

## WASHINGTON, DISTRICT OF COLUMBIA – 2007 Profile

### HIV/AIDS Epidemic

HIV/AIDS has claimed the lives of over 500,000 Americans. Today, about one million Americans are living with HIV, the virus that causes AIDS, and one quarter of those infected are unaware of their infection.

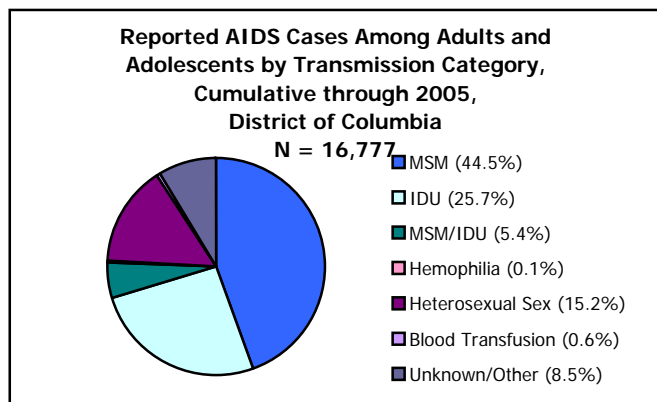


Figure 1: Source: CDC, HIV/AIDS Surveillance System

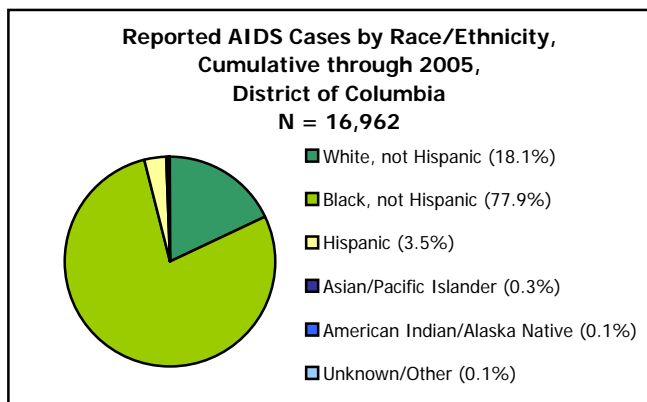


Figure 2: Source: CDC, HIV/AIDS Surveillance System

District of Columbia reported 16,962 AIDS cases to CDC, cumulatively from the beginning of the epidemic through December 2005. For more, visit:

[http://www.doh.dc.gov/doh/cwp/view,a,3,q,573205,dohNav\\_GID,1802,dohNav,%7C33200%7C34259%7C,.asp](http://www.doh.dc.gov/doh/cwp/view,a,3,q,573205,dohNav_GID,1802,dohNav,%7C33200%7C34259%7C,.asp)

### Tuberculosis (TB)

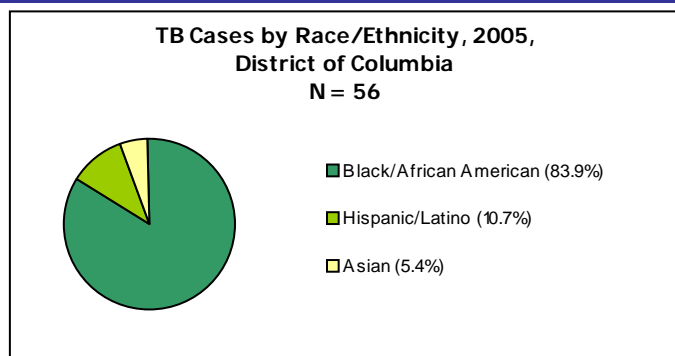


Figure 3: Source: CDC, National TB Surveillance System

Although the overall rate of TB in the U.S. has declined substantially since 1992, the rate of decrease among foreign-born persons has been much smaller than that for U.S.-born persons.

In 2005, the District of Columbia reported:

- A TB rate of 10.2 per 100,000 persons.
- 39.3% of TB cases occurred in foreign-born persons.

For more, visit:

<http://doh.dc.gov/doh/cwp/view,a,1374,q,580737.asp>

### Viral Hepatitis

#### Hepatitis A, B, and C Virus (HAV, HBV, HCV)

Safe and effective vaccines against HBV and HAV have led to dramatic declines in acute disease; for each, estimated incidence in 2005 was the lowest ever recorded. But there is no vaccine for HCV, and chronic HBV and HCV account for over 50% of new cases of chronic liver disease, a leading cause of death.

In District of Columbia, between 2000 and 2005:

- Reports of acute hepatitis A decreased by 84%.
- Reports of acute hepatitis B decreased by 61%.
- Chronic hepatitis C infection reporting to CDC was initiated to improve surveillance.

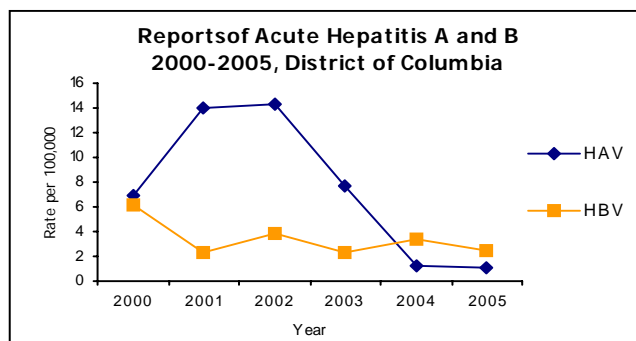


Figure 4: Source: CDC, National Notifiable Disease Surveillance System

## Sexually Transmitted Diseases (STDs)

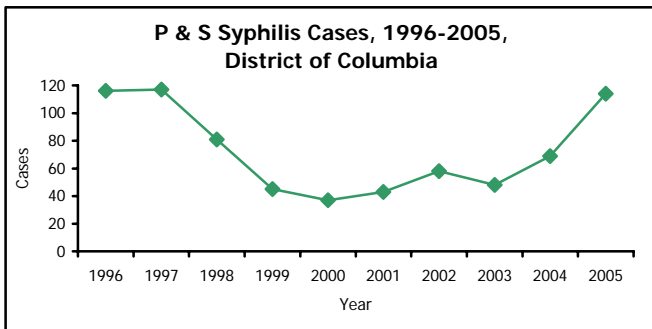


Figure 5: Source: CDC, STD Surveillance System

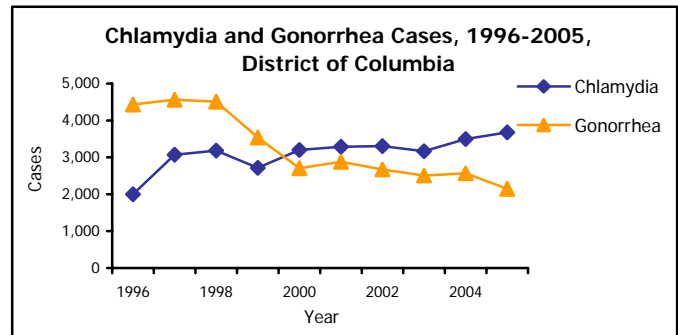


Figure 6: Source: CDC, STD Surveillance System

**Syphilis** - Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas.

- District of Columbia had 20.6 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases decreased from 14 in 1996 to 0 in 2005.

**Chlamydia and Gonorrhea** - Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease, which can cause tubal infertility, ectopic pregnancy, and chronic pelvic pain. In 2005, the District of Columbia:

- Reported a chlamydial infection rate of 664.5 per 100,000 persons and a gonorrheal infection rate of 387.7 per 100,000 persons.
- Reported rates of chlamydia among women (1019.9 cases per 100,000) that were 3.9 times greater than men (260.2 cases per 100,000).

For more, visit: [http://doh.dc.gov/doh/cwp/view,a,1373,q,582949,dohNav\\_GID,1801,dohNav,%7C33183%7C33189%7C.asp](http://doh.dc.gov/doh/cwp/view,a,1373,q,582949,dohNav_GID,1801,dohNav,%7C33183%7C33189%7C.asp)

## Program Initiatives Supported by CDC

**HIV/AIDS** - CDC utilizes a comprehensive approach to HIV prevention that includes surveillance, research, interventions, capacity building, and evaluation. CDC supports 65 state, territorial and local health departments and over 100 community-based organizations to conduct HIV prevention programs. Programs are designed to meet the cultural needs, expectations, and values of the populations they serve, and CDC involves affected communities in the HIV prevention community planning process to ensure that funding goes to those who need it most.

**STDs** - CDC supports 65 state, territorial, and local health departments to conduct STD prevention programs through Comprehensive STD Prevention System grants. These grants support a community-wide, science-based, interdisciplinary approach to STD prevention that includes behavioral interventions, medical and laboratory services, disease surveillance, outbreak response, professional development, and STD awareness and education campaigns. CDC also assigns staff to state and local health departments.

**TB** - Through cooperative agreements with 68 state, territorial, and big-city health departments, CDC supports TB prevention and control activities, including surveillance, case management, and directly observed therapy. These funds also support the identification and evaluation of persons exposed to TB, as well as laboratory services, medical consultation for complex TB cases, and training for state and local TB control staff. CDC also assigns staff to the field to provide direct assistance.

**Viral Hepatitis** - CDC supports Hepatitis C Coordinators to provide management, networking, and technical expertise for successful integration of hepatitis C prevention activities into existing public health programs. Coordinators facilitate activities in 52 health departments, including: 1) incorporating HCV counseling and testing into public health and clinical settings; 2) training of health care professionals; 3) identifying resources for hepatitis A and B vaccination; and 4) developing referral networks to address the needs of HCV-infected persons.

CDC funding to District of Columbia, 2006	
<b>HIV/AIDS</b>	<b>\$17,520,143</b>
<b>STDs</b>	<b>\$3,051,795</b>
<b>TB</b>	<b>\$965,148</b>
<b>Viral Hepatitis</b>	<b>\$329,618</b>

## For More Information

- District of Columbia's programs, services, and statistics, visit: <http://doh.dc.gov/doh/site/default.asp>
- CDC's programs, services, and statistics, visit: <http://www.cdc.gov/nchhstp>
- Funding opportunities, conferences, HIV testing resources, and other news, visit: <http://www.cdcnpin.org>