

PHILADELPHIA



2023 SURVEILLANCE REPORT

Cases reported through June 2024

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SECURITY AND CONFIDENTIALITY

All information about people with Human Immunodeficiency Virus (HIV) is strictly confidential and collected for legitimate public health purposes. Federal, state, and local health departments have implemented procedures and policies to ensure the confidentiality and security of HIV data. Prior to submitting data to the Centers for Disease Control and Prevention (CDC), all information is de-identified and encrypted using computer encryption software. In addition, strict guidelines govern the release of reports like this one to ensure that HIV data are not presented in such a way as to possibly identify any individual with HIV. Maintenance of confidentiality and security safeguards is critical for federal funding and is a top priority within the Philadelphia HIV Surveillance Unit.

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Definitions

Acute HIV Infection: Acute HIV infection typically describes the interval between the first possible detection of virus by virologic assay and development of a mature antibody response. Signs and symptoms of acute HIV infection can include fever, headache, sore throat, adenopathy, anorexia, and rash and often develop about 2 weeks after the start of the infection.

AIDS (Acquired Immune Deficiency Syndrome): A result of Human Immunodeficiency Virus (HIV) infection, which disables the immune system from effectively fighting numerous opportunistic infections and cancers.

AIAN (American Indian/Alaska Native): A racial/ethnic group. Also identify as First Nations/Indigenous.

CDC (Centers for Disease Control and Prevention): A federal disease prevention agency, which is part of the U.S. Department of Health and Human Services that provides national laboratory and health and safety guidelines and recommendations; tracks diseases throughout the world; and performs basic research involving laboratory, behavioral science, epidemiology and other studies of disease.

Confidentiality: Keeping medical information confidential or private.

Diagnosis: Determination of the nature of a case of a disease based on signs, symptoms, and laboratory findings during life. A diagnosis of AIDS for an adult is being HIV antibody-positive in addition to having one opportunistic infection, condition, or disease (e.g. wasting syndrome, PCP, Kaposi's sarcoma, CD4 T-lymphocyte count below 200 or 14%).

DHH (Division of HIV Health): The office within the Philadelphia Department of Public Health responsible for administering the City's HIV Programs.

EHE (Ending the HIV Epidemic): The U.S. Department of Health and Human Services (HHS) launched the Ending the HIV Epidemic in the U.S. (EHE) initiative in 2019. The initiative aims to reduce new HIV infections in the U.S. by 90% by 2030 by scaling up key HIV prevention and treatment strategies.

Epidemiology: The branch of medical science that deals with the study of incidence, distribution and control of a disease in a population.

Equity: The state in which everyone has the opportunity to attain their highest level of health while centering justice and dignity.

Gender Identity: One's innermost concept of self as male or female or both or neither—how people perceive themselves and what they call themselves. One's gender identity can be the same or different than the sex assigned at birth.

HBV Co-Infection: Hepatitis B Virus Co-infection. Refers to a person with HIV who has current or past HBV infection evidenced by a positive HBV surface antigen, HBV DNA or HBV e-antigen.

HCV Co-Infection: Hepatitis C Virus Co-Infection. Refers to a person with HIV who has current or past HCV infection evidenced by a positive HCV antibody, HCV RNA, or HCV genotype test.

Heterosexuals at Increased Risk for HIV Infection: As defined by National HIV Behavioral Surveillance, the population of people 18 and older living below poverty level.

HIV (Human Immunodeficiency Virus): The retrovirus that causes AIDS by infecting the T-helper cells.

Incidence: The number or rate of new cases of a disease over defined period of time.

MSM (Men who have sex with men): An HIV transmission category.

MSM/PWID (Men who have sex with men who are also people who inject drugs): An HIV transmission category.

NHPI (Native Hawaiian/ Pacific Islander): A racial/ethnic group.

NRR (No Reported Risk): Indicates when documentation is insufficient to assign an HIV transmission category based on CDC guidelines.

Outbreak: An increase in diagnoses above what is normally expected in a geographic area or population during a particular period

Perinatal Transmission of HIV: Term used to describe the spread of HIV from a mother to her baby that can occur during pregnancy, labor, delivery or breastfeeding; also known as vertical transmission.

PWDH: People with diagnosed HIV.

PWH: People with HIV, both diagnosed and undiagnosed.

PrEP: Pre-exposure prophylaxis. Antiretroviral medication taken daily by people at increased risk for HIV infection to lower their chances of getting infected.

Prevalence: Total number of cases of a disease in a population over a period of time.

PWID (Person/People Who Inject Drugs): An HIV transmission category.

Risk Behavior: Used here to describe behaviors that put people at risk of contracting HIV.

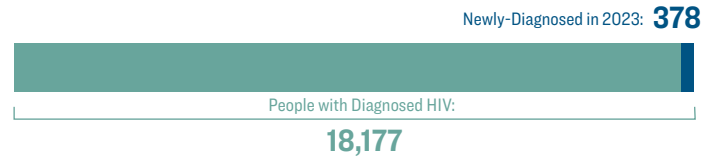
Sexual Orientation: The sexual attraction people feel for others, whether of their own sex, the opposite sex, or both sexes.

Stigma: An attitude of disapproval and discontent toward a person or group because of the presence of an attribute perceived as undesirable.

Transmission Category: A system that classifies cases by possible HIV transmission risk factors or mode(s) of infection; e.g. PWID, MSM/PWID, perinatal transmission, heterosexual contact.

INTRODUCTION

The Philadelphia Department of Public Health (PDPH) Division of HIV Health (DHH) Surveillance Report is the annual report presenting data on diagnoses of human immunodeficiency virus (HIV) in the City of Philadelphia. Data in this report include people diagnosed through December 31, 2023 and reported through June 30, 2024.



Today, there are 18,177 people with diagnosed HIV (PWDH) in Philadelphia with an estimated additional 1,526 (8.4%) people with HIV who are undiagnosed or unaware of their status. During 2023, there were 378 new diagnoses of HIV. New diagnoses decreased slightly from 2022, but more significantly by 15.4% since 2019. The largest burden of HIV disease continues to impact men who have sex with men (MSM) and increasingly, people who inject drugs (PWID) (Table 4). Overall, both newly diagnosed and prevalent disease disproportionately affect Black and Brown communities.

During 2023, PDPH continued strides toward meeting goals outlined as part of the Ending the HIV Epidemic: A Plan for America (EHE) initiative, which began in 2019. The plan ultimately looks to achieve a 75% reduction in new HIV diagnoses by 2025 and a 90% reduction in new HIV diagnoses by 2030. Locally, activities are centered on 5 Key Pillars: Diagnose, Treat, Prevent, Respond, with an additional pillar representing an approach centered in health equity and radical customer service. More specifically, PDPH has improved strategies to 1) diagnose people with HIV early through new and increased testing opportunities, 2) treat people with HIV quickly and effectively with immediate ART, 3) prevent new HIV by promoting pre- and post-exposure prophylaxis and harm reduction services, and 4) identify outbreaks of HIV and initiate cross-divisional responses.

Further, PDPH and our partners enhanced existing EHE initiatives during 2023 including the HIV and STI self-test kit program, re-engagement activities and low threshold sexual health services, and the non-occupational post-exposure prophylaxis center of excellence. For more information about the national EHE initiative please visit: <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>.

REPORT UPDATES

- The HIV Care Continuum (Figure 1A) presented in this report continues to reflect HIV outcomes among people with diagnosed infection to allow for comparison to national values. However, as of this report, care continuum measures are only assessed among PWH diagnosed by December 31, 2022 and alive at year-end 2023 to align with CDC continuum definitions (Figure 1A).
- PDPH has updated the way that prevalent cases of HIV are defined for this report. Unlike in previous iterations, the 2023 HIV prevalence data presented includes PWH diagnosed through the December 31, 2023 and alive at year-end 2023 (Table 9).
- Estimates of the number of incident HIV infections and those with HIV who are unaware of their status (undiagnosed) were generated through 2022 and presented in Table 1. However, estimates by subpopulation are considered unreliable and are therefore not included in this report.
- As with last year's report, all data and trends over time should be interpreted with caution. Please read all table titles and footnotes carefully to ensure a complete understanding of the displayed data.

Table 1 | Ending the HIV Epidemic Dashboard

Notable improvements include decreased confirmed HIV diagnoses and increases in linkage to care, viral suppression, and PrEP coverage.

GOAL:	BASELINE	2018	2019	2020	2021	2022	2023	Progress	2025 Target	2030 Target
	2017									
Reduce new HIV infections by 75% in five years and by 90% in ten years	440	430	410	280*	280*	310*		STABLE	(118)	(47)
Increase knowledge of status to 95% by 2025	90.9%	90.9%	91.0%	91.2%	91.4%	91.6%		STABLE	(95.0%)	
Decrease confirmed HIV diagnoses to 25% by 2025 and 8% by 2030	509	435	447	341	374	391	378	IMPROVING	(127)	(41)
Increase linkage to care to 95% by 2025	86.3%	86.1%	81.3%	82.5%	81.4%	77.0%	86.0%	IMPROVING	(95.0%)	
Increase viral suppression to 95% by 2025**	72.3%	70.1%	72.3%	67.3%	70.1%	73.5%	74.4%	IMPROVING	(95.0%)	
Decrease stigma among PWDH by 50%, Median**		32.9	31.0	31.7	28.4	30.4		NOT IMPROVED	(18.8)	
Decrease Unhoused PWDH by 50%†	9.9%	13.6%	8.1%	6.7%	13.5%	11.7%		IMPROVING	(4.9%)	
PrEP coverage§			37.3%	36.0%	41.6%	50.8%	51.3%	IMPROVING	(50.0%)	

* Incidence estimate results have an RSE greater than 30 and should be interpreted with caution based on reliability standards from the National Center for Health Statistics.

** Among PWDH who have evidence of care in the last 5 years

† Among PWDH in Philadelphia between 2015-2022, using data from the Medical Monitoring Project (MMP)

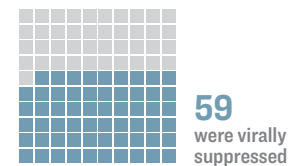
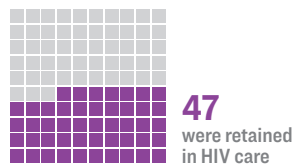
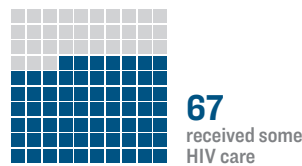
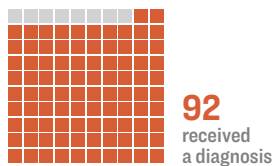
‡ MMP has updated stigma scores for 2018 surveillance cycles onward.

§ PrEP coverage is defined as the proportion of people prescribed PrEP among those with a PrEP indication. Centers for Disease Control and Prevention. Core indicators for monitoring the Ending the HIV Epidemic initiative (preliminary data): National HIV Surveillance System data reported through September 2023; and preexposure prophylaxis (PrEP) data reported through June 2023. HIV Surveillance Data Tables 2023;4(2). <https://stacks.cdc.gov/view/cdc/136159>. Published December 2023. Accessed September 2024.

Notes

Values in parentheses represent a goal number or percentage.

In 2023, for every 100 people with HIV:



HIV Continuum of Care

The HIV Continuum of Care is a data-driven tool focusing on the various levels of engagement in HIV care among people with diagnosed HIV (PWDH) in Philadelphia (denominator) and compares to the most recently published national outcomes. The continuum includes the percentage of newly diagnosed people who were linked to care, defined as a CD4 or viral load collected within 1 month of initial HIV diagnosis; the percentage of PWDH who received care, evidenced by at least one CD4 or viral load result in the calendar year; the percentage of PWDH who were retained in care, defined as two or more laboratory results at least 91 days apart in the calendar year; and the percentage of PWDH who were virally suppressed, defined as a viral load of <200 copies/mL at last measure in 2023.

In 2023, 86.0% of people who were newly diagnosed with HIV were linked to HIV medical care within 1 month of their diagnosis. Among all PWDH, 67.1% received at least 1 care lab during 2023 and 47.6% were considered retained in HIV medical care. Finally, 59.6% of PWDH were virally suppressed at last measure (regardless of retention in care status) in 2023. While the comparison to national data is an important reference, it is necessary to note that the most recently released data from the CDC reflects outcomes for 2022.

Figure 1B is a modified HIV Continuum of Care assessing outcomes among PWDH with evidence of recent HIV care in Philadelphia, defined as having at least 1 care lab during the last 5 years (2019-2023). HIV case reporting data alone can overestimate the number of PWDH due to duplicate case reporting, migration, and missed deaths. By excluding people without evidence of recent care, we hope to evaluate HIV care outcomes more precisely and better identify people in need of re-linkage to care and other services. Receipt of care, retention in HIV care, and viral suppression outcomes were 83.9%, 59.4%, and 74.4%, respectively (Figure 1B). Identifying new opportunities to improve outcomes along the continuum of care is vital to improving the health of people living with HIV and reducing the rate of HIV transmission.

Diagnoses of HIV Infection and AIDS (Stage 3)

In 2023, the largest proportion of new HIV diagnoses were among those assigned male sex at birth (77.5%), Non-Hispanic (NH) Black (61.6%) people, those aged 30-39 (28.0%), and among MSM (58.2%) (Table 4). Notably, new diagnoses among PWID decreased for the first time since 2018 (7.4% in 2023 compared to 16.6% in 2022).

Disparities among new diagnoses by transmission risk and race/ethnicity become more apparent when considering the underlying population size. In 2023, rates of new HIV diagnoses increased among MSM (1,673.8 per 100,000), but decreased among PWID (100.7), and at-risk heterosexuals (30.2), defined as people over the age of 18 who are living in poverty (Figure 11). Racial/ethnic health disparities in Philadelphia persist as well. In 2023, the highest rates of new HIV diagnoses were among NH Black people (38.7 per 100,000), followed by Hispanics/Latinx people (25.9), and NH White people (11.3) (Figure 10).

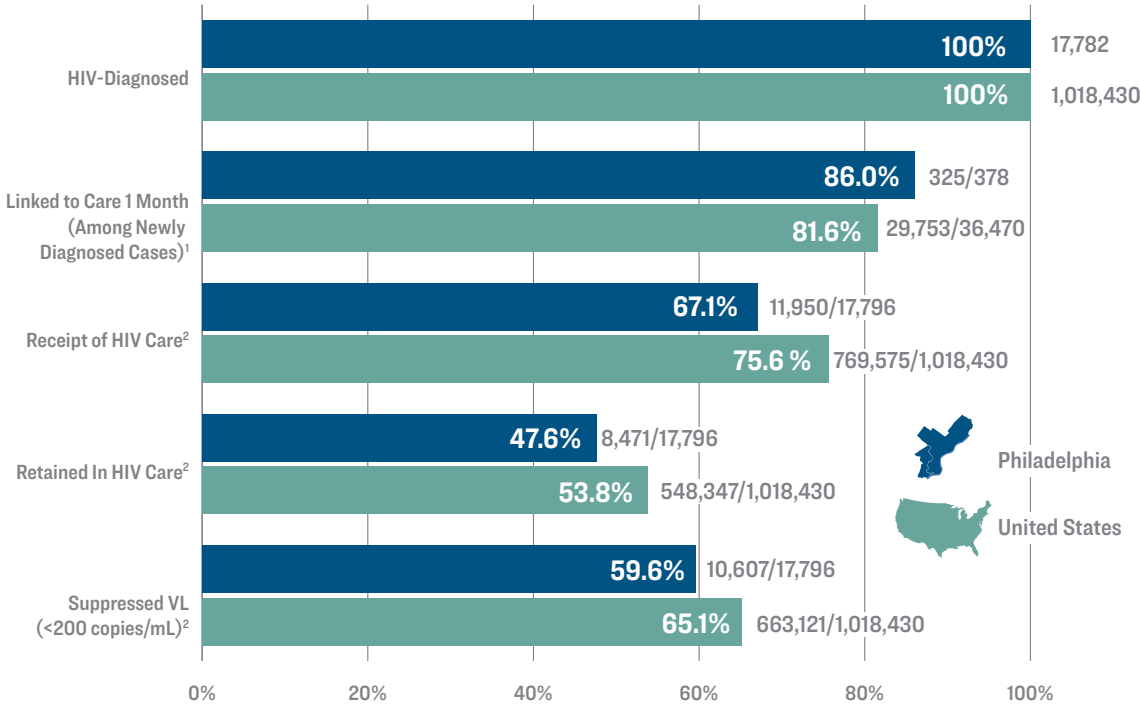
New AIDS diagnoses (regardless of date of HIV diagnosis) in Philadelphia decreased from 2022, but remained higher than prior years. In 2023, new AIDS diagnoses were primarily among people assigned male sex at birth (75.9%), NH Black people (64.1%), and MSM (44.1%) (Table 8). The proportion of people diagnosed concurrently with HIV and AIDS, representing missed opportunities for early testing and care, has remained stable from 2022 (18.4%) to 2023 (18.2%) (Table 7).

Prevalence of HIV Infection among Philadelphia Residents

The demographic makeup of PWDH in Philadelphia through 2023 remains static from the 2022 Surveillance Annual Report. Prevalent cases of HIV were mostly among people assigned male sex at birth (72.5%), NH Black (63.1%), aged 50 and older (56.3%), and MSM (40.9%) (Table 9). HIV prevalence rates are disproportionately higher among racial and ethnic minorities and continue to be highest among NH Black (1,868.4 per 100,000) and Hispanic/Latinx people (1,283.8) (Table 13). Among all groups, NH Black MSM continue to have the highest rates of HIV (30,592.6 per 100,000 population) (Figure 15).

HIV Care Continuum

Figure 1A | Philadelphia 2023 vs the United States 2022



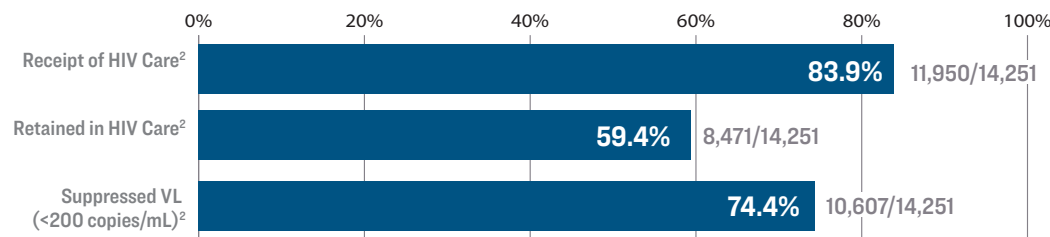
Linked to Care
People diagnosed with HIV in a given calendar year who had one or more documented viral load or CD4 tests within one month of diagnosis.

Receipt of HIV Care
People who have at least one CD4 or viral load during the calendar year.

Retained in HIV Care
People who have 2 or more CD4 or viral loads during the calendar year, at least 91 days apart.

Suppressed Viral Load (VL)
Last reported viral load of the calendar year being <200 copies/mL. People with no evidence of a viral load in the calendar year are considered not suppressed.

Figure 1B | Philadelphia HIV Care Continuum (Recent Care) | 2023



¹Among PWH diagnosed Jan 1, 2023 - Dec 31, 2023

²Care continuum outcomes are measured among PWH aged 13+ diagnosed by Dec 31, 2022 and alive at year end 2023.

Figure 1A

Note

This table reflects diagnosed HIV cases aged 13+ through December 31, 2022 who were alive at year-end 2023 to align with CDC continuum definitions and will differ from 2023 HIV prevalence data found elsewhere in the report (Table 9, n=18,177).

Sources

Philadelphia Data: Philadelphia Department of Public Health, Division of HIV Health
Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024;29(No. 2). <https://www.cdc.gov/hiv-data/nhss/national-hiv-prevention-and-care-outcomes.html>. Published May 2024. Accessed September 2024.

Figure 1B

Note

Care Continuum Outcomes are limited to include only people who had at least one reported CD4/VL during the last 5 years (Jan 1, 2019 - Dec 31, 2023).

Source

Philadelphia Department of Public Health, Division of HIV Health

Equity

To achieve federal EHE initiative goals and reduce HIV transmission locally, PDPH is dedicated to ensuring that health equity is a foundational element of surveillance, prevention, and care practices. DHH has expanded the definition of health equity (Page 4) to include justice and dignity. This requires structural and systemic changes that aim to mitigate drivers of health disparities including racism, discrimination, poverty, homelessness, access to quality education, employment, and healthcare. This starts with how PDPH collects, analyzes, and disseminates HIV data to inform health department policies, practices, and services. The tables and graphs presented below provide critical quantitative and qualitative data that can highlight existing disparities and barriers within the HIV prevention and care infrastructure.

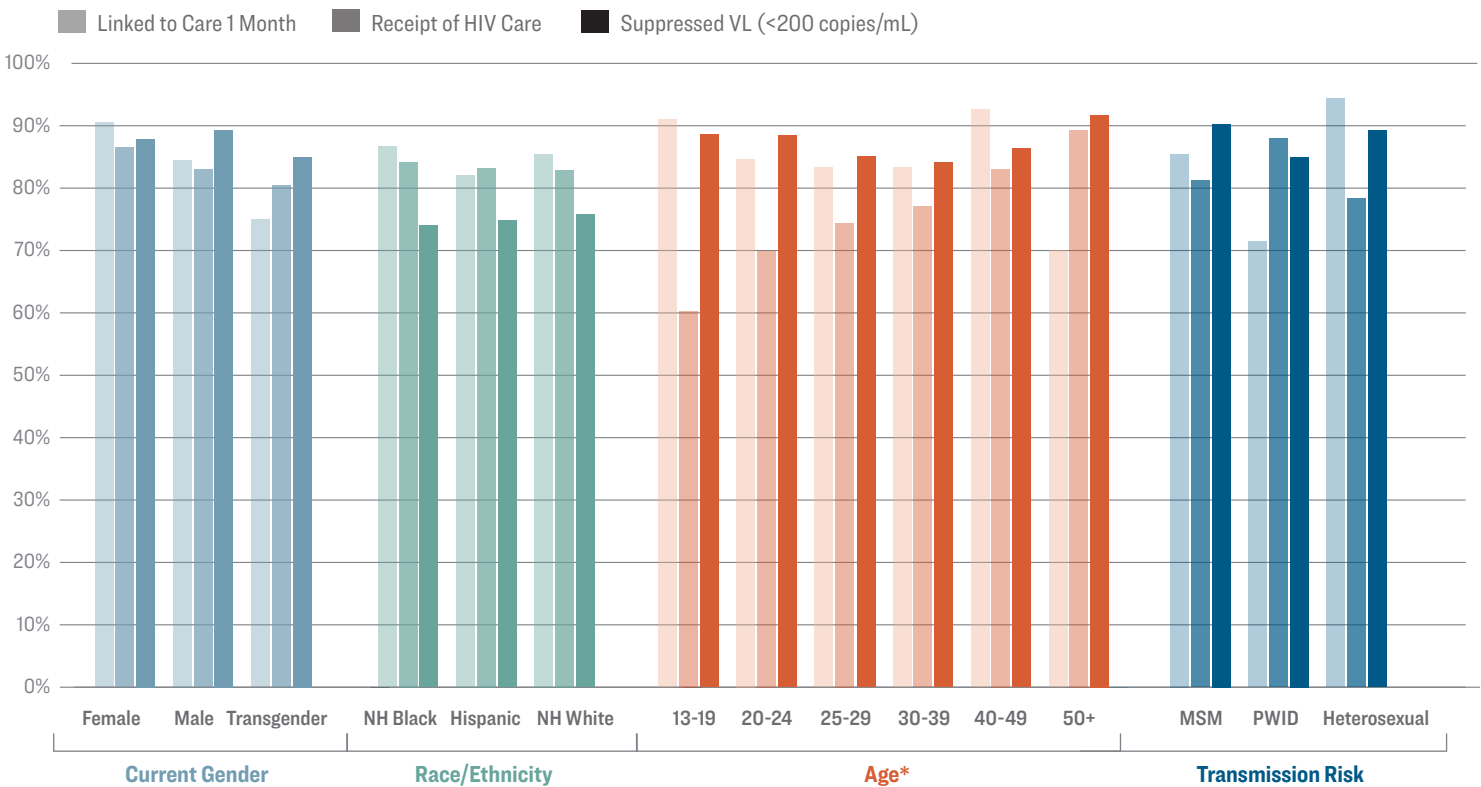
Modified Continuum by Subgroup

Figure 2 illustrates the 2023 Modified Continuum of Care by selected characteristics. Disaggregating data by race/ethnicity, current gender, age group, and risk factor can highlight disparities within care outcome measures.

While significant disparities were not observed by race/ethnicity, notable differences were observed across gender groups, age groups, and risk groups.

Transgender people had the lowest rates of linkage to care, receipt of care, and viral suppression during 2023. Across age groups, those under the age of 24 had significantly lower rates of receipt of care in 2023 compared to other age ranges. Among risk groups, people who inject drugs exhibited lower rates of linkage to care and viral suppression comparatively.

Figure 2 | Care Continuum Indicators by Select Demographics, 2023



Note Care Continuum Outcomes are among PWH aged 13+ diagnosed by Dec 31, 2022 and alive at year end 2023 who had at least one reported CD4/VL during the last 5 years (Jan 1, 2019 - Dec 31, 2023)

*Reflects age at diagnosis for linkage and age as of December 31, 2022 for receipt of care and viral suppression.

Source Philadelphia Department of Public Health, Division of HIV Health

Equity

Data to Care

Data to Care is a public health strategy that uses data to identify people with HIV who have not had recent medical care. The Field Services Program (FSP), initiated in May 2021, provides linkage, re-linkage, and other outreach to people with HIV who are out of care using a strengths-based approach.

Through Data to Care efforts, 864 people were identified as out-of-care and enrolled in Field Services for re-engagement in 2023. After receiving outreach services, 61.9% were re-linked to care (receiving a CD4 or viral load within 90 days of enrollment). The lowest rates of re-linkage were among people aged 25-29 years old (42.9%), NH White people (51.9%), and people in the Other risk group (54.8%), which includes No Reported Risk and Pediatric transmission (Figure 3A).

Figure 3A | Re-Linked to HIV Care Within 90 Days of Enrollment in Data to Care

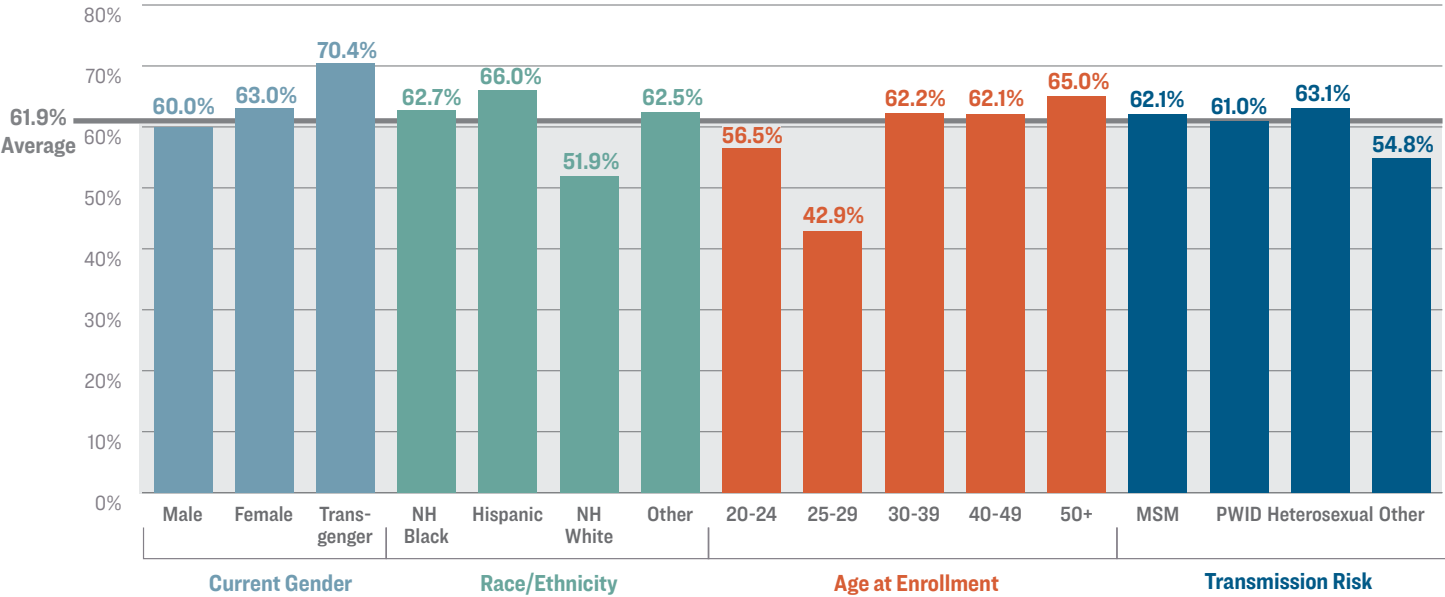
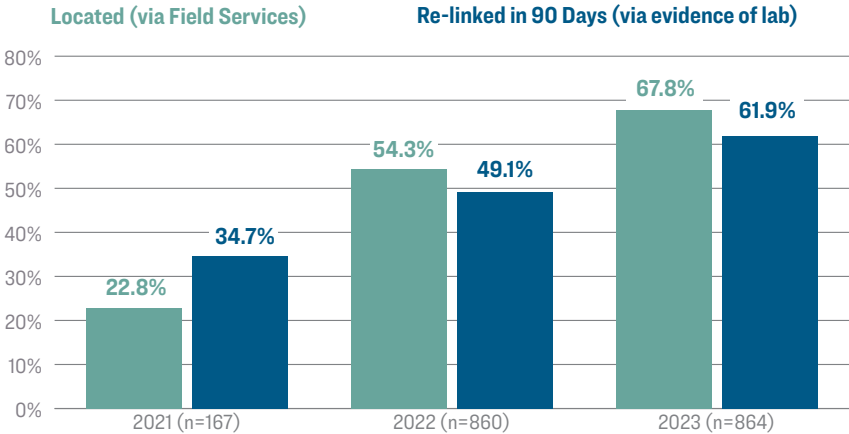


Figure 3B | Locating and Linkage Trends, 2021-2023



The rates of locating and re-linkage among enrolled patients have increased each year since the Field Services Program was established. Patients were considered located if Field Services staff were able to find accurate contact information (phone, address, emergency contact, etc.) that could be used for re-engagement efforts.

Qualitative data collected through the Data to Care and Field Services programs indicate that 70.2% of barriers faced by out-of-care people are provider/structural barriers, 33.2% are patient rights/education barriers, 16.5% are Supportive Services/Socioeconomic barriers, and 8.1% are behavioral health barriers.

Through Field Services outreach, PDPH works to re-engage out-of-care people and connect them to resources including medical case management, emergency food vouchers, housing assistance, and more. EHE funds were also provided to treatment sites funded by the Ryan White HIV/AIDS Program to support individualized plans to remove structural-level barriers to care within their facilities including adding extended hours and readily available appointment slots.

Table 2 | Data to Care Barriers and Resources, 2023

Barriers

Barrier Domain	N	% of Barriers Reported
Provider/Structural Barrier	294	70.2%
Patient Rights/Education	139	33.2%
Supportive Services/Socioeconomic	69	16.5%
Behavioral Health	34	8.1%
Total Barriers Reported*	419	

*Some barriers are in more than one domain. Some patients report more than one barrier, possibly in the same domain.

Note Percentages total to more than 100%.

Source Philadelphia Department of Public Health, Division of HIV Health, Data to Care (D2C)

Resources Provided

Resource Type	N	% of Resources Reported
Clothing and Hygiene	1	0.5%
Drug and Alcohol Treatment	2	1.1%
Emergency Food/Pantry	15	8.0%
Governmental Services	6	3.2%
Health Insurance	3	1.6%
Housing Services	1	0.5%
Legal Services	6	3.2%
Medical Case Management	143	76.1%
Mental Health Services	2	1.1%
Other	1	0.5%
Self Help/Support Groups	2	1.1%
Utility Support	6	3.2%
Total Resources Provided	188	

Note Excludes multiple offerings of the same resource type per client.

Source Philadelphia Department of Public Health, Division of HIV Health, Data to Care (D2C)

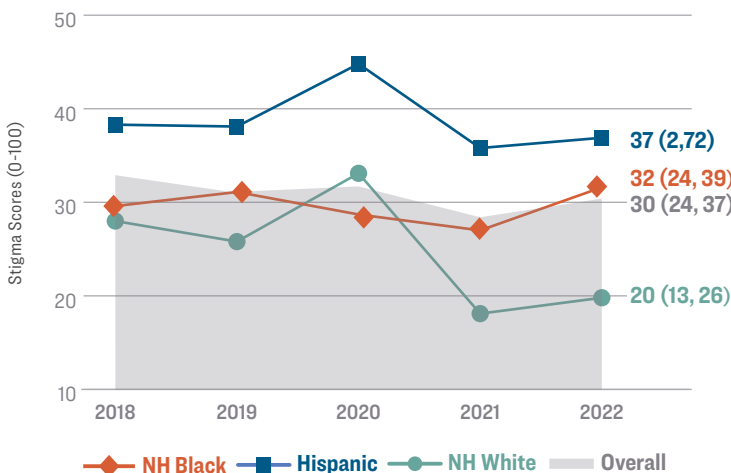


Stigma and Housing Stability

Two major components of the EHE initiative look to reduce HIV-related stigma and unstable housing among PWDH. The tables below illustrate stigma scores and unstable housing by race/ethnicity from 2018 to 2022, collected through the Medical Monitoring Project (MMP). MMP collects data about behaviors, clinical outcomes, and quality of care from PWDH randomly sampled in Philadelphia.

Reported stigma among NH Whites was lowest across almost all years, while Hispanic/Latinx people reported the highest stigma scores on average across all five years (Figure 4). Overall homelessness decreased slightly in 2022, however rates significantly increased among Hispanic/Latinx PWDH and remained above the overall rate for NH Black people (Figure 5).

Figure 4 Trends of Stigma Scores in PWDH by Race/Ethnicity, 2018–2022



Note

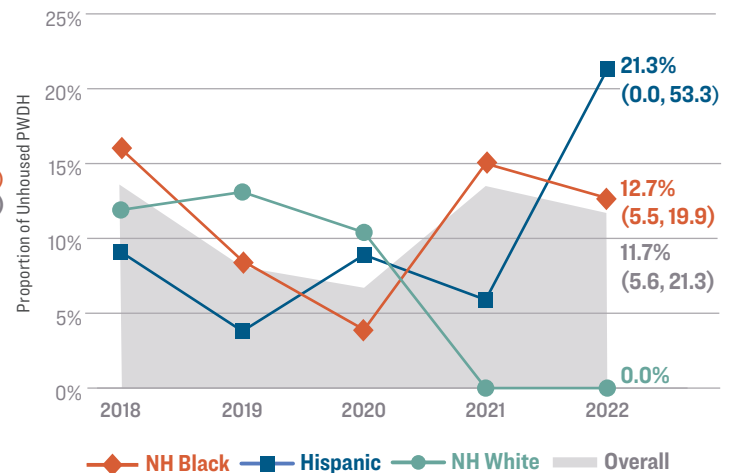
The HIV-related stigma scores and confidence intervals presented here reflect the weighted median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma during the past 12 months, current disclosure concerns, current negative self-image, and current perceived public attitudes about people with HIV, measured among people aged ≥18 years with diagnosed HIV infection living in the United States and Puerto Rico. The HIV stigma scale used for this indicator is discussed in: Wright, K., Naar-King, S., Lam, P., Templin, T., & Frey, M. (2007). Stigma scale revised: reliability and validity of a brief measure of stigma for HIV+ youth. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine*, 40(1), 96–98. <https://doi.org/10.1016/j.jadohealth.2006.08.001>

For more information on MMP methodology, see: Beer L, Johnson C, Fagan J, Frazier E, Nyaku M, Craw J, Sanders C, Luna-Gierke R, Shouse R. A National Behavioral and Clinical Surveillance System of Adults With Diagnosed HIV (The Medical Monitoring Project): Protocol for an Annual Cross-Sectional Interview and Medical Record Abstraction Survey. *JMIR Res Protoc* 2019;8(11):e15453. URL: <https://pubmed.ncbi.nlm.nih.gov/31738178/>

Source

Philadelphia Department of Public Health, Division of HIV Health, Medical Monitoring Project (MMP)

Figure 5 Trends in Proportion of Unhoused PWDH by Race/Ethnicity, 2018–2022



Note

The proportion of unhoused PWDH presented with confidence intervals here is based on the McKinney definition of homelessness. It states that a person is homeless if they lack a fixed, regular, and adequate nighttime residence or has a steady nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation; (b) an institution that provides a temporary residence for people intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., one’s automobile, under a bridge) (Stewart B. McKinney Act, 42 USC § 11301, et seq.).

Source

Philadelphia Department of Public Health, Division of HIV Health, Medical Monitoring Project (MMP)

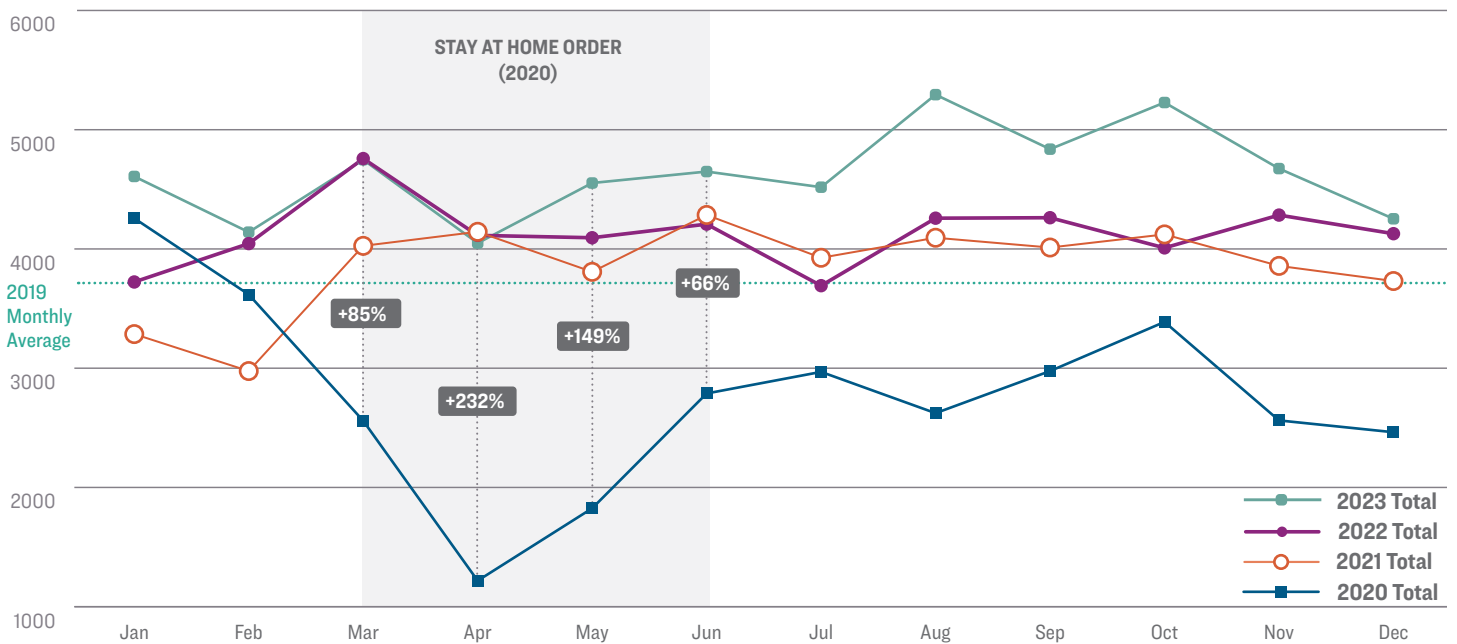
Impact of COVID-19 on HIV Surveillance Data

COVID-19 had a substantial impact on the HIV prevention and care infrastructure in Philadelphia during 2020, especially during the local stay-at-home order that went into effect on March 23, 2020. Efforts to restore HIV services and improve access to care were the focus of 2021 and continued into 2022.

Continued monitoring of laboratory result volume, which can serve as an indicator of access to HIV care across the city is critical. Currently, negative results of HIV screenings tests are not reportable to the health department and therefore city-wide screening volume cannot be assessed. However, viral load volume has surpassed pre-pandemic levels, including a notable increase from 2022 to 2023, pointing to continued improvement in access to HIV care (Figure 6).

During 2023, PDPH increased testing and care engagement opportunities through low threshold sexual health sites, the nPEP Center of Excellence, the HIV self-test kit program, and through outreach via the Field Services Program.

Figure 6 | HIV Viral Load Testing Volume, Philadelphia, 2020 – 2023



Note Percentage increase represents the change in viral load testing volume from 2020 to 2023.

Source Philadelphia Department of Public Health, Division of HIV Health

Topics of Continued Focus: HIV Outbreak in PWID

HIV Outbreak Among People Who Inject Drugs

The number of new HIV diagnoses among PWID, including men who inject drugs and have sex with men (MSM/PWID), decreased from 2022 to 2023 (Figure 7A). Since the identification of an outbreak in 2018, the number of new HIV diagnoses among this population grew to a high of 92 new diagnoses in 2019. This represented a 188% increase from 32 cases reported in 2016, or the last year that a decrease was observed. As of 2023, new diagnoses among PWID have returned to pre-outbreak levels. Newly diagnosed cases from 2018 to 2023 linked to the outbreak were mostly assigned male sex at birth (70.4%), NH White (52.3%), and aged 30-39 (40.3%) (Figure 7B).

Despite the recent decline in diagnoses, PDPH continues to lean on data-driven approaches to assess and intervene to stop ongoing HIV transmission. In 2023, DHH hosted a CDC-led qualitative evaluation of local response efforts with the aim of engaging PDPH staff and community response partners to identify successes and challenges. The evaluation findings have served as a resource for PDPH to inform the direction of future response activities.

Figure 7A | HIV Epidemiological Curve among PWID, 2018 - 2023

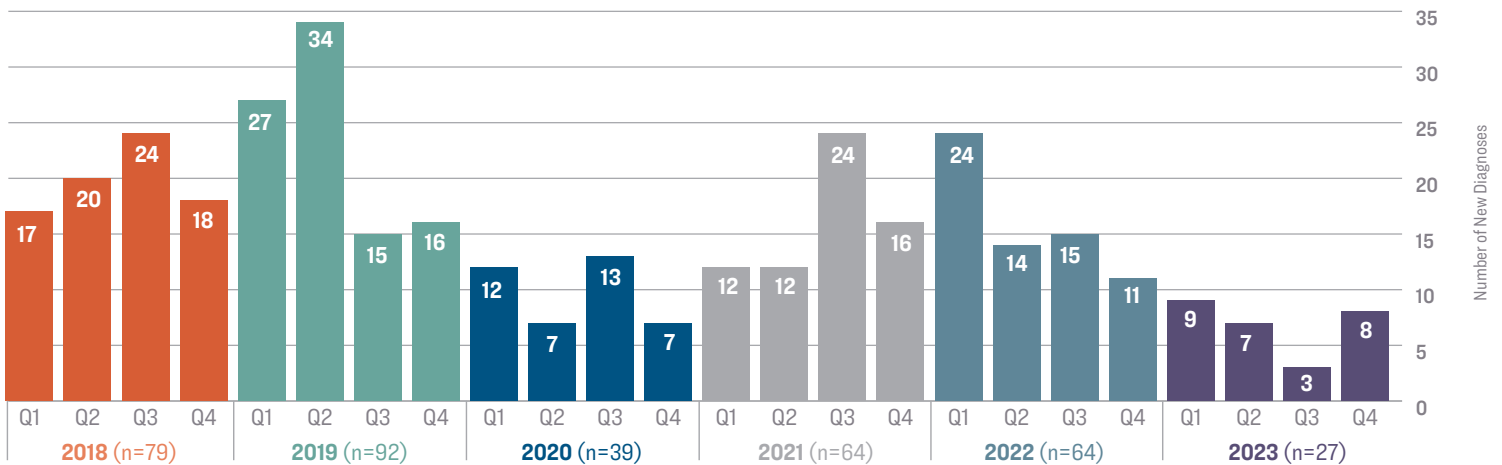
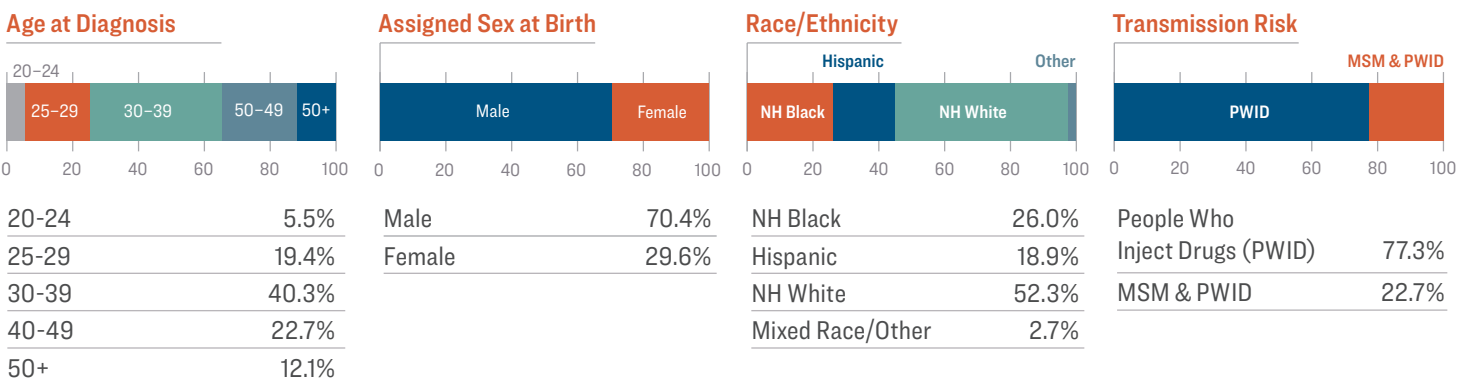


Figure 7B | Demographic Characteristics of PWID, 2018 - 2023



Source Philadelphia Department of Public Health, Division of HIV Health

Transgender People

The quality of data on transgender people has not improved at the same pace as surveillance data on the overall population. Some of these differences are attributed to the lack of a gender identity variable in the surveillance system and most medical records prior to 2009, making it difficult to determine gender identity for people diagnosed prior to the addition of these variables to the current data system. Furthermore, many transgender women are misclassified as MSM. [Table 12](#) presents demographic information based on available gender identity and reclassifies transmission risk reported as MSM and heterosexual contact into one category termed sexual contact. Efforts to improve surveillance data on transgender people — including matching data to other sources such as the Ryan White CAREware database and other available health department data sources, internal and external trainings on standardized collection of gender identity data and medical chart review, and additional abstractions from medical record data when necessary — have made a significant impact on identifying transgender PWDH and are ongoing.

In 2023/24, Philadelphia was funded for the National HIV Behavioral Surveillance (NHBS) cycle among women of trans experience and transfeminine people (WTE/TFP). NHBS provides data on access to HIV prevention and care services among WTE/TFP, as well as sexual and drug-use practices that may increase the risk for HIV infection. These data were used to establish the PrEP continuum in WTE/TFP ([Figure 8](#)) and will continue to provide valuable information for monitoring and evaluating national and local EHE goals and for guiding prevention efforts.

Briefly,

- Being transgender does not constitute a risk behavior for HIV. Many contextual factors related to HIV transmission are highly prevalent among WTE/TFP in Philadelphia, including unstable housing (31%), living below the federal poverty level (65%), discrimination (45%), and abuse (31% verbal; 19% physical). Addressing factors that are the root causes of HIV transmission and barriers to HIV treatment adherence is the only way to prevent new HIV infections.
- Twenty-nine percent of WTE/TFP reported non-injection drug use, excluding cannabis. Substance abuse may be an important mediator in the relationship between mental health and poorer outcomes in HIV care and prevention. As such, it is important for providers to routinely monitor their patients for these behaviors and refer them to culturally informed treatments.
- Most WTE/TFP are aware of HIV prevention strategies like PrEP (87% aware). While HIV care and prevention are necessary components of healthcare for WTE/TFP, providers must come to the table with the culturally competent knowledge and resources necessary to address the needs and concerns of their transgender patients.

Topics of Continued Focus: Prevention

PrEP Indications

Pre-Exposure Prophylaxis, or PrEP, is a daily medication taken by people at high risk for HIV infection to lower their chances of getting infected. In May of 2018, CDC published estimates of adults with indications for PrEP by transmission risk group and race/ethnicity.






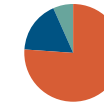
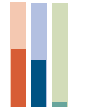
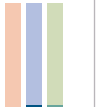

Based on this methodology, PDPH estimates that there were 8,750 HIV negative people in Philadelphia during 2023 with a PrEP indication, with HIV-negative, NH Black MSM having the greatest proportion of PrEP indications (56.1%) (Table 3).

PDPH continues to use the PrEP Monitoring and Evaluation plan, developed in 2019 through collaborations with other health departments and academic institutions, to track the progress of PrEP usage in the City of Philadelphia. While PrEP can reduce an individual's chances of acquiring HIV, it is only effective when taken as directed.

Adherence to PrEP must be stressed by providers and condom usage must still be encouraged to prevent other sexually transmitted infections

Table 3

Estimates of Adults with Indications for HIV PrEP by Race/Ethnicity and Transmission Category, Philadelphia 2023*

	Negative At Risk			PrEP Indication			% Negative At Risk Population with a PrEP Indication		
	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual
NH Black	5,673	7,574	108,703	3,180	390	1,510	56.1%	5.1%	1.4%
Hispanic	2,186	4,370	47,727	1,020	310	340	46.7%	7.1%	0.7%
NH White	6,615	10,753	54,652	620	830	130	9.4%	7.7%	0.2%
									
TOTAL**	15,263	23,300	230,106	5,080	1,610	2,060	33.3%	6.9%	0.9%

*Methods based on Smith, D.K., Handel, M.V., & Grey, J. (2018). Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States 2015. *Annals of Epidemiology*.

** Totals presented represent data for all racial/ethnic groups of a given population, and therefore will be greater than the sum of the three racial/ethnic groups presented.

Note The population of people 18 and older living below poverty level is used as a proxy for the at risk heterosexual population estimate. The MSM population estimate is based on number of active MSM in the past year. Racial/ethnic population estimates for HIV negative MSM are based on the proportion of MSM who were HIV negative by race/ethnicity in the National HIV Behavioral Surveillance (NHBS) data in 2023. Racial/ethnic population composition for all active PWID is based on race/ethnicity data for people with a primary diagnosis of opioid use disorder who participated in any Medicaid-funded outpatient services in Philadelphia in 2022. Racial/ethnic population estimates for HIV negative PWID are based on the proportion of PWID who were HIV negative by race/ethnicity in the National HIV Behavioral Surveillance (NHBS) data for Philadelphia in 2022.

Source Source Philadelphia Department of Public Health, Division of HIV Health

Topics of Continued Focus: Prevention

PrEP Continuum

The PrEP continuum is similar to the HIV continuum of care but was developed using data from the CDC-funded National HIV Behavioral Surveillance (NHBS) project. It is used to help monitor efforts to increase PrEP awareness, use, and adherence among HIV negative people at risk for HIV. There are three metrics along the PrEP continuum:

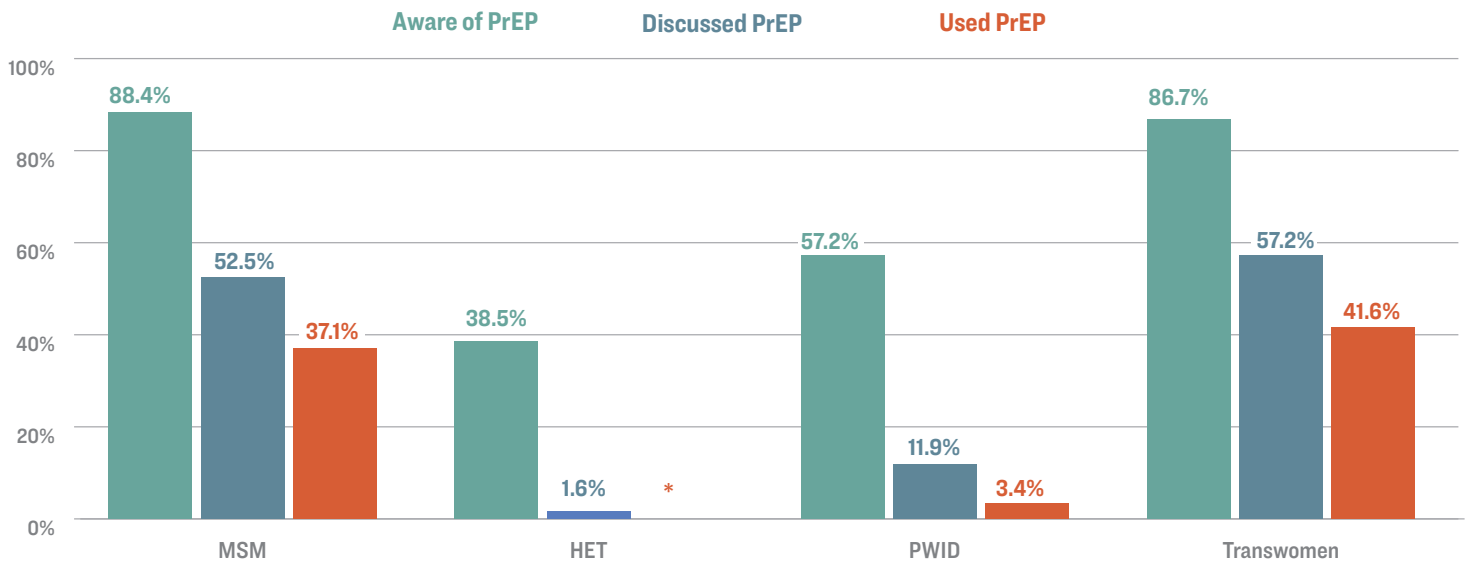
- 1) Awareness of PrEP
- 2) Discussing PrEP with a medical provider in the past year
- 3) Using PrEP in the past year

The PrEP continuum is presented for HIV negative people in four at-risk populations, including MSM, at-risk heterosexuals, PWID, and women of trans experience/transfeminine people (WTE/TFP).

PrEP awareness, discussion about PrEP, and PrEP use were highest among MSM and WTE/TFP. At-risk heterosexuals reported the lowest rates of awareness and discussions about PrEP and PWID reported the lowest rates of PrEP usage. It's important to underscore that discussions about PrEP with a medical provider during the last year were critically low among PWID and heterosexuals interviewed. Updated data on heterosexuals will be collected in 2025.

Identifying and removing barriers to PrEP for under-served populations is necessary to improve the PrEP continuum among all groups.

Figure 8 | Continuum of PrEP Awareness and Usage



*Numbers become too small to present stable population estimates.

Note These numbers are presented as percentages, with the denominator being all HIV negative people interviewed. Graph depicts most recent data available from each cycle; PWID (2024), MSM (2023), WTE/TFP (2023), HET (2019).

Source Philadelphia Department of Public Health, Division of HIV Health and National HIV Behavioral Surveillance Project (NHBS)

Topics of Continued Focus: Prevention

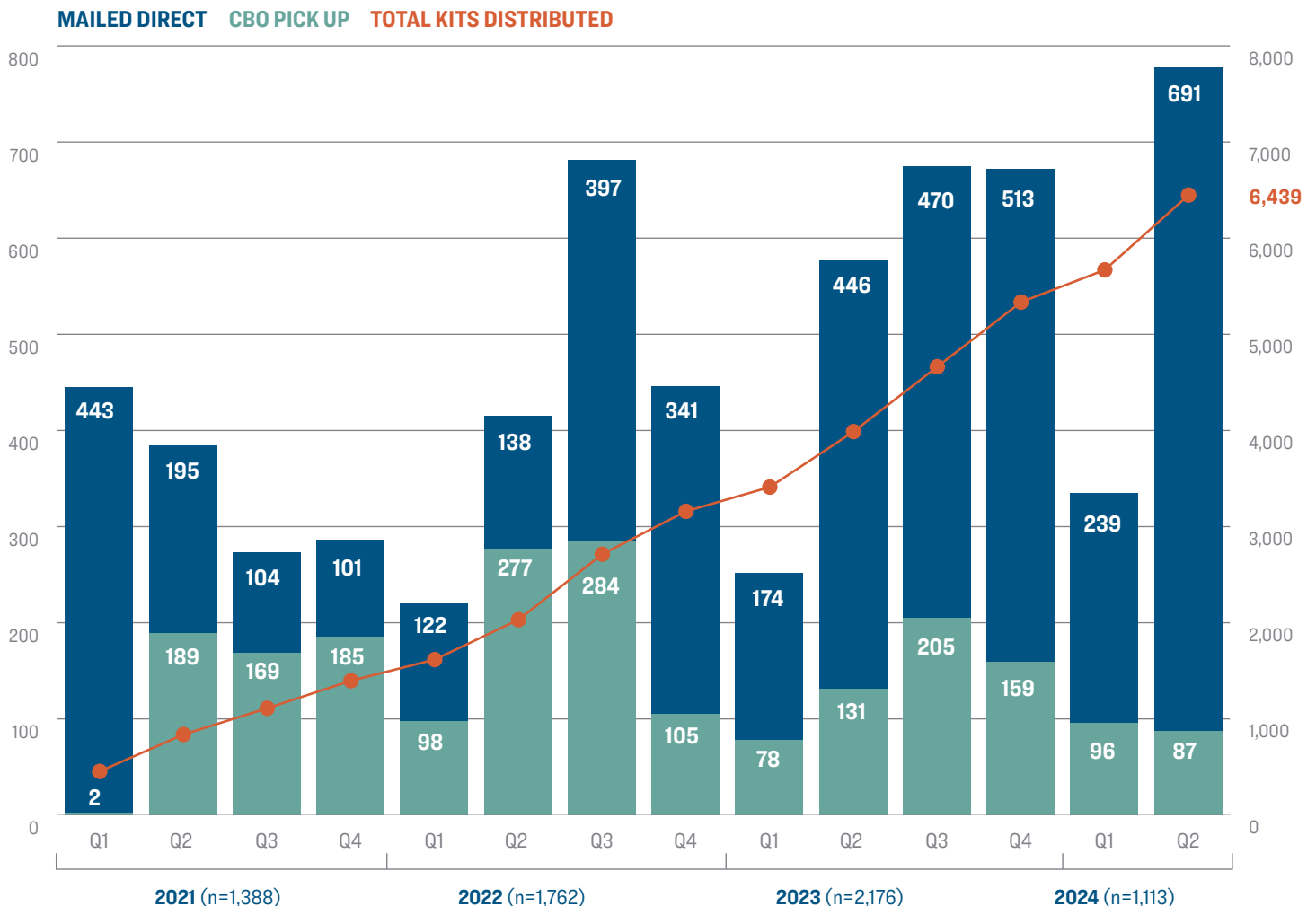


HIV Self Test Program

During 2023, PDPH continued expansion of the HIV self-test program. The program increases HIV testing opportunities by providing an alternative for people at higher risk for acquiring HIV who may be unwilling or decline to get tested in other venues. In addition to increasing awareness of HIV status, the program destigmatizes HIV screening by providing a personal and private experience. From January 2021 through June 2024, PDPH supplied 5,260 self-test kits to community-based partner agencies (data not shown).

During this period, 4,374 kits were requested and mailed directly to consumers and an additional 2,065 were picked up from community-based partner agencies (Figure 9). Consumers can request an in-home test kit to be mailed to their home address through the campaign website: <http://www.PhillyKeepOnLoving.com> or kits can be picked up at one of our community-based partner agencies.

Figure 9 | HIV Self-Test Kit Requests, January 2021–June 2024


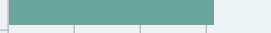
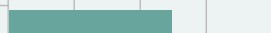













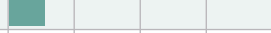


Source: Philadelphia Department of Public Health, Division of HIV Health

Newly Diagnosed Cases

Table 4

By Year and Selected Characteristics (regardless of AIDS status) | 2019 –2023

Year of Diagnosis	2019		2020		2021		2022		2023		
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	
Total Cases	447	100.0 %	341	100.0 %	374	100.0 %	391	100.0 %	378	100.0 %	
Sex Assigned at Birth											
Female	109	24.4%	85	24.9%	79	21.1%	96	24.6%	85	22.5%	
Male	338	75.6%	256	75.1%	295	78.9%	295	75.4%	293	77.5%	
Race/Ethnicity											
NH Black	280	62.2%	230	67.4%	234	62.6%	232	59.3%	233	61.6%	
Hispanic	82	18.3%	55	16.1%	53	14.2%	78	19.9%	67	17.7%	
NH White	73	16.3%	47	13.8%	76	20.3%	64	16.4%	62	16.4%	
NH Multi-race	9	2.0%	*	*	*	*	8	2.0%	*	*	
NH Asian	*	*	*	*	*	*	6	1.5%	11	2.9%	
Other/Unknown	*	*	*	*	*	*	*	*	*	*	
Age Category											
0-12	*	*	*	*	*	*	*	*	*	*	
13-19	32	7.2%	19	5.6%	20	5.3%	14	3.6%	19	5.0%	
20-24	77	17.2%	50	14.7%	65	17.4%	51	13.0%	59	15.6%	
25-29	100	22.4%	76	22.3%	77	20.6%	76	19.4%	79	20.9%	
30-39	117	26.2%	104	30.5%	114	30.5%	136	34.8%	106	28.0%	
40-49	58	13.0%	43	12.6%	44	11.8%	59	15.1%	57	15.1%	
50+	63	14.1%	48	14.1%	52	13.9%	54	13.8%	58	15.3%	
Transmission Risk											
MSM	237	53.0%	194	56.9%	207	55.3%	198	50.6%	220	58.2%	
PWID	75	16.8%	28	8.2%	46	12.3%	55	14.1%	22	5.8%	
MSM/PWID	18	4.0%	11	3.2%	19	5.1%	10	2.6%	6	1.6%	
Heterosexual	88	19.7%	82	24.0%	68	18.2%	82	21.0%	79	20.9%	
Pediatric	*	*	*	*	*	*	*	*	*	*	
No Reported Risk	29	6.5%	25	7.3%	33	8.8%	45	11.5%	51	13.5%	

Note *Cell sizes <6 (including 0) are suppressed.
Due to rounding, percentages may not add up to exactly 100%.

Source Philadelphia Department of Public Health, Division of HIV Health

Bar graphs show 2023 percentages

Newly Diagnosed HIV

Table 5 | By Race/Ethnicity and Selected Characteristics (regardless of AIDS status) | 2023

	NH Black		Hispanic		NH White	
	N	Col %	N	Col %	N	Col %
Total N						
Total	233	100.0%	67	100.0%	62	100.0%
Sex Assigned at Birth						
Female	61	26.2%	11	16.4%	12	19.4%
Male	172	73.8%	56	83.6%	50	80.6%
Age Category						
0-12	*	*	*	*	*	*
13-19	14	6.0%	*	*	*	*
20-24	41	17.6%	14	20.9%	*	*
25-29	41	17.6%	16	23.9%	16	25.8%
30-39	66	28.3%	17	25.4%	20	32.3%
40-49	33	14.2%	6	9.0%	12	19.4%
50+	38	16.3%	10	14.9%	10	16.1%
Transmission Risk						
MSM	135	57.9%	42	62.7%	28	45.2%
PWID	*	*	*	*	13	21.0%
MSM/PWID	*	*	*	*	*	*
Heterosexual	61	26.2%	12	17.9%	6	9.7%*
Pediatric	*	*	*	*	*	*
No Reported Risk	31	13.3%	9	13.4%	11	17.7%

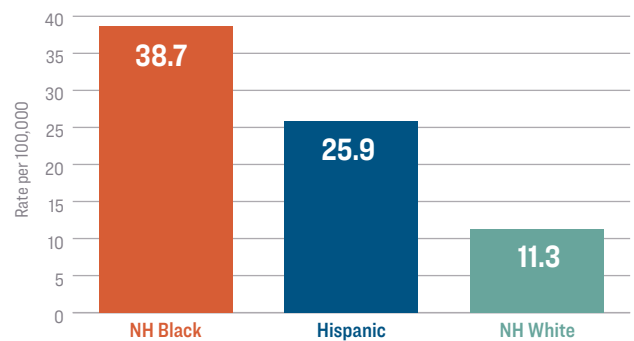
Note *Cell sizes <6 (including 0) are suppressed.
Due to rounding, percentages may not add up to exactly 100%.

Source Philadelphia Department of Public Health, Division of HIV Health

Racial/ethnic disparities in Philadelphia mirror those observed nationally.

In 2023, the highest rates of new HIV diagnoses were among NH Black people (38.7 per 100,000), followed by Hispanic/Latinx (25.9), and NH White people (11.3).

Figure 10 | By Race/Ethnicity | 2023



Newly Diagnosed HIV

Table 6 | By Sex Assigned at Birth and Selected Characteristics (regardless of AIDS status) | 2023

The majority of all new HIV diagnoses were among people assigned male sex at birth (77.5%), with the highest rates among NH Black males (63.5) and MSM (1,673.8). Assigned females at birth comprised 22.5% of new diagnoses, with highest rates among NH Black females (18.4) and those with a noted heterosexual risk (51.6).

	Assigned female at birth				Assigned male at birth			
	N	Col %	Rate †		N	Col %	Rate †	
Total N								
Total	85	100.0%		10.1	293	100.0%		39.2
Race/Ethnicity								
NH Black	61	71.8%		18.4	172	58.7%		63.5
Hispanic	11	12.9%		9.1	56	19.1%		49.1
NH White	12	14.1%		4.3	50	17.1%		18.7
Multi-race	*	*		*	11	3.8%		44.3
NH Asian	*	*		*	*	*		*
Other/Unk	*	*		*	*	*		*
Age Category								
0-12	*	*		*	*	*		*
13-19	*	*		*	18	6.1%		26.5
20-24	7	8.2%		10.3	52	17.7%		83.8
25-29	12	14.1%		14.4	67	22.9%		90.1
30-39	31	36.5%		23.1	75	25.6%		60.9
40-49	13	15.3%		14.2	44	15.0%		53.4
50+	21	24.7%		7.6	37	12.6%		17.1
Transmission Risk								
MSM	*	*		N/A	220	75.1%		1,673.8
PWID	10	11.8%		N/A	12	4.1%		N/A
MSM/PWID	*	*		N/A	6	2.0%		N/A
Heterosexual	72	84.7%		51.6	7	2.4%		7.7
Pediatric	*	*		*	*	*		*
No Reported Risk	*	*		N/A	48	16.4%		N/A

0% 25% 50% 75% 100%

Percentage

0% 25% 50% 75% 100%

Percentage

Note *Cell sizes <6 (including 0) are suppressed.

† Rates for age and race/ethnicity by sex assigned at birth were calculated using the 2020 decennial census. **MSM** rates were calculated using estimates of MSM activity among males 13 and older in the last year. **Heterosexual** rates were calculated using the number of people 18 and older living below the federal poverty level from the 2021 American Community Survey.

New diagnosis rates that cannot be calculated due to unavailable or otherwise unfeasible population estimates are marked as **N/A**.

Due to rounding, percentages may not add up to exactly 100%.

Source Philadelphia Department of Public Health, Division of HIV Health

Newly Diagnosed HIV

Map 1 | Newly Diagnosed Cases | 2021-2023

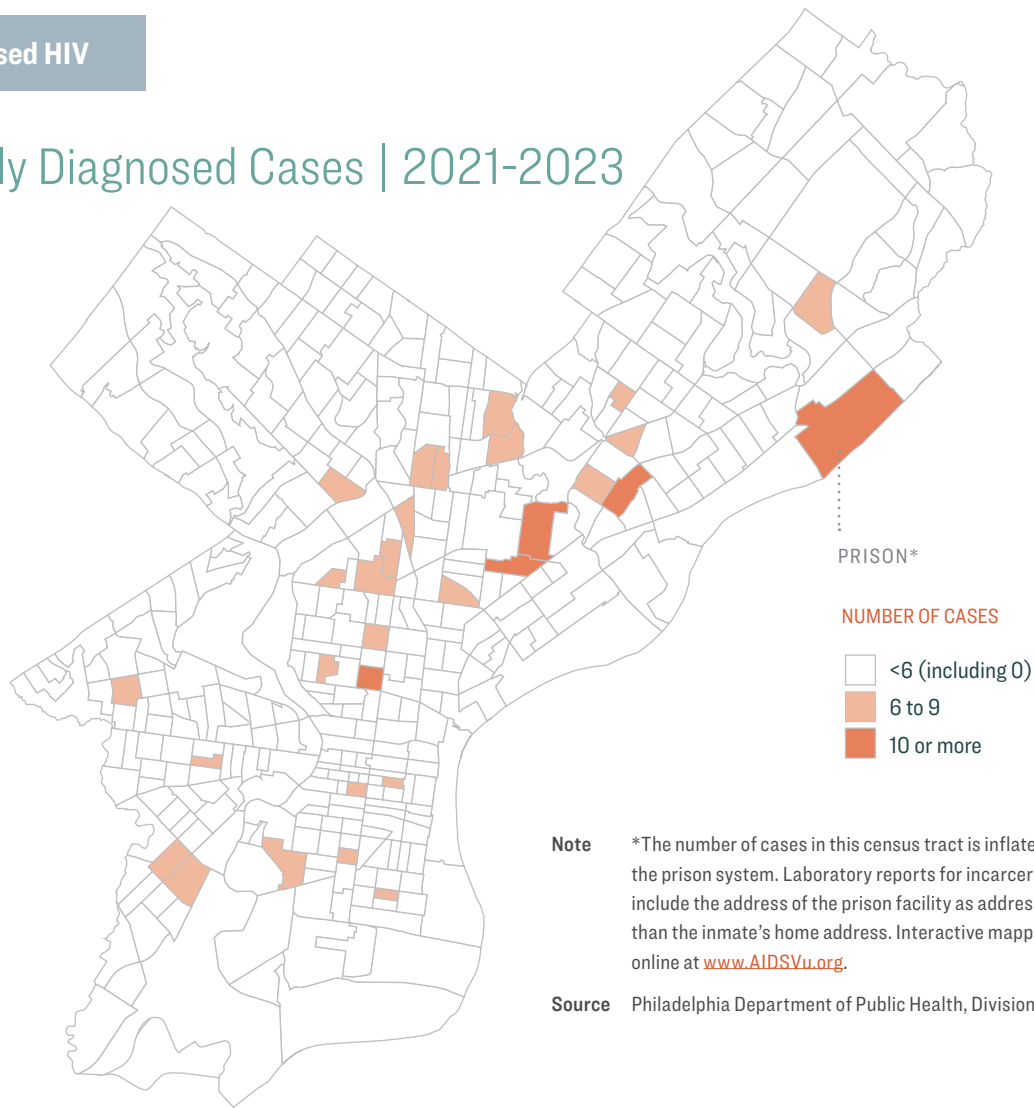
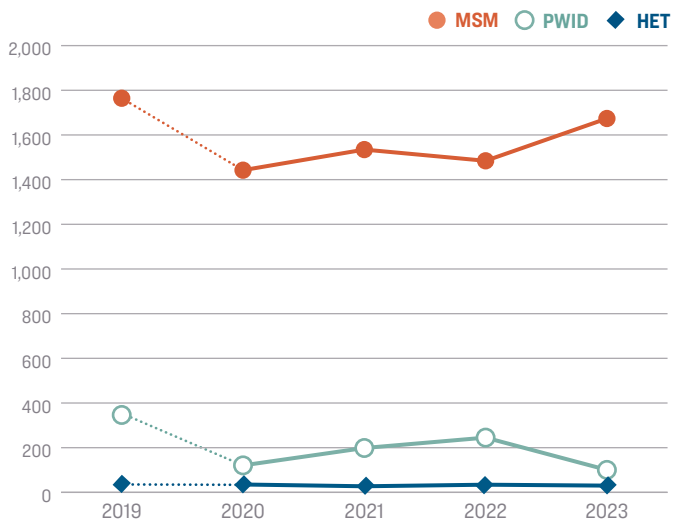


Figure 11 | Rates of Newly Diagnosed HIV per 100,000 People by Year of Diagnosis and Risk Group, 2019 – 2023



Note
Dotted line represents unreliable data for trend between two years. MSM population size based on estimates of MSM activity among males 13 and older in the last year. Active PWID population size estimated as 25,000 citywide. People 18 and older living below the poverty level was used as a proxy for at-risk heterosexuals.

Source Philadelphia Department of Public Health, Division of HIV Health

Table 7

Concurrent HIV/AIDS, Demographics and Transmission Risk 2019–2023

2019		2020				2021				2022				2023					
Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS		Non-concurrent		Concurrent HIV/AIDS	
N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%

Total

390	87.2%	57	12.8%	279	81.8%	62	18.2%	301	80.5%	73	19.5%	319	81.6%	72	18.4%	309	81.7%	69	18.2%
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Sex Assigned at Birth

Female	99	90.8%	10	9.2%	66	77.6%	19	22.4%	63	79.7%	16	20.3%	80	83.3%	16	16.7%	69	81.2%	16	18.8%
Male	291	86.1%	47	13.9%	213	83.2%	43	16.8%	238	80.7%	57	19.3%	239	81.0%	56	19.0%	240	81.9%	53	18.1%

Race/Ethnicity

NH Black	247	88.2%	33	11.8%	192	83.5%	38	16.5%	183	78.2%	51	21.8%	184	79.3%	48	20.7%	194	83.3%	39	16.7%
Hispanic	65	79.3%	17	20.7%	48	87.3%	7	12.7%	39	73.6%	14	26.4%	67	85.9%	11	14.1%	52	77.6%	15	22.4%
NH White	67	91.8%	6	8.2%	34	72.3%	13	27.7%	69	90.8%	7	9.2%	56	87.5%	8	12.5%	49	79.0%	13	21.0%
NH Multi-race	8	88.9%	*	*	*	*	*	*	6	100.0%	*	*	7	87.5%	*	*	*	*	*	*
NH Asian	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	10	90.9%	*	*
Other/Unknown	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

Age at HIV Dx

0-12	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
13-19	31	96.9%	*	*	18	94.7%	*	*	17	85.0%	*	*	13	92.9%	*	*	17	89.5%	*	*
20-24	71	92.2%	6	7.8%	46	92.0%	*	*	59	90.8%	6	9.2%	44	86.3%	7	13.7%	51	86.4%	8	13.6%
25-29	88	88.0%	12	12.0%	66	86.8%	10	13.2%	70	90.9%	7	9.1%	68	89.5%	8	10.5%	73	92.4%	6	7.6%
30-39	97	82.9%	20	17.1%	85	81.7%	19	18.3%	91	79.8%	23	20.2%	113	83.1%	23	16.9%	86	81.1%	20	18.9%
40-49	49	84.5%	9	15.5%	29	67.4%	14	32.6%	34	77.3%	10	22.7%	44	74.6%	15	25.4%	39	68.4%	18	31.6%
50+	54	85.7%	9	14.3%	34	70.8%	14	29.2%	28	53.8%	24	46.2%	36	66.7%	18	33.3%	43	74.1%	15	25.9%

Transmission Risk

MSM	202	85.2%	35	14.8%	166	85.6%	28	14.4%	169	81.6%	38	18.4%	158	79.8%	40	20.2%	184	83.6%	36	16.4%
PWID	70	93.3%	*	*	24	85.7%	*	*	40	87.0%	6	13.0%	49	89.1%	6	10.9%	18	81.8%	*	*
MSM/PWID	17	94.4%	*	*	8	72.7%	*	*	19	100.0%	*	*	7	70.0%	*	*	*	*	*	*
Heterosexual	77	87.5%	11	12.5%	61	74.4%	21	25.6%	53	77.9%	15	22.1%	67	81.7%	15	18.3%	63	79.7%	16	20.3%
Pediatric	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
No Reported Risk	24	82.8%	*	*	19	76.0%	6	24.0%	19	57.6%	14	42.4%	37	82.2%	8	17.8%	39	76.5%	12	23.5%



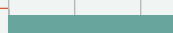







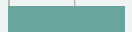




Note *Cell sizes < 6 (including 0) are suppressed.
 Due to rounding, percentages may not add up to exactly 100%.
 Concurrent HIV/AIDS diagnoses refer to diagnoses of AIDS occurring within 3 months of initial HIV diagnosis.

Source Philadelphia Department of Public Health, Division of HIV Health

AIDS Diagnoses

Table 8 | By Year and Selected Characteristics | 2019 – 2023

During 2023, new AIDS diagnoses in Philadelphia were primarily among people assigned male sex at birth (75.9%), NH Black people (64.1%), MSM (44.1%), and those aged 40 and over (54.3%).

Year of Diagnosis	2019		2020		2021		2022		2023		
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	
Total Cases	164	100.0%	153	100.00%	171	100.0%	206	100.0%	195	100.0%	
Sex Assigned at Birth											
Female	40	24.4%	48	31.4%	44	25.7%	58	28.2%	47	24.1%	
Male	124	75.6%	105	68.6%	127	74.3%	148	71.8%	148	75.9%	
Race/Ethnicity											
NH Black	100	61.0%	110	71.9%	109	63.7%	136	66.0%	125	64.1%	
Hispanic	35	21.3%	19	12.4%	32	18.7%	30	14.6%	27	13.8%	
NH White	25	15.2%	19	12.4%	24	14.0%	29	14.1%	36	18.5%	
NH Multi-race	*	*	*	*	*	*	6	2.9%	*	*	
NH Asian	*	*	*	*	*	*	*	*	*	*	
Other/Unknown	*	*	*	*	*	*	*	*	*	*	
Age Category											
0-12	*	*	*	*	*	*	*	*	*	*	
13-19	*	*	*	*	*	*	*	*	*	*	
20-24	12	7.3%	*	*	*	4.7%	13	6.3%	12	6.2%	
25-29	34	20.7%	23	15.0%	15	8.8%	21	10.2%	17	8.7%	
30-39	48	29.3%	47	30.7%	54	31.6%	62	30.1%	58	29.0%	
40-49	25	15.2%	33	21.6%	27	15.8%	42	20.4%	50	25.6%	
50+	42	25.6%	44	28.8%	64	37.4%	67	32.5%	56	28.7%	
Transmission Risk											
MSM	74	45.1%	57	37.3%	82	48.0%	85	41.3%	86	44.1%	
PWID	26	15.9%	18	11.8%	22	12.9%	39	18.9%	33	16.9%	
MSM/PWID	*	*	8	5.2%	*	*	10	4.9%	7	3.6%	
Heterosexual	50	30.5%	55	35.9%	45	26.3%	57	27.7%	50	25.6%	
Pediatric	*	*	*	*	*	*	*	*	*	*	
No Reported Risk	9	5.5%	12	7.8%	17	9.9%	13	6.3%	18	9.2%	

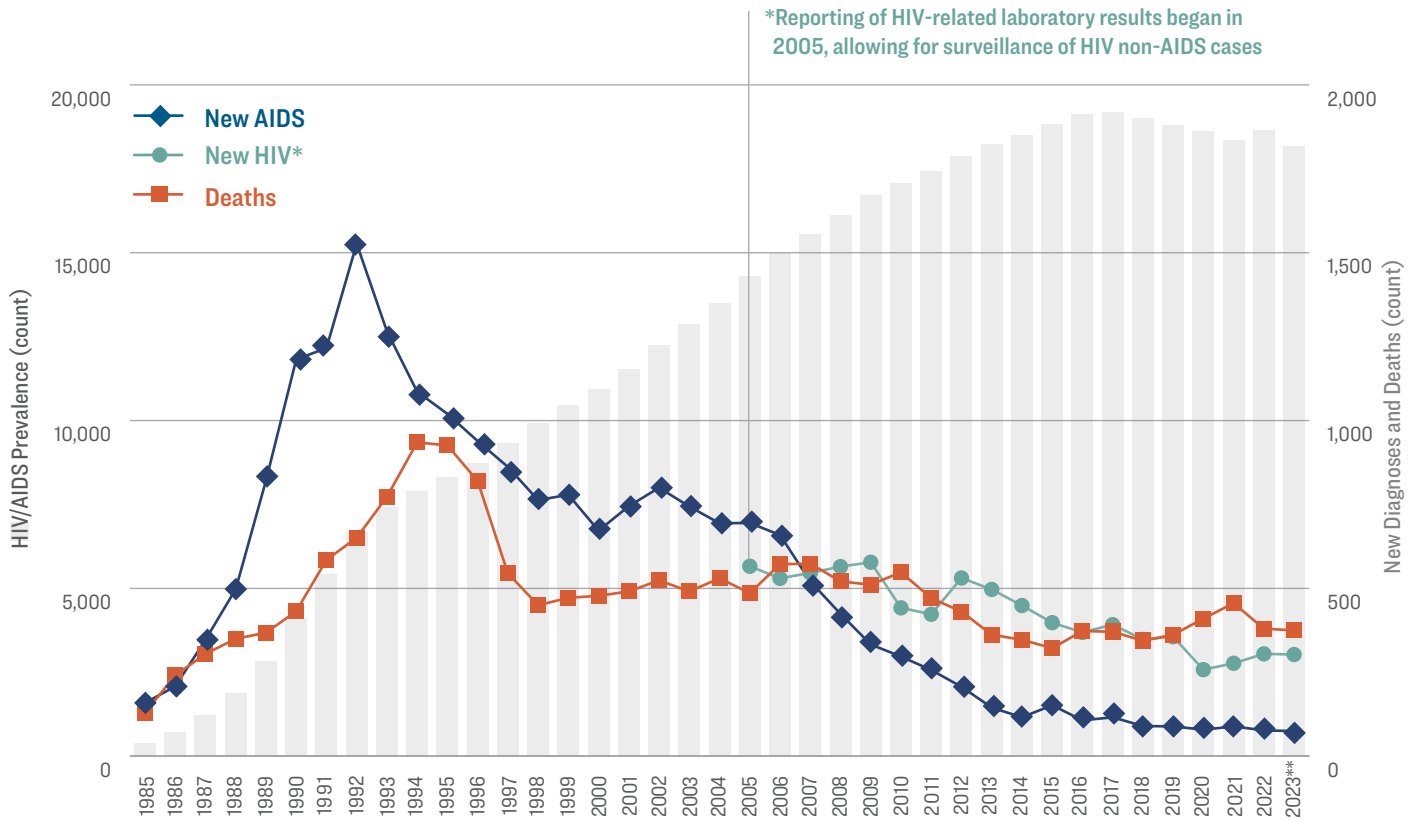
Note *Cell sizes <6 (including 0) are suppressed.
 Due to rounding, percentages may not add up to exactly 100%.
 A proportion of AIDS diagnoses each year were diagnosed with HIV in a previous year and later progressed to AIDS.

Source Philadelphia Department of Public Health, Division of HIV Health

Bar graphs indicate 2023 percentages

People with Diagnosed HIV

Figure 12 | Philadelphia HIV and AIDS Diagnoses, Deaths, and Prevalence by Year | 1985 – 2023


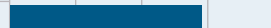
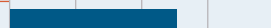
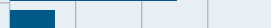








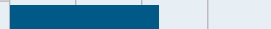








Note **As of this report, prevalent cases are those diagnosed with HIV by December 31, 2023 and alive at year end.

Source Philadelphia Department of Public Health, Division of HIV Health

People with Diagnosed HIV

Table 9 | HIV (non-AIDS) and AIDS Cases by Selected Characteristics | 2023

	HIV (Non-AIDS)		AIDS		HIV/AIDS		
	N	Col %	N	Col %	N	Col %	
Total N							
Total	8,746	100.0%	9,431	100.0%	18,177	100.0%	
Sex Assigned at Birth							
Female	2,384	27.3%	2,611	27.7%	4,995	27.5%	
Male	6,362	72.7%	6,820	72.3%	13,182	72.5%	
Race/Ethnicity							
NH Black	5,409	61.8%	6,060	64.3%	11,469	63.1%	
Hispanic	1,547	17.7%	1,511	16.0%	3,058	16.8%	
NH White	1,431	16.4%	1,498	15.9%	2,929	16.1%	
NH Multi-race	201	2.3%	246	2.6%	447	2.5%	
NH Asian	126	1.4%	98	1.0%	224	1.2%	
Other/Unknown	32	0.4%	18	0.2%	50	0.3%	
Age Category**							
0-12	8	0.1%	*	*	8	0.0%	
13-19	41	0.5%	7	0.1%	48	0.3%	
20-24	260	3.0%	48	0.5%	308	1.7%	
25-29	748	8.6%	163	1.7%	911	5.0%	
30-39	2,378	27.2%	1,033	11.0%	3,411	18.8%	
40-49	1,793	20.5%	1,457	15.4%	3,250	17.9%	
50+	3,518	40.2%	6,723	71.3%	10,241	56.3%	
Transmission Risk							
MSM	4,043	46.2%	3,383	35.9%	7,426	40.9%	
PWID	1,076	12.3%	2,073	22.0%	3,149	17.3%	
MSM/PWID	291	3.3%	483	5.1%	774	4.3%	
Heterosexual	2,878	32.9%	3,128	33.2%	6,006	33.0%	
Pediatric	106	1.2%	13	1.4%	236	1.3%	
Other	*	*	7	0.1%	9	0.0%	
No Reported Risk	350	4.0%	227	2.4%	577	3.2%	

Note *Cell sizes <6 (including 0) are suppressed.
 **Age as of December 31, 2023
 Due to rounding, percentages may not add up to exactly 100%.
 As of this report, prevalent cases are those diagnosed with HIV by December 31, 2023 and alive at year end.

Source Philadelphia Department of Public Health, Division of HIV Health

About 8.4% (or 1,526) of people with HIV in 2023 have not been diagnosed.

Bar graphs indicate HIV/AIDS percentages

People with Diagnosed HIV

Table 10

By Race/Ethnicity and Selected Characteristics | 2023

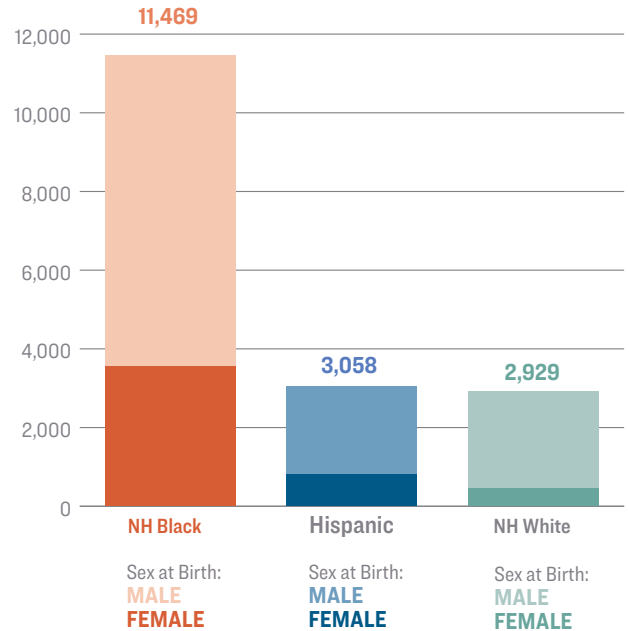
	NH Black		Hispanic		NH White	
	N	Col %	N	Col %	N	Col %
Total N						
Total	11,469	100.0%	3,058	100.0%	2,929	100.0%
Sex Assigned at Birth						
Female	3,556	31.0%	813	26.6%	455	15.5%
Male	7,913	69.0%	2,245	73.4%	2,474	84.5%
Age Category**						
0-12	*	*	*	*	*	*
13-19	35	0.3%	11	0.4%	*	*
20-24	227	2.0%	62	2.0%	14	0.5%
25-29	643	5.6%	157	5.1%	72	2.5%
30-39	2,253	19.6%	545	17.8%	447	15.3%
40-49	1,962	17.1%	624	20.4%	522	17.8%
50+	6,346	55.3%	1,655	54.1%	1,874	64.0%
Transmission Risk						
MSM	4,290	37.4%	1,079	35.3%	1,731	59.1%
PWID	1,832	16.0%	715	23.4%	509	17.4%
MSM/PWID	391	3.4%	165	5.4%	174	5.9%
Heterosexual	4,391	38.3%	947	31.0%	435	14.9%
Pediatric	170	1.5%	46	1.5%	15	0.5%
Other	6	0.1%	*	*	*	*
No Reported Risk	389	3.4%	106	3.5%	63	2.2%

Note *Cell sizes <6 (including 0) are suppressed.
 ** Age as of December 31, 2023
 Due to rounding, percentages may not add up to exactly 100%.
 As of this report, prevalent cases are those diagnosed with HIV by December 31, 2023 and alive at year end.

Source Philadelphia Department of Public Health, Division of HIV Health

Figure 13

By Sex Assigned at Birth and Race/Ethnicity 2023



People with Diagnosed HIV

Table 11

By Sex Assigned at Birth and Selected Characteristics | 2023

	Assigned Female at Birth		Assigned Male at Birth	
	N	Col %	N	Col %
Total N				
Total	4,995	100.0%	13,182	100.0%
Race/Ethnicity				
NH Black	3,556	71.2%	7,913	60.0%
Hispanic	813	16.3%	2,245	17.0%
NH White	455	9.1%	2,474	18.8%
NH Multi-race	123	2.5%	324	2.5%
NH Asian	37	0.7%	187	1.4%
Other/Unk	11	0.2%	39	0.3%
Age Category**				
0-12	7	0.1%	*	*
13-19	18	0.4%	30	0.2%
20-24	46	0.9%	262	2.0%
25-29	161	3.2%	750	5.7%
30-39	680	13.6%	2,731	20.7%
40-49	938	18.8%	2,312	17.5%
50+	3,145	63.0%	7,096	53.8%
Transmission Risk				
MSM	*	*	7,426	56.3%
PWID	11,171	23.4%	1,978	15.0%
MSM/PWID	*	*	774	5.9%
Other	*	*	7	0.1%
Heterosexual	3,650	73.1%	2,356	17.9%
Pediatric	122	2.4%	114	0.9%
No Reported Risk	50	1.0%	527	4.0%

Note *Cell sizes <6 (including 0) are suppressed.

** Age as of December 31, 2023

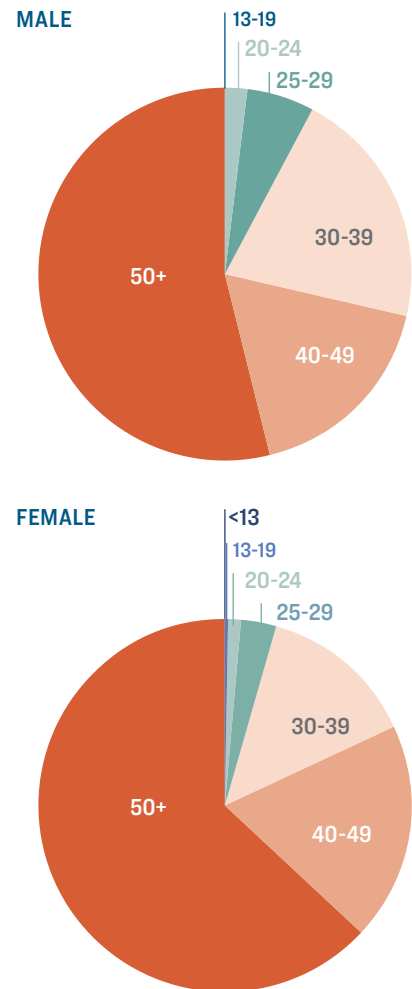
Due to rounding, percentages may not add up to exactly 100%.

As of this report, prevalent cases are those diagnosed with HIV by December 31, 2023 and alive at year end.

Source Philadelphia Department of Public Health, Division of HIV Health

Figure 14

By Sex Assigned at Birth and Age Category



People with Diagnosed HIV

Table 12 | By Gender Identity and Selected Characteristics | 2023

	Cisgender Men		Cisgender Women		Transgender Women		Transgender Men	
	N	Col %	N	Col %	N	Col %	N	Col %
Total N								
Total	12,783	100.0%	4,970	100.0%	385	100.0%	20	100.0%
Race/Ethnicity								
NH Black	7,627	59.7%	3,543	71.3%	276	71.7%	11	55.0%
Hispanic	2,179	17.0%	810	16.3%	63	16.4%	*	*
NH White	2,448	19.2%	449	9.0%	25	6.5%	*	*
Multi-race	311	2.4%	120	2.4%	13	3.4%	*	*
NH Asian	183	1.4%	37	0.7%	*	*	*	*
Other/Unknown	35	0.3%	11	0.2%	*	*	*	*
Age Category**								
0-12	*	*	7	0.1%	*	*	*	*
13-19	29	0.2%	18	0.4%	*	*	*	*
20-24	249	1.9%	44	0.9%	11	2.9%	*	*
25-29	712	5.6%	158	3.2%	35	9.1%	*	*
30-39	2,561	20.0%	667	13.4%	164	42.6%	11	55.0%
40-49	2,232	17.5%	935	18.8%	75	19.7%	*	*
50+	6,999	54.8%	3,141	63.2%	99	25.7%	*	*
Transmission Risk								
Sexual Contact	9,457	74.0%	3,632	73.1%	312	81.0%	16	80%
PWID	2,682	21.0%	1,166	23.5%	69	17.9%	*	*
Other	7	0.1%	*	*	*	*	*	*
Pediatric	114	0.9%	120	2.4%	*	*	*	*
No Reported Risk	523	4.1%	50	1.0%	*	*	*	*

Note *Cell sizes <6 (including 0) are suppressed.

**Age as of December 31, 2023

Due to rounding, percentages may not add up to exactly 100%.

As of this report, prevalent cases are those diagnosed with HIV by December 31, 2023 and alive at year end.

Gender identity is often not recorded in medical records. Sex assigned at birth was used to determine gender identity where no additional information was present. The prevalence among transgender women, transgender men, and those cases with additional gender identities is assumed to be higher. People identifying as non-binary (n=19) were excluded from the table due to small cell sizes.

Source Philadelphia Department of Public Health, Division of HIV Health

People with Diagnosed HIV

Table
13

Prevalence by Sex Assigned at Birth and Race/Ethnicity | 2023

	Population	PWDH	Rate Per 100,000	
Total	1,603,797	18,177	1,133.4	
Sex Assigned at Birth				
Female	843,414	4,996	592.4	
Male	760,383	13,182	1,733.6	
Race/Ethnicity				
NH Black	613,835	11,469	1,868.4	
Hispanic	238,277	3,059	1,283.8	
NH White	550,828	2,929	531.7	
NH Asian	132,408	224	169.2	
AIAN	2,596	38	1,463.8	
NHPI	579	12	2,072.5	
Other Race	11,419	*	*	
Multi-racial	53,855	447	830.0	
Sex Assigned at Birth and Race/Ethnicity				
NH Black Female	335,134	3,556	1,061.1	
Hispanic Female	122,032	814	667.0	
NH White Female	281,240	455	161.8	
Asian Female	68,668	37	53.9	
AIAN Female	1,406	8	569.0	
NHPI Female	*	*	*	
Other race Female	5,881	*	*	
Multi-racial Female	28,728	123	428.2	
NH Black Male	278,701	7,913	2,839.2	
Hispanic Male	116,245	2,245	1,931.3	
NH White Male	269,588	2,474	917.7	
Asian Male	63,740	187	293.4	
AIAN Male	1,190	30	2,521.0	
NHPI Male	*	9	*	
Other race Male	5,538	*	*	
Multi-racial Male	25,127	324	1,289.4	

Note *Cell sizes <6 (including 0) are suppressed. Rates and case counts in categories with <500 population are also suppressed. Rates were calculated using population data from the 2020 decennial census data.

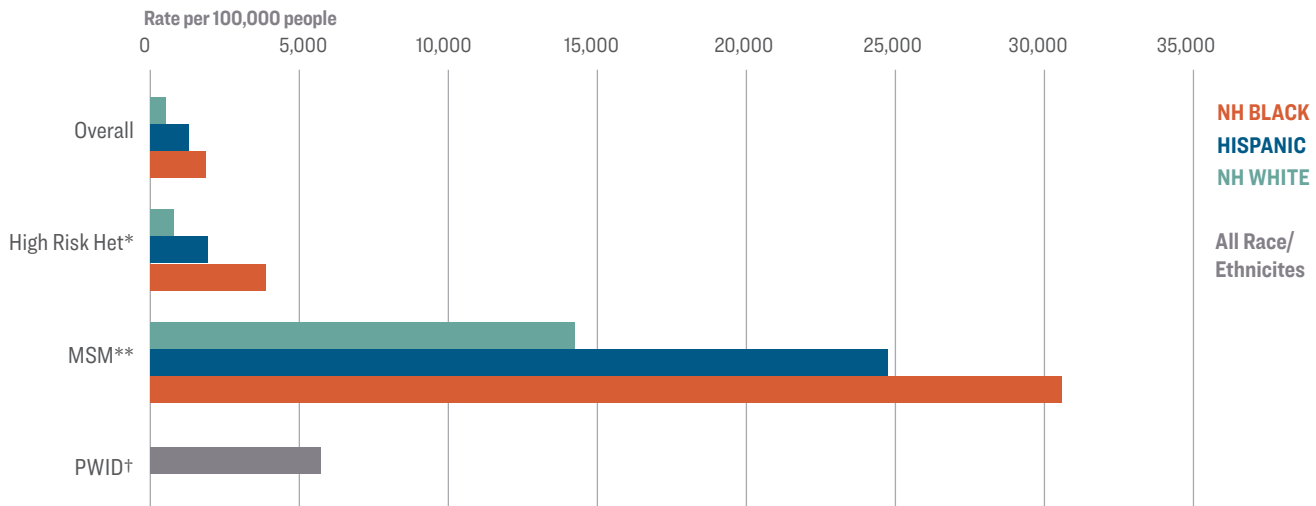
Source Philadelphia Department of Public Health, Division of HIV Health

**Prevalence Rate
per 100,000**

People with Diagnosed HIV

Figure 15

Prevalence by Race/Ethnicity and Transmission Category | 2023



Note *The population of people 18 and older living below poverty level is used as a proxy for high risk heterosexual population estimates

**MSM total population based on estimated number of active MSM in the past 5 years.

† The total number of Philadelphia residents who have ever injected drugs is estimated to be 55,000. Estimation methods based on Lansky A, Finlayson T, Johnson C, Holtzman D, Wejnert C, Mitsch A, et al. (2014) Estimating the Number of People Who Inject Drugs in the United States by Meta-Analysis to Calculate National Rates of HIV and Hepatitis C Virus Infections. PLoS ONE 9(5): e97596. For HIV prevalence, ever PWID is used instead of active PWID since many people who acquired HIV through injection drug use no longer inject drugs. This is roughly 4.5% of Philadelphia residents 18 and older. Since the demographic composition of PWID has shifted overtime, estimates of ever PWID by race/ethnicity are not reliable.

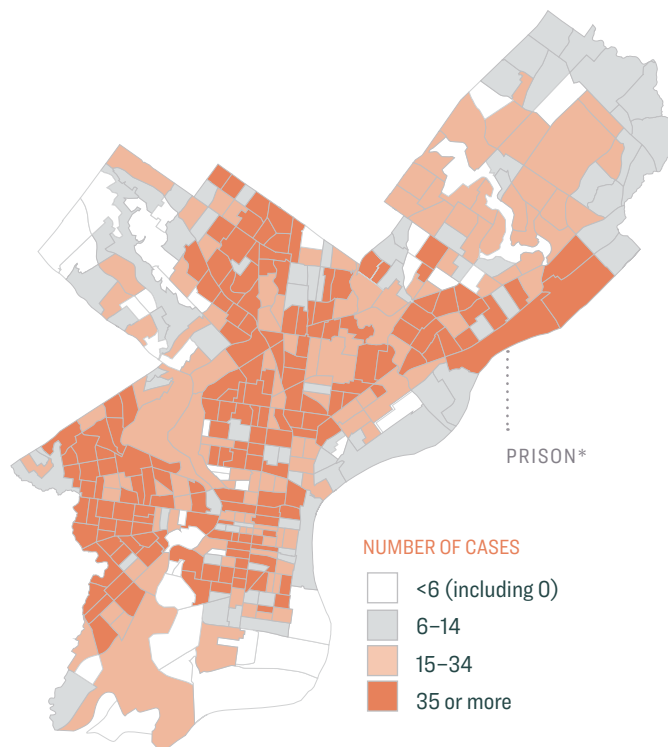
Source Philadelphia Department of Public Health, Division of HIV Health

Map 2

By Census Tract | 2023

Note *The number of cases in this census tract is inflated due to the location of the prison system. Laboratory reports for incarcerated people frequently include the address of the prison facility as address at diagnosis rather than the inmate's home address. Interactive mapping data are available online at www.AIDSVu.org.

Source Philadelphia Department of Public Health, Division of HIV Health



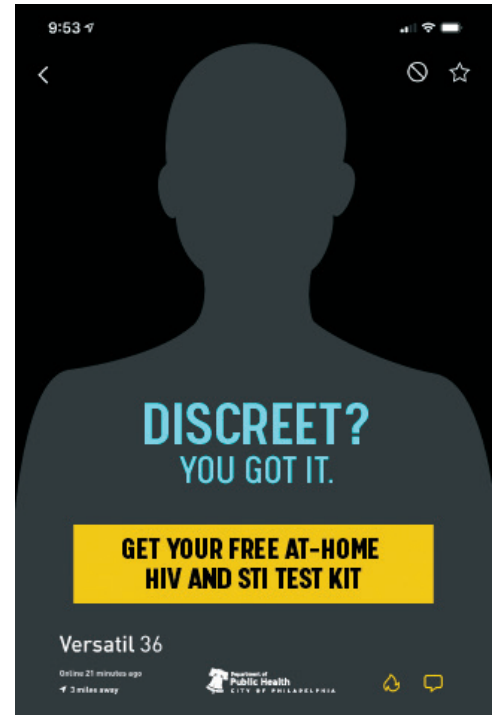
People with Diagnosed HIV

Among PWDH in Philadelphia during 2023, 4.7% had ever been diagnosed with Hepatitis B (HBV) and 13.7% had ever been diagnosed with Hepatitis C (HCV). There was higher HBV and HCV prevalence among PWDH aged 40+ and those with injection drug-related risk. HBV infection was more common among Asian PWH, whereas HCV infection was observed mainly among Hispanic, NH White, and Multi-race PWH.

Table 14

By Hepatitis B or C Co-Infection and Selected Characteristics | 2023

	Hepatitis B/HIV		Hepatitis C/HIV		HIV Total	
	N	Row %	N	Row %	N	Row %
Total						
Total	853	4.7%	2,486	13.7%	18,177	100.0%
Sex Assigned at Birth						
Female	197	3.9%	764	15.3%	4,995	100.0%
Male	656	5.0%	1,722	13.1%	13,182	100.0%
Race/Ethnicity						
NH Black	588	5.1%	1,303	11.4%	11,469	100.0%
Hispanic	99	3.2%	538	17.6%	3,058	100.0%
NH White	128	4.4%	534	18.2%	2,929	100.0%
Multi-race	18	4.0%	82	18.3%	447	100.0%
Asian	19	8.5%	27	12.1%	224	100.0%
Other/Unknown	*	*	*	*	50	100.0%
Age Category**						
0-12	*	*	*	*	8	100.0%
13-19	*	*	*	*	48	100.0%
20-24	*	*	*	*	308	100.0%
25-29	11	1.2%	41	4.5%	911	100.0%
30-39	70	2.1%	273	8.0%	3,411	100.0%
40-49	161	5.0%	386	11.9%	3,250	100.0%
50+	607	5.9%	1,777	17.4%	10,241	100.0%
Transmission Risk						
MSM	334	4.5%	460	6.2%	7,426	100.0%
PWID	218	6.9%	1,185	37.6%	3,149	100.0%
MSM/PWID	39	5.0%	226	29.2%	774	100.0%
Heterosexual	233	3.9%	572	9.5%	6,006	100.0%
Pediatric	6	2.5%	6	2.5%	236	100.0%
Other	*	*	*	*	9	100.0%
No Risk Reported	23	4.0%	32	5.5%	577	100.0%



Note *Cell sizes <6 (including 0) are suppressed.

**Age as of December 31, 2023

Data represents proportion of PWDH with current HBV and/or HCV infection as of December 31st, 2023. Row, not column, percentages are presented here.

Source Philadelphia Department of Public Health, Division of HIV Health; Philadelphia Department of Public Health, Division of Disease Control, Viral Hepatitis Program.

Perinatal Exposures

Table
15

By Selected Demographics | 2019 – 2023

Perinatal exposures represent instances where HIV transmission might have occurred from pregnant mother/parent to child during pregnancy, labor and delivery (L&D), or breast/chest feeding. Incidence of HIV infection among perinatally exposed children in Philadelphia has remained low in the past five years due to local perinatal prevention efforts. Case definitions for infant HIV status are based on recommended clinical and/or laboratory diagnostic algorithms. HIV negative definitive, HIV negative presumptive, and HIV indeterminate are detailed classifications of perinatal exposures, while confirmed HIV infection reflects a true pediatric parent-to-child transmission of HIV to an infant.

For more information on HIV case definitions, please visit:

<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm>

This table shows both demographic and clinical characteristics for the mother/parent and child before, during, and after birth. Maternal/Parental viral load represents the most recent viral load before birth; prenatal care was defined as at least 1 medical visit during pregnancy; maternal/parental timing at diagnosis was categorized as early (any time before L&D), late (during or after L&D), and unknown.

Year of Exposure	2019		2020		2021		2022		2023	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Total										
Total	67	100.0%	81	100.0%	77	100.0%	71	100.0%	52	100.0%
Infant Sex Assigned at Birth										
Female	30	44.8%	45	55.6%	38	49.4%	42	59.2%	26	50.0%
Male	37	55.2%	36	44.4%	39	50.6%	29	40.8%	26	50.0%
Mother/Parent's Age at Delivery										
13 - 19	*	*	*	*	*	*	*	*	*	*
20 - 24	7	10.4%	6	7.4%	7	9.1%	7	9.9%	*	*
25 - 34	38	56.7%	46	56.8%	45	58.4%	44	62.0%	31	59.6%
35+	19	28.4%	27	33.3%	25	32.5%	19	26.8%	15	28.8%
Mother/Parent's Race/Ethnicity										
NH Black	47	70.1%	59	72.8%	57	74.0%	52	73.2%	39	75.0%
Hispanic	6	9.0%	8	9.9%	9	11.7%	*	*	6	11.5%
NH White	9	13.4%	11	13.6%	9	11.7%	8	11.3%	7	13.5%
Multi-race	*	*	*	*	*	*	7	9.9%	*	*
Asian	*	*	*	*	*	*	*	*	*	*
Mother/Parent's Transmission Risk										
PWID	7	10.4%	7	8.6%	9	11.7%	6	8.5%	7	13.5%
Heterosexual	51	76.1%	64	79.0%	63	81.8%	57	80.3%	40	76.9%
Pediatric	7	10.4%	7	8.6%	*	*	6	8.5%	*	*
NRR/Unk	*	*	*	*	*	*	*	*	*	*

Note *Cell sizes <6 (including 0) are suppressed.
Due to rounding, percentages may not add up to exactly 100%.

Source Philadelphia Department of Public Health, Division of HIV Health

Perinatal Exposures

Table
16

By Selected Clinical Characteristics | 2019 – 2023

Year of Exposure	2019		2020		2021		2022		2023	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Total										
Total	67	100.0%	81	100.0%	77	100.0%	71	100.0%	52	100.0%

Infant Diagnosis Status

HIV positive, definitive	0	0.0%	1	1.2%	1	1.3%	1	1.4%	0	0.0%
HIV indeterminate	1	1.5%	4	4.9%	4	5.2%	2	2.8%	9	17.3%
HIV negative, definitive	42	62.7%	36	44.4%	33	42.9%	44	62.0%	19	36.5%
HIV negative, presumptive	24	35.8%	40	49.4%	39	50.6%	24	33.8%	24	46.2%

Maternal/Parental Viral Load

>=1000	6	9.0%	10	12.3%	12	15.6%	6	8.5%	6	11.5%
<1000	56	83.6%	64	79.0%	59	76.6%	60	84.5%	42	80.8%
Unknown	5	7.5%	7	8.6%	6	7.8%	5	7.0%	4	7.7%

Maternal/Parental Prenatal Care

No	5	7.5%	4	4.9%	3	3.9%	1	1.4%	2	3.8%
Yes	62	92.5%	77	95.1%	74	96.1%	70	98.6%	50	96.2%

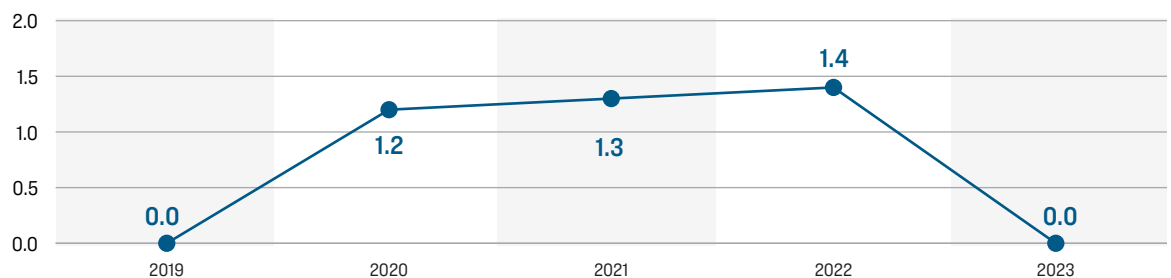
ARV Medications During Pregnancy

No	3	4.5%	6	7.4%	6	7.8%	1	1.4%	4	7.7%
Unknown	0	0.0%	1	1.2%	1	1.3%	1	1.4%	3	5.8%
Yes	64	95.5%	74	91.4%	70	90.9%	69	97.2%	45	86.5%

Neonatal ARV

Unknown	1	1.5%	4	4.9%	2	2.6%	0	0.0%	0	0.0%
Yes	66	98.5%	77	95.1%	75	97.4%	71	100.0%	52	100.0%

Rate of HIV per 100 Exposed Births



Note Due to rounding, percentages may not add up to exactly 100%.

Source Philadelphia Department of Public Health, Division of HIV Health

HIV-Related Deaths

Table
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By Year and Selected Characteristics, Philadelphia | 2020 – 2022

It is important to monitor the proportion of deaths among PWDH for which HIV is noted as an underlying cause of death. The most recent complete death information available is 2022. Unknown causes of death have been omitted from the data table due to small cell size.

HIV-Related Death	2020 (n=410)				2021 (n=459)				2022 (n=452)			
	No		Yes		No		Yes		No		Yes	
	N	Col%	N	Col%	N	Col%	N	Col%	N	Col%	N	Col%
Total												
Total	358	100.0%	47	100.0%	394	100.0%	63	100.0%	370	100.0%	74	100.0%
Sex Assigned at Birth												
Female	91	25.4%	24	51.1%	91	23.1%	17	27.0%	109	29.5%	28	37.8%
Male	267	74.6%	23	48.9%	267	67.8%	46	73.0%	261	70.5%	46	62.2%
Race/Ethnicity												
NH Black	224	62.6%	35	74.5%	224	56.9%	38	60.3%	223	60.3%	50	67.6%
Hispanic	54	15.1%	7	14.9%	54	13.7%	*	*	57	15.4%	10	13.5%
NH White	65	18.2%	*	*	65	16.5%	17	27.0%	72	19.5%	8	10.8%
Multi-race	14	3.9%	*	*	14	3.6%	*	*	18	4.9%	*	*
Asian	*	*	*	*	*	*	*	*	0	0.0%	*	*
Other/Unk	*	*	*	*	*	*	*	*	0	0.0%	*	*
Age at Death												
0-12	*	*	*	*	*	*	*	*	*	*	*	*
13-19	*	*	*	*	*	*	*	*	*	*	*	*
20-24	*	*	*	*	*	*	*	*	*	*	*	*
25-29	11	3.1%	*	*	11	2.8%	*	*	*	*	*	*
30-39	36	10.1%	*	*	36	9.1%	7	11.1%	39	10.5%	16	21.6%
40-49	41	11.5%	10	21.3%	41	10.4%	9	14.3%	49	13.2%	12	16.2%
50+	266	74.3%	31	66.0%	266	67.5%	45	71.4%	276	74.6%	46	62.2%
Transmission Risk												
MSM	101	28.2%	7	14.9%	101	25.6%	22	34.9%	94	25.4%	18	24.3%
PWID	126	35.2%	13	27.7%	126	32.0%	16	25.4%	120	32.4%	17	23.0%
MSM/PWID	23	6.4%	*	*	23	5.8%	*	*	26	7.0%	*	*
Heterosexual	103	28.8%	23	48.9%	103	26.1%	19	30.2%	117	31.6%	37	50.0%
Pediatric	*	*	*	*	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*	*	*	*	*
No Reported Risk	*	*	*	*	12	3.0%	*	*	12	3.2%	*	*

Note *Cell sizes <6 (including 0) are suppressed.
2023 data not shown due to delays in reporting cause of death.
Due to rounding, percentages may not add up to exactly 100%.

Source Philadelphia Department of Public Health, Division of HIV Health

Reporting Information

Who Must Report?

All HIV Testing Providers, Healthcare Providers & Laboratories

What Test Results Must Be Reported?

- **All results**, including: Positive, Negative, and Indeterminate will be reported to the PDPH including if the patient is determined to have either:
 - a confirmed HIV infection
 - a probable or possible HIV infection (including cases where additional testing is needed to confirm the diagnosis)
- **Preliminary Positive Results** — including instances where no supplemental/confirmatory testing was performed or when supplemental/confirmatory testing was negative
- **Negative and indeterminate Results** — including test results for HIV infection within 180 days of (before, after, or on the same date as) the HIV diagnosis. The negative/indeterminate test results are needed to recognize infections as early or acute when transmission to others is more likely and intervention is more urgent.
- **Results of all CD4 counts and HIV viral loads** including undetectable results
- **HIV genotype sequence data** (FASTA or FASTQ format)

What Cases Need to be Reported?

- All people who are Philadelphia residents AND
- All people who are tested in Philadelphia or receive care at a Philadelphia based facility or provider.
- Pregnancy in an HIV-infected person
- New HIV-positive result in a pregnant person
- Birth of an infant to an HIV-infected person

When Do I Need to Report?

These results or events need to be reported by telephone to the PDPH within 1 business day of the result or the confirmation of the event.

1. **Confirmed or suspected acute HIV infection**
(Call 215-685-4781 to report a case)
2. **Pregnancy in an HIV-infected pregnant person**
(Call 215-685-4786 to report a case)
3. **New HIV-positive result in a pregnant person**
(Call 215-685-4786 to report a case)
4. **Birth of an infant to an HIV-infected person**
(Call 215-685-4786 to report a case)

All other test results and HIV case reports must be reported to PDPH within 5 business days of the receipt.

How Do I Submit a Report?

Mail the completed HIV Case Report Forms to PDPH.

To mail forms, please use the following steps.

1. Place the forms in a sealed envelope that states:
Confidential, to be opened by addressee only
2. Place the first envelope into another sealed envelope and address to:

Philadelphia Department of Public Health
Attention: Melissa Miller
P.O. Box 58909
Philadelphia, PA 19102-8909

For reporting questions, please call Melissa Miller (215-685-4781).

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Additional contributions were made by: DHH ISU, Prevention, and EHE, as well as PDPH Viral Hepatitis.



TO OUR READERS

This report was produced by the Philadelphia Department of Public Health's DHH Surveillance Unit, which conducts HIV surveillance for the City of Philadelphia. The data in this report reflects cases diagnosed through December 2023 and reported through June 2024.

HIV surveillance is the ongoing and systematic collection, analysis, and dissemination of population-based information on HIV. There are two basic types of surveillance-active and passive. Passive surveillance is submission of HIV case reports from physicians, laboratories, and other institutions without having to regularly contact the reporting sources. Active surveillance employs strategies intended to identify unreported cases, and depends on secondary information sources for leads e.g., hospitals, clinics, physician offices, laboratories. Review of medical charts at provider sites or via telephone with facility staff are completed to establish cases of HIV infection and to obtain information critical to completing HIV case reports.

The HIV case count in Philadelphia results from a combination of active and passive surveillance. Physicians began reporting AIDS cases to the Department of Health in 1983. Name-based HIV reporting began in October 2005.

New HIV reporting regulations were approved by the City of Philadelphia's Board of Health in November 2016 and went into effect in January of 2017.





Any questions about this report and/
or requests for data can be directed to:

Melissa Miller, MPH

AACOEPI@PHILA.GOV

Please allow at least 10 business days
for all data requests.



Department of
Public Health

CITY OF PHILADELPHIA