

NEW JERSEY HIV/AIDS REPORT

June 30, 2015



Chris Christie, Governor
Kim Guadagno, Lt. Governor

Public Health Services Branch
Division of HIV, STD and TB Services
...preventing disease with care



Cathleen D. Bennett
Acting Commissioner

Division of HIV, STD and TB Services

...preventing disease with care

Office of the Assistant Commissioner (609) 984-5874
Program Management - Evaluation and Monitoring Services

Administrative Support Services (609) 984-5888

HIV Services

• **Care and Treatment Services** (609) 984-6328

AIDS Drug Distribution Program
Corrections Initiative
Health Insurance Continuation Program
HIV Care Consortia
HIV Early Intervention Program
HIV Home Health Care Program
Housing Opportunities for Persons with AIDS

• **Epidemiologic Services** (609) 984-5940

Case Reporting Forms
Epidemiologic Studies
HIV/AIDS Statistics
Partner Services-Newark

(973) 648-7500

• **Prevention and Education Services** (609) 984-6050

Community-based HIV Prevention Projects
HIV Counseling and Testing Program
HIV Prevention Community Planning Group
HIV-related Training
Printed Material Distribution
Special Projects
NJ AIDS/STD Hotline

1-800-624-2377

Sexually Transmitted Disease Services (609) 826-4869

Tuberculosis Services (609) 826-4878

Visit the New Jersey Department of Health website: www.state.nj.us/health.

To have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

Telephone (609) 984-5940

e-mail aids@doh.state.nj.us

Questions? Contact New Jersey HIV/AIDS Hotline

1-800-624-2377

Highlights

- By June 30, 2015, 38,319 people were reported living with HIV or AIDS in New Jersey.
- Minorities account for 76% of adult/adolescent cumulative (ever reported to the state) HIV/AIDS cases and 78% of all persons living with HIV/AIDS (Page 6).
- Cumulatively, injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 7).
- Nearly 80% of persons living with HIV/AIDS are 40 years of age or older (Page 10).
- Thirty-three percent (33%) of those living with HIV/AIDS are females; 45% of females living with HIV are currently 20-49 years old (Page 10).
- Eighty-seven percent (87%) of pediatric cases living with HIV/AIDS are minorities (Page 11).
- Nearly 7,000 HIV/AIDS patients received medications through the state's AIDS Drug Distribution Program (ADDP) from April 2014 - March 2015 (Page 12).
- Table 12 shows HIV prevention services funded by the NJDOH in 2014 (Page 13).
- In 2014, nearly 99,000 HIV tests were administered through Counseling and Testing Sites (Page 14).
- Rapid HIV Testing is addressed on page 15.

Special Features

The centerfold map features a complete reporting of HIV/AIDS cases, pediatric HIV/AIDS infections, and perinatal exposure by county. Cumulative case counts are based on patient residence at time of diagnosis, while counts of persons currently living with HIV/AIDS are based on most recently updated New Jersey address, regardless of where they were first diagnosed with HIV/AIDS.

Copies of this report are available on the NJDOH website at www.state.nj.us/health. The website also contains complete county and municipal reports.

MISSION STATEMENT

The Division's mission is to prevent and reduce the spread of HIV, STDs and TB and ensure that HIV-, STD- and TB-infected people and those at risk of infection have access to the care they need. The Division uses its resources to help community-based networks deliver high-quality, comprehensive services that meet the language and cultural needs of the people they serve.

Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV, STD and TB Services (DHSTS) through June 30, 2015. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDOH website at www.state.nj.us/health/aids/aidsqtr.shtml. If you would prefer to receive this report by e-mail contact us at aids@doh.state.nj.us and we will e-mail you a link to the report.

What can I find in this report?

Epidemiology

Adult/Adolescent HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV positive for longer periods of time before developing AIDS. Looking at both HIV and AIDS status provides a more complete picture of the history of infection in the state than does data about AIDS alone. It is also important to note that cases reported in the past 12-months may have been diagnosed in previous years, but due to data transmission were only recently tabulated.

Persons living with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category. These persons are currently living in New Jersey regardless of where they were first diagnosed with HIV/AIDS.

These data show where the epidemic is now and where services are most needed.

Pediatric HIV/AIDS and Exposures

These data show the number of individuals diagnosed while under the age of 13. The data include information on perinatal exposures and other pediatric infections.

HIV Prevention, Care and Treatment Services

Updated data is presented for services provided through state funding, the Ryan White CARE Act, and the CDC funded HIV Prevention Cooperative Agreement.

Modified Risk Exposure Hierarchy

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s the Centers for Disease Control and Prevention (CDC) established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection. This hierarchy is described at www.cdc.gov/hiv/stats/hasr1402/technotes.htm.

Beginning in the June 2004 report, we began to use a modified risk hierarchy. Heterosexual contact with a person of unknown status was reported as “heterosexual contact with partners of unknown HIV risk.” Prior to that, these cases were reported as persons with unknown risk exposure. Heterosexual contacts with persons of known risk are reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report, transfusion and hemophilia cases are reported in the “Other/Unknown” category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the “Other/Unknown” category may be categorized later to known exposure categories as follow-up investigations are completed.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHSTS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2014 and 2015 may not be in this report. It is also important to note that individuals who are infected but not tested and diagnosed are not included in these reports. It is estimated that undiagnosed and unreported cases comprise 21% of all estimated infections. The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, the reported data underestimate true incidence, prevalence and mortality rates.

RACE/ETHNICITY DATA

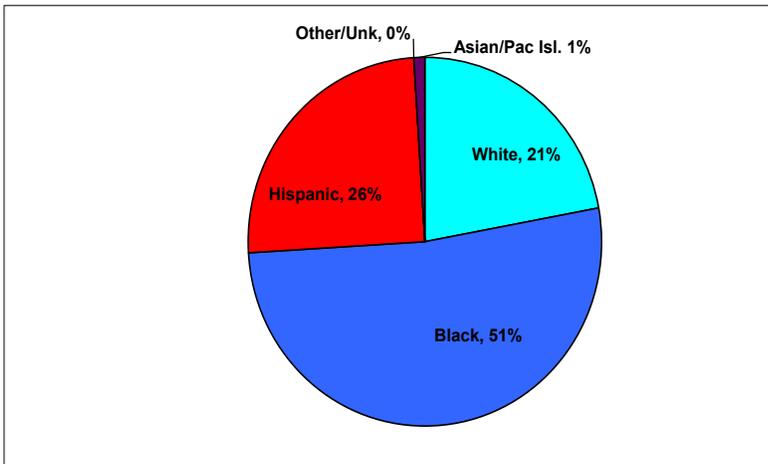
Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2014 - June 2015 (1) and Cumulative Totals as of June 30, 2015 Racial/Ethnic Group by Gender													
Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2014- June 2015		Cumulative Total		July 2014- June 2015		Cumulative Total		July 2014- June 2015		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	227	22%	14,873	27%	46	13%	3,946	16%	273	20%	18,819	23%	21%
Black	448	44%	27,839	50%	188	55%	15,619	64%	636	47%	43,458	54%	36%
Hispanic	317	31%	12,468	22%	104	30%	4,627	19%	421	31%	17,095	21%	27%
Asian/Pac. Isl.	26	3%	432	1%	2	1%	134	1%	28	2%	566	1%	24%
Other/Unknown	2	0%	118	0%	1	0%	62	0%	3	0%	180	0%	34%
Total	1,020	100%	55,730	100%	341	100%	24,388	100%	1,361	100%	80,118	100%	30%

(1) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.
 (2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.
 Note: Percentages may not add to 100 due to rounding.

Table 2. New Jersey Residents Living with HIV/AIDS as of June 30, 2015 Racial/Ethnic Group by Gender							
Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	6,314	25%	1,837	15%	8,151	21%	23%
Black	11,878	46%	7,673	61%	19,551	51%	39%
Hispanic	7,129	28%	2,878	23%	10,007	26%	29%
Asian/Pac. Isl.	353	1%	114	1%	467	1%	24%
Other/Unknown	94	0%	49	0%	143	0%	34%
Total	25,768	100%	12,551	100%	38,319	100%	33%

Note: Percentages may not add to 100 due to rounding.

Figure 1. Percent Living with HIV/AIDS by Race/Ethnicity



Minorities account for 76% of the cumulative adult/adolescent HIV/AIDS cases.

Thirty percent (30%) of the cumulative HIV/AIDS cases are among women.

Over half of persons living with HIV/AIDS are Black non-Hispanic.

Thirty-three percent (33%) of those living with HIV/AIDS are females. Four out of five females living with HIV/AIDS are minorities.

HIV EXPOSURE CATEGORY DATA

Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported July 2014 - June 2015 (2) and Cumulative Totals as of June 30, 2015 Modified Exposure Category by Gender

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	July 2014- June 2015		Cumulative Total		July 2014- June 2015		Cumulative Total		July 2014- June 2015		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	437	43%	17,593	32%	0	0%	0	0%	437	32%	17,593	22%	0%
IDU (4)	31	3%	19,229	35%	21	6%	8,807	36%	52	4%	28,036	35%	31%
MSM/IDU	6	1%	2,536	5%	0	0%	0	0%	6	0%	2,536	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	7	1%	917	2%	10	3%	2,857	12%	17	1%	3,774	5%	76%
- bisexual male	0	0%	0	0%	2	1%	217	1%	2	0%	217	0%	100%
- HIV infection, risk Other/Unknown	28	3%	4,024	7%	56	16%	5,686	23%	84	6%	9,710	12%	59%
-partner(s) of unknown HIV risk (5)	194	19%	5,977	11%	165	48%	4,804	20%	359	26%	10,781	13%	45%
Other/Unknown (6)	317	31%	5,454	10%	87	26%	2,017	8%	404	30%	7,471	9%	27%
Total number of individuals	1,020	100%	55,730	100%	341	100%	24,388	100%	1,361	100%	80,118	100%	30%

- (1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.
(2) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.
(3) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).
(4) MSM = male-to-male sex. IDU = injection drug use.
(5) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
(6) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Note: Percentages may not add to 100 due to rounding.

Table 4. New Jersey Residents Living with HIV or AIDS as of June 30, 2015 Modified Exposure Category by Gender

Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	10,107	39%	0	0%	10,107	26%	0%
IDU (2)	4,500	17%	2,676	21%	7,176	19%	37%
MSM/IDU	895	3%	0	0%	895	2%	0%
Heterosexual contact with partner(s):							
- injection drug user	372	1%	1,180	9%	1,552	4%	76%
- bisexual male	0	0%	141	1%	141	0%	100%
- HIV infection, risk Other/Unknown	2,494	10%	3,689	29%	6,183	16%	60%
-partner(s) of unknown HIV risk (3)	3,632	14%	3,244	26%	6,876	18%	47%
Other/Unknown (4)	3,768	15%	1,621	13%	5,389	14%	30%
Total number of individuals	25,768	100%	12,551	100%	38,319	100%	33%

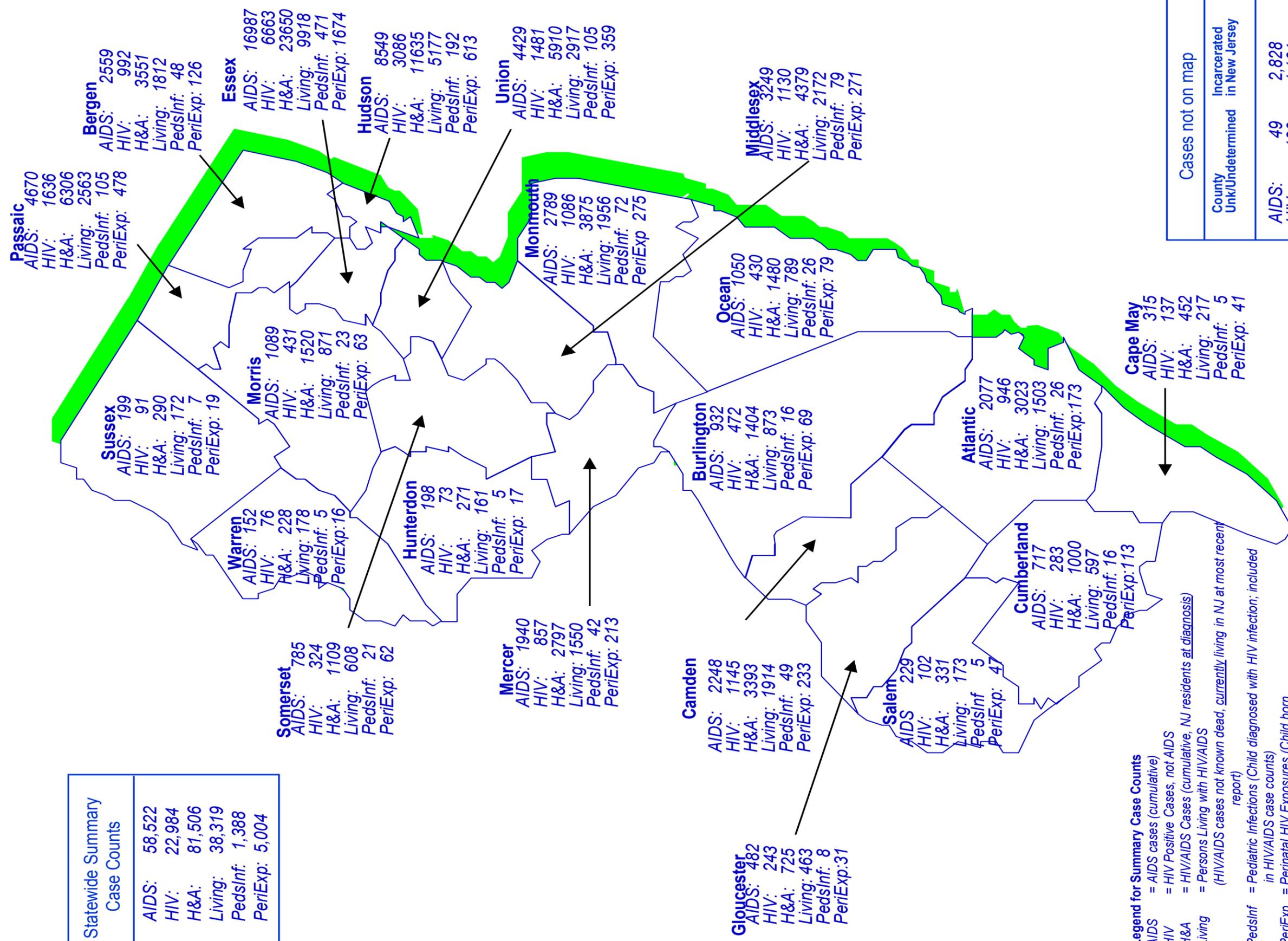
- (1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
(2) MSM = male-to-male sex. IDU = injection drug use.
(3) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
(4) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Note: Percentages may not add to 100 due to rounding.

Thirty-five percent (35%) of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 30% by heterosexual contact, and 22% by male-to-male sex. Only 9% of cumulative cases (and 30% of cases recently reported in the last 12 months) had no reported risk or their risk is unknown.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2015

Statewide Summary Case Counts	
AIDS:	58,522
HIV:	22,984
H&A:	81,506
Living:	38,319
PedsInf:	1,388
PeriExp:	5,004



Legend for Summary Case Counts
 AIDS = AIDS cases (cumulative)
 HIV = HIV Positive Cases, not AIDS
 H&A = HIV/AIDS Cases (cumulative, NJ residents at diagnosis)
 Living = Persons Living with HIV/AIDS (HIV/AIDS cases not known dead, currently living in NJ at most recent report)
 PedsInf = Pediatric Infections (Child diagnosed with HIV infection; included in HIV/AIDS case counts)
 PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

AGE GROUP DATA

Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported July 2014 - June 2015 (1) and Cumulative Totals as of June 30, 2015
Age at Diagnosis by Gender

Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2014- June 2015		Cumulative Total		July 2014- June 2015		Cumulative Total		July 2014- June 2015		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	30	3%	725	1%	15	4%	569	2%	45	3%	1,294	2%	44%
20-29	305	30%	10,285	18%	66	19%	5,759	24%	371	27%	16,044	20%	36%
30-39	260	25%	22,376	40%	87	26%	10,066	41%	347	25%	32,442	40%	31%
40-49	199	20%	15,252	27%	81	24%	5,418	22%	280	21%	20,670	26%	26%
Over 49	226	22%	7,092	13%	92	27%	2,576	11%	318	23%	9,668	12%	27%
Total	1,020	100%	55,730	100%	341	100%	24,388	100%	1,361	100%	80,118	100%	30%

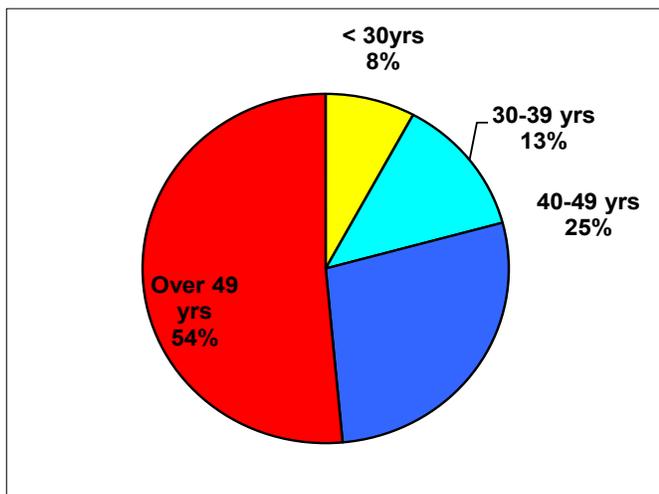
(1) Includes every new report of HIV infection received during the 12-month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Note: Percentages may not add to 100 due to rounding.

Table 6. New Jersey Residents Currently Living with HIV/AIDS as of June 30, 2015
Current Age by Gender

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	31	0%	38	0%	69	0%	55%
13-19	101	0%	108	1%	209	1%	52%
20-29	1,929	7%	662	5%	2,591	7%	26%
30-39	3,346	13%	1,547	12%	4,893	13%	32%
40-49	6,216	24%	3,502	28%	9,718	25%	36%
Over 49	14,145	55%	6,694	53%	20,839	54%	32%
Total	25,768	100%	12,551	100%	38,319	100%	33%

Figure 2. Percentage Living with HIV/AIDS by Age Group



Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis on average than previously reported cases.

Nearly 80% percent of those living with HIV or AIDS are 40 years of age or older.

Thirty-three percent (33%) of those living with HIV/AIDS are females.

Forty-five percent (45%) of females living with HIV/AIDS are currently 20-49 years old.

PEDIATRIC DATA

**Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases
Exposure Category (2) by Race/Ethnicity - As of June 30, 2015**

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	157	856	267	6	1,286
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	10	1	2	0	13
Risk Not Reported/Other Risk	13	39	13	2	67
Total	190	903	287	8	1,388
% Perinatally Infected	83%	95%	93%	75%	93%

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

**Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status
and Year of Birth for Children Born 2001-2015 - As of June 30, 2015**

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
2001	9	4%	59	27%	151	69%	219	
2002	13	5%	60	24%	172	70%	245	
2003	11	5%	50	24%	145	70%	206	
2004	10	5%	35	16%	177	80%	222	
2005	11	6%	36	19%	147	76%	194	
2006	4	2%	37	20%	140	77%	181	
2007	5	3%	30	18%	131	79%	166	
2008	2	1%	33	17%	160	82%	195	
2009	4	2%	22	14%	135	84%	161	
2010	5	3%	14	9%	137	88%	156	
2011	8	5%	13	9%	129	86%	150	
2012	3	2%	12	9%	112	88%	127	
2013	2	2%	12	9%	113	89%	127	
2014*	0	0%	38	29%	92	71%	130	
2015*	0	0%	39	91%	4	9%	43	

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

* Years 2014 and 2015 data are incomplete

**Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1)
by Race/Ethnicity and Current Age
June 30, 2015**

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		≥ 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	0	0%	4	8%	95	13%	99	13%
Black	14	82%	36	69%	479	66%	529	67%
Hispanic	3	18%	9	17%	147	20%	159	20%
Other	0	0%	3	6%	2	0%	5	1%
Total	17	2%	52	7%	723	91%	792	100%

Perinatal transmission was 2% in 2013.

Ninety-one percent (91%) of living individuals infected as children since the 1980's are now adults/adolescents, 13 years or older.

Eighty-seven percent (87%) of pediatric cases living with HIV/AIDS are minorities.

(1) Living Pediatric HIV/AIDS cases who were New Jersey residents or diagnosed in New Jersey.

Table 10. Ryan White Part B Services
(April 1, 2014 – March 31, 2015)

Program Area	Type of Service	Clients Served
AIDS Drug Distribution Program	medications	6,947
Health Insurance Continuation Program	health insurance premiums	441
Home Care Program	home health services	31
Access to Care	care outreach	286
Core Health Services	outpatient/ambulatory medical care	2,132
	dental care	781
	treatment adherence counseling	47
	mental health services	501
	substance abuse services	0
	nutritional counseling	166
	medical case management	3,305
Support Services	short-term/emergency housing assistance	167
	medical transportation services	436
	residential substance abuse services	0

Table 11. DHSTS Care and Treatment Services
(July 1, 2014 – June 30, 2015)

Program	Source of Funding	Clients Served
HIV Ambulatory Care	State	1,950
Housing Opportunities for Persons with AIDS	HUD	153

PREVENTION

Table12. Summary of Major HIV/AIDS Risk Reduction Activities, Funded Agencies and Client Numbers by Target Population for 2014					
Type of Intervention	Populations Targeted/Reached				
Individual Outreach	MSM	IDU	Heterosexual	HIV Positive	Youth
Number of Agencies Providing Services	6	1	3	0	1
Number of Clients Served*	1,511	257	1,402	0	50
Interventions Delivered to Individuals	MSM	IDU	Heterosexual	HIV Positive	Youth
Number of Agencies Providing Services	4	7	21	11	1
Number of Clients Served	121	802	1,912	323	22
Interventions Delivered to Groups	MSM	IDU	Heterosexual	HIV Positive	Youth
Number of Agencies Providing Services	7	9	16	11	4
Number of Clients Served	333	813	2,162	336	24,136
CLEAR/Comprehensive Risk Counseling Services	MSM	IDU	Heterosexual	HIV Positive	Youth
Number of Agencies Providing Services	5	8	4	10	1
Number of Clients Served	53	510	33	163	1

* Total number of individual clients outreached is reported aggregately and Risk Categories listed are not mutually exclusive. MSM are not included with heterosexual males. Clients outreached under Social Marketing programs are not included.

The DHSTS provides partner counseling and referral services to HIV positive clients in the state through Partner Services (PS). They notify the sex or needle-sharing partners of HIV infected individuals that have been elicited by providers of the fact that they have been exposed to HIV. They offer them HIV counseling and testing, and if HIV positive, elicit the names of their partners for this service. This is done because these partners may be infected and not know it, may be infecting others, and may benefit from treatment. The service is confidential, and the individual who named the partner is never revealed. The PS staff also provides test results to persons who test HIV positive but fail to return for results. If you would like to refer individuals to PS for partner counseling you can call **(877) 356-8312** toll free.

Table13. Partner Services Provided in 2014	
Partners Referred/Elicited (1)	253
Partners Tested	38
Partners Testing HIV Positive (2)	6
HIV+ Clients Counseled	217

(1) Referred partners are those that are elicited by providers and assigned to PS to contact, elicited partners (n=82) are those that the PS staff identifies when they counsel HIV positive individuals.

(2) Four new positives and two previously reported positives.

HIV Counseling and Testing

**Table 14. Publicly Funded HIV Counseling and Testing Activities
January - December 2014 (Data reported as of August 2, 2015)**

	NUMBER TESTED ¹	PERCENT TESTED	TESTED POSITIVE	PERCENT POSITIVE
SITE TYPE				
HIV CTS ²	17,129	17.84%	180	1.05%
Hospital/Emergency Dept.	21,979	22.89%	91	0.41%
STD Clinic	7,547	7.86%	62	0.82%
Substance abuse treatment facilities	2,844	2.96%	8	0.28%
Family Planning/Planned Parent Clinic	16,889	17.59%	170	1.01%
Clinical - Community Health Center	9,348	9.74%	63	0.67%
TB Clinic	55	0.06%	0	0.00%
Non-Clinical - Community Setting	6,702	6.98%	41	0.61%
Non-Clinical - Correctional Facility	4,753	4.95%	16	0.34%
Primary Care Clinic (Other than CHC)	4,435	4.62%	31	0.70%
Others/Unknown	4,343	4.52%	48	1.11%
GENDER				
Male	44,126	45.95%	499	1.13%
Female	51,668	53.81%	207	0.40%
Transgender - M2F	70	0.07%	4	5.71%
Transgender - F2M	9	0.01%	0	0.00%
Unknown (Uncoded)	151	0.16%	0	0.00%
ETHNICITY				
Hispanic	30,555	31.82%	188	0.62%
Not Hispanic	64,539	67.21%	520	0.81%
Don't Know	674	0.70%	1	0.15%
Declined	177	0.18%	1	0.56%
Unknown (Uncoded)	79	0.08%	0	0.00%
RACE³				
AM Indian/AK Native	325	0.34%	4	1.23%
Asian	1,567	1.63%	8	0.51%
Black or African American	48,653	50.67%	456	0.94%
Native Hawaiian/Pacific Islander	507	0.53%	1	0.20%
White	36,930	38.46%	199	0.54%
More Than One Race	969	1.01%	9	0.93%
Don't Know	5,482	5.71%	27	0.49%
Declined	1,258	1.31%	3	0.24%
Unknown (Uncoded)	333	0.35%	3	0.90%
AGE				
<13	62	0.06%	0	0.00%
13-19	6,767	7.05%	23	0.34%
20-29	37,877	39.45%	206	0.54%
30-39	23,153	24.11%	166	0.72%
40-49	14,994	15.61%	160	1.07%
50-59	9,775	10.18%	120	1.23%
60+	2,889	3.01%	35	1.21%
Unknown (Uncoded)	507	0.53%	0	0.00%
TOTAL	96,024	100.00%	710	0.74%

1. Numbers do not represent individuals as clients may be tested more than once.
2. HIV/CTS sites are clinics, whose primary purpose is HIV counseling and testing.
3. Clients could be multiple Race. PEMS form does not have Hispanic/Non-Hispanic broken down by race.

Rapid HIV Testing Update:

New Jersey Implements a More Sensitive Rapid Screening Test

New Jersey has begun the transition to the most sensitive HIV screening test currently available in the United States, and is using it as part of a *rapid* testing algorithm (RTA) that will allow earlier identification and linkage of infected individuals into care. The use of the algorithm pioneered at selected sites in New Jersey beginning in 2008 to address the 25.5% of those screened positive with a rapid test who failed to return to receive (Western Blot) confirmed results and be linked to care. Retrospective studies established that an RTA would accurately detect infection, increase the ability to link these individuals to care and decrease the number of false positive results provided to patients.

Following an initial positive screening test, a second rapid HIV test (from a different manufacturer) is used to verify the initial results, qualify for the Centers for Disease Control and Prevention (CDC) Surveillance purposes as a 'presumptive positive,' to allow contact elicitation and referral for treatment, prevention, and social services.

CLIA-waiver of a more sensitive, fourth generation rapid HIV1/2 screening device capable of identifying HIV infection as much as two weeks earlier was granted in December, 2014. Beginning in January, New Jersey began to implement this product at selected RWJ laboratory sites in order to gain the experience needed to provide training/technical assistance to non-RWJMS laboratories. As of July 1, over half of all New Jersey sites (53.7%) are now testing via a fourth generation rapid HIV screening assay in a variety of venues (99) including: CBO's, clinics; health departments; FQHCs; hospital emergency rooms, and mobile vans (15).

Between December, 2008 and June 30, 2015, facilities doing an RTA performed 247,639 initial rapid HIV tests in 83 Rapid-Rapid testing *sites* (including mobile vans). To date, 2,238 reactive (preliminary positive) HIV tests have been obtained with 2,180 clients (97.4%) agreeing to verification and 2,083 (95.6%) verified with a second rapid HIV test. Of those found to be positive, 1,159 (55.6%) were connected to healthcare providers at the time the second rapid test was performed.

Overall, 107 discordant results have been identified. The majority are associated with a negative, second rapid test. The introduction of a more sensitive rapid HIV test has resulted in an increased number of discordant results as operators grow accustomed to a more complex test, of higher documented sensitivity and a slightly lower package labelled specificity: 99.80%. Performance in New Jersey exceeds manufacturer's expectations.

Tests identified as discordant are resolved by additional testing: Nucleic Acid Amplification Test (NAAT); enzyme immunoassay (EIA), and Western Blot follow-up. The percentage of persons receiving their results and referrals for treatment, prevention, and social services has increased dramatically with rapid-rapid HIV testing. In addition, contact elicitation is able to be completed. Expansion to other counseling and testing sites and other counties is on-going.

**For More Information
go to the
Division of HIV, STD and TB Services
Website at:**

<http://www.state.nj.us/health/aids>

or call the

**New Jersey Department of Health
Division of HIV, STD and TB Services
Epidemiologic Services Unit
at
(609) 984-5940**

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