

WISCONSIN AIDS/HIV PROGRAM NOTES

June 2017

Summary of the Wisconsin HIV Surveillance Annual Review: New Diagnoses, Prevalent Cases, and Deaths Reported through December 31, 2016

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The annual Wisconsin HIV surveillance review presents data on people newly diagnosed with HIV during 2016, people living with HIV (PLWH) in Wisconsin as of December 31, 2016, and deaths among PLWH through 2016. Reporting annually on HIV surveillance data is important for policy makers, program planners, HIV service providers, and the public to enable effective planning of HIV prevention and care services and ensure efficient use of resources. For planning HIV prevention, testing, and linkage strategies, it is important to focus on new diagnoses among Wisconsin residents—those individuals for whom HIV might have been prevented or identified earlier within the state. When planning care and treatment services, the focus should be on PLWH irrespective of where they were first diagnosed.

NEW DIAGNOSES

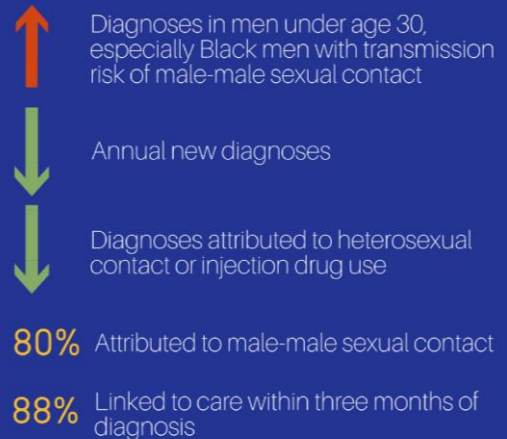
Trend: During 2016, 221 people were newly diagnosed with HIV in Wisconsin. Between 2007 and 2016, both the number and the rate of new diagnoses declined. The number of new diagnoses over the last decade ranged from a low of 221 (2014 and 2016) to a high of 283 (2009), with an average of 244 new diagnoses per year. The HIV diagnosis rate in Wisconsin was the 11th lowest among the 50 states in 2015.

Sex: Six times as many males as females were diagnosed with HIV (189 males and 32 females). Between 2007 and 2016, the HIV diagnosis rate increased among younger (ages 13-29) males, and declined among older (ages 30-59) males and females. The diagnosis rate fluctuated for younger females.

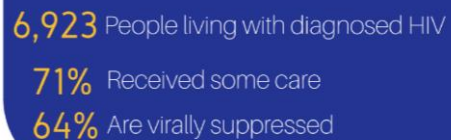
Gender: Since 1985, 52 transgender individuals have been diagnosed with HIV in Wisconsin. During 2007–2016, there were 37 new HIV diagnoses in transgender persons, of which 18 were Black, 11 were Hispanic, and 24 were under age 30 at the time of diagnosis.

Data Highlights

New diagnoses in 2016:



Prevalence in 2016:



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Racial/ethnic groups: HIV disproportionately affects racial/ethnic minorities in Wisconsin. During 2016, 65% of new diagnoses were among racial/ethnic minorities, despite minorities making up just 17% of Wisconsin's population. During 2012-2016, the HIV diagnosis rate for males was thirteenfold higher among Blacks, fivefold higher among Hispanics, and almost twofold higher among Asians and American Indians compared to Whites. For females, the HIV diagnosis rate was twenty-threefold higher among Blacks and sixfold higher among Hispanics compared to Whites.



Age: The median age at HIV diagnosis was 31 years but varied considerably by transmission category. The median age at diagnosis was 29 years for males with diagnosed HIV attributed to male-male sexual contact, 37 years for males and females with HIV attributed to heterosexual contact, and 43 years for males and females with HIV attributed to injection drug use.

Transmission category: After adjusting for unknown transmission category, 80% of new diagnoses were attributed to male-male sexual contact, including 4% attributed to both male-male sexual contact and injection drug use; 14% were attributed to heterosexual contact; and 6% were attributed to injection drug use. From 2007 to 2016 the number of HIV diagnoses attributed to male-male sexual contact was stable, while diagnoses attributed to heterosexual contact and injection drug use declined.

Geography: During 2016, residents in 30 of Wisconsin's 72 counties were diagnosed with HIV. However, the distribution was uneven: Milwaukee County accounted for 52% of new diagnoses, Dane County for 10%, Kenosha County for 4.5%, and Racine County for 4%. The Department of Corrections and all other counties each accounted for fewer than 3% of diagnoses.

HIV stage at diagnosis: One in four people diagnosed with HIV during 2016 were identified within six months after acquiring HIV, which allows for early initiation of antiretroviral medications, and potentially less opportunity for transmission. On the other hand, one in four people were diagnosed long after acquiring HIV, and had already progressed to Stage 3 HIV (AIDS) by the time of diagnosis or within 12 months after diagnosis. However, the proportion of individuals with late diagnosis declined from 2012 (39%) to 2015 (23%).

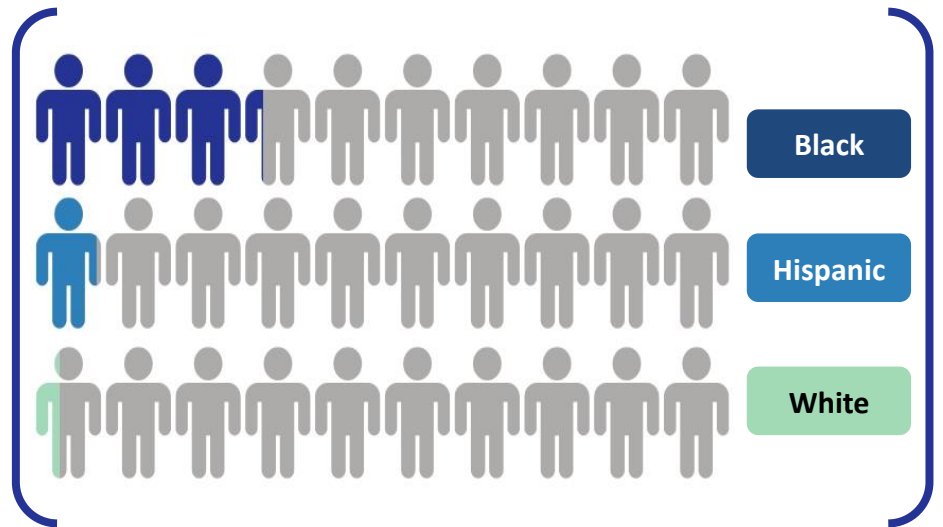
Diagnosed outside of Wisconsin: In addition to the 221 Wisconsin residents diagnosed with HIV during 2016, 220 individuals previously diagnosed with HIV moved into Wisconsin from another state or country. The number of people living with HIV who migrate into Wisconsin continues to grow each year. This is important in that all states receive federal funding, based in part on the number of people diagnosed with HIV in the state, to support HIV care services for low income people living with HIV. People who receive care in Wisconsin but were not diagnosed in Wisconsin are not considered when determining the amount of federal funding Wisconsin receives to provide HIV care services.

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PEOPLE LIVING WITH HIV

As of the end of 2016, 6,923 individuals reported with HIV were presumed to be alive and living in Wisconsin. Almost three-quarters (73%) of these were first diagnosed in Wisconsin; the others were initially diagnosed elsewhere. The Centers for Disease Control and Prevention (CDC) estimates that 13% of people living with HIV (PLWH) in the United States are unaware of their HIV status. An estimated 1,000 individuals in the state are living with undiagnosed HIV, so the total number of PLWH in Wisconsin is estimated to be about 7,900.

HIV prevalence varies by demographic group. One in three (33%) gay or bisexual Black men is estimated to be living with HIV, compared to 9% of Hispanic and 4% of White gay and bisexual men. Fewer than 1 in 1,000 females and heterosexual males in Wisconsin is HIV-positive.



Nearly half (47%) of all PLWH reside in Milwaukee County. Dane County has the second highest proportion (11%), followed by Kenosha and Brown counties, with 4% each.

Deaths

Deaths occurring in Wisconsin among people living with HIV have declined markedly since the early 1990s. In 2015, the most recent year with complete data, 84 deaths among people living with HIV are known to have occurred in Wisconsin. HIV as the underlying cause of death is also on the decline—54 of the 84 reported deaths were attributed to causes other than HIV, while 30 had HIV indicated as the underlying cause of death. The median age at death rose from age 37 in 1990 to age 56 in 2015, indicating that people are living longer with HIV.

HIV Care Continuum

Eighty-eight percent of people diagnosed with HIV during 2016 were linked to care within three months of diagnosis. Of people living with HIV in Wisconsin, 71% received some care during 2016, 54% had two or more visits, and 64% were virally suppressed.

IMPLICATIONS

HIV diagnoses

Trends in people first diagnosed in Wisconsin should guide planning for HIV prevention. The number of new diagnoses among young Black men attributed to male-male sexual contact continues to increase. In addition, the proportion of all new diagnoses attributed to

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male-male sexual contact continues to rise, meaning HIV in Wisconsin is increasingly becoming a health concern impacting gay and bisexual men. These results suggest that men who have sex with men, and especially young men of color, should continue to be the top priority for HIV prevention efforts in Wisconsin.

Maintaining efforts to prevent HIV attributed to heterosexual contact and injection drug use is also important. While the number of new HIV diagnoses attributed to injection drug use continues to decline, increases in hepatitis C diagnoses and heroin overdoses in young adults in rural parts of Wisconsin underscore the risk that HIV diagnoses could increase among people who inject drugs. Thus it is important to support overall health among people who use drugs to prevent both HIV and hepatitis C.

HIV prevalence

HIV prevalence data should guide planning for HIV care and treatment services. The fact that 48% of the PLWH in Wisconsin are age 50 or older indicates that HIV care providers must attend to patients' health conditions related to aging as well as their HIV.

For additional information

The AIDS/HIV Program website (<https://www.dhs.wisconsin.gov/aids-hiv/data.htm>) includes the full report, annotated PowerPoint slides, and county-level summary reports. Other reports regarding HIV are also available on this site.

CDC's HIV surveillance web page: <http://www.cdc.gov/hiv/statistics/index.html>

General information about HIV prevention and care services in Wisconsin:
<https://www.dhs.wisconsin.gov/aids-hiv/index.htm>

Information about hepatitis C: <https://www.dhs.wisconsin.gov/viral-hepatitis/hcv-program.htm>

