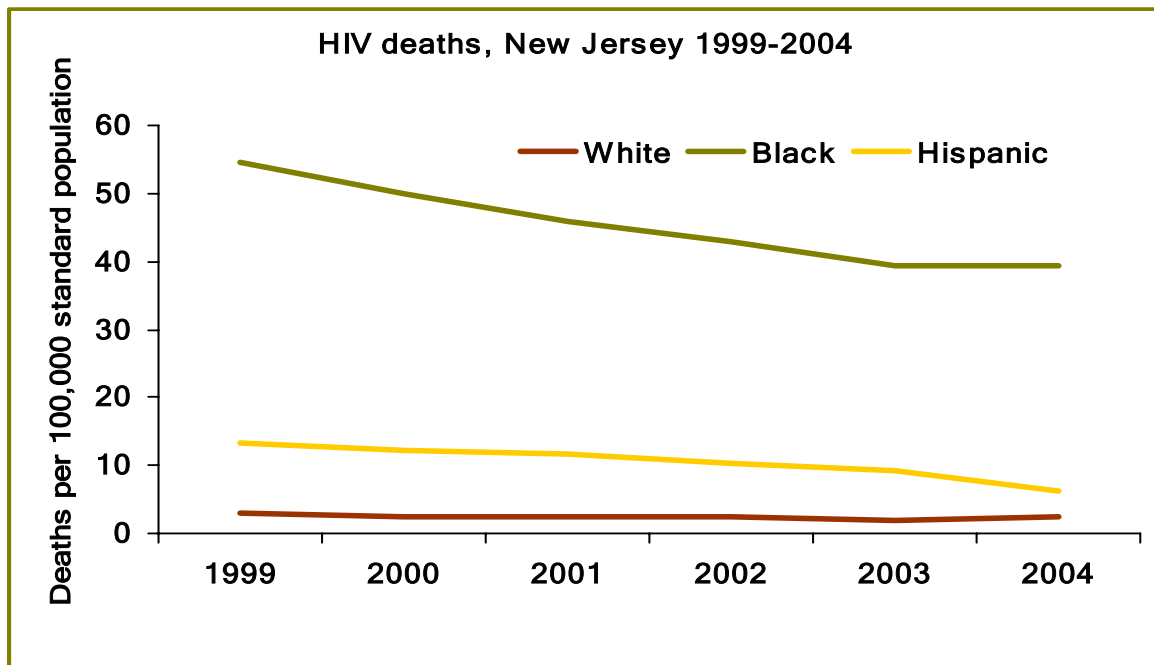


## F. Area of Emphasis: HIV/AIDS

### Background Data

In 2006, nearly 34,000 New Jerseyans were reported to be living with HIV or AIDS. Racial/ethnic minorities in the State account for 78 percent of those living with the disease. Overall, one in 65 blacks in New Jersey is living with AIDS. For Hispanics, one in 185 is living with the disease. The prevalence among whites is much lower, with one in 783 living with the disease.

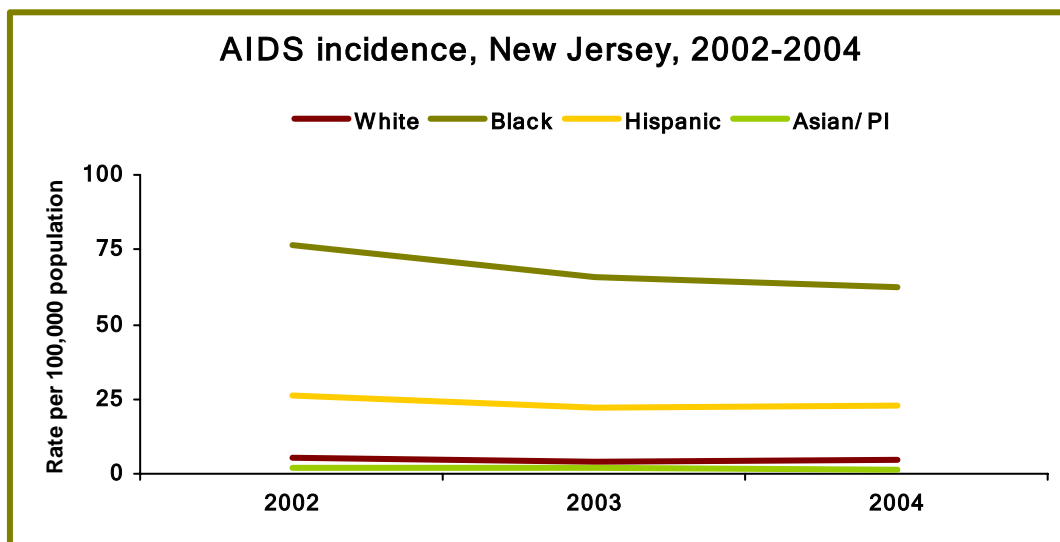
HIV disease is the third leading cause of death among black males, the fifth leading cause of death among black females and the number one cause of death among all blacks aged 25 to 44 years old. Among Hispanics in New Jersey, HIV disease is the ninth leading cause of death over all ages and the third leading cause among all Hispanics aged 25 to 44. It is the nineteenth leading cause of death among all whites and the twenty-fifth among Asian and Pacific Islanders.



Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

There are eight HNJ 2010 objectives which aim to reduce the prevalence, mortality, and incidence of HIV disease and AIDS in the state. For the total New Jersey population and across each racial/ethnic group, the State has met and surpassed the HNJ 2010 target for reducing the rate of deaths due to HIV disease. However, the mortality rate from HIV disease in New Jersey is still sixteen times higher for blacks than whites. The rate is three times higher for Hispanics when compared to whites.

The 2004 incidence of AIDS is also strikingly higher among blacks (62.1 per 100,000 standard population) and Hispanics (23.0) compared to whites (4.4). However, AIDS incidence rates have been declining overall and within racial/ethnic groups in New Jersey. The 2004 data suggest that the HNJ 2010 objective to reduce AIDS incidence to 4.3 per 100,000 population for whites and 21.3 for Hispanics will be met. Though declines in rates for blacks have been achieved, for this group a decrease in half the current rate is still required to achieve the HNJ 2010 target of 31.1. The AIDS incidence rate for blacks is fifteen times the white rate and three times the Hispanic rate. Among Asian/Pacific Islanders, AIDS incidence rates are so low (1.1 per 100,000 population) that no target was set in HNJ 2010.



Source: New Jersey Department of Health and Senior Services, Division of HIV/AIDS

Also in 2004, within the 15 to 44 year-old age group, black males had the highest HIV disease incidence rate in the state (153.9 per 100,000 standard population) as compared to white (14.5), Hispanic (64.3), and Asian/Pacific Islander (6.5) males of the same age. This pattern is consistent among new HIV disease cases for adolescents aged 13 to 24 years per 100,000 standard population and for persons at least 50 years old.

HIV disease and AIDS incidence rates <sup>†</sup> by age, gender and race/ethnicity New Jersey, 2004				
Sub-population per 100,000	White	Black	Hispanic	Asian/PI
HIV disease incidence, females 15-44	3.9	105.7	105.7	2.6
HIV disease incidence, males 15-44	14.5	153.9	153.9	6.5
HIV disease incidence, ages 50 +	4.7	75.8	75.8	1.5
HIV disease incidence, adolescents 13-24	2.5	55.0	55.0	1.1
AIDS incidence, total population	4.4	62.1	62.1	1.1

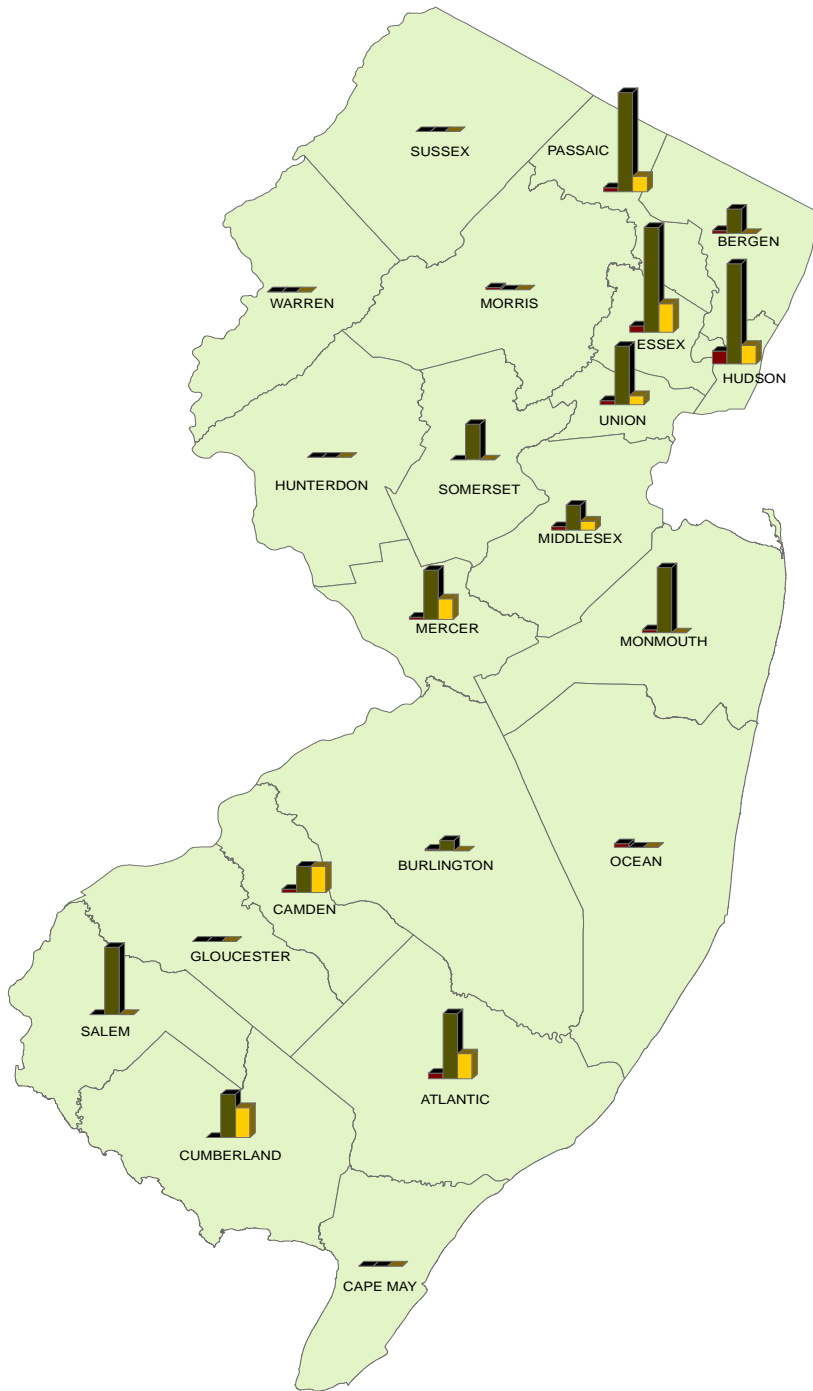
<sup>†</sup> Rates are per 100,000, US 2000 Census standard population

Source: NJDHSS, Division of HIV/AIDS Services

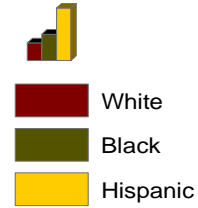
### County-specific HIV disease rates

HIV disease rates are concentrated in about 10 of New Jersey's counties. More than half of people living with HIV/AIDS reside in three counties (Essex (30%), Hudson (14%), and Passaic (8%). Another third live in seven other counties: Atlantic, Bergen, Camden, Hudson, Mercer, Middlesex, Monmouth, and Union. Mortality rates from HIV disease among blacks in these counties occur at 10 to nearly 50 times the rate of whites in the county. The map below shows the percentage of HIV/AIDS deaths as they occur by county and by racial/ethnic group.

## Death Rates from HIV per 100,000 Population By Race and Hispanic Origin New Jersey, 1999-2003



Death Rates per 100,000



COUNTY	WHITE	BLACK	HISPANIC
Atlantic	4.0	47.0	18.1
Bergen	2.0	17.6	0.0
Burlington	1.2	7.4	0.0
Camden	2.4	19.0	18.8
Cape May	0.0	0.0	0.0
Cumberland	0.0	31.2	21.6
Essex	4.5	75.6	20.5
Gloucester	0.0	0.0	0.0
Hudson	9.2	72.3	13.4
Hunterdon	0.0	0.0	0.0
Mercer	1.7	35.6	15.0
Middlesex	2.6	18.0	6.5
Monmouth	2.2	47.0	0.0
Morris	1.5	0.0	0.0
Ocean	2.5	0.0	0.0
Passaic	2.9	71.6	11.1
Salem	0.0	48.5	0.0
Somerset	0.0	25.6	0.0
Sussex	0.0	0.0	0.0
Union	2.9	42.2	6.5
Warren	0.0	0.0	0.0

Source: New Jersey Department of Health and Senior Services, Center for Health Statistics

In addition, injecting drug use (IDU) continues to constitute the largest proportion of HIV/AIDS cases in New Jersey, comprising over 40 percent of all infections. This rate of infection related to IDU is almost twice the national average. While some studies indicate a relationship among IDU, sharing needles and HIV infections, syringe exchange programs remained elusive in New Jersey. Until late 2006, New Jersey was one of only two states that did not allow any form of sterile syringe access for injection drug users. In December 2006, Governor Jon Corzine signed a bill that permits the establishing of six demonstration sites for sterile syringe exchange programs.

### ***Building on Success***

- The reduction in the HIV disease death rate is largely due to greater access to life prolonging and life sustaining medications. With the advent of antiretroviral therapies in the late 1990's, the incorporation of combination "cocktails" of various medications, and getting more HIV infected individuals into care sooner (as well as implementing better ways to assure that patients regularly take their medications), the overall death rate in New Jersey has been reduced. Much of this access to antiretroviral therapies is due to the existence of our AIDS Drug Distribution Program (ADDP), which provides a comprehensive formulary of medications to those eligible patients with HIV disease.
- Perinatal transmission of HIV declined by 27 percent from 1991 to 2005 and the rate of decline for blacks is steeper than that of whites.
- Rapid HIV testing is available throughout New Jersey at over 160 publicly funded HIV counseling and testing sites. From December 2003 through the middle of November 2006, almost 90,000 people were tested with the rapid testing technology.
- Of the estimated 1,500 people that have tested positive since 2003, almost 70 percent of them are "new" positives (i.e., people that have never been tested before, and are therefore new to our system).
- In 2006, Governor Jon Corzine signed a law authorizing a demonstration project allowing up to six New Jersey cities to implement syringe exchange programs. Increasing sterile syringe availability through syringe exchange programs, pharmacy sales, and physician prescription will reduce needle sharing among injection drug

users, and subsequently decrease transmission of HIV/AIDS and hepatitis. Syringe exchange programs and pharmacy sale of syringes have also been shown to increase safe disposal of used syringes. In addition, these programs may refer injecting drug users to drug treatment, social services, and primary health care resources.

**Goal: Reduce the incidence of HIV/AIDS among minority populations through increased education and facilitation of greater access to care.**

### *Action Plan*

#### *Steps and Timeline:*

*FY 2007-2010*

- Increase the percentage of HIV positive individuals receiving care.
- Increase the percentage of individuals tested for HIV, and the number who receive their test results.
- Implement and evaluate syringe exchange programs over a three-year period.
- Encourage providers to discuss more routinely with their patients safe sex options, particularly condom usage.

#### *Outcome Measures*

- Increase the percentage of HIV positive or AIDS patients receiving care, particularly African Americans and Latinos, each year by 10%.
- Increase the percentage of individuals tested with the rapid technology, and the number who receive their test results, by 10% each year.

- Increase the number of health care agencies who make HIV testing routine as outlined in CDC's "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings."
- Establish up to six syringe exchange programs during the first year (2008); monitor progress through the second year (2009); and conduct evaluation by the third year (2010).
- Reduce new HIV infections by 25 percent.