
Prevention & Treatment Needs of Women

New Jersey has historically had one of the highest proportions of HIV infection occurring in females. Women made up 19% of the new HIV diagnoses in the United States, but women account for 26.9% of the adult/adolescent HIV/AIDS diagnoses in New Jersey in 2014. Women of color, particularly African Americans, have been especially hit hard and represent majority of the 2014 HIV infections among women (57% African American, 30% Hispanic)\(^1\). Hispanic women account 19% among women 2001 HIV infection and that percentage make up to 30% in recent years. Many women with HIV/AIDS are residing in poor areas, with low income and face limited access to health care system and experience disparities in receipt of care and treatment\(^2\).

Prevention Efforts Must Focus on High-Risk Behaviors

The number of women who reported injection drug use (IDU) has declined about 10% in the last 5 years. Now more women have been exposed through heterosexual contact than by any other mode of exposure. Many women exposed to HIV through heterosexual contact were largely exposed by partners who were HIV positive. Heterosexual contact with partners of unknown HIV status is also a significant risk factor. Reducing the toll of the epidemic among women will require efforts to provide partner service, in addition to reducing HIV risk behaviors.

Numbers and Trends of diagnoses (Data as of December 31, 2016)

- HIV Diagnoses in New Jersey for the Most-Affected Subpopulations, 2014:
  - Hispanic/Latino MSM (not include MSM&IDU): 200;
  - Black Heterosexual Men: 190;
  - Black MSM (not include MSM&IDU): 170;
  - Black Heterosexual Women: 143;

- HIV/AIDS 2014 diagnosis Rate among African American women was 22.2 times higher than the rate among Non-Hispanic White women, and among Hispanic women the rate was 8.7 times higher than the rate among Non-Hispanic White women. This racial disparity among women become bigger than past years and this racial disparity among women is greater than it is among men.

- Annual HIV diagnoses decline 14% among NJ women from 2010 to 2014.

- Women have comprised a consistent decrease percentage of the adult/adolescent HIV/AIDS cases diagnosed annually during 1999 (36%) to 2014 (26.9%).

- Heterosexual contact appears to be an increase exposure category for women, and by extension the greatest risk factor.

Women Living with HIV/AIDS in New Jersey account for:

- 33% of all persons aged 13 and older 2016 living with HIV/AIDS in the state.
- Forty-two percent of women 2016 living with HIV/AIDS are currently 20-49 years old.
- Eighty-six percent of women 2016 living with HIV/AIDS in New Jersey are minorities.
- 37.8% of 2016 living cases among injection drug users.
- 56.2% of 2016 living cases among all those categorized as having acquired HIV through heterosexual contact.
Minority Women and HIV/AIDS in New Jersey:

♦ While Black non-Hispanic and Latino females accounting for 28% of the states’ adult/adolescent female population, minority women account for over 83% of the HIV/AIDS cases 2014 among all adult/adolescent females in the state.

♦ One in 321 women (age 13+) in New Jersey is living with HIV/AIDS through 2016. Compared with White women, the prevalence rate in 2016 is 18.6 higher among Black and 5.7 time high than Latino.

♦ Between 1996 and 2013, HIV infected African American and Hispanic women progressed to AIDS faster than their White Non-Hispanic counterparts. African American women show a considerably faster progression from HIV to AIDS than both Hispanics and White Non-Hispanics. African American women with AIDS have the poorest survival from AIDS diagnosis to death among female AIDS patients. Hispanic women survival rates may be overstated by under-reported mortality.

Hard hit areas in New Jersey for women in NJ, 2016

♦ Essex County has the state’s highest number (3,700) of adult/adolescent women living with HIV/AIDS in 2016 among NJ counties. Newark has 2,168 women Living with HIV/AIDS in 2016.

♦ Essex County also the highest proportion of women (38.7%) among adult/adolescents living with HIV/AIDS, followed by Passaic County (38.3%), Salem County (38.2%), Middlesex County (36.0%), Ocean County (35.5%) and Cumberland County (35.1%) in 2016.

♦ Essex (1,096 per 100,000 women), Hudson (460), Passaic (436), Union (418) and Atlantic (346) counties have the highest rates for women 2016 living with HIV/AIDS.

♦ In cities with 60 or more adult/adolescent women living with HIV/AIDS, women constituted 44% or over in Piscataway (#:72,45.9%), Irvington (443,45.8%), Orange (186,44.8%) and Union (99,44.2%).

♦ Asbury Park (2,297 per 100,000), East Orange (1,967), Newark (1,890), Irvington (1,872), Orange (1,411) and Atlantic City (1,255) have the highest rates of women living with HIV/AIDS in the state.

Data source: Except for cities, rates were based on the July 2016 bridged-race estimates. Cities’ rates denominators were based on US 2010 census. Mode of exposure data is based on modified risk exposure categories as described in the NJ HIV/AIDS report as of 12/31/2016.

For more information

♦ Call or write: New Jersey Department of Health and Senior Services
Division of HIV/AIDS Services
PO Box 363
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(609) 984-5874
E-mail: aids@doh.nj.us
♦ Call the HIV/STD Hotline: 1-800-624-2377
♦ Visit our website: www.state.nj.us/health
1. African American does not include Hispanic. Hispanic includes all cases of Latino ethnicity regardless of race.
2. Two-thirds of women living with HIV/AIDS, who were not incarcerated at time of diagnosis, reside in cities where poverty rate is at least twice the state average of 8.5%, and per capita income is at least 24% less than the state average of $27,006. The Office of Minority and Multicultural Health of DHSS testimony for Congressional Black Caucus, 23% of Blacks and 28% of Hispanics under age 65 did not have health insurance coverage in 2000, compared with only 9% for Whites.
3. Calculated based on the number of women reported living with HIV/AIDS as of 12/31/2016 (n=12,102) and estimates for 2015 NJ population of women aged 13 years or older as of July 2016 (n=3,891,885).
4. Many Hispanic women mortality reporting may be affected by migration and lost to follow-up.

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