

***LOUISIANA
HIV/AIDS
ANNUAL
REPORT***

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Louisiana Department of Health and Hospitals
Office of Public Health
HIV/AIDS Program
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OVERVIEW OF HIV/AIDS SURVEILLANCE

The Louisiana Office of Public Health has worked in close collaboration with the Centers for Disease Control and Prevention (CDC) to develop and support comprehensive programs to monitor the changing HIV/AIDS epidemic in Louisiana. Data collected under these programs provide the basis for planning prevention activities, assessing needs, and planning services for those in need or at risk throughout the state. The data also serve to justify and obtain funding for the implementation of prevention programs, the improvement of service delivery, and the development of studies throughout Louisiana.

HIV/AIDS Surveillance System

Consistent with HIV/AIDS surveillance activities in other states, the Louisiana HIV/AIDS surveillance system actively maintains an extensive statewide network of reporting sites in public, private, inpatient, outpatient, clinical and laboratory settings.

HIV/AIDS Surveillance

In Louisiana, AIDS became a reportable condition in 1984, at which time the Louisiana Office of Public Health established a surveillance system to track newly diagnosed AIDS cases. In 1993, the surveillance system was expanded when confidential HIV (non-AIDS) cases were added as a reportable condition. Standardized case report forms are used; these forms collect sociodemographic information, mode of exposure, laboratory and clinical information, vital statistics (i.e., living or dead), and referrals for treatment or services. HIV infection reporting is estimated to be >85% complete for persons who have tested positive for HIV. HIV surveillance data may underestimate the level of recently-infected persons because some infected persons either do not know they are infected or have not sought testing. Persons who have tested positive in an anonymous test site and have not sought medical care, where they would be confidentially tested, are not included in HIV surveillance statistics. Therefore, HIV infection data can only provide minimum estimates of the number of persons known to be HIV-infected. Additionally, newly-reported cases may be any point along the clinical spectrum of disease when first diagnosed. Consequently, HIV infection data may not necessarily represent the characteristics of persons who have been recently infected with HIV.

Perinatal Surveillance

Perinatal HIV/AIDS surveillance is the ongoing and systematic collection of information on HIV-infected pregnant mothers, and perinatally-exposed and HIV-infected children. Extensive medical record abstractions are conducted for all HIV-exposed children and their mothers, and the children are followed up until their infection status is determined. These data address the prevention of perinatal transmission, including prenatal care, HIV counseling and testing during pregnancy, and use of zidovudine (ZDV) or other antiretrovirals among pregnant mothers and neonates. Enhanced perinatal surveillance data provide perinatal specific data that can be used to determine the extent to which testing and ZDV use are occurring in clinical practice, and to identify barriers to the implementation of Public Health Service guidelines. Perinatal data include only those women who have had a positive confidential HIV test.

Adult Spectrum of Disease Study (ASD)

The ASD study tracks the full spectrum and progression of HIV disease among HIV-infected persons enrolled in the study. Data have been collected since 1990 among persons 13 years and older with a diagnosed HIV infection who received health care at a participating facility. Louisiana's ASD study is based in three publicly-funded facilities in New Orleans that provide health care to the majority of persons living with HIV infection in the New Orleans area.

Behavioral Surveys

Street Outreach Surveys (SOS)

Street outreach surveys have been administered by community-based organizations (CBOs) in every region of the state since 1995. The survey is a one page, self-administered questionnaire distributed by outreach workers each quarter where they actively conduct street outreach activities. These sites are in neighborhoods with one or more of the following characteristics: high rates of HIV/STDs, high levels of drug use, exchange of sex for money or drugs, or "crack" houses. Respondents are asked about sexual partners, history of condom use, drug use, HIV testing history, and exposure to prevention programs. These data represent persons at particularly high risk for HIV and are not generalizable to the general population in the local community.

HIV Testing Survey (HITS)

HITS assesses HIV testing patterns among persons at high risk for HIV, evaluates reasons for seeking or avoiding testing, and examines knowledge of state policies for HIV surveillance. In addition, HITS collects behavioral risk information from persons at high risk for infection and can be used to evaluate the representativeness of HIV surveillance data by determining the characteristics of persons who delay testing, who test anonymously, or who do not test at all. HITS was conducted in Louisiana in 2001, in New Orleans (Orleans Parish), Baton Rouge (East Baton Rouge Parish), and Monroe (Ouachita Parish). Information collected is self-reported and may be biased by what persons are able to remember or feel comfortable reporting. Further, HITS data are not population-based and may not represent the entire high-risk population of an area.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is a state-based random digit-dialed telephone survey that monitors state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Respondents to the BRFSS questionnaire are asked a variety of questions about their personal health behaviors and health experiences. A sexual behavior module was added to this survey in 1994, 1995, 1996, 1998 and 2000. In this module, adults (ages 18-49) are asked about their number of sexual partners, condom use, and treatment for STDs. Data from the BRFSS survey are population-based; thus, estimates about testing attitudes and practices can be generalized to the adult population of a state, not just to persons at highest risk for HIV/AIDS. However, because BRFSS respondents are contacted by telephone survey, the data are not representative of households without a telephone.

STD Surveillance

The STD Control Program conducts statewide surveillance to determine sexually transmitted disease (STD) incidence and to monitor trends. In addition, the program conducts partner counseling and referrals for examination and treatment in order to reduce the spread of STDs. In Louisiana, chancroid, chlamydia, gonorrhea, lymphogranuloma venereum and syphilis are reportable STDs.

HIV Counseling and Testing Data

The Louisiana Office of Public Health provides funds for HIV counseling and testing at over 350 different sites across Louisiana. These sites include community-based organizations, drug treatment centers, and STD, prenatal, family planning, and tuberculosis clinics. Over 150 sites offer both anonymous and confidential testing options; however, 87% of persons in 2001 were tested confidentially.

***HIV/AIDS
TRENDS IN
LOUISIANA***

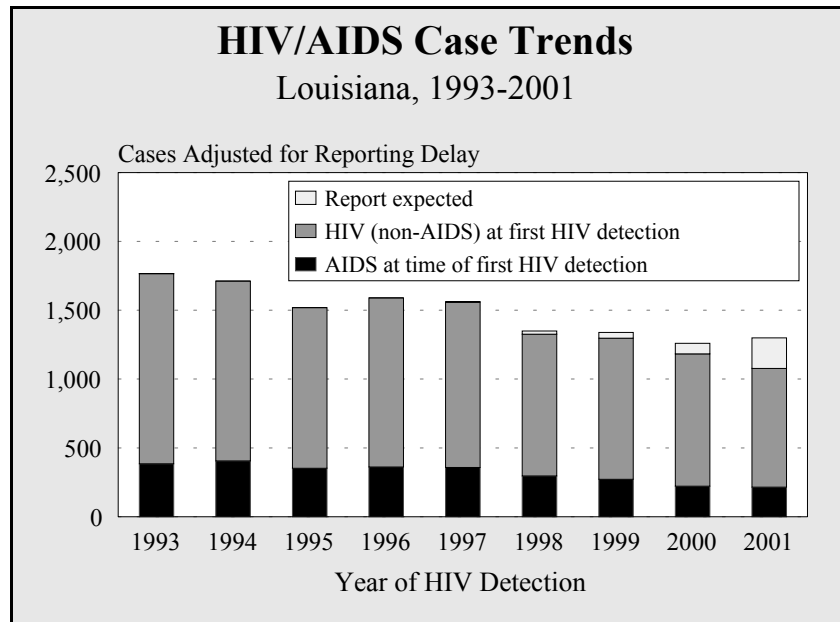
EXECUTIVE SUMMARY

The HIV/AIDS epidemic continues to have a significant impact on the public health of Louisiana. Although recent advances in treatment have significantly slowed the progression from HIV to AIDS and AIDS to death, there is still no cure for AIDS. As of December 31, 2001, a cumulative total of 21,584 persons have been detected with HIV/AIDS in Louisiana, including 262 cases in children under the age of 13.

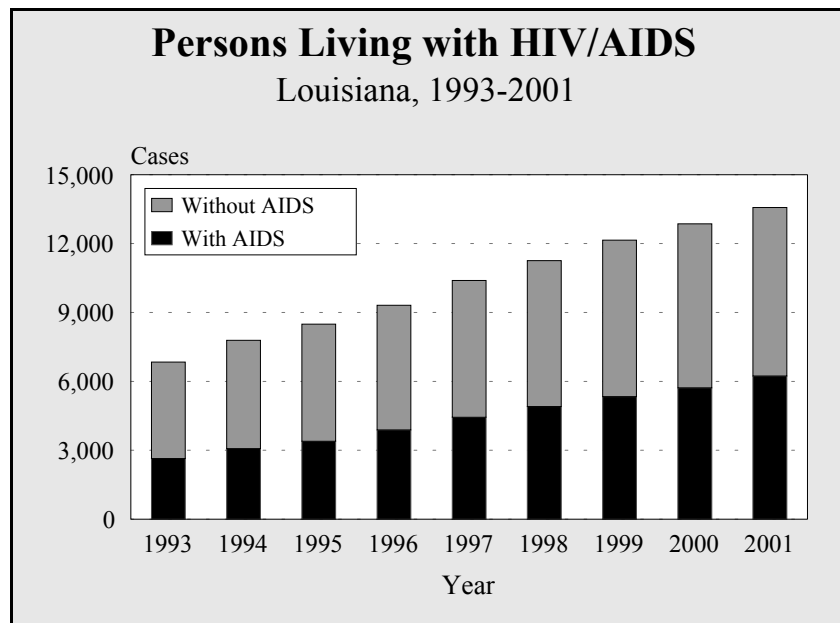
The following report provides detailed information regarding demographic and risk characteristics of HIV-infected individuals and trends in the epidemic over time. This report includes cases diagnosed through 2001 and reported by May 2002. Some of the most significant trends occurring in 2001 are highlighted below:

- There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely due to more effective drug therapies. At the end of 2001, 13,565 persons were known to be living with HIV/AIDS in Louisiana, of which 6,236 (46%) had been diagnosed with AIDS.
- In the most recent CDC HIV/AIDS Surveillance Report (Vol. 13, No. 2), Louisiana ranked 8th highest in state AIDS case rates and 13th in the number of AIDS cases reported in 2001. The metropolitan Baton Rouge area ranked 7th and the metropolitan New Orleans area ranked 19th in AIDS case rates in 2001 among the large cities in the nation.
- The New Orleans region had the highest number of HIV/AIDS cases detected in 2001. Nearly half (45%) of all persons living with HIV in Louisiana live in this area. However, in 2001 as in past years, the Baton Rouge region surpassed the New Orleans region in HIV/AIDS detection rates.
- New cases of HIV/AIDS were detected in 57 of Louisiana's 64 parishes in 2001.
- During 2001, 1,078 new HIV/AIDS cases were detected in Louisiana. Although the number of newly-detected HIV/AIDS cases has decreased in recent years, this decline may not reflect a true decrease in HIV transmission (see p. 38).
- Since 1996, the number of new AIDS cases and deaths of persons with AIDS has decreased dramatically, coinciding with the widespread use of more effective treatments. However, data from 2001 indicate a leveling or reversal of these declines, which may be due to factors such as late testing, limited access to or use of health care services, and limitations of current therapies.
- The HIV detection rates for African-Americans continue to be disproportionately high. In 2001, 74 % of newly-detected HIV cases and 75% of newly-diagnosed AIDS cases were in African-Americans. The HIV detection rates for African-Americans are over six times higher than those among whites.
- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily been increasing, and women represented 36% of new HIV/AIDS cases in 2001. Although HIV/AIDS rates have been declining in men since 1993, rates in African-American women have remained stable.
- Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically from over 25% in 1993 to 5% in 2000, due to increased screening for pregnant women and increased use of antiretroviral therapy in pregnant women with HIV and their infants.
- Among African-Americans, high-risk heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant mode of exposure remains men who have sex with men (MSM), although the number of cases among men has declined substantially since 1993. In the Baton Rouge region, both injection drug use and high-risk heterosexual contact accounted for larger percentages of the newly-detected cases than did male-to-male sexual contact.

OVERALL HIV/AIDS TRENDS



- In 2001, 1,078 new HIV/AIDS cases were detected statewide. Since 1993, the number of newly-detected HIV/AIDS cases has decreased by over a third, from 1,766 cases detected in 1993 to 1,078 cases in 2001.
- Of the newly-detected cases in 2001, 22% were diagnosed with AIDS at the time of first HIV detection.



- The number of persons living with HIV continues to increase each year. At the end of 2001, 13,565 persons were known to be living with HIV/AIDS in Louisiana, of whom 6,236 (46%) had progressed to AIDS. This increasing trend is largely due to the introduction of effective drug treatment and therapies, which delay the progression from HIV to AIDS and AIDS to death.

Characteristics of HIV-Infected Persons (HIV/AIDS) ^a

	Persons with HIV/AIDS First Detected in 2001		Persons Living with HIV/AIDS		Persons with HIV/AIDS Cumulative	
	<i>This column reflects persons with HIV infection (HIV/AIDS) whose confidential positive status was first detected in 2001 and reported to the health department. Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected.</i>		<i>This column reflects the <u>minimum</u> estimate of persons living with HIV by the end of 2001. This column includes persons living with AIDS.</i>		<i>This column reflects the total number of HIV-infected persons reported as having been diagnosed with HIV or AIDS in the state. This represents the minimum number of cases of HIV-infection in the state, including those who have died.</i>	
	Cases^b	Percent^c	Cases^b	Percent^c	Cases^b	Percent^c
TOTAL	1,078	100%	13,565	100%	21,584	100%
Gender						
Men	689	64%	9,823	72%	16,733	78%
Women	389	36%	3,742	28%	4,851	22%
Ethnicity						
African-American	796	74%	8,726	64%	12,829	59%
White	243	23%	4,389	32%	8,156	38%
Hispanic	33	3%	374	3%	498	2%
Other/Unknown	6	1%	76	1%	101	0%
Age Group	(Age at HIV Detection)		(Age at End of 2001)		(Age at HIV Detection)	
0-12	10	1%	147	1%	262	1%
13-24	219	20%	865	6%	3,468	16%
25-44	601	56%	8,907	66%	14,752	68%
45-64	227	21%	3,466	26%	2,865	13%
65+	21	2%	180	1%	237	1%
Exposure Category ^d						
MSM ^e	189	43%	3,952	44%	7,897	49%
IDU ^e	107	24%	2,115	24%	3,497	22%
MSM & IDU	14	3%	843	9%	1,553	10%
HRH ^e	121	27%	1,807	20%	2,453	15%
Transfusion/Hemophilia	2	1%	147	2%	405	3%
Perinatal	10	2%	174	2%	260	2%
<i>Unspecified Exposure^f</i>	635	59%	4,527	33%	5,519	26%
Urban/Rural Parishes						
Urban	929	86%	11,578	85%	18,912	88%
Rural	149	14%	1,987	15%	2,672	12%
Facility of Detection^c						
Private	307	29%	3,816	29%	6,859	32%
Public	766	71%	9,530	71%	14,613	68%

^a HIV data collection started in 1993. Positive results of anonymous tests are not included due to likelihood of repeat tests.

^b Cases within subgroups may not add up to totals due to unknowns.

^c Percentages may not add up to 100% due to rounding. Case counts may not add up to the total due to missing/unknown data.

^d Percentages for identified exposure groups represent the distribution among those with a specified exposure. The percentage for the unspecified exposure group represents the percent among the total.

^e MSM: men who have sex with men (non-IDU); IDU: injection drug user; HRH: high-risk heterosexual.

^f Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

HIV/AIDS BY RACE/ETHNICITY AND GENDER

The HIV/AIDS epidemic has impacted persons in all gender, age, ethnic groups, and geographic locations in Louisiana. This impact, however, has not been consistent across all population groups. At the beginning of the epidemic, HIV cases rose most sharply in white men who have sex with men (MSM). Although white MSM are still disproportionately impacted by the epidemic, recent trends suggest a shift in the HIV/AIDS epidemic towards women, African-Americans, and high-risk heterosexuals. As the epidemic continues to change and the number of persons living with HIV continues to grow, it is extremely important to identify those populations most impacted and at risk for HIV infection, in order to effectively plan for HIV prevention and allocate limited resources.

HIV/AIDS in Louisiana (1995-2001) by Ethnicity and Year of HIV Detection

Year	White			African-American			Hispanic			TOTAL ^a	
	Cases	Percent	Rate ^b	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1995	446	29%	16	1,039	68%	76	28	2%	27	1,519	35
1996	431	27%	15	1,117	70%	81	36	2%	34	1,590	36
1997	414	27%	15	1,102	71%	79	35	2%	32	1,560	36
1998	320	24%	11	971	73%	69	30	2%	27	1,326	30
1999	310	24%	11	951	73%	67	26	2%	22	1,297	29
2000	276	23%	10	878	74%	61	25	2%	21	1,183	27
2001	243	23%	9	796	74%	55	30	3%	25	1,078	24
Cum.	8,156	38%	--	12,829	59%	--	498	2%	--	21,584	--

^a Totals include all ethnic categories, including ones not shown.
^b Rates per 100,000 persons in subgroup.

- African-Americans continue to be disproportionately impacted by HIV/AIDS. Although African-Americans make up only 32% of the state's population, they represent 74% of the new HIV cases diagnosed in 2001 and 64% of all persons living with HIV infection. The HIV diagnosis rates for African-Americans are over six times higher than those among whites and two times higher than those among Hispanics.
- The epidemic is significantly affecting both males and females in the African-American and Hispanic communities, as shown in the following table. In 2001, the rate of HIV/AIDS detection in African-American males was almost one-and-a-half times greater than the rate in Hispanic males and nearly five times greater than the rate in white males. The HIV/AIDS detection rate among African-American women was nearly eleven times greater than that of white women.

**HIV/AIDS in Louisiana (1995-2001)
by Gender and Ethnicity**

MEN

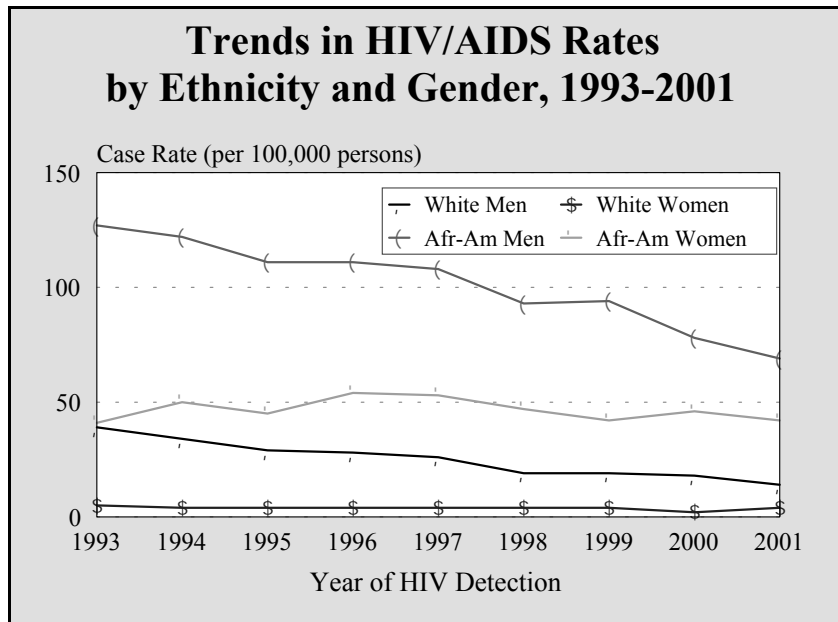
Year	White			African-American			Hispanic			TOTAL ^b	
	Cases	Percent	Rate ^b	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1995	390	26%	29	713	47%	111	25	2%	48	1,133	54
1996	378	24%	28	720	45%	111	28	2%	53	1,132	54
1997	357	23%	26	704	45%	108	31	2%	57	1,098	52
1998	263	20%	19	616	46%	93	25	2%	45	908	43
1999	254	20%	19	629	48%	94	21	2%	37	913	43
2000	241	20%	18	524	44%	78	19	2%	32	787	37
2001	189	18%	14	468	43%	69	26	2%	43	689	32
Cum. Total	7,371	34%	--	8,845	41%	--	432	2%		16,733	--

WOMEN

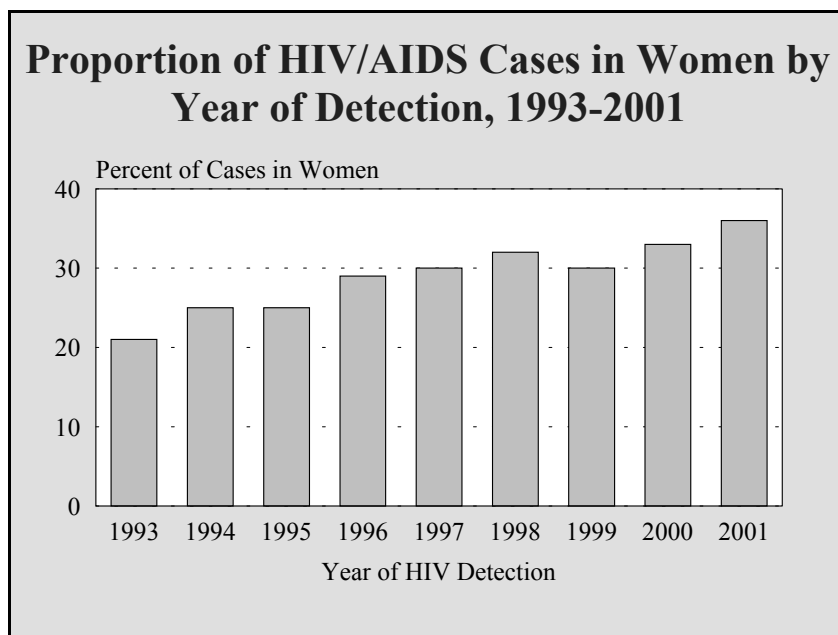
Year	White			African-American			Hispanic			TOTAL ^b	
	Cases	Percent	Rate ^b	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1995	56	4%	4	326	21%	45	3	<1%	6	386	17
1996	53	3%	4	397	25%	54	8	1%	15	458	20
1997	57	4%	4	398	26%	53	4	<1%	7	462	20
1998	57	4%	4	355	27%	47	5	<1%	9	418	18
1999	56	4%	4	322	25%	42	5	<1%	9	384	17
2000	35	3%	2	354	30%	46	6	1%	10	396	17
2001	54	5%	4	328	30%	42	4	<1%	6	389	17
Cum. Total	785	4%	--	3,984	18%	--	66	<1%	--	4,851	--

^a Rates per 100,000 persons in subgroup.

^b Totals include all ethnic categories, including ones not shown.

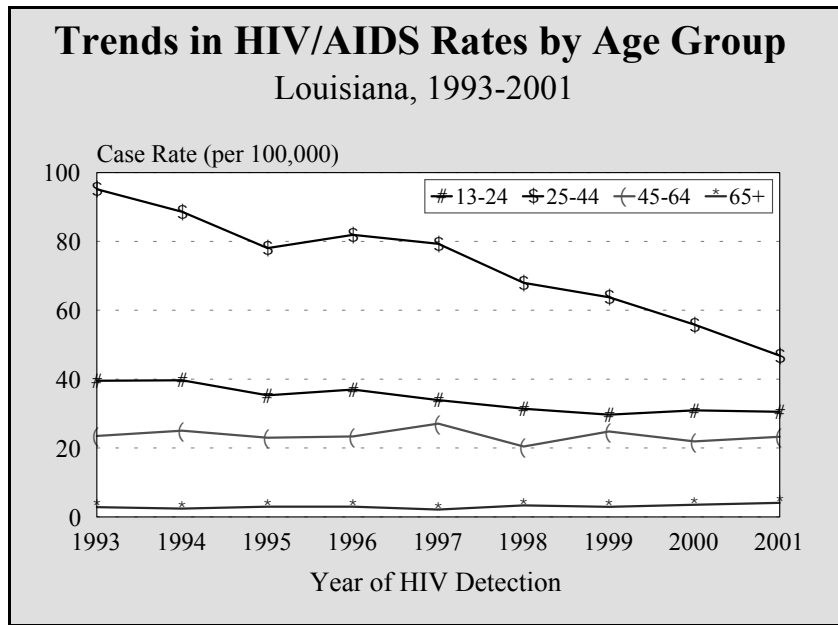


- Overall, HIV/AIDS rates have been declining in both white and African-American men since 1993; however, this same decrease in African-American women has not been seen.

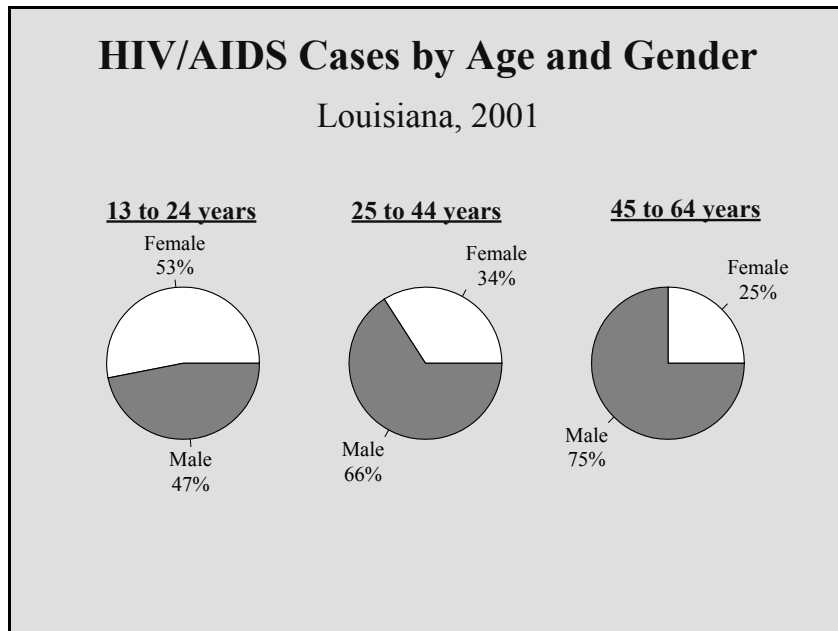


- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily been increasing. In 1993, 21% of all new cases were women, and in 2001, 36% of new cases detected were women. The increase of cases in women is primarily due to the increase in cases in African-American women.

HIV/AIDS BY AGE GROUP



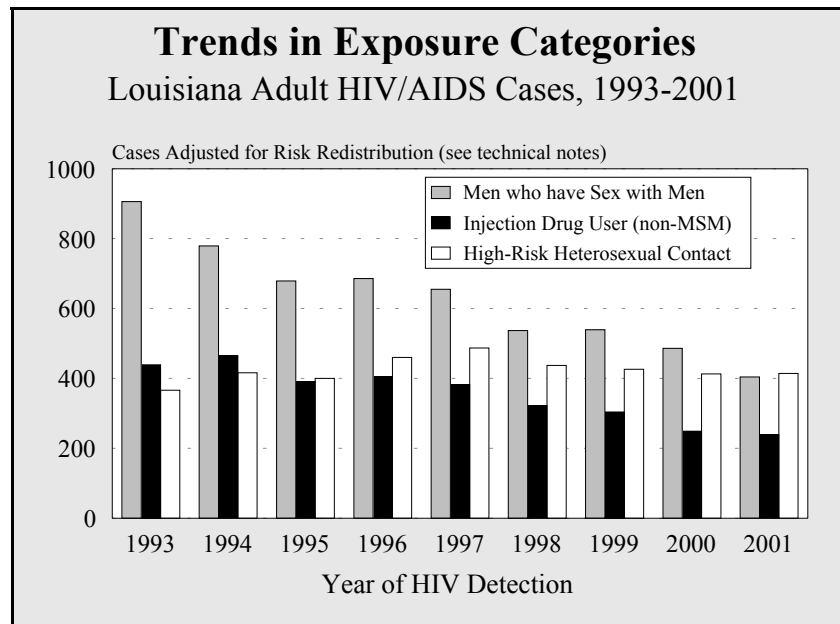
- In 2001, persons 25 to 44 years of age had the highest rates of newly-detected cases. However, the HIV/AIDS detection rate among this age group has been declining substantially since 1996. The decrease in this age group accounts for much of the decline in HIV/AIDS rates seen in recent years.



- Among youth, a much higher proportion of new cases are in females. This may be due, in part, to more opportunities for HIV screening in young women.
- Since 1996, females have comprised a greater proportion of the newly-detected HIV/AIDS cases among 13 to 24 year olds. The number of new cases detected among males aged 13 to 24 has been decreasing since 1993.

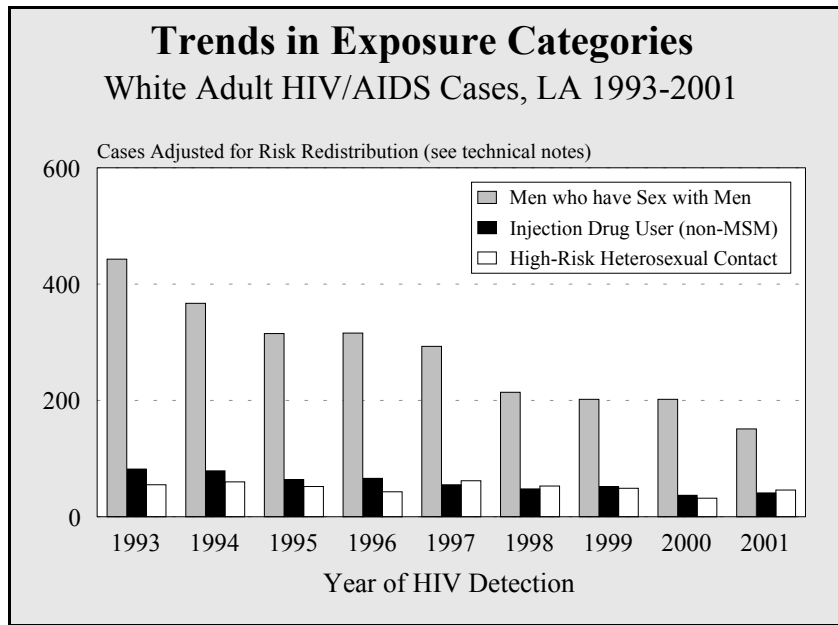
HIV/AIDS BY MODE OF EXPOSURE

The modes of exposure (i.e. persons' risk for HIV transmission) have changed significantly since 1993. Throughout the epidemic, most HIV transmission has occurred among men who have sex with men (MSM), however the proportion of cases attributed to MSM has been declining. Meanwhile, the proportion of cases among persons who report specific heterosexual contact with a person with HIV, or at increased risk (e.g., an IDU), has been increasing, in large part due to the increasing proportion of cases that occur among women. However, a large percentage of cases (59% in 2001) are reported without any mode of exposure; therefore, the data shown on the following graphs have been adjusted to account for unreported risks, as described below and in the technical notes on p. 38.

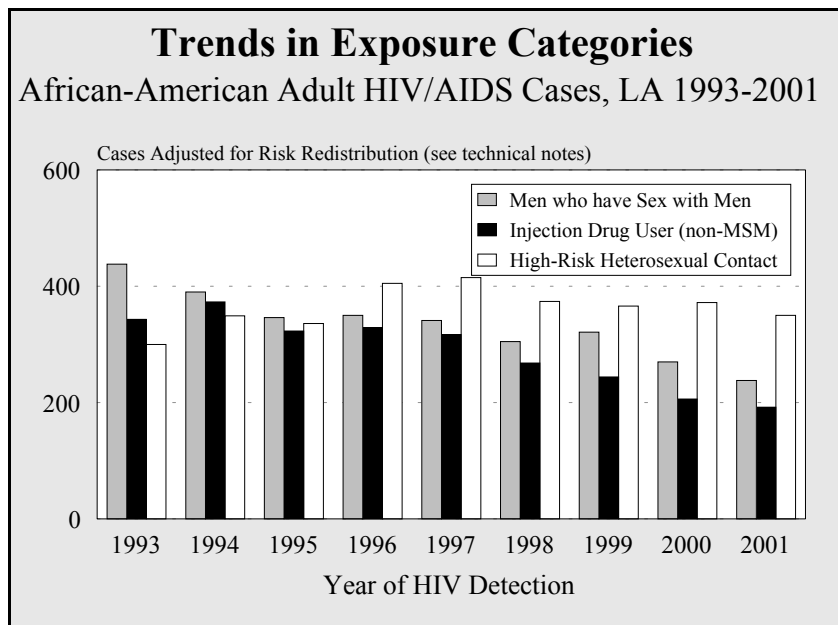


- The largest proportion of cases detected in 2001 (38%) were attributed to “Heterosexual contact,” after adjusting for unreported risk.
- After adjusting for unreported risk, cases among MSM, including MSM/IDU, accounted for 37% of all cases detected in 2001; however nearly half of all persons living with HIV in Louisiana (48%) may have been exposed to the virus through male-male sexual contact.
- Injection drug use remains an important risk group as well, accounting for 22% of newly-detected cases and 23% of living cases.

Looking at cases adjusted for risk redistribution: Each year a significant number of HIV cases are reported that lack information to characterize how the infection was probably acquired (i.e., mode of exposure, transmission risk). Because this information is critical for identifying at-risk populations, the CDC has developed a method for estimating mode of exposure among those cases with an unreported risk. These estimates are based on historical patterns of risk distribution, within certain demographic groups for a geographic area. Adjusting for risk redistribution (i.e., presenting a combination of cases reported with risk information and cases whose mode of exposure has been estimated) yields a more complete picture of the epidemic among the different exposure groups. For more information on risk redistribution, see the technical notes on p. 38.



- Among whites, the predominant exposure remains men who have sex with men, although the numbers of cases has declined substantially since 1993.



- Among African-Americans, high-risk heterosexual contact is the leading exposure category, accounting for 44% of all newly-diagnosed cases.

**Exposure Category by Year of HIV Detection^a and Gender
Louisiana HIV/AIDS Cases (1998-2001)**

<u>MEN</u>										
Exposure Category	1998		1999		2000		2001		Cumulative^d	
	#	%^b	#	%^b	#	%^b	#	%^b	#	%^b
Men who have Sex with Men (MSM)	312	55%	267	54%	242	60%	189	59%	7,897	60%
Injection Drug User (IDU)	144	26%	119	24%	86	21%	71	22%	2,472	19%
MSM & IDU	39	7%	44	9%	27	7%	14	4%	1,553	12%
High-Risk Heterosexual Contact	58	10%	57	11%	34	8%	43	13%	794	6%
Hemophiliac	2	0%	1	0%	1	0%	0	0%	106	1%
Transfusion/Transplant	4	1%	5	1%	4	1%	1	0%	167	1%
Perinatal ^f	4	1%	6	1%	8	2%	4	1%	138	1%
<i>Unspecified^c (% of All Cases in Men)</i>	<i>345</i>	<i>38%</i>	<i>414</i>	<i>45%</i>	<i>385</i>	<i>49%</i>	<i>367</i>	<i>53%</i>	<i>3,606</i>	<i>22%</i>
Total Men (% of Total Cases)^{b,e}	908	68%	913	70%	787	67%	689	64%	16,733	78%
<u>WOMEN</u>										
Exposure Category	1998		1999		2000		2001		Cumulative^d	
	#	%^b	#	%^b	#	%^b	#	%^b	#	%^b
Injection Drug User (IDU)	63	29%	50	33%	34	23%	36	30%	1,025	35%
High-Risk Heterosexual Contact	145	66%	97	63%	103	69%	78	64%	1,659	56%
Hemophiliac	0	0%	0	0%	0	0%	0	0%	6	0%
Transfusion/Transplant	8	4%	4	3%	9	6%	1	1%	126	4%
Perinatal ^f	3	1%	2	1%	4	3%	6	5%	122	4%
<i>Unspecified^c (% of All Cases in Women)</i>	<i>199</i>	<i>48%</i>	<i>231</i>	<i>60%</i>	<i>246</i>	<i>62%</i>	<i>268</i>	<i>69%</i>	<i>1,913</i>	<i>39%</i>
Total Women (% of Total Cases)^{b,e}	418	32%	384	30%	396	33%	389	36%	4,851	22%
TOTAL (All)^e	1,326	100%	1,297	100%	1,183	100%	1,078	100%	21,584	100%

^a Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected.

^b Among specified exposures, percents total to 100% of all cases diagnosed during the year whose exposure has been specified. Among unspecified and totals, percents are of all cases diagnosed during the year.

^c Unspecified exposure refers to cases whose exposure category is still under investigation or unknown. Among totals, percents are of all cases diagnosed during the year.

^d Cumulative cases detected by the end of 2001.

^e Total includes all exposure groups, including ones not shown.

^f Perinatal cases included in this table are based on year of HIV-detection, other analyses include perinatal cases based on year of birth.

**Exposure Category by Year of HIV Detection^a and Ethnicity
Louisiana HIV/AIDS Cases (1998-2001)**

<u>AFRICAN-AMERICAN</u>										
Exposure Category	1998		1999		2000		2001		Cumulative^d	
	#	%^b	#	%^b	#	%^b	#	%^b	#	%^b
Men who have Sex with Men (MSM)	154	29%	150	33%	130	33%	101	34%	2,896	33%
Injection Drug User (IDU)	173	32%	134	30%	102	26%	84	28%	2,740	32%
MSM & IDU	23	4%	25	6%	12	3%	7	2%	675	8%
High-Risk Heterosexual Contact	172	32%	127	28%	129	33%	96	32%	27	0%
Hemophiliac	0	0%	0	0%	1	0%	0	0%	1,981	23%
Transfusion/Transplant	11	2%	6	1%	10	3%	1	0%	146	2%
Perinatal ^f	7	1%	8	2%	12	3%	8	3%	217	2%
<i>Unspecified^c (% of Total Afr-Am Cases)</i>	<i>431</i>	<i>44%</i>	<i>501</i>	<i>53%</i>	<i>482</i>	<i>55%</i>	<i>499</i>	<i>63%</i>	<i>4,147</i>	<i>32%</i>
Total Afr-Am (% of Total Cases)^{b,e}	971	73%	951	73%	878	74%	796	74%	12,829	59%
<u>WHITE</u>										
Exposure Category	1998		1999		2000		2001		Cumulative^d	
	#	%^b	#	%^b	#	%^b	#	%^b	#	%^b
Men who have Sex with Men (MSM)	149	65%	110	59%	107	72%	83	62%	4,787	68%
Injection Drug User (IDU)	32	14%	32	17%	17	11%	23	17%	691	10%
MSM & IDU	15	7%	19	10%	15	10%	7	5%	849	12%
High-Risk Heterosexual Contact	29	13%	22	12%	0	0%	17	13%	415	6%
Hemophiliac	2	1%	1	1%	7	5%	0	0%	80	1%
Transfusion/Transplant	1	0%	3	2%	3	2%	1	1%	142	2%
Perinatal ^f	0	0%	0	0%	0	0%	2	2%	40	1%
<i>Unspecified^c (% of Total White Cases)</i>	<i>92</i>	<i>29%</i>	<i>123</i>	<i>40%</i>	<i>127</i>	<i>46%</i>	<i>110</i>	<i>45%</i>	<i>1,152</i>	<i>14%</i>
Total White (% of Total Cases)^{b,e}	320	24%	310	24%	276	23%	243	23%	8,156	38%
TOTAL (All)^e	1,326	100%	1,297	100%	1,183	100%	1,078	100%	21,584	100%
^a Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected. ^b Among specified exposures, percents total to 100% of all cases diagnosed during the year whose exposure has been specified. Among unspecified and totals, percents are of all cases diagnosed during the year. ^c Unspecified exposure refers to cases whose exposure category is still under investigation or unknown. Among totals, percents are of all cases diagnosed during the year. ^d Cumulative cases detected by the end of 2001. ^e Total includes all racial/ethnic categories and exposure groups, including ones not shown. ^f Perinatal cases included in this table are based on year of HIV-detection, other analyses include perinatal cases based on year of birth.										

***GEOGRAPHIC
DISTRIBUTION***

GEOGRAPHIC DISTRIBUTION OF HIV/AIDS

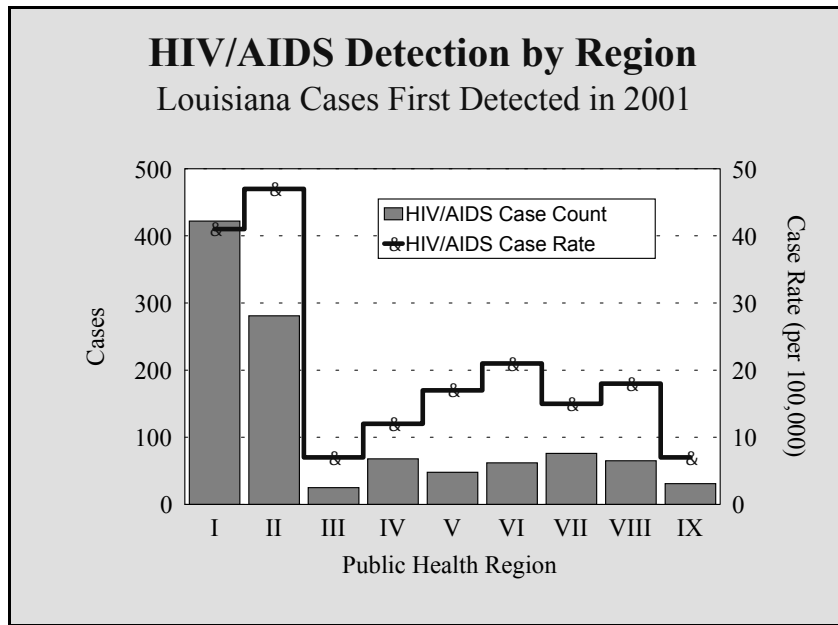
- In 2001, new cases of HIV/AIDS were detected in 57 of Louisiana's 64 parishes. The highest rates of newly-detected HIV/AIDS cases were in East Carroll, Orleans, East Baton Rouge, and Madison parishes.

Louisiana HIV/AIDS Cases and Case Rates by Parish									
PARISH	AIDS DX ^a in 2001	HIV/AIDS Detected in 2001	HIV/AIDS Detection Rate, 2001 ^b	Cum HIV/AIDS Cases ^c	PARISH	AIDS DX ^a in 2001	HIV/AIDS Detected in 2001	HIV/AIDS Detection Rate, 2001 ^b	Cum HIV/AIDS Cases ^c
Statewide	858	1,078	24	21,584	Region VI	35	62	21	881
Region I	343	422	41	10,604	Avoyelles	6	10	24	193
Jefferson	68	93	20	1,844	Catahoula	2	4	n/a	22
Orleans	271	321	66	8,563	Concordia	2	3	n/a	43
Plaquemines	0	2	n/a	42	Grant	3	6	32	30
St. Bernard	4	6	9	155	La Salle	0	1	n/a	7
Region II	237	281	47	4,228	Rapides	17	33	26	444
Ascension	9	14	18	148	Vernon	2	3	n/a	72
East Baton Rouge	185	230	56	3,371	Winn	3	2	n/a	70
East Feliciana	10	9	42	117	Region VII	56	76	15	1,285
Iberville	14	15	45	231	Bienville	0	2	n/a	18
Pointe Coupee	5	3	n/a	59	Bossier	6	6	6	132
West Baton Rouge	4	6	28	115	Caddo	34	53	21	885
West Feliciana	10	4	n/a	187	Claiborne	6	2	n/a	58
Region III	27	25	7	644	De Soto	4	6	24	34
Assumption	0	0	n/a	29	Natchitoches	2	4	n/a	80
LaFourche	4	3	n/a	101	Red River	0	0	n/a	9
St. Charles	2	2	n/a	92	Sabine	1	1	n/a	23
St. James	3	0	n/a	57	Webster	3	2	n/a	46
St. John the Baptist	2	3	n/a	84	Region VIII	51	65	18	946
St. Mary	3	4	n/a	94	Caldwell	1	1	n/a	16
Terrebone	13	13	12	187	East Carroll	5	9	96	36
Region IV	49	68	12	1,281	Franklin	0	0	n/a	22
Acadia	8	9	15	104	Jackson	1	0	n/a	16
Evangeline	3	4	n/a	46	Lincoln	1	1	n/a	67
Iberia	6	9	12	109	Madison	4	7	51	63
Lafayette	14	20	10	639	Morehouse	3	1	n/a	60
St. Landry	14	14	16	211	Ouachita	30	35	24	534
St. Martin	2	8	16	87	Richland	4	7	33	52
Vermilion	2	4	n/a	85	Tensas	1	2	n/a	29
Region V	34	48	17	859	Union	1	0	n/a	33
Allen	4	2	n/a	141	West Carroll	0	2	n/a	18
Beauregard	3	3	n/a	60	Region IX	26	31	7	856
Calcasieu	23	39	21	595	Livingston	4	7	8	123
Cameron	1	1	n/a	8	St. Helena	0	0	n/a	10
Jefferson Davis	3	3	n/a	55	St. Tammany	9	10	5	353
					Tangipahoa	6	10	10	190
					Washington	7	4	n/a	180

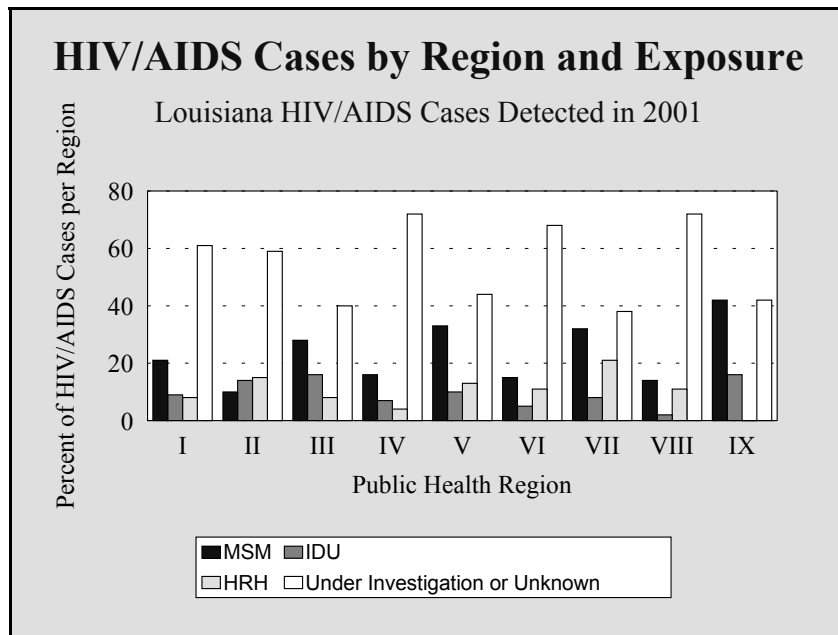
^a DX—Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.

^b Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts.

^c Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.

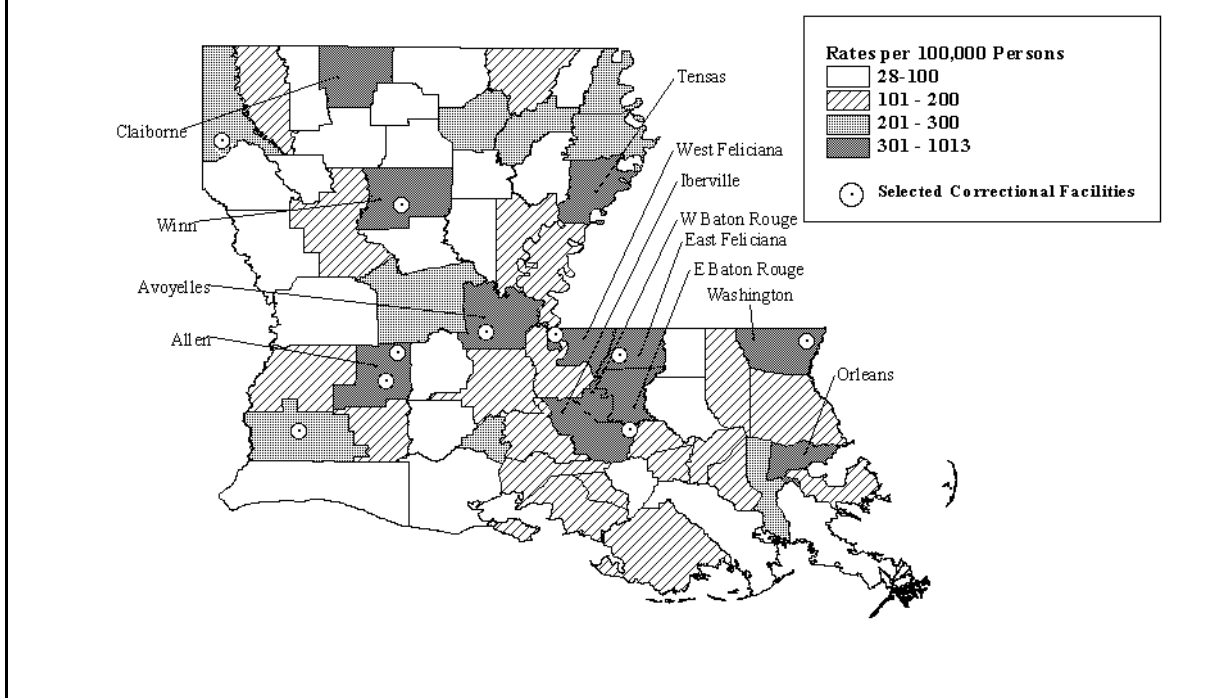


- The New Orleans region had the highest number of HIV/AIDS cases detected in 2001. However, in 2001 as in past years, the Baton Rouge region surpassed the New Orleans region in HIV/AIDS detection rates (number of cases per population in the region).



- In every region of the state, except the Baton Rouge region, the largest proportion of the newly-detected cases in 2001, with an identified exposure, were attributed to MSM exposure. In the Baton Rouge region, both injection drug use and high-risk heterosexual contact accounted for larger percentages of the newly-detected cases than did male-to-male sexual contact.
- In almost all regions of the state, greater than 50% of the new cases were reported without an identified mode of exposure. For this reason, it is important that risk information be interpreted cautiously.

Persons Living with HIV/AIDS by Parish Louisiana, 2001



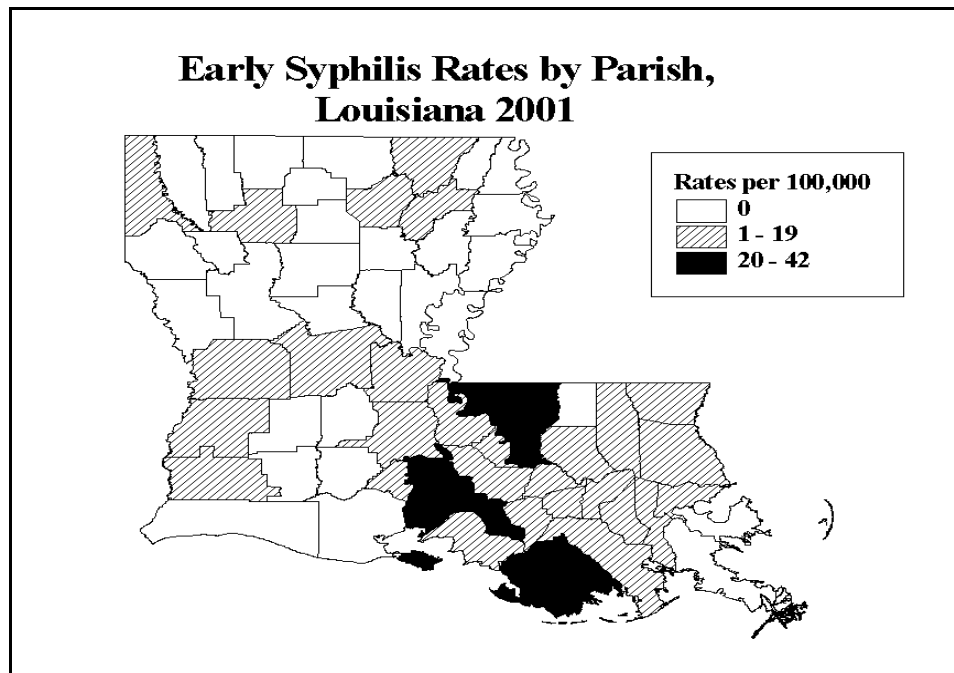
- As of December 31, 2001, a total of 13,565 persons were reported to be living with HIV/AIDS in Louisiana. The above map illustrates the geographic distribution of the persons living with HIV/AIDS in the state. There are persons living with HIV/AIDS in every parish in Louisiana.
- As of the end of 2001, twelve parishes had greater than 300 persons living with HIV per 100,000 persons in the parish. Many of the parishes with disproportionate HIV/AIDS prevalence rates house correctional facilities which have reported large numbers of HIV/AIDS cases.
- Although the majority of persons living with HIV are concentrated in urban areas, fifteen percent of HIV-infected persons live in rural parishes.

GEOGRAPHIC DISTRIBUTION OF AIDS CASES

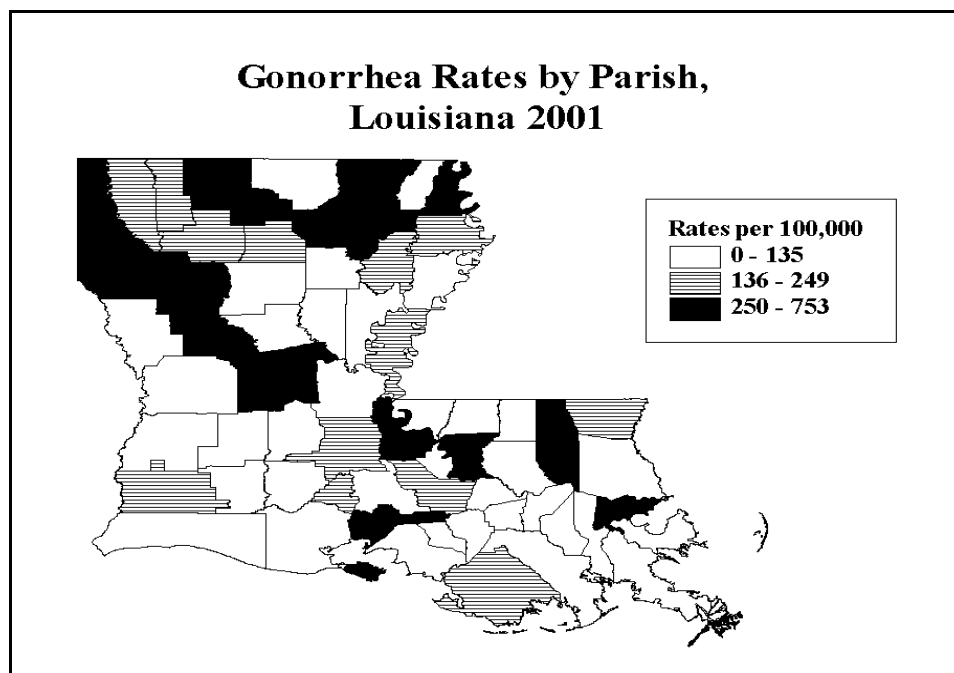
- In 2001, as in 1999 and 2000, the Baton Rouge region surpassed the New Orleans region in the number of new AIDS cases diagnosed per population in the region (rate of AIDS diagnoses).
- The number of new AIDS cases had been declining since 1996, when new drug therapies were introduced. However, from 2000 to 2001, there was an increase in the number of new AIDS cases in all of the public health regions, except for Region III (Houma region).
- According to the CDC, the metropolitan Baton Rouge area ranked 7th and the metropolitan New Orleans area ranked 19th in AIDS case rates in 2001 among the large cities in the nation.

Regional AIDS Cases and Rates Diagnosed in Louisiana 1992-2001										
Public Health Region	1992		1993		1994		1995		1996	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
I: New Orleans Region	578	55.7	620	59.9	593	57.4	491	47.7	574	56.3
II: Baton Rouge Region	168	30.1	207	36.7	196	34.6	216	38.0	269	47.1
III: Houma Region	32	8.6	39	10.5	43	11.5	33	8.8	39	10.3
IV: Lafayette Region	69	13.6	73	14.3	61	11.8	54	10.4	55	10.5
V: Lake Charles Region	33	12.5	47	17.7	52	19.4	47	17.3	41	15.0
VI: Alexandria Region	44	14.0	47	15.6	47	15.5	57	18.8	46	15.2
VII: Shreveport Region	86	17.1	65	12.9	58	11.5	72	14.2	48	9.5
VIII: Monroe Region	51	14.6	50	14.2	63	17.9	52	14.8	44	12.5
IX: Hammond/Slidell Region	52	14.1	53	14.0	45	11.6	63	15.8	61	15.0
TOTAL	1,113	26.0	1,201	28.0	1,158	26.9	1,085	25.1	1,178	27.2
Public Health Region	1997		1998		1999		2000		2001	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
I: New Orleans Region	467	46.1	399	39.6	354	35.4	325	32.5	343	33.9
II: Baton Rouge Region	217	37.8	200	34.7	214	37.1	215	37.2	237	40.9
III: Houma Region	25	6.6	30	7.8	20	5.2	31	8.0	27	7.0
IV: Lafayette Region	63	11.9	46	8.6	44	8.2	40	7.4	49	8.9
V: Lake Charles Region	51	18.5	39	14.1	27	9.7	31	11.2	34	12.3
VI: Alexandria Region	27	9.0	27	9.0	25	8.3	30	10.0	35	11.6
VII: Shreveport Region	57	11.2	63	12.5	51	10.1	48	9.5	56	10.7
VIII: Monroe Region	40	11.4	36	10.3	43	12.3	26	7.4	51	14.5
IX: Hammond/Slidell Region	43	10.3	37	8.7	28	6.4	25	5.7	26	6.0
TOTAL	990	22.8	877	20.1	806	18.4	772	17.7	858	19.6
^a Regions reflect public health regions.										
^b Rates per 100,000 persons .										

GEOGRAPHIC DISTRIBUTION OF SEXUALLY TRANSMITTED DISEASES



- Statewide in 2001, 367 persons were diagnosed with early syphilis (primary, secondary, or early latent), which represents a 17% decrease from cases reported in 2000. Cases were reported in 33 of the 63 parishes and were concentrated in the southeastern part of the state. Seven parishes reported greater than 20 cases of early syphilis per 100,000 residents in 2001.



- In 2001, new cases of gonorrhea were diagnosed in every parish in the state. Sixteen parishes had greater than 250 new gonorrhea cases per 100,000 persons in the parish. The Shreveport region had the highest concentration of new gonorrhea cases; five of the nine parishes in this region had case rates greater than 250. Caddo Parish had the highest gonorrhea case rate of all the parishes in the state (753 per 100,000 persons), closely followed by Orleans Parish (715 cases per 100,000 persons).

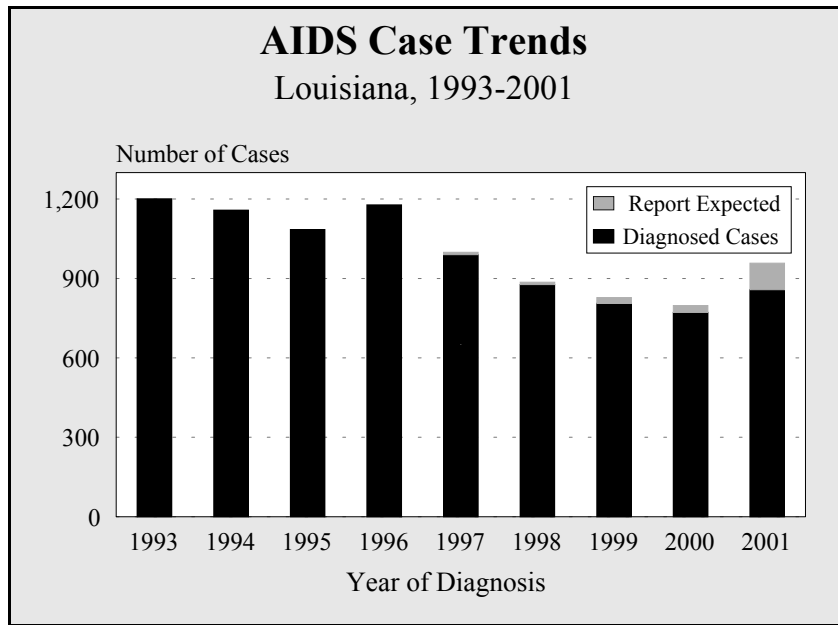
***AIDS
TRENDS***

AIDS CASE TRENDS AND AIDS-RELATED MORTALITY

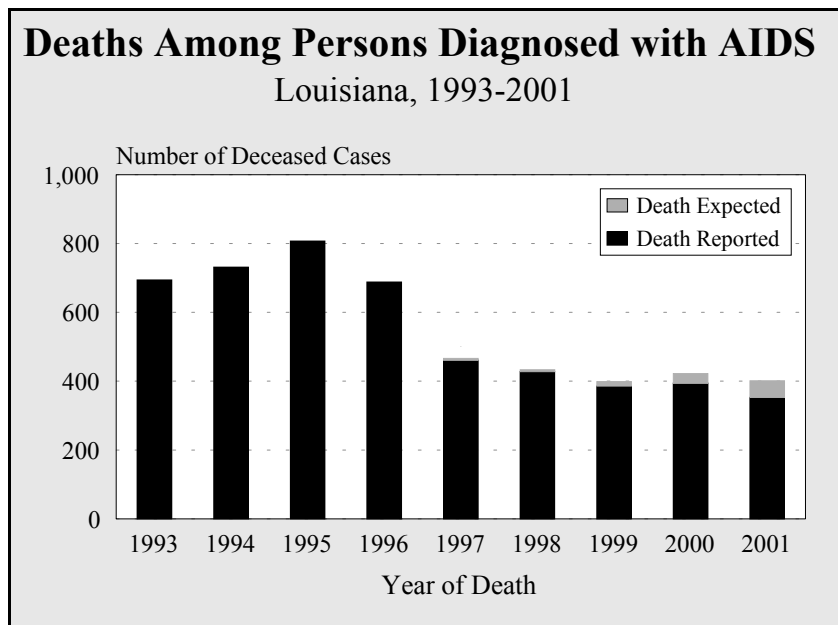
New highly active antiretroviral therapies (HAART), which have been shown to be effective in the treatment of HIV infection, have altered the natural history of HIV infection. These new therapies have delayed the progression from HIV to AIDS and from AIDS to death for many people infected with HIV. Due to the widespread use of these new treatments, Louisiana, as well as the rest of the nation, has seen yearly declines in both the number of new AIDS cases diagnosed and AIDS-related deaths. For this reason, AIDS surveillance data no longer accurately represent trends in HIV transmission. Rather, AIDS surveillance data now reflect differences in access to testing and treatment and the potential failure of certain treatment regimens. Consequently, AIDS incidence and deaths, from 1996 on, provide a measure for identifying and describing the populations for whom treatment may have not been accessible or effective.

Insert
2001 AIDS Rates per 100,000 Persons
Reported in the United States
Including Alaska and Hawaii
Map

- Louisiana ranked 8th highest in state AIDS case rates and 13th in the number of new AIDS cases reported in the United States in 2001 according to the most recent CDC HIV/AIDS Surveillance Report (Vol. 13, No. 2).



- The number of new AIDS cases increased in 2001 for the first time since the introduction of new drug therapies in 1996. From 1997 to 2000 there was a steady decline in the number of new cases each year, ending in 2001 with an increase in diagnosed AIDS cases.



- From 1999 to 2001, the estimated number of deaths among persons with AIDS has remained relatively stable. In 1996, AIDS-related mortality began a dramatic decline, coinciding with the emergence of effective drug therapies. Although this decline has continued, the slowing of declines in deaths in recent years may reflect limited access to or use of health care services, and limitations of current therapies among persons in care.
- In 2001, 353 deaths were reported and an additional 48 are expected to be reported.

Characteristics of Persons with AIDS and AIDS-Related Deaths Louisiana, 2001				
	Persons Living with AIDS in 2001		Deaths Among Persons with AIDS in 2001	
	Cases	Percent	Cases	Percent
TOTAL	6,236	100%	353	100%
Gender				
Men	4,890	78%	255	72%
Women	1,346	22%	98	28%
Ethnicity				
White.	2,263	36%	88	25%
African-American	3,756	60%	264	75%
Hispanic	193	3%	1	<1%
Other	24	<1%	0	0%
Age Group				
0-1	0	0%	0	0%
2-12	44	1%	1	0%
13-24	162	3%	9	3%
25-44	3,992	64%	211	60%
45-64	1,945	31%	125	35%
65+	93	1%	7	2%
Public Health Region				
Region I	2,900	47%	139	39%
Region II	1,223	20%	106	30%
Region III	199	3%	13	4%
Region IV	363	6%	15	4%
Region V	305	5%	12	3%
Region VI	229	4%	14	4%
Region VII	444	7%	27	8%
Region VIII	278	4%	15	4%
Region IX	295	5%	12	3%

- In 2001, the majority of persons dying from AIDS were men (72%), which is consistent with the fact that 78% of persons living with AIDS are men. Although African-Americans represent 60% of persons living with AIDS in 2001, they made up 75% of persons dying from AIDS. This may be attributed to disparities in access to or use of health care services, late testing, or differences in the efficacy of drug therapies. Similarly, thirty percent (30%) of AIDS-related deaths occurred among persons living in Region II, although only 20% of persons living with AIDS reside in the Baton Rouge region.

- From 2000 to 2001, the number of persons diagnosed with AIDS in Louisiana rose eleven percent (11%), from 772 in 2000 to 858 in 2001. Among men, there was a ten percent (10%) increase in the number of AIDS cases diagnosed, while among women, there was a thirteen percent (13%) increase.

Characteristics of Louisiana AIDS Cases							
	AIDS Cases Diagnosed in				%Change^c <i>2000-2001</i>	Cumulative AIDS	
	2000		2001			Cases	Percent
	Cases	Percent	Cases	Percent			
TOTAL	772	100%	858	100%	11%	13,778	100%
Gender							
Men	538	70%	593	69%	10%	11,413	83%
Women	234	30%	265	31%	13%	2,365	17%
Age Group							
0-12	6	1%	0	0%	<i>n/a^d</i>	125	1%
13-24	79	10%	58	7%	-27%	934	7%
25-44	519	67%	566	66%	9%	10,138	74%
45-64	161	21%	221	26%	37%	2,399	17%
65+	7	1%	13	2%	86%	182	1%
Ethnicity							
African-American	584	76%	643	75%	10%	7,558	55%
White	175	23%	193	22%	10%	5,861	43%
Hispanic	11	1%	20	2%	82%	310	2%
Other	2	0%	2	<1%	<i>n/a^d</i>	49	<1%
Exposure Category^{b,f}							
MSM	184	38%	163	35%	<i>n/a^e</i>	6,080	53%
IDU	147	30%	151	32%	<i>n/a</i>	2,354	21%
MSM & IDU	29	6%	34	7%	<i>n/a</i>	1,160	10%
HRH	111	23%	109	23%	<i>n/a</i>	1,402	12%
Transf/Hemo	6	1%	9	2%	<i>n/a</i>	328	3%
Perinatal	6	1%	0	0%	<i>n/a</i>	131	1%
<i>Unspecified</i>	289	37%	392	46%	<i>n/a</i>	2,323	17%
Urban/Rural Parishes							
Urban	673	87%	722	84%	7%	12,079	88%
Rural	98	13%	128	15%	31%	1,689	12%
Facility Type^a							
Private	194	25%	246	29%	6%	4,662	34%
Public	576	75%	610	71%	27%	9,064	66%

^a Percentages may not add up to 100% due to rounding. Case counts may not add up to the total due to missing/unknown data.

^b MSM = men who have sex with men; IDU = injection drug user; HRH = high-risk heterosexual; Unspecified = still under investigation or unknown.

^c Percent change is a measure of the difference in the number of cases between years in a specific subgroup, taking into account the magnitude of cases within that subgroup. Due to the nature of the epidemic within the subgroups, percent change is not valid for evaluating prevention and service programs without further analysis. See technical notes for further explanation.

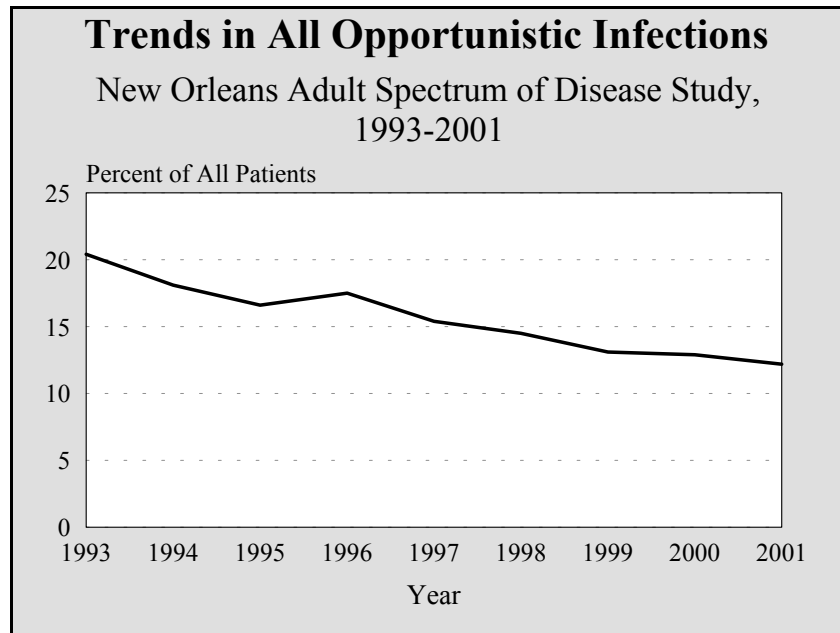
^d Percent change not valid, due to small numbers.

^e Percent change within exposure groups is not valid. Within exposure groups, the decrease in numbers from year to year is distorted, primarily due to higher proportion of cases with risk still under investigation in the last year reported.

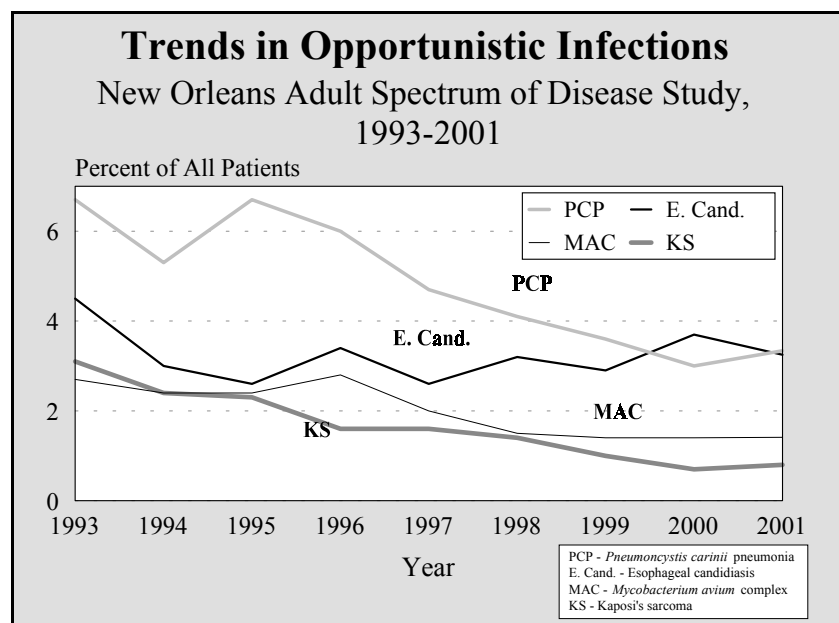
^f Percentages for identified exposure groups represent the distribution among those with a specified exposure. The percentage for the unspecified exposure group represents the percent among the total.

OPPORTUNISTIC INFECTIONS

The Adult Spectrum of Disease (ASD) Study tracks the course of HIV infection and monitors the prevalence of opportunistic infections through retrospective record reviews of HIV-infected persons. A total of 7,722 persons receiving care in the public hospital system in New Orleans had been enrolled by the end of 2001, and 2,798 persons are being actively followed.



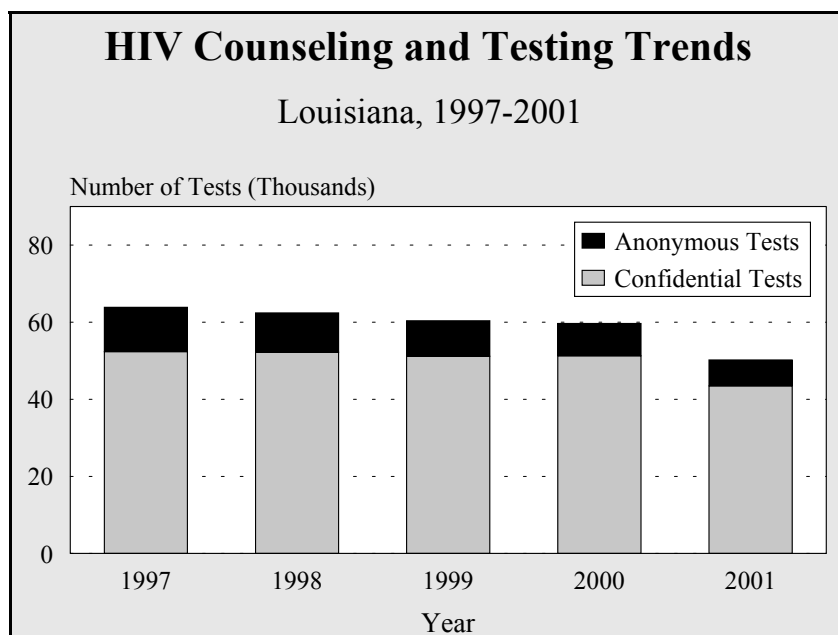
- Among patients enrolled in the ASD study, the occurrence of new opportunistic infections continued to decline into 2001.



- While the percentage of patients in the ASD Study with *Pneumocystis carinii* pneumonia (PCP) has declined dramatically since 1995, this decline appears to have moderated in 2001. Most opportunistic infections have declined since the introduction of HAART; however; the percentage of patients with esophageal candidiasis has remained relatively stable over time and may be increasing.

***HIV
TESTING***

HIV COUNSELING AND TESTING DATA



- The number of HIV tests conducted each year at publicly funded counseling and testing sites has been decreasing steadily each year, from a high of 63,849 tests in 1997 to 50,221 tests in 2001.

HIV Counseling and Testing Statistics						
Louisiana, 2001						
	<u>Anonymous Tests</u>		<u>Confidential Tests</u>		<u>Total Tests</u>	
	Total	% Positive	Total	% Positive	Total	% Positive
Gender						
Men	3,983	3.5%	17,003	1.2%	20,986	1.6%
Women	2,391	1.7%	26,477	0.7%	28,868	0.8%
Unknown	367	0.3%	0	0.0%	367	0.3%
Ethnicity						
African-American	2,544	3.1%	27,947	1.2%	30,491	1.4%
White	3,519	2.5%	14,085	0.4%	17,604	0.8%
Hispanic	134	9.0%	828	0.4%	962	1.6%
Other/Unknown	544	0.7%	620	0.2%	1,164	0.4%
Exposure Category						
MSM	1,353	7.3%	1,327	5.7%	2,680	6.5%
IDU	514	1.8%	1,574	1.9%	2,088	1.9%
MSM/IDU	85	12.9%	136	7.4%	221	9.5%
HRH	581	4.1%	1,396	4.7%	1,977	4.5%
STD Diagnosis	139	0.7%	314	2.2%	453	1.8%
Exchange Sex for Drugs/\$	770	0.6%	9,124	0.6%	9,894	0.6%
None of the Above	3,299	1.0%	29,609	0.5%	32,908	0.6%

- The characteristics of persons who test anonymously versus confidentially differ. Persons who test anonymously are predominantly white and/or male. Persons who test confidentially tend to be female and/or African-American. Also, older individuals tended to test anonymously, while younger persons tended to test confidentially.

TESTING IN HIGH-RISK POPULATIONS

HIV TESTING SURVEY (HITS)

In 2001, the HIV Testing Survey (HITS) was conducted among persons at increased risk for HIV-infection (IDUs, persons attending STD clinics, and MSMs) in New Orleans, Baton Rouge, and Monroe. The survey showed that high-risk persons were more likely to report having been tested for HIV than persons in the general population. MSM were more likely to have been tested (82%) than IDUs (60%) or heterosexual STD clients (55%); female IDUs and heterosexuals were more likely to have been tested than males. A higher percentage of white MSM were tested than African-American MSM. However, among IDUs, African-Americans were more likely to have been tested.

HIV Testing in High-Risk Populations HIV Testing Survey, 2001			
Percent Ever Tested for HIV			
	Men who have Sex with Men (n=87)	Injection Drug Users (n=75)	Heterosexual STD Clients (n=85)
Overall	82%	60%	55%
Gender			
Men	n/a	52%	51%
Women	n/a	58%	73%
Ethnicity			
African-American	73%	58%	57%
White	86%	43%	n/a

STREET OUTREACH SURVEY (SOS)

Overall, 45% of high-risk persons surveyed in the Street Outreach Survey (SOS) reported being tested for HIV in the last 12 months. This percentage is considerably higher than the rate of 36% among persons surveyed from the general population in the Behavioral Risk Factor Surveillance System (BRFSS) survey. Women were more likely to have been tested than men. Testing rates were the same for whites and African-Americans.

HIV Testing in High Risk Populations Contacted on the Street (n=5,655) Street Outreach Survey, 2001	
	Percent Tested in Last 12 Months
Overall	45%
Gender	
Men	43%
Women	47%
Ethnicity	
African-American	45%
White	45%

HIV TESTING DELAYS

With the current availability of antiretroviral therapies, which have often been successful in treating HIV-infected persons, it is important that people are tested early for HIV so that they can benefit from these treatment advances. However, a significant number of people do not undergo testing for HIV until they are immunosuppressed and/or sick. Of the persons who had a confidential positive HIV test during 1996-2000 and were reported to the HIV/AIDS Program, 32% were diagnosed with AIDS within three months of their first reported HIV test.

HIV Testing Delays			
Louisiana, 1996-2000			
	<u>Time Between First Confidential HIV Test and AIDS Diagnosis</u>		
	AIDS diagnosis at time of first HIV detection	Within 3 months ^a	Within 12 months ^b
Total	22%	32%	37%
Gender			
Men	25%	36%	41%
Women	15%	23%	27%
Ethnicity			
White	27%	38%	41%
African-American	20%	30%	35%
Exposure Category			
MSM	30%	43%	48%
IDU	24%	37%	44%
MSM & IDU	19%	34%	38%
HRH	17%	27%	32%
Other	24%	34%	35%
Unspecified	18%	26%	30%
Age Group (At Detection)			
Under 15	10%	15%	16%
15-24	7%	12%	14%
25-34	21%	31%	36%
35-44	26%	39%	45%
Over 44	31%	43%	48%
Region			
Region I: New Orleans Region	23%	33%	38%
Region II: Baton Rouge Region	17%	28%	34%
Region III: Houma Region	29%	39%	42%
Region IV: Lafayette Region	19%	30%	34%
Region V: Lake Charles Region	27%	37%	39%
Region VI: Alexandria Region	16%	28%	33%
Region VII: Shreveport Region	23%	36%	39%
Region VIII: Monroe Region	22%	34%	40%
Region IX: Hammond/Slidell Region	29%	38%	43%

^a Percentages in this column include all persons diagnosed with AIDS within three months of their first reported HIV test.

This percentage includes those individuals diagnosed with AIDS at the time of HIV detection.

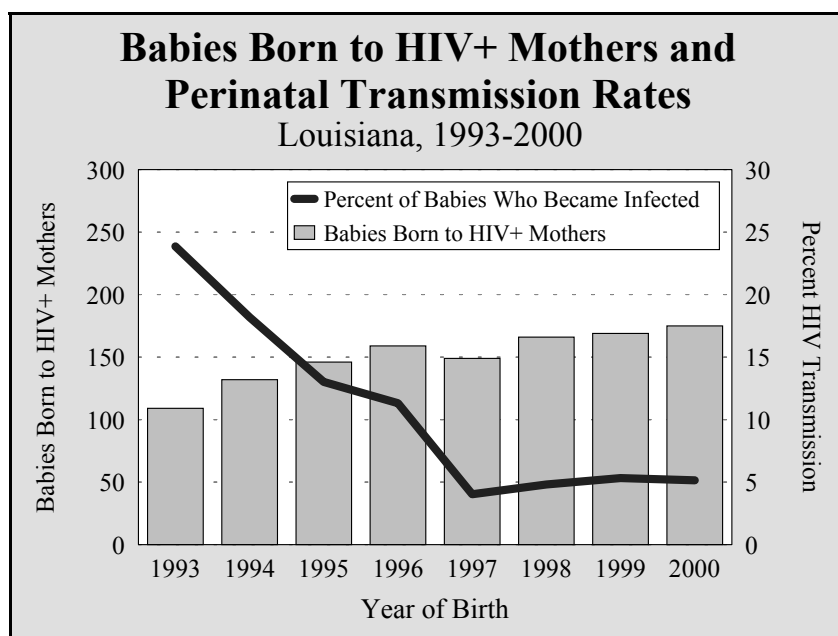
^b Percentages in this column include all persons diagnosed with AIDS within 12 months of their first reported HIV test. This percentage includes those individuals diagnosed within 3 months and at the time of HIV detection.

***PERINATAL
SURVEILLANCE***

PERINATAL SURVEILLANCE

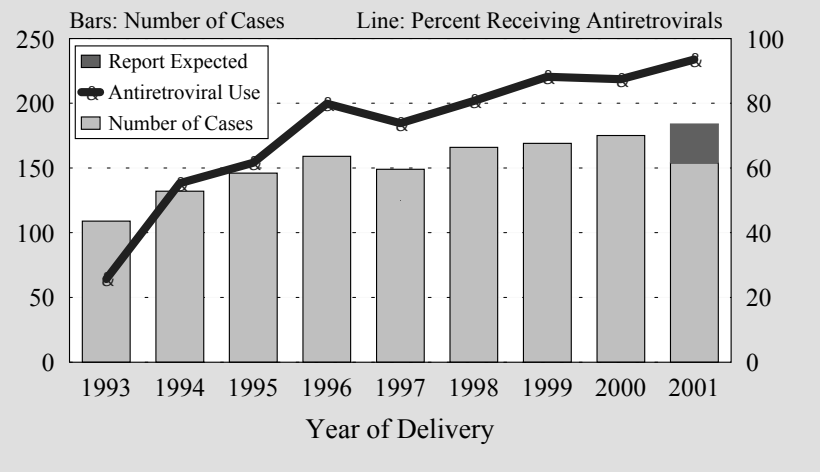
As of December 31, 2001, an estimated 1,577 babies have been born to HIV-infected women in Louisiana, of these babies 16% were infected with HIV perinatally, that is through mother to child transmission. Each year perinatal transmission accounts for the vast majority of pediatric HIV cases in Louisiana. In 2000, perinatal transmission accounted for 100% of all HIV cases detected in children under the age of 13.

In 1994, clinical trials demonstrated that the risk of HIV transmission from mother to child could be reduced by as much as two-thirds, if zidovudine (AZT or ZDV) was administered to the mother during pregnancy, during labor and delivery and to the baby after birth. As a result, the Public Health Service issued guidelines for AZT use during pregnancy, followed by additional guidelines on routine HIV counseling and testing of all pregnant women. Following the implementation of these guidelines in 1994, Louisiana has seen a marked decline in perinatal transmission rates.



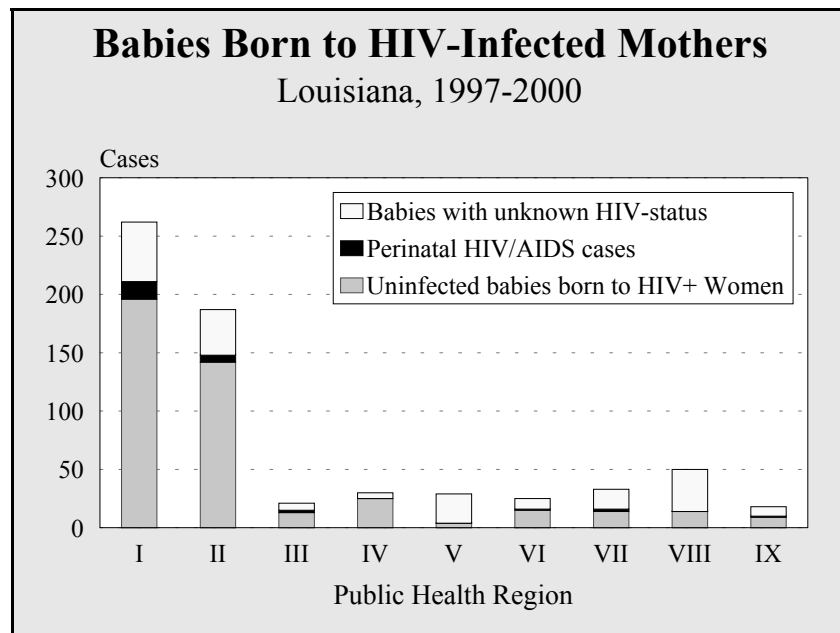
- Perinatal transmission dropped dramatically from 1993 to 1997, with the introduction and widespread use of antiretrovirals during pregnancy, labor and delivery, and to the baby after birth. In recent years, the perinatal transmission rates have remained fairly stable. However, even with stable transmission rates, the number of HIV-infected babies will continue to increase as the number of babies born to HIV-infected mothers rises due to growing numbers of women living with HIV.
- Of the 175 babies born in 2000 to HIV-infected mothers, nine have been diagnosed with HIV infection.

Antiretroviral Use During Pregnancy or Labor and Delivery in Women Giving Birth Louisiana, 1993-2001

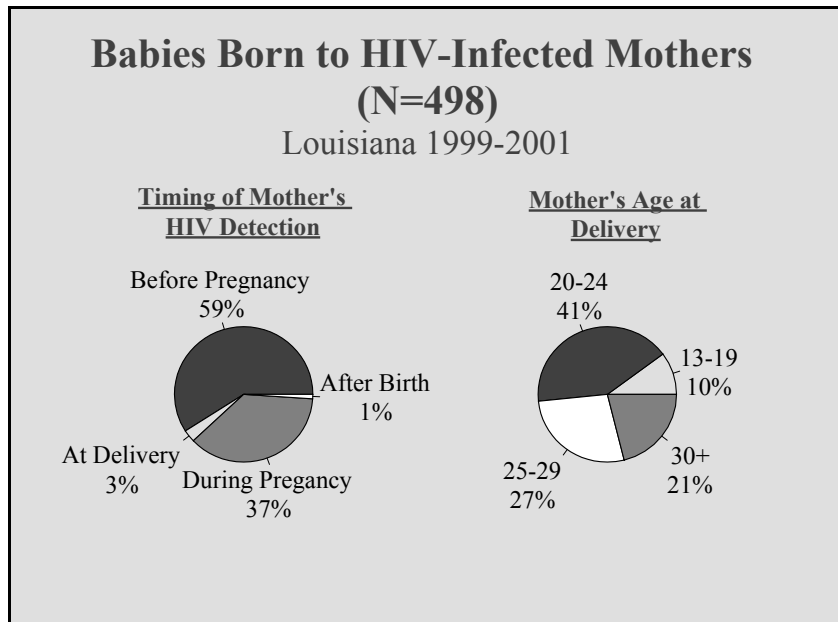


- Among HIV-infected women giving birth, the use of antiretrovirals has increased dramatically since 1993.

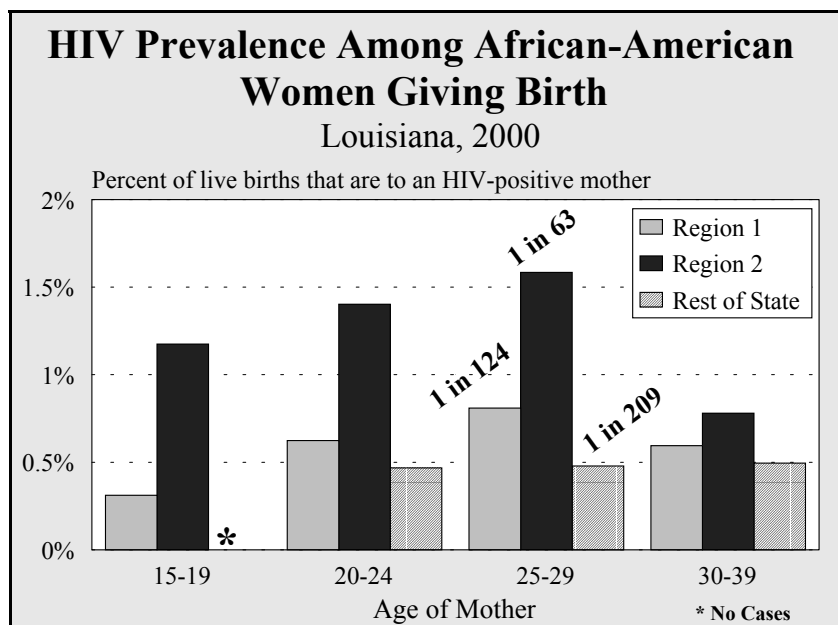
Babies Born to HIV-Infected Mothers Louisiana, 1997-2000



- Geographically, the majority of births to HIV-positive mothers occurred in Regions 1 and 2 (the New Orleans and Baton Rouge regions); however, births to HIV-positive mothers have occurred in all parts of the state.



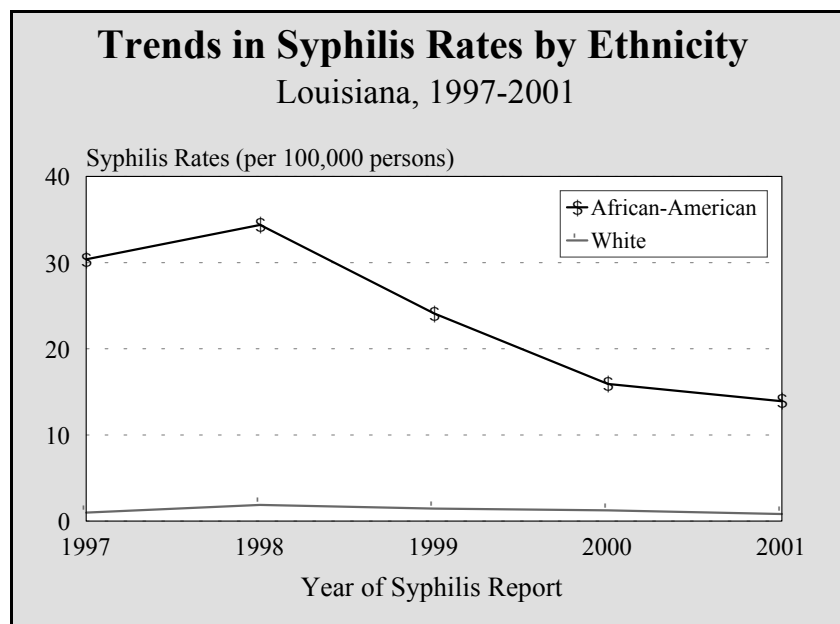
- Nearly all mothers (96%) had their HIV infection diagnosed prior to delivery, which maximizes opportunities for antiretroviral intervention.
- A little over two out of every three (68%) women with HIV giving birth in recent years have been 20-29 years of age.



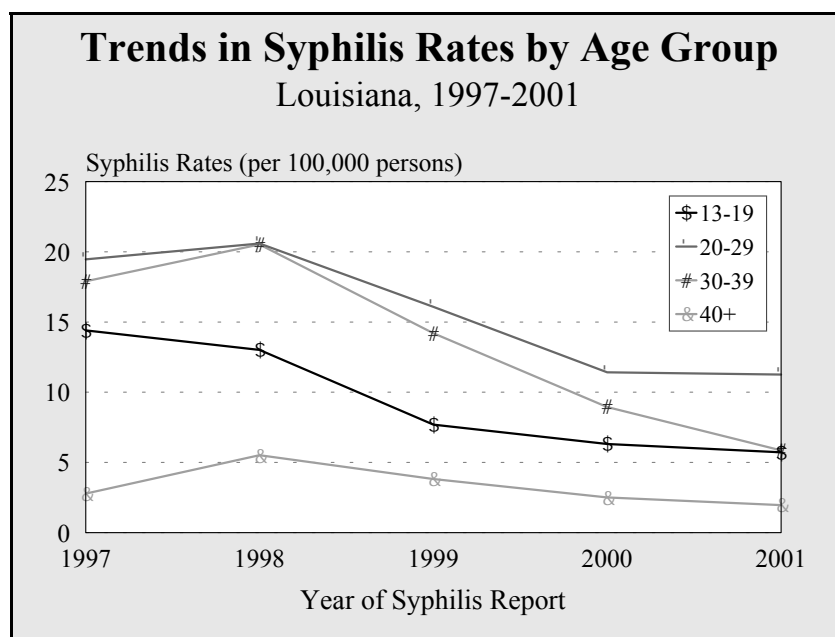
- The figure above highlights HIV prevalence among African-American women giving birth. The majority of HIV-exposed births (93%) occur in this population.
- Although Region II accounts for a smaller number of births to HIV-positive mothers, births in this region make up a much higher proportion of all live births to African-American women than anywhere else in the state.

***OTHER
DATA SOURCES***

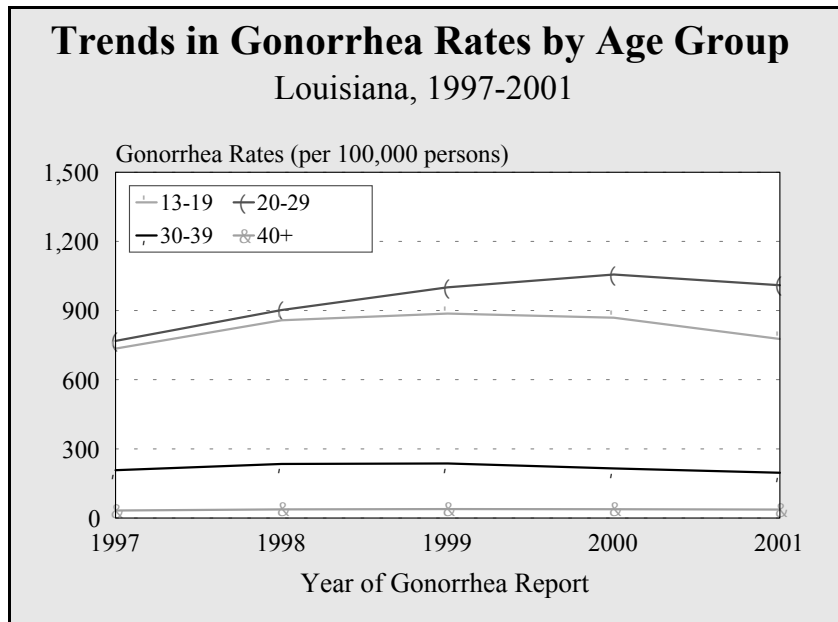
SEXUALLY TRANSMITTED DISEASES



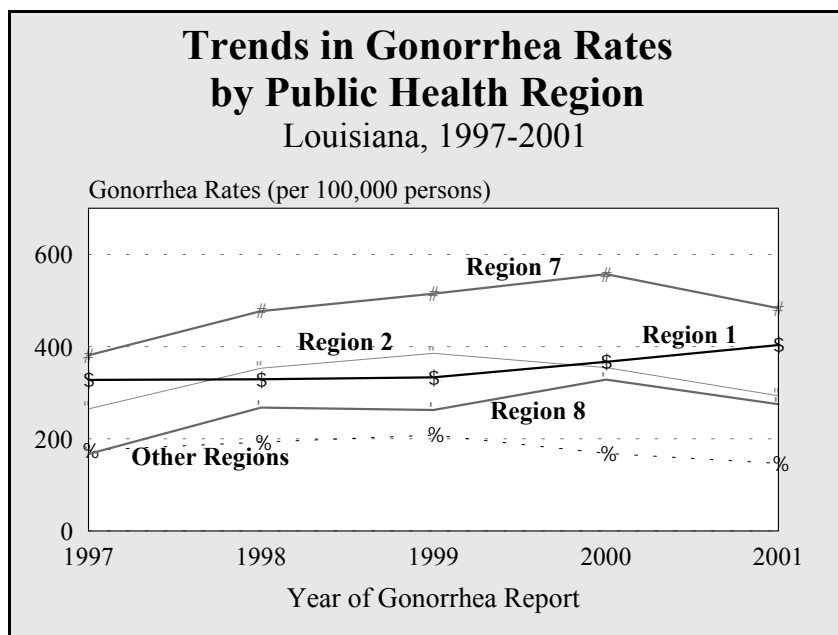
- Historically, syphilis rates among African-Americans have been much higher than in whites in Louisiana. However, African-Americans have experienced a consistent decline in syphilis rates over the years, while the rates for whites have continued to be stable. In 1997, rates were 31 times higher in African-Americans compared to whites, while in 2001, rates were 17 times higher in African-Americans. Rates in both groups have decreased during the past three years.



- Syphilis rates were highest in the 20-29 year age group and lowest in the 40+ age group. Rates in all age groups have decreased since 1998.



- Gonorrhea rates are highest in the 20-29 year age group, followed by the 13-19 year age group.



- In 2001, gonorrhea rates were highest in Region 7, the Shreveport region, followed closely by Region 1, the New Orleans region.
- Although gonorrhea rates generally decreased from 2000 to 2001 across the regions, rates appear to be increasing in the New Orleans region.

STREET OUTREACH SURVEY

In order to evaluate HIV prevention programs, there is a need to monitor not just the rates of HIV infection, but also trends in the behaviors that lead to the infections. Risk behaviors are monitored in the general population through the Behavioral Risk Factor Surveillance System (BRFSS) and in high-risk populations through the Street Outreach Survey. The two HIV-related risk behaviors that are monitored in both surveys are number of sexual partners in the last 12 months and condom use at last sex. Differences in risk behaviors across different demographic groups are analyzed to determine how resources for interventions should be targeted.

Sexual Risk Behavior in High Risk Populations Contacted on the Street Street Outreach Survey, 1997-2001										
	Percent (%) with 2 or more Partners (among all respondents)					Percent (%) Condom Use ^a (among those with 2 or more partners)				
Year <i>(sample size)</i>	1997 <i>(n=7334)</i>	1998 <i>(n=5027)</i>	1999 <i>(n=5991)</i>	2000 <i>(n=5993)</i>	2001 <i>(n=5655)</i>	1997 <i>(n=4620)</i>	1998 <i>(n=3318)</i>	1999 <i>(n=3894)</i>	2000 <i>(n=3848)</i>	2001 <i>(n=3359)</i>
Overall	63%	66%	65%	65%	60%	59%	61%	58%	61%	58%
Gender										
Men	75%	76%	74%	75%	69%	61%	62%	59%	61%	61%
Women	50%	56%	56%	53%	49%	56%	60%	57%	60%	55%
Age Group										
Under 20	67%	68%	68%	65%	63%	64%	69%	67%	68%	65%
20-24	69%	72%	72%	73%	64%	59%	59%	58%	61%	57%
25-29	67%	71%	68%	70%	68%	58%	61%	54%	61%	59%
30-34	57%	64%	64%	63%	58%	60%	59%	56%	56%	51%
Over 34	53%	53%	54%	54%	47%	53%	52%	49%	49%	49%
Ethnicity										
Afr-Am	63%	65%	64%	64%	59%	53%	61%	59%	62%	60%
White	63%	72%	73%	69%	67%	60%	50%	44%	45%	51%

^a Condom use reported for the last sexual encounter among those who had 2 or more partners within the last 12 months.

- In general, high-risk heterosexual behavior (i.e., having two or more sexual partners in the past twelve months) was nearly five times higher in the populations surveyed through street outreach than in the general population surveyed through BRFSS (60% versus 13% from BRFSS).
- The differences between high-risk populations and the general population (having two or more sexual partners), was greatest among whites and older age groups. This suggests that these groups would probably benefit more from targeted interventions.
- Condom use among persons with two or more sexual partners, who were surveyed through street outreach, has remained stable over the past five years.

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

In the general population surveyed by BRFSS, almost all (96%) persons with any sexual partners in the past 5 years were also sexually active in the last 12 months. Overall, only 13% of the general population aged 18-49 had two or more sexual partners in the past year.

Sexual Risk Behavior in the General Population, Ages 18-49 Statewide Telephone Survey (BRFSS), 2001		
	Percent (%) with 2 or more Partners ^a (among all respondents, n=862)	Percent (%) Condom Use ^b (among those with 2 or more partners, n=117)
Overall	13%	56%
Gender		
Men	17%	63%
Women	10%	45%
Age Group		
18-24	20%	55%
25-34	16%	56%
35-44	10%	57%
45+	6%	55%
Ethnicity		
African-American	19%	52%
White	10%	56%
Other	11%	86%
^a Respondents having two or more sexual partners in the last 12 months. ^b Condom use during the last sexual encounter among those with two or more partners within the last 12 months.		

- Overall, 56% of persons with 2 or more partners in the past year used a condom during their last sexual encounter. Condom use was lowest among women (45%) and African-American persons (52%); however, use did not differ much according to age group.
- Condom use among persons with two or more sexual partners was similar among high risk populations surveyed through street outreach (58%) as compared to the general population (56%).

TECHNICAL NOTES

Interpretation of HIV Detection Data

Because antiretroviral treatment regimens are initiated earlier in the course of HIV infection than previous treatments, effective therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent incident AIDS data can no longer provide the basis of HIV transmission estimates and trends, and the dissemination of surveillance data has moved toward placing heavier emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. Unlike AIDS data where the date of diagnosis is relatively precise for monitoring AIDS incidence, HIV detection trends do not accurately depict HIV transmission trends. This is because HIV detection data represent cases who were reported after a positive result from a confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under-detected and under-reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV and persons who have only been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently infected with HIV, nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be carefully considered when interpreting HIV data.

Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases are classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV are assigned to the category listed first in the hierarchy. Definitions are as follows:

- **Men who have Sex with Men (MSM):** Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU):** Cases who report using drugs that require injection - no other route of administration of illicit drug use at any time since 1978.
- **High-Risk Heterosexual Contact (HRH):** Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant (Hemo/Transf):** Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal:** HIV infection in children resulting from transmission from an HIV+ mother to her child.

- **Unspecified:** Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do not imply that modes of transmission other than sexual, blood, and perinatal are suspected. “Unspecified” cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985¹. The 1987 definition² revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded³ to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a CD4⁺ percentage of less than 14. A result of the 1993 definition expansion caused HIV-infected persons to be classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999⁴ to include positive results or reports of detectable quantities of HIV virologic (non-antibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally-exposed to HIV has been changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

Adjustment and Estimation Techniques

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, taking into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as “expected” cases. Adjustment programming was developed by CDC (HIV/AIDS Surveillance Report, 1994; 6(2): 37-38).

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-and race-specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 as well those based on the distribution of specified cases in Louisiana.

¹MMWR 1985; 34: 373-75.

²MMWR 1987; 36 [Supp no. 1S]: 1S-15S.

³MMWR 1992; 41[RR-17]: 1-19.

⁴CDC 1999; 48[RR13]; 1-27.

