Delaware HIV Surveillance Report

For Cases Diagnosed Through December 2021

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention

ACKNOWLEDGEMENTS

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Our website contains monthly statistical updates and provides links to local and national HIV organizations.

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Executive Summary

As of the end of 2021, a total of 3,786 Delawareans were known to be living with Human Immunodeficiency Virus (HIV). The cumulative number of HIV cases ever diagnosed in Delaware reached 6,381 that same year. As noted in the Centers for Disease Control and Prevention's (CDC) HIV Surveillance Report of 2020, Delaware's HIV incidence rate for 2020 (11.1 per 100,000 persons) was the 16th highest in the United States. The five-year average number of new infections diagnosed in Delaware currently stands at 97 cases per year (2017-2021). Males account for the majority (72%) of HIV cases diagnosed in Delaware.

The distribution of HIV cases in Delaware mirrors county-level population distribution. New Castle County – the most populous county – has the largest number of cases with most confined to the densely populated Wilmington metropolitan area. The Wilmington metropolitan area accounts for 54% of the county's individuals living with HIV (all stages) and 37% of all cases in Delaware. By county, the prevalence rates are: New Castle County = 410.8, Kent County = 303.0, and Sussex County = 371.2.

African Americans are disproportionately affected by the HIV burden. While 23% of Delaware's total population is African American, this group accounts for 66% of all HIV cases ever diagnosed in the state. This racial disparity is more pronounced in Delaware compared to the general U.S. population and persists. Of all persons living with a diagnosed HIV infection, African Americans account for 40% in the U.S. and 57% in Delaware.

Persons living with HIV (PLWH) in Delaware tend to be slightly older than PLWH in the U.S. Fifty one percent of PLWH in the U.S. were 50 years of age or older. In Delaware, that measure is 64%.

Perinatal HIV accounts for 1% of cases ever reported in Delaware (consistent with general U.S. figures). Legislation requiring HIV testing of all expectant mothers and treatment referrals for those infected, has been effective. Only one infected infant was born in Delaware in the past 10 years. One additional child was infected through breastfeeding.

Among new HIV infections diagnosed in Delaware from 2017 through 2021, the largest proportion (49%; N=236) were attributable to men who have sex with men (MSM). Heterosexual transmission followed with 33% (N=158), while injection drug users (IDU) accounted for 7% (N=34). Three-percent (N=13) were attributable to persons with a dual defined risk of MSM and IDU. Nine percent (N=43) fell into the "Other Risk" or "No Risk Identified" behavioral categories.

Top percentage rates for those living with HIV in Delaware are MSM (43%), heterosexual (33%), and IDU (14%). In New Castle County, the rates are heterosexual (34%), MSM (37%), and IDU (17%). In Kent County, the rates are heterosexual (34%), MSM (35%), and IDU (11%). In Sussex County, the rates are MSM (61%), heterosexual (20%), and IDU (6%).

From 1981 through December 2021, 3,099 Delawareans diagnosed with HIV died. In the past two decades, the survival of those living with HIV has increased significantly, which is in line with the slowing of the progression of HIV to stage 3 HIV (AIDS). Earlier diagnoses of HIV infection and advances in medical management have all contributed to the marked improvements in the quality of life and survival of PLWH.

Background and Introduction

The Delaware Department of Health and Social Services, Division of Public Health (DPH) initiated stage 3 HIV surveillance and reporting in 1981. In 2001, surveillance was expanded to include all stages of HIV infection. Surveillance relies on data compiled from health care professionals and local/national reference laboratories.

HIV is the underlying biological agent that weakens the immune system, leading to the development of stage 3 HIV. Except for an initial acute viral response, the infection may not manifest with symptoms for an extended period of time. Following the progression to stage 3 HIV, symptoms and signs (specific infections, cancers, or changes within the immune system) may appear.

The gathering and analysis of HIV (all stages) incidence and prevalence data is a crucial component of prevention activities. The Delaware HIV Planning Council relies on this data to guide HIV prevention efforts, HIV health care planning, and HIV services administration. Surveillance data allows DPH to monitor the impact of risk reduction and disease prevention activities, and also influences the federal funds that Delaware receives to assist in the fight against HIV.

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

- **Person**: Identifies the likely risk factor(s) for HIV acquisition. The information guides future prevention efforts. Surveillance staff characterize the mode of HIV transmission using case report forms, personal interviews, and medical record reviews.

- **Place**: Refers to the residence at time of HIV diagnosis. Delaware engages in data-sharing agreements with other states to identify Delawareans that may have been diagnosed or received treatment outside of the state.

- **Time**: The HIV diagnosis date is the primary method to characterize HIV disease trends. DPH works with health care providers and laboratories to facilitate timely reporting.

The DPH HIV Surveillance Office adheres to data confidentiality protocols that mandate physical, operational, and personnel security when handling HIV data. Data confidentiality must be maintained as a condition of receiving federal funding for surveillance activities.

To review Delaware's HIV education, surveillance, monitoring, and treatment strategies as well as funding sources, read the Delaware Integrated HIV Prevention & Care Plan, 2022-2026, visit: https://dhss.delaware.gov/dph/dpc/files/comphivplan.pdf

For national HIV/stage 3 HIV (AIDS) information, visit: https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2020-updated-vol-33.pdf

Technical Notes

Data Source Descriptions, Limitations, and Precautions

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

- ***Delaware-specific Sexually Transmitted Infection Data:*** provides information pertaining to diseases such as gonorrhea, chlamydia, and syphilis. Sexually transmitted infection (STI) data are helpful for identifying populations at increased risk for contracting or spreading HIV.

- ***Mortality Data:*** A diagnosis of HIV 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 HIV-related deaths may be artificially suppressed not only in Delaware, but across the nation.

- ***The Delaware Population Consortium:*** provides Delaware-specific, county-level population data. The American Community Survey also provides ZIP Code level data to enable defining the 25 ZIP codes in the Wilmington Metropolitan area.

- ***CDC*****:** provides national level HIV (all stages) 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 (all stages) 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 varies from state to state. The quality of Delaware's eHARS data is of high standard due to: (1) the efforts of staff to increase record reviews and education of healthcare professionals and laboratories regarding accurate reporting procedures; and (2) significant improvements in death ascertainment within eHARS. This report also utilizes data from the CDC-published HIV Surveillance Report which summarizes national and state-level HIV (all stages) trends.

- ***The Medical Monitoring Project (MMP):*** provides data on care patterns including barriers which may influence treatment outcomes. Data is collected via client interviews and medical record abstractions and helps to define levels of antiretroviral therapy, stigma, and behavioral issues. Data collection cycles are June 2015-May 2019. These cycles are represented throughout the report as MMP 2015-2019.

- ***The Youth Risk Behavior Survey (YRBS):*** a CDC survey that tracks trends among youth (e.g., nutrition, substance use, accidents, sexual behaviors, and delinquency). These data 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.

- ***The U.S. Health Resources and Services Administration (HRSA):*** provides data on HIV service utilization patterns via state Ryan White Services Reports (RSR) and the AIDS Drug Assistance Program (ADAP) Drug Report (ADR). The Ryan White Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income PLWH who are uninsured and underserved. HRSA uses the data to monitor HIV service utilization patterns across the nation. While HRSA data are limited to HIV patients in healthcare, the data are nonetheless important for future healthcare planning.

Data Specifics

In 1993, the CDC expanded the AIDS surveillance case definition to include all HIV-infected persons with less than 200 CD4+ T-lymphocytes/ul, or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14. The expansion added three clinical conditions – pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer -- and retained the 23 clinical conditions in the AIDS surveillance case definition published in 1987. The revision resulted in an artificial increase in the prevalence of AIDS cases at state and national levels.

The HIV case definition was modified in early 2014. This change incorporated a sliding scale upon which HIV positive persons are assigned an HIV infection stage based on age-specific CD4+T-lymphocyte count (Table 1). This change also gave birth to the now widely used term “stage 3 HIV”, previously known as AIDS.

Table 1: HIV Case Definition, Centers for Disease Control and Prevention, 2014

Stage	Age on date of CD4+ T-lymphocyte test					
	<1 yr		1–5 yrs		≥6 yrs	
	Cells/μL	%	Cells/μL	%	Cells/μL	%
1	≥1,500	≥34	≥1,000	≥30	≥500	≥26
2	750–1,499	26–33	500–999	22–29	200–499	14–25
3	<750	<26	<500	<22	<200	<14

* The stage is based primarily on the CD4+ T-lymphocyte count; the CD4+ T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and the percentage is considered only if the count is missing. There are three situations in which the stage is not based on this table: 1) if the criteria for stage 0 are met, the stage is 0 regardless of criteria for other stages (CD4 T-lymphocyte test results and opportunistic illness diagnoses); 2) if the criteria for stage 0 are not met and a stage-3-defining opportunistic illness has been diagnosed, then the stage is 3 regardless of CD4 T-lymphocyte test results; or 3) if the criteria for stage 0 are not met and information on the above criteria for other stages is missing, then the stage is classified as unknown.

Source: Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Review, April 11, 2014, Vol. 63, No. 3.

Delaware initiated HIV surveillance in 2001, 20 years after the initiation of AIDS surveillance. In this report, HIV data are combined with stage 3 HIV data. For reporting years 1981-2000, data reflect AIDS (stage 3 HIV) data only. The inclusion of HIV cases beginning year 2001 created an apparent sharp increase in case counts in Delaware. The increase was due to the large number of HIV infected persons included who were previously not counted because they did not meet the AIDS definition. These individuals were all reported as HIV positive in a single year (2001).

Per DPH data release policy, no Delaware-specific HIV data can be released in a format that may allow for individual identification. Data may be combined or suppressed to ensure patient confidentiality. Any combined or suppressed data are identified in footnotes. Percentage calculations may not add to 100% due to rounding. However, the total data does represent 100%. These calculations are generally off by only one tenth of a percentage point.

Prevalence and Incidence

Prevalence and incidence rates are calculated per 100,000 in population. As reported in the CDC 2020 HIV Surveillance Report, Delaware's 2020 HIV incidence rate of 11.1 per 100,000 among adults and adolescents is higher than the overall 2020 U.S rate of 10.9 per 100,000. In 2020, Delaware HIV incidence rate ranked 16th compared to other states. In 2020 Delaware's prevalence rate of 409.0 ranked 9th in the country and was considerably higher than the rate in the United States overall (381.4).

HIV prevalence and incidence data are unavailable for smaller, hard-to-reach populations, such as the homeless, transgender, and those with mental and behavioral health issues. Additionally, some HIV cases may be diagnosed through routine screenings (e.g., blood donations) and little additional information is available regarding the risk category.

Definition of Terms

Adult/adolescent case:	Individual age ≥13 years at time of diagnosis.
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 new cases of a disease in population over a period of time.
Lost to Care (LTC)	A person who has not received HIV related medical care within a 12-month period. Typically identified through the absence of such testing within the past 12 months or more.
Pediatric case:	Individual age <13 years at the time of diagnosis.
Prevalence Rate:	The percentage of a population affected with a specific disease at a point in time.
Quantile	A quantile is where a sample is divided into equal-sized, adjacent, subgroups (sometimes called a "fractile"). It can also refer to dividing a probability distribution into areas of equal probability.
Stage 3 HIV	This is late stage HIV where a person's immune system has been badly damaged and can no longer fight off serious infections and illnesses. This stage is previously known as AIDS (see abbreviations).
Transfusion associated:	Person who acquired the HIV virus as a result of receiving infected blood or blood products.
Year of diagnosis:	The year when the disease event was first confirmed.
Year of report:	The year when the case was reported to the Delaware HIV/AIDS Surveillance Office.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ADAP	AIDS Drug Assistance Program
ADR	ADAP Drug Report
A/PI	Asian/Pacific Islander
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
CTS	Counseling and Testing Services
DHSS	Delaware Department of Health and Social Services
DPH	Division of Public Health
eHARS	Enhanced HIV/AIDS Reporting System (CDC database)
HAART	Highly active antiretroviral therapy
HIV	Human Immunodeficiency Virus
HRSA	United States (U.S.) Health Resources and Services Administration
IDU(s)	Injection Drug User(s)
MMP	Medical Monitoring Project
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
PLWH	Persons living with HIV
RSR	Ryan White Services Report
STD (STI)	Sexually Transmitted Disease (Infection)
WSW	Women who have Sex with Women
YRBS	Youth Risk Behavior Survey

Transmission Category Hierarchy

All diagnosed HIV cases are assigned to a CDC 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, it is assigned the higher of the identified risk categories 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. Injection 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

“No identified risk” (NIR) category indicates no risk information is available. For example, private laboratories and blood banks generally do not capture information on individuals’ risk behaviors. In Delaware, 3.2% of all known cases are classified as NIR.

Section 1: Demographic Characteristics and Social Determinants of Health in Delaware

Demographic Characteristics and Social Determinants of Health (SDOH) in 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 is comprised of three counties. New Castle County, located to the north, is the most populous and is home to 58% of the state's population. Almost 13% 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 24% 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 (both from within Delaware and also out-of-state) and tourists.

In 2020, Delaware's population was estimated at 992,508, representing 0.3% of the U.S. population. The majority of Delawareans (62%) are Caucasian; African- Americans and Hispanics comprise 21% and 10% of the state's population, respectively. Approximately 6% of Delawareans are Asian, Pacific Islander, Native American or multi-race. Females account for 52% of the population, similar to the national gender distribution (Table 2).

Table 2: Racial and Ethnic Population Distribution by County, Delaware, 2020

County	Caucasian		African-American		Hispanic		Other		Total	
	#	%	#	%	#	%	#	%	#	%
New Castle	323,087	52%	138,613	66%	66,032	64%	43,156	68%	570,888	58%
Sussex	177,395	29%	27,005	13%	24,496	24%	10,866	17%	239,762	24%
Kent	116,231	19%	43,288	21%	12,895	12%	9,444	15%	181,858	18%
Delaware	616,713	62%	208,906	21%	103,423	10%	63,466	6%	992,508	100%

Source: Delaware Population Consortium, 2020 estimates.

The median age in Delaware is 41. Compared to the general U.S. population, Delaware has a slightly higher median annual household income ($69,110 vs. $64,994, respectively) and similar patterns of educational attainment. Thirteen percent of Delaware residents report speaking a language other than English in the home (U.S. Census Bureau, 2022).

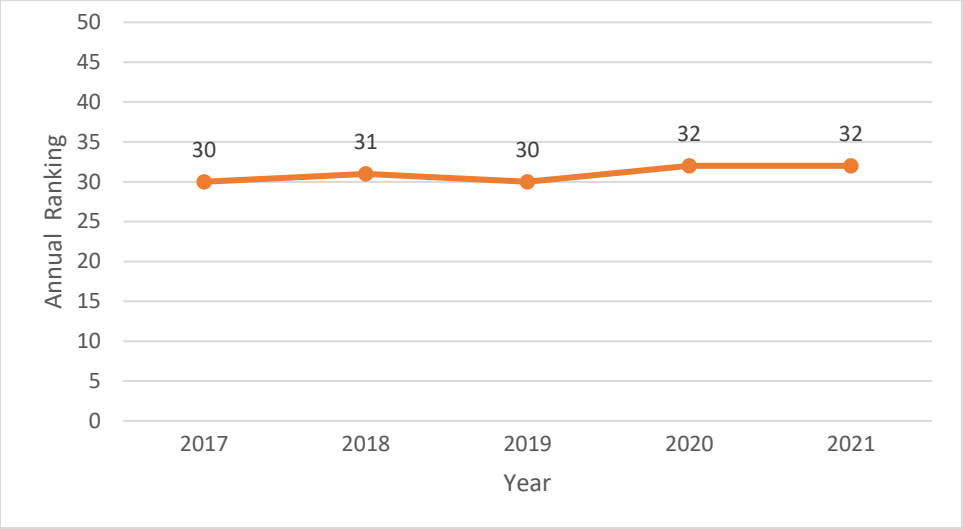
The tables and figures in the following pages highlight key social determinants of health elicited through Delaware Medical Monitoring Project (MMP) interviews and compares them to the general population in Delaware and the United States. The social determinants of health are often defined as the conditions in which people live, learn, work, play and pray. SDOH are believed to be the most important determinants of health and differences in these conditions result in health inequities. The World Health Organization (WHO) explains that these circumstances are in turn shaped by a wider set of forces: economics, social policies such as education, and politics.

Additional charts compare general health standings in Delaware and the United States. In general:

- African American Delawareans are disproportionately affected by HIV.
- Men who have sex with men (MSM) is the top exposure mode.
- Males contract HIV at a greater rate than females.

The overall health ranking assessment in the 2022 United Health Foundation's America's Health Rankings Report is based on health policy, clinical care, risk behaviors, community and environment, and health outcomes in all 50 states. Figure 1 shows that Delaware has consistently ranked in the low-to-mid-thirties among all states for overall health.

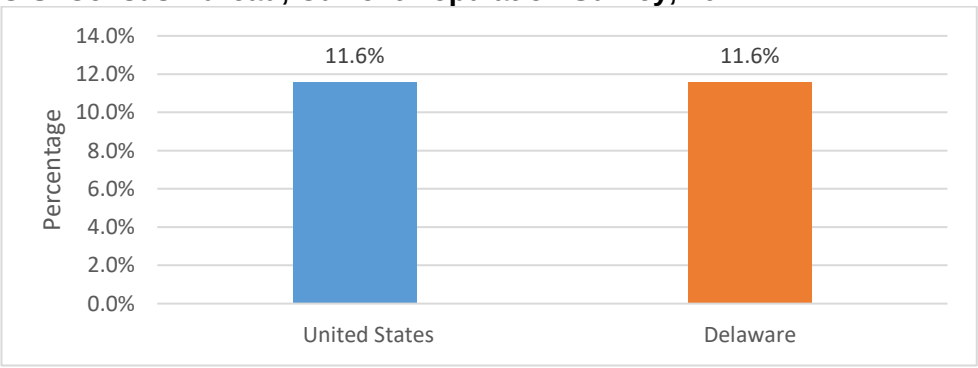
Figure 1: Delaware's Overall Health Ranking among the States, United Health Foundation, 2017-2021



Source: United Health Foundation, America's Health Rankings, 2022.

When looking at the percentage of people living in poverty, Delaware is equal to the the United States at 11.6%. In 2021, Delaware ranked 26th among all states in per capita income. The Delaware ZIP Codes with the lowest per-capita incomes also appear to have the highest incidence of HIV infection. This may indicate that HIV infection occurs at higher rates in high poverty areas (Figures 2-3 and Table 3). The federal poverty level is the minimum annual income required to avoid living in poverty in the U.S. Any level of income below this level is considered insufficient to meet the basic necessities of life. In 2021 this level was $12,880.

Figure 2: Percentage of People in Poverty, U.S. vs. Delaware, U.S. Census Bureau, Current Population Survey, 2021



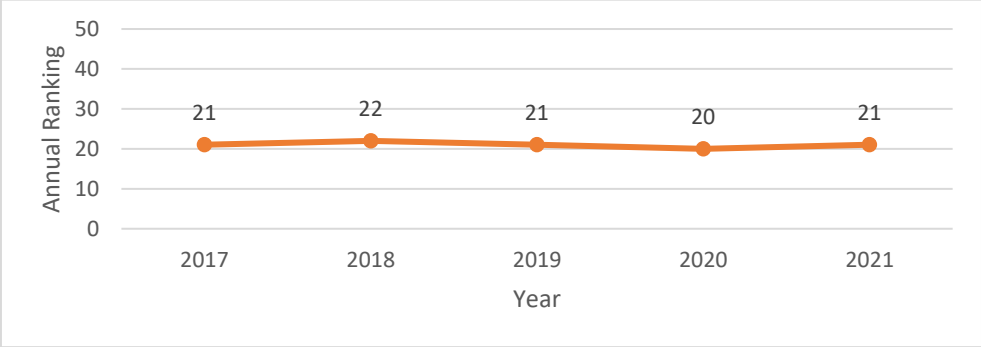
Source: U.S. Census Bureau, Current Population Survey, 2017 to 2021 Annual Social and Economic Supplements.

Table 3: Per Capita Income Comparison of Top Four Infection Level ZIP Codes, New Castle County and Delaware, 2021

HIV Diagnosis ZIP Code	HIV Incidence 1981-2021	Percentage below New Castle County Per Capita Income ($41,428)	Percentage below Delaware Per Capita Income ($38,917)
198xx	966	28%	24%
198xx	797	37%	33%
198xx	671	31%	26%
197xx	576	20%	14%

Sources: Delaware Department of Health and Social Services, Division of Public Health, 2022 and U.S. Census Bureau-American Community Survey 2021 5-year estimates.
Last two digits of ZIP Codes de-identified to comply with local data release standards.

Figure 3: Ranking of Per Capita Annual Income, Delaware, United Health Foundation, 2017-2021

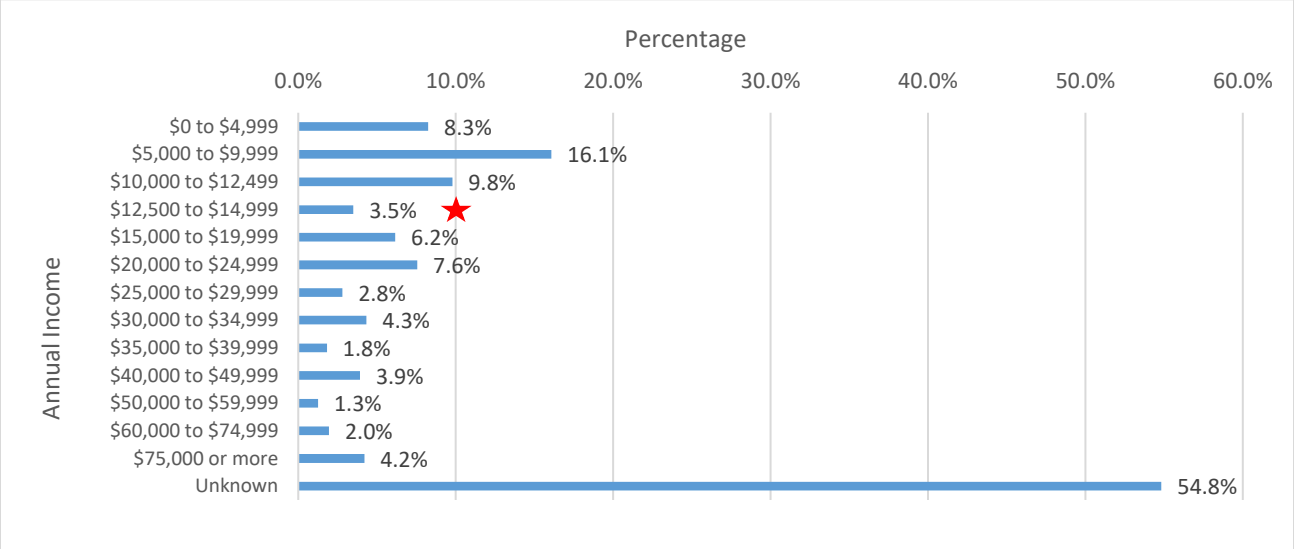


Source: U.S. Census Bureau-American Community Survey 2021 5-year estimates.

Approximately 38% of Delaware MMP participants reported an annual income at, or only slightly above the federal poverty level of $12,760 (Figure 4). The U.S. Census defines poverty as living in a household with a total cash income below 50 percent of its poverty threshold (U.S. Census Bureau, 2021). When compared to the U.S., MMP respondents had significantly higher incomes.

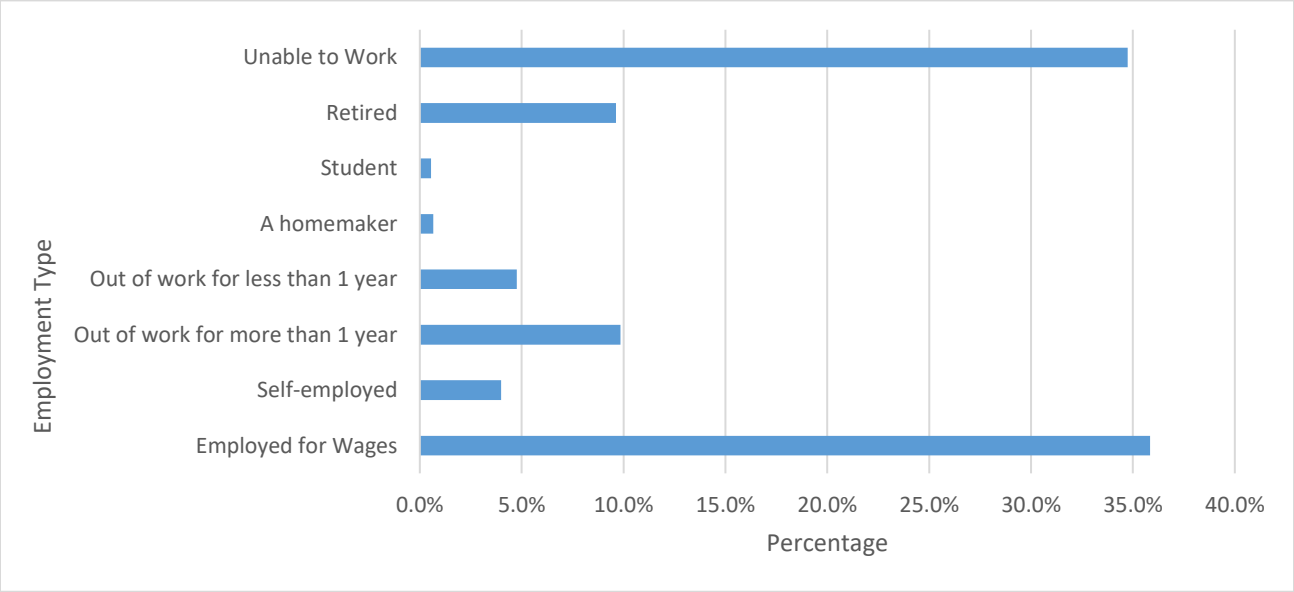
Figure 5 shows that the combined percentage of people “Unable to Work” and “Out of Work for More than 1 Year” categories is greater than the percentage of participants that are working for wages at 45% and 36%, respectively.

Figure 4: Medical Monitoring Project Participant Annual Income, Delaware, 2015-2019



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
★ *It is within this category that MMP participants broke below the poverty level ($12,760).*

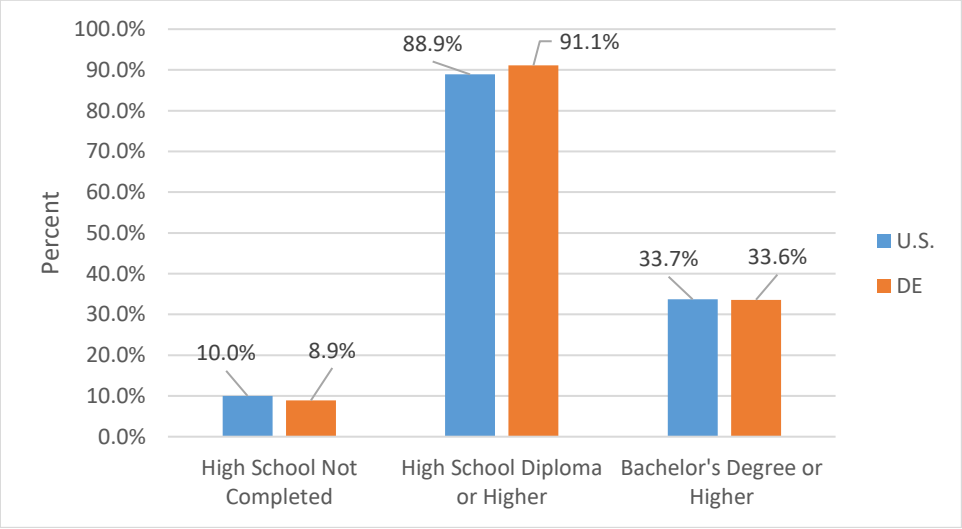
Figure 5: Current Employment Status by Employment Type, Medical Monitoring Project, Delaware, 2015-2019



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

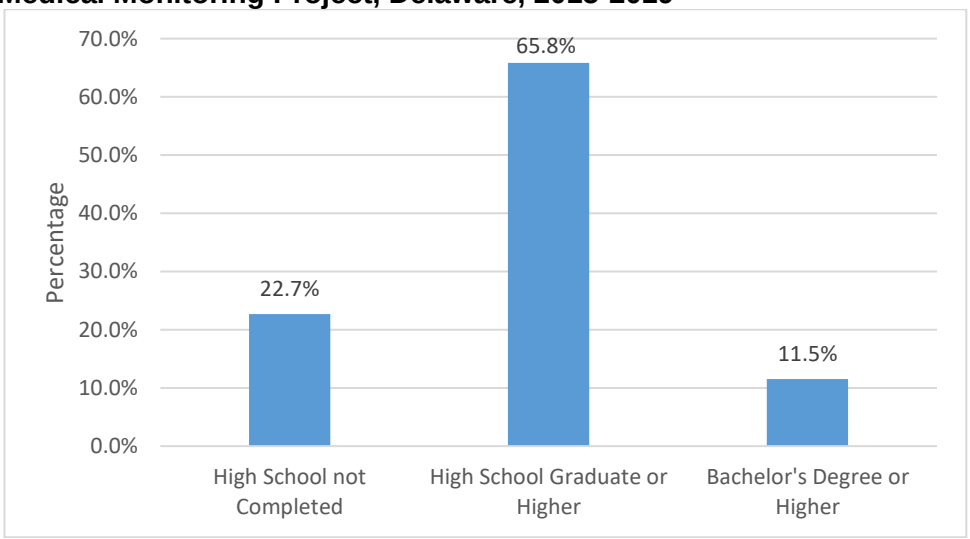
The proportion of Delawareans not completing high school, with a high school diploma, and with a bachelor's degree or higher, is comparable to that of the general U.S. population. MMP participants had lower attainment rates in each of these areas when compared with Delaware's or the U.S. general population. This may indicate higher levels of infection among those with limited education. (Figures 6-7).

Figure 6: Percentage of Persons Age 18 years+ by Educational Attainment, U.S. vs. Delaware, 2021



Source: U.S. Census Bureau, American Community Survey 2021.

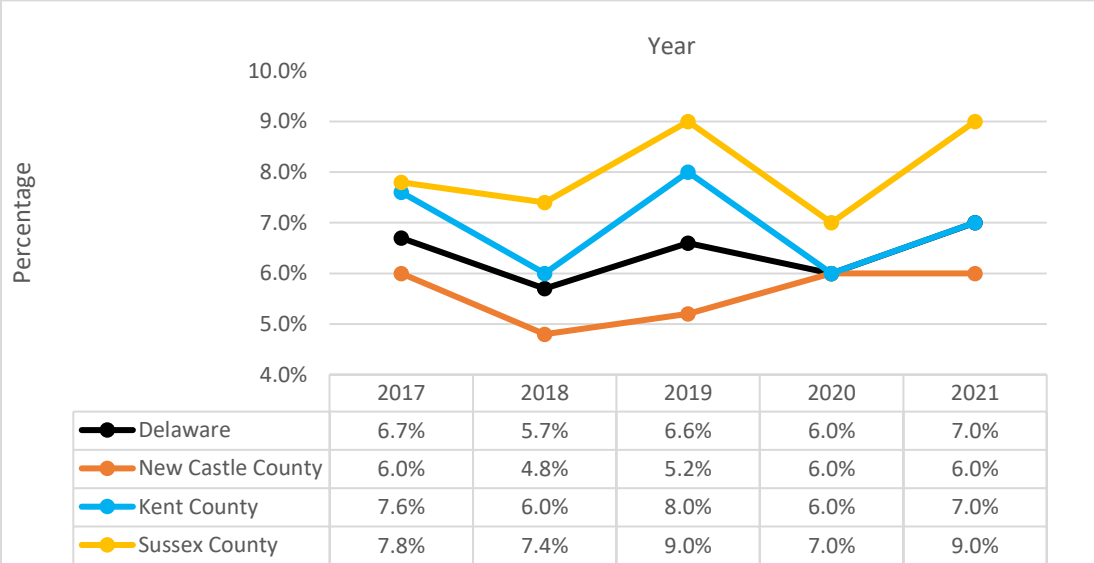
Figure 7: Percentage of Persons Age 18 years+ by Educational Attainment, Medical Monitoring Project, Delaware, 2015-2019



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Delaware has fewer uninsured persons compared with other states, ranking 13 out of 50 in 2020, according to America's Health Ranking by the United Health Foundation (Figure 8). Of all Delawareans, 7.0% are without health insurance compared to 1.5% of MMP participants (Table 4).

Figure 8: Percentage of Persons without Health Insurance, Delaware and by county, 2017-2021



	2017	2018	2019	2020	2021
Delaware	6.7%	5.7%	6.6%	6.0%	7.0%
New Castle County	6.0%	4.8%	5.2%	6.0%	6.0%
Kent County	7.6%	6.0%	8.0%	6.0%	7.0%
Sussex County	7.8%	7.4%	9.0%	7.0%	9.0%

Source: U.S. Census Bureau-American Community Survey 2021 5-year estimates.

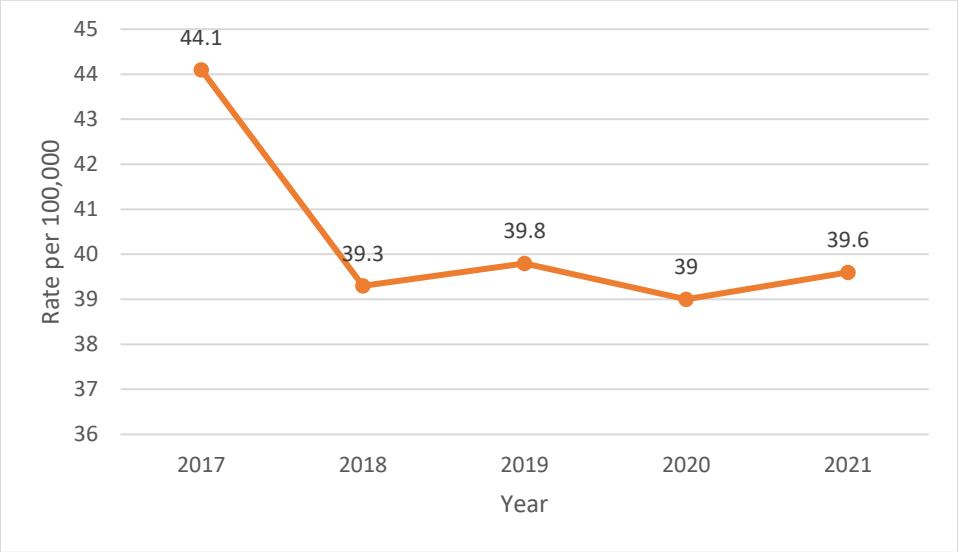
Table 4: During the past 12 months, was there a time that you didn't have any health insurance or health coverage?, Medical Monitoring Project, Delaware, 2015-2019

	Total	
	#	%
No	890	98.5%
Yes	14	1.5%
Total	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

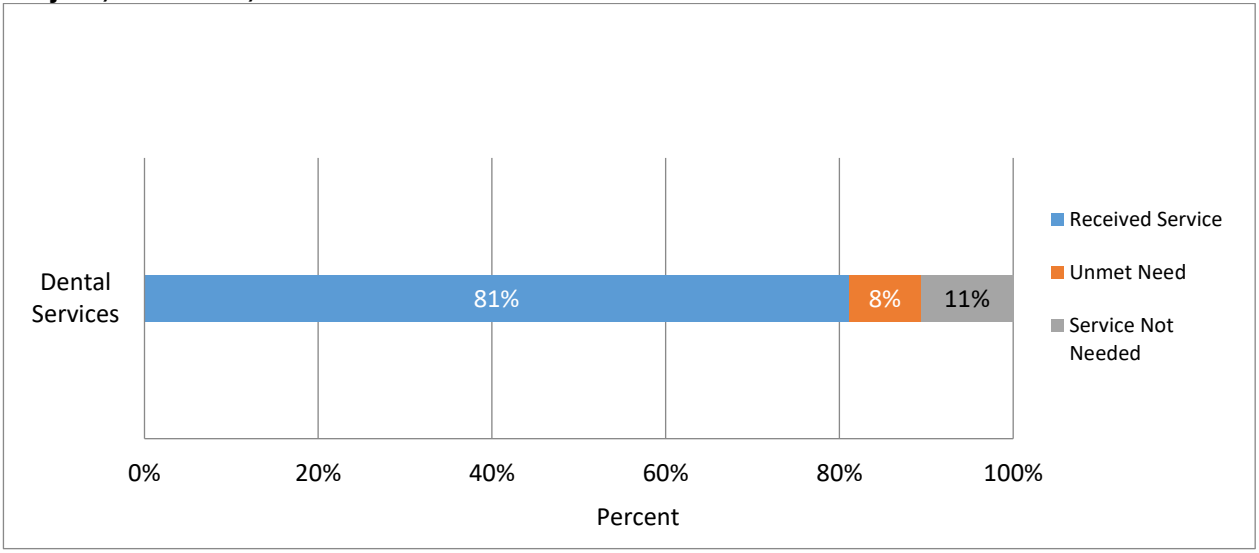
While MMP participants had acceptable rates of health insurance, other indicators of health care suggested unmet needs. Dental service was the leading unmet need of HIV clients. Delaware consistently ranks low, 50 out of 50, in the U.S. with 39.6 dentists per 100,000 persons in 2021 (Figure 9). Eight percent of Delaware MMP respondents for 2015-2019 reported unmet dental needs (Figure 10). It is possible the lack of dentists in Delaware is creating this barrier for HIV positive persons.

Figure 9: Number of Dentists per 100,000 Population, Delaware, 2017-2021



Source: United Health Foundation, America's Health Rankings, 2022.

Figure 10: Dental Services Provided and Unmet Need, Medical Monitoring Project, Delaware, 2015-2019



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Section 2: Scope of HIV (all stages) in Delaware and the U.S.

Persons ever Diagnosed with HIV (all stages) in Delaware

From 1981 through 2021, 6,381 Delawareans were diagnosed with HIV (all stages) (Table 5). Males account for 72% of all cases ever diagnosed in the state. African Americans account for 65% of cases ever diagnosed, and represent a disproportionate share of the state's HIV burden. Caucasian and Hispanic Delawareans account for 27% and 7% of those ever diagnosed, respectively. The largest percentage of HIV cases have been diagnosed among adults ages 30 to 39. New Castle County residents account for the majority of cases.

Table 5: Reported HIV (all stages) Cases, Delaware, 1981-2021*

	HIV (all stages) Cases	
	#	%
Total Cases	6,381	100%
Gender		
Males	4,604	72%
Females	1,777	28%
Race		
Caucasian	1,748	27%
African-American	4,127	65%
Hispanic	417	7%
Other / Unknown	89	1%
Age Group (Years at initial HIV Diagnosis)		
< 13	54	1%
13-14	1	0%
15-19	178	3%
20-24	610	10%
25-29	932	15%
30-34	1,138	18%
35-39	1,116	17%
40-44	886	14%
45-49	643	10%
50-54	371	6%
55-59	214	3%
60-64	130	2%
65+	108	2%
County		
New Castle (NCC)	4,659	73%
NCC,City of Wilmington	*4,259*	*67%*
NCC, non-Wilmington	*400*	*6%*
Kent County	755	12%
Sussex County	967	15%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**Table represents cumulative Delaware diagnosed cases regardless of current vital status.*

Table 6 and Maps 1 through 4 describe the primary modes of exposure and geographic locations.

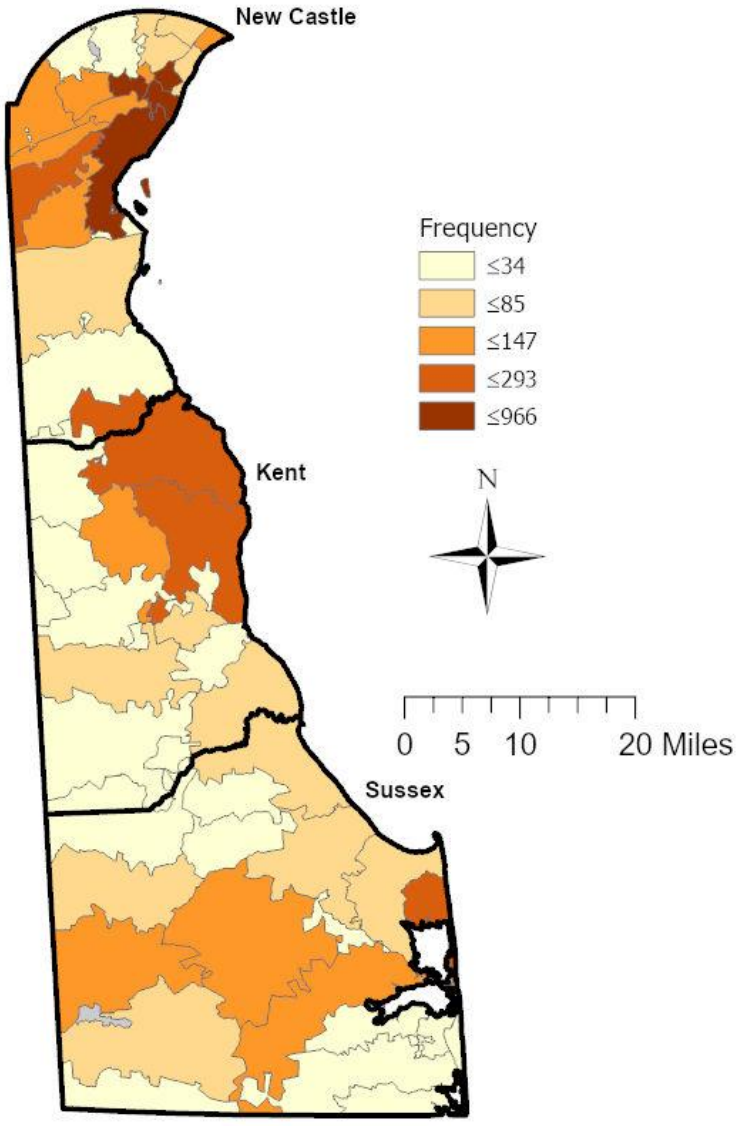
Table 6: Reported HIV Cases, All Stages by Exposure Risk Group, Delaware, 1981-2021*

MSM	2153	33.7%
IDU	1844	28.9%
MSM/IDU	334	5.2%
Heterosexual contact w/IDU	421	6.6%
Heterosexual contact	1357	21.3%
Transfusion/transplant recipient	21	0.3%
Risk not reported/other	197	3.1%
Pediatric Exposure	54	0.8%
Total	6381	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**Table represents cumulative Delaware diagnosed cases regardless of current vital status.*

Seventy-three percent of HIV cases ever diagnosed in Delaware occurred in New Castle County with 46% of all cases in Delaware in the Wilmington Metropolitan area. Kent and Sussex counties comprised 12% and 15%, respectively (Map 1).

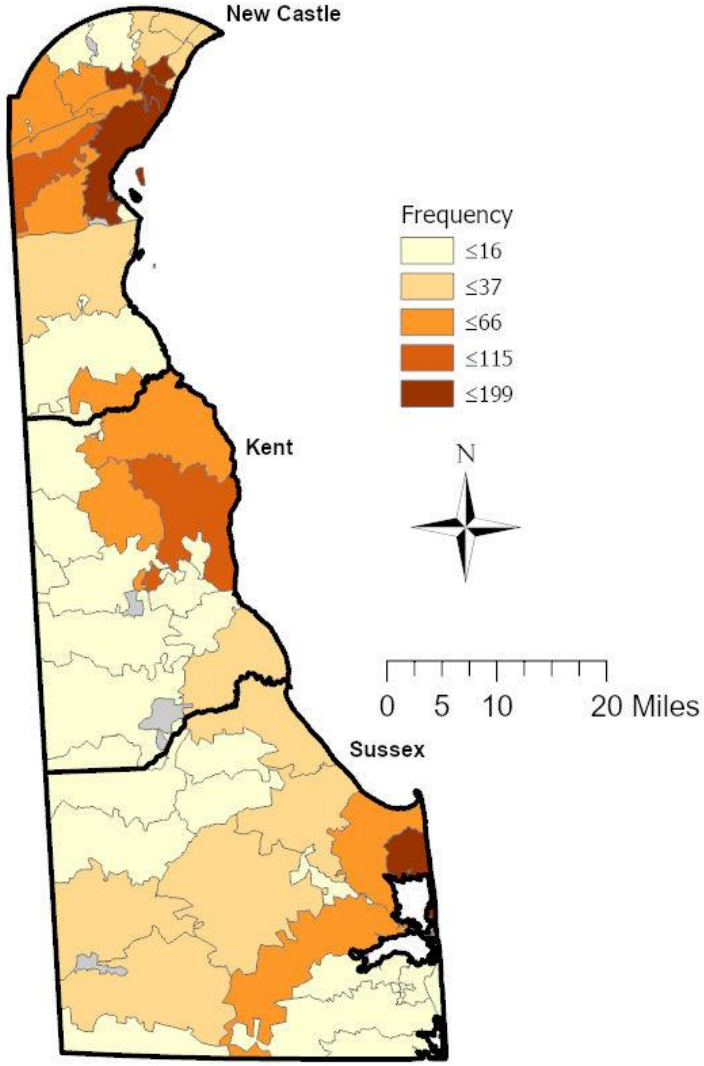
Map 1: HIV Diagnosis by ZIP Code, Delaware, 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Sixty-five percent of HIV cases among men who have sex with men (MSM) in Delaware occurred in New Castle County. Kent and Sussex counties comprised 12% and 23%, respectively. Notably, 51% of all HIV cases occurring in Sussex County were among MSM and were primarily concentrated in the Rehoboth Beach area (Map 2).

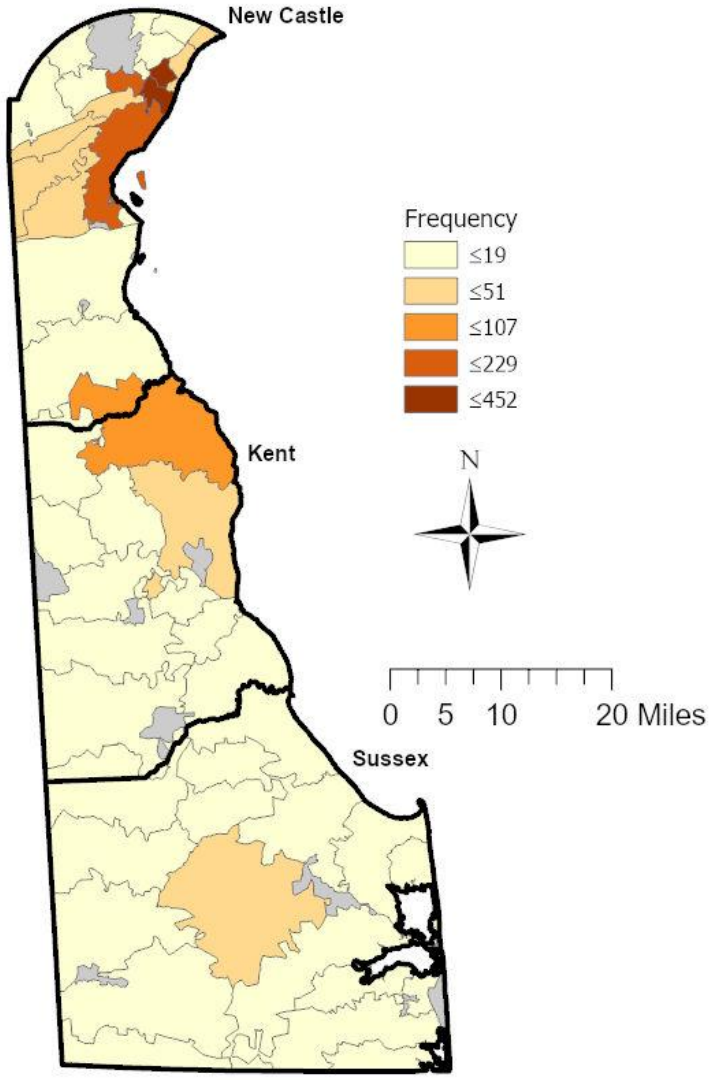
Map 2: HIV Diagnosis among Men Who Have Sex with Men (MSM) by ZIP Code, Delaware, 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Eighty-six percent of all HIV cases attributed to injection drug use (IDU) occurred in New Castle County with 61% of the statewide cases occurring in the Wilmington Metropolitan area. Kent and Sussex counties comprise 7% and 7% of cases, respectively (Map 3).

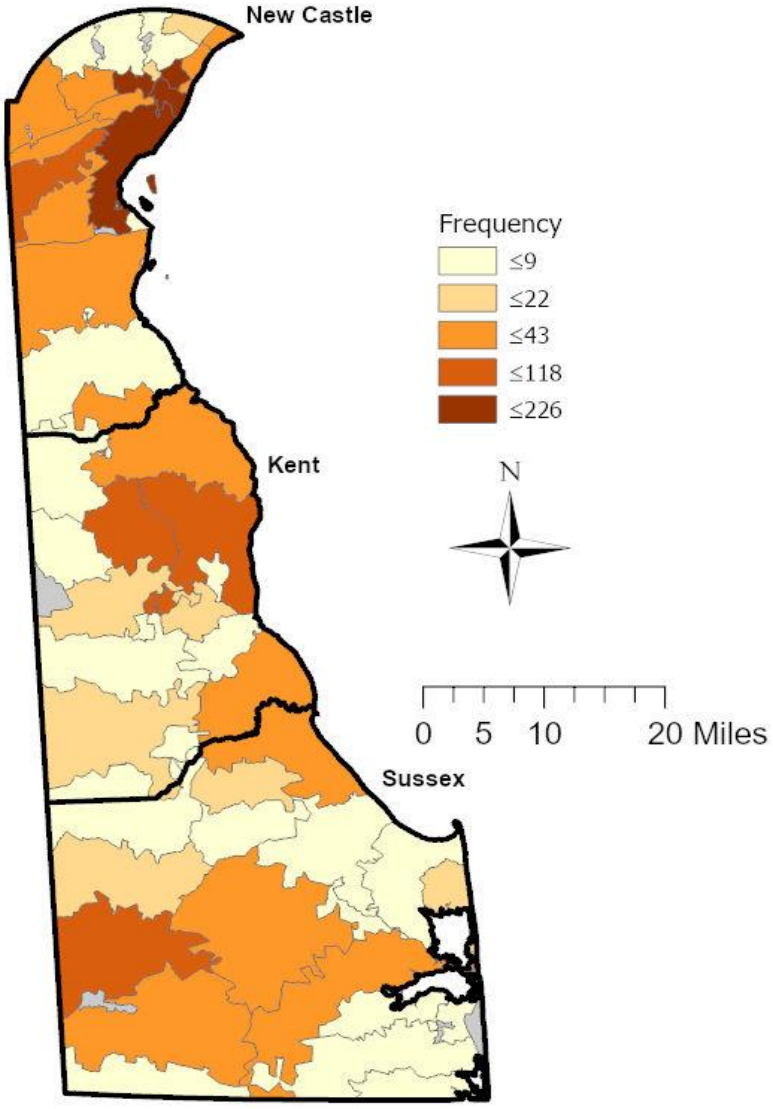
Map 3: HIV Diagnosis among Injection Drug Users (IDU) by ZIP Code, Delaware, 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Seventy percent of all HIV cases attributed to heterosexual activity occurred in New Castle County. Kent and Sussex counties comprise 15% and 15% of cases, respectively (Map 4).

Map 4: HIV Diagnosis among Heterosexuals by ZIP Code, Delaware, 1981-2021



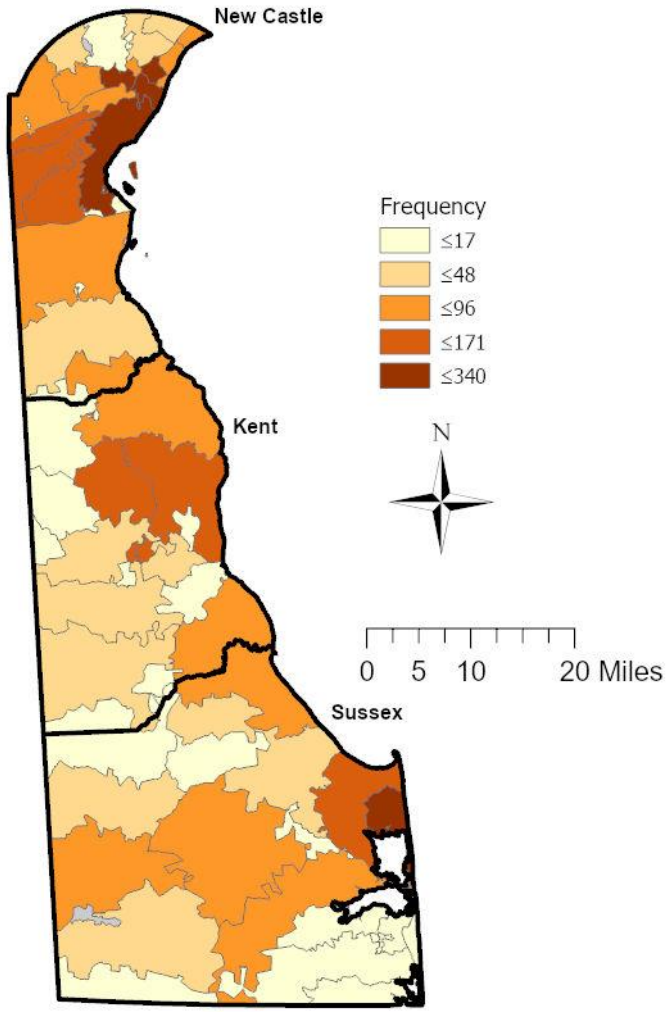
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Living with HIV – All Stages

Delawareans Living with HIV – All Stages

In 2021, a total of 3,786 Delawareans were living with HIV (all stages). Approximately 36% of these cases relocated to Delaware after initial HIV diagnosis elsewhere (Map 5).

Map 5: HIV Positive Persons Living in Delaware by ZIP Code, Diagnosed 1981-2021

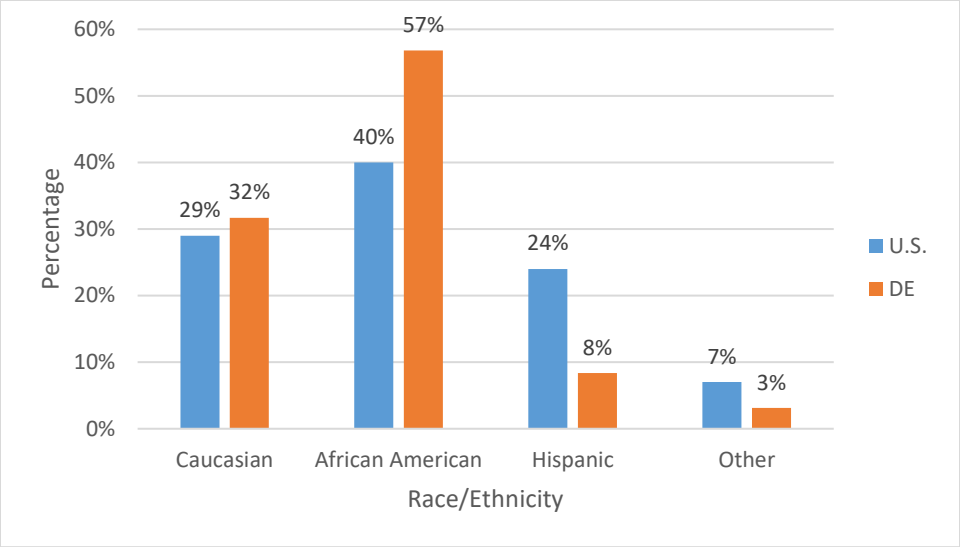


Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Living with HIV – All Stages, Delaware vs. U.S.

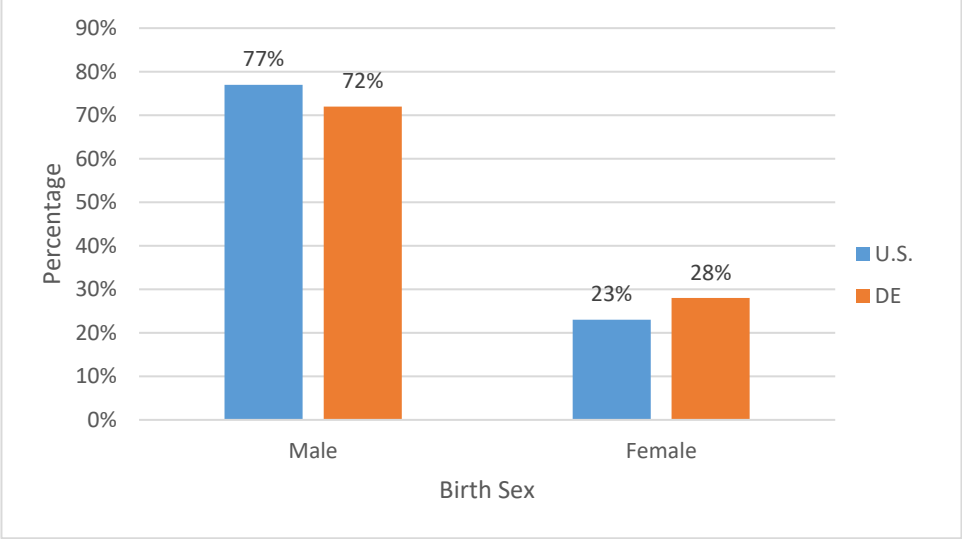
Delaware's percentage of African Americans living with HIV is 17% higher than the U.S.. Delaware Hispanics are 16% lower than U.S. Hispanics. Caucasians and those in other categories are similar in percentages (Figure 11). The percentage of Delaware males living with HIV is 5% lower than the U.S. percentage; Delaware females are 5% higher than compared to females in the U.S. (Figure 12).

Figure 11: Percentage of Persons Living with HIV, All Stages by Race/Ethnicity, Delaware vs. U.S., Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022, CDC HIV Surveillance Report, 2020; Vol. 33.

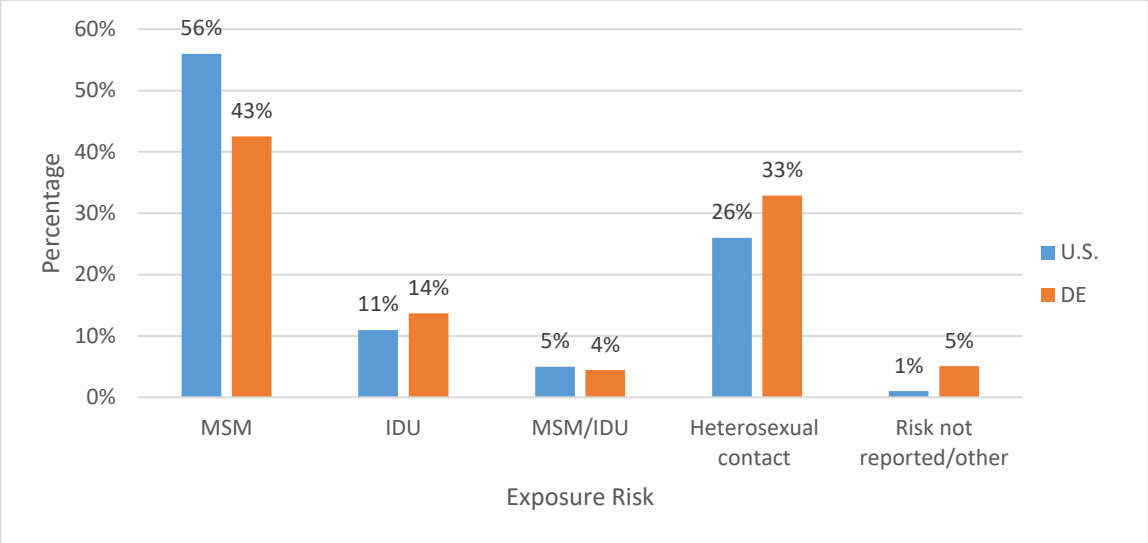
Figure 12: Percentage of Persons Living with HIV, All Stages by Birth Sex, Delaware vs. U.S., Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022, CDC HIV Surveillance Report, 2020; Vol. 33.

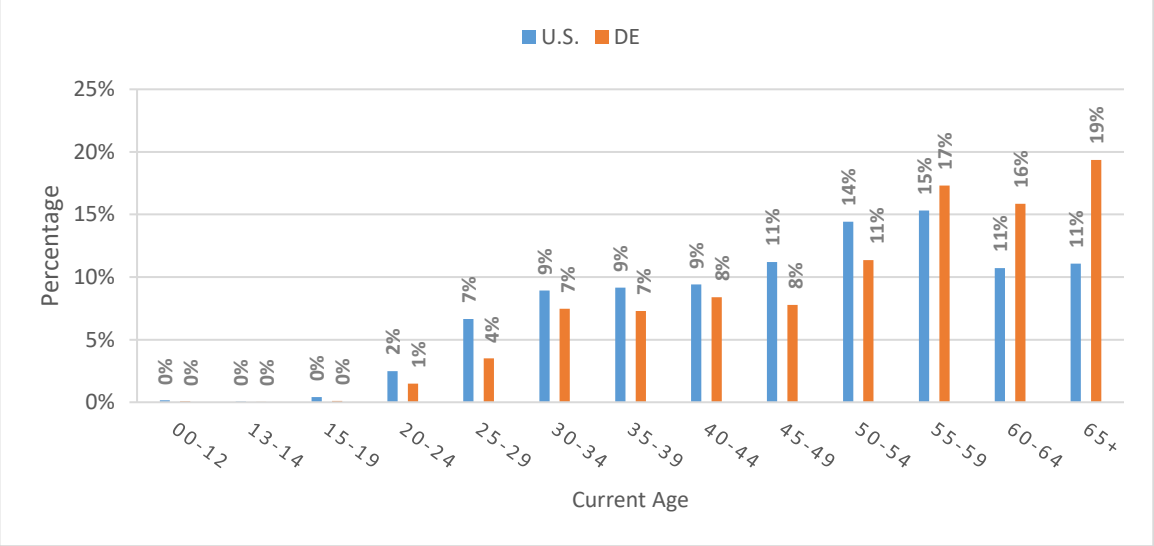
In Delaware, the percentages of HIV positive MSM and MSM who inject drugs (MSM/IDU) are 13% and 1% lower than for the U.S., respectively (Figure 13). Delaware's injection drug user (IDU), heterosexual, and other risk categories are 3%, 7%, and 4% higher than for the U.S., respectively. Delawareans living with HIV are generally older than similar U.S populations (Figure 14).

Figure 13: Percentage of Persons Living with HIV, All Stages by Exposure Risk Category, Delaware vs. U.S., Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health 2022, CDC HIV Surveillance Report, 2020; Vol. 33.

Figure 14: Percentage of Persons Living with HIV, All Stages by Current Age, Delaware vs. U.S., Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health 2022, CDC HIV Surveillance Report, 2020; Vol. 33.

Living with HIV – All Stages in Delaware, Diagnosed 1981-2021

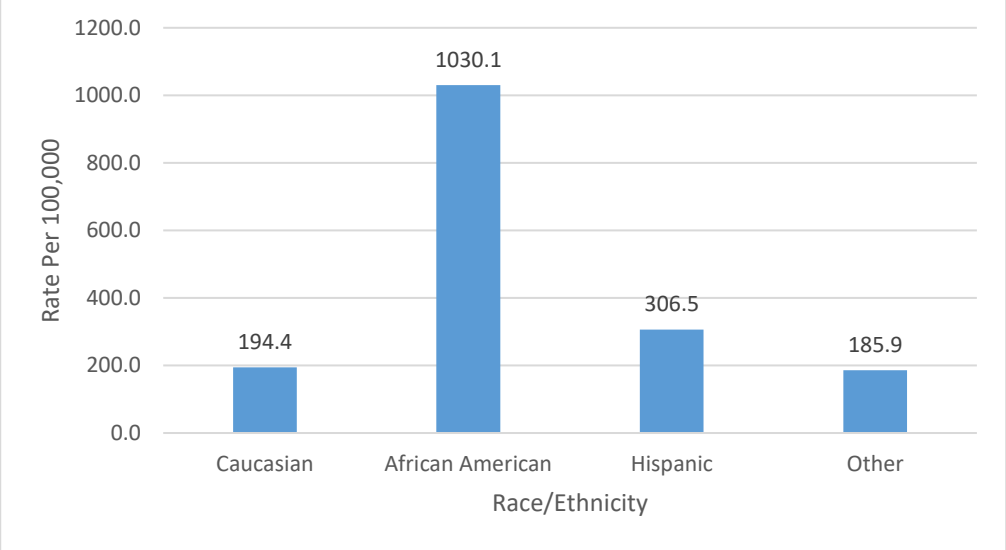
Among those living with HIV in Delaware, the prevalence by race is highest among African Americans. Among African Americans in Delaware, the prevalence of HIV is highest among males. (Table 7 and Figures 15-17).

Table 7: Living with HIV - All Stages by Race/Ethnicity and Birth Sex, Delaware, Diagnosed 1981-2021

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living With HIV - All Stages 2021	1,199	2,152	317	118	3,786
Percentage Within Category	32%	57%	8%	3%	100%
Rate Per 100,000	194.4	1030.1	306.5	185.9	381.5
Male					Total
Living With HIV - All Stages 2021	1010	1,372	235	95	2,712
Percentage Within Category	37%	51%	9%	4%	100%
Rate Per 100,000	338.3	1385.8	431.2	331.6	564.2
Female					Total
Living With HIV - All Stages 2021	189	780	82	23	1,074
Percentage Within Category	18%	73%	8%	2%	100%
Rate Per 100,000	59.4	709.7	167.6	66.1	209.8

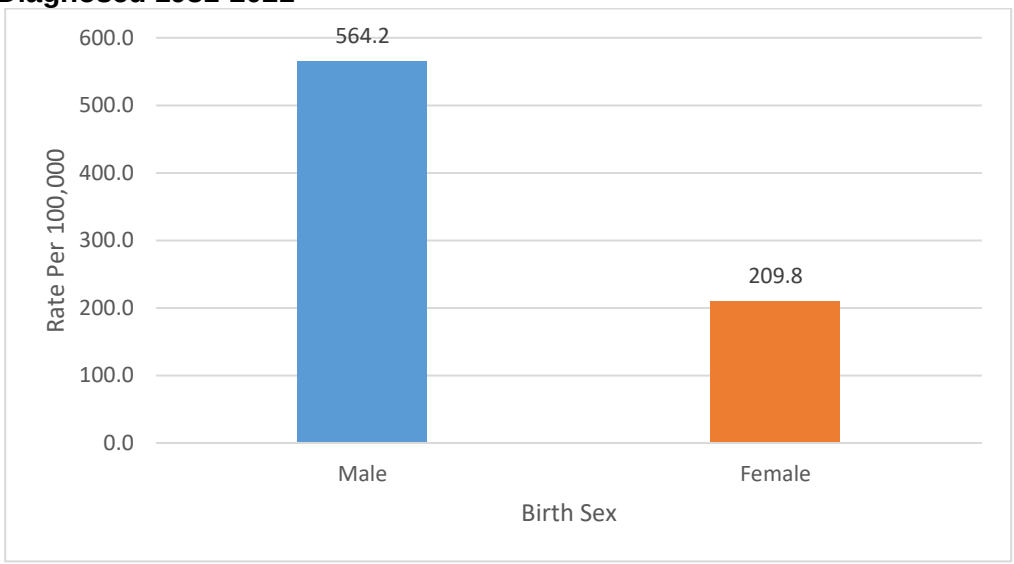
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 15: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Delaware, Persons Diagnosed 1981-2021



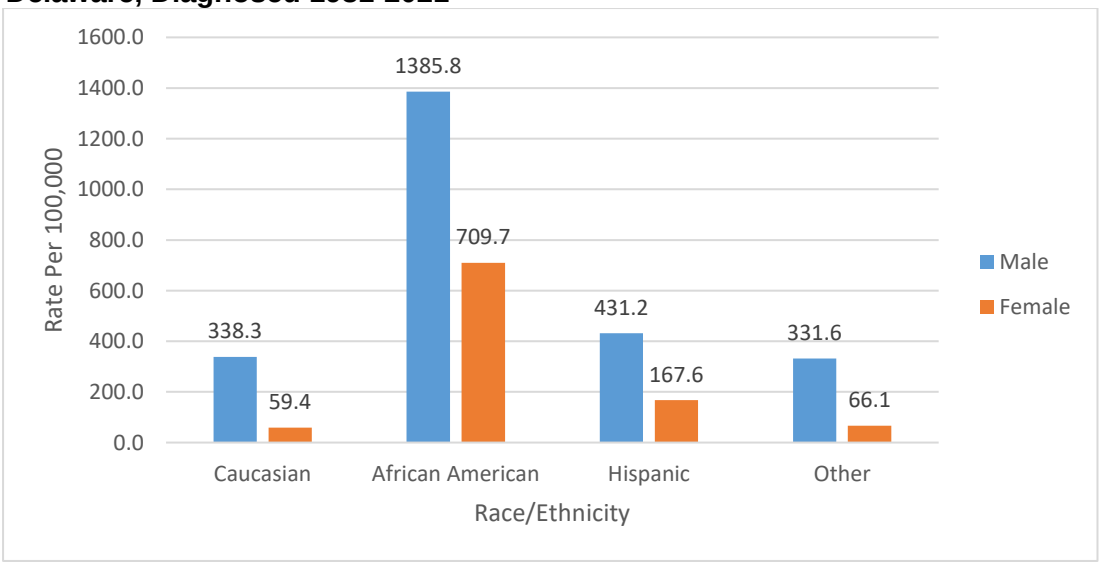
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 16: Rate of HIV Prevalence, All Stages by Birth Sex, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 17: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

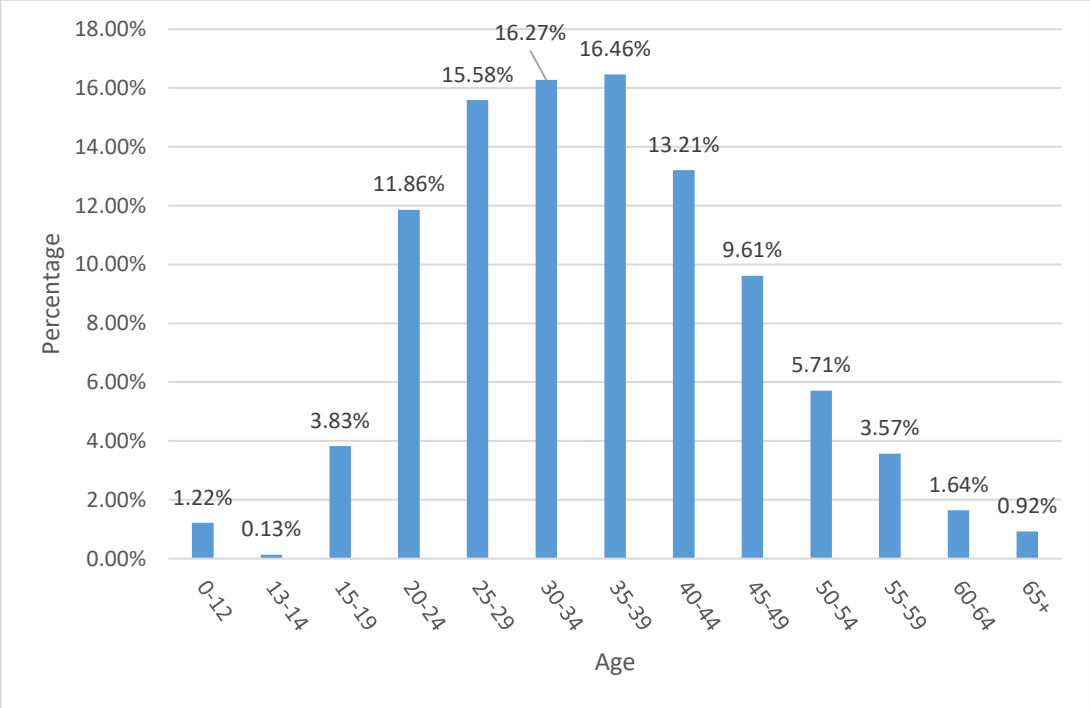
Most Delawareans with HIV are diagnosed between the ages of 25-39 (48%) (Table 8 and Figure 18).

Table 8: Living with HIV - All Stages by Age at HIV Disease Diagnosis, Delaware, Diagnosed 1981-2021

Age Group	#	%
0-12	46	1.22%
13-14	5	0.13%
15-19	145	3.83%
20-24	449	11.86%
25-29	590	15.58%
30-34	616	16.27%
35-39	623	16.46%
40-44	500	13.21%
45-49	364	9.61%
50-54	216	5.71%
55-59	135	3.57%
60-64	62	1.64%
65+	35	0.92%
Total	3,786	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 18: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

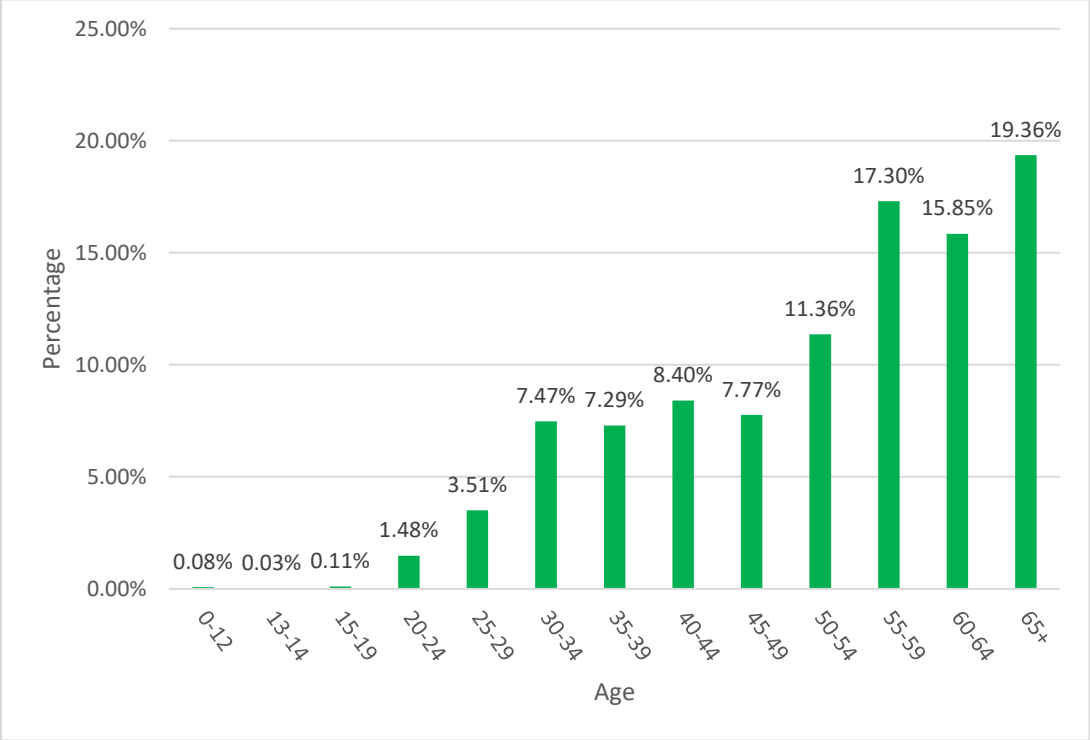
As of December 2021, 72% of persons living with HIV (PLWH) in Delaware were older than 45. Persons younger than 20 comprised less than 1% of this population (Table 9 and Figure 19).

Table 9: Living with HIV - All Stages by Current Age, Delaware, Diagnosed 1981-2021

Age Group	#	%
00-12	3	0.08%
13-14	1	0.03%
15-19	4	0.11%
20-24	56	1.48%
25-29	133	3.51%
30-34	283	7.47%
35-39	276	7.29%
40-44	318	8.40%
45-49	294	7.77%
50-54	430	11.36%
55-59	655	17.30%
60-64	600	15.85%
65+	733	19.36%
Total	3,786	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 19: Percentage of Persons Living with HIV, All Stages by Current Age, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

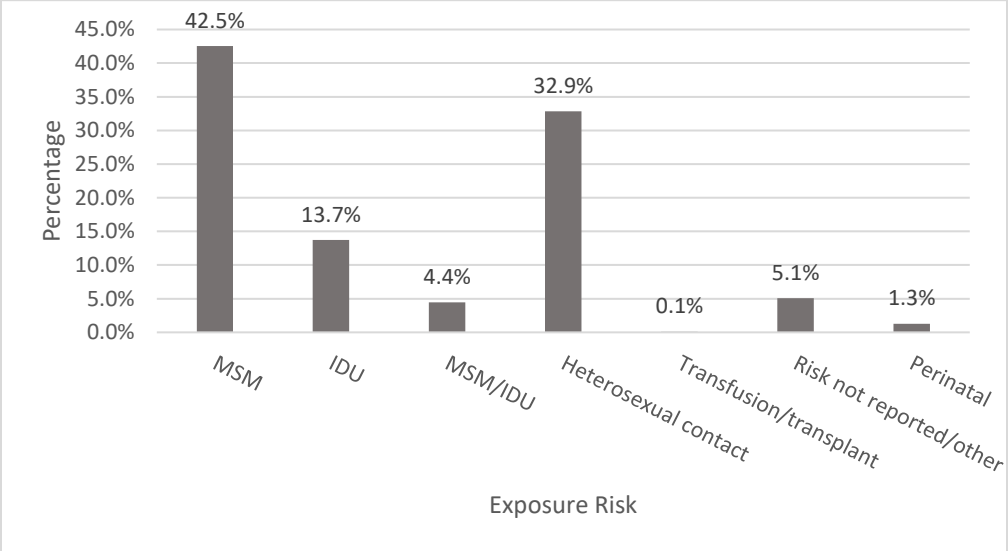
The leading risk factor among those living with HIV in Delaware is MSM (43%). The second highest risk factor is heterosexual contact (33%) and the third highest is IDU (14%). All other risk factors comprise approximately 11% (Table 10 and Figures 20-22).

Table 10: Living with HIV - All Stages by Exposure Category, Delaware, Diagnosed 1981-2021

	All		Male		Female	
	#	%	#	%	#	%
MSM	1610	42.5%	1610	59.4%	0	0.0%
IDU	519	13.7%	311	11.5%	208	19.4%
MSM/IDU	168	4.4%	168	6.2%	0	0.0%
Heterosexual contact	1244	32.9%	448	17.5%	796	74.1%
Transfusion/transplant	4	0.1%	2	0.1%	2	0.2%
Risk not reported/other	193	5.1%	155	5.7%	38	3.5%
Perinatal	48	1.3%	18	0.7%	30	2.8%
Total	3786	100%	2,712	101%	1,074	100%

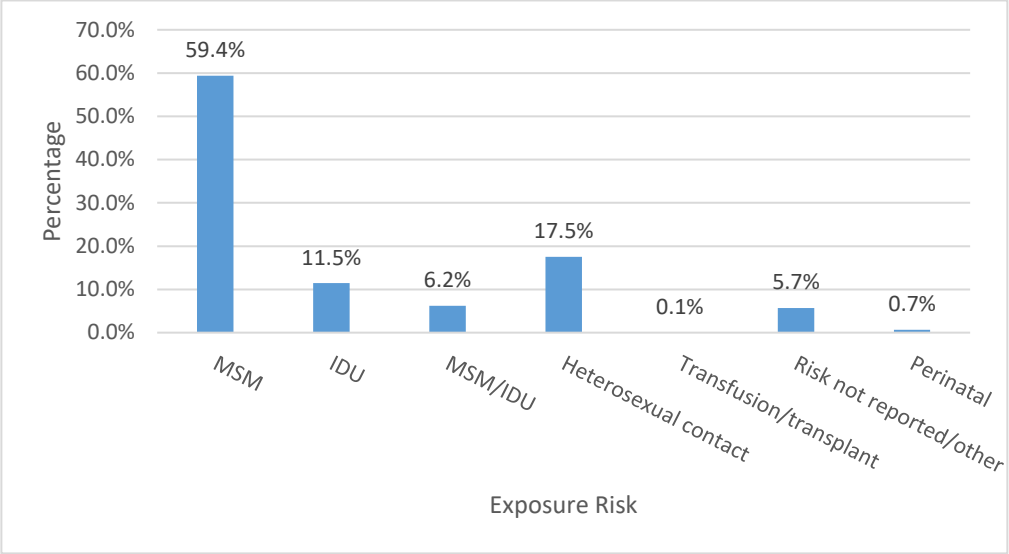
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 20: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Delaware, Diagnosed 1981-2021



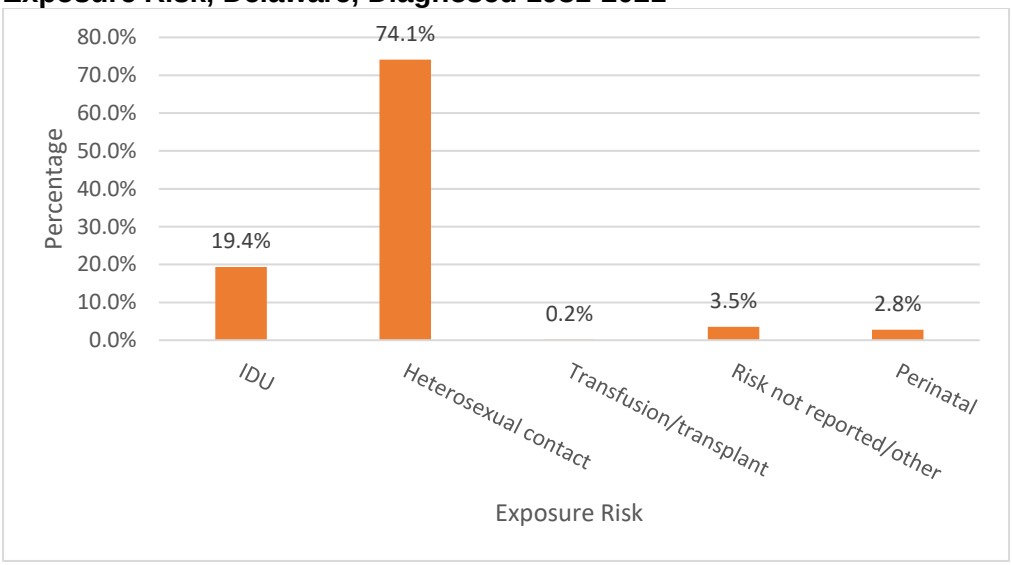
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 21: Percentage of Males Living with HIV, All Stages by Exposure Risk, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 22: Percentage of Females Living with HIV, All Stages by Exposure Risk, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Living with HIV – All Stages in New Castle County, Delaware, Diagnosed 1981-2021

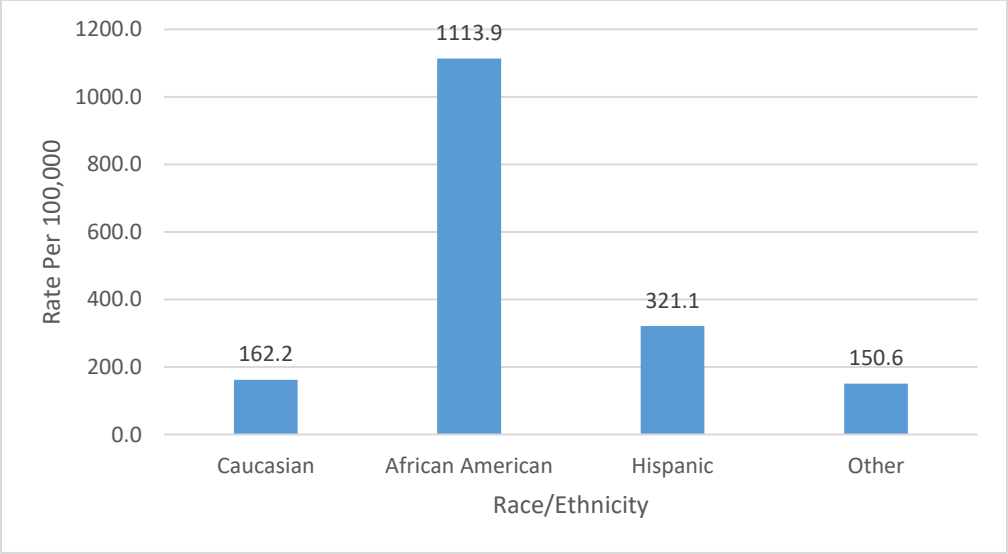
These numbers are very similar to the statewide statistics. In New Castle County, the prevalence of HIV by race is highest among African Americans; African American males also have the highest prevalence rate. Prevalence of HIV among all New Castle County males is approximately 44% higher than among all females (Table 11 and Figures 23-25).

Table 11: Living with HIV - All Stages by Race/Ethnicity and Sex, New Castle County, Delaware, Diagnosed 1981-2021

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living With HIV - All Stages 2021	524	1,544	212	65	2,345
Percentage Within Category	22.35%	65.84%	9.04%	2.77%	100%
Rate Per 100,000	162.2	1113.9	321.1	150.6	410.8
Male					Total
Living With HIV - All Stages 2021	420	985	153	46	1604
Percentage Within Category	26%	61%	10%	3%	100%
Rate Per 100,000	268.4	1502.5	436.9	222.7	577.5
Female					Total
Living With HIV - All Stages 2021	104	559	59	19	741
Percentage Within Category	14%	75%	8%	3%	100%
Rate Per 100,000	62.4	765.2	190.2	84.4	252.8

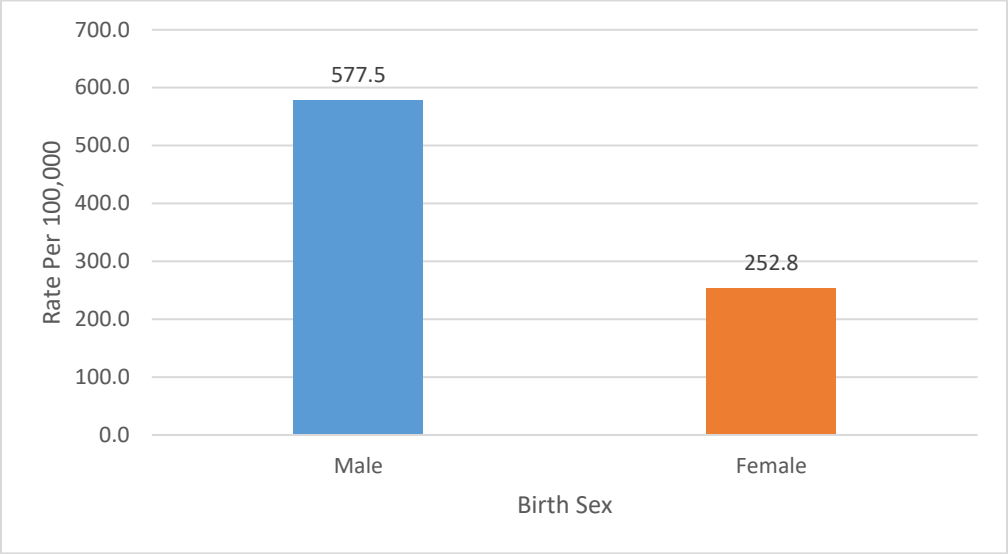
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 23: Rate of HIV Prevalence, All Stages by Race/Ethnicity, New Castle County, Delaware, Diagnosed 1981-2021



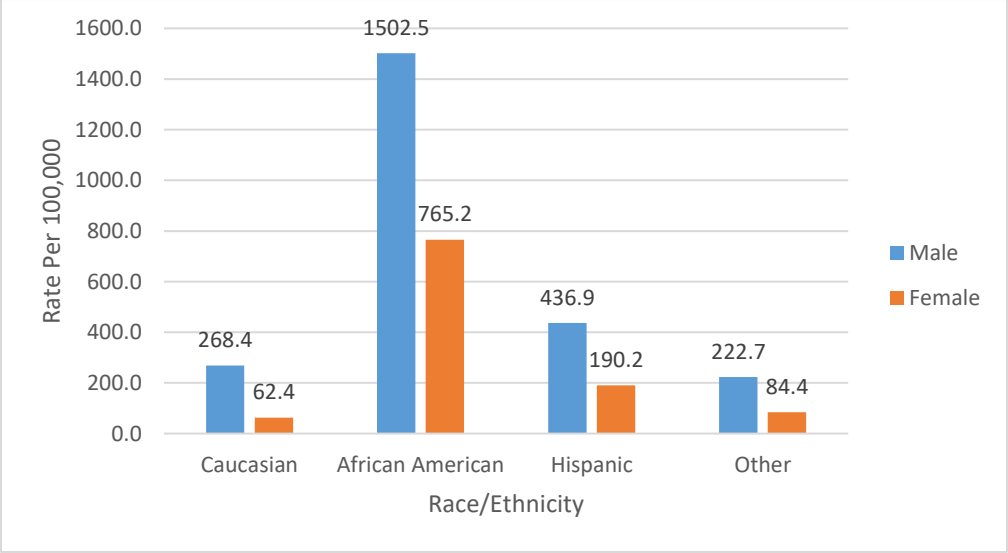
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 24: Rate of HIV Prevalence, All Stages by Birth Sex, New Castle County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 25: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, New Castle County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

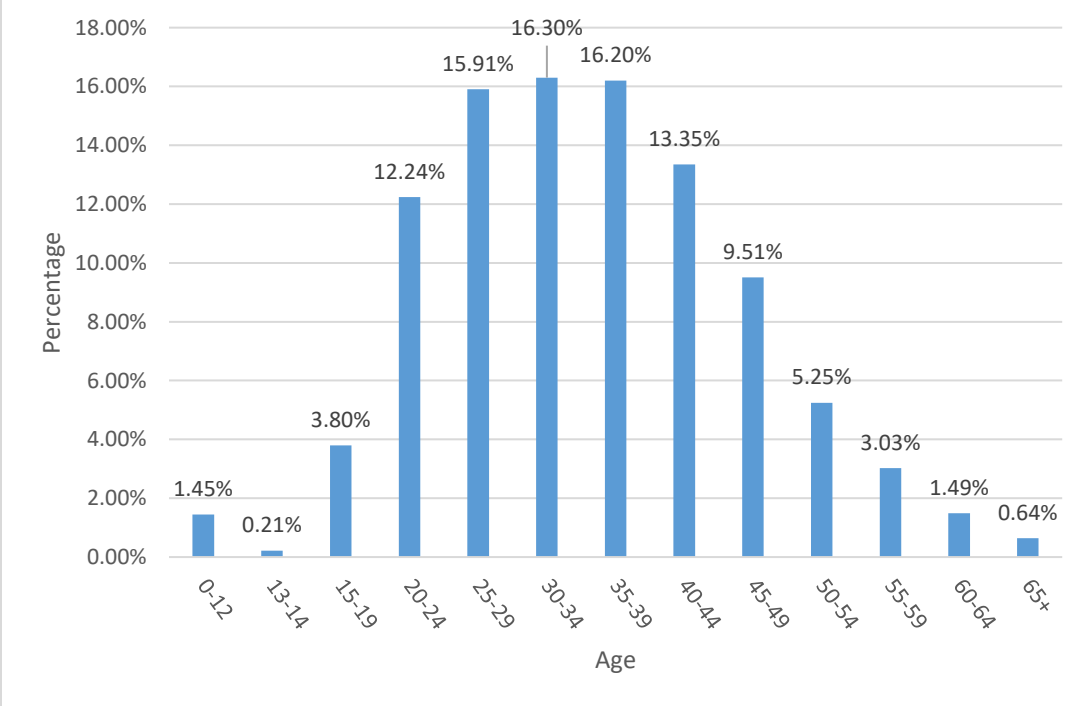
By age in New Castle County, persons diagnosed with HIV between the ages of 25-39 make up 48% of county residents living with HIV (all stages) (Table 12 and Figure 26).

Table 12: Living with HIV - All Stages by Age at HIV Diagnosis, New Castle County, Delaware, Diagnosed 1981-2021

Age Group	#	%
00-12	34	1.45%
13-14	5	0.21%
15-19	99	3.80%
20-24	287	12.24%
25-29	373	15.91%
30-34	387	16.30%
35-39	380	16.20%
40-44	313	13.35%
45-49	223	9.51%
50-54	123	5.25%
55-59	71	3.03%
60-64	35	1.49%
65+	15	0.64%
Total	2345	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 26: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, New Castle County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

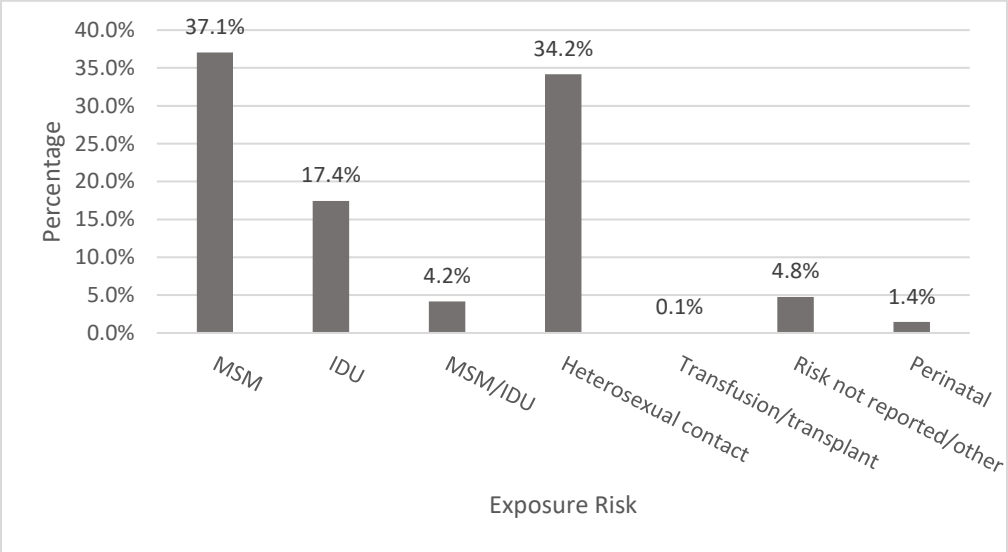
In New Castle County, the leading HIV exposure mode is MSM (37%), compared to Heterosexual contact (34%) and IDU (17%). All other exposure modes make up approximately 11% (Table 13 and Figures 27-29).

Table 13: Living with HIV - All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2021

	All		Male		Female	
	#	%	#	%	#	%
MSM	869	37.1%	869	54.1%	0	0.0%
IDU	409	17.4%	242	15.1%	167	22.6%
MSM/IDU	98	4.2%	98	6.1%	0	0.0%
Heterosexual contact	801	34.2%	293	18.3%	528	71.4%
Transfusion/transplant recipient	2	0.1%	1	0.1%	1	0.1%
Risk not reported/other	112	4.8%	92	5.7%	20	2.7%
Perinatal	34	1.4%	10	0.6%	24	3.2%
Total	2,345	100%	1,605	100%	740	100%

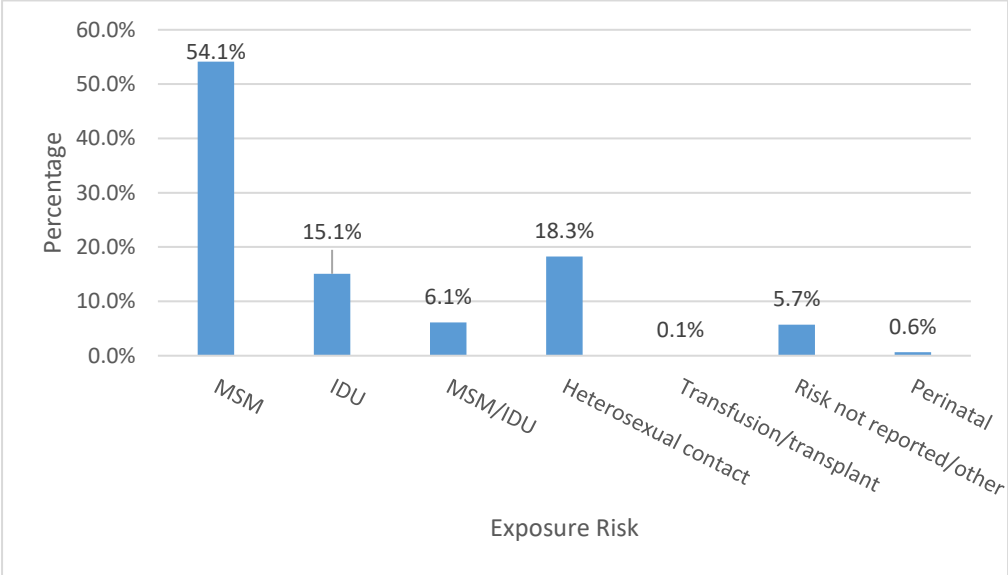
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 27: Percentage of Persons Living with HIV, All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2021



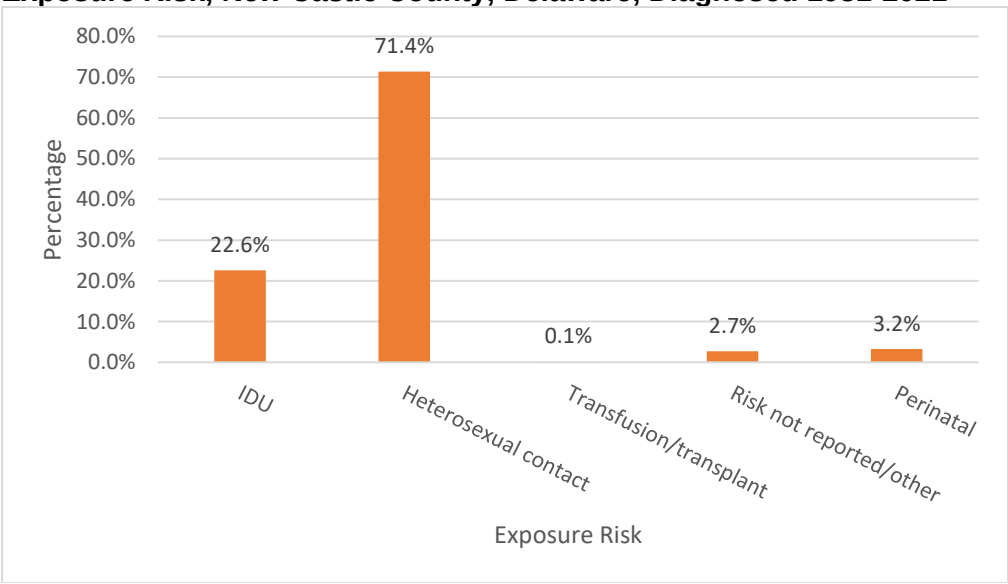
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 28: Percentage of Males Living with HIV, All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 29: Percentage of Females Living with HIV, All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Living with HIV – All Stages in Kent County, Delaware, Diagnosed 1981-2021

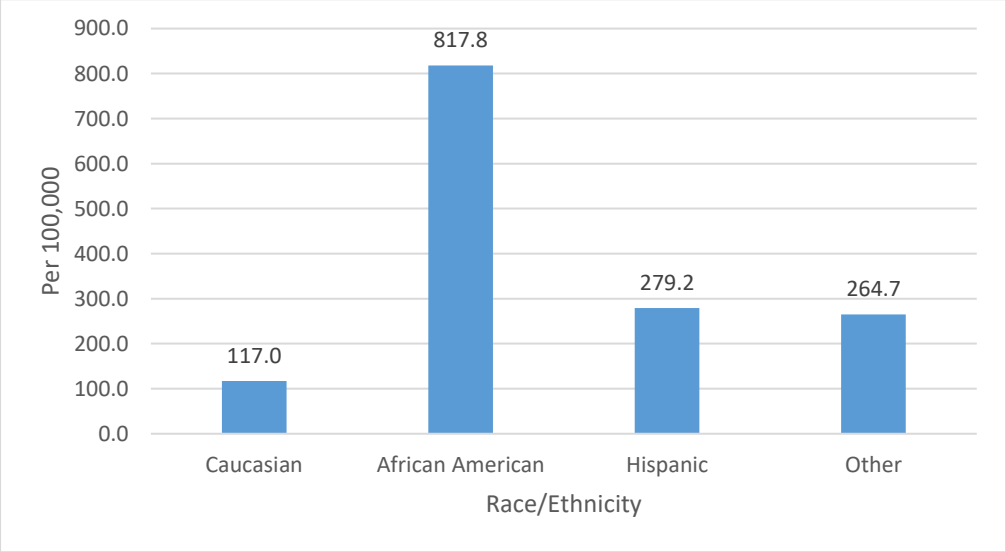
In Kent County, HIV prevalence is highest among African Americans, especially among African American males. Among African Americans in Kent County, HIV prevalence among males is approximately 62% higher than among females (Table 14 and Figures 30-32).

Table 14: Living with HIV - All Stages by Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2021

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living With HIV - All Stages 2021	136	354	36	25	551
Percentage Within Category	24.68%	64.25%	6.53%	4.54%	100%
Rate Per 100,000	117.0	817.8	279.2	264.7	303.0
Male					Total
Living With HIV - All Stages 2021	103	209	26	23	361
Percentage Within Category	28.53%	57.89%	7.20%	6.37%	100%
Rate Per 100,000	182.2	1026.3	409.0	787.7	419.0
Female					Total
Living With HIV - All Stages 2021	33	145	10	2	190
Percentage Within Category	17%	76%	5%	1%	100%
Rate Per 100,000	55.3	632.6	153.0	30.7	198.5

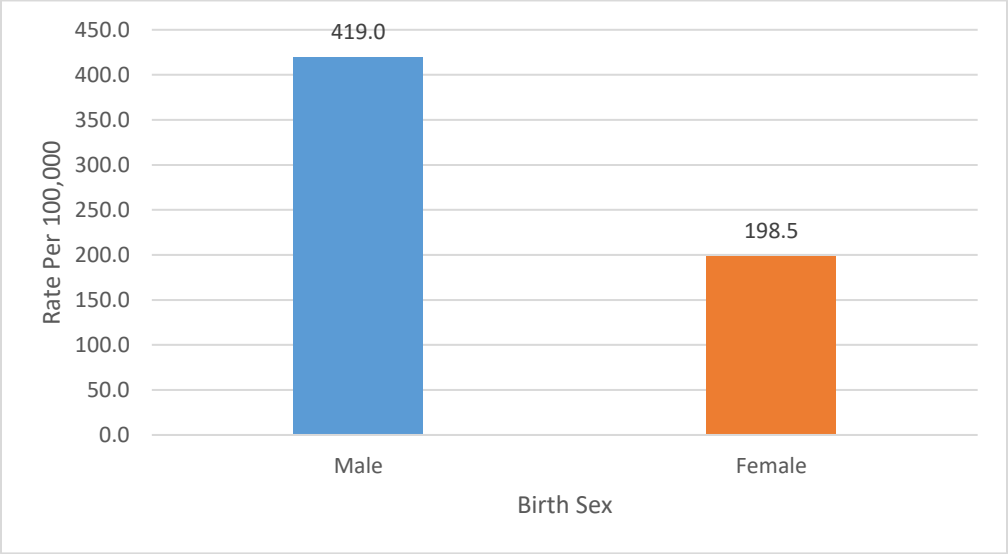
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 30: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2021



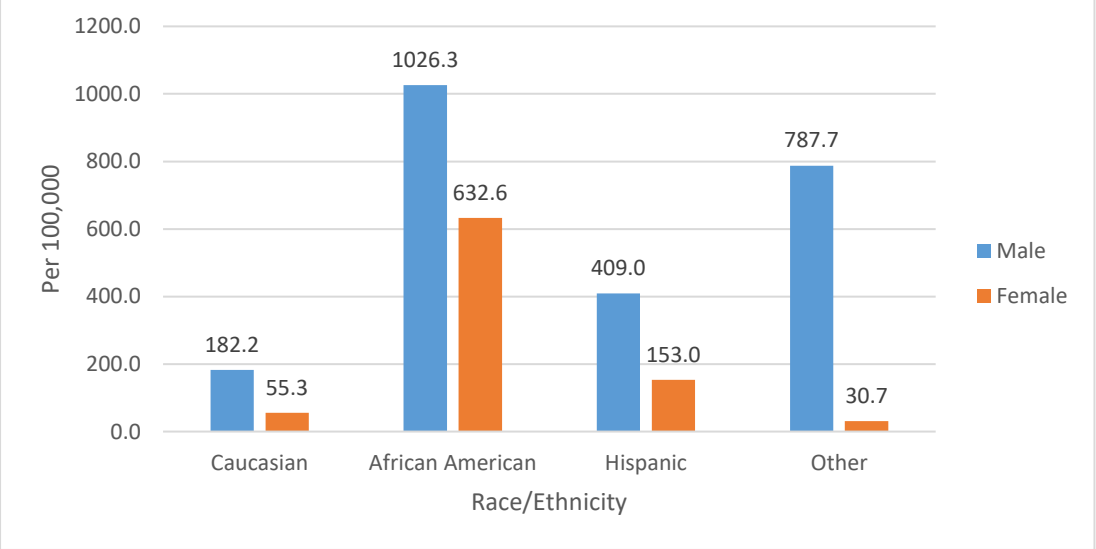
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 31: Rate of HIV Prevalence, All Stages by Birth Sex, Kent County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 32: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

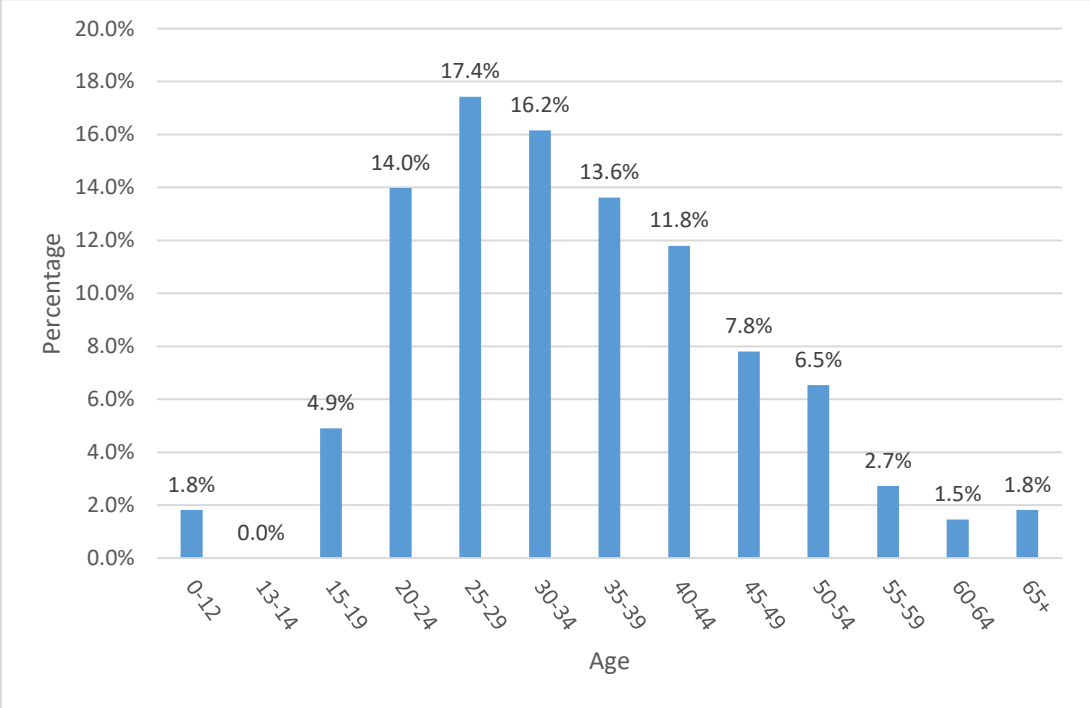
By age in Kent County, persons between the ages of 25 and 39 who were diagnosed with HIV make up 47% of all cases (Table 15 and Figure 33).

Table 15: Living with HIV - All Stages by Age at HIV Diagnosis, Kent County, Delaware, Diagnosed 1981-2021

Age Group	#	%
00-12	10	1.8%
13-14	0	0.0%
15-19	27	4.9%
20-24	77	14.0%
25-29	96	17.4%
30-34	89	16.2%
35-39	75	13.6%
40-44	65	11.8%
45-49	43	7.8%
50-54	36	6.5%
55-59	15	2.7%
60-64	8	1.5%
65+	10	1.8%
Total	551	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 33: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Kent County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

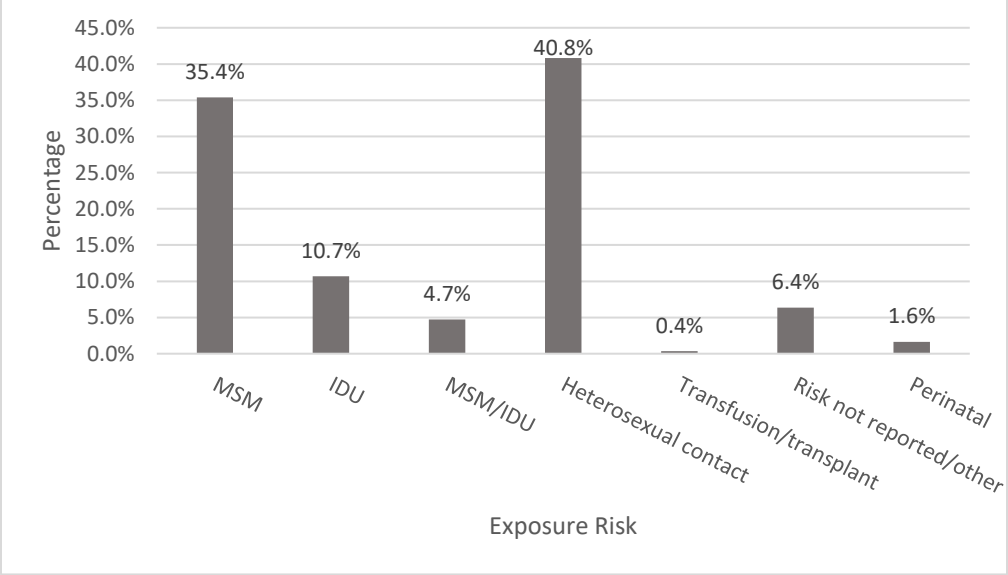
The leading exposure risk category in Kent County is Heterosexual contact (41%), followed by MSM (35%) and IDU (11%). All other risk categories make up approximately 13% (Table 16 and Figures 34-36).

Table 16: Living with HIV - All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2021

	All		Male		Female	
	#	%	#	%	#	%
MSM	195	35.4%	195	54.0%	0	0.0%
IDU	59	10.7%	37	10.2%	22	11.6%
MSM/IDU	26	4.7%	26	7.2%	0	0.0%
Heterosexual contact	225	40.8%	73	20.2%	152	80.0%
Transfusion/transplant recipient	2	0.4%	1	0.3%	1	0.5%
Risk not reported/other	35	6.4%	24	6.6%	11	5.8%
Perinatal	9	1.6%	5	1.4%	4	2.1%
Total	551	100%	361	100%	190	100%

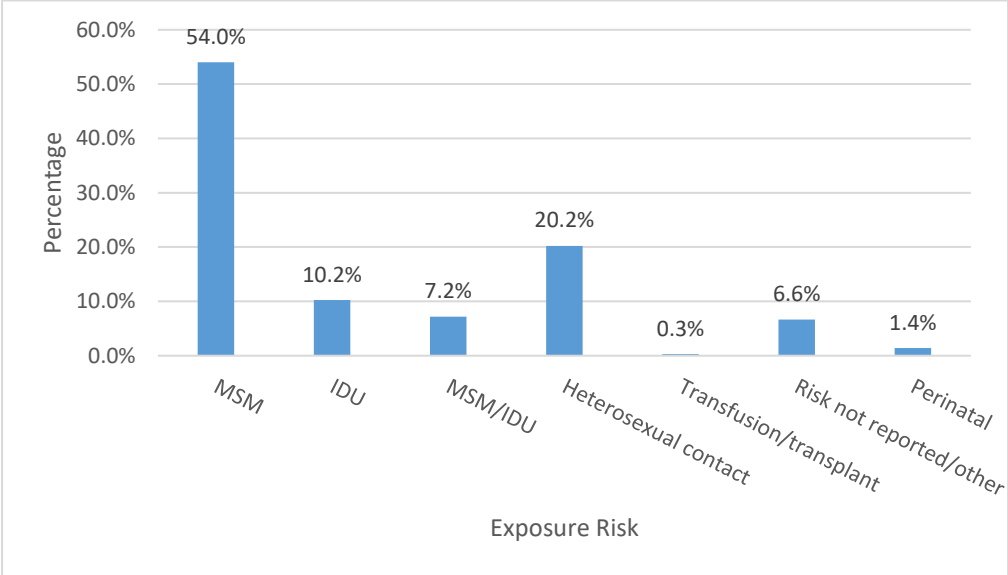
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 34: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2021



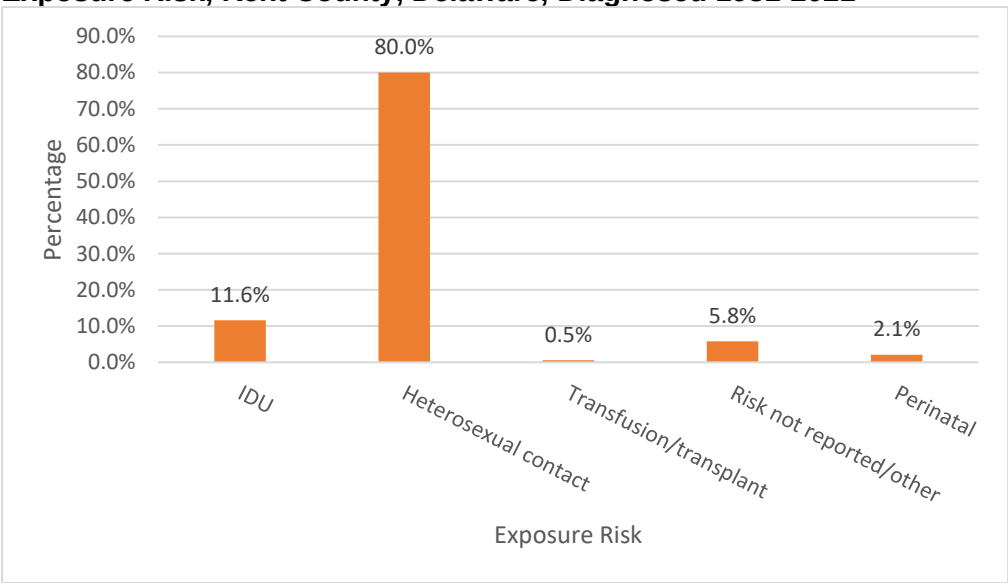
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 35: Percentage of Males Living with HIV, All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 36: Percentage of Females Living with HIV, All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Living with HIV – All Stages in Sussex County, Diagnosed 1981-2021

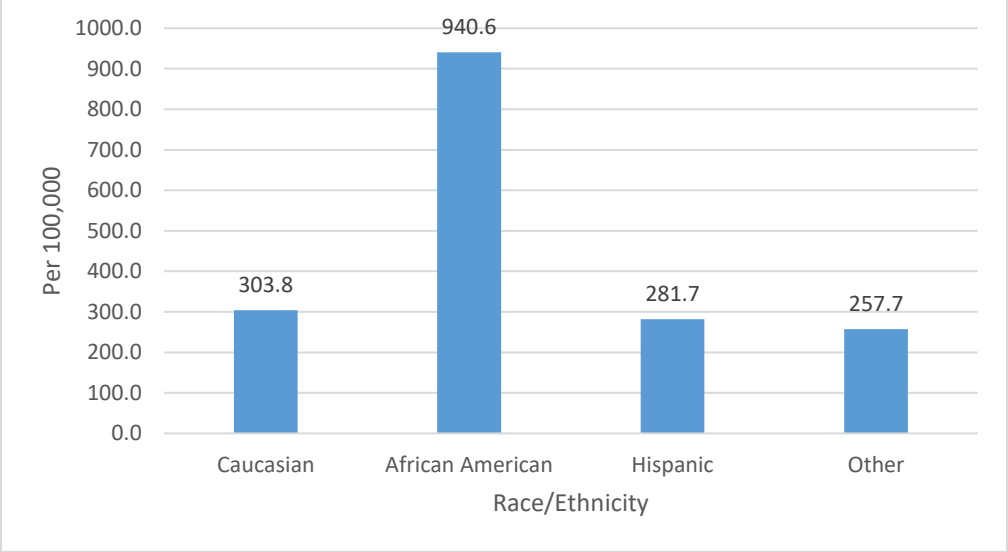
In Sussex County, the prevalence of HIV is highest among African Americans. Among African Americans in Sussex County, HIV prevalence is approximately 40% higher among males than among females (Table 17 and Figures 37-39).

Table 17: Living with HIV - All Stages by Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2021

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living With HIV - All Stages 2021	539	254	69	28	890
Percentage Within Category	61%	29%	8%	3%	100%
Rate Per 100,000	303.8	940.6	281.7	257.7	371.2
Male					Total
Living With HIV - All Stages 2021	487	178	56	26	747
Percentage Within Category	65%	24%	7%	3%	100%
Rate Per 100,000	569.3	1360.8	426.8	512.6	639.4
Female					Total
Living With HIV - All Stages 2021	52	76	13	2	143
Percentage Within Category	36%	53%	9%	1%	100%
Rate Per 100,000	56.6	545.8	114.3	34.5	116.3

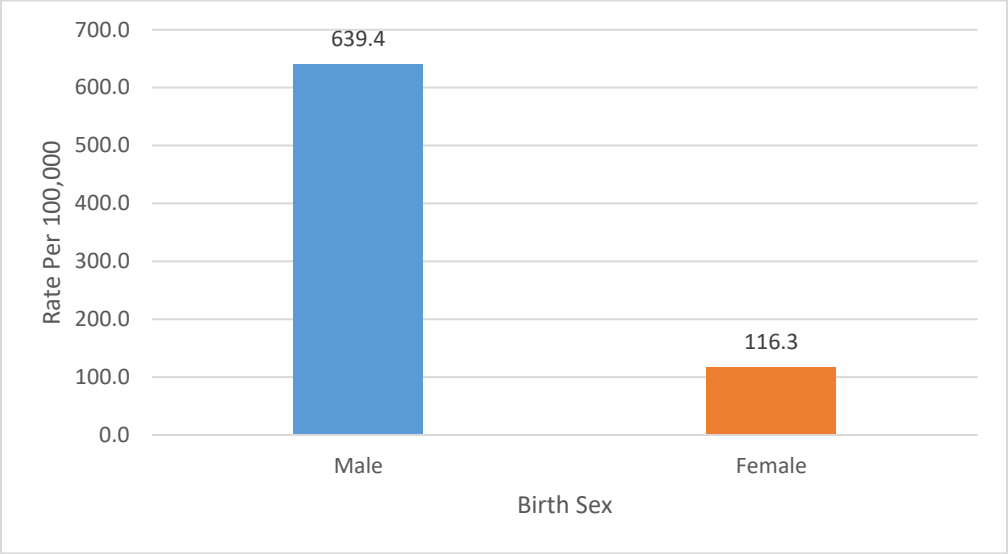
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 37: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2021



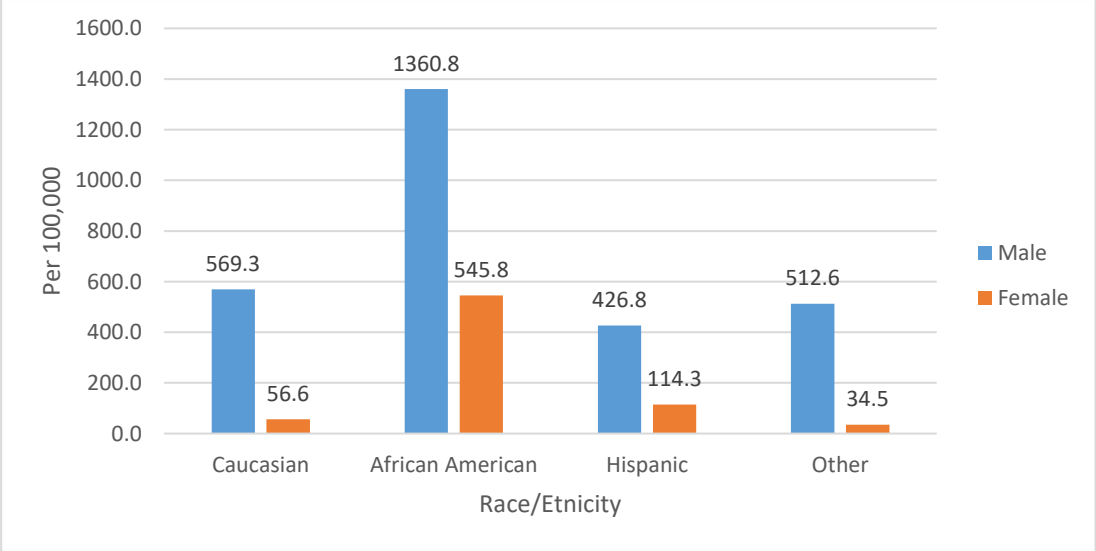
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 38: Rate of HIV Prevalence, All Stages by Birth Sex, Sussex County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 39: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

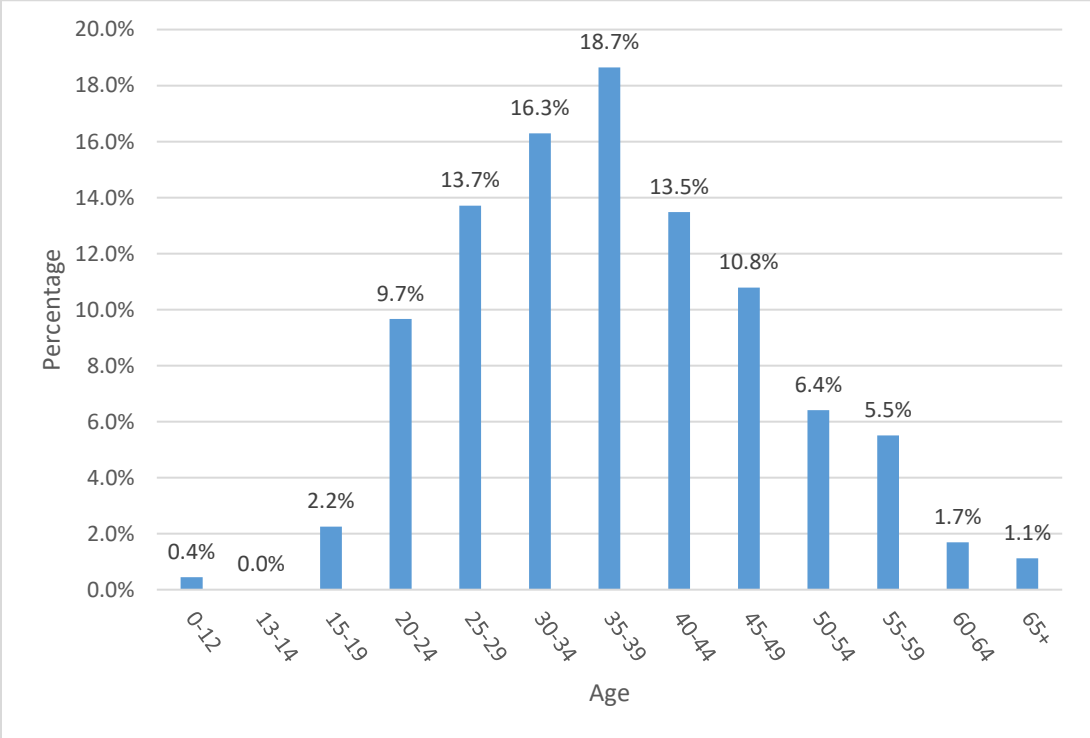
In Sussex County, persons between the ages of 25 and 39 diagnosed with HIV, make up 49% of all persons living with HIV in the county (Table 18 and Figure 40).

Table 18: Living with HIV - All Stages by Age at HIV Diagnosis, Sussex County, Delaware, Diagnosed 1981-2021

Age Group	#	%
00-12	4	0.4%
13-14	0	0.0%
15-19	20	2.2%
20-24	86	9.7%
25-29	122	13.7%
30-34	145	16.3%
35-39	166	18.7%
40-44	120	13.5%
45-49	96	10.8%
50-54	57	6.4%
55-59	49	5.5%
60-64	15	1.7%
65+	10	1.1%
Total	890	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 40: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Sussex County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

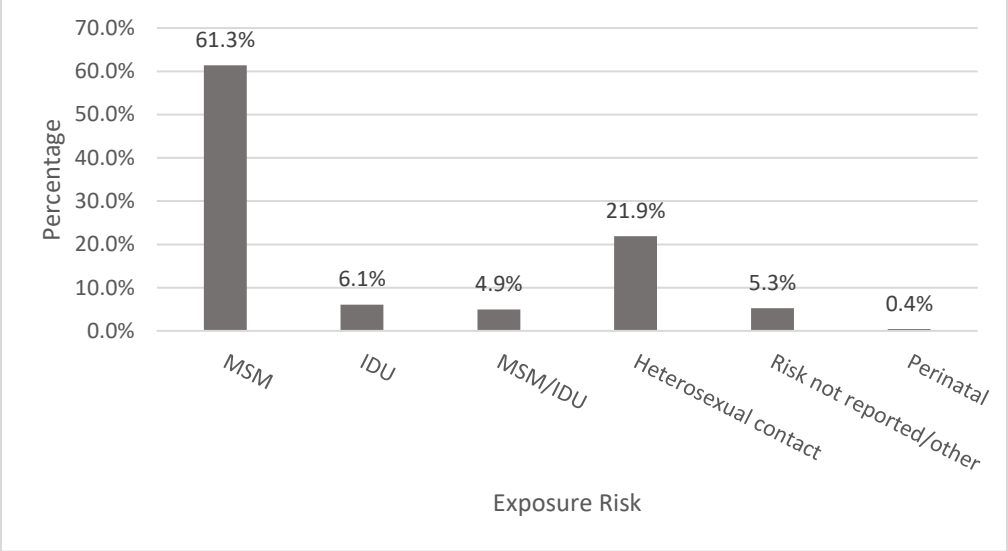
The leading risk category among Sussex Countians living with HIV is MSM (61%), followed by heterosexual contact (22%) and IDU (6%). All other risk categories make up approximately 11% (Table 19 and Figures 41-43).

Table 19: Living with HIV - All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2021

	All		Male		Female	
	#	%	#	%	#	%
MSM	546	61.3%	546	73.2%	0	0.0%
IDU	54	6.1%	32	4.3%	22	15.3%
MSM/IDU	44	4.9%	44	5.9%	0	0.0%
Heterosexual contact	195	21.9%	82	11.0%	113	78.5%
Risk not reported/other	47	5.3%	40	5.4%	7	4.9%
Perinatal	4	0.4%	2	0.3%	2	1.4%
Total	890	100%	746	100%	144	100%

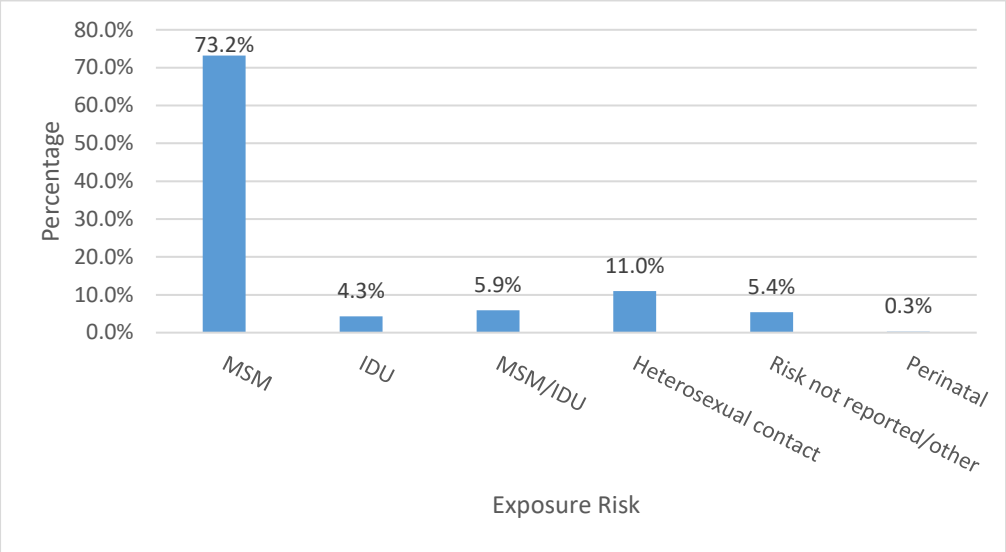
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 41: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2021



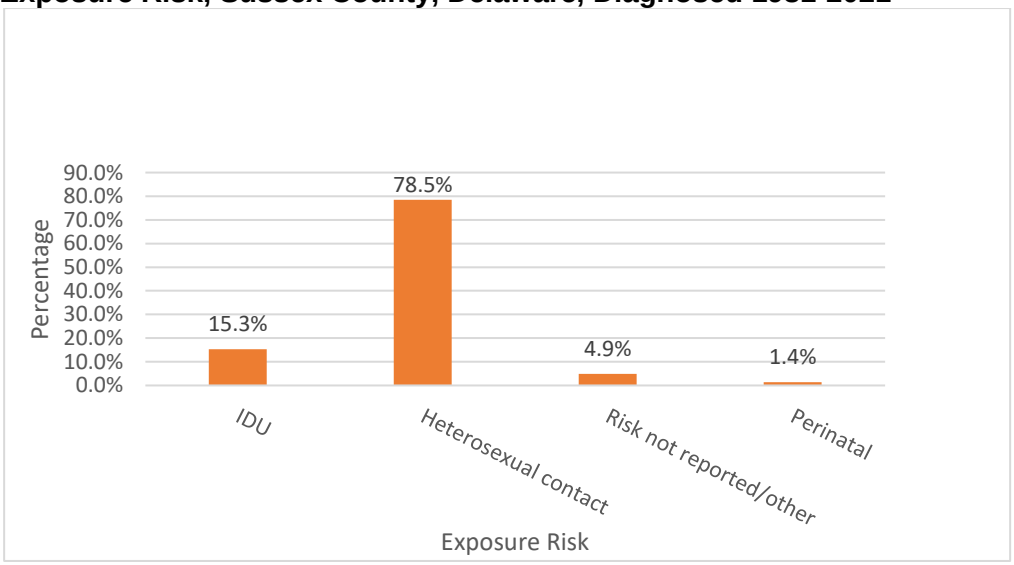
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 42: Percentage of Males Living with HIV, All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 43: Percentage of Females Living with HIV, All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Living with HIV – All Stages in the Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021

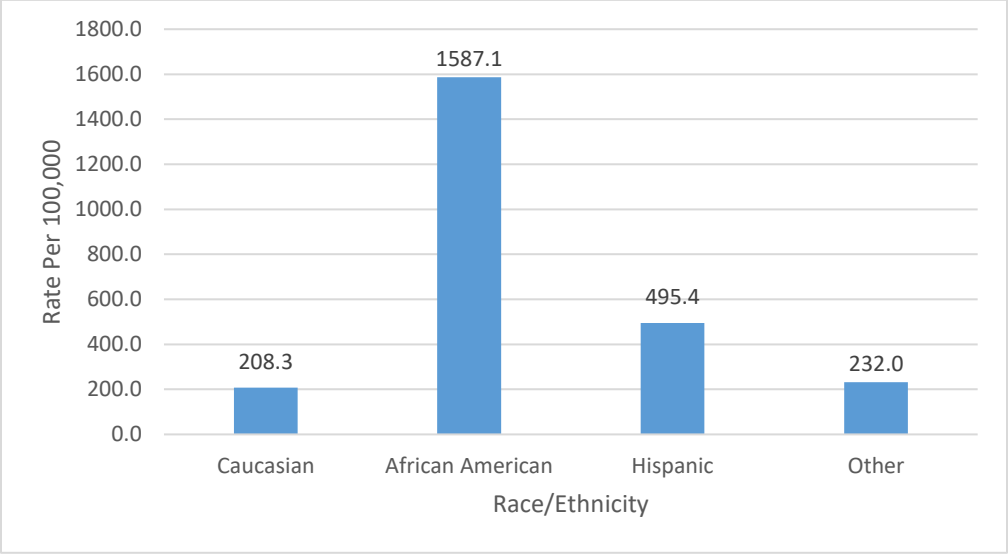
The 2021 American Community Survey was used for the latest population estimates within ZIP Codes 19801 to 19810, located in Delaware's Wilmington Metropolitan Area. The data does not break out persons by birth sex and race. HIV prevalence with the Wilmington Metropolitan Area was therefore calculated by locational stratification with a single sub-level (Tables 20-21 and Figures 44-45).

Table 20: Living with HIV, All Stages by Race/Ethnicity, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021 (19801-19810 ZIP Codes)

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living With HIV - All Stages 2021	265	865	115	30	1,275
Percentage Within Category	21%	68%	9%	2%	100%
Rate Per 100,000	208.3	1587.1	495.4	232.0	585.3

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 44: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

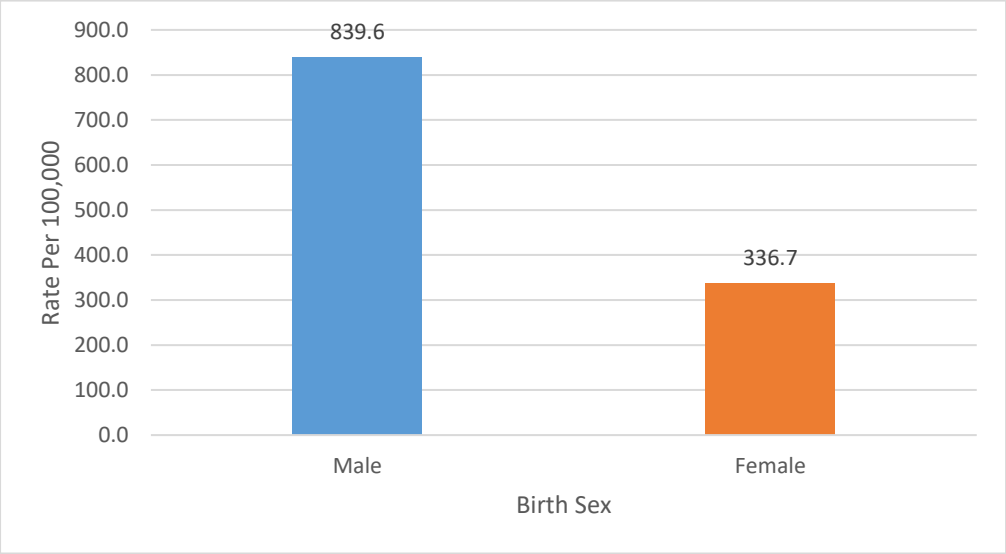
HIV prevalence among males in Wilmington is 40% higher than among females (Table 21 and Figure 45).

Table 21: Living with HIV - All Stages by Sex, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021 (19801-19810 ZIP Codes)

	Male	Female	Total
Living With HIV - All Stages 2021	890	385	1,275
Prevalence Rate	839.6	336.7	578.6

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022

Figure 45: Rate of HIV Prevalence, All Stages by Birth Sex, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

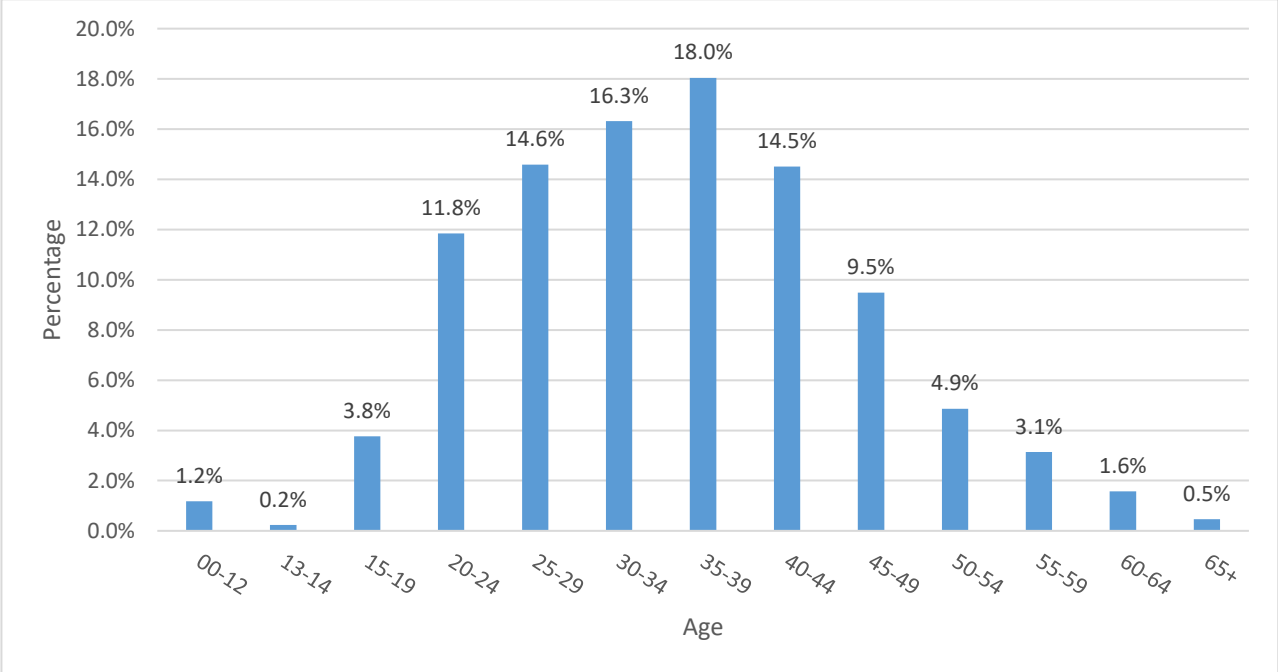
In the Wilmington Metropolitan Area, persons between the ages of 25 and 44 diagnosed with HIV, make up 63% of those living with HIV (Table 22 and Figure 46).

Table 22: Living with HIV - All Stages by Age at HIV Disease Diagnosis, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021 (19801-19810 ZIP Codes)

Age Group	#	%
00-12	15	1.2%
13-14	3	0.2%
15-19	48	3.8%
20-24	151	11.8%
25-29	186	14.6%
30-34	208	16.3%
35-39	230	18.0%
40-44	185	14.5%
45-49	121	9.5%
50-54	62	4.9%
55-59	40	3.1%
60-64	20	1.6%
65+	6	0.5%
Total	1,275	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 46: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

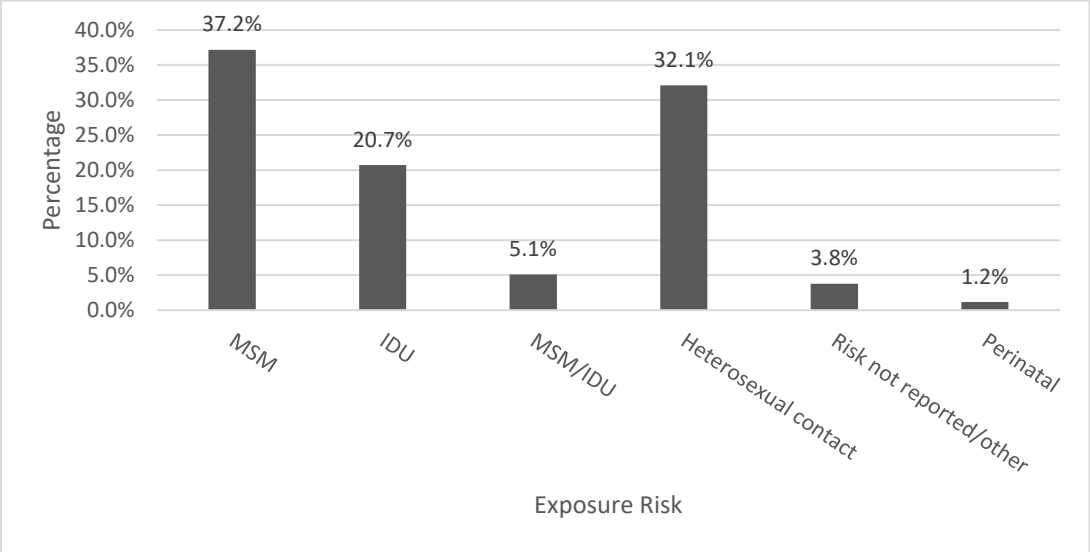
In the Wilmington Metropolitan Area, the leading risk categories is MSM contact (37%) and heterosexual contact (32%). IDU is the third highest risk category at 21%. All other exposure modes make up approximately 10% (Table 23 and Figures 47-49).

Table 23: Living with HIV - All Stages by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021 (19801-19810 ZIP Codes)

	All		Male		Female	
	#	%	#	%	#	%
MSM	474	37.2%	474	53.3%	0	0.0%
IDU	264	20.7%	150	16.9%	114	29.6%
MSM/IDU	65	5.1%	65	7.3%	0	0.0%
Heterosexual contact	409	32.1%	154	17.3%	255	66.2%
Transfusion/transplant recipient	0	0.0%	0	0.0%	0	0.0%
Risk not reported/other	48	3.8%	40	4.5%	8	2.1%
Perinatal	15	1.2%	7	0.8%	8	2.1%
Total	1,275	100.0%	890	100%	385	100%

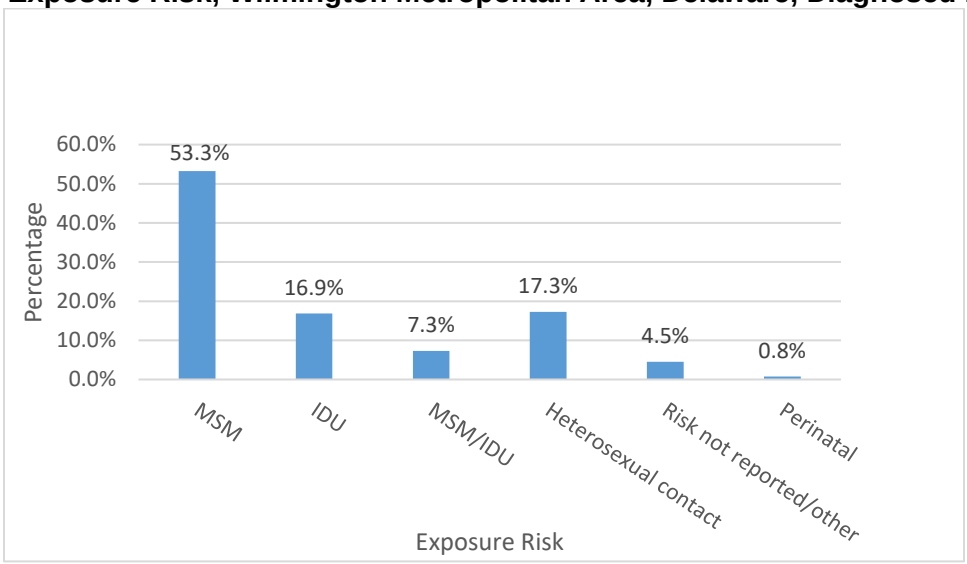
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 47: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021



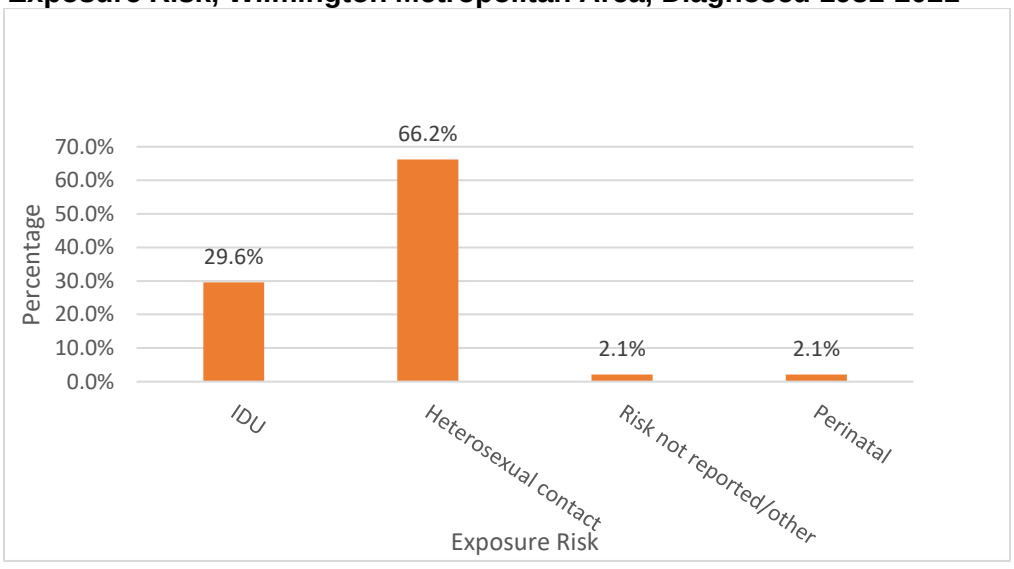
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 48: Percentage of Males Living with HIV, All Stages by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 49: Percentage of Females Living with HIV, All Stages by Exposure Risk, Wilmington Metropolitan Area, Diagnosed 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

HIV Incidence, 2017-2021

HIV Incidence in Delaware, 2017-2021

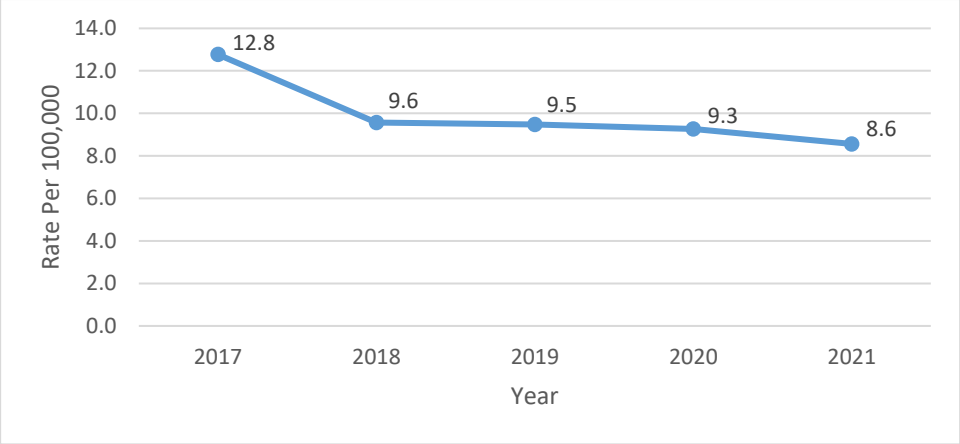
From 2017 through 2021, the average HIV incidence rate in Delaware was 9.9 per 100,000 population. The five-year average for males (15.6 per 100,000) is approximately three times higher than for females (4.6 per 100,000) (Table 24 and Figures 50-51).

Table 24: Rate of HIV Incidence, Delaware, 2017-2021

	All		Male		Female	
Year	#	Rate*	#	Rate*	#	Rate*
2017	123	12.8	90	19.3	33	6.6
2018	93	9.6	70	14.9	23	4.6
2019	93	9.5	69	14.5	24	4.7
2020	92	9.3	76	15.8	16	3.1
2021	85	8.6	65	13.5	20	3.9

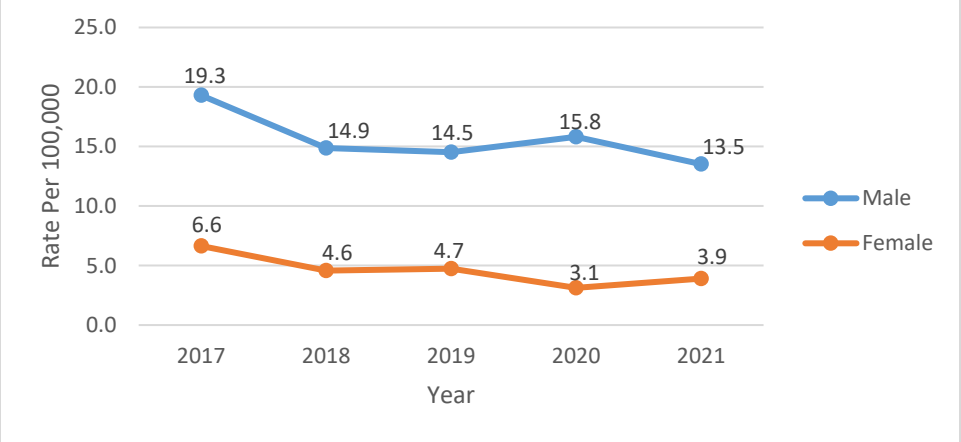
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 50: Rate of HIV Incidence, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022

Figure 51: Rate of HIV Incidence by Sex at Birth, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

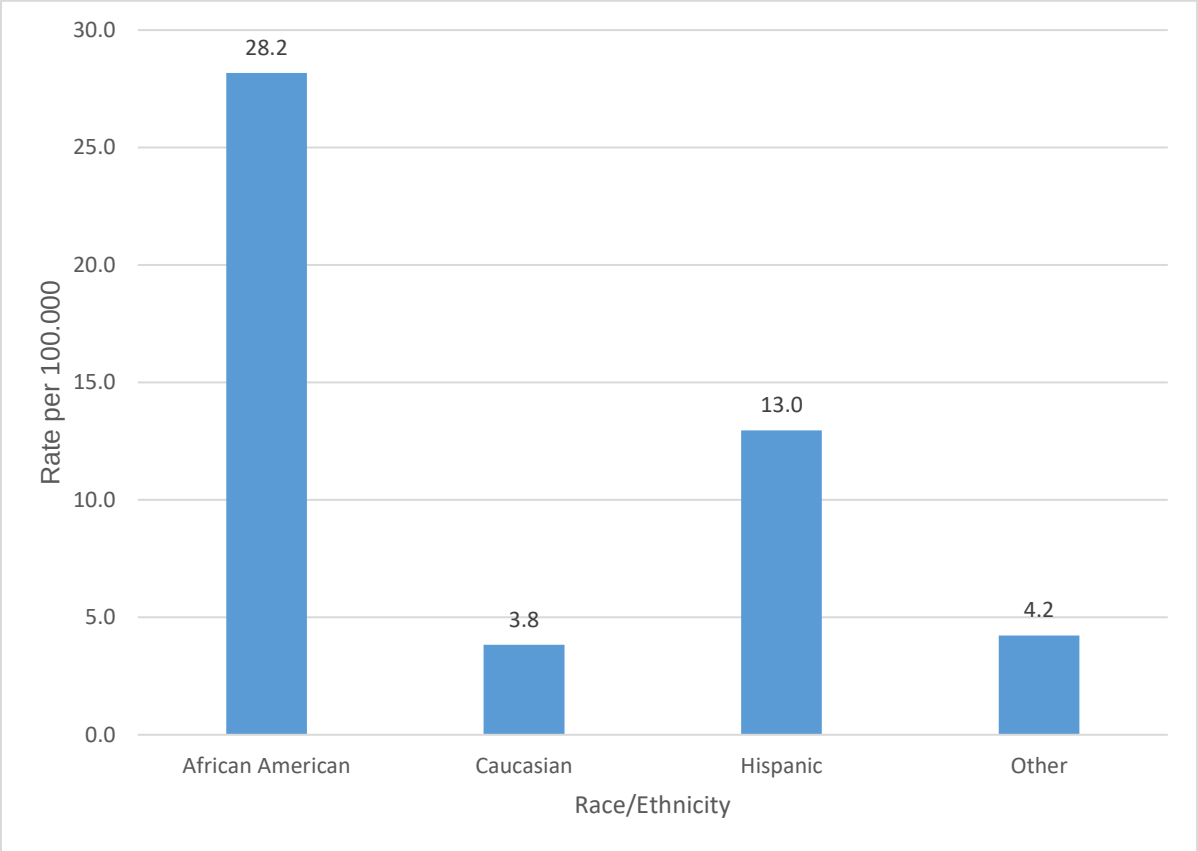
In Delaware, the five-year HIV incidence rate among African Americans (28.2) remains the highest among all groups. (Table 25 and Figure 52).

Table 25: Rate of HIV Incidence by Race/Ethnicity, Delaware, 2017-2021

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2017-2021	291	28.2	117	3.8	65	13.0	13	4.2

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 52: Rate of HIV Incidence by Race/Ethnicity, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

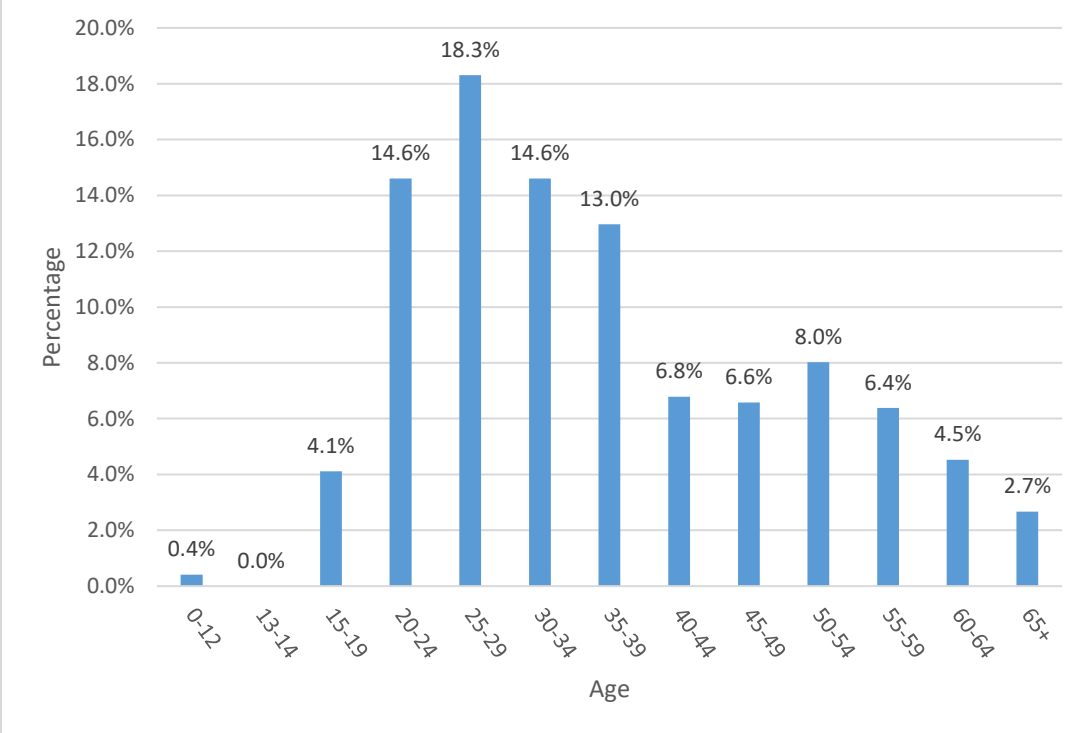
The highest rate of HIV infection in Delaware between 2017 and 2021, occurred among those 20-39 years old, accounting for 61% of all age groups (Table 26 and Figure 53).

Table 26: Cases of HIV by Age Group at Diagnosis, Delaware, 2017-2021

Age Group	#	%
00-12	2	0.4%
13-14	0	0.0%
15-19	20	4.1%
20-24	71	14.6%
25-29	89	18.3%
30-34	71	14.6%
35-39	63	13.0%
40-44	33	6.8%
45-49	32	6.6%
50-54	39	8.0%
55-59	31	6.4%
60-64	22	4.5%
65+	13	2.7%
Total	486	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 53: Percentage of HIV by Age Group at Diagnosis, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

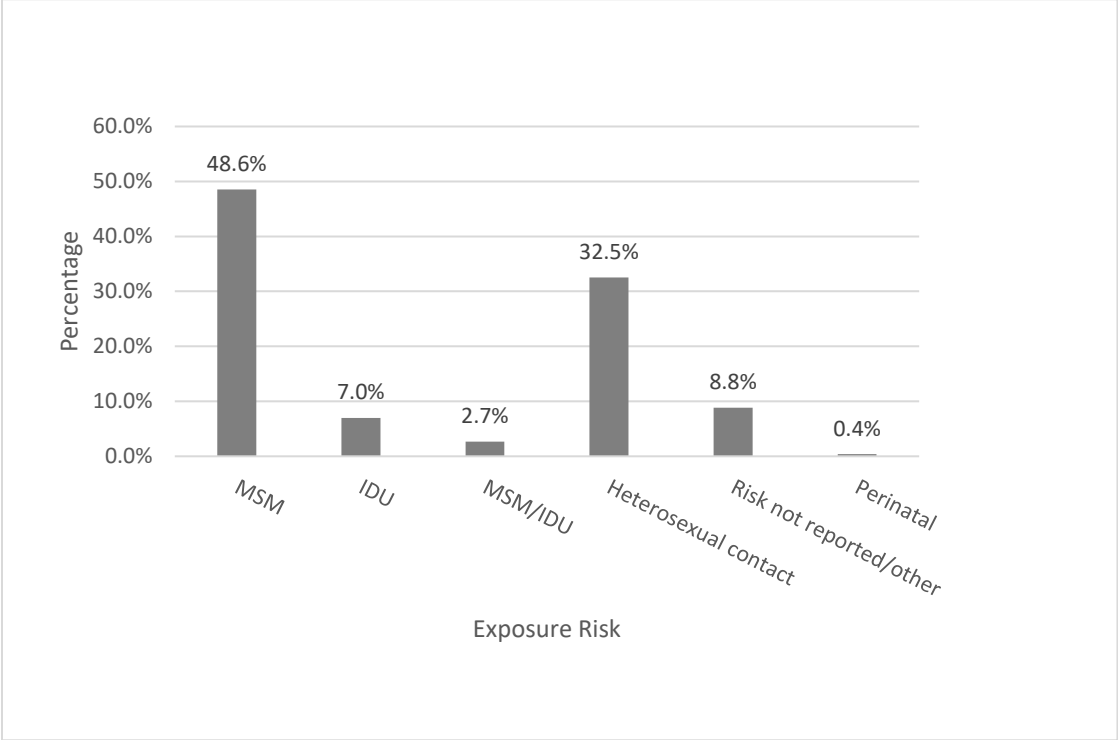
Statewide, MSM and heterosexual contact were the top two HIV exposure categories across a five-year time span with an average of 49% and 33%, respectively. All other risk categories comprised 19%. Delaware had two perinatal HIV cases in 2017 and 2018. (Table 27 and Figure 54).

Table 27: HIV Infections by Exposure Risk, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	236	48.6%
IDU	34	7.0%
MSM/IDU	13	2.7%
Heterosexual contact	158	32.5%
Risk not reported/other	43	8.8%
Perinatal	2	0.4%
Total	486	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Note: Only risk reported for cohort are listed.

Figure 54: **Percentage of HIV Infections by Exposure Risk, Delaware, 2017-2021**



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

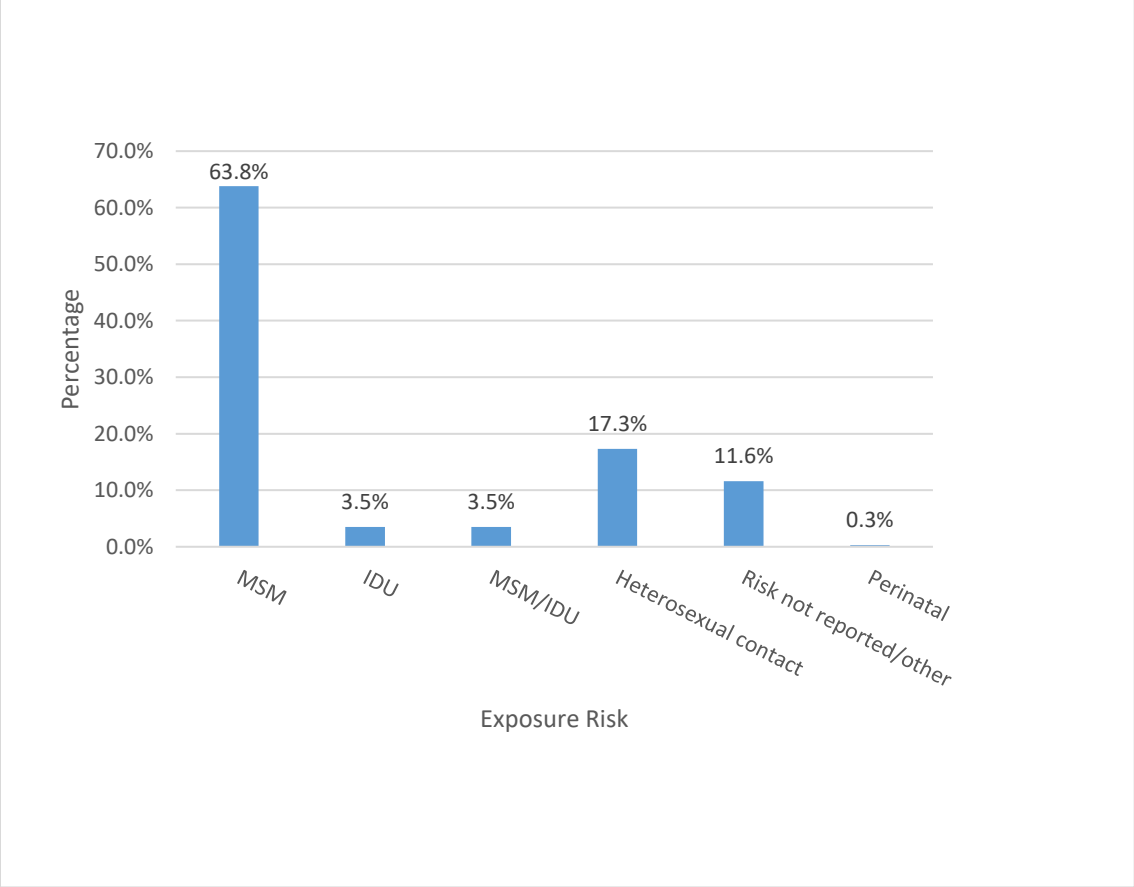
Over the five-year period (2017-2021) in Delaware, MSM and heterosexual contact were the top HIV exposure risks for males at 64% and 17%, respectively. Females exposure risks were heterosexual contact (81%), IDU (18%) and perinatal exposure (1%) (Tables 28-29 and Figures 55-56).

Table 28: HIV Infections by Exposure Risk among Males, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	236	63.8%
IDU	13	3.5%
MSM/IDU	13	3.5%
Heterosexual contact	64	17.3%
Risk not reported/other	43	11.6%
Perinatal Exposure	1	0.3%
Total	370	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Note: Only risk reported for cohort are listed.

Figure 55: Percentage of HIV Infections by Exposure Risk among Males, Delaware, 2017-2021



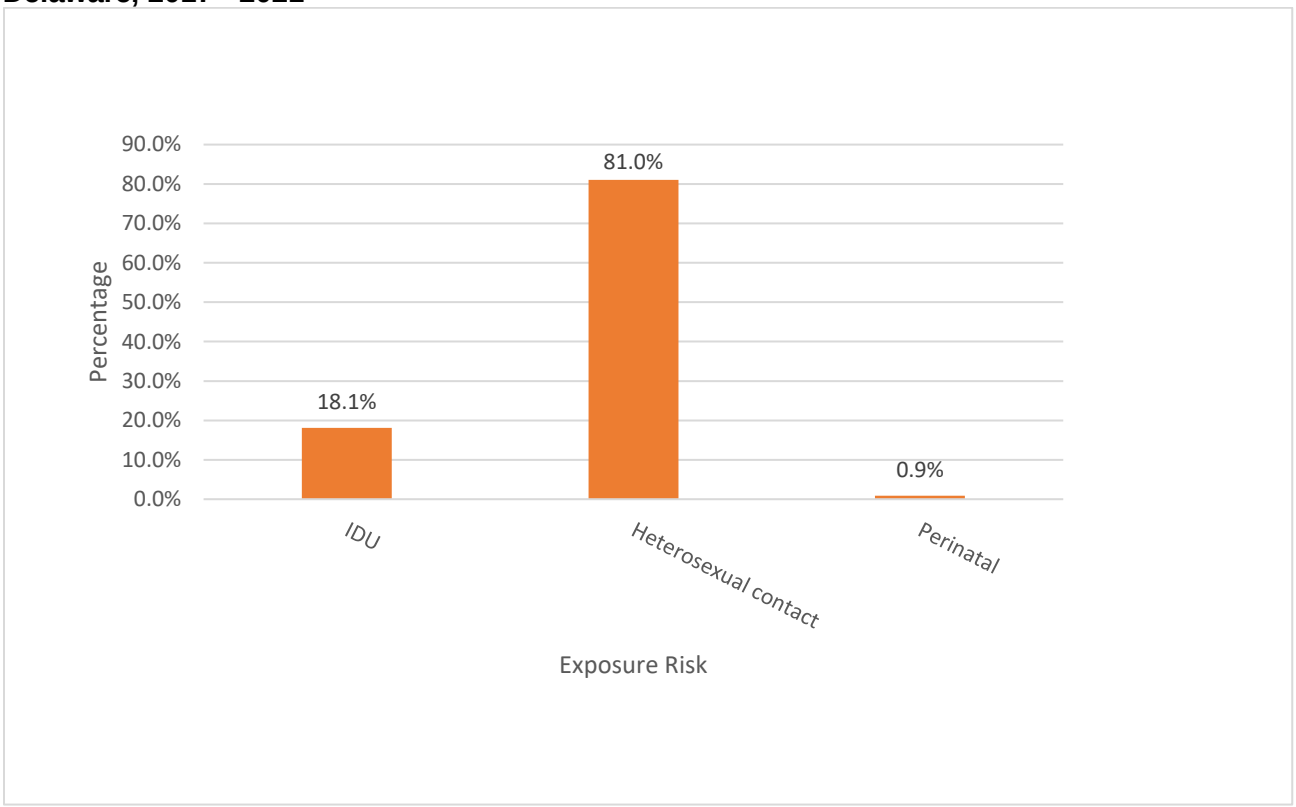
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Table 29: HIV Infections by Exposure Risk among Females, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
IDU	21	18.1%
Heterosexual contact	94	81.0%
Perinatal	1	0.9%
Total	116	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Note: Only risk reported for cohort are listed.

Figure 56: Percentage of HIV Infections by Exposure Risk among Females, Delaware, 2017 - 2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

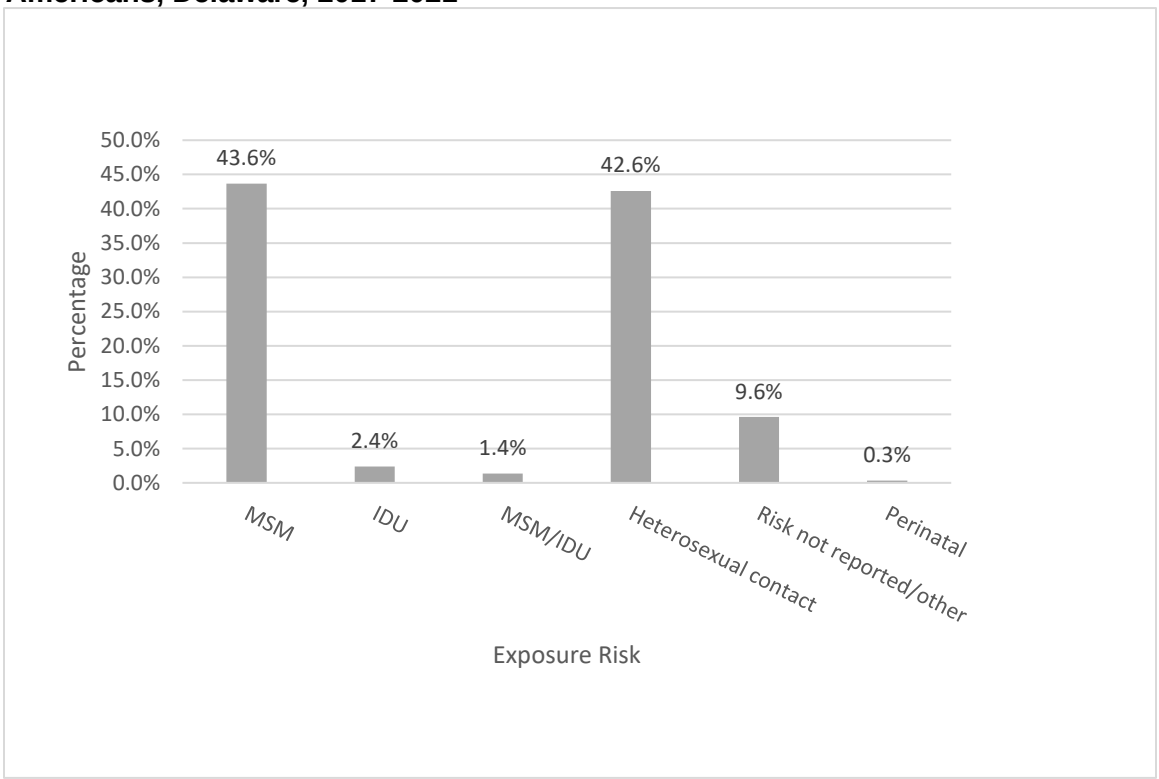
In Delaware, the top HIV exposure risks for African Americans over the five-year period (2017-2021) were MSM (44%) and heterosexual contact (43%). The top HIV exposure risks for Caucasians were MSM (54%) and IDU (19%) (Tables 30-31 and Figures 57-58).

Table 30: HIV Infections by Exposure Risk among African Americans, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	127	43.6%
IDU	7	2.4%
MSM/IDU	4	1.4%
Heterosexual contact	124	42.6%
Risk not reported/other	28	9.6%
Perinatal	1	0.3%
Total	291	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Note: Only risk reported for cohort are listed.

Figure 57: Percentage of HIV Infections by Exposure Risk among African Americans, Delaware, 2017-2021



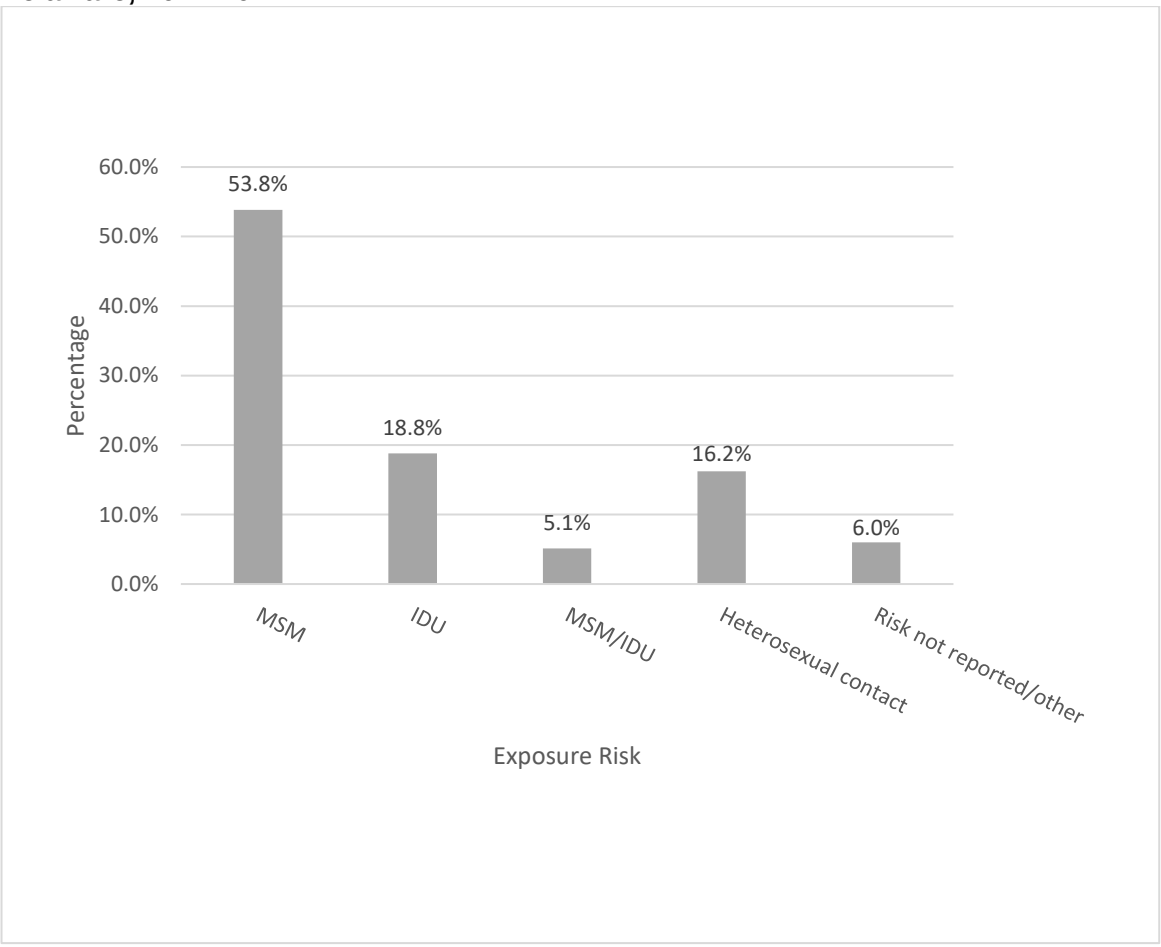
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Table 31: HIV Infections by Exposure Risk among Caucasians, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	63	53.8%
IDU	22	18.8%
MSM/IDU	6	5.1%
Heterosexual contact	19	16.2%
Risk not reported/other	7	6.0%
Perinatal	0	0.0%
Total	117	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Note: Only risk reported for cohort are listed.

Figure 58: Percentage of HIV Infections by Exposure Risk among Caucasians, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

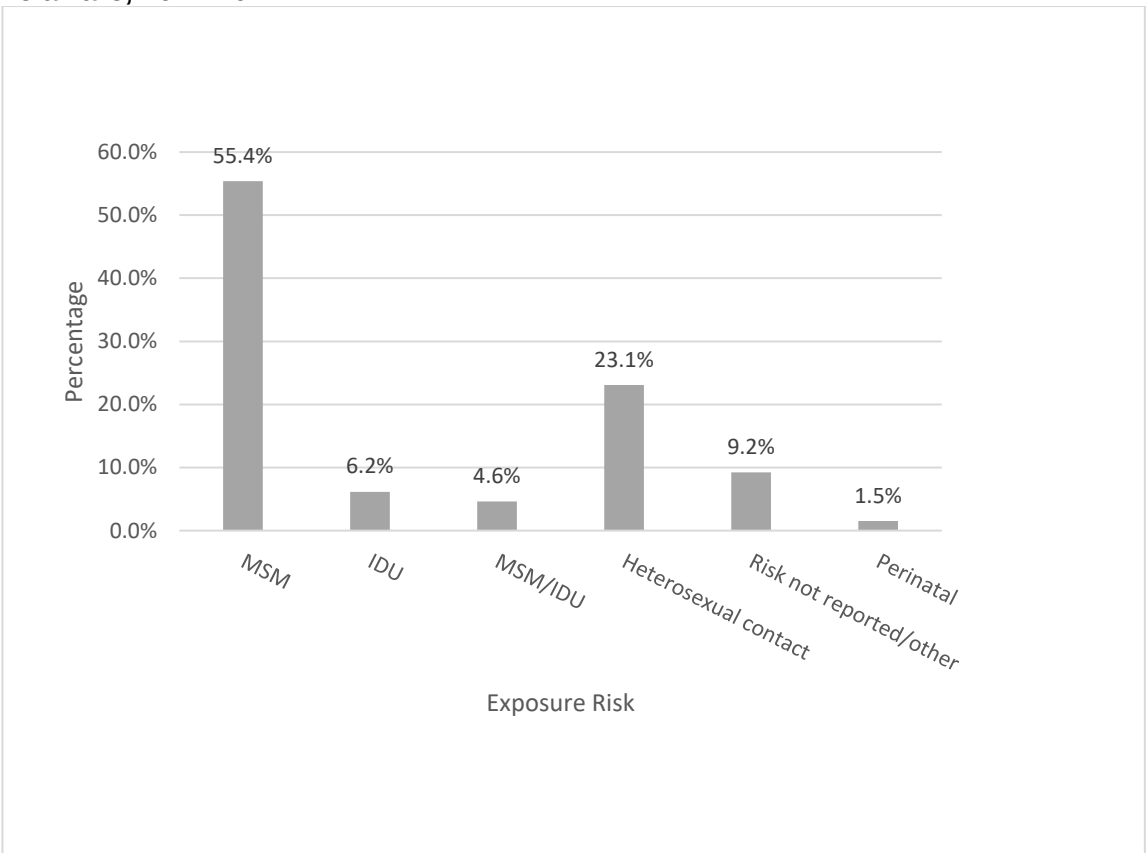
Over the five-year period 2017-2021 in Delaware, the top HIV exposure risks for Hispanics were MSM and heterosexual contact at 55% and 23%, respectively. For all other races (American Indian, Alaskan Native, Native Hawaiian/Pacific Islander, and Asian), the leading exposure risks were MSM (77%) and risk not reported/other (15%) (Tables 32-33 and Figures 59-60).

Table 32: HIV Infections by Exposure Risk among Hispanics, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	36	55.4%
IDU	4	6.2%
MSM/IDU	3	4.6%
Heterosexual contact	15	23.1%
Risk not reported/other	6	9.2%
Perinatal	1	1.5%
Total	65	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Note: Only risk reported for cohort are listed.

Figure 59: Percentage of HIV Infections by Exposure Risk among Hispanics, Delaware, 2017-2021



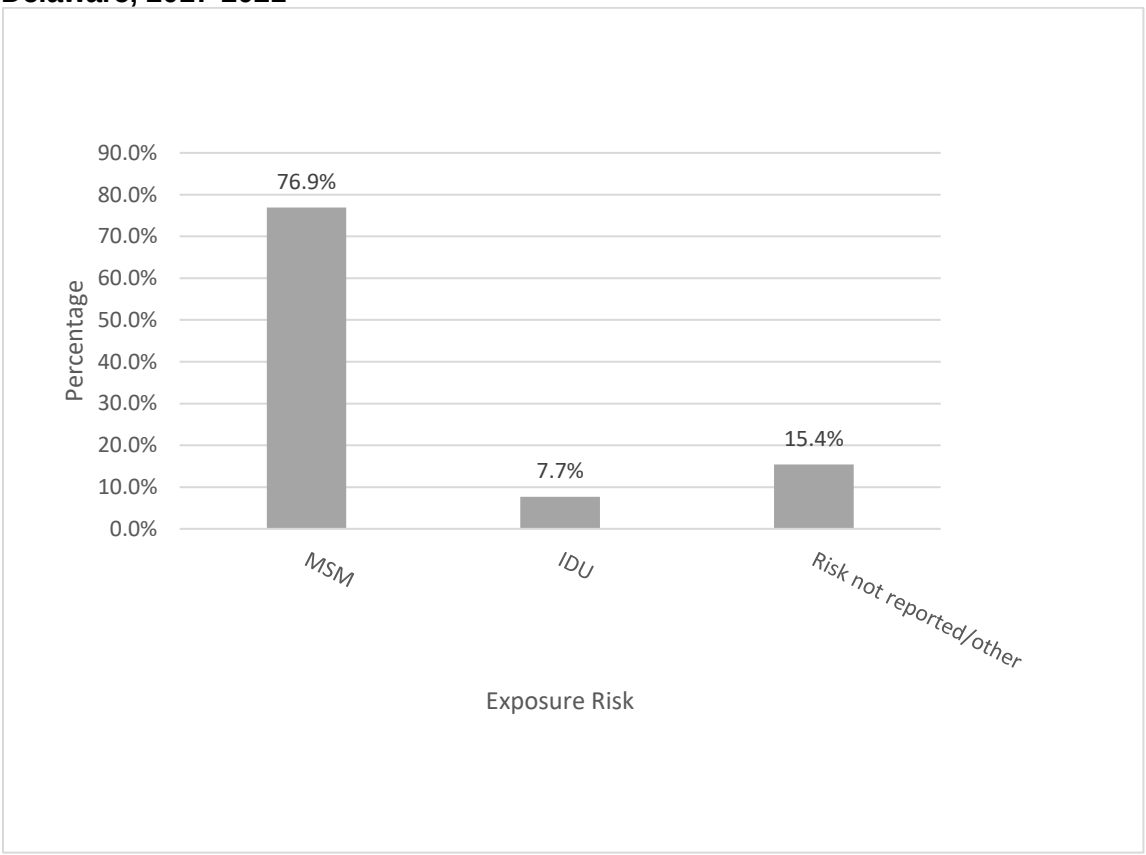
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Table 33: HIV Infections by Exposure Risk among Other Races, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	10	76.9%
IDU	1	7.7%
Risk not reported/other	2	15.4%
Total	13	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Note: Other Races includes American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Multi-Race and Unknown Race.
Note: Only risk reported for cohort are listed.

Figure 60: Percentage of HIV Infections by Exposure Risk among Other Races, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

HIV Incidence in New Castle County, Delaware 2017-2021

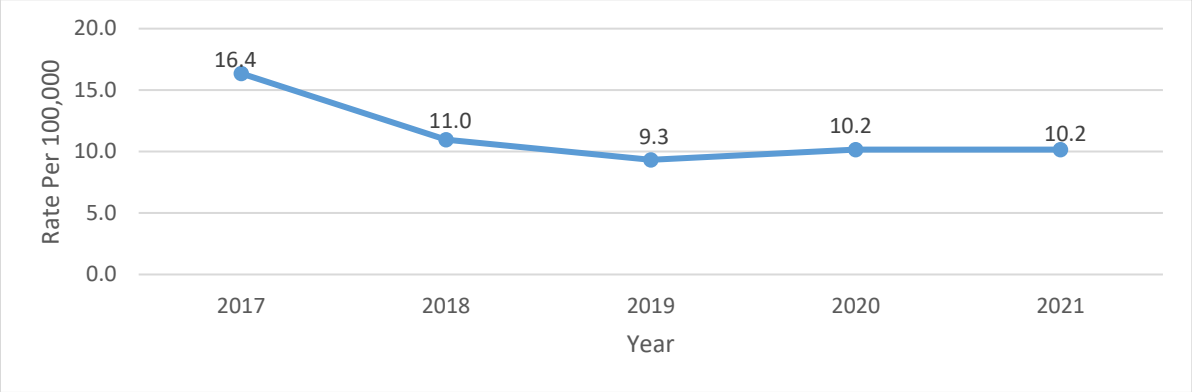
In New Castle County, the HIV incidence rate dropped from a high of 16.4 in 2017 to 10.2 in 2021. The five-year average incidence rate is 11.4 per 100,000. Among New Castle County males, the five-year average rate of HIV incidence (17.6 per 100,000) is over three times higher than among New Castle County females (5.6 per 100,000) (Table 34 and Figures 60-61).

Table 34: HIV Incidence, New Castle County, Delaware, 2017-2021

	All		Male		Female	
Year	#	Rate*	#	Rate*	#	Rate*
2017	92	16.4	66	24.1	26	9.0
2018	62	11.0	45	16.4	17	5.9
2019	53	9.3	40	14.5	13	4.5
2020	58	10.2	48	17.3	10	3.4
2021	58	10.2	43	15.5	15	5.1

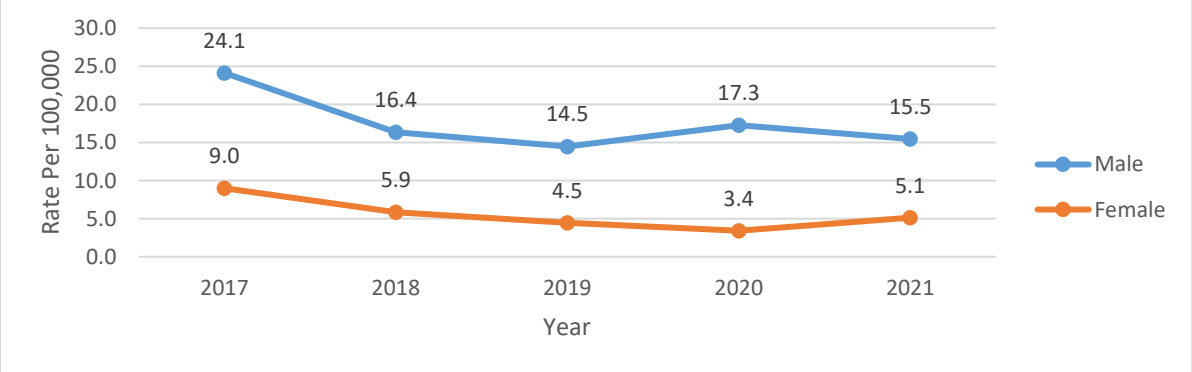
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 61: Rate of HIV Incidence, New Castle County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 62: Rate of HIV Incidence by Birth Sex, New Castle County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

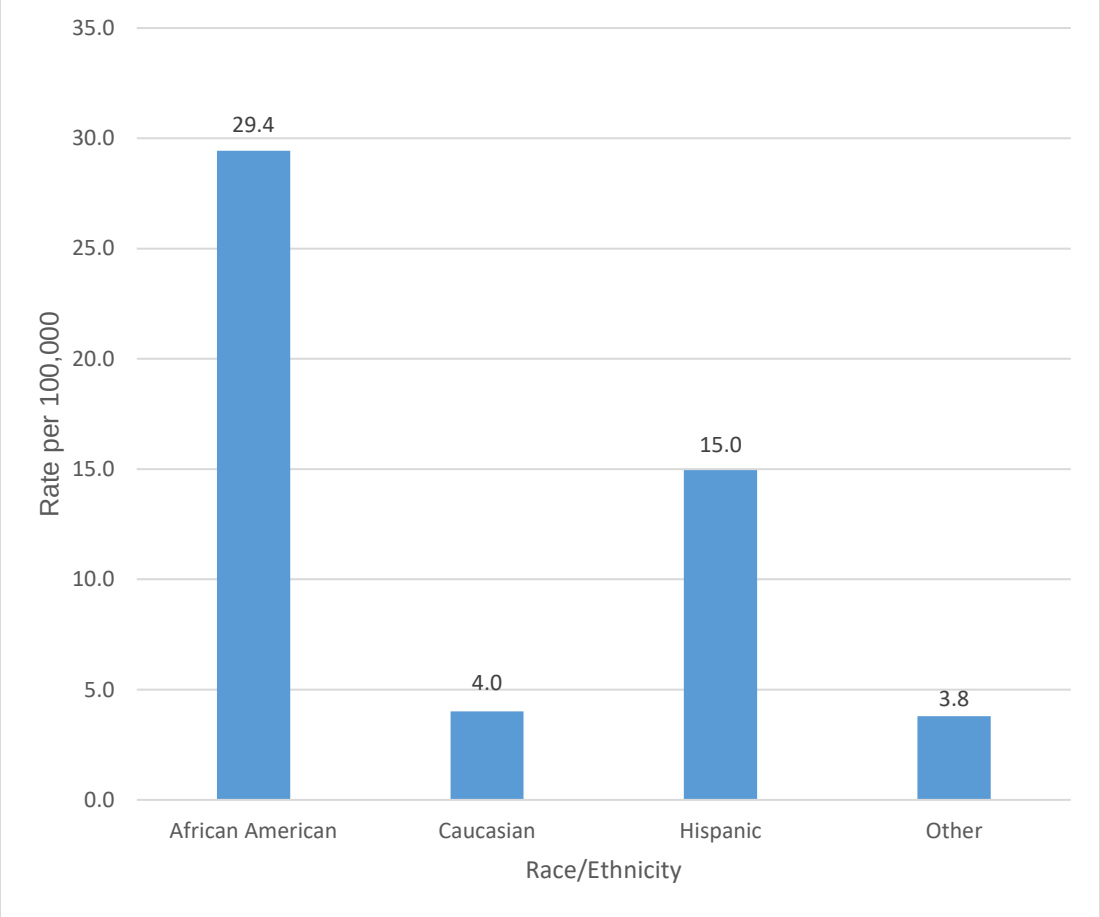
The HIV incidence rate among African Americans in New Castle County from 2017-2021 is the highest among all groups in this measure at 29.4 per 100,000 population. (Table 35 and Figure 63).

Table 35: HIV Incidence by Race/Ethnicity, New Castle County, Delaware, 2017-2021

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2017-2021	202	29.4	65	4.0	48	15.0	8	3.8

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 63: Rate of HIV Incidence by Race and Ethnicity, New Castle County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

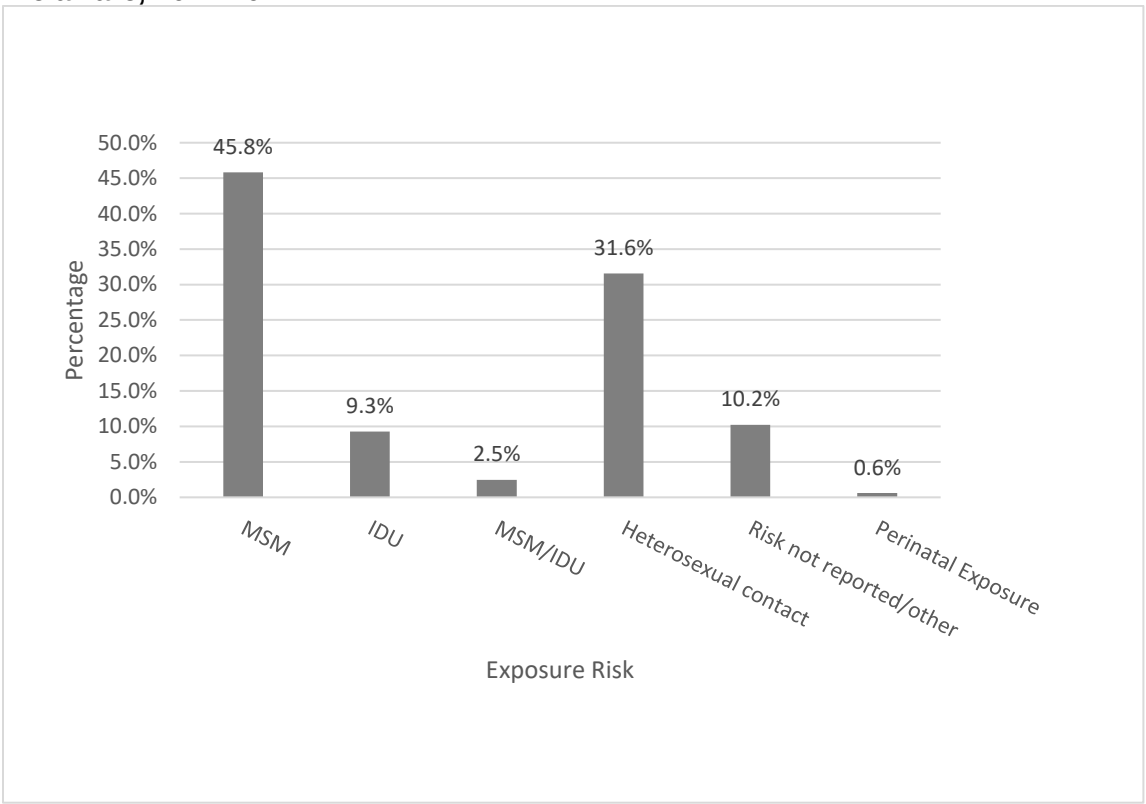
In New Castle County (2017-2021), the highest HIV exposure risks were MSM (46%) and heterosexual contact (32%). All other risk categories account for 23% (Table 36 and Figure 64) of exposures.

Table 36: HIV Infections by Exposure Risk, New Castle County, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	148	45.8%
IDU	30	9.3%
MSM/IDU	8	2.5%
Heterosexual contact	102	31.6%
Risk not reported/other	33	10.2%
Perinatal	2	0.6%
Total	323	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 64: Percentage of HIV Infections by Exposure Risk, New Castle County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

HIV Incidence in Kent County, Delaware, 2017-2021

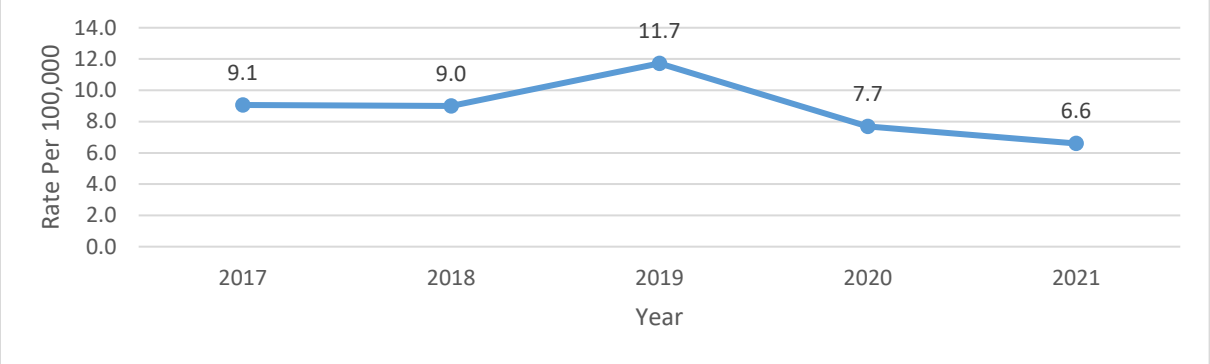
The overall HIV incidence rate in Kent County, has shown a small decline with a five-year average incidence rate of 8.8 per 100,000 population. The average HIV incidence rate among males in Kent County is 13.4 per 100,000 population, while females are 4.7 per 100,000 population within the five-year period (Table 37 and Figures 65-66).

Table 37: HIV Incidence, Kent County, Delaware, 2017-2021

	Cases	
Year	#	Rate*
2017	16	9.1
2018	16	9.0
2019	21	11.7
2020	14	7.7
2021	12	6.6

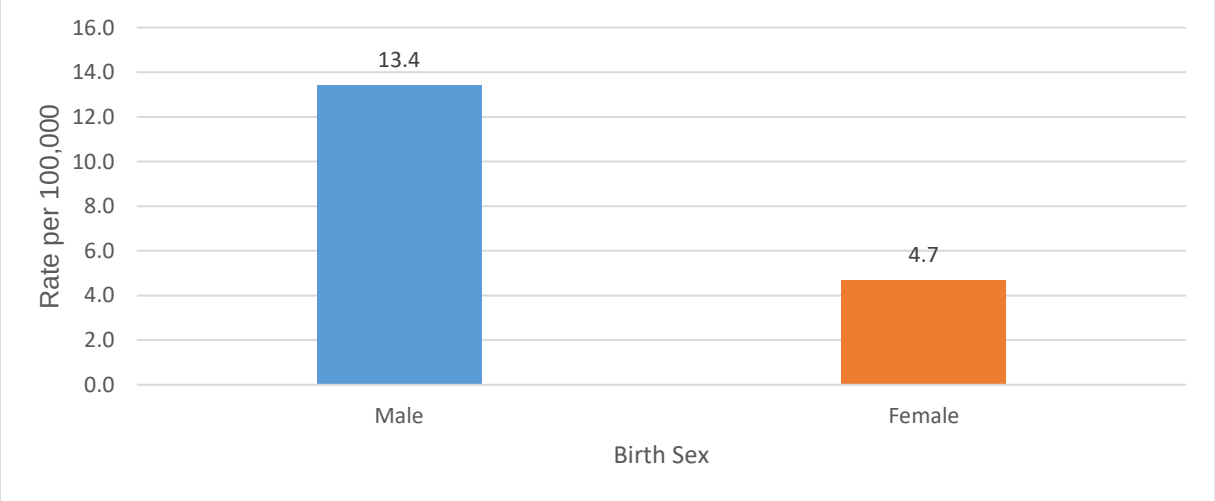
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 65: Rate of HIV Incidence, Kent County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 66: Rate of HIV Incidence by Birth Sex, Kent County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

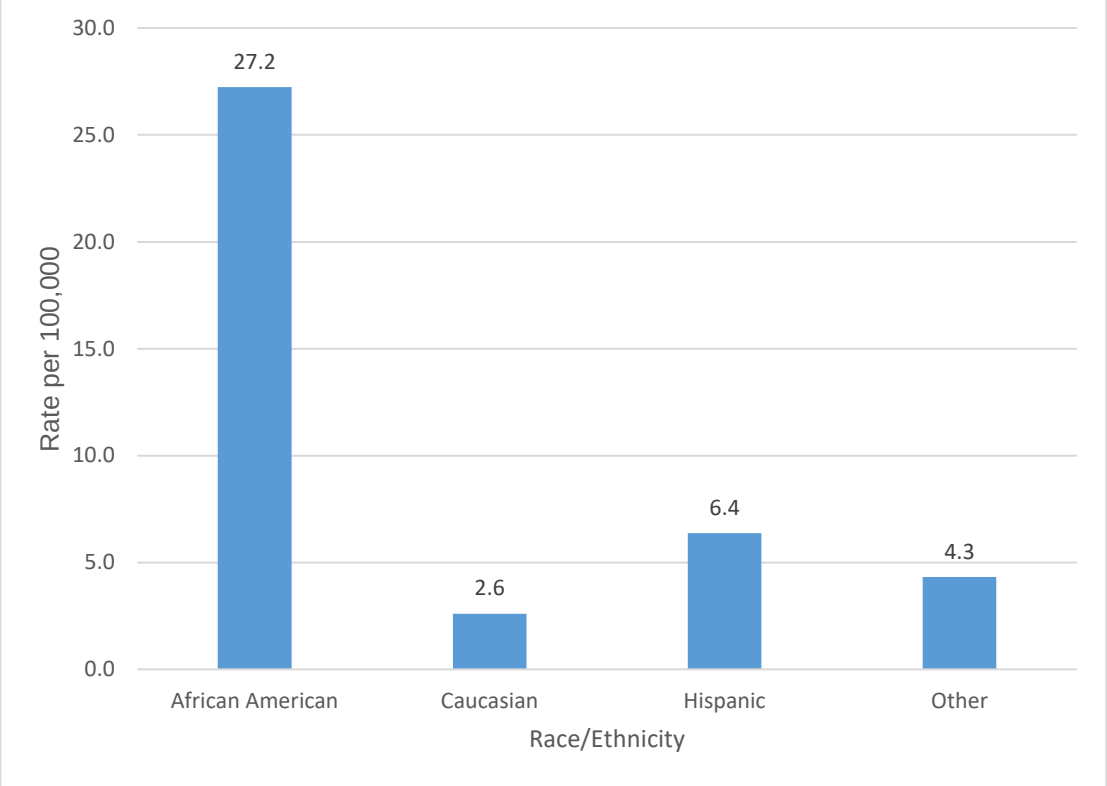
By race and ethnicity, the five-year average HIV incidence rate among African Americans in Kent County remained the highest among all groups at 27.2 per 100,000 population (Table 38 and Figure 67).

Table 38: HIV Incidence by Race/Ethnicity, Kent County, Delaware, 2017-2021

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2017-2021	58	27.2	15	2.6	4	6.4	2	4.3

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 67: Rate of HIV Incidence by Race/Ethnicity, Kent County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

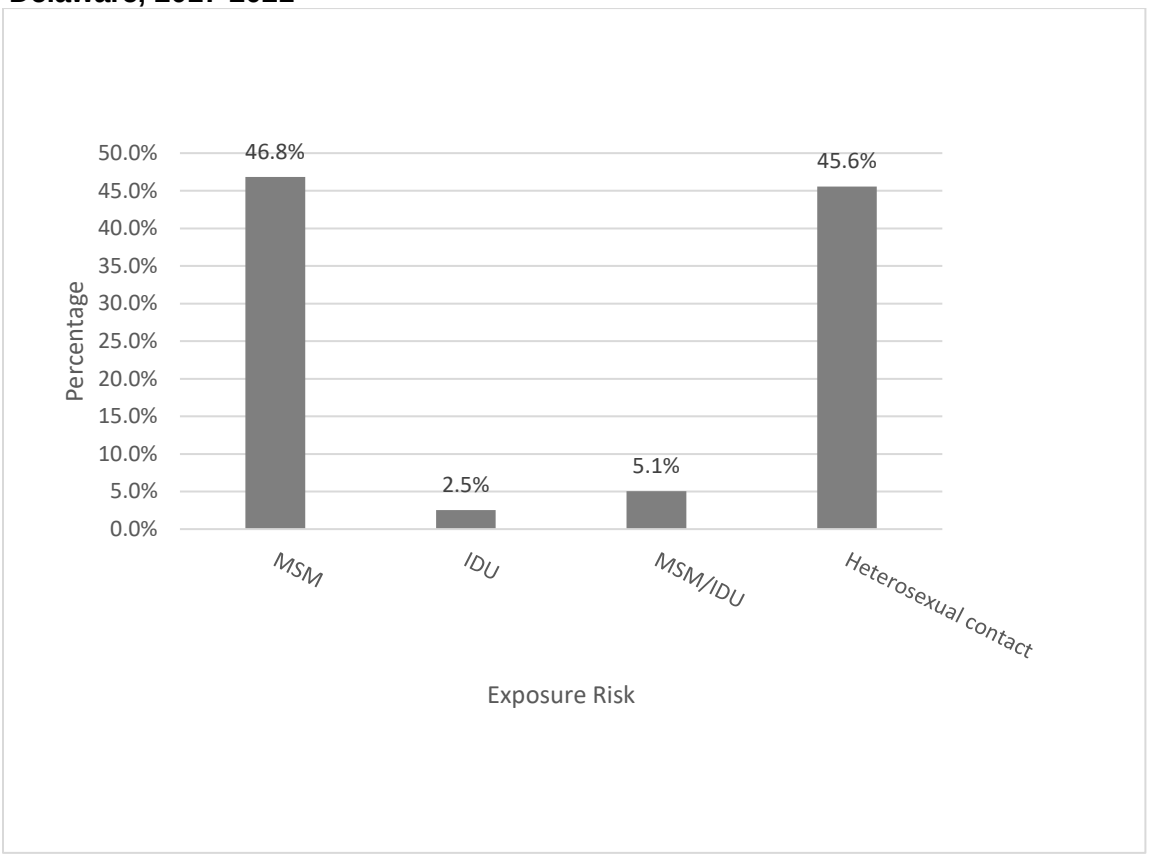
In Kent County, MSM and heterosexual contact are the highest HIV exposure risks at 47% and 46% respectively. All other risk categories account for 7.6% (Table 39 and Figure 68).

Table 39: HIV Infections by Exposure Risk, Kent County, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
Men Who Have Sex With Men (MSM)	37	46.8%
Injection Drug User (IDU)	2	2.5%
MSM/IDU	4	5.1%
Heterosexual contact	36	45.6%
Total	79	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 68: Percentage of HIV Infections by Exposure Risk, Kent County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

HIV Incidence in Sussex County, Delaware, 2017-2021

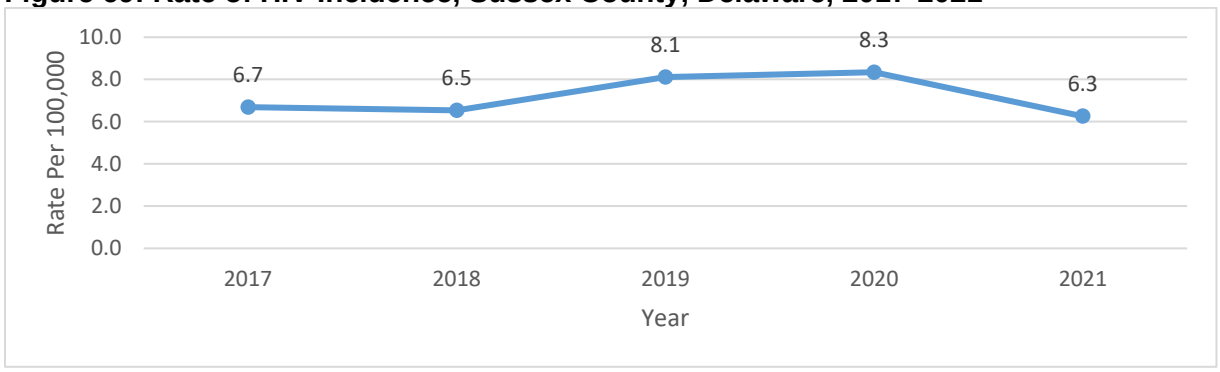
The overall HIV incidence rate has declined from 6.7 (per 100,000 population) in 2017 to 6.3 (per 100,000) in 2021. Sussex County had a five year average incidence rate of 7.2. The HIV incidence rate among Sussex County males is 82% higher than among Sussex County females (Table 40 and Figures 69-70).

Table 40: HIV Incidence, Sussex County, Delaware, 2017–2021

	Cases	
Year	#	Rate*
2017	15	6.7
2018	15	6.5
2019	19	8.1
2020	20	8.3
2021	15	6.3

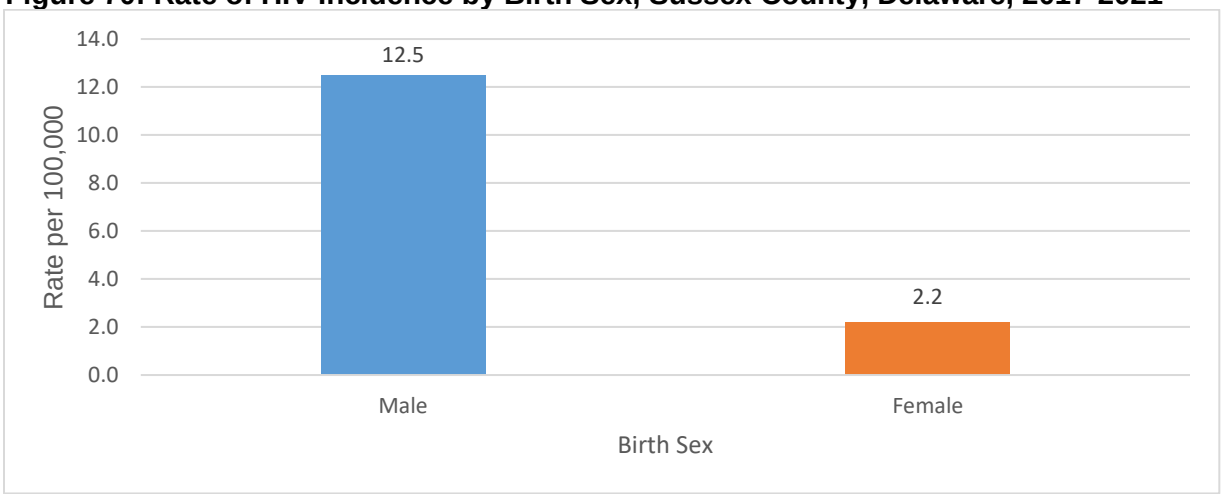
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 69: Rate of HIV Incidence, Sussex County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 70: Rate of HIV Incidence by Birth Sex, Sussex County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

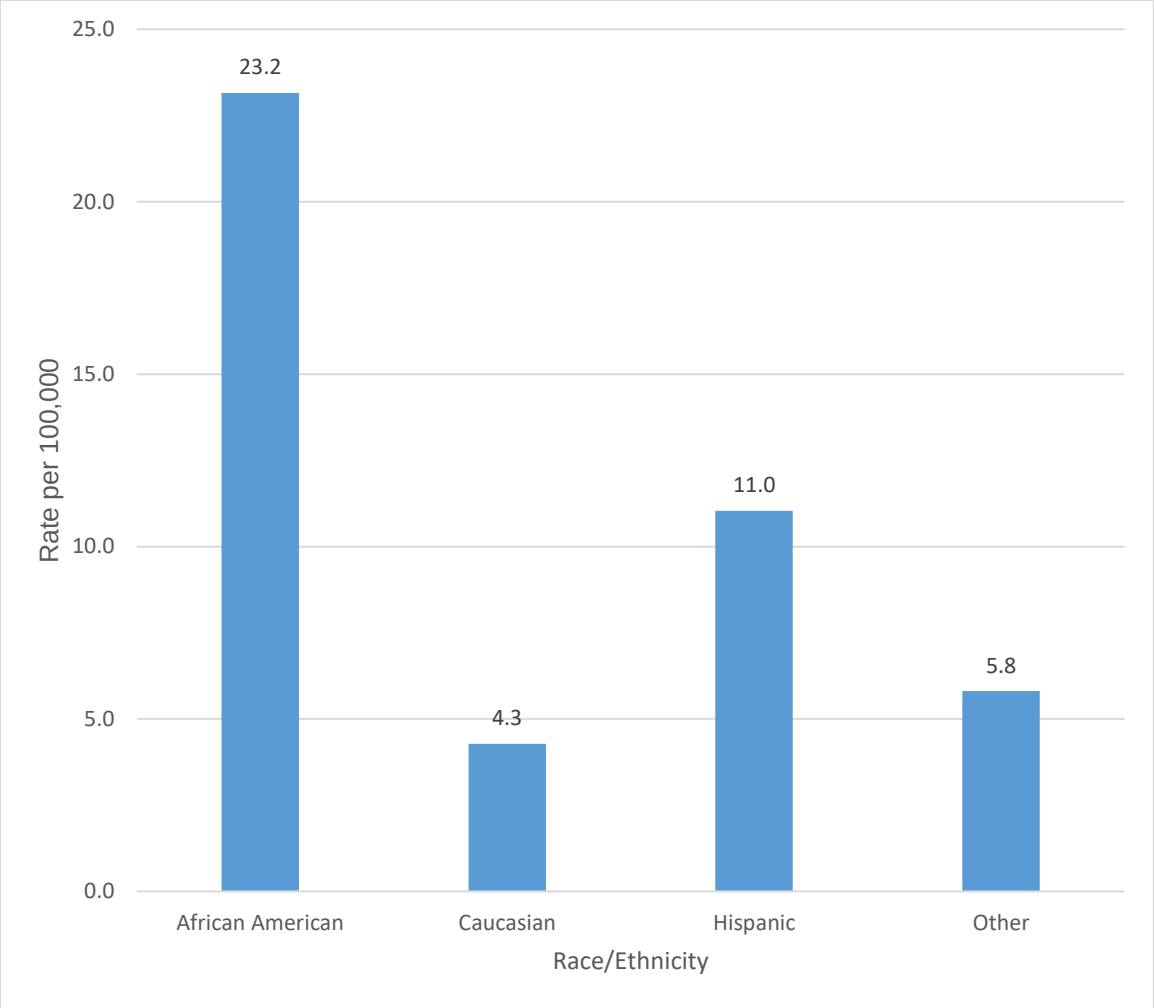
In Sussex County, the HIV incidence rate among African Americans remains the highest among all groups with a five-year average rate of 23.2 per 100,000 population (Table 41 and Figure 71).

Table 41: HIV Incidence by Race/Ethnicity, Sussex County, Delaware, 2017-2021

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2017-2021	31	23.2	37	4.3	13	11.0	3	5.8

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 71: Rate of HIV Incidence by Race/Ethnicity, Sussex County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022

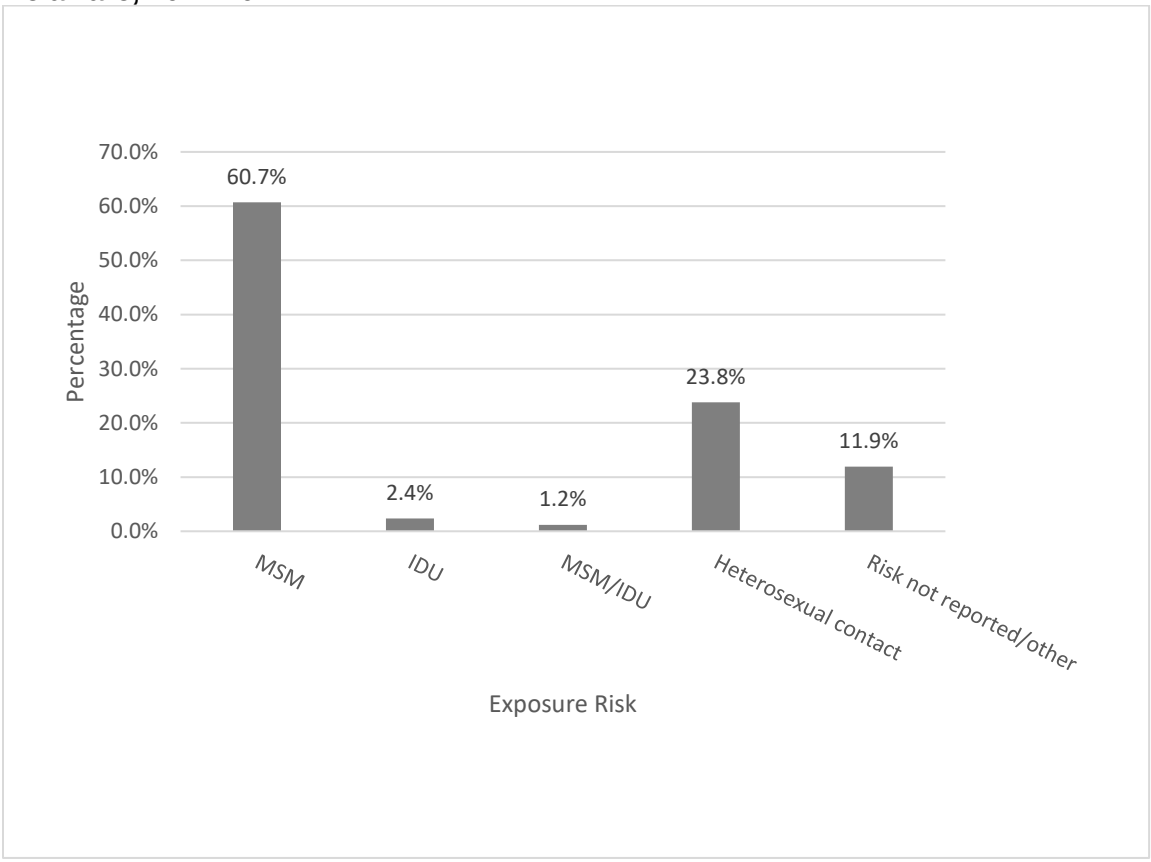
In Sussex County, MSM was the highest HIV exposure risk factor from 2017-2021 at 61%, and heterosexual contact followed at 24%. All other risk groups accounted for 16% of exposures (Table 42 and Figure 72).

Table 42: HIV Infection by Exposure Risk, Sussex County, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
Men Who Have Sex with Men (MSM)	51	60.7%
Injection Drug User (IDU)	2	2.4%
MSM/IDU	1	1.2%
Heterosexual contact	20	23.8%
Risk not reported/other	10	11.9%
Total	84	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 72: Percentage of HIV infections by Exposure Risk, Kent County, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Stage 3 HIV (AIDS) Incidence, 2017-2021

Stage 3 HIV (AIDS) Incidence in Delaware, 2017-2021

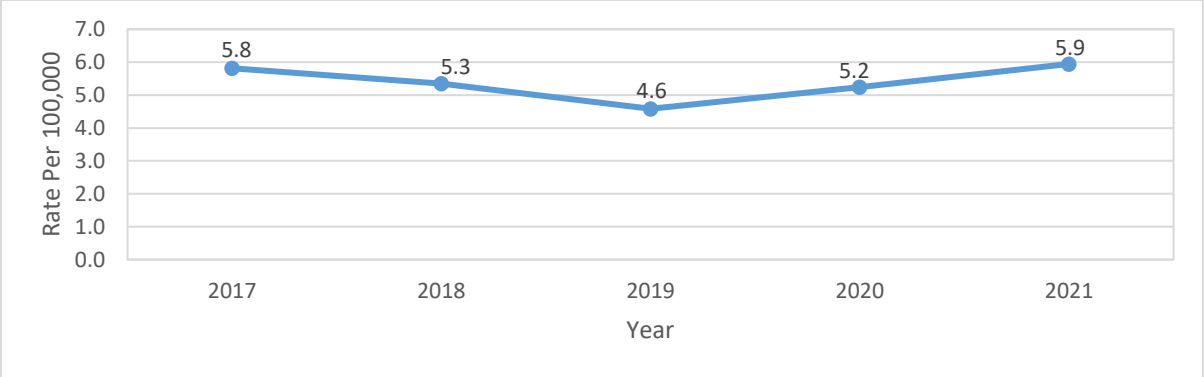
Delaware's Stage 3 HIV (AIDS) incidence rate had a slight increase from 5.8 per 100,000 population in 2017 to 5.9 per 100,000 in 2021 with a five-year average incidence rate of 5.4 per 100,000. The average rate among Delaware males (7.9 per 100,000) is almost three times higher than among Delaware females (3.0 per 100,000) (Table 43 and Figures 73-74).

Table 43: Stage 3 HIV (AIDS) Diagnosis, All and by Birth Sex, Delaware, 2017 - 2021

	All		Male		Female	
Year	#	Rate	#	Rate	#	Rate
2017	56	5.8	43	9.2	13	2.6
2018	52	5.3	37	7.9	15	3.0
2019	45	4.6	30	6.3	15	3.0
2020	52	5.2	35	7.3	17	3.3
2021	59	5.9	42	8.7	17	3.3

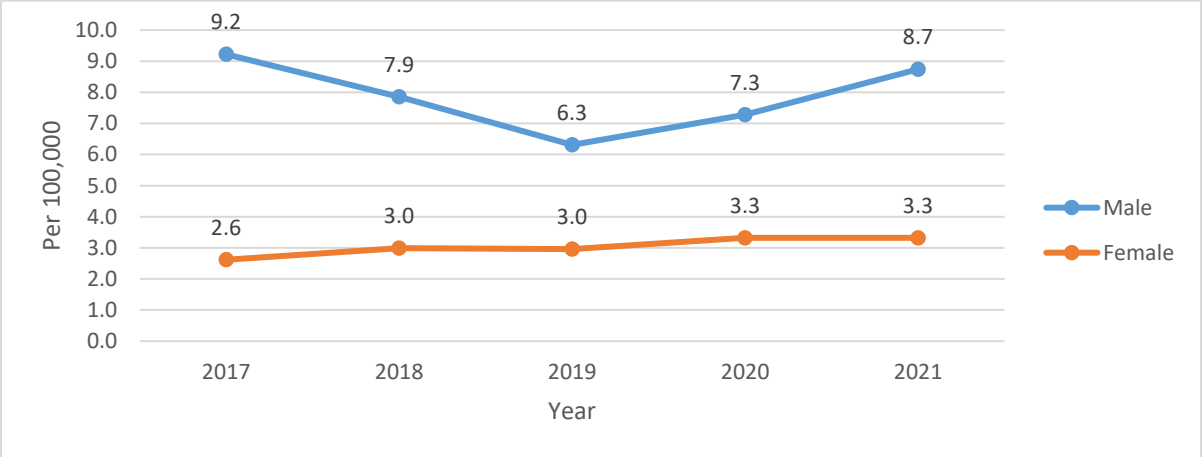
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 73: Rate of Stage 3 HIV (AIDS) Incidence, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 74: Rate of Stage 3 HIV (AIDS) Incidence by Birth Sex, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

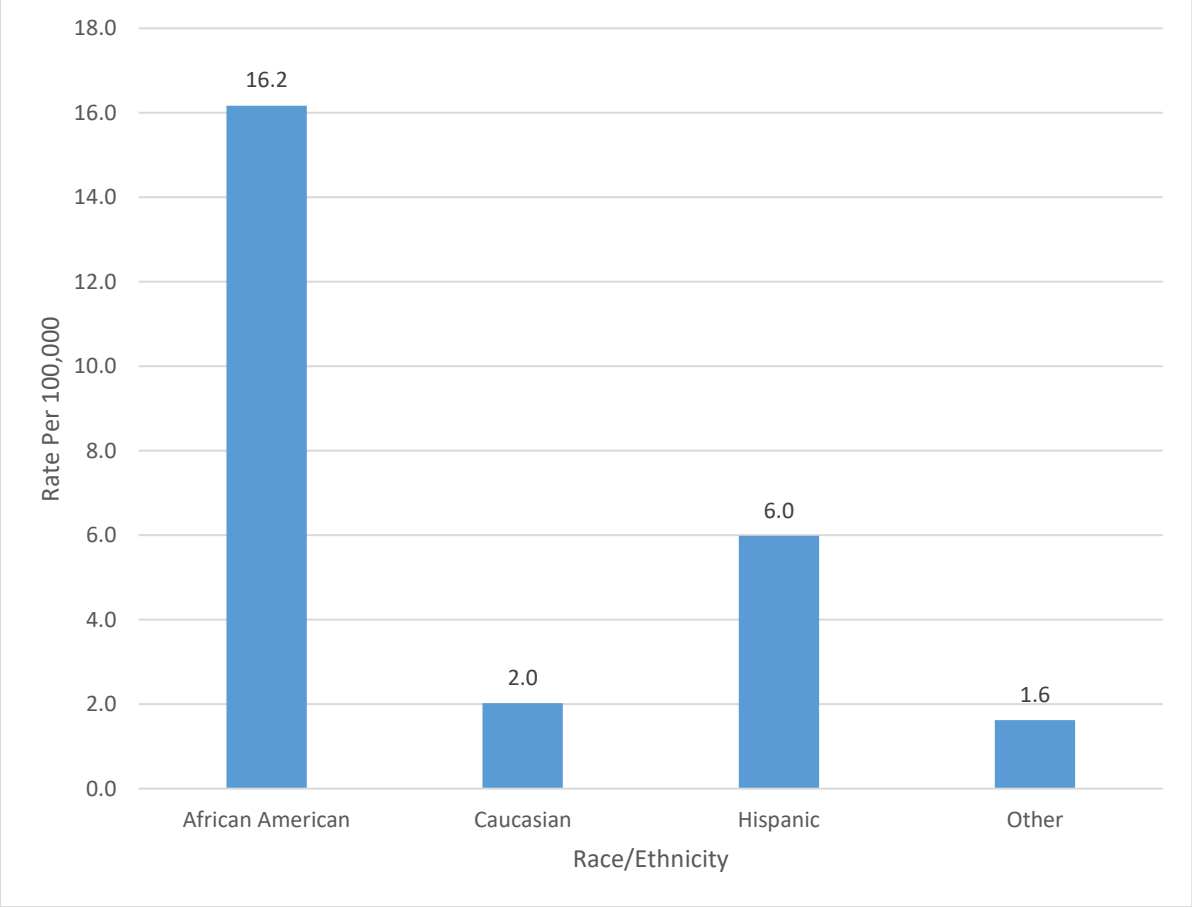
In Delaware, the five-year average Stage 3 HIV (AIDS) incidence rate among African Americans is the highest among all groups at 16.2 per 100,000 (Table 44 and Figure 75).

Table 44: Stage 3 HIV (AIDS) Diagnosis by Race/Ethnicity, Delaware, 2017-2021

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2017-2021	167	16.2	62	2.0	30	6.0	5	1.6

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
**per 100,000*

Figure 75: Rate of Stage 3 HIV (AIDS) Incidence by Race/Ethnicity, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

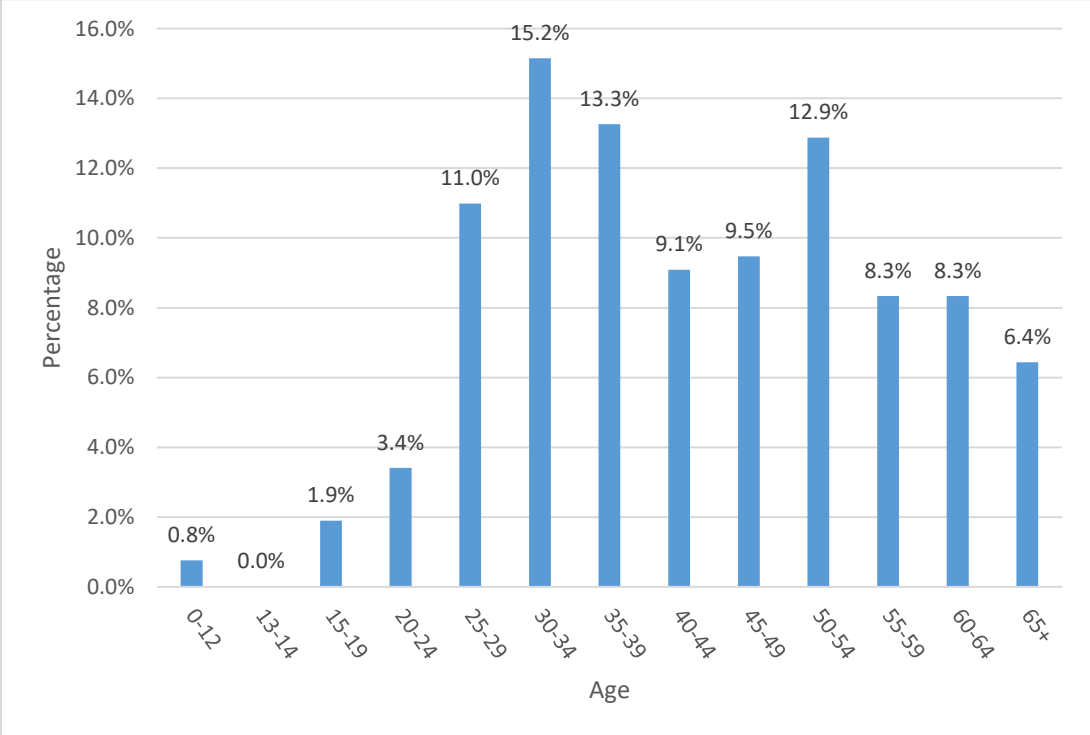
In Delaware from 2017-2021, the greatest number of diagnoses of Stage 3 HIV (AIDS) occurred in the ages of 25-54, accounting for 71% of all groups (Table 45 and Figure 76).

Table 45: Stage 3 HIV (AIDS) by Age at Diagnosis, Delaware, 2017-2021

Age Group	#	%
00-12	2	0.8%
13-14	0	0.0%
15-19	5	1.9%
20-24	9	3.4%
25-29	29	11.0%
30-34	40	15.2%
35-39	35	13.3%
40-44	24	9.1%
45-49	25	9.5%
50-54	34	12.9%
55-59	22	8.3%
60-64	22	8.3%
65+	17	6.4%
Total	264	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 76: Percentage of Stage 3 HIV (AIDS) by Age at Diagnosis, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

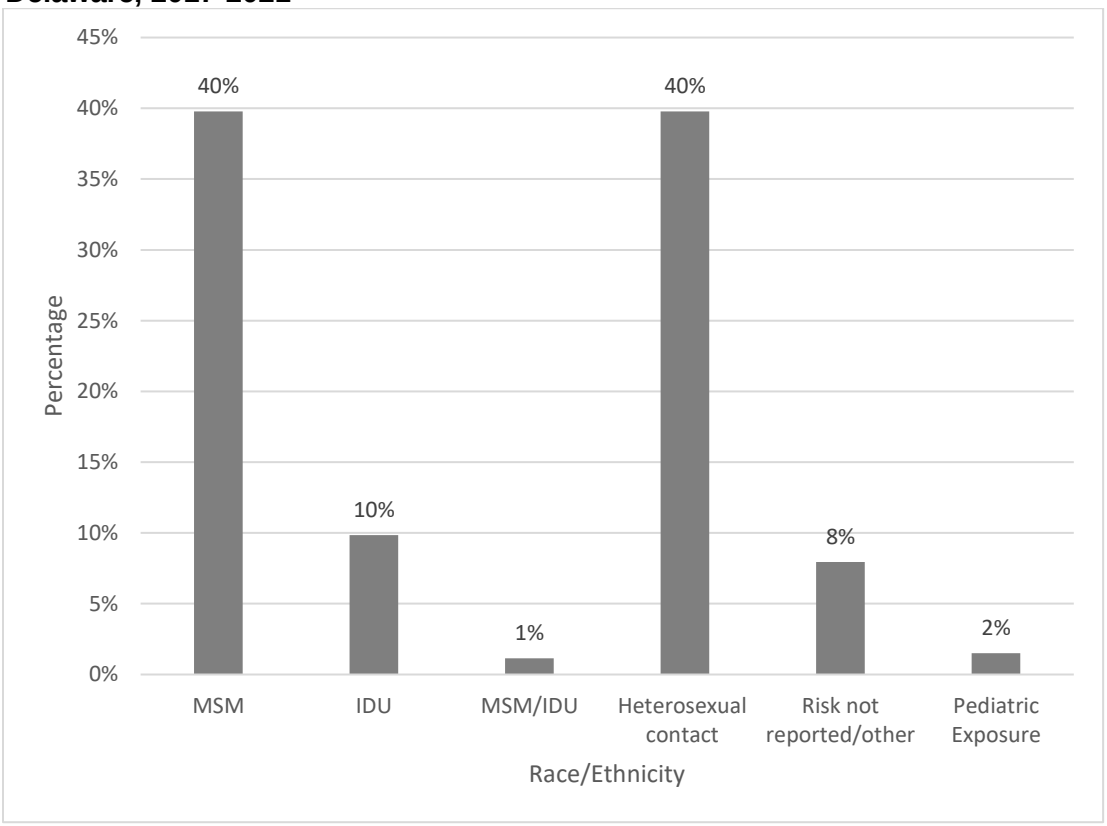
In Delaware from 2017-2021, MSM and heterosexual contact were the highest HIV exposure risks at 40% each, respectively. All other risk categories combined were 20% (Table 46 and Figure 77).

Table 46: Stage 3 HIV (AIDS) by HIV Exposure Risk, Delaware, 2017-2021

Exposure Risk	Years	
	2017-2021	
	#	%
MSM	105	40%
Injection Drug User (IDU)	26	10%
MSM/IDU	3	1%
Heterosexual contact	105	40%
Risk not reported/other	21	8%
Pediatric Exposure	4	2%
Total	264	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 77: Percentage of Stage 3 HIV (AIDS) by HIV Exposure Risk, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

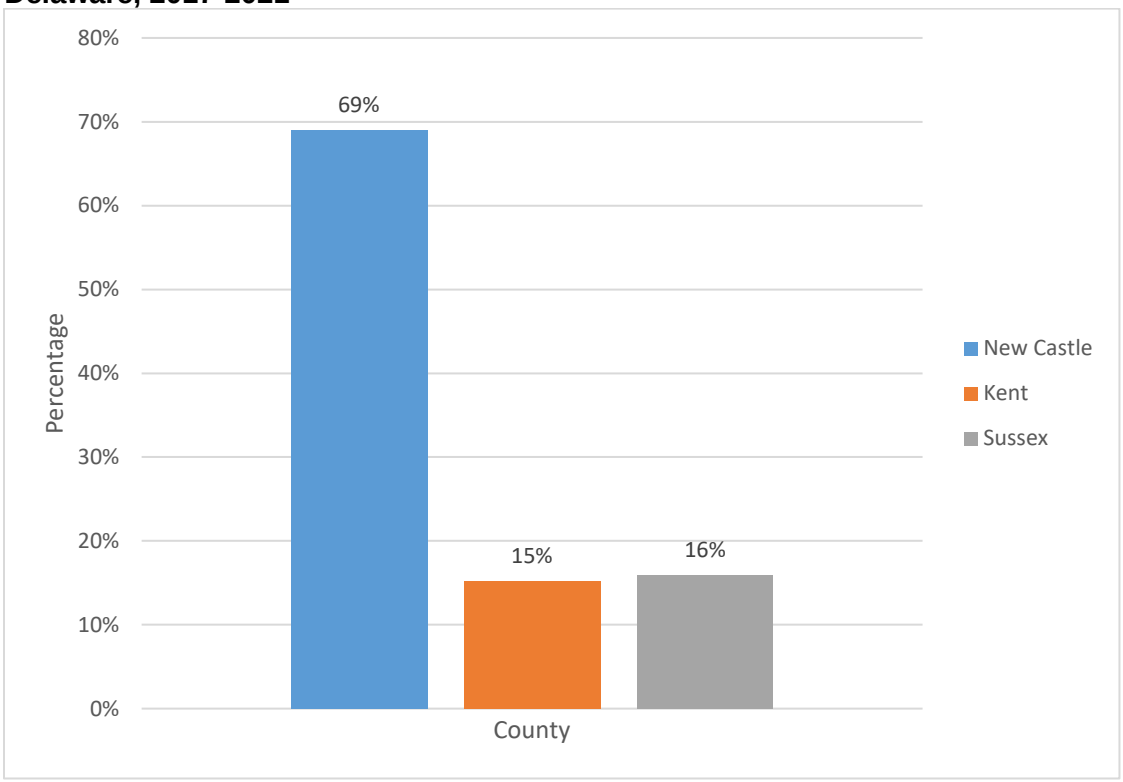
From 2017-2021, 69% of Delaware's Stage 3 HIV (AIDS) cases list their residence as New Castle County, compared to Kent County and Sussex County at 15% and 16%, respectively (Table 47 and Figure 78).

Table 47: Stage 3 HIV (AIDS) by County of Residence at Diagnosis, Delaware, 2017-2021

County at Stage 3 HIV (AIDS) Diagnosis	#	%
New Castle	182	69%
Kent	40	15%
Sussex	42	16%
Total	264	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 78: Percentage of Stage 3 HIV (AIDS) by County of Residence at Diagnosis, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Late-Stage HIV Diagnosis, 2017-2021

Late-Stage HIV Diagnosis, 2017–2021

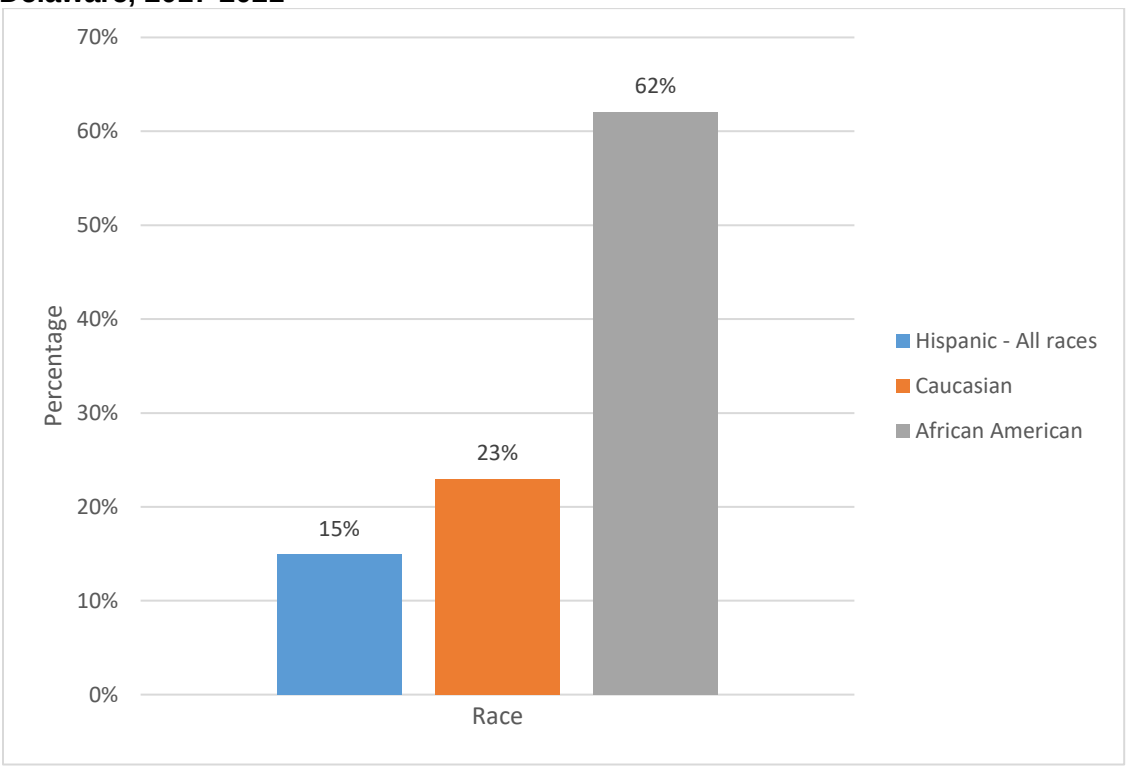
Late-stage HIV diagnosis occurs when a person is diagnosed with stage 3 HIV (AIDS) within 90 days of initial HIV diagnosis. This is a measure of the effectiveness of the message to test for HIV and to repeat testing regularly for those with ongoing risk of infection. Tables 48-49 and Figures 79-80 show the percentage of late-stage diagnosis by race and birth sex.

Table 48: Late-Stage HIV Diagnosis by Race/Ethnicity, Delaware, 2017-2021

Race/Ethnicity	#	%
African American	54	62%
Caucasian	20	23%
Hispanic	13	15%
Other*	0	0%
Total	87	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 79: Percentage of Late-Stage HIV Diagnosis by Race/Ethnicity, Delaware, 2017-2021



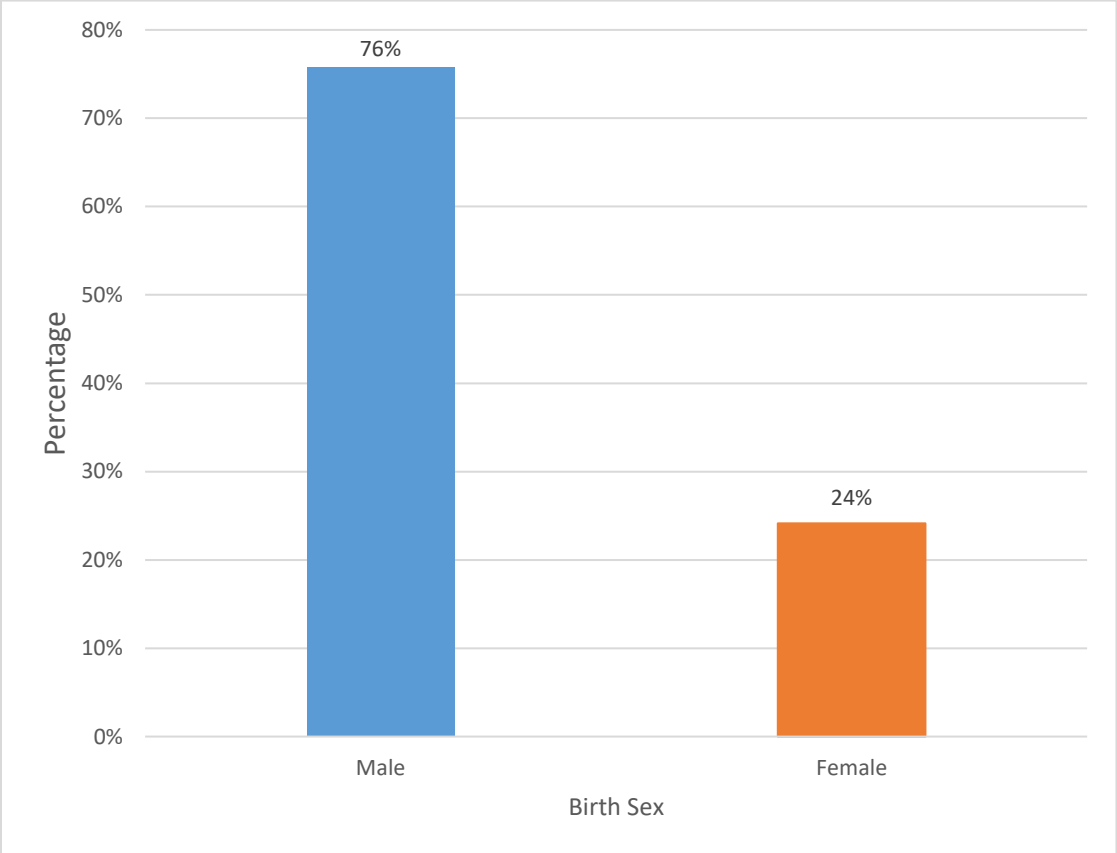
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Table 49: Late-Stage HIV Diagnosis by Birth Sex, Delaware, 2017-2021

Birth Sex	#	%
Male	66	76%
Female	21	24%
Total	87	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 80: Percentage of Late-Stage HIV Diagnosis by Birth Sex, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

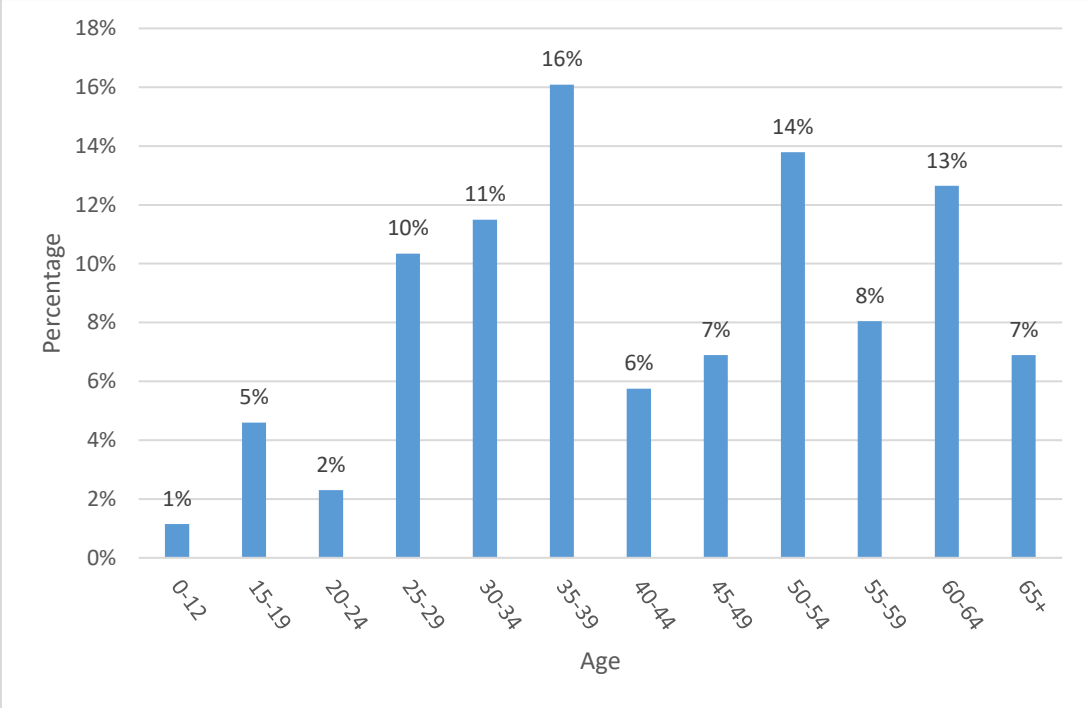
Most late-stage HIV diagnoses in Delaware from 2017-2021 were seen at ages 25-39. The pattern is identical to that seen in initial HIV diagnosis and may suggest HIV exposures are occurring at an earlier age (Table 50 and Figure 81).

Table 50: Late-Stage HIV Diagnosis by Age, Delaware, 2017-2021

Age Group	#	%
00-12	1	1%
13-14	0	0%
15-19	4	5%
20-24	2	2%
25-29	9	10%
30-34	10	11%
35-39	14	16%
40-44	5	6%
45-49	6	7%
50-54	12	14%
55-59	7	8%
60-64	11	13%
65+	6	7%
Total	87	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 81: Percentage of Late-Stage HIV Diagnosis by Age, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

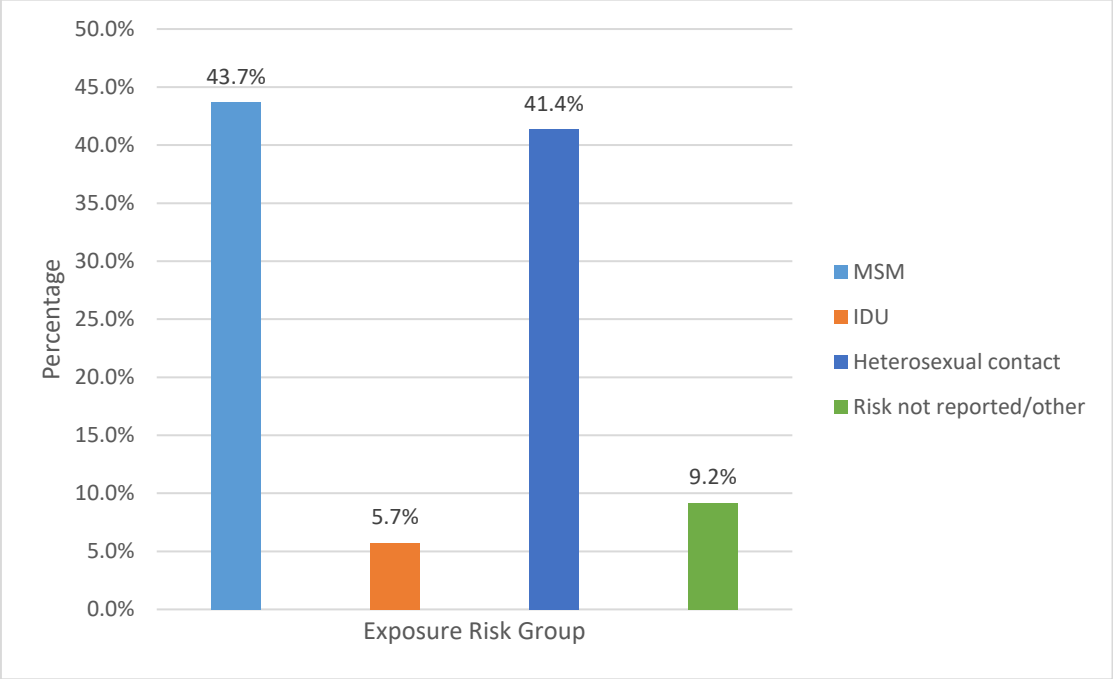
In Delaware, MSM and heterosexual exposure risks account for 44% and 41%, respectively, of all late-stage HIV diagnoses (Table 51 and Figure 82).

Table 51: Late-Stage HIV Diagnosis by Exposure, Delaware, 2017-2021

	#	%
MSM	38	43.7%
Injection Drug User (IDU)	5	5.7%
MSM/IDU	0	0%
Heterosexual contact	36	41.4%
Risk not reported/other	8	9.2%
Total	87	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 82: Percentage of Late-Stage HIV Diagnosis by Exposure Risk Category, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

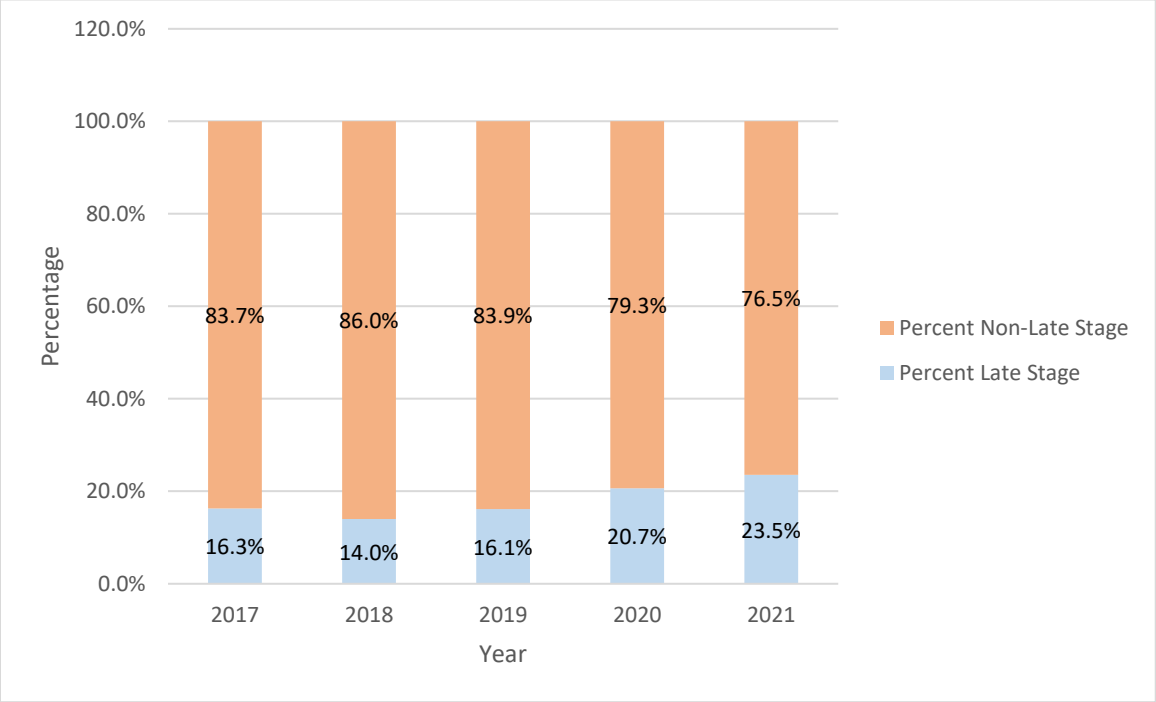
Delaware's five-year average (2017-2021) of late stage HIV diagnosis is 18% (Table 52 and Figure 83).

Table 52: Annual Late-Stage HIV Diagnosis, Delaware, 2017-2021

Year	#	%
2017	20	16.3%
2018	13	14.0%
2019	15	16.1%
2020	19	20.7%
2021	20	23.5%
5 Year Total	87	17.9%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 83: Percentage of Annual Late-Stage HIV Diagnosis, Delaware, 2017-2021



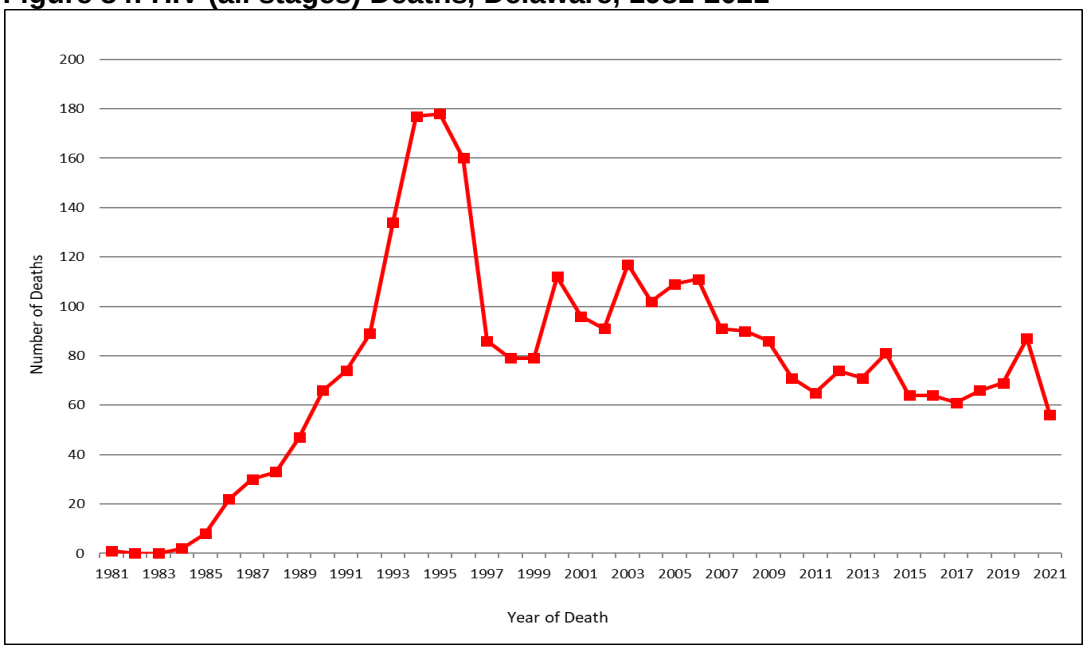
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Mortality among Persons with Stage 3 HIV (AIDS), 1981-2021

Mortality

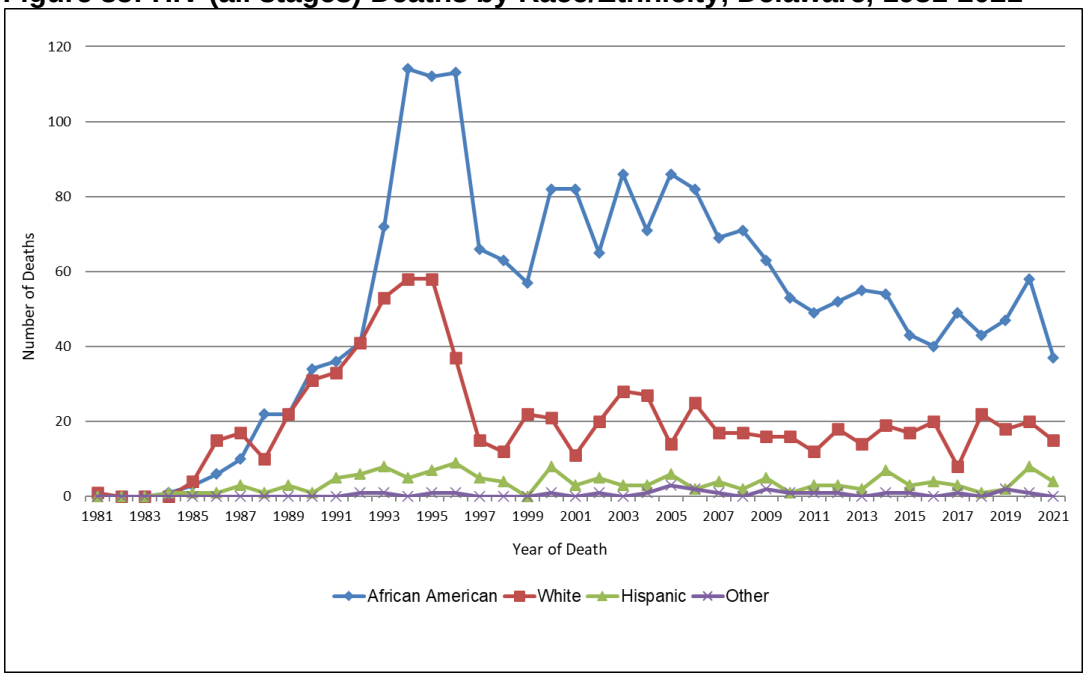
A total of 3,099 Delawareans with HIV (all stages) died from 1981-2021. Improved Antiretroviral Therapy (ART) treatments have reduced deaths among those with advanced stage HIV. This trend is observed among all racial groups and by birth sex (Figures 84-86).

Figure 84: HIV (all stages) Deaths, Delaware, 1981-2021



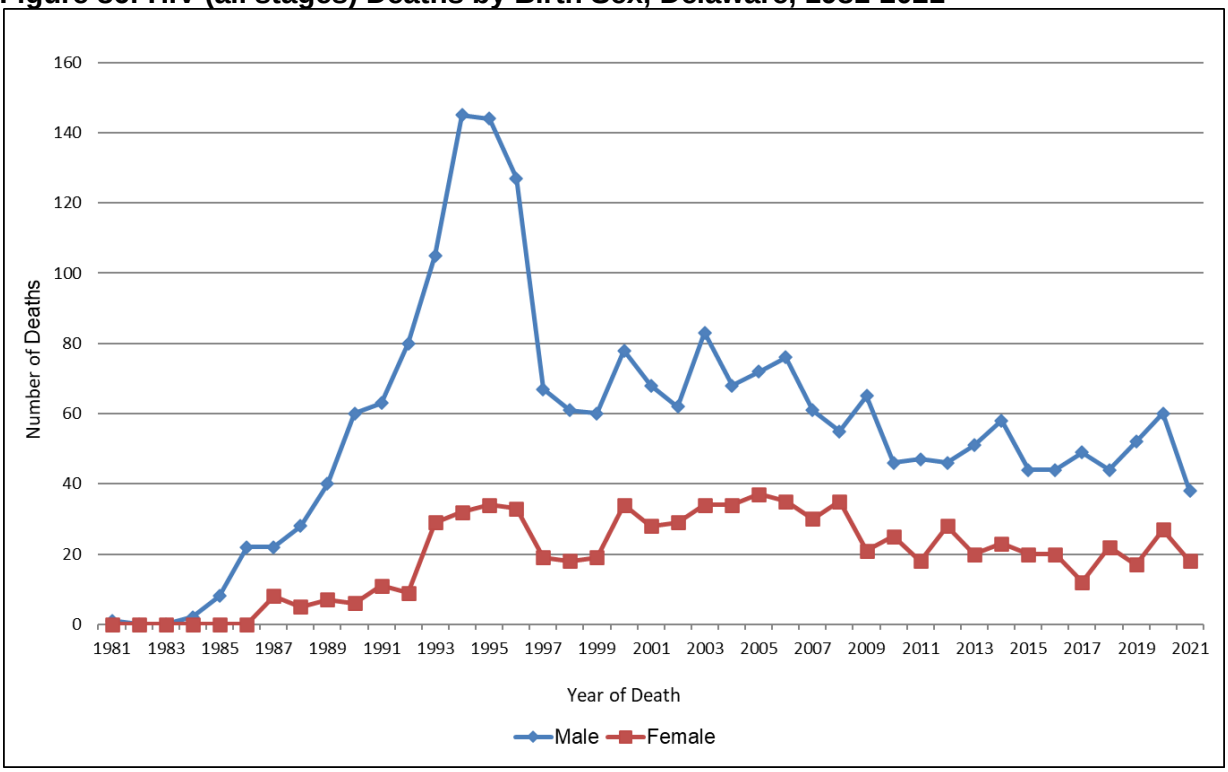
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 85: HIV (all stages) Deaths by Race/Ethnicity, Delaware, 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 86: HIV (all stages) Deaths by Birth Sex, Delaware, 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Note: Delaware is in the eleventh year of National Death Index (NDI) matching and data importation which allow for better expression of primary and secondary causes of death. NDI data was complete through 2019 (NDI data is always two years behind the matching date). This means that some deaths occurring in 2020 and 2021 will appear with an undetermined underlying cause of death which may be updated with future NDI imports. The importation of NDI matched records into eHARS is the only method for assigning underlying cause of death.

As of 2021, HIV was the underlying cause of death in 61% of all Delawareans who died with HIV (all stages). Thirty-four percent died of other causes. The underlying cause was not determined in 5% of the cases.

Pediatric HIV in Delaware, 1981-2021

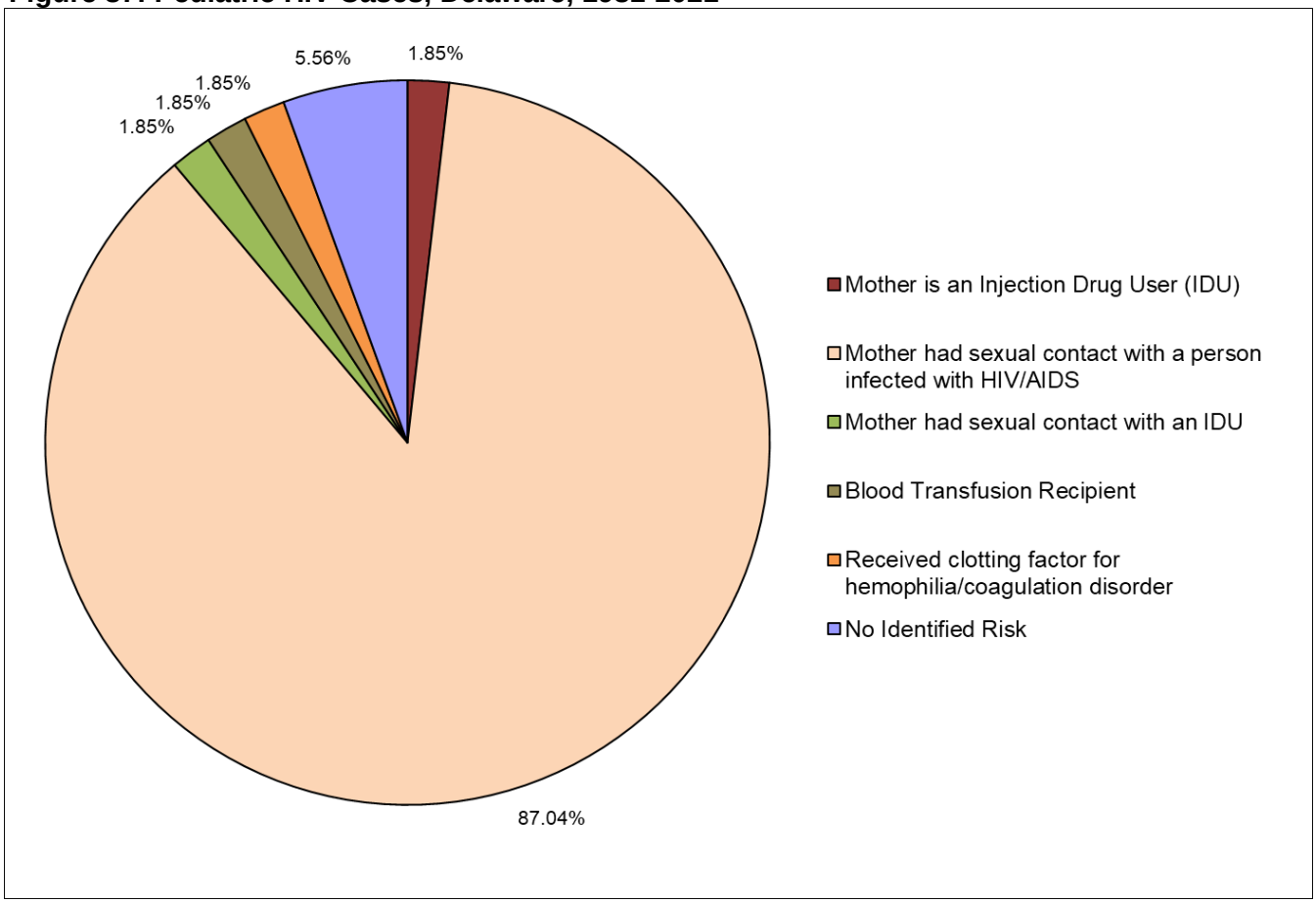
Pediatric HIV in Delaware

From 1981-2021, 54 cases of pediatric HIV (all stages) (defined as disease in children under 13 years of age) were diagnosed in Delaware. Perinatal exposure accounts for nearly 91% of these cases. Two percent of the mothers were IDUs; 87% had sexual contact with a person infected with HIV (all stages); and 2% had sexual contact with an IDU. In the remaining 9% of the cases, 4% of pediatric cases contracted the disease through transfusions of blood or blood products and 5% had no identifiable risk (Figure 87). Of all 54 cases, 9 died with HIV (all stages) as the underlying cause. An additional eleven died of unrelated or unknown causes.

Of the 54 diagnosed pediatric HIV (all stages) cases, African Americans accounted for 76% of the diagnosed cases while Caucasians accounted for 15% and Hispanics accounted 9%.

Of the 54 diagnosed pediatric HIV (all stages) cases, 78% were for New Castle County, 13% were from Kent County, and 9% were from Sussex County.

Figure 87: Pediatric HIV Cases, Delaware, 1981-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Section 3: Delaware HIV Care Continuum, 2022

Delaware HIV Care Continuum (as of August 31, 2022)

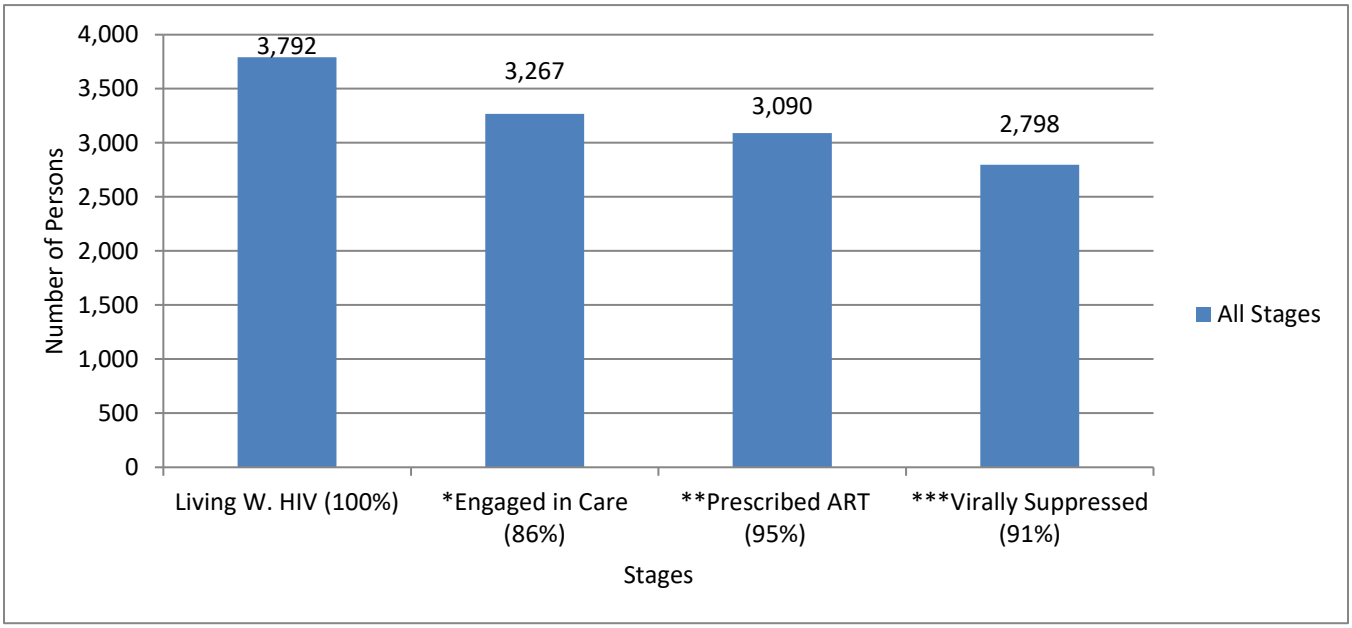
The goal of HIV treatment is to achieve viral suppression, which means the level of HIV in the body is extremely low or undetectable. This is important for people living with HIV (PLWH) to stay healthy, have improved quality of life, and live longer. Undetectable levels of HIV mean there is an extremely low risk of transmitting HIV to others. The HIV care continuum consists of several steps towards viral suppression: (1) HIV diagnosis, (2) linkage to care, (3) receipt of care (ART), and (4) viral suppression (CDC 2019).

Information on the Delaware HIV Care Continuum is compiled from several data sources including: care data from HIV clinics, Enhanced HIV/AIDS Reporting System (eHARS) data, Ryan White data, and Medical Monitoring Project (MMP) data. From these sources, it was determined that 3,267 (86%) persons were engaged in HIV care out of 3,792 persons living with HIV in Delaware.

MMP interview data estimated that 95% (N=3,090) of those persons in care had been prescribed antiretroviral medications (ARVs).

Ninety-one percent (N=2,798) of those prescribed ART were virally suppressed with viral load counts <200 within the assessment period.

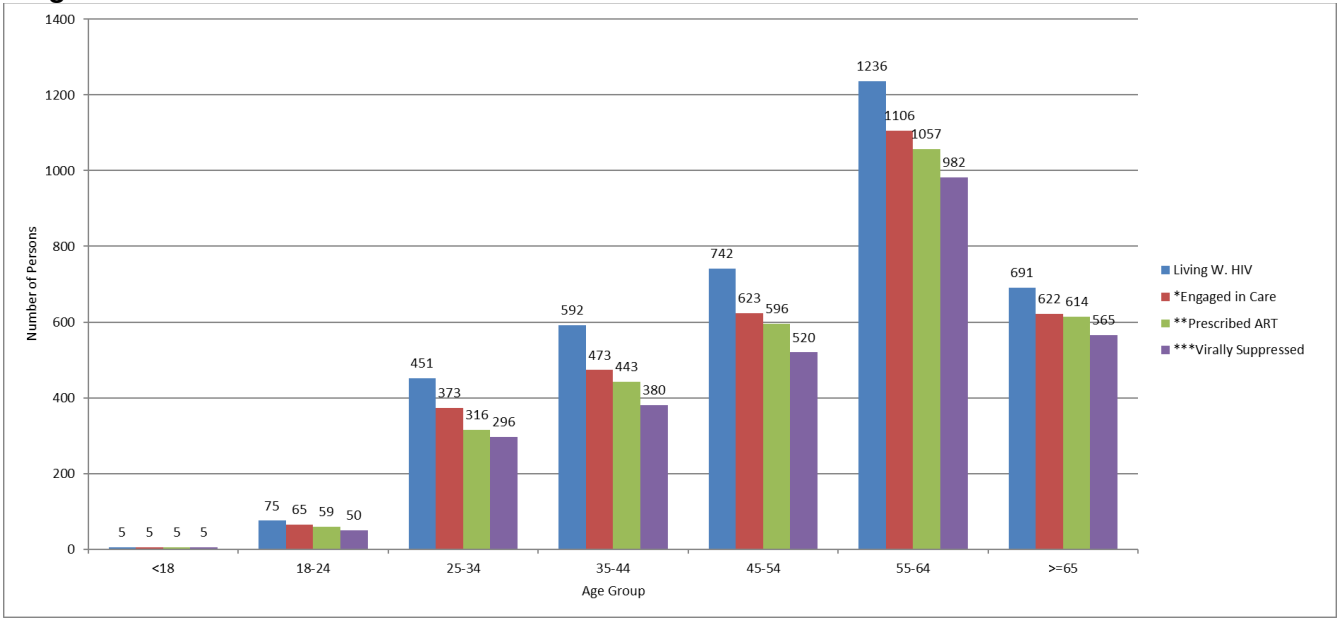
Figure 88: HIV Care Continuum, Persons Living with HIV, Delaware, Diagnosed 1981-2022



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022, Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data.
*Percentage calculated from Living with HIV,
**Percentage calculated from Engaged in Care,
***Percentage calculated from Prescribed ART

The status of persons along the care continuum by age are covered in Figure 89 and Table 53.

Figure 89: HIV Care Continuum, Persons Living with HIV by Age Group, Delaware, Diagnosed 1981-2022



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022, Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data.
*Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage calculated from Prescribed ART (see Table 53).

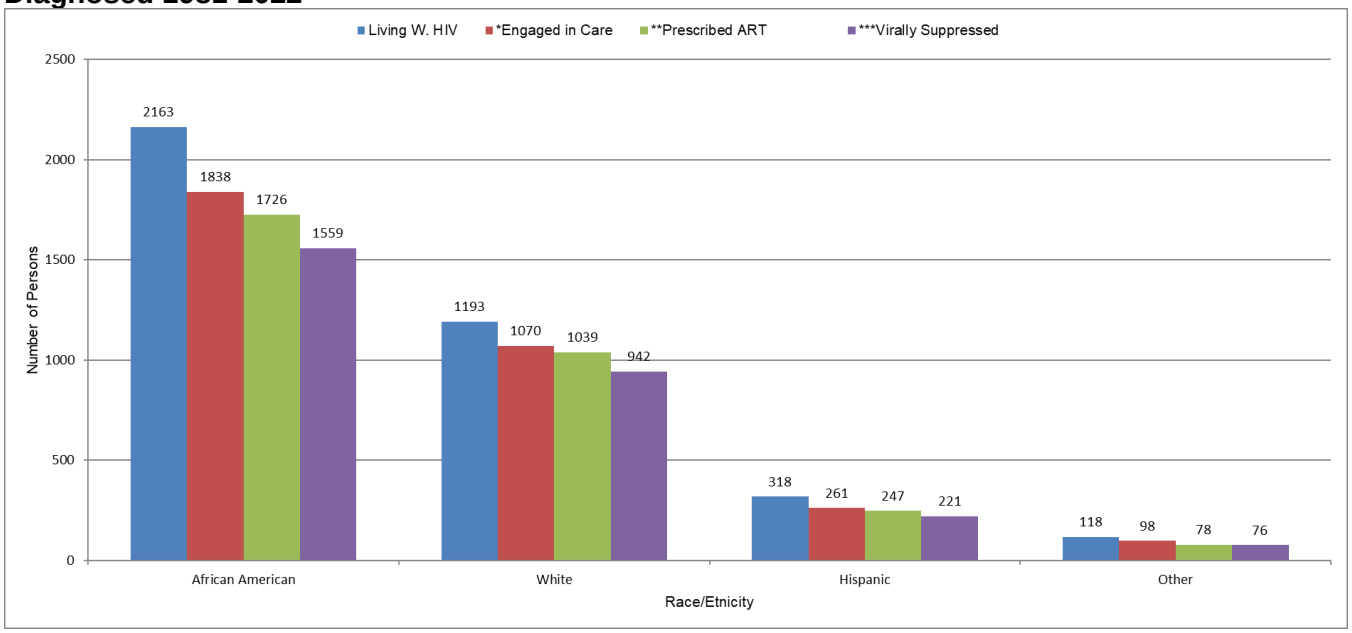
Table 53: HIV Care Continuum, Persons Living with HIV by Age Group, Delaware, Diagnosed 1981-2022

Current Age	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%***
<18	5	100%	5	100%	5	100%	5	100%
18-24	75	100%	65	87%	59	92%	50	85%
25-34	451	100%	373	83%	316	85%	296	94%
35-44	592	100%	473	80%	443	94%	380	86%
45-54	742	100%	623	84%	596	96%	520	87%
55-64	1236	100%	1106	89%	1057	96%	982	93%
>=65	691	100%	622	90%	614	99%	565	92%
Total	3792	100%	3267	86%	3090	95%	2798	91%

Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data. *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage calculated from Prescribed ART

The status of persons along the care continuum by race/ethnicity are displayed in Figure 90 and Table 54.

Figure 90: HIV Care Continuum, Persons Living with HIV by Race/Ethnicity, Delaware, Diagnosed 1981-2022



Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data. *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

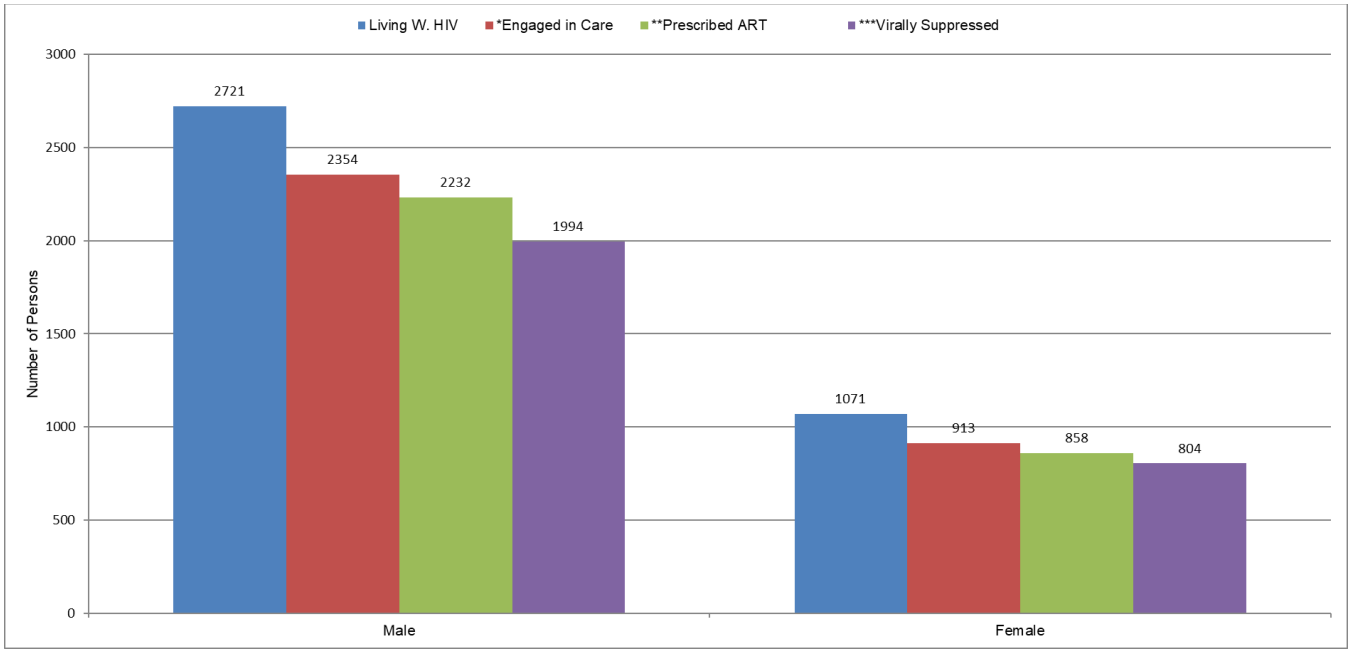
Table 54: HIV Care Continuum, Persons Living with HIV by Race/Ethnicity, Delaware, Diagnosed 1981-2022

Race/Ethnicity	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%***
African American	2063	100%	1838	85%	1726	94%	1559	90%
White	1193	100%	1070	90%	1039	97%	942	91%
Hispanic	318	100%	261	82%	247	95%	221	89%
Other	118	100%	98	83%	78	80%	76	97%
Total	3792	100%	3267	86%	3090	95%	2798	91%

Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data. *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

Figure 91 and Table 55 include the status of persons along the care continuum by birth sex.

Figure 91: HIV Care Continuum, Persons Living with HIV by Birth Sex, Delaware, Diagnosed 1981-2022



Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data. *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

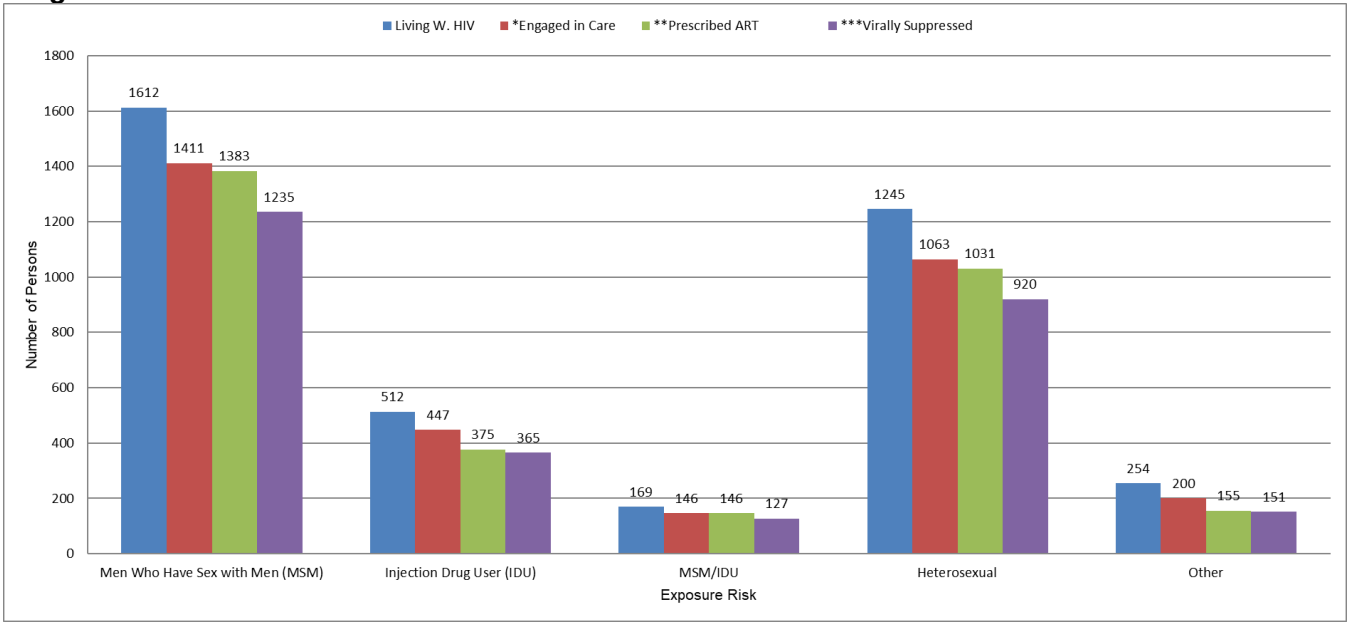
Table 55: HIV Care Continuum, Persons Living with HIV by Birth Sex, Delaware, Diagnosed 1981-2022

Birth Sex	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%***
Male	2721	100%	2354	87%	2232	95%	1994	89%
Female	1071	100%	913	85%	858	94%	804	94%
Total	3792	100%	3267	86%	3090	95%	2798	91%

Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data. *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

Figure 92 and Table 56 cover the status of persons along the care continuum by risk exposure.

Figure 92: HIV Care Continuum, Persons Living with HIV by Exposure Risk, Delaware, Diagnosed 1981-2022



Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data. *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescibed ART.

Table 56: HIV Care Continuum, Persons Living with HIV by Exposure Risk, Delaware, Diagnosed 1981-2022

Risk Group	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%***
Men Who Have Sex with Men (MSM)	1612	100%	1411	88%	1383	98%	1235	89%
Injection Drug User (IDU)	512	100%	447	87%	375	82%	365	97%
MSM/IDU	169	100%	146	86%	146	100%	127	87%
Heterosexual	1245	100%	1063	85%	1031	97%	920	89%
Other	254	100%	200	79%	155	77%	151	97%
Total	3792	100%	3267	86%	3090	95%	2798	91%

Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2019 interview and MRA data. *Percentage calculated from Living with HIV, **Percentage calculated from Engaged in Care, ***Percentage Calculated from Prescribed ART.

Section 4: Delaware HIV Counseling and Testing Services

Delaware HIV Counseling and Testing Services

In 2020 and 2021, there were 10,277 Delawareans counseled and tested for HIV at 90 state-funded counseling and testing sites. Of those, 33 (0.32%) tested HIV positive. Females accounted for 49% of all tests and 6% of positive tests. The counseling process consists of HIV risk education and HIV prevention strategies such as condom use and other safe sex practices. Counseling also covers the benefits of pre-exposure prophylaxis (PrEP) and the importance of not sharing needles among injection drug users.

Fifty-four percent of those tested were African American; Caucasians accounted for 35%. The proportion of HIV positive cases were 58% among African Americans and 36% among Caucasians. The remaining percentage is among smaller groups as shown in Table 57.

Those 30-65 years of age were tested the most at 51% and were 36% of all new positive tests. Heterosexual contact comprised the largest exposure risk category seeking testing, though 6% tested positive. Of all new HIV diagnoses diagnosed through DPH-funded testing in 2020 and 2021, MSM and heterosexual contact accounted for 91% and 6%, respectively.

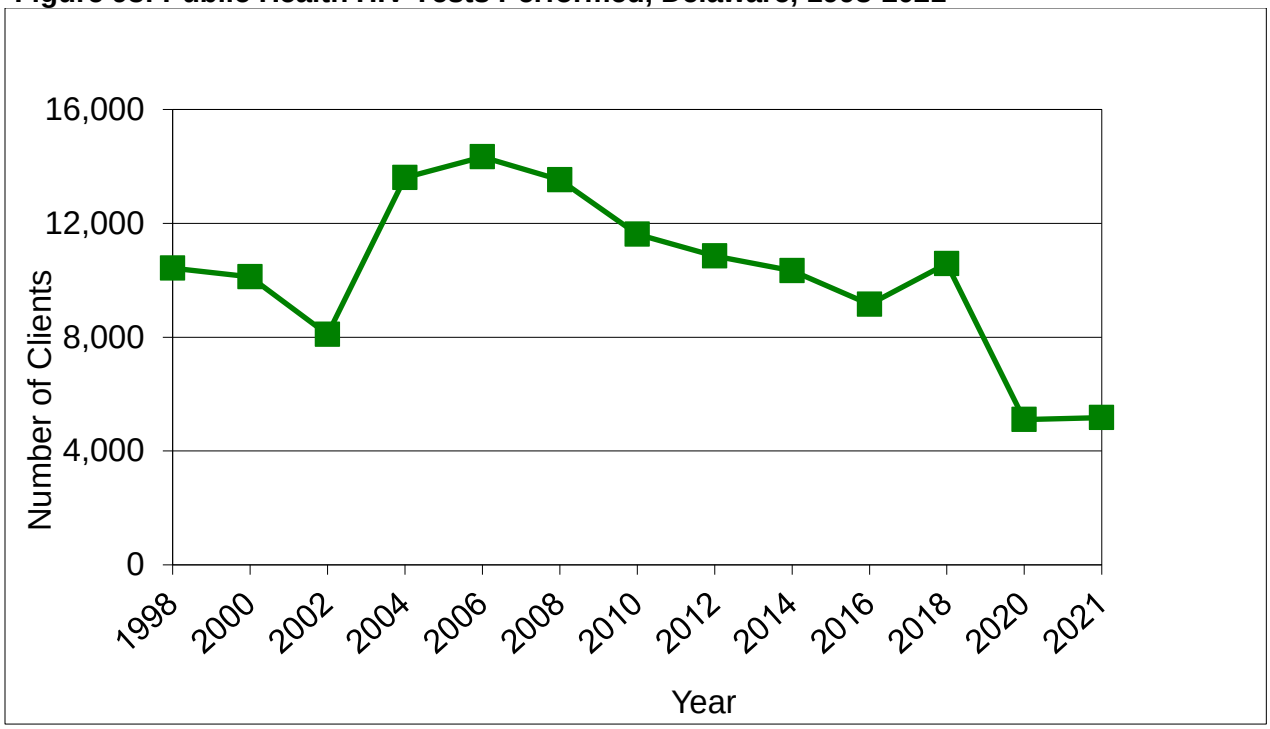
Table 57: Public Health HIV Testing Services in Delaware, 2020-2021

	HIV Tests Performed		Positive HIV Tests	
	#	%	#	%
Total	**10,277**	**100.0%**	**33**	100.0%
Gender				
Male	5,219	50.8%	30	90.9%
Female	5,005	48.7%	2	6.1%
Transgender	29	0.3%	0	0.0%
Other	24	0.2%	1	3.0%
Race				
Caucasian	3,579	34.8%	12	36.4%
African American	5,564	54.1%	19	57.6%
Asian	150	1.5%	1	3.0%
Native Hawaiian/Pacific Islander	13	0.1%	0	0.0%
Am Indian/AK Native	36	0.4%	0	0.0%
Other	935	9.1%	1	3.0%
Ethnicity				
Hispanic	1,373	13.4%	4	12.1%
Not Hispanic	8,639	84.1%	27	81.8%
Other	265	2.5%	2	6.1%
Age Groups (Years)				
<13	2	0.0%	0	0.0%
13 – 19	1,204	11.7%	0	0.0%
20 – 29	3,618	35.2%	21	66.7%
30 – 65	5,241	51.0%	12	36.3%
Over 65	152	1.5%	0	0.0%
Transmission Risk Category				
Heterosexual Transmission	7,360	71.6%	2	6.1%
MSM	1,701	16.6%	30	90.9%
IDU	706	6.9%	1	3.0%
MSM/IDU	39	0.4%	0	0.0%
Other	471	4.5%	0	0.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 93 displays the trend of HIV testing in Public Health funded sites throughout Delaware.

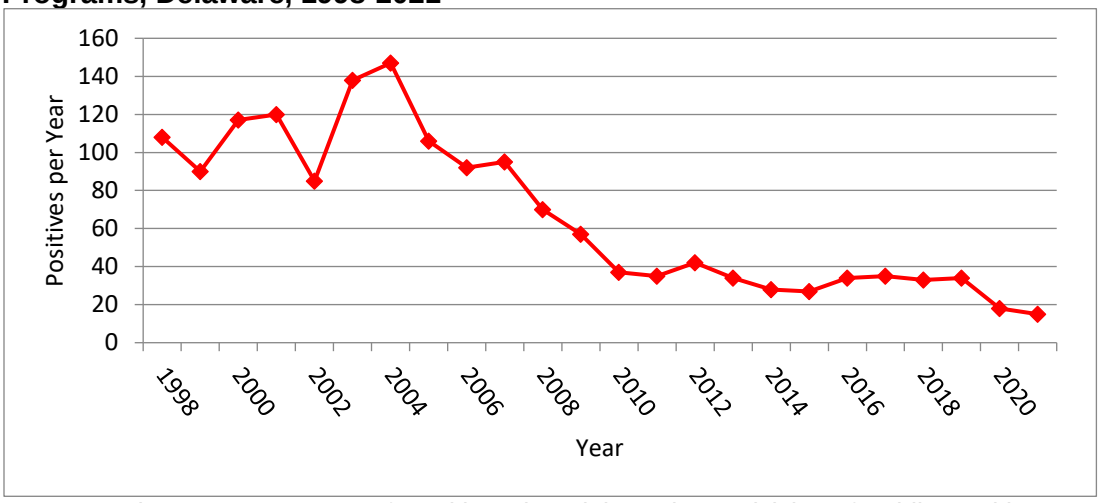
Figure 93: Public Health HIV Tests Performed, Delaware, 1998-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 94 shows the number of positive HIV tests among Delawareans since 1998. The number of positive tests peaked in 2004 and has trended downward since.

Figure 94: Number of Positives Discovered through Public Health HIV Testing Programs, Delaware, 1998-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Section 5: Utilization Patterns of HIV Services among Delawareans

Utilization Patterns of HIV Services among Delawareans

DPH relies on data compiled by the Ryan White Program HIV/AIDs Program to determine utilization patterns of HIV Services across the state.

The Ryan White Program provides comprehensive HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. The Program funds grants to the state and local community-based organizations to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

Table 58 compares the demographic characteristics of HIV clients receiving services through the Ryan White Part B Program to that of persons living with HIV in Delaware in general.

Table 58: Persons Living with HIV in Delaware Receiving Services through the Ryan White Part B Program Compared to Non-Ryan White, Delaware, 2021

Demographics	Ryan White		Non-Ryan White	
	2021		As of 2021	
	#	%	#	%
Total	**1,560**	**100%**	**2,226**	**100%**
Ethnicity				
Hispanic or Latino Origin	116	7%	201	9%
Non-Hispanic	1,444	93%	2,025	91%
Race – (Non-Hispanic)				
Caucasian (Non-Hispanic)	521	33%	678	33%
African American (Non-Hispanic)	910	58%	1,242	61%
Other*	13	1%	422	21%
Bitrh Sex				
Male	1,075	69%	1,637	74%
Female	485	31%	589	26%
Current Age (Years)				
Less than 13 years	0	0%	3	0%
13 - 19	0	0%	5	0%
20 - 29	55	4%	134	6%
30 - 39	201	13%	358	16%
40 - 49	229	15%	383	17%
50+	1,075	69%	1,343	60%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
*Other includes Asian, American Indian, Pacific Islander or Native Hawaiian, Alaskan Native and Multi-racial

During 2021, 900 clients received AIDS Drug Assistance Program (ADAP) services through the Ryan White program. Table 59 compares the demographic characteristics of HIV clients receiving ADAP services to that of others living with HIV in Delaware.

Table 59: Persons living with HIV in Delaware Receiving AIDS Drug Assistance Program (ADAP) Services Compared to Non-ADAP, 2021

Demographics	ADAP		Non-ADAP	
	2021		As of 2021	
	#	%	#	%
Total	**900**	**100%**	**2,886**	**100%**
Ethnicity				
Hispanic or Latino Origin	91	10%	226	8%
Non-Hispanic	809	90%	2,660	92%
Race – (Non-Hispanic)				
Caucasian (Non-Hispanic)	269	33%	930	35%
African American (Non-Hispanic)	536	66%	1,616	61%
Other*	4	0%	431	16%
Bitrh Sex				
Male	630	70%	2,082	72%
Female	270	30%	804	28%
Current Age (Years)				
0-29	34	4%	163	6%
30 - 39	109	12%	450	16%
40 - 49	145	16%	467	16%
50+	612	68%	1,806	63%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
*Other includes Asian, American Indian, Pacific Islander or Native Hawaiian, Alaskan Native and Multi-racial

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

1. **Hospital-Based Clinics**
    a. Infectious Disease Wellness Clinics (IDWC) jointly sponsored by Christiana Care Health System (CCHS) and DPH
        i. William J. Holloway, M.D., Community Program at Gateway
        ii. William J. Holloway, M.D., Community Program at Kent Wellness Clinic
        iii. William J. Holloway, M.D., Community Program at Georgetown Wellness Clinic
        iv. Porter State Service Center - Wilmington
        v. HIV Program at Lancaster - Wilmington
2. **Community-Based Organizations (CBOs)**
    a. AIDS Delaware
    b. Beautiful Gate Outreach Center
    c. Delaware HIV Consortium
    d. Ministry of Caring

3. Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH)

Table 60: Ryan White Program Services Provided, Delaware, 2021

Service Provided	Number of Clients Served
Health education and case management services	1,560
Dental services	673
Direct state services including eye exams and eye glasses	276
Emergency financial assistance	130
Transportation services	56
Housing assistance services	100
Health insurance services	157
Mental health and nutritional counseling	0

CCHS is the only Ryan White Program funded community health medical provider in the state. In a recent HIV patient satisfaction survey, 76% of respondents indicated that the Holloway Community Program (HCP) was their sole medical care provider. The Program offers HIV medical treatment and treatment for related conditions, in addition to primary health care (cancer screenings, immunizations, nutritional screening and counseling, exercise, stress reduction, and health maintenance). The Program has established a multidisciplinary medical model of care, with physicians (Infectious Disease, Internal Medicine, Family Medicine, OB/GYN, and Psychiatry), nurse practitioners, Licensed Clinical Social Workers (LCSWs), primary care nurses, social workers, pharmacists, and peer educators.

The program maintains a clinic site in each county at the Wilmington Hospital in New Castle County, the Smyrna Wellness Center in Kent County, and the Georgetown Wellness Clinic in Sussex County. HCP also has satellite sites at Beautiful Gate Outreach Center, Brandywine Counseling (BSSC-Lancaster), and Westside FQHC in Dover.

In 2021, 1,872 HIV patients made 16,290 visits to the clinics. This was a time were Covid-19 was still very active. The Holloway Community practice never shut the doors to in-person visits, as this is the type of visit that most of our patients prefer. The majority of visits were in-person, with additional measures and procedures to ensure safety of the visit. The program did increase access to virtual visits and phone visits during this time to ensure access to care was maintained.

Sixty-six percent of patients have annual incomes below the federal poverty level. People of color comprised 73% of the patient population. Heterosexual transmission was the primary risk behavior reported by 52% of patients (exceeding national statistics). Thirty two percent of patients were female. The predominant insurance was Delaware Medicaid (38% of all patients). Twenty-eight percent had Medicare and 30% had private insurance, although some patients experience lapses in coverage due to changes in eligibility criteria, changes requirements, or incarceration. This is closely followed by our medical case managers- social workers.

Fifty-three percent of the Community Program patients are stage 3 HIV (AIDS). This reflects continued late entry into HIV care but is a reduction from years past. Also, to note that HIV testing was reduced in the COVID-19 environment. There were alternative testing methods such as home testing offered as well as some in-person testing. The proportion of patients presenting with, or developing, significant medical comorbidities or mental health issues while in care continues to increase. This is evidenced by a significant increase in the number of visits associated with nested subspecialty clinics (Medication Adherence, Mental Health, Office Based Opioid Treatment, Primary Care, and OB/GYN). The clinical outcomes associated with the Community Program exceed national benchmarks, including retention in

care (91%), percentage of patients on ARV therapy (99%), and viral suppression, which is currently at 91%.

Other HIV-related services include Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). In 2021, a total of 80 patients received PrEP from the Community Program: 45 in New Castle County, 11 in Kent and 24 in Sussex County. This is a significant increase from years past.

Section 6: Sexually Transmitted Diseases and Hepatitis C among Delawareans

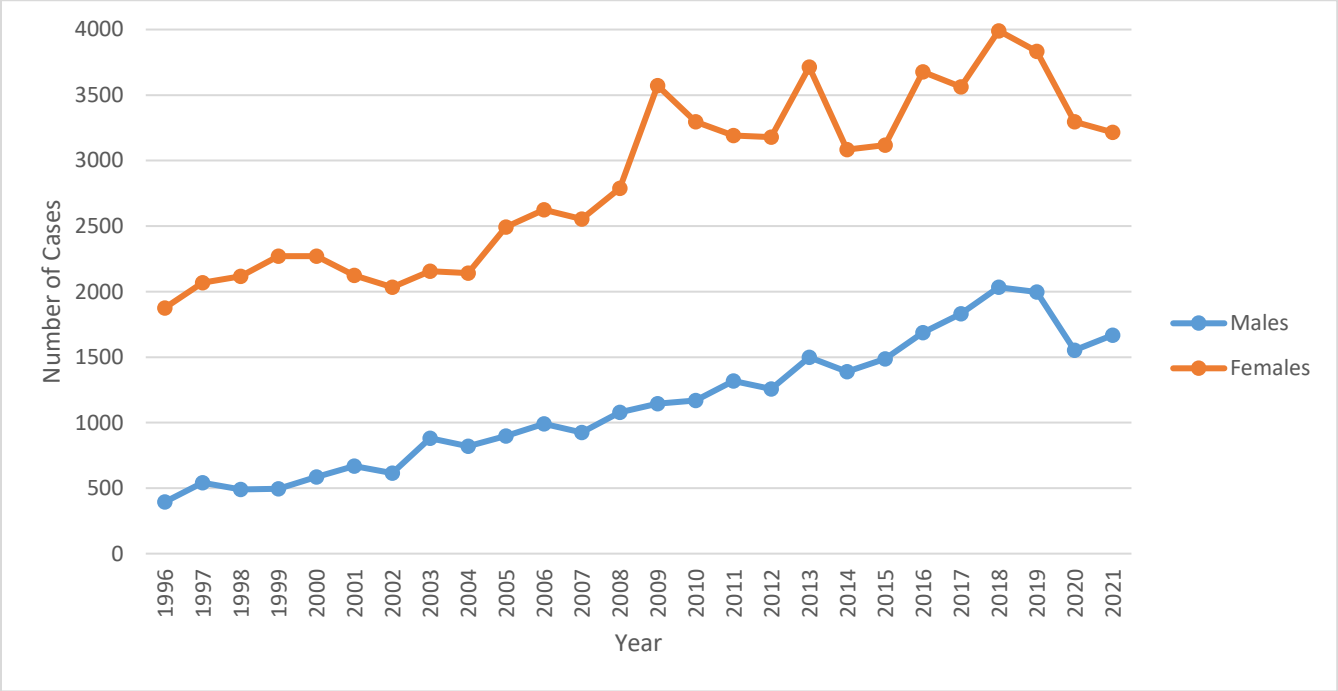
Sexually Transmitted Diseases (STDs) and Hepatitis C (HCV) among Delawareans

Sexually transmitted disease (STD) data helps identify populations at increased risk for transmission of HIV since the virus can be transmitted through unprotected sexual contact and some STDs facilitate HIV transmission.

STD data are reported to DPH by STD clinics, physician offices, correctional facilities, and laboratories. Recurrent STDs in the same individual usually reflects re-infection, but may also be treatment failure. Therefore, the STD count per year may be greater than the total number of individuals diagnosed.

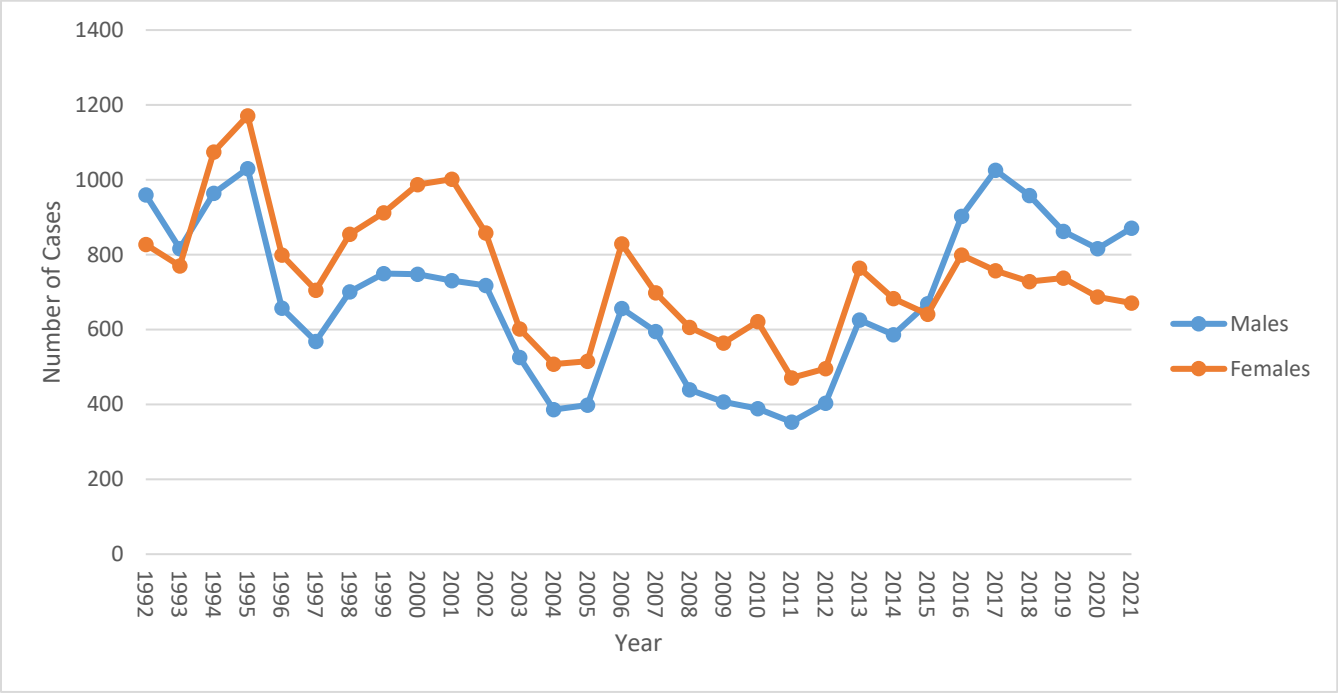
Incidence of gonorrhea and chlamydia has increased in recent years (Figures 95-96). In 1996, 2,269 cases of chlamydia were diagnosed. In 2021, this number increased to 4,884. Females accounted for the majority of chlamydia cases (Figure 95). Figure 97 shows the upward trend of primary and secondary syphilis infections from 2010-2021.

Figure 95: Number of Chlamydia Cases by Gender, Delaware, 1996-2021



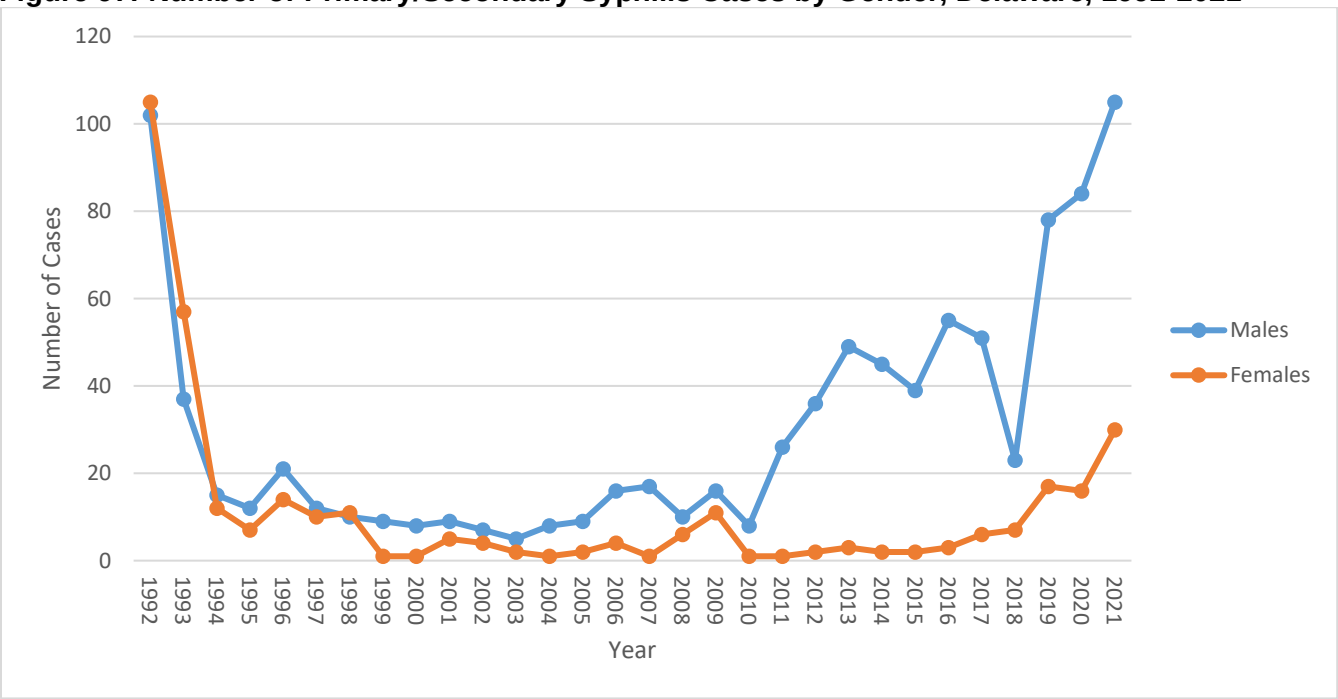
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 96: Number of Gonorrhea Cases by Gender, Delaware, 1992-2021



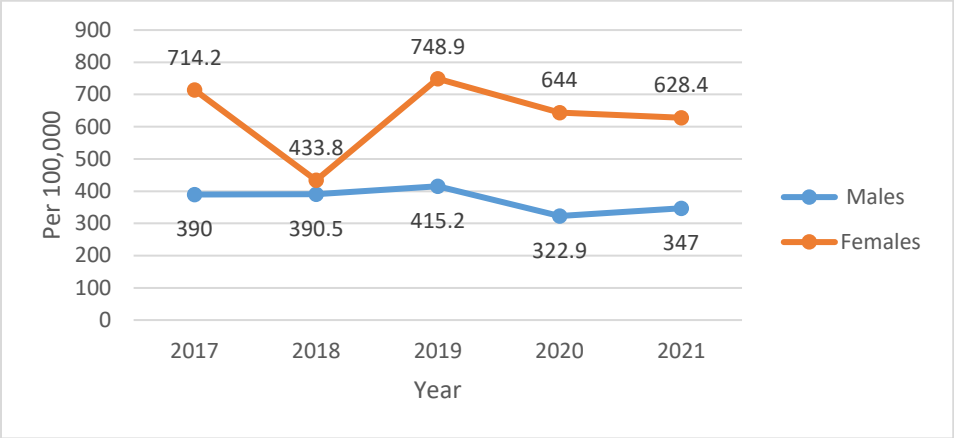
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 97: Number of Primary/Secondary Syphilis Cases by Gender, Delaware, 1992-2021



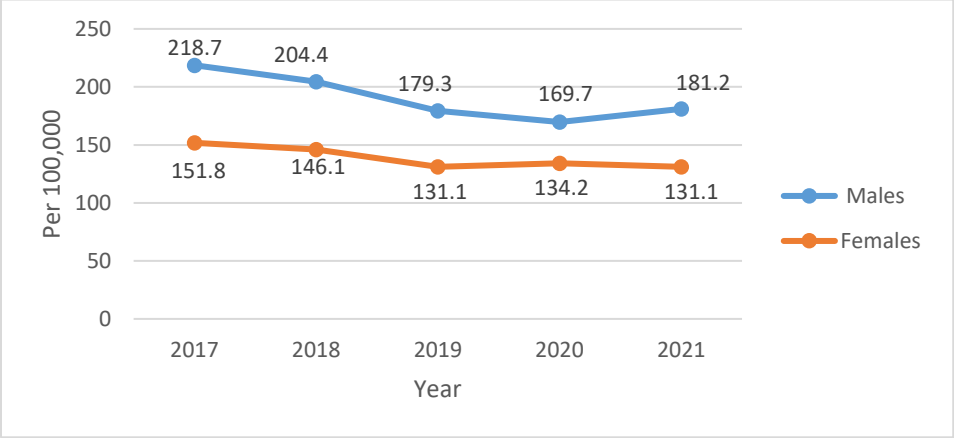
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 98: Chlamydia Incidence Rates, Delaware, 2017-2021



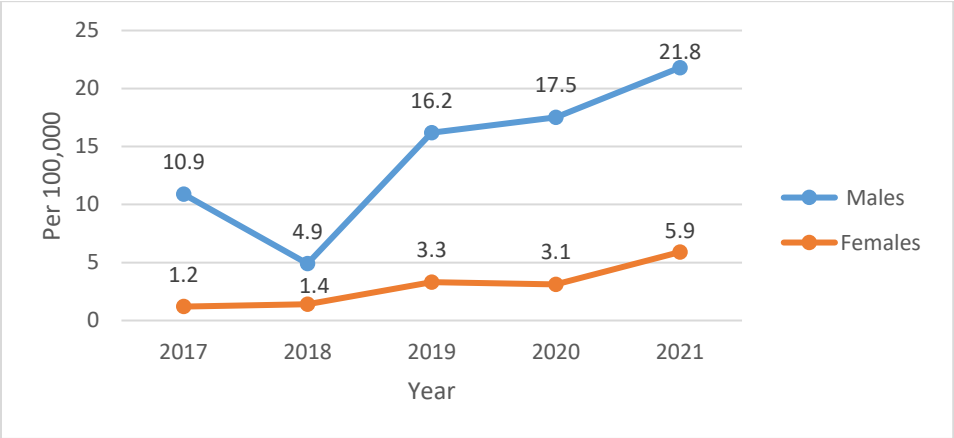
Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 99: Gonorrhea Incidence Rates, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Figure 100: Primary/Secondary Syphilis Incidence Rates, Delaware, 2017-2021



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

Hepatitis C (HCV) and HIV Co-infection

The CDC recommends that individuals with HIV also be tested for HCV, especially HIV-infected injection drug users. The CDC estimates that 25% of HIV-infected individuals are also infected with HCV (CDC, 2015). The co-infection of HCV and HIV may cause chronic HCV to progress faster.

In 2021, there were 765 reported HCV cases in Delaware. DPH's HIV Surveillance Office determined that of the 765 persons living in Delaware who are infected with HCV, 13 were also HIV positive. This equates to an approximately 2% HIV co-infection rate among persons with HCV.

Section 7: Risk Factors for HIV among Delaware Youth

Risk Factors for HIV among Delaware Youth

The 2021 Youth Risk Behavior Survey (YRBS) is a CDC-sponsored survey that tracks behavioral trends among high school students (*e.g.*, nutrition, substance use, accidents, sex, and delinquency).

The YRBS uses self-administered, anonymous questionnaires to collect data from high school students. DPH, in cooperation with the University of Delaware's Center for Drug and Health Studies, administers the Delaware YRBS to Delaware public school students in grades 9-12.

The selected YRBS questions indicate youth behaviors that may lead to HIV exposure including the number of respondents that have ever tested for HIV.

Alcohol Use:

- 12.9% had their first drink of alcohol before age 13.
- 20.2% had at least one drink of alcohol on one or more of the past 30 days.
- 8.4% had four or more drinks of alcohol in a row at least once in the past 30 days.

Other Drug Use:

- 29.4% used marijuana at least once in their lifetime.
- 4.1% tried marijuana for the first time before age 13.
- 15.9% used marijuana one or more times during the past 30 days.
- 0.9% used one or more forms of cocaine at least once in their lifetime.
- 8.0% took pain prescription medicine without a doctor's prescription or differently than how prescribed at least once in their life.
- 0.6% used heroin at least once in their lifetime.
- 0.6% used methamphetamines at least once in their lifetime.
- 1.6% used ecstasy at least once in their lifetime.
- 0.5% used a needle to inject any illegal drug into their body at least once in their lifetime.
- 10.6% were offered, sold, or given an illegal drug on school property by someone during the past 12 months

Sexual Behaviors

- 30.7% had sexual intercourse at least once in their lifetime.
- 5.5% had sexual intercourse with four or more people during their lifetime.
- 20.5% had sexual intercourse with one or more people during the past three months.
- 93.4% said they have never been tested for HIV.

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

- 15.4% drank alcohol or used drugs during last sexual intercourse.
- 51.9% used a condom during last sexual intercourse.

Section 8: Delaware Medical Monitoring Project Data, 2015-2019 Patient Interviews

Delaware MMP Data, 2015-2019 Patient Interviews

The Medical Monitoring Project (MMP)

The 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 CDC.

Delaware currently has 15 participating infectious disease clinics statewide. Nine hundred and four clients were interviewed from 2015 to 2019.

Respondent Demographic Information Collected

Table 61: Birth Sex and Race of Medical Monitoring Project Respondents, Delaware, 2015-2019

	Male		Female		Total	
	#	%	#	%	#	%
White	200	34.2%	52	16.3%	252	27.9%
Black	320	54.7%	237	74.3%	557	61.6%
Hispanic	37	6.3%	14	4.4%	51	5.6%
Asian	2	0.3%	1	0.3%	3	0.3%
Native Hawaiian/Pacific Islander	2	0.3%	2	0.6%	4	0.4%
American Indian/Alaskan Native	4	0.7%	0	0.0%	4	0.4%
Multiracial	20	3.4%	13	4.1%	33	3.7%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the MMP Interview by DPH, 2015-2019

Table 62: Birth Sex and Age Group of Medical Monitoring Project Respondents, Delaware, 2015-2019

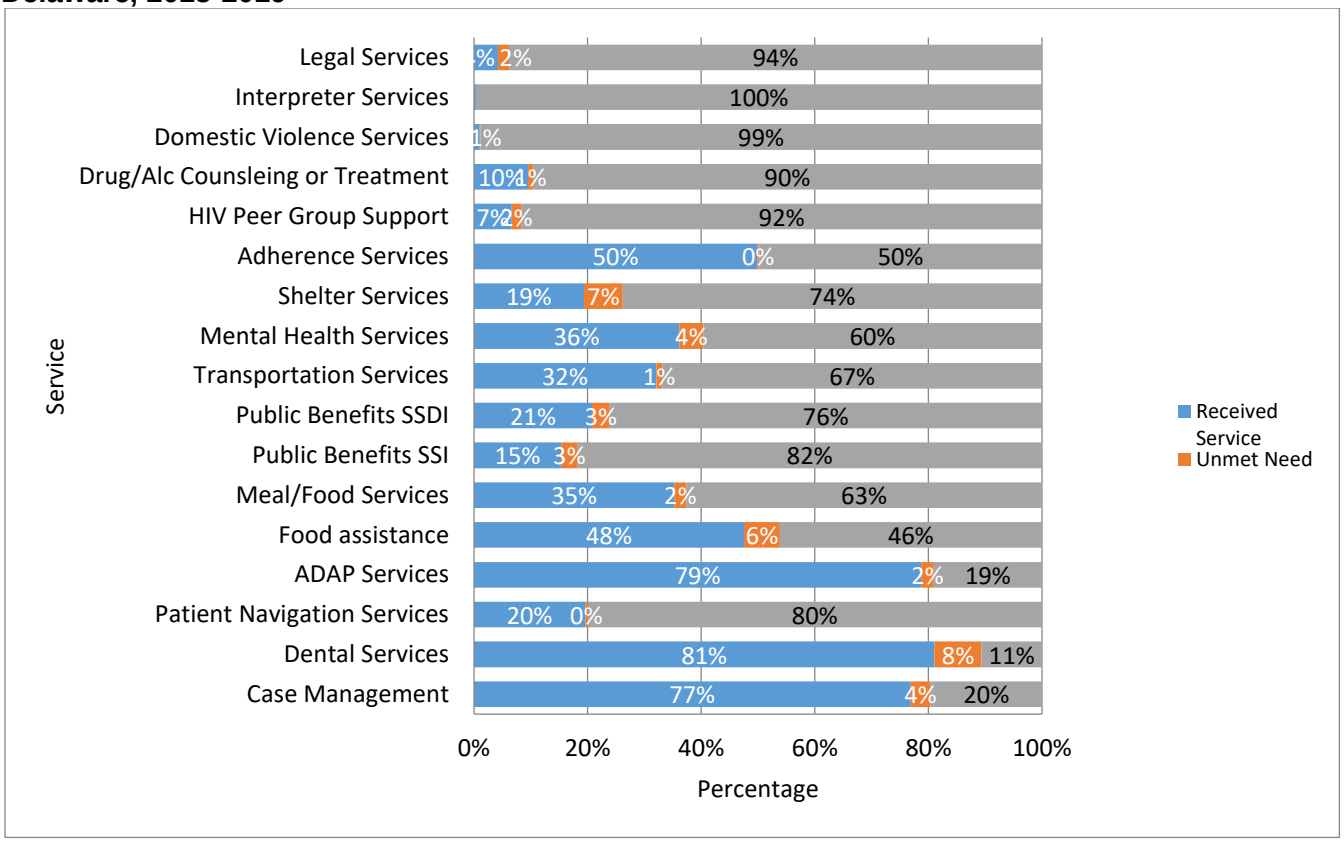
	Male		Female		Total	
	#	%	#	%	#	%
18-24	11	1.9%	2	0.6%	13	1.4%
25-34	68	11.6%	23	7.2%	91	10.1%
35-44	84	14.4%	59	18.5%	143	15.8%
45-54	172	29.4%	100	31.3%	272	30.1%
55+	250	42.7%	135	42.3%	385	42.6%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the MMP Interview by DPH, 2015-2019

Met and Unmet Service Needs, Delaware, 2015-2019

Figure 101 demonstrates the utilization of, and unmet needs for, services as indicated by the 904 interview respondents.

Figure 101: Met and Unmet Service Needs of Medical Monitoring Project Respondents, Delaware, 2015-2019

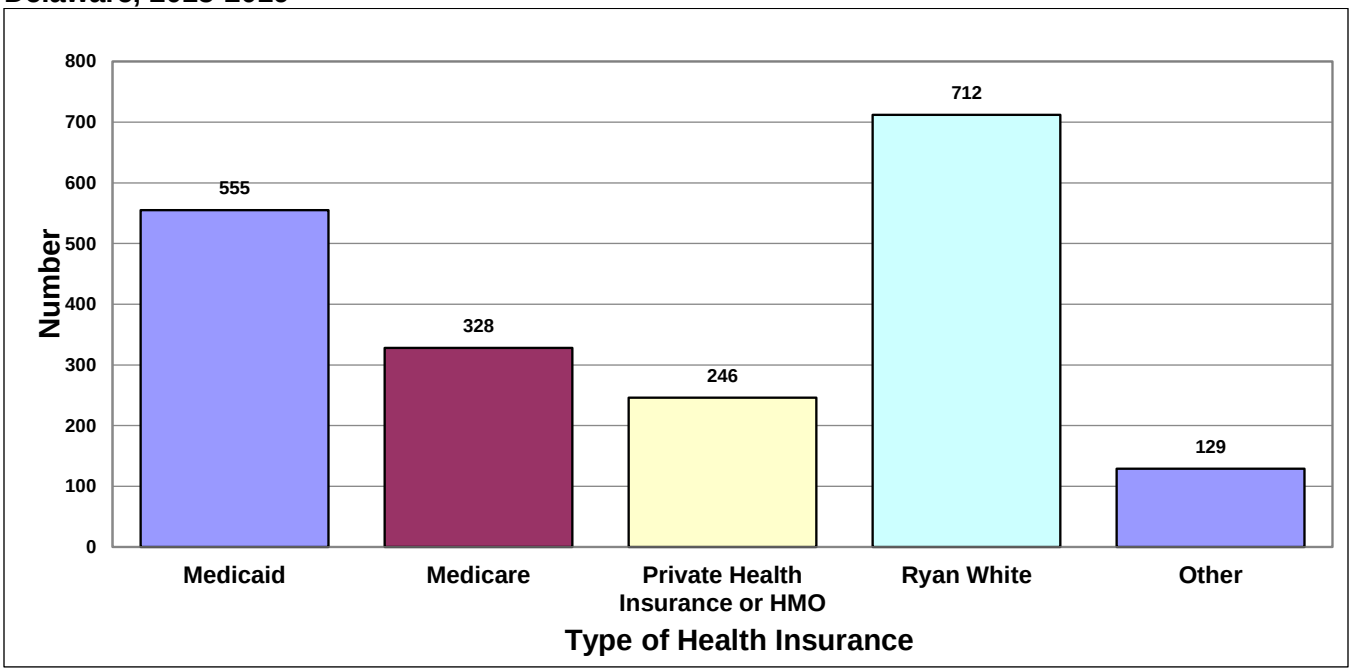


Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the MMP Interview by DPH, 2015-2019

Medical Coverage in the Last 12 Months

Figure 102 demonstrates the types of health insurance utilized by the 904 interview respondents.

Figure 102: Medical Coverage among Medical Monitoring Project Respondents, Delaware, 2015-2019



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019
*Categories are not exclusive, respondents may have used more than one type of health coverage

MMP Entry into Care

Tables 63 (a) through 63 (f) cover the experience of 904 respondents while entering initial HIV health care.

Table 63 (a): Within 30 days after you got your first positive HIV test, did someone ask if you needed help finding a place to go for outpatient HIV medical care or let you know where you could go for outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	242	41.4%	130	40.8%	372	41.2%
No	101	17.3%	48	15.0%	149	16.5%
Refused/other	242	41.4%	141	44.2%	383	42.4%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 63 (b): Within 30 days after you got your first positive HIV test, did a professional help you figure out if you qualified for free or low-cost outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	245	41.9%	133	41.7%	378	41.8%
No	96	16.4%	45	14.1%	141	15.6%
Refused/other	244	41.7%	141	44.2%	385	42.6%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 63 (c): Did you want a professional to help you figure out if you qualified for free or low-cost outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	26	27.1%	15	34.1%	41	4.5%
No	70	72.9%	29	65.9%	99	11.0%
Total	96	100.0%	44	100.0%	140	15.5%
Note: These respondants indicated "No" in question B of this section						

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 63 (d): Did you know that free or low-cost outpatient HIV medical care may be available to those who qualify?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	32	33.3%	18	40.9%	50	5.5%
No	65	67.7%	28	63.6%	93	10.3%
Total	97	101.0%	46	104.5%	143	15.8%
Note: These respondants indicated "No" in question B of this section						

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 63 (e): Within 30 days after you got your first positive HIV test, did a professional help you make an appointment for outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	255	43.6%	131	41.1%	386	42.7%
No	87	14.9%	48	15.0%	135	14.9%
Refused/other	243	41.5%	140	43.9%	383	42.4%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-201

Table 63 (f): Did you want a professional to help you make an appointment?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	14	16.1%	18	37.5%	32	23.7%
No	73	83.9%	30	62.5%	103	76.3%
Total	87	100.0%	48	100.0%	135	100.0%
Note: These respondants indicated "No" in question E of this section						

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

MMP HIV Medication Prescription and Adherence

Tables 64 (a) through 64 (d) provide a base level measure of MMP respondents who have been prescribed ART, and the level at which those persons appear to be adherent in taking those medications.

Table 64 (a): Medical Records Indicate Antiretroviral Therapy (ART) Prescribed?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	437	91.8%	220	92.1%	657	91.9%
No	39	8.2%	19	7.9%	58	8.1%
Total	476	100.0%	239	100.0%	715	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 64 (b): Have you ever taken any HIV medicines?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	469	98.5%	234	97.9%	703	98.3%
No	7	1.5%	5	2.1%	12	1.7%
Total	476	100.0%	239	100.0%	715	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 64 (c): During the past 12 months, have you taken HIV medicines?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	463	97.3%	229	95.8%	692	96.8%
No	13	2.7%	10	4.2%	23	3.2%
Total	476	100.0%	239	100.0%	715	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 64 (d): Are you currently taking any HIV medicines?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	459	96.4%	224	93.7%	683	95.5%
No	17	3.6%	15	6.3%	32	4.5%
Total	476	100.0%	239	100.0%	715	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Sexual Behavior

Table 65: Medical Monitoring Project, Number of Sexual Partners in the last 12 Months*, Delaware, 2015-2019

	MSM		**MSW**		**WSM**	
	#	**%**	**#**	**%**	**#**	**%**
None	308	64.7%	361	75.8%	126	52.7%
One	92	19.3%	80	16.8%	105	43.9%
Two or more	76	16.0%	35	7.4%	8	3.3%
Total	476	100.0%	476	100.0%	239	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
*MSM, MSW, WSM; these categories are not exclusive
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 66: Medical Monitoring Project, Reported Vaginal or Anal Sex with at Least One Partner in the Last 12 Months, Delaware, 2015-2019

	MSM		**MSW**		**WSM**	
	#	**%**	**#**	**%**	**#**	**%**
Yes	254	53.4%	204	42.9%	227	95.0%
No	222	46.6%	272	57.1%	12	5.0%
Total	476	100.0%	476	100.0%	239	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
*MSM, MSW, WSM; these categories are not exclusive
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 67: Medical Monitoring Project, Sexual Risk Behaviors, Delaware, 2015-2019

	Male		Female	
	#	%	#	%
No vaginal or anal sex	210	44.1%	123	51.5%
Sexually active, *WSW sex only	0	0.0%	4	1.7%
Condom protected vaginal or anal sex only	155	32.6%	75	31.4%
Vaginal or anal sex, but risk behavior unknown	5	1.1%	0	0.0%
Condomless vaginal or anal sex only with HIV-infected partners	42	8.8%	9	3.8%
Condomless vaginal or anal sex with at least one HIV negative partner, but partner was on PrEP	10	2.1%	1	0.4%
Condomless vaginal or anal sex with at least one unknown status partner not known if on PrEP	22	4.6%	7	2.9%
Condomless vaginal or anal sex with at least one HIV negative partner, partner not on PrEP or not known if on PrEP	24	5.0%	17	7.1%
Unknown	8	1.7%	3	1.3%
Total	476	100.0%	239	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.

***** Women having Sex with Women

Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Substance Use

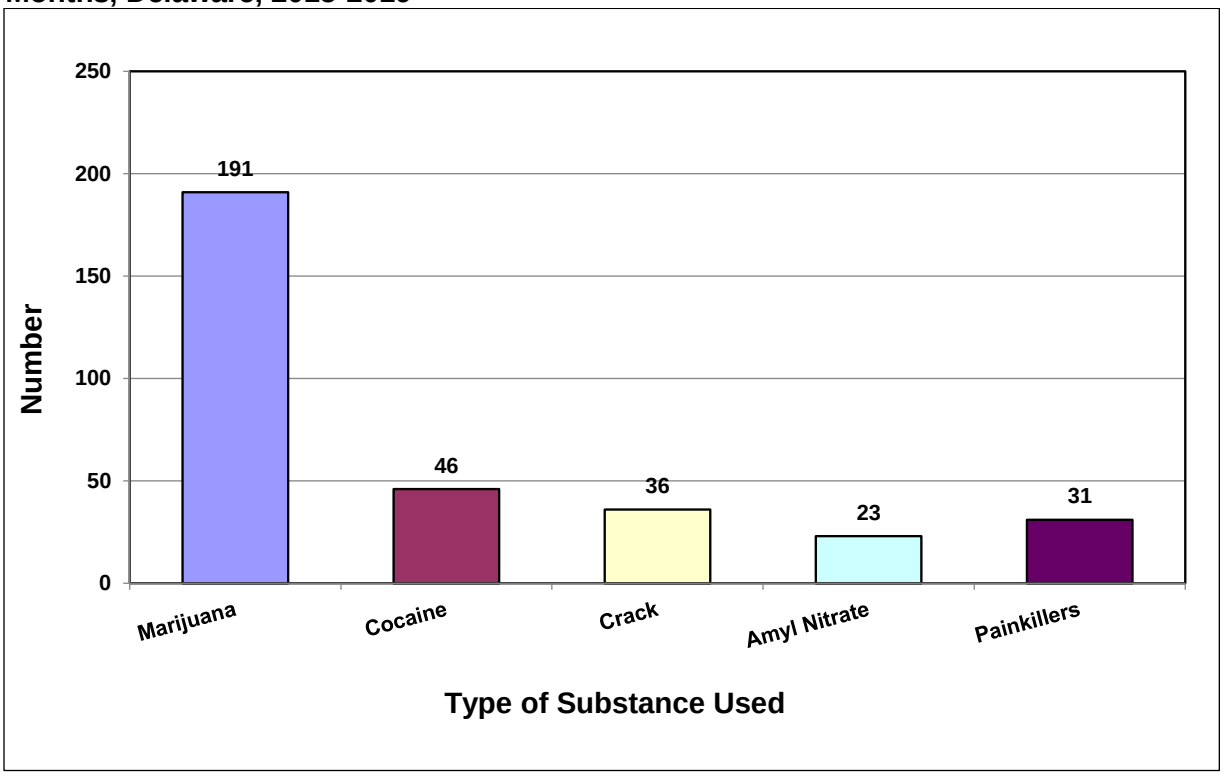
Fifteen respondents reported using injection drugs in the last 12 months. Non-injection drug use in the 12 months prior to the interview date is shown below.

Table 68: Medical Monitoring Project, Non-injection Drug Use in the last 12 Months, Delaware, 2015-2019

	Male		Female		Total	
	#	%	#	%	#	%
Yes	150	25.6%	63	19.7%	213	23.6%
No	435	74.4%	256	80.3%	691	76.4%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Figure 103: Medical Monitoring Project, Type of Non-injection Drug Use in the last 12 Months, Delaware, 2015-2019



Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
*categories are not exclusive, respondents may have used more than one substance
Data collected from the MMP Interview by DPH, 2015-2019

Stigma

Stigma may interfere with HIV testing or HIV care. The following portion of the report explores barriers to receiving HIV care that were gathered from MMP interviews in 2015 and 2019. (Tables 69(a) through 69(j)).

Table 69 (a): I have been hurt by how people reacted to learning I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	311	53.2%	157	49.2%	468	51.8%
Somewhat disagree	31	5.3%	11	3.4%	42	4.6%
Neutral	50	8.5%	15	4.7%	65	7.2%
Somewhat agree	56	9.6%	23	7.2%	79	8.7%
Strongly agree	137	23.4%	113	35.4%	250	27.7%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (b): I have stopped socializing with some people because of their reactions to my HIV status

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	373	63.8%	193	60.5%	566	62.6%
Somewhat disagree	25	4.3%	9	2.8%	34	3.8%
Neutral	30	5.1%	7	2.2%	37	4.1%
Somewhat agree	42	7.2%	21	6.6%	63	7.0%
Strongly agree	115	19.7%	89	27.9%	204	22.6%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (c): I have lost friends by telling them I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	398	68.0%	213	66.8%	611	67.6%
Somewhat disagree	24	4.1%	10	3.1%	34	3.8%
Neutral	38	6.5%	14	4.4%	52	5.8%
Somewhat agree	31	5.3%	16	5.0%	47	5.2%
Strongly agree	94	16.1%	66	20.7%	160	17.7%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (d): I am very careful who I tell that I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	78	13.3%	50	15.7%	128	14.2%
Somewhat disagree	11	1.9%	2	0.6%	13	1.4%
Neutral	9	1.5%	0	0.0%	9	1.0%
Somewhat agree	41	7.0%	7	2.2%	48	5.3%
Strongly agree	446	76.2%	260	81.5%	706	78.1%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (e): I worry that people who know I have HIV will tell others

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	214	36.6%	112	35.1%	326	36.1%
Somewhat disagree	28	4.8%	10	3.1%	38	4.2%
Neutral	37	6.3%	10	3.1%	47	5.2%
Somewhat agree	50	8.5%	17	5.3%	67	7.4%
Strongly agree	256	43.8%	170	53.3%	426	47.1%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (f): I feel that I am not as good a person as others because I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	464	79.3%	235	73.7%	699	77.3%
Somewhat disagree	17	2.9%	8	2.5%	25	2.8%
Neutral	18	3.1%	11	3.4%	29	3.2%
Somewhat agree	37	6.3%	15	4.7%	52	5.8%
Strongly agree	49	8.4%	50	15.7%	99	11.0%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (g): Having HIV makes me feel unclean

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	473	80.9%	234	73.4%	707	78.2%
Somewhat disagree	18	3.1%	13	4.1%	31	3.4%
Neutral	20	3.4%	9	2.8%	29	3.2%
Somewhat agree	34	5.8%	19	6.0%	53	5.9%
Strongly agree	40	6.8%	44	13.8%	84	9.3%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (h): Having HIV makes me feel that I'm a bad person

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	506	86.5%	270	84.6%	776	85.8%
Somewhat disagree	24	4.1%	7	2.2%	31	3.4%
Neutral	14	2.4%	4	1.3%	18	2.0%
Somewhat agree	17	2.9%	14	4.4%	31	3.4%
Strongly agree	24	4.1%	24	7.5%	48	5.3%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (i): Most people think that a person with HIV is disgusting

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	308	52.6%	163	51.1%	471	52.1%
Somewhat disagree	29	5.0%	6	1.9%	35	3.9%
Neutral	48	8.2%	26	8.2%	74	8.2%
Somewhat agree	68	11.6%	25	7.8%	93	10.3%
Strongly agree	132	22.6%	99	31.0%	231	25.6%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

Table 69 (j): Most people with HIV are rejected when others find out.

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	189	32.3%	88	27.6%	277	30.6%
Somewhat disagree	36	6.2%	6	1.9%	42	4.6%
Neutral	56	9.6%	20	6.3%	76	8.4%
Somewhat agree	90	15.4%	44	13.8%	134	14.8%
Strongly agree	214	36.6%	161	50.5%	375	41.5%
Total	585	100.0%	319	100.0%	904	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2022.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2019

References

America's Health Rankings | AHR. (n.d.). Retrieved from https://www.americashealthrankings.org/

Centers for Disease Control and Prevention. (2015). HIV/AIDS and Viral Hepatitis. Retrieved from https://www.cdc.gov/hepatitis/populations/hiv.htm

Centers for Disease Control and Prevention. *HIV Surveillance Report, 2020*; vol. 33. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2020-updated-vol-33.pdf. Published May 2022. Accessed February 2, 2023.

Selik R, Mokotoff E, Branson B, et al. Revised Surveillance Case Definition for HIV Infection – United States, 2014. MMWR 2014;63(3):7. Retrieved from https://www.cdc.gov/mmwr/pdf/rr/rr6303.pdf

U.S. Census Bureau QuickFacts: UNITED STATES. (n.d.). Retrieved from https://www.census.gov/quickfacts/fact/table/US/PST045221

Youth Risk Behavior Survey (YRBS). (2021). Retrieved from https://www.cdhs.udel.edu/content-sub-site/Documents/2021%20YRBS%20Findings/2021%20DE%20HS%20Trend%20Report.pdf

Appendix A

Delaware HIV/AIDS Report Feedback

The purpose of this form is to provide the HIV Prevention and 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 via mail, email, or fax to:

HIV Surveillance Office
Delaware Division of Public Health
Thomas Collins Building, Suite 12, Rm 203G
540 S Dupont Hwy.
Dover, DE 19901
Fax: 302-739-2550
Email: Charlene.Rodriguez@delaware.gov

1. Of which planning group are you a member?

☐ Delaware HIV Planning Council ☐ Formulary Committee ☐ Policy Committee

☐ Other _____

2. Was the HIV Surveillance Report easy to read?

☐ Yes ☐ No ☐ Somewhat

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

☐ Electronically
☐ Profile Writers presented epidemiologic profile to planning group
☐ Other _____

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

☐ Yes ☐ No ☐ Somewhat

If somewhat or no is selected, explain why.

_____

_____

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

☐ Yes ☐ No ☐ Somewhat

If somewhat or no is selected, explain why.

_____

_____

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

_____

_____

7. How can the next HIV Surveillance Report be improved?

_____

_____

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

_____

_____

8. Do you want to receive the Monthly HIV 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 Surveillance 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: _____