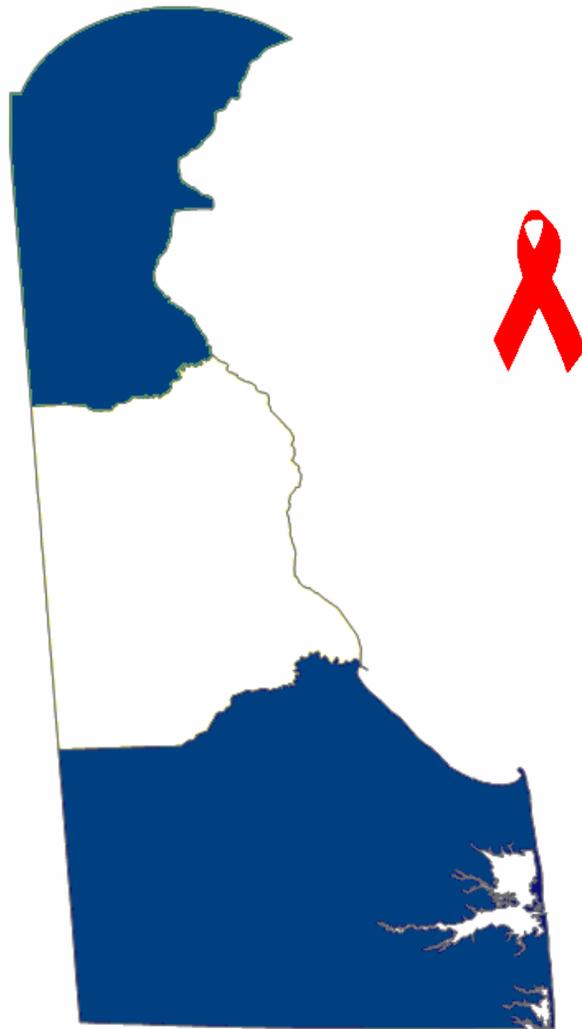


2014 Delaware HIV/AIDS Surveillance Report



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
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For more information, please contact the Delaware Division of Public Health, HIV/AIDS Epidemiology office at (302) 744-1143 or <http://dhss.delaware.gov/dhss/dph/dpc/hivaidsprogram.html>. Our web site contains monthly statistical updates and provides links to local and national HIV/AIDS organizations.

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Executive Summary

As of 2013, a total of 3,560 Delawareans were known to be living with Human Immunodeficiency Virus (HIV) of which 2,227 had progressed to Acquired Immune Deficiency Syndrome (AIDS). In that same year, the cumulative number of HIV/AIDS cases ever diagnosed in Delaware reached 5,650. As noted in the CDC, HIV/AIDS Surveillance Report of 2012, Delaware's HIV incidence rate (16.3 per 100,000) was the 11th highest in the United States and the AIDS incidence rate (11.8 per 100,000) ranked seventh highest in the nation. The five year average number of new infections diagnosed in Delaware currently stands at 131 cases per year (2009-2013).

The distribution HIV cases in Delaware mirrors county-level population distribution. New Castle County – the most populous of Delaware's three counties – has the largest number of cases with most confined to the densely populated Wilmington metropolitan area. There exists a disparity. While Wilmington comprises 14% of the New Castle County population, it accounts for 40% of the county's individuals living with HIV/AIDS.

Males account for the majority (71%) of HIV/AIDS cases diagnosed in Delaware.

African-Americans are disproportionately affected by the HIV/AIDS burden. 21% of Delaware's total population is African-American but this group account for 66% of all HIV/AIDS cases ever diagnosed in the state. This racial disparity is more pronounced in Delaware compared to the general U.S population, and persists even when HIV and AIDS are considered separately. African-Americans account for 38% of all male AIDS cases living in the U.S., but 56% of all male AIDS cases living in Delaware. Similarly, African-American women comprise 61% of all female AIDS cases living in the U.S., but nearly 75% of all female AIDS cases living in Delaware.

Consistent with U.S. trends, the majority (62%) of HIV/AIDS cases ever reported in Delaware were among adults aged 30-49. Fewer than 4% were reported among adults age 60 and older.

Pediatric HIV/AIDS (defined as disease in children under 13 years of age) account for 1% of cases ever reported in Delaware (consistent with general U.S figures). Legislation requiring testing of all expectant mothers for HIV and active identification and referral for treatment of any HIV infected mothers has been effective. Only two infected infants have been born in Delaware in the past 10 years.

Among new HIV infections diagnosed in Delaware in 2013, the largest proportion (45%; N=53) were attributable to men who have sex with men (MSM). Heterosexual transmission and injection drug use (IDU) accounted for 34% (N=40) and 8% (N=9), respectively while 4% (N=5) were attributable to both MSM and injection drug use. 10% (N=12) fell into the "Other Risk" or "No Risk Identified" behavioral categories.

Exposure rates are similar in New Castle County between heterosexual (34%), MSM (31%) and IDU (26%). In Kent County the rates are heterosexual (38%), MSM (32%) and IDU (16%). In Sussex County exposure is predominantly MSM (51%)

From 1981 through December 2013, 2,346 Delawareans with AIDS died. In the past two decades, the survival of those living with AIDS has increased significantly as has the slowing of progression from HIV to AIDS. Earlier diagnoses of HIV infection and advances in medical management have all contributed to the marked improvements in HIV/AIDS quality of life and survival rates.

Background and Introduction

The Delaware Division of Public Health (DPH) initiated AIDS surveillance and reporting in 1981. In 2001, surveillance was expanded to include data on Delawareans infected with HIV. The surveillance relies on data compiled from healthcare professionals and laboratories throughout the state.

HIV is the underlying biological agent that weakens the immune system, leading to the development of AIDS. Except for an initial acute viral response, the infection may not manifest with symptoms for an extended period of time. Following the progression to AIDS, symptoms and signs (specific infections, cancers, or changes within the immune system) may appear leading to a diagnosis.

The gathering and analysis of HIV/AIDS incidence and prevalence data is a crucial component to prevention activities. The Delaware HIV/AIDS Planning Council relies on this data to guide HIV prevention efforts, as well as HIV/AIDS healthcare planning and services administration. Surveillance data allows DPH to monitor the progress of risk reduction and disease prevention activities, and also influences the federal funds that Delaware receives to assist in the fight against HIV/AIDS.

This report focuses on three main areas:

- (1) Socio-demographic characteristics
- (2) Scope of the HIV/AIDS epidemic
- (3) Pattern of service utilization among Delawareans living with HIV/AIDS.

HIV/AIDS Surveillance in Delaware

Delaware's HIV/AIDS surveillance efforts focus on three fundamental epidemiological concepts:

- **Person:** Aims to identify the mode by which an individual contracts HIV. The information guides future prevention efforts. Surveillance staffs characterize the mode of HIV transmission using case report forms, personal interviews, and medical record reviews.
- **Place:** Refers to the county of residence at time of HIV/AIDS diagnosis. Delaware engages in data-sharing agreements with other states to identify Delawareans that may have been diagnosed or seek treatment outside of the state.
- **Time:** Two dates characterize HIV disease trends: (1) date of diagnosis and (2) date report is received by the DPH HIV/AIDS Surveillance Office. DPH works with healthcare providers and laboratories to facilitate timely reporting.

Patient confidentiality is crucial and the DPH HIV/AIDS Surveillance Office adheres to detailed data confidentiality protocols that mandate physical, operational, and personnel security standards when handling HIV/AIDS data. Data confidentiality standards must be maintained as a condition of receiving federal funding for surveillance activities.

Methods

Data Source Descriptions, Limitations and Precautions

A brief description of each data sources is listed below.

- **DPH:** provides statewide HIV testing and counseling data via the Delaware HIV Counseling and Testing System database. Healthcare practitioners use standardized data collection forms to report from clinics across the state.

Delaware-specific sexually transmitted infection reports, which include data pertaining to diseases such as gonorrhea, chlamydia and syphilis. STI data are helpful for identifying populations at increased risk for contracting HIV.

Mortality data originate directly from death documents and provides Delaware-specific morbidity information. The data quality is dependent upon information in the death certificate. A diagnosis of HIV/AIDS may not be noted on death certificates due to family request, lack of information regarding HIV status, or failure to record underlying causes of death. For these reasons, the number of AIDS-related deaths may be artificially suppressed not only in Delaware, but across the nation.

- **U.S. Census Bureau:** provides Delaware-specific county-level population data. Data estimates are standardized nationwide through 2011.
- **CDC:** provides national-level HIV/AIDS trend data via the Enhanced HIV/AIDS Reporting System (EHARS). While EHARS represents an advanced public health surveillance system, it is still possible that actual HIV/AIDS prevalence and incidence counts are under reported due to delays in reporting and non-compliance. HIV data are reported to the CDC by all 50 states but the quality of data for some states has not met the minimum standards for inclusion in analyses.

The quality of Delaware's EHARS data is good due to:

- The efforts of staff to increase record reviews and education of healthcare professionals and laboratories regarding proper reporting methods.
- Significant improvements in death ascertainment within EHARS which improved data quality significantly.

This report also utilizes data from the CDC-published *HIV/AIDS Surveillance Report* which summarizes national and state-level HIV/AIDS trends.

The Youth Risk Behavior Survey (YRBS), a CDC survey that tracks risk trends among youth (e.g., nutrition, substance use, accidents, sexual behaviors, and delinquency). This data is used to explore the relationship between risk behaviors and health. YRBS uses self-administered, anonymous questionnaires to collect data from high school students in odd-numbered years. In Delaware,

YRBS response rates are very high; 84% of students approached for participation complete a questionnaire.

- **Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (DHHS):** provides data related to HIV/AIDS service utilization patterns via the Ryan White Data Reports (RDR). States use federal Ryan White dollars to provide medical and support services to PLWA. HRSA gathers and uses the data to monitor HIV/AIDS service utilization patterns across the nation. While RDR data are limited to those individuals with HIV/AIDS who seek healthcare, these data are nonetheless important for future healthcare planning.

Data Specifics

In 1993, the CDC expanded the AIDS case definition to include infected individuals who did not yet display several AIDS indicators (including severely compromised immune system with CD₄ counts <200 µ/L or <14%, invasive cervical cancer, recurrent pneumonia, and pulmonary mycobacterium tuberculosis infection). The revised case definition resulted in an apparent increase in the prevalence of AIDS cases, observable at the local, state, and national levels.

The AIDS case definition was modified again in 2007; however, the impact of this change did not result in a significant change in the data presented in this report. The AIDS case definition was modified again in early 2014, however, that change does not affect this report because only data up to December 2013 is used.

Delaware initiated **HIV** surveillance in 2001, 20 years after the initiation of **AIDS** surveillance. In this report, 2001-2011 HIV data are combined with AIDS data. For reporting years prior to 2001 (i.e., 1981-2000), data reflect AIDS data only. The inclusion of HIV cases beginning year 2001 created an apparent sharp increase in HIV/AIDS case counts in Delaware which is not a true increase.

Per DPH data release policy, no Delaware-specific HIV/AIDS data can be released in a format that may allow for individual identification. Data in this report may be combined or suppressed to ensure patient confidentiality. Any combined or suppressed data are identified in footnotes.

Definition of Terms

Adult/adolescent case:	Patient aged ≥ 13 years.
Epidemiology:	Study of the patterns, causes, and effects of health and disease in defined populations.
Heterosexual:	An enduring pattern of or disposition to experience sexual, affectionate, physical or romantic attractions to persons of the opposite sex.
Incidence Rate:	A measure of the rate of development of a disease in population over a period of time. This rate is calculated by dividing the number of new cases diagnosed in a population during a specific time period by the size of the population during the same time period.
Pediatric case:	Individual age 13 years or younger at the time of diagnosis.
Prevalence:	The percentage of a population that is affected with a particular disease at a specific point in time.
Rate:	Number of cases in a population divided by the total size of the population. Rates allow for the direct comparison of groups with different population sizes.
Transfusion case:	Person who acquired the HIV virus as a result of receiving blood or blood products.
Year of diagnosis:	The year when the disease event was first confirmed by medical personnel.
Year of report:	The year when the case was reported to the Delaware HIV/AIDS Surveillance Office.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
A/PI	Asian/Pacific Islander
CARE	Comprehensive AIDS Resource Emergency
CADR	CARE Act Data Report
CDC	Centers for Disease Control and Prevention
C/T	Counseling and Testing Services
DHSS	Delaware Health and Social Services
DPH	Delaware Division of Public Health
EHARS	Enhanced HIV/AIDS Reporting System (CDC database)

HAART	Highly active anti-retroviral therapy
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IDU(s)	Injecting Drug User(s)
MSM	Men who have Sex with Men
MSM/IDU	Men who have Sex with Men and Inject Drugs
NA/AN	Native American/Alaskan Native
NIR	No Identified Risk
NRR	No Risk Reported
STD (STI)	Sexually Transmitted Disease (Infection)
YRBS	Youth Risk Behavior Survey

1. Socio-Demographic Characteristics of the State of Delaware

Delaware is the second smallest state in the U.S., measuring 100 miles from north to south and 30 miles from west to east. The state comprises of three counties: New Castle County, located to the north, is the most densely populated and is home to 60% of the state population. Almost 12% of New Castle County residents live in the city of Wilmington. Centrally-located Kent County, home to 18% of Delawareans, includes a blend of urban, suburban, and agricultural zones. Dover Air Force Base and the state capital (Dover) are located in Kent County. Sussex County, the southernmost of the three counties where 22% of Delawareans live, is largely rural and home to a large number of poultry, dairy, and crop-growing operations. Eastern Sussex County includes the beach communities, which draws a large number of retirees and tourist.

In 2013, Delaware's population was estimated at 925,956, representing 0.3% of the total U.S. population. The majority of Delawareans (64.0%) are Caucasian; African-Americans and Hispanics comprise 21% and 9%, respectively. Approximately 6% of Delawareans are Asian, Pacific Islander, Native American or multi-race. Females account for 51% of the population, similar to the national gender distribution. See Table 1, below, for racial distributions at the county-level.

Table 1: Delaware racial distribution by county, 2013

County	Caucasian N (%)	African-American N (%)	Hispanic N (%)	Other N (%)	Total N (County %)
New Castle	328,721 (60%)	128,886 (23%)	54,458 (10%)	37,420 (7%)	549,485 (60%)
Sussex	154,526 (75%)	25,330 (12%)	19,209 (9%)	7,697 (4%)	206,762 (22%)
Kent	109,072 (64%)	40,017 (24%)	10,366 (6%)	10,254 (6%)	169,709 (18%)
Delaware	592,319 (64%)	194,233 (21%)	84,033 (9%)	55,371 (6%)	925,956 (100%)

Source: U.S. Census Bureau; Rows sum to 100%

The median age in Delaware is 39. Compared to the general U.S. population, Delaware has a slightly higher median annual household income (\$60,119 vs. \$53,046, respectively) and similar patterns of educational attainment to that of the general U.S. population. Approximately 87% have a high school diploma compared to 86% of the U.S. population. Twenty-eight percent have earned a bachelor's degree or higher which is equivalent to the U.S. population. Twelve percent of Delaware residents report speaking a language other than English in the home.

2. Scope of the HIV/AIDS Epidemic in Delaware and the U.S.

Between 1981 and 2013, 5,650 Delawareans were diagnosed with HIV or AIDS. Males account for 71% of all cases ever diagnosed in the state. African-Americans account for 66% and represent a disproportionate share of the state's HIV/AIDS burden. Caucasian and Hispanic Delawareans account for 28% and 6% of all cases, respectively. The largest percentage of HIV/AIDS cases have been diagnosed among adults ages 30-39. New Castle County accounts for the majority of cases.

Table 2 shows a breakdown of Delaware’s HIV and AIDS cases by gender, race, age, and county.

Table 2: Delaware reported HIV/AIDS cases, 1981-2013*

	HIV Cases N (%)	AIDS Cases N (%)	Total (HIV/AIDS) Cases N (%)
Total Cases	1,351 (100%)	4,299 (100%)	5,650 (100%)
Gender			
Males	916 (68%)	3,115 (73%)	4,031 (71%)
Females	435 (32%)	1,184 (27%)	1,619 (29%)
Race			
Caucasian	395 (29%)	1,169 (27%)	1,564 (28%)
African-American	846 (63%)	2,860 (67%)	3,706 (66%)
Hispanic	90 (7%)	231 (5%)	321 (5%)
Other / Unknown	20 (1%)	39 (< 1%)	59 (1%)
Age Group (Years at initial HIV Diagnosis)**			
< 13			56 (1%)
13-14			1 (<1%)
15-19			149 (3%)
20-24			507 (9%)
25-29			790 (14%)
30-34			1,017 (18%)
35-39			1,029 (19%)
40-44			840 (15%)
45-49			592 (10%)
50-54			313 (6%)
55-59			164 (3%)
60-64			106 (2%)
65+			86 (1%)
County			
New Castle (NCC)	975 (72%)	3,228 (75%)	4042 (75%)
NCC, City of Wilmington	587 (43%)	2,127 (50%)	2,632 (49%)
NCC, non-Wilmington	388 (29%)	1,101 (26%)	1,410 (26%)
Kent County	146 (11%)	450 (10%)	544 (11%)
Sussex County	230 (17%)	621 (14%)	812 (14%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Note: In Delaware, AIDS and HIV surveillance efforts began in 1981 and 2001, respectively.

*Chart represents cumulative Delaware diagnosed cases regardless of current vital status.

**HIV and AIDS are two separate disease states thus the age at HIV diagnoses is represented as a total

Delawareans Living with HIV/AIDS

In 2013, a total of 3,560 Delawareans were living with HIV of which 2,227 had progressed to AIDS. Approximately 15% of these arrived in the state after diagnosis.

Prevalence and Incidence

The 2011 U.S. HIV and AIDS prevalence rates were 284.9 and 158.7 per 100,000, respectively. In comparison, Delaware's 2013 HIV and AIDS prevalence rates were 143.9 and 240.5 per 100,000, respectively. Therefore, while Delaware's HIV prevalence rate is 51% less than that of the U.S., Delaware's AIDS prevalence rate is 65% greater than the U.S. rate.

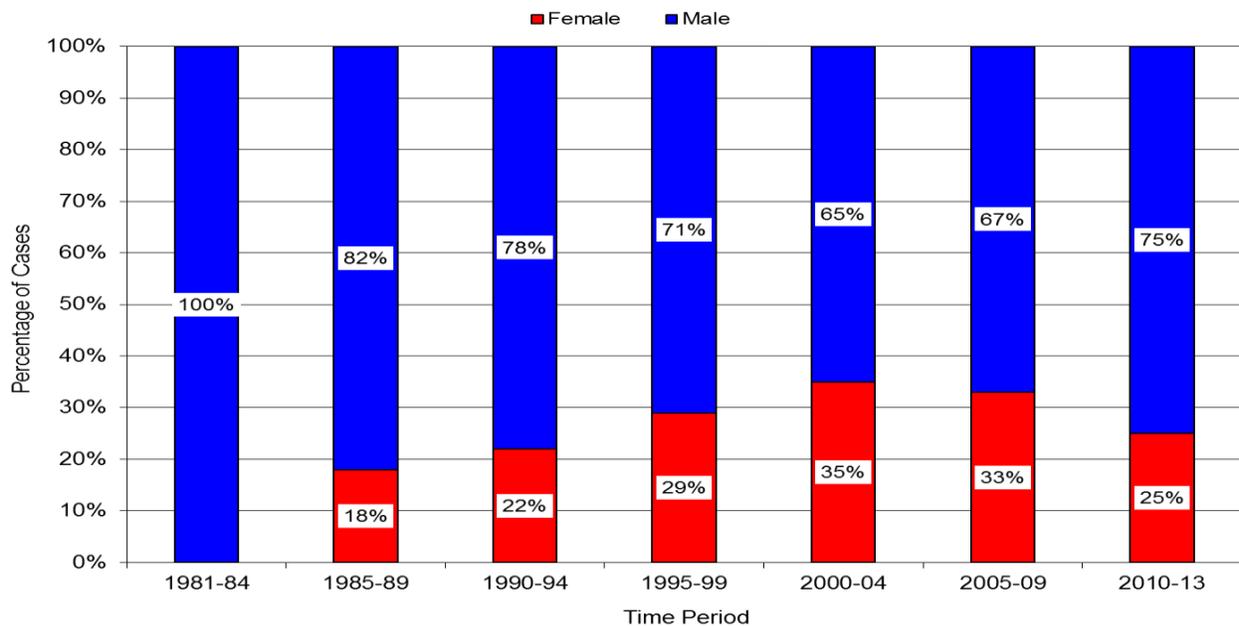
Delaware's 2013 HIV incidence rate of 12.4 per 100,000 is lower than the overall 2012 U.S rate of 15.3 per 100,000. Delaware's 2013 AIDS incidence rate of 9.4 per 100,000 is higher than the overall 2012 U.S. rate of 8.9 per 100,000. In 2012, Delaware HIV and AIDS incidence rates ranked 10th and seventh, respectively, compared to other states.

HIV/AIDS prevalence and incidence data are unavailable for smaller, hard-to-reach populations, such as the homeless, transgendered, and the mentally ill. Additionally, some HIV/AIDS cases are diagnosed through routine screenings (e.g., blood donations) and little additional information is available regarding the risk category.

Gender

Since the initiation of AIDS surveillance in 1981 and HIV surveillance in 2001, males have accounted for the majority of cases diagnosed in Delaware. Females account for 25% (2010-2013). No female HIV/AIDS cases were diagnosed in Delaware prior to 1984 (Fig 1).

Figure 1: Delaware HIV/AIDS cases, by gender, 1981-2013 (N=5,650)



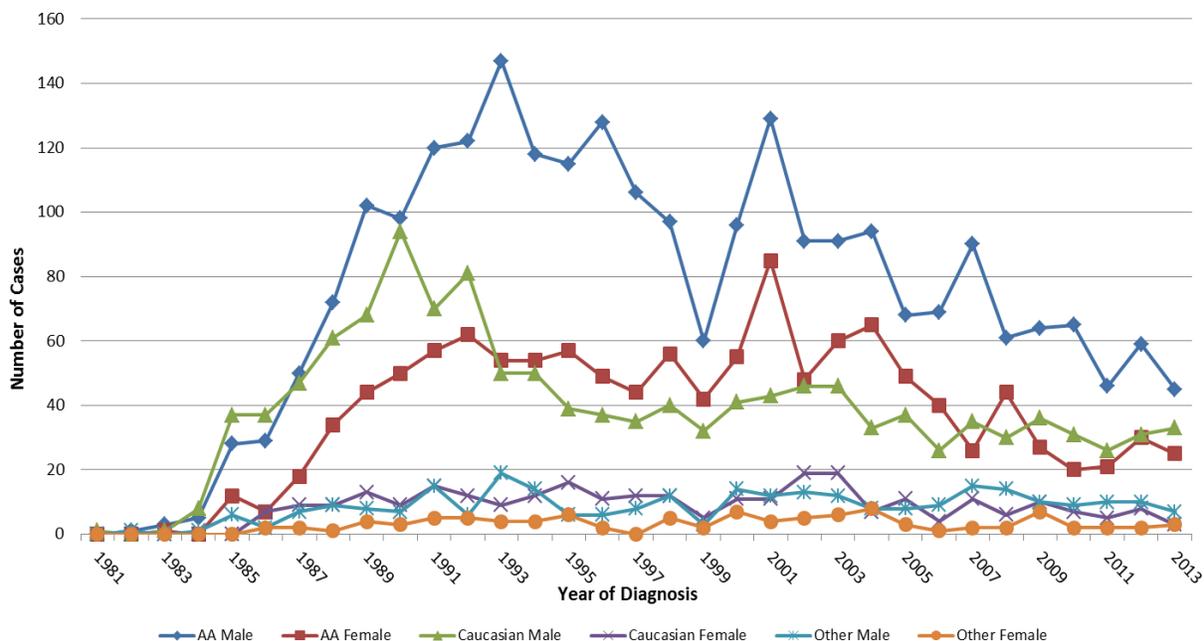
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Race/Ethnicity

Delaware's HIV/AIDS epidemic disproportionately affects the African- American population which comprises 21% of the Delaware population, but accounts for 63% and 67% of the State's HIV and AIDS cases, respectively.

Males account for most cases within each race category (i.e., Caucasian, African- American, Hispanic, and Other).

Figure 2: Delaware HIV/AIDS cases, by race and gender, 1981-2013 (N=5,650)

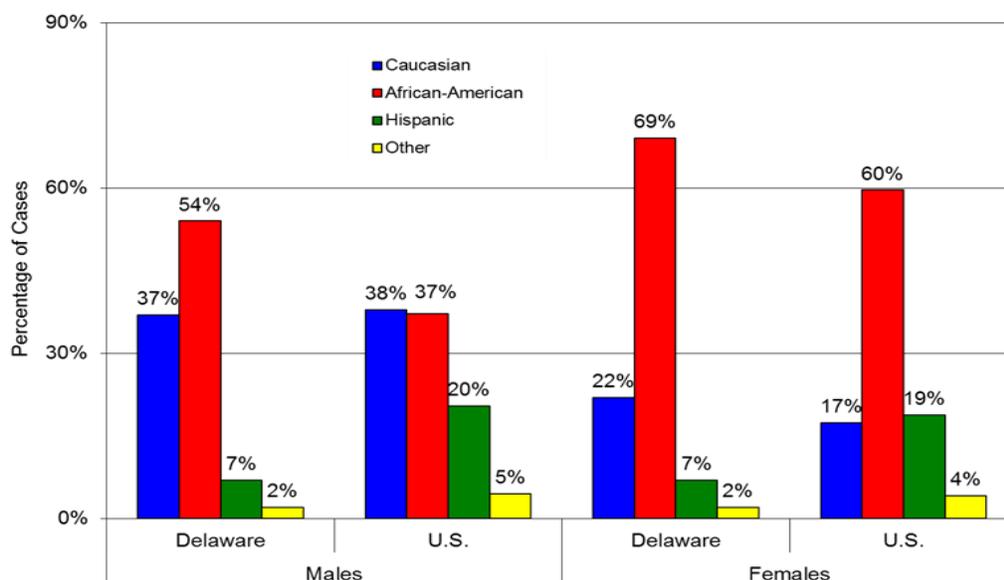


Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figures 3 and 4 with accompanying data tables indicate that the magnitude of HIV and AIDS racial disparity in Delaware is greater than that in the U.S. African-American male's account for 38% of all males living with HIV (non AIDS) in the U.S., and 54% in Delaware.

African-American females account for 60% of all females living with HIV (non AIDS) in the U.S., and 69% in Delaware. African-Americans account for 69% of Delaware's pediatric cases living with HIV. No racial breakdown data is available for U.S. pediatric cases.

Figure 3: Living HIV cases, by race and gender: Delaware vs. U.S., (DE=2013, US=2011)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS) & 2011 U.S. HIV/AIDS Report

Table 3: Persons living with HIV in Delaware 2013 by race and gender (N=1,333)

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	337 (37%)	90 (22%)	427 (32%)
African American	496 (54%)	287 (69%)	783 (59%)
Hispanic	67 (7%)	29 (7%)	96 (7%)
Other	19 (2%)	8 (2%)	27 (2%)
Total	919 (100%)	414 (100%)	1333 (100%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

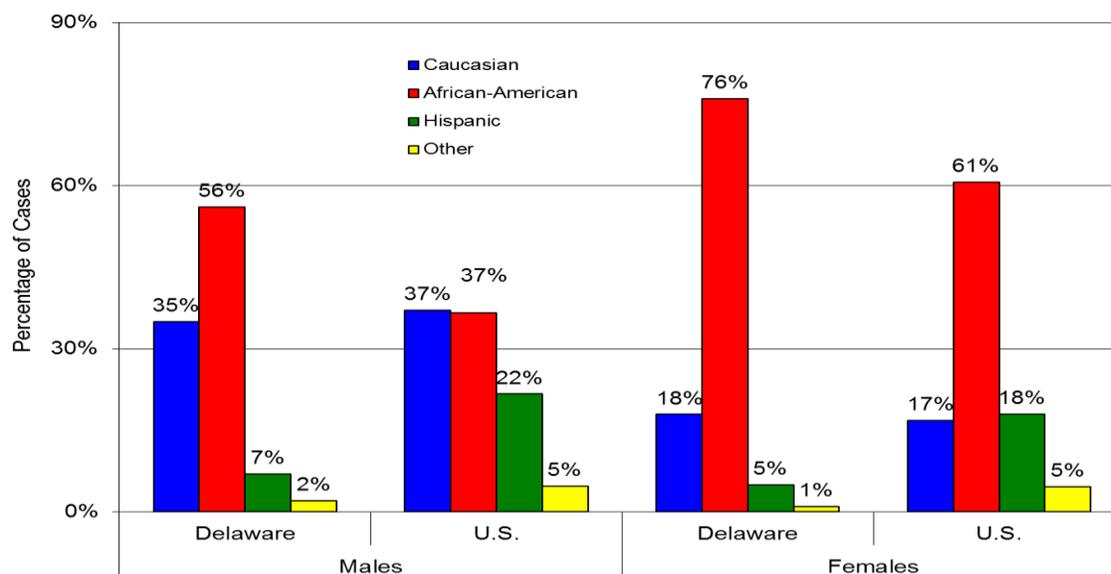
Table 4: Persons living in the U.S. with HIV by race and gender 2011 (N=888,918)

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	251,926 (37%)	38,973 (17%)	290,899 (34%)
African American	247,255 (38%)	133,685 (60%)	380,940 (44%)
Hispanic	135,579 (20%)	42,163 (19%)	177,742 (20%)
Other	29,924 (5%)	9,413 (4%)	39,337 (4%)
Total	664,684 (100%)	224,234 (100%)	888,918 (100%)

Source: CDC, HIV/AIDS Surveillance Report

Delaware's racial disparity for AIDS is more pronounced than that for HIV. African-American males account for 37% of males living with AIDS in the U.S. In Delaware, this figure is 56%. African-American females account for 61% of females living with AIDS in the U.S. In Delaware, this figure is 76%. African-Americans account for 80% of Delaware's pediatric cases living with AIDS.

Figure 4: Living AIDS cases, by race and gender: Delaware vs. U.S., (DE=2013, US=2011)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS) & 2011 U.S. HIV/AIDS Report

Table 5: Persons living in Delaware with AIDS 2013 by race and gender (N=2,296)

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	561 (35%)	129 (18%)	690 (30%)
African American	894 (56%)	525 (75%)	1,419 (62%)
Hispanic	117 (7%)	40 (6%)	157 (7%)
Other	22 (2%)	8 (1%)	30 (1%)
Total	1,594 (100%)	702 (100%)	2,296 (100%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 6: Persons living in the U.S. with AIDS at year end 2010 by race and gender (N=496, 619)

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	140,665 (37%)	19,676 (17%)	160,341 (32%)
African American	138,749 (37%)	70,812 (61%)	209,561 (42%)
Hispanic	82,263 (22%)	21,001 (18%)	103,264 (21%)
Other	18,024 (5%)	5,429 (4%)	23,453 (5%)
Total	379,701 (100%)	116,918 (100%)	496,619 (100%)

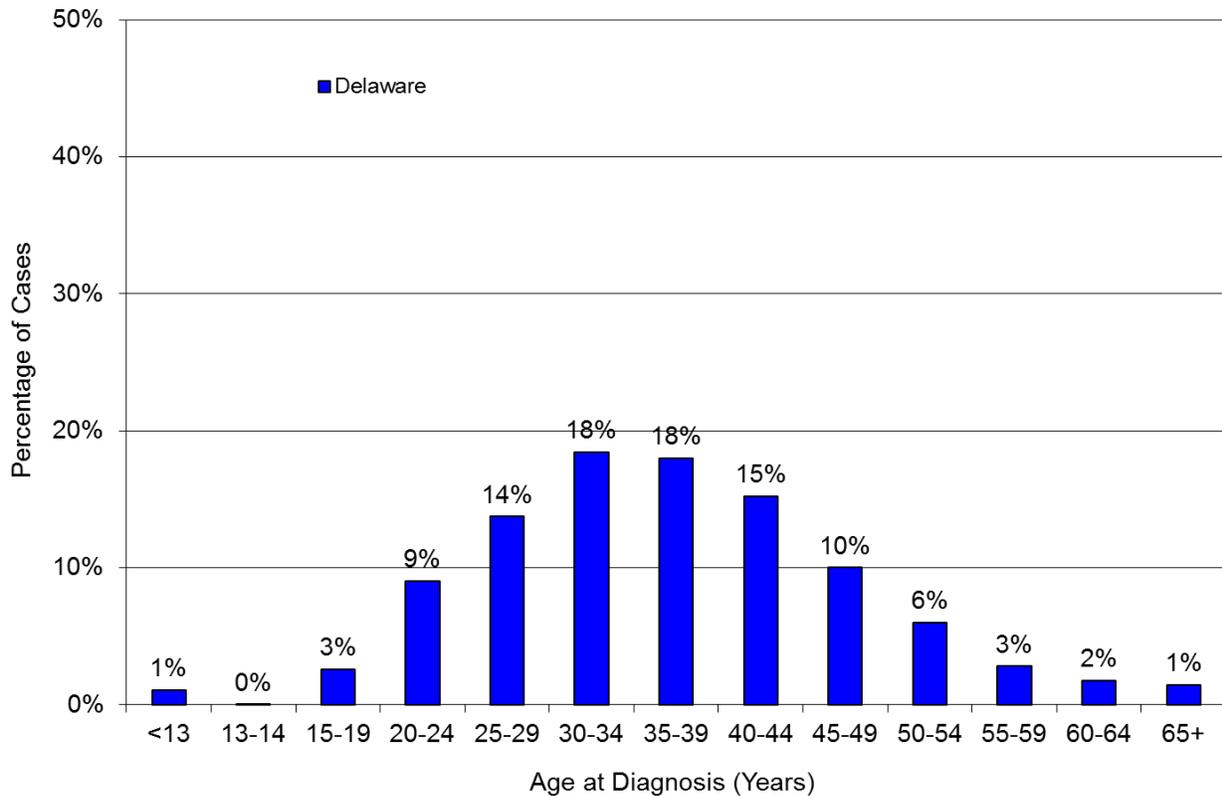
Source: CDC, HIV/AIDS Surveillance Report

Hispanics represent approximately 9% of the state's population and account for 7% of persons living with HIV/AIDS in Delaware.

Age at Diagnosis

The majority of persons diagnosed with HIV in Delaware were between the ages of 30-39 (Figure 5). In Delaware and the U.S., only 1% of AIDS cases are diagnosed among those under the age of 13. Adults age 50 and older account for 15% of AIDS cases in Delaware and nationwide (Figure 6).

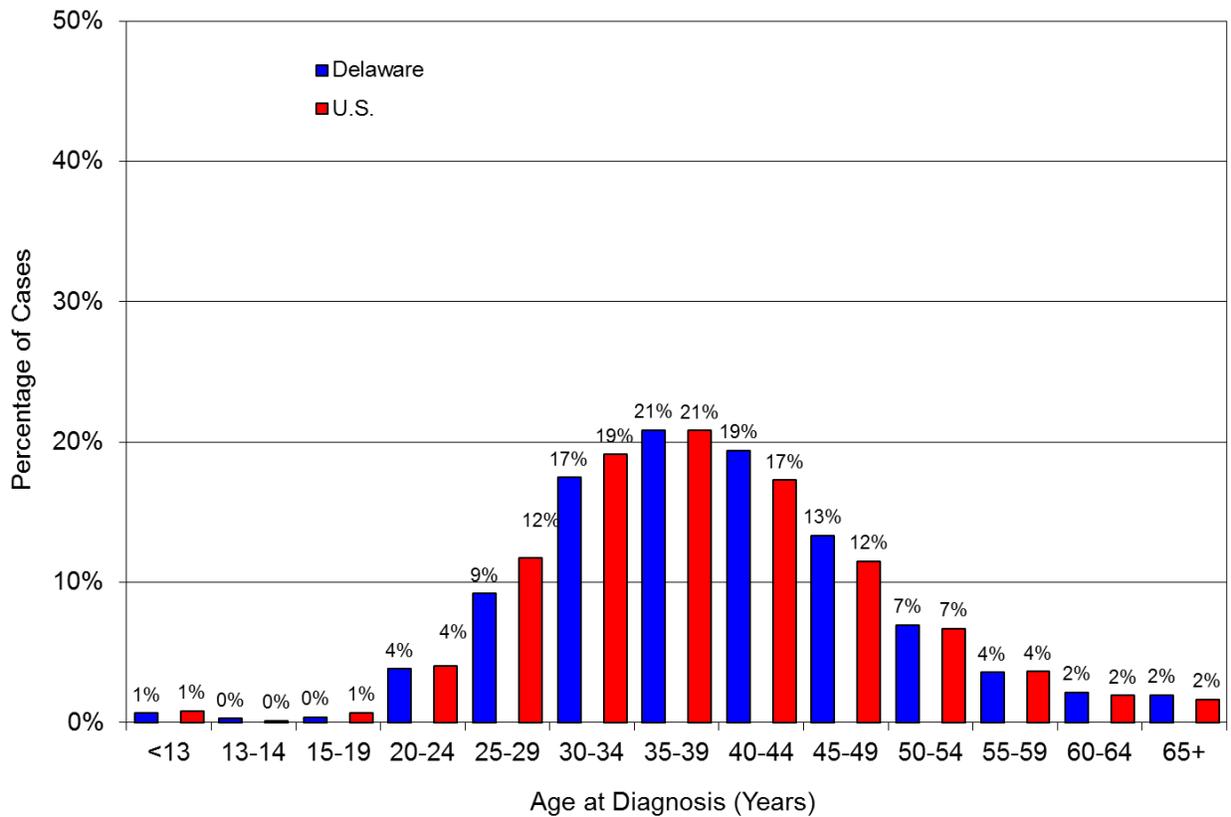
Figure 5: Delaware HIV cases, by age at HIV diagnosis, 1981-2013*



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Cumulative HIV disease diagnosis date information not available for U.S. data

Figure 6: AIDS Cases, by Age at AIDS diagnosis: Delaware and U.S., 1981-2013

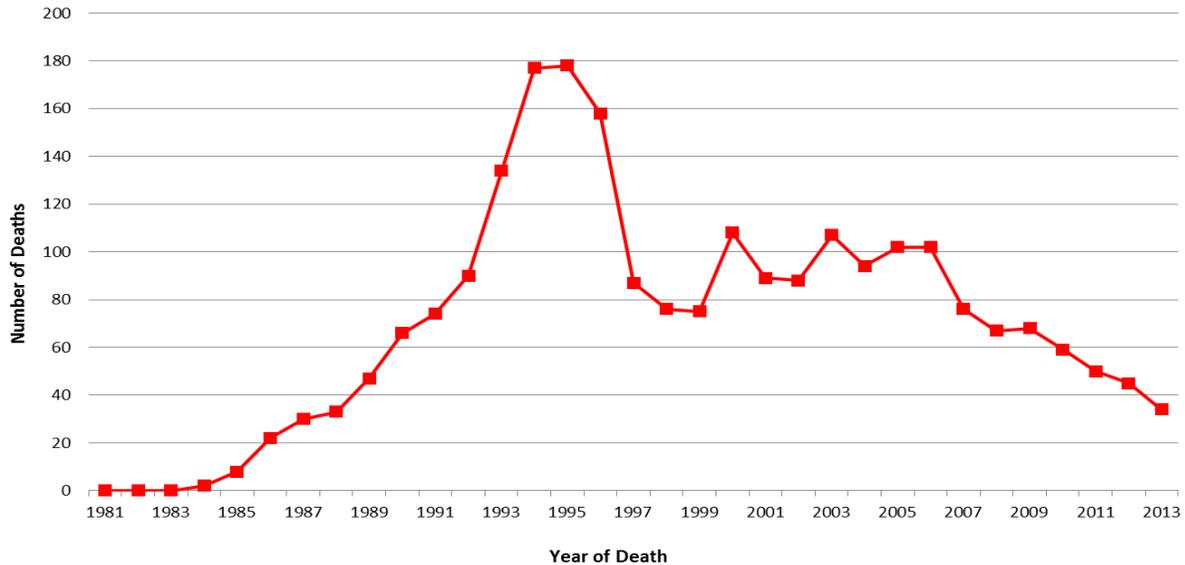


Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS) & 2010 U.S. HIV/AIDS Report

Mortality

A total of 2,346 Delawareans with AIDS died between 1981 and 2013. The AIDS death rate in Delaware has declined in recent years (Figure 7).

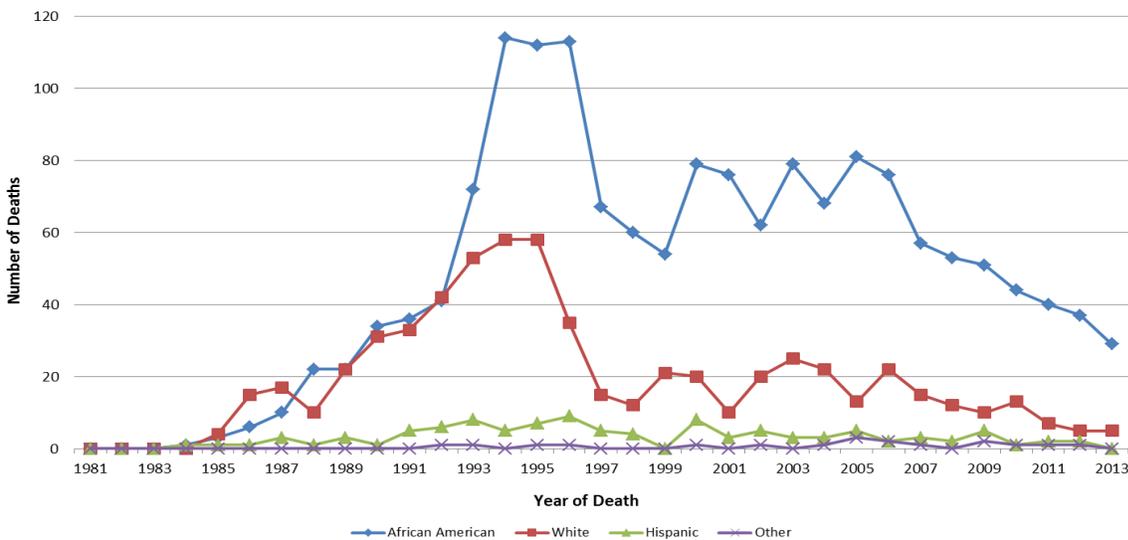
Figure 7: Delaware AIDS deaths, 1981-2013 (N=2,346)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Following a peak in the mid 1990s, the number of AIDS deaths in Delaware decreased among all races.

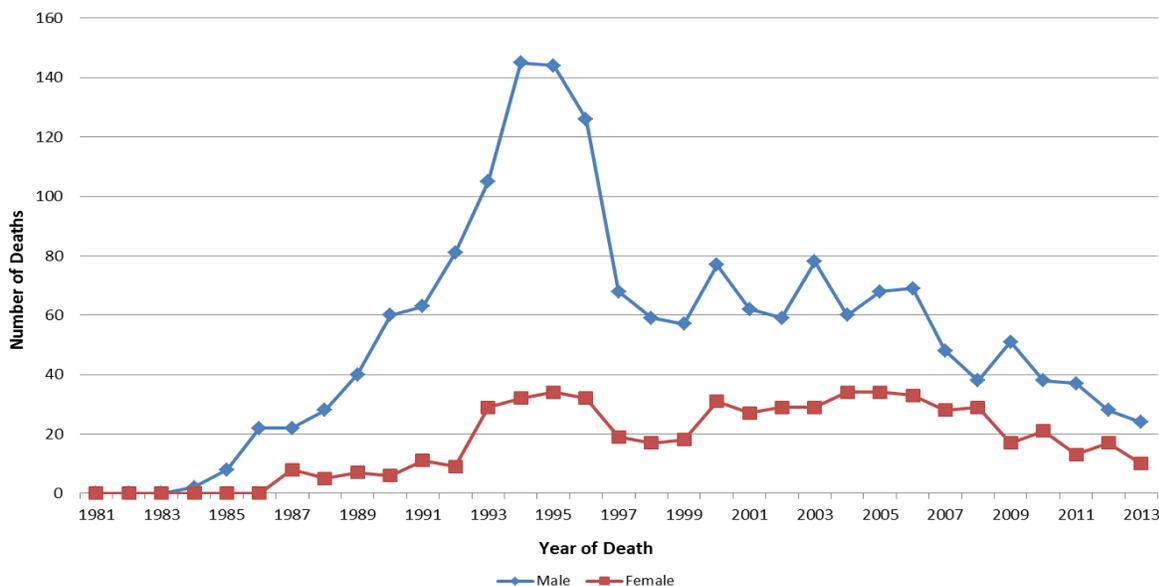
Figure 8: Delaware AIDS deaths by race, 1981 to 2013 (N=2,346)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Deaths among both sexes in Delaware have declined. This is more marked among males (Figure 9).

Figure 9: Delaware AIDS deaths by gender, 1981 to 2013 (N=2,346)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Delaware’s trends in AIDS deaths are similar to those observed nationally. The numbers of AIDS-related deaths declined across all geographic regions. Currently, the Northeast and South experience the highest number of AIDS related deaths in the nation while the Midwest region has the lowest. This trend includes all risk categories including MSM and IDU.

Factors contributing to this decline include earlier diagnosis and progress in the medical management of HIV/AIDS. As survival rates increase, society will face increased costs associated with chronic disease management.

The AIDS mortality rates noted in this profile reflect data from the Delaware eHARS system and may not be a true reflection of Delaware Vital Statistics information. At the time of this writing, Delaware is in the fifth year of National Death Index matching and data importation which allow for better expression of primary and secondary causes of death.

As of 2013, HIV was the underlying cause of death in 70% of all Delawareans who died with AIDS. Twenty-Five percent of these persons died of other causes and the underlying cause was not determined in 5% of the cases (please note the NDI data was complete through 2011 as of this writing). The importation of NDI matched records into eHARS is the only method for assigning underlying cause of death. This means that deaths occurring in 2012 and 2013 will appear as undetermined underlying cause of death.

3. Mode of Disease Transmission

Transmission Category Hierarchy

All diagnosed HIV/AIDS cases are assigned a category in the CDC-established HIV transmission risk hierarchy, shown below. Case assignment indicates the risk factor most likely associated with HIV transmission. If a case reports more than one suspected mode of HIV transmission, the case is assigned the highest risk category in the hierarchy. The one exception to this rule involves males with a history of both sexual contact with other men and injecting drug use; these individuals comprise a separate exposure category (Risk Category 3).

1. Men who have sex with men
2. Injecting drug user
3. Men who have sex with men and inject drugs
4. Heterosexual contact “sex partner at risk”
 - a. Sexual contact with an injecting drug user
 - b. Sexual contact with a bisexual male
 - c. Sexual contact with a person with hemophilia
 - d. Sexual contact with a transfusion recipient with HIV
 - e. Sexual contact with a transplant recipient with HIV
 - f. Sexual contact with a person with HIV/AIDS; with a risk unspecified
5. Transfusion of blood/blood components
6. Transplant of tissue/organs or artificial insemination
7. Worked in a health care or laboratory setting

Some reported HIV cases are assigned a “no identified risk” (NIR) category. The NIR category generally includes cases for which the reporting source does not have the risk information available. For example, private laboratories and blood banks generally do not capture information on individuals’ risk behaviors.

As per CDC-established standards, no more than 15% of HIV/AIDS cases should be classified as NIR. In Delaware, only 2.7% of cases are classified as NIR.

Mode of HIV Transmission

Patterns of HIV transmission may shift over time and the predominant mode of transmission in Delaware at the beginning of the HIV/AIDS epidemic (1981-1994) differs from current patterns of disease transmission (Figure 10).

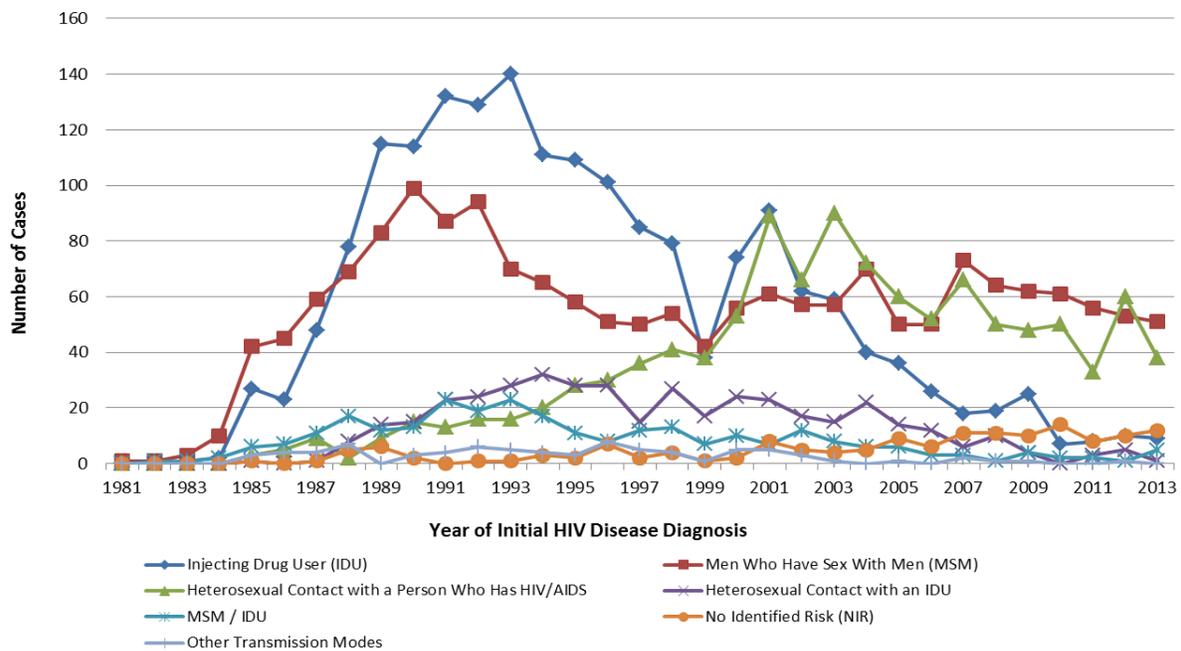
In 1993, 49% of HIV/AIDS cases diagnosed among Delawareans were attributable to IDU. This percentage has fallen to 8% in 2013. The proportion of Delaware’s HIV/AIDS cases diagnosed among men who have sex with men (MSM) in 2013 is 44%. MSM as a risk factor has been resurgent since 1999 and is currently the highest ranking risk factor for HIV infection in Delaware.

In Delaware, the percentage of cases attributable to heterosexual contact increased from 1985 until 2004. Since 2004, HIV infections attributable to heterosexual contact has decreased significantly.

It is not unusual for cases that were attributable to one risk factor to be later re-assigned to a different risk category if it is determined that the sexual partner who has HIV/AIDS is also an IDU and/or a bisexual.

Cases attributable to “other modes of transmission” include perinatal exposure, transfusion recipients, and those infected from working in a healthcare or laboratory setting. Cases representing “other modes of transmission” account for a very small percentage of all HIV/AIDS cases in the state.

Figure 10: Delaware HIV/AIDS cases, by mode of transmission, 1981-2013 (N=5,650)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 7: Delaware HIV/AIDS cases, by mode of transmission, 2009-2013 and cumulative (N=5,650)

	2009 N (%)	2010 N (%)	2011 N (%)	2012 N (%)	2013 N (%)	Cumulative N (%)
Mode of Transmission						
Injection Drug Use (IDU)	25 (16%)	7 (5%)	8 (7%)	10 (7%)	9 (8%)	1,815 (32%)
Men Who have Sex with Men (MSM)	62 (40%)	61 (46%)	56 (51%)	53 (38%)	51 (44%)	1,806 (32%)
Heterosexual contact with PWH/A	48 (31%)	50 (37%)	33 (30%)	60 (43%)	38 (33%)	1,109 (20%)
Heterosexual contact with an IDU	4 (3%)	0 (0%)	3 (3%)	5 (4%)	1 (1%)	417 (7%)
IDU and are MSM	4 (3%)	2 (1%)	2 (2%)	1 (1%)	5 (4%)	272 (5%)
No Identified Risk (NIR)	10 (6%)	14 (10%)	8 (7%)	10 (7%)	12 (10%)	150 (3%)
Other Modes	1 (1%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	81 (1%)
Totals	154 (100%)	134 (100%)	110 (100%)	140 (100%)	116 (100%)	5,650 (100%)

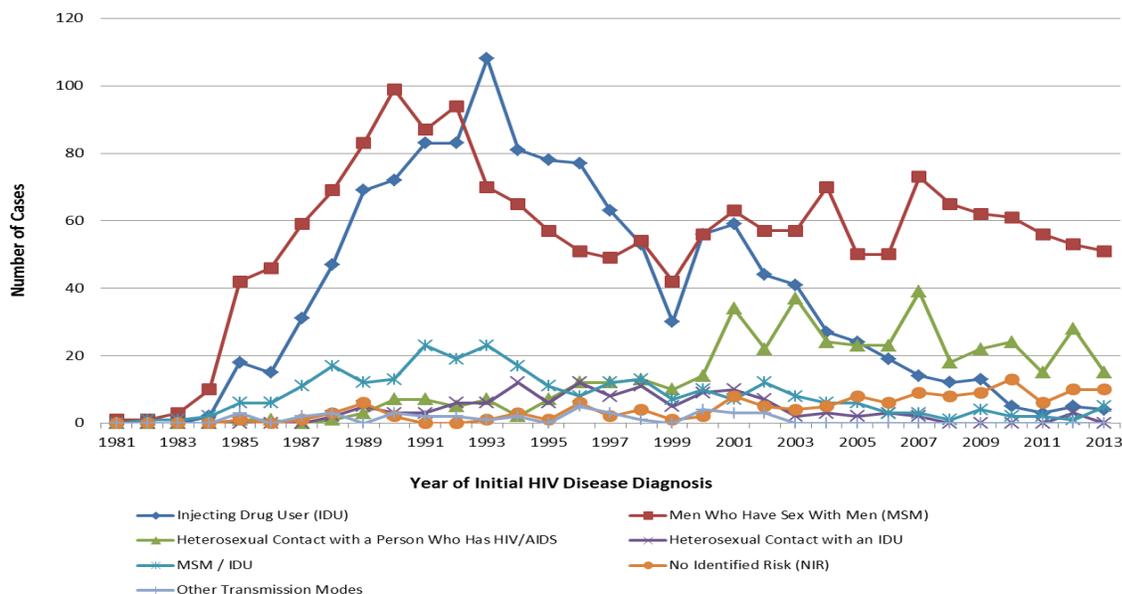
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

The majority (68%) of all HIV/AIDS cases ever diagnosed in Delaware were related to risky sexual behavior while 32% were related to intravenous drug use. Five-percent of those classified as risky sexual behavior were MSM's who also engaged in intravenous drug use. Trends in the mode of HIV transmission among Delawareans differ by gender.

HIV Transmission among Delaware Males

Between 1990 and 2013, the percentage of male HIV/AIDS cases attributable to IDU and MSM/IDU in Delaware declined. As shown in figure 11, IDU-attributable cases among males fell by 96% from 108 in 1993 to 4 in 2013. The total number of MSM-attributable cases fell from 99 in 1990 to 51 in 2013, a decrease of 48%. MSM cases as a percentage of total cases among males, has been resurgent since 2000 and is higher than in 1990. MSM has been the highest ranking exposure risk among males since 2000 and the highest overall exposure risk since 2006. MSM/IDU-attributable cases fell from 23 in 1993 to only 5 in 2013, a decrease of 78%. In Delaware, the percentage of male HIV/AIDS cases attributable to heterosexual contact has increased from 2 in 1994 to peak at 39 in 2007, ending 2013 at 15 total cases. The decline from 2007 to 2013 reflects a 62% decrease, but the current heterosexual exposure counts remain higher than the levels in the 1980s and 1990s.

Figure 11: Delaware HIV/AIDS cases among males, by mode of transmission, 1981-2013
(N=4,031)



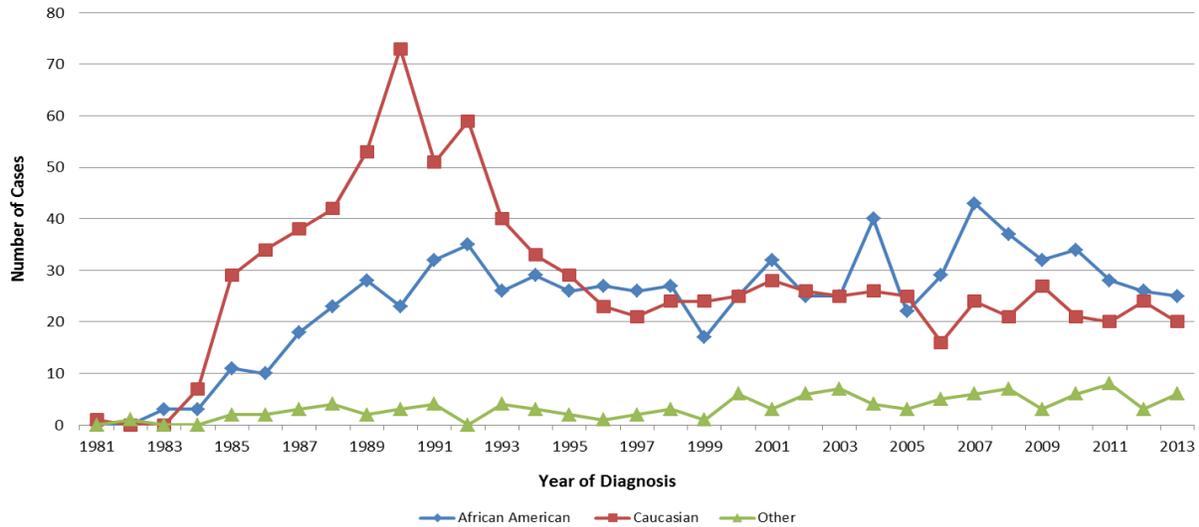
Source: Delaware Evaluation HIV/AIDS Reporting System (EHARS)

HIV/AIDS cases attributable to different modes of transmission (i.e., IDU, MSM, MSM/IDU, and heterosexual contact) often differ demographically. The sub-population of Delawarean men diagnosed with HIV/AIDS and the mode of infection transmission is explored in detail below.

Men Who Have Sex with Men (MSM). Since 1981, a total of 1,806 MSM-attributable cases have been diagnosed in Delaware and account for 45% of all HIV/AIDS cases ever diagnosed among males. The majority (66%) were from New Castle County while Kent and Sussex Counties accounted for 11% and 23% cases, respectively.

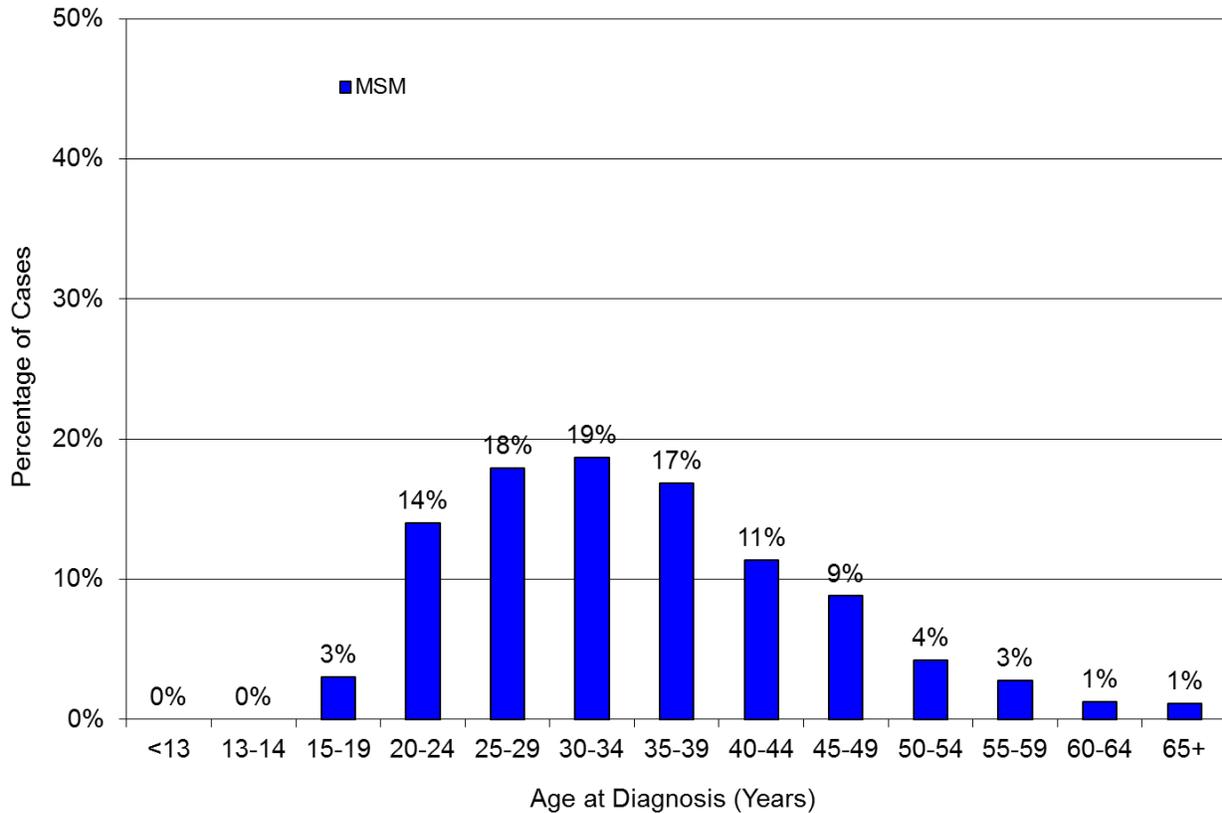
As shown in Figure 12 and Table 8, the demographic composition of HIV/AIDS cases attributable to MSM has shifted with time. In the early 1990's, African Americans accounted for 171 (37%) of MSM cases. From 2007-2013 that number increased to 225 (53%). Over the same period, the average proportion of MSM cases for Caucasians fell from 285 (59%) in the early 1990s to 157 (38%) from 2007 to 2013. The proportion of MSM-related cases among Hispanic Delawareans has remained fairly stable since 1981. The majority of MSM-related cases were diagnosed among men ages 25-39 as shown in Figure 13.

Figure 12: Delaware HIV/AIDS cases attributable to MSM, by race, 1981-2013 (N=1,806)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 13: Delaware HIV/AIDS cases attributable to MSM, by age, 1981-2013 (N=1,806)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 8: Delaware HIV/AIDS cases attributable to MSM, by race and age, 2009-2013 and cumulative (N=1,806)

	2009 N (%)	2010 N (%)	2011 N (%)	2012 N (%)	2013 N (%)	Cumulative* N (%)
Total Cases	62	61	56	62	51	1,806
Race						
Caucasian	27 (52%)	21 (34%)	20 (36%)	24 (45%)	20 (39%)	809 (50%)
African-American	32 (44%)	34 (56%)	28 (50%)	26 (49%)	25 (49%)	787 (44%)
Other	3 (4%)	6 (10%)	8 (14%)	3 (6%)	6 (12%)	110 (6%)
Age Group (Years at Diagnosis)						
<13	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
13-14	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
15-19	7 (11%)	5 (8%)	5 (9%)	1 (2%)	2 (4%)	55 (3%)
20-24	17 (27%)	16 (26%)	11 (20%)	18 (34%)	14 (27%)	253 (14%)
25-29	5 (8%)	10 (16%)	16 (29%)	12 (23%)	13 (25%)	324 (18%)
30-34	5 (8%)	8 (13%)	8 (14%)	6 (11%)	4 (8%)	337 (19%)
35-39	8 (13%)	2 (3%)	3 (5%)	4 (8%)	5 (10%)	304 (17%)
40-44	7 (11%)	9 (15%)	3 (5%)	4 (8%)	2 (4%)	205 (11%)
45-49	9 (15%)	8 (13%)	3 (5%)	3 (7%)	3 (6%)	159 (9%)
50-54	2 (3%)	3 (5%)	3 (5%)	2 (4%)	5 (10%)	76 (4%)
55-59	0 (0%)	0 (0%)	2 (4%)	2 (4%)	0 (0%)	50 (3%)
60-64	0 (1%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)	23 (1%)
65+	2 (3%)	0 (0%)	2 (4%)	1 (2%)	1 (2%)	20 (1%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

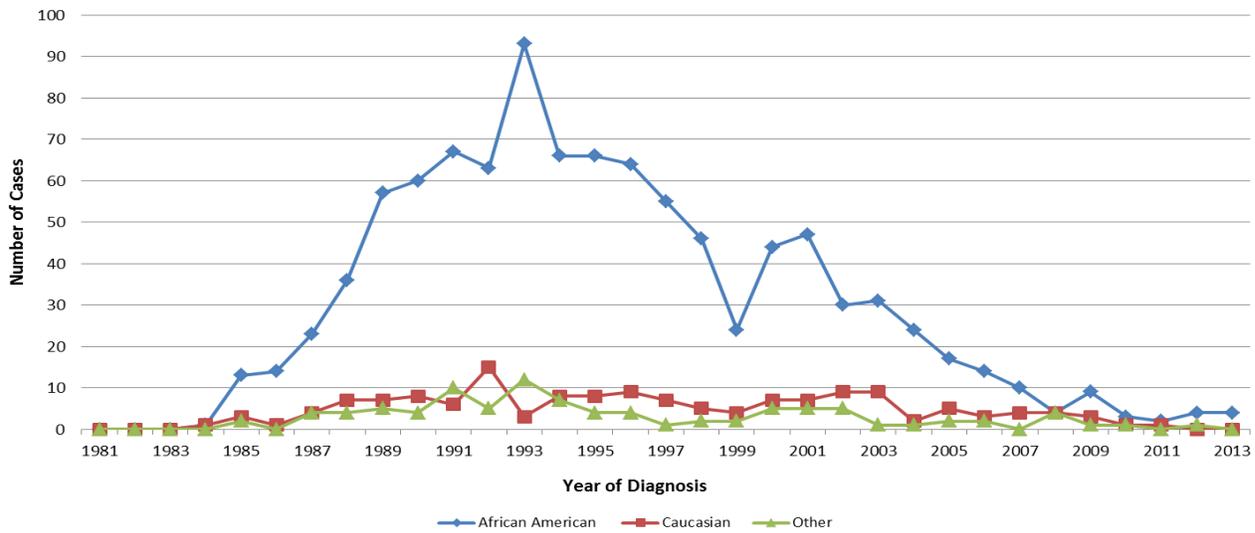
*The cumulative total represents all persons in the category 1981 through 2013

Male Injecting Drug Users (IDU). From 1981-2013, 1,236 IDU-attributable cases of HIV/AIDS were diagnosed among Delaware males and accounted for 31% of all cases ever diagnosed among Delaware men. Eighty-five percent were in New Castle County while Kent and Sussex Counties accounted for 7% and 8%, respectively.

The majority (80%) of all IDU-attributable cases among Delaware men were within the African-American population. In 1993, 93 (86%) IDU related HIV cases were diagnosed among African-American men. In 2013, this number had declined to 4 (100%) cases. As shown in Figure 14, among males, the percentage of African American men in Delaware having an HIV diagnoses attributable to IDU remains high; however, the total number of cases dropped significantly. The number of IDU cases among Caucasian males and those listed in the “other” category (including Hispanics) have remained stable since 1987 (Figure 14). The majority of IDU-related cases were diagnosed among men ages 35-44 as shown in Figure 15.

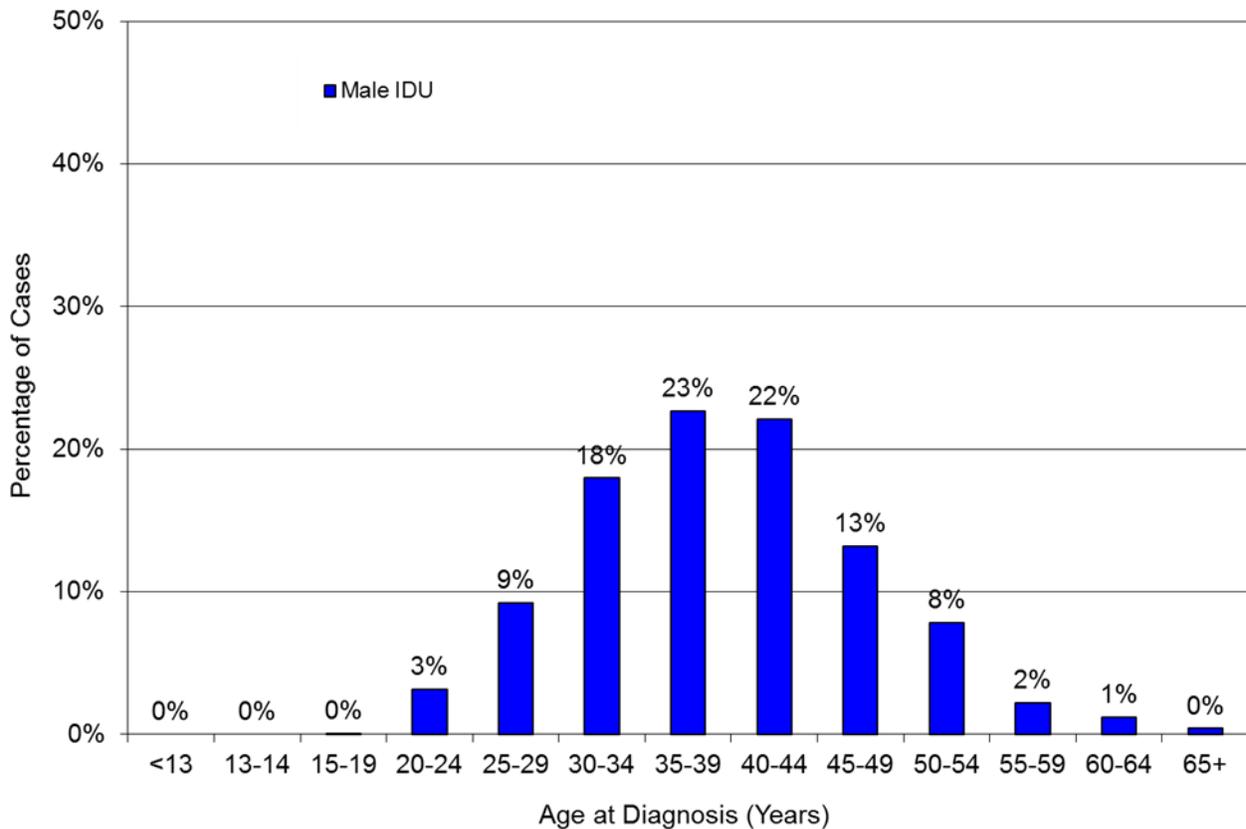
Figure 14 shows that the annual number of IDU-attributable cases diagnosed among Delaware men declined steadily from the mid-1990s. The apparent peak in male IDU cases in 1993 is a reflection of the expanded AIDS definition that year.

Figure 14: Delaware HIV/AIDS cases among males attributable to IDU, by race, 1981-2013 (N=1,236)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 15: Delaware HIV/AIDS cases among males, attributable to IDU, by age at diagnoses, 1981-2013 (N=1,236)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 9: Delaware HIV/AIDS cases among males, attributable to IDU, by race and age, 1981-2013 (N=1,236)

		1981-2013
		N (%)
Total Cases		1,236
Race		
	Caucasian	151 (12%)
	African-American	999 (80%)
	Hispanic/Other	94 (8%)
Age Group (Years)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	1 (<1%)
	20-24	39 (3%)
	25-29	114 (9%)
	30-34	222 (18%)
	35-39	280 (23%)
	40-44	273 (22%)
	45-49	163 (13%)
	50-54	97 (8%)
	55-59	27 (2%)
	60-64	15 (1%)
	65+	5 (<1%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

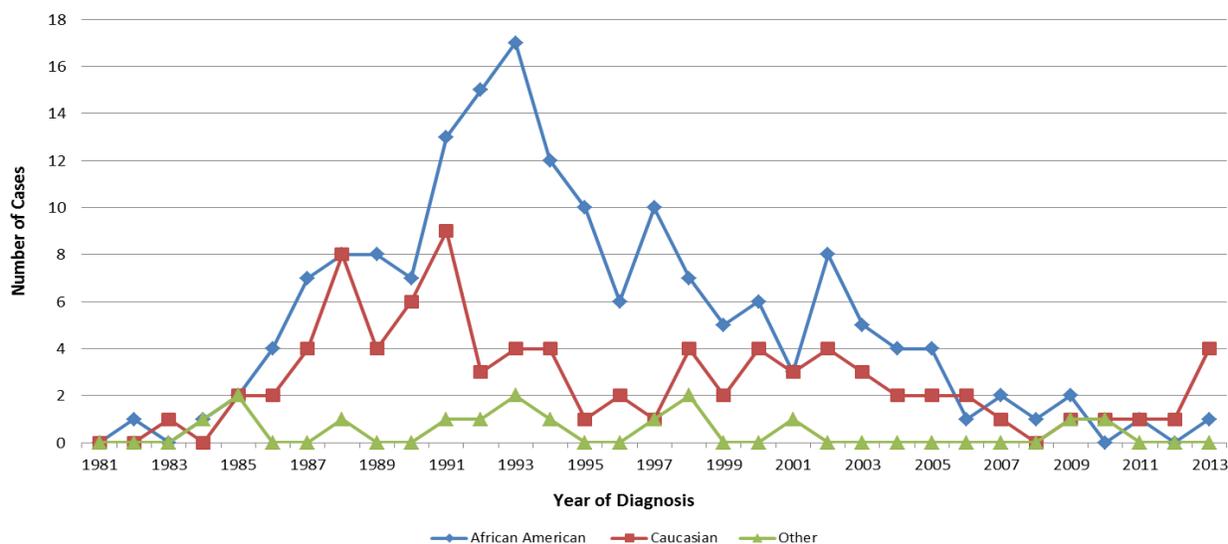
*Due to low annual numbers this table is limited to cumulative figures for this category

Men Who Have Sex with Men and Who Also Inject Drugs (MSM/IDU).

Since 1981, 272 MSM/IDU-attributable cases of HIV/AIDS were diagnosed among Delaware men and account for 7% of all male HIV/AIDS cases ever diagnosed in the state. The majority of MSM/IDU cases (79%) were diagnosed among males in New Castle County with Kent and Sussex Counties accounting for 9% and 12% of cases, respectively.

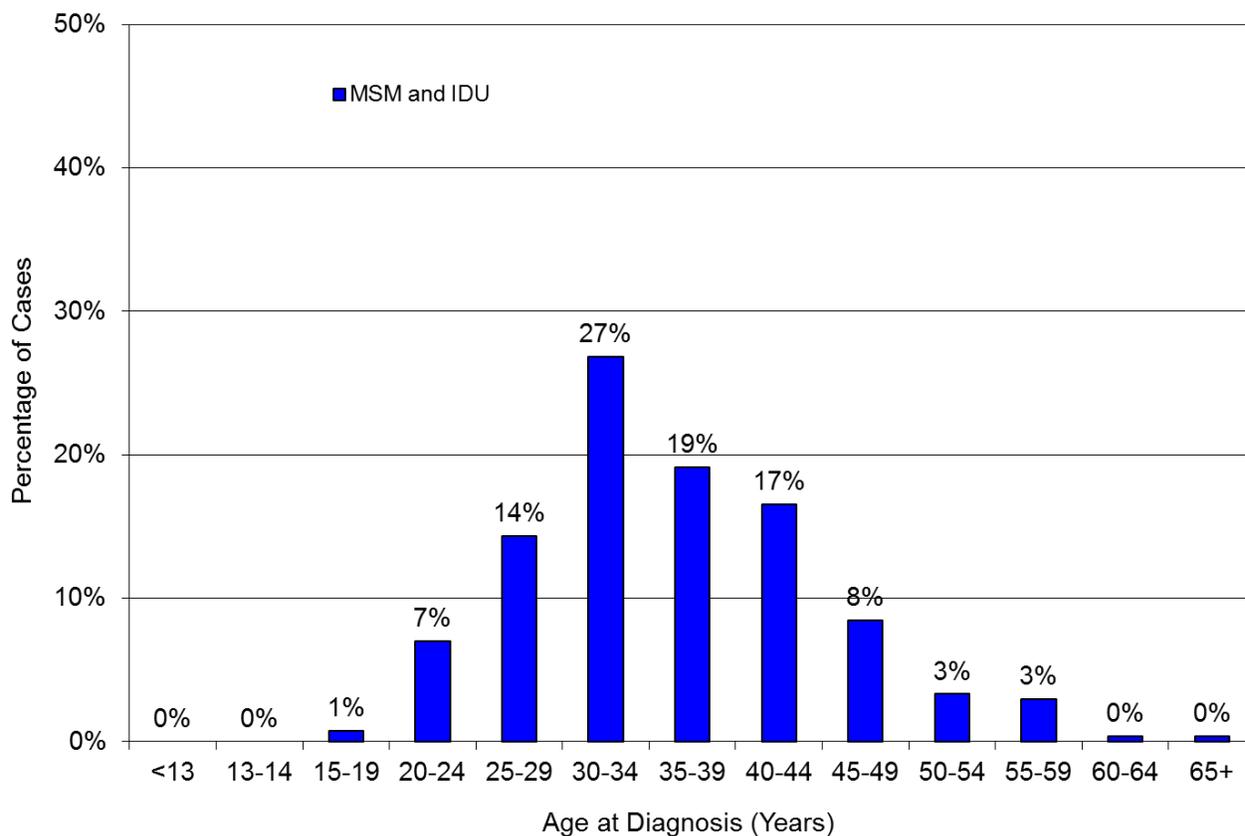
As shown in Table 10, approximately 63% of all MSM/IDU cases ever diagnosed in the state were among African-Americans while Caucasians account for 32%. MSM/IDU has declined from a high of 24 cases in 1991 to 5 in 2013 (Figure 16). Men between the ages of 30-39 at diagnosis are most likely to be affected through MSM/IDU exposure (Figure 17).

Figure 16: Delaware HIV/AIDS cases among males attributable to MSM/IDU, by race, 1981-2013 (N=272)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 17: Delaware HIV/AIDS cases among males, attributable to MSM/IDU, by age at diagnoses, 1981-2013 (N=272)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 10: Delaware HIV/AIDS cases attributable to MSM who are also IDU, by race and age, 1981-2015 (N=272)*

		1981 - 2013 N (%)
Total Cases		272
Race		
	Caucasian	86 (32%)
	African-American	171 (63%)
	Hispanic/Other	15 (6%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	2 (1%)
	20-24	19 (7%)
	25-29	39 (14%)
	30-34	73 (27%)
	35-39	52 (19%)
	40-44	45 (17%)
	45-49	23 (8%)
	50-54	9 (3%)
	55-59	8 (3%)
	60-64	1 (<1%)
	65+	1 (<1%)

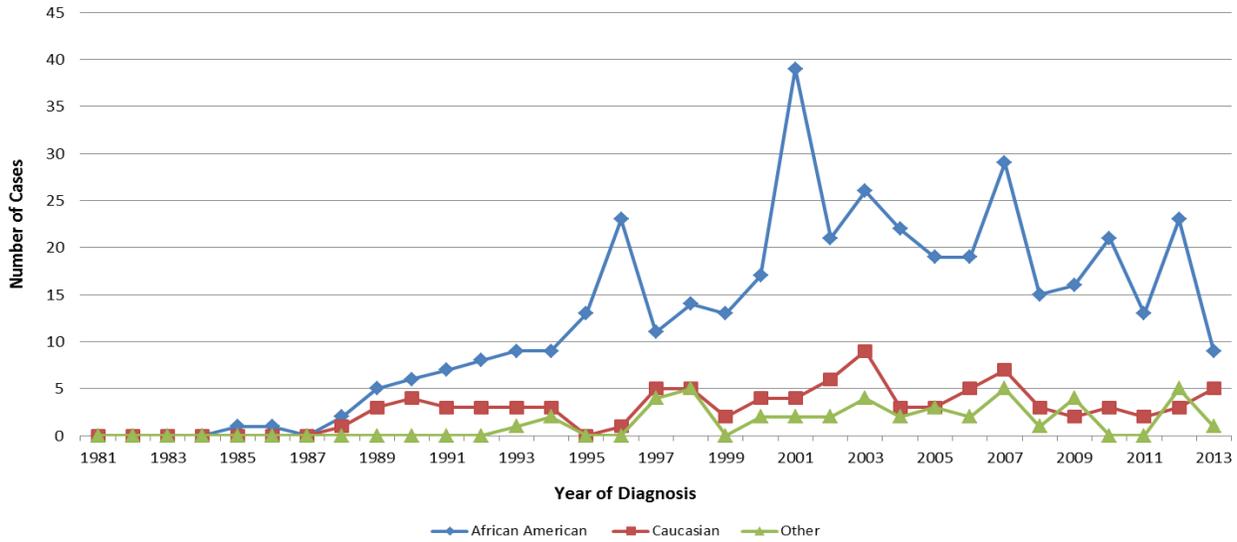
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

Male Heterosexual Transmission. Heterosexual transmission accounted for 548 HIV/AIDS cases diagnosed among Delaware males since 1981, representing 14% of all HIV/AIDS cases ever diagnosed in this group. Twenty-two percent of male heterosexual cases were males who had sexual contact with a female IDU partner. Sixty-nine percent of all male heterosexual HIV/AIDS cases were diagnosed in New Castle County, 18% were in Sussex County and 13% were in Kent County.

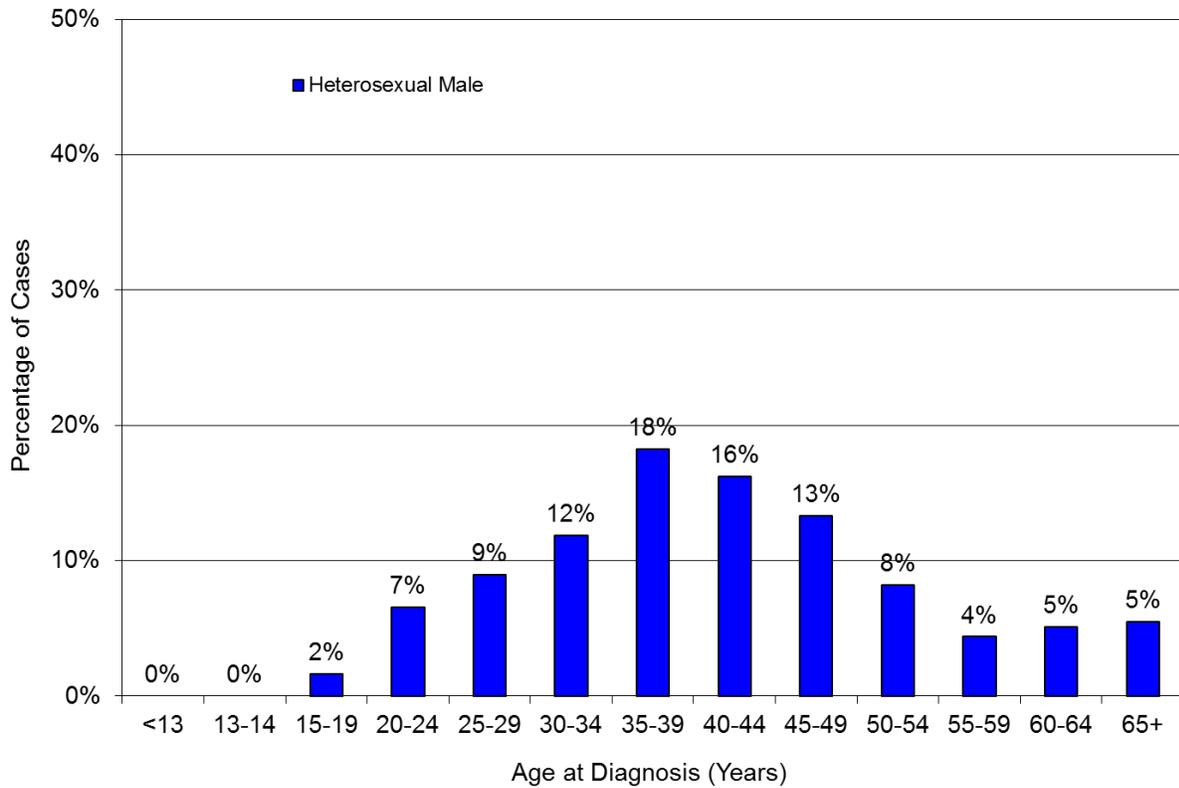
In 2001, there were 44 cases of HIV/AIDS attributable to male heterosexual contact (the highest number in a single year). In 2013, this number fell to 15. This is a significant drop (from 23% to 18%). As shown in Table 11, African-American males account for 75% of cases contracted through heterosexual transmission. Caucasians and Hispanics/Others accounted for 17% and 8%, respectively. Males between the ages of 35-44 at diagnosis are primarily affected.

Figure 18: Delaware male HIV/AIDS attributable heterosexual contact, by race, 1981-2013 (N=548)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 19: Delaware male HIV/AIDS attributable heterosexual contact, by age at diagnosis, 1981-2013 (N=548)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 11: Delaware male HIV/AIDS attributable heterosexual contact, by race and age, 1981-2013 (N=548)*

		1981 - 2013 N (%)
Total Cases		548 (100%)
Race		
	Caucasian	92 (17%)
	African-American	411 (75%)
	Hispanic/Other	45 (8%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	9 (2%)
	20-24	36 (7%)
	25-29	49 (9%)
	30-34	65 (12%)
	35-39	100 (18%)
	40-44	89 (16%)
	45-49	73 (13%)
	50-54	45 (8%)
	55-59	24 (4%)
	60-64	28 (5%)
	65+	30 (5%)

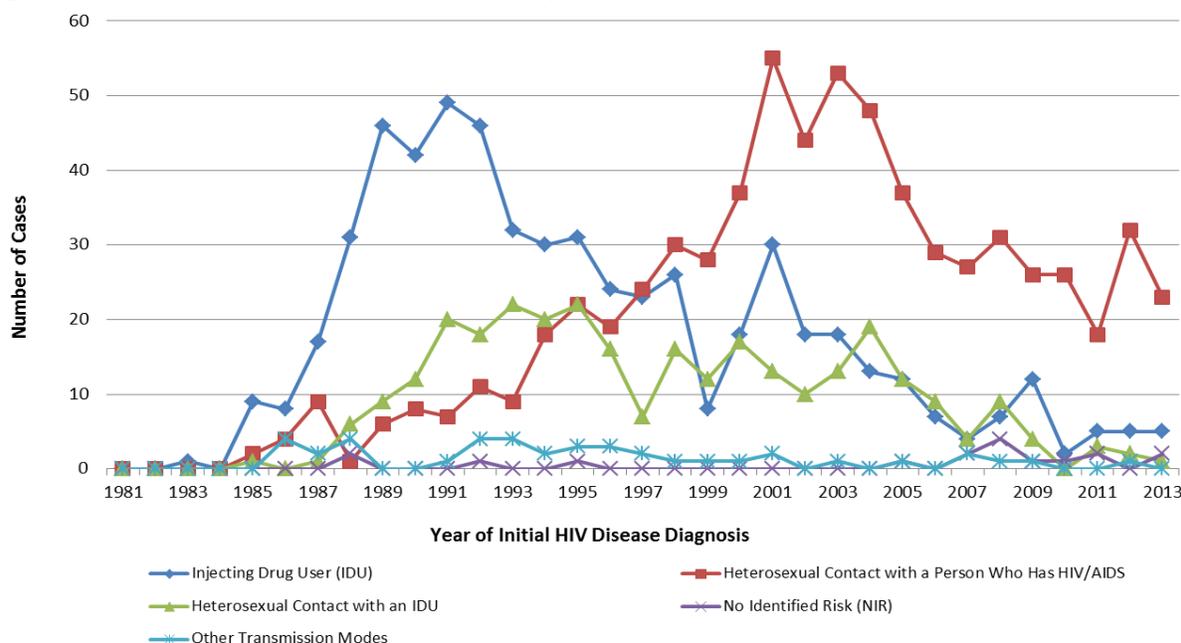
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

HIV Transmission among Delaware Females

Between 1991 and 2007, the number of Delaware female HIV/AIDS cases attributable to IDU declined. An increase from 2007-2009 is likely a reflection of increased testing through the Delaware Needle Exchange Program. The success of this program is also reflected in the drop in the number of cases from 2010 through 2013 after the initial case discoveries were made in 2008 and 2009. In 1986, heterosexual contact with an HIV-positive male accounted for 4 (25%) of all female HIV/AIDS cases. In 2010, this number was 26 (90%), and in 2013 the number was 23 (74%).

Figure 20: Delaware female HIV/AIDS by mode of transmission, 1981-2013 (N=1,619).



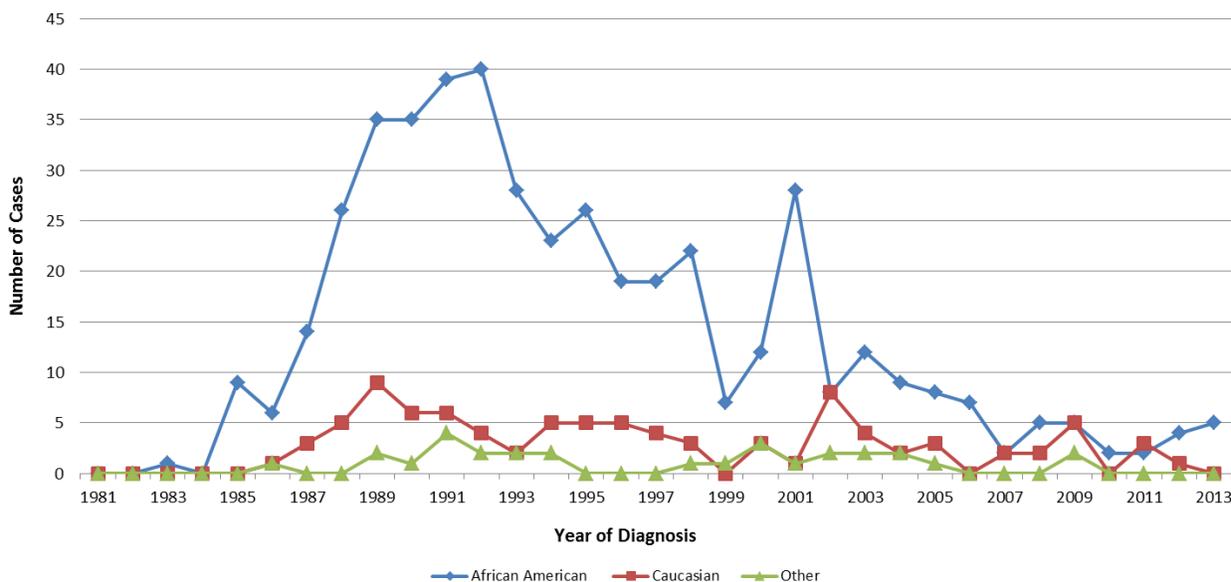
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Female Injecting Drug Users (IDUs). Since 1981, 579 IDU-attributable cases of HIV/AIDS were diagnosed among Delaware females, accounting for 36% of all cases in this group. New Castle County accounted for 89%, Kent County 6% and Sussex County 6%.

As shown in Figure 21, the highest number of cases in Delaware occurred in 1992 with 49 cases recorded (64% of the total for that year). By 2007 these numbers had decreased to 4 (11%). Overall, the number of IDU-attributable cases among Delaware females decreased 92% from 1991-2013.

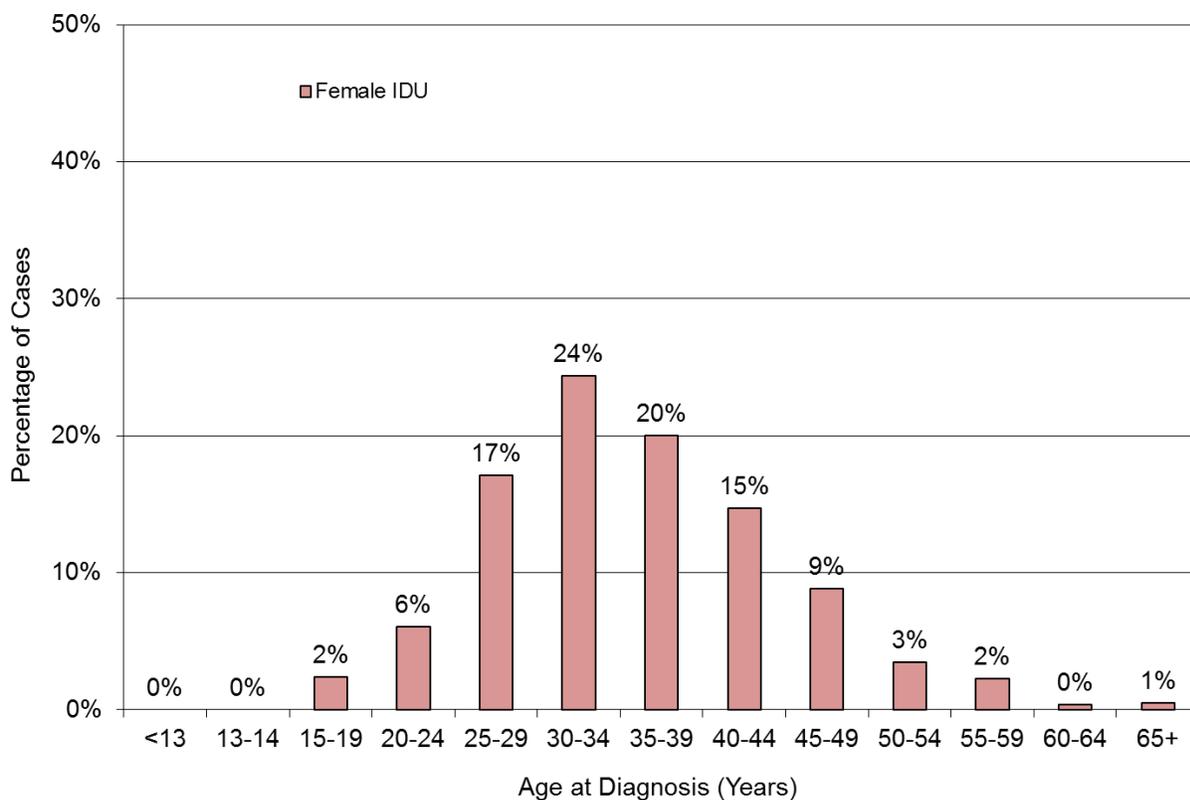
Table 12 shows that African-American females account for 79% of cases while Caucasians and Hispanics/Others account for 16% and 5%, respectively. Females between the ages of 30-39 at diagnosis are primarily affected within this category (Figure 22).

Figure 21: Delaware female HIV/AIDS attributable to IDU, by race, 1981-2013 (N=579)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 22: Delaware female HIV/AIDS attributable to IDU, by age at diagnosis, 1981-2013 (N=579)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 12: Delaware female HIV/AIDS attributable to IDU, by race and age, 1981-2013 (N=579)*

		1981 - 2013 N (%)
Total Cases		579
Race		
	Caucasian	92 (16%)
	African-American	478 (79%)
	Hispanic/Other	29 (5%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	14 (2%)
	20-24	35 (6%)
	25-29	99 (17%)
	30-34	141 (25%)
	35-39	116 (20%)
	40-44	85 (15%)
	45-49	51 (9%)
	50-54	20 (3%)
	55-59	13 (2%)
	60-64	2 (<1%)
	65+	3 (1%)

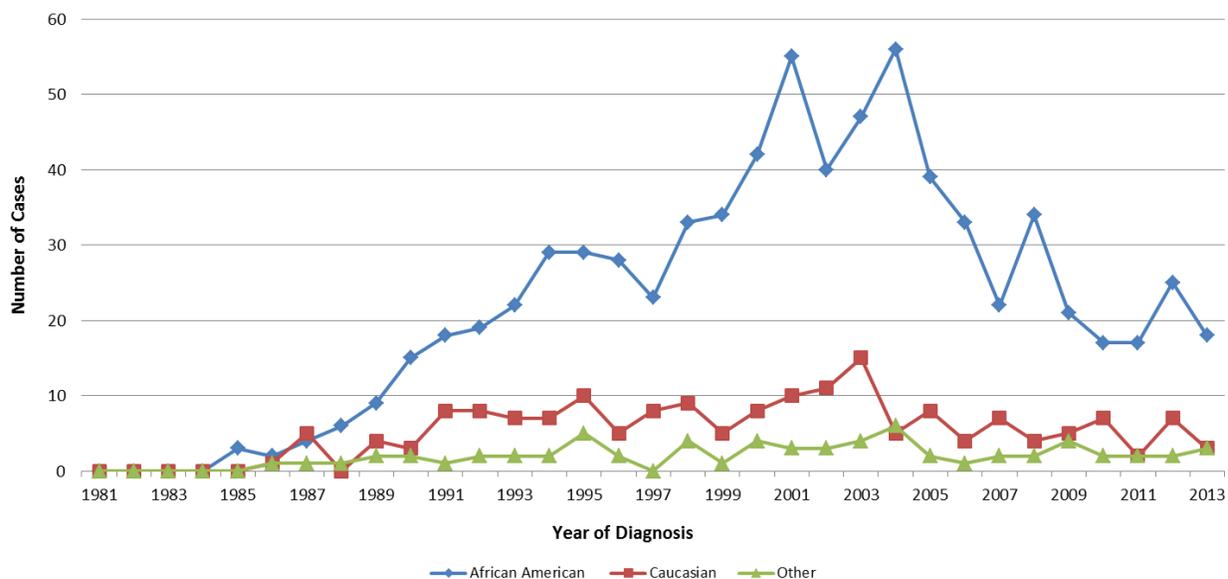
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

Female Heterosexual Transmission - accounted for 982 HIV/AIDS cases diagnosed among Delawarean females since 1981, representing 60% of all HIV/AIDS cases ever diagnosed among this group. Thirty percent of female heterosexual cases had sexual contact with a male IDU partner. Seventy-two percent of all female heterosexual HIV/AIDS cases were in New Castle County, 14% in Sussex County and 14% in Kent County.

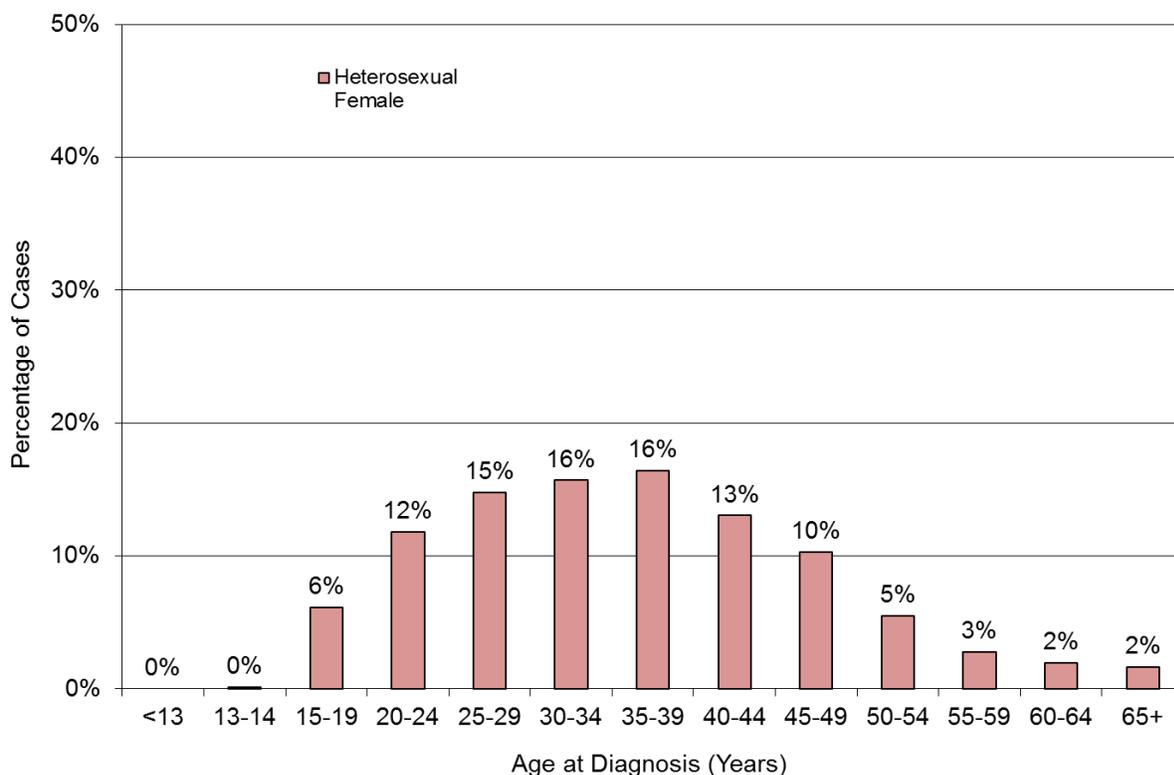
In 2001, there were 68 cases of HIV/AIDS attributable to female heterosexual contact (the highest number in a single year). In 2013 the number was 24, a 65% decrease. As a percentage of total HIV/AIDS cases among Delawarean females from 2001 to 2013, heterosexual exposure increased from 68% to 77%. This was the result of a fall in IDU attributable infections as well as the fact that females may now be presumed heterosexually exposed if no other risk factor is determined. As shown in Table 13, African-American females account for approximately 75% of cases. Caucasians and Hispanics/Others accounted for 18% and 7%, respectively. As shown in Figure 24, females between the ages of 30-39 at diagnosis are primarily affected.

Figure 23: Delaware female HIV/AIDS attributable to heterosexual contact, by race, 1981-2013 (N=982)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 24: Delaware female HIV/AIDS attributable to heterosexual contact, by age at diagnosis, 1981-2013 (N=982)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 13: Delaware female HIV/AIDS attributable to heterosexual contact, by race and age, 1981-2011 (N=982)*

		1981 - 2013 N (%)
Total Cases		982
Race		
	Caucasian	176 (18%)
	African-American	740 (75%)
	Hispanic/Other	66 (7%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	1 (<1%)
	15-19	60 (6%)
	20-24	116 (12%)
	25-29	145 (15%)
	30-34	154 (16%)
	35-39	161 (16%)
	40-44	128 (13%)
	45-49	101 (10%)
	50-54	54 (6%)
	55-59	27 (3%)
	60-64	19 (2%)
	65+	16 (2%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

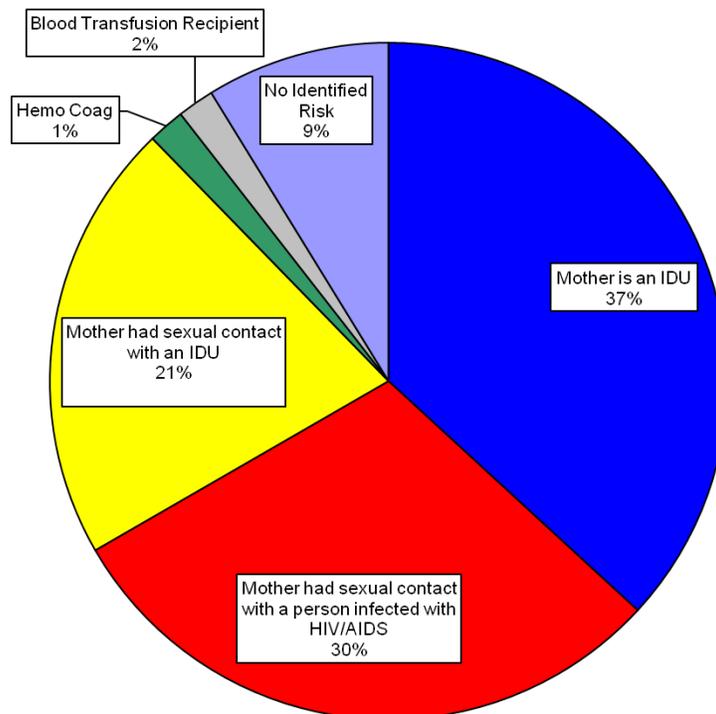
*Due to low annual numbers this table is limited to cumulative figures for this category

4. Pediatric HIV/AIDS Cases in Delaware

Perinatal exposure accounts for nearly 90% of pediatric HIV/AIDS cases ever diagnosed in the state. Thirty-seven percent of the mothers were IDUs; 30% had sexual contact with a person infected with HIV/AIDS; and 21% had sexual contact with an IDU. Three percent of pediatric cases contracted the disease through transfusions of blood or blood products while 9% percent had no identifiable risk.

From 1981-2013, 57 children under the age of 13 were diagnosed with HIV/AIDS in Delaware of whom 11 died. African Americans accounted for 77% of the cases while Caucasians and Hispanics accounted for 16% and 7% respectively. Seventy-five percent were from New Castle County while Kent and Sussex County accounted for 15% and 10% respectively.

Figure 25: Delaware pediatric HIV/AIDS cases, by mode of transmission, 1981-2013 (N=57)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

5. HIV Counseling and Testing in Delaware

Over 22,000 Delawareans received HIV counseling services through the state's 65 testing and counseling sites from 2012 through 2013. A similar number of HIV tests were performed at these sites during the same time period of which 78 (0.35%) were new positives. Females accounted for 50% of the counseling and testing services performed and 16 (21%) new positive tests during this period.

About 50% of those seeking counselling and testing services were African American while Caucasians accounted for 32%. The proportions for new HIV positives were 58% and 27% respectively.

Those 20-29 were most likely to seek counseling and testing services, accounting for 44% of all those receiving these services and 56% of all new positive tests.

Those at risk of infection through heterosexual contact comprised the largest group seeking counseling and testing services though less than 1% tested positive. Heterosexual contact accounted for 38% of all new HIV cases diagnosed through Delaware Public Health funded sites from 2012-2013.

Only 4% of all those receiving HIV counseling and testing services did not specify a transmission risk factor. This is down from 13% for the period 2010-2011.

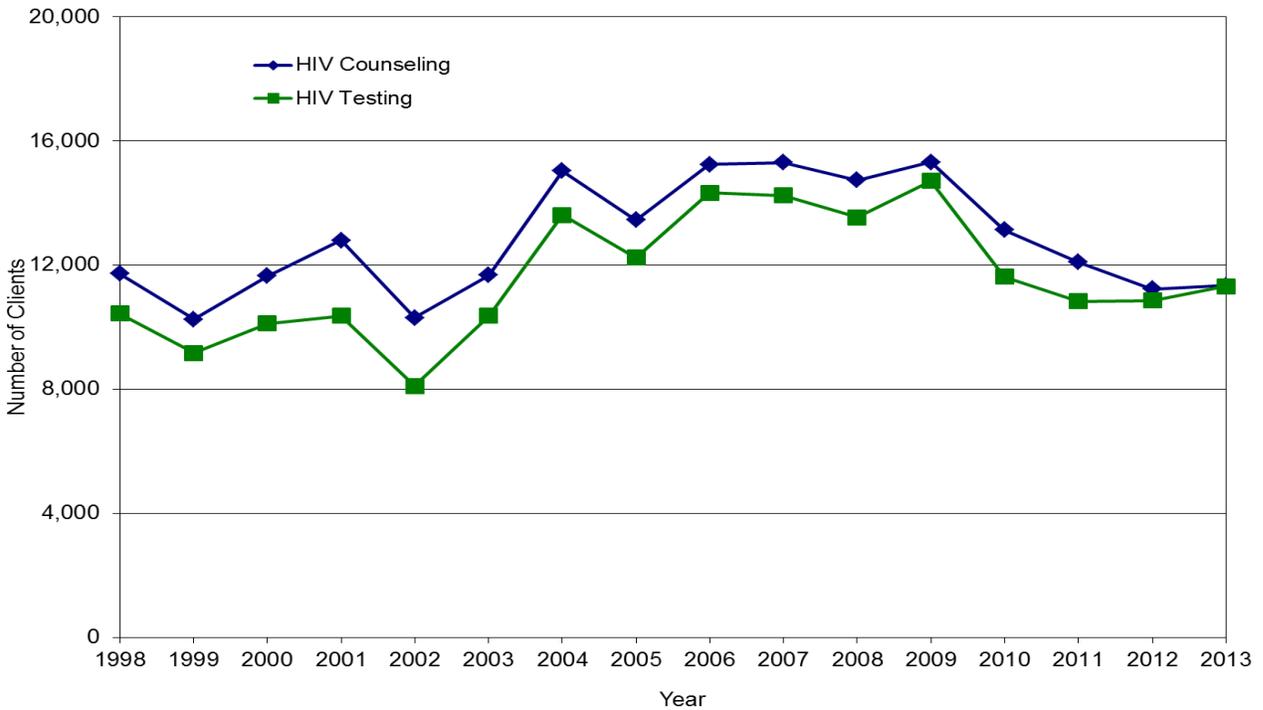
Table 14: Utilization of State HIV counseling and testing services in Delaware, 2012 - 2013

	Delawareans Counseled (N)	%	HIV Tests Performed in Delaware (N)	%	New Positive HIV Tests (N)	%	Positive HIV Tests (Row%)
Total	22,560		22,159		78		0.00352
Gender							
Male	11,314	50%	11,083	50%	62	79%	0.56%
Female	11,229	50%	11,064	50%	16	21%	0.14%
Not specified	17	0%	12				
Total	22,560	100%	22,159	100%	78	100%	
Race/Ethnicity							
Caucasian	7,191	32%	7,145	32%	21	27%	0%
African-American	11,441	51%	11,123	50%	45	58%	0%
Hispanic	3,193	14%	3,170	14%	7	9%	0%
Asian/Pacific Islander	275	1%	258	1%	2	3%	1%
Am Indian/AK Native	59	0%	54	0%	0	0%	0%
Other / Not Specified	401	2%	409	2%	3	4%	1%
Total	22,560	100%	22,159	100%	78	100%	0%
Age Groups (Years)							
<13	13	0%	13	0%	0	0%	0%
13 – 19	2,645	12%	2,609	12%	2	3%	0%
20 – 29	9,972	44%	9,795	44%	44	56%	0%
30 – 39	4,704	21%	4,601	21%	13	17%	0%
40 – 49	2,976	13%	2,919	13%	10	13%	0%
50+	2,250	10%	2,222	10%	9	12%	0%
Age Not Specified							
Total	22,560	100%	22,159	100%	78	100%	0%
Transmission Risk Category							
Heterosexual	17,582	78%	16,233	77%	33	42%	0%
MSM	2,553	11%	2,538	12%	37	47%	1%
IDU	1406	6%	1405	7%	2	3%	0%
MSM/IDU	65	0%	64	0%	4	5%	6%
None Indicated	779	3%	741	4%	2	3%	0%
Other	175	1%	178	1%	0		
Total	22,560	100%	21,159	100%	78	100%	0%

Source: Delaware HIV Counseling and Testing System

As shown in Figure 26, the number of Delawareans receiving HIV counseling and testing services has decreased in recent years. In 1998, 11,713 individuals received HIV counseling and 10,428 were tested for HIV. By 2009, these figures had increased 31% and 38%, respectively, to 15,311 and 14,407. Counseling and testing in the past four years has decreased moderately partly due to significant federal budget for HIV prevention.

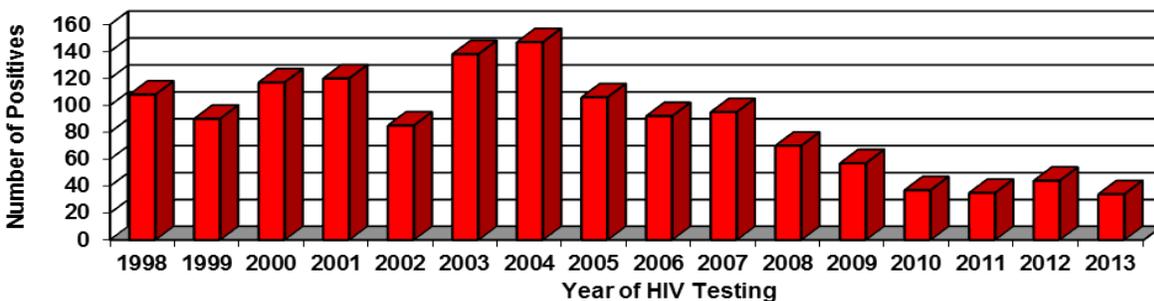
Figure 26: Utilization of State HIV counseling and testing services in Delaware, 1998-2013



Source: Delaware HIV Counseling and Testing System⁵

Figure 27 shows the number of positive HIV tests among Delawareans since 1998. The number of positive tests peaked from 2003 - 2004 and has trended downward since. All relevant data suggest positive outcomes for Delaware’s prevention efforts across nearly all risk groups.

Figure 27: Number of positive HIV tests performed among Delawareans, 1998-2013



Source: Delaware HIV Counseling and Testing System⁵

6. Utilization Patterns of HIV Services among Delawareans

DPH relies on data compiled by the Health Resources and Service Administration (HRSA) to determine utilization patterns of HIV Services across the state.

Delaware grantees receiving federal funds submit data to HRSA for national-level HIV/AIDS surveillance. The Ryan White (RW) HIV/AIDS Program is one such program. The program serves to improve the quality, availability, access and coordination of healthcare and support services for individuals and families affected by HIV/AIDS. RW funding also facilitates access to recommended pharmaceuticals via the AIDS Drug Assistance Program (ADAP).

Between 2012 and 2013, 2,073 clients received services funded through Ryan White program. Table 15 compares the demographic characteristics of the HIV clients receiving services through RW from 2012 – 2013, to that of living HIV/AIDS cases in Delaware.

Table 15: Demographic characteristics of clients receiving services through RW from 2012 - 2013 compared to Delaware living HIV/AIDS cases

Demographics	Ryan White 2012-2013 N (%)	Living HIV/AIDS Cases Through 2013 N (%)
Total	2,073 (100%)	3,560 (100%)
Ethnicity		
Hispanic or Latino Origin	93 (4%)	248 (7%)
Non-Hispanic	1,980 (96%)	3,312 (93%)
Unknown/Unreported Ethnicity	0 (0%)	0 (0%)
Race – (Non Hispanic)		
Caucasian (Non-Hispanic)	647 (31%)	1,091 (33%)
African American (Non-Hispanic)	1,336 (64%)	2,160 (65%)
Other*	90 (5%)	61 (2%)
Unknown/Unreported Race	0 (1%)	0 (0%)
Gender		
Male	1,347 (65%)	2,463 (69%)
Female	718 (35%)	1,097 (31%)
Unknown/Transgender	8 (<1%)	0 (0%)
Current Age (Years)		
Less than 13 years	8 (<1%)	7 (<1%)
13 - 19	14 (<1%)	24 (1%)
20 - 29	144 (6%)	280 (8%)
30 - 39	268 (13%)	513 (14%)
40 - 49	554 (27%)	972 (27%)
50+	1,085 (52%)	1,764 (50%)
Unknown/Unreported	0 (0%)	0 (0%)

Source: Ryan White Data Reports/EHARS

*Other includes Asian, American Indian, and Multi-racial

Table 16: Demographic characteristics of clients served by the AIDS Drug Assistance Program (ADAP) in 2012-2013 compared to living Delaware HIV/AIDS reported cases.

Client Characteristics	ADAP 2010-2011 N (%)	Living with HIV/AIDS Through 2013 N (%)
Total	1,990 (100%)	3,560 (100%)
Gender		
Male	1,303 (65%)	2,463 (69%)
Female	681 (35%)	1,097 (31%)
Unknown/Trans	6 (<1%)	0 (0%)
Ethnicity		
Hispanic/Latino	118 (6%)	248 (7%)
Non-Hispanic or Latino	1,872 (94%)	3,312 (93%)
Race		
Caucasian	649 (33%)	1,091 (33%)
African American	1,293 (65%)	2,160 (65%)
Other/Unknown	48 (2%)	61 (2%)
Current Age (Years)		
0-19	3 (<1%)	31 (1%)
20-29	136 (7%)	280 (8%)
30-39	273 (14%)	513 (14%)
40-49	535 (27%)	972 (27%)
50+	1,043 (52%)	1,764 (50%)

Source: Ryan White Data Reports, Delaware Evaluation HIV/AIDS Reporting System (EHARS)

Ryan White funding is awarded to the following three provider types in Delaware:

1. Hospital-Based Clinics

- a. A.I. DuPont Hospital for Children
- b. Infectious Disease Wellness Clinics (IDWC) jointly sponsored by Christiana Care Health Services and DPH
 - i. Wilmington Hospital Annex
 - ii. Porter State Service Center
 - iii. Kent Wellness
 - iv. Sussex Wellness

2. Community-Based Organizations (CBOs)

- a. AIDS Delaware
- b. Beautiful Gate Outreach Center
- c. Brandywine Counseling and Community Services
- d. Case Management Services
- e. Catholic Charities
- f. Central Delaware Committee on Drug and Alcohol Abuse Inc
- g. Delaware HIV Consortium
- h. Ministry of Caring

3. Delaware Division of Public Health (DPH)

Below is a list of services covered by Ryan White funding (in parentheses is the number of Delawareans who accessed the particular service from 2012-2013):

- Health education and case management services (1,770)
- Dental services (1,000)
- Direct State Services including eye exams, and eye glasses (581)
- Emergency financial assistance (414)
- Transportation services (347)
- Housing assistance services (108)
- Health insurance services (79)
- Mental health and nutritional counseling (0)

The Christiana Care Health Services HIV Program Infectious Disease Wellness Clinics (IDWCs) serves as the main treatment location for most Delawareans living with HIV and AIDS (50% in 2013).

In 2013, 1,641 (46%) Delawareans with HIV/AIDS accessed services at Christiana Care Annex and 92% of them received HAART. Eighty-eight percent have undetectable HIV viral RNA loads. IDWCs also perform other important wellness services including screenings and treatment for Tuberculosis, sexually transmitted infection, and Hepatitis C as well as providing gynecological/obstetric care. The “lost to follow-up” rate for the IDWC’s is 3.7%, (well below national average) and the mortality rate was 1.7% in 2013.

In 2013, 531 women with HIV/AIDS accessed services at the IDWCs. Of these, 13 were pregnant. Sixty nine percent began prenatal care in the first trimester of pregnancy while 31% began prenatal care in the third trimester. All pregnant women received anti-retroviral medication. As of December 31, 2013, none of the nine infants born were HIV-positive.

7. Sexually Transmitted Diseases (STDs) among Delawareans

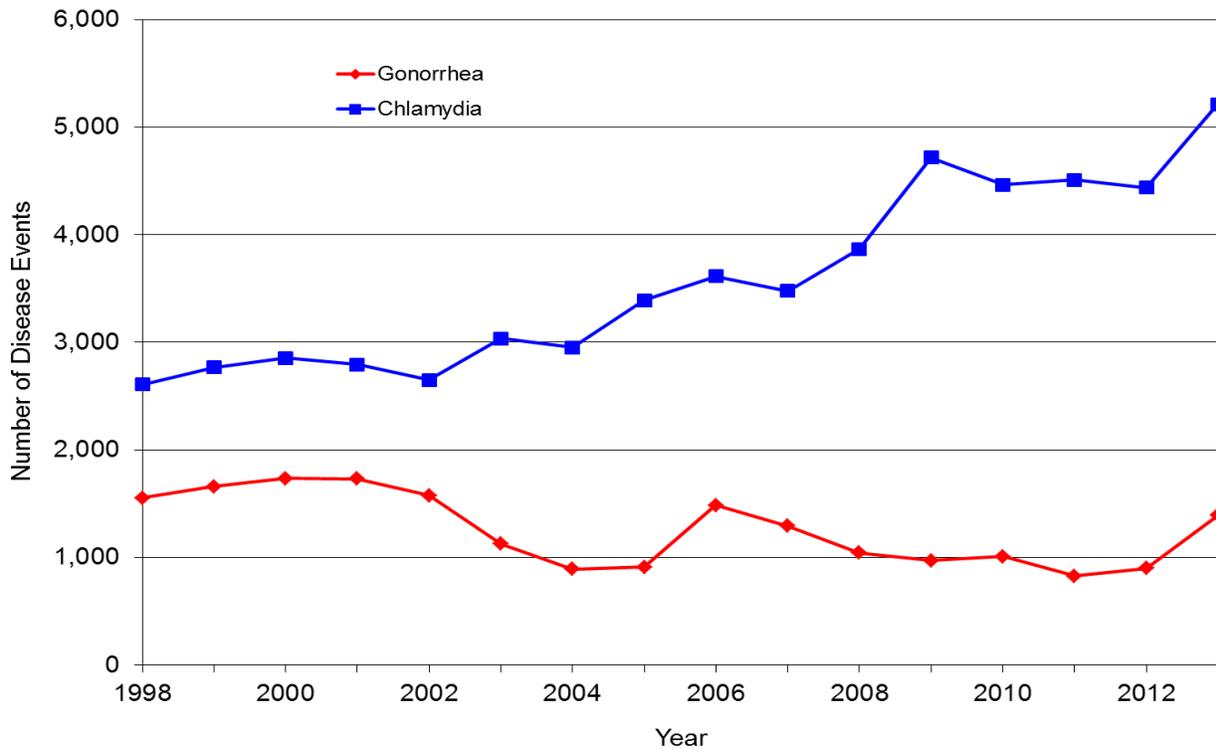
Concurrent sexually transmitted disease (STD) data are helpful for identifying populations at increased risk for transmission of the HIV virus since the virus can also be transmitted through unprotected sexual contact. Furthermore, the presence of an STD can facilitate HIV transmission.

Data on STIs are reported to DPH by STD clinics, private physician offices, correctional facilities, and laboratories. Recurrent STIs in one individual may reflect re-infection or treatment failure. Therefore, the total STI count may be greater than the total number of individuals diagnosed.

While incidence of gonorrhea in Delaware has declined in recent years, chlamydia has increased (Figure 28). In 1998, 2,608 cases of chlamydia were diagnosed. In 2013, this number had increased to 5,213. As shown in Figure 29, females accounted for the

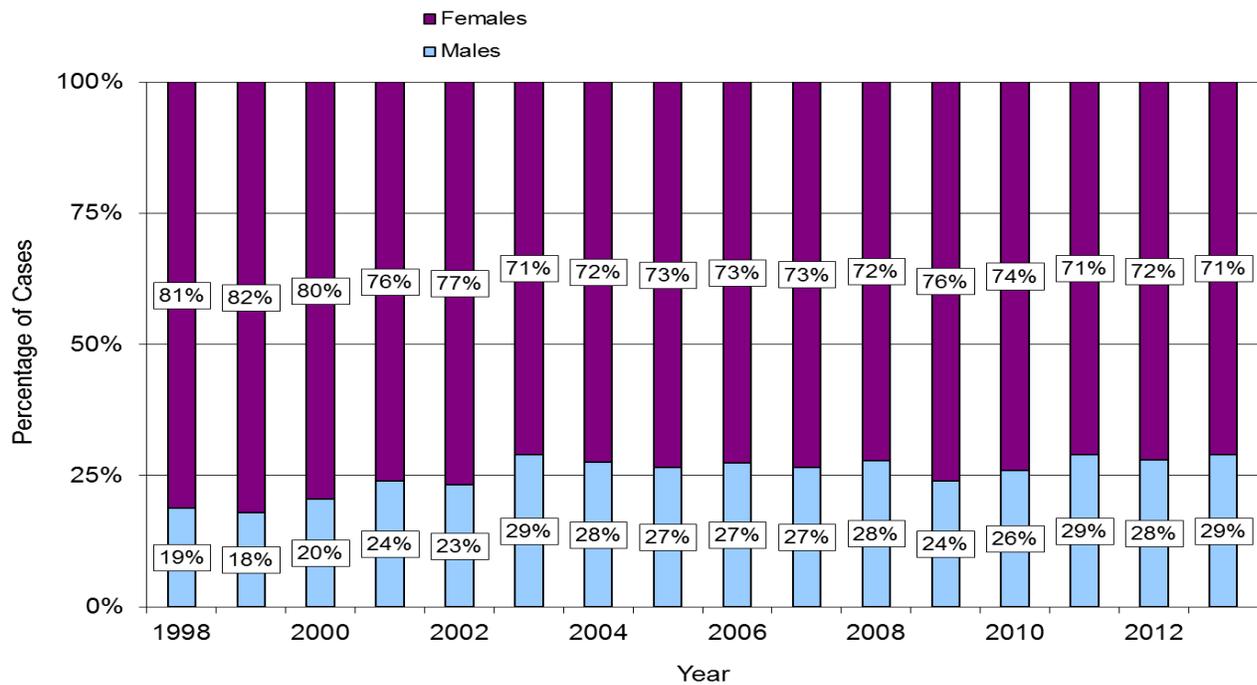
majority of chlamydia cases. Figure 30 shows the (upward) trend of syphilis infections from 1998-2013.

Figure 28: Annual cases of chlamydia and gonorrhea among Delawareans, 1998-2013



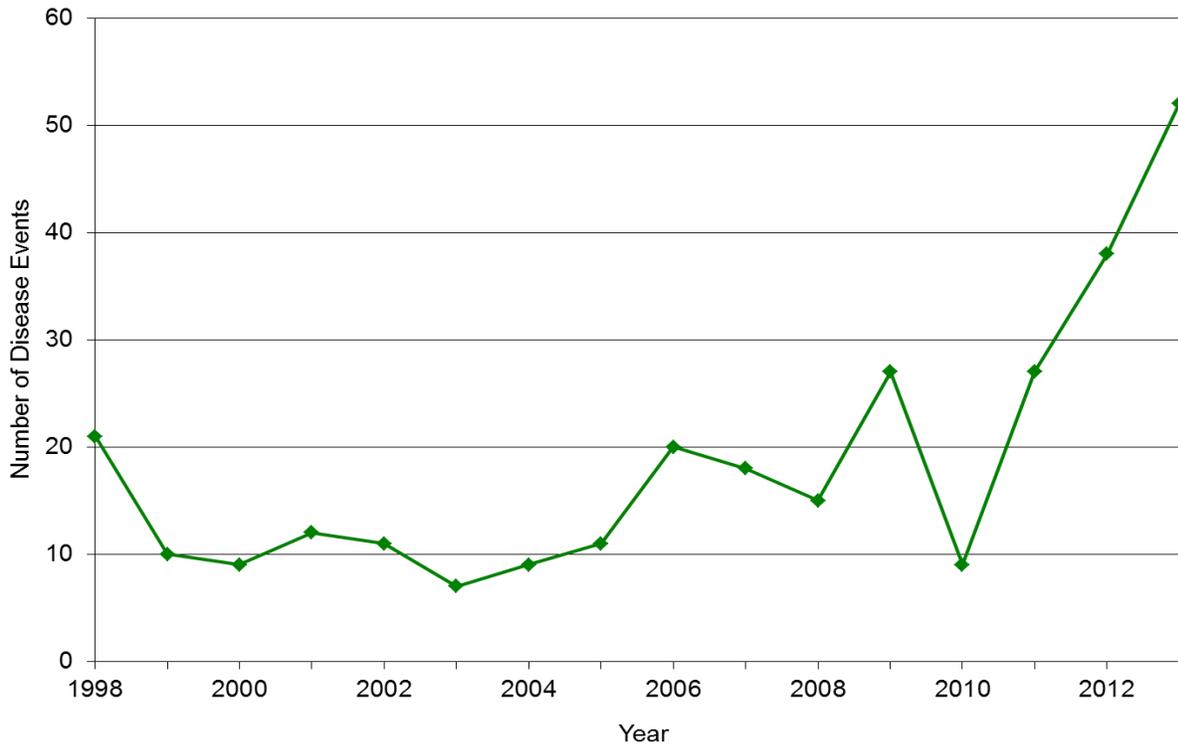
Source: Delaware Sexually Transmitted Infection and Disease Reports

Figure 29: Chlamydia cases among Delawareans, by gender, 1998-2013



Source: Delaware Sexually Transmitted Infection and Disease Reports

Figure 30: Primary and secondary syphilis among Delawareans, 1998-2013



Source: Delaware Sexually Transmitted Infection and Disease Reports

8. Risk Factors among Delaware Youth

The Youth Risk Behavior Survey (YRBS) is a survey by the CDC used to identify behavior trends among youth (e.g., nutrition, substance use, accidents, sex, and delinquency).

YRBS uses self-administered, anonymous questionnaires to collect data from high school students. The Delaware Department of Education oversees the administration of the Delaware YRBS which is representative of Delaware students in grades 9-12.

Alcohol Use

- 65.2% had at least one drink of alcohol in their lifetime
- 19.8% had their first drink of alcohol before age 13
- 36.3% had at least one drink of alcohol on one or more of the past 30 days
- 20.4% had five or more drinks of alcohol in a row at least once in the past 30 days

Other Drug Use

- 42.6% used marijuana at least once in their lifetime
- 9.6% tried marijuana for the first time before age 13
- 25.6% used marijuana one or more times during the past 30 days
- 4.0% used one or more forms of cocaine at least once in their lifetime
- 7.5% sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high at least once in their lifetime
- 2.8% used heroin at least once in their lifetime
- 2.7% used methamphetamines at least once in their lifetime
- 5.7% used ecstasy at least once in their lifetime
- 2.3% used a needle to inject any illegal drug into their body at least once in their lifetime
- 19.1% were offered, sold, or given an illegal drug on school property by someone during the past 12 months

Sexual Behaviors

- 48.7% had sexual intercourse at least once in their lifetime
- 15.2% had sexual intercourse with four or more people during their lifetime
- 33.9% had sexual intercourse with one or more people during the past three months

Of students who had sexual intercourse during the past three months:

- 21.8% drank alcohol or used drugs during last sexual intercourse
- 63.4% used a condom during last sexual intercourse
- 17.9% used birth control pills during last sexual intercourse
- 84.8% had been taught in school about AIDS or HIV infection.

9. Delaware MMP Data, 2011 Patient Interviews



The Medical Monitoring Project (MMP)

- MMP is an ongoing population-based surveillance system to assess clinical outcomes and behaviors of HIV-infected adults receiving care in the U.S.
- MMP is conducted in 17 states and 6 cities by local and state public health departments in collaboration with the Centers for Disease Control and Prevention (CDC).
- Delaware currently has 15 participating infectious disease clinics statewide.
- There were 218 clients out of a selected 400 which were interviewed in 2011.

Type of Patient Demographic Information collected

Table 17: Delaware MMP: clients by race and gender (N=218)

	Male (N=141) N (%)	Female (N=77) N (%)	Total (N=218) N (%)
White, non-Hispanic	41 (29%)	11 (14%)	52 (24%)
Black, non-Hispanic	85 (60%)	60 (78%)	145 (67%)
Hispanic	6 (4%)	5 (6%)	11 (5%)
Other	9 (6%)	1 (1%)	10 (5%)

“Other” racial group includes: American-Indian, Multiracial, etc...
Source: Delaware 2009-2010 MMP Program Interview Dataset

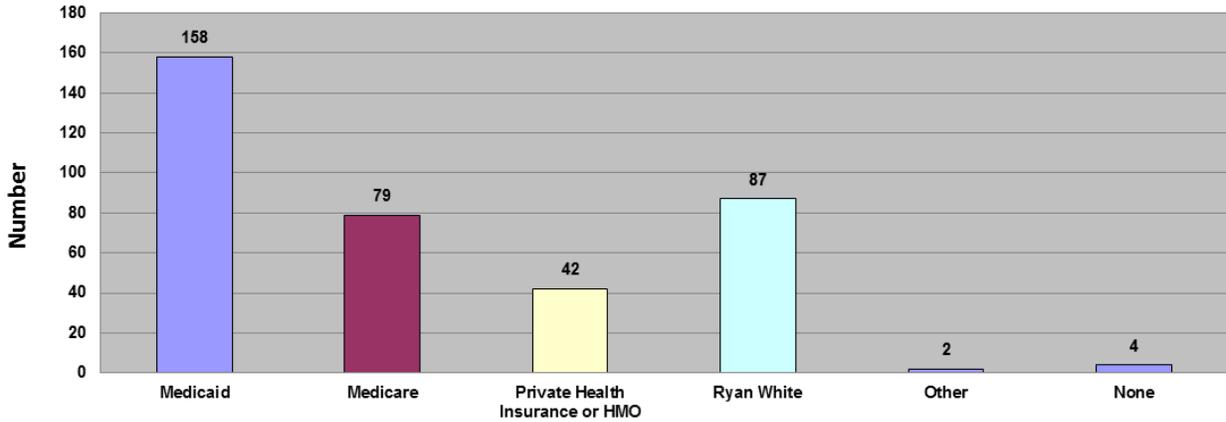
Table 18: Delaware MMP: clients age at time of interview by gender (N=218)

	Male (N=141) N (%)	Female (N=77) N (%)	Total (N=218) N (%)
18-24	1 (1%)	3 (4%)	4 (2%)
25-34	9 (6%)	7 (9%)	16 (7%)
35-44	24 (17%)	22 (29%)	46 (21%)
45-54	76 (54%)	27 (35%)	103 (47%)
55+	31 (22%)	18 (23%)	49 (22%)

Source: Delaware 2011 MMP Program Interview Dataset

Medical Coverage in the Last 12 Months

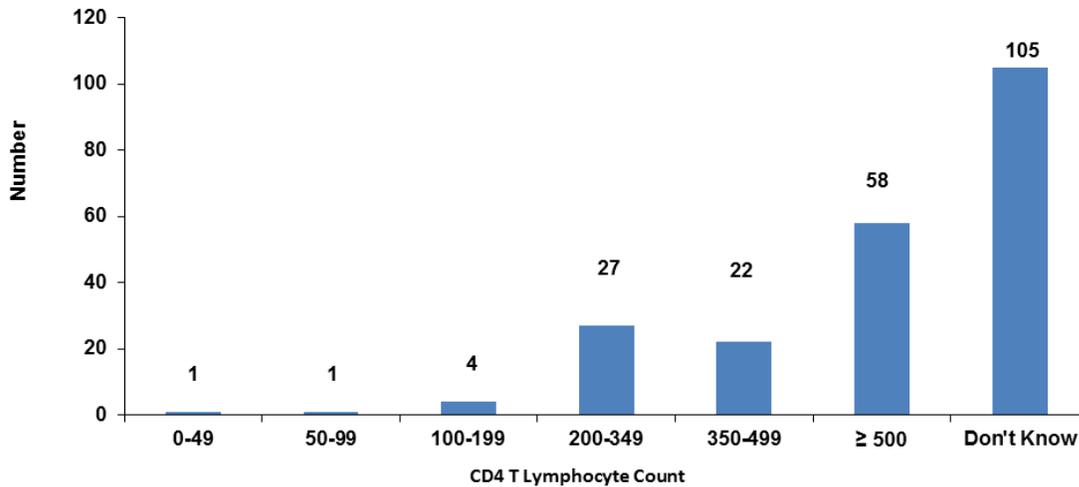
Figure 31: Delaware MMP: clients with health insurance within 12 months of the interview. (N=218)



Source: Delaware 2011 MMP Program Interview Dataset
*Categories are not mutually exclusive

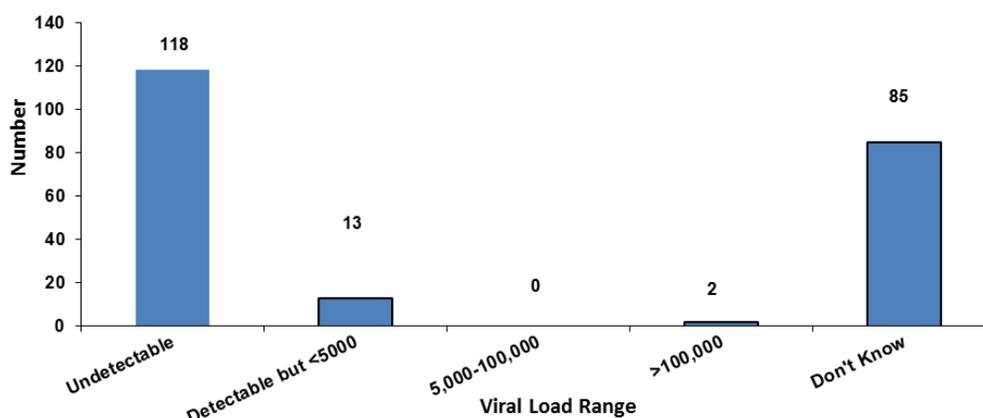
Clinical Outcomes

Figure 32: MMP: CD4 T Lymphocyte count in the Last 12 months. (N=218).



Source: Delaware 2011 MMP Program Interview Dataset

Figure 33: Delaware MMP: Viral loads in the last 12 months. (N=218).



Source: Delaware 2011 MMP Program Interview Dataset

Table 19: Delaware MMP: interval from HIV diagnosis to entry into care (N=240)

	Male (N=106) No. (%)	Female (N=64) No. (%)	Total (N=170) No. (%)
Less than or equal to 3 months	94 (89%)	56 (88%)	150 (88%)
Between 3 and 12 months	2 (2%)	3 (5%)	5 (3%)
Greater than 12 months	10 (9%)	5 (8%)	15 (9%)

Source: Delaware 2011 MMP Program Interview Dataset

Table 20: Delaware MMP: antiretroviral therapy in the last 12 months (N=218)

	Male (N=141) No. (%)	Female (N=77) No. (%)	Total (N=218) No. (%)
No	16 (11%)	15 (19%)	31 (14%)
Yes	125 (89%)	62 (81%)	187 (86%)

Source: Delaware 2011 MMP Program Dataset

Sexual Behavior

Table 21: Delaware MMP: Number of sexual partners* in the last 12 months.

	MSM (N=32) No. (%)	MSW (N=53) No. (%)	WSM (N=52) No. (%)
One	20 (62%)	43 (81%)	46 (88%)
Two or more	12 (38%)	10 (19%)	6 (12%)

*MSM, MSW, WSM; these categories may not be mutually exclusive categories

Source: Delaware 2011 MMP Program Interview Dataset

Table 22: Delaware MMP: Reported unprotected vaginal or anal sex with at least one partner in the last 12 months

	MSM (N=32) No. (%)	MSW (N=53) No. (%)	WSM (N=52) No. (%)
No	27 (84%)	51 (96%)	50 (96%)
Yes	5 (16%)	2 (4%)	2 (4%)

Source: Delaware 2011 MMP Program Interview Dataset

Substance Use

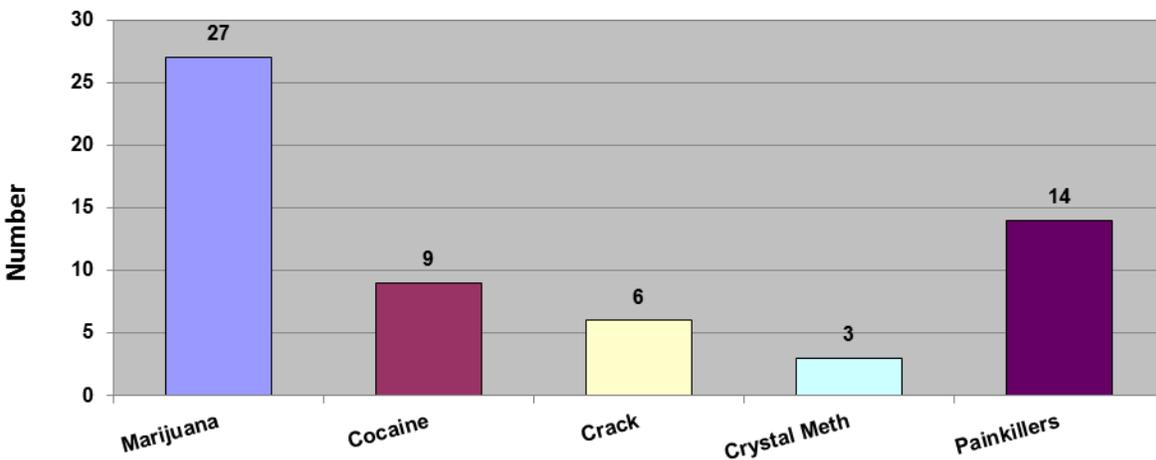
Only two respondents reported using injectable drugs in the last 12 months.

Table 23: Delaware MMP: Non-injection drug use in the last 12 months, (N=218).

	Male (N=141) N (%)	Female (N=77) No (%)	Total (N=218) No. (%)
No	115 (82%)	60 (78%)	175 (80%)
Yes	26 (18%)	17 (22%)	43 (20%)

Source: Delaware 2011 MMP Program Interview Dataset

Figure 34: Delaware MMP: Top five non-injection drugs, excluding alcohol. (N=59)



Source: Delaware 2008 MMP Program Interview Dataset

Stigma (Tables 24 a- f)

These questions determine how often people living with HIV experience these negative feelings.

Table 24(a): It is difficult to tell people about my HIV infection (N=218)

	Male (N=141) No. (%)	Female (N=77) No. (%)	Total (N=218) No. (%)
Strongly Disagree	37 (26%)	19 (25%)	56 (26%)
Somewhat Disagree	11 (8%)	5 (6%)	16 (7%)
Neutral/No Opinion	8 (6%)	1 (1%)	9 (4%)
Somewhat Agree	38 (27%)	17 (22%)	55 (25%)
Strongly Agree	47 (33%)	35 (45%)	82 (38%)

Source: Delaware 2011 MMP Program Interview Dataset

Table 24(b): Being HIV positive makes me feel dirty (N=218)

	Male (N=141) No. (%)	Female (N=77) No. (%)	Total (N=218) No. (%)
Strongly Disagree	78 (55%)	36 (47%)	114 (52%)
Somewhat Disagree	14 (10%)	6 (8%)	20 (9%)
Neutral/No Opinion	9 (6%)	0 (0%)	9 (4%)
Somewhat Agree	21 (15%)	17 (22%)	38 (17%)
Strongly Agree	19 (13%)	18 (23%)	37 (17%)

Source: Delaware 2011 MMP Program Interview Dataset

Table 24(c): I feel guilty that I am HIV positive (N=218)

	Male (N=141) No. (%)	Female (N=77) No. (%)	Total (N=218) No. (%)
Strongly Disagree	67 (48%)	27 (35%)	94 (43%)
Somewhat Disagree	14 (10%)	5 (6%)	19 (9%)
Neutral/No Opinion	6 (4%)	0 (0%)	6 (3%)
Somewhat Agree	30 (21%)	20 (26%)	50 (23%)
Strongly Agree	24 (17%)	25 (32%)	49 (22%)

Source: Delaware 2011 MMP Program Interview Dataset

Table 24(d): I am ashamed that I am HIV positive (N=218)

	Male (N=141) No. (%)	Female (N=77) No. (%)	Total (N=218) No. (%)
Strongly Disagree	68 (48%)	29 (38%)	97 (44%)
Somewhat Disagree	16 (11%)	5 (6%)	20 (10%)
Neutral/No Opinion	8 (6%)	1 (1%)	9 (4%)
Somewhat Agree	25 (18%)	21 (27%)	46 (21%)
Strongly Agree	24 (17%)	21 (27%)	45 (21%)

Source: Delaware 2011 MMP Program Interview Dataset

Table 24(e): I sometimes feel worthless because I am HIV positive (N=218)

	Male (N=141) No. (%)	Female (N=77) No. (%)	Total (N=218) No. (%)
Strongly Disagree	92 (65%)	42 (55%)	134 (61%)
Somewhat Disagree	14 (10%)	7 (9%)	21 (10%)
Neutral/No Opinion	5 (4%)	2 (3%)	7 (3%)
Somewhat Agree	20 (14%)	16 (21%)	36 (17%)
Strongly Agree	10 (7%)	10 (13%)	20 (9%)

Source: Delaware 2011 MMP Program Interview Dataset

Table 25(f): I hide my HIV status from others (N=218)

	Male (N=141) No. (%)	Female (N=77) No. (%)	Total (N=218) No. (%)
Strongly Disagree	39 (28%)	13 (17%)	52 (24%)
Somewhat Disagree	17 (12%)	9 (12%)	26 (12%)
Neutral/No Opinion	7 (5%)	0 (0%)	7 (3%)
Somewhat Agree	33 (23%)	20 (26%)	53 (24%)
Strongly Agree	45 (32%)	35 (45%)	80 (37%)

Source: Delaware 2011 MMP Program Interview Dataset

References

1. United States Census Bureau from website: <http://quickfacts.census.gov/qfd/>
2. HIV/AIDS Enhanced Reporting System (EHARS), HIV/AIDS Surveillance, DPH
3. Centers for Disease Control and Prevention. HIV Surveillance Report, 2012; vol. 24. <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2014.
4. Delaware Division of Public Health, Disease Prevention and Control, Counseling and Testing System Report 2013, internal document.
5. Delaware Division of Public Health, Disease Prevention and Control, HIV/STD/Hepatitis C Section, *Sexually Transmitted Disease Annual Report 2013*, internal document.
6. Delaware Department of Education, Division of Adolescent and School Health (DASH), Youth Risk Behavior Survey (YRBS), 2013 from website: <http://www.udel.edu/delawaredata/Pages/level03/yrbs.htm>
7. Ryan White Data Reports (RDR). Health Resource and Services Administration (HRSA), 2012 and 2013.
8. Delaware Division of Public Health. Medical Monitoring Project (MMP), 2011 interview dataset.

APPENDIX A Delaware HIV/AIDS Report Feedback

The purpose of this form is to provide the HIV/AIDS Surveillance office with feedback regarding the ease of use and applicability of this report to prevention care planning activities.

Please complete this feedback form and send it to the HIV/AIDS Surveillance Office, Delaware Division of Public Health, Thomas Collins Bldg, Suite 12, Rm 203L, 540 S Dupont Hwy, Dover, DE 19901 FAX# (302)739-2550

1. Of which planning group are you a member?

Delaware HIV Planning Council Formulary Committee Policy Committee

2. Was the HIV/AIDS Report easy to read?

Yes No Somewhat

3. How were the findings of the HIV/AIDS Report communicated to you?

Print Copy Only

Profile Writers presented epidemiologic profile to planning group

Other _____

4. Were the findings of the HIV/AIDS Report clear to you?

Yes No Somewhat

If not, explain why.

5. Was the HIV/AIDS Report useful to your planning process?

Yes No Somewhat

If not, explain why.

6. Describe how you used the HIV/AIDS Report in your planning activities.

7. How can the next HIV/AIDS Report be improved?

7a: What specific questions could be included in the next HIV/AIDS Report?

8. Do you want to receive the Monthly HIV/AIDS statistical report?

No

Yes, please send the report to me by:
Include your contact information, as appropriate

Email _____
 Fax _____
 Mail _____

9. Data from this HIV/AIDS Report is helpful to me as I conduct my job.

Yes No

If yes, how do you use the data?

Grant writing
 Proposal development
 Resource for presentations
 Other, _____