



2019

HIV

IN PHILADELPHIA

Cases reported through June 2020 | OCTOBER 2020

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This publication was supported by the Grant or Cooperative Agreement Number, NU62PS924545, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Suggested Citation

Philadelphia Department of Public Health,
AIDS Activities Coordinating Office, Surveillance
Report, 2019. Philadelphia, PA:
City of Philadelphia; October 2020.

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Introduction

The Philadelphia Department of Public Health (PDPH), AIDS Activities Coordinating Office (AACO) Surveillance Report is the annual report presenting data on diagnoses of human immunodeficiency virus (HIV) in the City of Philadelphia. Data in this report include persons diagnosed through December 31, 2019 and reported through June 30, 2020.

Although the number of persons diagnosed with HIV has been on a steady decline since the mid-2000s (Figure 5), the number of persons diagnosed with HIV in the last two years has remained relatively stable. Today, there are 18,798 people living with diagnosed HIV (PLWDH) in Philadelphia, of which 439 were newly diagnosed in 2019. While the largest burden of HIV disease remains among men who have sex with men (MSM), the increase in new HIV diagnoses among people who inject drugs (PWID) persists (Table 2). Overall, both prevalent disease and new diagnoses continue to affect communities of color disproportionately.

In 2019, Philadelphia was 1 of 48 counties in the United States selected to receive federal funding to combat the HIV epidemic under the Ending the HIV Epidemic: A Plan for America (EHE) initiative. The plan's overall goal is a 75% reduction in new HIV diagnoses by 2025 and a 90% reduction in new HIV diagnoses by 2030. Through this initiative, PDPH aims to reach these goals by focusing its efforts on 4 Key Pillars; Diagnosis, Treatment, Prevention, and Response. More specifically, PDPH will expand on pre-existing strategies while adapting new and novel techniques to 1) diagnose all persons with HIV as early as possible, 2) treat persons living with HIV quickly and effectively, 3) prevent new HIV transmissions by promoting pre-exposure prophylaxis (PrEP) and syringe services, and 4) respond quickly to HIV outbreaks. For more information about the national and local EHE initiatives please visit: <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview> and <https://ehe.hivphilly.org/>.

The notable trends in HIV diagnoses and prevalence and gaps in HIV care and prevention observed through 2019 and highlighted in this report are helping PDPH to prioritize, develop, and evaluate EHE strategies effectively. Similarly, by collecting, analyzing, and publishing the most recent data available, PDPH is helping our partners initiate, target, and focus their outreach, testing, prevention, and care approaches across the city to ensure that resources and efforts are directed to populations under-served and in greatest need.

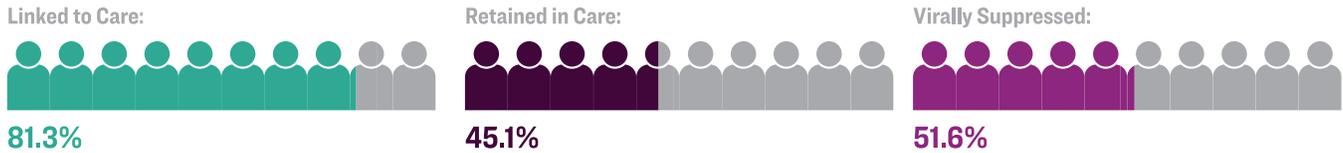
Report Changes

The authors would like to point out new additions and report changes in the 2019 HIV Surveillance Report. For this report, PDPH developed a PrEP continuum among key populations (Figure 8). Similar to the HIV Continuum of Care for People Living with HIV (PLWH), the PrEP continuum is a tool that can be used to help monitor efforts to increase PrEP awareness, use, and adherence among HIV negative individuals at risk for HIV.

All rates presented are per 100,000 population. Rates for the general population and by race/ethnicity, birth sex, and age group are calculated from the 2010 decennial census data. Rates by transmission risk (MSM, PWID, at-risk heterosexuals) are based on the most recent population estimates.

In previous years, the rate of newly diagnosed HIV among PWID was calculated using a denominator of 55,000—which represents an estimate for the total number of people in Philadelphia who have ever injected drugs. This year, the rate of newly diagnosed HIV among PWID was calculated using the denominator of 25,000—which represents an estimate for the total number of people in Philadelphia who are actively injecting drugs. This estimate is an average of several estimates of all heroin users in Philadelphia and the estimated proportion of those who inject heroin. While we acknowledge that not all PWID use heroin, this is the best estimate given the data currently available.

Please read all table titles and footnotes carefully to ensure a complete understanding of the displayed data.



HIV Continuum of Care

The HIV Continuum of Care is a data driven tool focusing on the diagnosis and care of individuals living with HIV. Engaging HIV patients in care is critical to both individual health as well as slowing the spread of new HIV diagnoses. The Continuum depicts the percentage of PLWH at various levels of engagement in care and highlights areas in which Philadelphia is exceeding national outcomes. The Continuum (Figure 3A) includes the percentage of people with new diagnoses who were linked to care in a timely manner, defined as a CD4 or viral load collected within 1 month of initial HIV diagnosis; the percentage of people who were retained in care, defined as two or more laboratory results at least 90 days apart in the calendar year; and the percentage of people who were virally suppressed, defined as a viral load of <200 copies/mL at last measure in 2019. The percentages presented in this continuum are based on all persons living with HIV (both diagnosed and undiagnosed). Among persons newly diagnosed with HIV in 2019, 81.3% were linked to HIV medical care within 1 month of their diagnosis. Among all PLWH, retention in HIV medical care remained stable from 2018 at 45.1%, and viral suppression at most recent viral load (regardless of retention in care status) increased from 49.5% in 2018 to 51.6% in 2019.

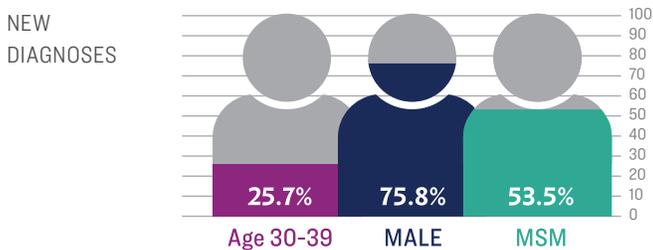
Estimates of HIV Incidence

Incidence of HIV is defined as the number of new infections in a given time period, typically one year, regardless of when those infections were diagnosed. Conversely, HIV diagnoses indicate when a person was diagnosed with HIV, regardless of when the person was infected. Due to the nature of HIV infection, true incidence is difficult to measure. Recent infection is rarely accompanied with symptoms, and persons are often unaware of their exposure.

Figure 3B is a modified HIV Continuum of Care assessing outcomes among people with evidence of recent HIV care in Philadelphia in the last 5 years. HIV case reporting data are typically used to determine HIV care outcomes. However, this methodology can overestimate the number of PLWDH due to duplicate case reporting, migration, and unaccounted deaths. We hope that by excluding individuals without evidence of recent care in the last 5 years that we can more precisely evaluate our HIV care outcomes and better identify individuals for intervention and re-linkage services. Unlike Figure 3A, which assesses outcomes among people living with diagnosed and undiagnosed HIV, the percentages presented in Figure 3B are based on all PLWDH who had evidence of a CD4 or viral load reported to PDPH from January 1, 2015 – December 31, 2019. Retention in HIV care and viral suppression outcomes are 63.2% and 72.3%, respectively, among those with evidence of recent care (Figure 3B). Identifying new opportunities to improve linkage to care, retention in care, and viral suppression are vital to improving the health of HIV-positive individuals and reducing the rate of HIV transmission.

HIV incidence estimates based on a CD4 depletion model can be found in Table 6. There were an estimated 410 new HIV transmissions in Philadelphia in 2018. The highest rates of HIV incidence occurred among males (45.3 per 100,000 population), persons aged 25-34 (61.7), and MSM (948.6) (Table 6). These estimates provide valuable information on where additional education and prevention efforts are needed.

Diagnoses of HIV Infection and Diagnoses of Infection Classified as Stage 3 (AIDS)



The largest proportion of newly diagnosed cases were among individuals aged 30-39 (25.7%), those whose sex at birth was male (75.8%), and those who identified as MSM (53.5%) (Table 2). Compared to 2018 rates, 2019 rates of new HIV diagnoses were slightly higher among the 3 major risk groups, with the highest rates observed among MSM (891.7 per 100,000), followed by PWID (320.8), and at-risk heterosexuals defined as individuals over the age of 18 who are living in poverty (33.7) (Figure 4). Racial/ethnic health disparities in Philadelphia persist and mirror disparities observed across the nation. Non-Hispanic Blacks have the highest burden of HIV compared to any other race/ethnicity group.

Prevalence of HIV Infection among Philadelphia Residents

Among PLWH diagnosed through 2019, non-Hispanic Blacks (63.9%), those assigned male at birth (71.9%), MSM (38.2%), and those aged 50 and older (53.6%) accounted for the largest proportions by race/ethnicity, sex, transmission risk, and age group, respectively (Table 8). HIV prevalence rates were highest among non-Hispanic Blacks (1,865.2 per 100,000 population), followed by Hispanic/Latinx (1,585.2) (Table 12). HIV prevalence rates disproportionately affect people of color (POC). Disparities in prevalence by race and transmission risk remain, with non-Hispanic Black MSM having the highest prevalence rates of HIV (29,665.5 per 100,000 population) (Figure 6).

In 2019, the highest rates of new HIV diagnoses were among non-Hispanic Blacks (44.3 per 100,000), followed by Hispanics/Latinx (41.7) and non-Hispanic whites (13.0) (Table 3). New AIDS diagnoses in Philadelphia during 2019 were primarily males (74.5%), MSM (42.5%), and those aged 30-39 (28.7%) (Table 7). Since 2015, the proportion of concurrent AIDS diagnoses among all cases newly diagnosed with HIV has declined 30.8% (data not shown), with only 12.8% of newly diagnosed HIV cases having a concurrent diagnosis of AIDS in 2019 (Table 5). Concurrent diagnoses of HIV/AIDS represent missed opportunities for early HIV diagnosis.

While the overall number of concurrent diagnoses has decreased, certain subpopulations have had better outcomes than others. In 2019, concurrent diagnoses among females (8.5%), non-Hispanic Blacks (11.4%), PWID (8.2%), and heterosexuals (11.4%) have fallen below the citywide average of 12.8%, but the same is not true for males (14.1%), Hispanics (22.1%), those aged greater than 30 (15.4%), and MSM (14.9%).

Public health HIV data increasingly focus on the individuals currently living in a jurisdiction, rather than those diagnosed in the jurisdiction. While Philadelphia has seen between 400 and 550 new cases a year for the past several years, the total population of PLWDH in Philadelphia has remained stable due to a proportionate number of individuals moving out of Philadelphia or dying. Thus, current residents, rather than those diagnosed locally, are the focus of our in-care and viral suppression measures in the HIV Continuum of Care. Further efforts, including the addition of the recent care continuum (Figure 3B), will continue to help PDPH assess migration patterns and prioritize care and re-linkage services for PLWH in Philadelphia.

Emerging Topics

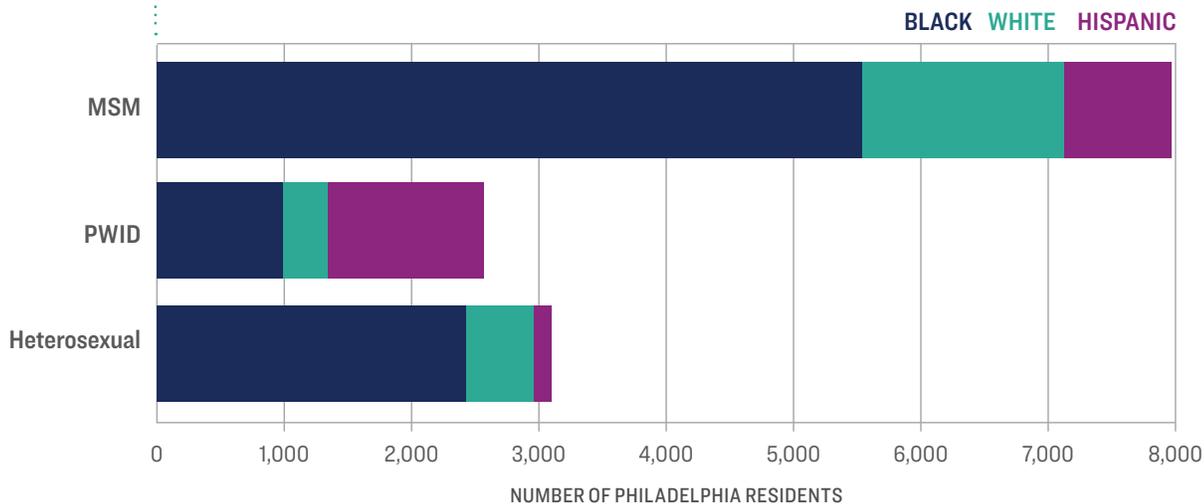
Pre-Exposure Prophylaxis (PrEP) Indications

Pre-Exposure Prophylaxis, or PrEP, is a daily medication taken by individuals at risk for HIV infection to lower their chances of becoming infected. In May of 2018, the CDC published estimates of adults with indications for PrEP by transmission risk group and race/ethnicity. Based on this methodology, PDPH estimates there are 13,960 HIV negative persons in Philadelphia with a PrEP indication, with HIV-negative, non-Hispanic Black MSM having the greatest proportion of PrEP indications (56.2%) (Table 14). Furthermore, in collaboration with other health departments and academic institutions, PDPH has developed a PrEP Monitoring and Evaluation plan to track the progress of PrEP usage in the city of Philadelphia. While PrEP can reduce an individual's chances of acquiring HIV, it is ineffective when not taken as directed. Adherence to PrEP must be stressed by providers and condom usage must still be encouraged.

PrEP Continuum

PDPH used local data from the CDC-funded National HIV Behavioral Surveillance (NHBS) project to evaluate the PrEP continuum among key populations in Philadelphia. The PrEP continuum is similar to the HIV Continuum of Care but for HIV negative individuals (Figure 8). It helps monitor efforts to increase PrEP awareness, use, and adherence among HIV negative individuals at risk for HIV. There are four parts to this PrEP continuum: 1) Awareness of PrEP, 2) discussing PrEP with a medical provider in the past year, 3) using PrEP in the past year, and 4) PrEP adherence in the past year. We evaluated the PrEP continuum among HIV negative individuals in 4 populations: MSM, at-risk heterosexuals, PWID, and transwomen. PrEP awareness, discussing PrEP with a medical provider, and PrEP use were highest among transwomen, followed by MSM. Less than half of MSM, PWID, and heterosexuals interviewed had discussed PrEP with their provider in the past year. PrEP awareness was low among at-risk heterosexuals and PrEP use was low among PWID. PrEP adherence was higher among MSM than transwomen. Additional education for key populations and their medical providers is needed to improve the PrEP continuum among all groups.

FIGURE 1
PrEP Indication by Transmission Category and Race/Ethnicity¹



¹ Methods based on Smith, D.K., Handel, M.V., & Grey, J. (2018). Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States 2015. *Annals of Epidemiology*.

Emerging Topics

Hepatitis Co-Infection

Of the 18,798 PLWDH in Philadelphia, 2,983 (15.9%) were co-infected with hepatitis C Virus (HCV), and 1,362 (7.2%) were co-infected with hepatitis B Virus (HBV) (Table 13). The proportion of PLWDH/HCV co-infection was greatest among those assigned female at birth (17.1%), Hispanic/Latinx (21.6%), PWID (40.7%), and those aged 50 and older (20.9%) (Table 13). The proportion of PLWDH/HBV co-infection was greatest among those assigned male at birth (7.5%), PWID (10.2%) and those aged 50+ (8.7%).

From 2016-2019, PDPH received a 3-year Special Projects of National Significance (SPNS) award aimed at reducing disparities among PLWH/HCV co-infection. The project, known as C-YA!, took a systems-level approach to identify best practices, increase the number of people screened, diagnosed, and treated for HCV, and ultimately eliminate HCV among all PLWH/HCV co-infection in Philadelphia. Through the duration of C-YA! and afterwards, outcomes improved along each stage of the HCV Care Continuum. Among 2,983 HCV antibody-positive persons living with HIV infection, 2,707 persons (90.7%) received a confirmatory RNA test, of whom 2,142 (71.8%) were confirmed positive. 1,380 (46.3%) persons have resolved their HCV infection through 2019. This amounts to 64.4% resolution among those with confirmed HCV viremia (Figure 7).

Transgender Persons

The quality of data on transgender individuals has not improved at the same pace as public health data on the overall population. Some of these differences are attributed to the lack of a gender identity variable in the public health data system and most medical records before 2009, making it difficult to determine gender identity for individuals diagnosed prior to the addition of these variables to the current data system. Furthermore, many transgender women are misclassified as MSM. In an attempt to reexamine issues surrounding the quality of transgender data, Table 11 presents demographic information based on gender identity and reclassifies transmission risk reported as MSM and heterosexual contact into one category termed sexual contact. Efforts to improve public health data on transgender individuals—including internal and external trainings on standardized collection of gender identity data and medical chart review—have made an impact on identifying transgender PLWH, and are ongoing.

Philadelphia was one of 7 sites that was funded for the National HIV Behavioral Surveillance (NHBS) pilot cycle among transgender women. The cycle began in 2019, with data collection completed in February 2020. NHBS provided data on the utilization of HIV prevention services by transgender women as well as sexual and drug-use behaviors that place transgender women at risk for HIV infection. These data were used to establish the PrEP continuum in transgender women (Figure 8) and will continue to provide valuable information for monitoring and evaluating national and local HIV EHE goals, and for guiding prevention efforts.

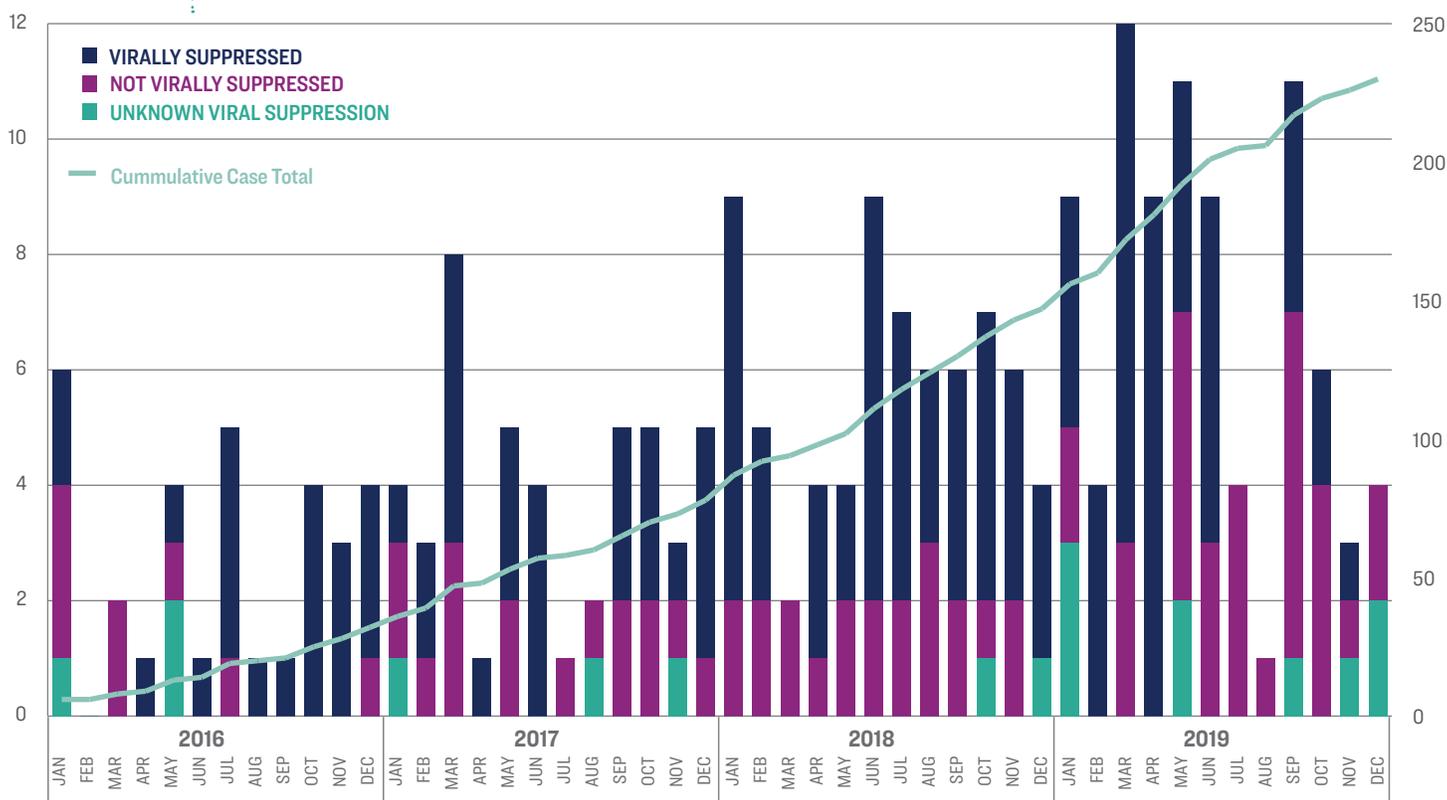
Emerging Topics

HIV Outbreak Among People Who Inject Drugs

The number of PWID newly diagnosed with HIV had been declining since the implementation of the syringe exchange program in 1992. However, in September 2018, PDPH identified an increase in the number of new HIV diagnoses among this population. Since then, the number of new HIV diagnoses among PWID, including men who have sex with men and inject drugs (MSM/PWID), has continued to rise. In 2019, there were 83 new HIV diagnoses among PWID. This was a 151% increase from 33 diagnoses reported in 2016, or the last year that a decrease was observed. This outbreak presents a renewed risk for HIV infection among PWID and their sexual and syringe sharing partners, especially given the disparities observed in viral suppression among this group (Table 1). Viral suppression in previously diagnosed PWID remains a challenge while the number of new diagnoses continues to rise (Figure 2).

Since identification, AACO has continued to utilize data-driven approaches to respond to this outbreak. Existing programs and increased funding have been leveraged to support enhanced Partner Services, targeted testing in key areas, increased linkage to care activities, and new prevention initiatives. AACO has a communication plan to inform community members, stakeholders, and clinic partners on the status of the outbreak. AACO has also focused outbreak response efforts on the expansion of harm reduction services through increased funding for syringe service programs. These efforts have resulted in increased service delivery hours, improved syringe access, and implementation of low threshold HIV prevention services.

FIGURE 2 Diagnosis Month among all PWID Stratified by Viral Suppression Status as of December 31, 2019



Notes PWID includes people who inject drugs (PWID) and people who inject drugs and have sex with men (MSM/PWID)
 Viral suppression is defined as a viral load <200 copies/mL at last measure in the calendar year

Goals and Evaluation Dashboard

TABLE 1

	2020 National Goal ¹	2014	2015	2016	2017	2018	2019	Current Trend
HIV Diagnosis								
New HIV Diagnosis, Rate	↓ 25%	37.0/100,000	36.0/100,000	31.1/100,000	33.2/100,000	28.8/100,000	28.8/100,000	Goal not met
Diagnosed Proportion ²	90%	91.3%	90.3%	90.7%	90.4%	90.2%	NA	Goal met
HIV Care and Morbidity								
Linked to Care in 1 month ³	85%	71.7%	79.6%	77.9%	86.3%	86.1%	81.3%	Goal not met
In HIV Care ^{4,5}	90%	63.4%	64.6%	66.3%	66.7%	64.8%	67.5%	Goal not met
Viral Suppression ^{4,6}	80%	53.4%	54.9%	54.9%	56.1%	52.9%	58.8%	Goal not met
Disparities: Viral Suppression^{4,6}								
White PLWDH	--	52.4%	54.0%	53.5%	54.1%	47.7%	57.2%	No disparities
Black PLWDH	--	53.6%	55.5%	55.5%	56.6%	54.3%	59.8%	No disparities
Hispanic/Latino PLWDH	--	51.6%	52.3%	52.8%	54.2%	51.8%	54.7%	No disparities
Transgender PLWDH	--	60.3%	62.0%	65.2%	60.6%	60.0%	66.1%	No disparities
PWID PLWDH	--	49.9%	50.8%	49.6%	50.5%	49.0%	52.3%	Disparity observed. Lower proportion of viral suppression

¹All 2020 goals use 2014 as the baseline

²Based on the CDC developed CD4 depletion model

³Among persons with a new HIV diagnosis

⁴Among HIV-infected persons with diagnosed HIV infection

⁵In HIV care is defined as 1+ CD4 or viral load lab in the calendar year

⁶Viral suppression is defined as a viral load <200 copies/mL at last measure in the calendar year

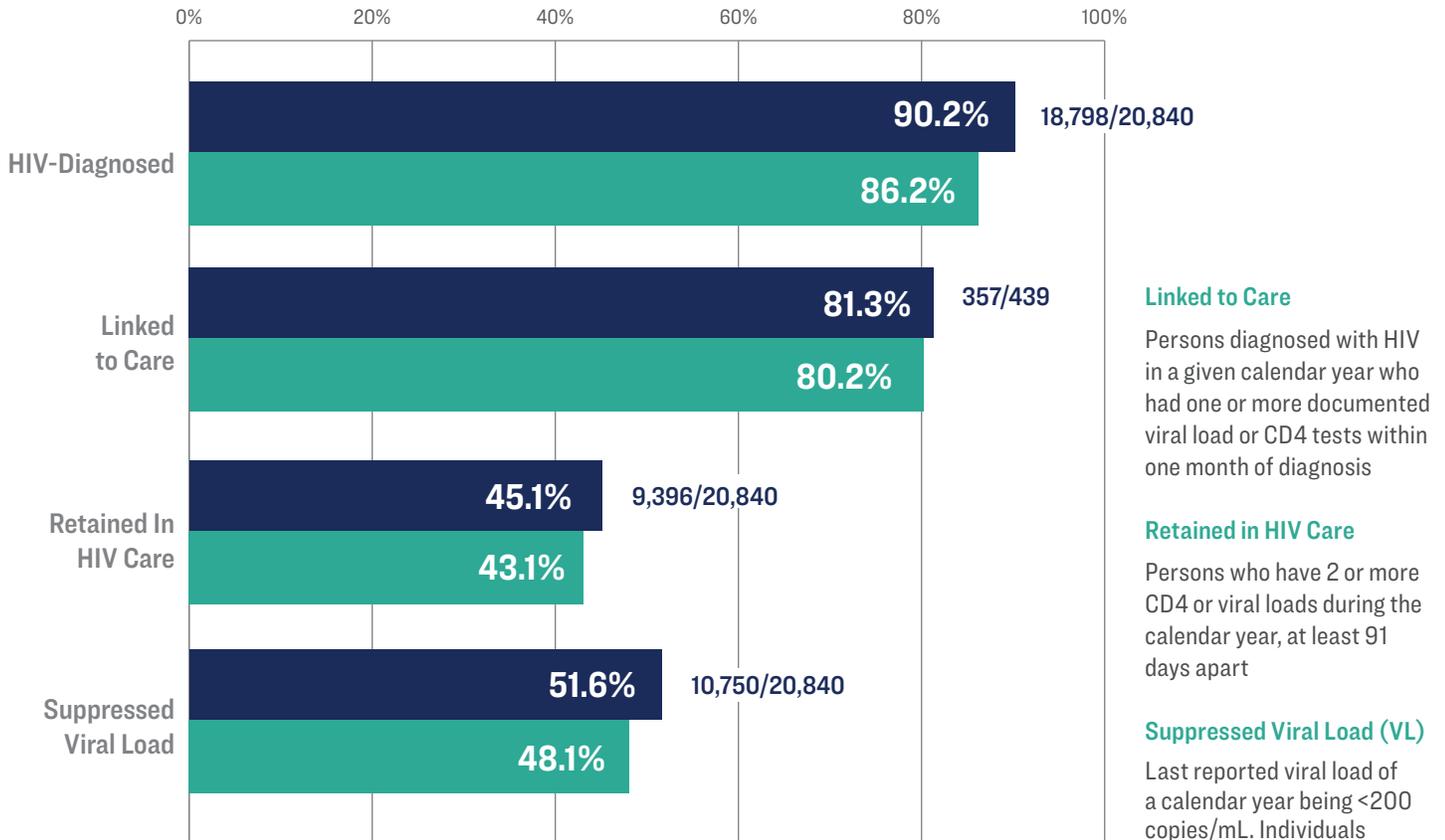
Abbreviations: PLWDH, people living with diagnosed HIV; MSM, men who have sex with men; PWID, people who inject drugs

Note Rates of new HIV diagnoses are per 100,000 population and based on the 2010 decennial census data

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

HIV Care Continuum

FIGURE 3A Philadelphia 2019 vs the United States



Linked to Care

Persons diagnosed with HIV in a given calendar year who had one or more documented viral load or CD4 tests within one month of diagnosis

Retained in HIV Care

Persons who have 2 or more CD4 or viral loads during the calendar year, at least 91 days apart

Suppressed Viral Load (VL)

Last reported viral load of a calendar year being <200 copies/mL. Individuals with no evidence of a viral load in a calendar year are considered not suppressed.

FIGURE 3B HIV Care Continuum (Recent Care)

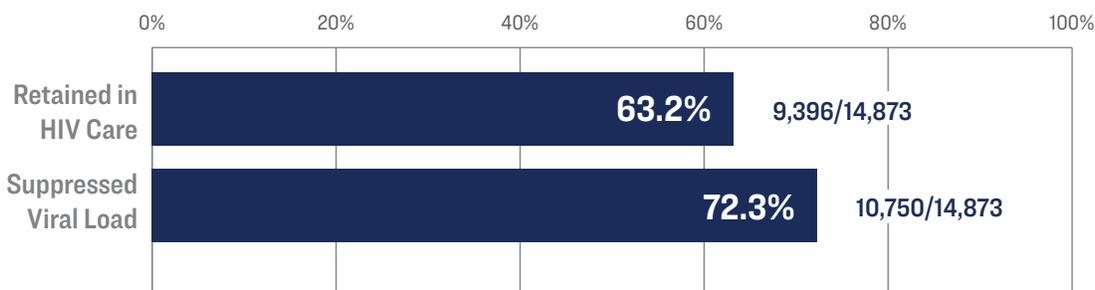


FIGURE 3A

Source Philadelphia Data: Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Source United States Data: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. HIV Surveillance Supplemental Report 2020;25(No. 2). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed August 2020.

Source United States Data: Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2014-2018. HIV Surveillance Supplemental Report 2020;25(No. 1). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed August 2020.

FIGURE 3B

Note Care Continuum Outcomes are Among PLWDH with a reported CD4 or Viral Load in the last 5 years (Jan 1, 2015 - Dec 31, 2019)

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Newly Diagnosed Cases

TABLE 2 By Year and Selected Characteristics
(regardless of AIDS status) | 2015-2019

Bar graphs indicate 2019 percentages

	YEAR OF DIAGNOSIS									
	2015		2016		2017		2018		2019	
	N	%	N	%	N	%	N	%	N	%
Total	550	100.0 %	474	100.0 %	507	100.0 %	439	100.0 %	439	100.0 %
Sex at Birth										
Female	119	21.6 %	113	23.8 %	105	20.7 %	109	24.8 %	106	24.1 %
Male	431	78.3 %	361	76.1 %	402	79.2 %	330	75.1 %	333	75.8 %
Race/Ethnicity										
Black	397	72.1 %	310	65.4 %	342	67.4 %	257	58.5 %	280	63.7 %
Hispanic	77	14.0 %	91	19.1 %	83	16.3 %	89	20.2 %	77	17.5 %
White	59	10.7 %	57	12.0 %	69	13.6 %	78	17.7 %	73	16.6 %
Multi-race	*	*	*	*	6	1.1 %	6	1.3 %	*	*
Asian	10	1.8 %	10	2.1 %	*	*	7	1.5 %	*	*
Other/Unknown	*	*	*	*	*	*	*	*	*	*
Age Category										
0-12	*	*	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
13-19	34	6.1 %	30	6.3 %	43	8.4 %	22	5.0 %	32	7.2 %
20-24	103	18.7 %	89	18.7 %	95	18.7 %	91	20.7 %	75	17.0 %
25-29	99	18.0 %	93	19.6 %	103	20.3 %	83	18.9 %	96	21.8 %
30-39	132	24.0 %	110	23.2 %	138	27.2 %	122	27.7 %	113	25.7 %
40-49	85	15.4 %	66	13.9 %	60	11.8 %	49	11.1 %	57	12.9 %
50+	95	17.2 %	86	18.1 %	68	13.4 %	72	16.4 %	66	15.0 %
Transmission Risk										
MSM	313	56.9 %	271	57.1 %	278	54.8 %	215	48.9 %	235	53.5 %
PWID	29	5.2 %	27	5.6 %	40	7.8 %	59	13.4 %	73	16.6 %
MSM/PWID	9	1.6 %	*	*	6	1.1 %	10	2.2 %	10	2.2 %
Heterosexual	192	34.9 %	163	34.3 %	111	21.8 %	87	19.8 %	88	20.0 %
Pediatric	*	*	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
No Reported Risk	*	*	8	1.6 %	72	14.2 %	68	15.4 %	33	7.5 %
Co-Infections										
Hepatitis B	33	6.0 %	25	5.3 %	18	3.6 %	34	7.7 %	21	4.8 %
Hepatitis C	65	11.8 %	44	9.3 %	54	10.7 %	70	15.6 %	73	16.6 %
Total Cases										
	550		474		507		439		439	

Notes *Cell sizes <6 are suppressed.

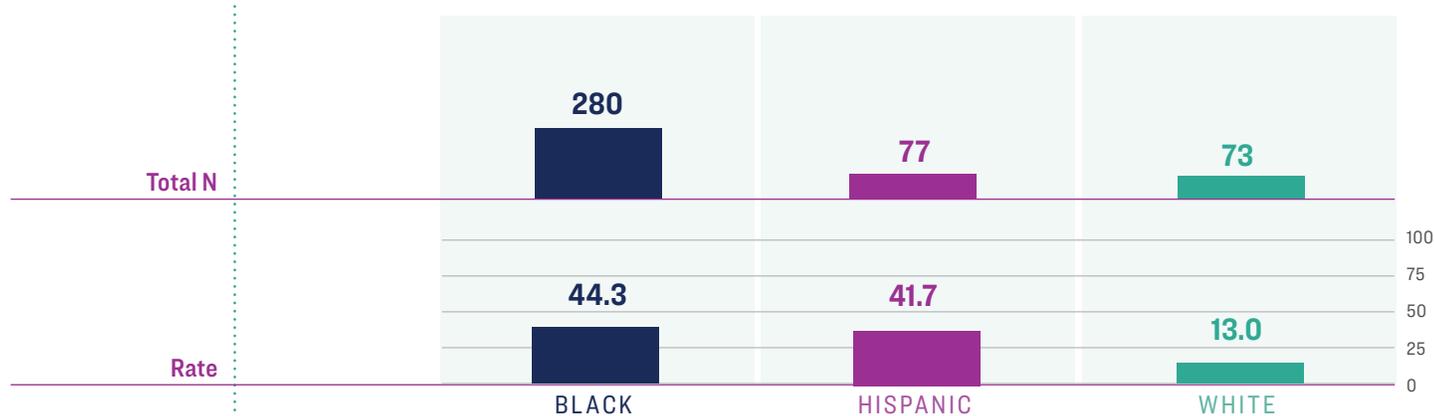
Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program

Newly Diagnosed HIV

TABLE 3
By Race/Ethnicity | 2019

Racial/ethnic health disparities persist and mirror disparities observed across the nation.

	BLACK		HISPANIC		WHITE	
	N	%	N	%	N	%
Total	280	100.0 %	77	100.0 %	73	100.0 %
Sex at Birth						
Female	72	25.7 %	18	23.3 %	16	21.9 %
Male	208	74.2 %	59	76.6 %	57	78.0 %
Age Category						
13-19	26	9.2 %	6	7.7 %	0	0.0 %
20-24	54	19.2 %	14	18.1 %	6	8.2 %
25-29	61	21.7 %	17	22.0 %	16	21.9 %
30-39	63	22.5 %	20	25.9 %	27	36.9 %
40-49	28	10.0 %	12	15.5 %	16	21.9 %
50+	48	17.1 %	8	10.3 %	8	10.9 %
Transmission Risk						
MSM	157	56.0 %	45	58.4 %	24	32.8 %
PWID	28	10.0 %	10	12.9 %	35	47.9 %
MSM/PWID	*	*	*	*	6	8.2 %
Heterosexual	69	24.6 %	15	19.4 %	*	*
No Reported Risk	25	8.9 %	*	*	*	*



Notes *Cell sizes <6 are suppressed. Rates were calculated using the 2010 decennial census data.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Newly Diagnosed HIV

TABLE 4
By Sex at Birth | 2019

Males comprised the majority of all new HIV diagnoses (75.8%), with the highest rates among MSM. Females comprised 24.2% of new diagnoses, with highest rates among Black and heterosexual women.

	FEMALE			MALE		
	N	%	Rate †	N	%	Rate †
Total	106	100.0 %	13.2	333	100.0 %	47.1
Race/Ethnicity						
Black	72	67.9 %	20.6	208	62.4 %	73.6
Hispanic	18	16.9 %	19.2	59	17.7 %	64.9
White	16	15.0 %	5.5	57	17.1 %	21.1
Multi-race	0	0.0%	0	*	*	*
Asian	0	0.0%	0	*	*	*
Other/Unknown	0	0.0%	0	*	*	*
Age Category						
13-19	*	*	*	28	8.4 %	36.4
20-24	16	15.0 %	21.2	59	17.7 %	83.3
25-29	22	20.7 %	31.1	74	22.2 %	116.3
30-39	26	24.5 %	24.7	87	26.1 %	90.8
40-49	18	16.9 %	18.2	39	11.7 %	43.4
50+	20	18.8 %	8.0	46	13.8 %	25.0
Transmission Risk						
MSM	0	0.0%	-	235	70.5 %	891.7
PWID	28	26.4 %	N/A	45	13.5 %	N/A
MSM/PWID	0	0.0%	-	10	3.0 %	N/A
Heterosexual	77	72.6%	62.9	11	3.3 %	7.9
No Reported Risk	*	*	N/A	32	9.6 %	N/A
Total N						
	106			333		
	FEMALE			MALE		

Notes *Cell sizes <6 are suppressed.

Notes † Rates for age and race/ethnicity by sex at birth were calculated using the 2010 decennial census. **MSM** rates were calculated using estimates of MSM activity among males 13 and older in the last 5 years. **Heterosexual** rates were calculated using the number of individuals 18 and older living below the federal poverty level from the 2010 American Community Survey.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Newly Diagnosed HIV

MAP1 By Census Tract | 2019

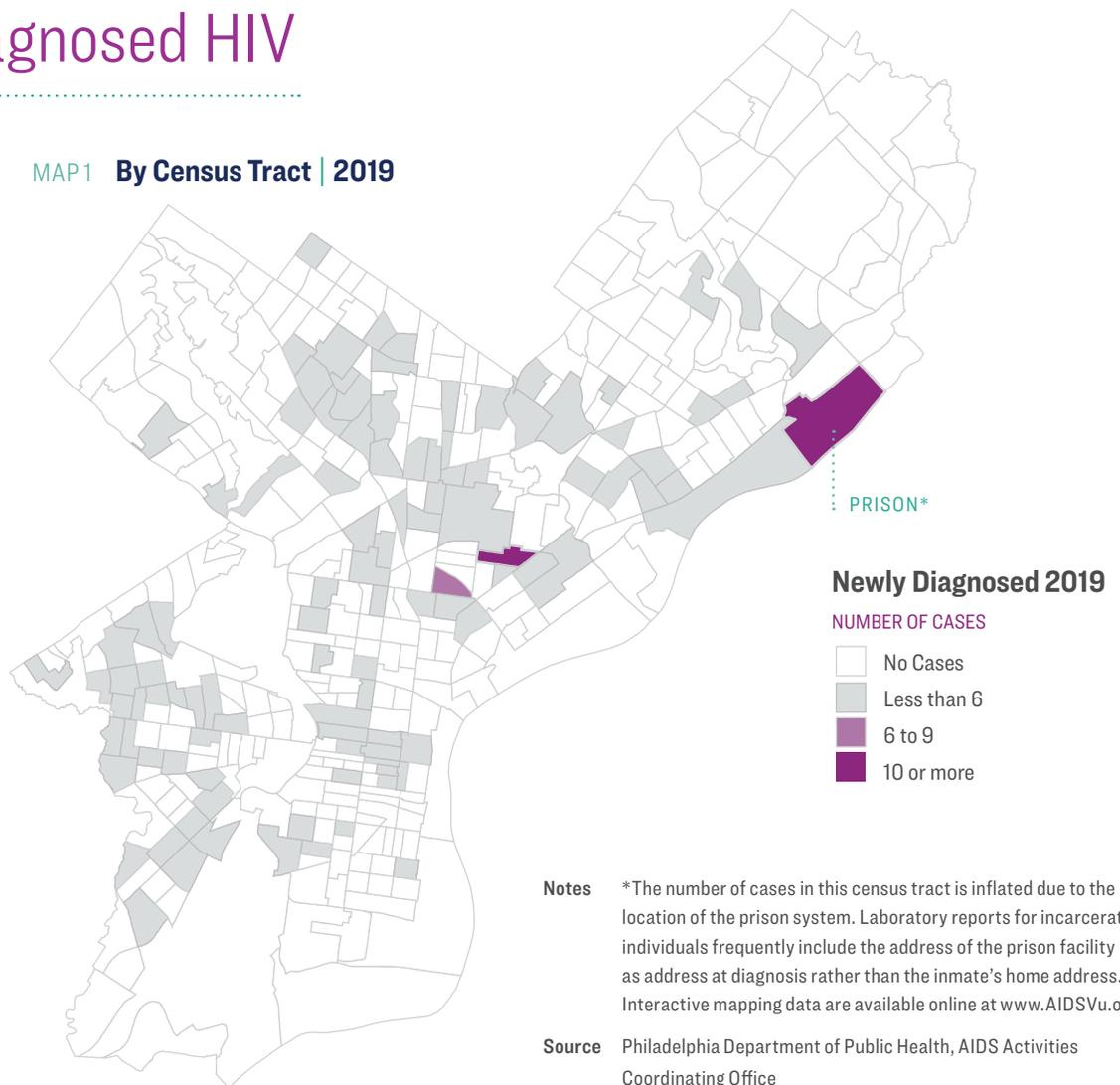


FIGURE 4
Rates of Newly Diagnosed HIV disease per 100,000 People by Year of Diagnosis and Risk Group 2015-2019

MSM population size based on estimates of MSM activity among males 13 and older in the last 5 years. Active PWID population size estimated as 25,000 citywide. Individuals 18 and older living below the poverty level was used as a proxy for heterosexuals at increased risk for HIV infection.



Newly Diagnosed HIV

TABLE 5

Concurrent HIV/AIDS, Demographics and Transmission Risk | 2015-2019

	2015						2016						2017						2018						2019					
	Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS			
	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %		
Total	448	81.5%	102	18.5%	395	83.3%	79	16.7%	422	83.2%	85	16.8%	377	85.9%	62	14.1%	383	87.2%	56	12.8%										
Sex at Birth																														
Female	95	79.8%	24	20.2%	98	86.7%	15	13.3%	87	82.9%	18	17.1%	95	87.2%	14	12.8%	97	91.5%	9	8.5%										
Male	353	81.9%	78	18.1%	297	82.3%	64	17.7%	335	83.3%	67	16.7%	282	85.5%	48	14.5%	286	85.9%	47	14.1%										
Race/Ethnicity																														
Black	322	81.1%	75	18.9%	257	82.9%	53	17.1%	285	83.3%	57	16.7%	218	84.8%	39	15.2%	248	88.6%	32	11.4%										
Hispanic	68	88.3%	9	11.7%	78	85.7%	13	14.3%	71	85.5%	12	14.5%	75	84.3%	14	15.7%	60	77.9%	17	22.1%										
White	49	83.1%	10	16.9%	47	82.5%	10	17.5%	56	81.2%	13	18.8%	69	88.5%	9	11.5%	67	91.8%	6	8.2%										
Multi-race	*	*	*	*	*	*	0	0.0%	*	*	*	*	*	*	0	0.0%	*	*	*	*										
Asian	*	*	*	*	7	*	*	*	*	*	*	*	*	7	100.0%	0	0.0%	*	*	0	0.0%									
Other/Unknown	*	*	*	*	*	*	0	0.0%	*	*	*	*	*	*	0	0.0%	*	*	0	0.0%										
Age at HIV Dx																														
0-12	*	*	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%										
13-19	33	*	*	*	28	*	*	*	42	*	*	*	21	*	*	*	31	*	*	*										
20-24	99	*	*	*	81	91.0%	8	9.0%	88	92.6%	7	7.4%	82	90.1%	9	9.9%	69	92.0%	6	8.0%										
25-29	87	87.9%	12	12.1%	80	86.0%	13	14.0%	94	91.3%	9	8.7%	77	92.8%	6	7.2%	84	87.5%	12	12.5%										
30-39	105	79.5%	27	20.5%	96	87.3%	14	12.7%	116	84.1%	22	15.9%	100	82.0%	22	18.0%	94	83.2%	19	16.8%										
40-49	57	67.1%	28	32.9%	47	71.2%	19	28.8%	39	65.0%	21	35.0%	37	75.5%	12	24.5%	48	84.2%	9	15.8%										
50+	65	68.4%	30	31.6%	63	73.3%	23	26.7%	43	63.2%	25	36.8%	60	83.3%	12	16.7%	57	86.4%	9	13.6%										
Transmission Risk																														
MSM	261	83.4%	52	16.6%	232	85.6%	39	14.4%	244	87.8%	34	12.2%	186	86.5%	29	13.5%	200	85.1%	35	14.9%										
PWID	27	*	*	*	24	*	*	*	31	77.5%	9	22.5%	52	88.1%	7	11.9%	67	91.8%	6	8.2%										
MSM/PWID	7	*	*	*	*	*	*	*	6	100.0%	0	0.0%	9	*	*	*	10	100.0%	0	0.0%										
Heterosexual	146	76.0%	46	24.0%	129	79.1%	34	20.9%	91	82.0%	20	18.0%	74	85.1%	13	14.9%	78	88.6%	10	11.4%										
No Reported Risk	*	*	0	0.0%	6	*	*	*	50	69.4%	22	30.6%	56	82.4%	12	17.6%	28	*	*	*										
Pediatric	*	*	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%										

Notes *Cells size < 6 are suppressed. Concurrent HIV/AIDS is defined as diagnosis of AIDS within 90 days of initial diagnosis of HIV.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

HIV Incidence Estimates

TABLE 6

Incidence Estimates by Year and Selected Characteristics | 2016-2018

	2016			2017			2018		
	N	95%CI	Rate [†]	N	95%CI	Rate [†]	N	95%CI	Rate [†]
Total ¹	420	240-600	27.9	420	220-620	27.9	410	190-640	27.2
Sex at Birth									
Male	330	160-490	46.7	320	140-510	45.3	320	110-530	45.3
Female	100	30-160	12.5	100	20-170	12.5	90	10-180	11.2
Race/Ethnicity									
Black	270	120-420	42.7	280	110-440	44.3	230	40-410	36.4
Hispanic	100	20-170	54.2	80	0-160	43.3	90	0-190	48.7
White	50	0-100	8.9	50	0-110	8.9	80	10-160	14.3
Multiple races	0	0-20	0.0	10	0-20	36.3	10	0-30	36.3
Asian	10	0-20	10.5	10	0-30	10.5	0	0-20	0.0
American Indian/ Alaska Native	-	-		0	0-10	0.0	0	0-20	0.0
Native Hawaiian/ Other Pacific Islander	0	0	0.0	0	0	0.0	0	0-10	0.0
Age at Infection									
13-24	110	20-210	36.5	110	0-210	36.5	110	0-220	36.5
25-34	160	50-260	65.8	190	60-310	78.2	150	20-290	61.7
35-44	70	0-140	37.8	80	0-160	43.2	80	0-170	43.2
45-54	50	0-120	25.9	20	0-60	10.4	40	0-110	20.7
>=55	40	0-90	11.8	30	0-90	8.9	40	0-110	11.8
Transmission Risk									
MSM	270	130-410	1,024.5	270	110-430	1,024.5	250	70-440	948.6
PWID	40	0-80	187.3	40	0-90	187.3	70	0-140	327.8
MSM/PWID	0	0-10	-	10	0-20	-	10	0-20	-
Heterosexual Contact	110	10-220	42.2	100	0-210	38.3	80	0-180	30.7

Notes Incidence of disease is defined as the number of new infections in a given time period, typically one year. Due to the nature of HIV infection, true incidence is difficult to measure. Recent infection is rarely accompanied with symptoms, and persons are often unaware of their exposure. Routine testing of all persons at risk for HIV is sporadic at best, and many are not tested and diagnosed until some time after their initial infection. The estimates presented here utilize diagnostic testing algorithms designed to detect recent infection, along with testing and treatment history data available for newly diagnosed persons in Philadelphia. These estimates provide the best available indicator of the true number of new HIV infections in Philadelphia. While the rate of incident cases is declining among most groups, new HIV transmissions are still affecting certain subpopulations disproportionately. Hispanics/Latinx, Non-Hispanic Blacks, males, those aged 25-34, and the MSM population are all experiencing the highest rates of new HIV infections. Additionally, marked increases among PWID are noted in the most recent year of data presented.

¹ Estimates based on CD4 Depletion Model; subgroups will not add up to total

[†] Rate of incident cases are per 100,000 people and based on 2010 decennial census. Rates among MSM were calculated using estimates of MSM activity among males 13 and older in the last 5 years. PWID rates based on a local population estimate of 25,000 persons who actively inject drugs. Heterosexual rates were calculated using the number of individuals 18 and older living below the federal poverty level from the 2010 American Community Survey.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

AIDS Diagnoses

TABLE 7
By Year and Selected Characteristics | 2015-2019

Bar graphs indicate 2019 percentages

		YEAR OF DIAGNOSIS									
		2015		2016		2017		2018		2019	
		N	%	N	%	N	%	N	%	N	%
Total		246	100.0 %	212	100.0 %	248	100.0 %	179	100.0 %	181	100.0 %
Sex at Birth											
	Female	72	29.2 %	68	32.0 %	71	28.6 %	52	29.0 %	46	25.4 %
	Male	174	70.7 %	144	67.9 %	177	71.3 %	127	70.9 %	135	74.5 %
Race/Ethnicity											
	Black	180	73.1 %	151	71.2 %	158	63.7 %	124	69.2 %	110	60.7 %
	Hispanic	34	13.8 %	32	15.0 %	41	16.5 %	32	17.8 %	38	20.9 %
	White	21	8.5 %	23	10.8 %	38	15.3 %	22	12.2 %	28	15.4 %
	Multi-race	*	*	*	*	9	3.6 %	*	*	*	*
	Asian	7	2.8 %	*	*	*	*	0	0.0%	*	*
	Other/Unknown	*	*	0	0.0%	*	*	0	0.0%	0	0.0%
Age Category											
	13-19	7	2.8 %	*	*	*	*	*	*	*	*
	20-24	13	5.2 %	16	7.5 %	13	5.2 %	15	8.3 %	14	7.7 %
	25-29	36	14.6 %	34	16.0 %	33	13.3 %	19	10.6 %	35	19.3 %
	30-39	58	23.5 %	49	23.1 %	63	25.4 %	55	30.7 %	52	28.7 %
	40-49	59	23.9 %	45	21.2 %	53	21.3 %	32	17.8 %	29	16.0 %
	50+	73	29.6 %	63	29.7 %	83	33.4 %	57	31.8 %	48	26.5 %
Transmission Risk											
	MSM	101	41.0 %	81	38.2 %	92	37.0 %	70	39.1 %	77	42.5 %
	PWID	35	14.2 %	19	8.9 %	33	13.3 %	33	18.4 %	30	16.5 %
	MSM/PWID	*	*	*	*	8	3.2 %	6	3.3 %	*	*
	Heterosexual	101	41.0 %	100	47.1 %	88	35.4 %	52	29.0 %	57	31.4 %
	Pediatric	*	*	*	*	*	*	*	*	*	*
	No Reported Risk	*	*	6	2.8 %	26	10.4 %	16	8.9 %	11	6.0 %
Total Cases		246		212		248		179		181	

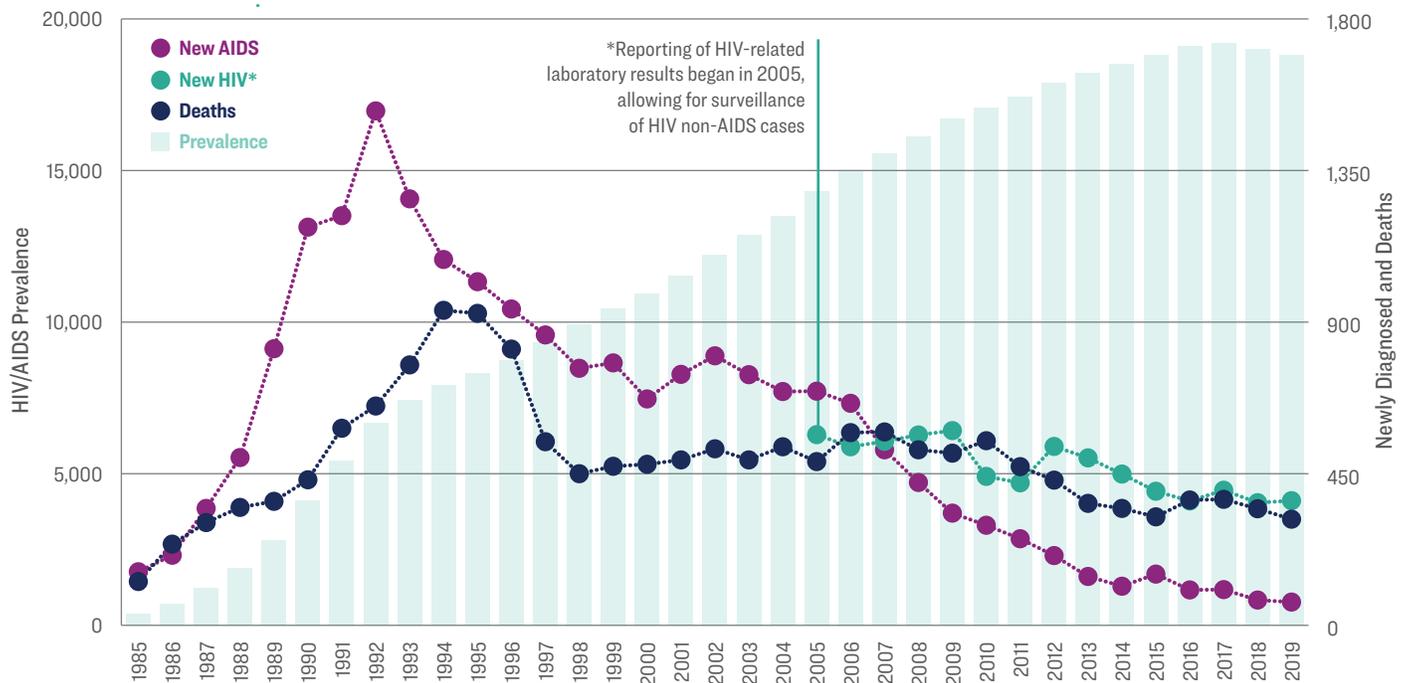
Notes *Cells size < 6 are suppressed.

A proportion of AIDS diagnoses in each year were diagnosed with HIV in a previous year and later progressed to AIDS.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

FIGURE 5
Philadelphia HIV and AIDS Diagnoses, Deaths, and People Living with HIV by Year | 1985-2019



Persons Living with Diagnosed HIV

TABLE 8

HIV (non-AIDS) and AIDS Cases by Selected Characteristics | 2019

	HIV (NON-AIDS)		AIDS		HIV/AIDS	
	N	%	N	%	N	%
Total	8,655	100.0 %	10,143	100.0 %	18,798	100.0 %
Sex at Birth						
Female	2,435	28.1 %	2,835	27.9 %	5,270	28.0 %
Male	6,220	71.8 %	7,308	72.0 %	13,528	71.9 %
Race/Ethnicity						
Black	5,469	63.1 %	6,548	64.5 %	12,017	63.9 %
Hispanic	1,417	16.3 %	1,557	15.3 %	2,974	15.8 %
White	1,465	16.9 %	1,696	16.7 %	3,161	16.8 %
Multi-race	179	2.0 %	234	2.3 %	413	2.1 %
Asian	100	1.1 %	90	0.8 %	190	1.0 %
Other/Unknown	25	0.2 %	18	0.1 %	43	0.2 %
Age Category[†]						
<13	18	0.2 %	*	*	20	0.1 %
13-19	72	0.8 %	10	0.0 %	82	0.4 %
20-24	390	4.5 %	83	0.8 %	473	2.5 %
25-29	894	10.3 %	300	2.9 %	1,194	6.3 %
30-39	2,253	26.0 %	1,174	11.5 %	3,427	18.2 %
40-49	1,690	19.5 %	1,826	18.0 %	3,516	18.7 %
50+	3,338	38.5 %	6,748	66.5 %	10,086	53.6 %
Transmission Risk						
MSM	3,739	43.2 %	3,456	34.0 %	7,195	38.2 %
PWID	1,214	14.0 %	2,431	23.9 %	3,645	19.3 %
MSM/PWID	268	3.0 %	503	4.9 %	771	4.1 %
Heterosexual	3,044	35.1 %	3,409	33.6 %	6,453	34.3 %
Pediatric	117	1.3 %	138	1.3 %	255	1.3 %
Other	*	*	9	0.0 %	12	0.0 %
No Reported Risk	270	3.1 %	197	1.9 %	467	2.4 %
Total N						
	8,655		10,143		18,798	
	HIV (NON-AIDS)		AIDS		HIV/AIDS	

Notes *Cell sizes <6 are suppressed.

† Age as of December 31, 2019

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 9
By Race/Ethnicity and Selected Characteristics | 2019

	BLACK		HISPANIC		WHITE	
	N	%	N	%	N	%
Total	12,017	100.0 %	2,974	100.0 %	3,161	100.0 %
Sex at Birth						
Female	3,811	31.7 %	802	26.9 %	495	15.6 %
Male	8,206	68.2 %	2,172	73.0 %	2,666	84.3 %
Age Category†						
<13	14	0.1 %	*	*	*	*
13-19	64	0.5 %	14	0.4 %	*	*
20-24	376	3.1 %	70	2.3 %	15	0.4 %
25-29	845	7.0 %	177	5.9 %	125	3.9 %
30-39	2,260	18.8 %	537	18.0 %	486	15.3 %
40-49	2,195	18.2 %	630	21.1 %	538	17.0 %
50+	6,263	52.1 %	1,543	51.8 %	1,994	63.0 %
Transmission Risk						
MSM	4,160	34.6 %	897	30.1 %	1,867	59.0 %
PWID	2,178	18.1 %	807	27.1 %	565	17.8 %
MSM/PWID	409	3.4 %	155	5.2 %	166	5.2 %
Heterosexual	4,757	39.5 %	977	32.8 %	495	15.6 %
Pediatric	185	1.5 %	48	1.6 %	18	0.5 %
Other	6	0.0 %	*	*	*	*
No Reported Risk	322	2.6 %	89	2.9 %	46	1.4 %
Total N						
	12,017		2,974		3,161	
	BLACK		HISPANIC		WHITE	

Notes *Cell sizes <6 are suppressed.

† Age as of December 31, 2019

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 10
By Sex at Birth and Selected Characteristics | 2019

	FEMALE		MALE	
	N	%	N	%
Total	5,270	100.0 %	13,528	100.0 %
Race/Ethnicity				
Black	3,811	72.3 %	8,206	60.6 %
Hispanic	802	15.2 %	2,172	16.0 %
White	495	9.3 %	2,666	19.7 %
Multi-race	113	2.1 %	300	2.2 %
Asian	36	0.6 %	154	1.1 %
Other/Unknown	13	0.2 %	30	0.2 %
Age Category†				
<13	13	0.2 %	7	0.0 %
13-19	25	0.4 %	57	0.4 %
20-24	85	1.6 %	388	2.8 %
25-29	210	3.9 %	984	7.2 %
30-39	778	14.7 %	2,649	19.5 %
40-49	1,187	22.5 %	2,329	17.2 %
50+	2,972	56.3 %	7,114	52.5 %
Transmission Risk				
MSM	0	0.0%	7,195	53.1 %
PWID	1,319	25.0 %	2,326	17.1 %
MSM/PWID	0	0.0%	771	5.6 %
Heterosexual	3,774	71.6 %	2,679	19.8 %
Pediatric	128	2.4 %	127	0.9 %
Other	0	0.0 %	10	0.0 %
No Reported Risk	47	0.8 %	420	3.1 %
Total N				
	5,270		13,528	
	FEMALE		MALE	

Notes *Cell sizes <6 are suppressed.

† Age as of December 31, 2019

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 11
By Gender Identity and Selected Characteristics | 2019

	GENDER IDENTITY							
	(M) Cisgender Men		(F) Cisgender Women		(MF) Transgender Women		(FM) Transgender Men	
	N	%	N	%	N	%	N	%
Total	13,171	100.0 %	5,232	100.0 %	369	100.0 %	19	100.0 %
Race/Ethnicity								
Black	7,942	60.2 %	3,786	72.3 %	270	73.1 %	14	73.6 %
Hispanic	2,122	16.1 %	796	15.2 %	53	14.3 %	*	*
White	2,641	20.0 %	488	9.3 %	28	7.5 %	*	*
Multi-race	290	2.2 %	113	2.1 %	10	2.7 %	0	0.0 %
Asian	149	1.1 %	36	0.6 %	*	*	0	0.0 %
Other/Unknown	27	0.2 %	13	0.2 %	*	*	0	0.0 %
Age Category†								
<13	7	<1.0 %	13	0.2 %	0	0.0 %	0	0.0 %
13-19	57	0.4 %	24	0.4 %	*	*	0	0.0 %
20-24	368	2.7 %	84	1.6 %	18	4.8 %	*	*
25-29	926	7.0 %	205	3.9 %	59	15.9 %	*	*
30-39	2,504	19.0 %	765	14.6 %	142	38.4 %	12	63.1 %
40-49	2,272	17.2 %	1,181	22.5 %	63	17.0 %	0	0.0 %
50+	7,037	53.4 %	2,960	56.5 %	86	23.3 %	*	*
Transmission Risk								
Sexual Contact	9,587	72.7 %	3,746	71.5 %	297	80.4 %	14	73.6 %
PWID	3,031	23.0 %	1,310	25.0 %	68	18.4 %	*	*
Pediatric	127	0.9 %	127	2.4 %	0	0.0 %	*	*
Other	10	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
No Reported Risk	416	3.1 %	47	0.8 %	*	*	0	0.0 %
Total N								
	13,171		5,232		369		19	
	Cisgender Men		Cisgender Women		Transgender Women		Transgender Men	

Notes *Cell sizes <6 are suppressed.
†Age as of December 31, 2019

Gender identity is often not recorded in medical records. Birth sex was used to determine gender identity where no additional information was present. Cisgender Men and Women are persons whose gender identify matches the sex they were assigned at birth. Transgender Women are persons who were assigned Male sex at birth, but who identify as Women. Transgender Men are persons who were assigned Female sex at birth, but who identify as Men. The prevalence of HIV among Transgender Men and Transgender Women, and those cases with additional gender identities is assumed to be higher. Individuals with additional gender identities were excluded from the table due to small cell sizes.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

TABLE 12
Prevalence by Sex and Race/Ethnicity | 2019

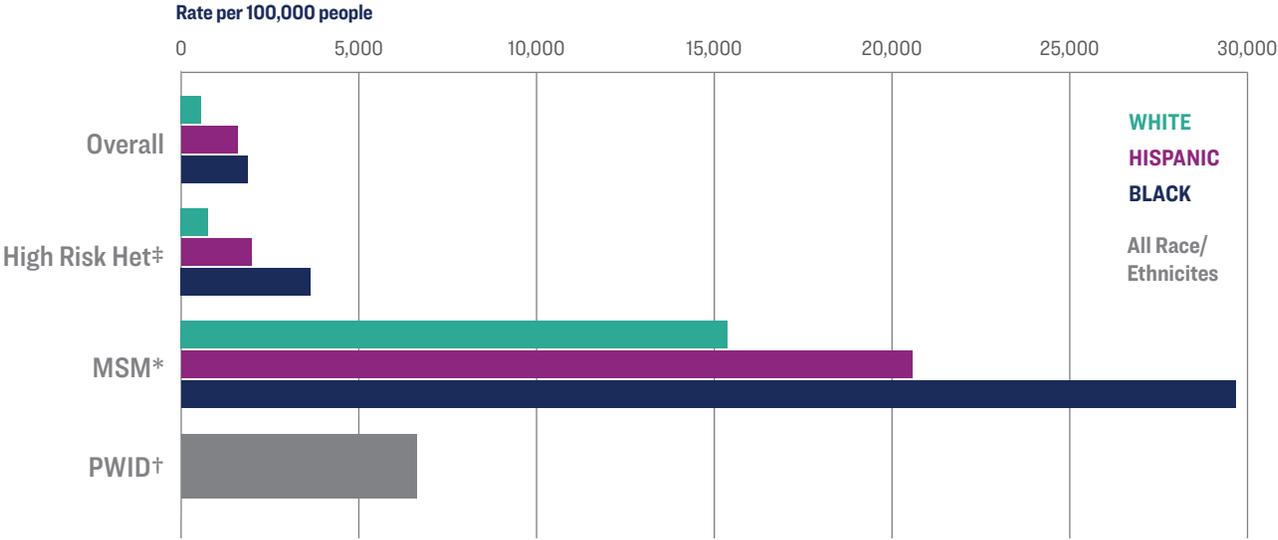
	POPULATION	PLWHA	RATE PER 100,000	
Sex				
Female	806,193	5,270	653.7	
Male	719,813	13,528	1,879.4	
Race/Ethnicity				
Black	644,287	12,017	1,865.2	
Hispanic	187,611	2,974	1,585.2	
White	562,585	3161	561.9	
Multi-racial	27,942	413	1,478.1	
Asian	95,521	190	198.9	
AIAN	3,498	34	972	
NHPI	457	*	*	
Other Race	4,105	*	*	
Sex and Race/Ethnicity				
Black Female	353,319	3,811	1,078.6	
Hispanic Female	94,484	802	848.8	
White Female	290,025	495	170.7	
Multi-racial Female	15,095	113	748.6	
Asian Female	49,137	36	73.3	
AIAN Female	1,882	9	478.2	
NHPI Female	237	*	*	
Other race Female	2,014	0	0	
Black Male	290,968	8,206	2,820.2	
Hispanic Male	93,127	2,172	2,332.3	
White Male	272,560	2,666	978.1	
Multi-racial Male	12,847	300	2,335.2	
Asian Male	46,384	154	332	
AIAN Male	1,616	25	1,547	
NHPI Male	220	*	*	
Other race Male	2,091	*	*	
Total	1,526,006	18,798	1,231.8	

Notes *Cell sizes <6 are suppressed. Rates and case counts in categories with <500 population are also suppressed. Rates were calculated using the 2010 decennial census data.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

FIGURE 6
Prevalence by Race/Ethnicity and Transmission Category | 2019



Note ‡The population of individuals 18 and older living below poverty level is used as a proxy for heterosexuals at increased risk for HIV infection.

*MSM total population based on estimated number of active MSM in the past 5 years.

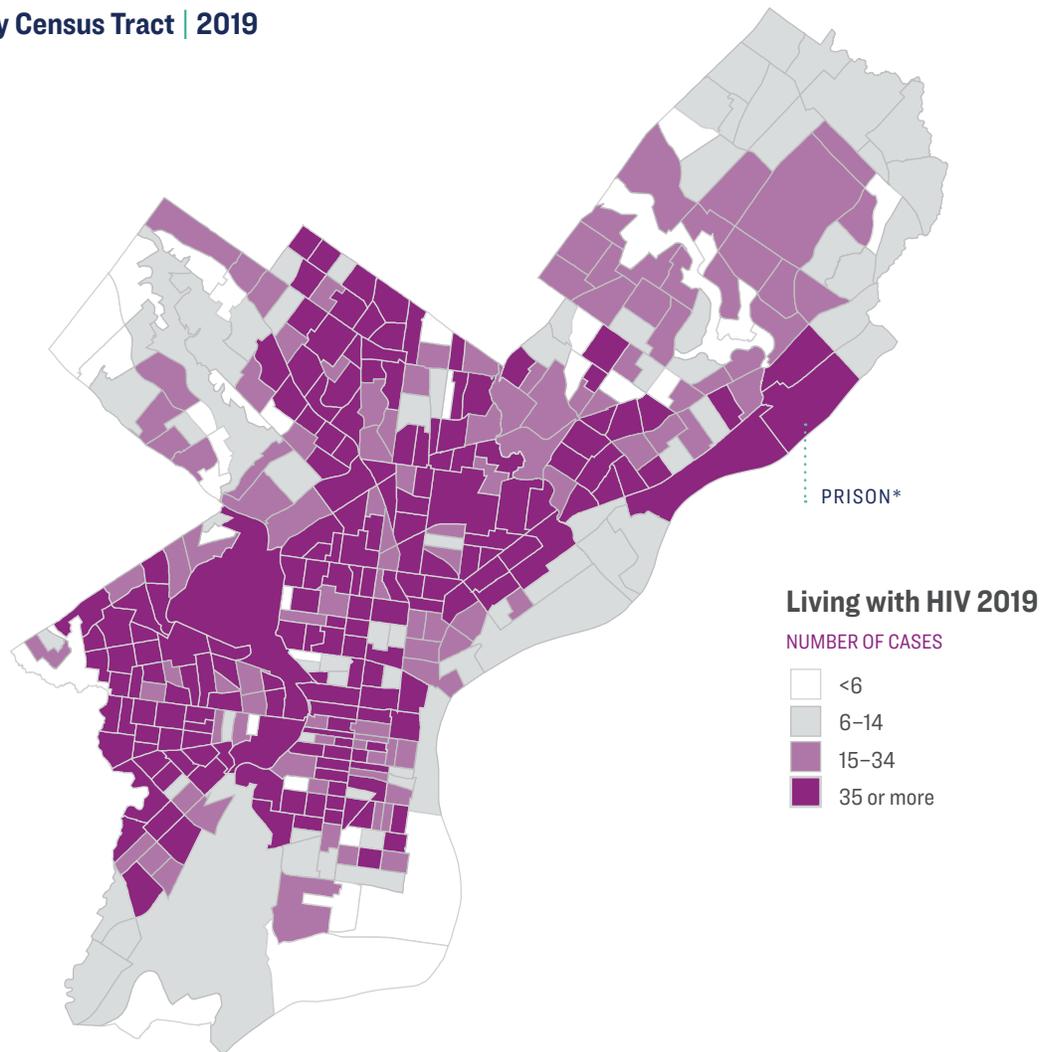
† There are currently no reliable estimates of PWID by race. The total PWID population is estimated to be 55,000 persons who have ever injected drugs. Methods based on Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of Persons Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE 9(5): e97596. A population estimation methodology is being used among PWID in Philadelphia participating in the National HIV Behavioral Surveillance survey, but were not available at the time of this report.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Persons Living with Diagnosed HIV

MAP 2

By Census Tract | 2019



Notes *The number of cases in this census tract is inflated due to the location of the prison system. Laboratory reports for incarcerated individuals frequently include the address of the prison facility as address at diagnosis rather than the inmate's home address. Interactive mapping data are available online at www.AIDSVu.org.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

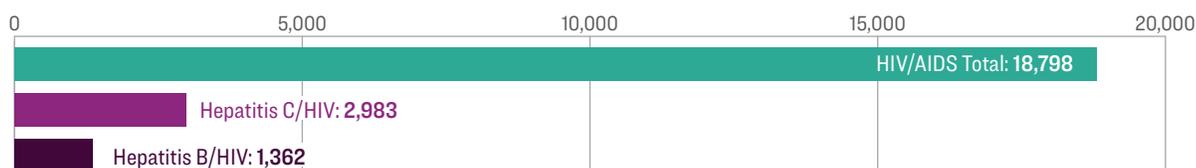
Persons Living with Diagnosed HIV

TABLE 13

By Hepatitis B or C Co-Infection and Selected Characteristics[‡] | 2019

	● Hepatitis B/HIV		● Hepatitis C/HIV		● HIV Total	
	N	Row %	N	Row %	N	Row %
Total	1,362	7.2%	2,983	15.9%	18,798	100.0%
Sex at Birth						
Female	354	6.7%	903	17.1%	5,270	100.0%
Male	1,008	7.5%	2,080	15.4%	13,528	100.0%
Race/Ethnicity						
Black	951	7.9%	1,647	13.7%	12,017	100.0%
Hispanic	168	5.7%	641	21.6%	2,974	100.0%
White	190	6.0%	592	18.7%	3,161	100.0%
Multi-race	31	7.5%	81	19.6%	413	100.0%
Asian	20	10.5%	19	10.0%	190	100.0%
Other/Unknown	*	*	*	*	43	100.0%
Age Category[†]						
<13	0	0.0%	*	*	20	100.0%
13-19	*	*	*	*	82	100.0%
20-24	10	2.1%	16	3.4%	473	100.0%
25-29	32	2.7%	73	6.1%	1,194	100.0%
30-39	142	4.1%	293	8.6%	3,427	100.0%
40-49	297	8.5%	489	13.9%	3,516	100.0%
50+	878	8.7%	2,110	20.9%	10,086	100.0%
Transmission Risk						
MSM	466	6.5%	494	6.9%	7,195	100.0%
PWID	373	10.2%	1,485	40.7%	3,645	100.0%
MSM/PWID	70	9.1%	249	32.2%	771	100.0%
Heterosexual	414	6.4%	706	10.9%	6,453	100.0%
Pediatric	10	3.9%	9	3.5%	255	100.0%
Other	0	0.0%	6	50.0%	12	100.0%
No Risk Reported	29	6.2%	35	7.5%	467	100.0%

TOTAL N



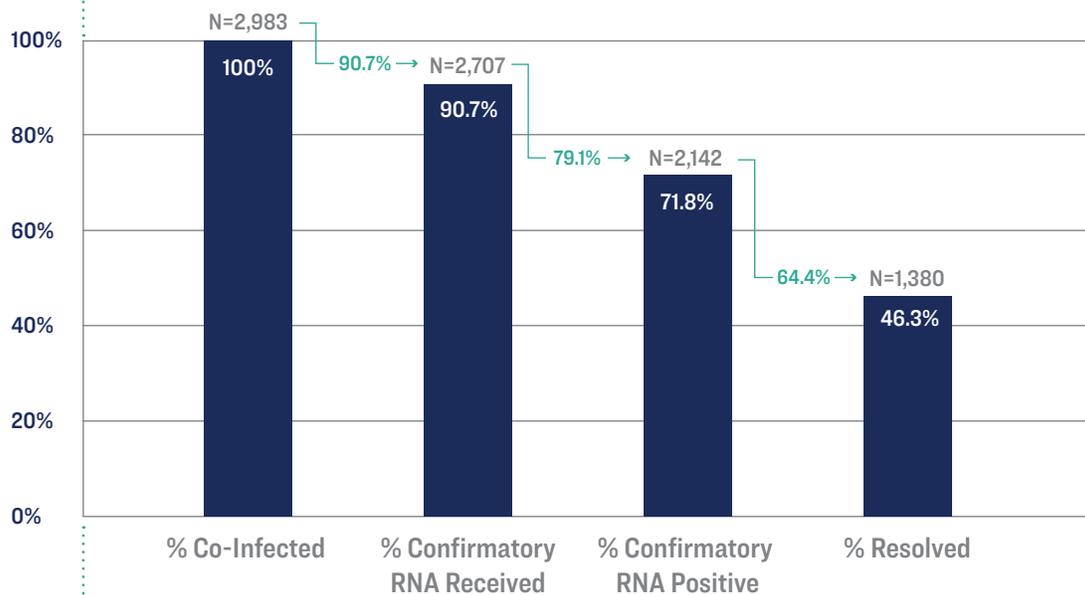
Notes *Cell sizes < 6 are suppressed. Decline in the proportion of previously reported Hepatitis C co-infection can be attributed to routine data cleaning activities.
[‡]Row, not column, percentages are presented here. [†]Age as of December 31, 2019

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program.

Persons Living with Diagnosed HIV

FIGURE 7

Hepatitis C Virus (HCV) Care Continuum among Persons Living with HIV | 2019

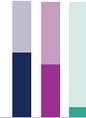


Note Resolved refers to the percentage of people with a negative HCV RNA result following a previously positive HCV RNA result.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program

PrEP Indications

TABLE 14
Estimates of Adults with Indications for HIV Pre-exposure Prophylaxis by Race/Ethnicity and Transmission Category, Philadelphia 2019¹

	NEGATIVE AT RISK			PrEP INDICATION			% NEGATIVE POPULATION		
	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual
Black	9,863	6,012	125,808	5,540	990	2,430	56.2%	16.5%	1.9%
Hispanic	3,464	3,753	48,250	1,580	350	530	45.6%	9.3%	1.1%
White	10,278	1,230	64,355	850	1,230	140	8.3%	9.6%	0.2%
									
TOTAL	26,354	23,217	260,909	8,290	2,570	3,100	31.4%	11.1%	1.2%

¹ Methods based on Smith, D.K., Handel, M.V., & Grey, J. (2018). Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States 2015. *Annals of Epidemiology*.

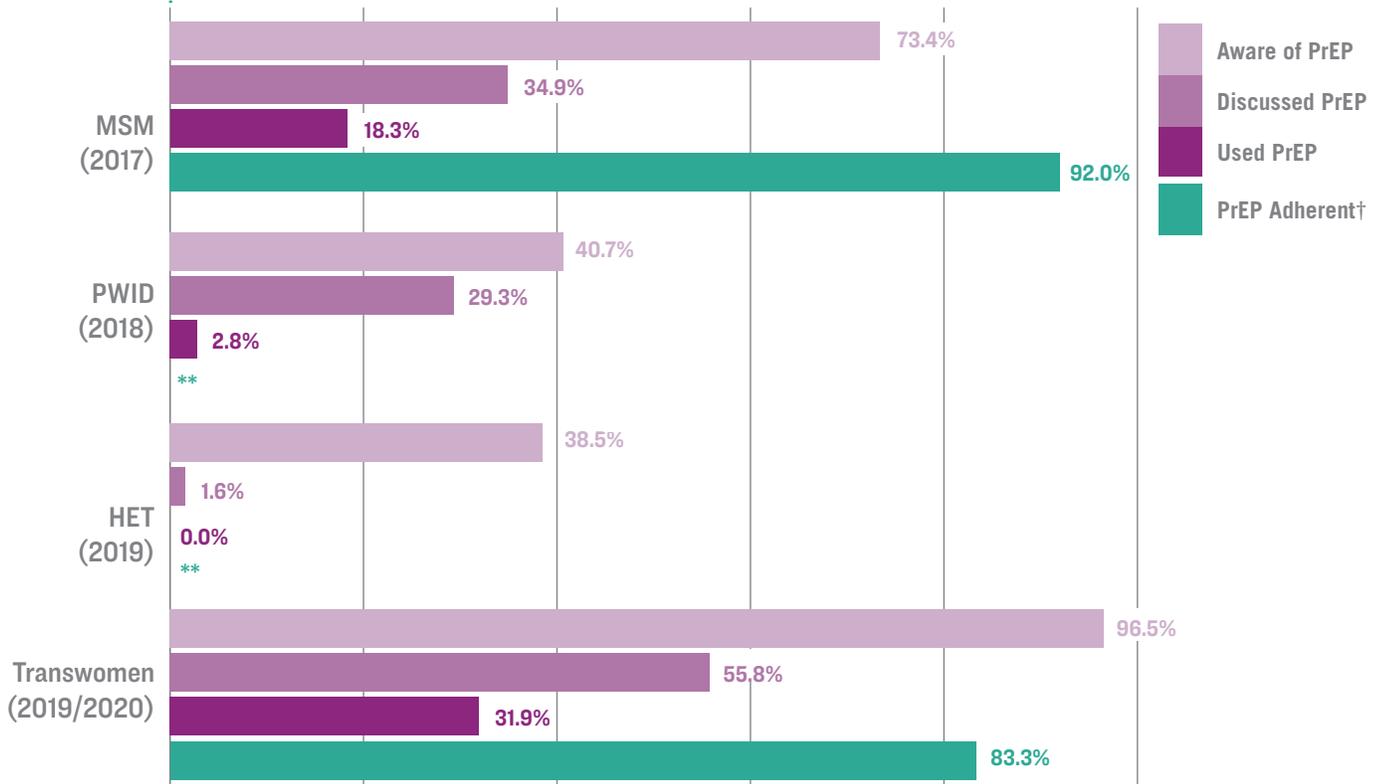
Notes: The population of individuals 18 and older living below poverty level is used as a proxy for heterosexuals at increased risk for HIV infection. MSM population estimate based on number of active MSM in the past 5 years. Racial/ethnic population composition for all active PWID is based on race/ethnicity data for individuals with a primary diagnosis of opioid use disorder who participated in any Medicaid funded outpatient services in Philadelphia in 2019. Racial/ethnic population estimates for HIV negative PWID are based on the proportion of PWID who were HIV negative by race/ethnicity in the National Behavioral Surveillance (NHBS) data for Philadelphia in 2018.

Source: Philadelphia Department of Public Health, AIDS Activities Coordinating Office



PrEP Continuum

FIGURE 8
Continuum of PrEP Awareness and Usage



Notes These numbers are presented as percentage, with the denominator being all HIV negative persons interviewed (with the exception of PrEP Adherent)

†Among those who reported PrEP use in the past year; Adherent is defined as taking PrEP every day or almost every day

**Numbers become too small to present stable population estimate

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office, National HIV Behavioral Health Surveillance Project (NHBS)

Perinatal Exposures

TABLE 15 By Selected Demographics | 2014–2018

Perinatal exposures represent instances where HIV transmission might have occurred from mother to child during pregnancy, labor and delivery (L&D), or breastfeeding. Incidence of HIV infection among perinatally exposed children in Philadelphia has remained low in the past five years due to local perinatal prevention efforts. Case definitions for infant HIV status are based on recommended clinical and/or laboratory diagnostic algorithms. HIV negative definitive, HIV negative presumptive, and HIV indeterminate are detailed classifications of perinatal exposures while confirmed HIV infection indicates a true pediatric mother-to-child transmission of HIV to an infant. For more information on HIV case definitions, please visit: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm>

Table 15 shows demographic characteristics for the mother and child while Table 16 shows clinical characteristics for the mother and child before, during, and after birth.

	YEAR OF EXPOSURE									
	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
Total	98	100.0 %	72	100.0 %	91	100.0 %	90	100.0 %	93	100.0 %
Child's Sex at Birth										
Female	72	29.2 %	68	32.0 %	71	28.6 %	52	29.0 %	46	25.4 %
Male	174	70.7 %	144	67.9 %	177	71.3 %	127	70.9 %	135	74.5 %
Mother's Age										
Unknown	*	*	*	*	*	*	*	*	*	*
13 - 19	*	*	*	*	*	*	*	*	*	*
20 - 24	20	20.4 %	13	18.0 %	17	18.6 %	13	14.4 %	11	11.8 %
25 - 34	52	53.0 %	43	59.7 %	44	48.3 %	52	57.7 %	55	59.1 %
35+	20	20.4 %	12	16.6 %	24	26.3 %	23	25.5 %	24	25.8 %
Mother's Race/Ethnicity										
Black	76	77.5 %	59	81.9 %	70	76.9 %	65	72.2 %	65	69.8 %
Hispanic	8	8.1 %	*	*	8	8.70%	14	15.5 %	7	7.5 %
White	8	8.1 %	*	*	8	8.7 %	*	*	16	17.2 %
Multi-race	*	*	0	0.0%	*	*	*	*	*	*
Asian	*	*	0	0.0%	*	*	*	*	0	0.0%
Other/Unknown	*	*	*	*	*	*	*	*	*	*
Mother's Transmission Risk										
PWID	9	9.1 %	12	16.6 %	8	8.7 %	12	13.3 %	12	12.9 %
Heterosexual	80	81.6 %	52	72.2 %	71	78.0 %	66	73.3 %	70	75.2 %
Pediatric	*	*	*	*	10	10.9 %	10	11.1 %	7	7.5 %
NRR/Unknown	*	*	*	*	*	*	*	*	*	*

Notes *Cell sizes <6 are suppressed.

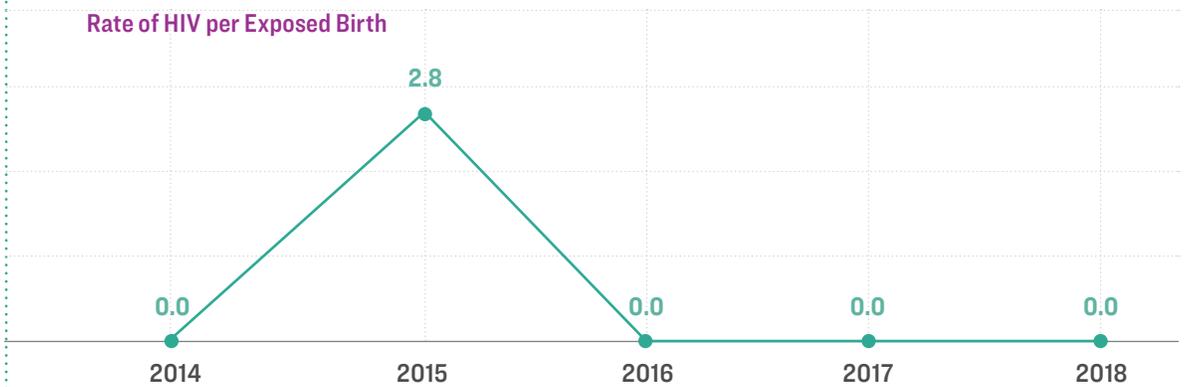
Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Perinatal Exposures

TABLE 16 By Selected Clinical Characteristics | 2014–2018

	YEAR OF EXPOSURE									
	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
Total	98	100.0 %	72	100.0 %	91	100.0 %	90	100.0 %	93	100.0 %
HIV negative- definitive	55	56.1%	36	50.0%	57	62.6%	67	74.4%	56	60.2%
HIV negative- presumptive	35	35.7%	24	33.3%	27	29.6%	22	24.4%	34	36.5%
HIV indeterminant	8	8.1%	10	13.8%	7	7.6%	1	1.1%	3	3.2%
Confirmed HIV	0	0.0%	2	2.7 %	0	0.0%	0	0.0%	0	0.0%
Maternal Viral Load										
>=1000	13	13.2 %	10	13.8 %	11	12.0 %	7	7.7 %	8	8.6 %
<1000	76	77.5 %	55	76.3 %	73	80.2 %	79	87.7 %	80	86.0 %
Unknown	9	9.1%	7	9.7%	7	7.6%	4	4.4%	5	5.3%
Maternal Prenatal Care										
No	23	23.4 %	21	29.1%	17	18.6 %	12	13.3 %	13	13.9 %
Yes	72	73.4 %	48	66.6%	73	80.2%	77	85.5%	78	83.8%
Unknown	3	3.0 %	3	4.1%	1	1.0%	1	1.1%	2	2.1%
ARV Use in Pregnancy										
No	18	18.3 %	20	27.7%	30	32.9%	35	38.8%	34	36.5%
Yes	44	44.8 %	30	41.6%	36	39.5%	31	34.4%	31	33.3%
Unknown	36	36.7%	22	30.5%	25	27.4%	24	26.6%	28	30.1%
Neonatal ARV										
Yes	91	92.8 %	66	91.6%	84	92.3%	87	96.6%	89	95.6%
Unknown	7	7.1%	6	8.3%	7	7.6%	3	3.3%	4	4.3%

Rate of HIV per Exposed Birth



Notes Rates calculated per 100 exposed births

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

HIV-Related Deaths

TABLE 17

HIV-Related Death by Year and Select Characteristics, Philadelphia | 2016-2018

It is important to monitor the proportion of deaths among PLWH for which HIV is the underlying cause of death. Delays in death ascertainment activities may contribute to a higher proportion of cases with unknown cause of death in more recent years.

	2016						2017						2018					
	No		Unknown		Yes		No		Unknown		Yes		No		Unknown		Yes	
	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %
Total	247	22.6 %	7	0.6 %	118	10.8 %	296	27.1 %	9	0.8 %	69	6.3 %	283	25.9 %	6	0.5 %	57	5.2 %
Sex at Birth																		
Female	77	25.6 %	*	*	33	11.0 %	81	27.0 %	*	*	24	8.0 %	65	21.6 %	*	*	15	5.0 %
Male	170	21.4 %	*	*	85	10.7 %	215	27.1 %	7	0.8 %	45	5.6 %	218	27.5 %	*	*	42	5.3 %
Race/Ethnicity																		
Black	160	23.7 %	*	*	69	10.2 %	183	27.1 %	8	1.1 %	44	6.5 %	167	24.7 %	*	*	36	5.3 %
Hispanic	40	25.9 %	0	0.0 %	20	12.9 %	40	25.9 %	*	*	9	5.8 %	33	21.4 %	*	*	9	5.8 %
White	37	16.8 %	*	*	25	11.3 %	61	27.7 %	0	0.0 %	14	6.3 %	71	32.2 %	0	0.0 %	10	4.5 %
Multi-race	10	25.6 %	*	*	*	*	9	23.0 %	0	0.0 %	*	*	11	28.2 %	0	0.0 %	*	*
Asian	0	0.0 %	0	0.0 %	0	0.0 %	*	*	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
Other/Unk	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %	*	*	0	0.0 %	0	0.0 %
Age at HIV Dx																		
Unknown	*	*	0	0.0 %	0	0.0 %	*	*	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
0-12	*	*	0	0.0 %	*	*	*	*	0	0.0 %	*	*	*	*	0	0.0 %	0	0.0 %
13-19	*	*	0	0.0 %	*	*	6	35.2 %	0	0.0 %	*	*	*	*	0	0.0 %	*	*
20-24	16	20.0 %	0	0.0 %	12	15.0 %	19	23.7 %	0	0.0 %	7	8.7 %	21	26.2 %	*	*	*	*
25-29	26	20.6 %	*	*	21	16.6 %	26	20.6 %	*	*	12	9.5 %	27	21.4 %	0	0.0 %	10	7.9 %
30-39	77	23.6 %	*	*	29	8.9 %	81	24.9 %	*	*	18	5.5 %	97	29.8 %	*	*	17	5.2 %
40-49	71	24.1 %	*	*	34	11.5 %	83	28.2 %	*	*	16	5.4 %	65	22.1 %	*	*	18	6.1 %
50+	51	21.6 %	*	*	17	7.2 %	77	32.6 %	0	0.0 %	12	5.0 %	68	28.8 %	*	*	7	2.9 %
Transmission Risk																		
MSM	53	20.7 %	*	*	29	11.3 %	69	27.0 %	*	*	18	7.0 %	57	22.3 %	*	*	22	8.6 %
PWID	89	24.9 %	*	*	30	8.4 %	95	26.6 %	*	*	15	4.2 %	106	29.6 %	*	*	14	3.9 %
MSM/PWID	17	26.1 %	0	0.0 %	8	12.3 %	15	23.0 %	0	0.0 %	5	7.6 %	20	30.7 %	0	0.0 %	0	0.0 %
Heterosexual	84	22.4 %	*	*	45	12.0 %	106	28.2 %	*	*	28	7.4 %	86	22.9 %	*	*	19	5.0 %
Pediatric	*	*	0	0.0 %	*	*	*	*	0	0.0 %	*	*	*	*	0	0.0 %	0	0.0 %
Other	0	0.0 %	0	0.0 %	0	0.0 %	*	*	0	0.0 %	0	0.0 %	*	*	0	0.0 %	0	0.0 %
No Reported Risk	*	*	0	0.0 %	*	*	9	32.1 %	0	0.0 %	*	*	11	39.2 %	0	0.0 %	*	*

Notes *Cell sizes <6 are suppressed.

2019 HIV related death rates not shown due to delays in reporting causes of death.

Row percentages are based on the total number of deaths in a calendar year among people living with HIV.

Source Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Reporting Information

Who Must Report?

All HIV Testing Providers, Health Care Providers & Laboratories

What Test Results Must Be Reported?

- **All results**, including: Positive, Negative & Indeterminate will be reported to the PDPH including if the patient is determined to have either:
 - a confirmed HIV infection
 - a probable or possible HIV infection (including cases where additional testing is needed to confirm the diagnosis)
- **Preliminary Positive Results** — including instances where no supplemental/confirmatory testing was performed or when supplemental/confirmatory testing was negative
- **Negative and indeterminate Results** — including test results for HIV infection within 180 days of (before, after, or on the same date as) the HIV diagnosis. The negative/indeterminate test results are needed to recognize infections as early or acute when transmission to others is more likely and intervention is more urgent.
- **Results of all CD4 counts and HIV viral loads** including undetectable results
- **HIV genotype sequence data** (FASTA or FASTQ format)

What Cases Need to be Reported?

- All individuals who are Philadelphia residents AND
- All individuals who are tested in Philadelphia or receive care at a Philadelphia based facility or provider.
- Pregnancy in an HIV-infected woman
- New HIV-positive result in a pregnant woman
- Birth of an infant to an HIV-infected woman

When Do I Need to Report?

The following tests results or events need to be reported by telephone to the PDPH within 1 business day of the result or the confirmation of the event:

1. Confirmed or suspected acute HIV infection (Call 215-685-4781 to report a case)
2. Pregnancy in an HIV-infected pregnant woman (Call 215-685-4786 to report a case)
3. New HIV-positive result in a pregnant woman (Call 215-685-4786 to report a case)
4. Birth of an infant to an HIV-infected woman (Call 215-685-4786 to report a case)

All other test results and HIV case reports must be reported to the PDPH within 5 business days of the receipt.

How Do I Submit a Report?

Drop off or mail the completed HIV Case Report Forms to the Philadelphia Health Department. To drop off the forms, put them in a sealed envelope and bring them to:

PDPH HIV Surveillance Unit
1101 Market Street, 8th floor, behind elevator C.

Call to drop off forms or for reporting questions:
Melissa Miller (215-685-4781)

Do not leave forms with the receptionist.

If you would like to mail the forms please use these steps:

1. Place the forms in a sealed envelope that states:
Confidential, to be opened by addressee only
2. Place the first envelope into another sealed envelope addressed to:
Philadelphia Health Department
Attention: Melissa Miller
P.O. Box 58909
Philadelphia, PA 19102-8909

Definitions

AACO (AIDS Activities Coordinating Office): The office within the Philadelphia Department of Public Health responsible for administering the City's HIV Programs.

Acute HIV Infection: Acute HIV infection typically describes the interval between the first possible detection of virus by virologic assay and development of a mature antibody response. Signs and symptoms of acute HIV infection can include fever, headache, sore throat, adenopathy, anorexia, and rash and often develop about 2 weeks after the start of the infection.

AIDS (Acquired Immune Deficiency Syndrome): A result of Human Immunodeficiency Virus (HIV) infection, which disables the immune system from effectively fighting numerous opportunistic infections and cancers.

AIAN (American Indian/Alaska Native): A racial/ethnic group.

CDC (Centers for Disease Control and Prevention): A federal disease prevention agency, which is part of the U.S. Department of Health and Human Services that provides national laboratory and health and safety guidelines and recommendations; tracks diseases throughout the world; and performs basic research involving laboratory, behavioral science, epidemiology and other studies of disease.

Confidentiality: Keeping medical information confidential or private.

Diagnosis: Determination of the nature of a case of a disease based on signs, symptoms, and laboratory findings during life. A diagnosis of AIDS for an adult is being HIV antibody-positive in addition to having one opportunistic infection, condition, or disease (e.g. wasting syndrome, PCP, Kaposi's sarcoma, CD4 T-lymphocyte count below 200 or 14%).

Epidemiology: The branch of medical science that deals with the study of incidence, distribution and control of a disease in a population.

Gender Identity: One's innermost concept of self as male or female or both or neither—how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different than the sex assigned at birth.

HBV Co-Infection: Hepatitis B Virus Co-infection. Refers to a person living with HIV who has current or past HBV infection evidenced by a positive HBV surface antigen, HBV DNA or HBV e-antigen.

HCV Co-Infection: Hepatitis C Virus Co-Infection. Refers to a person living with HIV who has current or past HCV infection evidenced by a positive HCV antibody, HCV RNA, or HCV genotype test.

Heterosexuals at Increased Risk for HIV Infection: As defined by National HIV Behavioral Surveillance, the population of individuals 18 and older living below poverty level.

HIV (Human Immunodeficiency Virus): The retrovirus that causes AIDS by infecting the T-helper cells.

Incidence: The number or rate of new cases of a disease over defined period of time.

MSM (Men who have sex with men): An HIV transmission category.

MSM/PWID (Men who have sex with men who are also people who inject drugs): An HIV transmission category.

NHPI (Native Hawaiian/ Pacific Islander): A racial/ethnic group.

NRR (No Reported Risk): Indicates when documentation is insufficient to assign an HIV transmission category based on CDC guidelines.

Outbreak: An increase in diagnoses above what is normally expected in a geographic area or population during a particular period

Perinatal Transmission of HIV: Term used to describe the spread of HIV from a mother to her baby that can occur during pregnancy, labor, delivery or breastfeeding; also known as vertical transmission.

PLWDH: People living with diagnosed HIV.

PLWH: People living with HIV, both diagnosed and undiagnosed.

PrEP: Pre-exposure prophylaxis. Antiretroviral medication taken daily by individuals at increased risk for HIV infection to lower their chances of getting infected.

Prevalence: Total number of cases of a disease in a population over a period of time.

PWID (Person/People Who Inject Drugs): An HIV transmission category.

Risk Behavior: Used here to describe behaviors that put people at risk of contracting HIV.

Sexual Orientation: The sexual attraction people feel for others, whether of their own sex, the opposite sex, or both sexes.

Transmission Category: A system that classifies cases by possible HIV transmission risk factors or mode(s) of infection; e.g. PWID, MSM/PWID, perinatal transmission, heterosexual contact.

TO OUR READERS:

The AACO Surveillance Unit of the Philadelphia Department of Public Health, which conducts HIV surveillance for the City of Philadelphia, produces this report. The data in this report reflects cases diagnosed through December 2019 and reported through June 2020.

HIV surveillance is the ongoing and systematic collection, analysis, and dissemination of population-based information on HIV. There are two basic types of surveillance; active and passive. Passive surveillance is submission of HIV case reports from physicians, laboratories, and other individuals or institutions without having to regularly contact the reporting sources. Active surveillance employs strategies intended to identify unreported cases, and depends on secondary information sources for leads e.g., hospitals, clinics, physician offices, laboratories. Review of medical charts at provider sites or via telephone with facility staff are completed to establish cases of HIV infection and to obtain information critical to completing HIV case reports.

The HIV case count in Philadelphia results from a combination of active and passive surveillance. Physicians began reporting AIDS cases to the Department of Health in 1983. Name-based HIV reporting began in October, 2005.

New HIV reporting regulations were approved by the City of Philadelphia's Board of Health in November 2016 and went into effect in January of 2017.

Any questions about this report and/or requests for data can be directed to:

Melissa Miller, MPH AACOEPI@PHILA.GOV

Please allow at least 10 business days for all data requests.

