March 2000

Utah Health Status Update:
HIV/AIDS in Utah

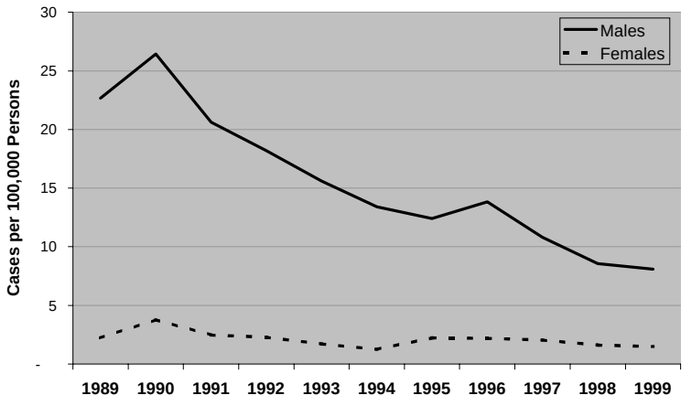
Utah Department of Health

After nearly two decades during which cases of and deaths from HIV infection and AIDS continued to increase, important changes have occurred in that epidemic. During the past few years, numbers of new cases and deaths have decreased. These changes are in part due to advances in treatment that increasingly demand that we change our view of this infection. This Health Status Update reviews highlights of recent trends in HIV and AIDS in Utah from the annual HIV Surveillance Report and Epidemiological Profile.

- Nationally, incidence of new cases of AIDS began to decline in 1996. In Utah, where both HIV and AIDS have been tracked, the incidence of HIV/AIDS peaked in 1990 and has declined since then. Rates in men have declined more than in women, so that the percentage of cases occurring among women increased from 9% in 1989 to 14% in 1999.

Trends in HIV/AIDS Cases

HIV/AIDS cases per 100,000 persons by year of diagnosis* and by sex, Utah 1989-1999.

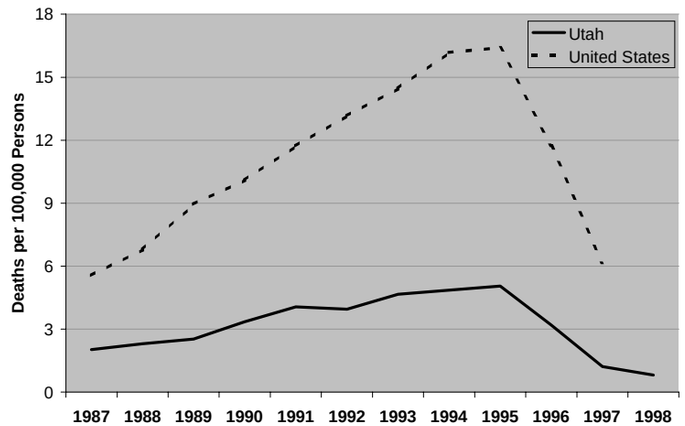


*Cases of HIV and AIDS were classified in the year of diagnosis based on the date of Western Blot testing. Case totals for the final three years were corrected for reporting delay based on an analysis of the time between Western Blot date and report date during the past four years.
Source: HIV/AIDS Surveillance Program

- Deaths of Utahns from HIV and AIDS decreased from a peak of 99 deaths in 1995 to 17 in 1998. Similar trends were evident in national data. This decrease resulted primarily from the introduction of new, more effective, anti-viral medications.

Trends in HIV/AIDS Deaths

Deaths per 100,000 persons from HIV/AIDS by year, Utah and United States, 1987-1998.

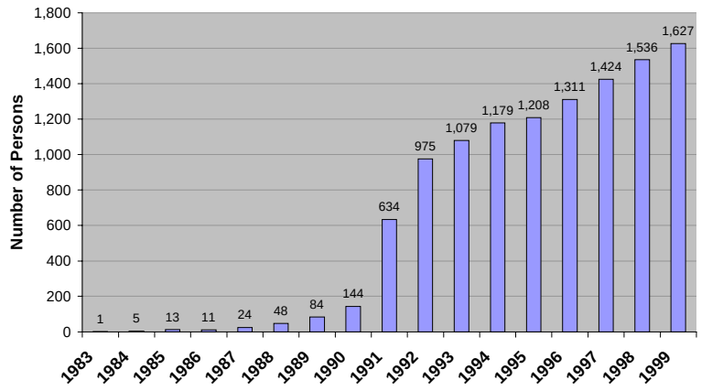


Deaths where HIV/AIDS (ICD-9 codes 42-44) was recorded as the underlying cause of death.
Sources: Utah - Utah Death Certificate Database; U.S. - CDC WONDER

- Despite the declining incidence of new cases of HIV/AIDS, the number of people living with HIV and AIDS has continued to increase. Part of that continuing increase is a result of improved treatment that has substantially delayed the onset of illness and death.
- Thus, while new cases and deaths are decreasing, the needs for treatment and care and for prevention services to help prevent new infections continue to increase.
- The numbers portrayed in the figure here represent only those individuals known through case reporting. Using methods developed by CDC, the Department of Health estimated that about 2,700 people were living in Utah with HIV infection or AIDS at the end of 1999. An estimated one third of those individuals do not know they are infected. They will, therefore, not receive appropriate treatment and represent a threat for further transmission of HIV.

Persons Living With HIV or AIDS

Number of persons reported with HIV or AIDS believed to be alive and living in Utah (cumulative) at end of each year, Utah 1983-1999.



Each total is the number of people who have been reported with either HIV or AIDS prior to the end of that year and who were believed to be alive and resident in Utah. Each annual total is cumulative and totals from different years should not be added. These data include about 362 persons who were reported in Utah, but subsequently have moved out of state and exclude about 185 persons known to have moved into Utah after being reported in another state.
Source: HIV/AIDS Surveillance Program

- The declines in new cases have not affected all groups evenly. Between 1994-95 and 1998-99, nearly all of the overall decrease in Utah cases can be accounted for by decreases among White men. Over that time, the numbers of cases reported remained stable among women and have increased slightly among Hispanic people. While most cases continue to be reported among White Utahns, rates were much higher for Black and Hispanic Utahns.
- When examined by risk group, the patterns of HIV risk have changed little in recent years.
    - Most cases (58% in 1998-99) occur in men who have sex with men.
    - The second most important risk group was injecting drug users (15% in 1998-99). Among women, about

Trends in HIV/AIDS by Race/Ethnicity (Males)

Numbers of cases of HIV/AIDS by race/ethnic group and two year time period, Utah males, 1994-1999.

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: HIV/AIDS Surveillance Program

HIV/AIDS by Race/Ethnicity

Rates per 100,000 persons of HIV/AIDS by race/ethnic group and sex, Utah 1996-1999.

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: HIV/AIDS Surveillance Program

50% of cases occur from injecting drug use or sex with an injecting drug user.

- Deaths from overdose with an illegal drug, primarily heroin or heroin in combination with cocaine, increased six-fold in Utah from 1991 to 1998. Drug treatment admissions for heroin, cocaine, and amphetamines and admissions where injecting drug use was reported all increased over a similar time period. Those data suggest that substantial increases in the number of people at risk for HIV from injecting drug use may have occurred in Utah.
- Data from Utah's Behavioral Risk Factor Surveillance System indicate that more than 2 out of 3 Utah adults believe that HIV/AIDS education should begin in elementary school.

HIV infection and AIDS continue to be an important public health challenge in Utah. However, the illness, the epidemic, and how we must respond to it have all changed rather substantially in the past few years. From a treatment and care standpoint, HIV is increasingly a chronic illness with needs for treatment and care that will span a much longer time period than was true only a few years ago. From a prevention standpoint, we must extend the successes achieved in reducing transmission to all the groups affected by the epidemic and must maintain prevention efforts focused on the increasing number of people carrying chronic infection despite the decline in newly reported cases.

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Additional information about this topic can be obtained from the Bureau of HIV/AIDS, Tuberculosis Control/Refugee Health, Utah Department of Health, P. O. Box 142105, Salt Lake City, Utah 84114-2105, (801) 538-6096, FAX (801) 538-9913; or the Office of Public Health Assessment, Utah Department of Health, P. O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phdata@doh.state.ut.us.

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