

WISCONSIN AIDS/HIV PROGRAM NOTES

April 2012

Summary of the AIDS/HIV Surveillance Annual Review: Incident and Prevalent Cases and Deaths Reported through December 31, 2011

Highlights

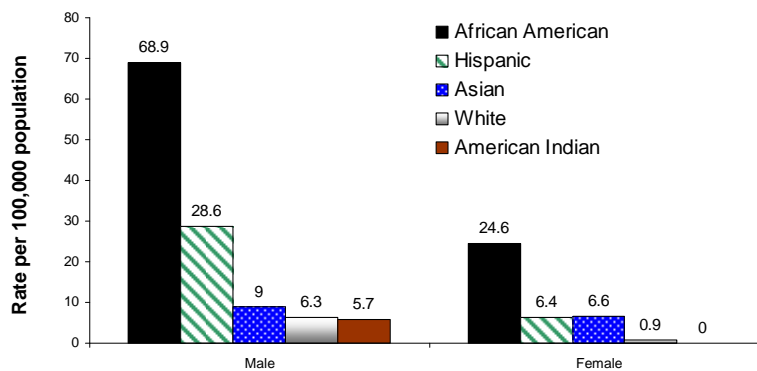
Reflecting national trends, young Black/African American men who have sex with men (MSM) in Wisconsin continue to experience the greatest increases in the proportion and number of cases of HIV, the largest decline in median age of diagnosis, and the highest HIV prevalence of any demographic group in the state. Reported cases of HIV in Black MSM under age 30 in Wisconsin tripled over the past decade (defined as 2002-2011). Young Black MSM accounted for one-in-five (19%) of the new HIV cases in 2011, compared to 6% in 2002. Half of Black MSM diagnosed in 2011 were younger than 24 years of age. One-in-three Black MSM ages 15-59 is estimated to be HIV-positive, a prevalence rate three times higher than that for Hispanic MSM, six times higher than for White MSM and more than 500 times higher than the adult population of Wisconsin as a whole.

HIV incidence

In 2011, 285 new cases of HIV infection were reported in Wisconsin. Despite year-to-year fluctuations, case rates remained stable over the past decade. Case rates increased (15%) in males and declined (-28%) in females. Males accounted for 82% of the new cases reported during 2011. Black and Hispanic males, respectively, have had rates more than ten and five times higher than those of Whites in the past five years (2007-2011). The disparities in women are even greater—more than 25-fold for Black and five-fold for Hispanic women, compared to White women. Asian men and women also have higher rates than Whites. Because the number of cases among American Indians is small, rates fluctuate (Figure 1).

RACE/ETHNICITY: RATES

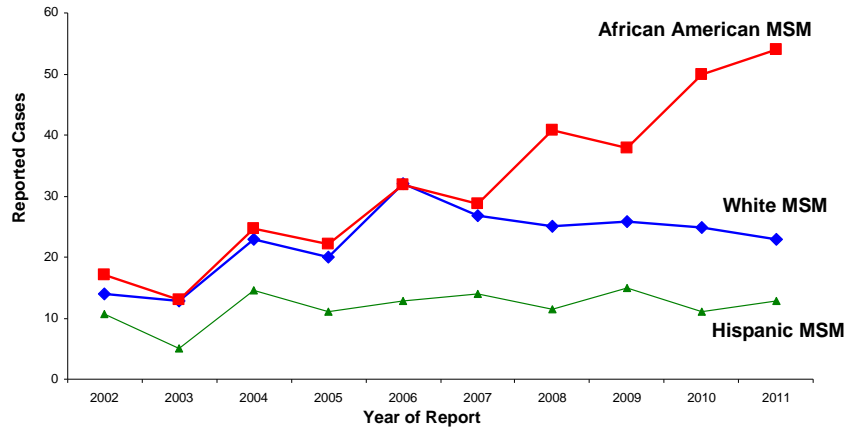
Figure 1: Reported rates of HIV infection per 100,000 population by sex and race/ethnicity, ages 15-59, Wisconsin, 2007-2011



April 2012

MSM accounted for 72% of new cases reported in 2011, including 3% of cases among MSM who were also injection drug users. MSM cases increased by 29% from 2002 to 2011. Cases tripled (218% increase) in young Black MSM ages 15-29 and increased in young White (64%) and young Hispanic (21%) MSM (Figure 2).

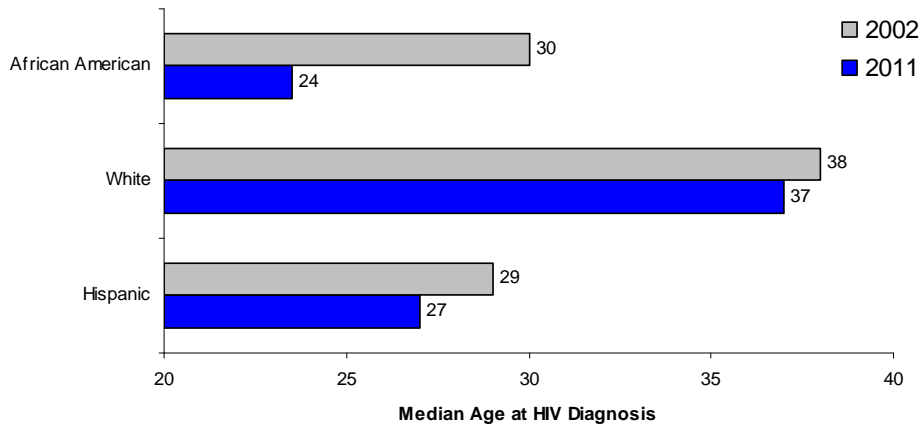
YOUNG MSM: RACE/ETHNICITY
Figure 2: Reported cases of HIV infection, MSM* ages 15-29, by race/ethnicity, Wisconsin, 2002-2011



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

Between 2002 and 2011, the median age at diagnosis declined in MSM from 36 to 33 years of age. The drop was greatest in Black MSM, decreasing from age 30 to age 24 (Figure 3).

AGE AT DIAGNOSIS: MSM
Figure 3: Median age at HIV diagnosis for MSM by race/ethnicity, 2002 and 2011



* Excludes cases with unknown risk exposure.

April 2012

High risk heterosexual contact accounted for 19% of new cases reported during 2011; females accounted for 60% of heterosexual cases in 2011. People of color accounted for 72% of heterosexual cases (Blacks: 46%, Hispanics: 29%, Asians: 4% and multi-racial: 4%). Cases attributed to heterosexual risk have declined 24% over the last decade.

Cases in injection drug users also declined (-25%) from 2002 to 2011 and accounted for 8% of cases in 2011. The majority of IDU cases were White male (64%); 57% were male.

Two perinatal cases were reported in Wisconsin in 2011.

Half (n=37) of Wisconsin's 72 counties reported at least one new case of HIV in 2011; 53% of cases were reported from Milwaukee County, 11% from Dane County, 5% from Kenosha and less than 3% from any other county. Three cases were reported from the Wisconsin Department of Corrections.

HIV cases moving into Wisconsin

In addition to the 285 new cases of HIV infection reported during 2011, 163 individuals previously diagnosed with HIV infection moved to Wisconsin from another state. A larger percentage (54%) of these cases had progressed to AIDS compared to cases first diagnosed in Wisconsin (33%).

Late testers

Late testers are persons whose disease progresses to AIDS within one year of receiving their initial HIV diagnosis, including those who received an HIV and AIDS diagnosis simultaneously. More than one-in-four (28%) of individuals diagnosed with HIV in 2010 was a late tester, a decline from 35% in 2006. Persons aged 35 and older and those with heterosexual risk had greater percentages of late testers.

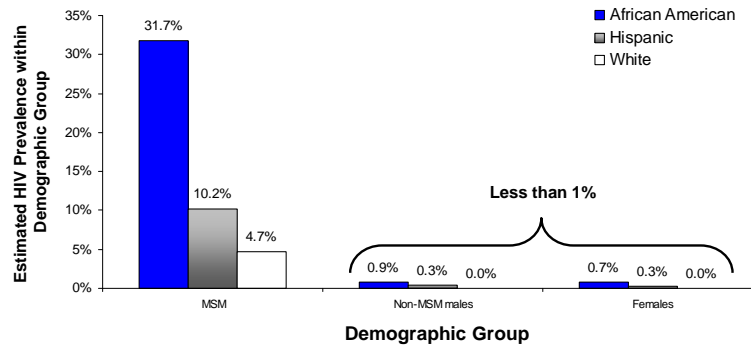
Persons living with HIV infection

As of the end of 2011, 6,550 individuals reported with HIV or AIDS were presumed to be alive and living in Wisconsin. Three-quarters (77%) of these were first diagnosed in Wisconsin; the others were initially diagnosed elsewhere. The federal Center for Disease Control and Prevention (CDC) estimates that 21% of people living with HIV are unaware of their HIV status, thus the total number of people living with HIV in Wisconsin is estimated to be 8,300.

The median age among people living with HIV in Wisconsin is 45 years. The impact of HIV on the population varies by demographic group. One-in-three (32%) Black MSM is estimated to be HIV-positive, compared to one-in-ten Hispanic and one-in-twenty White MSM. Females and non-MSM males of all racial groups have an HIV prevalence of less than 1% (Figure 4). Half of prevalent cases live in Milwaukee County; 12% live in Dane County and all other counties have less than 3% of cases.

April 2012

ESTIMATED PREVALENCE* BY DEMOGRAPHIC GROUP
Figure 4: Impact of HIV on selected demographic groups, ages 15-59 years, Wisconsin, as of December 31, 2011



* 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. The MSM population for each racial ethnic group uses the CDC's estimate that 4% of adult males are MSM.

Deaths

Deaths due to any cause among people reported with HIV infection have declined markedly since the early 1990s. Deaths peaked in 1993 (373 deaths). In 2009, the most recent year with complete data, 105 deaths are known to have occurred. The median age of death rose from 42 in 2000 to 50 in 2009.

Implications

HIV incidence

Trends in recent cases first diagnosed in Wisconsin should guide planning for HIV prevention. The steep rise in cases and decline in median age of diagnosis in young MSM, especially young African American MSM, suggests that this population should be the top priority for HIV prevention efforts in Wisconsin. The decline in median age of diagnosis may reflect both acquisition of HIV at a younger age and diagnosis closer to the time of infection, suggesting that recent efforts to better target HIV testing in young MSM have met with some success. Maintaining prevention efforts in those with high risk heterosexual behaviors and injection drug users (IDUs) is also important. The number of new cases of HIV in injection drug users continues to decline but clusters of hepatitis C in IDUs in rural parts of Wisconsin underscore the risk that HIV incidence could increase in IDUs and the importance of providing effective prevention services for both HIV and hepatitis C.

HIV prevalence

HIV prevalence data should guide HIV care and treatment services. As of the end of 2011, 6,550 people were reported with HIV and presumed to be living in Wisconsin. The median age of 45 of persons living with HIV indicates that HIV care providers must attend to patients' health conditions related to aging as well as HIV disease.

April 2012

For additional information

The full report, *Wisconsin Department of Health Services AIDS/HIV Surveillance Annual Review Incident and Prevalent Cases and Deaths Reported through December 31, 2011*, which includes annotated slides, tables and technical notes, is available at <http://www.dhs.wisconsin.gov/aids-hiv/Stats/index.htm>. Other reports regarding HIV and hepatitis C are also available on this site.

CDC's HIV surveillance web page is at:

<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm>

