Delaware HIV Surveillance Report

For Cases Diagnosed Through December 2017

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

ACKNOWLEDGEMENTS

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Executive Summary

As of the end of 2017, a total of 3,488 Delawareans were known to be living with Human Immunodeficiency Virus (HIV) and of those, 2,098 had progressed to Acquired Immune Deficiency Syndrome (AIDS), now known as stage 3 HIV. The cumulative number of HIV/stage 3 (AIDS) cases ever diagnosed in Delaware reached 6,100 that same year. As noted in the Centers for Disease Control and Prevention's (CDC), HIV Surveillance Report of 2017, Delaware's HIV incidence rate (12.6 per 100,000 persons) was the 11th highest in the United States and the state's stage 3 HIV (AIDS) incidence rate (6.0 per 100,000) also ranked 11th highest in the nation. The five-year average number of new infections diagnosed in Delaware currently stands at 115 cases per year (2013-2017). Males account for the majority (70%) of HIV/stage 3 HIV (AIDS) cases diagnosed in Delaware.

The distribution of HIV cases in Delaware mirrors county-level population distribution. New Castle County – the most populous county – has the largest number of cases with most confined to the densely populated Wilmington metropolitan area. The Wilmington metropolitan area accounts for 58% of the county's individuals living with HIV (all stages) and 38% of all cases in Delaware. By county, the prevalence rates are: New Castle County = 404.1, Kent County = 265.2, Sussex County = 326.9.

African Americans are disproportionately affected by the HIV/stage 3 HIV (AIDS) burden. While 22% of Delaware's total population is African American, this group accounts for 65% of all HIV/stage 3 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 even when HIV and stage 3 HIV(AIDS) are considered separately. Of all persons living with a diagnosed HIV infection, African Americans account for 42% in the U.S. and 59% in Delaware. Similarly, African Americans comprise 41% of all stage 3 HIV (AIDS) cases living in the U.S., but 61% of those living in Delaware.

Persons living with HIV (PLWH) in Delaware tend to be slightly older than PLWH in the U.S. Forty-eight percent of PLWH in the U.S. were 50 years of age or older. In Delaware, that measure is 57%.

Pediatric HIV/stage 3 HIV (AIDS) (defined as disease in children under 13 years of age) account for 1% of cases ever reported in Delaware (consistent with general U.S. figures). Legislation requiring HIV testing of all expectant mothers, and treatment referrals for those infected, has been effective. Only one infected infant was born in Delaware in the past 10 years.

Among new HIV infections diagnosed in Delaware in 2017, the largest proportion (39%; N=48) were attributable to men who have sex with men (MSM). Heterosexual transmission followed with 35% (N=43), while injection drug users (IDU) accounted for 9% (N=11). Three-percent (N=3) were attributable to persons with a dual defined risk of MSM and IDU. Thirteen percent (N=16) fell into the "Other Risk" or "No Risk Identified" behavioral categories.

Top percentage rates for those living with HIV in Delaware are MSM (38%), heterosexual (34%), and IDU (17%). In New Castle County, the rates are heterosexual (36%), MSM (33%), and IDU (21%). In Kent County, the rates are heterosexual (39%), MSM (34%), and IDU (15%). In Sussex County, the rates are MSM (56%), heterosexual (24%), and IDU (8%).

From 1981 through December 2017, 2,767 Delawareans with stage 3 HIV (AIDS) died. In the past two decades, the survival of those living with AIDS has increased significantly, which is in line with the slowing of the progression of HIV to stage 3 HIV (AIDS). Earlier diagnoses of HIV infection and advances in medical management have all contributed to the marked improvements in the quality of life and survival of PLWH.

Background and Introduction

The Delaware Department of Health and Social Services, Division of Public Health (DPH) initiated AIDS (stage 3 HIV) surveillance and reporting in 1981. In 2001, surveillance was expanded to include all stages of HIV infection. Surveillance relies on data compiled from health care professionals and local/national reference laboratories.

HIV is the underlying biological agent that weakens the immune system, leading to the development of stage 3 HIV(AIDS). Except for an initial acute viral response, the infection may not manifest with symptoms for an extended period of time. Following the progression to stage 3 HIV (AIDS), symptoms and signs (specific infections, cancers, or changes within the immune system) may appear.

The gathering and analysis of HIV/stage 3 HIV (AIDS) incidence and prevalence data is a crucial component of prevention activities. The Delaware HIV Planning Council relies on this data to guide HIV prevention efforts, HIV health care planning, and HIV services administration. Surveillance data allows DPH to monitor the impact of risk reduction and disease prevention activities, and also influences the federal funds that Delaware receives to assist in the fight against HIV.

Delaware's HIV surveillance efforts focus on three fundamental epidemiological concepts:

- **Person**: Identifies the likely risk factor(s) for HIV acquisition. The information guides future prevention efforts. Surveillance staff characterize the mode of HIV transmission using case report forms, personal interviews, and medical record reviews.

- **Place**: Refers to the residence at time of HIV/stage 3 HIV (AIDS) diagnosis. Delaware engages in data-sharing agreements with other states to identify Delawareans that may have been diagnosed or received treatment outside of the state.

- **Time**: Two dates characterize HIV disease trends: (1) date of HIV diagnosis and (2) date of stage 3 HIV (AIDS) diagnosis. DPH works with health care providers and laboratories to facilitate timely reporting.

The DPH HIV Surveillance Office adheres to data confidentiality protocols that mandate physical, operational, and personnel security when handling HIV data. Data confidentiality must be maintained as a condition of receiving federal funding for surveillance activities.

To review Delaware's HIV education, surveillance, monitoring, and treatment strategies as well as funding sources, read the Delaware Integrated HIV Prevention & Care Plan, 2017-2020, visit:
https://www.dhss.delaware.gov/dhss/dph/dpc/files/comphivplan.pdf

For national HIV/stage 3 HIV (AIDS) information, visit:
http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html

Technical Notes

Data Source Descriptions, Limitations, and Precautions

- ***HIV Prevention Program:*** provides statewide HIV testing and counseling data via the Delaware HIV Counseling and Testing System database. Health care practitioners use standardized data collection forms to report from clinics across the state.

- ***Delaware-specific sexually transmitted infection data:*** provides information pertaining to diseases such as gonorrhea, chlamydia, and syphilis. Sexually transmitted infection (STI) data are helpful for identifying populations at increased risk for contracting or spreading HIV.

- ***Mortality data:*** A diagnosis of HIV may not be noted on death certificates due to family request, lack of information regarding HIV status, or failure to record underlying causes of death. For these reasons, the number of HIV-related deaths may be artificially suppressed not only in Delaware, but across the nation.

- ***The Delaware Population Consortium:*** provides Delaware-specific, county-level population data. The American Community Survey also provides ZIP Code level data to enable defining the 25 ZIP codes in the Wilmington Metropolitan area.

- ***CDC*****:** provides national level HIV/stage 3 HIV (AIDS) trend data via the Enhanced HIV/AIDS Reporting System (eHARS). While eHARS represents an advanced public health surveillance system, it is still possible that actual HIV/stage 3 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 varies from state to state. The quality of Delaware's eHARS data is of high standard due to: (1) the efforts of staff to increase record reviews and education of healthcare professionals and laboratories regarding accurate reporting procedures; and (2) significant improvements in death ascertainment within eHARS. This report also utilizes data from the CDC-published HIV Surveillance Report which summarizes national and state-level HIV/stage 3 (AIDS) trends.

- ***The Medical Monitoring Project (MMP):*** provides data on care patterns including barriers which may influence treatment outcomes. Data is collected via client interviews and medical record abstractions and helps to define levels of antiretroviral therapy, stigma, and behavioral issues. Data collection cycles are June 2015-May 2016 and June 2016-May 2017. These cycles are represented throughout the report as MMP 2015-2016 and MMP 2016-2017.

- ***The Youth Risk Behavior Survey (YRBS):*** a CDC survey that tracks trends among youth (e.g., nutrition, substance use, accidents, sexual behaviors, and delinquency). These data 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, 84% of students approached for participation completed a YRBS questionnaire.

The U.S. Health Resources and Services Administration (HRSA): provides data on HIV service utilization patterns via state Ryan White Services Reports (RSR) and the AIDS Drug Assistance Program (ADAP) Drug Report (ADR). The Ryan White Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income PLWH who are uninsured and underserved. HRSA uses the data to monitor HIV service utilization patterns across the nation. While HRSA data are limited to

HIV patients in healthcare, the data are nonetheless important for future healthcare planning.

Data Specifics

In 1993, the CDC expanded the AIDS surveillance case definition to include all HIV-infected persons with less than 200 CD4+ T-lymphocytes/ul, or a CD4+ T-lymphocyte percentage of total lymphocytes of less than 14. The expansion added three clinical conditions – pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer -- and retained the 23 clinical conditions in the AIDS surveillance case definition published in 1987. The revision resulted in an artificial increase in the prevalence of AIDS cases at state and national levels.

The HIV case definition was modified again in 2007; however, this change did not affect the data reported. The HIV case definition was modified again in early 2014. This change incorporated a sliding scale upon which HIV positive persons are assigned an HIV infection stage based on age-specific CD4+T-lymphocyte count (Table 1). This change also gave birth to the now widely used term "stage 3 HIV (AIDS)," previously known as AIDS.

Table 1: HIV Case Definition, Centers for Disease Control and Prevention, 2014

Stage	Age on date of CD4+ T-lymphocyte test					
	<1 yr		1–5 yrs		≥6 yrs	
	Cells/μL	%	Cells/μL	%	Cells/μL	%
1	≥1,500	≥34	≥1,000	≥30	≥500	≥26
2	750–1,499	26–33	500–999	22–29	200–499	14–25
3	<750	<26	<500	<22	<200	<14

* The stage is based primarily on the CD4+ T-lymphocyte count; the CD4+ T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and the percentage is considered only if the count is missing. There are three situations in which the stage is not based on this table: 1) if the criteria for stage 0 are met, the stage is 0 regardless of criteria for other stages (CD4 T-lymphocyte test results and opportunistic illness diagnoses); 2) if the criteria for stage 0 are not met and a stage-3-defining opportunistic illness has been diagnosed, then the stage is 3 regardless of CD4 T-lymphocyte test results; or 3) if the criteria for stage 0 are not met and information on the above criteria for other stages is missing, then the stage is classified as unknown.

Source: Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Review, April 11, 2014, Vol. 63, No. 3.

Delaware initiated HIV surveillance in 2001, 20 years after the initiation of AIDS surveillance. In this report, 2001-2015 HIV data are combined with stage 3 HIV (AIDS) data. For reporting years 1981-2000, data reflect AIDS (stage 3 HIV) data only. The inclusion of HIV cases beginning year 2001 created an apparent sharp increase in case counts in Delaware. The increase was due to the large number of HIV infected persons included who were previously not counted because they did not meet the AIDS definition. These individuals were all reported as HIV positive in a single year (2001).

Per DPH data release policy, no Delaware-specific HIV data can be released in a format that may allow for individual identification. Data may be combined or suppressed to ensure patient confidentiality. Any combined or suppressed data are identified in footnotes.

Prevalence and Incidence

Prevalence and incidence rates are calculated per 100,000 in population. The 2016 U.S. HIV and stage 3 HIV (AIDS) prevalence rates were 306.6 and 162.5 per 100,000, respectively. In comparison,

Delaware's HIV and stage 3 HIV (AIDS) prevalence rates were 360.4 and 216.8 per 100,000, respectively.

As reported in the CDC 2017 HIV Surveillance Report, Delaware's 2017 HIV incidence rate of 12.6 per 100,000 is higher than the overall 2017 U.S rate of 11.8 per 100,000. Delaware's stage 3 AIDS incidence rate of 5.3 per 100,000 is nearly equal to the overall 2014 U.S. rate of 5.4 per 100,000. In 2017, Delaware HIV and stage 3 HIV (AIDS) incidence rates ranked 11th in both categories compared to other states.

HIV and stage 3 (AIDS) prevalence and incidence data are unavailable for smaller, hard-to-reach populations, such as the homeless, transgender, and those with mental and behavioral health issues. Additionally, some HIV and stage 3 HIV (AIDS) cases may be diagnosed through routine screenings (e.g., blood donations) and little additional information is available regarding the risk category.

Definition of Terms

Adult/adolescent case:	Individual age ≥13 years at time of diagnosis.
Epidemiology:	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 new cases of a disease in population over a period of time.
Lost to Care (LTC)	A person who has not received HIV related medical care within a 12-month period. Typically identified through the absence of such testing within the past 12 months or more.
Pediatric case:	Individual age <13 years at the time of diagnosis.
Prevalence Rate:	The percentage of a population affected with a specific disease at a point in time.
Quantile	A quantile is where a sample is divided into equal-sized, adjacent, subgroups (sometimes called a "fractile"). It can also refer to dividing a probability distribution into areas of equal probability.
Stage 3 HIV	This is late stage HIV where a person's immune system has been badly damaged and can no longer fight off serious infections and illnesses. This stage is also known as AIDS (see abbreviations).
Transfusion associated:	Person who acquired the HIV virus as a result of receiving infected blood or blood products.
Year of diagnosis:	The year when the disease event was first confirmed.
Year of report:	The year when the case was reported to the Delaware HIV/AIDS Surveillance Office.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ADAP	AIDS Drug Assistance Program
ADR	ADAP Drug Report
A/PI	Asian/Pacific Islander
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
CTS	Counseling and Testing Services
DHSS	Delaware Department of Health and Social Services
DPH	Division of Public Health
eHARS	Enhanced HIV/AIDS Reporting System (CDC database)
HAART	Highly active antiretroviral therapy
HIV	Human Immunodeficiency Virus
HRSA	United States (U.S.) Health Resources and Services Administration
IDU(s)	Injection Drug User(s)
MMP	Medical Monitoring Project
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
PLWH	Persons living with HIV
RSR	Ryan White Services Report
STD (STI)	Sexually Transmitted Disease (Infection)
WSW	Women who have Sex with Women
YRBS	Youth Risk Behavior Survey

Transmission Category Hierarchy

All diagnosed HIV/stage 3 HIV (AIDS) cases are assigned to a CDC HIV transmission risk hierarchy (shown below). Case assignment indicates the risk factor most likely associated with HIV transmission. If a case reports more than one suspected mode of HIV transmission, it is assigned the higher of the identified risk categories 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. Injection 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

“No identified risk” (NIR) category indicates no risk information is available. For example, private laboratories and blood banks generally do not capture information on individuals’ risk behaviors. In Delaware, 2.7% of all known cases are classified as NIR.

Section 1: Demographic Characteristics and Social Determinants of Health in Delaware

Demographic Characteristics and Social Determinants of Health in Delaware

Delaware is the second smallest state in the U.S., measuring 100 miles from north to south and 30 miles from west to east. The state is comprised of three counties. New Castle County, located to the north, is the most populous and is home to 58% of the state's population. Almost 12% of New Castle County residents live in the City of Wilmington. Centrally-located Kent County, home to 19% 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. Sussex County, the southernmost of the three counties where 23% of Delawareans live, is largely rural and home to a large number of poultry, dairy, and crop-growing operations. Eastern Sussex County includes the beach communities, which draws a large number of retirees (both from within Delaware and also out-of-state) and tourists.

In 2017, Delaware's population was estimated at 967,813, representing 0.3% of the U.S. population. The majority of Delawareans (62%) are Caucasian; African Americans and Hispanics comprise 22% and 9% of the state's population respectively. Approximately 7% of Delawareans are Asian, Pacific Islander, Native American or multi-race. Females account for 52% of the population, similar to the national gender distribution (Table 2).

Table 2: Racial and Ethnic Population Distribution by County, Delaware, 2017

County	Caucasian		African American		Hispanic		Other		Total	
	#	%	#	%	#	%	#	%	#	%
New Castle	323,118	54%	138,254	65%	57,441	63%	45,380	71%	564,193	58%
Sussex	166,824	28%	26,970	13%	21,248	23%	7,968	12%	223,010	23%
Kent	110,054	18%	46,913	22%	12,844	14%	10,799	17%	180,610	19%
Delaware	599,996	100%	212,137	100%	91,533	100%	64,147	100%	967,813	100%

Source: Delaware Population Consortium, 2017 estimates.

The median age in Delaware is 38. Compared to the general U.S. population, Delaware has a slightly higher median annual household income ($63,036 vs. $57,652, respectively) and similar patterns of educational attainment. Thirteen percent of Delaware residents report speaking a language other than English in the home (U.S. Census Bureau, 2018).

The tables and figures in the following pages highlight key social determinants of health elicited through Delaware Medical Monitoring Project (MMP) interviews and compares them to the general population in Delaware and the United States. The social determinants of health are often defined as the conditions in which people live, learn, work, play and pray. SDOH are believed to be the most important determinants of health; and differences in these conditions result in health inequities. The World Health Organization (WHO) explains that these circumstances are in turn shaped by a wider set of forces: economics, social policies such as education, and politics.

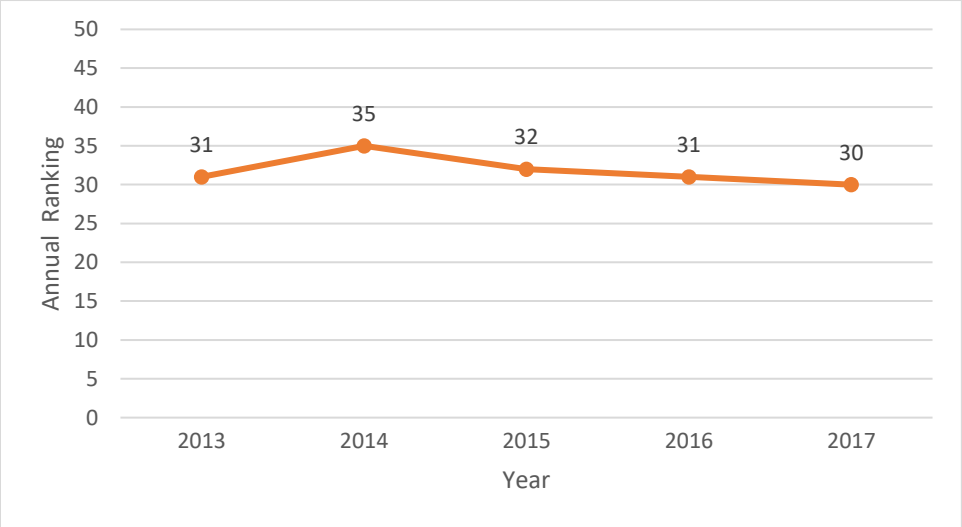
Additional charts compare general health standings in Delaware and the United States. In general:

- African American Delawareans are disproportionately affected by HIV.
- Men who have sex with men (MSM) is the top exposure mode.
- Males contract HIV at a greater rate than females.

The overall health ranking assessment in the 2018 United Health Foundation's America's Health Rankings Report, is based on health policy, clinical care, risk behaviors, community and environment, and health outcomes in all 50 states. Figure 1 shows that Delaware has consistently ranked in the low-to-mid-thirties among all states for overall health.

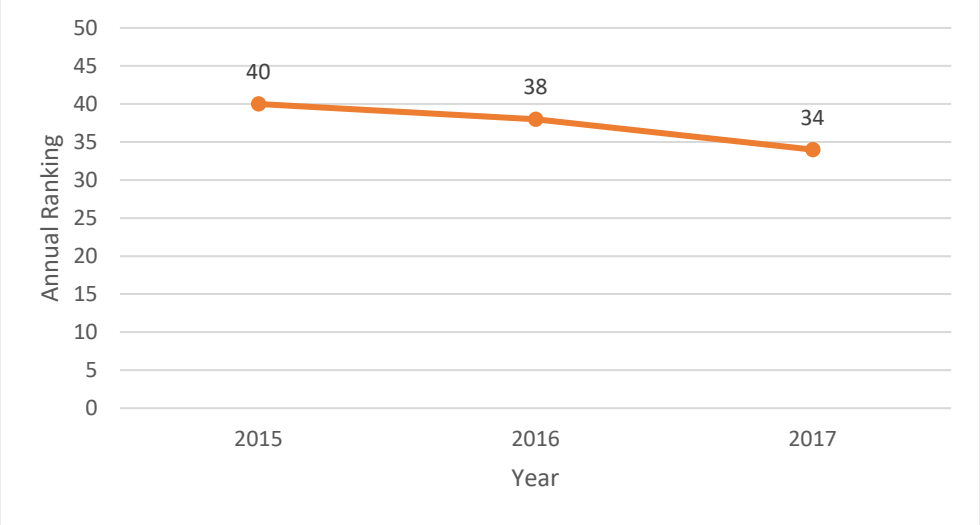
The report's community and environment assessment outline the following factors: children in poverty, air pollution, infectious diseases, occupational fatalities, and violent crime. Figure 2 indicates that Delaware's ranking improved from 40 in 2015 to 34 in 2017, according to the 2017 report.

Figure 1: Delaware's Overall Health Ranking among the States, United Health Foundation, 2013-2017



Source: United Health Foundation, America's Health Rankings, 2018.

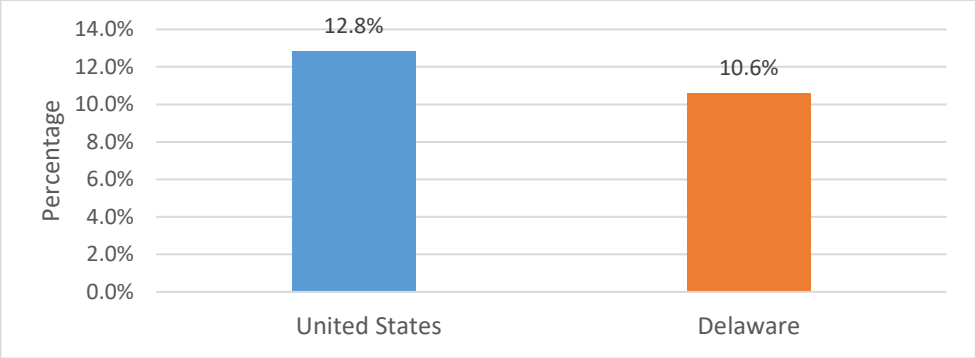
Figure 2: Delaware's Community and Environment Ranking among the States, United Health Foundation, 2015-2017



Source: United Health Foundation, America's Health Rankings, 2018.

When looking at the percentage of people living in poverty, Delaware is two percentage points lower in this category at 10.6%, than the U.S. percentage of 12.8%. From 2015-2017, Delaware ranked between 21st and 22nd among all states in per capita income. The Delaware ZIP Codes with the lowest per-capita incomes also appear to have the highest incidence of HIV infection. This may indicate that HIV infection occurs at higher rates in high poverty areas (Figures 3-4 and Table 3). The federal poverty level is the minimum annual income required to avoid living in poverty in the U.S. Any level of income below this level is considered insufficient to meet the basic necessities of life. In 2017 this level was $12,060.

Figure 3: Percentage of People in Poverty, U.S. vs. Delaware, U.S. Census Bureau, Current Population Survey, 2015-2018



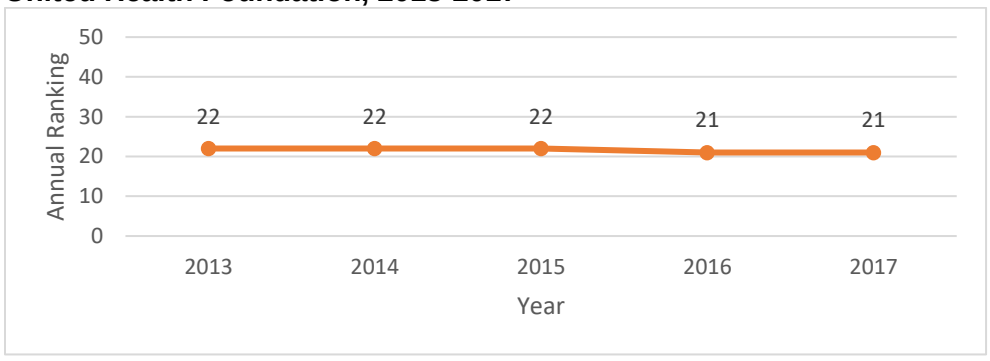
Source: U.S. Census Bureau, Current Population Survey, 2015 to 2018 Annual Social and Economic Supplements.

Table 3: Per Capita Income Comparison of Top Four Infection Level ZIP Codes, New Castle County and Delaware, 2018

HIV Diagnosis ZIP Code	HIV Incidence 1981-2017	Percentage below New Castle County Per Capita Income ($34,541)	Percentage below Delaware Per Capita Income ($32,625)
198xx	952	31%	27%
198xx	791	45%	41%
198xx	640	32%	28%
197xx	542	22%	16%

Sources: Delaware Department of Health and Social Services, Division of Public Health, 2018 and U.S. Census Bureau-American Community Survey 2016 5-year estimates.
Last two digits of ZIP Codes de-identified to comply with local data release standards.

Figure 4: Ranking of Per Capita Annual Income, Delaware, United Health Foundation, 2013-2017

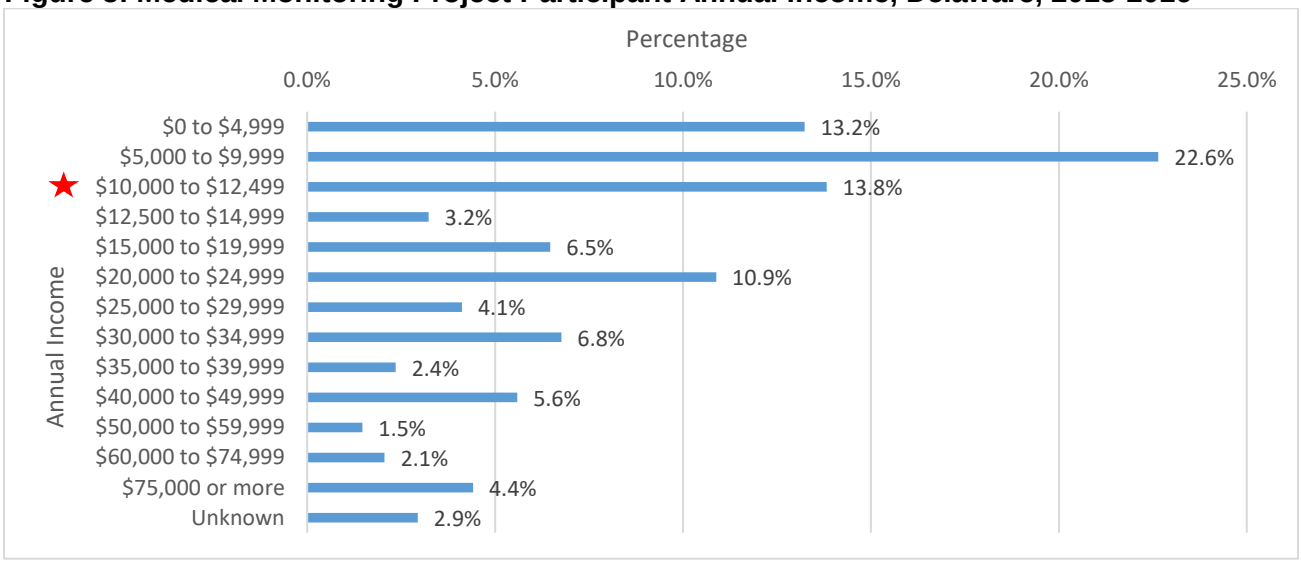


Source: United Health Foundation, America's Health Rankings, 2018.

Approximately 50% of Delaware MMP participants reported an annual income below, at, or only slightly above the federal poverty level of $12,060 (Figure 5). The U.S. Census defines poverty as living in a household with a total cash income below 50 percent of its poverty threshold (U.S. Census Bureau, 2017). When compared to the U.S., MMP respondents had significantly higher incomes.

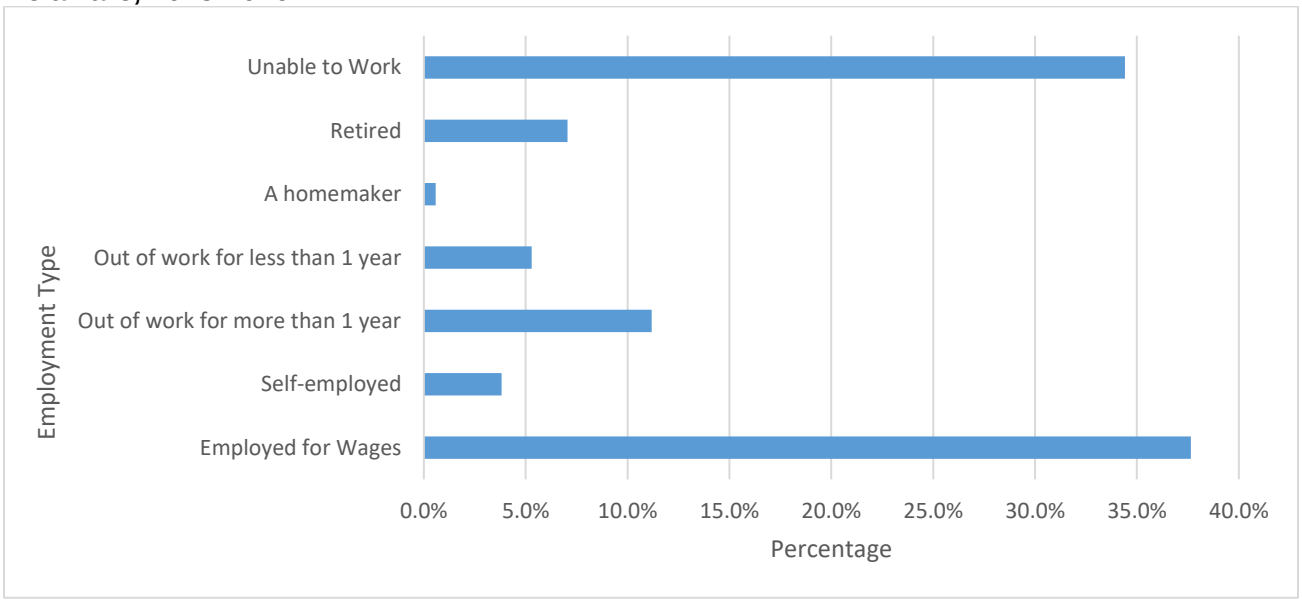
Figure 6 shows that the combined percentage of people "Unable to Work" and "Out of Work for More than 1 Year" categories is larger than the percentage of participants that are working for wages at 45% and 37%, respectively.

Figure 5: Medical Monitoring Project Participant Annual Income, Delaware, 2015-2016



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
★ *It is within this category that MMP participants broke below the poverty level ($12,060).*

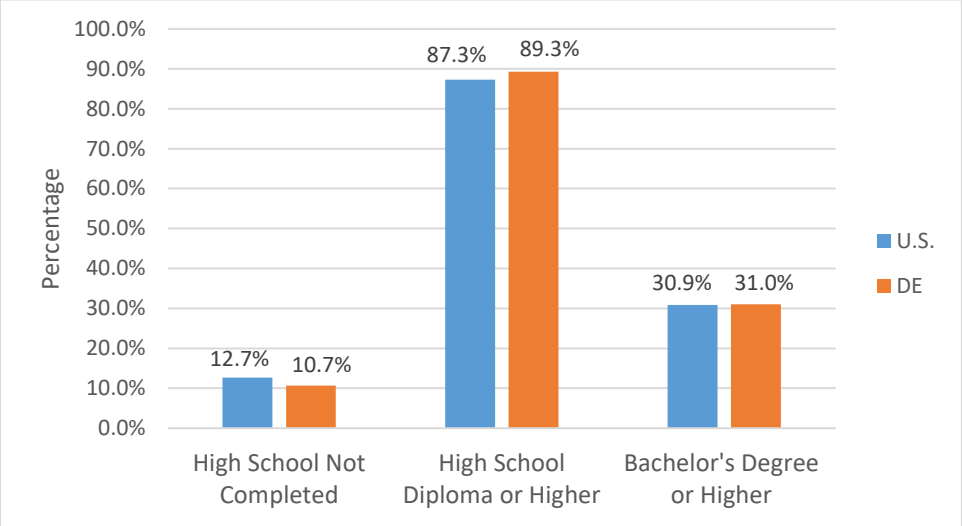
Figure 6: Current Employment Status by Employment Type, Medical Monitoring Project, Delaware, 2015-2016



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

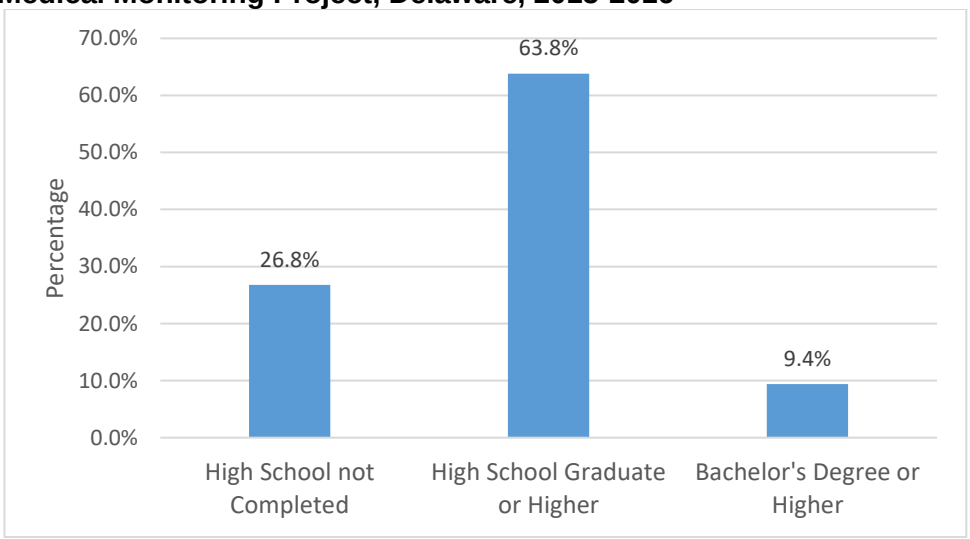
The proportion of Delawareans not completing high school, with a high school diploma, and with a bachelor's degree or higher, is comparable to that of the general U.S. population. MMP participants had lower attainment rates in each of these areas when compared with Delaware's or the U.S. general population. This may indicate higher levels of infection among those with limited education. (Figures 7-8).

Figure 7: Percentage of Persons Age 18 years+ by Educational Attainment, U.S. vs. Delaware, 2017



Source: U.S. Census Bureau, American Community Survey 2016 5-year estimates.

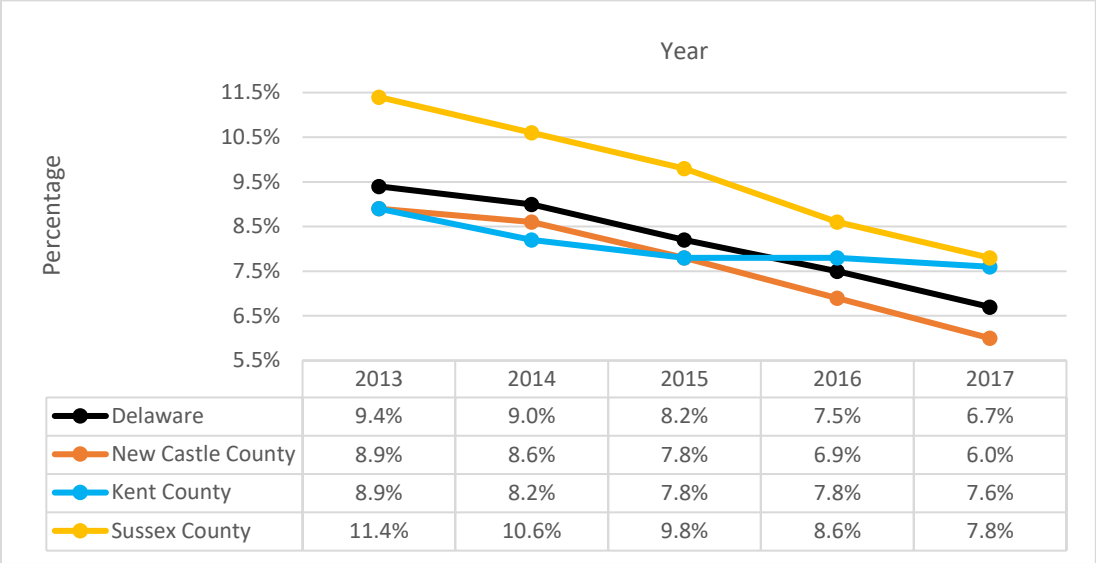
Figure 8: Percentage of Persons Age 18 years+ by Educational Attainment, Medical Monitoring Project, Delaware, 2015-2016



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Delaware has fewer uninsured persons compared with other states, ranking 11 out of 50 in 2017, according to America's Health Ranking by the United Health Foundation (Figure 9). Of all Delawareans, 6.7% are without health insurance compared to 7.6% of MMP participants (Table 4).

Figure 9: Percentage of Persons without Health Insurance, Delaware and by county, 2013-2017



	2013	2014	2015	2016	2017
Delaware	9.4%	9.0%	8.2%	7.5%	6.7%
New Castle County	8.9%	8.6%	7.8%	6.9%	6.0%
Kent County	8.9%	8.2%	7.8%	7.8%	7.6%
Sussex County	11.4%	10.6%	9.8%	8.6%	7.8%

Source: U.S. Census Bureau-American Community Survey 2017 5-year estimates.

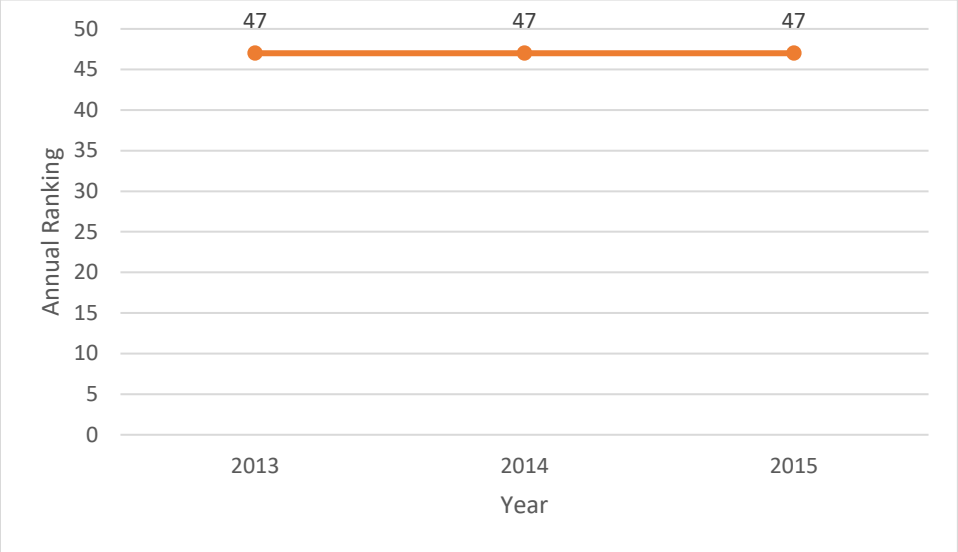
Table 4: During the past 12 months, was there a time that you didn't have any health insurance or health coverage?, Medical Monitoring Project, Delaware, 2015-2016

	Total	
	#	%
No	308	90.6%
Yes	26	7.6%
Unknown	6	1.8%
Total	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

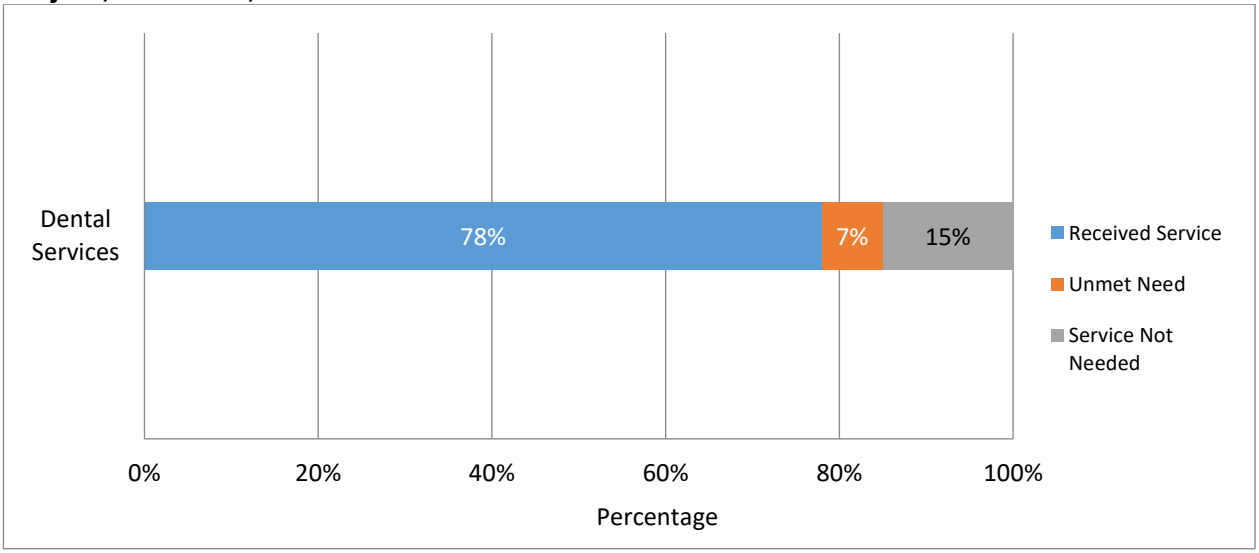
While MMP participants had acceptable rates of health insurance, other indicators of health care suggested unmet needs. Dental service was the leading unmet need of HIV clients. Delaware consistently ranks low, 47 out of 50, in the U.S. for number of dentists per 100,000 persons (Figure 10). Seven percent of Delaware MMP respondents for 2015-2016 reported unmet dental needs (Figure 11). It is possible the lack of dentists in Delaware is creating this barrier for HIV positive persons.

Figure 10: Number of Dentists per 100,000 Population, Delaware Ranking within the U.S., 2013-2017



Source: United Health Foundation, America's Health Rankings, 2018.

Figure 11: Dental Services Provided and Unmet Need, Medical Monitoring Project, Delaware, 2015-2016



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

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

Persons ever Diagnosed with HIV or Stage 3 HIV (AIDS) in Delaware

From 1981 through 2017, 6,100 Delawareans were diagnosed with HIV or stage 3 HIV (AIDS) (Table 5). Males account for 72% of all cases ever diagnosed in the state. African Americans account for 65% of cases ever diagnosed, and represent a disproportionate share of the state's HIV/stage 3 HIV (AIDS) burden. Caucasian and Hispanic Delawareans account for 28% and 6% of those ever diagnosed, respectively. The largest percentage of HIV/stage 3 HIV (AIDS) cases have been diagnosed among adults ages 30 to 39. New Castle County residents account for the majority of cases.

Table 5: Reported HIV and Stage 3 HIV (AIDS) Cases, Delaware, 1981-2017

	HIV (Not AIDS) Cases		Stage 3 HIV (AIDS) Cases		Total Cases All Stages	
	#	%	#	%	#	%
Total Cases	1,548	100%	4,552	100%	6,100	100%
Gender						
Males	1,086	70%	3,296	72%	4,382	72%
Females	462	30%	1,256	28%	1,718	28%
Race						
Caucasian	470	32%	1,223	26%	1,693	28%
African American	942	66%	3,026	65%	3,968	65%
Hispanic	111	8%	257	5%	368	6%
Other / Unknown	25	2%	46	1%	71	1%
Age Group (Years at initial HIV Diagnosis)**						
< 13					53	1%
13-14					1	0%
15-19					165	3%
20-24					568	9%
25-29					882	14%
30-34					1,092	18%
35-39					1,089	18%
40-44					873	14%
45-49					633	10%
50-54					343	6%
55-59					186	3%
60-64					116	2%
65+					99	2%
County						
New Castle County (NCC)	1,094	71%	3,399	75%	4,493	74%
NCC, Wilmington Metro	*651*	*42%*	*2,229*	*49%*	*2,880*	*47%*
NCC, Outside of Wilmington	*443*	*29%*	*1,170*	*26%*	*1,613*	*26%*
Kent County	209	14%	493	11%	702	12%
Sussex County	245	16%	660	14%	905	15%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: In Delaware, AIDS and HIV surveillance efforts began in 1981 and 2001, respectively.
**Table represents cumulative Delaware diagnosed cases regardless of current vital status.*
***HIV and Stage 3 (AIDS) are two separate disease states thus the age at HIV diagnoses is represented as a total based on the first known HIV disease date.*

Table 6 and Maps 1 through 4 describe the primary modes of exposure and geographic locations.

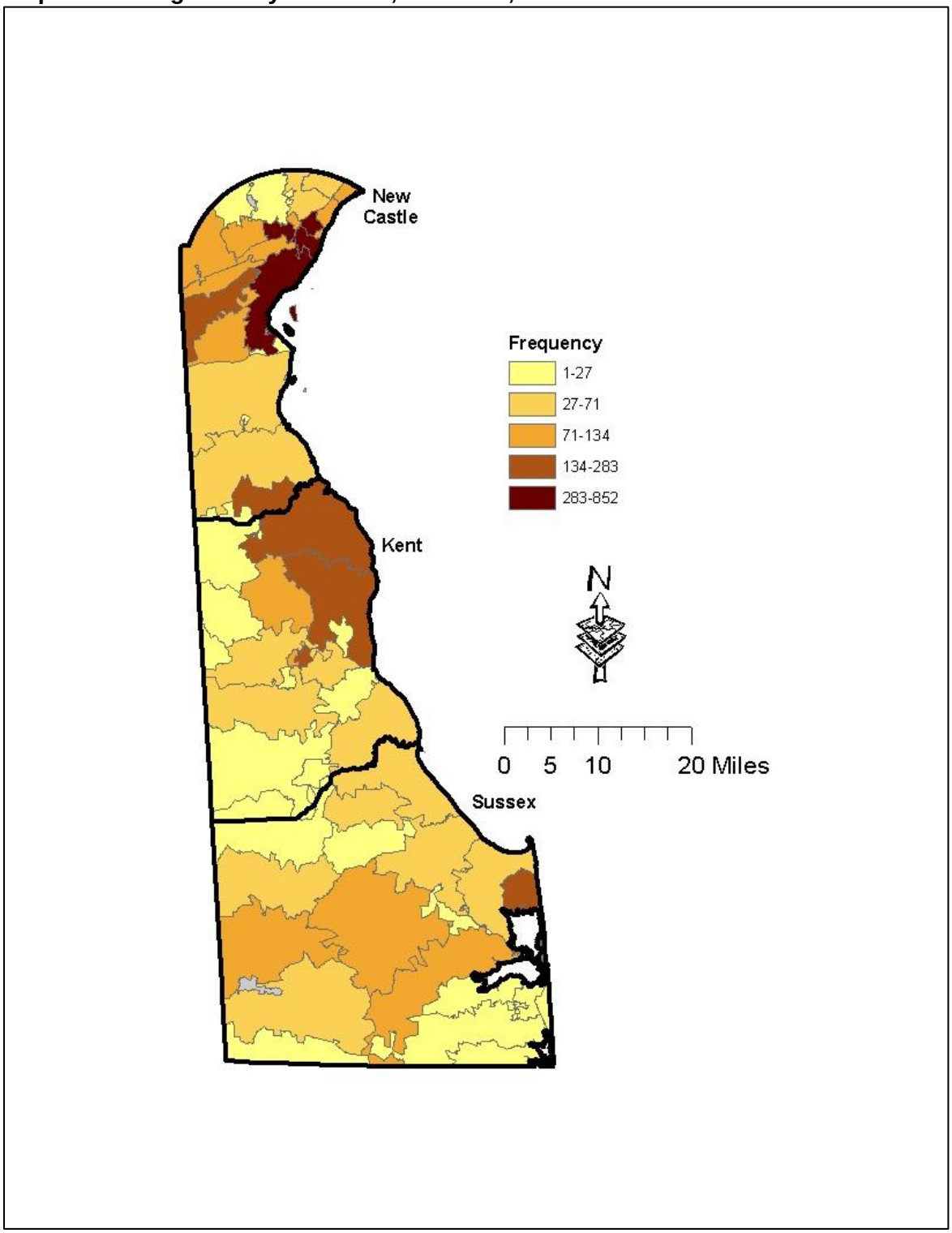
Table 6: Reported HIV Cases, All Stages by Exposure Risk Group, Delaware, 1981-2017*

HIV Exposure Mode	#	%
Men Who Have Sex with Men (MSM)	2,000	32.8%
Injection Drug User (IDU)	1,850	30.3%
MSM and IDU	294	4.8%
Heterosexual contact w/IDU	421	6.9%
Heterosexual contact	1,290	21.1%
Transfusion/transplant recipient	21	0.3%
Risk not reported/other	170	2.8%
Pediatric Exposure	54	0.9%
Total	6,100	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**Table represents cumulative Delaware diagnosed cases regardless of current vital status.*

Seventy-four percent of HIV cases ever diagnosed in Delaware occurred in New Castle County with 47% of all cases in Delaware were in the Wilmington Metropolitan area. Kent and Sussex counties comprised 11% and 15% respectively (Map 1).

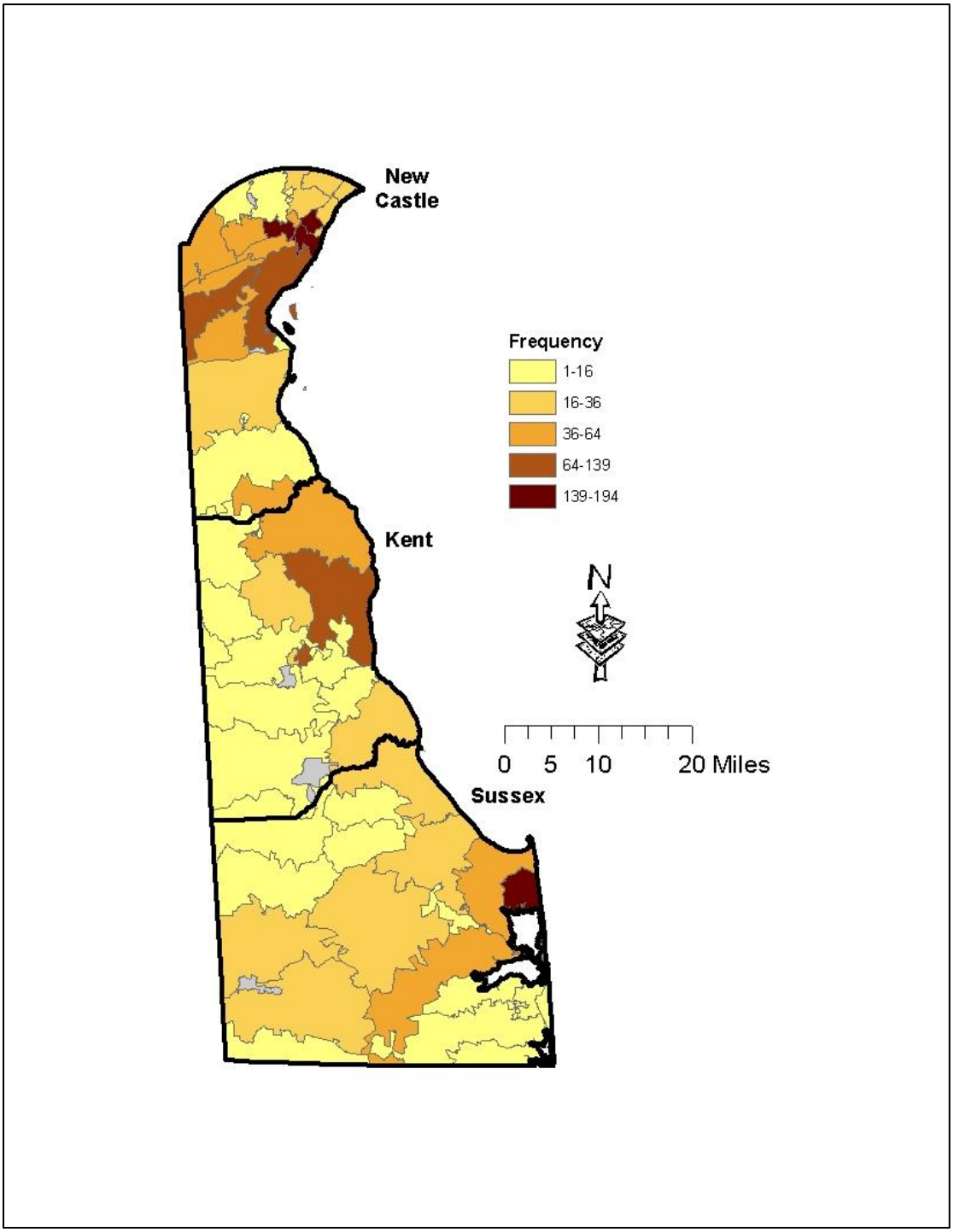
Map 1: HIV Diagnosis by ZIP Code, Delaware, 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Fifty-seven percent of HIV cases among men who have sex with men (MSM) in Delaware occurred in New Castle County. Kent and Sussex counties comprised 12% and 31% respectively. Notably, 56% of all HIV cases occurring in Sussex County were among MSM and were primarily concentrated in the Rehoboth Beach area (MAP 2).

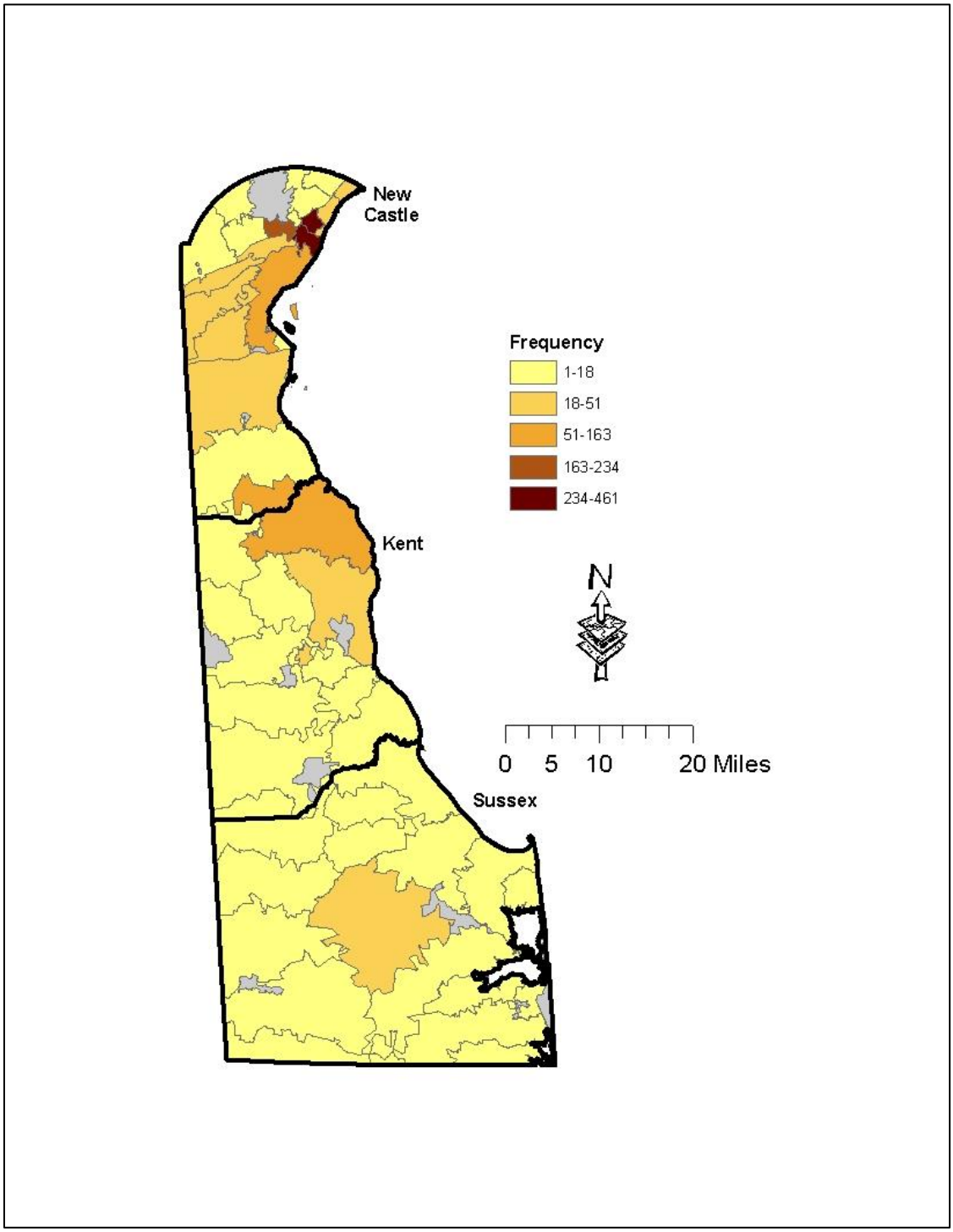
Map 2: HIV Diagnosis among Men Who Have Sex with Men (MSM) by ZIP Code, Delaware, 1981-2017



*Source: Delaware Department of Health and Social Services, Division of Public Health, 2018***.**

Seventy-nine percent of all HIV case attributed to injection drug use (IDU) occurred in New Castle County with 54% of the statewide cases occurring in the Wilmington Metropolitan area. Kent and Sussex counties comprise 12% and 9% of cases respectively (MAP 3).

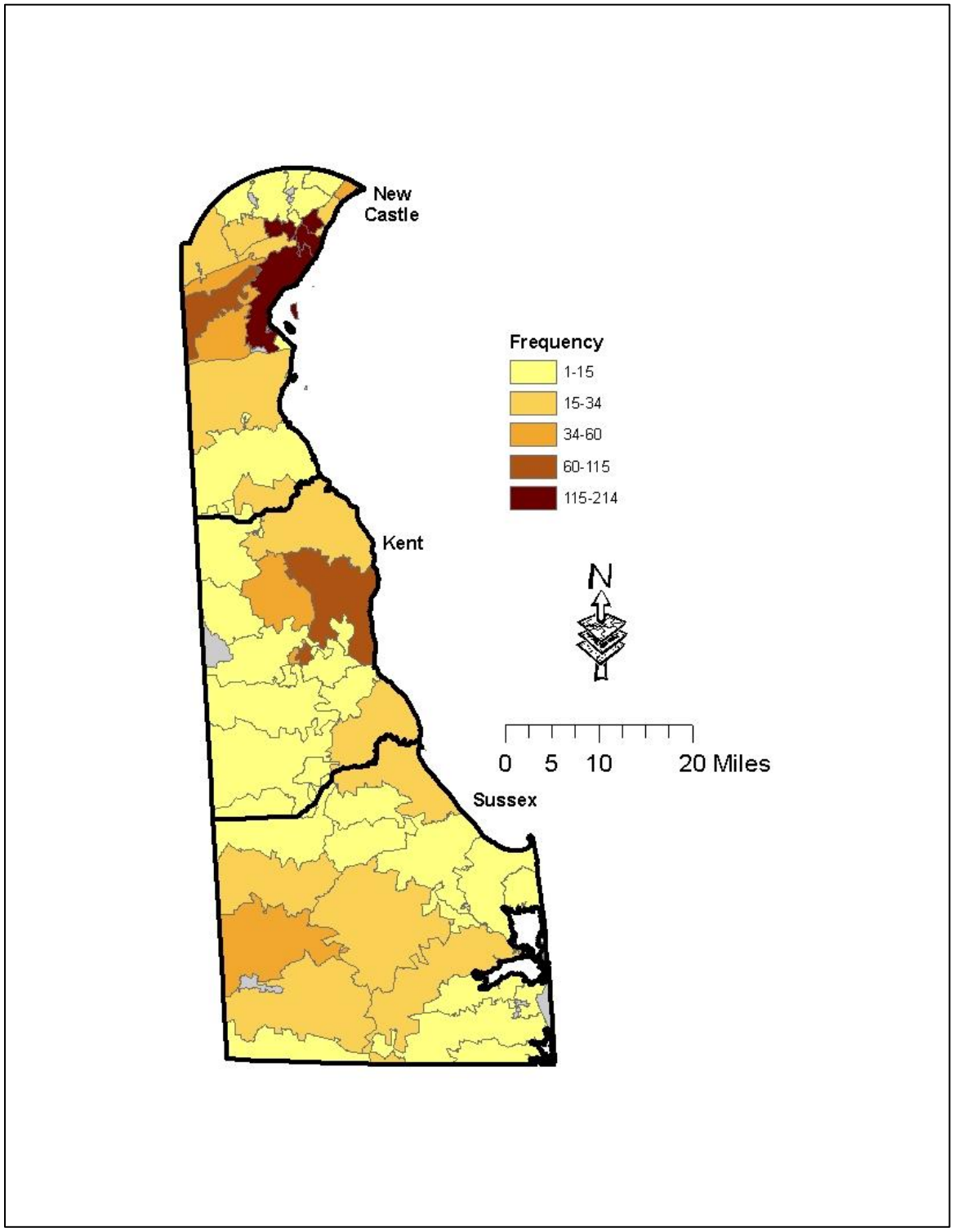
Map 3: HIV Diagnosis among Injection Drug Users (IDU) by ZIP Code, Delaware, 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Sixty-nine percent of all HIV case attributed heterosexual activity occurred in New Castle County. Kent and Sussex counties comprise 16% and 15% of cases respectively (MAP 4).

Map 4: HIV Diagnosis among Heterosexuals by ZIP Code, Delaware, 1981-2017



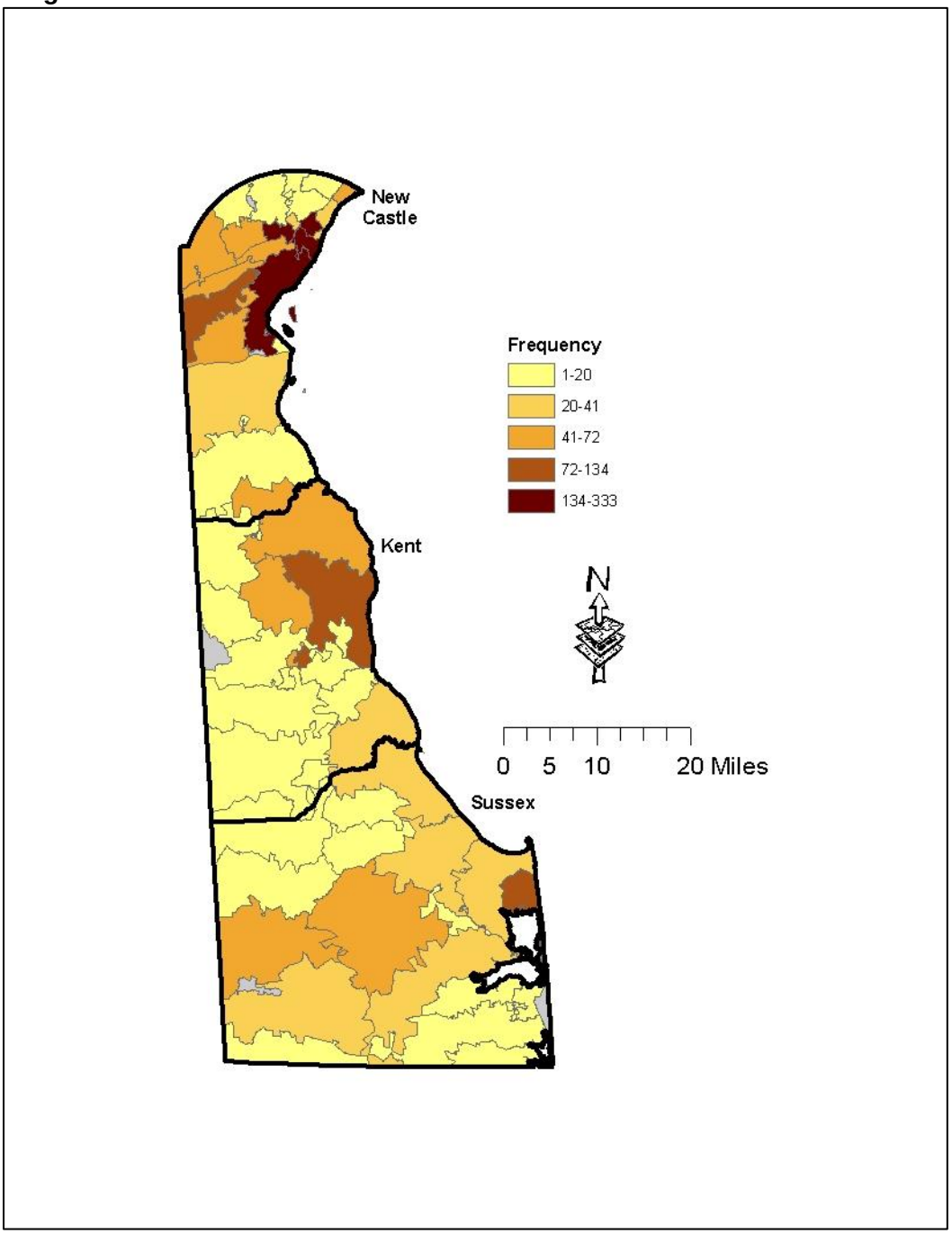
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with HIV – All Stages

Delawareans Living with HIV - All Stages

In 2017, a total of 3,488 Delawareans were living with HIV and 2,098 (60%) of them had progressed to stage 3 HIV (AIDS). Approximately 24% of these cases relocated to Delaware after initial HIV diagnosis elsewhere (Map 5).

Map 5: HIV Positive Persons Living in Delaware by ZIP Code, Diagnosed 1981-2017

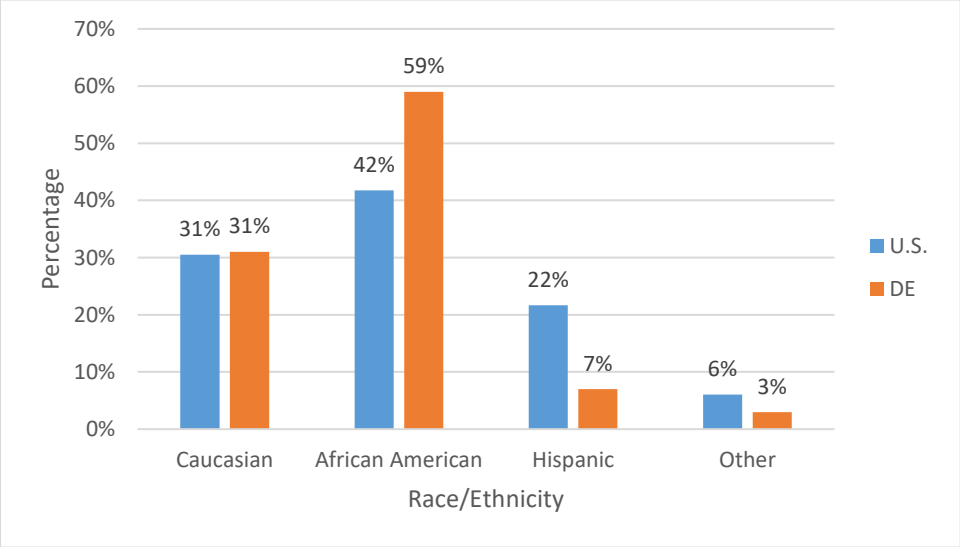


Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with HIV All Stages, Delaware vs. U.S.

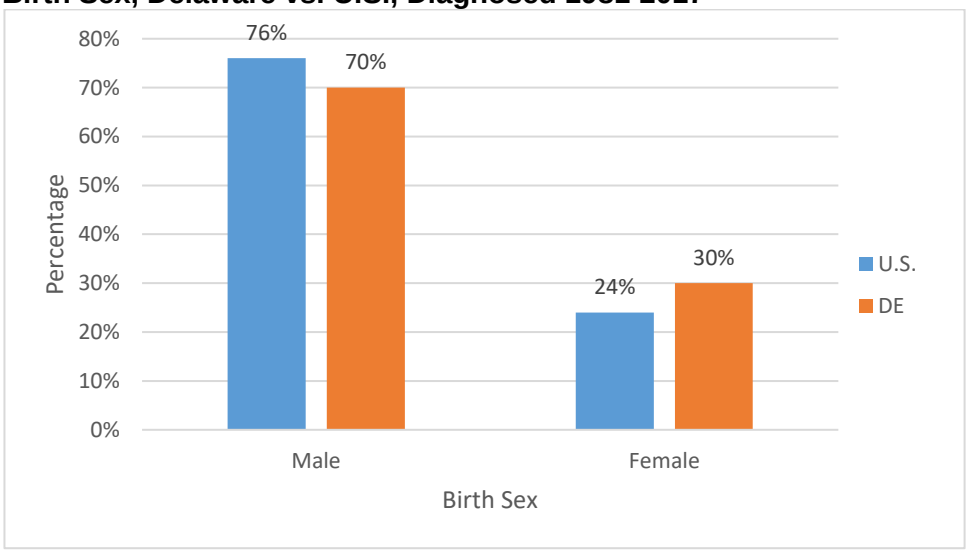
Delaware's percentage of African Americans living with HIV is 17% higher than the U.S., Delaware Hispanics are 15% lower than U.S. Hispanics, and Caucasians and those in other categories are comparable in percentages. The percentage of Delaware males living with HIV is 6% lower than the U.S. percentage; Delaware females are 6% higher than compared to females in the U.S. (Figure 13).

Figure 12: Percentage of Persons Living with HIV, All Stages by Race/Ethnicity, Delaware vs. U.S., Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018, CDC HIV Surveillance Report, 2017; Vol. 29.

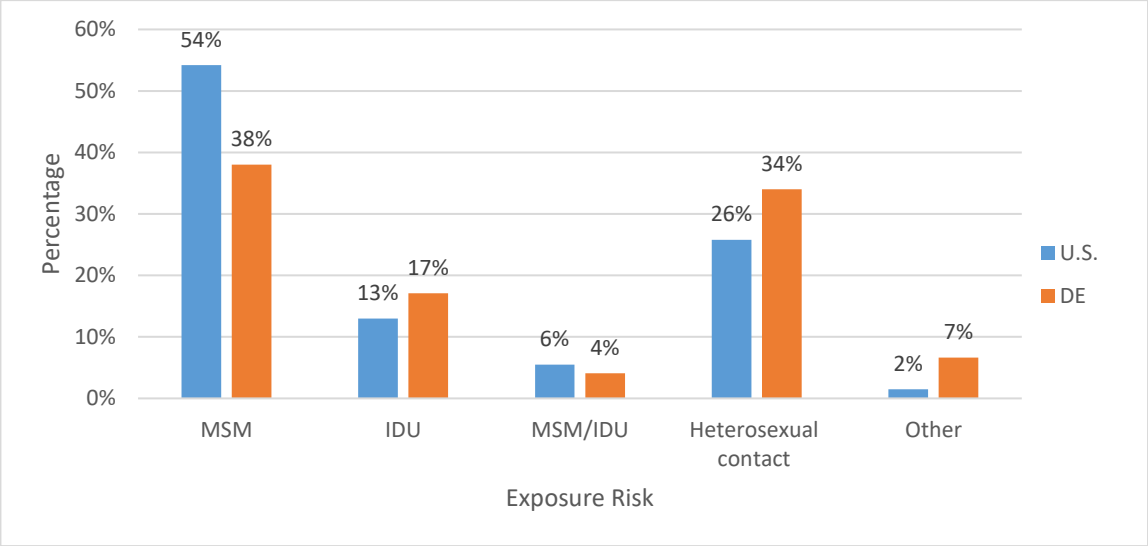
Figure 13: Percentage of Persons Living with HIV, All Stages by Birth Sex, Delaware vs. U.S., Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018, CDC HIV Surveillance Report, 2017; Vol. 29.

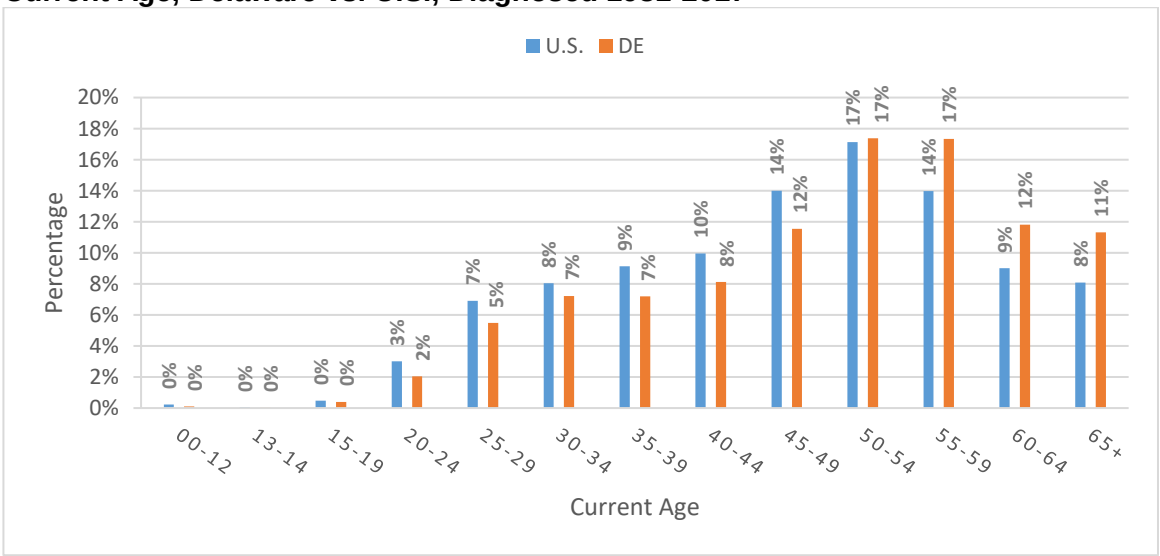
In Delaware, the percentages of HIV positive MSM and men who have sex with men and inject drugs (MSM/IDU) are 16% and 2% lower than for the U.S., respectively (Figure 14). Delaware's injection drug user (IDU), heterosexual, and other risk categories are 4%, 8%, and 5% higher than for the U.S., respectively. Delawareans living with HIV are generally older than similar U.S populations (Figure 15).

Figure 14: Percentage of Persons Living with HIV, All Stages by Exposure Risk Category, Delaware vs. U.S., Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health 2018, CDC HIV Surveillance Report, 2017; Vol. 29.

Figure 15: Percentage of Persons Living with HIV, All Stages by Current Age, Delaware vs. U.S., Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health 2018, CDC HIV Surveillance Report, 2017; Vol. 29.

Living with HIV - All Stages in Delaware, Diagnosed 1981-2017

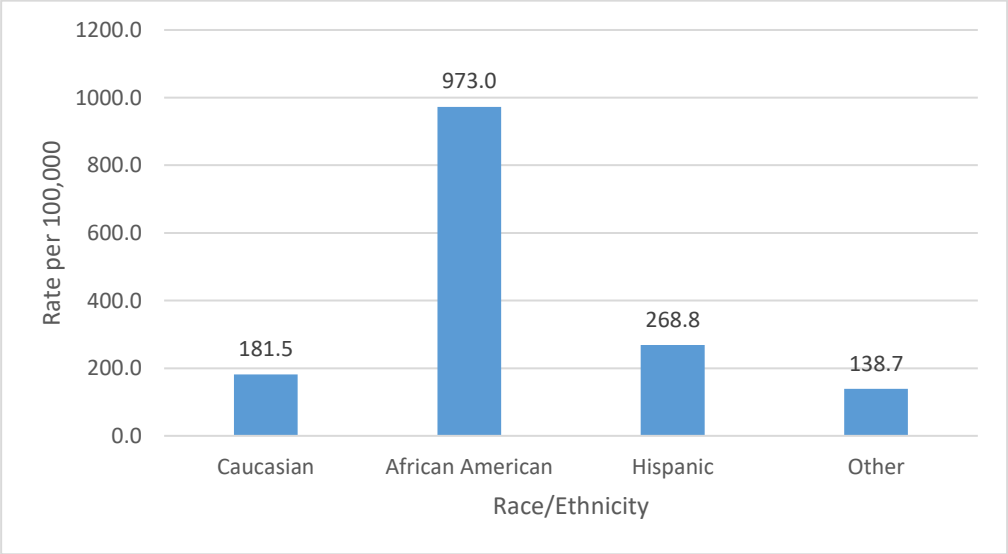
Among those living with HIV in Delaware, the prevalence by race is highest among African Americans. Among African Americans in Delaware, the prevalence of HIV is highest among males. (Table 7 and Figures 16-18).

Table 7: Living with HIV - All Stages by Race/Ethnicity and Birth Sex, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with HIV - All Stages 2017	1,089	2,064	246	89	3,488
Percentage Within Category	31%	59%	7%	3%	100%
Rate per 100,000	181.5	973.0	268.8	138.7	360.4
Male					Total
Living with HIV - All Stages 2017	894	1,306	179	65	2,444
Percentage Within Category	37%	53%	7%	3%	100%
Rate per 100,000	308.0	1300.6	370.6	215.9	521.0
Female					Total
Living with HIV - All Stages 2017	195	758	67	24	1,044
Percentage Within Category	19%	73%	6%	2%	100%
Rate per 100,000	63.0	678.5	155.0	70.5	209.4

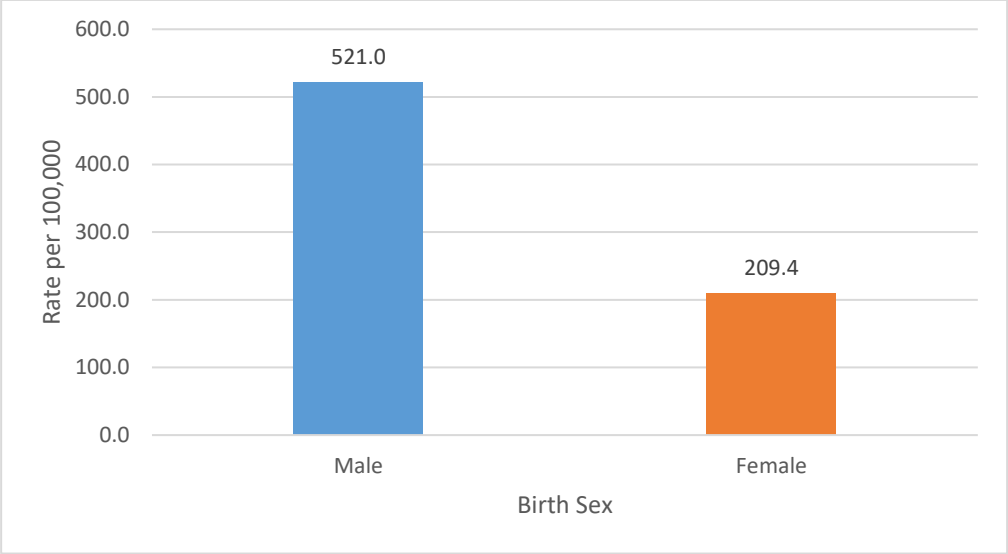
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 16: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Delaware, Persons Diagnosed 1981-2017



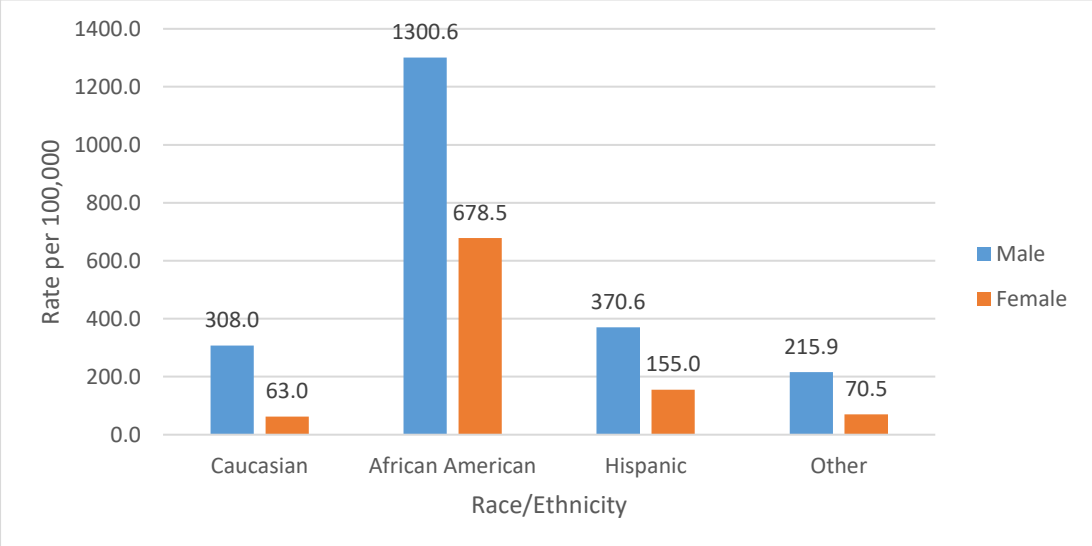
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 17: Rate of HIV Prevalence, All Stages by Birth Sex, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 18: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

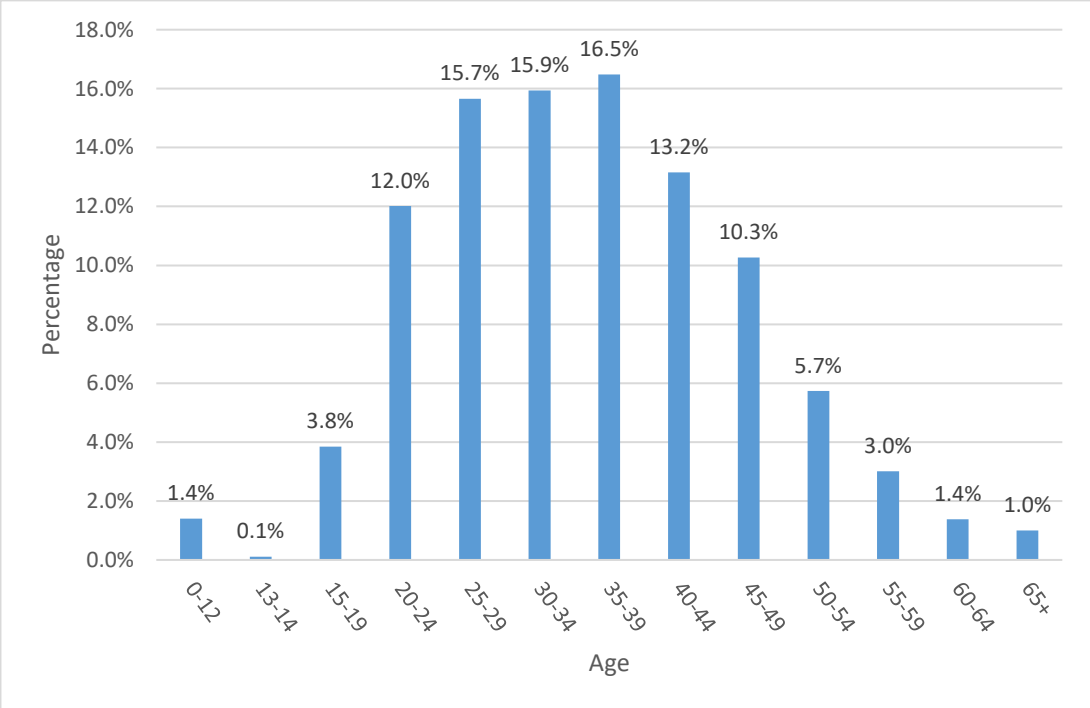
Most Delawareans with HIV are diagnosed between the ages of 25-39 (48%) (Table 8 and Figure 19).

Table 8: Living with HIV - All Stages by Age at HIV Disease Diagnosis, Delaware, Diagnosed 1981-2017

Age Group	#	%
0-12	49	1.4%
13-14	4	0.1%
15-19	134	3.8%
20-24	419	12.0%
25-29	546	15.7%
30-34	556	15.9%
35-39	575	16.5%
40-44	459	13.2%
45-49	358	10.3%
50-54	200	5.7%
55-59	105	3.0%
60-64	48	1.4%
65+	35	1.0%
Total	3,488	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 19: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

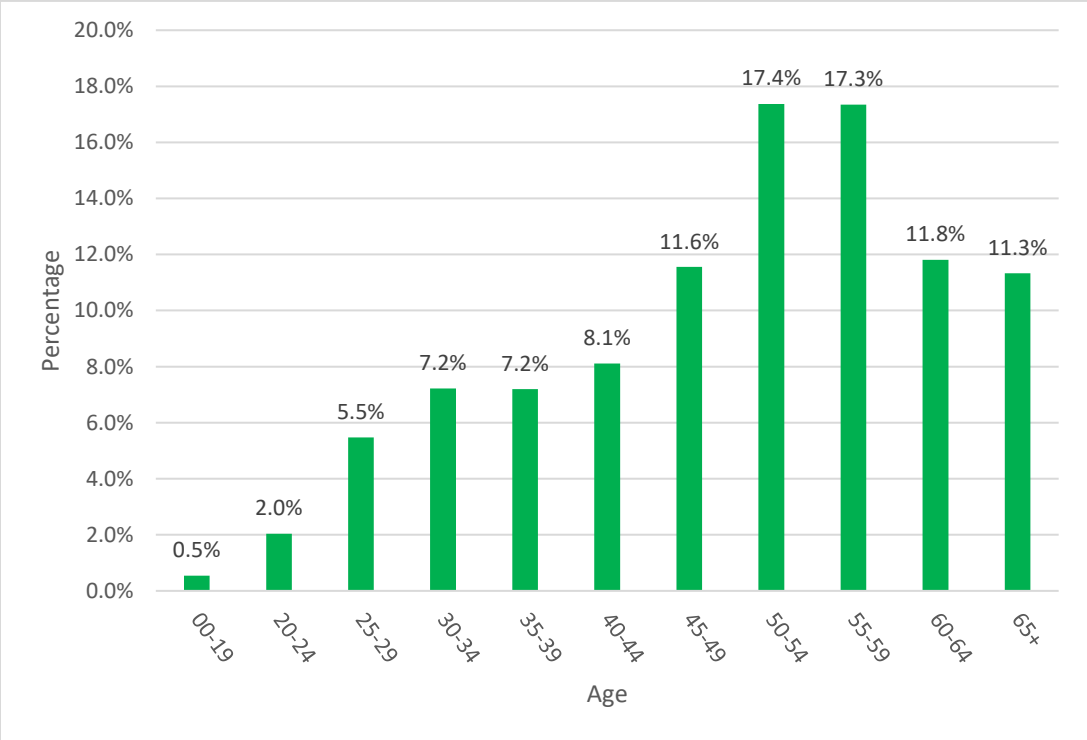
As of December 2017, 69% of persons living with HIV (PLWH) in Delaware were older than 45. Persons younger than 20 comprised less than 1% of this population (Table 9 and Figure 20).

Table 9: Living with HIV - All Stages by Current Age, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-19	19	0.4%
20-24	71	2.0%
25-29	191	5.5%
30-34	252	7.2%
35-39	251	7.2%
40-44	283	8.1%
45-49	403	11.6%
50-54	606	17.4%
55-59	605	17.3%
60-64	412	11.8%
65+	395	11.3%
Total	3,488	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 20: Percentage of Persons Living with HIV, All Stages by Current Age, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

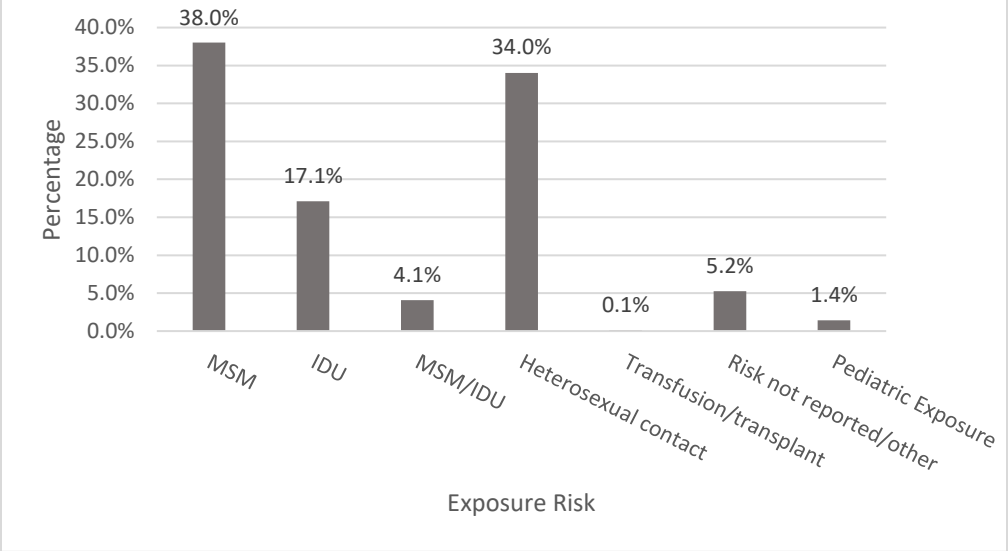
The leading risk factor among those living with HIV in Delaware is MSM (38%). The second highest risk factor is heterosexual contact (34%) and the third highest is IDU (17%). All other risk factors comprise approximately 11% (Table 10 and Figures 21-23).

Table 10: Living with HIV - All Stages by Exposure Category, Delaware, Diagnosed 1981-2017

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	1,326	38.0%	1,326	54.3%	0	0.0%
Injection Drug User (IDU)	597	17.1%	366	15.0%	231	22.1%
MSM/IDU	142	4.1%	142	5.8%	0	0.0%
Heterosexual contact	1,187	34.0%	446	18.2%	741	71.0%
Transfusion/transplant	4	0.1%	2	0.1%	2	0.2%
Risk not reported/other	183	5.2%	140	5.7%	43	4.1%
Pediatric Exposure	49	1.4%	22	0.9%	27	2.6%
Total	3,488	100%	2,444	100%	1,044	100%

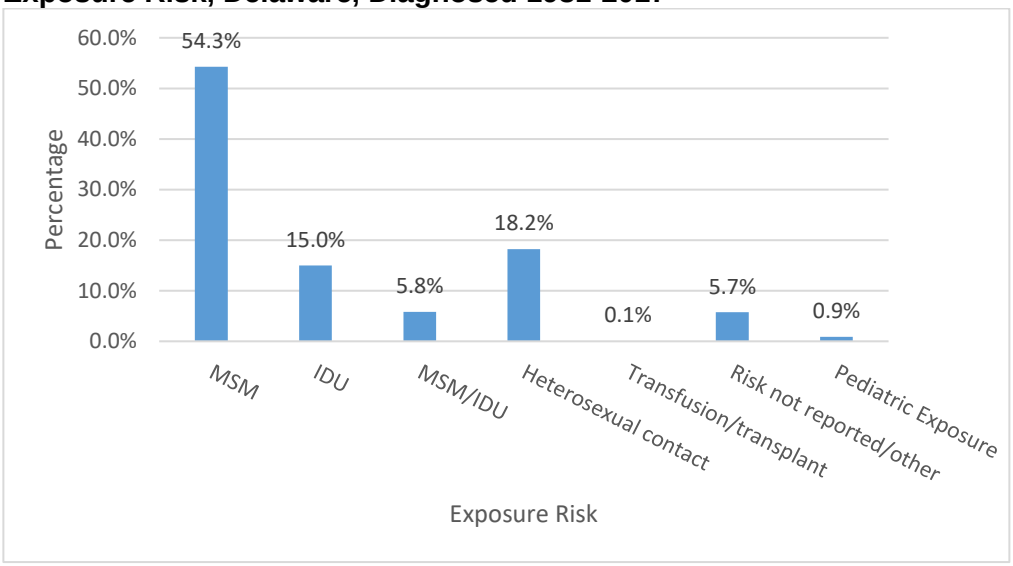
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 21: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Delaware, Diagnosed 1981-2017



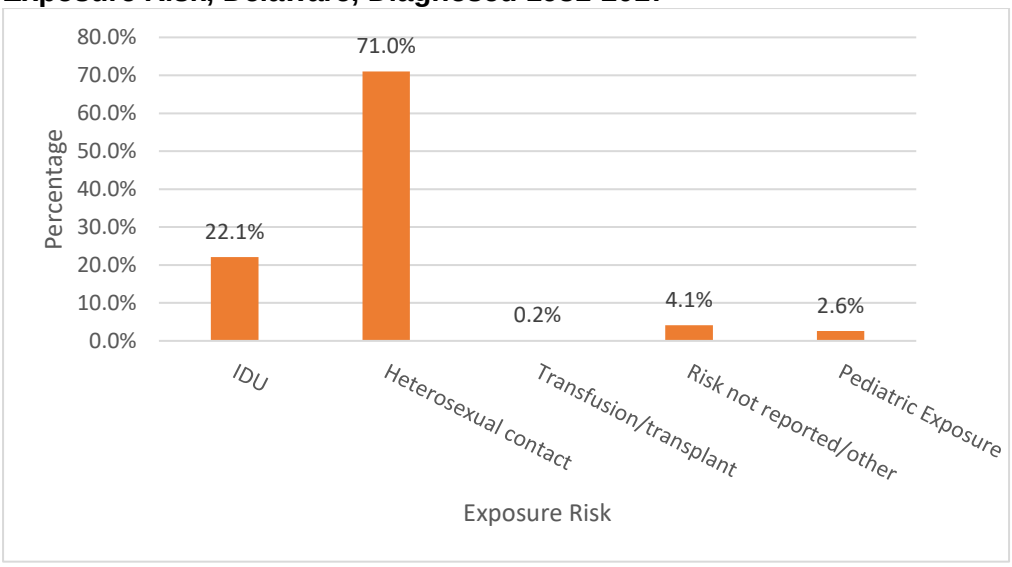
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 22: Percentage of Males Living with HIV, All Stages by Exposure Risk, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 23: Percentage of Females Living with HIV, All Stages by Exposure Risk, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with HIV – All Stages in New Castle County, Delaware, Diagnosed 1981-2017

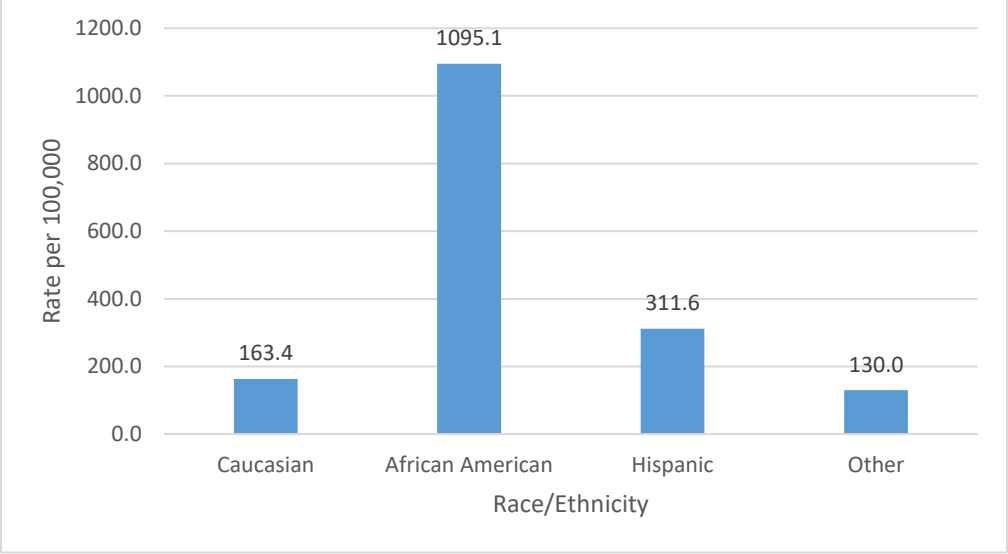
These numbers are very similar to the statewide statistics. In New Castle County, the prevalence of HIV by race is highest among African Americans; African American males also have the highest prevalence rate. Prevalence of HIV among all New Castle County males is approximately 54% higher than among all females (Table 11 and Figures 24-26).

Table 11: Living with HIV - All Stages by Race/Ethnicity and Sex, New Castle County, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with HIV - All Stages 2017	528	1,514	179	59	2,280
Percent Within Category	23%	66%	8%	3%	100%
Rate per 100,000	163.4	1095.1	311.6	130.0	404.1
Male					Total
Living with HIV - All Stages 2017	414	951	132	37	1534
Percent Within Category	27%	62%	9%	2%	100%
Rate per 100,000	264.5	1456.5	432.3	169.9	559.6
Female					Total
Living with HIV - All Stages 2017	114	563	47	22	746
Percent Within Category	15%	75%	6%	3%	100%
Rate per 100,000	68.4	771.7	174.7	93.2	257.2

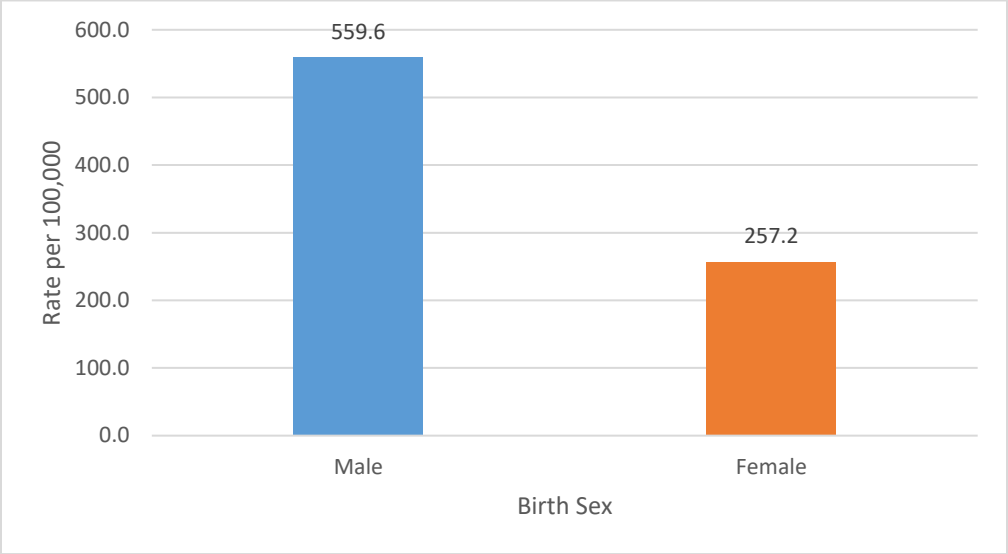
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 24: Rate of HIV Prevalence, All Stages by Race/Ethnicity, New Castle County, Delaware, Diagnosed 1981-2017



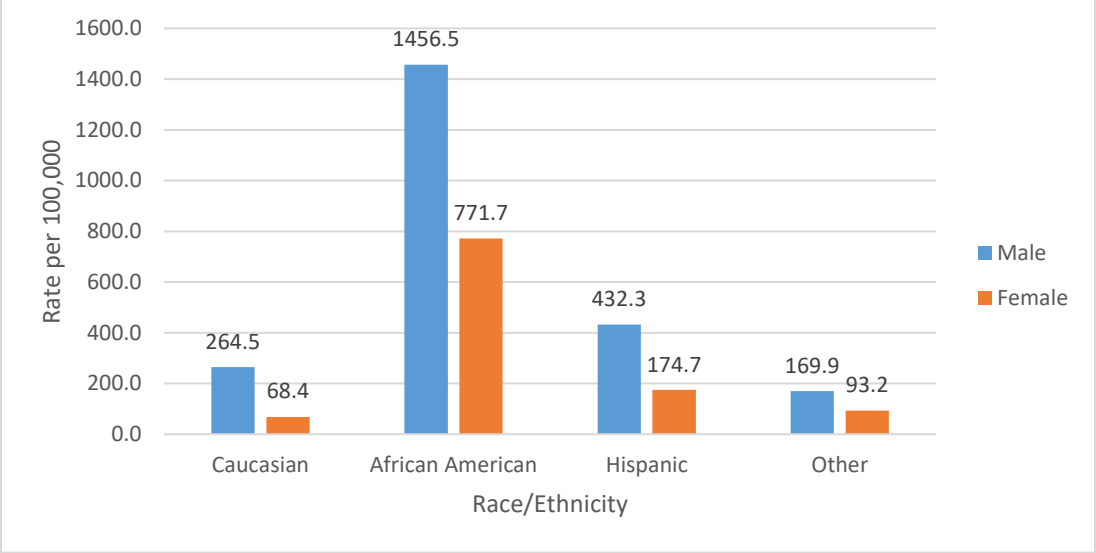
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 25: Rate of HIV Prevalence, All Stages by Birth Sex, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 26: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

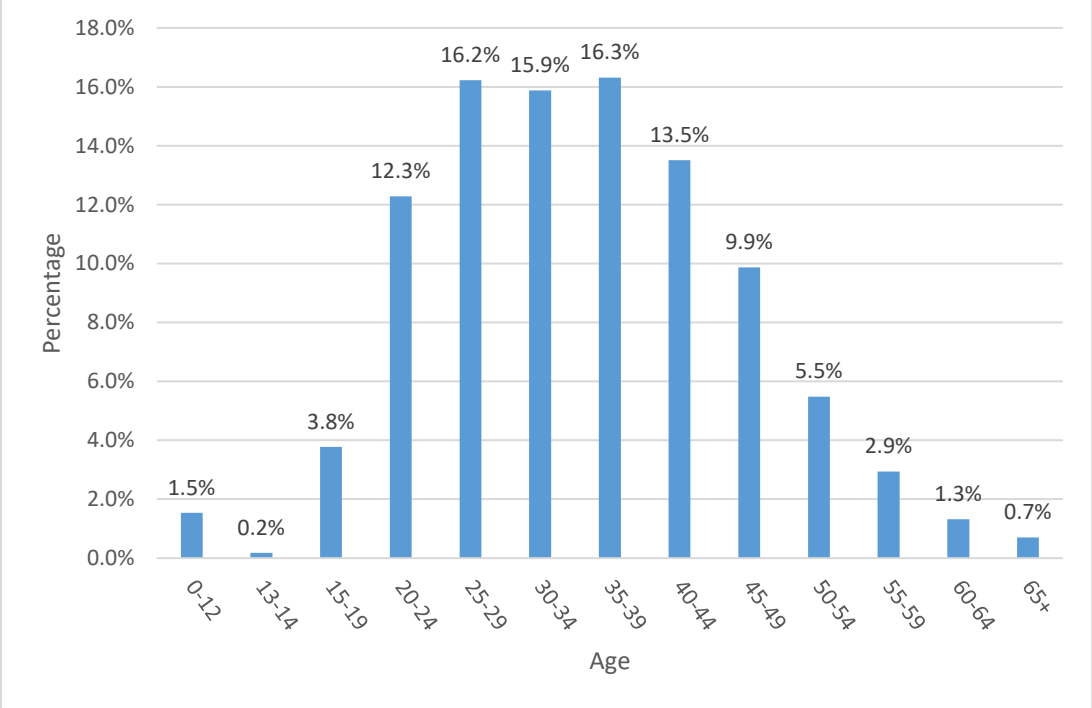
By age in New Castle County, persons diagnosed with HIV between the ages of 25-39 make up 48% of county residents living with HIV (Table 12 and Figure 27).

Table 12: Living with HIV - All Stages by Age at HIV Diagnosis, New Castle County, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-12	35	1.5%
13-14	4	0.2%
15-19	86	3.8%
20-24	280	12.3%
25-29	370	16.2%
30-34	362	15.9%
35-39	372	16.3%
40-44	308	13.5%
45-49	225	9.9%
50-54	125	5.5%
55-59	67	2.9%
60-64	30	1.3%
65+	16	0.7%
Total	2,280	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 27: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

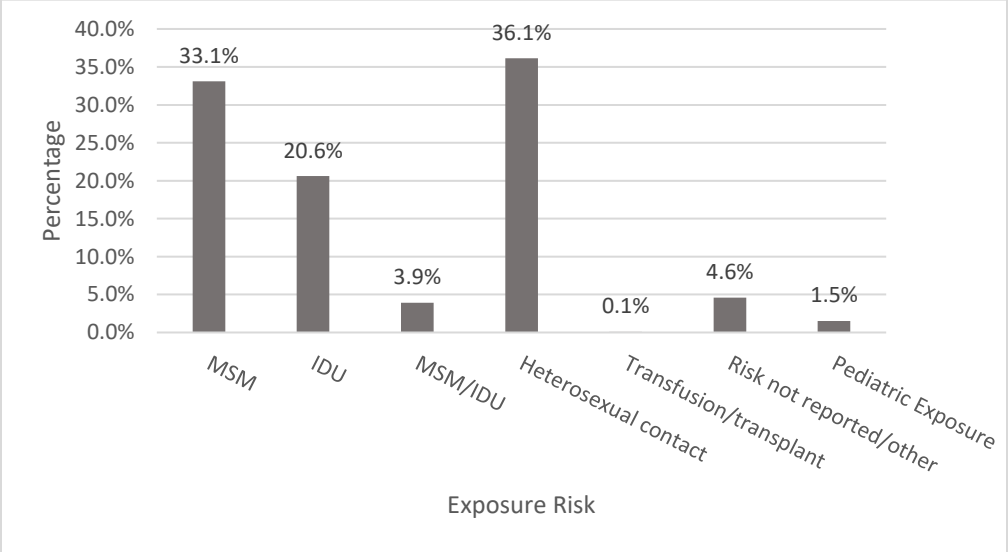
In New Castle County, the leading HIV exposure mode is heterosexual contact (36%), compared to MSM (33%) and IDU (21%). All other exposure modes make up approximately 11% (Table 13 and Figures 28-30).

Table 13: Living with HIV - All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	755	33.1%	755	49.2%	0	0.0%
Injection Drug User (IDU)	470	20.6%	284	18.5%	186	24.9%
MSM/IDU	89	3.9%	89	5.8%	0	0.0%
Heterosexual contact	824	36.1%	305	19.9%	519	69.6%
Transfusion/transplant recipient	2	0.1%	1	0.1%	1	0.1%
Risk not reported/other	105	4.6%	85	5.5%	20	2.7%
Pediatric Exposure	35	1.5%	15	1.0%	20	2.7%
Total	2,280	100%	1,534	100%	746	100%

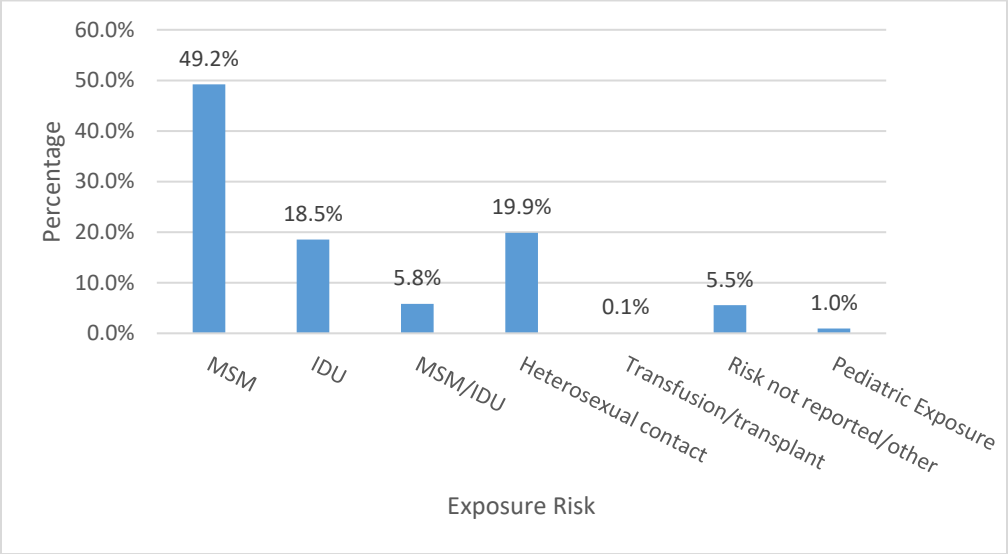
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 28: Percentage of Persons Living with HIV, All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017



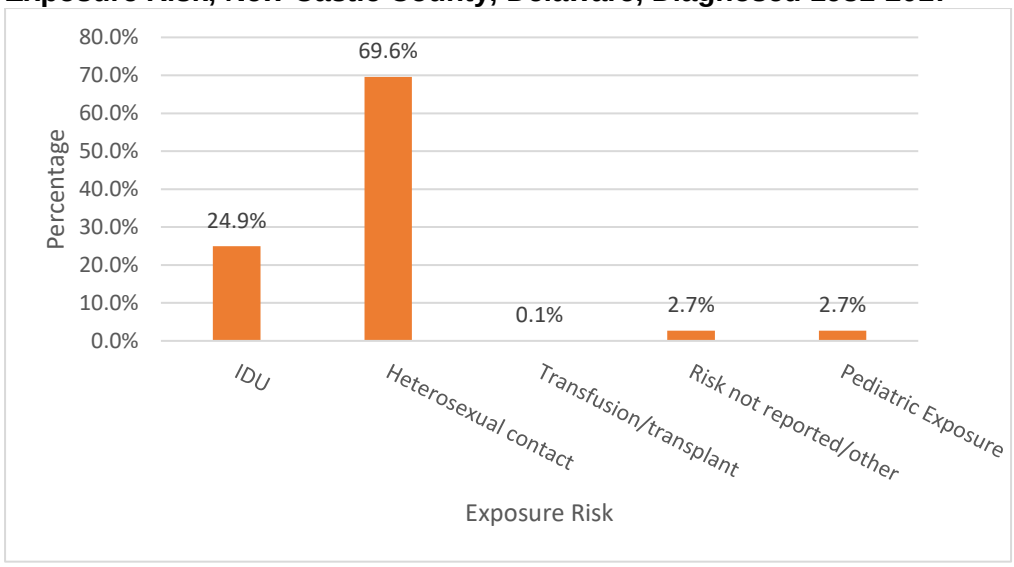
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 29: Percentage of Males Living with HIV, All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 30: Percentage of Females Living with HIV, All Stages by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with HIV – All Stages in Kent County, Delaware, Diagnosed 1981-2017

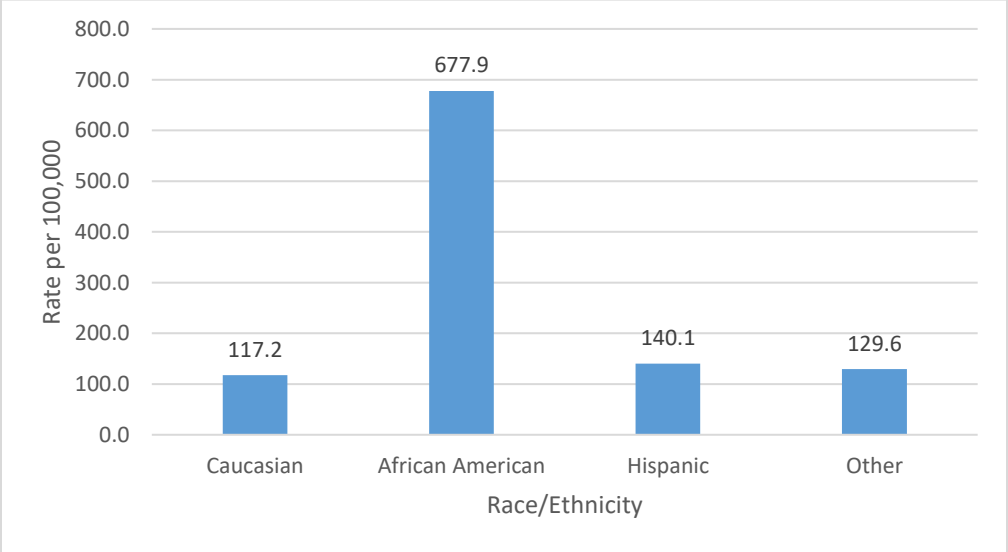
In Kent County, HIV prevalence is highest among African Americans, especially among African American males. Among African Americans in Kent County, HIV prevalence among males is approximately 53% higher than among females (Table 14 and Figures 31-33).

Table 14: Living with HIV - All Stages by Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with HIV - All Stages 2017	129	318	18	14	479
Percentage Within Category	27%	66%	4%	3%	100%
Rate per 100,000	117.2	677.9	140.1	129.6	265.2
Male					Total
Living with HIV - All Stages 2017	94	200	11	12	317
Percentage Within Category	30%	63%	3%	4%	100%
Rate per 100,000	176.1	906.7	173.4	257.8	366.7
Female					Total
Living with HIV - All Stages 2017	35	118	7	2	162
Percentage Within Category	22%	73%	4%	1%	100%
Rate per 100,000	61.8	474.8	107.7	32.6	172.0

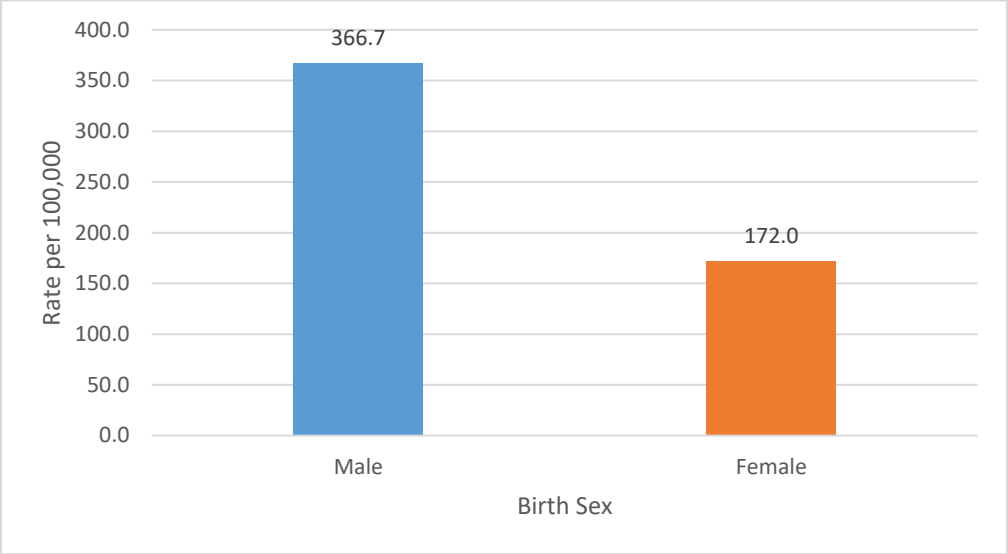
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 31: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2017



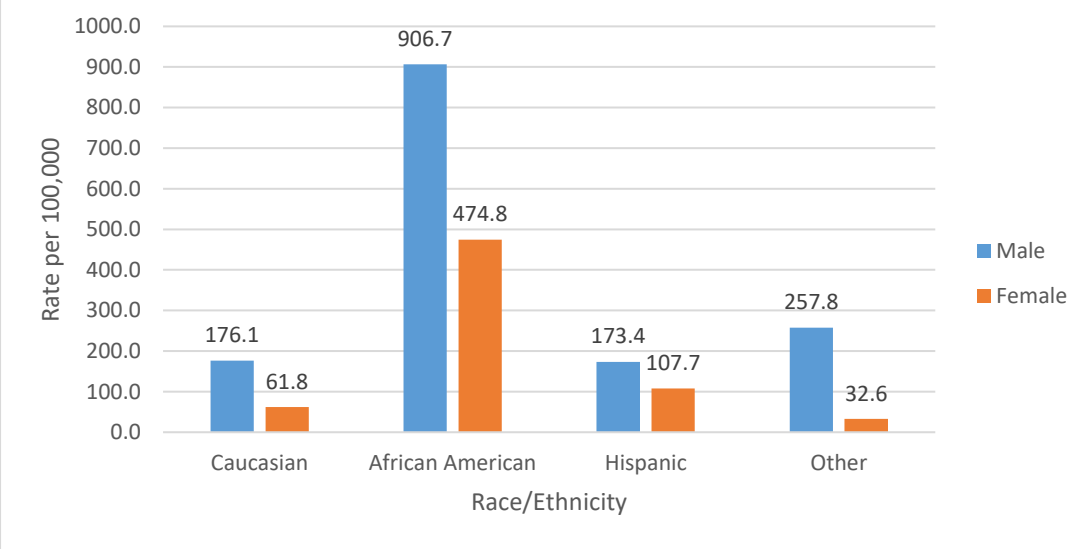
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 32: Rate of HIV Prevalence, All Stages by Birth Sex, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 33: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

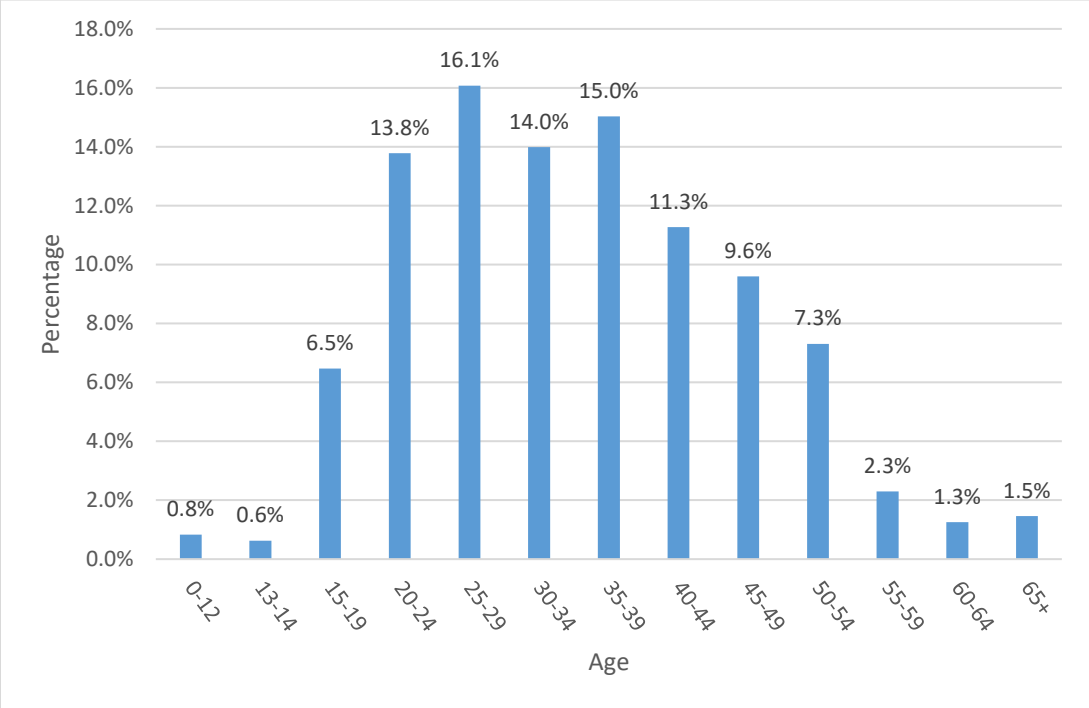
By age in Kent County, persons between the ages of 25 and 39 who were diagnosed with HIV make up 45% of all cases (Table 15 and Figure 34).

Table 15: Living with HIV - All Stages by Age at HIV Diagnosis, Kent County, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-12	4	0.8%
13-14	3	0.6%
15-19	31	6.5%
20-24	66	13.8%
25-29	77	16.1%
30-34	67	14.0%
35-39	72	15.0%
40-44	54	11.3%
45-49	46	9.6%
50-54	35	7.3%
55-59	11	2.3%
60-64	6	1.3%
65+	7	1.5%
Total	479	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 34: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

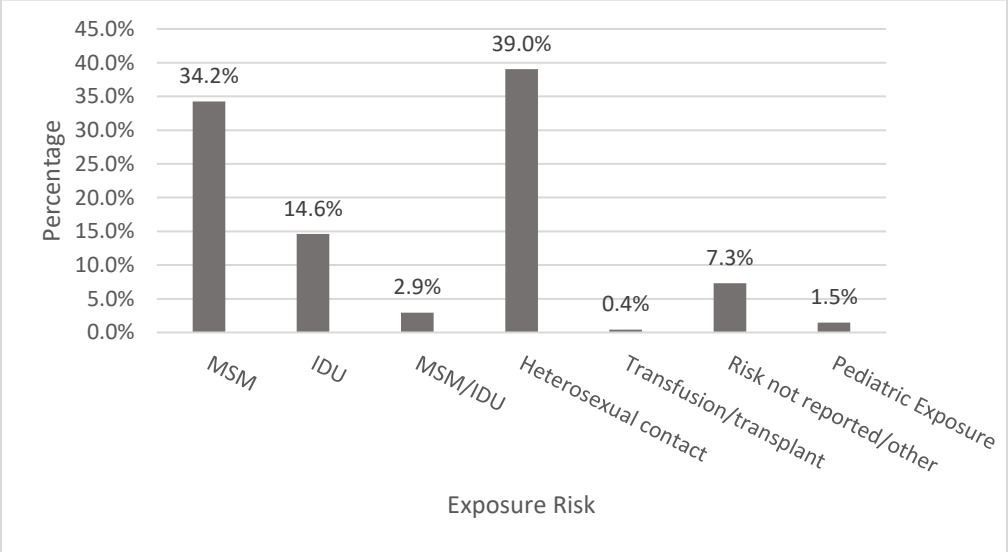
The leading exposure risk category in Kent County is heterosexual contact (39%), followed by MSM (34%) and IDU (15%). All other risk categories make up approximately 11% (Table 16 and Figures 35-37).

Table 16: Living with HIV - All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	164	34.2%	164	51.7%	0	0.0%
Injection Drug User (IDU)	70	14.6%	43	13.6%	27	16.7%
MSM/IDU	14	2.9%	14	4.4%	0	0.0%
Heterosexual contact	187	39.0%	70	22.1%	117	72.2%
Transfusion/transplant recipient	2	0.4%	1	0.3%	1	0.6%
Risk not reported/other	35	7.3%	23	7.3%	12	7.4%
Pediatric Exposure	7	1.5%	2	0.6%	5	3.1%
Total	479	100%	317	100%	162	100%

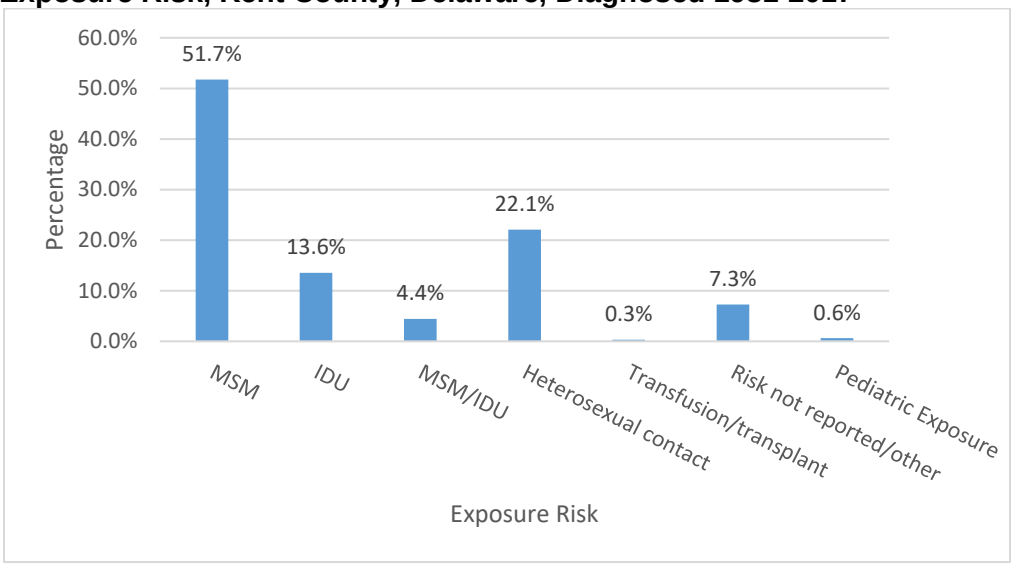
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 35: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017



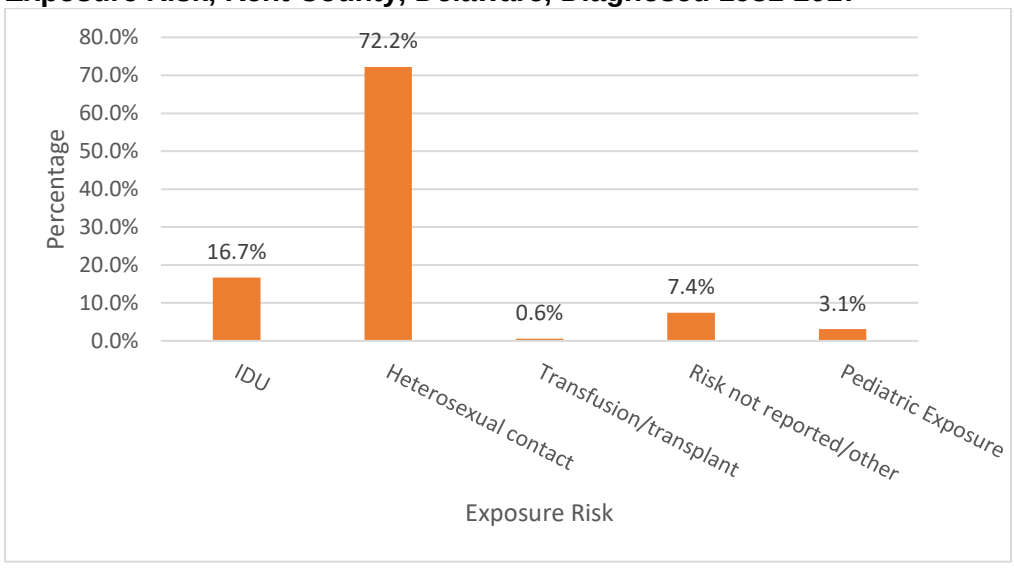
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 36: Percentage of Males Living with HIV, All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 37: Percentage of Females Living with HIV, All Stages by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with HIV – All Stages in Sussex County, Diagnosed 1981-2017

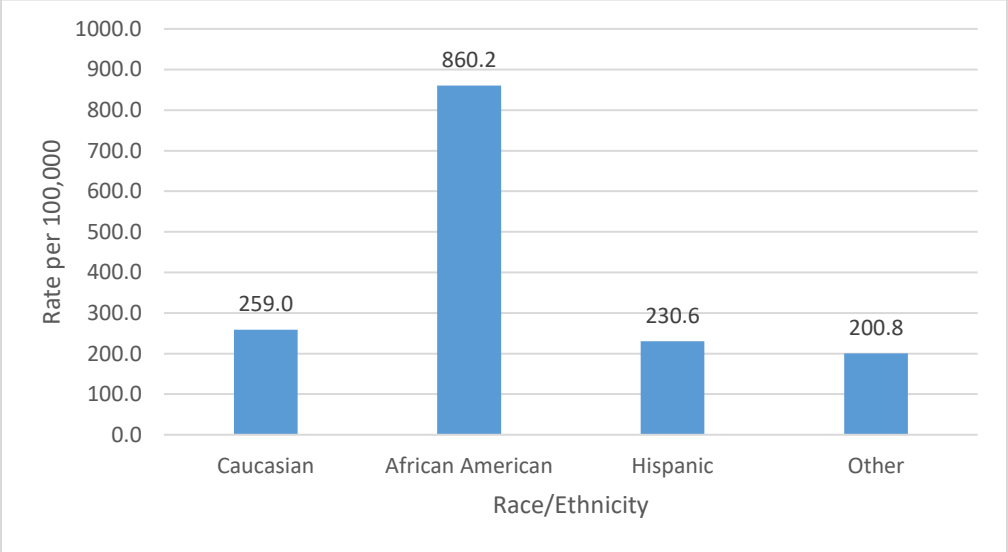
In Sussex County, the prevalence of HIV is highest among African Americans. Among African Americans in Sussex County, HIV prevalence is approximately 78% higher among males than among females (Table 17 and Figures 38-40).

Table 17: Living with HIV - All Stages by Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with HIV - All Stages 2017	432	232	49	16	729
Percentage Within Category	59%	32%	7%	2%	100%
Rate per 100,000	259.0	860.2	230.6	200.8	326.9
Male					Total
Living with HIV - All Stages 2017	386	155	36	16	593
Percentage Within Category	65%	26%	6%	3%	100%
Rate per 100,000	480.1	1186.6	315.0	435.1	546.2
Female					Total
Living with HIV - All Stages 2017	46	77	13	0	136
Percentage Within Category	34%	57%	10%	0%	100%
Rate per 100,000	53.2	553.7	132.4	0.0	118.8

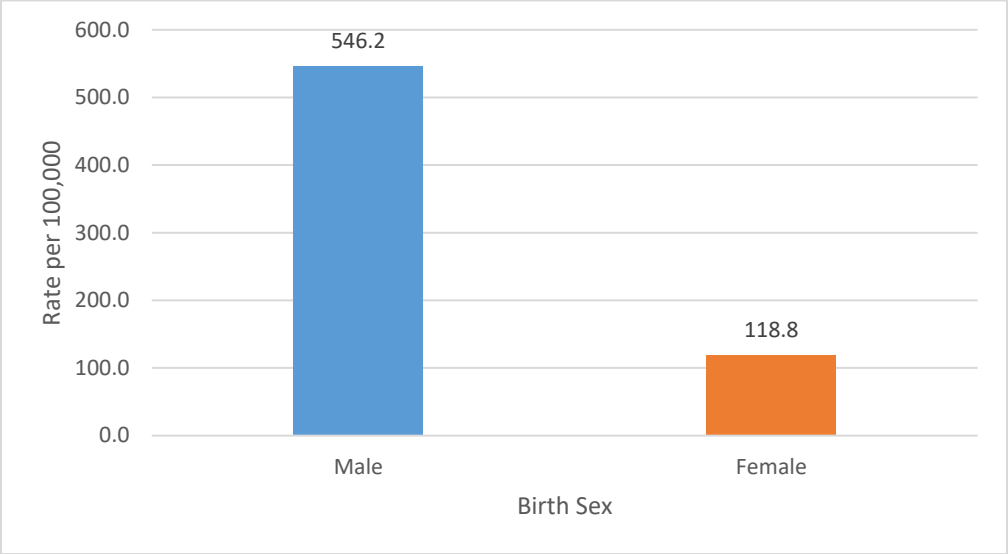
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 38: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2017



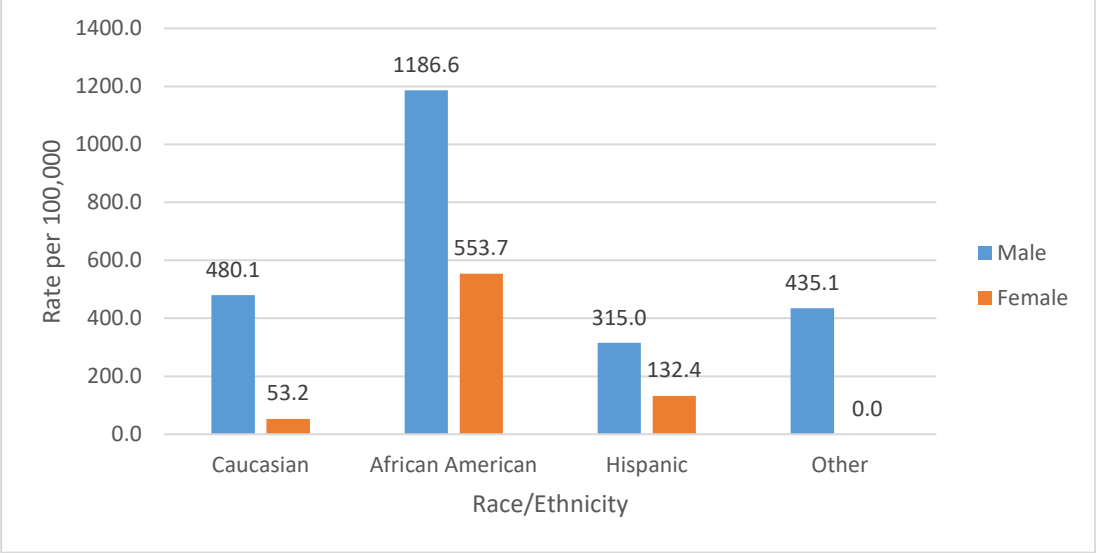
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 39: Rate of HIV Prevalence, All Stages by Birth Sex, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 40: Rate of HIV Prevalence, All Stages by Birth Sex and Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

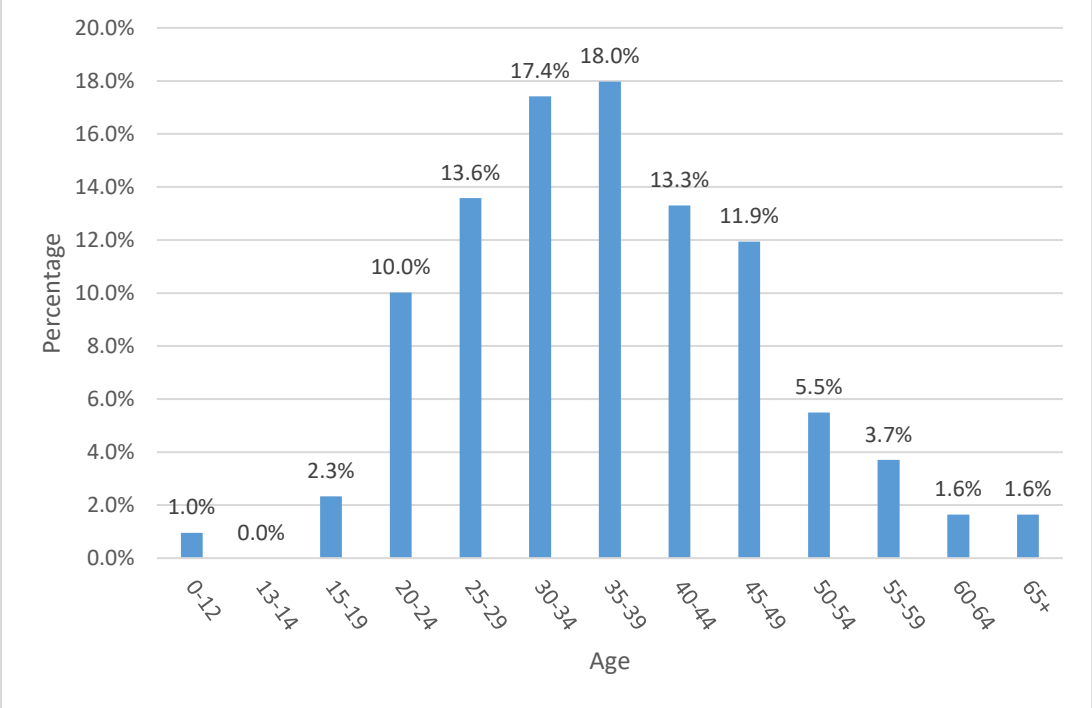
In Sussex County, persons between the ages of 25 and 39 diagnosed with HIV, make up 49% of all persons living with HIV in the county (Table 18 and Figure 41).

Table 18: Living with HIV - All Stages by Age at HIV Diagnosis, Sussex County, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-12	7	1.0%
13-14	0	0.0%
15-19	17	2.3%
20-24	73	10.0%
25-29	99	13.6%
30-34	127	17.4%
35-39	131	18.0%
40-44	97	13.3%
45-49	87	11.9%
50-54	40	5.5%
55-59	27	3.7%
60-64	12	1.6%
65+	12	1.6%
Total	729	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 41: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

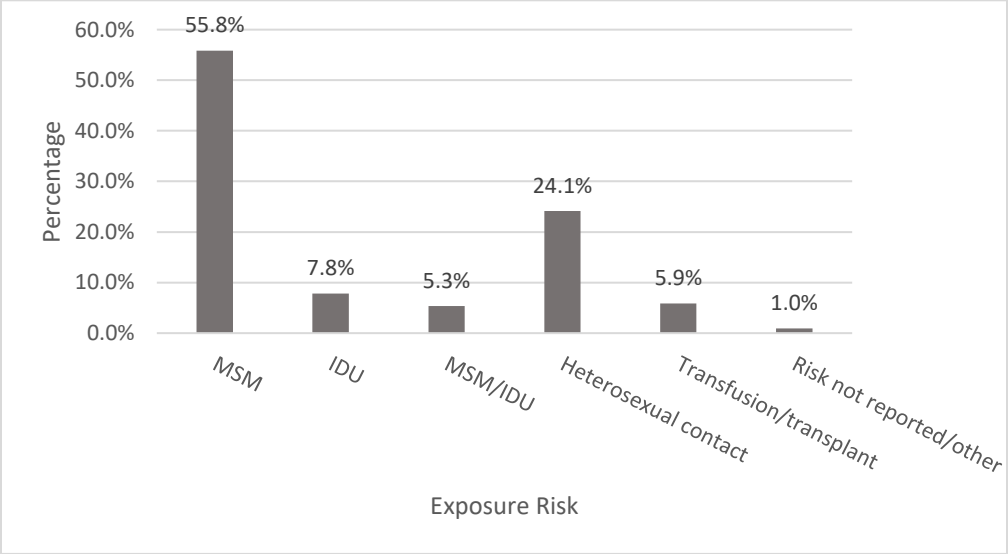
The leading risk category among Sussex Countians living with HIV is MSM (56%), followed by heterosexual contact (24%) and IDU (8%). All other risk categories make up approximately 12% (Table 19 and Figures 42-44).

Table 19: Living with HIV - All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	407	55.8%	407	68.6%	0	0.0%
Injection Drug User (IDU)	57	7.8%	39	6.6%	18	13.2%
MSM/IDU	39	5.3%	39	6.6%	0	0.0%
Heterosexual contact	176	24.1%	71	12.0%	105	77.2%
Risk not reported/other	43	5.9%	32	5.4%	11	8.1%
Pediatric Exposure	7	1.0%	5	0.8%	2	1.5%
Total	729	100%	593	100%	136	100%

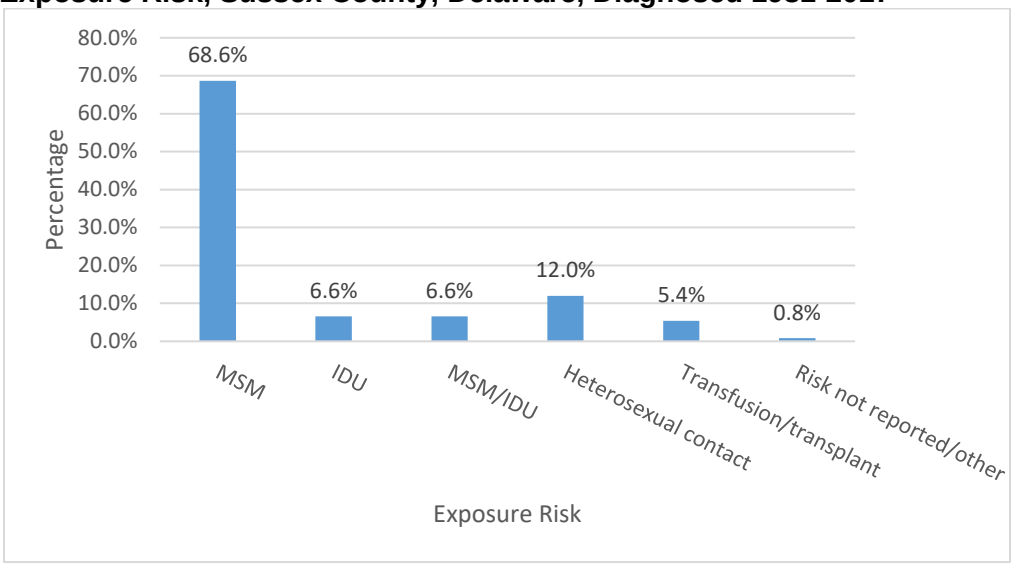
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 42: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017



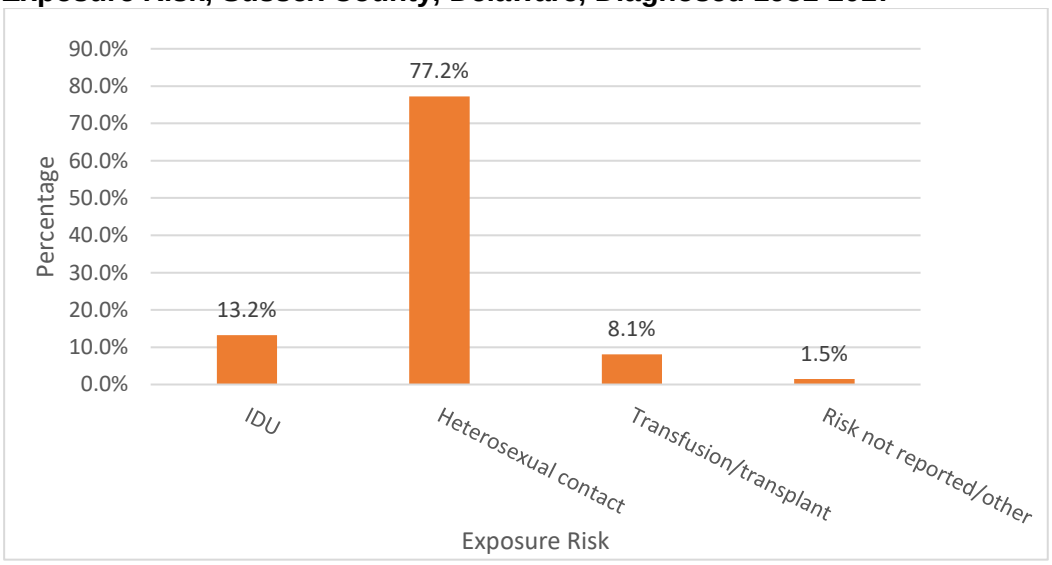
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 43: Percentage of Males Living with HIV, All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018

Figure 44: Percentage of Females Living with HIV, All Stages by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with HIV – All Stages in the Wilmington Metropolitan Area, Delaware, Diagnosed Through 2017

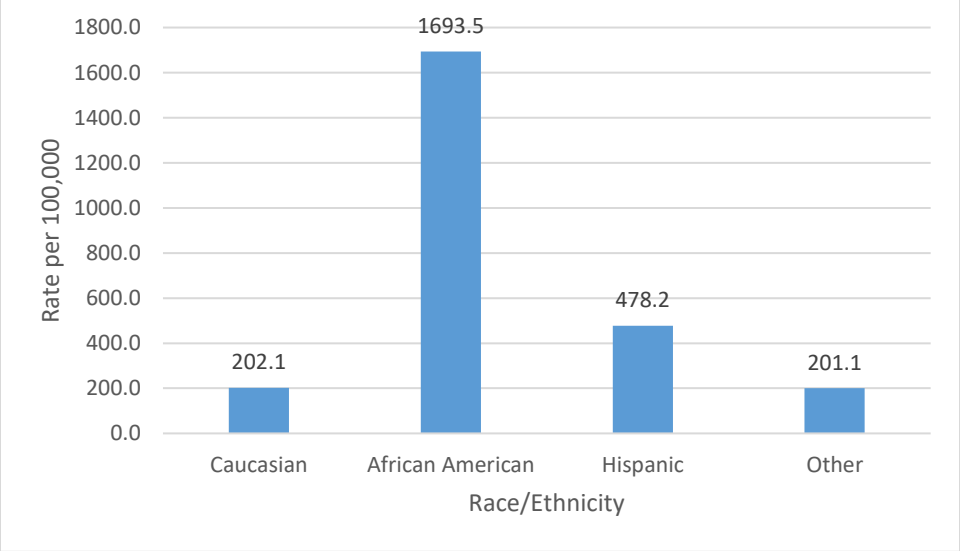
The 2016 American Community Survey was used for the latest population estimates within ZIP Codes 19801 to 19810, located in Delaware's Wilmington Metropolitan Area. The data does not break out persons by birth sex and race. HIV prevalence with the Wilmington Metropolitan Area was therefore calculated by locational stratification with a single sub-level (Tables 20-21 and Figures 45-46).

Table 20: Living with HIV, All Stages by Race/Ethnicity, Wilmington Metropolitan Area, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with HIV - All Stages 2017	257	923	111	26	1,317
Percentage within Category	11%	40%	5%	1%	58%
Rate per 100,000	202.1	1693.5	478.2	201.1	604.6

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 45: Rate of HIV Prevalence, All Stages by Race/Ethnicity, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

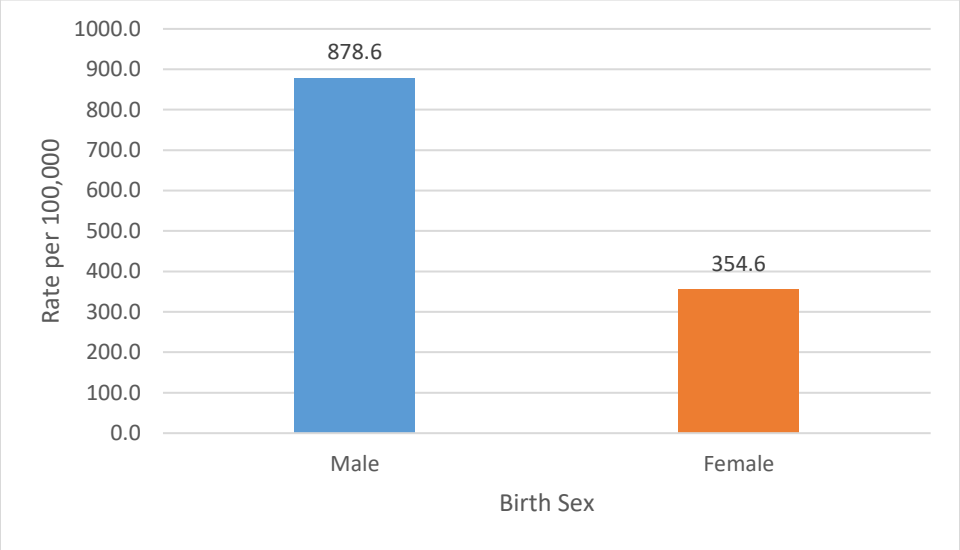
HIV prevalence among males in Wilmington is 60% higher than among females (Table 21 and Figure 46).

Table 21: Living with HIV - All Stages by Sex, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

	Male	Female	Total
Living with HIV - All Stages 2017	913	404	1,317
Prevalence Rate	878.6	354.6	604.6

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018

Figure 46: Rate of HIV Prevalence, All Stages by Birth Sex, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

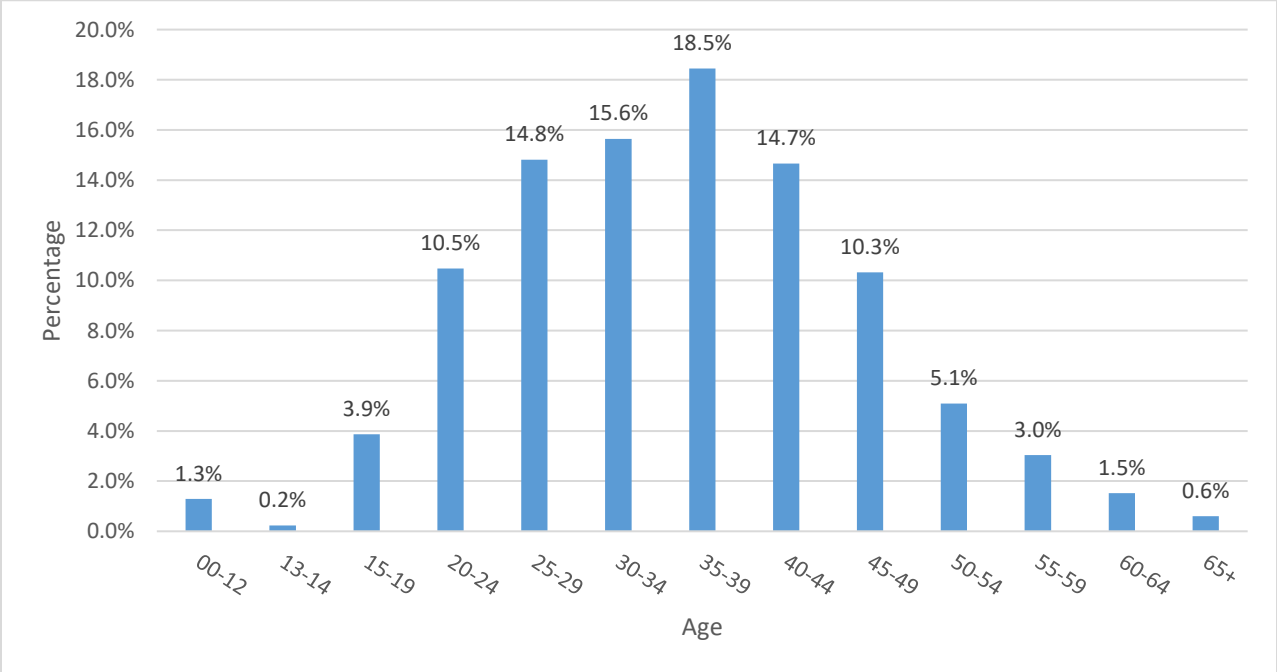
In the Wilmington Metropolitan Area, persons between the ages of 25 and 44 diagnosed with HIV, make up 64% of those living with HIV (Table 22 and Figure 47).

Table 22: Living with HIV - All Stages by Age at HIV Disease Diagnosis, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

Age Group	#	%
00-12	17	1.3%
13-14	3	0.2%
15-19	51	3.9%
20-24	138	10.5%
25-29	195	14.8%
30-34	206	15.6%
35-39	243	18.5%
40-44	193	14.7%
45-49	136	10.3%
50-54	67	5.1%
55-59	40	3.0%
60-64	20	1.5%
65+	8	0.6%
Total	1,317	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 47: Percentage of Persons Living with HIV, All Stages by Age at Diagnosis, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

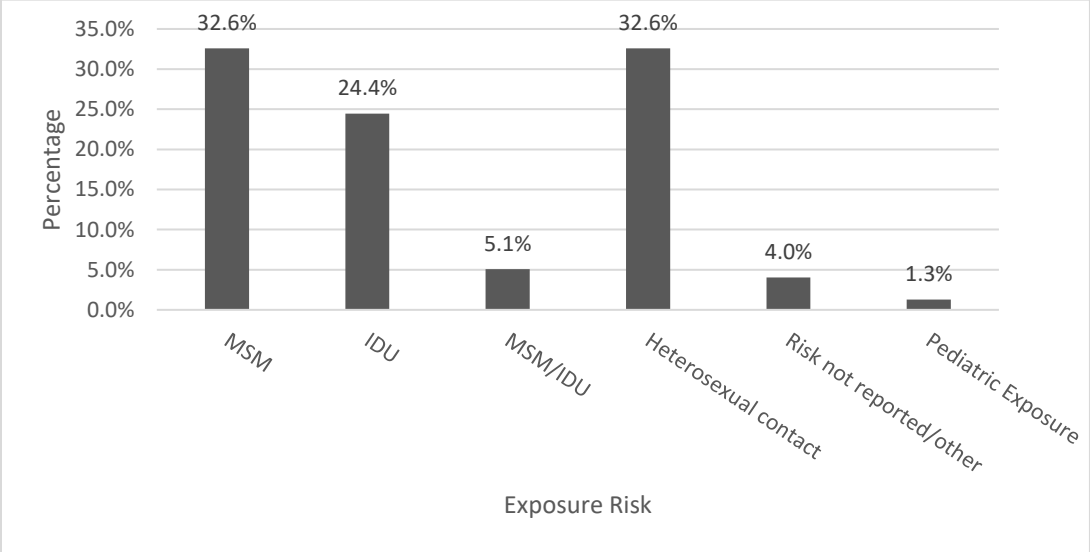
In the Wilmington Metropolitan Area, the leading risk categories are MSM contact and heterosexual contact (both are at 33%). IDU is the third highest risk category at 24%; all other exposure modes make up approximately 10% (Table 23 and Figures 48-50).

Table 23: Living with HIV - All Stages by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	429	32.6%	429	47.0%	0	0.0%
Injection Drug User (IDU)	322	24.4%	194	21.2%	128	31.7%
MSM/IDU	67	5.1%	67	7.3%	0	0.0%
Heterosexual contact	429	32.6%	172	18.8%	257	63.6%
Transfusion/transplant recipient	0	0.0%	0	0.0%	0	0.0%
Risk not reported/other	53	4.0%	43	4.7%	10	2.5%
Pediatric Exposure	17	1.3%	8	0.9%	9	2.2%
Total	1,317	100.0%	913	100%	404	100%

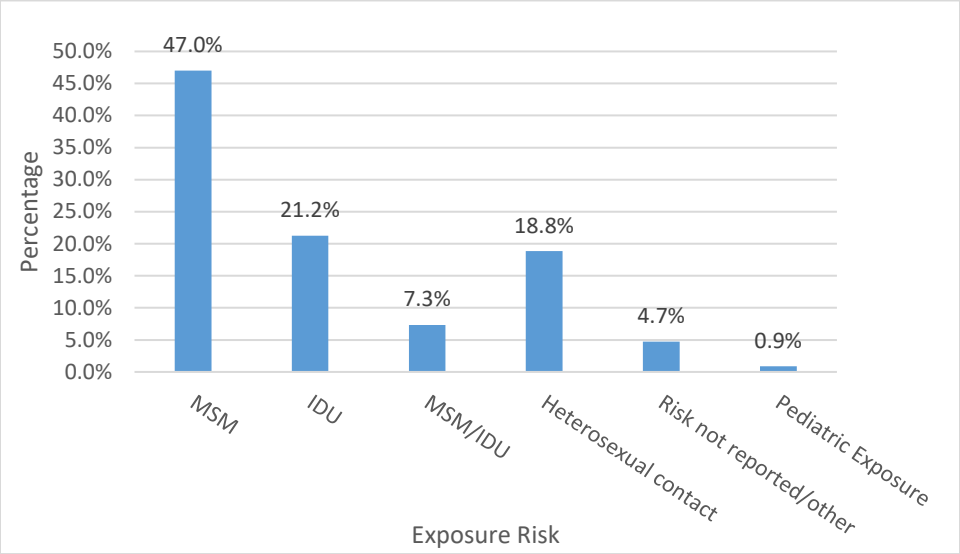
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 48: Percentage of Persons Living with HIV, All Stages by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



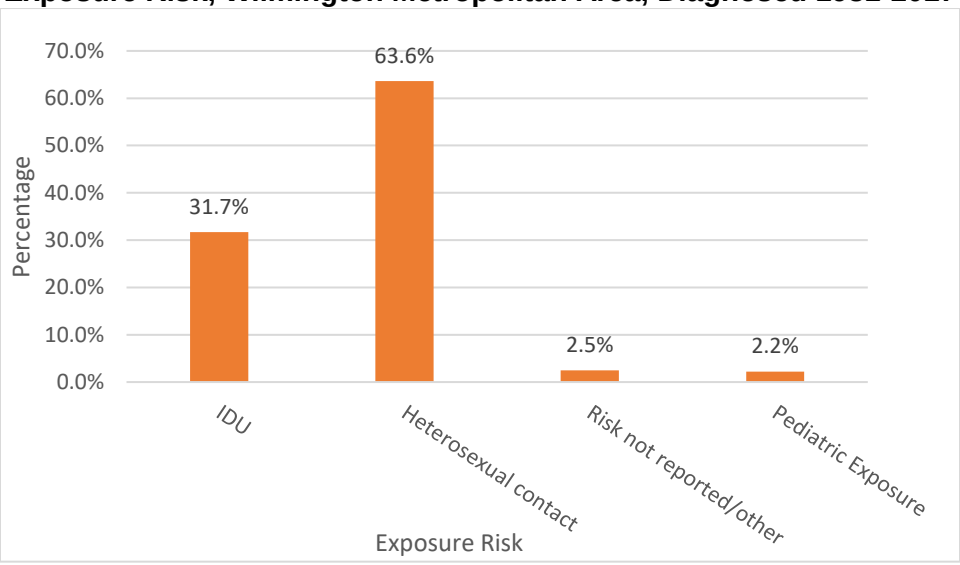
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 49: Percentage of Males Living with HIV, All Stages by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 50: Percentage of Females Living with HIV, All Stages by Exposure Risk, Wilmington Metropolitan Area, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

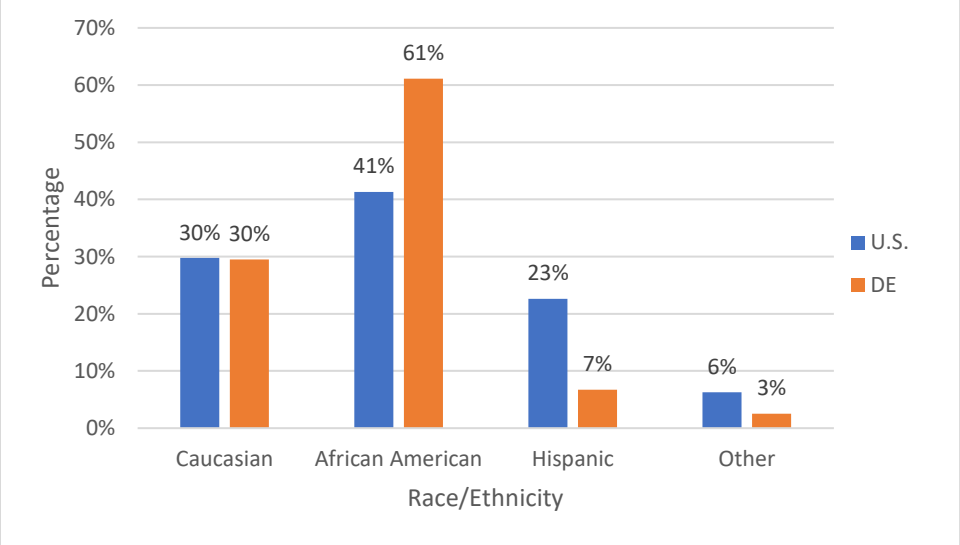
Living with Stage 3 HIV (AIDS)

Note: Stage 3 HIV (AIDS) is the documentation of an “AIDS-defining” condition or an immunologic determination made in accordance with Table 1, found on page 4.

Living with Stage 3 HIV (AIDS), Delaware vs. United States

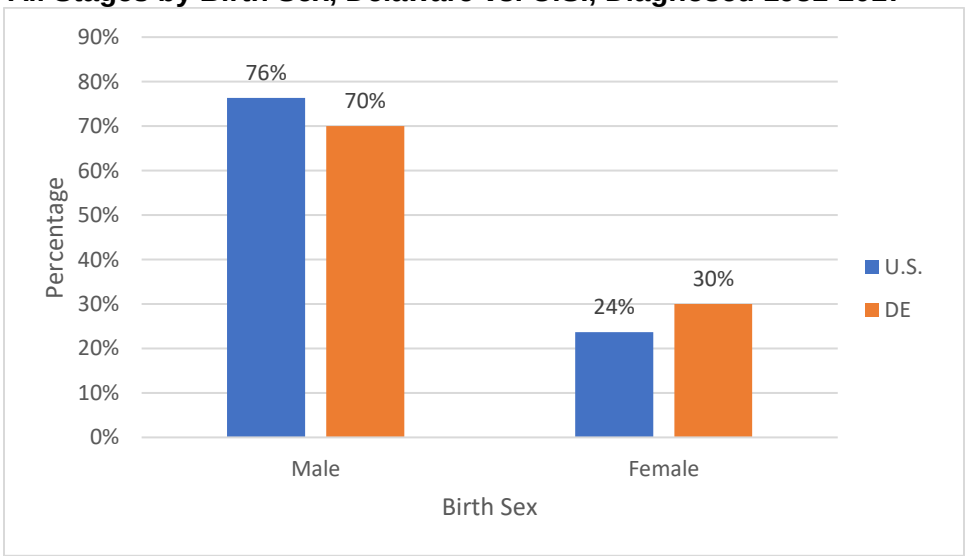
When compared to the U.S., the percentage of Delawareans living with stage 3 HIV (AIDS) by race, is 20% higher among African Americans, 16% lower among Hispanics, and comparable to Caucasians and other categories (Figure 51). The percentage of Delaware males living with Stage 3 HIV (AIDS) is 6% lower than the U.S.; the percentage for Delaware females is 6% higher (Figure 52).

Figure 51: Percentage of Persons Living with Stage 3 HIV (AIDS), All Stages by Race/Ethnicity, Delaware vs. U.S., Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018, CDC HIV Surveillance Report, 2017; Vol. 29.

Figure 52: Percentage of Persons Living with Stage 3 HIV (AIDS), All Stages by Birth Sex, Delaware vs. U.S., Diagnosed 1981-2017

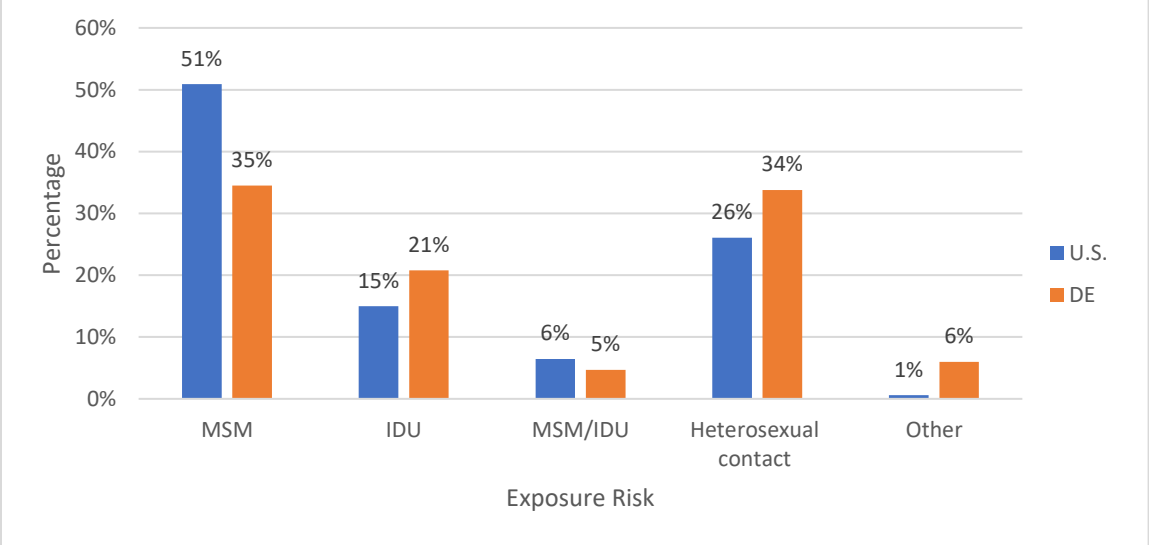


Source: Delaware Department of Health and Social Services, Division of Public Health, 2018, CDC HIV Surveillance Report, 2017; Vol. 29.

For persons living with stage 3 HIV (AIDS) in Delaware, exposure through MSM and MSM/IDU is 16% and 1% lower than the U.S. percentages, respectively. Exposure categories in which Delaware has higher percentages than the U.S. were IDU (6%), heterosexual contact (8%), and other categories (5%) (Figure 53).

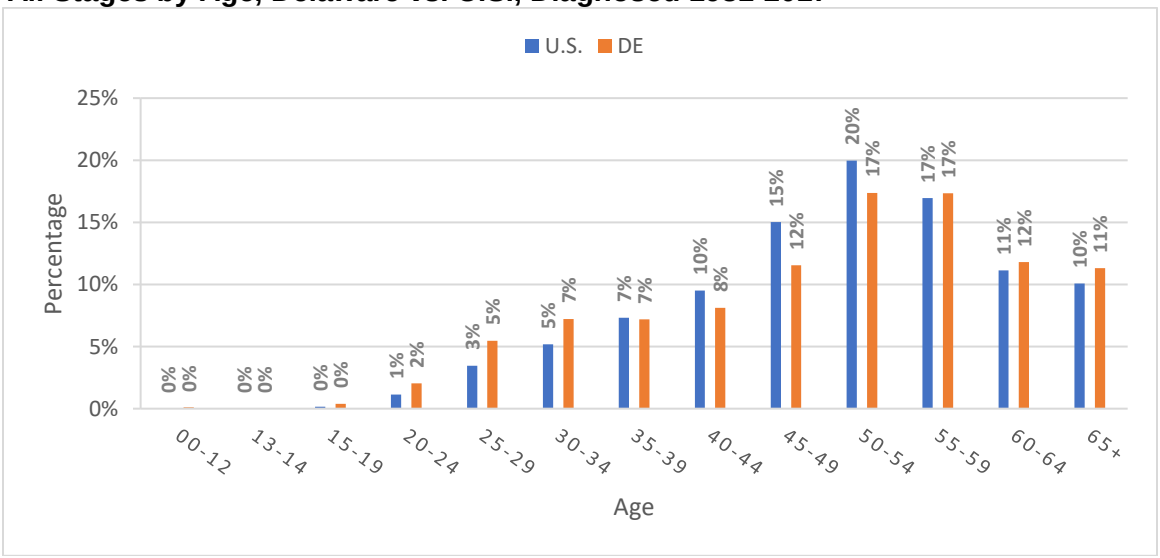
For stage 3 HIV (AIDS), Delaware had higher rates in the age groups 20-34 and 55 and above (Figure 54).

Figure 53: Percentage of Persons Living with Stage 3 HIV (AIDS), All Stages by Exposure Risk, Delaware vs. U.S., Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018, CDC HIV Surveillance Report, 2017; Vol. 29.

Figure 54: Percentage of Persons Living with Stage 3 HIV (AIDS), All Stages by Age, Delaware vs. U.S., Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, CDC HIV Surveillance Report, 2017; Vol. 29.

Living with Stage 3 HIV (AIDS) in Delaware, Diagnosed 1981-2017

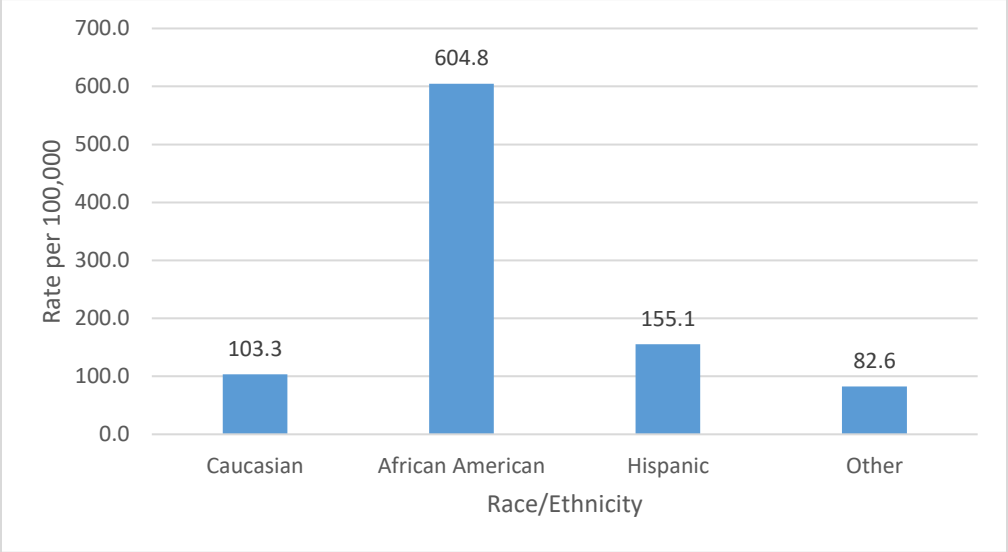
The prevalence of stage 3 HIV (AIDS) by race is highest among African Americans. Prevalence of stage 3 HIV (AIDS) is 60% higher among males than among females (Table 24 and Figures 55-57).

Table 24: Living with Stage 3 HIV (AIDS) by Race/Ethnicity, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with Stage 3 HIV (AIDS) 2017	620	1,283	142	53	2,098
Percentage Within Category	30%	61%	7%	3%	100%
Rate per 100,000	103.3	604.8	155.1	82.6	216.8
Male					Total
Living with Stage 3 HIV (AIDS) 2017	513	807	103	40	1,463
Percentage Within Category	35%	55%	7%	3%	100%
Rate per 100,000	176.7	803.6	213.2	132.9	311.9
Female					Total
Living with Stage 3 HIV (AIDS) 2017	107	476	39	13	635
Percentage Within Category	17%	75%	6%	2%	100%
Rate per 100,000	34.5	426.1	90.2	38.2	127.3

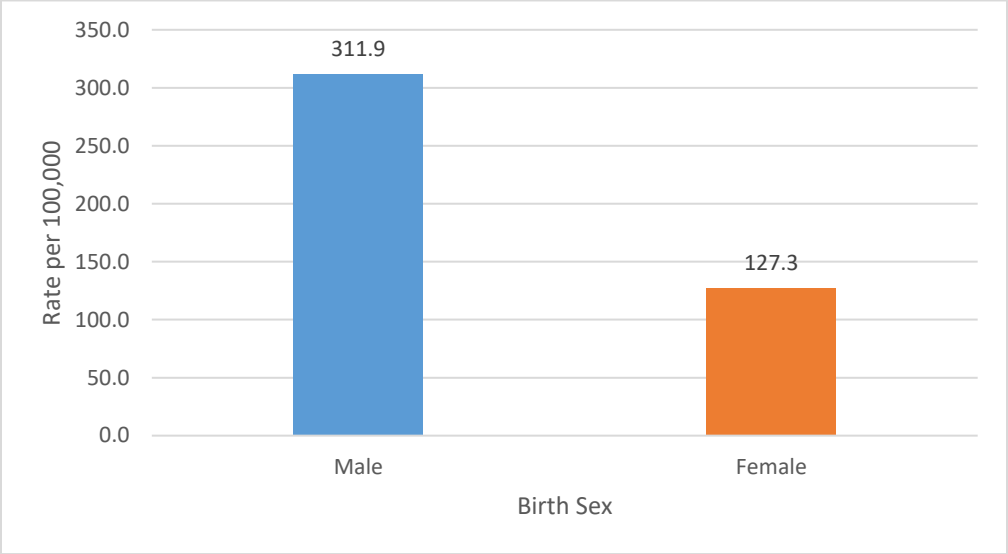
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 55: Rate of Stage 3 HIV (AIDS) Prevalence by Race/Ethnicity, Delaware, Diagnosed 1981-2017



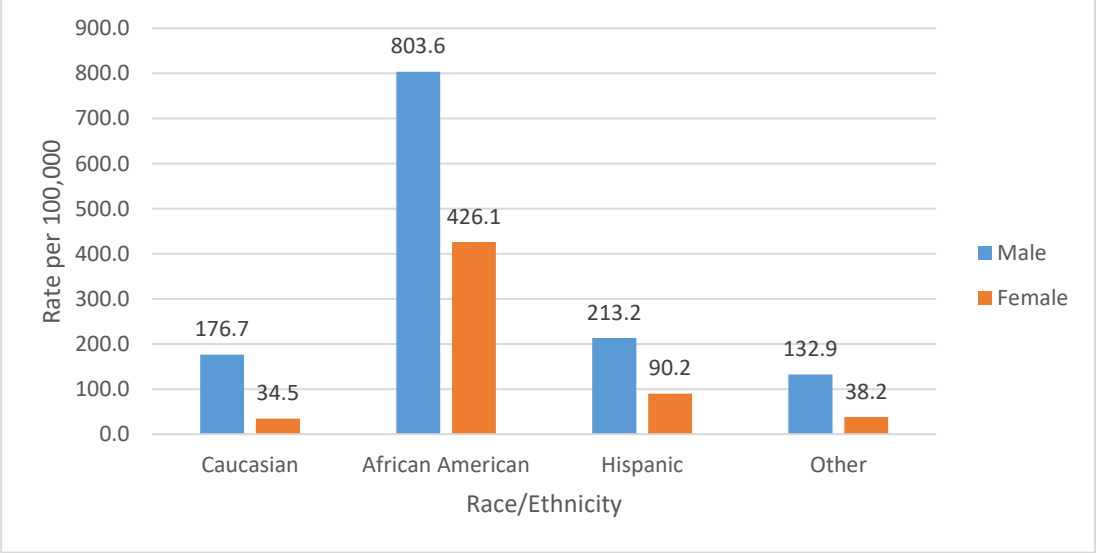
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 56: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 57: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex and Race/Ethnicity, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

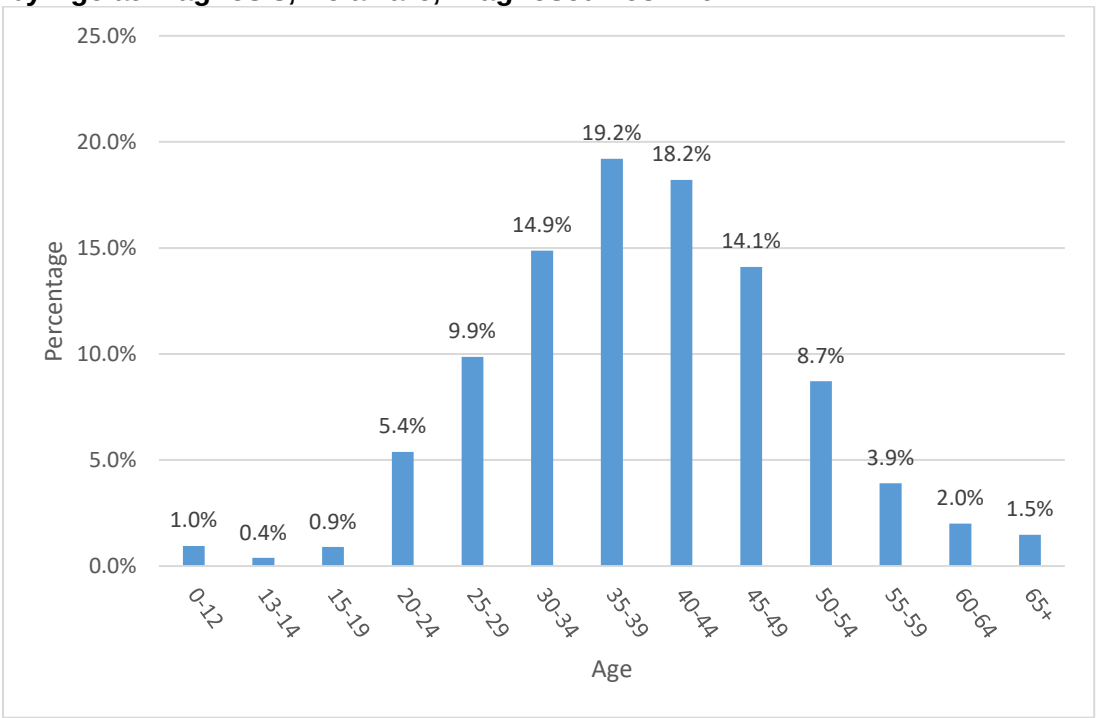
The majority of Delawareans (66%) are diagnosed with stage 3 HIV (AIDS) between the ages of 30 and 49 (Table 25 and Figure 58).

Table 25: Living with Stage 3 HIV (AIDS) by Age at Stage 3 Diagnosis, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-12	20	1.0%
13-14	8	0.4%
15-19	19	0.9%
20-24	113	5.4%
25-29	207	9.9%
30-34	312	14.9%
35-39	403	19.2%
40-44	382	18.2%
45-49	296	14.1%
50-54	183	8.7%
55-59	82	3.9%
60-64	42	2.0%
65+	31	1.5%
Total	2,098	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 58: Percentage of Persons Living with Stage 3 HIV (AIDS) by Age at Diagnosis, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

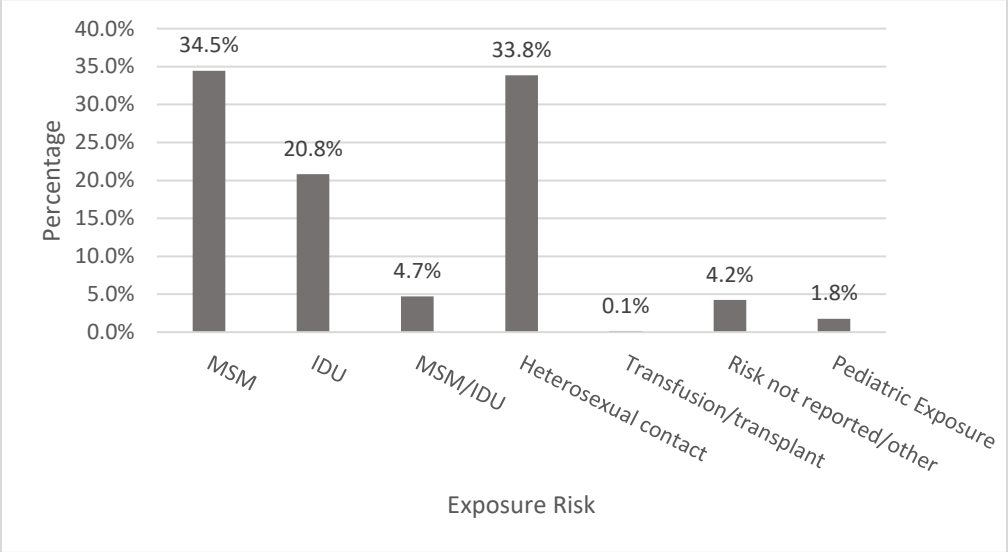
The leading exposure categories among Delawareans living with stage 3 HIV (AIDS) are MSM (35%), heterosexual contact (34%), and IDU (21%). All other exposure modes make up approximately 11% (Table 26 and Figures 59-61).

Table 26: Living with Stage 3 HIV (AIDS) by Exposure Risk, Delaware, Diagnosed 1981-2017

	All		Male		Female	
Mode of Exposure in Adult Cases (All)	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	723	34.5%	723	49.4%	0	0.0%
Injection Drug User (IDU)	437	20.8%	271	18.5%	166	26.1%
MSM/IDU	99	4.7%	99	6.8%	0	0.0%
Heterosexual contact	710	33.8%	283	19.3%	427	67.2%
Transfusion/transplant recipient	3	0.1%	1	0.1%	2	0.3%
Risk not reported/other	89	4.2%	71	4.9%	19	3.0%
Pediatric Exposure	37	1.8%	15	1.0%	21	3.3%
Total	2,098	100%	1,463	100%	635	100%

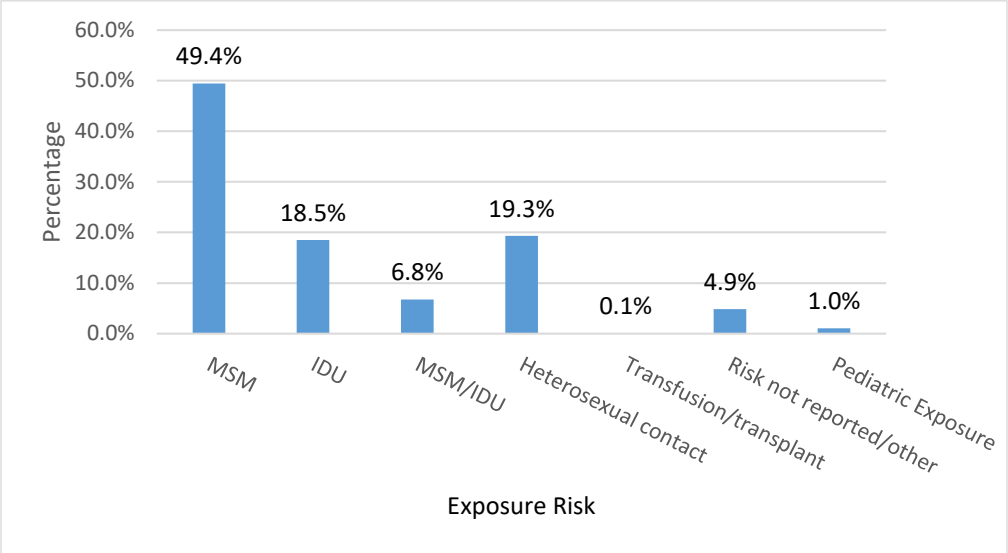
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 59: Percentage of Persons Living with Stage 3 HIV (AIDS) by Exposure Risk, Delaware, Diagnosed 1981-2017



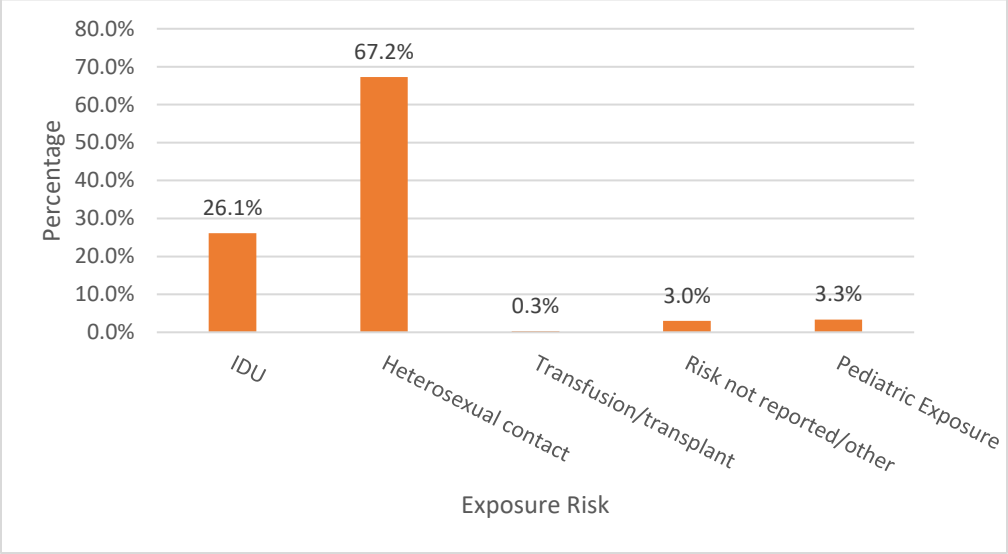
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 60: Percentage of Males Stage 3 HIV (AIDS) by Exposure Risk, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 61: Percentage of Females Stage 3 HIV (AIDS) by Exposure Risk, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with Stage 3 HIV (AIDS) in New Castle County, Delaware, Diagnosed 1981-2017

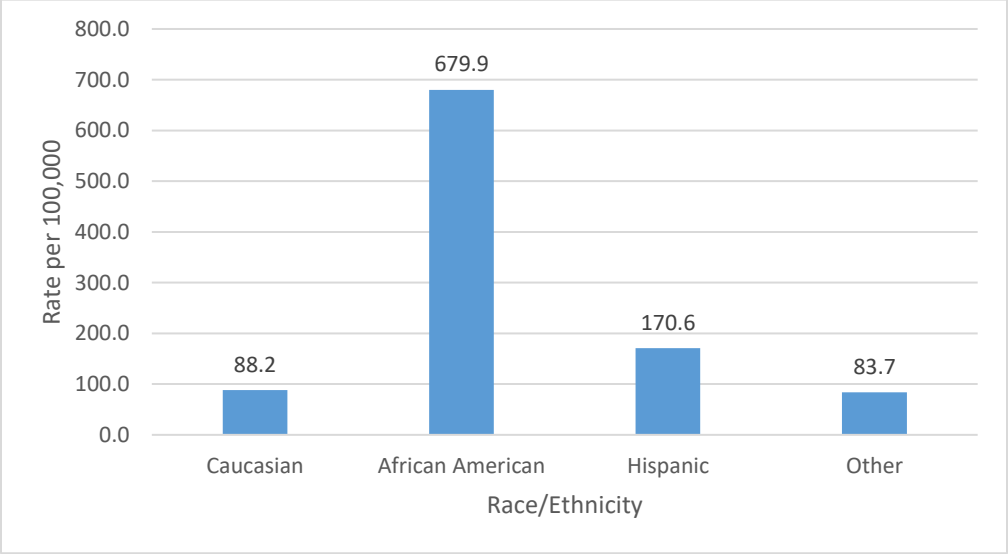
In New Castle County, the prevalence of stage 3 HIV (AIDS) by race is highest among African Americans. The prevalence of stage 3 HIV (AIDS) among males in New Castle County is approximately 52% higher than among females (Table 27 and Figures 62-64).

Table 27: Persons Living with Stage 3 HIV (AIDS) by Race/Ethnicity, New Castle County, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with Stage 3 HIV (AIDS) 2017	285	940	98	38	1,361
Percentage Within Category	21%	69%	7%	3%	100%
Rate per 100,000	88.2	679.9	170.6	83.7	241.2
Male					Total
Living with Stage 3 HIV (AIDS) 2017	221	580	72	27	900
Percentage Within Category	25%	64%	8%	3%	100%
Rate per 100,000	141.2	888.3	235.8	124.0	328.3
Female					Total
Living with Stage 3 HIV (AIDS) 2017	64	360	26	11	461
Percentage Within Category	14%	78%	6%	2%	100%
Rate per 100,000	38.4	493.4	96.6	46.6	158.9

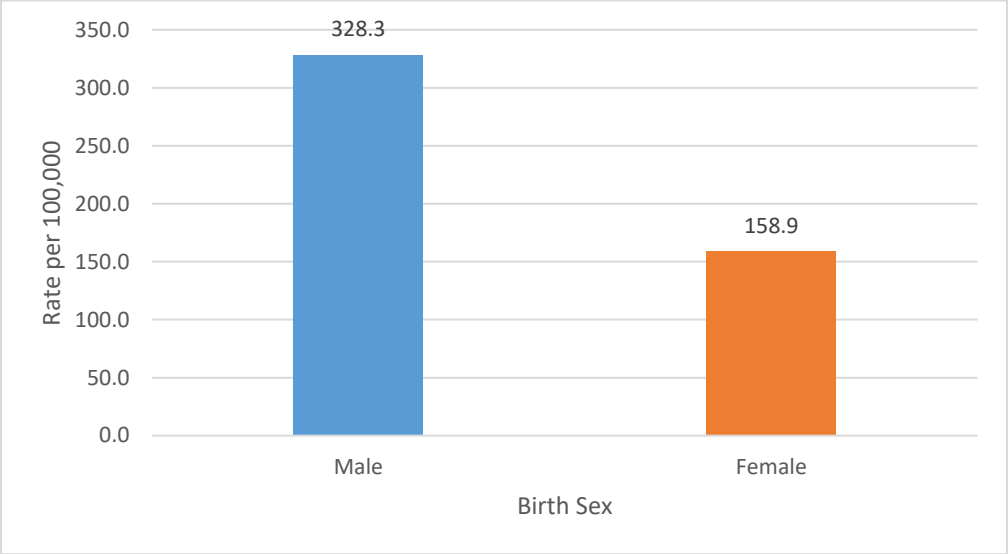
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 62: Rate of Stage 3 HIV (AIDS) Prevalence by Race/Ethnicity, New Castle County, Delaware, Diagnosed 1981-2017



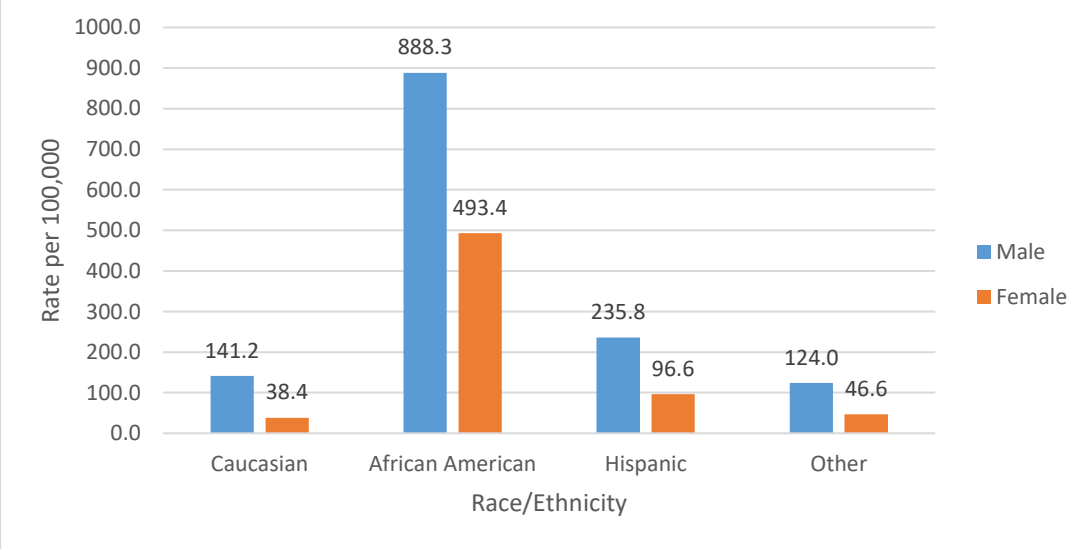
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 63: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 64: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex and Race/Ethnicity, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

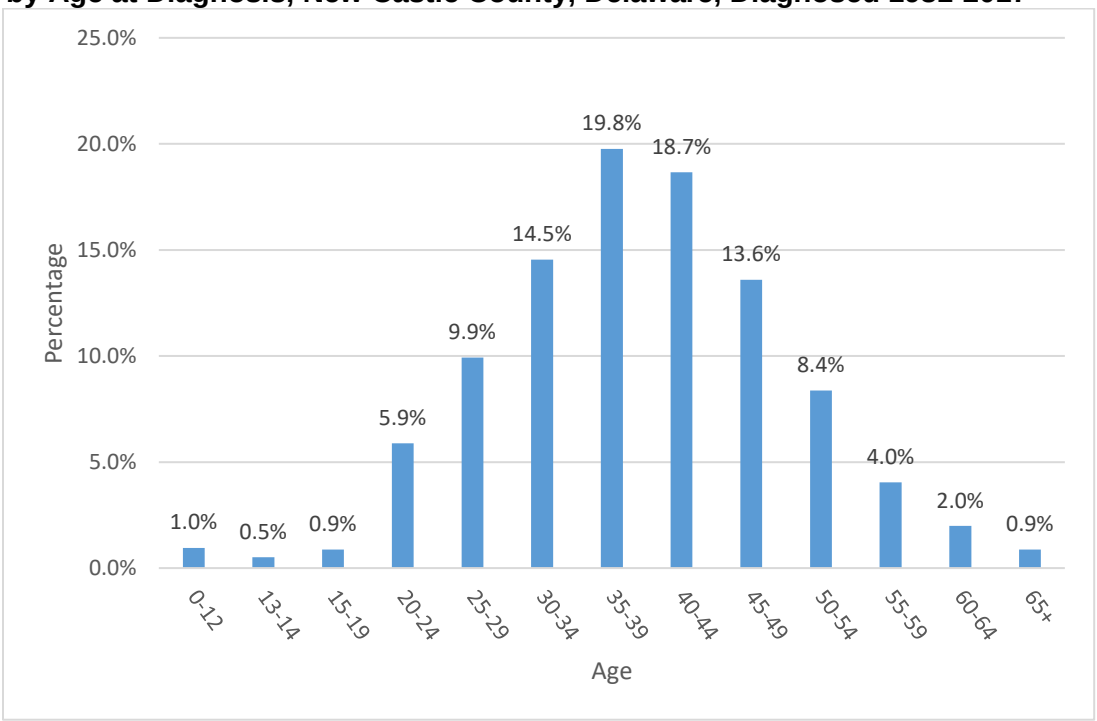
In New Castle County, persons diagnosed with stage 3 HIV (AIDS) between the ages of 30 and 49 make up 67% of all age groups (Table 28 and Figure 65).

Table 28: Persons Living with Stage 3 HIV (AIDS) by Age at Stage 3 Diagnosis, New Castle County, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-12	13	1.0%
13-14	7	0.5%
15-19	12	0.9%
20-24	80	5.9%
25-29	135	9.9%
30-34	198	14.5%
35-39	269	19.8%
40-44	254	18.7%
45-49	185	13.6%
50-54	114	8.4%
55-59	55	4.0%
60-64	27	2.0%
65+	12	0.9%
Total	1,361	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 65: Percentage of Persons Living with Stage 3 HIV (AIDS) by Age at Diagnosis, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

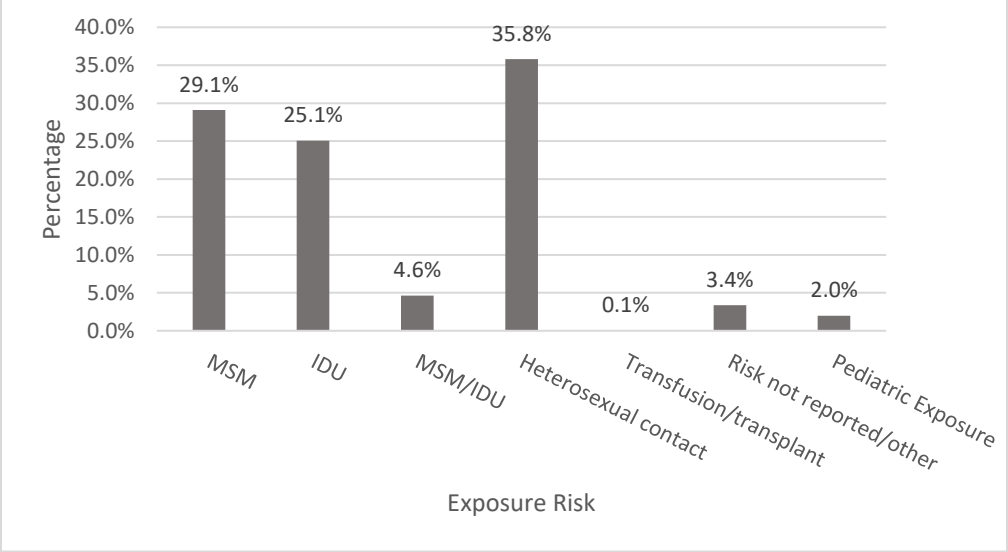
The leading exposure mode for persons living with Stage 3 HIV (AIDS) is heterosexual contact (36%). MSM and IDU are 29% and 25% of exposure modes, respectively. All other exposure modes make up approximately 10% (Table 29 and Figures 66-68).

Table 29: Persons Living with Stage 3 HIV (AIDS) by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	396	29.1%	396	44.0%	0	0.0%
Injection Drug User (IDU)	341	25.1%	207	23.0%	134	29.1%
MSM/IDU	63	4.6%	63	7.0%	0	0.0%
Heterosexual contact	487	35.8%	186	20.7%	301	65.3%
Transfusion/transplant recipient	1	0.1%	0	0.0%	1	0.2%
Risk not reported/other	46	3.4%	37	4.1%	9	2.0%
Pediatric Exposure	27	2.0%	11	1.2%	16	3.5%
Total	1,361	100%	900	100%	461	100%

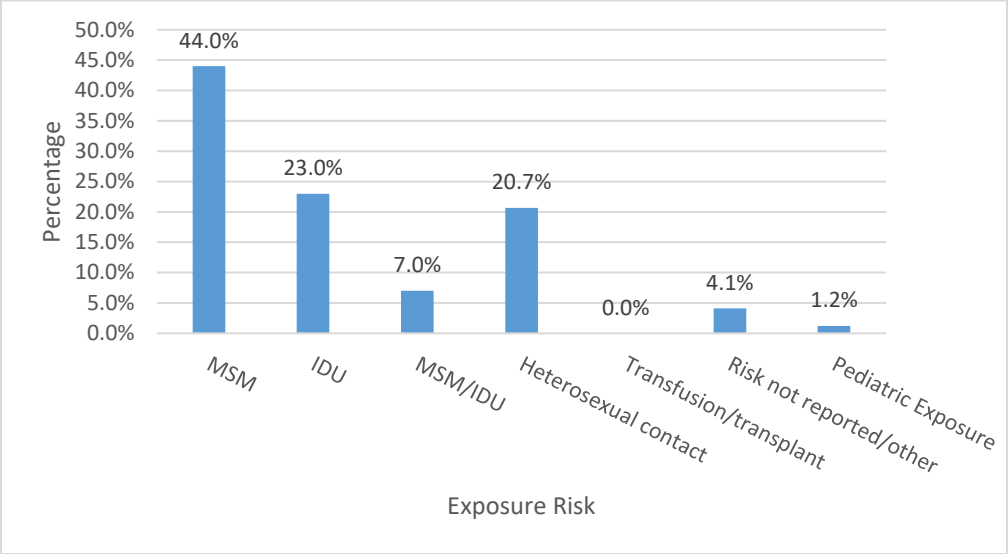
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 66: Percentage of Persons Living with Stage 3 HIV (AIDS) by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017



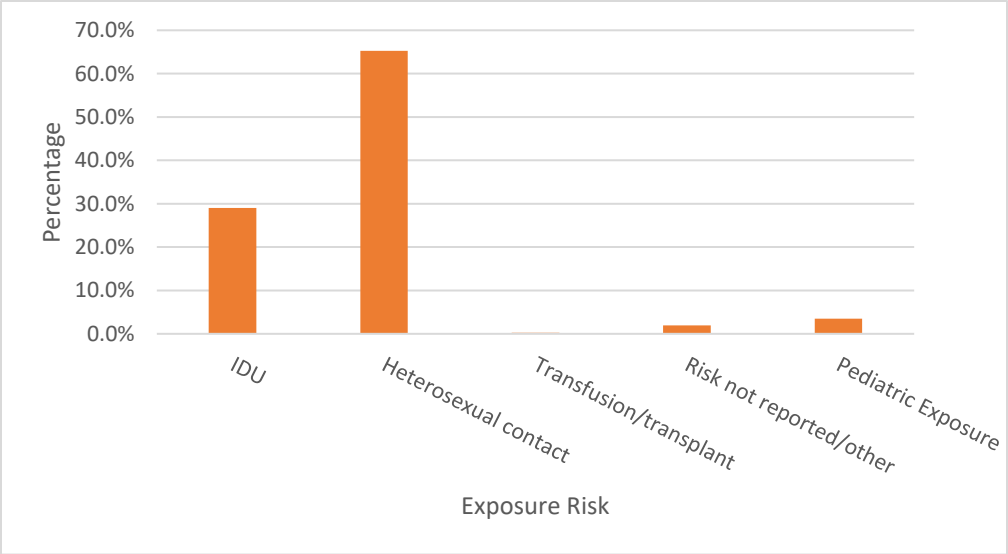
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 67: Percentage of Males Stage 3 HIV (AIDS) by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 68: Percentage of Females Stage 3 HIV (AIDS) by Exposure Risk, New Castle County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with Stage 3 HIV (AIDS) in Kent County, Delaware, Diagnosed 1981-2017

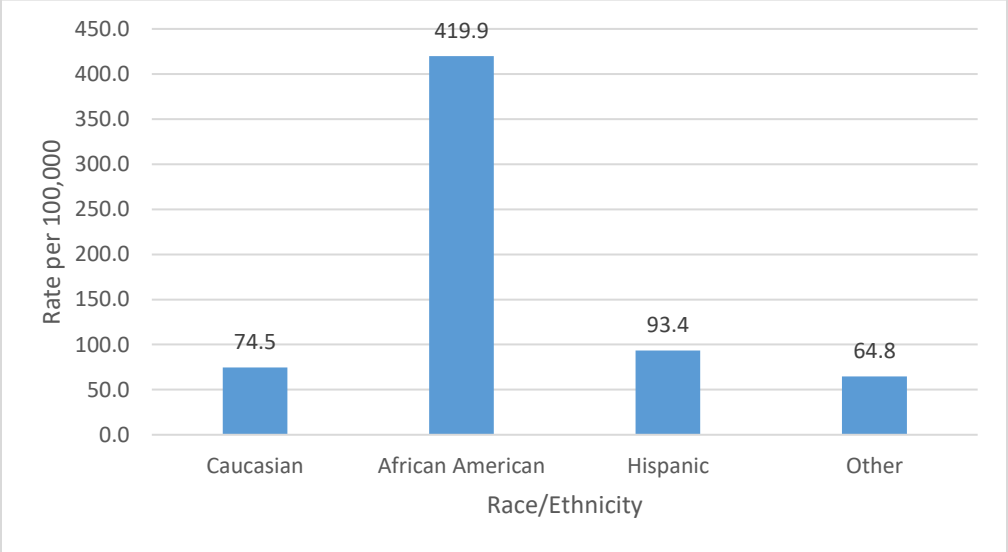
In Kent County, Delaware, the prevalence of stage 3 HIV (AIDS) by race is highest among African Americans. The prevalence of stage 3 HIV (AIDS) among all males in Kent County is approximately 56% higher than among all females (Table 30 and Figures 69-71).

Table 30: Living with Stage 3 HIV (AIDS) by Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with Stage 3 HIV (AIDS) 2017	82	197	12	7	298
Percentage Within Category	28%	66%	4%	2%	100%
Rate per 100,000	74.5	419.9	93.4	64.8	165.0
Male					Total
Living with Stage 3 HIV (AIDS) 2017	59	132	6	5	202
Percentage Within Category	29%	65%	3%	2%	100%
Rate per 100,000	110.5	598.4	94.6	107.4	233.7
Female					Total
Living with Stage 3 HIV (AIDS) 2017	23	65	6	2	96
Percentage Within Category	24%	68%	6%	2%	100%
Rate per 100,000	40.6	261.5	92.3	32.6	101.9

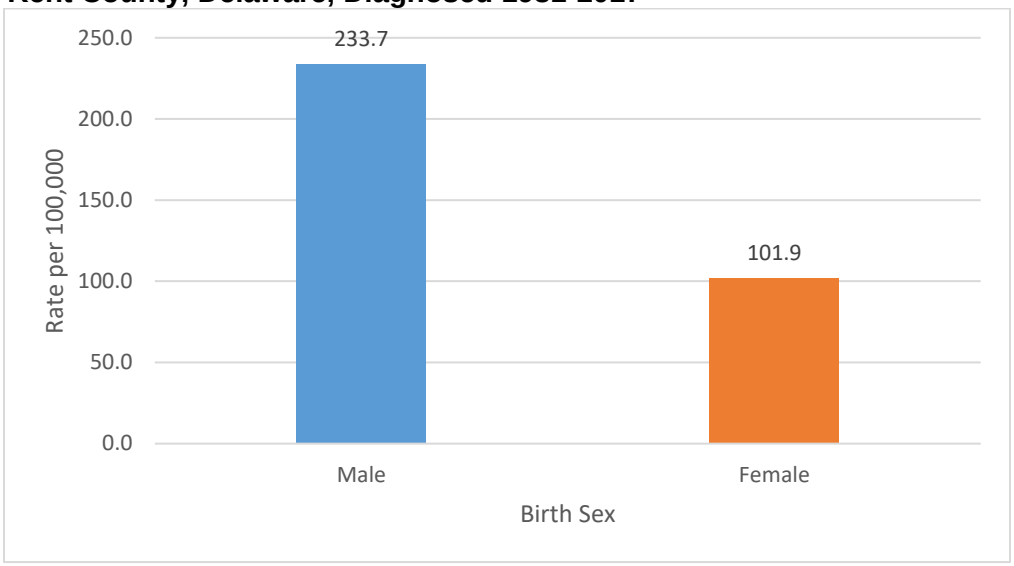
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 69: Rate of Stage 3 HIV (AIDS) Prevalence by Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2017



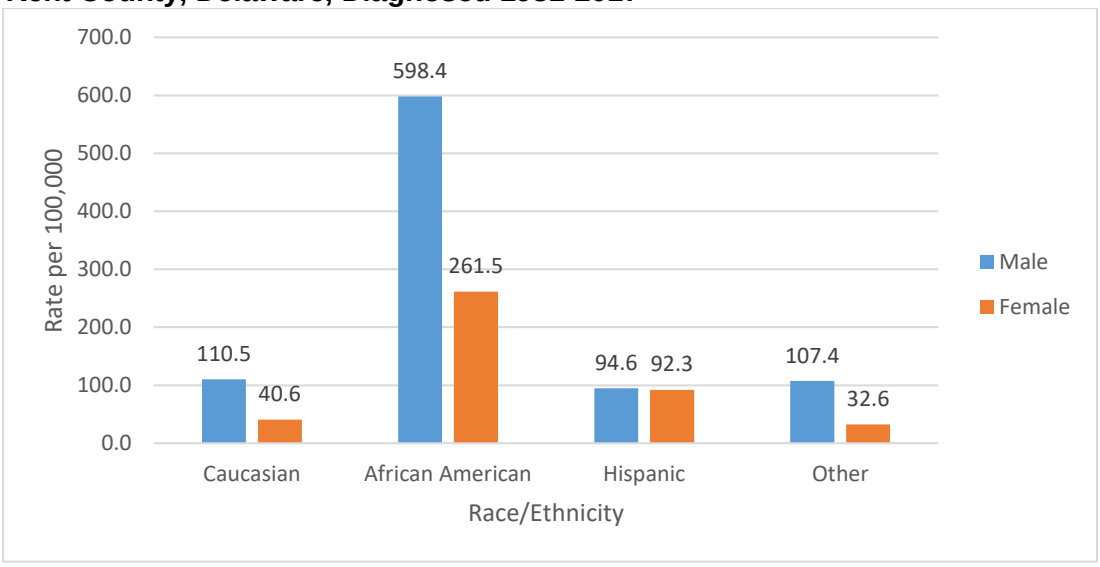
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 70: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 71: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex and Race/Ethnicity, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

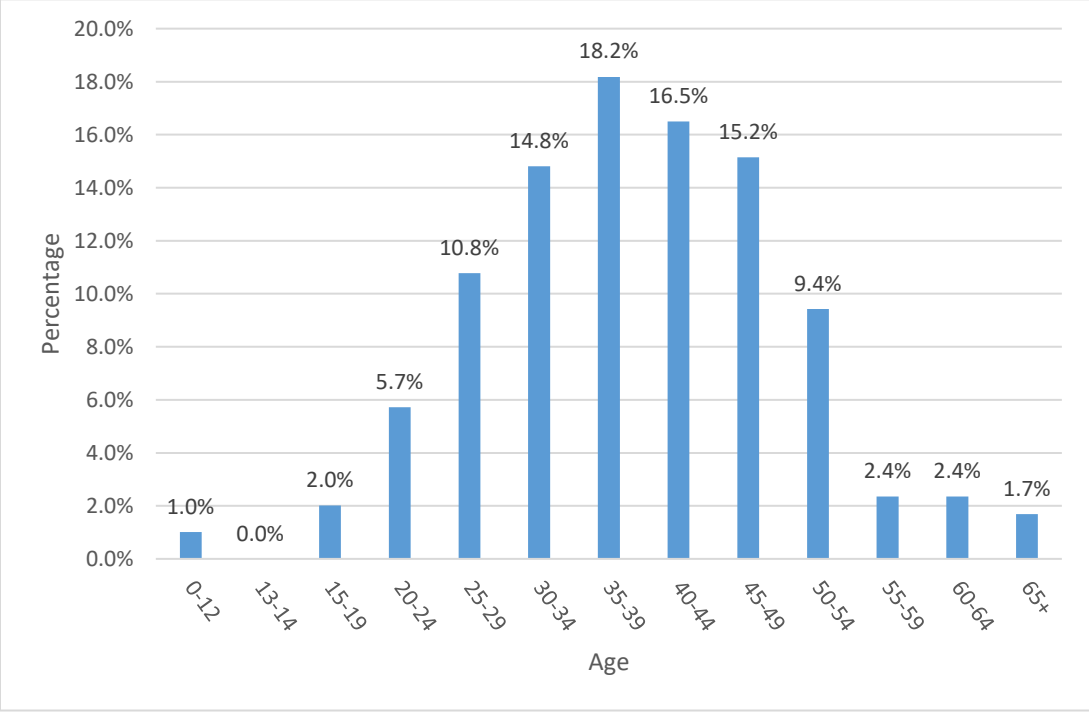
In Kent County, persons diagnosed with stage 3 HIV (AIDS) between the ages of 30 and 49 make up 65% of all persons diagnosed with stage 3, when compared to all other age groups (Table 31 and Figure 72).

Table 31: Persons Living with Stage 3 HIV (AIDS) by Age at Stage 3 Diagnosis, Kent County, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-12	3	1.0%
13-14	0	0.0%
15-19	6	2.0%
20-24	17	5.7%
25-29	32	10.8%
30-34	44	14.8%
35-39	54	18.2%
40-44	49	16.5%
45-49	45	15.2%
50-54	28	9.4%
55-59	7	2.4%
60-64	7	2.4%
65+	5	1.7%
Total	297	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 72: Percentage of Persons Living with Stage 3 HIV (AIDS) by Age at Diagnosis, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

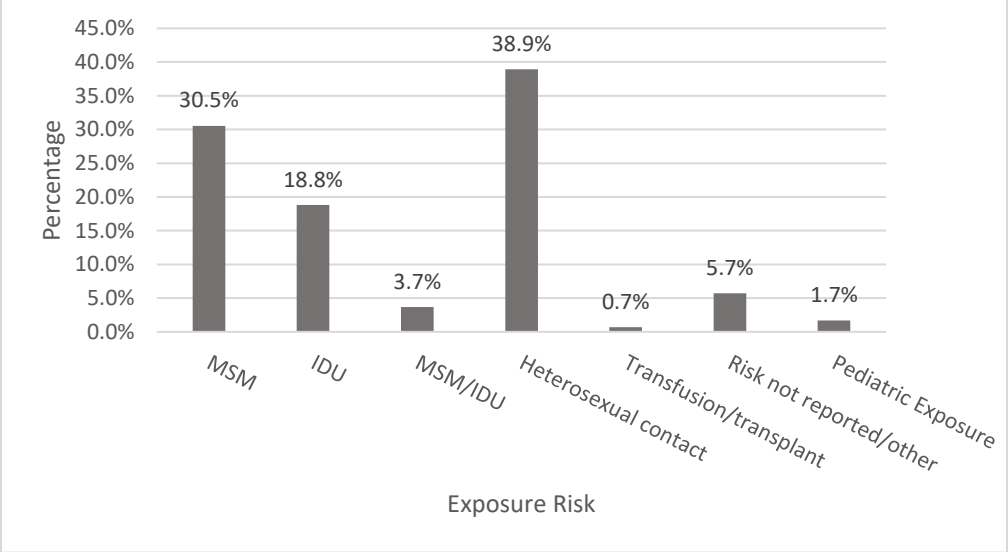
The leading exposure mode in Kent County is heterosexual contact at 39%. MSM and IDU are 31% and 19% for exposure modes, respectively. All other exposure modes make up approximately 10% (Table 32 and Figures 73-75).

Table 32: Living with Stage 3 HIV (AIDS) by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex with Men (MSM)	91	30.5%	91	45.0%	0	0.0%
Injection Drug User (IDU)	56	18.8%	37	18.3%	19	19.8%
MSM/IDU	11	3.7%	11	5.4%	0	0.0%
Heterosexual contact	116	38.9%	48	23.8%	68	70.8%
Transfusion/transplant recipient	2	0.7%	1	0.5%	1	1.0%
Risk not reported/other	17	5.7%	12	5.9%	5	5.2%
Pediatric Exposure	5	1.7%	2	1.0%	3	3.1%
Total	298	100%	202	100%	96	100%

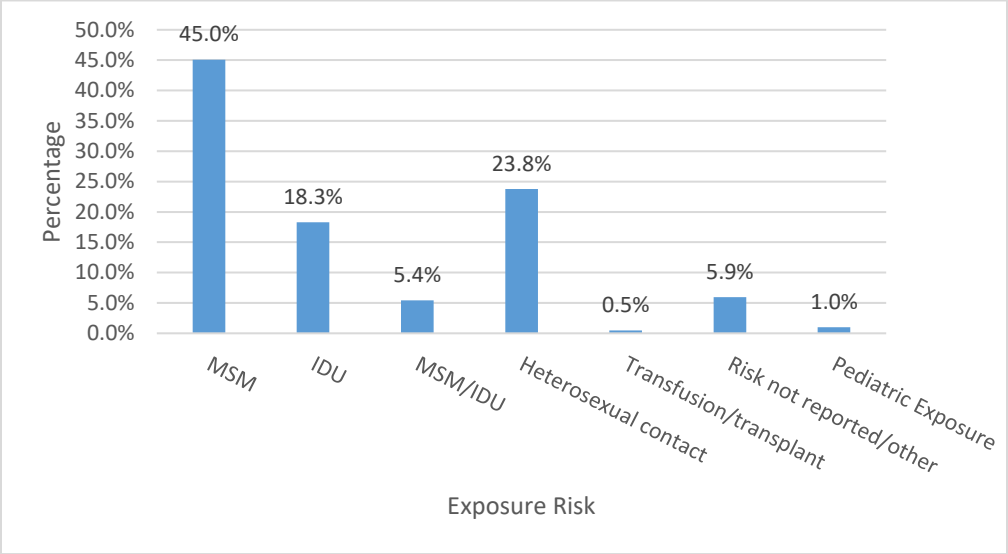
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 73: Percentage of Persons Living with Stage 3 HIV (AIDS) by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017



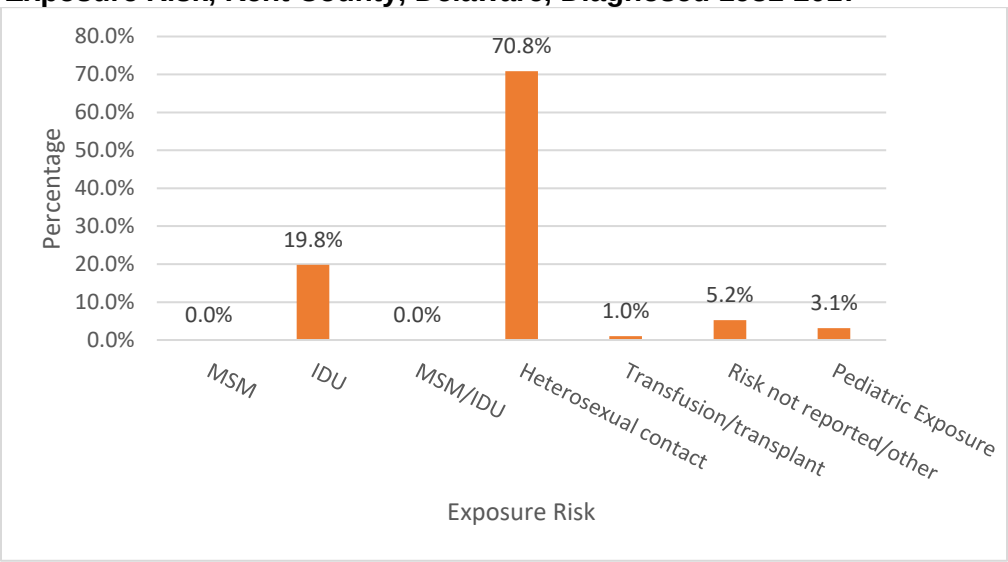
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 74: Percentage of Males Stage 3 HIV (AIDS) by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 75: Percentage of Females Stage 3 HIV (AIDS) by Exposure Risk, Kent County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with Stage 3 HIV (AIDS) in Sussex County, Delaware, Diagnosed 1981-2017

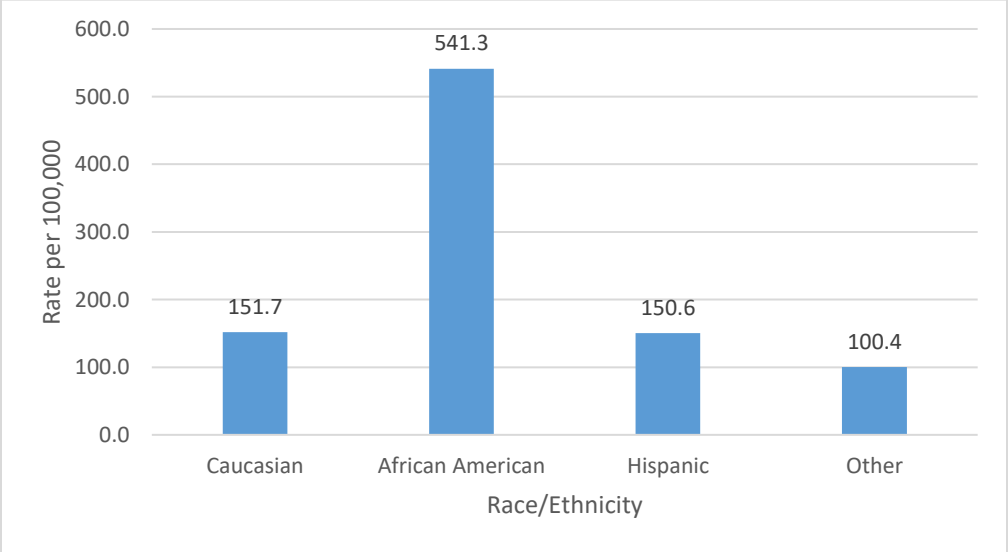
In Sussex County, the prevalence of stage 3 HIV (AIDS) by race is highest among African Americans. The prevalence of stage 3 HIV (AIDS) among all males in Sussex County is approximately 79% higher than among all females (Table 33 and Figures 76-78).

Table 33: Persons Living with Stage 3 HIV (AIDS) by Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2017

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with Stage 3 HIV (AIDS) 2017	253	146	32	8	439
Percentage Within Category	58%	33%	7%	2%	100%
Rate per 100,000	151.7	541.3	150.6	100.4	196.9
Male					Total
Living with Stage 3 HIV (AIDS) 2017	233	95	25	8	361
Percentage Within Category	65%	26%	7%	2%	100%
Rate per 100,000	289.8	727.2	218.8	217.6	332.5
Female					Total
Living with Stage 3 HIV (AIDS) 2017	20	51	7	0	78
Percentage Within Category	26%	65%	9%	0%	100%
Rate per 100,000	23.1	366.7	71.3	0.0	68.2

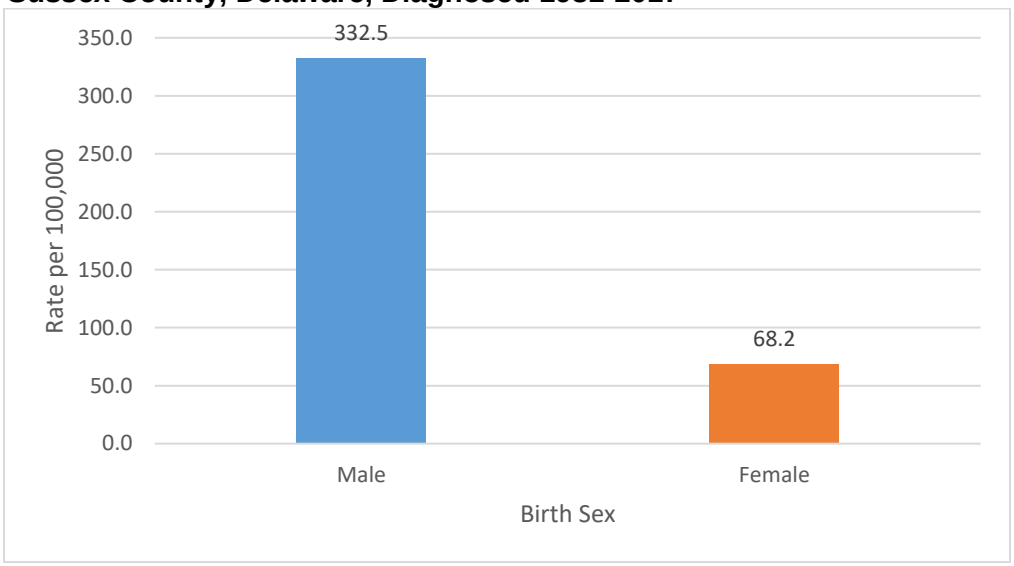
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 76: Rate of Stage 3 HIV (AIDS) Prevalence by Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2017



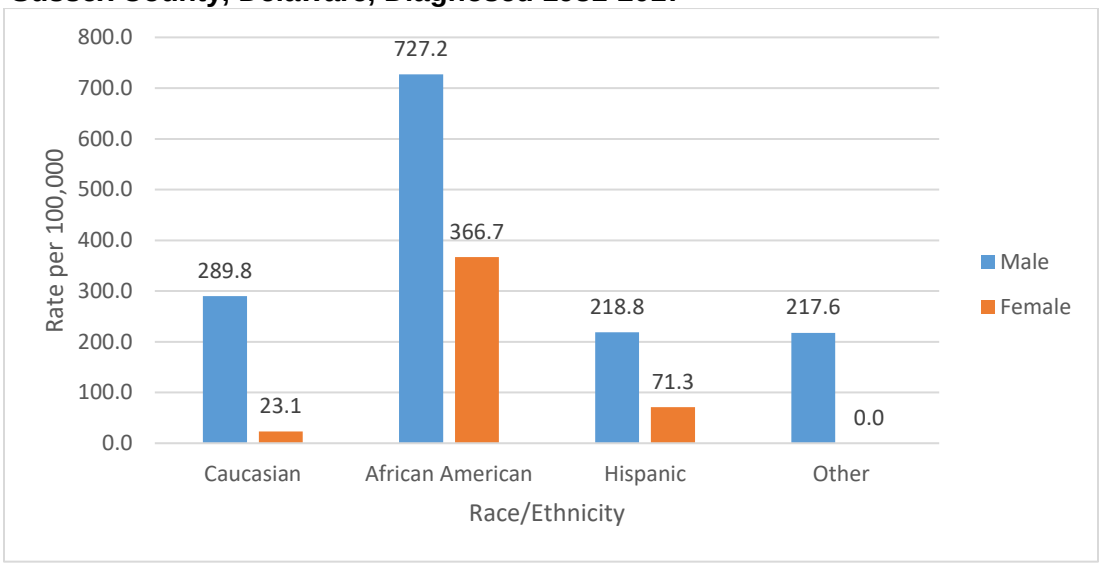
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 77: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 78: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex and Race/Ethnicity, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

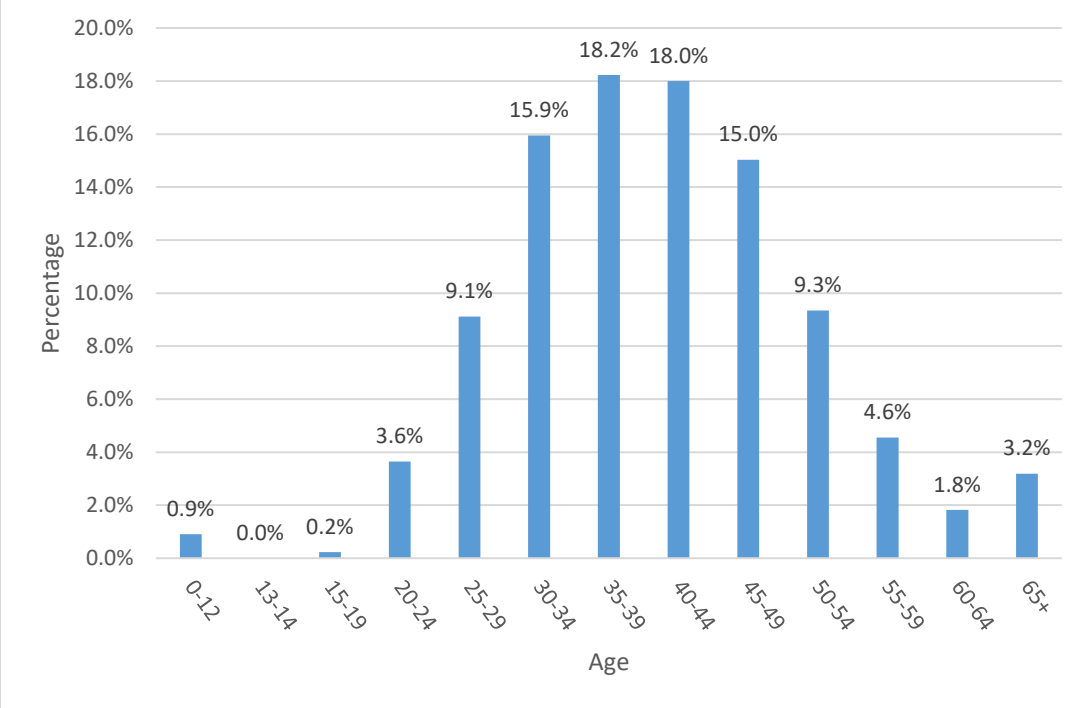
In Sussex County, persons diagnosed with stage 3 HIV (AIDS) between the ages of 30 and 49 make up 67% of persons diagnosed at this stage, compared to all other age groups (Table 34 and Figure 79).

Table 34: Persons Living with Stage 3 HIV (AIDS) by Age at Stage 3 Diagnosis, Sussex, Delaware, Diagnosed 1981-2017

Age Group	#	%
00-12	4	0.9%
13-14	0	0.0%
15-19	1	0.2%
20-24	16	3.6%
25-29	40	9.1%
30-34	70	15.9%
35-39	80	18.2%
40-44	79	18.0%
45-49	66	15.0%
50-54	41	9.3%
55-59	20	4.6%
60-64	8	1.8%
65+	14	3.2%
Total	439	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 79: Percentage of Persons Living with Stage 3 HIV (AIDS) by Age at Diagnosis, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

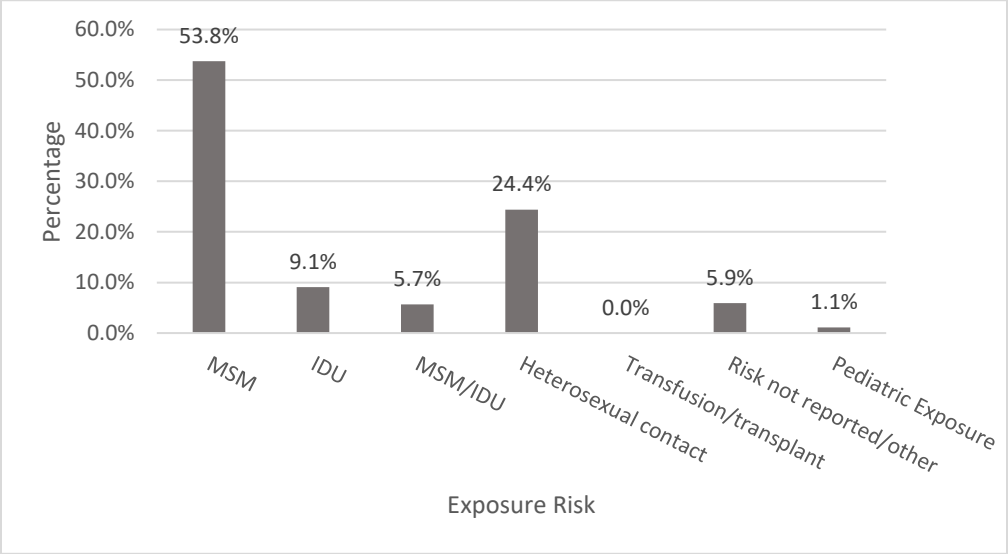
In Sussex County, the leading exposure mode is MSM (54%), followed by heterosexual contact (24%) and IDU (9%). All other exposure modes make up approximately 13% (Table 35 and Figures 80-82).

Table 35: Persons Living with Stage 3 HIV (AIDS) by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex With Men (MSM)	236	53.8%	236	65.4%	0	0.0%
Injection Drug User (IDU)	40	9.1%	27	7.5%	13	16.7%
MSM/IDU	25	5.7%	25	6.9%	0	0.0%
Heterosexual contact	107	24.4%	49	13.6%	58	74.4%
Transfusion/transplant recipient	0	0.0%	0	0.0%	0	0.0%
Risk not reported/other	26	5.9%	21	5.8%	5	6.4%
Pediatric Exposure	5	1.1%	3	0.8%	2	2.6%
Total	439	100%	361	100%	78	100%

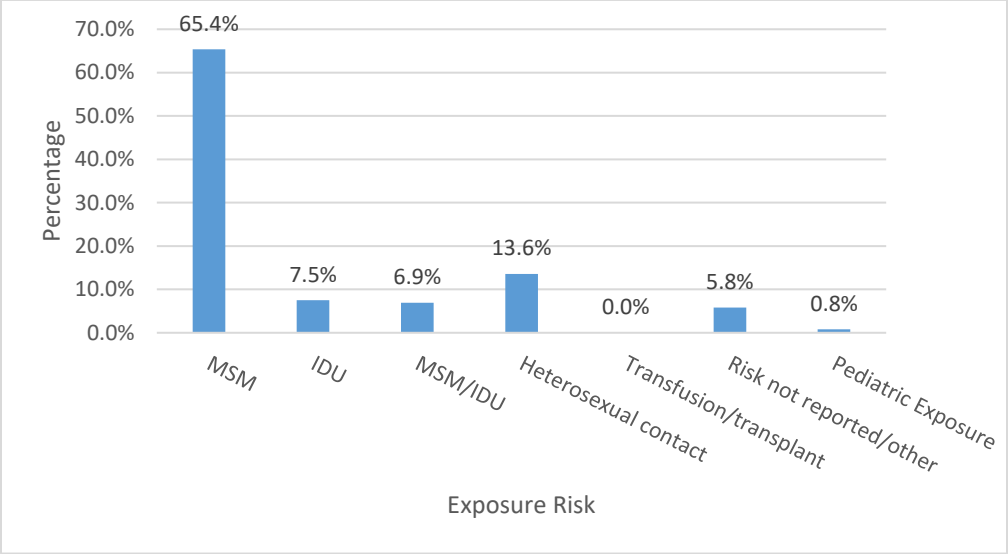
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 80: Percentage of Persons Living with Stage 3 HIV (AIDS) by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017



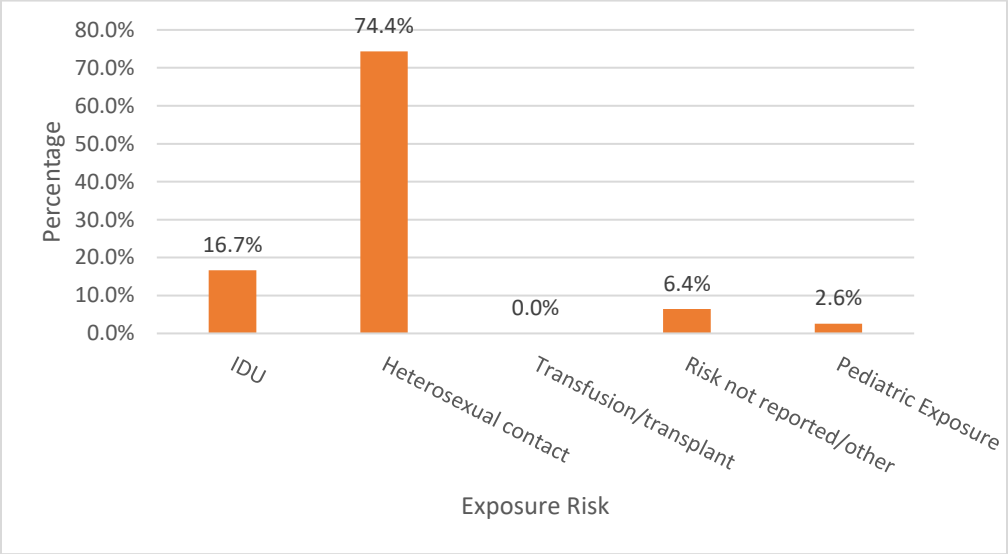
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 81: Percentage of Males Stage 3 HIV (AIDS) by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 82: Percentage of Females Stage 3 HIV (AIDS) by Exposure Risk, Sussex County, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Living with Stage 3 HIV (AIDS) in the Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017

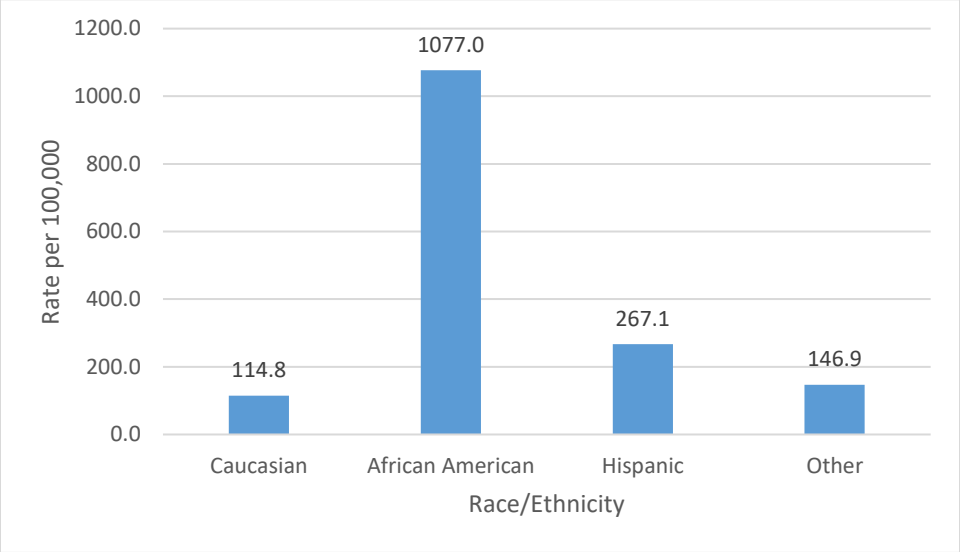
In Delaware's Wilmington Metropolitan Area, the prevalence of stage 3 HIV (AIDS) by race is highest among African Americans. The 2016 American Community Survey provided the latest estimates for populations within ZIP Codes 19801-19810 (Tables 36-37 and Figures 83-84).

Table 36: Living with Stage 3 HIV by Race/Ethnicity, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

Race / Ethnicity	Caucasian	African American	Hispanic	Other	
All					Total
Living with HIV - Stage 3 (AIDS) 2017	146	587	62	19	814
Percentage Within Category	11%	43%	5%	1%	60%
Rate per 100,000	114.8	1077.0	267.1	146.9	373.7

Source: U.S. Census Bureau, American Community Survey 2018.

Figure 83: Rate of Stage 3 HIV (AIDS) Prevalence by Race/Ethnicity, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

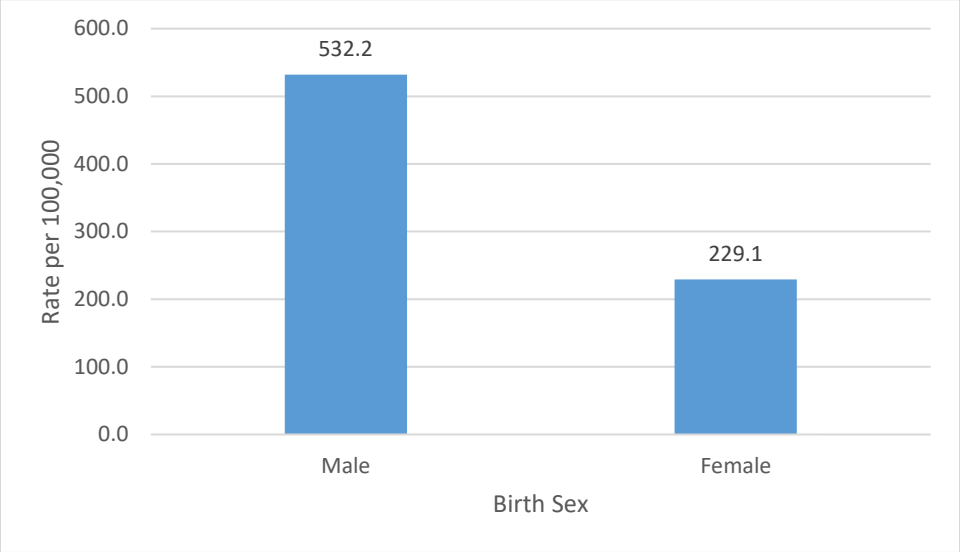
In the Wilmington Metropolitan Area, Stage 3 HIV (AIDS) prevalence among males is 57% higher than among females (Table 37 and Figure 84).

Table 37: Living with Stage 3 HIV (AIDS) by Birth Sex, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

	Male	Female	Total
Living with HIV - Stage 3 (AIDS) 2017	553	261	814
Prevalence Rate	532.2	229.1	373.7

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 84: Rate of Stage 3 HIV (AIDS) Prevalence by Birth Sex, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

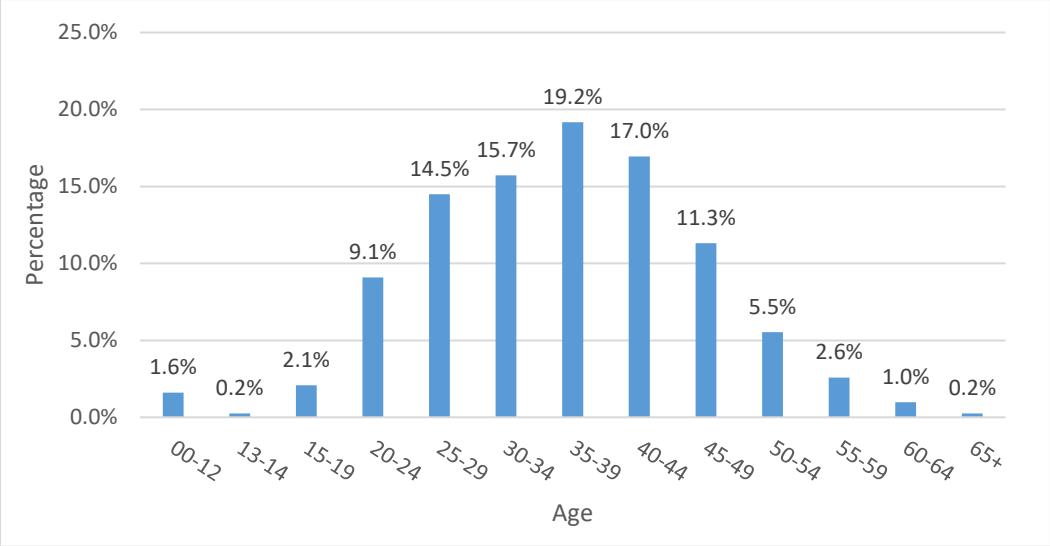
In the Wilmington Metropolitan Area, persons diagnosed with stage 3 HIV (AIDS) between the ages of 25 and 44 make up 66% of those diagnosed at this stage, compared to all other age groups (Table 38 and Figure 85).

Table 38: Persons Living with Stage 3 HIV (AIDS) by Age at HIV Diagnosis, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

Age Group	#	%
00-12	13	1.6%
13-14	2	0.2%
15-19	17	2.1%
20-24	74	9.1%
25-29	118	14.5%
30-34	128	15.7%
35-39	156	19.2%
40-44	138	17.0%
45-49	92	11.3%
50-54	45	5.5%
55-59	21	2.6%
60-64	8	1.0%
65+	2	0.2%
Total	814	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 85: Percentage of Persons Living with Stage 3 HIV (AIDS) by Age at Diagnosis, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

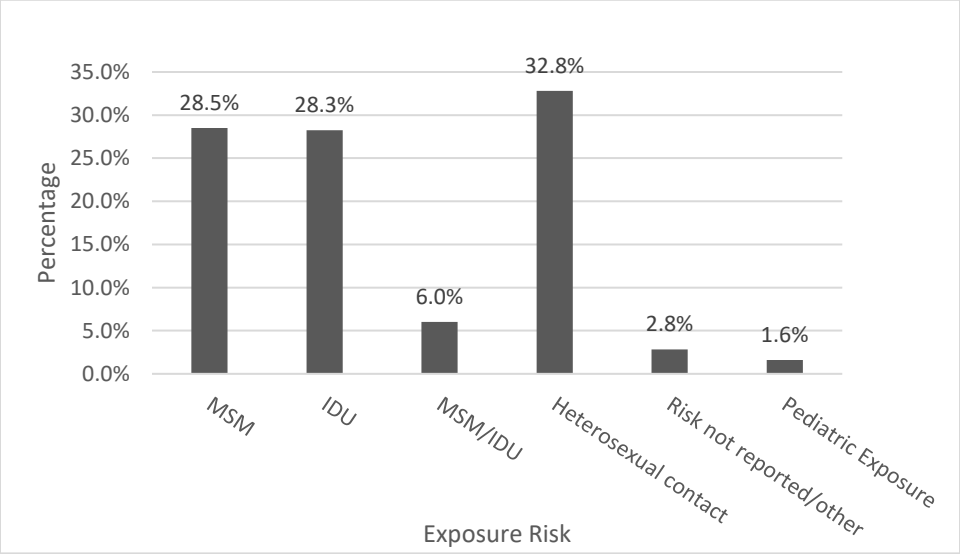
Within the Wilmington Metropolitan Area, the leading exposure mode among those living with Stage 3 HIV (AIDS) is heterosexual contact at 33%. MSM and IDU are 29% and 28% for exposure modes, respectively. All other exposure modes make up approximately 10% (Table 39 and Figures 86-88).

Table 39: Persons Living with Stage 3 HIV (AIDS) by Exposure Category, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017 (19801-19810 ZIP Codes)

	All		Male		Female	
	#	%	#	%	#	%
Men Who Have Sex With Men (MSM)	232	28.5%	232	42.0%	0	0.0%
Injection Drug User (IDU)	230	28.3%	139	25.1%	91	34.9%
MSM/IDU	49	6.0%	49	8.9%	0	0.0%
Heterosexual contact	267	32.8%	109	19.7%	158	60.5%
Transfusion/transplant recipient	0	0.0%	0	0.0%	0	0.0%
Risk not reported/other	23	2.8%	18	3.3%	5	1.9%
Pediatric Exposure	13	1.6%	6	1.1%	7	2.7%
Total	814	100%	553	100%	261	100%

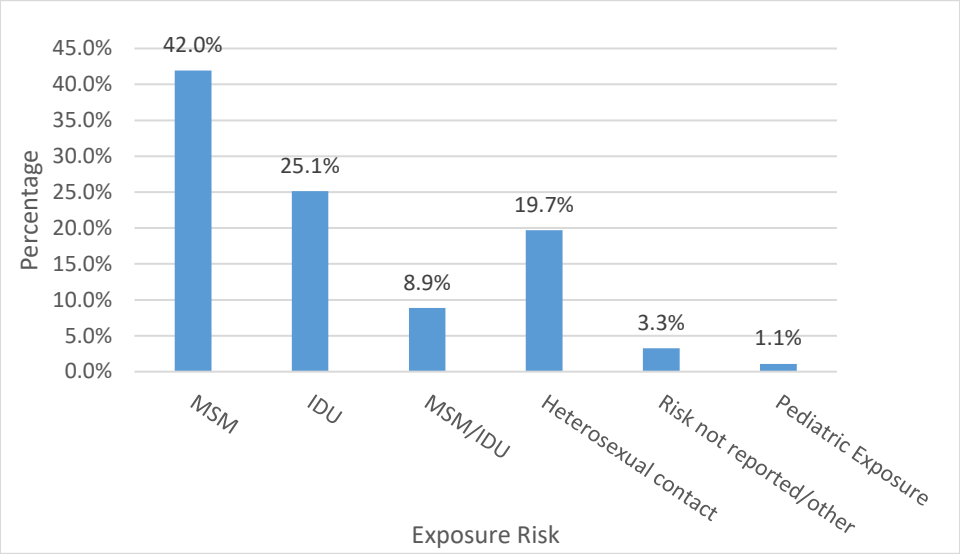
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 86: Percentage of Persons Living with Stage 3 HIV (AIDS) by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



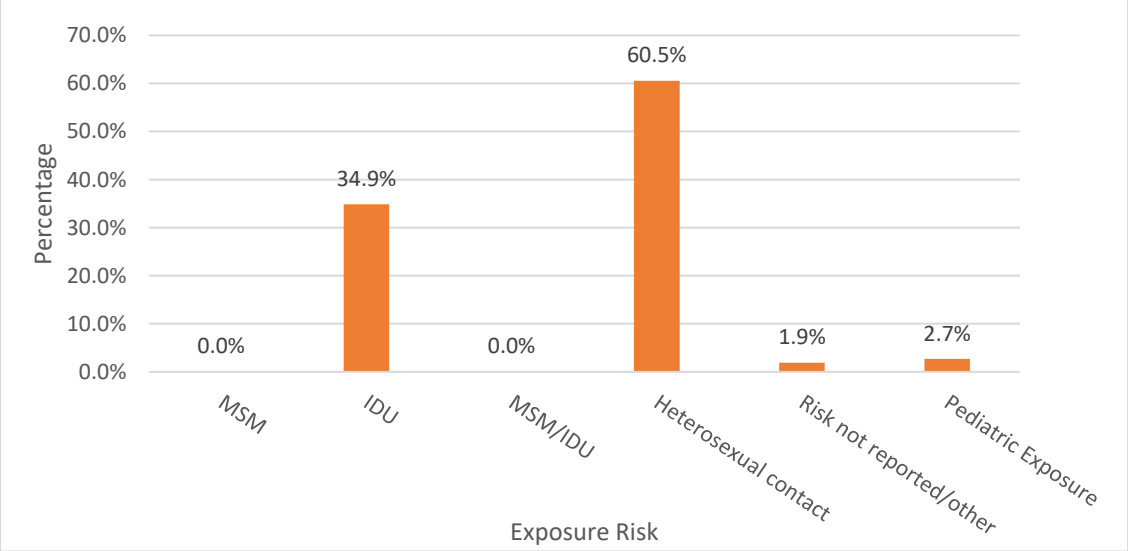
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 87: Percentage of Males Stage 3 HIV (AIDS) by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 88: Percentage of Females Stage 3 HIV (AIDS) by Exposure Risk, Wilmington Metropolitan Area, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

HIV Incidence, 2013-2017

HIV Incidence in Delaware, 2013-2017

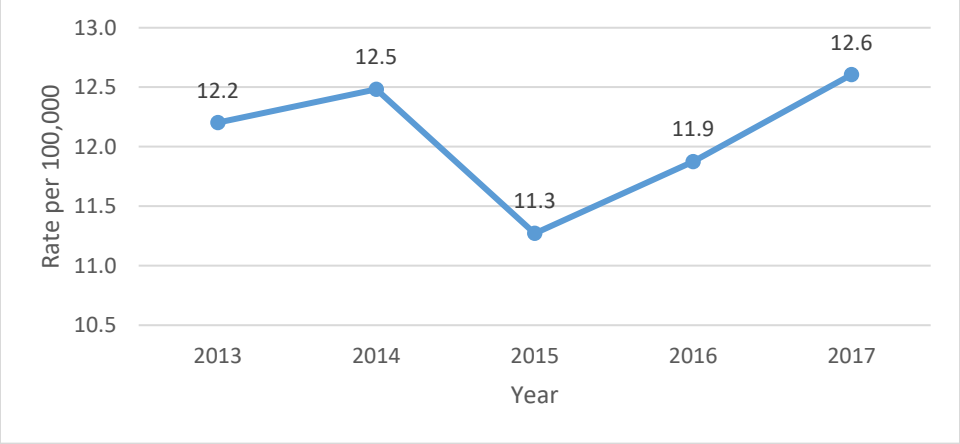
From 2013 through 2017, the average HIV incidence rate in Delaware was 12.1 per 100,000 population. The five-year average for males (18.4 per 100,000) is approximately three times higher than for females (6.2 per 100,000) (Table 40 and Figures 89 and 90).

Table 40: Rate of HIV Incidence, Delaware, 2013-2017

	All		Male		Female	
Year	#	Rate*	#	Rate*	#	Rate*
2013	113	12.2	84	18.7	29	6.1
2014	117	12.5	74	16.3	43	8.9
2015	107	11.3	88	19.1	19	3.9
2016	114	11.9	88	18.9	26	5.3
2017	122	12.6	90	19.2	32	6.4

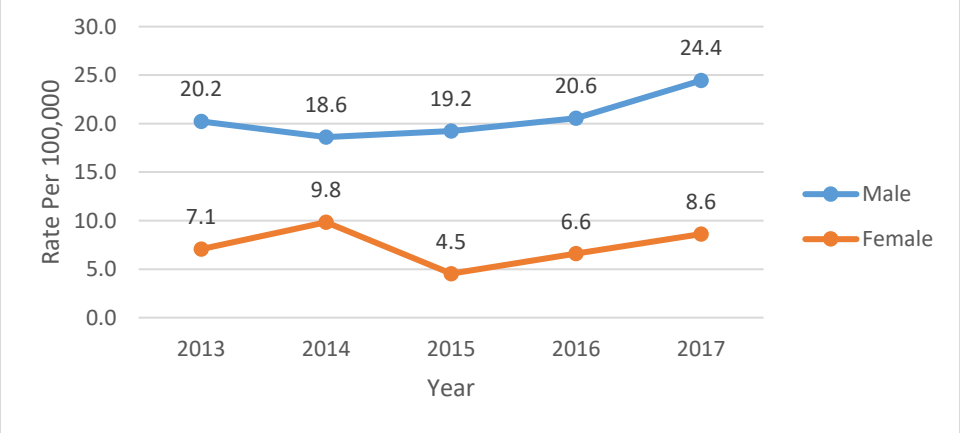
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 89: Rate of HIV Incidence, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018

Figure 90: Rate of HIV Incidence by Sex at Birth, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

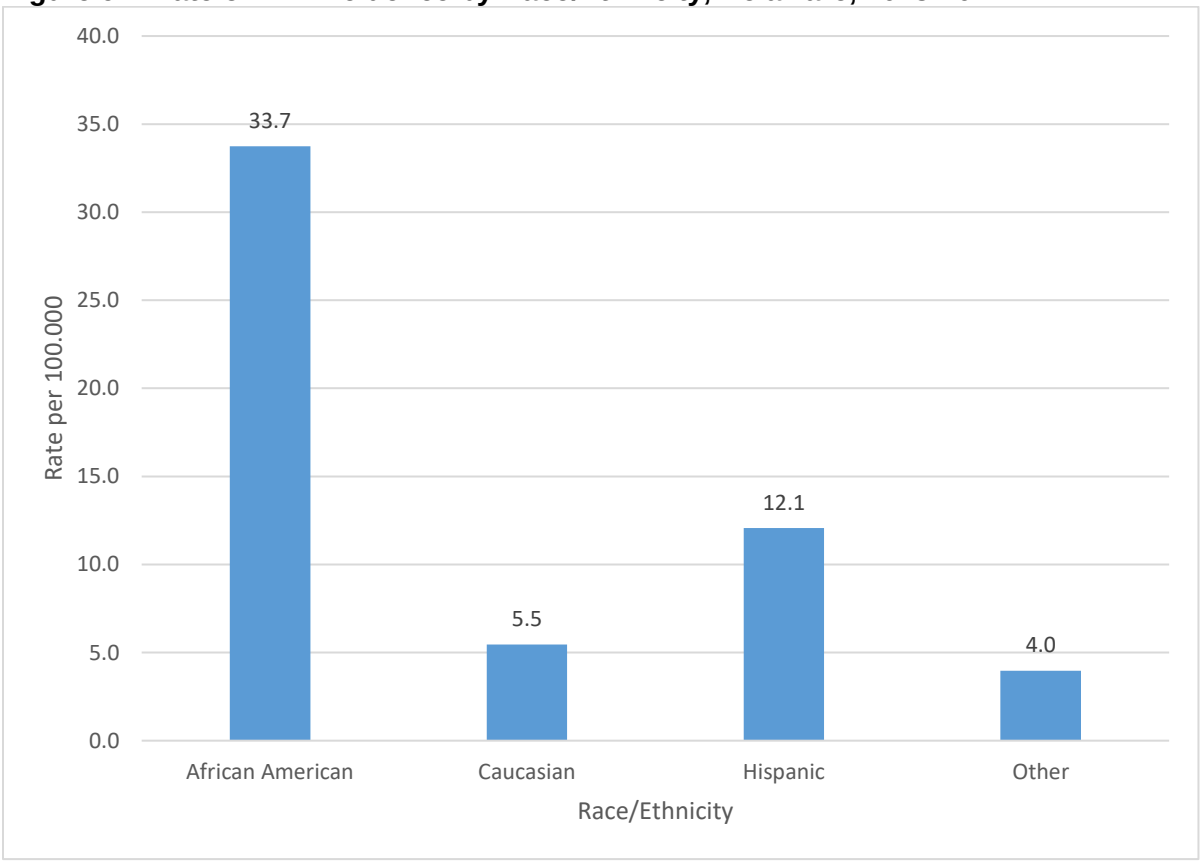
In Delaware, the five-year HIV incidence rate among African Americans (33.7) remains the highest among all groups. Incidence rates among Hispanics increased 177% between 2013 and 2017 (Table 41 and Figure 91).

Table 41: Rate of HIV Incidence by Race/Ethnicity, Delaware, 2013-2017

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2013-2017	346	33.7	163	5.5	52	12.1	12	4.0

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 91: Rate of HIV Incidence by Race/Ethnicity, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

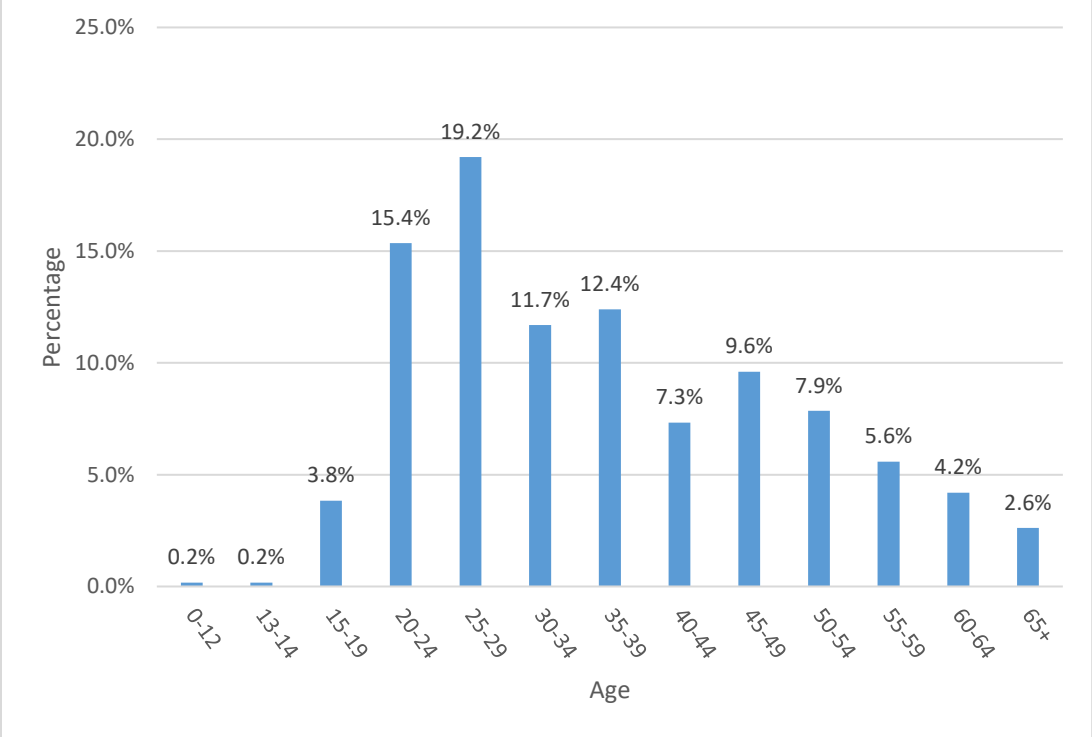
The highest rate of HIV infection in Delaware between 2013 and 2017, occurred among those 20-39 years old, accounting for 59% of all age groups (Table 42 and Figure 92).

Table 42: Cases of HIV by Age Group at Diagnosis, Delaware, 2013-2017

Age Group	#	%
00-12	1	0.2%
13-14	1	0.2%
15-19	22	3.8%
20-24	88	15.4%
25-29	110	19.2%
30-34	67	11.7%
35-39	71	12.4%
40-44	42	7.3%
45-49	55	9.6%
50-54	45	7.9%
55-59	32	5.6%
60-64	24	4.2%
65+	15	2.6%
Total	573	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 92: Percentage of HIV by Age Group at Diagnosis, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

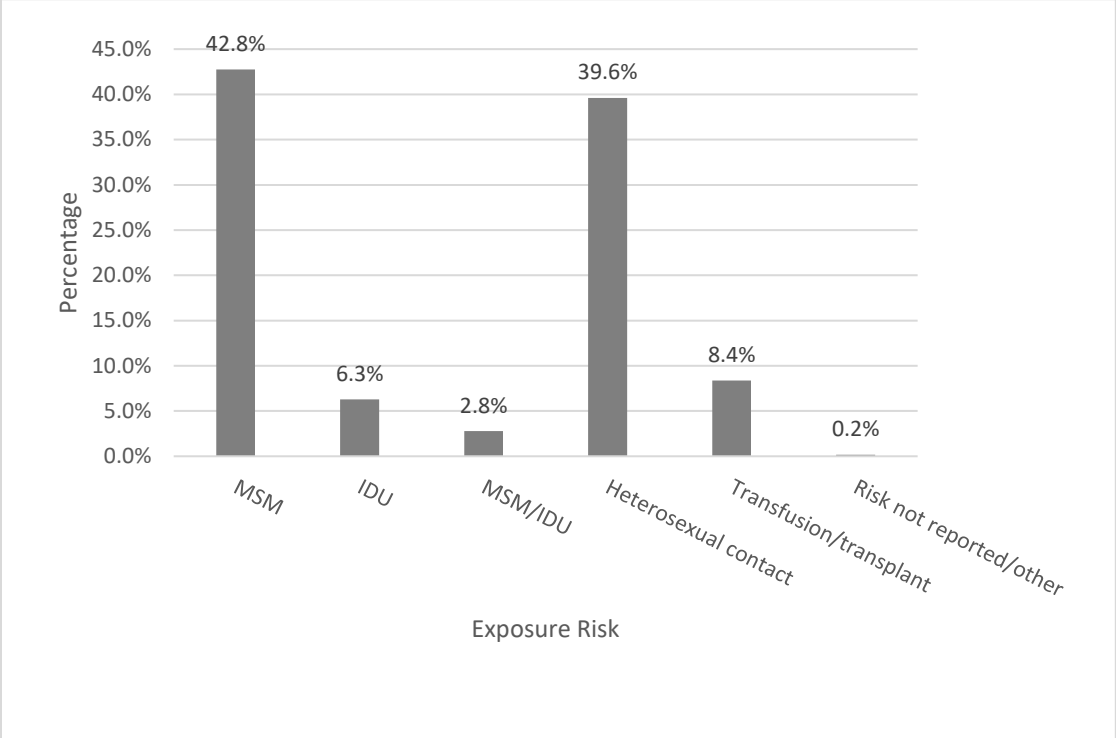
Statewide, MSM and heterosexual contact were the top two HIV exposure categories across a five-year time span with an average of 43% and 40%, respectively. All other risk categories comprised 17%.Delaware had one perinatal HIV case in 2017, the first in over eight years (Table 43 and Figure 93).

Table 43: HIV Infections by Exposure Risk, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex With Men (MSM)	245	42.8%
Injection Drug User (IDU)	36	6.3%
MSM/IDU	16	2.8%
Heterosexual contact	227	39.6%
Risk not reported/other	48	8.4%
Perinatal Exposure	1	0.2%
Total	573	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: Only risk reported for cohort are listed.

Figure 93: **Percentage of HIV Infections by Exposure Risk, Delaware, 2013-2017**



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

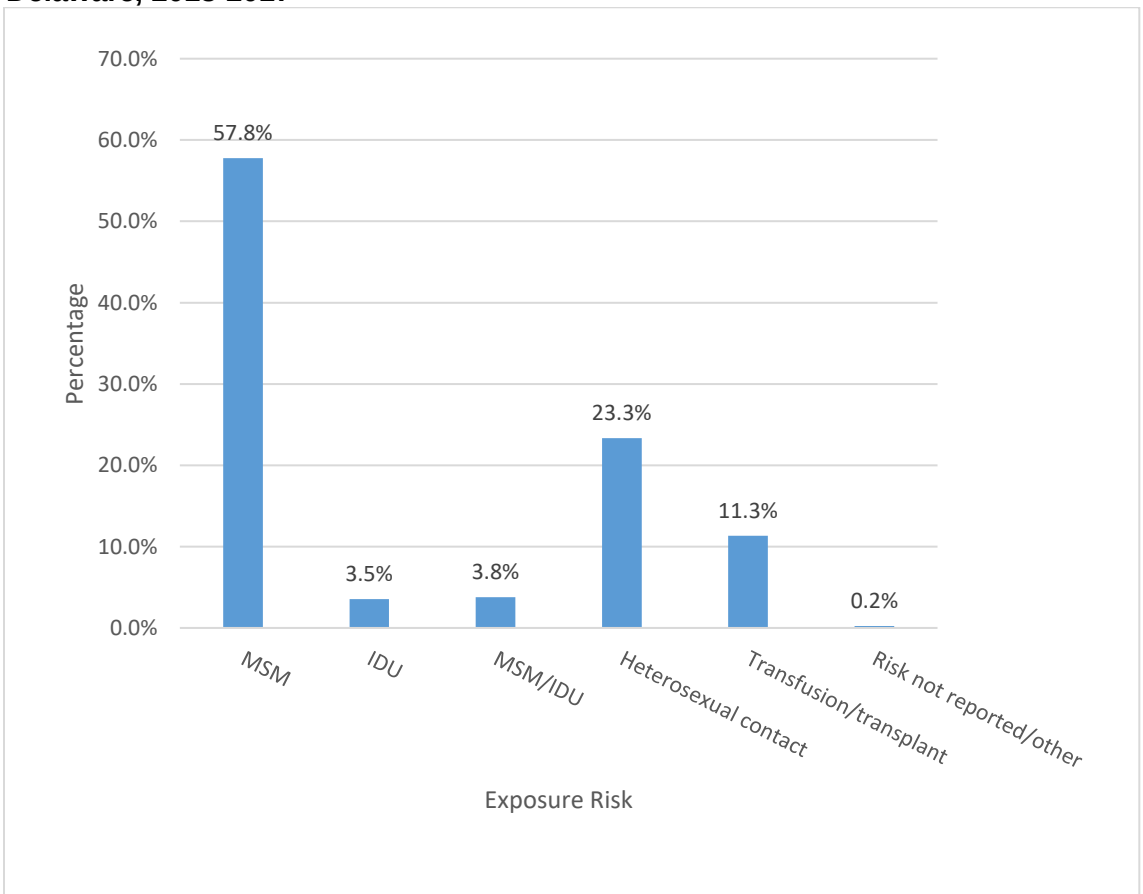
Over the five-year period (2013-2017) in Delaware, MSM and heterosexual contact were the top HIV exposure risks for males at 58% and 23%, respectively. Females had two exposure risks: heterosexual contact (86%) and IDU (14%) (Tables 44-45 and Figures 94-95).

Table 44: HIV Infections by Exposure Risk among Males, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex with Men (MSM)	245	57.8%
Injection Drug User (IDU)	15	3.5%
MSM/IDU	16	3.8%
Heterosexual contact	99	23.3%
Risk not reported/other	48	11.3%
Pediatric Exposure	1	0.2%
Total	424	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: Only risk reported for cohort are listed.

Figure 94: Percentage of HIV Infections by Exposure Risk among Males, Delaware, 2013-2017



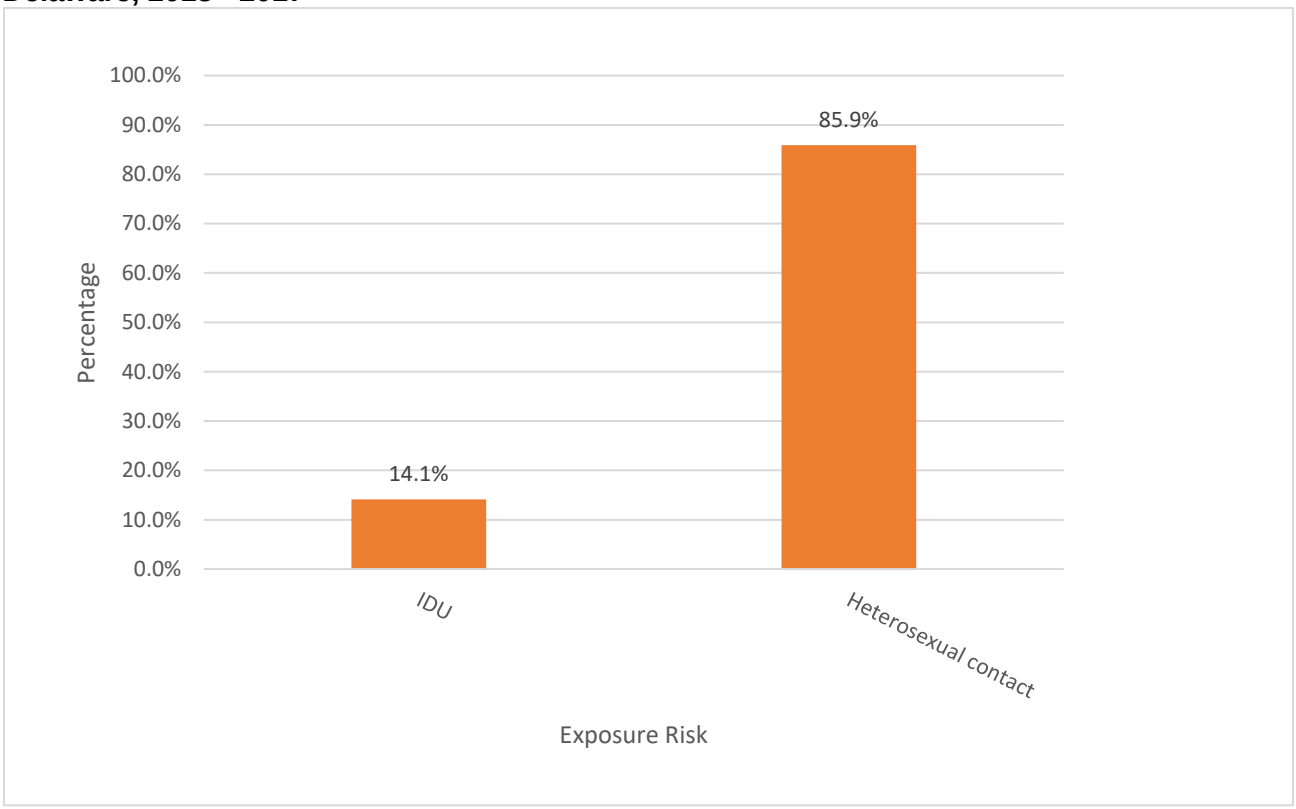
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Table 45: HIV Infections by Exposure Risk among Females, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Injection Drug User (IDU)	21	14.1%
Heterosexual contact	128	85.9%
Total	149	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: Only risk reported for cohort are listed.

Figure 95: Percentage of HIV Infections by Exposure Risk among Females, Delaware, 2013 - 2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

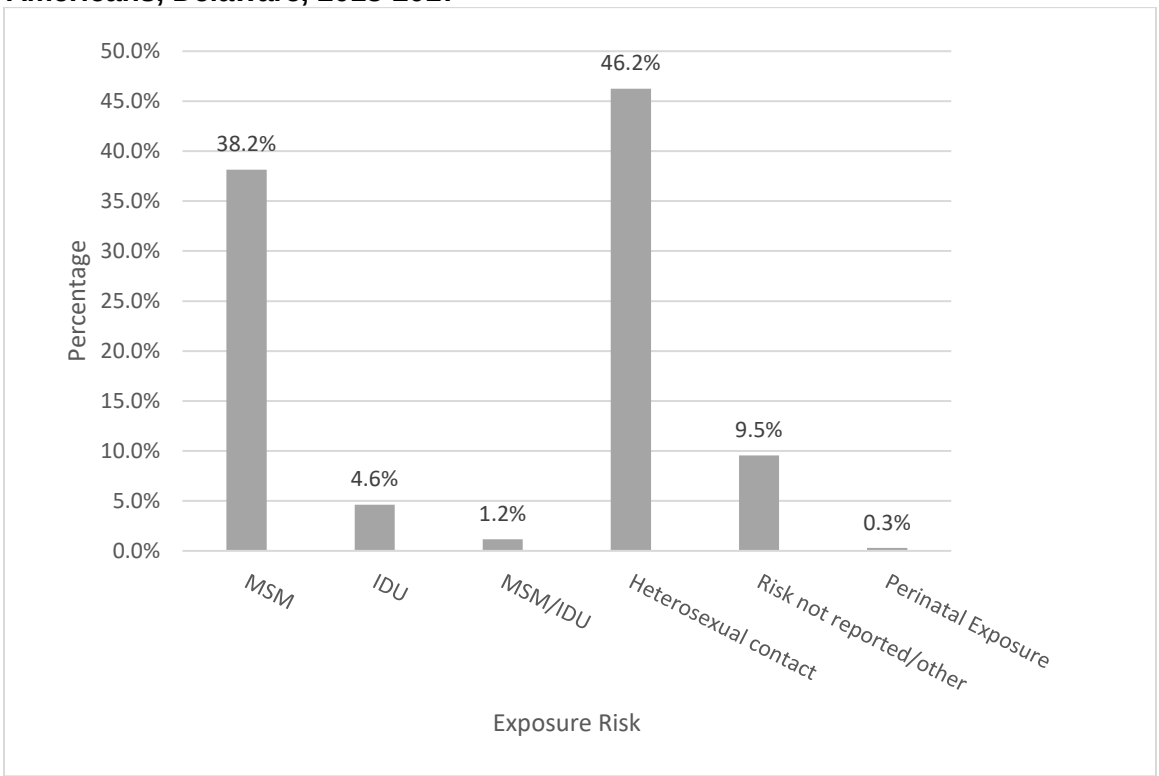
In Delaware, the top HIV exposure risks for African Americans over the five-year period (2013-2017) were heterosexual contact (46%) and MSM (38%). The top HIV exposure risks for Caucasians were MSM (51%) and heterosexual contact (26%) (Tables 46-47 and Figures 96-97).

Table 46: HIV Infections by Exposure Risk among African Americans, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex With Men (MSM)	132	38.2%
Injection Drug User (IDU)	16	4.6%
MSM/IDU	4	1.2%
Heterosexual contact	160	46.2%
Risk not reported/other	33	9.5%
Perinatal Exposure	1	0.3%
Total	346	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: Only risk reported for cohort are listed.

Figure 96: Percentage of HIV Infections by Exposure Risk among African Americans, Delaware, 2013-2017



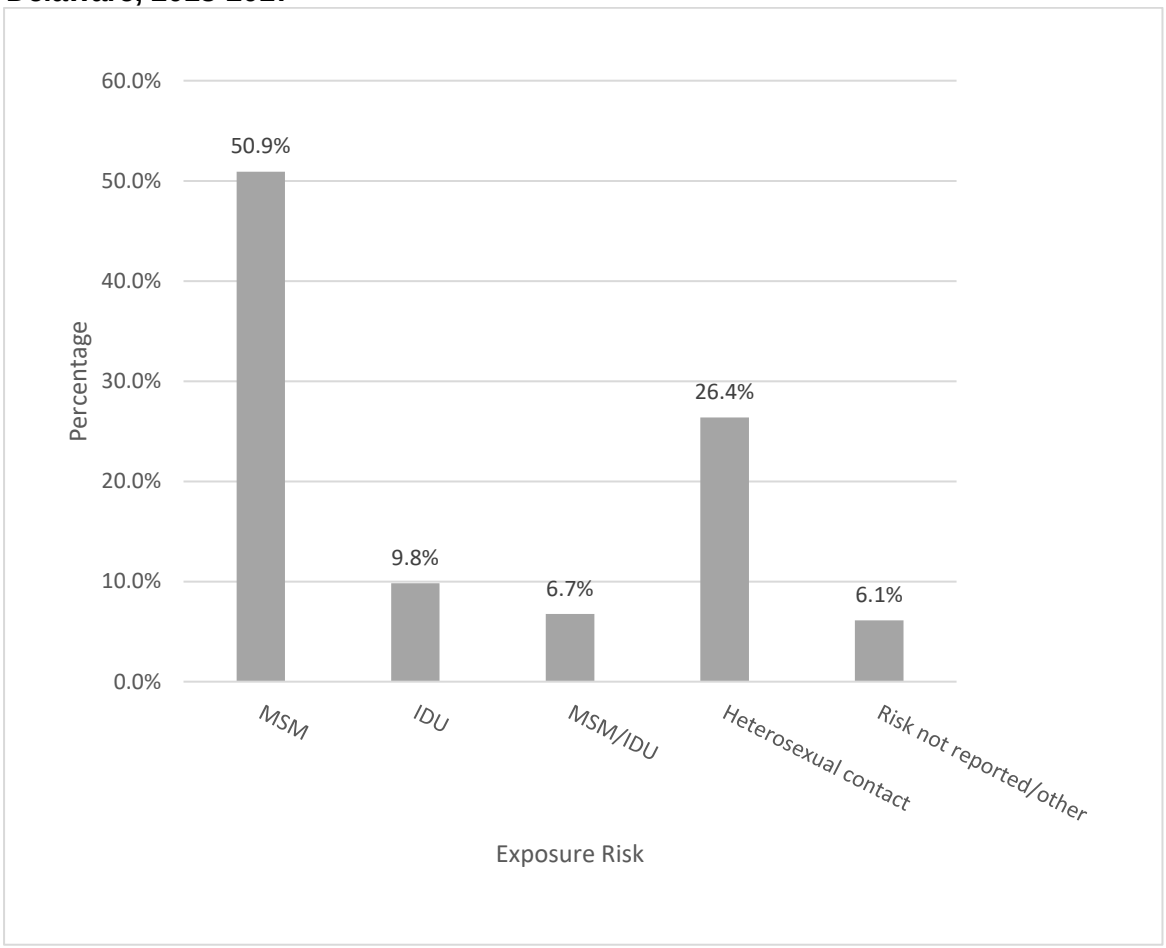
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Table 47: HIV Infections by Exposure Risk among Caucasians, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Seeking Men (MSM)	83	50.9%
Intravenous Drug User (IDU)	16	9.8%
MSM/IDU	11	6.7%
Heterosexual contact	43	26.4%
Risk not reported/other	10	6.1%
Total	163	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: Only risk reported for cohort are listed.

Figure 97: Percentage of HIV Infections by Exposure Risk among Caucasians, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

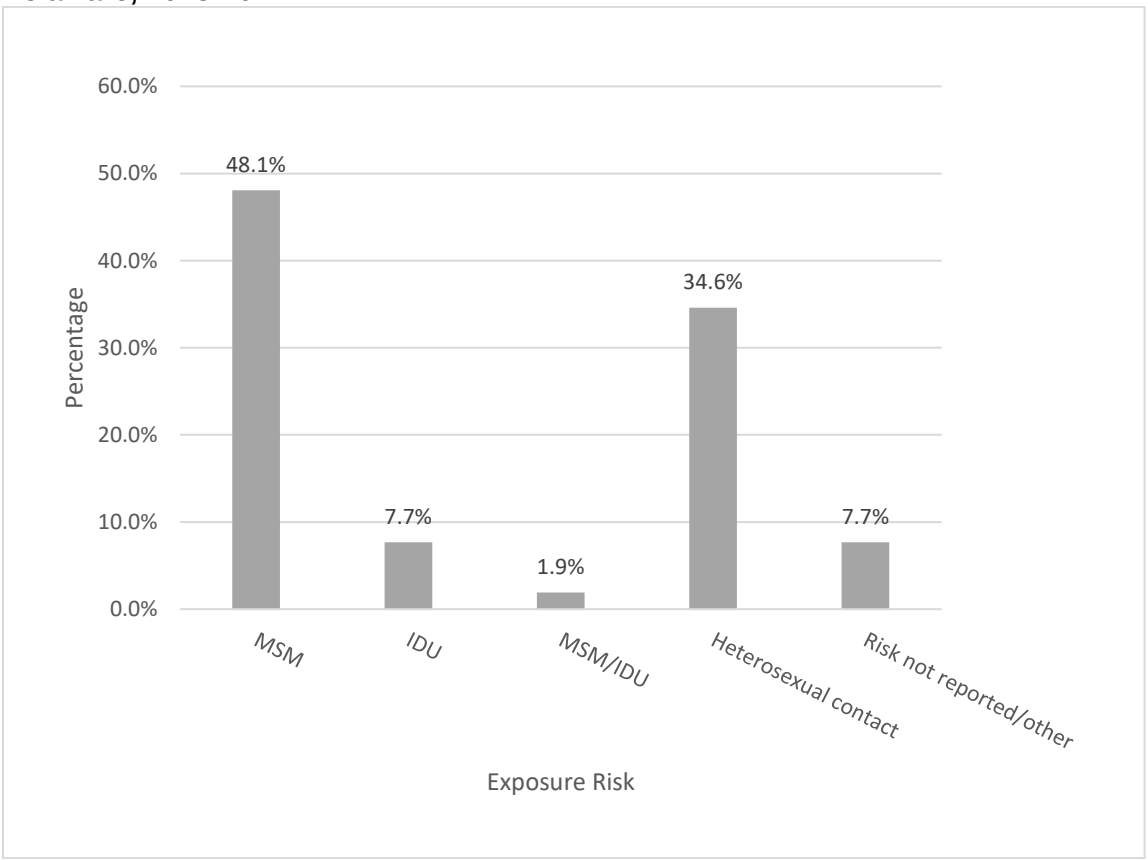
Over the five-year period 2013-2017 in Delaware, the top HIV exposure risks for Hispanics were MSM and heterosexual contact at 47% and 37%, respectively. For all other races (American Indian, Alaskan Native, Native Hawaiian/Pacific Islander, and Asian), the leading exposure risks were MSM (40%) and heterosexual contact (35%) (Tables 48-49 and Figures 98-99).

Table 48: HIV Infections by Exposure Risk among Hispanics, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex With Men (MSM)	25	48.1%
Injection Drug User (IDU)	4	7.7%
MSM/IDU	1	1.9%
Heterosexual contact	18	34.6%
Risk not reported/other	4	7.7%
Total	52	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: Only risk reported for cohort are listed.

Figure 98: Percentage of HIV Infections by Exposure Risk among Hispanics, Delaware, 2013-2017



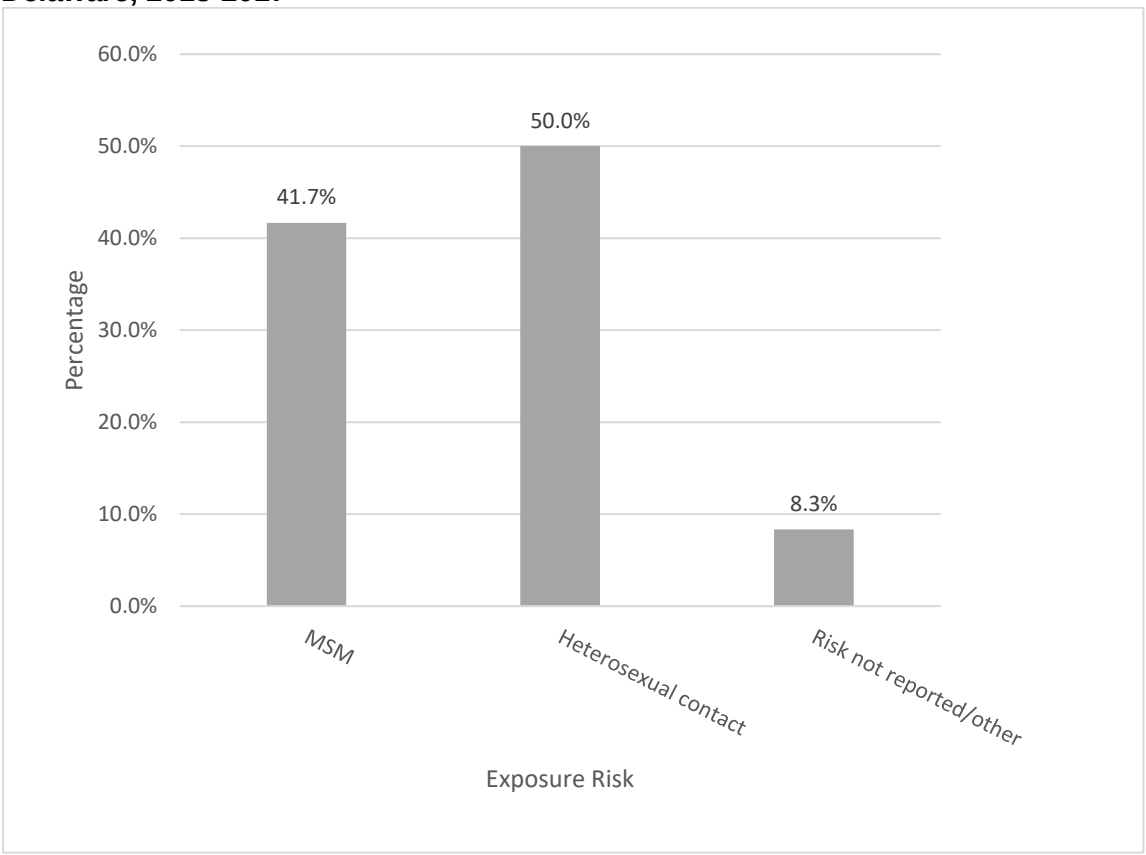
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Table 49: HIV Infections by Exposure Risk among Other Races, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex With Men (MSM)	2	66.7%
Heterosexual contact	1	33.3%
Risk not reported/other	0	0.0%
Total	3	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Note: Other Races includes American Indian/Alaskan Native, Asian, Native Hawaiian/Pacific Islander, Multi-Race and Unknown Race.
Note: Only risk reported for cohort are listed.

Figure 99: Percentage of HIV Infections by Exposure Risk among Other Races, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

HIV Incidence in New Castle County, Delaware 2013-2017

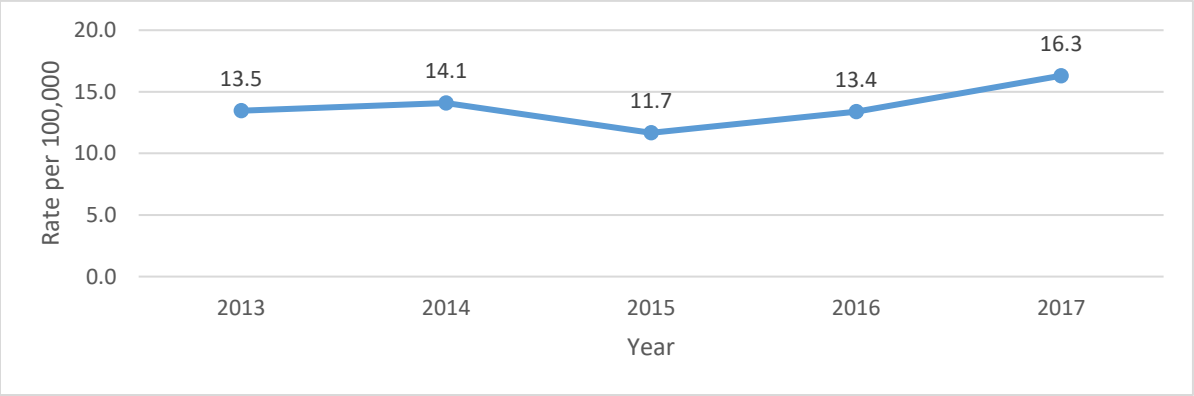
In New Castle County, the HIV incidence rate dropped from 14.1 in 2014 to 11.7 in 2015, and then increased to 16.3 in 2017. This was the only county to experience an overall increase in HIV incidence in the five years measured. The five-year average incidence rate is 13 per 100,000. Among New Castle County males, the five-year average rate of HIV incidence (20.6 per 100,000) is nearly three times higher than among New Castle County females (7.3 per 100,000) (Table 50 and Figures 100 and 101).

Table 50: HIV Incidence, New Castle County, Delaware, 2013-2017

	All		Male		Female	
Year	#	Rate*	#	Rate*	#	Rate*
2013	74	13.5	54	20.2	20	7.1
2014	78	14.1	50	18.6	28	9.8
2015	65	11.7	52	19.2	13	4.5
2016	75	13.4	56	20.6	19	6.6
2017	92	16.3	67	24.4	25	8.6

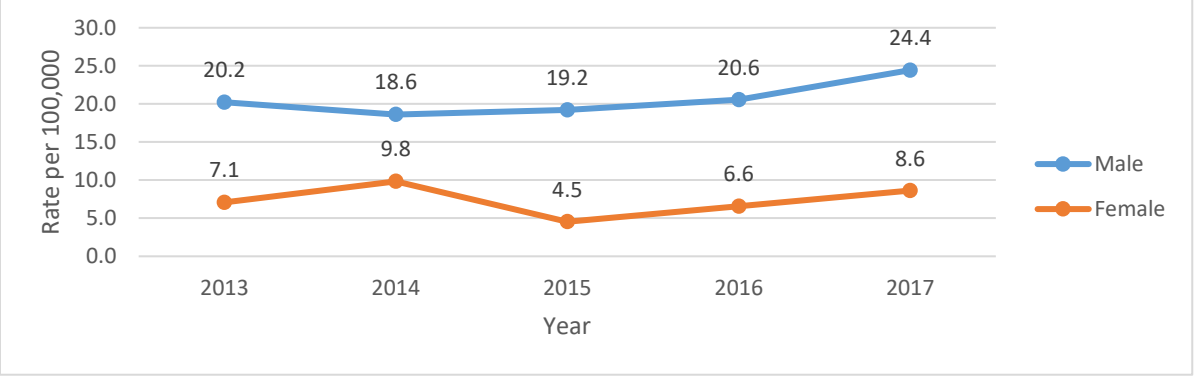
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 100: Rate of HIV Incidence, New Castle County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 101: Rate of HIV Incidence by Birth Sex, New Castle County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

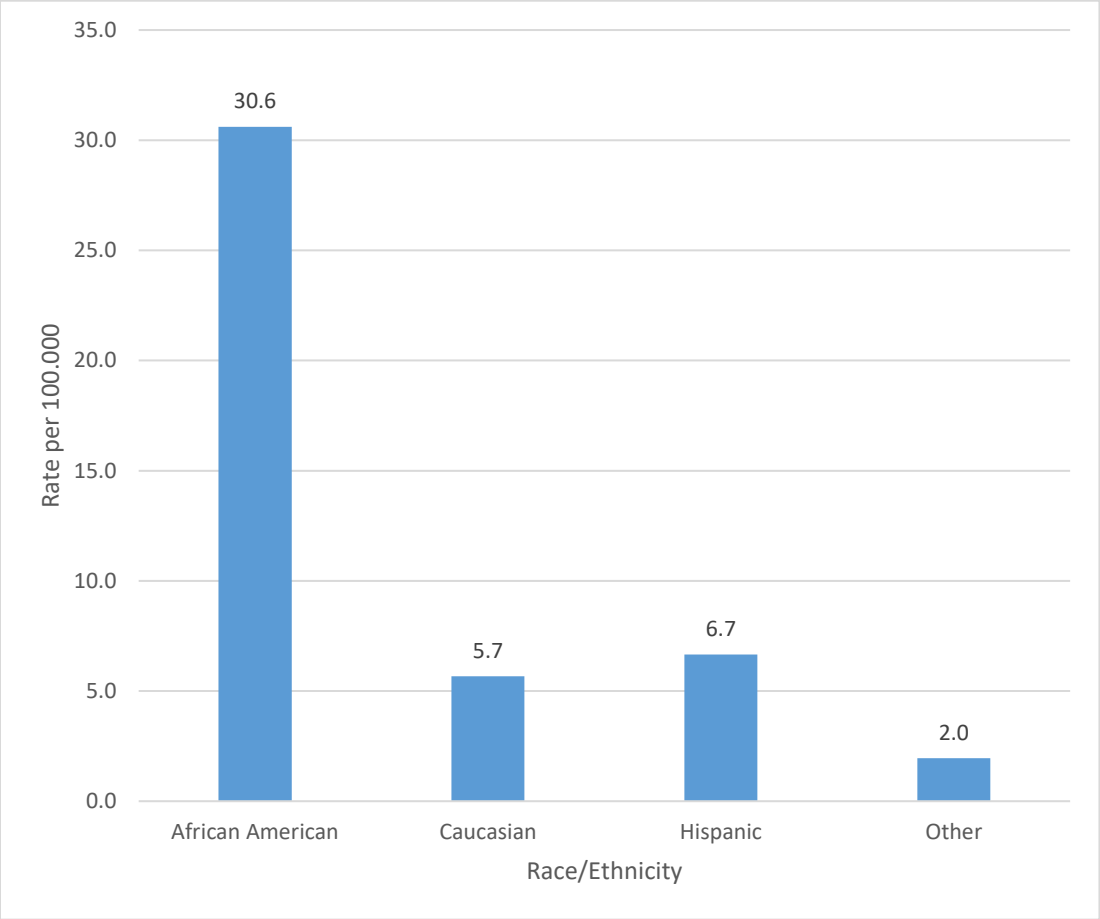
The HIV incidence rate among African Americans in New Castle County from 2013-2017 is the highest among all groups in this measure at 36.6 per 100,000 population. (Table 51 and Figure 102).

Table 51: HIV Incidence by Race/Ethnicity, New Castle County, Delaware, 2013-2017

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2013-2017	246	36.6	87	5.3	41	15.2	10	4.7

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 102: Rate of HIV Incidence by Race and Ethnicity, New Castle County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

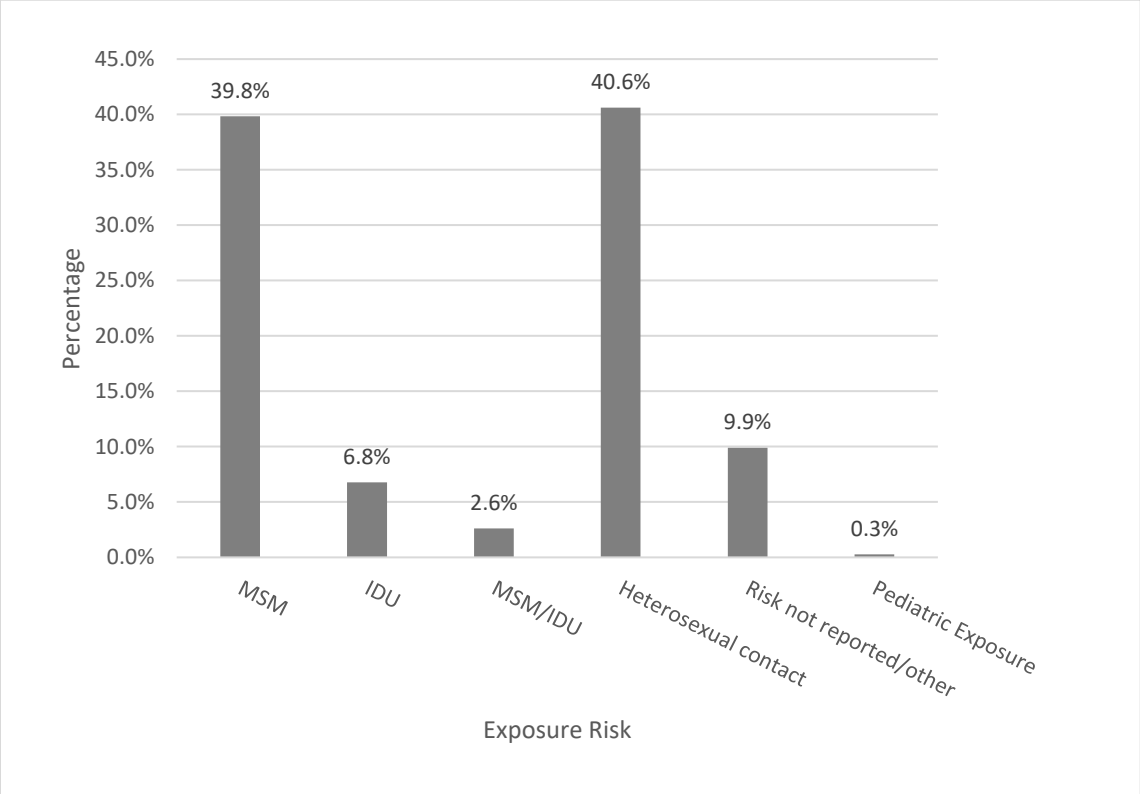
In New Castle County (2013-2017), the highest HIV exposure risks were heterosexual contact (40%) and MSM (41%). All other risk categories account for 19% (Table 52 and Figure 103) of exposures.

Table 52: HIV Infections by Exposure Risk, New Castle County, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex with Men (MSM)	153	39.8%
Injection Drug User (IDU)	26	6.8%
MSM/IDU	10	2.6%
Heterosexual contact	156	40.6%
Risk not reported/other	38	9.9%
Perinatal Exposure	1	0.3%
Total	384	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 103: Percentage of HIV Infections by Exposure Risk, New Castle County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

HIV Incidence in Kent County, Delaware, 2013-2017

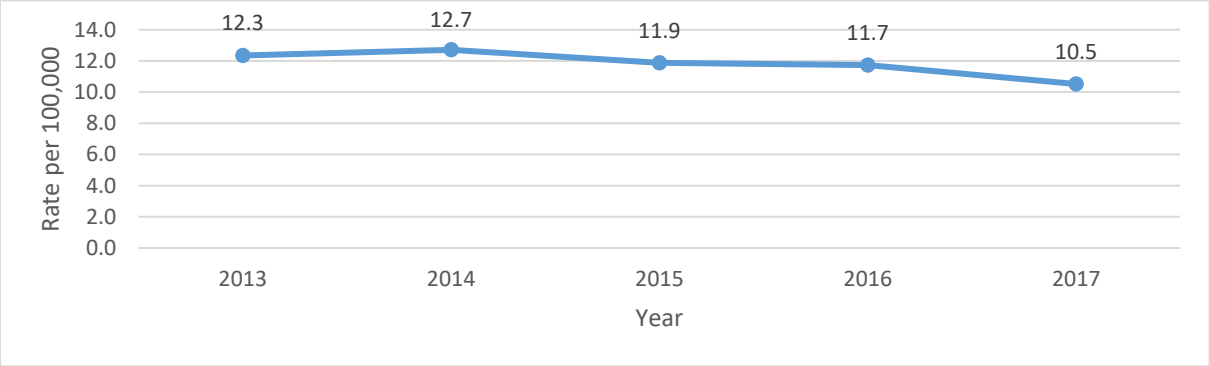
The overall HIV incidence rate in Kent County, has shown a decline with a five-year average incidence rate of 11.8 per 100,000 population. The average HIV incidence rate among males in Kent County is 17.3 per 100,000 Population, while females are 6.8 per 100,000 population within the five-year period (Table 53 and Figures 104 and 105).

Table 53: HIV Incidence, Kent County, Delaware, 2013-2017

	Cases	
Year	#	Rate*
2013	21	12.3
2014	22	12.7
2015	21	11.9
2016	21	11.7
2017	19	10.5

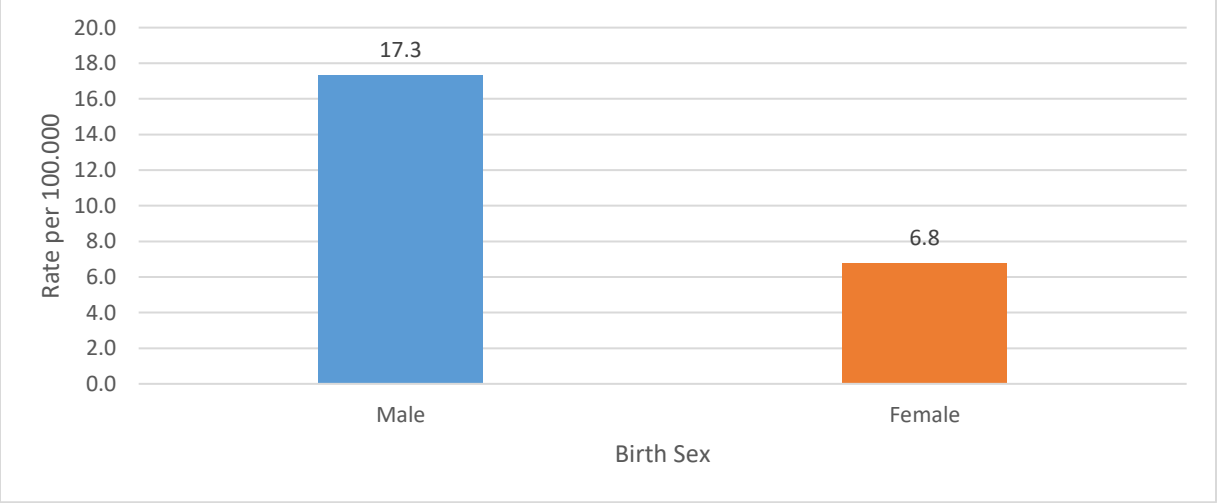
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 104: Rate of HIV Incidence, Kent County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 105: Rate of HIV Incidence by Birth Sex, Kent County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

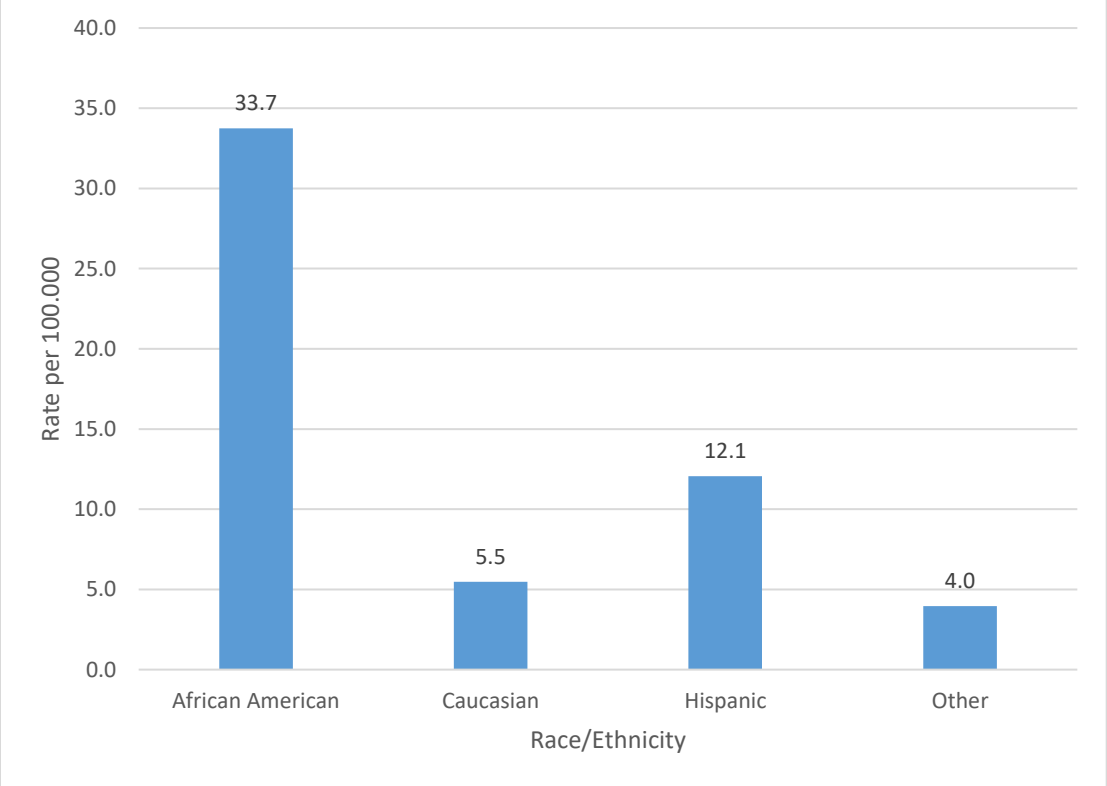
By race and ethnicity, the five-year average HIV incidence rate among African Americans in Kent County remained the highest among all groups at 30.6 per 100,000 population (Table 54 and Figure 106).

Table 54: HIV Incidence by Race/Ethnicity, Kent County, Delaware, 2013-2017

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2013	68	30.6	31	5.7	4	6.7	1	2.0

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 106: Rate of HIV Incidence by Race/Ethnicity, Kent County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

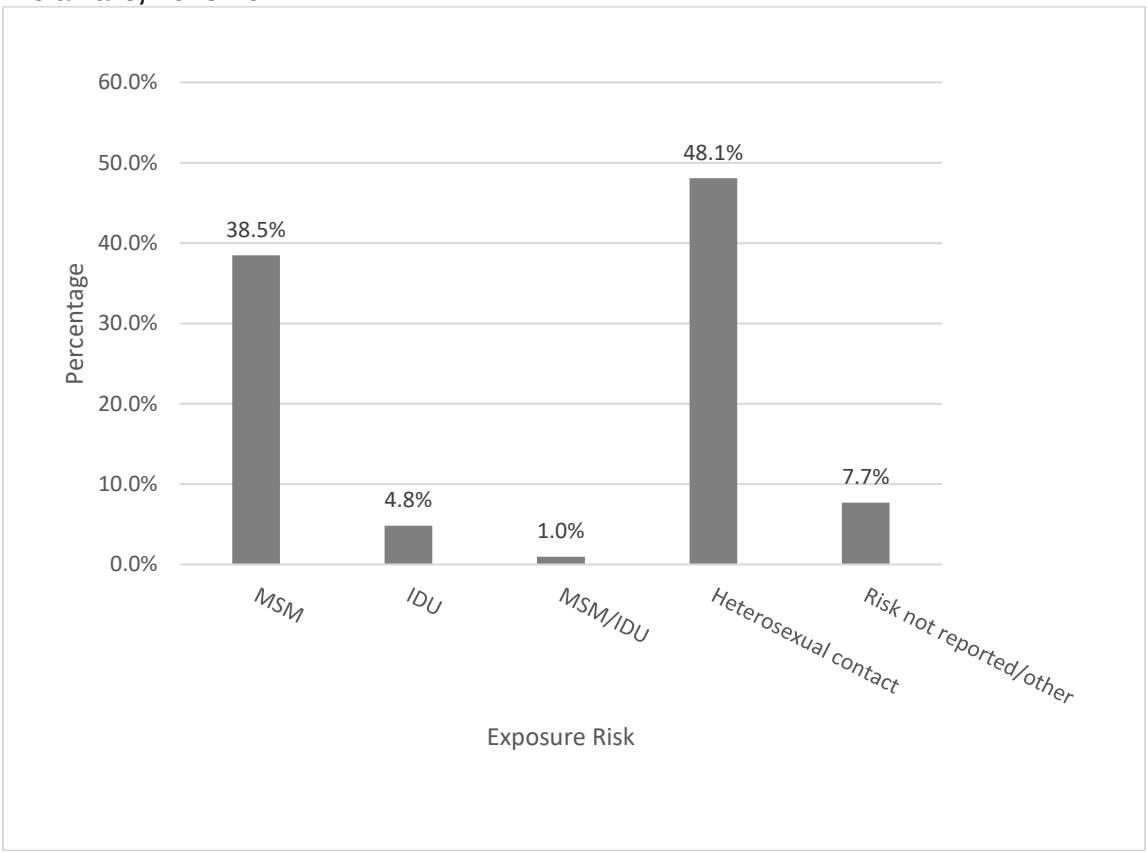
In Kent County, heterosexual contact is the highest HIV exposure risk at 48%, followed by MSM at 39%. All other risk categories account for 13% (Table 55 and Figure 107).

Table 55: HIV Infections by Exposure Risk, Kent County, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex With Men (MSM)	40	38.5%
Injection Drug User (IDU)	5	4.8%
MSM/IDU	1	1.0%
Heterosexual contact	50	48.1%
Risk not reported/other	8	7.7%
Total	104	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 107: Percentage of HIV Infections by Exposure Risk, Kent County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

HIV Incidence in Sussex County, Delaware, 2013-2017

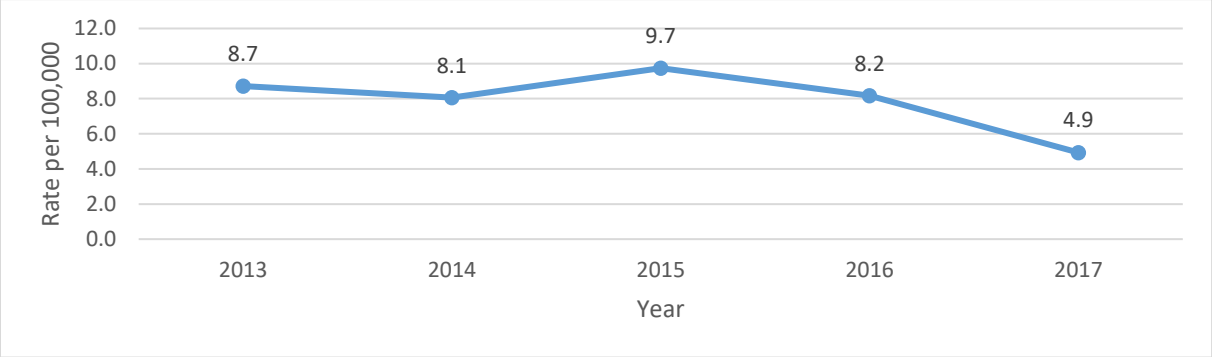
The overall HIV incidence rate has declined from 8.7 (per 100,000 population) in 2013 to 4.9 (per 100,000) in 2017. Sussex County had a five year average incidence rate of 7.9. The HIV incidence rate among Sussex County males is 83% higher than among Sussex County females (Table 56 and Figures 108 and 109).

Table 56: HIV Incidence, Sussex County, Delaware, 2013–2017

	Cases	
Year	#	Rate*
2013	18	8.7
2014	17	8.1
2015	21	9.7
2016	18	8.2
2017	11	4.9

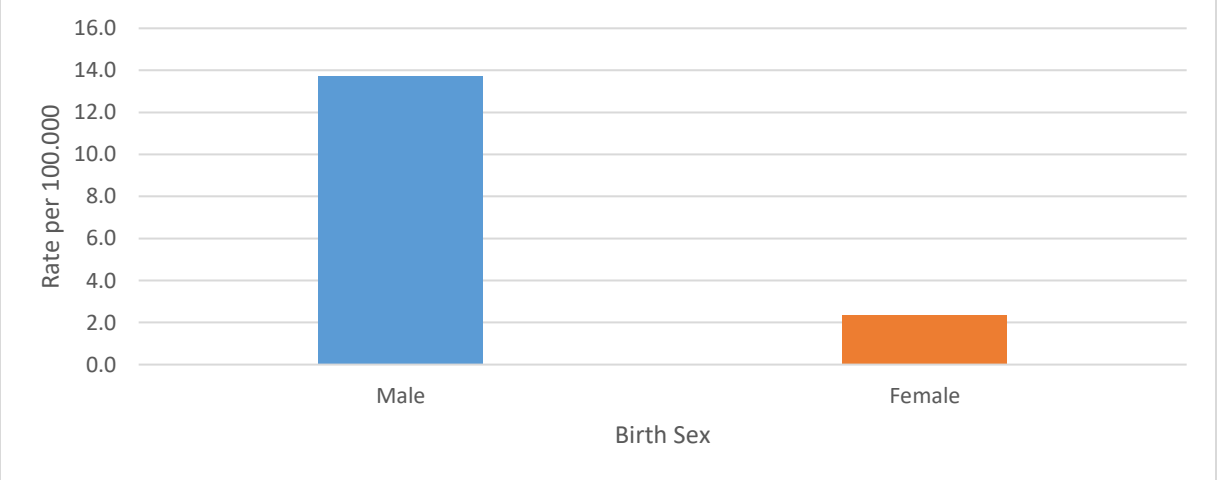
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 108: Rate of HIV Incidence, Sussex County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 109: Rate of HIV Incidence by Birth Sex, Sussex County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

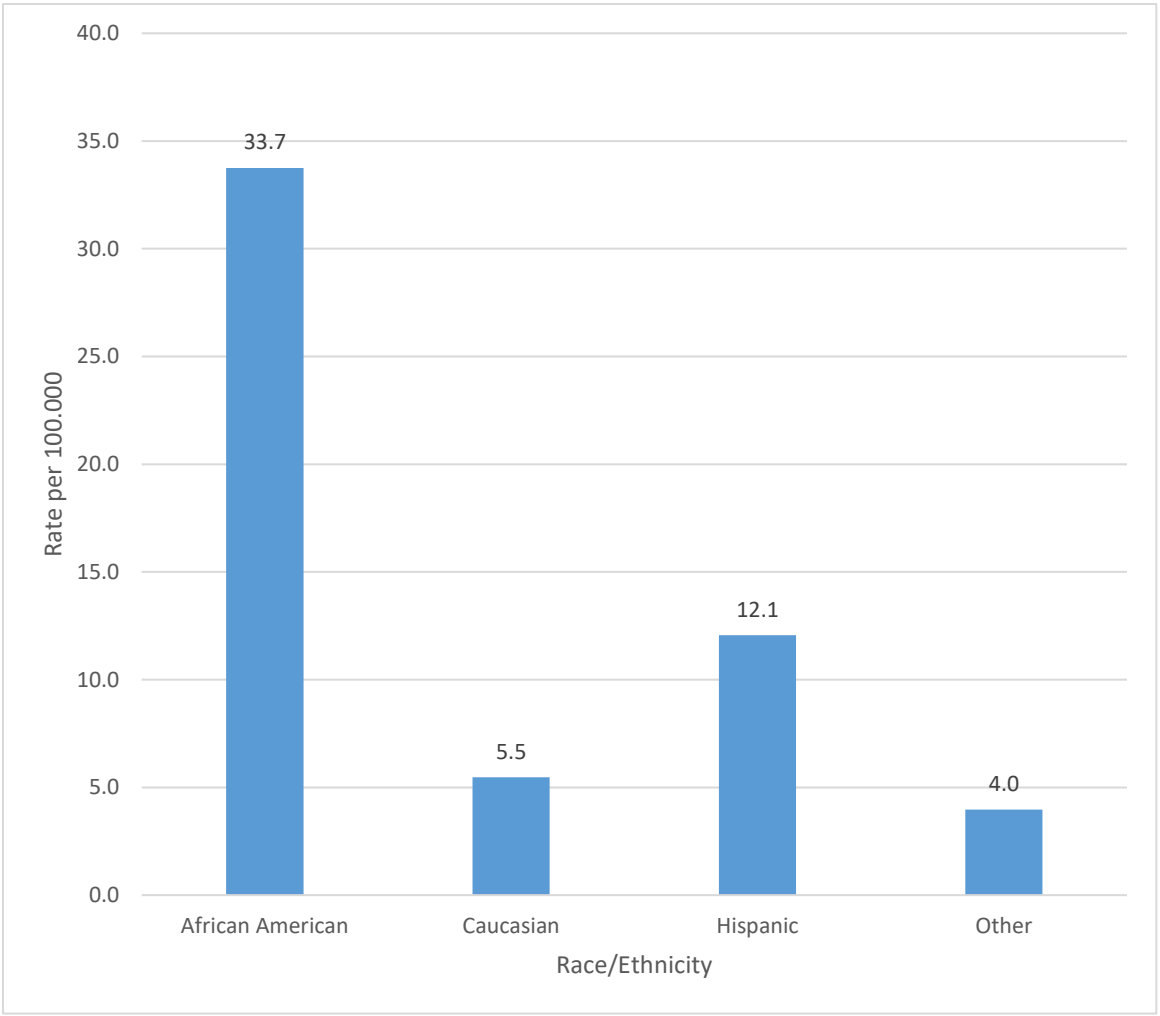
In Sussex County, the HIV incidence rate among African Americans remains the highest among all groups with a five-year average rate of 24.3 per 100,000 population (Table 57 and Figure 110).

Table 57: HIV Incidence by Race/Ethnicity, Sussex County, Delaware, 2013-2017

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2013	6	23.5	11	7.1	0	0.0	1	14.3

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 110: Rate of HIV Incidence by Race/Ethnicity, Sussex County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018

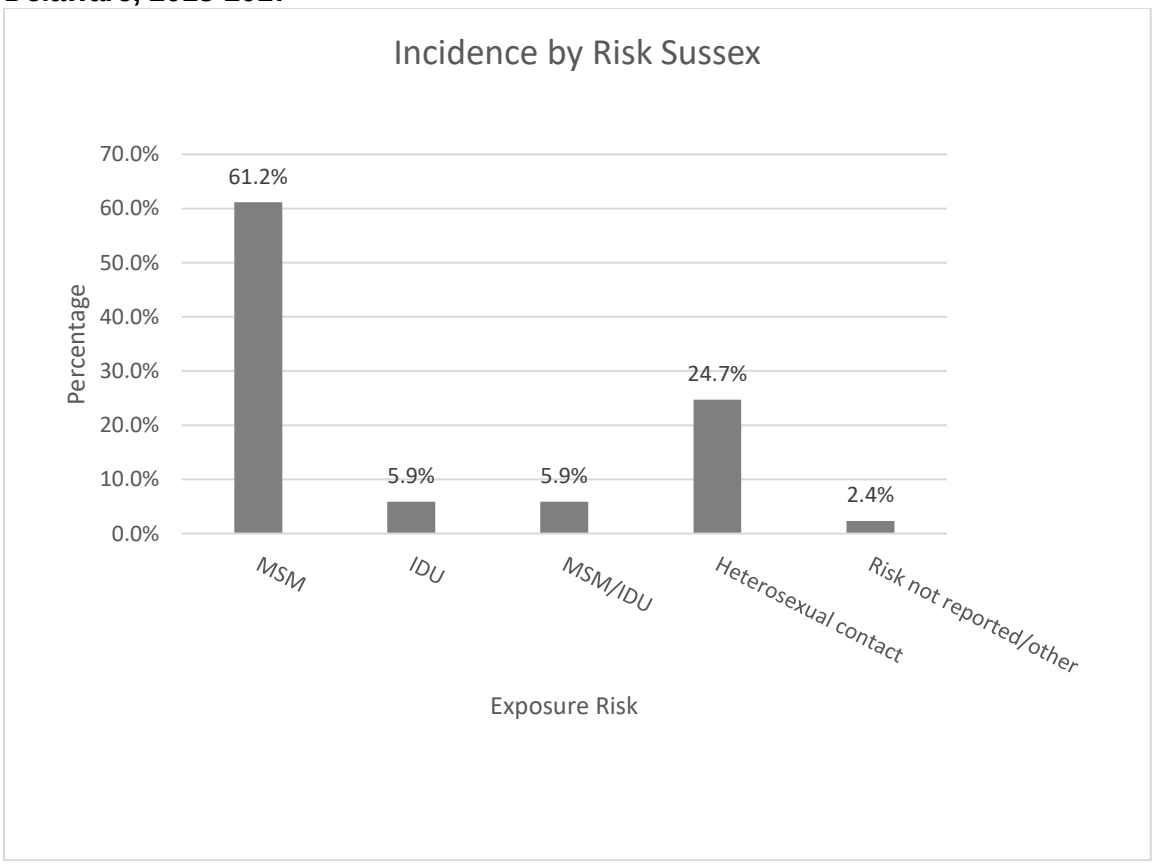
In Sussex County, MSM was the highest HIV exposure risk factor from 2013-2017 at 61%, and heterosexual contact followed at 25%. All other risk groups accounted for 14% of exposures (Table 58 and Figure 111).

Table 58: HIV Infection by Exposure Risk, Sussex County, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex with Men (MSM)	52	61.2%
Injection Drug User (IDU)	5	5.9%
MSM/IDU	5	5.9%
Heterosexual contact	21	24.7%
Risk not reported/other	2	2.4%
Total	85	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 111: Percentage of HIV infections by Exposure Risk, Kent County, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Stage 3 HIV (AIDS) Incidence, 2013-2017

Stage 3 HIV (AIDS) Incidence in Delaware, 2013-2017

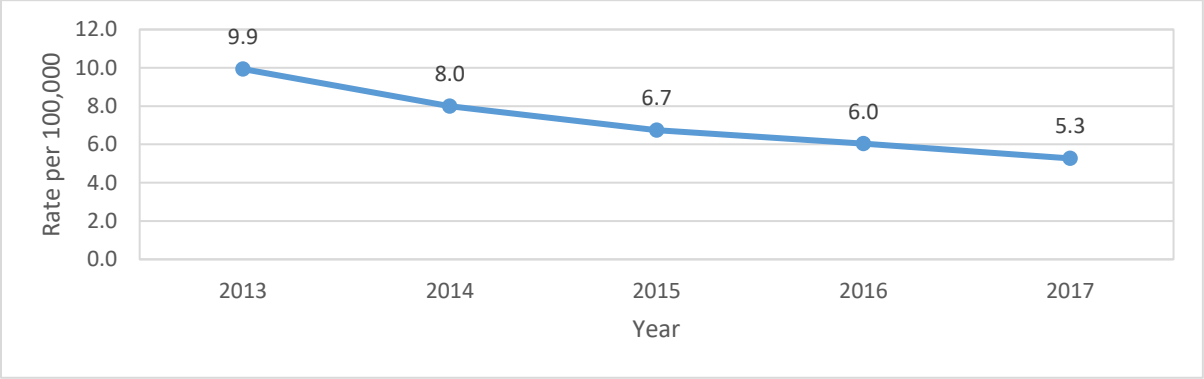
Delaware's Stage 3 HIV (AIDS) incidence rate decreased from 9.9 per 100,000 population in 2013 to 5.3 per 100,000 in 2017 with a five-year average incidence rate of 7.2 per 100,000. The average rate among Delaware males (10.6 per 100,000) is approximately three times higher than among Delaware females (3.9 per 100,000) (Table 59 and Figures 112-113).

Table 59: Stage 3 HIV (AIDS) Diagnosis, All and by Birth Sex, Delaware, 2013 - 2017

	All		Male		Female	
Year	#	Rate*	#	Rate*	#	Rate*
2013	92	9.9	67	14.9	25	5.2
2014	75	8.0	44	9.7	31	6.4
2015	64	6.7	48	10.4	16	3.3
2016	58	6.0	46	9.9	12	2.4
2017	51	5.3	39	8.3	12	2.4

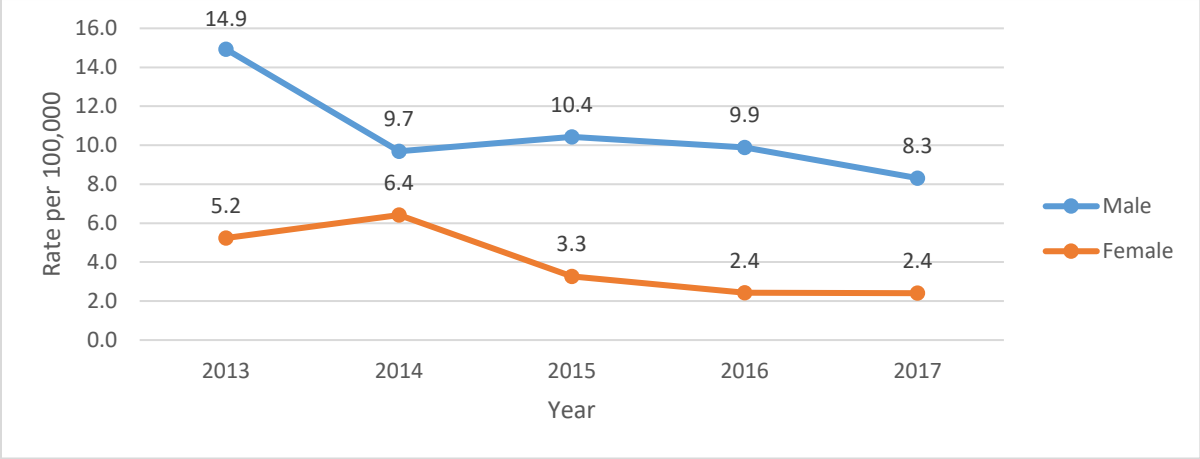
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 112: Rate of Stage 3 HIV (AIDS) Incidence, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 113: Rate of Stage 3 HIV (AIDS) Incidence by Birth Sex, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

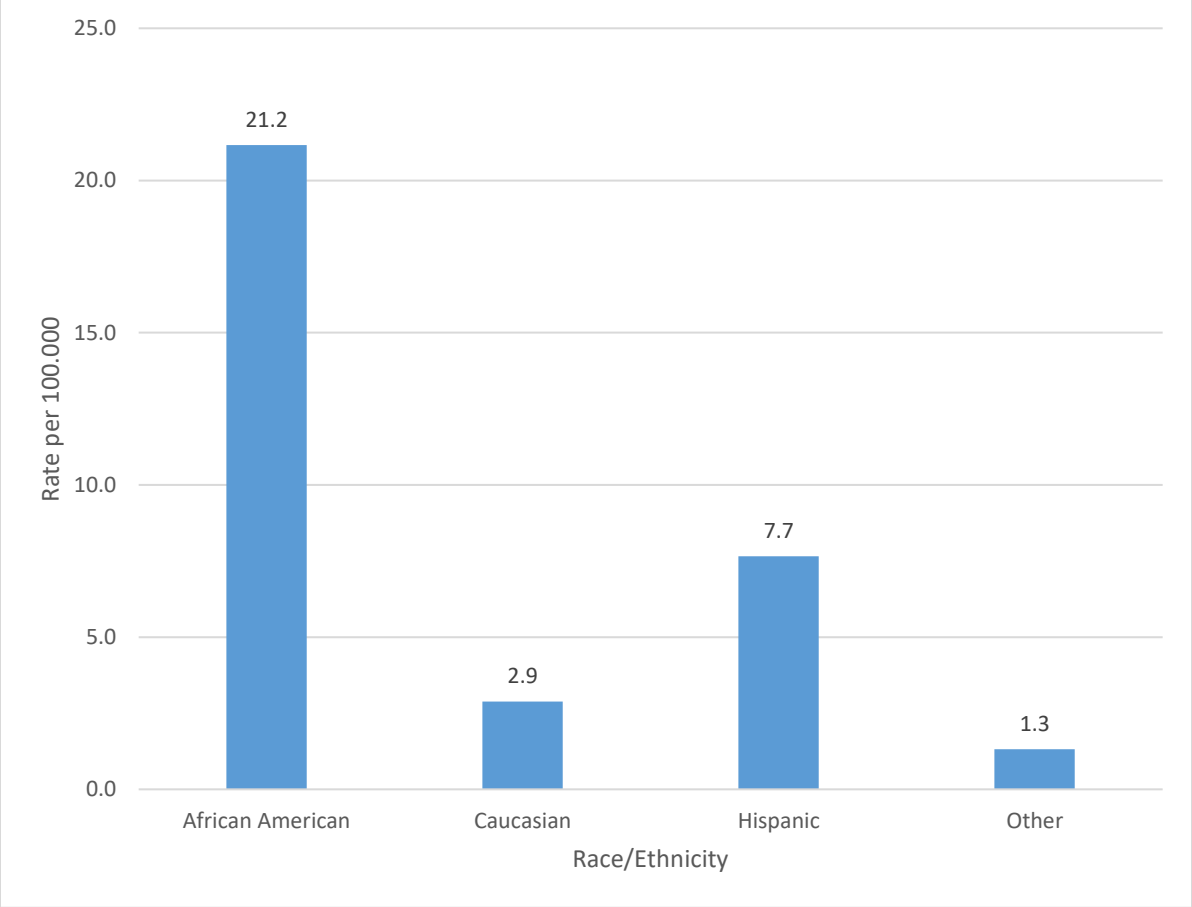
In Delaware, the five-year average HIV incidence rate among African Americans is the highest among all groups at 21.3 per 100,000 (Table 60 and Figure 114).

Table 60: Stage 3 HIV (AIDS) Diagnosis by Race/Ethnicity, Delaware, 2013-2017

	African American		Caucasian		Hispanic		Other	
Year	#	Rate*	#	Rate*	#	Rate*	#	Rate*
2013-2017	217	21.2	86	2.9	33	7.7	4	1.3

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
**per 100,000*

Figure 114: Rate of Stage 3 HIV (AIDS) Incidence by Race/Ethnicity, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

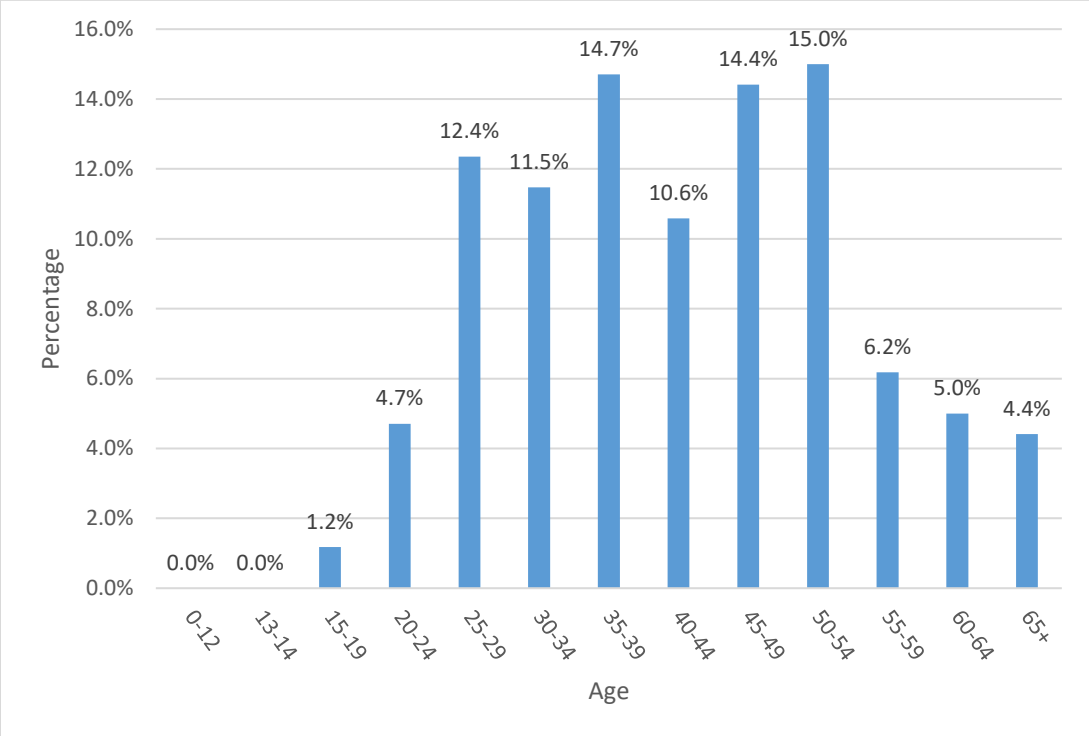
In Delaware from 2013-2017, the greatest number of diagnoses of Stage 3 HIV (AIDS) occurred in the ages of 25-54, accounting for 79% of all groups (Table 61 and Figure 115)

Table 61: Stage 3 HIV (AIDS) by Age at Diagnosis, Delaware, 2013-2017

Age Group	#	%
00-12	0	0.0%
13-14	0	0.0%
15-19	4	1.2%
20-24	16	4.7%
25-29	42	12.4%
30-34	39	11.5%
35-39	50	14.7%
40-44	36	10.6%
45-49	49	14.4%
50-54	51	15.0%
55-59	21	6.2%
60-64	17	5.0%
65+	15	4.4%
Total	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 115: Percentage of Stage 3 HIV (AIDS) by Age at Diagnosis, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

In Delaware from 2013-2017, heterosexual contact and MSM were the highest HIV exposure risks with a five-year average of 41% and 39%, respectively. All other risk categories combined had a five-year average of 20% (Table 62 and Figure 116).

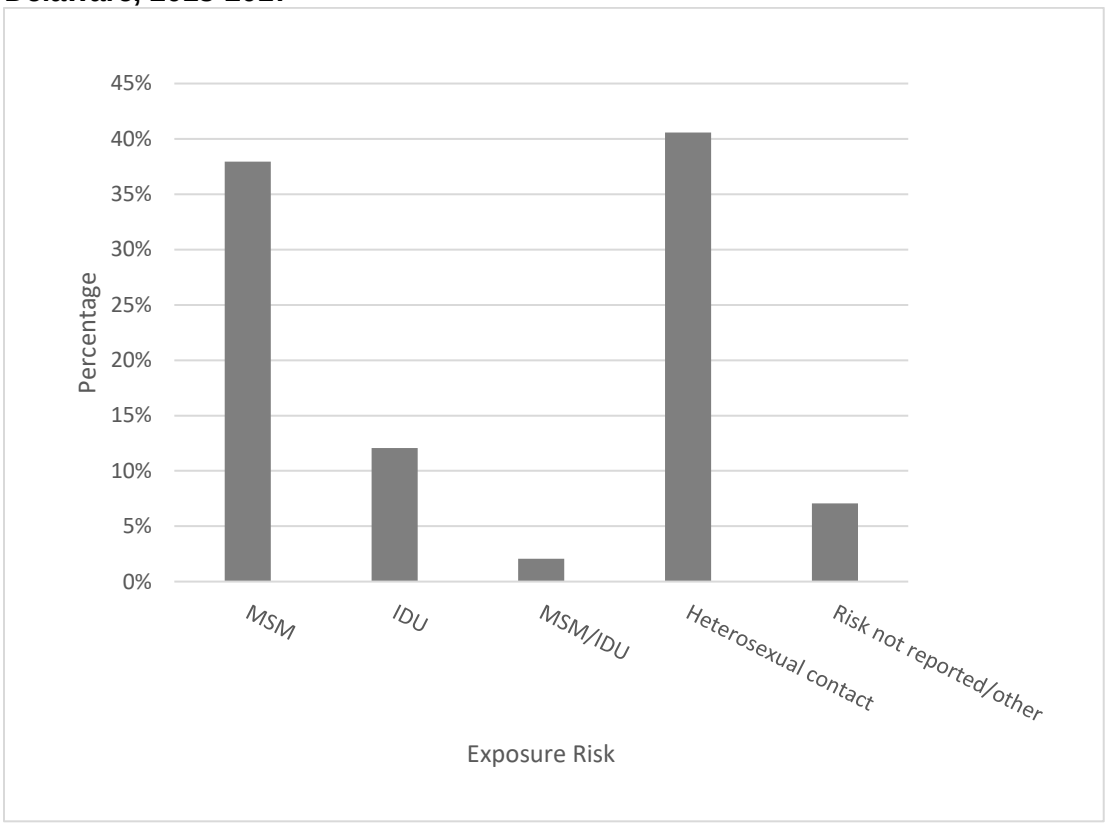
Table 62: Stage 3 HIV (AIDS) by HIV Exposure Risk, Delaware, 2013-2017

Exposure Risk	Years	
	2013-2017	
	#	%
Men Who Have Sex with Men (MSM)	32	35%
Injection Drug User (IDU)	19	21%
MSM/IDU	4	4%
Heterosexual contact	32	35%
Risk not reported/other	5	5%
Pediatric Exposure	0	0%
Total	92	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

From 2013 - 2017, 68% of Delaware's Stage 3 HIV (AIDS) cases list their residence as New Castle County, compared to 17% residing in Kent County and 15% residing in Sussex County (Table 63 and Figure 117).

Figure 116: Percentage of Stage 3 HIV (AIDS) by HIV Exposure Risk, Delaware, 2013-2017



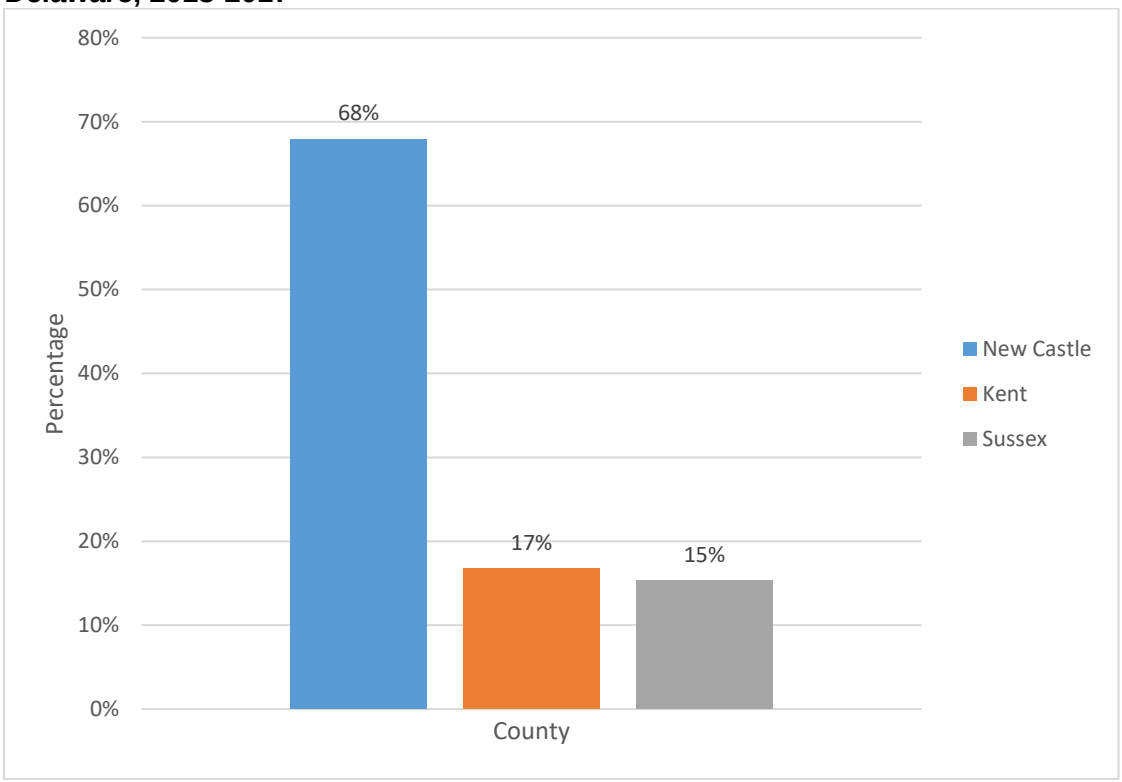
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Table 63: Stage 3 HIV (AIDS) by County of Residence at Diagnosis, Delaware, 2013-2017

County at Stage 3 HIV (AIDS) Diagnosis	#	%
New Castle	231	68%
Kent	57	17%
Sussex	52	15%
Total	340	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 117: Percentage of Stage 3 HIV (AIDS) by County of Residence at Diagnosis, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Late Stage HIV Diagnosis, 2013-2017

Late-Stage HIV Diagnosis, 2013–2017

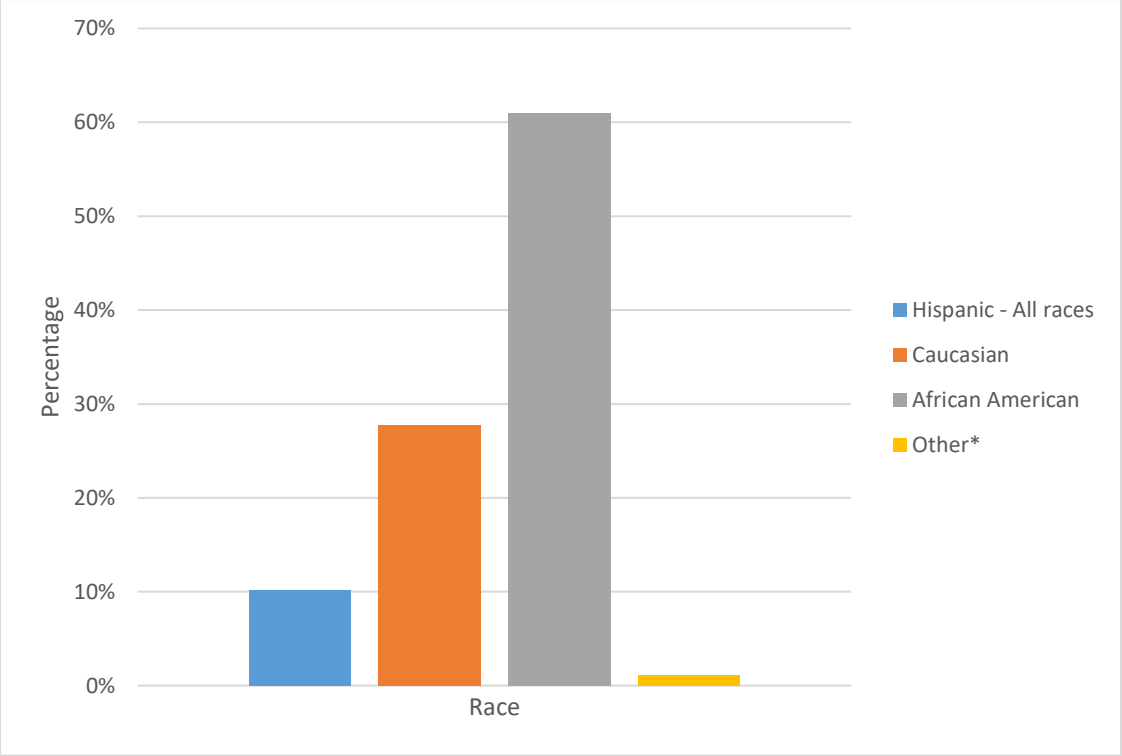
Late-stage HIV diagnosis occurs when a person is diagnosed with stage 3 HIV (AIDS) within 90 days of initial HIV diagnosis. This is a measure of the effectiveness of the message to test for HIV and to repeat testing regularly for those with ongoing risk of infection. Tables 64-65 and Figures 118-119 show the percentage of late-stage diagnosis by race and birth sex.

Table 64: Late-Stage HIV Diagnosis by Race/Ethnicity, Delaware, 2013-2017

	#	%
African American	108	61%
Caucasian	49	28%
Hispanic	18	10%
Other*	2	1%
Total	177	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 118: Percentage of Late-Stage HIV Diagnosis by Race/Ethnicity, Delaware, 2013-2017



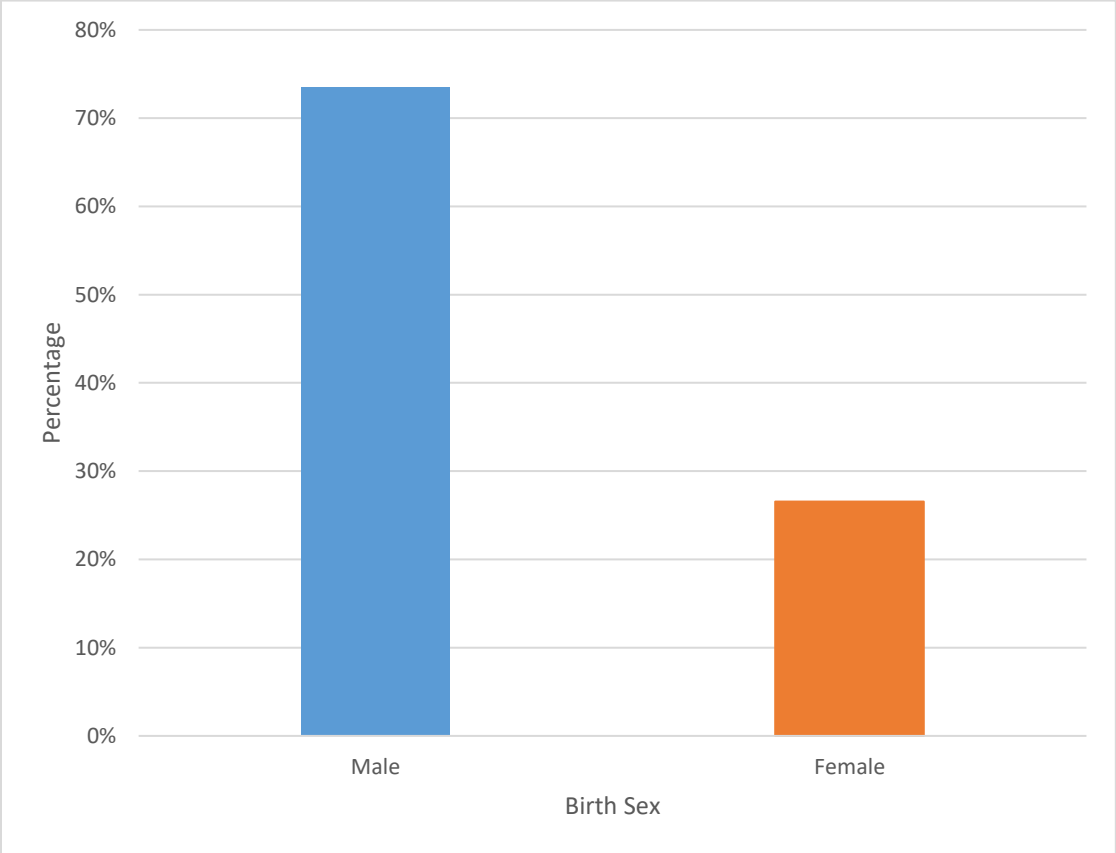
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Table 65: Late-Stage HIV Diagnosis by Birth Sex, Delaware, 2013-2017

	#	%
Male	130	73%
Female	47	27%
Total	177	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 119: Percentage of Late-Stage HIV Diagnosis by Birth Sex, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

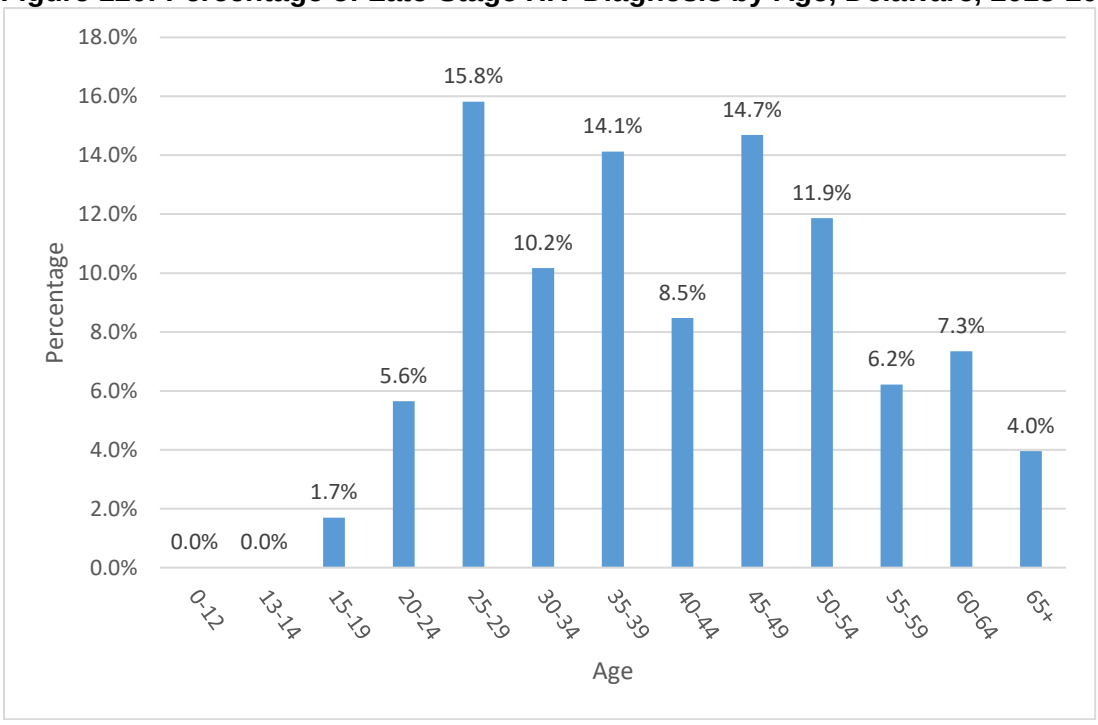
Most late-stage HIV diagnoses in Delaware from 2013-2017 were seen at ages 25-29. The pattern is identical to that seen in initial HIV diagnosis and may suggest HIV exposures are occurring at an earlier age (Table 66 and Figure 120).

Table 66: Late-Stage HIV Diagnosis by Age, Delaware, 2013-2017

Age Group	#	%
00-12	0	0.0%
13-14	0	0.0%
15-19	3	1.7%
20-24	10	5.6%
25-29	28	15.8%
30-34	18	10.2%
35-39	25	14.1%
40-44	15	8.5%
45-49	26	14.7%
50-54	21	11.9%
55-59	11	6.2%
60-64	13	7.3%
65+	7	4.0%
Total	177	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 120: Percentage of Late-Stage HIV Diagnosis by Age, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

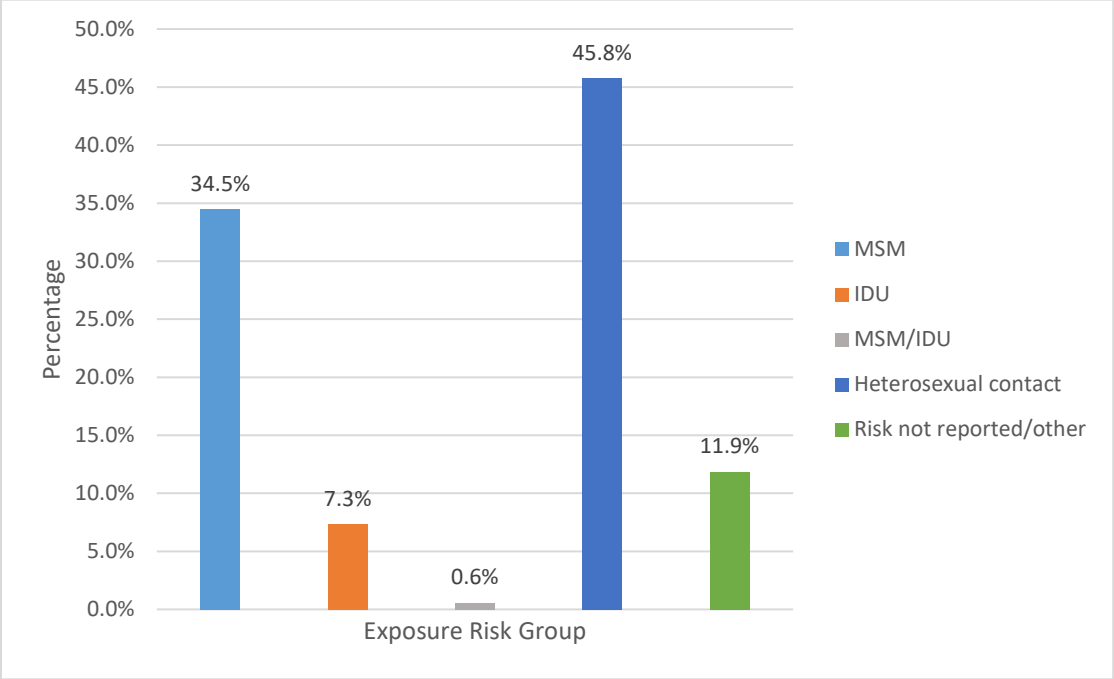
In Delaware, heterosexual and MSM exposure risks account for 46% and 34% respectively, of all late-stage HIV diagnoses. (Table 67 and Figure 121)

Table 67: Late-Stage HIV Diagnosis by Exposure, Delaware, 2013-2017

	#	%
Men Who Have Sex with Men (MSM)	61	34%
Injection Drug User (IDU)	13	7%
MSM/IDU	1	1%
Heterosexual contact	81	46%
Risk not reported/other	21	12%
Total	177	100%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 121: Percentage of Late-Stage HIV Diagnosis by Exposure Risk Category, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

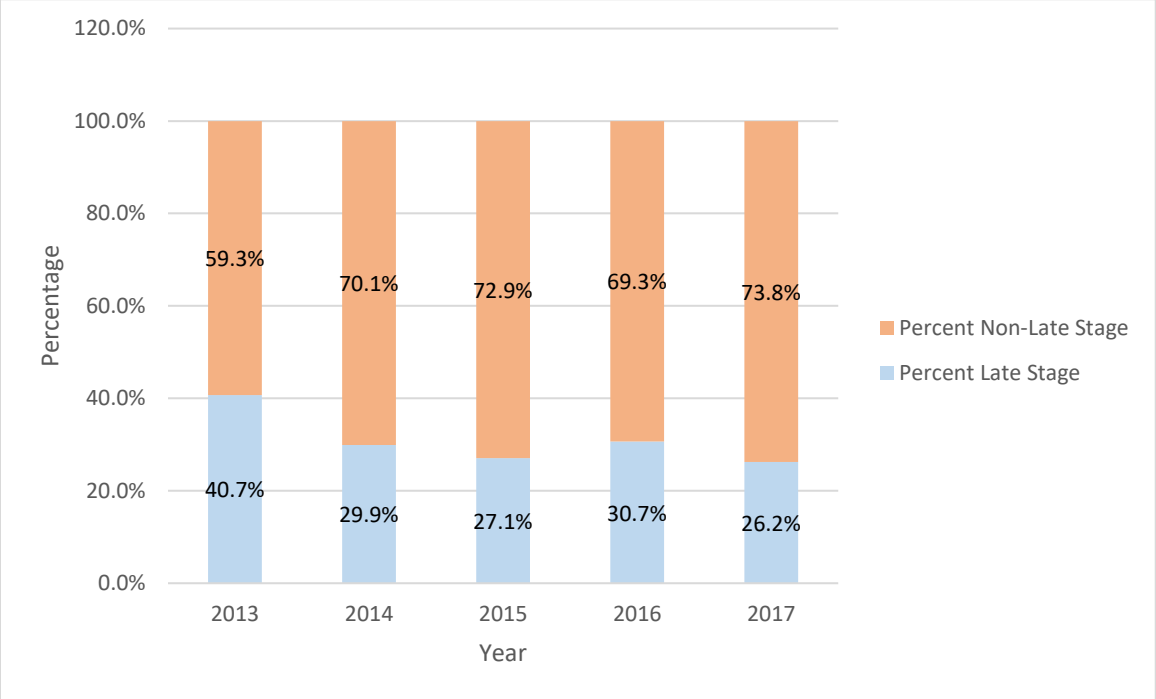
Delaware's five-year average (2013-2017) of late stage HIV diagnosis is 31% (Table 68 and Figure 122).

Table 68: Annual Late-Stage HIV Diagnosis, Delaware, 2013-2017

Year	#	%
2013	46	40.7%
2014	35	29.9%
2015	29	27.1%
2016	35	30.7%
2017	32	26.2%
Total	177	30.9%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 122: Percentage of Annual Late-Stage HIV Diagnosis, Delaware, 2013-2017



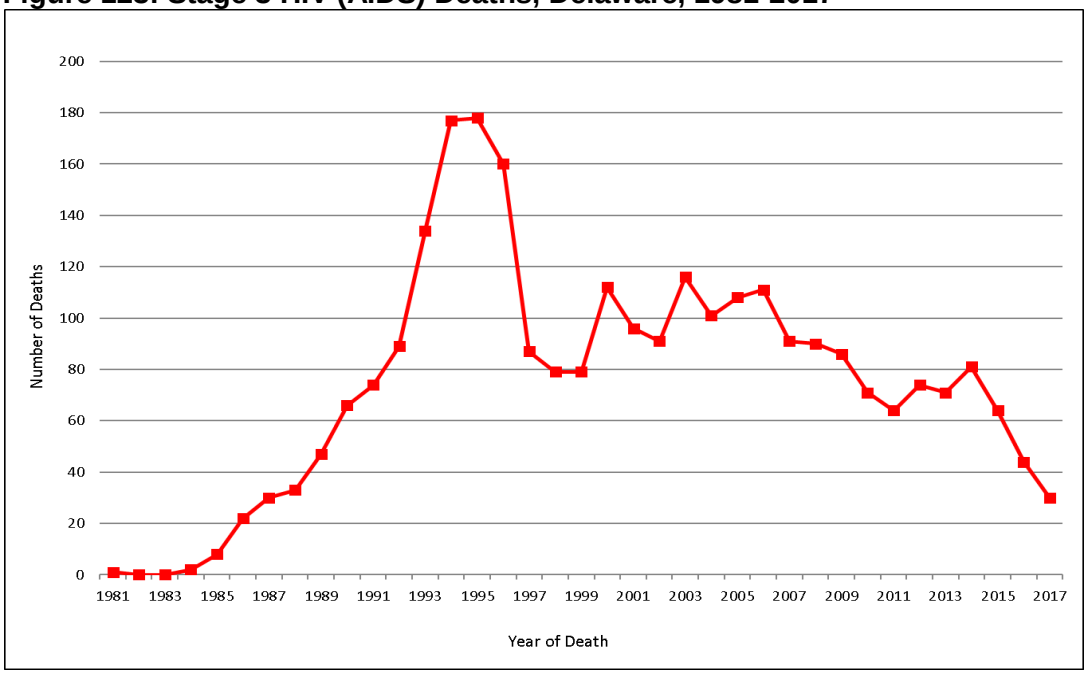
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Mortality among Persons with Stage 3 HIV (AIDS), 1981-2017

Mortality

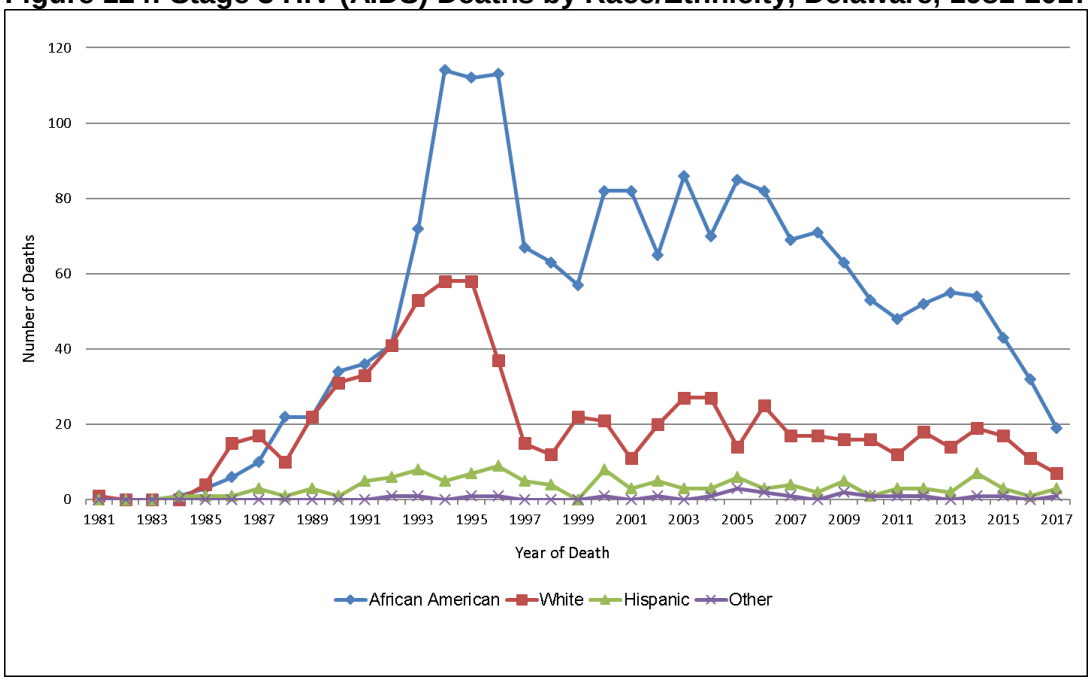
A total of 2,767 Delawareans with stage 3 HIV (AIDS) died from 1981-2017. Improved Antiretroviral Therapy (ART) treatments have reduced deaths among those with advanced stage HIV. This trend is observed among all racial groups and by birth sex (N=178) (Figures 123-125).

Figure 123: Stage 3 HIV (AIDS) Deaths, Delaware, 1981-2017



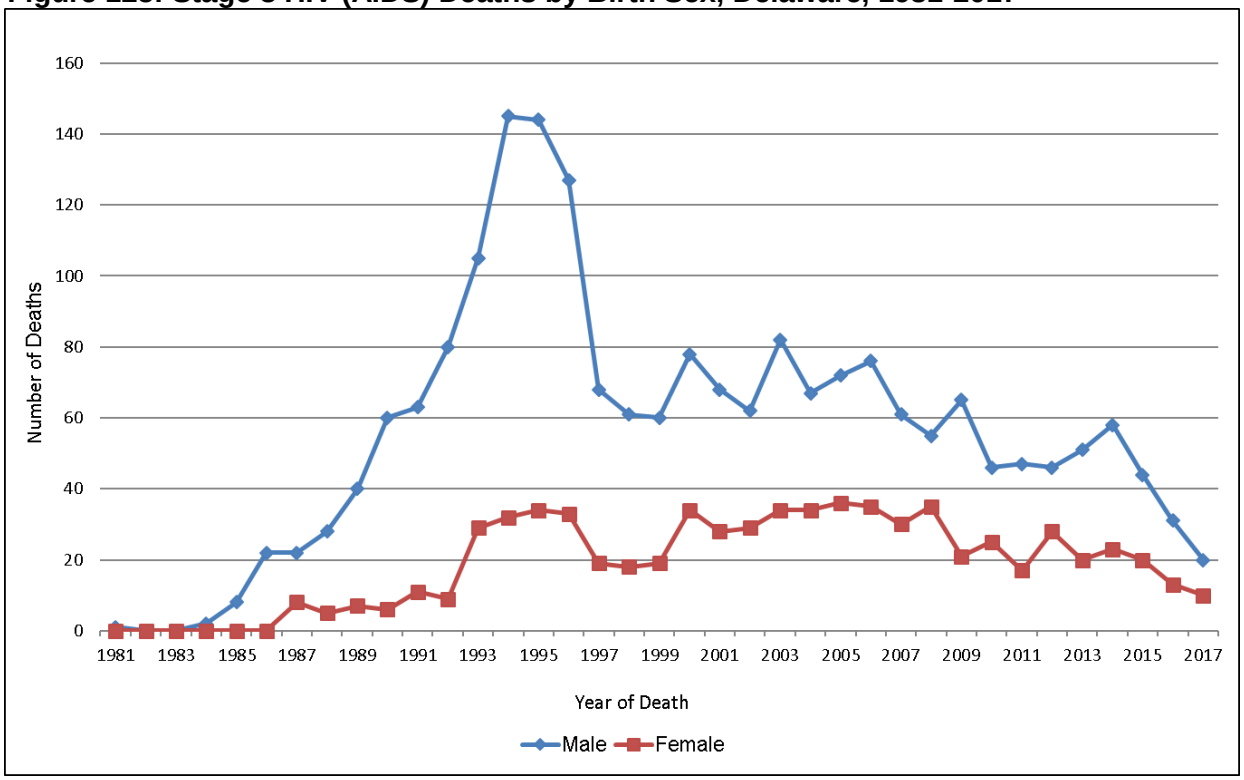
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 124: Stage 3 HIV (AIDS) Deaths by Race/Ethnicity, Delaware, 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 125: Stage 3 HIV (AIDS) Deaths by Birth Sex, Delaware, 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Note: Delaware is in the seventh year of National Death Index (NDI) matching and data importation which allow for better expression of primary and secondary causes of death. NDI data was complete through 2015 (NDI data is always two years behind the matching date). This means that some deaths occurring in 2016 and 2017 will appear with an undetermined underlying cause of death which may be updated with future NDI imports. The importation of NDI matched records into eHARS is the only method for assigning underlying cause of death.

As of 2017, HIV was the underlying cause of death in 64% of all Delawareans who died with stage 3 HIV (AIDS). Thirty percent died of other causes. The underlying cause was not determined in 6% of the cases.

Pediatric HIV in Delaware, 1981-2017

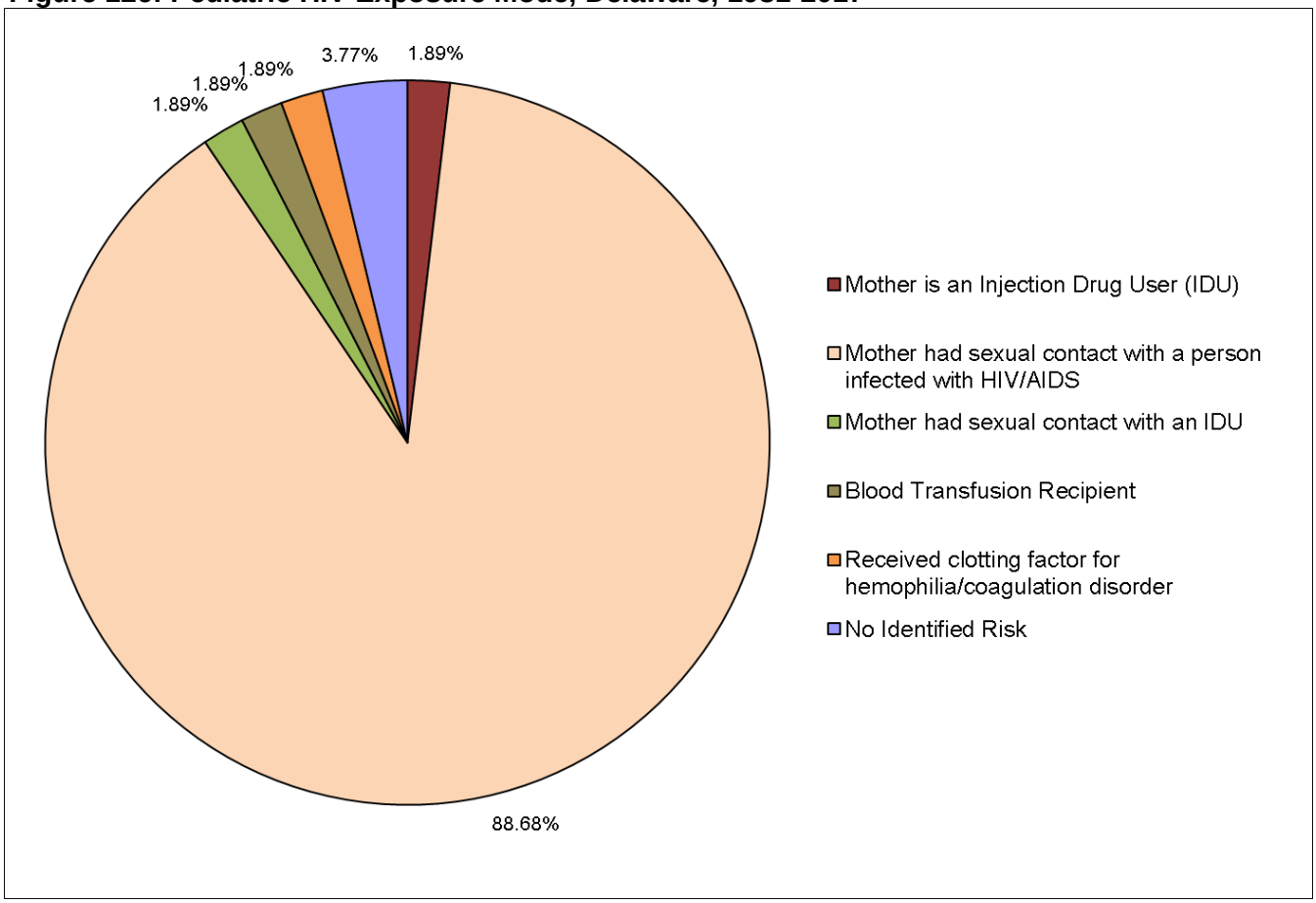
Pediatric HIV in Delaware

From 1981-2017, 53 cases of pediatric HIV/stage 3 HIV (AIDS) (defined as disease in children under 13 years of age) were diagnosed in Delaware. Perinatal exposure accounts for nearly 93% of these cases. Two percent of the mothers were IDUs; 89% had sexual contact with a person infected with HIV/stage 3 HIV (AIDS); and 2% had sexual contact with an IDU. In the remaining 7% of the cases, 4% percent of pediatric cases contracted the disease through transfusions of blood or blood products and 3% percent had no identifiable risk (Figure 126). Of all 53 cases, 15 died with AIDS as the underlying cause. An additional eight died of unrelated or unknown causes.

Of the 53 diagnosed pediatric HIV/stage 3 HIV (AIDS) cases, African Americans accounted for 77% of the diagnosed cases while Caucasians accounted for 15% and Hispanics accounted 8%.

Of the 53 diagnosed pediatric HIV/stage 3 HIV (AIDS) cases, 75% were from New Castle County, 15% were from Kent County, and 10% were from Sussex County.

Figure 126: Pediatric HIV Exposure Mode, Delaware, 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Section 3: Delaware HIV Care Continuum, 2017

Delaware HIV Care Continuum (as of August 31, 2017)

The goal of HIV treatment is to achieve viral suppression, which means the level of HIV in the body is extremely low or undetectable. This is important for people living with HIV (PLWH) to stay healthy, have improved quality of life, and live longer. Undetectable levels of HIV mean there is an extremely low risk of transmitting HIV to others. The HIV care continuum consist of several steps towards viral suppression: (1) HIV diagnosis, (2) linkage to care, (3) receipt of care (ART), and (4) viral suppression (*CDC 2018*).

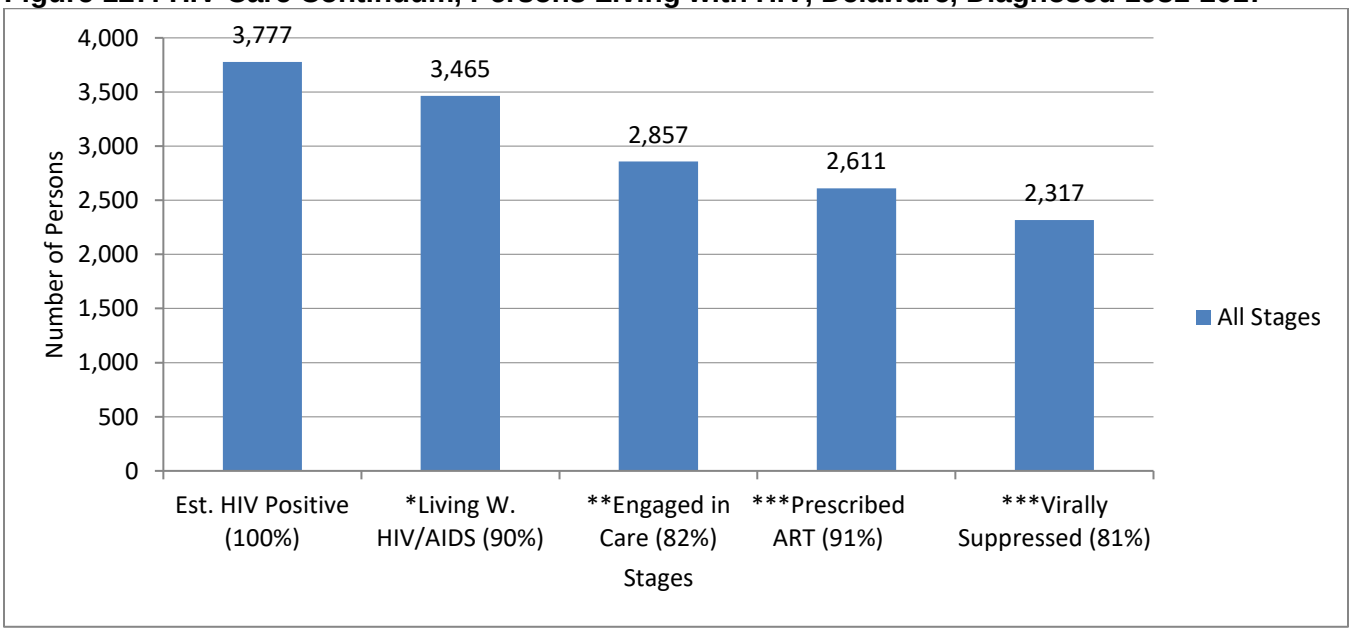
Information on the Delaware HIV Care Continuum is compiled from several data sources including: care data from HIV clinics, Enhanced HIV/AIDS Reporting System (eHARS) data, Ryan White data, and Medical Monitoring Project (MMP) data. From these sources, it was determined that 2,857 (82%) persons were engaged in HIV care out of 3,465 persons living with HIV in Delaware.

A CDC suite of back calculation programs estimated that an additional 312 persons in Delaware were living with HIV but were not aware of their status. This brought the total estimated number of persons with HIV living in Delaware to 3,777 (Figure 127).

MMP medical record abstraction (MRA) data estimated that 91% (N=2,611) of those persons in care had been prescribed antiretroviral medications (ARVs).

Eighty-one percent (N=2,317) of those receiving HIV care were virally suppressed with viral load counts <200 within the assessment period).

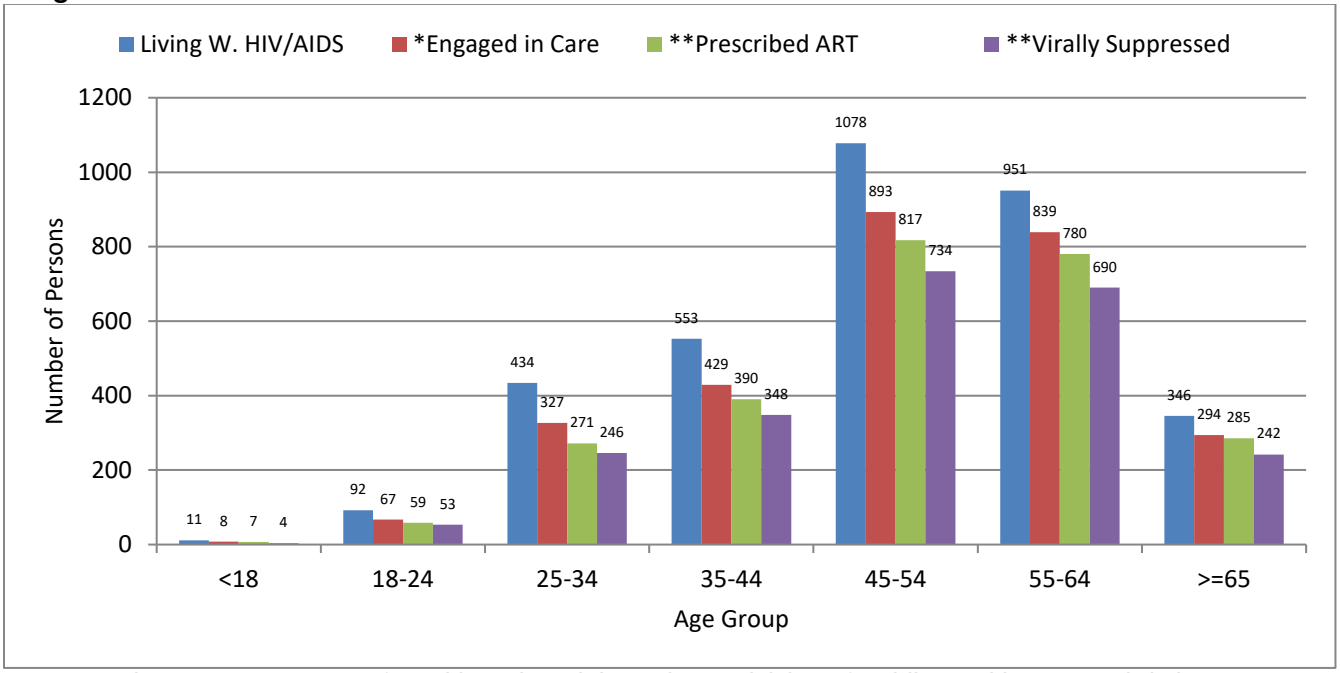
Figure 127: HIV Care Continuum, Persons Living with HIV, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018, Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.
*Percentage calculated from Est. HIV Positive
**Percentage calculated from Living W. HIV/AIDS
***Percentage calculated from Engaged in Care.

The status of persons along the care continuum by age are covered in Figure 128 and Table 69.

Figure 128: HIV Care Continuum, Persons Living with HIV by Age Group, Delaware, Diagnosed 1981-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018, Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.
*Percentage calculated from Living with HIV
**Percentage calculated from Engaged in Care (see Table 69).

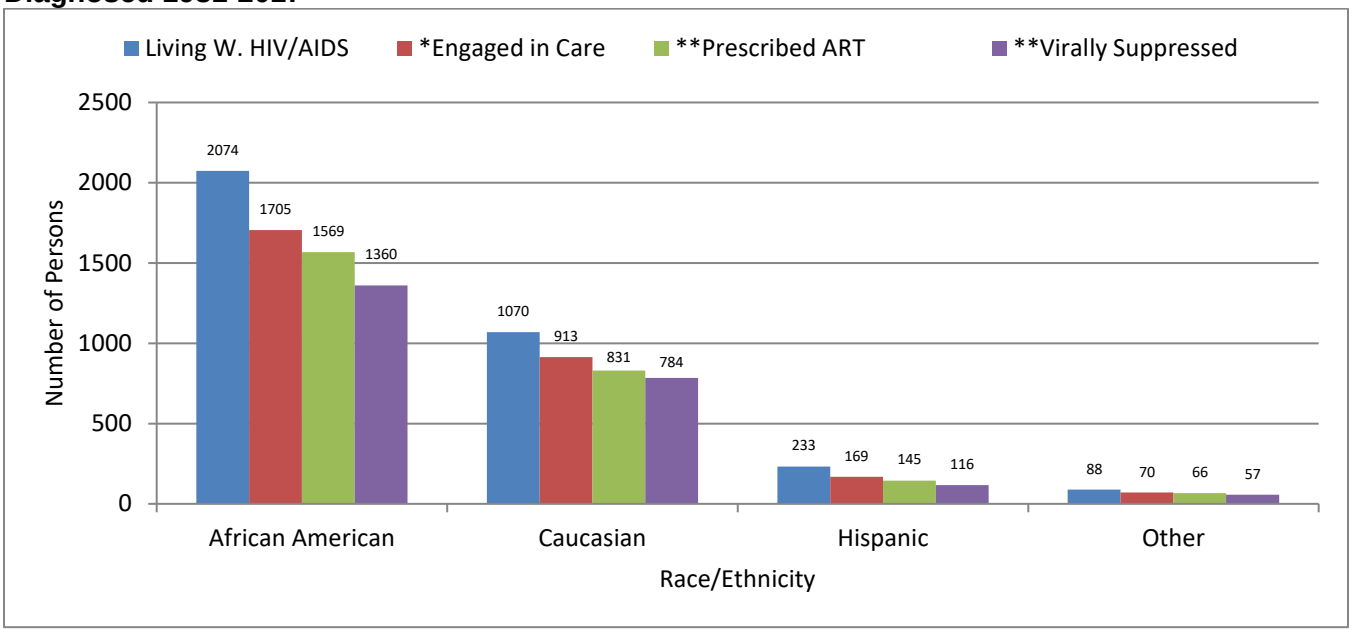
Table 69: HIV Care Continuum, Persons Living with HIV by Age Group, Delaware, Diagnosed 1981-2017

Current Age	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%**
<18	11	100%	8	73%	7	91%	4	50%
18-24	92	100%	67	73%	59	88%	53	79%
25-34	434	100%	327	75%	271	83%	246	75%
35-44	553	100%	429	78%	390	91%	348	81%
45-54	1,078	100%	893	83%	817	92%	734	82%
55-64	951	100%	839	88%	780	93%	690	82%
65+	346	100%	294	85%	285	97%	242	82%
Total	3,465	100%	2,857	82%	2,611	91%	2317	81%

Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.
*Percentage calculated from Living with HIV
**Percentage calculated from Engaged in Care.

The status of persons along the care continuum by race/ethnicity are displayed in Figure 129 and Table 70.

Figure 129: HIV Care Continuum, Persons Living with HIV by Race/Ethnicity, Delaware, Diagnosed 1981-2017



Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.

*Percentage calculated from Living with HIV

**Percentage calculated from Engaged in Care.

Table 70: HIV Care Continuum, Persons Living with HIV by Race/Ethnicity, Delaware, Diagnosed 1981-2017

Race and Ethnicity	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%**
African American	2,074	100%	1,705	82%	1,569	92%	1,360	80%
Caucasian	1,070	100%	913	85%	831	91%	784	86%
Hispanic	233	100%	169	73%	145	86%	116	69%
Other	88	100%	70	80%	66	94%	57	81%
Total	3,465	100%	2,857	82%	2,611	91%	2,317	81%

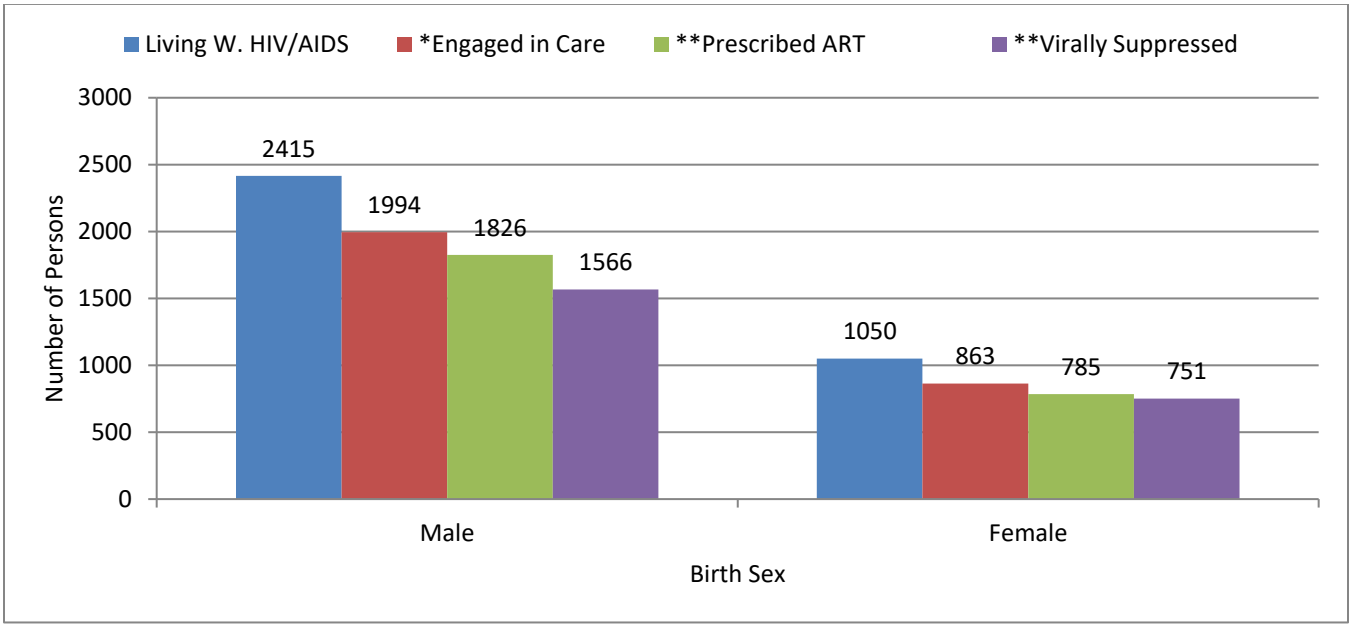
Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.

*Percentage calculated from Living with HIV

**Percentage calculated from Engaged in Care.

Figure 130 and Table 71 include the status of persons along the care continuum by birth sex.

Figure 130: HIV Care Continuum, Persons Living with HIV by Birth Sex, Delaware, Diagnosed 1981-2017



Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.

*Percentage calculated from Living with HIV

**Percentage calculated from Engaged in Care.

Table 71: HIV Care Continuum, Persons Living with HIV by Birth Sex, Delaware, Diagnosed 1981-2017

Birth Sex	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%**
Male	2415	100%	1994	83%	1826	92%	1566	79%
Female	1050	100%	863	82%	785	91%	751	87%
Total	3465	100%	2857	82%	2611	91%	2317	81%

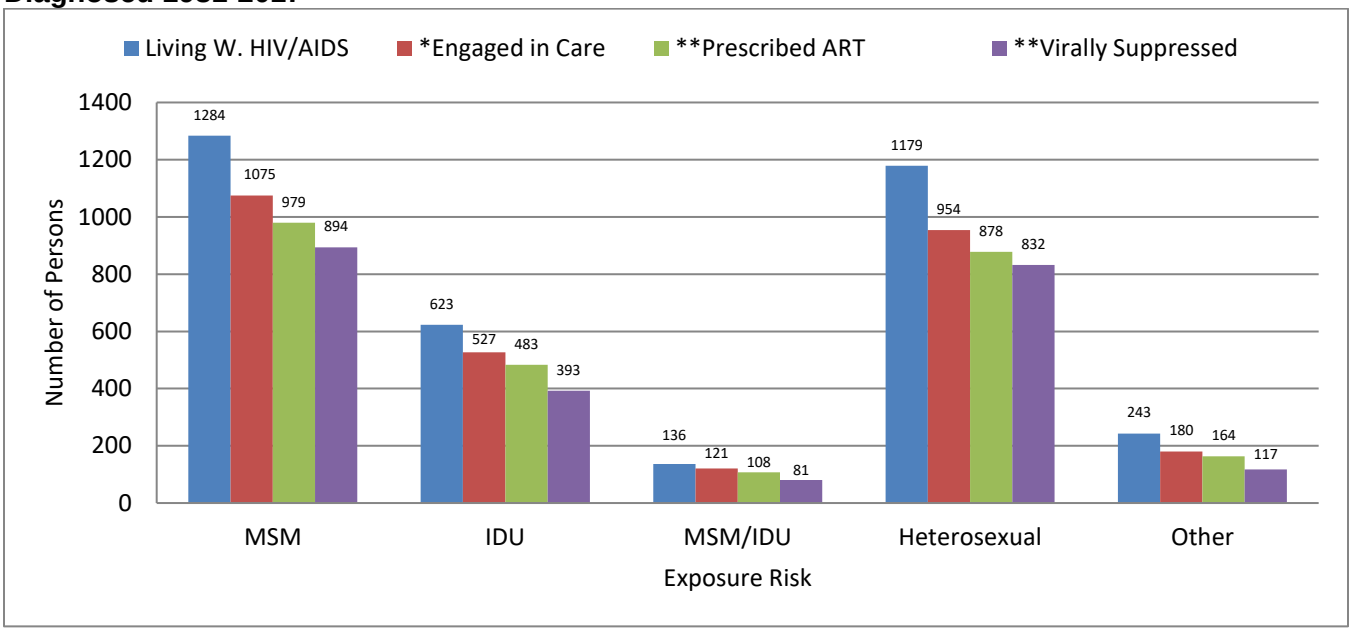
Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.

*Percentage calculated from Living with HIV

**Percentage calculated from Engaged in Care

Figure 131 and Table 72 cover the status of persons along the care continuum by risk exposure.

Figure 131: HIV Care Continuum, Persons Living with HIV by Exposure Risk, Delaware, Diagnosed 1981-2017



Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.
*Percentage calculated from Living with HIV
**Percentage calculated from Engaged in Care.

Table 72: HIV Care Continuum, Persons Living with HIV by Exposure Risk, Delaware, Diagnosed 1981-2017

Risk Group	Living With HIV		Engaged in Care		Prescribed ART		Virally Suppressed	
	#	%	#	%*	#	%**	#	%**
Men Who Have Sex with Men (MSM)	1284	100%	1075	84%	979	91%	894	83%
Injection Drug User (IDU)	623	100%	527	85%	483	92%	393	75%
MSM/IDU	136	100%	121	89%	108	89%	81	67%
Heterosexual	1179	100%	954	81%	878	92%	832	87%
Other	243	100%	180	74%	164	91%	117	65%
Total	3465	100%	2857	82%	2611	91%	2317	81%

Source: Delaware Enhanced HIV/AIDS Reporting System (eHARS), Christiana Care Health Systems (Centricity), CDC, Delaware Health Department Infectious Disease Clinic Survey, and MMP 2015-2016 interview and MRA data.
*Percentage calculated from Living with HIV
**Percentage calculated from Engaged in Care.

Section 4: Delaware HIV Counseling and Testing Services

Delaware HIV Counseling and Testing Services

In 2016 and 2017, 19,408 Delawareans were counseled and tested for HIV at 92 state-funded counseling and testing sites. Of those, 69 (0.36%) tested HIV positive. Females accounted for 45% of all tests and 15.9% of positive tests. The counseling process consist of HIV risk education, HIV prevention strategies such condom use and other safe sex practices. Counseling also covers the benefits of pre-exposure prophylaxis (PrEP), and the importance of not sharing needles if clients are IDU's.

Fifty-one percent of those tested were African American; Caucasians accounted for 33%. The proportions of HIV positive cases were 67% among African Americans and 15% among Caucasians. The remaining percentage is among smaller groups as shown in table 73.

Those 20-29 years of age were tested the most at 38% and were 46% of all new positive tests. Heterosexual contact comprised the largest exposure risk category seeking testing, though less than 1% tested positive. Of all new HIV diagnoses diagnosed through DPH-funded testing in 2016 and 2017, MSM contact accounted for 54% and heterosexual contact accounted for 29%.

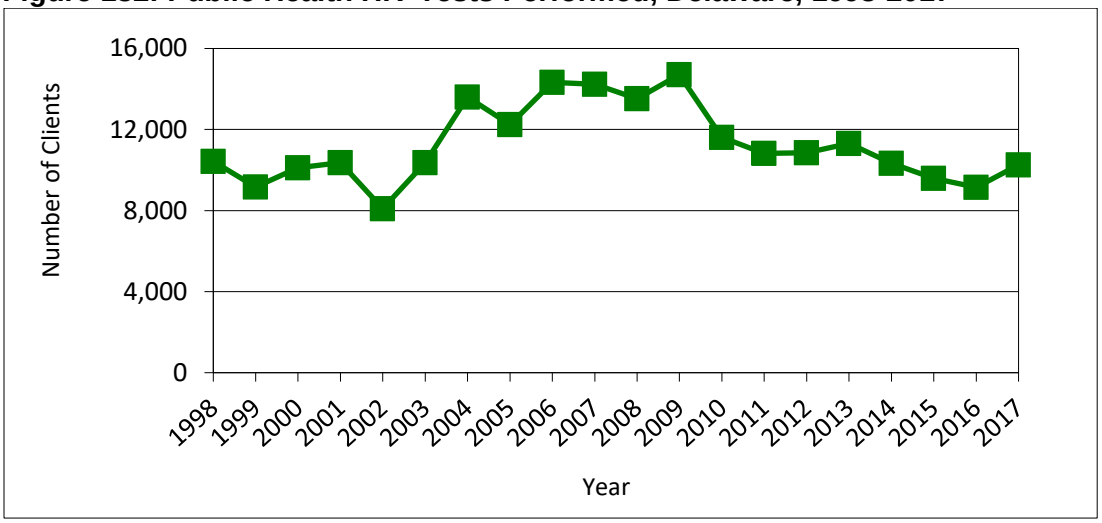
Table 73: Public Health HIV Testing Services in Delaware, 2016-2017

	HIV Tests Performed		Positive HIV Tests	
	#	%	#	%
Total	**19,408**	**100.0%**	**69**	100.0%
Gender				
Male	10,573	54.5%	57	82.6%
Female	8,790	45.3%	11	15.9%
Transgender	3	0.0%	1	1.4%
Other	42	0.2%	0	0.0%
Race/Ethnicity				
Caucasian (not Hispanic)	6,394	32.9%	10	14.5%
African-American (not Hispanic)	9,795	50.5%	46	66.7%
Hispanic	2,702	13.9%	9	13.0%
Asian	237	1.2%	2	2.9%
Native Hawaiian/Pacific Islander (not Hispanic)	36	0.2%	0	0.0%
Am Indian/AK Native (not Hispanic)	49	0.3%	0	0.0%
Other	195	1.0%	2	2.9%
Age Groups (Years)				
<13	3	0.0%	0	0.0%
13 – 19	1,789	9.2%	5	7.2%
20 – 29	7,309	37.7%	32	46.4%
30 – 39	4,805	24.8%	14	20.3%
40 – 49	2,672	13.8%	10	14.5%
50+	2,830	14.6%	8	11.6%
Transmission Risk Category				
Heterosexual Transmission	13,244	68.2%	20	29.0%
Men Who Have Sex with Men (MSM)	2,362	12.2%	37	53.6%
Intravenous Drug Use (IDU)	1,366	7.0%	3	4.3%
MSM/IDU	29	0.1%	2	2.9%
Other	2,407	12.4%	7	10.1%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 132 displays the trend of HIV testing in Public Health funded sites throughout Delaware.

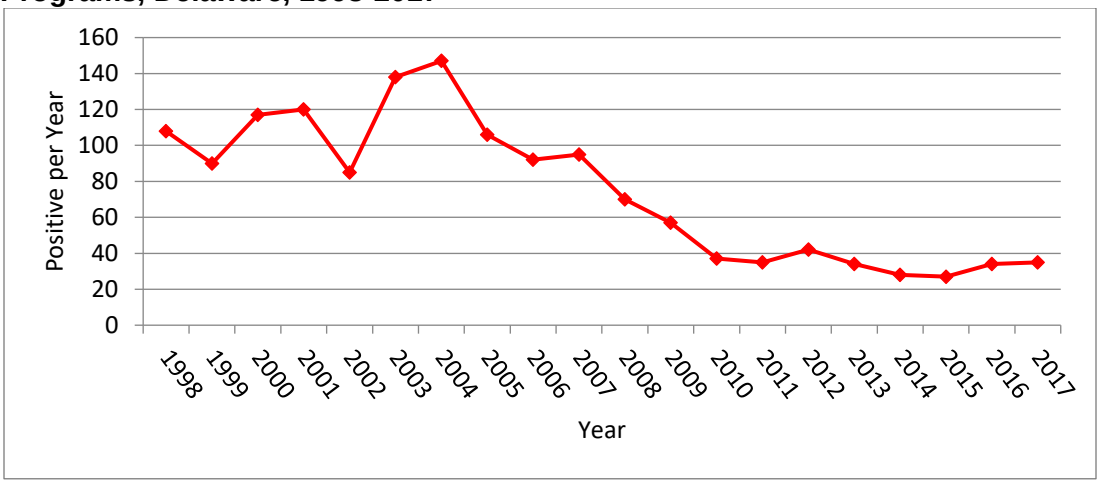
Figure 132: Public Health HIV Tests Performed, Delaware, 1998-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 133 shows the number of positive HIV tests among Delawareans since 1998. The number of positive tests peaked in 2004 and has trended downward since.

Figure 133: Number of Positives Discovered through Public Health HIV Testing Programs, Delaware, 1998-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Section 5: Utilization Patterns of HIV Services among Delawareans

Utilization Patterns of HIV Services among Delawareans

DPH relies on data compiled by the Ryan White Program HIV/AIDs Program to determine utilization patterns of HIV Services across the state.

The Ryan White Program provides comprehensive HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved. The Program funds grants to the state and local community-based organizations to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

Table 74 compares the demographic characteristics of HIV clients receiving services through the Ryan White program to that of persons living with HIV in Delaware in general.

Table 74: Persons Living with HIV in Delaware Receiving Services through the Ryan White Program Compared to Non-Ryan White, Delaware, 2017

Demographics	Ryan White		Non-Ryan White	
	2017		2017	
	#	%	#	%
Total	**1,913**	**100%**	**1,575**	**100%**
Ethnicity				
Hispanic or Latino Origin	136	7%	110	7%
Non-Hispanic	1,777	93%	1,465	93%
Race – (Non-Hispanic)				
Caucasian (Non-Hispanic)	519	29%	570	39%
African American (Non-Hispanic)	1,242	70%	822	56%
Other*	16	1%	73	5%
Birth Sex				
Male	1,267	66%	1,177	75%
Female	646	34%	398	25%
Current Age (Years)				
Less than 13 years	1	0%	3	0%
13 - 19	2	0%	13	1%
20 - 29	110	6%	152	10%
30 - 39	258	13%	245	16%
40 - 49	345	18%	341	22%
50+	1,197	63%	821	52%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
*Other includes Asian, American Indian, and Multi-racial

During 2017, 1,301 clients received AIDS Drug Assistance Program (ADAP) services through the Ryan White program. Table 75 compares the demographic characteristics of HIV clients receiving ADAP services to that of others living with HIV in Delaware.

Table 75: Persons living with HIV in Delaware Receiving AIDS Drug Assistance Program (ADAP) Services Compared to Non-ADAP, 2017

Demographics	ADAP		Non-ADAP	
	2017		As of 2017	
	#	%	#	%
Total	**1,301**	**100%**	**2,187**	**100%**
Ethnicity				
Hispanic or Latino Origin	99	8%	147	7%
Non-Hispanic	1,202	92%	2,040	93%
Race – (Non-Hispanic)				
Caucasian (Non-Hispanic)	359	30%	730	36%
African American (Non-Hispanic)	831	69%	1,233	60%
Other*	12	1%	77	4%
Birth Sex				
Male	845	65%	1,599	73%
Female	456	35%	588	27%
Current Age (Years)				
0 - 29	85	6%	196	9%
30 - 39	181	14%	322	15%
40 - 49	240	19%	446	20%
50+	796	61%	1,222	56%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
*Other includes Asian, American Indian, Pacific Islander or Native Hawaiian, Alaskan Native and Multi-racial

Ryan White funding is awarded to the following provider types in Delaware:

1. **Hospital-Based Clinics**
    a. Infectious Disease Wellness Clinics (IDWC) jointly sponsored by Christiana Care Health System (CCHS) and DPH
        i. Wilmington Hospital Gateway - Wilmington
        ii. Porter State Service Center - Wilmington
        iii. Kent County Wellness Clinic - Smyrna
        iv. Sussex County Wellness Clinic - Georgetown
        v. HIV Program at Lancaster - Wilmington
2. **Community-Based Organizations (CBOs)**
    a. AIDS Delaware
    b. Beautiful Gate Outreach Center
    c. Case Management Services
    d. Delaware HIV Consortium
    e. Kent Sussex Community Services, Inc.
    f. Ministry of Caring
    g. Generations Home Care

3. Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH)

Table 76: Ryan White Program Services Provided, Delaware, 2017

Service Provided	Number of Clients Served
Health education and case management services	1,003
Dental services	775
Direct state services including eye exams and eye glasses	359
Emergency financial assistance	118
Transportation services	105
Housing assistance services	173
Health insurance services	176
Mental health and nutritional counseling	13

CCHS is the only Ryan White Program funded community health medical provider in the state. In a recent HIV patient satisfaction survey, 76% of respondents indicated that the Community Program was their sole medical care provider. The Program offers HIV medical treatment and treatment for related conditions, in addition to primary health care (cancer screenings, immunizations, nutritional screening and counseling, exercise, stress reduction, and health maintenance). The Program has established a multidisciplinary medical model of care, with physicians (Infectious Disease, Internal Medicine, Family Medicine, OB/GYN, and Psychiatry), nurse practitioners, Licensed Clinical Social Workers (LCSWs), primary care nurses, social workers, pharmacists, and peer educators.

The program maintains a clinic site in each county at the Wilmington Hospital in New Castle County, the Smyrna Wellness Center in Kent County, and the Georgetown Wellness Clinic in Sussex County.

In 2107, 1,717 HIV patients made 11,843 visits to the clinics. Sixty-percent of patients have annual incomes below the federal poverty level. People of color comprised 71% of the patient population. Heterosexual transmission was the primary risk behavior reported by 54% of patients (exceeding national statistics). Thirty-four percent of patients were female. The predominant insurance was Delaware Medicaid (41% of all patients). Twenty-seven percent had Medicare and 25% had private insurance, although many patients experience lapses in coverage due to changes in eligibility criteria, changes requirements, or incarceration.

Sixty-four percent of the Community Program patients are stage 3 HIV (AIDS). This is a reflection of continued late entry into HIV care. The proportion of patients presenting with, or developing, significant medical comorbidities or mental health issues while in care continues to increase. This is evidenced by a significant increase in the number of visits associated with nested subspecialty clinics (Medication Adherence, Mental Health, Office Based Opioid Treatment, Primary Care, and OB/GYN). The clinical outcomes associated with the Community Program exceed national benchmarks, including retention in care (85%), percentage of patients on ARV therapy (98%), and viral suppression, which is currently at 85%.

Other HIV-related services include Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). Seventy-four clients in New Castle County and 25 in Kent and Sussex counties were on PrEP.

From 2016 through 2017, the Community Program established a multi-disciplinary team to evaluate and treat HIV clients co-infected with Hepatitis C (HCV). One hundred seventy-five patients with HIV received treatment for HCV from 2017 through 2018. In addition, 225 patients infected with HCV, but not HIV, also received treatment in this same time period.

Section 6: Sexually Transmitted Diseases and Hepatitis C among Delawareans

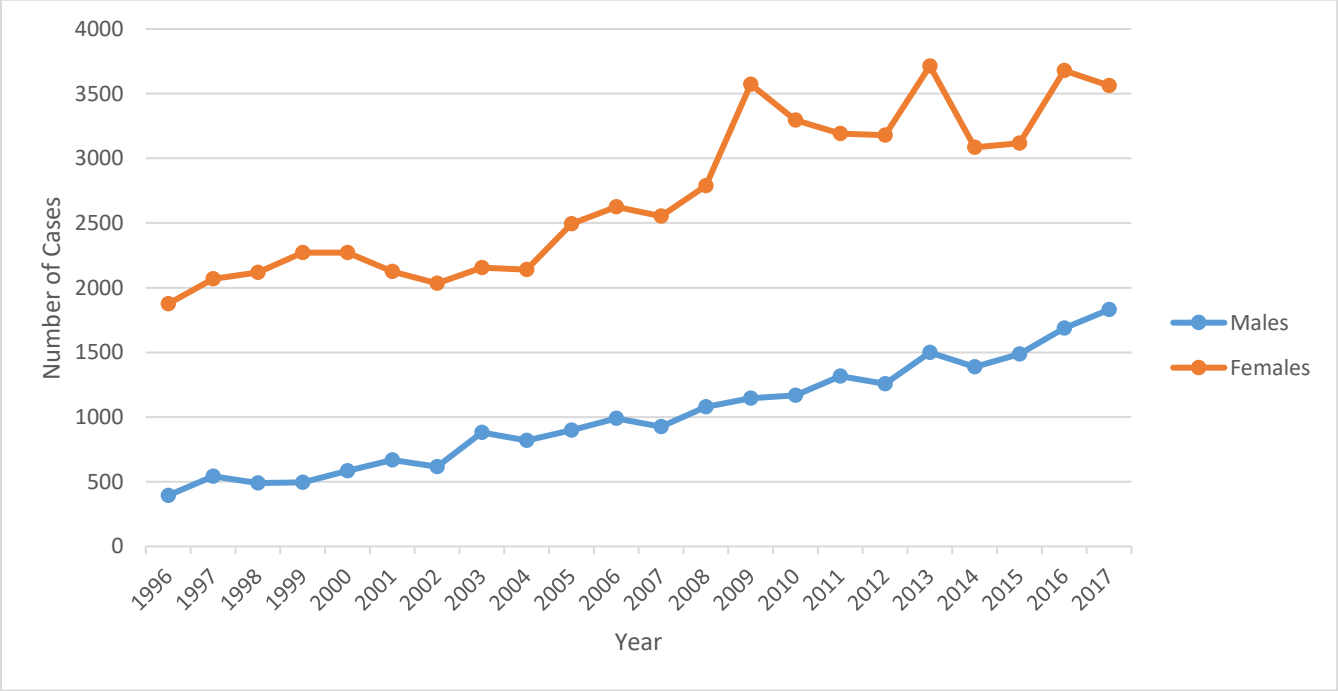
Sexually Transmitted Diseases (STDs) and Hepatitis C (HCV) among Delawareans

Sexually transmitted disease (STD) data helps identify populations at increased risk for transmission of HIV since the virus can be transmitted through unprotected sexual contact and some STDs facilitate HIV transmission.

STD data are reported to DPH by STD clinics, physician offices, correctional facilities, and laboratories. Recurrent STDs in the same individual usually reflects re-infection but may also be treatment failure. Therefore, the STD count per year may be greater than the total number of individuals diagnosed.

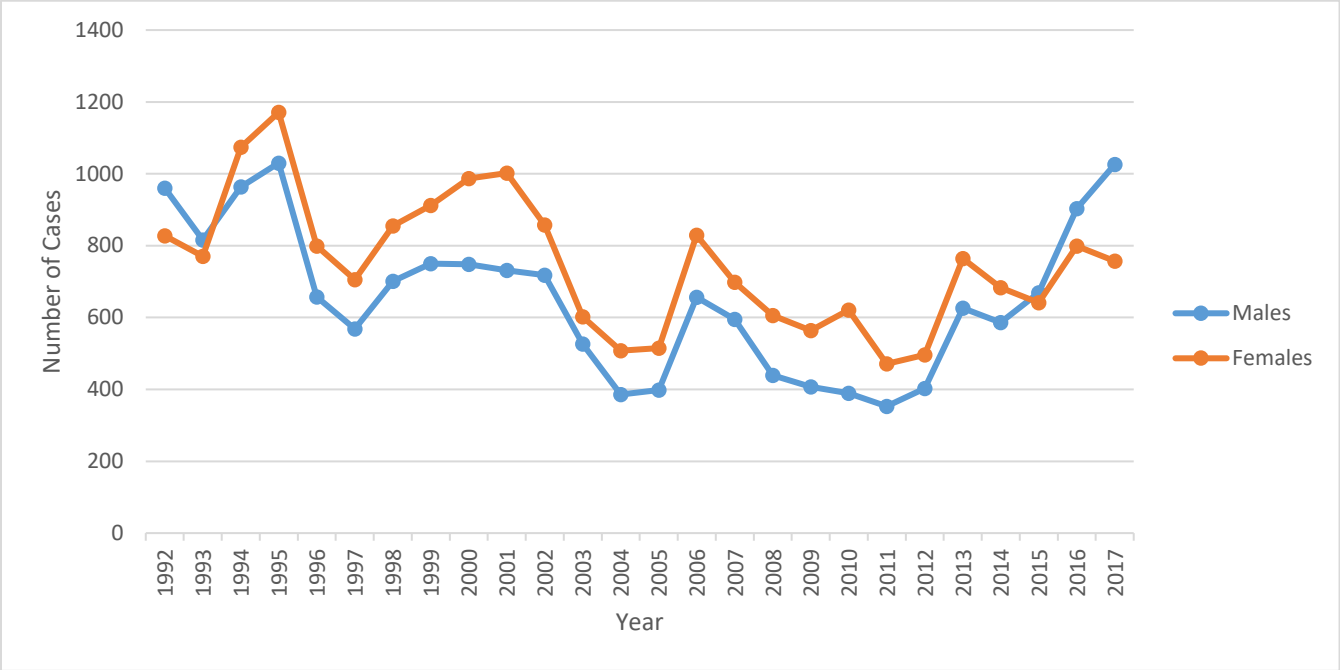
Incidence of gonorrhea and chlamydia has increased in recent years (Figures 134 and 135). In 1996, 2,269 cases of chlamydia were diagnosed. In 2017, this number increased to 5,392. Females accounted for the majority of chlamydia cases (Figure 134). Figure 136 shows the upward trend of primary and secondary syphilis infections from 2010-2017.

Figure 134: Number of Chlamydia Cases by Gender, Delaware, 1996-2017



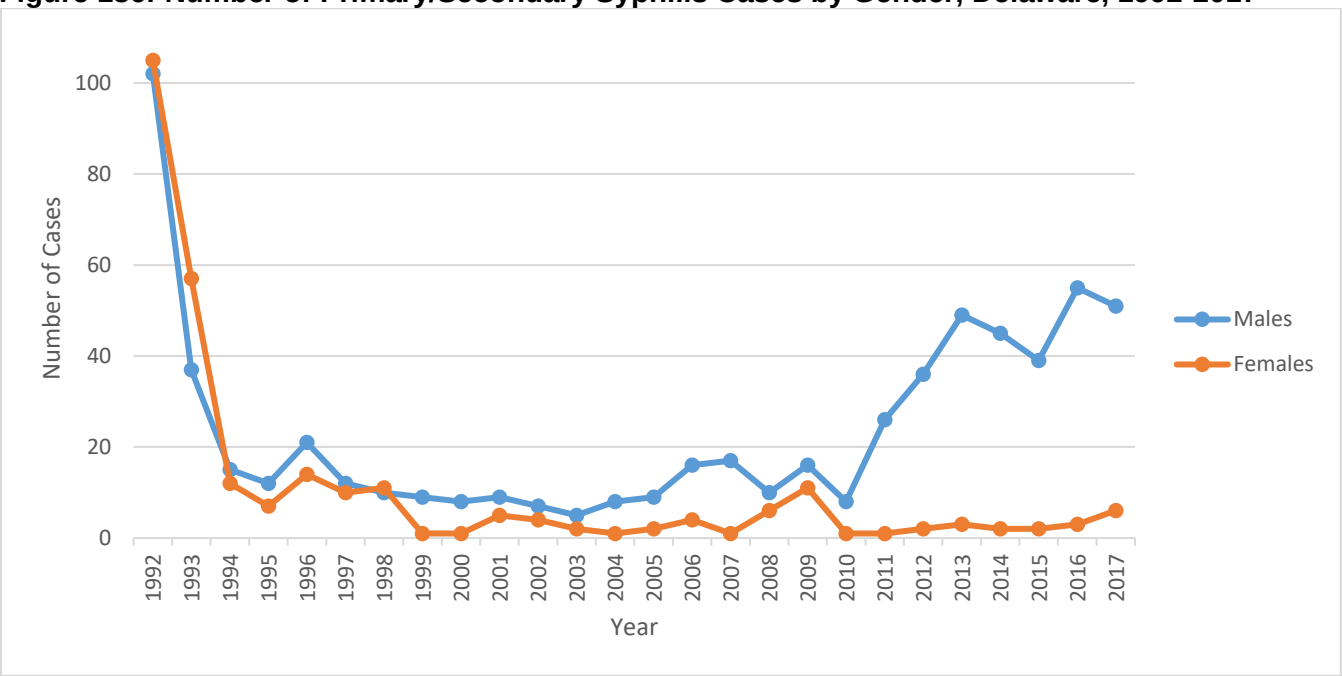
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 135: Number of Gonorrhea Cases by Gender, Delaware, 1992-2017



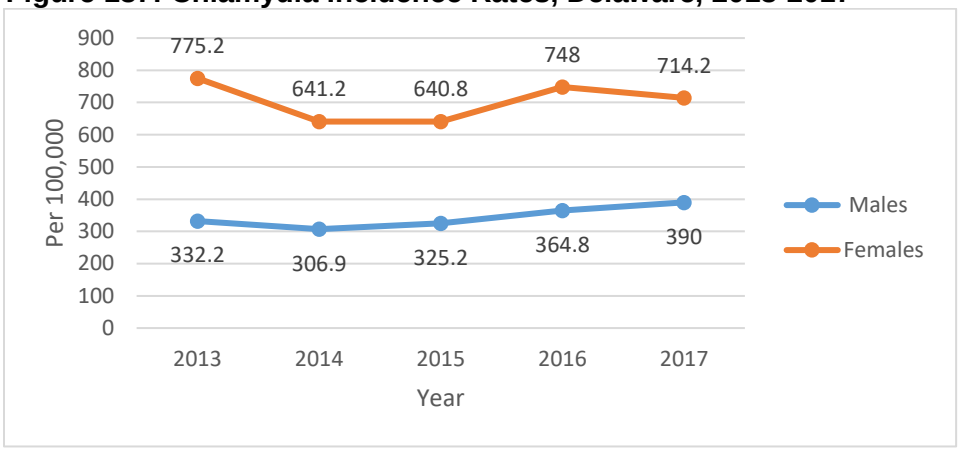
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 136: Number of Primary/Secondary Syphilis Cases by Gender, Delaware, 1992-2017



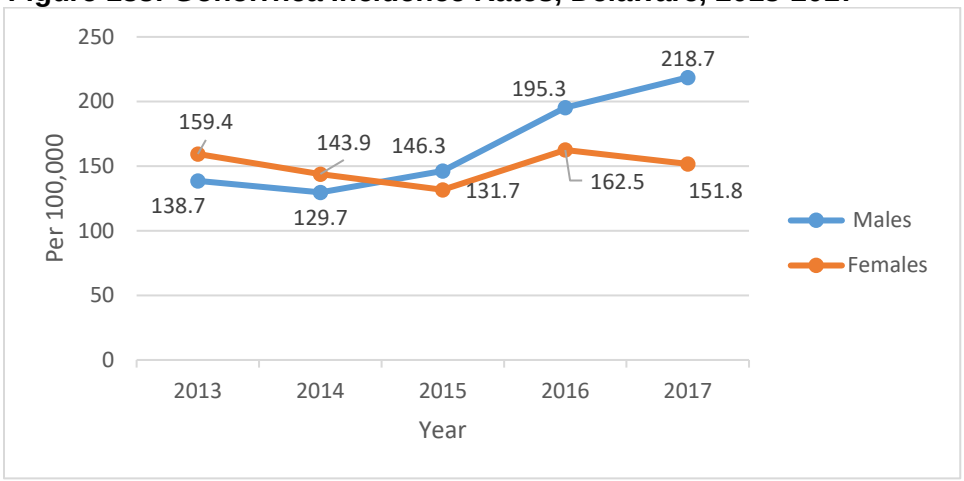
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 137: Chlamydia Incidence Rates, Delaware, 2013-2017



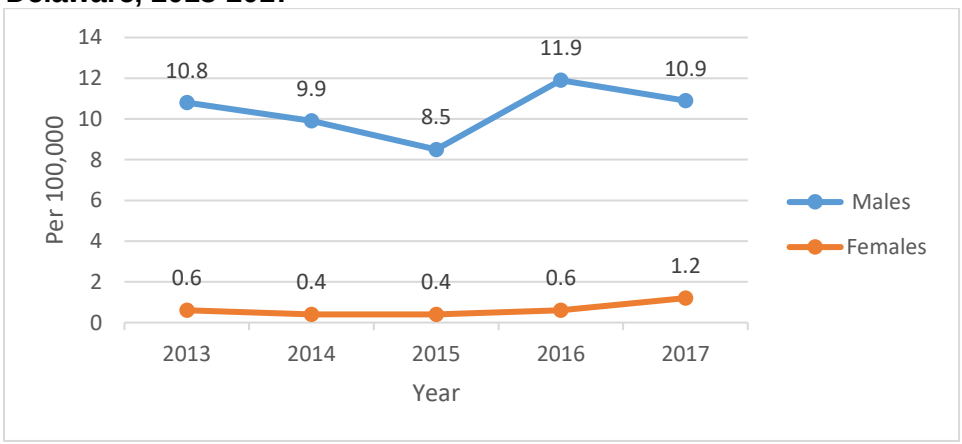
Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 138: Gonorrhea Incidence Rates, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Figure 139: Primary/Secondary Syphilis Incidence Rates, Delaware, 2013-2017



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

Hepatitis C (HCV) and HIV Co-infection

The CDC recommends that individuals with HIV also be tested for HCV, especially HIV-infected injection drug users. The CDC estimates that 25% of HIV-infected individuals are also infected with HCV (CDC, 2015). The co-infection of HCV and HIV may cause chronic HCV to progress faster. It is unclear if HCV hastens the progress of HIV (U.S. Department of Health & Social Services, 2017).

In 2016, there were 2,592 reported HCV cases in Delaware. DPH's HIV Surveillance Office determined that of the 2,592 persons living in Delaware who are infected with HCV, 85 were also HIV positive. This equates to an approximately 3% HIV co-infection rate among persons with HCV.

Additional information on HIV and HCV co-infection may be found in the 2017 Delaware Hepatitis C Epidemiological Profile. Visit: https://www.dhss.delaware.gov/dph/dpc/files/dehcvepi2017.pdf

Section 7: Risk Factors for HIV among Delaware Youth

Risk Factors for HIV among Delaware Youth

The 2017 Youth Risk Behavior Survey (YRBS) is a CDC-sponsored survey that tracks behavioral trends among high school students (*e.g.*, nutrition, substance use, accidents, sex, and delinquency).

The YRBS uses self-administered, anonymous questionnaires to collect data from high school students. DPH, in cooperation with the University of Delaware's Center for Drug and Health Studies, administers the Delaware YRBS to Delaware public school students in grades 9-12.

The selected YRBS questions indicate youth behaviors that may lead to HIV exposure including the number of respondents that have ever tested for HIV.

Alcohol Use:

- 56.9% had at least one drink of alcohol in their lifetime.
- 16.0% had their first drink of alcohol before age 13.
- 28.7% had at least one drink of alcohol on one or more of the past 30 days.
- 14.9% had four or more drinks of alcohol in a row at least once in the past 30 days.

Other Drug Use:

- 44.1% used marijuana at least once in their lifetime.
- 7.4% tried marijuana for the first time before age 13.
- 26.1% used marijuana one or more times during the past 30 days.
- 2.1% used one or more forms of cocaine at least once in their lifetime.
- 3.2% sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high at least once in their lifetime.
- 1.6% used heroin at least once in their lifetime.
- 1.7% used methamphetamines at least once in their lifetime.
- 3.0% used ecstasy at least once in their lifetime.
- 1.4% used a needle to inject any illegal drug into their body at least once in their lifetime.
- 16.8% were offered, sold, or given an illegal drug on school property by someone during the past 12 months

Sexual Behaviors

- 45.4% had sexual intercourse at least once in their lifetime.
- 17.0% had sexual intercourse with four or more people during their lifetime.
- 33.3% had sexual intercourse with one or more people during the past three months.
- 78.8% said they have never been tested for HIV.

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

- 8.0% drank alcohol or used drugs during last sexual intercourse.
- 26.0% used a condom during last sexual intercourse.
- 7.3% used birth control pills during last sexual intercourse.

Section 8: Delaware Medical Monitoring Project Data, 2015-2016 Patient Interviews

Delaware MMP Data, 2015-2016 Patient Interviews

The Medical Monitoring Project (MMP)

The MMP is an ongoing population-based surveillance system to assess clinical outcomes and behaviors of HIV infected adults receiving care in the U.S. MMP is conducted in 17 states and 6 cities by local and state public health departments in collaboration with the CDC.

Delaware currently has 15 participating infectious disease clinics statewide. Three hundred forty clients were interviewed in 2015 and 2016.

Respondent Demographic Information Collected

Table 77: Birth Sex and Race of Medical Monitoring Project Respondents, Delaware, 2015-2016

	Male		Female		Total	
	#	%	#	%	#	%
Caucasian	81	37.2%	24	19.7%	105	30.9%
Black	116	53.2%	90	73.8%	206	60.6%
Hispanic	9	4.1%	3	2.5%	12	3.5%
Native Hawaiian/Pacific Islander	1	0.5%	1	0.8%	2	0.6%
American Indian/Alaskan Native	3	1.4%	0	0.0%	3	0.9%
Multiracial	8	3.7%	4	3.3%	12	3.5%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
"Other" racial group includes: Asian, American-Indian, and Multiracial
Data collected from the MMP Interview by DPH, 2015-2016

Table 78: Birth Sex and Age Group of Medical Monitoring Project Respondents, Delaware, 2015-2016

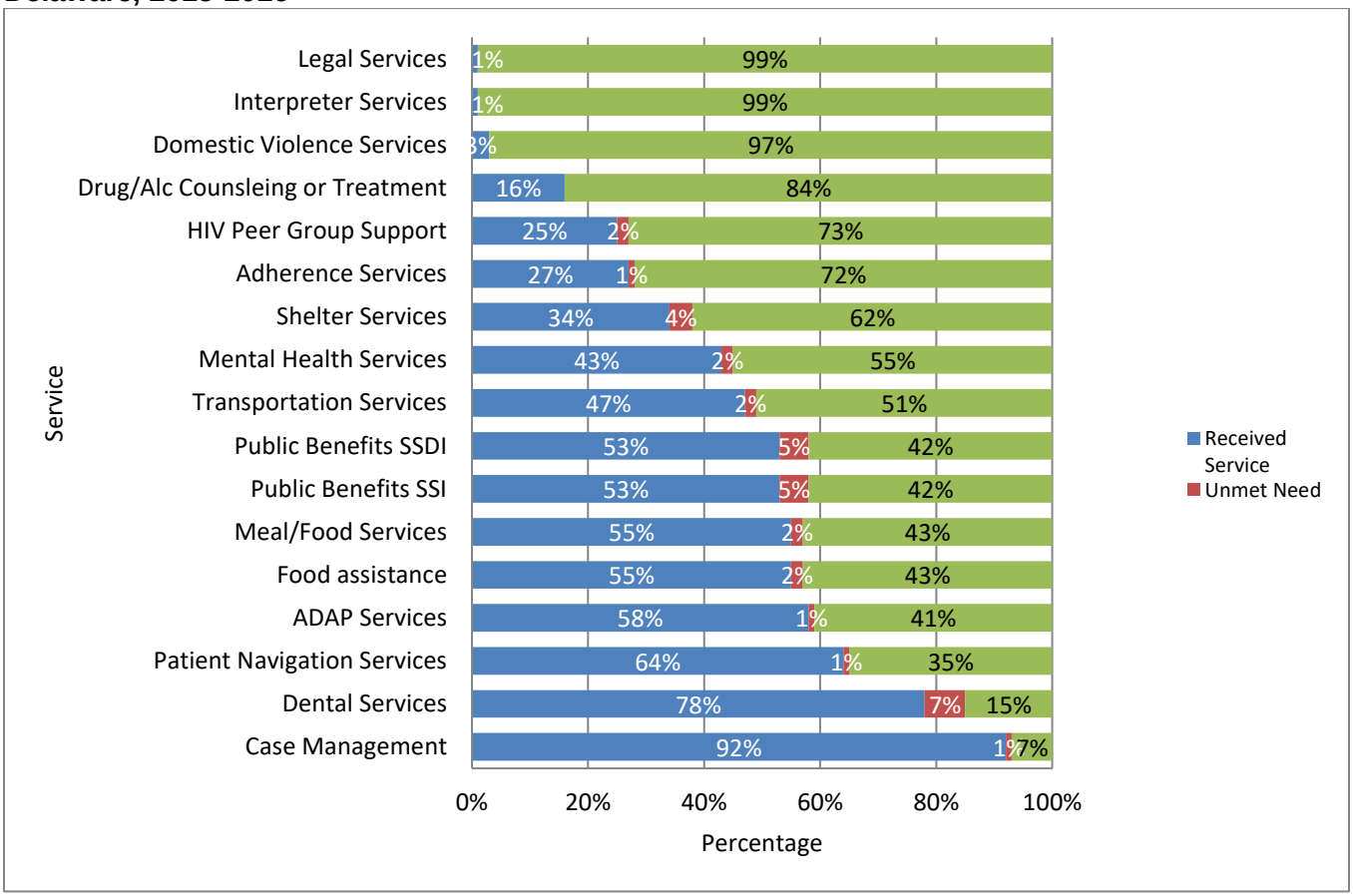
	Male		Female		Total	
	#	%	#	%	#	%
18-24	5	2.3%	1	0.8%	6	1.8%
25-34	18	8.3%	10	8.2%	28	8.2%
35-44	34	15.6%	25	20.5%	59	17.4%
45-54	74	33.9%	47	38.5%	121	35.6%
55+	87	39.9%	39	32.0%	126	37.1%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the MMP Interview by DPH, 2015-2016

Met and Unmet Service Needs, Delaware, 2015-2016

Figure 140 demonstrates the utilization of, and unmet needs for, services as indicated by the 340 interview respondents.

Figure 140: Met and Unmet Service Needs of Medical Monitoring Project Respondents, Delaware, 2015-2016

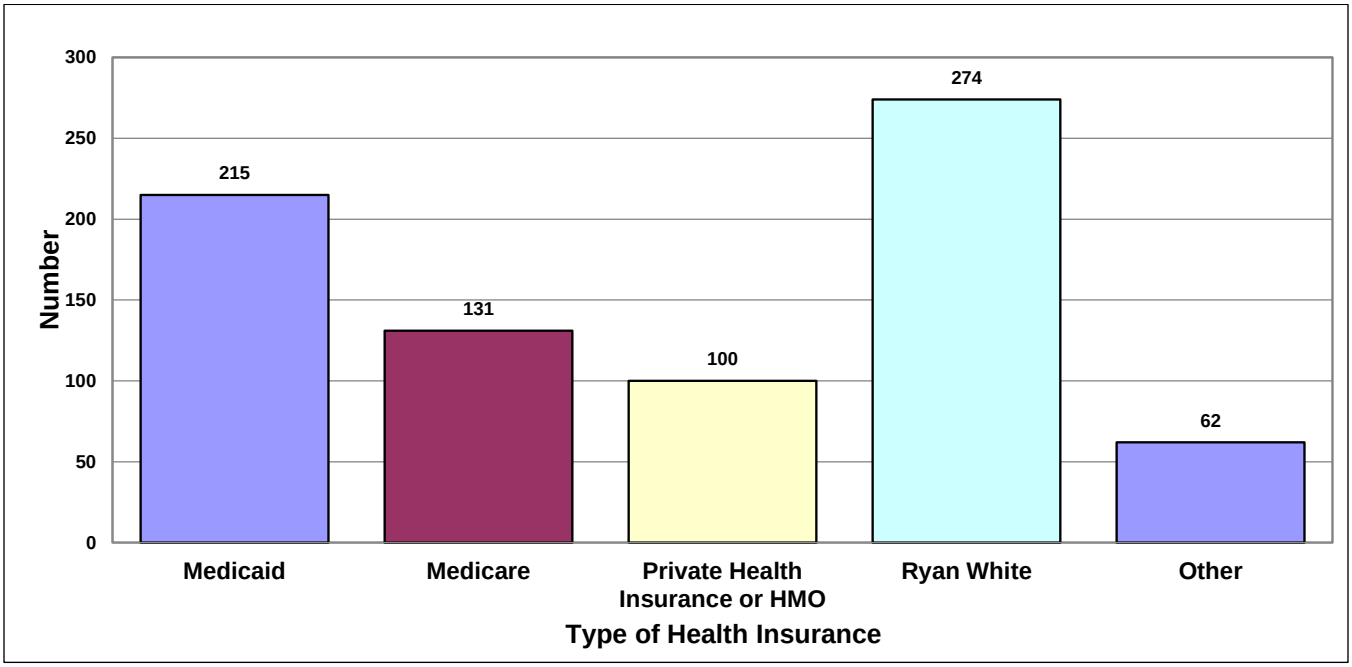


Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the MMP Interview by DPH, 2015-2016

Medical Coverage in the Last 12 Months

Figure 141 demonstrates the types of health insurance utilized by the 340 interview respondents.

Figure 141: Medical Coverage among Medical Monitoring Project Respondents, Delaware, 2015-2016



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
*Categories are not exclusive, respondents may have used more than one type of health coverage

MMP Entry into Care

Tables 79 (a) through 79 (f) cover the experience of 340 respondents while entering initial HIV health care.

Table 79 (a): Within 30 days after you got your first positive HIV test, did someone ask if you needed help finding a place to go for outpatient HIV medical care or let you know where you could go for outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	147	67.4%	86	70.5%	233	68.5%
No	68	31.2%	34	27.9%	102	30.0%
Refused/other	3	1.4%	2	1.6%	5	1.5%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 79 (b): Within 30 days after you got your first positive HIV test, did a professional help you figure out if you qualified for free or low-cost outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	153	70.2%	91	74.6%	244	71.8%
No	60	27.5%	30	24.6%	90	26.5%
Refused/other	5	2.3%	1	0.8%	6	1.8%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 79 (c): Did you want a professional to help you figure out if you qualified for free or low-cost outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	17	28.3%	9	30.0%	26	28.9%
No	43	71.7%	21	70.0%	64	71.1%
Total	60	100.0%	30	100.0%	90	100.0%
Note: These respondents indicated "No" in question B of this section						

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 79 (d): Did you know that free or low-cost outpatient HIV medical care may be available to those who qualify?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	16	26.7%	9	30.0%	25	27.8%
No	44	73.3%	21	70.0%	65	72.2%
Total	60	100.0%	30	100.0%	90	100.0%
Note: These respondents indicated "No" in question B of this section						

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 79 (e). Within 30 days after you got your first positive HIV test, did a professional help you make an appointment for outpatient HIV medical care?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	164	75.2%	90	73.8%	254	74.7%
No	50	22.9%	31	25.4%	81	23.8%
Refused/other	4	1.8%	1	0.8%	5	1.5%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 79 (f). Did you want a professional to help you make an appointment?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	10	20.0%	9	29.0%	19	23.5%
No	40	80.0%	22	71.0%	62	76.5%
Total	50	100.0%	31	100.0%	81	100.0%
Note: These respondents indicated "No" in question E of this section						

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

MMP HIV Medication Prescription and Adherence

Tables 80 (a) through 80 (d) provide a base level measure of MMP respondents who have been prescribed ART, and the level at which those persons appear to be adherent in taking those medications.

Table 80 (a): Medical Records Indicate Antiretroviral Therapy (ART) Prescribed?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	207	95.0%	111	91.0%	318	93.5%
No	11	5.0%	11	9.0%	22	6.5%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 80 (b): Have you ever taken any HIV medicines?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	216	99.1%	117	95.9%	333	97.9%
No	2	0.9%	5	4.1%	7	2.1%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 80 (c): During the past 12 months, have you taken HIV medicines?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	215	98.6%	115	94.3%	330	97.1%
No	3	1.4%	7	5.7%	10	2.9%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 80 (d): Are you currently taking any HIV medicines?

	Male		Female		Total	
	#	%	#	%	#	%
Yes	211	96.8%	113	92.6%	324	95.3%
No	7	3.2%	9	7.4%	16	4.7%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Sexual Behavior

Table 81: Medical Monitoring Project, Number of Sexual Partners* in the Last 12 Months, Delaware, 2015-2016

	MSM		MSW		WSM	
	#	%	#	%	#	%
None	133	61.0%	169	77.5%	57	46.7%
One	50	22.9%	32	14.7%	58	47.5%
Two or more	35	16.1%	17	7.8%	7	5.7%
Total	218	100.0%	218	100.0%	122	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
*MSM, MSW, WSM; these categories are not exclusive
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 82: Medical Monitoring Project, Reported Vaginal or Anal Sex with at Least One Partner in the Last 12 Months, Delaware, 2015-2016

	MSM		MSW		WSM	
	#	%	#	%	#	%
Yes	85	39.0%	49	22.5%	65	53.3%
No	133	61.0%	169	77.5%	57	46.7%
Total	218	100.0%	218	100.0%	122	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
*MSM, MSW, WSM; these categories are not exclusive
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 83: Medical Monitoring Project, Sexual Risk Behaviors, Delaware, 2015-2016

	Male		Female	
	#	%	#	%
No vaginal or anal sex	93	42.7%	57	46.7%
Sexually active, *WSW sex only	0	0.0%	1	0.8%
Condom protected vaginal or anal sex only	75	34.4%	44	36.1%
Vaginal or anal sex, but risk behavior unknown	2	0.9%	0	0.0%
Unprotected vaginal or anal sex only with HIV-infected partners	21	9.6%	7	5.7%
Unprotected vaginal or anal sex with at least one unknown status partner	14	6.4%	6	4.9%
Unprotected vaginal or anal sex with at least one HIV negative partner	11	5.0%	7	5.7%
Unknown	2	0.9%	0	0.0%
Total	218	100.0%	122	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.

***** Women having Sex with Women

Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Substance Use

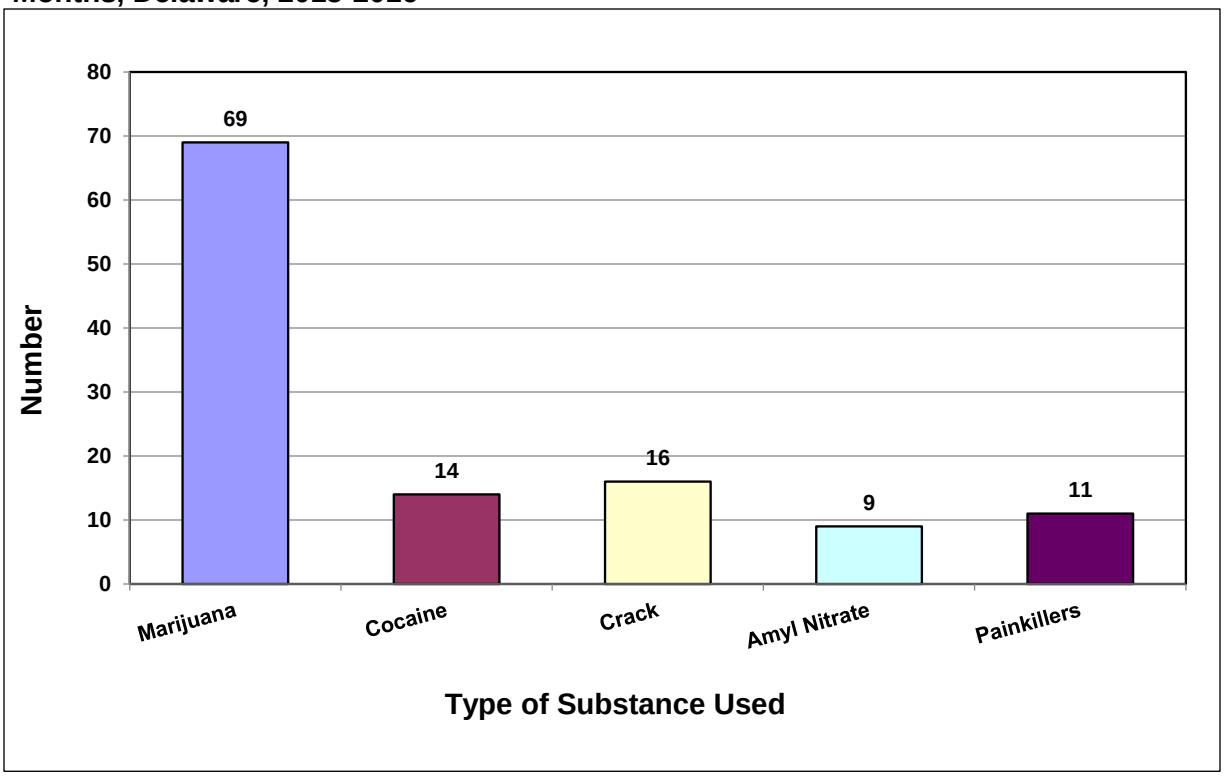
Seven respondents reported using injection drugs in the last 12 months. Non-injection drug use in the 12 months prior to the interview date is shown below.

Table 84: Medical Monitoring Project, Non-injection Drug Use in the last 12 Months, Delaware, 2015-2016

	Male		Female		Total	
	#	%	#	%	#	%
Yes	54	24.8%	21	17.2%	75	22.1%
No	164	75.2%	101	82.8%	265	77.9%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Figure 142: Medical Monitoring Project, Type of Non-injection Drug Use in the last 12 Months, Delaware, 2015-2016



Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
*categories are not exclusive, respondents may have used more than one substance
Data collected from the MMP Interview by DPH, 2015-2016

Stigma

Stigma may interfere with HIV testing or HIV care. The following portion of the report explores barriers to receiving HIV care that were gathered from MMP interviews in 2015 and 2016. (Tables 85(a) through 85(j)).

Table 85 (a): I have been hurt by how people reacted to learning I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	106	48.6%	48	39.3%	154	45.3%
Somewhat disagree	11	5.0%	8	6.6%	19	5.6%
Neutral	23	10.6%	9	7.4%	32	9.4%
Somewhat agree	28	12.8%	13	10.7%	41	12.1%
Strongly agree	50	22.9%	44	36.1%	94	27.6%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (b): I have stopped socializing with some people because of their reactions to my HIV status

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	126	57.8%	62	50.8%	188	55.3%
Somewhat disagree	14	6.4%	9	7.4%	23	6.8%
Neutral	15	6.9%	4	3.3%	19	5.6%
Somewhat agree	20	9.2%	12	9.8%	32	9.4%
Strongly agree	43	19.7%	35	28.7%	78	22.9%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (c): I have lost friends by telling them I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	139	63.8%	67	54.9%	206	60.6%
Somewhat disagree	14	6.4%	10	8.2%	24	7.1%
Neutral	20	9.2%	7	5.7%	27	7.9%
Somewhat agree	12	5.5%	13	10.7%	25	7.4%
Strongly agree	33	15.1%	25	20.5%	58	17.1%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (d): I am very careful who I tell that I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	30	13.8%	17	13.9%	47	13.8%
Somewhat disagree	4	1.8%	2	1.6%	6	1.8%
Neutral	6	2.8%	0	0.0%	6	1.8%
Somewhat agree	8	3.7%	3	2.5%	11	3.2%
Strongly agree	170	78.0%	100	82.0%	270	79.4%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (e): I worry that people who know I have HIV will tell others

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	72	33.0%	83	68.0%	155	45.6%
Somewhat disagree	14	6.4%	7	5.7%	21	6.2%
Neutral	19	8.7%	6	4.9%	25	7.4%
Somewhat agree	19	8.7%	6	4.9%	25	7.4%
Strongly agree	94	43.1%	20	16.4%	114	33.5%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (f): I feel that I am not as good a person as others because I have HIV

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	165	75.7%	43	35.2%	208	61.2%
Somewhat disagree	9	4.1%	6	4.9%	15	4.4%
Neutral	10	4.6%	7	5.7%	17	5.0%
Somewhat agree	16	7.3%	7	5.7%	23	6.8%
Strongly agree	18	8.3%	59	48.4%	77	22.6%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (g): Having HIV makes me feel unclean

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	176	80.7%	79	64.8%	255	75.0%
Somewhat disagree	7	3.2%	9	7.4%	16	4.7%
Neutral	13	6.0%	6	4.9%	19	5.6%
Somewhat agree	12	5.5%	11	9.0%	23	6.8%
Strongly agree	10	4.6%	17	13.9%	27	7.9%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (h): Having HIV makes me feel that I'm a bad person

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	180	82.6%	94	77.0%	274	80.6%
Somewhat disagree	17	7.8%	7	5.7%	24	7.1%
Neutral	7	3.2%	2	1.6%	9	2.6%
Somewhat agree	4	1.8%	8	6.6%	12	3.5%
Strongly agree	10	4.6%	11	9.0%	21	6.2%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (i): Most people think that a person with HIV is disgusting

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	117	53.7%	62	50.8%	179	52.6%
Somewhat disagree	12	5.5%	6	4.9%	18	5.3%
Neutral	20	9.2%	19	15.6%	39	11.5%
Somewhat agree	25	11.5%	7	5.7%	32	9.4%
Strongly agree	44	20.2%	28	23.0%	72	21.2%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

Table 85 (j): Most people with HIV are rejected when others find out.

	Male		Female		Total	
	#	%	#	%	#	%
Strongly disagree	74	33.9%	26	21.3%	100	29.4%
Somewhat disagree	15	6.9%	5	4.1%	20	5.9%
Neutral	16	7.3%	7	5.7%	23	6.8%
Somewhat agree	35	16.1%	17	13.9%	52	15.3%
Strongly agree	78	35.8%	67	54.9%	145	42.6%
Total	218	100.0%	122	100.0%	340	100.0%

Source: Delaware Department of Health and Social Services, Division of Public Health, 2018.
Data collected from the Medical Monitoring Project Interview by DPH, 2015-2016

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Appendix A

Delaware HIV/AIDS Report Feedback

The purpose of this form is to provide the HIV Prevention and Surveillance office with feedback regarding the ease of use and applicability of this report to prevention care planning activities.

Please complete this feedback form and send it via mail, email, or fax to:

HIV/AIDS Surveillance Office
Delaware Division of Public Health
Thomas Collins Building, Suite 12, Rm 203L
540 S Dupont Hwy.
Dover, DE 19901
Fax: 302-739-2550
Email: james.dowling@delaware.gov

1. Of which planning group are you a member?

☐ Delaware HIV Planning Council ☐ Formulary Committee ☐ Policy Committee

☐ Other _____

2. Was the HIV Surveillance Report easy to read?

☐ Yes ☐ No ☐ Somewhat

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

☐ Electronically
☐ Profile Writers presented epidemiologic profile to planning group
☐ Other _____

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

☐ Yes ☐ No ☐ Somewhat

If somewhat or no is selected, explain why.

_____

_____

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

☐ Yes ☐ No ☐ Somewhat

If somewhat or no is selected, explain why.

_____

_____

6. Describe how you used the HIV Surveillance Report in your planning activities.

_____

_____

7. How can the next HIV Surveillance Report be improved?

_____

_____

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

_____

_____

8. Do you want to receive the Monthly HIV 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 Surveillance 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: _____