LOUISIANA HIV/AIDS ANNUAL REPORT

2000

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TABLE OF CONTENTS

LIST OF FIGURES AND TABLES

Figures

Tables

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.

AIDS Surveillance

AIDS surveillance was initiated in Louisiana in 1984. National estimates and Louisiana surveillance validation studies estimate that over 85% of the AIDS cases in Louisiana have been reported.

HIV Infection Surveillance

In February 1993, HIV infection became a reportable condition in Louisiana. HIV-related laboratory tests became reportable in 1999. Variations in access to medical care and testing services as well as differences in targeted prevention programs influence HIV infection detection and reporting across subpopulations and geographic regions. Unlike AIDS data which represent new, incident cases, HIV infection data represent HIV cases who were reported after a confidential positive HIV test. These cases may be at any point along the clinical spectrum of disease when first detected. Consequently, HIV infection data do not necessarily represent characteristics of persons who have been recently infected with HIV. All dynamic characteristics (e.g. age, geographic location) associated with HIV detection are documented at the earliest reported date of a positive test or a physician diagnosis. As well, because HIV infection data represent only persons who have chosen to be tested confidentially, these data do not include HIV-infected persons who have only been tested anonymously or who have not been tested since seroconversion. Therefore, HIV infection data can only provide minimum estimates of the number of persons known to be HIV-infected.

Perinatal Surveillance

Perinatal surveillance of children born to HIV-infected women has been conducted in Louisiana since January 1996. Data are abstracted from medical records of all HIV-exposed children and their mothers, and the children are followed up until their infection status is determined. Data were collected retrospectively for children born during or after 1993. These data address the prevention of perinatal transmission, including prenatal care, HIV counseling and testing during pregnancy, and use of zidovudine or other antiretrovirals among pregnant mothers and neonates. The data also address questions regarding treatment issues for women infected with HIV and their children.

Adult Spectrum of Disease Study (ASD)

The New Orleans-based Adult Spectrum of Disease study (ASD) tracks the course of HIV infection through retrospective medical record reviews of HIV-infected persons enrolled in the study. The purpose of this study is to monitor the clinical manifestations of disease as well as patient management and the effectiveness of treatments.

Behavioral Surveys

Street Outreach Surveys

In order to evaluate HIV prevention programs and to examine HIV-related risk behaviors, statewide behavior surveys are conducted by approximately 20 community-based organizations (CBOs) following a standard protocol. The surveys are self-administered and anonymous. Each CBO selects three survey sites in high-risk areas where the CBO routinely conducts street outreach activities. All persons or a systematic sample of persons at the site are asked to complete the survey.

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a state-based random digit dial telephone survey of the civilian, non-institutionalized, adult population and provides state-level prevalence data on health-related behaviors and attitudes. A sexual behavior module was added to this survey in 1994, 1995, 1996, 1998 and 2000. In this module, adults (ages 18-49) are asked about their number of sexual partners, condom use, and treatment for STDs.

STD Surveillance

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

HIV Counseling and Testing Data

The Louisiana Office of Public Health provides funds for HIV counseling and testing at over 300 different sites across Louisiana. These sites include community-based organizations, drug treatment centers, and STD, prenatal, family planning, and tuberculosis clinics. All sites offer both anonymous and confidential testing options; however, 84% of persons in 2000 were tested confidentially.

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

Public Health Regions

Region	Area	Parishes
I	New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard
II	Baton Rouge	Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, West Feliciana
III	Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne
IV	Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermilion
V	Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
VI	Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn
VII	Shreveport	Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, Webster
VIII	Monroe	Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, West Carroll
IX	Hammond/Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

Urban Parishes (MSAs)

MSA	Parishes
New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard, , St. Charles, St. James, St. John the Baptist, St. Tammany
Baton Rouge	Ascension, East Baton Rouge, Livingston, West Baton Rouge
Houma/Thibodaux	Lafourche, Terrebonne
Lafayette	Acadia, Lafayette, St. Martin, 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 recent advances in treatment have significantly slowed the progression from HIV to AIDS and AIDS to death, there is still no cure for AIDS. As of December 31, 2000, a cumulative total of 20,415 persons have been detected with HIV/AIDS in Louisiana, including 298 cases in children under the age of 15.

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 2000 and reported by July 2001. Some of the most significant trends occurring in 2000 are highlighted below:

- There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely due to more effective drug therapies. At the end of 2000, 12,708 persons were known to be living with HIV/AIDS in Louisiana, of which 5,924 (47%) had been diagnosed with AIDS.

- In the most recent CDC HIV/AIDS Surveillance Report (Vol. 12, No. 2), Louisiana ranked 10th highest in state AIDS case rates and 17th in the number of AIDS cases reported in 2000. The 2000 AIDS case rates in both the metropolitan Baton Rouge area and the metropolitan New Orleans area ranked among the 20 highest for large cities in the nation.

- The New Orleans region had the highest number of HIV/AIDS cases detected in 2000. However, in 2000 as in past years, the Baton Rouge region surpassed the New Orleans region in HIV/AIDS detection rates.

- New cases of HIV/AIDS were detected in 55 of Louisiana's 64 parishes in 2000.

- During 2000, 1,130 new HIV/AIDS cases were detected in Louisiana. Although the number of newly-detected HIV/AIDS cases has decreased in recent years, this decline may not reflect a true decrease in HIV transmission (see p. 36).

- Since 1996, the number of new AIDS cases and deaths of persons with AIDS has decreased dramatically, coinciding with the widespread use of more effective treatments. However, data from 2000 indicate a leveling of these declines, which may be due to factors such as late testing behaviors, 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 2000, 75% of newly-detected HIV cases and 76% of newly-diagnosed AIDS cases were in African-Americans. The HIV detection rates for African-Americans are over six times higher than those among whites.

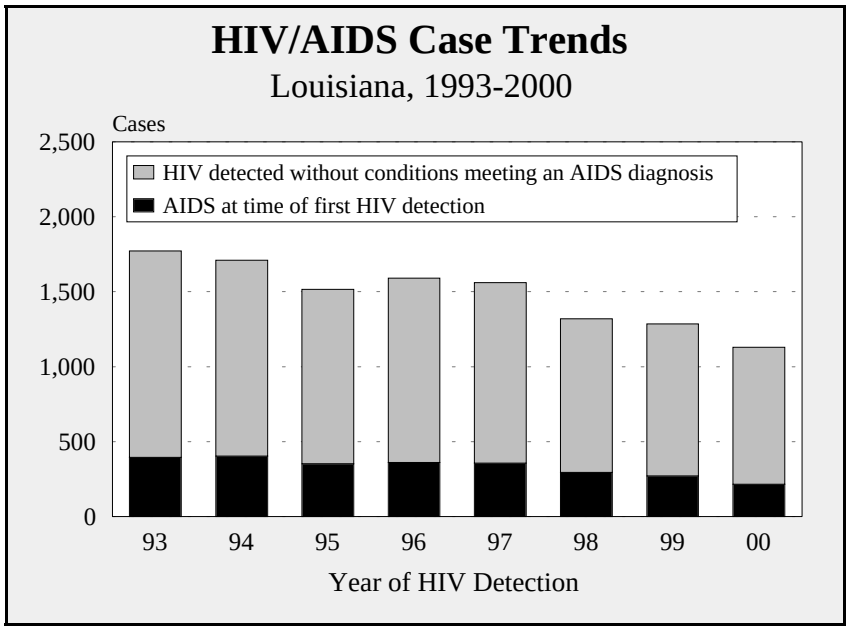
- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily been increasing, and women represented 34% of new HIV/AIDS cases in 2000. Although HIV/AIDS rates have been declining in men since 1993, rates in African-American women have remained stable.

- Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically from over 25% in 1993 to only 6% in 1999, due to screening programs for pregnant women and increased use of antiretroviral therapy in pregnant women and their infants.

- Among African-Americans, high-risk heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant exposure remains men who have sex with men (MSM), although the number of cases has declined substantially since 1993. In the Baton Rouge region, both injection drug use and high-risk heterosexual contact accounted for larger percentages of the newly-detected cases than did male-to-male sexual contact.

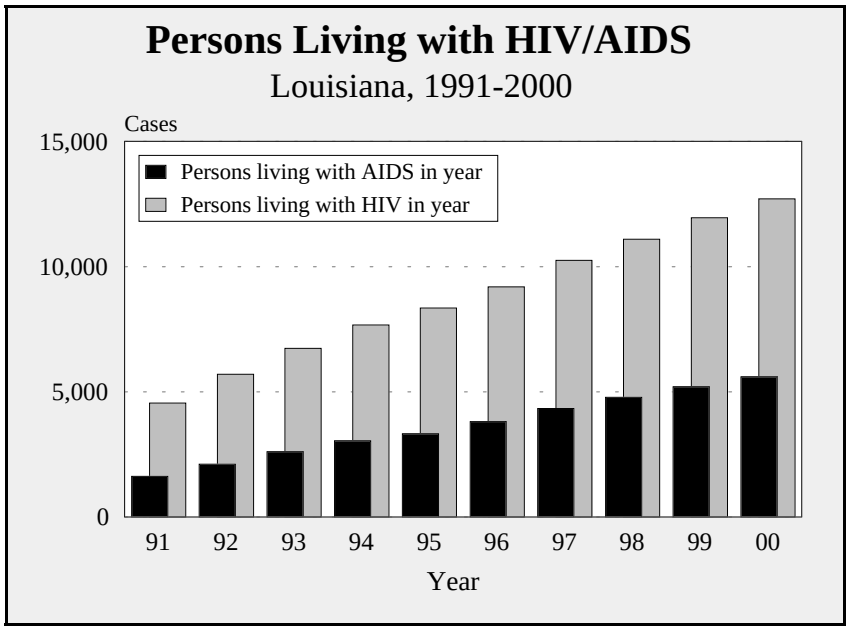
- The increase in gonorrhea rates since 1996 may be due, in part, to an increase in high-risk sexual behavior. Statewide street outreach surveys indicate that 61% of persons used a condom the last time they had sex.

OVERALL HIV/AIDS TRENDS



- Statewide during 2000, 1,130 new HIV/AIDS cases were detected. Since 1993, the number of newly-detected HIV/AIDS cases has decreased by over a third, from 1,771 cases detected in 1993 to 1,130 cases detected in 2000.

- Of the newly-detected cases in 2000, 19% were diagnosed with AIDS at the time of first HIV detection.



- The number of persons living with HIV continues to increase each year. At the end of 2000, 12,708 persons were known to be living with HIV/AIDS in Louisiana, of which 5,924 (47%) had been diagnosed with AIDS. This increasing trend is largely due to the introduction of effective drug treatment and therapies, which delay the progression from HIV to AIDS and AIDS to death.

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

	Persons with HIV/AIDS First Detected in 2000		Persons Living with HIV/AIDS		Persons with HIV/AIDS Cumulative	
	This column reflects persons with HIV infection (HIV/AIDS) whose confidential positive status was first detected in 2000 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.		*This column reflects the minimum estimate of persons living with HIV by the end of 2000. This column includes persons living with AIDS.*		*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[b]**	**Percent[c]**	**Cases[b]**	**Percent[c]**
TOTAL	1,130	100%	12,708	100%	20,415	100%
Gender						
Men	745	66%	9,268	73%	15,965	78%
Women	385	34%	3,440	27%	4,450	22%
Ethnicity						
African-American	853	75%	8,161	64%	11,996	59%
White	251	22%	4,153	33%	7,858	38%
Other	23	2%	360	3%	524	3%
Unknown	3	<1%	34	<1%	37	<1%
Age Group	**(Age at HIV Detection)**		**(Age at End of 2000)**		**(Age at HIV Detection)**	
under 15	14	1%	149	1%	298	1%
15 - 24	214	19%	851	7%	3,196	16%
25 - 34	336	30%	3,460	27%	8,176	40%
35 - 44	348	31%	5,125	40%	5,916	29%
over 44	218	19%	3,121	25%	2,820	14%
Exposure Category[d]						
MSM[e]	208	43%	3,724	44%	7,612	50%
IDU[e]	108	22%	2,044	24%	3,333	22%
MSM & IDU	23	5%	796	9%	1,489	10%
HRH[e]	124	26%	1,687	20%	2,297	15%
Transfusion/Hemophilia	12	2%	153	2%	415	3%
Perinatal	11	2%	153	2%	227	1%
Unspecified Exposure[f]	644	57%	4,150	33%	5,041	25%
Urban/Rural Parishes						
Urban	956	85%	11,049	87%	17,899	88%
Rural	174	15%	1,659	13%	2,519	12%
Facility of Detection						
Private	314	28%	3,571	28%	6,501	32%
Public	809	72%	9,066	72%	13,814	68%

[a] HIV data collection started in 1993. Positive results of anonymous tests are not included due to the likelihood of repeat tests.
[b] Cases within subgroups may not add up to totals due to unknowns.
[c] Percentages might not add up to 100% due to rounding.
[d] Percents for identified exposure groups represent the distribution among those with a specified exposure.
[e] MSM: Men who have Sex with Men (non-IDU); IDU: Injection Drug User; HRH: High Risk Heterosexual.
[f] Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

HIV/AIDS BY RACE/ETHNICITY AND GENDER

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

HIV/AIDS in Louisiana (1995-2000)
by Ethnicity and Year of HIV Detection

Year	White			African-American			Hispanic			TOTAL[a]	
	Cases	Percent	Rate[b]	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1995	444	29%	16	1,037	68%	76	28	2%	27	1,516	35
1996	432	27%	15	1,117	70%	81	36	2%	34	1,591	36
1997	412	26%	15	1,104	71%	79	35	2%	32	1,560	36
1998	311	24%	11	972	74%	69	30	2%	27	1,319	30
1999	304	24%	11	944	73%	66	26	2%	22	1,286	29
2000	251	22%	9	853	75%	59	22	2%	19	1,130	26
Cum.	7,858	38%	--	11,996	59%	--	465	2%	--	20,415	--

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

- African-Americans continue to be disproportionately impacted by HIV/AIDS. Although African-Americans make up only 33% of the state's population, they represent 75% of the new HIV cases detected in 2000. The HIV detection rates for African-Americans are over six times higher than those among whites and three times higher than those among Hispanics.

- The epidemic is significantly affecting both males and females in the African-American and Hispanic communities, as shown in the following table. In 2000, the rate of HIV/AIDS detection in African-American males was almost three times greater than the rate in Hispanic males and five times greater than the rate in white males. The HIV/AIDS detection rate among African-American women was almost five times greater than that of Hispanic women and almost 23 times greater than that of white women.

HIV/AIDS in Louisiana (1995-2000) by Gender and Ethnicity

MEN

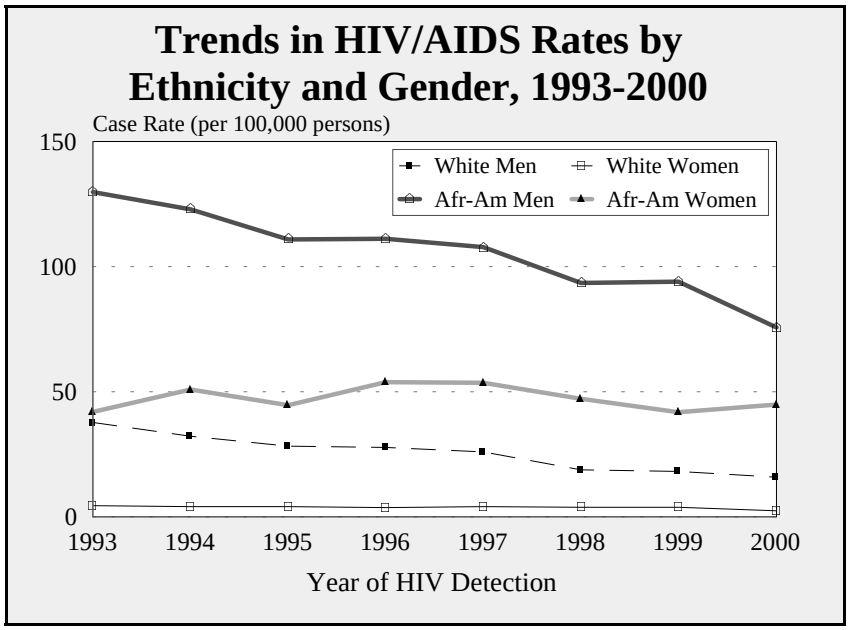
	White			African-American			Hispanic			TOTAL[b]	
Year	Cases	Percent	Rate[a]	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1995	386	25%	28	710	47%	111	25	2%	48	1,127	54
1995	379	24%	28	719	45%	111	28	2%	53	1,132	54
1997	354	23%	26	704	45%	108	31	2%	57	1,095	52
1998	256	19%	19	617	47%	94	25	2%	45	902	43
1999	248	19%	18	626	49%	94	21	2%	37	906	43
2000	216	19%	16	509	45%	76	16	1%	27	745	35
Cum. Total	7,126	35%	--	8,352	41%	--	404	2%	--	15,965	--

WOMEN

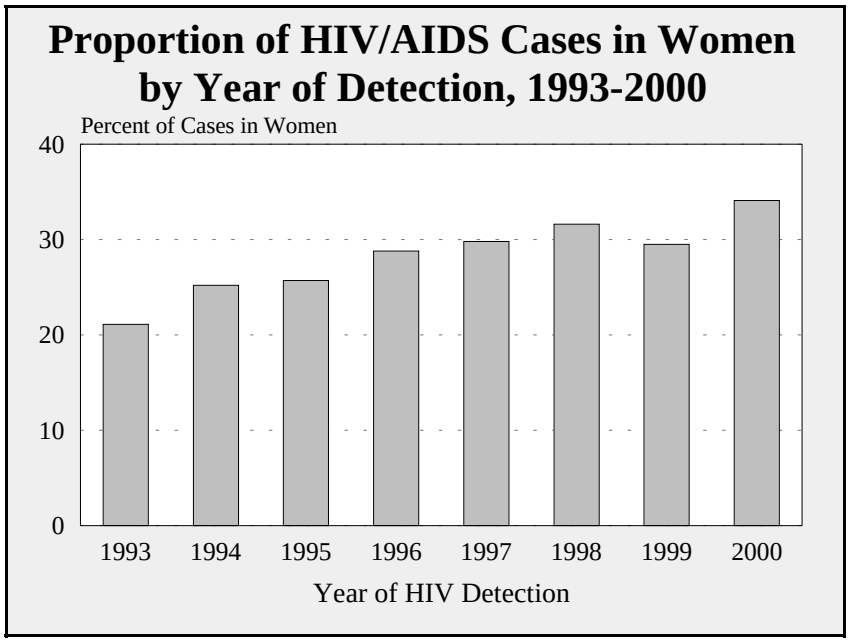
	White			African-American			Hispanic			TOTAL[b]	
Year	Cases	Percent	Rate[a]	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1995	58	4%	4	327	22%	45	3	<1%	6	389	17
1996	53	3%	4	398	25%	54	8	1%	15	459	21
1997	58	4%	4	400	26%	54	4	<1%	7	465	20
1998	55	4%	4	355	27%	47	5	<1%	9	417	18
1999	56	4%	4	318	25%	42	5	<1%	9	380	17
2000	35	3%	2	344	30%	45	6	1%	10	385	17
Cum. Total	732	4%	--	3,644	18%	--	61	<1%	--	4,450	--

[a] Rates per 100,000 persons in subgroup.

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

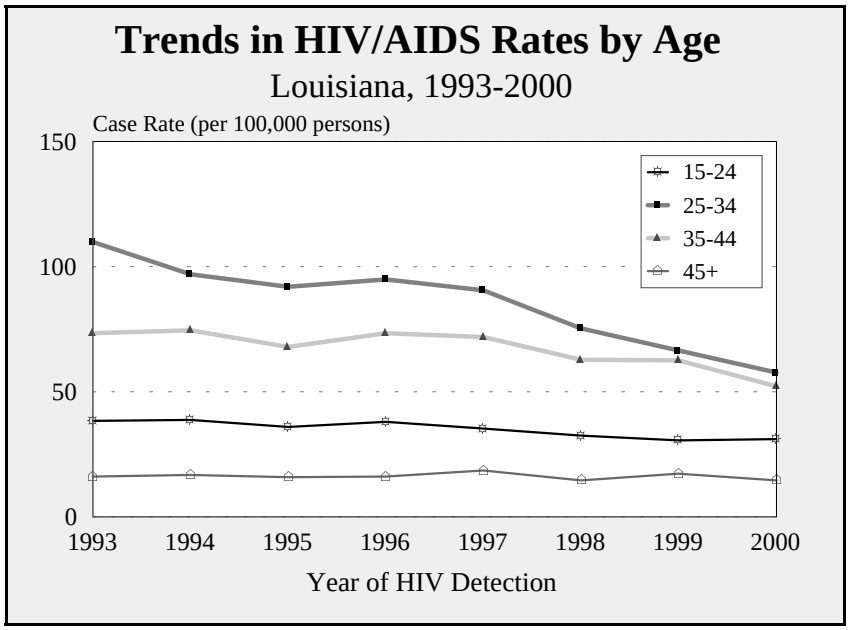


- Overall, HIV/AIDS rates have been declining in both white and African-American men since 1993; however, this same decrease in rates has not been seen in African-American women.

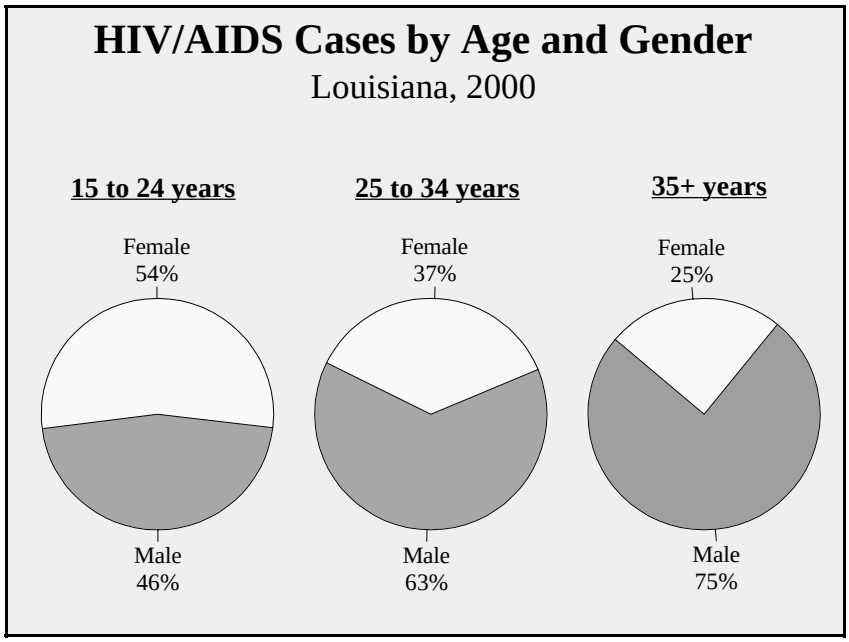


- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has steadily been increasing. In 1993, 21% of all new cases were women, and in 2000, 34% of new cases detected were women.

HIV/AIDS BY AGE GROUP



- In 2000, as in past years, persons 25 to 34 years of age had the highest rate of newly-detected cases. However, the HIV/AIDS detection rate among this age group has been declining substantially since 1996. The decrease in this age group accounts for much of the decline in HIV/AIDS rates seen in recent years.

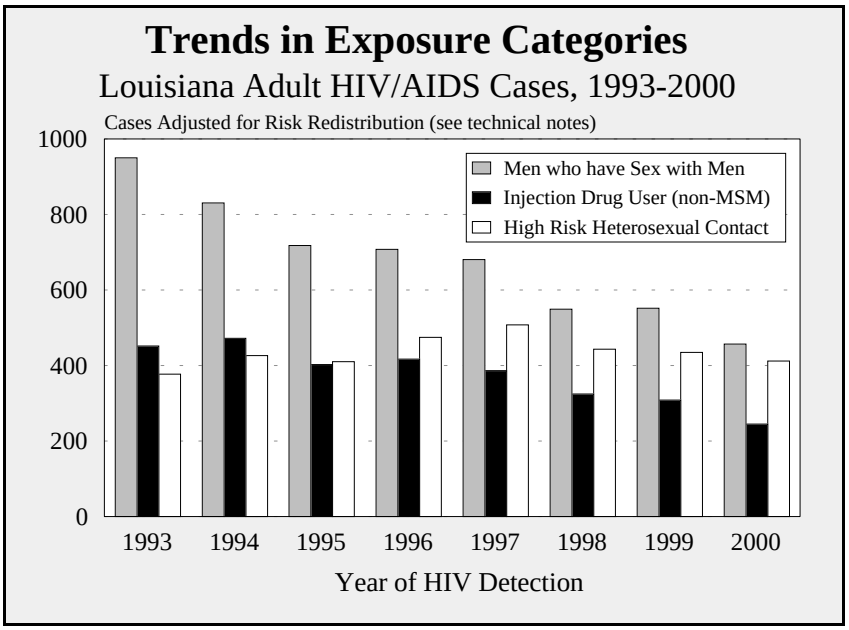


- Among youth, a much higher proportion of new cases are in females. This may be due, in part, to more opportunities for HIV screening in young women.

- Since 1996, females have comprised a greater proportion of the newly-detected HIV/AIDS cases among 15 to 24 year olds. The number of new cases detected among males aged 15 to 24 has been decreasing since 1993.

HIV/AIDS BY MODE OF EXPOSURE

The modes of exposure (i.e. persons' risk for HIV transmission) have changed significantly since 1993. Throughout the epidemic, most HIV transmission has occurred among men who have sex with men (MSM), however the proportion of cases attributed to MSM has been declining, particularly among whites. Sixty percent of cumulative HIV/AIDS cases are attributed to MSM and 48% of newly detected cases in 2000 were attributed to MSM. The proportion of new cases among high-risk heterosexuals (HRH) has been increasing, especially among women. In 2000, 70% of the cases reported among women with a specified risk for exposure were attributed to HRH. However, a large percentage of cases (57% in 2000) are reported without any mode of exposure; therefore, the data shown on the following graphs have been adjusted to account for unreported risks, as described below and in the technical notes on p. 36.

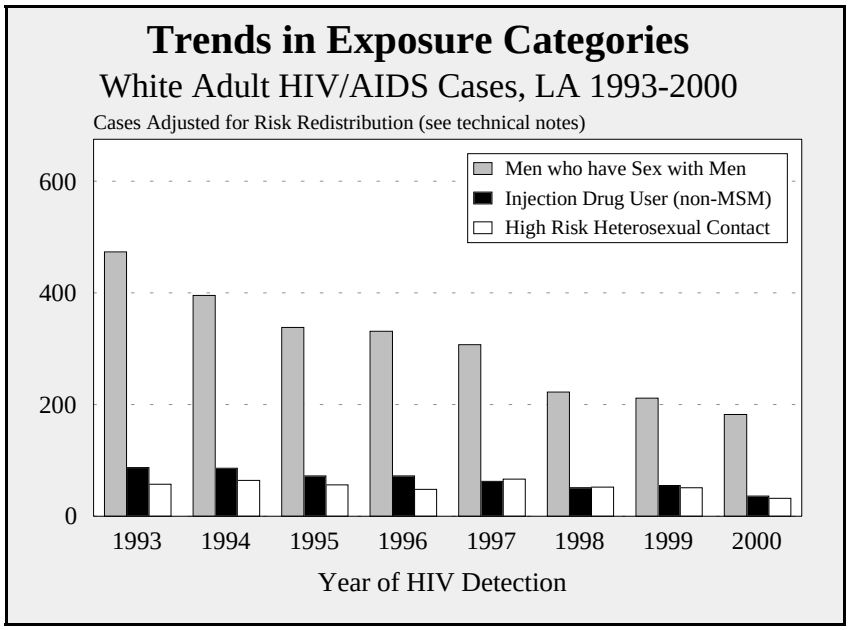


- In 2000, the number of new HIV/AIDS cases is similar among men who have sex with men (MSM) and high-risk heterosexuals (HRH).

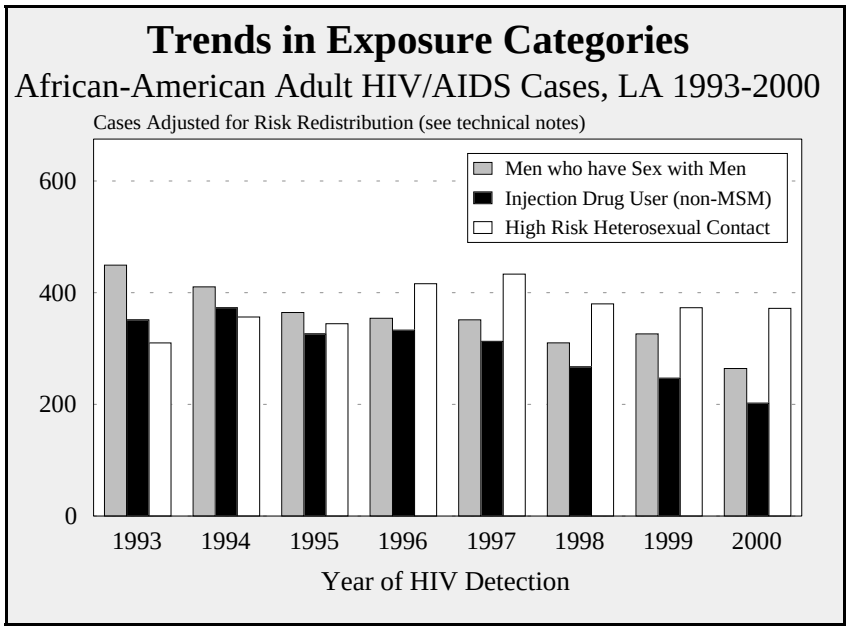
- The number of new cases among men who have sex with men (MSM) has been declining since 1993, while cases attributed to high-risk heterosexual contact has remained fairly stable. High-risk heterosexual contact accounted for an estimated 36% of the new cases detected in 2000.

- As illustrated on the following page, the apparent decline in new cases detected among MSM has resulted from a gradual decrease in annual HIV/AIDS cases among white MSM. Among African-American MSM, the annual number of new cases appears to have declined only slightly since 1993.

Looking at cases adjusted for risk redistribution: Each year a significant number of HIV cases are reported that lack information to characterize how the infection was probably acquired (i.e., mode of exposure, transmission risk). Because this information is critical for identifying at-risk populations, the CDC has developed a method for estimating mode of exposure among those cases with an unreported risk. These estimates are based on historical patterns of risk distribution, within certain demographic groups for a geographic area. Adjusting for risk redistribution (i.e., presenting a combination of cases reported with risk information and cases whose mode of exposure has been estimated) yields a more complete picture of the epidemic among the different exposure groups. For more information on risk redistribution, see the technical notes on p. 36.



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



- Among African-Americans, high-risk heterosexual activity has emerged as the leading exposure category.

Exposure Category by Year of HIV Detection[a] and Ethnicity
Louisiana HIV/AIDS Cases (1996-2000)

AFRICAN-AMERICAN

Exposure Category	1996		1997		1998		1999		2000		Cumulative[d]	
	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Men who have Sex with Men (MSM)	**182**	27%	**163**	26%	**152**	29%	**148**	35%	**118**	33%	**2,766**	34%
Injection Drug User (IDU)	**237**	35%	**205**	33%	**168**	32%	**126**	30%	**91**	26%	**2,602**	32%
MSM & IDU	**39**	6%	**34**	6%	**22**	4%	**20**	5%	**9**	3%	**641**	8%
High-Risk Heterosexual Contact	**201**	29%	**191**	31%	**167**	32%	**117**	28%	**116**	33%	**1,852**	23%
Hemophiliac	**0**	0%	**0**	0%	**0**	0%	**0**	0%	**0**	0%	**27**	<1%
Transfusion/Transplant	**7**	1%	**6**	1%	**9**	2%	**3**	1%	**9**	3%	**134**	2%
Perinatal	**20**	3%	**17**	3%	**7**	1%	**8**	2%	**11**	3%	**209**	3%
Unspecified[c] (% of Total Afr-Am Cases)	***431***	*39%*	***488***	*44%*	***447***	*46%*	***522***	*55%*	***499***	*58%*	***3,765***	*31%*
Total Af-Am (% of Total Cases)[b,e]	**1,117**	70%	**1,104**	71%	**972**	74%	**944**	73%	**853**	75%	**11,996**	59%

WHITE

Exposure Category	1996		1997		1998		1999		2000		Cumulative[d]	
	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Men who have Sex with Men (MSM)	**219**	67%	**178**	62%	**141**	65%	**107**	60%	**87**	69%	**4,638**	68%
Injection Drug User (IDU)	**51**	16%	**39**	14%	**33**	15%	**30**	17%	**16**	13%	**667**	10%
MSM & IDU	**30**	9%	**30**	10%	**12**	6%	**16**	9%	**14**	11%	**820**	12%
High-Risk Heterosexual Contact	**24**	7%	**39**	14%	**27**	13%	**21**	12%	**7**	6%	**396**	6%
Hemophiliac	**0**	0%	**0**	0%	**2**	1%	**1**	1%	**0**	0%	**80**	1%
Transfusion/Transplant	**3**	1%	**2**	1%	**1**	<1%	**3**	2%	**3**	2%	**141**	2%
Perinatal	**2**	1%	**0**	0%	**0**	0%	**0**	0%	**0**	0%	**38**	1%
Unspecified[c] (% of Total White Cases)	***103***	*24%*	***124***	*30%*	***95***	*31%*	***126***	*41%*	***124***	*49%*	***1,077***	*14%*
Total White (% of Total Cases)[b,e]	**432**	27%	**412**	26%	**311**	24%	**304**	24%	**251**	22%	**7,858**	38%
TOTAL (All)[e]	**1,591**	100%	**1,560**	100%	**1,319**	100%	**1,286**	100%	**1,130**	100%	**20,415**	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 2000.
[e] Total includes all racial/ethnic categories and exposure groups, including ones not shown.

Exposure Category by Year of HIV Detection[a] and Gender
Louisiana HIV/AIDS Cases (1996-2000)

MEN

Exposure Category	1996		1997		1998		1999		2000		Cumulative[d]	
	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Men who have Sex with Men (MSM)	**408**	53%	**353**	52%	**302**	55%	**262**	55%	**208**	59%	**7,612**	60%
Injection Drug User (IDU)	**197**	25%	**170**	25%	**142**	26%	**114**	24%	**79**	23%	**2,377**	19%
MSM & IDU	**73**	9%	**66**	10%	**35**	6%	**36**	8%	**23**	7%	**1,489**	12%
High-Risk Heterosexual Contact	**74**	10%	**77**	11%	**57**	10%	**53**	11%	**30**	9%	**746**	6%
Hemophiliac	**0**	0%	**0**	0%	**2**	0%	**1**	<1%	**0**	0%	**105**	1%
Transfusion/Transplant	**6**	1%	**7**	1%	**4**	1%	**4**	1%	**4**	1%	**165**	1%
Perinatal	**15**	2%	**11**	2%	**4**	1%	**6**	1%	**7**	2%	**134**	1%
Unspecified[c] (% of All Cases in Men)	***359***	*32%*	***411***	*38%*	***356***	*39%*	***430***	*47%*	***394***	*53%*	***3,337***	*21%*
Total Men (% of Total Cases)[b,e]	**1132**	71%	**1095**	70%	**902**	68%	**906**	70%	**745**	66%	**15,965**	78%

WOMEN

Exposure Category	1996		1997		1998		1999		2000		Cumulative[d]	
	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]	#	%[b]
Injection Drug User (IDU)	**95**	37%	**80**	33%	**61**	29%	**45**	32%	**29**	21%	**956**	35%
High-Risk Heterosexual Contact	**154**	59%	**157**	64%	**139**	67%	**90**	65%	**94**	70%	**1,551**	57%
Hemophiliac	**0**	0%	**0**	0%	**0**	0%	**0**	0%	**0**	0%	**7**	<1%
Transfusion/Transplant	**4**	2%	**1**	<1%	**6**	3%	**2**	1%	**8**	6%	**115**	4%
Perinatal	**7**	3%	**7**	3%	**3**	1%	**2**	1%	**4**	3%	**116**	4%
Unspecified[c] (% of All Cases in Women)	***199***	*43%*	***220***	*47%*	***208***	*50%*	***241***	*63%*	***250***	*65%*	***1,704***	*38%*
Total Women (% of Total Cases)[b,e]	**459**	29%	**465**	30%	**417**	32%	**380**	30%	**385**	34%	**4,450**	22%
TOTAL (All)[e]	**1,591**	100%	**1,560**	100%	**1,319**	100%	**1,286**	100%	**1,130**	100%	**20,415**	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 2000.
[e] Total includes all exposure groups, including ones not shown

GEOGRAPHIC DISTRIBUTION

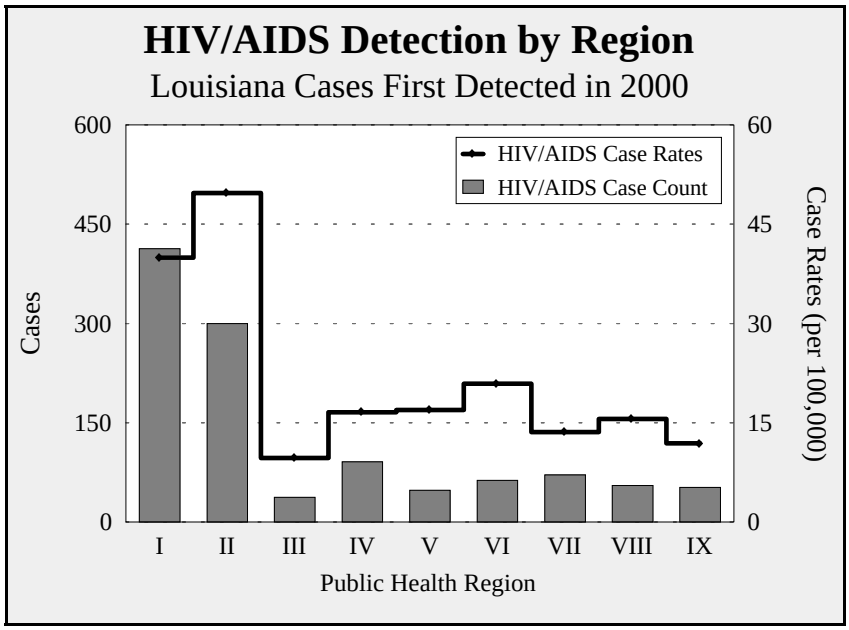
GEOGRAPHIC DISTRIBUTION OF HIV/AIDS

- In 2000, new cases of HIV/AIDS were detected in 55 of Louisiana's 64 parishes. The highest rates of newly-detected HIV/AIDS cases were in East Feliciana, Orleans, Iberville, and East Baton Rouge parishes. The Baton Rouge region encompasses three of these four parishes. Both East Feliciana and Iberville parish house correctional facilities.

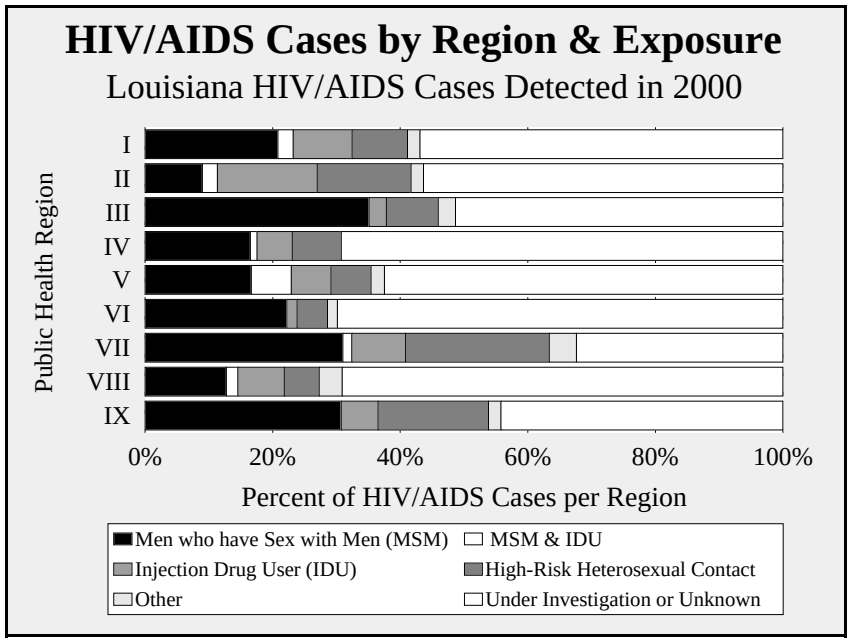
Louisiana HIV/AIDS Cases and Case Rates by Parish

PARISH	AIDS DX[a] in 2000	HIV/AIDS Detected in 2000	HIV/AIDS Detection Rate, 2000[b]	Cum HIV/AIDS Cases[c]	PARISH	AIDS DX[a] in 2000	HIV/AIDS Detected in 2000	HIV/AIDS Detection Rate, 2000[b]	Cum HIV/AIDS Cases[c]
Statewide	**724**	**1,130**	**26**	**20,415**	**Region VI**	**29**	**63**	**21**	**819**
					Avoyelles	5	18	43	182
Region I	**308**	**413**	**40**	**10,126**	Catahoula	3	2	n/a	18
Jefferson	59	79	17	1,738	Concordia	2	3	n/a	40
Orleans	242	326	67	8,202	Grant	1	0	n/a	24
Plaquemines	1	0	n/a	40	La Salle	0	0	n/a	6
St. Bernard	6	8	12	146	Rapides	15	32	25	413
					Vernon	2	5	10	69
Region II	**194**	**300**	**50**	**3,926**	Winn	1	3	n/a	67
Ascension	6	7	9	132					
East Baton Rouge	154	237	57	3,124	**Region VII**	**48**	**71**	**14**	**1,212**
East Feliciana	8	16	75	110	Bienville	2	3	n/a	16
Iberville	14	21	63	214	Bossier	3	3	n/a	126
Pointe Coupee	5	3	n/a	55	Caddo	37	51	20	835
West Baton Rouge	3	10	46	109	Claiborne	2	5	30	56
West Feliciana	4	6	40	182	De Soto	0	0	n/a	28
					Natchitoches	1	4	n/a	76
Region III	**28**	**37**	**10**	**620**	Red River	1	1	n/a	9
Assumption	1	2	n/a	29	Sabine	1	1	n/a	22
Lafourche	5	5	6	98	Webster	1	3	n/a	44
St. Charles	5	6	12	90					
St. James	4	5	24	57	**Region VIII**	**24**	**55**	**16**	**878**
St. John the Baptist	4	7	16	82	Caldwell	0	1	n/a	15
St. Mary	3	6	11	91	East Carroll	0	3	n/a	27
Terrebonne	6	6	6	173	Franklin	0	0	n/a	22
					Jackson	0	0	n/a	16
Region IV	**38**	**91**	**17**	**1,205**	Lincoln	0	1	n/a	66
Acadia	3	5	8	94	Madison	3	4	n/a	56
Evangeline	3	8	23	41	Morehouse	0	2	n/a	59
Iberia	2	8	11	100	Ouachita	16	36	24	496
Lafayette	17	36	19	617	Richland	4	4	n/a	45
St. Landry	10	20	23	193	Tensas	1	3	n/a	27
St. Martin	1	13	27	79	Union	0	0	n/a	34
Vermilion	2	1	n/a	81	West Carroll	0	1	n/a	15
Region V	**30**	**48**	**17**	**810**	**Region IX**	**25**	**52**	**12**	**819**
Allen	1	11	43	139	Livingston	5	15	16	115
Beauregard	5	3	n/a	56	St. Helena	0	0	n/a	10
Calcasieu	22	32	17	555	St. Tammany	8	14	7	341
Cameron	0	0	n/a	7	Tangipahoa	8	17	17	179
Jefferson Davis	2	2	n/a	53	Washington	4	6	14	174

[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.

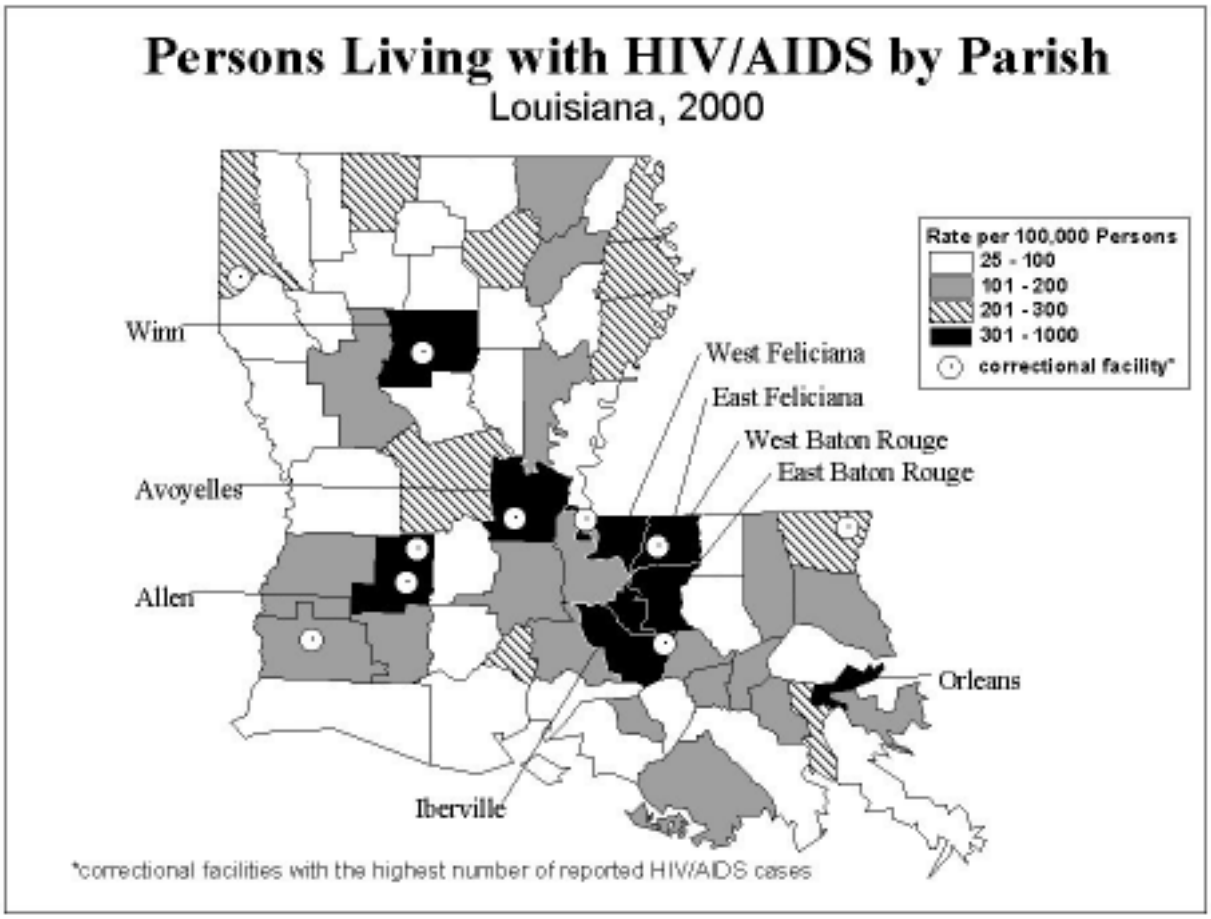


- The New Orleans region had the highest number of HIV/AIDS cases detected in 2000. However, in 2000 as in past years, the Baton Rouge region surpassed the New Orleans region in HIV/AIDS detection rates (number of cases per population in the region).



- In every region of the state, except the Baton Rouge region, the largest proportion of the newly-detected cases in 2000 were attributed to MSM exposure. In the Baton Rouge region, both injection drug use and high-risk heterosexual contact accounted for larger percentages of the newly-detected cases than did male-to-male sexual contact.

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



- As of December 31, 2000, a total of 12,708 persons were reported to be living with HIV/AIDS in Louisiana. The above graph illustrates the geographic variations of the persons living with HIV/AIDS in the state. There are persons living with HIV/AIDS in every parish in Louisiana.

- As of the end of 2000, nine parishes had greater than 300 persons living with HIV per 100,000 persons in the parish. Many of the parishes with disproportionate HIV/AIDS prevalence rates, house correctional facilities which have reported large numbers of HIV/AIDS cases.

- The Baton Rouge region had the highest concentration of persons living with HIV/AIDS per capita. Four of the Baton Rouge region's seven parishes had prevalence rates greater than 300.

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

GEOGRAPHIC DISTRIBUTION OF AIDS CASES

- In 2000, as in 1999, the Baton Rouge region surpassed the New Orleans region in the number of new AIDS cases diagnosed per population in the region (rate of AIDS diagnoses).

- Since 1996, coinciding with the introduction of effective drug therapies, the number of new AIDS cases has been declining. In 2000, there was a decline in the number of new AIDS cases in six of the nine public health regions; the Lake Charles, Alexandria and Houma regions did not experience this decline.

- According to the CDC, the 2000 AIDS case rates in both the metropolitan Baton Rouge area and the metropolitan New Orleans area ranked among the 20 highest for large cities in the nation.

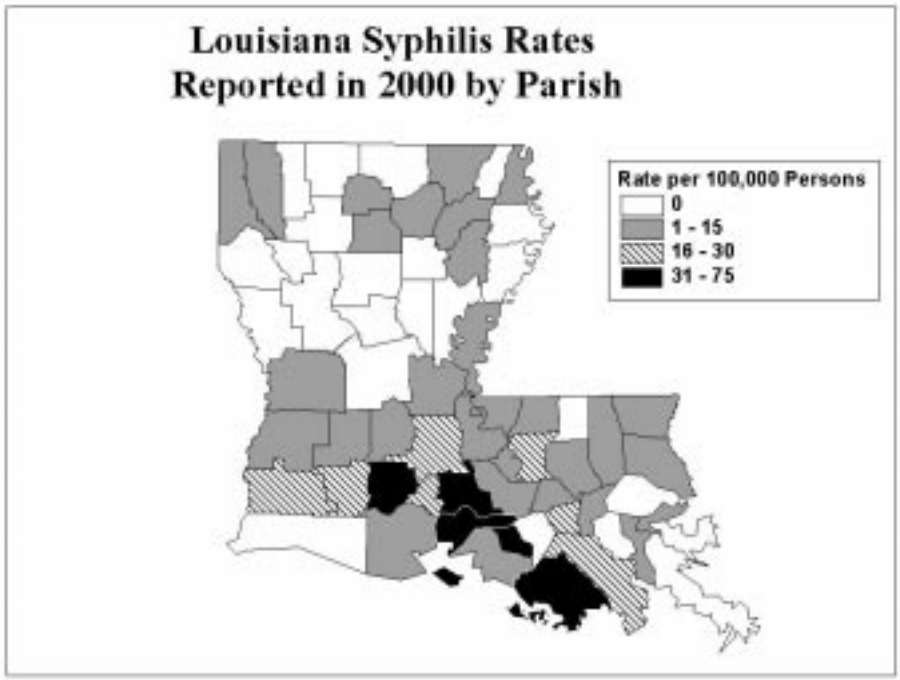
Regional AIDS Cases and Rates
Diagnosed in Louisiana, 1991 – 2000

		1991		1992		1993		1994		1995	
	Public Health Region[a]	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
I:	New Orleans Region	564	54.4	577	55.2	620	59.4	592	57.0	491	47.3
II:	Baton Rouge Region	112	20.6	168	30.0	207	36.7	196	34.5	216	37.7
III:	Houma Region	23	6.3	32	8.5	39	10.4	43	11.4	33	8.7
IV:	Lafayette Region	55	11.1	69	13.6	73	14.3	61	11.8	54	10.4
V:	Lake Charles Region	32	12.3	33	12.4	47	17.6	52	19.4	47	17.4
VI:	Alexandria Region	44	14.1	44	14.0	47	15.1	47	15.4	57	18.8
VII:	Shreveport Region	58	11.5	86	17.0	65	12.9	58	11.5	72	14.2
VIII:	Monroe Region	43	12.4	51	14.6	50	14.3	63	17.9	52	14.7
IX:	Hammond/Slidell Region	39	11.0	52	14.1	53	14.2	45	11.7	63	15.9
	TOTAL	**970**	**23.0**	**1,112**	**25.9**	**1,201**	**28.0**	**1,157**	**26.8**	**1,085**	**25.0**

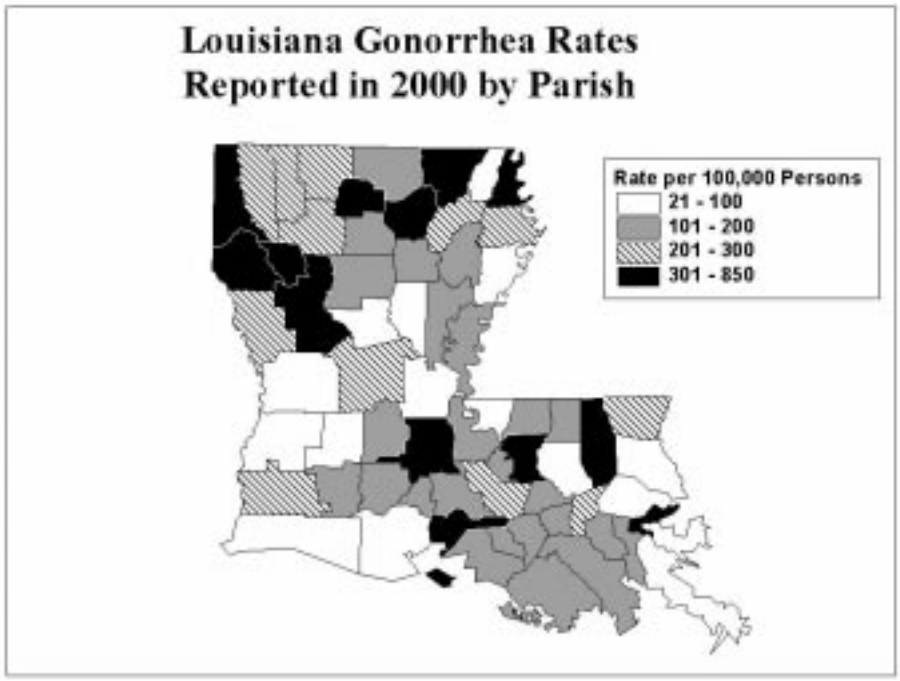
		1996		1997		1998		1999		2000	
	Public Health Region[a]	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
I:	New Orleans Region	575	55.9	465	45.6	397	39.1	356	35.3	308	29.8
II:	Baton Rouge Region	268	46.5	216	37.5	198	34.3	213	36.6	194	32.1
III:	Houma Region	39	10.3	25	6.6	30	7.8	19	5.0	28	7.3
IV:	Lafayette Region	55	10.5	63	12.0	45	8.5	44	8.2	38	6.9
V:	Lake Charles Region	41	15.0	51	18.6	39	14.0	27	9.7	30	10.6
VI:	Alexandria Region	46	15.2	27	9.1	27	8.9	25	8.4	29	9.6
VII:	Shreveport Region	48	9.4	57	11.2	63	12.4	51	10.1	48	9.2
VIII:	Monroe Region	44	12.5	40	11.3	36	10.2	43	12.2	24	6.8
IX:	Hammond/Slidell Region	60	14.8	43	10.4	37	8.8	27	6.3	25	5.7
	TOTAL	**1,176**	**27.0**	**987**	**22.7**	**872**	**20.0**	**805**	**18.4**	**724**	**16.2**

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

GEOGRAPHIC DISTRIBUTION OF SEXUALLY TRANSMITTED DISEASES



- This map highlights the differences in STD case rates among parishes. Five of Louisiana's parishes reported greater than 30 cases of primary, secondary, or early latent syphilis per 100,000 residents in 2000. However, cases were reported in 41 of the parishes. The largest concentration of new cases were reported in the southern part of the state.

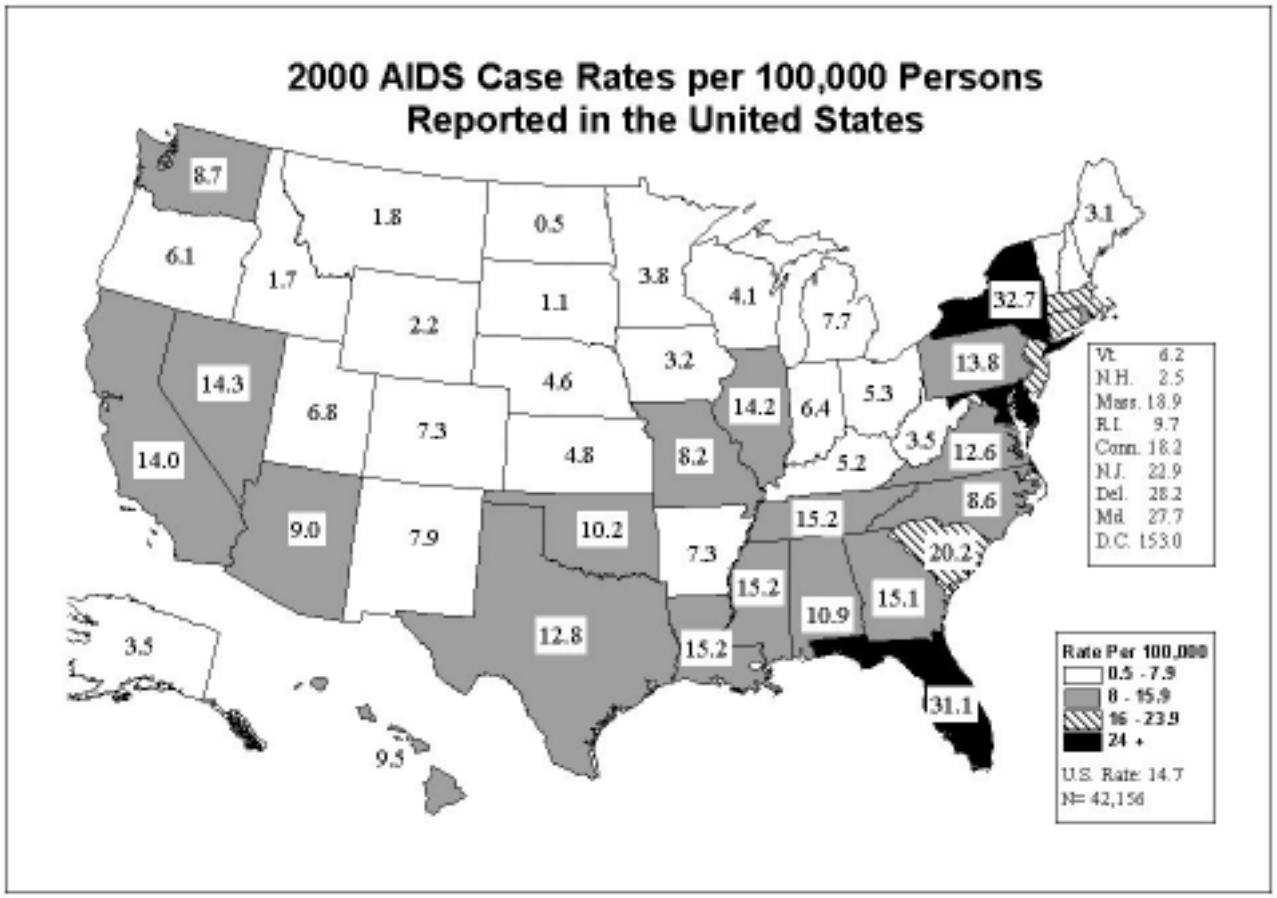


- In 2000, gonorrhea incidence rates were high in northern Louisiana, especially along the northwestern edge and in the northeastern corner of the state. Gonorrhea rates greater than 300 per 100,000 persons were found in 13 out of 64 parishes.

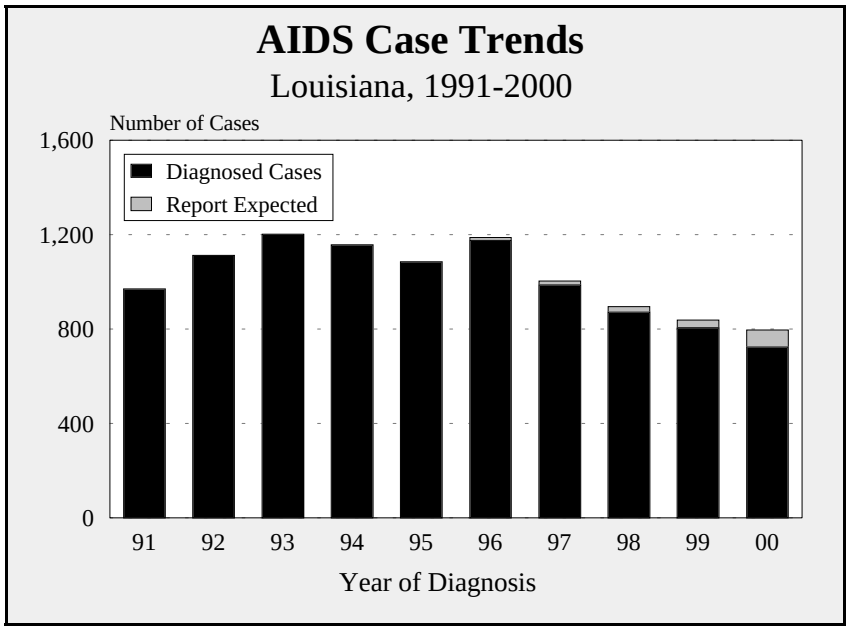
AIDS TRENDS

AIDS CASE TRENDS AND AIDS-RELATED MORTALITY

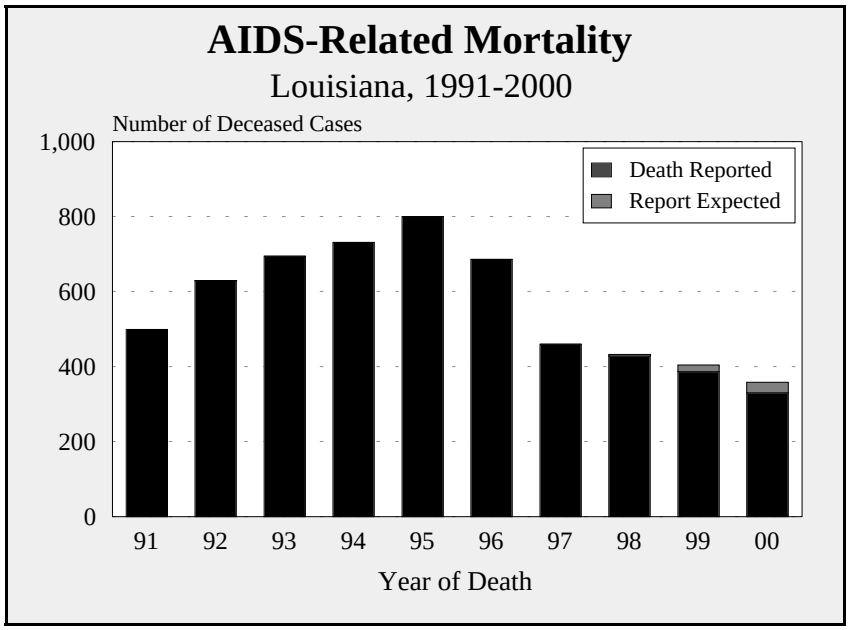
New highly active antiretroviral therapies (HAART), which have been shown to be effective in the treatment of HIV infection, have altered the natural history of HIV infection. These new therapies have delayed the progression from HIV to AIDS and from AIDS to death for many people infected with HIV. Due to the widespread use of these new HIV 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.



- Although the number of new AIDS cases has been declining, Louisiana still ranked 10th highest in state AIDS case rates and 17th in the number of new AIDS cases reported in the United States in 2000 according to the most recent CDC HIV/AIDS Surveillance Report (Vol. 12, No. 2).



- Since 1996, the number of new AIDS cases diagnosed each year in Louisiana has been declining. This downward trend continued through 2000, however the decrease was less dramatic.



- This graph illustrates the dramatic decline in AIDS related mortality, coinciding with the emergence of effective drug therapies. Although AIDS-related mortality declined slightly in 2000, deaths appear to be stabilizing.

- In 2000, 330 deaths were reported and an additional 28 are expected to be reported.

Trends in AIDS Incidence and Death by Gender and Ethnicity
Louisiana, 1996-2000

AIDS Cases Diagnosed

	Number of Cases					% Change				
	1996	1997	1998	1999	2000	96-97	97-98	98-99	99-00	96-00
Gender										
Women	245	212	226	201	221	-13%	7%	-11%	10%	-10%
Men	931	775	646	604	503	-17%	-17%	-7%	-17%	-46%
Ethnicity										
African-American	738	675	610	598	549	-9%	-10%	-2%	-8%	-26%
White	414	281	240	189	163	-32%	-15%	-21%	-14%	-61%

AIDS Deaths

	Number of Deaths					% Change				
	1996	1997	1998	1999	2000	96-97	97-98	98-99	99-00	96-00
Gender										
Women	124	88	89	84	72	-29%	1%	-6%	-14%	-42%
Men	562	372	339	302	258	-34%	-9%	-11%	-15%	-54%
Ethnicity										
African-American	409	333	289	265	250	-19%	-13%	-8%	-6%	-39%
White	263	123	131	119	76	-53%	7%	-9%	-36%	-71%

- All populations have not experienced the same access to treatments, or possibly the same levels of treatment efficacy. Since 1996, AIDS-related deaths in men have decreased by 54%, deaths in women by 42%, in African-Americans 39%, and in whites 71%. Although all groups have experienced significant decreases in mortality, African-Americans and women experienced less of a decline in deaths than did the white and male populations, respectively. Likewise, women and African-Americans have seen less of a decline in the number of new AIDS cases diagnosed annually. In fact, the number of new AIDS cases diagnosed among women increased from 1999 to 2000. These statistics suggest that the recent treatment advances have been less effective at the population level in African-Americans and in women.

- For almost all populations the largest decrease in both AIDS incidence and AIDS-related deaths occurred from 1996 to 1997. The annual decline has lessened since then.

Characteristics of Louisiana AIDS Cases

	AIDS Cases Diagnosed in 1999		AIDS Cases Diagnosed in 2000		*% Change*[c]	Cumulative AIDS	
	Cases	**Percent**[a]	**Cases**	**Percent**[a]	***1999 - 2000***	**Cases**	**Percent**[a]
TOTAL	805	100%	724	100%	*-10%*	12,860	100%
Gender							
Men	604	75%	503	69%	*-17%*	10,779	84%
Women	201	25%	221	31%	*10%*	2,081	16%
Age Group							
under 15	2	<1%	5	<1%	*n/a*[d]	132	1%
15-24	52	6%	75	10%	*44%*	865	7%
25-34	241	30%	208	29%	*-14%*	4,921	38%
35-44	320	40%	279	39%	*-13%*	4,608	36%
over 44	190	24%	157	22%	*-17%*	2,329	18%
Ethnicity							
Afr-Amer	598	74%	549	76%	*-8%*	6,871	53%
White	189	23%	163	23%	*-14%*	5,653	44%
Hispanic	16	2%	10	1%	*-38%*	289	2%
Other	2	<1%	2	<1%	*n/a*[d]	47	<1%
Exposure Category[b]							
MSM	198	25%	163	23%	*n/a*[e]	5,881	46%
IDU	163	20%	132	18%	*n/a*	2,176	17%
MSM & IDU	32	4%	25	3%	*n/a*	1,107	9%
HRH	98	12%	100	14%	*n/a*	1,279	10%
Transf/Hemo	10	1%	5	1%	*n/a*	329	3%
Perinatal	1	<1%	5	1%	*n/a*	114	1%
Unspecified	303	38%	294	41%	*n/a*	1,974	15%
Urban/Rural Parishes							
Urban	696	86%	632	88%	*-9%*	11,306	88%
Rural	109	14%	90	12%	*-17%*	1,552	12%
Facility Type							
Public	629	78%	585	81%	*-7%*	8,576	67%
Private	175	22%	136	19%	*-22%*	4,223	33%

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

[b] MSM = Men who have sex with Men; IDU = Injection Drug User; HRH = High Risk Heterosexual; Unspecified = Still under investigation or unknown. See technical notes for further explanation.

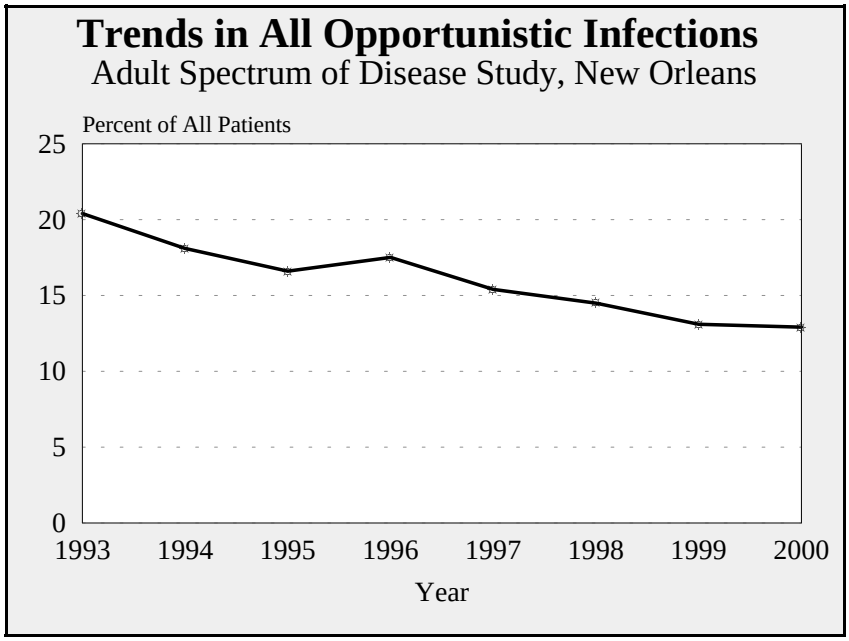
[c] Percent change is a measure of the difference in number of cases between years in a specific subgroup, taking into account the magnitude of cases within that subgroup. Due to the nature of the epidemic within the subgroups, percent change is not valid for evaluating prevention and service programs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

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

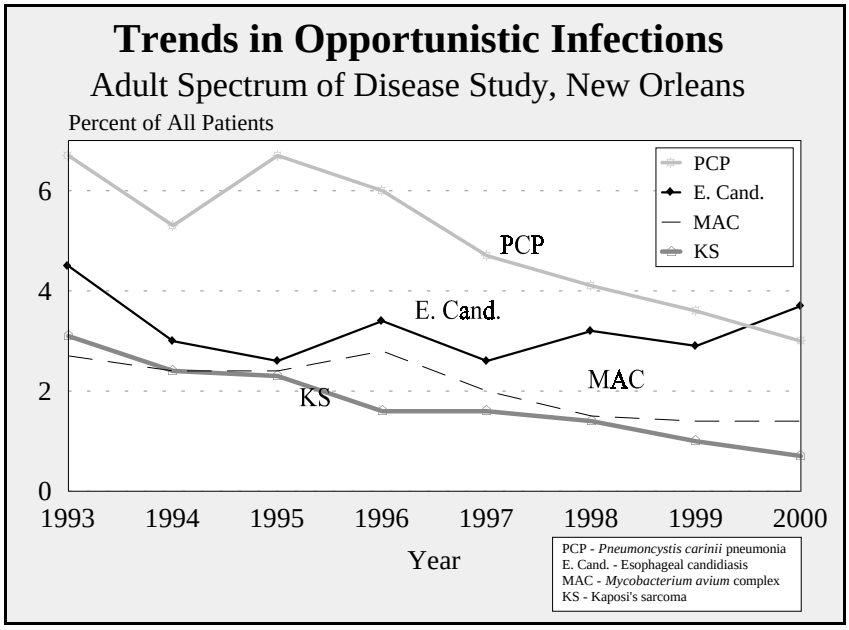
[e] Percent change within exposure groups is not valid. Within exposure groups, the decrease in numbers from year to year is distorted, primarily due to a higher proportion of cases with risk still under investigation in the last year reported.

OPPORTUNISTIC INFECTIONS

The ASD Study tracks the course of HIV infection and monitors the prevalence of opportunistic infections through retrospective record reviews of HIV-infected persons. A total of 7,888 persons receiving care in the public hospital system in New Orleans had been enrolled by the end of 2000, and 2,972 persons are being actively followed.



- Among patients enrolled in the ASD study, the occurrence of new opportunistic infections declined from 20% in 1993 to 13% in 2000. This is likely due to the introduction of more effective drugs and prophylactic treatments during this time period.

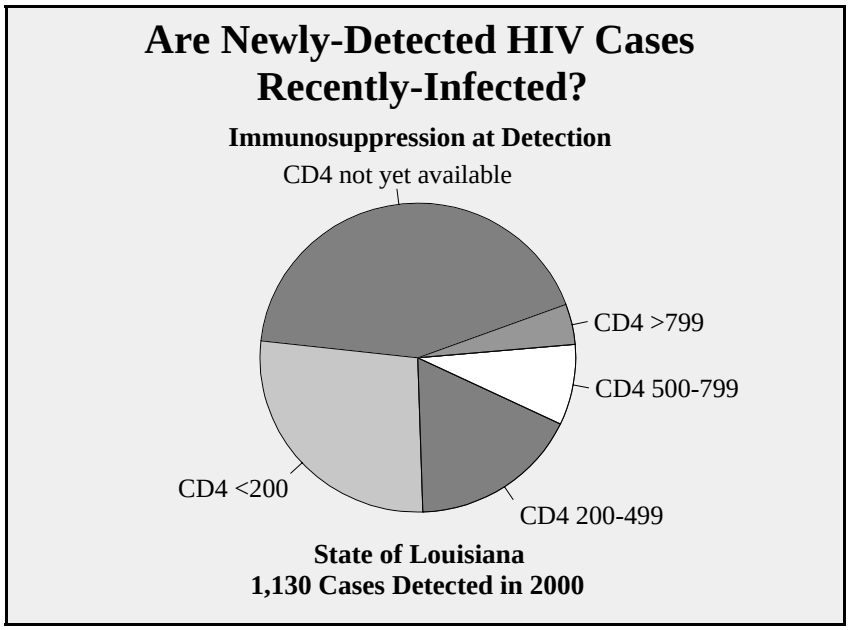


- The percentage of patients in the ASD Study with *Pneumocystis carinii* pneumonia (PCP) and Kaposi's sarcoma (KS) decreased from 1993 to 2000. However, the percentage of patients with esophageal candidiasis has remained relatively stable over time and actually increased in 2000; esophageal candidiasis is now the most prevalent OI.

HIV TESTING DELAYS

The date at which a person first tests positive for HIV is not necessarily indicative of when the infection occurred, since people are tested at variable times following HIV infection and many individuals are not tested until they have full-blown AIDS. The CDC estimates that one-third of persons living with HIV are unaware that they are infected.

- Of the 1,130 newly-detected cases, 27% had a CD4 count below 200 and 18% had a CD4 count between 200-499 indicating they had been infected for some time.



- With the current availability of antiretroviral therapies, which have 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 test for HIV until they are immunosuppressed and/or sick. Of the persons who had a confidential positive HIV test during 1996 to 1999, one-third were diagnosed with AIDS within three months of their first reported HIV test.

- The table on the following page shows the time between a person's first positive **confidential** test and AIDS diagnosis, by demographic and risk characteristics. These data should be interpreted cautiously, however, because a person may have been tested earlier, but anonymously. In groups with higher rates of anonymous testing (i.e., white males), these data may overestimate the true proportion of late testers.

- During the time period from 1996 to 1999 among persons testing confidentially, it appears that men tested later than woman and that white persons tested later than African-Americans. As noted above, because white men have the highest rates of anonymous testing, these estimates of HIV testing delays are likely to overestimate the proportion entering care late; moreover, these estimates of late testing and delayed access to care appear to be inconsistent with the data (p. 22) showing that whites and men have experienced the greatest declines in new AIDS cases and AIDS-related mortality.

HIV Testing Delays
Louisiana, 1996-1999

	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	22%	33%	37%
Gender			
Men	26%	37%	42%
Women	15%	23%	27%
Ethnicity			
White	28%	38%	42%
African-American	20%	30%	35%
Exposure Category			
MSM	31%	44%	49%
IDU	25%	36%	44%
MSM & IDU	20%	35%	40%
HRH	18%	28%	32%
Other	26%	36%	36%
Unspecified	18%	26%	30%
Age Group (At Detection)			
0-14	9%	15%	15%
15-24	7%	11%	13%
25-34	22%	31%	36%
35-44	26%	39%	44%
Over 44	33%	45%	50%
Region			
Region I: New Orleans Region	24%	34%	38%
Region II: Baton Rouge Region	18%	28%	34%
Region III: Houma Region	29%	38%	40%
Region IV: Lafayette Region	21%	31%	35%
Region V: Lake Charles Region	27%	35%	38%
Region VI: Alexandria Region	18%	29%	33%
Region VII: Shreveport Region	23%	37%	39%
Region VIII: Monroe Region	24%	35%	41%
Region IX: Hammond/Slidell Region	29%	40%	45%
Urban/Rural Parishes			
Rural	22%	34%	38%
Urban	22%	32%	37%

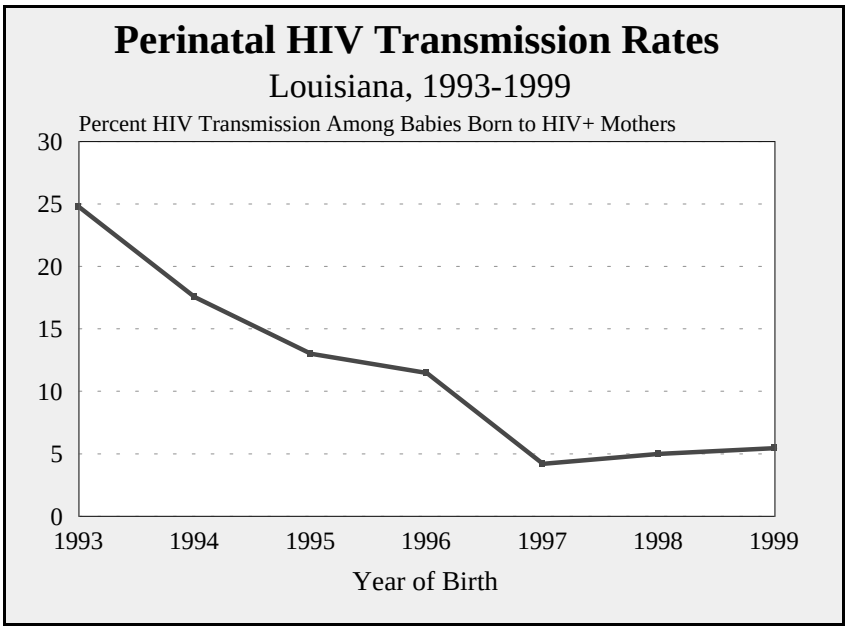
[a] Percentages in this column include all persons diagnosed with AIDS within three months of their first reported HIV test. This percentage includes those individuals diagnosed with AIDS at the time of HIV detection.

[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

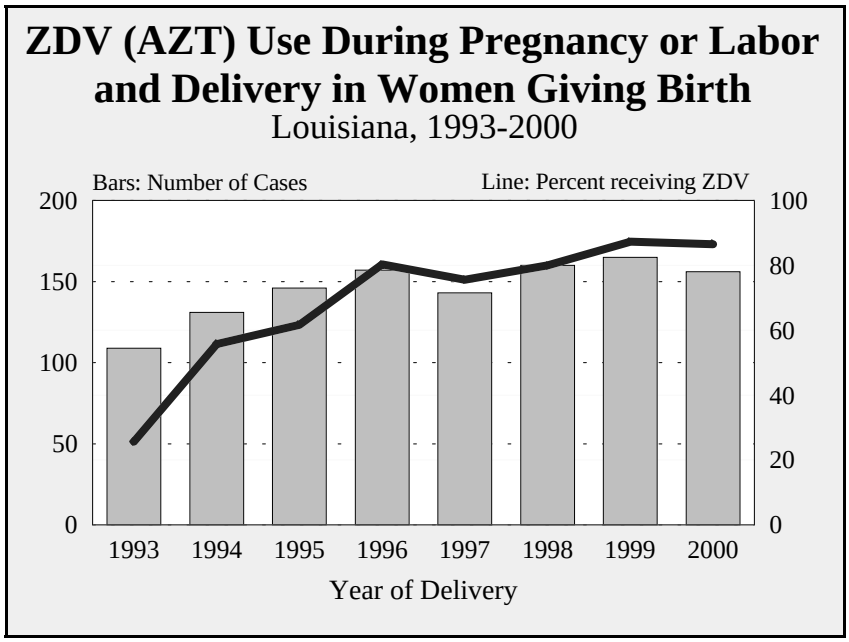
As of December 31, 2000, an estimated 1,375 babies have been born to HIV-infected women in Louisiana, of these babies 17% were infected with HIV perinatally, that is through mother to child transmission. Each year perinatal transmission accounts for the vast majority of pediatric HIV cases in Louisiana. In 2000, perinatal transmission accounted for 100% of all HIV cases detected in children under the age of 13.

In 1994, clinical trials demonstrated that the risk of HIV transmission from mother to child could be reduced by as much as two-thirds, if zidovudine (AZT or ZDV) was administered to the mother during pregnancy and 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, Louisiana has seen a marked decline in perinatal transmission rates.



- Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically from over 25% in 1993 to only 6% in 1999. The significant decline in perinatally acquired HIV/AIDS is likely due to screening programs for pregnant women, prenatal care, and the increased use of antiretroviral therapies during pregnancy and delivery.

- Of the babies born in 1999, seven babies were diagnosed with HIV and two with AIDS.



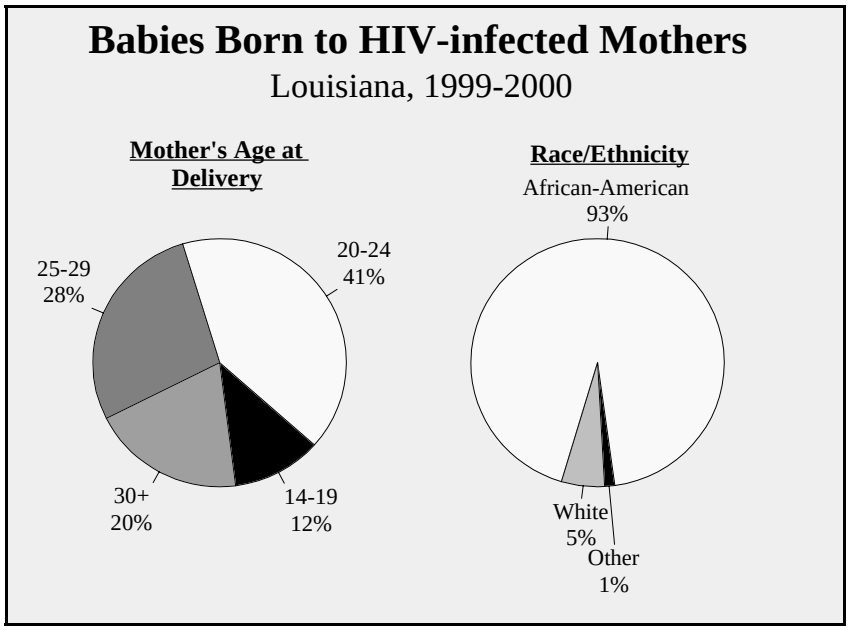
- Among HIV-infected women giving birth, the use of antiretrovirals has increased dramatically since 1993.

Zidovudine (AZT) Use In HIV-Infected Women Giving Birth
Louisiana, 1999-2000
(N=321)

TIMING OF ANTIRETROVIRAL USE	# of Women	% of Women
Mother Received During Pregnancy	222	69%
Mother Received During Labor and Delivery	255	79%
Child Received After Birth	300	93%
AZT Received at All Three Periods	195	61%

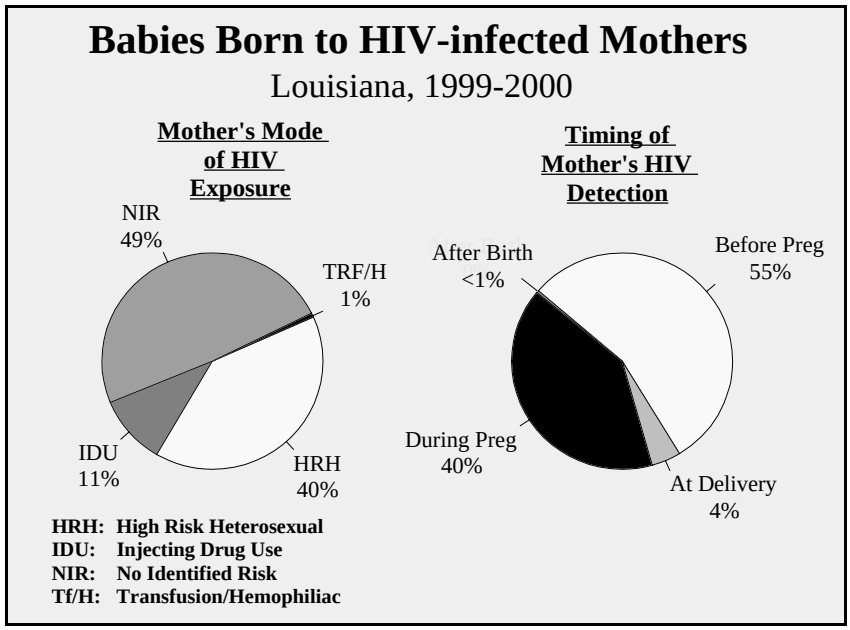
- During 1999 to 2000, 321 babies were born to HIV-infected women in Louisiana. Of these 321 mother-infant pairs, 61% received antiretrovirals during all three recommended periods (prenatally, intrapartum, and neonatally).

- Of the children born to HIV-infected women, 93% received antiretrovirals after birth. Only 69% of the mothers received AZT during pregnancy, which may be due to lack of prenatal care among these women.



- The majority of HIV-infected women giving birth in 1999 and 2000 were between 20 and 24 years of age. Teenage females gave birth to 12% of all HIV-exposed infants in this time period.

- The majority of perinatally HIV-exposed babies were born to African-American women.

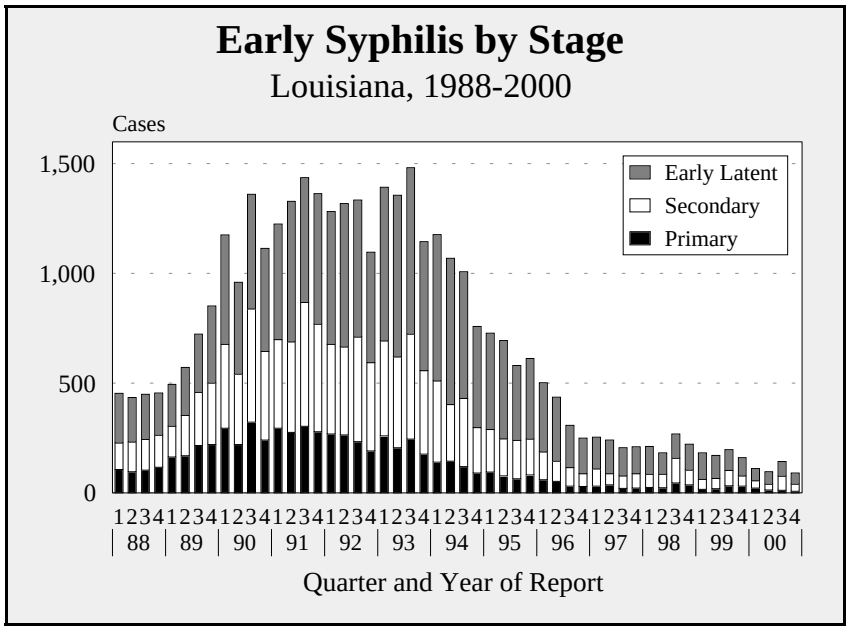


- Of the HIV-infected women giving birth, who a had a specified risk for exposure, the majority were likely to have been infected through high-risk heterosexual contact.

- During the time period from 1999 to 2000, the majority of HIV positive mothers had tested positive before becoming pregnant. Still, 44% of the HIV-infected women giving birth were first tested during pregnancy or at the time of labor and delivery.

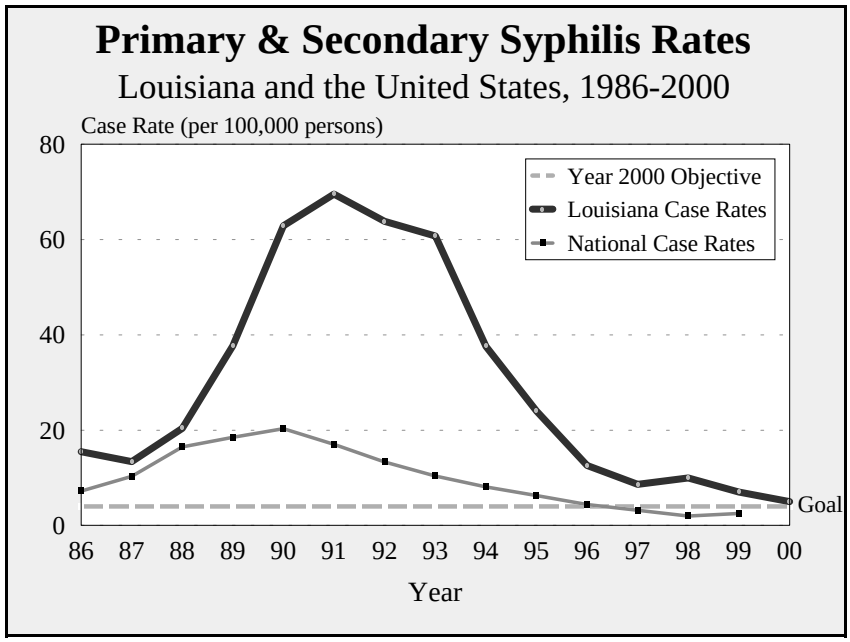
OTHER DATA SOURCES

SEXUALLY TRANSMITTED DISEASES

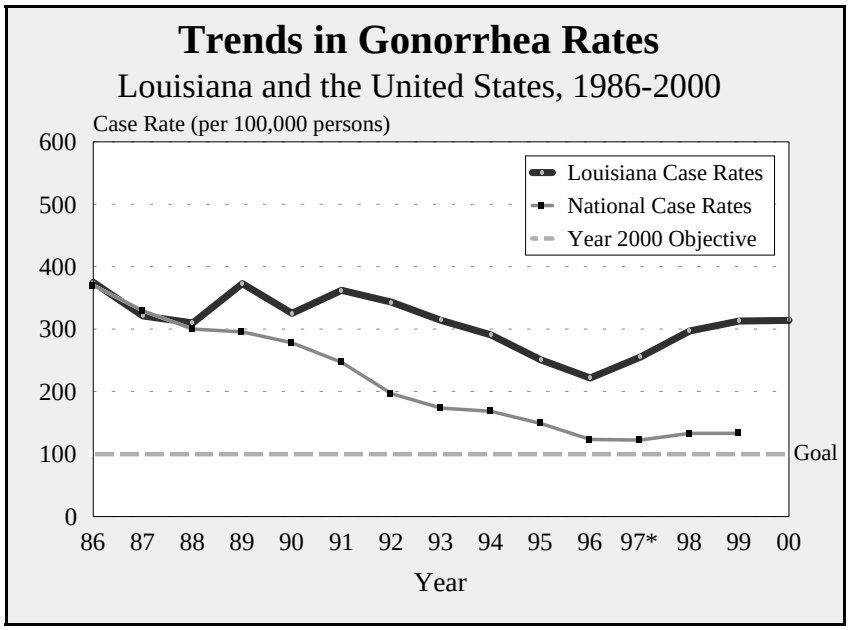


- Sexually transmitted disease data can serve as a valuable indicator of trends in high-risk sexual behavior. STDs are also associated with increased risk for HIV infection.

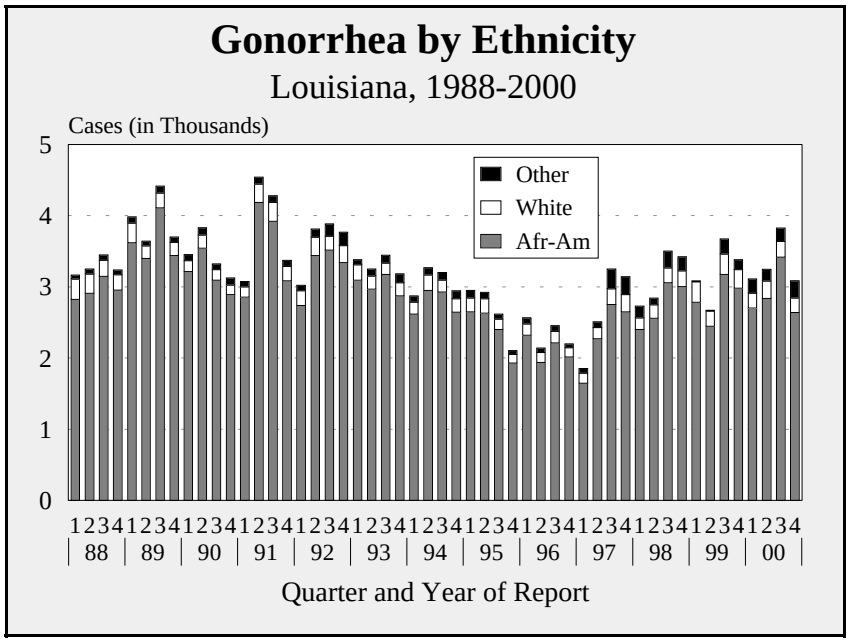
- Since 1993 the number of new syphilis cases has decreased dramatically.



- The Healthy People 2000 Objective was to reduce syphilis rates to 4 per 100,000 persons by the year 2000. In Louisiana, The 2000 syphilis rate of 5 per 100,000 was very close to this objective; however the rate in Louisiana is still above the national rate.



- Gonorrhea rates have increased each year since 1996 in Louisiana. This increase may be due, in part, to increased screening and increased laboratory reporting which began in 1997, but may also reflect an increase in high-risk sexual behavior in the state. Gonorrhea rates are still well above the Healthy People 2000 objective of 100 cases per 100,000.



- The majority of gonorrhea cases have been reported among African-Americans.

BEHAVIORAL SURVEYS

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

Street Outreach Survey Trends, 1997-2000

	Percent (%) with two or more partners among all respondents				Percent (%) Condom use[a] among those with two or more partners			
Year	**1997**	**1998**	**1999**	**2000**	**1997**	**1998**	**1999**	**2000**
(Sample Size)	***(n=7334)***	***(n=5027)***	***(n=5991)***	***(n=5933)***	***(n=4620)***	***(n=3318)***	***(n=3894)***	***(n=3848)***
	63%	66%	65%	65%	59%	61%	58%	61%
Gender								
Men	75%	76%	74%	75%	61%	62%	59%	61%
Women	50%	56%	56%	53%	56%	60%	57%	60%
Age Group								
under 20	67%	68%	68%	65%	64%	69%	67%	68%
20-24	69%	72%	72%	73%	59%	59%	58%	61%
25-29	67%	71%	68%	70%	58%	61%	54%	61%
30-34	57%	64%	64%	63%	60%	59%	56%	56%
over 34	53%	53%	54%	54%	53%	52%	49%	49%
Ethnicity								
Afr-Am	63%	65%	64%	64%	53%	61%	59%	62%
White	63%	72%	73%	69%	60%	50%	44%	45%

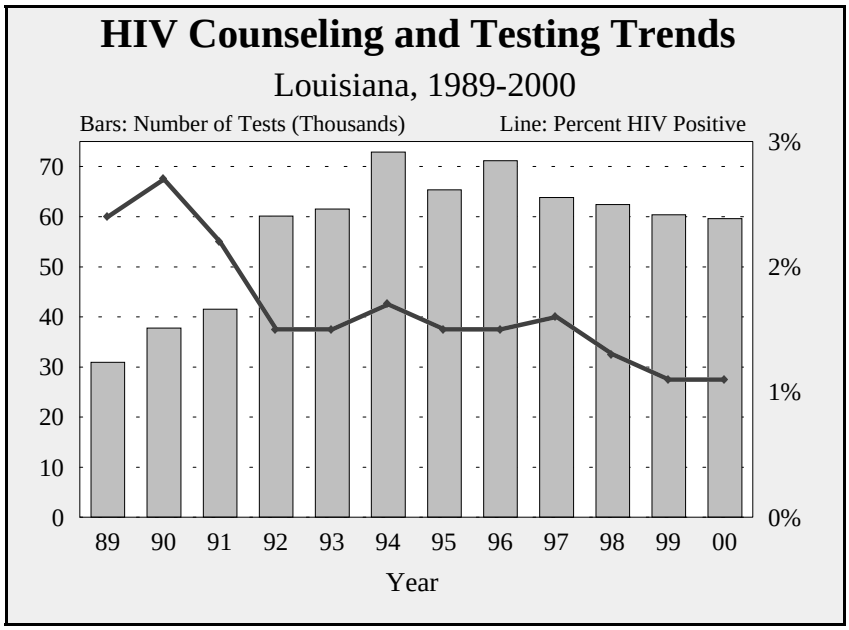
[a] Condom use reported for the last sexual encounter among those who had 2 or more partners within the last 12 months.

- In 2000, the majority of persons surveyed in high-risk neighborhoods (65%) had two or more sex partners during the last twelve months. This percentage has not changed significantly over time. Men were more likely to report multiple sex partners.

- The percentage of persons who reported using condoms the last time they had sex remained relatively stable between 1997 and 2000. Only 61% of persons reported using a condom at last sex in 2000, with African-Americans and younger persons being more likely to use condoms. Condom use among men and women was similar.

- In contrast to the high-risk population surveyed in the street outreach survey, only 13% of respondents from the 1998 BRFSS survey of the general population reported having 2 or more sex partners (data not shown). Also, fewer persons with multiple sex partners used condoms the last time they had sex (48%).

HIV COUNSELING AND TESTING DATA



- The number of tests conducted at public HIV counseling and testing sites increased from 1989 to 1994. The number of tests in recent years has leveled off at approximately 60,000. The percentage of tests that are positive has decreased to 1.1% in 2000.

HIV Counseling and Testing Statistics
Louisiana, 2000

	Anonymous Tests		Confidential Tests		Total Tests	
	Total	**% Positive**	**Total**	**% Positive**	**Total**	**% Positive**
Gender						
Men	4,831	3.5	18,814	1.3	23,645	1.7
Women	3,285	1.4	32,448	0.5	35,733	0.6
Ethnicity						
African-American	3,823	2.9	32,965	1.1	36,788	1.3
White	3,988	2.3	16,728	0.3	20,716	0.7
Hispanic	143	5.6	843	0.5	986	1.2
Other/Unkown	426	1.4	718	0.0	1154	0.5
Exposure Category						
MSM	1,159	9.1	1,198	5.8	2,357	7.4
IDU	692	2.3	1,546	1.4	2,238	1.7
MSM/IDU	115	13.0	101	5.9	216	9.7
HRH	1,348	2.0	2,850	2.0	4,198	2.0
STD Diagnosis	706	1.3	8,690	0.7	9,396	0.7
Exchange Sex for Drugs/$	146	2.1	447	2.2	593	2.2
None of the above	4,214	1.0	36,432	0.5	40,646	0.5

- The characteristics of persons who test anonymously versus confidentially differ. A higher number of anonymous tests are among men and whites, compared to a higher number of confidential tests among women and African-Americans. Among men, 26% of the anonymous tests were men who had sex with men, compared to only 7% of the confidential tests. In 2000, HIV positivity rates were highest in men, African-Americans and men who have sex with men.

Technical Notes

Interpretation of HIV Detection Data

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

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

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

Definitions of the Exposure Categories

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

- **Men who have Sex with Men (MSM)**: Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU)**: Cases who report using drugs that require injection - not other route of administration of illicit drug use at any time since 1978.
- **High Risk Heterosexual Contact (HRH)**: Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g. heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant (Hemo/Transf)**: Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal**: HIV infection in children resulting from transmission from an HIV+ mother to her child.
- **Unspecified**: Cases who, at the time of this publication, have no reported history of exposure

to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do not imply that modes of transmission other than sexual, blood, and perinatal are suspected. "Unspecified" cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

Case Definition Changes

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 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. A result of the 1993 definition expansion caused HIV-infected persons to be classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

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

Adjustment and Estimation Techniques

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

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

[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.