

AIDS Case Report for 2002, North Carolina

The number of new AIDS cases identified and reported in North Carolina increased by 16% for 2002 compared to 2001. This is the second year for which an increase in AIDS cases has been reported for North Carolina. The Division of Public Health received 1,014 reports of new AIDS cases in 2002 compared to 871 reports for 2001. The reports for 2001 represented an increase of 28% over the number of cases reported in 2000 (681 AIDS cases) (see table below).

Year	1998	1999	2000	2001	2002
AIDS Cases Reported	789	767	681	871	1014
Percent Change from Previous Year	-5.5%	-2.8%	-11.2%	27.9%	16.4%

Slightly less than half (49%) of the AIDS cases reported in 2002 were persons who were not previously known to the public health agencies. The remaining cases were previously reported to the Division as HIV-infected and progressed to an AIDS diagnosis during 2002. For the group of patients reported with AIDS at the time of the initial report, 257 (52%) were reported with an opportunistic infection as the AIDS-defining condition, suggesting that these individuals had been infected with HIV for many years and may not have accessed appropriate medical care.

For the group of new AIDS cases that were initially reported with HIV infection and then developed an AIDS-defining diagnosis, 85% of the individuals were reported due to a low helper CD4 count, referred to as an immunologic definition. In most patients, the decline in CD4 cell count occurs before opportunistic infections are diagnosed.

No significant differences in age group or race/ethnicity have been noted over the past five years for AIDS cases. There has been a slight increase in the female proportion of AIDS cases reported. Approximately 29% of the 2002 cases were female compared to 27% of the cases reported in 2000. This gender proportion change is consistent with an ongoing trend noted for AIDS cases in North Carolina.

The reasons for the increase in AIDS reports are varied and likely represent several factors. These factors include variations in access to medical care, changes in HIV treatment effectiveness over time, the expected progression of disease for the high number of individuals infected during the mid 1990s, and enhanced surveillance efforts to better capture report information. Follow up of laboratory results of testing for HIV and AIDS related conditions with providers has lessened the delay between diagnosis of AIDS and the reporting of AIDS to health officials. In reviewing the source of the initial reports for AIDS case diagnoses in 2002, the proportion of laboratory reports doubled from the previous year.

In addition to the number of new AIDS cases identified, the Division also follows the number of persons reported for the first time with HIV disease (regardless of whether the person is reported with HIV or AIDS). The greater proportion of these reports is for HIV infection without an AIDS-defining condition, but this group represents all new persons reported in North Carolina. We refer to these reports as HIV disease reports to differentiate them from the previously discussed AIDS cases.

Preliminary results for 2002 indicate that 1,692 new individuals were reported to the North Carolina Division of Public Health with HIV disease. This represents an increase of 5% for 2002 compared to 2001 (1,609 reports). This is also the second year for which an increase in individuals reported with HIV disease has been reported for North Carolina. The number of reports for 2001 represented a 10% increase over cases reported in 2000.

In the previous 5 years, new HIV disease reports have averaged about 1,550 per year. For the 2002 HIV disease reports for adults and adolescents, 44.4% were African American or Black males, 24.5% were African American or Black females; and 19.5% were White non-Hispanic males. Additionally, 30.3% of the reports that were associated with a risk of transmission of either men who have sex with other men (MSM) or MSM who also inject drugs. Another 31.2% of reports identified a transmission risk of heterosexual sex with an infected individual or a presumed heterosexual risk based on additional case information. This additional information included the exchange of sex for drugs or money and cases with previous diagnoses of other sexually transmitted diseases. Transmission risk information should be viewed with caution, as a large percentage of cases (28%) were reported without risk information.

The cumulative total of non-duplicated North Carolina HIV and AIDS cases reported through December 31, 2002 is 23,770. Of these, 16,894 cases represent individuals who were listed as living. Some estimates indicate that an additional one-third to one-quarter of this total could be infected and unaware of their status. Therefore, the estimate of the population in North Carolina living with HIV/AIDS is at least 21,000.

The most recent information regarding the national totals for HIV/AIDS reports from the Centers for Disease Control and Prevention is only available through 2001. The CDC reported a cumulative total of 816,149 AIDS cases as of December 31, 2001. It is difficult to describe any one state's contribution to the total number of HIV (non-AIDS) infections reported because the 35 states with confidential HIV infection reporting have initiated reporting over a range of more than a decade. As a single point of comparison, however, for 2001 North Carolina ranked fifth among the 35 states and reported approximately 3% of the HIV infections reported to the CDC.

For more information about the epidemiology of HIV and AIDS in North Carolina, please refer to the *2003 HIV/STD Prevention & Community Planning Epidemiologic Profile for North Carolina* and the *North Carolina HIV/STD Surveillance Reports*. These documents are available at <http://www.epi.state.nc.us/epi/hiv/surveillance.html>.