



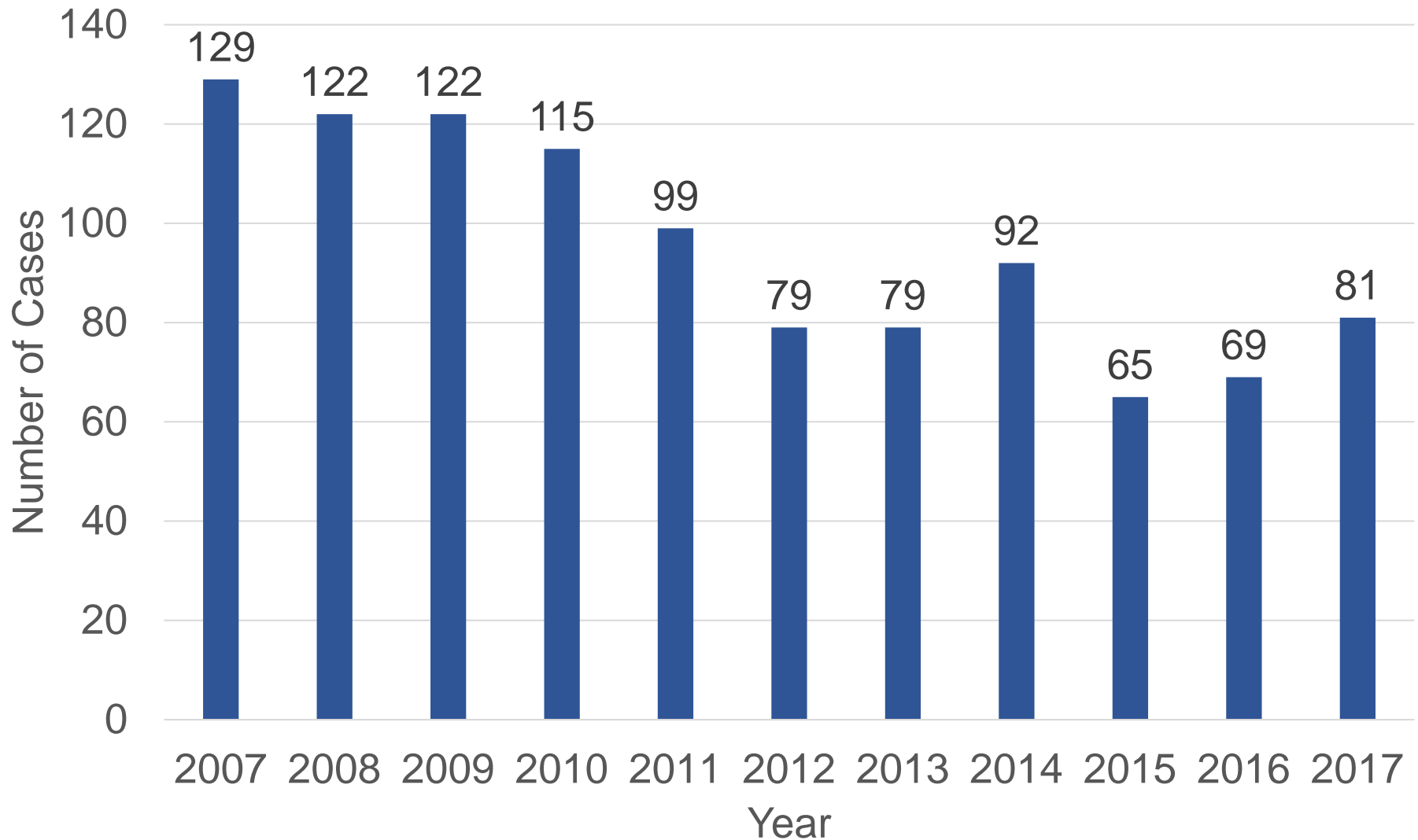


HIV/STDs in Rhode Island: A Look at the Numbers

**Partners in Student Health: Schools & Health Centers of RI
Developing and Expanding Referral Systems for Sexual Health Services for Students
CCRI Flanagan Campus
April 23, 2018**

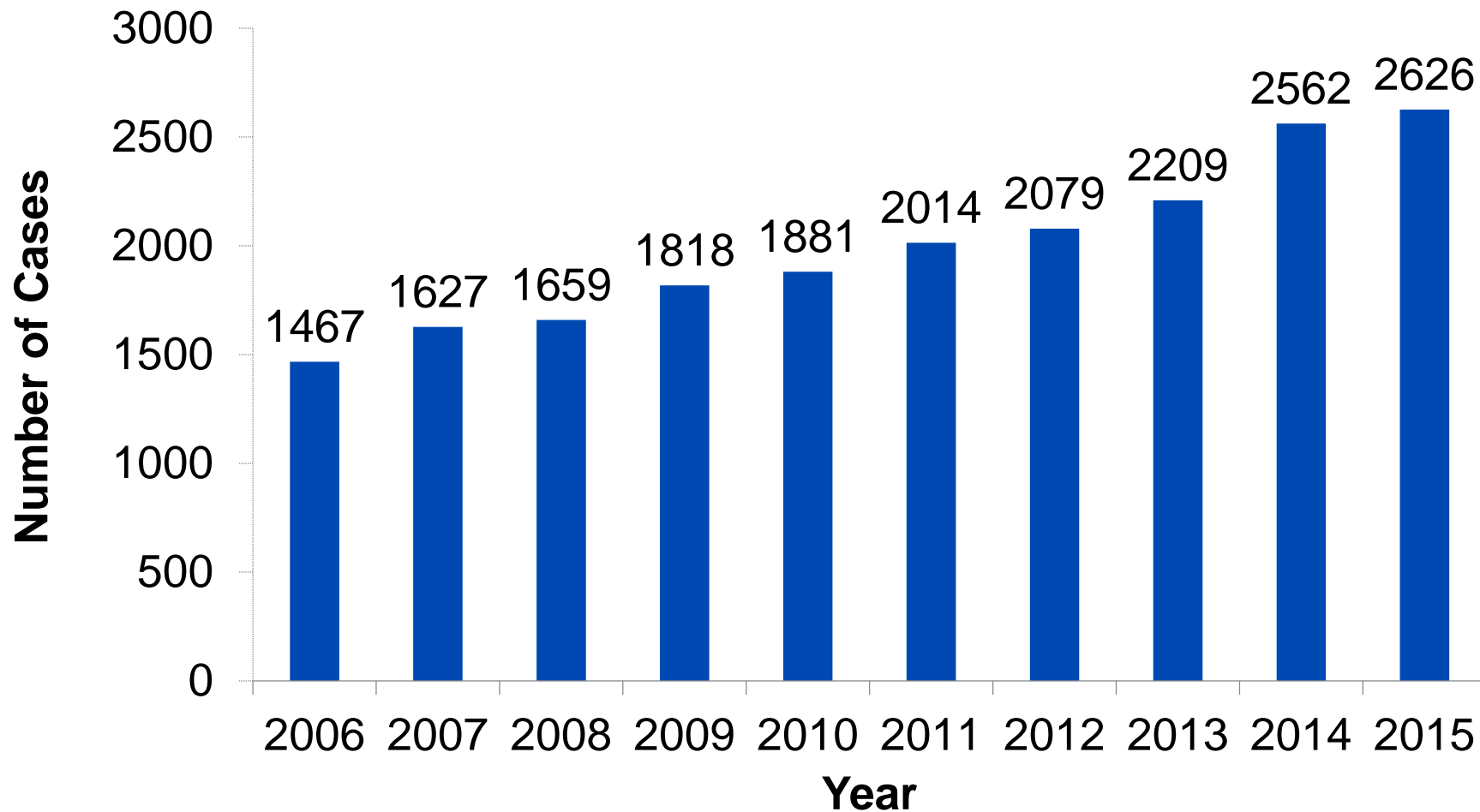
**Philip A. Chan, MD
Rhode Island Department of Health**

Newly-Identified Cases of HIV Rhode Island, 2007 - 2017

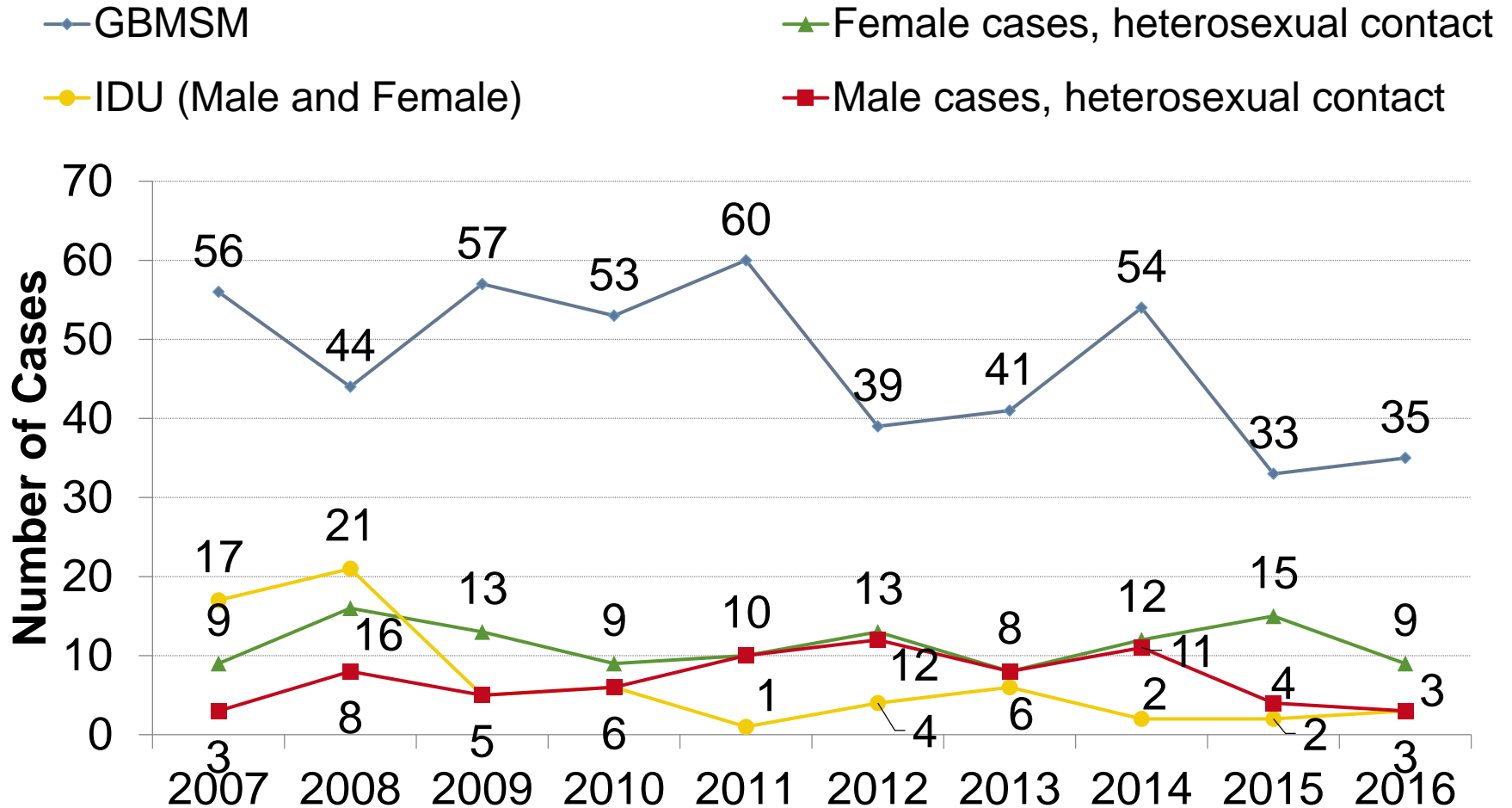


*Note: 2017 data is provisional.

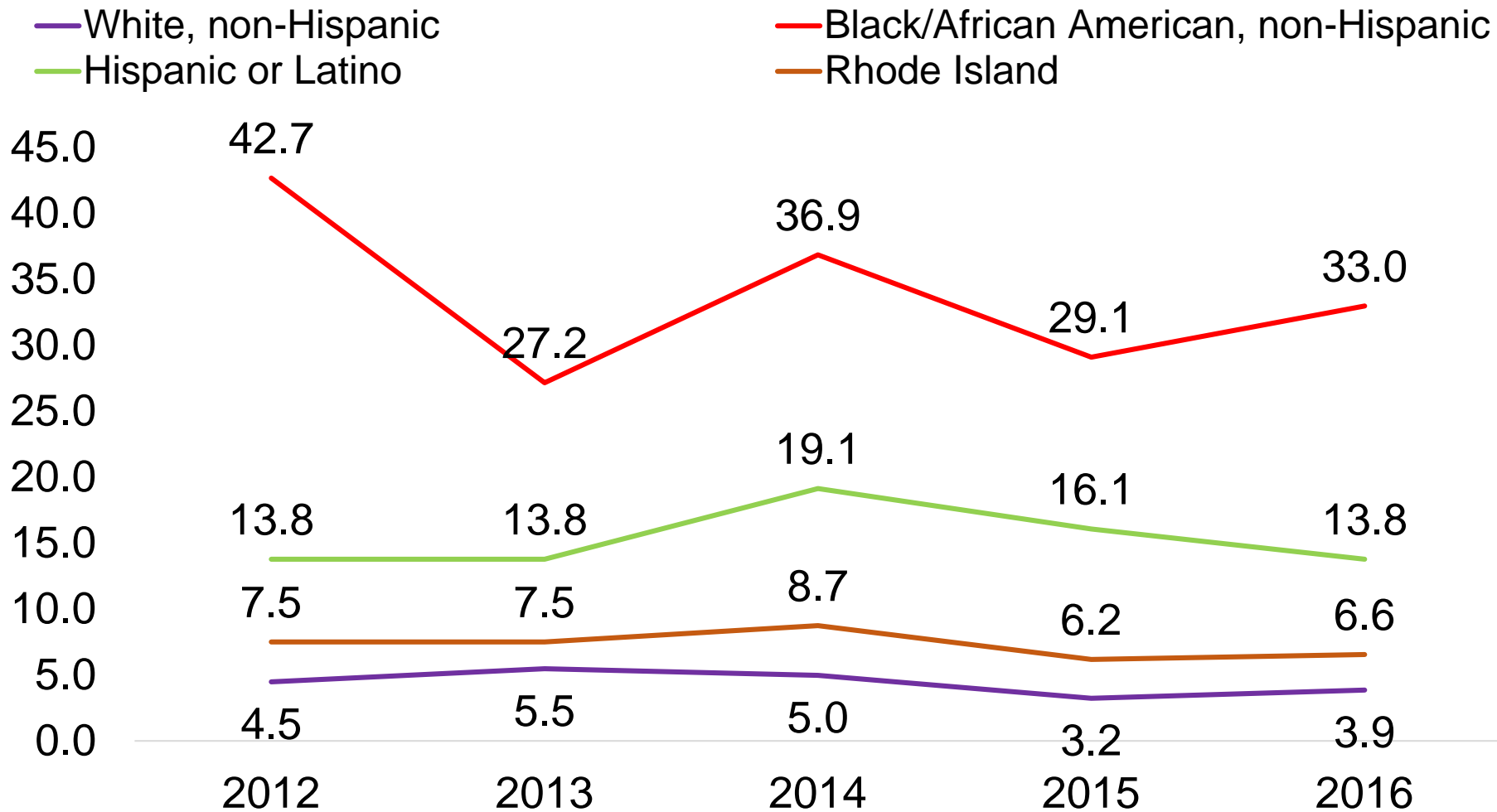
Estimated Number of Persons Living with HIV, Rhode Island, 2006 - 2015



Newly-Identified Cases of HIV By Exposure Mode Rhode Island, 2007 – 2016

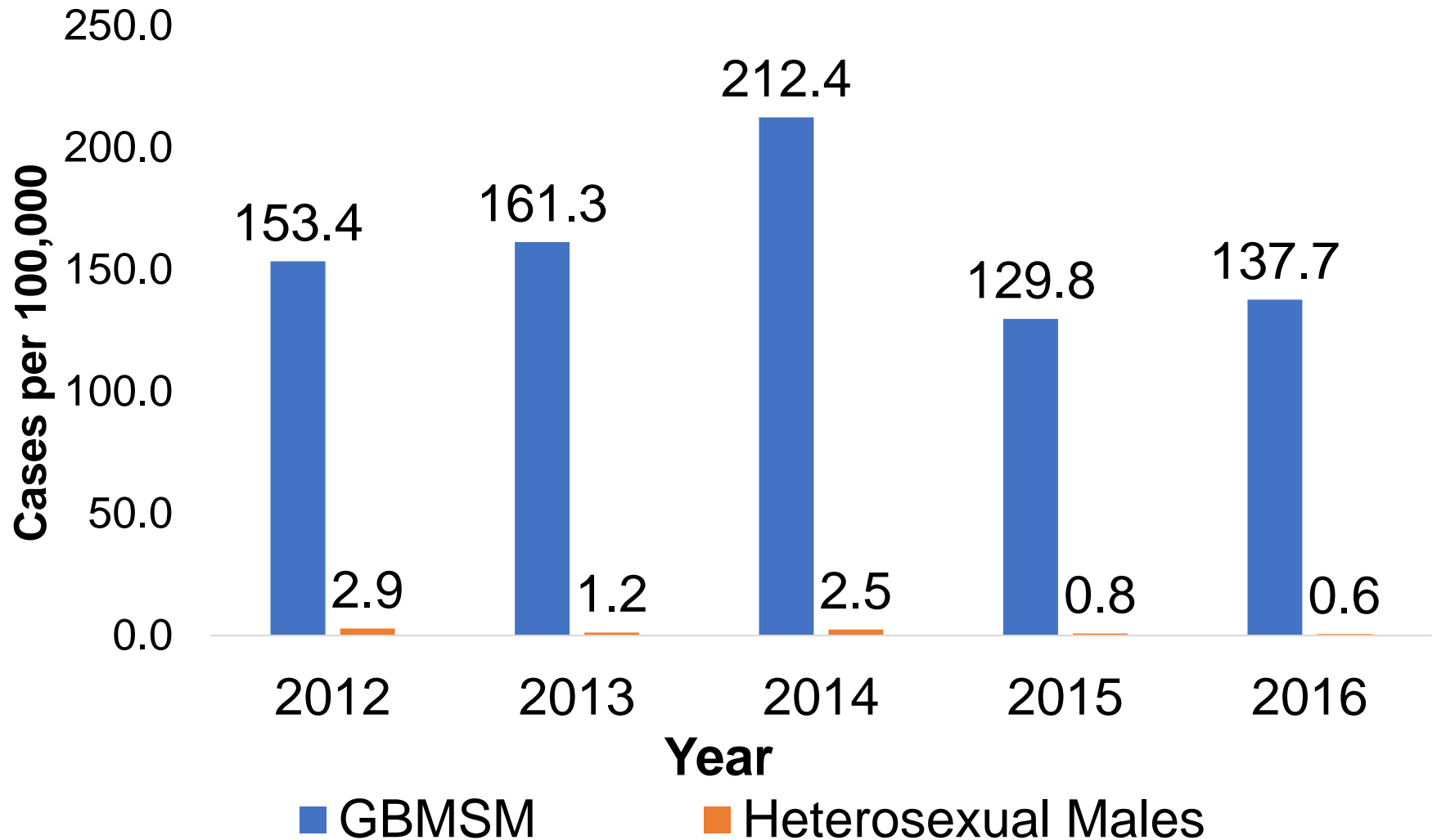


Rates* of Newly-Identified Cases of HIV by Race/Ethnicity, Rhode Island, 2012 – 2016

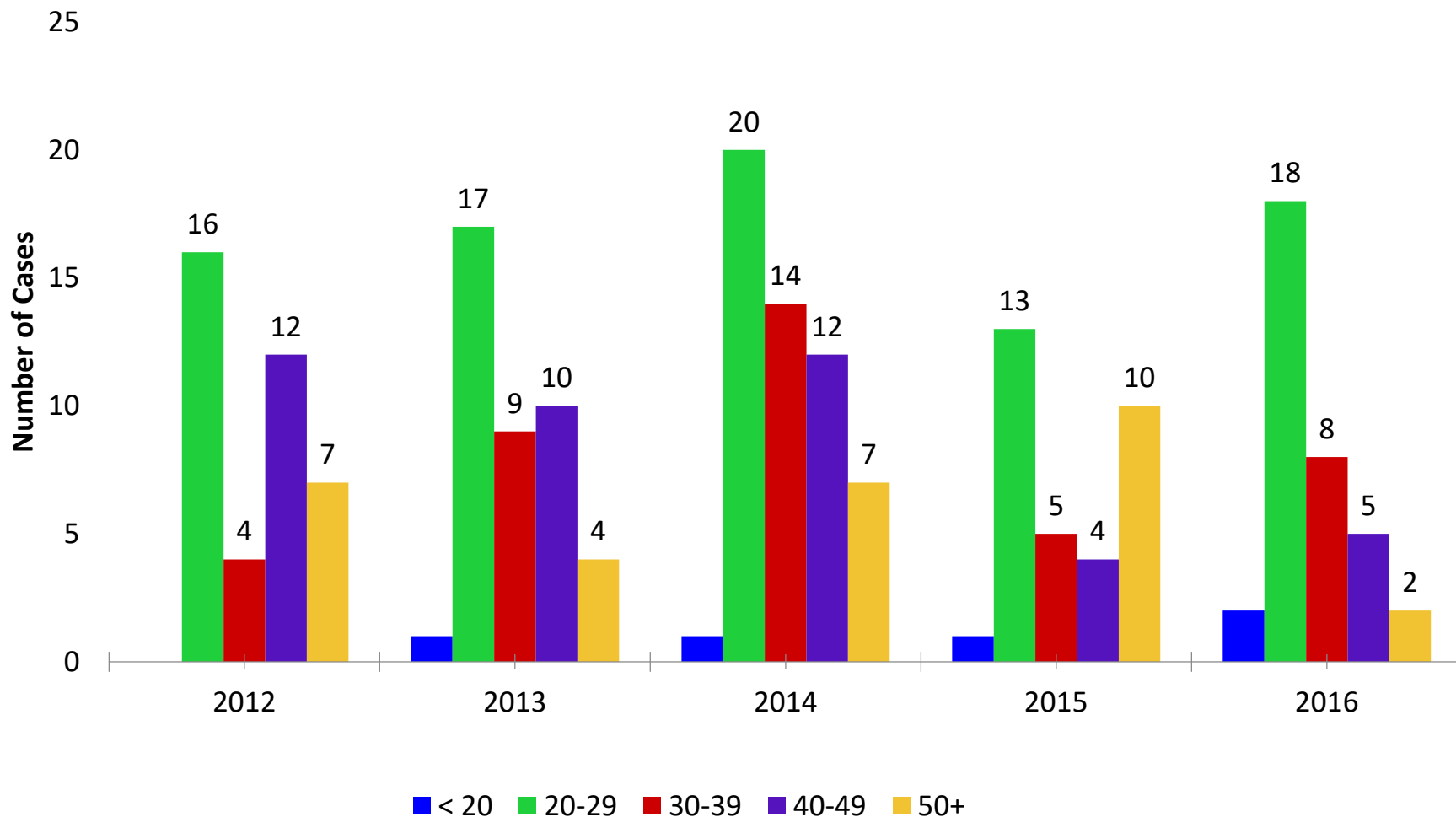


* Rates are expressed as cases per 100,000 population. The rates for 2012 - 2016 are based on the 2010 U.S. Census.

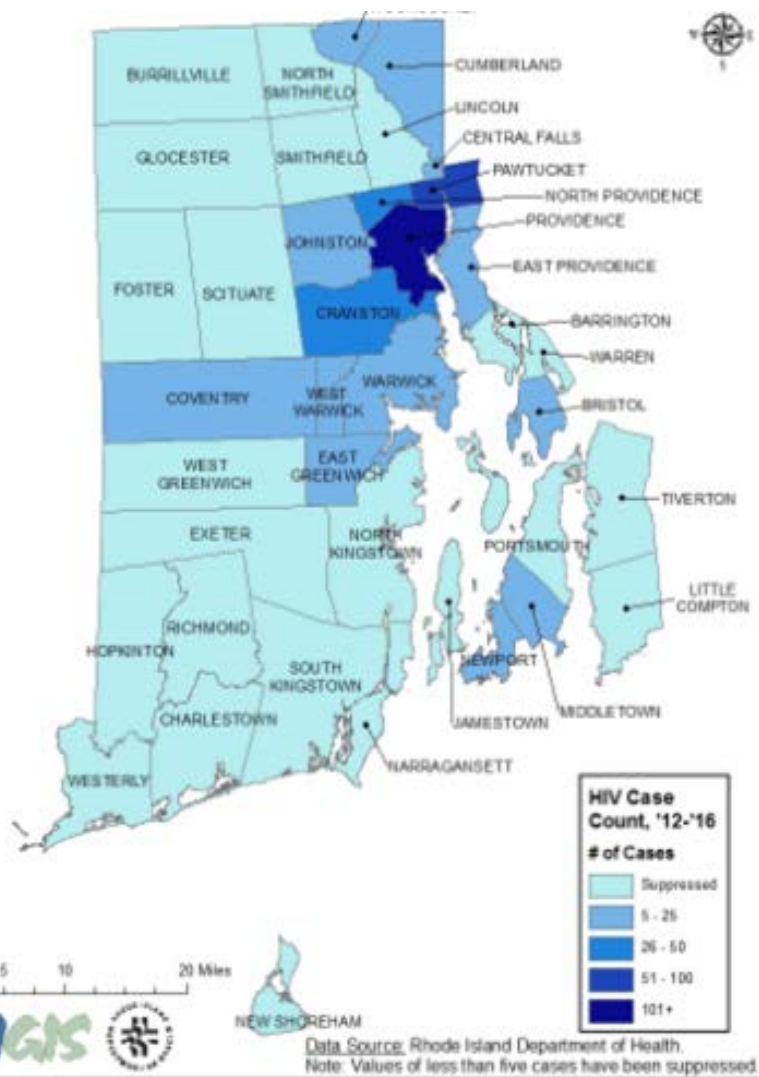
Rates of Newly-Identified Male Cases of HIV by Sexual Orientation, Rhode Island, 2012 – 2016



Newly Diagnosed Cases of HIV Among GBMSM, By Age, Rhode Island, 2012-2016

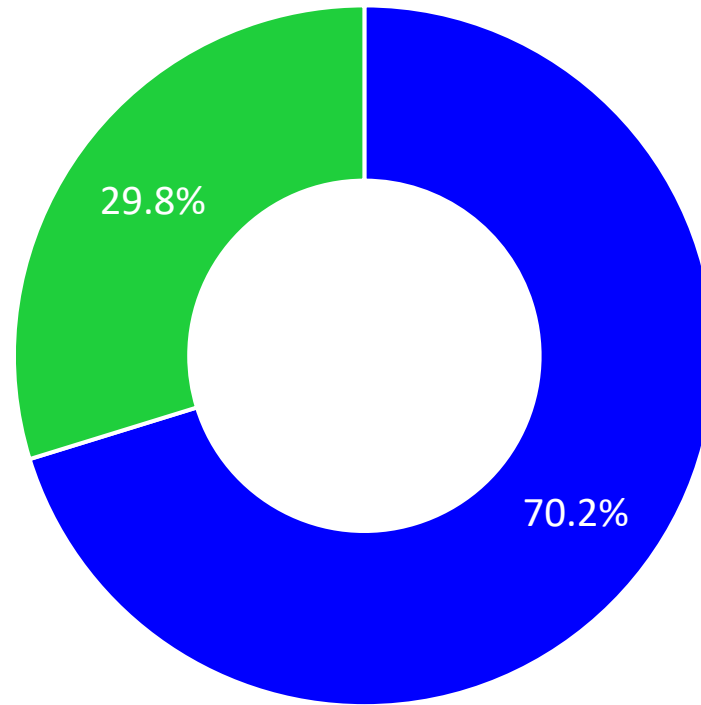


Residence of Newly Diagnosed HIV Cases, Rhode Island 2012-2016



Municipality	Number of Cases	Percent
PROVIDENCE	127	33.16
PAWTUCKET	56	14.36
CRANSTON	33	8.62
NORTH PROVIDENCE	27	7.05
WOONSOCKET	18	4.7

Percentage of Newly Diagnosed Cases of HIV, By Disease Progression at Diagnosis, Rhode Island, 2012-2016



■ HIV only diagnosis ■ HIV diagnosis with progression to AIDS within 30 days

90-90-90 Initiative



FAST-TRACK CITIES

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IAPAC
INTERNATIONAL ASSOCIATION
OF PROGRAMS OF AIDS CARE

UNAIDS
UNITED NATIONS
PROGRAMME ON
HUMAN IMMUNODEFICIENCY
VIRUS (HIV) AND
AIDS

UN-HABITAT
FOR A BETTER URBAN FUTURE

MAIRIE DE PARIS

PARIS DECLARATION
1 December 2014

FAST-TRACK CITIES: ENDING THE AIDS EPIDEMIC

Cities Achieving 90-90-90 Targets by 2020

90% of people living with HIV knowing their HIV status.

90% of people who know their HIV positive status on treatment.

90% of people on treatment with suppressed viral loads.

4. Use our AIDS response for positive social transformation
Our leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient and sustainable. We will integrate health and social programmes to improve the delivery of services including HIV, tuberculosis and other diseases. We will use advances in science, technology and communication to drive this agenda.

5. Build and accelerate an appropriate response to local needs
We will develop and promote services that are innovative, safe, accessible, equitable and free of stigma and discrimination. We will encourage and foster community leadership and engagement to build demand and to deliver services responsive to local needs.

6. Mobilize resources for integrated public health and development
Investing in the AIDS response together, with a strong commitment to public health, is a sound investment in the future of our cities that fosters productivity, shared prosperity and well-being. We will adopt our city plans and resources for a Fast-Track response. We will develop innovative funding and mobilize additional resources and strategies to end the AIDS epidemic by 2030.

7. Unite as leaders
We commit to develop an action plan and join with a network of cities to make this Declaration a reality. Working in broad consultation with everyone concerned, we will regularly measure our results and adjust our responses to be faster, smarter and more effective. We will support other cities and share our experiences, knowledge and data about what works and what can be improved. We will report annually on our progress.

On the 1st day of December, 2015

Jorge O. ELORZA
Mayor of Providence

Nicole ALEXANDER-SCOTT, MD, MPH
Director, Rhode Island Department of Health

Gina M. RAMONDO
Governor, State of Rhode Island

Anne HADJILOU
Mayor of Paris

Agathe MARISSIERE
SOLDES

Jan CLAS
UNAIDS

Joel M. ZUNIGA
UNAIDS

90-90-90 Targets



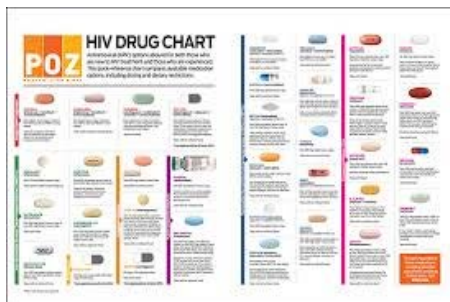
90% of people living with HIV infection with HIV know their HIV status

As measured by CDC estimates



90% of people living with HIV infection will be engaged in medical care

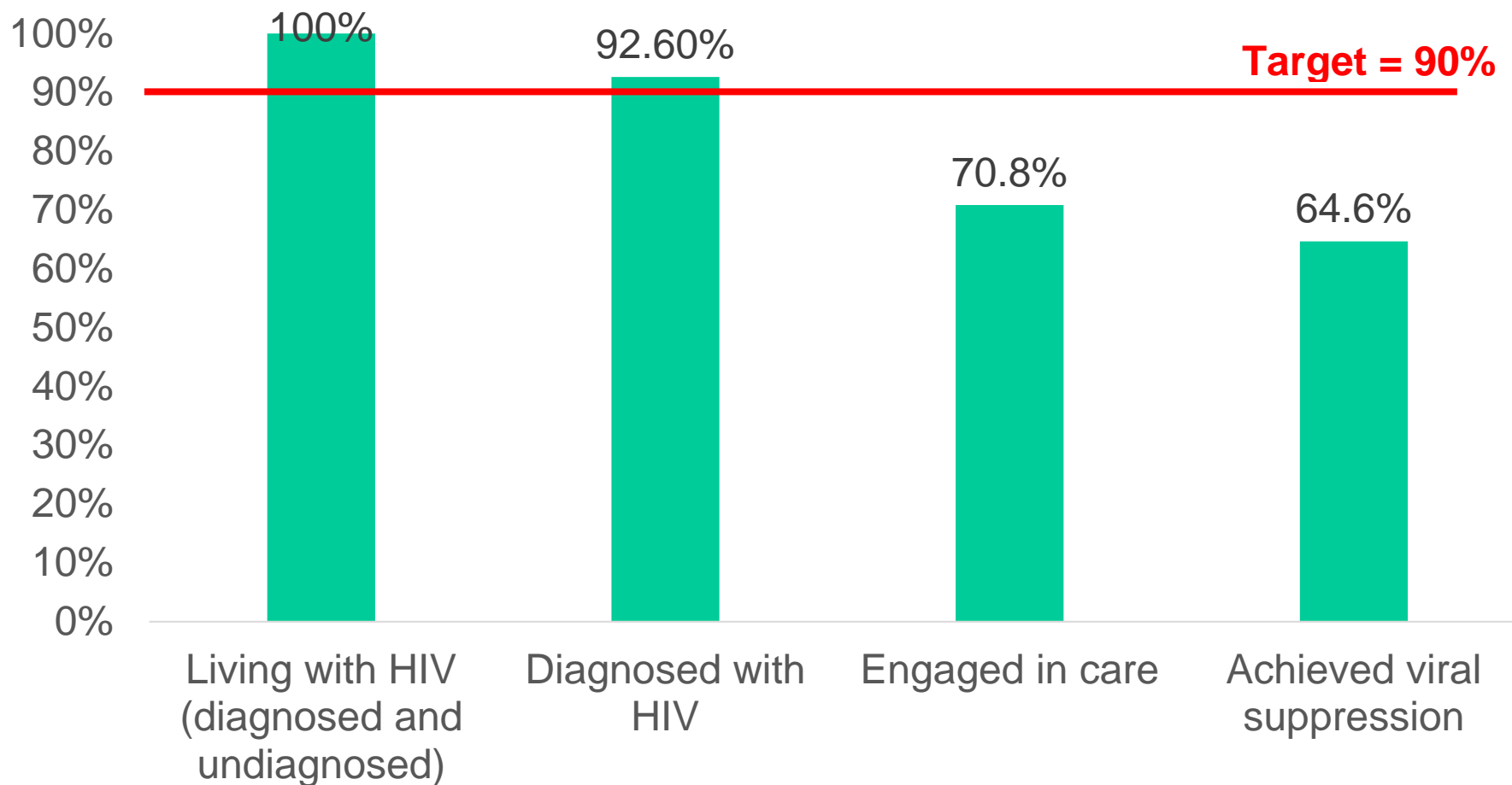
As measured by at least one medical visit per year



90% of people living with HIV infection will be virally suppressed

As measured by a HIV RNA viral load of < 200 copies/ml

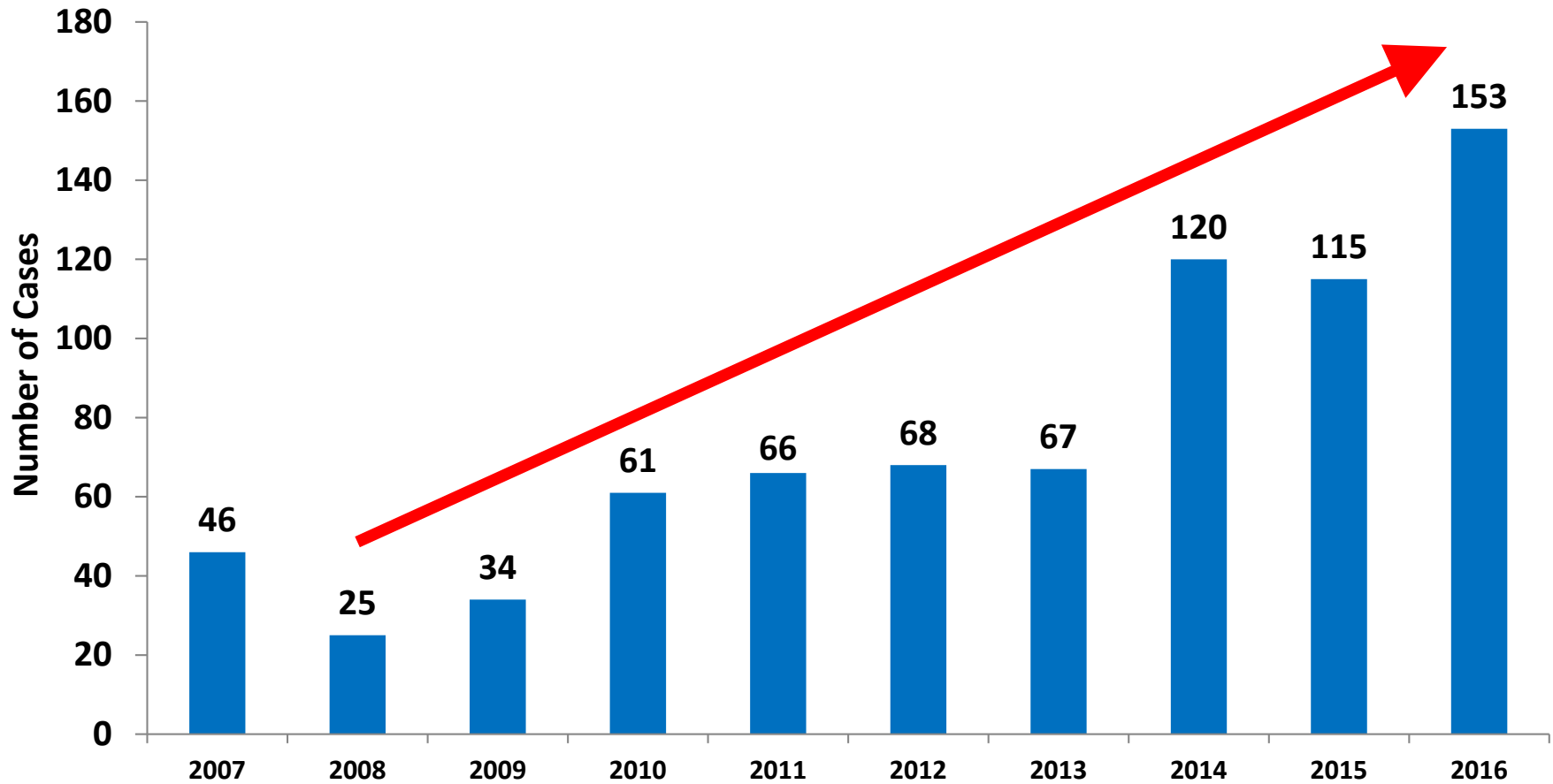
HIV Care Continuum Rhode Island, 2016



Based on individuals diagnosed with HIV infection through 12/31/2015 and living with HIV on 12/31/2016, and residing in Rhode Island (based on most recent residence).
Based on HIV surveillance data reported through 11/22/2017. Data are provisional and subject to change.

*Estimate of undiagnosed population based on HIV surveillance data reported through 07/05/2017.

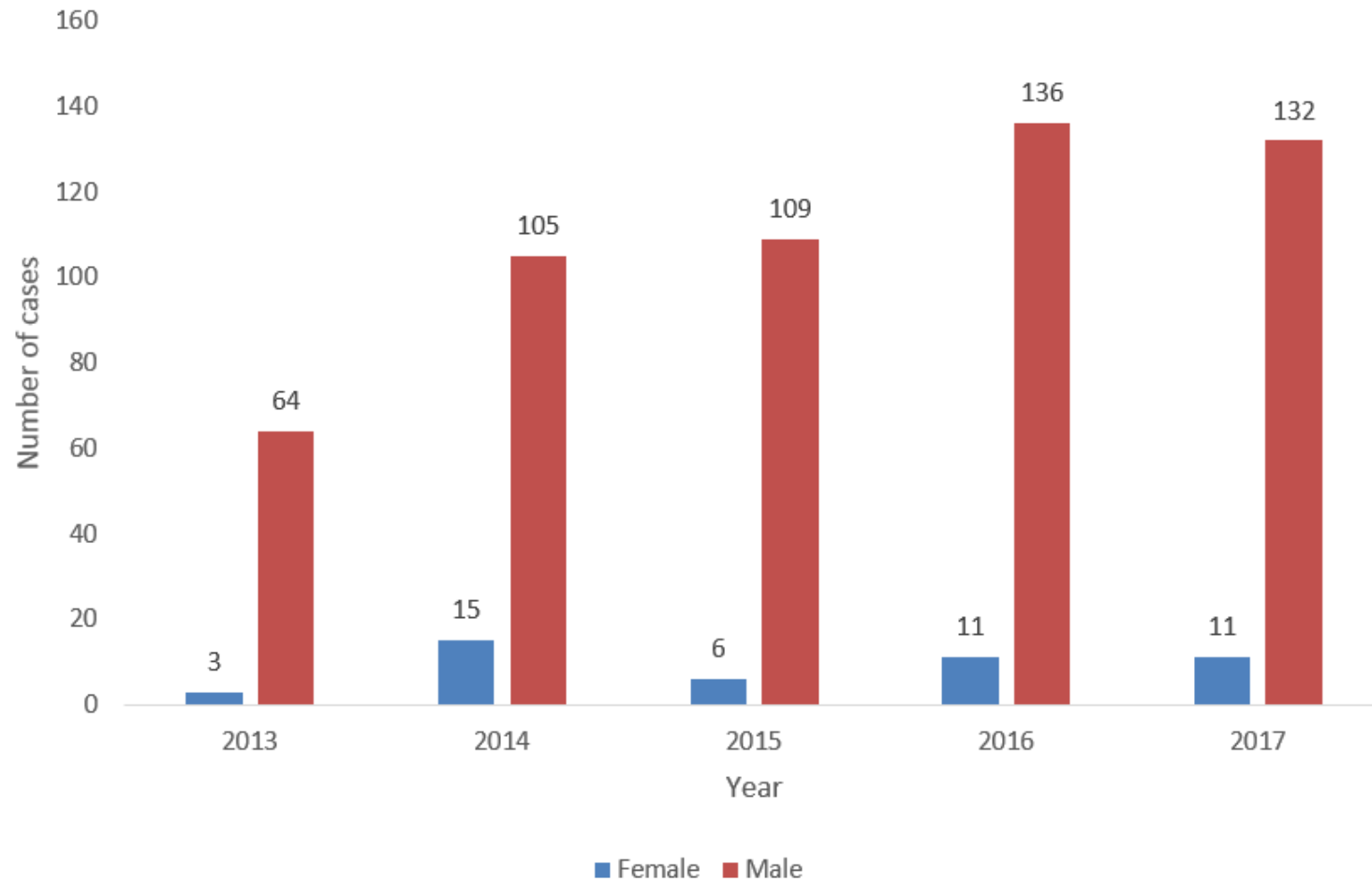
Reported Cases of Infectious Syphilis* Rhode Island, 2007-2016



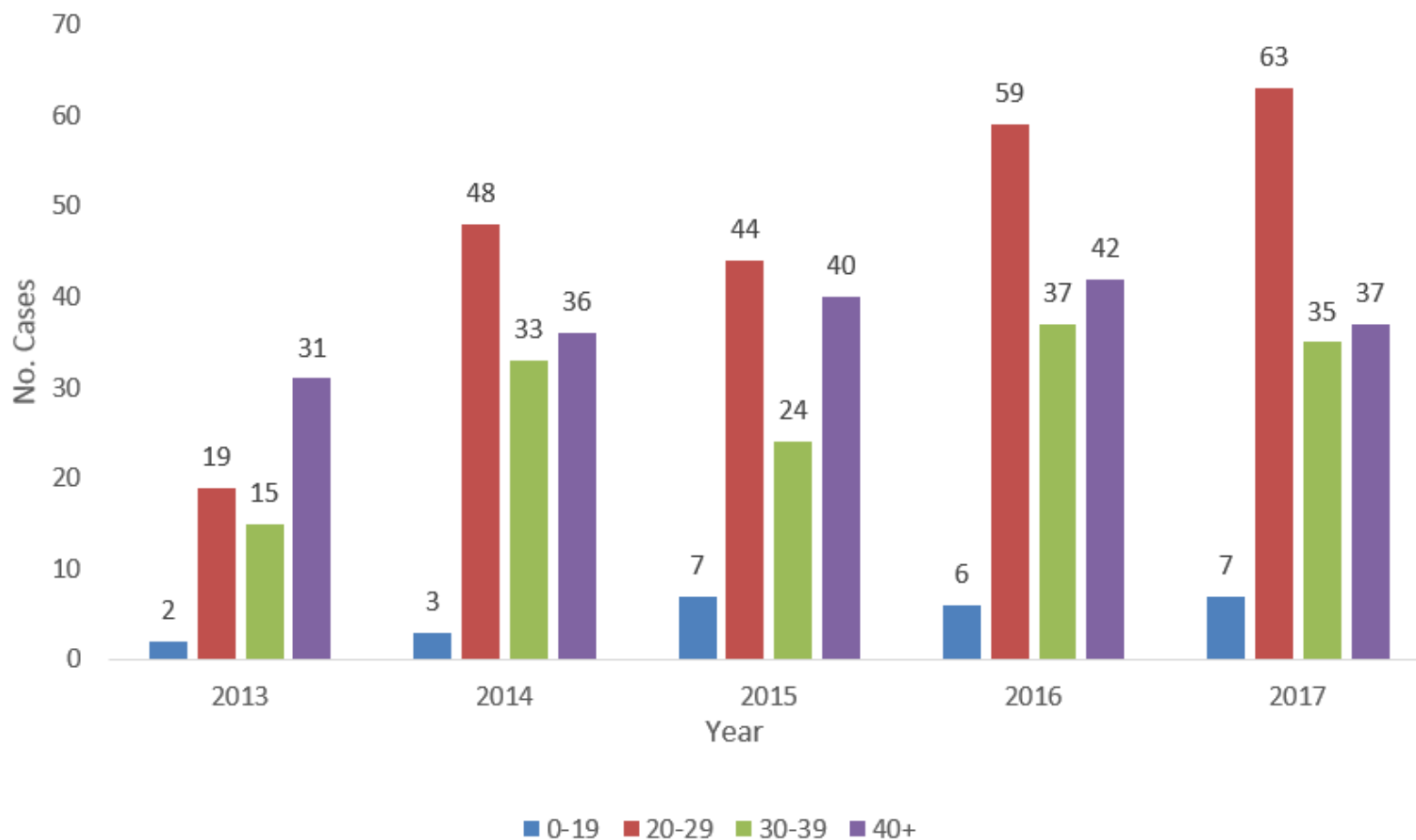
*Primary, secondary, and early latent stages.

2017: A total of 143 cases (provisionally)

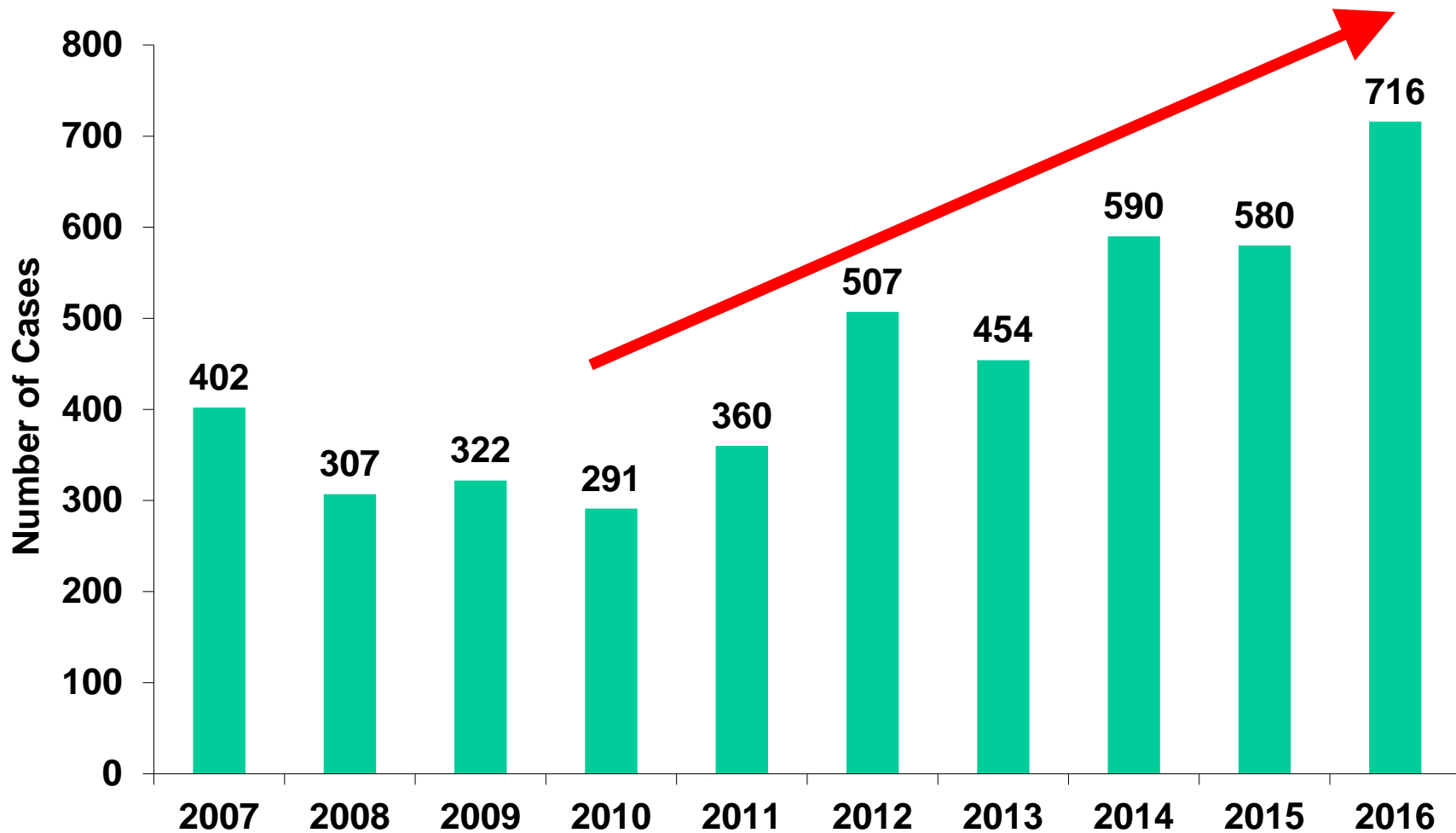
Syphilis by Sex Rhode Island, 2013-2017



Syphilis by Age Group Rhode Island, 2013-2017

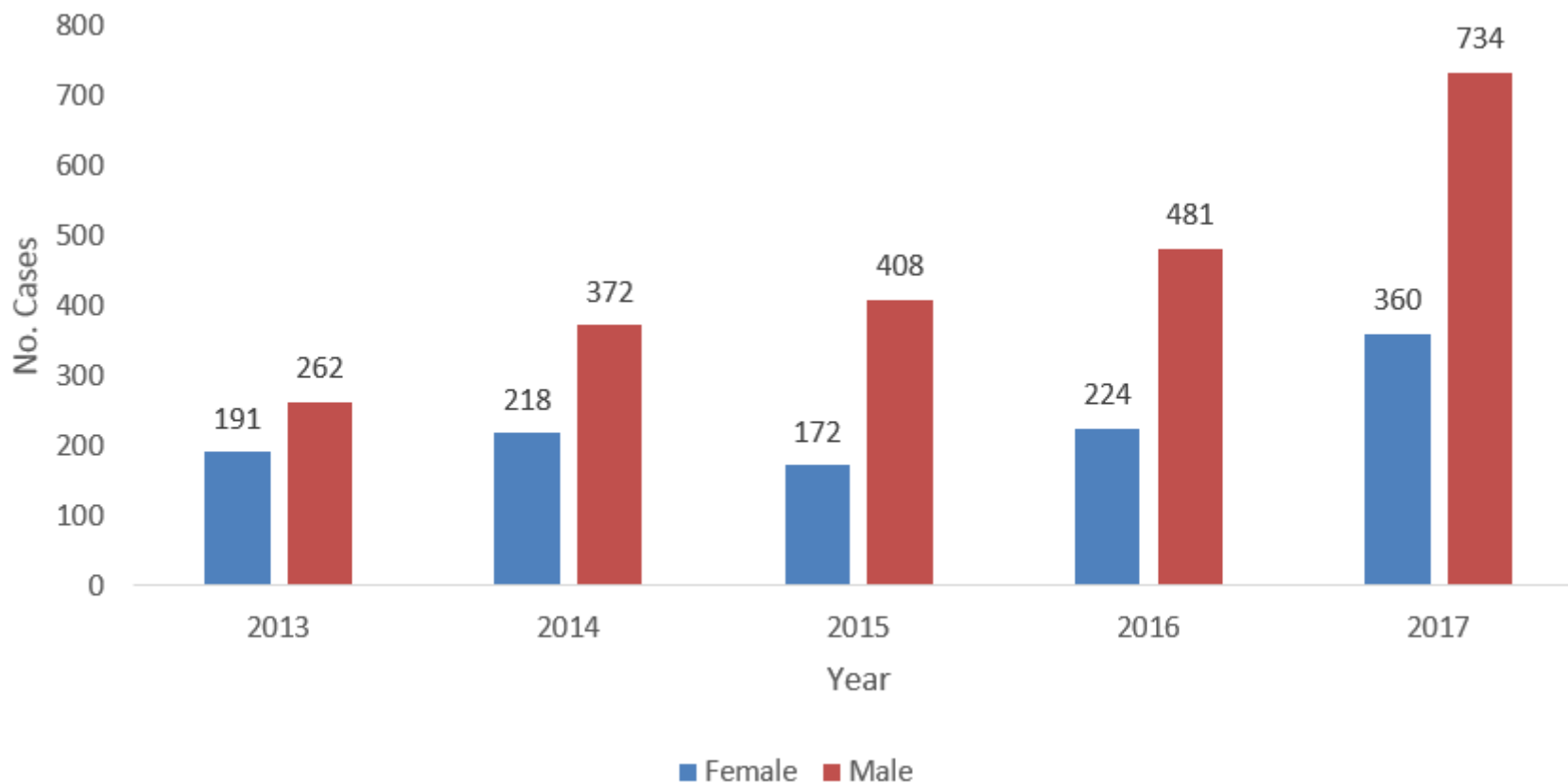


Reported Cases of Gonorrhea Rhode Island, 2007-2016

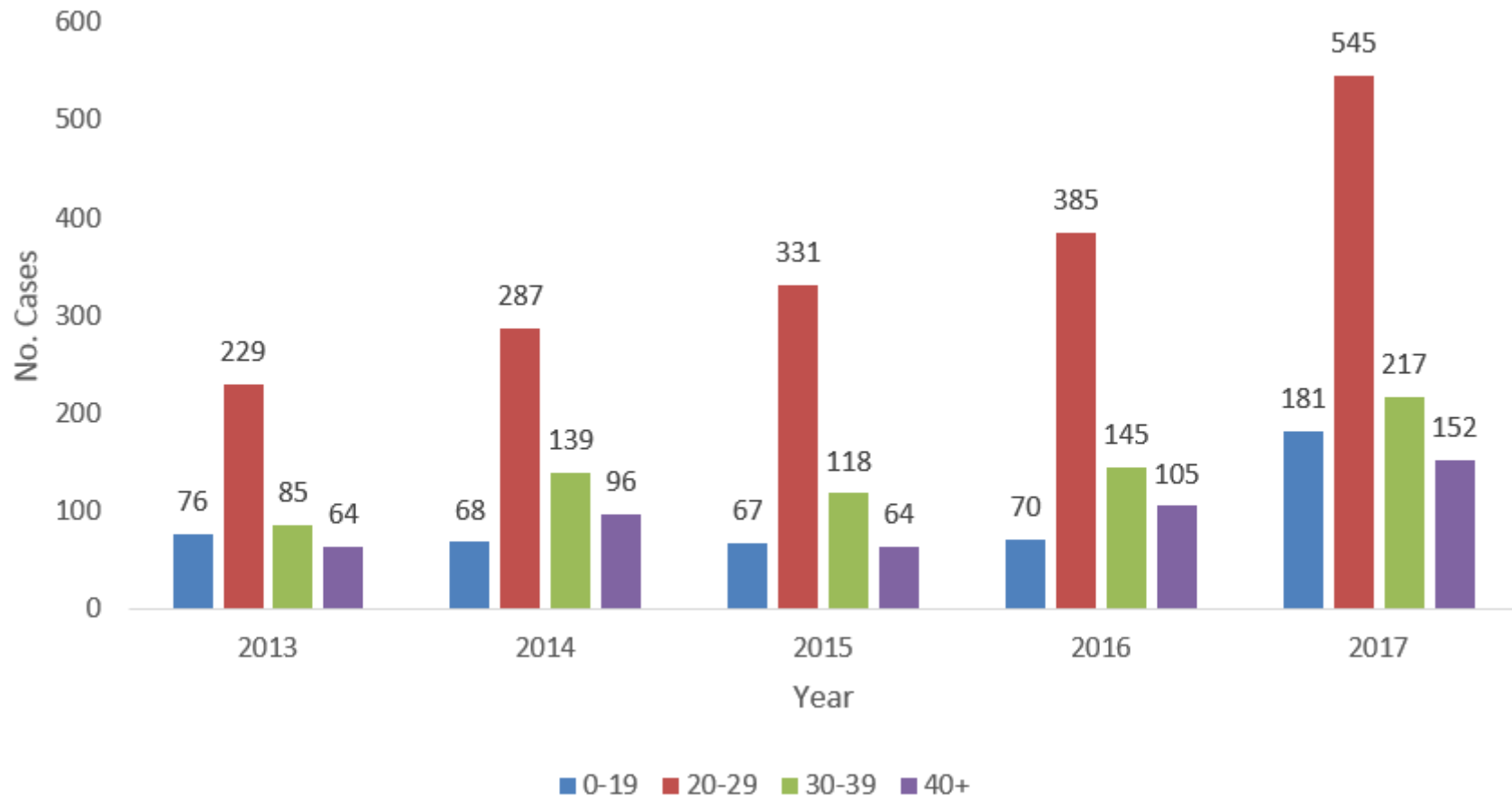


2017: A total of 1,095 cases (provisionally)

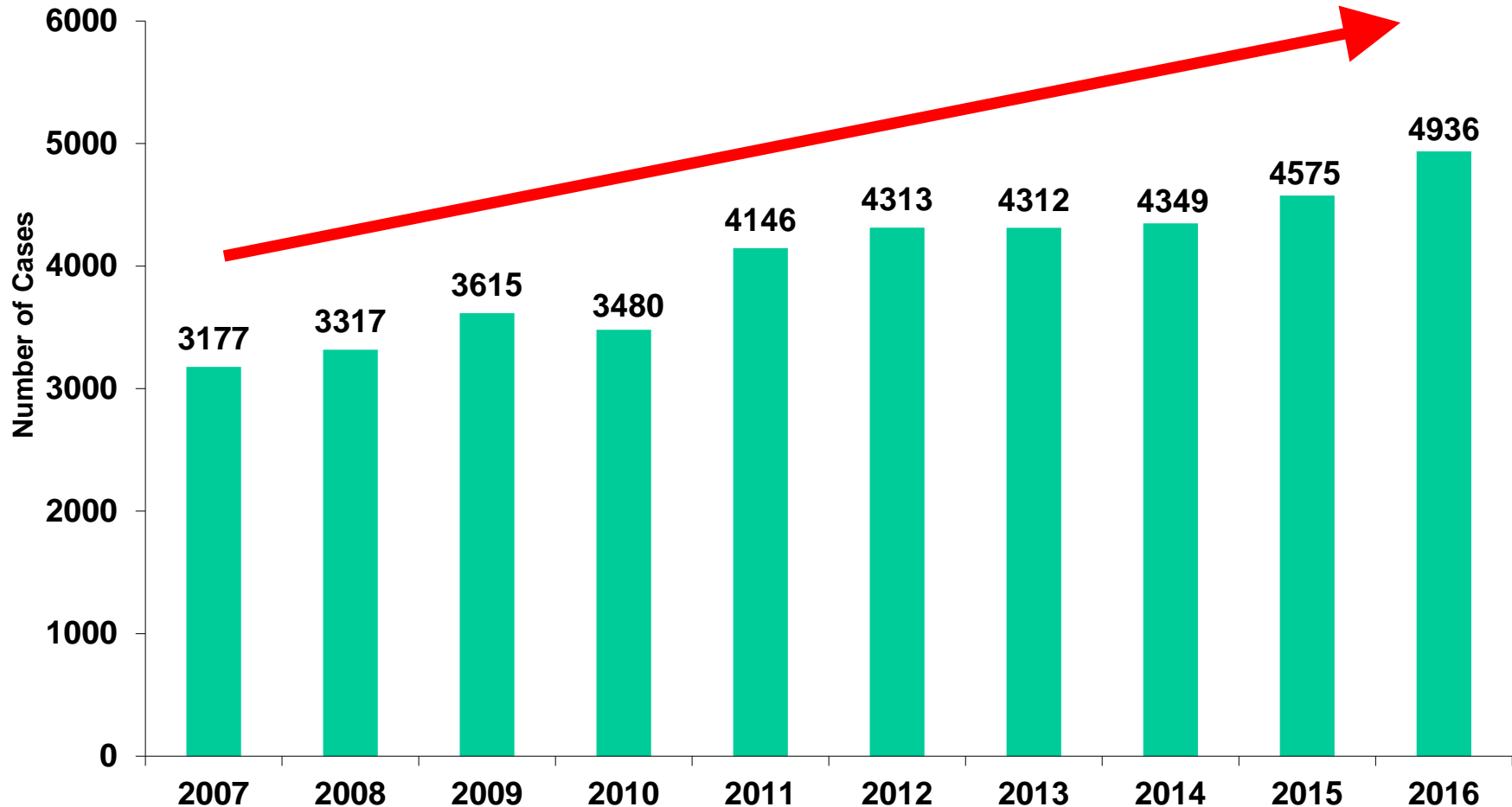
Gonorrhea by Sex Rhode Island, 2013-2017



Gonorrhea by Age Group Rhode Island, 2013-2017

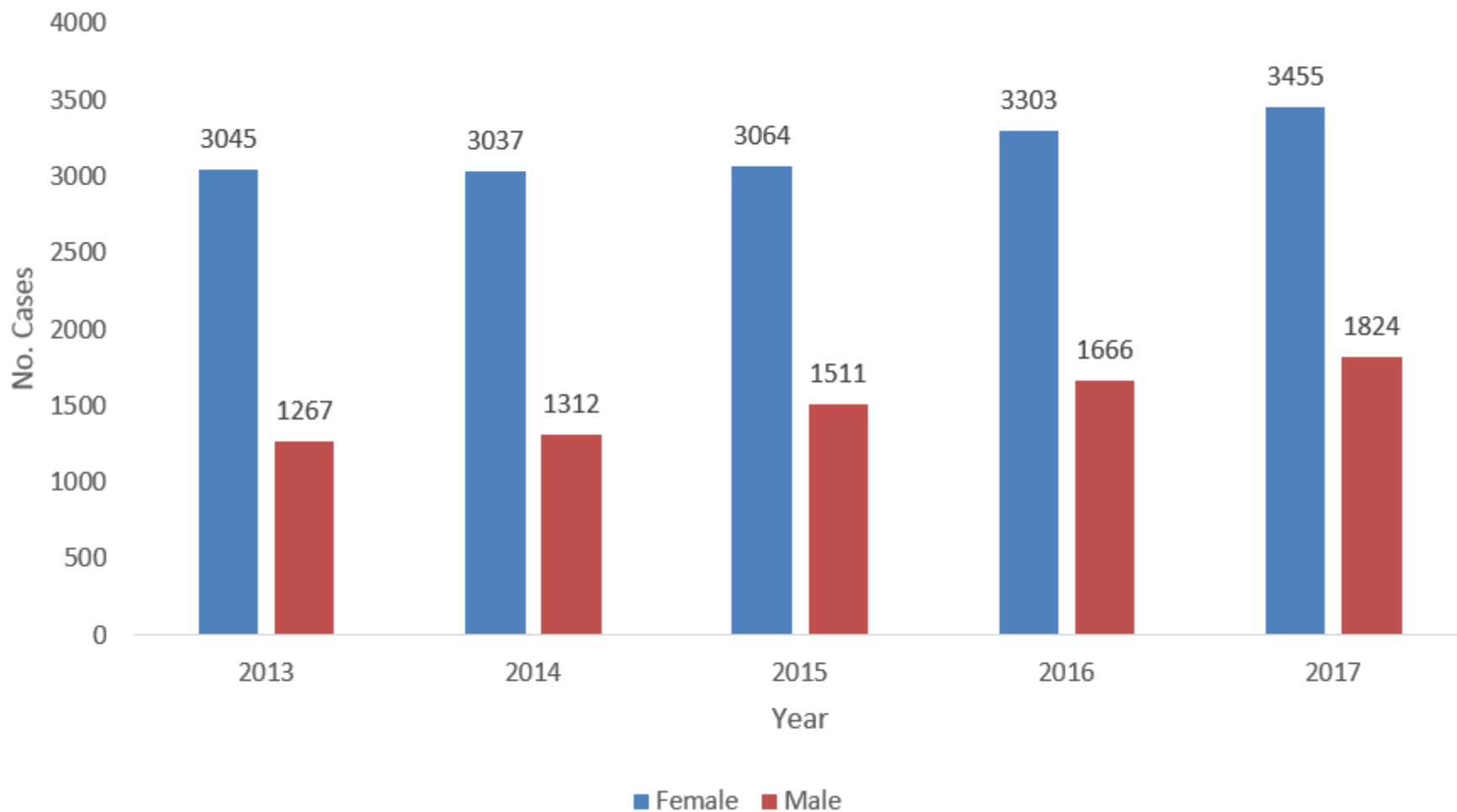


Reported Cases of Chlamydia Rhode Island, 2007-2016

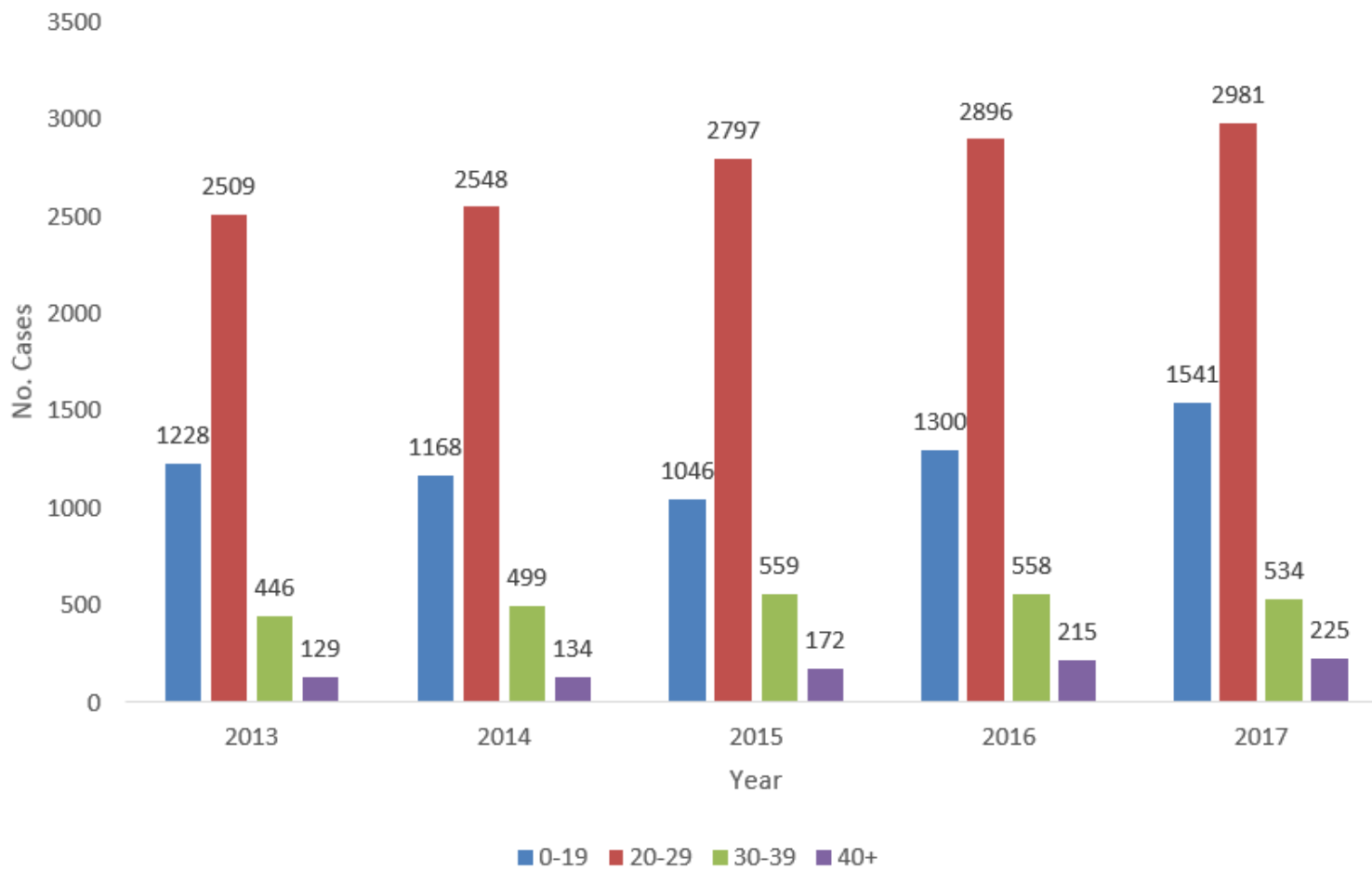


2017: A total of 5,281 cases (provisionally)

Chlamydia by Sex Rhode Island, 2007-2016



Chlamydia by Age Group Rhode Island, 2013-2017





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