# **Epidemiological Profile of HIV in Connecticut**

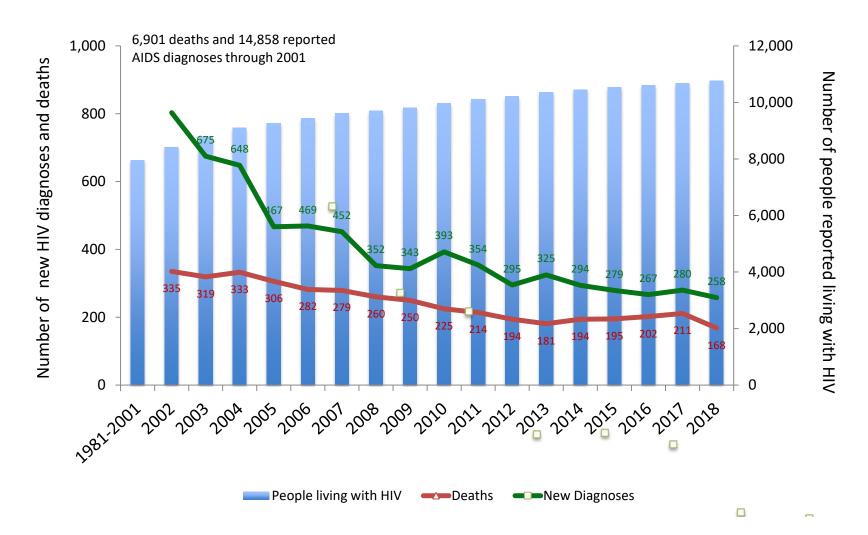
## **Connecticut HIV Planning Consortium August 19, 2020**



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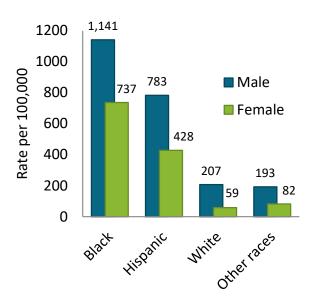
#### HIV in Connecticut – 1981-2018

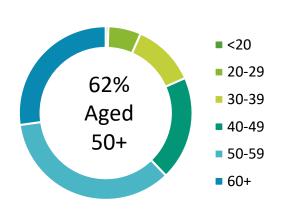




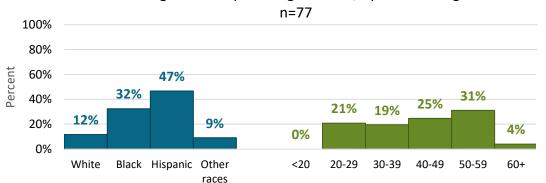
Note: People reported living with HIV is based on address at diagnosis. Source: HIV surveillance registry for cases reported through December 2019

### People Living with HIV, Connecticut, 2018





Transgender People Living with HIV, by Race and Age



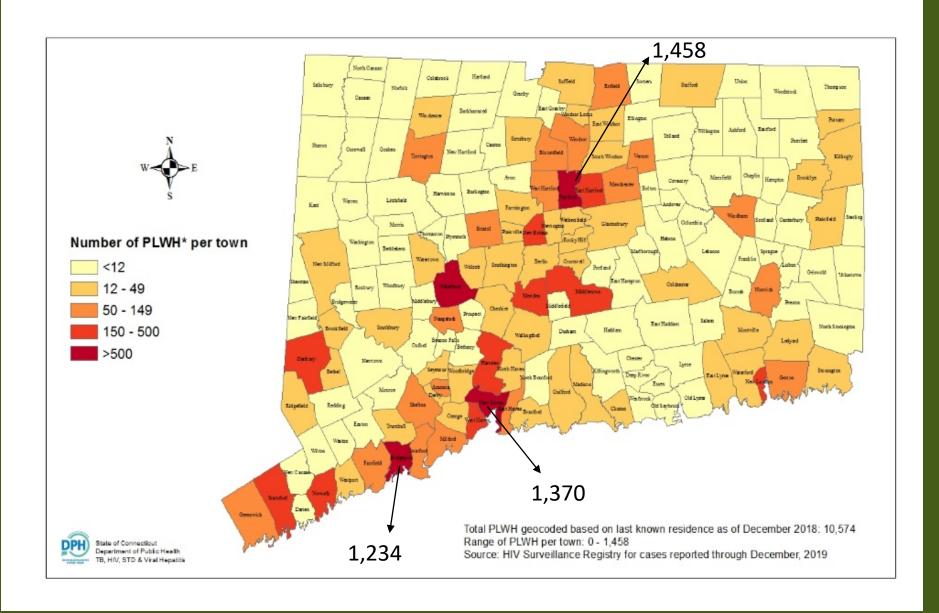
34% were foreign-born

16% were not diagnosed in Connecticut



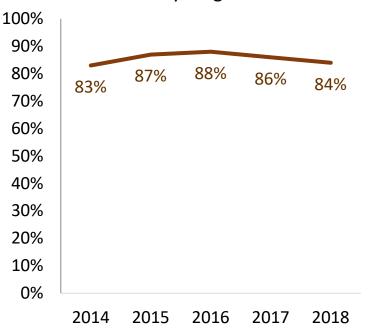
Prevalence rate per 100,000 people. Transgender people are most likely underreported due to reporting limitations. Includes people identified as transgender at any time by self-report, medical provider, chart review, or ongoing data collection. Sources: State-level Bridged Race Estimates for Connecticut, 2018 and HIV surveillance registry for cases reported through December 2019 based on last known address as of December 2018

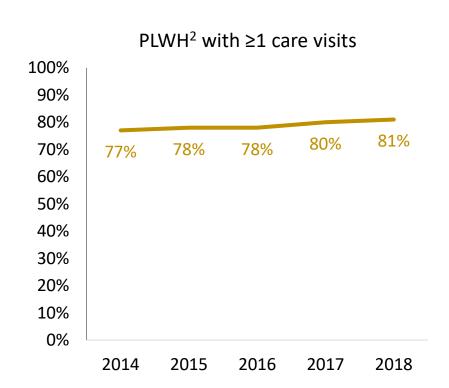
### People Living with HIV, Connecticut, 2018



## HIV Care Among People Newly Diagnosed & Living with HIV, Connecticut, 2014-2018

Linked to care within 1 month<sup>1</sup> among newly diagnosed



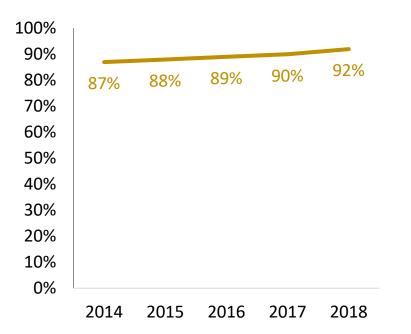




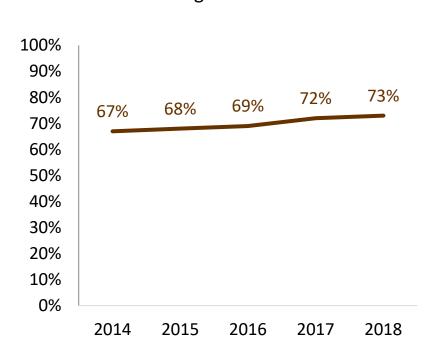
<sup>1</sup>Includes persons aged 13+ newly diagnosed with HIV as residents of Connecticut. <sup>2</sup> People living with HIV that are aged ≥13 at the end of the specified year and last known address as of the specified year was in Connecticut. A visit is defined as a CD4, viral load, or genotype test result during the specified year. Source: HIV surveillance registry for cases reported through December 2019

## Viral Suppression Among People Living with HIV, Connecticut, 2014-2018

Viral Suppression among PLWH<sup>1</sup> connected to care within the specified year



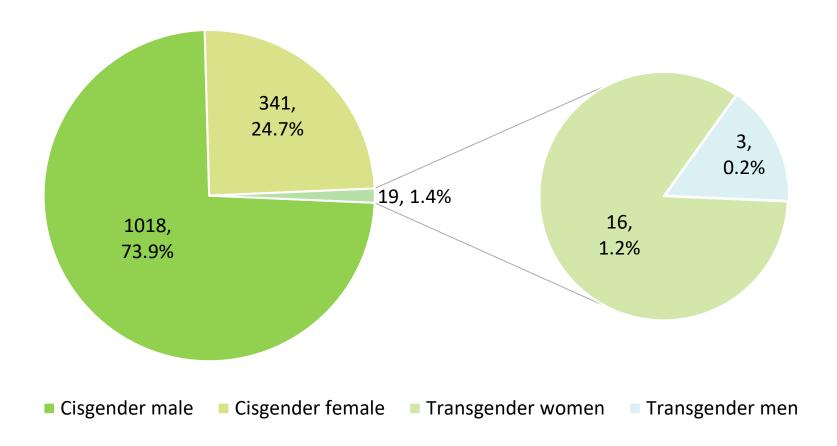
Viral Suppression among all Diagnosed PLWH<sup>1</sup>





<sup>1</sup> People living with HIV that are aged ≥13 at the end of the specified year and last known address as of the specified year was in Connecticut. Persons whose most recent viral load test result <200 copies/ml during the specified year are considered virally suppressed. Source: HIV surveillance registry for cases reported through December 2019

## Newly Diagnosed HIV by Gender, Connecticut, 2014-2018

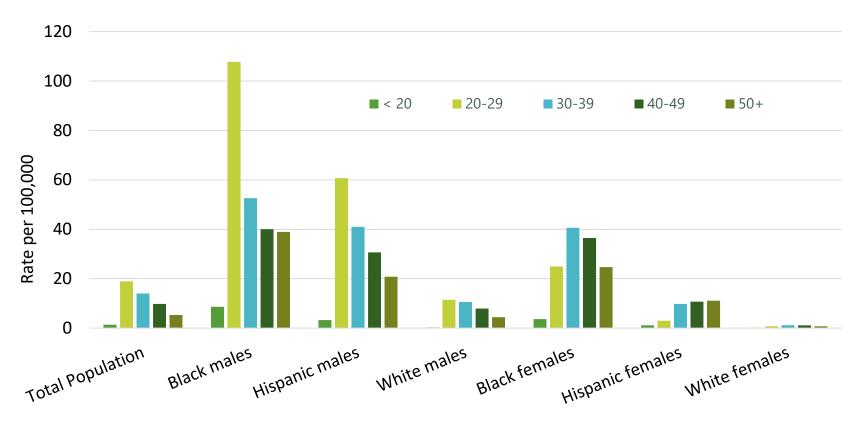




Cisgender: a person whose current gender identity corresponds with their sex assigned at birth.

Transgender includes people who identified as transgender at any time by self-report, medical provider, chart review, or ongoing data collection. Source: HIV surveillance registry for cases reported through 2019

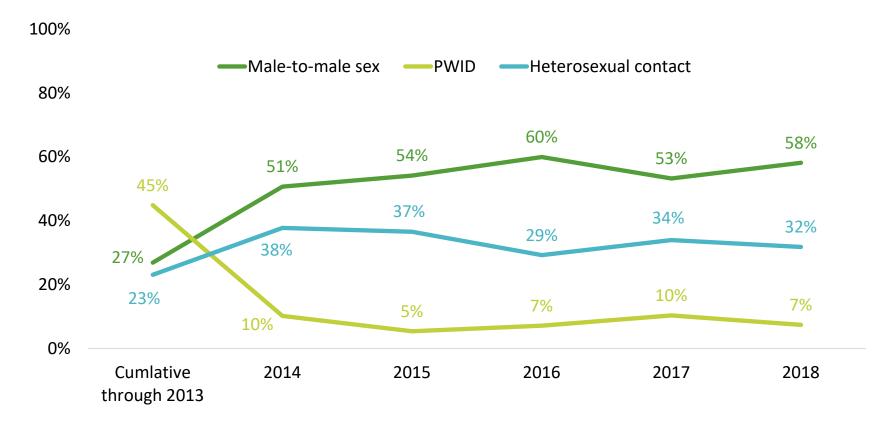
## Rate of HIV Diagnoses by Race/ethnicity, Sex, & Age, Connecticut, 2014-2018



Categories with less than 12 cases reported should be interpreted with caution. These include: White males <20 years of age • White females <20 years of age • White females 20-29 years of age • White females 30-39 years of age • Hispanic females <20 years of age • Hispanic females 20-29 years of age These strata have a relative standard error greater than 30% and are considered unreliable (n=1,378).



## HIV Diagnoses by Transmission Category, Connecticut, 1981-2018





Note: These numbers do not represent actual cases in persons with a diagnosis of HIV. Rather, these numbers are point estimates of cases diagnosed that have been adjusted for multiple imputation of cases in persons initially reported without an identified risk. PWID=person who injects drugs; Heterosexual contact=a person who had sexual contact with a HIV-positive person or a person at high risk for HIV. Source: HIV surveillance registry for cases reported through 2019

## HIV Diagnoses by Transmission Category, Connecticut, 2014-2018



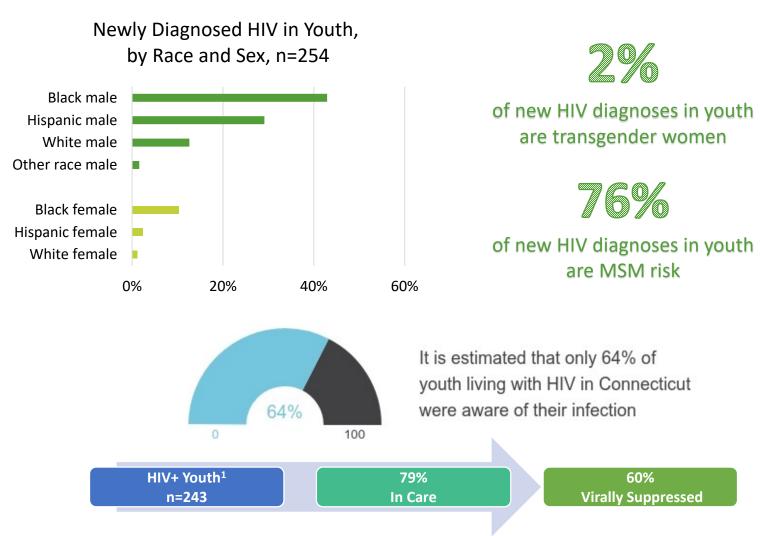
HIV-positive women reported a risk of "heterosexual sex" (n=344)

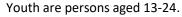


HIV-positive men reported a risk of "sex with men" (n=1,034)



## HIV in Youth, Connecticut, 2014-2018







<sup>1</sup> All youth diagnosed with HIV through 2017 and living with HIV as a resident of Connecticut at the end of 2018. Persons whose most recent viral load test result <200 copies/ml are considered virally suppressed. In care is defined as a CD4, viral load, or genotype test result during 2018. Source: HIV surveillance registry for cases reported through December 2019

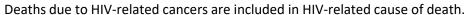
### Deaths in People Living with HIV, Connecticut, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total deaths (n)	230	217	205	192	173	191	191	197	206	168

#### Cause of death

HIV related %	47.4	43.3	45.9	41.7	38.7	40.3	39.3	32.0	23.8	32.2
Not HIV related %	52.6	56.7	54.2	58.3	61.3	59.7	60.7	68.0	76.2	67.8
Accidental overdose	6.1	5.1	5.4	3.7	7.5	4.7	3.7	6.6	12.1	10.7
Cancer	12.6	14.3	12.2	18.8	16.2	17.8	15.7	17.8	18.9	14.8
Cardiovascular disease	4.8	12.4	11.7	15.6	7.5	11.5	14.7	17.3	15.5	12.8
Chronic liver disease and cirrhosis	4.4	0.9	1.0	1.6	3.5	3.7	3.1	1.5	1.0	1.3
Diabetes mellitus	3.0	1.4	1.5	0.5	2.3	2.1	1.6	1.0	4.9	0.7
External Causes	0.4	4.6	3.4	1.6	2.3	5.2	4.2	2.0	2.9	3.4
Infectious diseases	5.2	5.1	5.4	1.0	5.8	4.2	3.7	4.1	3.9	4.0
Respiratory disease	4.8	4.2	2.0	6.3	2.9	4.7	4.2	6.1	5.8	6.0
Other	11.3	8.8	11.7	9.4	13.3	5.8	10.0	11.7	11.2	14.1

Deaths due to unknown causes are not shown.



Deaths in the most recent year may not be completely reported.

Source: HIV surveillance registry for deaths matched through December 2019



## Behavior Risks Factor Surveys, Connecticut

#### In 2018:

- 39.1% of CT adults reported ever being tested for HIV
- 10.3% of CT adults reported an HIV test within the past year
- 12.7% of CT adults had heard of PrEP and know what it is used
- 5.7% of CT adults considered PrEP as a way of reducing chances of getting HIV



## The prevalence of ever being tested for HIV was significantly greater for:

- Adults age ≤ 54 years
- Females
- Blacks and Hispanics
- Adults from households earning <\$35,000</li>
- Adults without health insurance
- Adults with more than a high school education

Sexual orientation of CT adults							
Lesbian or Gay	1.7%	Something else	1.3%				
Straight	90.3%	Don't know	1.5%				
Bisexual	2.8%	Refused	2.3%				



The Behavioral Risk Factor Surveillance System (BRFSS) is a CDC designed phone survey that interviews between 8,000 - 10,000 adults across Connecticut. The questionnaire in Connecticut changes somewhat from year to year to meet changing needs and address state-specific priorities. www.ct.gov/dph/brfss

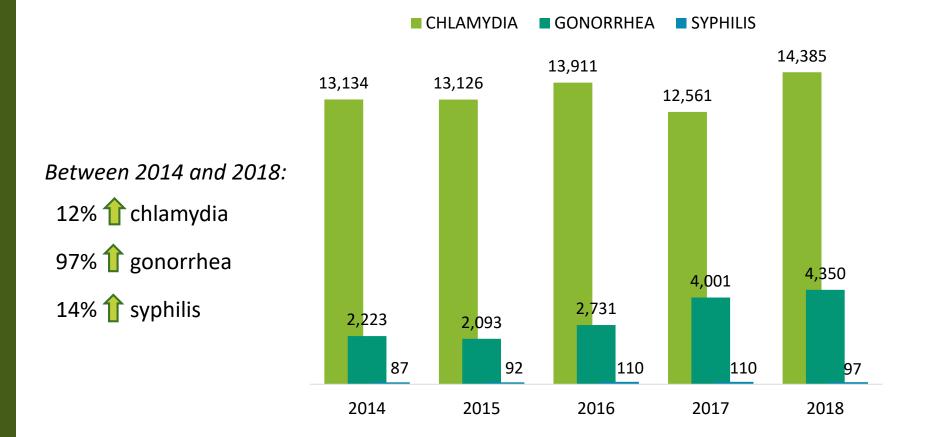
## Behavior Risks Factor Surveys (Continued)

### **Connecticut School Health Survey**

- 1.8% of CT youth injected any illegal drug (used a needle to inject any illegal drug into their body, one or more times during their life)
- 34.3% of CT youth had sexual intercourse
- 55.0% of CT youth used a condom during last sexual intercourse (among students who were currently sexually active)
- 9.6% of CT youth had tested for HIV (not counting tests done if they donated blood)
- 12.8% of CT youth describe themselves as gay or lesbian or bisexual
- 3.6% of CT youth have had sexual contact with the same sex only
- 4.7% of CT youth have had sexual contact with both sexes
- 41.3% of CT youth have had sexual contact with the opposite sex only



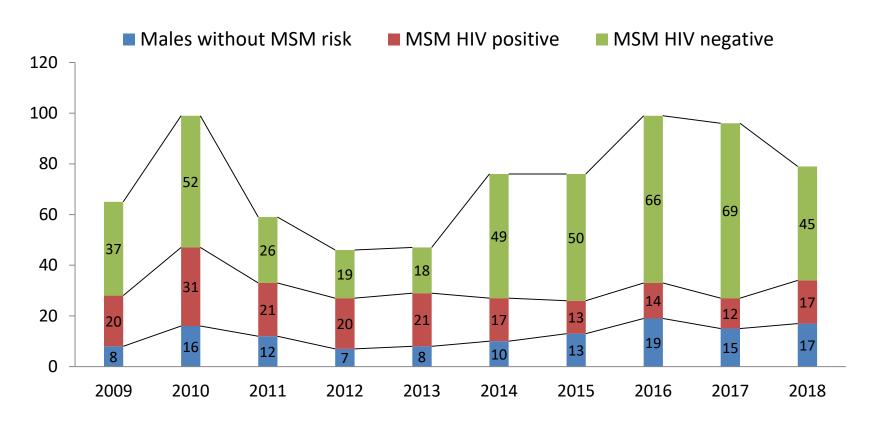
## Sexually Transmitted Infections, Connecticut, 2014-2018 Chlamydia, gonorrhea, primary & secondary syphilis





### Sexually Transmitted Infections (Continued)

Number of male primary & secondary syphilis with MSM risk and HIV-positive status, Connecticut, 2009-2018

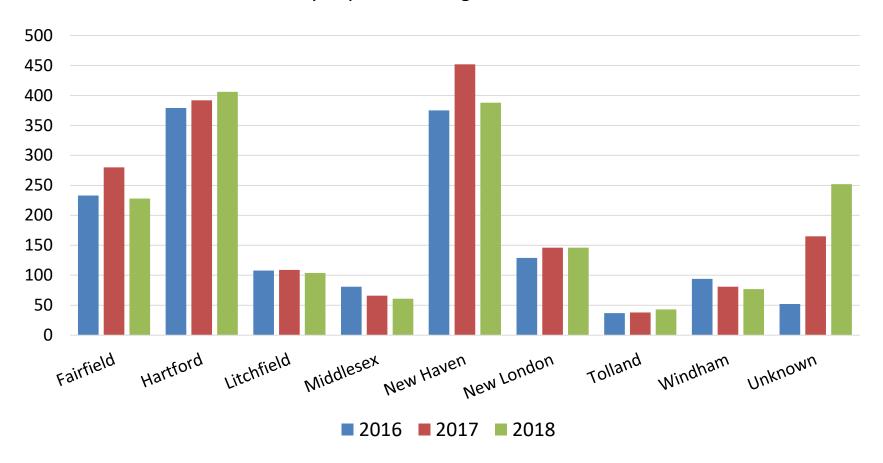




Note: In 2018, 12 of the 91 male syphilis cases were reported with no risk factor Source: Connecticut STD Control Program, CTEDSS for cases reported through April 2020

### Chronic Hepatitis C by County, Connecticut, 2016-2018

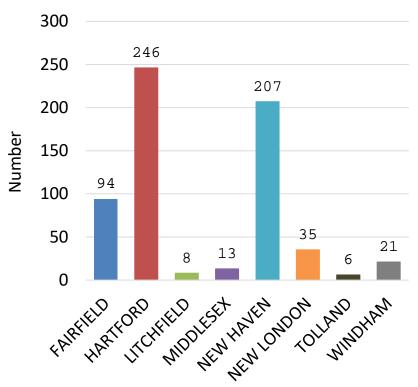
An estimated 11,090 people are living with chronic HCV in Connecticut





## Chronic Hepatitis C and HIV, Connecticut, 2016-2018 Match of HIV and HCV Surveillance Registries

Estimated number of people living with HIV and HCV co-infection by resident county at the end of 2018



6% PLWH co-infected with HCV
78% Co-infected are people of color
74% IDU transmission category
39% Aged 40-49 at time of co-infection



There are several limitations to this estimate. Only people reported with a positive HCV viral load between the years 2016 and 2018 and met the 2016 CSTE case definition for confirmed chronic HCV were included. In addition, negative RNA testing is only reportable to DPH via electronic laboratory reporting (ELR). Although the laboratories with the largest volumes in Connecticut report through ELR, some co-infected cases may have obtained SVR during 2016 and 2018, and the negative viral load may not have been reported to DPH. Source: Source: HIV surveillance registry for cases reported through December 2019 and HCV surveillance registry (CTEDSS) for cases reported through April 2020.

### Summary of HIV Epidemiology, Connecticut, 10-year, 5-year and Current Year

10-Year (2009-2018)

**69%** decrease in IDU as risk in new HIV diagnoses

**63%** of newly diagnosed males had MSM as reported risk

**68%** of PLWH were Black or Hispanic (*Black and Hispanic CT population = 27%*)

5-Year (2014-2018)

24% of new HIV diagnoses met the criteria for "AIDS at diagnosis"

**18%** of new diagnoses occurred in youth

**71%** of syphilis cases were in MSM, **21%** were co-infected with HIV

**Current Year (2018)** 

**81%** of PLWH were engaged in care in 2018

73% of PLWH were virally suppressed in 2018

10% of adults were tested for HIV



### Questions, Comments

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For additional HIV surveillance data and full Epi Profile, please visit: <a href="https://www.ct.gov/dph/HIVsurveillance">www.ct.gov/dph/HIVsurveillance</a>