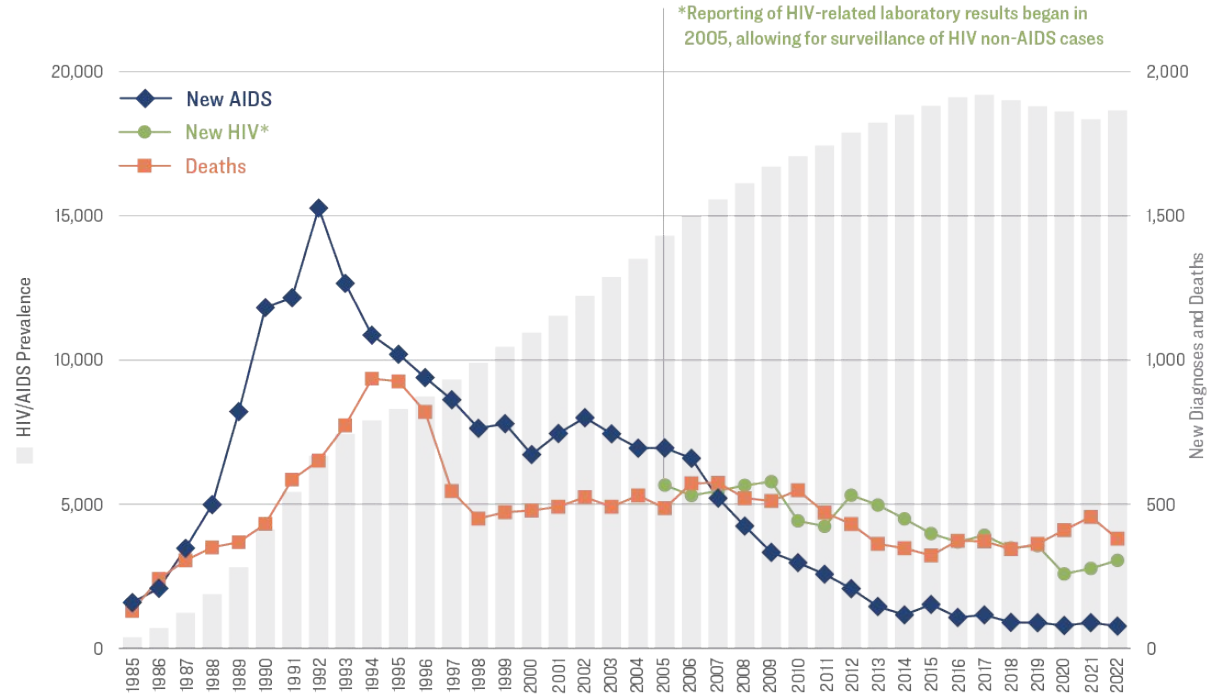




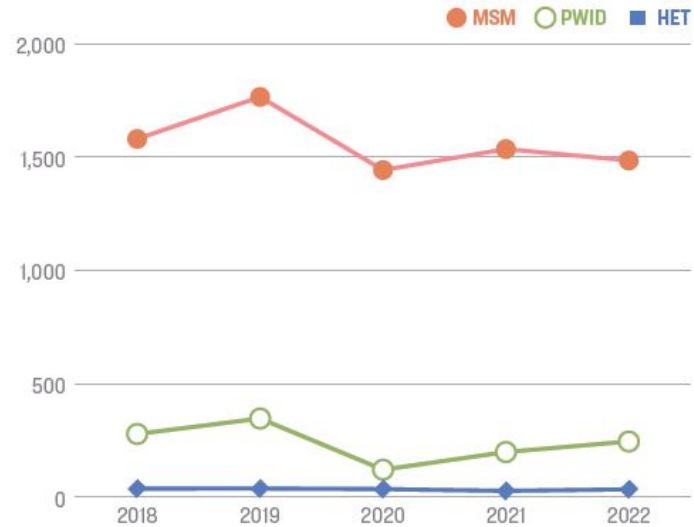
Review of Epi Update from 4/2024 by DHH

Newly Diagnosed HIV, AIDS (regardless of HIV Status), and Deaths – Philadelphia, 1985 - 2022



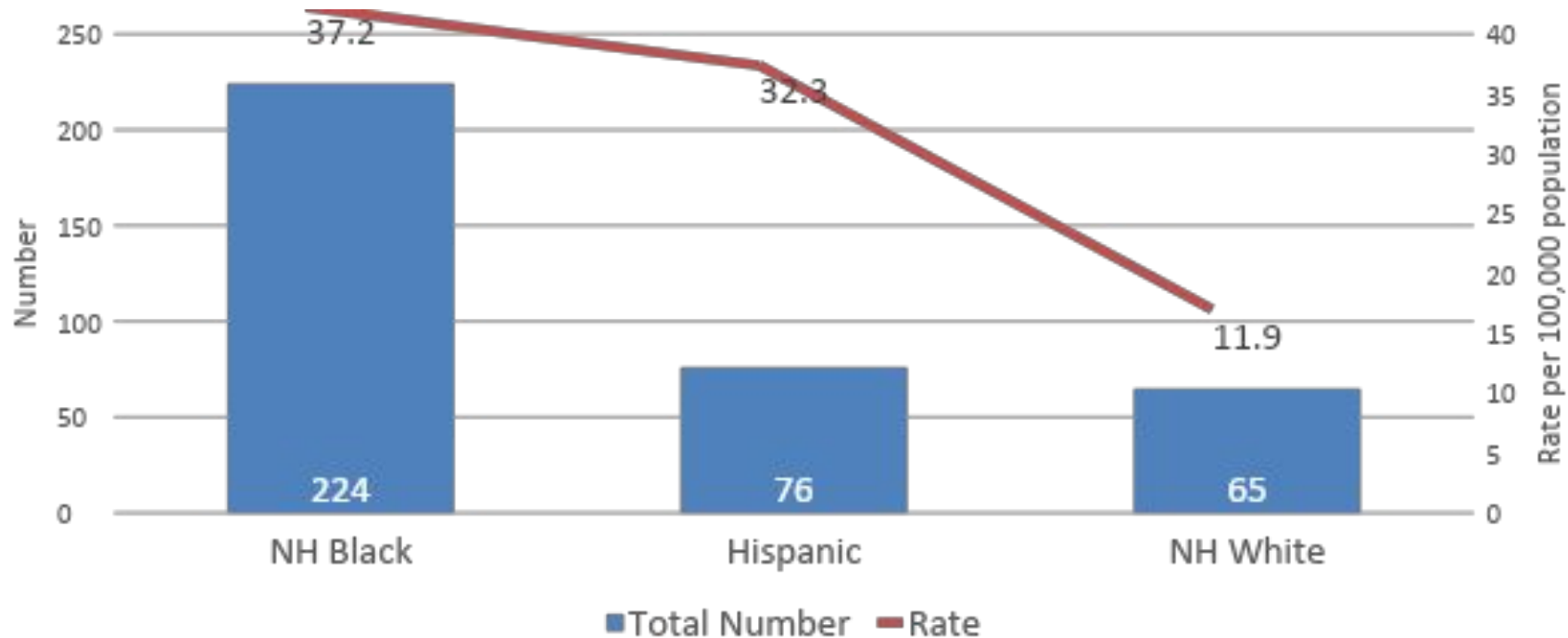
Newly Diagnosed HIV – Philadelphia, 2022

- 382 newly diagnosed cases
 - 58.6% were NH Black, 19.9% Hispanic/Latinx, 17.0% NH White
- Largest proportion of new cases among:
 - Assigned male sex at birth (75.4%)
 - 30-39 (35.3%)
 - MSM (51.0%)
- The proportion of individuals concurrently diagnosed with HIV/AIDS in 2022 was 18.6%, compared to 19.7% in 2021

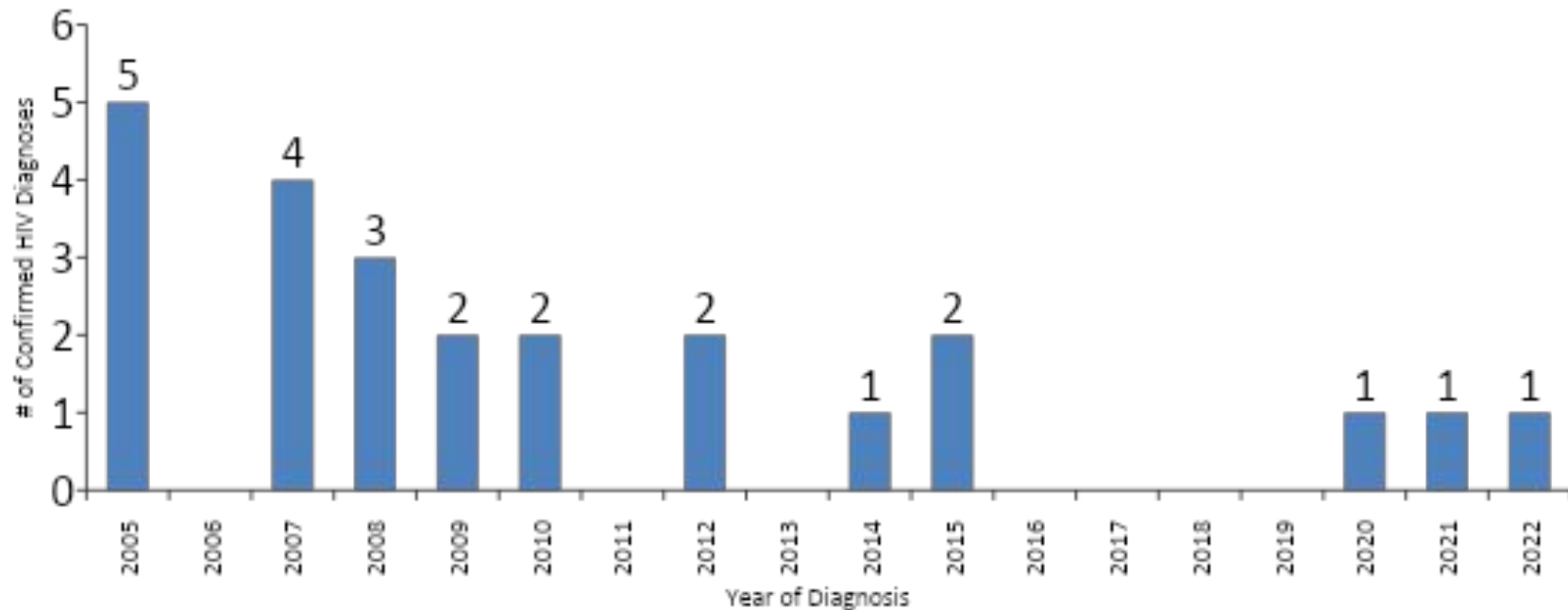


Rates were highest among MSM (1,484.4 per 100,000), followed by PWID (245.2), and at-risk heterosexuals (34.3)

New Diagnosed HIV by Race/Ethnicity – Phila, 2022



Philadelphia Perinatal HIV Transmissions, 2005-2022






Newly Diagnosed HIV in the EMA - 2021

- 653 new HIV diagnoses across the EMA in 2021
 - Over half of these (56%) occurred in Philadelphia
- 21% were considered late HIV diagnoses (AIDS diagnosis within 3 months of an initial HIV diagnosis)
 - Of persons newly diagnosed with HIV
 - 1 in 5 (21%) were concurrent in NJ counties
 - 1 in 5 (20%) in Philadelphia
 - 1 in 4 (25%) in PA counties
- Highest proportion of late diagnoses among those whose sex at birth was male, NH Black individuals, those aged ≥ 30 , and MSM.

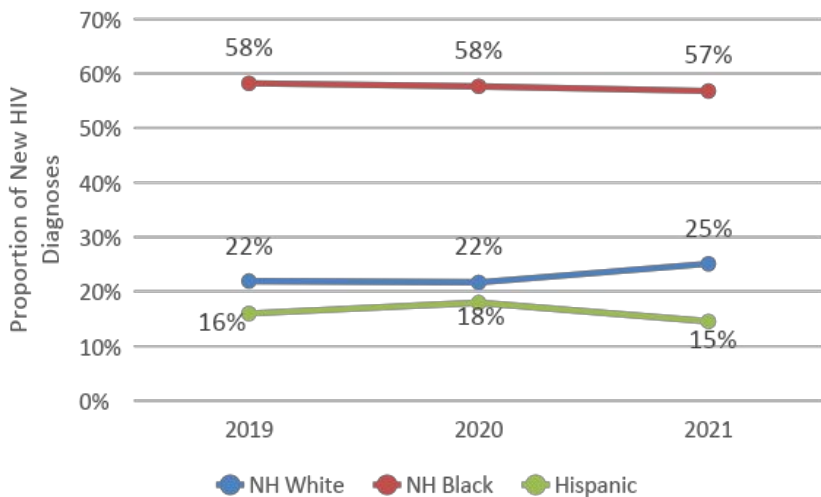


Questions for you to consider

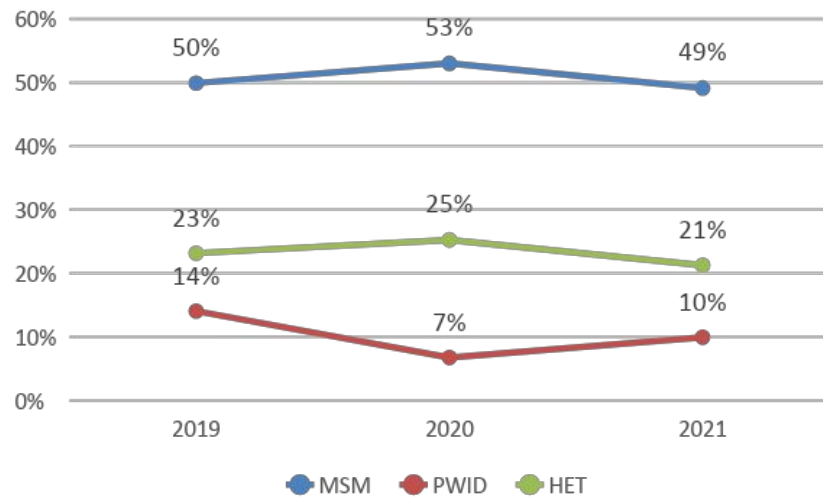
- What efforts are being done or that you would suggest to combat late HIV diagnosis? Specifically in the PA counties?
 - What things could mitigate NH Black individuals aged ≥ 30 and MSM from highest proportion of late diagnoses?
 - What other things stood out in the previous slides you have questions about for DHH?
- 

Newly Diagnosed HIV in the EMA - 2021

Trends in New Diagnoses by Race/Ethnicity, EMA 2019 - 2021



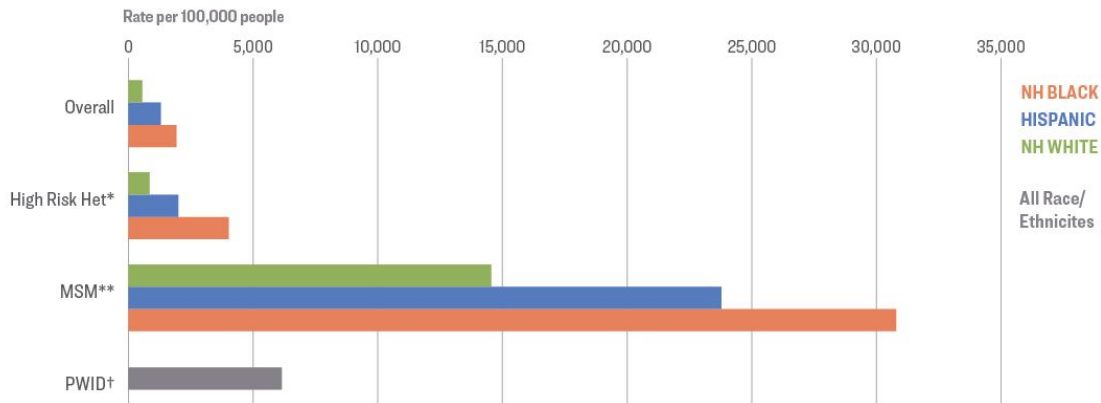
Trends in New Diagnoses by Transmission, EMA 2019 - 2021



Note: 2021 is the most recently published data for Newly Diagnosed HIV in the EMA

PWDH in Philadelphia, 2022

- 18,658 PWDH living in Philadelphia
 - Overall prevalence rate of 1,163.4 per 100,000
- Largest proportion among those assigned male sex at birth (72.3%), those aged 50+ (56.2%), and MSM (39.8%)
- 63.2% NH Black, 16.5% Hispanic/Latinx, 16.3% NH White



HIV prevalence rates are highest for NH Black MSM (30,785 per 100,000), followed by Hispanic/Latinx MSM (23,778).




Hepatitis Coinfection in Philadelphia, 2022

- 13.8% (2,583) PWDH coinfecting with Hepatitis C
 - HCV coinfection highest among PWID (36.8%), and those aged 50+ (17.5%).
- 4.5% (848) PWDH coinfecting with Hepatitis B
 - HBV coinfection higher among those assigned male sex at birth (4.8%) and PWID (6.7%) or PWID/MSM (4.9%).





Questions for you to consider

- The increase in PWID was prior to the new administration's policies, do you think those numbers will increase or decrease and if so throughout the EMA or within certain areas or regions?
 - Slight decreases in newly diagnosed in MSM and HET populations post covid are those numbers still holding true? If so, what is working?
 - Did the hepatitis co-infection numbers go up or down in comparison to previous years?
 - How is the co-infection rates impacting care (access to care, viral suppression, etc)?
- 



NHBS Cycle Among Transgender Women - Phila

- Pilot cycle began in 2019 and was completed in February 2020
 - 220 qualitative interviews completed
 - Ages ranged from 18 to 6; average age was 35
 - 64% NH Black, 18% Hispanic/Latinx, 10% NH White
 - 47.3% self-reported HIV+
- Factors that may be related to HIV transmission include:
 - Unstable Housing (31%)
 - Living below the FPL (62%)
 - Discrimination (36%)
 - Abuse (40% verbal; 19% physical)

Addressing the root cause of transmission and barriers to treatment adherence is imperative to prevent new infections.



PWDH in the EMA, 2021

- There were 27,421 PWDH across the EMA
 - Philadelphia County (67.5%)
 - Delaware County (7.8%)
 - Camden County (6.6%)
 - Bucks County (4.8%)
 - Montgomery County (4.7%)
- Largest proportion among those assigned male sex at birth (70.6%), those aged 50+ (56.9%), and MSM (39.3%)
- 57.4% NH Black, 16.3% Hispanic/Latinx, 21.6% NH White

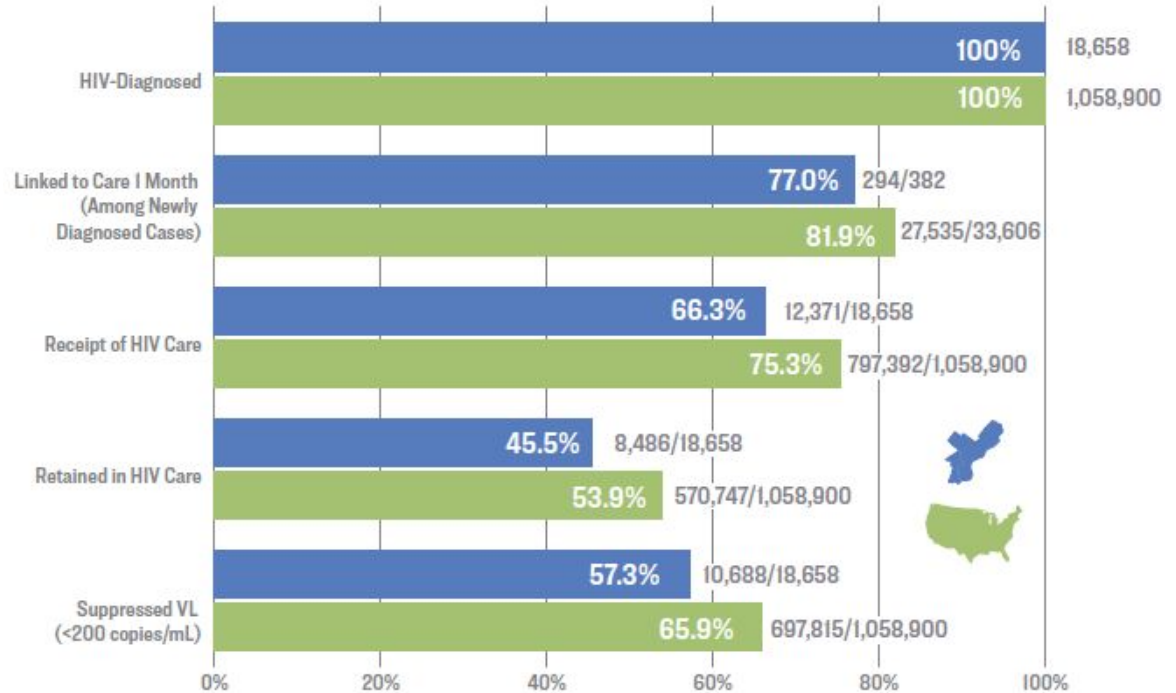




HIV Care Continuum

HIV Care Continuum, Phila 2022

- Linkage
81.4% (2021) ➔ 77.0%
- Receipt of Care
64.2% (2021) ➔ 66.3%
- Retention
43.7% (2021) ➔ 45.5%
- Viral Suppression
55.7% (2021) ➔ 57.3%

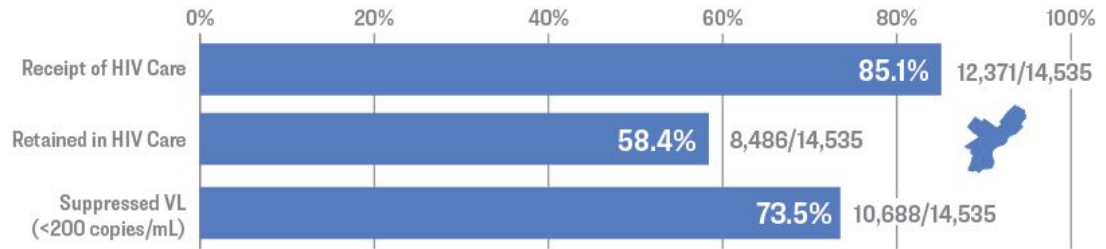


Note: National data presented reflects 2021.

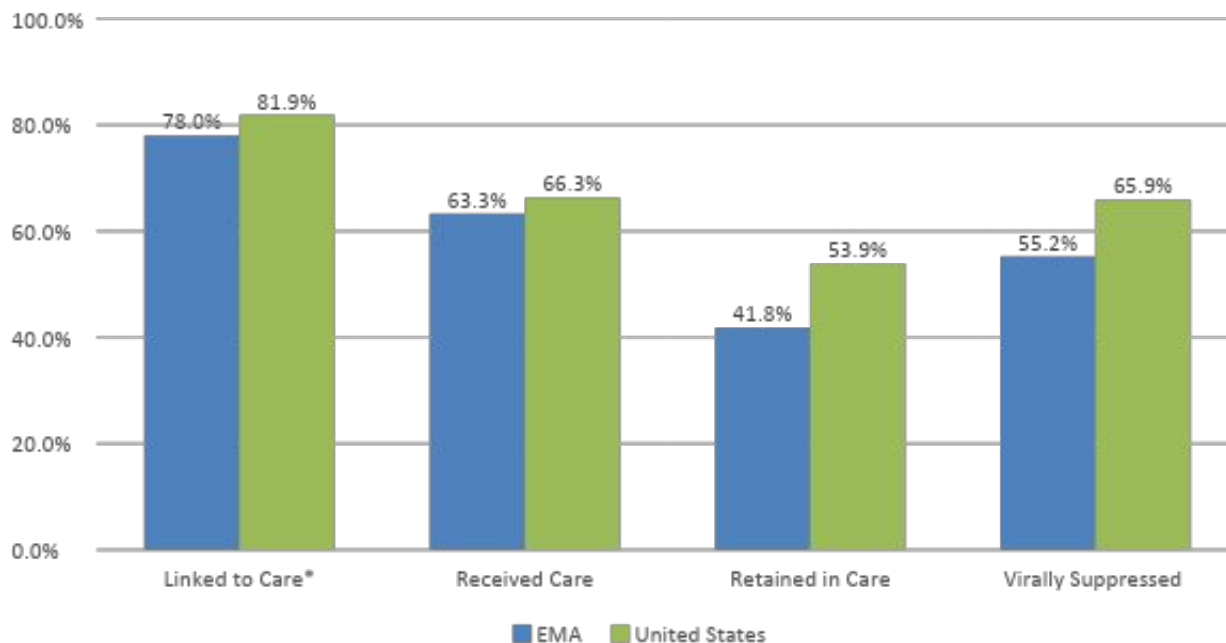
Modified HIV Care Continuum, Phila 2022

Among PWDH with evidence of care in the past 5 years (recent care):

- Receipt of Care
80.8% (2021) → 85.1%
- Retention
55.0% (2021) → 58.4%
- Viral Suppression
70.1% (2021) → 73.5%



Philadelphia EMA HIV Care Continuum, 2021




*Among Newly Diagnosed Cases; All other continuum measures are based on PWDH

Note: 2021 is the most recently published data for Newly Diagnosed HIV in the EMA

Source: PDPH/DHH 2023









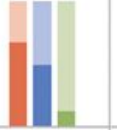


Questions for you to consider

- NHBS Cycle Transgender women: the factors identified that may be related to HIV transmission how do you think they are similar or different from other populations?
 - In the EMA data what would you like more info on?
 - Has any of the data thus far helped you identify a priority population, service, factor, barrier to consider/ address for treatment as prevention?
- 



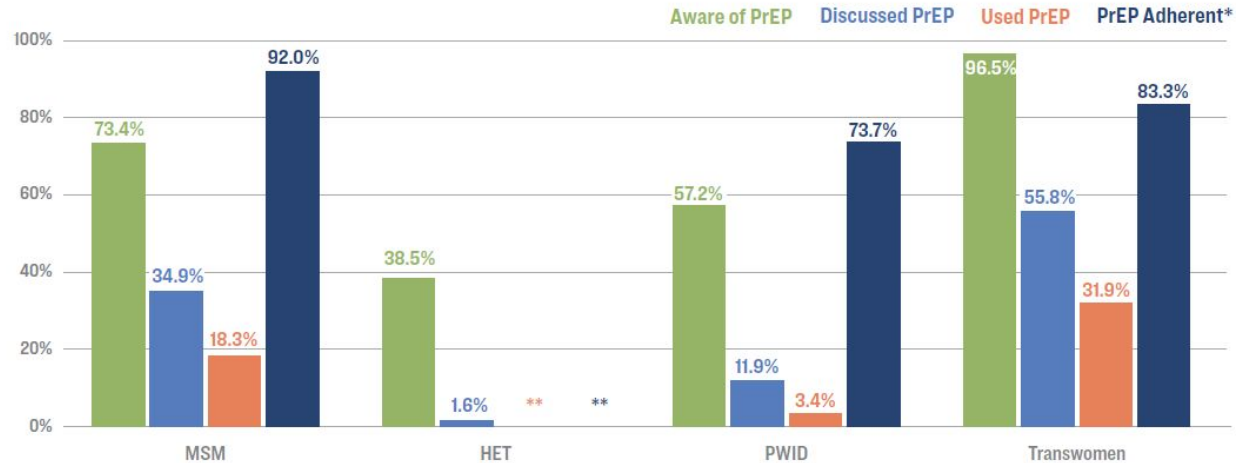
PrEP

PrEP Indication by Transmission Category and Race/Ethnicity, Phila 2022

	Negative At Risk			PrEP Indication			% Negative At Risk Population with a PrEP Indication		
	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual
NH Black	4,777	7,574	108,703	3,180	390	1,510	66.6%	5.1%	1.4%
Hispanic	2,104	4,370	47,727	1,020	310	340	48.5%	7.1%	0.7%
NH White	5,475	10,753	54,652	620	830	130	11.3%	7.7%	0.2%
									
TOTAL**	12,897	23,300	230,106	5,080	1,610	2,060	39.4%	6.9%	0.9%

PrEP Continuum

- PrEP awareness, discussions about PrEP, and PrEP usage were highest among transwomen, while PrEP adherence was highest among MSM.
- At-risk heterosexuals & PWID reported the lowest levels of awareness, discussions about, and usage of PrEP.
- **Less than half of all MSM, PWID, & heterosexuals discussed PrEP with their provider in the last year.**





Questions for you to consider

- What contributes to the difference in PrEP awareness and PrEP adherence?
How can fidelity increase across all PrEP indicated populations?
 - What additional information would be helpful to you when discussing primary prevention or secondary prevention modalities?
- 