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.

• 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.

• 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 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.

- Cases of HIV and AIDS were classified in the year of diagnosis based on the date of Western Blot testing. Case totals for the first 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

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-JSS-0 codes 42-44) were recorded as the underlying cause of death. Sources: Utah - Utah Death Certificate Database; U.S. - CDC WONDER

- Cases of HIV and AIDS were classified in the year of diagnosis based on the date of Western Blot testing. Case totals for the first 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

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.
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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) 538-6993; 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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