NEW JERSEY HIV/AIDS REPORT

December 31, 2019





Philip D. Murphy Governor Kim Guadagno Lt. Governor Public Health Services Branch
Division of HIV, STD and TB Services
...preventing disease with care



Judith M. Persichilli Commissioner

Division of HIV, STD and TB Services

Office of the Assistant Commissioner (609) 984-5874

HIV Services

• Care and Treatment Services (609) 984-6328

• Epidemiologic Services (609) 984-5940

• Prevention and Education Services (609) 984-6050

• Partner Services-Newark referrals (973) 648-7474

• NJ AIDS/STD Hotline 1-800-624-2377

Sexually Transmitted Disease Services (609) 826-4869

Tuberculosis Services (609) 826-4878

Visit the New Jersey Department of Health website: www.nj.gov/health/hivstdtb.

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.nj.gov

Questions? Contact New Jersey HIV/AIDS Hotline

1-800-624-2377

Highlights

- By December 31, 2019, 38,069 people were reported living with HIV or AIDS in New Jersey.
- Minorities account for 77% of cumulative adult/adolescent HIV/AIDS cases ever reported to the state and 79% 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 10-11).
- Nearly four in five (79%) persons living with HIV/AIDS are 40 years of age or older (page 12).
- Thirty-two percent of those living with HIV/AIDS are females; 35% of females living with HIV are currently 20-49 years old (page 12).
- The percent of pediatric infections was only 2% in 2015 and 2% in 2016 and no infection was reported in 2017 (page 14).

Featured Article

This report features an update on the IMPACT Initiative.

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 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 NJDOH website at www.nj.gov/health/hivstdtb. The website also contains complete county and municipal reports.

The Division's mission is to prevent and reduce the spread of HIV, STDs and TB and ensure that HIV-, STD- and TB-infected people and those at risk of infection have access to the care they need. The Division uses its resources to help community-based networks deliver high-quality, comprehensive services that meet the language and cultural needs of the people they serve.

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, STD, and TB Services (DHSTS) through December 31, 2019. 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 NJDOH website at www.nj.gov/health//hivstdtb. If you would prefer to receive this report by e-mail contact us at aids@doh.nj.gov 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. Newly reported cases in 2019 and recent years will be discounted as RIDR (Inter-state Duplicates) are resolved.

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

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

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 https://www.cdc.gov/hiv/pdf/risk/estimates/cdc-hiv-risk-behaviors.pdf.

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 contacts 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 DHSTS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2018 and 2019 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 about 9.1% (in 2017) 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.

Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2019 - December 2019 (1) and Cumulative Totals as of December 31, 2019

Racial/Ethnic Group by Gender

	MALE				FEMALE					TO	TAL		Percentage	
	January 2019-		Cumulative		January 2019-		Cum	ulative	January 2019-		Cumi	ılative	of Cumulative	
Adults/	Decemb	er 2019	To	otal	Decembe	er 2019	Т	otal	Decemb	er 2019	To	otal	Cases Who	
Adolescents (2)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Are Female	
White	228	22%	15.128	260/	44	4.40/	4.000	400/	070	2001				
				26%		14%	4,006	16%	272	20%	19,134	23%	21%	
Black	383	37%	28,753	49%	169	55%	16,167	64%	552	41%	44,920	54%	36%	
Hispanic	389	38%	13,943	24%	85	28%	4,977	20%	474	35%	18,920	23%	26%	
Asian/Pac. Isl.	34	3%	554	1%	8	3%	157	1%	42	3%	711	1%	22%	
Other/Unknown	3	0%	102	0%	0	0%	48	0%	3	0%	150	0%	32%	
Total	1.037	100%	58,480	100%	306	100%	25,355	100%	1.343	100%	83.835	100%	30%	

- (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. New reported cases will be subject to discount when RIDR cases (Interstate Duplicaes) were resolved.

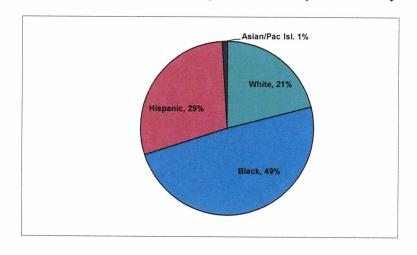
Table 2. New Jersey Residents Living with HIV/AIDS as of December 31, 2019

Racial/Ethnic Group by Gender

Race/Ethnicity	MALE		FEN	IALE	T	OTAL	Percentage of Prevalent Cases Who
	No.	(%)	No.	(%)	No.	(%)	Are Female
White Black Hispanic Asian/Pac. Isl. Other/Unknown	6,179 11,290 8,018 439 66	24% 43% 31% 2% 0%	1,657 7,231 3,022 131 36		7,836 18,521 11,040 570 102	21% 49% 29% 1% 0%	21% 39% 27% 23% 35%
Total	25,992	100%	12,077	100%	38,069	100%	32%

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

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



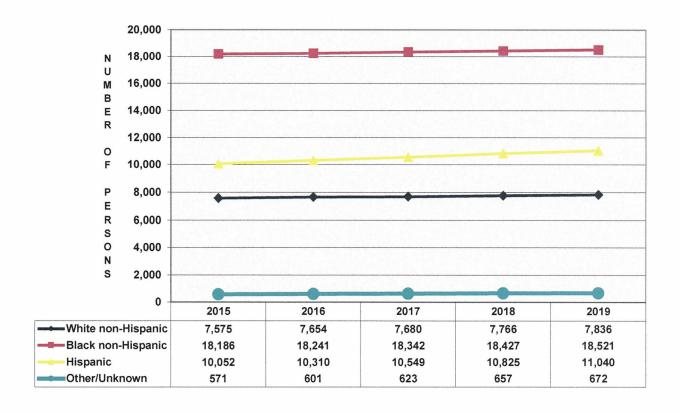
Minorities account for 77% of the cumulative adult/adolescent HIV/AIDS cases.

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

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

Thirty-two percent of those living with HIV/AIDS are females. More than four out of five (86%) females living with HIV/AIDS are minorities.

Figure 2. Estimated Persons Living with HIV/AIDS in New Jersey by Race/Ethnicity 2015-2019



Estimated Rates of Persons Living with HIV/AIDS in New Jersey as of December 31, 2019

One in 64 Black non-Hispanics were living with HIV/AIDS.

One in 168 Hispanics were living with HIV/AIDS.

One in <u>627</u> White non-Hispanics were living with HIV/AIDS.

Source: New Jersey HIV/AIDS Reporting System as of December 31, 2019 based on current residence and Bridged-Race 2019 population estimation from census at July 2020.



A pattern of disparity of HIV/AIDS among racial/ethnic groups has been relatively consistent for the past 5 years. The estimated rates of persons living with HIV/AIDS by race/ethnicity in New Jersey as of December 31, 2019, illustrate this disparity.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF DECEMBER 31, 2019

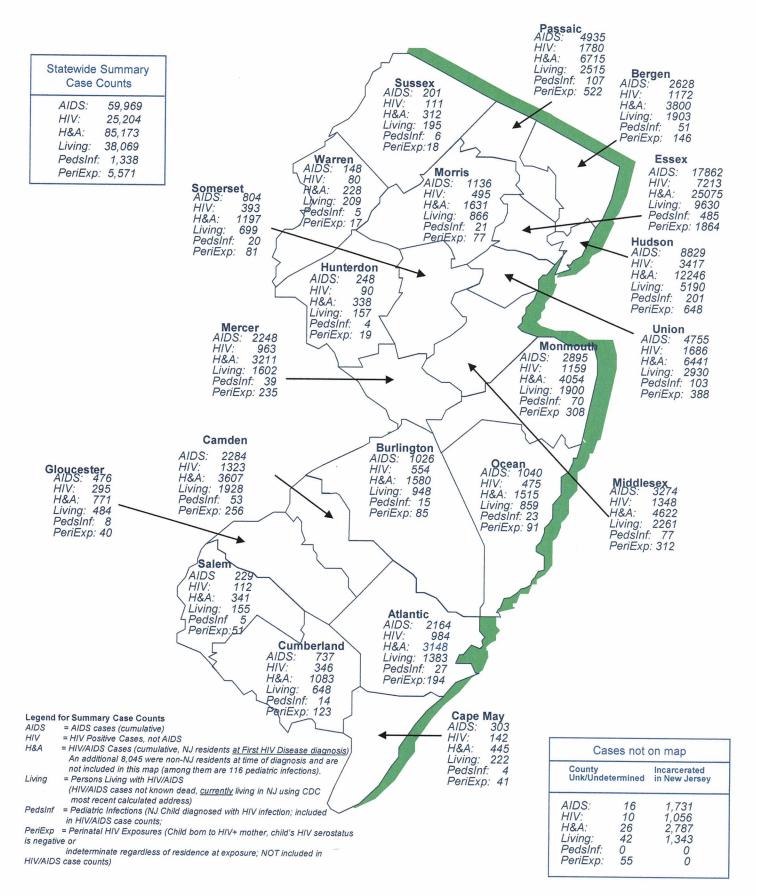


Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported January 2019 - December 2019 (2) and Cumulative Totals as of December 31, 2019:

Modified Exposure Category by Gender

	1	M	ALE		T		FEMALE		T	TC	TAL		
	January		Cumula	tive	Januar	2019-		ative	January		Cumula	tive	% of
Modified	Decembe	er 2019	Tota	ıl	Decemb	er 2019	Tota	al	Decembe		Tota	ıl	Cum.
Exposure													Cases
Category (3)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Female
MSM (4)	512	49%	19,714	34%	0	0%	0	0%	512	38%	19,714	24%	0%
IDU (4)	34	3%	18,988	32%	21	7%	8,806	35%	55	4%	27,794	33%	32%
MSM/IDU	15	1%	2,630	4%	0	0%	0	0%	15	1%	2,630	3%	0%
Heterosexual contact with													
 injection drug user 	1	0%	916	2%	2	1%	2,848	11%		0%	3,764	4%	76%
- bisexual male	0	0%	0	0%	0	0%	219	1%	0	0%	219	0%	100%
 HIV infection, risk Other/Unknown 	71	7%	4,601	8%	91	30%	6,411	25%	162	12%	11,012	13%	58%
-partner(s) of unknown HIV risk (5)	151	15%	6,083	10%	138	45%	5,005	20%	289	22%	11,088	13%	45%
Other/Unknown (6)	253	24%	5,548	9%	54	18%	2,066	8%	307	23%	7,614	9%	27%
Total number of individuals	1,037	100%	58,480	100%	306	100%	25,355	100%	1,343	100%	83,835	100%	30%

- (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.

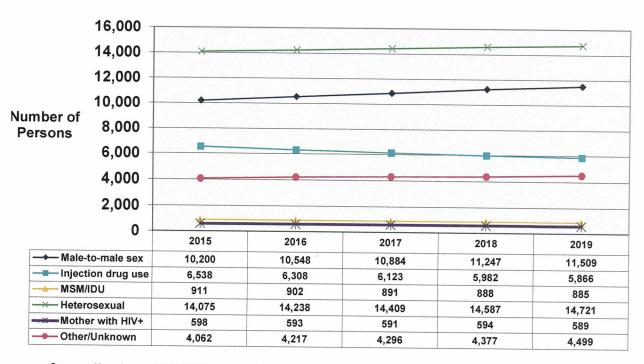
	Table 4. New	Jersey Resi	dents Living w	ith HIV or A	AIDS	***************************************						
as of December 31, 2019:												
	Modified Exposure Category by Gender											
Modified	dified MALE FEMALE TOTAL % of											
Exposure		(0/)	1				Cases					
Category (1)	No.	(%)	No.	(%)	No.	(%)	Female					
MSM (2)	11,509	44%	0	0%	11,509	30%	0%					
IDU (2)	3,630	14%	2,236	19%	5,866	15%	38%					
MSM/IDU	885	3%	0	0%	885	2%	0%					
Heterosexual contact with	200	40/	4 004	00/	1 200	***						
- injection drug user - bisexual male	322	1% 0%	1,001 120	8% 1%	1,323 120	3%	76%					
- HIV infection, risk Other/Unknown	2,739	11%	4,020	33%	6,759	0% 18%	100% 59%					
-partner(s) of unknown HIV risk(3)	3,376	13%	3,143	26%	6,519	17%	48%					
Other/Unknown (4)	3,531	14%	1,557	13%	5,088	13%	31%					
Total number of individuals	25,992	100%	12,077	100%	38,069	100%	32%					

- (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. Newly reported cses will be subject to discount when RIDR cases (Interstate Duplcates) were resolved.

Thirty-three percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 30% by heterosexual contact, and 24% by male-to-male sex. Only 9% of cumulative cases (and 23% of cases recently reported in the last 12 months) had no reported risk or their risk is unknown.

Figure 3. Estimated Persons Living with HIV/AIDS in New Jersey by <u>Modified</u> Exposure Category 2015-2019



Source: New Jersey HIV/AIDS Reporting System as of December 31, 2019. Based on current residence.



The number of people living with HIV/AIDS who were exposed through injection drug use (IDU) has shown a downward trend between 2015 and 2019 as the number of people living with HIV/AIDS who were exposed through male-to-male sex (MSM) or heterosexual contact (*modified category – see p. 5*) has continued to increase. The number of individuals living with HIV/AIDS who were infected perinatally (born to an HIV+ mother) has remained relatively stable over this period. The number of cases with an unknown mode of exposure is higher in recent years, because data about mode of exposure is often established by investigations years after the original case is reported.

Table 5.	New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2019 - December 2019 (1)
	and Cumulative Totals as of December 31, 2019
	Age at Diagnosis by Gender

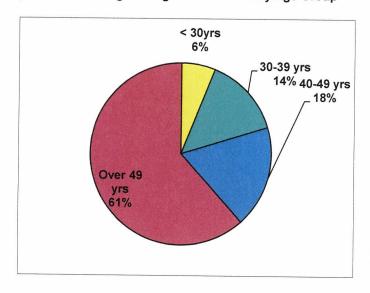
		MA	LE			FEM	ALE			TO	ΓAL		
Known Age at Diagnosis	December 2019		Cumulative Total		January 2019- December 2019		Cumulative Total		January 2019- December 2019		Cumulative Total		Percentage of Cumulative
Diagnosis	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Cases Who Are Female
13-19	40	4%	877	1%	8	3%	605	2%	48	4%	1,482	2%	41%
20-29	324	31%	11494	20%	58	19%	5946	23%	382	28%	17,440	21%	34%
30-39	306	30%	22844	39%	78	25%	10263	40%	384	29%	33.107	39%	31%
40-49	160	15%	15536	27%	64	21%	5609	22%	224	17%	21,145	25%	27%
Over 49	207	20%	7729	13%	98	32%	2932	12%	305	23%	10,661	13%	28%
Total	1,037	100%	58,480	100%	306	100%	25,355	100%	1,343	100%	83,835	100%	30%

(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. Newly reported cases will be subject to discount when RIDR cases (Interstate Duplicates) were resolved.

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

Table 6	. New Je	ersey F	Residen	ts Cur	Table 6. New Jersey Residents Currently Living with HIV/AIDS									
	as of December 31, 2019													
	Current Age by Gender													
	Percentage													
Current	MA	LE	FEM	ALE	тот	AL	of Prevalent							
Age						1	Cases Who							
	No.	(%)	No.	No. (%) No. (%) Are Female										
1	100000	"												
0-12	18	0%	28	0%	46	0%	61%							
13-19	70	0%	51	0%	121	0%	42%							
20-29	1,845	7%	490	4%	2,335	6%	21%							
30-39	3,867	15%	1,361	11%	5,228	14%	26%							
40-49	4,547	17%	2,421	20%	6,968	18%	35%							
Over 49	15,645	60%	7,726	64%	23,371	61%	33%							
Total	25,992	100%	12,077	100%	38,069	100%	32%							

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



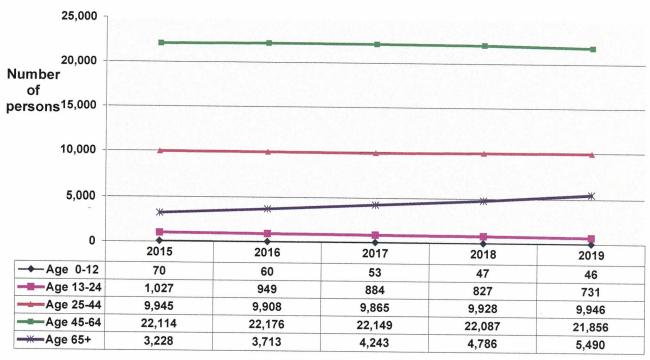
Forty-one percent of the cumultive cases aged 13-19 at diagnosis are females, higher than in all other age groups.

Nearly eighty percent of those living with HIV or AIDS are 40 years of age or older.

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

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

Figure 5. Estimated Number of Persons Living with HIV/AIDS in New Jersey by Age Group, 2015-2019



Source: New Jersey HIV/AIDS Reporting System as of December 31, 2019. Based on current residence.



The relative distribution of persons living with HIV/AIDS for ages younger than 13 and 13-24 declined in the last five years. Ages 25-44 and 45-64 did not change significantly within the last five years. However, there has been a steady increase in the number of persons living with HIV/AIDS who are aged 65 years or older with 70% increase in the last 5 years. This increase may be due to some people diagnosed later, also due to largely people living longer with HIV/AIDS, by aging into the oldest age group.

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PEDIATRIC DATA

Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases Exposure Category (2) by Race/Ethnicity - As of December 31, 2019

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	154	834	250	8	1,246
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	9	1	2	0	12
Risk Not Reported/Other Risk	12	33	11	2	58
Total	185	875	268	10	1,338
% Perinatally Infected	83%	95%	93%	80%	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 2005-2019 - As of December 31, 2019

Birth	Infect	ed (2)	Indetermin	ate (3)	Serorever	ter (4)	Total Reported
Year	No.	(%)	No.	(%)	No.	(%)	No.
2005	13	7%	35	18%	148	76%	196
2006	6	3%	36	20%	140	77%	182
2007	9	5%	29	17%	131	78%	169
2008	8	4%	31	16%	160	80%	199
2009	6	4%	21	13%	135	83%	162
2010	5	3%	14	9%	137	88%	156
2011	9	6%	13	9%	129	85%	151
2012	3	2%	11	9%	112	89%	126
2013	6	5%	8	6%	115	89%	129
2014	0	0%	9	7%	124	93%	133
2015	2	2%	20	15%	108	83%	130
2016	2	1%	8	6%	127	93%	137
2017	0	0%	11	8%	135	92%	146
2018*	2	2%	8	6%	121	92%	131
2019*	0	0%	61	54%	53	46%	114

- (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.

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1) by Race/Ethnicity and Current Age December 31, 2019

		Current Age									
Dans/Etherisis	< 5 Yrs.		5-12 Yrs.		>= 13 Yrs.		Total				
Race/Ethnicity	No.	(%)	No.	(%)	No.	(%)	No.	(%)			
White	1	17%	3	8%	74	12%	78	12%			
Black	3	50%	30	75%	388	65%	421	65%			
Hispanic	2	33%	4	10%	131	22%	137	21%			
Other	0	0%	3	8%	4	1%	7	1%			
Total	6	1%	40	6%	597	93%	643	100%			

minorities.

Perinatal transmission was zero percent in 2017.

Ninety-three 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

^{*} Years 2018 and 2019 data are incomplete

⁽¹⁾ Pediatric HIV/AIDS cases currently living in New Jersey.

The IMPACT Initiative

Intensive Mobilization to Promote AIDS Awareness through Community-Based Technologies (IMPACT) is a city-by-city community mobilization initiative designed to galvanize and support African American leaders to reduce the spread of HIV/AIDS in cities with the highest prevalence of HIV/AIDS.

Table 10. African Americans Currently Living with HIV/AIDS:

Number of Cases and Rank
for Ten IMPACT Cities as of December 31, 2019

	T		T	Y
Area of Residence	Rank among 10 IMPACT Cities in African American HIV/AIDS Prevalence Rate	Number of African Americans Living with HIV/AIDS	African American Population	Ratio of African Americans Living with HIV/AIDS to Overall African American Resident Population
Newark	1	4,042	120.047	
Atlantic City	2		138,047	One in 34
		378	14,100	One in 37
Jersey City	3	1,406	59,060	One in 42
East Orange	4	1,224	55,702	One in 46
Elizabeth	5	490	23,072	One in 47
Irvington	6	936	45,285	One in 48
Paterson	7	791	41,431	One in 52
Trenton	8	762	42,286	One in 55
Plainfield	9	298	24,069	One in 81
City of Camden	10	403	34,277	One in 85
			,	
Ten IMPACT Cities (comb	ined)	10,730	477,329	One in 44

Note: Table includes only those persons known to be infected with HIV.

Population figures are based on the 2010 United States Census (prepared by The New Jersey Data center). Municipal population by race/ethnicity are only available for the Census year.

Between 2000 and 2010 African/American population declined in 9 of the 10 IMPACT cities. Elizabeth is the only city where the African/American population increased between 2000 and 2010.



Nearly sixty percent of the state's African Americans living with HIV/AIDS reside in one of the 10 IMPACT cities. However, these cities show wide variation in HIV/AIDS prevalence.

Newark and Atlantic City have the highest prevalence rates of African Americans living with HIV/AIDS. One in 34 African American residents in Newark and one in 37 in Atlantic City are currently living with HIV/AIDS.

Twenty-two percent of African Americans currently living with HIV/AIDS in the state reside in Newark.

For More Information go to the Division of HIV, STD, and TB Services Website at:

http://www.nj.gov/health/hivstdtb

or call the

New Jersey Department of Health Division of HIV, STD, and TB Services Epidemiologic Services Unit at (609) 984-5940