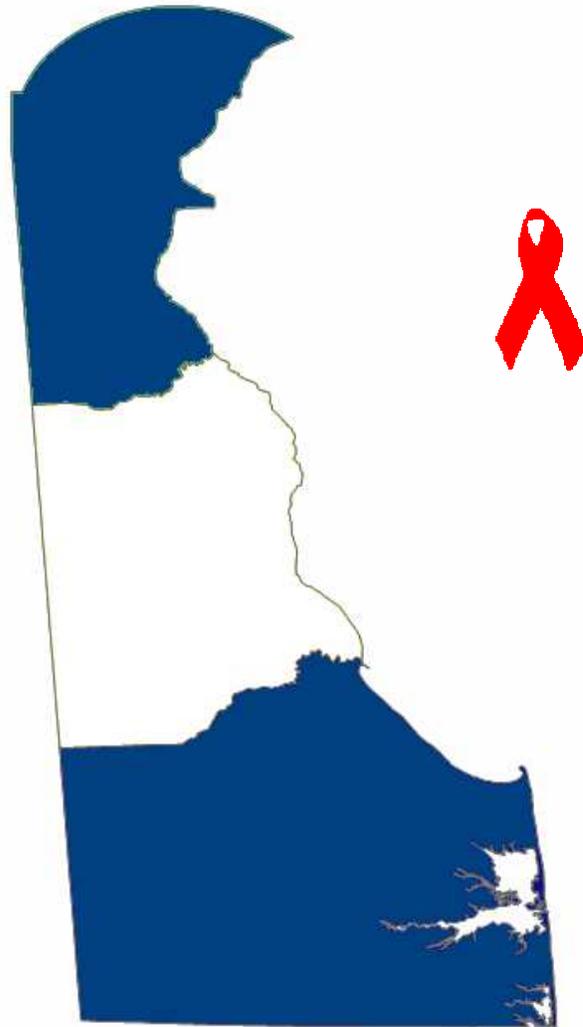


2012 Delaware HIV/AIDS Surveillance Report



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention

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Executive Summary

In 2011, 1,384 Delawareans were living with HIV and another 2,283 were living with AIDS. In that same year, the cumulative number of HIV/AIDS cases ever diagnosed in Delaware reached 5,398. As noted in the National HIV Surveillance Report, in 2010, Delaware's HIV incidence rate (18.2 per 100,000) was the 8th highest in the United States. This same report indicates Delaware's AIDS incidence rate (15.1 per 100,000) ranked 7th highest in the nation (CDC, HIV/AIDS Surveillance Report, 2010). The 5 year average number of new infections diagnosed in Delaware currently stands at 148 cases per year (2007-2011).

The statewide distribution of Delaware's HIV/AIDS cases closely mirrors county-level population estimates. New Castle County – the most populous of Delaware's three counties – has the highest number of HIV/AIDS cases and most are confined to the densely populated Wilmington metropolitan area. Wilmington comprises 14% of the New Castle County population but accounts for 42% of the county's individuals living with HIV/AIDS.

Males account for the majority (71%) of HIV/AIDS cases diagnosed in Delaware. In 1990, 24% of newly diagnosed cases were female. In 2011, this number was 27% of newly diagnosed cases.

African-Americans are disproportionately affected by the HIV/AIDS burden. Despite representing 21% of Delaware's total population, African-Americans account for 66% of all HIV/AIDS cases ever diagnosed in the state. This racial disparity is more pronounced in Delaware compared to the general U.S population, and persists for both HIV and AIDS when considered separately. African-Americans account for 43% of all male AIDS cases in the U.S., but 62% of all male AIDS cases in Delaware. Similarly, African-American women comprise 66% of all female AIDS cases in the U.S., but nearly 80% of all female AIDS cases in Delaware.

Consistent with U.S. trends, the majority (63%) of HIV/AIDS cases ever reported in Delaware were diagnosed among adults aged 30-49. Fewer than 4% of HIV/AIDS cases ever reported were diagnosed among adults age 60 and older.

Pediatric HIV/AIDS are defined as cases diagnosed among children under the age of 13 years and account for 1% of cases ever reported in both Delaware and the U.S. In Delaware, 77% of all pediatric HIV/AIDS cases were diagnosed among African-American children. Through 2011, a total of 130 children born to HIV positive mothers have been tracked; all but one of these infants tested negative for the disease within 18 months of delivery. There has been only one infected infant born in Delaware in the past six years.

Among all new HIV infections diagnosed in Delaware in 2011, the largest percentage of cases (48%; N=54) were attributable to MSM (men who have sex with men). Heterosexual transmission and injection drug use accounted for an additional 32% (N=36) and 6% (N=7), respectively. An additional 3% of new cases (N=3) were

attributable to both MSM and injection drug use. The remaining 12% (N=13) of cases fell into the “Other Risk” or “No Risk Identified” behavioral categories.

The mode of HIV transmission varies by county. In New Castle County, exposure rates are similar between heterosexual (33%), MSM (30%) and IDU (28%). In Kent County the rates are heterosexual (36%), MSM (31%) and IDU (18%). In Sussex County exposure is predominantly MSM (51%)

From 1981 through December 2011, a total of 2,172 Delawareans who had AIDS died. In the past two decades, the survival rate for Delawareans living with AIDS has increased significantly. Those with HIV are also living longer prior to progression to AIDS. Earlier diagnoses of HIV infection and advances in medical management have all contributed to the dramatic improvement in HIV/AIDS quality of life and survival rates.

Background and Introduction

The Delaware Division of Public Health (DPH) initiated AIDS surveillance and reporting in 1981 and expanded surveillance efforts and began collecting data on Delawareans infected with HIV in 2001. HIV/AIDS surveillance relies on data compiled from healthcare professionals and laboratories throughout the state.

Human immunodeficiency virus is the underlying biological agent that weakens the immune system, facilitating the development of AIDS. Except for an initial acute viral response, the HIV infection may not manifest with symptoms for an extended period of time. Following the progression to AIDS, symptoms and signs may advance to a state where a diagnosis may be made. AIDS may manifest as specific infections, cancers, or cellular changes within a patient's immune system.

Analysis of HIV/AIDS incidence and prevalence data is a crucial component to combating the disease. The Delaware HIV Consortium and the Delaware HIV/AIDS Planning Council rely on accurate surveillance data to guide the development of HIV prevention efforts, as well as HIV/AIDS healthcare planning and services administration. Surveillance data allows DPH to monitor the progress of risk reduction and disease prevention, and also influences the amount of federal funds that Delaware receives to assist in the fight against HIV/AIDS.

This report focuses on three main areas: (1) the socio-demographic characteristics; (2) the scope of the HIV/AIDS epidemic; and (3) the pattern of service utilization among Delawareans living with HIV/AIDS.

HIV/AIDS Surveillance in Delaware

Delaware's HIV/AIDS surveillance efforts largely focus on three fundamental epidemiological concepts: person, place, and time.

- **Person:** Trying to identify the mode by which an individual contracts HIV is important as this information is used to guide future prevention efforts. In Delaware, HIV/AIDS surveillance staff helps characterize mode of HIV transmission using case report forms, personal interviews, and medical record reviews.
- **Place:** In this report, "place" generally refers to the county of residence at time of HIV/AIDS diagnosis. Delaware engages in data-sharing agreements with other states to identify Delawareans who may have been diagnosed or who seek treatment outside of the state.
- **Time:** DPH relies on two dates to characterize HIV disease trends in Delaware: (1) date of diagnosis and (2) date report is received by the DPH HIV/AIDS Surveillance Office. Excessive time lapse between these two dates complicates data analysis and accurate surveillance. DPH works with healthcare providers and laboratories to facilitate timely reporting. Timely reporting and active surveillance methods such as medical

records reviews, allow the majority of this report to include data pertaining to date of diagnoses.

Patient confidentiality is crucial and the DPH HIV/AIDS Surveillance Office adheres to detailed data confidentiality protocols that mandate physical, operational, and personnel security standards when working with HIV/AIDS data. Data confidentiality standards must be maintained as a condition of receiving federal funding for surveillance activities.

Methods

Data Source Descriptions, Limitations and Precautions

In addition to HIV/AIDS surveillance data collected by DPH, this report includes data from the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Social Services (DHSS). A brief description of each data source is listed below.

- **DPH:** provides statewide HIV testing and counseling data via the Delaware HIV Counseling and Testing System database. Healthcare practitioners use standardized data collection forms to report information on Delawareans tested in public clinics across the state, as well as for those seeking HIV counseling.

Delaware-specific *Sexually Transmitted Infection and Disease Reports*, DPH publications include statewide data pertaining to sexually transmitted diseases (STDs; e.g., gonorrhea, chlamydia, and syphilis). STD data are helpful for identifying populations at increased risk for contracting HIV.

Mortality data originates directly from death documents and provides Delaware-specific morbidity information. The data quality is dependent upon information contained in death certificate. Some physicians may not note a diagnosis of HIV/AIDS on death certificates. This may be due to family request, lack of information regarding HIV status, or failure to record underlying causes of death. For these reasons, the number of AIDS-related deaths may be artificially suppressed not only in Delaware, but across the nation.

- **U.S. Census Bureau:** provides Delaware-specific county-level population data. Data estimates are standardized nationwide through 2011
- **CDC:** provides national-level HIV/AIDS trend data via the Enhanced HIV/AIDS Reporting System (EHARS) which is used nationwide for storing HIV/AIDS surveillance data. While EHARS represents an advanced public health surveillance system, it is still possible that actual HIV/AIDS prevalence and incidence counts are under reported due to delays in reporting and non-compliance. HIV data are reported to the CDC by all 50 states but the quality of

data for some states has not met the minimum standards for inclusion in analyses.

The quality of Delaware's EHARS data has improved significantly due to the efforts of the HIV/AIDS Surveillance Office and field workers. Increased record reviews and education of healthcare professionals and laboratories regarding proper reporting methods has resulted in case report forms that reflect more accurate data regarding new HIV/AIDS cases. Delaware has also made significant improvements in death ascertainment within EHARS which improved data quality.

This report also utilizes data from the CDC-published *HIV/AIDS Surveillance Report* which summarizes national and state-level trends with respect to the HIV/AIDS epidemic.

The Youth Risk Behavior Survey (YRBS): An ongoing survey by the CDC that identifies risk trends among youth (e.g., nutrition patterns, substance use, accidents, sexual behaviors, and delinquency). This data is used to explore the relationship between risk behaviors and health. YRBS uses self-administered, anonymous questionnaires to collect data from high school students in odd-numbered years. In Delaware, YRBS response rates are very high; 84% of students approached for participation complete a questionnaire.

- **Health Resources and Services Administration (HRSA), U.S. Department of Health and Social Services (DHSS):** provides data related to HIV/AIDS service utilization patterns via the Ryan White Data Reports (RDR). States receiving federal Ryan White dollars use these funds to provide medical and support services to those infected with HIV/AIDS. HRSA receives information from states and uses the data to monitor HIV/AIDS service utilization patterns across the nation. While RDR data are limited to those individuals with HIV/AIDS who seek healthcare, these data are nonetheless important for future healthcare planning.

Data Specifics

- In 1993, the CDC expanded the AIDS case definition to include individuals diagnosed with the disease who did not yet display several AIDS indicators (including severely compromised immune system with CD₄ counts <200 µ/L or <14%, invasive cervical cancer, recurrent pneumonia, and pulmonary mycobacterium tuberculosis infection).

The revised case definition resulted in an apparent increase in the prevalence of AIDS cases, observable at the local, state, and national levels. The AIDS case definition was modified again in 2007; however, the impact of this change has not resulted in a significant change in the data presented in this report.

- In 2001, 20 years after the initiation of AIDS surveillance, Delaware initiated HIV surveillance. In this report, 2001-2011 HIV data are combined with AIDS data. For reporting years prior to 2001 (i.e., 1981-2000), data reflect AIDS case counts only. The inclusion of HIV cases beginning with reporting year 2001 created a sharp increase in HIV/AIDS case counts. This increase is a methodological artifact and does not represent a true increase in the actual number of HIV/AIDS counts in Delaware.
- Per DPH data release policy, no Delaware-specific HIV/AIDS data can be released in a format that may allow for individual identification. Data in this report may be combined or suppressed to ensure patient confidentiality. Any combined or suppressed data are identified in footnotes.

Definition of Terms

Adolescent:	An individual between the ages of 13 and 19.
Adult/Adolescent case:	Patient is 13 years or older at the time of diagnosis.
Epidemiology:	The study of the patterns, causes, and effects of health and disease in defined populations.
Heterosexual:	An enduring pattern of or disposition to experience sexual, affectionate, physical or romantic attractions to persons of the opposite sex";
Incidence Rate:	A measure of the rate of development of a disease in population over a period of time. This rate is calculated by dividing the number of new cases diagnosed in a population during a specific time period by the size of the population during the same time period.
NIR case:	No Identified Risk case. NIR cases may be reclassified as information is obtained via a complete epidemiologic investigation.
Pediatric case:	Patient is younger than age 13 at the time of diagnosis.
Prevalence:	The percentage of a population that is affected with a particular disease at a specific point in time.
Rate:	Number of cases in a population divided by the total size of the population. Rates allow for the direct comparison of groups with different population sizes.
Transfusion case:	Person who acquired the HIV virus as a result of receiving blood or blood products.

Year of diagnosis: The year when the disease event was first confirmed by medical personnel.

Year of report: The year when the case was reported to the Delaware HIV/AIDS Surveillance Office.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
A/PI	Asian/Pacific Islander
CARE	Comprehensive AIDS Resource Emergency
CADR	CARE Act Data Report
CDC	Centers for Disease Control and Prevention
C/T	Counseling and Testing Services
DHSS	Delaware Health and Social Services
DPH	Delaware Division of Public Health
EHARS	Enhanced HIV/AIDS Reporting System (CDC database)
HAART	Highly active anti-retroviral therapy
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IDU(s)	Injecting Drug User(s)
MSM	Men who have Sex with Men
MSM/IDU	Men who have Sex with Men and Inject Drugs
NA/AN	Native American/Alaskan Native
NIR	No Identified Risk
NRR	No Risk Reported
STD (STI)	Sexually Transmitted Disease (Infection)
YRBS	Youth Risk Behavior Survey

1. Socio-Demographic Characteristics of the State of Delaware

Geographically, Delaware is the second smallest state in the U.S., measuring 100 miles from north to south and 30 miles from west to east and comprises of three counties, New Castle, Kent, and Sussex. New Castle County, located in the northern, is the most densely populated and is home to 60% of the state population. Almost 12% of New Castle County residents live in the city of Wilmington. Centrally-located Kent County, home to 18% of Delawareans includes a blend of urban, suburban, and agricultural zones. Dover Air Force Base and the state capital (Dover) are located in Kent County. The remaining 22% of Delawareans live in Sussex County, the southernmost of the three counties. Sussex County is largely rural and home to a large number of poultry, dairy, and crop-growing farms and facilities. Eastern Sussex County includes the beach communities and draws a large number of retirees each year.

In 2011, Delaware's population was estimated at 907,135, representing 0.3% of the total U.S. population. The majority of Delawareans (65.0%) are Caucasian; African-Americans and Hispanics comprise 21% and 8%, respectively. Approximately 6% of Delawareans are Asian, Pacific Islander, Native American or multi race. Females account for 51% of the population, similar to the national gender distribution. See Table 1, below, for racial distributions at the county-level.

Table 1: Delaware racial distribution by county, 2011

County	Caucasian N (%)	African-American N (%)	Hispanic N (%)	Other N (%)	Total N (County %)
New Castle	332,247 (61%)	125,810 (23%)	48,535 (9%)	35,379 (7%)	541,971 (60%)
Sussex	151,001 (75%)	25,068 (13%)	17,738 (9%)	6,523 (3%)	200,330 (22%)
Kent	107,039 (65%)	38,776 (24%)	9,880 (6%)	9,139 (6%)	164,834 (18%)
Delaware	590,287 (65%)	189,654 (21%)	76,153 (8%)	51,041 (6%)	907,135 (100%)

Source: U.S. Census Bureau; Rows sum to 100%

The median age of Delawareans is 39. Compared to the general U.S. population, Delawareans have a slightly higher median annual household income (\$57,599 vs. \$51,914, respectively) and similar patterns of educational attainment to that of the general U.S. population. Approximately 87% have a high school diploma compared to 85% of the U.S. population. Twenty-eight percent have earned a bachelor's degree or higher which is equivalent to the U.S. population. Twelve percent of Delaware residents report speaking a language other than English in the home.

2. Scope of the HIV/AIDS Epidemic in Delaware and the U.S.

Between 1981 and 2011, 5,398 Delawareans were diagnosed with HIV or AIDS. Males account for 71% of all cases ever diagnosed in the state. African-Americans account for 66% of all cases and represent a disproportionate share of the state's HIV/AIDS burden. Caucasian and Hispanic Delawareans account for 28% and 6% of all cases, respectively. The largest percentage of HIV/AIDS cases have been diagnosed among adults ages 30-39. New Castle County accounts for the majority of cases. Table

2 shows a breakdown of Delaware's HIV and AIDS cases by gender, race, age, and county.

Table 2: Delaware reported HIV/AIDS cases, 1981-2011*

	HIV Cases N (%)	AIDS Cases N (%)	Total (HIV/AIDS) Cases N (%)
Total Cases	1,280 (100%)	4,118 (100%)	5,398 (100%)
Gender			
Males	857 (67%)	2,984 (73%)	3,841 (71%)
Females	423 (33%)	1,134 (27%)	1,557 (29%)
Race			
Caucasian	370 (29%)	1,123 (27%)	1,493 (28%)
African-American	809 (63%)	2,742 (67%)	3,551 (66%)
Hispanic	87 (7%)	218 (5%)	305 (6%)
Other / Unknown	14 (1%)	35 (< 1%)	49 (< 1%)
Age Group (Years at initial HIV Diagnosis)**			
< 13			57 (1%)
13-14			1 (<1%)
15-19			140 (3%)
20-24			458 (8%)
25-29			741 (14%)
30-34			994 (18%)
35-39			1,005 (19%)
40-44			821 (15%)
45-49			568 (11%)
50-54			288 (5%)
55-59			151 (3%)
60-64			95 (2%)
65+			79 (1%)
County			
New Castle (NCC)	937 (73%)	3,105 (76%)	4042 (75%)
<i>NCC, City of Wilmington</i>	<i>578 (45%)</i>	<i>2,054 (50%)</i>	<i>2,632 (49%)</i>
<i>NCC, non-Wilmington</i>	<i>359 (28%)</i>	<i>1,051 (26%)</i>	<i>1,410 (26%)</i>
Kent County	127 (10%)	417 (10%)	544 (10%)
Sussex County	216 (17%)	596 (14%)	812 (15%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Note: In Delaware, AIDS and HIV surveillance efforts began in 1981 and 2001, respectively.

*Chart represents cumulative Delaware diagnosed cases regardless of current vital status.

**HIV and AIDS are two separate disease states thus the age at HIV diagnoses is represented as a total

Delawareans Living with HIV/AIDS

In 2011, 2,283 Delawareans were living with AIDS and 1,384 were living with HIV. Approximately 15% of those living with HIV/AIDS moved to the state after diagnosis.

Prevalence and Incidence

The 2009 U.S. HIV and AIDS prevalence rates were 268.6 and 155.3 per 100,000, respectively. In comparison, Delaware's 2011 HIV and AIDS prevalence rates were 152.6 and 251.7 per 100,000, respectively. Therefore, while Delaware's HIV prevalence rate is 43% less than that of the U.S., Delaware's AIDS prevalence rate is 62% greater than the U.S. rate.

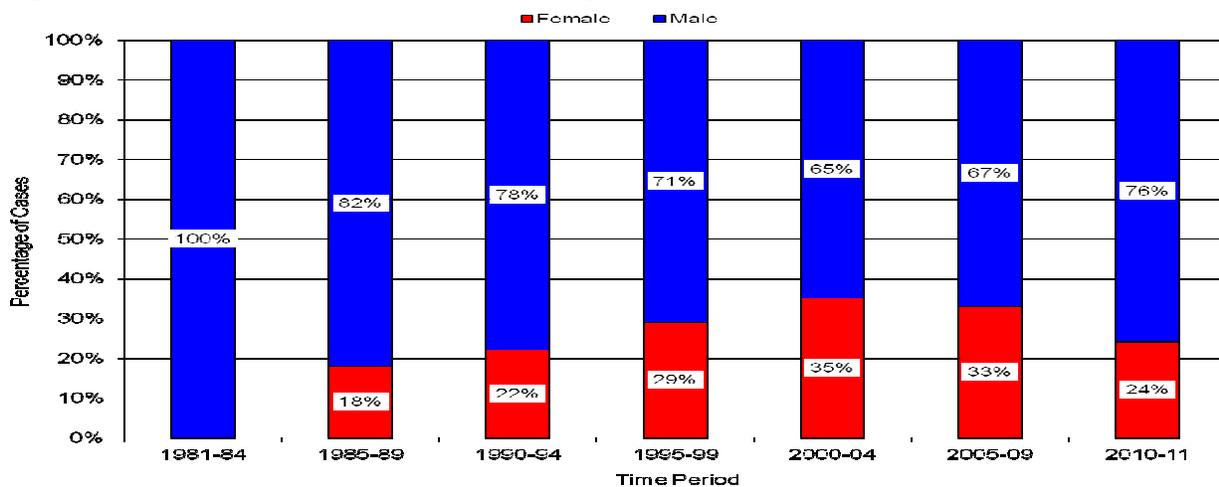
In the U.S., the 2010 HIV incidence rate was 16.1 per 100,000. Delaware's HIV incidence rate, at 18.2 per 100,000 is, marginally higher than the overall 2010 U.S. rate. The U.S. AIDS incidence rate was 10.8 per 100,000. Delaware's AIDS incidence rate, at 15.1 per 100,000 is considerably higher than the overall 2010 U.S. rate. In 2010, Delaware HIV and AIDS incidence rates ranked 8th and 7th respectively compared to other states

HIV/AIDS prevalence and incidence data are unavailable for smaller, hard-to-reach populations, such as the homeless, transgendered, and the mentally ill. Additionally, some HIV/AIDS cases are diagnosed through routine screenings (e.g., blood donations) and little additional information is available regarding individuals' risk factors.

Gender

Since the initiation of AIDS surveillance in 1981 and HIV surveillance in 2001, males have accounted for the majority of cases diagnosed annually in Delaware. As shown in Figure 1, Delaware females account for a smaller proportion of HIV/AIDS cases diagnosed each year. Female cases have declined from 35% (2000-2004) to 24% (2010-2011). No female HIV/AIDS cases were diagnosed in Delaware prior to 1984.

Figure 1: Delaware HIV/AIDS cases, by gender, 1981-2011 (N=5,398)



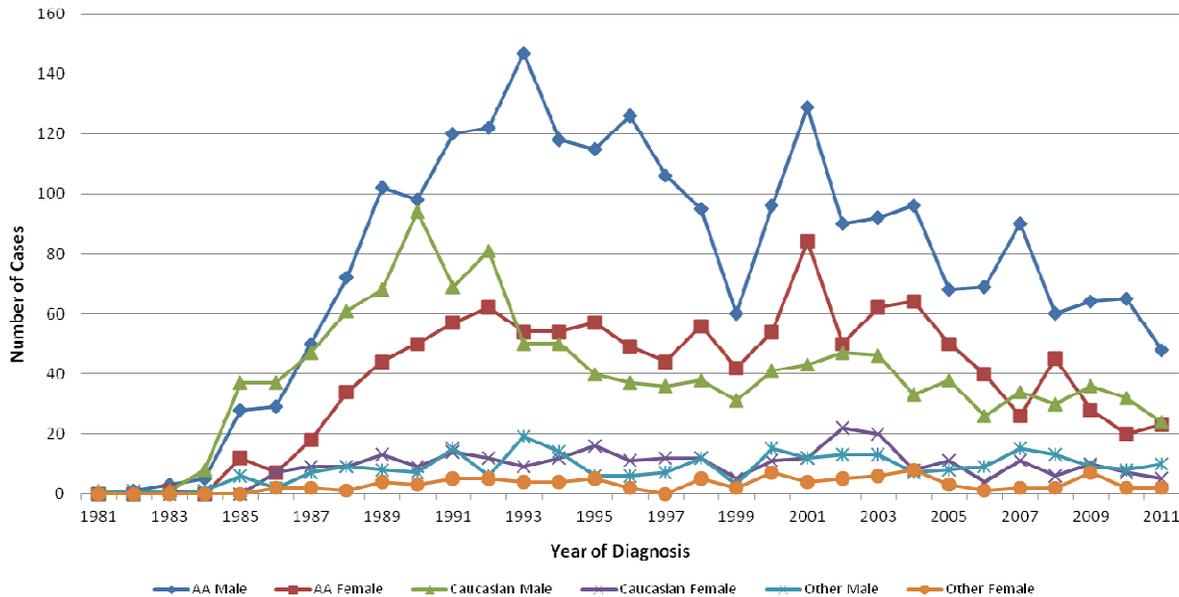
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Race/Ethnicity

Delaware's HIV/AIDS epidemic continues to disproportionately affect the African-American population who comprise 21% of the Delaware population, but account for 63% and 67% of the State's HIV and AIDS cases, respectively.

As shown in Figure 2, males account for more cases than females within each race category (i.e., Caucasian, African-American, Hispanic, and Other).

Figure 2: Delaware HIV/AIDS cases, by race and gender, 1981-2011 (N=5,398)

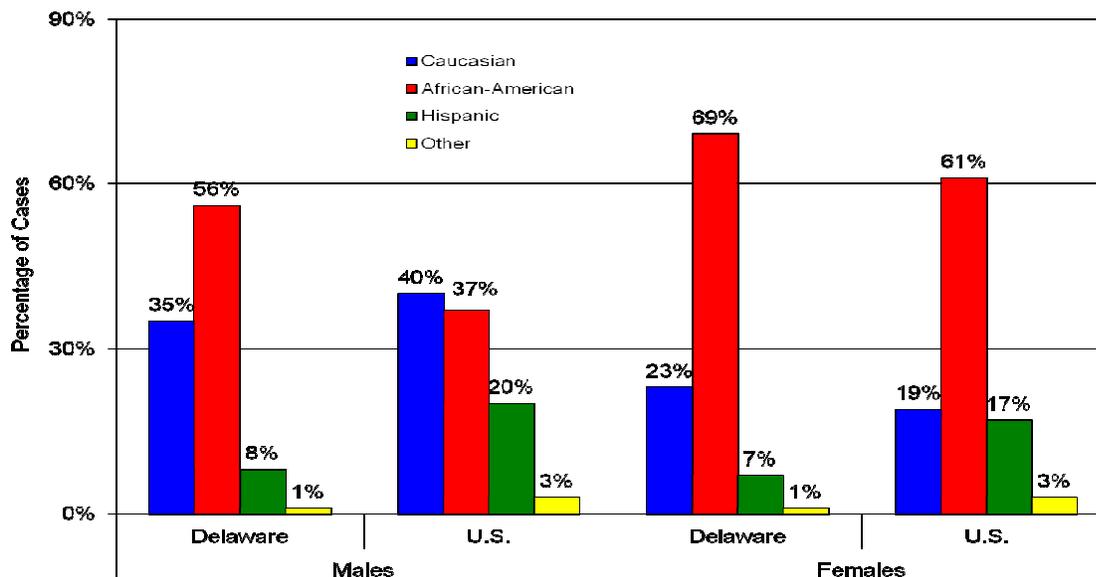


Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figures 3 and 4 with accompanying data tables indicate that the magnitude of HIV and AIDS racial disparity in Delaware is greater than that in the U.S. African-American males account for 37% of all males living with HIV (non AIDS) in the U.S., but 56% in Delaware.

African-American females account for 64% of all females living with HIV (non AIDS) in the U.S., and 69% in Delaware. African-Americans account for 73% of Delaware's pediatric cases living with HIV. The U.S. pediatric race breakdown data is not available.

Figure 3: Living HIV cases, by race and gender: Delaware vs. U.S., (DE=2011, US=2009)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS) & 2010 U.S. HIV/AIDS Report

Table 3: Persons living in Delaware with HIV at year end 2011 by race and gender (N=1,384)

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	325 (35%)	104 (23%)	429 (31%)
African American	516 (56%)	315 (69%)	831 (60%)
Hispanic	73 (8%)	33 (7%)	106 (8%)
Other	15 (1%)	3 (1%)	18 (1%)
Total	929 (100%)	455 (100%)	1384 (100%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 4: Persons living in the U.S. with HIV at year end 2009 by race and gender (N=773,885)*

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	235,610 (40%)	36,587 (19%)	272,197 (35%)
African American	214,464 (37%)	114,721 (61%)	329,185 (43%)
Hispanic	117,101 (20%)	31,753 (17%)	148,854 (19%)
Other	18,022 (2%)	5,627 (3%)	23,649 (3%)
Total	585,197 (100%)	188,688 (100%)	773,885 (100%)*

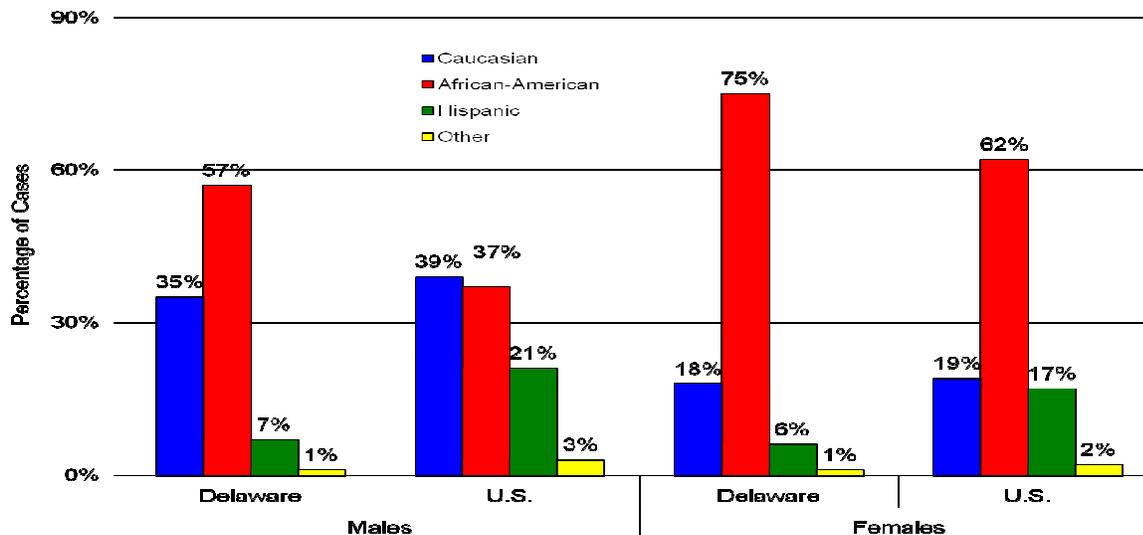
Source: CDC, HIV/AIDS Surveillance Report

*Does not include national pediatric cases = 10,834 (no breakdown available)

Compared to HIV, Delaware's racial disparity for AIDS is more pronounced. African-American males account for 37% of males living with AIDS in the U.S. In Delaware, this figure is 57%. African-American females account for 62% of females living with AIDS in

the U.S. In Delaware, this figure is 75%. African-Americans account for 75% of Delaware's pediatric cases living with AIDS.

Figure 4: Living AIDS cases, by race and gender: Delaware vs. U.S., (DE=2011, US=2009)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS) & 2010 U.S. HIV/AIDS Report

Table 5: Persons living in Delaware with AIDS at year end 2011 by race and gender (N=2,283)

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	548 (35%)	126 (18%)	674 (30%)
African American	900 (57%)	524 (75%)	1,424 (62%)
Hispanic	116 (7%)	40 (6%)	156 (7%)
Other	21 (1%)	8 (1%)	29 (1%)
Total	1,585 (100%)	698 (100%)	2,283 (100%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 6: Persons living in the U.S. with AIDS at year end 2009 by race and gender (N=472,905)*

Race	Male N (%)	Female N (%)	Total N (%)
Caucasian	140,000 (39%)	19,839 (19%)	159,839 (34%)
African American	135,612 (37%)	68,175 (62%)	203,787 (43%)
Hispanic	75,127 (21%)	19,599 (17%)	94,726 (20%)
Other	11,221 (3%)	3,332 (2%)	14,553 (3%)
Total	361,960 (100%)	110,945 (100%)	472,905 (100%)*

Source: CDC, HIV/AIDS Surveillance Report

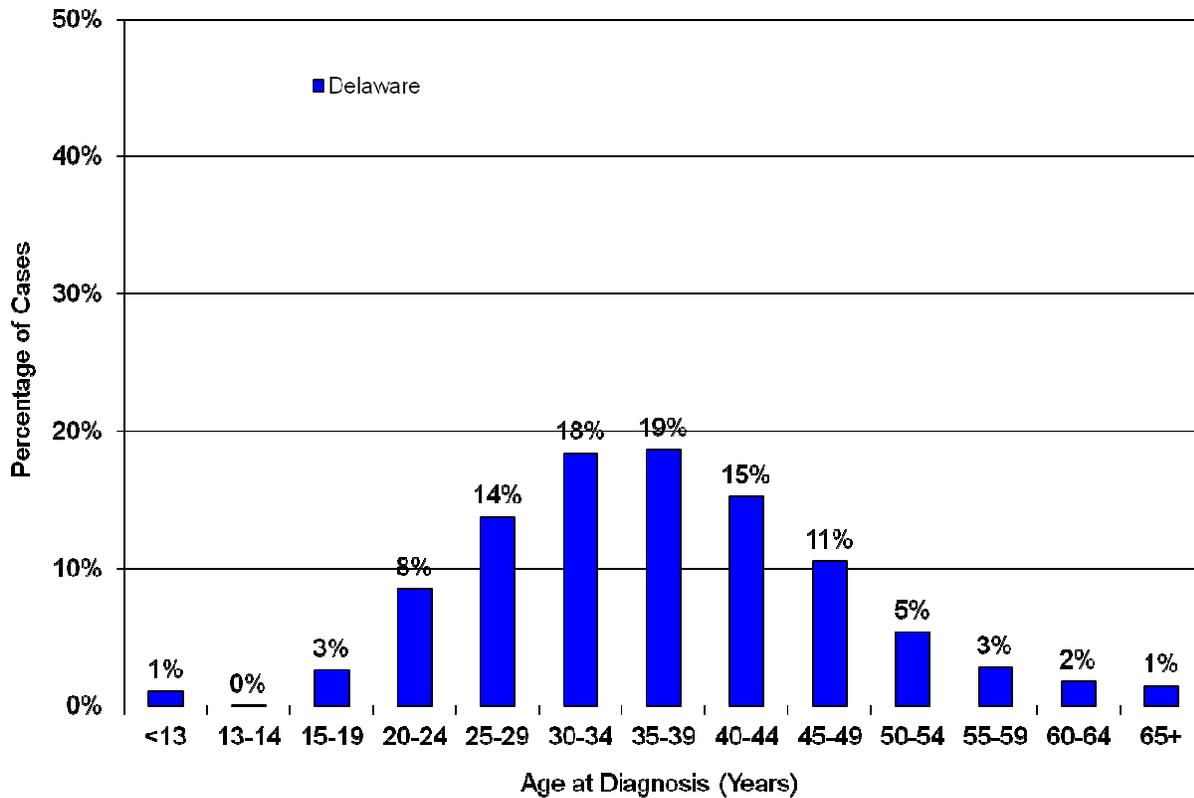
*Does not include national pediatric cases = 3,827 (no breakdown available)

Hispanics represent approximately 8% of the state's population and account for 7% of persons living with HIV/AIDS in Delaware.

Age at Diagnosis

The majority of persons diagnosed with HIV/AIDS in Delaware were between the ages of 30-39 (Figure 5). This is similar to trends observed in the U.S. (Figure 6). In Delaware and the U.S., only 1% of AIDS cases are diagnosed among those under the age of 13. Adults age 50 and older account for 15% of AIDS cases in Delaware and nationwide.

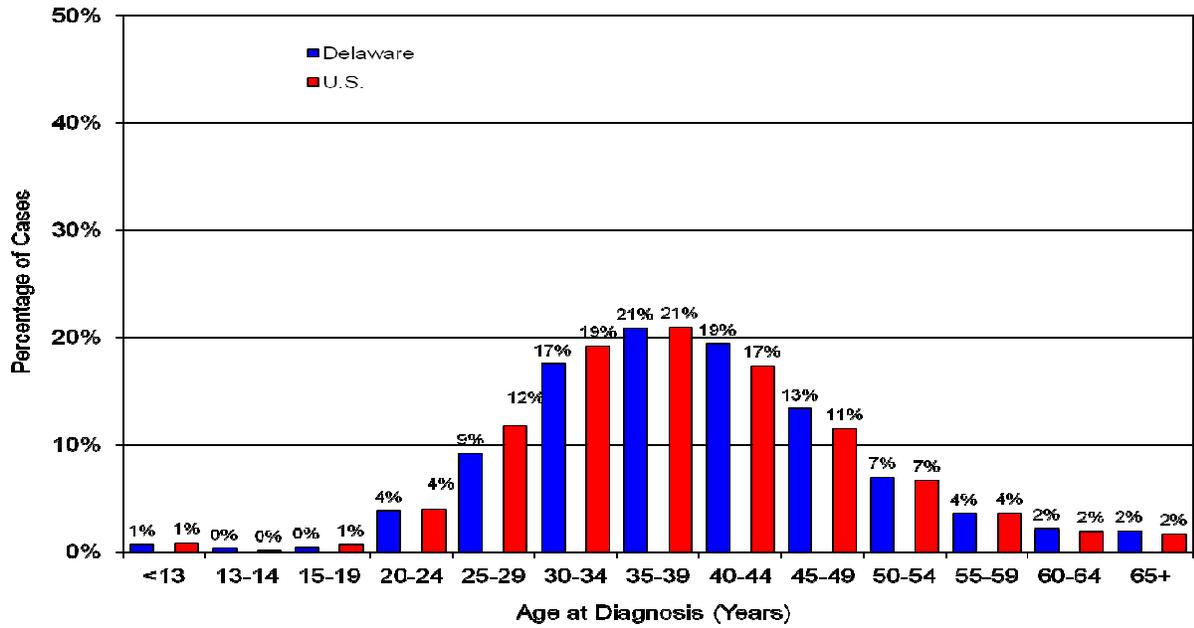
Figure 5: Delaware HIV/AIDS cases, by age at HIV disease diagnosis, 1981-2011*



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Cumulative HIV disease diagnosis date information not available for U.S. data

Figure 6: AIDS Cases, by Age at AIDS diagnosis: Delaware and U.S., 1981-2011

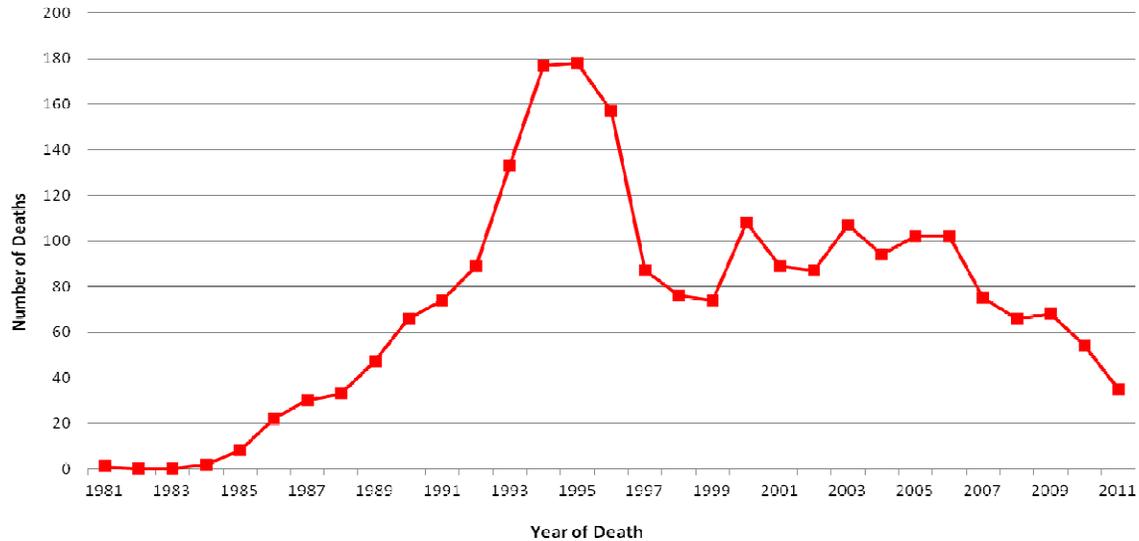


Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS) & 2010 U.S. HIV/AIDS Report

Mortality

Between 1981 and 2011, a total of 2,241 Delawareans with AIDS died. The number of AIDS deaths in Delaware has declined in recent years (Figure 7). Ongoing matching of known HIV positive persons against the National Death Index (NDI), Social Security Master Death File and local vital statistics information may result in improved positive death ascertainment in coming years.

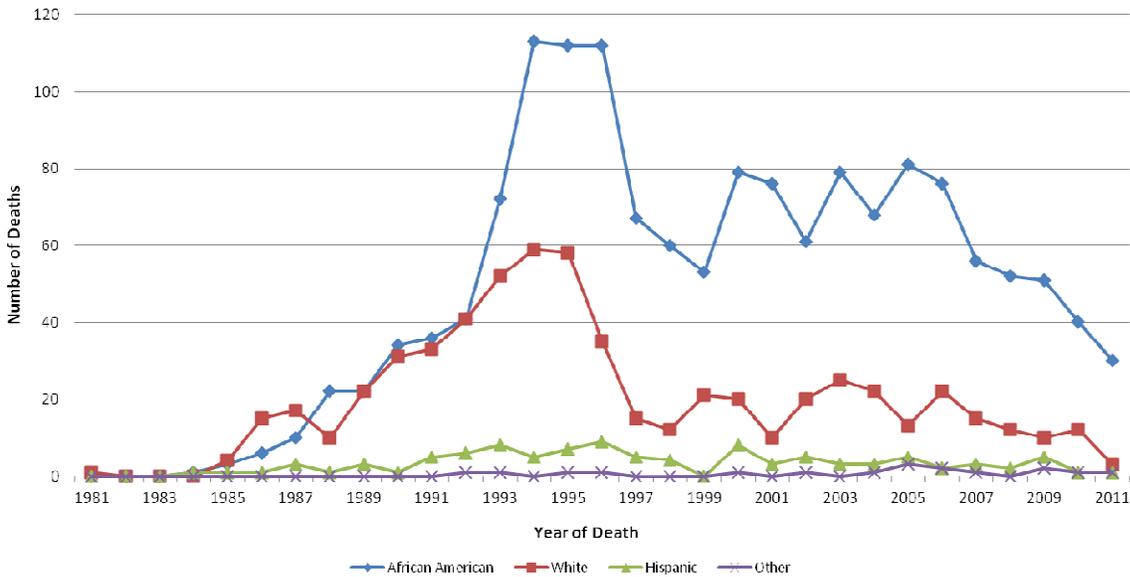
Figure 7: Delaware AIDS deaths, 1981-2011 (N=2,241)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Following a peak in the mid 1990s, the number of AIDS deaths in Delaware decreased among all races.

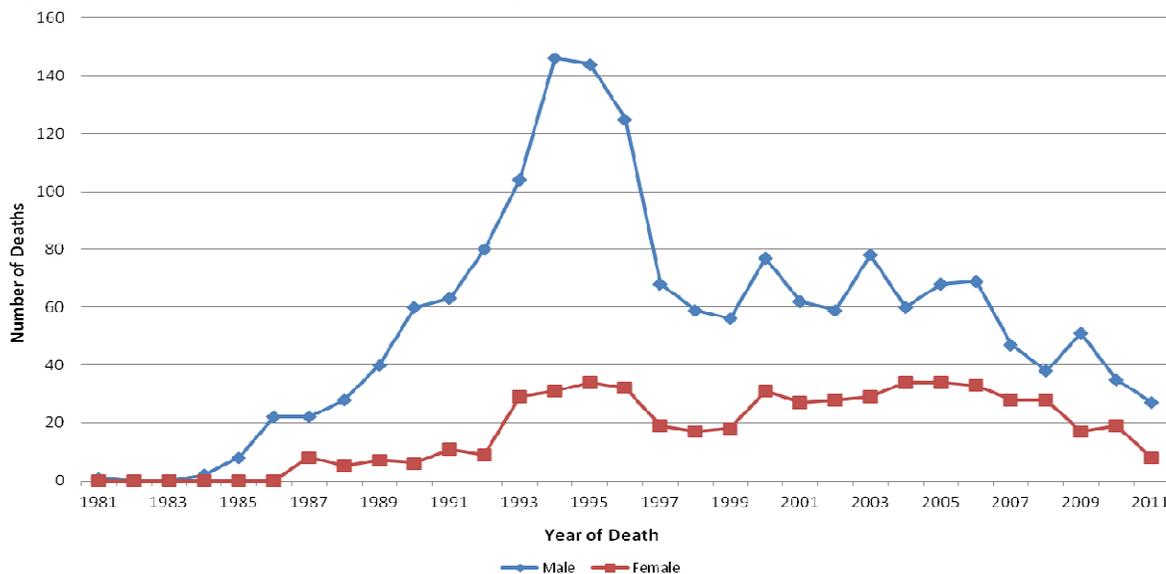
Figure 8: Delaware AIDS deaths by race, 1981 to 2011 (N=2,241)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Deaths among Delaware males with AIDS have declined sharply since its peak during the mid-1990s (Figure 9). Deaths among Delaware females with AIDS rose modestly in the mid-1990s, but are trending down in recent years (Figure 9).

Figure 9: Delaware AIDS deaths by gender, 1981 to 2011 (N=2,241)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Delaware’s trends in AIDS deaths follow those observed at the national level. The annual number of AIDS deaths has declined among U.S. Caucasians, African-Americans, and Hispanics. AIDS-related deaths have increased slightly among the Asian/Pacific Islander and American Indian/Alaskan Native populations in the U.S. The numbers of AIDS-related deaths have declined across all geographic regions. Currently, the Northeast and South experience the highest number of AIDS deaths in the nation; the Midwest region of the U.S. continues to experience the fewest AIDS-related deaths. Behavioral surveillance data also suggests that the number of AIDS-related deaths continue to decline among men who have sex with men (MSM) and intravenous drug users (IDU).

Factors contributing to this decline include earlier diagnosis of HIV/AIDS and progress in the medical management of HIV including the introduction of highly active anti-retroviral therapy (HAART). As survival rates increase for persons living with HIV/AIDS, society will face increased costs associated with chronic disease management.

The AIDS mortality rates noted in this profile reflect data from the Delaware eHARS system and may not be a true reflection of Delaware Vital Statistics information. At the time of this writing, Delaware is in the third year of National Death Index matching and data importation which will allow for better expression of primary and secondary causes of death in the next iteration of this document. We expect to have a more defined portrayal of these aspects once we have run through the entire five year cycle of matching that CDC is making available to Delaware.

As of this writing it has been assessed that HIV disease was the underlying cause of death in 68% of all Delawareans who had AIDS and died. Twenty-Four percent of these persons died of other causes and the underlying cause of death has not been determined in 8% of the cases. It must be noted that NDI data was complete only through 2009 as of this writing. As a technical issue, importation of NDI matched records into eHARS is the only method for assigning underlying cause of death and thus accounts for the cases with an undetermined underlying cause of death (those deaths occurring in 2010 and 2011).

3. Mode of Disease Transmission

Transmission Category Hierarchy

In an effort to monitor disease transmission trends, newly diagnosed HIV/AIDS cases are assigned to a category in the CDC-established HIV transmission risk hierarchy, shown below. Case assignment indicates the risk factor most likely to have been responsible for HIV transmission. If a newly diagnosed case reports more than one suspected mode of HIV transmission, the case is classified using the highest risk category in the hierarchy. The one exception to this rule involves males with a history of both sexual contact with other men and injecting drug use; these individuals comprise a separate exposure category (Risk Category 3).

1. Men who have sex with men
2. Injecting drug user
3. Men who have sex with men and inject drugs
4. Heterosexual contact “sex partner at risk”
 - a. Sexual contact with an injecting drug user
 - b. Sexual contact with a bisexual male
 - c. Sexual contact with a person with hemophilia
 - d. Sexual contact with a transfusion recipient with HIV
 - e. Sexual contact with a transplant recipient with HIV
 - f. Sexual contact with a person with HIV/AIDS; with a risk unspecified
5. Transfusion of blood/blood components
6. Transplant of tissue/organs or artificial insemination
7. Worked in a health care or laboratory setting

Some newly reported HIV cases have not been assigned to an exposure risk category pending further investigation; these cases are referred to as “no identified risk” (NIR) cases. The NIR category generally includes cases for which the reporting source does not have the risk information available. For example, private laboratories and blood banks generally do not have data pertaining to individuals’ risk behaviors. Even some hospital-reported HIV/AIDS cases may lack risk factor data; occasionally, lab tests are completed during inpatient hospitalizations and results arrive after patient discharge.

The CDC-established standard for case assignment to a transmission risk category is 85% (no more than 15% of HIV/AIDS cases should be classified as NIR). Surveillance personnel in Delaware place a high priority on case assignment to the appropriate transmission risk category and only 2.5% are classified as NIR.

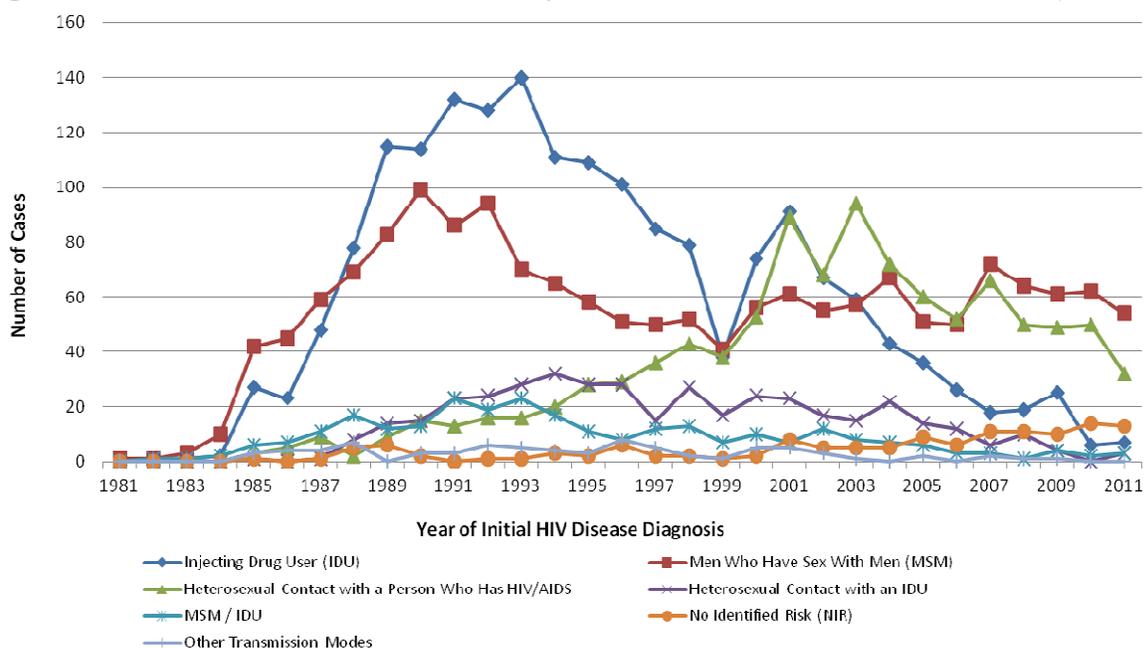
Mode of HIV Transmission:

The mode of HIV transmission within a population reflects individuals' behavioral risk factors. Patterns of disease transmission may shift over time. The predominant mode of HIV transmission in Delaware at the beginning of the HIV/AIDS epidemic (1981-1994) differs from patterns of disease transmission in more recent years (Figure 10).

From 1993-2011, the percentage of newly diagnosed HIV/AIDS cases attributable to injection drug use (IDU) dropped substantially. In 1993, 49% of HIV/AIDS cases diagnosed among Delawareans were attributable to IDU. The percentage of cases attributable to IDU has fallen to 6% in 2011. The proportion of Delaware's HIV/AIDS cases diagnosed among men who have sex with men (MSM) in 2011 is 48%. It is noteworthy that MSM has been resurgent since 1999 and is the highest ranking risk factor for HIV infection in Delaware in 2011 and is at the highest level by percentage since the early 1980's.

In Delaware, the percentage of cases attributable to heterosexual contact substantially increased from 1985 until 2003. From 2003 on, HIV infections attributable to heterosexual contact has decreased significantly. It is not unusual for cases that were attributable to heterosexual contact to be later re-assigned to a different risk category if it is determined that the sexual partner who has HIV/AIDS is also an IDU and/or a bisexual. Cases attributable to "other modes of transmission" include pediatric cases infected via perinatal exposure, transfusion recipients, and those infected from working in a healthcare or laboratory setting. Cases representing "other modes of transmission" account for a very small percentage of all HIV/AIDS cases in the state.

Figure 10: Delaware HIV/AIDS cases, by mode of transmission, 1981-2011 (N=5,398)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 7: Delaware HIV/AIDS cases, by mode of transmission, 2007-2011 and cumulative (N=5,398)

	2007 N (%)	2008 N (%)	2009 N (%)	2010 N (%)	2011 N (%)	Cumulative N (%)
Mode of Transmission						
Injection Drug Use (IDU)	18 (10%)	19 (12%)	25 (16%)	6 (4%)	7 (6%)	1,802 (33%)
Men Who have Sex with Men (MSM)	72 (40%)	64 (41%)	61 (40%)	62 (46%)	54 (48%)	1,689 (31%)
Heterosexual contact with PWH/A	66 (37%)	50 (32%)	49 (32%)	50 (37%)	32 (29%)	1,017 (19%)
Heterosexual contact with an IDU	6 (3%)	10 (6%)	4 (3%)	0 (0%)	3 (3%)	411 (8%)
IDU and are MSM	3 (2%)	1 (1%)	4 (3%)	2 (1%)	3 (3%)	269 (5%)
No Identified Risk (NIR)	11 (6%)	11 (7%)	10 (6%)	14 (6%)	13 (12%)	134 (2%)
Other Modes	2 (1%)	1 (1%)	1 (1%)	1 (1%)	0 (0%)	76 (1%)
Totals	178 (100%)	156 (100%)	154 (100%)	135 (100%)	112 (100%)	5398 (100%)

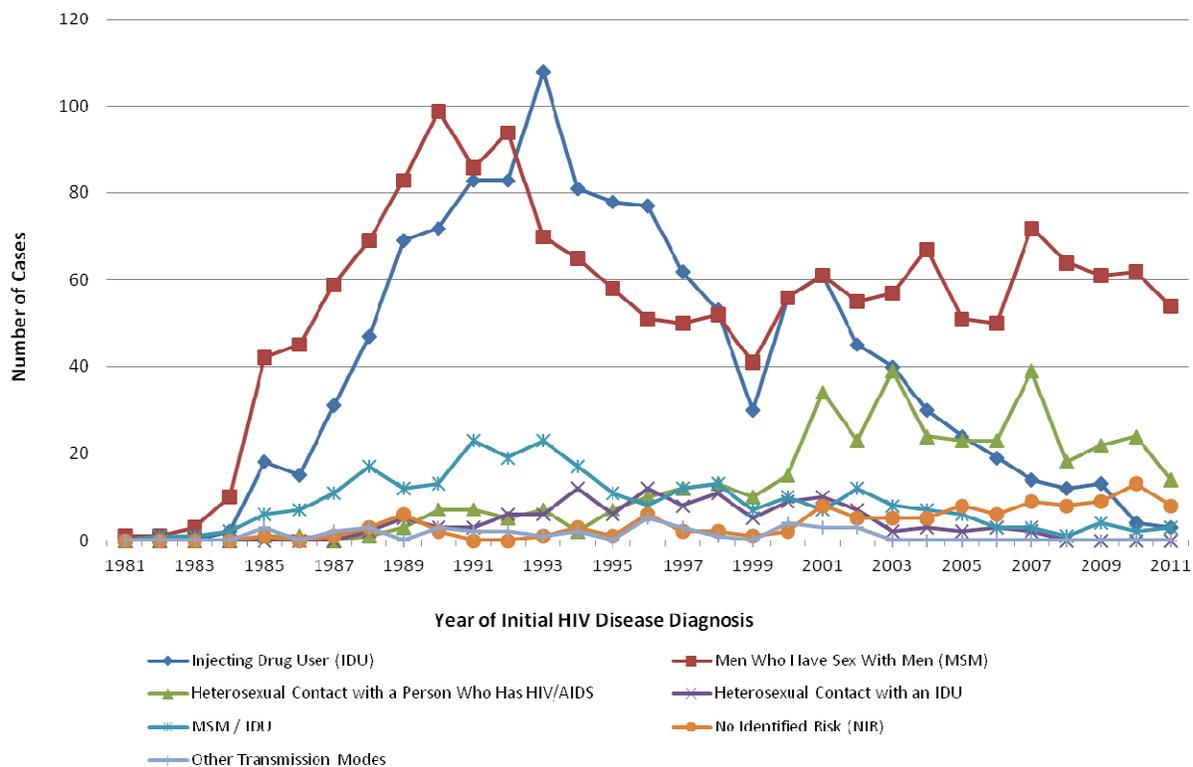
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

The majority (67%) of all HIV/AIDS cases ever diagnosed in Delaware were related to risky sexual behavior while 33% were related to intravenous drug use. Five-percent of those classified as risky sexual behavior were MSM's who also engaged in intravenous drug use. Historical trends in the mode of HIV transmission among Delawareans differ by gender. Gender-specific modes of HIV transmission are explored in more detail below.

HIV Transmission among Delaware Males

Between 1990 and 2011, the percentage of male HIV/AIDS cases attributable to IDU and MSM/IDU declined in Delaware. As shown in figure 11, IDU-attributable cases among males fell from 108 in 1993 to 3 in 2011, a decrease of 97%. The total number of MSM-attributable cases fell from a high of 100 in 1990 to 54 in 2011, a decrease of 46%. MSM cases as a percentage of total cases among males, has been resurgent since 2000 and is higher than in 1990. MSM has been the highest ranking exposure risk among males since 2000 and the highest overall exposure risk since 2006. MSM/IDU-attributable cases fell from 23 in 1992 to only 3 in 2011, a decrease of 87%. In Delaware, the percentage of male HIV/AIDS cases attributable to heterosexual contact has increased from only 2 in 1994 to a peak of 39 in 2007 and ended 2011 at 14 total cases. The drop from 2007 to 2011 reflects a 64% decrease in male cases attributable to heterosexual exposure, but the current heterosexual exposure counts remain higher than the levels in the 1980's and 1990's.

Figure 11: Delaware HIV/AIDS cases among males, by mode of transmission, 1981-2011 (N=3,841)



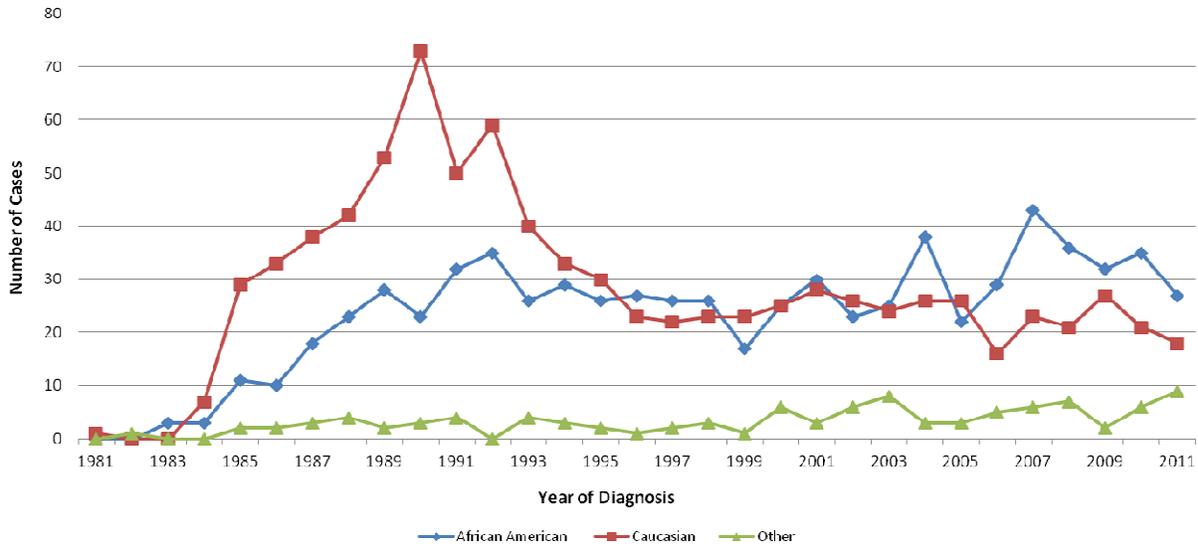
Source: Delaware Evaluation HIV/AIDS Reporting System (EHARS)

HIV/AIDS cases attributable to different modes of transmission (i.e., IDU, MSM, MSM/IDU, and heterosexual contact) often differ demographically. The subpopulation of Delawarean men diagnosed with HIV/AIDS and the mode of infection transmission is explored in detail below.

Men Who Have Sex with Men (MSM). Since 1981, a total of 1,689 MSM-attributable cases have been diagnosed in Delaware and account for 44% of all HIV/AIDS cases ever diagnosed among males. Closely mirroring the state population distribution, the majority (66%) of MSM cases were diagnosed in New Castle County. Kent and Sussex Counties accounted for 11% and 23% of MSM-attributable cases, respectively.

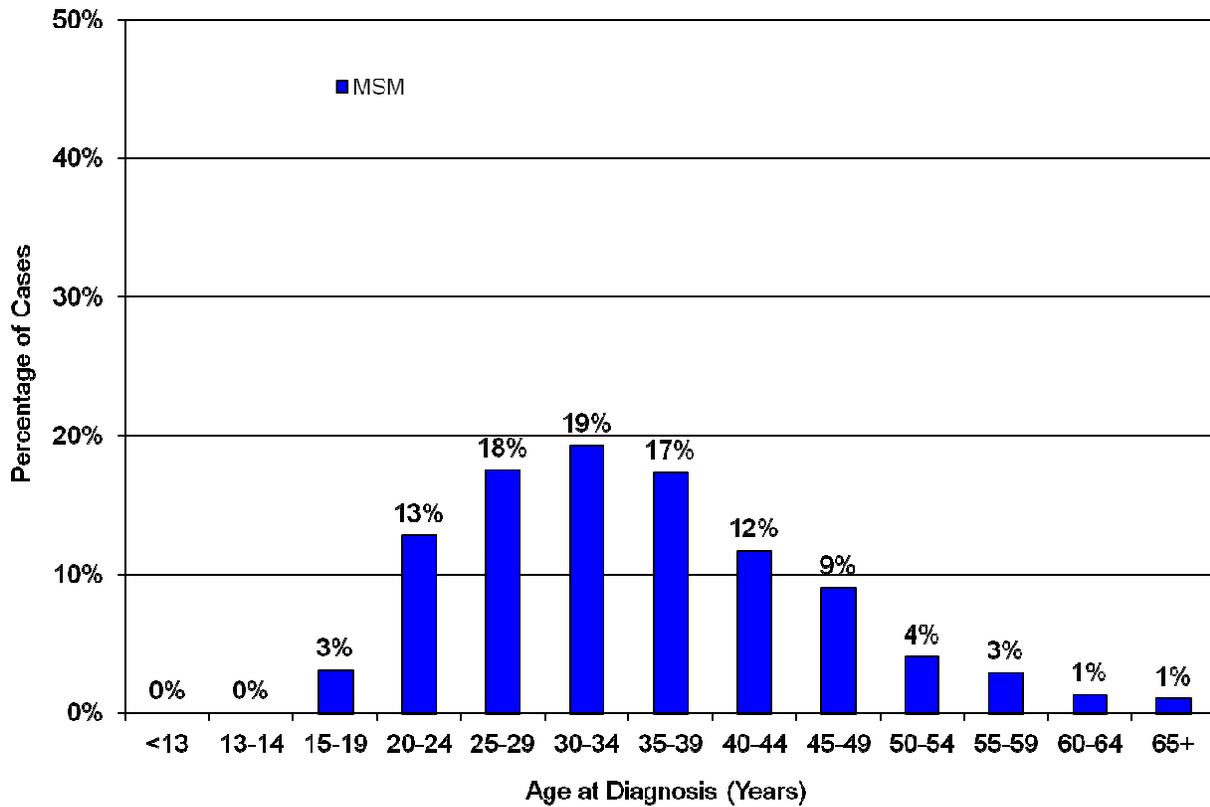
As shown in Figure 12 and Table 8, the demographic composition of HIV/AIDS cases attributable to MSM has shifted with time. In the early 1990's, African Americans accounted for 116 (34%) of MSM cases. From 2007-2011 that number increased to 173 (55%). Over the same period, the average proportion of MSM cases for Caucasians fell from 222 (63%) in the early 1990's to 110 (35%) from 2007 to 2011. The proportion of MSM-related cases among Hispanic Delawareans has remained fairly stable since 1981. The majority of MSM-related cases were diagnosed among men ages 25-39 as shown in Figure 13.

Figure 12: Delaware HIV/AIDS cases attributable to MSM, by race, 1981-2011 (N=1,689)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 13: Delaware HIV/AIDS cases attributable to MSM, by age, 1981-2011 (N=1,689)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 8: Delaware HIV/AIDS cases attributable to MSM, by race and age, 2007-2011 and cumulative (N=1,689)

	2007 N (%)	2008 N (%)	2009 N (%)	2010 N (%)	2011 N (%)	Cumulative* N (%)
Total Cases	72	64	61	62	54	1689
Race						
Caucasian	23 (32%)	21 (33%)	27 (44%)	21 (34%)	18 (33%)	860 (51%)
African-American	43 (60%)	36 (56%)	32 (52%)	35 (56%)	27 (50%)	728 (43%)
Other	6 (8%)	7 (11%)	2 (3%)	6 (10%)	9 (17%)	101 (6%)
Age Group (Years at Diagnosis)						
<13	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
13-14	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
15-19	5 (7%)	5 (8%)	7 (11%)	5 (8%)	4 (7%)	52 (3%)
20-24	17 (24%)	9 (14%)	16 (26%)	16 (26%)	11 (20%)	216 (13%)
25-29	13 (18%)	11 (17%)	5 (8%)	10 (16%)	16 (30%)	296 (18%)
30-34	6 (8%)	8 (13%)	5 (8%)	9 (15%)	7 (13%)	326 (19%)
35-39	9 (13%)	8 (13%)	8 (13%)	2 (3%)	3 (6%)	293 (17%)
40-44	8 (11%)	11 (17%)	7 (11%)	9 (15%)	4 (7%)	198 (12%)
45-49	10 (14%)	7 (11%)	9 (15%)	8 (13%)	3 (6%)	152 (9%)
50-54	2 (3%)	3 (5%)	2 (3%)	3 (5%)	3 (6%)	68 (4%)
55-59	0 (0%)	2 (3%)	0 (0%)	0 (0%)	2 (4%)	49 (3%)
60-64	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	22 (1%)
65+	1 (1%)	0 (0%)	2 (3%)	0 (0%)	1 (2%)	17 (1%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*The cumulative total represents all persons in the category 1981 through 2011

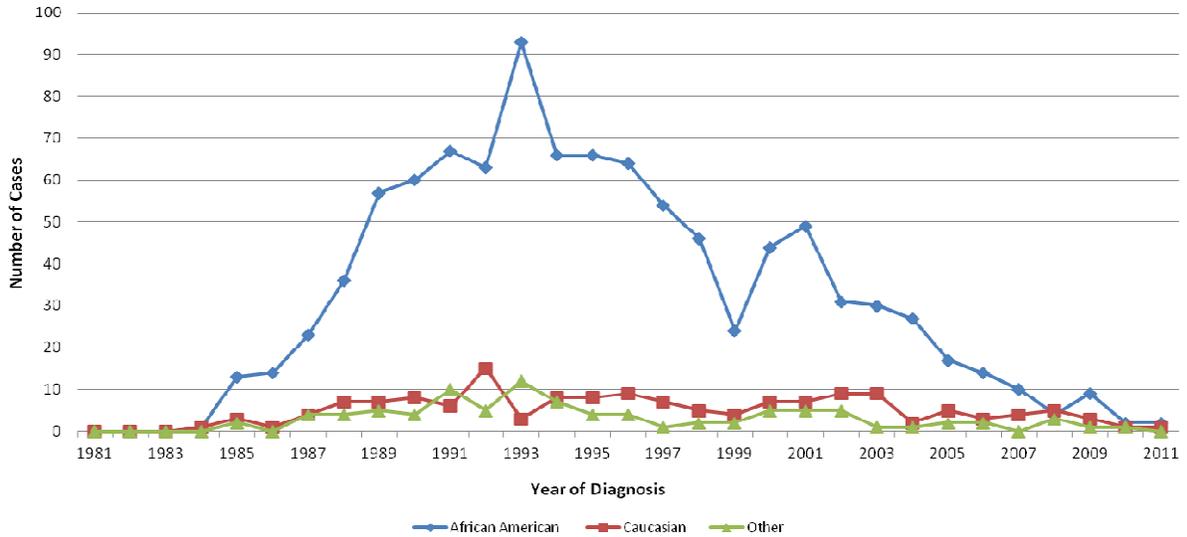
Male Injecting Drug Users (IDU). From 1981-2011, 1,230 IDU-attributable cases of HIV/AIDS were diagnosed among Delaware males and accounted for 32% of all cases ever diagnosed among Delaware men. Eighty-five percent were in New Castle County while Kent and Sussex Counties accounted for 7% and 8% respectively.

The majority (80%) of all IDU-attributable cases among Delaware men were within the African-American population. In 1993, 93 (86%) IDU related HIV cases were diagnosed among African-American men. In 2011, this number had declined to 2 (67%) cases. As shown in Figure 14, among males, the percentage of African American men in Delaware having an HIV diagnoses attributable to IDU remains high, however, the total number of cases has dropped significantly. The number of IDU cases among Caucasian males and those listed in the “other” category (including Hispanics) have remained stable since 1987, (Figure 14). The majority of IDU-related cases were diagnosed among men ages 35-44 as shown in Figure 15.

As shown Figure 14, the annual number of IDU-attributable cases diagnosed among Delaware men has declined fairly steadily since the mid 1990s. The apparent peak in male IDU cases in 1993 largely reflects the expansion of the AIDS definition that year.

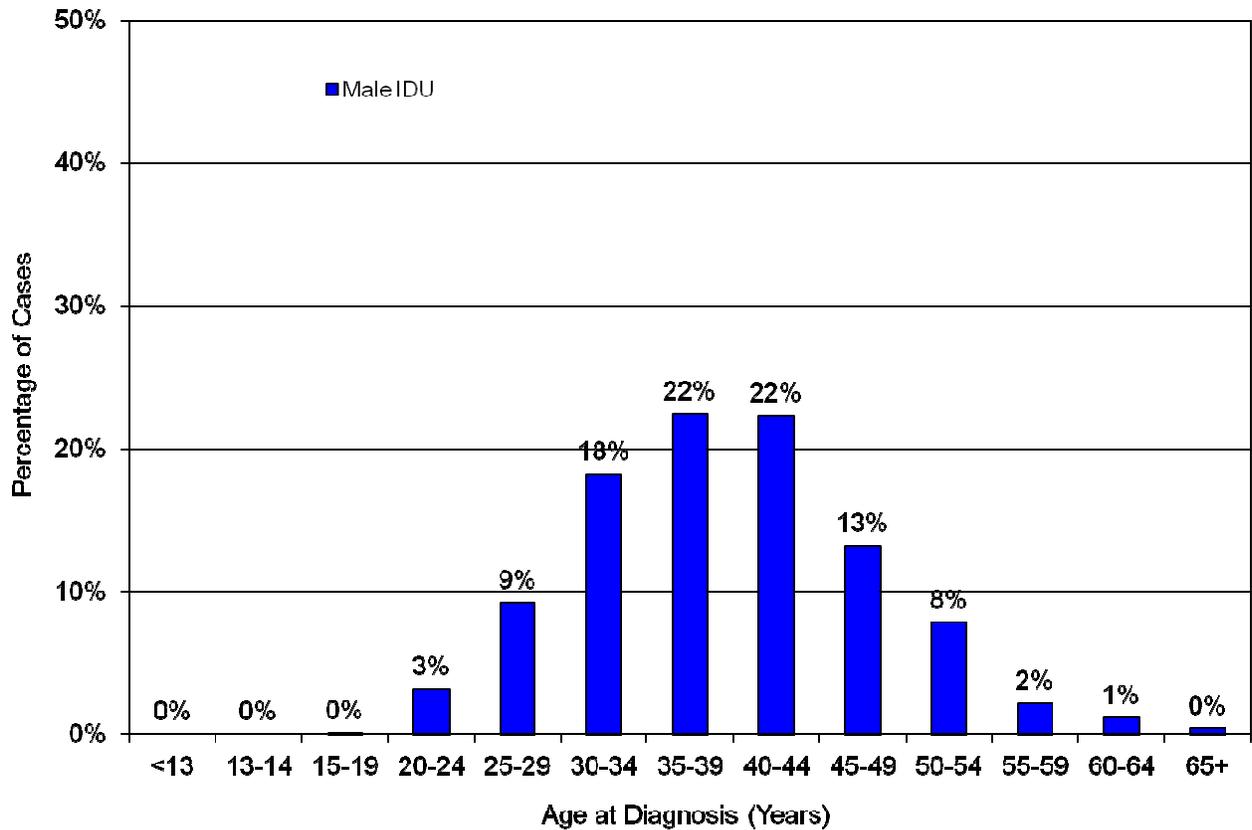
It is likely that the sub-population of male IDUs in Delaware that do not adopt safer injection and sexual practices has stabilized and the number of new IDU-attributable cases among males will likely reflect the rate at which new male IDUs join the population and fail to adopt safer injection practices.

Figure 14: Delaware HIV/AIDS cases among males attributable to IDU, by race, 1981-2011 (N=1,230)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 15: Delaware HIV/AIDS cases among males, attributable to IDU, by age at diagnoses, 1981-2011 (N=1,230)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 9: Delaware HIV/AIDS cases among males, attributable to IDU, by race and age, 1981-2011 (N=1,230)

		1981-2011
		N (%)
Total Cases		1,230
Race		
	Caucasian	152 (12%)
	African-American	986 (81%)
	Hispanic/Other	92 (7%)
Age Group (Years)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	1 (<1%)
	20-24	39 (3%)
	25-29	113 (9%)
	30-34	224 (18%)
	35-39	276 (22%)
	40-44	274 (22%)
	45-49	162 (13%)
	50-54	96 (8%)
	55-59	26 (2%)
	60-64	14 (1%)
	65+	5 (1%)

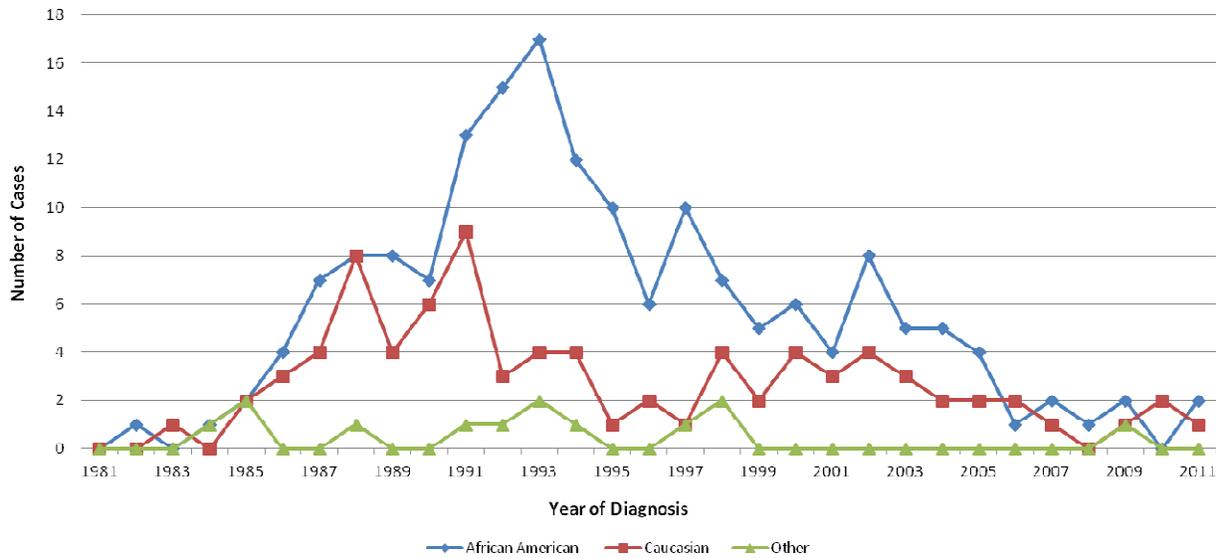
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

Men Who Have Sex with Men and Who Also Inject Drugs (MSM/IDU). Since 1981, 269 MSM/IDU-attributable cases of HIV/AIDS have been diagnosed among Delaware men and account for 7% of all male HIV/AIDS cases ever diagnosed in the state. The majority of MSM/IDU cases (79%) were diagnosed among males in New Castle County with Kent and Sussex Counties accounting for 8% and 12% of cases, respectively.

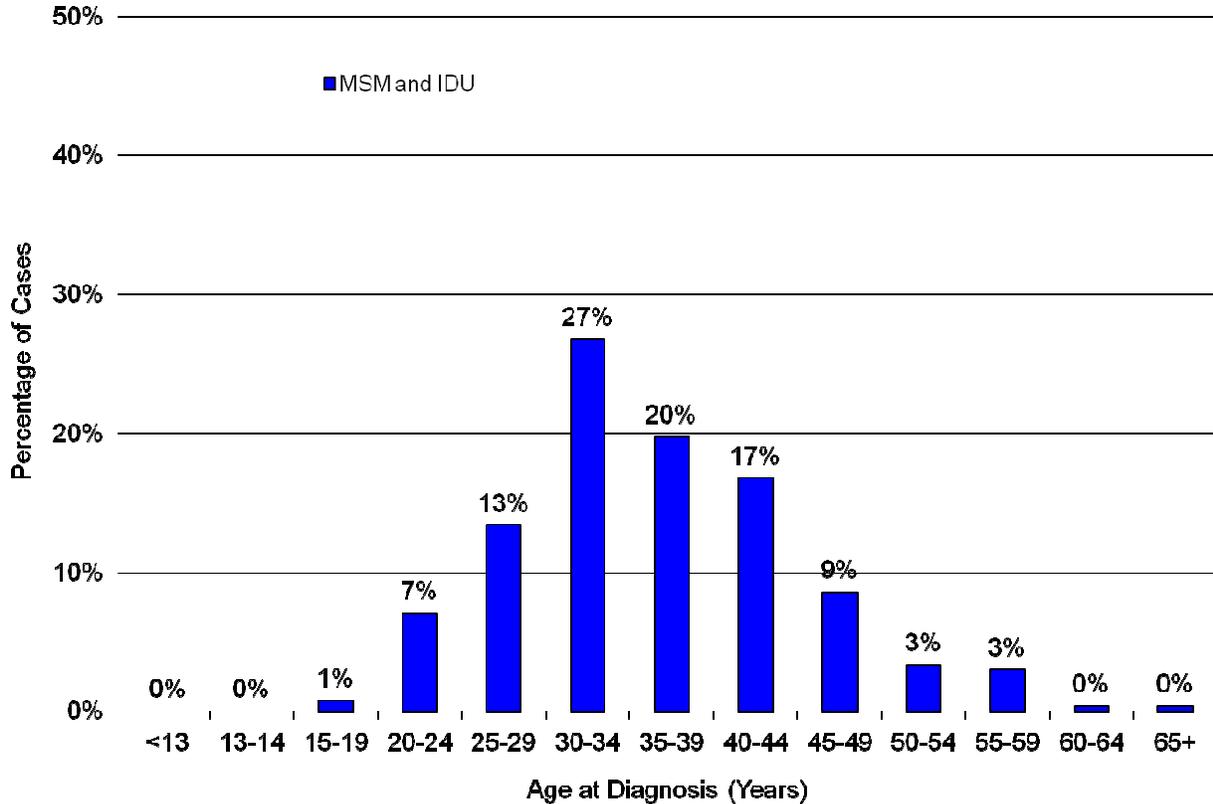
As shown in Table 10, approximately 64% of all MSM/IDU cases ever diagnosed in the state were among African-Americans. Caucasians account for 31% of MSM/IDU cases. MSM/IDU has declined from a high of 24 cases in 1991 to 3 in 2011 (Figure 16). Men between the ages of 30-39 at diagnosis are the group most likely to be affected through MSM/IDU exposure (Figure 17).

Figure 16: Delaware HIV/AIDS cases among males attributable to MSM/IDU, by race, 1981-2011 (N=269)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 17: Delaware HIV/AIDS cases among males, attributable to MSM/IDU, by age at diagnoses, 1981-2011 (N=269)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 10: Delaware HIV/AIDS cases attributable to MSM who are also IDU, by race and age, 1981-2011 (N=269)*

		1981 - 2011 N (%)
Total Cases		269
Race		
	Caucasian	83 (31%)
	African-American	173 (64%)
	Hispanic/Other	13 (5%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	2 (1%)
	20-24	19 (7%)
	25-29	36 (13%)
	30-34	72 (27%)
	35-39	53 (20%)
	40-44	45 (17%)
	45-49	23 (9%)
	50-54	9 (3%)
	55-59	8 (3%)
	60-64	1 (<1%)
	65+	1 (<1%)

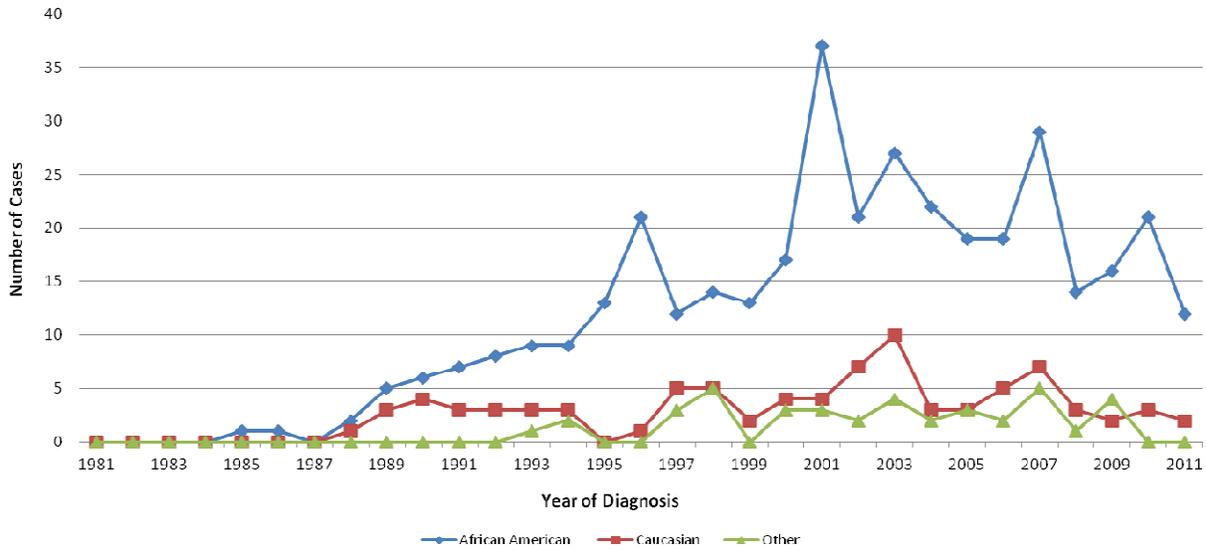
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

Heterosexual Transmission among Males. Heterosexual transmission accounted for 501 HIV/AIDS cases diagnosed among Delaware males since 1981, representing 13% of all HIV/AIDS cases ever diagnosed in this group. Twenty-five percent of male heterosexual cases were males who had sexual contact with a female IDU partner. Seventy percent of all male heterosexual HIV/AIDS cases were diagnosed in New Castle County, 19% in Sussex County and 11% were in County.

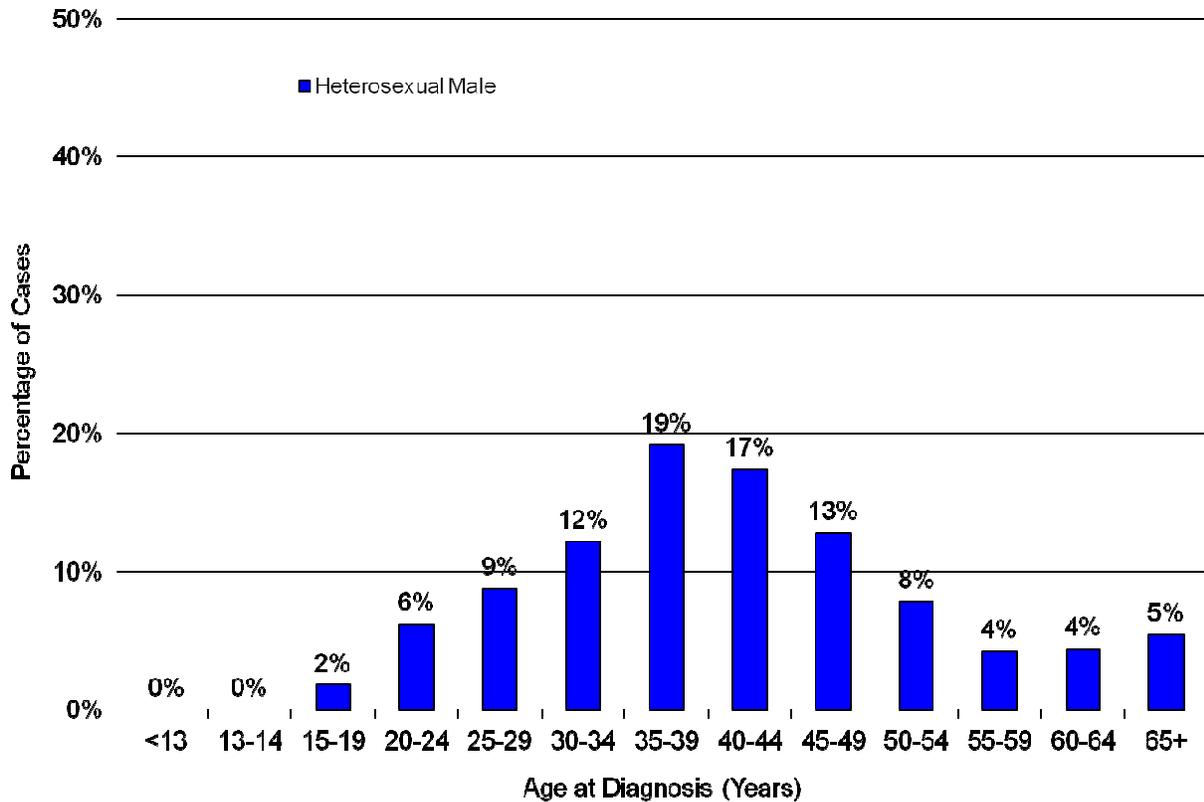
In 2001, there were 44 cases of HIV/AIDS attributable to heterosexual contact among Delaware men. This was the highest number in a single year. In 2011 this number fell to 14. This is a significant percentage drop of 7% (from 23% to 16% respectively). As shown in Table 11, African-American males account for 75% of cases contracted through heterosexual transmission. Caucasians and Hispanics/Others accounted for 17% and 8% respectively. As shown in Figure 19, males between the ages of 35-44 at diagnosis are primarily affected within this category.

Figure 18: Delaware HIV/AIDS cases among males attributable to heterosexual contact, by race, 1981-2011 (N=501)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 19: Delaware HIV/AIDS cases among males, heterosexual contact, by age at diagnosis, 1981-2011 (N=501)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 11: Delaware HIV/AIDS cases among males, attributable to heterosexual contact, by race and age, 1981-2011 (N=501)*

		1981 - 2011 N (%)
Total Cases		501 (100%)
Race		
	Caucasian	86 (17%)
	African-American	375 (75%)
	Hispanic/Other	40 (8%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	9 (2%)
	20-24	31 (6%)
	25-29	44 (9%)
	30-34	61 (12%)
	35-39	96 (19%)
	40-44	87 (17%)
	45-49	64 (13%)
	50-54	39 (8%)
	55-59	21 (4%)
	60-64	22 (5%)
	65+	27 (5%)

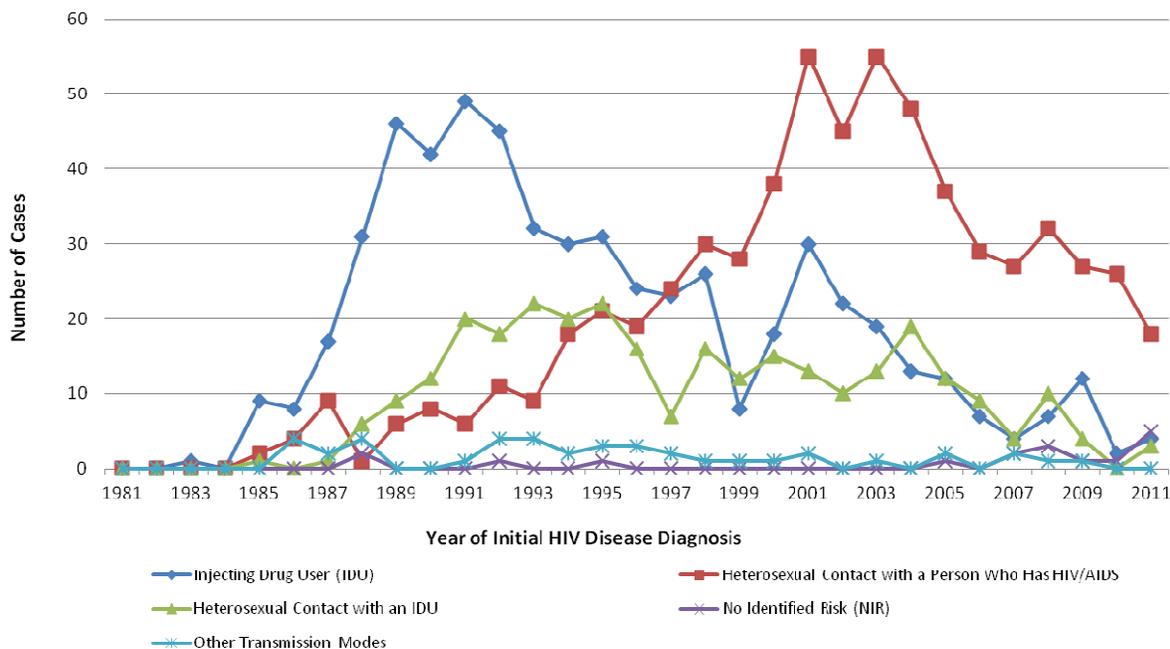
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

HIV Transmission among Delawarean Females

As shown in Figure 20, between 1991 and 2007, the number of female HIV/AIDS cases in Delaware attributable to IDU declined. However these numbers increased from 2007-2009, a likely reflection of increased testing carried out by Delaware Needle Exchange Program which also provides HIV counseling and testing services, and has identified cases which may otherwise have been missed. The success of this program might be reflected in the drop in cases in 2010 and 2011 after the initial case discoveries were made in 2008 and 2009. In 1986, heterosexual contact with an HIV-positive male accounted for 4 (25%) of all female HIV/AIDS cases. In 2010, this percentage increased to 26 (90%), and in 2011 this percentage was 21 (70%). The trend overall shows females being infected less and the mode of exposure is more frequently through sexual exposure.

Figure 20: Delaware HIV/AIDS cases among females, by mode of transmission, 1981-2011 (N=1,557).



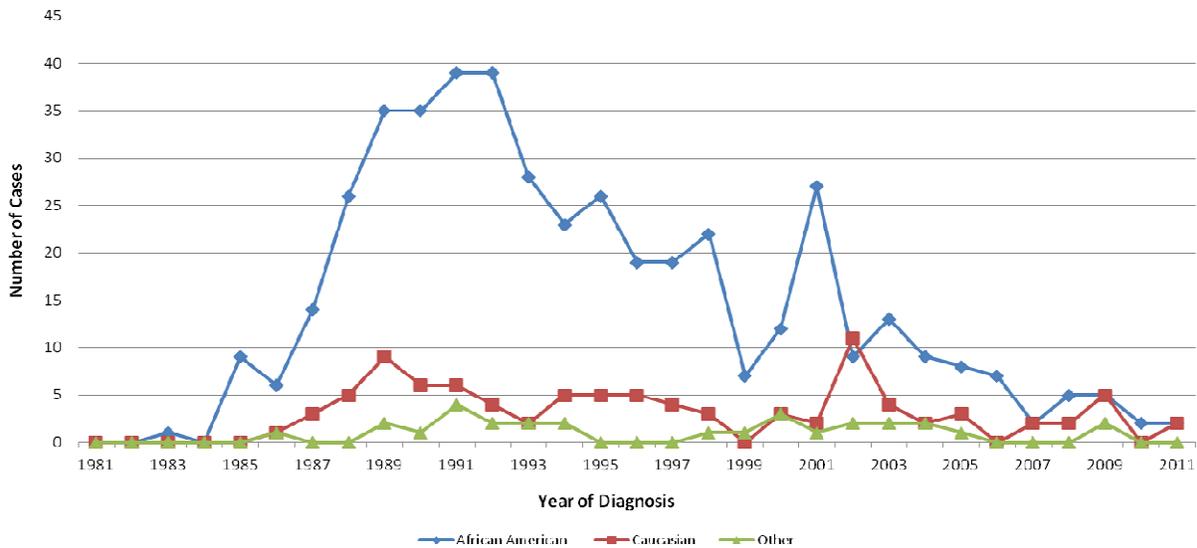
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Female Injecting Drug Users (IDUs). Since 1981, 572 IDU-attributable cases of HIV/AIDS have been diagnosed among Delaware females, accounting for 37% of all HIV/AIDS cases in this group. Eighty-eight percent of female IDU-attributable cases were diagnosed among female residents in New Castle County, 6% in Kent County and 6% in Sussex County.

As shown in Figure 21, the highest number of female IDU related HIV/AIDS cases in Delaware occurred in 1991 with 49 cases recorded (64% of the total female HIV/AIDS cases for that year). By 2007 these numbers had decreased to 4 (11%). Overall, the number of IDU-attributable cases among Delaware females decreased 92% from 1991-2011. As shown in Table 12, African-American females account for 78% of cases in this group while Caucasians and Hispanics/Others account for 16% and 5% respectively. Females between the ages of 30-39 at diagnosis are primarily affected within this category (Figure 22).

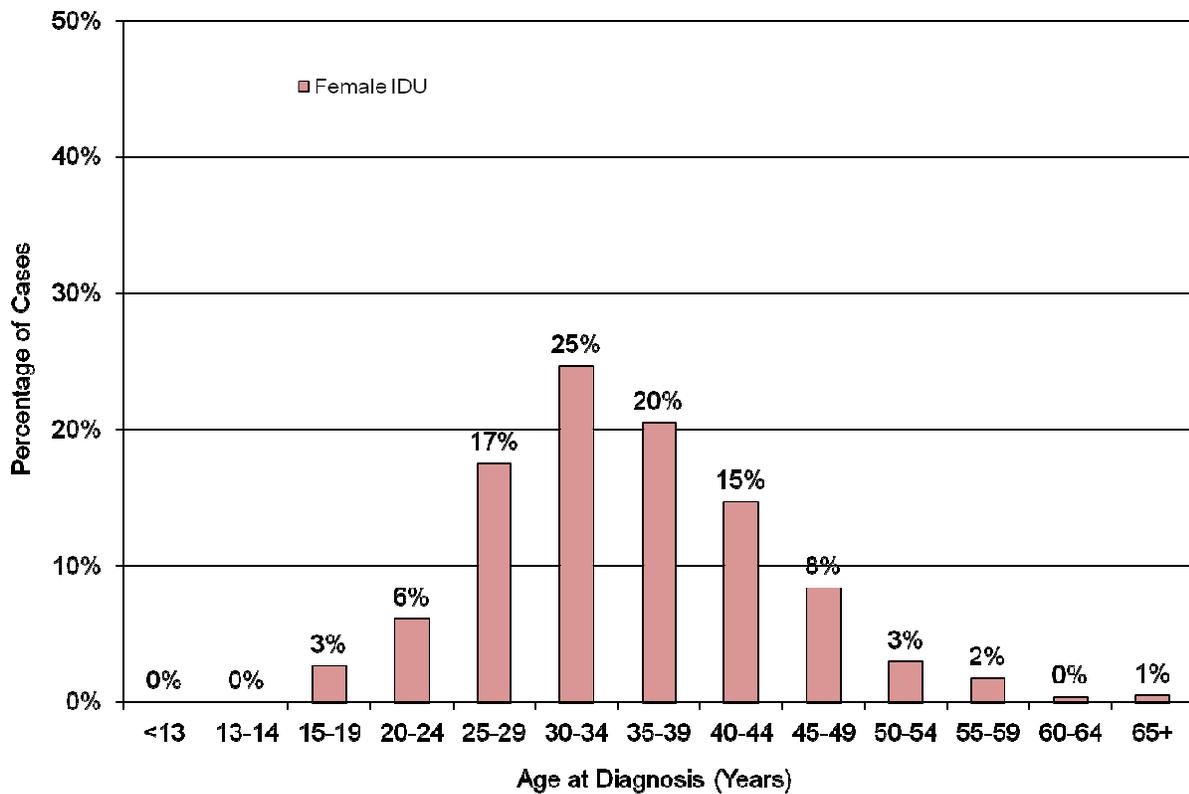
As with males, it is likely that the sub-population of female IDUs in Delaware that has not adopted safer injection and sexual practices has stabilized and new IDU-attributable cases will likely reflect the rate at which new female IDUs join the population.

Figure 21: Delaware HIV/AIDS cases among females attributable to IDU, by race, 1981-2011 (N=572)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 22: Delaware HIV/AIDS cases among females, attributable to IDU, by age at diagnosis, 1981-2011 (N=572)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 12: Delaware HIV/AIDS cases among females, attributable to IDU, by race and age, 1981-2011 (N=572)*

		1981 - 2011
		N (%)
Total Cases		572
Race		
	Caucasian	94 (16%)
	African-American	449 (78%)
	Hispanic/Other	29 (5%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	0 (0%)
	15-19	15 (3%)
	20-24	35 (6%)
	25-29	100 (17%)
	30-34	141 (25%)
	35-39	117 (20%)
	40-44	84 (15%)
	45-49	48 (8%)
	50-54	17 (3%)
	55-59	10 (2%)
	60-64	2 (<1%)
	65+	3 (<1%)

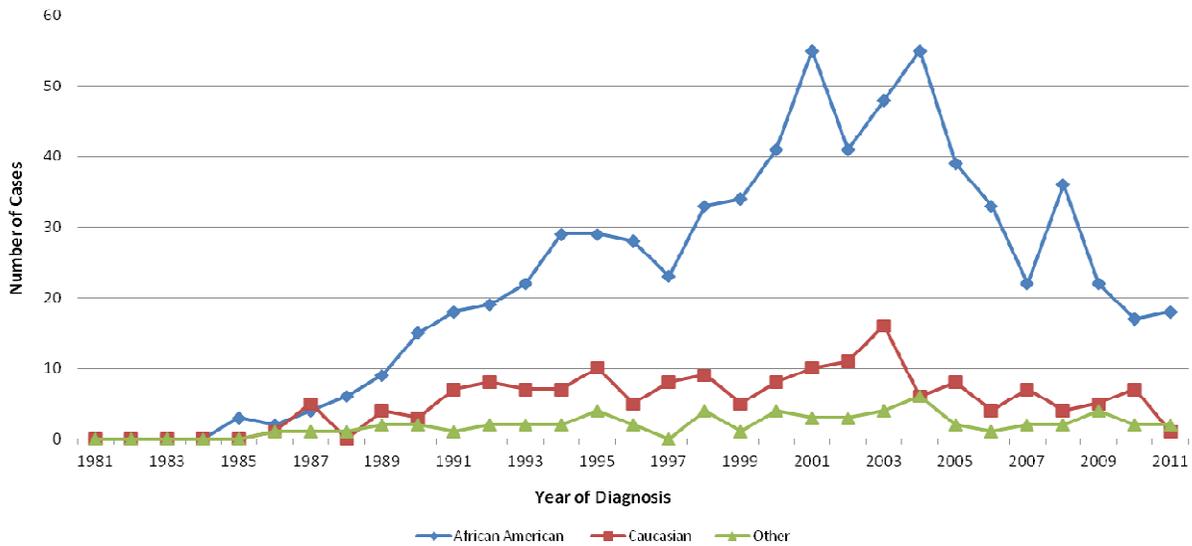
Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

Heterosexual Transmission among Females. Heterosexual transmission accounted for 927 HIV/AIDS cases diagnosed among Delawarean females since 1981, representing 60% of all HIV/AIDS cases ever diagnosed among this group. Nineteen percent of female heterosexual cases had sexual contact with a male IDU partner. Seventy-four percent of all female heterosexual HIV/AIDS cases were in New Castle County, 13% in Sussex County and the remaining 13% in Kent County.

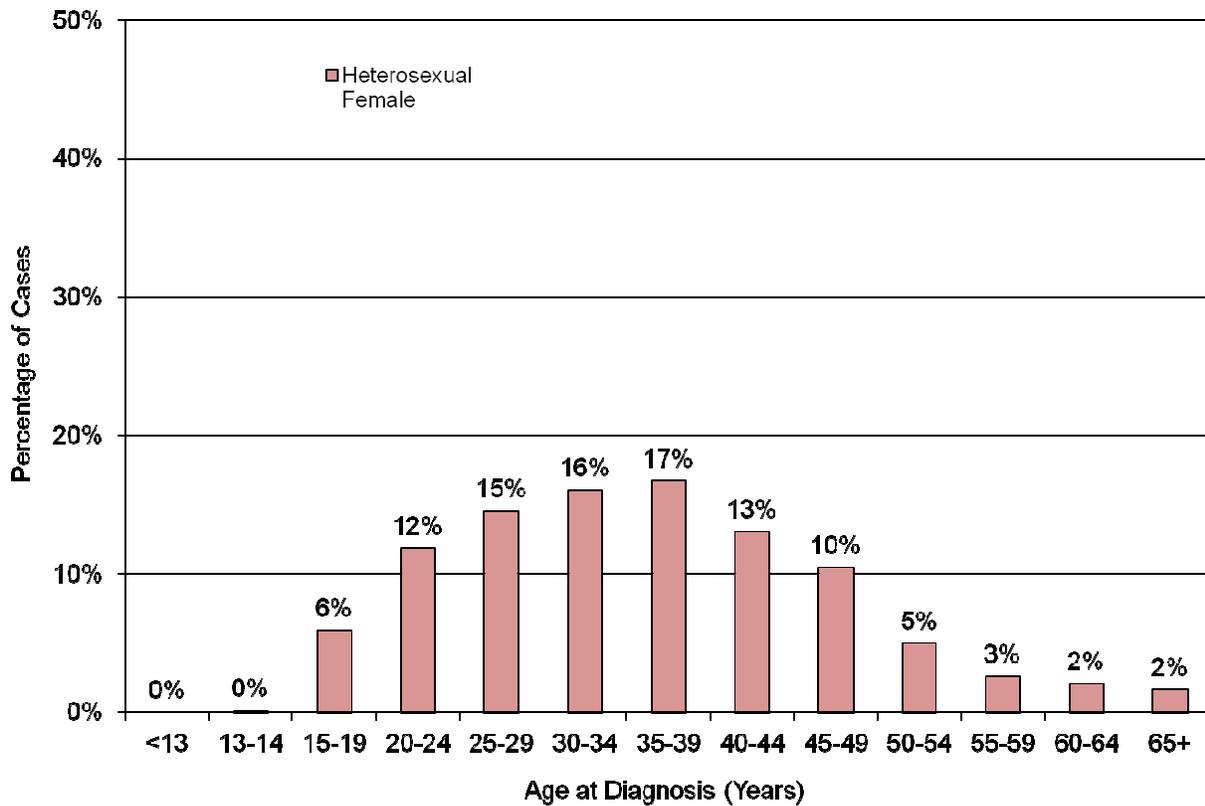
In 2003, there were 68 cases of HIV/AIDS attributable to heterosexual contact among Delaware females. This was the highest number in a single year. In 2011 the number was 21, a 69% decrease. As a percentage of the total HIV/AIDS cases in this category for 2003 and 2011 the rate dropped from 77% to 60% respectively. As shown in Table 13, African-American females account for approximately three-quarters of cases. Caucasians and Hispanics/Others accounted for 18% and 6% respectively. As shown in Figure 24, females between the ages of 30-39 at diagnosis are primarily affected within this category.

Figure 23: Delaware HIV/AIDS cases among females attributable to heterosexual contact, by race, 1981-2011 (N=927)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Figure 24: Delaware HIV/AIDS cases among females, heterosexual contact, by age at diagnosis, 1981-2011 (N=927)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

Table 13: Delaware HIV/AIDS cases among females, attributable to heterosexual contact, by race and age, 1981-2011 (N=927)*

		1981 - 2011 N (%)
Total Cases		927
Race		
	Caucasian	166 (18%)
	African-American	701 (76%)
	Hispanic/Other	60 (6%)
Age Group (Years at Diagnosis)		
	<13	0 (0%)
	13-14	1 (<1%)
	15-19	55 (6%)
	20-24	110 (12%)
	25-29	135 (15%)
	30-34	149 (16%)
	35-39	155 (17%)
	40-44	121 (13%)
	45-49	97 (11%)
	50-54	46 (5%)
	55-59	24 (3%)
	60-64	19 (2%)
	65+	15 (2%)

Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

*Due to low annual numbers this table is limited to cumulative figures for this category

4. Pediatric HIV/AIDS Cases in Delaware

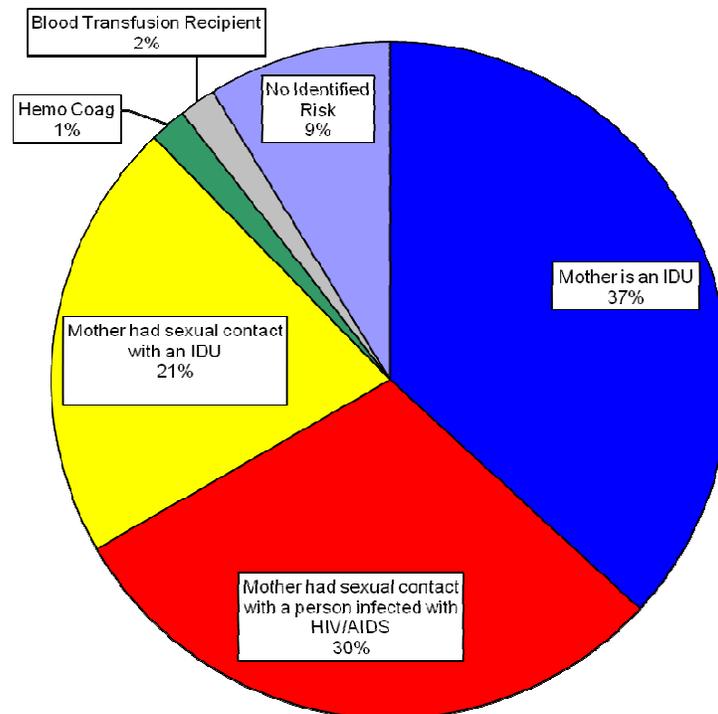
From 1981-2011, 57 children under the age of 13 were diagnosed with HIV/AIDS of whom 11 died from the disease.

The majority (77%) of pediatric HIV/AIDS cases in Delaware were diagnosed among African-Americans. Caucasians and Hispanics accounted for 16% and 7% of pediatric HIV/AIDS cases, respectively.

Seventy-five percent of pediatric HIV/AIDS cases were diagnosed in New Castle County. Kent and Sussex County accounted for 15% and 10% of pediatric HIV/AIDS cases, respectively.

Perinatal exposure accounts for nearly 90% of pediatric HIV/AIDS cases ever diagnosed in the state. Thirty-seven percent of pediatric cases contracted the disease from mothers who were IDUs, 30% contracted the disease from mothers who had sexual contact with a person infected with HIV/AIDS and 21% contracted the disease from mothers who had sexual contact with an IDU. Three percent of pediatric cases contracted the disease through blood transfusions or the child suffered from coagulopathies. Nine percent had no identifiable risk.

Figure 25: Delaware pediatric HIV/AIDS cases, by mode of transmission, 1981-2011 (N=57)



Source: Delaware Enhanced HIV/AIDS Reporting System (EHARS)

5. HIV Counseling and Testing in Delaware

From January 1, 2010 through December 31, 2011, over 25,000 Delawareans received HIV counseling services through the state's 72 testing and counseling sites. During the same period, 22,444 (89%) HIV tests were performed at these sites, of which 72 (0.32%) were newly positive.

As shown in Table 14, females accounted for 51% of all Delawareans who received counseling and testing services performed from 2010-2011. Females accounted for 12 (17%) new positive tests during this period.

Fifty-one percent of all those seeking HIV counseling services were African-American while Caucasians accounted for 30%. African-Americans represented 50% of all those tested, while Caucasians represented 32% of those tested during this period.

African-Americans accounted for 56% of all new positive HIV tests performed in Delaware from 2010-2011 while Caucasians accounted for 32%.

Delawareans age 20-29 were most likely to seek HIV counseling and testing services; 45% of all those receiving HIV counseling and testing for HIV were age 20-29. This age group also had the highest percentage of new HIV positive tests, (42%) of all new positive HIV tests reported from 2010-2011.

The largest percentage of Delawareans seeking HIV counseling and testing services were those at risk of infection through heterosexual contact though less than 1% tested positive. Among all risk categories of persons testing positive, heterosexual contact accounted for 28% of all cases discovered by Delaware Public Health funded sites from 2010-2011.

From 2010-2011, the MSM sub-population had the highest number of positive HIV tests, 32 (44%). These 32 cases were 2% of the total number of MSM who were tested for HIV. Three-percent of those who had an HIV positive partner tested newly positive.

It is also important to note that only 5% of all those who received HIV counseling and testing services did not acknowledge any transmission risk factor. This is down from 13% in the last reporting period, 2008-2009.

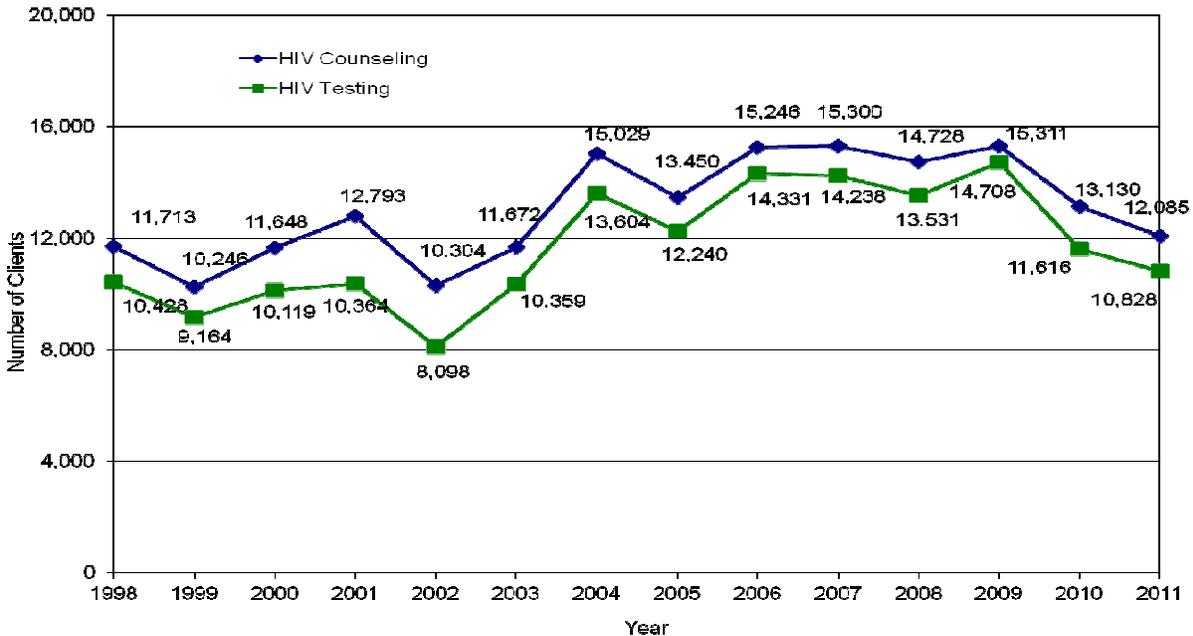
Table 14: Utilization of State HIV counseling and testing services in Delaware, 2010 - 2011

	Delawareans Counseled		HIV Tests Performed in Delaware (N)		New Positive HIV Tests (N)		Positive HIV Tests (Row%)
	(N)	%	(N)	%	(N)	%	(Row%)
Total	25,215		22,444	89%	72		0.32%
Gender							
Male	12,379	49%	10,928	49%	60	83%	0.55%
Female	12,833	51%	11,513	51%	12	17%	0.10%
Not specified	3	0%	3	0%	0	0%	
Total	25,215	100%	22,444	100%	72	100%	
Race/Ethnicity							
Caucasian	7,664	30%	7,171	32%	23	32%	0%
African-American	12,985	51%	11,119	50%	40	56%	0%
Hispanic	3,912	16%	3,625	16%	8	11%	0%
Asian/Pacific Islander	283	1%	179	1%	1	1%	1%
Am Indian/AK Native	42	0%	40	0%	0	0%	0%
Other / Not Specified	329	1%	310	1%	0	0%	0%
Total	25,215	100%	22,444	100%	72	100%	0%
Age Groups (Years)							
<13	18	0%	14	0%	0	0%	0%
13 – 19	3,398	13%	2,969	13%	3	4%	0%
20 – 29	11,293	45%	10,119	45%	30	42%	0%
30 – 39	5,034	20%	4,430	20%	17	24%	0%
40 – 49	3,386	13%	3,046	14%	18	25%	1%
50+	2,082	8%	1,862	8%	4	6%	0%
Age Not Specified	4	0%	4	0%	0	0%	0%
Total	25,215	100%	22,444	100%	72	100%	0%
Transmission Risk Category							
Heterosexual Transmission, No Other Risk	19,824	79%	17,566	78%	20	28%	0%
Sexual Transmission with a Partner at Risk for HIV/AIDS.	522	2%	476	2%	5	7%	1%
MSM	2,077	8%	2,052	9%	32	44%	2%
Heterosexual Transmission + IDU	856	3%	822	4%	1	1%	0%
Sexual Transmission with an HIV-positive Partner	404	2%	388	2%	10	14%	3%
MSM/IDU	16	0%	16	0%	0	0%	0%
No Acknowledged Risk	1,316	5%	978	4%	4	6%	0%
Other	200	1%	146	1%	0	0%	0%
Total	25,215	100%	22,444	100%	72	100%	0%

Source: Delaware HIV Counseling and Testing System

As shown in Figure 26, the number of Delawareans receiving HIV counseling and testing services has increased in recent years. In 1998, 11,713 individuals received HIV counseling and 10,428 were tested for HIV. By 2009, these figures had increased 31% and 38%, respectively, to 15,311 and 14,407. Counseling and testing fell by 21% and 25% respectively to 12,085 and 10,828 by 2011.

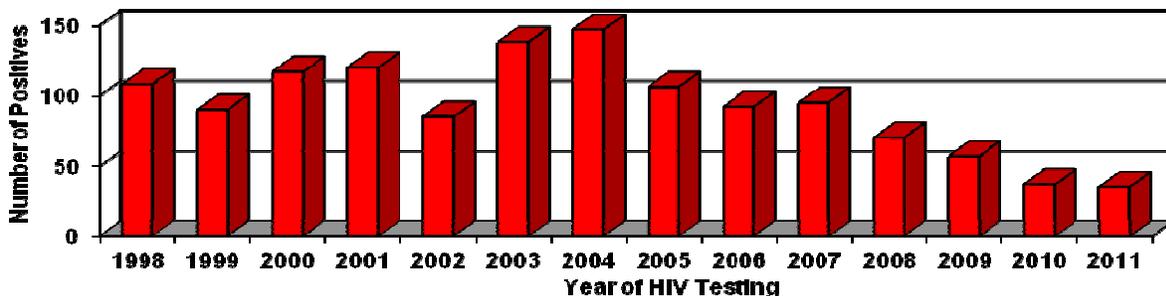
Figure 26: Delawareans receiving HIV counseling and testing services, 1998-2011



Source: Delaware HIV Counseling and Testing System⁵

Figure 27 shows the number of positive HIV tests performed among Delawareans since 1998. In 2003 and 2004, the number of positive HIV tests peaked. Since then, the number has trended downward to 35 in 2011. All relevant data appears to indicate positive outcomes for Delaware’s prevention efforts across nearly all risk groups.

Figure 27: Number of positive HIV tests performed among Delawareans, 1998-2011



Source: Delaware HIV Counseling and Testing System⁵

6. Utilization Patterns of HIV Services among Delawareans

To determine utilization patterns of HIV Services across the state, DPH largely relies on data compiled by the Health Resources and Service Administration (HRSA). Delaware grantees who receive funding through multiple programs submit data to HRSA for national-level HIV/AIDS surveillance purposes.

One such program is the Ryan White HIV/AIDS Program. Ryan White funding is awarded for the purposes of improving the quality, availability, and coordination of healthcare and support services for individuals and families affected by HIV/AIDS. Ryan White funding also facilitates access to recommended pharmaceuticals via the AIDS Drug Assistance Program (ADAP).

In 2010 and 2011, a total of 1,870 clients received services funded through Ryan White program. Table 15 compares the demographic characteristics of the unduplicated HIV-infected clients receiving services funded by Ryan White HIV/AIDS Treatment Modernization Act Programs in 2010 through 2011 to the distribution of living HIV/AIDS cases in Delaware through 2011.

Table 15: Demographic characteristics of clients receiving services through Ryan White in 2010 and 2011 compared to Delaware living HIV/AIDS cases

Demographics	Ryan White 2010-2011 N (%)	Living HIV/AIDS Cases Through 2011 N (%)
Total	1,870 (100%)	3,667 (100%)
Ethnicity		
Hispanic or Latino Origin	88 (5%)	262 (7%)
Non-Hispanic	1,782 (95%)	3,405 (93%)
Unknown/Unreported Ethnicity	0 (0%)	0 (0%)
Race – (Non Hispanic)		
Caucasian (Non-Hispanic)	577 (31%)	1,103 (32%)
African American (Non-Hispanic)	1,243 (66%)	2,255 (67%)
Other*	38 (2%)	47 (1%)
Unknown/Unreported Race	12 (1%)	0 (0%)
Gender		
Male	1,209 (65%)	2,514 (69%)
Female	654 (35%)	1,153 (32%)
Unknown/Transgender	7 (<1%)	0 (0%)
Current Age (Years)		
Less than 13 years	3 (<1%)	8 (<1%)
13 - 19	2 (<1%)	31 (1%)
20 - 29	120 (6%)	283 (8%)
30 - 39	253 (14%)	525 (14%)
40 - 49	617 (33%)	1,252 (34%)
50+	875 (47%)	1,568 (43%)
Unknown/Unreported	0 (0%)	0 (0%)

Source: Ryan White Data Reports/EHARS

*Other includes Asian, American Indian, and Multi-racial

Table 16: Demographic characteristics of clients served in 2010-2011 AIDS Drug Assistance Program (ADAP) compared to living Delaware HIV/AIDS reported cases through 2011

Client Characteristics	ADAP 2010-2011 N (%)	Living with HIV/AIDS Through 2011 N (%)
Total	1,462 (100%)	3,667 (100%)
Gender		
Male	945 (65%)	2,514 (69%)
Female	513 (35%)	1,153 (32%)
Unknown/Trans	4 (<1%)	0 (0%)
Ethnicity		
Hispanic/Latino	68 (5%)	262 (7%)
Non-Hispanic or Latino	1,394 (95%)	3,405 (93%)
Race		
Caucasian	457 (31%)	1,103 (32%)
African American	969 (66%)	2,255 (67%)
Other/Unknown	36 (2%)	47 (1%)
Current Age (Years)		
0-19	1 (<1%)	8 (<1%)
20-29	83 (6%)	31 (1%)
30-39	196 (13%)	283 (8%)
40-49	500 (34%)	525 (14%)
50+	682 (47%)	1,252 (34%)

Source: Ryan White Data Reports, Delaware Evaluation HIV/AIDS Reporting System (EHARS)

In Delaware, Ryan White Treatment Modernization Act funding was awarded to the following three provider types:

1. Hospital-Based Clinics

- a. A.I. DuPont Hospital for Children
- b. Infectious Disease Wellness Clinics (IDWC) jointly sponsored by Christiana Care Health Services and DPH
 - i. Wilmington Hospital Annex
 - ii. Porter State Service Center
 - iii. Kent Wellness
 - iv. Sussex Wellness

2. Community-Based Organizations (CBOs)

- a. AIDS Delaware
- b. Beautiful Gate Outreach Center
- c. Brandywine Counseling and Community Services
- d. Case Management Services
- e. Catholic Charities
- f. Central Delaware Committee on Drug and Alcohol Abuse Inc
- g. Delaware HIV Consortium
- h. Ministry of Caring
- i. Sussex County AIDS Council

3. Delaware Division of Public Health (DPH)

Ryan White funds cover a wide range of support services to residents affected by HIV/AIDS. Below is a list of services provided by Ryan White funding; in parentheses is the number of Delawareans who accessed the particular service from 2010-2011:

- Health education and case management services (1,846)
- Dental services (679)
- Direct State Services including eye exams, and eye glasses (241)
- Emergency financial assistance (272)
- Transportation services (291)
- Housing assistance services (126)
- Health insurance services (55)
- Mental health and nutritional counseling (2)

Infectious Disease Wellness Clinics (IDWCs) are important to Delawareans affected by HIV/AIDS. In 2011, IDWCs served as the main treatment location for 42% and 47% of all Delawareans living with HIV and AIDS, respectively. The majority of Delawareans with HIV/AIDS receive treatment from IDWCs regardless of county of residence.

In 2011, 1,661 Delawareans with HIV/AIDS accessed services at one of the state's IDWCs and eighty-seven percent of them received Highly Active Antiretroviral Therapy (HAART) at an IDWC location. Seventy-eight percent have undetectable HIV viral RNA levels. In addition to treating HIV/AIDS, IDWCs perform other important wellness services including TB, STI, and Hepatitis C screening and treatment. The lost to follow up rate for the IDWC's is 5%, (far below national average) and the mortality rate is 1.5% in 2011.

IDWCs also provide critical gynecological/obstetric care to Delaware females with HIV/AIDS. In 2011, 574 females with HIV/AIDS accessed services at the state's IDWCs. Of the 574 women accessing IDWC services, 17 were pregnant. Of these, 76% began receiving prenatal care in the first trimester of pregnancy and the remaining 24% began receiving prenatal care in the second trimester. All pregnant women received antiretroviral medication to prevent transmission of HIV to the newborn. As of December 31, 2011, none of the 7 infants born were HIV-positive.

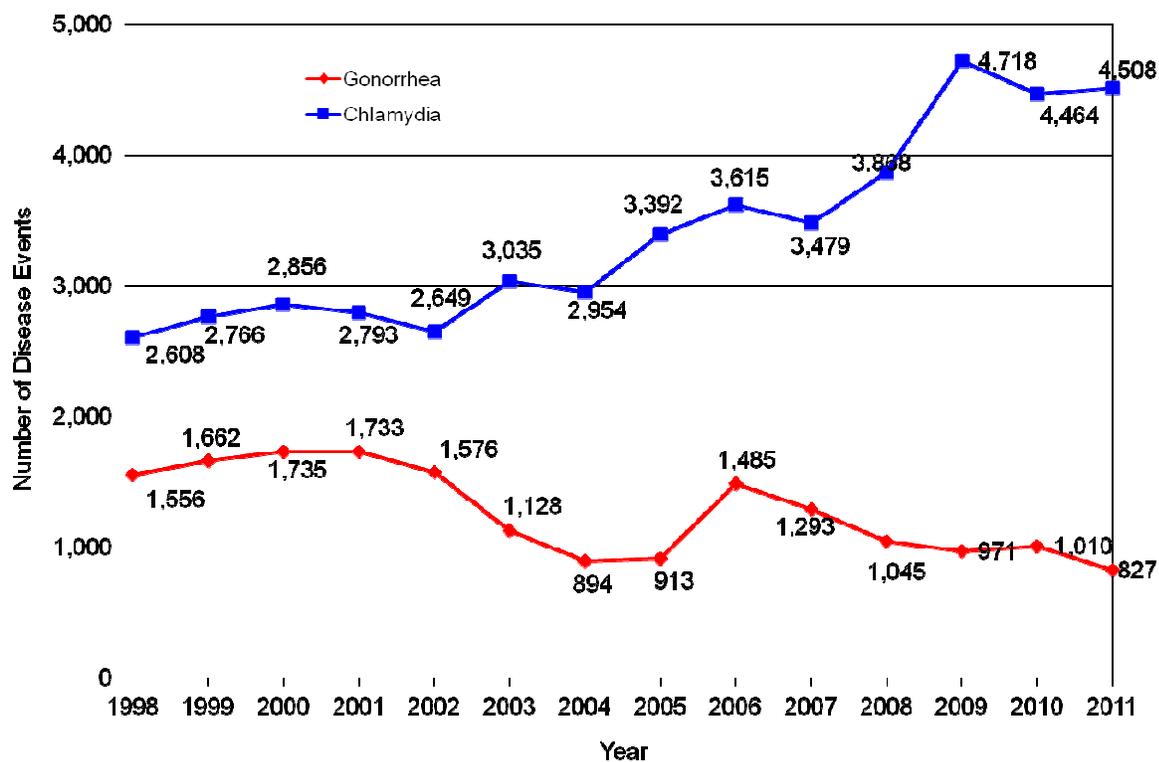
7. Sexually Transmitted Diseases (STDs) among Delawareans

Concurrent sexually transmitted disease (STD) data are helpful for identifying populations at increased risk for transmission of the HIV virus since the HIV virus can also be transmitted through unprotected sexual contact. Furthermore, the presence of an STD can facilitate HIV transmission.

In Delaware, STD data (including data related to gonorrhea, chlamydia, and primary and secondary syphilis) are reported to DPH by STD clinics, private physician offices, correctional facilities, outpatient facilities and laboratories. Individuals may be diagnosed with a STD more than once during a reporting period and recurrent cases may reflect re-infection and/or treatment failure. Therefore, the total number of STD cases may be greater than the total number of individuals diagnosed with a STD.

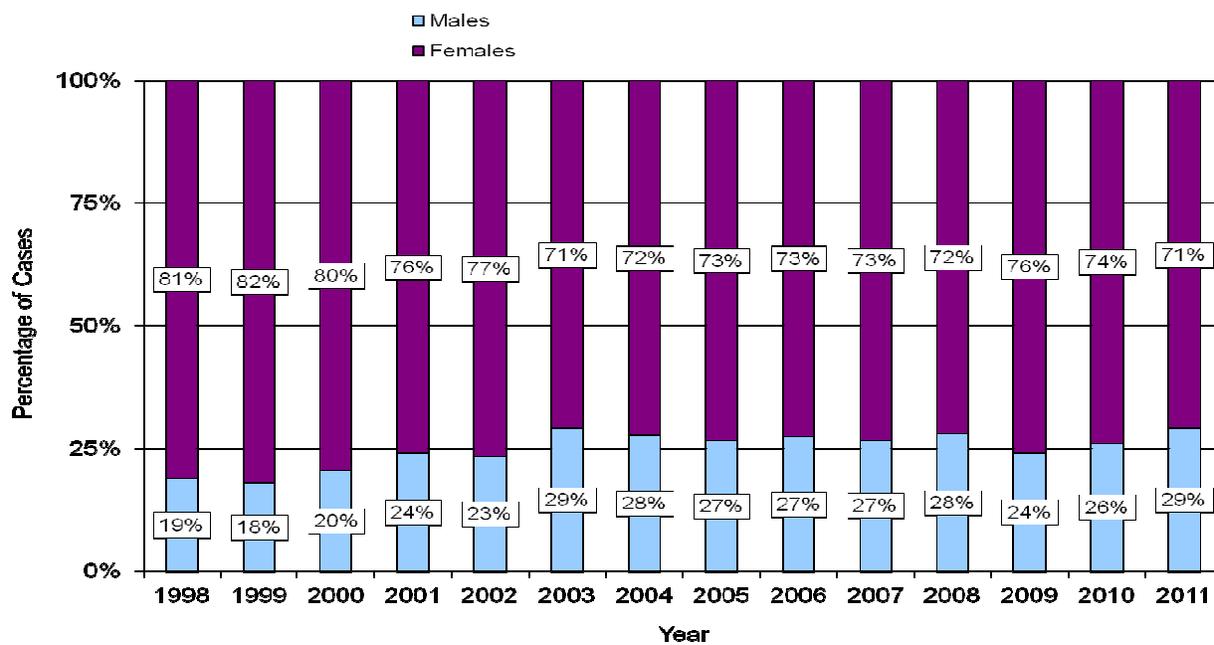
While the number of gonorrhea cases in Delaware has declined in recent years, the number of chlamydia cases has increased (Figure 28). In 1998, 2,608 cases of chlamydia were diagnosed statewide. In 2011, this number had increased to 4,508. As shown in Figure 29, female Delawareans accounted for the majority of chlamydia cases diagnosed each year from 1998-2011. Data from 1998-2011 indicates no clear trend in the number of syphilis cases diagnosed statewide (Figure 30).

Figure 28: Annual cases of chlamydia and gonorrhea among Delawareans, 1998-2011



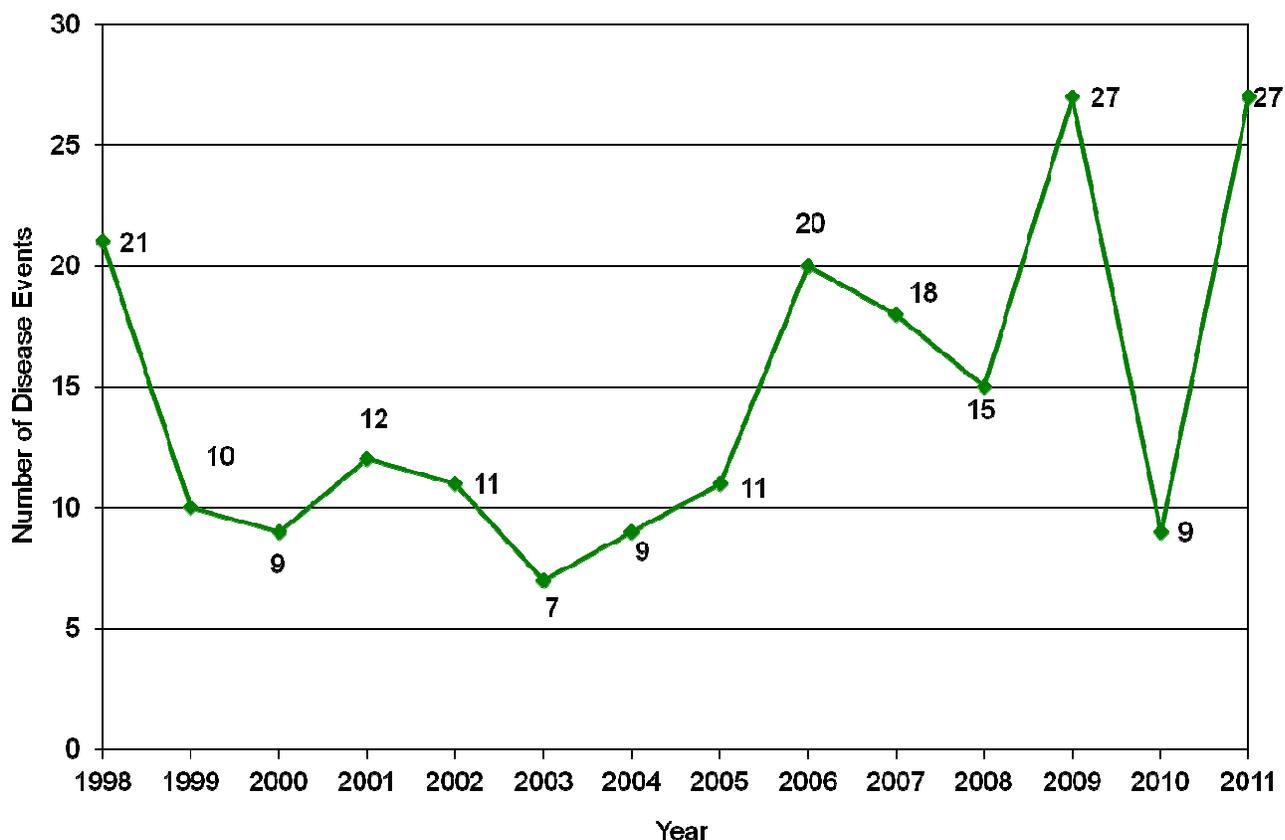
Source: Delaware Sexually Transmitted Infection and Disease Reports

Figure 29: Chlamydia cases among Delawareans, by gender, 1998-2011



Source: Delaware Sexually Transmitted Infection and Disease Reports

Figure 30: Primary and secondary syphilis among Delawareans, 1998-2011



Source: Delaware Sexually Transmitted Infection and Disease Reports

8. Risk Factors among Delaware Youth

To investigate HIV/AIDS risk factor patterns among Delaware youth, DPH accessed data from the Youth Risk Behavior Survey (YRBS). YRBS is an ongoing surveillance effort by the CDC to identify risk factor trends among youth (e.g., nutrition patterns, substance use, accidents, sexual behaviors, and delinquency). These data are then used to explore the relationship between risk behaviors and health.

YRBS uses self-administered, anonymous questionnaires to collect data from high school students in odd-numbered years. The Delaware Department of Education oversees the implementation of YRBS. In 2011, a total of 2,299 Delaware youth from 38 Delaware public high schools participated in YRBS. The information below includes results from YRBS data that is representative of all Delaware students in grades 9-12.

Delaware-specific YRBS results, in terms of the percentage of Delaware youth respondents engaging in health risk behaviors, are as follows:

Alcohol Use

- 72.0% had at least one drink of alcohol in their lifetime
- 22.7% had their first drink of alcohol before age 13

- 40.4% had at least one drink of alcohol on one or more of the past 30 days
- 21.9% had five or more drinks of alcohol in a row at least once in the past 30 days

Other Drug Use

- 46.0% used marijuana at least once in their lifetime
- 10.4% tried marijuana for the first time before age 13
- 27.6% used marijuana one or more times during the past 30 days
- 5.3% used one or more forms of cocaine at least once in their lifetime
- 2.7% used one or more forms of cocaine at least once in the past 30 days
- 11.6% sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high at least once in their lifetime
- 3.1% used heroin at least once in their lifetime
- 3.7% used methamphetamines at least once in their lifetime
- 7.2% used ecstasy at least once in their lifetime
- 2.7% used a needle to inject any illegal drug into their body at least once in their lifetime
- 23.1% were offered, sold, or given an illegal drug on school property by someone during the past 12 months

Sexual Behaviors

- 59.0% had sexual intercourse at least once in their lifetime
- 21.7% had sexual intercourse with four or more people during their lifetime
- 42.9% had sexual intercourse with one or more people during the past three months

Of students who had sexual intercourse during the past three months:

- 20.0% drank alcohol or used drugs during last sexual intercourse
- 58.7% used a condom during last sexual intercourse
- 18.5% used birth control pills during last sexual intercourse
- 85.7% had been taught in school about AIDS or HIV infection.

References

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4. Division of Public Health, Disease Prevention and Control, Counseling and Testing System Report 2011, internal document.
5. Division of Public Health, Disease Prevention and Control, HIV/STD/Hepatitis C Section, *Sexually Transmitted Disease Annual Report 2011*, internal document.
6. Department of Education, Division of Adolescent and School Health (DASH), Youth Risk Behavior Survey (YRBS), 2011 from website:
http://www.udel.edu/delawaredata/Pages/level02/youth_data.htm
7. Ryan White Data Reports (RDR). Health Resource and Services Administration (HRSA), 2010 and 2011.

APPENDIX A Delaware HIV/AIDS Report Feedback

The purpose of this form is to provide the HIV/AIDS Surveillance staff with feedback from their end-users regarding the ease of use and applicability of this report to prevention care planning activities.

Please complete this feedback form and send it to the HIV/AIDS Surveillance Office, Delaware Division of Public Health, Thomas Collins Bldg, Suite 12, Rm 203L, 540 S Dupont Hwy, Dover, DE 19901

1. Of which planning group are you a member?

Delaware HIV Planning Council Formulary Committee Policy Committee

2. Was the HIV/AIDS Report easy to read?

Yes No Somewhat

3. How were the findings of the HIV/AIDS Report communicated to you?

Print Copy Only

Profile Writers presented epidemiologic profile to planning group

Other _____

4. Were the findings of the HIV/AIDS Report clear to you?

Yes No Somewhat

If not, explain why.

5. Was the HIV/AIDS Report useful to your planning process?

Yes No Somewhat

If not, explain why.

6. Describe how you used the HIV/AIDS Report in your planning activities?

7. How can the next HIV/AIDS Report be improved?

7a: What specific questions could be included in the next HIV/AIDS Report?

8. Do you want to receive the Monthly HIV/AIDS statistical report?

No

Yes, please send the report to me by:
Include your contact information, as appropriate

Email _____
 Fax _____
 Mail _____

9. Data from this HIV/AIDS Report is helpful to me as I conduct my job.

Yes No

If yes, how do you use the data?

Grant writing
 Proposal development
 Resource for presentations
 Other, _____