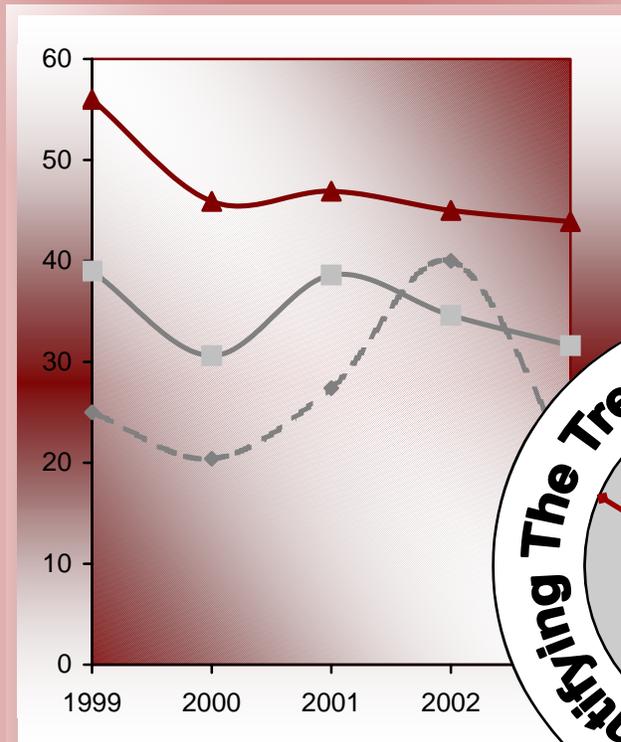


2003

# Louisiana HIV/AIDS



## ANNUAL REPORT

# 2003

***LOUISIANA  
HIV/AIDS  
ANNUAL  
REPORT***

***2003***

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## **OVERVIEW OF HIV/AIDS SURVEILLANCE**

The Louisiana Office of Public Health has worked in close collaboration with the Centers for Disease Control and Prevention (CDC) to develop and support comprehensive programs to monitor the changing HIV/AIDS epidemic in Louisiana. Data collected under these programs provide the basis for developing prevention activities, assessing needs, and developing services for those in need or at risk throughout the state. The data also serve to justify and obtain funding for the implementation of prevention programs, the improvement of service delivery, and the development of studies throughout Louisiana.

### **HIV/AIDS Surveillance System**

Consistent with HIV/AIDS surveillance activities in other states, the Louisiana HIV/AIDS surveillance system actively maintains an extensive statewide network of reporting sites in public, private, inpatient, outpatient, clinical, and laboratory settings.

#### ***HIV/AIDS Surveillance***

In Louisiana, AIDS became a reportable condition in 1984, at which time the Louisiana Office of Public Health established a surveillance system to track newly diagnosed AIDS cases. In 1993, the surveillance system was expanded when confidential HIV (non-AIDS) cases were added as a reportable condition. Standardized case report forms are used; these forms collect sociodemographic information, mode of exposure, laboratory and clinical information, vital statistics (i.e., living or dead), and referrals for treatment or services. HIV infection reporting is estimated to be >85% complete for persons who have tested positive for HIV. HIV surveillance data may underestimate the level of recently-infected persons because some infected persons either do not know they are infected or have not sought testing. Persons who have tested positive in an anonymous test site and have not sought medical care, during which they would be confidentially tested, are not included in HIV surveillance statistics. Therefore, HIV infection data can only provide minimum estimates of the number of persons known to be HIV-infected. Additionally, new cases are reported at all points along the clinical spectrum of disease when first diagnosed. Consequently, HIV infection data may not necessarily represent the characteristics of persons who have been recently infected with HIV.

#### ***Perinatal Surveillance***

Perinatal HIV/AIDS surveillance is the ongoing and systematic collection of information on HIV-infected pregnant mothers and perinatally-exposed and HIV-infected children. Extensive medical record abstractions are conducted for all HIV-exposed children and their mothers; the children are followed until their infection status is determined. These data address the prevention of perinatal transmission, including prenatal care, HIV counseling and testing during pregnancy, and the use of zidovudine (ZDV) or other antiretroviral medications among pregnant mothers and neonates. Enhanced perinatal surveillance data provide perinatal-specific information that can be used to determine the extent to which testing and ZDV use occur in clinical practice and to identify barriers to the implementation of United States Public Health Service guidelines.

#### ***Adult Spectrum of Disease (ASD) Project***

The ASD project tracks the full spectrum and progression of HIV disease among HIV-infected persons enrolled in the project. Data were collected from 1990-2003 among persons 13 years of age and older with a diagnosed HIV infection who received health care at a participating facility. Louisiana's ASD project is based in three publicly-funded facilities in New Orleans that provide health care to the majority of persons living with HIV infection in the New Orleans area.

## **Behavioral Surveys**

### ***Street Outreach Surveys (SOS)***

Street outreach surveys have been administered by community-based organizations (CBOs) statewide since 1995. The survey is a one-page, self-administered questionnaire distributed by outreach workers in areas where they actively conduct street outreach activities. Sites are in neighborhoods with one or more of the following characteristics: high rates of HIV/STDs, high levels of drug use, presence of persons who exchange sex for money or drugs. Respondents are asked about sexual partners, history of condom use, drug use, HIV testing history, and exposure to prevention programs. These data represent persons at particularly high risk for HIV and are not generalizable to the general population in the local community.

### ***Behavioral Risk Factor Surveillance System (BRFSS)***

The BRFSS is a state-based random digit-dialed telephone survey that monitors state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Respondents to the BRFSS questionnaire are asked a variety of questions about their personal health behaviors and health experiences. A sexual behavior module was added to this survey in 1994-96, 1998 and 2000-03. In this module, adults (ages 18-49) are asked about their number of sexual partners, condom use, and treatment for STDs. Data from the BRFSS survey are population-based; thus, estimates about testing attitudes and practices can be generalized to the adult population in Louisiana, not just to persons at highest risk for HIV/AIDS. However, because BRFSS respondents are contacted by telephone, the data are not representative of households without a telephone.

## **STD Surveillance**

The Sexually Transmitted Disease (STD) Program offers STD clinical services, including testing, diagnosing and treating persons with STDs. The program conducts statewide surveillance to determine STD incidence and monitor trends. In addition, the program conducts partner counseling and referral services for persons with HIV and syphilis in order to reduce the spread of HIV and STDs. In Louisiana in addition to HIV/AIDS, chancroid, chlamydia, gonorrhea, lymphogranuloma venereum, and syphilis are reportable STDs.

## **HIV Counseling and Testing Data**

The Louisiana Office of Public Health HIV/AIDS Program provides funds and HIV counseling and testing at approximately 175 different sites across Louisiana. These sites include community-based organizations, drug treatment centers, parish health units, and STD, prenatal, family planning, and tuberculosis clinics. Most sites offer both anonymous and confidential testing options; however, 89% of persons in 2003 were tested confidentially.

# Geographic Guide to Louisiana Public Health Regions and Metro Statistical Areas (MSA)



## Public Health Regions

- I New Orleans**  
Jefferson  
Orleans
- II Baton Rouge**  
Ascension  
Iberville  
E. Baton Rouge  
W. Baton Rouge
- III Houma**  
Assumption  
Lafourche  
St. Charles  
St. John the Baptist
- IV Lafayette**  
Acadia  
Evangeline  
Iberia  
Lafayette
- V Lake Charles**  
Allen  
Beauregard  
Jefferson Davis
- VI Alexandria**  
Avoyelles  
Catahoula  
Concordia  
Grant
- VII Shreveport**  
Bienville  
Bossier  
Caddo  
Claiborne  
Desoto
- VIII Monroe**  
Caldwell  
East Carroll  
West Carroll  
Franklin  
Jackson  
Lincoln
- IX Hammond/Slidell**  
Livingston  
St. Helena  
St. Tammany

## Urban Parishes (MSAs)

- New Orleans**  
*Jefferson*  
*Orleans*  
*St. Tammany*  
*St. John the Baptist*
- Baton Rouge**  
*E. Baton Rouge*  
*W. Baton Rouge*
- Houma/Thibodaux**  
*Lafourche*
- Lafayette**  
*Acadia*  
*St. Martin*
- Shreveport**  
*Bossier*  
*Caddo*
- Lake Charles**  
*Calcasieu*
- Alexandria**  
*Rapides*
- Monroe**  
*Ouachita*
- Plaquemines**  
*St. Bernard*  
*St. James*  
*St. Charles*
- Ascension**  
*Livingston*
- Terrebonne**  
*Terrebonne*
- Lafayette**  
*Lafayette*  
*St. Landry*
- Webster**  
*Webster*

***HIV/AIDS  
TRENDS IN  
LOUISIANA***

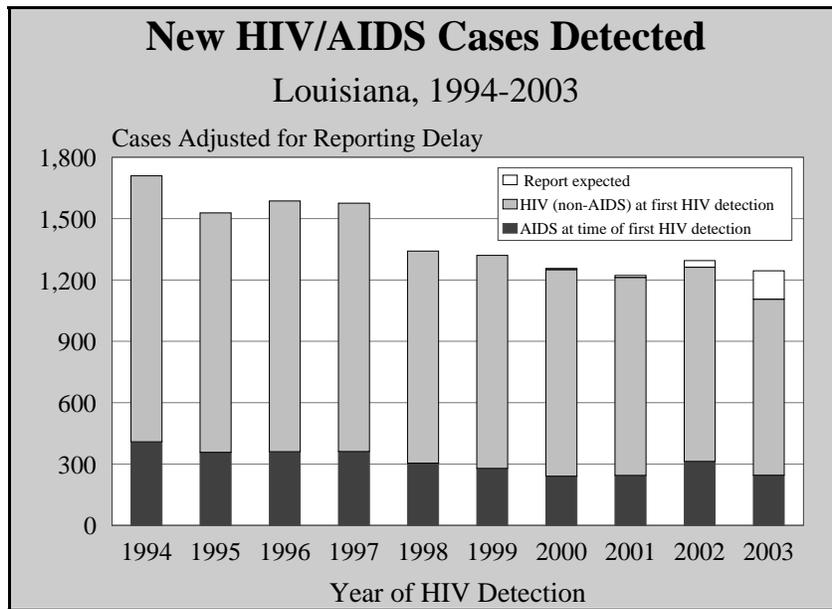
## **EXECUTIVE SUMMARY**

The HIV/AIDS epidemic continues to have a significant impact on the public health of Louisiana. Although there is still no cure for AIDS, recent advances in treatment have significantly slowed the progression from HIV to AIDS and AIDS to death. As of December 31, 2003, a cumulative total of 24,219 persons were detected with HIV/AIDS in Louisiana, including 289 cases in children under the age of 13.

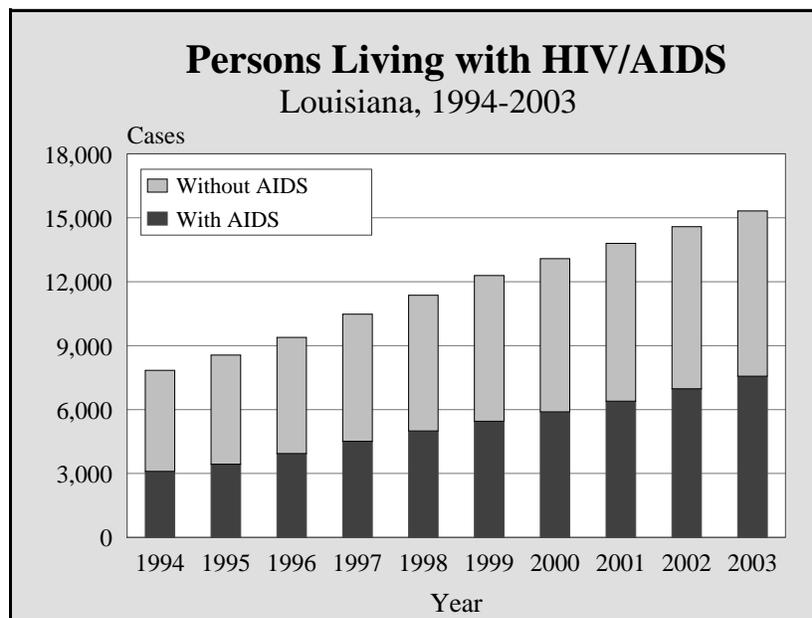
The following report provides detailed information regarding demographic and risk characteristics of HIV-infected individuals and trends in the epidemic over time. This report includes cases diagnosed through 2003 and reported by August, 2004. Some of the most significant trends occurring in 2003 are highlighted below:

- At the end of 2003, 15,326 persons were known to be living with HIV/AIDS in Louisiana, of which 7,564 (49%) have been diagnosed with AIDS. There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely due to a decrease in mortality because of more effective drug therapies.
- In the most recent CDC HIV/AIDS Surveillance Report (Vol. 15), Louisiana ranked 6th highest in state AIDS case rates and 11th in the number of AIDS cases reported in 2003. The metropolitan Baton Rouge area ranked 8th and the metropolitan New Orleans area ranked 11th in AIDS case rates in 2003 among the large metropolitan areas in the nation.
- During 2003, 1,106 new HIV/AIDS cases were detected in Louisiana. This represents a slight decrease in the number of HIV/AIDS cases compared to 2002. New cases of HIV/AIDS were detected in 56 of Louisiana's 64 parishes in 2003.
- The New Orleans region had the highest number of HIV/AIDS cases detected in 2003. During the past 5 years, the Baton Rouge region has had the highest HIV/AIDS detection rate (number of new cases per 100,000 population). However, in 2003 the New Orleans and Baton Rouge regions had the same HIV/AIDS detection rate.
- The HIV detection rates for African Americans continue to be disproportionately high. Although African Americans make up only 32% of the state's population, 74% of newly-detected HIV cases and 73% of newly-diagnosed AIDS cases were among African Americans in 2003. The HIV rates for African Americans were over seven times higher than those among whites.
- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has increased since 1994. Women represented 34% of new HIV/AIDS cases in 2003. Overall, HIV/AIDS rates have been declining among men since 1994.
- Since 1996, the number of new AIDS cases and deaths among persons with AIDS has decreased dramatically, coinciding with the widespread use of more effective treatments. However, in 2001 and 2002, the number of new AIDS diagnoses and deaths increased, which may have been due to factors such as late testing, limited access to or use of health care services, and limitations of current therapies.
- Of the persons who had a confidential positive HIV test during 1998-2002 and were reported to the HIV/AIDS Program, 33% were diagnosed with AIDS within three months of their first reported HIV test.
- Although the number of women living with HIV in Louisiana has risen in recent years, perinatal transmission rates have dropped dramatically from over 24% in 1993 to approximately 5% in 2002 due to increased screening of pregnant women and increased use of antiretroviral therapy by pregnant women with HIV and their infants.

## OVERALL HIV/AIDS TRENDS



- In 2003, 1,106 new HIV/AIDS cases were detected statewide. An additional 139 cases are expected due to reporting delay. The number of new HIV cases detected each year has declined since 1994.
- Of the newly-detected cases in 2003, 22% were diagnosed with AIDS at the same time they were first detected with HIV.



- The number of persons living with HIV continues to increase each year. At the end of 2003, 15,326 persons were known to be living with HIV/AIDS in Louisiana, of whom 7,564 (49%) had progressed to AIDS. This increasing trend is largely due to the introduction of effective drug therapies that have prolonged the lives of persons with HIV/AIDS.

## Characteristics of HIV-Infected Persons (HIV/AIDS)<sup>a</sup> 2003

	<b>Persons with HIV/AIDS First Detected in 2003</b>		<b>Persons Living with HIV/AIDS in 2003</b>		<b>Persons with HIV/AIDS Cumulative</b>	
	<b>Cases<sup>b</sup></b>	<b>Percent<sup>c</sup></b>	<b>Cases</b>	<b>Percent</b>	<b>Cases</b>	<b>Percent</b>
	<i>This column reflects persons with HIV infection (HIV/AIDS) whose confidential positive status was first detected in 2003 and reported to the health department. Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected.</i>		<i>This column reflects the <u>minimum</u> estimate of persons living with HIV as of December 31, 2003. This column includes persons living with AIDS.</i>		<i>This column reflects the total number of HIV-infected persons reported as having been diagnosed with HIV or AIDS in the state. This represents the minimum number of cases of HIV-infection in the state, including those who have died.</i>	
<b>TOTAL</b>	1,106	100%	15,326	100%	24,219	100%
<b>Gender</b>						
Male	732	66%	11,068	72%	18,573	77%
Female	374	34%	4,258	28%	5,646	23%
<b>Ethnicity</b>						
African-American	822	74%	9,905	65%	14,717	61%
White	239	22%	4,871	32%	8,817	36%
Hispanic	34	3%	466	3%	579	2%
Other/Unk/Multi-Race	11	1%	84	1%	106	<1%
<b>Age Group</b>	<b>(Age at HIV Detection)</b>		<b>(Age on Dec. 31, 2003)</b>		<b>(Age at HIV Detection)</b>	
0-12	6	1%	137	1%	289	1%
13-24	214	19%	843	6%	3,899	16%
25-44	617	56%	9,522	62%	16,346	67%
45-64	257	23%	4,592	30%	3,429	14%
65+	12	1%	232	2%	256	1%
<b>Exposure Category<sup>d</sup></b>						
MSM <sup>e</sup>	257	49%	4,565	45%	8,665	49%
IDU <sup>e</sup>	95	18%	2,173	21%	3,792	21%
MSM & IDU	17	3%	898	9%	1,664	9%
HRH <sup>e</sup>	148	28%	2,147	21%	2,886	16%
Transfusion/Hemophilia	0	0%	144	1%	431	2%
Perinatal	6	1%	180	2%	255	1%
<i>Unspecified Exposure<sup>f</sup></i>	583	53%	5,219	34%	6,526	27%
<b>Urban/Rural Parishes</b>						
Urban	942	85%	12,994	85%	21,184	87%
Rural	164	15%	2,332	15%	3,035	13%
<b>Facility of Detection</b>						
Private	312	28%	3,369	22%	4,002	17%
Public	794	72%	11,957	78%	20,217	83%

a HIV data collection started in 1993. Positive results of anonymous tests are not included due to likelihood of repeat tests.

b Cases within subgroups may not add up to totals due to unknowns.

c Percentages may not add up to 100% due to rounding.

d Percentages for identified exposure groups represent the distribution among those who reported a specific exposure. The percentage for the unspecified exposure group represents the percent among the total.

e MSM: men who have sex with men (non-IDU); IDU: injection drug user; HRH: high-risk heterosexual.

f Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

## HIV/AIDS BY RACE/ETHNICITY AND GENDER

The HIV/AIDS epidemic impacts persons of all genders, ages, ethnicities, and geographic locations in Louisiana. This impact, however, is not consistent across all population groups. At the beginning of the epidemic, HIV cases rose most sharply in white men who have sex with men (MSM). Although white MSM are still affected disproportionately by the epidemic, recent trends suggest a shift in the HIV/AIDS epidemic towards women, African-Americans, and high-risk heterosexuals. As the epidemic continues to change and the number of persons living with HIV continues to grow, it is extremely important to identify those populations most impacted by and at risk for HIV infection to effectively plan for HIV prevention and allocate limited resources.

**HIV/AIDS in Louisiana by Race/Ethnicity and Year of HIV Detection  
(1997-2003)**

Year	White			African-American			Hispanic			TOTAL <sup>a</sup>	
	Cases	Percent	Rate <sup>b</sup>	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1997	427	27%	15	1,104	70%	76	36	2%	33	1,575	35
1998	334	25%	12	971	72%	67	32	2%	30	1,341	30
1999	319	24%	11	965	73%	66	28	2%	26	1,320	30
2000	312	25%	11	901	72%	62	35	3%	32	1,250	28
2001	290	24%	10	882	73%	61	33	3%	31	1,212	27
2002	301	24%	11	932	74%	64	20	2%	19	1,262	28
2003	239	22%	8	822	74%	57	34	3%	32	1,106	25

a Totals include all ethnic categories, including ones not shown.

b Rates per 100,000 persons in subgroup. Population data used to calculate rates are from the 2000 Census.

- African Americans continue to be impacted disproportionately by HIV/AIDS. Although African Americans make up only 32% of the state's population, 74% of the new HIV cases diagnosed in 2003 and 65% of all persons living with HIV infection are African American. The HIV detection rate in 2003 for African Americans was over seven times higher than the rate among whites and almost two times higher than Hispanics.

**HIV/AIDS in Louisiana (1997-2003)  
by Gender and Race/Ethnicity**

**MALE**

Year	White			African-American			Hispanic			TOTAL <sup>a</sup>	
	Cases	Percent	Rate <sup>b</sup>	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1997	370	23%	26	705	45%	103	31	2%	57	1111	51
1998	279	21%	20	618	46%	90	25	2%	46	925	43
1999	266	20%	19	640	48%	94	24	2%	44	936	43
2000	279	22%	20	545	44%	80	26	2%	47	852	39
2001	229	19%	16	524	43%	77	29	2%	53	787	36
2002	248	20%	18	598	47%	87	17	1%	31	871	40
2003	191	17%	14	506	46%	74	28	3%	51	732	34
Cumul. Total <sup>c</sup>	7,932	36%	-	10,059	44%	-	495	2%	-	18,573	-

**FEMALE**

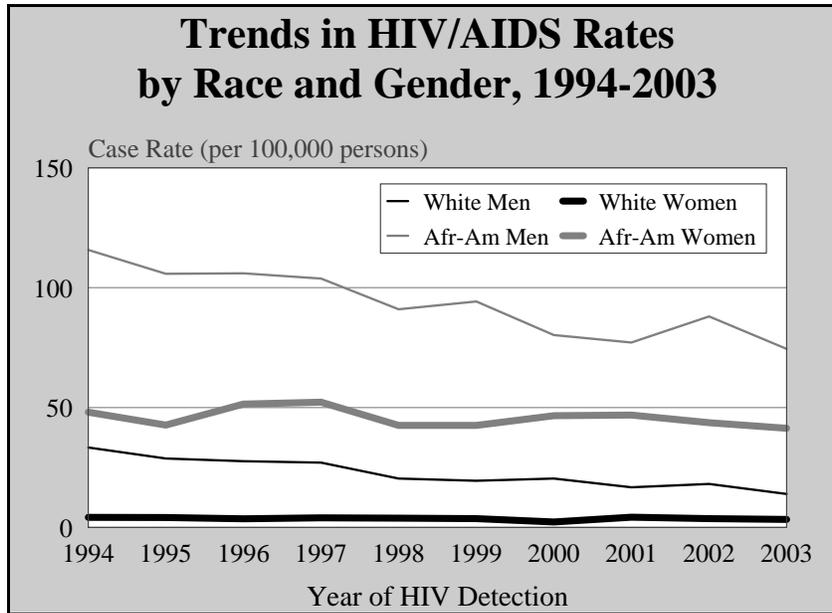
Year	White			African-American			Hispanic			TOTAL <sup>a</sup>	
	Cases	Percent	Rate <sup>b</sup>	Cases	Percent	Rate	Cases	Percent	Rate	Cases	Rate
1997	57	4%	4	399	25%	52	5	<1%	9	464	20
1998	55	4%	4	353	26%	46	7	1%	13	416	18
1999	53	4%	4	325	25%	42	4	<1%	8	384	17
2000	33	3%	2	356	28%	46	9	1%	17	398	17
2001	61	5%	4	358	30%	47	4	<1%	8	425	18
2002	53	4%	4	334	26%	43	3	<1%	6	391	17
2003	48	4%	3	316	29%	41	6	1%	11	374	16
Cumul. Total <sup>c</sup>	885	4%	-	4,658	20%	-	84	<1%	-	5,646	-

a Totals include all ethnic categories, including ones not shown.

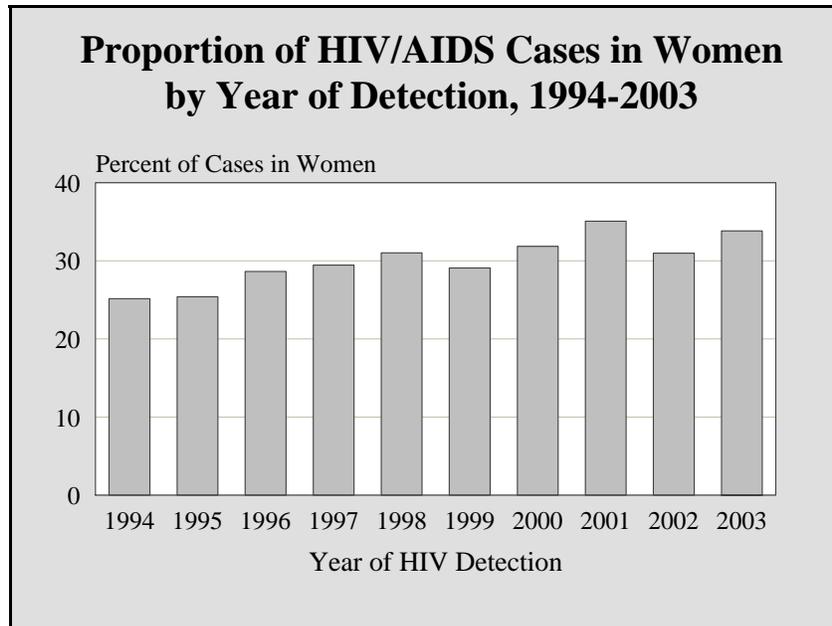
b Rates per 100,000 persons in subgroup. Population data used to calculate rates are from the 2000 Census.

c Cumulative total reflects the total number of HIV-infected persons diagnosed with HIV/AIDS in the state since the beginning of the epidemic.

- The HIV epidemic significantly affects both males and females in the African-American and Hispanic communities. In 2003, the rate of HIV/AIDS detection in African-American males was 1.5 times greater than the rate in Hispanic males and over 5 times greater than the rate in white males. The HIV/AIDS detection rate among African-American women was over 13 times greater than that of white women and almost 4 times higher than Hispanic women.

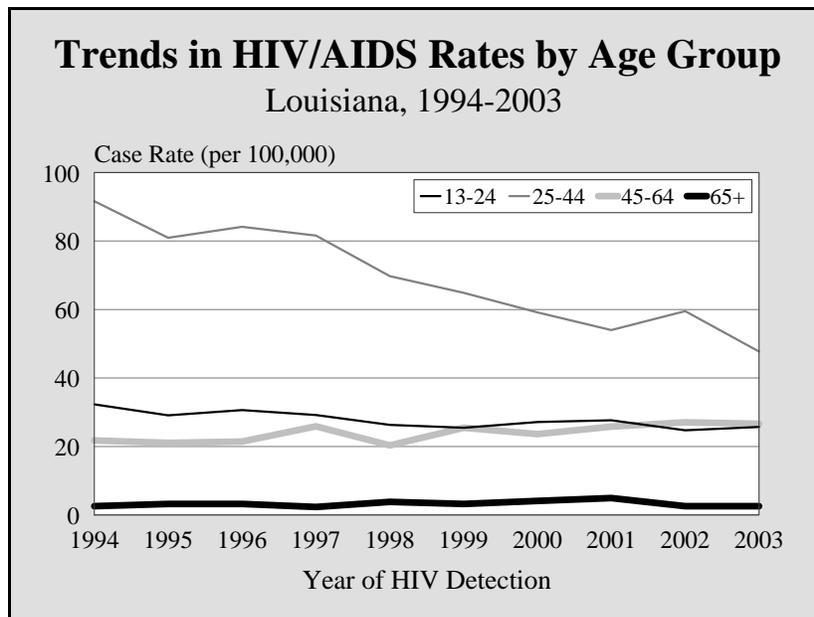


- Overall, HIV/AIDS rates have declined in both white and African-American men since 1994, while rates in both white and African-American women have remained stable.

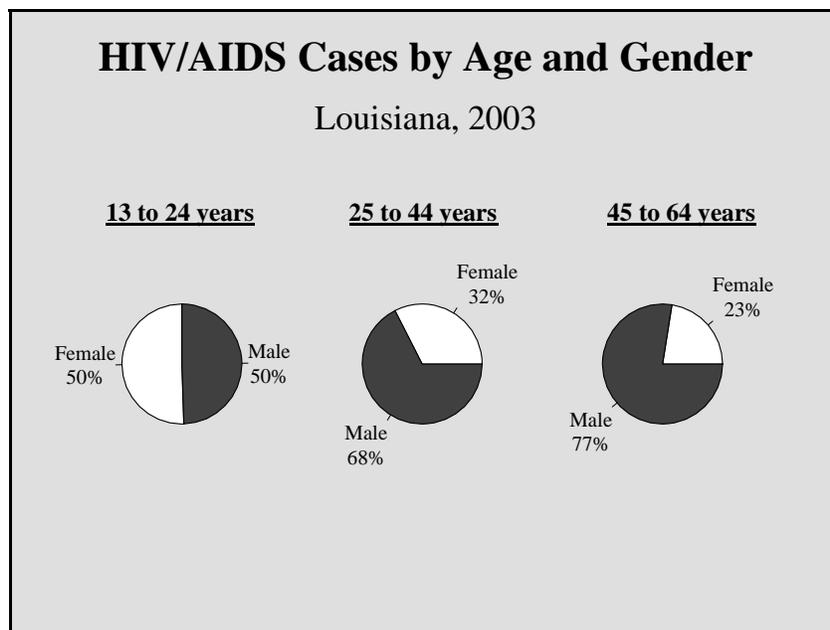


- The percentage of newly-detected HIV/AIDS cases reported among women in Louisiana has increased since 1994. In 1994, 25% of all new cases were women, and in 2003, 34% of new cases detected were women.

## HIV/AIDS BY AGE GROUP



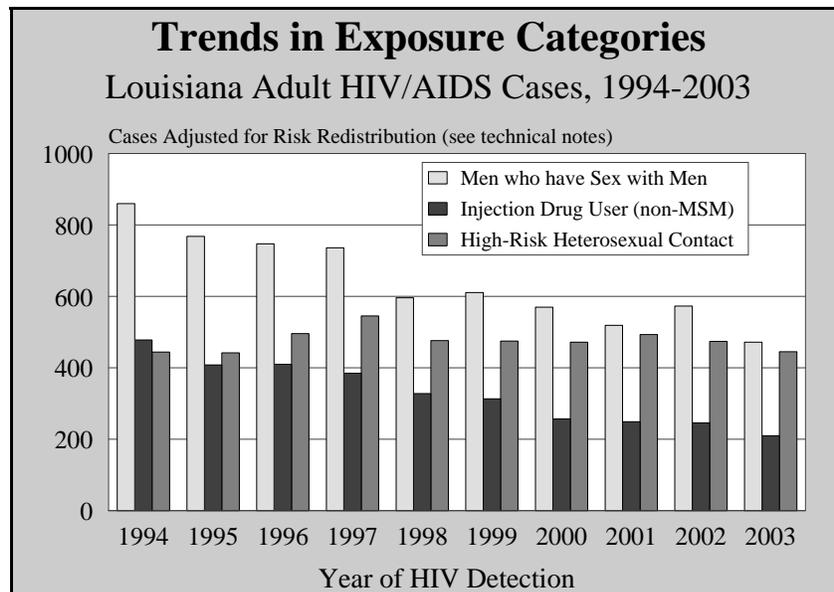
- In 2003, persons 25 to 44 years of age had the highest rates of newly-detected cases. Although the HIV/AIDS detection rate among this age group increased from 2001 to 2002, the general declining trend resumed from 2002 to 2003. The decreasing rates in this age group, since the early nineties, has accounted for much of the overall decline in HIV/AIDS rates seen in recent years.



- Among the 13-24 year age group, a much higher proportion of new cases are female, compared to persons in older age groups. This may be due, in part, to more opportunities for HIV screening of young women.

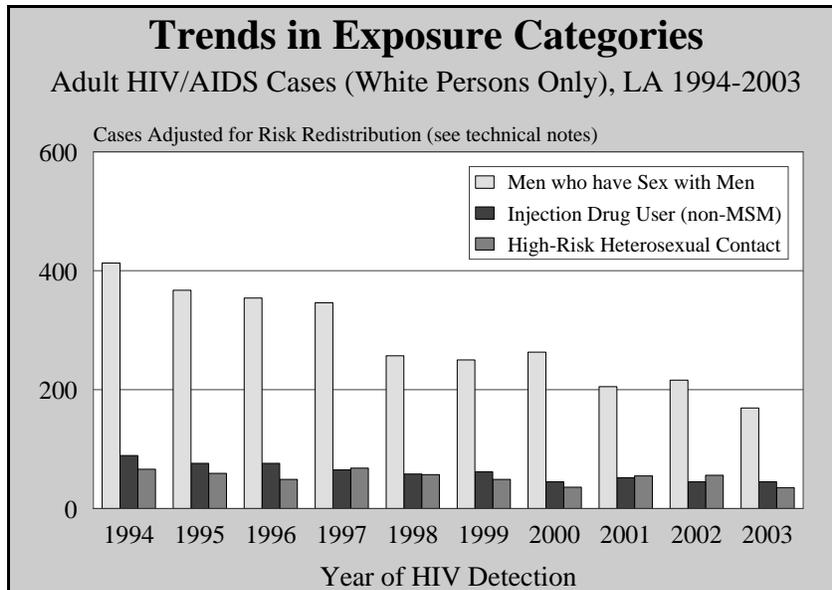
## HIV/AIDS BY MODE OF EXPOSURE

The modes of exposure (i.e., persons' risk for HIV transmission) have changed significantly since 1994. Throughout the epidemic, most HIV transmission has occurred among men who have sex with men (MSM); however, the proportion of cases attributed to MSM has been decreasing. Meanwhile, the proportion of cases among persons who report specific high risk heterosexual contact has been increasing. A large percentage of cases (52% in 2003) were reported without any mode of exposure; therefore, the data shown in the following graphs have been adjusted using a method developed by CDC to account for unreported risks, as described below and in the technical notes on p. 39.

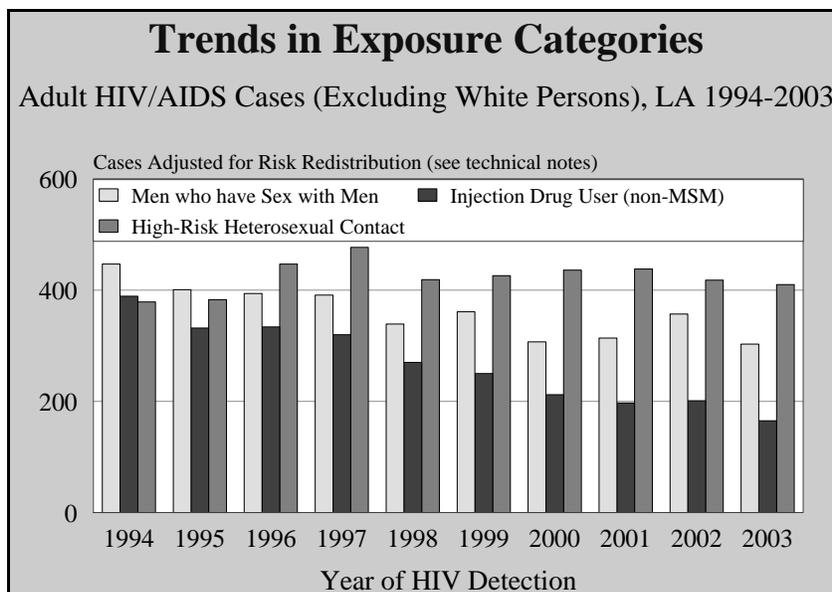


- The largest proportion of cases detected in 2003 (42%) were attributed to “men who have sex with men” (including MSM/IDU), after adjusting for unreported risk.
- After adjusting for unreported risk, cases attributed to “high-risk heterosexual contact” accounted for 39% of all cases detected in 2003.
- Injection drug users remain an important risk group, accounting for 19% of newly-detected cases.

Looking at cases adjusted for risk redistribution: Each year a significant number of HIV cases are reported that lack information to characterize how the infection may have been acquired (i.e., mode of exposure, transmission risk). Because this information is critical for identifying at-risk populations, the CDC has developed a method for estimating mode of exposure among those cases with an unreported risk. These estimates are based on historical patterns of risk distribution within certain demographic groups for a geographic area. Adjusting for risk redistribution (i.e., presenting a combination of cases reported with risk information and cases whose mode of exposure has been estimated) yields a more complete picture of the epidemic among the different exposure groups. For more information on risk redistribution, see the technical notes on p. 39.



- After redistributing risk due to missing data, the predominant exposure among white persons is men who have sex with men, although the number of cases has declined substantially since 1994. In 2003, 68% of the new cases among whites were men who have sex with men, 18% were injection drug users and 14% were high-risk heterosexuals.



- Among African Americans and other non-white persons, high-risk heterosexual contact is the leading exposure category, accounting for 47% of all newly-detected cases. The proportion of new cases among MSM has remained relatively stable over the past several years near 35%.
- The proportion of new cases among injection drug users has decreased over time among African-Americans and other non-white persons.

**Exposure Category by Year of HIV Detection<sup>a</sup> and Gender  
Louisiana HIV/AIDS Cases (2000-2003)**

**MALE**

Exposure Category	2000		2001		2002		2003		Cumulative <sup>d</sup>	
	No.	% <sup>b</sup>	No.	% <sup>b</sup>						
Men who have Sex with Men (MSM)	286	60%	263	62%	315	64%	257	66%	1,121	63%
Injection Drug User (IDU)	98	21%	78	18%	86	17%	60	16%	322	18%
MSM & IDU	33	7%	30	7%	27	5%	17	4%	107	6%
High-Risk Heterosexual Contact (HRH)	44	9%	49	12%	56	11%	52	13%	201	11%
Transfusion/Transplant/Hemophiliac	4	1%	1	<1%	2	<1%	0	0%	7	<1%
Perinatal <sup>f</sup>	8	2%	5	1%	6	1%	1	<1%	20	1%
Unspecified <sup>c</sup> (% of All Cases in Males)	379	44%	361	46%	379	44%	345	47%	1,464	45%
Total Men (% of Total Cases) <sup>b,e</sup>	852	68%	787	65%	871	69%	732	66%	3,242	13%

**FEMALE**

Exposure Category	2000		2001		2002		2003		Cumulative <sup>d</sup>	
	No.	% <sup>b</sup>	No.	% <sup>b</sup>						
Injection Drug User (IDU)	37	21%	43	26%	39	26%	35	26%	154	25%
High-Risk Heterosexual Contact (HRH)	123	71%	112	69%	103	68%	97	71%	434	70%
Transfusion/Transplant/Hemophiliac	10	6%	1	1%	2	1%	0	0%	13	2%
Perinatal <sup>f</sup>	4	2%	7	4%	7	5%	4	3%	23	4%
Unspecified <sup>c</sup> (% of All Cases in Females)	224	56%	262	62%	240	61%	238	64%	964	61%
Total Women (% of Total Cases) <sup>b,e</sup>	398	32%	425	35%	391	31%	374	34%	1,588	7%
TOTAL (All) <sup>e</sup>	1,250	100%	1,212	100%	1,262	100%	1,106	100%	24,219	100%

a Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected.

b Among specified exposures, percents total to 100% of all cases diagnosed during the year whose exposure has been specified. Among unspecified and totals, percents are of all cases diagnosed during the year.

c Unspecified exposure refers to cases whose exposure category is still under investigation or unknown. Among totals, percents are of all cases diagnosed during the year.

d Cumulative cases detected by the end of 2003.

e Total includes all exposure groups, including ones not shown.

f Perinatal cases included in this table are based on year of HIV-detection; other analyses include perinatal cases based on year of birth.

**Exposure Category by Year of HIV Detection<sup>a</sup> and Race  
Louisiana HIV/AIDS Cases (2000-2003)**

<b>AFRICAN-AMERICAN</b>										
<b>Exposure Category</b>	<b>2000</b>		<b>2001</b>		<b>2002</b>		<b>2003</b>		<b>Cumulative<sup>d</sup></b>	
	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>
Men who have Sex with Men (MSM)	147	32%	132	34%	172	40%	143	40%	3,289	34%
Injection Drug User (IDU)	114	25%	96	25%	101	23%	68	19%	2,968	30%
MSM & IDU	13	3%	18	5%	14	3%	8	2%	737	8%
High-Risk Heterosexual Contact (HRH)	156	34%	130	34%	129	30%	133	37%	2360	24%
Transfusion/Transplant/Hemophiliac	13	3%	1	<1%	3	1%	0	0%	176	2%
Perinatal <sup>f</sup>	12	3%	9	2%	12	3%	4	1%	231	2%
Unspecified <sup>c</sup> (% of Total Afr-Am Cases)	446	50%	496	56%	501	54%	466	57%	4,956	34%
<b>Total Afr-Am (% of Total Cases)<sup>b,e</sup></b>	<b>901</b>	<b>72%</b>	<b>882</b>	<b>73%</b>	<b>932</b>	<b>74%</b>	<b>822</b>	<b>74%</b>	<b>14,717</b>	<b>61%</b>
<b>WHITE</b>										
<b>Exposure Category</b>	<b>2000</b>		<b>2001</b>		<b>2002</b>		<b>2003</b>		<b>Cumulative<sup>d</sup></b>	
	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>	<b>No.</b>	<b>%<sup>b</sup></b>
Men who have Sex with Men (MSM)	132	73%	122	66%	137	68%	102	71%	5,135	68%
Injection Drug User (IDU)	20	11%	25	14%	24	12%	24	17%	753	10%
MSM & IDU	20	11%	11	6%	13	6%	8	6%	898	12%
High-Risk Heterosexual Contact (HRH)	9	5%	23	12%	26	13%	8	6%	455	6%
Transfusion/Transplant/Hemophiliac	1	1%	1	1%	1	<1%	0	0%	222	3%
Perinatal <sup>f</sup>	0	0%	3	2%	1	<1%	2	1%	44	1%
Unspecified <sup>c</sup> (% of Total White Cases)	130	42%	105	36%	95	32%	95	40%	1,310	15%
<b>Total White (% of Total Cases)<sup>b,e</sup></b>	<b>312</b>	<b>25%</b>	<b>290</b>	<b>24%</b>	<b>297</b>	<b>24%</b>	<b>239</b>	<b>22%</b>	<b>8,817</b>	<b>36%</b>
<b>TOTAL (All)<sup>e</sup></b>	<b>1250</b>	<b>100%</b>	<b>1212</b>	<b>100%</b>	<b>1262</b>	<b>100%</b>	<b>1106</b>	<b>100%</b>	<b>24219</b>	<b>100%</b>

a Due to the potentially long delay from HIV infection to detection, some persons may have been diagnosed with AIDS at the time HIV was first detected.

b Among specified exposures, percents total to 100% of all cases diagnosed during the year whose exposure has been specified. Among unspecified and totals, percents are of all cases diagnosed during the year.

c Unspecified exposure refers to cases whose exposure category is still under investigation or unknown. Among totals, percents are of all cases diagnosed during the year.

d Cumulative cases detected by the end of 2003.

e Total includes all racial/ethnic categories and exposure groups, including ones not shown.

f Perinatal cases included in this table are based on year of HIV-detection; other analyses include perinatal cases based on year of birth.

***GEOGRAPHIC  
DISTRIBUTION***

## GEOGRAPHIC DISTRIBUTION OF HIV/AIDS

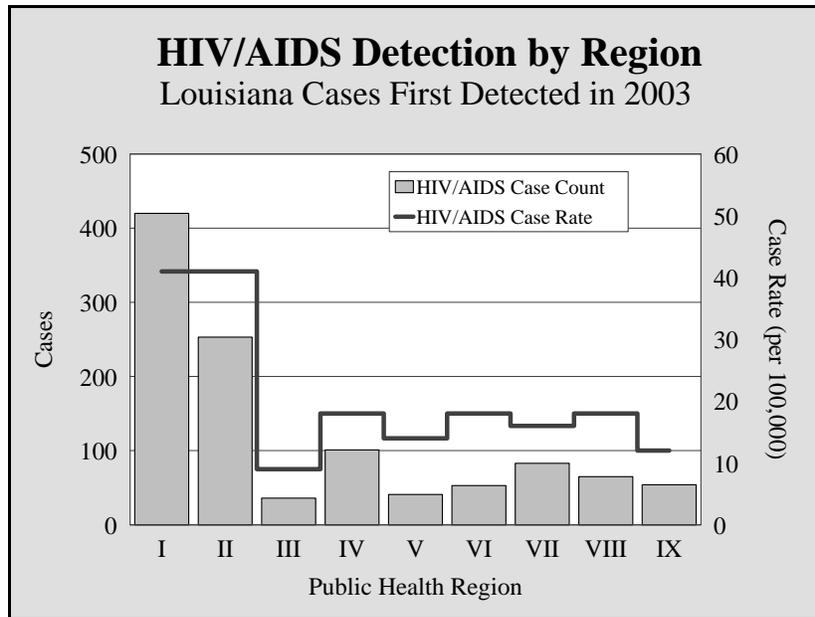
- In 2003, new cases of HIV/AIDS were detected in 56 of Louisiana's 64 parishes. The highest rates of newly-detected HIV/AIDS cases were in Orleans, Madison, East Baton Rouge and Grant parishes.

<b>Louisiana HIV/AIDS Cases and Case Rates by Parish, 2003</b>									
PARISH	HIV/AIDS				PARISH	HIV/AIDS			
	AIDS Dx <sup>a</sup> in 2003	Cases Detected in 2003	HIV/AIDS Detection Rate 2003 <sup>b</sup>	Cumul. HIV/AIDS Cases <sup>c</sup>		AIDS Dx <sup>a</sup> in 2003	Cases Detected in 2003	HIV/AIDS Detection Rate 2003 <sup>b</sup>	Cumul. HIV/AIDS Cases <sup>c</sup>
<b>Statewide</b>	<b>915</b>	<b>1,106</b>	<b>25</b>	<b>24,219</b>	<b>Region VI</b>	<b>39</b>	<b>53</b>	<b>18</b>	<b>1,001</b>
<b>Region I</b>	<b>351</b>	<b>420</b>	<b>41</b>	<b>11,707</b>	Avoyelles	7	7	17	206
Jefferson	69	93	21	2,056	Catahoula	3	2	n/a	31
Orleans	273	314	67	9,419	Concordia	3	3	n/a	50
Plaquemines	1	1	n/a	48	Grant	2	9	48	41
St. Bernard	8	12	18	184	La Salle	1	1	n/a	9
<b>Region II</b>	<b>245</b>	<b>253</b>	<b>41</b>	<b>4,839</b>	Rapides	19	24	19	509
Ascension	11	12	14	167	Vernon	4	6	12	79
East Baton Rouge	196	207	50	3,870	Winn	0	1	n/a	76
East Feliciana	8	6	28	133	<b>Region VII</b>	<b>49</b>	<b>83</b>	<b>16</b>	<b>1,441</b>
Iberville	12	14	43	271	Bienville	1	1	n/a	22
Pointe Coupee	5	3	n/a	67	Bossier	3	10	10	148
West Baton Rouge	5	5	n/a	130	Caddo	32	56	22	989
West Feliciana	8	6	39	201	Claiborne	4	2	n/a	62
<b>Region III</b>	<b>34</b>	<b>36</b>	<b>9</b>	<b>724</b>	De Soto	2	8	31	46
Assumption	1	0	n/a	29	Natchitoches	3	5	n/a	91
LaFourche	7	9	10	115	Red River	0	0	n/a	9
St. Charles	3	4	n/a	103	Sabine	0	0	n/a	24
St. James	2	2	n/a	62	Webster	4	1	n/a	50
St. John the Baptist	4	6	13	100	<b>Region VIII</b>	<b>51</b>	<b>65</b>	<b>18</b>	<b>1,077</b>
St. Mary	5	5	n/a	105	Caldwell	0	1	n/a	18
Terrebone	12	10	9	210	East Carroll	5	5	n/a	45
<b>Region IV</b>	<b>60</b>	<b>101</b>	<b>18</b>	<b>1,487</b>	Franklin	1	0	n/a	23
Acadia	6	10	17	119	Jackson	2	4	n/a	22
Evangeline	3	3	n/a	55	Lincoln	2	6	14	79
Iberia	4	0	n/a	115	Madison	6	8	61	76
Lafayette	29	53	27	747	Morehouse	4	3	n/a	68
St. Landry	15	23	26	250	Ouachita	23	28	19	612
St. Martin	0	2	n/a	97	Richland	5	5	n/a	61
Vermilion	3	10	18	104	Tensas	0	2	n/a	33
<b>Region V</b>	<b>47</b>	<b>41</b>	<b>14</b>	<b>960</b>	Union	3	3	n/a	20
Allen	12	4	n/a	161	West Carroll	0	0	n/a	20
Beauregard	1	0	n/a	62	<b>Region IX</b>	<b>39</b>	<b>54</b>	<b>12</b>	<b>964</b>
Calcasieu	32	28	15	662	Livingston	7	8	8	137
Cameron	0	0	n/a	7	St. Helena	1	2	n/a	14
Jefferson Davis	2	9	29	68	St. Tammany	17	24	12	400
					Tangipahoa	8	13	13	218
					Washington	6	7	16	195

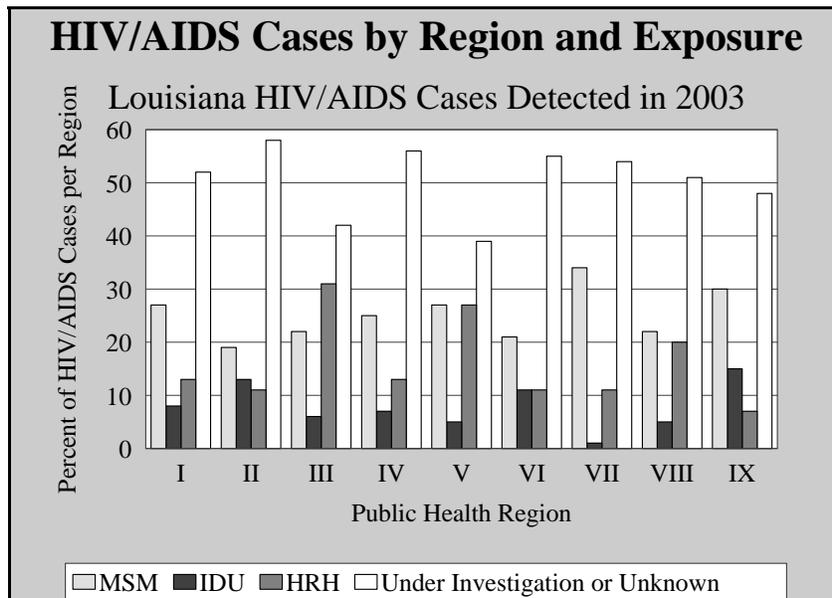
<sup>a</sup> Dx - Diagnosed with AIDS. AIDS diagnoses will be included in counts of HIV/AIDS detection (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.

<sup>b</sup> Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts. Population data are from *Annual Estimates of the Population for Counties of Louisiana: July 1, 2003*, Population Division, U.S. Census Bureau

<sup>c</sup> Cumulative HIV/AIDS may be interpreted as minimum number of cases reported in parish.

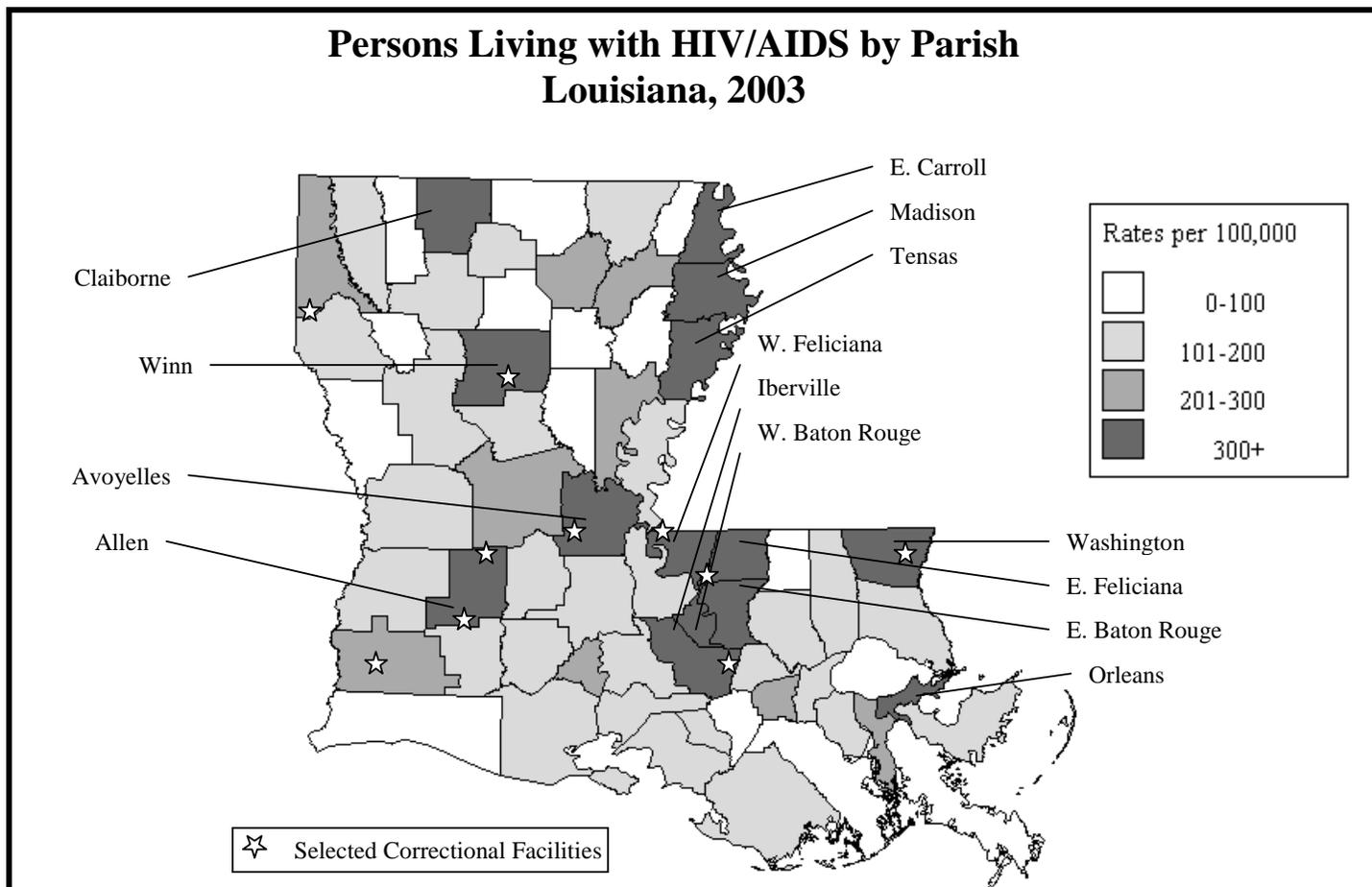


- The New Orleans region had the highest number of HIV/AIDS cases detected in 2003. During the past 5 years, the Baton Rouge region has had the highest HIV/AIDS detection rate (number of new cases per 100,000 population). However, in 2003 the New Orleans and Baton Rouge regions had the same HIV/AIDS detection rate.



- During 2003 in all regions except Region III, the largest proportion of the newly-detected cases with a reported exposure were men who have sex with men. In the Houma Region, the largest proportion of new cases were among high-risk heterosexuals.
- In all regions of the state, except Regions III and V, greater than 50% of the new cases were reported without an identified mode of exposure. For this reason, it is important that risk information be interpreted cautiously.

## Persons Living with HIV/AIDS by Parish Louisiana, 2003



- As of December 31, 2003, a total of 15,326 persons were reported as living with HIV/AIDS in Louisiana. The above map illustrates the geographic distribution of persons living with HIV/AIDS in the state. There are persons living with HIV/AIDS in every parish in Louisiana.
- By the end of 2003, fourteen parishes had greater than 300 persons living with HIV per 100,000 persons in the parish. Many of the parishes with disproportionate HIV/AIDS prevalence rates have correctional facilities that have reported large numbers of HIV/AIDS cases.
- Although the majority of persons living with HIV are concentrated in urban areas, 15% of HIV-infected persons live in rural parishes.

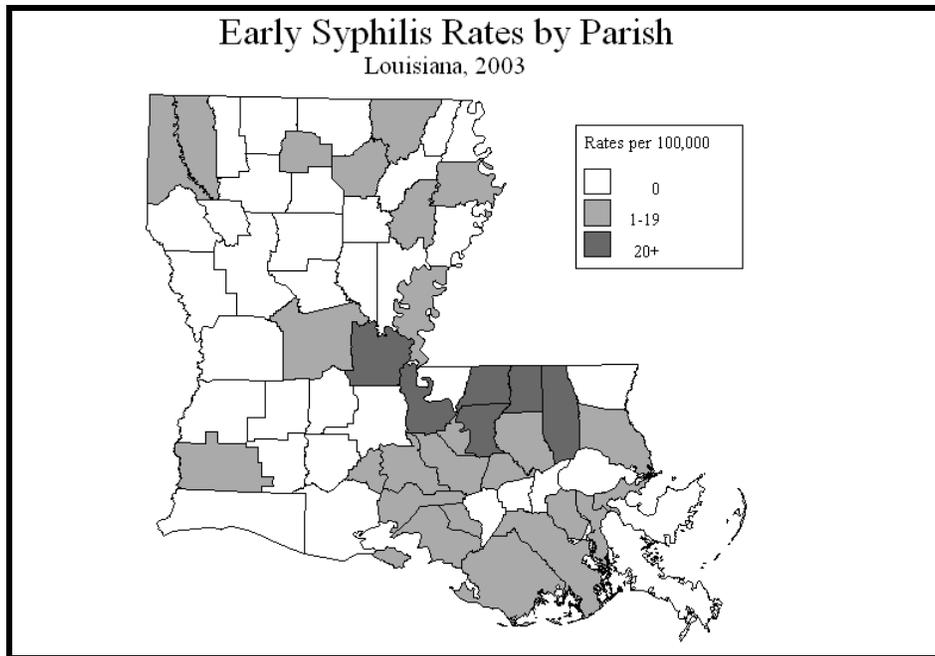
## GEOGRAPHIC DISTRIBUTION OF AIDS CASES

- Since 1999, the Baton Rouge region has surpassed the New Orleans region in the number of new AIDS cases diagnosed per 100,000 population in the region (rate of AIDS diagnoses).
- The total number of new AIDS cases decreased from 1996 to 2003 due to the use of more effective drug therapies. However, in regions IV, V, VII, and VIII a higher number of AIDS cases were diagnosed in 2003 than in 1996.
- According to the CDC, the metropolitan Baton Rouge area ranked 8th and the metropolitan New Orleans area ranked 11th in AIDS case rates in 2003 among the largest metropolitan areas in the United States.

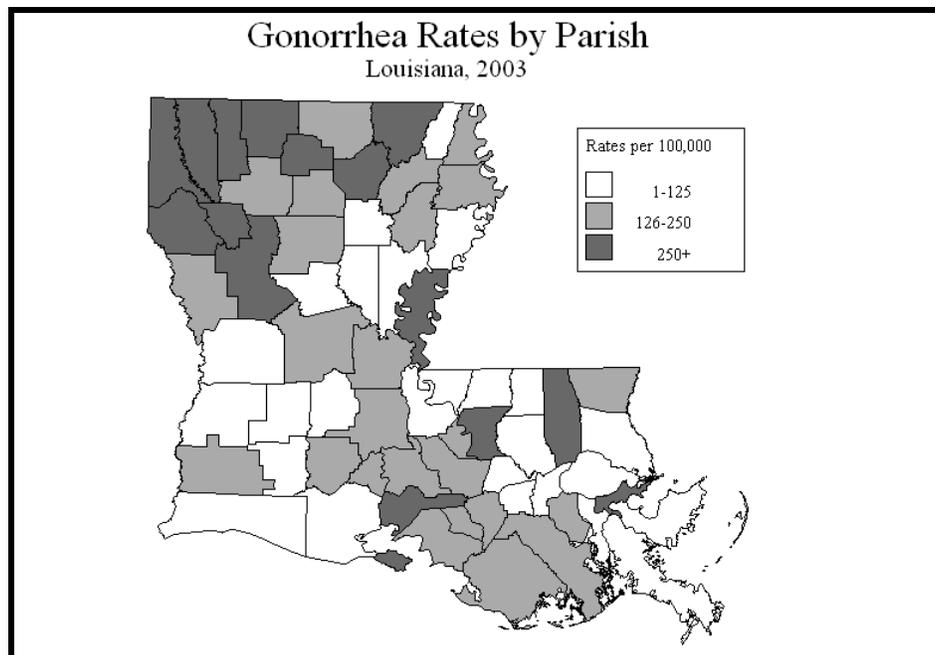
<b>Regional AIDS Cases and Rates Diagnosed in Louisiana 1994-2003</b>										
<b>Public Health Region<sup>a</sup></b>	<b>1994</b>		<b>1995</b>		<b>1996</b>		<b>1997</b>		<b>1998</b>	
	No.	Rate <sup>b</sup>	No.	Rate	No.	Rate	No.	Rate	No.	Rate
I: New Orleans Region	594	57	490	47	576	56	478	46	408	39
II: Baton Rouge Region	196	32	216	36	271	45	218	36	201	33
III: Houma Region	43	11	33	9	39	10	25	7	31	8
IV: Lafayette Region	60	11	54	10	55	10	63	11	46	8
V: Lake Charles Region	52	18	47	17	41	14	51	18	39	14
VI: Alexandria Region	47	16	57	19	46	15	27	9	27	9
VII: Shreveport Region	58	11	72	14	48	9	57	11	63	12
VIII: Monroe Region	63	18	52	15	44	12	40	11	36	10
IX: Hammond/Slidell Region	45	10	63	14	61	14	42	10	39	9
<b>TOTAL</b>	<b>1,158</b>	<b>26</b>	<b>1,084</b>	<b>24</b>	<b>1,181</b>	<b>26</b>	<b>1,001</b>	<b>22</b>	<b>890</b>	<b>20</b>
<b>Public Health Region</b>	<b>1999</b>		<b>2000</b>		<b>2001</b>		<b>2002</b>		<b>2003</b>	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
I: New Orleans Region	364	35	353	34	392	38	368	36	351	34
II: Baton Rouge Region	215	36	232	38	252	42	281	47	245	41
III: Houma Region	20	5	32	8	32	8	34	9	34	9
IV: Lafayette Region	45	8	48	9	50	9	77	14	60	11
V: Lake Charles Region	28	10	31	11	36	13	42	15	47	17
VI: Alexandria Region	25	8	34	11	34	11	40	13	39	13
VII: Shreveport Region	52	10	50	10	62	12	68	13	49	9
VIII: Monroe Region	43	12	26	7	51	14	57	16	51	14
IX: Hammond/Slidell Region	29	7	26	6	31	7	33	8	39	9
<b>TOTAL</b>	<b>821</b>	<b>18</b>	<b>832</b>	<b>19</b>	<b>940</b>	<b>21</b>	<b>1,000</b>	<b>22</b>	<b>915</b>	<b>20</b>

<sup>a</sup> Regions reflect public health regions.  
<sup>b</sup> Rates per 100,000 persons per year. Population data used to calculate rates are from the 2000 Census.

## GEOGRAPHIC DISTRIBUTION OF SEXUALLY TRANSMITTED DISEASES



- Statewide in 2003, 184 persons were diagnosed with early syphilis (primary, secondary, or early latent), which represents a 21% increase from the number of cases reported in 2002 (N=152). Cases were reported in 20 of the 64 parishes and were concentrated in the southeastern part of the state. Six parishes reported 20 or more cases of early syphilis per 100,000 residents in 2003.

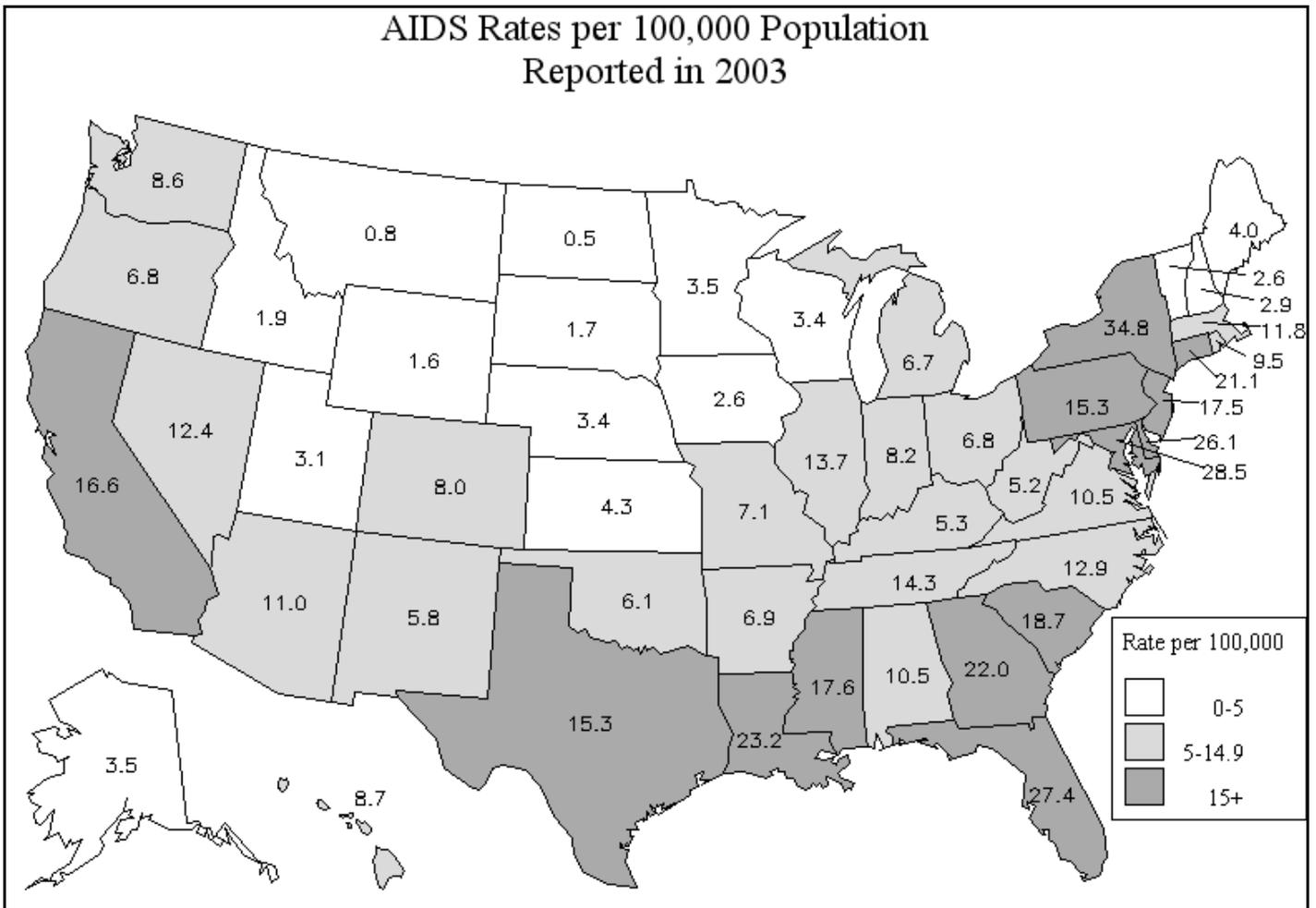


- In 2003, new cases of gonorrhea were diagnosed in every parish in the state. Fifteen parishes had greater than 250 new gonorrhea cases per 100,000 persons in the parish. Winn Parish had the highest gonorrhea case rate of all the parishes in the state (653 per 100,000 persons), closely followed by Webster Parish (622 cases per 100,000 persons).

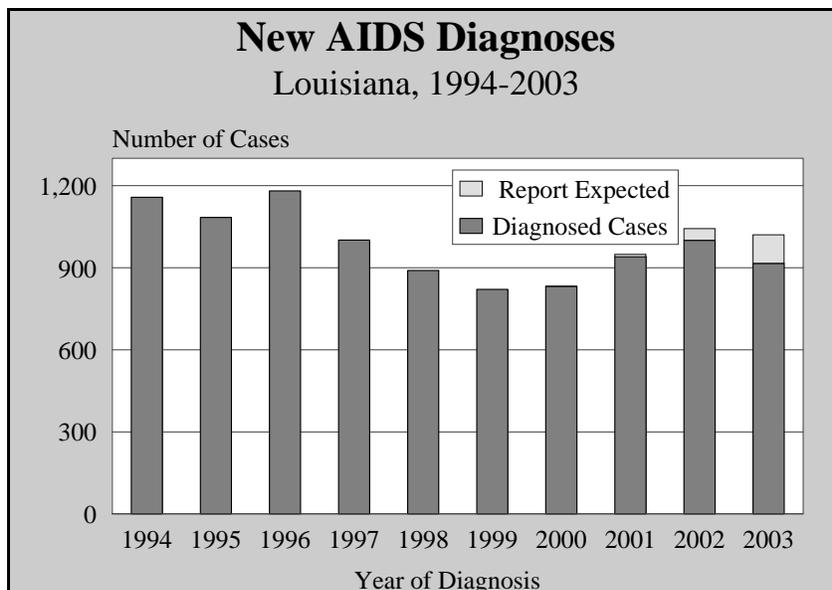
***AIDS  
TRENDS***

## AIDS CASE TRENDS AND AIDS-RELATED MORTALITY

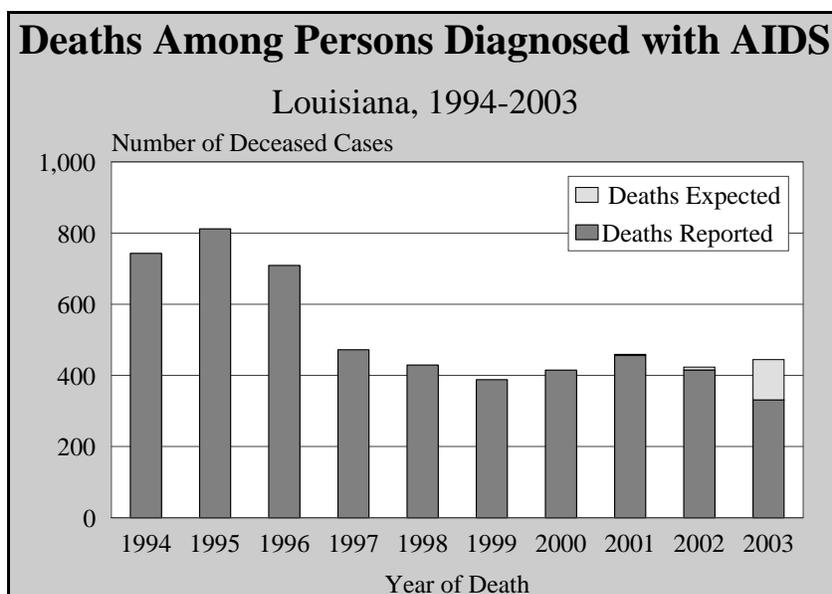
Highly-active antiretroviral therapies (HAART), which have been shown to be effective in the treatment of HIV infection, have altered the natural history of HIV disease. These new therapies have delayed the progression from HIV to AIDS and from AIDS to death for many people infected with HIV. Due to the widespread use of these new treatments, Louisiana, as well as the rest of the nation, has seen declines in both the number of new AIDS cases diagnosed and AIDS-related deaths. For this reason, AIDS surveillance data no longer accurately represent trends in HIV transmission. Rather, AIDS surveillance data now reflect differences in access to testing and treatment and the potential failure of certain treatment regimens. Consequently, AIDS incidence and deaths since 1996 provide a measure for identifying and describing the populations for whom treatment may have not been accessible or effective.



- Louisiana ranked 6th highest in state AIDS case rates and 11th in the number of new AIDS cases reported in the United States in 2003, according to the most recent CDC HIV/AIDS Surveillance Report (Vol. 15).



- An increasing trend in the number of new AIDS cases occurred from 2000 to 2002 for the first time since the introduction of new drug therapies in 1996, which may have been due to factors such as late testing, limited access to or use of health care services, and limitations of current therapies. The expected number of new AIDS cases decreased slightly from 2002 to 2003, however the 2003 number is still greater than the number of new cases reported during 1999. (See pg. 39 for an explanation of reporting delay.)



- In 1996, AIDS-related mortality began a dramatic decline that coincided with the emergence of effective drug therapies. Since 1999, the estimated number of deaths among persons with AIDS has remained relatively stable.
- In 2003, 322 deaths among persons with AIDS were reported, with an additional 113 death reports expected.

<b>Characteristics of Persons Living with AIDS and AIDS-Related Deaths, Louisiana, 2003</b>				
	<b>Persons Living with AIDS in 2003</b>		<b>Deaths Among Persons with AIDS in 2003</b>	
	<b>Cases</b>	<b>Percent</b>	<b>Cases</b>	<b>Percent</b>
<b>TOTAL</b>	7,564	100%	322	100%
<b>Gender</b>				
Male	5,833	77%	239	74%
Female	1,731	23%	83	26%
<b>Ethnicity</b>				
White	2,596	34%	59	18%
African-American	4,692	62%	259	80%
Hispanic	245	3%	3	1%
Other	31	<1%	1	<1%
<b>Age Group</b>				
0-12	38	1%	1	<1%
13-24	186	2%	7	2%
25-44	4,473	59%	184	57%
45-64	2,734	36%	117	36%
65+	133	2%	13	4%
<b>Public Health Region</b>				
Region I	3,368	45%	127	39%
Region II	1,549	20%	102	32%
Region III	252	3%	5	2%
Region IV	455	6%	26	8%
Region V	389	5%	10	3%
Region VI	302	4%	8	2%
Region VII	534	7%	19	6%
Region VIII	353	5%	16	5%
Region IX	362	5%	9	3%

- Although African Americans represented 62% of persons living with AIDS in 2003, they made up 80% of persons dying from AIDS. Similarly, 23% of persons living with AIDS were female, yet females made up 26% of deaths among persons with AIDS during 2003. Also, a disproportionate number of deaths among persons with AIDS occurred in the Baton Rouge Region (i.e., 20% of persons living vs. 32% of deaths.) These disparities may be attributed to access to or use of health care services, late testing, and/or differences in levels of adherence to HAART.

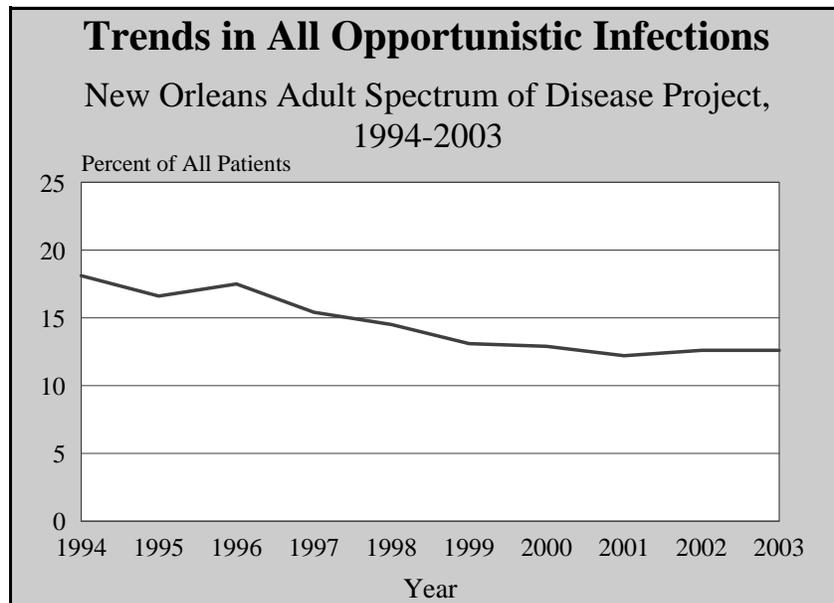
- From 2002 to 2003, the number of persons diagnosed with AIDS in Louisiana decreased nine percent (9%), from 1,000 in 2002 to 915 in 2003. Although the number of AIDS cases diagnosed decreased, a few demographic groups increased their numbers of AIDS cases diagnosed.

<b>Characteristics of Louisiana AIDS Cases, 2003</b>						
	<b>AIDS Cases Diagnosed in</b>				<b>Cumulative AIDS</b>	
	<b>2002</b>		<b>2003</b>		<b>Cases</b>	<b>Percent</b>
	<b>Cases</b>	<b>Percent</b>	<b>Cases</b>	<b>Percent</b>		
<b>TOTAL</b>	1,000	100%	915	100%	15,874	100%
<b>Gender</b>						
Male	692	69%	665	73%	12,909	81%
Female	308	31%	250	27%	2,965	19%
<b>Age Group<sup>a</sup></b>						
0-12	4	<1%	2	<1%	136	1%
13-24	64	6%	59	7%	946	6%
25-44	651	65%	560	61%	11,439	72%
45-64	271	27%	277	30%	3,132	20%
65+	10	1%	17	2%	221	1%
<b>Ethnicity</b>						
African-American	765	77%	667	73%	9,096	57%
White	212	21%	217	24%	6,358	40%
Hispanic	21	2%	25	3%	363	2%
Other	2	<1%	6	1%	57	<1%
<b>Exposure Category<sup>b,f</sup></b>						
MSM	236	39%	209	41%	6,617	52%
IDU	154	26%	129	25%	2,682	21%
MSM & IDU	42	7%	49	10%	1,279	10%
HRH	159	27%	113	22%	1,714	13%
Transf/Hemo	5	1%	4	1%	337	3%
Perinatal	4	1%	3	1%	139	1%
Unspecified Exposure <sup>f</sup>	400	40%	408	45%	3,106	20%
<b>Urban/Rural Parishes</b>						
Urban	861	86%	778	85%	13,897	88%
Rural	139	14%	137	15%	1,977	12%
<b>Facility Type</b>						
Private	216	22%	202	22%	4,954	31%
Public	784	78%	713	78%	10,920	69%

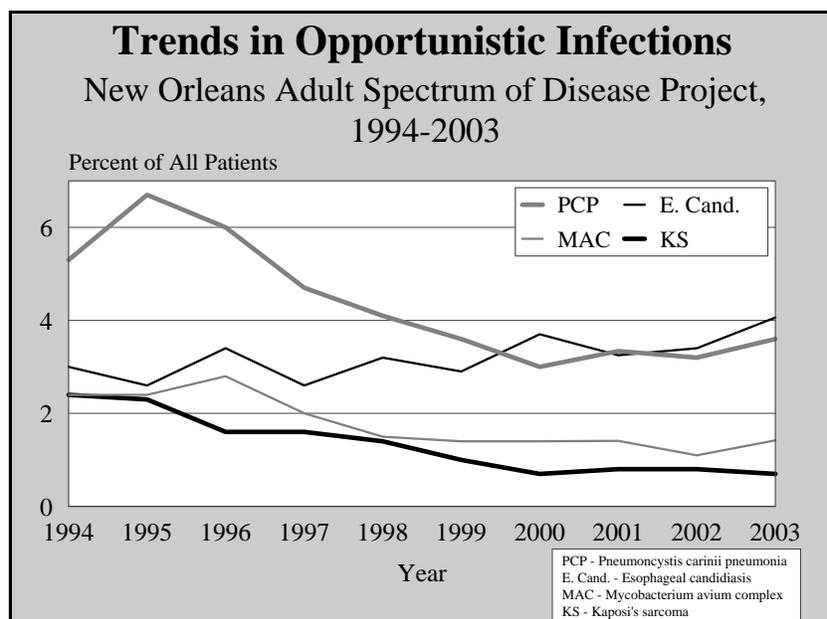
<sup>a</sup> Percentages may not add up to 100% due to rounding. Case counts may not add up to the total due to missing/unknown data.  
<sup>b</sup> Age reported at time of AIDS diagnosis.  
<sup>c</sup> MSM: men who have sex with men (non-IDU); IDU: injection drug user; HRH: high-risk heterosexual.  
<sup>d</sup> Percent change is a measure of the difference in the number of cases between years in a specific subgroup, taking into account the magnitude of cases within that subgroup. Due to the nature of the epidemic within the subgroups, percent change is not valid for evaluating prevention and service programs without further analysis. See technical notes for further explanation.  
<sup>e</sup> Percent change not valid due to small numbers.  
<sup>f</sup> Percent change within exposure groups is not valid. Within exposure groups, the decrease in numbers from year to year is distorted, primarily due to higher proportion of cases with risk still under investigation in the last year reported.  
<sup>g</sup> Percentages for identified exposure groups represent the distribution among those with a specified exposure. The percentage for the unspecified exposure group represents the percent among the total.

## OPPORTUNISTIC INFECTIONS

The Adult Spectrum of Disease (ASD) project tracks the course of HIV infection and monitors the prevalence of opportunistic infections through retrospective record reviews of HIV-infected persons. A total of 9,464 persons receiving care at either a public early intervention clinic or the public hospital in New Orleans had been enrolled by the end of 2003, and 3,377 persons were being followed actively.



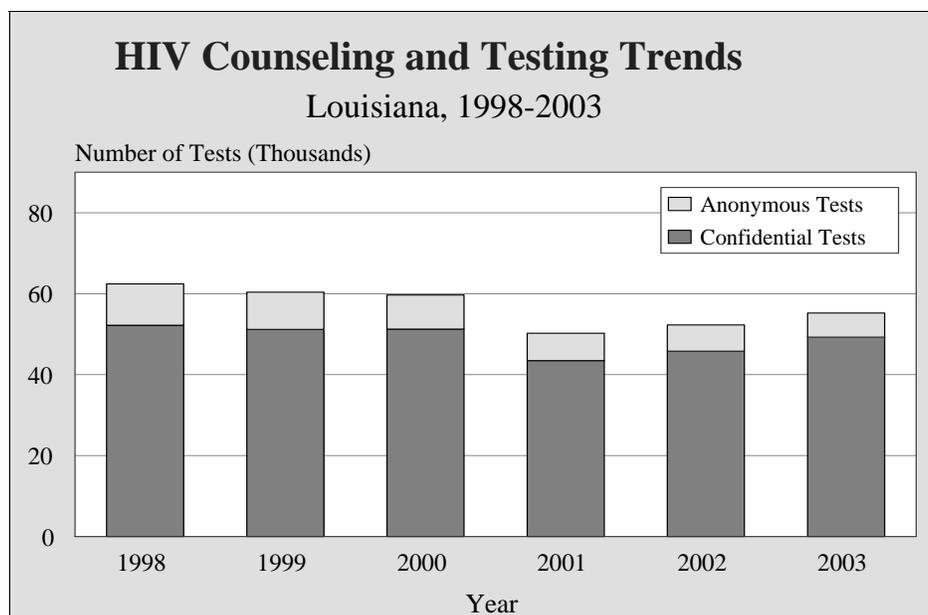
- Among patients enrolled in the ASD project, the occurrence of new opportunistic infections declined from 18% in 1994 to 12% in 2003.



- While the percentage of patients in the ASD project with *Pneumocystis carinii* pneumonia (PCP) has declined dramatically since 1995, this decline appears to have leveled off in recent years. Most opportunistic infections have declined since the introduction of HAART; however, the percentage of patients with esophageal candidiasis has remained relatively constant over time and may be increasing.

***HIV  
TESTING***

## HIV COUNSELING AND TESTING DATA



- The number of HIV tests conducted each year at publicly funded counseling and testing sites decreased from 62,399 in 1998 to 50,219 in 2001. However, from 2001 to 2003, the number of HIV tests increased by 10%. The majority of tests were conducted confidentially (89% in 2003).

<b>HIV Counseling and Testing Statistics</b>						
<b>Louisiana, 2003</b>						
	<u>Anonymous Tests</u>		<u>Confidential Tests</u>		<u>Total Tests</u>	
	Total	% Positive	Total	% Positive	Total	% Positive
<b>Gender</b>						
Male	3470	3.5%	20532	1.4%	24002	1.6%
Female	2257	1.0%	28730	0.7%	30987	0.6%
Unknown	242	0.0%	0	0.0%	242	0.0%
<b>Ethnicity</b>						
White	2864	2.3%	15345	0.4%	18209	0.7%
African-American	2471	2.8%	31969	1.3%	34440	1.3%
Hispanic	134	4.5%	1217	0.4%	1351	0.7%
Other/ Unknown	500	1.0%	731	0.6%	1231	0.6%
<b>Exposure Category</b>						
MSM & IDU	46	14.3%	62	1.6%	108	6.5%
MSM	1398	5.9%	1447	5.2%	2845	5.5%
Heter IDU	218	0.5%	1019	1.0%	1237	0.9%
Sex partner at risk	324	4.6%	1250	4.4%	1574	4.5%
STD Diagnosis	269	0.7%	5269	0.7%	5538	0.6%
Sex for drugs/ \$	158	1.9%	461	2.2%	619	2.1%
None of the Above	3556	1.0%	39754	0.6%	43310	0.7%

- The characteristics of persons who tested anonymously versus confidentially differed. Persons who tested anonymously were more likely to be white and/or male. Those who tested confidentially tended to be African-American and/or female. Overall, males, African Americans, and men who have sex with men and inject drugs (MSM & IDU) had the highest percent positivity of those tested in 2003.

## HIV TESTING - BRFSS/SOS SURVEY RESULTS

<b>HIV Testing in the General Population Behavioral Risk Factor Surveillance System, 2003</b>		
	<b>Percent Tested in Last 12 Months</b>	<b>Percent Not Tested in Last 12 Months</b>
<b>Overall (N=1,768)</b>	30%	70%
<b>Gender</b>		
Male	31%	69%
Female	29%	71%
<b>Race</b>		
African-American	38%	62%
White	24%	76%

The Behavioral Risk Factor Surveillance System (BRFSS) survey is administered annually via telephone to persons in the general population. The Street Outreach Survey (SOS) is a self-administered survey conducted among high-risk persons in communities where CBOs conduct street outreach. Overall, 30% of persons surveyed in the BRFSS survey reported being tested for HIV in the last 12 months, compared to 49% in the SOS. Females were slightly less likely to have been tested for HIV than males on the BRFSS, but more likely to have been tested than males on the SOS. Testing rates were higher for African-Americans in both surveyed populations.

<b>HIV Testing in High Risk Populations Contacted on the Street Street Outreach Survey, 2003</b>		
	<b>Percent Tested in Last 12 Months</b>	<b>Percent Not Tested in Last 12 Months</b>
<b>Overall (N=3,701)</b>	49%	51%
<b>Gender</b>		
Male	45%	55%
Female	51%	49%
<b>Race</b>		
African-American	49%	51%
White	48%	52%

## HIV TESTING DELAYS

Since improved antiretroviral medications and preventive therapies are now available for HIV-infected persons, it is important that people are tested for HIV and referred into care early so that they can benefit from these treatment advances. However, a significant number of people do not undergo testing for HIV until they are immunosuppressed and/or sick. Of the persons who had a confidential positive HIV test during 1998-2002 and were reported to the HIV/AIDS Program, 33% were diagnosed with AIDS within three months of their first reported HIV test.

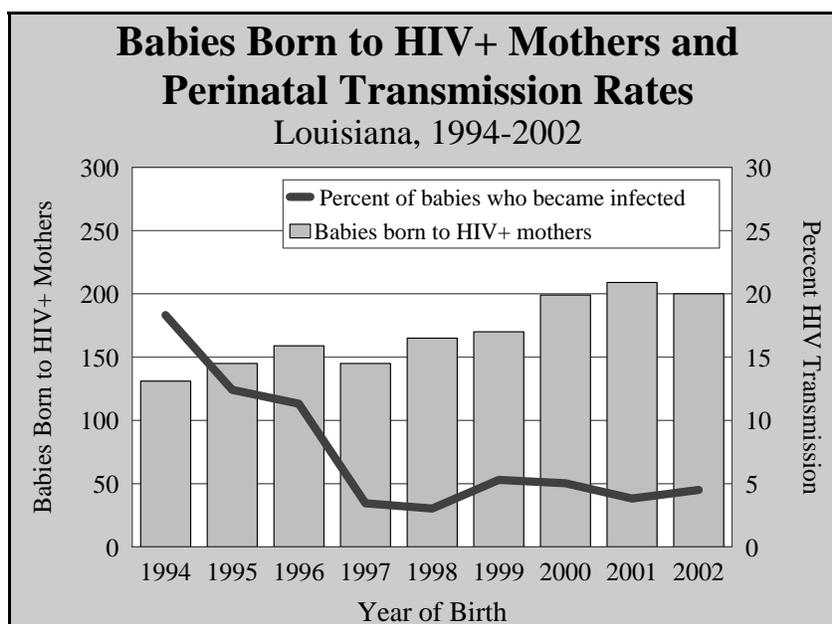
<b>HIV Testing Delays</b>			
<b>Louisiana, 1998-2002</b>			
	<b><u>Time Between First Confidential HIV Test and AIDS Diagnosis</u></b>		
	<b>AIDS diagnosis at time of first HIV detection</b>	<b>Within 3 months<sup>a</sup></b>	<b>Within 12 months<sup>b</sup></b>
<b>Total</b>	29%	33%	38%
<b>Gender</b>			
Male	32%	36%	42%
Female	22%	25%	30%
<b>Race</b>			
White	32%	36%	40%
African-American	28%	32%	37%
<b>Exposure Category</b>			
MSM	34%	38%	44%
IDU	32%	37%	44%
MSM & IDU	26%	31%	35%
HRH	23%	28%	31%
Other	27%	29%	32%
Unspecified	28%	31%	36%
<b>Age Group (At Detection)</b>			
0-12	14%	14%	14%
13-24	11%	13%	16%
25-44	31%	35%	40%
45-64	40%	45%	51%
65+	40%	45%	51%
<b>Region</b>			
Region I: New Orleans Region	30%	33%	38%
Region II: Baton Rouge Region	26%	30%	36%
Region III: Houma Region	41%	44%	47%
Region IV: Lafayette Region	27%	32%	37%
Region V: Lake Charles Region	30%	36%	40%
Region VI: Alexandria Region	21%	26%	32%
Region VII: Shreveport Region	34%	40%	44%
Region VIII: Monroe Region	29%	33%	41%
Region IX: Hammond/Slidell Region	33%	36%	41%
<p><sup>a</sup> Percentages in this column include all persons diagnosed with AIDS within three months of their first reported HIV test. This percentage includes those individuals diagnosed with AIDS at the time of HIV detection.</p> <p><sup>b</sup> Percentages in this column include all persons diagnosed with AIDS within 12 months of their first reported HIV test. This percentage includes those individuals diagnosed within 3 months and at the time of HIV detection.</p>			

***PERINATAL  
SURVEILLANCE***

## PERINATAL SURVEILLANCE

As of December 31, 2002, an estimated 1,796 babies had been born to HIV-infected women in Louisiana, and 15% were infected with HIV perinatally, i.e., through mother to child transmission. Each year perinatal transmission accounts for the vast majority of pediatric HIV cases in Louisiana. In 2002, perinatal transmission accounted for 100% of all HIV cases detected in children under the age of 13.

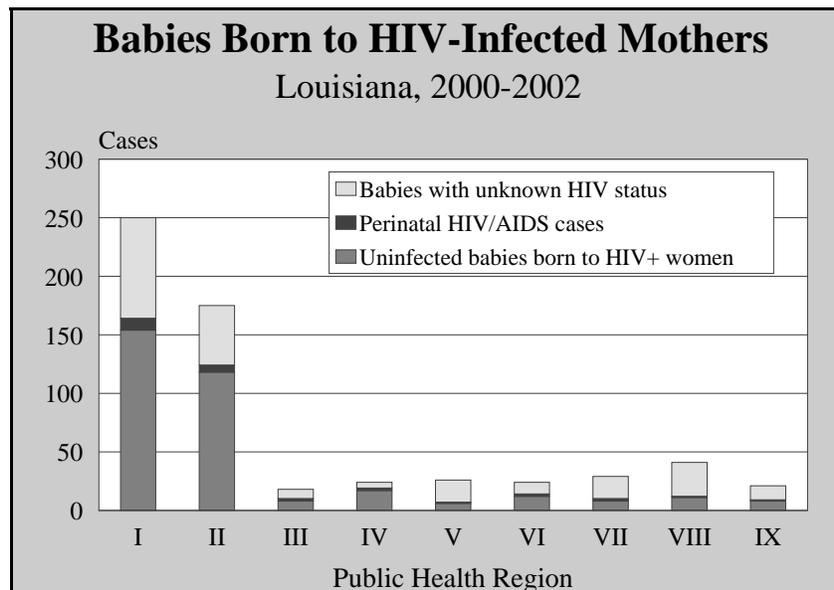
In 1994, clinical trials demonstrated that the risk of HIV transmission from mother to child could be reduced by as much as two-thirds by administering zidovudine (AZT or ZDV) to the mother during pregnancy, during labor and delivery, and to the baby after birth. As a result, the United States Public Health Service issued guidelines for AZT use during pregnancy, followed by additional guidelines on routine HIV counseling and testing of all pregnant women. Following the implementation of these guidelines in 1994, Louisiana has seen a marked decline in perinatal transmission rates.



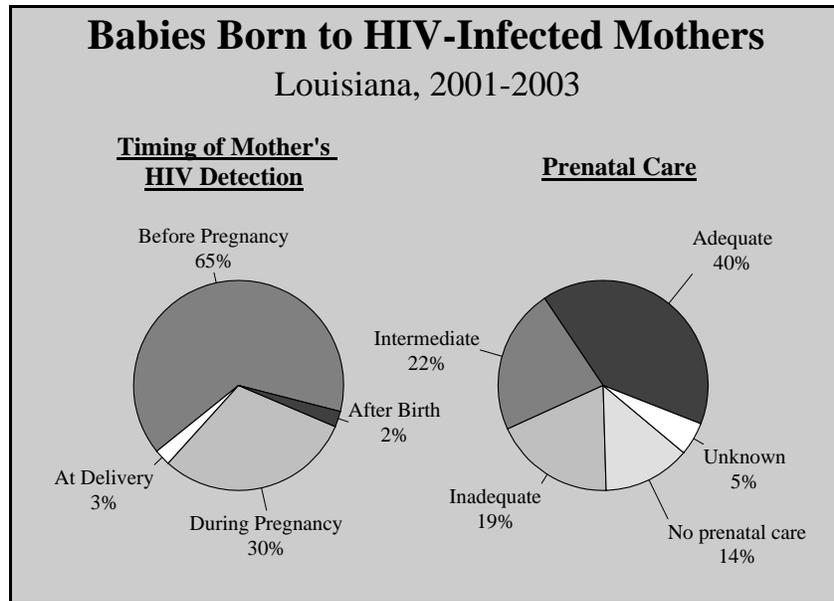
- Perinatal transmission has dropped dramatically from 18% in 1994 to approximately 5% in 2003 with the introduction and widespread use of antiretrovirals during pregnancy, labor and delivery, and to the baby after birth. Perinatal transmission rates have remained at or near 5% for a number of years since 1997. Of the 200 babies born in 2002 to HIV-infected mothers, 9 have been diagnosed with HIV.
- The number of babies being born to HIV-infected mothers continues to increase each year due to a growing number of women living with HIV and the improved health status of many HIV-infected women.



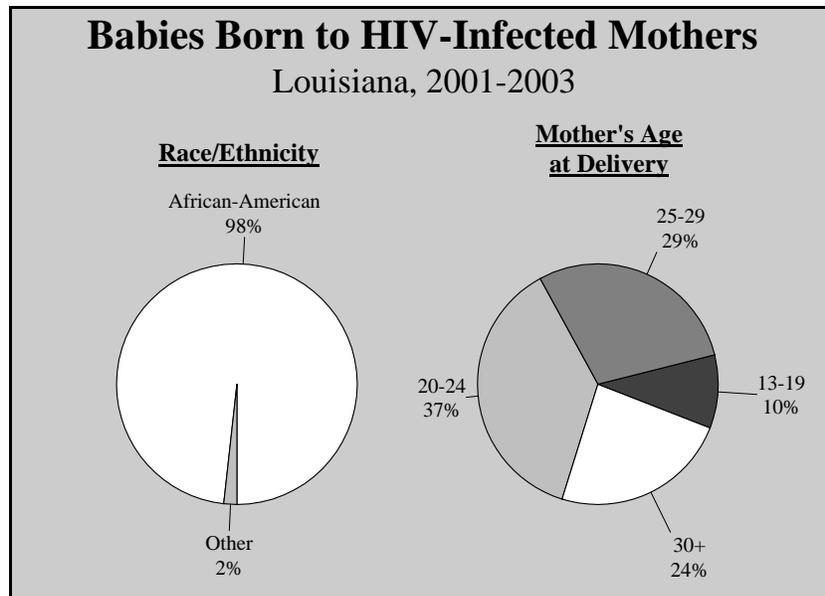
- Since 1994, the use of antiretrovirals among HIV-infected women giving birth has increased dramatically from 56% in 1994 to 92% in 2003.



- Geographically, the majority of births to HIV-positive mothers occurred in Regions I and II (the New Orleans and Baton Rouge regions); however, births to HIV-positive mothers have occurred in all regions of the state.
- A significant percentage of babies born between 2000 and 2002 continue to have an unknown HIV status, particularly in Regions V and VIII. Efforts are underway to determine the status of these babies and provide education on the appropriate testing protocol for HIV-exposed newborns and the importance of timely follow-up.



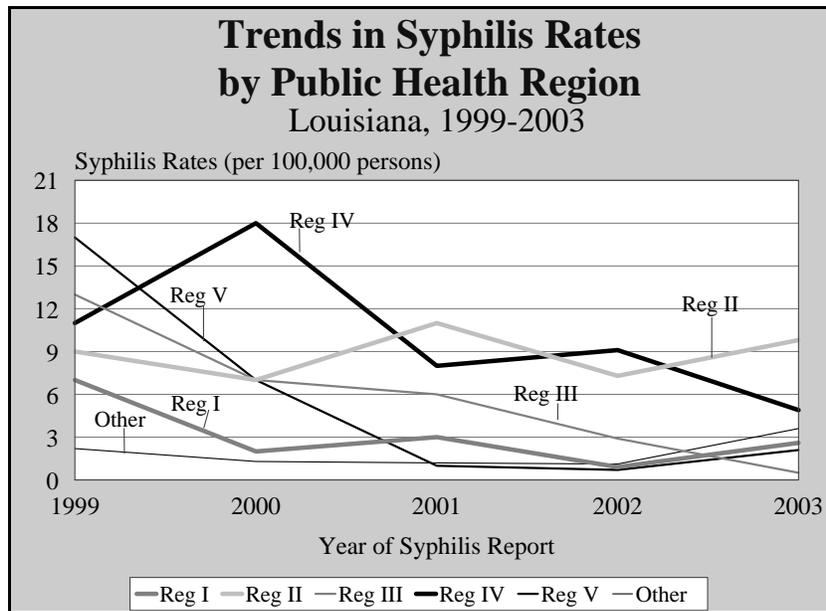
- HIV infection was diagnosed prior to delivery in nearly all mothers (95%), which maximizes opportunities for antiretroviral intervention.
- Only 40% of mothers had adequate prenatal care during their pregnancy, according to the Kessner Index, which incorporates information on length of gestation, timing of the first prenatal care visit, and number of visits. In Louisiana, among all women delivering in 2001-2003, 14% had no prenatal care.



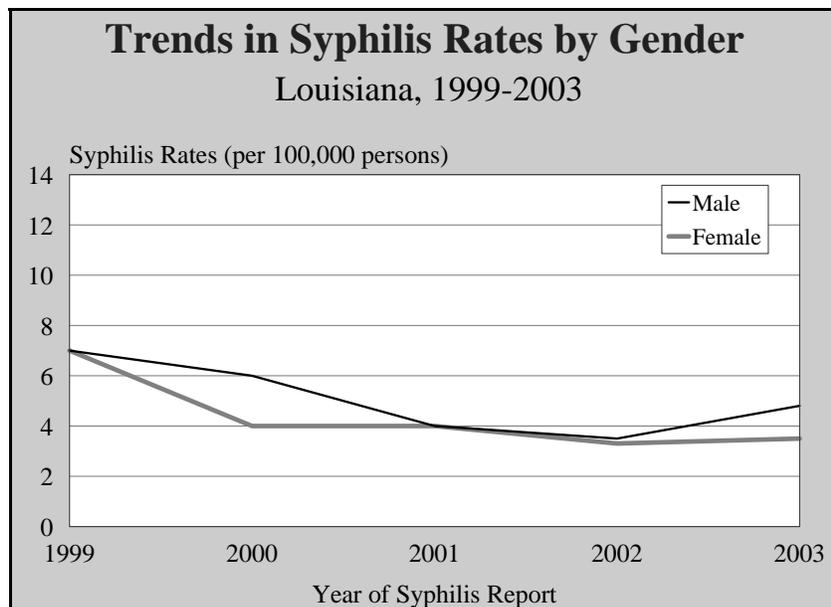
- The majority (98%) of babies born to HIV-infected mothers, between 2001 and 2003, were born to African-American mothers.
- The mother's age at delivery was between 20 and 29 for 66% of the babies born to HIV-infected mothers, between 2001 and 2003.

***OTHER  
DATA SOURCES***

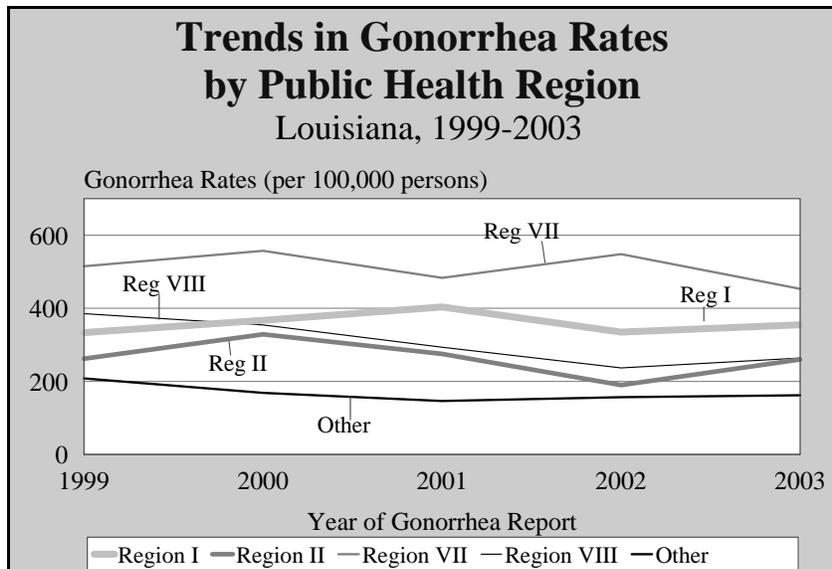
## SEXUALLY TRANSMITTED DISEASES



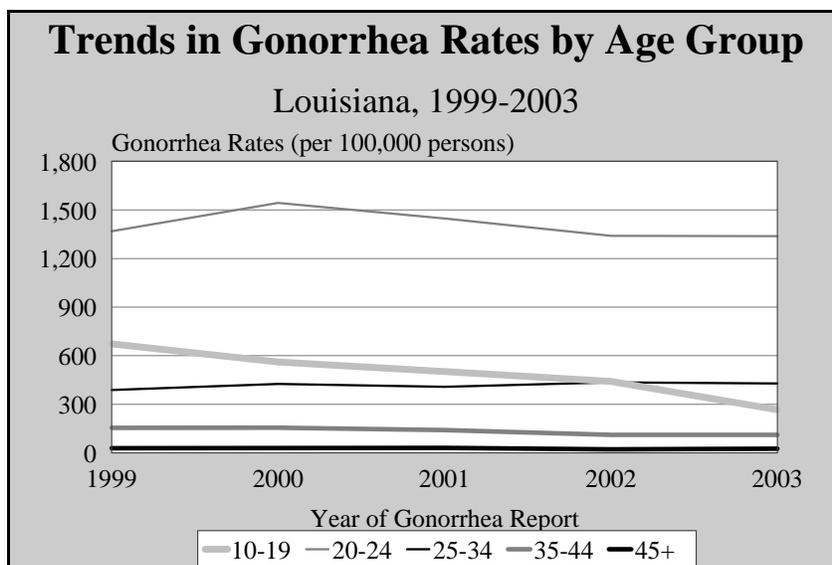
- Syphilis rates have declined in all regions of the state since 1999, except in Region II. In 2003, the Baton Rouge region (Region II), had the highest rate of syphilis in the state.
- In the U.S., Louisiana had the 3rd highest rate of primary and secondary syphilis in 2003 (*CDC 2003 STD Surveillance Report*).



- Syphilis rates increased in Louisiana among both males and females from 2002 to 2003. In 2003, syphilis rates among men were higher than among women for the first time since 2000.



- In 2002, gonorrhea rates were highest in the Shreveport region (Region VII), followed by the New Orleans region (Region I).
- During the past five years gonorrhea rates have remained relatively stable. However, the gonorrhea rate in Louisiana (264 per 100,000) was the highest in the U.S. in 2003 (*CDC 2003 STD Surveillance Report*).



- Gonorrhea rates are highest in the 20-24 year age group. Rates among 10-19 year olds have decreased over time.

## STREET OUTREACH SURVEY

In order to evaluate HIV prevention programs, there is a need to monitor not just the rates of new HIV cases, but also trends in the behaviors that lead to transmission. Risk behaviors are monitored in the general population through the Behavioral Risk Factor Surveillance System (BRFSS) and in high-risk populations through the Street Outreach Survey. The two HIV-related risk behaviors that are monitored in both surveys are number of sexual partners in the last twelve months and condom use at last sex. Differences in risk behaviors across different demographic groups are analyzed to determine how resources for interventions should be targeted.

Sexual Risk Behavior in High Risk Populations Street Outreach Survey, 1999-2003										
Year (sample size)	Percent (%) with 2 or more Partners <sup>a</sup> (among all respondents)					Percent (%) Condom Use <sup>b</sup> (among those with 2 or more partners)				
	1999 (n=6144)	2000 (n=6091)	2001 (n=5630)	2002 (n=5953)	2003 (n=3701)	1999 (n=3916)	2000 (n=3842)	2001 (n=3343)	2002 (n=3315)	2003 (n=2185)
<b>Overall</b>	65%	65%	60%	56%	61%	58%	61%	58%	60%	60%
<b>Gender</b>										
Male	74%	75%	69%	65%	71%	59%	61%	61%	61%	63%
Female	56%	52%	49%	46%	48%	57%	60%	55%	58%	56%
<b>Age Group</b>										
Under 18	61%	58%	58%	53%	55%	73%	73%	68%	74%	69%
18 to 24	73%	74%	66%	64%	70%	59%	61%	60%	59%	61%
25 to 29	68%	70%	68%	62%	64%	54%	61%	59%	58%	59%
30 to 35	64%	62%	58%	57%	66%	56%	56%	51%	53%	55%
Over 35	53%	53%	45%	43%	45%	48%	48%	48%	55%	50%
<b>Race</b>										
African American	64%	64%	59%	55%	59%	59%	62%	60%	62%	62%
White	73%	69%	67%	63%	64%	44%	45%	52%	45%	45%

a Respondents having two or more sexual partners in the last 12 months.  
b Condom use during the last sexual encounter among those with two or more partners within the last 12 months.

- Among persons who were surveyed through street outreach, condom use among those with two or more sexual partners has remained stable over the past five years. Condom use is highest among males, persons under 18, and African Americans.
- In general, high-risk heterosexual behavior (i.e., having two or more sexual partners in the past twelve months) was ten times higher in the populations surveyed through street outreach than in the general population surveyed through BRFSS (61% in the 2003 Street Outreach Survey versus 11% from BRFSS).

## **BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)**

In the general population surveyed by BRFSS, almost all persons (95%) with any sexual partners in the past five years were also sexually active in the last twelve months. Overall, only 12% of the general population aged 18-49 reported having two or more sexual partners in the past year.

<b>Sexual Risk Behavior in the General Louisiana Population, Ages 18-50 Statewide Telephone Survey (BRFSS, 2003)</b>			
	<b>Number of Sex Partners</b>		<b>Percent Condom Use at Last Sex<sup>b</sup></b> (among those with 2 or more partners)
	<b>Persons with 0-1 Partners</b>	<b>Persons with 2 or more Partners</b>	
<b>Overall (N=2,614)</b>	87%	12%	53%
<b>Gender</b>			
Male	81%	19%	57%
Female	92%	8%	48%
<b>Age Group</b>			
18-24	73%	27%	73%
25-34	87%	13%	44%
35-44	91%	9%	41%
45-64	93%	7%	46%
<b>Race/Ethnicity</b>			
White	89%	11%	49%
African American	85%	15%	58%
Other	85%	15%	59%
a Respondents reporting having two or more sexual partners in the last 12 months.			
b Condom use during the last sexual encounter among those with two or more partners within the last 12 months			

- Overall, 53% of persons with two or more partners in the past year used a condom during their last sexual encounter. Condom use was lowest among women (48%) and persons 35-44 years of age (41%).
- Seventy-three percent (73%) of persons between the ages of 18 and 24 with two or more partners surveyed through BRFSS reported using condoms.
- Condom use among persons with two or more sexual partners was higher among high risk populations surveyed through street outreach (60%) as compared to the general population (53%), in 2003.

## TECHNICAL NOTES

### Interpretation of HIV Detection Data

Antiretroviral treatment regimens are initiated earlier in the course of HIV infection than previously. These therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent AIDS incidence data can no longer provide the basis of HIV transmission estimates and trends and the dissemination of surveillance data now places an emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. HIV data may not accurately depict trends in HIV transmission because HIV data represent persons who were reported with a positive confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under-detected and under-reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV or persons who have only been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently-infected with HIV nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be considered when interpreting HIV data.

### Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases were classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV were assigned to the category listed first in the hierarchy. Definitions are as follows:

- **Men who have Sex with Men (MSM):** Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU):** Cases who report using drugs that require injection - no other route of administration of illicit drugs at any time since 1978.
- **High-Risk Heterosexual Contact (HRH):** Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g., heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, and/or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant (Hemo/Transf):** Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal:** HIV infection in children that results from transmission from an HIV-infected mother to her child.

- **Unspecified:** Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do not imply that modes of transmission other than sexual, blood, and perinatal are suspected. “Unspecified” cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

### **Case Definition Changes**

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985<sup>1</sup>. The 1987 definition<sup>2</sup> revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded<sup>3</sup> to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a CD4<sup>+</sup> percentage of less than 14. As a result of the 1993 definition expansion, HIV-infected persons were classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999<sup>4</sup> to include positive results or reports of detectable quantities of HIV virologic (non-antibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally-exposed to HIV was changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

### **Adjustment and Estimation Techniques**

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, which takes into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as “expected” cases. Adjustment programming was developed by CDC.

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-specific and race-specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 and on the distribution of specified cases in Louisiana.

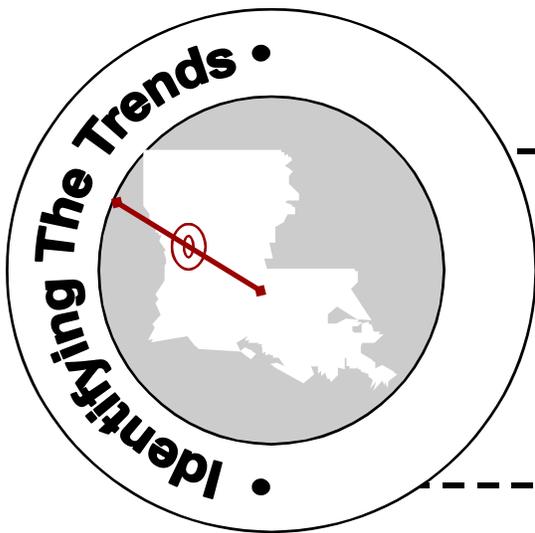
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<sup>1</sup> MMWR 1985; 34: 373-75.

<sup>2</sup> MMWR 1987; 36 [Supp no. 1S]: 1S-15S.

<sup>3</sup> MMWR 1992; 41[RR-17]: 1-19.

<sup>4</sup> CDC 1999; 48[RR13]: 1-27.



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