Communicable Disease Report

Hawai`i Department of Health
Communicable Disease Division

http://www.state.hi.us/doh/resource/comm_dis/cdr.html

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HIV/AIDS in Hawai`i

The state of Hawai`i is classified as having low morbidity for acquired immunodeficiency syndrome (AIDS). In 2002 according to the Centers for Disease Control and Prevention (CDC), Hawai`i had an AIDS rate (cases per 100,000) of 10.8.[1] This article provides information on Hawai`i's HIV/AIDS reporting system, reporting requirements, data analysis of AIDS cases, data release procedure, and statistics on HIV/AIDS on a national and global level.

Background of Hawaii's HIV/AIDS Surveillance

In 1983 Hawai`i began reporting AIDS. In 1993 the state's providers started reporting AIDS using CDC's expanded AIDS case definition[2] with low CD4 (<200 cells/mm$^3$ and/or <14% -T-lymphocyte) counts. Since 1998, Hawai`i's laboratories are required to report low CD4 test results. In 2001, the state implemented an HIV reporting using a code known as unnamed test code (UTC), which is created from the patient's name and part of the date of birth.

HIV Reporting: From September 1, 2001 through June 30, 2004, a cumulative total of 758 HIV (non-AIDS) cases were diagnosed in Hawai`i [3]. The state's code-based HIV reporting system is one of the nation's 14 code-based reporting systems[4]. As of June 2004, Texas, Kentucky, and Puerto Rico changed to named reporting from a code-based reporting system. California, a code-based reporting state, is also considering a change to named reporting. Therefore, Hawai`i's code-based reporting system is currently under review. If the system does not fulfill CDC and state reporting requirements, then named reporting for Hawai`i may be considered.

AIDS Reporting: As of December 31, 2003, a cumulative total of 2,866 AIDS cases have been diagnosed and reported to the Hawai`i Department of Health (DOH) (Figure 1). The number of AIDS diagnoses increased each year from 1983 to 1993 and decreased thereafter with the exception of 1998. The peak in 1993 was partly due to the expansion of CDC's case definition of AIDS. The slight increase in 1998 may have been due to the inclusion of laboratory reports of low CD4, in that year. The surveillance staff

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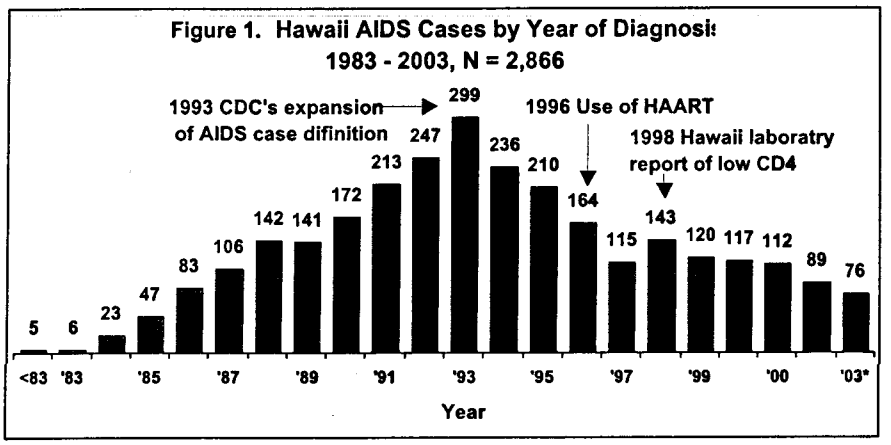
has conducted medical record reviews at different health care facilities and captured many unreported AIDS cases diagnosed from 1998 to 2003.

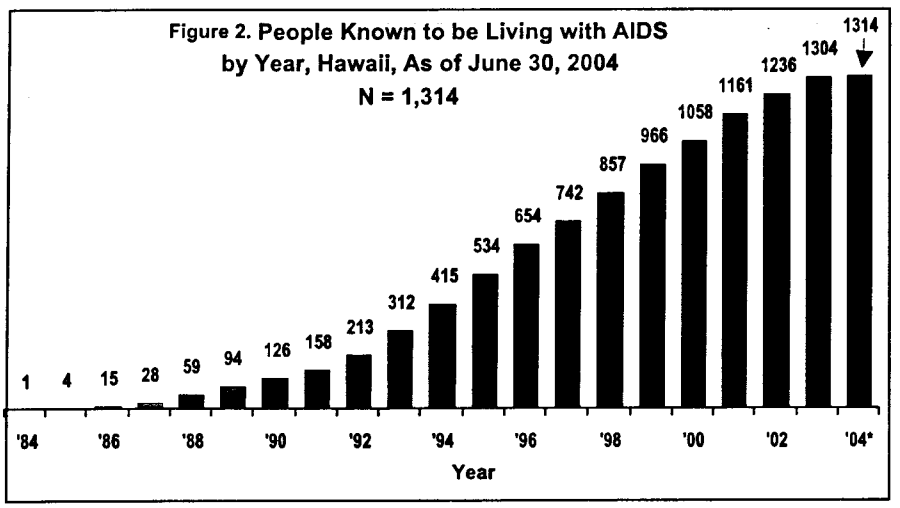
As effective anti-retroviral therapy (HAART) became widespread after 1996, mortality from AIDS has decreased and AIDS diagnoses have also declined. However, AIDS prevalence has increased (Figure 2). As of June 2004, there were 1,314 people known to be living with AIDS in Hawai`i. This number accounts for only the state's diagnosed cases, and does not include people living in Hawai`i with AIDS who were diagnosed in other states.

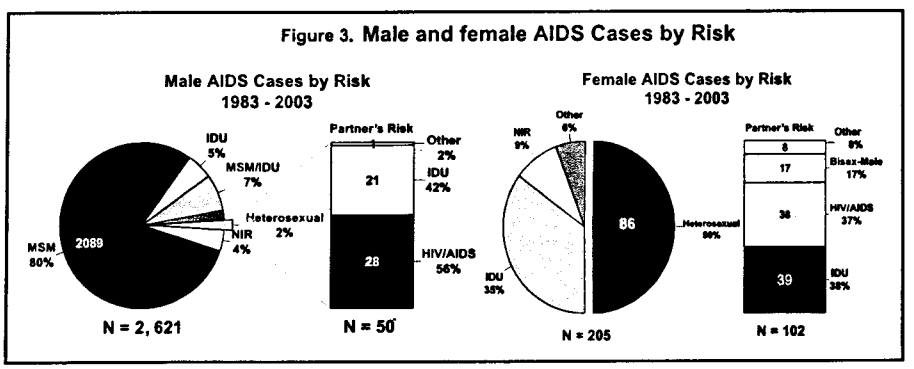
By Gender

2621 (93%) AIDS cases were diagnosed in males[5]. The ethnicity of these cases were: Caucasians (64%), Asian Pacific Islanders (API) (26%), Hispanics (5%), African American (4%), and other races (<1%). There were 205 female AIDS cases (7%). Ethnicity varied somewhat from male cases. About half (45%) of female AIDS cases were API followed by Caucasians (39%), Hispanics (7%), African Americans (6%), and other races (3%). The risk factors for AIDS among males are as follows: 80% men having sex with men (MSM), 7% combined risk – MSM and injection drug use (MSM/IDU), 5% injection drug use (IDU), and a few other risk factors such as heterosexual contact, transfusions, and hemophilia. The primary risk factor for female AIDS cases was heterosexual behavior (50%). Figure 3 shows the percentages of heterosexual cases and their partner's risk factors. Female partners' risk factors are primarily IDU (39, 38%), followed by HIV/AIDS infected sexual partners (38, 37%), bisexual males (17, 17%), and other risks (8, 8%). On the other hand, male partners' risk factors include HIV/AIDS sexual partners (28, 56%), IDU (21, 42%), and other (1, 2%).

As AIDS incidence (new diagnoses) for each year has decreased, the proportion of male cases has decreased from 792 (91%) in 1994-1998 to 453 (88%) in the recent five-year period (1999 – 2003). While absolute numbers of new female cases have decreased, the proportion of female cases has increased from 77 (9%) to 61 (12%) for the same time periods.[3]







By Age Group

The majority of AIDS cases were diagnosed in individuals between the ages of 30 and 49 (55%).[5] The percent of AIDS cases in the 20 to 29 age group is decreasing. AIDS cases over 49 years increased from 10% before 1994 to 18% in 1999 through 2003. There were less than one percent pediatric and less than one percent adolescent cases diagnosed from 1983 to 2003.

By Risk

The major risk behavior for AIDS in males is MSM and accounts for 62% of the cumulative AIDS cases. The proportion of AIDS cases for MSM, IDU and

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MSM/IDU has decreased in the most recent five-year period.[2] In the same time period, there has been a slight increase in the proportion of AIDS cases among heterosexuals (1%). The largest group increase was in the proportion of "unknown risk" (13%). These cases are under investigation for classification into specific known risk categories.

By Race/Ethnicity

As of December 31, 2003, the majority of AIDS cases were diagnosed in Caucasians 1,757 (62%), followed by the Asian and Pacific Islander group 773 (27%).[5]

By County

The majority of all AIDS cases were diagnosed in Honolulu county (2,063, 72%), followed by Hawai`i (386,13%), Maui (303,11%) and Kaua`i (124,4%) counties.

Living AIDS Cases

As of June 30, 2004, there are 1,314 people known to be living with AIDS, 1,188 (90%) males and 126 (10%) females. The majority of living cases are Caucasians (905, 61%), followed by Asian Pacific Islanders (325, 25%), Hispanics (92, 7%), African Americans (76, 6%), and other groups (American Indian and Alaskan). The risk breakdown for living cases is 70% as MSM, 8% IDU, 7% MSM/IDU, 7% unknown, and 1% other risks. The rates (per 100,000 population) in the four counties are as follows: O`ahu 93.9; Maui 135.7; Hawai`i 133.8; and Kaua`i 85.5.[4]

National Data

HIV

As of 2002, there were 199,759 of HIV (non-AIDS) cases reported to CDC from 35 named based reporting states and from four territories.[6] New York, Florida, New Jersey, Texas, and North Carolina reported 35% of the cumulative cases. In 2002, 35,147 HIV (non-AIDS) cases were reported to CDC: 68% male, 32% female, and 1% (420) children. Florida, New York, and Texas reported 64% of the total HIV cases in 2002. At the time of this report, the 2003 national data have not been released. HIV data from the code-based reporting states are not included in the national data. An estimate suggests that 30% of the national HIV cases could be from code-based reporting states.

AIDS

As of 2002, a cumulative total of 859,000 cases of AIDS from the 50 states, Washington, D.C., Guam, Puerto Rico, the Pacific Islands, and the Virgin Islands were reported to CDC.[6] California, Florida, and New York reported 44% of the total AIDS cases. Rates (cases per 100,000) of AIDS range from 0.5 in North Dakota to 162.4 in Washington, DC. Hawai`i's rate of 10.8 ranked 28th in the nation. In 2002, a total of 43,950 cases were reported to CDC: 74% male, 26% female, and 0.4% (158) children.

Worldwide Data

As of 2003, 40 million people are known to be living with HIV/AIDS, including 2.5 million children (less than 15 years of age). Twenty five million people have died of HIV/AIDS including 5.3 million children.[7] In 2003, a total of 5 million people were newly diagnosed with HIV, including 0.8 million children.

Hawai`i Data

HIV/AIDS data are disseminated through two publications.

1. *The HIV/AIDS Surveillance Semi-Annual Report:* This report contains information on the number of cumulative cases of HIV and AIDS, data analysis of AIDS by year, gender, age, race/ethnicity, risk, and by county. Two issues of this report are distributed to approximately 900 subscribers including all AIDS reporting sources, statewide. This report is available at this website: http://www.hawaii.gov/health2/health//healthy-lifestyles/std-aids/aids_rep/index.html

2. *Epidemiological Profile of HIV/AIDS in Hawai`i:* This document contains data on statewide programs related to HIV and AIDS. Data analysis is prepared and distributed in alternate years to the HIV community prevention and care planning purposes. This document is available at http://www.hawaii.gov/health2/health//healthy-lifestyles/std-aids/aids_rep/index.html

Reporting Requirements

HIV Reporting

1. **Physician reporting:** Since August 27, 2001, the Hawai`i Administrative Rules §11-156-8.8 require local physicians to report all HIV cases using unnamed test code (UTC) to the DOH.[8]
2. **Laboratory Reporting:** Since August 27, 2001, the Hawai`i Administrative Rules §11-156-8.9 require local laboratories to report all HIV positive confirmatory test results and detectable viral loads to the DOH.

AIDS Reporting

1. **Physician Reporting:** Hawai`i Revised Statutes (HRS) §325-2 and Hawai`i Administrative Rules §11-156-3 require physicians to report AIDS cases with or without low CD4 values (<200 cells/mm^3 and/or <14% - T-lymphocyte). Reporting by name is required at the time a person is diagnosed with AIDS as defined by the Centers for Disease Control and Prevention (revised in January 1993).[8]
2. **Laboratory reporting** of low CD4: Since 1998 the Hawai`i Administrative Rules §11-156-3 require local laboratories to report low CD4 values (<200 cells/mm3 and/or <14% -T-lymphocytes).

For more information, please call the STD/AIDS Prevention Branch at (808) 733-9010 in Honolulu.

References

1. Cases of HIV infection and AIDS in the United States, 2002 http://www.cdc.gov/hiv/stats/hasr1402.htm
2. CDC's 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and

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adults. http://www.cdc.gov/hiv/pubs-guidelines.htm

3. Borthakur, PB. 2004. *AIDS Trend in Hawaii.* HIV/AIDS Semi-annual Report, p 1. http://www.hawaii.gov/health2/health//healthy-lifestyles/std-aids/aids_rep/index.html-1h2004
4. Borthakur, PB. 2004. Epidemiology of HIV/AIDS in Hawaii, an oral presentation, Department of Health's Epidemiology Seminar, September 27, 2004, http://www.hawaii.gov/health2/health//healthy-lifestyles/std-aids/aids_rep/index.html
5. HIV/AIDS Surveillance Semi-annual Report, December 31, 2003, p 2-4. http://www.hawaii.gov/health2/health//healthy-lifestyles/std-ids/aids_rep/index.html -2h2003 and HIV/AIDS Surveillance Program, STD/AIDS Prevention Program.
6. National HIV/AIDS Surveillance and Epidemiology, http://www.cdc.gov/hiv/stats/hasr1402/cover.htm
7. Global HIV/AIDS Surveillance and Epidemiology, http://www.who.int/emc-hiv/
8. Borthakur, PB. 2003. *Hawaii HIV and AIDS Reporting.* HIV/AIDS Semi-annual Report, p. 1. http://www.hawaii.gov/health2/health//healthy-lifestyles/std-ids/aids_rep/index.html.

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