

NEW JERSEY HIV/AIDS REPORT

June 30, 2010



Chris Christie
Governor
Kim Guadagno
Lt. Governor

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



Poonam Alaigh, MD, MSHCPM, FACP
Commissioner

Division of HIV/AIDS Services

...preventing disease with care

Office of the Assistant Commissioner (609) 984-5874

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

Administrative Support Services Unit (609) 984-5888

Care and Treatment Services Unit (609) 984-6328

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

Epidemiologic Services Unit (609) 984-5940

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

Prevention and Education Services Unit (609) 984-6050

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

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

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

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

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

Highlights

- By mid 2010, 35,247 people were reported living with HIV or AIDS in New Jersey.
- Minorities account for 76% of adult/adolescent cumulative HIV/AIDS cases and 77% of all persons living with HIV/AIDS (Page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 7).
- Seventy-nine percent of persons living with HIV/AIDS are 40 years of age or older (Page 10).
- Thirty-five percent of those living with HIV/AIDS are females; 61% of females are currently 20-49 years old.
- The number of annual pediatric infections has dropped over 90% since 1993 (page 11).
- Over 6,000 HIV/AIDS patients received medications through the state's AIDS Drug Distribution Program (ADDP) in 2009 (page 12).
- Table 12 shows HIV prevention services funded by the NJDHSS in 2009 (Page 13).
- In 2009 over 96,000 HIV tests were administered through Counseling and Testing Sites (page 14).
- The verification of a rapid HIV test with another rapid HIV test is addressed on page 15.

Special Features

The centerfold map features a complete reporting of HIV/AIDS cases, pediatric HIV/AIDS infections, and perinatal exposure by county. Cumulative case counts are based on patient residence at time of diagnosis, while counts of persons currently living with HIV/AIDS are based on most recently updated New Jersey address, regardless of where they were first diagnosed with HIV/AIDS.

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

MISSION STATEMENT

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

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV/AIDS Services (DHAS) through June 30, 2010. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS' website at www.state.nj.us/health/aids/aidsqtr.shtml. If you would prefer to receive this report by e-mail contact us at aids@doh.state.nj.us and we will e-mail you a link to the report.

What can I find in this report?

Epidemiology

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

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

Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category. These persons are currently living in New Jersey regardless of where they were first diagnosed with HIV/AIDS.

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

Pediatric HIV/AIDS and Exposures

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

HIV Prevention, Care and Treatment Services

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

Modified Risk Exposure Hierarchy

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

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

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

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHAS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2009 and 2010 may not be in this report. It is also important to note that individuals who are infected but not tested and diagnosed are not included in these reports. It is estimated that undiagnosed and unreported cases comprise 21% of all estimated infections. The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, the reported data underestimate true incidence, prevalence and mortality rates.

RACE/ETHNICITY DATA

**Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2009 - June 2010 (1)
and Cumulative Totals as of June 30, 2010
Racial/Ethnic Group by Gender**

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2009- June 2010		Cumulative Total		July 2009- June 2010		Cumulative Total		July 2009- June 2010		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	294	25%	13,779	27%	63	13%	3,843	17%	357	22%	17,622	24%	22%
Black	546	47%	25,813	51%	309	65%	14,739	65%	855	52%	40,552	56%	36%
Hispanic	289	25%	10,301	20%	93	20%	3,866	17%	382	23%	14,167	19%	27%
Asian/Pac. Isl.	27	2%	311	1%	9	2%	110	0%	36	2%	421	1%	26%
Other/Unknown	0	0%	183	0%	2	0%	93	0%	2	0%	276	0%	34%
Total	1,156	100%	50,387	100%	476	100%	22,651	100%	1,632	100%	73,038	100%	31%

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

(2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.

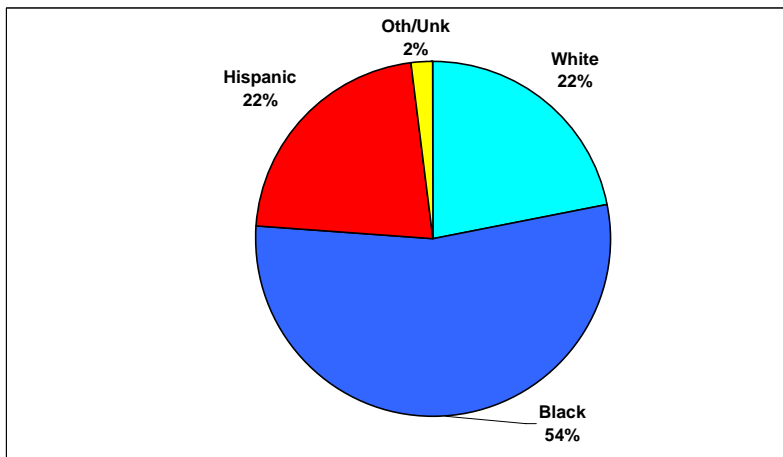
Note: Percentages may not add to 100 due to rounding.

**Table 2. New Jersey Residents Living with HIV/AIDS
as of June 30, 2010
Racial/Ethnic Group by Gender**

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	5,830	25%	1,968	16%	7,798	22%	25%
Black	11,223	49%	7,750	63%	18,973	54%	41%
Hispanic	5,516	24%	2,375	19%	7,891	22%	30%
Asian/Pac. Isl.	245	1%	94	1%	339	1%	28%
Other/Unknown	159	1%	87	1%	246	1%	35%
Total	22,973	100%	12,274	100%	35,247	100%	35%

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

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



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

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

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

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

HIV EXPOSURE CATEGORY DATA

Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported July 2009 - June 2010 (2) and Cumulative Totals as of June 30, 2010 Modified Exposure Category by Gender

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	July 2009-June 2010		Cumulative Total		July 2009-June 2010		Cumulative Total		July 2008-June 2009		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	456	39%	14,780	29%	0	0%	0	0%	456	28%	14,780	20%	0%
IDU (4)	58	5%	18,968	38%	34	7%	8,549	38%	92	6%	27,517	38%	31%
MSM/IDU	10	1%	2,286	5%	0	0%	0	0%	10	1%	2,286	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	9	1%	890	2%	13	3%	2,831	12%	22	1%	3,721	5%	76%
- bisexual male	0	0%	0	0%	1	0%	197	1%	1	0%	197	0%	100%
- HIV infection, risk Other/Unknown	62	5%	3,310	7%	86	18%	4,860	21%	148	9%	8,170	11%	59%
-partner(s) of unknown HIV risk (5)	269	23%	5,819	12%	217	46%	4,555	20%	486	30%	10,374	14%	44%
Other/Unknown (6)	292	25%	4,334	9%	125	26%	1,659	7%	417	26%	5,993	8%	28%
Total number of individuals	1,156	100%	50,387	100%	476	100%	22,651	100%	1,632	100%	73,038	100%	31%

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

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

Table 4. New Jersey Residents Living with HIV or AIDS as of June 30, 2010 Modified Exposure Category by Gender

Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	7,624	33%	0	0%	7,624	22%	0%
IDU (2)	5,281	23%	2,981	24%	8,262	23%	36%
MSM/IDU	789	3%	0	0%	789	2%	0%
Heterosexual contact with partner(s):							
- injection drug user	381	2%	1,284	10%	1,665	5%	77%
- bisexual male	0	0%	124	1%	124	0%	100%
- HIV infection, risk Other/Unknown	2,012	9%	3,164	26%	5,176	15%	61%
-partner(s) of unknown HIV risk(3)	3,888	17%	3,310	27%	7,198	20%	46%
Other/Unknown (4)	2,998	13%	1,411	11%	4,409	13%	32%
Total number of individuals	22,973	100%	12,274	100%	35,247	100%	35%

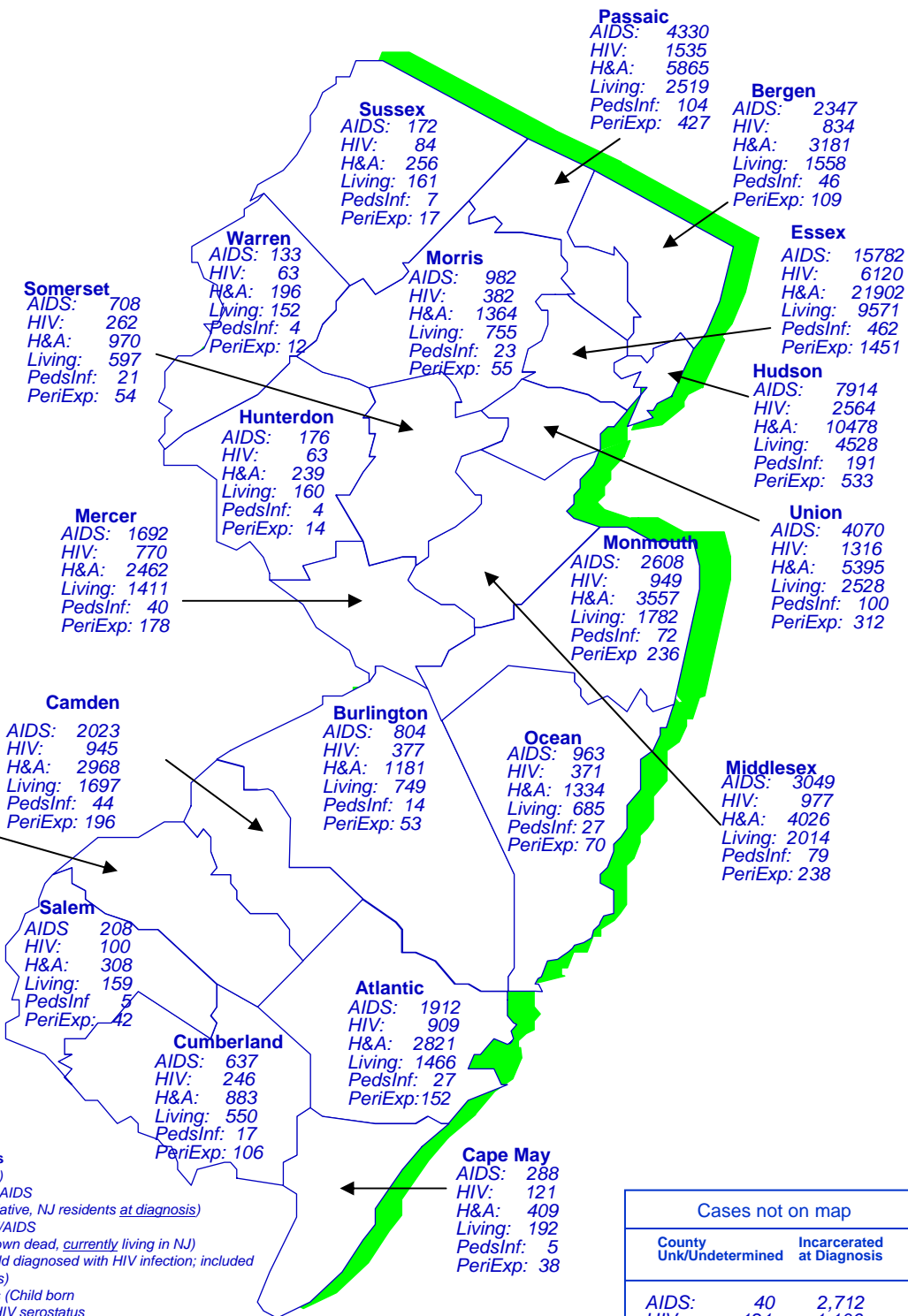
- (1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
- (2) MSM = male-to-male sex.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

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

Thirty-eight percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 30% by heterosexual contact, and 20% by male-to-male sex. Only 8% of cumulative cases (and 26% of cases recently reported in the last 12 months) had no reported risk or their risk is unknown.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2010

Statewide Summary Case Counts	
AIDS:	53,975
HIV:	20,415
H&A:	74,390
Living:	35,247
PedsInf:	1,355
PeriExp:	4,341



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

Cases not on map		
County	Unk/Undetermined	Incarcerated at Diagnosis
AIDS:	40	2,712
HIV:	121	1,106
H&A:	161	3,818
Living:	243	1,415
PedsInf:	56	1
PeriExp:	22	0

Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2009 - June 2010 (1) and Cumulative Totals as of June 30, 2010
Age at Diagnosis by Gender

Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2009- June 2010		Cumulative Total		July 2009- June 2010		Cumulative Total		July 2009- June 2010		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	45	4%	548	1%	13	3%	511	2%	58	4%	1,059	1%	48%
20-29	278	24%	8,743	17%	90	19%	5,422	24%	368	23%	14,165	19%	38%
30-39	274	24%	21,109	42%	141	30%	9,641	43%	415	25%	30,750	42%	31%
40-49	333	29%	13,965	28%	128	27%	4,953	22%	461	28%	18,918	26%	26%
Over 49	226	20%	6,022	12%	104	22%	2,124	9%	330	20%	8,146	11%	26%
Total	1,156	100%	50,387	100%	476	100%	22,651	100%	1,632	100%	73,038	100%	31%

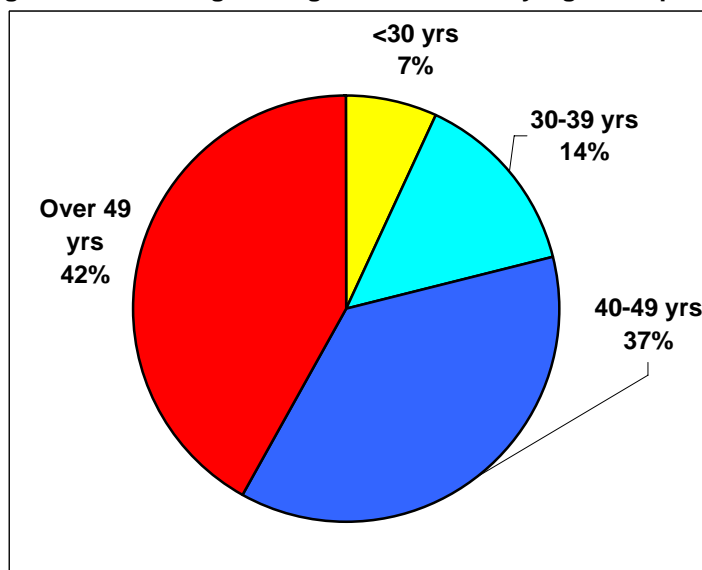
(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

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

Table 6. New Jersey Residents Currently Living with HIV/AIDS as of June 30, 2010
Current Age by Gender

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	59	0%	58	0%	117	0%	50%
13-19	204	1%	206	2%	410	1%	50%
20-29	1,390	6%	691	6%	2,081	6%	33%
30-39	3,030	13%	2,066	17%	5,096	14%	41%
40-49	8,220	36%	4,695	38%	12,915	37%	36%
Over 49	10,070	44%	4,558	37%	14,628	42%	31%
Total	22,973	100%	12,274	100%	35,247	100%	35%

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



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

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

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

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

PEDIATRIC DATA

Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases Exposure Category (2) by Race/Ethnicity - As of June 30, 2010

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	158	845	256	3	1,262
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	10	1	2	0	13
Risk Not Reported/Other Risk	11	34	11	2	58
Total	189	887	274	5	1,355
% Perinatally Infected	84%	95%	93%	60%	93%

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status and Year of Birth for Children Born 1993-2010 - As of June 30, 2010

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
1993	77	21%	86	24%	201	55%	364
1994	56	17%	111	33%	171	51%	338
1995	50	15%	92	28%	188	57%	330
1996	40	14%	67	23%	186	63%	293
1997	34	12%	76	27%	171	61%	281
1998	23	8%	84	28%	195	65%	302
1999	14	6%	62	26%	165	68%	241
2000	16	6%	61	23%	192	71%	269
2001	10	5%	49	23%	154	72%	213
2002	6	3%	52	23%	167	74%	225
2003	9	5%	46	23%	144	72%	199
2004	8	2%	34	16%	175	81%	217
2005	9	2%	36	19%	147	77%	192
2006	2	1%	45	25%	135	74%	182
2007	3	2%	37	22%	127	76%	167
2008	2	1%	37	19%	151	79%	190
2009*	4	3%	83	53%	69	44%	156
2010*	0	0%	34	100%	0	0%	34

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

* Years 2009 and 2010 data is incomplete

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1) by Race/Ethnicity and Current Age June 30, 2010

Race/Ethnicity	Current Age						Total	
	< 5 Yrs.		5-12 Yrs.		≥ 13 Yrs.		No.	(%)
	No.	(%)	No.	(%)	No.	(%)		
White	0	0%	10	9%	90	14%	100	13%
Black	10	83%	77	67%	447	67%	534	68%
Hispanic	2	17%	27	23%	124	19%	153	19%
Other	0	0%	1	1%	2	0%	3	0%
Total	12	2%	115	15%	663	84%	790	100%

Perinatal transmission was reduced to one percent in 2008.

Eighty-four percent of living individuals infected as children since the 1980's are now adults/adolescents, 13 years or older.

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

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

Table 10. Ryan White Part B Services in 2009

Program Area	Type of Service	Clients Served per Year
AIDS Drug Distribution Program	medications	6,320
Health Insurance Continuation Program	health insurance premiums	448
Home Care Program	home health services	88
Access to Care	care outreach	149
Core Health Services	outpatient/ambulatory medical care	2,360
	dental care	484
	treatment adherence counseling	2,414
	mental health services	624
	substance abuse services	77
	nutritional counseling	422
Support Services	case management	3,269
	short-term/emergency housing assistance	26
	medical transportation services	1,203
	residential substance abuse services	4

Table 11. DHAS Care and Treatment Services in 2009

Program	Source of Funding	Clients Served per Year
Early Intervention Programs	State	5,009
Housing Opportunities for Persons with AIDS	HUD	248

PREVENTION

Table 12. Summary of Major HIV/AIDS Prevention Interventions Funded Agencies and Client Numbers by Target Population for 2009					
Type of Intervention	Populations Targeted/Reached				
Individual Outreach	MSM	IDU	Heterosexual	HIV Positive	
Number of Agencies Providing Services	12	8	19	17	
Number of Clients Served*	860	206	6,711	1,810	
Interventions delivered to Individuals	MSM	IDU	Heterosexual	HIV Positive	Youth
Number of Agencies Providing Services	8	10	21	17	18
Number of Clients Served	231	321	1,019	530	868
Interventions delivered to Groups	MSM	IDU	Heterosexual	HIV Positive	Youth
Number of Agencies Providing Services	6	12	21	12	20
Number of Clients Served	437	620	809	435	911
Comprehensive Risk Counseling Services	MSM	IDU	Heterosexual	HIV Positive	Youth
Number of Agencies Providing Services	1	4	5	8	6
Number of Clients Served	1	475	32	138	22

* Total number of individual client outreached is reported aggregately and Risk Categories listed are not mutually exclusive. MSM are not included with heterosexual males. Clients outreached under Social Marketing programs are not included.

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

Table 13. Notification Assistance Program Services Provided in 2009	
Partners Referred/Elicited (1)	599
Partners Tested	113
Partners Testing HIV Positive	16
HIV+ Clients Counseled	389

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

HIV Counseling and Testing

Table 14. Publicly Funded HIV Counseling and Testing Activities January - December 2009 (Data as of August 12, 2010)

SITE TYPE	NUMBER OF TESTS(1)	NUMBER POSITIVE	PERCENT POSITIVE
HIV CTS(2)	33,078	335	1.01%
STD Clinic	8,026	29	0.36%
Drug Treatment Center	2,983	8	0.27%
Family Planning Clinic	17,146	31	0.18%
Prenatal Clinic	978	1	0.10%
TB Clinic	2,020	26	1.29%
Community Setting	7,904	46	0.58%
Correctional Facility	5,044	15	0.30%
Hospital/Emergency Dept.	17,178	162	0.94%
Other/Unknown	2,011	28	1.39%
GENDER			
Male	46,002	461	1.00%
Female	50,078	217	0.43%
Transgender -M2F	36	1	2.78%
Transgender F2M	4	0	0.00%
Unknown(Uncoded)	248	2	0.81%
ETHNICITY			
Hispanic	29,045	183	0.63%
Not Hispanic	65,301	485	0.74%
Don't Know	676	6	0.89%
Declined	81	0	0.00%
Uncoded	1,265	7	0.55%
RACE*			
AM Indian/AK Native	338	3	0.89%
Asian	1,603	9	0.56%
Black or African American	45,877	434	0.95%
Native Hawaiian/Pacific Islander	2,806	19	0.68%
White	38,400	184	0.48%
Don't Know	5,917	36	0.61%
Declined	1,223	3	0.25%
Unknown(missing)	2,801	13	0.46%
AGE			
Under 5	15	0	0.00%
5-12	100	0	0.00%
13-19	12,241	30	0.25%
20-29	38,740	192	0.50%
30-39	20,042	163	0.81%
40-49	15,722	190	1.21%
50+	9,210	97	1.05%
Unknown	298	9	3.02%
TOTAL	96,368	681	0.71%

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

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

*. Persons could be multiple Race.

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

Rapid HIV Testing Update:

Verification of a Rapid HIV Test with a Rapid HIV Test

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

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

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

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

As of August 31, 2010, 24 facilities doing rapid-rapid testing performed 42,842 tests. To date, 370 reactive (preliminary positive) HIV tests were obtained with 342 (92.4%) verified with a second different rapid HIV test, 250 of the 342 clients (73.1%) were connected to healthcare providers on the same day they were tested. Subsequent WB testing confirmed 326 rapid-rapid positive results, with WBs pending. Twenty-five discordant results were identified, 22 associated with false positive initial rapid HIV tests and three associated with false negative verification by the second test. In all three instances, repeat testing of the specimen confirmed the correct HIV positive result. The second rapid test identified 22 false positives results which were subsequently confirmed by negative Nucleic Acid Amplification Test (NAAT) and WB testing in follow-up.

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

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

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

or call the

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