# **NEW JERSEY HIV/AIDS REPORT**

June 30, 2020





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



Judith M. Persichilli Commissioner

(609) 826-4878

#### **Division of HIV, STD and TB Services**

Office of the Assistant Commissioner	(609) 984-5874
<ul> <li>HIV Services</li> <li>Care and Treatment Services</li> <li>Epidemiologic Services</li> <li>Prevention and Education Services</li> </ul>	(609) 984-6328 (609) 984-5940 (609) 984-6050
<ul><li>Partner Services-Newark referrals</li><li>NJ AIDS/STD Hotline</li></ul>	(973) 648-7474 1-800-624-2377
Sexually Transmitted Disease Services	(609) 826-4869

Visit the New Jersey Department of Health website: <a href="www.nj.gov/health/hivstdtb">www.nj.gov/health/hivstdtb</a>.

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.

**Tuberculosis Services** 

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

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

#### **Highlights**

- By June 30, 2020, 38,025 people were reported living with HIV or AIDS in New Jersey.
- Minorities account for 77% of adult/adolescent cumulative (ever reported to the state) HIV/AIDS cases and 79% of all persons living with HIV/AIDS (page 7).
- Black or African Americans represent only 15% of NJ population in July 2019, per population estimates, but constitute 44% of persons reported with HIV between 2019-2020. Hispanics make 29% of the NJ population per 2019 population estimates but 35% of persons reported with HIV between 2019-2020 (page 7).
- For every White male reported with HIV between 2019-2020, there are 2.21 Black and 2.06 Hispanic men reported with HIV in NJ during the same period. Black or African American men represent only 15.4% of NJ male population in 2019 but constitute 41% of men with HIV reported between 2019-2020 and 49% of men living with HIV/AIDS in 2020. Hispanics make 21.4% of the NJ male population in 2020 but constitute 38% of the men with HIV reported between 2019-2020 and 24% of men living with HIV/AIDS in June 2020 (page 7).
- 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 8).
- Eighty percent of persons living with HIV/AIDS are 40 years of age or older (page 11).
- Thirty-two percent of those living with HIV/AIDS are females; 34% of females living with HIV are currently 20-49 years old (page 11).
- Eighty-eight percent of pediatric cases living with HIV/AIDS are minorities (page 12).
- Over 6,400 HIV/AIDS patients received medications through the state's AIDS Drug Distribution Program (ADDP) in April 2019 - March 2020 (page 13).
- Table 12 shows HIV prevention services funded by the NJDOH in 2019 (page 14).
- In 2019 over 64,000 HIV tests were administered through Counseling and Testing Sites (page 15).
- Rapid HIV Testing is addressed on page 16.

#### **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 the 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 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 June 30, 2020. 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 <a href="https://www.nj.gov/health/hivstdtb">www.nj.gov/health/hivstdtb</a>. If you would prefer to receive this report by e-mail, contact us at <a href="mailto:aids@doh.state.nj.gov">aids@doh.state.nj.gov</a> 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 HIV Risk Behaviors.

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 2019 and 2020 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 9.1% 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 Resident Adult/Adolescent HIV/AIDS Cases Reported July 2019 - June 2020 (1) and Cumulative Totals as of June 30, 2020

Racial/Ethnic Group by Gender

		M/	ALE .			FEN	IALE			TO	TAL		Percentage	
July 2019- Adults/ June 2020			Cumulative Total		July 2019- June 2020		Cumulative Total		July 2019- June 2020		Cumulative Total		of Cumulative Cases Who	
Adolescents (2)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Are Female	
White	145	18%	15,150	26%	39	16%	4,011	16%	184	18%	19,161	23%	21%	
Black	321	41%	28,845	49%	129	54%	16,197	64%	450	44%	45,042	54%	36%	
Hispanic	299	38%	14,077	24%	64	27%	5,005	20%	363	35%	19,082	23%	26%	
Asian/Pac. Isl.	20	3%	562	1%	5	2%	159	1%	25	2%	721	1%	22%	
Other/Unknown	1	0%	102	0%	1	0%	49	0%	2	0%	151	0%	32%	
Total	786	100%	58,736	100%	238	100%	25,421	100%	1,024	100%	84,157	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.

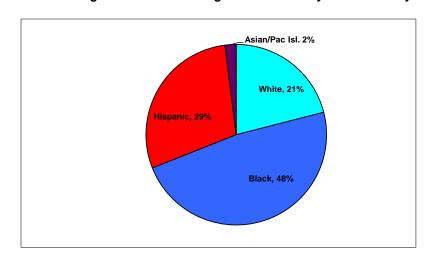
Note: Percentages may not add to 100 due to rounding. New reported NJ cases will be subject to discount when RIDR cases (Interstate Duplicates) are resolved.

Table 2. New Jersey Residents Living with HIV/AIDS as of June 30, 2020
Racial/Ethnic Group by Gender

Race/Ethnicity		MALE		<b>MALE</b>		OTAL	Percentage of Prevalent Cases Who
	No.	(%)	No.	(%)	No.	(%)	Are Female
White	6,156	24%	1,644	14%	7,800	21%	21%
Black	11,262	43%	7,174	60%	18,436	48%	39%
Hispanic	8,077	31%	3,031	25%	11,108	29%	27%
Asian/Pac. Isl.	446	2%	131	1%	577	2%	23%
Other/Unknown	67	0%	37	0%	104	0%	36%
Total	26,008	100%	12,017	100%	38,025	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 unduplicated adult/adolescent HIV/AIDS cases and 79% of persons living with HIV infection.

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

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

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

Table 3. New Jersey Resident Adult/Adolescent (1) HIV/AIDS Cases Reported July 2019 - June 2020 (2) and Cumulative Totals as of June 30, 2020

Modified Exposure Category by Gender

		MALE					FEMALE			TC	TAL		% of
	July 2	July 2019-		Cumulative		July 2019-		Cumulative		019-	Cumulative		Cum.
Modified	June 2	June 2020		ıl	June 2020		Tota	al	June 2	2020	Total		Cases
Exposure													Female
Category (3)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Temale
MSM (4)	377	48%	19,852	34%	0	0%	0	0%	377	37%	19,852	24%	0%
IDU (4)	24	3%	18,997	32%	14	6%	8,812	35%	38	4%	27,809	33%	32%
MSM/IDU	6	1%	2,635	4%	0	0%	0	0%	6	1%	2,635	3%	0%
Heterosexual contact with - injection drug user	1	0%	915	2%	2	1%	2,848	11%	3	0%	3,763	4%	
- bisexual male - HIV infection, risk Other/Unknown	0 51	0% 6%	4,620	0% 8%	0 56	0% 24%	219 6,436	1% 25%	0 107	0% 10%	219 11,056	0% 13%	
-Partner(s) of Unknown HIV Risk (5)	146	19%	6,134	10%		51%	5,028	20%	268	26%	11,162	13%	
Other/Unknown (6)	181	23%	5,583	10%	44	18%	2,078	8%	225	22%	7,661	9%	27%
Total number of individuals	786	100%	58,736	100%	238	100%	25,421	100%	1,024	100%	84,157	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.

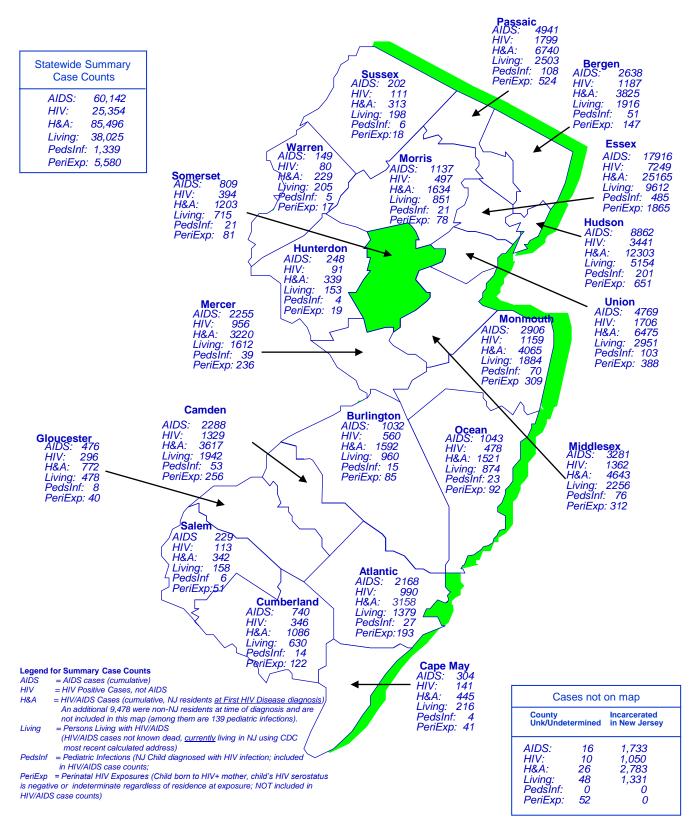
	Table 4. New	-	sidents Living w	ith HIV or A	AIDS								
as of June 30, 2020													
Modified Exposure Category by Gender  Indified MALE FEMALE TOTAL % of													
lodified MALE FEMALE TOTAL  xposure													
Category (1)	No.	(%)	No.	(%)	No.	(%)	Cases Female						
MSM (2)	11,581	45%	0	0%	11,581	30%	0%						
IDU (2)	3,565	14%	2,199	18%	5,764	15%	38%						
MSM/IDU	890	3%	0	0%	890	2%	0%						
Heterosexual contact with - injection drug user	318	1%	984	8%	1,302	3%	76%						
- bisexual male - HIV infection, risk Other/Unknown -partner(s) of unknown HIV risk(3)	0 2,722 3,395	0% 10% 13%	118 4,017 3,141	1% 33% 26%	118 6,739 6,536	0% 18% 17%	100% 60% 48%						
Other/Unknown (4)	3,537	14%	1,558	13%	5,095	13%	31%						
Total number of individuals	26,008	100%	12,017	100%	38,025	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 20% of cases recently reported in the last 12 months) had no reported risk or their risk is "Other/Unknown".

# CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2020



Age Group 11

Table 5. New Jersey Resident Adult/Adolescent HIV/AIDS Cases Reported July 2019 - June 2020 (1)

and Cumulative Totals as of June 30, 2020

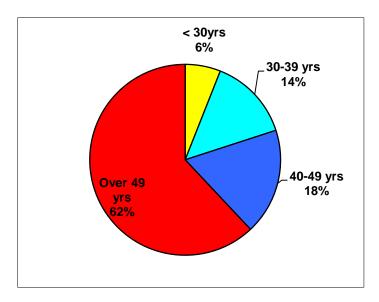
Age at Diagnosis by Gender

		MA	LE			FEM	ALE			TO	ΓAL		
Known Age at	July 2019- June 2020		Cumulative Total		July 2019- June 2020			Cumulative July 201  Total June 202			Cumulative Total		Percentage of Cumulative Cases Who
Diagnosis	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Are Female
13-19	31	4%	893	2%	4	2%	604	2%	35	3%	1,497	2%	40%
20-29	259	33%	11,587	20%	36	15%	5,956	23%	295	29%	17,543	21%	34%
30-39	230	29%	22,909	39%	74	31%	10,279	40%	304	30%	33,188	39%	31%
40-49	110	14%	15,569	27%	51	21%	5,625	22%	161	16%	21,194	25%	27%
Over 49	156	20%	7,778	13%	73	31%	2,957	12%	229	22%	10,735	13%	28%
Total	786	100%	58,736	100%	238	100%	25,421	100%	1,024	100%	84,157	100%	30%

<sup>(1)</sup> 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 NJ resident cases will be subject to discount when RIDR cases (Interstate Duplicates) are resolved. Note: Percentages may not add to 100 due to rounding.

Table 6.	Table 6. New Jersey Residents Currently Living with HIV/AIDS as of June 30, 2020  Current Age by Gender													
Current MALE FEMALE TOTAL of Prev Age Cases														
ŭ	No.	(%)	Are Female											
0-12	19	0%	26	0%	45	0%	58%							
13-19	63	0%	42	0%	105	0%	40%							
20-29	1,780	7%	465	4%	2,245	6%	21%							
30-39	3,921	15%	1,341	11%	5,262	14%	25%							
40-49	4,437	17%	2,337	19%	6,774	18%	34%							
Over 49	15,788	61%	7,806	65%	23,594	62%	33%							
Total	26,008	100%	12,017	100%	38,025	100%	32%							

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



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

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

# Table 10. Ryan White Part B Services (April 1, 2019 – March 31, 2020)

Program Area	Type of Service	Clients Served
AIDS Drug Distribution Program	Medications	6,401
Health Insurance Continuation Program	Health Insurance Premiums	505
Access to Care Core Health Services	Care Outreach Outpatient/Ambulatory Medical Care Dental Care Mental Health Services Nutritional Counseling Medical Case Management	344 1,765 562 547 326 2,859
Support Services	Medical Transportation Services Legal Services Psychosocial Support Housing Emergency Financial Assistance Food Bank Non-Medical Case Management	553 499 525 98 190 214 814

# **Table 11. DHSTS Care and Treatment Services**

(July 1, 2019 – June 30, 2020)

Program	Source of Funding	Clients Served
Housing Opportunities for Persons with AIDS	HUD	238
Medical Case Management	State	4,696
Non-Medical Case Management	State	3,451
Dental Care	State	503
Mental Health	State	1,039
Legal Services	State	8
Housing Services	State	433
Medical Transportation Services	State	701
Outreach Services	State	402
Psychosocial Support	State	1,005
Copays/Deductibles	State	207
Emergency Financial Assistance	State	469

#### PEDIATRIC DATA

Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases Exposure Category (2) by Race/Ethnicity - As of June 30, 2020

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	154	833	250	8	1,245
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	9	1	2	0	12
Risk Not Reported/Other Risk	13	34	11	2	60
Total	186	875	268	10	1,339
% 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 June 30, 2020

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	6	4%	14	9%	137	87%	157
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%	12	8%	134	92%	146
2018*	2	2%	8	6%	121	92%	131
2019*	0	0%	56	46%	66	54%	122

- (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 2017 and 2018 data are incomplete, under investigation before final status is determined.

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1) by Race/Ethnicity and Current Age
June 30, 2020

				Curre	nt Age			Ī
Race/Ethnicity	< 5 Yrs.		5-12 Yrs.		>= 13	Yrs.	Total	
Nace/Elimicity	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	1	14%	3	8%	75	13%	79	12%
Black	3	43%	28	74%	388	65%	419	65%
Hispanic	3	43%	4	11%	133	22%	140	22%
Other	0	0%	3	8%	4	1%	7	1%
Total	7	1%	38	6%	600	93%	645	100%

Perinatal transmission was 0 percent in 2017 (the most recent complete year).

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

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

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

# **HIV Counseling and Testing**

**Table 14. Publicly Funded HIV Counseling and Testing Activities** January - December 2019 (Data reported as of January 19, 2021)

,	NUMBER	DEDCENT	TECTED	CERO			
		PERCENT		SERO			
SITE TYPE	TESTED <sub>1</sub>	TESTED	POSITIVE	POSITIVE			
Community Health Centers	7203	11.12%	40	0.56%			
Community Setting - Other	4763	7.36%		0.36%			
Community Setting - Shelter/Transitional Housing	21	0.03%	0	0.00%			
Correctional Facilities, Non-health care	1617	2.50%	3	0.19%			
Dental Clinics	829	1.28%	4	0.48%			
Emergency Departments	14771	22.81%	52	0.35%			
Health Department - Field Visit	3	0.00%	0	0.00%			
HIV Testing Sites	13681	21.13%	131	0.96%			
Other Clinical Settings	6947	10.73%	154	2.22%			
Other Non-clinical Settings	1656	2.56%	33	1.99%			
Other Non-health care	1	2.97%	12	0.62%			
	1921	7.13%	51	1.10%			
Primary Care Clinics (Other than CHCs) STD Clinics	4617 5671	8.76%	35	0.62%			
Substance Abuse Treatment Facilities	1019	1.57%	2	0.62%			
TB Clinics	30	0.05%	0	0.00%			
		0.00 / 0		0.0070			
GENDER GROUP							
Male	33,940	52.42%	412	1.21%			
Female	30,525	47.14%	111	0.36%			
Transgender -M2F	144	0.22%	11	7.64%			
Transgender F2M	67	0.10%	0	0.00%			
Transgender Unspecified	16	0.02%	0	0.00%			
Unknown(Uncoded)	57	0.09%	0	0.00%			
, ,							
RACE/ETHNICITY <sub>2</sub>							
AM Indian/AK Native	111	0.17%	0	0.00%			
Asian	1,032	1.59%	13	1.26%			
Black or African American	29,903	46.18%	264	0.88%			
Hispanic	22,587	34.88%	169	0.75%			
Native Hawaiian/Pacific Islander	209	0.32%	1	0.48%			
White	9,753	15.06%	80	0.82%			
More Than One Race	433	0.67%	7	1.62%			
Don't Know	595	0.92%	0	0.00%			
Declined	124	0.19%	0	0.00%			
Not Asked	2	0.00%	0	0.00%			
	<del>-</del>	0.0070		0.0070			
AGE							
<13	23	0.04%	0	0.00%			
13-19	3,142	4.85%		0.25%			
20-29	20,373	31.46%	151	0.74%			
30-39	17,678	27.30%	151	0.88%			
40-49	11,501	17.76%	89	0.88%			
50-59	8,689		92				
		13.42%		1.06%			
60+	3,162	4.88%	37	1.17%			
Unknown(Uncoded)	181 . <b>64.749</b>	0.28% 100.00%	534	0.55% 0.82%			
TOTAL	1 Numbers do not represent individuals as clients may be tested more than once						

Numbers do not represent individuals as clients may be tested more than once.
 Race and Ethnicity combine group, clients could be multiple Race.

# **Rapid HIV Testing Update**

## Implementation of a successful HIV testing strategy in 2019



New Jersey Department of Health (NJDOH), Division of HIV, STD, and TB Services (DHSTS) maintains a readily accessible statewide network of HIV test sites, at which individuals can obtain free and confidential rapid HIV testing. Test site locations are continuously monitored to ensure significant yields of positive test results and are geographically situated based upon HIV prevalence data supplied by the DHSTS Surveillance Program. Mobile HIV testing vans conduct targeted testing across the state, seeking high risk populations based on HIV prevalence data provided by the DHSTS Surveillance Program and target population venue preferences (e.g., gay bars, parks, strolls, etc.).

Among marginalized groups, stigma and poverty often interfere with acceptance of laboratory-based HIV diagnostics in traditional healthcare settings. Over fifteen years, NJDOH DHSTS has tailored rapid screening initiatives to achieve outreach, identification of HIV positives and linkage for those potentially infected into care. Many of these initiatives rely upon rapid HIV

diagnostic tests (RDT) administered in community-based setting by operators not formally trained in laboratory technology. An ongoing collaboration between Rutgers University – Robert Wood Johnson Medical School and NJDOH DHSTS provides coordination and management to rapid screening efforts. NJDOH DHSTS has established a nationally recognized HIV prevention system built around a centralized, HIV testing and inventory network, a standardized quality assurance system, supported by medical technologists and laboratory professionals.

Rapid screening has fundamentally changed the way DHSTS approaches HIV/HCV and Syphilis prevention and the model offers continued opportunities for integrated, cost-effective utilization of resources. By allowing screening at locations close to affected populations, NJDOH DHSTS continues to build upon the existing and adaptable network of screening facilities using personnel already trained in quality assurance and quality control to rapidly aid in addressing comorbid diseases including, syphilis, HCV and potentially even HBV.

In 2019, of 64,749 HIV tests conducted, 99% of the clients tested receive their test results and more than 50% of these clients were at significant risk of infection. DHSTS has been successful in achieving a linkage to care rate of 85% for those who tested positive.

Table 12: Summary of the clients served by funded agencies for major HIV Prevention Interventions by target populations - 2019

Target Population	Agencies Participating	Total Number of Clients served in Intervention Delivered to Individuals	Total Number of Clients served in Intervention Delivered to Groups	Total Number of Clients served in Community-level Evidence-based Interventions	Total Number of Clients served in Locally Developed Program
IDU	11	517	0	0	3450
MSM	17	353	0	227	810
HIV POSITIVE	15	15	76	0	1431
TRANSGENDER	3	38	6	0	21
WOMEN	18	265	341	0	784
MEN	7	44	0	0	777

### **HIV PREVENTION**

Table 13: Partner Services Provided in 2019				
Partners Referred/Elicited (1)	190			
Partners Tested	67			
Partners Testing HIV Positive (2)	33			
HIV+ Clients Counseled	379			

<sup>(1)</sup> Referred partners are those that are elicited by providers and assigned to the Partner Services to contact, elicited partners are those that the Partner Service staff identifies when they counsel HIV positive individuals. (2) 2 new positives and 30 previously reported positives and 1 unknown (lives out of state).

# 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