

# NEW JERSEY HIV/AIDS REPORT

June 30, 2018



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



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

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- Program Management - Evaluation and Monitoring Services

**Administrative Support Services** (609) 984-5888

**HIV Services**

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

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

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

- Case Reporting Forms
- Epidemiologic Studies
- HIV/AIDS Statistics
- Partner Services-Newark (973) 648-7500

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

- Community-based HIV Prevention Projects
- HIV Counseling and Testing Program
- HIV Prevention Community Planning Group
- HIV-related Training
- Printed Material Distribution
- Special Projects
- NJ AIDS/STD Hotline 1-800-624-2377

**Sexually Transmitted Disease Services** (609) 826-4869

**Tuberculosis Services** (609) 826-4878

Visit the New Jersey Department of Health website: [www.nj.gov/health/hivstdtb](http://www.nj.gov/health/hivstdtb).

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

Telephone (609) 984-5940

e-mail [aids@doh.nj.gov](mailto:aids@doh.nj.gov)

**Questions?** Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

## Highlights

- By June 30, 2018, 37,628 people were reported living with HIV or AIDS in New Jersey. Tables 1, 3, and 5 show the cumulative adult/adolescent numbers.
- Minorities account for 77% 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 7).
- Eighty percent of persons living with HIV/AIDS are 40 years of age or older (Page 10).
- Thirty-two percent of those living with HIV/AIDS are females; 40% of females living with HIV are currently 20-49 years old (Page 10).
- Eighty-eight percent of pediatric cases living with HIV/AIDS are minorities (Page 11).
- Over 6,000 HIV/AIDS patients received medications through the state's AIDS Drug Distribution Program (ADDP) in April 2017 - March 2018 (Page 12).
- Table 12 shows HIV prevention services funded by the NJDOH in 2017 (Page 13).
- In 2017 over 80,000 HIV tests were administered through Counseling and Testing Sites (Page 14).
- Rapid HIV Testing is addressed on (Page 15).

## Special Features

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

Copies of this report are available on the NJDOH website at [www.nj.gov/health/hivstdtb](http://www.nj.gov/health/hivstdtb). The website also contains complete county and municipal reports.

## MISSION STATEMENT

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

### Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV, STD and TB Services (DHSTS) through June 30, 2018. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDOH website at [www.nj.gov/health/hivstdtb](http://www.nj.gov/health/hivstdtb). If you would prefer to receive this report by e-mail, contact us at [aids@doh.state.nj.gov](mailto:aids@doh.state.nj.gov) and we will e-mail you a link to the report.

### What can I find in this report?

#### Epidemiology

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

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

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

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

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

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

## **HIV Prevention, Care and Treatment Services**

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

## **Modified Risk Exposure Hierarchy**

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

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

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

## **What won't this report tell me?**

Due to delays between diagnosis of HIV or AIDS and reporting to the DHSTS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2017 and 2018 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 9.1% (for 2016, data as of June 30, 2018,) of all estimated infections. The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, the reported data underestimate true incidence, prevalence and mortality rates.

RACE/ETHNICITY DATA

**Table 1. New Jersey Resident Adult/Adolescent HIV/AIDS Cases Reported July 2017 - June 2018 (1) and Cumulative Totals as of June 30, 2018 Racial/Ethnic Group by Gender**

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2017- June 2018		Cumulative Total		July 2017- June 2018		Cumulative Total		July 2017- June 2018		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	234	22%	14,840	26%	39	11%	3,958	16%	273	20%	18,798	23%	21%
Black	398	38%	28,302	50%	227	67%	15,952	64%	625	45%	44,254	54%	36%
Hispanic	388	37%	13,344	23%	70	21%	4,847	19%	458	33%	18,191	22%	27%
Asian/Pac. Isl.	35	3%	506	1%	4	1%	145	1%	39	3%	651	1%	22%
Other/Unknown	3	0%	99	0%	0	0%	48	0%	3	0%	147	0%	33%
<b>Total</b>	<b>1,058</b>	<b>100%</b>	<b>57,091</b>	<b>100%</b>	<b>340</b>	<b>100%</b>	<b>24,950</b>	<b>100%</b>	<b>1,398</b>	<b>100%</b>	<b>82,041</b>	<b>100%</b>	<b>30%</b>

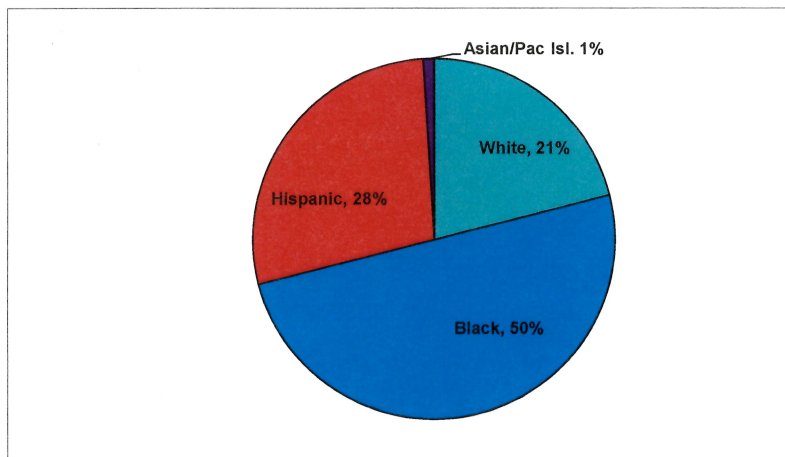
(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.  
 (2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.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

**Table 2. New Jersey Residents Living with HIV/AIDS as of June 30, 2018 Racial/Ethnic Group by Gender**

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	6,110	24%	1,698	14%	7,808	21%	22%
Black	11,301	44%	7,326	60%	18,627	50%	39%
Hispanic	7,609	30%	2,955	24%	10,564	28%	28%
Asian/Pac. Isl.	405	2%	122	1%	527	1%	23%
Other/Unknown	67	0%	35	0%	102	0%	34%
<b>Total</b>	<b>25,492</b>	<b>100%</b>	<b>12,136</b>	<b>100%</b>	<b>37,628</b>	<b>100%</b>	<b>32%</b>

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

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



Minorities account for 77% of the cumulative unduplicated adult/adolescent HIV/AIDS cases and 79% of persons living with HIV infection.

Thirty-one percent of the cumulative HIV/AIDS cases are women.

Half of persons living with HIV/AIDS are non-Hispanic Blacks.

Thirty-two percent of those living with HIV/AIDS are females. Eighty-six percent females living with HIV/AIDS are minorities.

HIV EXPOSURE CATEGORY DATA

**Table 3. New Jersey Resident Adult/Adolescent (1) HIV/AIDS Cases Reported July 2017 - June 2018 (2) and Cumulative Totals as of June 30, 2018 Modified Exposure Category by Gender**

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	July 2017- June 2018		Cumulative Total		July 2017- June 2018		Cumulative Total		July 2017- June 2018		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	567	54%	18,834	33%	0	0%	0	0%	567	41%	18,834	23%	0%
IDU (4)	35	3%	18,948	33%	22	6%	8,769	35%	57	4%	27,717	34%	32%
MSM/IDU	16	2%	2,595	5%	0	0%	0	0%	16	1%	2,595	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	7	1%	912	2%	2	1%	2,846	11%	9	1%	3,758	5%	76%
- bisexual male	0	0%	0	0%	0	0%	219	1%	0	0%	219	0%	100%
- HIV infection, risk Other/Unknown	90	9%	4,388	8%	132	39%	6,168	25%	222	16%	10,556	13%	58%
-partner(s) of unknown HIV risk (5)	120	11%	6,032	11%	115	34%	4,894	20%	235	17%	10,926	13%	45%
Other/Unknown (6)	223	21%	5,382	9%	69	20%	2,054	8%	292	21%	7,436	9%	28%
<b>Total number of individuals</b>	<b>1,058</b>	<b>100%</b>	<b>57,091</b>	<b>100%</b>	<b>340</b>	<b>100%</b>	<b>24,950</b>	<b>100%</b>	<b>1,398</b>	<b>100%</b>	<b>82,041</b>	<b>100%</b>	<b>30%</b>

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

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

**Table 4. New Jersey Residents Living with HIV or AIDS as of June 30, 2018 Modified Exposure Category by Gender**

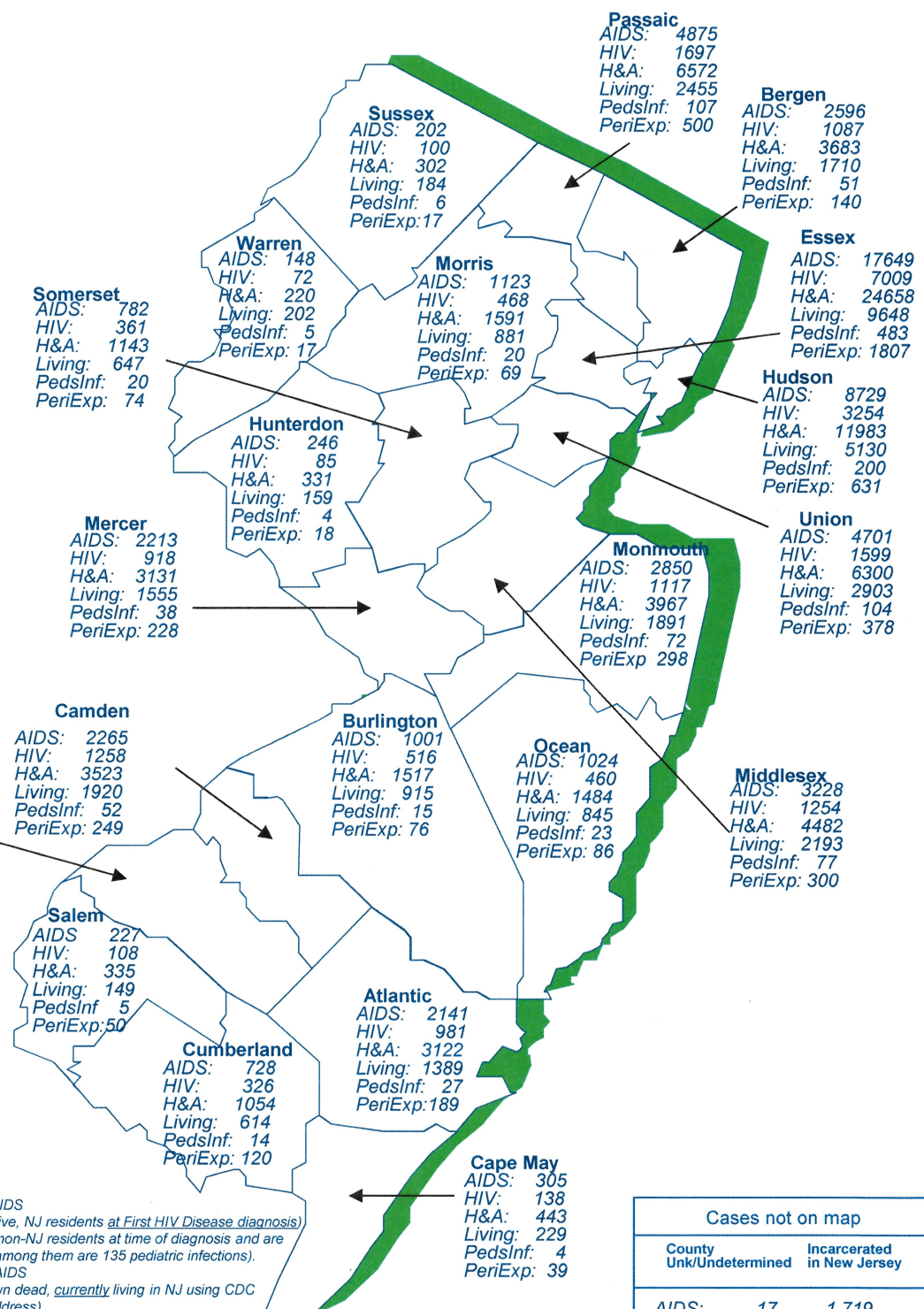
Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	10,931	43%	0	0%	10,931	29%	0%
IDU (2)	3,823	15%	2,362	19%	6,185	16%	38%
MSM/IDU	878	3%	0	0%	878	2%	0%
Heterosexual contact with partner(s):							
- injection drug user	339	1%	1,041	9%	1,380	4%	75%
- bisexual male	0	0%	125	1%	125	0%	100%
- HIV infection, risk Other/Unknown	2,634	10%	3,911	32%	6,545	17%	60%
-partner(s) of unknown HIV risk(3)	3,410	13%	3,103	26%	6,513	17%	48%
Other/Unknown (4)	3,477	14%	1,594	13%	5,071	13%	31%
<b>Total number of individuals</b>	<b>25,492</b>	<b>100%</b>	<b>12,136</b>	<b>100%</b>	<b>37,628</b>	<b>100%</b>	<b>32%</b>

- (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 cases will be subject to discount when RIDR cases (Interstate Duplicates) were resolved.

Thirty-four percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 31% by heterosexual contact, and 23% by male-to-male sex. Only 9% of cumulative cases (and 21% of cases recently reported in the last 12 months) had no reported risk or their risk is "Other/unknown".

# CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF JUNE 30, 2018

Statewide Summary Case Counts	
AIDS:	59,237
HIV:	24,139
H&A:	83,376
Living:	37,628
PedsInf:	1,335
PeriExp:	5,376



**Legend for Summary Case Counts**

AIDS = AIDS cases (cumulative)  
HIV = HIV Positive Cases, not AIDS  
H&A = HIV/AIDS Cases (cumulative, NJ residents at First HIV Disease diagnosis)  
An additional 8,795 were non-NJ residents at time of diagnosis and are not included in this map (among them are 135 pediatric infections).  
Living = Persons Living with HIV/AIDS  
(HIV/AIDS cases not known dead, currently living in NJ using CDC most recent calculated address)  
PedsInf = Pediatric Infections (NJ Child diagnosed with HIV infection; included in HIV/AIDS case counts);  
PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate regardless of residence at exposure; NOT included in HIV/AIDS case counts)

Cases not on map		
County	Unk/Undetermined	Incarcerated in New Jersey
AIDS:	17	1,719
HIV:	12	1,037
H&A:	29	2,756
Living:	29	1,411
PedsInf:	0	0
PeriExp:	51	0



**Table 5. New Jersey Resident Adult/Adolescent HIV/AIDS Cases Reported July 2017 - June 2018 (1) and Cumulative Totals as of June 30, 2018  
Age at Diagnosis by Gender**

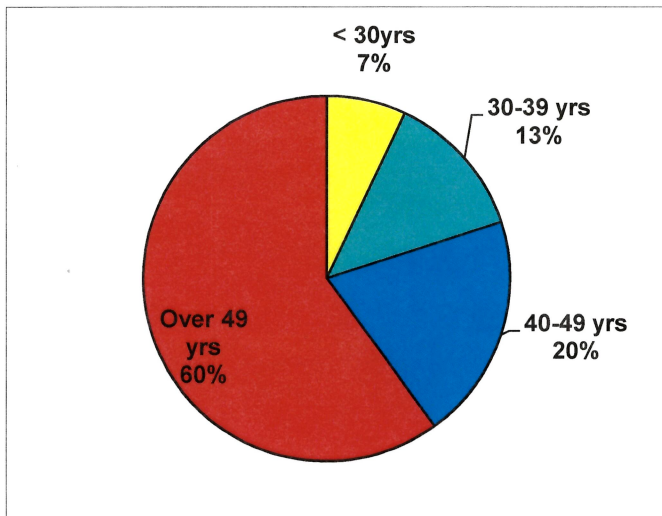
Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	July 2017- June 2018		Cumulative Total		July 2017- June 2018		Cumulative Total		July 2017- June 2018		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	32	3%	818	1%	11	3%	596	2%	43	3%	1,414	2%	42%
20-29	357	34%	11,025	19%	76	22%	5,879	24%	433	31%	16,904	21%	35%
30-39	289	27%	22,466	39%	88	26%	10,163	41%	377	27%	32,629	40%	31%
40-49	182	17%	15,330	27%	66	19%	5,520	22%	248	18%	20,850	25%	26%
Over 49	198	19%	7,452	13%	99	29%	2,792	11%	297	21%	10,244	12%	27%
<b>Total</b>	<b>1,058</b>	<b>100%</b>	<b>57,091</b>	<b>100%</b>	<b>340</b>	<b>100%</b>	<b>24,950</b>	<b>100%</b>	<b>1,398</b>	<b>100%</b>	<b>82,041</b>	<b>100%</b>	<b>30%</b>

(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. Newly reported NJ resident cases will be subject to discount when RIDR cases (Interstate Duplicates) are resolved.  
Note: Percentages may not add to 100 due to rounding.

**Table 6. New Jersey Residents Currently Living with HIV/AIDS as of June 30, 2018  
Current Age by Gender**

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	19	0%	33	0%	52	0%	63%
13-19	82	0%	52	0%	134	0%	39%
20-29	1,918	8%	588	5%	2,506	7%	23%
30-39	3,617	14%	1,394	11%	5,011	13%	28%
40-49	4,773	19%	2,655	22%	7,428	20%	36%
Over 49	15,083	59%	7,414	61%	22,497	60%	33%
<b>Total</b>	<b>25,492</b>	<b>100%</b>	<b>12,136</b>	<b>100%</b>	<b>37,628</b>	<b>100%</b>	<b>32%</b>

**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.

Eighty percent of those living with HIV/AIDS are 40 years of age or older.

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

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

PEDIATRIC DATA

**Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases Exposure Category (2) by Race/Ethnicity - As of June 30, 2018**

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	154	836	249	6	1,245
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	9	1	2	0	12
Risk Not Reported/Other Risk	12	31	11	2	56
<b>Total</b>	<b>185</b>	<b>875</b>	<b>267</b>	<b>8</b>	<b>1,335</b>
<b>% Perinatally Infected</b>	<b>83%</b>	<b>96%</b>	<b>93%</b>	<b>75%</b>	<b>93%</b>

- (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 2003-2017 - As of June 30, 2018**

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
2003	18	9%	49	24%	141	68%	208
2004	11	5%	34	15%	177	80%	222
2005	13	7%	35	18%	148	76%	196
2006	6	3%	36	20%	140	77%	182
2007	8	5%	28	17%	131	78%	167
2008	6	3%	31	16%	160	81%	197
2009	5	3%	21	13%	135	84%	161
2010	5	3%	14	9%	137	88%	156
2011	9	6%	13	9%	129	85%	151
2012	3	2%	11	9%	112	89%	126
2013	4	3%	8	6%	115	91%	127
2014	0	0%	9	7%	124	93%	133
2015	2	2%	21	16%	106	82%	129
2016*	2	1%	9	7%	126	92%	137
2017*	1	1%	26	18%	116	81%	143

- (1) Exposure - Child was exposed to HIV during pregnancy/delivery.
  - (2) Infected - Child is infected with HIV/AIDS.
  - (3) Indeterminate - Child was exposed but actual status of infection is unknown.
  - (4) Seroreverter - Child was perinatally exposed and proven to be uninfected.
- \* Years 2016 and 2017 data are incomplete, under investigation before final status is determined.

**Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1) by Race/Ethnicity and Current Age June 30, 2018**

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		≥ 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	1	13%	5	11%	77	13%	83	12%
Black	5	63%	34	77%	394	64%	433	65%
Hispanic	2	25%	4	9%	137	22%	143	22%
Other	0	0%	1	2%	5	1%	6	1%
<b>Total</b>	<b>8</b>	<b>1%</b>	<b>44</b>	<b>7%</b>	<b>613</b>	<b>92%</b>	<b>665</b>	<b>100%</b>

Perinatal transmission was 2 percent in 2015 (the most recent complete year).

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 pediatric cases living with HIV/AIDS are minorities.

(1) Pediatric HIV/AIDS cases currently living in New Jersey.

**Table 10. Ryan White Part B Services**  
(April 1, 2017 – March 31, 2018)

<b>Program Area</b>	<b>Type of Service</b>	<b>Clients Served</b>
AIDS Drug Distribution Program	Medications	6,247
Health Insurance Continuation Program	Health Insurance Premiums	544
Home Care Program	Home Health Services	5
Access to Care	Care Outreach	575
Core Health Services	Outpatient/Ambulatory Medical Care	1433
	Dental Care	696
	Mental Health Services	414
	Nutritional Counseling	290
	Medical Case Management	3016
Support Services	Medical Transportation Services	646
	Legal Services	356
	Psychosocial Support	462
	Housing	81
	Emergency Financial Assistance	338
	Food Bank	442
	Non-Medical Case Management	860

**Table 11. DHSTS Care and Treatment Services**  
(July 1, 2017 – June 30, 2018)

<b>Program</b>	<b>Source of Funding</b>	<b>Clients Served</b>
Housing Opportunities for Persons with AIDS	HUD	120
Medical Case Management	State	4,028
Non-Medical Case Management	State	2,556
Dental Care	State	642
Mental Health	State	769
Legal Services	State	12
Housing Services	State	256
Medical Transportation Services	State	702
Outreach Services	State	1,670
Psychosocial Support	State	836
Copays/Deductibles	State	237
Emergency Financial Assistance	State	272

## PREVENTION

**Table 12: Summary of the clients served by funded agencies for major HIV Prevention Interventions by target populations - 2017**

Target Population	Agencies Participating	Total Number of Clients served in Intervention Delivered to Individuals <b>IDI</b>	Total Number of Clients served in Intervention Delivered to Groups <b>IDG</b>	Total Number of Clients served in Community-level Evidence-based Interventions <b>CLI</b>	Total Number of Clients served in Locally Developed Program
<b>IDU</b>	11	289	945	0	46
<b>MSM</b>	17	54	54	228	940
<b>HIV POSITIVE</b>	22	120	236	0	1910
<b>TRANSGENDER</b>	3	24	24	0	16
<b>WOMEN</b>	18	178	291	0	216
<b>MEN</b>	2	46	46	0	
<b>YOUTH</b>	3	21	21	0	9200

**Table13: Partner Services Provided in 2017**

Partners Referred/Elicited (1)	311
Partners Tested	38
Partners Testing HIV Positive (2)	64
HIV+ Clients Counseled	309

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

(2) 4 new positives and 60 previously reported positives.

<b>HIV Counseling and Testing</b>				
<b>Table 14. Publicly Funded HIV Counseling and Testing Activities January - December 2017 (Data reported as of July 16, 2018)</b>				
	<b>NUMBER TESTED<sup>1</sup></b>	<b>PERCENT TESTED</b>	<b>TESTED POSITIVE</b>	<b>SERO POSITIVE</b>
<b>SITE TYPE</b>				
HIV CTS <sup>2</sup>	23,223	29.00%	303	1.30%
Hospital/Emergency Dept.	20,187	25.21%	73	0.36%
Dental Clinic	782	0.98%	1	0.13%
STD Clinic	6,376	7.96%	38	0.60%
Substance abuse treatment facilities	2,086	2.61%	5	0.24%
Family Planning/Planned Parent Clinic	828	1.03%	1	0.12%
Clinical - Community Health Center	11,944	14.92%	67	0.56%
Non-Clinical - Community Setting	8,028	10.03%	63	0.78%
Non-Clinical - Correctional Facility	2,220	2.77%	5	0.23%
Primary Care Clinic (Other than CHC)	4,393	5.49%	41	0.93%
<b>GENDER</b>				
Male	41,111	51.35%	424	1.03%
Female	38,718	48.36%	167	0.43%
Transgender -M2F	123	0.15%	5	4.07%
Transgender F2M	30	0.04%	1	3.33%
Unknown(Uncoded)	85	0.11%	0	0.00%
<b>ETHNICITY</b>				
Hispanic	26,384	32.95%	198	0.75%
Not Hispanic	52,252	65.26%	396	0.76%
Don't Know	1,190	1.49%	2	0.17%
Declined	152	0.19%	1	0.66%
Unknown(Uncoded)	89	0.11%	0	0.00%
<b>RACE<sup>3</sup></b>				
AM Indian/AK Native	241	0.30%	1	0.41%
Asian	1,441	1.80%	5	0.35%
Black or African American	39,386	49.19%	336	0.85%
Native Hawaiian/Pacific Islander	457	0.57%	2	0.44%
White	30,556	38.16%	211	0.69%
More Than One Race	783	0.98%	6	0.77%
Don't Know	5,406	6.75%	27	0.50%
Declined	801	1.00%	5	0.62%
Unknown(Uncoded)	996	1.24%	4	0.40%
<b>AGE</b>				
<13	36	0.04%	0	0.00%
13-19	4,677	5.84%	5	0.11%
20-29	27,247	34.03%	190	0.70%
30-39	20,707	25.86%	139	0.67%
40-49	13,173	16.45%	97	0.74%
50-59	10,500	13.11%	113	1.08%
60+	3,629	4.53%	53	1.46%
Unknown(Uncoded)	98	0.12%	0	0.00%
<b>TOTAL</b>	<b>80,067</b>	<b>100.00%</b>	<b>597</b>	<b>0.75%</b>
1. Numbers do not represent individuals as clients may be tested more than once.				
2. HIV/CTS sites are clinics, whose primary purpose is HIV counseling and testing.				
3. Clients could be multiple Race.				

### **Rapid HIV Testing Update Increasing the Credibility of Linkage**

In 2015, New Jersey introduced a rapid test algorithm (NJ RTA) based upon initial Determine Combo screening followed by a sequential confirmatory rapid test (Trinity Unigold) with a goal of improving the likelihood of identifying early HIV infections while maintaining strong negative predictive performance and credible referral into care. In 2017, virtually all rapid HIV screening provided within our distributed network are subject to a two-step, sequential, rapid test algorithm prior to linkage into care.

In 2017, a total of 76,783 initial rapid HIV screens (4.4% decrease) were performed using the Abbott/Alere Determine Combo rapid test identifying a total of 577 preliminary positive events, a net decline of 37 preliminary positives compared to 2016, but largely a reflection of improved operator rapid test performance (n.b. the 43% reduction in discordant specimens identified by the RTA between 2016 and 2017). In NJ, falsely positive screens are identified before clients are linked into care, thus improving the credibility of linkage at minimal cost to the overall system. Such findings reflect the impact of the NJ quality assurance program on a network of community based screening facilities and the fundamental role of Rutgers – RWJMS medical technologists in supporting sites central to the rapid testing network. The average monthly rapid testing volume during 2017 was 6,400 screens per month, identifying an average of 48 positive screens each month.

	<b>2016</b>	<b>2017</b>
#Patients Tested at All Sites	80,319	76,783
#Preliminary Positive All Sites	614	577
#Discordant Specimens: All Sites	76	43

New Jersey continues to refine its screening network in response to internal periodic review of seropositivity, proximity of nearby screening sites, decisions by some healthcare facilities to provide HIV screening in conjunction with billing, grant funding, etc. As of December 31, 2017, New Jersey provided DHSTS rapid HIV screening at 136 locations in venues including universities; community based organizations and local health departments; healthcare institutions including clinics, FQHCs, and hospitals; and correctional facilities. Sites included both brick and mortar facilities and 19 mobile vans. Rutgers University – Robert Wood Johnson Medical School provided CLIA-waiver, NJ Clinical Laboratory licensure, and oversight for many of these sites (RWJ). Additional sites (Non-RWJ) were licensed primarily by hospitals and healthcare centers.

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

**<http://www.nj.gov/health/hivstdtb>**

**or call the**

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