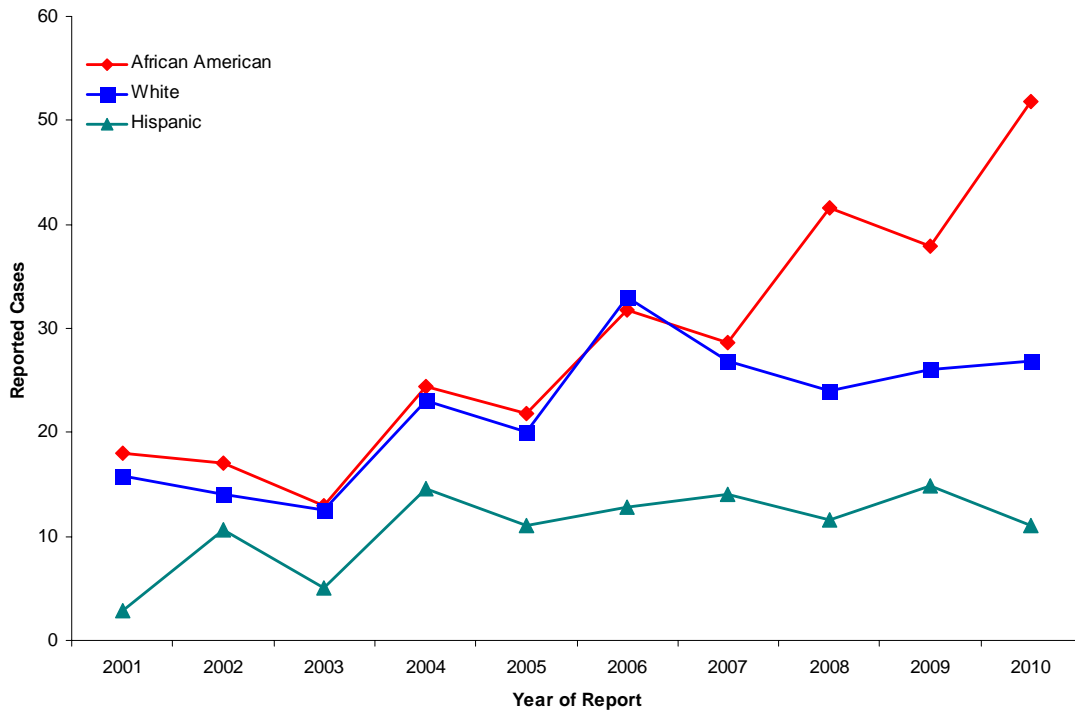


# Wisconsin AIDS/HIV Comprehensive Surveillance Report

## Cases reported through December 31, 2010

Reported cases of HIV infection, MSM 13-29 years of age by race/ethnicity and year of report, Wisconsin, 2001-2010



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## **Changes in Methodology for the 2010 Surveillance Summary**

The Wisconsin AIDS/HIV Program has had named-based reporting of HIV and AIDS since 1985. During this time, HIV surveillance has evolved and improved, allowing more accurate analyses at the state and national levels. For example all states now have name-based HIV and AIDS reporting, and the implementation of eHARS, the CDC mandated electronic HIV surveillance database, allows better tracking of case residency. As a result of improvements in the quality of the surveillance data as well as the need for a more clear evaluation of Wisconsin's HIV prevention and care efforts, three important methodological changes were implemented with the 2010 surveillance summary. These methodological changes have caused an apparent decrease in the number of incident and prevalent cases reported, which are in addition to any true changes in these numbers. A description of the three changes and a summary of the impact are described below.

### *1) Death match*

During 2010, AIDS/HIV Program staff matched the HIV surveillance data to 25 years of Wisconsin death records (1983-2008) from the Wisconsin Vital Records Office, which resulted in identifying 155 persons with HIV who have died since 1983 and whose death was not previously recorded in the HIV surveillance database. The AIDS/HIV Program will continue to conduct this analysis annually, and will also match the HIV surveillance data with national death indices to identify additional deaths. The result of identifying additional deaths is a more accurate report of persons presumed to be alive and living with HIV in Wisconsin, which allows a more accurate assessment of the use of care services and evaluation of health outcomes.

### *2) Exclusion of cases known to be living in another state from prevalence estimate*

Persons with HIV who were once reported to be living in Wisconsin but who are known to have moved to another state are no longer included in the annual prevalence estimate. This quality improvement initiative has been made possible by Routine Interstate Duplicate Review (RIDR), a CDC process aimed at eliminating duplicate reports of HIV and AIDS cases among states and more accurately identifying the state of initial HIV diagnosis. The RIDR process has become more effective as additional states have moved to name-based HIV reporting. During the analysis of the 2010 surveillance data, 821 cases that are known to have moved out of Wisconsin were removed from the prevalence estimate. As stated above, better prevalence data allows a more accurate assessment of the use of care services and evaluation of health outcomes.

### *3) Exclusion of cases initially diagnosed with HIV in another state from the incidence estimate*

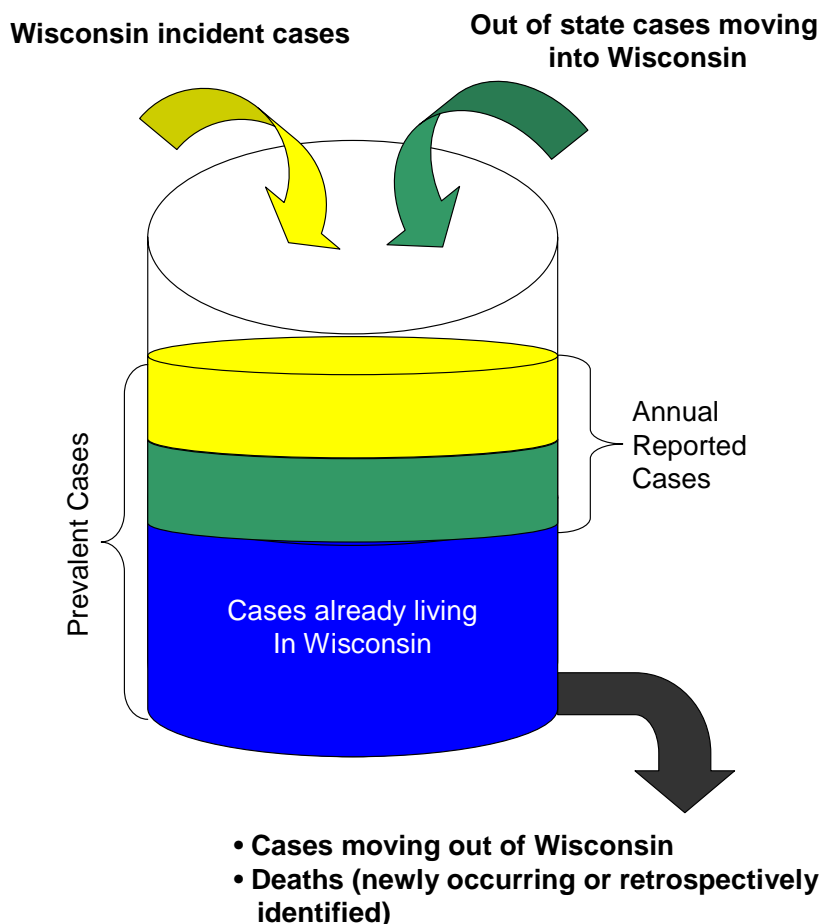
The annual incidence estimate in previous reports included both cases receiving their first HIV diagnosis in Wisconsin during the year, as well as cases that were already HIV positive and moved into Wisconsin during the year. Starting with the 2010 surveillance report, only cases receiving their first HIV diagnosis in Wisconsin will be included in the incidence estimate. Those moving in to Wisconsin during the year will be included only in the prevalence estimate. This change is being implemented because name-based reporting and the RIDR process have allowed a more accurate assignment of the state of initial HIV diagnosis. During 2010 there were 265 new cases of HIV infection reported in Wisconsin and 111 cases of HIV infection reported among persons who were already HIV positive and moved into Wisconsin. The new incidence estimate now reflects only new cases of HIV infection and helps to better target and measure prevention efforts.

In summary, three important methodological changes were implemented in 2010 that have caused an apparent decrease in the number of incident and prevalent cases reported in

Wisconsin. These changes included the death match, exclusion of those known to have moved out of Wisconsin from the prevalence estimate, and exclusion of those who received their initial HIV diagnosis in another state and moved in to Wisconsin from the incidence estimate. The flow of HIV cases in and out of Wisconsin is depicted in the figure below. As a result of these changes, the prevalence estimate was reduced by 976 and the incidence estimate for 2010 (n=265) will appear to be much lower than that reported in 2009 (n=443). Because of the changes in methodology, users of the HIV surveillance data should not compare the numbers presented for 2010 to numbers reported in previous reports. Instead, the new methods have been applied to estimates from previous years in the 2010 report to allow for trend analysis. The changes implemented during 2010 have improved the quality of the data, have allowed a more accurate presentation of the epidemiology of HIV in Wisconsin, and allow better evaluation of care and prevention services as well as health outcomes.

Additional information about the methods used in the surveillance analyses can be found in the Technical Notes section at the end of the report.

### Flow of cases of HIV infection in and out of Wisconsin



## EXECUTIVE SUMMARY

Surveillance activities measure and monitor HIV and AIDS incidence and mortality. Confidential, name-associated reporting of confirmed HIV infection and AIDS to the State Epidemiologist is required by Wisconsin statute (s. 252.15). Case reports are submitted to the Wisconsin AIDS/HIV Program from private physicians, hospitals, clinics, blood and plasma centers, and laboratories performing HIV testing. Once collected, surveillance data a) provide current information on the status of the epidemic and the development of trends, b) indicate the magnitude and extent of medical, economic and social impact and need, c) identify levels and trends of HIV infection that are necessary for developing, targeting, and evaluating both prevention and care and treatment programs, and d) provide information on which to base decisions about policy development and resource allocation. In addition, de-identified surveillance data are sent to the CDC as part of the national HIV surveillance system.

### **Surveillance Highlights**

- Important changes in methodology were implemented during the analysis of the 2010 surveillance data, including: 1) identifying 155 persons with HIV who have died since 1983 who are no longer included in the prevalence estimate, 2) excluding 821 individuals from the prevalence estimate who are known to have moved out of Wisconsin, and 3) excluding cases from the incidence estimate who were initially diagnosed with HIV in another state and who moved into Wisconsin during the year of analysis. These important changes are now possible due to maturation of the national HIV surveillance system and contribute to improved data quality, a more accurate presentation of the epidemiology of HIV in Wisconsin, and better evaluation of care and prevention services and health outcomes. Incidence estimates from previous years have been recalculated with the new methodology to allow for trend analyses.
- During 2010, 376 cases of HIV infection were reported in Wisconsin
  - 265 cases were among persons who received their initial HIV diagnosis in Wisconsin (incident cases)
  - 111 cases were among persons who received their initial HIV diagnosis in another state and moved in to Wisconsin during 2010.
- While the 265 incident cases of HIV infection reported during 2010 was fewer than the 300 infections reported during 2009:
  - The number of new infections increased among African Americans (n=125)
  - The number of new infections is still higher than the number reported a decade ago (238 cases reported in 2001).
- The number of reported cases of HIV infection that were MSM has stabilized in recent years but is still higher than a decade ago. However, trends vary significantly by racial/ethnic group. The number of cases that are IDU has been stable and the number that are heterosexual has fluctuated.
- Among MSM reported during 2010 (n≈194):
  - 48% were MSM less than 30 years of age (YMSM); the number of younger MSM has been increasing since 2004 and the number of MSM ages 30 and older has decreased in recent years.
  - Young African Americans are making up an increasing number of YMSM cases; 56% of YMSM cases reported during 2010 were African American. The number of YMSM cases of HIV infection that are White or Hispanic has been stable since at least 2007.
  - Most (90%) young African American MSM with HIV infection live in the Milwaukee Metropolitan Statistical Area; this geographic area has also experienced an increase in reported cases of HIV infection that are YMSM since 2004, most of which are African American.
- There are an estimated 6,295 people living with HIV in Wisconsin as of December 31, 2010

## **SURVEILLANCE SUMMARY**

### **Incidence**

#### ***Overview***

- During 2010, 376 cases of human immunodeficiency virus (HIV) infection were reported in Wisconsin, consisting of 265 persons who received their initial HIV diagnosis in Wisconsin and an additional 111 persons who received their initial HIV diagnosis in another state and moved into Wisconsin during 2010. Only the 265 cases are included in the incidence estimates below.
- Consistent with the normal fluctuation in HIV reporting, the 265 new cases of HIV infection reported during 2010 was lower than the 300 cases reported during 2009. However, the number of HIV infections is still higher than the number reported a decade ago (n=238 in 2001). The estimated annual percent increase in reported HIV infections between 2001 and 2010 was 1.5% (95% CI: 0.2%, 2.9%).
- Males are disproportionately affected by HIV infection, making up 80% (n=213) of persons reported with HIV infection in 2010. In 2010 the reported HIV infection rate for males (7.6 cases per 100,000 population) was four-fold greater than the rate for females (1.8 cases per 100,000 population).
- The overall median age at diagnosis among cases reported during 2010 was 33 years. However, the median age at diagnosis varied by racial/ethnic group: 29 years among African Americans, 30 years among Hispanics, and 39 years among Whites.
- Among males, the rate of HIV infection in 2010 was 14-fold greater for African Americans and four-fold greater for Hispanics compared to Whites. Among females the disparity is even greater; the rate of HIV infection in 2010 was 36-fold greater for African American and four-fold greater for Hispanic females compared to White females.
  - Between 2006 and 2010 the rate of HIV infection increased 7.3% per year (95% CI: 1.09%, 13.90%) among African Americans and decreased 12.1% (95% CI: -20.66%, -2.68%) per year among Hispanics. The rate was stable or fluctuated for all other racial/ethnic groups.
- African Americans were the only racial/ethnic group with an increase in reported cases of HIV infection during 2010 compared to 2009.
- Among cases of HIV infection reported in 2010, 67% (n=178) were reported in the Southeastern region, 18% (n=48) were reported in the Southern region, 9% (n=23) were reported in the Northeastern region, 3% (n=9) were reported in the Western region, and 1% (n=3) were reported in the Northern region.
  - 57% (n=151) of cases were reported from Milwaukee County and 14% (n=38) were reported from Dane County

#### ***Risk Exposure<sup>1</sup>***

- After adjusting for unknown risk, in 2010, 73% (n≈194) of HIV cases were MSM, including 70% (n≈185) among MSM without a history of injection drug use, and 3% (n≈9) among MSM who reported injection drug use (MSM&IDU). High risk heterosexual contact accounted for 18% (n≈49) and males and females with a history of injection drug use accounted for 8% (n≈20) of reported cases in 2010.
- Over the past decade (2001-2010) the number of reported cases of HIV infection that were MSM increased during the first part of the decade and has been stable in recent years. However, trends

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<sup>1</sup> In some instances this report uses imputed risk exposure. Imputed risk is derived using a method that stratifies cases by sex, race/ethnicity, metropolitan category, and year of report and assumes that cases with unknown risk exposure within each stratum have risk exposures similar to cases with known risk exposure. It is important to note that imputed risk exposures are estimates not actual case counts. Imputed risk exposures are subject to change as more information becomes available.

vary by racial/ethnic group. The number of reported cases that are IDU has been stable and the number that are attributed to high risk heterosexual contact has fluctuated.

- One baby was born with HIV infection in Wisconsin at the end of 2010, but the child was reported in 2011 and will therefore be included in the 2011 annual summary. Before that, the last case of perinatally transmitted HIV infection was in 2008.

#### *MSM*

- Trends in HIV infection among MSM varies by racial/ethnic group. For White MSM the number of reported HIV infections increased during the first part of the decade but has been decreasing since 2007. For African American MSM the number of reported infections was stable during the first part of the decade but has been increasing since 2006. The number of reported HIV infections that are Hispanic MSM has been stable throughout the decade.
- Among MSM reported with HIV infection in 2010, 44% were White, 43% were African American and 11% were Hispanic. Together, Asian/Pacific Islanders and American Indians made up less than 2% of MSM infections reported during 2010.
- The number of reported cases of HIV infection that are younger MSM (ages 13-29) has been increasing since 2004 and the number that are MSM age 30 and older has fluctuated throughout the decade but appears to have decreased in recent years. Among MSM reported with HIV infection in 2010, 48% YMSM and 52% were ages 30 or older.
- During the early part of the decade, cases of HIV infection that were young MSM were increasing in all three major racial/ethnic groups. However, the number of reported cases has stabilized for both young White and Hispanic MSM but has continued to increase for young African American MSM. In 2010, 56% of YMSM reported with HIV infection were African American, 29% were White and 12% were Hispanic.
- In 2010 nearly two-thirds (64%) of reported cases of HIV infection that were YMSM were within the Milwaukee Metropolitan Statistical Area (MSA). Throughout the last decade, reported cases of HIV infection that are young MSM has increased significantly in the Milwaukee MSA and increased slightly in the Madison MSA and in other metropolitan counties. In 2010, 80% of YMSM cases in Milwaukee were African American, 12% were White and 5% were Hispanic.

#### *High Risk Heterosexual Contact*

- The number of reported cases of HIV infection attributed to high risk heterosexual contact has fluctuated for females, with a decline from 2002 to 2007 and then an increase during 2008 and 2009. The number of reported cases attributed to high risk heterosexual contact has been stable for males.
- In 2010, females accounted for 84% of reported cases of HIV infection attributed to heterosexual transmission.
  - The number of reported cases of heterosexual-attributed HIV infection that were African American females decreased from 2002 to 2006 but then increased again from 2007 to 2009. The number of reported cases that were White or Hispanic has been more stable throughout the decade.
  - Among females with heterosexual attributed HIV infection reported in 2010, 66% were African American, 19% were White and 6% were Hispanic.

#### *Injection Drug Use (excluding MSM with a history of injection drug use)*

- The number of reported cases of HIV infection that are male IDUs decreased from 2005 to 2006 and has been stable since, and the number reported that are female IDUs has fluctuated over the decade.

- In 2010, males accounted for 57% of reported cases of HIV infection attributed to injection drug use, while females accounted for 43% of reported cases.
- Among IDU-attributed cases of HIV infection reported in 2010, 42% were African American, 14% were Hispanic and 8% were White

### **Late Testers**

- According to the CDC, late testers are those who progress to AIDS within one year of receiving their initial HIV diagnosis, including those who receive an HIV and AIDS diagnosis at the same time.
- The percent of persons diagnosed with HIV infection in Wisconsin who progressed to AIDS within one year of HIV diagnosis has decreased from 36% of cases diagnosed in 2005 to 27% of cases diagnosed in 2009. This decrease is attributed primarily to a decrease in persons receiving concurrent diagnoses, which has decreased from 25% of cases diagnosed in 2005 to 14% of cases diagnosed in 2009.

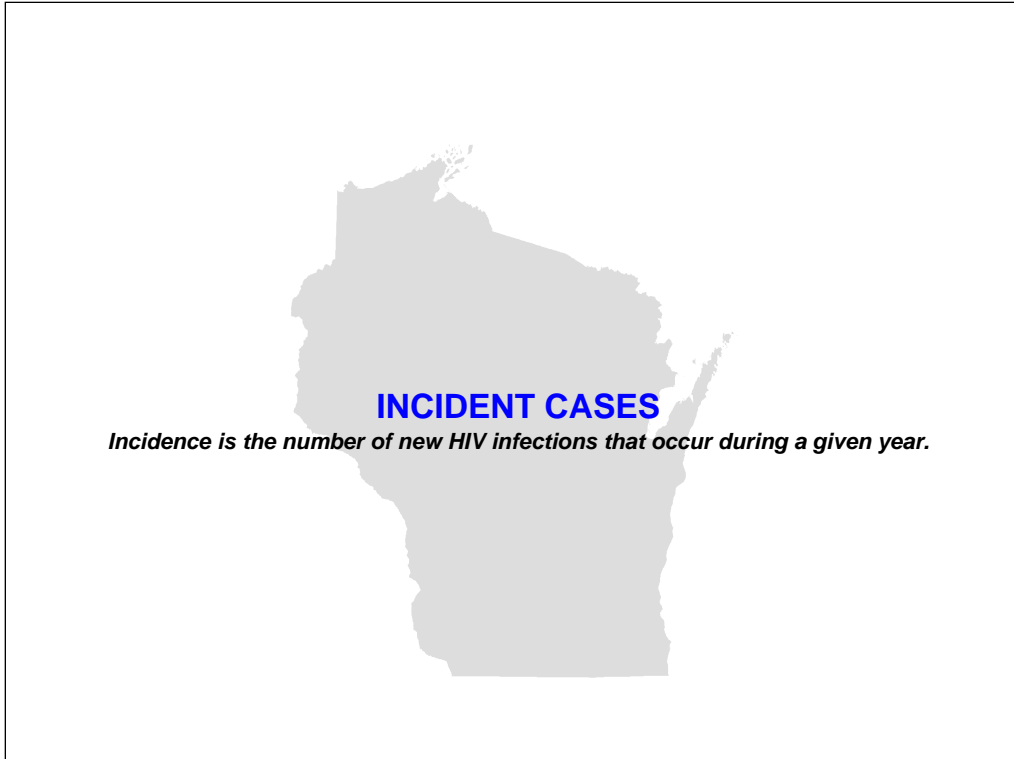
## **Prevalence**

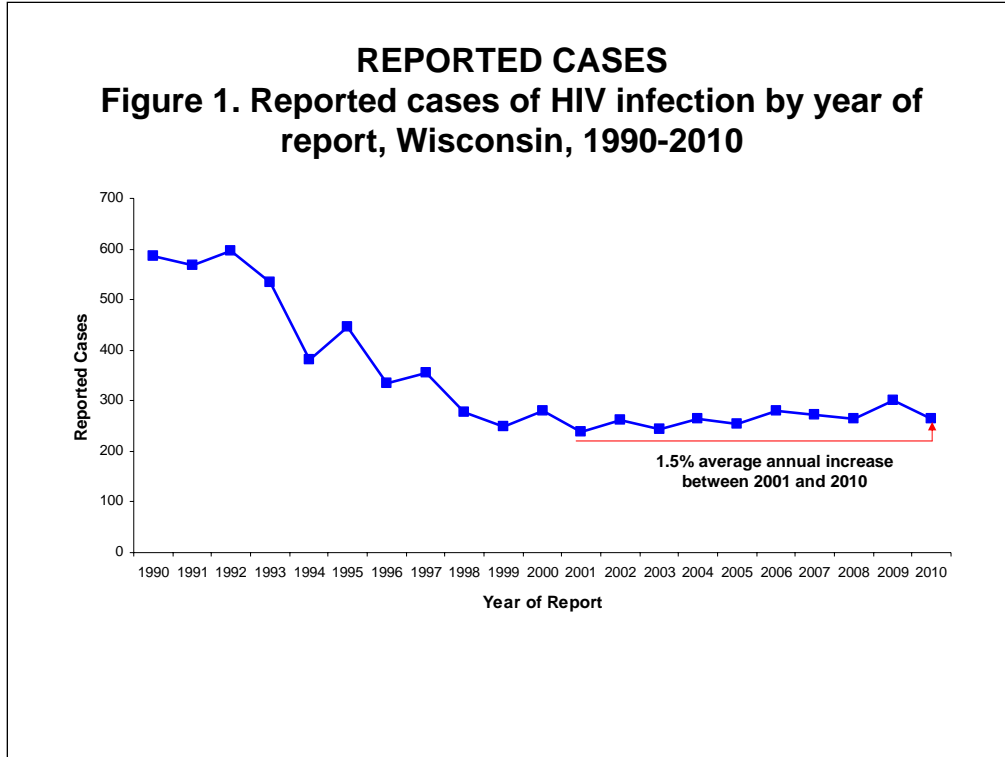
### **Overview**

- As of December 31, 2010, 6,295 individuals with HIV or AIDS are presumed to be alive and living in Wisconsin.
  - This number does not include those who do not know they are infected with HIV. The CDC estimates that 21% of all persons living with HIV do not know they are infected, meaning an additional 1,670 people are estimated to be living with HIV in Wisconsin but are unaware of their status.
- Of those presumed to be alive and living in Wisconsin as of December 31, 2010, 48% are White, 38% are African American, 11% are Hispanic, 1% are American Indians, and 1% are Asian/Pacific/Islanders.
- The overall median age among prevalent cases as of December 31, 2010 is 46 years.
  - Among those being newly diagnosed with HIV infection, more than half (52%) are less than 34 years of age. Among those currently living with HIV infection, 83% are 35 years of age and older. The difference in age distribution has implications for prevention and care providers.
- Taking into account the 21% of persons living with HIV infection in Wisconsin who are unaware of their status, among African American MSM in Wisconsin, 300 out of 1,000 African American MSM are estimated to be HIV positive, compared to 105 Hispanic MSM and 45 White MSM.
- Among the 6,295 persons presumed to be alive and living with HIV infection in Wisconsin, 61% live in the Southeastern region, 18% live in the Southern region, 10% live in the Northeastern region, 6% live in the Western region and 3% live in the Northern region. The remaining 2% of cases are currently in the Wisconsin Correctional system.
- One-half of all prevalent cases live in Milwaukee County, with Dane County the next highest at 12% of prevalent cases. All other counties have 3% or less of the prevalent cases.

### **Deaths**

- Deaths due to any cause among persons reported with HIV infection in Wisconsin have continued to decline. Seventy-six deaths among persons reported with HIV infection in Wisconsin are known to have occurred in 2009.
- The overall median age at death is 40 years. The median age at death was similar across racial/ethnic groups.





During 2010, 376 cases of HIV infection were reported in Wisconsin, consisting of 265 cases among persons who received their initial HIV diagnosis in Wisconsin, and 111 cases among persons who received their initial HIV diagnosis in another state and moved in to Wisconsin during 2010. The 111 cases are not included in the incidence estimates in this report but do contribute to the prevalence estimate.

Consistent with the natural fluctuation in HIV reporting in Wisconsin, the 265 cases reported in 2010 was fewer than the 300 cases reported in 2009. However, there has been an overall increase in reported cases over the past decade, with an estimated annual increase of 1.5% each year since 2001 (95% CI: 0.2%, 2.9%).

**Table 1. Reported cases of HIV infection  
Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)			
	1983-2010 (b)		2005-2009				2010			Cases	%	Rate (e)	
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%	Rate (e)				
<b>Total</b>													
Total cases(f)	8,523	100%	1,369	273.8	100%	4.8	265	100%	4.7	6,295	100%	111.3	
<b>Disease category</b>													
AIDS	5,602	66%	522	104.4	38%	1.8	61	23%	1.1	3,282	52%	58.0	
Non-AIDS	2,921	34%	847	169.4	62%	3.0	204	77%	3.6	3,013	48%	53.3	
<b>Sex</b>													
Male	7,017	82%	1,087	217.4	79%	7.7	213	80%	7.6	5,027	80%	179.0	
Female	1,506	18%	282	56.4	21%	2.0	52	20%	1.8	1,268	20%	44.6	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Race/Ethnicity</b>													
White	4,462	52%	599	119.8	44%	2.5	102	38%	2.1	3,010	48%	62.5	
African American	3,012	35%	515	103.0	38%	29.0	125	47%	35.1	2,413	38%	678.4	
Hispanic	845	10%	199	39.8	15%	13.4	26	10%	8.7	716	11%	239.4	
American Indian	72	1%	6	1.2	0%	1.9	1	0%	1.9	45	1%	83.7	
Asian/Pacific Islander	78	1%	34	6.8	2%	5.4	5	2%	3.9	63	1%	49.0	
Multi-racial	53	1%	16	3.2	1%	-	6	2%	-	47	1%	-	
Unknown	1	0%	0	0.0	0%	-	0	0%	-	1	0%	-	
<b>Age(g)</b>													
<5	64	1%	9	1.8	1%	0.5	0	0%	0.0	2	0%	0.5	
5-14	29	0%	3	0.6	0%	0.1	1	0%	0.1	22	0%	3.1	
15-19	249	3%	67	13.4	5%	3.2	21	8%	5.2	44	1%	10.9	
20-24	988	12%	210	42.0	15%	10.0	51	19%	12.2	234	4%	56.0	
25-29	1,596	19%	200	40.0	15%	10.7	40	15%	10.7	341	5%	91.2	
30-34	1,739	20%	181	36.2	13%	10.8	26	10%	7.8	491	8%	147.3	
35-39	1,488	17%	186	37.2	14%	10.5	30	11%	8.5	632	10%	179.1	
40-44	1,001	12%	182	36.4	13%	9.3	29	11%	7.5	1,040	17%	267.6	
45-49	656	8%	139	27.8	10%	6.3	24	9%	5.4	1,299	21%	291.6	
50-54	350	4%	92	18.4	7%	4.2	23	9%	5.4	1,036	16%	241.6	
55-59	190	2%	58	11.6	4%	3.2	11	4%	2.9	612	10%	163.9	
60+	173	2%	42	8.4	3%	0.8	9	3%	0.9	542	9%	51.3	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Risk exposure</b>													
Men who have sex with men (MSM)	4,487	53%	706	141.2	52%	-	140	53%	-	3,179	51%	-	
Injecting drug use (IDU)	1,120	13%	76	15.2	6%	-	9	3%	-	711	11%	-	
MSM and IDU	491	6%	32	6.4	2%	-	7	3%	-	394	6%	-	
High-risk heterosexual contact	1,072	13%	173	34.6	13%	-	26	10%	-	908	14%	-	
Other	227	3%	9	1.8	1%	-	1	0%	-	111	2%	-	
Undetermined	1,126	13%	373	74.6	27%	-	82	31%	-	992	16%	-	
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>											
Cases reported before 2001	5,881	-											
2001	238	4.4											
2002	263	4.8											
2003	243	4.4											
2004	264	4.8											
2005	254	4.6											
2006	279	5.0											
2007	271	4.8											
2008	265	4.7											
2009	300	5.3											
2010	265	4.7											

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

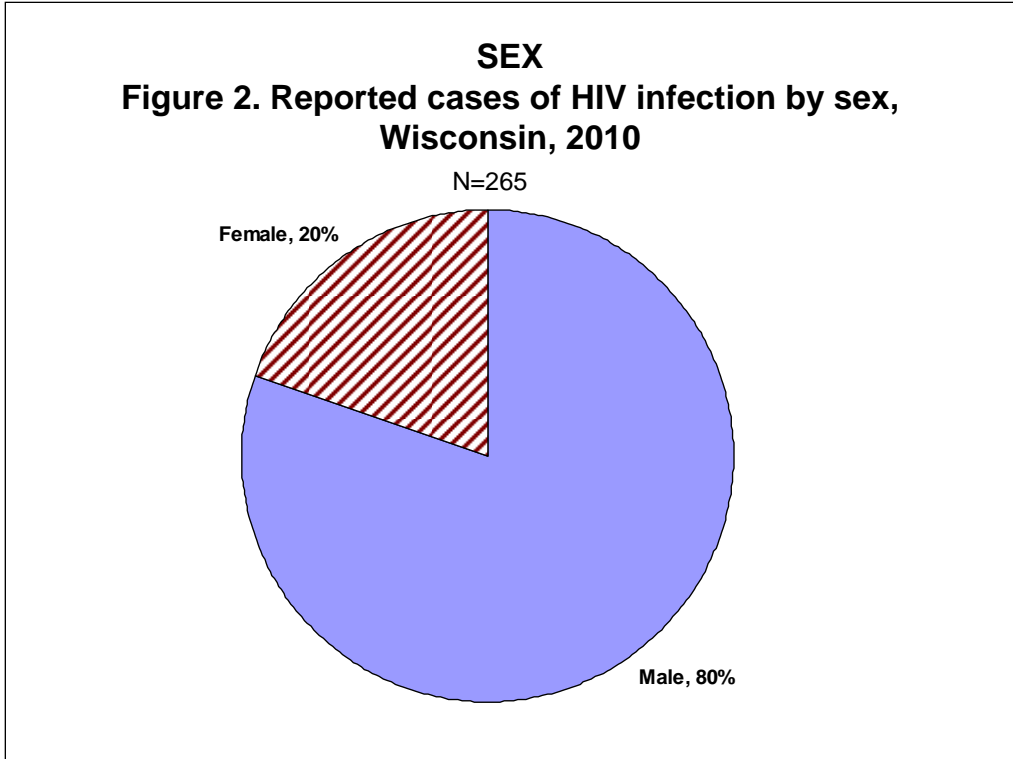
c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.



During 2010, 213 reported cases of HIV infection were male and 52 were female. Males are affected at a rate four times that of females; males make up 80% of persons reported with HIV infection in 2010.

**Table 2. Reported cases of HIV infection  
Males, Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)		
	1983-2010 (b)		2005-2009				2010			Cases	%	Rate (e)
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%	Rate (e)			
<b>Total</b>												
Total cases(f)	7,017	100%	1,087	217.4	100%	7.7	213	100%	7.6	5,027	100%	179.0
<b>Disease category</b>												
AIDS	4,731	67%	417	83.4	38%	3.0	51	24%	1.8	2,676	53%	95.3
Non-AIDS	2,286	33%	670	134.0	62%	4.8	162	76%	5.8	2,351	47%	83.7
<b>Race/Ethnicity</b>												
White	3,990	57%	524	104.8	48%	4.4	90	42%	3.8	2,639	52%	110.6
African American	2,237	32%	367	73.4	34%	42.1	92	43%	53.0	1,738	35%	1,001.8
Hispanic	650	9%	160	32.0	15%	20.1	23	11%	14.5	547	11%	343.7
American Indian	44	1%	4	0.8	0%	3.7	1	0%	3.7	27	1%	100.9
Asian/Pacific Islander	54	1%	19	3.8	2%	6.3	4	2%	6.3	39	1%	61.2
Multi-racial	41	1%	13	2.6	1%	-	3	1%	-	36	1%	-
Unknown	1	0%	0	0.0	0%	-	0	0%	-	1	0%	-
<b>Age(g)</b>												
<5	29	0%	3	0.6	0%	0.5	0	0%	0.0	0	0%	0.0
5-14	20	0%	1	0.2	0%	0.0	0	0%	0.0	7	0%	1.9
15-19	168	2%	53	10.6	5%	5.3	16	8%	7.7	23	0%	11.1
20-24	790	11%	178	35.6	16%	17.0	48	23%	22.6	192	4%	90.5
25-29	1,299	19%	161	32.2	15%	16.6	30	14%	15.6	249	5%	129.3
30-34	1,452	21%	137	27.4	13%	15.7	19	9%	11.1	370	7%	215.3
35-39	1,261	18%	148	29.6	14%	16.7	24	11%	13.4	456	9%	254.4
40-44	858	12%	145	29.0	13%	14.8	23	11%	11.7	831	17%	423.3
45-49	548	8%	106	21.2	10%	9.4	19	9%	8.5	1,075	21%	481.6
50-54	301	4%	79	15.8	7%	7.4	18	8%	8.4	869	17%	403.5
55-59	157	2%	43	8.6	4%	4.8	10	5%	5.3	513	10%	274.1
60+	134	2%	33	6.6	3%	1.5	6	3%	1.3	442	9%	93.4
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-
<b>Risk exposure</b>												
Men who have sex with men (MSM)	4,487	64%	706	141.2	65%	-	140	66%	-	3,179	63%	-
Injecting drug use (IDU)	769	11%	40	8.0	4%	-	7	3%	-	466	9%	-
MSM and IDU	491	7%	32	6.4	3%	-	7	3%	-	394	8%	-
High-risk heterosexual contact	310	4%	64	12.8	6%	-	6	3%	-	260	5%	-
Other	163	2%	3	0.6	0%	-	0	0%	-	65	1%	-
Undetermined	797	11%	242	48.4	22%	-	53	25%	-	663	13%	-
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>										
Cases reported before 2001	4,944	-										
2001	174	6.5										
2002	194	7.2										
2003	184	6.8										
2004	221	8.1										
2005	193	7.0										
2006	233	8.4										
2007	220	7.9										
2008	210	7.5										
2009	231	8.2										
2010	213	7.6										

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.

**Table 3. Reported cases of HIV infection  
Females, Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)			
	1983-2010 (b)		2005-2009				2010			Cases	%	Rate (e)	
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%	Rate (e)				
<b>Total</b>													
Total cases(f)	1,506	100%	282	56.4	100%	2.0	52	100%	1.8	1,268	100%	44.6	
<b>Disease category</b>													
AIDS	871	58%	105	21.0	37%	0.7	10	19%	0.4	606	48%	21.3	
Non-AIDS	635	42%	177	35.4	63%	1.2	42	81%	1.5	662	52%	23.3	
<b>Race/Ethnicity</b>													
White	472	31%	75	15.0	27%	0.6	12	23%	0.5	371	29%	15.3	
African American	775	51%	148	29.6	52%	16.5	33	63%	18.1	675	53%	370.5	
Hispanic	195	13%	39	7.8	14%	5.7	3	6%	2.1	169	13%	120.7	
American Indian	28	2%	2	0.4	1%	0.0	0	0%	0.0	18	1%	66.6	
Asian/Pacific Islander	24	2%	15	3.0	5%	4.6	1	2%	1.5	24	2%	37.1	
Multi-racial	12	1%	3	0.6	1%	-	3	6%	-	11	1%	-	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Age(g)</b>													
<5	35	2%	6	1.2	2%	0.6	0	0%	0.0	2	0%	1.1	
5-14	9	1%	2	0.4	1%	0.0	1	2%	0.3	15	1%	4.3	
15-19	81	5%	14	2.8	5%	1.5	5	10%	2.5	21	2%	10.7	
20-24	198	13%	32	6.4	11%	2.9	3	6%	1.5	42	3%	20.4	
25-29	297	20%	39	7.8	14%	4.4	10	19%	5.5	92	7%	50.7	
30-34	287	19%	44	8.8	16%	5.6	7	13%	4.3	121	10%	74.9	
35-39	227	15%	38	7.6	13%	4.6	6	12%	3.5	176	14%	101.3	
40-44	143	9%	37	7.4	13%	3.6	6	12%	3.1	209	16%	108.7	
45-49	108	7%	33	6.6	12%	3.1	5	10%	2.2	224	18%	100.8	
50-54	49	3%	13	2.6	5%	1.4	5	10%	2.3	167	13%	78.2	
55-59	33	2%	15	3.0	5%	1.6	1	2%	0.5	99	8%	53.2	
60+	39	3%	9	1.8	3%	0.3	3	6%	0.5	100	8%	17.1	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Risk exposure</b>													
Men who have sex with men (MSM)	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
Injecting drug use (IDU)	351	23%	36	7.2	13%	-	2	4%	-	245	19%	-	
MSM and IDU	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
High-risk heterosexual contact	762	51%	109	21.8	39%	-	20	38%	-	648	51%	-	
Other	64	4%	6	1.2	2%	-	1	2%	-	46	4%	-	
Undetermined	329	22%	131	26.2	46%	-	29	56%	-	329	26%	-	
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>											
Cases reported before 2001	937	-											
2001	64	2.3											
2002	69	2.5											
2003	59	2.1											
2004	43	1.5											
2005	61	2.2											
2006	46	1.6											
2007	51	1.8											
2008	55	1.9											
2009	69	2.4											
2010	52	1.8											

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

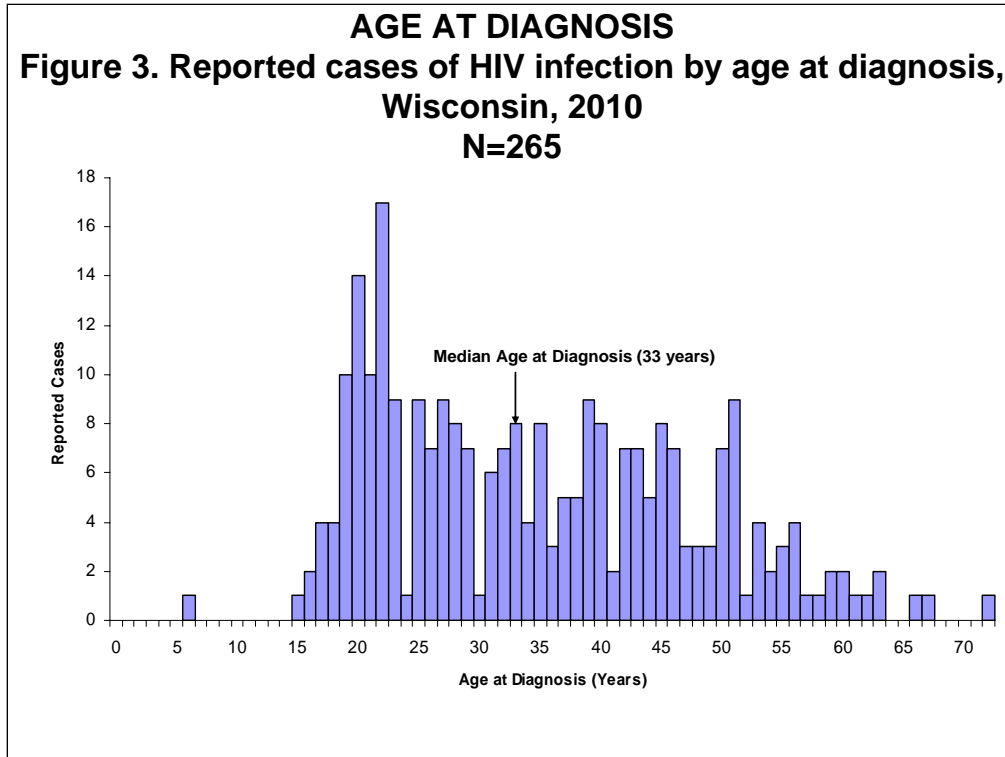
c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

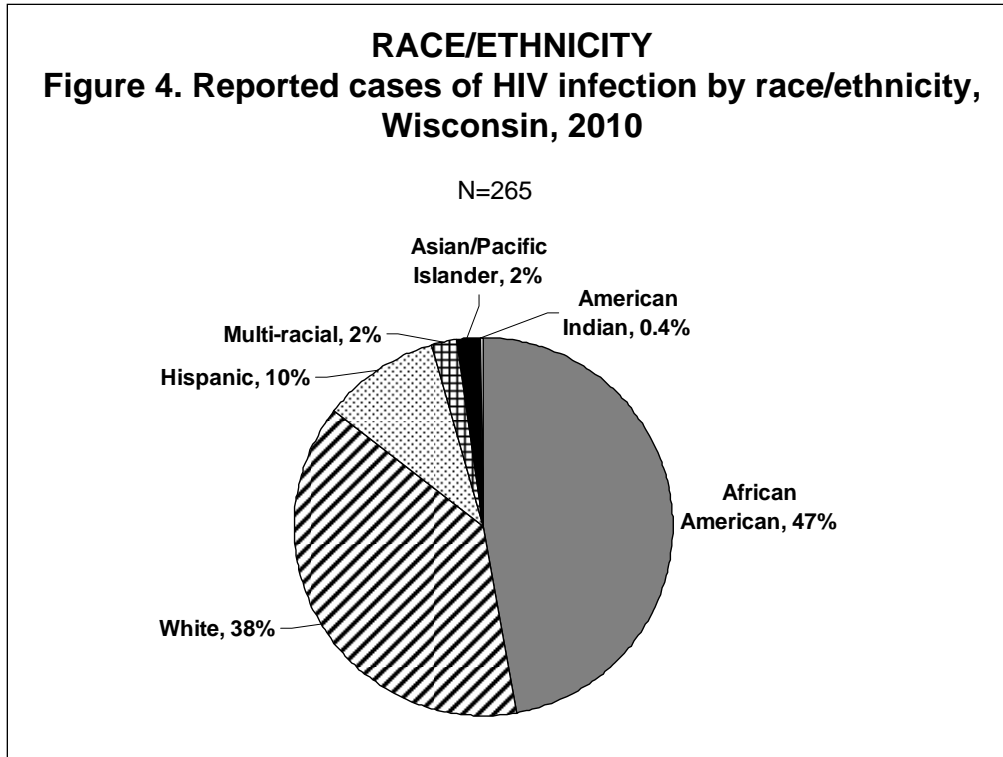
f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.



The overall median age at diagnosis among cases reported during 2010 was 33 years. However, the median age at diagnosis varied by racial/ethnic group: 29 years among African Americans, 30 years among Hispanics, and 39 years among Whites.

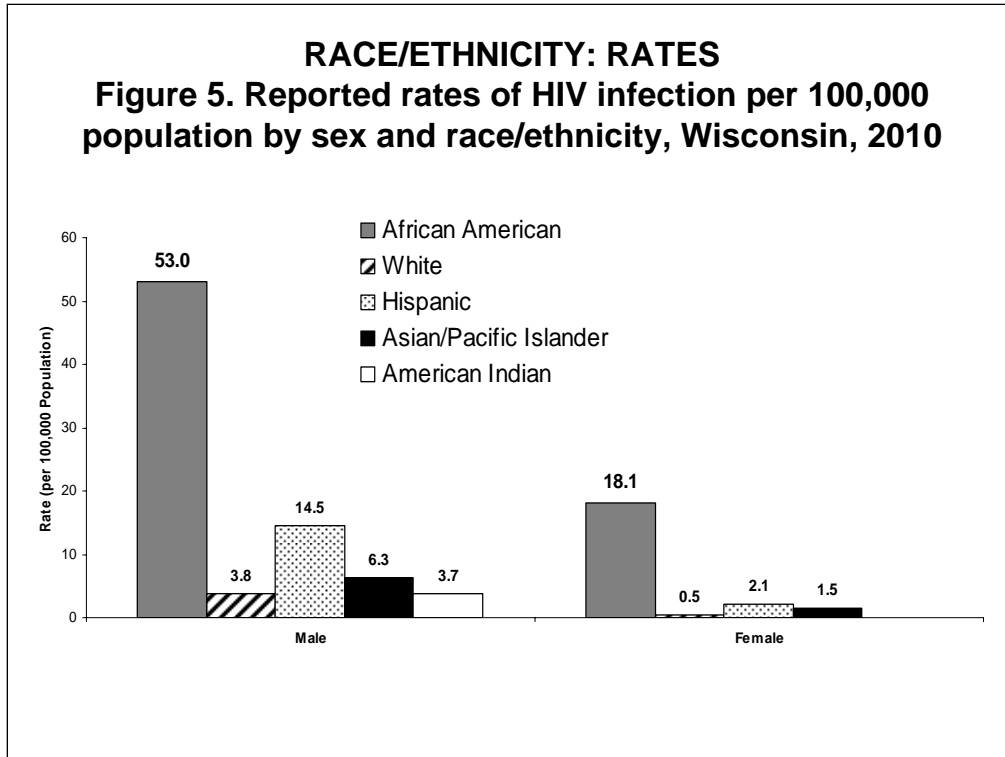
It is important to note that the age at diagnosis of HIV infection is not usually the age when HIV infection was acquired. The CDC estimates that at least one-half of all persons with HIV infection in the U.S. acquired the disease before the age of 25 years.



HIV infection has had a disproportionately high impact on minority populations in Wisconsin. Racial/ethnic minorities comprised only 15% of Wisconsin's population but 62% of all HIV cases reported during 2010.

Among cases reported in 2010, 125 (47%) were African American, 102 (38%) were White, 26 (10%) were Hispanic, five (2%) were Asian/Pacific Islander, six (2%) were multi-racial and one (<1%) was American Indian.

African Americans were the only racial/ethnic group with an increase in reported cases of HIV infection during 2010 compared to 2009.



This figure highlights the disproportionate impact of HIV infection on racial/ethnic minorities. Among males, the rate of HIV infection in 2010 was 14-fold greater for African Americans and four-fold greater for Hispanics compared to Whites. Among females the disparity is even greater; the rate of HIV infection in 2010 was 36-fold greater for African American and four-fold greater for Hispanic females compared to White females. These disparities are even greater than those observed nationally.

Between 2006 and 2010 the rate of HIV infection has increased 7.3% per year (95% CI: 1.09%, 13.90%) among African Americans and decreased 12.1% (95% CI: -20.66%, -2.68%) per year among Hispanics. The rate was stable or fluctuated for all other racial/ethnic groups.

**Table 4. Reported cases of HIV infection  
Whites, Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)			
	1983-2010 (b)		2005-2009				2010			Cases	%	Rate (e)	
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%	Rate (e)				
<b>Total</b>													
Total cases(f)	4,462	100%	599	119.8	100%	2.5	102	100%	2.1	3,010	100%	62.5	
<b>Disease category</b>													
AIDS	3,085	69%	222	44.4	37%	0.9	26	25%	0.5	1,583	53%	32.9	
Non-AIDS	1,377	31%	377	75.4	63%	1.6	76	75%	1.6	1,427	47%	29.6	
<b>Sex</b>													
Male	3,990	89%	524	104.8	87%	4.4	90	88%	3.8	2,639	88%	110.6	
Female	472	11%	75	15.0	13%	0.6	12	12%	0.5	371	12%	15.3	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Age(g)</b>													
<5	18	0%	3	0.6	1%	0.4	0	0%	0.0	0	0%	0.0	
5-14	13	0%	0	0.0	0%	0.0	0	0%	0.0	5	0%	0.9	
15-19	71	2%	16	3.2	3%	0.9	3	3%	0.9	8	0%	2.5	
20-24	397	9%	66	13.2	11%	3.8	10	10%	2.9	50	2%	14.6	
25-29	779	17%	75	15.0	13%	5.0	17	17%	5.6	114	4%	37.7	
30-34	891	20%	71	14.2	12%	5.2	12	12%	4.5	174	6%	64.6	
35-39	848	19%	86	17.2	14%	5.8	13	13%	4.4	266	9%	90.8	
40-44	564	13%	92	18.4	15%	5.3	14	14%	4.2	474	16%	140.8	
45-49	397	9%	74	14.8	12%	3.8	12	12%	3.0	669	22%	167.8	
50-54	225	5%	52	10.4	9%	2.6	10	10%	2.6	557	19%	142.9	
55-59	128	3%	36	7.2	6%	2.0	6	6%	1.7	341	11%	99.3	
60+	131	3%	28	5.6	5%	0.6	5	5%	0.5	352	12%	35.3	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Risk exposure</b>													
Men who have sex with men (MSM)	3,001	67%	392	78.4	65%	-	62	61%	-	1,976	66%	-	
Injecting drug use (IDU)	302	7%	25	5.0	4%	-	6	6%	-	191	6%	-	
MSM and IDU	264	6%	16	3.2	3%	-	5	5%	-	217	7%	-	
High-risk heterosexual contact	327	7%	41	8.2	7%	-	5	5%	-	264	9%	-	
Other	166	4%	3	0.6	1%	-	0	0%	-	61	2%	-	
Undetermined	402	9%	122	24.4	20%	-	24	24%	-	301	10%	-	
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>											
Cases reported before 2001	3,320	-											
2001	102	2.2											
2002	118	2.5											
2003	99	2.1											
2004	122	2.6											
2005	116	2.4											
2006	132	2.8											
2007	121	2.5											
2008	107	2.2											
2009	123	2.6											
2010	102	2.1											

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.

**Table 5. Reported cases of HIV infection  
African Americans, Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)			
	1983-2010 (b)		2005-2009				2010			Cases	%	Rate (e)	
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%	Rate (e)				
<b>Total</b>													
Total cases(f)	3,012	100%	515	103.0	100%	29.0	125	100%	35.1	2,413	100%	678.4	
<b>Disease category</b>													
AIDS	1,861	62%	186	37.2	36%	10.4	26	21%	7.3	1,227	51%	345.0	
Non-AIDS	1,151	38%	329	65.8	64%	18.6	99	79%	27.8	1,186	49%	333.4	
<b>Sex</b>													
Male	2,237	74%	367	73.4	71%	42.1	92	74%	53.0	1,738	72%	1,001.8	
Female	775	26%	148	29.6	29%	16.5	33	26%	18.1	675	28%	370.5	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Age(g)</b>													
<5	28	1%	4	0.8	1%	2.7	0	0%	0.0	2	0%	5.4	
5-14	11	0%	2	0.4	0%	0.0	1	1%	1.5	13	1%	19.3	
15-19	145	5%	43	8.6	8%	24.6	13	10%	35.6	24	1%	65.7	
20-24	439	15%	103	20.6	20%	65.9	35	28%	109.8	147	6%	461.1	
25-29	589	20%	72	14.4	14%	48.4	15	12%	51.9	166	7%	574.5	
30-34	626	21%	71	14.2	14%	59.1	11	9%	46.4	220	9%	928.0	
35-39	467	16%	63	12.6	12%	55.4	12	10%	51.2	244	10%	1,040.2	
40-44	324	11%	51	10.2	10%	47.0	12	10%	56.4	422	17%	1,983.3	
45-49	206	7%	50	10.0	10%	46.7	9	7%	42.0	451	19%	2,107.0	
50-54	100	3%	29	5.8	6%	31.6	11	9%	57.9	372	15%	1,958.2	
55-59	41	1%	15	3.0	3%	19.9	4	3%	26.6	211	9%	1,402.6	
60+	36	1%	12	2.4	2%	6.6	2	2%	6.6	141	6%	463.9	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Risk exposure</b>													
Men who have sex with men (MSM)	1,126	37%	205	41.0	40%	-	59	47%	-	897	37%	-	
Injecting drug use (IDU)	593	20%	28	5.6	5%	-	2	2%	-	365	15%	-	
MSM and IDU	168	6%	6	1.2	1%	-	2	2%	-	129	5%	-	
High-risk heterosexual contact	532	18%	86	17.2	17%	-	15	12%	-	458	19%	-	
Other	38	1%	4	0.8	1%	-	1	1%	-	34	1%	-	
Undetermined	555	18%	186	37.2	36%	-	46	37%	-	530	22%	-	
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>											
Cases reported before 2001	1,978	-											
2001	101	31.5											
2002	100	30.6											
2003	95	28.7											
2004	98	29.2											
2005	94	27.7											
2006	93	27.0											
2007	97	27.8											
2008	112	31.8											
2009	119	33.5											
2010	125	35.1											

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.

**Table 6. Reported cases of HIV infection  
Hispanics, Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)			
	1983-2010 (b)		2005-2009			2010			Cases	%	Rate (e)		
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%				Rate (e)	
<b>Total</b>													
Total cases(f)	845	100%	199	39.8	100%	13.3	26	100%	8.7	716	100%	239.4	
<b>Disease category</b>													
AIDS	538	64%	92	18.4	46%	6.0	5	19%	1.7	401	56%	134.1	
Non-AIDS	307	36%	107	21.4	54%	7.0	21	81%	7.0	315	44%	105.3	
<b>Sex</b>													
Male	650	77%	160	32.0	80%	20.1	23	88%	14.5	547	76%	343.7	
Female	195	23%	39	7.8	20%	5.7	3	12%	2.1	169	24%	120.7	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Age(g)</b>													
<5	12	1%	0	0.0	0%	0.0	0	0%	0.0	0	0%	0.0	
5-14	4	0%	1	0.2	1%	0.0	0	0%	0.0	2	0%	3.2	
15-19	30	4%	7	1.4	4%	3.9	4	15%	15.5	9	1%	34.8	
20-24	115	14%	33	6.6	17%	28.4	4	15%	16.2	30	4%	121.6	
25-29	180	21%	40	8.0	20%	30.0	5	19%	18.8	45	6%	168.8	
30-34	181	21%	29	5.8	15%	22.6	2	8%	7.5	77	11%	289.7	
35-39	142	17%	31	6.2	16%	26.1	2	8%	8.7	103	14%	448.9	
40-44	96	11%	32	6.4	16%	32.0	3	12%	16.0	116	16%	619.3	
45-49	43	5%	11	2.2	6%	13.4	2	8%	13.4	154	22%	1,034.4	
50-54	19	2%	8	1.6	4%	17.4	2	8%	17.4	90	13%	785.0	
55-59	17	2%	5	1.0	3%	12.1	0	0%	0.0	49	7%	594.2	
60+	6	1%	2	0.4	1%	0.0	2	8%	12.2	41	6%	249.2	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Risk exposure</b>													
Men who have sex with men (MSM)	288	34%	91	18.2	46%	-	14	54%	-	256	36%	-	
Injecting drug use (IDU)	204	24%	21	4.2	11%	-	1	4%	-	137	19%	-	
MSM and IDU	42	5%	5	1.0	3%	-	0	0%	-	36	5%	-	
High-risk heterosexual contact	167	20%	34	6.8	17%	-	1	4%	-	147	21%	-	
Other	16	2%	1	0.2	1%	-	0	0%	-	13	2%	-	
Undetermined	128	15%	47	9.4	24%	-	10	38%	-	127	18%	-	
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>											
Cases reported before 2001	468	-											
2001	32	15.4											
2002	42	19.2											
2003	42	18.3											
2004	36	14.9											
2005	37	14.7											
2006	41	15.5											
2007	45	16.3											
2008	37	12.9											
2009	39	13.0											
2010	26	8.7											

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.

**Table 7. Reported cases of HIV infection  
American Indians, Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)			
	1983-2010 (b)		2005-2009			2010			Cases	%	Rate (e)		
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%				Rate (e)	
<b>Total</b>													
Total cases(f)	72	100%	6	1.2	100%	2.2	1	100%	1.9	45	100%	83.7	
<b>Disease category</b>													
AIDS	48	67%	4	0.8	67%	1.9	-	-	-	21	47%	39.1	
Non-AIDS	24	33%	2	0.4	33%	0.0	-	-	-	24	53%	44.6	
<b>Sex</b>													
Male	44	61%	4	0.8	67%	3.7	-	-	-	27	60%	100.9	
Female	28	39%	2	0.4	33%	0.0	-	-	-	18	40%	66.6	
Unknown	0	0%	0	0.0	0%	-	-	-	-	0	0%	-	
<b>Age(g)</b>													
<5	4	6%	0	0.0	0%	0.0	-	-	-	0	0%	0.0	
5-14	1	1%	0	0.0	0%	0.0	-	-	-	0	0%	0.0	
15-19	0	0%	0	0.0	0%	0.0	-	-	-	1	2%	20.6	
20-24	13	18%	1	0.2	17%	0.0	-	-	-	0	0%	0.0	
25-29	17	24%	2	0.4	33%	0.0	-	-	-	2	4%	45.4	
30-34	17	24%	1	0.2	17%	0.0	-	-	-	5	11%	145.6	
35-39	10	14%	0	0.0	0%	0.0	-	-	-	8	18%	230.7	
40-44	6	8%	1	0.2	17%	0.0	-	-	-	7	16%	193.1	
45-49	2	3%	0	0.0	0%	0.0	-	-	-	9	20%	233.6	
50-54	1	1%	1	0.2	17%	0.0	-	-	-	5	11%	149.7	
55-59	1	1%	0	0.0	0%	0.0	-	-	-	7	16%	270.5	
60+	0	0%	0	0.0	0%	0.0	-	-	-	0	0%	0.0	
Unknown	0	0%	0	0.0	0%	-	-	-	-	0	0%	-	
<b>Risk exposure</b>													
Men who have sex with men (MSM)	19	26%	4	0.8	67%	-	-	-	-	10	22%	-	
Injecting drug use (IDU)	17	24%	0	0.0	0%	-	-	-	-	11	24%	-	
MSM and IDU	8	11%	0	0.0	0%	-	-	-	-	6	13%	-	
High-risk heterosexual contact	17	24%	1	0.2	17%	-	-	-	-	12	27%	-	
Other	6	8%	0	0.0	0%	-	-	-	-	2	4%	-	
Undetermined	5	7%	1	0.2	17%	-	-	-	-	4	9%	-	
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>											
Cases reported before 2001	58	-											
2001	1	2.1											
2002	0	0.0											
2003	4	8.0											
2004	2	4.0											
2005	1	2.0											
2006	2	3.9											
2007	0	0.0											
2008	2	3.8											
2009	1	1.9											
2010	1	1.9											

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.

**Table 8. Reported cases of HIV infection  
Asian/Pacific Islanders, Wisconsin, 1983-2010**

	Incident cases by year of report (a)									Prevalent cases (c)			
	1983-2010 (b)		2005-2009				2010			Cases	%	Rate (e)	
	Cases	%	Cases	Avg (d)	%	Rate (e)	Cases	%	Rate (e)				
<b>Total</b>													
Total cases(f)	78	100%	34	6.8	100%	5.3	5	100%	3.9	63	100%	49.0	
<b>Disease category</b>													
AIDS	40	51%	14	2.8	41%	2.3	2	40%	1.6	28	44%	21.8	
Non-AIDS	38	49%	20	4.0	59%	3.1	3	60%	2.3	35	56%	27.2	
<b>Sex</b>													
Male	54	69%	19	3.8	56%	6.3	4	80%	6.3	39	62%	61.2	
Female	24	31%	15	3.0	44%	4.6	1	20%	1.5	24	38%	37.1	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Age(g)</b>													
<5	2	3%	2	0.4	6%	0.0	0	0%	0.0	0	0%	0.0	
5-14	0	0%	0	0.0	0%	0.0	0	0%	0.0	2	3%	8.5	
15-19	1	1%	0	0.0	0%	0.0	1	20%	8.2	2	3%	16.4	
20-24	12	15%	5	1.0	15%	7.2	1	20%	7.2	3	5%	21.7	
25-29	17	22%	8	1.6	24%	16.7	1	20%	8.3	8	13%	66.8	
30-34	18	23%	8	1.6	24%	19.5	1	20%	9.7	10	16%	97.4	
35-39	13	17%	3	0.6	9%	9.9	1	20%	9.9	7	11%	69.5	
40-44	5	6%	2	0.4	6%	0.0	0	0%	0.0	6	10%	70.7	
45-49	4	5%	3	0.6	9%	14.8	0	0%	0.0	11	17%	162.8	
50-54	3	4%	1	0.2	3%	0.0	0	0%	0.0	7	11%	133.9	
55-59	3	4%	2	0.4	6%	0.0	0	0%	0.0	2	3%	49.7	
60+	0	0%	0	0.0	0%	0.0	0	0%	0.0	0	0%	0.0	
Unknown	0	0%	0	0.0	0%	-	0	0%	-	0	0%	-	
<b>Risk exposure</b>													
Men who have sex with men (MSM)	27	35%	8	1.6	24%	-	2	40%	-	19	30%	-	
Injecting drug use (IDU)	1	1%	1	0.2	3%	-	0	0%	-	3	5%	-	
MSM and IDU	1	1%	1	0.2	3%	-	0	0%	-	1	2%	-	
High-risk heterosexual contact	21	27%	11	2.2	32%	-	2	40%	-	17	27%	-	
Other	1	1%	1	0.2	3%	-	0	0%	-	1	2%	-	
Undetermined	27	35%	12	2.4	35%	-	1	20%	-	22	35%	-	
<b>Year of first report</b>	<b>Cases</b>	<b>Rate(e)</b>											
Cases reported before 2001	30	-											
2001	1	1.0											
2002	2	1.9											
2003	2	1.8											
2004	4	3.6											
2005	4	3.5											
2006	9	7.6											
2007	6	4.9											
2008	4	3.2											
2009	11	8.6											
2010	5	3.9											

a. Incident cases include only individuals whose initial HIV report was made in Wisconsin.

b. The first cases of HIV infection in Wisconsin were reported in 1983. Thus, these represent cumulative cases through the specified date.

c. Prevalent cases include all cases presumed to be alive and living in Wisconsin, regardless of the state of initial HIV report.

d. The average annual cases in the specified period.

e. Cases per 100,000 population. Rates not available for risk exposure groups

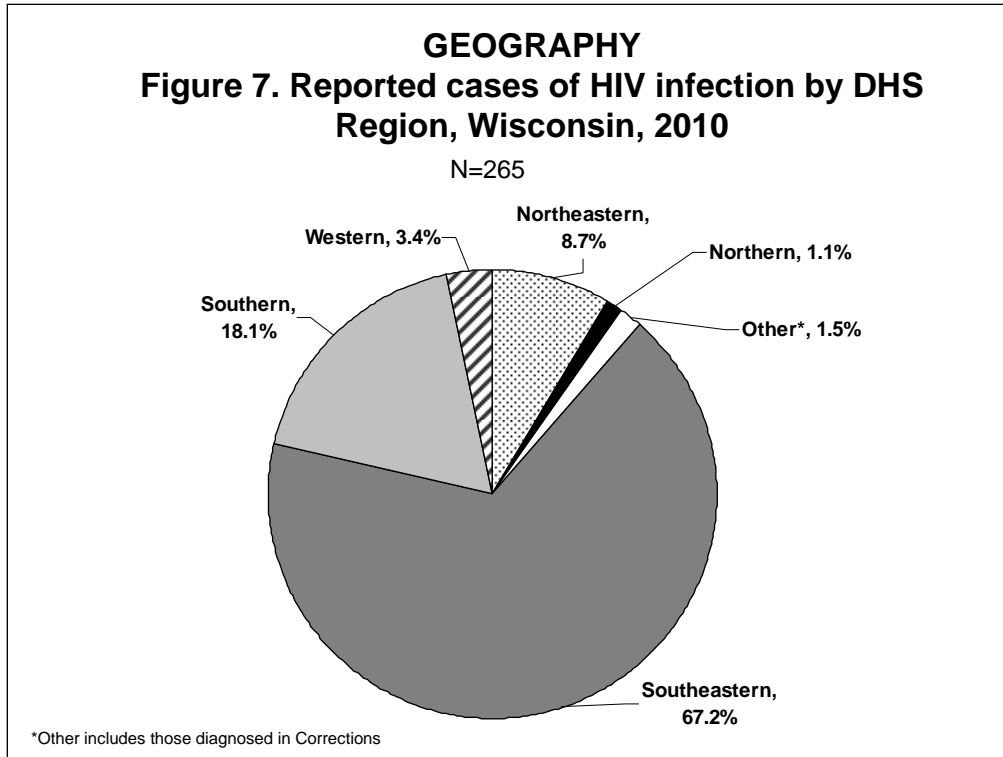
f. Demographic and risk exposure breakdown not shown if statewide total is less than 5 cases.

g. Age when first diagnosed with HIV infection, except for prevalent cases where age is age on 12/31/2010.

**REFERENCE SLIDE:  
GEOGRAPHY**

**Figure 6. Wisconsin  
DHS Regions**



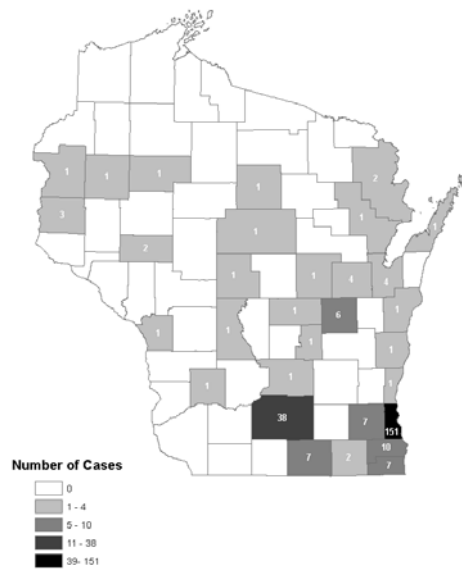


Among cases of HIV infection reported in 2010, 178 (67%) were reported in the Southeastern region, 48 (18%) were reported in the Southern region, 23 (9%) were reported in the Northeastern region, 9 (3%) were reported in the Western region, and 3 (1%) were reported in the Northern region. An additional 4 cases were reported from a correctional facility.

## 2010 CASES BY COUNTY

**Figure 8. Reported cases of HIV infection by county, Wisconsin, 2010**

N=261\*



\*Excludes 4 cases diagnosed in Correctional facility

In 2010, cases were reported from 31 of the 72 counties in Wisconsin. However, the distribution of reporting is uneven; 151 (57%) new cases were reported from Milwaukee County and 38 (14%) were reported from Dane County. All other counties accounted for 4% or less of cases reported in 2010.

Four cases were diagnosed in the state correctional system.

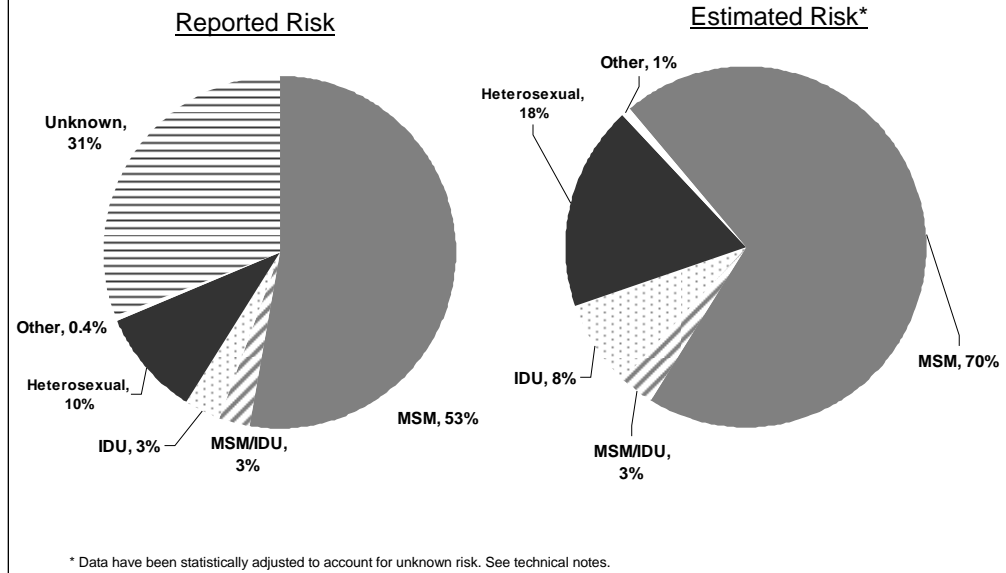
## Overview Summary

- Among the 265 cases reported in 2010 (Rate: 5 cases/100,000 population):
  - 80% (n=213) were male
  - 33 years was the median age at diagnosis
  - 47% (n=125) were African American, 38% (n=102) were White, 10% (n=26) were Hispanic
    - African Americans were the *only* racial/ethnic group that had an increase in reported cases during 2010 compared to 2009.
  - Males: African Americans 14-fold and Hispanics 4-fold more likely to be reported with HIV infection compared to Whites
  - Females: African Americans 36-fold and Hispanics 4-fold more likely to be reported with HIV infection compared to Whites
  - DHS Regions: 67% (n=178) Southeastern, 18% (n=48) Southern, 9% (n=23) Northeastern, 3% (n=9) Western and 1% (n=3) Northern
- Consistent with the normal fluctuation in HIV reporting, the number of cases was lower in 2010 than in 2009, but the number of infections is still higher than a decade ago (n=238 in 2001).



## RISK EXPOSURE

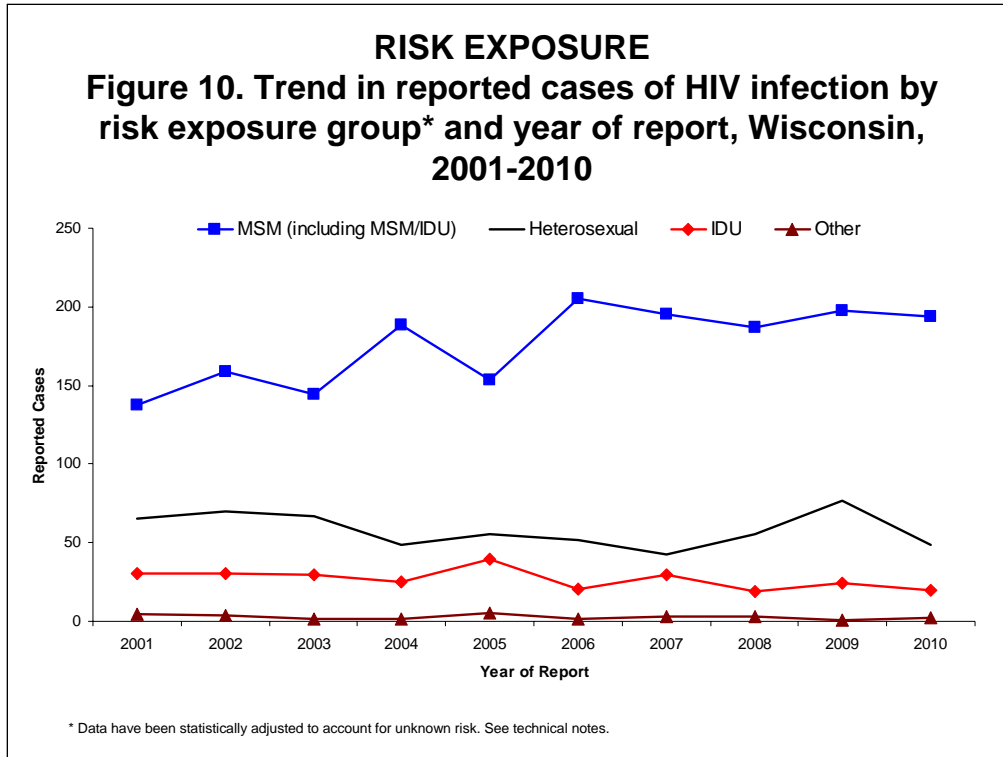
**Figure 9. Reported cases of HIV infection by reported and estimated risk exposure group, Wisconsin, 2010**



Historically, the population most affected by HIV infection in Wisconsin has been men who have sex with men (MSM). After adjusting for the 82 (31%) reported cases with unknown risk in 2010, 73% (n≈194) of HIV cases were among MSM, including 70% (n≈185) among MSM without a history of injection drug use, and 3% (n≈9) among MSM who reported injection drug use (MSM/IDU). High risk heterosexual contact accounted for 18% (n≈49) and injection drug use (IDU, excluding MSM/IDU) accounted for 8% (n≈20) of new cases reported in 2010.

Early in the epidemic, HIV transmission occurred among blood transfusion recipients and persons with hemophilia who received contaminated blood products. Since screening of the blood supply began in 1985, HIV transmission among transfusion recipients and persons with hemophilia has been very rare. No new hemophilia or transfusion-associated cases have been reported since 2007.

Perinatal (mother-to-child) HIV transmission in Wisconsin has declined since the advent of treatments that reduce the likelihood of perinatal transmission were introduced in the mid-1990s. Eleven cases of HIV infection in babies born in Wisconsin were reported between 2001 and 2008, and there were no reported cases of perinatally transmitted HIV infection among children born in Wisconsin during 2009 or 2010. One baby was born with HIV infection in Wisconsin at the end of 2010, but the child was reported in 2011 and will therefore be included in the 2011 annual summary.

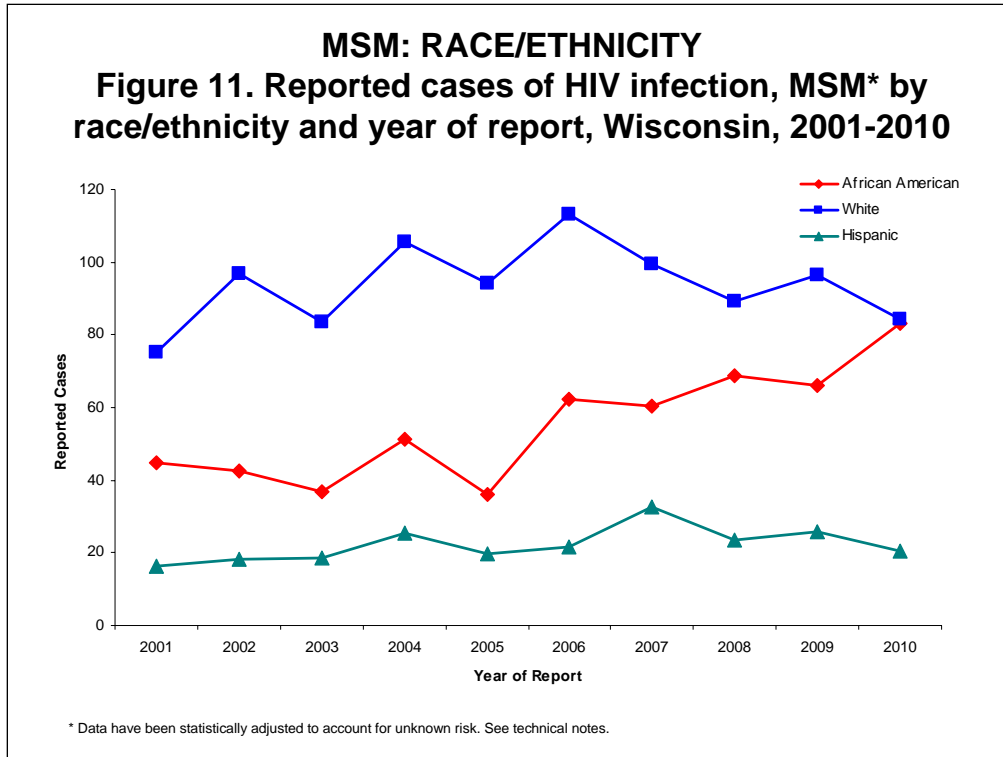


Over the past decade (2001-2010) the number of reported cases of HIV infection that were MSM increased during the first part of the decade and has been stable in recent years. However, trends vary by racial/ethnic group. The number of reported cases that are IDU has been stable and the number that are attributed to high risk heterosexual contact has fluctuated.

Nationally, among the 40 states with confidential name-based HIV reporting, the number of reported cases of HIV infection that are MSM has increased, the number that are due to IDU has decreased, and the number that are due to high risk heterosexual contact has been stable from 2006 to 2009 (the most recent national data available, *HIV Surveillance Report: Diagnoses of HIV infection and AIDS in the United States and Dependent Areas, 2009*, <http://www.cdc.gov/hiv/topics/surveillance/basic.htm>).

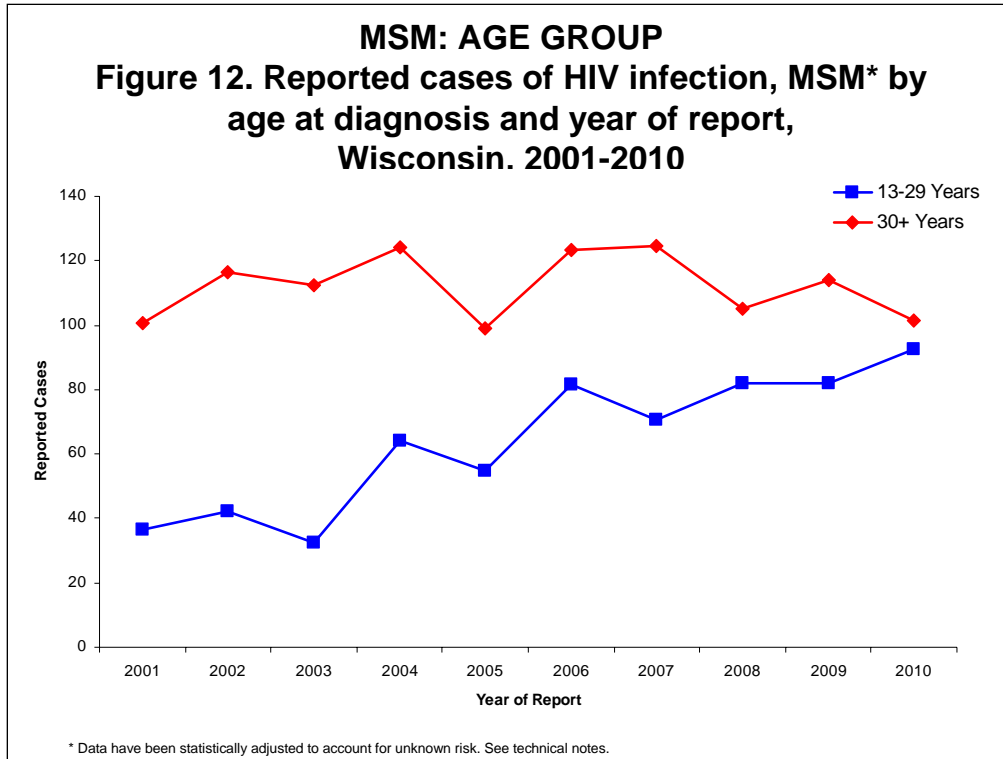


**MEN WHO HAVE SEX WITH MEN (MSM)**  
**(including MSM with a history of injection drug use,**  
**MSM/IDU)**



Trends in HIV infection among MSM varies by racial/ethnic group. For White MSM the number of reported HIV infections increased during the first part of the decade but has been decreasing since 2007. For African American MSM the number of reported infections was stable during the first part of the decade but has been increasing since 2006. The number of reported HIV infections that are Hispanic MSM has been stable throughout the decade.

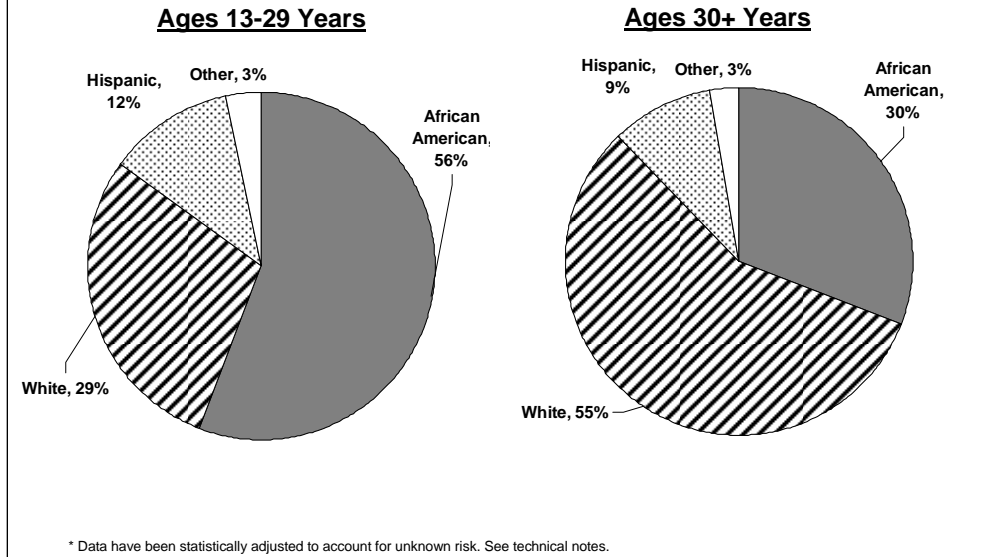
Among MSM reported with HIV infection in 2010, 44% were White, 43% were African American and 11% were Hispanic. Together, Asian/Pacific Islanders and American Indians made up less than 2% of MSM infections reported during 2010.



The number of reported cases of HIV infection that are younger MSM (ages 13-29) has been increasing since 2004 and the number that are MSM age 30 and older has fluctuated throughout the decade but appears to have decreased in recent years.

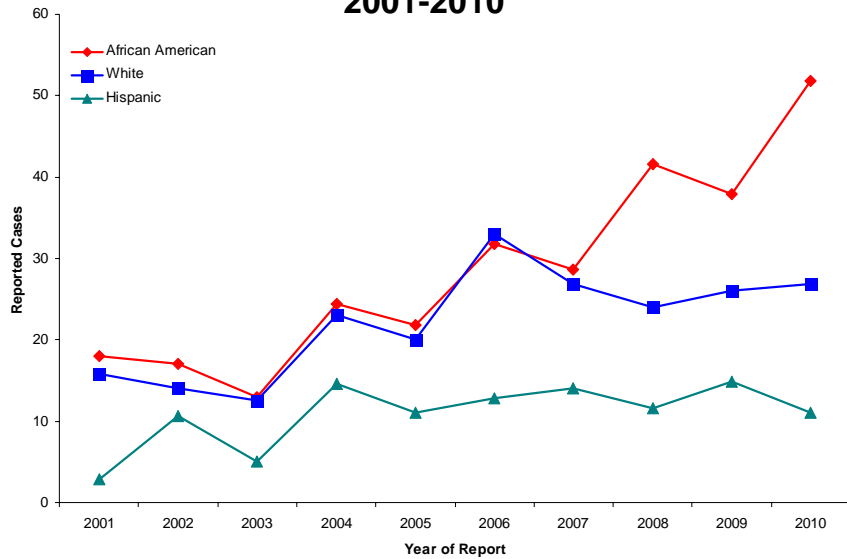
Among MSM reported with HIV infection in 2010, 52% were age 30 or older and 48% were between 13 and 29 years old.

**MSM: AGE GROUP AND RACE/ETHNICITY**  
**Figure 13. Reported cases of HIV infection among MSM\* by age group and race/ethnicity, Wisconsin, 2010**



Of young (ages 13-29 years) MSM reported with HIV infection in 2010, 56% were African American and 29% were White, whereas among older MSM, 55% were White and only 30% were African American. Hispanics make up a similar proportion of MSM in both age groups.

**YMSM: RACE/ETHNICITY**  
**Figure 14. Reported cases of HIV infection, MSM\* 13-29 years by race/ethnicity and year of report, Wisconsin, 2001-2010**



\* Data have been statistically adjusted to account for unknown risk. See technical notes.

During the early part of the decade, cases of HIV infection that were young MSM were increasing in all three major racial/ethnic groups. However, the number of reported cases has stabilized for both young White and Hispanic MSM but has continued to increase for young African American MSM. CDC recommends that caution be used when interpreting trends with fewer than 12 cases.

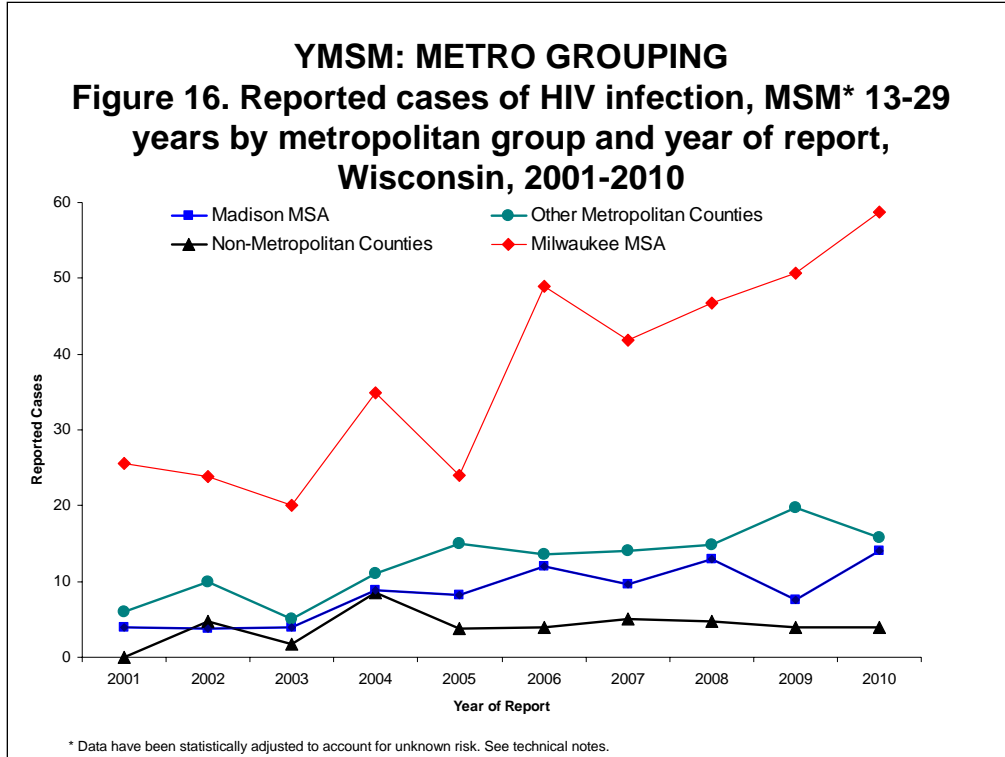
**REFERENCE  
SLIDE:  
METROPOLITAN  
GROUPS**

**Figure 15.  
Wisconsin  
counties by  
metropolitan group**



Wisconsin counties are grouped into four metropolitan groups:

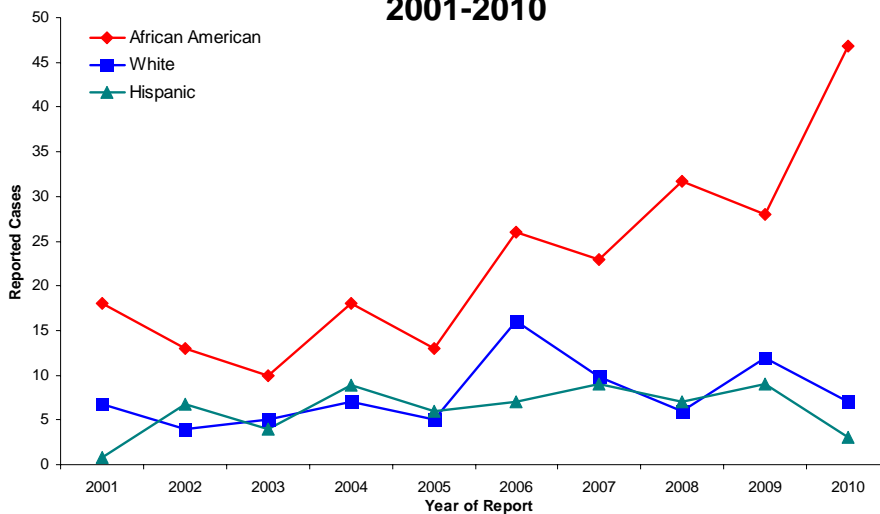
- Milwaukee Metropolitan Statistical Area (MSA): Milwaukee, Ozaukee, Washington, and Waukesha Counties
- Madison MSA: Dane, Columbia and Iowa Counties
- Other metropolitan counties (areas with a medium-sized city, such as Green Bay), and
- Non-metropolitan counties



Throughout the last decade, reported cases of HIV infection that are young MSM has increased significantly in the Milwaukee MSA and increased slightly in the Madison MSA and in other metropolitan counties. CDC recommends that caution be used when interpreting trends with fewer than 12 cases.

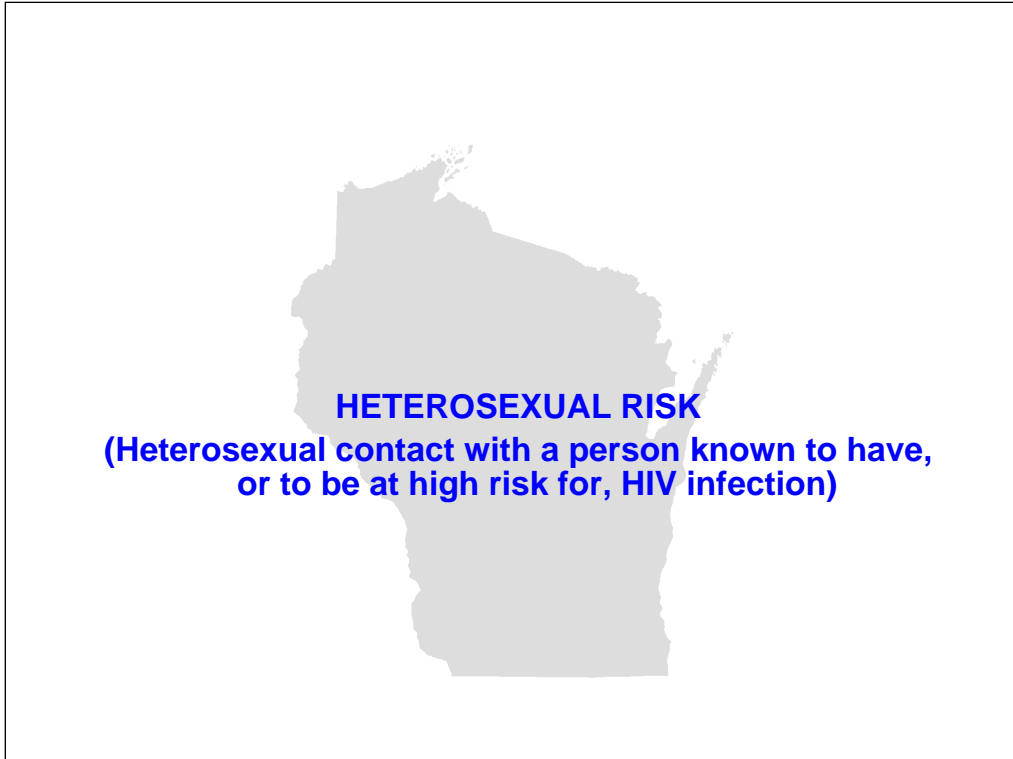
In 2010 nearly two-thirds (64%) of reported cases among young MSM were within the Milwaukee Metropolitan Statistical Area (MSA). The remaining 2010 cases were reported from other metropolitan counties (17%), the Madison MSA (15%), and non-metropolitan counties (4%).

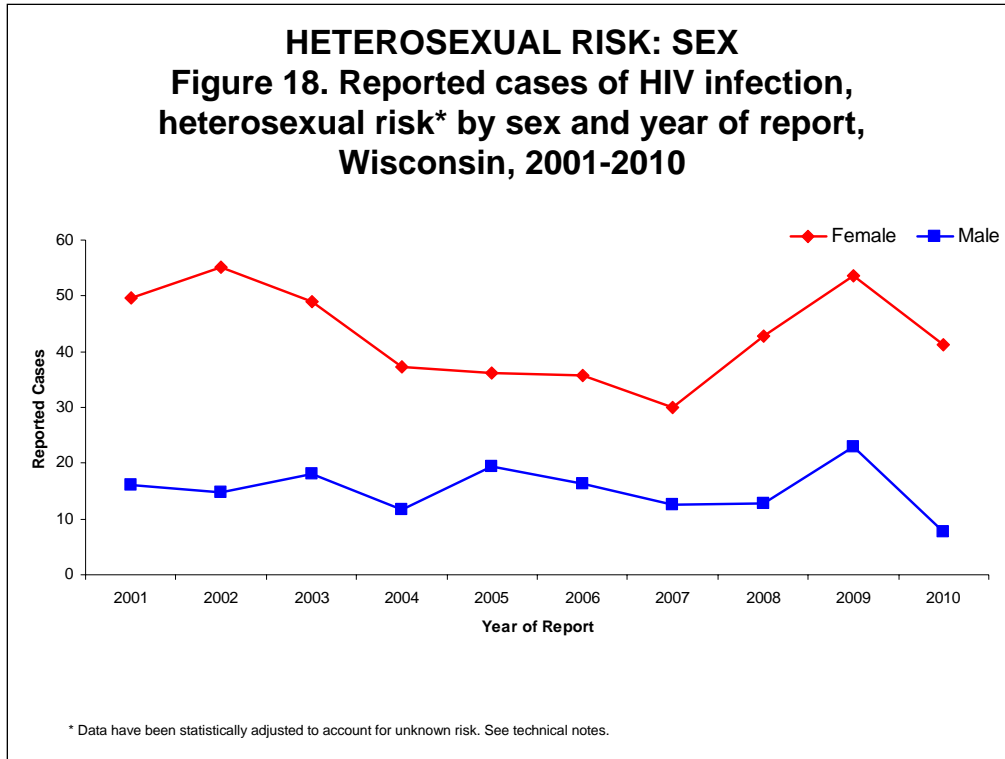
**YMSM: RACE/ETHNICITY AND MILWAUKEE MSA**  
**Figure 17. Reported cases of HIV infection, MSM\* 13-29 years,**  
**by race/ethnicity and year of report, Milwaukee MSA,**  
**2001-2010**



\* Data have been statistically adjusted to account for unknown risk. See technical notes.

The increase in reported cases of HIV infection that are young MSM in the Milwaukee MSA is due primarily to an increasing number of HIV-infected young African American MSM. African Americans made up 80% of reported cases among young MSM in the Milwaukee MSA in 2010, while Hispanic men and White men made up 5% and 12% of cases, respectively. Young African American MSM in Milwaukee make up almost one-fifth (18%) off all cases reported in Wisconsin during 2010.

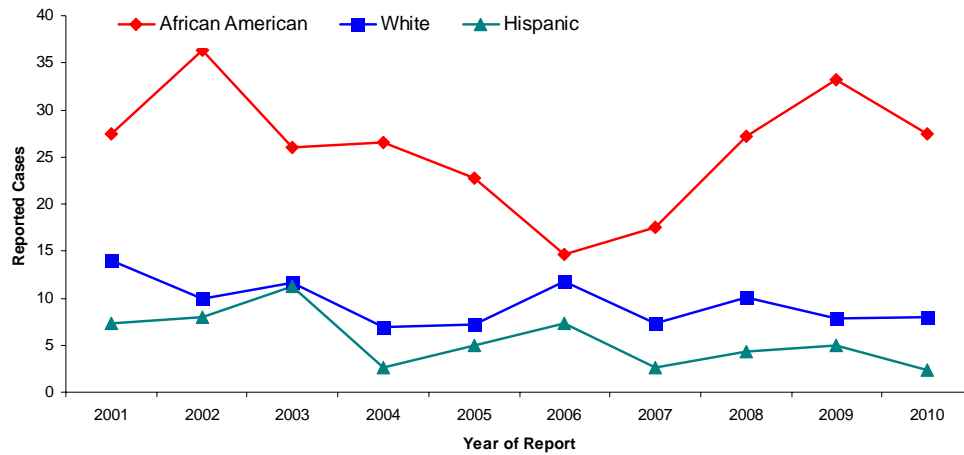




The number of reported cases of HIV infection attributed to high risk heterosexual contact has fluctuated for females, with a decline from 2002 to 2007 and then an increase during 2008 and 2009. The number of reported cases attributed to high risk heterosexual contact has been stable for males.

In 2010, females accounted for 84% of reported cases of HIV infection attributed to heterosexual transmission.

**HETEROSEXUAL RISK: FEMALES BY RACE/ETHNICITY**  
**Figure 19. Reported cases of HIV infection, females with heterosexual risk\* by race/ethnicity and year of report, Wisconsin, 2001-2010**



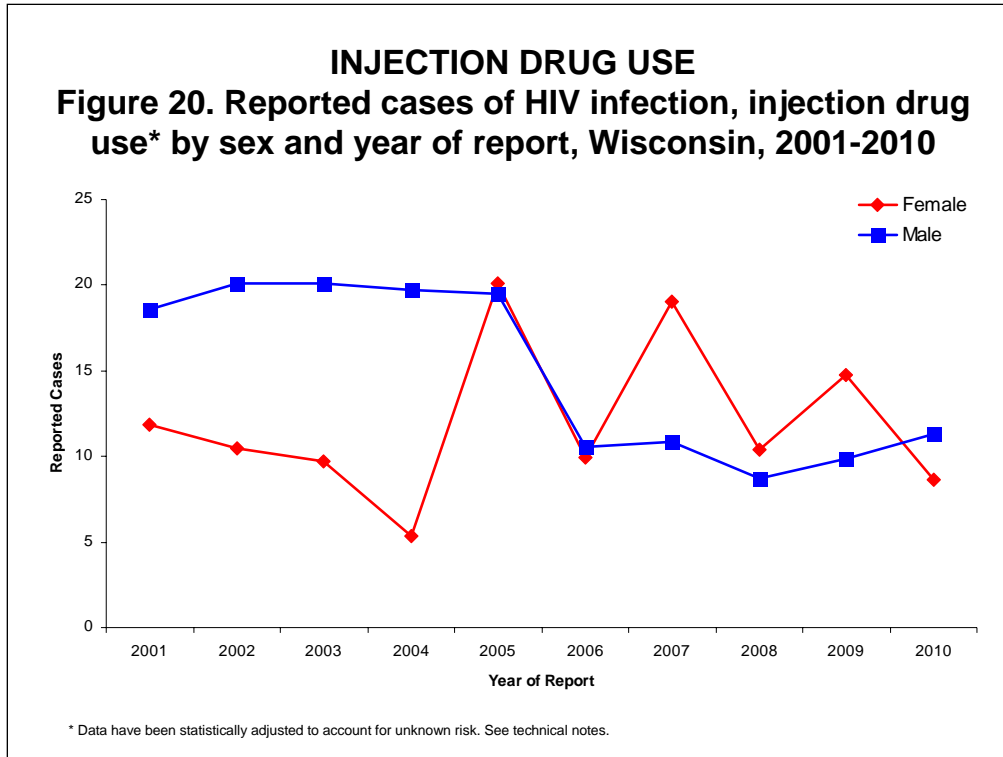
\* Data have been statistically adjusted to account for unknown risk. See technical notes.

The number of reported cases of heterosexual-attributed HIV infection that were African American females decreased from 2002 to 2006 but then increased again from 2007 to 2009. The number of reported cases that were White or Hispanic has been more stable throughout the decade. Caution should be used in interpreting trends with fewer than 12 cases.

For females with heterosexually-attributed HIV infection reported in 2010, 66% were African American, 19% were White and 6% were Hispanic.



**INJECTION DRUG USE**  
(Excludes MSM with a history of injection drug use)



The number of reported cases of HIV infection that are male IDUs decreased from 2005 to 2006 and has been stable since, and the number reported that are female IDUs has fluctuated over the decade.

In 2010, males accounted for 57% of reported cases of HIV infection attributed to injection drug use, while females accounted for 43% of reported cases.

Due to small numbers, additional trends of IDU cases are not shown. However, the breakdown of cases reported among both males and females during 2010 is as follows:

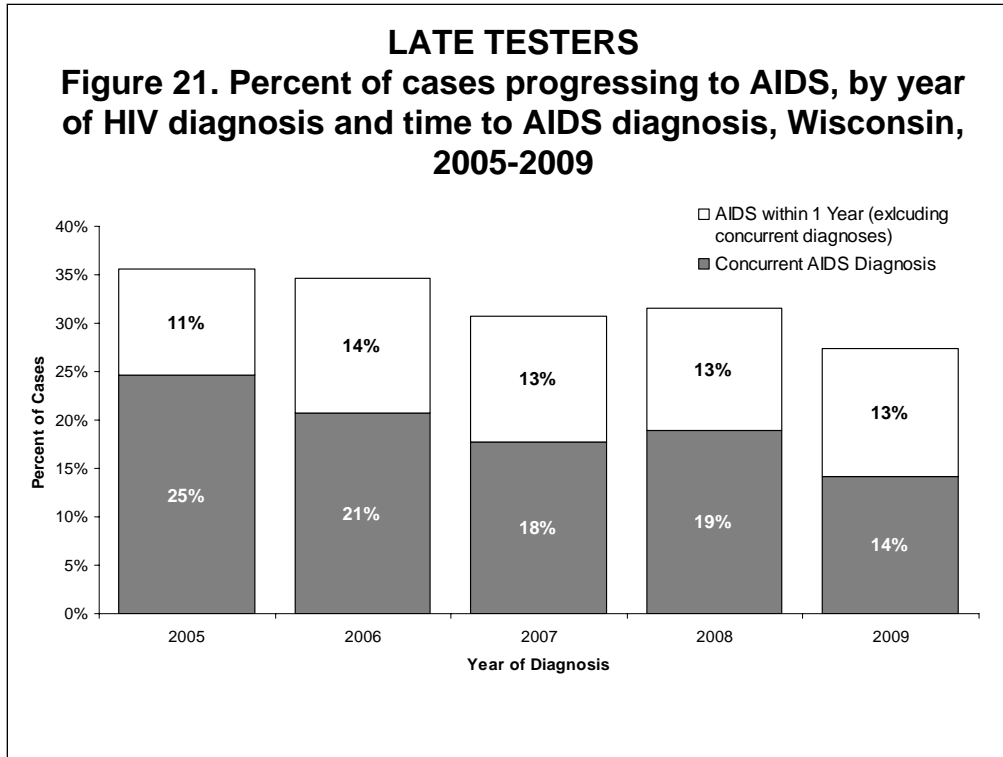
- Race/ethnicity: 42% African American, 14% Hispanic, 8% White
- Geography: 34% Milwaukee MSA, 30% other metropolitan counties, 18% non-metropolitan counties, 3% Madison MSA

## Risk Summary

- After adjusting for unknown risk of 2010 cases:
  - 73% MSM, 18% Heterosexual, 8% IDU
  - MSM: 44% White, 43% African American, 11% Hispanic
    - MSM 13-29 yrs make up 48% of MSM cases and has been increasing; MSM cases 30 and older has been decreasing in recent years
    - YMSM (13-29 yrs): 56% African American, 29% White, 12% Hispanic
      - African Americans are making up an increasing number of YMSM cases
      - 64% of YMSM cases are from the Milwaukee MSA; most (80%) YMSM cases in the Milwaukee MSA are African American and the number has been increasing
  - Heterosexual: the number of reported cases overall has fluctuated but the number that are African American females has increased in recent years
  - IDU: the number of reported cases has been stable



**LATE TESTERS**  
(Percent of incident cases progressing to AIDS within 1 year of initial HIV diagnosis, including concurrent HIV and AIDS diagnoses)



According to the CDC, late testers are those who progress to AIDS within one year of receiving their initial HIV diagnosis, including those who receive an HIV and AIDS diagnosis at the same time.

The percent of persons diagnosed with HIV infection in Wisconsin who progressed to AIDS within one year of HIV diagnosis has decreased from 36% of cases diagnosed in 2005 to 27% of cases diagnosed in 2009. This decrease is attributed primarily to a decrease in persons receiving concurrent diagnoses, which has decreased from 25% of cases diagnosed in 2005 to 14% of cases diagnosed in 2009.

Among those diagnosed with HIV in Wisconsin in 2009, the following demographic groups have a greater percentage of late testers than the overall percentage: those diagnosed in the Northern region (n=5, 46%), those diagnosed in the Northeastern region (n=15, 35%), males (n=70, 32%), Whites (n=38, 31%) and those with unknown risk (n=19, 29%).

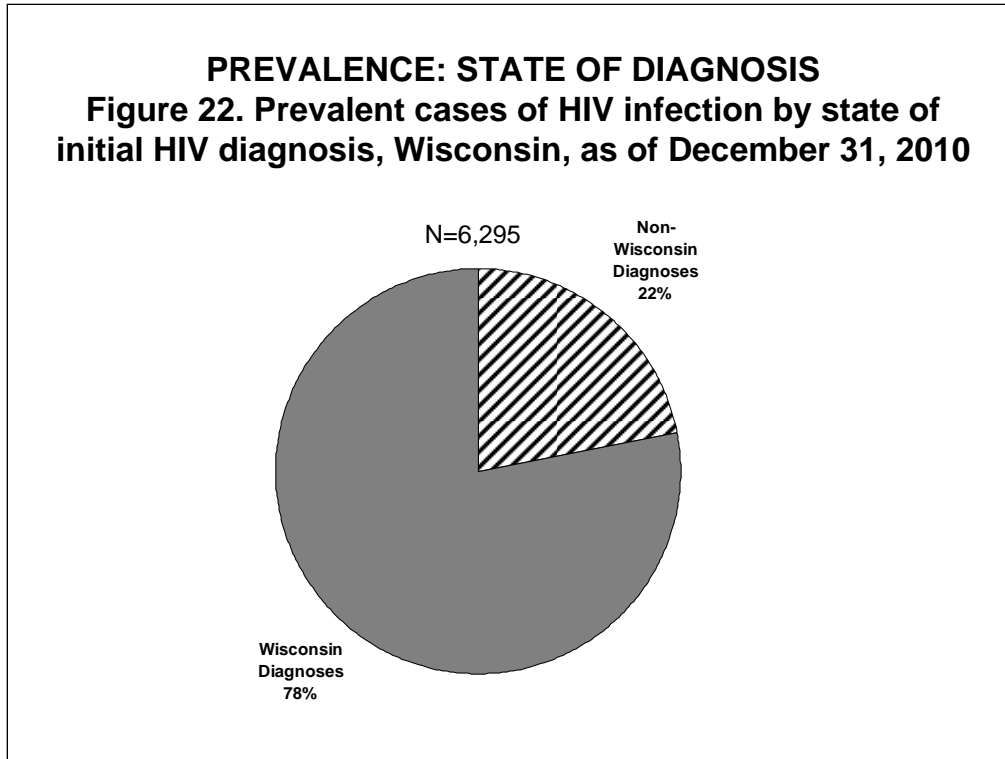
The following demographic groups experienced a decreasing percentage of late testers between 2005 and 2009: those with heterosexual risk, those diagnosed in the Southeastern region, and Hispanics. All other groups had steady or fluctuating percentages of late testers between 2005 and 2009.



## **PREVALENT CASES**

Prevalence is the number of people living with HIV infection at the end of a given year.

**PREVALENCE: STATE OF DIAGNOSIS**  
**Figure 22. Prevalent cases of HIV infection by state of initial HIV diagnosis, Wisconsin, as of December 31, 2010**

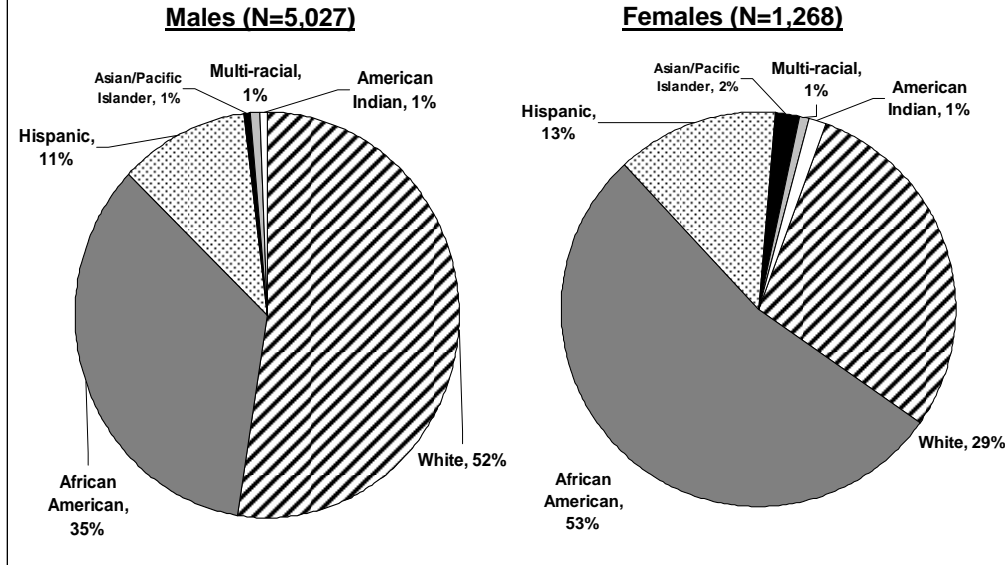


As of December 31, 2010, 6,295 individuals with HIV or AIDS are presumed to be alive and living in Wisconsin.

The number of prevalent cases:

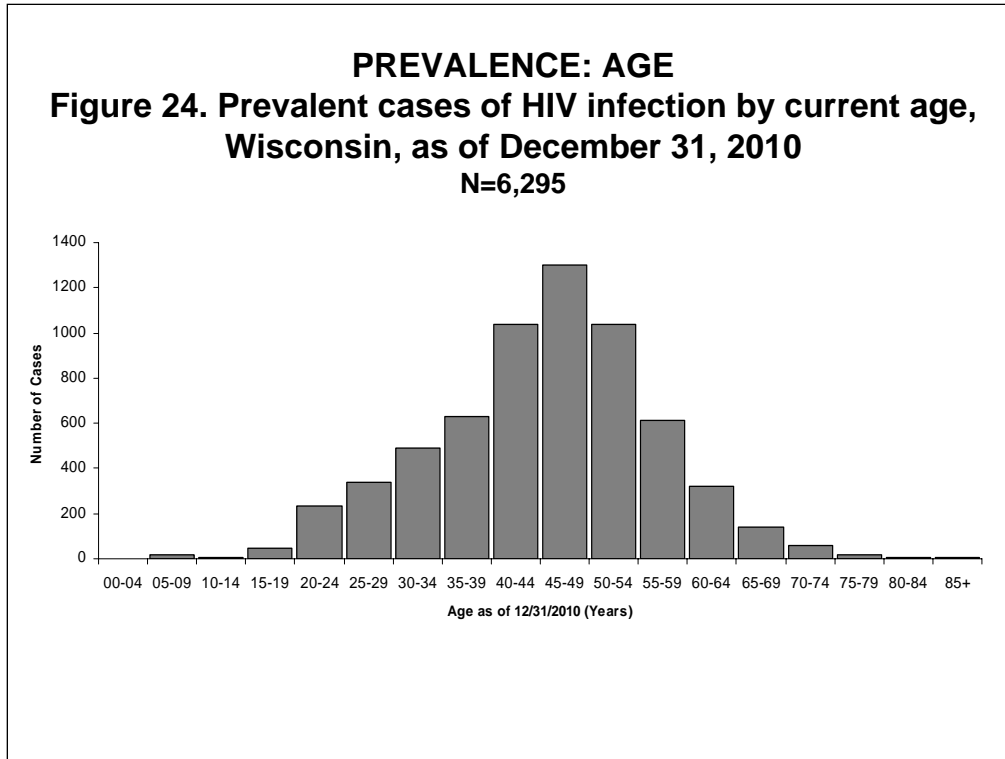
- Includes 4,918 (78%) individuals who received their first verifiable HIV diagnosis in Wisconsin and 1,377 (22%) individuals who received their initial HIV diagnosis in another state and subsequently moved to Wisconsin. The proportion of persons living with HIV in Wisconsin who were diagnosed in Wisconsin versus those who received their first HIV diagnosis in another state has been stable since 1999.
- Excludes those who are known to have died or who are known to have moved to another state.
- Excludes those who do not know they are infected with HIV. The CDC estimates that 21% of all persons living with HIV do not know they are infected, meaning an additional 1,670 people are estimated to be living with HIV in Wisconsin but are unaware of their status.

**PREVALENCE: SEX AND RACE/ETHNICITY**  
**Figure 23. Prevalent cases of HIV infection by sex and race/ethnicity, Wisconsin, as of December 31, 2010**



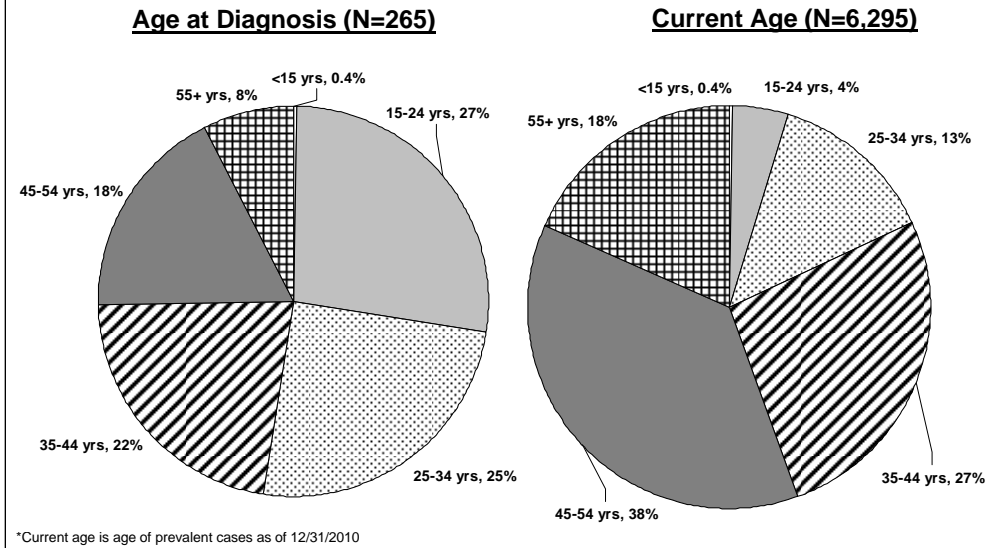
Of males presumed to be alive and living in Wisconsin as of December 31, 2010, 52% (n=2,639) are White, 35% (n=1,738) are African American, and 11% (n=547) are Hispanic.

Of females presumed to be alive and living in Wisconsin as of December 31, 2010, 53% (n=675) are African American, 29% (n=371) are White, and 13% (n=169) are Hispanic.



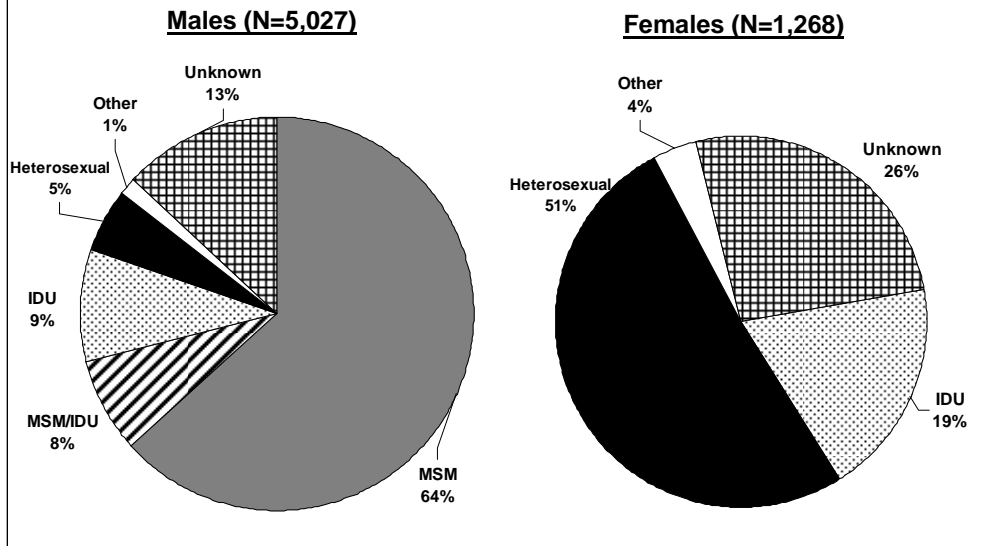
The overall median age among prevalent cases as of December 31, 2010 is 46 years. However, the median age of prevalent cases varied by racial/ethnic group: 44 years among African Americans, 47 years among Whites, 43 years among Hispanics, 38 years among Asian/Pacific Islanders and 44 years among American Indians.

**PREVALENT & INCIDENT AGE COMPARISON**  
**Figure 25. Comparison of age at diagnosis for cases reported during 2010 versus current age\* of prevalent cases, Wisconsin**



There is a significant difference in the age distribution among those being newly diagnosed with HIV compared to those currently living with HIV, meaning that HIV prevention and care providers may be targeting different populations. Among those being newly diagnosed with HIV infection, more than half (52%) are less than 34 years of age. Among those currently living with HIV infection, 83% are 35 years of age and older.

**PREVALENCE: SEX AND RISK**  
**Figure 26. Prevalent cases of HIV infection by sex and reported risk, Wisconsin, as of December 31, 2010**



As of December 31, 2010, among prevalent males with HIV infection in Wisconsin, the risk breakdown is as follows: 72% MSM (including those that also have a history of injection drug use), 9% IDU, 5% heterosexual and 13% unspecified risk.

Among prevalent females with HIV infection in Wisconsin, the risk breakdown is as follows: 51% heterosexual, 19% IDU, and 26% unspecified risk.

**ESTIMATED PREVALENCE by DEMOGRAPHIC GROUP**  
**Table 9. Estimated HIV prevalence<sup>1</sup>**  
**rate per 1,000 population, by demographic group, ages**  
**15-59 years, Wisconsin, as of December 31, 2010**

	<b>MSM<sup>3</sup></b>	<b>Non-MSM Males</b>	<b>Females</b>	<b>Total</b>
<b>African American</b>	300	8	7	13
<b>Hispanic/Latino</b>	105	4	2	5
<b>White</b>	45	0	0	1
<b>Total</b>	65	1	1	2

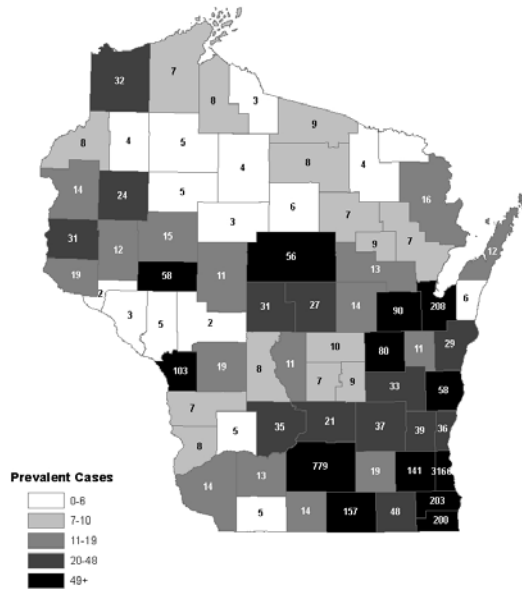
1. The estimated prevalence is adjusted to account for the CDC's estimate that 21% of HIV-infected persons are unaware of their infection and therefore not reported.
2. Rates greater than 50 have been rounded to the nearest 5.
3. The MSM population for each racial ethnic group uses the CDC's estimate that 4% of adult males are MSM.

Three hundred out of 1,000 African American MSM in Wisconsin are estimated to be HIV positive, compared to 105 Hispanic MSM and 45 White MSM. This figure is based on CDC's estimates that 4% of adult males are MSM and that 21% of people living with HIV are unaware of their status. The table shows that disparities in HIV prevalence occur both between MSM and other demographic groups and by race/ethnicity within each demographic group.

**PREVALENCE:  
GEOGRAPHY**

**Figure 27. Reported cases of HIV infection presumed to be alive, by county, Wisconsin, as of December 31, 2010**

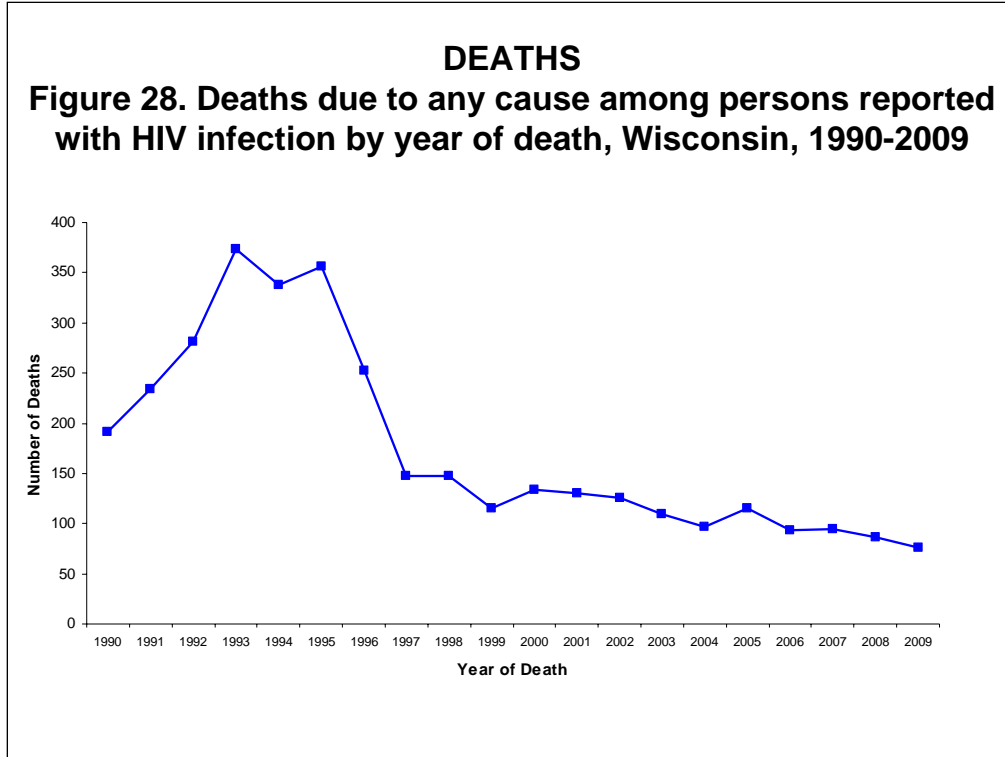
N=6,123\*



\*Excludes 172 cases with a Correctional facility as the last known address

Among the 6,295 persons presumed to be alive and living with HIV infection in Wisconsin, 61% live in the Southeastern region, 18% live in the Southern region, 10% live in the Northeastern region, 6% live in the Western region and 3% live in the Northern region. The remaining 2% of cases are currently in the Wisconsin Correctional system.

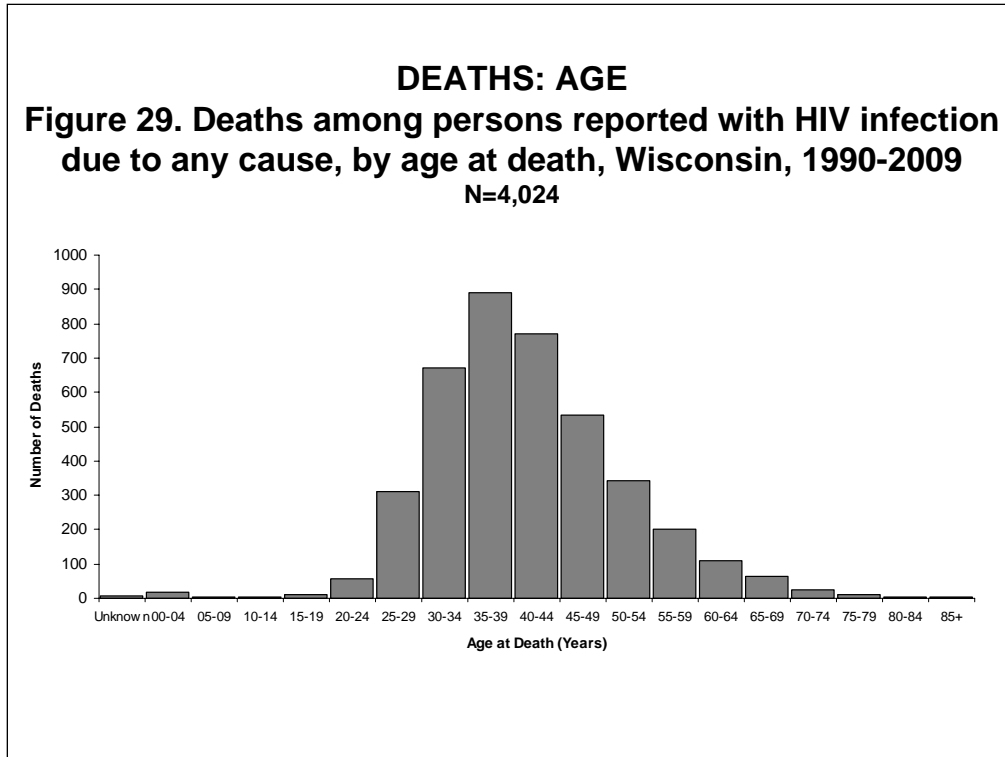
One-half of all prevalent cases live in Milwaukee County, with Dane County the next highest at 12% of prevalent cases. All other counties have 3% or less of prevalent cases.



Deaths due to any cause among persons reported with HIV infection in Wisconsin have declined since the early- to mid-1990s. Seventy-six deaths among persons reported with HIV infection in Wisconsin are known to have occurred in 2009; this is 80% fewer than the 373 deaths in 1993, the peak year.

The overall death rate per 100,000 population has been decreasing since 1996 and continues to decrease. The death rate in 2009 was 1.2/100,000 population. During 2009, the death rate was 7.9/100,000 for African Americans (28 deaths), 0.7/100,000 for Whites (36 deaths), and 3/100,000 for Hispanics (9 deaths). The disparity in the death rate is a reflection of the disparity in the incidence and prevalence of HIV infection by racial/ethnic group.

Due to delays in reporting of deaths, death data are provisional and an accurate estimate of total deaths in 2010 is not yet available. All known deaths among persons with HIV infection are included, whether or not the death was HIV related.



The overall median age at death is 40 years. The median age at death was similar across racial/ethnic groups: 40 years among African Americans, 40 years among Whites, 38 years among Hispanics, 36 years among Asian/Pacific Islanders and 37 years among American Indians.

## Prevalence Summary

- Of the 6,295 persons presumed alive and living with HIV infection in WI:
  - 78% of prevalent cases received their initial HIV diagnosis in WI
  - Male: 52% White, 35% African American, 11% Hispanic  
Female: 29% White, 53% African American, 13% Hispanic
  - Median age is 46 years
  - DHS Regions: 61% in Southeastern, 18% Southern, 10% Northeastern, 6% Western, 3% Northern
- 76 deaths due to any cause in 2009
  - Median age at death 40 years
  - Overall death rate is 2.1/100,000 and has been decreasing
  - 2009 deaths: 36 White, 28 African American, 9 Hispanic, 1 American Indian, 2 Multi-racial

# Technical notes

This report is compiled by the Wisconsin AIDS/HIV Program and is based on HIV infection case surveillance data collected by the Wisconsin Division of Public Health (DPH). Data collected by the Wisconsin HIV Counseling, Testing and Referral Program are not included in this report. In Wisconsin, state statutes require health care providers to report cases of AIDS and HIV infection to the DPH.

Completeness of reporting for AIDS cases in Wisconsin is estimated to be over 85% but may vary by geographic region, risk exposure categories, and demographic groups. Completeness of reporting may be somewhat less for persons with HIV infection who do not meet the Centers for Disease Control and Prevention (CDC) surveillance case definition for AIDS. Thus, at any time, reported cases of HIV infection represent only part of the total number of diagnosed cases and because cases remain undiagnosed, reported HIV infection underestimates total HIV infection morbidity.

Data in this report are reported by health care providers who complete case report forms. This information is usually self-reported by patients. All data are provisional and subject to change as additional case information becomes available.



## **Change in Methods**

As a result of improvements in the quality of the surveillance data as well as the need for a more clear evaluation of Wisconsin's HIV prevention and care efforts, three important methodological changes were implemented with the 2010 surveillance summary.

### *1) Death match*

During 2010, AIDS/HIV Program staff matched the HIV surveillance data to 25 years of Wisconsin death records (1983-2008) from the Wisconsin Vital Records Office, which resulted in identifying 155 persons with HIV who have died since the early 1980s and whose death was not previously recorded in the HIV surveillance database. The AIDS/HIV Program will continue to conduct this analysis annually, and will also match the HIV surveillance data with national death indices to identify additional deaths.

### *2) Exclusion of cases known to be living in another state from prevalence estimate*

Persons with HIV who were once reported to be living in Wisconsin but who are known to have moved to another state are no longer included in the annual prevalence estimate. This quality improvement initiative has been made possible by Routine Interstate Duplicate Review (RIDR), a CDC process aimed at eliminating duplicate reports of HIV and AIDS cases among states and more accurately identifying the state of initial HIV diagnosis. The RIDR process has become more effective as additional states have moved to name-based HIV reporting.

### *3) Exclusion of cases initially diagnosed with HIV in another state from the incidence estimate*

The annual incidence estimate in previous reports included both cases receiving their first HIV diagnosis in Wisconsin during the year, as well as cases who were already HIV positive and moved into Wisconsin during the year. Starting with the 2010 surveillance report, only cases receiving their first HIV diagnosis in Wisconsin will be included in the incidence estimate. Those moving in to Wisconsin during the year will be included only in the prevalence estimate. This change is being implemented because name-based reporting and the RIDR process have allowed a more accurate assignment of the state of initial HIV diagnosis.

Because of the changes in methodology, users of the HIV surveillance data should not compare the numbers presented for 2010 to numbers reported in previous reports. Instead, the new methods have been applied to estimates from previous years in the 2010 report to allow for trend analysis.

#### Incidence Calculations

Cases of HIV infection are included in the annual incidence calculations if:

- The case was reported during the year of analysis; and
- The case was determined to be a *confirmed* case of HIV or AIDS; and
- Wisconsin is the first state of verifiable, name-based, HIV report. This means that some cases of HIV infection are included in Wisconsin's incidence estimates that were most likely infected in another state, but for whom the original diagnosis could not be verified. Also included are individuals infected in another country but for whom Wisconsin is the first US state of residence and therefore first US-based HIV report. These practices conform to CDC's guidelines for case residency assignment.
- "Cumulative cases" shown in the tables includes all cases reported from 1983 (the year the first cases were reported) to the date specified on the report.

#### Prevalence Calculations

Cases of HIV infection are included in the prevalence calculation for a given year if:

- The case was determined to be a confirmed case of HIV or AIDS; and
- The case was presumed to be alive at the time of analysis (i.e. no documentation of death has been received and the case did not match any records in local or national death data); and
- The most recent address information available for the case suggests that he/she currently resides in Wisconsin.
- Because of delays in reporting of deaths, the number of cases presumed alive should be considered provisional.

#### Current disease category

- In this report, "HIV infection" refers to all persons with laboratory confirmed HIV infection. This includes both AIDS and non-AIDS cases. Cases classified as "AIDS" includes only cases which meet the CDC surveillance case definition for AIDS.

#### Age

- For incident cases tallied by "year of report", age is the age at time of diagnosis. For prevalent cases, or those "presumed alive", age is the age on December 31, 2010.

#### Risk exposure

- For surveillance purposes, cases are counted only once in a hierarchy of exposure categories. Persons with more than one reported mode of exposure to HIV are classified in the first category in the hierarchy.
- The risk exposure category "MSM" includes men who report having sex with men with no history of injection drug use. This includes men who report sex with both men and women. In Wisconsin reporting of sexual orientation by health care providers is only required for AIDS cases.
- The risk exposure category "MSM&IDU" includes men who report having sex with men who also have a history of injection drug use.

- The risk exposure category "IDU" includes females and non-MSM males who report a history of injection drug use.
- The risk category "high-risk heterosexual contact" is restricted to males and females who report a history of heterosexual contact with a high risk partner, such as an injection drug user, a bisexual male, a person with hemophilia or a persons with HIV infection.
- The risk exposure category "Other" includes persons with hemophilia, persons who have been exposed to HIV through a blood transfusion or tissue/organ transplant, and children who were born to mothers with, or at risk of, HIV infection.
- The risk exposure category "Unknown" includes cases currently under investigation; cases with incomplete exposure history because the patients refused interview, died before they could be interviewed, or were lost to follow-up; cases for whom follow-up exposure history is available but no exposure mode was identified; and cases with exposure categories not listed in the hierarchy.
- In some instances this report uses imputed risk exposure. Imputed risk is derived using a method that stratifies cases by sex, race/ethnicity, metropolitan category, and year of report and assumes that cases with unknown risk exposure within each stratum have risk exposures similar to cases with known risk exposure. It is important to note that imputed risk exposures are estimates not actual case counts. Imputed risk exposures are subject to change as more information becomes available.

#### Residence

- The incidence estimates in this report include only persons that were first diagnosed with HIV infection. The prevalence estimates also include persons that were first diagnosed in other states that have moved to Wisconsin.
- If first diagnosed in Wisconsin, cases are assigned to a county based on residence at time of diagnosis. If a case was first diagnosed in another state and has subsequently moved to Wisconsin, the case is assigned to the Wisconsin county of residence when first reported in Wisconsin.

#### Rates

- In this report rates are defined as cases per 100,000 population, except where noted. Population denominators used to calculate rates are from the National Center for Health Statistics bridged estimates. Use caution when comparing rates calculated from a small number (i.e., less than five) cases.
- Rates are not calculated for risk exposure groups because population sizes are not available.

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