NEW JERSEY HIV SURVEILLANCE EPIDEMIOLOGIC SNAPSHOT, 2020

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Executive Summary

The State of New Jersey strives to end the HIV epidemic by increasing the health and well-being of persons affected by, living with, and vulnerable to HIV/AIDS by reducing the number of new HIV infections, promoting testing access, and promoting access and linkages to care. This annual report summarizes HIV data for 2020.

It is important to note that the overall number of HIV diagnoses in 2020 were 24.4 percent lower than in 2019. Disruptions in clinical care services, patient hesitancy in accessing clinical services, shortages in HIV testing reagents and materials, shifting of partner services staff to COVID-19 response-related activities, and disruptions in services provided by community-based organizations likely led to the underdiagnosis of HIV in the state for that year. Comparisons to 2019 data, the last regular year for which final data are available, have been made for this reason.

In 2020, HIV continued to have a disproportionate impact on certain populations, particularly racial and ethnic minorities, and gay and bisexual men and other men who have sex with men. In 2019, approximately 11.8 percent of those with HIV were unaware they are infected (Ending the HIV Epidemic, 2022). There had been some promising trends, as the number of new HIV infections declined four percent between 2016 and 2019. Still, 1,150 and 870 people were newly infected with HIV in NJ in 2019 and 2020, respectively, and declines were not seen among all populations.

HIV transmission patterns have shifted over time. Diagnoses attributable to injection drug use alone—once the leading cause of HIV in New Jersey—have declined significantly over time and accounted for just 2.8 percent of new diagnoses in 2020. In 2020, most newly diagnosed cases of HIV occurred through male-to-male sexual contact (49.3 percent). An additional 1.3 percent of diagnoses occurred among gay and bisexual men with a history of injection drug use. Transmission through heterosexual sex now accounts for more cases than at the beginning of the epidemic (18.8 percent of new diagnoses in 2020) but diagnoses attributable to heterosexual sex have declined 39.6 percent between 2016 and 2019, compared to a 3.3 percent decline among men who have sex with men.

In 2020, not all who were diagnosed with HIV received medical care (23.8 percent are not in care), and fewer still were not virally suppressed (15.4 percent), though each of these shares has decreased over time. The impact of the HIV epidemic is not uniformly distributed. Essex and Hudson counties accounted for 39.3 percent of new diagnoses between 2016 and 2020.

HIV-related mortality rates, which rose steadily through the 1980s and peaked in 1992 (4,828 deaths) have declined significantly. HIV deaths in 2019 (602) dropped by more than 87.5 percent since its peak in 1992 and by almost 3.2 percent since 2016. This is largely due to antiretroviral treatment (ART), but also to decreasing HIV incidence. Still, more non-Hispanic Black/ African American people died with HIV/AIDS as the underlying cause of death in 2020 than any other race/ethnicity. While HIV is not a leading cause of death for New Jerseyans overall, it remains a leading cause of death for certain age groups. In 2020, HIV was the 17th leading cause of death for those aged 25-34 years, and the 14th for those aged 35-44 years.

Figure 1: Trends in new diagnoses, people living with HIV and deaths in NJ, 2016-2020
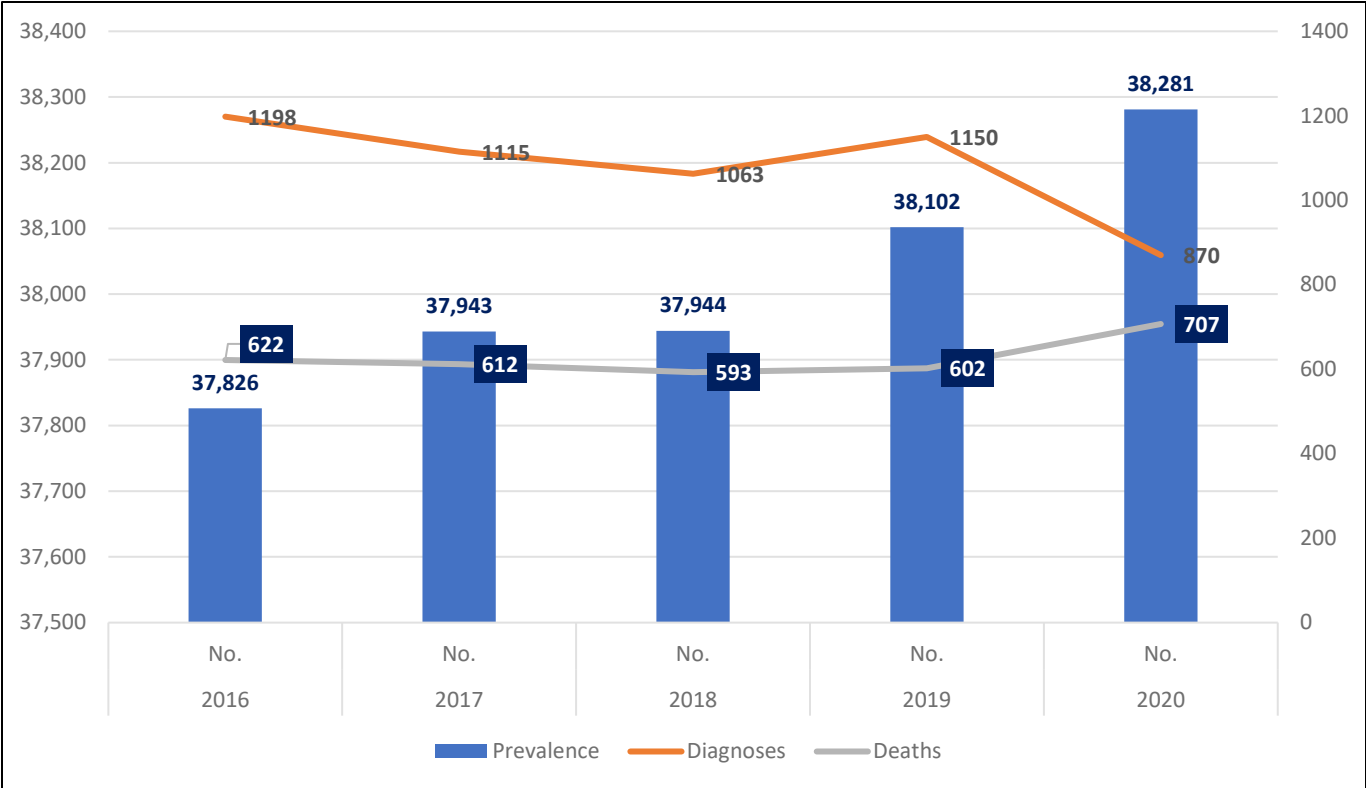
Impact on Communities of Color

• Racial and ethnic minorities were disproportionately affected by HIV/AIDS from the beginning of the epidemic and in 2020, represent most new HIV diagnoses (83.6 percent), people living with HIV disease (80.9 percent), and deaths among people with HIV (84.3 percent).

• In 2020, non-Hispanic Black/African Americans and Hispanic people accounted for a disproportionate share of new HIV diagnoses, relative to their size in the N.J. population (see Figures 6 and 7). Non-Hispanic Black/African American people also accounted for more people living with HIV than any other racial group – 44 percent of the 38,281 people living with HIV in New Jersey are non-Hispanic Black/African Americans.

• Non-Hispanic Black/African American people also have the highest rate of new HIV diagnoses, followed by Hispanic people. In 2020, the rate of new HIV diagnoses per 100,000 population for Black/African American people (30) was about 10 times that of non-Hispanic White people (3); Hispanic people (18.4) had a rate 6.1 times that of non-Hispanic White people.

• Non-Hispanic Black/African American people accounted for close to half (48.8 percent) of deaths among people with an HIV diagnosis in 2020.

• Survival after an AIDS diagnosis is lower for non-Hispanic Black/African Americans than for most other racial/ethnic groups, and non-Hispanic Black/African American people have had the highest age-adjusted death rate due to HIV disease throughout most of the epidemic. HIV ranks higher as a cause of death for non-Hispanic Black/African Americans and Hispanics, compared with Non-Hispanic White people. Further, HIV was the 13th leading cause of death for non-Hispanic Black/African American people ages 55-64 years in 2020.

• In 2020, almost one in five Hispanics (21.9 percent) and non-Hispanic Black/African Americans (19.2 percent) received a late diagnosis in New Jersey. Almost one in four non-Hispanic Black/African Americans (23.5 percent) and Hispanics (22.7 percent) did not have evidence of care, based on lab data, in 2020. Of those who did receive care, 19 percent of non-Hispanic Black/African Americans and 13 percent of Hispanics did not achieve viral suppression in the calendar year.

Impact on Women

• Nearly 11,942 women (sex at birth) in New Jersey are living with HIV in 2020, accounting for about 31.2 percent of all people in the state with HIV.

• Between 2016 and 2019, the rate of new HIV diagnoses among women decreased (14 percent) while it has remained stable among men.

• Women of color are particularly affected, and, in 2020, non-Hispanic Black/African American women accounted for over half (50 percent) of new HIV diagnoses among women; non-Hispanic White women accounted for 9.8 percent and Hispanic women accounted for 33.9 percent.

• In 2020, one in four (24.9 percent) women received a late diagnosis in New Jersey, as compared to 20.9 percent of men. The same year, 21 percent of women living with HIV did not have evidence of care, based on laboratory test result data. Of those who did receive care, 15.5 percent did not achieve viral suppression.

Impact on Young People

• Perinatal HIV transmission, from an HIV-infected mother to her baby, has declined significantly in NJ, largely due to increased testing efforts among pregnant women and ART, which can prevent mother-to-child transmission. Still, eight perinatal cases were diagnosed in 2016-2020. Teens and young adults continue to be at-risk, with those under age 13 accounting for 0.5 percent of new HIV diagnoses in 2020. Those aged 13-24 years accounted for 15.5 percent and those aged 25-34 years accounted for 34 percent. The largest transmission risk for most young people is sexual contact.

• Among young people, gay and bisexual men and minorities have been particularly affected.

• In 2020, only 18.2 percent of those aged 25-34 years who were newly diagnosed received a late diagnosis in New Jersey, but only 70.2 percent of those living with HIV are in care and 20.5 percent who did receive care did not achieve viral suppression. The same year, 29.8 percent of those individuals living with HIV had unmet needs with no evidence of care.

Impact on Gay and Bisexual Men

• Male-to-male sexual contact accounts for most new HIV infections (49.3 percent in 2020, with an additional 1.3 percent occurring in gay and bisexual men with a history of injection drug use), as well as the highest proportion of people living with HIV (31.7 percent in 2020), with an additional 2.4 percent occurring in gay and bisexual men with a history of injection drug use.

• Annual new infections among gay and bisexual men remained stable between 2016 and 2019.

• In 2020, Hispanic gay and bisexual men accounted for the largest percentage of new diagnoses among this group, followed by non-Hispanic Black/African American gay and bisexual men. Young non-Hispanic Black/African Americans and Hispanic gay and bisexual men are at particular risk. Young Hispanic and non-Hispanic Black/African American gay and bisexual men aged 13-29 years accounted for 9.7 percent and 8.9 percent of all new diagnoses, respectively.

Progress Toward National HIV Strategic Plan Goals

GOALS	BASELINE (2017)	ANNUAL RESULT (2019)	2025 TARGET
NEW DIAGNOSES: Reduce new HIV infections by 75% from a 2017 baseline	1,114	1,150	279
KNOWLEDGE OF STATUS: Increase knowledge of status to 95% from a 2017 baseline	89.60%	88.20%	95%
LINKAGE TO MEDICAL CARE: Increase linkage to care within one month of diagnosis to 95% from a 2017 baseline	69.30%	75%	95%
PrEP: Increase PrEP coverage to 50% from a 2017 baseline	12.10%	22.40%	50%
HOMELESSNESS: Reduce homelessness among people with diagnosed HIV by 50% from a 2017 baseline	180	178	90
STIGMA: Decrease stigma among people with diagnosed HIV by 50% from a 2018 baseline median score of 31.2 on a ten-item questionnaire	35.1% (2015-18)	35.4% (2015-2020)	50%

(*Due to the impact of the COVID-19 pandemic and lower HIV reporting numbers, data for the year 2020 have not been used or been included in calculating progress.)

Sources of Data:

New Jersey Enhanced HIV AIDS Reporting System (eHARS) data, 2022 unless indicated otherwise.

Knowledge of Status and PrEP data - AHEAD Dashboard (U.S. Department of Health and Human Services (HHS), 2022).

Homelessness Data - New Jersey County Continuums of Care Homeless Assistance Programs (U.S. Department of Housing and Urban Development, 2020).

Stigma Data - Medical Monitoring Project, Essex and Hudson Counties, NJ, 2015-2019: Ten-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures four dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people living with HIV.

New Diagnoses of HIV Infection

HIV infections continue to impact persons regardless of sex at birth, age, race/ethnicity, and/or geographic region in New Jersey. However, the impact is not the same across all population groups. There were 870 reported new diagnoses of HIV infection in New Jersey in 2020, a decline of 27.3 percent from 1,198 new cases in 2016.

Figure 2: Rate of new diagnosis by County, NJ in 2020

Rate of New HIV Diagnosis per 100,000

☐ No Data
4.9 - 9.7
9.7+ - 13.9
13.9+ - 17.1
17.1+ - 23.1
23.1+ - 33.0
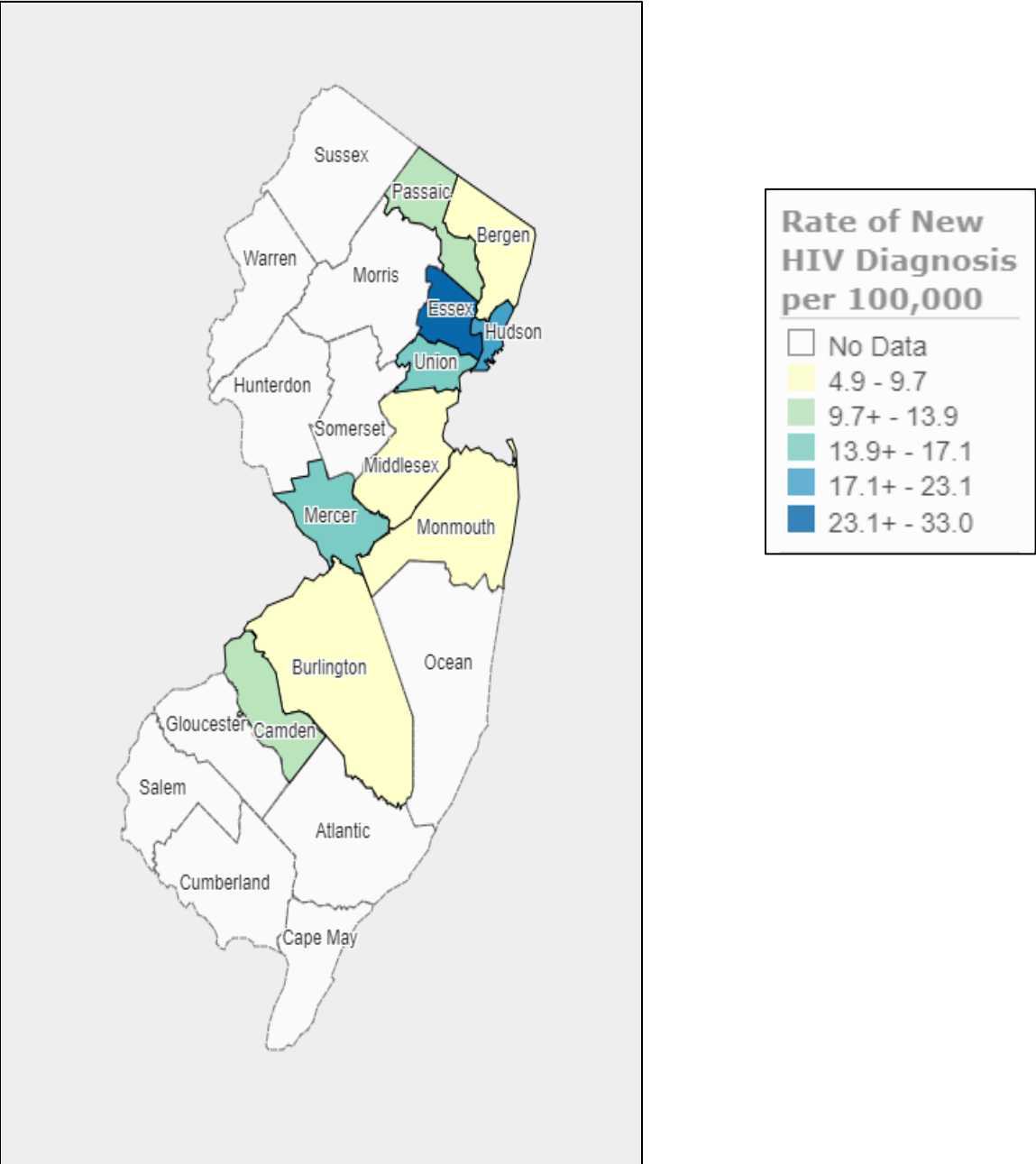
New diagnoses were higher in Essex and Hudson Counties with rates of 33 and 23.1 per 100,000 persons, respectively. Almost 1 in 4 new diagnoses took place in Essex and Hudson Counties in 2020.

Figure 3: Rate of HIV Diagnosis by Year of HIV Diagnosis and Sex at Birth in NJ, 2016-2020
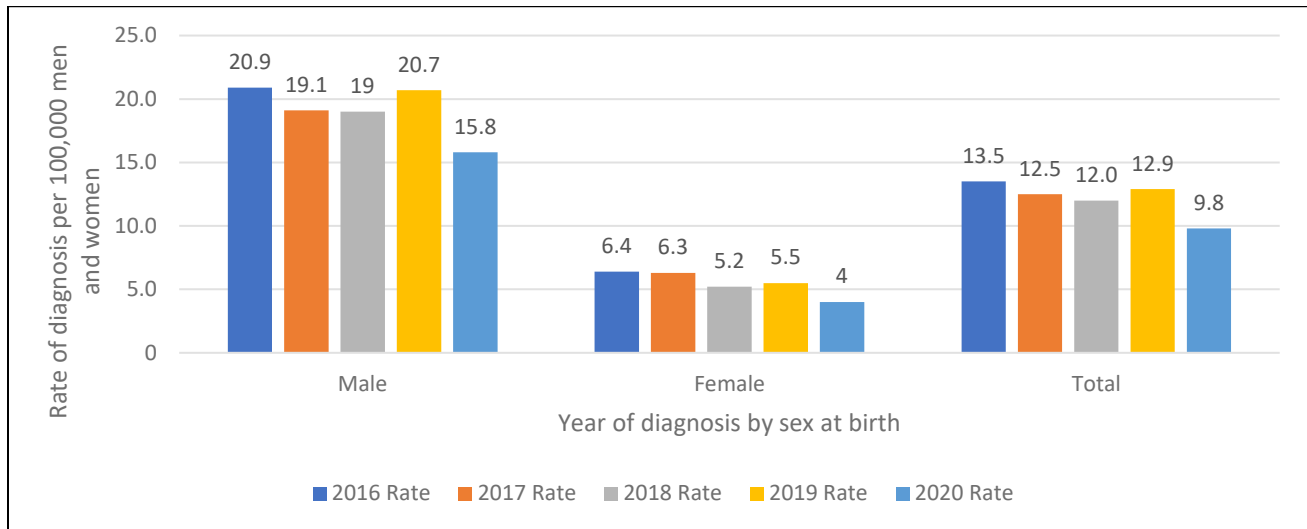
Between 2016 and 2020, males had a rate of new diagnosis that was three times higher than that of females in the state of New Jersey. Across the whole population, the new diagnosis in 2020 equated to a rate of 9.8 per 100,000 persons. In 2020, the rate for HIV in males was 15.8 per 100,000 men, and for females, it was 4 per 100,000 women.

Figure 4: HIV Diagnoses by Year of HIV Diagnosis and Gender in NJ, 2016-2020
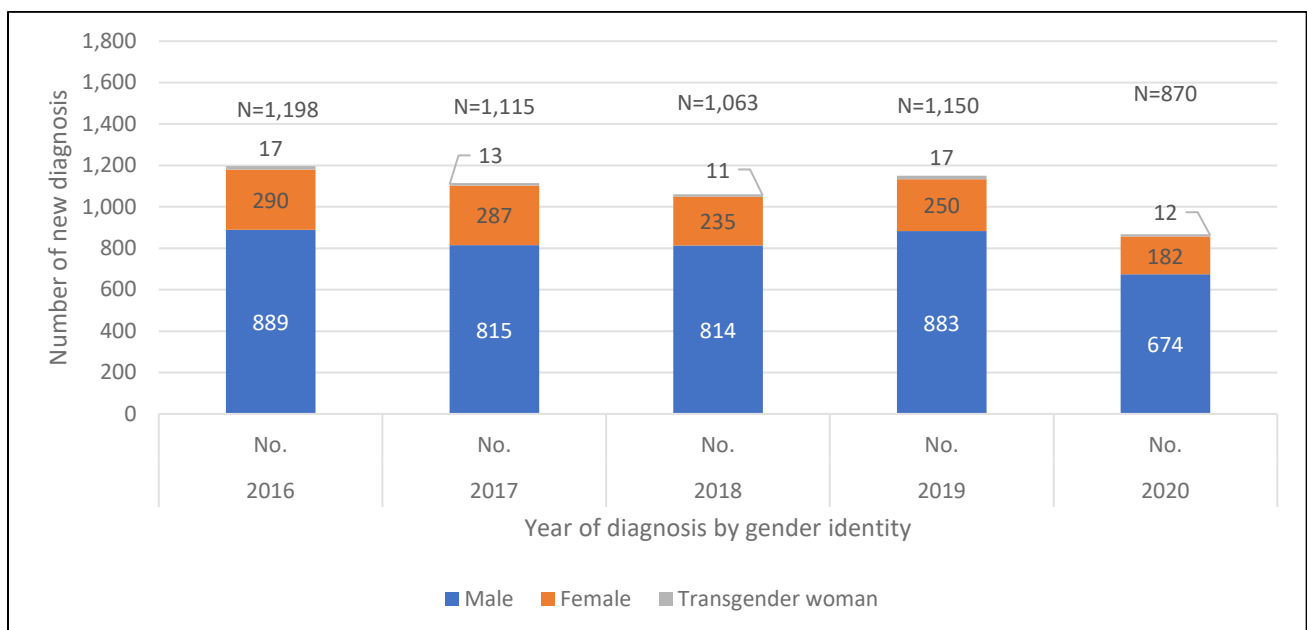
Between 2016 and 2020, males had almost three times the number of new diagnoses of females. In 2020, 77 percent of the new diagnoses were among males and 21 percent among females.

Figure 5: Number of HIV Diagnoses - by Year of HIV Diagnosis, Race/Ethnicity, and Sex at Birth in NJ, 2016-2020
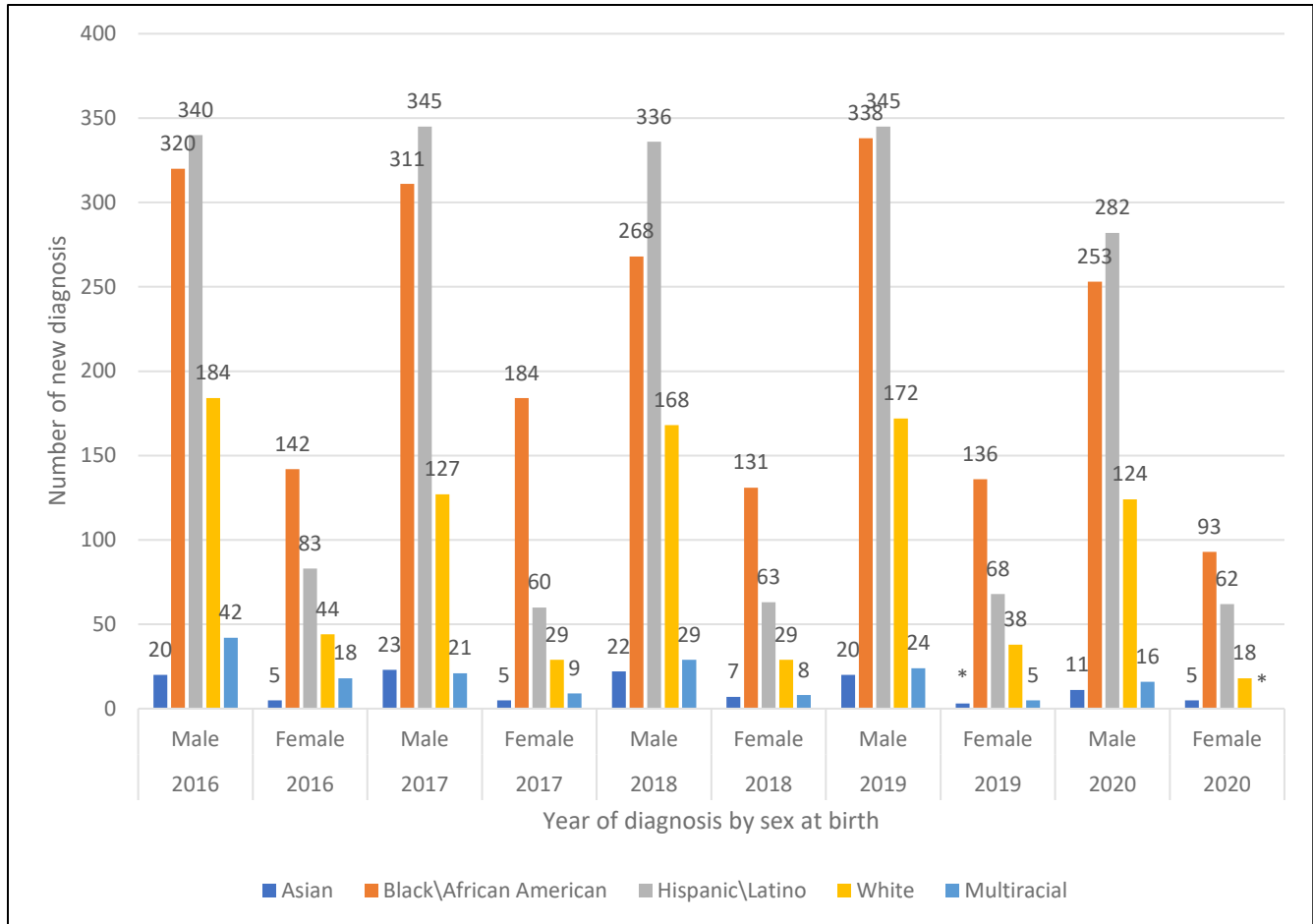
From 2016 to 2020, new diagnoses for men were highest among Hispanics, and new diagnoses for women were highest among non-Hispanic Black/African Americans.

Between 2016 and 2020, the rate of HIV diagnosis was highest among non-Hispanic Black/African American females. In 2020, whereas non-Hispanic Black/African Americans are approximately 15.3 percent of the NJ population, 4 in 10 (39.7 percent) of new diagnoses between 2016 and 2020 were among non-Hispanic Black/African Americans. Hispanics constitute 21.4 percent of the NJ population, but 39.5 percent of new diagnoses were among Hispanics.

Figure 6: Rate of HIV Diagnoses Among Males by Race/Ethnicity in NJ, 2016-2020
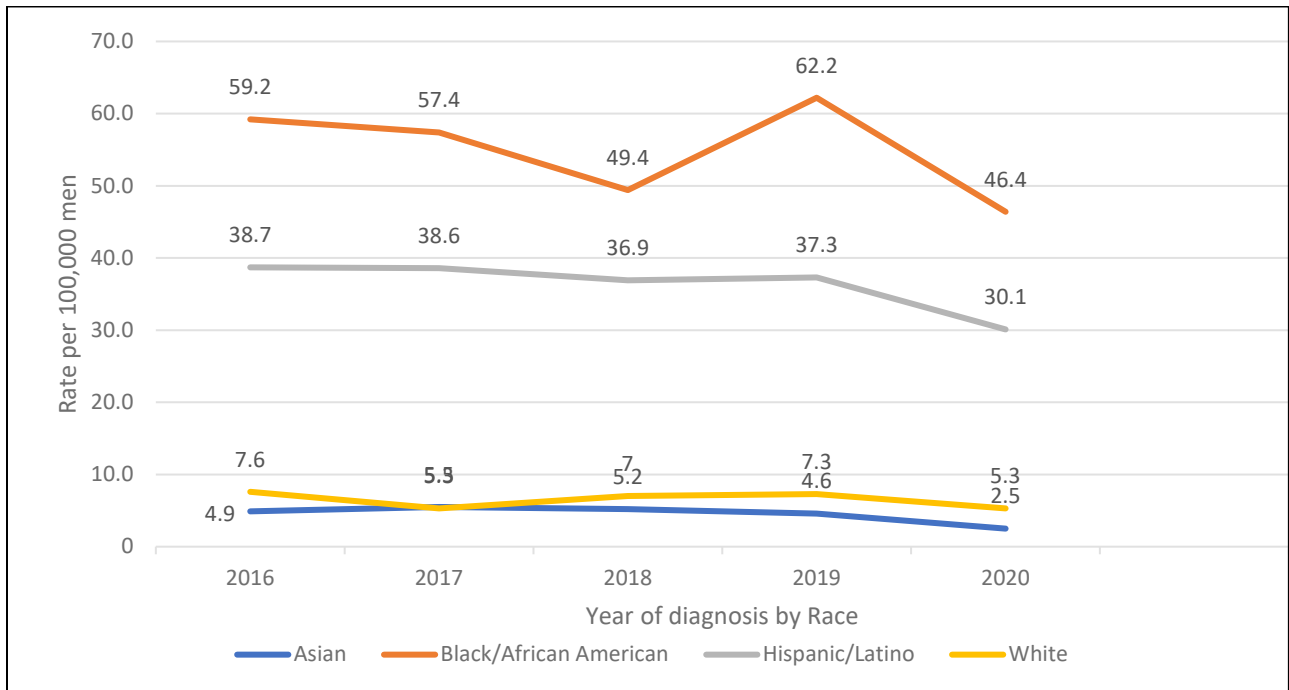
Non-Hispanic Black/African American males had the highest rates of new diagnosis at 46.4 per 100,000. Hispanic men followed with a rate of 30.1 per 100,000.

Figure 7: Rate of HIV Diagnoses Among Females by Race/Ethnicity in NJ, 2016-2020
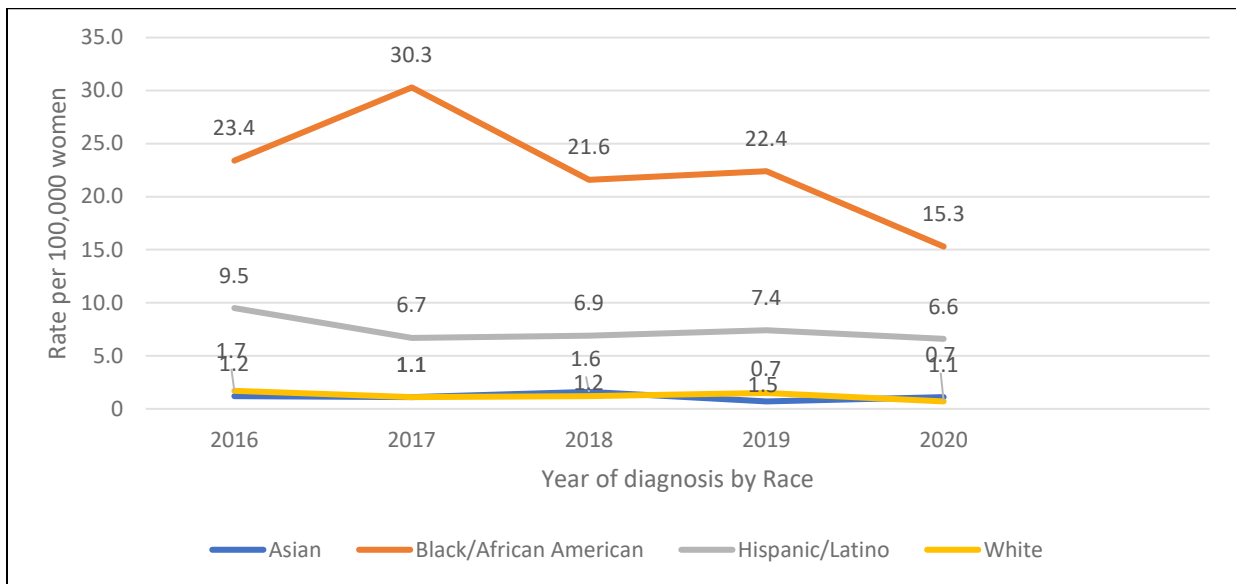
Non-Hispanic Black/African American females had the highest rate of new diagnosis at 15.3 per 100,000 non-Hispanic Black/African American women. Hispanics followed with a rate of 6.6 per 100,000 Hispanic women. The rate of HIV diagnosis among Hispanic females has trended lower from 2016 to 2020.

Figure 8: Number of HIV Diagnoses in NJ - by Year of HIV Diagnosis, Age at HIV Diagnosis, and Male Sex at Birth
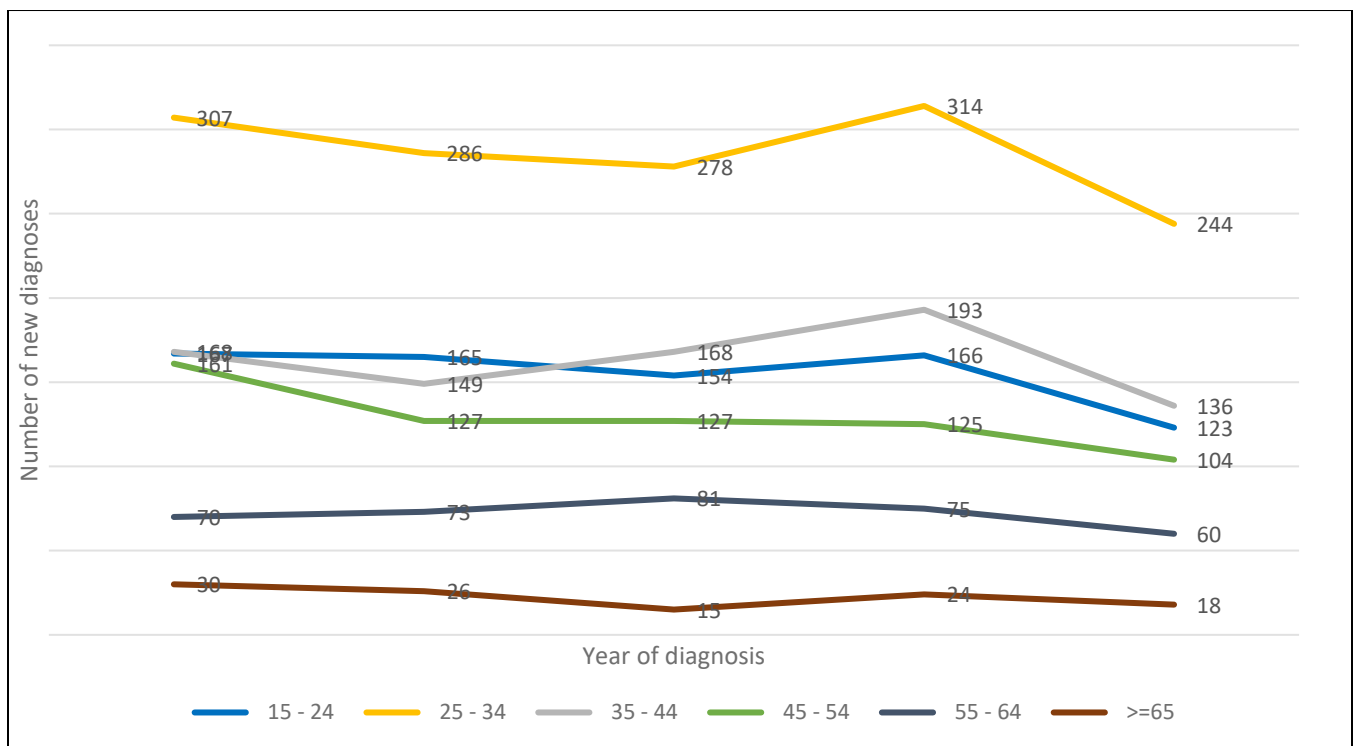
Between 2016 and 2020, males between the ages of 25 and 34 had the highest number of new diagnoses. Almost 57.8 percent of new HIV diagnoses were among males ages 15-44 years.

Figure 9: Rate of HIV Diagnoses Among Males by Year and Age at HIV Diagnosis in NJ, 2016-2020
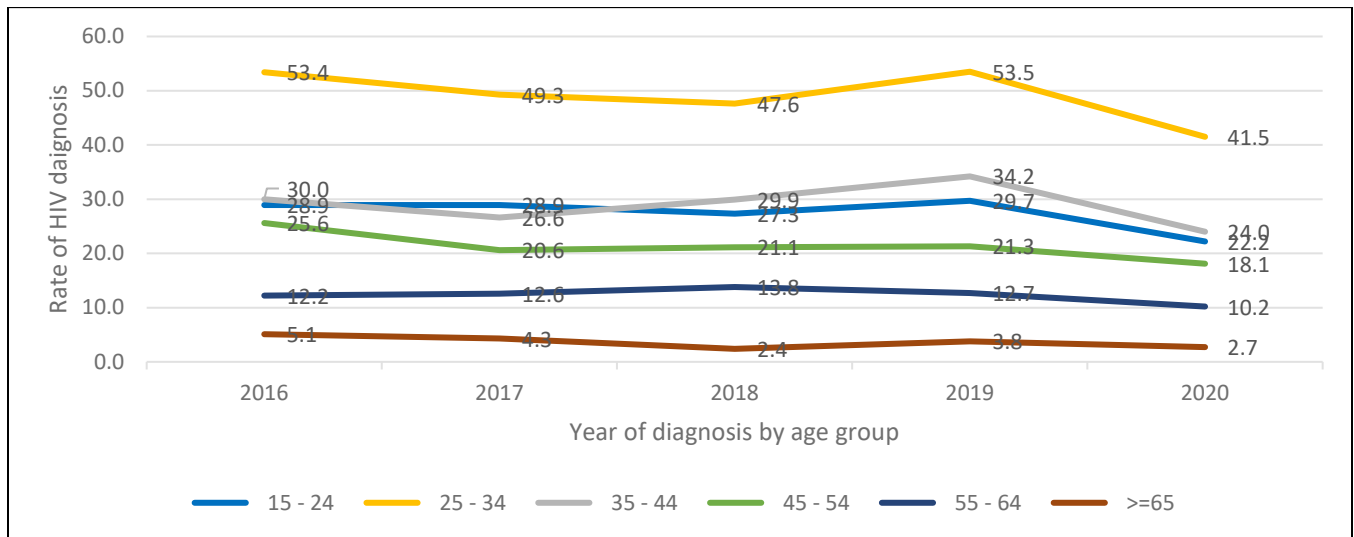
The highest rates among males between 2016 and 2020 were recorded among ages 25-34 years. In 2020, the rate of new diagnosis among males ages 25-34 years was highest at 41.5 per 100,000 men.

Figure 10: Rate of HIV Diagnosis Among Females by Year and Age at HIV Diagnosis in NJ, 2016-2020
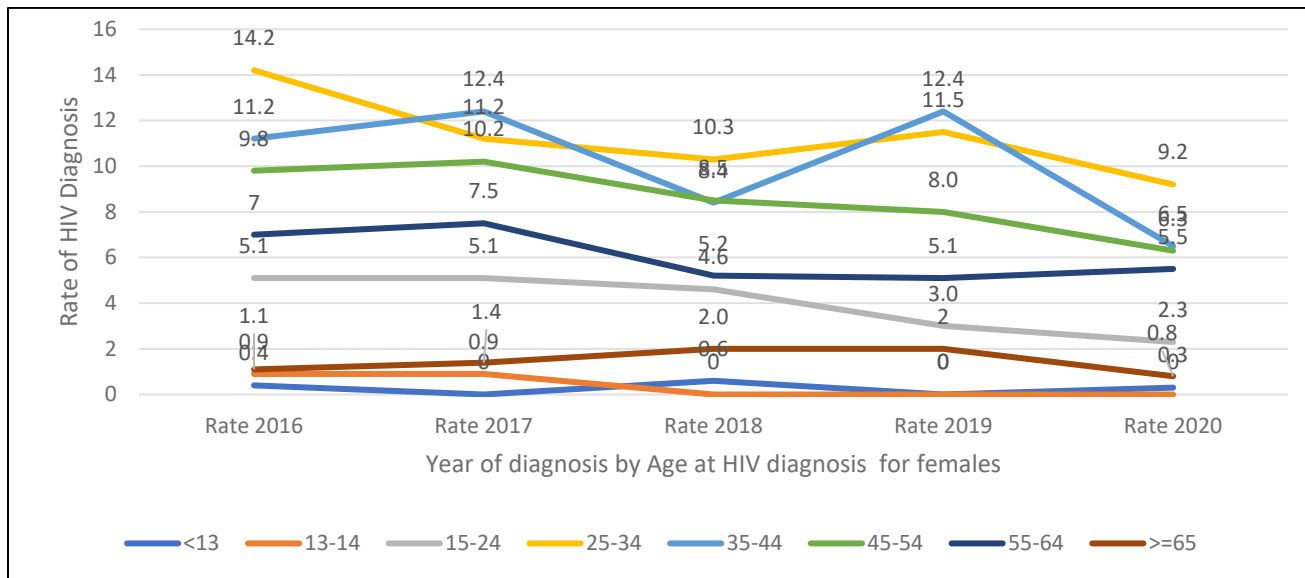
Between 2016 and 2020, the rate of newly diagnosed HIV/AIDS among females was highest among those ages 25-44 years. In 2020, the rate for females ages 25-34 years was 9.2 per 100,000 women.

Figure 11: Number of HIV Diagnoses by Age at HIV Diagnosis and Sex at Birth in NJ 2016-2020
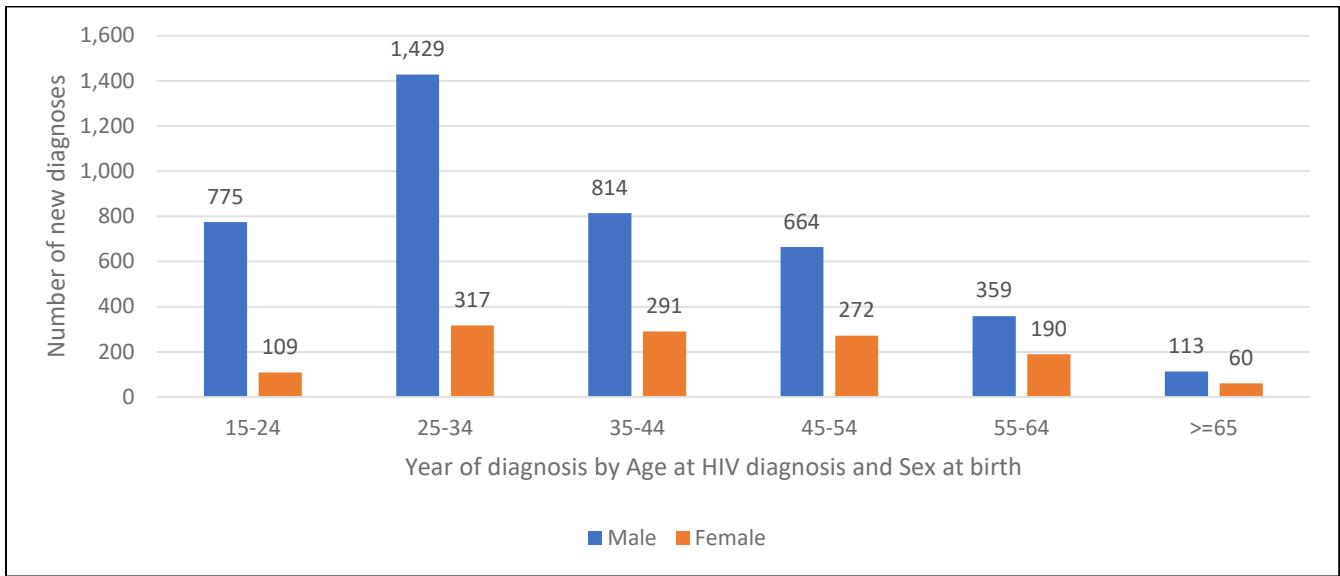
Between 2016 and 2020, over three quarters of new diagnoses were among males and one third of new diagnoses were among those ages 25-34 years. The second highest numbers of new diagnosis were between the ages of 35-44 years.

Figure 12: Number of HIV Diagnoses in NJ by Year of HIV diagnosis and Transmission Category
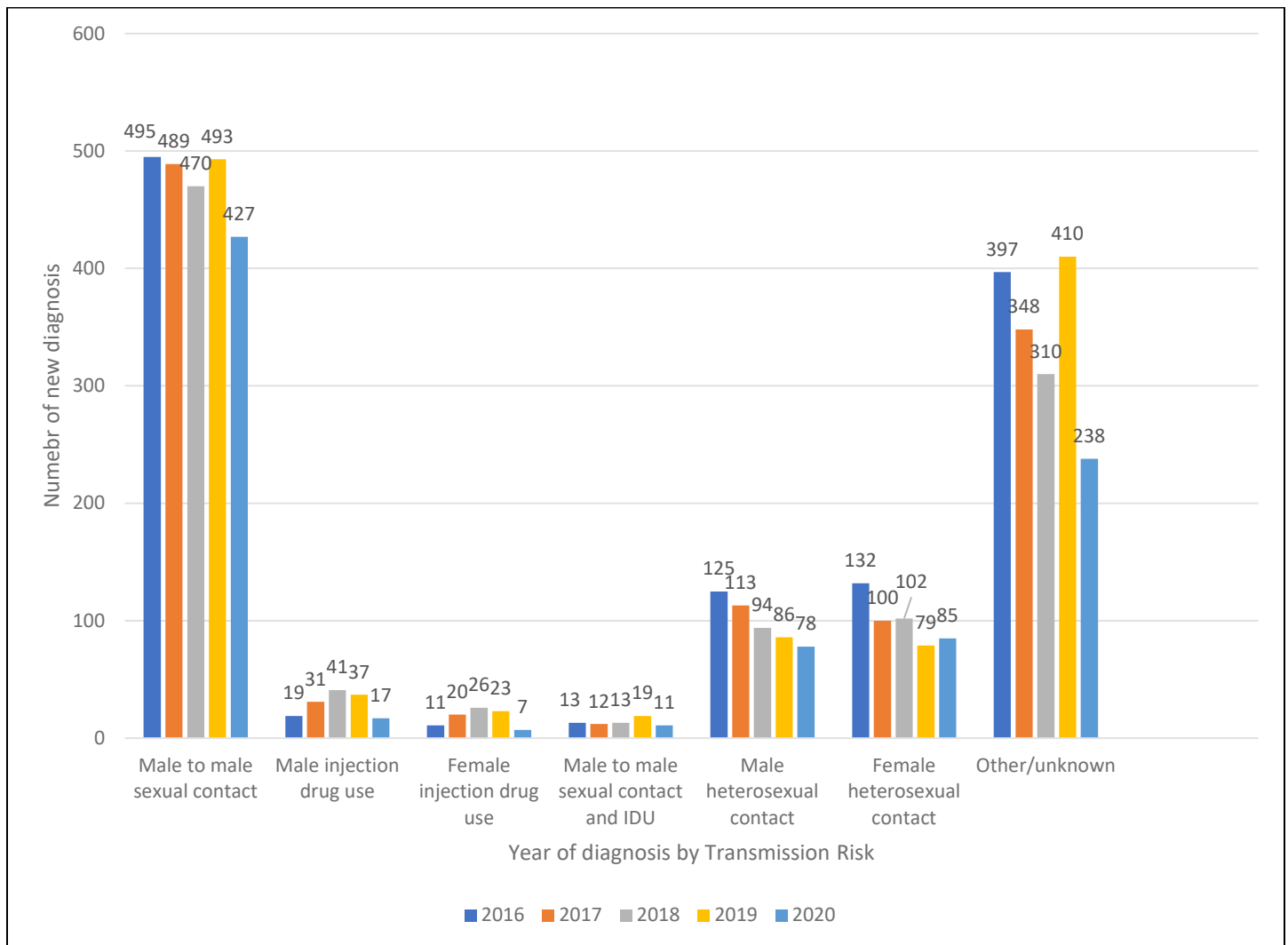
Between 2016 and 2020, the highest number of new diagnoses (2,374, or 44 percent) can be attributed to male-to-male sexual contact (MSM). Heterosexual contact (994, or 18.4 percent) was the next highest reported risk for all new diagnoses, for both males and females. Heterosexual contact was the reported risk for 40 percent of cases in females; most women had no known risk or did not provide a response. In 2020, almost half of all new HIV diagnoses were among MSM. For females, about 10 percent of new diagnoses were attributed to heterosexual contact.

Persons Living with Diagnosed HIV Infection

There has been a steady increase over the years in the number of persons living with diagnosed HIV/AIDS in New Jersey. As of December 31, 2020, there were 38,281 persons at rate of 431 per 100,000 persons living with HIV infection.

Essex, Hudson, Middlesex, Passaic, and Union Counties combined made up almost 60 percent of persons currently living with diagnosed HIV infection at the end of 2020. Essex County had the highest prevalence rate among individuals ages 13 years and older (1,417.6 per 100,000 persons), while Hunterdon County had the lowest rate among individuals ages 13 years and older (143.1 per 100,000 persons).

Figure 13: Total Number and Percent of Persons Living with Diagnosed HIV Infection by Gender Identity in NJ, 2016-2020
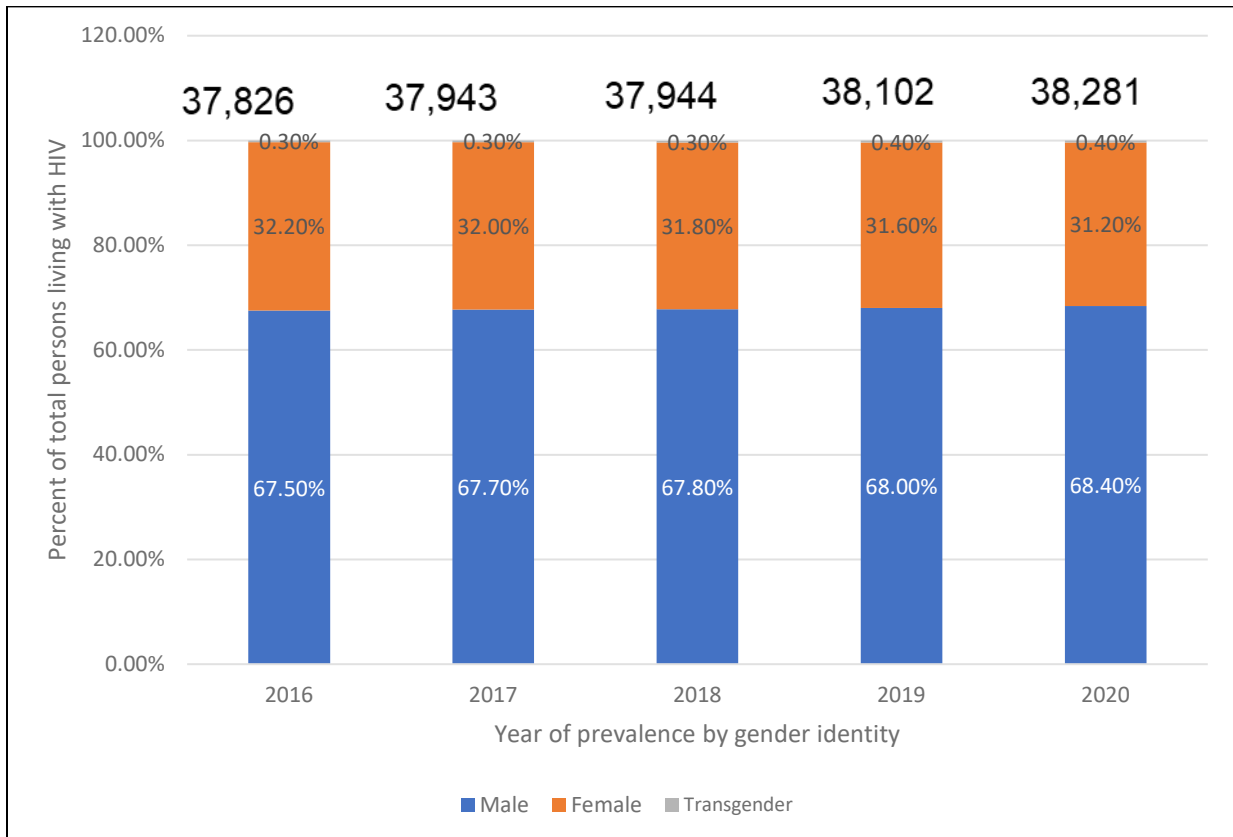
At the end of 2020, the rate of men living with HIV in NJ was 606.5 per 100,000 men. This was more than double that of the women living with HIV in NJ at 263.1 per 100,000 women. Between 2016 and 2020, two-thirds of new HIV diagnoses have been in males and three in ten among females.

In 2020, over two-thirds of those living with HIV were males (68.4 percent), approximately one third were among females (31.2 percent), and less than one percent were among transgender persons.

Almost 74 percent (or 28,252) of people living with HIV in 2020 were non-Hispanic Black/African American (44 percent) and Hispanic (28.8 percent). Non-Hispanic Black/African American men and women had the highest rate of persons living with HIV in the state at 1,825.8 per 100,000 non-Hispanic Black/African American men, and 1,064 per 100,000 non-Hispanic Black/African American women, respectively.

Figure 14: Number of Persons Living with Diagnosed HIV infection by Sex at Birth and Age at End of Year in NJ, 2020
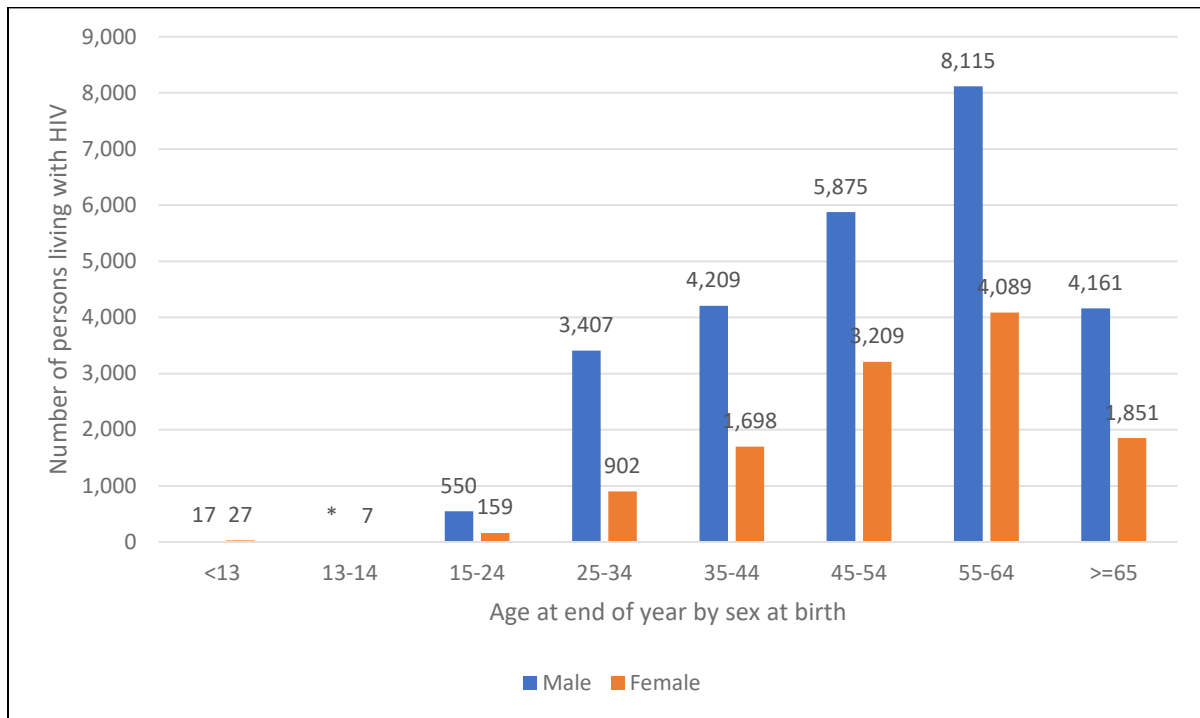
Approximately one in three persons living with HIV (31.9 percent) in 2020 was 55-64 years old and almost one in two people living with HIV was 55 years of age and older. The prevalence

rate among males aged 55-64 years was 1,374.8 per 100,000 men. The rate among females of this age group was 646.6 per 100,000 women.

Figure 15: Percent of Persons aged 13+ Years Living with HIV by Transmission Category in NJ, 2020
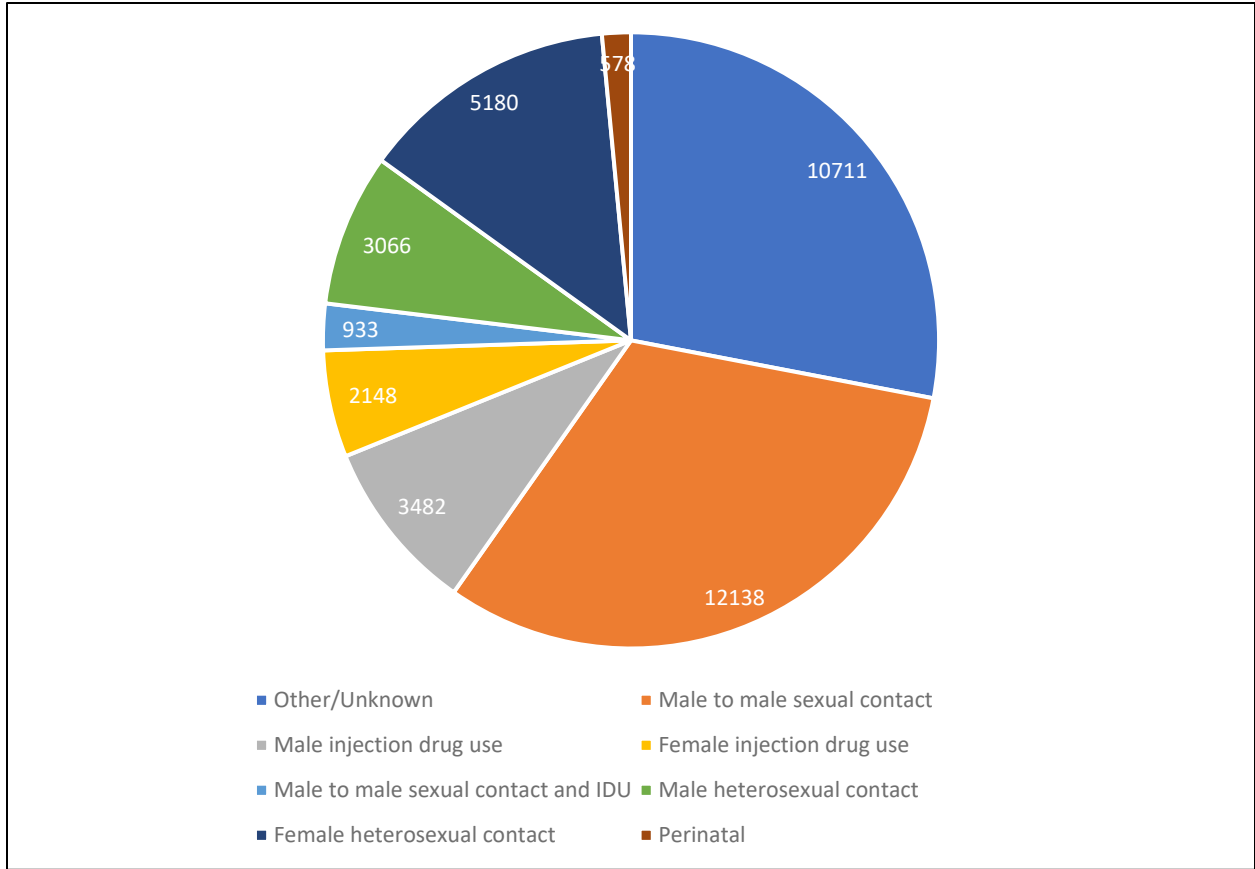
The most common mode of transmission reported by those living with HIV was adult MSM. There was a nine percent increase in the number of MSM incidents over the last five reporting years among persons living with HIV. Every third person living with HIV (31.7 percent) was recorded as MSM. Another 21.6 percent of men and women living with HIV had reported risk of heterosexual contact.

Figure 16: Number of Persons aged 13 + with Diagnosed HIV by Transmission Category, NJ 2020
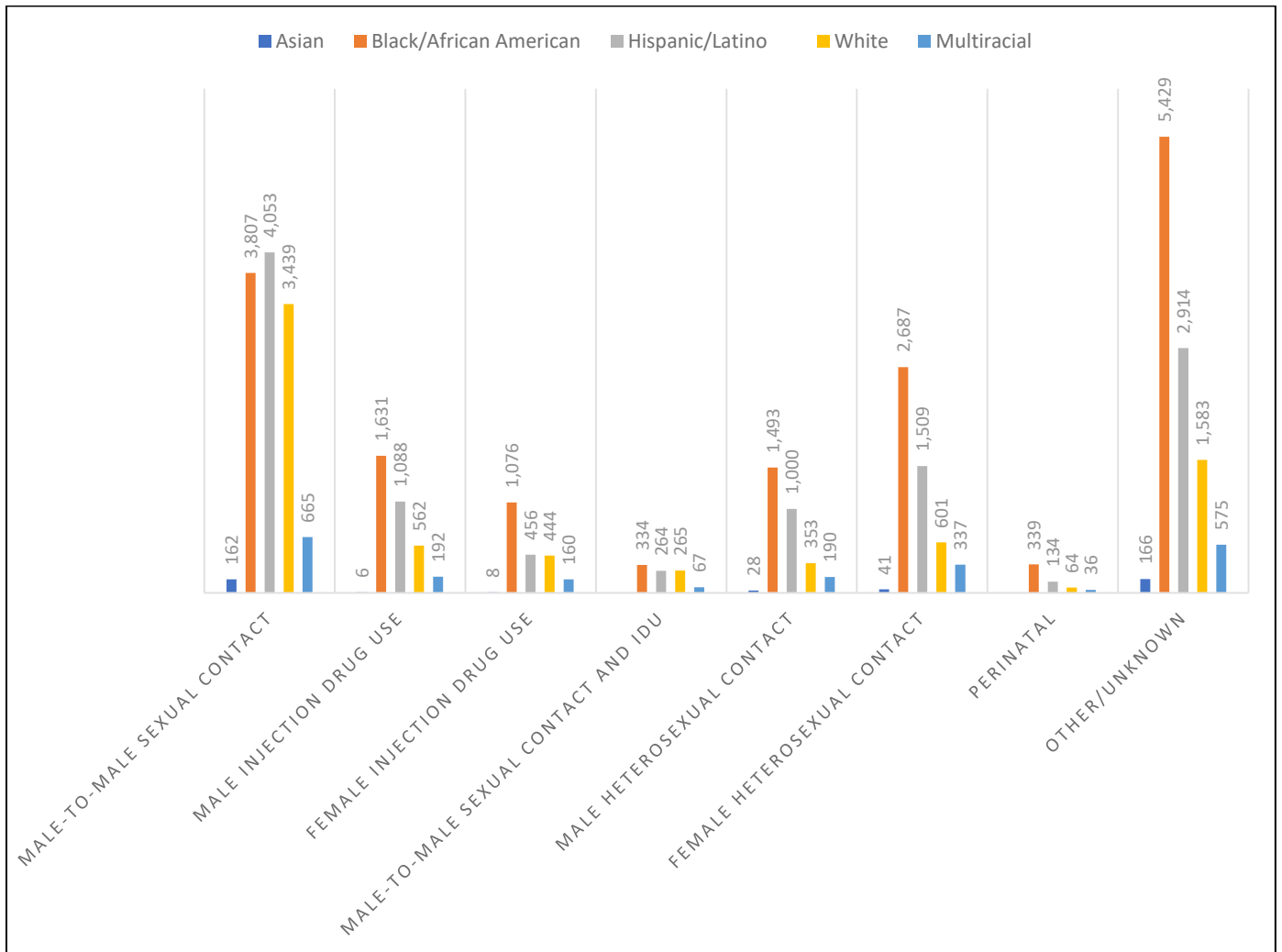
The highest proportion of men living with HIV were Hispanic and non-Hispanic Black/African American men whose transmission risk was sex with men. Together, they represented 20.6 percent of total persons living with HIV infection. Except for MSM contact, non-Hispanic Black/African Americans living with HIV constituted the racial group with the highest numbers of persons in every other transmission category.

Figure 17: Number of transgender women aged 13+ years living with diagnosed HIV infection in NJ by Year and Exposure category.
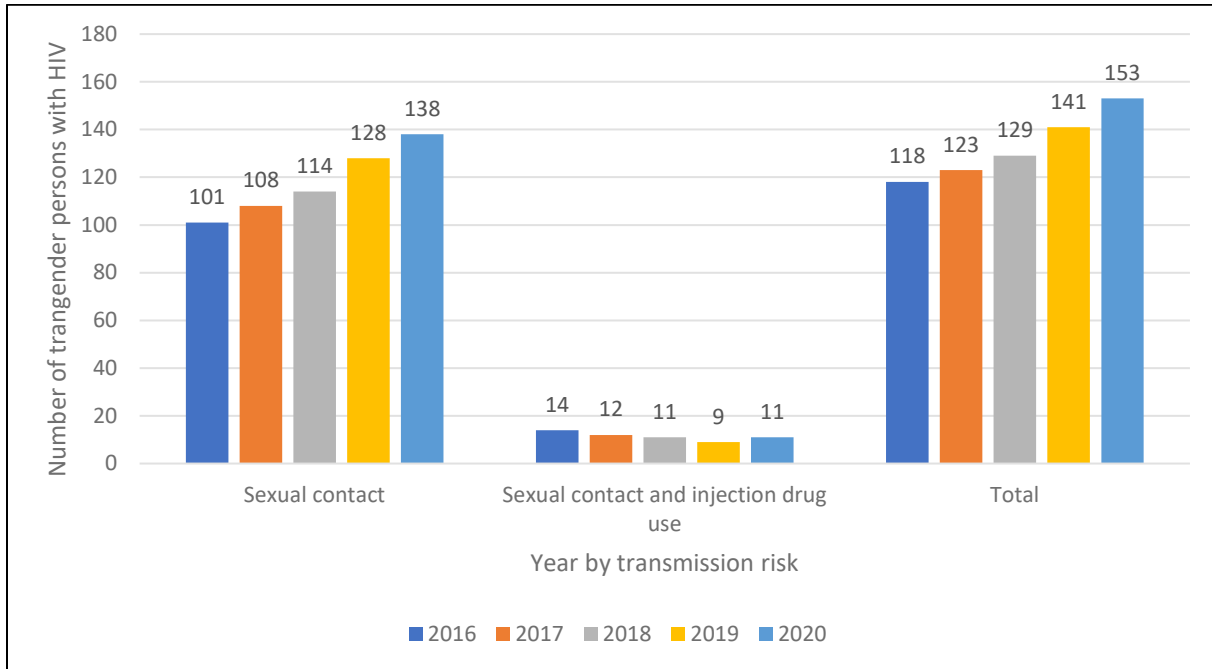
Between 2016 and 2020, the number of transwomen with diagnosed HIV infection due to sexual contact increased while the number due to sexual contact and injection drug use remained stable.

Deaths Among Persons with Diagnosed HIV Infection

People are living longer with a diagnosis of HIV infection due to several factors such as successful antiretroviral treatment (ART), better case reporting, early diagnosis, and improvement in unmet needs. However, it is important to note that COVID-19 likely contributed to the increased number in deaths among those with HIV infection in 2020. The overall number of deaths from all causes among persons living with HIV infection in 2020 was 17.4 percent higher than in 2019. The overall mortality rate for the year 2020 in the state of New Jersey stands at 8 per 100,000 persons. Just over a quarter of deaths from all causes among persons living with HIV infection were among those who resided in Essex County at the time of death.

In 2020, there were 707 deaths from all causes recorded in New Jersey among persons living with HIV infection. Two-thirds of deaths in persons with HIV were among males (66 percent) while one-third (33.7 percent) were among females in 2020. However, men with HIV had a death rate of 10.8 per 100,000 persons, a rate that was double that of females at 5.2 per 100,000 persons.

Figure 18: Deaths among males with HIV in NJ, 2016-2020
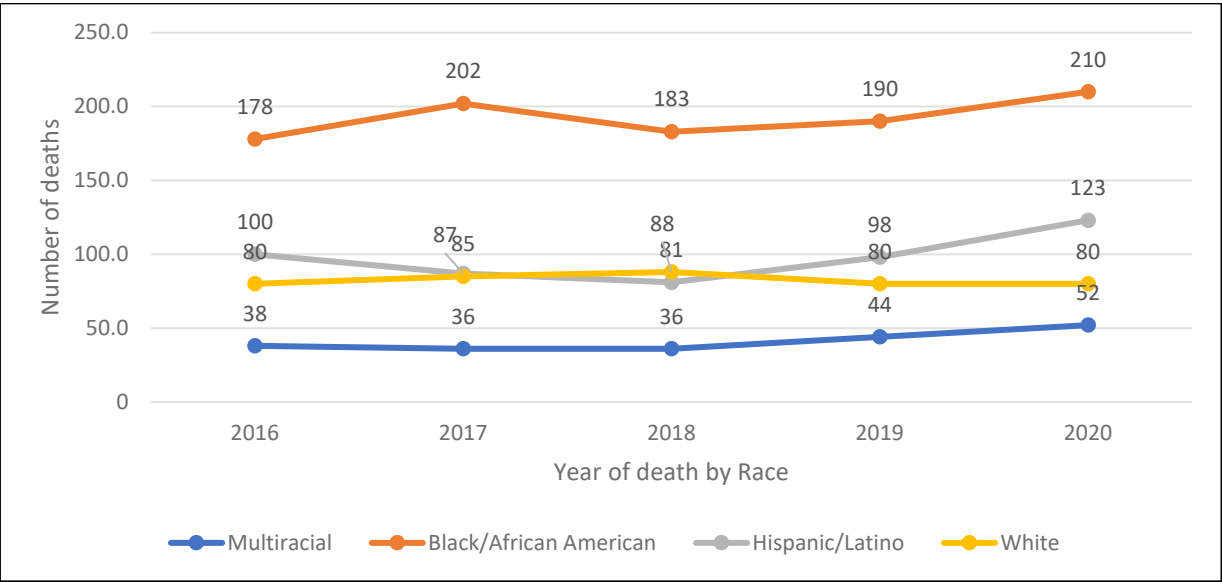
Figure 19: Deaths among females with HIV in NJ, 2016- 2020
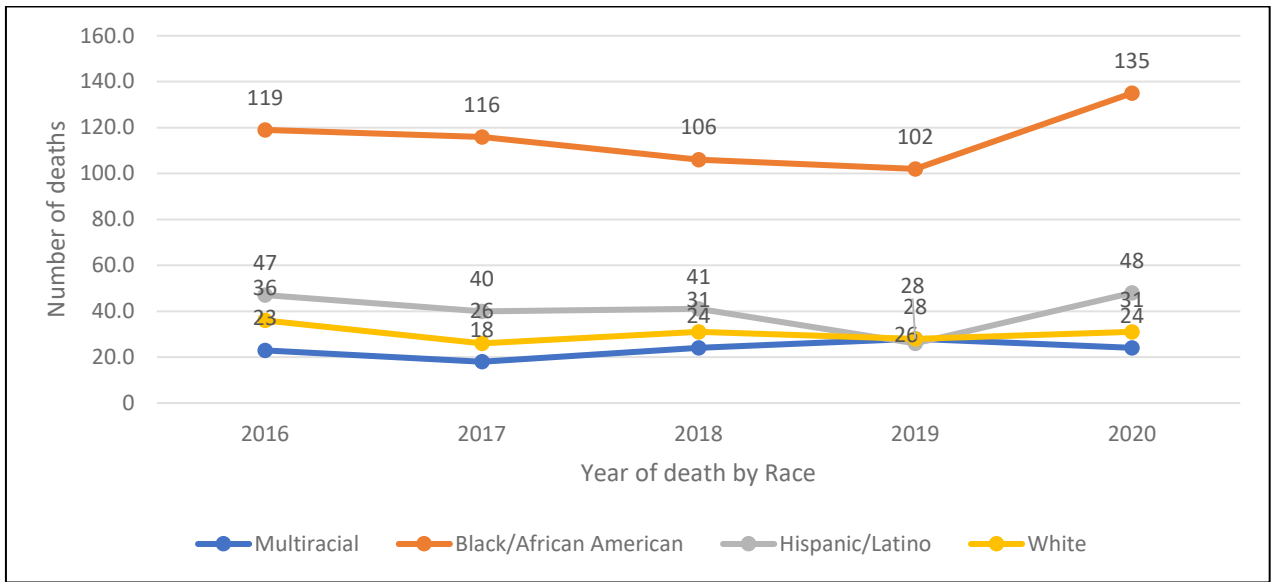
Deaths from all causes between 2016 and 2020 were disproportionately higher among male and female non-Hispanic Black/African Americans compared to other racial/ethnic groups. Approximately 50 percent of persons with diagnosed HIV infection who died from all causes in New Jersey in 2020 were non-Hispanic Black/African Americans. This was followed by Hispanics (24 percent), non-Hispanic Whites (15.7 percent), and non-Hispanic Asian/Pacific Islanders (less than 1 percent). Non-Hispanic Black/African American males and females had the highest death rates compared to those in other racial/ethnic groups at 38.5 and 22.2 per 100,000 persons, respectively. The rate of death from all causes among non-Hispanic Black/African American males and females was 11.3 times and 17.1 times that of non-Hispanic White males and females, respectively.

Historically, deaths among male and female persons who inject drugs (PWID) far outpaced deaths among other risk categories. Between 2016 and 2020, 31.4 percent of deaths were among persons living with HIV whose transmission risk was injection drug use. In 2020, almost 30 percent of deaths were reported among persons who injected drugs. However, among males in 2020, the number of deaths among MSM (122) were comparable to deaths among males who injected drugs (127). Nearly 13 percent of deaths were reported among females living with HIV who had a risk category of heterosexual contact.

Figure 20: Number of Deaths among Persons with Diagnosed HIV Infection Aged 13+ Years in NJ – by Year of Death and Transmission Category 2016-2020
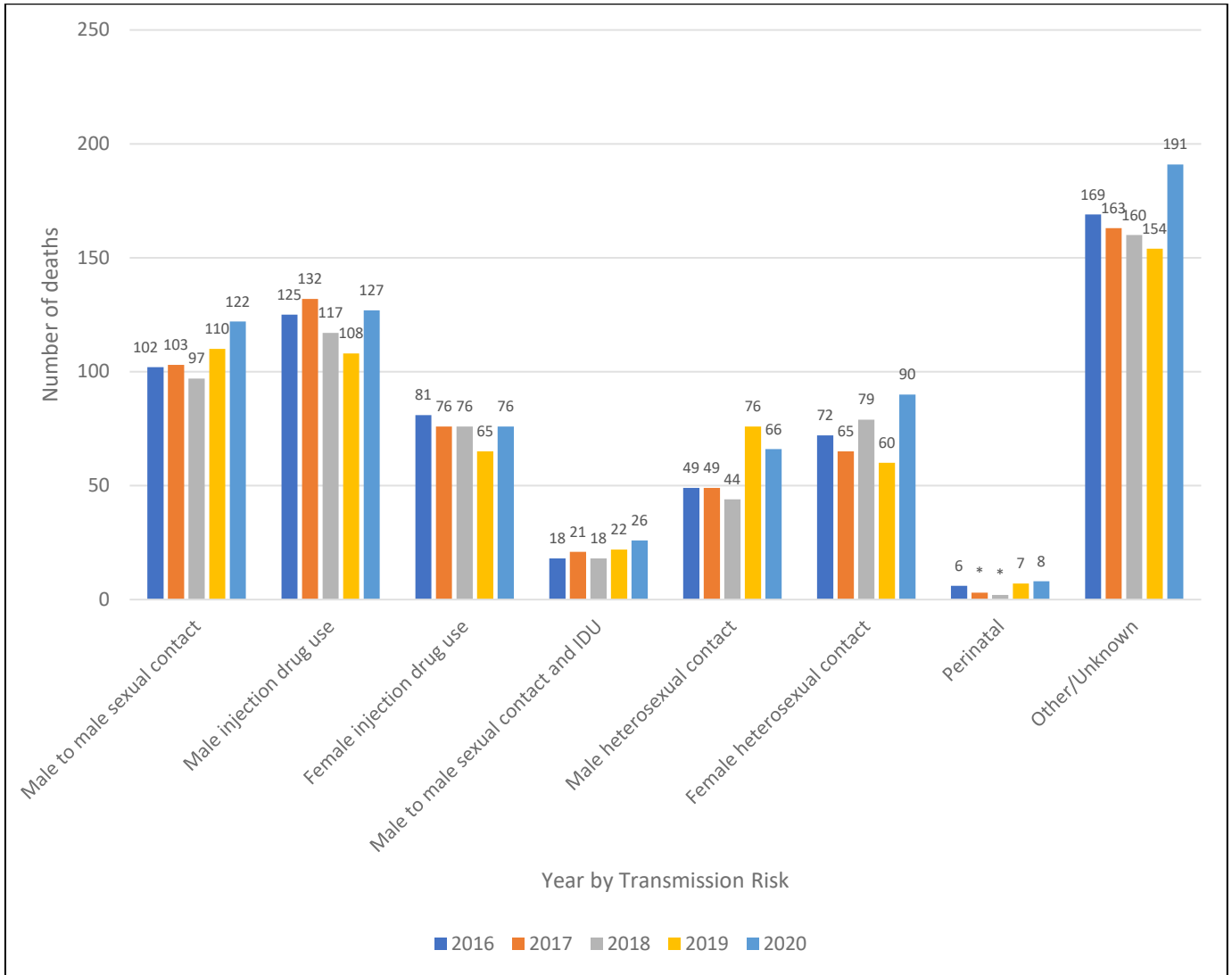
Late Diagnosis

Early knowledge of HIV infection can improve a person's health outcomes and help prevent further HIV transmission. Approximately one in five people were diagnosed at Stage 3 (AIDS) in New Jersey between 2016 and 2020. Between 2016 and 2020:

- 22 percent of males and 20.9 percent of females were diagnosed with HIV late.

- More Hispanics (23.4 percent) were diagnosed at Stage 3 (AIDS) than other populations, discounting non-Hispanic Asian whose total numbers of HIV infection were low.

- Males and females who reported risk of heterosexual contact (36.5 percent and 28.8 percent, respectively) had the highest proportion of persons being diagnosed at Stage 3 (AIDS).

- Those aged 55 years and older received more late diagnoses (31 percent) compared to those in other age brackets.

Figure 21: Number and Percentage of Late Diagnosis (at AIDS) Among All New Diagnosis between 2016-2020 by Selected Characteristics
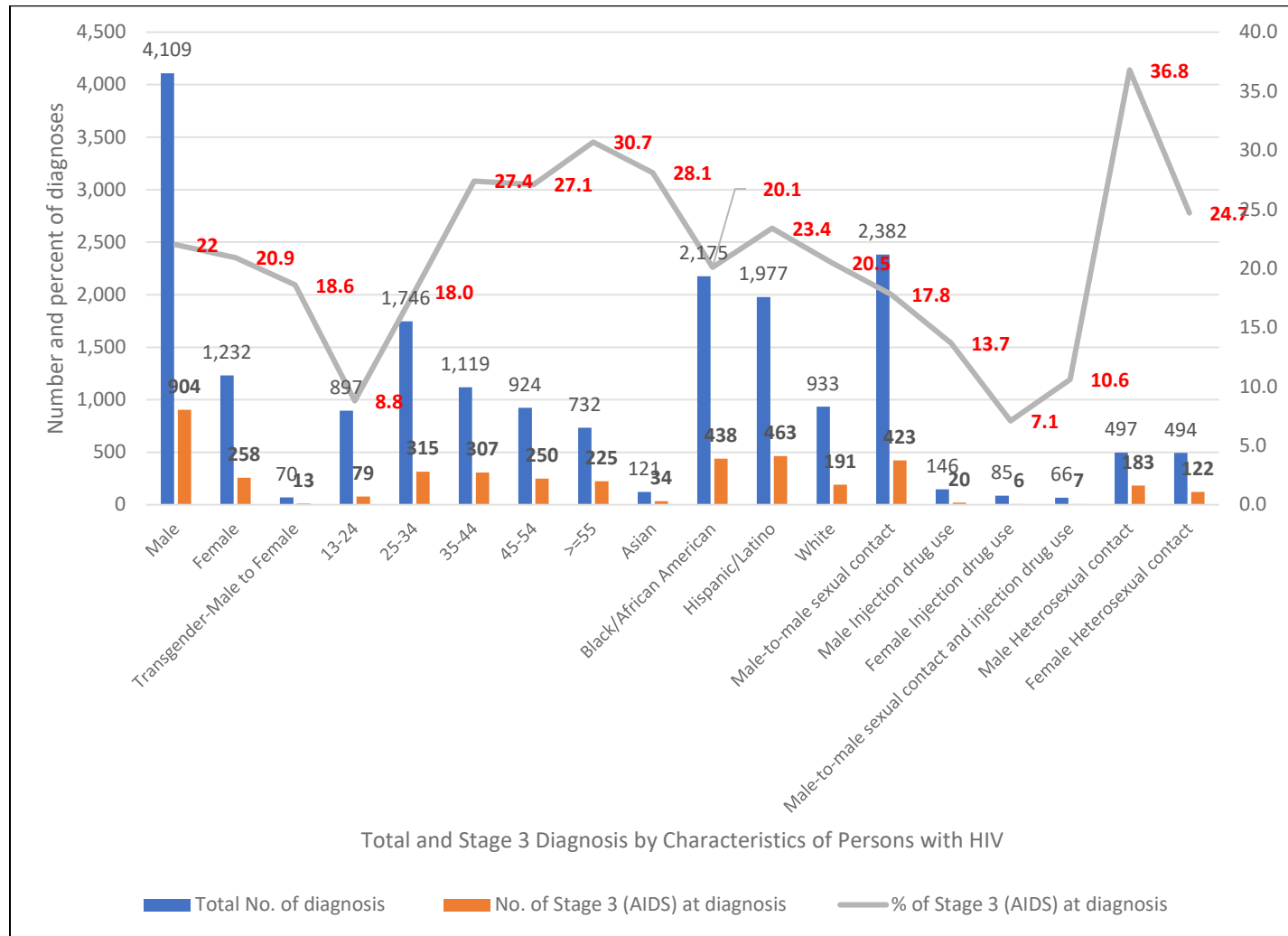
Care Continuum among Persons with Diagnosed HIV Infection and Unmet Needs

Between 2016 and 2020, New Jersey did not have rules requiring reporting of all cluster of differentiation 4 (CD4) and viral loads. These HIV Surveillance data are being presented for the persons (28,025, or 73 percent, of all persons living with HIV in NJ) for whom data were available at the time of analysis.

Overall, New Jersey was successful in linking people to care. Between 2016 and 2020, approximately seven in ten persons with HIV infection were linked to care within 30 days and 88 percent were linked within 12 months. Of those who were linked to care, 8.5 in 10 achieved viral suppression. Younger persons were often linked to care, but a high percent fell out of care before they achieved viral suppression. Viral suppression rates improved with age of persons diagnosed. Those who were ages 55+ years achieved suppression the most. Among races, non-Hispanic Blacks/African Americans had the lowest viral suppression rates. Among transmission risk categories, people who inject drugs had the lowest viral suppression.

Figure 22: Care Continuum for Persons Living with Diagnosed HIV Infection by Gender Identity in NJ, 2020
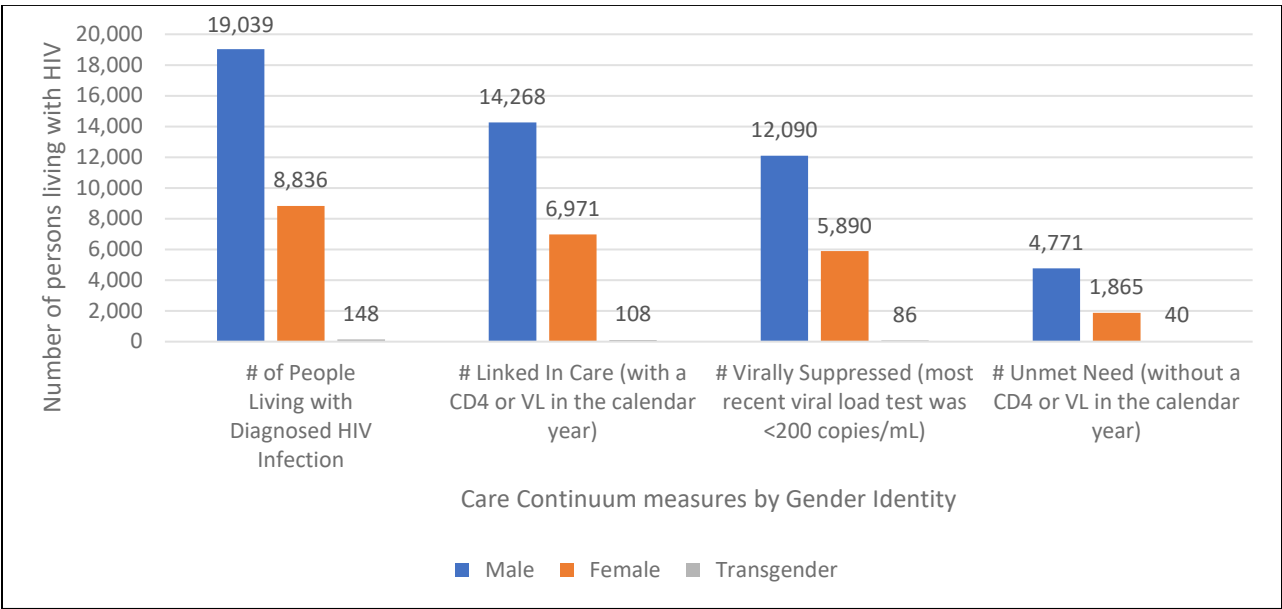
In 2020, 75 percent of males and 78.9 percent of females were linked to care in the calendar year. Of those linked to care, 84.7 percent of males and 84.5 percent of females achieved viral suppression. Viral suppression among transgenders was 79.6 percent.

Figure 23: Care Continuum for Persons Living with Diagnosed HIV Infection by Race/Ethnicity in NJ, 2020
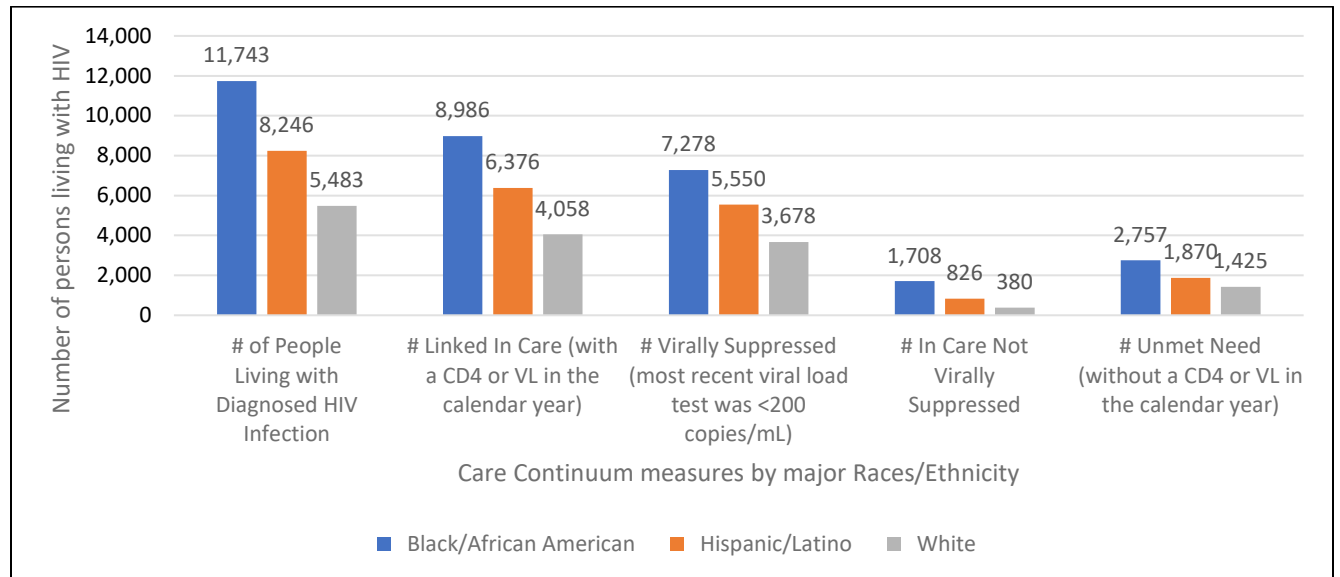
In 2020, 76.5 percent of non-Hispanic Black/African Americans and 77 percent of Hispanics were linked to care, and of those 81 percent of non-Hispanic Black/African Americans and 87 percent of non-Hispanic Hispanics achieved viral suppression.

In 2020, persons ages 13-24 years were the most likely to be in care (77.2 percent), but not the most likely to be virally suppressed (22.1 percent). Viral suppression proved to have an inverse relationship with age—80 percent of persons 55 years and older were virally suppressed compared to 70 percent of persons 25-34 years of age.

The lowest proportions of linkage to care were among MSM in 2020 with only 75 percent getting a CD4 or VL in the calendar year of diagnosis. All other risk categories were closer to 80 percent. The highest unmet need was among MSM (25 percent) and transwomen (26 percent). Persons who injected drugs had the lowest viral suppression after being linked to care (18.6 percent).

Figure 24: Care Continuum for Persons Living with Diagnosed HIV Infection by Transmission Category in NJ, 2020
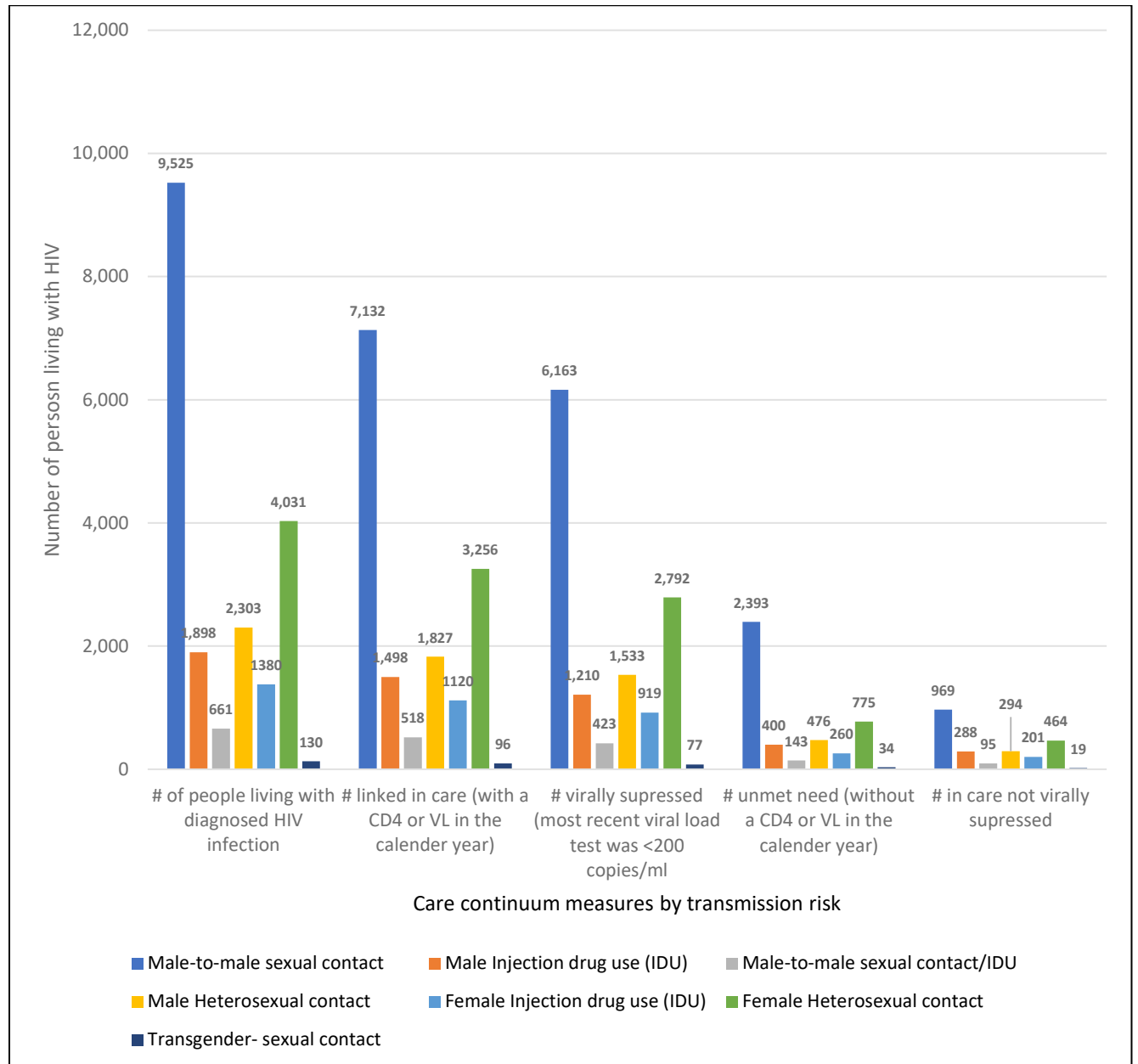
In 2020, the Newark Eligible Metropolitan Area (EMA) and Jersey City had the highest share of persons with unmet needs in the state with 33.4 percent and 15.8 percent, respectively. Newark EMA has the largest proportion of late diagnoses (37.7 percent).

Table 1: Care Continuum by Eligible Metropolitan Area/Transitional Grant Area, 2020*

Category	Total # of People Living with Diagnosed HIV Infection	# of New Diagnoses	% Late Diagnosed	% In Care	% Unmet Need	% In Care Virally Suppressed	% In Care Not Virally Suppressed
Atlantic-Cape May EMA	1,097	18	22.2%	73.5%	26.5%	76.6%	23.4%
Bergen-Passaic EMA	3,395	111	18.0%	77.9%	22.1%	86.6%	13.4%
Hunterdon-Middlesex-Somerset EMA	2,400	70	25.7%	75.3%	24.7%	90.1%	9.9%
Jersey City EMA	3,803	138	23.9%	72.1%	27.9%	86.7%	13.3%
Mercer County	1,179	49	26.5%	79.4%	20.6%	77.2%	22.8%
Monmouth-Ocean EMA	2,019	38	21.1%	76.9%	23.1%	85.9%	14.1%
Newark EMA	9,773	317	22.4%	77.1%	22.9%	82.0%	18.0%
Phila EMA	2,650	115	13.9%	74.3%	25.7%	86.1%	13.9%
Vineland-Millville-Bridgeton EMA	375	11	18.2%	62.7%	37.3%	81.7%	18.3%

* Uses HIV Surveillance Data. See Appendix A for detailed Care Continuum data by State, EMA and TGA.

Socio-economic, Clinical, and Behavioral Characteristics of Persons Living with HIV (PLWH) in New Jersey, 2015-2020

These data are based upon the Medical Monitoring Project (MMP) between 2015 and 2020. MMP is a surveillance system designed to learn more about the experiences and needs of people who are living with HIV. New Jersey MMP interviewed 1,288 persons living with HIV between 2015 and 2020. The project seeks to answer questions about the care and services that people with HIV receive, as well as their unmet needs, barriers, and outcomes after living with HIV.

Persons living with HIV disproportionately face poverty, disability, food insecurity, and are reliant on public assistance and health care. In the last 12 months, 71.8 percent lived in households with an annual income of less than $40,000, 4.6 percent were unemployed, and 38.4 percent were disabled. An estimated 32.4 percent of women had been pregnant at least once since receiving an HIV diagnosis.

Many faced unstable housing. About 5.2 percent had been homeless in the 12 months prior to the interview. , 9.1 percent had moved in with others due to financial struggles, and 23.2 percent had been evicted from housing or moved more than once. The subpopulations that experienced homelessness the most were youth (ages 18-29), transgender, African American, and MSM populations.

Many used public health insurance or coverage for care and/or medications in the 12 months prior to the interview, including the Ryan White HIV/AIDS program (38 percent), Medicaid (48.2 percent), Medicare (21.9 percent), Other Public Insurance (9.6 percent), and VA/Tricare/Champus (2.2 percent). People could report more than one type of health insurance or coverage. In all, 43.4 percent of persons had at least one visit to an emergency department in the 12 months prior to the interview, and 20.2 percent were admitted to the hospital in the 12 months prior to the interview.

Services needed but not received by persons living with by the time of interview:

- Case management services - 6.1 percent

- Medication through AIDS Drugs Assistant Programs (ADAP) - 5.3 percent

- HIV peer group support - 5.8 percent

- Patient navigation - 7.4 percent

- Mental health services – 6.5 percent

- SNAP or WIC – 17.2 percent.

- Shelter or Housing – 16.1 percent

- Meal or Food services – 10.5 percent

- Transportation services – 6.3 percent

Among sexually active persons, an estimated 54.6 percent were tested for gonorrhea, 54.4 percent for chlamydia, 45.6 percent for syphilis, and 60.4 percent for all three sexually transmitted diseases (STDs) for screening or diagnostic purposes. Percentages for gonorrhea and chlamydia include testing at any anatomical site.

Of those interviewed, 96.9 percent had taken ART at some point since being diagnosed while 93.9 percent were taking ART at the time of the interview. Of those interviewed eighty-one percent were prescribed ART in the last 12 months. 80.8 percent of the individuals were retained in care in the last 12 months while 65.7 percent were retained in care in the last 24 months, and 59.9 percent of all individuals had sustained viral suppression.

Among persons who were currently taking ART, only 67 percent did not miss any dose in the 30 days prior to the interview. Of those who were taking ART and have ever missed a dose, 53.1 percent stated they missed a dose because they had money problems, 11 percent never discussed restarting ART with their providers, and 15.3 percent did not believe they needed ART.

During the past 12 months, an estimated 69.9 percent of persons received counseling from a physician, nurse, or other health care worker about HIV and STD prevention; 38.8 percent had a

one-on-one conversation with an outreach worker, a counselor, or a prevention program worker about HIV and STD prevention; and 14.9 percent participated in a small-group session (excluding discussions with friends) to discuss the prevention of HIV and other STDs. An estimated 42 percent of persons received free condoms.

High-risk sex was defined as having vaginal or anal sex in the past 12 months with at least one HIV-negative or unknown status partner while not having sustained viral suppression (all viral load tests in the past 12 months <200 copies/mL or detectable), when a condom was not used, and the partner was not known to be taking pre-exposure prophylaxis (PrEP). Among men who had sex with men (MSM), an estimated 11.5 percent engaged in high-risk sex, compared with 2.8 percent for men who only had sex with women (MSW), and five percent for women who had sex with men (WSM). Among those who did use a prevention strategy, 53.9 percent of MSM had sex with a partner with HIV, as compared to 27.5 percent of WSM and 23.5 percent of MSW. Further, 18.4 percent of MSM had condomless sex with a partner, compared to 2.4 percent of WSM and 1.3 percent of MSW.

The median score of persons living with HIV who report experiencing stigma in NJ is 35.4 (0 is the lowest and 100 the highest level of stigma; 38 is the national median). Cisgender females, heterosexual persons, Hispanic/Latino, and 30–39-year-old individuals most frequently reported experiencing stigma.

Figure 25: HIV stigma, past 12 months (row median score)
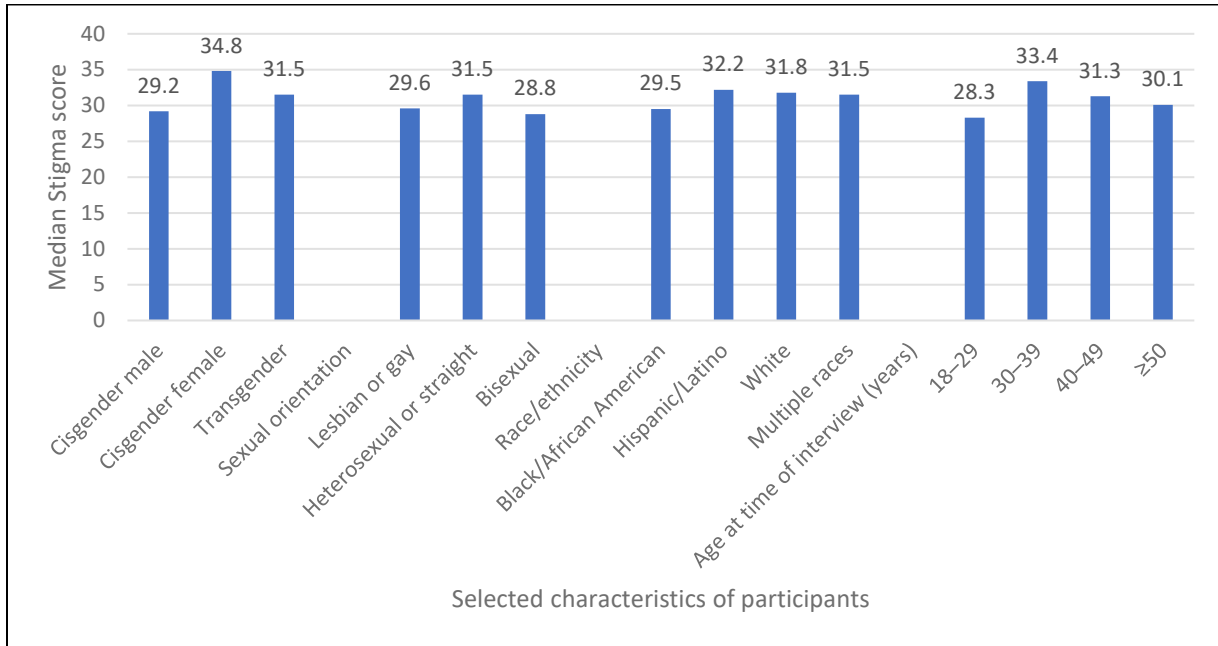
Key Characteristics of HIV Cluster Cases in NJ

A molecular cluster is a group of persons with diagnosed and genetically similar HIV infection. These data represent the key characteristics of 1,238 persons who were part of HIV clusters, size two to 15 members, between January 2020 and May 2022.

Of the 1,238 persons who were members of clusters, majority are young men aged 20-39 years (71.1 percent), with reported MSM contact (45.1 percent), of non-Hispanic Black/African American (35.8 percent) and Hispanic (32.8 percent) race and ethnicity. Based on available viral load data in the last 12 months of analysis date, more than one third of persons (38.7 percent) whose data were analyzed were not virally suppressed.

Populations at Risk for HIV

National HIV Behavioral Surveillance (NHBS) is a comprehensive system for bio-behavioral surveillance conducted in New Jersey in populations with high burdens of HIV. NHBS collects data on behavioral risk factors for HIV (e.g., sexual behaviors, drug use), HIV testing behaviors, receipt of prevention services, and use of prevention strategies (e.g., condoms, PrEP). These data are based on three cycles of NHBS data from 2017 through 2019. Due to COVID-19 disruptions and nationwide changes in methodology, data from 2020 and 2021 were not included. Between 2017 and 2019, 60.9 percent of NHBS participants (with transmission risk categories of MSM, PWID, or heterosexual contact) in the Newark EMA were non-Hispanic Black/African American.

Figure 26: HIV Testing Among NHBS Participants by Demographics in the Newark EMA, 2017-2019
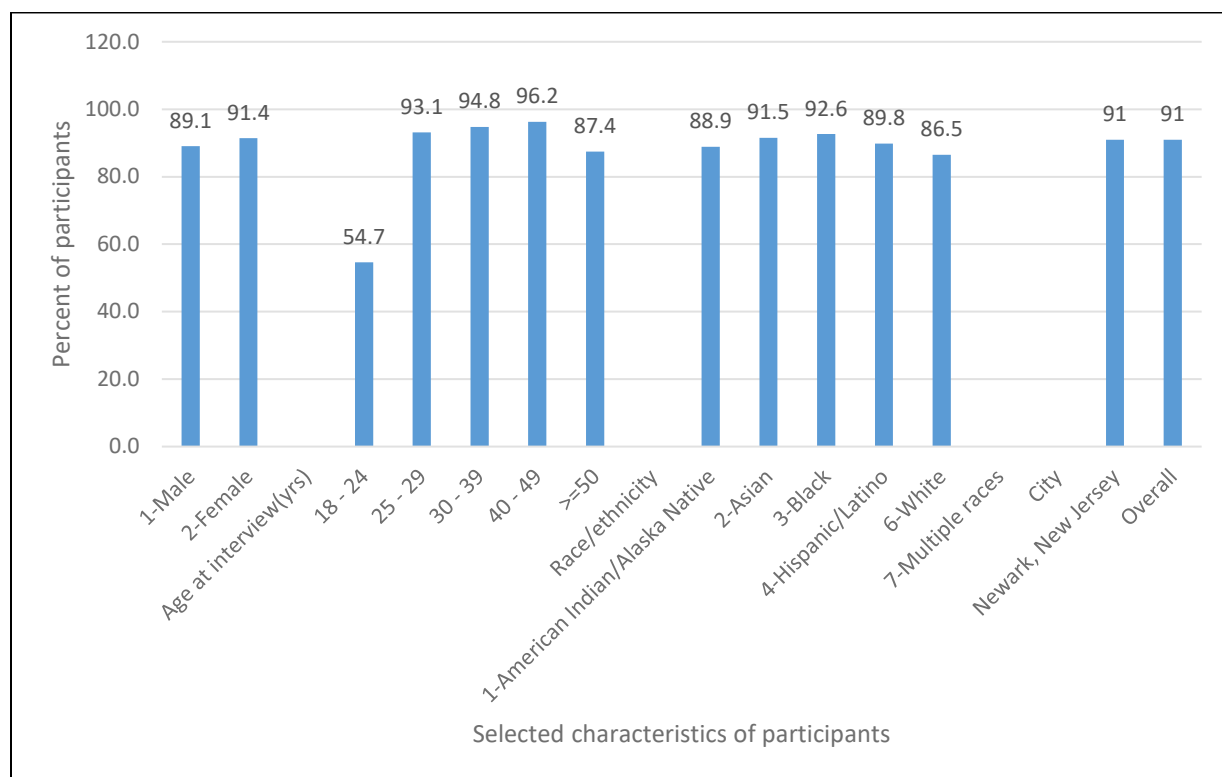
Overall, 91 percent of at-risk individuals in the Newark EMA had ever tested for HIV. In all, 89.1 percent of men and 91.4 percent of women at risk for HIV had ever been tested for HIV. Non-Hispanic Black/African Americans and Hispanic/Latino constituted 92.6 percent and 89.8 percent, respectively, of participants who ever took an HIV test. Only 54.7 percent of young individuals ages 18-24 years had ever taken an HIV test.

Whereas 78.5 percent of MSM who tested negative for HIV were aware of Preexposure Prophylaxis (PrEP), only 32.7 percent of high-risk heterosexuals and 8.2 percent of persons who inject drugs and tested negative for HIV had PrEP awareness. PrEP awareness was low among Hispanic participants (38 percent) compared with Non-Hispanic White (45.7 percent) and non-Hispanic Black/African American participants (42.1 percent). PrEP awareness was highest among participants ages 18-24 years (61.5 percent) who were negative for HIV, but lowest for participants aged 50 years and above (26.5 percent). However, only 16.2 percent of MSM and 8.2 percent of high-risk heterosexuals had used PrEP.

Among MSM participants, more reported taking an HIV test in a non-clinical setting (65 percent) as compared to a clinical setting (35 percent). This was true for all racial, ethnic, and age groups. Unprotected anal sex was reportedly practiced in 62 percent of MSM encounters across all demographic categories, but with more individuals reporting the practice with main rather than casual partners. Of those who practiced condomless sex in the three months prior to the survey, 56 percent were ages 18-24 years, 44 percent were Hispanic, and 33 percent were non-Hispanic Black/African Americans. About 23 percent of MSM participants engaged in exchange sex (sex in exchange for money or drugs).

Figure 27: Condomless Insertive or Receptive Anal Sex by Age (past 3 months)
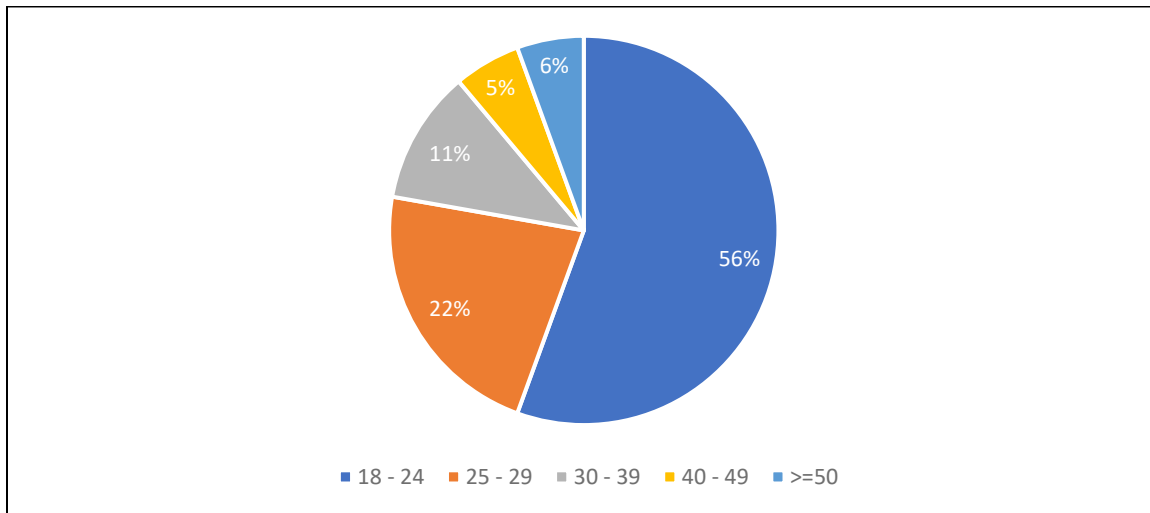
Figure 28: Condomless Insertive or Receptive Anal Sex by Race/Ethnicity (past 3 months)
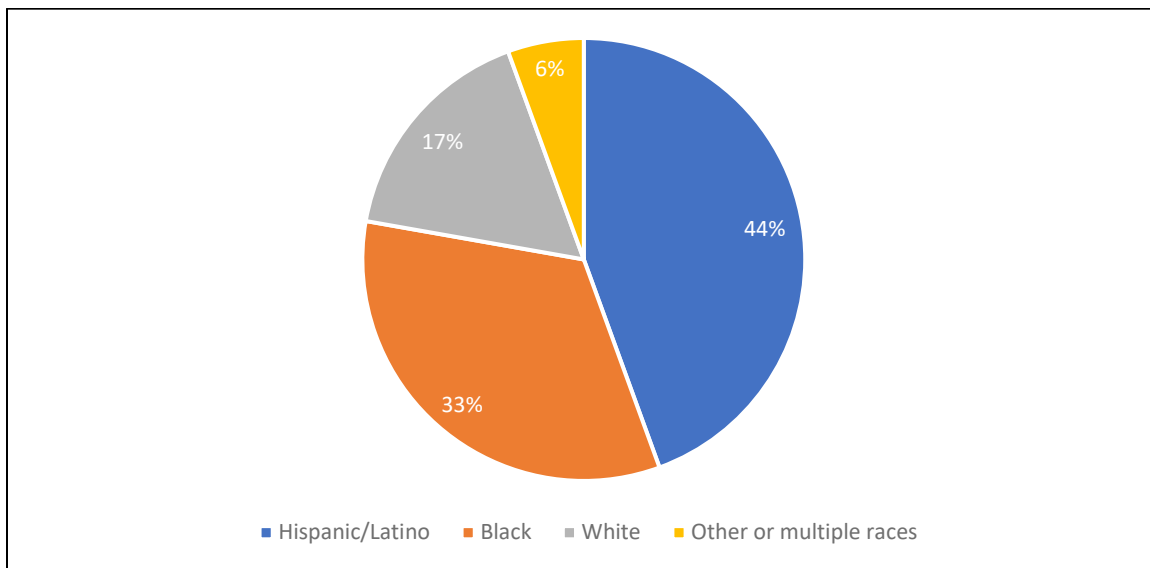
Among PWIDs, unprotected vaginal sex was practiced mainly among those ages 50 years and older (34 percent) and non-Hispanic Blacks/African Americans (46.4 percent). Nearly one in five of the PWID surveyed reported that they had overdosed in the past 12 months, and half had received medication assisted treatment (MAT) in the form of drug detoxification during the past 12 months. One in five (22 percent) also reported using a syringe after someone else had used it.

Definition of Terminology

HIV Diagnoses

The term *diagnosis of human immunodeficiency virus (HIV) infection* is defined as a diagnosis of HIV infection, regardless of the stage of disease (stage 0, 1, 2, 3 [acquired immunodeficiency syndrome (AIDS)], or unknown) at the time of initial diagnosis, and refers to all persons diagnosed with HIV infection in New Jersey each year. The term *HIV infection, stage 3 (AIDS)*, and its condensed version, *stage 3 (AIDS)*, refer specifically to persons diagnosed as stage 3 (AIDS) at initial diagnosis of HIV infection and/or persons living with a diagnosis of HIV infection who have progressed to stage 3 (AIDS).

Each year, the number of diagnoses of HIV infection include:

- Persons diagnosed with HIV infection (stage 0, 1, 2, or unknown) — referred to as "HIV (Not AIDS)."

- Persons diagnosed with HIV infection with a stage 3 (AIDS) diagnosis within 12 months — referred to as "HIV & later AIDS."

- Persons diagnosed with HIV infection and stage 3 (AIDS) concurrently — referred to as "AIDS."

HIV Stage Classification

The stages are for public health surveillance purposes only and are classified based upon the following criteria:

HIV infection, stage 0: A negative (nonreactive) or indeterminate HIV-1 test result within six months before the first positive (reactive) HIV-1 test result, or a negative or indeterminate HIV-1 antibody test result within six months before or after the first HIV-1 nucleic acid test result (if the latter was not the first positive HIV test). The stage remains stage 0 until six months after the first positive test result. After six months, the stage may be reclassified as 1, 2, 3, or unknown if based on a CD4 lymphocyte test result or the diagnosis of an opportunistic infection (OI). The diagnosis of an AIDS-defining Opportunistic Infection or a low CD4 lymphocyte test

result before the six months have elapsed does not change the stage from stage 0 to stage 3.

HIV infection, stage 1: No AIDS-defining OI and either CD4 lymphocyte count of ≥500 cells/µL or CD4 percentage of total lymphocytes of ≥29.

HIV infection, stage 2: No AIDS-defining OI and either CD4 lymphocyte count of 200-499 cells/µL or CD4 percentage of total lymphocytes of 14-28.

HIV infection, stage 3 (AIDS): Documentation of an AIDS-defining OI or either a CD4 lymphocyte count of <200 cells/µL or CD4 percentage of total lymphocytes of <14 if count is unknown. Documentation of an AIDS-defining OI supersedes a CD4 lymphocyte count or percentage that would not, by itself, be the basis for a stage 3 (AIDS) classification.

HIV infection, stage unknown: No reported information on AIDS-defining OIs and no information available on CD4 lymphocyte count or percentage.

New diagnoses of HIV infection do not necessarily represent all new infections (i.e., incidence or stage 0) as some individuals were infected recently, while others were infected at some time in the past but were unaware of their HIV status. In general, persons who are at stage 3 (AIDS) at the time of their initial HIV diagnosis are considered "late testers." Late testers are often persons who have been infected with HIV for years, but never sought HIV testing until they became symptomatic. Real and/or perceived stigma, discrimination, access to testing sites, and/or fear surrounding HIV contributes to delays and avoidance of testing.

HIV surveillance data on diagnoses of HIV infection reflect the date of HIV diagnosis and not the date the case and/or lab result was reported to the New Jersey Department of Health (NJDOH). Similarly, stage 3 (AIDS) infection data reflect the first date the criteria for stage 3 (AIDS) was met and documented.

Persons Living with Diagnosed HIV Infection

The term *persons living with diagnosed HIV infection* (i.e., prevalence) represents all persons ever reported with an HIV infection in New Jersey, regardless of stage of infection, who are not known to have died by the end of a calendar year. Some persons currently living with

diagnosed HIV infection in New Jersey received their HIV infection diagnosis while living outside of or prior to moving to New Jersey.

Deaths

Deaths among persons with diagnosed HIV infection represent deaths attributable to any cause, and not only those with a death certificate listing HIV infection as the underlying cause of death. Caution should be used when interpreting trends in deaths due to lags in the finalization of death certificate reports. The NJDOH Office of Vital Statistics and Registry is the source of the death data used in this report.

Rates

Throughout this report, both rates of new diagnoses of HIV infection and rates of persons living with diagnosed HIV infection are presented to provide different measures of HIV disease burden. Disease rates reflect the concentration of HIV diagnoses by accounting for differences in population size across demographic groups and geographic areas. All rates of HIV diagnoses are presented per 100,000 population and are calculated using U.S. Census estimates. Rates are not calculated for case counts fewer than five due to unstable rates.

Data Suppression

Data have been suppressed per rules of the NJ Department of Health's Division of HIV, STD, and TB Services Security and Confidentiality Policy. Any cell with a cell size less than 5 will be hidden as primary suppression. A second suppression may have been applied if it can easily identify the primary number. Where primary suppression of data in cells have been performed, it might have resulted in the removal of some rows. As such, back calculation of numbers in cells with primary suppression should not be attempted as all categories do not add to 100%. Attempting to do so would lead to erroneous numbers.

Readers are strongly encouraged to read all table and figure titles carefully to ensure a complete understanding of the displayed data to prevent misuse and/or misinterpretation.

Sex at Birth and Gender

Sex refers to the biological sex the person was assigned at birth (male or female). Gender identity is used to describe a person's internal experience of their own gender.

Age

Age in years at time of diagnosis is used when displaying new reported diagnoses of HIV infection by age group. Age in years at the end of the calendar year (current age) is used when displaying persons living with diagnosed HIV infection by age group. Age in years at time of death is used when displaying reported deaths among persons with diagnosed HIV infection. Adult/adolescent refers to persons aged ≥13 years.

Race/Ethnicity

Except where noted, race/ethnicity is presented using the following categories: non-Hispanic American Indian/Alaska Native; non-Hispanic Asian/Pacific Islander; non-Hispanic Black/African American; Hispanic/Latino; non-Hispanic White; and multi-race. Those of Hispanic/Latino descent are included in the Hispanic/Latino category, regardless of race. They are not included in a race category. Asian/Pacific Islander includes Native Hawaiians.

Transmission Category

The Centers for Disease Control and Prevention (CDC) defines transmission categories as risk factors arranged in a hierarchy based upon the likelihood of exposure to HIV. HIV transmission categories are mutually exclusive so that a person with multiple risks is placed in the highest-ranking category. The CDC transmission categories in rank order from highest to lowest are male-to-male sexual contact, injection drug use (IDU), male-to-male sexual contact/IDU (if risk factor history indicates both sex with males <u>AND</u> injection drug use among males), heterosexual contact, and then all other risks (e.g., blood transfusion, hemophiliac receipt of clotting factor, organ transplant), which are grouped together into one (lowest) category.

When a person assigned female at birth has risk factor history indicating sex with males and indicates no injection drug use or it is unknown if the person injects drugs, the transmission

category will be calculated as 'heterosexual contact.' However, for a person assigned male at birth that has risk factor history indicating sex with females, no sex with males, and no injection drug use or it is unknown if the person injects drugs, the transmission category will NOT be calculated as 'heterosexual contact.' Rather, the transmission category will be calculated as 'unknown.' This is because CDC requires additional risk factor history for persons assigned male at birth for the transmission category to be calculated as 'heterosexual contact.' The transmission category will be calculated as 'heterosexual contact' for a person assigned male at birth only when he has risk factor history indicating sex with females, no sex with males, no injection drug use or it is unknown if he injects drugs, and he indicates heterosexual sex with either a known HIV-positive female or a female who is a known injection drug user.

Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. Transgender women are included in the male-to-male sexual contact transmission category if assigned male at birth, and risk factor history indicates sex with males. *Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.*

Exposure Category

Exposure categories are like transmission categories. The categories are the same (e.g., male-to-male sexual contact, IDU, heterosexual contact), but there is no hierarchy of risk assigned.

 As a result, every combination of exposure is considered, thereby allowing a person with multiple risks to be represented in the exposure category, which identifies all the potential ways that individual may have been exposed to HIV.

Residence at Diagnosis

Reported new diagnoses of HIV infection are presented by county of residence at diagnosis. For persons incarcerated in city or county jails, which usually consist of short-term stays (less than one year), county of residence at diagnosis is assigned by using the home address. Facility address is used only if home address is not available. Thus, persons incarcerated in city or

county jails at the time of diagnosis are included in the county totals when the number of reported new diagnoses are displayed by county of residence. For persons incarcerated in state or federal correctional facilities (i.e., prisons) at the time of diagnosis, residence of diagnosis is defined as the address of the correctional facility. Persons incarcerated in state or federal correctional facilities at the time of diagnosis are included in the overall total but are not included in the county totals when the number of reported new diagnoses are displayed by county of residence, as the county of residence at diagnosis is assigned to 'No County.'

Current Residence

Persons living with diagnosed HIV infection are presented by current county of residence. For persons currently incarcerated in city or county jails, current county of residence is assigned by using the home address. Facility address is used only if the home address is not available. Thus, persons currently incarcerated in city or county jails are included in the county totals when the number of persons living with diagnosed HIV infection are displayed by current county of residence. For persons currently incarcerated in state or federal correctional facilities, current residence is defined as the address of the correctional facility. Persons currently incarcerated in state or federal correctional facilities are included in the overall total but are NOT included in the county totals when the number of persons living with diagnosed HIV infection are displayed by current county of residence, as the current county of residence is assigned to 'No County.'

Met need (In care)

Number of people living with diagnosed HIV infection in the jurisdiction with a CD4 test or viral load (VL)
test in the most recent calendar year.

Unmet need

Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address without any CD4 or VL test in the most recent calendar year.

In Care, Virally Suppressed

Number of people living with diagnosed HIV infection in the jurisdiction who are in care and whose most recent viral load test was <200 copies/mL in the most recent calendar year.

In Care, Not Virally Suppressed
Number of people living with diagnosed HIV infection in the jurisdiction who are
in care and whose most recent viral load test was ≥200 copies/mL in the most recent calendar y ear.

Transitional Grant Area (TGA)

Geographic areas highly impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A Funds. To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years and a population of at least 50,000. Smaller jurisdictions are also eligible to receive Part A funding as a Transitional Grant Area (TGA) if they have between 1,000 to 1,999 AIDS cases in the most recent five years and a population of at least 50,000.

Eligible Metropolitan Area (EMA)

Geographic areas highly impacted by HIV/AIDS that are eligible to receive federal Ryan White HIV/AIDS Program Part A funds. To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000.

Data Sources used in the Epidemiologic Snapshot unless indicated otherwise:

- Behavioral surveillance data, National HIV Behavioral Surveillance (NHBS) System (National HIV Behavioral Surveillance (NHBS) | Surveillance Systems | Statistics Center | HIV | CDC)

- HIV surveillance data, including clinical data (e.g., CD4 and viral load results) and HIV cluster detection data (Data collected in Enhanced HIV/AIDS Reporting System)

- Medical Monitoring Project (Medical Monitoring Project (MMP) | Surveillance Systems | Statistics Center | HIV/AIDS | CDC

Appendix A - Care Continuum for New Jersey and NJ EMA/TGA/Part B Regions

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	28,025	876	188	21,347	6,678	18,066	3,281
Gender							
Male	19,039	681	142	14,268	4,771	12,090	2,178
Female	8,836	181	45	6,971	1,865	5,890	1,081
Transgender	148	14	*	108	40	86	22
Race							
Asian	303	16	*	211	92	193	18
Black/African American	11,743	344	66	8,986	2,757	7,278	1,708
Hispanic/Latino	8,246	342	75	6,376	1,870	5,550	826
White	5,483	142	34	4,058	1,425	3,678	380
Multiple races	2,003	20	*	1,603	400	1,278	325
Unknown	234	10	*	100	134	79	21
Age							
13 to 24	696	136	12	538	158	419	119
25 to 34	3,955	297	54	2,777	1,178	2,209	568
35 to 44	4,696	177	44	3,355	1,341	2,757	598
45 to 54	6,464	145	45	4,897	1,567	4,167	730
55 to 64	8,435	95	27	6,753	1,682	5,866	887
65+	3,779	26	*	3,027	752	2,648	379
Transmission Category							
Male:							
Male-to-male sexual contact	9,525	419	68	7,132	2,393	6,163	969

Injection drug use (IDU)	1,898	17	*	1,498	400	1,210	288
Male-to-male sexual contact/IDU	661	*	*	518	143	423	95
Heterosexual contact	2,303	78	28	1,827	476	1,533	294
Other/No Identified Risk	4,652	158	41	3,293	1,359	2,761	532
Female:							
Injection drug use (IDU)	1,380	*	*	1,120	260	919	201
Heterosexual contact	4,031	85	24	3,256	775	2,792	464
Other/No Identified Risk	3,425	89	20	2,595	830	2,179	416
Transgender:							
Sexual contact	130	11	*	96	34	77	19
Sexual contact/IDU	11	*	*	*	*	7	*

Footnote- review Data *Suppression* rules on page 38

Hudson TGA Care Continuum

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	3,803	138	33	2,743	1,060	2,377	366
Gender							
Male	2,901	123	31	2,051	850	1,770	281
Female	880	12	*	676	204	594	82
Transgender	21	*	*	16	*	13	*
Race							
Asian	78	*	*	50	28	47	*
Black/African American	1,081	28	*	770	311	633	137
Hispanic/Latino	1,715	82	21	1,306	409	1,149	157
White	647	19	*	416	231	378	38
Multiple races	238	*	*	175	63	148	27
Unknown	43	*	*	25	18	21	*
Age							
13 to 24	90	22	*	67	23	55	12
25 to 34	558	44	*	379	179	304	75
35 to 44	719	35	*	479	240	405	74
45 to 54	929	22	*	662	267	586	76
55 to 64	1,065	12	*	814	251	723	91
65+	442	*	*	342	100	304	38
Transmission Category							
Male:							

Male-to-male sexual contact	1,751	80	17	1,216	535	1,065	151
Injection drug use (IDU)	187	*	*	150	37	113	37
Male-to-male sexual contact/IDU	70	*	*	55	15	44	11
Heterosexual contact	198	*	*	154	44	140	14
Other/No Identified Risk	695	30	10	476	219	408	68
Female:							
Injection drug use (IDU)	118	*	*	87	31	77	10
Heterosexual contact	382	*	*	305	77	270	35
Other/No Identified Risk	380	*	*	284	96	247	37
Transgender:							
Sexual contact	19	*	*	15	*	13	*

Footnote- review Data *Suppression* rules on page 38

Bergen, Passaic TGA Care Continuum

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	3,395	111	20	2,646	749	2,292	354
Gender							
Male	2,303	82	11	1,761	542	1,536	225
Female	1,075	28	*	876	199	750	126
Transgender	17	*	*	*	*	*	*
Race							
Asian	44	*	*	38	*	36	*
Black/African American	975	30	*	773	202	640	133
Hispanic/Latino	1,391	61	12	1,105	286	980	125
White	720	12	*	551	169	498	53
Multiple races	220	*	*	159	61	123	36
Unknown	43	*	*	18	25	13	*
Age							
13 to 24	102	17	*	81	21	68	13
25 to 34	447	39	*	325	122	272	53
35 to 44	552	17	*	403	149	340	63
45 to 54	771	19	*	597	174	527	70
55 to 64	1,050	15	*	859	191	749	110
65+	473	*	*	381	92	336	45
Transmission Category							
Male:							

Male-to-male sexual contact	1,140	51	*	871	269	783	88
Injection drug use (IDU)	206	*	*	167	39	137	30
Male-to-male sexual contact/IDU	61	*	*	50	11	42	*
Heterosexual contact	230	*	*	188	42	157	31
Other/No Identified Risk	666	22	*	485	181	417	68
Female:							
Injection drug use (IDU)	134	*	*	112	22	95	17
Heterosexual contact	476	11	*	396	80	350	46
Other/No Identified Risk	465	16	*	368	97	305	63
Transgender:							
Sexual contact	15	*	*	*	*	*	*

Footnote- review Data *Suppression* rules on page 38

Monmouth, Ocean Part B Region

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	2,019	38	*	1,553	466	1,334	219
Gender							
Male	1,380	32	*	1,029	351	884	145
Female	633	*	*	519	114	446	73
Transgender	*	*	*	*	*	*	*
Race							
Asian	14	*	*	10	*	10	*
Black/African American	494	12	*	392	102	338	54
Hispanic/Latino	470	10	*	344	126	292	52
White	814	14	*	619	195	560	59
Multiple races	217	*	*	182	35	130	52
Unknown	10	*	*	*	*	*	*
Age							
13 to 24	21	*	*	19	*	16	*
25 to 34	240	12	*	165	75	130	35
35 to 44	264	*	*	193	71	154	39
45 to 54	440	*	*	336	104	293	43
55 to 64	739	*	*	593	146	521	72
65+	315	*	*	247	68	220	27
Transmission Category							
Male:							

Male-to-male sexual contact	700	15	*	521	179	463	58
Injection drug use (IDU)	158	*	*	125	33	102	23
Male-to-male sexual contact/IDU	96	*	*	74	22	59	15
Heterosexual contact	194	*	*	152	42	130	22
Other/No Identified Risk	232	*	*	157	75	130	27
Female:							
Injection drug use (IDU)	151	*	*	136	15	116	20
Heterosexual contact	342	*	*	278	64	239	39
Other/No Identified Risk	140	*	*	105	35	91	14

Footnote- review Data *Suppression* rules on page 38

Hunterdon, Middlesex, Somerset TGA Care Continuum

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	2,400	70	18	1,807	593	1,628	179
Gender							
Male	1,604	51	*	1,200	404	1,078	122
Female	781	17	*	596	185	540	56
Transgender	15	*	*	11	*	10	*
Race							
Asian	62	*	*	41	21	36	*
Black/African American	749	15	*	554	195	483	71
Hispanic/Latino	834	30	*	648	186	597	51
White	529	14	*	382	147	360	22
Multiple races	211	*	*	179	32	149	30
Unknown	14	*	*	*	12	*	*
Age							
13 to 24	60	*	*	43	17	34	*
25 to 34	336	25	*	235	101	209	26
35 to 44	399	16	*	289	110	257	32
45 to 54	540	*	*	402	138	363	39
55 to 64	739	*	*	585	154	535	50
65+	326	*	*	253	73	230	23
Transmission Category							
Male:							

Male-to-male sexual contact	796	32	*	598	198	540	58
Injection drug use (IDU)	144	*	*	118	26	103	15
Male-to-male sexual contact/IDU	42	*	*	37	*	33	*
Heterosexual contact	179	*	*	135	44	122	13
Other/No Identified Risk	443	10	*	312	131	280	32
Female:							
Injection drug use (IDU)	99	*	*	79	20	69	10
Heterosexual contact	344	12	*	265	79	238	27
Other/No Identified Risk	338	*	*	252	86	233	19
Transgender:							
Sexual contact	15	*	*	11	*	10	*
Injection drug use (IDU)	*	*	*	*	*	*	*

Footnote- review Data *Suppression* rules on page 38

Atlantic, Cape May Part B Region

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	1,097	18	*	806	291	617	189
Gender							
Male	733	14	*	543	190	419	124
Female	357	*	*	256	101	193	63
Transgender	*	*	*	*	*	*	*
Race							
Asian	12	*	*	*	*	*	*
Black/African American	432	*	*	320	112	235	85
Hispanic/Latino	240	*	*	187	53	132	55
White	329	*	*	234	95	206	28
Multiple races	77	*	*	55	22	37	18
Unknown	*	*	*	*	*	*	*
Age							
13 to 24	22	*	*	18	*	14	*
25 to 34	132	*	*	83	49	57	26
35 to 44	166	*	*	116	50	85	31
45 to 54	249	*	*	184	65	132	52
55 to 64	383	*	*	302	81	250	52
65+	145	*	*	103	42	79	24
Transmission Category							
Male:							

Male-to-male sexual contact	334	*	*	249	85	194	55
Injection drug use (IDU)	118	*	*	87	31	69	18
Male-to-male sexual contact/IDU	60	*	*	50	10	35	15
Heterosexual contact	105	*	*	79	26	57	22
Other/No Identified Risk	116	*	*	78	38	64	14
Female:							
Injection drug use (IDU)	88	*	*	66	22	51	15
Heterosexual contact	184	*	*	135	49	101	34
Other/No Identified Risk	85	*	*	55	30	41	14

Footnote- review Data *Suppression* rules on page 38

Philadelphia EMA*

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	2,650	115	16	1,968	682	1,695	273
Gender							
Male	1,890	96	14	1,385	505	1,199	186
Female	736	15	*	567	169	483	84
Transgender	23	*	*	16	*	13	*
Race							
Asian	20	*	*	16	*	16	*
Black/African American	1,154	52	*	862	292	728	134
Hispanic/Latino	564	22	*	426	138	368	58
White	755	36	*	551	204	487	64
Multiple races	130	*	*	98	32	83	15
Unknown	24	*	*	12	12	10	*
Age							
13 to 24	77	20	*	55	22	42	13
25 to 34	439	52	*	302	137	232	70
35 to 44	485	19	*	341	144	284	57
45 to 54	589	10	*	440	149	379	61
55 to 64	749	12	*	596	153	547	49
65+	311	*	*	234	77	211	23
Transmission Category							
Male:							

Male-to-male sexual contact	1,038	65	*	777	261	678	99
Injection drug use (IDU)	185	*	*	127	58	108	19
Male-to-male sexual contact/IDU	95	*	*	67	28	55	12
Heterosexual contact	276	12	*	217	59	185	32
Other/No Identified Risk	296	13	*	197	99	173	24
Female:							
Injection drug use (IDU)	143	*	*	109	34	88	21
Heterosexual contact	420	10	*	340	80	300	40
Other/No Identified Risk	173	*	*	118	55	95	23
Transgender:							
Sexual contact	18	*	*	14	*	11	*

Footnote- review Data *Suppression* rules on page 38

*The Health Resources and Services Administration (HRSA) defines the Philadelphia Eligible Metropolitan Area (EMA) as Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania, and Burlington, Camden, Gloucester, and Salem Counties in New Jersey

Cumberland County Part B Region

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	375	11	*	235	140	192	43
Gender							
Male	263	*	*	167	96	136	31
Female	109	*	*	66	43	54	12
Transgender	*	*	*	*	*	*	*
Race							
Asian	*	*	*	*	*	*	*
Black/African American	144	*	*	94	50	74	20
Hispanic/Latino	116	*	*	68	48	59	*
White	85	*	*	56	29	44	12
Multiple races	25	*	*	15	10	13	*
Unknown	*	*	*	*	*	*	*
Age							
13 to 24	*	*	*	*	*	*	*
25 to 34	73	7	*	49	24	39	10
35 to 44	66	*	*	35	31	29	*
45 to 54	99	*	*	63	36	54	*
55 to 64	93	*	*	59	34	47	12
65+	39	*	*	24	15	21	*
Transmission Category							
Male:							

Male-to-male sexual contact	125	*	*	87	38	69	18
Injection drug use (IDU)	37	*	*	23	14	18	*
Male-to-male sexual contact/IDU	11	*	*	*	*	*	*
Heterosexual contact	38	*	*	21	17	20	*
Other/No Identified Risk	52	*	*	28	24	23	*
Female:							
Injection drug use (IDU)	25	*	*	16	*	12	*
Heterosexual contact	57	*	*	36	21	30	*
Other/No Identified Risk	27	*	*	14	13	12	*

Footnote- review Data *Suppression* rules on page 38

Mercer County Part B Region

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	1,179	49	13	936	243	723	213
Gender							
Male	782	35	*	604	178	456	148
Female	392	14	*	328	64	264	64
Transgender	*	*	*	*	*	*	*
Race							
Asian	*	*	*	*	*	*	*
Black/African American	743	30	*	599	144	452	147
Hispanic/Latino	247	12	*	191	56	151	40
White	120	*	*	93	27	81	12
Multiple races	57	*	*	48	9	36	12
Unknown	*	*	*	*	*	*	*
Age							
13 to 24	39	14	*	34	*	25	*
25 to 34	189	19	*	140	49	101	39
35 to 44	171	*	*	129	42	89	40
45 to 54	274	*	*	217	57	174	43
55 to 64	350	*	*	286	64	232	54
65+	156	*	*	130	26	102	28
Transmission Category							
Male:							

Male-to-male sexual contact	354	21	*	278	76	202	76
Injection drug use (IDU)	94	*	*	73	21	52	21
Male-to-male sexual contact/IDU	30	*	*	25	*	19	*
Heterosexual contact	131	*	*	104	27	78	26
Other/No Identified Risk	173	*	*	124	49	105	19
Female:							
Injection drug use (IDU)	67	*	*	59	*	51	*
Heterosexual contact	215	13	*	181	34	144	37
Other/No Identified Risk	110	*	*	88	22	69	19

Footnote- review Data *Suppression* rules on page 38

Newark EMA

Category	# of People Living with Diagnosed HIV Infection	# of New Diagnoses	# Late Diagnosed	# In Care	# Unmet Need	# In Care Virally Suppressed	# In Care Not Virally Suppressed
Total	9,773	317	71	7,537	2,236	6,182	1,355
Gender							
Male	6,224	232	51	4,740	1,484	3,882	858
Female	3,503	82	19	2,763	740	2,274	489
Transgender	46	*	*	34	12	26	*
Race							
Asian	44	*	*	26	18	23	*
Black/African American	5,503	156	34	4,235	1,268	3,352	883
Hispanic/Latino	2,355	116	24	1,838	517	1,580	258
White	1,031	31	11	767	264	691	76
Multiple races	773	*	*	646	127	518	128
Unknown	63	*	*	21	42	17	*
Age							
13 to 24	242	46	*	188	54	141	47
25 to 34	1,381	94	18	961	420	747	214
35 to 44	1,662	67	16	1,208	454	960	248
45 to 54	2,269	66	23	1,737	532	1,420	317
55 to 64	2,840	34	10	2,294	546	1,926	368
65+	1,379	10	*	1,149	230	988	161
Transmission Category							

Male:							
Male-to-male sexual contact	2,881	142	24	2,171	710	1,813	358
Injection drug use (IDU)	664	*	*	543	121	433	110
Male-to-male sexual contact/IDU	189	*	*	147	42	120	27
Heterosexual contact	793	24	10	644	149	529	115
Other/No Identified Risk	1,697	60	14	1,235	462	987	248
Female:							
Injection drug use (IDU)	526	*	*	430	96	334	96
Heterosexual contact	1,419	28	*	1,143	276	958	185
Other/No Identified Risk	1,558	51	11	1,190	368	982	208
Transgender:							
Sexual contact	40	*	*	29	11	24	*

Footnote- review Data *Suppression* rules on page 38