# **NEW JERSEY HIV/AIDS REPORT**

**December 31, 2015** 





Chris Christie Governor Kim Guadagno Lt. Governor Public Health Services Branch
Division of HIV, STD and TB Services
...preventing disease with care



Cathleen D. Bennett
Acting Commissioner

#### **Division of HIV, STD and TB Services**

...preventing disease with care

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Telephone (609) 984-5940

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

Questions? Contact New Jersey HIV/AIDS Hotline

1-800-624-2377

## **Highlights**

- Through December 31, 2015, 37,435 people were reported living with HIV or AIDS in New Jersey. As of December 2015, over 800 persons previously reported as living with HIV/AIDS in New Jersey (June 2015 HIV/AIDS Report) were no longer considered New Jersey residents. This decrease in persons living with HIV/AIDS in New Jersey is an artifact of changes made in the CDC's method of determining current residence.
- Minorities account for 76% of adult/adolescent cumulative (ever reported to the state) HIV/AIDS cases and 79% of all persons living with HIV/AIDS (Page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 10-11).
- Nearly 80% of persons living with HIV/AIDS are 40 years of age or older (Page 12).
- Thirty-three percent (33%) of those living with HIV/AIDS are female; 44% of females living with HIV are currently 20-49 years of age (Page 12).
- The percent of pediatric infections was 2% in 2013, and no new infections were reported in 2014 and 2015 (Page 14). Note: 2014 and 2015 data is not yet final.

#### **Featured Article**

This report features an update on the IMPACT Initiative.

## **Special Features**

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

Copies of this report are available on the NJDOH website at <a href="https://www.state.nj.us/health">www.state.nj.us/health</a>. The website also contains complete county and municipal reports.

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

#### Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV, STD and TB Services (DHSTS) through December 31, 2015. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDOH website at <a href="https://www.state.nj.us/health/aids/aidsqtr.shtml">www.state.nj.us/health/aids/aidsqtr.shtml</a>. If you would prefer to receive this report by e-mail, contact us at <a href="maids@doh.state.nj.us">aids@doh.state.nj.us</a> and we will e-mail you a link to the report.

## What can I find in this report?

#### **Epidemiology**

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

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV positive for longer periods of time before developing AIDS. Looking at both HIV and AIDS status provides a more complete picture of the history of infection in the state than does data about AIDS alone. It is also important to note that cases reported in the past 12 months may have been diagnosed in previous years, but due to the timing of data transmission, were only recently tabulated. Newly reported cases in 2015 and recent years will be discounted as RIDR (Inter-state Duplicates) are resolved.

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

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

#### **Pediatric HIV/AIDS and Exposures**

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

## **Modified Risk Exposure Hierarchy**

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

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

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

## What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHSTS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2014 and 2015 may not be in this report. It is also important to note that individuals who are infected but not tested and diagnosed are not included in these reports. It is estimated that undiagnosed and unreported cases comprise about 16% of all estimated infections. The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, the reported data underestimate true incidence, prevalence and mortality rates.

Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2015 - December 2015 (1) and Cumulative Totals as of December 31, 2015

Racial/Ethnic Group by Gender

		MA	<b>ALE</b>	FEMALE				TOTAL				Percentage	
	January	y 2015-	Cumulative		January	2015-	Cumulative		January 2015-		Cumulative		of Cumulative
Adults/	Decemb	er 2015	To	otal	Decemb	er 2015	Т	otal	Decemb	er 2015	To	otal	Cases Who
Adolescents (2)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Are Female
White	247	23%	14,835	27%	41	13%	3,947	16%	288	21%	18,782	23%	21%
Black	460	43%	27,896	50%	189	59%	15,655	64%	649	46%	43,551	54%	36%
Hispanic	333	31%	12,594	23%	91	28%	4,663	19%	424	30%	17,257	21%	27%
Asian/Pac. Isl.	33	3%	445	1%	1	0%	132	1%	34	2%	577	1%	23%
Other/Unknown	1	0%	116	0%	1	0%	62	0%	2	0%	178	0%	35%
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Total	1,074	100%	55,886	100%	323	100%	24,459	100%	1,397	100%	80,345	100%	30%

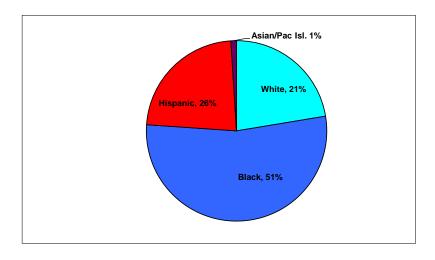
- (1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.
- (2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included. Note: Percentages may not add to 100 due to rounding. New reported cases will be subject to discount when RIDR cases (Inter-state Duplicates) were resolved.

Table 2. New Jersey Residents Living with HIV/AIDS as of December 31, 2015
Racial/Ethnic Group by Gender

Race/Ethnicity	MALE		FEMALE		T	OTAL	Percentage of Prevalent Cases Who
	No.	(%)	No.	(%)	No.	(%)	Are Female
White	6,115	24%	1,774	14%	7,889	21%	22%
Black	11,553	46%	7,498	61%	19,051	51%	39%
Hispanic	7,037	28%	2,851	23%	9,888	26%	29%
Asian/Pac. Isl.	359	1%	112	1%	471	1%	24%
Other/Unknown	86	0%	50	0%	136	0%	37%
Total	25,150	100%	12.285	100%	37.435	100%	33%

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

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



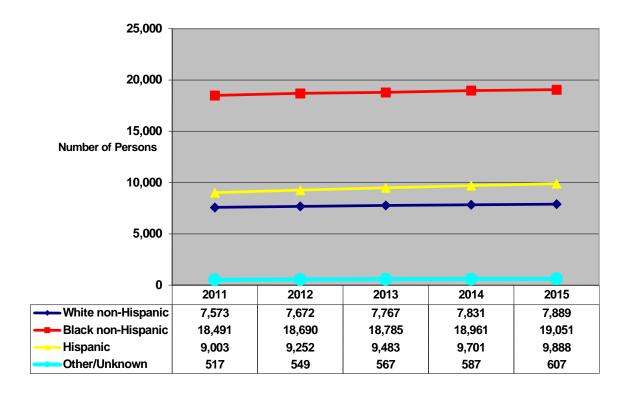
Minorities account for 76% of the cumulative adult/adolescent HIV/AIDS cases.

Thirty percent of the cumulative HIV/AIDS cases is among women.

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

Thirty-three percent of those living with HIV/AIDS are female. Four out of five females living with HIV/AIDS are minorities.

Figure 2. Estimated Persons Living with HIV/AIDS in New Jersey by Race/Ethnicity 2011-2015



## Estimated Rates of Persons Living with HIV/AIDS in New Jersey as of December 31, 2015.

One in 63 Black non-Hispanics were living with HIV/AIDS.

One in <u>175</u> Hispanics were living with HIV/AIDS.

One in <u>652</u> White non-Hispanics were living with HIV/AIDS.

Source: New Jersey HIV/AIDS Reporting System as of December 31, 2014. Based on current residence and bridged-Race population census estimates July 1, 2014.



A pattern of disparity of HIV/AIDS among racial/ethnic groups has been relatively consistent for the past 5 years. The estimated rates of persons living with HIV/AIDS by race/ethnicity in New Jersey as of December 31, 2015, illustrate this disparity.

## CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF DECEMBER 31, 2015

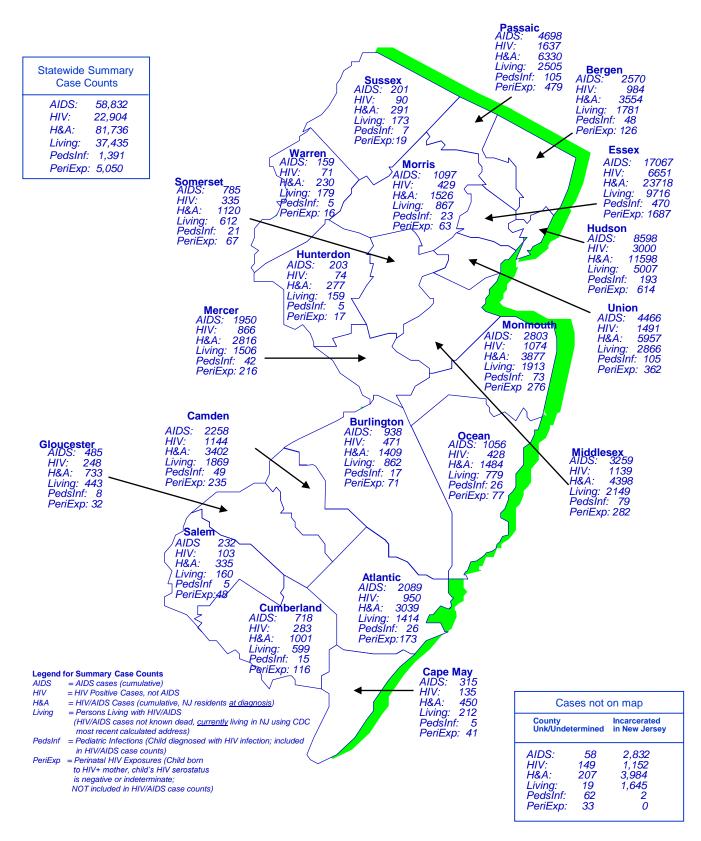


Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported January 2015 - December 2015 (2) and Cumulative Totals as of December 31, 2015

Modified Exposure Category by Gender

		MA	ALE				FEMALE			TO	TAL		
	January	2015-	Cumula	tive	January	/ 2015-	Cumul	ative	January	/ 2015-	Cumula	tive	% of
Modified	Decembe	er 2015	Tota	ıl	Decemb	er 2015	Tot	al	Decemb	er 2015	Tota	al	Cum. Cases
Exposure													Female
Category (3)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	<u> </u>
MSM (4)	468	44%	17,869	32%	0	0%	0	0%	468	34%	17,869	22%	0%
IDU (4)	30	3%	19,246	34%	13	4%	8,816	36%	43	3%	28,062	35%	31%
MSM/IDU	9	1%	2,566	5%	0	0%	0	0%	9	1%	2,566	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	7	1%	918	2%	11	3%	2,859	12%	18	1%	3,777	5%	76%
- bisexual male	0	0%	0	0%	2	1%	219	1%	2	0%	219	0%	100%
- HIV infection, risk Other/Unknown	43	4%	4,111	7%	73	23%	5,779	24%	116	8%	9,890	12%	58%
-partner(s) of unknown HIV risk (5)	156	15%	5,898	11%	132	41%	4,797	20%	288	21%	10,695	13%	45%
Other/Unknown (6)	361	34%	5,278	9%	92	28%	1,989	8%	453	32%	7,267	9%	27%
Total number of individuals	1,074	100%	55,886	100%	323	100%	24,459	100%	1,397	100%	80,345	100%	30%

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

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

Tal	ble 4. New Je	ersey Resid	dents Living wit	h HIV or AID	S		
		as of Dece	mber 31, 2015				
	Modified	l Exposure	Category by G	ender			
Modified	MA	LE	FEM	ALE	TOTAL		% of
Exposure							Cases
Category (1)	No.	(%)	No.	(%)	No.	(%)	Female
MSM (2)	10,115	40%	0	0%	10,115	27%	0%
IDU (2)	4,253	17%	2,552	21%	6,805	18%	38%
MSM/IDU	873	3%	0	0%	873	2%	0%
Heterosexual contact with partner(s):							
- injection drug user	358	1%	1,135	9%	1,493	4%	76%
- bisexual male	0	0%	134	1%	134	0%	100%
- HIV infection, risk Other/Unknown	2,492	10%	3,716	30%	6,208	17%	60%
-partner(s) of unknown HIV risk(3)	3,506	14%	3,175	26%	6,681	18%	48%
Other/Unknown (4)	3,553	14%	1,573	13%	5,126	14%	31%
Total number of individuals	25,150	100%	12,285	100%	37,435	100%	33%

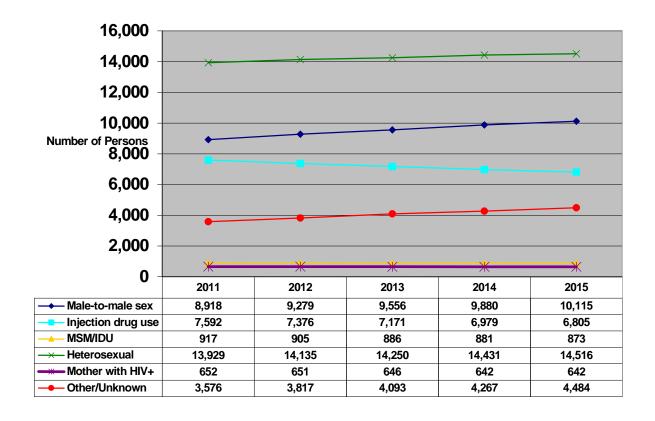
- (1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
- (2) MSM = male-to-male sex.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

Note: Percentages may not add to 100 due to rounding. Newly reported cses will be subject to discount when RIDR cases (Inter-state Duplicates) were resolved.

Thirty-five percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 30% by heterosexual contact, and 22% by male-to-male sex. Only 9% of cumulative cases (and 32% of cases recently reported in the last 12 months) had no reported risk or risk is unknown.

Figure 3. Estimated Persons Living with HIV/AIDS in New Jersey by

Modified Exposure Category 2011-2015



Source: New Jersey HIV/AIDS Reporting System as of December 31, 2015. Based on current residence.





The number of people living with HIV/AIDS who were exposed through injection drug use (IDU) has shown a downward trend between 2011 and 2015 as the number of people living with HIV/AIDS who were exposed through male-to-male sex (MSM) or heterosexual contact (*modified category – see p. 5*) has continued to increase. The number of individuals living with HIV/AIDS who were infected perinatally (born to an HIV+ mother) has remained relatively stable over this period. The number of cases with an unknown mode of exposure is higher in recent years, because data about mode of exposure is often established by investigations years after the original case is reported.

Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2015 - December 2015 (1) and Cumulative Totals as of December 31, 2015

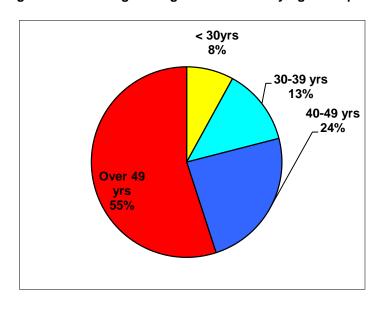
Age at Diagnosis by Gender

		MAI	LE			FEM	ALE			TOT	ΓAL		
Known Age at	January Decembe			lative tal	January Decemb			ulative	January Decembe			ılative ıtal	Percentage of Cumulative
Diagnosis	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	Cases Who Are Female
13-19	42	4%	752	1%	12	4%	570	2%	54	4%	1,322	2%	43%
20-29	336	31%	10,425	19%	61	19%	5,776	24%	397	28%	16,201	20%	36%
30-39	266	25%	22,398	40%	84	26%	10,087	41%	350	25%	32,485	40%	31%
40-49	208	19%	15,214	27%	73	23%	5,424	22%	281	20%	20,638	26%	26%
Over 49	222	21%	7,097	13%	93	29%	2,602	11%	315	23%	9,699	12%	27%
Total	1,074	100%	55,886	100%	323	100%	24,459	100%	1,397	100%	80,345	100%	30%

<sup>(1)</sup> Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report. Newly reported cases will be subject to discount when RIDR cases (Inter-state Duplicates) were resolved. Note: Percentages may not add to 100 due to rounding.

Table 6.	Table 6. New Jersey Residents Currently Living with HIV/AIDS as of December 31, 2015  Current Age by Gender											
Current Age	MA	ΓAL	Percentage of Prevalent Cases Who									
	No.	(%)	No.	(%)	No.	(%)	Are Female					
0-12	28	0%	35	0%	63	0%	56%					
13-19	104	0%	93	1%	197	1%	47%					
20-29	1,914	8%	624	5%	2,538	7%	25%					
30-39	3,317	13%	1,501	12%	4,818	13%	31%					
40-49	5,786	23%	3,292	27%	9,078	24%	36%					
Over 49	14,001	56%	6,740	55%	20,741	55%	32%					
Total	25.150	100%	12.285	100%	37.435	100%	33%					

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



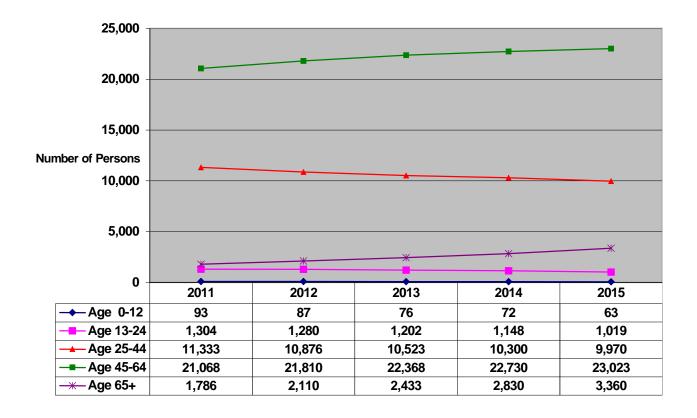
Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis on average than previously reported cases.

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

Thirty-three percent of those living with HIV/AIDS are females.

Forty-four percent of females living with HIV/AIDS are currently 20-49 years old.

Figure 5. Estimated Number of Persons Living with HIV/AIDS in New Jersey by Age Group 2012-2015



Source: New Jersey HIV/AIDS Reporting System as of December 31, 2015. Based on current residence.



The relative distribution of persons living with HIV/AIDS for ages younger than 25 has not changed significantly within the last five years, while those aged 25-44 declined largely due to aging into the next older age group. There has been a steady increase in the number of persons living with HIV/AIDS who are 45 to 64 years of age and aged 65+. This increase may be due to the fact that people are living longer with HIV/AIDS, and that recently reported cases of HIV/AIDS are older at diagnosis than in the past.

#### PEDIATRIC DATA

Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases
Exposure Category (2) by Race/Ethnicity - As of December 31, 2015

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	156	859	268	6	1,289
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	10	1	2	0	13
Risk Not Reported/Other Risk	13	39	13	2	67
Total	189	906	288	8	1,391
% Perinatally Infected	83%	95%	93%	75%	93%

- (1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.
- (2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.
- (3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status and Year of Birth for Children Born 2001-2015 - As of December 31, 2015

Birth	Infect	ed (2)	Indetermin	ate (3)	Serorever	ter (4)	Total Reported
Year	No.	(%)	No.	(%)	No.	(%)	No.
2001	10	5%	58	26%	151	69%	219
2002	14	6%	60	24%	171	70%	245
2003	16	8%	50	24%	141	68%	207
2004	11	5%	33	15%	178	80%	222
2005	12	6%	35	18%	146	76%	193
2006	5	3%	37	20%	140	77%	182
2007	7	4%	28	17%	131	79%	166
2008	4	2%	31	16%	160	82%	195
2009	4	2%	21	13%	136	84%	161
2010	5	3%	14	9%	137	88%	156
2011	8	5%	13	9%	129	86%	150
2012	3	2%	11	9%	112	89%	126
2013	2	2%	11	9%	114	90%	127
2014*	0	0%	19	14%	113	86%	132
2015*	0	0%	49	55%	40	45%	89

- (1) Exposure Child was exposed to HIV during pregnancy/delivery.
- (2) Infected Child is infected with HIV/AIDS.
- (3) Indeterminate Child was exposed but actual status of infection is unknown.
- (4) Seroreverter Child was perinatally exposed and proven to be uninfected.

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

December 31, 2015

		<b>D</b> 000	IIIDEI J	.,							
		Current Age									
	< 5 \	< 5 Yrs.		5-12 Yrs.		>= 13 Yrs.		al			
Race/Ethnicity	1										
	No.	(%)	No.	(%)	No.	(%)	No.	(%)			
White	0	0%	4	8%	92	13%	96	12%			
Black	12	92%	37	71%	479	66%	528	67%			
Hispanic	1	8%	9	17%	150	21%	160	20%			
Other	0	0%	2	4%	3 6	0%	5	1%			
Total	13	2%	52	7%	724	92%	789	100%			

Perinatal transmission was 2% in 2013.

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

Eighty-eight percent of persons infected as children and living with HIV/AIDS are minorities.

<sup>\*</sup> Years 2014 and 2015 data are incomplete

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

Intensive Mobilization to Promote AIDS Awareness through Community-based Technologies (IMPACT) is a city-by-city community mobilization initiative designed to galvanize and support African American leaders to reduce the spread of HIV/AIDS in cities with the highest prevalence of HIV/AIDS.

Table 10. African Americans Currently Living with HIV/AIDS:
Number of Cases and Rank
for Ten IMPACT Cities as of December 31, 2015

Area of Residence	Rank among 10 IMPACT Cities in African American HIV/AIDS Prevalence Rate	Number of African Americans Living with HIV/AIDS	African American Population	Ratio of African Americans Living with HIV/AIDS to Overall African American Resident Population
Newark	1	4,266	138,047	One in 32
Atlantic City	1	406	14,100	One in 35
Jersey City	3	1,476	59,060	One in 40
East Orange	4	1,293	55,702	One in 43
Elizabeth	5	512	23,072	One in 45
Paterson	6	866	41,431	One in 48
Irvington	7	886	45,285	one in 51
Trenton	8	783	42,286	One in 54
Plainfield	9	350	24,069	One in 69
City of Camden	10	436	34,277	One in 79
Ten IMPACT Cities (comb	l bined)	11,274	477,329	One in 42

**Note**: Table includes only those persons known to be infected with HIV.

Population figures are based on the 2010 United States Census (prepared by The New Jersey Data center). Municipal population by race/ethnicity are only available for the Census year.

Between 2000 and 2010 African/American population declined in 9 of the 10 IMPACT cities. Elizabeth is the only city where the African/American population increased between 2000 and 2010.



Nearly 60% of the state's African Americans living with HIV/AIDS reside in one of the 10 IMPACT cities. However, these cities show wide variation in HIV/AIDS prevalence.

Newark and Atlantic City have the highest prevalence rates of African Americans living with HIV/AIDS. One in 32 African American residents in Newark and one in 35 in Atlantic City, are currently living with HIV/AIDS.

Twenty-two percent of African Americans currently living with HIV/AIDS in the state resides in Newark.

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

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

or call the

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