

NEW JERSEY HIV/AIDS REPORT

June 30, 2009



Jon S. Corzine
Governor

Public Health Services Branch
Division of HIV/AIDS Services
...preventing disease with care



Heather Howard
Commissioner

Division of HIV/AIDS Services

...preventing disease with care

Office of the Assistant Commissioner (609) 984-5874

Medical Director (609) 984-6191
 Policy and Planning
 Special Projects and Initiatives

Administrative Support Services Unit (609) 984-5888

Care and Treatment Services Unit (609) 984-6328

AIDS Drug Distribution Program
 Corrections Initiative
 Health Insurance Continuation Program
 HIV Care Consortia
 HIV Counseling and Testing Program (609) 984-6125
 HIV Early Intervention Program
 HIV Home Health Care Program
 Housing Opportunities for Persons with AIDS

Epidemiologic Services Unit (609) 984-5940

Case Reporting Forms
 HIV/AIDS Statistics
 Epidemiologic Studies
 Notification Assistance Program-Newark (973) 648-7500

Prevention and Education Services Unit (609) 984-6050

Community-based HIV Prevention Projects
 HIV Prevention Community Planning Group
 HIV-related Training
 N.J. AIDS/STD Hotline 1-800-624-2377
 Printed Material Distribution

Visit the New Jersey Department of Health and Senior Services' website:
www.state.nj.us/health.

To request to have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

Telephone (609) 984-5940 e-mail aids@doh.state.nj.us

Questions? Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

Highlights

- By mid 2009, 34,712 people are reported living with HIV or AIDS in New Jersey.
- Minorities account for 76% of adult/adolescent cumulative HIV/AIDS cases and 78% of all persons living with HIV/AIDS (Page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 7).
- Seventy-seven percent of persons living with HIV/AIDS are 40 years of age or older (Page 10).
- Thirty-five percent of those living with HIV/AIDS are females; 64% of females are currently 20-49 years old.
- The number of annual pediatric infections has dropped over 90% since 1993 (Page 11).
- Over 7,000 HIV/AIDS patients received medications through the state's AIDS Drug Distribution Program (ADDP) in 2008 (Page 12).
- Nearly 19,000 (18,713) clients received HIV prevention services funded by the NJDHSS in 2008 (Page 13).
- In 2008 over 79,000 HIV tests were administered through Counseling and Testing Sites (Page 14).
- The verification of a rapid HIV test with another rapid HIV test is addressed on page 15.

Special Features

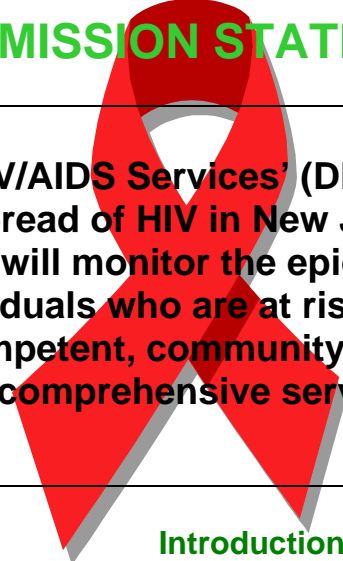
The centerfold map features a complete reporting of HIV/AIDS cases, pediatric HIV/AIDS infections, and perinatal exposure by county.

Copies of this report are available on the NJDHSS' website at www.state.nj.us/health. The website also contains complete county and municipal reports.



Look for these shoes to help you walk through the data!

MISSION STATEMENT



The Division of HIV/AIDS Services' (DHAS) mission is to prevent, treat, and reduce the spread of HIV in New Jersey. In keeping with this mission, the DHAS will monitor the epidemic and assure through its resources that individuals who are at risk or infected with HIV have access to culturally competent, community-based networks that provide qualitative and comprehensive services.

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV/AIDS Services (DHAS) through June 30, 2009. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS' website at www.state.nj.us/health/aids/aidsqtr.shtml. If you would prefer to receive this report by e-mail contact us at aids@doh.state.nj.us and we will e-mail you a link to the report.

What can I find in this report?

Epidemiology

Adult/Adolescent HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV positive for longer periods of time before developing AIDS. Looking at both HIV and AIDS status provides a more complete picture of the history of infection in the state than does data about AIDS alone. It is also important to note that cases reported in the past 12 months may have been diagnosed in previous years, but due to data transmission were only recently tabulated.

Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category.

These data show where the epidemic is now and where services are most needed.

Pediatric HIV/AIDS and Exposures

These data show the number of individuals diagnosed while under the age of 13. The data include information on perinatal exposures and other pediatric infections.

HIV Prevention, Care and Treatment Services

Updated data is presented for services provided through state funding, the Ryan White CARE Act, and the CDC funded HIV Prevention Cooperative Agreement.

Modified Risk Exposure Hierarchy

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s the Centers for Disease Control and Prevention (CDC) established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection. This hierarchy is described at www.cdc.gov/hiv/stats/hasr1402/technotes.htm.

Beginning in the June 2004 report, we began to use a modified risk hierarchy. Heterosexual contact with a person of unknown status was reported as “heterosexual contact with partners of unknown HIV risk.” Prior to that, these cases were reported as persons with unknown risk exposure. Heterosexual contact with persons of known risk are reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report, transfusion and hemophilia cases are reported in the “Other/Unknown” category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the “Other/Unknown” category may be categorized later to known exposure categories as follow-up investigations are completed.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHAS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2008 and 2009 may not be in this report. It is also important to note that individuals who are infected but not tested and diagnosed are not included in these reports. It is estimated that undiagnosed and unreported cases comprise 21% of all estimated infections. The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, the reported data underestimate true incidence, prevalence and mortality rates.

RACE/ETHNICITY DATA

Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2008 - June 2009 (1) and Cumulative Totals as of June 30, 2009 Racial/Ethnic Group by Gender

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2008- June 2009		Cumulative Total		July 2008- June 2009		Cumulative Total		July 2008- June 2009		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	325	27%	13,591	27%	64	12%	3,816	17%	389	22%	17,407	24%	22%
Black	555	45%	25,470	51%	338	65%	14,503	65%	893	51%	39,973	56%	36%
Hispanic	324	27%	10,092	20%	109	21%	3,797	17%	433	25%	13,889	19%	27%
Asian/Pac. Isl.	17	1%	288	1%	8	2%	104	0%	25	1%	392	1%	27%
Other/Unknown	0	0%	189	0%	1	0%	94	0%	1	0%	283	0%	33%
Total	1,221	100%	49,630	100%	520	100%	22,314	100%	1,741	100%	71,944	100%	31%

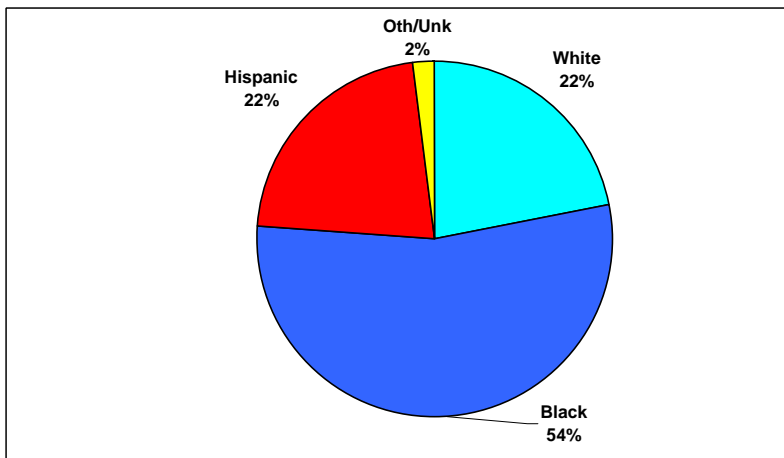
(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.
 (2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.
 Note: Percentages may not add to 100 due to rounding.

Table 2. New Jersey Residents Living with HIV/AIDS as of June 30, 2009 Racial/Ethnic Group by Gender

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	5,674	25%	1,969	16%	7,643	22%	26%
Black	11,132	50%	7,758	63%	18,890	54%	41%
Hispanic	5,292	24%	2,324	19%	7,616	22%	31%
Asian/Pac. Isl.	221	1%	89	1%	310	1%	29%
Other/Unknown	166	1%	87	1%	253	1%	34%
Total	22,485	100%	12,227	100%	34,712	100%	35%

Note: Percentages may not add to 100 due to rounding.

Figure 1. Percent Living with HIV/AIDS by Race/Ethnicity



Minorities account for 76% of the cumulative adult/adolescent HIV/AIDS cases.

Thirty-one percent of the cumulative HIV/AIDS cases are women.

Over half of persons living with HIV/AIDS are non-Hispanic Blacks.

Thirty-five percent of those living with HIV/AIDS are females. Four out of five females living with HIV/AIDS are minorities.

HIV EXPOSURE CATEGORY DATA

Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported July 2008 - June 2009 (2) and Cumulative Totals as of June 30, 2009 Modified Exposure Category by Gender

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	July 2008-June 2009		Cumulative Total		July 2008-June 2009		Cumulative Total		July 2008-June 2009		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	477	39%	14,454	29%	0	0%	0	0%	477	27%	14,454	20%	0%
IDU (4)	93	8%	18,966	38%	42	8%	8,522	38%	135	8%	27,488	38%	31%
MSM/IDU	13	1%	2,269	5%	0	0%	0	0%	13	1%	2,269	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	15	1%	890	2%	13	3%	2,826	13%	28	2%	3,716	5%	76%
- bisexual male	0	0%	0	0%	5	1%	193	1%	5	0%	193	0%	100%
- HIV infection, risk Other/Unknown	88	7%	3,262	7%	105	20%	4,777	21%	193	11%	8,039	11%	59%
-partner(s) of unknown HIV risk (5)	279	23%	5,651	11%	276	53%	4,426	20%	555	32%	10,077	14%	44%
Other/Unknown (6)	256	21%	4,138	8%	79	15%	1,570	7%	335	19%	5,708	8%	28%
Total number of individuals	1,221	100%	49,630	100%	520	100%	22,314	100%	1,741	100%	71,944	100%	31%

- (1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.
- (2) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.
- (3) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).
- (4) MSM = male-to-male sex. IDU = injection drug use.
- (5) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
- (6) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Note: Percentages may not add to 100 due to rounding.

Table 4. New Jersey Residents Living with HIV or AIDS as of June 30, 2009 Modified Exposure Category by Gender

Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	7,278	32%	0	0%	7,278	21%	0%
IDU (2)	5,484	24%	3,101	25%	8,585	25%	36%
MSM/IDU	806	4%	0	0%	806	2%	0%
Heterosexual contact with partner(s):							
- injection drug user	392	2%	1,309	11%	1,701	5%	77%
- bisexual male	0	0%	120	1%	120	0%	100%
- HIV infection, risk Other/Unknown	1,979	9%	3,134	26%	5,113	15%	61%
-partner(s) of unknown HIV risk(3)	3,716	17%	3,206	26%	6,922	20%	46%
Other/Unknown (4)	2,830	13%	1,357	11%	4,187	12%	32%
Total number of individuals	22,485	100%	12,227	100%	34,712	100%	35%

- (1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
- (2) MSM = male-to-male sex. IDU = injection drug use.
- (3) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
- (4) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

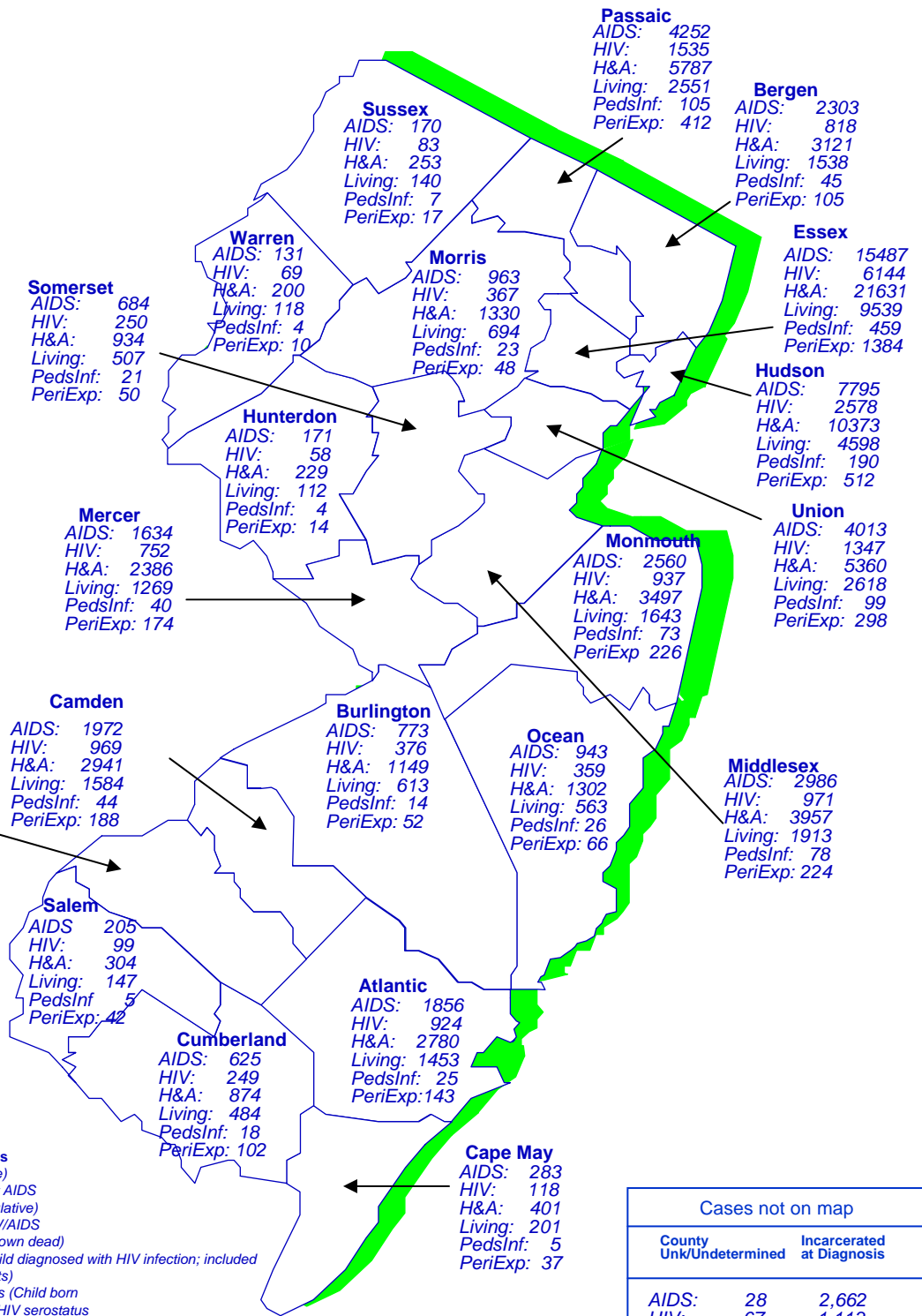
Note: Percentages may not add to 100 due to rounding.



Thirty-eight percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 30% by heterosexual contact, and 20% by male-to-male sex. Only 8% of cumulative cases (and 19% of cases recently reported in the last 12 months) had no reported risk or their risk is unknown.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2009

Statewide Summary Case Counts	
AIDS:	52,901
HIV:	20,384
H&A:	73,285
Living:	34,712
PedsInf:	1,344
PeriExp:	4,149



Legend for Summary Case Counts
 AIDS = AIDS cases (cumulative)
 HIV = HIV Positive Cases, not AIDS
 H&A = HIV/AIDS Cases (cumulative)
 Living = Persons Living with HIV/AIDS (HIV/AIDS cases not known dead)
 PedsInf = Pediatric Infections (Child diagnosed with HIV infection; included in HIV/AIDS case counts)
 PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

Cases not on map		
County	Unk/Undetermined	Incarcerated at Diagnosis
AIDS:	28	2,662
HIV:	67	1,113
H&A:	95	3,775
Living:	89	2,001
PedsInf:	51	2
PeriExp:	20	0

Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2008 - June 2009 (1) and Cumulative Totals as of June 30, 2009
Age at Diagnosis by Gender

Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2008-June 2009		Cumulative Total		July 2008-June 2009		Cumulative Total		July 2008-June 2009		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	46	4%	506	1%	14	3%	502	2%	60	3%	1,008	1%	50%
20-29	307	25%	8,532	17%	102	20%	5,363	24%	409	23%	13,895	19%	39%
30-39	316	26%	20,979	42%	130	25%	9,533	43%	446	26%	30,512	42%	31%
40-49	330	27%	13,774	28%	162	31%	4,875	22%	492	28%	18,649	26%	26%
Over 49	222	18%	5,839	12%	112	22%	2,041	9%	334	19%	7,880	11%	26%
Total	1,221	100%	49,630	100%	520	100%	22,314	100%	1,741	100%	71,944	100%	31%

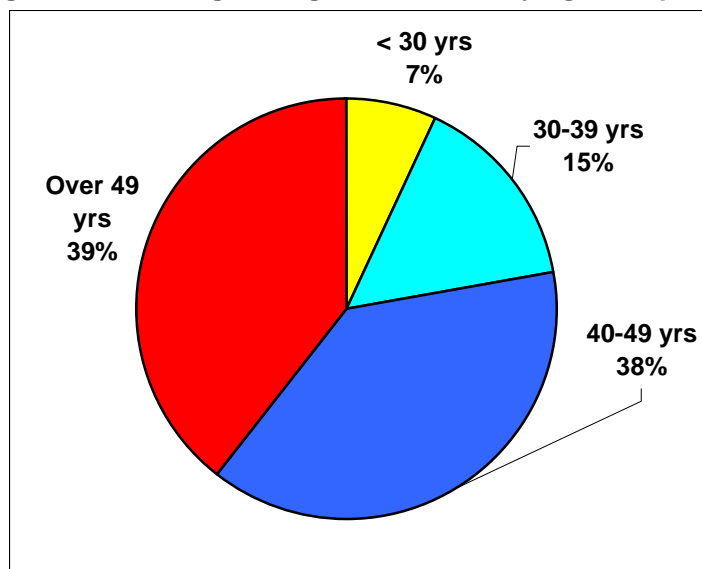
(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Note: Percentages may not add to 100 due to rounding.

Table 6. New Jersey Residents Living with HIV/AIDS as of June 30, 2009
Current Age by Gender

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	79	0%	81	1%	160	0%	51%
13-19	232	1%	227	2%	459	1%	49%
20-29	1,299	6%	726	6%	2,025	6%	36%
30-39	3,147	14%	2,197	18%	5,344	15%	41%
40-49	8,433	38%	4,855	40%	13,288	38%	37%
Over 49	9,295	41%	4,141	34%	13,436	39%	31%
Total	22,485	100%	12,227	100%	34,712	100%	35%

Figure 2. Percentage Living with HIV/AIDS by Age Group



Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis than previously reported cases.

Seventy-seven percent of those living with HIV or AIDS are 40 years of age or older.

Thirty-five percent of those living with HIV/AIDS are females.

Sixty-four percent of females living with HIV/AIDS are currently 20-49 years old.

PEDIATRIC DATA

Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases Exposure Category (2) by Race/Ethnicity - As of June 30, 2009

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	164	849	240	4	1,257
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	15	3	4	0	22
Risk Not Reported/Other Risk	7	28	8	2	45
Total	196	887	257	6	1,346
% Perinatally Infected	84%	96%	93%	67%	93%

- (1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.
- (2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.
- (3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status and Year of Birth for Children Born 1993-2009 - As of June 30, 2009


Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
1993	77	21%	86	24%	201	55%	364
1994	56	17%	112	33%	170	50%	338
1995	50	15%	92	28%	188	57%	330
1996	40	14%	67	23%	186	63%	293
1997	33	12%	76	27%	171	61%	280
1998	23	8%	85	28%	195	64%	303
1999	14	6%	64	26%	165	68%	243
2000	15	6%	64	24%	192	71%	271
2001	10	5%	51	24%	154	72%	215
2002	6	3%	57	25%	165	72%	228
2003	7	4%	46	23%	146	73%	199
2004	8	2%	36	17%	172	80%	216
2005	8	2%	35	18%	150	78%	193
2006	2	1%	31	19%	132	80%	165
2007	3	2%	27	18%	119	80%	149
2008*	1	1%	97	52%	88	47%	186
2009*	0	0%	32	97%	1	3%	33

- (1) Exposure - Child was exposed to HIV during pregnancy/delivery.
- (2) Infected - Child is infected with HIV/AIDS.
- (3) Indeterminate - Child was exposed but actual status of infection is unknown.
- (4) Seroreverter - Child was perinatally exposed and proven to be uninfected.
- * Years 2008 and 2009 data is incomplete

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1) by Race/Ethnicity and Current Age June 30, 2009

Race/Ethnicity	Current Age						Total	
	< 5 Yrs.		5-12 Yrs.		≥ 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	0	0%	11	8%	94	14%	105	13%
Black	10	83%	89	68%	438	67%	537	67%
Hispanic	2	17%	29	22%	124	19%	155	19%
Other	0	0%	1	1%	2	0%	3	0%
Total	12	2%	130	16%	658	82%	800	100%

- (1) Living Pediatric HIV/AIDS cases who were New Jersey residents or diagnosed in New Jersey.



Perinatal transmission has been reduced to less than 2 percent.

Approximately 350 Individuals infected perinatally in the early 1990's are now approaching adulthood.

Eighty-six percent of pediatric cases living with HIV/AIDS are minorities

Table 10. Ryan White Part B Services in 2008

Program Area	Type of Service	Clients Served per Year
AIDS Drug Distribution Program	medications	7,100
Health Insurance Continuation Program	health insurance premiums	330
Home Care Program	home health services	101
Access to Care	care outreach	622
Core Health Services	outpatient/ambulatory medical care	3,130
	dental care	564
	treatment adherence counseling	2,479
	mental health services	490
	substance abuse services	78
	nutritional counseling	442
Support Services	case management	3,728
	short-term/emergency housing assistance	24
	medical transportation services	1,420
	residential substance abuse services	2

Table 11. DHAS Care and Treatment Services in 2008

Program	Source of Funding	Clients Served per Year
Early Intervention Programs	State	6,200
Housing Opportunities for Persons with AIDS	HUD	418

PREVENTION

Table 12. Summary of Major HIV/AIDS Prevention Interventions Funded Agencies and Client Numbers by Target Population for 2008						
Type of Intervention	Populations Targeted/Reached					
Individual Outreach	MSM	IDU	Heterosexual		Youth	HIV Positive
			Males	Females		
Number of Agencies Providing Services	15	14	24	33	20	16
Number of Clients Served*	3,724	1,174	5,354	7,290	8,551	365
Interventions Delivered to Individuals	MSM	IDU	Heterosexual		Youth	HIV Positive
			Males	Females		
Number of Agencies Providing Services	11	9	14	27	15	17
Number of Clients Served	344	329	381	912	554	503
Interventions delivered to Groups	MSM	IDU	Heterosexual		Youth	HIV Positive
			Males	Females		
Number of Agencies Providing Services	12	11	7	24	14	18
Number of Clients Served	350	516	235	967	841	514
Comprehensive Risk Counseling Services	MSM	IDU	Heterosexual		Youth	HIV Positive
			Males	Females		
Number of Agencies Providing Services	7	12	4	18	8	20
Number of Clients Served	35	422	12	54	21	145

* Total number of individual client outreach is 18,713. Data is reported aggregately and reported Risk Categories are not mutually exclusive. MSM are not included with heterosexual males

The DHAS provides partner counseling and referral services to HIV positive clients in the state through the Notification Assistance Program (NAP). They notify the sex or needle-sharing partners of HIV infected individuals that have been elicited by providers of the fact that they have been exposed to HIV. They offer them HIV counseling and testing, and if HIV positive, elicit the names of their partners for this service. This is done because these partners may be infected and not know it, may be infecting others, and may benefit from treatment. The service is confidential, and the individual who named the partner is never revealed. The NAP staff also provides test results to persons who test HIV positive but fail to return for results. If you would like to refer individuals to the NAP for partner counseling you can call (877) 356-8312 toll free.

Table 13. Notification Assistance Program Services Provided in 2008	
Partners Referred/Elicited (1)	445
Partners Tested	83
Partners Testing HIV Positive	6
HIV+ Clients Counseled	229

(1) Referred partners are those that are elicited by providers and assigned to the NAP to contact. Elicited partners are those that the NAP staff identifies when they counsel HIV positive individuals.

HIV Counseling and Testing

Table 14. Publicly Funded HIV Counseling and Testing Activities January - December 2008 (Data as of June 26, 2009)			
SITE TYPE	NUMBER OF TESTS(1)	NUMBER POSITIVE	PERCENT POSITIVE
HIV CTS(2)	34,500	382	1.11%
STD Clinic	7,255	26	0.36%
Drug Treatment Center	7,290	23	0.32%
Family Planning Clinic	4,654	20	0.43%
Prenatal Clinic	2,257	6	0.27%
TB Clinic	2,596	19	0.73%
Community Health Center	7,767	87	1.12%
Prison/Jail	908	2	0.22%
Hospital/Emergency Dept.	9,802	120	1.22%
Field Visit/Outreach	853	3	0.35%
Other	1,385	13	0.94%
No Reported Site Type	0	0	0.00%
SEX			
Male	37,954	422	1.11%
Female	41,068	284	0.69%
Unknown	245	0	0.00%
RACE/ETHNICITY			
White	31,148	159	0.51%
Black	34,970	439	1.26%
Hispanic	24,092	183	0.76%
Asian/Pacific Islander	4,361	27	0.62%
AM Indian/AK Native	321	5	1.56%
Other	901	8	0.89%
Undetermined	7,566	68	0.90%
AGE			
Under 5	206	0	0.00%
5-12	108	0	0.00%
13-19	9,262	38	0.41%
20-29	31,334	178	0.57%
30-39	16,521	169	1.02%
40-49	13,555	217	1.60%
50+	7,617	102	1.34%
Unknown	664	2	0.30%
TOTAL	79,267	706	0.89%

1. Numbers do not represent individuals as clients may be tested more than once.

2. HIV/CTS sites are clinics whose primary purpose is HIV counseling and testing.

3. Fifteen of the HIV/CTS sites test confidentially and anonymously.

The PEMS form does not have Hispanic/Non-Hispanic broken down by race.

Rapid HIV Testing Update

Verification of a Rapid HIV Test with a Rapid HIV Test

Verification of a rapid HIV test with another rapid HIV test was started as an approach to improve receipt of results for those testing positive and the ability to do contact elicitation and referrals. Because persons with a reactive rapid test need to return for Western blot (WB) results New Jersey Department of Health and Senior Services (NJDHSS), Division of HIV/AIDS Services (DHAS) found that approximately 25% of those testing positive did not return for results. Although referred to the DHAS Notification Assistance Program (NAP) for follow-up, NAP only located 20% of these people.

Retrospective studies by the DHAS and Robert Wood Johnson Medical School (RWJ) have shown that a rapid-rapid algorithm accurately detects infection and would decrease the number of false positive results provided to patients. The DHAS and RWJ staff are on the Association of Public Health Laboratories (APHL)/Centers for Disease Control and Prevention (CDC) committee that is developing point-of-care rapid-rapid algorithms. Verification of a rapid HIV test with another rapid HIV test is done internationally.

The DHAS started verification of a rapid HIV test with another rapid HIV test on December 10, 2008, at selected DHAS funded HIV counseling and testing sites. The selection was based on HIV prevalence at the counseling and testing site.

The current algorithm is to do a rapid HIV test. If it is reactive a second rapid HIV test (from another manufacturer) is done. If both are reactive contact elicitation and referral for treatment, prevention, and social services is completed. A WB is currently done to assure us that verifying a rapid test with another rapid test are an appropriate algorithm for DHAS funded sites.

As of July 14, 2009, 14 facilities doing rapid-rapid testing performed 7,246 tests. To date, 71 reactive (preliminary positive) HIV tests were obtained with 64 (90%) verified with a second, different rapid HIV test. Fifty-one of the 64 clients (79.7%) were connected to healthcare providers on the same day they were tested. Subsequent WB testing confirmed 59 rapid-rapid positive results, with 5 WBs pending. Seven discordant results were identified, 5 associated with false positive initial rapid HIV tests and 2 associated with false negative verification by the second test. In both instances, repeat testing of the specimen confirmed the correct HIV positive result. The second rapid test identified 5 false positives results, which were subsequently confirmed by negative NAAT and WB testing in follow-up.

The percentage of persons receiving their results and referrals for treatment, prevention, and social services has increased dramatically with rapid-rapid HIV testing. In addition, contact elicitation can be completed. Expansion to other counseling and testing sites and other counties is on going.

For More Information
go to the
Division of HIV/AIDS Services
Website at:

<http://www.state.nj.us/health/aids>

or call the

New Jersey Department of Health and Senior Services
Division of HIV/AIDS Services
Epidemiologic Services Unit
at
(609) 984-5940