LOUISIANA HIV/AIDS ANNUAL REPORT

2002

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OVERVIEW OF HIV/AIDS SURVEILLANCE

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

HIV/AIDS Surveillance System

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

HIV/AIDS Surveillance

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

Perinatal Surveillance

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

Adult Spectrum of Disease (ASD) Project

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

Behavioral Surveys

Street Outreach Surveys (SOS)

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

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is a state-based random digit-dialed telephone survey that monitors state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Respondents to the BRFSS questionnaire are asked a variety of questions about their personal health behaviors and health experiences. A sexual behavior module was added to this survey in 1994-96, 1998 and 2000-02. In this module, adults (ages 18-49) are asked about their number of sexual partners, condom use, and treatment for STDs. Data from the BRFSS survey are population-based; thus, estimates about testing attitudes and practices can be generalized to the adult population in Louisiana, not just to persons at highest risk for HIV/AIDS. However, because BRFSS respondents are contacted by telephone, the data are not representative of households without a telephone.

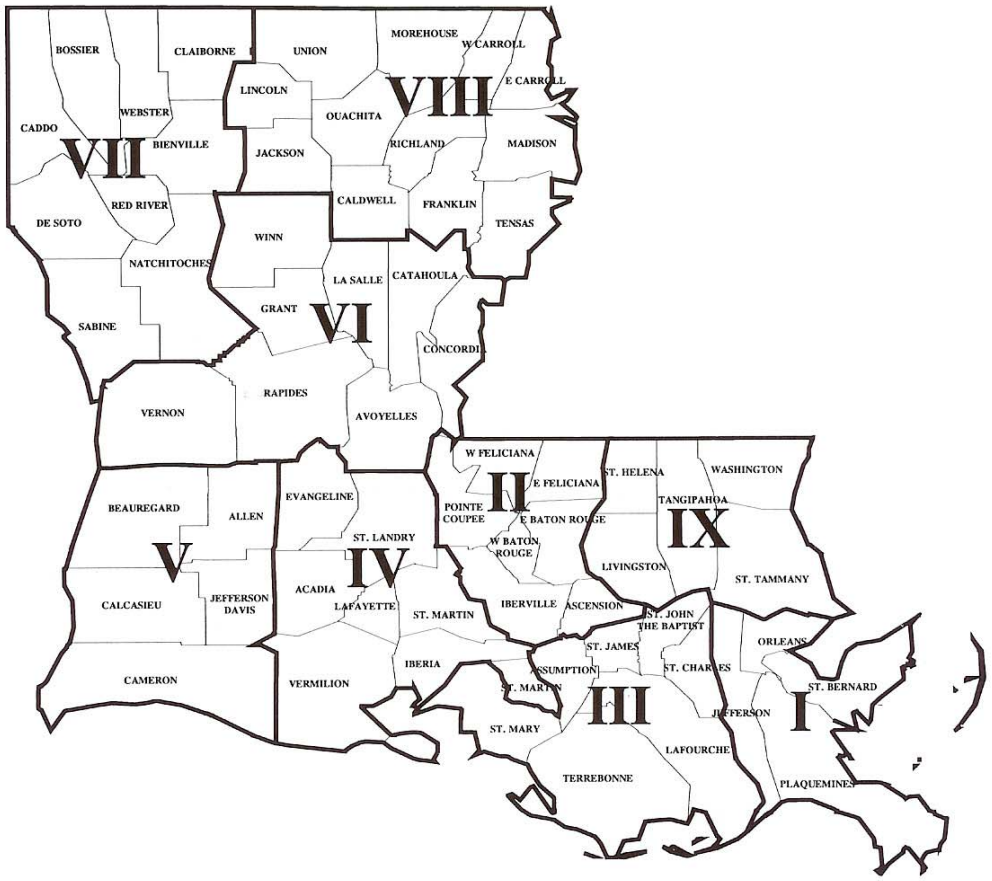
STD Surveillance

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

HIV Counseling and Testing Data

The Louisiana Office of Public Health provides funds for HIV counseling and testing at approximately 175 different sites across Louisiana. These sites include community-based organizations, drug treatment centers, and STD, prenatal, family planning, and tuberculosis clinics. Most sites offer both anonymous and confidential testing options; however, 88% of persons in 2002 were tested confidentially.

Geographic Guide to Louisiana Public Health Regions and Metro Statistical Areas (MSA)



Public Health Regions

I New Orleans
- Jefferson
- Orleans
- Plaquemines
- St. Bernard

II Baton Rouge
- Ascension
- Iberville
- E. Baton Rouge
- W. Baton Rouge
- Pointe Coupee
- East Feliciana
- West Feliciana

III Houma
- Assumption
- Lafourche
- St. Charles
- St. John the Baptist
- St. James
- St. Mary
- Terrebonne

IV Lafayette
- Acadia
- Evangeline
- Iberia
- Lafayette
- St. Landry
- St. Martin
- Vermilion

V Lake Charles
- Allen
- Beauregard
- Jefferson Davis
- Calcasieu
- Cameron

VI Alexandria
- Avoyelles
- Catahoula
- Concordia
- Grant
- Lasalle
- Rapides
- Vernon
- Winn

VII Shreveport
- Bienville
- Bossier
- Caddo
- Claiborne
- Desoto
- Natchitoches
- Red River
- Sabine
- Webster

VIII Monroe
- Caldwell
- East Carroll
- West Carroll
- Franklin
- Jackson
- Lincoln
- Madison
- Morehouse
- Ouachita
- Richland
- Tensas
- Union

IX Hammond/Slidell
- Livingston
- St. Helena
- St. Tammany
- Tangipahoa
- Washington

Urban Parishes (MSAs)

New Orleans
- *Jefferson*
- *Orleans*
- *St. Tammany*
- *St. John the Baptist*
- *Plaquemines*
- *St. Bernard*
- *St. James*
- *St. Charles*

Baton Rouge
- *E. Baton Rouge*
- *W. Baton Rouge*
- *Ascension*
- *Livingston*

Houma/Thibodaux
- *Lafourche*
- *Terrebonne*

Lafayette
- *Acadia*
- *St. Martin*
- *Lafayette*
- *St. Landry*

Shreveport
- *Bossier*
- *Caddo*
- *Webster*

Lake Charles
- *Calcasieu*

Alexandria
- *Rapides*

Monroe
- *Ouachita*

HIV/AIDS TRENDS IN LOUISIANA

EXECUTIVE SUMMARY

The HIV/AIDS epidemic continues to have a significant impact on the public health of Louisiana. Although there is still no cure for AIDS, recent advances in treatment have significantly slowed the progression from HIV to AIDS and AIDS to death. As of December 31, 2002, a cumulative total of 23,005 persons were detected with HIV/AIDS in Louisiana, including 271 cases in children under the age of 13.

The following report provides detailed information regarding demographic and risk characteristics of HIV-infected individuals and trends in the epidemic over time. This report includes cases diagnosed through 2002 and reported by May 2003. Some of the most significant trends occurring in 2002 are highlighted below:

- At the end of 2002, 14,647 persons were known to be living with HIV/AIDS in Louisiana, of which 6,945 (47%) have been diagnosed with AIDS. There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely due to more effective drug therapies.

- In the most recent CDC HIV/AIDS Surveillance Report (Vol. 14), Louisiana ranked 5th highest in state AIDS case rates and 10th in the number of AIDS cases reported in 2002.

- The New Orleans region had the highest number of HIV/AIDS cases detected in 2002, and 44% of all persons living with HIV in Louisiana live in this area. However, in 2002, as in past years, the Baton Rouge region surpassed the New Orleans region in the rate of new HIV/AIDS cases. The metropolitan Baton Rouge area ranked 7th and the metropolitan New Orleans area ranked 19th in AIDS case rates in 2001 among the large cities in the nation (CDC HIV/AIDS Surveillance Report, Vol. 13, No. 2).

- During 2002, 1,199 new HIV/AIDS cases were detected in Louisiana. For the first time since 1996, there was an increase in the number of newly-detected cases. New cases of HIV/AIDS were detected in 62 of Louisiana's 64 parishes in 2002.

- Since 1996, the number of new AIDS cases and deaths among persons with AIDS has decreased dramatically, coinciding with the widespread use of more effective treatments. However, in 2001 and 2002, the number of new AIDS diagnoses increased, which may be due to factors such as late testing, limited access to or use of health care services, and limitations of current therapies.

- The HIV detection rates for African-Americans continue to be disproportionately high. In 2002, 74% of newly-detected HIV cases and 77% of newly-diagnosed AIDS cases were among African-Americans. The HIV rates for African-Americans are over six times higher than those among whites.

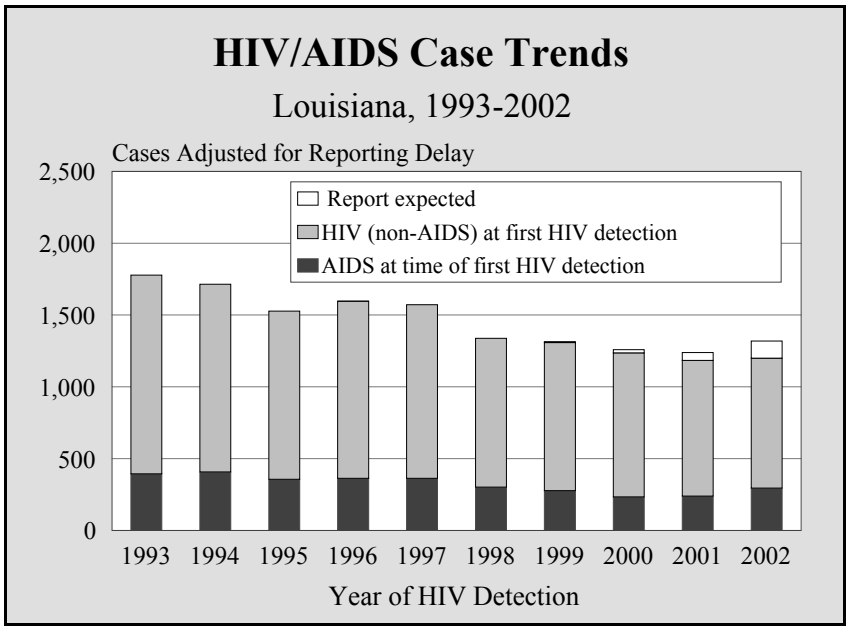
- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has increased steadily since 1993, but appears to be stabilizing. Women represented 31% of new HIV/AIDS cases in 2002. Although HIV/AIDS rates declined in men between 1993 and 2001, there was an increase in rates among men in 2002. Rates among African-American women have remained constant during the past ten years.

- Although the number of women living with HIV in Louisiana has risen in recent years, perinatal transmission rates have dropped dramatically from over 24% in 1993 to 4.7% in 2001 due to increased screening of pregnant women and increased use of antiretroviral therapy by pregnant women with HIV and their infants.

- In 2002, for the first time since 1996, there was an increase in newly-detected cases among men who have sex with men (MSM).

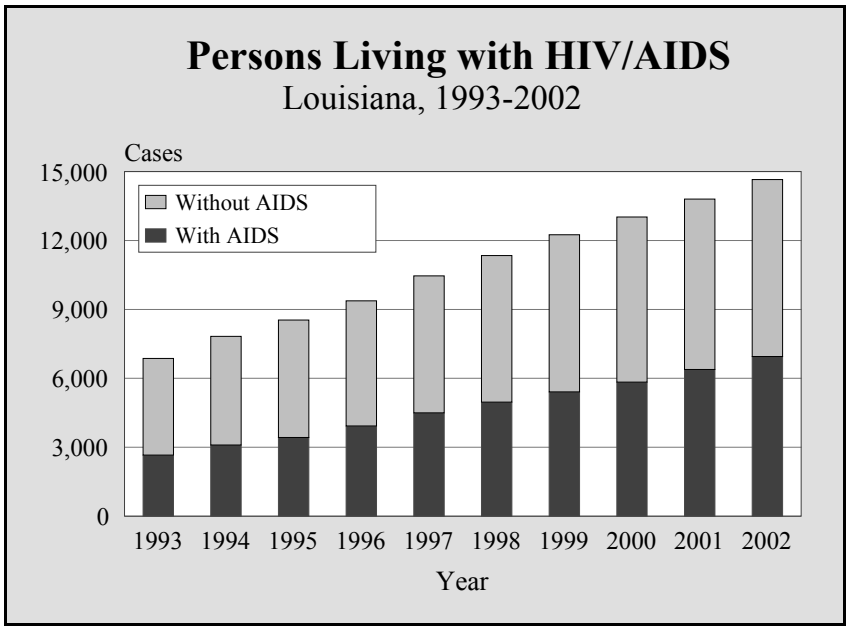
- Among African-Americans, high-risk heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant mode of exposure remains MSM.

OVERALL HIV/AIDS TRENDS



- In 2002, 1,199 new HIV/AIDS cases were detected statewide. The number of newly-detected HIV/AIDS cases decreased between 1993 and 2001; however, in 2002 there was a slight increase in the number of new cases.

- Of the newly-detected cases in 2002, 25% were diagnosed with AIDS at the same time they were first detected with HIV. This proportion is higher than any of the previous years.



- The number of persons living with HIV continues to increase each year. At the end of 2002, 14,647 persons were known to be living with HIV/AIDS in Louisiana, of whom 6,945 (47%) had progressed to AIDS. This increasing trend is largely due to the introduction of effective drug therapies that delay the progression from HIV to AIDS and AIDS to death.

Characteristics of HIV-Infected Persons (HIV/AIDS) [a]

	Persons with HIV/AIDS First Detected in 2002 *This column reflects persons with HIV infection (HIV/AIDS) whose confidential positive status was first detected in 2002 and reported to the health department. Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected.*		Persons Living with HIV/AIDS *This column reflects the minimum estimate of persons living with HIV as of December 31, 2002. This column includes persons living with AIDS.*		Persons with HIV/AIDS Cumulative *This column reflects the total number of HIV-infected persons reported as having been diagnosed with HIV or AIDS in the state. This represents the minimum number of cases of HIV-infection in the state, including those who have died.*	
	Cases[b]	**Percent[c]**	**Cases**	**Percent**	**Cases**	**Percent**
TOTAL	1,199	100%	14,647	100%	23,005	100%
Gender						
Male	829	69%	10,616	72%	17,746	77%
Female	370	31%	4,031	28%	5,259	23%
Ethnicity						
African-American	886	74%	9,452	65%	13,828	60%
White	280	23%	4,702	32%	8,535	37%
Hispanic	18	2%	406	3%	528	2%
Other/Unk/Multi-Race	15	1%	87	1%	114	<1%
Age Group	(Age at HIV Detection)		(Age on Dec. 31, 2002)		(Age at HIV Detection)	
0-12	9	1%	146	1%	271	1%
13-24	195	16%	820	6%	3,672	16%
25-44	734	61%	9,374	64%	15,652	68%
45-64	252	21%	4,098	28%	3,161	14%
65+	9	1%	209	1%	240	1%
Exposure Category [d]						
MSM[e]	286	50%	4,307	44%	8,332	49%
IDU[e]	113	20%	2,172	22%	3,653	22%
MSM & IDU	22	4%	887	9%	1,610	10%
HRH[e]	138	24%	1,993	21%	2,672	16%
Transfusion/Hemophilia	2	<1%	145	1%	407	2%
Perinatal	9	2%	182	2%	269	2%
Unspecified Exposure[f]	*629*	*52%*	*4,960*	*34%*	*6,061*	*26%*
Urban/Rural Parishes						
Urban	1014	85%	12,424	85%	20,132	88%
Rural	185	15%	2,223	15%	2,873	12%
Facility of Detection						
Private	311	26%	3,053	21%	3,593	16%
Public	888	74%	11,594	79%	19,412	84%

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

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

[c] Percentages may not add up to 100% due to rounding.

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

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

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

HIV/AIDS BY RACE/ETHNICITY AND GENDER

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

HIV/AIDS in Louisiana by Ethnicity and Year of HIV Detection (1996-2002)

	White			African-American			Hispanic			TOTAL[a]	
Year	Cases	Percent	Rate[b]	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1996	438	27%	16	1,115	70%	80	37	2%	35	1,596	37
1997	421	27%	15	1,106	70%	79	36	2%	33	1,572	36
1998	331	25%	12	971	73%	69	31	2%	27	1,338	30
1999	313	24%	11	958	73%	67	27	2%	23	1,308	30
2000	310	25%	11	895	72%	62	29	2%	27	1,236	28
2001	272	23%	10	872	74%	60	30	3%	28	1,184	26
2002	280	23%	10	886	74%	61	18	2%	17	1,199	27
Cum.	8,535	37%	- -	13,828	60%	- -	528	2%	- -	23,005	- -

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

- African-Americans continue to be impacted disproportionately by HIV/AIDS. Although African-Americans make up only 32% of the state's population, 74% of the new HIV cases diagnosed in 2002 and 65% of all persons living with HIV infection are African-American. The HIV detection rate for African-Americans is over six times higher than the rate among whites and three times higher than Hispanics.

- The epidemic significantly affects both males and females in the African-American and Hispanic communities, as shown in the following table. In 2002, the rate of HIV/AIDS detection in African-American males was over three times greater than the rate in Hispanic males and nearly five times greater than the rate in white males. The HIV/AIDS detection rate among African-American women was ten times greater than that of white women.

HIV/AIDS in Louisiana (1996-2002) by Gender and Ethnicity

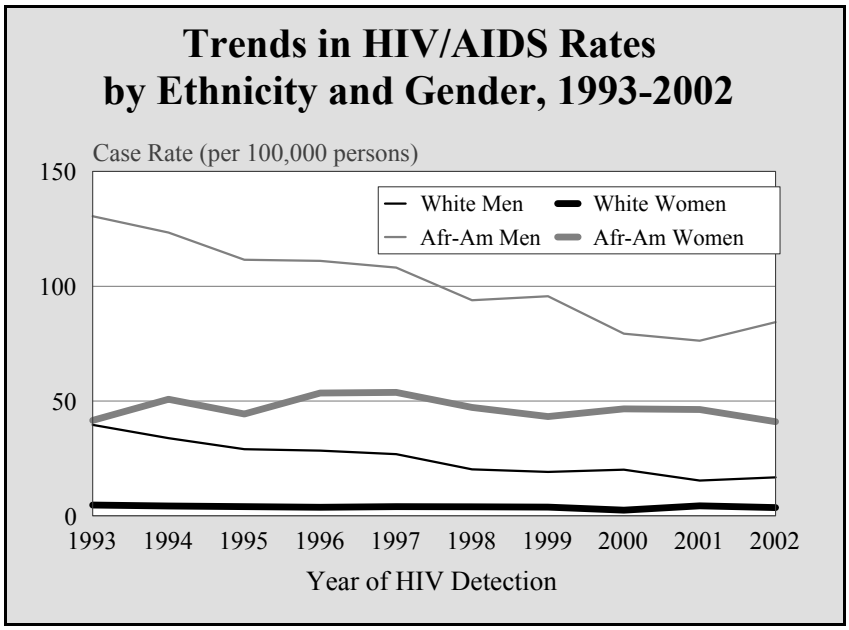
MALE

	White			African-American			Hispanic			TOTAL[a]	
Year	Cases	Percent	Rate[b]	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1996	385	24%	28	719	45%	111	28	2%	53	1138	54
1997	364	23%	27	705	45%	108	32	2%	59	1107	53
1998	275	21%	20	617	46%	94	25	2%	45	921	44
1999	259	20%	19	632	48%	95	23	2%	40	922	43
2000	275	22%	20	539	44%	79	22	2%	40	838	39
2001	210	18%	15	518	44%	76	27	2%	49	763	35
2002	229	19%	17	573	48%	84	15	1%	27	829	38
Cum. Total	7,695	36%	- -	9,498	44%	- -	457	2%	- -	17,746	- -

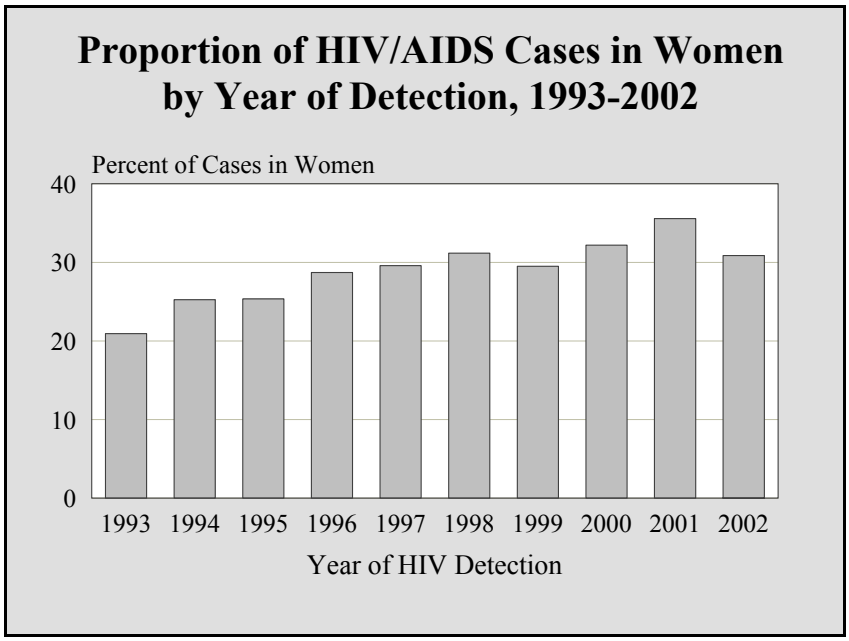
FEMALE

	White			African-American			Hispanic			TOTAL[a]	
Year	Cases	Percent	Rate[b]	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1996	53	3%	4	396	25%	54	9	1%	17	458	20
1997	57	4%	4	401	26%	54	4	<1%	7	465	20
1998	56	4%	4	354	26%	47	6	<1%	10	417	18
1999	54	4%	4	326	25%	43	4	<1%	7	386	17
2000	35	3%	2	356	29%	47	7	1%	13	398	17
2001	62	5%	4	354	30%	46	3	<1%	6	421	18
2002	51	4%	4	313	26%	41	3	<1%	6	370	16
Cum. Total	840	4%	- -	4,330	20%	- -	71	<1%	- -	5,259	- -

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

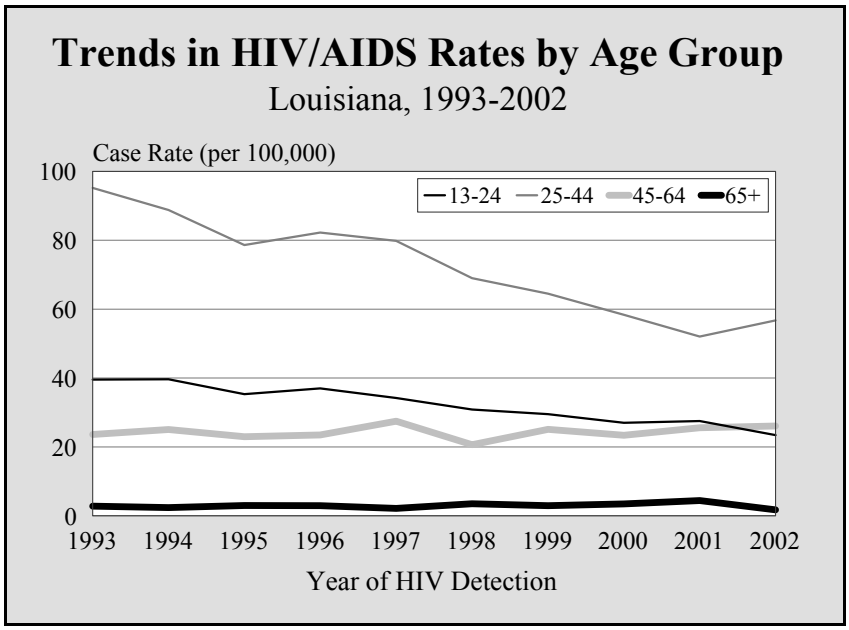


- Overall, HIV/AIDS rates have declined in both white and African-American men since 1993. However, in 2002 there was an increase in the rate of new infections among African-American men, while the rates in the other groups remained relatively stable.

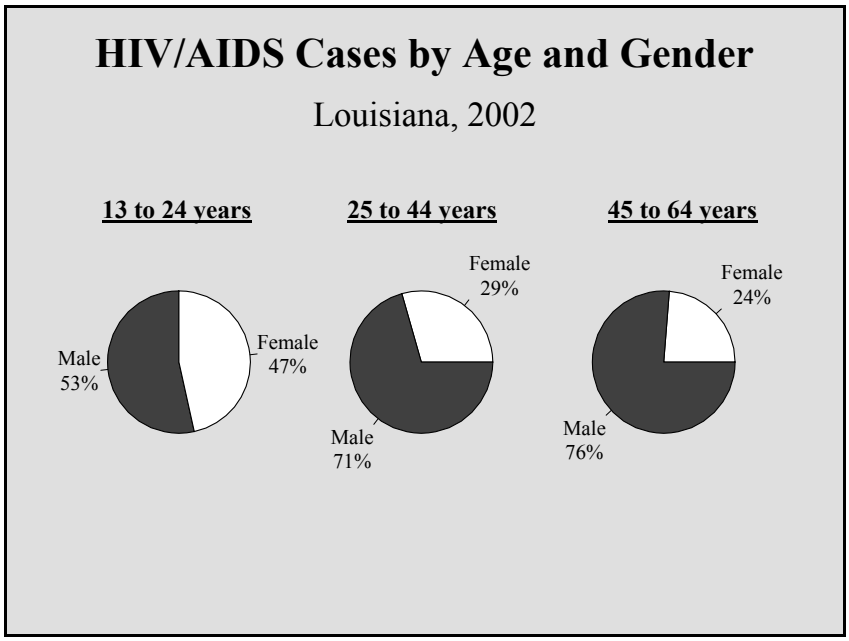


- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily increased. However, in recent years, new cases among women appear to be leveling off. In 1993, 21% of all new cases were women and, in 2002, 31% of new cases detected were women.

HIV/AIDS BY AGE GROUP



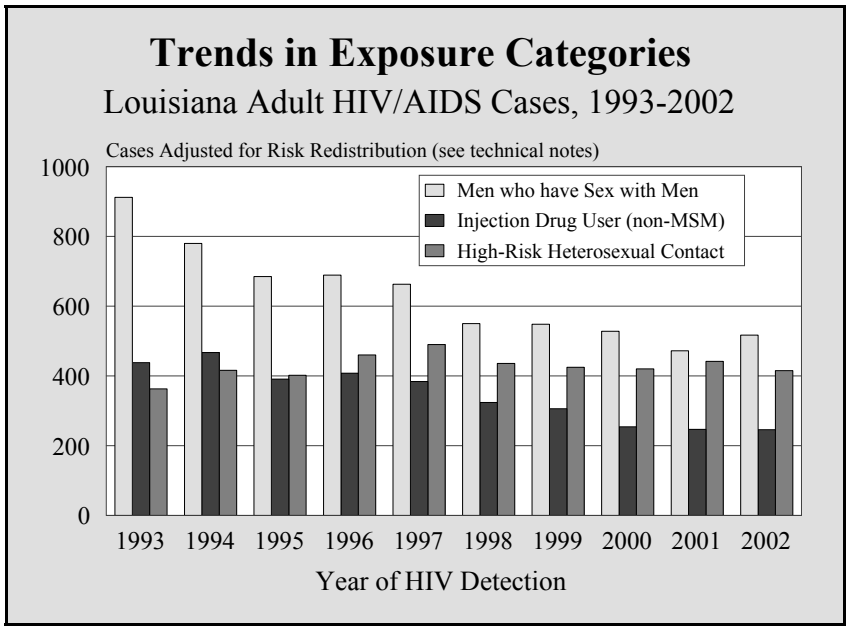
- In 2002, persons 25 to 44 years of age had the highest rates of newly-detected cases. Although the HIV/AIDS detection rate among this age group increased from 2001 to 2002, the overall decrease in this age group over time accounted for much of the decline in HIV/AIDS rates seen in recent years.



- Among youth, a much higher proportion of new cases are female, compared to persons in older age groups. This may be due, in part, to more opportunities for HIV screening of young women.

HIV/AIDS BY MODE OF EXPOSURE

The modes of exposure (i.e., persons' risk for HIV transmission) have changed significantly since 1993. Throughout the epidemic, most HIV transmission occurred among men who have sex with men (MSM); however, the proportion of cases attributed to MSM has been leveling off. Meanwhile, the proportion of cases among persons who report specific heterosexual contact with a person with HIV or at increased risk (e.g., an IDU) has been increasing, in part due to the increasing proportion of cases among women. A large percentage of cases (52% in 2002) were reported without any mode of exposure; therefore, the data shown in the following graphs have been adjusted to account for unreported risks, as described below and in the technical notes on p. 39.

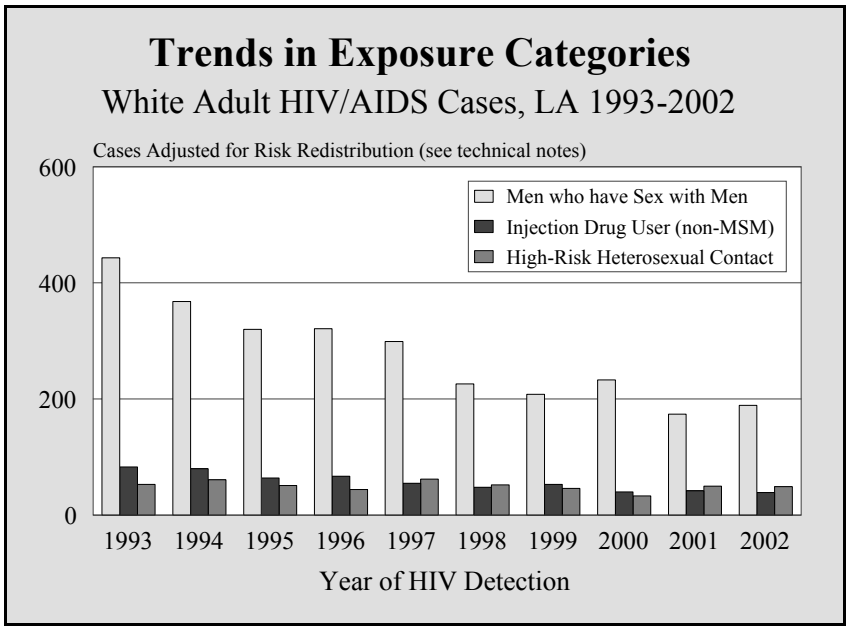


- The largest proportion of cases detected in 2002 (44%) were attributed to "men who have sex with men" (including MSM/IDU), after adjusting for unreported risk.

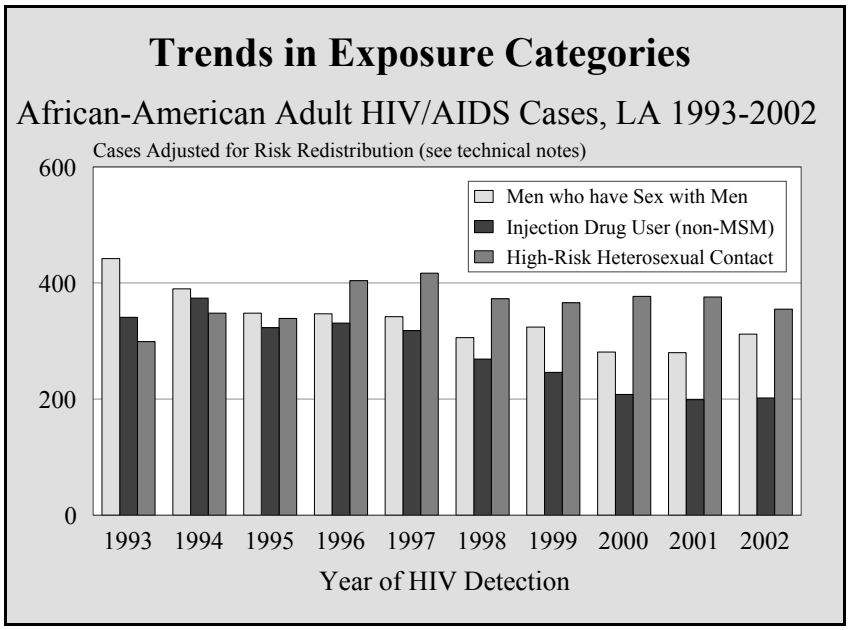
- After adjusting for unreported risk, cases attributed to "high-risk heterosexual contact" accounted for 35% of all cases detected in 2002.

- Injection drug users remain an important risk group, accounting for 20% of newly-detected cases and 22% of living cases.

Looking at cases adjusted for risk redistribution: Each year a significant number of HIV cases are reported that lack information to characterize how the infection may have been acquired (i.e., mode of exposure, transmission risk). Because this information is critical for identifying at-risk populations, the CDC has developed a method for estimating mode of exposure among those cases with an unreported risk. These estimates are based on historical patterns of risk distribution within certain demographic groups for a geographic area. Adjusting for risk redistribution (i.e., presenting a combination of cases reported with risk information and cases whose mode of exposure has been estimated) yields a more complete picture of the epidemic among the different exposure groups. For more information on risk redistribution, see the technical notes on p. 39.



- After redistributing risk due to missing data, the predominant exposure among whites is men who have sex with men, although the number of cases has declined substantially since 1993. In 2002, there was a slight increase in cases among MSM in white adults, from 65% of new cases in 2001 to 68% of new cases in 2002.



- Among African-Americans, high-risk heterosexual contact is the leading exposure category, accounting for 41% of all newly-detected cases. However, the proportion of cases among MSM increased from 33% in 2001 to 36% in 2002.

Exposure Category by Year of HIV Detection[a] and Gender
Louisiana HIV/AIDS Cases (1999-2002)

MALE

	1999		2000		2001		2002		Cumulative[d]	
Exposure Category	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Men who have Sex with Men (MSM)	281	54%	278	61%	248	62%	286	65%	8,332	60%
Injection Drug User (IDU)	122	24%	93	20%	71	18%	79	18%	2,573	19%
MSM & IDU	46	9%	33	7%	26	7%	22	5%	1,610	12%
High-Risk Heterosexual Contact	58	11%	39	9%	46	12%	49	11%	858	6%
Hemophiliac	1	<1%	1	<1%	0	0%	1	<1%	106	1%
Transfusion/Transplant	5	1%	3	1%	1	<1%	1	<1%	167	1%
Perinatal[f]	6	1%	8	2%	5	1%	5	1%	142	1%
Unspecified [c] (% of All Cases in Males)	*403*	*44%*	*383*	*46%*	*366*	*48%*	*386*	*47%*	*3,958*	*22%*
Total Men (% of Total Cases)[b,e]	922	70%	838	68%	763	64%	829	69%	17,746	77%

FEMALE

	1999		2000		2001		2002		Cumulative[d]	
Exposure Category	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Injection Drug User (IDU)	53	33%	36	22%	43	28%	34	27%	1,080	34%
High-Risk Heterosexual Contact	103	63%	116	70%	102	67%	89	70%	1,814	57%
Hemophiliac	0	0%	0	0%	0	0%	0	0%	6	0%
Transfusion/Transplant	5	3%	9	5%	1	1%	0	0%	128	4%
Perinatal[f]	2	1%	4	2%	7	5%	4	3%	127	4%
Unspecified [c] (% of All Cases in Females)	*223*	*58%*	*233*	*59%*	*268*	*64%*	*243*	*66%*	*2,103*	*67%*
Total Women (% of Total Cases)[b,e]	386	30%	398	32%	421	36%	370	31%	5,259	23%
TOTAL (All)[e]	1,308	100%	1,236	100%	1,184	100%	1,199	100%	23,005	100%

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

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

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

[d] Cumulative cases detected by the end of 2002.

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

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

Exposure Category by Year of HIV Detection[a] and Ethnicity
Louisiana HIV/AIDS Cases (1999-2002)

AFRICAN-AMERICAN

	1999		2000		2001		2002		Cumulative[d]	
Exposure Category	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Men who have Sex with Men (MSM)	157	33%	144	33%	130	36%	158	41%	3,116	34%
Injection Drug User (IDU)	139	29%	108	25%	89	24%	91	24%	2,863	31%
MSM & IDU	25	5%	13	3%	17	5%	12	3%	707	8%
High-Risk Heterosexual Contact	136	29%	146	34%	119	33%	111	29%	2,170	23%
Hemophiliac	0	0%	1	<1%	0	0%	0	0%	27	<1%
Transfusion/Transplant	7	1%	10	2%	1	0%	1	<1%	147	2%
Perinatal[f]	8	2%	12	3%	9	2%	9	2%	225	2%
Unspecified[c] (% of Total Afr-Am Cases)	*486*	*51%*	*461*	*52%*	*507*	*58%*	*504*	*57%*	*4,573*	*33%*
Total Afr-Am (% of Total Cases)[b,e]	958	73%	895	72%	872	74%	886	74%	13,828	60%

WHITE

	1999		2000		2001		2002		Cumulative[d]	
Exposure Category	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Men who have Sex with Men (MSM)	118	59%	128	71%	112	66%	122	69%	4,993	68%
Injection Drug User (IDU)	34	17%	20	11%	25	15%	22	12%	723	10%
MSM &IDU	21	11%	20	11%	9	5%	10	6%	874	12%
High-Risk Heterosexual Contact	20	10%	8	4%	21	12%	23	13%	441	6%
Hemophiliac	1	1%	0	0%	0	0%	1	1%	80	1%
Transfusion/Transplant	3	2%	2	1%	1	1%	0	0%	143	2%
Perinatal[f]	3	2%	2	1%	1	1%	0	0%	41	1%
Unspecified[c] (% of Total White Cases)	*116*	*37%*	*132*	*42%*	*101*	*37%*	*102*	*36%*	*1,239*	*15%*
Total White (% of Total Cases)[b,e]	316	24%	312	25%	270	23%	280	23%	8,534	37%
TOTAL (All)[e]	1,308	100%	1,236	100%	1,184	100%	1,199	100%	23,005	100%

[a] Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected.
[b] Among specified exposures, percents total to 100% of all cases diagnosed during the year whose exposure has been specified. Among unspecified and totals, percents are of all cases diagnosed during the year.
[c] Unspecified exposure refers to cases whose exposure category is still under investigation or unknown. Among totals, percents are of all cases diagnosed during the year.
[d] Cumulative cases detected by the end of 2002.
[e] Total includes all racial/ethnic categories and exposure groups, including ones not shown.
[f] Perinatal cases included in this table are based on year of HIV-detection; other analyses include perinatal cases based on year of birth.

GEOGRAPHIC DISTRIBUTION

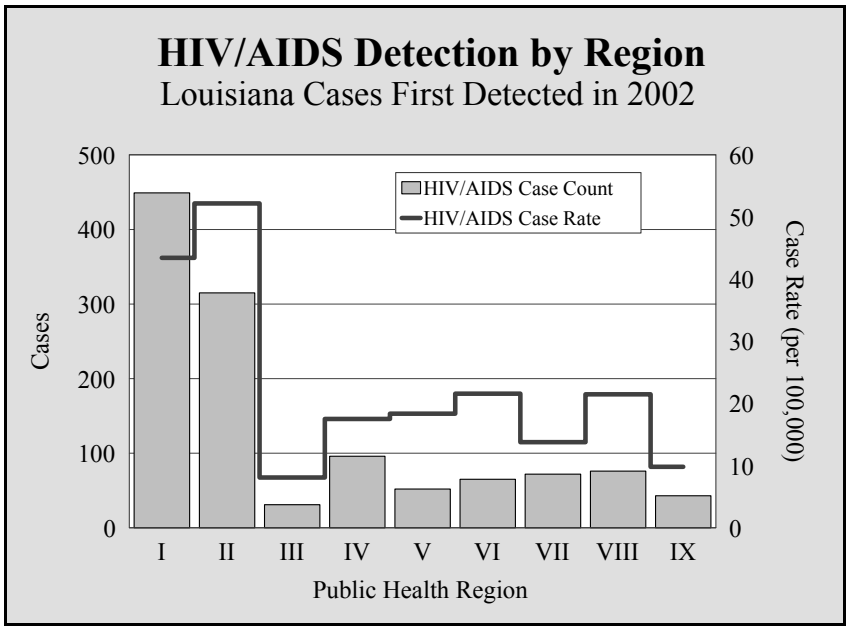
GEOGRAPHIC DISTRIBUTION OF HIV/AIDS

- In 2002, new cases of HIV/AIDS were detected in 62 of Louisiana's 64 parishes. The highest rates of newly-detected HIV/AIDS cases were in Iberville, Orleans, Catahoula, and East Baton Rouge parishes.

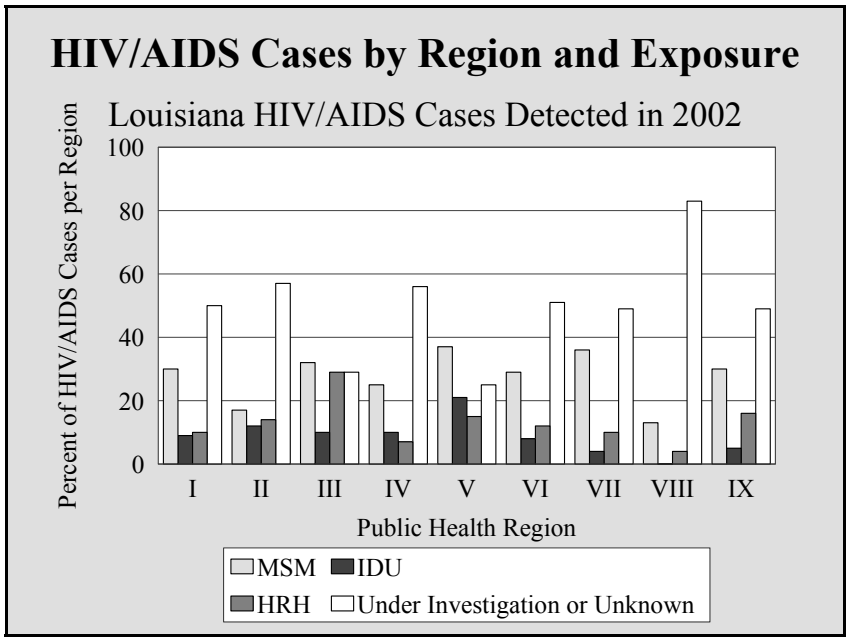
Louisiana HIV/AIDS Cases and Case Rates by Parish

PARISH	AIDS DX[a] in 2002	HIV/AIDS Detected in 2002	HIV/AIDS Detection Rate, 2002[b]	Cum HIV/AIDS Cases[c]	PARISH	AIDS DX[a] in 2002	HIV /AIDS Detected in 2002	HIV/AIDS Detection Rate, 2002[b]	Cum HIV/AIDS Cases[c]
Statewide	877	1,199	27	23,005	**Region VI**	**36**	**65**	**22**	**946**
					Avoyelles	7	8	19	200
Region I	**311**	**449**	**43**	**11,221**	Catahoula	2	7	64	29
Jefferson	51	81	18	1,946	Concordia	2	4	n/a	48
Orleans	253	354	73	9,058	Grant	1	2	n/a	32
Plaquemines	1	4	n/a	45	La Salle	1	1	n/a	8
St. Bernard	6	10	15	172	Rapides	19	37	29	481
					Vernon	2	2	n/a	73
Region II	**269**	**315**	**52**	**4,564**	Winn	2	4	n/a	75
Ascension	7	9	12	156					
East Baton Rouge	207	249	60	3,637	**Region VII**	**59**	**72**	**14**	**1,358**
East Feliciana	11	11	51	127	Bienville	0	2	n/a	21
Iberville	21	26	78	261	Bossier	8	8	8	140
Pointe Coupee	4	3	n/a	63	Caddo	42	49	19	934
West Baton Rouge	9	10	46	125	Claiborne	3	3	n/a	60
West Feliciana	10	7	46	195	De Soto	3	3	n/a	37
					Natchitoches	2	5	n/a	85
Region III	**26**	**31**	**8**	**682**	Red River	0	0	n/a	9
Assumption	1	0	n/a	29	Sabine	1	1	n/a	24
LaFourche	6	4	n/a	105	Webster	0	1	n/a	48
St. Charles	3	4	n/a	99					
St. James	3	2	n/a	60	**Region VIII**	**47**	**76**	**21**	**1,026**
St. John the Baptist	3	4	n/a	89	Caldwell	0	1	n/a	17
St. Mary	3	5	n/a	100	East Carroll	2	4	n/a	40
Terrebone	7	12	**11**	200	Franklin	1	1	n/a	23
					Jackson	1	2	n/a	18
Region IV	**63**	**96**	**18**	**1,382**	Lincoln	5	4	n/a	73
Acadia	8	5	n/a	109	Madison	2	5	n/a	68
Evangeline	3	6	17	52	Morehouse	5	5	n/a	65
Iberia	2	7	10	116	Ouachita	28	43	29	579
Lafayette	28	50	26	692	Richland	2	4	n/a	56
St. Landry	11	12	14	225	Tensas	0	2	n/a	31
St. Martin	5	8	16	95	Union	0	3	n/a	36
Vermilion	6	8	15	93	West Carroll	1	2	n/a	20
Region V	**34**	**52**	**18**	**918**	**Region IX**	**32**	**43**	**10**	**908**
Allen	2	10	39	156	Livingston	5	5	n/a	128
Beauregard	0	1	n/a	62	St. Helena	1	2	n/a	12
Calcasieu	32	36	20	633	St. Tammany	11	17	9	376
Cameron	0	1	n/a	8	Tangipahoa	7	11	11	205
Jefferson Davis	0	4	n/a	59	Washington	8	8	18	187

[a] DX - Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.
[b] Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts.
[c] Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.

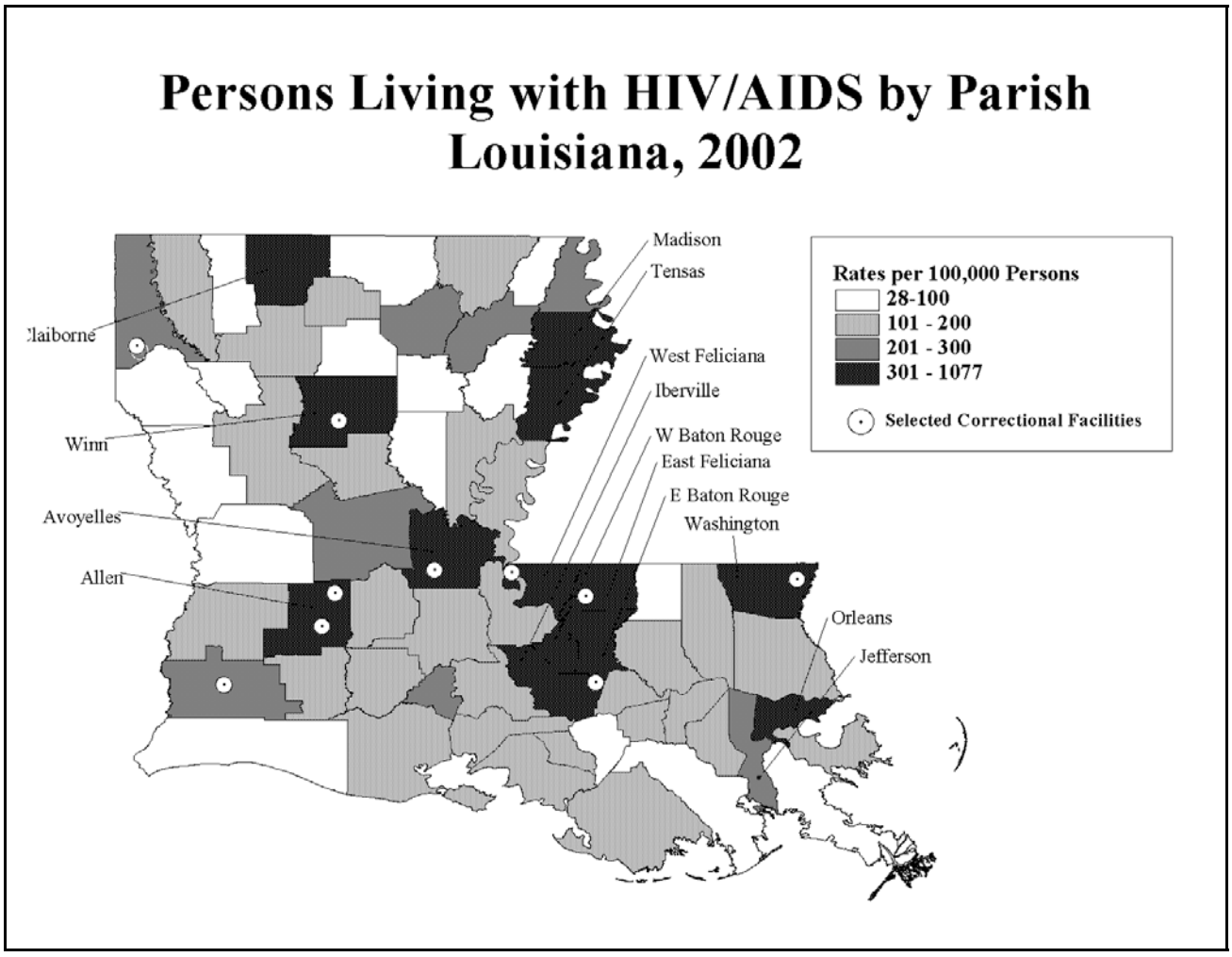


- The New Orleans region had the highest number of HIV/AIDS cases detected in 2002. However, in 2002 as in past years, the Baton Rouge region surpassed the New Orleans region in HIV/AIDS detection rates (number of cases per 100,000 population in the region).



- In every region of the state, the largest proportion of the newly-detected cases with an identified exposure in 2002 were attributed to MSM.

- In almost all regions of the state, greater than 50% of the new cases were reported without an identified mode of exposure. For this reason, it is important that risk information be interpreted cautiously.



- As of December 31, 2002, a total of 14,647 persons were reported as living with HIV/AIDS in Louisiana. The above map illustrates the geographic distribution of persons living with HIV/AIDS in the state. There are persons living with HIV/AIDS in every parish in Louisiana.

- By the end of 2002, sixteen parishes had greater than 300 persons living with HIV per 100,000 persons in the parish. Many of the parishes with disproportionate HIV/AIDS prevalence rates have correctional facilities that have reported large numbers of HIV/AIDS cases.

- Although the majority of persons living with HIV are concentrated in urban areas, 15% of HIV-infected persons live in rural parishes.

GEOGRAPHIC DISTRIBUTION OF AIDS CASES

- Since 1999, the Baton Rouge region has surpassed the New Orleans region in the number of new AIDS cases diagnosed per 100,000 population in the region (rate of AIDS diagnoses).

- The number of new AIDS cases had been declining since 1996, when new drug therapies were introduced. However, from 2000 to 2001, there was an increase in the number of new AIDS cases in all of the public health regions, except for Region III (Houma region). In 2002, the number of new AIDS cases decreased slightly.

- According to the CDC, the metropolitan Baton Rouge area ranked 7th and the metropolitan New Orleans area ranked 19th in AIDS case rates in 2001 among the largest cities in the nation.

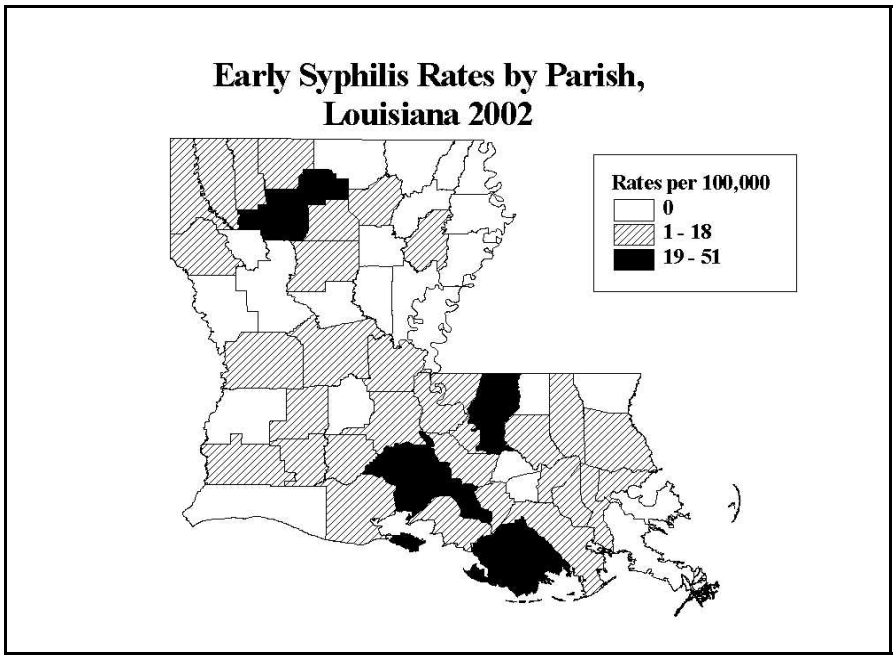
Regional AIDS Cases and Rates
Diagnosed in Louisiana 1993-2002

	1993		1994		1995		1996		1997	
Public Health Region[a]	#	Rate[b]	#	Rate	#	Rate	#	Rate	#	Rate
I: New Orleans Region	619	59.8	594	57.5	492	47.8	577	56.6	476	47.0
II: Baton Rouge Region	207	36.7	196	34.6	216	38.0	269	47.1	218	38.0
III: Houma Region	40	10.7	43	11.5	33	8.8	39	10.3	25	6.6
IV: Lafayette Region	73	14.3	60	11.6	54	10.4	55	10.5	63	11.9
V: Lake Charles Region	47	17.7	52	19.4	47	17.3	41	15.0	51	18.5
VI: Alexandria Region	47	15.6	47	15.5	57	18.8	46	15.2	27	9.0
VII: Shreveport Region	65	12.9	58	11.5	72	14.2	48	9.5	57	11.2
VIII: Monroe Region	50	14.2	63	17.9	52	14.8	44	12.5	40	11.4
IX: Hammond/Slidell Region	53	14.0	45	11.6	63	15.8	61	15.0	43	10.3
TOTAL	1,201	28.0	1,158	26.9	1,086	25.1	1,180	27.2	1,000	23.0

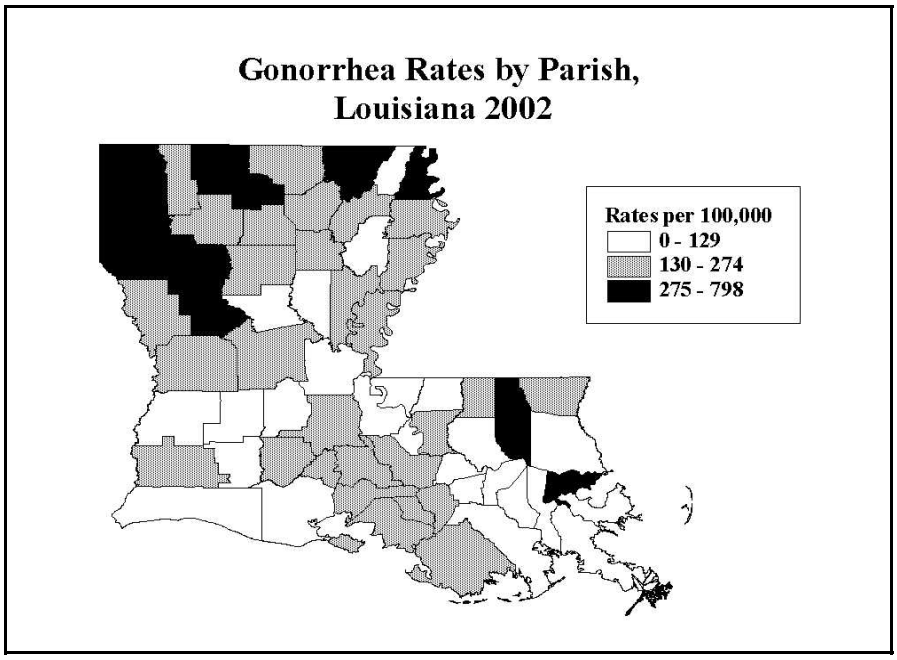
	1998		1999		2000		2001		2002	
Public Health Region	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
I: New Orleans Region	405	40.2	360	36.0	345	33.4	383	37.0	311	30.1
II: Baton Rouge Region	201	34.9	214	37.1	231	38.3	247	40.9	269	44.6
III: Houma Region	31	8.0	20	5.2	33	8.6	30	7.8	26	6.8
IV: Lafayette Region	46	8.6	44	8.2	48	8.8	50	9.1	63	11.5
V: Lake Charles Region	39	14.1	27	9.7	31	10.9	35	12.3	34	12.0
VI: Alexandria Region	27	9.0	25	8.3	33	10.9	34	11.3	36	11.9
VII: Shreveport Region	62	12.3	52	10.3	48	9.2	62	11.9	59	11.3
VIII: Monroe Region	36	10.3	43	12.3	26	7.3	51	14.4	47	13.3
IX: Hammond/Slidell Region	38	8.9	29	6.7	25	5.7	28	6.4	32	7.3
TOTAL	885	20.3	814	18.6	820	18.3	920	20.6	877	19.6

[a] Regions reflect public health regions.
[b] Rates per 100,000 persons per year.

GEOGRAPHIC DISTRIBUTION OF SEXUALLY TRANSMITTED DISEASES



- Statewide in 2002, 152 persons were diagnosed with early syphilis (primary, secondary, or early latent), which represents a 59% decrease from cases reported in 2001. Cases were reported in 40 of the 64 parishes and were concentrated in the southeastern part of the state. Five parishes reported greater than 20 cases of early syphilis per 100,000 residents in 2002.

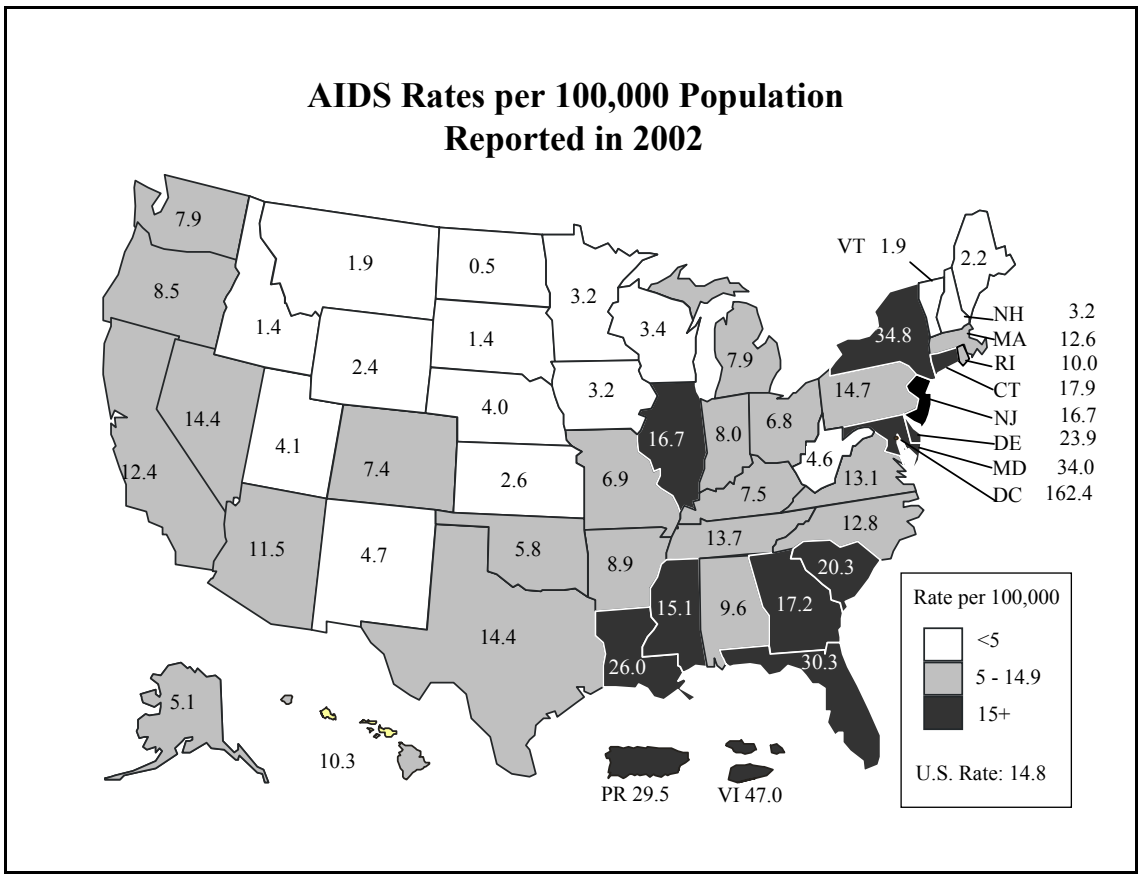


- In 2002, new cases of gonorrhea were diagnosed in every parish in the state. Twelve parishes had greater than 250 new gonorrhea cases per 100,000 persons in the parish. The Shreveport region had the highest concentration of new gonorrhea cases; seven of the nine parishes in this region had case rates greater than 250. Caddo Parish had the highest gonorrhea case rate of all the parishes in the state (798 per 100,000 persons), closely followed by Orleans Parish (602 cases per 100,000 persons).

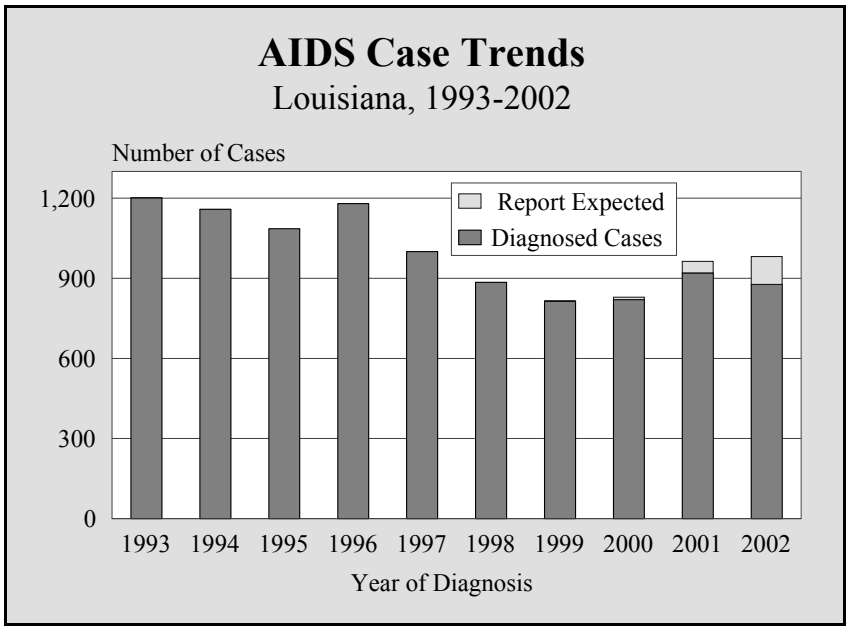
AIDS TRENDS

AIDS CASE TRENDS AND AIDS-RELATED MORTALITY

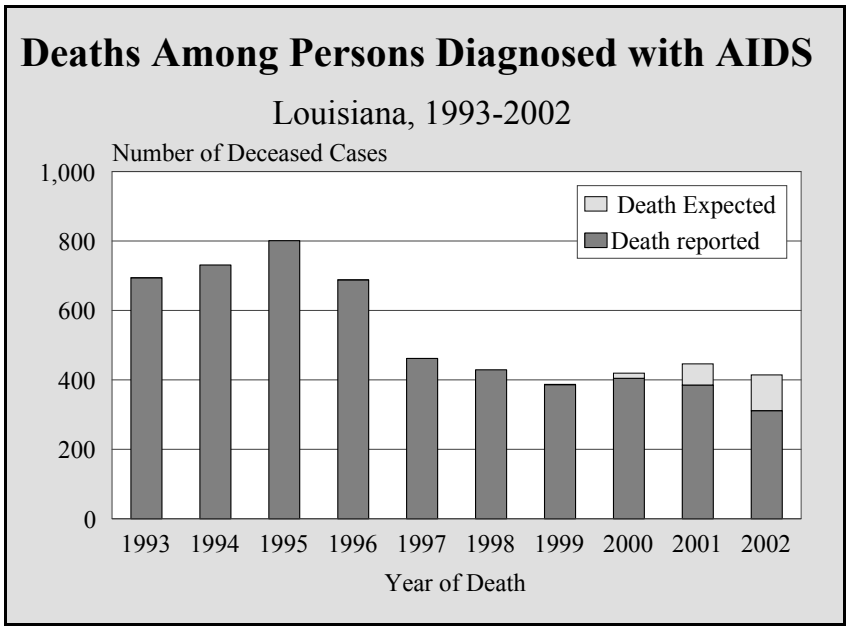
Highly-active antiretroviral therapies (HAART), which have been shown to be effective in the treatment of HIV infection, have altered the natural history of HIV disease. These new therapies have delayed the progression from HIV to AIDS and from AIDS to death for many people infected with HIV. Due to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



- Louisiana ranked 5th highest in state AIDS case rates and 10th in the number of new AIDS cases reported in the United States in 2001, according to the most recent CDC HIV/AIDS Surveillance Report (Vol. 14).



- The number of new AIDS cases increased in 2000 for the first time since the introduction of new drug therapies in 1996, which may be due to factors such as late testing, limited access to or use of health care services, and limitations of current therapies. Once all cases for 2002 are reported, the number of new AIDS diagnoses is expected to increase to 981. (See pg. 39 for an explanation of reporting delay.)



- In 1996, AIDS-related mortality began a dramatic decline that coincided with the emergence of effective drug therapies. From 1999 to 2002, the estimated number of deaths among persons with AIDS remained relatively stable.

- In 2002, 311 deaths among persons with AIDS were reported, with an additional 103 cases expected.

Characteristics of Persons with AIDS and AIDS-Related Deaths Louisiana, 2002				
	Persons Living with AIDS in 2002		Deaths Among Persons with AIDS in 2002	
	Cases	Percent	Cases	Percent
TOTAL	6,945	100%	311	100%
Gender				
Male	5,391	78%	218	70%
Female	1,554	22%	93	30%
Ethnicity				
White	2,433	35%	72	23%
African-American	4,272	62%	235	76%
Hispanic	212	3%	2	1%
Other	28	<1%	2	1%
Age Group				
0-1	2	<1%	0	0%
2-12	41	1%	0	0%
13-24	174	3%	6	2%
25-44	4,253	61%	187	60%
45-64	2,363	34%	112	36%
65+	112	2%	6	2%
Public Health Region				
Region I	3,162	46%	118	38%
Region II	1,426	21%	104	33%
Region III	213	3%	11	4%
Region IV	409	6%	13	4%
Region V	342	5%	12	4%
Region VI	259	4%	9	3%
Region VII	491	7%	20	6%
Region VIII	313	4%	12	4%
Region IX	330	5%	12	4%

- Although African-Americans represent 62% of persons living with AIDS in 2002, they made up 76% of persons dying from AIDS. Similarly, 22% of persons living with AIDS are female, yet females make up 30% of deaths among persons with AIDS. Also, a disproportionate number of deaths among persons with AIDS occurred in the Baton Rouge Region (i.e., 21% of persons living vs. 33% of deaths.) These disparities may be attributed to access to or use of health care services, late testing, and/or differences in levels of adherence to HAART.

- From 2001 to 2002, the number of persons diagnosed with AIDS in Louisiana decreased five percent (5%), from 920 in 2001 to 877 in 2002. Among 13 to 24 year olds, there was an eleven percent (11%) increase in the number of AIDS cases diagnosed.

Characteristics of Louisiana AIDS Cases

	AIDS Cases Diagnosed in				%Change[c]	Cumulative AIDS	
	2001		2002				
	Cases	Percent	Cases	Percent	2001-2002	Cases	Percent
TOTAL	920	100%	877	100%	*-5%*	14,802	100%
Gender							
Male	645	70%	606	69%	*-6%*	12,128	82%
Female	275	30%	271	31%	*-1%*	2,674	18%
Age Group[a]							
0-12	1	<1%	3	<1%	*n/a[d]*	129	1%
13-24	62	7%	69	8%	*11%*	1,010	7%
25-44	603	66%	567	65%	*-6%*	10,801	73%
45-64	240	26%	231	26%	*-4%*	2,669	18%
65+	14	2%	7	1%	*-50%*	193	1%
Ethnicity							
African-American	682	74%	678	77%	*-1%*	8,319	56%
White	213	23%	179	20%	*-16%*	6,097	41%
Hispanic	22	2%	16	2%	*-27%*	331	2%
Other	3	<1%	4	<1%	*n/a[d]*	55	<1%
Exposure Category[b,f]							
MSM	198	37%	197	39%	*n/a[e]*	6,346	52%
IDU	162	31%	131	26%	*n/a*	2,517	21%
MSM & IDU	40	8%	38	7%	*n/a*	1,214	10%
HRH	120	23%	139	27%	*n/a*	1,565	13%
Transf/Hemo	10	2%	3	1%	*n/a*	331	3%
Perinatal	1	<1%	3	1%	*n/a*	137	1%
Unspecified Exposure[f]	*389*	*42%*	*366*	*42%*	*n/a*	*2,692*	*18%*
Urban/Rural Parishes							
Urban	790	86%	753	86%	*-5%*	12,978	88%
Rural	130	14%	124	14%	*-5%*	1,821	12%
Facility Type							
Private	232	25%	185	21%	*-20%*	4,698	32%
Public	688	75%	692	79%	*1%*	10,104	68%

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

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

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

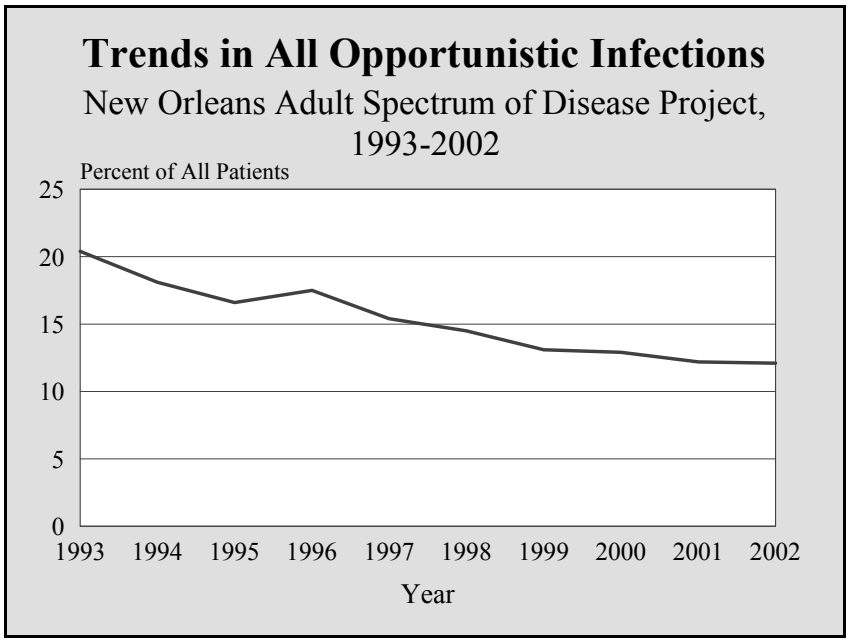
[d] Percent change not valid due to small numbers.

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

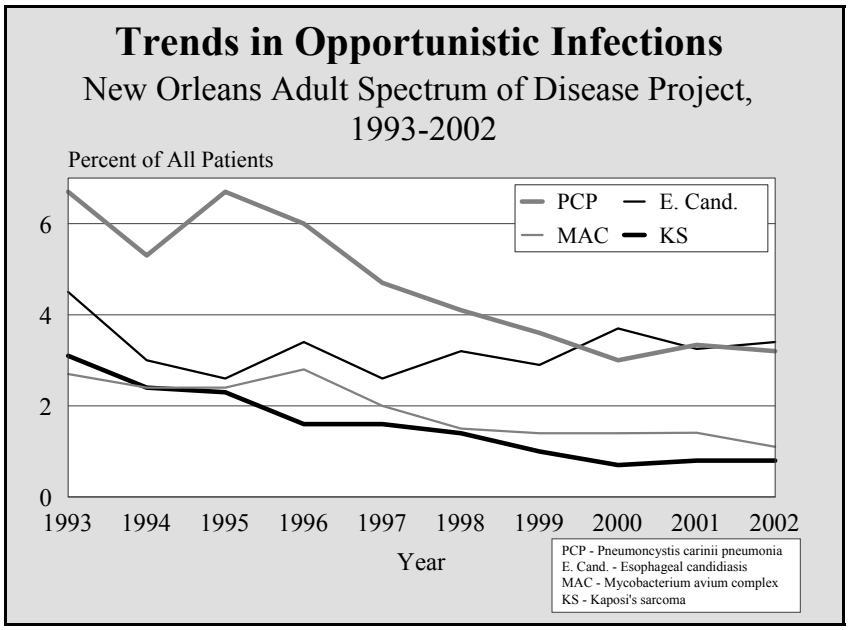
[f] Percentages for identified exposure groups represent the distribution among those with a specified exposure. The percentage for the unspecified exposure group represents the percent among the total.

OPPORTUNISTIC INFECTIONS

The Adult Spectrum of Disease (ASD) project tracks the course of HIV infection and monitors the prevalence of opportunistic infections through retrospective record reviews of HIV-infected persons. A total of 8,864 persons receiving care either at the public hospital or at a public early intervention clinic in New Orleans had been enrolled by the end of 2002, and 3,075 persons are being followed actively.



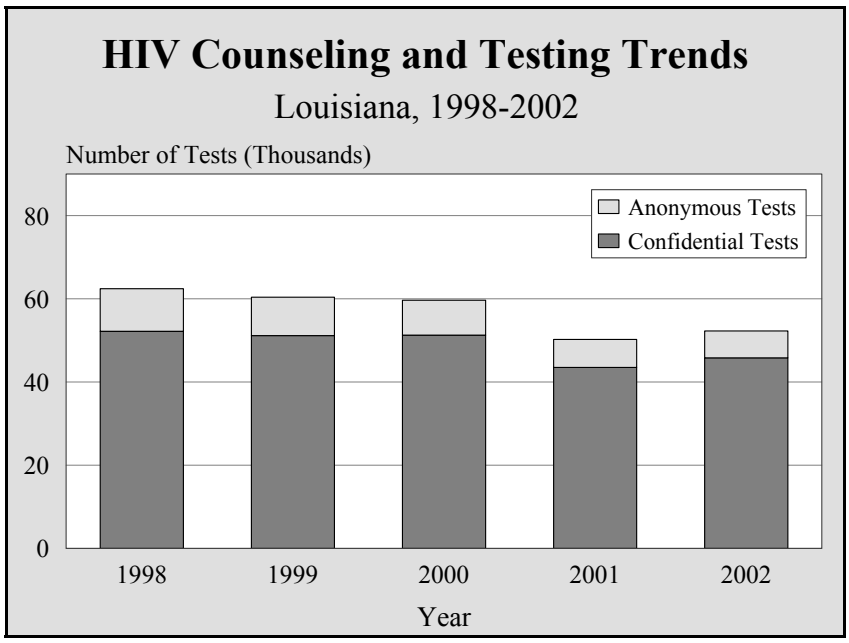
- Among patients enrolled in the ASD project, the occurrence of new opportunistic infections declined from 20% in 1993 to 12% in 2002.



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

HIV TESTING

HIV COUNSELING AND TESTING DATA



- The number of HIV tests conducted each year at publicly funded counseling and testing sites decreased from 62,399 in 1998 to 52,262 in 2002. The majority of tests were conducted confidentially (88% in 2002).

HIV Counseling and Testing Statistics
Louisiana, 2002

	Anonymous Tests		Confidential Tests		Total Tests	
	Total	% Positive	Total	% Positive	Total	% Positive
Gender						
Male	3788	3.8%	18258	1.4%	22046	1.8%
Female	2327	1.1%	27545	0.7%	29872	0.7%
Unknown	343	0.0%	1	0.0%	344	0.0%
Ethnicity						
White	3229	2.1%	14155	0.4%	17384	0.7%
African-American	2503	3.6%	29748	1.3%	32251	1.5%
Hispanic	148	4.7%	1089	0.4%	1237	0.9%
Other/ Unknown	578	0.5%	812	0.6%	1390	0.6%
Exposure Category						
MSM & IDU	43	16.3%	40	2.5%	83	9.6%
MSM	1444	6.8%	1209	5.5%	2653	6.2%
Heter IDU	290	1.4%	1091	0.7%	1381	0.9%
Sex partner at risk	406	3.7%	1095	5.4%	1501	4.9%
STD Diagnosis	332	1.8%	5060	0.7%	5392	0.8%
Sex for drugs/ $	174	1.7%	460	1.7%	634	1.7%
None of the Above	3769	1.0%	36849	0.7%	40618	0.7%

- The characteristics of persons who tested anonymously versus confidentially differed. Persons who tested anonymously were more likely to be white and/or male. Those who tested confidentially tended to be African-American and/or female. Males, African-Americans, and men who had sex with men had the highest percent positivity.

HIV TESTING - BRFSS/SOS SURVEY RESULTS

HIV Testing in the General Population (n=1,208) Behavioral Risk Factor Surveillance System, 2000		
	Percent Tested in Last 12 Months	**Percent Not Tested in Last 12 Months**
Overall	35%	65%
Gender		
Male	31%	69%
Female	38%	62%
Ethnicity		
African-American	42%	58%
White	31%	69%

The Behavioral Risk Factor Surveillance System (BRFSS) survey is administered annually via telephone to persons in the general population. The Street Outreach Survey (SOS) is a self-administered survey conducted among high-risk persons in communities where CBOs conduct street outreach. Overall, 35% of persons surveyed in the BRFSS survey reported being tested for HIV in the last 12 months, compared to 44% in the SOS. Females on both surveys were more likely to have been tested than males. Testing rates were higher for African-Americans in the general population, but lower in the high-risk populations.

HIV Testing in High Risk Populations Contacted on the Street (n=6,299) Street Outreach Survey, 2002		
	Percent Tested in Last 12 Months	**Percent Not Tested in Last 12 Months**
Overall	44%	56%
Gender		
Male	41%	59%
Female	46%	54%
Ethnicity		
African-American	44%	56%
White	46%	54%

HIV TESTING DELAYS

With the current availability of antiretroviral therapies, which have often been successful in treating HIV-infected persons, it is important that people are tested early for HIV so that they can benefit from these treatment advances. However, a significant number of people do not undergo testing for HIV until they are immunosuppressed and/or sick. Of the persons who had a confidential postive HIV test during 1997-2001 and were reported to the HIV/AIDS Program, 32% were diagnosed with AIDS within three months of their first reported HIV test.

HIV Testing Delays
Louisiana, 1997-2001

	Time Between First Confidential HIV Test and AIDS Diagnosis		
	AIDS diagnosis at time of first HIV detection	Within 3 months[a]	Within 12 months[b]
Total	21%	32%	37%
Gender			
Male	24%	36%	41%
Female	15%	24%	29%
Ethnicity			
White	26%	36%	40%
African-American	19%	30%	36%
Exposure Category			
MSM	27%	39%	44%
IDU	25%	36%	44%
MSM & IDU	19%	32%	35%
HRH	15%	26%	31%
Other	20%	31%	32%
Unspecified	19%	29%	33%
Age Group (At Detection)			
0-12	7%	13%	13%
13-24	7%	12%	16%
25-44	23%	34%	39%
45-64	30%	44%	49%
Over 64	26%	44%	52%
Region			
Region I: New Orleans Region	23%	33%	37%
Region II: Baton Rouge Region	18%	28%	35%
Region III: Houma Region	30%	41%	43%
Region IV: Lafayette Region	17%	30%	36%
Region V: Lake Charles Region	27%	39%	40%
Region VI: Alexandria Region	14%	25%	31%
Region VII: Shreveport Region	24%	37%	42%
Region VIII: Monroe Region	19%	33%	40%
Region IX: Hammond/Slidell Region	29%	37%	43%

[a] Percentages in this column include all persons diagnosed with AIDS within three months of their first reported HIV test. This percentage includes those individuals diagnosed with AIDS at the time of HIV detection.

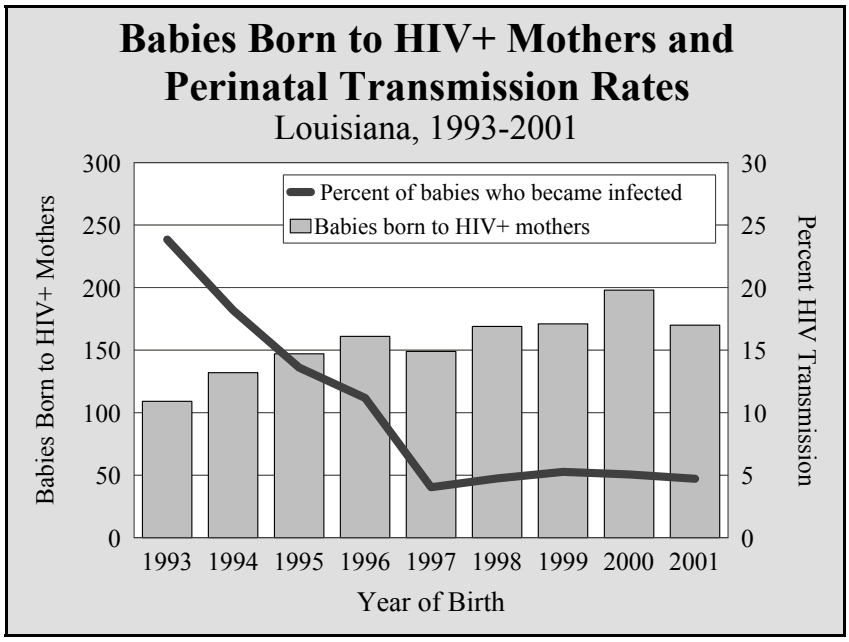
[b] Percentages in this column include all persons diagnosed with AIDS within 12 months of their first reported HIV test. This percentage includes those individuals diagnosed within 3 months and at the time of HIV detection.

PERINATAL SURVEILLANCE

PERINATAL SURVEILLANCE

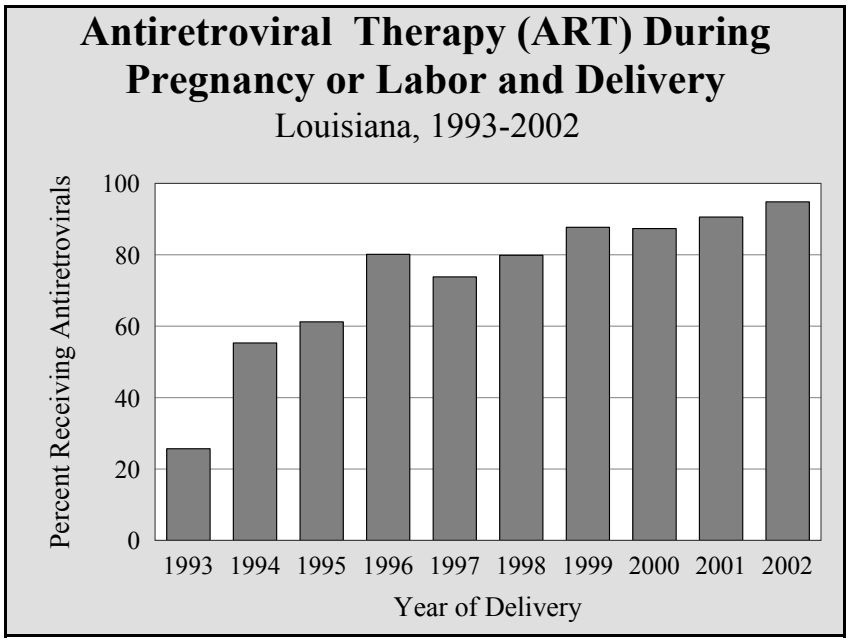
As of December 31, 2002, an estimated 1,796 babies have been born to HIV-infected women in Louisiana, and 15% were infected with HIV perinatally, i.e., through mother to child transmission. Each year perinatal transmission accounts for the vast majority of pediatric HIV cases in Louisiana. In 2001, perinatal transmission accounted for 100% of all HIV cases detected in children under the age of 13.

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

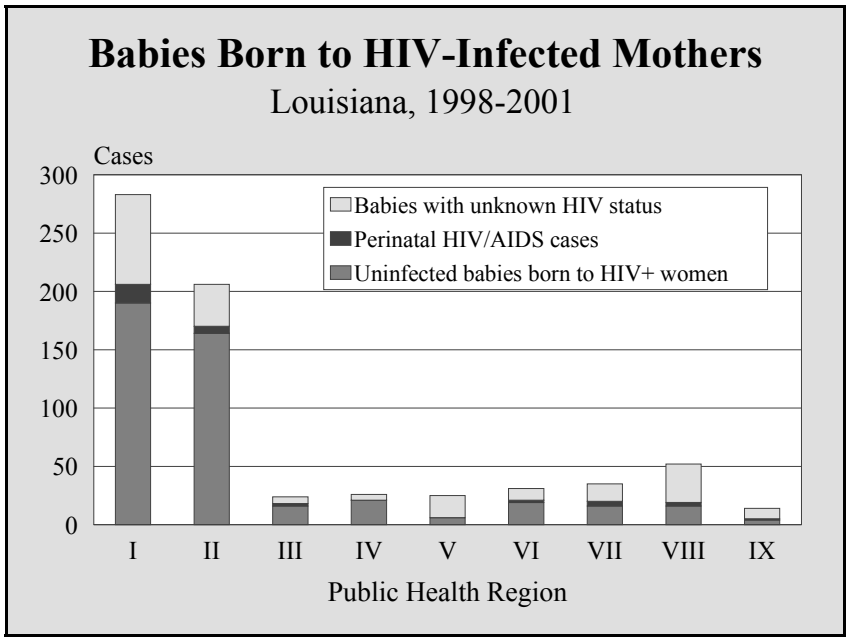


- Perinatal transmission dropped dramatically from 24% in 1993 to 4% in 1997 with the introduction and widespread use of antiretrovirals during pregnancy, labor and delivery, and to the baby after birth. In recent years, however, perinatal transmission rates have remained stable at approximately 5% each year. Of the 170 babies born in 2001 to HIV-infected mothers, 8 have been diagnosed with HIV.

- The number of babies being born to HIV-infected mothers continues to increase each year due to a growing number of women living with HIV and an improvement in the health status of many women. (Note: 2001 data are incomplete. The number of babies born to HIV-infected mothers in 2001 is expected to be approximately 200 once all data are reported.)

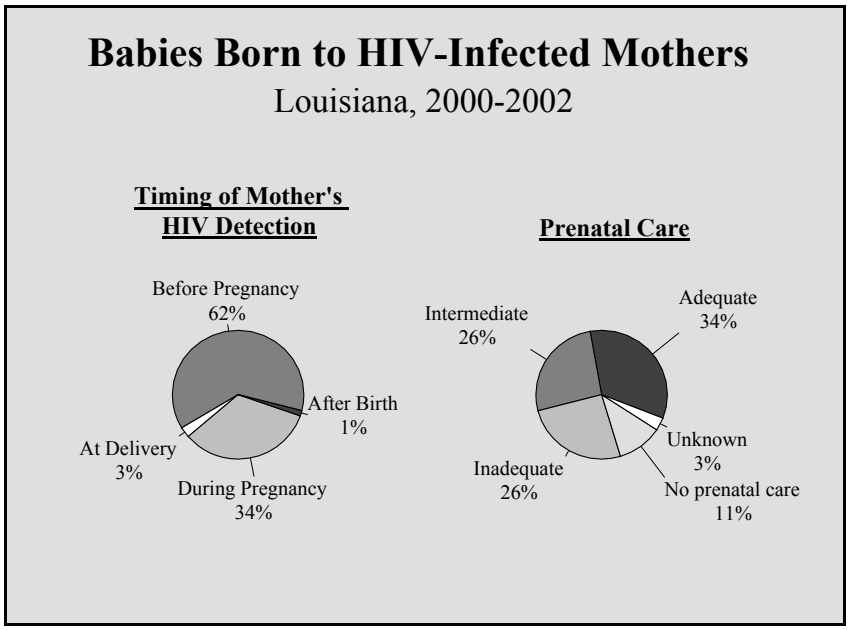


- Since 1993, the use of antiretrovirals has increased dramatically among HIV-infected women who have given birth, from only 26% in 1993 to 95% in 2002.



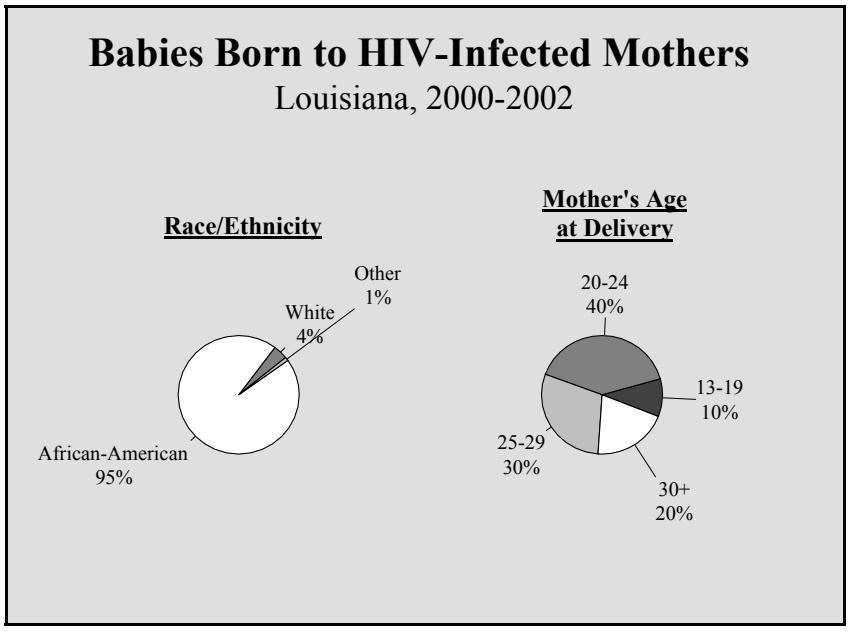
- Geographically, the majority of births to HIV-positive mothers occurred in Regions I and II (the New Orleans and Baton Rouge regions); however, births to HIV-positive mothers have occurred in all regions of the state.

- A significant percentage of babies born between 1998 and 2001 continue to have an unknown HIV status, particularly in Regions V and VIII. Efforts are underway to determine the status of these babies and provide education on the appropriate testing protocol for HIV-exposed newborns and the importance of timely follow-up.



- HIV infection was diagnosed prior to delivery in nearly all mothers (96%), which maximizes opportunities for antiretroviral intervention.

- Only 34% of mothers had adequate prenatal care during their pregnancy, according to the Kessner Index. In Louisiana, among all women delivering in 2000, 1.3% did not have prenatal care; however, among HIV-infected mothers delivering between 2000-2002, 11% had no prenatal care.

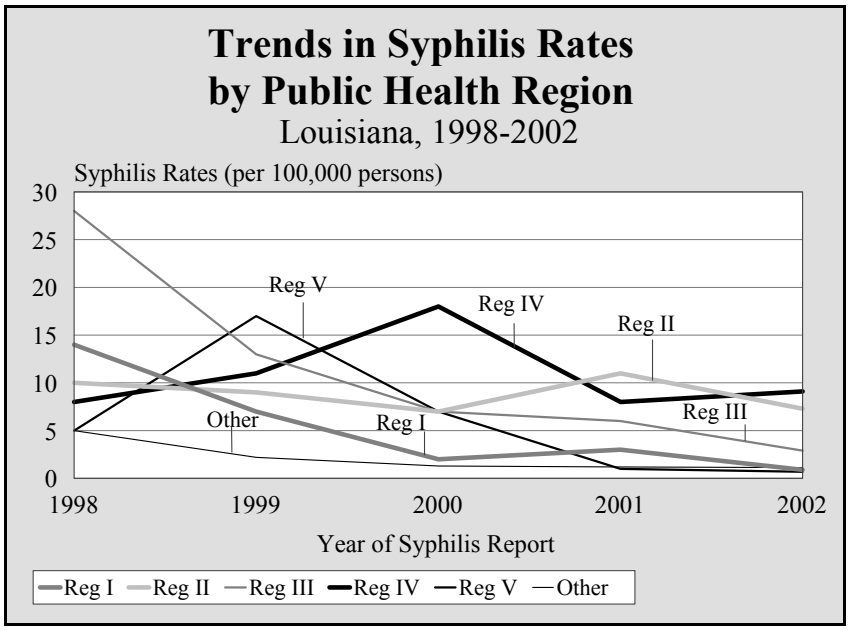


- The majority of babies born to HIV-infected mothers are African-American (95%).

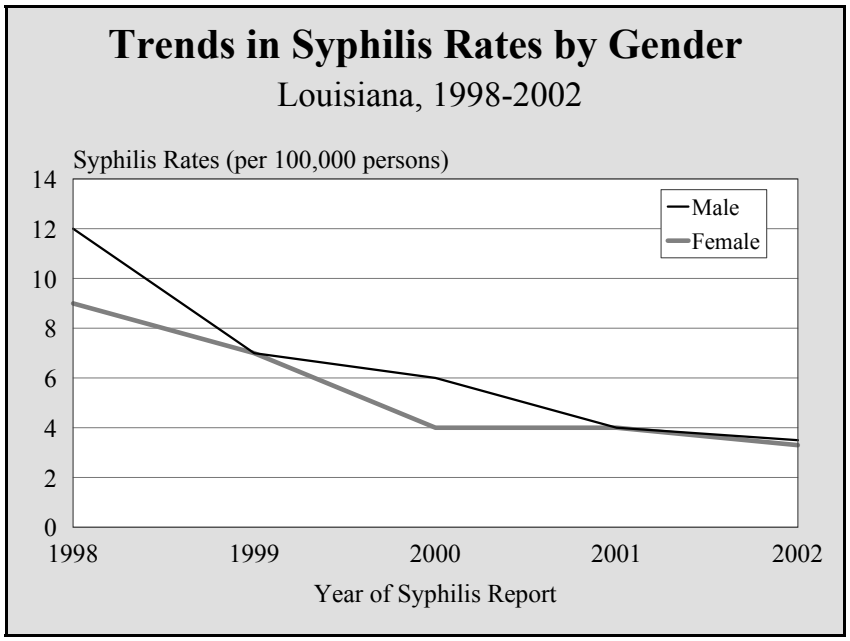
- The mother's age at delivery was between 20 and 29 for 70% of babies born to HIV-infected mothers.

OTHER DATA SOURCES

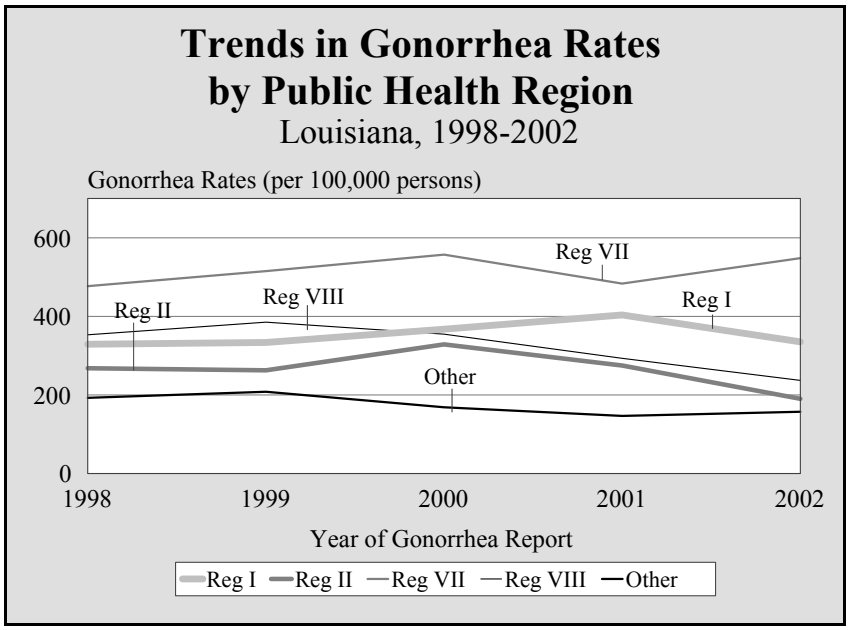
SEXUALLY TRANSMITTED DISEASES



- Syphilis rates have declined in all regions of the state since 1998. In 2002, the Lafayette region (Region IV), had the highest rates of syphilis in the state. Region IV was also the only region that experienced an increase in syphilis rates from 2001 to 2002.

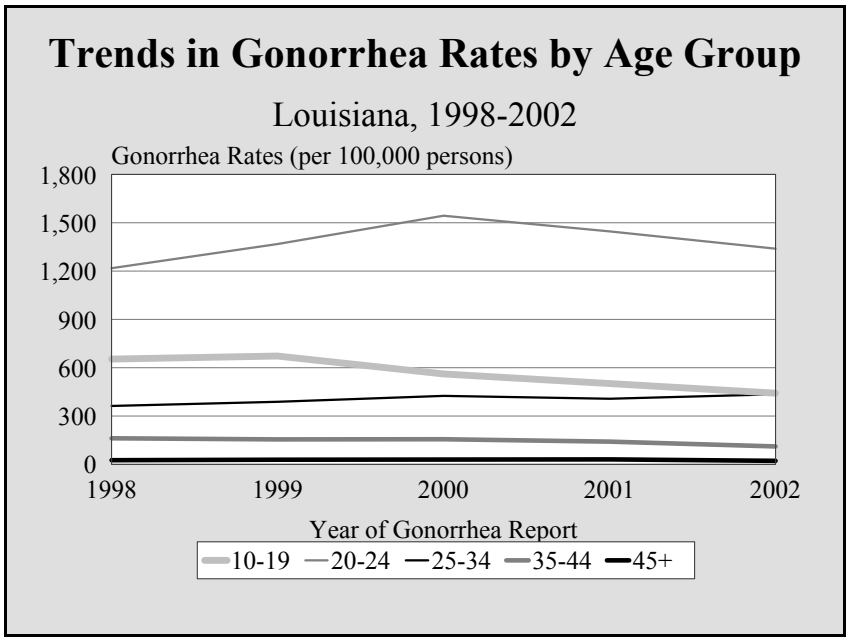


- Syphilis rates have declined in Louisiana among both males and females since 1998. In 2002, syphilis rates among men and women were approximately the same.



- In 2002, gonorrhea rates were highest in the Shreveport region (Region VII), followed by the New Orleans region (Region I).

- During the past five years gonorrhea rates have remained relatively stable. However, the gonorrhea rate in Louisiana (255 per 100,000) continues to be higher than the national average (128.5 per 100,000).



- Gonorrhea rates are highest in the 20-24 year age group. Rates among 10-19 year olds have decreased over time.

STREET OUTREACH SURVEY

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

Sexual Risk Behavior in High Risk Populations
Street Outreach Survey, 1998-2002

	Percent (%) with 2 or more Partners[a] (among all respondents)					Percent (%) Condom Use[b] (among those with 2 or more partners)				
Year *(sample size)*	**1998** *(n=5027)*	**1999** *(n=5991)*	**2000** *(n=5993)*	**2001** *(n=5655)*	**2002** *(n=6299)*	**1998** *(n=3318)*	**1999** *(n=3894)*	**2000** *(n=3848)*	**2001** *(n=3359)*	**2002** *(n=3542)*
Overall	66%	65%	65%	60%	57%	61%	58%	61%	58%	60%
Gender										
Male	76%	74%	75%	69%	66%	62%	59%	61%	61%	62%
Female	56%	56%	53%	49%	46%	60%	57%	60%	55%	58%
Age Group										
Under 20	68%	68%	65%	63%	58%	69%	67%	68%	65%	68%
20-24	72%	72%	73%	64%	64%	59%	58%	61%	57%	59%
25-29	71%	68%	70%	68%	63%	61%	54%	61%	59%	59%
30-34	64%	64%	63%	58%	58%	59%	56%	56%	51%	53%
Over 34	53%	54%	54%	47%	43%	52%	49%	49%	49%	55%
Ethnicity										
Afr-Am	65%	64%	64%	59%	56%	61%	59%	62%	60%	62%
White	72%	73%	69%	67%	63%	50%	44%	45%	51%	46%

[a] Respondents having two or more sexual partners in the last 12 months.
[b] Condom use during the last sexual encounter among those with two or more partners within the last 12 months.

- Among persons who were surveyed through street outreach, condom use among those with two or more sexual partners has remained stable over the past five years. Condom use is highest among males, persons under 20 and African-Americans.

- In general, high-risk heterosexual behavior (i.e., having two or more sexual partners in the past twelve months) was ten times higher in the populations surveyed through street outreach than in the general population surveyed through BRFSS (57% in the 2002 Street Outreach Survey versus 14% from BRFSS).

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

In the general population surveyed by BRFSS, almost all persons (95%) with any sexual partners in the past five years were also sexually active in the last twelve months. Overall, only 14% of the general population aged 18-49 had two or more sexual partners in the past year.

Sexual Risk Behavior in the General Population, Ages 18-49 Statewide Telephone Survey (BRFSS), 2002

	Percent (%) with 2 or more Partners[a] (among all respondents, N=5,030)	Percent (%) Condom Use[b] (among those with 2 or more partners, N=308)
Overall	14%	50%
Gender		
Male	22%	58%
Female	9%	39%
Age Group		
18-24	26%	63%
25-34	13%	48%
35-44	11%	41%
45+	7%	35%
Ethnicity		
African-American	22%	57%
White	11%	46%
Other	16%	30%

[a] Respondents having two or more sexual partners in the last 12 months.
[b] Condom use during the last sexual encounter among those with two or more partners within the last 12 months

- Overall, 50% of persons with two or more partners in the past year used a condom during their last sexual encounter. Condom use was lowest among women (39%) and persons 45 years of age and older (35%).

- Sixty-three percent (63%) of persons between the ages of 18 and 24 with two or more partners surveyed through BRFSS reported using condoms.

- Condom use among persons with two or more sexual partners was higher among high risk populations surveyed through street outreach (60%) as compared to the general population (50%).

TECHNICAL NOTES

Interpretation of HIV Detection Data

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

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. HIV data may not accurately depict HIV transmission trends 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 under-detected and under-reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV or persons who have only been tested anonymously.

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

Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases were classified into one of several hierarchical exposure (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:

- **Men who have Sex with Men (MSM)**: Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU)**: Cases who report using drugs that require injection - no other route of administration of illicit drug use at any time since 1978.
- **High-Risk Heterosexual Contact (HRH)**: Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g., heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, 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+ mother to her child.

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

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985[1]. The 1987 definition[2] revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded[3] to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a $CD4^+$ percentage of less than 14. As a result of the 1993 definition expansion, HIV-infected persons were classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999[4] to include positive results or reports of detectable quantities of HIV virologic (non-antibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally-exposed to HIV was changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

Adjustment and Estimation Techniques

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, which takes into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as "expected" cases. Adjustment programming was developed by CDC.

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

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[1] MMWR 1985; 34: 373-75.
[2] MMWR 1987; 36 [Supp no.1S]: 1S-15S.
[3] MMWR 1992; 41[RR-17]: 1-19.
[4] CDC 1999; 48[RR13]; 1-27.