HIV in Prince George's County Epidemiological Profile & Strategic Action

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Key Public Health Terms

Term	Definition
HIV (Human Immunodeficiency Virus)	Virus that attacks the immune system
Incidence	Number of new HIV diagnoses in a given year
Prevalence	Total number of people living with HIV
Rate	Cases per 100,000 population; allows fair comparison
Viral Suppression	HIV reduced to undetectable levels with treatment
U=U	Undetectable = Untransmittable
PrEP	Medication taken before exposure to prevent HIV
PEP	Emergency medication taken after possible HIV exposure to reduce risk of HIV infection
SARS-CoV-2	Virus that causes COVID-19
STI	Sexually transmitted infection
HSV	Herpes simplex virus; causes oral or genital herpes
HBV	Hepatitis B virus; infects the liver
HCV	Hepatitis C virus; infects the liver

What is HIV?

HIV is human immunodeficiency virus is the virus that causes Acquired Immunodeficiency Syndrome or AIDS.

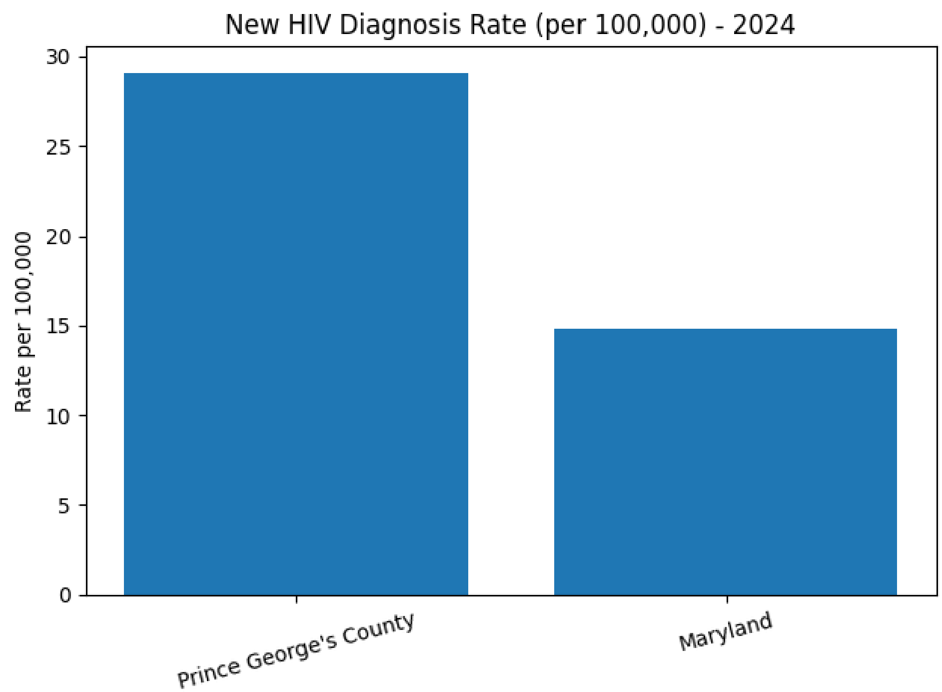
The HIV virus is both a sufficient and necessary CAUSE of HIV, meaning you must have the virus to be infected, and the presence of the virus is enough to cause the infection.

Maryland Department of Health (MDH). *HIV Surveillance Annual Report, 2024 (Provisional Data).* Baltimore, MD: MDH Center for HIV Surveillance, Epidemiology, and Evaluation; 2024.

2024 HIV Snapshot

238 new diagnoses (Incidence)

- 8,624 residents living with HIV (Prevalence)
- 73% of new diagnoses among males (assigned at birth)
- 83% of people living with HIV in the county are Non-Hispanic Black
- Individuals aged 20-39 account for the highest proportion of new diagnoses



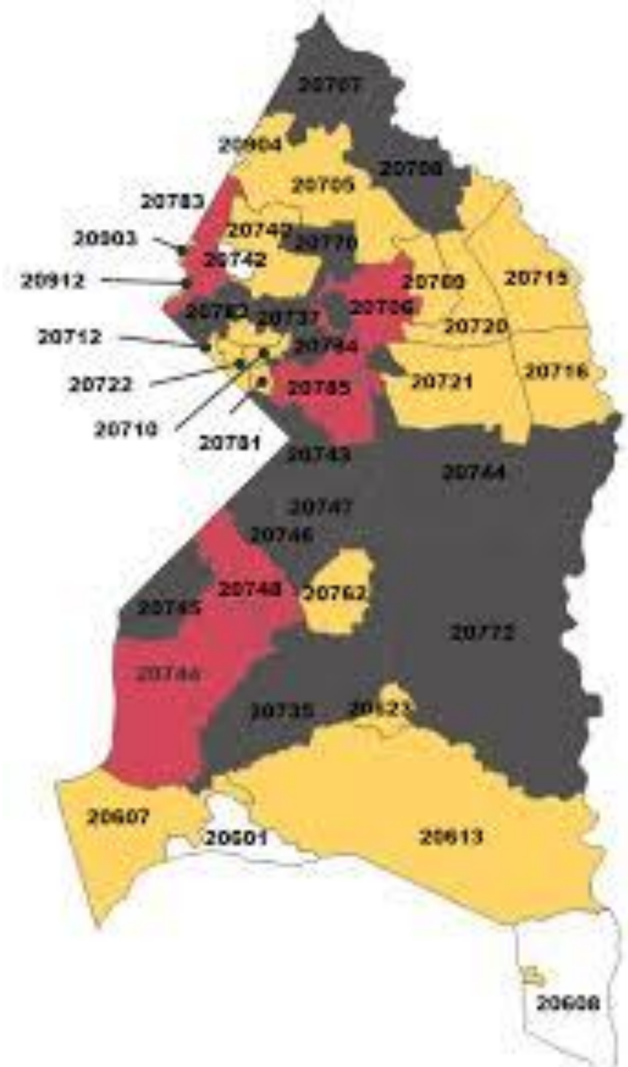
Maryland Department of Health (MDH). *HIV Surveillance Annual Report, 2024 (Provisional Data).* Baltimore, MD: MDH Center for HIV Surveillance, Epidemiology, and Evaluation; 2024.

Why This Matters

Prince George's County leads Maryland in new HIV diagnoses

- Rate is more than double the State average
- County holds 26% of Maryland's HIV-positive residents
- Public health + economic + equity implications

Hot Spots



High Prevalence Areas in Prince George's County:

20747 (District Heights/Suitland) and

20737 (Riverdale/Hyde Park).

Other high-prevalence areas include zip codes

20743 (Capitol Heights)

20748 (Oxon Hill)

20746 (Suitland)

20785 (Landover)

Maryland Department of Health (MDH). *HIV Surveillance Annual Report, 2024 (Provisional Data).* Baltimore, MD: MDH Center for HIV Surveillance, Epidemiology, and Evaluation; 2024.

Priority Populations & Disparities

Males account for majority of new diagnoses

Need closer monitoring of cisgender women trends

Historically higher burden among Black/African American residents

Highest impact typically among adults 25–44

Geographic clustering across specific ZIP codes

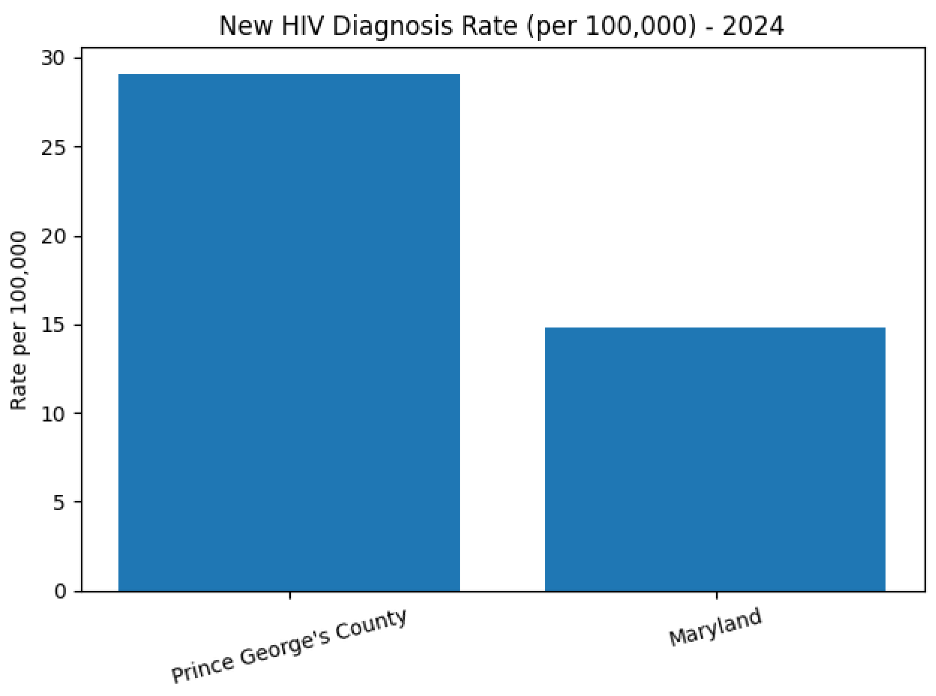
Population Age Context & HIV Aging Trends

Population Group	Age Pattern
General County Population	Median age 36.7 years (2020 Census)
People Newly Diagnosed with HIV (Local Trends)	~40% under age 30; high burden ages 20–39
People Living with HIV (Broader Trend)	Increasing proportion age 50+ due to treatment longevity

U.S. Census (2020) — Population and age distribution for Prince George’s County:
Median age 36.7 years
Source: U.S. Census via Wikipedia “Prince George’s County, Maryland”
https://en.wikipedia.org/wiki/Prince_George%27s_County,_Maryland
Prince George’s County Health Department — HIV local epidemiology trends:
New diagnoses concentrated among younger adults
https://www.princegeorgescountymd.gov/sites/default/files/HIVAIDS-in-Prince-Georges-County-Fact-Sheet.pdf
Regional Aging with HIV Trends — reflects broader phenomenon of aging PLWH:
Example from nearby Washington D.C. (similar urban epidemic dynamics)
https://www.axios.com/local/washington-dc/2022/02/28/dc-hiv-positive-population-aging

Geographic Distribution & Service Gaps

- HIV prevalence varies across ZIP codes
- High-burden areas may not align with service locations
- Transportation and stigma remain barriers
- Data-driven geographic targeting is critical



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Brief STI Context

Chlamydia: 7,040 cases (highest in Maryland)

Gonorrhea: 2,658 cases (second highest)

STIs increase biological vulnerability to HIV acquisition

Integrated HIV/STI strategies are more effective than siloed approaches.

Ending the HIV Epidemic

Is the EHE 4-Pillar Framework the Right Approach?

The federal government Ending the HIV Epidemic (EHE) strategy includes:

- **Diagnose** – Early and routine testing
- **Treat** – Rapid linkage & viral suppression
- **Prevent** – PrEP, PEP, condoms, harm reduction
- **Respond** – Real-time outbreak response

Is it appropriate for Prince George's County?

Yes — but must be locally adapted.

Given the County's epidemiological profile:

- Diagnose must include routine opt-out testing
- Treat must prioritize rapid-start ART
- Prevent must expand PrEP in high-burden ZIP codes
- Respond must use granular ZIP code data

EHE works when localized and equity-focused.

Solutions

- Mail-based HIV/STI testing expansion: HIV self-collection kits
- Mobile testing units in high-prevalence ZIP codes
- PrEP navigation embedded in primary care & emergency departments
- Rapid-start ART within 24–72 hours
- Data dashboards for real-time monitoring
- Community-based peer navigators
- Faith-based and trusted messenger partnerships

What Prince George's County Government Can Do

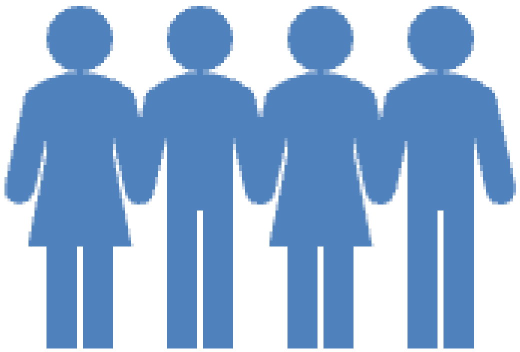
Direct Actions

- Expand routine opt-out HIV testing in Prince George's County Based Facilities
- Fund mobile prevention units
- Support rapid-start treatment models
- Increase local PrEP access points

As Coordinators & Advocates

- Align County funding with ZIP code burden
- Improve cross-agency data sharing
- Strengthen partnerships with CBOs and hospitals
- Advocate for sustained State and Federal funding
- Support stigma-reduction campaigns

HIV & Aging: A Growing Reality in Prince George's County



- Increasing proportion of residents living with HIV are age 50+
- HIV is now a chronic condition due to effective treatment
- Older adults with HIV face higher risk of:
  - Cardiovascular disease
  - Frailty
  - Cognitive decline
  - Dementia
- **Implication:** The County must plan for long-term HIV care, not only prevention.

HIV, Frailty & Medical Decision-Making

As people with HIV age, they face:

- Complex medication regimens (polypharmacy)
- Increased frailty and functional decline
- Cognitive impairment and dementia risk
- Challenges in medical decision-making capacity

Why This Matters for the County:

- Need for integrated HIV + geriatric care models
- Advance care planning support
- Provider training in aging with HIV
- Long-term care coordination

HIV policy must include aging policy.

LGBTQ+ Communities & HIV Disparities

- LGBTQ+ communities, particularly gay and bisexual men, remain disproportionately impacted
- Transgender individuals experience high vulnerability due to:
  - Stigma
  - Housing instability
  - Employment discrimination
- Intersection of race + sexual identity intensifies risk

County-Level Opportunities:

- Support culturally competent care
- Partner with LGBTQ+-affirming providers
- Reduce stigma in public health messaging
- Equity requires affirming environments.

Mental Health & Substance Use

HIV risk and treatment outcomes are strongly linked to:

- Depression
- Anxiety
- Trauma exposure
- Substance use disorders
- Mental health challenges can:
- Reduce testing uptake
- Impede treatment adherence
- Increase transmission risk

Strategic Direction:

- Integrate HIV care with behavioral health services
- Expand harm reduction approaches
- Address substance use with public health—not punitive—strategies

Needs

- **Mental Health**
- Anxiety
- Trauma exposure
- Substance use disorders
- Mental health challenges can:
- Reduce testing uptake
- Impede treatment adherence
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Strategic Direction:

- Integrate HIV care with behavioral health services
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Prevention

- Condoms
  - Correct use prevents HIV and STIs
- Pre-exposure prophylaxis (PrEP)
  - For those who do not have HIV
- Daily pill or one shot every 2 months (LAI)
- Post-exposure Prophylaxis (PEP)
  - Must be started within 72 hours of a possible exposure
- Treat STIs
  - Get tested
  - Untreated STIs increase risk of acquiring HIV

Thank you!

GOAL:

reaching
75%
reduction
in new HIV
infections
by 2025
and at least
90%
reduction
by 2030.

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HIV Overview: 2024

785 people aged 13+ were diagnosed with HIV in Maryland in 2024.

At year-end 2024, there were **32,758** people aged 13+ living with diagnosed HIV in Maryland.

90.2% of people living with diagnosed HIV in 2024 have been diagnosed. An estimated **3,559** people with HIV remain undiagnosed.

At year-end 2023, **1.1 million (1,132,739)** persons in the United States aged 13+ were living with diagnosed HIV.

Maryland was ranked **16th** among states and territories in adult/adolescent HIV diagnosis rates (per 100,000) in 2023.