitis B Cases by Ward  
District of Columbia, 2007-2011



- Address and ward information was available for 77.0% of chronic hepatitis B cases.
- Ward 4 had the greatest number of chronic hepatitis B cases diagnosed between 2007 and 2011 (n=330).
- Ward 3 had the lowest number of chronic hepatitis B cases diagnosed between 2007 and 2011 (n=93).
- In addition, 81 chronic hepatitis B cases were diagnosed in jail and 53 chronic hepatitis B cases were homeless at diagnosis between 2007 and 2011.

## Chronic Hepatitis C

Hepatitis C is transmitted through blood and the most common mode of transmission is sharing contaminated injection drug equipment, needles, or syringes. Hepatitis C is also transmitted through sexual contact with an infected person, needle sticks, and from pregnant women to their children, although these modes occur less frequently than through contaminated injection drug equipment.

**Table 10.** Reported Chronic Hepatitis C Cases by Sex, Race/Ethnicity, Age at Diagnosis, and Year of Diagnosis  
District of Columbia, 2007-2011

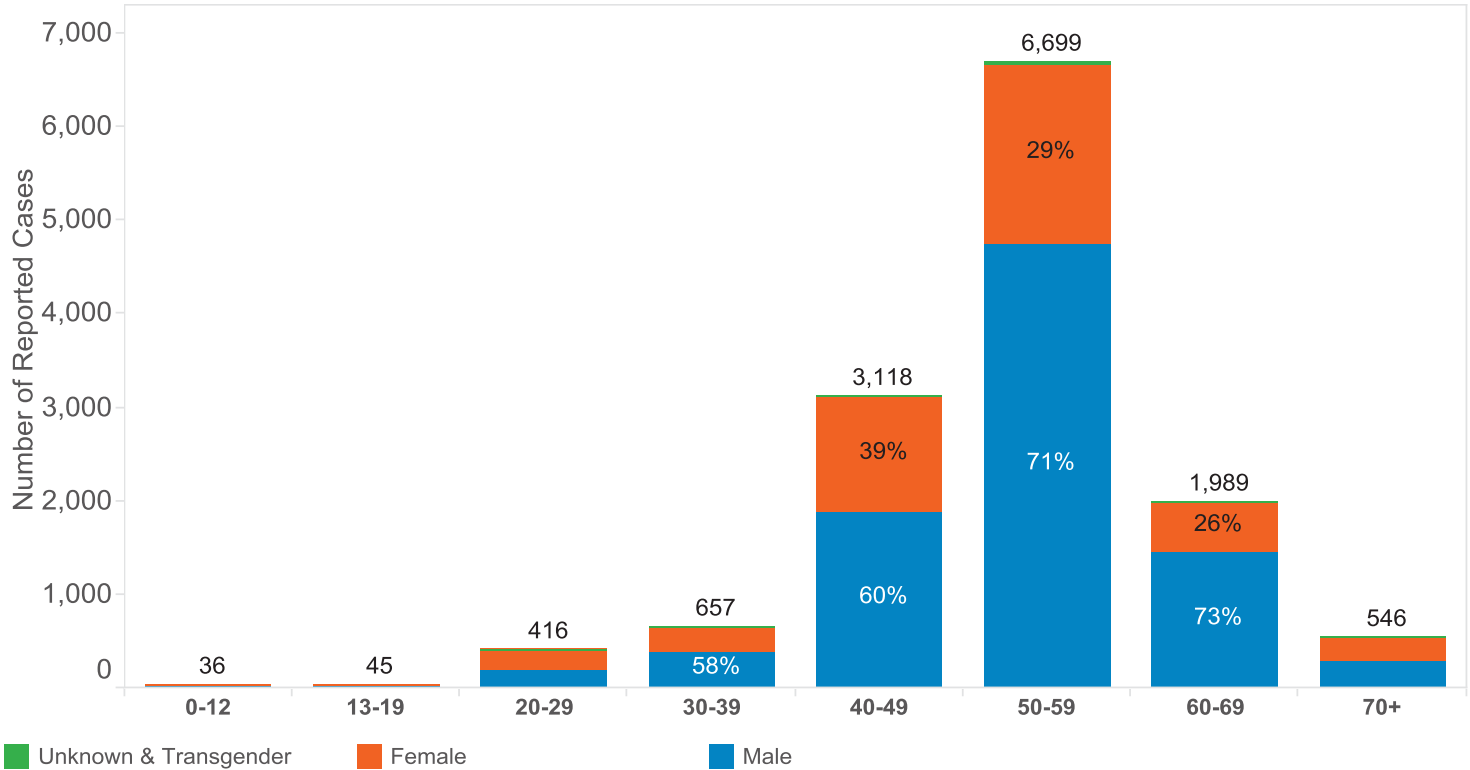
Chronic Hepatitis C Cases		
	N	%
<b>Gender</b>		
Male	8,969	66.3
Female	4,463	33.0
Transgender/Unknown	88	0.7
<b>Total</b>	<b>13,520</b>	<b>100.0</b>
<b>Race/Ethnicity</b>		
Black	3,993	29.5
White	254	1.9
Hispanic	57	0.4
Asian/Pacific Islander	88	0.7
American Indian	1	0.0
Mixed	16	0.1
Unknown	9,111	67.4
<b>Total</b>	<b>13,520</b>	<b>100.0</b>
<b>Age at Diagnosis</b>		
0 - 12	46	0.3
13 - 19	37	0.3
20 - 29	361	2.7
30 - 39	621	4.6
40 - 49	2,669	19.7
50 - 59	7,248	53.6
≥60	2,538	18.8
Unknown	0	0.0
<b>Total</b>	<b>13,520</b>	<b>100.0</b>
<b>Year of Diagnosis</b>		
2007	3,357	24.8
2008	2,742	20.3
2009	2,722	20.1
2010	2,448	18.1
2011	2,251	16.6
<b>Total</b>	<b>13,520</b>	<b>100.0</b>
<b>Case Classification</b>		
Confirmed	10,338	76.5
Probable	172	1.3
Suspect	3,010	22.3
<b>Total</b>	<b>13,520</b>	<b>100.0</b>

According to the CDC, out of every 100 persons infected with hepatitis C approximately:

- 75 to 85 will develop chronic infection
- 60 to 70 will develop chronic liver disease
- 5 to 20 will develop cirrhosis, or scarring of the liver, 20 to 30 years post infection
- 1 to 5 will die from the consequences of chronic infection (liver cancer or cirrhosis)

Chronic hepatitis C is the leading cause of liver transplantation in the US. However, infected persons can take measures to prolong the health of their liver. These precautions include reducing or stopping alcohol use, following a healthy diet, and checking with health professionals before taking any medications.

**Figure 35.** Newly Reported Cases of Chronic Hepatitis C by Age at Diagnosis and Sex  
District of Columbia, 2007-2011



**Table 10**

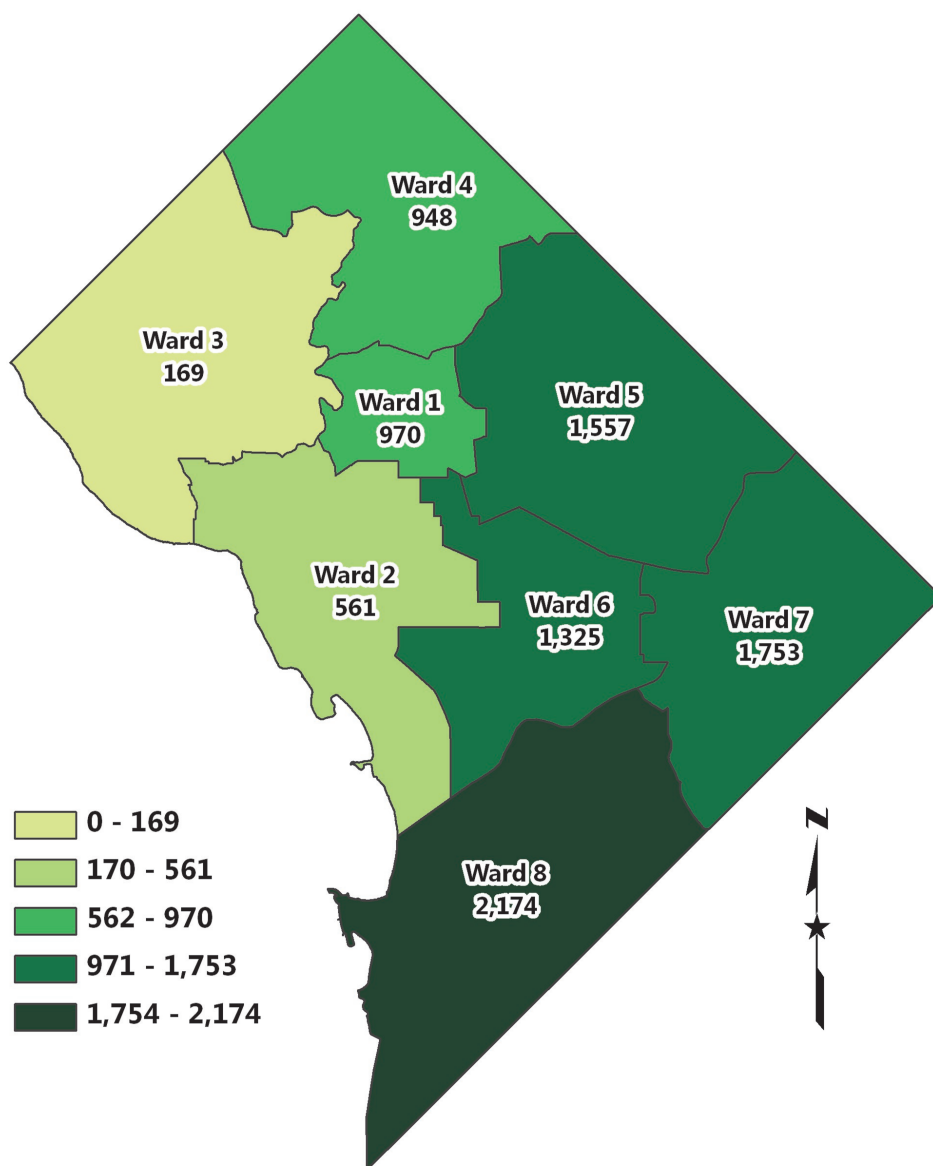
- From 2007 to 2011, there were 13,520 reports of chronic hepatitis C in the District.
- Nearly all (92.1%) chronic hepatitis C cases were diagnosed among persons 40 years of age or older, with the largest proportion (49.6%) of reported diagnoses among persons 50 to 59 years of age.
- As with hepatitis B, two-thirds (67.4%) of the cases had missing race/ethnicity; among cases with available data, 90.7% were black.
- The majority of chronic hepatitis C cases diagnosed in the District are confirmed (77%). Approximately 22% of the reports are for suspect cases, without a confirmatory test reported.
- The District is improving and expanding hepatitis C screening which may lead to an increase in confirmed hepatitis C cases.

**Figure 35**

- More than half of the chronic hepatitis C cases diagnosed in each age group were men.
- The 50-59 age group has the majority of hepatitis C cases diagnosed in the District, more than twice the number as 40 to 49 year olds, the group with the next largest number of reported cases.



**Map 7. Number of Newly Diagnosed Chronic Hepatitis C Cases by Ward**  
 District of Columbia, 2007-2011



- Address and ward information was available for 78.6 of chronic hepatitis C cases.
- Ward 8 had the greatest number of chronic hepatitis C cases diagnosed between 2007 and 2011 (n=2,174).
- Ward 3 had the lowest number of chronic hepatitis C cases diagnosed between 2007 and 2011 (n=169).
- In addition, 679 chronic hepatitis C cases were diagnosed in jail and 496 chronic hepatitis C cases were homeless at time of diagnosis, between 2007 and 2011.

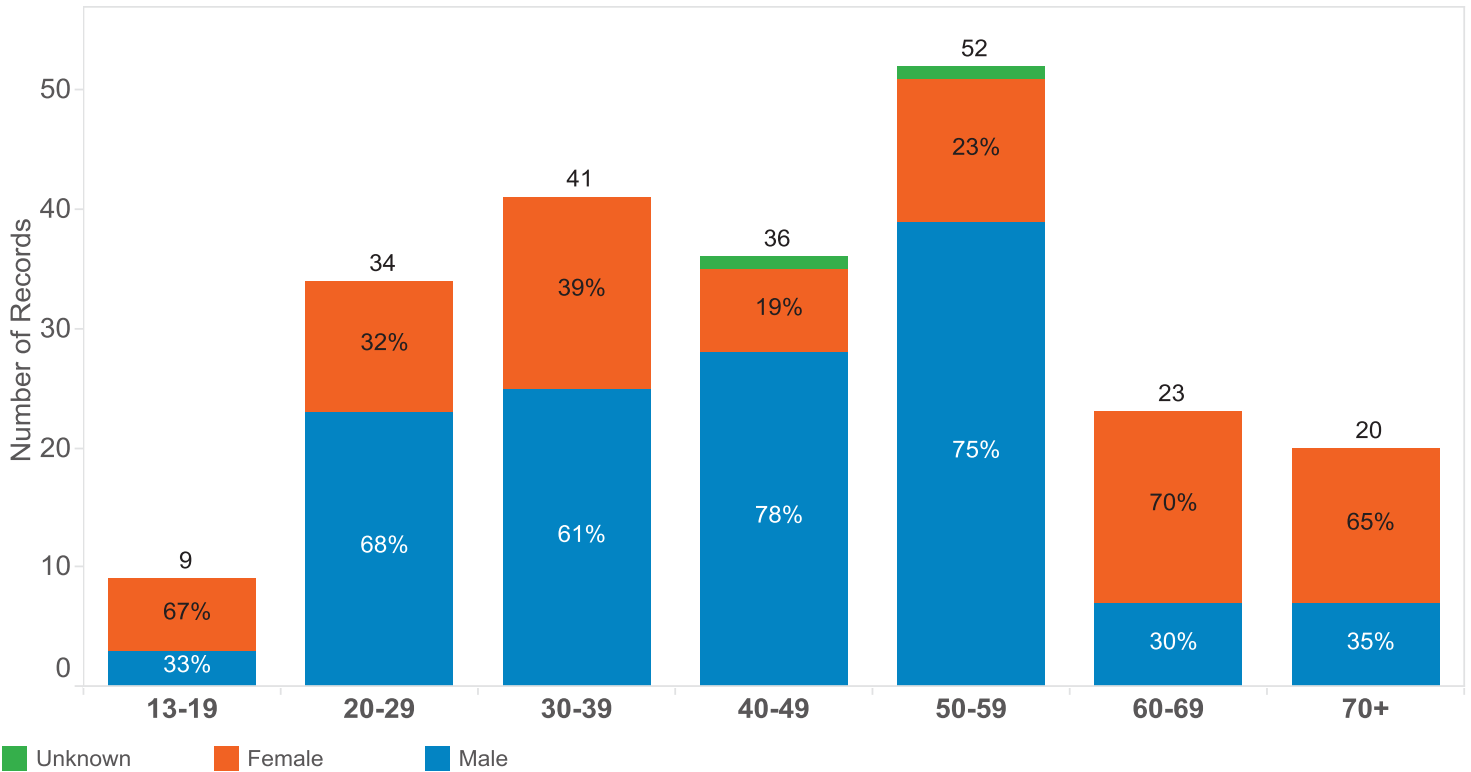
## Acute Hepatitis A

Hepatitis A infection is an acute or newly occurring liver disease, which can last from a few weeks to several months. The majority of people with hepatitis A are able to clear the infection from their bodies and their symptoms improve without treatment. Once exposed to hepatitis A either by vaccination or natural infection, a person develops lifelong antibodies that will protect them against the virus should they be exposed again. Hepatitis A is spread by ingesting fecal matter contaminated by the hepatitis A virus. Common modes of transmission include direct contact with objects, foods, or drinks that have been handled by an infected individual, engaging in oral-anal sexual activity (rimming) with an infected person, eating contaminated produce, or eating raw or undercooked mollusks from contaminated waters.

**Table 11.** Reported Acute Hepatitis A Cases by Sex, Race/Ethnicity, Age at Diagnosis, Year of Diagnosis  
District of Columbia, 2007-2011

Acute Hepatitis A Cases*		
	N	%
<b>Gender</b>		
Male	112	60.5
Female	71	38.4
Transgender/Unknown	2	1.1
<b>Total</b>	<b>185</b>	<b>100.0</b>
<b>Race/Ethnicity</b>		
Black	55	29.7
White	21	11.4
Hispanic	4	2.2
Asian/Pacific Islander	3	1.6
American Indian	1	0.5
Mixed	1	0.5
Unknown	100	54.1
<b>Total</b>	<b>185</b>	<b>100.0</b>
<b>Age at Diagnosis</b>		
0 - 12	1	0.5
13 - 19	5	2.7
20 - 29	28	15.1
30 - 39	30	16.2
40 - 49	35	18.9
50 - 59	48	25.9
≥60	38	20.5
Unknown	0	0.0
<b>Total</b>	<b>185</b>	<b>100.0</b>
<b>Year of Diagnosis</b>		
2007	41	22.2
2008	37	20.0
2009	50	27.0
2010	34	18.4
2011	23	12.4
<b>Total</b>	<b>185</b>	<b>100.0</b>

**Figure 36. Newly Reported Cases of Acute Hepatitis A by Age at Diagnosis and Sex**  
 District of Columbia, 2007-2011



**Table 11**

- There were 185 reports of acute hepatitis A between 2007 and 2011 in the District.
- Almost half (54.1%) of individuals diagnosed with acute hepatitis A have unknown race/ethnicity. Among those with known race/ethnicity, 47.8% of the cases were black.

**Figure 36**

- Overall, more than half (52.1%) of acute hepatitis A cases occurred among men. Among young persons 13 to 19 years old and persons 60+ years old the majority of cases were women.

## Section 8. Tuberculosis

Tuberculosis (TB) is an infection caused by the bacteria *Mycobacterium tuberculosis*. TB is a disease that is spread from person to person through the air; infection can occur by sharing airspace for an extended period of time in an enclosed setting such as one's home or in a small office. TB usually affects the lungs. Bacteria are put into the air when a person with active TB of the lungs coughs, sneezes, laughs, or sings.

TB skin or blood tests help identify persons who have been infected. Most people who are infected do not develop active TB disease, known as latent TB infection (LTBI). Some people with LTBI will progress to active TB disease but it may take several years after they were initially infected before they become sick. LTBI is a condition in which TB bacteria are alive but inactive in the body. People with LTBI may greatly reduce the chance of progressing to TB disease by taking treatment for their infection. Persons with weakened immune systems (e.g., those with HIV) are at greater risk for progressing from LTBI to active TB disease.

Active TB is defined as an illness in which TB bacteria are multiplying and attacking a part of the body, usually the lungs. Symptoms of TB of the lungs may include a cough that lasts for three weeks or more, coughing up blood or blood stained mucus, loss of appetite, unexplained weight loss, drenching night sweats, extreme fatigue, sore throat or hoarseness. A person with active TB disease may be infectious and spread TB bacteria to others. TB is a disease than can be cured if treated properly.

This section describes TB surveillance data reported in the District from 2007 to 2011. Cases reported in the figures represent cases of active TB disease and not LTBI; LTBI is not a reportable condition in the District.

### Summary

After a spike in the number of cases reported in 2006, the District has experienced considerable success in reducing the number of TB cases and consequently the TB case rate among District residents. In 2011, 55 cases of TB were reported (Table 12). The number of TB cases in the District had a record low in 2009 and in 2010. There was a record decline in the number of TB cases reported nationwide in 2009, as well. The national decline may have resulted from changing migration patterns because the TB case rate fell among foreign-born persons more dramatically than in any previous or subsequent year.<sup>1</sup> [Refer to appendix table 11](#) for more information on TB cases reported between 2007 and 2011 in the District.

All positive TB cultures are tested for susceptibility to the medications used in treatment. Multi-drug resistant TB (MDR-TB), or TB that is resistant to two of the first-line treatment agents (isoniazid and rifampin) has been observed infrequently in the District. Two cases of MDR-TB were reported in 2006 and one case of MDR-TB was reported in 2010. No cases of MDR-TB were reported in 2011.

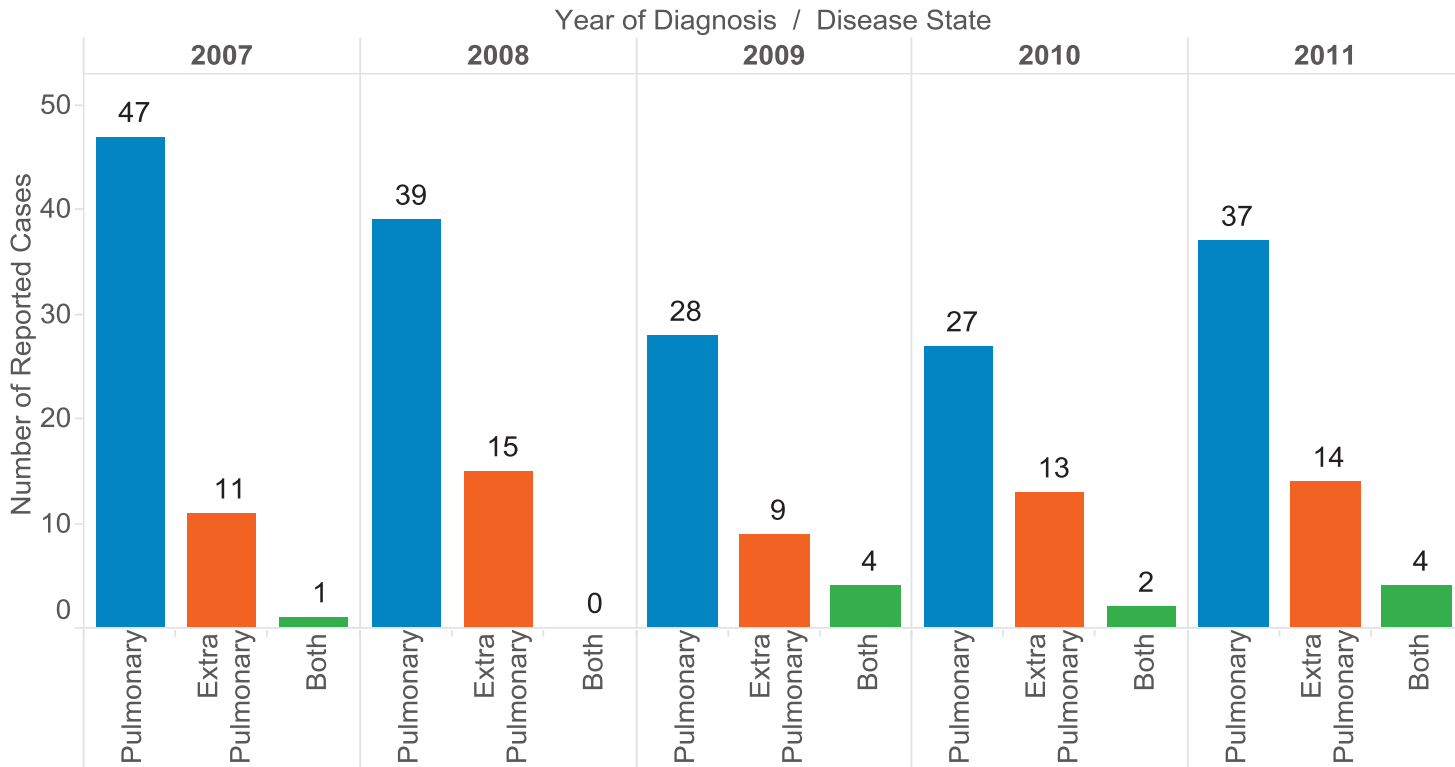
HAHSTA attributes the reduction in TB cases and the low number of drug resistant cases to using Directly Observed Therapy (DOT) as the standard of care for all active TB cases, the provision of case management services for all active TB cases, and rapid contact investigation which includes education and evaluation.

**Table 12.** Reported Tuberculosis Rate per 100,000 persons  
District of Columbia 2007-2011

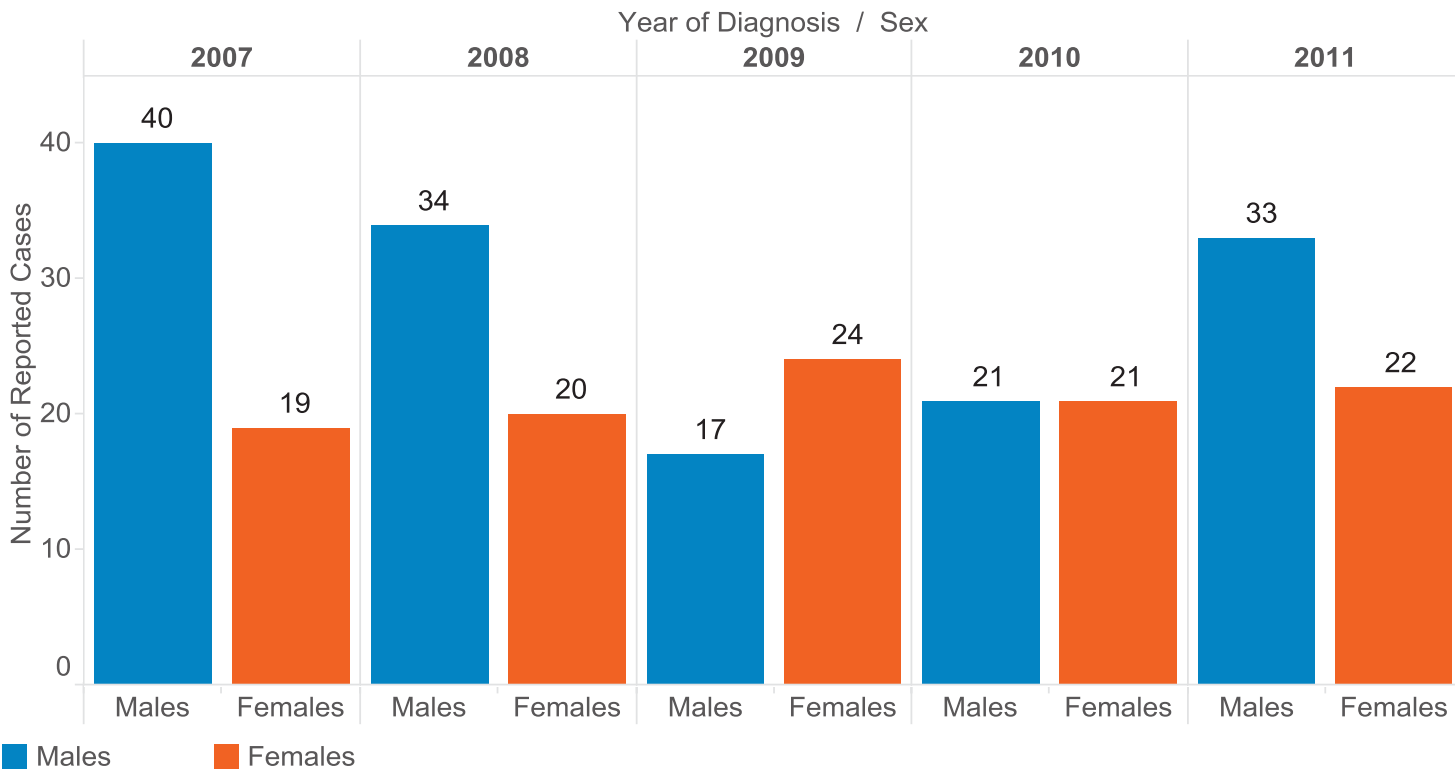
	2007		2008		2009		2010		2011	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
District Total	59	10.0	54	9.1	41	7.7	42	7.2	55	8.9

<sup>1</sup>CDC. Trends in Tuberculosis – United States, 2010. MMWR 60(11);333-337.

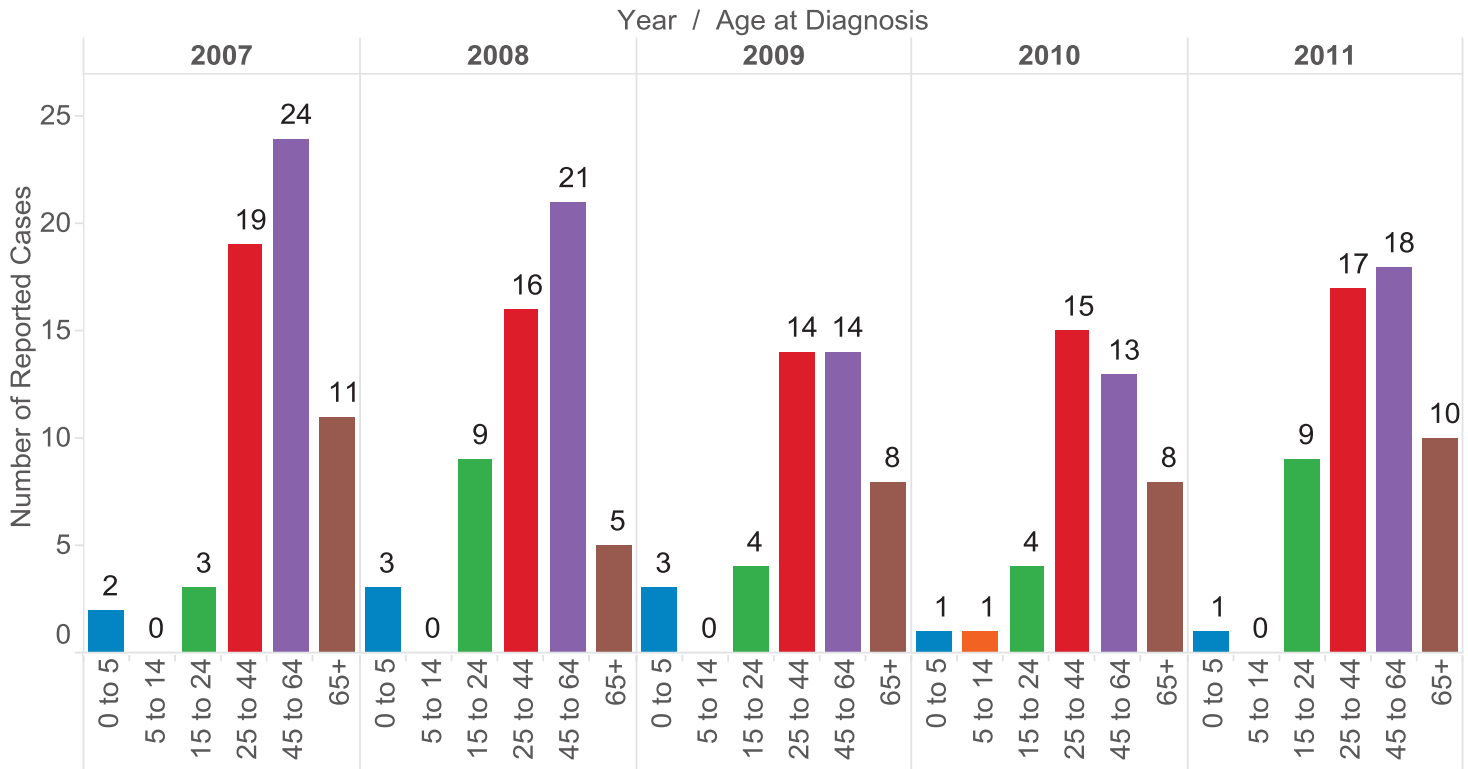
**Figure 37. Reported Cases of Tuberculosis by Disease State and Year of Diagnosis**  
 District of Columbia, 2007-2011



**Figure 38. Reported Cases of Tuberculosis by Sex and Year of Diagnosis**  
 District of Columbia, 2007-2011



**Figure 39. Reported Cases of Tuberculosis by Age at Diagnosis and Year of Diagnosis**  
 District of Columbia, 2007-2011



**Figure 37**

- The proportion of extra pulmonary cases of TB has increased over time, from 18.6% in 2007 to 25.5% in 2011. Extra pulmonary TB, by definition, occurs in parts of the body other than the lungs or respiratory system and is not considered infectious.
- Occasionally, persons may be infected with TB in multiple parts of the body. Over the report period, a total of eight people were infected with both pulmonary and extra pulmonary TB.

**Figure 38**

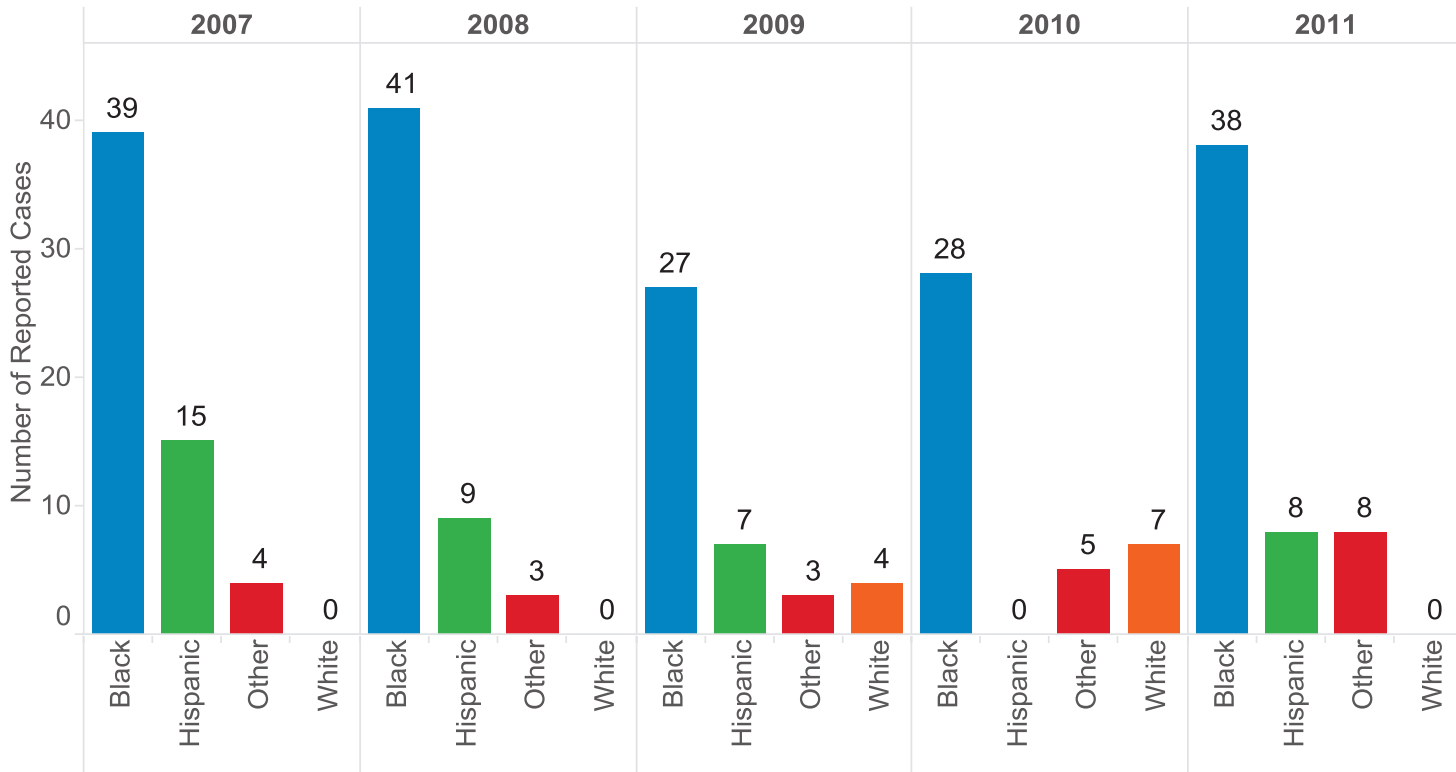
- Overall, 57.5% of reported TB cases were among men. Historically, TB is more prevalent among men, however the men to women ratio has shifted in recent years.

**Figure 39**

- Approximately 36% of cases reported during this time period were 45-64 years of age.

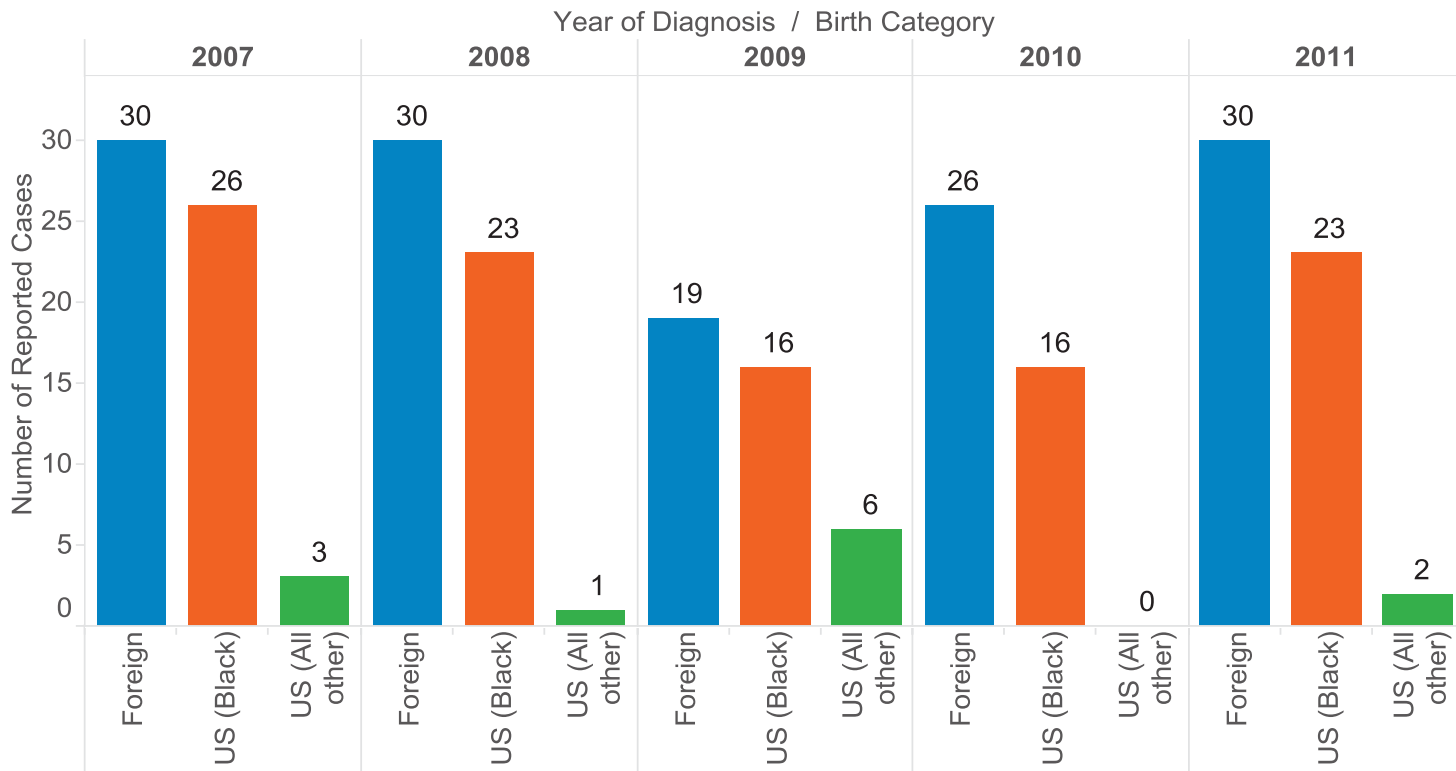
**Figure 40.** Reported Cases of Tuberculosis by Race/Ethnicity and Year of Diagnosis

District of Columbia, 2007-2011



**Figure 41.** Reported Cases of Tuberculosis by Place of Birth and Year of Diagnosis

District of Columbia, 2007-2011



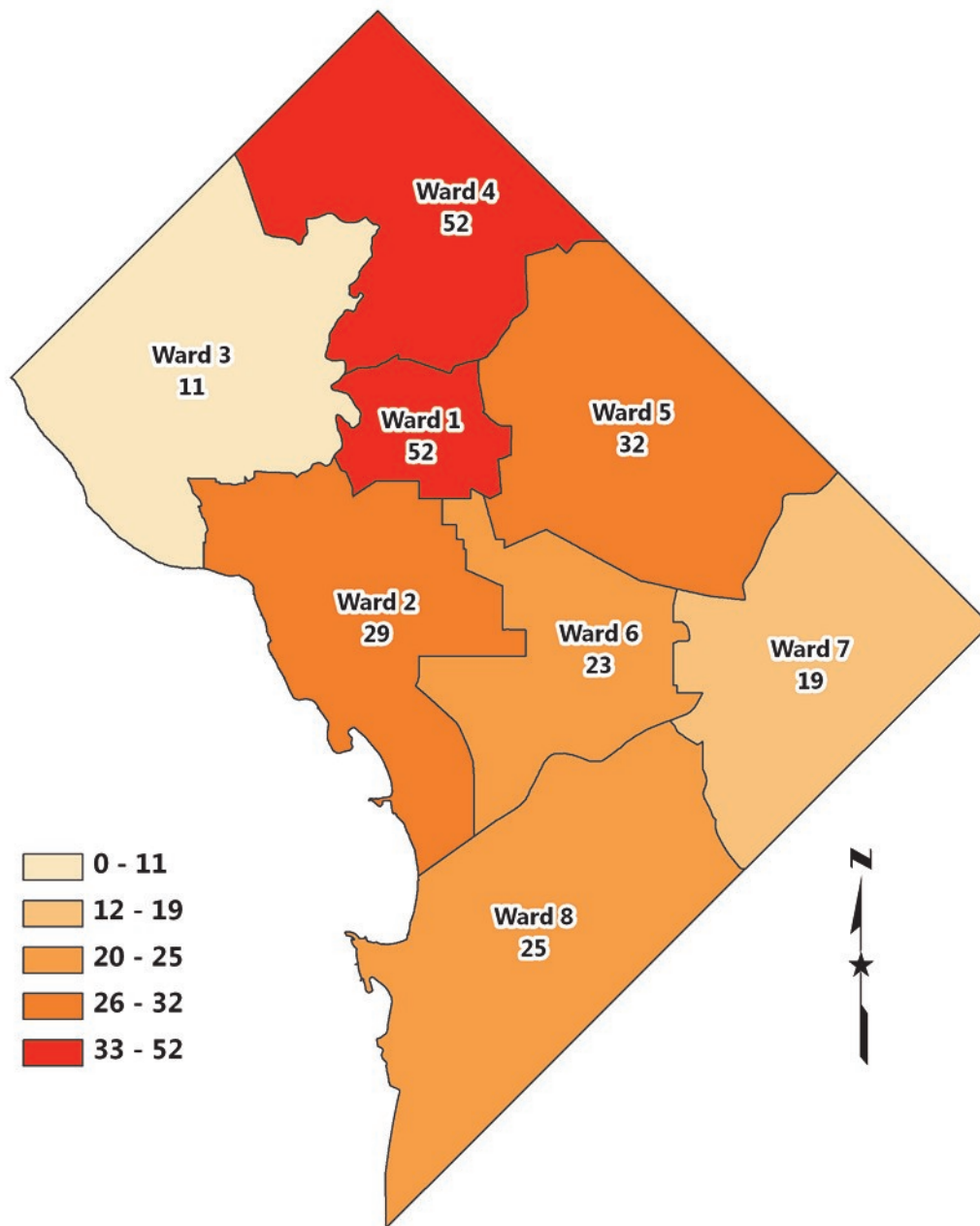
**Figure 40**

- More than two-thirds of TB cases reported each year were black.

**Figure 41**

- The proportion of cases reported among foreign born persons remains high in the District. Foreign born persons represented 50.8% of cases in 2007 and 52.7% of cases in 2011. This is similar to national data.
- The proportion of TB cases among US-born blacks decreased from 44.1% in 2007 to 24.1% in 2010. In 2011 however, this proportion increased to 43.6%.

**Map 8. Number of Reported Cases of Tuberculosis by Ward**  
District of Columbia, 2007-2011



- Ward information was available for 96.4% of the tuberculosis cases diagnosed between 2007 and 2011.
- Over the five years, Ward 1 and Ward 4 had the most reported cases (52).
- Ward 3 had the least number of cases (11), followed closely by Ward 7 (19).



## Appendix A. Understanding Surveillance Data

In order to understand surveillance data it is important to be familiar with some key terms. Newly diagnosed, or new diagnoses, are persons diagnosed with a disease in a given time period; a diagnosis could be a positive test result, or could be determined by a clinician. A diagnosis does not always occur at exactly the same time as someone is infected or gets sick; sometimes it is months or years before someone is diagnosed. Incidence is the number of *new infections* of a disease in a defined population during a specific period of time. It is important to understand the difference between incidence and 'newly diagnosed'. Incident cases, or new infections, are not always diagnosed right away. Thus, the number of new diagnoses does not necessarily reflect trends in incidence (that is, new infections). At the time of diagnosis, some individuals will have been infected recently while others will have been infected sometime in the past.

Prevalence is the total number of people in a population with a particular disease or condition at a given time point. Prevalence can be thought of as a snapshot of all existing cases of a disease or condition at a specified time - for instance the percentage of persons living with HIV among all persons living in the District as of December 31, 2011.

Throughout this report HAHSTA provides information about new diagnoses and prevalent cases of HIV, viral hepatitis, and tuberculosis. HAHSTA does not currently include incidence estimates since exact time of infection cannot be known for all cases. HAHSTA is currently funded by the Centers for Disease Control and Prevention (CDC) to examine HIV incidence and will release incidence estimates in the future.

### Understanding HIV Surveillance

The District of Columbia Municipal Code (22 DCMR 206) mandates reporting of all HIV and AIDS diagnoses to DC DOH. An HIV diagnosis or case refers to a person who has tested positive for HIV infection. An AIDS case refers to a person who had a diagnosis of HIV infection and later had a diagnosis of AIDS, or a person diagnosed with HIV and AIDS at the same time. AIDS is defined by a CD4+ T-cell count less than 200 cells/ $\mu$ L or an AIDS defining opportunistic infection; both of these are signs of immune system failure. Only confirmed reports of HIV and AIDS cases are accepted; anonymous test results are not reported. Reports are received from a variety of sources including hospitals, private physicians' offices, community-based organizations, clinics, and laboratories. Data on HIV and AIDS cases are entered into the federally issued enhanced HIV/AIDS Reporting System (eHARS) and de-identified case information is shared with CDC monthly. CDC uses these data to prepare national surveillance reports.

The term 'HIV' encompasses all persons living with HIV infection regardless of their stage of disease (including persons diagnosed with HIV infection who have not progressed to AIDS; person who were diagnosed with HIV infection and AIDS at the same time; and persons who were diagnosed with HIV infection and later received an AIDS diagnosis). This is consistent with the Centers for Disease Control and Prevention HIV surveillance categorization and reports.

### Understanding the District of Columbia HIV Prevalence Estimate

There were 718 newly diagnosed HIV cases reported in 2011. However, the total number of persons living with HIV in the District increased by 467 cases compared to last year's report. In addition, the prevalence of HIV decreased from 2.7% in the 2011 Annual Report to 2.4% in this year's report. Reasons for the changes in these data include the following:

1. Completeness of vital status data continues to improve. HAHSTA matched HIV cases with Social Security Death files, as well as the National Death Index, to determine the vital status of persons diagnosed with HIV in the District. While HAHSTA routinely receives information regarding District of Columbia residents who have died, national death matches provide information about persons diagnosed in the District who moved outside the District. Executing matches reduces case counts, resulting in a more accurate prevalence estimate of persons living with HIV in the District.

Year of HIV Diagnosis	Potential Duplicate Cases Identified	Cases Assigned to Another State/Jurisdiction	
		(N)	(%)
2007	1,029	261	25.4
2008	864	236	27.3
2009	701	298	42.5
2010	613	174	28.4
2011	475	66	13.9

2. CDC routinely notifies HAHSTA if an HIV case reported in DC appears to be the same person reported in another state or jurisdiction. CDC makes this determination based on the soundex (a phonetic algorithm for indexing names) of a person's name, date of birth, and sex at birth; CDC does not have access to names, so matches must be determined through this process. Each case is investigated to determine if both states/jurisdictions are reporting on the same individual. If such a determination is made, the state with the earliest report date counts the case as diagnosed with HIV in their jurisdiction. The summary table on the previous page shows the number of times newly diagnosed cases were identified as a possible duplicate report and the number and proportion of possible duplicates that were assigned to another state or jurisdiction.
3. In the 2011 Annual Report, and in all previous reports, the prevalence of HIV in the District was calculated by dividing the number of adults and adolescents diagnosed and living with HIV (that is, persons 13 years of

$$\text{Previous Prevalence Calculation: } \frac{14,465 \text{ adults and adolescents living with HIV as of December, 2010}}{530,993 \text{ adults and adolescents living in the District, 2010}} = 2.7\%$$

$$\text{Updated Prevalence Calculation: } \frac{15,056 \text{ persons living with HIV as of December, 2011}}{617,996 \text{ persons living in the District, 2011}} = 2.4\%$$

age and older at the time of HIV diagnosis) by the population of the District that was 13 years of age and older in the calendar year. Pediatric cases, or persons less than 13 years of age at HIV diagnosis, were not included in the prevalence calculation.

HAHSTA included pediatric cases in the prevalence calculation in this year's report to fully reflect the HIV epidemic in Washington, DC. Persons diagnosed at 13 years of age or younger are living longer lives due to advances in HIV care and treatment; the median age among pediatric cases living as of December 31, 2011 was 19 years. Addition of this age group decreases the calculated prevalence of HIV because the denominator, or total population of the District, increased by including those between 0 and 12 years of age and the prevalence of disease in this age group is low.

4. The District of Columbia's population is changing as evidenced by the 2010 US Census and 2011 US Census data estimates. The table on the previous page depicts the percent change between the 2010 Census and 2011 Census estimates. There was a 2.2% increase in the total number of persons living in the District.

	DC Population <sup>†</sup> 2010	Estimated DC Population <sup>††</sup> , 2011	Percent Change
	N	N	%
<b>Sex</b>			
Male	285,786	292,221	2.3
Female	319,126	325,775	2.1
<b>Total</b>	<b>604,912</b>	<b>617,996</b>	<b>2.2</b>
<b>Race/Ethnicity</b>			
White	211,121	218,278	3.4
Black	303,731	304,203	0.2
Hispanic	55,266	58,744	6.3
Other*	34,794	36,771	5.7
<b>Total</b>	<b>604,912</b>	<b>617,996</b>	<b>2.2</b>
<b>Current Age</b>			
<13	73,919	78,779	6.6
13-19	50,090	49,255	-1.7
20-29	134,520	135,073	0.4
30-39	98,546	103,104	4.6
40-49	76,478	77,396	1.2
50-59	72,098	72,608	0.7
≥60	99,261	101,781	2.5
<b>Total</b>	<b>604,912</b>	<b>617,996</b>	<b>2.2</b>

<sup>†</sup>Source: 2010 US Census

<sup>††</sup>Source: 2011 US Census Estimates

\*Other race includes mixed race individuals, Asians, Alaska Natives, American Indians, Native Hawaiian, Pacific Islanders, and Unknowns

The composition of District residents also changed by race and ethnicity, and age. The number of Hispanics living in the District increased by 6.3% and the number of those classified as other race increased by 5.7%. The percent change among blacks was negligible at 0.2%. In addition, the population between 0 and 12 years of age increased by 6.6%, while the population between 13 and 19 years of age decreased by 1.7%. It is also important to note that the population between 30 and 39 years of age increased by 4.6%.

### **Understanding Sexually Transmitted Disease (STD) Surveillance**

Currently, chlamydia, gonorrhea, and syphilis are the only STDs for which surveillance data are routinely collected and analyzed in the District. Local reporting laws require all clinicians and laboratories to report findings relevant to STDs – including positive test results, patients receiving STD treatment, and suspicious STD related symptoms – to the department of health.

STD morbidity reports should include the patient's name, address, and requested demographic information (sex, age, race, ethnicity, etc.); however, demographic information is often missing from these reports. The percentage of cases missing pertinent data varies depending on the disease and the variable of interest. For example, in 2011, only 3 (<0.1%) cases of reported chlamydia had "unknown" sex but 892 (34.7%) cases of reported gonorrhea had "unknown" ethnicity.

Data on race and ethnicity are reported separately and are not mutually exclusive variables. Therefore, an individual of Hispanic and black origins could be counted as black non-Hispanic, black Hispanic, black of unknown ethnicity, Hispanic of unknown race, or possibly non-Hispanic of unknown race, depending on the completeness of information reported. For these reasons, reported totals by demographic factors such as race and ethnicity represent estimates and should be interpreted with caution.

In addition, unlike HIV surveillance, STD surveillance is based on incident (new) infections. Some individuals may be diagnosed multiple times with the same STD, or with different types of STDs at the same time. Additionally, primary and secondary syphilis cases are used as a measure of disease incidence while early latent and late latent syphilis cases are a better indicator of disease prevalence.

### **Understanding Viral Hepatitis Surveillance for the District of Columbia**

Viral hepatitis is a nationally and locally reportable disease. The District of Columbia municipal code (22 DCMR Chapter 2 201.5) mandates reporting of "hepatitis, infections and serum" by healthcare providers, and medical institutions such as hospitals, and laboratories. Hepatitis cases are primarily reported to the DOH by laboratory reports, however, they are also identified through reports from health care providers, hospitals, clinics and reports from other health departments. In some instances, the DOH requires additional information to classify a case, therefore hepatitis program investigators contact providers and patients to obtain more complete information. Of note, no federal funding is currently available to support or strengthen case surveillance for viral hepatitis.

The District's hepatitis surveillance program uses a confidential name-based Viral Hepatitis Registry (VHR) which includes basic demographic data, diagnosis and event/illness onset dates, when available. Supplemental information collected through the case investigation process is documented and often includes clinical features, serologic test results, and risk factors for infection. This information is compiled and used to classify cases according to the CDC/Council of State and Territorial Epidemiologists (CSTE) and DC-specific case definitions. Locally, confirmed chronic hepatitis B or C cases include a complete series of labs. A probable case of chronic hepatitis B or C is a combination of reported lab results that are an incomplete series and don't include all results necessary to confirm a diagnosis. A suspect case of chronic hepatitis C includes a single positive lab result indicative of possible chronic hepatitis C.

### **Understanding Tuberculosis Surveillance**

In the District of Columbia, active tuberculosis (TB) is a reportable condition by both medical providers and laboratories. Medical providers must report anyone diagnosed with, or who has symptoms suspicious of, TB. Laboratories are required to report preliminary tests indicative of active TB, as well as confirmed tests. In any given year approximately 25 to 30% of initial reports of persons with suspicious clinical or laboratory findings will be verified as TB by laboratory confirmation or clinical case definition. Receiving initial reports allows HAHSTA to begin immediate medical and epidemiological follow-up on suspect cases; this is done to interrupt potential disease transmission while the person waits for final results, which could take as long as eight weeks.

### **Understanding Geographic Mapping**

The District is divided into eight geopolitical areas called "wards." Availability of ward data varies by disease. Where these data were not available, cases were excluded in the maps. For persons who were incarcerated, in temporary housing, or lacking housing at the time of diagnosis, ward is reported separately from the maps as "jail" and "homeless" cases. When calculating rates by ward, the base population used is the District population from the 2010 US Census. Ward of residence is not indicative of where a person was infected but represents where the person resided at the time of diagnosis.

## Appendix B. Supplementary Tables

**Table A1.** HIV Cases Diagnosed in the District of Columbia and Alive by Race/Ethnicity, Sex, and Mode of Transmission

District of Columbia, 2011

	White		Black		Hispanic		Other*		Total	
	N	%	N	%	N	%	N	%	N	%
<b>Sex</b>										
Male	2,377	95.6	7,463	66.0	760	84.1	282	79.7	10,882	72.3
Female	109	4.4	3,849	34.0	144	15.9	72	20.3	4,174	27.7
<b>Total</b>	<b>2,486</b>	<b>100.0</b>	<b>11,312</b>	<b>100.0</b>	<b>904</b>	<b>100.0</b>	<b>354</b>	<b>100.0</b>	<b>15,056</b>	<b>100.0</b>
<b>Mode of Transmission</b>										
MSM	2,003	80.6	3,436	30.4	499	55.2	176	49.7	6,114	40.6
IDU	60	2.4	1,985	17.5	59	6.5	28	7.9	2,132	14.2
MSM/IDU	73	2.9	381	3.4	24	2.7	13	3.7	491	3.3
Heterosexual contact	117	4.7	3,810	33.7	209	23.1	65	18.4	4,201	27.9
Risk not identified	229	9.2	1,518	13.4	105	11.6	68	19.2	1,920	12.8
Other**	4	0.2	182	1.6	8	0.9	4	1.1	198	1.3
<b>Total</b>	<b>2,486</b>	<b>100.0</b>	<b>11,312</b>	<b>100.0</b>	<b>904</b>	<b>100.0</b>	<b>354</b>	<b>100.0</b>	<b>15,056</b>	<b>100.0</b>
<b>Male</b>										
MSM	2,003	84.3	3,436	46.0	499	65.7	176	62.4	6,114	56.2
IDU	32	1.3	1,163	15.6	39	5.1	14	5.0	1,248	11.5
MSM/IDU	73	3.1	381	5.1	24	3.2	13	4.6	491	4.5
Heterosexual contact	55	2.3	1,444	19.3	111	14.6	21	7.4	1,631	15.0
Risk not identified	211	8.9	952	12.8	83	10.9	56	19.9	1,302	12.0
Other**	3	0.1	87	1.2	4	0.5	2	0.7	96	0.9
<b>Subtotal</b>	<b>2,377</b>	<b>100.0</b>	<b>7,463</b>	<b>100.0</b>	<b>760</b>	<b>100.0</b>	<b>282</b>	<b>100.0</b>	<b>10,882</b>	<b>100.0</b>
<b>Female</b>										
IDU	28	25.7	822	21.4	20	13.9	14	19.4	884	21.2
Heterosexual contact	62	56.9	2,366	61.5	98	68.1	44	61.1	2,570	61.6
Risk not identified	18	16.5	566	14.7	22	15.3	12	16.7	618	14.8
Other**	1	0.9	95	2.5	4	2.8	2	2.8	102	2.4
<b>Subtotal</b>	<b>109</b>	<b>100.0</b>	<b>3,849</b>	<b>100.0</b>	<b>144</b>	<b>100.0</b>	<b>72</b>	<b>100.0</b>	<b>4,174</b>	<b>100.0</b>

\*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race

\*\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (health care workers) and perinatal transmission.

**Table A2.** HIV Cases Diagnosed in the District of Columbia and Alive by Race/Ethnicity, Age at Diagnosis, and Current Age  
District of Columbia, 2011

	White		Black		Hispanic		Other*		Total	
	N	%	N	%	N	%	N	%	N	%
<b>Age at Diagnosis</b>										
<13	1	0.0	167	1.5	6	0.7	4	1.1	178	1.2
13-19	22	0.9	434	3.8	25	2.8	13	3.7	494	3.3
20-29	568	22.8	2,746	24.3	289	32.0	69	19.5	3,672	24.4
30-39	988	39.7	3,579	31.6	313	34.6	128	36.2	5,008	33.3
40-49	646	26.0	2,965	26.2	180	19.9	100	28.2	3,891	25.8
50-59	223	9.0	1,136	10.0	75	8.3	28	7.9	1,462	9.7
≥60	38	1.5	285	2.5	16	1.8	12	3.4	351	2.3
<b>Total</b>	<b>2,486</b>	<b>100.0</b>	<b>11,312</b>	<b>100.0</b>	<b>904</b>	<b>100.0</b>	<b>354</b>	<b>100.0</b>	<b>15,056</b>	<b>100.0</b>
<b>Current Age</b>										
<13	0	0.0	43	0.4	1	0.1	2	0.6	46	0.3
13-19	0	0.0	111	1.0	2	0.2	3	0.8	116	0.8
20-29	104	4.2	1,121	9.9	95	10.5	31	8.8	1,351	9.0
30-39	404	16.3	1,934	17.1	223	24.7	68	19.2	2,629	17.5
40-49	883	35.5	3,651	32.3	325	36.0	129	36.4	4,988	33.1
50-59	750	30.2	3,223	28.5	171	18.9	88	24.9	4,232	28.1
≥60	345	13.9	1,229	10.9	87	9.6	33	9.3	1,694	11.3
<b>Total</b>	<b>2,486</b>	<b>100.0</b>	<b>11,312</b>	<b>100.0</b>	<b>904</b>	<b>100.0</b>	<b>354</b>	<b>100.0</b>	<b>15,056</b>	<b>100.0</b>

\*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race

**Table A3.** Newly Diagnosed HIV Cases by Year of Diagnosis, Sex, Race/Ethnicity, Mode of Transmission, and Age at Diagnosis  
District of Columbia, 2007-2011

	2007		2008		2009		2010		2011		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Sex</b>												
Males	942	70.7	821	70.8	603	70.0	611	72.1	526	73.3	3,503	71.2
Females	391	29.3	338	29.2	258	30.0	237	27.9	192	26.7	1,416	28.8
<b>Total</b>	<b>1,333</b>	<b>100.0</b>	<b>1,159</b>	<b>100.0</b>	<b>861</b>	<b>100.0</b>	<b>848</b>	<b>100.0</b>	<b>718</b>	<b>100.0</b>	<b>4,919</b>	<b>100.0</b>
<b>Race/Ethnicity</b>												
White	185	13.9	156	13.5	108	12.5	107	12.6	104	14.5	660	13.4
Black	1,031	77.3	902	77.8	686	79.7	649	76.5	540	75.2	3,808	77.4
Hispanic	78	5.9	68	5.9	49	5.7	64	7.5	49	6.8	308	6.3
Other*	39	2.9	33	2.8	18	2.1	28	3.3	25	3.5	143	2.9
<b>Total</b>	<b>1,333</b>	<b>100.0</b>	<b>1,159</b>	<b>100.0</b>	<b>861</b>	<b>100.0</b>	<b>848</b>	<b>100.0</b>	<b>718</b>	<b>100.0</b>	<b>4,919</b>	<b>100.0</b>
<b>Mode of Transmission</b>												
MSM	530	39.8	427	36.8	297	34.5	311	36.7	281	39.1	1,846	37.5
IDU	149	11.2	109	9.4	62	7.2	44	5.2	30	4.2	394	8.0
MSM/IDU	31	2.3	34	2.9	11	1.3	19	2.2	13	1.8	108	2.2
Heterosexual contact	422	31.7	328	28.3	281	32.6	278	32.8	234	32.6	1,543	31.4
Risk not identified	197	14.8	256	22.1	208	24.2	191	22.5	156	21.7	1,008	20.5
Other**	4	0.3	5	0.4	<3	-	5	0.6	4	0.6	20	0.4
<b>Total</b>	<b>1,333</b>	<b>100.0</b>	<b>1,159</b>	<b>100.0</b>	<b>861</b>	<b>100.0</b>	<b>848</b>	<b>100.0</b>	<b>718</b>	<b>100.0</b>	<b>4,919</b>	<b>100.0</b>
<b>Age at Diagnosis</b>												
<13	3	0.2	5	0.4	2	0.2	5	0.6	2	0.3	17	0.3
13-19	39	2.9	39	3.4	31	3.6	27	3.2	33	4.6	169	3.4
20-29	294	22.1	265	22.9	193	22.4	238	28.1	199	27.7	1,189	24.2
30-39	331	24.8	276	23.8	205	23.8	203	23.9	144	20.1	1,159	23.6
40-49	387	29.0	325	28.0	241	28.0	211	24.9	172	24.0	1,336	27.2
50-59	209	15.7	191	16.5	143	16.6	118	13.9	125	17.4	786	16.0
≥60	70	5.3	58	5.0	46	5.3	46	5.4	43	6.0	263	5.3
<b>Total</b>	<b>1,333</b>	<b>100.0</b>	<b>1,159</b>	<b>100.0</b>	<b>861</b>	<b>100.0</b>	<b>848</b>	<b>100.0</b>	<b>718</b>	<b>100.0</b>	<b>4,919</b>	<b>100.0</b>

\*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race

\*\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (health care workers) and perinatal transmission.

**Table A4.** Newly Diagnosed AIDS Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age at Diagnosis, and Mode of Transmission

District of Columbia, 2007-2011

	2007		2008		2009		2010		2011		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Sex</b>												
Males	456	66.9	370	69.0	336	66.3	338	67.9	271	74.7	1,771	68.5
Females	226	33.1	166	31.0	171	33.7	160	32.1	92	25.3	815	31.5
<b>Total</b>	<b>682</b>	<b>100.0</b>	<b>536</b>	<b>100.0</b>	<b>507</b>	<b>100.0</b>	<b>498</b>	<b>100.0</b>	<b>363</b>	<b>100.0</b>	<b>2,586</b>	<b>100.0</b>
<b>Race / Ethnicity</b>												
White	54	7.9	59	11.0	50	9.9	46	9.2	50	13.8	259	10.0
Black	578	84.8	436	81.3	419	82.6	415	83.3	284	78.2	2,132	82.4
Hispanic	39	5.7	24	4.5	25	4.9	27	5.4	20	5.5	135	5.2
Other*	11	1.6	17	3.2	13	2.6	10	2.0	9	2.5	60	2.3
<b>Total</b>	<b>682</b>	<b>100.0</b>	<b>536</b>	<b>100.0</b>	<b>507</b>	<b>100.0</b>	<b>498</b>	<b>100.0</b>	<b>363</b>	<b>100.0</b>	<b>2,586</b>	<b>100.0</b>
<b>Age at Diagnosis</b>												
<13	3	0.4	2	0.4	3	0.6	0	0.0	3	0.8	11	0.4
13-19	18	2.6	19	3.5	16	3.2	18	3.6	23	6.3	94	3.6
20-29	128	18.8	105	19.6	107	21.1	116	23.3	71	19.6	527	20.4
30-39	198	29.0	152	28.4	133	26.2	132	26.5	92	25.3	707	27.3
40-49	212	31.1	144	26.9	147	29.0	129	25.9	95	26.2	727	28.1
50-59	89	13.0	84	15.7	76	15.0	77	15.5	56	15.4	382	14.8
≥60	34	5.0	30	5.6	25	4.9	26	5.2	23	6.3	138	5.3
<b>Total</b>	<b>682</b>	<b>100.0</b>	<b>536</b>	<b>100.0</b>	<b>507</b>	<b>100.0</b>	<b>498</b>	<b>100.0</b>	<b>363</b>	<b>100.0</b>	<b>2,586</b>	<b>100.0</b>
<b>Mode of Transmission</b>												
MSM	231	33.9	164	30.6	151	29.8	152	30.5	127	35.0	825	31.9
IDU	123	18.0	69	12.9	43	8.5	42	8.4	27	7.4	304	11.8
MSM/IDU	29	4.3	20	3.7	8	1.6	12	2.4	7	1.9	76	2.9
Heterosexual contact	197	28.9	171	31.9	168	33.1	174	34.9	104	28.7	814	31.5
Risk not identified	98	14.4	109	20.3	134	26.4	118	23.7	93	25.6	552	21.3
Other**	4	0.6	3	0.6	3	0.6	0	0.0	5	1.4	15	0.6
<b>Total</b>	<b>682</b>	<b>100.0</b>	<b>536</b>	<b>100.0</b>	<b>507</b>	<b>100.0</b>	<b>498</b>	<b>100.0</b>	<b>363</b>	<b>100.0</b>	<b>2,586</b>	<b>100.0</b>

\*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race

\*\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (health care workers) and perinatal transmission.

**Table A5.** Newly Diagnosed AIDS Cases by Year of Diagnosis, Sex, and Mode of Transmission  
District of Columbia, 2007-2011

	2007		2008		2009		2010		2011		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Male</b>												
MSM	231	33.9	164	30.6	151	29.8	152	30.5	127	35.0	825	31.9
IDU	67	9.8	40	7.5	24	4.7	19	3.8	21	5.8	171	6.6
MSM/IDU	29	4.3	20	3.7	8	1.6	12	2.4	7	1.9	76	2.9
Heterosexual contact	66	9.7	74	13.8	68	13.4	74	14.9	46	12.7	328	12.7
Risk not identified	62	9.1	71	13.2	84	16.6	81	16.3	67	18.5	365	14.1
Other*	1	0.2	1	0.3	1	0.3	0	0.0	3	0.8	6	0.2
<b>Subtotal</b>	<b>456</b>	<b>66.9</b>	<b>370</b>	<b>69.0</b>	<b>336</b>	<b>66.3</b>	<b>338</b>	<b>67.9</b>	<b>271</b>	<b>74.7</b>	<b>1,771</b>	<b>68.5</b>
<b>Female</b>												
IDU	56	8.2	29	5.4	19	3.7	23	4.6	6	1.7	133	5.1
Heterosexual contact	131	19.2	97	18.1	100	19.7	100	20.1	58	16.0	486	18.8
Risk not identified	36	5.3	38	7.1	50	9.9	37	7.4	26	7.2	187	7.2
Other*	3	0.4	2	1.2	2	1.2	0	0.0	2	2.2	9	0.3
<b>Subtotal</b>	<b>226</b>	<b>33.1</b>	<b>166</b>	<b>31.0</b>	<b>171</b>	<b>33.7</b>	<b>160</b>	<b>32.1</b>	<b>92</b>	<b>25.3</b>	<b>815</b>	<b>31.5</b>

\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (health care workers) and perinatal transmission.



**Table A6. Deaths among HIV Cases by Year of Death, Sex, Race/Ethnicity, Mode of Transmission and Age at Death**

District of Columbia, 2007-2011

	2007		2008		2009		2010		2011		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Sex</b>												
Males	281	66.1	230	66.3	211	69.2	159	62.1	167	66.5	1,048	66.2
Females	144	33.9	117	33.7	94	30.8	97	37.9	84	33.5	536	33.8
<b>Total</b>	<b>425</b>	<b>100.0</b>	<b>347</b>	<b>100.0</b>	<b>305</b>	<b>100.0</b>	<b>256</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>
<b>Race/Ethnicity</b>												
White	29	6.8	21	6.1	22	7.2	18	7.0	14	5.6	104	6.6
Black	373	87.8	311	89.6	274	89.8	227	88.7	232	92.4	1,417	89.5
Hispanic	17	4.0	13	3.7	5	1.6	9	3.5	4	1.6	48	3.0
Other*	6	1.4	2	0.6	4	1.3	2	0.8	1	0.4	15	0.9
<b>Total</b>	<b>425</b>	<b>100.0</b>	<b>347</b>	<b>100.0</b>	<b>305</b>	<b>100.0</b>	<b>256</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>
<b>Mode of Transmission</b>												
MSM	97	22.8	69	19.9	69	22.6	59	23.0	50	19.9	344	21.7
IDU	128	30.1	130	37.5	92	30.2	68	26.6	62	24.7	480	30.3
MSM/IDU	25	5.9	23	6.6	14	4.6	9	3.5	8	3.2	79	5.0
Heterosexual contact	113	26.6	79	22.8	66	21.6	72	28.1	75	29.9	405	25.6
Risk not identified	53	12.5	43	12.4	63	20.7	46	18.0	52	20.7	257	16.2
Other**	9	2.1	3	0.9	<3	--	<3	--	4	1.6	19	1.2
<b>Total</b>	<b>425</b>	<b>100.0</b>	<b>347</b>	<b>100.0</b>	<b>305</b>	<b>100.0</b>	<b>256</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>
<b>Age at Death</b>												
<13	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	1	0.0
13-19	4	0.9	2	0.6	0	0.0	1	0.4	0	0.0	7	0.4
20-29	17	4.0	12	3.5	13	4.3	8	3.1	8	3.2	58	3.7
30-39	66	15.5	38	11.0	33	10.8	28	10.9	21	8.4	186	11.7
40-49	145	34.1	120	34.6	92	30.2	66	25.8	59	23.5	482	30.4
50-59	128	30.1	121	34.9	123	40.3	102	39.8	93	37.1	567	35.8
≥60	64	15.1	54	15.6	44	14.4	51	19.9	70	27.9	283	17.9
<b>Total</b>	<b>425</b>	<b>100.0</b>	<b>347</b>	<b>100.0</b>	<b>305</b>	<b>100.0</b>	<b>256</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>

\*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race

\*\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (health care workers) and perinatal transmission.

**Table A7. Deaths among HIV Cases by Race/Ethnicity, Sex, Mode of Transmission and Age at Death**  
District of Columbia, 2007-2011

	White		Black		Hispanic		Other*		Total	
	N	%	N	%	N	%	N	%	N	%
<b>Sex</b>										
Males	97	93.3	907	64.0	33	68.8	11	73.3	1,048	66.2
Females	7	6.7	510	36.0	15	31.3	4	26.7	536	33.8
<b>Total</b>	<b>104</b>	<b>100.0</b>	<b>1,417</b>	<b>100.0</b>	<b>48</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>
<b>Mode of Transmission</b>										
MSM	67	64.4	255	18.0	15	31.3	7	46.7	344	21.7
IDU	10	9.6	455	32.1	13	27.1	2	13.3	480	30.3
MSM/IDU	2	1.9	76	5.4	0	0.0	1	6.7	79	5.0
Heterosexual contact	6	5.8	384	27.1	13	27.1	2	13.3	405	25.6
Risk not identified	18	17.3	229	16.2	7	14.6	3	20.0	257	16.2
Other**	1	1.0	18	1.3	0	0.0	0	0.0	19	1.2
<b>Total</b>	<b>104</b>	<b>100.0</b>	<b>1,417</b>	<b>100.0</b>	<b>48</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>
<b>Age at Death</b>										
<13	0	0.0	1	0.1	0	0.0	0	0.0	1	0.1
13-19	0	0.0	7	0.5	0	0.0	0	0.0	7	0.4
20-29	1	1.0	55	3.9	2	4.2	0	0.0	58	3.7
30-39	11	10.6	167	11.8	7	14.6	1	6.7	186	11.7
40-49	37	35.6	430	30.3	9	18.8	6	40.0	482	30.4
50-59	32	30.8	509	35.9	18	37.5	8	53.3	567	35.8
≥60	23	22.1	248	17.5	12	25.0	0	0.0	283	17.9
<b>Total</b>	<b>104</b>	<b>100.0</b>	<b>1,417</b>	<b>100.0</b>	<b>48</b>	<b>100.0</b>	<b>15</b>	<b>100.0</b>	<b>1,584</b>	<b>100.0</b>

\*Other race includes mixed race, Asian, Alaska Native, American Indian, Native Hawaiian, Pacific Islander, and unknown race

\*\*Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (health care workers) and perinatal transmission.

**Table A8. Number, Percent, and Rate (per 100,000 persons) of Chlamydia Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age, and Ward**  
District of Columbia, 2007-2011

	2007			2008			2009			2010			2011			Total		
	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	5 Years Total	5 Years %	
<b>Sex</b>																		
Female	3,946	65.6	15,027.7	4,434	64.4	16,766.8	4,130	63.4	15,492.2	3,784	67.7	14,009.9	4,350	66.1	13,701.1	20,644	65.4	14,999.9
Male	2,045	34.0	895.7	2,422	35.2	10,524.4	2,376	36.5	10,224.4	1,790	32.0	760.2	2,231	33.9	784.9	10,864	34.3	903.1
Unknown	21	0.3	22.2	33	0.5	35.4	7	0.1	7.5	18	0.3	19.1	3	0.0	0.0	82	0.3	16.9
<b>Total</b>	<b>6,012</b>	<b>100.0</b>	<b>1,027.0</b>	<b>6,889</b>	<b>100.0</b>	<b>1,171.9</b>	<b>6,513</b>	<b>100.0</b>	<b>1,100.5</b>	<b>5,592</b>	<b>100.0</b>	<b>932.5</b>	<b>6,584</b>	<b>100.0</b>	<b>1,094.2</b>	<b>31,590</b>	<b>100.0</b>	<b>1,065.0</b>
<b>Race/Ethnicity</b>																		
Black	3,553	59.1	13,406.6	4,372	63.5	16,605.5	4,524	69.5	17,253.3	3,689	66.0	13,888.5	4,088	62.1	13,398.8	20,226	64.0	14,909.9
White	104	1.7	51.8	105	1.5	51.1	135	2.1	64.3	150	2.7	70.5	165	2.5	71.3	659	2.1	61.8
Hispanic	191	3.2	495.5	217	3.1	558.4	153	2.3	380.2	138	2.5	338.4	169	2.6	308.7	868	2.7	416.2
Other	74	1.2	300.0	84	1.2	330.8	81	1.2	308.4	103	1.8	387.1	98	1.5	150.5	440	1.4	295.4
Unknown	2,090	34.8	22,012.2	2,111	30.6	22,516.6	1,620	24.9	17,359.9	1,512	27.0	15,990.0	2,064	31.3	0.0	9,397	29.7	1,557.5
<b>Total</b>	<b>6,012</b>	<b>100.0</b>	<b>1,027.0</b>	<b>6,889</b>	<b>100.0</b>	<b>1,171.9</b>	<b>6,513</b>	<b>100.0</b>	<b>1,100.5</b>	<b>5,592</b>	<b>100.0</b>	<b>932.5</b>	<b>6,584</b>	<b>100.0</b>	<b>1,094.2</b>	<b>31,590</b>	<b>100.0</b>	<b>1,065.0</b>
<b>Age Group</b>																		
0 - 14	114	1.9	120.6	152	2.2	162.9	131	2.0	141.1	107	1.9	258.6	146	2.2	174.2	650	2.06	171.50
15-19	2,198	36.6	5,526.8	2,702	39.2	6,683.8	2,588	39.7	6,338.6	2,348	42.0	5,675.8	2,564	38.9	6,423.0	12,400	39.3	6,129.6
20-24	1,891	31.5	3,550.3	1,976	28.7	37,383.3	1,964	30.2	3,642.8	1,652	29.5	3,024.2	2,093	31.8	3,264.7	9,576	30.3	3,444.1
25-29	859	14.3	1,525.4	1,002	14.5	17,067.7	875	13.4	1,445.2	715	12.8	1,165.5	883	13.4	1,267.8	4,334	13.7	1,422.1
30-39	640	10.6	693.0	690	10.0	742.5	654	10.0	706.2	496	8.9	528.6	613	9.3	625.4	3,093	9.8	659.1
≥40	292	4.9	117.2	353	5.1	141.4	297	4.6	118.3	271	4.8	106.5	275	4.2	111.7	1,488	4.7	119.0
Unknown	18	0.3	--	14	0.2	--	4	0.1	--	3	0.1	--	10	0.2	--	49	0.2	--
<b>Total</b>	<b>6,012</b>	<b>100.0</b>	<b>1,027.0</b>	<b>6,889</b>	<b>100.0</b>	<b>1,171.9</b>	<b>6,513</b>	<b>100.0</b>	<b>1,100.5</b>	<b>5,592</b>	<b>100.0</b>	<b>932.5</b>	<b>6,584</b>	<b>100.0</b>	<b>1,094.0</b>	<b>31,590</b>	<b>100.0</b>	<b>1,065.0</b>
<b>By Ward</b>																		
Ward 1	540	9.0	709.6	464	6.7	607.1	447	6.9	581.0	420	7.5	538.8	599	9.1	786.1	2,470	7.8	644.5
Ward 2	229	3.8	326.0	233	3.4	330.3	252	3.9	354.8	179	3.2	248.8	224	3.4	280.3	1,117	3.5	308.0
Ward 3	67	1.1	88.0	74	1.1	96.8	72	1.1	93.6	62	1.1	79.5	75	1.1	97.2	350	1.1	91.0
Ward 4	385	6.4	505.9	359	5.2	469.8	443	6.8	575.8	382	6.8	490.0	454	6.9	599.2	2,023	6.4	528.1
Ward 5	684	11.4	973.7	861	12.5	1,220.5	854	13.1	1,202.5	741	13.3	1,029.8	917	13.9	1,234.1	4,057	12.8	1,132.1
Ward 6	439	7.3	624.9	451	6.5	639.3	489	7.5	688.5	402	7.2	558.7	527	8.0	688.0	2,308	7.3	639.9
Ward 7	946	15.7	1,346.6	1,110	16.1	1,573.5	1,125	17.3	1,584.1	979	17.5	1,360.5	1,399	21.2	1,968.5	5,559	17.6	1,566.6
Ward 8	1,110	18.5	1,580.1	1,289	18.7	1,827.2	1,463	22.5	2,060.0	1,281	22.9	1,780.2	1,646	25.0	2,327.8	6,789	21.5	1,915.0
Detention Center	441	7.3	--	616	8.9	--	570	8.8	--	179	3.2	--	29	0.4	--	1,835	5.7	--
Unknown	1,171	19.5	--	1,442	20.9	--	798	12.3	--	967	17.3	--	714	10.8	--	5,092	16.2	--
<b>Total</b>	<b>6,012</b>	<b>100.0</b>	<b>1,027.0</b>	<b>6,889</b>	<b>100.0</b>	<b>1,172.0</b>	<b>6,513</b>	<b>100.0</b>	<b>1,100.5</b>	<b>5,592</b>	<b>100.0</b>	<b>933.0</b>	<b>6,584</b>	<b>100.0</b>	<b>1,094.0</b>	<b>31,600</b>	<b>100.0</b>	<b>1,065.0</b>

**Table A9. Number, Percent, and Rate (per 100,000 persons) of Gonorrhea Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age, and Ward**

District of Columbia, 2007-2011

	2007			2008			2009			2010			2011			Total 5 Year Average Rate per 100,000		
	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000			
<b>Gender</b>																		
Female	1,070	45.1	407.5	1,251	47.7	473.1	1,229	48.3	461.0	1,078	51.2	399.1	1,210	47.0	381.1	5,838	47.9	424.4
Male	1,289	54.4	564.6	1,360	51.9	591.0	1,317	51.7	566.7	1,026	48.7	435.7	1,362	53.0	479.2	6,354	51.9	527.4
Unknown	11	0.5	11.6	11	0.4	11.8	0	0.0	0.0	2	0.1	2.1	0	0.0	0.0	24	0.2	5.1
<b>Total</b>	<b>2,370</b>	<b>100</b>	<b>404.84</b>	<b>2,622</b>	<b>100.0</b>	<b>446.0</b>	<b>2,546</b>	<b>100.0</b>	<b>430.2</b>	<b>2,106</b>	<b>100.0</b>	<b>351.2</b>	<b>2,572</b>	<b>100.0</b>	<b>427.44</b>	<b>12,216</b>	<b>100.0</b>	<b>411.9</b>
<b>Race/Ethnicity</b>																		
Black	1,638	69.1	618.0	1,862	71.0	707.2	1,981	77.8	755.5	1,464	69.5	551.0	1,617	62.9	529.9	8,562	70.1	632.3
White	102	4.3	50.8	88	3.4	42.8	109	4.3	51.9	116	5.5	54.5	113	4.4	48.8	528	4.4	49.8
Hispanic	47	2.0	121.9	48	1.8	123.5	53	2.1	131.7	44	2.1	107.9	47	1.8	85.8	239	2.0	114.2
Other	31	1.3	125.7	41	1.6	161.5	29	1.1	110.4	44	2.1	165.4	40	1.6	61.4	185	1.5	124.9
Unknown	552	23.3	581.4	583	22.2	621.8	374	14.7	400.8	438	20.8	463.2	755	29.4	0.0	2,702	22.1	413.4
<b>Total</b>	<b>2,370</b>	<b>100.0</b>	<b>404.8</b>	<b>2,622</b>	<b>100.0</b>	<b>446.0</b>	<b>2,546</b>	<b>100.0</b>	<b>430.2</b>	<b>2,106</b>	<b>100.0</b>	<b>351.2</b>	<b>2,572</b>	<b>100.0</b>	<b>427.4</b>	<b>12,216</b>	<b>100.0</b>	<b>411.9</b>
<b>Age Group</b>																		
0-14	40	1.7	32.8	60	2.3	42.9	38	1.5	64.6	42	2.0	43.6	50	1.9	47.7	230	1.9	46.3
15-19	635	26.8	1,596.7	874	33.3	2,162.0	865	34.0	2,118.6	741	35.2	1,791.2	825	32.1	2,066.7	3,940	32.3	1,947.0
20-24	692	29.2	1,299.2	706	26.9	1,335.7	727	28.6	1,348.4	600	28.5	1,098.4	782	30.4	1,219.8	3,507	28.7	1,260.3
25-29	365	15.4	648.2	362	13.8	616.6	362	14.2	597.9	311	14.8	507.0	404	15.7	580.1	1,804	14.8	589.9
30-39	370	15.6	400.6	361	13.8	388.5	323	12.7	348.8	246	11.7	262.2	296	11.5	302.0	1,596	13.1	340.4
≥40	262	11.1	105.1	256	9.8	102.5	231	9.1	92.0	164	7.8	64.5	214	8.3	86.9	1,127	9.2	90.2
Unknown	6	0.3	--	3	0.1	--	0	0.0	--	2	0.1	--	1	0.0	--	12	0.1	0.0
<b>Total</b>	<b>2,370</b>	<b>100.0</b>	<b>404.8</b>	<b>2,622</b>	<b>100.0</b>	<b>446.0</b>	<b>2,546</b>	<b>100.0</b>	<b>430.2</b>	<b>2,106</b>	<b>100.0</b>	<b>351.2</b>	<b>2,572</b>	<b>100.0</b>	<b>427.4</b>	<b>12,216</b>	<b>100.0</b>	<b>411.9</b>
<b>By Ward</b>																		
Ward 1	184	7.8	241.8	205	7.8	268.2	181	7.1	235.3	162	7.7	207.8	209	8.1	274.3	941	7.7	245.5
Ward 2	120	5.1	170.8	127	4.8	180.0	142	5.6	199.9	122	5.8	169.5	113	4.4	141.4	624	5.1	172.3
Ward 3	20	0.8	26.3	20	0.8	26.2	22	0.9	28.6	15	0.7	19.2	23	0.9	29.8	100	0.8	26.0
Ward 4	120	5.1	157.7	135	5.1	176.6	161	6.3	209.3	107	5.1	137.3	132	5.1	174.2	655	5.3	171.0
Ward 5	309	13.0	439.9	353	13.5	500.4	336	13.2	473.1	278	13.2	386.3	338	13.1	454.9	1,614	13.2	450.9
Ward 6	200	8.4	284.7	221	8.4	313.3	211	8.3	297.1	195	9.3	271.0	208	8.1	271.5	1,035	8.5	287.5
Ward 7	366	15.4	521.0	418	15.9	592.5	491	19.3	691.4	370	17.6	514.2	537	20.9	755.6	2,182	17.8	614.9
Ward 8	501	21.1	713.2	571	21.8	809.4	646	25.4	909.6	533	25.3	740.7	652	25.3	922.1	2,903	23.8	819.0
Detention Center	114	4.8	--	162	6.2	--	142	5.6	--	48	2.3	--	16	0.6	--	482	3.9	0.0
Unknown	436	18.4	--	410	15.6	--	214	8.4	--	276	13.1	--	344	13.4	--	1,680	13.8	0.0
<b>Total</b>	<b>2,370</b>	<b>100.0</b>	<b>404.8</b>	<b>2,622</b>	<b>100.0</b>	<b>446.0</b>	<b>2,546</b>	<b>100.0</b>	<b>430.2</b>	<b>2,106</b>	<b>100.0</b>	<b>351.2</b>	<b>2,572</b>	<b>100.0</b>	<b>427.4</b>	<b>12,216</b>	<b>100.0</b>	<b>411.9</b>

**Table A10. Number, Percent, and Rate (per 100,000 persons) of Primary and Secondary Syphilis Cases by Year of Diagnosis, Sex, Race/Ethnicity, Age, and Ward**  
 District of Columbia, 2007-2011

Type	2007			2008			2009			2010			2011			Total			
	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	N	%	Rate per 100,000	5 Year Total	5 Year %	5 Year Average Rate per 100,000	
Primary	43	24.4	7.3	33	22.9	5.6	31	18.9	5.2	27	20.3	4.5	34	20.6	5.7	168	21.4	5.7	
Secondary	133	75.6	22.7	111	77.1	18.9	133	81.1	22.5	106	79.7	17.7	131	79.4	21.8	614	78.6	20.7	
<b>Total</b>	<b>176</b>	<b>100.0</b>	<b>30.1</b>	<b>144</b>	<b>100.0</b>	<b>24.5</b>	<b>164</b>	<b>100.0</b>	<b>27.7</b>	<b>133</b>	<b>100.0</b>	<b>22.2</b>	<b>165</b>	<b>100.0</b>	<b>27.4</b>	<b>782</b>	<b>100.0</b>	<b>26.4</b>	
<b>Gender</b>																			
Female	5	2.8	1.9	5	3.5	1.9	11	6.7	4.1	2	1.5	0.7	7	4.2	2.2	30	3.8	2.2	
Male	171	97.2	74.9	139	96.5	60.4	153	93.3	65.8	131	98.5	55.6	158	95.8	55.6	752	96.2	62.5	
<b>Total</b>	<b>176</b>	<b>100.0</b>	<b>30.1</b>	<b>144</b>	<b>100.0</b>	<b>24.5</b>	<b>164</b>	<b>100.0</b>	<b>27.7</b>	<b>133</b>	<b>100.0</b>	<b>22.2</b>	<b>165</b>	<b>100.0</b>	<b>27.4</b>	<b>782</b>	<b>100.0</b>	<b>26.4</b>	
<b>Race/Ethnicity</b>																			
Black	99	56.3	37.4	88	61.1	33.4	93	56.7	35.5	71	53.4	26.7	102	61.8	33.4	453	57.9	33.3	
White	52	29.5	25.9	40	27.8	19.5	43	26.2	20.5	45	33.8	21.1	42	25.5	18.1	222	28.6	21.0	
Hispanic	19	10.8	49.3	12	8.3	30.9	17	10.4	42.2	11	8.3	27.0	13	7.9	23.7	72	9.1	34.6	
Other	4	2.3	16.2	1	0.7	3.9	5	3.0	19.0	4	3.0	15.0	3	1.8	4.6	17	2.2	11.8	
Unknown	2	1.1	2.1	3	2.1	3.2	6	3.7	6.4	2	1.5	2.1	5	3.0	0.0	18	2.3	2.8	
<b>Total</b>	<b>176</b>	<b>100.0</b>	<b>30.1</b>	<b>144</b>	<b>100.0</b>	<b>24.5</b>	<b>164</b>	<b>100.0</b>	<b>27.7</b>	<b>133</b>	<b>100.0</b>	<b>22.2</b>	<b>165</b>	<b>100.0</b>	<b>27.4</b>	<b>782</b>	<b>100</b>	<b>26.4</b>	
<b>Age Group</b>																			
15-19	7	4.0	17.6	7	4.9	24.5	10	6.1	24.5	7	5.3	16.9	9	5.5	22.5	40	5.1	19.8	
20-24	19	10.8	35.7	22	15.3	46.4	25	15.2	46.4	19	14.3	34.8	25	15.2	39.0	110	14.2	39.5	
25-29	29	16.5	51.5	17	11.8	49.5	30	18.3	49.5	24	18.0	39.1	35	21.2	50.3	135	17.2	43.9	
30-39	58	33.0	62.8	46	31.9	55.1	51	31.1	55.1	37	27.8	39.4	42	25.5	42.8	234	29.9	49.9	
≥40	63	35.8	25.3	52	36.1	19.1	48	29.3	19.1	46	34.6	18.1	54	32.7	21.9	263	33.7	21.0	
<b>Total</b>	<b>176</b>	<b>100.0</b>	<b>30.1</b>	<b>144</b>	<b>100.0</b>	<b>24.5</b>	<b>164</b>	<b>100.0</b>	<b>27.7</b>	<b>133</b>	<b>100.0</b>	<b>22.2</b>	<b>165</b>	<b>100.0</b>	<b>27.4</b>	<b>782</b>	<b>100</b>	<b>26.4</b>	
<b>By Ward</b>																			
Ward 1	28	15.9	36.8	26	18.1	34.0	34	20.7	44.2	29	21.8	37.2	24	14.5	31.5	141	18.2	36.7	
Ward 2	46	26.1	65.5	29	20.1	41.1	31	18.9	43.6	28	21.1	38.9	27	16.4	33.8	161	20.5	44.6	
Ward 3	3	1.7	3.9	4	2.8	5.2	1	0.6	1.3	2	1.5	2.6	5	3.0	6.5	15	1.9	3.9	
Ward 4	17	9.7	22.3	13	9.0	17.0	13	7.9	16.9	8	6.0	10.3	15	9.1	19.8	66	8.3	17.3	
Ward 5	24	13.6	34.2	20	13.9	28.4	23	14.0	32.6	15	11.3	20.8	23	13.9	31.0	105	13.4	29.4	
Ward 6	23	13.1	32.7	20	13.9	28.4	21	12.8	29.8	14	10.5	19.5	20	12.1	26.1	98	12.5	27.3	
Ward 7	17	9.7	24.2	16	11.1	22.7	15	9.1	21.1	20	15.0	27.8	25	15.2	35.2	93	12.0	26.2	
Ward 8	16	9.1	22.8	13	9.0	18.4	23	14.0	32.4	14	10.5	19.5	23	13.9	32.5	89	11.3	25.1	
Correctional Facilities	0	0.0	--	1	0.7	--	0	0.0	--	0	0.0	--	0	0.0	--	1	0.1	--	
Unknown	2	1.1	--	2	1.4	--	3	1.8	--	3	2.3	--	3	1.8	--	13	1.7	--	
<b>Total</b>	<b>176</b>	<b>100.0</b>	<b>30.1</b>	<b>144</b>	<b>100.0</b>	<b>24.5</b>	<b>164</b>	<b>100.0</b>	<b>27.7</b>	<b>133</b>	<b>100.0</b>	<b>22.2</b>	<b>165</b>	<b>100.0</b>	<b>27.4</b>	<b>782</b>	<b>100</b>	<b>26.4</b>	

**Table A11. Reported Tuberculosis Cases by Selected Characteristics**  
District of Columbia, 2007-2011

	2007		2008		2009		2010		2011		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Disease Site</b>												
Pulmonary	47	79.7	39	72.2	28	68.3	27	64.3	37	67.2	178	70.9
Extra Pulmonary	11	18.6	15	27.8	9	21.9	13	30.9	14	25.5	62	24.7
Both	1	1.7	0	0.0	4	9.8	2	4.8	4	7.3	11	4.4
<b>Total</b>	<b>59</b>	<b>100.0</b>	<b>54</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>	<b>55</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>
<b>Sex</b>												
Males	40	67.8	34	63.0	17	41.5	21	50.0	33	60.0	145	57.8
Females	19	32.2	20	37.0	24	58.5	21	50.0	22	40.0	106	42.2
<b>Total</b>	<b>59</b>	<b>100.0</b>	<b>54</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>	<b>55</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>
<b>Age</b>												
<5	2	3.4	3	5.6	1	2.4	1	2.4	1	1.8	8	3.2
5 - 14	0	0.0	0	0.0	0	0.0	1	2.4	0	0.0	1	0.4
15 - 24	3	5.1	9	16.7	4	9.8	4	9.5	9	16.4	29	11.6
25 - 44	19	32.2	16	29.6	14	34.1	15	35.7	17	30.9	81	32.3
45 - 64	24	40.7	21	38.9	14	34.1	13	31.0	18	32.7	90	35.9
≥65	11	18.6	5	9.3	8	19.5	8	19.0	10	18.2	42	16.7
<b>Total</b>	<b>59</b>	<b>100.0</b>	<b>54</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>	<b>55</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>
<b>Race/Ethnicity</b>												
White	1	1.7	1	1.9	4	9.8	7	16.7	1	1.8	14	5.6
Black	39	66.1	41	75.9	27	65.9	28	66.7	38	69.1	173	68.9
Hispanic	15	25.4	9	16.7	7	17.1	2	4.8	8	14.5	41	16.3
Other	4	6.8	3	5.6	3	7.3	5	11.9	8	14.5	23	9.2
<b>Total</b>	<b>59</b>	<b>100.0</b>	<b>54</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>	<b>55</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>
<b>US Born vs. Foreign Born</b>												
Foreign Born	30	50.8	30	55.6	19	46.4	26	61.9	30	54.5	135	53.8
US Born-Black	26	44.1	23	42.6	16	39.0	16	38.1	23	41.8	104	41.4
US Born- All Other Races	3	5.1	1	1.8	6	14.6	0	0.0	2	3.7	12	4.8
<b>Total</b>	<b>59</b>	<b>100.0</b>	<b>54</b>	<b>100.0</b>	<b>41</b>	<b>100.0</b>	<b>42</b>	<b>100.0</b>	<b>55</b>	<b>100.0</b>	<b>251</b>	<b>100.0</b>
<b>Homeless w/in past year</b>												
<b>Total</b>	<b>4</b>	<b>6.8</b>	<b>5</b>	<b>9.3</b>	<b>2</b>	<b>4.9</b>	<b>4</b>	<b>9.5</b>	<b>3</b>	<b>5.5</b>	<b>25</b>	<b>10.0</b>
<b>Alcohol/Substance Use</b>												
<b>Total</b>	<b>15</b>	<b>25.4</b>	<b>4</b>	<b>7.4</b>	<b>14</b>	<b>34.1</b>	<b>7</b>	<b>16.7</b>	<b>8</b>	<b>14.5</b>	<b>53</b>	<b>21.1</b>



Strategic Information Division  
HIV/AIDS, Hepatitis, STDs and TB Administration (HAHSTA)  
Government of the District of Columbia  
Department of Health  
899 North Capitol St NE  
Fourth Floor  
Washington DC, 20002  
Phone: (202) 671-4900

Report available online at: [doh.dc.gov](http://doh.dc.gov)