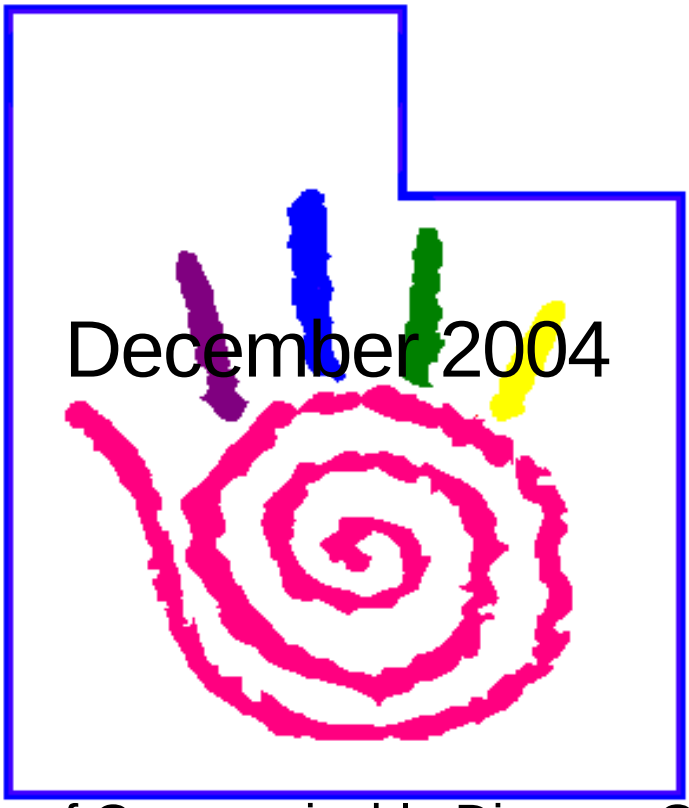
HIV Surveillance Report and Community Epidemiological Profile



Bureau of Communicable Disease Control
and the
Office of Epidemiology

Utah Department of Health

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Executive Summary

HIV Surveillance

Human Immunodeficiency Virus (HIV) differs from many other infectious agents by causing a chronic illness that develops over a period of years. The epidemic, as a result, also develops and changes over years or even decades.

This report indicates that while some aspects of the HIV epidemic in Utah continue to mirror national trends, changes in the nature of the epidemic can be observed that may or may not be unique to Utah. Other data in this report also provide an indication of future trends in Utah that suggest a need for heightened surveillance and coordination with HIV/AIDS Prevention Programs.

The key findings of this report are:

The number of HIV infections and AIDS cases have declined steadily since 1993. This trend has also occurred nationally. Incidence rates have decreased from a peak of 14.4 cases per 100,000 persons in 1990, to 3.4 cases per 100,000 in 2002. An increase was observed, however, during the 2002-2003 time period among both men and women. The increase was more pronounced for men than for women (See Figure 4). The 2003 case rate was 4.7 cases per 100,000 persons.

The number of deaths from HIV/AIDS in Utah decreased by 84% from a peak of 137 in 1995 to 22 in 2003 (See Figure 5). This decline continues to mirror national trends and is largely the result of more effective antiretroviral treatments.

The number of people living with HIV and AIDS continues to increase. The number of people living with HIV infection who require treatment and care, and who carry the potential for further transmission will continue to increase during the years to come.

Although most HIV/AIDS cases reported during 1998-2003 for both men and women have occurred among non-Hispanic White persons (63%), the risk remains much higher for Hispanic and Black persons (See Figure 12).

Most HIV/AIDS cases are men who have sex with men (MSM), but a notable increase occurred in 2002-2003 among MSM who inject drugs (MSM/IDU) (See Figure 30).

Most individuals with HIV/AIDS (83%) were reported while they still had HIV infection only, before illness had progressed to AIDS (See Figure 34).

The patterns by gender, age and race/ethnicity were similar for HIV cases alone compared to the combination of HIV/AIDS cases (See Figure 35-37).

Rates of sexually transmitted diseases in Utah are much lower than rates elsewhere in the United States (See Figure 39). There was however, a notable increase over the past several years in syphilis, gonorrhea and chlamydia.

Data from other sources suggests that injecting drug use continues to increase in Utah:

- Though treatment admissions remain about level for heroin use, methamphetamine admissions increased by 25% from 2002 to 2003 (See Figure 43).
- Drug treatment admissions where injecting drug use was reported increased 17% from 1998 to 2003 (See Figure 44).

- Seventy percent of all admissions for injecting drug use are between the ages of 20-39
- Treatment admissions for those age 20-29 increased 45% from 1998 to 2003 (See Figure 45).
- During 1998-2003, approximately two-thirds of admissions for injection drug treatment were males (See Table 26, Appendix A).

HIV Prevention

In a behavioral survey of people at risk for HIV throughout Utah conducted in 2000, approximately one-third (38%) of persons surveyed reported that they have never had an HIV test. Sixty-two percent of individuals were tested for HIV, however only 37.2% reported ever receiving HIV prevention counseling. Although HIV Prevention Counseling services are available at all of the publicly funded testing sites statewide, individuals who are tested privately may not receive counseling prior to being offered testing. Based on research conducted by CDC in the early 1990s, multi-session HIV Prevention Counseling is effective in helping individuals adopt safer behaviors. When asked about risk behaviors for HIV in Utah, a total of 86 respondents (18%) reported ever having used intravenous drugs. Of those, over half (52%) reported sharing needles. A similar percentage (18%) of respondents reported exchanging sex for drugs or money. These and other risk behaviors could be significantly reduced through effective HIV Prevention Counseling services.

The introduction of rapid HIV testing services has significantly increased HIV testing. From 2002 to 2003 the number of individuals receiving an HIV test increased 23%. The only disadvantage to rapid testing is the decrease in multi-session HIV Prevention Counseling. Since the client receives results the same day, they rarely receive additional counseling services. Clients who test positive are immediately referred to prevention case management services often available on site. This has increased the number of referrals to other services needed by HIV positive clients.

HIV Treatment and Care

There did not seem to be disparities to this assistance, as the sociodemographic characteristics of the CARE Act clients were representative of the general HIV/AIDS population in Utah. During 2003, the AIDS Drug Assistance Program served 322 individuals and the Health Insurance Program served 183 individuals (See Figure 63). During that same year, Ryan White Title II funds were used primarily to provide case management services, dental health and food vouchers (See Figure 65).

Results from the Unmet Need Report indicated that there are 364 individuals in Utah who are HIV+/aware that are not in care. The People Living With HIV (PLWH) population demonstrated a higher level of unmet need than People Living With AIDS (PLWA). There are more people out of care in the PLWH than in the PLWA population (See Figure 66). The male, injecting drug users (IDU), and Non-Wasatch front categories demonstrated the highest level of unmet need (See Figure 67). A disproportionate unmet need occurred in the Black and Hispanic population (See Figure 67).

Introduction

This epidemiologic profile provides detailed information about the current HIV/AIDS epidemic in Utah. Specifically this report describes the general population of Utah, HIV/AIDS infected persons living in Utah, and persons at risk for HIV infection. The profile is an essential resource for planning HIV/AIDS prevention and treatment and care activities throughout the state. The data presented in this report serve to guide prevention and service efforts, justify and obtain funding for the implementation of prevention and service programs, and evaluate programs and policies for HIV/AIDS in Utah. Multiple data sources (See Appendix B, Data Sources) were used to create a thorough and comprehensive document, which address the following key questions:

1. What is the scope of HIV/AIDS in Utah?
2. What do members of the target population for HIV prevention currently know about HIV risk behaviors and transmission as well as the availability and delivery of HIV prevention services in Utah?
3. What has changed over the last six years at the publicly funded HIV counseling and testing sites?
4. How has rapid HIV testing impacted utilization of services in Utah?
5. What are the patterns of utilization of HIV Title II services of persons living with HIV/AIDS in Utah?
6. What are the number and characteristics of persons who know they are HIV-positive, but who are not receiving primary medical care?

This profile was developed as an integration of HIV/AIDS surveillance, prevention, treatment and care programs. Previous epidemiologic profiles developed for the State of Utah focused primarily on presenting a surveillance report focused on answering questions specific to prevention planning. This profile however, has been expanded to present data that answer the questions that are relevant to individuals at all stages of the disease.

Surveillance System Protocol for HIV and AIDS Cases

Data on Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) cases included in this report are based on cases of HIV and AIDS reported to the Utah Department of Health under the authority of the Communicable Disease Control Act (Utah Code Annotated 26-6-3 and Administrative Rules R386-702-2 and R388-803). AIDS cases became reportable in Utah in 1983 and HIV infections in 1989.

Cases of HIV and AIDS are reported by physicians, laboratories, local health departments, and other medical service providers using the Communicable Disease Morbidity Report form, the HIV/AIDS Confidentiality Report form, or by calling the HIV/AIDS Surveillance Program and reporting by telephone. To encourage reporting, the HIV/AIDS Surveillance Program operates an active surveillance system wherein they meet monthly with key infectious disease specialists, and also contact other physicians treating HIV infected patients in order to identify new cases and update existing records to include demographic data, immune system tests, HIV transmission risk information, and documented progression of the disease. Active HIV/AIDS surveillance is also done with laboratories and hospitals statewide. All data are entered into and maintained in a confidential CDC-developed software program, the HIV/AIDS Reporting System (HARS) database. Data are de-identified for purposes of statistical analyses and national reporting.

The Communicable Disease Reporting statute specifies that epidemiological information on cases may be released so long as no individual is identified. To prevent such disclosures, individual identifiers are not included, in most cases multiple years are grouped together, and some tabulations that might otherwise have been provided have not been included in this report.

Methods

When reviewing Figures in the epidemiological profile, additional detail may be found in the Tables in Appendix A. Tables are referenced in the footnotes under most Figures. Percentages in Tables may not equal one hundred percent due to rounding. Throughout this report, the following statistical methods were used to measure the effect of the epidemic upon specific populations, adjust for delays in reporting, and account for confidentiality requirements:

Estimating Prevalence

HIV prevalence estimates were calculated using three methods (See Table 8, Appendix A). Two estimates were prepared using CDC recommended methods, and one additional method used, was developed by the Utah Department of Health. Methods one and three used 2001-2002 data, and method two used cumulative data through 2002.

Calculating Rates

Case rates were calculated for the 12-month period per 100,000 population. For these rates, denominators were derived from population estimates developed by The Governor's Office of Planning and Budget (GOPB) based on adjustments to the U.S. Census data. The numerator is the number of reported cases that were diagnosed during the 12-month period.

Combining HIV and AIDS Cases

In the early period of the HIV/AIDS epidemic in the U.S., HIV infection was identified by the clinical syndrome, AIDS. In many states, HIV infection has not, or has recently become a reportable condition. Thus, AIDS cases have been an important way of tracking and studying the epidemic of HIV infection. However, the diagnosis of AIDS is a somewhat arbitrary point in the progression of a chronic viral infection. That point has changed over time as the case definition has been adjusted.

Thus, in a state such as Utah, where HIV infection and AIDS are both reportable conditions, it is more useful to monitor trends in HIV infection than trends in AIDS. For that reason, most of the analyses in this report include all cases of HIV infection and categorize those cases in the year of first report. Some cases of HIV infection have already progressed to the point of AIDS when they are first reported. Although these cases are defined as AIDS they also represent the first report of infection to the HIV Surveillance Program. Thus, for the purposes of this report all such cases are grouped with other HIV cases reported in the same year. In other words, this report groups all new cases regardless of their diagnosis status and counts them only once in that year that they were first reported.

Cases reported for the first time as AIDS represent more advanced illness, thus it is likely that the infection was acquired in the more distant past. It is possible that grouping new cases this way could obscure recent trends in patterns of infection and risk. Thus, epidemiologic patterns are also analyzed separately for HIV cases alone, and some of those separate analyses are presented in this report.

Reporting Delay in Trend Data

Figure 4 presents HIV/AIDS cases in the year of diagnosis. Date of diagnosis was based on the first known Western blot test. This analysis is important because it removes some of the biases associated with reporting delay. However, interpretation is complicated by the likelihood that some cases diagnosed in the recent years have not yet been reported. That is, the totals for recent years will underestimate the number of cases diagnosed in those years.

To correct for the reporting delay, we estimated the completeness of reporting at different time intervals after date of diagnosis. That is, we calculated the percentages of cases reported within 3,6,12,18, and 24 months of the date of their first Western blot test.
Based on those data, the percentage of cases during each year that would have been reported by the end of 2003 was estimated at 87% for the most recent year (2003), 96% for the prior year (2002), and 97% for two years ago 2001 (See Table 4, Appendix A).

Race/Ethnicity Reporting in 2000
The Bureau of the Census, in compliance with the Office of Management and Budget Directive 15 (OMB 15), expanded race/ethnicity reporting in 2000. The expanded questionnaire allowed respondents to select one or more races to indicate their racial identity. However, for comparisons with HIV/AIDS data for which information on only one race and Hispanic ethnicity is collected, the race/ethnicity data obtained from Utah's Indicator-Based Information System for Public Health (IBIS-PH) were combined into five categories: White, non-Hispanic; Black non-Hispanic; Hispanic, American Indian non-Hispanic; and Asian or Pacific Islander, non-Hispanic. For analyses involving small numbers of cases in some racial/ethnic groups, those cases may be grouped in a category called other.

Profile Strengths and Limitations
It is important for those using this document to make important planning decisions to consider the overall strengths and limitations of this document. This profile is one of the most comprehensive looks at HIV/AIDS in Utah, to date. It draws from a number of data sources and provides important information about the impact of the epidemic, the populations most effected, the trends related to risk behaviors, and the influence of prevention and treatment activities in our state.

The case information collected and maintained in the HARS database is extensive, however it is important to recognize that only persons with HIV who choose to be tested confidentially are entered in the surveillance system database. In other words, in order to avoid over estimating and duplicating HIV cases, anonymous tests are not included in the data. Also, a delay in testing can make it difficult to predict the exact date of infection. For example some people are not tested until HIV infection has progressed to AIDS. Thus, it is important to remember that the data in this report do not necessarily represent the characteristics of persons who have recently been infected with HIV, nor do they provide a true measure of HIV incidence.

The most current data available is presented for each figure in this report, and may differ from one source to another. Additionally, most of the analysis in Section 1, Core Epidemiology, presents data grouped into a six-year time period (1998-2003), which allows for the review of possible HIV/AIDS trend development.

No report can answer all questions, but this report has been designed with the intent of presenting relevant data to guide HIV/AIDS planning and prevention. We welcome any suggestions regarding content or the way data are presented that would make future editions of this report more meaningful or useful (See Feedback, Appendix E).

Section 1
Core Epidemiology

Characteristics of the Utah Population

This section provides information on the demographic and socioeconomic characteristics of the state.

Population: In the 2000 Census the total population for Utah was 2,233,169 persons. Utah comprises 29 counties with populations that range from a low 921 persons (Daggett County) to almost 900,000 persons in Salt Lake County. Regionally, 76% of the state population resides within 4 neighboring counties (Salt Lake, Weber, Davis and Utah) that comprise the urban center. This area, which represents less than 5% of the states landmass, spans 130 miles along the base of the Wasatch Mountain range. This corridor is referred to as the Wasatch Front. The remaining 25 counties are considered rural or frontier. These remaining counties are often classified together as the non-Wasatch region.

Public Health Structure: The State of Utah is divided into 12 local and district health departments. These regionally distinct health departments are comprised of 1-6 adjoining counties. Each local health department has a central office that coordinates and provides services for the region, both on and off site.

Demographic Composition: According to the 2000 Census data, the racial and ethnic composition of the State of Utah was estimated to be 85% White non-Hispanic, 9% Hispanic, 0.9% Black non-Hispanic, 1.4 % Native American or Alaskan Native non-Hispanic, and Asian and Pacific Islander non-Hispanic made up 2.4% of the total population (See Table 2, Appendix A). Utah's Black, Asian and Pacific Islander, and Hispanic populations are growing at faster rates than the state population as a whole.

Age and Sex: In 2000, the median age of Utah residents was 27.1,and 54% of the population was <30 years of age. The proportion of males to females is almost even. (50.1% vs. 49.9%)

Household Structure: At the time of the 2000 Census, there were a total of 126,183 Utah children under age six and 411,780 children under age 18 who had all parents in the labor force. Of the total number of families, 9.4% had a female head of household (no husband present). A majority (63%) of Utah households include a married couple, either with or without children. While most couples in the U.S. do not have children living with them, the majority of married couples in Utah do have children present.

Poverty, Income and Education: In the 2000 Census, the median household income in Utah was $45,726. The Census also reported 9.4% of the population were living below the poverty level, according to federal definition; with 6.5% of all Utah families below the poverty level. In the most recent 2002 data, 228,000 Utahns were living in poverty and 94,000 of them were children age 17 or under. The annual unemployment rate in 2000 was 4.0% statewide. In 2000, Utah ranked 45th among states for per capita income.

Health Indicators: According to the 2004 edition of America's Health State Health Ranking, Utah ranked third in the list of healthiest states for 2003; it was fourth in 2002. Our biggest strengths include a low prevalence of smoking at 12.7 percent of the population, a low rate of deaths from heart disease at 191.8 deaths per 100,000 population, and a low rate of cancer deaths at 164.5 deaths per 100,000 population. It is also among the top 10 states for a low violent crime rate, a strong high school graduation rate, a low total mortality rate, a low infant mortality rate and a low

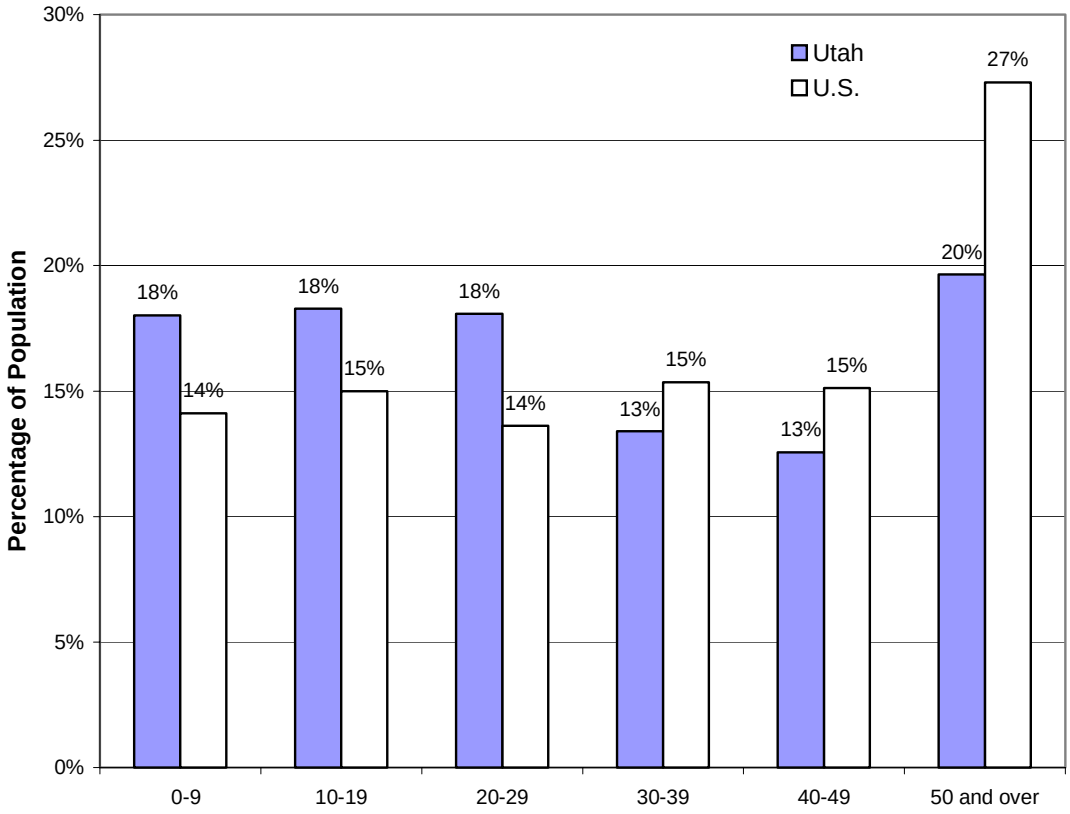
premature death rate. Its challenges are low rates of early prenatal care with 58.4 percent of pregnant women receiving adequate prenatal care and a higher than average occupational fatalities rate at 5.9 deaths per 100,000 workers.

Health Insurance Coverage and Public Aid: An estimate of 214,500 Utahns (9.1%) were without health insurance coverage in 2003. This percentage has increased from an estimated 7.6% in 1996, and 8.7% in 2001 when the last Health Status Survey was conducted. In 1993 Utah ranked first for the percentage of persons covered by health insurance. Since then the percentage of insured Utahns has steadily decreased, and in 2003 Utah fell to 22nd. In 2003, approximately 7.2% of Utah children, ages 0-18, were unprotected by any type of health insurance coverage. Approximately 83% of uninsured children in Utah are eligible for health care services through either CHIP or Medicaid programs.

Demographically, younger persons, especially males age 19 to 26, and those with low-income levels, are at greater risk of being uninsured. Surprisingly, over two-thirds of uninsured Utah adults in 2003 were working either part or full-time.

Figure 1.

Population by Age,
Utah and United States, 2000



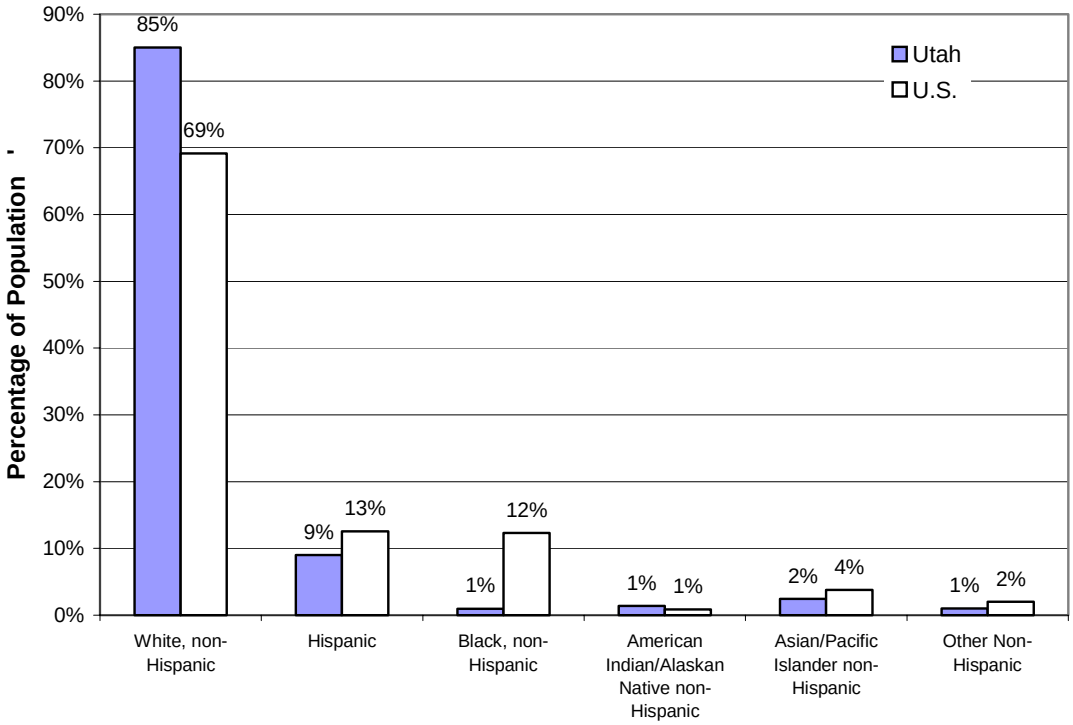
See Table 1, Appendix A.
Source: United States Census Bureau, Census 2000.

In 2000, the population of the State of Utah was 2,233,169 persons. The distribution by gender for Utah is similar among each age group. However, men lead by a small margin in every age category until age 50. Compared to the Nation, Utah's population is relatively young, due to high birth rates.

Age is a driving characteristic in determining the management of Utah's resources. The increased number of children in Utah requires relatively more of these resources for education and social services. These factors therefore impact the state's health and health needs.

Figure 2.

**Population by Race/Ethnicity,
Utah and United States, 2000**



See Table 1, Appendix A.
Source: United States Census Bureau, Census 2000.

Race and ethnicity reflect the reality of socially distinct groups in the United States. Ethnic groups typically share certain cultural, linguistic, and other characteristics. These characteristics can affect both the occurrence of HIV/AIDS and the way in which prevention and treatment and care services can best be delivered.

The Utah population contains a smaller proportion of most race/ethnic groups other than White non-Hispanic people. However, Utah's minority populations continue to grow at a faster rate than the states population as a whole.

According to the 2000 Census, the distribution of race/ethnicity differed significantly by areas known as Wasatch/non-Wasatch (see Table 2, Appendix A). Although 85.4% of residents in the Wasatch region reported their race as White non-Hispanic, this region also contains 81% of the racial/ethnic minority population for the State of Utah. (Salt Lake County being the most densely populated and racially diverse of the four counties that comprise the Wasatch Front.)

Question 1

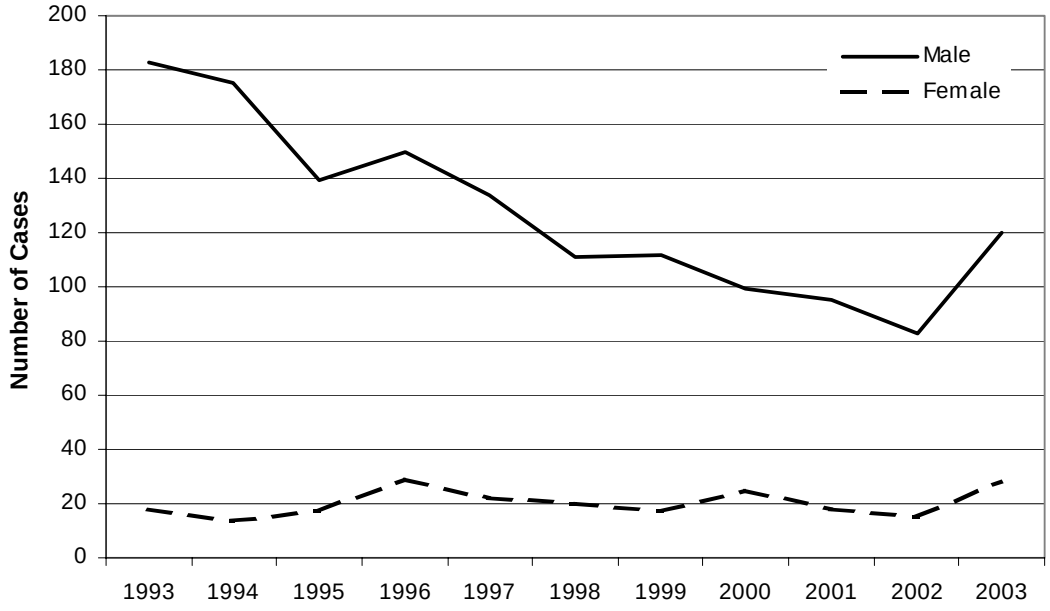
What is the Scope of the HIV/AIDS Epidemic in Utah?

Highlights

- The majority (53%) of HIV/AIDS cases reported during 1998-2003 were among men who have sex with men. The second highest risk category was injecting drug use (13%) (See Figure 13).
- Ninety-one percent of HIV/AIDS cases reported during 1998-2003 occurred along the Wasatch Front, with 72% being residents of Salt Lake County (See Figure 14).
- Sixty-six percent of men were White non-Hispanic, 22% were Hispanic. Sixty-nine percent were between the ages of 20-39, and 90% lived along the Wasatch Front (See Figure 15, 16).
- During the 2002-2003 time period, a significant increase occurred among men who have sex with men, who also inject drugs (MSM/IDU). Eighty-nine percent of these men were White non-Hispanic in the age group 20-29 (See Figure 17, 30).
- The major risk for HIV/AIDS infected women during 1998-2003 was heterosexual contact (33%), followed by injecting drug use (25%). For 26% risk was not specified. Forty-two percent of HIV/AIDS cases among women were reported in the age group 20 to 29 (See Figure 19, 20).
- Most Hispanic persons (65%) reported their country of origin as other than the United States (See Figure 21).
- Two-thirds of persons reported as risk “Not Specified” were in populations other than White non-Hispanic. Most were males, in the age group 20-39 (See Figure 23, 26, 32).
- The majority of Black persons (61%) reported with HIV/AIDS in Utah during 1998-2003 were from African nations, 35% were from the United States (See Figure 24).

Figure 3.

Number of Reported Cases of HIV/AIDS by Gender and Year of Report, Utah 1993-2003



See Table 3, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
See Table 4, Appendix A, for rates per 100,000 persons.
Sources: Population – Office of Planning and Budget; Cases – Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

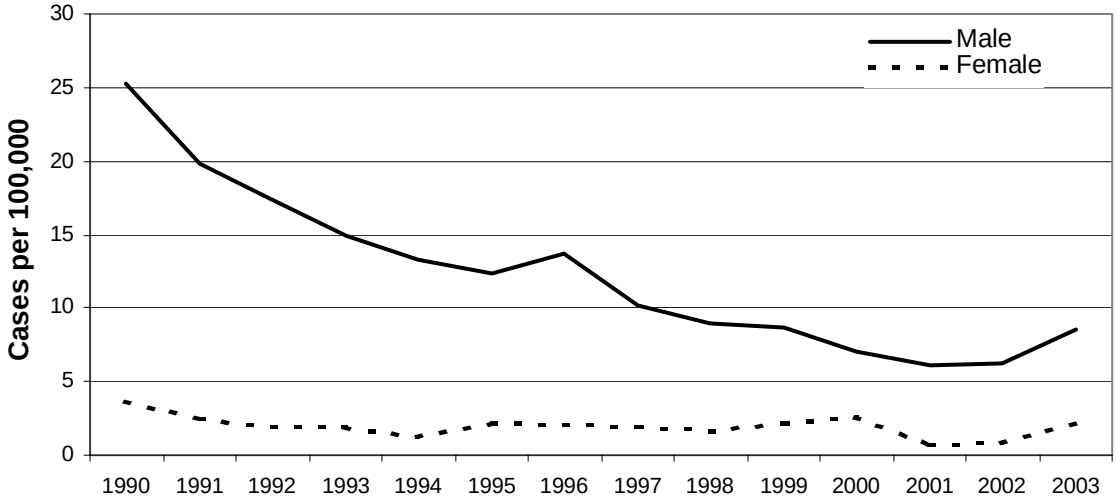
Most of our understanding of the occurrence of HIV/AIDS comes from case surveillance. AIDS has been a reportable disease in Utah since 1983, and HIV since 1989. It is, however, important to recognize the limitations and potential biases of these data.

For most of the analyses in this report, HIV and AIDS have been combined. Each case is counted in the year that individual was first reported as either HIV or AIDS.

Reported cases of HIV/AIDS in Utah declined steadily from 1993 through 2002. An increase in cases occurred during 2003 among both men and women. The increase, however, was more pronounced for men than for women.

Figure 4.

HIV/AIDS Cases per 100,000 Persons by Year of Diagnosis* and by Sex, Utah 1990-2003



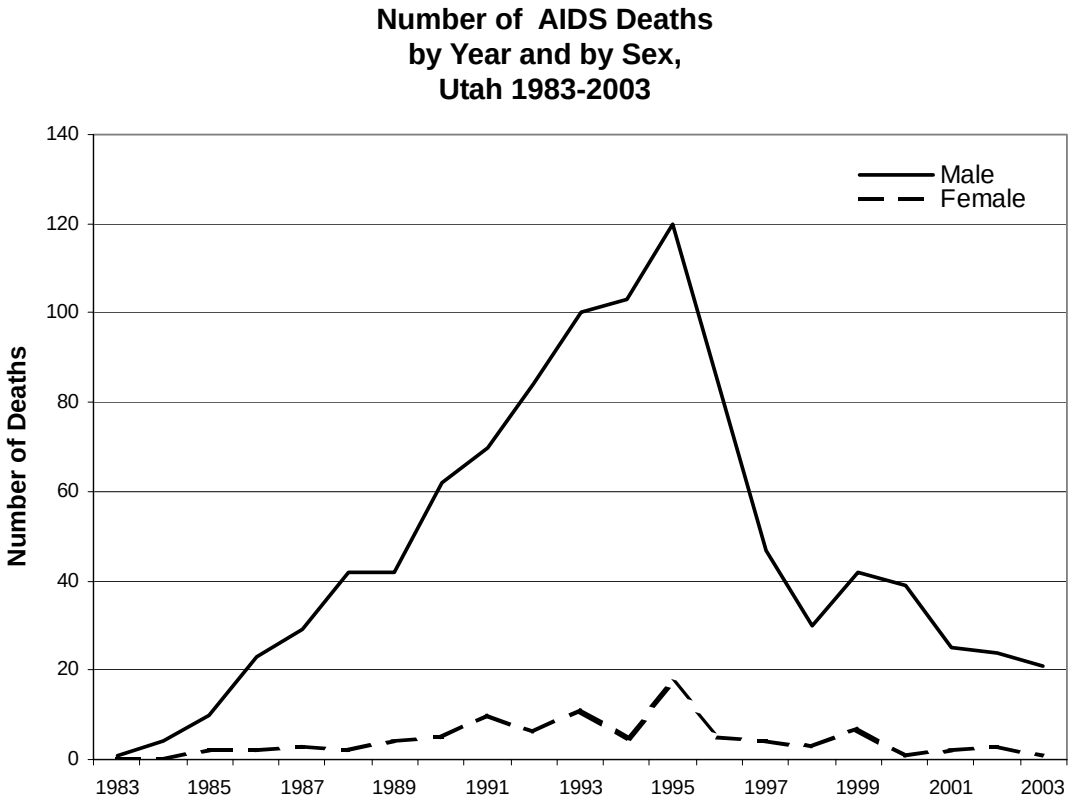
See Table 4, Appendix A.

* Cases of HIV and AIDS were classified in the year of diagnosis based on the date of Western Blot testing.
Source: Population - Office of Planning and Budget; Cases-Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Because the time between HIV infection and onset of symptoms can often complicate interpretation of AIDS surveillance data, date of diagnoses is used to provide our best assessment of occurrence of HIV infection. Because a proportion of cases actually diagnosed during recent years will be reported in the future, these data have been adjusted for presumed reporting delay for recently diagnosed cases.

Based on date of diagnoses, the occurrence of HIV and AIDS peaked in 1990 and declined steadily through 2002. In 2003 an increase in HIV morbidity was documented for both men and women. This report will illustrate those increases and also specific trends from 1998 through 2003.

Figure 5.

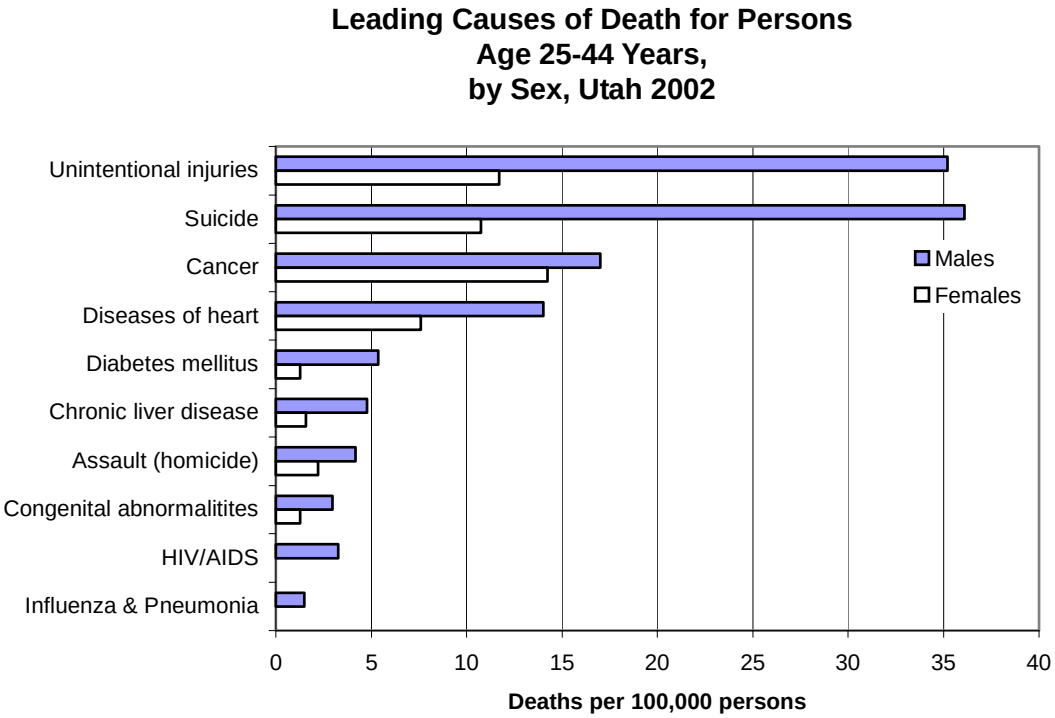


See Table 5, Appendix A.
Deaths are shown in the year they occurred.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program
These data are provisional.

HIV/AIDS deaths decreased by eighty-four percent from 137 in 1995 to 22 in 2003. Over the past two years, the number of deaths reported has averaged about 25 deaths each year.

Deaths from HIV and AIDS have decreased similarly in Utah and in the United States as a whole, this decrease is attributed mainly to improved treatments and antiretroviral medications.

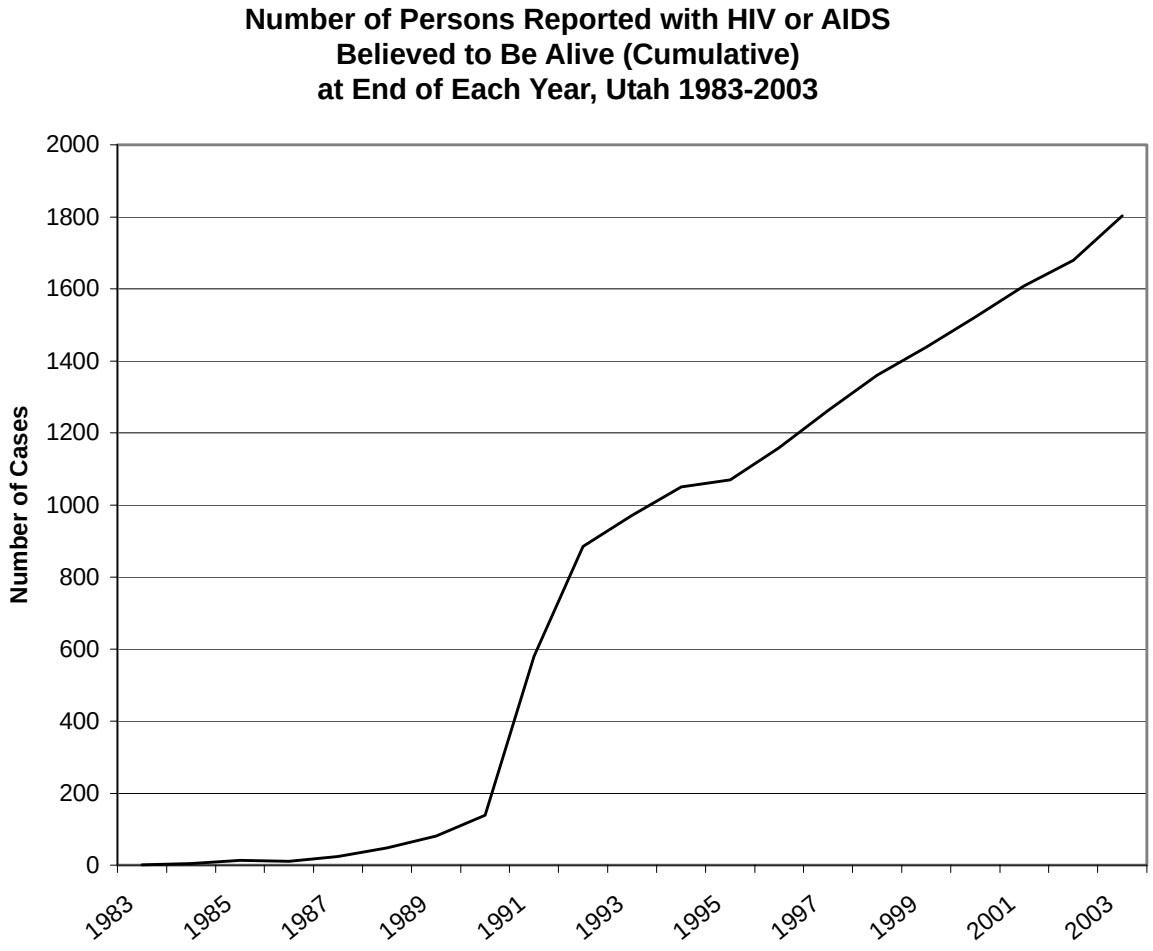
Figure 6.



See Table 6, Appendix A.
Source: Utah Death Certificate Data Base

In 1995, HIV was the third leading cause of death among men age 25-44 in Utah. From 1998 to 2002, HIV dropped to the ninth leading cause of death among men in this age group.

Figure 7.



See Table 7, Appendix A.
These data include about 395 persons who were reported in Utah, but subsequently have moved out of state and exclude about 142 persons known to have moved to Utah after being reported in another state. These data do not include HIV-infected persons who have not been tested or who were tested anonymously.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

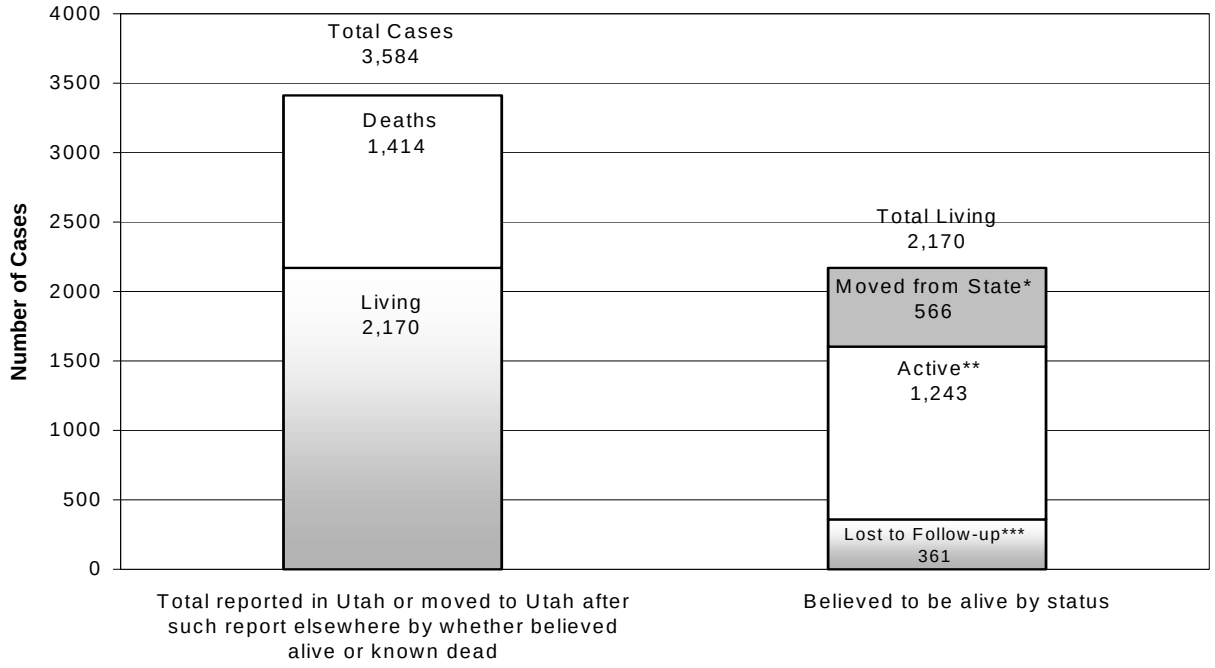
The number of persons living with HIV continues to increase each year as shown above. That increase is largely a result of improved treatment that has substantially delayed the onset of illness and death.

These data represent only those cases known based on reporting. Figure 8. presents the current status of these individuals. Using methods recommended by CDC (Table 8, Appendix A), we estimated that at the end of 2003, there were about 2,000 persons (range from 1,700 to 2,600) living with HIV/AIDS in Utah.

In addition to the increasing number of people in need of prevention and treatment and care services, these date suggest that there are a number of infected people who may not know they are infected. Those people could benefit from treatment, and represent a risk of ongoing transmission.

Figure 8.

Status of Persons Previously Reported with HIV or AIDS, Utah and Out-of-State Cases, as of December 31, 2003



See Table 9 and 10, Appendix A.

* Moved from State: The 566 cases that have moved from the state includes 395 persons reported in Utah, and 171 persons reported in another state, who were living in Utah, and have since moved out of Utah.

** Active Cases: Persons known to have seen a physician for care within the last two years. (Includes 1,101 Utah persons, and 142 persons who were previously reported in another state, but are now living in Utah.)

*** Lost to Follow-up: No longer in physician's care. It is likely that a number of these individuals may have moved from the state. (Includes 307 Utah persons, and 54 persons who were previously reported in another state, who had been living in Utah.)

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

These data are provisional.

This figure examines the last known status of persons who have been reported with HIV and AIDS in Utah or moved here after being reported elsewhere.

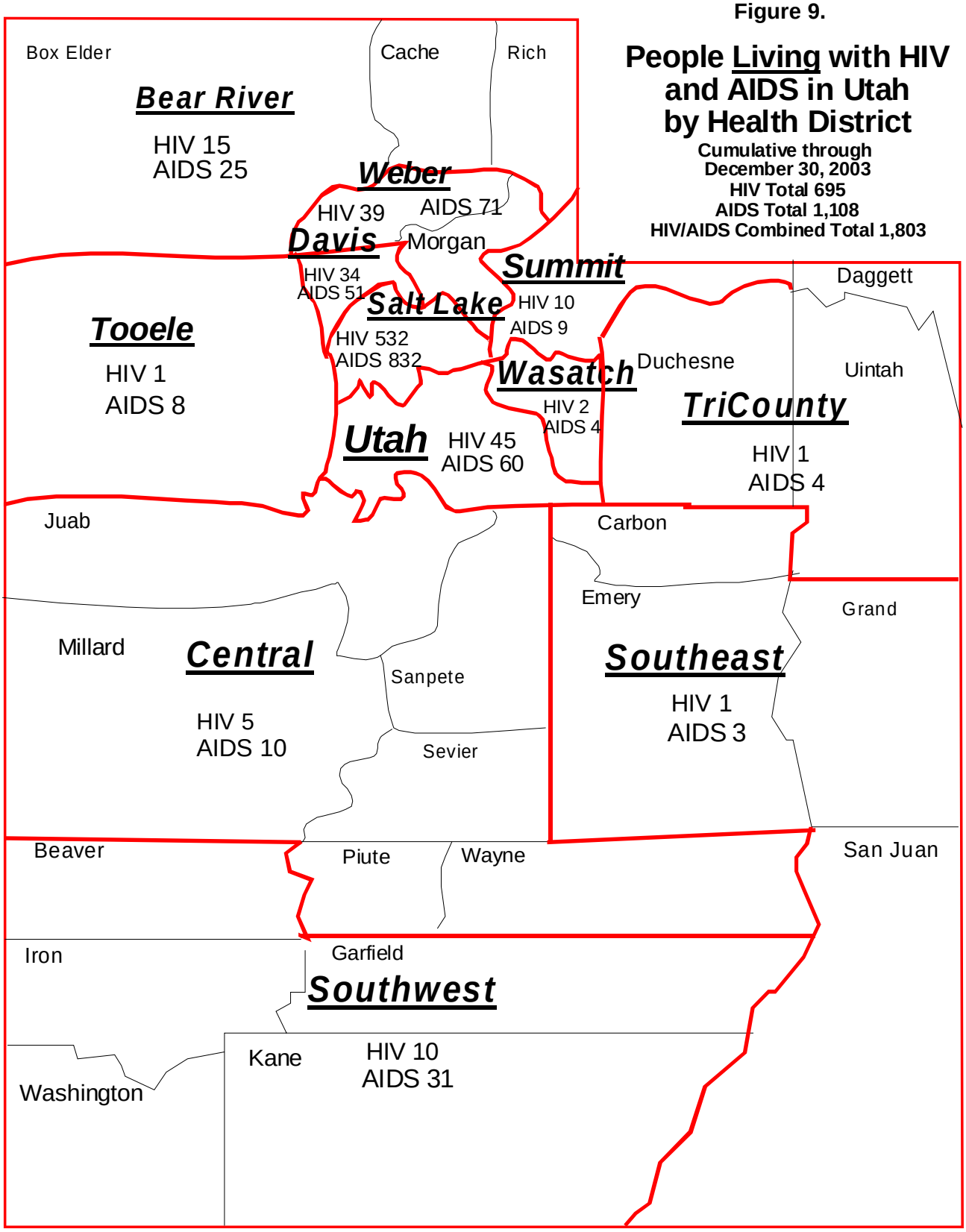
A total of 1,604 individuals (1,243 active and 361 lost-to-follow-up), are believed to be alive and may be living in Utah. However, individuals have not received medical care in the past two years and are lost-to-follow-up. It is not known how many of these individuals have moved from the state and how many are living in Utah but not receiving medical care.

Most persons (87%) with HIV and AIDS in Utah who are "Lost to Follow-up" are male, and are similar to "Active" cases when compared demographically by age, race/ethnicity, and risk.

Figure 9.

People Living with HIV and AIDS in Utah by Health District

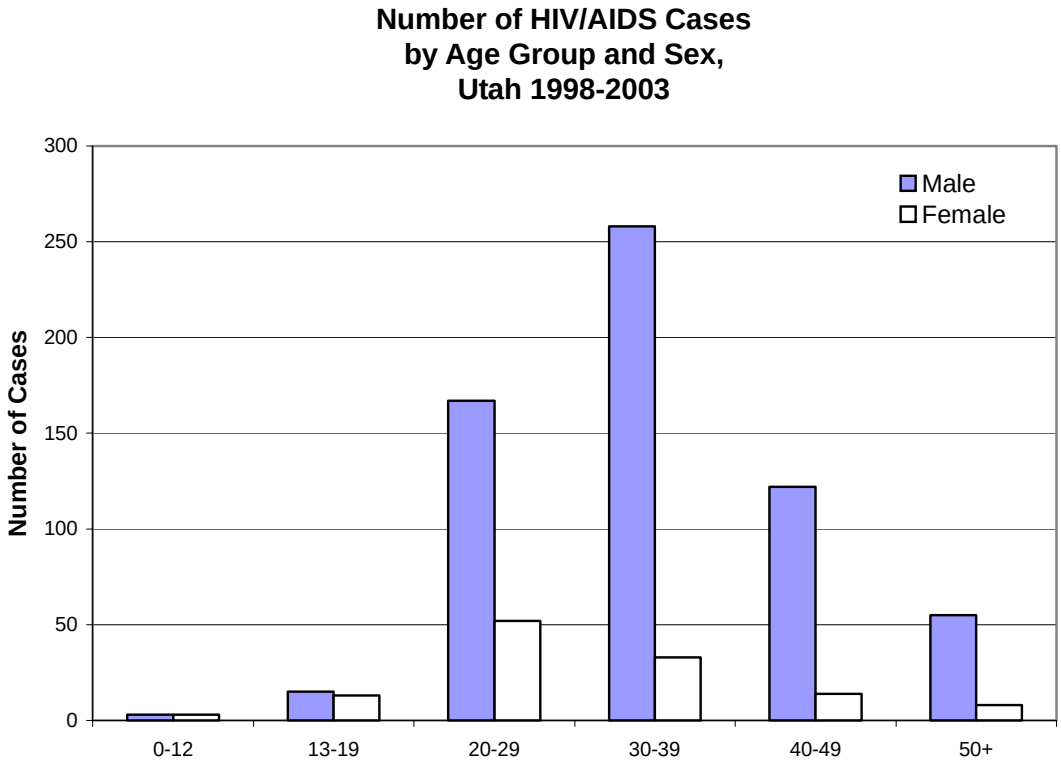
Cumulative through December 30, 2003
HIV Total 695
AIDS Total 1,108
HIV/AIDS Combined Total 1,803



Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program.
These data are provisional.

Health District totals represent the number of (living) Utah residents reported from each of the 12 health districts. Totals do not exclude persons who were reported in Utah, but have moved from the state.

Figure 10.



See Table 11, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

During 1998-2003, 743 HIV/AIDS cases were reported. Of these:

83% of cases were males
17% of cases were females
69% of cases were age 20-39

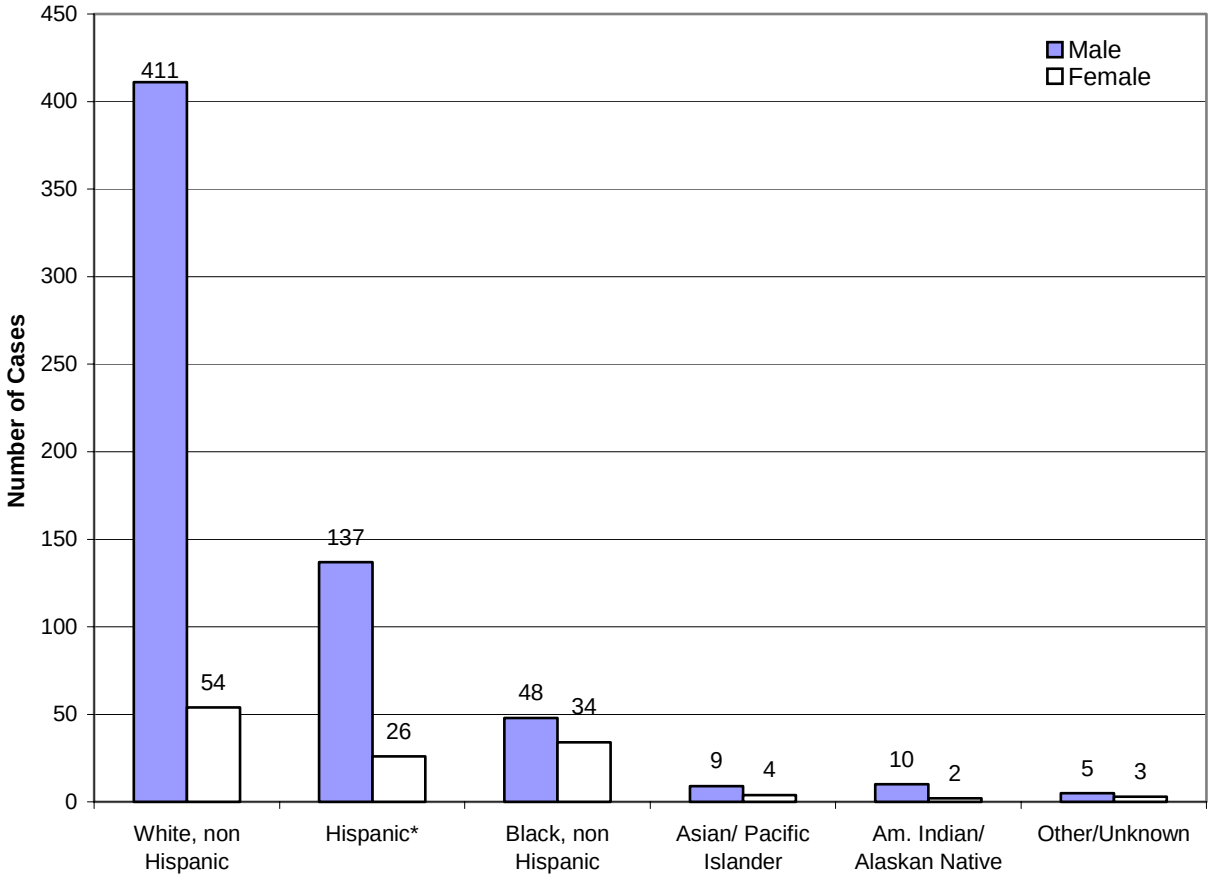
The highest age specific rates of HIV/AIDS occurred among men age 30-39 (27.5 per 100,000) followed by men age 40-49 (14.2 per 100,000) and men age 20-29 (13.4 per 100,000).

The rate for teens age 13-19 remains low at (1.7 per 100,000).

The age distribution of reported HIV/AIDS cases has changed little during the last six years. The percentage of cases among women has increased slightly.

Figure 11.

Number of HIV/AIDS Cases by Race/Ethnicity and Sex, Utah 1998-2003



See Table 11, Appendix A.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

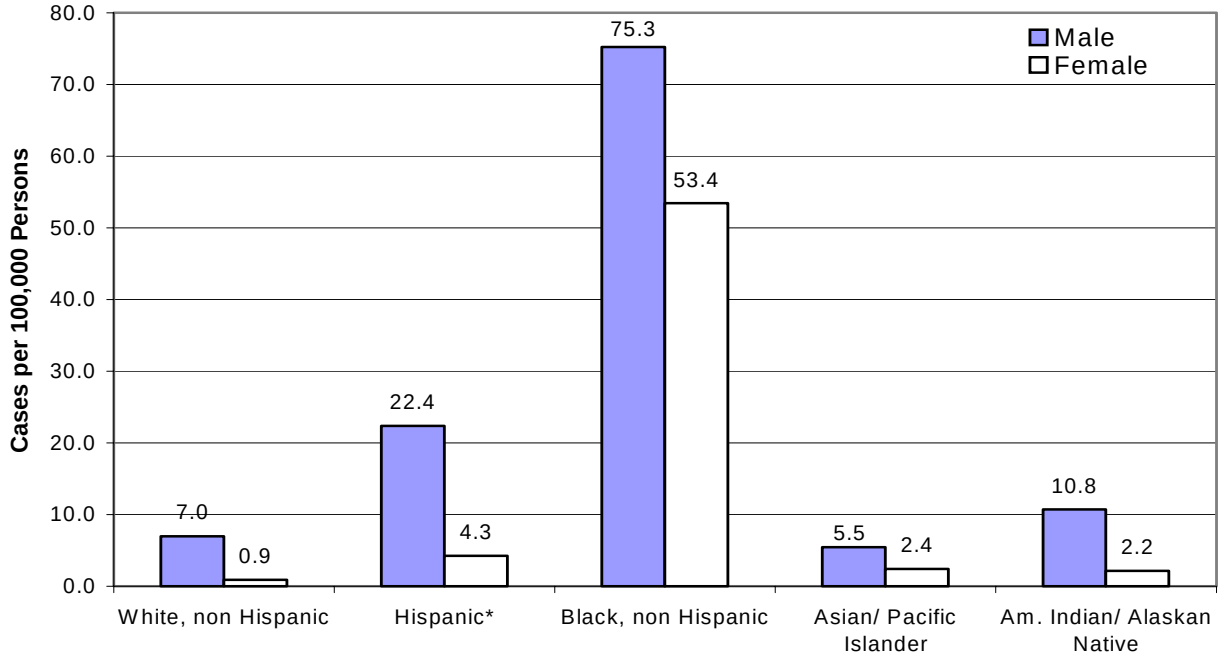
During the 1998-2003 time period, most HIV and AIDS cases reported for both men and women (63%) have occurred among non-Hispanic White persons.

Of Hispanic persons reported with HIV/AIDS, the majority (84%) were men. Most Hispanic persons with HIV/AIDS (65%) reported their country of origin as other than the United States (See Figure 21).

Of the 82 Black persons reported with HIV/AIDS during the past six years, 1998-2003, 50 (61%) were from Africa. Of these, 32 (64%) were refugees (See Figure 24).

Figure 12.

Number of HIV/AIDS Cases per 100,000 by Race/Ethncity and Sex, Utah 1998-2003



See Table 11, Appendix A.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

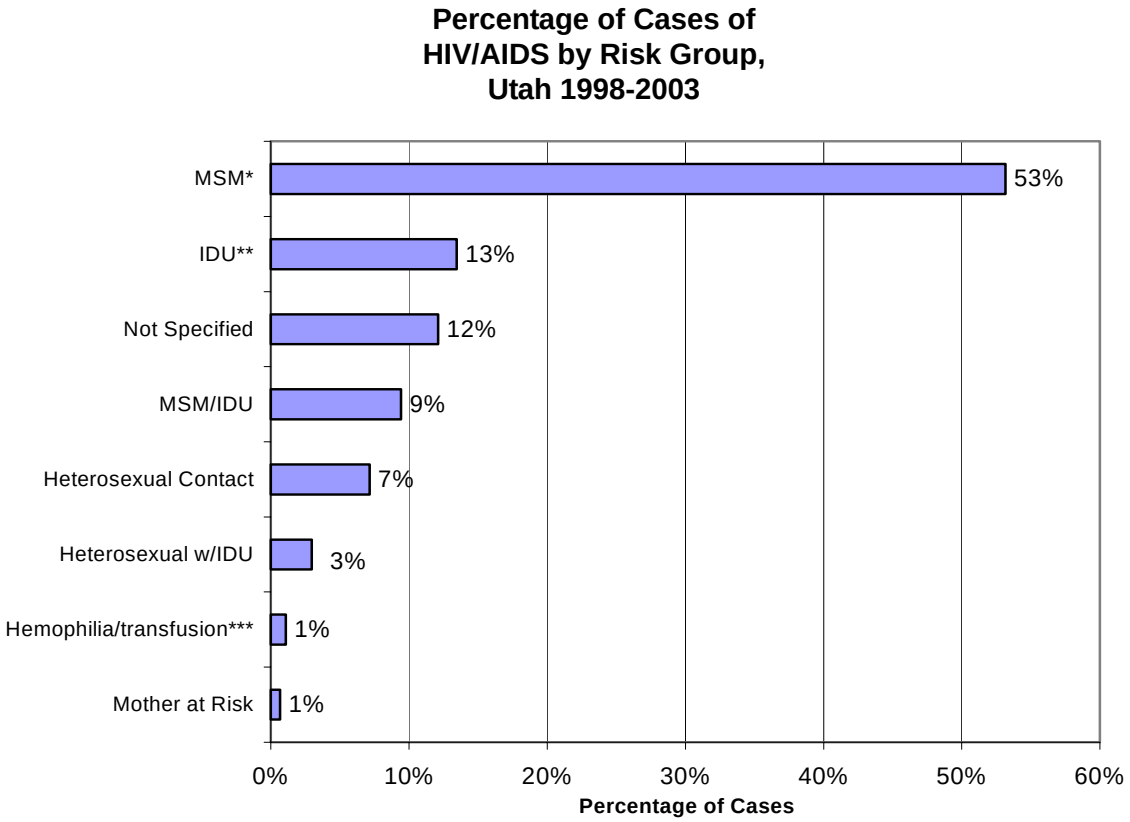
Although most HIV/AIDS cases in Utah occurred among non-Hispanic White persons, the number of cases that occurred among Black and Hispanic people were greatly disproportionate to the size of those two populations. That is, the risk of HIV/AIDS for people in those populations is higher. This figure, showing reported cases as rate per 100,000 persons in each race/ethnic population, illustrates that increased risk.

Highest rates were found among Black men (75.3 per 100,000) and Black women (53.4 per 100,000).

The rate for Hispanic men was also high (22.4 per 100,000).

Rates for American Indian and Asian/Pacific Island people were based on very few cases and should be interpreted cautiously.

Figure 13.



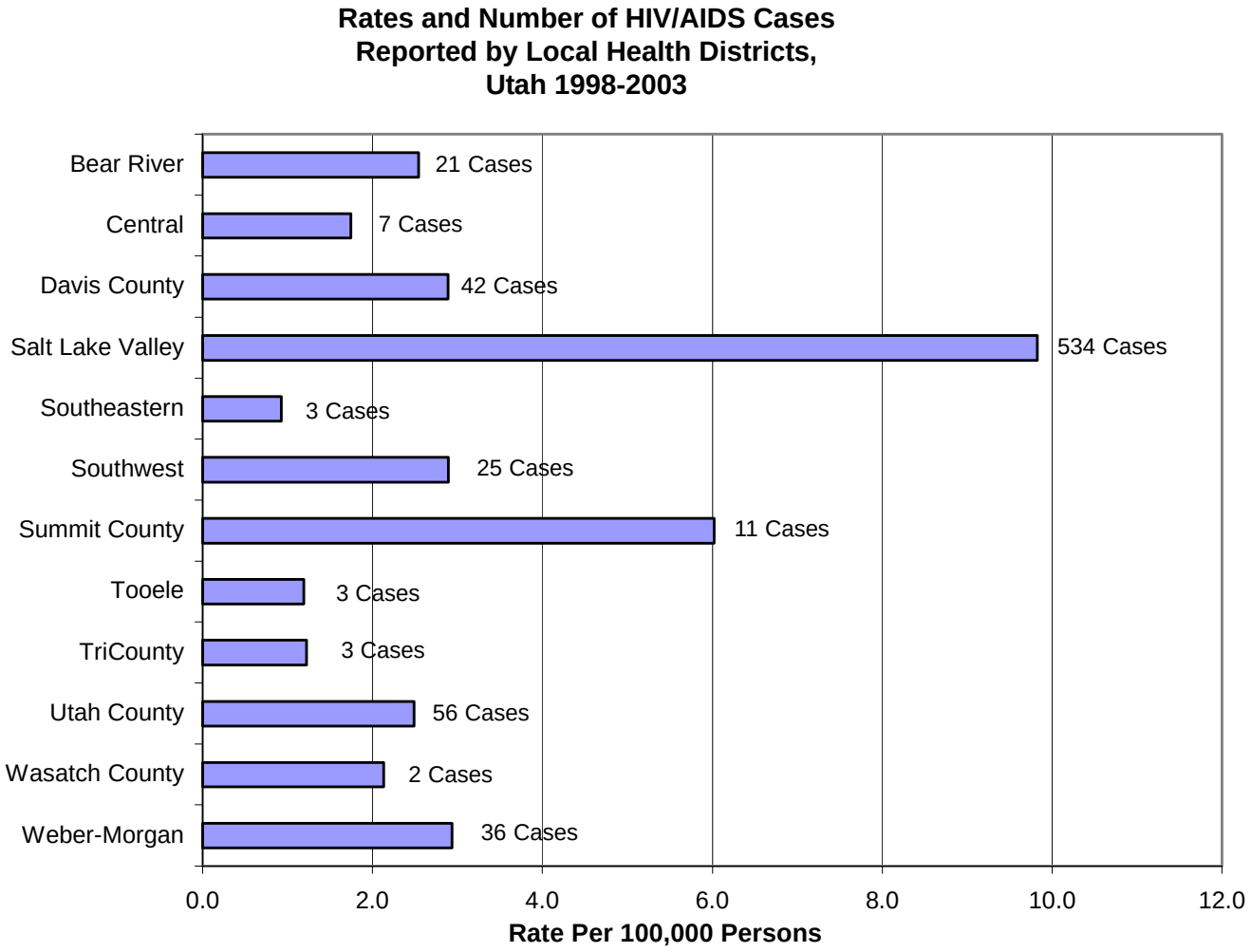
See Table 12, Appendix A.
* MSM = Men who have sex with men
** IDU – Injecting drug user
*** Transfusion occured in countries other than the United States
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Reported HIV and AIDS cases are classified according to the risk behavior by which they were most likely to have acquired infection.

For men, the majority of cases in Utah (53%) were due to transmission among men who have sex with men (MSM). The percentage of cases occurring among MSM during 1998-2003 decreased slightly, while an increase was seen among men who have sex with men who also inject drugs (MSM/IDU). During the 2002-2003 time period, the second most common route of infection was injecting drug use.

Among women, heterosexual contact accounted for 33% of HIV/AIDS cases. Injecting drug use or sex with an injecting drug user accounted for 36% of cases.

Figure 14.



See Table 13, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Wasatch Front area includes the following counties: Weber, Davis, Salt Lake, and Utah.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program.

Utah is similar to most of the U.S. in that HIV/AIDS has been disproportionately concentrated in urban areas. This figure shows both rates (lengths of bars) and numbers of cases (numbers at the end of bars).

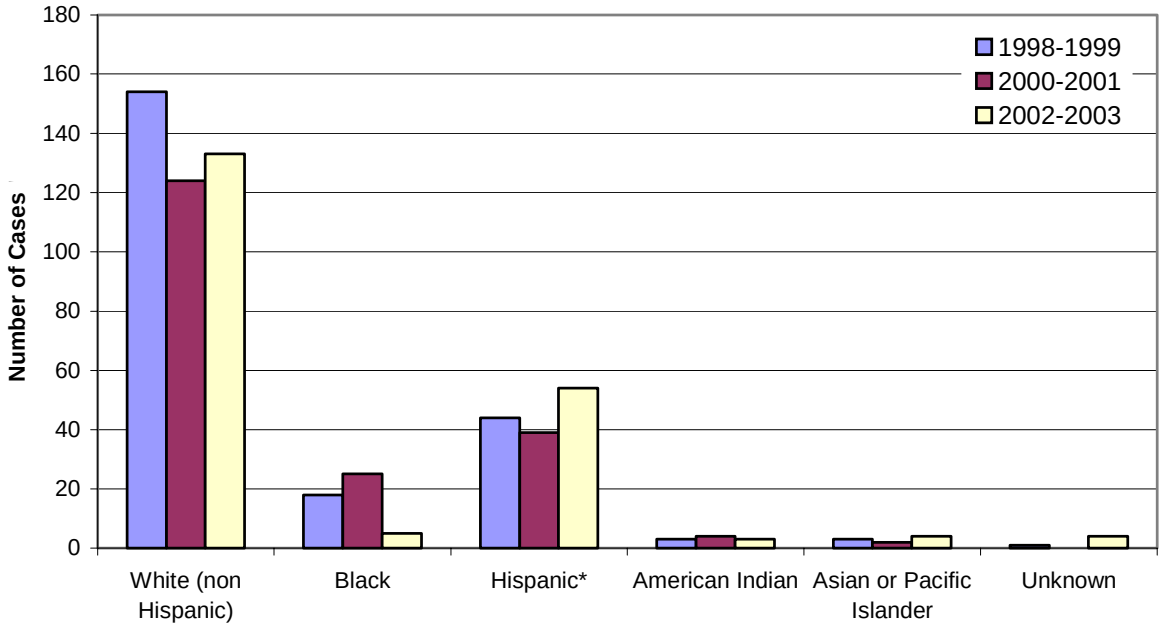
During 1998-2003, 72% of Utah cases occurred in Salt Lake County, which also had the highest rate (9.8/100,000).

Ninety-one percent of HIV/AIDS cases for the 1998-2003 time period occurred along the Wasatch Front.

What Changes are We Seeing in the Distribution of Risk?

Figure 15.

Number of HIV/AIDS Cases Among Males by Race/Ethnic Group and Two-year Time Period, Utah 1998-2003



See Table 14, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

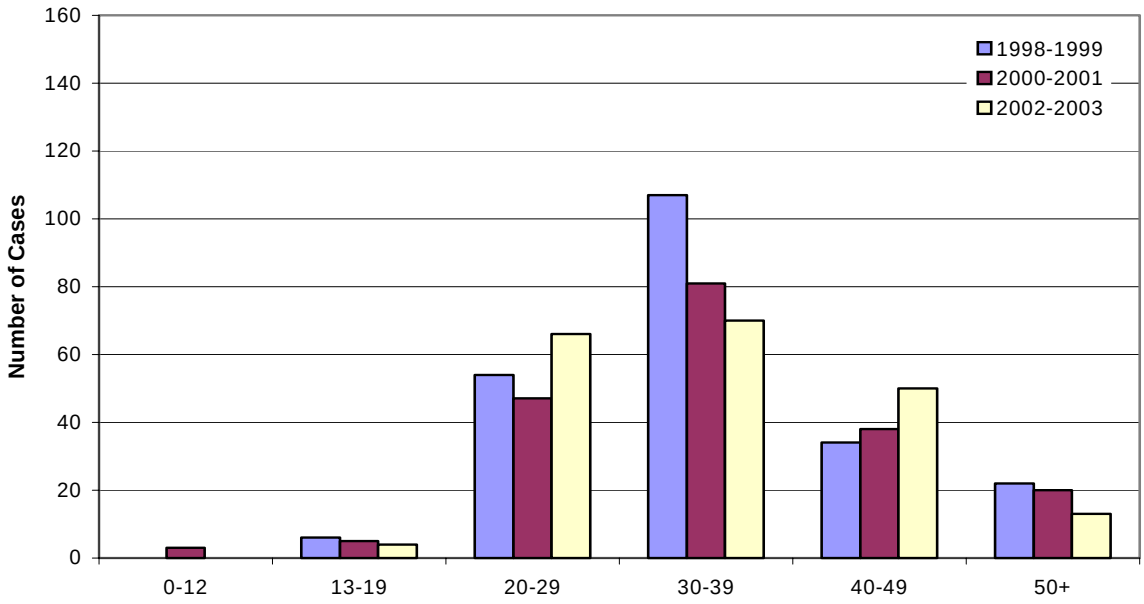
During the 1998-2003 time period, most HIV/AIDS cases (66%) were reported among White non-Hispanic males.

Case totals increased among Hispanic males during the 2002-03 time period. During 1998-2003, Hispanic males comprised 22% of HIV/AIDS cases reported among men. The proportion of male cases in populations other than White non-Hispanic men has remained about the same during this time period at 34%.

What Changes are We Seeing in the Distribution of Risk?

Figure 16.

Number of HIV/AIDS Cases Among Males by Age Group and Two-year Time Period, Utah 1998-2003



See Table 14, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

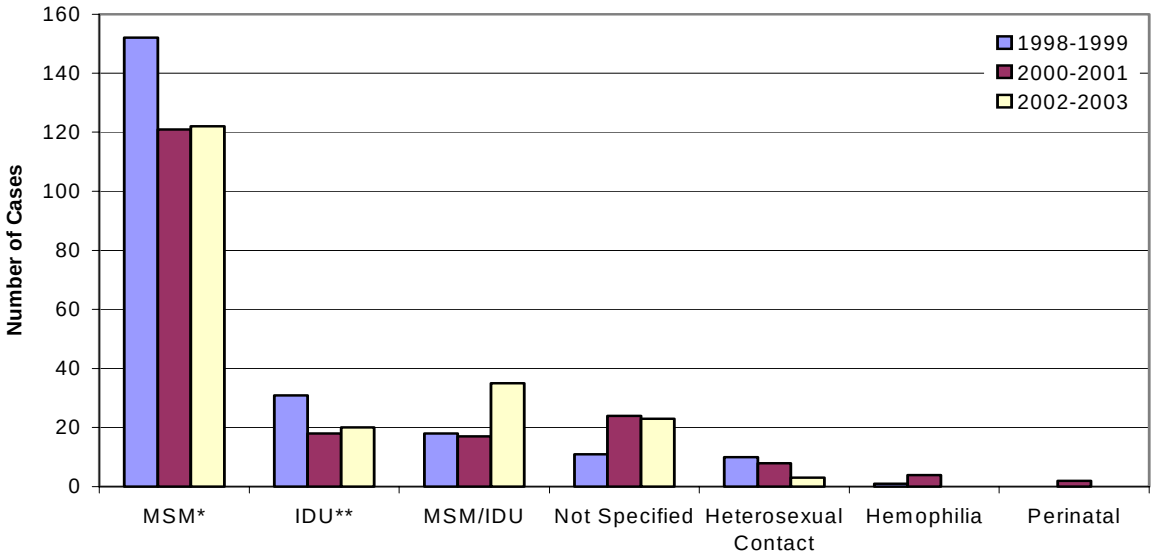
During 1998-2003, most cases of HIV/AIDS among men were reported in the 30-39 age group (42%). During 2002-2003, increases occurred in the 20-29 and 40-49 age groups.

The age distribution of HIV/AIDS among men in Utah did not change appreciably over the 1998-2003 time period.

What Changes are We Seeing in the Distribution of Risk?

Figure 17.

Number of HIV/AIDS Cases Among Males by Risk Group and Two-year Time Period, Utah 1998-2003



See Table 14, Appendix A.

* MSM = Men who have sex with men

** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

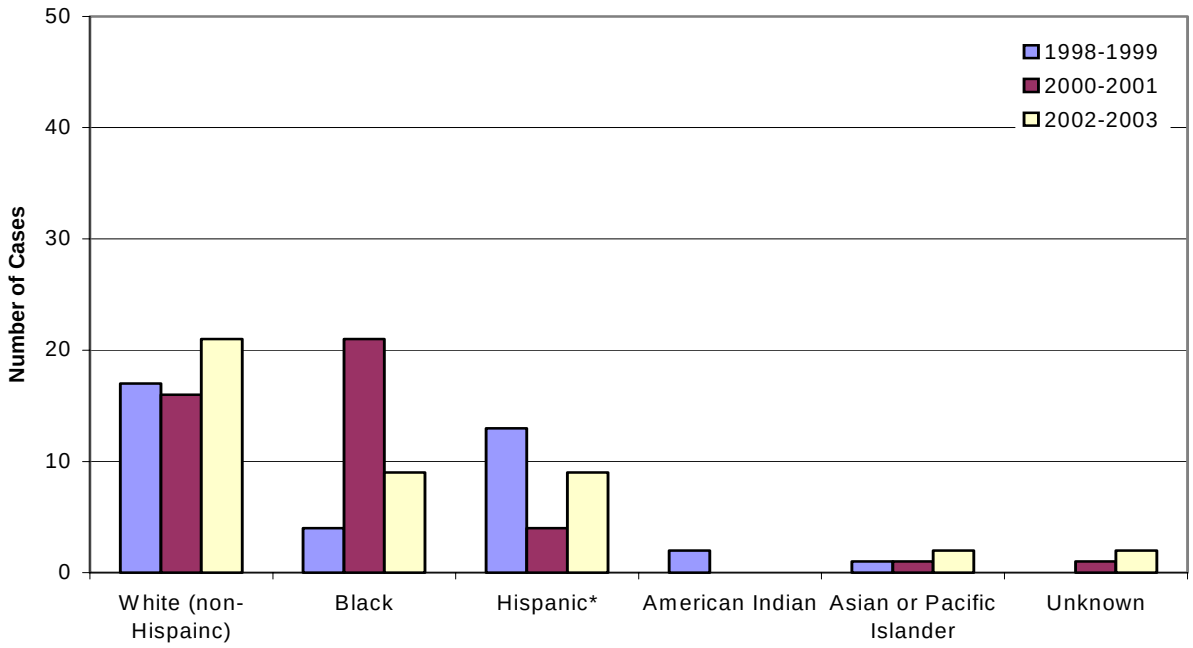
Most HIV/AIDS cases reported during 1998-2003 were in the risk group of men who have sex with men (MSM) (64%).

Increases were seen during 2002-2003 in men who have sex with men who also inject drugs (MSM/IDU), (See also Figure 30) and in the “Not Specified” risk category during 2000-2003 (See Figure 32).

What Changes are We Seeing in the Distribution of Risk?

Figure 18.

Number of HIV/AIDS Cases Among Females by Race/Ethnic Group and Two-year Time Period, Utah 1998-2003



See Table 15, Appendix A.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group. Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

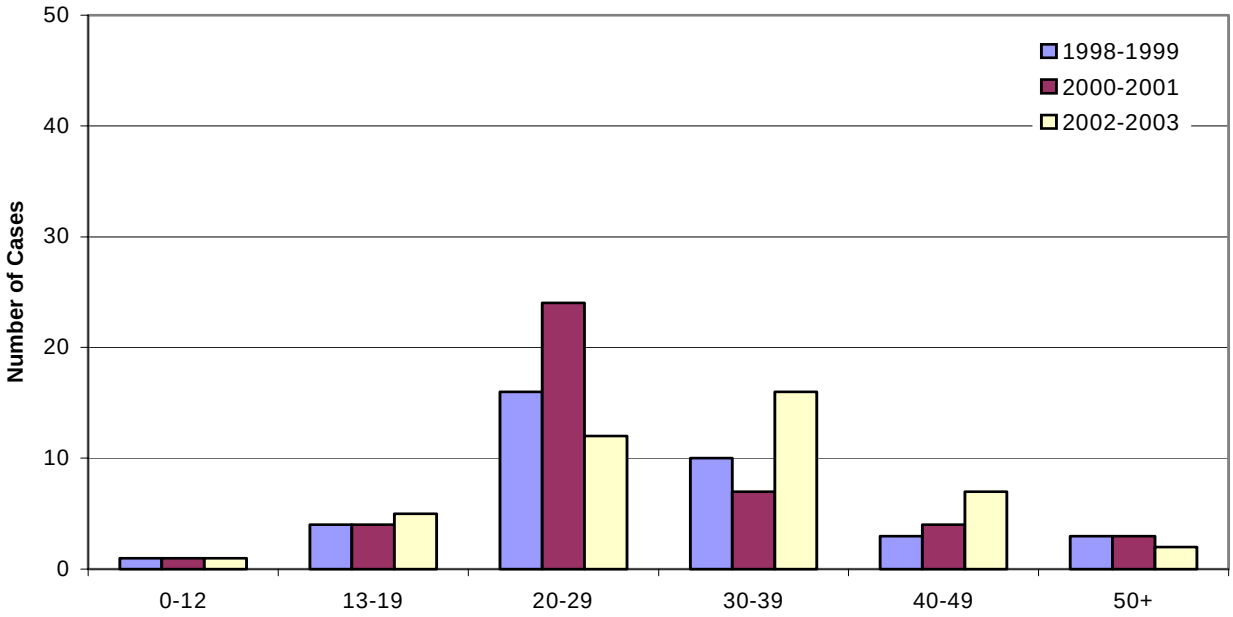
Most cases of HIV and AIDS reported among women during 1998-2003 occurred among non-Hispanic White women (44%); Black women comprised 28%, and Hispanic women 21%.

The large number of cases reported among Black women during the 2000-2001 time period was largely due to immigration of refugees from Africa.

What Changes are We Seeing in the Distribuation of Risk?

Figure 19.

Number of HIV/AIDS Cases Among Females by Age Group and Two-year Time Period, Utah 1998-2003



See Table 15, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Most cases of HIV/AIDS among Utah women (42%) were reported in the age group 20 to 29.

The age distribution of cases among women was somewhat older during 2002-2003 than during 1998-2001.

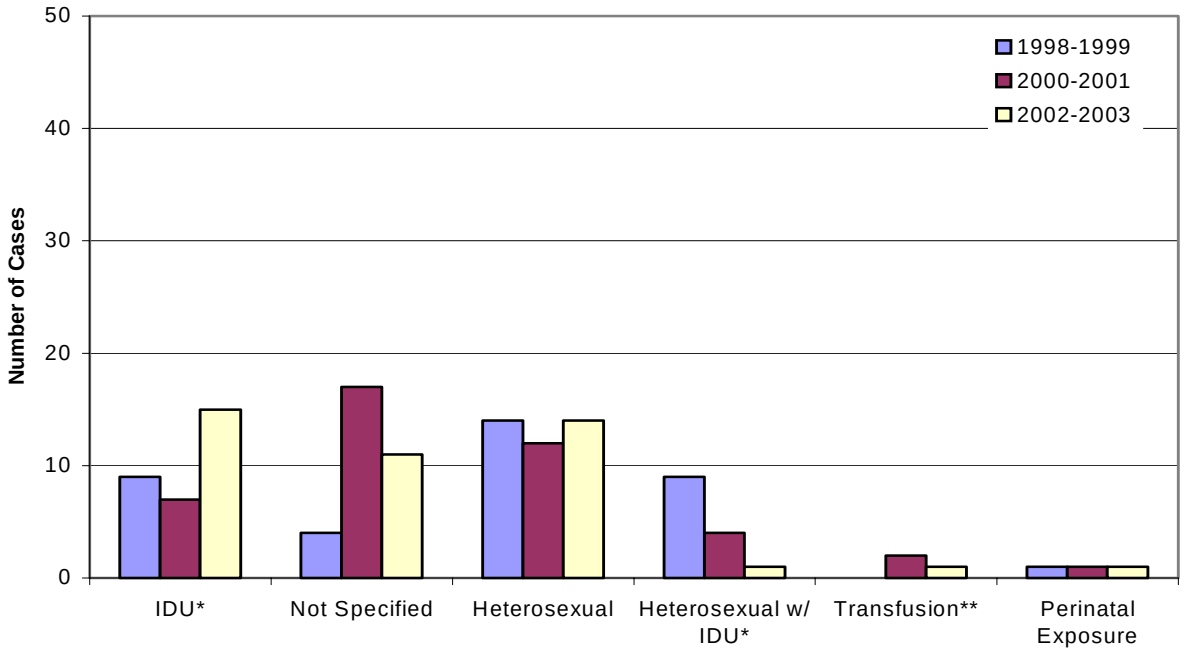
Forty-nine percent of women 20-29 reported during 2000-2001 were Black women from Africa.

The increase seen in the 30-39 age group during 2002-2003 was mainly among White women.

What Changes are We Seeing in the Distribution of Risk?

Figure 20.

Number of HIV/AIDS Cases Among Females by Risk Group and Two-year Time Period, Utah 1998-2003



See Table 15, Appendix A.

* IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

** Transfusions occured outside the United States.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

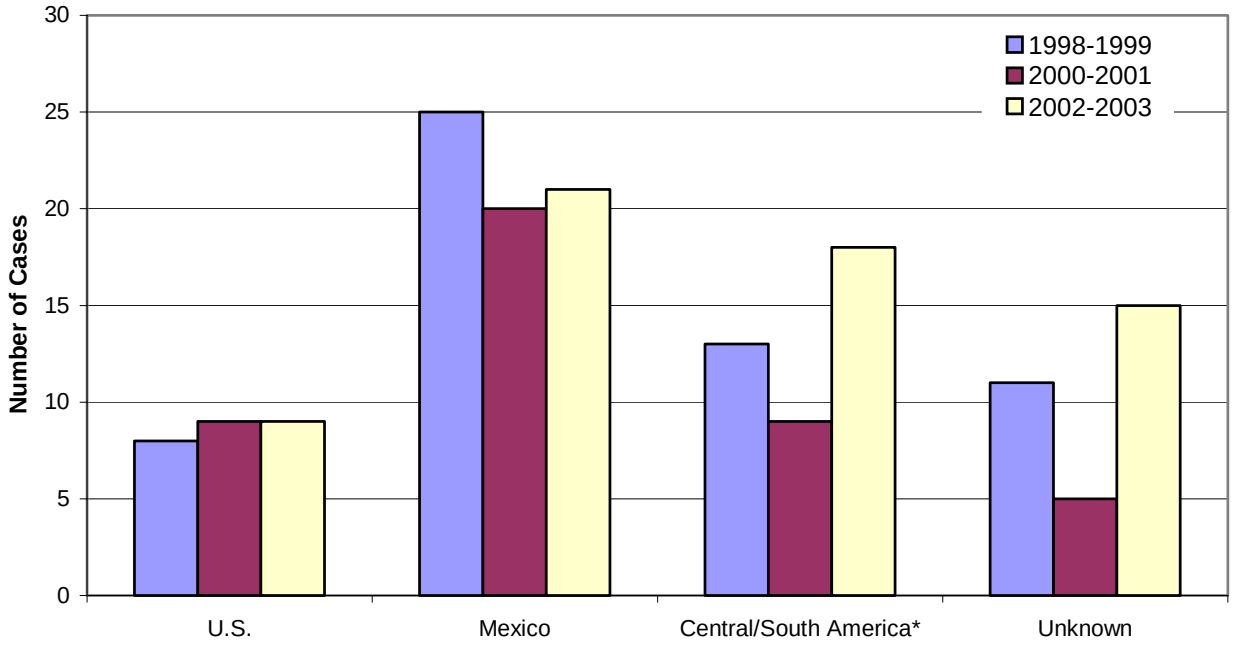
The major risk for HIV/AIDS infected women during the 1998-2003 time period was heterosexual contact (33%), followed by injecting drug use (25%).

Women whose risk was injecting drug use, or heterosexual contact with an injecting drug user comprised 36% of cases. Additionally an increase was seen in the “Not Specified” risk category for the 2000-2003 time period.

What Changes Are We Seeing in Racial Group Profiles?

Figure 21.

Number of HIV/AIDS Cases Among Hispanic Persons by Place of Origin and Two-year Time Period, Utah 1998-2003



See Table 16, Appendix A.

* Argentina Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Nicaragua, Peru, Venezuela

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

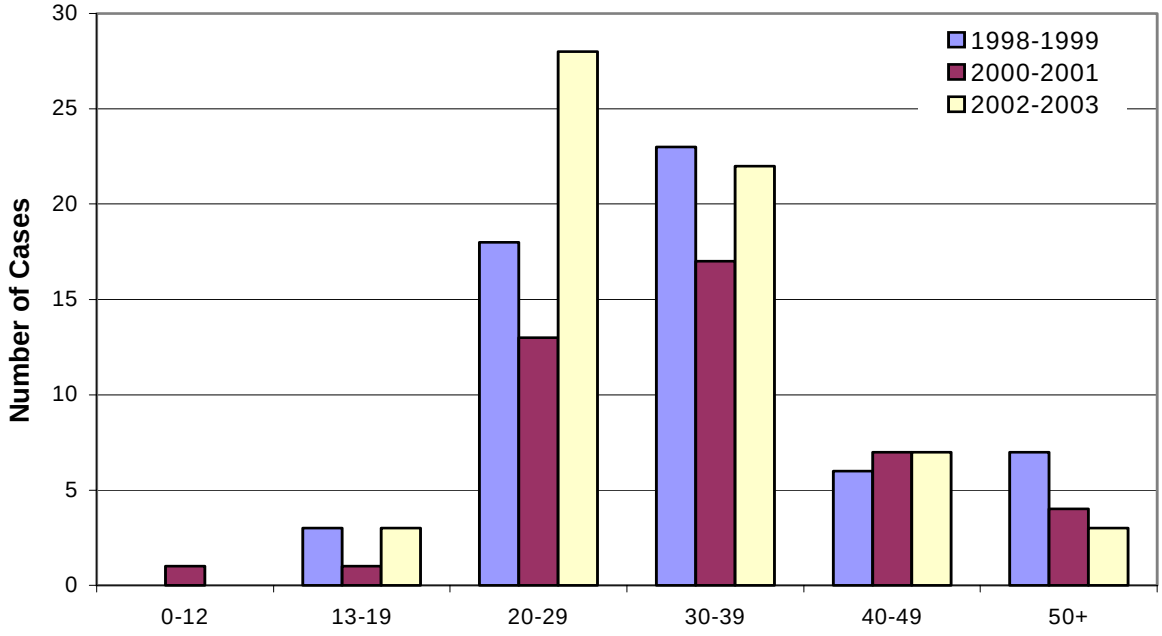
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

The country of origin for most Hispanic persons reported with HIV and AIDS in Utah was Mexico (40%), followed by Central and South America (25%) and the United States (16%).

What Changes Are We Seeing in Racial Group Profiles?

Figure 22.

HIV/AIDS Among Hispanic Persons by Age Group and Two-year Time Period, Utah 1998-2003



See Table 16, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Of the 743 HIV/AIDS cases reported during 1998-2003, 163 (22%) were Hispanic persons. Of these:

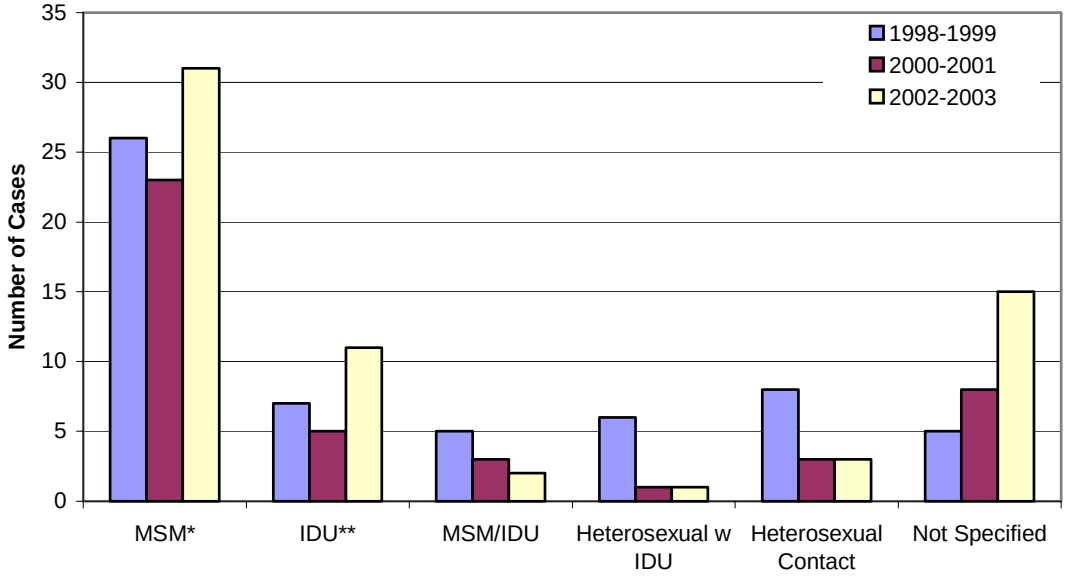
84% were males
16% were females
74% were age 20-39

The majority of cases during 1998-2003 were between 20 and 39 years of age. Increases were also seen in these age groups during 2002-2003.

What Changes Are We Seeing in Racial Group Profiles?

Figure 23.

Number of HIV/AIDS Cases Among Hispanic Persons by Risk Group and Two-year Time Period, Utah 1998-2003



See Table 16, Appendix A.

* MSM = Men who have sex with men

** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

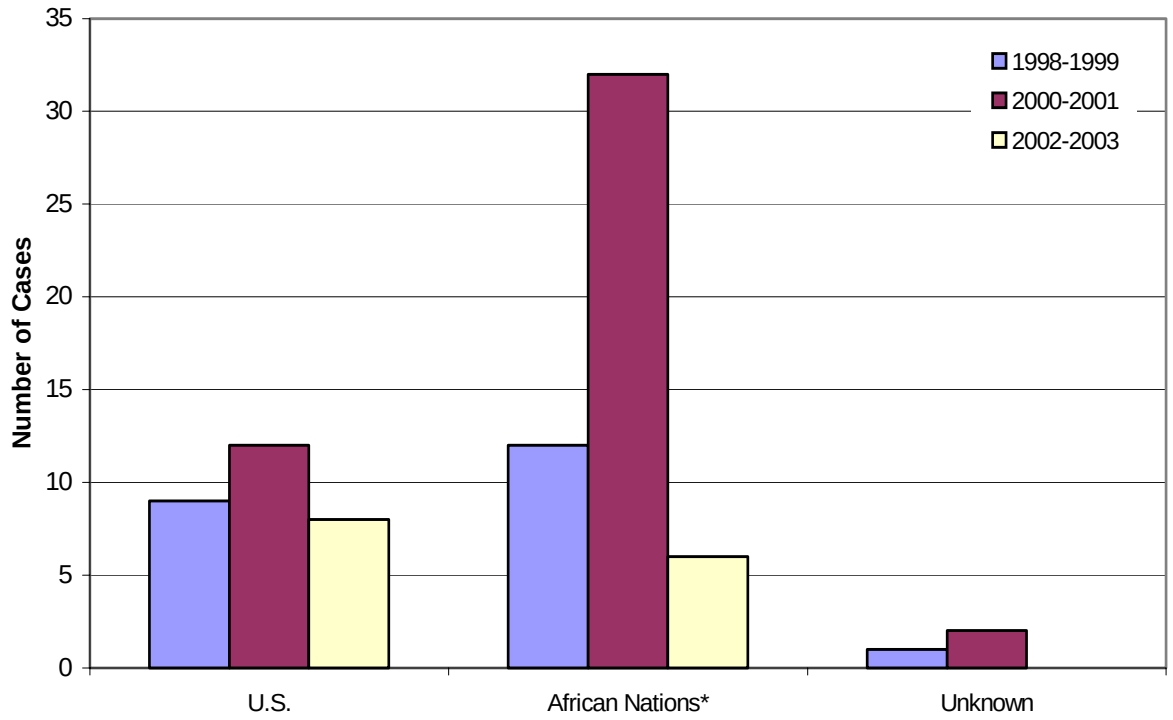
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

The most important risk for Hispanic men was MSM, followed by injecting drug use. Additionally, most Hispanic persons in the "Not Specified" risk category were men.

Heterosexual contact was the major risk reported by most Hispanic women, followed by injecting drug use, or heterosexual contact with an IDU.

Figure 24.

HIV/AIDS Among Black Persons
by Country of Origin and Two-year Time Period,
Utah 1998-2003

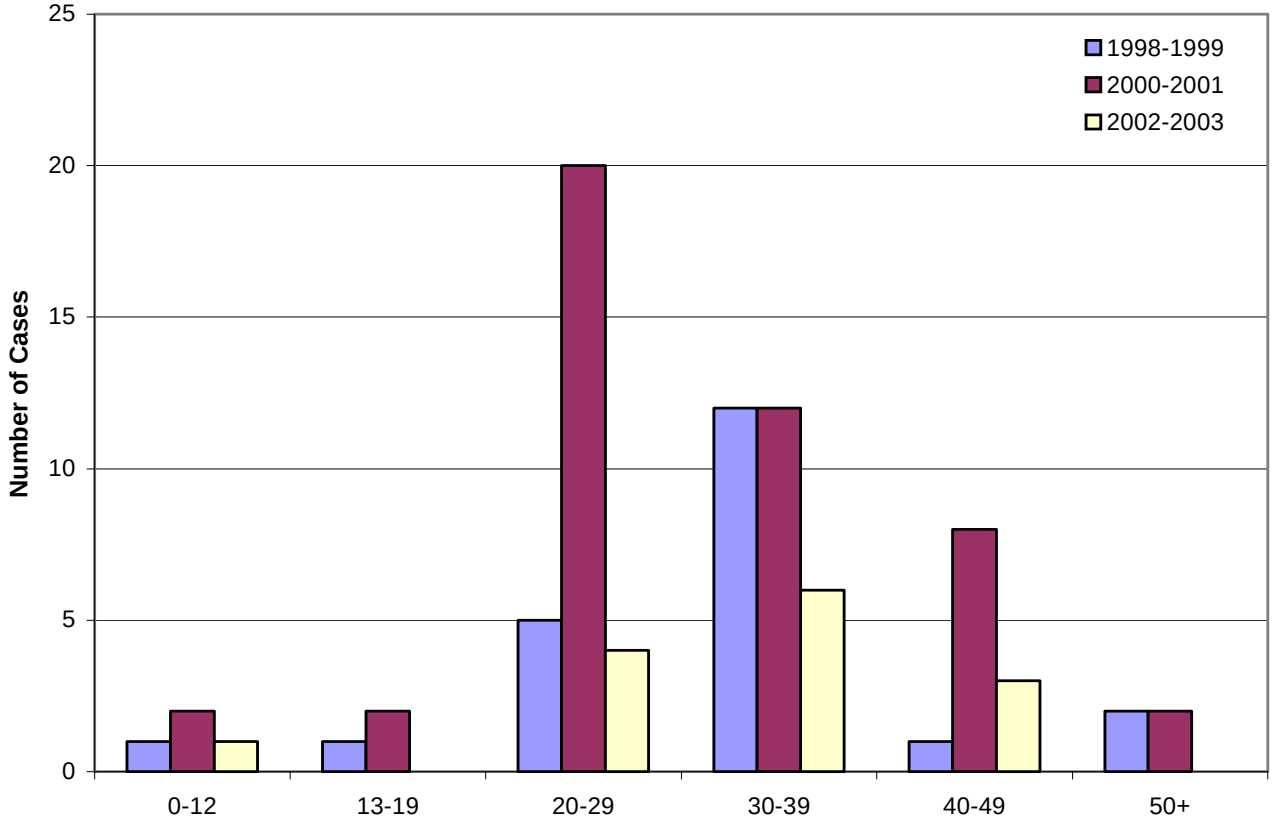


See Table 17, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program
* Antigua, Congo, Ethiopia, Ghana, Haiti, Jamaica, Kenya, Niger, Nigeria, Rwanda, South Africa, Namibia, Sudan, and Togo

The majority of Black persons (61%) reported with HIV/AIDS in Utah during 1998-2003 were from African nations, 35% were from the United States.

Figure 25.

HIV/AIDS Among Black Persons
by Age Group and Two-year Time Period,
Utah 1998-2003



See Table 17, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Of HIV/AIDS cases reported during 1998-2003, 82 (11%) were Black persons. Of these:

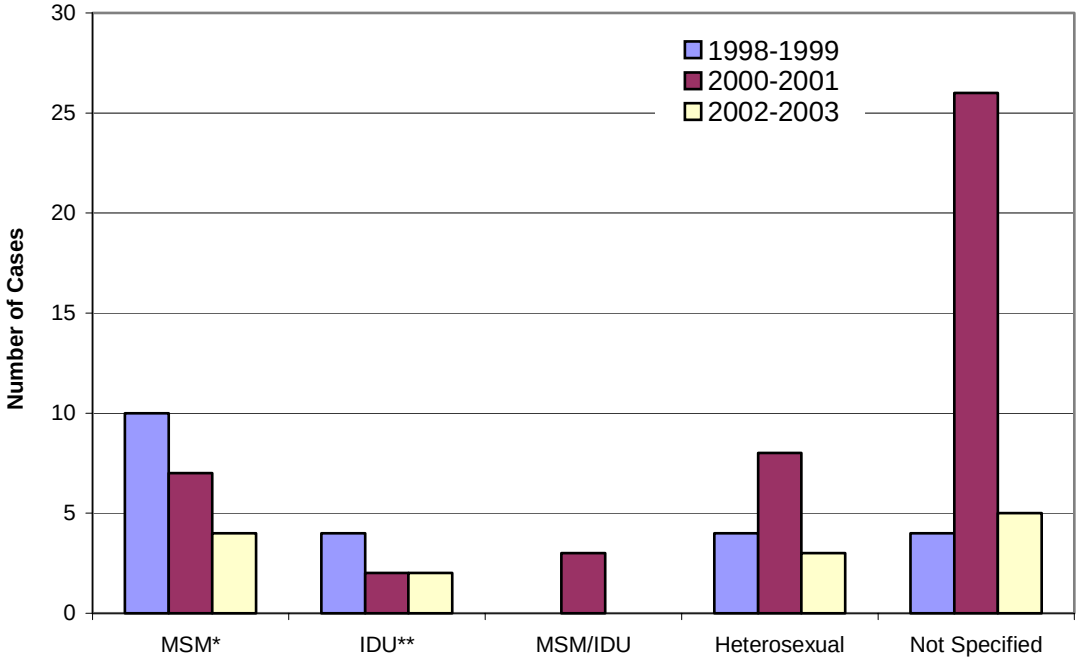
59% were males
41% were females
72% were age 20-39

The majority of Black males reported during 1998-2003 were in the age group 30-39. Most Black women during 2000-2001 were in the age group 20-29.

What Changes Are We Seeing in Racial Group Profiles?

Figure 26.

HIV/AIDS Among Black Persons
by Risk Group and Two-year Time Period,
Utah 1998-2003

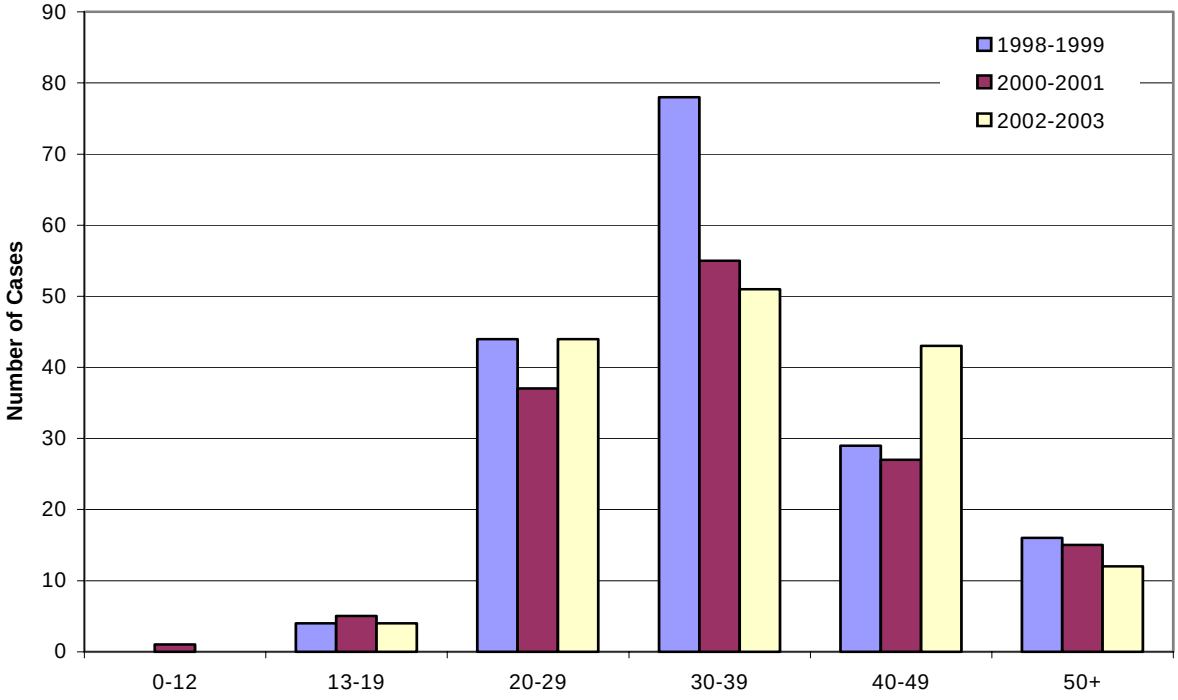


See Table 17, Appendix A.
* MSM = Men who have sex with men
** IDU – Injecting drug user
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Although this figure shows Black men and women combined, the major risk for Black men reported with HIV/AIDS during 1998-2003 was MSM, followed by risk "Not Specified," and injecting drug use. Most Black women (50%) reported during the 1998-2003 time period were in the risk category "Not Specified," followed by heterosexual contact.

Figure 27.

HIV/AIDS Among White Persons
by Age Group and Two-year Time Period,
Utah 1998-2003



See Table 18, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control HIV/AIDS Surveillance and Tuberculosis Control Programs

During 1998-2003, White non-Hispanic persons accounted for 465 (63%) of the total 743 persons reported with HIV/AIDS. Of these:

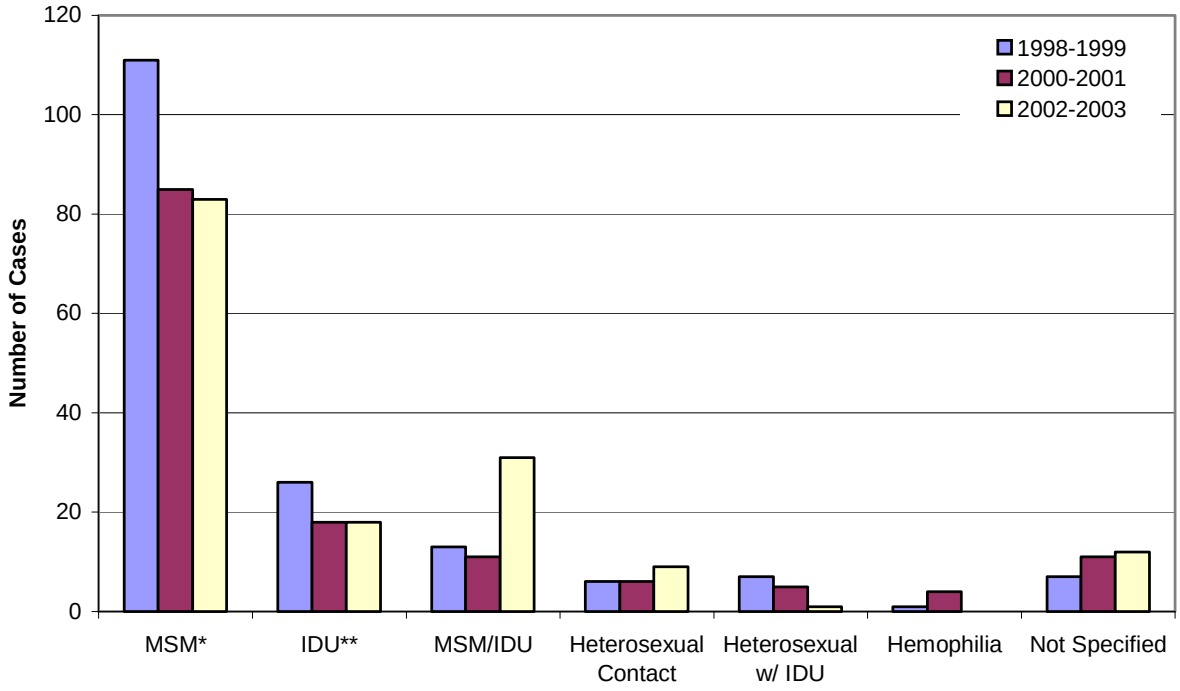
88% were males
12% were females
67% were age 20-39

Most HIV/AIDS cases among White males were reported in the age group 20-39 (40%); an increase was also seen among White males in the 40-49 age group during the 2002-2003 time period.

What Changes Are We Seeing in Racial Group Profiles?

Figure 28.

HIV/AIDS Among White Persons
by Risk Group and Two-year Time Period,
Utah 1998-2003



See Table 18, Appendix A.

* MSM = Men who have sex with men

** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

The major risk for White non-Hispanic males was MSM (68%), followed by IDU (13%), and MSM/ IDU (12%).

Heterosexual contact was the major risk reported by most White non-Hispanic women (44%) followed by IDU (35%).

Figure 29.

Risk Group: Men Who have Sex with Men
Numbers and Percentages of HIV/AIDS Cases by Age Group, Race/Ethnicity and Wasatch Front Residence, Utah 1998-2003

	1998-1999		2000-2001		2002-2003		Total	
Age Group	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
13-19	2	1%	3	2%	4	3%	9	2%
20-29	35	23%	30	25%	42	34%	107	27%
30-39	72	47%	60	50%	44	36%	176	45%
40-49	25	16%	18	15%	25	20%	68	17%
50+	18	12%	10	8%	7	6%	35	9%
Total	152	100%	121	100%	122	100%	395	100%
Race/Ethnic Group								
White (non Hispainc)	111	73%	85	70%	83	68%	279	71%
Black	10	7%	7	6%	4	3%	21	5%
Hispanic*	26	17%	23	19%	31	25%	80	20%
American Indian	3	2%	4	3%	0	0%	7	2%
Asian or Pacific Islander	2	1%	2	2%	3	2%	7	2%
Unknown	0	0%	0	0%	1	1%	1	0%
Total	152	100%	121	100%	122	100%	395	100%
Geographic Location								
Wasatch Front	130	86%	110	91%	113	93%	353	89%
Non-Wasatch Front	22	14%	11	9%	9	7%	42	11%
Total	152	100%	121	100%	122	100%	395	100%

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Seventy-one percent of men who had sex with men during 1998-2003 were White non-Hispanic. Seventy-two percent were in the age group 20-39, and 89% lived along the Wasatch Front.

Figure 30.

Risk Group: Men Who have Sex with Men and Inject Drugs
Numbers and Percentages of HIV/AIDS Cases by Age Group,
Race/Ethnicity and Wasatch Front Residence,
Utah 1998-2003

	1998-1999		2000-2001		2002-2003		Totals	
Age Group	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
13-19	1	6%	1	6%	0	0%	2	3%
20-29	10	56%	6	35%	14	40%	30	43%
30-39	6	33%	6	35%	10	29%	22	31%
40-49	1	6%	3	18%	11	31%	15	21%
50+	0	0%	1	6%	0	0%	1	1%
Total	18	100%	17	100%	35	100%	70	100%
Race/Ethnic Group								
White (non Hispainc)	13	72%	11	65%	31	89%	55	79%
Black	0	0%	3	18%	0	0%	3	4%
Hispanic*	5	28%	3	18%	2	6%	10	14%
American Indian	0	0%	0	0%	1	3%	1	1%
Unknown	0	0%	0	0%	1	3%	1	1%
Total	18	100%	17	100%	35	100%	70	100%
Geographic Location								
Wasatch Front	18	100%	15	88%	32	91%	65	93%
Non-Wasatch Front	0	0%	2	12%	3	9%	5	7%
Total	18	100%	17	100%	35	100%	70	100%

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

During the 2002-2003 time period, 89% of males reported in the risk category of men who have sex with men, who also inject drugs (MSM/IDU) were White non-Hispanic. Most of these (43%) were in the age group 20-29.

Figure 31.

Risk Group: Injecting Drug Users
Numbers and Percentages of HIV/AIDS Cases by Age Group, Race/Ethnicity and Wasatch Front Residence, Utah 1998-2003

Variable	1998-1999		2000-2001		2002-2003		Total: 1998-2003	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
Gender								
Male	31	78%	18	72%	20	57%	69	69%
Female	9	23%	7	28%	15	43%	31	31%
Total	40	100%	25	100%	35	100%	100	100%
Age Group								
13-19	2	5%	1	4%	1	3%	4	4%
20-29	4	10%	7	28%	7	20%	18	18%
30-39	25	63%	5	20%	15	43%	45	45%
40-49	8	20%	8	32%	8	23%	24	24%
50+	1	3%	4	16%	4	11%	9	9%
Total	40	100%	25	100%	35	100%	100	100%
Race/Ethnic Group								
White (non Hispainc)	26	65%	18	72%	18	51%	62	62%
Black	4	10%	2	8%	2	6%	8	8%
Hispanic*	7	18%	5	20%	11	31%	23	23%
American Indian	1	3%	0	0%	1	3%	2	2%
Asian or Pacific Islander	1	3%	0	0%	1	3%	2	2%
Unknown	1	3%	0	0%	2	6%	3	3%
Total	40	100%	25	100%	35	100%	100	100%
Geographic Location								
Wasatch Front	35	88%	23	92%	29	83%	87	87%
Non-Wasatch Front	5	13%	2	8%	6	17%	13	13%
Total	40	100%	25	100%	35	100%	100	100%

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

During 1998-2003, injecting drug use (IDU) was the second largest risk for acquiring HIV/AIDS in Utah (Figure 13). About two-thirds of IDU cases were among men. Sixty-two percent were among White persons, and 23% were among Hispanic persons.

Figure 32.

Risk Group: Not Specified
Numbers and Percentages of HIV/AIDS Cases by Gender, Age Group, Race/Ethnicity and Wasatch Front Residence, Utah 1998-2003

	1998-1999		2000-2001		2002-2003		Total: 1998-2003	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
Gender								
Male	11	73%	24	59%	23	68%	58	64%
Female	4	27%	17	41%	11	32%	32	36%
Total	15	100%	41	100%	34	100%	90	100%
Age Group								
13-19	1	7%	1	2%	4	12%	6	7%
20-29	7	47%	16	39%	9	26%	32	36%
30-39	5	33%	10	24%	10	29%	25	28%
40-49	0	0%	8	20%	8	24%	16	18%
50+	2	13%	6	15%	3	9%	11	12%
Total	15	100%	41	100%	34	100%	90	100%
Race/Ethnic Group								
White (non Hispainc)	7	47%	11	27%	12	35%	30	33%
Black	3	20%	22	54%	4	12%	29	32%
Hispanic*	5	33%	7	17%	14	41%	26	29%
American Indian	0	0%	0	0%	1	3%	1	1%
Asian or Pacific Islander	0	0%	0	0%	1	3%	1	1%
Unknown	0	0%	1	2%	2	6%	3	3%
Total	15	100%	41	100%	34	100%	90	100%
Geographic Location								
Wasatch Front	11	73%	40	98%	31	91%	82	91%
Non-Wasatch Front	4	27%	1	2%	3	9%	8	9%
Total	15	100%	41	100%	34	100%	90	100%

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

During 1998-2003, most persons reported risk as “Not Specified” (66%) were in populations other than White non-Hispanic. Most were males, in the age group 20-39.

Figure 33.

Young People (Age 13-24)
Numbers and Percentages of HIV/AIDS Cases by Sex,
Race/Ethnicity, Risk Group, Age Group, and Wasatch Front Residence,
Utah 1998-2003

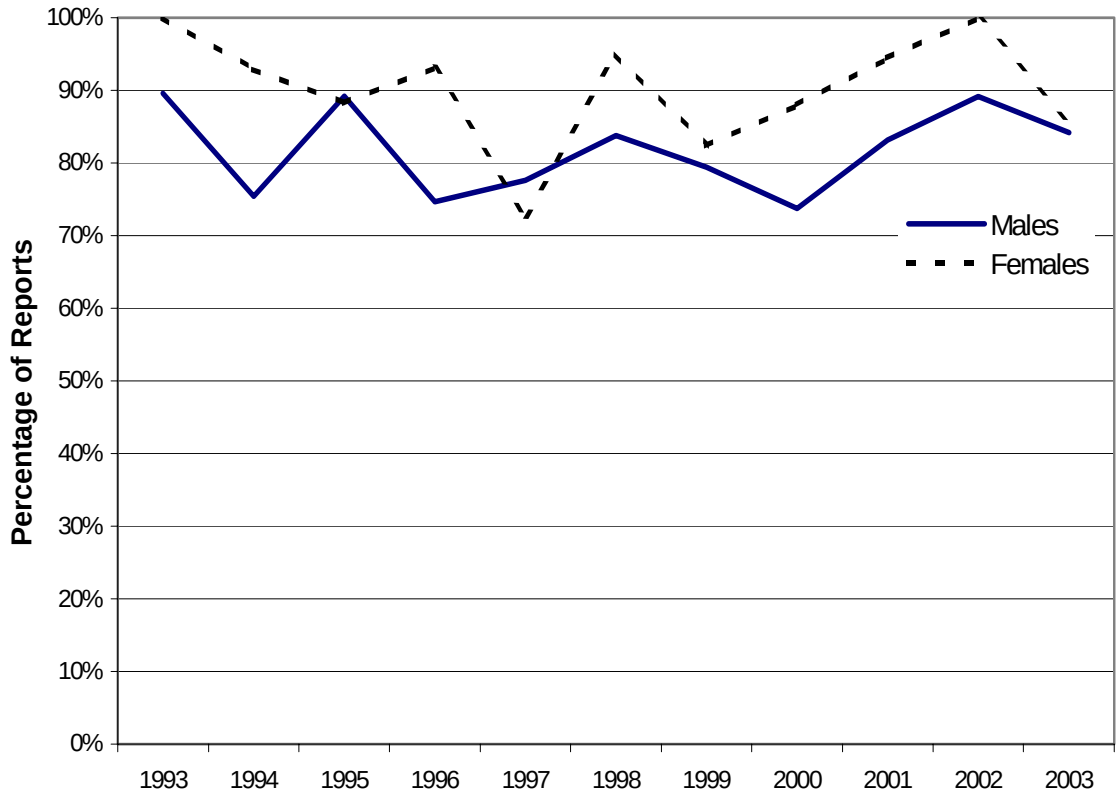
	1998-1999		2000-2001		2002-2003		Total: 1998-2003	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
Gender								
Male	23	70%	22	61%	34	76%	79	69%
Female	10	30%	14	39%	11	24%	35	31%
Total	33	100%	36	100%	45	100%	114	100%
Race/Ethnic Group								
White (non Hispanic)	18	55%	18	50%	24	53%	60	53%
Black	1	3%	10	28%	4	9%	15	13%
Hispanic*	11	33%	7	19%	14	31%	32	28%
American Indian	1	3%	0	0%	0	0%	1	1%
Asian or Pacific Islander	2	6%	1	3%	2	4%	5	4%
Unknown	0	0%	0	0%	1	2%	1	1%
Total	33	100%	36	100%	45	100%	114	100%
Risk Group								
MSM**	15	45%	15	42%	25	56%	55	48%
IDU***	4	12%	4	11%	5	11%	13	11%
MSM/IDU	3	9%	3	8%	7	16%	13	11%
Heterosexual w IDU	2	6%	2	6%	0	0%	4	4%
Heterosexual w HIV-AIDS	3	9%	3	8%	1	2%	7	6%
Heterosexual w Bi Male	2	3%	1	3%	0	0%	3	3%
Other	1	9%	3	8%	0	0%	4	4%
Not Specified	3	15%	5	14%	7	16%	15	13%
Total	33	64%	36	100%	45	100%	114	100%
Age Group								
13-15	0	0%	1	3%	0	0%	1	1%
15-19	10	30%	8	22%	9	20%	27	24%
20-24	23	70%	27	75%	36	80%	86	75%
Total	33	100%	36	100%	45	100%	114	100%
Geographic Location								
Wasatch Front	31	94%	32	89%	43	96%	106	93%
Non-Wasatch Front	2	6%	4	11%	2	4%	8	7%
Total	33	100%	36	100%	45	100%	114	100%

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.
** MSM = Men who have sex with men
*** IDU – Injecting drug user
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Cases of HIV and AIDS reported among young persons (13-24) are similar to older persons when compared by risk, race, and sex. The majority of these cases (75%) are age 20-24.

Figure 34.

Percentage of New AIDS Reports Already Known Through HIV Reporting by Sex, Utah 1993-2003



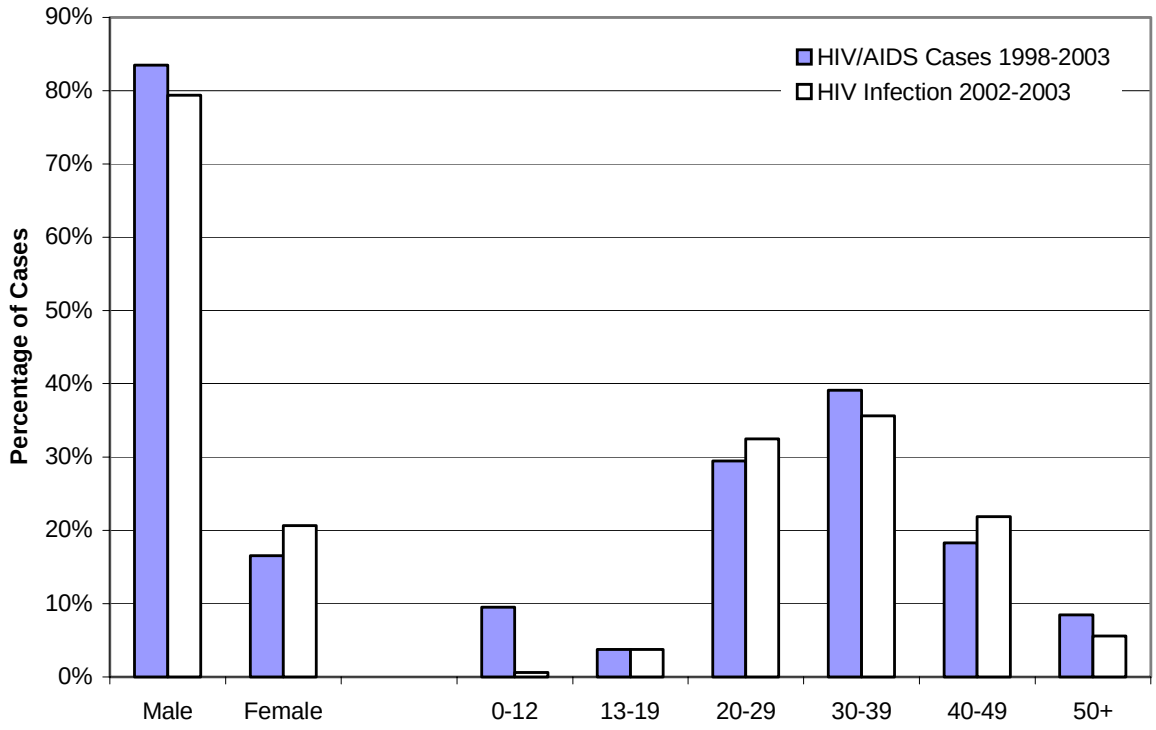
See Table 19, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control HIV/AIDS Program

The identification of persons with HIV infection as soon as possible after infection allows both treatment and prevention services to be provided sooner.

This figure indicates that most cases were reported while they still had HIV infection only, before illness had progressed to AIDS. However, 10-20% of AIDS cases were reported for the first time when their illness had already progressed to AIDS.

Figure 35.

Age and Sex Distribution of Recent HIV Infections (2002-2003) Compared to Trend Patterns for HIV/AIDS Cases from Utah 1998-2003



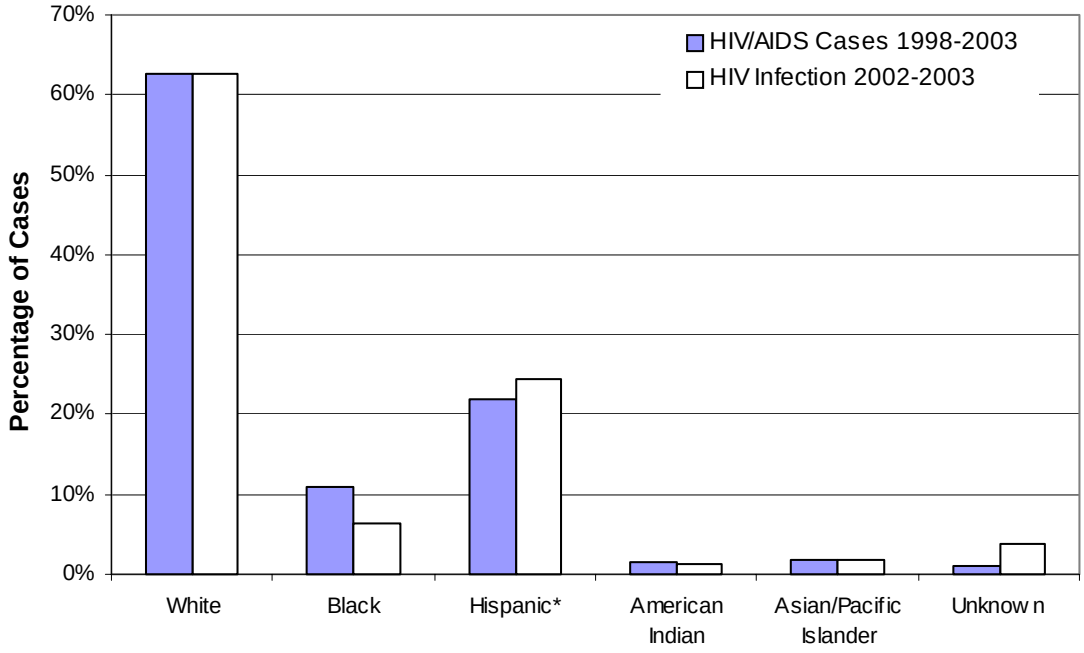
See Table 20, Appendix A.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Changes in the epidemiological pattern of HIV infection might be expected to appear first among HIV cases. For that reason, figures 35, 36, and 37 compare the sex, age, race/ethnicity and risk category patterns for recent HIV cases (2002-2003) to overall HIV/AIDS cases for 1998-2003.

The patterns by gender and age were quite similar for HIV cases alone compared to the combination of HIV and AIDS cases.

Figure 36.

Race/Ethnic Group Distribution of Recent HIV Infections (2002-2003) Compared to Trend Patterns of HIV/AIDS Cases from Utah 1998-2003



See Table 20, Appendix A.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

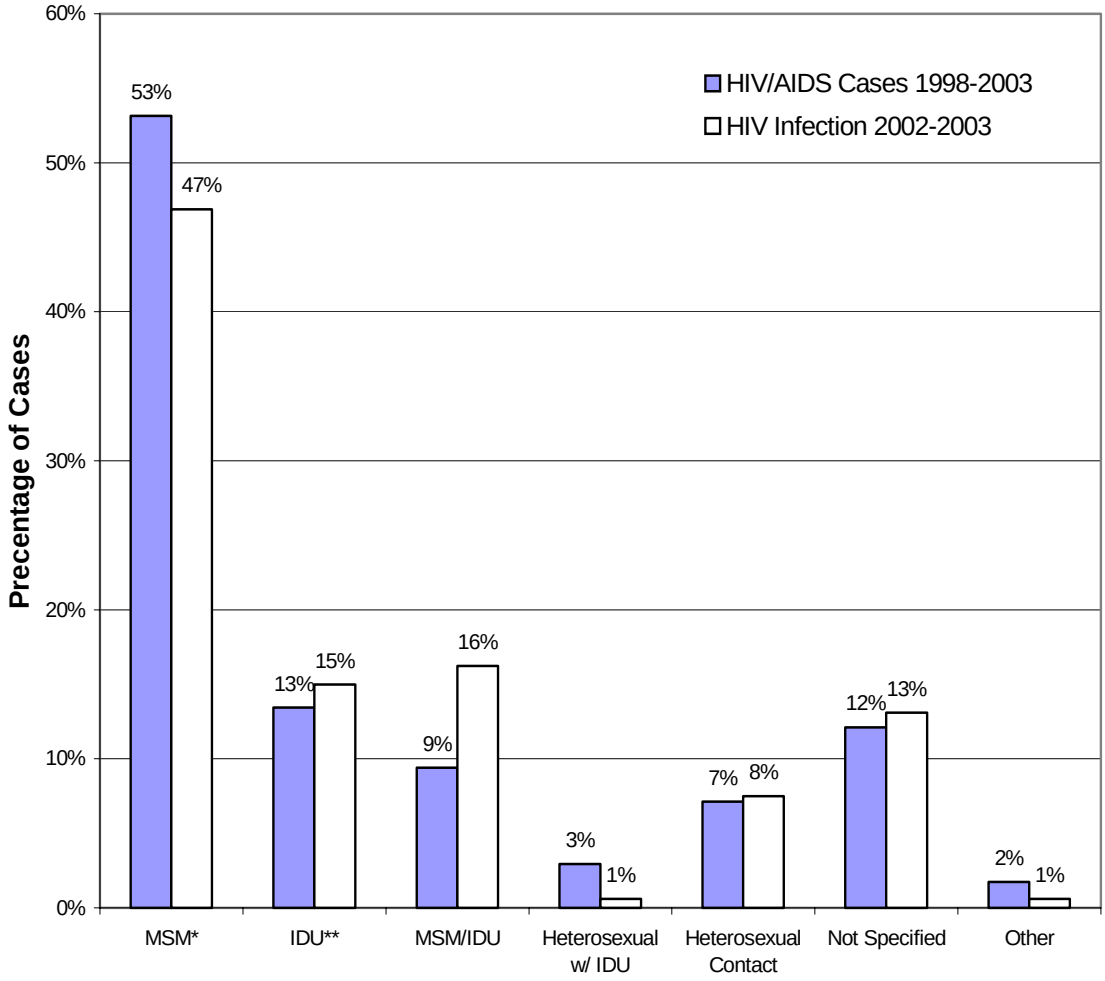
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

The patterns by race/ethnicity were also quite similar for HIV cases alone compared to the combination of HIV and AIDS cases.

Figure 37.

Risk Group Distribution of Recent HIV Infections (2002-2003) Compared to Trend Patterns of HIV/AIDS Cases from Utah 1998-2003



See Table 20, Appendix A.

* MSM = Men who have sex with men

** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

The percentage of cases with the risk MSM/IDU was greater for persons recently reported with HIV infection alone when compared to the combination of HIV and AIDS cases.

Figure 38.

Persons Reported with Both HIV/AIDS and Tuberculosis, Numbers And Percentages of Cases by Sex, Age Group, and Risk Group, Utah 1984-2003

	Number of Cases	Percentage of Cases
Tuberculosis Site		
Pulmonary	45	56%
Extra Pulmonary	24	30%
Both	11	14%
Total	80	100%
Gender		
Male	74	93%
Female	6	8%
Total	80	100%
Race/Ethnic Group		
White	46	58%
Black	10	13%
Hispanic*	18	23%
American Indian	5	6%
Asian	1	1%
Total	80	100%
Age Group		
20-29	17	21%
30-39	33	41%
40-49	26	33%
50+	4	5%
Total	80	100%
Risk Group		
MSM**	35	44%
IDU***	23	29%
MSM/IDU	9	11%
Heterosexual	5	6%
Other	1	1%
Not Specified	7	9%
Total	80	100%
Geographic Location		
Wasatch Front	63	79%
Non-Wasatch Front	2	3%
Not Utah	15	19%
Total	80	100%

Persons Reported with HIV/AIDS and Tuberculosis by Year of HIV Report and Whether Alive or Dead Utah 1984-2003

	Alive	Dead	Total
1984	0	1	1
1985	0	2	2
1986	0	0	0
1987	0	1	1
1988	0	0	0
1989	0	2	2
1990	0	5	5
1991	3	11	14
1992	3	5	8
1993	5	6	11
1994	2	3	5
1995	1	5	6
1996	2	1	3
1997	0	1	1
1998	6	0	6
1999	2	2	4
2000	1	2	3
2001	5	0	5
2002	1	0	1
2003	2	0	2
Total	33	47	80

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

** MSM = Men who have sex with men

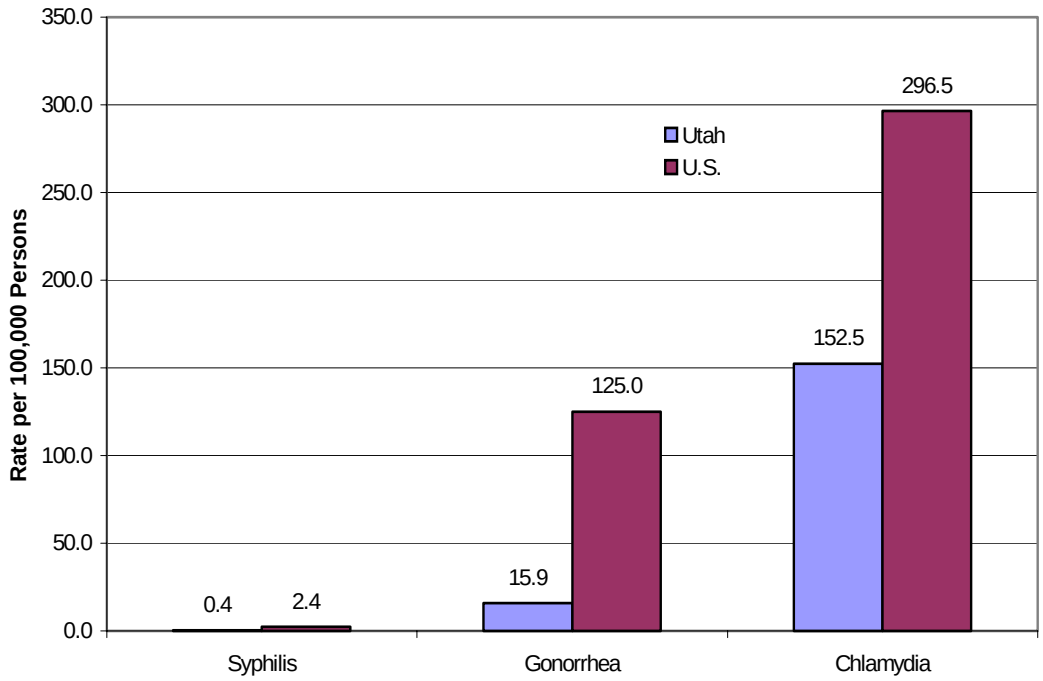
*** IDU – Injecting drug user

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

During the 1998-2003 time period, 3% of TB cases reported were co-infected with HIV.

Figure 39.

**Rates of Syphilis, Gonorrhea,
and Chlamydia per 100,000 Persons,
Utah and United States, 2002**



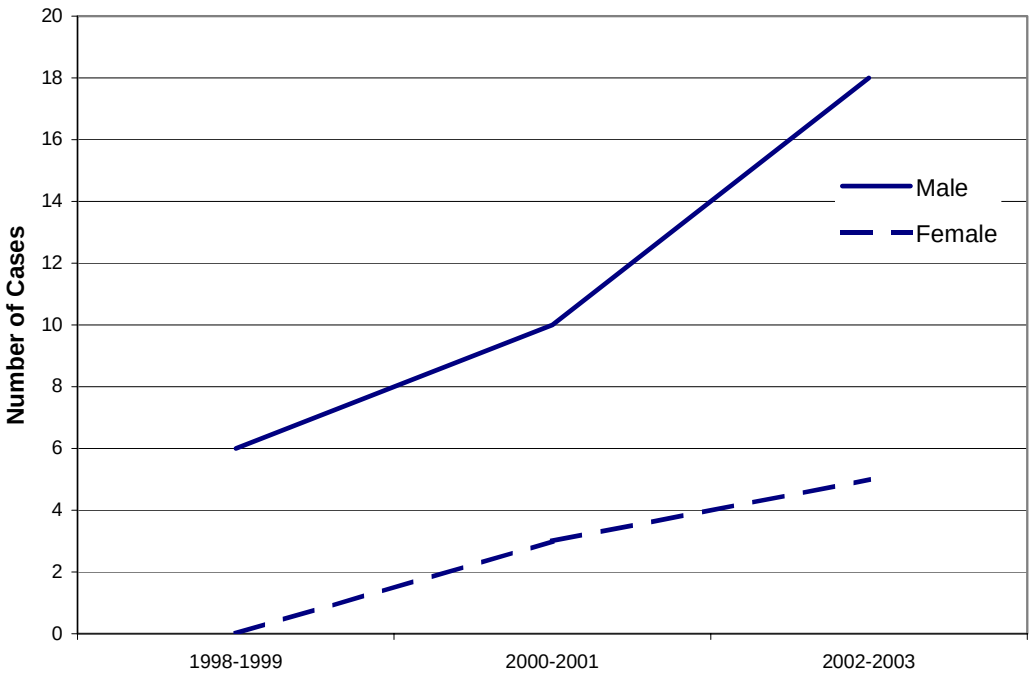
See Table 21, Appendix A.
Source: Utah Department of Health, Bureau of Communicable Disease, Sexually Transmitted Disease Control Program

A substantial proportion of HIV/AIDS cases are acquired through sexual behavior. Thus, rates of other sexually transmitted diseases (STDs), which have shorter time periods between infection and illness, might provide clues about changes in sexual behavior that contribute to HIV transmission. In addition, several STDs have been shown to increase the potential for transmission of HIV.

Rates of syphilis, gonorrhea, and chlamydia are substantially lower in Utah than nationally.

Figure 40.

Reported Cases of Primary and Secondary Syphilis by Sex, Utah 1998-2003



See Table 22, Appendix A.

Source: Utah Department of Health, Bureau of Communicable Disease, Sexually Transmitted Disease Control Program

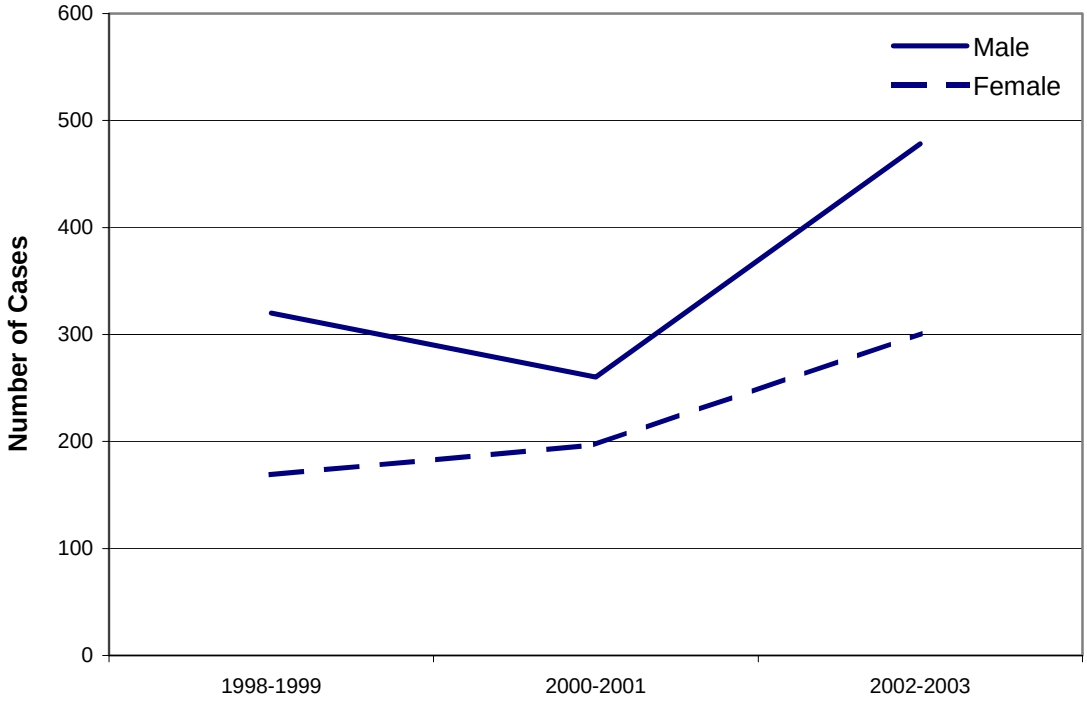
Syphilis is very low in Utah. Syphilis has been strongly correlated with HIV since early in the HIV epidemic in the U.S. In 2003, out of the nine cases of primary and secondary syphilis reported among men, four were also HIV positive.

During 2003, 14 total cases of syphilis were reported; eight cases of primary syphilis and six cases of secondary syphilis. The incidence rate for primary and secondary (P&S) syphilis in 2003 was 0.6 cases per 100,000 population. The last recorded notable outbreak of syphilis along the Wasatch Front occurred in 1994 when 11 cases were reported among Salt Lake County's homeless population.

CDC continues to target syphilis for elimination in the United States.

Figure 41.

**Reported Cases of Gonorrhea by Sex,
Utah 1998-2003**

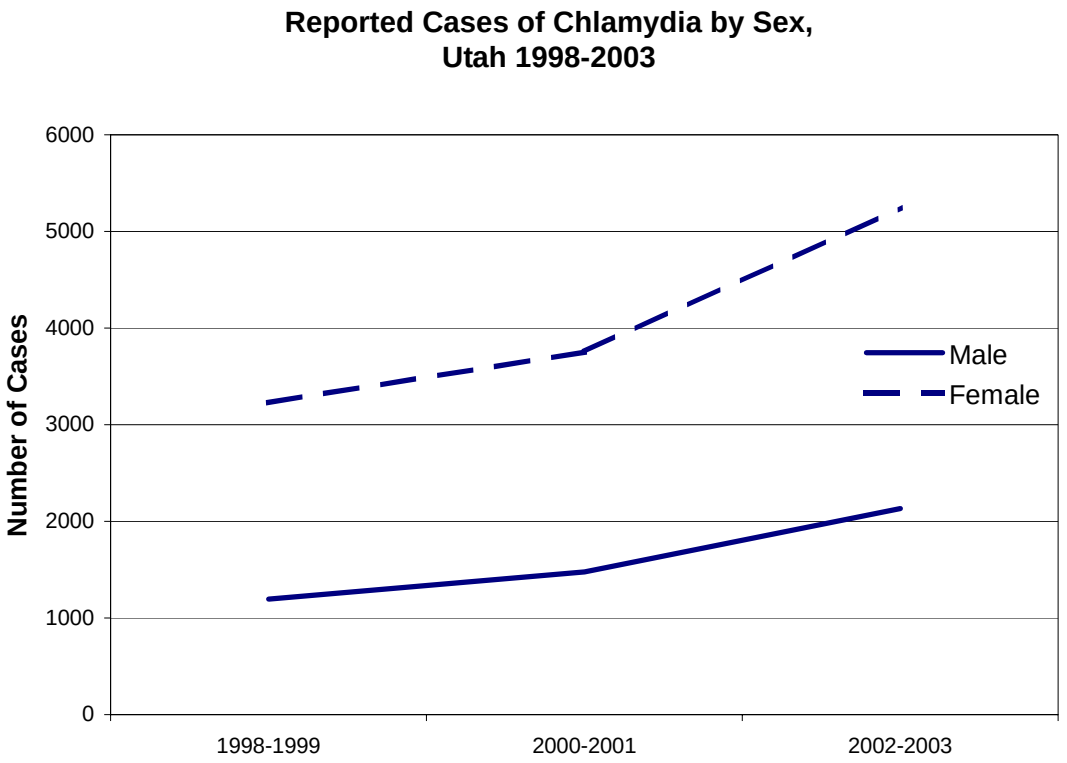


See Table 22, Appendix A.
Source: Utah Department of Health, Bureau of Communicable Disease, Sexually Transmitted Disease Control Program

Trends in gonorrhea cases among men who have sex with men (MSM) have historically been used to identify trends in high-risk sexual behavior in that population. During 2003, approximately 26% of gonorrhea cases that identified partners were in the MSM population.

The State of Utah incidence rate for gonorrhea in 2003 was 17.5 (411 cases) per 100,000 population. During 2003, gonorrhea morbidity was concentrated primarily in Salt Lake County at a rate of 28.6 (267 cases) and in Davis County at a rate of 17.4 (44 cases). Since 1999, Salt Lake County has consistently reported the highest incidence of gonorrhea in the state.

Figure 42.

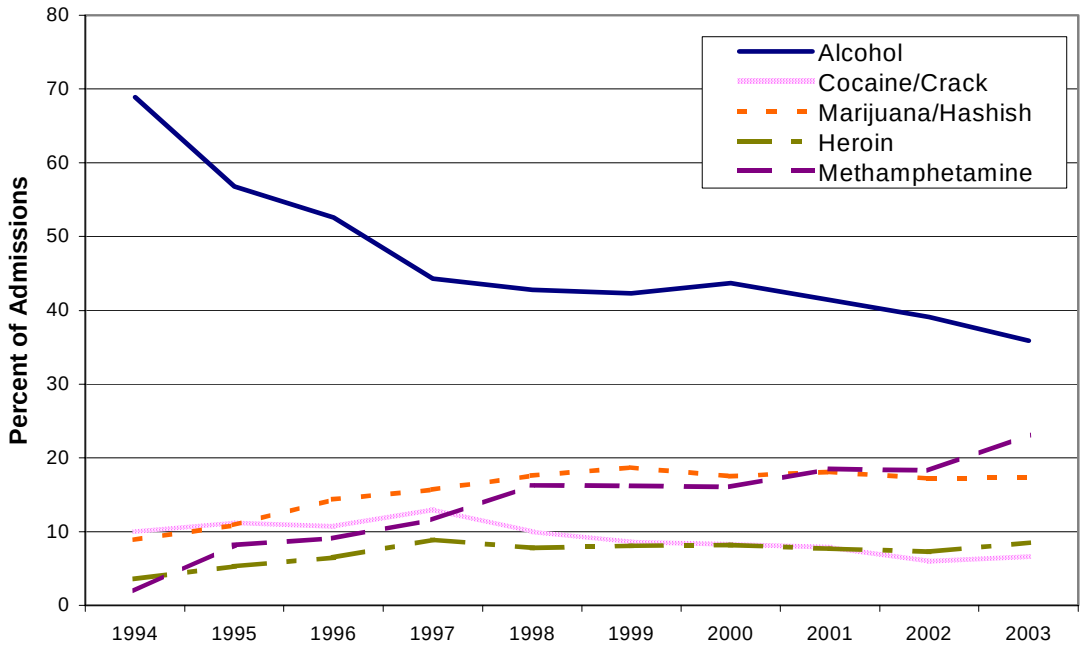


See Table 22, Appendix A.
Source: Utah Department of Health, Bureau of Communicable Disease, Sexually Transmitted Disease Control Program

There have been elevated rates of chlamydia statewide. During 2002, there were 3,489 cases with a rate of 150.3 per 100,000 persons and in 2003 there were 3,893 cases with a rate of 165.3 per 100,000 persons. These increases may be attributed to expanded screening and education, which target youth and adult correctional facilities and drug treatment centers in those areas. Screening and awareness projects in Northern Utah targeting men who have sex with men (MSM) have also resulted in increased incidence. Risk factors in these target populations include drug use, prostitution, multiple sexual partners, casual and anonymous sex, and travel outside of the state and/or country. Additionally, efforts have been made at the state and local level to increase provider screening and reporting.

Figure 43.

Utah Drug Treatment Admissions by Primary Substance at Time of Admission, 1994-2003



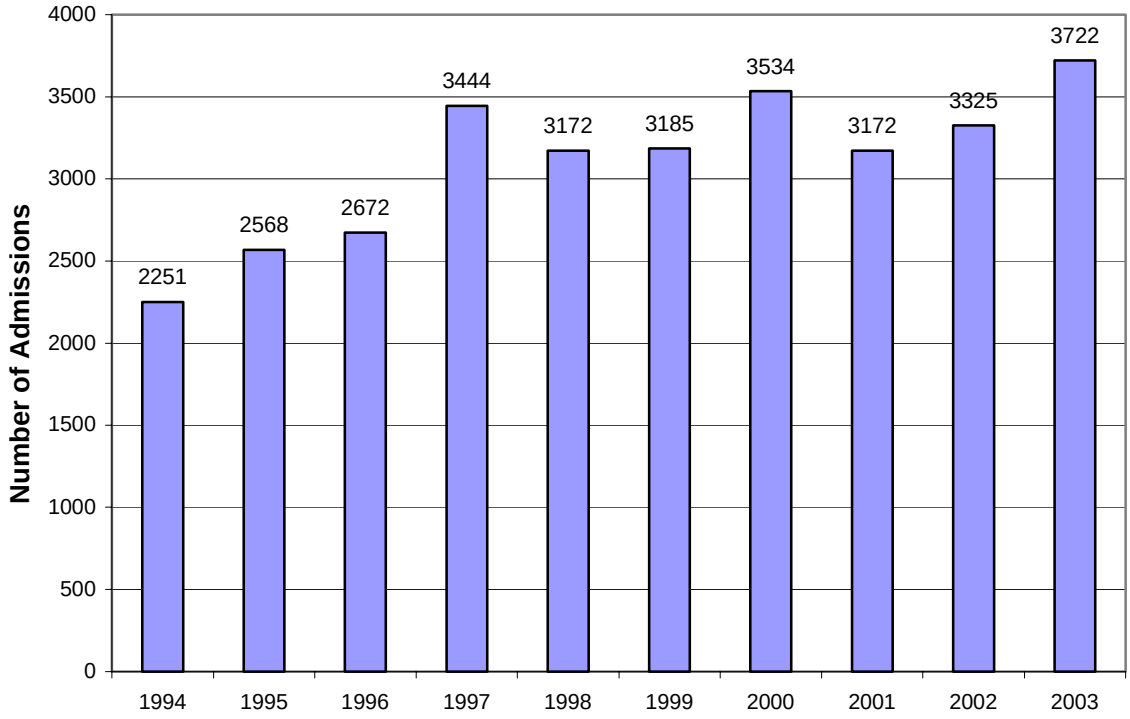
See Table 23, Appendix A.
Source: Utah State Division of Substance Abuse and Mental Health

Admissions for substance abuse treatment provide one measure of drug use in a community. Additionally, because of the association between drug use and HIV infection, admissions for substance abuse treatment might be one method used to assess HIV transmission in this population.

Admissions for treatment have increased for methamphetamine use by 25%, or 3,675 to 4,601 admissions from 2002 to 2003.

Figure 44.

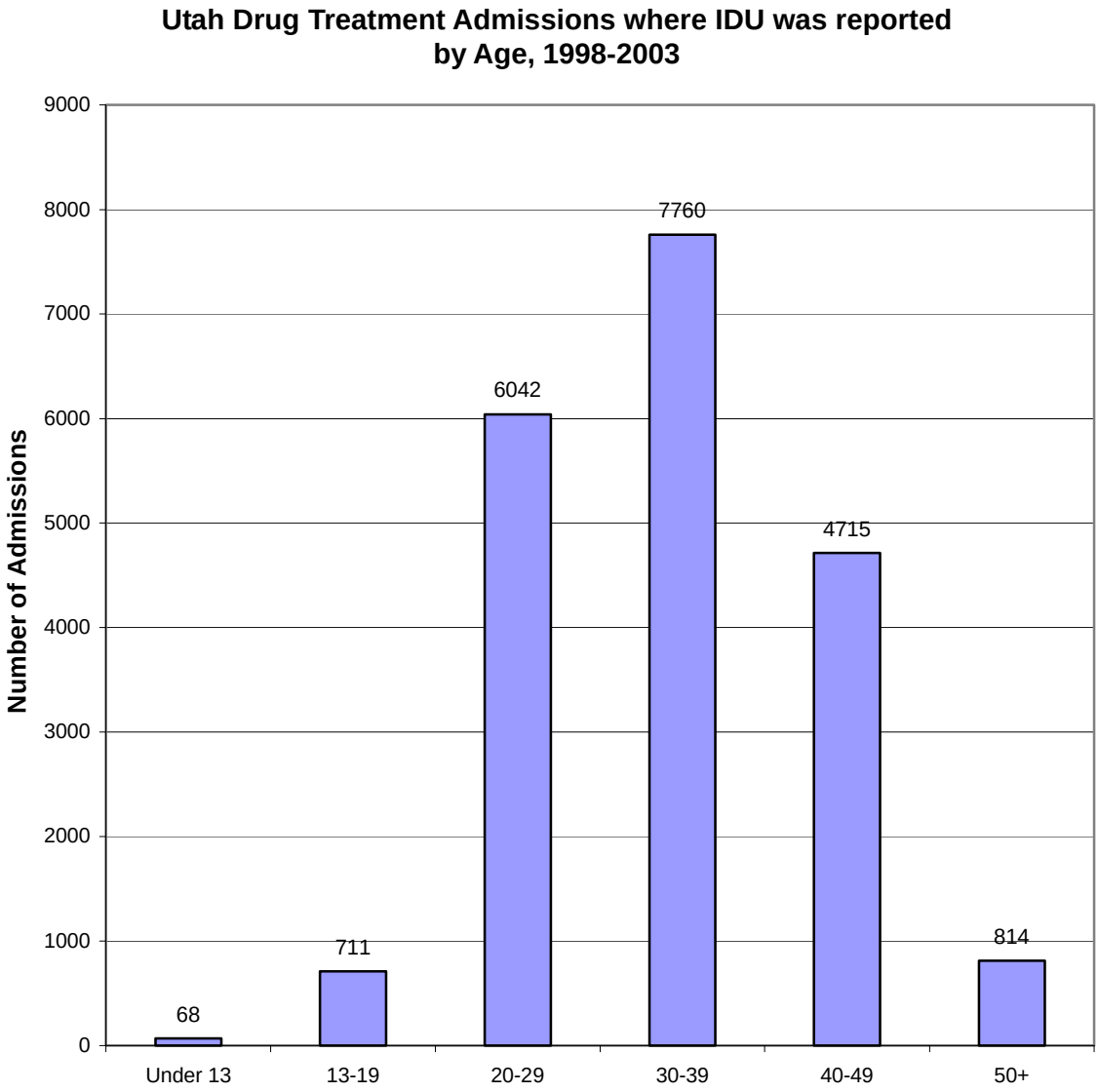
Utah Drug Treatment Admissions where IDU was Reported, 1994-2003



See Table 24, Appendix A.
Source: Utah State Division of Substance Abuse and Mental Health

Admissions for substance abuse treatment of patients who inject drugs continues to increase. During 1998-2003 where IDU drug admissions were reported, 64% were male and 36% were female.

Figure 45.



See Table 25, Appendix A.
Source: Utah State Division of Substance Abuse and Mental Health

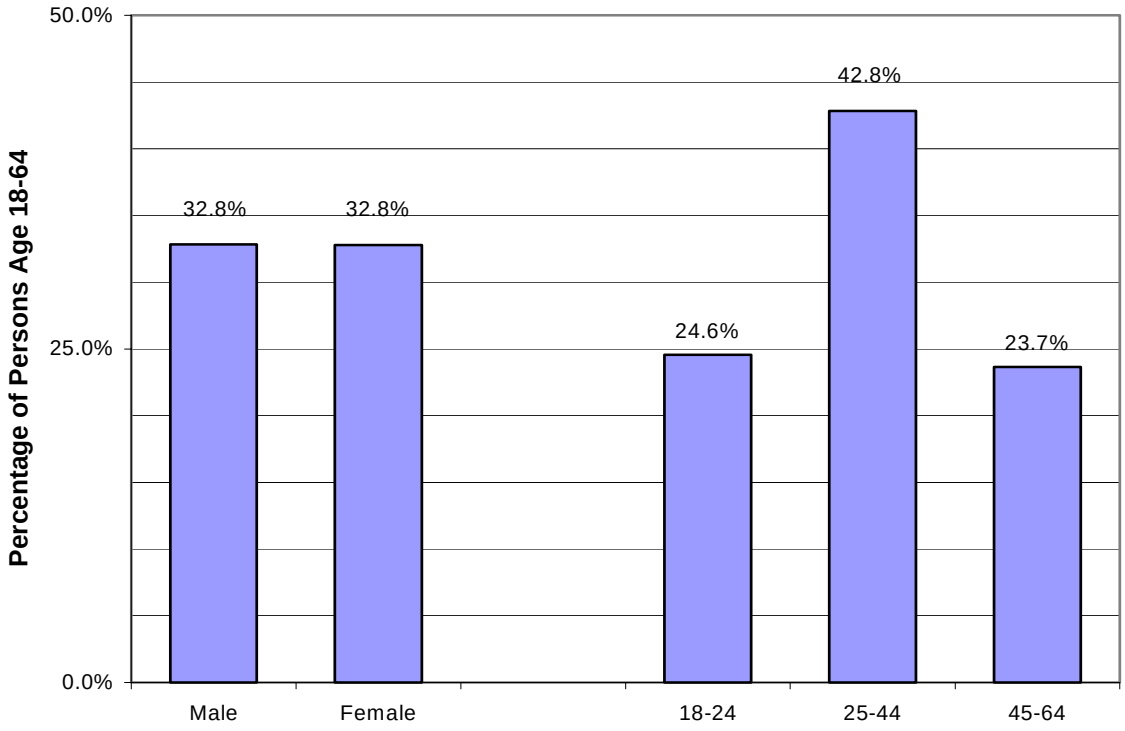
Nearly 70% of all IDU related admissions are between the ages of 20-39 years.

The age group with the largest increase in treatment admissions is 20-29 years of age, which reported 900 admissions in 1998, and 1302 admissions in 2003.

From 1998-2003 two-thirds of all admission were male and one-third were female. (See Table 26, Appendix A)

Figure 46.

Percentage of Persons Who Reported Being Tested for HIV by Sex and Age, Ages 18-64, Utah 2002-2003



See Table 27, Appendix A.
Source: Utah Behavioral Risk Factor Risk Surveillance System (BRFSS)

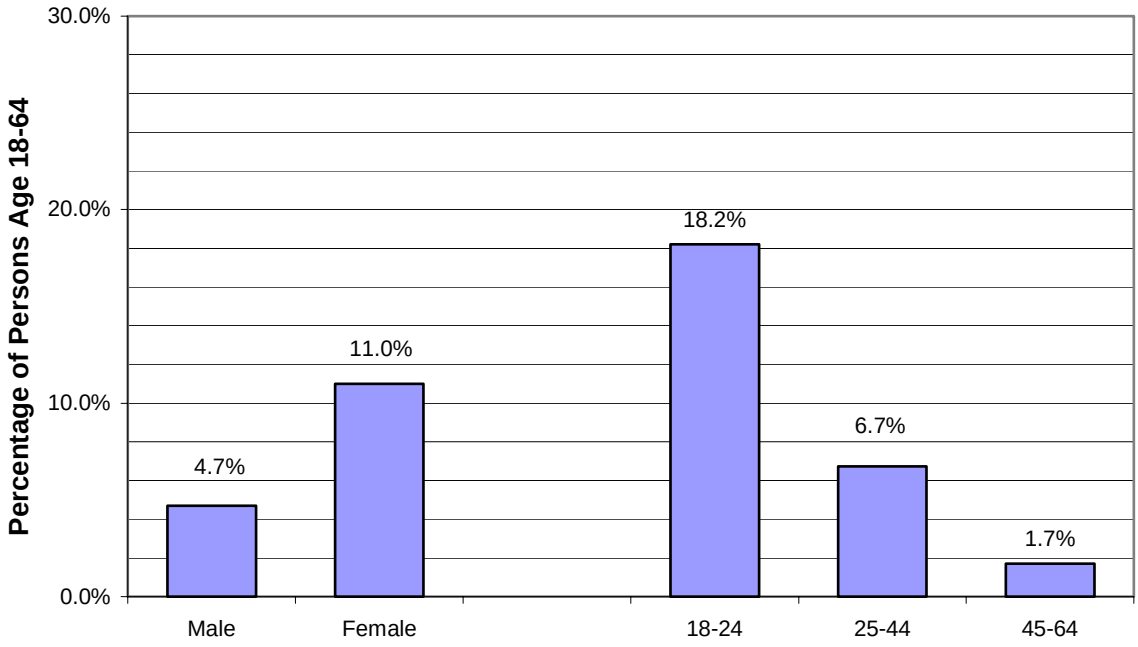
Data from the BRFSS survey are population based; thus, estimates about testing attitudes and practices can be generalized to the adult population of the state, not just persons at highest risk for HIV/AIDS.

Of those surveyed approximately one-third of males and equally one-third of females reported ever being tested for HIV.

Examined by age group, persons age 25-44 wre most likely to report having been tested.

Figure 47.

Percentage of Persons Who Reported Discussing STD/Condom use with their Physician in the past 12 months by Sex and Age, Ages 18-64, Utah 2002-2003



See Table 27, Appendix A.
Source: Utah Behavioral Risk Factor Risk Surveillance System (BRFSS)

Only 5% of males and 11% of females reported discussing sexually transmitted diseases and condom use with a physician in the last twelve months.

Results of this survey also indicate that adults age 18-24 were most likely to report speaking with their physicians about STDs and condom use.

Section 2
HIV/AIDS Prevention

Question 1

What do members of the target populations for HIV Prevention currently know about HIV risk behaviors and transmission as well as the availability and delivery of HIV prevention services in Utah?

Highlights

- Surveys were distributed at 24 locations throughout Utah during the months of June - August 2002. A total of 485 surveys were collected, 437 (90%) in English and 48 (10%) in Spanish. The sample represented people at risk for HIV infection living in Utah.
- Most individuals could correctly answer questions about basic HIV transmission, with the exception of risk reduction methods such as cleaning syringes used to inject drugs.
- Approximately 18% of respondents reported having used intravenous drugs. Of those, 52% reported that they had shared needles.
- About 31% of respondents reported having been approached by an outreach worker, while 25% reported having attending an HIV prevention workshop.
- Over 60% of respondents reported having been tested for HIV, but only 39% had ever received HIV Prevention Counseling.

2002 HIV Prevention Needs Assessment Survey Summary

Overview

The HIV Prevention Program under the Utah Department of Health, Bureau of Communicable Disease Control, conducted the Utah HIV Prevention Needs Assessment during the summer of 2002. The intent of the Needs Assessment was to determine the met and unmet HIV prevention needs within the target populations established by the HIV Prevention Community Planning Committee. The target populations determined by the Committee for FY 2002 are: MSM, IDU, Women, Youth (24 and under) and Rural. The survey was not designed as a scientific research tool, but was intended for community members to voice their opinions about the availability and accessibility of HIV prevention services. It was also a forum to provide suggestions on where and how these services should be delivered. The intended use of the data collected is to re-direct and target HIV prevention interventions to populations at greatest risk for contracting HIV in Utah.

Measures

There were eight demographic categories depicted in this needs assessment. The categories provide an overall perspective of the makeup of the sample. The eight categories with their respective subcategories are described in Figure 48.

Figure 48.
Demographic Measures

Gender	**Race/Ethnicity**	**Marital Status**	**Language**
Male	White	Married	English
Female	Black	Widowed	Spanish
	Hispanic	Divorced	Other
Transgender	Asian/Pacific Islander	Single	
Transsexual	American Indian/Alaska Native	Separated	
Other	Other	Live with partner	
		Partnered but living alone	
Age	**Sexual Identity**	**Education**	**Religious Affiliation**
0-13	Gay	8th Grade or less	Protestant
14-18	Lesbian	Some high school	Jewish
19-24	Bisexual	High school diploma	Buddhist
25-34	Heterosexual	GED	Catholic
35-44	Transsexual	Trade School	Latter Day Saint
45-54	Transgender	Some College	Muslim
55-64	Other	Bachelor's degree	Hindu
65+		Some Graduate School	None
		Masters/Doctorate	Other

Participants were also asked for their zip code. The zip codes were classified as rural or urban areas providing another measure for comparison. Urban areas were defined as Wasatch Front (Salt Lake, Weber, Davis, and Utah Counties) areas and rural areas as Non-Wasatch Front areas.

There were five other categories of measures assessed in this needs assessment. The five categories were included to provide an indication of the knowledge and behaviors of the respondents. The five categories were also included to indicate usage, interest, and barriers to prevention services. The measures are described in Figure 49.

Figure 49.
Other Category Measures

Knowledge	Assessed HIV/AIDS-related knowledge
Risk Behaviors	Assessed respondents involvement in risk behaviors
Utilization of Prevention Services	Assessed the level of usage for prevention services
Interest in Prevention Services	Assessed the level of interest in prevention services
Barriers to Prevention Services	Assessed the barriers encountered when seeking/using prevention services

Data Collection
Surveys were distributed between June 9, 2002 and August 16, 2002. Both formal and informal techniques were used in distributing the survey. The surveys were distributed at 24 locations in four counties throughout Utah. All HIV prevention contractors participated in the distribution of the surveys. A total of 437 surveys were collected in English and 48 were collected in Spanish.

A total of 485 surveys were returned from respondents living in 16 counties in Utah. Responses were received from locations throughout Utah and the sample is considered to be a fair representation of people at risk for HIV throughout Utah. A majority (65.4%) of responses came from respondents living in Salt Lake County. A large distribution of surveys in Salt Lake County and the fact that Salt Lake County is the most heavily populated county in Utah can account for the large response rate observed. Approximately 67.8% of responses came from urban areas (Wasatch front) and 19.6% of responses came from rural areas (Non-Wasatch front).

Sample Frame
The majority of respondents were White (68.9%) heterosexual (61.9%) males (55.3%) that were 19-24 years old (29.1%) living in urban areas (67.8%) of Utah. Survey participants were selected based on their accessibility and convenience. As a result, the sample did not mirror the proportions observed in the overall population, which limits the ability to generalize the results to the population. On the other hand, creating a scientific research study was not a primary goal of this needs assessment. The goal was to provide a forum for community members to provide suggestions and voice their opinions about the availability and accessibility of HIV prevention services.

The frequencies observed in our sample did not reflect the frequencies in the overall population. This is important to understand when interpreting the results of this needs assessment. Since the sample is not representative of the population, the results observed cannot be generalized to the population. The results should be interpreted as they pertain to this sample, not to the population. Figure 50 provides a comparison between a target sample distribution and the actual response received on this needs assessment. The target sample distribution is a description of a sample that would be representative of the population based on the Epidemiological Profile. The actual response describes the response observed in this needs assessment.

Figure 50 provides a comparison between a target sample distribution and the actual response received on this needs assessment. The target sample distribution is a description of a sample that would be representative of the population at risk for HIV based on the Epidemiological Profile. The actual response describes the response observed in this needs assessment.

Figure 50. Survey Sample Frame, Utah 2002

	Target Sample Distribution		Actual Response		Representation
	Percent	Sample Size (*N* = 500)	Number	Percent	Over (Under)
Gender					
Male	80.0%	400	268	55.3%	(24.7%)
Female	18.0%	90	184	37.9%	19.9%
Transgender	1.0%	5	16	3.3%	2.3%
Transsexual	1.0%	5	4	0.8%	(0.2%)
Other	0.0%	0	3	0.6%	0.6%
Not Specified	–	–	10	2.1%	
Total	100.0%	500	485	100.0%	
Age					
0-13	1.0%	5	4	0.8%	0.2%
14-18	5.0%	25	73	15.1%	10.1%
19-24	41.0%	205	141	29.1%	(11.9%)
25-34	39.0%	195	126	26.0%	(13.0%)
35-44	11.0%	55	83	17.1%	6.1%
45-54	3.0%	15	41	8.5%	5.5%
55-64	0.0%	0	6	1.2%	1.2%
65+	0.0%	0	1	0.2%	0.2%
Not Specified	–	–	10	2.1%	
Total	100.0%	500	485	100.0%	
Race/Ethnicity					
White	72.0%	360	334	68.9%	(3.1%)
Black	12.0%	60	14	2.9%	(9.1%)
Hispanic	13.0%	65	88	18.1%	5.1%
Asian/Pacific Islander	1.0%	5	17	3.5%	2.5%
American Indian/Alaska Native	2.0%	10	14	2.9%	0.9%
Other	0.0%	0	5	1.0%	1.0%
Not Specified	–	–	13	2.7%	
Total	100.0%	500	485	100.0%	
Sexual Identity					
Gay	58.0%	290	79	16.3%	(41.7%)
Lesbian	2.0%	10	20	4.1%	2.1%
Bisexual	8.0%	40	32	6.6%	(1.4%)
Heterosexual	30.0%	150	300	61.9%	31.9%
Transsexual	1.0%	5	3	0.6%	(0.4%)
Transgender	1.0%	5	6	1.2%	0.2%
Other	0.0%	0	16	3.2%	3.2%
Not Specified	–	–	29	6.0%	
Total	100.0%	500	485	100.0%	

Note. Numbers without parentheses depict over-representation in the representation column. Numbers with parentheses depict under-representation in the representation column. Percent discrepancies are due to rounding.

Considerations for Future Research

Prevention needs assessments will use the Epidemiological Profile as a guideline for creating variables on future surveys. This will provide a sense of consistency in understanding needs assessment and epidemiological data. Based on the knowledge gained from the current needs assessment, additional measures will be included on future needs assessments. The additional measures will assist in re-directing and targeting HIV prevention interventions to populations at greatest risk for contracting HIV. Suggested demographic measures for future needs assessments are described in Figure 51.

Figure 51. Demographic Measures, Utah 2002

Gender Male Female	**Race/Ethnicity** White Black Hispanic Asian/Pacific Islander American Indian/Alaska Native	**Sexual Orientation** Gay Lesbian Bisexual Heterosexual	**Language** English Spanish
Age Under 13 13-19 20-29 30-39 over40	**Target Populations** MSM IDU MSM/IDU Heterosexual	**Location** Rural (Non-Wasatch) Urban (Wasatch)	

Efforts will be made to mirror the population proportions in demographic groups so that the results observed will be accurate estimates of population characteristics. Efforts will also be taken to select an adequate number of respondents in target demographics so that advanced statistical comparisons can be completed using target populations.

Analysis

Frequency tables and graphical displays were created for all measures. Based on the frequencies observed and the goals of the current study, individual categories within the demographics were selected for further analyses. The individual categories that were selected for further analyses are described in Figure 52.

Figure 52. Measures used in Chi Square Analyses, Utah 2002

	Number	Percent of the total sample
Gender		
Male	268	55.3%
Female	184	37.9%
Age		
14-18	73	15.1%
19-24	141	29.1%
25-34	126	26.0%
35-44	83	17.1%
45-54	41	8.5%
Race/Ethnicity		
White	334	68.9%
Hispanic	88	18.1%
Sexual Identity		
Gay	79	16.3%
Bisexual	32	6.6%
Heterosexual	300	61.9%
Location		
Rural	95	19.6%
Urban	329	67.8%

The five main categories include gender, age, race/ethnicity, sexual identity, and location. These demographics were selected because of their benefits with regard to prevention planning efforts. Other demographic categories were excluded due to the challenges faced in targeting prevention efforts to the specific demographic. The individual demographics selected for further analyses were selected based on the number of respondents, 30 respondents was chosen as the cutoff point.

Knowledge Results

Respondents were asked six questions pertaining to HIV/AIDS related issues. The questions were:

1. Which one of these bodily fluids cannot transmit HIV?
2. True or False: HIV is the virus that causes AIDS.
3. Which type of condom provides the best protection against the transmission of HIV?
4. Which of the following insects transmit HIV?
5. Which is the correct way for cleaning syringes?
6. Who is most at risk for contracting HIV?

The correct answer for question #1 was saliva. Respondents were given other choices such as semen, breast milk, blood, and vaginal fluid. The correct answer for question #2 was true. The correct answer for question #3 was latex condoms. Respondents were given various other types of condoms as alternate choices. The correct answer for question #4 was "insects do not transmit HIV." The correct answer for #5 was cleaning with hot water and bleach several times. The correct answer for question #6 was "anyone can become infected with HIV." The numbers of correct/ incorrect responses with their associated frequencies are displayed in Figure 53.

Figure 53. Knowledge Results, Utah 2002

Question 1	Number	Percent		Question 4	Number	Percent
Correct	352	72.6%		Correct	306	63.1%
Incorrect	124	25.2%		Incorrect	161	33.2%
Not Specified	9	1.9%		Not Specified	18	3.7%
Total	485	100.0%		Total	485	100.0%
Question 2	Number	Percent		Question 5	Number	Percent
Correct	466	96.1%		Correct	236	48.7%
Incorrect	15	3.1%		Incorrect	238	49.0%
Not Specified	4	0.8%		Not Specified	11	2.3%
Total	485	100.0%		Total	485	100.0%
Question 3	Number	Percent		Question 6	Number	Percent
Correct	307	63.3%		Correct	465	95.9%
Incorrect	170	35.1%		Incorrect	12	2.5%
Not Specified	8	1.6%		Not Specified	8	1.6%
Total	485	100.0%		Total	485	100.0%

Note. Percent discrepancies are due to rounding.

Risk Behavior Results

Respondents were asked to indicate their experience with drugs and alcohol. The possible responses and results observed are displayed in Figure 54.

Figure 54. Drug/Alcohol Experience, Utah 2002

	Number	Percent
Drink w/Friends	241	49.7%
Drugs w/Friends	123	25.4%
Drink w/o Friends	113	23.3%
Drugs w/o Friends	121	24.9%
Don't Drink	134	27.6%
Don't Use Drugs	181	37.3%

Note. Totals will be greater than 485 and 100% due to the possibility of multiple selections

Three questions were asked about intravenous drug use. The questions assessed:

1. Whether or not the respondent had ever used intravenous drugs.
2. Whether or not the respondent currently uses intravenous drugs.
3. Whether or not the respondent has ever shared needles.

The possible responses and results observed are displayed in Figure 55.

Figure 55. Intravenous Drug Use, Utah 2002

Intravenous Drug Use	Number	Percent
Yes	86	17.7%
No	396	81.6%
Not Specified	3	0.6%
Total	485	100.0%
Current Intravenous Drug Use	**Number**	**Percent**
Yes	19	22.1%
No	66	77.9%
Total	85	100.0%
Shared Needles	**Number**	**Percent**
Yes	46	52.3%
No	42	47.7%
Total	88	100.0%

Note. Percent discrepancies are due to rounding.

Respondents were also asked about unsafe sex practices. The three questions assessed:

1. Whether or not the respondent had had unprotected sex with someone that they knew to have had HIV/AIDS.
2. Whether or not the respondent had exchanged sex for drugs or money.
3. Whether or not the respondent had exchanged drugs or money for sex.

The possible responses and results observed are displayed in Figure 56.

Figure 56. Unsafe Sex Practices, Utah 2002

Unsafe Sex with HIV/AIDS	Number	Percent
Yes	17	3.5%
No	454	93.6%
Not Specified	14	2.9%
Total	485	100.0%
Sex for Drugs or Money	Number	Percent
Yes	52	10.7%
No	422	87.0%
Not Specified	11	2.2%
Total	485	100.0%
Drugs or Money for Sex	Number	Percent
Yes	37	7.6%
No	437	90.1%
Not Specified	11	2.2%
Total	485	100.0%

Note. Percent discrepancies are due to rounding.

Utilization of Prevention Services Results

Respondents were asked the following questions about their usage of prevention services:

1. Have you had an HIV test?
2. Have you ever been approached by an Outreach Worker?
3. Have you ever attended an HIV/AIDS Prevention Workshop?
4. Have you ever received HIV/AIDS Prevention Counseling?

Figure 57. Utilization of Prevention Services, Utah 2002

HIV Test	Number	Percent
Yes	292	60.2%
No	186	38.4%
Not Specified	7	1.4%
Total	485	100.0%
Outreach Worker	Number	Percent
Yes	152	31.3%
No	321	66.2%
Not Specified	12	2.5%
Total	485	100.0%
Prevention Workshop	Number	Percent
Yes	120	24.7%
No	355	73.2%
Not Specified	10	2.1%
Total	485	100.0%
Prevention Counseling	Number	Percent
Yes	190	39.2%
No	274	56.5%
Not Specified	21	4.1%
Total	485	100.0%

Note. Percent discrepancies are due to rounding.

Interest in Prevention Services Results

Respondents were asked to indicate their interest in five prevention services. The services were high school programs/safer sex education classes, needle exchange, one-time small group discussions about condom use, one-time small group discussions about STD prevention, and HIV/AIDS 101 training. Respondents were allowed to pick multiple services. The possible responses and results observed are displayed in Figure 58.

Figure 58. Interest in Services, Utah 2002

	Number	Percent
School Programs	168	34.60%
Needle Exchange	60	12.40%
Condom Use	77	15.90%
STD Prevention	128	26.40%
HIV/AIDS 101	145	29.90%

Note. Figure represent proportion of the total sample (485).

Respondents were asked to indicate their interest in five prevention workshops. The workshops would cover topics such as communication/negotiation, self-esteem, relationship building, intimacy, and coming out. Respondents were allowed to pick multiple workshops. The possible responses and results observed are displayed in Figure 59.

Figure 59. Interest in Workshops, Utah 2002

	Number	Percent
Communication Skills	142	29.30%
Self-Esteem	184	37.90%
Relationship Building	192	39.60%
Intimacy	131	27.00%
Coming Out	61	12.60%

Note. Figures represent proportion of the total sample (485).

Respondents were also asked to indicate the best possible locations for offering prevention services and advertising such services. They were also asked to indicate any barriers encountered when accessing prevention services. These questions were asked to aid in the re-directing and targeting of HIV prevention services to populations at greatest risk of contracting HIV. The results are listed in the *"Interest in Prevention Services"* section of this report.

Differences Observed in Demographic Groups

Approximately 336 comparisons were made between 14 demographic measures and 24 general measures. The five demographic groups that did not display significant differences were:

1) Males
2) 25-34 year olds
3) Whites
4) Heterosexuals
5) Urban Areas (Wasatch Front)

Non-significant results occurred for these demographics because the sample consisted mainly of white heterosexual males that lived in urban areas. The nine remaining demographics had significant differences when compared to the overall sample. The significant results observed were:

1) Females

- Females were less likely to have been approached by an outreach worker as compared to the overall sample.

2) 14-18 year olds

- 14-18 year olds had a higher number of incorrect responses for the knowledge question about insects transmitting HIV as compared to the overall sample.

- 14-18 year olds had a higher number of incorrect responses for the knowledge question about syringes as compared to the overall sample.
- 14-18 year olds were less likely to have had an HIV test as compared to the overall sample.
- 14-18 year olds were less likely to have attended a HIV/AIDS prevention workshop as compared to the overall sample.
- 14-18 year olds were more likely to be interested in the "school programs" service.
- 14-18 year olds were less likely to be interested in the "communication skills" and "relationship building" workshops as compared to the overall sample**.**

3) 19-24 year olds

- 19-24 year olds were less likely to have shared needles as compared to the overall sample.

4) 35-44 year olds

- 35-44 year olds had a higher number of correct responses for the knowledge question about syringes as compared to the overall sample.
- 35-44 year olds were more likely to have used intravenous drugs sometime in their lives as compared to the overall sample.
- 35-44 year olds were more likely to have shared needles as compared to the overall sample.
- 35-44 year olds were more likely to have exchanged sex for drugs or money sometime in their lives as compared to the overall sample.
- 35-44 year olds were more likely to have had an HIV test as compared to the overall sample.
- 35-44 year olds were more likely to have attended an HIV/AIDS prevention workshop as compared to the overall sample.

5) 45-54 year olds

- 45-54 year olds had a higher number of incorrect responses for the knowledge question about condoms as compared to the overall sample.
- 45-54 year olds had a higher number of correct responses for the knowledge question about syringes as compared to the overall sample.
- 45-54 year olds were less likely to have shared needles as compared to the overall sample.
- 45-54 year olds were less likely to have exchanged sex for drugs or money sometime in their lives as compared to the overall sample.
- 45-54 year olds were less likely to have been approached by an outreach worker as compared to the overall sample.
- 45-54 year olds were less likely to be interested in the "school programs," "condom use," and "STD prevention" services as compared to the overall sample.
- 45-54 year olds were less likely to be interested in the "communication skills," "relationship building," and "intimacy," workshops as compared to the overall sample.

6) Hispanic Persons

- Hispanic persons were more likely to be interested in the "school programs," "condom use," "STD prevention," and "HIV/AIDS 101" services as compared to the overall sample**.**

- Hispanic persons were less likely to be interested in the “intimacy” workshop as compared to the overall sample.

7) Gay Persons

- Gay persons had a higher number of correct responses for the knowledge question about condoms as compared to the overall sample.
- Gay persons were less likely to have used intravenous drugs sometime in their lives as compared to the overall sample.
- Gay persons were more likely to have had unsafe sex with someone they knew to have had HIV/AIDS as compared to the overall sample.
- Gay persons were more likely to have had an HIV test as compared to the overall sample.
- Gay persons were more likely to have been approached by an outreach worker as compared to the overall sample.
- Gay persons were more likely to be interested in the “STD prevention” and “HIV/AIDS 101” services as compared to the overall sample.
- Gay persons were more likely to be interested in the “relationship building,” “intimacy,” and “coming out” workshops as compared to the overall sample.

8) Bisexual Persons

- Bisexual persons had a higher number of incorrect responses for the knowledge question about bodily fluids as compared to the overall sample.
- Bisexual persons were more likely to have used intravenous drugs sometime in their lives as compared to the overall sample.
- Bisexual persons were more likely to have exchanged sex for drugs or money sometime in their lives as compared to the overall sample.
- Bisexual persons were more likely to have exchanged drugs or money for sex sometime in their lives as compared to the overall sample.
- Bisexual persons were more likely to have had an HIV test as compared to the overall sample.
- Bisexual persons were more likely to have been approached by an outreach worker as compared to the overall sample.
- Bisexual persons were less likely to be interested in the “HIV/AIDS 101” service as compared to the overall sample.
- Bisexual persons were less likely to be interested in the “self-esteem” workshop as compared to the overall sample.

9) Rural Areas (Non-Wasatch)

- Respondents living in rural areas were less likely to have used intravenous drugs sometime in their lives as compared to the overall sample.
- Respondents living in rural areas were less likely to have exchanged drugs or money for sex sometime in their lives as compared to the overall sample.
- Respondents living in rural areas were less likely to have been approached by an outreach worker as compared to the overall sample.
- Respondents living in rural areas were less likely to have attended an HIV/AIDS prevention workshop as compared to the overall sample.
- Respondents living in rural areas were less likely to be interested in the “Needle Exchange” service as compared to the overall sample.
- Respondents living in rural areas were more likely to be interested in the “relationship building” workshop as compared to the overall sample.

2003 HIV Prevention Survey Summary among Men who Have Sex with Men

Sample Demographics
There were 173 MSM that participated in the survey. The demographic breakdown of this sample is described in the following sections. Percent discrepancies are due to rounding.

A. *Gender*
- 170 (98.3%) Males
- 3 (1.7%) Transgender

B. *Age Group*
- 18 (10.4%) 10-19 years old
- 69 (39.9%) 20-29 years old
- 41 (23.7%) 30-39 years old
- 35 (20.2%) 40-49 years old
- 9 (5.2%) 50 + years old
- 1 (0.6%) Not identified

C. *Age Group (24 and under)*
- 57 (32.9%) 24 and under
- 115 (66.5%) 25 and above
- 1 (0.6%) Not identified

D. *Geographic Location*
- 149 (86.1%) Wasatch Front
- 17 (9.8%) non-Wasatch Front
- 7 (4.0%) Not identified

E. *Race/Ethnicity*
- 4 (2.3%) Asian American or Pacific Islander
- 3 (1.7%) Black/African American
- 120 (69.4%) White/Caucasian
- 3 (1.7%) American Indian or Alaska Native
- 24 (13.9%) Hispanic
- 14 (8.1%) Other
- 5 (2.9%) Not identified

F. *Sexual Identity*
- 158 (91.3%) Homosexual/Gay
- 12 (6.9%) Bisexual
- 3 (1.7%) Not identified

G. *Partnership Status*
- 103 (59.5%) Single
- 63 (36.4%) Married/partnered to a male
- 2 (1.2%) Married/partnered to a female
- 3 (1.7%) Other - Boyfriend
- 2 (1.2%) Other

H. *HIV Status*
- 9 (5.2%) HIV positive
- 126 (72.8%) HIV negative
- 37 (21.4%) Unknown status
- 1 (0.6%) Not identified

Risk Behaviors

A. Likelihood of Protection Use Across All Behaviors by All Variables

A majority of the sample was equally as likely to use protection every time, as they were to use protection sometimes, while engaged in sexual behaviors with someone that is HIV positive or living with AIDS.

A majority of the sample was most likely to use protection every time while engaged in sexual behaviors with someone that is an IDU.

A majority of the sample was most likely to never use protection while engaged in sexual behaviors with someone that is HIV negative and not an IDU.

B. Likelihood of Protection Use by Sexual Behavior With Someone that is HIV Positive or Living With AIDS

A majority of the sample was most likely to use protection sometimes, while performing or receiving oral sex, with someone that is HIV positive or living with AIDS. Those that did not know their HIV status were equally as likely to use protection every time, sometimes, and never. Those living in non-Wasatch areas were equally as likely to use protection sometimes, as they were to never use protection, while performing oral sex. Those living in non-Wasatch areas and bisexuals were more likely to never use protection, while receiving oral sex.

A majority of the sample was most likely to use protection every time, as the inserting or receiving partner in anal sex, with someone that is HIV positive or living with AIDS. Those living in non-Wasatch areas were more likely to never use protection as the inserting or receiving partner in anal sex. The bisexual responses ranged from using protection every time to never using protection. Those with a male partner were more likely to use protection sometimes as the inserting or receiving partner in anal sex. Those that were HIV negative were more likely to use protection sometimes as the inserting partner and they were more likely to use protection every time as the receiving partner.

A majority of the sample was more likely to never use protection while having vaginal sex with someone that is HIV positive or living with AIDS. Three groups (24 and under, bisexuals, and those with a male partner) were more likely to use protection sometimes. There were no responses for this sexual behavior for the Hispanic and “unknown HIV status” groups.

C. Likelihood of Protection Use by Sexual Behavior With Someone that is an Injection Drug User (IDU)

A majority of the sample was more likely to never use protection, while performing or receiving oral sex, with someone that is an IDU. Those that were 25 and above, Hispanic, with a male partner, or that were HIV negative, were more likely to use protection when performing oral sex.

A majority of the sample was more likely to either use protection every time or sometimes, as the inserting partner in anal sex, with someone that is an IDU. On the other hand, a majority of the sample was more likely to use protection every time as the receiving partner in anal

sex with someone that is an IDU. Those that did not know their HIV status were equally as likely to use protection every time, sometimes, and never, as the inserting or receiving partner in anal sex.

A majority of the sample was more likely to use protection every time while having vaginal sex with someone that is an IDU.

D. Likelihood of Protection Use by Sexual Behavior With Someone that is HIV Negative and Not an Injection Drug User

A majority of the sample was more likely to never use protection, while performing or receiving oral sex, with someone that is HIV negative and not an IDU. Those living in non-Wasatch areas were more likely to use protection sometimes while performing oral sex. Hispanic persons and bisexual persons were more likely to use protection sometimes while performing or receiving oral sex. HIV positive respondents were more likely to use protection sometimes while receiving oral sex.

A majority of the sample was more likely to use protection every time, as the inserting or receiving partner in anal sex with someone that is HIV negative and not an IDU. There were a few groups (24 and under, non-Wasatch, Hispanic, and those with a male partner) that were likely to use protection sometimes, as the inserting or receiving partner. Those that did not know their HIV status were more likely to never use protection.

A majority of the sample was more likely to never use protection while having vaginal sex with someone that is HIV negative and not an IDU. The 24 and under age group, those living in non-Wasatch areas, and those that did not know their HIV status, were equally as likely to use protection every time as they were to never use protection. Bisexuals were more likely to use protection every time.

E. HIV Testing

A majority of the sample (80.2%) reported having had an HIV test. The results broken down by demographic followed the same trend for most groups. Respondents in the 24 and under, Hispanic, and bisexual groups reported relatively less HIV tests as compared to the overall sample. Two groups that showed particularly interesting results were the HIV negative and unknown HIV status groups. There were 11 respondents that considered themselves HIV negative, but they had never had an HIV test. There were 13 respondents that indicated having had an HIV test, but they did not know their HIV status.

F. Disclosing and Asking HIV Status

A majority of the sample was most likely to always disclose their HIV status (63.2%) and always ask the HIV status of their partner (56.3%). Respondents were more likely to disclose HIV status than they were to ask about HIV status. An interesting trend was displayed in the HIV status group. Respondents that were HIV positive were more likely to disclose/ask HIV status as compared to the HIV negative and unknown status respondents. Respondents that were

HIV negative were more likely to disclose/ask HIV status as compared to unknown status respondents.

G. Paying or Being Paid for Sex

A majority of the sample reported not paying for sex (98.8%) and not having been paid for sex (97.1%). The number of respondents that indicated paying for sex (2) and the number of respondents that indicated having been paid for sex (5) are so small that additional interpretation of the results should be avoided.

Discussion

A. Suggestions for Future Research

The results according to HIV status were different which suggest that risk behaviors vary by HIV status. Understanding the risk behaviors of people in different HIV status groups is an important issue pertaining to HIV Prevention in Utah. The majority of the sample used in this study was HIV negative (72.8%). Based on the importance of the issue and the results in this study, additional research assessing the risk behaviors of HIV positive individuals is suggested.

The results pertaining to those that pay for sex and those that are paid for sex were not used in this report due to the small sample sizes. Understanding the risk behaviors of these groups is an important issue pertaining to HIV Prevention in Utah. Based on the importance of the issue, additional research assessing the risk behaviors of those that pay for sex or are paid for sex is suggested.

2003 HIV Prevention Survey Summary among Injecting Drug Users

Sample Demographics

There were 106 IDU that participated in the survey. The demographic breakdown of this sample is described in the following sections. Percent discrepancies are due to rounding.

A. Gender
- 57 (53.8%) Males
- 49 (46.2%) Females

B. Age Group
- 7 (6.6%) 10-19 years old
- 37 (34.9%) 20-29 years old
- 30 (28.3%) 30-39 years old
- 24 (22.6%) 40-49 years old
- 8 (7.5%) 50 + years old

C. Age Group (24 and under)
- 22 (20.8%) 24 and under
- 84 (79.2%) 25 and above

D. Geographic Location
- 99 (93.4%) Wasatch Front
- 1 (0.9%) non-Wasatch Front
- 6 (5.7%) Not identified

E. Race/Ethnicity
- 2 (1.9%) Asian American or Pacific Islander
- 11 (10.4%) Black/African American
- 76 (71.7%) White/Caucasian
- 5 (4.7%) American Indian or Alaska Native
- 10 (9.4%) Hispanic
- 1 (0.9%) Other
- 1 (0.9%) Not identified

F. Sexual Identity
- 2 (1.9%) Homosexual/Gay
- 13 (12.3%) Bisexual
- 89 (84.0%) Heterosexual
- 2 (1.9%) Other

G. Partnership Status
- 72 (67.9%) Single
- 11 (10.4%) Married/partnered to a male
- 9 (8.5%) Married/partnered to a female
- 12 (11.3%) Other
- 2 (1.9%) Not identified

H. Homeless
- 24 (22.6%) Homeless
- 81 (76.4%) Not Homeless
- 1 (0.9%) Other

I. HIV Status
- 2 (1.9%) HIV positive
- 81 (76.4%) HIV negative
- 22 (20.8%) Unknown status
- 1 (0.9%) Not identified

Risk Behaviors

A. Drugs that are Injected

A majority (30.2%) of those that have injected within the past 30 days reported injecting heroin. The second highest group (27.9%) reported injecting cocaine and heroin. The trend was the same when results were broken down by demographic measures (See Figure 51).

B. Sex Under the Influence

A majority of the sample (81.9%) indicated that they have had sex under the influence of drugs. The most frequently used drug while having sex under the influence was methamphetamine. The second most frequently used drug while having sex under the influence was cocaine.

C. Sharing and Cleaning Needles/Syringes

Approximately 72.3% of respondents reported that they do not share their needles/syringes. The 72.3% can be broken down into those that also clean their needles/syringes (40.4%) and those that don't clean (31.9%).

Approximately 27.7% of respondents reported that they share their needles/syringes. The 27.7% can be broken down into those that also clean their needles/syringes (12.8%) and those that don't clean (14.9%).

All of the respondents that reported sharing unclean needles/syringes reported using the same needle/syringe at least 5 or more times.

Four of the five respondents that reported sharing unclean needles/syringes were male.

A majority of respondents reported using a needle/syringe up to 5 times before discarding. The remaining portion of the sample centered on "keeping the same needle/syringe for the past 30 days."

D. Discarding and Obtaining Needles/Syringes

The most common way for respondents to discard a needle/syringe was to throw it in the garbage. The second most common way was to break the needle or syringe and throw it in the garbage.

A majority of the sample reported getting their needles/syringes from the drug store or pharmacy. The second most common way of getting a needle/syringe was from a friend or relative.

E. Enrollment in a Drug Treatment Program

A majority of the sample reported not being in a drug treatment program or being currently enrolled in a drug treatment program. A small amount (8.5%) of the sample reported trying to

get into a treatment program but they were not able to get in. Two of the respondents reported not getting into a drug treatment program because the waiting list was too long or a program was being closed. The rest of the respondents indicated that they could not get into treatment because they were not ready or because they could not stop using.

F. Likelihood of Protection Use Across All Behaviors by All Variables

A majority of the sample was most likely to never use protection while engaged in sexual behaviors with someone that is an IDU. Exceptions: The 24 and under age group and the homeless were more likely to use protection sometimes with someone that is an IDU.

A majority of the sample was most likely to never use protection while engaged in sexual behaviors with someone that is not an IDU. Exceptions: The 24 and under age group and the homeless were more likely to use protection sometimes with someone that is not an IDU.

G. Likelihood of Protection Use by Sexual Behavior With Someone that is an Injection Drug User (IDU)

A majority of the sample was more likely to never use protection, while performing or receiving oral sex, with someone that is an IDU. Exceptions: Females, people 24 and under, and the homeless were most likely to use protection sometimes when performing oral sex with someone that is an IDU. The 24 and under age group were equally as likely to use protection every time as they were to never use protection when receiving oral sex from an IDU. People that were homeless or those that did not know their HIV status were more likely to use protection sometimes when receiving oral sex from an IDU.

A majority of the sample was most likely to never use protection, either as the inserting or receiving partner in anal sex, with someone that is an IDU. Exceptions: Those that were 24 and under were most likely to use protection sometimes, either as the inserting or receiving partner in anal sex, with someone that is an IDU. Those that were homeless were more likely to use protection sometimes, as the receiving partner in anal sex, with someone that is an IDU.

A majority of the sample was most likely to use protection sometimes while having vaginal sex with someone that is an IDU. Exceptions: Females, those that are 24 and under, those that are not homeless, and those who do not know their HIV status were more likely to never use protection while having vaginal sex with someone that is an IDU.

H. Likelihood of Protection Use by Sexual Behavior With Someone that is Not an Injection Drug User

A majority of the sample was most likely to never use protection, while performing or receiving oral sex, with someone that is not an IDU. Exceptions: The homeless and those that are 24 and under were more likely to use protection sometimes while performing or receiving oral sex, with someone that is not an IDU.

A majority of the sample was most likely to never use protection, as the inserting or receiving partner in anal sex with someone that is not an IDU. Exception: The homeless were equally as likely to use protection sometimes, as they were to never use protection, as the receiving partner in anal sex with someone that is not an IDU.

A majority of the sample was most likely to use protection sometimes while having vaginal sex with someone that is not an IDU. Exception: Those that did not know their HIV status were equally as likely to use protection sometimes as they were to never use protection, while having vaginal sex with someone that is not an IDU.

I. HIV Testing

A majority of the sample (86.5%) reported having had an HIV test. The results broken down by demographic followed the same trend for most groups. The only exception, as expected, was among people that did not know their HIV status. A majority (59.1%) of those that did not know their HIV status reported not having had an HIV test.

J. Disclosing and Asking HIV Status

A majority of the sample was most likely to always disclose their HIV status (61.5%) and always ask the HIV status of their partner (39.2%). Respondents were more likely to disclose HIV status than they were to ask about HIV status.

K. Paying or Being Paid for Sex

A majority of the sample reported not paying for sex (93.4%) and not having been paid for sex (84.8%). Males, those that were 25 and above, and those that are homeless were most likely to pay for sex as compared to the rest of the groups. It should be noted that the number of cases is small so the results should be interpreted carefully. Females were most likely to be paid for sex as compared to the rest of the groups.

Discussion

A. Suggestions for Future Research

Understanding the risk behaviors of people in different HIV status groups is an important issue pertaining to HIV Prevention in Utah. Only two respondents (1.9%) in the sample used in this study were HIV positive. Based on the importance of the issue and the results in this study, additional research assessing the risk behaviors of HIV positive individuals is suggested.

Question 2

What has changed over the last six years at the publicly funded HIV counseling and testing sites?

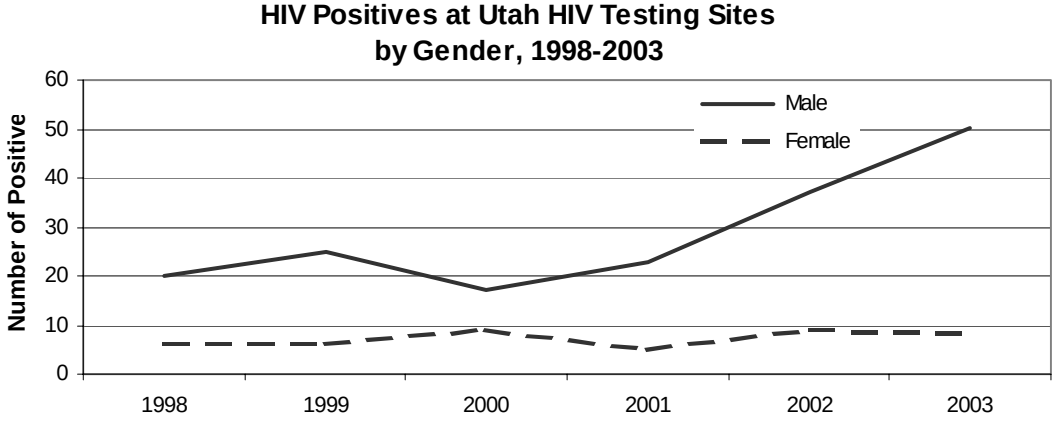
Highlights

- The UDOH has expanded testing services from local health departments to selected community based organizations throughout the Wasatch Front. Confidential HIV testing is available statewide at both governmental and non-governmental agencies servicing the general public.
- The positivity rate for HIV has increased from 0.4% to 0.9% over the last six years. This is expected to continue to increase as more positives are identified through targeted testing efforts.
- Although the number of women testing positive has increased slightly (from 6 in 1998 to 8 in 2003) the percentage of women testing positive has decreased from 23% to 14%.
- Of all HIV positive individuals, the percentage of Hispanic HIV positive individuals has increased from 11.5% in 1998 to 24.1% in 2003.
- HIV positive individuals reporting a combined risk of MSM/IDU has increased from 0% to 15.5% of the total.

The ELISA and Western Blot laboratory tests for HIV have been available since the early nineteen-eightees. Since that time, the Utah Department of Health (UDOH) has funded most local health departments to provide counseling and testing services to the general public. Services are available on a sliding fee scale and no one can be denied services based on inability to pay. In 1997, the UDOH expanded testing sites to include local community based organizations along the Wasatch Front (See Appendix C). This made testing available to at risk populations who may not have been comfortable going to their local health department. Standard HIV tests are available at all locations and are conducted using blood or oral fluid samples. Clients usually receive results within two weeks. In 2003, the OraQuick rapid HIV test became available and has revolutionized HIV testing by making results available to clients the same day. Currently HIV testing in the State of Utah is available through eleven local health districts and four community based organizations. All testing is confidential, with one facility in Salt Lake County (Salt Lake Valley Health Department) also offering anonymous testing. Anonymous testing numbers are not included in the following testing data.

Over the past six years the positivity rate has increased from 0.4% in 1998 to 0.9% in 2003. Although this still represents a positivity rate of less than 1% (low incidence) statewide, it appears that more positives are being identified with each progressing year. In August 2003, when rapid testing was introduced, there was a significant increase in clients presenting for testing services. From calendar year 2002 to calendar year 2003 there was a 23% increase in testing. Since there has been a steady decline in test requests since 1998, it is logical to assume that the increase is due to the introduction of rapid testing.

Figure 60.

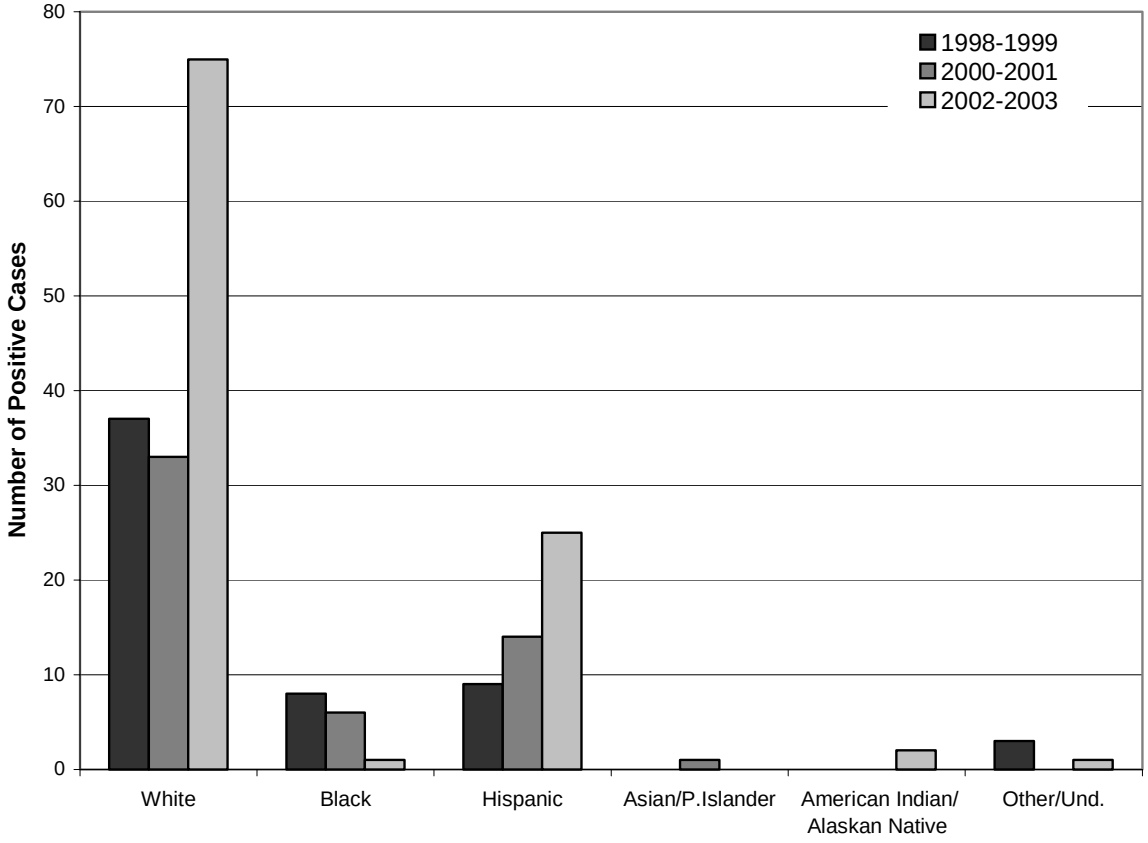


See Table 28, Appendix A.

During the 1998-2003 time period, males represented about half (54%) of persons tested for HIV at publicly funded counseling and testing sites. However, males represented almost 80% of total HIV positive tests. The ratio of males to females testing positive for HIV has increased from 3:1 in 1998 to 6:1 in 2003. Although the number of positive test results for females have remained almost the same over the last 6 years, the percentage of females testing positive has decreased from 23% in 1998 to 14% in 2003. The reverse is true for males, increasing from 77% in 1998 to 86% in 2003.

Figure 61.

**HIV Positives at Utah HIV Testing Sites,
Among Males and Females by Race, 1998-2003**



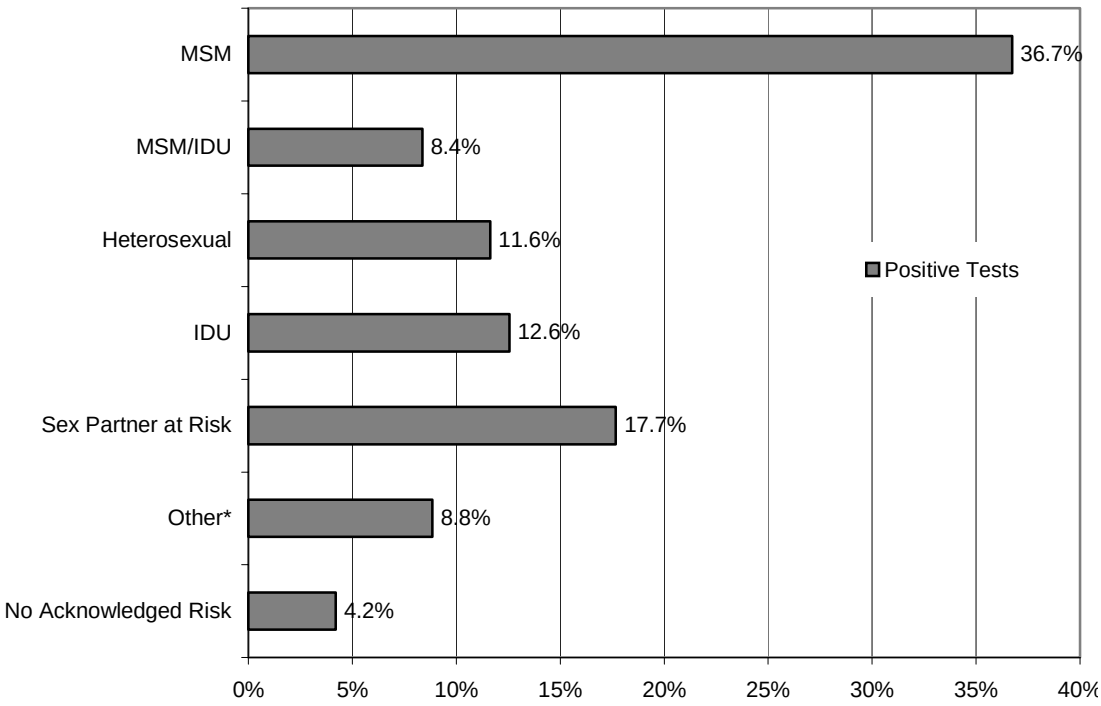
See Table 28, Appendix A.
See Table 29, Appendix A for Total Tested at HIV Testing Sites
Source: Utah HIV Counseling and Testing data

The number of White persons testing positive has increased significantly from 37 cases in 1998-99 to 75 cases over the 2002-03 time period.

Additionally, the proportion of Hispanic cases has also increased. Although this can be correlated to the increase of Hispanic persons in the general population, the numbers of positive Hispanic cases during these same time periods have more than doubled (from 9 to 25 cases).

Figure 62.

HIV Positives at Utah HIV Testing Sites Among Males and Females by Risk Group, 1998-2003



* Includes: Health Care Exposure, Hemophilia/blood recipient, STD Diagnosis, Sex while using drugs, Sex for drugs or money
See Table 28, Appendix A.
See Table 29, Appendix A for Total Tested at HIV Testing Sites
Source: Utah HIV Counseling and Testing data

Over the last six years men who have sex with men account for 14.6% of individuals being tested at the counseling and testing sites. However, they represented 36.7% of those testing HIV-positive during the time period 1998-2003.

Most recently in 2003, men who have sex with men (MSM) accounted for about 18% of individuals tested at the counseling and testing sites. However, during this same time period they represented about 43% of those testing HIV positive. At highest risk, MSM who inject drugs (MSM/IDU) only represented 1.5% of those tested, yet were 15.5% of those testing HIV positive in 2003.

Of persons testing positive at counseling and testing sites in 2003, the majority (72.4%) were in the age category of 20-39, with 50% of all positive tests in the 20-29 year old category.

Question 3

How has rapid HIV testing impacted utilization of services in Utah?

Highlights

- Rapid HIV testing was piloted in Utah during a five month time period from August 4, 2003-December 31, 2003. During that time frame a total of 988 tests were administered.
- Twenty-seven percent of clients presenting for rapid testing had never been previously tested for HIV.
- All clients who presented for rapid testing received their results the same day.
- The positivity rate for the sites conducting rapid testing increased from 0.5% in 2002 to 1% in 2003.
- Clients presenting for testing were surveyed regarding their acceptance of the rapid testing technology. Twenty percent of clients surveyed agreed that if they rapid test were not available they would not have been tested.

Rapid HIV-1 Testing In Utah

The majority of HIV testing in Utah occurs in clinical settings, by means of either venipuncture whole blood or oral mucosal transudate specimen and test results can take up to 14 days to be returned. Historically approximately 20% of clients never received their HIV negative test result or follow-up risk-reduction counseling.

During the summer of 2003, the HIV Prevention Program received funding from the CDC to launch the OraQuick® Rapid HIV-1 Antibody Test within Utah. The rapid test requires a finger stick whole blood specimen and reduces the turnaround time for results from about two weeks to the same day visit. The two project objectives were to determine client perception of rapid HIV test technology and to maintain quality assurance standards. To accomplish these objectives, three strategic goals were established and are listed below along with project-end results.

Goal #1: Administer 600 rapid HIV tests. This amount equals 10% of total HIV tests administered in Utah for 2003. At project end, 988 rapid tests were administered. This value exceeded the project goal by 65%, and equals15% of all tests administered at Utah's state- funded counseling and testing sites. During World AIDS Day - Week 2003, 25% (247) of all rapid tests were administered.

Goal #2: Reach and test clients with no previous HIV test history. At project end, 267 clients or 27% of all rapid tests were administered to clients with no previous HIV test history.

Goal #3: Provide 100% of clients with their HIV test result. At project end, 100% of clients who accepted the rapid HIV test received their test result on the same visit the test was administered.

In 2003, three testing sites[1] where chosen and during a five-month time period 988 HIV rapid tests were administered, resulting in 10 confirmed HIV positives. During this same period in 2002 the testing sites administered 665 (non rapid) tests, and reported three positive HIV tests. The Oraquick® Rapid HIV Anti-body test increased the number of tests administered by these sites as well as their positivity rates from 0.5% in 2002 to 1.0% in 2003.

The secondary component to the project included a client survey to assess client perception and acceptance of rapid test technology. Fifty-three percent of the clients tested completed the survey. Of those, 27% had no previous HIV test history, which is supported by the CDC data collection form used during each counseling and testing session. Of the survey respondents, 4.5% of clients selected rapid test technology as their previous test method. This shows that during the five-month time frame, at least 4.5% of clients returned for repeat rapid testing, which confirms that patient acceptance and comfort with the technology is high. In addition, 20% of surveyed patients with NO testing history responded either "Strongly Agree/Agree" that i*f the rapid test were NOT available, I would not have been tested.*

After reviewing the survey results, it is believed that there is no significant attitudinal difference between clients with *NO* test history, when compared to those clients with previous HIV test history. The acceptance and preference for rapid test technology has been shown to be equal among both previous testers and no previous testers.

The project summary revealed that rapid HIV testing could be conducted in many non-traditional HIV testing locations. The primary consideration when selecting a location is whether quality assurance standards can be maintained. Non-traditional testing locations can include detention

centers, half way houses, clinics, parks, health fairs and libraries and high-density events such as street festivals (Gay Pride).

Rapid HIV testing should not be conducted in locations where informed consent cannot be obtained or in settings where only one test is conducted, because for every rapid HIV test administered, an additional two tests must be run to provide the required controls.

In summary, rapid HIV testing technology will not replace traditional methods of HIV testing in either outreach or clinical settings. However, rapid HIV testing will continue to increase the numbers of clients tested each year as the rapid testing program is expanded statewide.

[1] Pilot Rapid testing sites were located at the following; Utah AIDS Foundation (UAF), Harm Reduction Project, and Salt Lake Valley Health Department- outreach

Section 3
Ryan White CARE Act

Question 1

What are the patterns of utilization of HIV Title II services of persons living with HIV/AIDS in Utah?

Highlights

- During 2003, 322 persons received antiretroviral therapy through the Utah AIDS Drug Assistance Program (ADAP). Most of these persons were male, White, non-Hispanic and between the ages 20 and 49.
- During 2003, 183 clients received health insurance services. Ninety-one percent of those individuals were males, and nine percent were females. The majority of insurance clients were White, non-Hispanic.
- During 2003, a total of 767 clients received supportive services. Ryan White Title II funds were used primarily to provide case management services, dental health and food vouchers.

This section focuses on the patterns in the use of services by demographically defined populations in Utah that pertains to treatment and care planning groups. This information has been provided by Health Resources and Services Administration (HRSA) funded programs as well as supplemental studies that have been conducted to examine specific aspects of HIV care in Utah.

CARE Act Background

In 1990, Congress enacted the Ryan White CARE Act to provide funding for states, territories, and Eligible Metropolitan Areas (EMA) to offer primary care and support services for persons living with HIV disease who lack health insurance and financial resources for their care. Congress reauthorized the Ryan White CARE Act in 1996 and 2000 to support Titles I-IV, Special Projects of National Significance (SPNS), the HIV/AIDS Educational Training Centers and the Dental Reimbursement Program, all of which are part of the CARE Act.

The purpose of Title II funding is to improve the quality, availability and organization of health care and support services for individuals and families with, or affected by, HIV disease in each state or territory. In addition, the funding provides access to needed pharmaceuticals through ADAP and Health Insurance. The Ryan White CARE Act reaches over 500,000 individuals every year.

Title II funds may be used to provide a variety of services, including:

- Ambulatory health care
- Home-based health care
- Health Insurance coverage
- Medications
- Support services
- Outreach to HIV-positive individuals who know their HIV status
- Early intervention services
- HIV Care Consortia

Figure 63.

**Ryan White Title II Clients by Program:
Comparison of Demographic Characteristics of
ADAP and HIP Clients to
Persons Living with HIV/AIDS in Utah, 2003**

	ADAP Clients in Utah (1/1/2003-12/31/2003)		HIP Clients in Utah (1/1/2003-12/31/2003)		PLWH/A in Utah (Cumulative)	
	Number	%	Number	%	Number	%
Sex						
Male	278	86%	166	91%	1551	86%
Female	44	14%	17	9%	252	14%
Total	322	100%	183	100%	1803	100%
Race/Ethnicity						
White non-Hispanic	192	60%	159	87%	1317	73%
Hispanic	73	23%	12	7%	268	15%
Black non-Hispanic	32	10%	5	3%	158	9%
Other/Unknown	25	8%	7	4%	60	3%
Total	322	100%	183	100%	1803	100%
Age Group						
0-12	0	0%	0	0%	19	1%
13-19	0	0%	0	0%	65	4%
20-29	54	17%	10	5%	664	37%
30-39	131	41%	66	36%	718	40%
40-49	112	35%	78	43%	257	14%
50+	25	8%	29	16%	80	4%
Total	322	100%	183	100%	1803	100%

Note. There is a total of 1,803 HIV/AIDS cases still living in Utah. These data include 395 persons reported in Utah who have subsequently moved out of state and 307 who are lost to follow-up. (It is likely that many of these individuals have also moved out of state). This would leave 1,101 persons that are presently receiving treatment in Utah. In addition to these there are 142 HIV/AIDS cases receiving treatment in Utah who were diagnosed in another state.

ADAP - AIDS Drug Assistance Program
HIP - Health Insurance Program
PLWH/A - People living with HIV/AIDS

ADAP Program

Since 1987, Congress has appropriated funds to assist states in providing antiretroviral therapy (ART), approved by the Food and Drug Administration (FDA) to AIDS patients. With the initial passage of the Ryan White CARE Act in 1990, the assistance programs for antiretroviral therapy were incorporated into Title II and became commonly known as the AIDS Drug Assistance Program (ADAP). ADAP now provides FDA-approved HIV-related prescription drugs to under-insured and uninsured persons living with HIV/AIDS.

In Utah, persons enrolled in ADAP have been able to receive the following classes of antiretroviral medications: Nucleoside analogues, protease inhibitors, non-nucleosides and fusion inhibitors. ADAP clients have also been able to receive medications for opportunistic infections since the fall of 2003.

A total of 322 clients accessed ADAP during 2003 (See Figure 63). This is almost a 58% increase from 2002 (203 clients). This increase can be attributed to an increase of individuals who have lost their health insurance coverage, individuals who are either moving, or returning to Utah, and an increase in the number of newly diagnosed cases. In 2003, fifty-two percent of ADAP clients had an AIDS diagnosis and 48% had a HIV diagnosis. Eighty-six percent of ADAP clients were males and 14% were females. Sixty-percent were White non-Hispanic, 23% Hispanic, 10% Black non-Hispanic and 8% were either “other” (more than 2 races) or “unknown.” There is a higher percentage of Hispanic persons that access ADAP compared with Utah’s epidemic. The majority of clients (93%) were between the ages of 20 and 49.

According to the Utah Health Status survey data, in 1993 the State of Utah ranked first for the percentage of persons covered by health insurance. Since then the percentage of insured Utahns has decreased, and in 2003 Utah fell to 22nd. Demographically, younger persons, especially males age 19 to 26, and those with low-income levels, are at greater risk of being uninsured. Surprisingly, two-thirds of uninsured Utah adults in 2003 were working either part or full-time.

ADAP funding also provides funding for clients to continue their health insurance through COBRA or Utah’s High Risk Insurance Pool. During 2003, ADAP provided health insurance to 183 clients. This was only a 5% increase from 2002 (174 clients). Fifty percent of health insurance clients in 2003 had an AIDS diagnosis and 50% had a diagnosis of HIV. Ninety-one percent of health insurance clients were males and 9% females. Eighty-seven percent of health insurance clients were White non-Hispanic, 7% were Hispanic, 3% were Black non-Hispanic and 4% were “other” (more than 2 races) or “unknown.” The majority of clients (75%) were between the ages of 30 and 49 (See Figure 63).

A higher percentage of White non-Hispanic persons access ADAP funded health insurance than other race/ethnic groups. The major reason for this is that in order to qualify for Utah’s High Risk Insurance Pool, an individual must be a legal resident of Utah. In contrast, ADAP clients do not need to be legal residents of Utah.

Economic downturns have resulted in reductions in the workforce, reduced wages and elimination curtailing of employee benefits, changes in federal as well as state policies for service eligibility. These changes have significantly decreased the number of clients who have access to health insurance.

The Ryan White Title II Program closed enrollment for all new clients due to projected funding shortfalls as of July 28, 2004 due to the dramatic increases in drug costs, insurance premiums and numbers of individuals requesting assistance. Enrollment for ADAP and Health Insurance opened in October 2004 because carry forward funds were received. Without additional financial assistance, these programs will be closed to new clients. The programs may see changes in their eligibility requirements as well.

Figure 64.

Ryan White Title II Clients by Program: Comparison of Demographic Characteristics of Supportive Services Clients to Persons Living with HIV/AIDS in Utah, 2003

	Supportive Services Clients in Utah (1/1/2003-12/31/2003)		PLWH/A in Utah (Cumulative)	
	Number	%	Number	%
Sex				
Male	642	84%	1551	86%
Female	125	16%	252	14%
Total	767	100%	1803	100%
Race/Ethnicity				
White non-Hispanic	530	69%	1317	73%
Hispanic	116	15%	268	15%
Black non-Hispanic	69	9%	158	9%
Other/Unknown	52	7%	60	3%
Total	767	100%	1803	100%
Age Group				
0-12	1	0%	19	1%
13-19	1	0%	65	4%
20-29	103	13%	664	37%
30-39	264	34%	718	40%
40-49	297	39%	257	14%
50+	101	13%	80	4%
Total	767	100%	1803	100%

Note. There is a total of 1,803 HIV/AIDS cases still living in Utah. These data include 395 persons reported in Utah who have subsequently moved out of state and 307 who are lost to follow-up. (It is likely that many of these individuals have also moved out of state). This would leave 1,101 persons that are presently receiving treatment in Utah. In addition to these there are 142 HIV/AIDS cases receiving treatment in Utah who were diagnosed in another state.
PLWH/A - People living with HIV/AIDS

Supportive Services Program

In 2003, a total of 767 clients received supportive services funded through the Ryan White Title II program (See Figure 64). The sex, race/ethnicity, and age of the supportive services clientele reflected the PLWH/A population in Utah. The differences observed in age can be attributed to how the data is reported. The supportive services data is reported as current age, whereas, the PLWH/A data is the age at diagnosis.

In 2003, eighty-four percent (642) of clients utilizing supportive services were males, females accounted for 16% (125 clients). In 2003, 530 (69%) clients were White non-Hispanic; 116 (15%) were Hispanic; 69 (9%) were Black non-Hispanic, and 52 clients (7%) were other/unknown. In 2003, the majority of clients were found within the 30-39 age group (34%) and the 40-49 age group (39%). When compared by sex and race, there is little disparity between 2003 supportive service clients and Utah's epidemic. The difference in age distribution however, can be attributed to how the data is reported.

Figure 65. Utilization of Ryan White Title II Services, by Type of Service, 2003

	Case Management	Dental Care	Mental Health	Food Vouchers	Substance Abuse
Number of Clients Receiving Service	356	372	80	612	66
Average Number of Visits Per Client	15.0	6.0	8.2	15.8	7.9

Figure 65 shows the most utilized supportive services. The average number of visits per client was highest for food vouchers (15.8 visits). A visit equals one $10.00 voucher. The second highest average was in case management (15.0 visits).

In addition to the services listed above, Title II funds were used to provide the following services to clients in 2003: Nutritional counseling and supplements (615 clients)[2], transportation (197 clients), vision services (183 clients), outreach services (38 clients), legal services (22 clients), emergency financial assistance (13 clients), and housing services (5 clients).

[2] May include duplicate clients from the food voucher client list.

Question 2

What are the number and characteristics of persons who know they are HIV-positive, but who are not receiving primary medical care?

The model used to determine unmet need and service gaps was adapted from the unmet need framework presented by the Institute for Health Policy Studies, University of California, San Francisco on behalf of HRSA[3]. Unmet need estimates are calculated by subtracting the number of HIV+/aware individuals that are in-care from the prevalence data. The framework provides valuable information that contributes to a comprehensive understanding of the HIV epidemic in Utah and should be used to inform policymaking and resource allocation decisions.

Highlights

- The combined population results indicate that there are 364 (24.2%) HIV+/aware individuals in Utah that are not in care. This number includes 185 people living with HIV (PLWH) and 179 people living with AIDS (PLWA). The PLWH population demonstrated a higher level of unmet need (185 individuals; 34.5%) than the PLWA population (179 individuals; 18.5%).

- HIV+/aware individuals in the following subgroups demonstrated the highest level of unmet need:
    - Gender: 317 Males (24.5%)
    - Risk category: 79 Injecting Drug Users (32.8%)
    - Geographic location: 57 Non-Wasatch Front residents (26.8%)
    - Age: 118 adults 20-29 years (30.9%)
    - Race/ethnicity: 34 individuals (29.3%) were Black non-Hispanic and 65 individuals (29.3%) were Hispanic

3

A Practical Guide to Measuring Unmet Need for HIV-Related Primary Medical Care: Using the Unmet Need Framework, Institute for Health Policy Studies, University of California, San Francisco, May 2003.

Unmet Need Report

The goal of this study was to identify people living with HIV or AIDS in Utah, who know their HIV status, and are not receiving HIV-related services. The results will be used to inform policy and resource allocation decisions pertaining to HIV-related services in Utah. Another goal of this study is to ensure compliance with CARE Act mandates that require Title II grantees to determine the unmet need and service gaps in their respective states. The Ryan White CARE Act contains multiple provisions for enhancing access to HIV-related services for people living with HIV who are not in care. This study seeks to identify people living with HIV who are not in care so that efforts can be made to get them into care.

The HIV/AIDS Treatment and Care Program, under the Utah Department of Health, Bureau of Communicable Disease Control, conducted the study. The project findings are part of a comprehensive look at the needs of individuals in Utah who are HIV positive and aware of their HIV status and should be used in conjunction with an epidemiological profile, needs assessment data, and similar documents.

Population.
The population in this study is HIV+/aware individuals living in Utah. This population does not include people that are HIV+/unaware because it is difficult to assess the HIV-related needs of people that do not know they are HIV positive. The HIV+/aware population was separated into PLWA and PLWH populations because care patterns usually differ depending on the severity of the disease.

Unmet Need by Population.
The unmet need results listed by population are presented in Figure 66. The combined population results indicate that there are 364 (24.2%) HIV+/aware individuals in Utah that are not in care. This number includes 185 PLWH and 179 PLWA. The PLWH population demonstrated a higher level of unmet need (185 individuals; 34.5%) than the PLWA population (179 individuals; 18.5%). This means that there are more people out of care in the PLWH population than in the PLWA population. It is widely accepted that the need for primary medical care increases as HIV progresses. The results observed in this study support that assertion. The PLWA population, which includes people with advanced stages of HIV infection, has more people in-care than the PLWH population.

Figure 66. Unmet Need Estimates Listed by Population, Utah 2002

	PLWH			PLWA			HIV+/aware Population		
Variable	**Prevalence**	**In-care**	**Unmet Need**	**Prevalence**	**In-care**	**Unmet Need**	**Prevalence**	**In-care**	**Unmet Need**
Total	537	352	185	965	786	179	1502	1138	364
	100.0%	**65.5%**	**34.5%**	**100.0%**	**81.5%**	**18.5%**	**100.0%**	**75.8%**	**24.2%**

Unmet Need by Demographic Group. Unmet need listed by demographic group is presented in Figure 67.

Figure 67. Unmet Need Estimates Listed by Demographic Group, Utah 2002

	PLWH			PLWA			HIV+/aware Population		
Variable	**Prevalence**	**In-care**	**Unmet Need**	**Prevalence**	**In-care**	**Unmet Need**	**Prevalence**	**In-care**	**Unmet Need**
Gender									
Male	428	272	156**	864	703	161**	1292	975	317**
	100.0%	**63.6%**	**36.4%**	**100.0%**	**81.4%**	**18.6%**	**100.0%**	**75.5%**	**24.5%**
Female	109	80	29	101	83	18	210	163	47
	100.0%	**73.4%**	**26.6%**	**100.0%**	**82.2%**	**17.8%**	**100.0%**	**77.6%**	**22.4%**
Total	537	352	185	965	786	179	1502	1138	364
	100.0%	**65.5%**	**34.5%**	**100.0%**	**81.5%**	**18.5%**	**100.0%**	**75.8%**	**24.2%**
Exposure Category									
MSM	295	189	106	572	483	89	867	672	195
	100.0%	**64.1%**	**35.9%**	**100.0%**	**84.4%**	**15.6%**	**100.0%**	**77.5%**	**22.5%**
IDU	77	41	36**	164	121	43**	241	162	79**
	100.0%	**53.2%**	**46.8%**	**100.0%**	**73.8%**	**26.2%**	**100.0%**	**67.2%**	**32.8%**
MSM/IDU	38	32	6	86	65	21	124	97	27
	100.0%	**84.2%**	**15.8%**	**100.0%**	**75.6%**	**24.4%**	**100.0%**	**78.2%**	**21.8%**
Heterosexual	62	44	18	72	62	10	134	106	28
	100.0%	**71.0%**	**29.0%**	**100.0%**	**86.1%**	**13.9%**	**100.0%**	**79.1%**	**20.9%**
Other	7	6	1	34	25	9	41	31	10
	100.0%	**85.7%**	**14.3%**	**100.0%**	**73.5%**	**26.5%**	**100.0%**	**75.6%**	**24.4%**
Unknown	58	40	18	37	30	7	95	70	25
	100.0%	**69.0%**	**31.0%**	**100.0%**	**81.1%**	**18.9%**	**100.0%**	**73.7%**	**26.3%**
Total	537	352	185	965	786	179	1502	1138	364
	100.0%	**65.5%**	**34.5%**	**100.0%**	**81.5%**	**18.5%**	**100.0%**	**75.8%**	**24.2%**
Geographic Location									
Wasatch Front	466	308	158	823	674	149	1289	982	307
	100.0%	**66.1%**	**33.9%**	**100.0%**	**81.9%**	**18.1%**	**100.0%**	**76.2%**	**23.8%**
Non-Wasatch Front	71	44	27**	142	112	30**	213	156	57**
	100.0%	**62.0%**	**38.0%**	**100.0%**	**78.9%**	**21.1%**	**100.0%**	**73.2%**	**26.8%**
Total	537	352	185	965	786	179	1502	1138	364
	100.0%	**65.5%**	**34.5%**	**100.0%**	**81.5%**	**18.5%**	**100.0%**	**75.8%**	**24.2%**

(Figure 67 continues)

(Figure 67 continued)

	PLWH			PLWA			HIV+/aware Population		
Variable	**Prevalence**	**In-care**	**Unmet Need**	**Prevalence**	**In-care**	**Unmet Need**	**Prevalence**	**In-care**	**Unmet Need**
Age Group									
0-9	5	5	0	3	3	0	8	8	0
	100.0%	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**	**100.0%**	**100.0%**	**0.0%**
10-19	19	14	5	11	8	3	30	22	8
	100.0%	**73.7%**	**26.3%**	**100.0%**	**72.7%**	**27.3%**	**100.0%**	**73.3%**	**26.7%**
20-29	208	129	79	174	135	39	382	264	118
	100.0%	**62.0%**	**38.0%**	**100.0%**	**77.6%**	**22.4%**	**100.0%**	**69.1%**	**30.9%**
30-39	199	131	68	440	359	81	639	490	149
	100.0%	**65.8%**	**34.2%**	**100.0%**	**81.6%**	**18.4%**	**100.0%**	**76.7%**	**23.3%**
40-49	86	57	29	261	217	44	347	274	73
	100.0%	**66.3%**	**33.7%**	**100.0%**	**83.1%**	**16.9%**	**100.0%**	**79.0%**	**21.0%**
50 and over	20	16	4	76	64	12	96	80	16
	100.0%	**80.0%**	**20.0%**	**100.0%**	**84.2%**	**15.8%**	**100.0%**	**83.3%**	**16.7%**
Total	537	352	185	965	786	179	1502	1138	364
	100.0%	**65.5%**	**34.5%**	**100.0%**	**81.5%**	**18.5%**	**100.0%**	**75.8%**	**24.2%**
Race/Ethnicity									
White non-Hispanic	385	251	134	728	614	114	1113	865	248
	100.0%	**65.2%**	**34.8%**	**100.0%**	**84.3%**	**15.7%**	**100.0%**	**77.7%**	**22.3%**
Black non-Hispanic	47	30	17	69	52	17	116	82	34
	100.0%	**63.8%**	**36.2%**	**100.0%**	**75.4%**	**24.6%**	**100.0%**	**70.7%**	**29.3%**
Hispanic	80	56	24	142	101	41	222	157	65
	100.0%	**70.0%**	**30.0%**	**100.0%**	**71.1%**	**28.9%**	**100.0%**	**70.7%**	**29.3%**
Asian/Pacific Islander	6	4	2	12	10	2	18	14	4
	100.0%	**66.7%**	**33.3%**	**100.0%**	**83.3%**	**16.7%**	**100.0%**	**77.8%**	**22.2%**
Am. Indian/ Alaskan Native	10	6	4	14	9	5	24	15	9
	100.0%	**60.0%**	**40.0%**	**100.0%**	**64.3%**	**35.7%**	**100.0%**	**62.5%**	**37.5%**
Not Specified	9	5	4	0	0	0	9	5	4
	100.0%	**55.6%**	**44.4%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**55.6%**	**44.4%**
Total	537	352	185	965	786	179	1502	1138	364
	100.0%	**65.5%**	**34.5%**	**100.0%**	**81.5%**	**18.5%**	**100.0%**	**75.8%**	**24.2%**

Note. Discrepancies are due to rounding. Wasatch Front area includes the following counties: Weber, Davis, Salt Lake, and Utah. MSM stands for "men who have sex with men." IDU stands for "injecting drug users." Unknown in exposure category is risk not reported or identified. ** Identifies the highest unmet need.

The percentages in Figures 66 and 67 represent the proportion of the individual demographic characterics represented in a particular category and is depicted in a bold font style. The numbers above the percents represent the number of individuals within a particular category. It is important to consider the percent and the number when interpreting the results, given that percents can be misleading when interpreted independently. For example, in the PLWA unmet need column, males and females both have approximately 18% (Male = 18.6%; Female = 17.8%) listed, as their unmet need percent. On the other hand, 18% in the Male demographic represents 161 males where 18% in the Female demographic represents 18 females.

The male, IDU, and Non-Wasatch Front categories demonstrated the highest level of unmet need. The unmet need was consistent across all populations in these categories. The age and race/ethnicity demographics were exceptions to the consistency in unmet need. In the age demographic, the 10-19 age group had the highest level of unmet need in the PLWA population. On the other hand, there were only three people out of eleven that demonstrated unmet need. These small numbers have inflated the percent estimate (27.3%) so the estimate should be interpreted cautiously. It would be better to consider both the 10-19 and 20-29 age groups as the groups with the highest level of unmet need in the age demographic in the PLWA population. The 20-29 age group is the group with the highest level of unmet need in the age demographic in the PLWH and HIV+/aware populations. It is important to remember that the HIV+/aware population includes the PLWH and PLWA populations.

The race/ethnicity demographic includes an inflation similar to the one observed in the age demographic as well as disproportionate unmet need between populations. The inflation occurred in the American Indian/Alaskan Native category. The small numbers in this category inflated the estimates and should be interpreted cautiously. It would be better to take a comprehensive look at the Black non-Hispanic, Hispanic, and American Indian/Alaskan Native categories to understand the unmet need according to race/ethnicity. The disproportionate unmet need occurred in the Black non-Hispanic and Hispanic categories. Black non-Hispanic persons had a higher level of unmet need in the PLWH population whereas Hispanic persons had a higher level of unmet need in the PLWA population. Black non-Hispanics and Hispanics had an equal level of unmet need when the PLWH and PLWA populations were combined in the HIV+/aware population.

Appendix

Appendix A:
Reference Tables

Table 1. Characteristics of Population, Utah/U.S. 2000

	Utah Population 2000		United States 2000	
	No.	%	No.	%
Sex				
Male	1,119,031	50%	138,053,563	49%
Female	1,114,138	50%	143,368,343	51%
Total	2,233,169	100%	281,421,906	100%
Race/Ethnicity				
White, non-Hispanic	1,904,265	85%	194,552,774	69%
Hispanic	201,559	9%	35,305,818	13%
Black, non-Hispanic	16,137	1%	33,947,837	12%
American Indian/Alaskan Native non-Hispanic	26,663	1%	2,068,883	1%
Asian/Pacific Islander non-Hispanic	51,289	2%	10,476,678	4%
Other non-Hispanic*	33,256	1%	5,069,916	2%
Total	2,233,169	100%	281,421,906	100%
Age Group				
0-9	402,411	18%	39,725,303	14%
10-19	408,566	18%	40,747,962	15%
20-29	403,626	18%	38,345,337	14%
30-39	299,285	13%	43,217,052	15%
40-49	280,506	13%	42,534,267	15%
50 and over	438,775	20%	76,851,985	27%
Total	2,233,169	100%	281,421,906	100%
Geographic Location				
Wasatch Front	1,702,450	76%		
Non-Wasatch Front	530,719	24%		
Total	2,233,169	100%		
Education (age 25+)				
High School Diploma	1,050,881	88%	146,496,014	80%
Bachelor's Degree or Higher	312,963	26%	44,462,605	24%
Income				
Median Household Income	$45,726		$41, 994	
Living Below the Poverty Level (in 1999)				
All	206,328	9%	33,899,812	12%
<18	71,765	10%	11,746,858	17%
65+	10,695	6%	3,287,774	10%
Families	34,969	7%	6,620,945	9%

See Figures 1 and 2
Source: United States Census Bureau, Census 2000
* Other non-Hispanic include those who reported race as, other non-Hispanic or two or more races non-Hispanic.

Table 2. Characteristics of General Population by Race/Ethnicity, Utah 2000

	Salt Lake County (N=898,387)	Wasatch Front (N=1,702,450)	Non-Wasatch Front (N=530,719)	Total Population (N=2,233,169)
	%	%	%	%
Race/Ethnicity				
White, non-Hispanic	82.4	85.4	89.0	86.2*
Hispanic**	11.9	10.0	5.9	9.0
Black, non-Hispanic	1.0	1.1	0.3	0.9
American Indian/Alaskan Native non-Hispanic	0.7	0.7	3.4	1.4
Asian/Pacific Islander non-Hispanic	3.8	2.7	1.4	2.4

* The category known as White non-Hispanic, in this table, has a slightly higher percentage than that found in Table 1 due to the absence of the category, Other non-Hispanic.

** Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

Source: United States Census Bureau, Census 2000/IBIS-PH.

Table 3. Number of Reported HIV/AIDS Cases By Year Reported, and Gender Utah 1990-2003

	Males			Females			Total		
Year	**Cases**	**Population**	**Rate***	**Cases**	**Population**	**Rate***	**Cases**	**Population**	**Rate***
1990	108	858,933	12.6	18	870,294	2.1	126	1,729,227	7.3
1991	476	885,101	53.8	47	895,772	5.2	523	1,780,873	29.4
1992	360	914,512	39.4	36	923,636	3.9	396	1,838,148	21.5
1993	183	940,673	19.5	18	948,718	1.9	201	1,889,391	10.6
1994	175	969,659	18.0	14	977,058	1.4	189	1,946,717	9.7
1995	139	994,177	14.0	17	1,001,044	1.7	156	1,995,221	7.8
1996	150	1,018,183	14.7	29	1,024,706	2.8	179	2,042,889	8.8
1997	134	1,046,706	12.8	22	1,052,698	2.1	156	2,099,404	7.4
1998	111	1,068,232	10.4	20	1,073,387	1.9	131	2,141,619	6.1
1999	112	1,094,405	10.2	17	1,098,601	1.5	129	2,193,006	5.9
2000	99	1,119,031	8.8	25	1,114,138	2.2	124	2,233,169	5.6
2001	95	1,150,879	8.3	18	1,145,086	1.6	113	2,295,965	4.9
2002	83	1,164,525	7.1	15	1,157,182	1.3	98	2,321,707	4.2
2003	120	1,181,516	10.2	28	1,173,259	2.4	148	2,354,775	6.3
Total	2,345	14,406,532	16.3	324	14,455,579	2.2	2669	28,862,111	9.2

See Figure 3.

Numbers of cases reported during 1991-1992 were artificially high due to a database error. A proportion of cases shown here in those two years were actually reported during earlier years.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

* Rate per 100,000 persons

Sources: Population - Office of Planning and Budget; Cases - Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 4. Combined HIV and AIDS Cases and Rates In Year of First Diagnosis Report by Sex, Utah 1990-2003

	Male				Female				Total		
Year	Actual Cases	Adjusted Cases	Population	Rate*	Actual Cases	Adjusted Cases	Population	Rate*	Cases	Population	Rate*
1990	217	217	858,933	25.3	32	32	870,294	3.7	249	1,729,227	14.4
1991	176	176	885,101	19.9	22	22	895,772	2.5	198	1,780,873	11.1
1992	159	159	914,512	17.4	17	17	923,636	1.8	176	1,838,148	9.6
1993	140	140	940,673	14.9	18	18	948,718	1.9	158	1,889,391	8.4
1994	129	129	969,659	13.3	12	12	977,058	1.2	141	1,946,717	7.2
1995	123	123	994,177	12.4	22	22	1,001,044	2.2	145	1,995,221	7.3
1996	140	140	1,018,183	13.7	21	21	1,024,706	2.0	161	2,042,889	7.9
1997	107	107	1,046,706	10.2	20	20	1,052,698	1.9	127	2,099,404	6.0
1998	96	96	1,068,232	9.0	17	17	1,073,387	1.6	113	2,141,619	5.3
1999	95	95	1,094,405	8.7	24	24	1,098,601	2.2	119	2,193,006	5.4
2000	79	79	1,119,031	7.1	28	28	1,114,138	2.5	107	2,233,169	4.8
**2001	68	70	1,150,879	6.1	8	8	1,145,086	0.7	76	2,295,965	3.3
**2002	69	72	1,164,525	6.2	10	10	1,157,182	0.9	79	2,321,707	3.4
**2003	88	101	1,181,516	8.5	23	26	1,173,259	2.2	111	2,354,775	4.7
Total	1,686		14,406,532		274		14,455,579		1,960	28,862,111	6.8

See Figure 4
Cases of HIV and AIDS were classified in the year of diagnosis based on the date of Western Blot testing.

* Rate per 100,000 persons based on adjusted case totals.

** Case totals for the final three years were corrected for reporting delay based on an analysis of the time between Western Blot date and report date during the past four years.

Sources: Population – Office of Planning and Budget; Cases – Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Corrections for Reporting Delay

Year	Estimated Completeness of Reporting	Factor by Which Case Totals Were Adjusted
2001	97%	1.03
2002	96%	1.04
2003	87%	1.15

Table 5. Deaths* for AIDS by Year and Sex, Utah 1983-2003

Year	Male	Female	Total
1983	1	0	1
1984	4	0	4
1985	10	2	12
1986	23	2	25
1987	29	3	32
1988	42	2	44
1989	42	4	46
1990	62	5	67
1991	70	10	80
1992	84	6	90
1993	100	11	111
1994	103	5	108
1995	120	17	137
1996	84	5	89
1997	47	4	51
1998	30	3	33
1999	42	7	49
2000	39	1	40
2001	25	2	27
2002	24	3	27
2003	21	1	22
Total**	1,002	93	1,095

See Figure 5

* Deaths are of persons who were residents of Utah and were reported as Utah AIDS cases, however, some of these individuals may not have been living in Utah at the time of death.

** Total does not include out-of-state AIDS cases that died in Utah.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Note: Deaths for 2003 may be incomplete due to reporting delay.

These data are provisional.

Table 6. Leading Causes of Death for Persons Age 25-44 Years, by Sex, Utah 2002

Death per 100,000 Persons

		Males	Females
1	Unintentional injuries	35.2	11.7
2	Suicide	36.1	10.8
3	Cancer	17.0	14.2
4	Diseases of heart	14.0	7.6
5	Diabetes mellitus	5.4	1.3
6	Chronic liver disease	4.8	1.6
7	Assault (homicide)	4.2	2.2
8	Congenital abnormalities	3.0	1.3
9	**HIV/AIDS**	**3.3**	0.0
10	Influenza & Pneumonia	1.5	0.0

See Figure 6
Source: Utah Death Certificate Data Base

Table 7. Number of People Believed to Be Living With HIV or AIDS by Sex and Year, Utah 1983-2003

	Male			Female			Total		
Year	Cases	Deaths	Presumed Living	Cases	Deaths	Presumed Living	Cases	Deaths	Total Presumed Living
1983	2	1	1	0	0	0	2	1	1
1984	7	4	4	1	0	1	8	4	5
1985	18	10	12	2	2	1	20	12	13
1986	22	23	11	1	2	0	23	25	11
1987	42	30	23	4	3	1	46	33	24
1988	63	42	44	5	2	4	68	44	48
1989	72	44	72	9	4	9	81	48	81
1990	108	64	116	18	5	22	126	69	138
1991	476	71	521	47	10	59	523	81	580
1992	360	85	796	36	6	89	396	91	885
1993	183	104	875	18	11	96	201	115	971
1994	175	104	946	14	5	105	189	109	1051
1995	139	120	965	17	17	105	156	137	1070
1996	150	85	1030	29	5	129	179	90	1159
1997	134	49	1115	22	4	147	156	53	1262
1998	111	30	1196	20	3	164	131	33	1360
1999	112	43	1265	17	7	174	129	50	1439
2000	99	40	1324	25	1	198	124	41	1522
2001	95	25	1394	18	2	214	113	27	1608
2002	83	24	1453	15	3	226	98	27	1679
2003	120	22	1551	28	2	252	148	24	1803

See Figure 7.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program, December 31, 2003

Table 8. Estimates of People Living With HIV or AIDS in Utah, 2002

Method 1 Based on Proportion of AIDS Reported from Utah

	Reported AIDS Cases		Proportion of All AIDS Cases Reported in Utah
	Utah	U.S.	
2001	116	42,566	0.273%
2002	70	43,792	0.160%
Average	186	86,358	0.217%

Cases are year-end from CDC surveillance report to yield comparable data.

Estimate for U.S.	Low	Medium	High
800,000	1,280	1,736	2,184
850,000	1,360	1,845	2,321
900,000	1,440	1,953	2,457

Best Estimate	1,845
Low	1,280
High	2,457

Method 2 Based on Known Persons Adjusted for Sensitivity of Surveillance

Number of cases alive at end of 2002 with:

	Pediatric	Adult	Total
HIV	1	742	743
AIDS		1,060	1,060

Estimated Sensitivity of Surveillance

	Best	Low	High
HIV	50%	35%	65%
AIDS	85%	80%	90%

Estimates

	Best	Low	High
HIV	1,486	1,143	2,123
AIDS	1,247	1,178	1,325
Total	2,733	2,321	3,401

Method 3 Based on Multiplier Developed by CDC

Reported AIDS Cases	
2001	116
2002	70
Average	93

	Multiplier	
Low	15	1,395
Mid-Point	17.5	1,628
High	20	1,860

Summary of Estimates

	Estimates		
	Best	Low	High
Method 1: % of AIDS Cases in Utah	1,845	1,280	2,457
Method 2: surveillance sensitivity	2,733	2,321	3,401
Method 3: multiplier method	1,628	1,395	1,860
Average	2,069	1,665	2,573

Interpretation: The data suggest a best estimate of 2,000 (range from 1,700 to 2,600).

Table 9. Number of Persons Believed to be Living with HIV/AIDS by Gender, Race/Ethnicity, Age Group, and Mode of Exposure, Utah, through December 31, 2003

Variable	Active Cases	Active %of cases	Lost-to-Follow-up Cases	Lost-to-Follow-up %of cases	Total Cases	Total %of cases
Gender						
Male	1056	85%	315	87%	1371	85%
Female	187	15%	46	13%	233	15%
Total	1,243	100%	361	100%	1,604	100%
Race/Ethnicity						
White	937	75%	246	68%	1183	74%
Hispanic*	186	15%	62	17%	248	15%
Black	84	7%	35	10%	119	7%
Asian/Pacific Islander	14	1%	4	1%	18	1%
American Native	16	1%	9	2%	25	2%
Unknown	6	0%	5	1%	11	1%
Total	1,243	100%	361	100%	1,604	100%
Age Group						
0-12	10	1%	1	0%	11	1%
13-19	48	4%	7	2%	55	3%
20-29	417	34%	144	40%	561	35%
30-29	502	40%	143	40%	645	40%
40-49	198	16%	53	15%	251	16%
50+	68	5%	13	4%	81	5%
Total	1,243	100%	361	100%	1,604	100%
Mode or Exposure						
MSM**	723	58%	191	53%	914	57%
IDU***	177	14%	78	22%	255	16%
MSM/IDU	115	9%	29	8%	144	9%
Heterosexual Contact	120	10%	29	8%	149	9%
Other Risk	31	2%	9	2%	40	2%
Not Specified	77	6%	25	7%	102	6%
Total	1,243	100%	361	100%	1,604	100%

See Figure 8.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

** MSM = Men who have sex with men

*** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 10. Status of Persons Reported with HIV or AIDS in Utah or Who Moved to Utah after Such Report in Another State Through December 31, 2003

Reported in Utah

	Male	Female	Total
Active*	940	161	1,101
Lost to Follow-up**	271	36	307
Total	1,211	197	1,408
Moved from State***	340	55	395

Reported in Another State, Known to have been in Utah

Active*	116	26	142
Lost to Follow-up**	44	10	54
Total	160	36	196
Moved from State***	152	19	171

Combined Persons Reported in Utah and Reported in Another State but have been in Utah

Active*	1,056	187	1,243
Lost to Follow-up**	315	46	361
Total	1,371	233	1,604
Moved from State***	492	74	566
Total Deaths	1,305	109	1,414

See Figure 8.

* Active Cases: Persons known to have seen a physician for care within the last two years. (Includes 1,101 Utah persons, and 142 persons who were previously reported in another state, but are now living in Utah.)

** Lost to Follow-up: No longer in physician's care. It is likely that a number of these individuals may have moved from the state. (Includes 307 Utah persons, and 54 persons who were previously reported in another state, who had been living in Utah.)

*** Moved from State: The 566 cases that have moved from the state include 395 persons reported in Utah, and 171 persons reported in another state, who were living in Utah, and have since moved out of Utah.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program
These data are provisional.

Table 11. Characteristics of People with HIV/AIDS, Utah 1998-2003

Sex	Cases	%	Population	Rate*
Male	620	83	6,785,284	9.1
Female	123	17	6,768,340	1.8
Total	743	100	13,553,624	5.5

	Male				Female				Total			
Race/Ethnicity	Cases	%	Population	Rate*	Cases	%	Population	Rate*	Cases	%	Population	Rate*
White, non-Hispanic	411	66	5,850,950	7.0	54	44	5,836,340	0.9	465	63	11,687,290	4.0
Hispanic**	137	22	612,711	22.4	26	21	611,181	4.3	163	22	1,223,892	13.3
Black, non-Hispanic	48	8	63,782	75.3	34	28	63,622	53.4	82	11	127,404	64.4
Asian/ Pacific Islander	9	1	164,883	5.5	4	3	164,471	2.4	13	2	329,354	3.9
Am. Indian/ Alaskan Native	10	2	92,958	10.8	2	2	92,726	2.2	12	2	185,684	6.5
Unknown	5	1			3	2			8	1	0	
Total	620	100	6,785,284	9.1	123	100	6,768,340	1.8	743	100%	13,553,624	5.5
Age Group												
0-12	3	0	1,632,006	0.2	3	2	1,542,224	0.2	6	1	3,174,230	0.2
13-19	15	2	850,737	1.8	13	11	845,283	1.5	28	4	1,696,020	1.7
20-29	167	27	1,244,769	13.4	52	42	1,201,528	4.3	219	29	2,446,297	9.0
30-39	258	42	938,313	27.5	33	27	903,959	3.7	291	39	1,842,272	15.8
40-49	122	20	861,832	14.2	14	11	855,315	1.6	136	18	1,717,147	7.9
50+	55	9	1,257,627	4.4	8	7	1,420,031	0.6	63	8	2,677,658	2.4
Total	620	100	6,785,284	9.1	123	100	6,768,340	1.8	743	100	13,553,624	5.5
Geographic Location												
Wasatch Front	556	90	5,171,304	10.8	112	91	5,150,422	2.2	668	91	10,321,726	1.1
Non-Wasatch Front	64	10	1,613,980	4.0	11	9	1,617,918	0.7	75	9	3,231,898	0.3
Total	620	100	6,785,284	9.1	123	100	6,768,340	1.8	743	100	13,553,624	0.9

See Figures 10, 11, and 12.

* Rate per 100,000 population

** Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 12. HIV/AIDS by Risk Group, Utah 1998-2003

Mode or Exposure	1998-2000		2001-2003		Total: 1998-2003	
	Cases	Percent	Cases	Percent	Cases	Percent
MSM*	209	54	186	52	395	53
IDU**	57	15	43	12	100	13
MSM/IDU	29	8	41	11	70	9
Not Specified	36	9	54	15	90	12
Heterosexual Contact	29	8	24	7	53	7
Heterosexual w/IDU	18	5	4	1	22	3
Hemophilia/transfusion***	3	1	5	1	8	1
Mother at Risk	3	1	2	1	5	1
Total	384	100	359	100	743	100

See Figure 13.

* MSM = Men who have sex with men

** IDU – Injecting drug user

*** Transfusion occurred in countries other than the United States

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table13. Combined HIV/AIDS Cases by Local Health District, Utah 1998-2003

Local Health District	Cases	Percent	Population	Rate
Bear River	21	3	825,970	2.5
Central	7	1	401,050	1.7
Davis County	42	6	1,452,378	2.9
Salt Lake Valley	534	72	5,433,298	9.8
Southeastern	3	0	323,194	0.9
Southwest	25	3	864,246	2.9
Summit County	11	1	182,610	6.0
Tooele	3	0	252,171	1.2
TriCounty	3	0	246,003	1.2
Utah County	56	8	2,252,722	2.5
Wasatch County	2	0	93,854	2.1
Weber-Morgan	36	5	1,226,128	2.9
Total	743	100	13,553,624	5.5

See Figure 14.

Wasatch Front area includes the following counties: Weber, Davis, Salt Lake, and Utah.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 14. Total Males
Numbers and Percentages of HIV/AIDS Cases by Age Group, Race/Ethnicity, Risk Category and Wasatch Front Residence, Utah 1998-2003

	1998-1999		2000-2001		2002-2003		Total: 1998-2003	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
Age Group								
0-12	0	0	3	2	0	0	3	0
13-19	6	3	5	3	4	2	15	2
20-29	54	24	47	24	66	33	167	27
30-39	107	48	81	42	70	34	258	42
40-49	34	15	38	20	50	25	122	20
50+	22	10	20	10	13	6	55	9
Total	223	100	194	100	203	100	620	100
Race/Ethnic Group								
White (non Hispanic)	154	69	124	64	133	66	411	66
Black	18	8	25	13	5	2	48	8
Hispanic*	44	20	39	20	54	27	137	22
American Indian	3	1	4	2	3	1	10	2
Asian or Pacific Islander	3	1	2	1	4	2	9	1
Unknown	1	0	0	0	4	2	5	1
Total	223	100	194	100	203	100	620	100
Risk Group								
MSM**	152	68	121	62	122	60	395	64
IDU***	31	14	18	9	20	10	69	11
MSM/IDU	18	8	17	9	35	17	70	11
Not Specified	11	5	24	12	23	11	58	9
Heterosexual Contact	10	4	8	4	3	1	21	3
Hemophilia	1	0	4	2	0	0	5	1
Perinatal	0	0	2	1	0	0	2	0
Total	223	100	194	100	203	100	620	100
Geographic Location								
Wasatch Front	193	87	180	93	183	90	556	90
Non-Wasatch Front	30	13	14	7	20	10	64	10
Total	223	100	194	100	203	100	620	100

See Figures 15, 16, and 17.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

** MSM = Men who have sex with men

*** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 15. Total Females
Numbers and Percentages of HIV/AIDS Cases by Age Group, Race/Ethnicity, Risk Category and Wasatch Front Residence, Utah 1998-2003

	1998-1999		2000-2001		2002-2003		Total: 1998-2003	
	Cases	Percent	Cases	Percent	Cases	Percent	Cases	Percent
Age Group								
0-12	1	3	1	2	1	2	3	2
13-19	4	11	4	9	5	12	13	11
20-29	16	43	24	56	12	28	52	42
30-39	10	27	7	16	16	37	33	27
40-49	3	8	4	9	7	16	14	11
50+	3	8	3	7	2	5	8	7
Total	37	100	43	100	43	100	123	100
Race/Ethnic Group								
White (non Hispanic)	17	46	16	37	21	49	54	44
Black	4	11	21	49	9	21	34	28
Hispanic*	13	35	4	9	9	21	26	21
American Indian	2	5	0	0	0	0	2	2
Asian or Pacific Islander	1	3	1	2	2	5	4	3
Unknown	0	0	1	2	2	5	3	2
Total	37	100	43	100	43	100	123	100
Risk Group								
IDU**	9	24	7	16	15	35	31	26
Not Specified	4	11	17	40	11	26	32	26
Heterosexual	14	38	12	28	14	33	40	33
Heterosexual w/ IDU	9	24	4	9	1	2	14	11
Transfusion***	0	0	2	5	1	2	3	2
Perinatal Exposure	1	3	1	2	1	2	3	2
Total	37	100	43	100	43	100	123	100
Geographic Location								
Wasatch Front	30	81	40	93	42	98	112	92
Non-Wasatch Front	7	19	3	7	1	2	11	8
Total	37	100	43	100	43	100	123	100

See Figure 18, 19, and 20.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

*** Transfusions occurred outside of the United States.

Table 16. Hispanic Persons
Numbers and Percentages of HIV/AIDS Cases by Sex, Race/Ethnicity, Risk Group, Age Group, and Wasatch Front Residence, Utah 1998-2003

	1998-1999		2000-2001		2002-2003		Total: 1998-2003	
	Cases	%	Cases	%	Cases	%	Cases	%
Gender								
Male	44	77	39	91	54	86	137	84
Female	13	23	4	9	9	14	26	16
Total	57	100	43	100	63	100	163	100
Risk Group								
MSM*	26	46	23	53	31	49	80	49
IDU**	7	12	5	12	11	17	23	14
MSM/IDU	5	9	3	7	2	3	10	6
Heterosexual w/IDU	6	11	1	2	1	2	8	5
Heterosexual Contact	8	14	3	7	3	5	14	9
Not Specified	5	9	8	19	15	24	28	17
Total	57	100	43	100	63	100	163	100
Age Group								
0-12	0	0	1	2	0	0	1	1
13-19	3	5	1	2	3	5	7	4
20-29	18	32	13	30	28	44	59	36
30-39	23	40	17	40	22	35	62	38
40-49	6	11	7	16	7	11	20	12
50+	7	12	4	9	3	5	14	9
Total	57	100	43	100	63	100	163	100
Geographic Location								
Wasatch Front	52	91	43	100	58	92	153	94
Non-Wasatch Front	5	9	0	0	5	8	10	6
Total	57	100	43	100	63	100	163	100
Country of Origin								
U.S.	8	14	9	21	9	14	26	16
Mexico	25	44	20	47	21	33	66	40
Central/South America***	13	23	9	21	18	29	40	25
Unknown	11	19	5	12	15	24	31	19
Total	57	100	43	100	63	100	163	100

See Figures 21, 22, and 23.

* MSM = Men who have sex with men

** IDU – Injecting drug user

*** Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Honduras, Nicaragua, Peru, and Venezuela.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 17. Black Persons
Number and Percentage of HIV/AIDS Cases by Sex, Race/Ethnicity, Risk Group, Age Group, and Wasatch Front Residence, Utah 1998-2003

Variable	1998-1999		2000-2001		2002-2003		Total	
	Cases	%	Cases	%	Cases	%	Cases	%
Gender								
Male	18	82	25	54	5	36	48	59
Female	4	18	21	46	9	64	34	41
Total	22	100	46	100	14	100	82	100
Risk Group								
MSM*	10	45	7	15	4	29	21	26
IDU**	4	18	2	4	2	14	8	10
MSM/IDU	0	0	3	7	0	0	3	4
Heterosexual	4	18	8	17	3	21	15	18
Not Specified	4	18	26	57	5	36	35	43
Total	22	100	46	100	14	100	82	100
Age Group								
0-12	1	50	2	4	1	7	4	5
13-19	1	5	2	4	0	0	3	4
20-29	5	23	20	43	4	29	29	35
30-39	12	55	12	26	6	43	30	37
40-49	1	5	8	17	3	21	12	15
50+	2	9	2	4	0	0	4	5
Total	22	95	46	100	14	100	82	100
Geographic Location								
Wasatch Front	20	91	45	98	14	100	79	96
Non-Wasatch Front	2	9	1	2	0	0	3	4
Total	22	100	46	100	14	100	82	100
Country of Origin								
USA	9	41	12	26	8	57	29	35
African Nations***	12	55	32	70	6	43	50	61
Unknown	1	5	2	4	0	0	3	4
Total	22	100	46	100	14	100	82	100

See Figure 24, 25, and 26.

* MSM = Men who have sex with men

** IDU – Injecting drug user

*** Antigua, Congo, Ethiopia, Ghana, Haiti, Jamaica, Kenya, Niger, Nigeria, Rwanda, South Africa, Namibia, Sudan, and Togo.

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 18. White Persons
Number and Percentage of HIV/AIDS Cases by Sex, Race/Ethnicity, Risk Group, Age Group, and Wasatch Front Residence, Utah 1998-2003

	1998-1999		2000-2001		2002-2003		Total: 1998-2003	
	Cases	%	Cases	%	Cases	%	Cases	%
Gender								
Male	154	90	124	89	133	86	411	88
Female	17	10	16	11	21	14	54	12
Total	171	100	140	100	154	100	465	100
Risk Group								
MSM*	111	65	85	61	83	54	279	60
IDU**	26	15	18	13	18	12	62	13
MSM/IDU	13	8	11	8	31	20	55	12
Heterosexual Contact	6	4	6	4	9	6	21	5
Heterosexual w/IDU	7	4	5	4	1	1	13	3
Hemophilia	1	1	4	3	0	0	5	1
Not Specified	7	4	11	8	12	8	30	6
Total	171	100	140	100	154	100	465	100
Age Group								
0-12	0	0	1	1	0	0	1	0
13-19	4	2	5	4	4	3	13	3
20-29	44	26	37	26	44	29	125	27
30-39	78	46	55	39	51	33	184	40
40-49	29	17	27	19	43	28	99	21
50+	16	9	15	11	12	8	43	9
Total	171	100	140	100	154	100	465	100
Geographic Location								
Wasatch Front	142	83	125	89	140	91	407	88
Non-Wasatch Front	29	17	15	11	14	9	58	12
Total	171	100	140	100	154	100	465	100
Country of Origin								
U.S.	164	96	133	95	139	90	436	94
Not U.S.	6	4	6	4	13	8	25	5
Unknown	1	1	1	1	2	1	4	1
Total	171	100	140	100	154	100	465	100

See Figures 27 and 28.

* MSM = Men who have sex with men

** IDU – Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program.

Table 19. HIV and AIDS Cases by Whether They were First Reported as HIV or as AIDS by Year of First Report and by Sex, Utah 1993-2003

Males

Year Reported	First Reported As AIDS Case	Percentage First Reported As AIDS Case	First Reported As HIV, but Subsequently Reported as AIDS	HIV Only	Total Reported in This Year	Percentage Initially Reported as HIV Case
1993	19	10.4	134	30	183	89.6
1994	43	24.6	99	33	175	75.4
1995	15	10.8	95	29	139	89.2
1996	38	25.3	66	46	150	74.7
1997	30	22.4	65	39	134	77.6
1998	18	16.2	76	17	111	83.8
1999	23	20.5	61	28	112	79.5
2000	26	26.3	45	28	99	73.7
2001	16	16.8	50	29	95	83.2
2002	9	10.8	27	47	83	89.2
2003	19	15.8	21	80	120	84.2
Total	256	18.3	739	406	1401	81.7

Females

1993	0	0.0	12	6	18	100.0
1994	1	7.1	13	0	14	92.9
1995	2	11.8	9	6	17	88.2
1996	2	6.9	17	10	29	93.1
1997	6	27.3	7	9	22	72.7
1998	1	5.0	10	9	20	95.0
1999	3	17.6	5	9	17	82.4
2000	3	12.0	4	18	25	88.0
2001	1	5.6	5	12	18	94.4
2002	0	0.0	3	12	15	100.0
2003	4	14.3	3	21	28	85.7
Total	23	10.3	88	112	223	89.7

Total Males and Females

1993	19	9.5	146	36	201	90.5
1994	44	23.3	112	33	189	76.7
1995	17	10.9	104	35	156	89.1
1996	40	22.3	83	56	179	77.7
1997	36	23.1	72	48	156	76.9
1998	19	14.5	86	26	131	85.5
1999	26	20.2	66	37	129	79.8
2000	29	23.4	49	46	124	76.6
2001	17	15.0	55	41	113	85.0
2002	9	9.2	30	59	98	90.8
2003	23	15.5	24	101	148	84.5
Total	279	17.2	827	518	1624	82.8

See Figure 34.
Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.
Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program

Table 20. Distribution of 2002-2003 HIV Cases Compared to the Pattern for HIV/AIDS Cases for 1998-2003 by Sex, Race/Ethnicity, Risk and Age in Utah

	HIV/AIDS Cases 1998-2003		HIV Infection 2002-2003	
	Cases	%	Cases	%
Gender				
Male	620	83	127	79
Female	123	17	33	21
Total	743	100	160	100
Race/Ethnic Group				
White	465	63	100	63
Black	82	11	10	6
Hispanic*	163	22	39	24
American Indian	12	2	2	1
Asian/Pacific Islander	13	2	3	2
Unknown	8	1	6	4
Total	743	100	160	100
Risk Group				
MSM**	395	53	75	47
IDU***	100	13	24	15
MSM/IDU	70	9	26	16
Heterosexual w/IDU	22	3	1	1
Heterosexual Contact	53	7	12	8
Not Specified	90	12	21	13
Other	13	2	1	1
Total	743	100	160	100
Age Group				
0-12	6	10	1	1
13-19	28	4	6	4
20-29	219	29	52	33
30-39	291	39	57	36
40-49	136	18	35	22
50+	63	8	9	6
Total	743	100	160	100

See Figures 35, 36, and 37.

* Race and ethnicity are separate overlapping concepts, but for this presentation, people of Hispanic ethnicity were considered as a separate group.

** MSM = Men who have sex with men

*** IDU - Injecting drug user

Cases of HIV and AIDS were classified in the year they were first reported as either HIV or AIDS.

Source: Utah Department of Health, Bureau of Communicable Disease Control, HIV/AIDS Surveillance Program.

Table 21. Rates of Syphilis, Gonorrhea, and Chlamydia Per 100,000 Persons Utah and United States, 2002

	Utah	U.S.
Syphilis	0.4	2.4
Gonorrhea	15.9	125.0
Chlamydia	152.5	296.5

See Figure 39.
Source: Utah Department of Health, Bureau of Communicable Disease, Sexually Transmitted Disease Control Program.

Table 22. Reported Cases of Primary and Secondary Syphilis, Gonorrhea, and Chlamydia By Sex, Utah 1998-2003

Syphilis*			Gonorrhea			Chlamydia		
	Male	Female		Male	Female		Male	Female
1998-1999	6	0	1998-1999	320	169	1998-1999	1,194	3,228
2000-2001	10	3	2000-2001	260	197	2000-2001	1,477	3,755
2002-2003	18	5	2002-2003	478	301	2002-2003	2131	5,248

*primary and secondary syphilis

See Figure 40, 41, and 42.
Source: Utah Department of Health, Bureau of Communicable Disease, Sexually Transmitted Disease Control Program.

Table 23. Utah Drug Treatment Admissions By Primary Substance at Time of Admission, 1994-2003

	Alcohol		Cocaine/Crack		Marijuana/Hashish		Heroin		Methamphetamine	
	Number	%	Number	%	Number	%	Number	%	Number	%
1994	12309	68.9	1787	10.0	1590	8.9	643	3.6	357	2.0
1995	9439	56.8	1861	11.2	1811	10.9	881	5.3	1363	8.2
1996	8969	52.6	1824	10.7	2455	14.4	1108	6.5	1552	9.1
1997	7655	44.3	2246	13.0	2713	15.7	1538	8.9	2004	11.6
1998	7113	42.8	1662	10.0	2925	17.6	1296	7.8	2709	16.3
1999	7524	42.3	1529	8.6	3321	18.7	1438	8.1	2882	16.2
2000	9341	43.7	1783	8.3	3750	17.5	1758	8.2	3448	16.1
2001	8481	41.4	1620	7.9	3694	18.1	1567	7.7	3785	18.5
2002	7834	39.1	1193	6.0	3442	17.2	1459	7.3	3675	18.3
2003	7151	35.9	1311	6.6	3450	17.3	1690	8.5	4601	23.1

See Figure 43.
Source: Utah State Division of Substance Abuse and Mental Health.

Table 24. Drug Treatment Admissions where IDU was Reported, Utah 1994-2003

Year	Number of Persons
1994	2,251
1995	2,568
1996	2,672
1997	3,444
1998	3,172
1999	3,185
2000	3,534
2001	3,172
2002	3,325
2003	3,722

See Figure 44.
Source: Utah State Division of Substance Abuse and Mental Health.

Table 25. Drug Treatment Admissions Where IDU is Reported by Age, 1998-2003

	Under 13	13-19	20-29	30-39	40-49	50+	Total
1998	43	133	900	1,351	667	78	3,172
1999	8	117	854	1,291	785	130	3,185
2000	11	134	990	1,401	861	137	3,534
2001	5	94	944	1,236	731	162	3,172
2002	1	101	1,052	1,248	781	142	3,325
2003	0	132	1,302	1,233	8,90	165	3,722
Total	68	711	6,042	7,760	4,715	814	20,110

See Figure 45.
Source: Utah State Division of Substance Abuse and Mental Health.

Table 26. Drug Treatment Admissions Where IDU is Reported by Gender, 1998-2003

	Male	Female	Total
1998	2,049	1,123	3,172
1999	2,052	1,133	3,185
2000	2,302	1,232	3,534
2001	1,961	1,211	3,172
2002	2,128	1,197	3,325
2003	2,287	1,435	3,722
Total	12,779	7,331	20,110

Source: Utah State Division of Substance Abuse and Mental Health.

Table 27. Selected Behaviors Related to HIV Risk
Utah Adults Age 18-64 years, 2002-2003

	Age			Gender	
Questions:	18-24	25-44	45-64	Male	Female
Have you ever been tested for HIV? (not including blood donations)	24.6%	42.8%	23.7%	32.8%	32.8%
Discussed STD/condom use with med. provider in the last 12 months	18.2%	6.7%	1.7%	4.7%	11.0%
Do you participate in high risk* behaviors?	5.2%	2.0%	0.7%	2.2%	2.5%

See Figure 46 and 47.
Source: Utah Behavioral Risk Factor Surveillance Survey.
*ie. IDU, treated for STD, money/drugs for sex, anal sex w/o condom

Selected Behaviors Related to HIV Testing
Utah Adults Age 18-64 years, 2002-2003

Question: Reason for last HIV test:	Male	Female
Routine medical check-up	33.9%	20.9%
You were pregnant	0.0%	31.0%
It was required	22.5%	10.6%
Other reasons	20.5%	18.3%

Question: Location where you received your last HIV test:	Male	Female
Clinic	26.9%	21.3%
Private Doctor	26.3%	51.0%
Hospital	20.8%	15.2%

Source: Utah Behavioral Risk Factor Surveillance Survey.

Table 28. Utah HIV Testing Site - Positives 1998-2003

	1998	1999	2000	2001	2002	2003
Tested	6,333	6,110	6,106	5,598	5,691	6,480
Positive	26	31	26	28	46	58
% Positive	0.4%	0.5%	0.4%	0.5%	0.8%	0.9%
Sex of Positives						
Male	20	25	17	23	37	50
Female	6	6	9	5	9	8
Male	76.9%	80.6%	65.4%	82.1%	80.4%	86.2%
Female	23.1%	19.4%	34.6%	17.9%	19.6%	13.8%
Risk Group of Positives						
MSM	9	6	9	10	20	25
MSM/IDU	0	2	1	1	5	9
Heterosexual	3	4	5	5	3	5
IDU	7	1	3	3	9	4
Sex Partner at Risk	4	12	4	6	4	8
Other*	1	6	4	3	4	1
Not Specified	2	0	0	0	1	6
MSM	34.6%	19.4%	34.6%	35.7%	43.5%	43.1%
MSM/IDU	0.0%	6.5%	3.8%	3.6%	10.9%	15.5%
Heterosexual	11.5%	12.9%	19.2%	17.9%	6.5%	8.6%
IDU	26.9%	3.2%	11.5%	10.7%	19.6%	6.9%
Sex Partner at Risk	15.4%	38.7%	15.4%	21.4%	8.7%	13.8%
Other*	3.8%	19.4%	15.4%	10.7%	8.7%	1.7%
Not Specified	7.7%	0.0%	0.0%	0.0%	2.2%	10.3%
Race/Ethnicity of Positives						
White	21	16	15	18	33	42
Black	1	7	5	1	1	0
Hispanic	3	6	6	8	11	14
Asian/Pacific Islander	0	0	0	1	0	0
Am. Indian/ Alaskan Native	0	0	0	0	1	1
Undetermined	1	2	0	0	0	1
White	80.8%	51.6%	57.7%	64.3%	71.7%	72.4%
Black	3.8%	22.6%	19.2%	3.6%	2.2%	0.0%
Hispanic	11.5%	19.4%	23.1%	28.6%	23.9%	24.1%
Asian/Pacific Islander	0.0%	0.0%	0.0%	3.6%	0.0%	0.0%
Am. Indian/ Alaskan Native	0.0%	0.0%	0.0%	0.0%	2.2%	1.7%
Undetermined	3.8%	6.5%	0.0%	0.0%	0.0%	1.7%
Age of Positives						
0-12	0	0	0	0	0	0
13-19	3	3	1	1	4	1
20-29	11	12	12	9	17	29
30-39	9	14	6	9	9	13
40-49	1	1	3	7	15	11
50+	2	1	4	2	1	4
0-12	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
13-19	11.5%	9.7%	3.8%	3.6%	8.7%	1.7%
20-29	42.3%	38.7%	46.2%	32.1%	37.0%	50.0%
30-39	34.6%	45.2%	23.1%	32.1%	19.6%	22.4%
40-49	3.8%	3.2%	11.5%	25.0%	32.6%	19.0%
50+	7.7%	3.2%	15.4%	7.1%	2.2%	6.9%

See Figure 60, 61, and 62.

* Other includes: STD Dx, Sex for Drugs or Money, Sex while Using Drugs, Hemophilia/Blood Recipient, Health Care Worker.

Source: Utah HIV Counseling and Testing data

Table 29. Utah HIV Testing Site - Tests 1998-2003

	1998	1999	2000	2001	2002	2003
Tested	6,333	6,110	6,106	5,598	5,691	6,480
Sex of Tested						
Male	3,315	3,201	3,227	2,979	3,220	3,729
Female	3,018	2,909	2,879	2,619	2,471	2,751
Male	52.3%	52.4%	52.8%	53.2%	56.6%	57.5%
Female	47.7%	47.6%	47.2%	46.8%	43.4%	42.5%
Risk Group of Tested						
MSM	786	851	865	757	877	1155
MSM/IDU	64	53	59	51	71	95
Heterosexual	1,706	1,484	1,477	1,198	1,088	1,430
IDU	534	515	579	706	852	924
Sex Partner at Risk	1,505	1,469	1,742	1,658	1,595	1,351
Other*	1,395	1,465	1,193	1,009	1,001	1,335
Not Specified	343	273	191	219	207	190
MSM	12.4%	13.9%	14.2%	13.5%	15.4%	17.8%
MSM/IDU	1.0%	0.9%	1.0%	0.9%	1.2%	1.5%
Heterosexual	26.9%	24.3%	24.2%	21.4%	19.1%	22.1%
IDU	8.4%	8.4%	9.5%	12.6%	15.0%	14.3%
Sex Partner at Risk	23.8%	24.0%	28.5%	29.6%	28.0%	20.8%
Other*	22.0%	24.0%	19.5%	18.0%	17.6%	20.6%
Not Specified	5.4%	4.5%	3.1%	3.9%	3.6%	2.9%
Race/Ethnicity of Tested						
White	4,810	4,552	4,520	3,953	4,072	4,567
Black	185	199	207	207	167	243
Hispanic	1,002	1,031	1,091	1,138	1,115	1,255
Asian/Pacific Islander	153	135	132	122	122	136
Am. Indian/ Alaskan Native	75	99	76	86	103	147
Other/Undetermined	108	94	80	92	112	132
White	76.0%	74.5%	74.0%	70.6%	71.6%	70.5%
Black	2.9%	3.3%	3.4%	3.7%	2.9%	3.8%
Hispanic	15.8%	16.9%	17.9%	20.3%	19.6%	19.4%
Asian/Pacific Islander	2.4%	2.2%	2.2%	2.2%	2.1%	2.1%
Am. Indian/ Alaskan Native	1.2%	1.6%	1.2%	1.5%	1.8%	2.3%
Other/Undetermined	1.7%	1.5%	1.3%	1.6%	2.0%	2.0%
Age of Tested						
0-12	26	19	11	13	3	7
13-19	1,185	1,021	961	772	830	781
20-29	2,578	2,570	2,537	2,341	2,379	2,833
30-39	1,433	1,404	1,392	1,310	1,349	1,459
40-49	770	792	871	783	756	864
50+	323	301	334	357	342	450
Unspecified	18	3	0	22	32	86
0-12	0.4%	0.3%	0.2%	0.2%	0.1%	0.1%
13-19	18.7%	16.7%	15.7%	13.8%	14.6%	12.1%
20-29	40.7%	42.1%	41.5%	41.8%	41.8%	43.7%
30-39	22.6%	23.0%	22.8%	23.4%	23.7%	22.5%
40-49	12.2%	13.0%	14.3%	14.0%	13.3%	13.3%
50+	5.1%	4.9%	5.5%	6.4%	6.0%	6.9%
Unspecified	0.3%	0.0%	0.0%	0.4%	0.6%	1.3%

Source: Utah HIV Counseling and Testing data

* Other includes: Child of HIV+ Woman, STD Dx, Sex for Drugs or Money, Sex while Using Drugs, Hemoph/Blood Recipient, Victim of Assalt, Health Care Worker.

Appendix B:
Data Sources

Data Sources

Data were compiled from a variety of sources to provide the most complete picture possible. When interpreting the data, keep in mind that each of the data sources has strengths and limitations. A brief description of each of the data sources follows.

U.S. Bureau of the Census
The Census Bureau collects and provides timely information about the people and economy of the United States. The Census Bureau's Web site (http://www.census.gov) includes data on demographic data (e.g., age, race/ethnicity, sex) of the population, family structure, educational attainment, income level, housing status, and the proportion of persons who live at or below the poverty level. Summaries of the most requested information for states and counties are provided, as well as analytical reports. State and county specific data are easily accessible, and links to other Web sites with census information are included.

IBIS
IBIS-PH stands for Utah's Indicator-Based Information System for Public Health. IBIS-PH provides information on the health status of Utahns, the state of the health care system, and Utah public health activities. You can access published reports, dynamic indicator profiles, or query health data directly (http://health.utah.gov/ibisph).

America's Health: State Health Ranking
An annual report designed to assess the overall healthiness of our nation. Produced by The United Health Foundation, The American Public Health Association and Partnership for Prevention. www.unitedhealthfoundation.org/shr2004

Core HIV/AIDS Surveillance
Data on Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) cases included in this report are based on cases of HIV and AIDS reported to the Utah Department of Health under the authority of the Communicable Disease Control Act (Utah Code Annotated 26-6-3 and Administrative Rules R386-702-2 and R388-803). AIDS cases became reportable in Utah in 1983 and HIV infections in 1989.

Cases of HIV and AIDS are reported by physicians, laboratories, local health departments, and/or other medical service providers using the Communicable Disease Morbidity Report form, the HIV/AIDS Confidential Report form, or by calling the HIV/AIDS Surveillance Program and reporting by telephone. To encourage reporting, the HIV/AIDS Surveillance Program operates an active surveillance program wherein they meet monthly with key infectious disease specialists, and also call other physicians treating HIV infected patients in order to identify new cases and update existing records to include demographic data, immune system tests, HIV transmission risk information, and document progression to AIDS. Active HIV/AIDS surveillance is also done with laboratories and hospitals statewide. All data are entered into and maintained in a confidential CDC-developed software program, the HIV/AIDS Reporting System (HARS).

Sexually Transmitted Disease (STD) Surveillance
The Utah Department of Health STD Program conducts statewide surveillance to determine the number of reported cases of STDs and to monitor trends. STD surveillance data can serve as a surrogate marker for unsafe sexual practices and demonstrate the prevalence of changes in a specific behavior. In addition, STDs can facilitate the transmission or acquisition of HIV infection.

STD data are widely available at the state and local level. Although STD risk behaviors result from unsafe sexual behavior, they do not necessarily correlate with HIV risk.

Division of Substance Abuse and Mental Health
Data on substance abuse treatment and admissions came from published reports and special analysis provided by Janis Race-Bigelow, Director of Research for the Division.

Behavioral Risk Factor Surveillance System (BRFSS)
The BRFSS is a state-based random-digit-dialed telephone survey of adults that monitors state-level prevalence of the major behavioral risks associated with premature morbidity and mortality. In 1984, the CDC established the BRFSS within 14 participating states, including Utah, and has since expanded to include all states, U.S. districts and territories. Utah's annual sample has increased from 612 respondents in 1984 to over 5,000 in 2003. Respondents to the BRFSS questionnaire are asked about their personal health behaviors and health experiences. An AIDS Knowledge/Testing module was added in 1990 and has continued through to present day. Originally, the survey asked questions to gauge the public's attitudes and understanding of AIDS and how it is contracted. More recent questions evaluate behaviors in regard to testing, prevention and perceived risk. Data from the BRFSS survey are population based; thus, estimates about testing attitudes and practices can be generalized to the adult population of the state, not just persons at highest risk for HIV/AIDS. However, because BRFSS respondents are contacted by telephone, the data are not representative of households that do not have telephones.

HIV Counseling and Testing Data
Basic demographic data on individuals presenting for HIV testing services at publicly funded sites is gathered via a standard form (HIV Counseling and Testing Report Form) provided by CDC. These forms are scanned into the Counseling and Testing System (CTS) database and reports are generated on a monthly or as needed basis. In addition to basic demographic data, other information is collected including HIV risk factors, type of testing received and previous HIV status. Additional data is collected through the Post Marketing Surveillance (PMSII) project for rapid HIV testing. These data include type of test administered, type of confirmatory test received for reactive results, and various quality assurance logs. These data are sent to CDC on a monthly or as needed basis.

Treatment and Care
The Utah Department of Health, Treatment and Care Program compiles data to determine the utilization patterns of Ryan White Title II services.

Appendix C:
Utah HIV Testing Sites

Utah Confidential HIV Testing and Counseling Locations – Updated 08-04

All test sites are confidential and no client will be denied service due to inability to pay fees.
Other sites and temporary sites are sometimes available. Call 801-538-6096 for more information.

SALT LAKE CITY

SALT LAKE VALLEY HEALTH DEPT
534-4666
610 South 200 East, SLC
(Fee: $15.00 – Anonymous or Confidential testing)
Appointment/Walk-In Schedule
Mon: 9:00am – 5:00 pm
Tues/Thurs: 8:30 am – 4:30 pm
Fri: 10:00 am – 3:30 pm

UTAH AIDS FOUNDATION
487-2323
1408 South 1100 East
(Fee: $15.00)
Mon 5:00 pm – 7:00 pm

GAY AND LESBIAN COMMUNITY CENTER
539-8800 or 888-874-2743
361 North 300 West
(Fee: FREE)
Every 2nd and 4th Wed of every month
6:00 pm – 8:00 pm

PLANNED PARENTHOOD
SLC - 322-5571
654 South 900 East
WVC/TEEN CTR - 973-9675
2109 West 3500 South
(Fee: based on ability to pay)
Walk-Ins Welcome, call for clinic schedule

UNIVERSITY OF UTAH STUDENT HEALTH SERVICE
581-6432
Madsen Health Center
555 Foothill Blvd, Level One
(Fee: $22.00)
Call for appointment

PARK CITY

SUMMIT CITY/COUNTY HEALTH DEPT
435-615-3910
6505 North Landmark Dr.
(Fee: $10.00)

PLANNED PARENTHOOD
435-649-5989
1670 Bonanza Dr.
(Fee: based on ability to pay)
Walk-Ins Welcome. Call for clinic schedule

LOGAN/BRIGHAM CITY

BEAR RIVER DISTRICT HEALTH DEPT
LOGAN 435-792-6500
655 East 1300 North

BRIGHAM 435-734-0845
817 West 950 South
(Fee: $10.00)

PLANNED PARENTHOOD
LOGAN 435-753-0724
550 North Main #117
(Fee: based on ability to pay)
Walk-Ins Welcome, call for clinic schedule

FARMINGTON - DAVIS CO.

DAVIS COUNTY HEALTH DEPT
801-451-3315
FARMINGTON – 50 East State
(Annex Bldg)
BOUNTIFUL – 1650 South Main
(Fee: $15.00 - $36.00 based on ability to pay)
Mon–Fri – Appointment Only

OGDEN

WEBER-MORGAN DISTRICT HEALTH DEPT
801-399-8854
2570 Grant Ave.
(Fee: $15.00) - Appointment Only

PLANNED PARENTHOOD
801-479-7721
4387 S. Harrison Blvd. #D8
(Fee: based on ability to pay)

NORTHERN UTAH HIV/AIDS COALITION
801-393-4153
846 East 24th Street
(Fee: FREE) - Walk-Ins Welcome
Every other Mon. 5:00 – 7:00 pm

PROVO/OREM

UTAH COUNTY HEALTH DEPT
801-851-7025
151 S University Avenue
(Fee: $15.00) - Appointment Only

PLANNED PARENTHOOD
801-226-5246
1842 South Columbia Ln.
(Fee: based on ability to pay)

RICHFIELD

CENTRAL UTAH PUBLIC HEALTH DEPT
435-896-5451
70 Westview Dr.
(Fee: $10.00)
Appointment Only. Also call to obtain information about testing in surrounding counties

TOOELE

TOOELE COUNTY HEALTH DEPT
435-843-2300
151 North Main St.
(Fee: $15.00) - Appointment Only

VERNAL

TRICOUNTY PUBLIC HEALTH DEPT
435-781-5475
County Courthouse
(Fee: $15.00) - Appointment Only

PRICE

SOUTHEASTERN UTAH DISTRICT HEALTH DEPT
435-637-3671, ext. 13
28 South 100 East
(Fee: $20.00)

CEDAR CITY

SOUTHWEST UTAH PUBLIC HEALTH DEPT
435-586-2437 ext. 5149
260 East DL Sargent
(Fee: $15.00) - Appointment Only

ST. GEORGE

SOUTHWEST UTAH PUBLIC HEALTH DEPT
435-673-3528
168 North 100 East
(Fee: $15.00)

Appendix D: References and Suggested Reading

References and Suggested Reading

The suggested readings provide appropriate references for understanding key issues and concepts in HIV Prevention and Ryan White CARE Act community planning, and HIV/AIDS surveillance.

HIV Prevention

Centers for Disease Control and Prevention. *HIV Prevention Strategic Plan Through 2005*. Atlanta, GA: Centers for Disease Control and Prevention; 2001. Available at http://www.cdc.gov/nchstp/od/news/prevention.pdf.

Janssen RS, Holtgrave DR, Valdiserri RO, Shephard M, Gayle HD, DeCock KM. *Serostatus Approach to Fighting the HIV Epidemic: Prevention Strategies for Individuals with HIV Infection in the United States*. Am J Public Health 2001; 91:91:1019-1024.

HIV Prevention Community Planning

Guidance for HIV Prevention Community Planning for HIV Prevention Cooperative Agreement Recipients. Available at: http://www.cdc.gov/hiv/pubs/guidelines.htm.

CDC. *HIV Prevention Community Planning: Shared Decision Making in Action*. Available at: http://www.cdc.gov/hiv/pubs/guidelines.htm.

Compendium of HIV Prevention Interventions with Evidence of Effectiveness. Available at: http://www.cdc.gov/hiv/pubs/HIVcompendium/hivcompendium.htm.

Ryan White CARE Act Community Planning

Ryan White Care Act Amendments of 2000, 106 USC 2311 – 2337 (2000).

HRSA. *Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Needs Assessment Guide*. Fall 1999: V9 – V33.

HRSA. Title I FY 2002 Grant Application Guidance.

HRSA. Title II FY 2002 Grant Application Guidance.

HIV/AIDS Surveillance

Diagnosis and reporting of HIV and AIDS in states with HIV/AIDS surveillance – United States, 1994 – 2000. MMWR 2002: 51(27): 595-598.

CDC. *Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome*. MMWR. 1999;48 (PP-13): 1-31.

CDC. HIV and AIDS – United States, 1981 – 2000. MMWR 2001; 50:430-434 (Erratum: Vol 50, No. 21. MMWR 2001; 50:1066).

CDC. HIV/AIDS Surveillance Report, 2002; 14(1-48).
Available at: http://www.cdc.gov/hiv/stats/hasrlink.htm

CDC. *Supplemental Surveillance Need of States with Low-to-Moderate HIV/AIDS Prevalence*, 2004. Atlanta: U.S. Department of Health and Human Services, CDC;2004:[1-22]. Special Surveillance Report No.3. Available at: http://www.cdc.gov/hiv/stats/hasrsupp.htm

CDC. *Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults*. MMWR 1992;41(No.RR-17).

CDC. *HIPPA Privacy Rule and Public Health Guidance from CDC and the U.S. Department of Health and Human Services*. MMWR 2003,52(S-1);1-17.

CDC. HIV Prevalence trends in selected populations in the United States: results from national seroprevalence, 1993 –1997; 2001:1-51.

Fleming PL, Byers RH, Sweeney PA, Daniels D, Karon JM, Lanssen RS*. HIV prevalence in the United States*, 2000. Abstract 11. 9th Conference on Retroviruses and Opportunistic Infections, Seattle, Washington, February 24-28, 2002.

Fleming PL, Wortley PM, Karon JM, DeCook KM, Janssen RS. *Tracking the HIV Epidemic: current issues, future challenges.* Am J Pub Health. 2000; 90:1037-1041.

Karon JM, Fleming PL, Steketee RW, DeCock KM. *HIV in the United States at the Turn of the Century: An Epidemic in transition.* Am J Pub Health. 2001; 91:1060-1068.

McNaughten AD, Hansen Dl, Jones JL, Dworkin MS, Ward JW. *Effects of Antiretroviral Therapy and Opportunistic Illness Primary Chemoprophylaxis on Survival After AIDS Diagnosis*. *AIDS* 1999; 13:1687-1695.

Nakashima AK, Fleming PL. HIV/AIDS surveillance in the United States, 1981-2001. *Journal of Acquired Immune Deficiency Syndromes* 2003; 32:68-85.

Palella FL Jr, Delaney KM, Moorman AC, et al. *Declining Morbidity and Mortality Among Patients with Advanced Human Immunodeficiency Virus Infection*. N Engl J Med 1998; 338:853-860.

Valdiserri RO, Janssen RS, Beuhler JW, Fleming PL. *The Context of HIV/AIDS Surveillance*. J Acquir Immune Defic 2000; 25 Suppl 2:S97-104.

Appendix E:

Feedback Form

Planning Group Epidemiologic Profile Feedback Form

The purpose of this form is to provide the writers of the HIV/AIDS epidemiologic profile feedback regarding the ease of use and applicability of the profile to prevention and care planning activities.

Please complete this feedback form and send it to:

HIV/AIDS Epidemiological Profile
Bureau of Communicable Disease Control
Utah Department of Health
P.O. Box 142105
Salt Lake City, UT 84114

1. What is your role on the planning group? _____

2. Did planning group members have a role in creating the epidemiologic profile?

   - ▫ Yes
   - ▫ No

   If yes, explain the role.

   _____

   _____

   _____

3. Was the epidemiologic profile easy to read?

   - ▫ Yes
   - ▫ No

   If no, please explain why.

   _____

   _____

   _____

   _____

4. How were the findings of the epidemiologic profile communicated to you?

   - ▫ Print copy only
   - ▫ Profile writers presented epidemiologic profile to planning group
   - ▫ Other _____

5. Were the findings of the epidemiologic profile clear to you?

   - ▫ Yes
   - ▫ No

   If no, please explain why.

   _____

   _____

   _____

   _____

6. Was the epidemiologic profile useful to your planning process?

   - ▫ Yes
   - ▫ No

   If no, please explain why.

   _____

   _____

   _____

   _____

7. Describe how you used the epidemiologic profile in your planning activities.

   _____

   _____

   _____

   _____

8. How can the next profile be improved?

   _____

   _____

   _____

   _____

Glossary

Glossary

Adjustments
Adjustments are statistical calculations that allow us to compare different groups (when the difference may affect what you are studying) as though they are alike. When populations or sub-groups differ, it makes it difficult to make comparisons and adjustments remove the influence of a particular factor such as age, gender, race, or disease status from the analysis.

Aggregated data
Data that is summed or presented together to prevent the identification of individual cases.

AIDS
Acquired immunodeficiency syndrome. AIDS is the condition that results from HIV infection and is marked by the presence of opportunistic infections that do not impact persons with healthy immune systems.

ART (Antiretroviral Therapy)
HIV treatments designed to reduce the levels of HIV in a person's body.

Bias
Refers to results that do not represent true findings because of a systematic error in the data. For example, if persons feel uncomfortable reporting that they have engaged in high-risk behaviors, these behaviors will be systematically underreported. Consequently, conclusions about the occurrence of such behaviors would be considered biased.

CARE Act
The Ryan White Comprehensive AIDS Resources Emergency Act is the primary federal legislation created to address the health and support services needs of persons living with HIV/AIDS and their families in the United States; enacted in 1990 and reauthorized in 1996 and 2000.

Case
A person who has been diagnosed with a condition, such as HIV (e.g., an HIV case) or AIDS (e.g., AIDS case) according to a standard case definition.

CDC
The Centers for Disease Control and Prevention, in the U.S. Department of Health and Human Services, is the lead federal agency for protecting the health and safety of the people of the United States.

Community-Based Organization (CBO)
A community-based organization provides services to locally defined populations, which may not include populations infected or affected by HIV.

Community Planning Group
A community planning group, is a group of persons who represent or have interests in a given community and who work in partnership with health departments to design a local prevention plan to meet the needs of those at risk for or infected with HIV.

Co-morbidity
Co-morbidity is defined as disease or illness co-existing with HIV infection in the same person. For example, an HIV-infected person also suffering from severe mental illness and substance abuse.

Confidentiality
The treatment of information that an individual or institution has disclosed in a relationship of trust, with the expectation that it will not be divulged to others in ways that are inconsistent with the understanding of the original disclosure. It encompasses access to the disclosure of information in accordance with requirements of state law and/or official policy. For HIV/AIDS surveillance data, confidentiality refers to the protection of private information collected by the HIV/AIDS surveillance system.

Convenience sampling
A sample technique that relies upon selecting people, who are more easily accessible at the time (e.g., a survey of clients who attend a group meeting or are n a clinic when a researcher happens to be there).
The advantage of convenience sampling is that it is easy to carry out. The weakness is that findings from this sample may not be representative of the entire community.

Core epidemiological questions
An epidemiologic profile is a critical step in the planning of HIV prevention and care resources. The core epidemiologic questions are those questions that must be answered by all prevention and care grantees regardless of HIV morbidity

Cumulative cases
The total number of persons reported of diagnosed with a disease during a specified time. Cumulative cases can include people who have already died.

Cumulative incidence rate
The total number of people who experience the onset of a disease during a specific time interval among all people at risk of onset of the disease. A cumulative incidence rate is calculated by dividing cumulative incidence for a specified time period by the population in which cases occurred during the time period. A multiplier is used to convert the resulting fraction to a number over a common denominator, often 100,000.

Denominator
Divisor; the term of a fraction, usually written under or after the line that indicates the number of equal parts into which the unit is divided; used to calculate a rate or ratio.

Eligible Metropolitan Area (EMA)
A metropolitan statistical area that qualifies for Title 1 funding by reaching a certain threshold of AIDS cases. An EMA may include just one city, several cities and/or counties, or they may span more than one state.

Epidemiology
Epidemiology is the study of the spread and causes of disease in human beings.

Epidemiologic Profile
An HIV/AIDS epidemiologic profile is a document that describes the HIV/AIDS epidemic within various populations and identifies characteristics of both HIV-infected and HIV-negative persons in define geographical areas. It is composed of information gathered to describe the effect of HIV/AIDS on an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics. The epidemiologic profile serves as the scientific basis for which HIV prevention and care needs are identified and prioritized for any given jurisdiction.

Estimation
For situations in which precise data are not available, an estimate may be made based on the data that are available and an understanding of how they can be generalized to larger populations. In some cases, national or state data may be statistically adjusted to estimate local conditions. Good estimates will be accompanied by statistical estimates of error (a confidence interval), which describe the limitations of the estimate.

Grantee
The recipient of HIV prevention or CARE Act funds. For HIV prevention funds, the state or local health department is referred to as the grantee. For CARE Act funds, the CEO of each EMA is the official grantee for Title I funds. Under Title II the Governor designates a State agency (usually the State Health Department) as the grantee.

HIV
Human immunodeficiency virus. HIV is the Virus that causes AIDS. Persons with HIV in their system are referred to as HIV infected.

HIV+/aware
This includes both People Living With HIV and People Living With Aids, who know they are positive.

HIV/AIDS Surveillance
The systemic collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with diagnosed HIV and AIDS.

HIV primary medical care
An individual is considered to have HIV primary medical care if s/he has received at least one of the following three components during a defined twelve-month period (1) viral load testing, (2) CD4 count, or (3) anti-retroviral therapy.

IDU
Injecting Drug User

In-care
A person is considered to be in-care when s/he is receiving HIV primary medical care during a twelve-month period.

Incidence
The number of new cases in a defined population within a certain time period, often a year, which can be used to measure disease frequency. It is important to understand the difference between HIV incidence and reported HIV diagnoses. Because anonymous tests are not included and therefore do not reflect all persons infected or all those diagnosed with HIV, HIV data do not represent incident cases.

Incidence Rate
The number of new cases in a specific area, during a specific time period, among those at risk of becoming a case in the same area and time period.
Incidence rate provides a measure of the impact of illness relative to the size of the population. Incidence rate is calculated by dividing the number of cases during a specified period by the

population in which cases occurred. A multiplier is used to convert the resulting fraction to a number over a common denominator, often 100,000.

Interpretation
The explanation of the meaning of available data. An example is examining a trend in an event, such as the number of HIV cases diagnosed over 5-year period. Interpreting a trend enables a planning group to assess whether the number of events is increasing or decreasing over time. However, groups should cautiously interpret trends that are based upon small deviations upward or downward.

Mean
The sum of individual scores in a data set divided by the total number of individuals. The mean is what many people refer to as the average.

Median
The value of the "middle case" in the data set, or 50th percentile. Usually, approximately half of the cases will have a higher value and half will have a lower value. The median is useful when a data set has unusually high or unusually low values, which can affect the mean. It is also useful where data are "skewed," meaning that most of the cases are at one extreme or another.

Morbidity
Morbidity indicates the presence of illness in a population.

Mortality
Mortality indicates the total number of those who have died from the disease of interest. Usually expressed as a rate, mortality (total number of deaths over the total population) measures the impact of the disease on the population as a whole.

MSM
Men who have sex with men.

Needs Assessment
The process of gathering and analyzing information from a variety of sources in order to determine the current status and unmet HIV prevention or care needs of a defined population or geographic area.

Not-in-care/ Out-of-care
A person is considered to be out of care when s/he has not received HIV primary medical care during a twelve-month period.

Numerator
Dividend, the term of a fraction, usually written above or before the line that indicates the number of parts that are to be added together, used to calculate a rate or ratio.

OI (opportunistic infection)
HIV infection can weaken a person's immune system to the point that it has difficulty fighting off certain infections. When these types of infections develop into illness they are know as opportunistic infections.

PLWA
People living with AIDS who are aware of their status.

PLWH
People living with HIV, not AIDS, and who are aware of their HIV status.

Percentage
A proportion of the whole, where the “whole” is 100.

Perinatal
The word means “around birth” and is used to describe events that occur during labor and birth, and immediately after delivery. When applied to HIV however the term is used more broadly and describes any time that a mother may transmit HIV to her child- while she is pregnant, during birth, or through breast-feeding.

Positivity rate
Measures the number of positive cases that occur over a given period of time divided by the size of the defined population in that same time period.

Prevalence
Refers to the total number of persons with a specific disease or condition at a given point in time. HIV prevalence data are generally presented as “persons living with HIV”, and does not indicate time of infection or diagnosis date. HIV prevalence data include only those who have been tested and reported to the Health Department.

Proportion
A proportion of a complete population or data set, usually expressed as a fraction or percentage of the population or data set.

Range
The values of the largest and smallest scores in a data set.

Rate
A measure of the frequency of an event or disease compared to the number of persons at risk of the event or disease.

Ratio
A ratio is a way of showing the relative size of two numbers. The first number is divided by the other number to derive the ratio. The ratio may be expressed as a fraction, or the two numbers may be separated by a colon.

Reporting delay
The period of time between when a person is diagnosed with HIV or AIDS and the report being received by the health department.

Representative Sample
A sample that is similar to the population from which it is drawn is said to be representative and can be used to draw information about the population.

Risk Not Identified
Cases in which epidemiologic follow-up has been conducted, sources of data have been reviewed which may include an interview with the patient or provider, and no mode of exposure has been identified. In addition, any case that remains No Reported Risk (NRR) 12 or more months after the report date will be considered No Identified Risk (NIR).

Sample
A group of people selected from a total population with an expectation that studying this group would provide important information about the total population.

Sociodemographic factors
Sociodemographic factors provide important background information about the population of interest. These factors are often thought of as explanatory, because they help us make sense of the result of our analyses. Sociodemographic factors include but are not limited to age, sex, race, educational status, income, and geographic location.

Service gaps
The need for other supportive services, by individuals with HIV, who are aware of their HIV status but are not receiving other supportive services.

Surveillance
In a public health context, refers to intentional collection of data on disease or other important health conditions in order to monitor where the condition occurs and to determine the risk factors associated with the condition.

Title II (CARE Act)
Provides formula grants to States, the District of Columbia, Puerto Rica, and eligible U.S. territories to improve the quality, availability, and organization of health care and support services for PLWH and their families.

Trend
A long-term movement or change in frequency, usually upward or downwards and often presented as a graphic.

Unmet need
The need for HIV primary medical care by individuals with HIV, who are aware of their HIV status, but are not receiving primary medical care.

Variable
Any charateristic that can be measured or categorized.

Wasatch Front
The four neighboring counties (Salt Lake, Weber, Davis and Utah) that comprise the urban center, where the majority of the states population reside.

Year of Diagnosis
The year in which a person was diagnosed with HIV or AIDS.

Year of Report
The year in which a person diagnosed with HIV or AIDS was reported to the health department.

Abbreviations

Abbreviations

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
BRFSS	Behavioral Risk Factor Surveillance System
CARE	Comprehensive AIDS Resources Emergency Act
CDC	Centers for Disease Control and Prevention
CHIP	Childrens Health Insurance Program
COBRA	Consolidated Omnibus Budget Reconciliation Act
EMA	Eligible Metropolitan Area
FDA	Food and Drug Administration
FY	Fiscal Year
GED	General Education Degree
GOPB	Governor's Office of Planning and Budget
HARS	HIV/AIDS Reporting System
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IBIS-PH	Indicator-Based Information System for Public Health
IDU	Injection drug user
MSM	Men who have sex with men
MSM/IDU	Men who have sex with men and use injecting drugs
OMB 15	Office of Budget and Management Directive 15
P&S	Primary and secondary (syphilis)
PHHS	Preventive Health and Health Services
PLWA	People living with AIDS
PLWH/A	People living with HIV/AIDS
PLWH	People living with HIV
SPNS	Special Projects of National Significance
STD	Sexually transmitted disease
TB	Tuberculosis
UAF	Utah AIDS Foundation
UDOH	Utah Department of Health