



Maryland HIV/AIDS Quarterly Update

First Quarter 2020

Data reported through March 31, 2020
 Center for HIV Surveillance, Epidemiology and Evaluation
 Infectious Disease Prevention and Health Services Bureau
 Prevention and Health Promotion Administration
 Maryland Department of Health
<https://phpa.health.maryland.gov/OIDEOR/CHSE/pages/Home.aspx>
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Section I – Background Information

HIV/AIDS Reporting Requirements

The Maryland HIV/AIDS Reporting Act of 2007 went into effect on April 24, 2007. The law expanded HIV/AIDS reporting and required that people living with HIV be reported by name. The following highlights the reporting requirements of Health-General Articles 18-201.1, 18-202.1, and 18-205 of the Annotated Code of Maryland, as specified in the Code of Maryland Regulations (COMAR) 10.18.02.

- Physicians are required to report patients in their care with diagnoses of HIV or AIDS immediately to the Local Health Department where the physician’s office is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone.
- Physicians are required to report infants born to HIV positive mothers within 48 hours to the Maryland Department of Health by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone.
- Clinical and infection control practitioners in hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities are required to report patients in the care of the institution with diagnoses of HIV or AIDS within 48 hours to the Local Health Department where the institution is located by mailing the Maryland Confidential Morbidity Report (DHMH 1140). Reports are also accepted by phone. Facilities with large volumes are encouraged to contact the Maryland Department of Health to establish electronic reporting.
- Laboratory directors are required to report patients with laboratory results indicating HIV infection (e.g., positive confirmatory HIV diagnostic tests, all CD4 immunological tests, all HIV viral load tests, and all HIV genotype and phenotype tests) within 48 hours to the Local Health Department where the laboratory is located, or if out of state to the Maryland Department of Health, by mailing the State of Maryland HIV/CD4 Laboratory Reporting Form (DHMH 4492). Laboratories are encouraged to contact the Maryland Department of Health to establish electronic reporting. Reporting forms and instructions, including mailing addresses and phones numbers, are available on our website:

<https://phpa.health.maryland.gov/OIDEOR/CHSE/Pages/reporting-material.aspx>

For Assistance with HIV/AIDS Reporting

For assistance with reporting, including establishment of routine, electronic, or other alternate methods of reporting to the Maryland Department of Health, please contact the Center for HIV Surveillance, Epidemiology and Evaluation in the Maryland Department of Health at 410-767-5227.

Limitations in the HIV/AIDS Data

This epidemiological profile only contains data for people that have been diagnosed with HIV by a health care provider, were reported to the health department by name, and were residents of Maryland at the time of diagnosis or are current residents of Maryland as of September 30, 2019. Surveillance is the ongoing systematic collection, analysis, interpretation, and dissemination of data. Data are only available for people receiving medical care, often only at facilities in Maryland, and only includes information that has been reported to the health department. Linkage to care data is based solely on laboratory data reported to the health department.

Maryland Residence: This epidemiological profile provides estimates of people living with diagnosed HIV in Maryland by their residence as of September 30, 2019. Residence at diagnosis and age at diagnosis are used exclusively to describe new HIV and AIDS diagnoses. Current residence data are restricted to people for which there is a case report form or laboratory test reported since January 1, 2009. Restricting address data to recent years presents the most accurate data available and helps to account for people that may have moved out of state whose data would no longer be reported in Maryland. However, current residence data excludes people that may still be residents

of Maryland but have not received any HIV care during the most recent ten and a half years. In addition, residence is dynamic and people living with diagnosed HIV may have resided at multiple addresses that cannot all be represented in single time point estimates.

Maryland Residence – Correctional Facilities: People living with diagnosed HIV who were reported to be residing in a state or federal prison as of September 30, 2019 will be presented in the Maryland epidemiological profile only. For surveillance purposes, pre- or post-incarceration residential addresses are used for people living with diagnosed HIV who were incarcerated in local jails and detention centers. Individuals diagnosed or previously identified as residing in a correctional facility, whose most recent reported residential address indicates they were not residing in a state/federal correctional facility as of September 30, 2019, are included with estimates of people who are not incarcerated. The movement of persons between Maryland correctional facilities is not reflected in this report.

Foreign-Born Maryland Residents: The completeness of reporting a person’s country of birth is variable in surveillance data. Not all agencies collect or have complete data on nativity. In addition, some individuals may immigrate to the U.S. with HIV. HIV testing data from other countries is often unavailable for these people; therefore, they are counted as a new diagnosis following their first HIV related lab test in the United States, even if they were first diagnosed elsewhere.

Please note that data reported in the quarterly reports may not match data reported in the annual epidemiological profiles due to differences in reporting periods. In addition, not all data has been geocoded in the quarterly reports and therefore is preliminary. Geocoding is the process of assigning geographic identifiers to map features and data records. Addresses are standard data elements required by law and submitted as part of reporting requirements; however, the information may be incomplete which then requires a geocoding process to improve the quality of data. This process is fully completed on the end-of-the-year data set.

Stages of a HIV Surveillance

Untreated HIV disease progresses from HIV infection to AIDS to death. These are biological events that occur whether or not a person receives any medical care. For example, a person can be HIV infected but never have an HIV test and so they do not have an HIV diagnosis. A medical provider diagnoses that these biological events have occurred and records them as a medical event. The law requires medical providers to report these medical events to the Health Department, thereby creating a surveillance event.

Time Point	Biological Event	Medical Event	Surveillance Event
1	HIV Infection		
2		HIV Diagnosis	
3			HIV Report
4	AIDS Conditions		
5		AIDS Diagnosis	
6			AIDS Report
7	Death		
8		Death Diagnosis	
9			Death Report

A instance of HIV/AIDS can only move through time in one direction, from HIV infection to death report [from time point 1 to time point 9], but may skip over individual stages. Events can occur simultaneously, but usually there is a time lag between them. The time lag between events can be measured in days, months, and years.

For example, the time between HIV infection [time point 1] and the test that diagnoses HIV [time point 2] may be several years, and it may then take several days for the laboratory and physician to report the diagnosis to the health department [time point 3]. In a second example, a person with diagnosed and

reported HIV infection [time point 3] may die [time point 7] without developing AIDS, thereby skipping the three AIDS events (conditions, diagnosis, and report [time points 4, 5 and 6]). And in a third example, a person with undiagnosed HIV infection [time point 1] may become sick, enter the hospital, and die [time point 7] of what is later determined to be AIDS. In that situation, HIV diagnosis [time point 2], AIDS diagnosis [time point 5], and death diagnosis [time point 8] would all occur at the same time, and that would probably be many years after the initial HIV infection [time point 1].

Changes in Terminology

The terminology for HIV and AIDS surveillance data was changed from earlier epidemiological profiles to be more precise, with Reported Diagnoses replacing Incidence and People Living with Diagnosed HIV replacing Prevalence. Incidence is a measure of the number of new events (such as HIV infections) in a population during a period of time. Prevalence is a measure of the number of people living with a condition (such as HIV) in a population at a certain time. Prevalence includes both newly and previously diagnosed individuals as well as undiagnosed infections. For HIV, Incidence and Prevalence cannot be directly measured and must be estimated using statistical methods. The HIV surveillance system is able to provide the actual number of diagnoses and deaths that are reported in the population.

For this epidemiological profile, reports received through a certain time (six months after September 30, 2019) are used to generate the number of diagnoses during the prior years. This lag time allows for delays in reporting and time to complete investigations. Instead of the previous one-year lag, this epidemiological profile utilizes a six-month lag, and as a result, data on exposure category and deaths for the prior year are preliminary. For example, the Reported HIV Diagnoses are the total number of people diagnosed with HIV from October 1, 2018 to September 30, 2019, as reported by name through December 31, 2019.

To calculate the number of people living with diagnosed HIV, we count all reported diagnoses from the beginning of the epidemic (all new diagnoses each year) and subtract all reported deaths. For example, the total people living with diagnosed HIV on June 30, 2019 are the total reported HIV diagnoses not reported to have died as of September 30, 2019 as reported by name through March 31, 2020.

Laboratory Data

CD4+ T-lymphocyte tests are measures of a person's immune system function. An HIV infected adult is considered to have AIDS if they have less than 200 CD4+ cells per microliter of blood or if the percent of T-Lymphocyte cells that are CD4+ cells is less than 14 percent. Viral load (VL) tests are measures of the amount of HIV in a person's body. The goal of HIV treatment is to have a very low number of copies of virus per milliliter of blood, below what the test can measure, which is called an undetectable level. Low levels of VL, such as less than 200 copies per milliliter of blood, are known as viral suppression. Treatment recommendations are that a person in HIV medical care should have their CD4 and VL levels measured regularly, at least once per year. We use the presence of these lab tests as an indicator that someone has been "linked to care" after diagnosis or is "retained in care."

Sources of Data

Information on HIV and AIDS diagnoses, including residence at diagnosis, current residence, age, race/ethnicity, sex at birth, current gender, country of birth, vital status, HIV exposure category, and CD4 and HIV viral load test results are from the Maryland Department of Health's Enhanced HIV/AIDS Reporting System (eHARS), December 31, 2019.

Population data are from the July 1, 2018 U.S. Census Estimates. Due to estimation limitations, some population totals may not equal the sum of its components.

Tabulation of Column Totals

Numbers in figures, tables and generally in the text have been rounded. Discrepancies in tables between totals and sums of components are due to rounding.

Data Suppression

In order to protect the confidentiality of people living with diagnosed HIV, data are suppressed in the following instances:

- Data describing a demographic group or geographic area (e.g. ZIP code) with a population less than 1,000 people.
- All clinical/laboratory information if it is describing less than 5 people.
- If any cell is suppressed, additional cells are also suppressed as necessary to prevent back calculation of the suppressed cell(s).

Glossary of Terms

CD4 Result Distribution (<200, 200-349, 350-499, 500+): Percent of people living with diagnosed HIV with a CD4 test distributed by their CD4 count results (cells per microliter).

CD4 With Test: Number and percent of total people aged 13+ living with diagnosed HIV with a recent CD4 test result.

Corrections: Residence in a state or federal prison. Does not include local jails and detention centers.

Current Residence: Jurisdiction of residence from the most recent report since January 1, 2009.

First CD4 Test Result Median Count: Median CD4 count (cells per microliter) of the first CD4 test result reported within 12 months following initial HIV diagnosis.

First CD4 Test Result Percent with Test: Percent of reported HIV diagnoses among people aged 13+ with the first CD4 test result reported within 12 months following the initial HIV diagnosis.

Jurisdiction of Current Residence: Jurisdiction of residence from the most recent report since January 1, 2009.

Jurisdiction of Residence: Jurisdiction of residence at diagnosis or current residence.

Jurisdiction of Residence at AIDS Diagnosis: Jurisdiction of residence at time of initial AIDS diagnosis.

Jurisdiction of Residence at Diagnosis: Jurisdiction of residence at the later time of initial HIV diagnosis or time of initial AIDS diagnosis.

Jurisdiction of Residence at HIV Diagnosis: Jurisdiction of residence at time of initial HIV diagnosis.

Late HIV Diagnosis: Percent of adult/adolescent reported HIV diagnoses with an initial AIDS diagnosis less than or equal to 3 months after their initial HIV diagnosis.

Linked to Care: Percent of adult/adolescent reported HIV diagnoses with a reported CD4 or viral load test performed less than or equal to 1 month or 3 months after their initial HIV diagnosis.

People Aged 13+ Living with Diagnosed HIV: Reported HIV diagnoses, age 13 years or older as of September 30, 2019 and not reported to have died as of March 31, 2020.

People Living with Diagnosed HIV: Reported HIV diagnoses not reported to have died as of March 31, 2020.

Median Count: Median CD4 count (cells per microliter), among total people aged 13+ living with diagnosed HIV, of the most recent CD4 test result measured in the specified year.

Median Unsuppressed: Median unsuppressed viral load (copies per milliliter) among people aged 13+ living with diagnosed HIV of the most recent viral load test result measured in the specified year of 200 copies per milliliter or greater.

Percent Change: The percent change in number of total people aged 13+ living with diagnosed HIV from residence at diagnosis to current residence.

Percent Late HIV Diagnosis: Percent of adult/adolescent reported AIDS diagnoses with an initial HIV diagnosis less than or equal to 3 months prior to their initial AIDS diagnosis.

Percent Suppressed: Percent of total people aged 13+ living with diagnosed HIV with a recent viral load test result measured in the specified year of less than 200 copies per milliliter.

Population: Population estimate for July 1, 2018.

Population Age 13+: Population age 13 years or older, estimate for July 1, 2018.

Rate: Number of people living with diagnosed HIV divided by the population and multiplied by 100,000.

Ratio (1 in X): Number of people for every 1 person living with diagnosed HIV in the population, or 1 person living with diagnosed HIV in every X number of people.

Recent CD4 Test Result: The most recent CD4 test result measured in the specified year.

Recent Viral Load Test Result: The most recent viral load test result measured in the specified year.

Reported AIDS Diagnoses Among People Aged 13+: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial AIDS diagnosis during the specified year.

Reported HIV Diagnoses Among People Aged 13+: Reported HIV diagnoses, age 13 years or older at HIV diagnosis, with an initial HIV diagnosis during the specified year.

Residence at Diagnosis: Jurisdiction of residence at later time of initial HIV diagnosis or initial AIDS diagnosis.

Total People Aged 13+ Living with Diagnosed HIV: Reported HIV diagnoses, age 13 years or older as of September 30, 2019 not reported to have died as of March 30, 2020.

Viral Load With Test: Number and percent of total people aged 13+ living with diagnosed HIV with a recent viral load test result.

Maryland Department of Health Non-Discrimination Statement

The Maryland Department of Health (MDH) complies with applicable Federal civil right laws and does not discriminate on the basis of race, color, national origin, age, disability in its health programs and activities.

English

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中文/Chinese

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Suggested Citation: Maryland HIV/AIDS Quarterly Update, First Quarter 2020. Baltimore, MD: Center for HIV Surveillance, Epidemiology and Evaluation, Infectious Disease Prevention and Health Services Bureau, Prevention and Health Promotion Administration, Maryland Department of Health. April 2020.

Section II – Reported HIV Diagnoses, Among People Aged 13+, by Jurisdiction

Table 1 – Reported HIV Diagnoses, Among People Aged 13+ During October 1, 2018 through September 30, 2019, Linked to Care, Late Diagnosis, and First CD4 Test Result by Jurisdiction of Residence at HIV Diagnosis, Reported through March 31, 2020

Jurisdiction of Residence at HIV Diagnosis	Population Age 13+	Reported HIV Diagnoses Among People Aged 13+							
		No.	% of Total	Rate	Linked to Care		Late HIV Diagnoses	First CD4 Test Result	
					% 1 mo.	% 3 mo.	%	% with Test	Median Count
Allegany	62,278	3	0.3%	4.8	***	***	***	***	***
Anne Arundel	483,036	48	5.1%	9.9	87.5%	93.8%	25.0%	91.7%	401
Baltimore City	510,571	182	19.4%	35.6	87.4%	90.1%	25.3%	84.1%	350
Baltimore	699,848	132	14.1%	18.9	90.9%	95.5%	21.2%	94.7%	392
Calvert	77,463	3	0.3%	3.9	***	***	***	***	***
Caroline	27,707	3	0.3%	10.8	***	***	***	***	***
Carroll	143,269	5	0.5%	3.5	80.0%	100.0%	***	100.0%	282
Cecil	86,608	6	0.6%	6.9	66.7%	66.7%	0.0%	66.7%	525
Charles	134,428	37	4.0%	27.5	83.8%	91.9%	21.6%	94.6%	357
Dorchester	27,228	2	0.2%	7.3	***	***	***	***	***
Frederick	214,057	11	1.2%	5.1	63.6%	81.8%	***	72.7%	352
Garrett	25,427	0	0.0%	0.0	--	--	--	--	--
Harford	214,532	10	1.1%	4.7	80.0%	90.0%	***	90.0%	330
Howard	268,234	18	1.9%	6.7	88.9%	94.4%	22.2%	94.4%	455
Kent	17,222	3	0.3%	17.4	***	***	***	***	***
Montgomery	877,597	150	16.0%	17.1	90.0%	94.7%	34.0%	93.3%	289
Prince George's	760,274	278	29.7%	36.6	88.8%	92.4%	22.3%	90.6%	395
Queen Anne's	42,794	3	0.3%	7.0	***	***	***	***	***
Saint Mary's	93,234	6	0.6%	6.4	83.3%	83.3%	0.0%	100.0%	649
Somerset	22,469	0	0.0%	0.0	--	--	--	--	--
Talbot	32,218	0	0.0%	0.0	--	--	--	--	--
Washington	127,623	5	0.5%	3.9	80.0%	100.0%	***	100.0%	616
Wicomico	86,947	20	2.1%	23.0	90.0%	90.0%	30.0%	90.0%	445
Worcester	45,604	2	0.2%	4.4	***	***	***	***	***
Corrections	--	9	1.0%	--	88.9%	88.9%	22.2%	100.0%	466
Total	5,080,666	936	100.0%	18.4	88.2%	92.6%	24.5%	90.7%	377

*** Data withheld due to low population counts and/or small numbers

Table 2 – Reported AIDS Diagnoses, Among People Aged 13+ During October 1, 2018 through September 30, 2019, Mean Years from HIV Diagnosis and Percent Late HIV Diagnosis, by Jurisdiction of Residence at AIDS Diagnosis, Reported through March 31, 2020

Jurisdiction of Residence at AIDS Diagnosis	Population Age 13+	Reported AIDS Diagnoses Among People Aged 13+				
		No.	% of Total	Rate	Mean Years from HIV Diagnosis	% Late HIV Diagnosis
Allegany	62,278	2	0.4%	3.2	***	***
Anne Arundel	483,036	26	5.4%	5.4	4.5	57.7%
Baltimore City	510,571	125	25.9%	24.5	7.2	37.6%
Baltimore	699,848	70	14.5%	10.0	5.1	52.9%
Calvert	77,463	2	0.4%	2.6	***	***
Caroline	27,707	0	0.0%	0.0	--	--
Carroll	143,269	6	1.2%	4.2	3.6	***
Cecil	86,608	0	0.0%	0.0	--	--
Charles	134,428	12	2.5%	8.9	4.3	66.7%
Dorchester	27,228	0	0.0%	0.0	--	--
Frederick	214,057	0	0.0%	0.0	--	--
Garrett	25,427	0	0.0%	0.0	--	--
Harford	214,532	4	0.8%	1.9	***	***
Howard	268,234	5	1.0%	1.9	2.4	***
Kent	17,222	2	0.4%	11.6	***	***
Montgomery	877,597	74	15.4%	8.4	4.1	62.2%
Prince George's	760,274	135	28.0%	17.8	4.2	54.8%
Queen Anne's	42,794	0	0.0%	0.0	--	--
Saint Mary's	93,234	0	0.0%	0.0	--	--
Somerset	22,469	0	0.0%	0.0	--	--
Talbot	32,218	0	0.0%	0.0	--	--
Washington	127,623	6	1.2%	4.7	13.2	***
Wicomico	86,947	9	1.9%	10.4	5.2	***
Worcester	45,604	1	0.2%	2.2	***	***
Corrections	--	3	0.6%	--	***	***
Total	5,080,666	482	100.0%	9.5	5.2	51.7%

*** Data withheld due to low population counts and/or small numbers

Table 3 – People Aged 13+ Living with Diagnosed HIV, Alive on September 30, 2019, by Jurisdiction of Residence at Diagnosis and Current Residence, Reported through March 31, 2020

Jurisdiction of Residence	Population Age 13+	Total People Aged 13+ Living with Diagnosed HIV								
		Residence at Diagnosis				Current Residence				% Change
		No.	% of Total	Rate	Ratio (1 in X)	No.	% of Total	Rate	Ratio (1 in X)	
Allegany	62,278	77	0.2%	123.6	808	103	0.3%	165.4	604	33.8%
Anne Arundel	483,036	1,316	4.0%	272.4	367	1,363	4.3%	282.2	354	3.6%
Baltimore City	510,571	11,536	35.0%	2,259.4	44	10,823	34.3%	2,119.8	47	-6.2%
Baltimore	699,848	3,595	10.9%	513.7	194	3,527	11.2%	504.0	198	-1.9%
Calvert	77,463	108	0.3%	139.4	717	127	0.4%	163.9	609	17.6%
Caroline	27,707	68	0.2%	245.4	407	64	0.2%	231.0	432	-5.9%
Carroll	143,269	152	0.5%	106.1	942	165	0.5%	115.2	868	8.6%
Cecil	86,608	119	0.4%	137.4	727	144	0.5%	166.3	601	21.0%
Charles	134,428	527	1.6%	392.0	255	624	2.0%	464.2	215	18.4%
Dorchester	27,228	130	0.4%	477.4	209	145	0.5%	532.5	187	11.5%
Frederick	214,057	363	1.1%	169.6	589	449	1.4%	209.8	476	23.7%
Garrett	25,427	10	0.0%	39.3	2,542	16	0.1%	62.9	1,589	60.0%
Harford	214,532	460	1.4%	214.4	466	500	1.6%	233.1	429	8.7%
Howard	268,234	582	1.8%	217.0	460	678	2.1%	252.8	395	16.5%
Kent	17,222	38	0.1%	220.6	453	46	0.1%	267.1	374	21.1%
Montgomery	877,597	4,310	13.1%	491.1	203	3,605	11.4%	410.8	243	-16.4%
Prince George's	760,274	7,503	22.8%	986.9	101	7,854	24.9%	1,033.0	96	4.7%
Queen Anne's	42,794	54	0.2%	126.2	792	54	0.2%	126.2	792	0.0%
Saint Mary's	93,234	138	0.4%	148.0	675	159	0.5%	170.5	586	15.2%
Somerset	22,469	60	0.2%	267.0	374	92	0.3%	409.5	244	53.3%
Talbot	32,218	66	0.2%	204.9	488	78	0.2%	242.1	413	18.2%
Washington	127,623	297	0.9%	232.7	429	340	1.1%	266.4	375	14.5%
Wicomico	86,947	247	0.7%	284.1	352	262	0.8%	301.3	331	6.1%
Worcester	45,604	75	0.2%	164.5	608	68	0.2%	149.1	670	-9.3%
Corrections	--	1,143	3.5%	--	--	302	1.0%	--	--	--
Total	5,080,666	32,974	100.0%	649.0	154	31,588	100.0%	621.7	160	-4.2%

Table 4 – CD4 Test Results During October 1, 2018 through September 30, 2019 for People Aged 13+ Living with Diagnosed HIV, Alive on September 30, 2019, by Jurisdiction of Current Residence, Reported through March 31, 2020

Jurisdiction of Current Residence	Total People Aged 13+ Living with Diagnosed HIV								
	No.	Recent CD4 Test Result				<200	200-349	350-499	500+
		No. with Test	% with Test	Median Count					
Allegany	103	96	93.2%	621	8.3%	8.3%	16.7%	66.7%	
Anne Arundel	1,363	1,012	74.2%	628	7.1%	12.2%	15.2%	65.5%	
Baltimore City	10,823	8,278	76.5%	596	9.9%	12.7%	16.1%	61.4%	
Baltimore	3,527	2,627	74.5%	638	7.4%	10.8%	15.2%	66.6%	
Calvert	127	106	83.5%	678	5.7%	12.3%	12.3%	69.8%	
Caroline	64	57	89.1%	683	1.8%	10.5%	12.3%	75.4%	
Carroll	165	120	72.7%	663	5.0%	11.7%	13.3%	70.0%	
Cecil	144	93	64.6%	576	8.6%	5.4%	22.6%	63.4%	
Charles	624	484	77.6%	628	7.9%	12.0%	15.5%	64.7%	
Dorchester	145	124	85.5%	634	4.8%	13.7%	16.9%	64.5%	
Frederick	449	345	76.8%	610	5.2%	8.7%	15.9%	70.1%	
Garrett	16	13	81.3%	851	0.0%	7.7%	30.8%	61.5%	
Harford	500	379	75.8%	582	9.0%	12.4%	17.4%	61.2%	
Howard	678	520	76.7%	636	6.0%	10.4%	16.3%	67.3%	
Kent	46	40	87.0%	696	2.5%	5.0%	10.0%	82.5%	
Montgomery	3,605	2,608	72.3%	608	6.9%	10.9%	16.8%	65.4%	
Prince George's	7,854	6,095	77.6%	609	7.8%	11.5%	16.1%	64.6%	
Queen Anne's	54	40	74.1%	711	7.5%	17.5%	10.0%	65.0%	
Saint Mary's	159	125	78.6%	600	7.2%	16.8%	17.6%	58.4%	
Somerset	92	81	88.0%	614	7.4%	13.6%	9.9%	69.1%	
Talbot	78	65	83.3%	533	10.8%	20.0%	15.4%	53.8%	
Washington	340	273	80.3%	639	5.9%	8.8%	17.6%	67.8%	
Wicomico	262	213	81.3%	594	13.1%	13.6%	15.5%	57.7%	
Worcester	68	56	82.4%	638	3.6%	8.9%	21.4%	66.1%	
Corrections	302	244	80.8%	653	6.1%	7.4%	18.4%	68.0%	
Total	31,588	24,094	76.3%	612	8.2%	11.7%	16.1%	64.0%	

Table 5 – Viral Load Test Results During October 1, 2018 through September 30, 2019 for People Aged 13+ Living with Diagnosed HIV, Alive on September 30, 2019, by Jurisdiction of Current Residence, Reported through March 31, 2020

Jurisdiction of Current Residence	Total People Aged 13+ Living with Diagnosed HIV				
	No.	Recent Viral Load Test Result			Median Unsuppressed
		No. with Test	% with Test	% Suppressed	
Allegany	103	96	93.2%	91.7%	9,562
Anne Arundel	1,363	1,052	77.2%	89.3%	6,710
Baltimore City	10,823	8,748	80.8%	86.4%	11,276
Baltimore	3,527	2,752	78.0%	89.6%	11,700
Calvert	127	104	81.9%	95.2%	2,650
Caroline	64	55	85.9%	89.1%	1,655
Carroll	165	127	77.0%	91.3%	36,700
Cecil	144	98	68.1%	77.6%	11,250
Charles	624	494	79.2%	89.1%	2,250
Dorchester	145	122	84.1%	94.3%	23,890
Frederick	449	349	77.7%	93.1%	3,307
Garrett	16	12	75.0%	100.0%	--
Harford	500	383	76.6%	89.3%	14,679
Howard	678	534	78.8%	91.8%	6,410
Kent	46	41	89.1%	85.4%	465
Montgomery	3,605	2,617	72.6%	91.0%	6,100
Prince George's	7,854	6,133	78.1%	88.4%	10,200
Queen Anne's	54	41	75.9%	90.2%	153,680
Saint Mary's	159	129	81.1%	88.4%	9,320
Somerset	92	82	89.1%	85.4%	4,065
Talbot	78	66	84.6%	93.9%	5,415
Washington	340	273	80.3%	89.4%	9,789
Wicomico	262	213	81.3%	88.7%	21,400
Worcester	68	57	83.8%	93.0%	17,335
Corrections	302	238	78.8%	88.2%	2,685
Total	31,588	24,816	78.6%	88.4%	10,000