2019 STD/HIV Surveillance Report

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Office of Public Health

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IIn addition, we wish to acknowledge the contribution of persons with STD diagnoses, persons living with HIV and/or Hepatitis B & C, STD/HIV and Hepatitis health care providers, community groups, researchers, and members of the community. Publication of this report would not have been possible without their cooperation, dedication, and hard work.

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Louisiana Office of Public Health STD/HIV/Hepatitis Program Overview

The History of the STD/HIV/Hepatitis Program Offices

The STD Control Program has been in existence for many years to screen and treat persons infected with a sexually transmitted disease, primarily syphilis, gonorrhea, and chlamydia in Louisiana. The STD Control Program staff located in the central office are responsible for collaborating with regional staff and community partners to ensure that STD screenings, treatment, and partner services are provided, as well as conduct surveillance and implement outbreak response initiatives and other special projects.

The Louisiana State University Health Sciences Center (LSUHSC) HIV Program Office was established in 1992 under the LSU School of Medicine, Department of Preventive Medicine. Simultaneously, the Louisiana Department of Health and Hospitals (DHH) was also addressing HIV public health issues through the Office of Public Health (OPH) HIV/AIDS Services. Noting that there were two State agencies addressing the HIV epidemic, LSU and OPH came together as the Department of Health and Hospitals (DHH) Office of Public Health (OPH) HIV/AIDS Program (HAP) in 1998.

In December 2010, the STD Control Program and the HIV/AIDS Program merged to become the STD/HIV Program (SHP). Beginning in 2018, SHP assumed many activities related to viral hepatitis prevention and became the STD/HIV/Hepatitis Program (SHHP). In January 2019, SHHP fully took on Hepatitis B & C surveillance activities.

About the Current STD/HIV/Hepatitis Program

The STD/HIV/Hepatitis Program administers statewide and regional programs designed to prevent the transmission of STDs, HIV, and Hepatitis B & C to ensure the availability of quality medical and social services for those diagnosed with an STD, HIV, or Hepatitis B or C and to track the impact of the STD, HIV, and Hepatitis B & C epidemics in Louisiana.

VISION

Achieve a state of awareness that promotes sexual health, ensures universal access to care, and eliminates new STD and HIV infections.

MISSION

SHHP's mission is to lead the effort to build a holistic, integrated, and innovative system of STD and HIV prevention, care, and education that eliminates health inequities. We will do this by utilizing quality data and technology to inform and direct policy and program around sexual health.

About this Report

The *2019 STD/HIV/Hepatitis Surveillance Report* provides a thorough surveillance profile of the HIV and STD epidemics in Louisiana. The diagnoses included in this report include syphilis, congenital syphilis, gonorrhea, chlamydia, HIV and AIDS.

For More Information:

SHHP maintains two websites http://dhh.louisiana.gov/hiv and www.louisianahealthhub.org.

Executive Summary

The following report provides detailed information regarding demographic and risk characteristics of individuals with HIV and STD infections and trends in the epidemics over time. This report includes cases diagnosed through 2019. Some of the most significant trends are highlighted below:

HIV Surveillance

- At the end of 2019, 21,922 persons were living with HIV in Louisiana, of whom 10,966 (50%) have been previously diagnosed with AIDS. There are persons living with HIV in every parish in Louisiana.
- In the most recent *CDC HIV Surveillance Report (Vol. 32)*, Louisiana ranked 4th in the nation for HIV case rates (19.0 per 100,000 population) and 12th in the number of reported HIV cases. The Baton Rouge MSA ranked 4th and the New Orleans MSA ranked 6th for HIV case rates (23.5 and 22.2 per 100,000, respectively), among the large metropolitan areas in the nation.
- In 2019, 884 individuals were newly diagnosed with HIV in Louisiana.
- The New Orleans region had the highest number and rate of new HIV diagnoses in 2019 out of all nine public health regions. The Baton Rouge region had the 2nd highest number and 2nd highest rate of new diagnoses.
- Men accounted for 75% of new HIV diagnoses in 2019. The HIV diagnosis rate among men was 3.6 times greater than the rate for women in Louisiana.
- Black people continue to experience severe health inequalities; the HIV diagnosis rate for Black people was five times higher than among White people in 2019. Although Black people make up only 32% of the state's population, 66% of newly diagnosed HIV cases and 74% of newly diagnosed AIDS cases were among Black people in 2019.
- In 2019, HIV diagnoses in youth aged 13-24 accounted for 21% of all new diagnoses. The majority of new diagnoses among youth are men (83%), Black (77%), and are gay, bisexual, or other men who have sex with men (77%).
- In 2019, gay, bisexual, and other men who have sex with men (GBM), accounted for 58% of HIV diagnoses in the state; an additional 4% of HIV diagnoses were among GBM who were also persons who inject drugs (GBM/PWID). The majority of the new diagnoses among GBM in Louisiana were Black (61%) and under the age of 35 (68%).
- Of the 884 persons diagnosed with HIV in 2019, 18% had an AIDS diagnosis at the time of their initial HIV diagnosis, an additional 3% had an AIDS diagnosis within three months. Overall, 22% of all new HIV diagnoses in 2019 had an AIDS diagnosis within six months and are considered to be "late testers".

HIV Linkage and Retention in Medical Care

- In 2019, 77% of persons newly diagnosed with HIV were linked to HIV medical care within 30 days of their diagnosis and 52% were linked within 7 days of their diagnosis.
- In 2019, 23% of all persons living with HIV in Louisiana were considered to have unmet need for HIV medical care. These persons did not have a single CD4 count or viral load test conducted in 2019.
- Among persons living with HIV in 2019 who had at least one HIV medical care appointment, 86% were virally suppressed (last viral load < 200 copies/ml).

Perinatal HIV Exposure and Congenital Syphilis

- Perinatal HIV transmission rates have declined significantly from a high of nearly 16% in 1994 to 1% in 2018.
- In 2018, 96% of women living with HIV in Louisiana received ARV therapy during pregnancy; 97% received appropriate care and treatment during labor/delivery; and 100% of newborns received prophylactic zidovudine shortly after birth. Ninety-three percent of mother-infant pairs received all three recommended components of the antiretroviral prophylaxis protocol. Continued efforts must be made to intervene during pregnancy, labor/delivery, and after the birth of the child to achieve a perinatal HIV transmission rate below 1%.
- In 2019, Louisiana report 68 congenital syphilis cases to the CDC. Congenital syphilis is on the rise across the country. In 2019, Louisiana ranked 5th in the nation with a congenital syphilis case rate of 111.4 cases per 100,000 live births, over two times the national rate of 48.5 cases per 100,000 live births.
- As of June 2014, Louisiana state law requires that pregnant women are screened for HIV and syphilis at the beginning of their third trimester of pregnancy, in addition to screening at their first prenatal care visit. All pregnant women should receive this repeated testing and timely treatment for HIV and syphilis to reduce the number of perinatal transmissions of HIV and syphilis.

STD Surveillance

- In 2019, Louisiana ranked 3rd in the nation in chlamydia rates (775.3 per 100,000), 9th in primary and secondary (P&S) syphilis rates (15.0 per 100,000) and 5th in gonorrhea rates (274.7 per 100,000).
- There were 36,131 new cases of chlamydia, 12,800 cases of gonorrhea, and 700 cases of P&S syphilis diagnosed in Louisiana in 2019.
- The New Orleans region had the highest rate of chlamydia, the Alexandria region had the highest rate of P&S syphilis, and the Shreveport region had the highest rate of gonorrhea, out of all nine public health regions in Louisiana.
- Women accounted for 68% of chlamydia diagnoses, 48% of gonorrhea diagnoses, and 23% of P&S syphilis diagnoses in 2019.
- New STD diagnoses among Black people is a significant health disparity. Black people accounted for 71% of chlamydia diagnoses, 74% of gonorrhea diagnoses, and 61% of P&S syphilis diagnoses in 2019.
- People under the age of 25 account for the majority of chlamydia and gonorrhea diagnoses in Louisiana: 70% of chlamydia diagnoses and 53% of gonorrhea diagnoses. Persons under 25 years old accounted for 34% of P&S syphilis diagnoses.

Louisiana's Population and Healthcare Environment

Louisiana's Population

In the 2019 census, the total population of Louisiana was 4,648,794 people. Louisiana is made up of 64 county-equivalent subdivisions called parishes. In 2019, parish populations ranged from a low of 4,334 people (Tensas Parish) to a high of 440,059 people (East Baton Rouge Parish). While the state is considered rural, 84% of the population resides in urban areas.[i] The state has nine public health regions and nine metropolitan statistical areas (MSAs). The largest MSA is the New Orleans Metro Area (1,270,530) followed by the Baton Rouge Metro Area (854,884). The Lafayette MSA has the third largest population in the state; 489,207.

Demographic Composition

According to the 2019 census data, the racial and ethnic composition of the state was estimated to be 58% White, non-Hispanic, 32% Black, non-Hispanic, 2% Asian, and <1% American Indian. People of Hispanic origin make up an additional 5% of the total population.

Age and Sex

In 2019, the census estimates that people under the age of 18 made up 23% of the population while people 65 and older made up 16% of the population. The median age in Louisiana is 38 years. As in previous years, the estimated proportion of females in the overall population in 2019 was slightly higher than that of males (51% vs. 49%).[ii]

Education, Income, Poverty and Unemployment

An estimated 86% of Louisiana residents aged 25 years and older had attained a high school degree or higher, compared to 89% nationally. Additionally, 25% of Louisiana adults had a bachelor's degree or higher compared to 33% nationally. The estimated median household income in Louisiana was $51,073 for 2019 compared to $65,712 nationally. Moreover, an estimated 19% of Louisiana's population was living below the poverty level, compared to 12% of the national population. Louisiana has one of the highest proportions of children living in poverty, with an estimated 27% of all children 18 years or younger living in households with an income below the federally defined poverty level in 2019 compared to the national estimate of 17% of all US children.[iii] An estimated 2,571 people experience homelessness on any one night.[iv] During 2019, the average unemployment rate in Louisiana was 4.8%.[v]

Incarceration/Crime

In 2019, the property crime rate in Louisiana was 51% higher than the national property crime rate and the violent crime rate was 45% higher than the national violent crime rate. Louisiana's incarceration rate was 1st among all 50 states with 680 incarcerated adults per 100,000, significantly higher than the national rate of 419 incarcerated adults per 100,000.[vi] As of December 31, 2019, the Louisiana prison population was 31,609 persons under federal or state correctional authority, of which 67% were Black and 33% were White.[vii]

Health Indicators

In the 2019 United Health Foundation's America's Health Rankings report, Louisiana ranked 49th out of 50 in overall health. This national health survey compares multiple health outcomes and health determinants in all states. The low-place ranking is predominately due to the state having a high percentage of adults who smoke, high percentage of children in poverty, high rates of obesity, high percentage of mental distress, high rates of premature death, and high infant mortality rates.[viii]

Public Aid

In 2019, Medicaid covered 29% of all people living in Louisiana, and Medicare covered 14%. An additional 9% of the population was considered to be uninsured. Medicaid expenditures in Louisiana totaled nearly $12 billion in the 2019 fiscal year.[ix] In 2019, 52% of children ages 0-18 were insured through Medicaid.[x]

National HIV/AIDS Strategy for the United States: Updated to 2020

The National HIV/AIDS Strategy (NHAS) was released by the White House on July 13, 2010. This strategy was the first of its kind for the United States. The NHAS outlined measureable targets to be achieved by 2015. The NHAS was constructed between Federal and community partners to create a common purpose and to determine what strategies and programs are working effectively to reach these common goals. This strategy helped change the way that people talk about HIV and prioritize services and prevention activities.

On July 30, 2015, the NHAS was updated to look ahead to 2020 and incorporate new scientific advances for testing, treatment and prevention.

VISION

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

There are four goals embedded in the Strategy with 2-3 unique actions steps:

GOAL 1: Reduce New HIV Infection

Focus on: Gay, bisexual and other men who have sex with men of all races and ethnicities, Black women and men, Latino women and men, People who inject drugs, Youth age 13 to 24 years, People in the Southern United States, and Transgender women.

- Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.
- Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
- Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.

GOAL 2: Increase Access to Care and Improve Health Outcomes for People Living with HIV

- Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.
- Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV.
- Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing.

GOAL 3: Reduce HIV-Related Disparities and Health Inequities

- Reduce HIV-related disparities in communities at high-risk for HIV infection which include: Black, Latino, and American Indian/Alaska Native people, transgender people, and young people.
- Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.
- Reduce stigma and eliminate discrimination associated with HIV status.

GOAL 4: Achieve a More Coordinated National Response to the HIV Epidemic

- Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments.
- Develop improved mechanisms to monitor and report on progress toward achieving national goals.

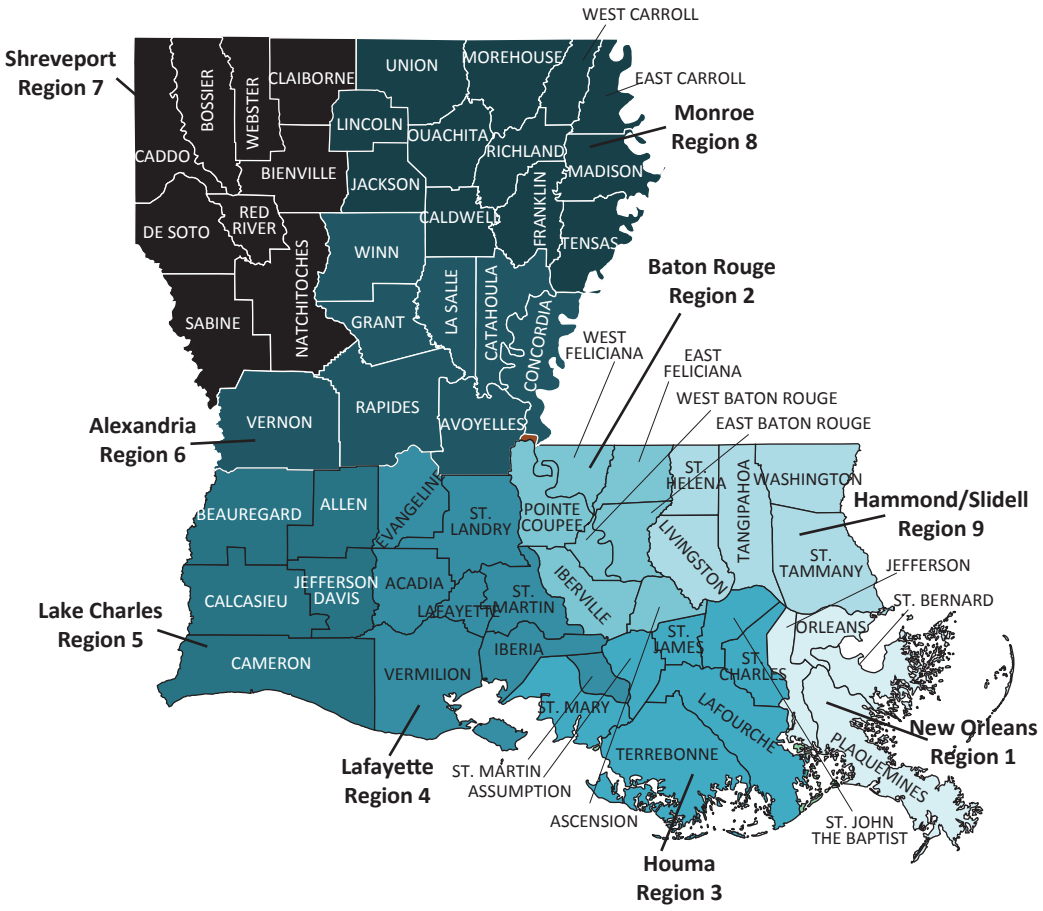
National HIV/AIDS Strategy (NHAS) Indicators					
	2010 Baseline	2011	2012	2013	
Goal 1: Reduce New Infections					
Increase the percentage of people living with HIV who know their serostatus to at least 90%	78.5%	79.6%	78.5%	79.4%	
Reduce the number of new diagnoses by at least 25%	1,121	1,211	1,054	1,143	
Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behavior by at least 10%	--	--	--	--	
Goal 2: Increase Access to Care and Improve Outcomes for PLWH					
Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%	53.1%	55.1%	56.0%	56.5%	
Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%	49.3%	49.8%	52.4%	52.9%	
Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80%	39.9%	40.4%	43.2%	47.8%	
Reduce the percentage of persons in HIV medical care who are homeless to no more than 5%	6.8%	5.8%	6.5%	4.3%	
Reduce the death rate among persons with diagnosed HIV infection by at least 33%[a]	26.2	26.1	25.5	21.2	
Goal 3: Reduce HIV-Related Disparities and Health Inequities					
Reduce disparities in the rate of new diagnoses by at least 15% among gay and bisexual men[c]	19.4	19.2	19.2	22.7	
Reduce disparities in the rate of new diagnoses by at least 15% among young Black gay and bisexual men[c]	70.8	75.1	80.3	89.1	
Reduce disparities in the rate of new diagnoses by at least 15% among Black females[c]	0.88	0.87	0.89	0.54	
Reduce disparities in the rate of new diagnoses by at least 15% among persons living in the Southern United States (i.e., Louisiana)[d]	0.74	0.96	0.75	0.98	
Increase the percentage of youth with diagnosed HIV infections who are virally suppressed to at least 80%	21.2%	28.5%	29.9%	33.8%	
Increase the percentage of persons who inject drugs with diagnosed HIV infections who are virally suppressed to at least 80%	39.3%	39.3%	41.5%	45.3%	

[a] Death rate is per 1,000 persons diagnosed with HIV infection
[b] Due to delays in death reporting, the most recent year for complete death data is 2018
[c] Measures shown are the ratios of the disparity rate in specified group to the overall rate in Louisiana
[d] Measures shown are the ratios of the disparity rate in Louisiana to the overall U.S. HIV diagnosis rate

	Louisiana Data by Year								
	2014	2015	2016	2017	2018	2019	2019 Target	Annual Progress	NHAS 2020 Goal
	80.1%	80.0%	81.3%	81.4%	83.5%	**83.8%**	88.3%	✗	90%
	1,213	1,111	1,129	1,017	976	**884**	883	✗	841
	--	--	--	--	--	--	--	○	--
	65.0%	67.0%	69.7%	74.5%	74.9%	**76.6%**	80.2%	↗	85%
	54.5%	54.5%	56.5%	58.0%	58.7%	**59.9%**	83.9%	↗	90%
	52.4%	55.9%	59.7%	61.2%	64.7%	**66.6%**	74.0%	↗	80%
	3.8%	2.7%	2.1%	3.4%	3.0%	**2.8%**	5.3%	✓	5%
	20.9	19.8	20.0	18.6	19.0[b]	--	18.9	✗	17.6
	22.2	22.3	22.6	22.4	20.8	**21.9**	16.9	✗	16.5
	90.6	86.3	85.8	75.5	78.4	**70.7**	61.8	✗	60.2
	0.58	0.46	0.58	0.36	0.38	**0.25**	0.77	✓	0.75
	1.07	0.92	0.96	0.84	0.82	**0.71**	0.65	✗	0.63
	41.4%	47.6%	52.1%	52.8%	60.8%	**64.3%**	71.1%	↗	80%
	48.8%	51.6%	54.8%	54.9%	57.8%	**60.4%**	73.4%	↗	80%

✓ Met or exceeded Annual Target
↗ Annual Target not met, moving in direction of target
✗ Annual Target not met, fluctuating progress towards target
○ Unable to assess target

Geographic Guide to Louisiana's Public Health Regions and Metro Areas



Louisiana's Population

	Parishes in Public Health Region	Parishes in MSA
Region 1: New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard	Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany
Region 2: Baton Rouge	Ascension, E. Baton Rouge, E. Feliciana, Iberville, Pointe Coupee, W. Baton Rouge, W. Feliciana	Ascension, E. Baton Rouge, E. Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, W. Baton Rouge, W. Feliciana
Region 3: Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne	Lafourche, Terrebonne
Region 4: Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion	Acadia, Iberia, Lafayette, St. Martin, Vermillion
Region 5: Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis	Calcasieu, Cameron
Region 6: Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn	Grant, Rapides
Region 7: Shreveport	Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster	Bossier, Caddo, DeSoto, Webster
Region 8: Monroe	Caldwell, E. Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, W. Carroll	Ouachita, Union
Region 9: Hammond/Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington	Tangipahoa

Understanding HIV Disparities in Louisiana

Research has shown that a person's social circumstance has the single largest impact on their HIV outcomes.[1] While it is important to encourage individual responsibility for one's health, it is also critical to address the social and economic factors that may limit a person's opportunity to routinely engage in healthy behaviors. In the sections below, we identify populations that are disproportionately affected by HIV in Louisiana and the specific social circumstances that are driving these disparities.

In Louisiana and across the US, Black, gay, bisexual and other men who have sex with men (GBM), and transgender persons have the highest rates of HIV infection and HIV-related mortality compared to their counterparts. Studies show that these disparities stem from a complex combination of interrelated social factors that have largely resulted from an extensive history of institutional oppression. These social factors act as a barrier to routine HIV screening and sustained engagement in HIV medical treatment, which are two critical methods of preventing new HIV infections and HIV-related mortality. In recent years, Louisiana's STD/HIV/Hepatitis Program (SHHP) has increasingly focused on crafting policies and public health interventions to break down institutional barriers to HIV prevention and treatment in order to lower HIV infection and HIV-related mortality rates among these groups.

Causes of HIV Disparities among Black People

A common misconception is that Black people have higher rates of engaging in individual risky behaviors than other populations (e.g., unprotected sex, high number of sexual partners, drug use) and consequently, are at greater risk of being infected with HIV. Data from numerous studies have debunked this myth and show that Black people actually tend to have lower rates of individual risky behaviors compared to their White counterparts. Furthermore, Black people have higher rates of HIV infection even when engaging in behaviors of similar risk as Whites.[2-17] Taken together, these data suggest that the causes of HIV disparities among Black people cannot be explained by differences in rates of individual risky behaviors.

Studies show the actual causes of HIV disparities among Black people are complex and involve interrelated social factors that are largely tied to the effects of historical and present-day institutionalized racism. A selection of these factors are discussed below.

Stigma and a Lack of Social Support. Studies have shown that stigma tied to race, HIV, same-sex sexuality and non-conforming gender identity has played a critical role in the development of HIV disparities.[18-21] Stigma generates psychological distress, internalized shame, loss of self-worth, fear of being ostracized by society, and discriminatory treatment by others among persons associated with a marginalized population.[22-24] Racial stigma against Black people is fueled by an extensive history of institutional attitudes and policies that have systematically devalued, stereotyped, and excluded Black people. Sources of racial stigma include the dehumanization of Black people during slavery; denying Black people equal rights; laws permitting and/or requiring racial segregation; unequal protection and treatment from police; housing discrimination and the isolation of Black people in impoverished neighborhoods; inequitable access to education and employment; and inequities in incarceration rates. Furthermore, Black people are often portrayed by the media and community leaders as being criminals, violent, promiscuous, lazy, and unintelligent. These institutional policies and practices reinforce the devaluation and stereotyping of Black people in communities across the US.[25-31]

The effects of multiple stigmas have been shown to be additive; thus, Black people are more sensitive to other stigmas that have been shown to be associated with HIV disparities such as HIV stigma.[32-33] HIV stigma also stems from the institutional marginalization and discrimination of persons with HIV infection that has existed in the US since the beginning of the epidemic. HIV infection is often involuntarily associated with other stigmatizing attributes (such as promiscuity, drug use, and same-sex sexuality) and myths regarding how it can be transmitted.[34] Other related stigmas that are associated with HIV disparities include homosexuality stigma and gender-related stigma against effeminate men and transgender women (these stigmas are discussed below in *Causes of Disparities among GBM and Transgender Persons: Stigma and a Lack of Support*).

Persons may forgo or delay HIV screening or HIV medical treatment due to the following stigma-related reasons:

- Avoiding healthcare providers that offer HIV-related services out of fear of being seen by community members and subsequently being associated with HIV, same-sex sexuality, or other stigmatizing attributes.
- Avoiding disclosure of HIV status, sexual orientation, or gender identity to providers, community members, sexual partners, or family because of internalized shame, fear of being shunned or discriminated against, or previous experiences of being shamed or treated unfairly.
- Avoiding HIV treatment adherence or sustained engagement in HIV medical treatment due to internalized shame or fear of HIV-status disclosure to community members, sexual partners, or family.

Poverty and Isolation in Underserved Neighborhoods. In Louisiana, 45% of Black people are estimated to live in poverty compared to 17% of Whites.[35] This alarming socioeconomic gap is largely the result of institutional policies and practices that deny Black people equal opportunities for housing, education, and employment.[36] Black people have endured a history of discriminatory legislation and housing practices in the US that have limited them to living in underserved neighborhoods isolated from Whites. Throughout the majority of the 20th century, Black people were banned from home ownership assistance programs (such as the GI bill), barred from White neighborhoods due to legislation (1934 Housing Act), and faced widespread discriminatory real estate and mortgage lending practices (such as redlining). Black people also have a long history of being effectively barred from renting in White neighborhoods due to discriminatory renting practices.[37-46] Many Black neighborhoods suffer major disinvestment from local governments, the real estate market, and businesses leading to plummeting housing values, a dearth of livable wage employment opportunities, and a lack of high-quality public services such as education, healthcare, access to healthy foods, and public transportation. These structural inequities result in neighborhoods with little opportunity for overall economic growth and perpetually high rates of poverty.[37,47]

Poverty and isolation in underserved neighborhoods have a significant impact on the utilization of HIV screening and HIV medical treatment among Black people. Some examples of this impact are described below.

- Lack of comprehensive, adequate healthcare coverage due to affordability, a lack of Medicaid expansion, and a lack of opportunities for jobs that include health insurance benefits. Consequently, Black people may delay or forgo HIV screening and HIV medical treatment due to affordability concerns.
- Lack of transportation to attend healthcare appointments. Many Black people lack adequate transportation options to attend healthcare appointments due to affordability and a lack of adequate public transportation options and nearby healthcare providers within Black communities.[37,47]
- Lack of job flexibility to attend healthcare appointments. Employees of low-wage jobs typically do not have paid sick leave or affordable child-care options in order to go to clinic appointments during business hours.
- Homelessness can lead to a lack of privacy to store and take HIV medications as well as a dearth of methods of contact for healthcare providers to reach patients.
- Healthcare providers may have policies that unintentionally or intentionally make healthcare access difficult for impoverished patients who have Medicaid, lack certain identification documents, are illiterate, have mental disabilities, or have drug abuse issues.

Inequitable Treatment in the Healthcare System. Black people have endured a history of abuses and discriminatory treatment in the healthcare system that continues into the present-day. In response, many Black people consider healthcare providers to be untrustworthy or unreliable. This sentiment can lead to delayed HIV screening and significant gaps in HIV medical treatment engagement. Some sources and examples of this mistrust are listed below.[48]

- The Tuskegee syphilis experiment. A study conducted by the US Public Health Service for 40 years (between 1932 and 1972) where Blacks who were diagnosed with syphilis were purposely not told of their diagnosis and not treated in order to monitor the progression of the disease.[48,49]
- Black are more likely than Whites to report feeling belittled, stereotyped, or disrespected by healthcare provider staff and doctors. Black people have also been less likely than Whites to report feeling satisfied with the care and treatment they received.[49]
- Nationally, Black people receive less aggressive or delayed treatment (including delayed prescribing of HIV treatment), on average, compared to Whites for the same medical conditions due to implicit racial biases and stereotyping among healthcare providers.[49]
- A lack of Black physicians in the healthcare system. Black people make up only 4% of US physicians even though they make up 13% of the US population. Black patients report higher levels of confidence, trust, and satisfaction when seeing Black physicians compared to White physicians. In addition, Black physicians may be more likely to have a better understanding of the social and cultural factors that affect health behaviors and outcomes among Black patients.[49-50]

Incarceration Disparities. Louisiana has the highest incarceration rate and some of the longest incarceration sentences in the US. Black people in Louisiana are four times more likely than Whites to be incarcerated in jails or prisons.[51] Reasons for this alarming disparity include over-policing in Black communities, racial profiling due to racial stigmas, differences in incarceration outcomes for similar crimes between Whites and Blacks, lack of adequate legal representation in court, bond policies that favor wealthy individuals, and a lack of social support and job opportunities upon reentry into the community.[52-57] Incarceration may have the following effects:

- Persons may experience substantial interruptions in routine HIV screening and HIV medical treatment during and after incarceration due to difficulty accessing HIV medical services in correctional facilities and significant difficulty obtaining employment, housing, and healthcare upon release.[52,57]
- Incarceration may disrupt stable, monogamous relationships and lead to a lower number of available sexual partners in a community. A smaller sexual network increases the risk of exposure to HIV and other STDs.[52,57]
- Incarceration generates additional stigma that may affect HIV screening and medical treatment utilization patterns.[52,57]

Causes of HIV disparities among Gay, Bisexual and other Men who have Sex with Men and Transgender Women*

While gay, bisexual and other men who have sex with men (GBM) and transgender women have the same concerns regarding their health as other groups, they continually have the highest rates of HIV infection in Louisiana and across the US.[65] Studies show that HIV disparities among GBM and transgender women are fueled by interrelated social factors associated with a history of institutional norms and policies in the US that are rooted in heterosexism, homophobia, and transphobia. Social factors related to the institutional oppression of Black people (discussed in the previous section) also play a role in the development and persistence of these disparities as Black GBM and transgender women bear the largest burden of HIV of any population in Louisiana. A selection of these social factors are discussed on the following pages.

Stigma and a Lack of Social Support. Studies have shown that stigma tied to same-sex sexuality and non-

* Rates of HIV infection among transgender men in the US has not been sufficiently researched; however, transgender men in the US suffer from some of the same institutional oppressions as transgender women. SHHP intends to include transgender men in all prevention and service efforts.

conforming gender identities has played a critical role in the development of HIV disparities.[18,22-25,33] Stigmas faced by GBM and transgender women are fueled and reinforced by an extensive history of institutional attitudes and policies that have perpetually devalued, stereotyped, and discriminated against same-sex sexuality and non-conforming gender identities. Laws and policies in the US have long allowed GBM and transgender women to be denied equal treatment, housing, employment, marriage benefits, entry into the armed forces, access to public accommodations (retail stores, banks, libraries, restaurants, etc.) , and other equal protections.[57-61] Likewise, many important religious institutions strongly prohibit and/or vilify same-sex sexuality and non-conforming gender identities. Moreover, GBM and transgender women have often been negatively portrayed by community leaders and the media as being promiscuous, drug users, pedophiles, criminals, and/or sex workers.[63]

Due to widespread stigma, GBM and transgender women often face severe hostility, ostracism, and violence from family, friends, and community members upon revealing their sexuality and/or gender identity. Consequently, GBM and transgender women may feel tremendous internalized shame, fear of discrimination or mistreatment, and psychological distress. GBM and transgender women are also more sensitive to other stigmas such as HIV stigma and racial stigma as the effects of multiple stigmas have been shown to be additive. Altogether, the psychological distress caused by this combination of stigma can result in delayed HIV screening and medical treatment (additional details on the effects of stigma on HIV infection risk are available in the above section, *Causes of HIV Disparities among Black people: Stigma and a Lack of Support*).[18,22-25,33]

Poverty, Ostracism, and Discriminatory Treatment. Transgender persons, particularly transgender persons of color, are dramatically more likely to live in poverty and experience homelessness than the general US population due to the widespread prevalence of discriminatory policies and hostile attitudes against this population. A national study of transgender women in the US found that transgender persons were four times as likely to have a household income under $10,000 compared to the general US population (15% vs. 4%). Black transgender persons face worse financial outcomes then other transgender persons. One in three Black transgender persons (34%) reported an income below $10,000 and 41% of Black transgender persons have reported ever being homeless.[61]

Transgender women often first encounter poverty and homelessness as youths. Studies show that transgender women are significantly more likely to endure harsh bullying, ostracism, harassment, and violence from schoolmates, families, and school administrators. Transgender students who face these experiences are more likely to have higher levels of psychological distress, lower academic achievement, miss class, and not plan on attending college. As a result, transgender persons may be less prepared to compete for livable-wage jobs. In addition, rejection from family members during childhood is a major cause of homelessness among transgender youth.[64,65] Currently, Louisiana has no laws protecting students from discrimination or bullying on the basis of gender identity.[60]

Transgender women also face significant employment and housing discrimination due to their gender identity. In a review of 11 surveys, 13-47% of transgender respondents reported being unfairly fired or denied a job. In another survey, 78% of transgender persons reported experiencing harassment or mistreatment at work.[61] In addition, 19% of transgender persons have reported discrimination in the housing and renting market and 29% have reported discrimination from shelters and public housing.[62] Currently, Louisiana has no laws banning employment or housing discrimination based on gender identity.[60]

Poverty and homelessness have a significant impact on the transmission of HIV and the utilization of HIV screening and HIV medical treatment among transgender women. Some examples of this impact are described below (additional examples can be found in the above section, *Causes of HIV Disparities among Black people: Poverty and Isolation in Underserved Neighborhoods*).

- Transgender women face immense employment discrimination due to gender nonconformity and may turn to sex work in order to survive. In a national survey of transgender persons in the US, 40% of black

transgender persons and 6.3% of white transgender persons reported ever engaging in sex work (10.8% for all races). Almost 70% of these individuals reported discrimination in the traditional workforce. Engaging in unregulated sex work for survival is a significant risk factor for HIV transmission as there are financial pressures to engage in unprotected sex and a risk of sexual assault.[62]

- Lack of comprehensive, adequate healthcare coverage due to affordability, a lack of Medicaid expansion, and a lack of opportunities for jobs that include health insurance benefits. In one study, 48% of transgender persons reported delaying or going without medical care because they could not afford it.[65]

Inequitable Treatment in the Healthcare System. GBM and transgender women face widespread discrimination and exclusionary policies within the US healthcare system. As a result, GBM and transgender women are less likely to have a regular place to go for medical care (such as a primary care physician) and they are more likely to delay or forgo preventative care and treatment (such as routine HIV screening and HIV medical treatment).[62,65]

- Many GBM and transgender individuals report being refused care by healthcare providers and/or facing harassment, ridicule, or disrespectful treatment by health provider staff and physicians. Staff and physicians may also blame a patient's sexual orientation or gender identity as the cause of an illness.[62,65]
- Many insurance policies have historically used or continue to use blanket exclusions to deny coverage for health concerns of transgender persons such as transition surgery, sex-specific preventative services (i.e., prostate exams for transgender women), and hormone medications. Louisiana lacks any laws prohibiting insurance companies from discriminating against transgender persons. As a result, transgender women may be discouraged from enrolling in healthcare insurance.[62,65]
- Transgender persons may experience delays or difficulties in accessing coverage because their gender identity or chosen name does not reflect the gender or name on their identification documents (such as a driver's license or social security card). Changing identification documents to reflect one's gender identity can be time-consuming and expensive.[62,65]
- Most doctors receive little or no instruction on the unique physical and mental health concerns of GBM and transgender women. Consequently, many GBM and transgender women go without receiving adequate, client-centered care.[62,65]

Incarceration and Survival. Transgender women, particularly low-income and Black transgender women, face high levels of over-policing, profiling, police harassment, and incarceration. Transgender women are often shunned from employment opportunities, family, and their surrounding community. To survive, some transgender women may turn to activities that carry a high risk of incarceration such as sex work or drug trafficking. Transgender women also report being the target of random searches by police and being incarcerated for carrying condoms due to suspicion of sex work engagement.[62,66] Incarceration may have the following effects for transgender women:

- Transgender women placed in men's prisons face a high risk of being sexually assaulted. One study found that 59% of transgender women in men's prisons reported ever being sexually assaulted while in prison.[62]
- Transgender women may experience substantial interruptions in routine HIV screening and HIV medical treatment during and after incarceration due to difficulty accessing HIV services in correctional facilities and difficulty obtaining access to healthcare upon release. In addition, they may experience disruptions in transgender-specific healthcare such as hormone therapy and mental healthcare.
- Transgender women may be discouraged from carrying condoms due to the risk of profiling and subsequently being incarcerated.
- Transgender persons who have been incarcerated are at higher risk of future incarceration because of the tremendous difficulty they may face obtaining employment, housing, and healthcare upon release.

Eliminating HIV Disparities among Black people, GBM, and Transgender Women

SHHP is committed to adopting policies and developing interventions that tackle the institutional barriers that are driving HIV disparities among Black people, GBM, and transgender women. This commitment is aligned with the mission and goals of the National HIV/AIDS Strategy (described in the section titled *National HIV/AIDS Strategy*). Examples of SHHP's efforts are presented below.

Addressing HIV Transmission Disparities

- **No-cost HIV testing and counseling**. SHHP supports HIV testing and counseling through contracts with community-based organizations and through partnerships with parish health units, hospital emergency departments, correctional facilities, substance abuse treatment programs, Federally Qualified Health Centers, and school-based health clinics.
- **Wellness Centers.** SHHP has contracted with six community-based organizations to provide integrated prevention services to GBM and transgender women in New Orleans, Baton Rouge, Lafayette, Shreveport, Monroe, and Alexandria.
- **Pre-exposure Prophylaxis (PrEP) Navigation.** SHHP supports PrEP navigators at three community health centers in the New Orleans region to increase PrEP awareness, link HIV-negative persons to a PrEP provider, and assist PrEP users with long-term PrEP adherence. PrEP navigators also refer persons to social support services that may address barriers to HIV prevention behaviors and PrEP utilization, such as housing, transportation, financial support, medical, and mental health. PrEP medication (Truvada®) is highly effective at preventing HIV transmission when used as prescribed.
- **PrEP Telemedicine Navigation**. SHHP's telemedicine navigation program connects HIV-negative persons to a PrEP provider that utilizes video conferencing to prescribe PrEP remotely.
- **No-cost condom distribution.** Condoms and lubricant are made available in neighborhoods through hundreds of community sites, parish health units, and through various outreach activities. The use of condoms during sexual activity is a highly effective method of preventing HIV transmission.

Addressing HIV Health Disparities among Persons Living with HIV

- **Case Management.** SHHP contracts with community-based organizations to provide medical and non-medical case management and other critical supportive services to assist persons living with HIV with access to medical care and address potential medical and socioeconomic barriers to entering or staying connected to HIV care.
- **Louisiana Health Access Program (LA-HAP).** SHHP provides access to HIV medications for uninsured persons living with HIV and assistance with health insurance premiums and other cost shares for insured persons living with HIV.
- **Louisiana Links.** A linkage/re-engagement and patient navigation intervention that utilizes HIV surveillance data to find persons living with HIV who may be in need of linkage/reengagement to HIV medical care or treatment adherence services. Enrollees in this program receive assistance overcoming socioeconomic barriers to HIV medical care that typically goes above and beyond what is provided through traditional case management.
- **Health Models.** A pay-for-performance treatment and prevention program that gives financial incentives to patients who attend regularly scheduled HIV medical appointments and reach and maintain viral suppression. Enrollees in this program also receive additional counseling and HIV education.
- **Pre-release Reentry Services.** Incarcerated persons living with HIV are offered pre-release reentry services aimed at helping them link to HIV medical care and other critical support services upon release and prepare for challenges that may arise while transitioning to life in the community. These services include

education on social support services in their community that they may qualify for, referral to medical care, assistance making their first HIV medical appointment, assistance with enrollment into Louisiana's AIDS Drug Assistance Program, and referral to case management at an agency in their community.

Social Equity Training for Health Department Staff and Care Providers

- **Trainings on Institutional Oppression.** SHHP has partnered with capacity building organizations to provide trainings on institutional racism, transphobia, and homophobia to its staff, as well as staff at parish health centers, Federally Qualified Health Centers, and other community-based organizations across the state.

Community Engagement

- **Community Advisory Boards.** SHHP consults with community advisory boards for guidance when designing and implementing HIV interventions and strategic plans, creating social marketing materials and programs, and interpreting monitoring and evaluation data.

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Chapter 1

Profile Of The HIV Epidemic In Louisiana

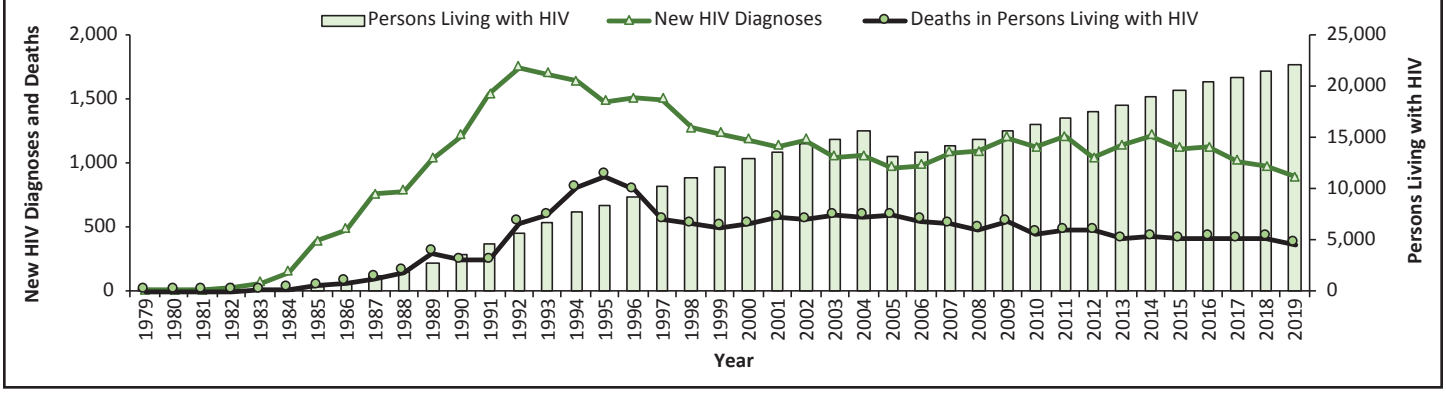
Introduction to HIV Surveillance

The Louisiana Department of Health, Office of Public Health STD/HIV/Hepatitis Program's (SHHP) HIV Surveillance Program conducts general case ascertainment through the receipt of reports of potential cases of HIV infection from clinical providers, laboratories, and other public health providers throughout the state with funding from the Centers for Disease Control and Prevention (CDC) and in accordance with the Louisiana Sanitary Code. Basic demographic and risk information are also collected. Additionally, the program monitors perinatal exposure to and transmission of HIV, acute HIV infections, HIV transmission patterns through genetic sequence data, clinical manifestations of HIV disease, mortality, the utilization and impact of care and treatment, and measures of high risk behavior.

Louisiana began confidential name-based reporting of AIDS diagnoses in 1984 and confidential name-based reporting of HIV (non-AIDS) diagnoses in 1993. In 1999, the Louisiana Sanitary Code was revised to mandate the reporting of all HIV-related laboratory results (e.g., CD4 counts, viral loads, Western blots). In 2010, the Sanitary Code was revised to explicitly require the reporting of HIV in pregnancy as well as prenatal exposure to HIV. Maternal and pediatric medical records are reviewed to assess testing and treatment. Follow-up occurs until the infant's HIV status is determined. In 2019, the Sanitary Code was revised to require the reporting of negative HIV laboratory data from laboratories that report via electronic reporting mechanisms. The negative laboratory reporting will be used to improve public health understanding and practices related to, but not limited to the following: identification of acutely infected individuals to prioritize prevention and response efforts, identify false-positive cases using subsequent negative testing, and monitor screening rates using de-identified data to enhance prevention efforts and identify providers or regions of the state that are not meeting screening standards and guidelines.

Data from the above surveillance activities are analyzed and non-identifying summary information is provided to public health programs, community based organizations, researchers, and the general public through reports, presentations, data requests, and regional profiles. The information is provided for the purposes of program planning and education, such as to assess the risks for HIV and develop effective HIV prevention programs; to help identify where services for people living with HIV are needed; and to assist with the allocation of federal and state funding.

Number of HIV Diagnoses, Deaths, and Persons Living with HIV
Louisiana, 1979-2019



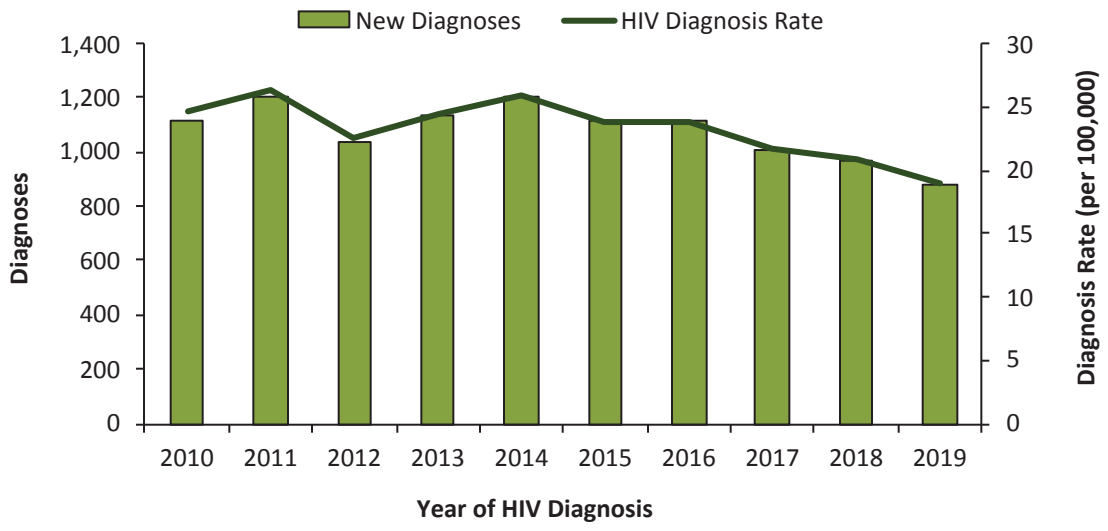
This report includes data for persons diagnosed with HIV or AIDS through December 31, 2019 and reported to SHHP before December 23, 2020. The report presents both numbers and rates of HIV and AIDS diagnoses. New HIV diagnoses are the number of people diagnosed with HIV at any stage of the disease within a given year. Rates take into account differing population sizes among demographic groups or areas, which allows for the direct comparison of rates between two or more groups or areas. This can help identify important differences between groups of people or areas.

The first reported Louisiana resident with AIDS was diagnosed in 1979. In the 41 years since then, the number of persons living with HIV in the state has continued to increase. New HIV diagnoses peaked in 1992 and deaths among persons with HIV peaked in 1995. Deaths have decreased since 1995 due to the availability of more effective treatments. The decreases seen in 2005 in both persons living with HIV and new HIV diagnoses were due to the impact of Hurricane Katrina which resulted in the dislocation of a large number of persons from the New Orleans metropolitan area and disruptions in HIV testing.

10-Year Trends in New HIV Diagnoses (2010-2019)

The number of new HIV diagnoses in a given year has historically served as a measure of new infections (incidence). However, since individuals may have HIV for varying periods of time before they are diagnosed, counting new HIV diagnoses is not an accurate representation of new infections in a given year.

New HIV Diagnoses and Rates
Louisiana, 2010-2019

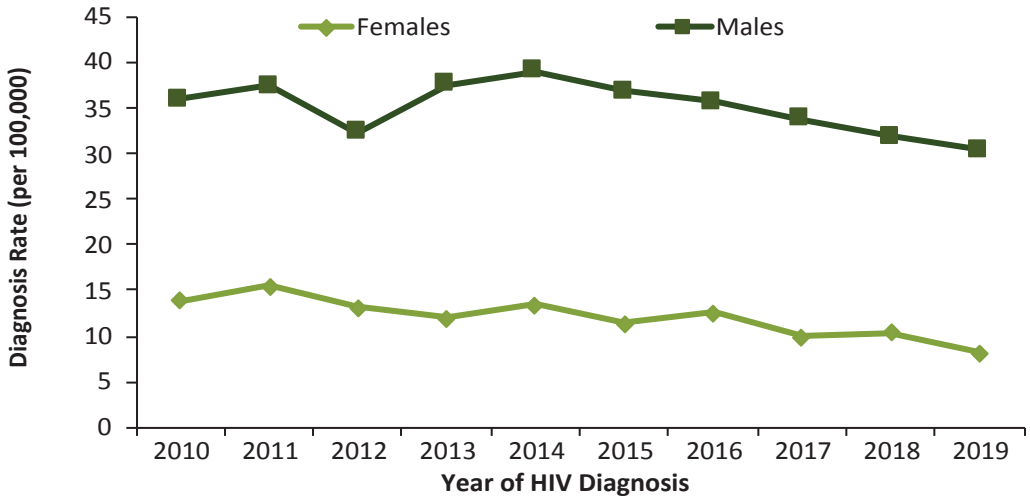


- In 2019, 884 individuals were newly diagnosed with HIV in Louisiana. Over the past 10 years, the number of new HIV diagnoses has fluctuated from a low of 884 diagnoses in 2019 to a high of 1,208 diagnoses in 2014.
- Over the past 10 years, the HIV diagnosis rate ranged from a low of 19.0 per 100,000 in 2019 to a high of 26.2 per 100,000 in 2011.

HIV Diagnoses by Sex, Race/Ethnicity, and Age

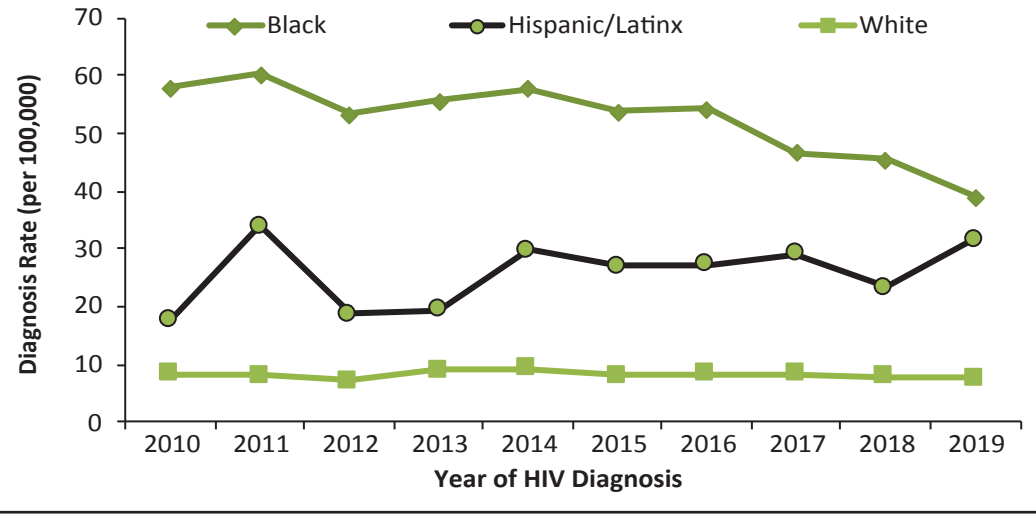
Although the HIV epidemic affects persons of all genders, ages, and race/ethnicities in Louisiana, the impact is not the same across all populations. Identifying the populations more likely to acquire HIV helps in planning HIV prevention activities and services, as well as determine the most effective use of limited resources. To get a better understanding as to how some groups are disproportionately impacted by the HIV epidemic, refer to the introductory chapter of this surveillance report.

Trends in HIV Diagnosis Rates by Sex at Birth
Louisiana, 2010-2019



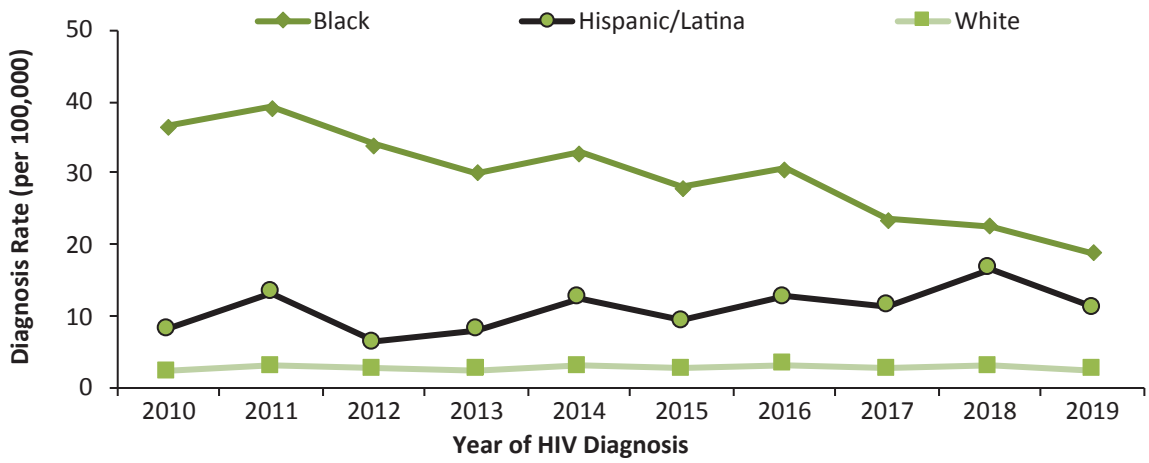
- Overall, the HIV diagnosis rate for females in Louisiana has been slowly declining over the past 10 years. In 2010, the female HIV diagnosis rate was 13.8 per 100,000. In 2019, the female HIV diagnosis rate had declined to 8.2 per 100,000.
- The rate for males over the past 10 years has been more variable. From 2012 to 2014, the male HIV diagnosis rate increased sharply from 32.4 per 100,000 to 39.1 per 100,000. In 2019, the male HIV diagnosis rate declined to a 10-year low of 30.4 per 100,000 males. The HIV diagnosis rate for males was 3.7 times greater than females in 2019. Cumulatively, males have accounted for 74% of all new HIV diagnoses in Louisiana over the past 10 years.

Trends in HIV Diagnosis Rates by Race/Ethnicity
Louisiana, 2010-2019



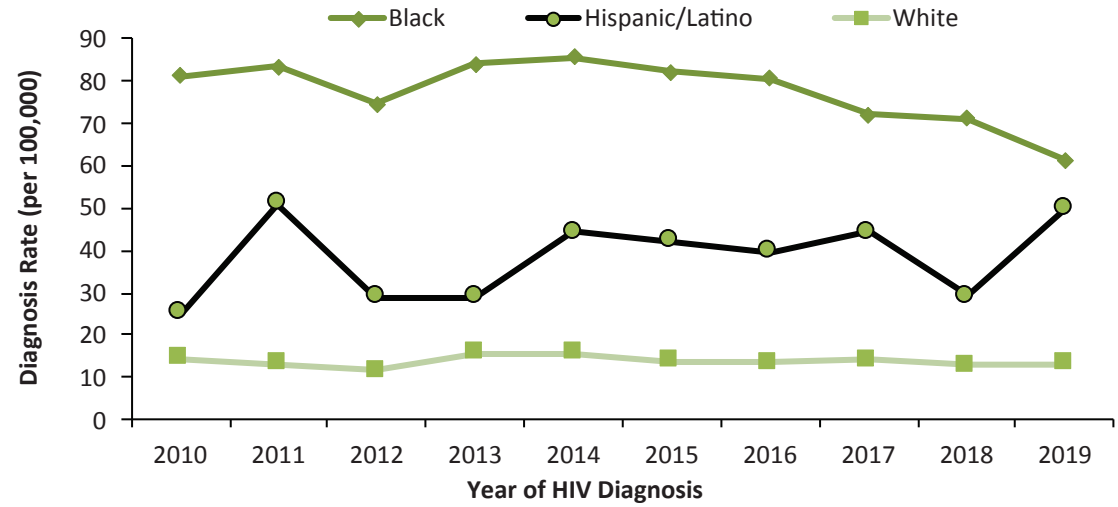
- The HIV diagnosis rate among White people has remained relatively stable over the past 10 years, with a diagnosis rate of 7.6 per 100,000 White persons in 2019. The rate for Black people has been more variable with a low of 38.9 per 100,000 Black persons in 2019 to a high of 60.3 per 100,000 Black persons in 2011.
- In 2019, the HIV diagnosis rate for Black people was five times greater than the rate for White people and slightly higher than the rate for Hispanic/Latinx people (31.6 per 100,000 Hispanic/Latinx persons). The HIV diagnosis rate for Hispanic/Latinx people was four times the rate for White people; among the 884 newly diagnosed persons in 2019, 78 were Hispanic/Latinx. The number of new diagnoses among Hispanic/Latinx persons is smaller which causes more variability in the rate of new diagnoses from year to year.

Trends in HIV Diagnosis Rates Among Females by Race/Ethnicity
Louisiana, 2010-2019



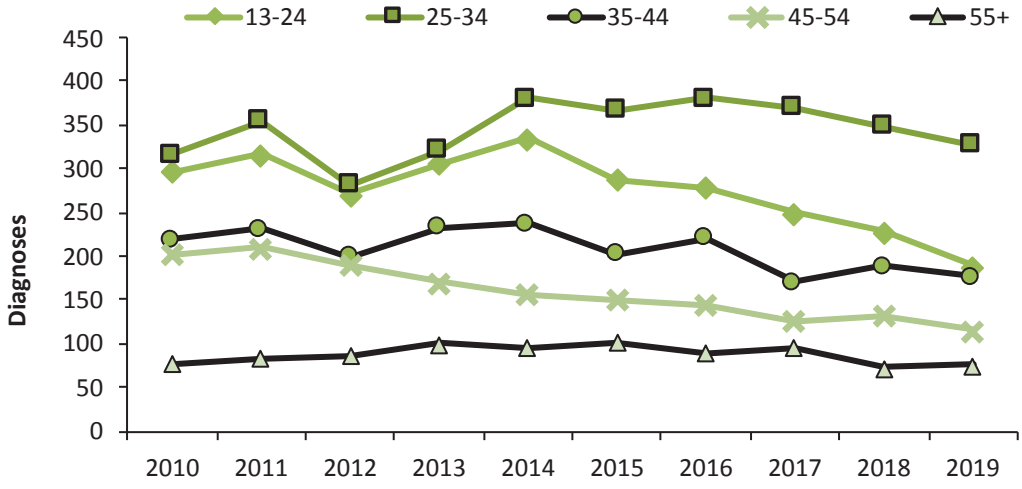
- In 2019, the HIV diagnosis rate in Black females (18.8 per 100,000) was 7.9 times greater than the rate for White females (2.4 per 100,000) and was 1.7 times greater than the rate for Hispanic/Latina females (11.2 per 100,000).
- The HIV diagnosis rate among Black females has declined significantly from a high of 39.3 per 100,000 in 2011 to a low of 18.8 per 100,000 in 2019.
- The HIV diagnosis rate for Hispanic/Latina females is higher than for White females, although the number of diagnoses is higher among White females.

Trends in HIV Diagnosis Rates Among Males by Race/Ethnicity
Louisiana, 2010-2019



- In 2019, the HIV diagnosis rate among Black males (61.3 per 100,000) was 4.7 times greater than the rate for White males (13.0 per 100,000), and was 1.2 times the rate for Hispanic/Latino males (49.6 per 100,000). The HIV diagnosis rate among Black males reached a 10-year low in 2019.
- Black females and males in Louisiana account for the overwhelming majority of new HIV diagnoses each year. When considering Black people make up only 32% of Louisiana's population, these disproportionately high diagnosis rates reflect the stark racial and ethnic health disparities that exist in the state.

Trends in New HIV Diagnoses by Age Group
Louisiana, 2010-2019



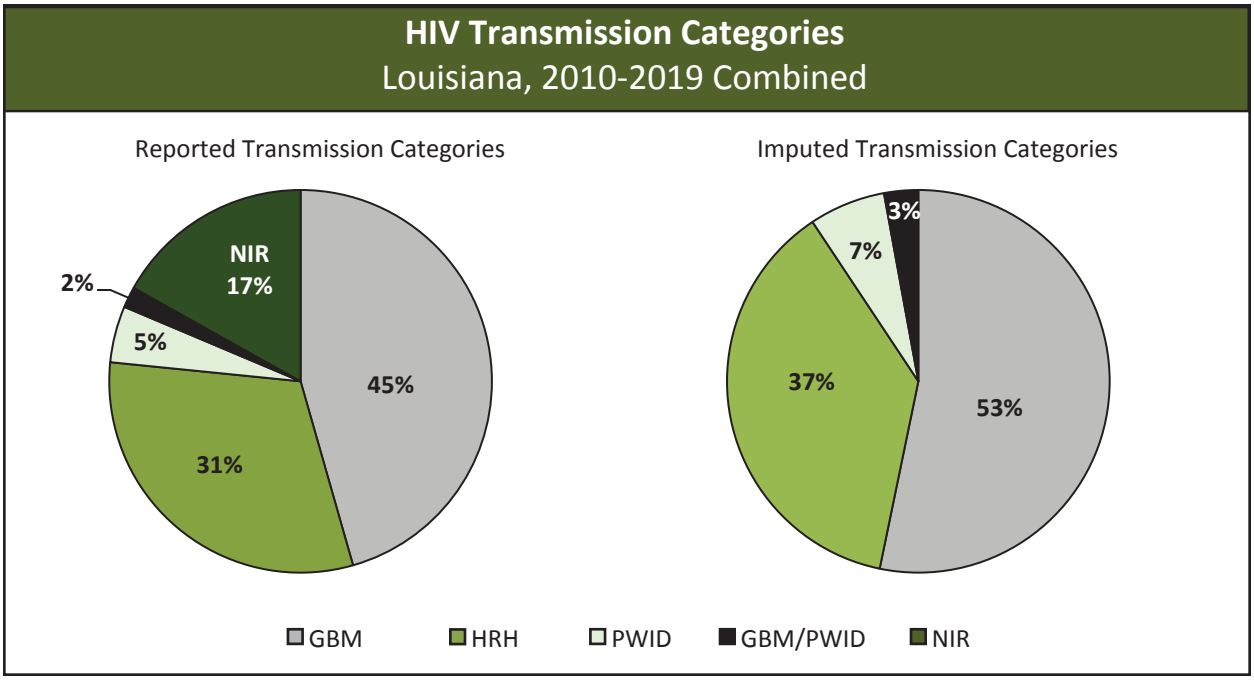
- The number of new diagnoses among youth, age 13-24 years, is of special interest in Louisiana and across the nation. Over the past 10 years, the number of new diagnoses among 13-24 year olds has been the second largest age group for new diagnoses. In 2019, new diagnoses in youth accounted for 21% of new diagnoses.
- Over the past 10 years, the 25-34 year-old age group consistently accounted for the highest number and percentage of new diagnoses, comprising 37% of all new HIV diagnoses in 2019. New diagnoses in persons aged 35-44 accounted for an additional 20% of all new diagnoses in 2019.
- From 2018 to 2019, the number of new diagnoses declined among all age groups in Louisiana, except among persons aged 55 and older.

HIV Diagnoses by Transmission Category

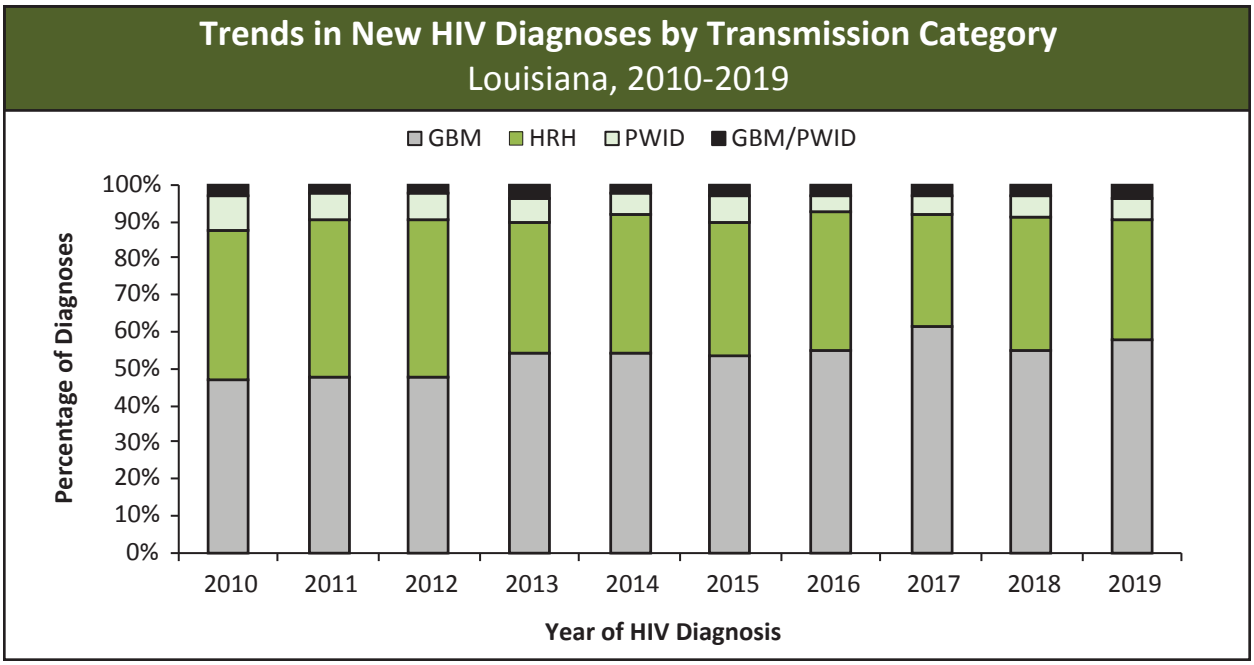
In accordance with the transmission categories used by the CDC, SHHP classifies diagnoses into six transmission categories: gay, bisexual, and other men who have sex with men (GBM), high risk heterosexual contact (HRH), persons who inject drugs (PWID), men who have sex with men and inject drugs (GBM/PWID), perinatal transmission (Pediatric), and cases who received a transfusion or hemophiliac products (Transfusion/Hemophilia). The CDC calculates a risk of GBM for transgender women who report male sex partners because birth sex is collected as male. As illustrated in the graph below, many cases do not have risk information reported or do not meet the transmission category criteria and are labeled as no identified risk (NIR). For all persons diagnosed between 2010 and 2019, 17% do not have a reported risk.

Risk information is difficult to ascertain because individuals may not know how they acquired HIV, their healthcare provider may not feel comfortable collecting the information, or the person may not be willing to share that information possibly due to stigma or fear of discrimination. A person who reports only heterosexual contact is not classified with a transmission category because according to the CDC "persons whose transmission category is classified as high risk heterosexual contact are persons who report specific heterosexual contact with a person known to have, or to be at high risk for, HIV (e.g., an injection drug user)." Due to the large number of NIR cases, SHHP uses a statistical method to assign a mode of transmission for NIR cases called "imputation" (described in the Technical Notes located in the Appendix of this report).

In 2018, SHHP began performing routine matches with surveillance and Ryan White services data in order to ascertain information on risk for PLWH classified as NIR. As a result of these matches, a significant number of PLWH had their risk updated from NIR to HRH. Reported HRH now makes up 37% of diagnoses between 2010-2019. In the 2016 Annual Report and earlier versions, the reported HRH transmission category typically comprised 18% of HIV diagnoses.

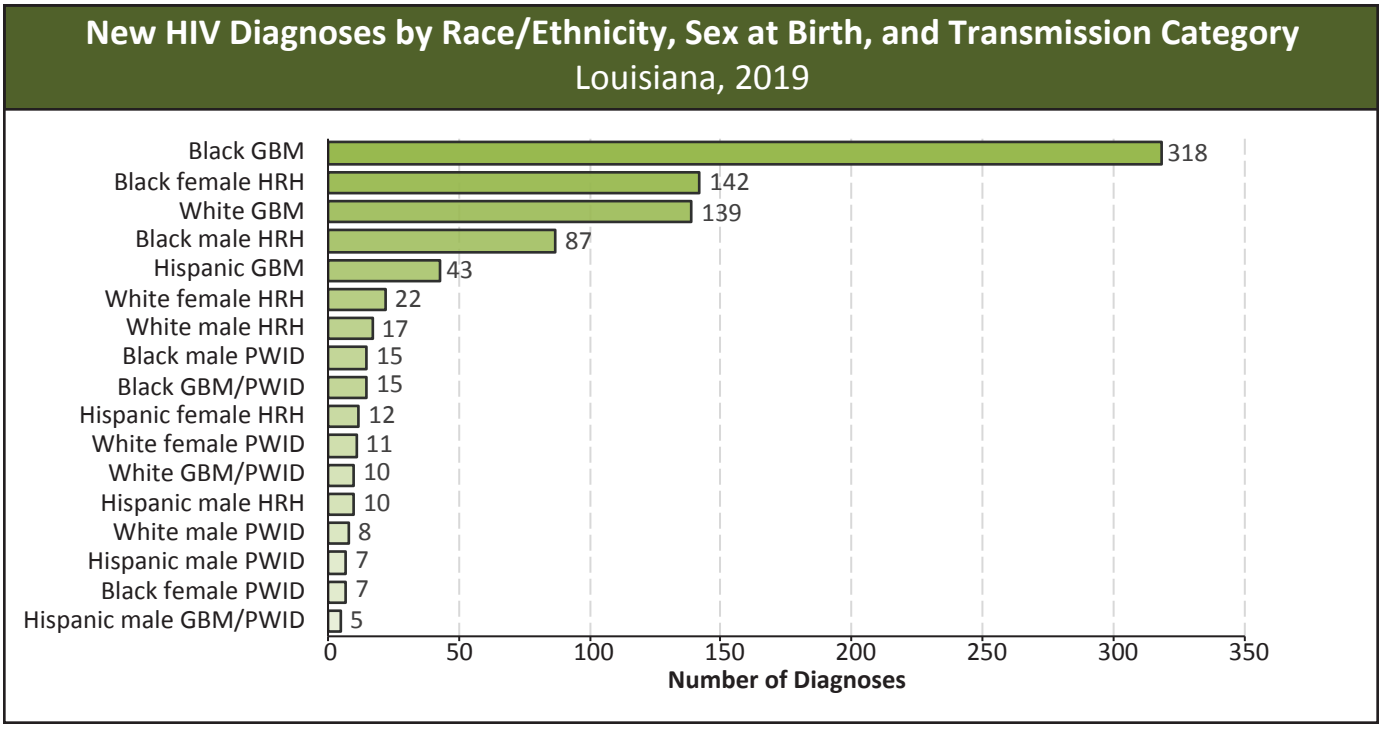


- Of the new diagnoses from 2010 to 2019, 17% do not have a recorded transmission category.
- A risk category is imputed for all cases without a recorded risk; 53% of all cases over the past 10 years were GBM, 37% were HRH, 7% were PWID, 3% were GBM/PWID. Perinatal diagnoses are not included above as they do not undergo the risk imputation process.
- After assigning a transmission category for all NIR cases through imputation, trends in the percentage of cases for each transmission category can be analyzed. The following graphs and tables use imputed transmission categories unless otherwise noted.



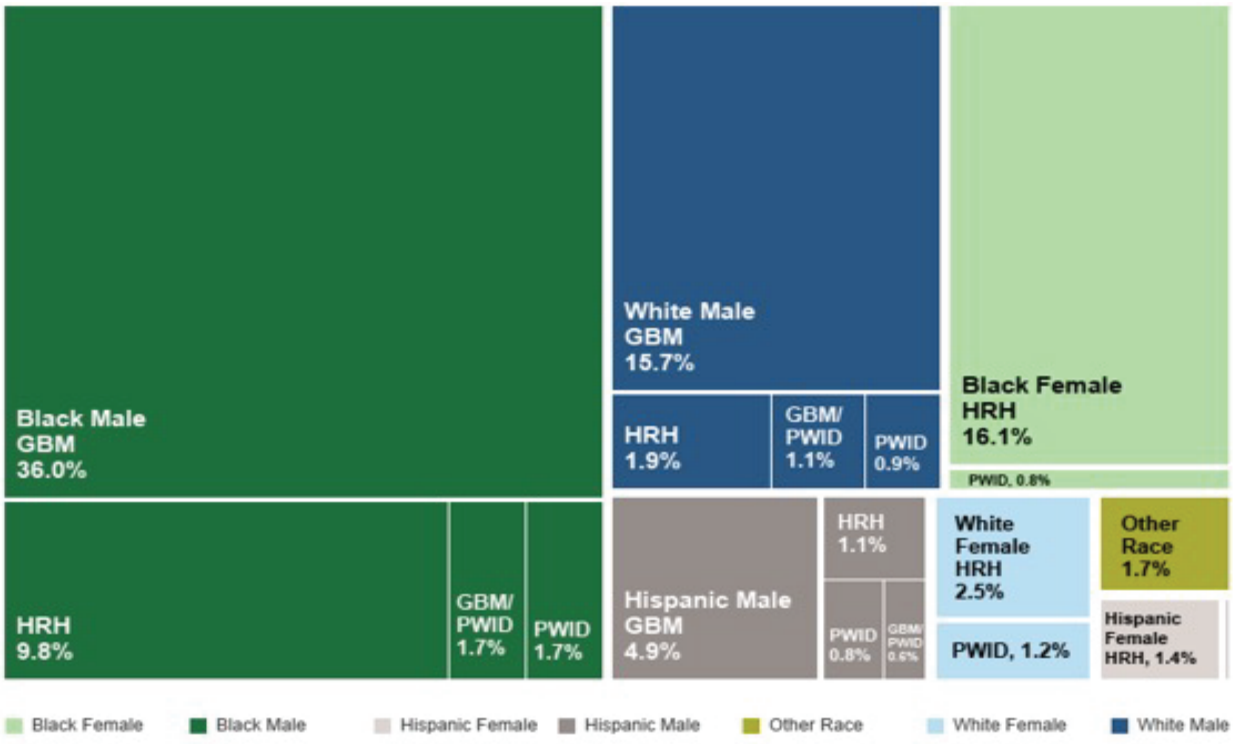
- The percentage of adult HIV diagnoses attributed to GBM has increased significantly from a low of 47% in 2010 to a high of 61% in 2017. Since 2013, the proportion of GBM has consistently comprised over half of the new HIV diagnoses each year.
- Proportions among HRH and PWID have steadily decreased over the past 10 years. The percentage of HRH diagnoses has seen the largest decline, from 40% in 2010 to 33% in 2019. The percentage of diagnoses attributed to PWID has decreased as well from a high of 9% in 2010 to 6% in 2019. The percentage of GBM/PWID diagnoses has remained relatively constant over the past 10 years.

New HIV Diagnoses by Race/Ethnicity, Sex at Birth, and Transmission Category- Louisiana, 2019



- The chart on the previous page highlights the marked disparities in the number of new HIV diagnoses when persons are grouped by their race/ethnicity, sex at birth, and imputed transmission category.
- Among newly diagnosed persons in 2019 in Louisiana, 68% of new diagnoses occurred among three groups: Black gay, bisexual, and other men who have sex with men (GBM), Black high-risk heterosexual women (HRH), and White gay, bisexual, and other men who have sex with men (GBM).
- In 2019, Black GBM accounted for 318 (36%) of Louisiana's 884 new HIV diagnoses. This was more than two times the number of new diagnoses among the second highest group, Black female HRH, who accounted for 142 new HIV diagnoses. The number of Black GBM diagnoses was 2.3 times higher than the 139 new HIV diagnoses among White GBM.

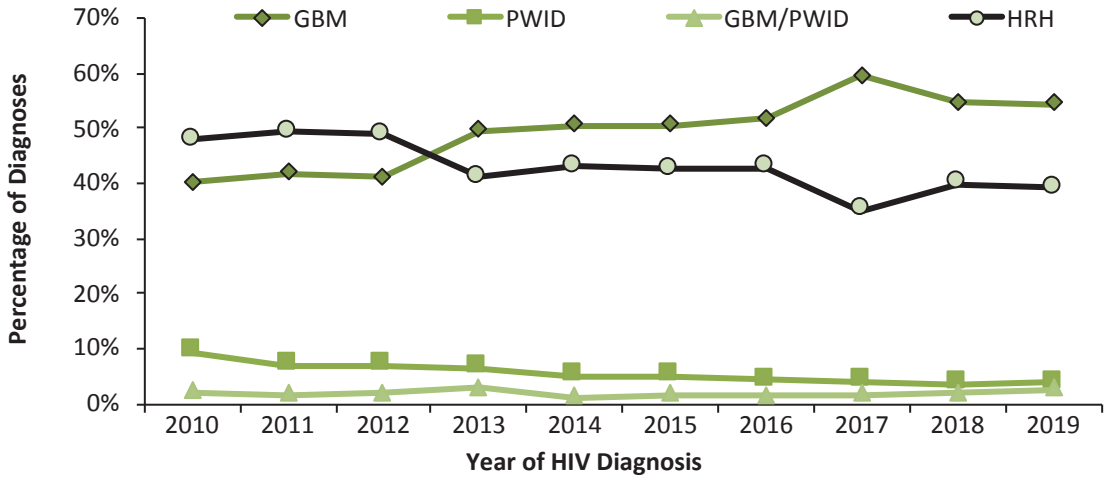
New HIV Diagnoses by Race/Ethnicity, Sex at Birth, and Transmission Category-Louisiana, 2019



*Boxes without a label or percentage indicated < 0.5%
Image created in Tableau 2020.3

- The TreeMap above is a graphical tool designed here to emphasize disparities in the proportion of new HIV diagnoses by race/ethnicity, sex at birth, and transmission category. In 2019, 58% of all new diagnoses were GBM, 33% HRH, 6% PWID, and 4% GBM/PWID.
- Among males, GBM is the primary mode of transmission accounting for 74% of Louisiana's male HIV diagnoses in 2019. Among females, HRH is the primary mode of transmission comprising 90% of new female HIV diagnoses.
- Black males only comprise 15% of Louisiana's population but account for 49% of all new HIV diagnoses. Black females comprise 17% of Louisiana's population and account for 17% of new HIV diagnoses. In total, Black people made up 66% of new HIV diagnoses in 2019.

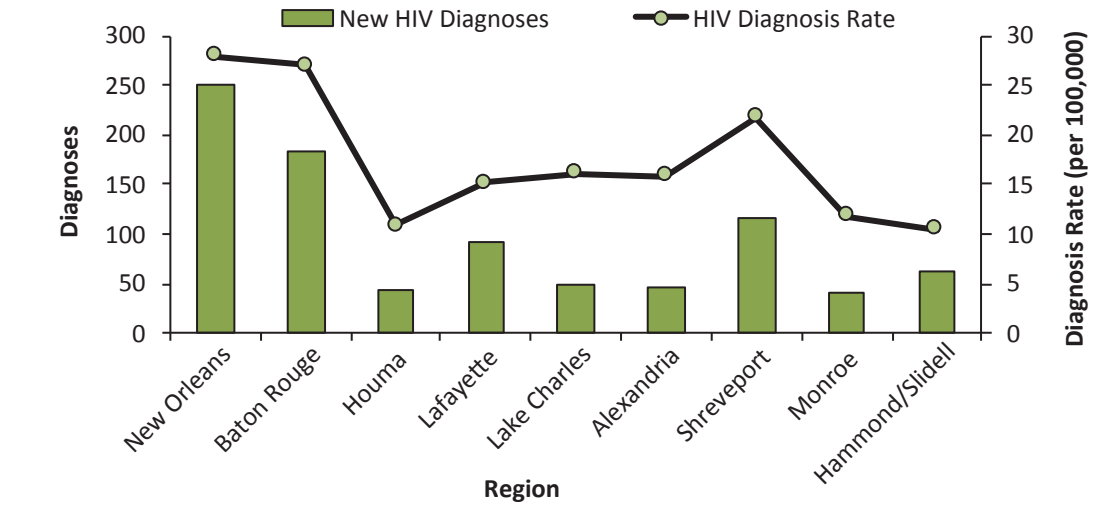
Trends in New HIV Diagnoses by Transmission Category
Black Adolescents and Adults in Louisiana, 2010-2019



- Historically, the primary mode of transmission for Black people was HRH contact followed closely by GBM. In 2013, the percentage of new diagnoses among Black GBM surpassed the percentage of diagnoses among HRH and has remained the primary mode of transmission among Black people to present.
- In 2019, 54% of all new Black HIV diagnoses were GBM and 39% were HRH; 2013 marked a large increase among Black GBM from 41% of diagnoses in 2012 to 49% of diagnoses in 2013.
- From 2010 to 2019, the percentage of HIV diagnoses among Black PWID has declined from 9% to 4%, respectively. The percentage of Black GBM/PWID has remained steady over the past 10 years.

HIV Diagnoses by Public Health Region

New HIV Diagnoses by Rate and Region
Louisiana, 2019



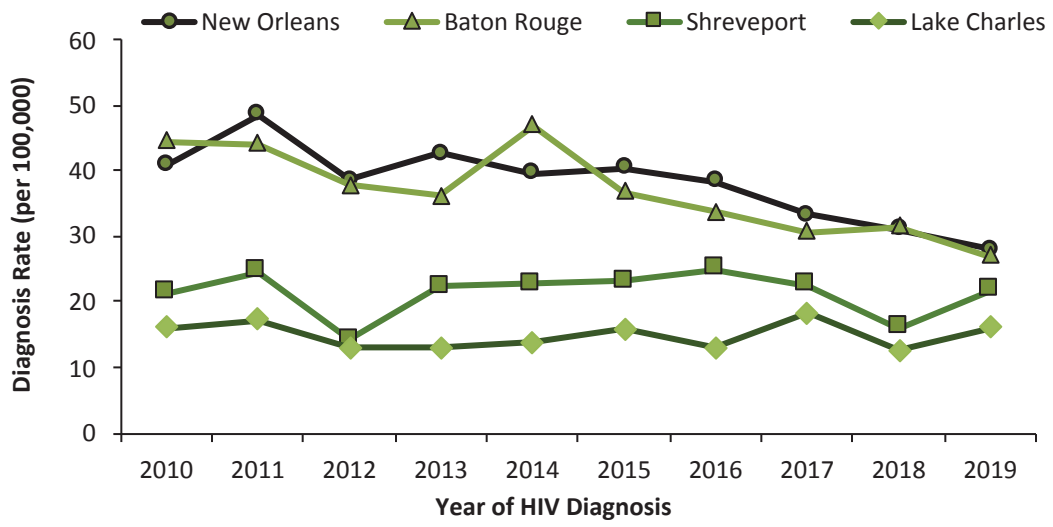
- In 2019, the New Orleans region had the highest number of new HIV diagnoses and the highest diagnosis rate. The Baton Rouge region had the second highest number of new HIV diagnoses, and the second highest diagnosis rate.
- The Monroe region had the lowest number of new HIV diagnoses and the Hammond/Slidell region had the lowest HIV diagnosis rate.

New HIV Diagnoses by Region and Year
Louisiana, 2015-2019

	2015		2016		2017		2018		2019	
Louisiana	**1,113**	**100%**	**1,117**	**100%**	**1,012**	**100%**	**972**	**100%**	**884**	**100%**
1-New Orleans	362	33%	345	31%	298	29%	277	28%	250	28%
2-Baton Rouge	251	23%	230	21%	210	21%	215	22%	184	21%
3-Houma	63	6%	59	5%	42	4%	46	5%	43	5%
4-Lafayette	89	8%	110	10%	110	11%	128	13%	92	10%
5-Lake Charles	47	4%	39	3%	55	5%	38	4%	49	6%
6-Alexandria	52	5%	60	5%	47	5%	72	7%	47	5%
7-Shreveport	126	11%	136	12%	122	12%	86	9%	116	13%
8-Monroe	62	6%	70	6%	59	6%	50	5%	41	5%
9-Hammond/Slidell	61	5%	68	6%	69	7%	60	6%	62	7%

- Approximately half of new HIV diagnoses occur in the New Orleans and Baton Rouge regions each year. In 2019, the proportion of new diagnoses in the New Orleans region was 28% and 21% in the Baton Rouge region. In 2019, the Shreveport region had the third highest number of new diagnoses followed by the Lafayette region. The proportion of new diagnoses in the New Orleans region fluctuated from a high of 33% in 2015 to a low of 28% in 2018 and 2019.

Trends in New HIV Diagnoses by Selected Region
Louisiana, 2010-2019



- The four public health regions in Louisiana with the highest HIV diagnosis rates in 2019 were New Orleans, Baton Rouge, Shreveport, and Lake Charles (regions 1, 2, 7, and 5, respectively).
- Over the past 10 years, the New Orleans and Baton Rouge regions have had the highest diagnosis rates in the state. In 2019, the highest HIV diagnosis rate was in the New Orleans region (28.0 per 100,000), closely followed by the Baton Rouge region (27.0 per 100,000). The Shreveport region had the third highest rate in 2019 (21.8 per 100,000) followed by the Lake Charles region (16.1 per 100,000). *A table with the number of HIV diagnoses for each region, 2010-2019, is located in the Appendix.*

Characteristics of Persons Newly Diagnosed with HIV

Characteristics of Persons Newly Diagnosed with HIV Louisiana, 2018-2019				
	Persons First Diagnosed with HIV in 2018		Persons First Diagnosed with HIV in 2019	
	Diagnoses	Percent	Diagnoses	Percent
TOTAL	**972**	**100%**	**884**	**100%**
Gender				
Men	701	72%	665	75%
Women	247	25%	195	22%
Transgender women	23	2%	23	3%
Transgender men	1	<1%	1	<1%
Race/Ethnicity				
Black/African American	684	70%	584	66%
Hispanic/Latinx	57	6%	78	9%
White	215	22%	207	23%
Other/Unknown/Multi-race	16	2%	15	2%
Age at HIV Diagnosis				
0-12	1	<1%	0	0%
13-19	63	6%	48	5%
20-24	165	17%	141	16%
25-34	349	36%	328	37%
35-44	189	19%	176	20%
45-54	132	14%	115	13%
55-64	61	6%	61	7%
65+	12	1%	15	2%
Transmission Category*				
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	535	55%	511	58%
Persons Who Inject Drugs (PWID)	55	6%	50	6%
GBM/PWID	30	3%	31	4%
High Risk Heterosexual (HRH)	350	36%	292	33%
Perinatal/Pediatric**	1	<1%	0	0%
Rural/Urban				
Rural	111	11%	104	12%
Urban	861	89%	780	88%

* Transmission category by sex at birth. GBM risk group includes transgender women.

** Transmission category not imputed.

- In 2019, 884 persons were newly diagnosed with HIV, a 9% decrease from 2018.
- In 2019, 75% of new diagnoses were men, 22% were women, 3% were transgender women, and less than 1% were transgender men.
- Among all HIV diagnoses in 2019, 66% were Black even though Black people make up only 32% of Louisiana's population, representing a large racial disparity among new HIV diagnoses.
- In 2018 and 2019, the greatest number and proportion of diagnoses were among persons age 25-34 years.
- In 2019, 58% of all new diagnoses were among gay, bisexual, and other men who have sex with men (GBM) and an additional 4% were among GBM who also inject drugs (GBM/PWID).
- In Louisiana, the majority of new diagnoses in 2019 (88%) were among persons residing in an urban area. An urban area is defined as a parish that belongs to a metropolitan statistical area (MSA).

Late HIV Testing in Louisiana

Since improved antiretroviral medications and preventive therapies are now available for people living with HIV, it is important that people are tested for HIV and if positive, are referred to care early so that they can benefit from these treatment advances. However, a significant number of people are not tested for HIV until they are symptomatic. In 2006, the CDC released new recommendations for HIV testing of adults, adolescents and pregnant women in health-care settings. HIV screening is recommended for all patients age 13 and older, unless the patient declines testing ("opts out"). Persons at high risk of HIV should be tested annually. HIV screening is required for all pregnant women as part of their routine prenatal screening tests.

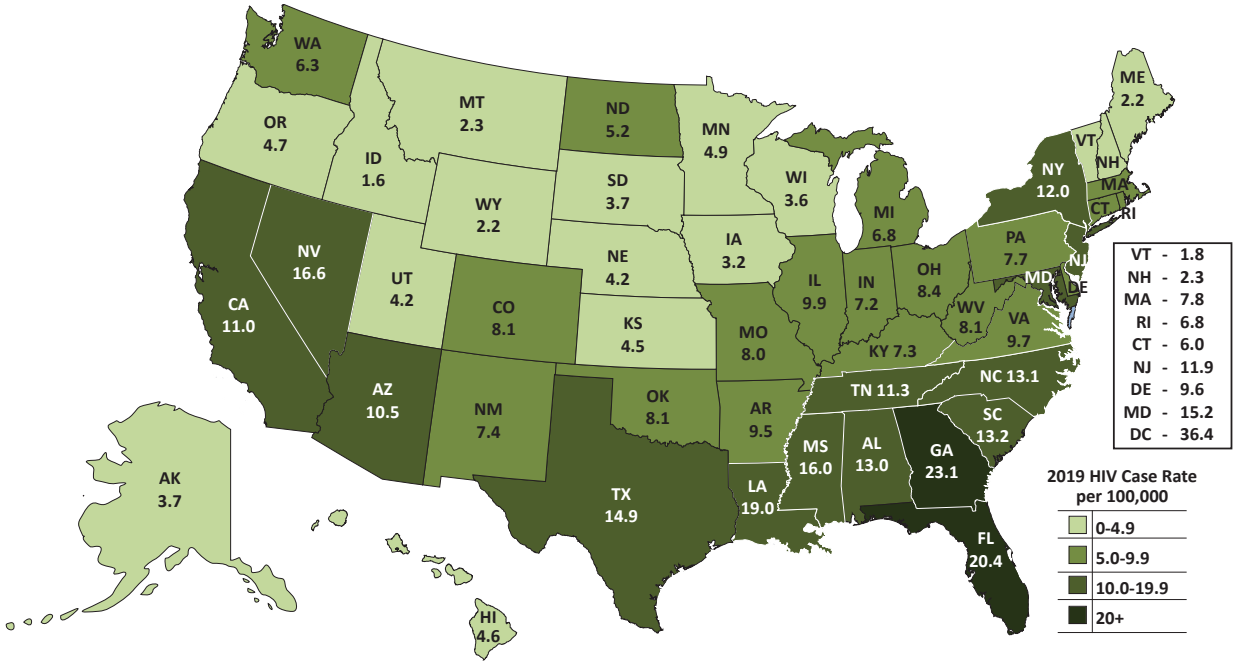
Late HIV Testing
Louisiana, 2019

	Persons Diagnosed with HIV, 2019								
	New HIV Diagnoses	AIDS at Time of Diagnosis*		AIDS Within 3 Months of Diagnosis		AIDS Within 6 Months of Diagnosis		AIDS Within 9 Months of Diagnosis	
		Count	Percent**	Count	Percent**	Count	Percent**	Count	Percent**
Total	**884**	**162**	**18%**	**186**	**21%**	**193**	**22%**	**197**	**22%**
Gender									
Men	665	131	20%	150	23%	155	23%	156	23%
Women	195	27	14%	32	16%	34	17%	37	19%
Transgender women	23	4	17%	4	17%	4	17%	4	17%
Transgender men	1	0	0%	0	0%	0	0%	0	0%
Race/Ethnicity									
Black/African American	584	100	17%	118	20%	125	21%	127	22%
Hispanic/Latinx	78	17	22%	21	27%	21	27%	21	27%
White	207	41	20%	43	21%	43	21%	45	22%
Other/Unknown/Multi-race	15	4	27%	4	27%	4	27%	4	27%
Age at HIV Diagnosis									
0-12	0	0	0%	0	0%	0	0%	0	0%
13-19	48	3	6%	4	8%	4	8%	4	8%
20-24	141	10	7%	11	8%	12	9%	12	9%
25-34	328	51	16%	59	18%	62	19%	65	20%
35-44	176	43	24%	49	28%	49	28%	49	28%
45-54	115	31	27%	35	30%	38	33%	38	33%
55-64	61	21	34%	24	39%	24	39%	25	41%
65+	15	3	20%	4	27%	4	27%	4	27%
Transmission Category									
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	511	91	18%	105	21%	106	21%	107	21%
Persons Who Inject Drugs (PWID)	50	7	14%	8	16%	9	18%	11	22%
GBM/PWID	31	5	16%	6	19%	6	19%	6	19%
High Risk Heterosexual (HRH)	292	59	20%	67	23%	72	25%	73	25%
Perinatal/Pediatric†	0	0	0%	0	0%	0	0%	0	0%
Region									
1-New Orleans	250	47	19%	55	22%	55	22%	58	23%
2-Baton Rouge	184	28	15%	31	17%	33	18%	34	18%
3-Houma	43	10	23%	11	26%	12	28%	12	28%
4-Lafayette	92	18	20%	21	23%	21	23%	21	23%
5-Lake Charles	49	11	22%	12	24%	14	29%	14	29%
6-Alexandria	47	2	4%	3	6%	4	9%	4	9%
7-Shreveport	116	25	22%	29	25%	30	26%	30	26%
8-Monroe	41	5	12%	7	17%	7	17%	7	17%
9-Hammond/Slidell	62	16	26%	17	27%	17	27%	17	27%

*If AIDS diagnosis was within 1 month of HIV diagnosis.
**Value calculated as the number of persons in the category over the total number of new diagnoses in the category (e.g. percentage of men with AIDS at HIV diagnosis = 131/665 * 100 = 20%)
†Transmission category not imputed.

- Of the 884 persons diagnosed with HIV in 2019, 18% had an AIDS diagnosis at the time of their initial HIV diagnosis, an additional 3% had an AIDS diagnosis within three months. A total of 22% of persons had an AIDS diagnosis within nine months post HIV diagnosis.
- A greater proportion of men were concurrently diagnosed with HIV and AIDS (20%) than women (14%). Among transgender women, 17% were diagnosed with AIDS at HIV diagnosis. At nine months post HIV diagnosis, 23% of men had an AIDS diagnosis compared to 19% of women and 17% of transgender women.
- Black persons newly diagnosed had the lowest proportion of AIDS concurrent with HIV diagnosis as compared to all other groups, 17%. At nine months post HIV diagnosis, 22% of Black and White diagnoses had an AIDS diagnosis.
- Persons 45-64 years old had much higher proportions of AIDS at the time of HIV diagnosis and within the following nine months as compared to other age groups.
- The proportion of late testers varies by region throughout the state. The Hammond/Slidell region had the highest percentage of AIDS diagnosis at the time of their initial HIV diagnosis, 26%. The percentage of cases with AIDS at 9 months was greatest in the Lake Charles, Houma, and Hammond/Slidell regions.

HIV Rates in the United States (2019)[xi]



- In May 2021, the CDC released their HIV Surveillance Report, 2019; vol 32, which provides national and statewide HIV data.
- In the US, 36,801 new HIV diagnoses were reported in 2019, for a national HIV diagnosis rate of 11.1 diagnoses per 100,000.
- In 2019, Louisiana ranked 4th highest in state HIV diagnosis rates (19.0 per 100,000 population) in the US, behind the District of Columbia (36.4 per 100,000), Georgia (23.1 per 100,000), and Florida (20.4 per 100,000).
- In 2019, Louisiana ranked 12th in the nation for the number of new HIV diagnoses, with a decrease of 92 cases from 2018 to 2019.

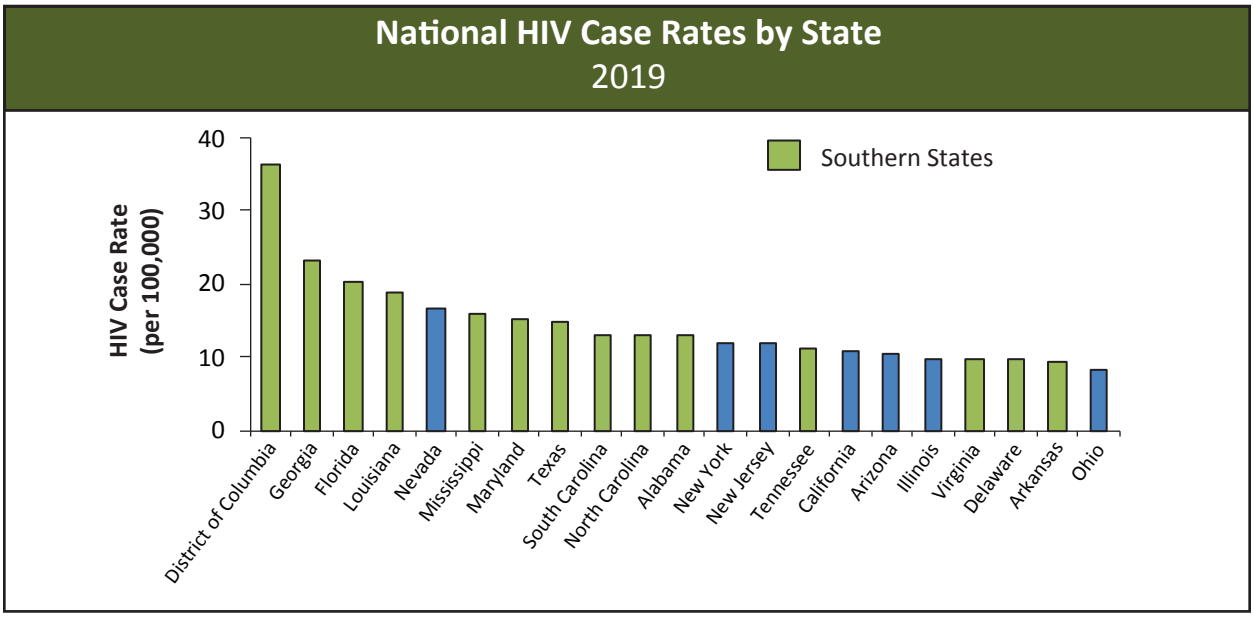
2019 HIV National Rankings*						
	LOUISIANA		NEW ORLEANS MSA		BATON ROUGE MSA	
	Value	Rank	Value	Rank	Value	Rank
HIV Case Rate**	19.0	4th	22.2	6th	23.5	4th
HIV Case Count	881	12th	282	27th	201	36th

*This table is based on case counts and rates reported in the CDC's 2019 HIV Surveillance Report

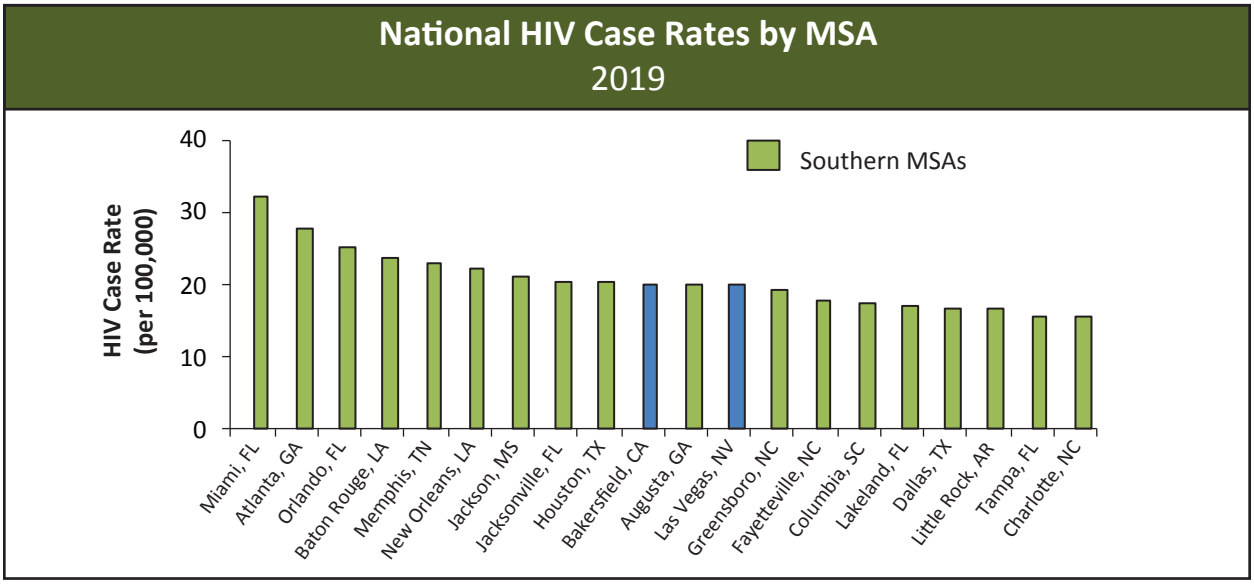
** Rates are per 100,000.

HIV and AIDS in the South

Southern states are disproportionately impacted by HIV and AIDS. Seventeen states are included in the southern region of the United States: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.[xi] National HIV rates presented in the graphs below are from the CDC's updated HIV Surveillance Report, 2019; vol 32 released in May 2021.



- In 2019, southern states represented 38% of the US population but 53% of new HIV diagnoses. The District of Columbia, when included as a state, is restricted to its borders.
- Of the 20 states that had the highest HIV diagnosis rates in 2019, 13 (65%) were in the South.



- Of the 20 metropolitan areas that had the highest HIV diagnosis rates in 2019, 18 (90%) were in the South. According to the CDC, the Baton Rouge metro area ranked 4th and the New Orleans metro area ranked 6th in HIV diagnosis rates in 2019 among metropolitan areas in the US with more than 500,000 people.

HIV Among Gay, Bisexual and Other Men Who Have Sex with Men (GBM)

Nationally, GBM account for over half of the one million people living with HIV and two-thirds of all new HIV diagnoses in the US each year. In 2019, GBM accounted for 66% of all new HIV diagnoses across the US and GBM/PWID accounted for an additional 4% of new HIV diagnoses.

SHHP has made a concerted effort to assess the epidemic among GBM to adequately focus prevention efforts. The following table shows the demographics of new HIV diagnoses in 2019 among GBM who may or may not be injection drug users. Transgender women are not included in the table below.

- In 2019, there were 884 new HIV diagnoses in Louisiana; 59% (519) among all GBM (PWID and non-PWID).
- The majority of the new diagnoses among GBM are Black (61%) and under the age of 35 (68%).
- The majority (48%) of GBM were diagnosed in the New Orleans and Baton Rouge regions.
- 50% of the GBM/PWID cases were Black and 46% were 35 years and older. 43% of GBM/PWID were diagnosed in the New Orleans region.
- The percentage of GBM diagnosed with AIDS at HIV diagnosis was 18%, the same as the state average.

For more information on HIV disparities in Louisiana in relation to the GBM population, please refer to the introduction of this surveillance report.

Demographics of New HIV Diagnoses Among GBM
Louisiana, 2019

	GBM/Non-PWID		GBM/PWID		All GBM*	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**491**	**100%**	**28**	**100%**	**519**	**100%**
Race/Ethnicity						
Black/African American	304	62%	14	50%	318	61%
Hispanic/Latinx	41	8%	4	14%	45	9%
White	135	28%	10	36%	145	28%
Other/Unknown/Multi-race	11	2%	0	0%	11	2%
Age at HIV Diagnosis						
13-19	33	7%	0	0%	33	6%
20-24	107	22%	1	4%	108	21%
25-34	198	40%	14	50%	212	41%
35-44	73	15%	6	21%	79	15%
45-54	45	9%	4	14%	49	9%
55-64	29	6%	2	7%	31	6%
65+	6	1%	1	4%	7	1%
Region						
1-New Orleans	137	28%	12	43%	149	29%
2-Baton Rouge	99	20%	2	7%	101	19%
3-Houma	26	5%	1	4%	27	5%
4-Lafayette	62	13%	2	7%	64	12%
5-Lake Charles	30	6%	0	0%	30	6%
6-Alexandria	22	4%	2	7%	24	5%
7-Shreveport	62	13%	6	21%	68	13%
8-Monroe	22	4%	1	4%	23	4%
9-Hammond/Slidell	31	6%	2	7%	33	6%
Late Testers						
AIDS at Time of HIV Diagnosis	88	18%	4	14%	92	18%
AIDS Within 3 Months of HIV Diagnosis	102	21%	5	18%	107	21%
AIDS Within 6 Months of HIV Diagnosis	103	21%	5	18%	108	21%

*All GBM is a cumulative total of GBM/Non-PWID (491) and GBM/PWID (28).

HIV Among Youth in Louisiana

In 2019, persons age 13-24 years comprised 21% of all new HIV diagnoses in the United States.

- In 2019, there were 884 new HIV diagnoses in Louisiana; 21% (189) were among youth 13-24 years old.
  - o 141 (75%) of the youth diagnoses were among persons age 20-24 years.
- Among all youth, 83% of the new diagnoses were men. Among youth 13-19 years old, 10% of new HIV diagnoses in 2019 were transgender women.
- The majority (77%) of the new diagnoses among youth were Black.
- The majority (77%) of new diagnoses among youth were gay, bisexual, and other men who have sex with men (GBM), followed by high risk heterosexuals (21%).
- Among all youth diagnosed in Louisiana, 49% lived in the New Orleans and Baton Rouge regions at the time of diagnosis.
- The percentage of late testers with AIDS at diagnosis is much lower among youth as compared to the state average, 7% and 18%, respectively.

Demographics of New HIV Diagnoses Among Youth
Louisiana, 2019

	13-19 Years		20-24 Years		All Youth: 13-24 Years	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**48**	**100%**	**141**	**100%**	**189**	**100%**
Gender						
Men	36	75%	121	86%	157	83%
Women	7	15%	18	13%	25	13%
Transgender Women	5	10%	2	1%	7	4%
Race/Ethnicity						
Black/African American	38	79%	107	76%	145	77%
Hispanic/Latinx	3	6%	11	8%	14	7%
White	5	10%	21	15%	26	14%
Other/Unknown/Multi-race	2	4%	2	1%	4	2%
Transmission Category						
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	36	75%	109	77%	145	77%
Persons Who Inject Drugs (PWID)	0	0%	2	1%	2	1%
GBM/PWID	1	2%	1	1%	2	1%
HRH	11	23%	29	21%	40	21%
Region						
1-New Orleans	8	17%	37	26%	45	24%
2-Baton Rouge	16	33%	32	23%	48	25%
3-Houma	1	2%	10	7%	11	6%
4-Lafayette	4	8%	18	13%	22	12%
5-Lake Charles	6	13%	3	2%	9	5%
6-Alexandria	2	4%	5	4%	7	4%
7-Shreveport	7	15%	21	15%	28	15%
8-Monroe	0	0%	8	6%	8	4%
9-Hammond/Slidell	4	8%	7	5%	11	6%
Late Testers						
AIDS at Time of HIV Diagnosis	3	6%	10	7%	13	7%
AIDS Within 3 Months of HIV Diagnosis	4	8%	11	8%	15	8%
AIDS Within 6 Months of HIV Diagnosis	4	8%	12	9%	16	8%

HIV Among Black People in Louisiana

In 2019, Black people made up 42% of all new HIV diagnoses across the United States even though they comprise only 13% of the total US population.

- In 2019, there were 884 new HIV diagnoses in Louisiana; 66% (584) were Black.
- In 2019, 72% of the new diagnoses among Black people were men.
- Youth, 13-24 years-old, made up 25% of all diagnoses among Black people. An additional 38% of diagnoses were 25-34 years old.
- The majority (54%) of new diagnoses among Black people were gay, bisexual, & other men who have sex with men (GBM).
- More than half (53%) of all new diagnoses among Black people occurred in the New Orleans and Baton Rouge regions.
- The percentage of late testers among Black diagnoses is almost the same as the overall population of new diagnoses in Louisiana, 17% and 18%, respectively.

For more information about the HIV disparities in Louisiana in relation to the Black population, please refer to the introduction of this surveillance report.

Demographics of New HIV Diagnoses Among Black Persons
Louisiana, 2019

	Cases	Percent
TOTAL	**584**	**100%**
Gender		
Men	419	72%
Women	149	26%
Transgender Women	16	3%
Age at HIV Diagnosis		
0-12	0	0%
13-19	38	7%
20-24	107	18%
25-34	222	38%
35-44	108	18%
45-54	68	12%
55-64	30	5%
65+	11	2%
Transmission Category		
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	318	54%
Persons Who Inject Drugs (PWID)	22	4%
GBM/PWID	15	3%
HRH	229	39%
Perinatal/Pediatric*	0	0%
Region		
1-New Orleans	156	27%
2-Baton Rouge	149	26%
3-Houma	27	5%
4-Lafayette	45	8%
5-Lake Charles	28	5%
6-Alexandria	28	5%
7-Shreveport	87	15%
8-Monroe	27	5%
9-Hammond/Slidell	37	6%
Late Testers		
AIDS at Time of HIV Diagnosis	100	17%
AIDS Within 3 Months of HIV Diagnosis	118	20%
AIDS Within 6 Months of HIV Diagnosis	125	21%

HIV Among Transgender Persons in Louisiana

Since data for transgender people is not collected uniformly, overall new diagnoses in the United States are not available. According to the Center of Excellence for Transgender Health, there are numerous social and contextual issues that impact the ascertainment of risk behaviors reported among transgender people, including stigma, discrimination, alienation, poverty, and victimization. (http://transhealth.ucsf.edu/)

- In 2019, there were 884 new HIV diagnoses in Louisiana; 23 diagnoses were reported as transgender women and 1 diagnosis was reported as transgender man.
- In 2018, there were 972 new HIV diagnoses in Louisiana; 23 diagnoses were reported as transgender women and 1 diagnosis was reported as transgender man.
- As of December 31, 2019, there were 21,922 persons living with HIV, 354 persons were transgender. Of the 354 transgender people living with HIV in Louisiana, 99% (350) were transgender women.
- Between 2018 and 2019, 73% of new HIV diagnoses among transgender women and men were Black. Among transgender persons living with HIV at the end of 2019, 83% were Black.
- Between 2018 and 2019, 71% of the diagnoses among transgender persons were 20-29 years old.
- The majority (88%) of transgender persons living with HIV reported engaging in sex with men; 10% of transgender persons reported engaging in sex with men and injection drug use.
- Between 2018 and 2019, 46% of new HIV diagnoses among transgender women and men occurred in the New Orleans region. At the end of 2019, 49% of all transgender individuals living with HIV lived in the New Orleans region and an additional 21% in the Baton Rouge region.

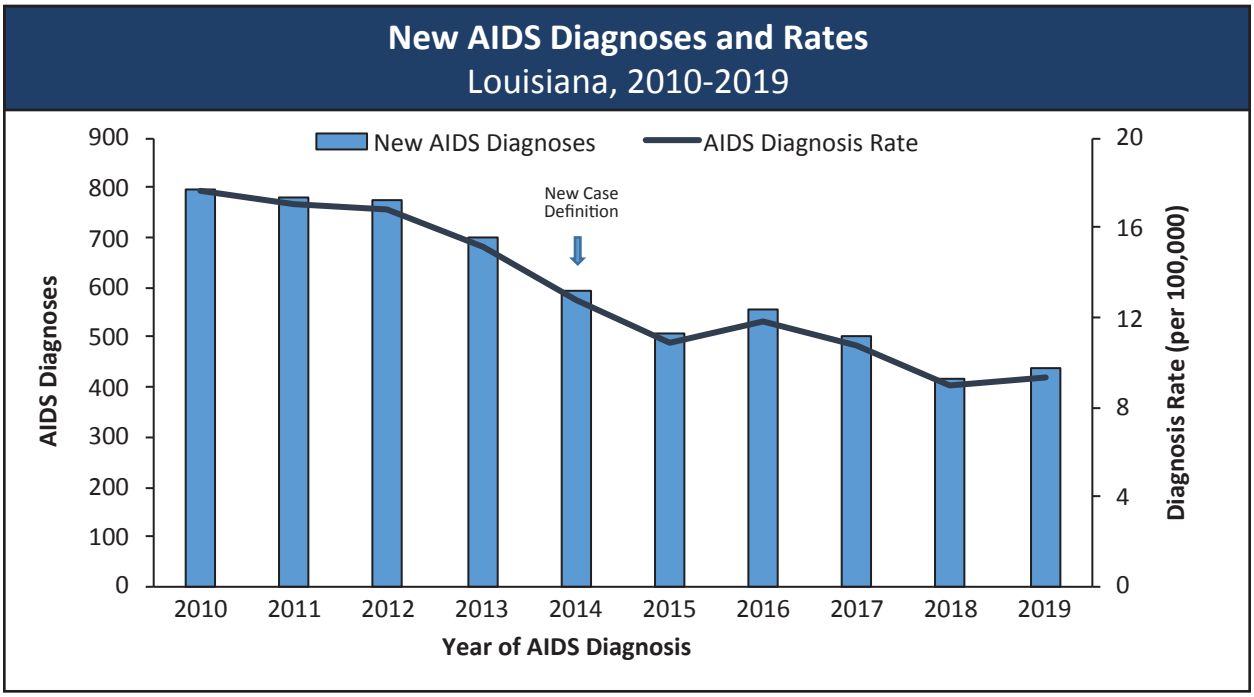
For more information about the HIV disparities in Louisiana in relation to the transgender population, please refer to the introduction of this surveillance report.

Demographics of New HIV Diagnoses and Persons Living with HIV
Louisiana, 2018 and 2019

	New HIV Diagnoses				Persons Living with HIV	
	2018		2019		As of Dec. 31, 2019	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**24**	**100%**	**24**	**100%**	**354**	**100%**
Transgender Women	23	96%	23	96%	350	99%
Transgender Men	1	4%	1	4%	4	1%
Race/Ethnicity						
Black/African American	19	79%	16	67%	295	83%
Hispanic/Latinx	5	21%	3	13%	24	7%
White	0	0%	4	17%	30	8%
Other/Unknown/Multi-race	0	0%	1	4%	5	1%
Age at HIV Diagnosis					**Current Age**	
13-19	3	13%	5	21%	6	2%
20-24	4	17%	2	8%	28	8%
25-29	15	63%	13	54%	75	21%
30-34	2	8%	2	8%	87	25%
35-39	0	0%	1	4%	65	18%
40-44	0	0%	1	4%	30	8%
45+	0	0%	0	0%	63	18%
Transmission Category						
Sex with Men	21	88%	20	83%	312	88%
Persons Who Inject Drugs (PWID)	0	0%	0	0%	1	<1%
Sex with Men & PWID	2	8%	3	13%	34	10%
Sex with Women	1	4%	1	4%	7	2%
Region					**Current Region**	
1 - New Orleans	12	50%	10	42%	173	49%
2 - Baton Rouge	1	4%	1	4%	76	21%
3 - Houma	1	4%	0	0%	10	3%
4 - Lafayette	1	4%	3	13%	18	5%
5 - Lake Charles	2	8%	1	4%	12	3%
6 - Alexandria	0	0%	4	17%	10	3%
7 - Shreveport	5	21%	5	21%	23	6%
8 - Monroe	1	4%	0	0%	12	3%
9 - Hammond/Slidell	1	4%	0	0%	20	6%

10-Year Trends in New AIDS Diagnoses (2010-2019)

AIDS diagnoses are the number of individuals diagnosed with AIDS within a given time period. The surveillance case definition for an AIDS diagnosis is a CD4 cell count <200 or the diagnosis of an opportunistic infection (OI) such as Kaposi Sarcoma or wasting syndrome. Once a person is diagnosed with AIDS, they remain categorized as AIDS even if their CD4 count rises above 200 or they are cured of their OI. The number of AIDS diagnoses has been collected since the beginning of the epidemic, both nationally and in Louisiana. AIDS diagnoses are useful for highlighting issues regarding access to testing, medical care, medication and treatment adherence. *In 2014, the AIDS surveillance case definition was altered to no longer define an AIDS case based on CD4 percentage. This change in case definition only impacts AIDS cases diagnosed after 2013.*



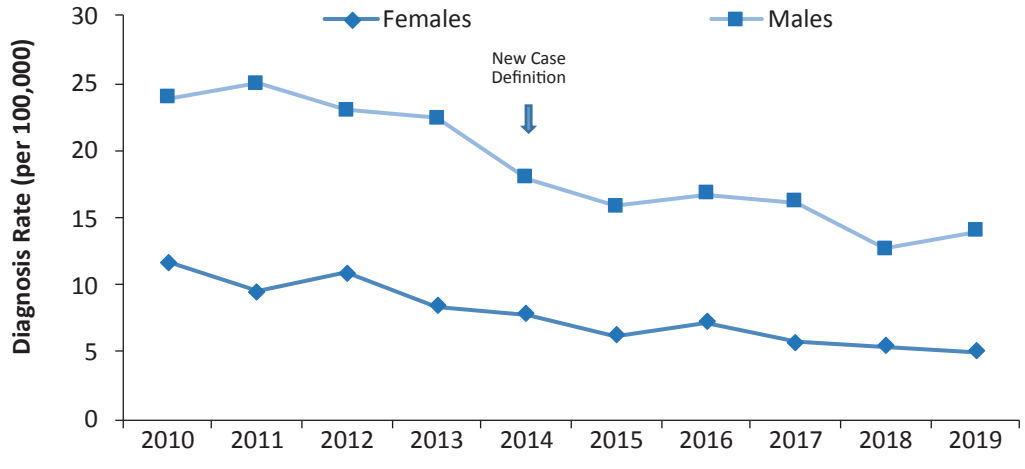
- Since 1997, the number of new AIDS diagnoses each year in Louisiana has remained below 1,000. Over the past 10 years, the number of new AIDS diagnoses has fluctuated from a high of 799 diagnoses in 2010 to a low of 418 AIDS diagnoses in 2018. The steep decrease between 2013 and 2014 was in part due to the new AIDS surveillance case definition. The number of new AIDS diagnoses further declined from 2014 to 2015 under the same case definition.
- In 2019, the AIDS diagnosis rate for Louisiana was 9.1 per 100,000.

AIDS diagnoses and deaths in the United States

In June 1981, the first cases of what would later be diagnosed as AIDS were reported in the US. During the 1980s, there was a rapid increase in the number of AIDS diagnoses and deaths in persons with AIDS. Cases peaked in 1993 with the expansion of the AIDS case definition. The most dramatic drop in both new diagnoses and deaths began in 1996, with the widespread use of combination antiretroviral therapy. Since 2000, the annual numbers of AIDS diagnoses have been relatively constant, with 16, 355 new AIDS diagnoses in 2019. By region, the South has the greatest number of people living with AIDS, AIDS deaths, and new AIDS diagnoses.

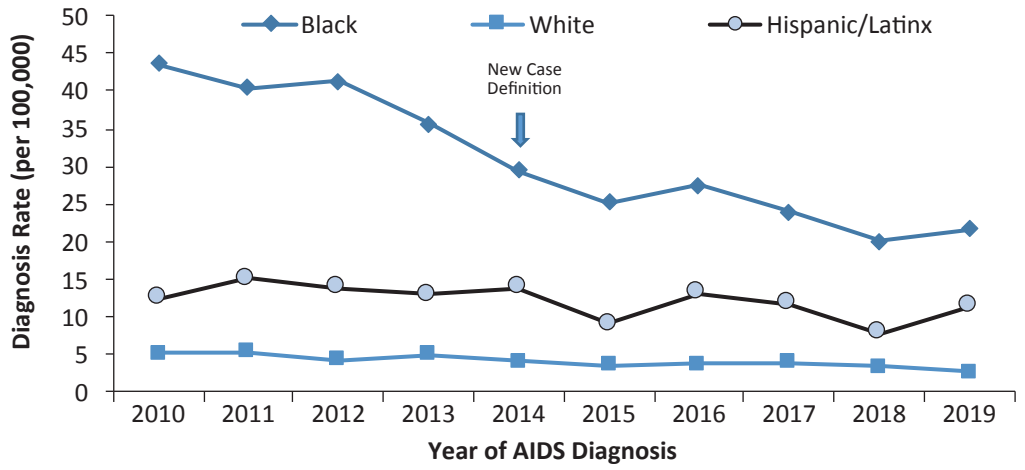
Centers for Disease Control and Prevention AtlasPlus

AIDS Diagnosis Rates by Sex at Birth
Louisiana, 2010-2019



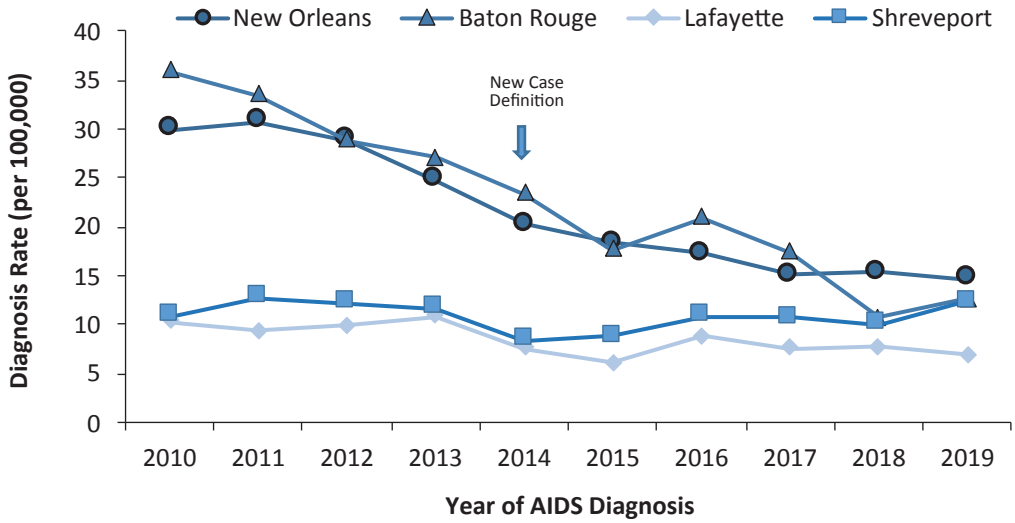
- Under the previous case definition, the AIDS diagnosis rate for males and females decreased slightly from 2008 to 2013.
- From 2013 to 2014, the new case definition led to a 20% decrease in the male AIDS diagnosis rate but the female rate was relatively unchanged.
- From 2018 to 2019, the AIDS diagnosis rate increased for males and decreased for females. The male AIDS diagnosis rate (13.9 per 100,000) was 2.8 times greater than the female AIDS diagnosis rate (5.0 per 100,000) in 2019.

AIDS Diagnosis Rates by Race/Ethnicity
Louisiana, 2010-2019



- In 2019, the AIDS diagnosis rate for Black people (21.6 per 100,000 Black persons) was two times greater than for Hispanic/Latinx people (11.3 per 100,000 Hispanic/Latinx persons) and 7.7 times greater than for White people (2.8 per 100,000 White persons).
- From 2018 to 2019, the AIDS diagnosis rate increased among Black people by 8% and remains disproportionately high. The AIDS diagnosis rate among White people decreased 18% from 2018 to 2019 and increased among Hispanic/Latinx people by 45%.

AIDS Diagnosis Rates by Selected Region
Louisiana, 2010-2019



- Over the past 10 years, the Baton Rouge and New Orleans regions have had the two highest AIDS diagnosis rates among the nine public health regions. In 2019, the New Orleans region had the highest AIDS diagnosis rate (14.7 per 100,000).
- In the past 10 years, the AIDS diagnosis rate dramatically declined in the Baton Rouge and New Orleans regions. From 2010 to 2019, the AIDS diagnosis rate in the Baton Rouge region decreased by 65% and the rate in the New Orleans region decreased by 51%.
- The AIDS diagnosis rates for the Lafayette and Shreveport regions remained relatively consistent over the past ten years. In 2019, the AIDS diagnosis rates in Shreveport and Lafayette were 12.4 per 100,000 and 6.9 per 100,000, respectively.

Characteristics of Persons Newly Diagnosed with AIDS

Characteristics of Persons Newly Diagnosed with AIDS Louisiana, 2018-2019				
	Persons First Diagnosed with AIDS in 2018		Persons First Diagnosed with AIDS in 2019	
	Diagnoses	Percent	Diagnoses	Percent
TOTAL	**418**	**100%**	**436**	**100%**
Gender				
Men	280	67%	311	71%
Women	130	31%	120	28%
Transgender Women	8	2%	5	1%
Race/Ethnicity				
Black/African American	302	72%	324	74%
Hispanic/Latinx	19	5%	28	6%
White	92	22%	75	17%
Other/Unknown/Multi-race	5	1%	9	2%
Age at AIDS Diagnosis				
0-12	0	0%	1	<1%
13-19	4	1%	4	1%
20-24	32	8%	25	6%
25-34	142	34%	145	33%
35-44	105	25%	108	25%
45-54	83	20%	85	19%
55-64	42	10%	56	13%
65+	10	2%	12	3%
Transmission Category*				
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	192	46%	194	44%
Persons Who Inject Drugs (PWID)	28	7%	40	9%
GBM/PWID	16	4%	19	4%
High Risk Heterosexual (HRH)	179	43%	179	41%
Transfusion/Hemophilia**	1	<1%	0	0%
Perinatal/Pediatric**	2	<1%	4	1%
Rural/Urban				
Rural	45	11%	49	11%
Urban	373	89%	387	89%

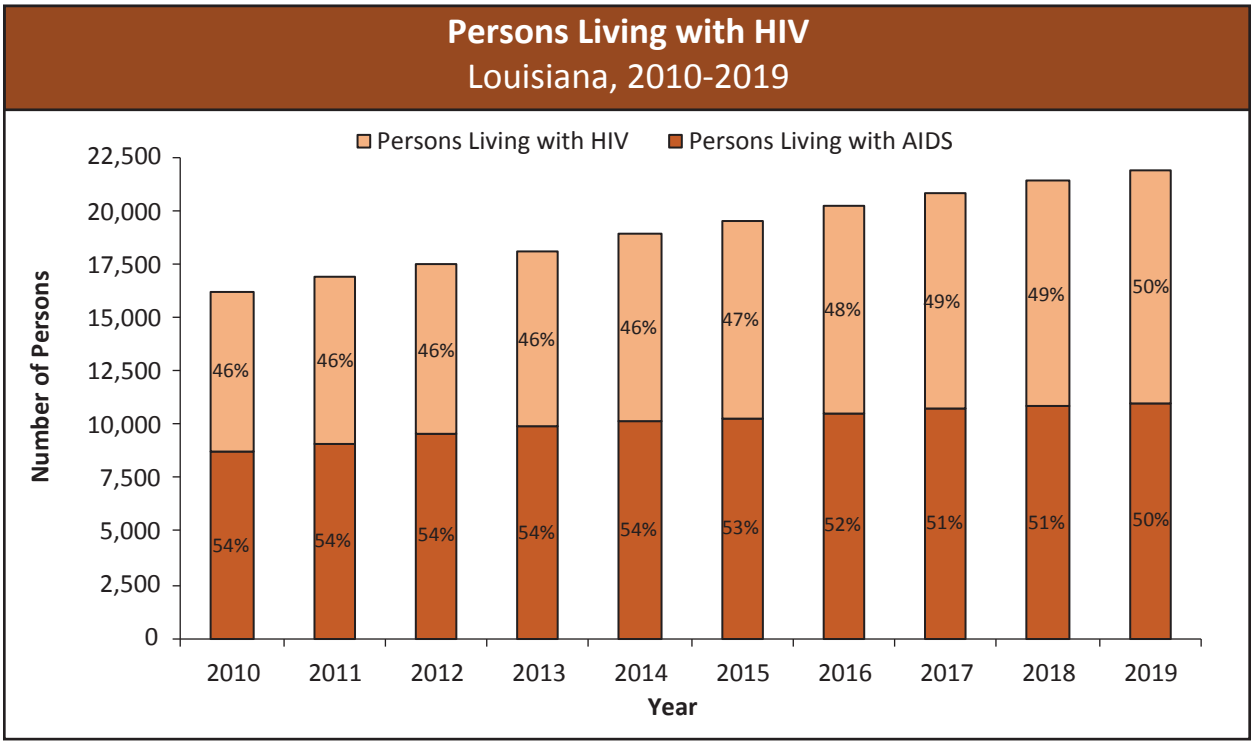
* Transmisison category by sex at birth. GBM risk group includes transgender women.

** Transmission category not imputed.

- In 2019, there were 436 new AIDS diagnoses in Louisiana; a 4% increase from 2018.
- In 2019, men accounted for 71% of all new AIDS diagnoses.
- In 2019, 74% of all AIDS diagnoses were among Black people.
- In 2018 and 2019, the greatest number of new AIDS diagnoses was among persons age 25-34 followed by 35-44 year olds.
- In 2018 and 2019, the greatest number and percentage of new AIDS diagnoses were among gay, bisexual, and other men who have sex with men (GBM), closely followed by high risk heterosexuals (HRH).
- The majority of AIDS diagnoses occurred in urban areas in 2018 (89%) and 2019 (89%).

Persons Living in Louisiana with HIV (Prevalence)

Prevalence is a measure describing the number of persons living with HIV at a certain point in time and includes people living with all stages of HIV or AIDS. Prevalence is the accumulation of diagnoses for people who are still living with the disease. Prevalence numbers and rates are important for ascertaining the burden of HIV on health care systems, allocating resources and monitoring trends over time. Reported HIV diagnosis data provide only the minimum estimate of the number of people living with HIV, since persons who have not been tested and those who test anonymously are not included. The CDC now estimates that approximately one in seven people living with HIV in the United States is not aware of his or her HIV status.[xii]



- Since the beginning of the epidemic, the number of persons living with HIV in Louisiana has increased every year. There was a decrease from 2004 to 2005 due to the dislocation of a large number of persons from the New Orleans metropolitan area who left Louisiana following Hurricane Katrina in August 2005. Since then, the number of persons living with HIV has far surpassed pre-Katrina numbers.
- At the end of 2019, 21,922 persons were known to be living with HIV in Louisiana, 10,966 (50%) of whom had received an AIDS diagnosis.

Persons living with HIV in the United States

In 2019, an estimated 1,189,700 persons were living with HIV in the United States, including 158,500 (13%) persons who were living with undiagnosed HIV. Of these 1.2 million people, gay and bisexual men of all races, Blacks, and Hispanic/Latinx were most heavily affected.[xiii] There has been a steady increase in the US in the number of persons living with HIV, which is expected, due to the widespread use of antiretroviral treatment and the continued development of new antiretroviral regimens. In the US, more people acquire HIV than die from the disease each year.

Historically, it was estimated that 25% of HIV-positive persons were undiagnosed or were unaware of their status. Since 2010 when the CDC released a new undiagnosed estimate of 17.2%, the estimate has continued to decrease to a low of 13.3% in 2019 as reported by the CDC.[xiv]

Characteristics of Persons Living with HIV in Louisiana and Cumulative Louisiana Cases

Characteristics of Persons Living with HIV and Cumulative Cases Louisiana, 2019				
	Persons Living with HIV as of 12/31/2019		Cumulative Persons with HIV as of 12/31/2019*	
	Number	Percent	Number	Percent
TOTAL	**21,922**	**100%**	**40,063**	**100%**
Gender				
Men	15,279	70%	29,256	73%
Women	6,289	29%	10,397	26%
Transgender Women	350	2%	406	1%
Transgender Men	4	<1%	4	<1%
Race/Ethnicity				
Black/African American	15,047	69%	26,587	66%
Hispanic/Latinx	1085	5%	1,396	3%
White	5,465	25%	11,609	29%
Asian	85	<1%	113	<1%
Multi-race	182	1%	281	1%
Other/Unknown	58	<1%	77	<1%
Age Group	**Age in 2019**		**Age at Diagnosis**	
0-12	32	<1%	357	1%
13-19	133	1%	2,045	5%
20-24	760	3%	5,775	14%
25-34	4,347	20%	13,843	35%
35-44	5,156	24%	10,393	26%
45-54	5,156	24%	5,279	13%
55-64	4,730	22%	1,848	5%
65+	1,608	7%	523	1%
Transmission Category**				
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	10,389	47%	18,128	45%
Persons Who Inject Drugs (PWID)	1,943	9%	5,893	15%
GBM/PWID	1,049	5%	2,694	7%
High Risk Heterosexual (HRH)	8,285	38%	12,510	31%
Transfusion/Hemophilia†	54	<1%	478	1%
Perinatal/Pediatric†	202	1%	360	1%
Rural/Urban				
Rural	2,260	10%	3,731	9%
Urban	19,662	90%	36,332	91%

* Cumulative persons reflects the total numer of HIV-infected persons diagnosed in Louisiana, including those who have died, regardless of cause of death.

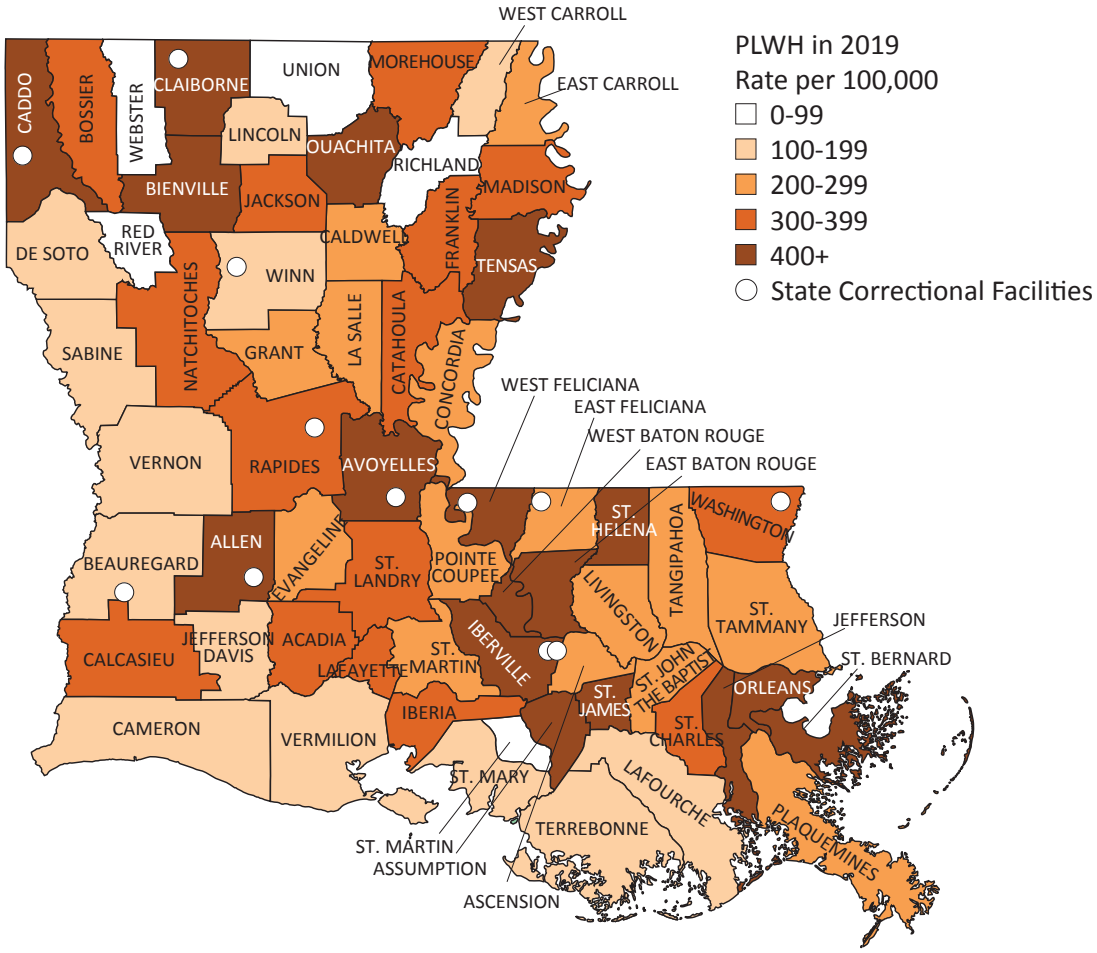
** Transmisison category by sex at birth. GBM risk group includes transgender women.

† Transmission category not imputed.

- At the end of 2019, there were 21,922 people with HIV living in Louisiana. These persons may have originally been diagnosed in other states or countries but in 2019 they had a current residence in Louisiana.
- In 2019, men made up 70% of all people living with HIV in Louisiana.

- Although Black people only made up 32% of Louisiana's population in 2019, they accounted for 69% of all people living with HIV.
- Almost a quarter (24%) of all persons living with HIV are under the age of 35, 24% are between 35-44 years of age, and 52% are 45 and older.
- Nearly half (47%) of all people living with HIV are GBM, 38% are HRH, 9% are PWID, and 5% are GBM/PWID. Less than 1% of people living with HIV in Louisiana acquired HIV via transfusion or from the use of hemophiliac products and 1% acquired HIV through perinatal transmission.
- The majority of people living with HIV live in urban areas of the state (90%).

Persons Living with HIV (PLWH), by Parish
Rate per 100,000, Louisiana, 2019



- The map above illustrates the geographic distribution of persons living with HIV in the state. There are persons living with HIV in every parish in Louisiana. All persons living with HIV in Louisiana are included in the analyses, regardless of their type of residence (correctional facility, nursing home, homeless shelter, etc.).
- At the end of 2019, 17 parishes had a prevalence rate greater than or equal to 400 per 100,000 and an additional 15 parishes had a rate between 300 and 399 per 100,000.
- Many of the parishes with disproportionate prevalence rates have state correctional facilities that are home to persons living with HIV.
- Although the majority of persons living with HIV reside in urban areas, 10% live in rural parishes.

National HIV Behavioral Surveillance Survey 2016-2018

Initiated in 2003, the National HIV Behavioral Surveillance (NHBS) system collects behavioral data among people at high risk for HIV infection in the United States. The rationale for this surveillance system is to "provide ongoing, systematic collection of data on behaviors related to HIV acquisition".[xv] New Orleans was among 20 US metropolitan areas conducting NHBS in 2016. This study collects data from three target populations: gay, bisexual, and other men who have sex with men (GBM), persons who inject drugs (PWID), and heterosexuals living in areas at high risk for HIV/AIDS (HET), each in discrete annual cycles. The NHBS survey instrument contains items regarding sexual behavior, substance use, and HIV testing behaviors. In 2007, NHBS added anonymous HIV testing of participants, followed by hepatitis C testing in the 2012 study cycle. During each annual cycle, NHBS staff conduct ethnographic research and in-depth surveys, which include locally developed questions concerning key issues for each target population.

Because many of the behaviors surveyed are highly stigmatized or illegal, the populations are considered hard to reach using traditional probability-based sampling methods. Each cycle utilizes specialized sampling methods for recruitment of participants in order to yield the most valid population estimates. NHBS-GBM uses a targeted venue-based time/space sampling procedure while NHBS-HET and NHBS-PWID uses a modified chain referral approach known as respondent-driven sampling.

Heterosexuals living in high risk areas (2016 Study Cycle)

Participants are recruited during the HET cycle using an RDS procedure similar to PWID cycle; however, the initial recruits or "seeds" are individuals residing in areas at increased HIV risk and poverty. Key qualitative and quantitative findings from the New Orleans NHBS surveillance during 2016 are presented below:

- The majority of participants during the HET cycle (94%) had been tested for HIV in their lifetime. This was an increase from the 2013 cycle where only 84% of respondents had ever been tested. Of those, 25% reportedly received their last HIV test at public health clinic, followed by the hospital (15%), or a correctional facility (12%).
- Only 29% of the HET sample had been tested for gonorrhea, chlamydia, or syphilis in the past 12 months. Of those who had been tested for gonorrhea, 10% self-reported a positive result. Of those who had been tested for chlamydia, 18% self-reported a positive result. Of those who had been tested for syphilis, 8% self-reported a positive result.

Gay, bisexual and other men who have sex with men (2017 Study Cycle)

Gay, bisexual, and other men who have sex with men (GBM) are recruited using a venue-based time-space sampling procedure, where individuals are approached within venues that are attended by GBM.

- HIV testing is high within the GBM community with 96.9% having been tested for HIV in their lifetime. Of those, 50.8% reportedly received their last HIV test at a public health clinic (26.9%), or a private health clinic (23.6%), followed by HIV counseling and testing site (19.0%), during an outreach event, or through a mobile testing unit (13%).
- Only 57% of the GBM interviewed had been tested for other STDs in the past 12 months. Of those who had been tested for gonorrhea, 10.6% self-reported a positive result. Of those who had been tested for chlamydia, 7.3% self-reported a positive result. Of those who had been tested for syphilis, 5.7% self-reported a positive result.
- PrEP awareness is high in the GBM community with 90.2% of men surveyed reporting having heard of PrEP. However, of those only 28.8% report having taken PrEP in the past 12 months.

Persons who inject drugs (2018 Study Cycle)

Recruitment of persons who inject drugs (PWID) for the PWID cycle is conducted using a modified chain referral strategy known as respondent-driven sampling (RDS) wherein a small number persons or "seeds" who are known to be currently using injection drugs are recruited and interviewed by staff and asked to recruit other participants from within their own social network. These respondents are then subsequently interviewed and offered a similar opportunity to recruit their peers. Recruitment continues until a desired sample size of 500 is reached. In 2018, a total of 570 people who inject drugs in New Orleans participated in the NHBS survey:

- The majority of the PWID sample (88%) had been tested for HIV in their lifetime. Of those, 25% received their last HIV test in a correctional facility, followed by an inpatient hospital visit (15%), public health clinic (11%), or drug treatment program (10%).
- Of the 45% of participants who had been incarcerated for more than 24 hours in the past 12 months, 63% were offered an HIV test while being held.
- Only 32% of the PWID sample had been tested for gonorrhea, chlamydia, or syphilis in the past 12 months. Of those who had been tested for gonorrhea, 5% self-reported a positive result. Of those who had been tested for chlamydia, 11% self-reported a positive result. Of those who had been tested for syphilis, 3% self-reported a positive result.
- When asked what drug they primarily inject, 70% of participants reported heroin by itself, 19% reported combination of heroin and cocaine (speedball), 2% reported cocaine by itself, 6% crystal meth, and 1% crack.
- Recent and lifetime nonfatal overdoses have increased for people who inject drugs. Fifty-three percent (53%) of the PWID sample in 2018 experienced an overdose in their lifetime and 85% had been around someone else while they were overdosing. This represents an increase from the 2012 overdose prevalence of 29% and 42% in 2015.
- More than half (55%) of PWID surveyed had received services from a local syringe service program (SSP).

Additional topics

In each cycle, additional topics of interest and/or importance to the population are asked.

- Beliefs about stigma and discrimination surrounding HIV are asked during all cycles. Across all cycles many participants agreed that "most people in New Orleans would discriminate against someone with HIV" (37% of GBM, 66% PWID, 62% HET). However, the majority of participants (52%-67%) agreed that most people in New Orleans would support the rights of a person with HIV to live and work wherever they wanted and about two thirds (62%-65%) think that people would be friends with someone with HIV. From 17%-24%, agreed that most people in the city think that individuals who got HIV through sex or drug use have gotten what they deserve.
- When asked about personal negative experiences due to being attracted to men during the past 12 months, 15.1% of GBM participants reported receiving poorer services than other people in restaurants, stores, other businesses or agencies and 35% had been called names or insulted.
- Compared to the general population of Louisiana, GBM are much more likely to be current smokers. 44.1% of the GBM participants were current tobacco smokers. In addition, 85.2% reportedly had friends who are GBM that smoke.
- Among the personal or witnessed overdose experiences, only half the time did someone seek medical assistance or call 911. The main reason cited for not seeking assistance was fear of arrest.

National HIV Behavioral Surveillance (NHBS) Louisiana, 2016-2018						
	Heterosexuals at Increased Risk for HIV (2016)		Gay, Bisexual & Other Men Who Have Sex With Men (2017)		Persons Who Inject Drugs (2018)	
Category	**Number**	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Race/Ethnicity						
Black/African American	576	85%	100	14%	151	26%
Hispanic/Latinx	29	4%	38	9%	47	8%
White	43	6%	248	58%	318	56%
Multi-race	22	3%	26	6%	46	8%
Other/Unknown	6	2%	13	3%	8	1%
Gender						
Male	375	55%	425	100%	393	69%
Female	303	45%	0	0%	169	30%
Transgender	0	0	0	0%	7	1%
Age						
18-24	67	10%	35	8%	29	5%
25-29	52	8%	92	22%	73	13%
30-34	47	7%	75	17%	103	18%
35-39	64	9%	49	12%	129	23%
40-44	78	12%	40	9%	92	16%
45-50	115	17%	45	11%	73	13%
51+	255	38%	90	21%	71	12%
Sexual Identity						
Heterosexual or “Straight”	591	87%	8	2%	456	80%
Homosexual, Gay, or Lesbian	3	<1%	350	82%	28	5%
Bisexual	82	12%	63	15%	85	15%
Substance Use						
Ever Injected Drugs	143	21%	32	8%	570	100%
Injected Any Drug (past 12 months)	56	39%	11	3%	570	100%
Shared Needle (past 12 months)	26	46%	2	18%	270	47%
Shared Works/Equipment (past 12 months)	39	69%	3	27%	430	75%
Used Non-Injection Drugs (past 12 months)	425	63%	253	60%	443	78%
HIV Positivity						
Self-Reported Previous Known Positive	26	4%	71	17%	21	4%
Newly Detected Positive	15	2%	8	2%	4	1%
Never Tested Previously	76	6%	13	3%	66	12%
Hepatitis C Positivity						
HCV Negative	454	83%	359	96%	129	23%
HCV Reactive	92	17%	13	3%	436	77%
Previously Unknown HCV Reactive	48	52%	3	23%	148	26%

Chapter 2

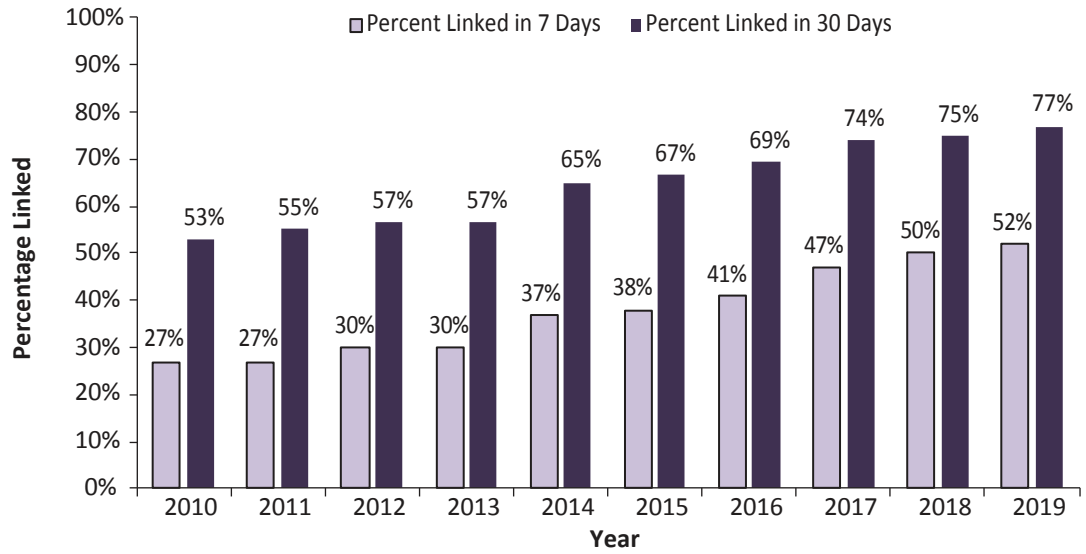
Linkage and Retention in HIV Care

Linkage to HIV Medical Care

Following a person's HIV diagnosis, patients should be immediately linked into HIV medical care. Linkage into HIV medical care allows for proper monitoring of a person's health and well-being in addition to providing opportunities for intervention to prevent HIV transmission. Early initiation of HIV treatment and long-term adherence leads to better health outcomes and reduces HIV transmission. Initiation of HIV treatment is dependent on linkage and retention in medical care. Louisiana's surveillance system is able to monitor the proportion of newly diagnosed persons linked to care using HIV laboratory and surveillance data.

The HIV National Strategic Plan set a goal of 95% for linkage to care within 30 days by 2025. Linkage to care within 30 days is defined as having a CD4 count or viral load (VL) test conducted within 30 days of HIV diagnosis. If the diagnosis and the CD4 count or VL test are conducted on the same day, those persons are considered to be linked to care. Ideally, newly diagnosed persons would be linked within 7 days of diagnosis, so this measure was also included to monitor Louisiana's progress at linking people more rapidly.

Linkage to HIV Medical Care in 7 Days and 30 Days
Louisiana, 2010-2019



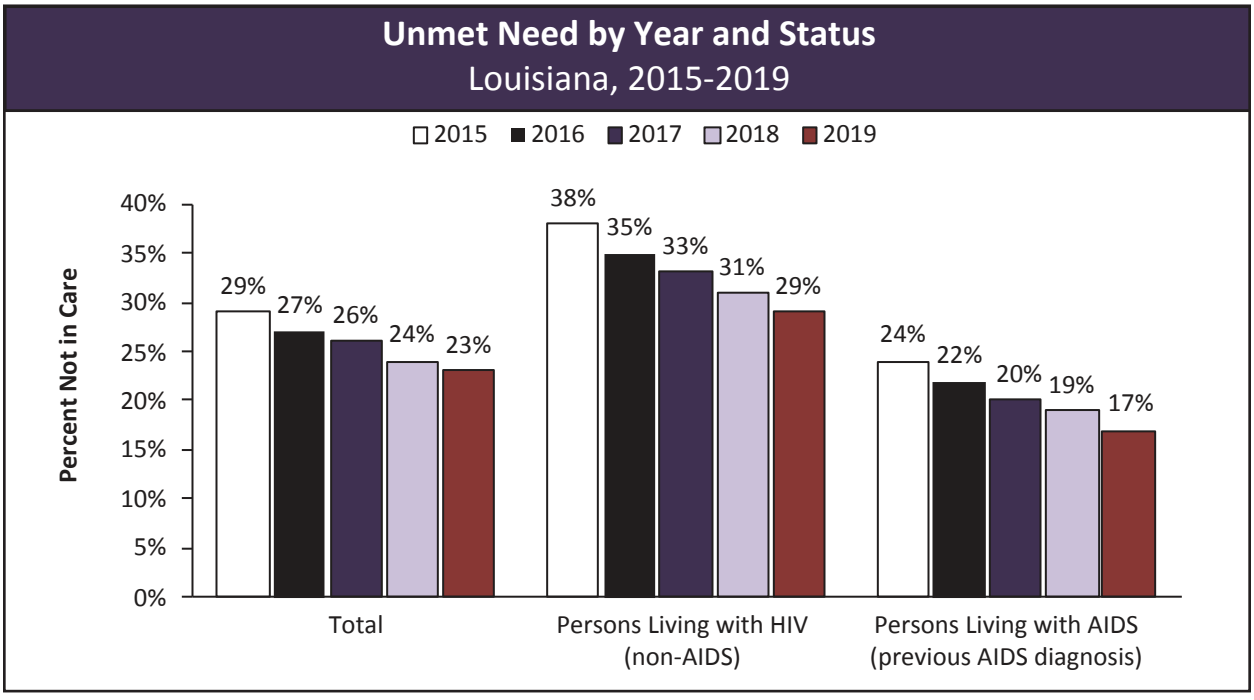
- In Louisiana, the proportion of newly diagnosed persons linked to care within 30 days has increased substantially over the past ten years. In 2010, only 53% of newly diagnosed persons were linked to care within 30 days. By 2019, the proportion had increased to 77% of newly diagnosed persons linked to care within 30 days.
- The proportion of newly diagnosed persons linked to care within 7 days has increased dramatically in Louisiana over the past ten years, as well. In 2010, 27% of newly diagnosed persons were linked to care within 7 days. In 2019, 52% of newly diagnosed persons were linked to care within 7 days.
- From 2014-2019, linkage to care rates in Louisiana improved significantly. During this time, a number of interventions were implemented and enhanced to increase access to medical care, assist individuals in

navigating the health care system, and expedite linkage to HIV care, such as: Medicaid expansion to the working poor and nonelderly adults, the LA Links program that utilizes HIV surveillance data to identify persons not linked to HIV care and employs community-based navigators to assist patients with linkage, the Rapid Start program which aims to link newly diagnosed persons into HIV care within 72 hours of diagnosis, and the Louisiana Health Access Program (LA HAP) that provides health insurance payment assistance and access to medications for PLWH in Louisiana.

Unmet Need: Percentage of Persons out of HIV Medical Care

The primary focus of the Ryan White HIV/AIDS Program is to help ensure that individuals living with HIV routinely access primary medical care and medications in order to maintain their health and delay progression to an AIDS diagnosis or death. There are, however, many people who are living with HIV who do not regularly access medical care. Unmet need is defined as the number of individuals in a set geographic area who know their HIV status but have not accessed HIV-related primary medical care in a 12-month period, as measured by lack of evidence of a CD4 or VL test result in the last 12 months.

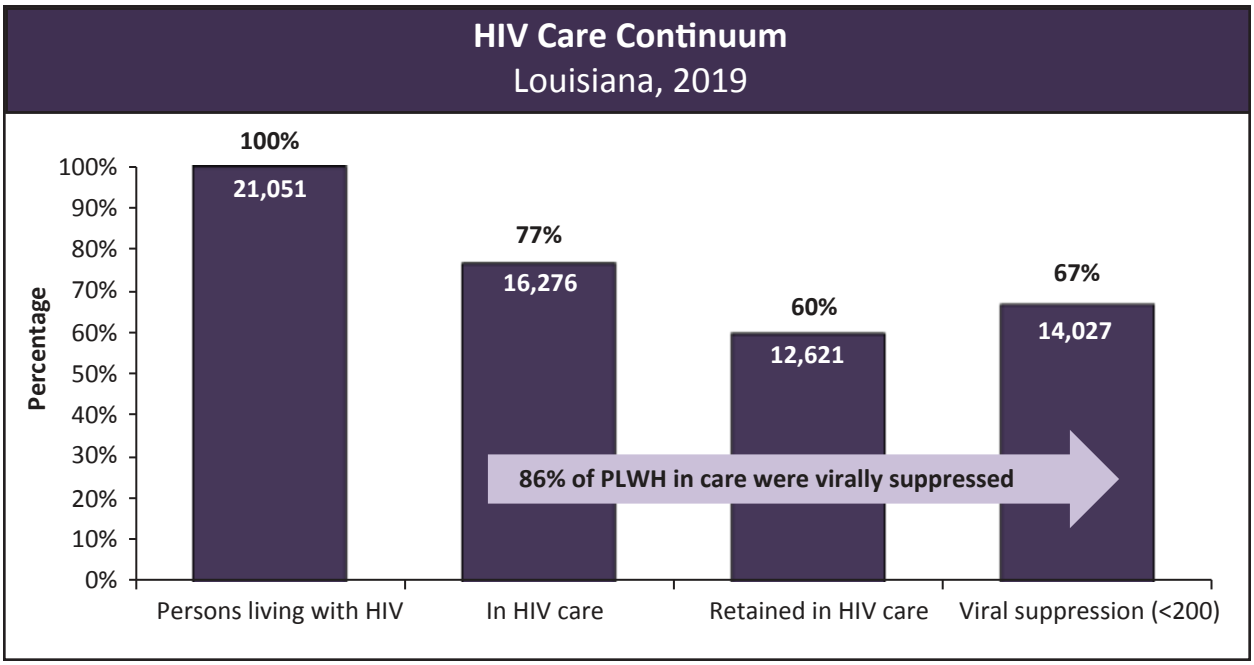
In Louisiana, SHHP's Surveillance Unit manages and calculates the data needed to estimate unmet need. Persons who had at least one CD4 or VL test within a 12-month period are considered to have been "in care" during that year. Persons who did not are considered "out of care" and are deemed as having an "unmet need" for care and treatment. Louisiana's Public Health Sanitary Code requires that laboratories report all test results indicative of HIV infection for persons residing in Louisiana. As a result, laboratory data received by SHHP's Surveillance Unit can be used to assess whether a person is in care or not in care during a specified time period.



- The overall percentage of persons with unmet need has steadily decreased over the last five years. In 2019, slightly less than one-quarter (23%) of all persons living with HIV in Louisiana did not have a single CD4 count or viral load lab conducted in that year and were considered to be out of HIV medical care.
- Persons living with a prior AIDS diagnosis continue to have lower percentages of unmet need than persons living with HIV who have not had a prior AIDS diagnosis. People living with a prior AIDS diagnosis may require more intensive antiretroviral treatment (ART) regimens and may have more symptoms, leading them to more frequent medical visits.

Unmet Need for Primary HIV Medical Care Louisiana, 2019		
	Percent in Care	**Percent Not in Care (Unmet Need)**
Overall	**77%**	**23%**
Persons living with HIV (non-AIDS)	71%	29%
Persons living with AIDS	83%	17%
Gender		
Men	76%	24%
Women	80%	20%
Transgender persons	87%	13%
Race/Ethnicity		
Black/African American	78%	22%
Hispanic/Latinx	58%	42%
White	79%	21%
Other	74%	26%
Age Group		
0-12	97%	3%
13-24	81%	19%
25-44	76%	24%
45-64	78%	22%
65+	74%	26%
Region		
1-New Orleans	77%	23%
2-Baton Rouge	84%	16%
3-Houma	80%	20%
4-Lafayette	78%	22%
5-Lake Charles	66%	34%
6-Alexandria	74%	26%
7-Shreveport	69%	31%
8-Monroe	72%	28%
9-Hammond/Slidell	80%	20%

- Among persons living with HIV in 2019, 77% had at least one medical care visit during the year. Persons living with AIDS were more likely to have a medical visit (83%) compared to persons living with HIV (non-AIDS) (71%).
- Women, transgender persons, and non-Hispanic people were more likely to be receiving medical care.
- Persons residing in the Baton Rouge, Houma, and Hammond/Slidell regions were most likely to be in care, while persons in the Lake Charles and Shreveport regions were least likely to be in care.



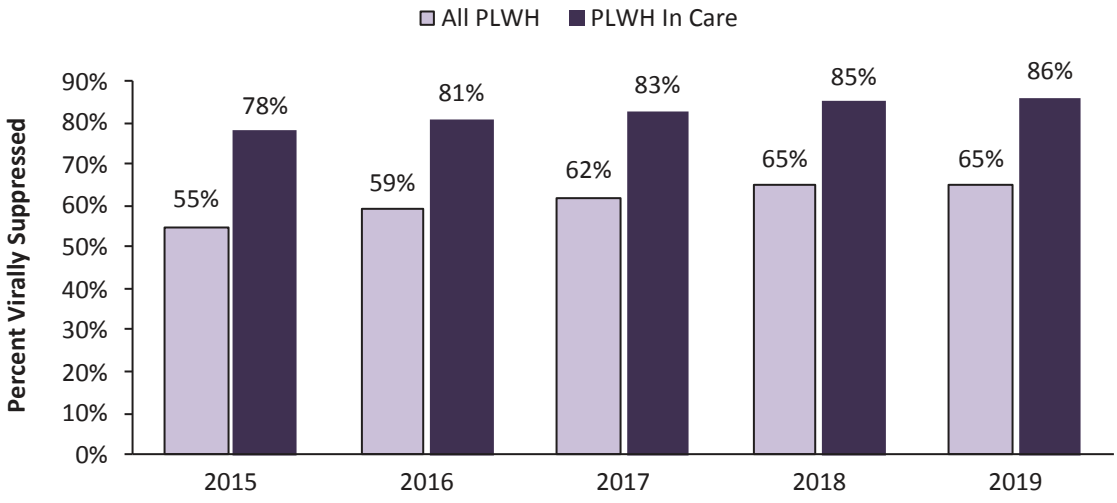
Louisiana's HIV Care Continuum

The HIV Care Continuum is a way to graphically represent the number of individuals living with HIV who are actually receiving the full benefits of the medical care and treatment they need. This model was first described by Dr. Edward Gardner and colleagues, who reviewed current HIV research and developed estimates of how many individuals with HIV in the US are engaged at various steps in the care continuum from diagnosis through viral suppression. The graph above shows the Louisiana-specific continuum using data from surveillance and laboratory reporting.

- Column 1: The number of persons living with HIV (PLWH) at the end of 2019 included in the continuum is limited to people living with HIV as of 12/31/2019, but who were diagnosed before 01/01/2019 and whose current address is in Louisiana. This number is smaller than the overall number of persons living with HIV presented in Chapter 1 because it removes anyone newly diagnosed in 2019. In 2019, there were 21,051 persons in Louisiana who met these criteria.
- Column 2: The number of people in HIV care includes all PLWH who had at least one CD4 count or viral load (VL) test conducted in 2019. In 2019, 77% of Louisiana's PLWH had at least one HIV medical care visit.
- Column 3: The number of people retained in HIV care includes the number of PLWH who had two or more CD4 counts or VL tests conducted in 2019 at least 90 days apart. In 2019, 60% of Louisiana's PLWH were retained in HIV medical care.
- Column 4: The number of people who are virally suppressed are the number of PLWH whose most recent VL test in 2019 was less than 200 copies/mL. In 2019, 67% of Louisiana's PLWH were virally suppressed at their most recent VL.
- An additional feature that Louisiana has added is the connection between Column 2 and Column 4. Among people who had at least one HIV medical care visit in 2019, 86% were virally suppressed.

Viral Suppression Trends

Viral Suppression Trends
Louisiana, 2015-2019



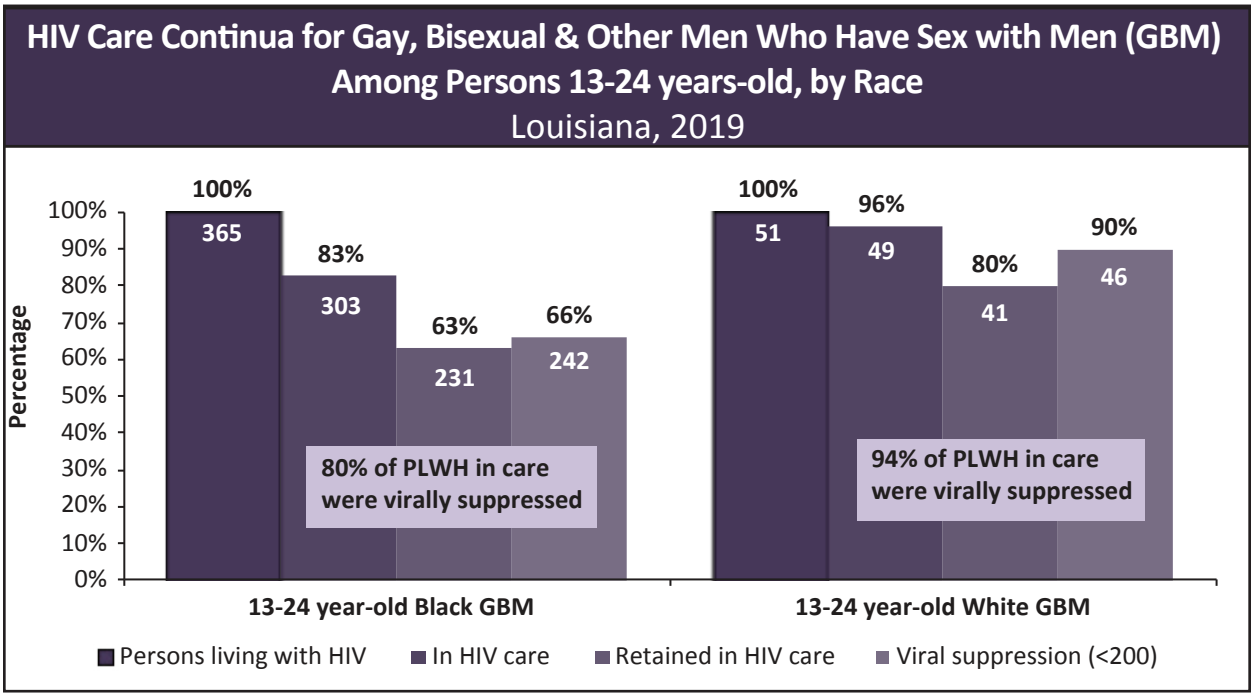
- From 2015-2019, viral suppression among persons living with HIV increased from 55% in 2015 to 65% in 2019.
- Individuals who have had at least one CD4 or viral load lab conducted in the measurement year are considered to be in care. Among PLWH in care, the percentage of individuals virally suppressed increased from 78% in 2015 to 86% in 2019.

Viral Suppression Among PLWH in Care by Region
Louisiana, 2015-2019

	2015	2016	2017	2018	2019
Louisiana	**78%**	**81%**	**83%**	**85%**	**86%**
1-New Orleans	82%	84%	86%	87%	87%
2-Baton Rouge	74%	78%	81%	86%	86%
3-Houma	83%	84%	86%	88%	87%
4-Lafayette	77%	81%	84%	88%	88%
5-Lake Charles	74%	78%	81%	80%	83%
6-Alexandria	71%	75%	79%	84%	84%
7-Shreveport	76%	78%	78%	79%	80%
8-Monroe	74%	80%	82%	83%	83%
9-Hammond/Slidell	84%	83%	85%	86%	89%

- While all regions have made improvements in viral suppression from 2015-2019, achievement of viral suppression among PLWH in care varies by public health region. The Hammond/Slidell and Lafayette regions had the highest percentages of viral suppression among PLWH in care in 2019, 89% and 88%, respectively. The Shreveport region had the lowest percentage of viral suppression among PLWH in care in 2019, 80%.

Visualizing Disparities with the HIV Care Continuum



- Young gay, bisexual, and other men who have sex with men (GBM) comprise a significant proportion of new HIV diagnoses. Engaging young GBM living with HIV in medical care and achieving viral suppression plays an important role in reducing HIV transmission.
- Young, White GBM have higher proportions of engagement in HIV medical care, retention, and viral suppression than young, Black GBM. Among those in HIV medical care, 94% of 13-24 year-old White GBM were virally suppressed as compared to only 80% of 13-24 year-old Black GBM. Young, White GBM have better outcomes on every measure of the HIV care continuum as compared to all persons living with HIV in Louisiana, as well.

Chapter 3

Perinatal HIV Exposure and Congenital Syphilis

Active surveillance of perinatal HIV exposure and congenital syphilis is an important aspect in preventing disease transmission of HIV or syphilis to a newborn. Through proper care and treatment, both perinatal transmission of HIV and congenital syphilis can be prevented. The rate of HIV transmission from mother to child can be reduced from 25% to less than 1% with adherence to antiretroviral prophylaxis.[xvi] Adequate treatment for syphilis during pregnancy is 98% effective in reducing congenital syphilis.[xvii] Early and repeat testing for HIV and syphilis during pregnancy is important in the timely treatment and reduction of transmission. In a move to reinforce these recommendations, Louisiana passed legislation in 2014 requiring physicians to repeat HIV and syphilis testing for pregnant women during their third trimester, in addition to testing already mandated during their first prenatal care visit.

Perinatal exposure to HIV and congenital syphilis are not equal in Louisiana. Black mothers under the age of 30 are affected more than any other race/ethnicity and age group in Louisiana. Barriers to care can include lack of transportation to and from healthcare appointments, low income, stigma, and gaps in other supportive services for pregnant women with these particular health concerns. While Louisiana's rates for perinatal HIV exposure/transmission and congenital syphilis have been historically higher than the national rate, Louisiana is committed to improving health and birth outcomes for women that have been affected by HIV and syphilis.

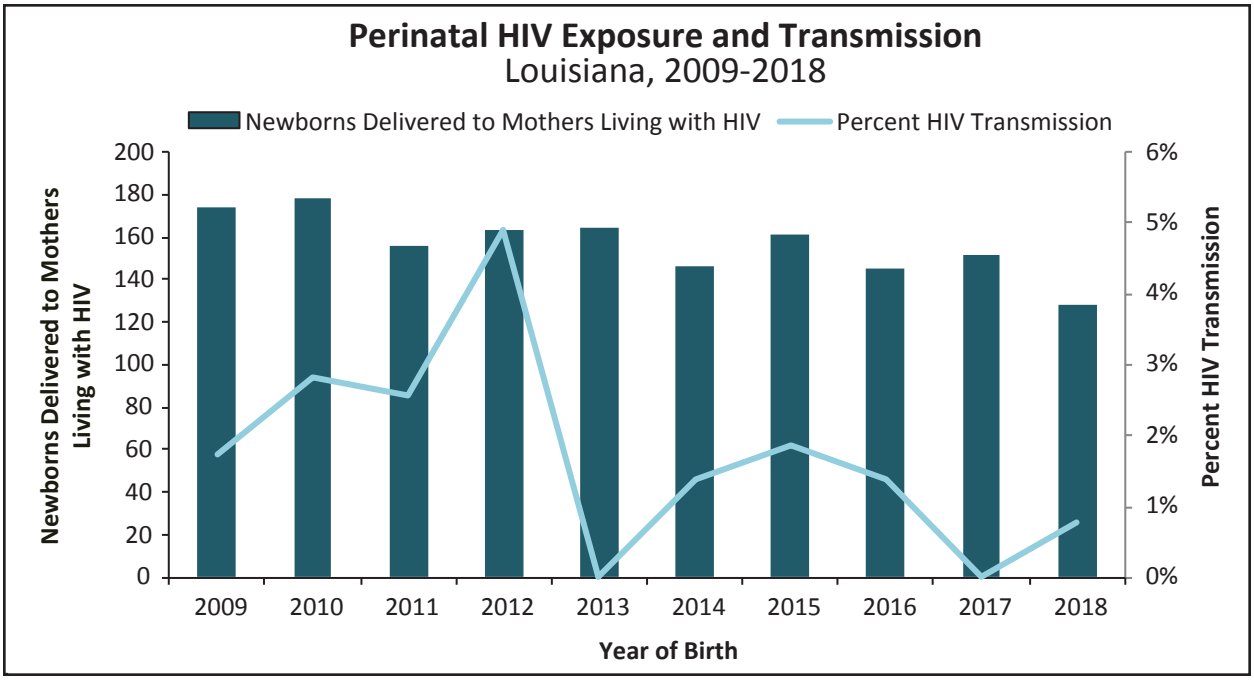
Perinatal HIV Exposure

Background and Overview

In 1994, the Pediatric AIDS Clinical Trials Group demonstrated that zidovudine (ZDV) administered to pregnant women living with HIV could reduce the risk of perinatal acquisition of HIV by up to two-thirds. As a result, the United States Public Health Service (USPHS) issued recommendations for the use of ZDV during pregnancy to reduce the risk of vertical transmission.[xviii] Subsequent clinical trials and observational studies demonstrated that combination antiretroviral (ARV) medication given to a mother was associated with further declines in transmission.[xviii] The recommendations for prevention of perinatal transmission are continuously updated and are available from the NIH's AIDS Info website (http://aidsinfo.nih.gov/).[xix]

The CDC has published recommendations to include HIV testing as part of the routine screening panel for all pregnant women, as well as repeat testing during the third trimester in areas with high HIV incidence, which includes Louisiana. The CDC also recommends a rapid test at delivery for women without documented HIV test results.[xx] Louisiana law (Louisiana RS 40:1121.21) requires any physician providing medical care to a pregnant woman to offer an HIV test as a component of her routine laboratory panel at her first prenatal care visit and at the first prenatal care visit of the third trimester unless she specifically declines ("opts out"). In addition, the law allows physicians to test a child born to a woman whose HIV status is unknown at the time of delivery, without parental consent.[xxi] Title 51 of the Administrative Code also requires the explicit reporting of pregnancy for women living with HIV, as well as all HIV tests performed regardless of test result (positive or negative).[xxii]

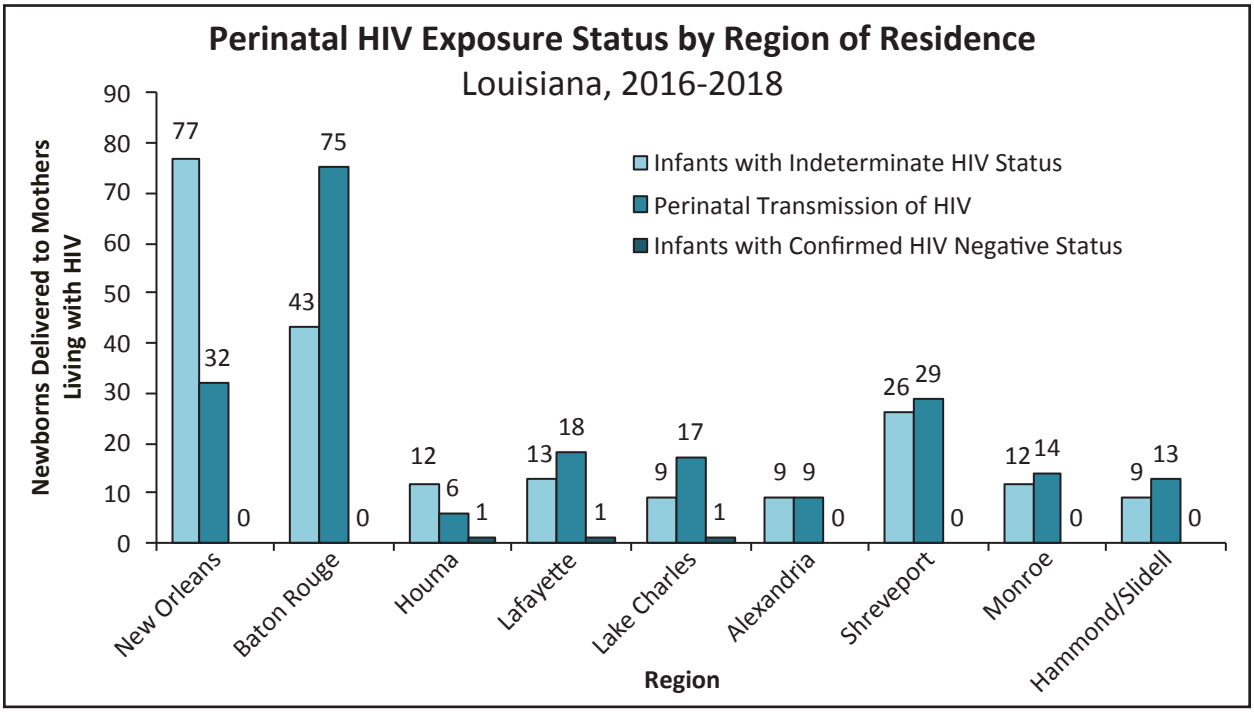
Perinatal HIV exposure surveillance requires several rounds of testing to determine an infant's serostatus. Reporting of this information ensures effective monitoring of all perinatal HIV exposures. Infants born to mothers living with HIV need a recorded negative result on HIV tests conducted at one month and four months of age, to be confirmed as HIV negative. Until an infant receives adequate HIV testing, that infant is considered to have an indeterminate HIV status.



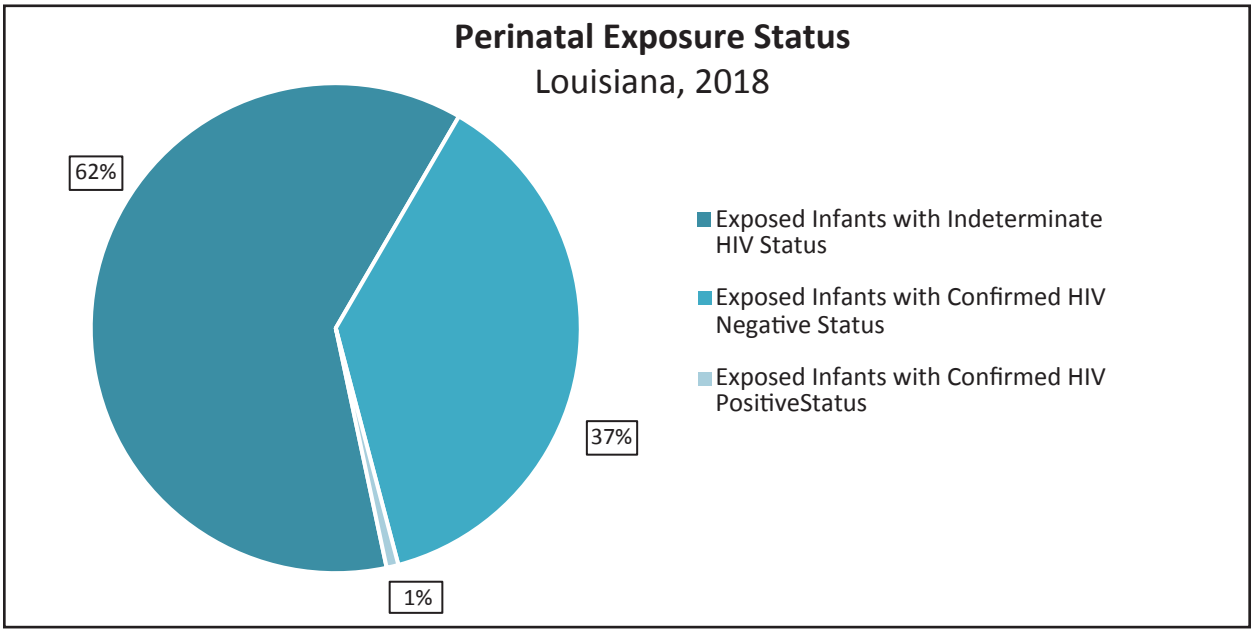
- In 2018, 128 infants were perinatally exposed to HIV in Louisiana.
- There was one case of perinatal transmission in 2018.
- Over the past ten years, the highest percentage of perinatal transmission was in 2012 (5%), while 2013 and 2017 were the lowest (0%).
- Preliminary data indicate no cases of perinatal transmission in 2019 and one case in 2020.

In 2018, an estimated 89 children under the age of 13 were diagnosed with HIV, 35 were a result of perinatal transmission.[xxiii] While the United States has a low rate of perinatal transmission of HIV, the CDC has proposed a framework to end perinatal transmission in the United States, which is defined as a transmission rate of less than 1% of infants born to mothers living with HIV. The framework includes universal testing (i.e. opt-out testing), data reporting and long-term monitoring, as well as reproductive health and family planning services for women. These efforts, individually managed by each state, set a foundation for the elimination of vertical transmission through diagnosing women before they are pregnant, providing care for them while they are pregnant, and monitoring of women out of care or in need of other services related to related to their diagnosis.[xxiv, xxvi]

Perinatal HIV in Louisiana



- Between 2016 and 2018, mothers living with HIV delivered newborns in all nine public health regions in Louisiana. The Baton Rouge region had the highest number of perinatal exposures (118). The New Orleans region had the second highest number of perinatal exposures (109).
- Approximately, 48% of HIV exposed infants born between 2016 and 2018, have an indeterminate HIV status. To decrease the number of perinatal exposure cases with an indeterminate status, more work must be done to improve reporting of negative test results, create better access to testing, and conduct more complete follow-up on infants.



- Of the infants born to mothers living with HIV in 2018, 62% have an indeterminate HIV status due to an insufficient number of labs to confirm serostatus.

The following table shows demographic information for mothers living with HIV who delivered a newborn in 2018. There was one set of twins. A total of 127 mothers are included below who gave birth to 128 infants.

Demographics of Mothers Living with HIV
Louisiana, 2018

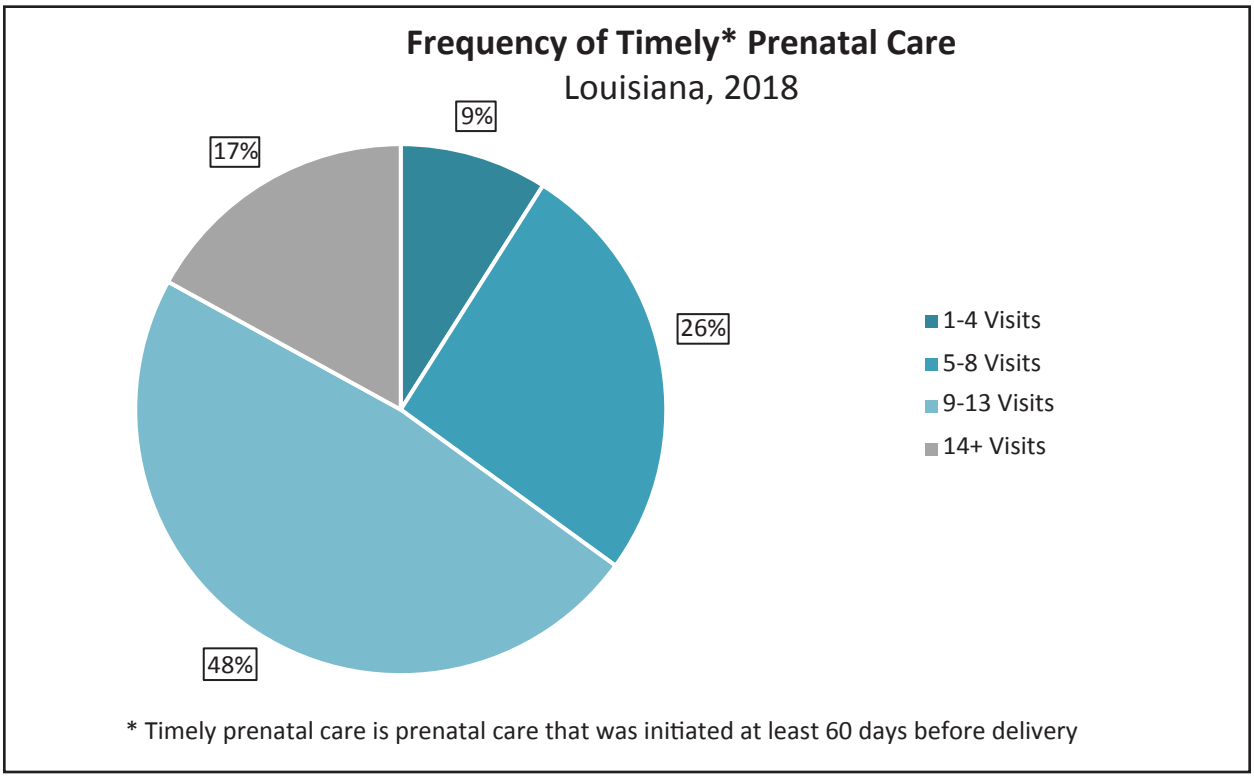
	Number	Percent
Total	**127**	**100%**
Maternal Race/Ethnicity		
Black/African American	103	81%
Hispanic/Latina	4	3%
White	15	12%
Multi-race	5	4%
Maternal Age at Delivery		
15-19	2	2%
20-24	27	21%
25-29	37	29%
30-34	36	28%
35+	25	20%
Imputed Maternal Transmission Category		
Injection Drug Use	11	9%
High Risk Heterosexual Sex	111	87%
Perinatal/Pediatric*	5	4%
Delivery Type		
Vaginal	54	42%
Elective Cesarean	48	38%
Non-elective Cesarean	16	13%
Cesarean, unknown type	9	7%
Maternal Region of Residence		
1-New Orleans	38	30%
2-Baton Rouge	35	28%
3-Houma	4	3%
4-Lafayette	13	10%
5-Lake Charles	13	10%
6-Alexandria	5	4%
7-Shreveport	12	9%
8-Monroe	3	2%
9-Hammond/Slidell	4	3%

*Perinatal/pediatric transmission is not imputed.

- Mothers living with HIV, who gave birth in 2018, were predominately Black (81%) and between 25-34 years old (57%).
- With concern to method of transmission, 11 mothers were injection drug users (9%) and five acquired HIV perinatally (4%); the majority acquired HIV by engaging in high risk heterosexual sex (87%).
- In 2018, 38 mothers living with HIV lived in the New Orleans region (30%), and 35 mothers lived in the Baton Rouge region (28%).

Prenatal Care and Perinatal Transmission Risk Reduction

The American Congress of Obstetricians and Gynecologists (ACOG) recommends a total of 14 prenatal care visits during pregnancy.[xxv] Lack of prenatal care is one of the factors that most significantly impacts perinatal transmission since women who are not in prenatal care are less likely to get tested for HIV and receive ARVs during their pregnancy.



- Of the 127 women living with HIV in Louisiana who delivered in 2018, 118 (93%) had timely prenatal care that was initiated at least 60 days before delivery. Of these mothers, 9% had 1-4 visits, 26% had 5-8 visits, and 48% of mothers had 9-13 prenatal visits.
- Among the 127 women living with HIV in Louisiana who delivered in 2018, 20 (17%) had the recommended number of 14 or more prenatal care visits. This represents a decrease from 20% in 2017.

Birth Outcomes of Infants Exposed to HIV
Louisiana, 2018

	HIV Exposed Newborns	Percent
Total	**128**	**100%**
Birth Weight		
Extremely Low (<1000g)	2	2%
Very Low (1000g to 1499g)	2	2%
Low (1500g to 2499g)	20	16%
Normal (≥2500g)	104	81%
Gestational Age		
Extremely Preterm (<28 weeks)	1	1%
Preterm (29 to 36 weeks)	24	19%
Full Term (≥37 weeks)	103	80%

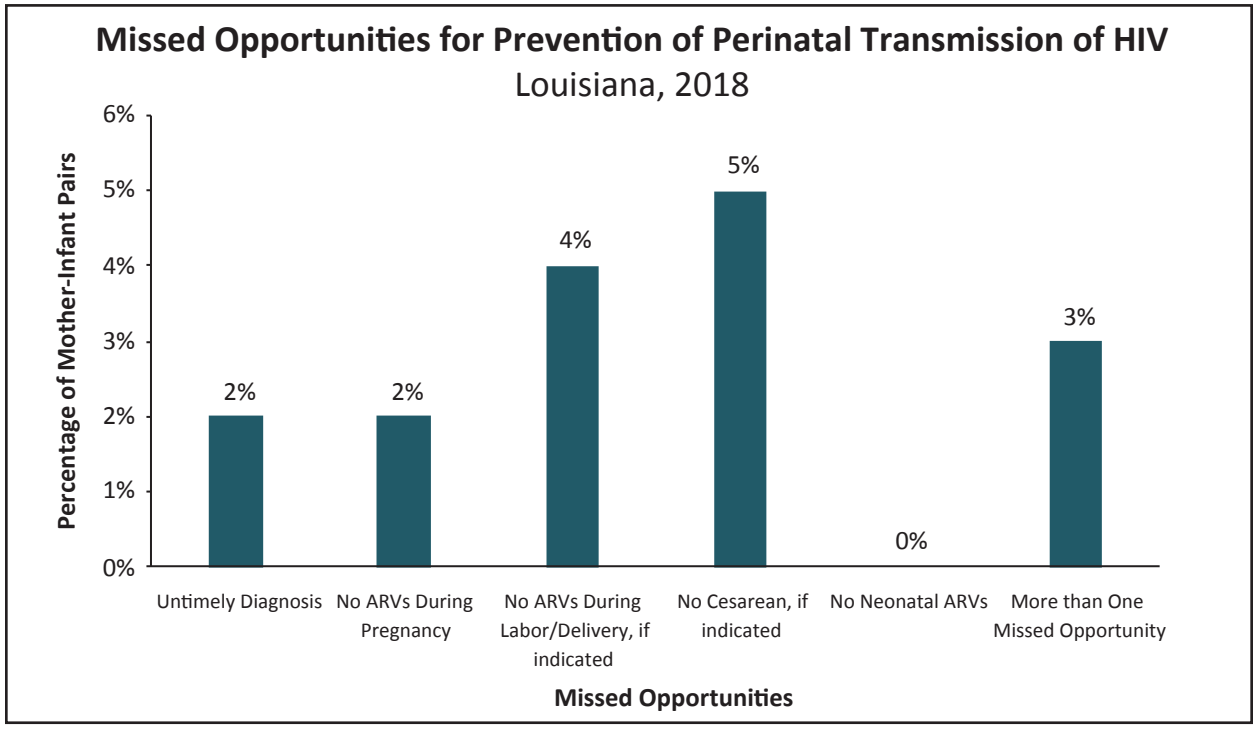
- Among newborns exposed to HIV in Louisiana in 2018, 24 (19%) were born below a normal birth weight (<2500g), and 25 (20%) were born preterm (before 37 weeks' gestational age). This is compared to all newborns born in Louisiana in 2018, where 11% were low birthweight and 13% were born preterm.[xxvii]

Perinatal HIV Exposure Risk and Missed Opportunities

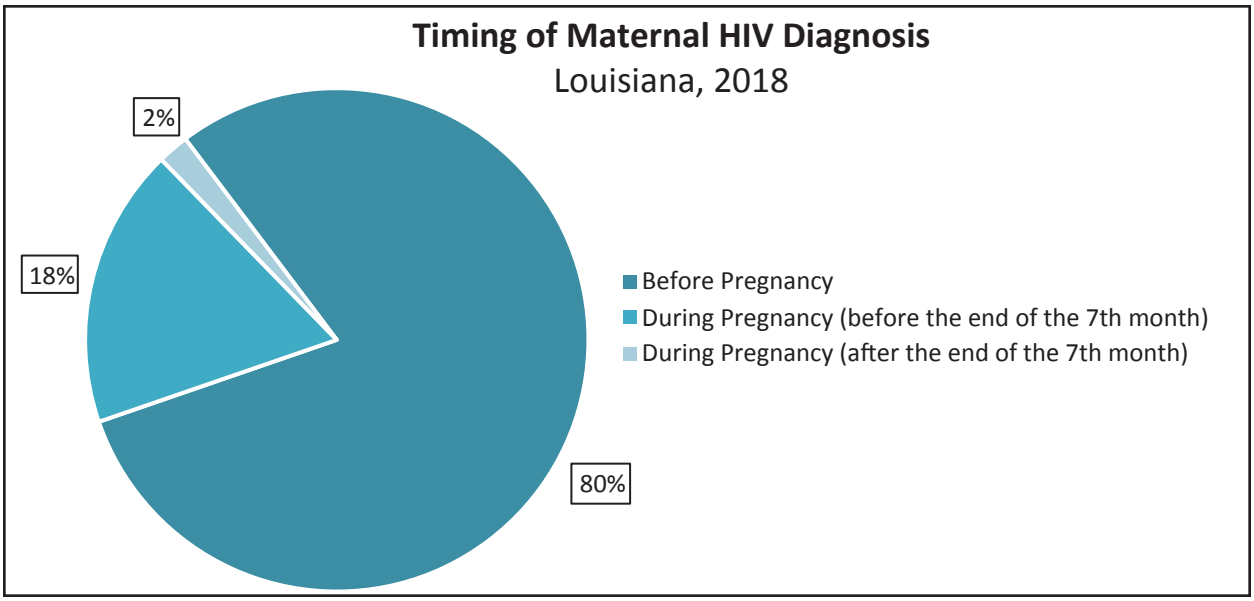
Risk of perinatal transmission of HIV depends on fetal/infant exposure to maternal virus. This exposure can be reduced by adhering to the following recommendations:

- The mother is diagnosed early (by the end of the seventh month of pregnancy) so that maternal viral load can be reduced
- The mother receives ARVs during pregnancy
- The mother receives ARVs during labor/delivery (recommended if the maternal viral load is over 1,000 copies/mL at time of labor/delivery)
- The newborn is delivered by cesarean section (recommended if the maternal viral load is over 1,000 copies/mL at time of labor/delivery)
- The newborn receives ARVs after delivery

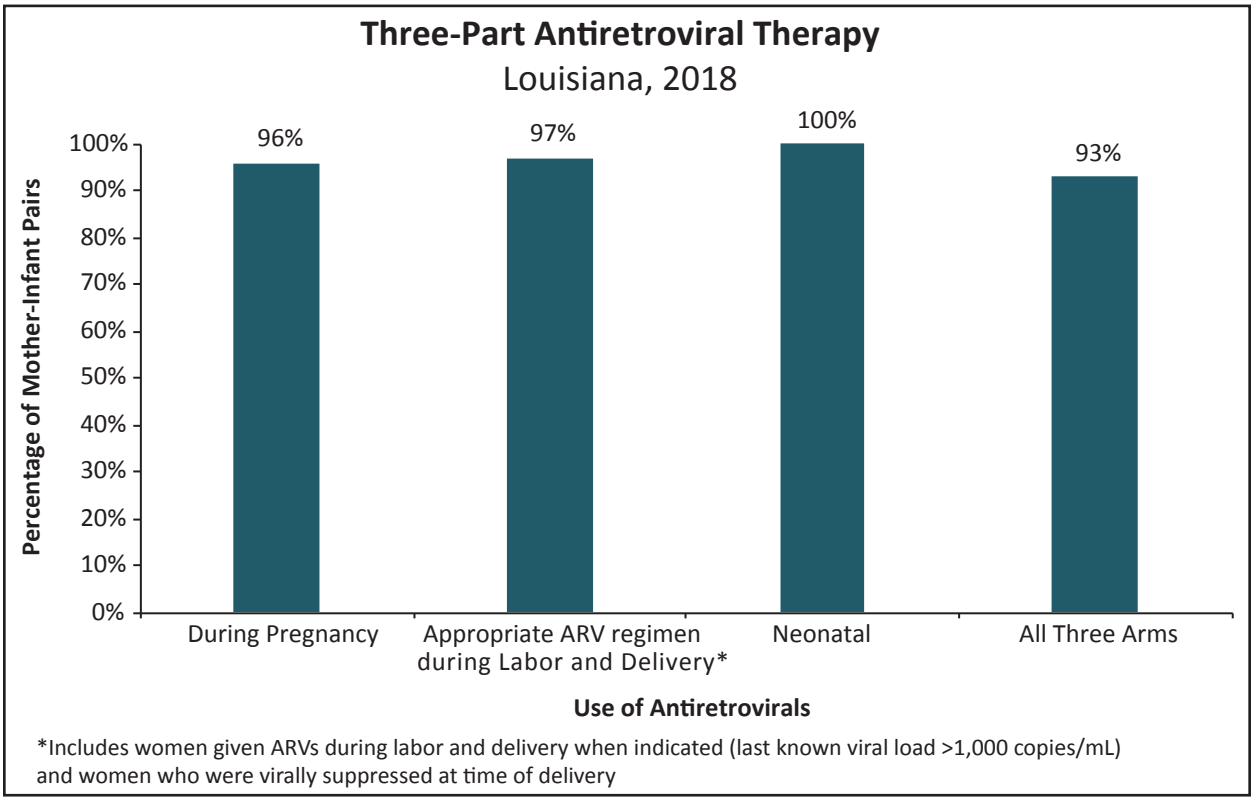
Following all of these recommendations can reduce the rate of perinatal transmission to less than 1%. Although prenatal care is not listed among these missed opportunities because it does not directly increase fetal exposure to maternal virus, it is a crucial component of the prevention of perinatal transmission and facilitates testing and treatment for pregnant women.



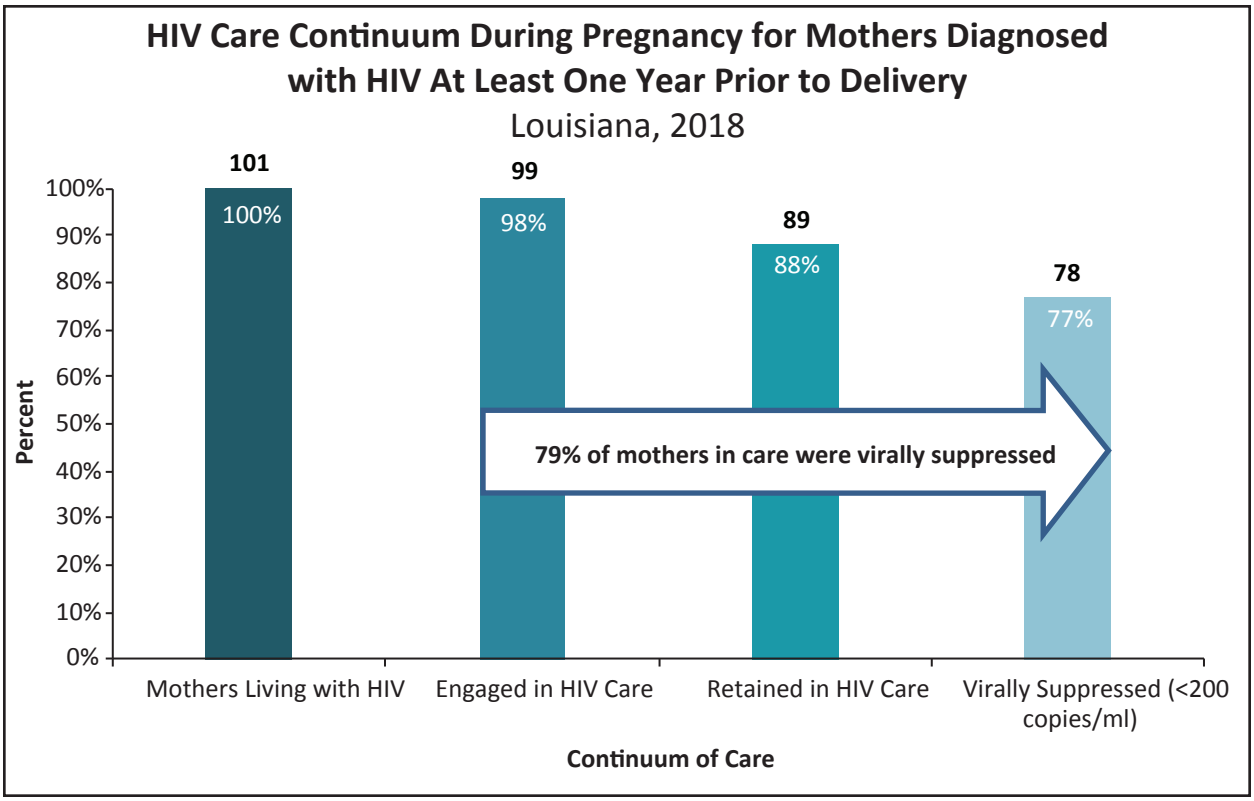
- In 2018, the most prevalent missed opportunity was, no cesarean where indicated (last known viral load >1,000 copies/mL) (5%) followed by no ARV's during delivery where indicated (maternal viral load >1,000 copies/mL at delivery) (4%). An additional 2% did not receive ARV's during pregnancy or were diagnosed after the seventh month of their pregnancy. The use of ARV medication during pregnancy depends on several factors including timing of diagnosis, prenatal care, and mother's access to ARVs. Overall, 3% of mother-infant pairs had more than one missed opportunity for prevention of perinatal transmission.



- All mothers living with HIV who gave birth in 2018 were diagnosed with HIV before labor and delivery.
- Among mothers living with HIV who delivered in 2018, 101 (80%) of mothers were diagnosed with HIV before pregnancy, 23 (18%) were diagnosed while pregnant before the end of their seventh month of pregnancy, and 3 (2%) were diagnosed after the end of their seventh month of pregnancy.



- Antiretroviral therapy administered to women living with HIV during pregnancy, labor/delivery, and to newborns can greatly reduce perinatal transmission to less than 1%.
- In 2018, 96% of women living with HIV in Louisiana received ARV therapy during pregnancy; 97% received appropriate care and treatment during labor/delivery; and 100% of newborns received prophylactic zidovudine shortly after birth. Overall, 93% of mother-infant pairs received all three recommended components of the antiretroviral prophylaxis protocol.

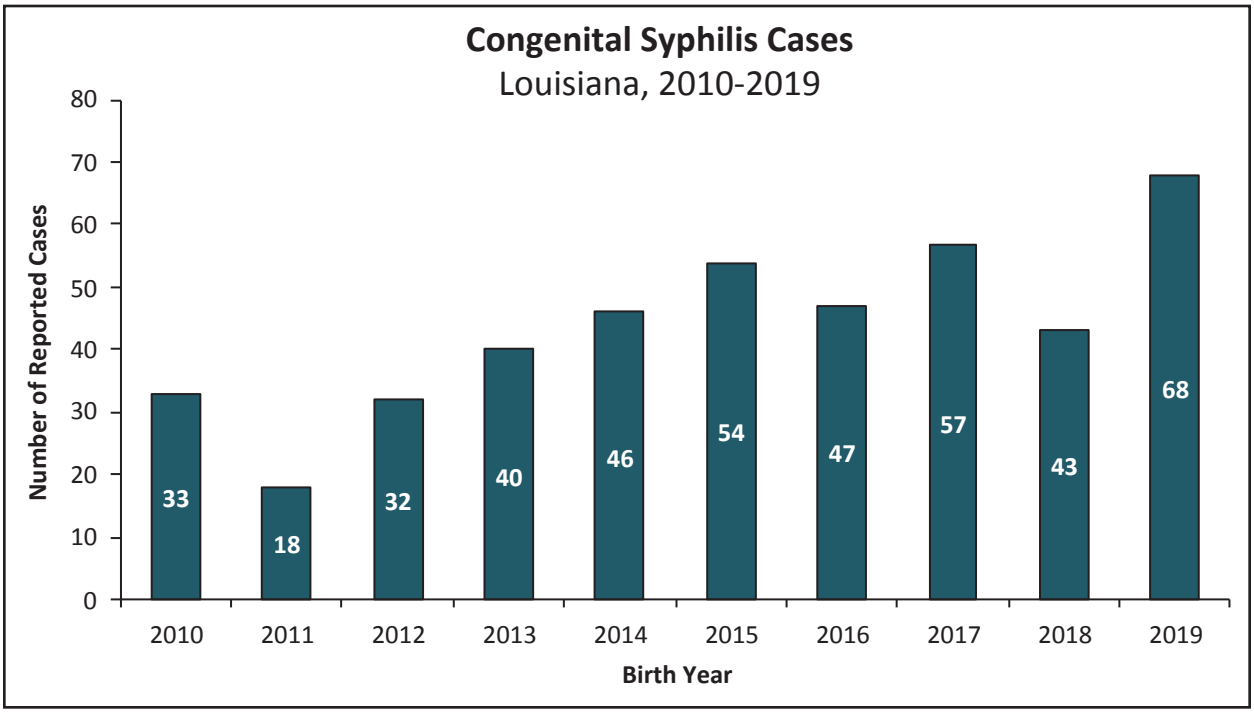


- Of the 127 mothers living with HIV that delivered in 2018, 101 were diagnosed at least one year prior to their delivery date. Of the 101 mothers living with HIV, 99 (98%) had at least one CD4 count or viral load test conducted in the year prior to their child's birth date. These mothers are considered to be engaged in HIV care.
- Of the 101 mothers living with HIV, 89 (88%) had two or more CD4 counts or viral load tests in the year prior to their child's birth date, that were at least 90 days apart. These mothers are considered to be retained in HIV care.
- Of the 101 mothers living with HIV in Louisiana that delivered an infant in 2018, 78 (77%) had a viral load less than 200 copies/mL at their most recent viral load test conducted in the year prior to their child's birth date. These mothers are considered virally suppressed.
- Finally, of the 99 mothers who were engaged in HIV care, 78 (79%) were virally suppressed at their last viral load prior to their child's birth date.

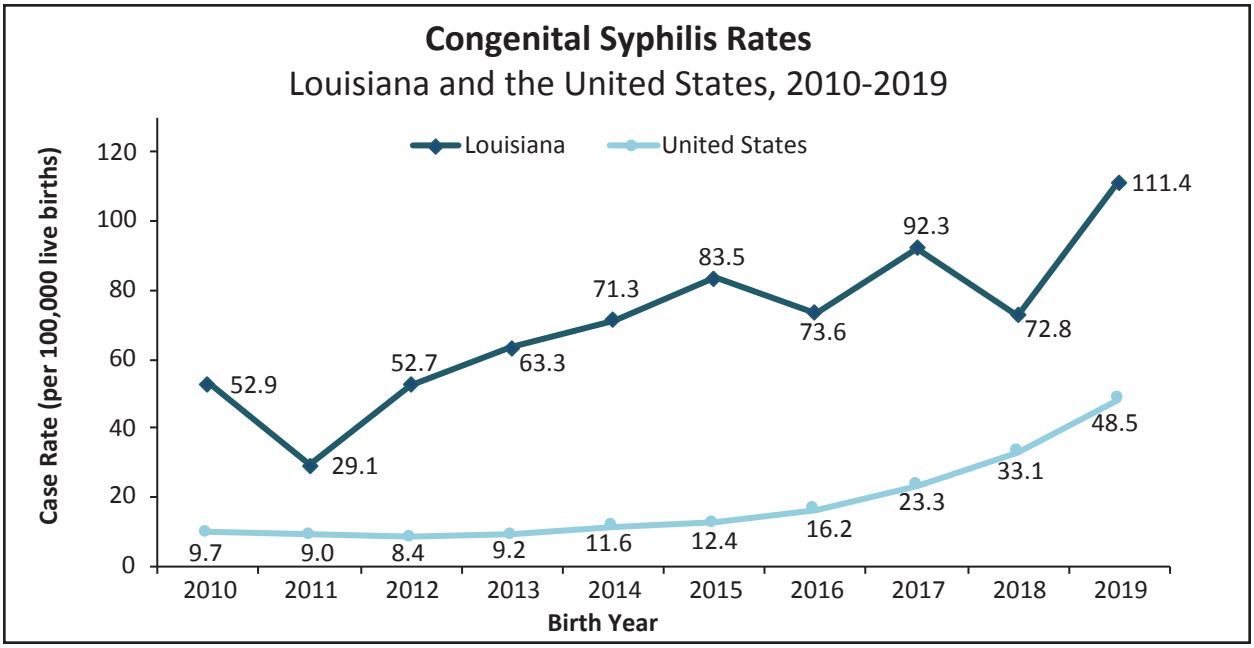
Congenital Syphilis (CS)

Syphilis is both curable and easily treated. Subject to the stage of infection, recommended treatment of syphilis during pregnancy ranges from one to three shots of benzathine penicillin, initiated at least 30 days prior to delivery. If three shots are necessary, they must be administered exactly seven days apart in order to achieve adequate treatment. A case of congenital syphilis occurs when a pregnant woman with a current syphilis infection passes the infection on to her infant in utero or during delivery, most often due to inadequate and/or incomplete treatment, reinfection during pregnancy, or no treatment during pregnancy. Congenital syphilis may result in stillbirth, infant death and/or other significant adverse clinical outcomes.[xxvi]

The STD/HIV/Hepatitis Program (SHHP) evaluates the medical records of all infants exposed to syphilis and uses the CDC case report algorithm for case determination. This algorithm considers maternal testing and treatment of syphilis during pregnancy as well as infant testing and signs of congenital syphilis at birth, though clinical manifestations and/or morbidity of congenital syphilis need not be present in the infant to be considered a reportable case.



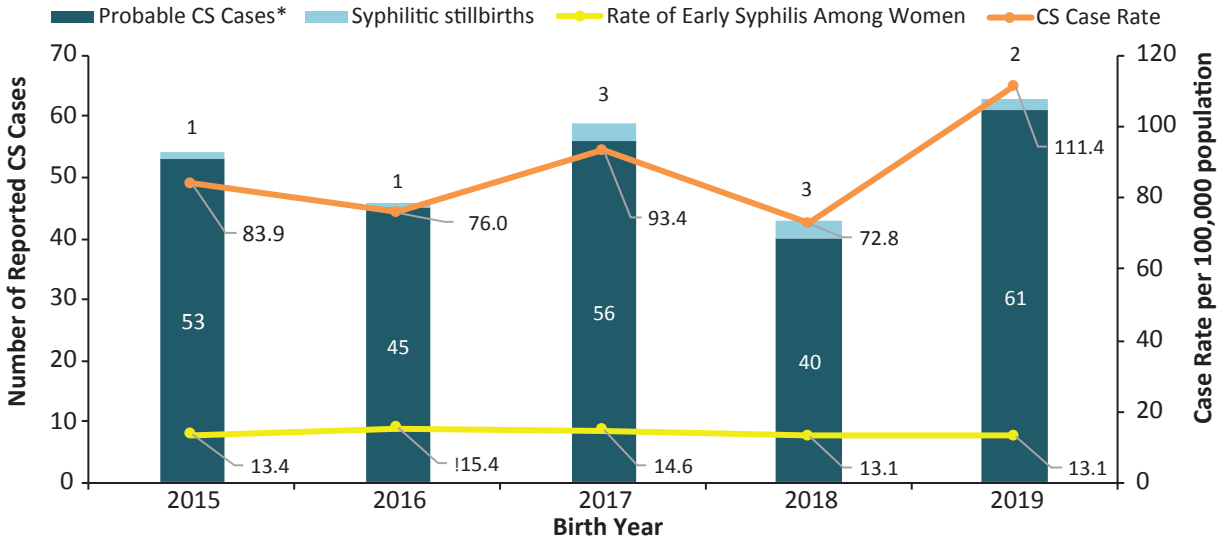
- Congenital syphilis cases have fluctuated over the past ten years, with a low of 18 cases in 2011 and a high of 68 cases in 2019.
- The number of congenital syphilis cases in Louisiana increased from 43 cases in 2018 to 68 cases in 2019, which represents a 58% increase.



- Congenital syphilis is on the rise throughout the United States. Forty-three states in the nation reported one or more cases of congenital syphilis in 2019. The national rate of congenital syphilis increased from 33.1 cases per 100,000 live births in 2018 to 48.5 cases per 100,000 live births in 2019.
- Louisiana's congenital syphilis case rate increased by 53% in 2019 and was over two times the national rate, with a case rate of 111.4 per 100,000 live births.

Number of CS Cases by Classification, CS Case Rates, and Early Syphilis Among Women

Louisiana, 2015-2019



*A probable case of congenital syphilis is defined as an infant whose mother had untreated or inadequately treated syphilis at delivery or an infant who had a reactive test for syphilis and possible signs of syphilis at birth

- Trends in congenital syphilis tend to follow trends for early syphilis in women, with a one to two-year lag. The rate of early syphilis among women has fluctuated over the past several years and the same is true for congenital syphilis.
- The rate of early syphilis among women increased from 13.4 per 100,000 population in 2015 to 14.6 in 2017. Similarly, the CS rate in Louisiana increased from 93.4 per 100,000 live births in 2017 to 111.4 per 100,000 live births in 2019.
- From 2015 to 2019 there have been a total of 10 syphilitic stillbirths. A syphilitic stillbirth is defined by untreated syphilis in a mother at time of delivery, to an infant that lacks fetal movement that is greater than 20 weeks' gestation or weighs at least 500 grams.

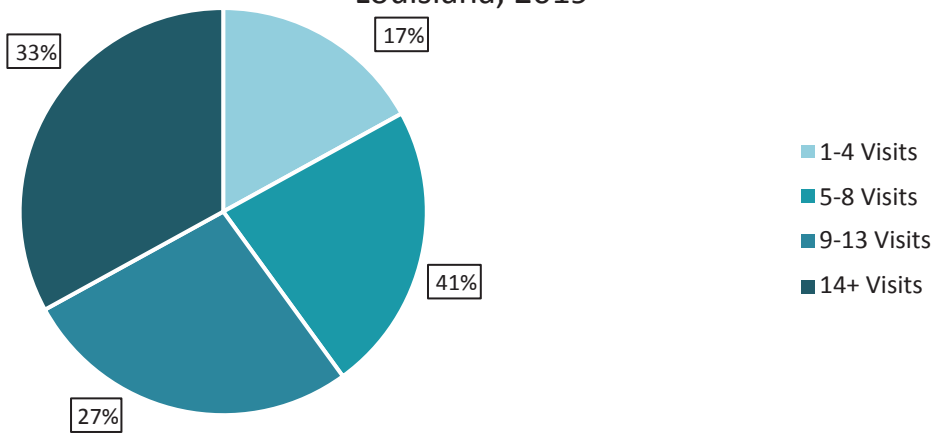
The following table shows demographic information for mothers of congenital syphilis cases in 2019. There were two sets of twins. A total of 66 mothers are included below who gave birth to 68 infants.

Demographics for Mothers of Congenital Syphilis Cases
Louisiana, 2019

	Number	Percent
Total	**66**	**100%**
Maternal Race/Ethnicity		
Black/African American	49	74%
Hispanic/Latina	4	6%
White	13	20%
Maternal Age Group		
15-19	4	6%
20-24	21	32%
25-29	20	30%
30-34	12	18%
35+	9	14%
Maternal Region of Residence		
1-New Orleans	8	12%
2-Baton Rouge	8	12%
3-Houma	7	11%
4-Lafayette	3	4%
5-Lake Charles	1	2%
6-Alexandria	8	12%
7-Shreveport	19	29%
8-Monroe	9	14%
9-Hammond/Slidell	3	4%
Maternal Insurance During Pregnancy		
Private	4	6%
Government/Publicly Funded	59	89%
None	1	2%
Unknown/Not Reported	2	3%

- All nine of Louisiana's public health regions had at least one mother who was linked to a case of congenital syphilis. The Shreveport region had the highest proportion (29%), followed by Monroe (14%).
- In 2019, 49 (74%) of mothers were Black, 13 (20%) were White, and 4 (6%) were Hispanic/Latina.
- Among mothers linked to a congenital syphilis case in 2019, 45 (68%) were under 30 years of age when they delivered.
- While insurance is not a direct measure of income, it can help identify the area with the greatest need for prevention. Women who utilized government/publicly funded insurance during their pregnancy represented 89% of mothers linked to a congenital syphilis case in 2019.

Frequency of Timely* Prenatal Care for Mothers of Congenital Syphilis Cases
Louisiana, 2019



*Timely prenatal care is defined as care that was initiated at least 60 days before delivery.

- Of the 66 mothers of congenital syphilis cases, 57 (86%) received prenatal care at some point during their pregnancy. Among them, 52 (79%) entered into timely prenatal care at least 60 days prior to delivery.
- Among those who received timely prenatal care, 35 (67%) received less than 14 prenatal care visits during pregnancy. This is followed by 14 (27%) who attended between 9 to 13 visits, 12 (23%) who attended 5 to 8 visits and 9 (17%) who attended 1 to 4 visits during their pregnancy. The latter represents an increase from nine percent in 2018.
- For mothers who received timely prenatal care, 17 (33%) had the recommended number of 14 or more prenatal care visits. This represents an increase from 22% in 2018.

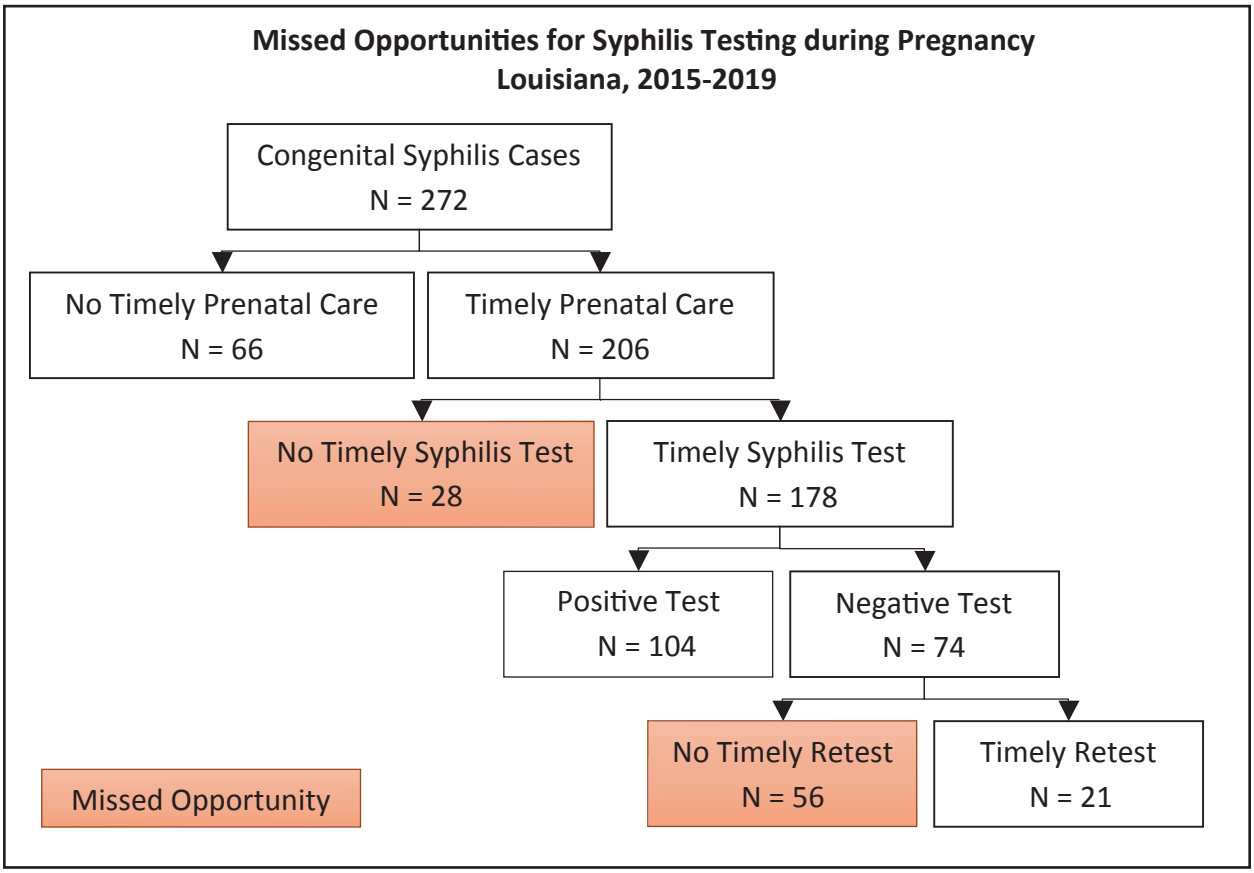
Birth Outcomes of Congenital Syphilis Cases
Louisiana, 2019

	Number	Percent
Total Cases	**68**	**100%**
Birth Weight		
Extremely Low (<1000g)	1	1%
Very Low (1000g to 1499g)	3	4%
Low (1500g to 2499g)	14	21%
Normal (≥2500g)	50	74%
Birth Outcome		
Stillborn	2	3%
Born Alive, Then Died	1	1%
Alive	65	96%
Gestational Age		
Extremely Preterm (<28 weeks)	2	3%
Preterm (29 to 36 weeks)	13	19%
Full Term (≥37 weeks)	53	78%

- Pregnant women living with inadequately or untreated syphilis, are at risk of delivering a stillborn infant (gestation age ≥20 weeks) or one who dies shortly after delivery. In 2019, 3 (4%) of congenital syphilis cases resulted in infant death, a decrease from 6% in 2018.
- Infants born prematurely or underweight have greater health risks during their first year of life, as well as later in life. In 2019, 18 (26%) of congenital syphilis cases were born below a normal birth weight (under 2500 grams) and 15 (22%) were preterm (prior to 37 weeks' gestation). This is compared to all newborns born in Louisiana in 2018, where 11% were low birthweight and 13% were born preterm.[xxvii]

Missed Opportunities for Syphilis Testing

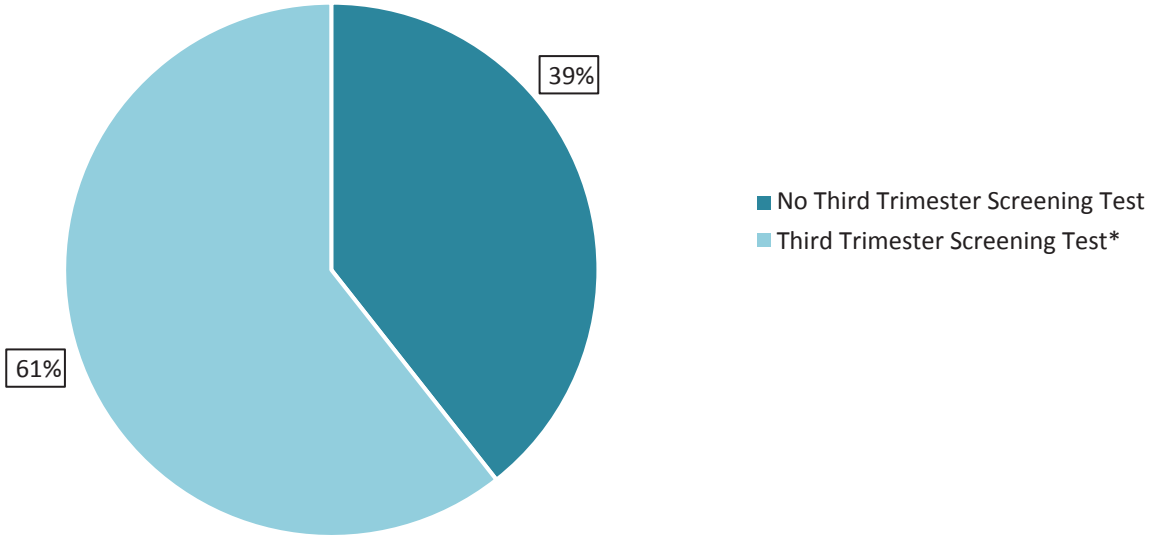
Syphilis testing during pregnancy is a crucial aspect of preventing cases of congenital syphilis. In 2007, Louisiana enacted a law requiring that physicians offer opt-out syphilis testing during a woman's first prenatal care visit. In 2014, Louisiana extended the law to require that physicians also offer opt-out syphilis testing at the first prenatal care visit of the third trimester. In the chart below, 'Timely Prenatal Care' is prenatal care that starts at least 60 days before delivery. A 'Timely Syphilis Test' and a "Timely Retest" are syphilis tests conducted at least 45 days before delivery. This timing allows ample time for a woman to be treated for syphilis prior to giving birth.



- Of the 272 congenital syphilis cases that have occurred between 2015 and 2019, 206 (76%) entered into prenatal care at least 60 days before delivery. Among them, 28 (13%) did not receive a timely syphilis test. Physicians are required to offer a syphilis test at the initial prenatal care visit and at the first prenatal care visit of the third trimester, which could have prevented these cases of congenital syphilis.
- Among the mothers who had timely prenatal care and who received a timely syphilis test, 104 (58%) were found to be positive for syphilis. These mothers may have been adequately treated but experienced a re-infection or may have initiated treatment less than 30 days before delivery.
- Of the 74 mothers those who entered into timely prenatal care and were found to be initially negative, 56 (76%) were not timely re-tested before delivery. Timely third trimester testing is a key tool in the prevention of future congenital syphilis cases.

Timing of Third Trimester Syphilis Screening* Among Mothers of Congenital Syphilis Cases

Louisiana, 2019



*Syphilis screening in third trimester does not include labor/delivery labs, regardless of gestation age at time of delivery.

- Among mothers linked to a congenital syphilis case in 2019, 26 (39%) did not have a third trimester test during their pregnancy. This represents an improvement from 44% in 2018.
- Of the mothers that had a syphilis test in their third trimester, 24 (60%) were screened within the CDC-recommended testing window of 28-32 weeks. This is an increase from 42% in 2018. The remaining 40% were screened outside of this recommended time-frame.

Chapter 4

Profile of STIs in Louisiana

Introduction to STI Surveillance

The Louisiana Department of Health Office of Public Health STI/HIV/Hepatitis Program's (SHHP) Sexually Transmitted Infection (STI) Surveillance Program collects and analyzes data on diagnoses of syphilis (all stages), congenital syphilis, gonorrhea, and chlamydia. Louisiana's Sanitary Code mandates that all medical providers and laboratories report these STIs to SHHP along with basic demographic and residence information. Funding for STI Surveillance comes from the Centers for Disease Control and Prevention (CDC). Surveillance information for congenital syphilis can be found in *Chapter Three*.

Reports of positive syphilis tests are sent to field staff in each region for evaluation and follow-up investigations, when needed. Positive chlamydia and gonorrhea tests are reviewed in the state central office and presently do not receive additional follow-up by regional staff except for select people found to be co-infected with gonorrhea and HIV. Additionally, in May 2019, Louisiana mandated the reporting of all negative test results for syphilis, HIV, and Hepatitis C, regardless of test type.

Data from STI surveillance activities are analyzed and non-identifying summary information is provided to public health programs, medical providers, researchers, and the general public through reports, presentations, data requests, and fact sheets. The information is provided for the purposes of program planning, education, and evaluation.

Louisiana consistently experiences some of the highest rates of STIs in the United States. Syphilis, chlamydia, and gonorrhea are the three most commonly reported STIs. In 2019, Louisiana had the 3rd highest chlamydia diagnosis rate, the 5th highest gonorrhea diagnosis rate, and the 9th highest primary and secondary (P&S) syphilis rate, according to the CDC's *2019 STI Surveillance Report*.[xxviii]

The data presented below represent all new diagnoses of chlamydia, gonorrhea, P&S syphilis, and early non-primary non-secondary (early non-P&S) syphilis diagnosed from 2010 to 2019 and reported to SHHP before August 21, 2020. This report presents both counts of STI diagnoses and STI diagnosis rates. Rates take into account differing population sizes among demographic groups or areas. Comparing rates between two or more groups or areas can identify important differences.

Trends in Louisiana STI Cases
Louisiana, 2010-2019

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Chlamydia	29,151	31,614	27,353	28,739	28,896	32,305	31,727	34,749	36,293	36,131
Gonorrhea	8,192	9,169	8,873	8,669	8,978	10,274	10,783	12,014	12,043	12,800
P&S Syphilis	547	447	339	423	575	696	750	679	669	700
Early Latent Syphilis	739	488	342	276	372	439	568	623	576	576

In 2019, 36,131 chlamydia diagnoses, 12,800 gonorrhea diagnoses, 700 P&S syphilis diagnoses, and 576 early non-P&S syphilis diagnoses were reported in Louisiana.

Chlamydia

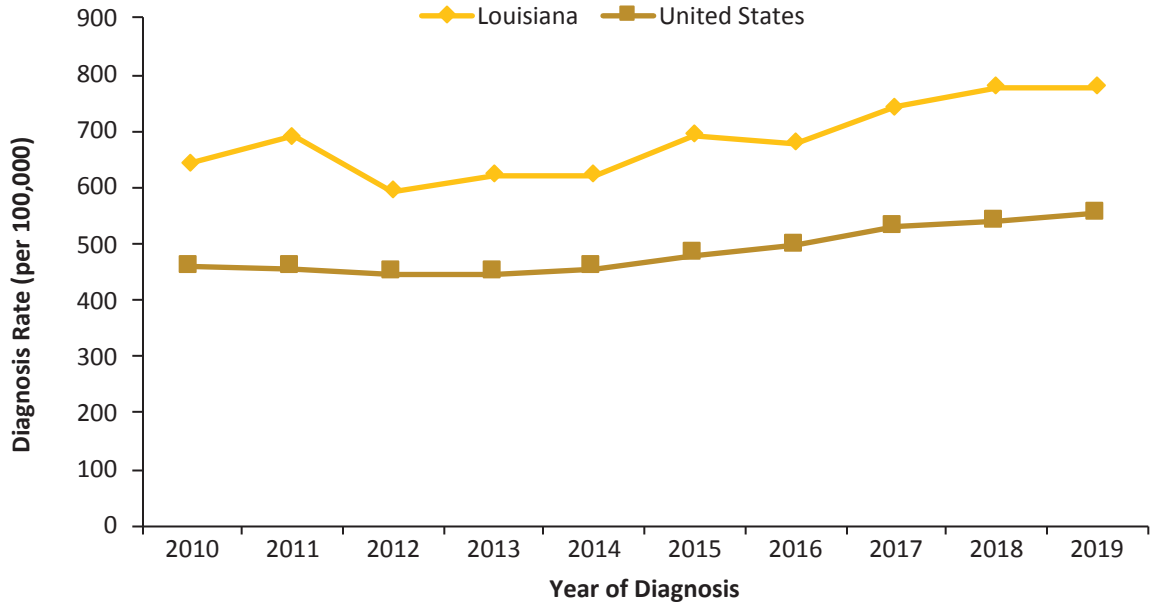
Caused by the bacterium *Chlamydia trachomatis*, chlamydia is the most commonly diagnosed STI in the United States. Though chlamydial infections are often asymptomatic, symptoms can range from urethritis or vaginitis to severe pelvic inflammatory disease (PID) in women. PID can cause infertility, ectopic pregnancy, and chronic pelvic pain. Pregnant women with chlamydia can pass the infection to their infants during delivery, potentially causing health issues such as ophthalmia neonatorum or pneumonia. The CDC recommends annual screening of all sexually active women under 25 years.[xxix]

10-Year Trends in Chlamydia Diagnoses

There were 36,131 diagnoses of chlamydia reported in Louisiana in 2019. This represents a 0.4% decrease in the number of diagnoses from 2018, when 36,293 diagnoses were reported. Over the past 10 years, the number of new chlamydia diagnoses has fluctuated from a low of 27,353 in 2012 to a high of 36,293 in 2018.

Some of the rise in diagnoses may be due to an increase in the number of men, including gay, bisexual, and other men who have sex with men (GBM) being tested due to increased availability of urine testing and extragenital screening or due to increased disease transmission.[xxviii] In addition, screening for chlamydia is performed for all sexually active female patients age 30 and younger in Louisiana's family planning clinics. Extragenital testing has also been introduced as a standard of care at parish health units for all people reporting extragenital sexual contact.

Chlamydia Diagnosis Rates
Louisiana and the United States, 2010-2019



- In 2019, the chlamydia diagnosis rate in Louisiana was 777.2 per 100,000 population; the chlamydia rate in Louisiana remained stable from 2018 to 2019. The chlamydia case rate in Louisiana was 41% greater than the national case rate of 552.8 per 100,000. It should be noted that in 2012, intensive deduplication efforts were begun in Louisiana, which may account for the reduction in diagnosis counts and rates at that time.

Chlamydia Diagnoses by Sex at Birth, Race/Ethnicity, and Age at Diagnosis

Although STIs affect people of all sexes, ages, and race/ethnicities in Louisiana, the impact is not the same across all populations. Identifying the populations most at risk of contracting an STI helps in planning STI prevention activities and services, and in determining effective use of limited resources.

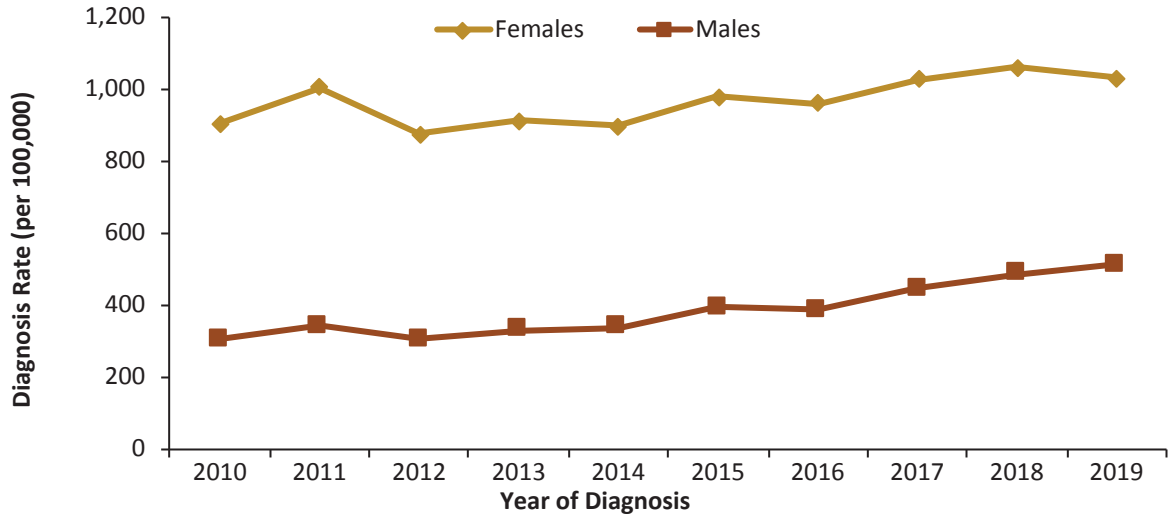
Characteristics of Persons Diagnosed with Chlamydia
Louisiana, 2019

	Cases	Percent	Rate*
Total**	**36,131**	**100%**	**777.2**
Sex at Birth			
Female	24,523	67.9%	1,029.6
Male	11,599	32.1%	511.6
Unknown	*9*	-	-
Race/Ethnicity			
Black/African American	24,098	70.2%	1,605.5
Hispanic/Latinx	1,419	4.1%	574.6
White	8,146	23.7%	300.0
Other/Multi-race	656	1.9%	-
Unknown	*1,812*	-	-
Age Group	**Age at Diagnosis**		
0-9	9	0.0%	1.5
10-14	359	1.0%	117.0
15-19	11,755	32.5%	4,000.2
20-24	12,895	35.7%	4,250.1
25-29	5,950	16.5%	1,774.8
30-34	2,698	7.5%	835.3
35-39	1,236	3.4%	392.2
40-44	570	1.6%	207.5
45+	659	1.8%	34.8

*Rate per 100,000. Rates derived from numerators less than 20 may be unreliable.
**Demographic information not available through all reporting mediums.

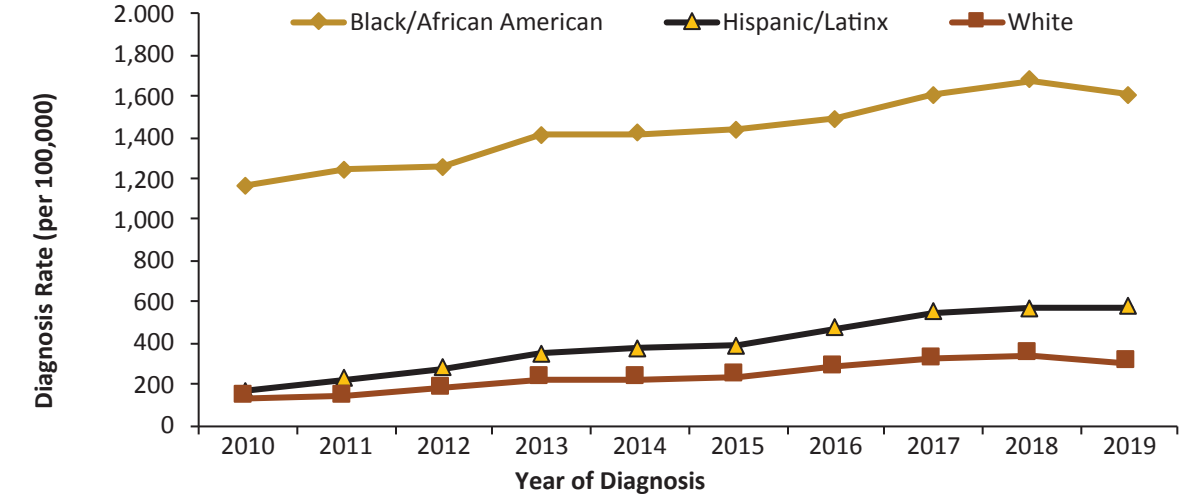
- In 2019, there were 24,523 chlamydia diagnoses in females, decreasing 3% from the 25,225 diagnoses in 2018. The number of male chlamydia diagnoses in Louisiana increased 5%, from 11,068 in 2018 to 11,599 in 2019. Overall, 68% of reported chlamydia diagnoses were among women.
- There is a significant racial disparity for chlamydia diagnoses in Louisiana. The rate of chlamydia among Black people in Louisiana was more than five times higher than the rate in White people.
- In 2019, 70% of all chlamydia diagnoses with reported race were Black and 24% were White. Only 32% of Louisiana's population is Black.
- In 2019, 69% of new chlamydia diagnoses were among youth under 25 years of age. From 2018 to 2019, the number of new chlamydia diagnoses increased in all age groups 25 and older.

Trends in Chlamydia Diagnosis Rates by Sex at Birth
Louisiana, 2010-2019



- In 2019, the female chlamydia rate of 1,029.6 per 100,000 females was double the male rate of 511.6 per 100,000 males.
- From 2010 to 2019, the chlamydia diagnosis rate for males in Louisiana increased by 69%, from 303.2 per 100,000 males to 511.6 per 100,000 males.
- From 2010 to 2019, the chlamydia diagnosis rate for females in Louisiana increased by 14%, from 901.7 per 100,000 females to 1,029.6 per 100,000 females.

Trends in Chlamydia Diagnosis Rates by Race/Ethnicity
Louisiana, 2010-2019



- The chlamydia diagnosis rate for White people and Hispanic/Latinx people in Louisiana has steadily risen over the past 10 years. The rate for White people increased from a low of 133.5 per 100,000 in 2010 to a high of 339.1 per 100,000 in 2018. The rate for Hispanic/Latinx people increased from a low of 168.8 per 100,000 in 2010 to a high of 574.6 per 100,000 in 2019. Louisiana has also improved surveillance efforts to increase the proportion of cases with recorded race/ethnicity.
- The diagnosis rate for Black people has consistently been higher than the rate for other race/ethnicities. In 2019, the chlamydia rate among Black people was 1,605.5 per 100,000, a 38% increase since 2010.

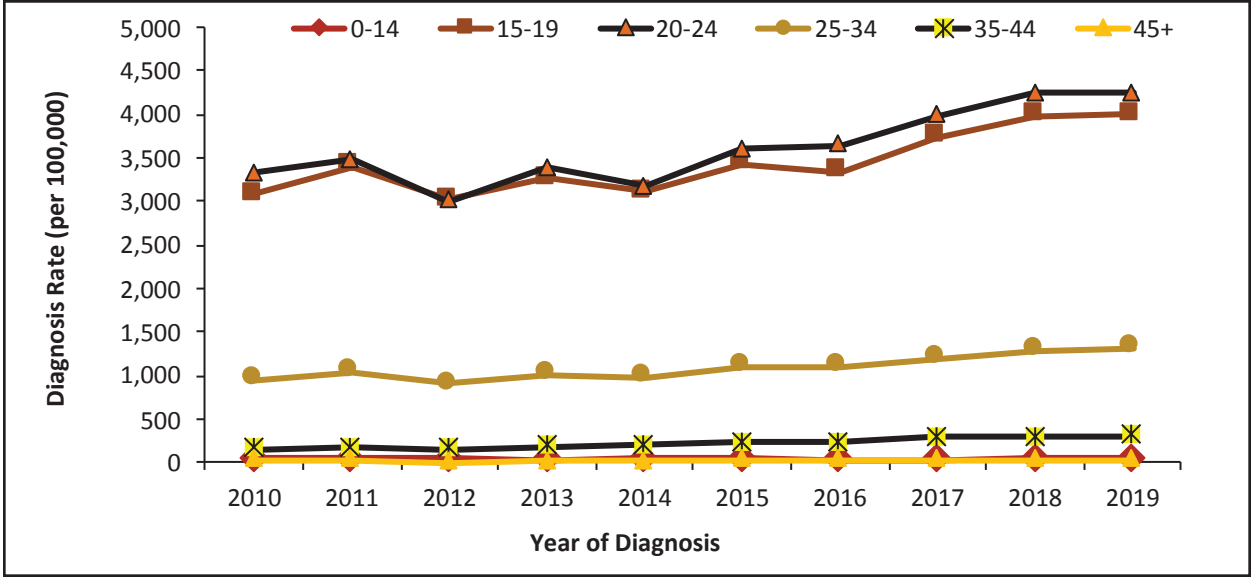
Race/Ethnicity of Persons Diagnosed with Chlamydia by Sex at Birth Louisiana, 2019			
	Cases	**Percent**	**Rate***
Total**	**36,131**	**100%**	**777.2**
Female	**24,523**	**67.9%**	**1,029.6**
American Indian/Alaskan Native	49	0.2%	319.3
Asian/Pacific Islander	150	0.6%	354.7
Black/African American	16,018	65.3%	2,025.3
Hispanic/Latina	1,024	4.2%	883.5
White	5,790	23.6%	419.4
Other/ Multirace	295	1.2%	-
Unknown	*1,197*	*4.9%*	-
Male	**11,599**	**32.1%**	**511.6**
American Indian/Alaskan Native	19	0.2%	127.5
Asian/Pacific Islander	62	0.5%	150.5
Black/African American	8,081	69.7%	1,137.9
Hispanic/Latino	395	3.4%	301.4
White	2,355	20.3%	176.5
Other/ Multirace	80	0.7%	-
Unknown	*607*	*5.2%*	-

*Rate per 100,000. Rates derived from numerators less than 20 may be unreliable.

**Demographic information not available through all reporting mediums. Nine cases were reported with unknown gender and are not included in this table.

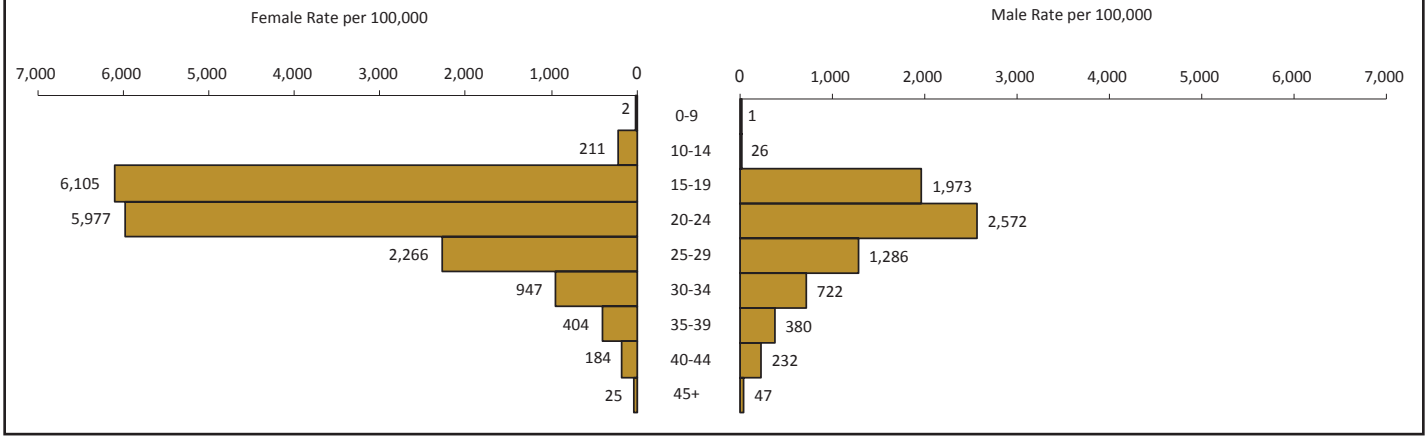
- Among females diagnosed with chlamydia with a reported race, 65% were Black, 24% were White, and 4% were Hispanic/Latina. Of the diagnoses in males with a reported race, 70% were Black, 20% were White, and 3% were Hispanic/Latino.
- The rate of chlamydia in Black females was almost double the rate in Black males, and the chlamydia rate in White females was more than double the rate in White males. The rate in Hispanic/Latina females was almost three times that of Hispanic/Latino males.
- Women of child-bearing age are targeted for routine STI screening and therefore result in a higher number of new diagnoses.

Trends in Chlamydia Diagnosis Rates by Age Group
Louisiana, 2010-2019



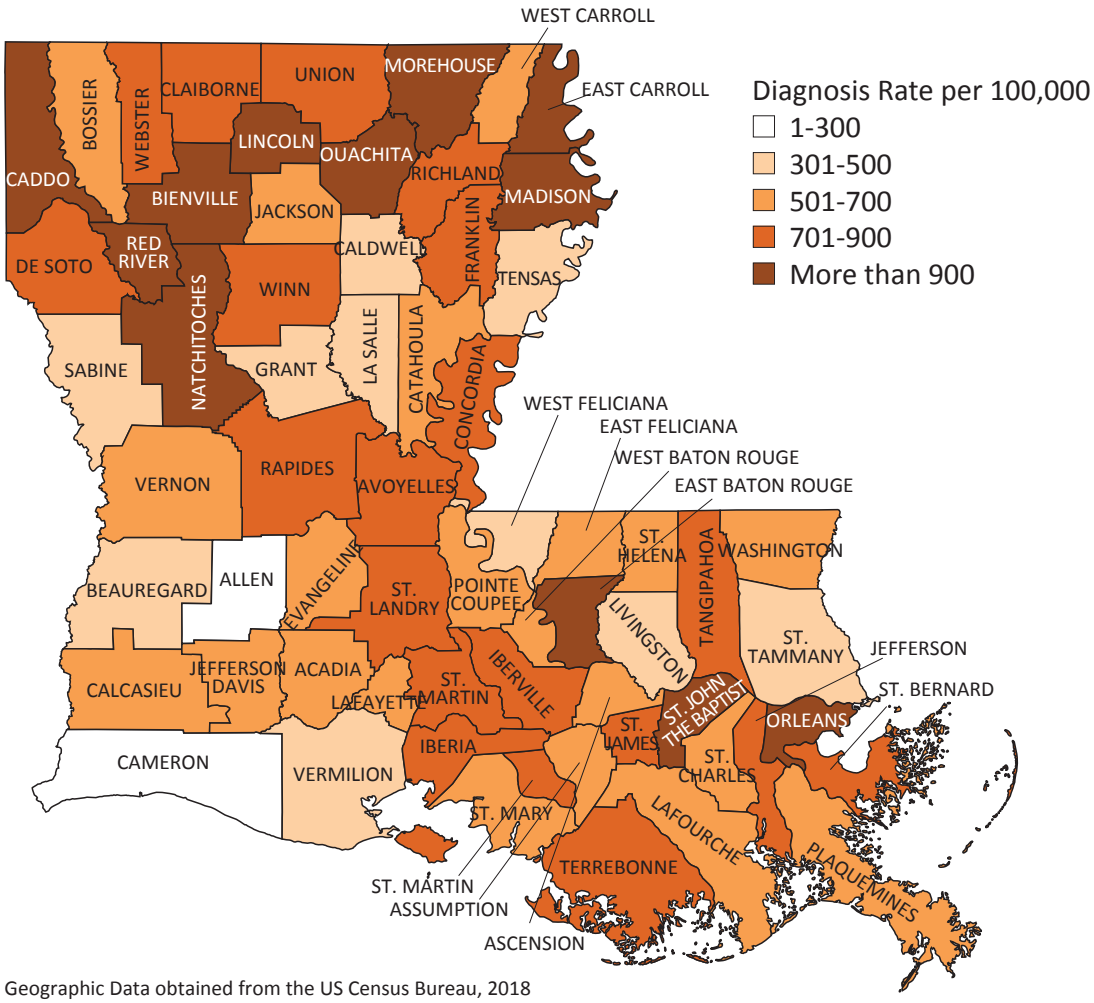
- Between 2010 and 2019, the highest rates of chlamydia diagnoses occurred among people aged 15-19 and 20-24. Since 2014, the rate per 100,000 among 15-19 year olds increased 28%, and 34% among 20-24 year olds.

Chlamydia Diagnosis Rates by Age and Sex at Birth
Louisiana, 2019



- In 2019, the highest age-specific rate was among 15-19 year old females, followed very closely by females age 20-24.
- Among males in 2019, the highest age-specific rate was among 20-24 year-olds, followed by males age 15-19. It is only in the 40-44 and the 45+ age groups that the male diagnosis rate is greater than the female rate.

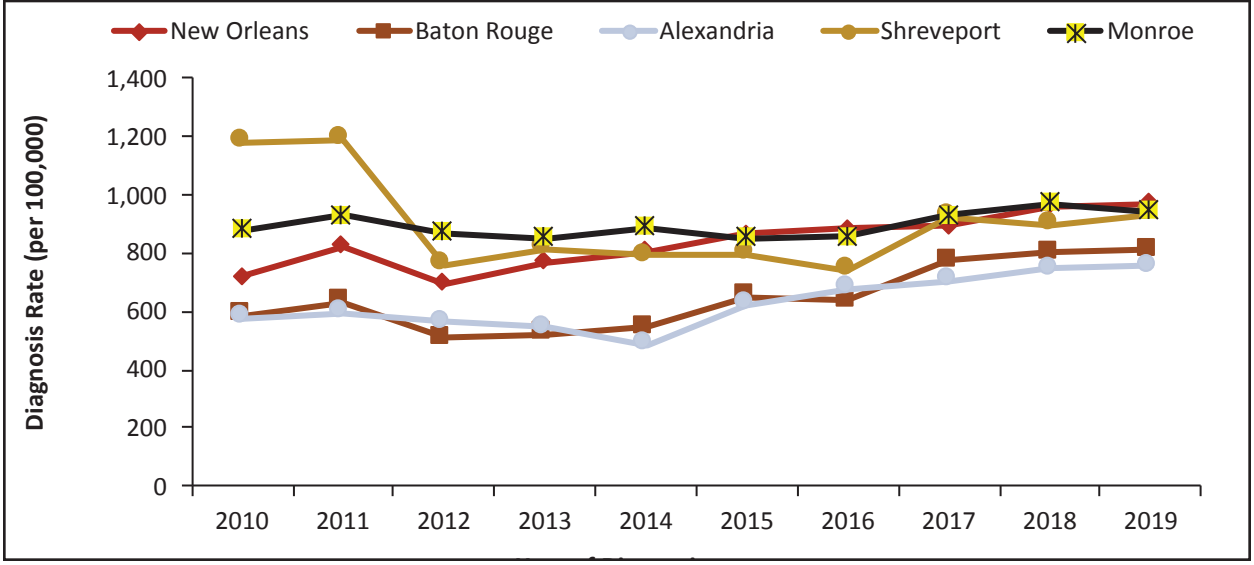
Chlamydia Diagnosis Rates by Parish, Louisiana, 2019



Geographic Data obtained from the US Census Bureau, 2018

- Chlamydia diagnosis rates vary by parish in Louisiana. There were people diagnosed with chlamydia in all 64 parishes in 2019.
- A total of twelve parishes had a chlamydia diagnoses rate greater than 900 per 100,000 (Bienville, Caddo, East Baton Rouge, East Carroll, Lincoln, Madison, Morehouse, Natchitoches, Orleans, Ouachita, Red River, and St John the Baptist), a decrease from fourteen parishes with a chlamydia diagnoses rate greater than 900 per 100,000 in 2018.
- Additional breakdowns by race/ethnicity and parish can be found in the Appendix.

Trends in Chlamydia Diagnosis Rates by Selected Region
Louisiana, 2010-2019



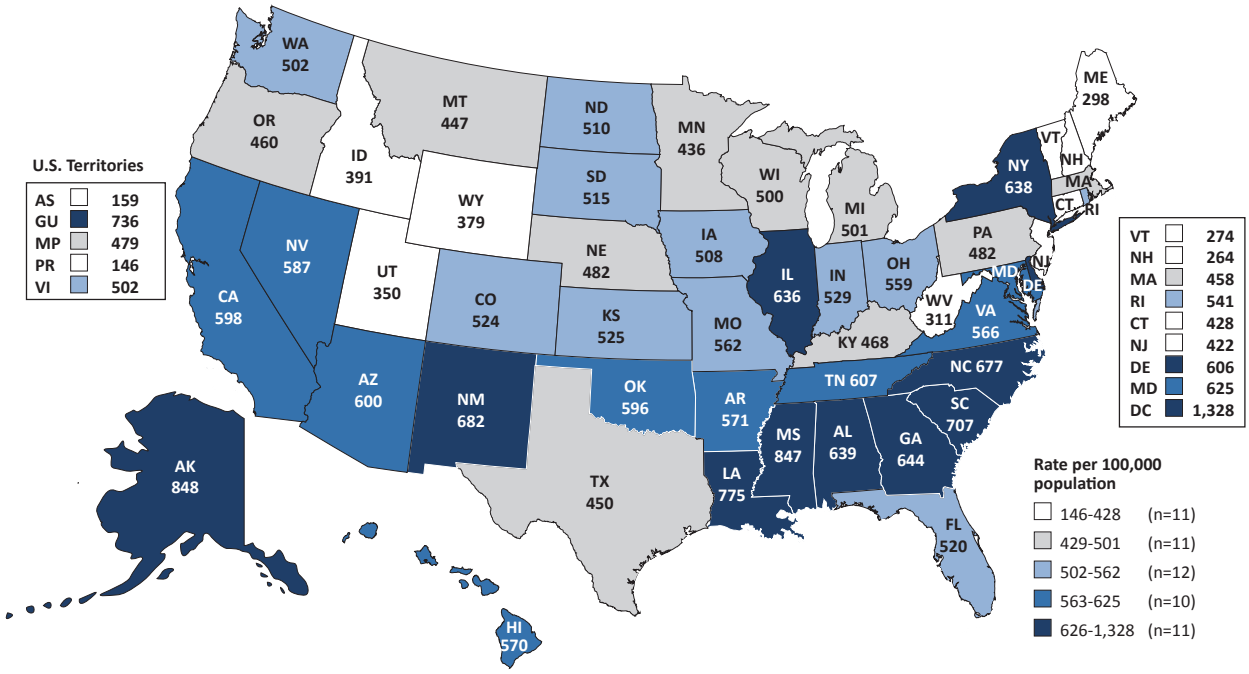
- Since 2018, the New Orleans and Monroe regions have had the highest chlamydia rates in Louisiana. In 2019, the New Orleans region surpassed the Monroe Region and had the highest rate.
- Of the five regions with the highest chlamydia rates, the Shreveport region and the Alexandria region had the greatest increases in chlamydia diagnosis rates, rising 4% and 2%, respectively, from 2018 to 2019.

New Chlamydia Diagnoses by Region and Year
Louisiana, 2015-2019

	2015		2016		2017		2018		2019	
Louisiana	**32,305**	**%**	**31,727**	**%**	**34,749**	**%**	**36,293**	**%**	**36,131**	**%**
1-New Orleans	7,754	24%	7,942	25%	8,060	23%	8,599	24%	8,678	24%
2-Baton Rouge	4,430	14%	4,370	14%	5,296	15%	5,460	15%	5,512	15%
3-Houma	2,482	8%	2,425	8%	2,604	8%	3,002	8%	2,903	8%
4-Lafayette	3,746	12%	3,674	12%	3,628	10%	3,707	10%	3,946	11%
5-Lake Charles	1,618	5%	1,376	4%	1,622	5%	1,839	5%	1,534	4%
6-Alexandria	1,913	6%	2,066	7%	2,148	6%	2,240	6%	2,250	6%
7-Shreveport	4,358	14%	4,023	13%	5,005	14%	4,822	13%	4,981	14%
8-Monroe	3,025	9%	3,033	10%	3,268	9%	3,387	9%	3,253	9%
9-Hammond/Slidell	2,529	8%	2,772	9%	3,077	9%	3,193	9%	3,047	8%
Unknown	*449*	*1%*	*46*	*0%*	*41*	*0%*	*44*	*0%*	*27*	*0%*

- The New Orleans region had the highest number of new chlamydia diagnoses in 2019, followed by the Baton Rouge region and the Shreveport region. Over the past five years, the New Orleans region has had between 23% and 25% of all new chlamydia diagnoses in Louisiana.

Chlamydia Diagnosis Rates in the United States (2019)[xxviii]



- On April 13, 2021, the CDC released their *2019 STI Surveillance Report*, which provides national and state-specific STI data. The CDC report uses estimated 2018 Census data while the Louisiana report uses estimated 2019 Census data, resulting in slightly different rate estimates between the reports.
- In the United States, there were 1,808,703 new chlamydia diagnoses reported in 2019, for a national chlamydia rate of 552.8 diagnoses per 100,000 population. This is the highest it has ever been.
- The national chlamydia diagnosis rate increased by almost 3% from 2018 to 2019.[xxviii]
- Nationally, the rate of females diagnosed with chlamydia rose more than 1% from 2018 to 2019, while the rate in males increased by more than 5%. Potential reasons for the increase in males include increased disease transmission, improved screening coverage, the use of more sensitive tests, an increased use of electronic laboratory reports, and changes in reporting practices.[xxviii]
- In 2019, Louisiana ranked 3rd in the nation for chlamydia diagnosis rates (775.3 per 100,000). Alaska (848.1 per 100,000) and Mississippi (847.2 per 100,000) ranked 1st and 2nd , respectively.[xxviii] The District of Columbia has the highest rate in the nation but is not included in national state rankings.
- Louisiana's 2019 chlamydia diagnosis rate was 1.4 times greater than the national rate.

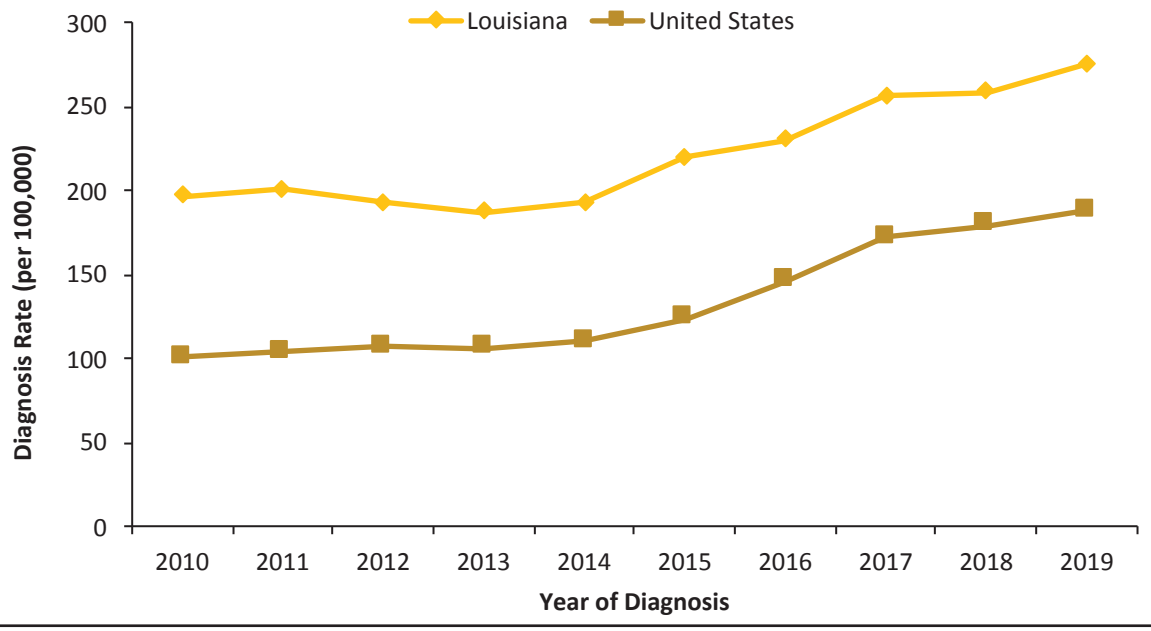
Gonorrhea

Gonorrhea is caused by the bacterium *Neisseria gonorrhea*. It is the second most commonly reported STI in the United States. If left untreated, gonorrhea can affect fertility in males and females, increase the risk of HIV infection and transmission, and cause other serious health problems. Gonorrhea is a common cause of epididymitis in men and PID in women, and both of these conditions can lead to infertility. Pregnant women with a gonorrhea infection may infect their infants during delivery, which can potentially cause blindness, joint infection, or a blood infection.[xxviii] Resistance to antimicrobials is important in considering the treatment of gonorrhea infections. Increasing resistance to flouroquinolones and a decline in susceptibility to cefixime has been noted. Therefore, only dual therapy with ceftriaxome and either azithromycin or doxycycline is now recommended by the CDC.[xxix]

10-Year Trends in Gonorrhea Diagnoses

There were 12,800 gonorrhea diagnoses in Louisiana in 2019. The number of diagnoses increased from 2018, when 12,043 diagnoses were reported. Over the past 10 years, the number of new gonorrhea diagnoses has fluctuated from a low of 8,669 in 2013 to a high of 12,800 in 2019.

Gonorrhea Diagnosis Rates
Louisiana and the United States, 2010-2019



- In 2019, the gonorrhea diagnosis rate in Louisiana was 275.3 per 100,000 population. The gonorrhea case rate in Louisiana was 46% greater than the national rate of 188.4 per 100,000.
- From 2018 to 2019, the gonorrhea diagnosis rate in Louisiana rose 7%.

Gonorrhea Diagnoses by Sex at Birth, Race/Ethnicity, and Age at Diagnosis

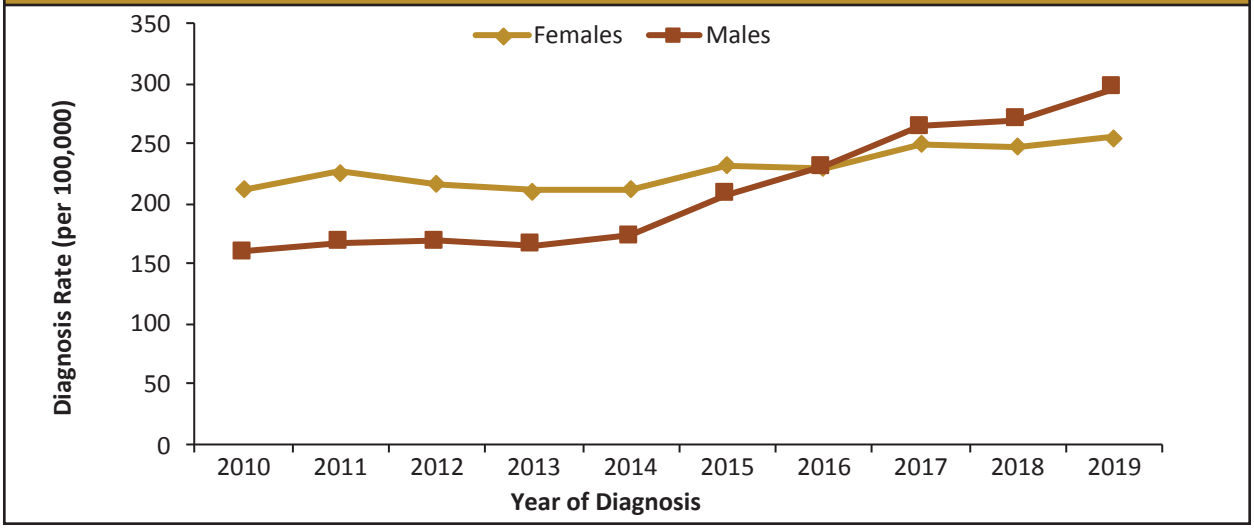
Characteristics of Persons Diagnosed with Gonorrhea Louisiana, 2019			
	Cases	**Percent**	**Rate***
Total**	**12,800**	**100%**	**275.3**
Sex at Birth			
Female	6,088	47.6%	255.6
Male	*6,711*	*52.4%*	*296.0*
Unknown	*1*	-	-
Race/Ethnicity			
Black/African American	9,157	73.0%	610.0
Hispanic/Latinx	267	2.1%	108.1
White	2,873	22.9%	105.8
Other/Multi-race	246	2.0%	-
Unknown	*257*	-	-
Age Group			
0-9	8	0.1%	1.3
10-14	76	0.6%	24.8
15-19	2,779	21.7%	945.7
20-24	3,886	30.4%	1,280.8
25-29	2,556	20.0%	762.4
30-34	1,476	11.5%	457.0
35-39	859	6.7%	272.6
40-44	435	3.4%	158.3
45+	725	5.7%	38.3

*Rate per 100,000. Rates derived from numerators less than 20 may be unreliable.

**Demographic information not available through all reporting mediums

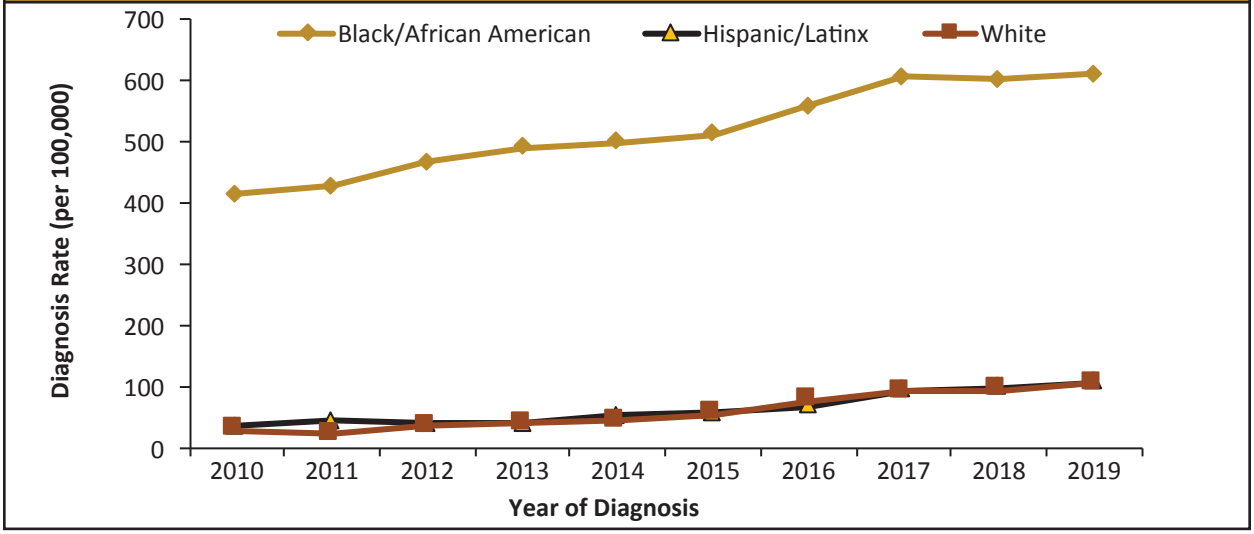
- In 2019, 6,088 gonorrhea diagnoses were reported in females, a 3% increase from the 5,904 diagnoses in 2018. The number of gonorrhea diagnoses in males increased by 9%, from 6,139 diagnoses in 2018 to 6,711 diagnoses in 2019.
- There is a significant racial disparity in gonorrhea diagnoses in Louisiana. In 2019, the rate of new gonorrhea diagnoses among Black people was 610.0 per 100,000, six times higher than among White people as well as Hispanic/Latinx people.
- In 2019, 73% of all gonorrhea diagnoses with reported race were Black, 23% were White, and 2% were Hispanic/Latinx. Only 32% of Louisiana's population is Black.
- In 2019, 53% of new gonorrhea diagnoses were among youth under 25 years of age. New diagnoses rose among people age 25 and older. Increases in the number of diagnoses ranged from 7% in people age 35-44, to 27% in people 35-44 and older.

Trends in Gonorrhea Diagnosis Rates by Sex at Birth
Louisiana, 2010-2019



- In 2019, the male gonorrhea diagnosis rate of 296.0 per 100,000 males was 16% higher than the female diagnosis rate of 255.6 per 100,000 females. For the fourth year in a row, the male diagnosis rate exceeded the female diagnosis rate in Louisiana.
- The difference between the female and male diagnosis rates was greatest in 2011. Since 2013, the male diagnosis rate has increased 79% to its current height in 2019.

Trends in Gonorrhea Diagnosis Rates by Race/Ethnicity
Louisiana, 2010-2019



- The gonorrhea rate for Black people increased steadily between 2010 and 2017 from a low of 414.4 per 100,000 in 2010 to 605.7 per 100,000 in 2017. However, the rate has remained stable from 2017 to 2019, with a rate of 610 per 100,000 Black people in 2019 The rate also rose in Hispanic/Latinx people, from a low of 37.9 per 100,000 in 2010 to a high of 108.1 per 100,000 in 2019.
- The diagnosis rate among Black people has consistently been higher than the rate for other race/ethnicities. The rate of gonorrhea has consistently exceeded 400 per 100,000 Black people, while the rate for White people and Hispanic/Latinx people had remained under 100 per 100,000 until 2019 when the gonorrhea rate reached 105.8 and 108.1 per 100,000, respectively.

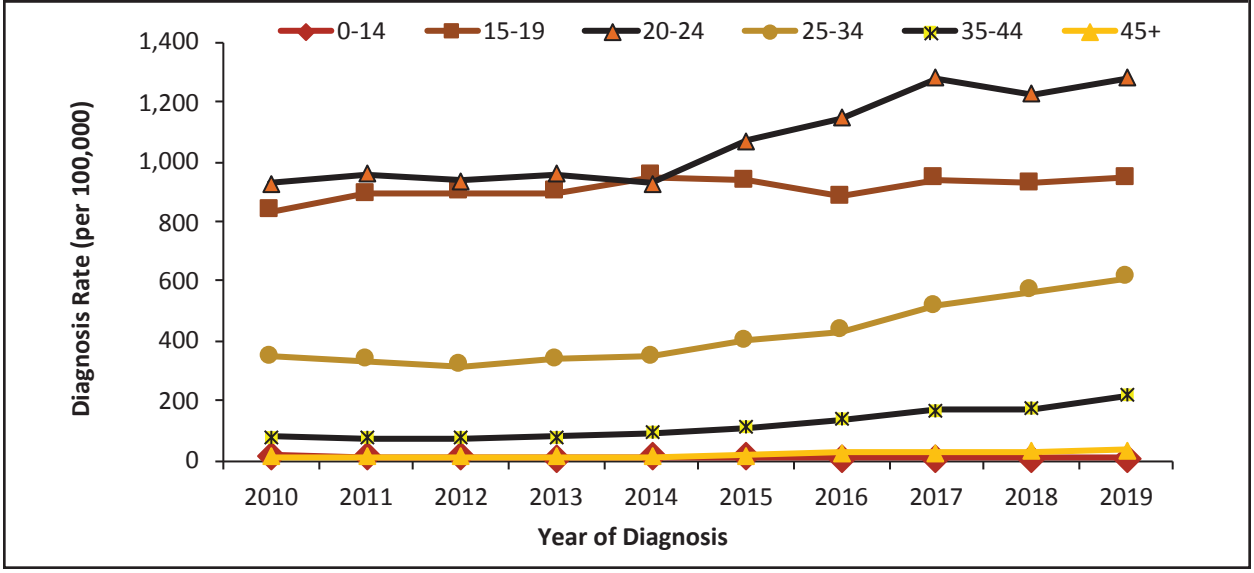
Race/Ethnicity of Persons Diagnosed with Gonorrhea by Sex at Birth Louisiana, 2019			
	Cases	**Percent**	**Rate***
Total**	**12,800**	**100%**	**275.3**
Female	**6,088**	**47.6%**	**255.6**
American Indian/Alaskan Native	15	0.2%	97.7
Asian/Pacific Islander	19	0.3%	44.9
Black/African American	4,300	70.6%	543.7
Hispanic/Latina	104	1.7%	89.7
White	1,450	23.8%	105.0
Other/ Multi-race	96	1.6%	-
Unknown	*104*	*1.7%*	-
Male	**6,711**	**52.4%**	**296.0**
American Indian/Alaskan Native	13	0.2%	87.2
Asian/Pacific Islander	39	0.6%	94.6
Black/African American	4,857	72.4%	684.0
Hispanic/Latino	163	2.4%	124.4
White	1,422	21.2%	106.5
Other/ Multi-race	64	1.0%	-
Unknown	*153*	*2.3%*	-

*Rate per 100,000. Rates derived from numerators less than 20 may be unreliable.

**Demographic information not available through all reporting mediums. One case was reported with unknown gender and is not included in this table.

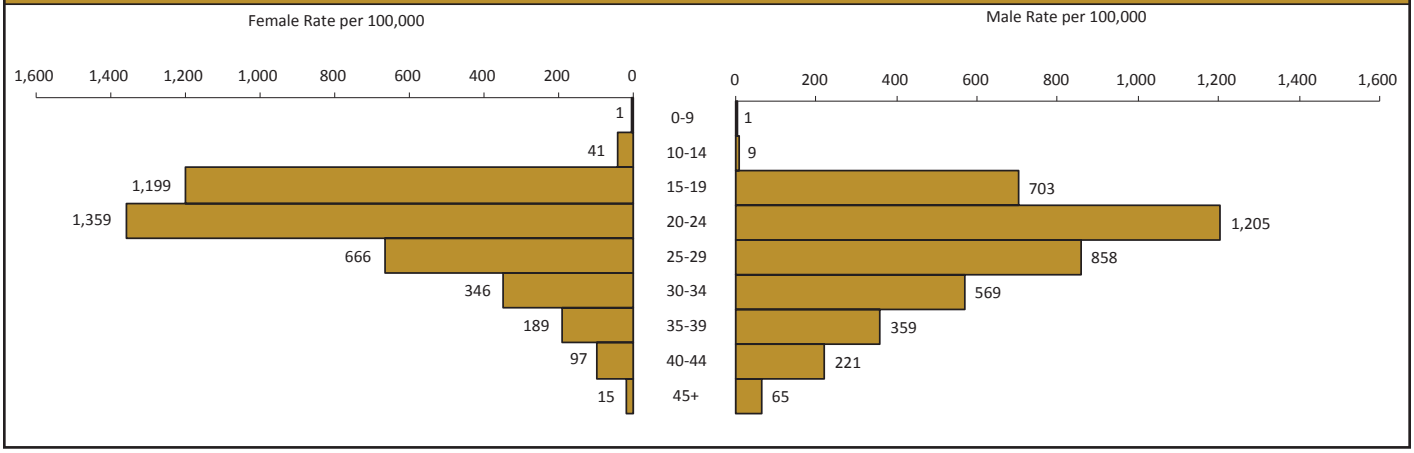
- In 2019, 71% of females and 72% of males with reported race/ethnicity were Black, while 24% of females and 21% of males were White.
- The gonorrhea diagnosis rate was 26% higher in Black males than in Black females and the diagnosis rate was 39% higher in Hispanic/Latino males than in Hispanic/Latina females. Among White people, the gonorrhea diagnosis rate was the same among males than females.

Trends in Gonorrhea Diagnosis Rates by Age Group
Louisiana, 2010-2019



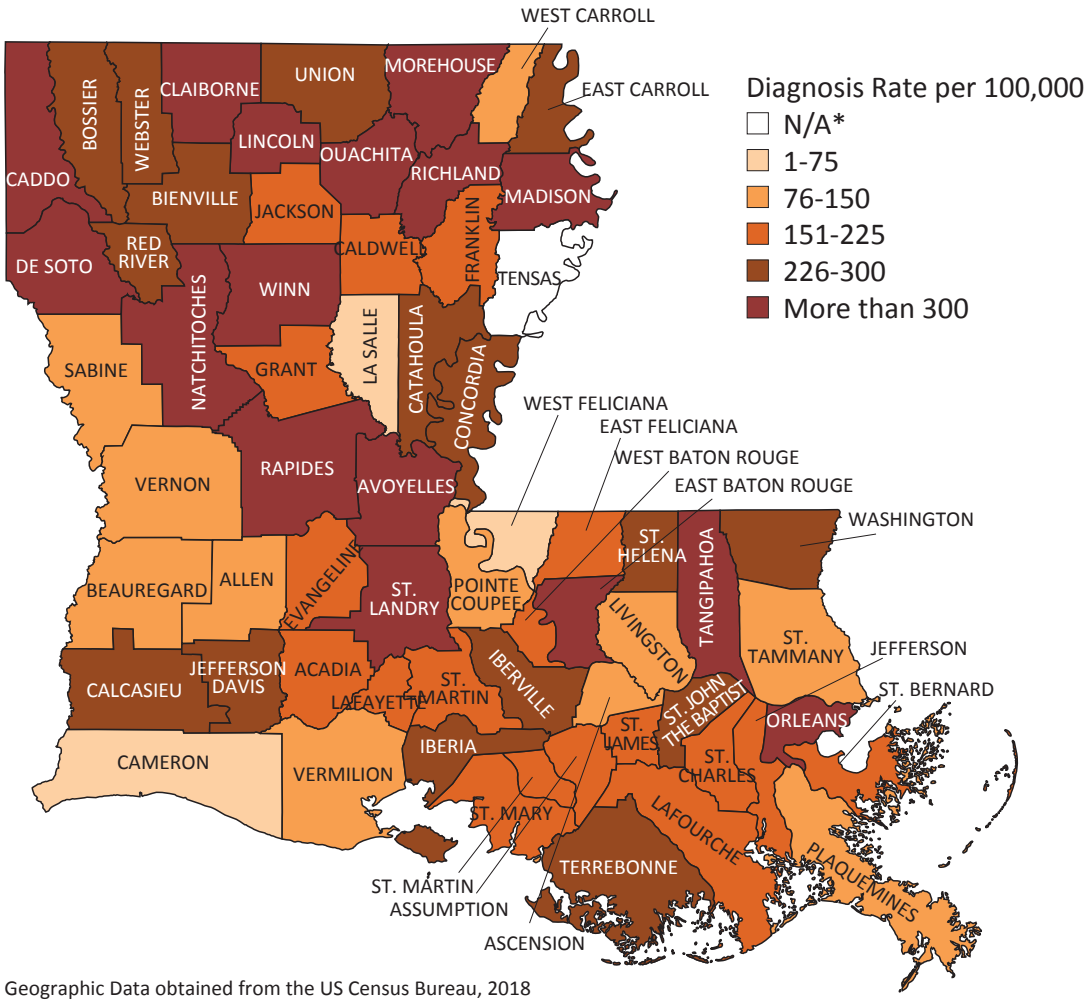
- The highest rate of gonorrhea diagnoses occurs in people aged 20-24. From 2014 to 2019, the gonorrhea diagnosis rate increased 38% among people age 20-24, from 927.4 per 100,000 to 1,280.8 per 100,000.
- The second highest rate occurs among people aged 15-19. Since 2016, the rate of gonorrhea among 15-19 year olds has increased 7%.
- Since 2012, the rate among 25-34 year olds has increased 93%.

Gonorrhea Diagnosis Rates by Age and Sex at Birth
Louisiana, 2019



- In 2019, the highest age-specific gonorrhea rate among females was age 20-24, followed by age 15-19.
- Among males in 2019, the highest age-specific rate was among 20-24 year olds, followed by males age 25-29.
- Among people 25 and older, the diagnosis rate in males was higher than in females.

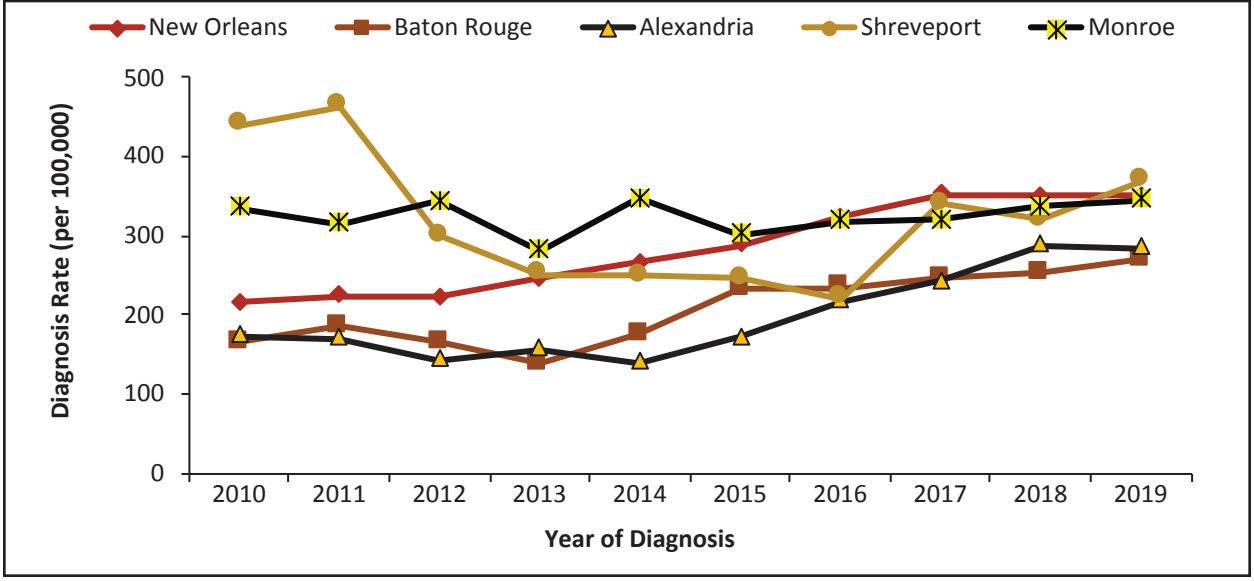
Gonorrhea Diagnosis Rates by Parish, Louisiana, 2019



Geographic Data obtained from the US Census Bureau, 2018
*Rates derived from numerators less than 5 are not available.

- Gonorrhea diagnosis rates vary by parish in Louisiana. In 2019, there were people diagnosed with gonorrhea in all 64 parishes.
- A total of fifteen parishes had a gonorrhea diagnoses rate greater than 300 per 100,000 (Avoyelles, Caddo, Claiborne, East Baton Rouge, Natchitoches, Lincoln, Madison, Morehouse, Orleans, Ouachita, Rapides, De Soto, Tangipahoa, Richland, and St. Landry).
- Additional breakdowns by race/ethnicity and parish can be found in the Appendix.

Trends in Gonorrhea Diagnosis Rates by Selected Region
Louisiana, 2010-2019



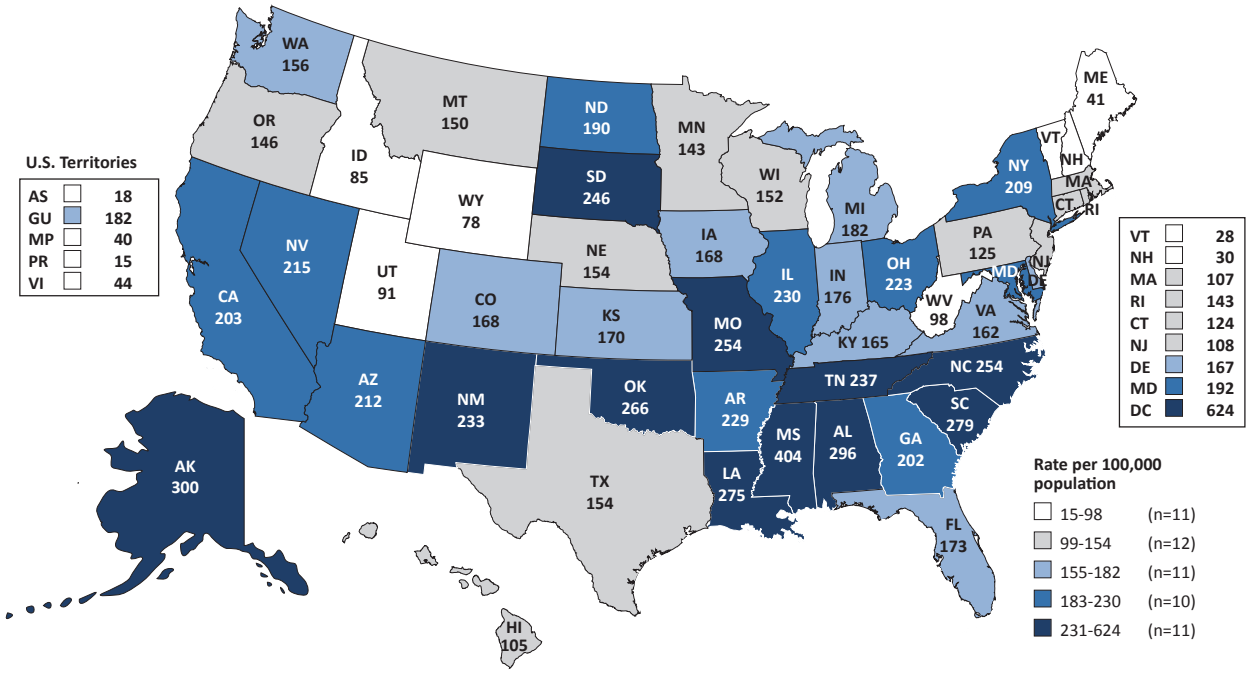
- In 2019, Shreveport had the highest gonorrhea rate. From 2012 to 2015, the Monroe region had the highest gonorrhea rate, decreasing to 2nd in 2016, to 3rd in 2017, and back up to 2nd in 2018.
- In 2014 and 2015, the New Orleans region had the 2nd highest gonorrhea rate. From 2016 to 2018, the New Orleans region had the highest gonorrhea diagnosis rate.
- In 2019, the Alexandria region ranked among the top five for gonorrhea diagnosis rate. Since 2014, the gonorrhea rate in the Alexandria region has more than doubled.

New Gonorrhea Diagnoses by Region and Year
Louisiana, 2015-2019

	2015		2016		2017		2018		2019	
Louisiana	**10,274**	**%**	**10,783**	**%**	**12,014**	**%**	**12,043**	**%**	**12,800**	**%**
1-New Orleans	2,568	25%	2,900	27%	3,170	26%	3,124	26%	3,121	24%
2-Baton Rouge	1,583	16%	1,600	15%	1,683	14%	1,718	14%	1,836	14%
3-Houma	723	7%	786	7%	853	7%	814	7%	862	7%
4-Lafayette	1,189	12%	1,227	11%	1,217	10%	1,155	10%	1,291	10%
5-Lake Charles	489	5%	428	4%	513	4%	564	5%	653	5%
6-Alexandria	525	5%	660	6%	739	6%	865	7%	846	7%
7-Shreveport	1,339	13%	1,194	11%	1,840	15%	1,716	14%	1,962	15%
8-Monroe	1,066	10%	1,129	10%	1,125	9%	1,174	10%	1,193	9%
9-Hammond/Slidell	671	7%	849	8%	869	7%	904	8%	1,023	8%
Unknown	*121*	*1%*	*10*	*0%*	*5*	*0%*	*9*	*0%*	*13*	*0%*

- In 2019, the New Orleans region had the highest number of gonorrhea diagnoses, followed by the Shreveport region and the Baton Rouge region. From 2015 to 2019, the New Orleans region had between 24% and 27% of all gonorrhea diagnoses in Louisiana.

Gonorrhea Diagnosis Rates in the United States (2019)[xxviii]



- According to the most recent CDC report, there were 616,392 new gonorrhea diagnoses reported in the United States in 2019, for a national gonorrhea diagnosis rate of 188.4 diagnoses per 100,000 population. In 2018, the national gonorrhea diagnosis rate was 179.1 per 100,000 population.[xxviii]
- The national gonorrhea diagnosis rate increased 5% from 2018 to 2019.[xxviii]
- Nationally, the gonorrhea diagnosis rate in males remained higher than the rate in females in 2019, rising 5.9% from 2018. The national rate in females increased 5.1%. Potential reasons for the increase in males include increased disease transmission and detection (e.g., through increased screening among MSM). This increase may also be due to changes in testing technology, more sensitive tests, and changes in reporting practices.[xxviii]
- In 2019, Louisiana ranked 5th in the nation for gonorrhea diagnosis rates (274.7 per 100,000). Mississippi (404.1 per 100,000), Alaska (300.1 per 100,000), Alabama (296.5 per 100,000), and South Carolina (278.5 per 100,000), ranked 1st, 2nd, 3rd, and 4th respectively in 2019.[xxviii] The District of Columbia has the highest rate in the nation but is not included in national state rankings.
- Louisiana's 2019 gonorrhea diagnosis rate was 274.7 per 100,000 population, 46% greater than the national rate of 188.4 per 100,000.[xxviii]

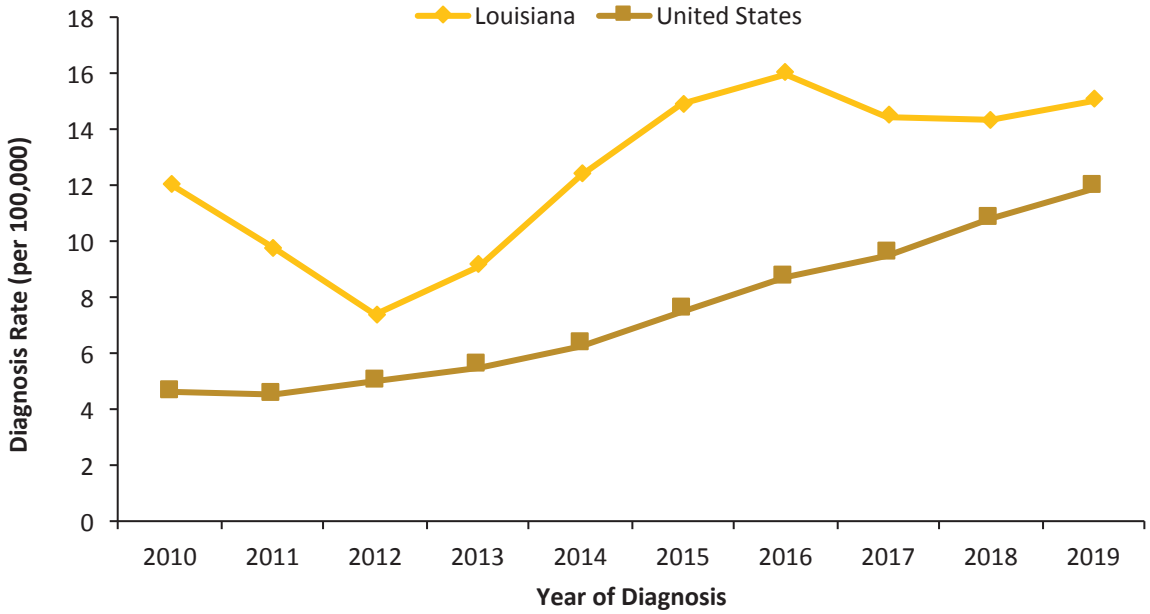
Primary & Secondary Syphilis

Syphilis is one of the three most commonly diagnosed STIs. It is caused by the bacterium *Treponema pallidum* and is typically transmitted through contact with an infected genital ulcer, though ulcers can be found in other sites on the body. These ulcers also facilitate the sexual transmission and contraction of HIV. The primary and secondary stages of syphilis are the most infectious stages.[xxviii] If left untreated, syphilis can cause serious health problems that may include neurologic involvement. Pregnant women with untreated syphilis may experience stillbirth or give birth to a child with congenital defects. Penicillin G is the preferred drug for treating all stages of syphilis. The preparation, dosage, and length of treatment depend on the stage and clinical manifestation of the disease.[xxix]

10-Year Trends in P&S Syphilis Diagnoses

In 2019, there were 700 new P&S syphilis diagnoses, a 5% increase compared to 669 diagnoses in 2018. From 2010 to 2019, the P&S syphilis diagnosis rate ranged from a low of 7.4 per 100,000 in 2012 to a high of 16.0 per 100,000 in 2016. From 2006 to 2011 and from 2015 to 2016, Louisiana had the highest P&S syphilis rate in the nation.[xxviii]

Primary & Secondary Syphilis Diagnosis Rates
Louisiana and the United States, 2010-2019



- In 2019, the number of P&S syphilis cases in the United States was the highest since 1991. The P&S syphilis diagnosis rate in Louisiana was 15.1 per 100,000 population, which was 1.3 times the national rate of 11.9 per 100,000 population.
- From 2012 to 2016, Louisiana experienced its own significant rate increase, but between 2016 and 2019, decreased by 6% overall.

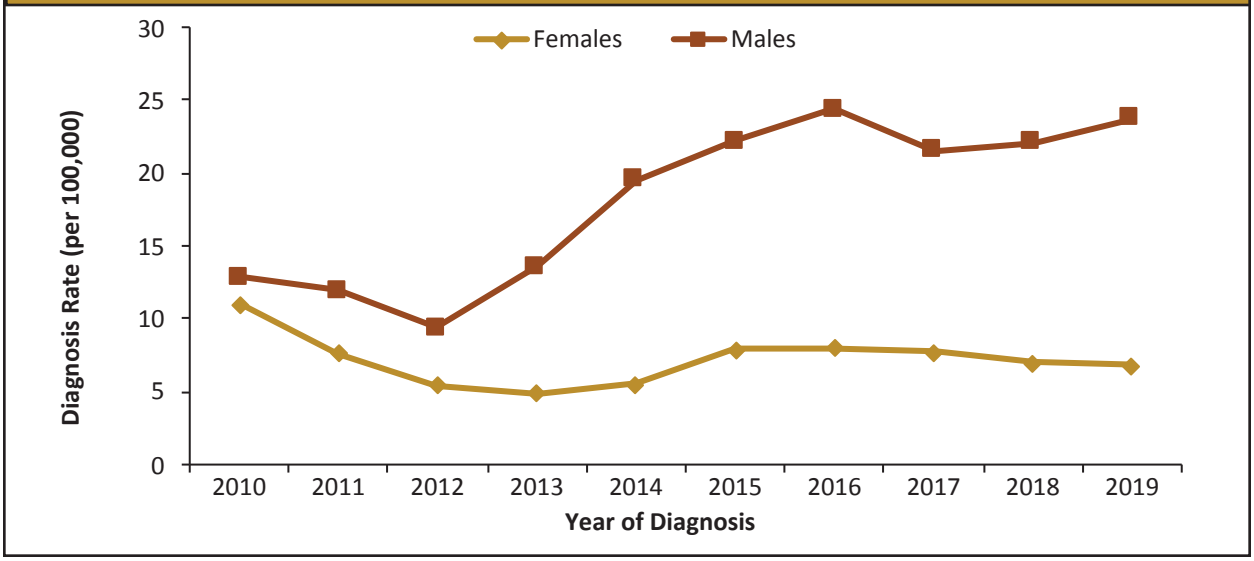
P&S Syphilis Diagnoses by Sex at Birth, Race/Ethnicity, and Age at Diagnosis

Characteristics of Persons Diagnosed with Primary & Secondary Syphilis Louisiana, 2019			
	Cases	**Percent**	**Rate***
Total	**700**	**100%**	**15.1**
Sex at Birth			
Female	163	23.3%	6.8
Male	537	76.7%	23.7
Race/Ethnicity			
Black/African American	425	60.8%	28.3
Hispanic/Latinx	17	2.4%	6.9
White	251	36.1%	9.2
Other/Multi-race	6	0.9%	-
Unknown	*1*	-	-
Age Group	**Age at Diagnosis**		
0-9	1	0.1%	n/a
10-14	2	0.3%	n/a
15-19	64	9.1%	21.8
20-24	171	24.4%	56.4
25-29	125	17.9%	37.3
30-34	114	16.3%	35.3
35-39	87	12.4%	27.6
40-44	53	7.6%	19.3
45+	83	11.9%	4.4

*Rate per 100,000. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.

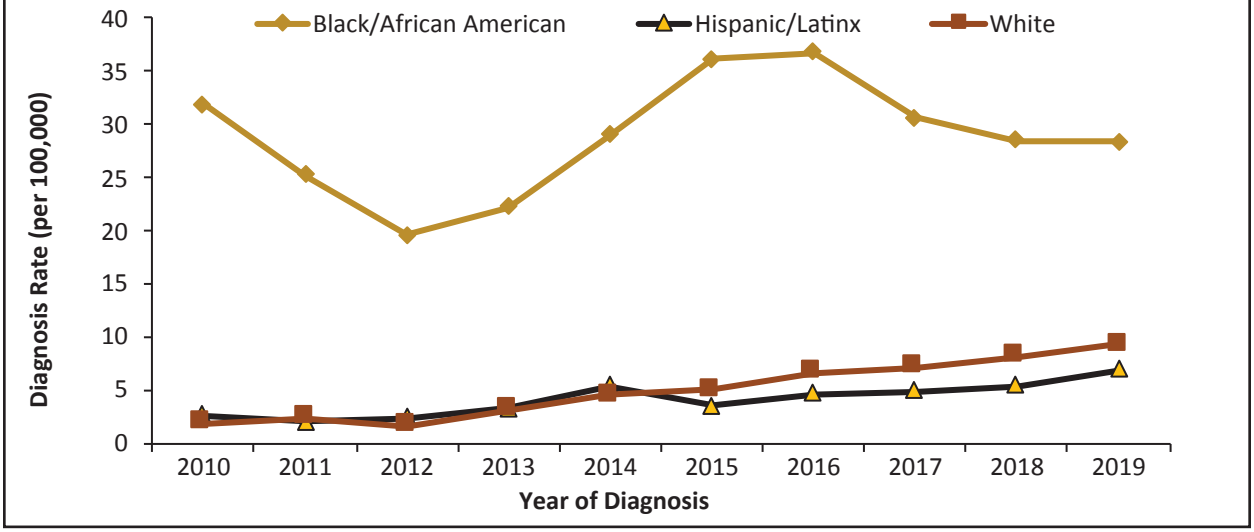
- In 2019, 163 females were diagnosed with P&S syphilis, a 2% decrease from the 166 diagnoses in 2018. The number of males diagnosed with P&S syphilis in Louisiana increased 7%, from 503 diagnoses in 2018 to 537 diagnoses in 2019.
- There is a significant racial disparity in syphilis diagnoses in Louisiana. In 2019, the rate of new P&S syphilis diagnoses among Black people was 28.3 per 100,000, three times higher than among White people and over four times higher than among Hispanic/Latinx people.
- In 2019, 61% of all P&S syphilis diagnoses were among Black people, 36% were among White people, and 2% were Hispanic/Latinx people. Only 32% of Louisiana's population is Black.
- From 2018 to 2019, the number of diagnoses increased 26% among people 15-19 years old, and 14% among people 20-24 years old. Overall, 34% of new P&S syphilis diagnoses were among people under 25 years of age in 2019.

Trends in P&S Syphilis Diagnosis Rates by Sex at Birth
Louisiana, 2010-2019



- The 2019 male P&S syphilis diagnosis rate of 23.7 per 100,000 males was over three times greater than the female rate of 6.8 per 100,000 females.
- From 2018 to 2019, the male P&S syphilis diagnosis rate increased from 22.1 to 23.7 per 100,000. The female P&S syphilis rate decreased from 7.0 to 6.8 per 100,000. The greatest gap in rates between males and females was observed in 2016.

Trends in P&S Syphilis Diagnosis Rates by Race/Ethnicity
Louisiana, 2010-2019



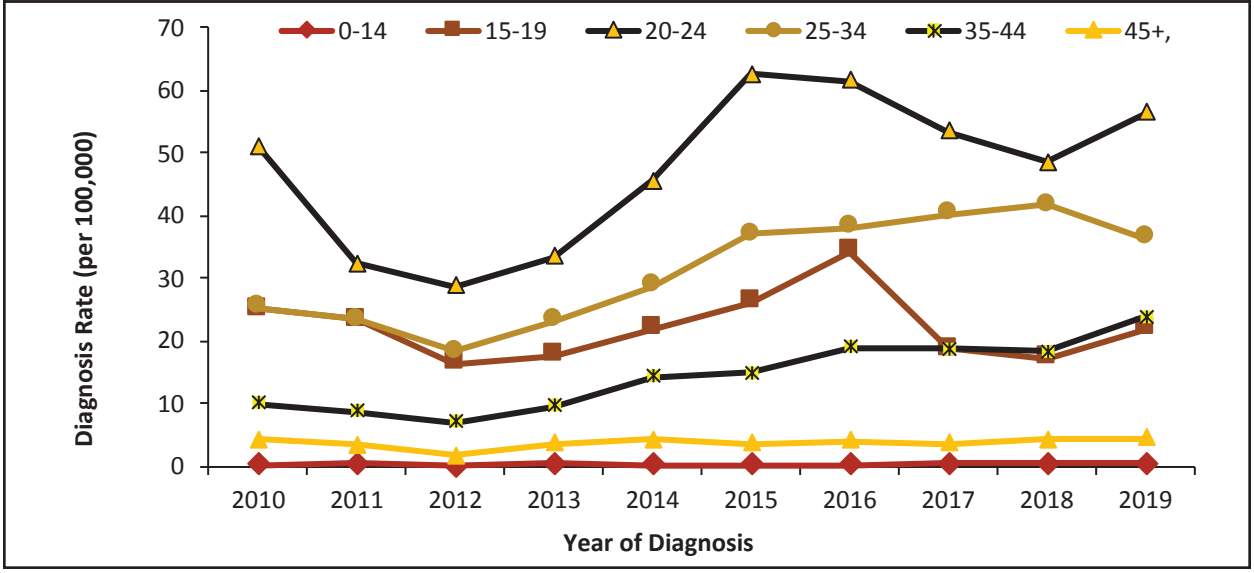
- The P&S syphilis rate among Black people has varied greatly over the past 10 years, from a high of 36.7 per 100,000 in 2016 to a low of 19.6 per 100,000 in 2012. The rate has steadily increased in White people from a low of 1.6 per 100,000 in 2012 to a high of 9.2 per 100,000 in 2019.
- From 2016 to 2019, the diagnosis rate among Black people decreased by 23% from 36.7 per 100,000 to 28.1 per 100,0000.

Race/Ethnicity of Persons Diagnosed with P&S Syphilis by Sex at Birth Louisiana, 2019			
	Cases	Percent	Rate*
Total	**700**	**100%**	**15.1**
Female	**163**	**23.3%**	**6.8**
American Indian/Alaskan Native	0	0.0%	0.0
Asian/Pacific Islander	0	0.0%	0.0
Black/African American	99	60.7%	12.5
Hispanic/Latina	0	0.0%	0.0
White	64	39.3%	4.6
Other/Multi-race	0	0.0%	-
Male	**537**	**76.7%**	**23.7**
American Indian/Alaskan Native	2	0.4%	n/a
Asian/Pacific Islander	4	0.7%	n/a
Black/African American	324	60.3%	45.9
Hispanic/Latino	17	3.2%	13.0
White	187	34.8%	14.0
Other/Multi-race	1	0.2%	-
Unknown	*1*	-	-

*Rate per 100,000. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.

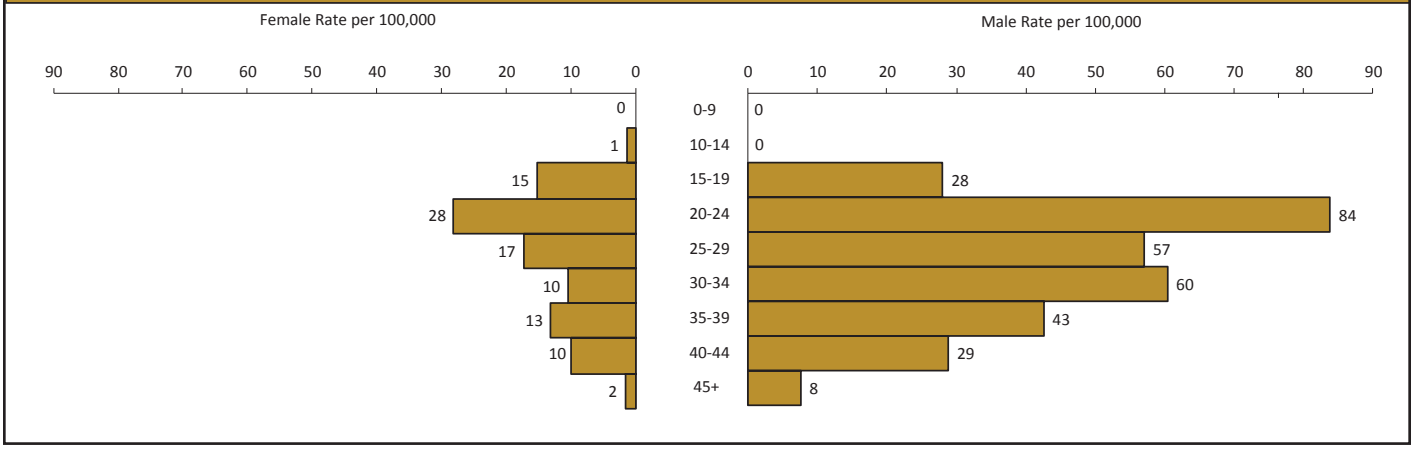
- In 2019, among P&S syphilis diagnoses in females, 61% were Black and 39% were White. Of the P&S syphilis diagnoses in males, 60% were Black, 35% were White, and 3% were Hispanic/Latino.
- The P&S syphilis rate in Black males is over three times greater than White males. The P&S syphilis rate in Black females is almost three times White females.
- The P&S syphilis rate in Black males was almost four times greater than Black females and the P&S syphilis rate in White males was almost three time greater than White females.

Trends in P&S Syphilis Diagnosis Rates by Age Group
Louisiana, 2010-2019



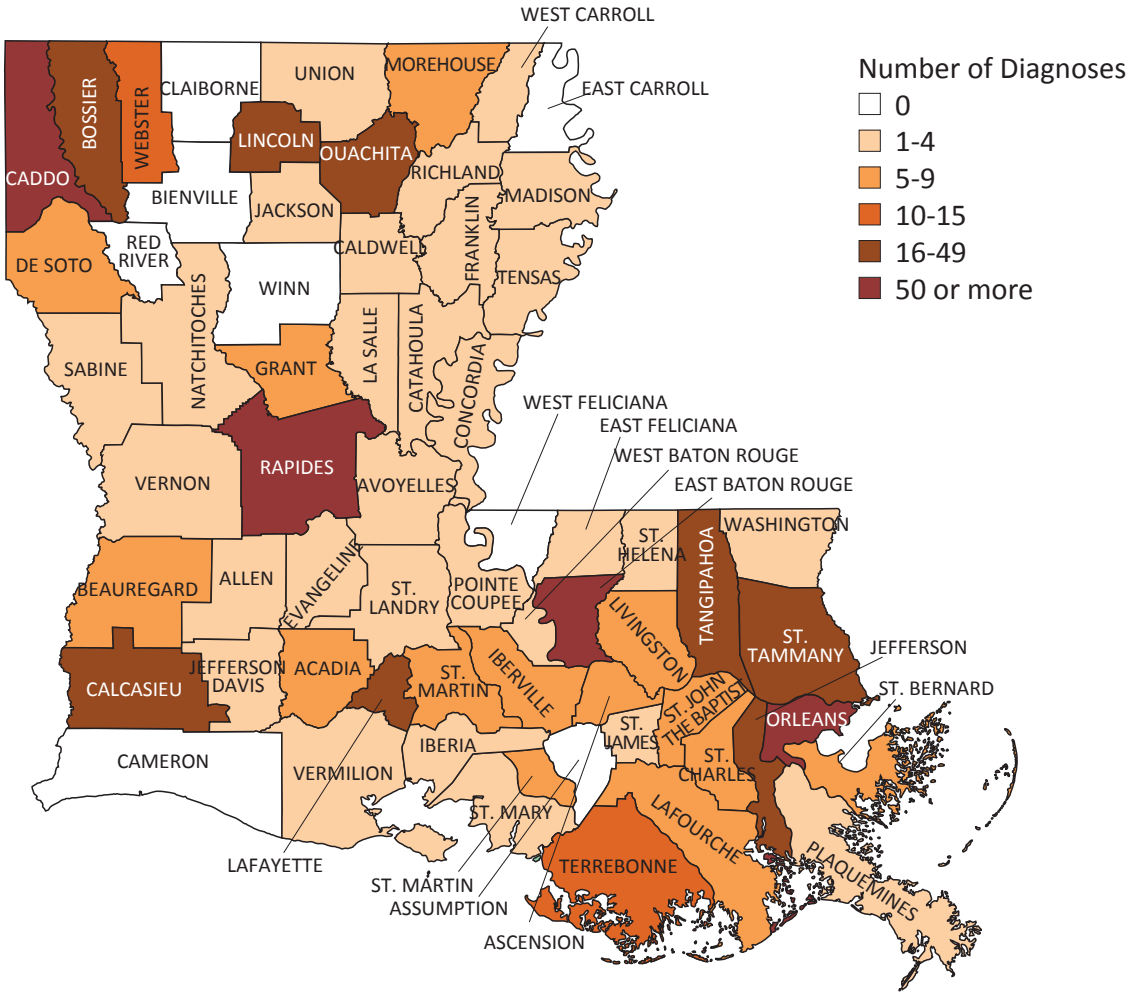
- The highest rate of P&S syphilis diagnoses occurs in people age 20-24. The rate among 20-24 year olds ranged from a low of 28.7 per 100,000 in 2012 to a high of 62.2 per 100,000 in 2015.
- The second highest P&S syphilis rate occurs among people aged 25-34. From 2018 to 2019, the rate among 25-34 year olds declined 13%.
- In 2018, the rate among 35-44 years olds surpassed the rate among 15-19 year olds. Since 2016, the rate among 15-19 year olds has decreased by 36%.

Primary & Secondary Syphilis Diagnosis Rates by Age and Sex at Birth
Louisiana, 2019



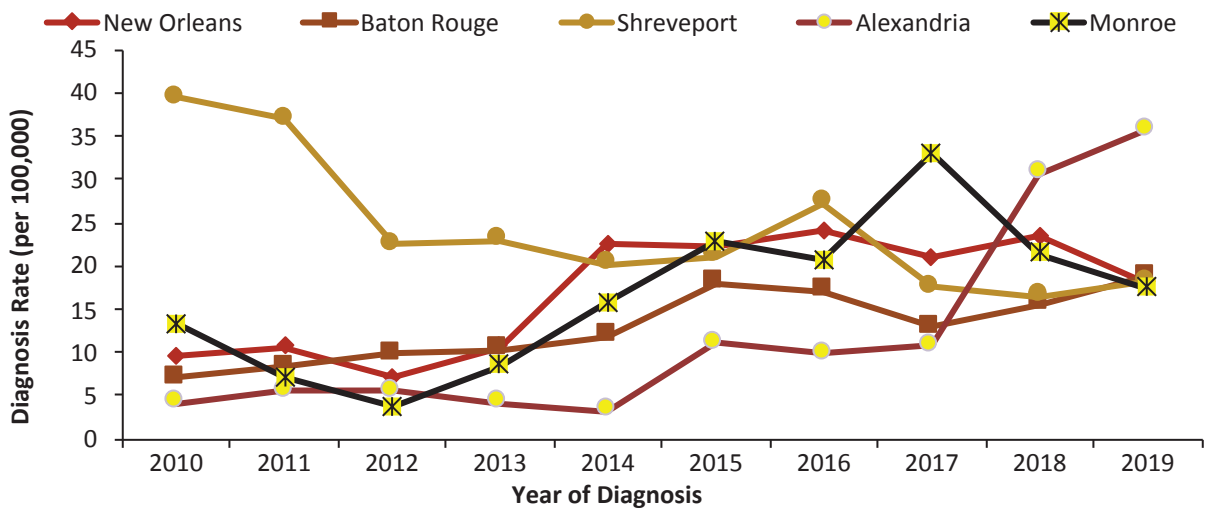
- In 2019, the highest age specific rate was among males 20-24 years old, followed by 30-34 year old males.
- Among females in 2019, the highest age-specific rate was among 20-24 year olds, followed by females age 25-29.

Number of P&S Syphilis Diagnoses by Parish, Louisiana, 2019



- The number of P&S syphilis diagnoses varied by parish in Louisiana. In 2019, there were people diagnosed with P&S syphilis in 56 of Louisiana's 64 parishes.
- A total of four parishes had P&S syphilis diagnosis counts greater than 50 (Caddo, East Baton Rouge, Orleans and Rapides). These four parishes accounted for over 50% of all P&S syphilis diagnoses in 2019.
- Additional breakdowns by race/ethnicity and parish can be found in the Appendix.

Trends in P&S Syphilis Diagnosis Rates by Selected Region
Louisiana, 2010-2019



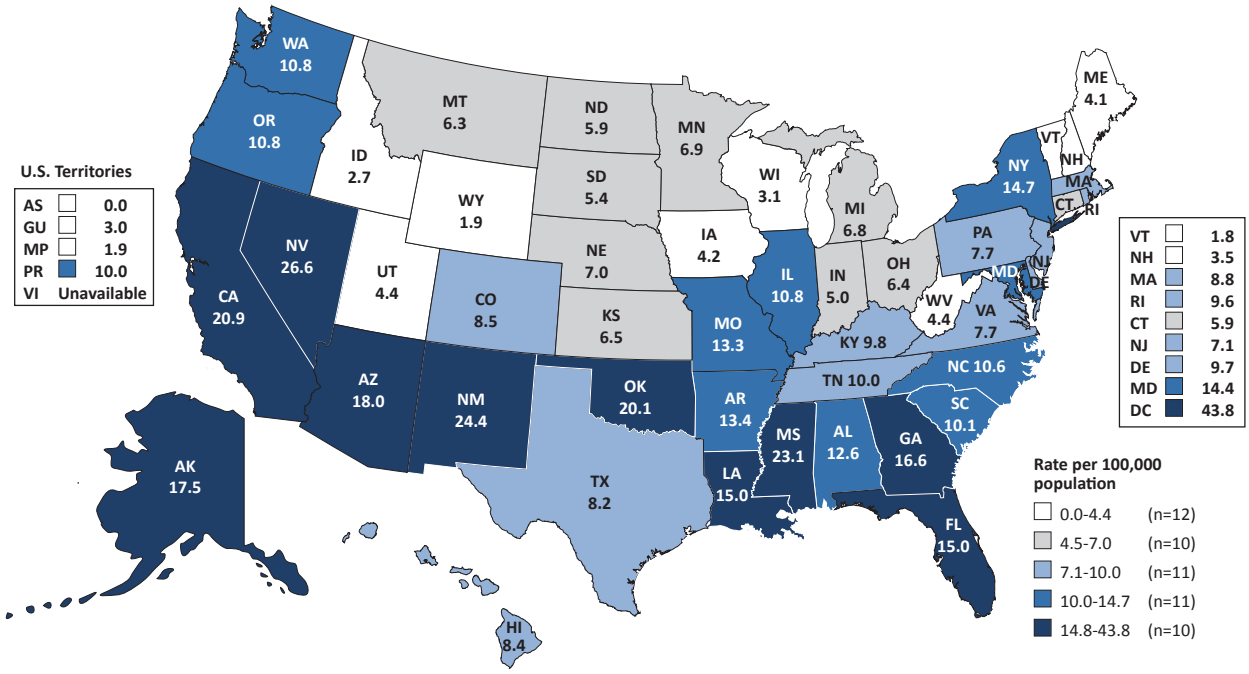
- In 2019, The Alexandria region was ranked 1st among regional P&S syphilis rates statewide. From 2017 to 2019, the P&S syphilis rate in the Alexandria region tripled, from 10.8 per 100,000 to 35.7 per 100,000. Prior to 2017, Alexandria consistently had one of the lowest rates in Louisiana, with an average rate of 6.6 per 100,000 between 2010 and 2017.
- In 2019, the Baton Rouge region ranked 2nd among P&S syphilis diagnosis rates with a rate of 18.8 per 100,000 people. The Shreveport region ranked 3rd with a P&S syphilis rate of 18.2 per 100,000, an 11% increase from 2018.
- The New Orleans region (18.0 per 100,000) and Monroe region (17.4 per 100,000), ranked 4th and 5th, respectively.

New P&S Syphilis Diagnoses by Region and Year
Louisiana, 2015-2019

	2015		2016		2017		2018		2019	
Louisiana	**696**	**%**	**750**	**%**	**679**	**%**	**669**	**%**	**700**	**%**
1-New Orleans	199	29%	216	29%	189	28%	210	31%	161	23%
2-Baton Rouge	123	18%	117	16%	90	13%	106	16%	128	18%
3-Houma	43	6%	56	7%	41	6%	19	3%	31	4%
4-Lafayette	60	9%	69	9%	59	9%	42	6%	39	6%
5-Lake Charles	14	2%	21	3%	26	4%	8	1%	32	5%
6-Alexandria	34	5%	30	4%	33	5%	92	14%	106	15%
7-Shreveport	115	17%	148	20%	95	14%	88	13%	97	14%
8-Monroe	81	12%	73	10%	116	17%	75	11%	60	9%
9-Hammond/Slidell	27	4%	20	3%	30	4%	29	4%	46	7%

- From 2018 to 2019, the number of P&S syphilis diagnoses increased by 15% in Alexandria.
- In 2019, the number of P&S syphilis diagnoses in the New Orleans region decreased by 23%, the most dramatic decline in Louisiana. New Orleans consistently accounts for more than 20% of all diagnoses in the state.
- From 2018 to 2019, the number of P&S syphilis diagnoses in the Lake Charles region quadrupled, the largest increase in the state.

P&S Syphilis Diagnosis Rates in the United States (2019)[xxviii]



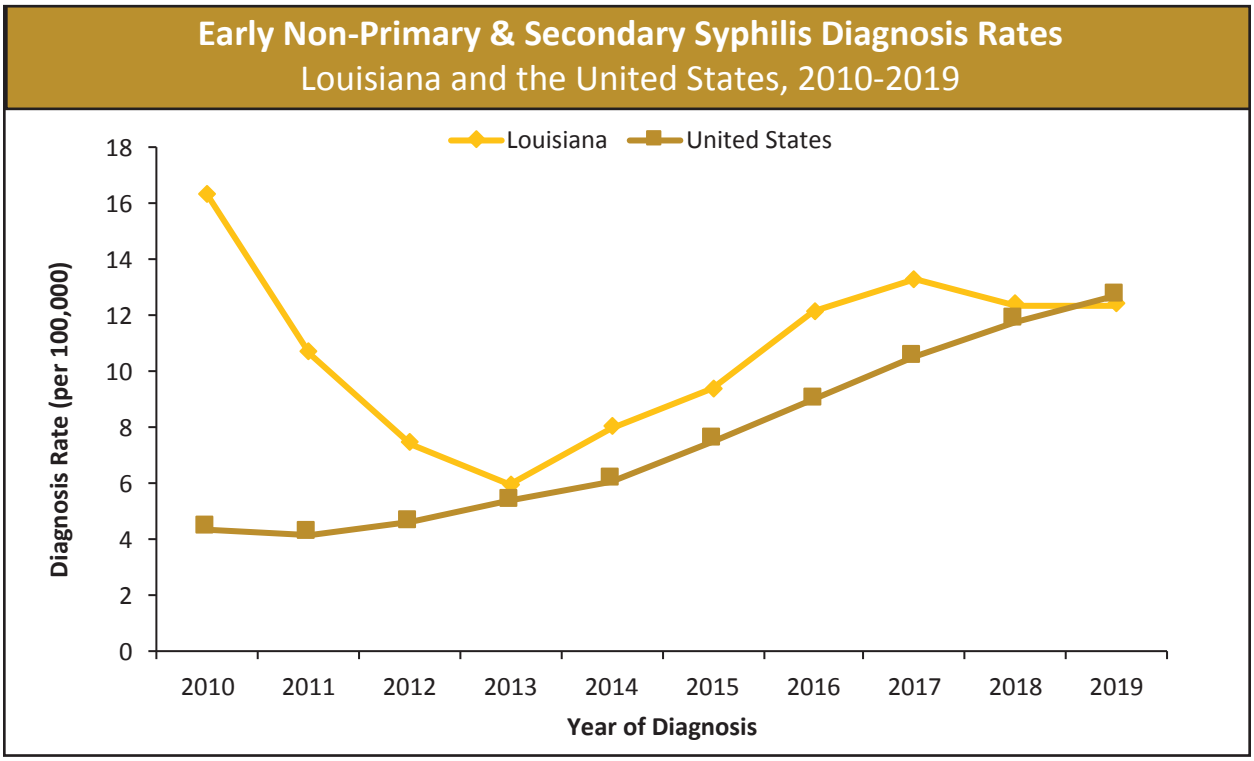
- According to the most recent CDC report, there were 38,992 new P&S syphilis diagnoses reported in the United States in 2019, for a national P&S syphilis diagnosis rate of 11.9 diagnoses per 100,000 population. In 2018, the national P&S syphilis diagnosis rate was 10.8 per 100,000 population.[xxviii]
- The national P&S syphilis diagnosis rate increased by 10% from 2018 to 2019 and has increased 89% from 2014 to 2019, when the national P&S syphilis diagnosis rate was 6.3 per 100,000 population.[xxviii]
- Between 2018 and 2019, P&S rates increased among males and females in all regions across the United States. However, the rate of P&S syphilis in males still exceeds that seen in females, accounting for nearly 83% of all P&S syphilis diagnoses.[xxviii]
- In 2019, Louisiana ranked 9th in the nation for P&S syphilis diagnosis rates (15.1 per 100,000). Nevada (26.6 per 100,000), New Mexico (24.4 per 100,000), Mississippi (23.1 per 100,000), California (20.9 per 100,000), and Oklahoma (20.1 per 100,000) ranked 1st through 5th respectively in 2019.[xxviii] The District of Columbia had the highest rate in the nation but is not included in national state rankings.
- Louisiana's 2019 P&S syphilis rate of 15.1 per 100,000 population was 1.3 times greater than the national rate of 11.9 per 100,000 population.[xxviii]

Early non-Primary non-Secondary Syphilis

Early non-P&S syphilis is defined as an infection which has occurred within 12 months of diagnosis without any signs or symptoms of P&S syphilis. If not detected and treated early, syphilis may lead to long-term health problems including blindness, dementia, paralysis, and damage to internal organs. Also, in pregnant women, monitoring of all stages of syphilis is important because undetected infections can lead to stillbirth or congenital defects.[xxviii] In Louisiana, early non-P&S syphilis cases receive the same partner services and follow-up by trained disease intervention specialists as P&S syphilis. This is because early non-P&S syphilis can occur between the primary and secondary stages, or in some cases, if a chancre is not visible upon cursory examination, a case may be misclassified.

10-Year Trends in Early non-P&S Syphilis Diagnoses

Between 2010 and 2013, Louisiana's early non-P&S syphilis rate decreased 63%. This is in part due to a change in the case definition of early non-P&S syphilis Louisiana fully implemented in 2011. Since 2013, Louisiana's early non-P&S syphilis rate has increased by 97%.



- In 2019, the early non-P&S syphilis diagnosis rate in Louisiana was 12.4 per 100,000 population, which was 5% below the national rate of 12.7 per 100,000 population.
- Nationally, the early non-P&S syphilis rate has steadily risen since 2011, increasing by almost three times between 2011 and 2019.
- Louisiana experienced a steady increase in early non-P&S syphilis rates between 2013 and 2017, more than doubling over the four-year period. From 2018 to 2019, the early non-P&S syphilis rate remained the same.

Early non-P&S Diagnoses by Sex at Birth, Race/Ethnicity, and Age at Diagnosis

Characteristics of Persons Diagnosed with Early non-P&S Syphilis Louisiana, 2019			
	Cases	Percent	Rate*
Total	**576**	**100%**	**12.4**
Sex at Birth			
Female	149	25.9%	6.3
Male	427	74.1%	18.8
Race/Ethnicity			
Black/African American	399	69.4%	26.6
Hispanic/Latinx	27	4.7%	10.9
White	138	24.0%	5.1
Other/Multi-race	11	1.9%	-
Unknown	*1*	-	-
Age Group	**Age at Diagnosis**		
0-9	0	0.0%	0.0
10-14	2	0.3%	n/a
15-19	24	4.2%	8.2
20-24	123	21.4%	40.5
25-29	142	24.7%	42.4
30-34	117	20.3%	36.2
35-39	59	10.2%	18.7
40-44	39	6.8%	14.2
45+	70	12.2%	3.7

* Rate per 100,000. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.

- In 2019, 427 males were diagnosed with early non-P&S syphilis, a decrease of two from the 429 males diagnosed in 2018. There were 149 diagnoses of early non-P&S syphilis in females in 2019, an increase of two diagnoses from 2018.
- The rate of early non-P&S syphilis in males was almost three times the rate in females, in 2019.
- In 2019, 69% of all early non-P&S syphilis diagnoses were Black, 24% were White, and 5% were Hispanic/Latinx. Only 32% of Louisiana's population is Black.
- There is a significant racial disparity in early non-P&S syphilis diagnoses in Louisiana. In 2019, the early non-P&S syphilis diagnoses rate among Black people was over five times higher than among White people and more than double the rate among Hispanic/Latinx people.
- In 2019, 46% of all early non-P&S syphilis diagnoses were in people age 20-29. An additional 31% of diagnoses were among people age 30-39.

Race/Ethnicity of Persons Diagnosed with Early non-P&S Syphilis by Sex at Birth Louisiana, 2019			
	Cases	**Percent**	**Rate***
Total	**576**	**100%**	**12.4**
Female	**149**	**25.9%**	**6.3**
American Indian/Alaskan Native	0	0.0%	0.0
Asian/Pacific Islander	1	0.7%	n/a
Black/African American	115	77.2%	14.5
Hispanic/Latina	6	4.0%	n/a
White	26	17.5%	1.9
Other/Multi-race	0	0.0%	0.0
Unknown	*1*	-	-
Male	**427**	**74.1%**	**18.8**
American Indian/Alaskan Native	1	0.2%	n/a
Asian/Pacific Islander	3	0.7%	n/a
Black/African American	284	66.5%	40.0
Hispanic/Latino	21	4.9%	16.0
White	112	26.2%	8.4
Other/Multi-race	6	1.4%	-

* Rate per 100,000. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.

- In 2019, among early non-P&S syphilis diagnosis in females, 77% were Black, 18% were White, and 4% were Hispanic/Latina. The diagnosis rate in Black females was over seven times that in White females.
- Among males, 77% of early non-P&S syphilis diagnoses were Black, 26% were White, and 5% were Hispanic/Latino. The diagnosis rate in Black males was over four times that in White males and more than two times that in Hispanic/Latino males.

Appendix

The appendix contains additional tables relevant to the HIV Surveillance chapter of this report, Chapter 1 and the STD Surveillance Chapter, Chapter 4. Immediately following the tables are the Technical Notes and Works Cited.

HIV SURVEILLANCE TABLES

Trends in HIV Diagnoses, Louisiana, 1979-2019

- This table includes the number of HIV Diagnoses, AIDS Diagnoses, Persons Living with HIV, and Deaths in Persons with HIV from 1979 to 2019. The number of deaths in 2019 are not finalized and are therefore not available.

New HIV Diagnoses by Region and Year, Louisiana, 2010-2019

- This table includes the number of New HIV Diagnoses from 2010 to 2019, for each of the nine public health regions in Louisiana.

New AIDS Diagnoses by Region and Year, Louisiana, 2010-2019

- This table includes the number of New AIDS Diagnoses from 2010 to 2019, for each of the nine public health regions in Louisiana.

Geographic Distribution of HIV in Louisiana, 2019

- This two-page table includes new AIDS Diagnoses in 2019, HIV Diagnoses in 2019, HIV Diagnosis Rate in 2019, Persons Living with HIV in 2019 and Deaths Among Persons Living with HIV in 2018 for each of the nine public health regions and the 64 parishes of Louisiana.

Deaths among Persons with HIV, Louisiana, 2018

- This table contains the demographic breakdown of Persons with HIV who died in 2018 in Louisiana, regardless of cause of death.

STD SURVEILLANCE TABLES

Geographic Distribution of Chlamydia by Race/Ethnicity, Louisiana, 2019

- This two-page table includes Chlamydia diagnoses in 2019, for each of the nine public health regions and the 64 parishes of Louisiana.

Geographic Distribution of Gonorrhea by Race/Ethnicity, Louisiana, 2019

- This two-page table includes Gonorrhea diagnoses in 2019, for each of the nine public health regions and the 64 parishes of Louisiana.

Geographic Distribution of Primary & Secondary Syphilis by Race/Ethnicity, Louisiana, 2019

- This two-page table includes P&S syphilis diagnoses in 2019, for each of the nine public health regions and the 64 parishes of Louisiana.

Trends in HIV Infection
Louisiana, 1979-2019

Year	New HIV Diagnoses	New AIDS Diagnoses	Persons Living with HIV Infection	Deaths
1979	1	1	1	0
1980	1	1	1	0
1981	5	0	7	0
1982	17	10	23	0
1983	59	27	71	7
1984	146	84	189	15
1985	384	151	501	38
1986	475	241	855	65
1987	754	417	1,396	93
1988	781	450	1,958	149
1989	1,028	612	2,642	292
1990	1,211	709	3,472	241
1991	1,536	933	4,575	237
1992	1,737	1,064	5,702	527
1993	1,693	1,131	6,729	586
1994	1,633	1,096	7,654	799
1995	1,476	1,036	8,331	891
1996	1,502	1,114	9,144	784
1997	1,489	936	10,213	552
1998	1,264	833	11,097	522
1999	1,226	787	12,005	496
2000	1,172	816	12,805	517
2001	1,123	878	13,502	571
2002	1,173	969	14,260	556
2003	1,043	888	14,848	587
2004	1,051	862	15,680	578
2005	960	798	13,071	589
2006	979	759	13,601	548
2007	1,073	809	14,201	519
2008	1,084	840	14,838	481
2009	1,194	785	15,495	540
2010	1,118	799	16,184	446
2011	1,200	781	16,864	467
2012	1,037	773	17,454	468
2013	1,132	703	18,131	406
2014	1,208	592	18,882	416
2015	1,113	510	19,573	407
2016	1,117	555	20,253	413
2017	1,012	505	20,841	400
2018	972	418	21,391	414
2019	884	436	21,922	n/a*

*Data are not complete

New HIV Diagnoses by Region and Year Louisiana, 2010-2019										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Louisiana	**1,118**	**1,200**	**1,037**	**1,132**	**1,208**	**1,113**	**1,117**	**1,012**	**972**	**884**
1-New Orleans	340	406	334	376	351	362	345	298	277	250
2-Baton Rouge	295	290	254	244	318	251	230	210	215	184
3-Houma	55	56	54	56	52	63	59	42	46	43
4-Lafayette	88	88	81	91	110	89	110	110	128	92
5-Lake Charles	47	50	38	38	41	47	39	55	38	49
6-Alexandria	61	62	53	63	57	52	60	47	72	47
7-Shreveport	102	117	78	123	124	126	136	122	86	116
8-Monroe	58	65	76	77	89	62	70	59	50	41
9-Hammond/Slidell	72	66	69	64	66	61	68	69	60	62

New AIDS Diagnoses by Region and Year Louisiana, 2010-2019										
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Louisiana	**799**	**781**	**773**	**703**	**592**	**510**	**555**	**505**	**418**	**436**
1-New Orleans	251	257	251	218	180	164	155	135	138	131
2-Baton Rouge	238	220	194	183	159	121	143	119	73	86
3-Houma	49	30	37	40	29	24	19	22	22	21
4-Lafayette	60	55	59	65	46	37	54	46	47	42
5-Lake Charles	29	38	33	26	18	21	25	22	13	21
6-Alexandria	35	40	35	25	24	21	28	31	27	18
7-Shreveport	52	61	67	64	46	48	59	58	54	66
8-Monroe	44	38	49	40	45	35	38	38	17	17
9-Hammond/Slidell	41	42	48	42	45	39	34	34	27	34

Geographic Distribution of HIV Louisiana, 2019						
Region	**Parish**	**AIDS Diagnoses 2019***	**HIV Diagnoses 2019**	**HIV Diagnosis Rate 2019****	**Persons Living with HIV 2019**	**Deaths 2018**
Statewide		**436**	**884**	**19**	**21,922**	**414†**
Region 1		**131**	**250**	**28**	**7,553**	**125**
	Jefferson	39	85	20	2,118	34
	Orleans	92	161	41	5,174	84
	Plaquemines	0	1	n/a	50	1
	St. Bernard	0	3	n/a	211	2
Region 2		**86**	**184**	**27**	**5,066**	**110**
	Ascension	13	13	10	277	5
	East Baton Rouge	63	154	35	4,183	89
	East Feliciana	0	2	n/a	56	3
	Iberville	6	4	n/a	259	1
	Pointe Coupee	0	2	n/a	63	1
	West Baton Rouge	4	6	23	119	4
	West Feliciana	0	3	n/a	109	2
Region 3		**21**	**43**	**11**	**904**	**13**
	Assumption	0	2	n/a	120	0
	Lafourche	4	5	5	155	3
	St. Charles	4	4	n/a	204	2
	St. James	2	6	28	88	2
	St. John the Baptist	6	11	26	98	2
	St. Mary	2	2	n/a	76	0
	Terrebonne	3	13	12	163	4
Region 4		**42**	**92**	**15**	**1,831**	**31**
	Acadia	2	4	n/a	246	3
	Evangeline	5	5	15	93	3
	Iberia	2	7	10	221	2
	Lafayette	18	45	18	838	13
	St. Landry	11	21	26	302	7
	St. Martin	2	6	11	32	1
	Vermilion	2	4	n/a	99	2
Region 5		**21**	**49**	**16**	**979**	**22**
	Allen	2	8	31	206	0
	Beauregard	2	1	n/a	46	1
	Calcasieu	15	35	17	679	19
	Cameron	0	1	n/a	10	0
	Jefferson Davis	2	4	n/a	38	2

Geographic Distribution of HIV
Louisiana, 2019

Region	Parish	AIDS Diagnoses 2019*	HIV Diagnoses 2019	HIV Diagnosis Rate 2019**	Persons Living with HIV 2019	Deaths 2018
Statewide		**436**	**884**	**19**	**21,922**	**414†**
Region 6		**18**	**47**	**16**	**969**	**21**
	Avoyelles	1	2	n/a	237	4
	Catahoula	0	4	n/a	36	0
	Concordia	0	6	31	40	1
	Grant	1	3	n/a	67	0
	La Salle	0	3	n/a	42	1
	Rapides	13	28	22	457	13
	Vernon	1	1	n/a	66	2
	Winn	2	0	0	24	0
Region 7		**66**	**116**	**22**	**2,039**	**38**
	Bienville	1	3	n/a	79	0
	Bossier	10	19	15	481	6
	Caddo	43	73	30	1,137	22
	Claiborne	2	2	n/a	80	1
	De Soto	3	5	18	48	0
	Natchitoches	3	9	24	150	4
	Red River	1	2	n/a	3	3
	Sabine	0	2	n/a	24	1
	Webster	3	1	n/a	37	0
Region 8		**17**	**41**	**12**	**1,088**	**23**
	Caldwell	2	1	n/a	28	1
	East Carroll	0	0	0	19	0
	Franklin	1	2	n/a	65	0
	Jackson	0	7	44	55	1
	Lincoln	3	4	n/a	74	0
	Madison	2	3	n/a	43	0
	Morehouse	0	2	n/a	91	3
	Ouachita	8	18	12	640	14
	Richland	0	2	n/a	14	1
	Tensas	0	1	n/a	31	0
	Union	1	1	n/a	13	1
	West Carroll	0	0	0	15	0
Region 9		**34**	**62**	**10**	**1,493**	**31**
	Livingston	5	14	10	343	2
	St. Helena	1	2	n/a	75	1
	St. Tammany	6	14	5	600	12
	Tangipahoa	16	28	21	312	10
	Washington	6	4	n/a	163	5

*AIDS diagnoses will be included in counts of HIV diagnosis (3rd Column) for persons first diagnosed with HIV at an AIDS diagnosis or within the same year; therefore numbers from the two columns should not be added.
**Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
† Statewide total may include Louisiana deaths that lack a parish of death.

Deaths Among Persons with HIV Louisiana, 2018		
	2018 Deaths	**Percent**
Total Deaths	**414**	**100%**
Diagnosis at Death		
AIDS	324	78%
HIV	90	22%
Gender		
Men	286	69%
Women	128	31%
Race/Ethnicity		
Black/African American	300	72%
Hispanic/Latinx	7	2%
White	105	25%
Multi-Race/Other	2	<1%
Age at Death		
20-24	2	<1%
25-34	44	11%
35-44	64	15%
45-54	109	26%
55-64	112	27%
65+	83	20%
Imputed Transmission Category		
Gay, Bisexual, & Other Men who have Sex with Men (GBM)	146	35%
Persons Who Inject Drugs (PWID)	72	17%
GBM/PWID	32	8%
High Risk Heterosexual (HRH)	161	39%
Transfusion/Hemophilia*	1	<1%
Pediatric*	2	<1%
Region		
1-New Orleans	125	30%
2-Baton Rouge	110	27%
3-Houma	13	3%
4-Lafayette	31	7%
5-Lake Charles	22	5%
6-Alexandria	21	5%
7-Shreveport	38	9%
8-Monroe	23	6%
9-Hammond/Slidell	31	7%
Rural/Urban		
Rural	54	13%
Urban	360	87%

*Transmission category not imputed.

Geographic Distribution of Chlamydia by Race/Ethnicity
Louisiana, 2019

	White		Black/African American		Hispanic/Latinx		Total†	
Parish	**Cases**	**Rate***	**Cases**	**Rate***	**Cases**	**Rate***	**Cases**	**Rate***
Louisiana**	**8,146**	**300**	**24,099**	**1,606**	**1,419**	**575**	**36,131**	**777.2**
Region 1: New Orleans	**1,538**	**395**	**5,958**	**1,641**	**622**	**671**	**8,678**	**971.7**
Jefferson	739	329	1,896	1,621	407	631	3,276	757
Orleans	649	538	3,768	1,635	192	894	4,901	1,256
Plaquemines	57	390	45	938	3	n/a	123	530
St. Bernard	93	319	249	2,271	20	410	378	800
Region 2: Baton Rouge	**871**	**282**	**4,020**	**1,416**	**202**	**675**	**5,512**	**808.1**
Ascension	227	266	368	1,234	35	464	687	543
East Baton Rouge	497	257	3,117	1,518	152	784	4,089	929
East Feliciana	22	213	94	1,163	1	n/a	122	638
Iberville	39	252	198	1,272	5	554	257	791
Pointe Coupee	31	236	96	1,256	3	n/a	136	626
West Baton Rouge	38	262	99	944	3	n/a	148	559
West Feliciana	17	208	48	700	3	n/a	73	469
Region 3: Houma	**870**	**349**	**1,687**	**1,617**	**98**	**470**	**2,903**	**732.4**
Assumption	49	342	78	1,218	5	687	138	630
Lafourche	264	352	299	2,306	8	187	606	621
St. Charles	85	247	192	1,395	15	443	333	627
St. James	21	206	149	1,458	1	n/a	181	858
St. John the Baptist	43	303	352	1,428	11	385	432	1,008
St. Mary	104	376	179	1,160	24	676	327	663
Terrebonne	304	414	438	2,094	34	600	886	802
Region 4: Lafayette	**1,139**	**287**	**2,384**	**1,442**	**141**	**612**	**3,946**	**652.5**
Acadia	125	261	182	1,653	9	520	347	559
Evangeline	67	302	92	1,011	10	741	182	545
Iberia	142	347	369	1,639	24	799	579	829
Lafayette	410	257	931	1,440	65	577	1,520	622
St. Landry	146	326	409	1,209	12	619	605	737
St. Martin	123	356	278	1,755	9	561	438	820
Vermilion	126	270	123	1,469	12	555	275	462
Region 5: Lake Charles	**588**	**274**	**738**	**1,095**	**46**	**399**	**1,534**	**503.1**
Allen	35	193	23	402	3	n/a	68	265
Beauregard	78	258	32	724	1	n/a	119	317
Calcasieu	385	284	624	1,203	38	455	1,172	576
Cameron	10	161	0	0	1	n/a	11	158
Jefferson Davis	80	328	59	1,157	3	n/a	164	523

Geographic Distribution of Chlamydia by Race/Ethnicity
Louisiana, 2019

	White		Black/African American		Hispanic/Latinx		Total†	
Parish	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**8,146**	**300**	**24,099**	**1,606**	**1,419**	**575**	**36,131**	**777.2**
Region 6: Alexandria	**674**	**347**	**1,371**	**1,725**	**59**	**497**	**2,250**	**757.2**
Avoyelles	96	368	189	1,597	6	n/a	313	780
Catahoula	18	287	40	1,382	1	n/a	59	621
Concordia	20	182	114	1,496	0	0	141	732
Grant	57	332	37	1,091	6	524	109	487
La Salle	27	219	13	738	6	1,405	49	329
Rapides	264	334	797	1,939	12	286	1,136	876
Vernon	147	443	110	1,665	27	603	322	679
Winn	45	501	71	1,660	1	n/a	121	870
Region 7: Shreveport	**802**	**281**	**3,812**	**1,840**	**102**	**512**	**4,981**	**935.5**
Bienville	19	263	112	2,052	0	0	138	1,042
Bossier	260	310	431	1,496	47	537	809	637
Caddo	283	266	2,325	1,952	36	523	2,739	1,140
Claiborne	8	114	114	1,412	0	0	129	823
De Soto	41	253	179	1,849	2	n/a	242	881
Natchitoches	63	313	328	2,097	9	938	436	1,143
Red River	16	338	61	1,835	3	n/a	84	995
Sabine	49	304	39	983	2	n/a	96	402
Webster	63	267	223	1,709	3	n/a	308	803
Region 8: Monroe	**424**	**211**	**2,608**	**2,031**	**58**	**662**	**3,253**	**940.8**
Caldwell	14	179	26	1,652	0	0	42	423
East Carroll	2	106	87	1,862	3	n/a	95	1,385
Franklin	19	146	142	2,234	3	n/a	171	854
Jackson	20	188	58	1,310	1	n/a	84	534
Lincoln	45	180	449	2,391	7	482	526	1,125
Madison	6	161	136	1,996	6	2,459	157	1,434
Morehouse	46	377	257	2,172	8	2,094	333	1,339
Ouachita	182	205	1,177	2,053	23	669	1,451	947
Richland	20	164	129	1,816	0	0	166	825
Tensas	2	n/a	15	640	0	0	17	392
Union	42	275	104	1,910	5	463	155	701
West Carroll	26	309	28	1,614	2	n/a	56	517
Region 9: Hammond/Slidell	**1,236**	**278**	**1,502**	**1,474**	**89**	**314**	**3,047**	**514.4**
Livingston	386	316	123	1,261	16	280	559	397
St. Helena	7	155	60	1,147	0	0	70	691
St. Tammany	483	238	422	1,299	45	294	1,061	407
Tangipahoa	256	301	706	1,742	25	421	1,045	775
Washington	104	344	191	1,375	3	n/a	312	675

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** Louisiana total includes cases with unknown parish.
† The totals include cases with other and unknown race.

Geographic Distribution of Gonorrhea by Race/Ethnicity
Louisiana, 2019

	White		Black/African American		Hispanic/Latinx		Total†	
Parish	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**2,873**	**106**	**9,157**	**610**	**267**	**108**	**12,800**	**275.3**
Region 1: New Orleans	**600**	**154**	**2,271**	**625**	**136**	**147**	**3,121**	**349.5**
Jefferson	189	84	621	531	60	93	908	210
Orleans	371	308	1,581	686	68	317	2,092	536
Plaquemines	7	48	14	292	2	n/a	24	103
St. Bernard	33	113	55	502	6	123	97	205
Region 2: Baton Rouge	**213**	**62**	**1,510**	**532**	**32**	**107**	**1,836**	**269.2**
Ascension	49	57	92	308	4	n/a	156	123
East Baton Rouge	137	71	1,251	609	26	134	1,484	337
East Feliciana	3	n/a	33	408	1	n/a	37	193
Iberville	11	71	71	456	0	0	82	252
Pointe Coupee	5	38	18	235	0	0	23	106
West Baton Rouge	8	55	38	362	1	n/a	47	178
West Feliciana	0	0	7	102	0	0	7	45
Region 3: Houma	**303**	**122**	**501**	**480**	**17**	**82**	**862**	**217.5**
Assumption	10	70	22	343	0	0	34	155
Lafourche	106	141	93	717	2	n/a	208	213
St. Charles	21	61	61	443	4	n/a	90	169
St. James	8	78	30	293	0	0	38	180
St. John the Baptist	12	85	86	349	2	n/a	102	238
St. Mary	27	98	50	324	4	n/a	82	166
Terrebonne	119	162	159	760	5	88	308	279
Region 4: Lafayette	**447**	**113**	**794**	**480**	**15**	**65**	**1,291**	**213.5**
Acadia	56	117	52	472	0	0	113	182
Evangeline	26	117	24	264	3	n/a	54	162
Iberia	65	159	123	546	2	n/a	193	276
Lafayette	143	90	337	521	4	n/a	495	203
St. Landry	62	139	178	526	1	n/a	249	303
St. Martin	48	139	52	328	2	n/a	106	198
Vermilion	47	101	28	334	3	n/a	81	136
Region 5: Lake Charles	**240**	**112**	**337**	**500**	**7**	**61**	**653**	**214.2**
Allen	10	55	12	210	0	0	23	90
Beauregard	14	46	12	271	0	0	30	80
Calcasieu	179	132	272	524	6	72	517	254
Cameron	4	n/a	0	0	0	0	5	72
Jefferson Davis	33	135	41	804	1	n/a	78	249

Geographic Distribution of Gonorrhea by Race/Ethnicity
Louisiana, 2019

	White		Black/African American		Hispanic/Latinx		Total†	
Parish	**Cases**	**Rate***	**Cases**	**Rate***	**Cases**	**Rate***	**Cases**	**Rate***
Louisiana**	**2,873**	**106**	**9,157**	**610**	**267**	**108**	**12,800**	**275.3**
Region 6: Alexandria	**283**	**146**	**533**	**671**	**7**	**59**	**846**	**284.7**
Avoyelles	56	215	83	701	1	n/a	144	359
Catahoula	9	n/a	16	553	0	0	26	274
Concordia	7	64	38	499	1	n/a	47	244
Grant	22	128	18	531	2	n/a	46	205
La Salle	4	n/a	2	n/a	0	0	7	47
Rapides	143	181	317	771	2	n/a	470	363
Vernon	30	90	29	439	1	n/a	64	135
Winn	12	134	30	701	0	0	42	302
Region 7: Shreveport	**272**	**95**	**1,601**	**773**	**22**	**110**	**1,962**	**368.5**
Bienville	7	97	30	550	1	n/a	39	295
Bossier	71	85	195	677	5	57	287	226
Caddo	116	109	1,017	854	8	116	1,163	484
Claiborne	5	71	42	520	0	0	53	338
De Soto	11	68	73	754	1	n/a	86	313
Natchitoches	23	114	146	934	4	n/a	184	482
Red River	2	n/a	18	541	1	n/a	21	249
Sabine	9	56	19	479	1	n/a	32	134
Webster	28	119	61	467	1	n/a	97	253
Region 8: Monroe	**164**	**82**	**979**	**762**	**16**	**183**	**1,193**	**345.0**
Caldwell	3	n/a	17	n/a	0	0	20	202
East Carroll	1	n/a	15	321	0	0	16	233
Franklin	3	n/a	35	551	1	n/a	39	195
Jackson	12	113	14	316	0	0	26	165
Lincoln	13	52	181	964	2	n/a	201	430
Madison	2	n/a	38	558	2	n/a	44	402
Morehouse	12	98	84	710	1	n/a	106	426
Ouachita	82	92	496	865	8	233	598	390
Richland	7	57	52	732	0	0	61	303
Tensas	0	0	4	n/a	0	0	4	n/a
Union	23	151	36	661	1	n/a	64	289
West Carroll	6	71	7	403	1	n/a	14	129
Region 9: Hammond/Slidell	**349**	**78**	**621**	**609**	**15**	**53**	**1,023**	**172.7**
Livingston	86	70	43	441	3	n/a	136	97
St. Helena	3	n/a	26	497	0	0	30	296
St. Tammany	122	60	150	462	5	33	289	111
Tangipahoa	100	118	309	762	6	101	433	321
Washington	38	126	93	669	1	n/a	135	292

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** Louisiana total includes cases with unknown parish.
† The totals include cases with other and unknown race.

Geographic Distribution of Primary & Secondary Syphilis by Race/Ethnicity
Louisiana, 2019

	White		Black/African American		Hispanic/Latinx		Total†	
Parish	**Cases**	**Rate***	**Cases**	**Rate***	**Cases**	**Rate***	**Cases**	**Rate***
Louisiana**	**251**	**9**	**425**	**28**	**17**	**7**	**700**	**15.06**
Region 1: New Orleans	**44**	**11**	**108**	**30**	**7**	**8**	**161**	**18.03**
Jefferson	12	5	26	22	4	n/a	42	9.71
Orleans	31	26	77	33	3	n/a	112	28.71
Plaquemines	0	0	1	n/a	0	0	1	n/a
St. Bernard	1	n/a	4	n/a	0	0	6	n/a
Region 2: Baton Rouge	**26**	**8**	**97**	**34**	**2**	**n/a**	**128**	**18.77**
Ascension	4	n/a	5	17	0	0	9	7.11
East Baton Rouge	17	9	85	41	2	n/a	106	24.09
East Feliciana	1	n/a	3	n/a	0	0	4	n/a
Iberville	2	13	4	n/a	0	0	6	18.46
Pointe Coupee	1	n/a	0	n/a	0	0	1	n/a
West Baton Rouge	1	n/a	1	n/a	0	0	2	n/a
West Feliciana	0	0	0	0	0	0	0	0.00
Region 3: Houma	**10**	**4**	**18**	**17**	**1**	**5**	**27**	**6.81**
Assumption	0	0	0	0	0	0	0	0.00
Lafourche	2	n/a	4	n/a	0	0	6	6.15
St. Charles	3	0	2	n/a	0	0	5	n/a
St. James	0	0	2	n/a	0	0	2	n/a
St. John the Baptist	1	n/a	4	n/a	0	0	5	11.67
St. Mary	0	0	2	n/a	0	0	2	n/a
Terrebonne	4	n/a	5	24	1	n/a	11	9.96
Region 4: Lafayette	**21**	**5**	**18**	**11**	**0**	**0**	**39**	**6.45**
Acadia	5	10	2	n/a	0	0	7	11.28
Evangeline	1	n/a	1	n/a	0	0	2	n/a
Iberia	1	n/a	3	n/a	0	0	4	n/a
Lafayette	8	5	9	14	0	0	17	6.96
St. Landry	1	n/a	0	0	0	0	1	n/a
St. Martin	3	n/a	3	n/a	0	0	6	11.23
Vermilion	2	n/a	0	n/a	0	0	2	n/a
Region 5: Lake Charles	**24**	**n/a**	**7**	**10**	**1**	**9**	**32**	**10.50**
Allen	1	n/a	0	0	0	0	1	n/a
Beauregard	7	23	2	n/a	0	0	9	24.00
Calcasieu	14	10	5	10	1	n/a	20	9.83
Cameron	0	0	0	0	0	0	0	0.00
Jefferson Davis	2	n/a	0	0	0	0	2	n/a

Geographic Distribution of Primary & Secondary Syphilis by Race/Ethnicity
Louisiana, 2019

	White		Black/African American		Hispanic/Latinx		Total†	
Parish	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**251**	**9**	**425**	**28**	**17**	**7**	**700**	**15.06**
Region 6: Alexandria	**62**	**32**	**42**	**53**	**2**	**17**	**106**	**35.67**
Avoyelles	2	n/a	2	n/a	0	0	4	9.96
Catahoula	1	n/a	0	0	0	0	1	n/a
Concordia	1	n/a	1	n/a	0	0	2	n/a
Grant	6	35	0	0	0	0	6	26.80
La Salle	3	n/a	0	0	0	0	3	n/a
Rapides	46	58	39	95	2	n/a	87	67.10
Vernon	3	n/a	0	0	0	0	3	n/a
Winn	0	0	0	0	0	0	0	0.00
Region 7: Shreveport	**31**	**11**	**64**	**31**	**0**	**n/a**	**97**	**18.22**
Bienville	0	0	0	0	0	0	0	0.00
Bossier	7	8	9	31	0	0	17	13.38
Caddo	18	17	44	37	0	0	62	25.81
Claiborne	0	0	0	0	0	0	0	0.00
De Soto	1	n/a	4	n/a	0	0	5	n/a
Natchitoches	0	0	1	n/a	0	0	1	n/a
Red River	0	0	0	0	0	0	0	0.00
Sabine	2	n/a	0	0	0	0	2	n/a
Webster	3	n/a	7	54	0	0	10	26.08
Region 8: Monroe	**10**	**5**	**46**	**36**	**3**	**34**	**60**	**17.35**
Caldwell	1	n/a	1	n/a	0	0	2	n/a
East Carroll	0	0	0	0	0	0	0	0.00
Franklin	0	0	1	n/a	0	0	1	n/a
Jackson	1	n/a	2	n/a	0	0	3	19.05
Lincoln	2	n/a	12	64	2	n/a	16	34.23
Madison	0	0	4	n/a	0	0	4	n/a
Morehouse	0	0	5	42	0	0	5	20.10
Ouachita	3	n/a	18	31	1	n/a	23	15.01
Richland	2	n/a	1	n/a	0	0	3	n/a
Tensas	0	0	1	n/a	0	0	1	n/a
Union	0	0	1	n/a	0	0	1	n/a
West Carroll	1	n/a	0	0	0	0	1	n/a
Region 9: Hammond/Slidell	**23**	**5**	**22**	**22**	**1**	**4**	**46**	**7.77**
Livingston	5	4	1	n/a	0	0	6	4.26
St. Helena	0	0	1	n/a	0	0	1	n/a
St. Tammany	10	5	6	18	0	0	16	6.14
Tangipahoa	8	9	12	30	1	n/a	21	15.58
Washington	0	0	2	n/a	0	0	2	n/a

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
**The Louisiana Strata include cases with unknown parish.
† The totals include cases with other race/ethnicities.

Program Report Technical Notes

Report Format

The *2019 HIV/STD/Hepatitis Surveillance Report* includes only HIV and STD surveillance data and does not include HIV/STD prevention and services data. This STD/HIV/Hepatitis Program Report is divided into the following sections: Introduction, Chapter 1: Profile of the HIV Epidemic in Louisiana, Chapter 2: Linkage and Retention in HIV Care, Chapter 3: Perinatal HIV Exposure and Congenital Syphilis, Chapter 4: Profile of STDs in Louisiana, and an Appendix which includes additional HIV and STD tables.

Tabulation of Data

This report includes all STD information entered at the STD/HIV/Hepatitis Program office as of August 24, 2020, and all HIV information entered as of December 23, 2020. Chlamydia, gonorrhea, syphilis, congenital syphilis, HIV and AIDS cases diagnosed through 2019 are included in this report. The 2019 data are very complete and are not adjusted for a potential reporting delay. Due to reporting and collection delays for deaths among person with an HIV diagnosis and pediatric HIV exposures, those data are reported only through 2018 to ensure complete data.

Census Data and Rate Calculation

For all rates calculated for years 2010-2019, mid-year estimates for populations were obtained from the U.S. Census Bureau. The census estimates for 2010 are from the census data completed in 2010. These populations are used to calculate changes in the population, and incidence and prevalence rates. All rates are calculated per 100,000 persons except for death rates, which are calculated per 1,000 persons, and congenital syphilis rates which are calculated per 100,000 live births. An example of how rates are calculated is as follows. For the HIV diagnosis rate in 2019 for the New Orleans Public Health Region 1, the 2019 Census populations for the four parishes within Region 1 are added together equaling a regional population of 893,078 persons. Then the number of new HIV diagnoses in Region 1 in 2019, 250 new diagnoses, is divided by the totaled population, 893,078 persons to get 0.0002799. This number is multiplied by 100,000 to result in an HIV case rate of 27.99 per 100,000 population for Region 1 in 2019.

Interpretation of HIV Data

HIV data are not without limitations. Although an HIV diagnosis is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV diagnosis must be interpreted with caution. HIV data may not accurately depict trends in HIV transmission because HIV data represent persons who were reported with a positive confidential HIV test, which may first occur several years after HIV infection. In addition, the data are underreported because only persons with HIV who choose to be tested confidentially are counted. HIV diagnoses do not include persons who have not been tested for HIV.

Therefore, HIV diagnosis data do not necessarily represent characteristics of persons who have been recently-infected with HIV nor do they provide a true measure of 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 considered when interpreting HIV data.

Interpretation of STD Data

Similar to the limitations of the HIV data, STD data in this report represent only persons who have been tested for an STD. For many people, symptoms of an STD may not be obvious or may be ignored and a person does not seek STD testing.

HIV and AIDS Case Definition Changes

Most recently, the HIV surveillance case definitions were revised in 2008 for adults and adolescents (age ≥13 years).[xxx] A single case definition was created that incorporates AIDS and an HIV classification system. HIV infection is now categorized into four stages based on severity. Stage 1 is HIV infection with no AIDS-defining

conditions and either the CD4+ T-lymphocyte count is >500 cells/µl or the lymphocyte percentage is ≥29%. Stage 2 is HIV infection with no AIDS-defining conditions and either the CD4+ T-lymphocyte count is between 200-499 cells/µl or the lymphocyte percentage is between 14-28%. Stage 3 is AIDS where one of the following three conditions is met: CD4+ T-lymphocyte count is <200 cells/µl, or the lymphocyte percentage <14%, or there is documentation of an AIDS-defining condition. An AIDS-defining condition supersedes the CD4 count or percentage. Stage 4 is an unknown stage where no information has been collected on AIDS-defining conditions, CD4 count, or percentage. Once a person is classified as Stage 2 or 3, they cannot be reclassified at a lower stage.[xxxi]

The case definition for children less than 18 months of age has also been revised. The only category that was revised was "presumptively uninfected" with HIV. Additional laboratory criteria were added. In children age 18 months to <13 years, the surveillance case definition requires laboratory-confirmed evidence of HIV infection.

The definition of Stage 3 (AIDS) was further modified for all HIV-positive persons with laboratory results in 2014 and going forward. The new case definition relies only on the diagnosis of an OI or a CD4 count below 200. If the CD4 lymphocyte count is above 200 and the lymphocyte percentage is below 14%, this no longer meets the surveillance definition for Stage 3 (AIDS). If no CD4 lymphocyte count is available then a CD4 lymphocyte percent below 14% does meet the surveillance definition for AIDS.

Definitions of the HIV Transmission Categories

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

Gay, Bisexual, and Other Men who have Sex with Men (GBM): Cases include persons whose birth sex is male who report sexual contact with other men, i.e. homosexual contact or bisexual contact. The CDC does calculate a risk of GBM for transgender women who report male sex partners, because the birth sex is collected as male.

Persons Who Inject Drugs (PWID): Cases who report using drugs that require injection - no other route of administration of illicit drugs 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 acquiring HIV, e.g., heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, and/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 that results from transmission from an HIV-infected mother to her child.

Unspecified/NIR: 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 are traditionally marked as No Identified Risk factor (NIR). NIR cases include: persons for whom risk behavior information has not yet been reported 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. For this report, all cases with an unspecified transmission category were assigned an imputed transmission category. Imputation procedures are described below.

HIV Imputed Transmission Category

Newly reported cases, especially HIV (non-AIDS) cases, are often reported without a specified risk exposure, thereby causing a distortion of trends in exposure categories. Thus, statistical procedures to provide or impute predicted values of transmission category were used. All data in the graphs and tables throughout the surveillance section of the report represent imputed transmission categories. Values for transmission category for cases with no known risk were estimated using a statistical procedure known as hotdeck imputation, similar to methods used by the U.S. Census on the American Community Survey (www.census.gov/acs/www/Downloads/tp67.pdf). The Louisiana hotdeck imputation method was locally developed and validated against the CDC methodology. Logistic regression models were developed to identify those variables that are highly correlated with either a) missingness or b) one of the three chief risk factors for acquiring HIV (GBM, PWID, HRH). Next, a profile for each case was constructed using information from these variables, including age, race, sex, parish of residence, incarceration history, substance use, and year of infection. Finally, a predicted value for risk was then obtained by matching cases with no known risk to cases with a known risk along this profile and substituting the missing risk value. Transmission categories are not imputed for STD data.

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Chapter 1

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