



Michael Nutter, **Mayor**
Donald F. Schwarz, MD, MPH, **Deputy Mayor of Health & Opportunity,**
Health Commissioner
Joseph C. Cronauer, **Executive Deputy Commissioner**
Caroline Johnson, MD, **Director, Division of Disease Control**

Philadelphia HIV/AIDS Epidemiological Update



Cases Reported Through June 2007

AIDS Activities Coordinating Office

John C. Cella, **Director** Jane Baker, **Health Administrator**
Kathleen A. Brady, MD, **Medical Epidemiologist**
Mark Shpaner, MD, **Surveillance Program Manager**

CONTENTS

		Page
Table 1	Adult HIV (not AIDS) and HIV/AIDS cases by year of diagnosis and selected characteristics	6
Table 2	Adult AIDS cases by year of AIDS diagnosis and selected characteristics	7
Table 3	Adult HIV/AIDS cases by year of diagnosis and selected characteristics	8
Figure 1	Adult HIV/AIDS cases by gender, year of diagnosis and age group at diagnosis	9
Figure 2	Adult HIV/AIDS cases by gender, year of diagnosis and transmission category, 1997—2006	10
Table 4	Time to an AIDS diagnosis after an HIV diagnosis, by selected characteristics, 2005	11
Table 5	Adults living with HIV/AIDS, 2006, by selected characteristics	12
Figure 3	Adult Living with AIDS (LWA) cases, 1997—2006.	13
Figure 4	Prevalence of persons living with HIV/AIDS by Zip Code, 2006	13
Table 6	Pediatric exposures by year of birth and selected characteristics	14
Table 7	Pediatric HIV/AIDS cases by year of diagnosis and selected characteristics	15

DEFINITIONS

AACO (*AIDS Activities Coordinating Office*): The office within the Philadelphia Department of Public Health responsible for administering the city's HIV/AIDS Programs.

AIDS (*Acquired Immune Deficiency Syndrome*): A result of Human Immunodeficiency Virus (HIV) infection, which disables the immune system from effectively fighting numerous opportunistic infections and cancers.

API (*Asian/Pacific Islander*)

CDC (*Centers for Disease Control and Prevention*): A federal disease prevention agency, which is part of the U.S. Department of Health and Human Services, that provides national laboratory and health and safety guidelines and recommendations; tracks diseases throughout the world; and performs basic research involving laboratory, behavioral science, epidemiology and other studies of disease.

Confidentiality: Keeping medical information confidential or private.

Diagnosis: Determination of the nature of a case of a disease based on signs, symptoms, and laboratory findings during life. A diagnosis of AIDS for an adult is being HIV antibody-positive in addition to having one opportunistic infection, condition, or disease (e.g. wasting syndrome, PCP, Kaposi's sarcoma, CD4 T-lymphocyte count below 200).

EMA (*Eligible Metropolitan Area*): Geographic region used to allocate funds under the Ryan White CARE Act, Title I. The Philadelphia EMA includes: Bucks, Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania and Burlington, Camden, Gloucester and Salem counties in New Jersey.

Epidemic: A disease that spreads rapidly through a defined demographic segment of the human population, such that the incidence and/or prevalence rates are higher than the normal rates.

Epidemiology: The branch of medical science that deals with the study of incidence, distribution and control of a disease in a population.

HIV (*Human Immunodeficiency Virus*): The retrovirus that causes AIDS by infecting the T-helper cells.

Incidence: The number or rate of new cases of a disease over defined period of time.

IDU (*Injection Drug Use*): An HIV/AIDS transmission category

MSM (*Men who have sex with men*): An HIV/AIDS transmission category.

MSM/IDU (*Men who have sex with men who are also injection drug users*): An HIV/AIDS transmission category.

Perinatal Transmission of HIV: Term used to describe the spread of HIV/AIDS from a mother to her baby that can occur during pregnancy, labor, delivery or breastfeeding; also known as vertical transmission.

Prevalence: Total number of cases of a disease in a population over a period of time.

Risk Behavior: Used here to describe activities that put people at risk of contracting HIV/AIDS.

Sexual Orientation: The sexual attraction people feel for others, whether of their own sex, the opposite sex, or both sexes.

Transmission Category: a system that classifies cases by possible HIV transmission risk factors or mode (s) of infection; e.g. IDU, MSM/IDU, perinatal transmission, heterosexual contact.

Philadelphia Department of Public Health
AIDS Activity Coordinating Office
Surveillance Unit

To Our Readers:

The AACO Surveillance Unit of the Philadelphia Department of Public Health, which conducts HIV/AIDS surveillance for the City of Philadelphia, produces this report. The data in this report reflects cases diagnosed through December 31, 2006 and reported through June 30, 2007.

HIV/AIDS surveillance is the ongoing and systematic collection, analysis, and dissemination of population-based information on HIV/AIDS.

There are two basic types of surveillance; active and passive. **Passive surveillance** is a process whereby diagnosing physicians voluntarily submit reports to the Department of Health. **Active surveillance** employs strategies intended to identify unreported cases, and depends on secondary information sources for leads. Information from laboratories, death certificates, direct contact with health care providers and review of medical records, initiate the follow-up investigations. The HIV/AIDS case count in Philadelphia results from a combination of active and passive surveillance. Physicians began reporting AIDS cases to the Department of Health in 1983. Name-based HIV reporting began in October, 2005.

Cases can be reported on a standard CDC report form to our unit by contacting (215) 685-4781 during the day or by mailing the completed form to:

City of Philadelphia Department of Public Health

Post Office Box #58909

Philadelphia, PA 19102-8909

Security and Confidentiality

All information about HIV/AIDS patients is strictly confidential and is collected strictly for epidemiologic purposes. Confidentiality of HIV/AIDS case reports is of critical importance to maintaining effective HIV/AIDS surveillance. Federal, state and local health departments have implemented procedures and policies to assure the confidentiality and security of HIV/AIDS data. CDC is prohibited from accepting patient names, and before records are transmitted electronically, all information is encrypted by a computer program. In addition, strict guidelines govern the release of reports similar to this one, which ensure that HIV/AIDS data are not represented in such a way so as to possibly identify any individual with HIV/AIDS. Maintenance of confidentiality and security safeguards are criteria for federal funding and are a top priority within the Philadelphia HIV/AIDS Surveillance Unit.

AIDS Activity Coordinating Office, Surveillance Unit Projects

The **AACO Surveillance Unit, Department of Public Health** is funded by the Centers of Disease Control to work on different projects that, along with **Core Surveillance**, monitor the HIV epidemic in Philadelphia.

Behavioral Surveillance

AACO has been funded to participate in developing and implementing a national surveillance system to monitor behaviors that place people at risk for HIV infection. The overarching goal is to help direct and evaluate local and national prevention efforts by identifying behavioral trends in sexual activities and drug use among MSM, IDU, heterosexuals in conjuncture with their access to and utilization of HIV testing and other prevention services funded by state and local health departments.

Incidence Surveillance

The purpose of HIV Incidence Surveillance is to provide reliable and scientifically valid estimates of the number of newly acquired infections at the local, state, territorial, and national levels. Determining the incidence of HIV infections will assist local HIV prevention program planning and evaluation by providing data that will accurately characterize current HIV transmission. Estimates of incidence will also be able to be made across multiple groups including underserved populations such as women, IDU, and individuals of low socioeconomic status. The less sensitive ELISA assay will be used on remnant sera from all newly diagnosed HIV infections. The assay will distinguish between new infections, within 1 year of testing, and prevalent ones. The results will be used to calculate population-based estimates of HIV incidence. Data collection began in July of 2005. Incidence estimates at both the national and local level are expected mid-2008.

Medical Monitoring Project

The Medical Monitoring Project (MMP) is a population-based surveillance system used to assess clinical outcomes, behaviors and the quality of HIV care. The methodology involves selection of patients currently receiving care using a three-stage sampling design, an n-person interview of eligible patients, and abstraction of their HIV-related medical records. This project will provide data about met and unmet needs for HIV care and prevention services which can be used to evaluate these services and to direct future resources. Data collection began in January of 2006. In the first cycle of MMP in Philadelphia, 215 persons were interviewed. The second cycle of MMP began in January 2008 and is ongoing.

Not in Care Surveillance

AACO has been funded by the CDC to design and implement a supplemental HIV/AIDS surveillance system to monitor HIV-infected persons who have never received HIV-related medical services (HIV care). The principal objectives of this system will be to identify barriers to receiving care and to estimate the additional resources needed when these individuals are linked to care. The project will involve identifying, locating and interviewing persons with an HIV diagnosis who are not receiving HIV care. In addition, blood spots will be collected to determine their immunologic status. Data collection is expected to begin in early 2008.

Enhanced Perinatal Surveillance

The purpose of Enhanced Perinatal Surveillance is to assess missed opportunities to prevent perinatal transmission of HIV and to determine the impact of prevention efforts. Data is collected on maternal prenatal care usage, maternal HIV test history, prenatal and neonatal antiretroviral therapy, other interventions to prevent transmission, receipt of prophylaxis and treatment by the infant, appropriate follow-up care of the mother and child, and other interventions relevant to the evaluation of recommended public health actions to prevent perinatal HIV transmission. Data collection is ongoing.

Adult HIV (not AIDS) cases: HIV became reportable by name in October 2005. Through surveillance activities, prevalent HIV cases that have not progressed to AIDS are continuing to be reported for diagnoses made prior to October 2005. Thus, diagnosis dates may be prior to this implementation date and data reported on HIV (not AIDS) cases diagnosed prior to 2006 is considered incomplete. This applies to all data including HIV (not AIDS) diagnoses. HIV (not AIDS) cases that were newly diagnosed in 2006 were made up of a slightly greater proportion of women than all newly diagnosed cases. HIV (not AIDS) cases also had a higher proportion of 13 to 29 year olds than all newly diagnosed cases in 2006.

Table 1: Adult HIV (not AIDS) and HIV/AIDS cases by year of diagnosis and selected characteristics

	HIV (not AIDS) 2006		HIV/AIDS 2006		HIV (not AIDS) 1980-2006		HIV/AIDS 1980-2006	
	n	(%) ^a	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender								
Male	441	64.9	731	67.2	3,738	64.8	18,381	74.5
Female	239	35.1	357	32.8	2,030	35.2	6,287	25.5
Race/ethnicity								
Black, not Hispanic	477	70.1	763	70.1	3,843	66.6	16,361	66.3
White, not Hispanic	107	15.7	175	16.1	1,178	20.4	5,538	22.5
Hispanic	84	12.4	130	11.9	692	12.0	2,619	10.6
Other	12	1.8	20	1.8	55	1.0	150	0.6
Transmission category								
male-to-male sexual contact	171	25.1	278	25.6	1,507	26.1	8,430	34.2
Injection drug use	142	20.9	215	19.8	1,649	28.6	8,213	33.3
male-to-male sexual contact and IDU	11	1.6	17	1.6	116	2.0	1,055	4.3
Heterosexual contact	356	52.4	578	53.1	2,466	42.8	6,644	26.9
Other	0	0.0	0	0.0	30	0.5	326	1.3
Age at HIV diagnosis^b								
13-19	37	5.4	48	4.4	273	4.7	641	2.6
20-29	194	28.5	243	22.3	1,567	27.2	5,851	23.7
30-39	166	24.4	278	25.6	2,045	35.5	9,561	38.8
40-49	192	28.2	332	30.5	1,363	23.6	5,929	24.0
50+	91	13.4	187	17.2	520	9.0	2,682	10.9
Gender & Race/ethnicity								
Male Black, not Hispanic	297	43.7	495	45.5	2,323	40.3	11,617	47.1
White, not Hispanic	73	10.7	123	11.3	914	15.8	4,750	19.3
Hispanic	63	9.3	98	9.0	464	8.0	1,897	7.7
Female Black, not Hispanic	180	26.5	268	24.6	1,520	26.4	4,744	19.2
White, not Hispanic	34	5.0	52	4.8	264	4.6	788	3.2
Hispanic	21	3.1	32	2.9	228	4.0	722	2.9
Male/Female Other	12	1.8	20	1.8	55	1.0	150	0.6
Total	680	100.0	1,088	100.0	5,768	100.0	24,668	100.0

Note. Intravenous drug use (IDU) ^a Percentage of column total. ^b Age group for HIV/AIDS 1980-2006 total numbers include four cases of perinatal exposure that have progressed to adult AIDS cases, thus are in the younger than 13 age group when analyzed by HIV diagnosed date. Percentages may not add up to 100% due to rounding. ^c If individual had an AIDS diagnosis within the same year of an HIV diagnosis they are only included in the HIV/AIDS column.

Adult AIDS Cases: Between 2002 and 2005, an increasing proportion of newly diagnosed AIDS cases are in the 50 and older age group. Heterosexual contact has also made up an increasing proportion of adult AIDS cases during the same time period.

Table 2: Adult AIDS cases by year of AIDS diagnosis and selected characteristics

	2002		2003		2004	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	621	68.5	602	69.9	561	69.7
Female	286	31.5	259	30.1	244	30.3
Race/ethnicity						
Black, not Hispanic	614	67.7	586	68.1	561	69.7
White, not Hispanic	189	20.8	162	18.8	148	18.4
Hispanic	97	10.7	103	12.0	91	11.3
Other	7	0.8	10	1.2	5	0.6
Transmission category						
male-to-male sexual contact	199	21.9	220	25.6	229	28.4
Injection drug use	314	34.6	251	29.2	227	28.2
male-to-male sexual contact and IDU	26	2.9	25	2.9	17	2.1
Heterosexual contact	365	40.2	362	42.0	328	40.7
Other	3	0.3	3	0.3	4	0.5
Age at HIV diagnosis^b						
13-19	10	1.1	12	1.4	12	1.5
20-29	91	10.0	110	12.8	105	13.0
30-39	324	35.7	301	35.0	245	30.4
40-49	315	34.7	264	30.7	270	33.5
50+	167	18.4	174	20.2	173	21.5
Total	907	100.0	861	100.0	805	100.0
	2005		2006		1980-2006	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	489	70.2	475	68.4	14,563	77.5
Female	208	29.8	219	31.6	4,216	22.5
Race/ethnicity						
Black, not Hispanic	507	72.7	498	71.8	12,426	66.2
White, not Hispanic	102	14.6	113	16.3	4,342	23.1
Hispanic	82	11.8	74	10.7	1,916	10.2
Other	6	0.9	9	1.3	95	0.5
Transmission category						
male-to-male sexual contact	173	24.8	183	26.4	6,884	36.7
Injection drug use	184	26.4	157	22.6	6,526	34.8
male-to-male sexual contact and IDU	14	2.0	13	1.9	939	5.0
Heterosexual contact	326	46.8	341	49.1	4,134	22.0
Other	0	0.0	0	0.0	296	1.6
Age at HIV diagnosis^b						
13-19	16	2.3	12	1.7	147	0.8
20-29	83	11.9	78	11.2	2,962	15.8
30-39	174	25.0	173	24.9	7,476	39.8
40-49	266	38.2	254	36.6	5,513	29.4
50+	158	22.7	177	25.5	2,681	14.3
Total	697	100.0	694	100.0	18,779	100.0

Note. Intravenous Drug Use (IDU) ^a Percentage of column total. ^b AIDS cases from 1980-2006 total numbers include four cases of perinatal exposure that have progressed to adult AIDS cases, thus are in the younger than 13 age group when analyzed by HIV diagnosed date. Percentages may not add up to 100% due to rounding.

Adult HIV/AIDS Cases: HIV became reportable by name in October, 2005. Between 2002 and 2006, the proportion of HIV infections with a transmission category of heterosexual contact increased along with HIV infections in the 13-19 and 40-49 year old age group. The proportion of infections in 20-29 year old age group decreased during the same period.

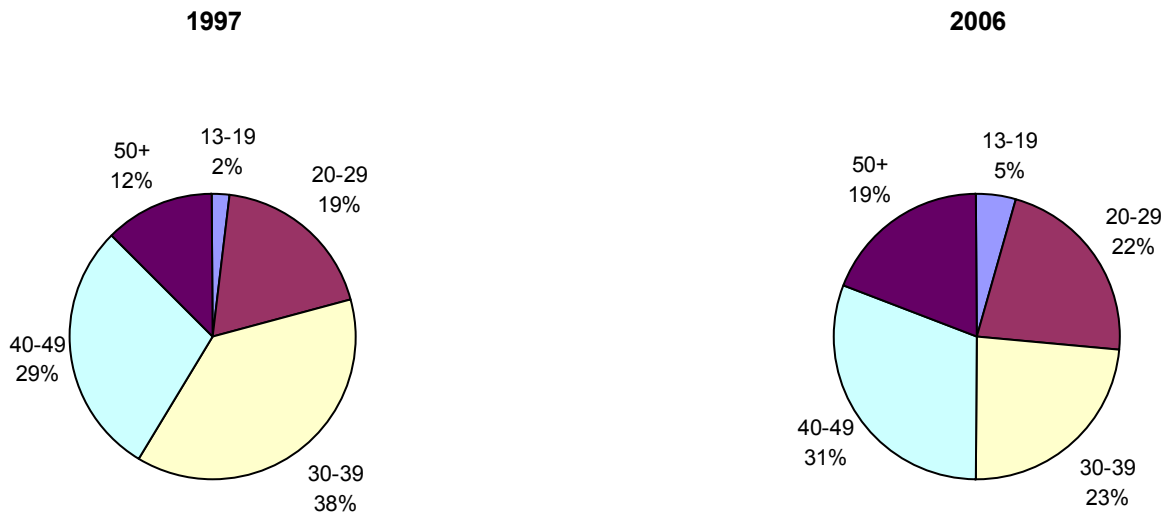
Table 3: Adult HIV/AIDS cases by year of diagnosis and selected characteristics

	2002		2003		2004	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	767	65.8	720	68.0	743	67.6
Female	398	34.2	339	32.0	356	32.4
Race/ethnicity						
Black, not Hispanic	795	68.2	722	68.2	795	72.3
White, not Hispanic	228	19.6	200	18.9	177	16.1
Hispanic	128	11.0	123	11.6	116	10.6
Other	14	1.2	14	1.3	11	1.0
Transmission category						
male-to-male sexual contact	238	20.4	267	25.2	291	26.5
Injection drug use	355	30.5	257	24.3	233	21.2
male-to-male sexual contact and IDU	22	1.9	18	1.7	15	1.4
Heterosexual contact	543	46.6	515	48.6	559	50.9
Other	7	0.6	2	0.2	1	0.1
Age at HIV diagnosis^b						
13-19	32	2.7	35	3.3	38	3.5
20-29	185	15.9	196	18.5	213	19.4
30-39	415	35.6	357	33.7	352	32.0
40-49	362	31.1	304	28.7	321	29.2
50+	171	14.7	167	15.8	175	15.9
Total	1,165	100.0	1,059	100.0	1,099	100.0
	2005		2006		1980-2006	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	873	66.1	731	67.2	18,381	74.5
Female	447	33.9	357	32.8	6,287	25.5
Race/ethnicity						
Black, not Hispanic	921	69.8	763	70.1	16,361	66.3
White, not Hispanic	210	15.9	175	16.1	5,538	22.5
Hispanic	177	13.4	130	11.9	2,619	10.6
Other	12	0.9	20	1.8	150	0.6
Transmission category						
male-to-male sexual contact	320	24.2	278	25.6	8,430	34.2
Injection drug use	299	22.7	215	19.8	8,213	33.3
male-to-male sexual contact and IDU	13	1.0	17	1.6	1,055	4.3
Heterosexual contact	684	51.8	578	53.1	6,644	26.9
Other	4	0.3	0	0.0	326	1.3
Age at HIV diagnosis^b						
13-19	64	4.8	48	4.4	641	2.6
20-29	238	18.0	243	22.3	5,851	23.7
30-39	353	26.7	278	25.6	9,561	38.8
40-49	431	32.7	332	30.5	5,929	24.0
50+	234	17.7	187	17.2	2,682	10.9
Total	1,320	100.0	1,088	100.0	24,668	100.0

Note. Intravenous Drug Use (IDU) ^a Percentage of column total. ^b HIV/AIDS cases for 1980-2006 include four cases of perinatal exposure that have progressed to adult AIDS cases, thus are in the younger than 13 age group when analyzed by HIV diagnosed date. Percentages may not add up to 100% due to rounding.

Adult HIV/AIDS Cases by Age Group and Sex: Between 1997 and 2006, the proportion of 30 to 39 year olds decreased in both males and females while younger and older age groups increased in proportion during the same period.

Male



Female

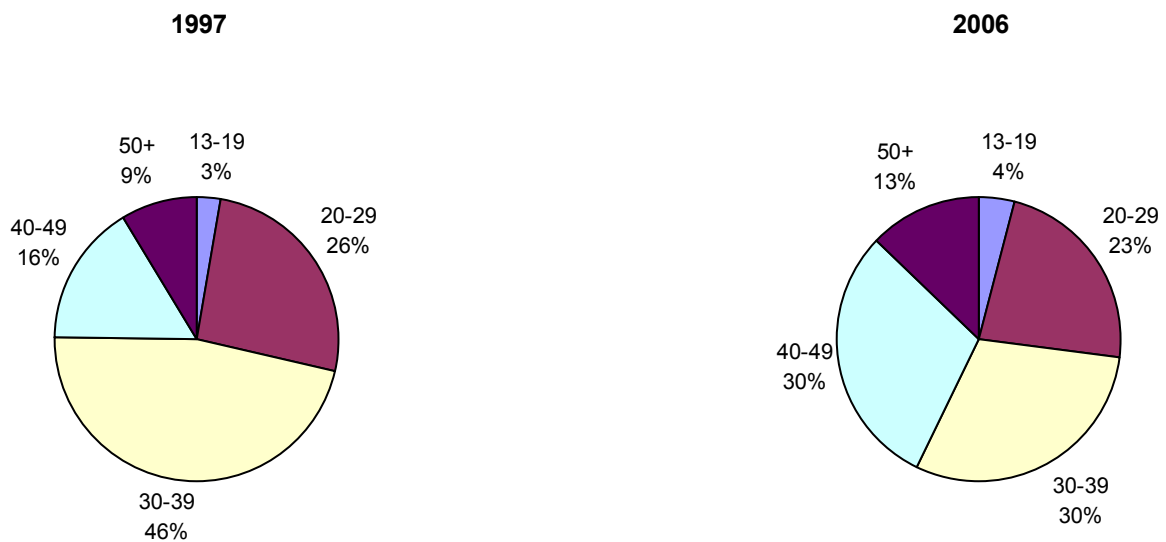
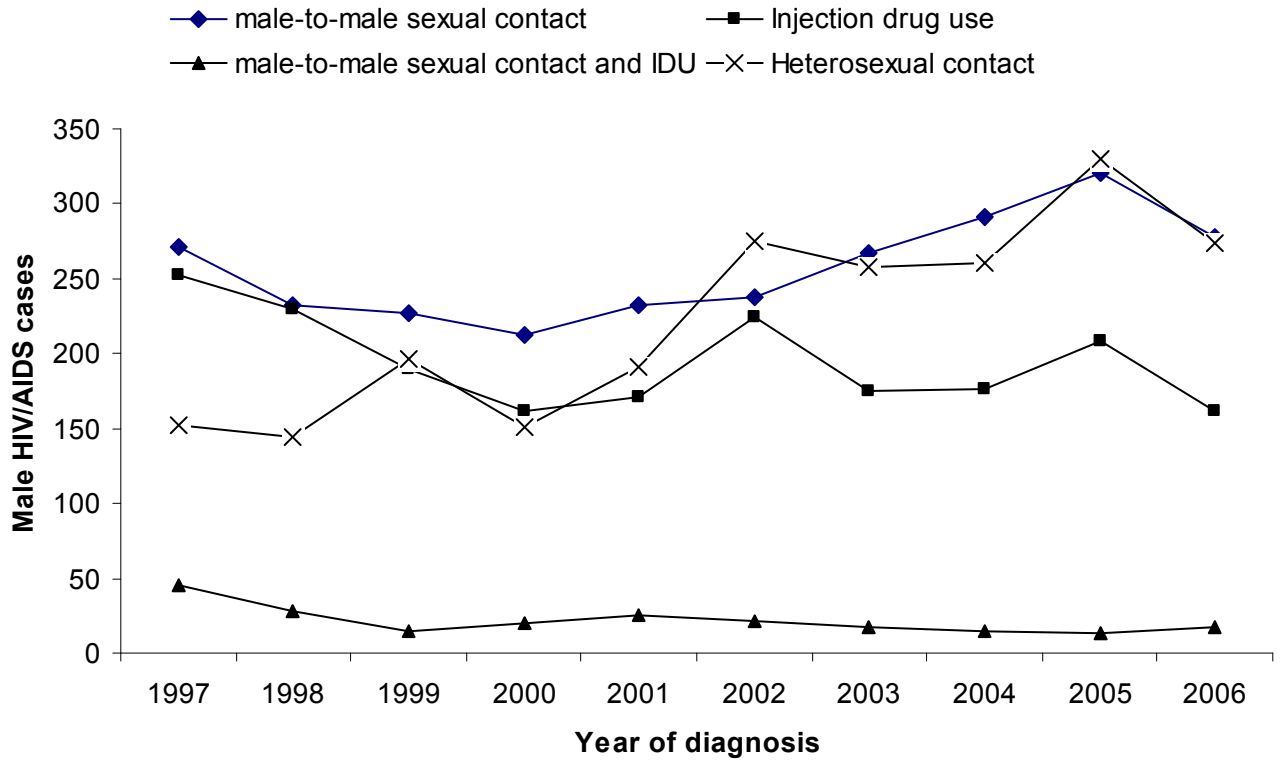


Figure 1: Adult HIV/AIDS cases by gender, year of diagnosis and age group at diagnosis. Four adult AIDS cases were diagnosed under the age of 13 with HIV (not AIDS), but have progressed to AIDS as adults, thus are excluded from this figure.

Male



Female

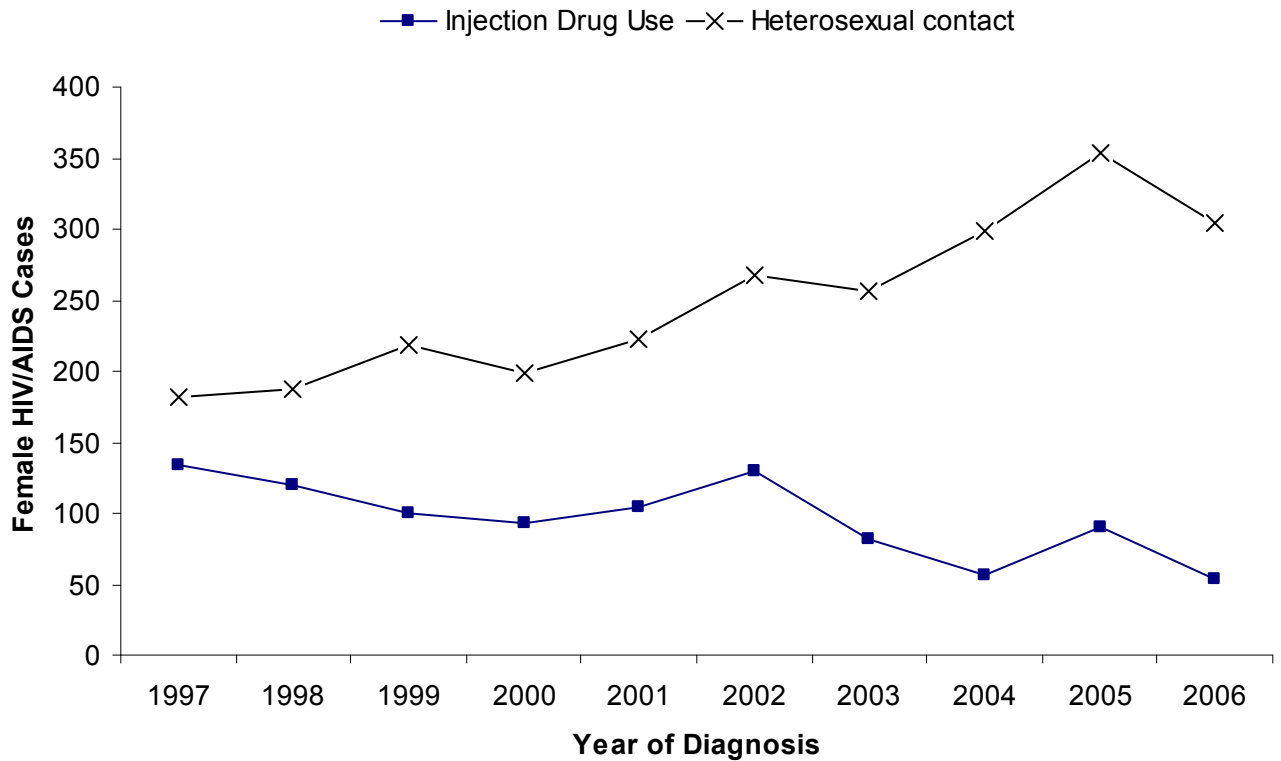


Figure 2: Adult HIV/AIDS cases by gender, year of diagnosis and transmission category, 1997—2006.

Concurrent HIV/AIDS Cases: Concurrent HIV/AIDS diagnoses are defined here by a diagnosis of AIDS within twelve months of the initial HIV diagnosis. Concurrent diagnosis data is currently only available for 2005 because HIV became reportable by name in October, 2005. Of the 1,320 individuals newly diagnosed in 2005, 39% were concurrently diagnosed with HIV and AIDS. HIV/AIDS concurrent diagnoses were more likely in men than women, with concurrent HIV/AIDS diagnoses in 41% of all males diagnosed in 2005, compared to 35% in females. Concurrent HIV/AIDS diagnoses were slightly more likely in MSM and Black, not-Hispanic groups. The older the age group, the more likely there was a concurrent diagnosis of HIV/AIDS. In the 13-19 year-olds age group, concurrent diagnosis occurred in 20% of the cases, as compared to 50% in the 50 years and older age group.

Table 4: Time to an AIDS diagnosis after an HIV diagnosis, by selected characteristics, 2005

	HIV		AIDS < 12 months after HIV diagnosis		AIDS > 12 months after HIV diagnosis		2005 HIV/AIDS Cases		
	n	(%) ^a	n	(%) ^a	n	(%) ^a	n	(%) ^a	
Gender									
Male	485	63.7	362	69.9	26	63.4	873	66.1	
Female	276	36.3	156	30.1	15	36.6	447	33.9	
Race/ethnicity									
Black, not Hispanic	512	67.3	376	72.6	33	80.5	921	69.8	
White, not Hispanic	138	18.1	68	13.1	<5	NA	210	15.9	
Hispanic	104	13.7	69	13.3	<5	NA	177	13.4	
Other	7	0.9	5	1.0	0	0.0	12	0.9	
Transmission category									
male-to-male sexual contact	186	24.4	125	24.1	9	22.0	320	24.2	
Injection drug use	162	21.3	123	23.7	14	34.1	299	22.7	
male-to-male sexual contact and IDU	8	1.1	5	1.0	<5	NA	13	1.0	
Heterosexual contact	401	52.7	265	51.2	18	43.9	684	51.8	
Other	<5	NA	0	0.0	<5	NA	<5	NA	
Age at HIV diagnosis									
13-19	50	6.6	13	2.5	<5	NA	64	4.8	
20-29	167	21.9	63	12.2	6	14.6	236	17.9	
30-39	209	27.5	134	25.9	14	34.1	357	27.0	
40-49	225	29.6	194	37.5	14	34.1	433	32.8	
50+	110	14.5	114	22.0	6	14.6	230	17.4	
Gender & Race/ethnicity									
Male Black, not Hispanic	303	39.8	251	48.5	21	51.2	575	43.6	
White, not Hispanic	209	27.5	125	24.1	12	29.3	346	26.2	
Hispanic	104	13.7	56	10.8	<5	NA	160	12.1	
Female Black, not Hispanic	34	4.5	12	2.3	<5	NA	46	3.5	
White, not Hispanic	73	9.6	50	9.7	<5	NA	123	9.3	
Hispanic	31	4.1	19	3.7	<5	NA	50	3.8	
Male/Female Other	7	0.9	5	1.0	<5	NA	12	0.9	
Total	761	100.0	518	100.0	41	100.0	1,320	100.0	

Note. Intravenous Drug Use (IDU) ^a Percentage of column total. Percentages may not add up to 100% due to rounding.

Living with HIV/AIDS: Living with HIV (not AIDS) or AIDS cases are reported as the cumulative number of individuals living at the beginning of a given year. Figure 1 (see page 1) depicts only living with AIDS (LWA) cases since October 2005, when name-based HIV reporting started. Trends indicate that individuals are living longer with AIDS, while the number of cases being reported has remained relatively steady (figure 1). For 2006, a greater proportion of females are living with HIV (not AIDS) as compared to living with AIDS. The other trends, such as the increase in heterosexual transmission and the increase in HIV infections in younger (13-19) and older (50 and older) age groups is reflected in living with HIV (not AIDS) and living with AIDS for 2006.

Table 5: Individuals living with HIV/AIDS, 2006, by selected characteristics

	Living with HIV (not AIDS)		Living with AIDS		Total Living	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	3,683	64.5	7,506	72.8	11,189	69.8
Female	2,030	35.5	2,805	27.2	4,835	30.2
Race/ethnicity						
Black, not Hispanic	3,810	66.7	6,903	66.9	10,713	66.9
White, not Hispanic	1,165	20.4	2,141	20.8	3,306	20.6
Hispanic	686	12.0	1,196	11.6	1,882	11.7
Other	52	0.9	71	0.7	123	0.8
Transmission category						
male-to-male sexual contact	1,494	26.2	3,087	29.9	4,581	28.6
Injection drug use	1,614	28.3	3,623	35.1	5,237	32.7
male-to-male sex. contact and IDU	112	2.0	423	4.1	535	3.3
Heterosexual contact	2,465	43.1	3,120	30.3	5,585	34.9
Other	28	0.5	58	0.6	86	0.5
Age Group^b						
13-19	281	4.9	290	2.8	571	3.6
20-29	1,567	27.4	2,515	24.4	4,082	25.5
30-39	2,014	35.3	4,018	39.0	6,032	37.6
40-49	1,341	23.5	2,448	23.7	3,789	23.6
50+	510	8.9	1,037	10.1	1,547	9.7
Total	5,713	100.0	10,311	100.0	16,024	100.0

Note. Intravenous Drug Use (IDU), sexual contact (sex. contact) ^a Percentage of column total. ^b HIV/AIDS cases for 1980-2006 include three cases of perinatal exposure that have progressed to adult AIDS cases, thus are in the younger than 13 age group when analyzed by HIV diagnosed date. Percentages may not add up to 100% due to rounding.

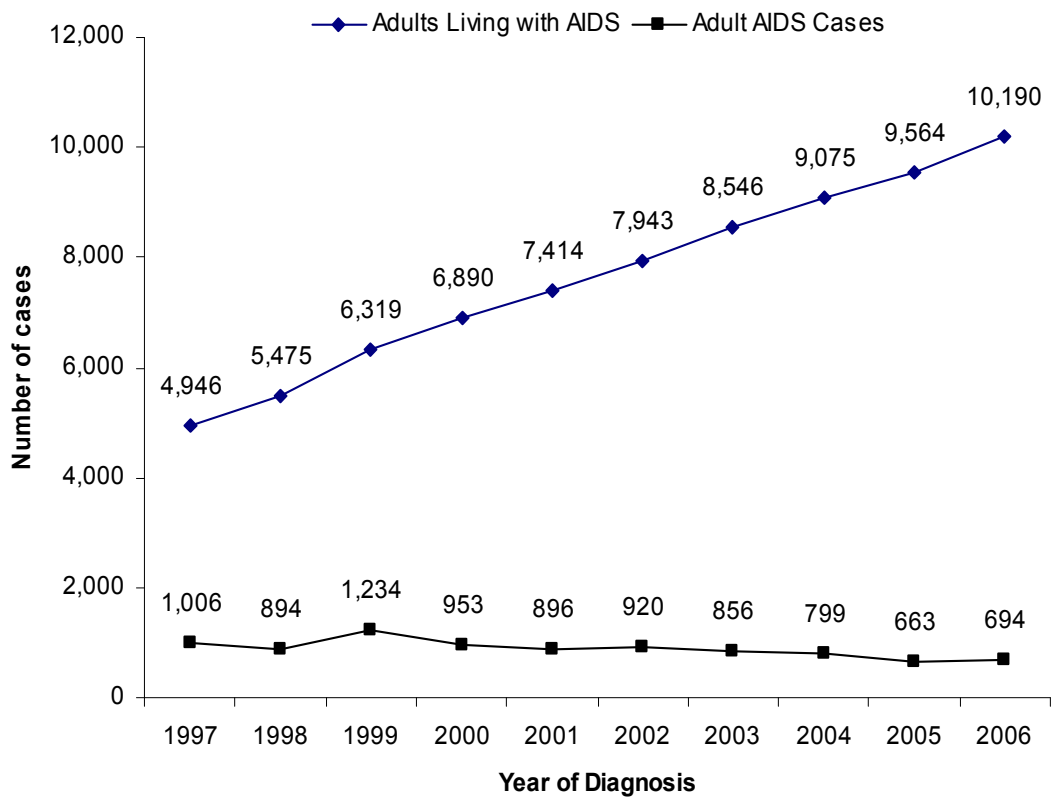


Figure 3: Adult Living with AIDS (LWA) cases, cumulative by year of diagnosis and adult AIDS cases by year of AIDS diagnosis, 1997—2006.

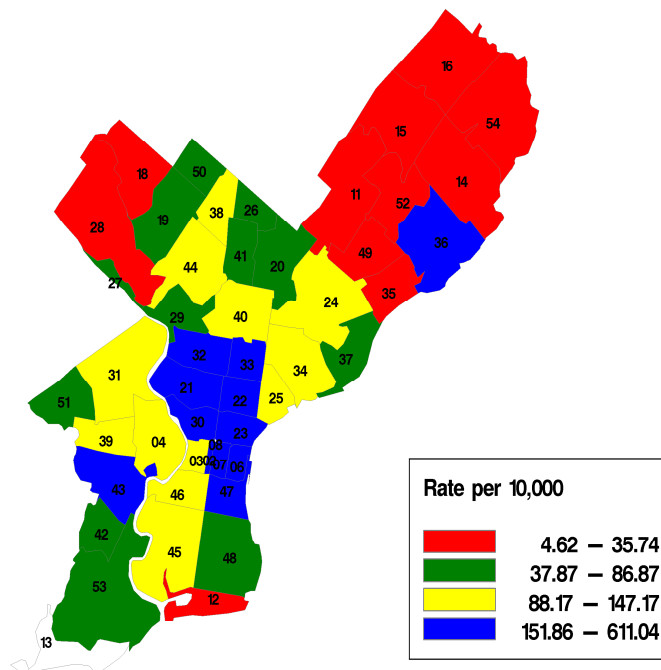


Figure 4: Prevalence of persons living with HIV/AIDS by Zip Code, 2006. The last two digits of the 191## zip codes are shown.

Pediatric Exposures: The number of pediatric exposures has decreased slightly between 2002 and 2006, but a steady decline has not been seen during this time period. The majority of exposures are in non-Hispanic Blacks and are predominantly are result of an HIV infection in the birth mother.

Table 6: Pediatric exposures by year of birth and selected characteristics

	2002		2003		2004	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	50	45.5	45	54.2	35	54.7
Female	60	54.5	38	45.8	29	45.3
Race/ethnicity						
Black, not Hispanic	90	81.8	65	78.3	51	79.7
White, not Hispanic	8	7.3	8	9.6	7	10.9
Hispanic	11	10.0	10	12.0	6	9.4
Other	<5	NA	0	0.0	0	0.0
Risk Category						
Mother with HIV/AIDS ^b	110	100.0	83	100.0	64	100.0
Hemophiliac	<5	NA	<5	NA	<5	NA
Undetermined/Other	<5	NA	<5	NA	<5	NA
Total	110	100.0	83	100.0	64	100.0
	2005		2006		1980-2006	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	52	57.8	38	47.5	591	51.5
Female	38	42.2	42	52.5	556	48.5
Race/ethnicity						
Black, not Hispanic	76	84.4	67	83.8	876	76.4
White, not Hispanic	<5	NA	6	7.5	110	9.6
Hispanic	10	11.1	5	6.3	155	13.5
Other	<5	NA	<5	NA	6	0.5
Risk Category						
Mother with HIV/AIDS ^b	90	100.0	79	98.8	1,142	99.6
Hemophiliac	<5	NA	<5	NA	<5	NA
Undetermined/Other	<5	NA	<5	NA	<5	NA
Total	90	100	80	100.0	1,147	100.0

Note. ^a Percentage of column total. Percentages may not add up to 100% due to rounding. ^b Mother with HIV/AIDS or documented risk factor for HIV infection.

Pediatric HIV/AIDS cases : Through December 31, 2006, 255 (76%) of all reported pediatric HIV/AIDS cases are living. The number of pediatric HIV/AIDS cases has declined steadily since 1992. Despite the fact that exposures have not greatly declined in the last five years, there continues to be fewer infections during the same period.

Table 7: Pediatric HIV/AIDS cases by year of diagnosis and selected characteristics

	1992-1994		1995-1997		1998-2000	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	49	47.6	26	44.8	22	56.4
Female	54	52.4	32	55.2	17	43.6
Race/ethnicity						
Black, not Hispanic	79	76.7	46	79.3	29	74.4
White, not Hispanic	11	10.7	<5	NA	7	17.9
Hispanic	12	11.7	9	15.5	<5	NA
Other	<5	NA	<5	NA	<5	NA
Transmission Category						
Mother with HIV/AIDS ^b	100	97.1	56	96.6	38	97.4
Undetermined/Other	<5	NA	<5	NA	<5	NA
Age Group						
Less than 1	77	74.8	35	60.3	24	61.5
1 to 3	14	13.6	13	22.4	8	20.5
4 to 6	5	4.9	<5	NA	<5	NA
7 to 10	5	4.9	8	13.8	<5	NA
10 to 12	<5	NA	<5	NA	<5	NA
Total	103	100.0	58	100.0	39	100.0
	2001-2003		2004-2006		1980-2006	
	n	(%) ^a	n	(%) ^a	n	(%) ^a
Gender						
Male	14	63.6	7	50	182	54.0
Female	8	36.4	7	50	155	46.0
Race/ethnicity						
Black, not Hispanic	19	86.4	12	86	257	76.3
White, not Hispanic	<5	NA	<5	NA	51	15.1
Hispanic	<5	NA	<5	NA	27	8.0
Other	<5	NA	<5	NA	<5	NA
Transmission Category						
Mother with HIV/AIDS ^b	22	100.0	14	100	326	96.7
Undetermined/Other	<5	NA	<5	NA	11	NA
Age Group						
Less than 1	12	54.5	9	64	214	63.5
1 to 3	<5	NA	<5	NA	73	21.7
4 to 6	5	22.7	<5	NA	11	3.3
7 to 10	<5	NA	<5	NA	25	7.4
10 to 12	<5	NA	<5	NA	14	4.2
Total	22	100.0	14	100	337	100.0

Note. ^a Percentage of column total. Percentages may not add up to 100% due to rounding. ^b Mother with HIV/AIDS or documented risk factor for HIV infection.

AACO, PDPH
Surveillance Unit
1101 Market St., 9th Floor
Philadelphia, PA 19109

Mailing Address
Street Number and Name
City, State 98765-4321

Please call, e-mail or fax your comments to:

Kimberly Harris-McCoy, MSPH

Email: Kimberly.Harris-McCoy@phila.gov

Phone: (215) 685-4780

Fax: (215) 685-4774

Attention

To be added or removed from the Epidemiological Update mailing list, to request data from the AIDS Activities Coordinating Office, or to make suggestions for future Quarterly Statistical Reports please contact Mark Shpaner, Acting Disease Surveillance Program Manager. He can be reached by telephone at (215) 685-4772, by fax at (215) 685-4774 or by e-mail at mark.shpaner@phila.gov. We welcome any comments or criticisms that you may have.

Do you want more information? Surveillance staff may be available to make presentations of up-to-date surveillance data for Philadelphia or your hospital/reporting site/geographic area or presentations regarding the importance and methods of reporting AIDS cases. If interested, please contact Kathleen A. Brady, M.D. at (215) 685-4778 to schedule a meeting time.