

# **HIV and AIDS in the City Of Philadelphia**



Prepared by:

AIDS Activities Coordinating Office  
Philadelphia Department of Public Health

**Donald F. Schwarz, MD, MPH**  
**Deputy Mayor, Health and Opportunity**  
**Health Commissioner**

**Nan Feyler, JD, MPH**  
**Chief of Staff**  
**Philadelphia Department of Public Health**

**Jane Baker, MA**  
**Director**  
**AIDS Activities Coordinating Office**

**Kathleen Brady, MD**  
**Epidemiologist**  
**Philadelphia Department of Public Health**



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# Foreword

In Philadelphia, more people are getting HIV tested and more are finding out that they are HIV positive earlier in the course of the disease. People who know their HIV status can slow or even prevent the progression of HIV disease to AIDS through proper medical care. And most importantly, people who know their HIV status can take steps to prevent the transmission of HIV to others. It is now possible to imagine the day when we will see no new AIDS cases diagnosed in the City of Philadelphia. Between 2005 and 2009, Philadelphia has seen a 64.6% decline in new AIDS cases. We believe that this decline is directly related to the enhanced HIV testing efforts that the Philadelphia Department of Public Health (PDPH) has been implementing over the past five years. While the total number of HIV tests supported through PDPH programs has risen from 33,769 in 2005 to 74,170 in 2009, the number of new AIDS cases has fallen from 697 in 2005 to 216 in 2009.

The fact is, people who are unaware of their HIV status drive the epidemic. Based on national and local estimates, 21% of people infected with HIV/AIDS in Philadelphia are unaware of their status. This means that approximately 5,000 Philadelphians are living with HIV but are unaware of their infection. These individuals aren't getting the care they need and they aren't being careful about HIV transmission. We need to reach these individuals, bring them into a testing program and then link them to medical care and on-going prevention.

In order to accomplish this, we are making fundamental changes to the way we plan and deliver HIV/AIDS services. For most of the past 25 years, we have been looking at influencing individual behavior in the fight against HIV and AIDS. Recently we have begun to emphasize the structural determinants of HIV and AIDS: poverty, incarceration, access to health care; and access to HIV testing and prevention services. What this means is that the PDPH along with many partner organizations in the community has begun to develop and implement a new strategy for HIV/AIDS programs. The cornerstone of that strategy, I mentioned above: dramatically increase HIV testing. We are concentrating these new HIV testing efforts on targeting populations that are at particularly high risk for HIV infection: incarcerated individuals, youth with many sexual partners, adult men who have sex with men (MSM), heterosexuals with many sexual partners, and injection drug users. But we are also improving coordination of our prevention and care resources and making sure that people who test positive for HIV are linked to high quality medical care and have the support services that they need to stay in care.

In the pages ahead, you will find more information about our efforts to reduce the transmission of HIV and the programs and services that are available to help those who have HIV and AIDS. I hope you find this report both informative and useful.

**Donald F. Schwarz, MD, MPH**  
**Deputy Mayor, Health and Opportunity**  
**Health Commissioner**

# Overview

HIV and AIDS services generally fall into one of two large systems for managing the public health challenges presented by the disease: 1) the prevention system which serves at-risk individuals who have not contracted HIV in order to prevent them from contracting the virus and people who have already contracted HIV in order to prevent them from transmitting the virus to others; and 2) the care system

which provides outpatient medical care and other medical and support services for people with

HIV and AIDS. This system is often referred to as the Ryan White care system because of the federal funding through the Ryan White Programs.

Since the mid-1990s, with the development and widespread use of antiretroviral

medications that work to prevent the HIV virus from replicating inside the human body, the prevention and care systems have developed important areas of overlap because people

who are effectively controlling their HIV through antiretroviral medications are less likely to transmit the virus to others. In other words, good HIV prevention and good HIV care are two sides of the same

coin in controlling the spread and impact of HIV/AIDS in our communities.

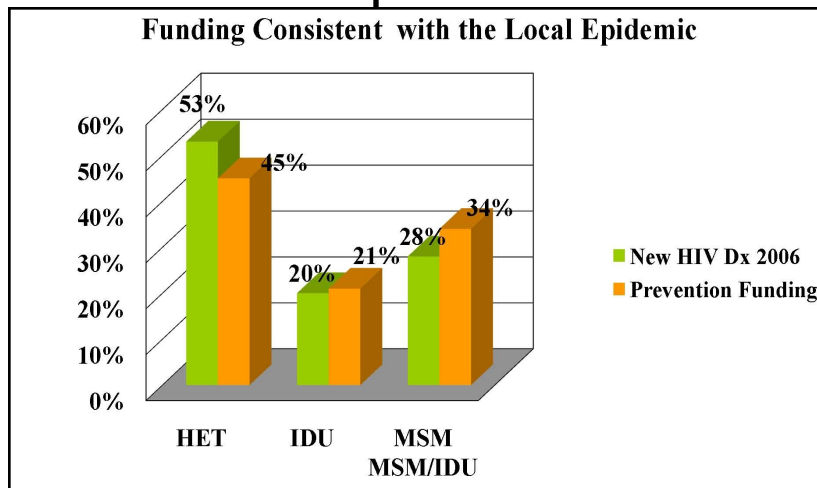
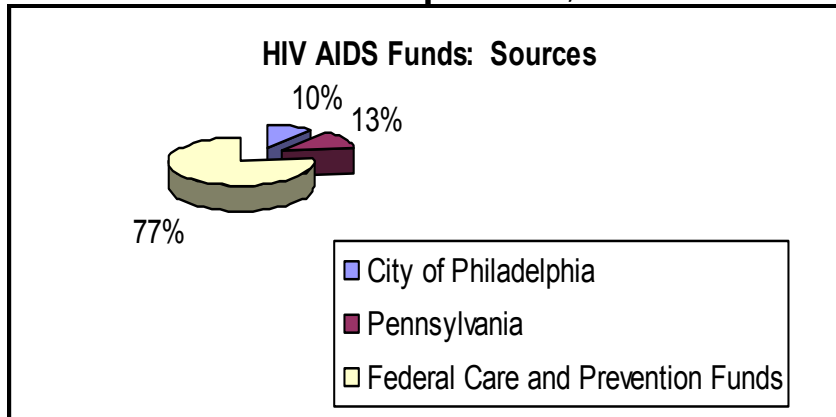
In Philadelphia, the Department of Public Health's AIDS Activities Coordinating Office (AACO) has the primary responsibility for managing both the HIV prevention and HIV care systems. With an annual budget of over \$47 million derived from federal, state and local government sources, AACO achieves its objectives

primarily by funding health care and human services agencies to provide specific HIV and AIDS services. AACO

monitors the service provider agencies and assures that the citizens of Philadelphia receive the highest quality services that meet or exceed the Public Health Service's Standards of Care for HIV/AIDS Services.

AACO is supported in its efforts by two federally mandated and publicly appointed bodies: 1) the Community

Planning Group which assists in the planning and implementation of the prevention system, and 2) the Planning Council which helps plan and monitor all Ryan White care programs.



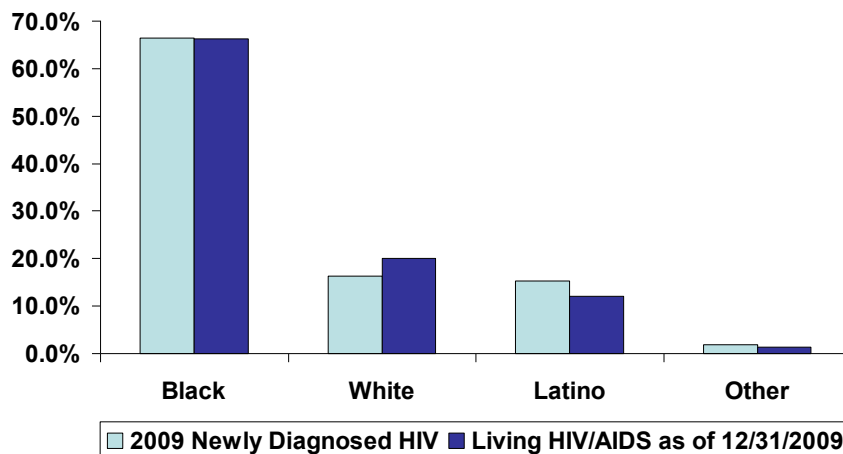
# HIV in Philadelphia

HIV and AIDS are both reportable diseases in Pennsylvania, meaning that all new cases of HIV and all new cases of AIDS are reported to public health authorities.

This information is provided to the federal government and forms the basis for the annual federal funding known as the Ryan White Programs. The Centers for Disease Control (CDC) use this information to track the spread of HIV and AIDS nationally. The City of Philadelphia Department of Public Health uses this information to plan and implement health ser-

Comparison of newly diagnosed HIV cases to all living HIV and AIDS cases highlights that the epidemic has historically and continues to predominantly affect minority populations in Philadelphia. The proportion of cases among African Americans remains stable but recently there has been an increase in the proportion of cases among Latinos and a decline among whites. Regardless of whether the mode of transmission is heterosexual sex, men who have sex with men (MSM) or via injection drug use (IDU), African Americans represent the majority of all cases in all categories. Currently, 2.0% of African

**Newly Diagnosed HIV compared to Living HIV/AIDS**



Americans, 1.8% of Latinos, and 0.6% of whites are living with HIV/AIDS in Philadelphia. HIV/AIDS rates are greatest among African American men, followed in order by Latino/Hispanic men, African American women, Hispanic women, white men and white women.

vices, to understand the communities most impacted by HIV and AIDS and to assure that funding and services are targeted where the need is highest.

As of 12/31/2009 there were 19,237 persons living with HIV/AIDS (PLWH/A) in Philadelphia. This translates to about 1.3% of the population. Of these, 11,362 are living with AIDS and 7,875 are living with HIV.

Like other communities, African Americans face a number of challenges that contribute to the higher rates of HIV infection. The socioeconomic issues associated with poverty, including limited access to health care, housing and HIV prevention education, directly and indirectly increase the risk for HIV infection and affect the health of people living with HIV.

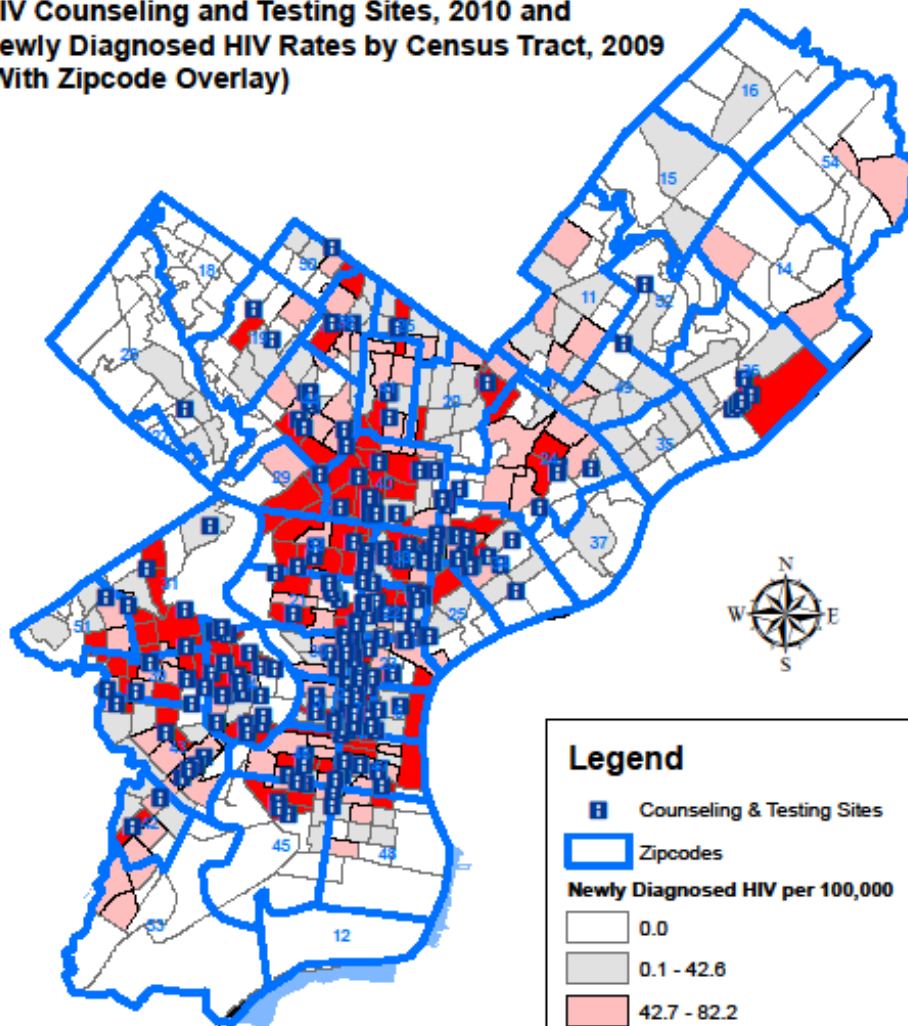
# HIV Prevention in Philadelphia

The AIDS Activities Coordinating Office, working with the Community Planning Group (CPG) has directed efforts to address the challenges that HIV/AIDS transmission poses to public health efforts and to meet the changing care and prevention needs of people living with

the greatest need. AACO expanded testing to reach those at highest risk, including:

- expanded testing at intake in Philadelphia jails
- expanded testing in neighborhoods, community centers, parks, homeless shelters, and outside school environments

**HIV Counseling and Testing Sites, 2010 and Newly Diagnosed HIV Rates by Census Tract, 2009 (With Zipcode Overlay)**



Data Source: HIV/AIDS Reporting System (HARS)  
AACO, Surveillance Unit Department: Public Health

## Legend

- Counseling & Testing Sites
- Zipcodes
- Newly Diagnosed HIV per 100,000
  - 0.0
  - 0.1 - 42.6
  - 42.7 - 82.2
  - 82.3 - 1064.8

- expanded testing in emergency rooms and other primary care settings
- launched a media campaign using strategically placed billboards to get out the message about HIV testing

- Organized a collaborative testing event with Africa American churches to help reduce the stigma of HIV

AACO has also:

- implemented social networks project to reach African American MSM through web-based strategies

HIV/AIDS.

AACO provides \$13.3 million in prevention funding to 31 agencies to implement 68 programs (including HIV testing and counseling) of which 27 are evidence based prevention programs. Of those 31 agencies, 20 (or 64%) are minority-run agencies serving minority communities.

Working with its community-based partners and the CPG, AACO has engaged in a community-focused planning process to ensure that resources are directed at

- led the country in the integration of HIV, Sexually Transmitted Infections, Hepatitis C and TB diagnosis and treatment
- collaborated with the CDC on their "Every 9 1/2 minutes..." campaign
- supported community forums, events, and conferences focused on HIV/AIDS prevention.

Taken together these efforts represent a comprehensive strategy for preventing the transmission of HIV in Philadelphia.

# AIDS in Philadelphia

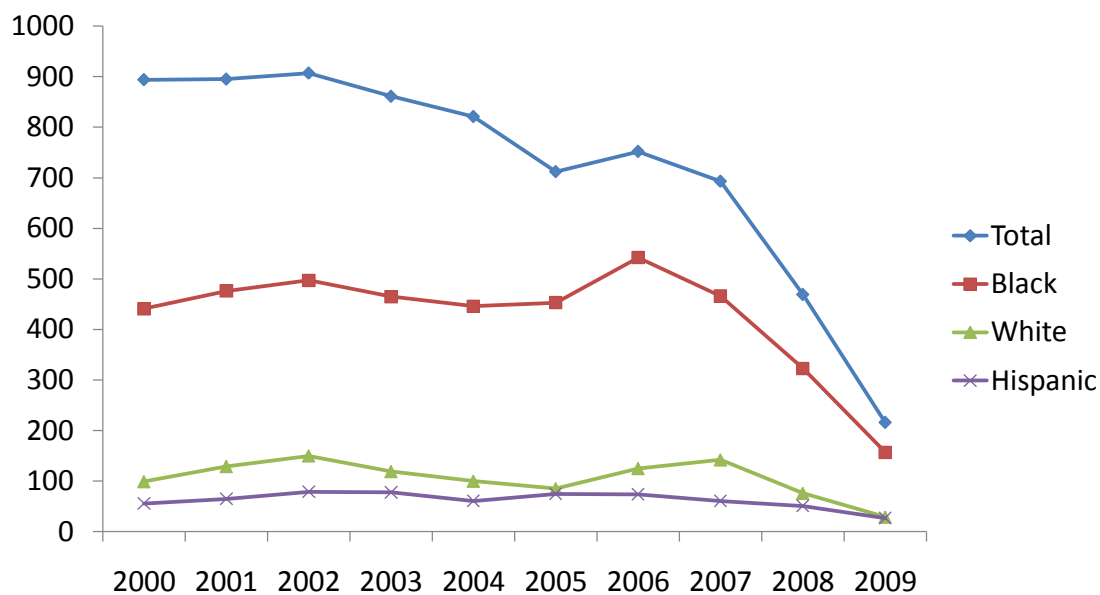
Early testing and diagnosis of HIV provides the most treatment options and the highest probability that a person can take advantage of the many life-saving treatments now available. Initiatives that are in place to identify new positives and link them to medical care are showing effect.

Trend data on concurrent

persons diagnosed with HIV had an AIDS diagnosis within 12 months compared to 27.0% in 2008. Further evidence that persons with HIV are being diagnosed earlier comes from CD4 data. The average (median) CD4 count at the time of HIV diagnosis has increased from 257 cells in 2006 to 356 cells in 2008. Persons over age

year. There have been marked declines in AIDS incidence within Philadelphia with an overall 64.6% decline in AIDS cases from 2005 to 2009. The source of this decline we believe is related to the expanded HIV testing efforts in the City of Philadelphia which has resulted in the earlier diagnosis of HIV and better

## AIDS Cases by Year of Diagnosis



HIV/AIDS data (persons diagnosed with AIDS within 12 months of their HIV diagnosis) for the City of Philadelphia indicate *fewer* persons are being diagnosed late in the course of

40, heterosexuals and those with no identified risk are more likely to present late in the course of HIV infection compared to other groups.

The graph on this page shows AIDS incidence (new AIDS cases) by race and

medical care.

There was a sharp decline in AIDS diagnoses over this period for all racial and ethnic groups and for all modes of transmission for HIV.

# HIV/AIDS Care in Philadelphia

Philadelphia's HIV/AIDS service delivery network has been built around two strategies:

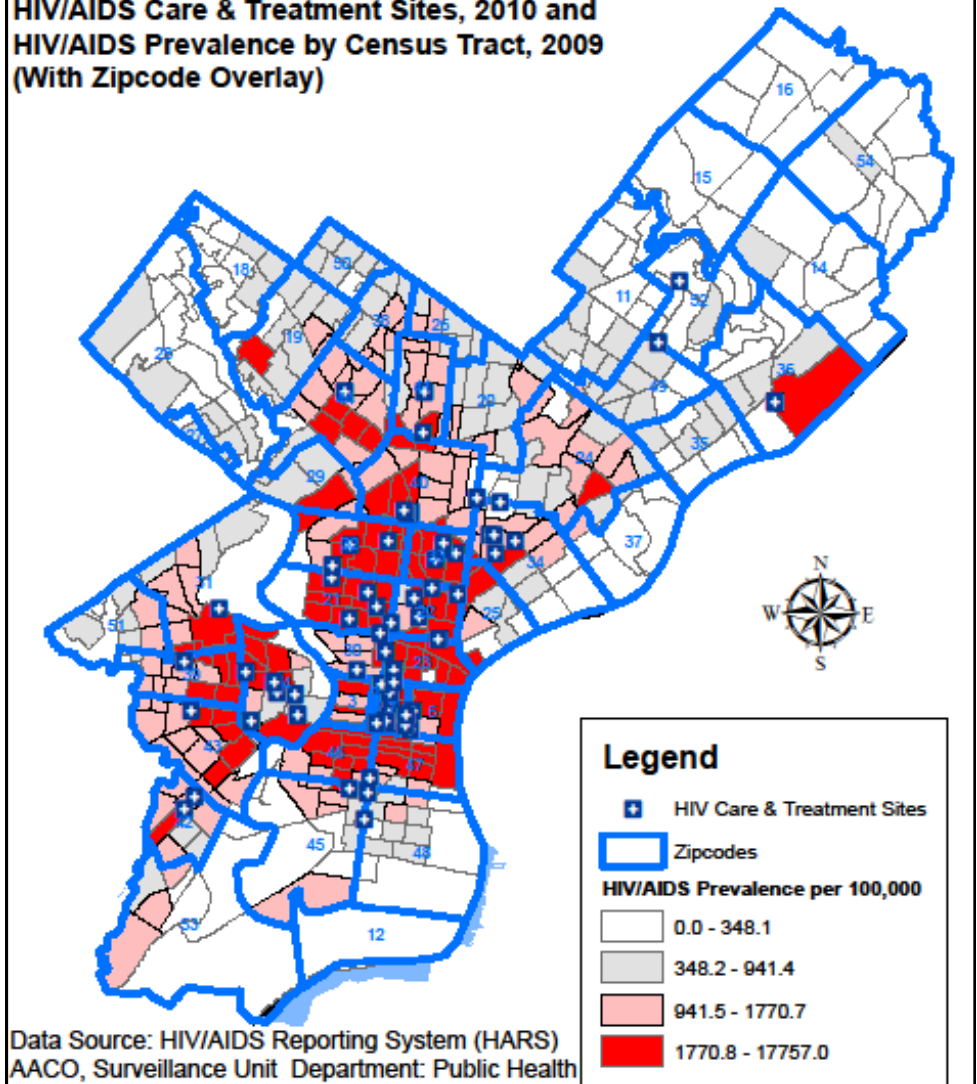
- provide HIV/AIDS care services through an extensive, diverse, and geographically accessible network of Ryan White Program medical and related service providers throughout the City
- create specific access services that have been developed and integrated into the network of care that directly address the special needs of historically disenfranchised and underserved populations.

Philadelphia's HIV/AIDS services network includes a full range of primary medical, diagnostic, and therapeutic services. AACO provides \$29.6 million for funding for HIV services that:

- are planned and coordinated to increase access to care
- maintain people in care
- eliminate disparities in care
- improve quality of care
- coordinate with an extensive network of HIV counseling and testing sites.

Philadelphia also funds and coordinates an extensive system of case manage-

**HIV/AIDS Care & Treatment Sites, 2010 and HIV/AIDS Prevalence by Census Tract, 2009 (With Zipcode Overlay)**



ment services that facilitate access to and retention in primary medical care.

**Services are available at 73 sites throughout the City.** Specialized case management services are available to meet the needs of targeted populations. AACO's centralized intake process assures that all people with HIV are effectively linked to case managers who are culturally competent and conveniently located throughout the City. This results in better coordination, access, and immediate response to urgent client needs.

AACO engages in outcomes monitoring and evaluation to track performance with respect to client outcomes in order to ensure that Philadelphia citizens receive the highest quality services that meet or exceed public health service guidelines for HIV medical care.

# Basic facts about HIV

**HIV stands for** human immunodeficiency virus. This is the virus that causes AIDS. HIV is different from most other viruses because it attacks the immune system. The immune system gives our bodies the ability to fight infections. HIV finds and destroys a type of white blood cell (T cells or CD4 Cells) that the immune system must have to fight disease.

**AIDS stands for** acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Having AIDS means that the virus has weakened the immune system to the point at which the body has a difficult time fighting infection. When someone has one or more specific infections, certain cancers, or a very low number of T cells, he or she is considered to have AIDS.

**HIV affects** children, women and men of every age, race, ethnicity, sexual orientation, social class and economic status. Although there is still no cure for HIV, there are many treatment options available to help those who know their HIV status stay healthy for a very long time. Treatment for HIV is available to Philadelphians who don't have health insurance.

**The CDC recommends all persons aged 13-64 get an HIV test.**

**GET TESTED if you answer "Yes" to any of these questions...**

- Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners, or anonymous partners?
- Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD), like syphilis?
- Have you injected drugs or steroids or shared equipment (such as needles, syringes, works) with others?
- Have you exchanged sex for drugs or money?
- Have you had unprotected sex with someone who could answer yes to any of the above questions?

## Get Text-ed

**Text PA plus 5-digit zip code to 36363  
for a free testing center near you**

Get Text-ed is a collaboration between OraSure Technologies and the Philadelphia Department of Public Health's AIDS Activities Coordinating Office. Available on all major U.S. Wireless Carriers. Standard SMS charges apply. Mobile program terms: [www.riproad.com/aaco](http://www.riproad.com/aaco)

**HIV is primarily found in** the blood, semen, or vaginal fluid of an infected person. HIV is transmitted in 3 main ways:

- Having sex (anal, vaginal, or oral) with someone infected with HIV;
- Sharing needles and syringes with someone infected with HIV; or
- Being exposed (fetus or infant) to HIV before or during birth or through breast feeding.

**HIV is a fragile virus.** It cannot live for very long outside the body.

As a result, the virus is not transmitted through day-to-day activities such as shaking hands, hugging, or a casual kiss.

You cannot become infected from a toilet seat, drinking fountain, doorknob, dishes, drinking glasses, food, or pets. You also cannot get HIV from mosquitoes.

# What Can I Do?

## You have the power to help stop the spread of HIV.

**Web Resources.** The following websites offer accurate and useful information about HIV and AIDS:

Philadelphia: [www.hivphilly.org](http://www.hivphilly.org)  
[www.aidslibrary.org](http://www.aidslibrary.org)

National: [www.cdc.gov/hiv](http://www.cdc.gov/hiv)  
[www.aids.gov](http://www.aids.gov)  
[www.thebody.com](http://www.thebody.com)  
[www.aegis.com](http://www.aegis.com)

**Be Safe.** The best way to prevent HIV is to abstain from having sex. If you do have sex, use a new latex condom every time. Do not share needles or syringes.

**Talk About It.** Talk about sex and HIV with your partners. Find out when they were last tested for HIV and what their status was. Be clear that you will be having safer sex—or none at all.

**Talk to Your Doctor.** If you are sexually active, you should get tested for HIV at least once each year. Do not assume that your doctor will suggest that you get tested for HIV. Tell your doctor that you want to take the test.

**Talk to Your Family.** The greatest weapon that we have in preventing HIV is accurate information. Protect your family by giving them the information they need to protect themselves.

**Volunteer.** There are many organizations that provide services to people affected by and infected with HIV/AIDS who can use your time and expertise.

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### What is the HIV test?

The HIV test detects whether or not you have been exposed to the HIV virus. There are several different kinds of tests: blood tests, urine tests, and an oral (mouth) test. Only a very small amount of blood is needed for the blood tests. HIV tests can take a few days to 2 weeks for the results. With the rapid HIV tests (oral), you can get results in about 20 minutes.

### Where can I get tested?

Free and confidential or anonymous HIV tests are available. To find an HIV testing site near you: Call **(215) 985-2437** or toll-free **1-800-985-AIDS** or Text **PA** and your **five -digit** zip code to **36363**.

# Newly Diagnosed AIDS Cases

## AIDS Cases by Mode of Transmission and Date of Diagnosis

