

The explosion of hiv aids cases in district of columbia

[Health & Medicine](#), [Disease](#)



The HIV/AIDS scourge in the District of Columbia poses a key public health challenge. Though momentous strides in the diagnosis, treatment as well as the survival of those who are living with the disease have taken place within the locality and nationally at large, the District still remains one of the cities with the highest number of persons infected with the killer disease in the U. S.

The reports contain information about the prevalence of HIV/AIDS within the District of Columbia. Various statistics about different cases of the occurrence of the pandemic have been outlined.

The report extensively talks about what needs to be done to put the situation under control. A combined responsibility is required from all the relevant stakeholders are the key to the success against the dreaded illness.

HIV/AIDS explosion in the District of Columbia
Introduction

The Columbian District has the highest number of people affected by the AIDS pandemic in the United States. The rate can be compared to the sub-Saharan Africa. AIDS cases reported in the year 2002 within the District was 162. 4 per every 100, 000 people compared to just 14. 8 per 100, 000 for the whole of U. S.

In a local study about the cases of AIDS that were reported in 2001, when the District of Columbia was compared with other cities with population which is greater than 500, 000, the result was that it recorded the highest rate of 119 cases for every 100, 000 people. This was when all the cities

were included. The figure represented the highest rate to have been recorded in 2004 (Bureau of Surveillance 2007).

Review of the Literature

Basing on the Annual Report released by the District of Columbia HIV/AIDS Epidemiology in October 2007, nearly 70% of all the cases concerning AIDS between 1997 and 2006 progressed from HIV and AIDS within a period of less than 12 months immediately after the diagnosis of the first HIV, mainly because of late testing, in comparison to 39% nationally.

The population of African Americans in the whole District is around 57percent but they account for over 81 percent of the recent reports about HIV cases. And though the African-American females are 58% of the population of female in the District, they represent 90% of the current female cases of HIV.

The principal mode of transmission is heterosexual contact at 38% of the reported infections. Nationally, men who get engaged in sexual activities with other men lead in the transmission of the deadly disease.

According to the study in the American magazine of public Health (2008), within the whole nation, the rate of HIV among the blacks who are non-Hipic and are between 19 and 24 is twenty times higher than the young U. S. adults.

AIDS wave continues to be the principal cause of death especially for the Black women who are aged between 24 and 34; the Black youths represent

over 56 percent of the current HIV/AIDS cases amongst youth in America (Silvestre 2008).

To add on that, almost 50 percent of the black men who are gay within the United States are likely to have been infected with the disease. And regardless of all the alarming statistics, it was only recently that disease was treated as a solemn crisis in the District of Columbia. Initially, it was long ignored by the politicians, government agencies, the press and the whole community.

Given the fact that the treatments have immensely improved in the past decade, people infected with the lethal disease are regularly finding that the disease is manageable. As a result, quite a number of people are not open about their HIV status and do not have strategies to save their lives as well as the lives of their loved ones.

Nonetheless, the is escalating at a higher rate. The demands in the private and public healthcare systems are bound to continue increasing. It is therefore, the requirement of the government to get more serious about the shortage and forge ways of solving it.

The participation of the community is the primary key to improving the response of the District to the AIDS pandemic. The planning bodies such as Avoidance Planning Group, the AIDS Task Force of the Mayor, and the HIV Wellbeing Service Planning Council should try as much as possible to publish their meetings together with minutes on the HAA website so that they are accessed by the majority people.

As a result, information will be provided to a large number of persons therefore creating awareness. To add on that, stronger efforts should be applied in the appointment of the community members to the bodies. The community members should not be part of the board members, the employees or the consultants of the group that is provided with funds. The present conflict-of-interest provisions, for instance in the Ryan White Care Act need to be enforced.

Challenges at HAA

HIV supervision has been changed to names reporting system. However, enhanced protections for privacy are required. The District of Columbia gave up on various Unique Identifiers that were made use of to protect the privacy of the people after their involvement was forced by the federal government.

Reauthorization Act of Ryan White currently bases the allocation of funds on HIV and AIDS instances. Nevertheless, the states, the District included, should report both HIV and AIDS occurrences to the CDC using exclusive identifiers.

The names-reporting system for reporting the cases of HIV creates a de facto life p registry that requires a stronger protection for privacy compared to the current one. The laws about medical privacy do not allow for the private right of action.

There is also no penalty based on individual level for the government employees who goes contrary to the expectations of the law. Any form of penalty is aid by the government of the District of Columbia, and this takes

place only if the government decides to sue itself. It is for this reason that the stronger laws are seriously required