2002

HIV Prevention & Community Planning

Epidemiologic Profile for North Carolina

Epidemiology and Special Studies Unit

HIV/STD Prevention and Care Branch
1902 Mail Service Center
Raleigh, North Carolina 27699-1902

Epidemiologic Profile for HIV Prevention and Community Planning

I. INTRODUCTION

"AIDS (acquired immunodeficiency syndrome) is a severe, life-threatening clinical condition, first recognized as a distinct syndrome in 1981. This syndrome represents the late clinical stage of infection with the human immunodeficiency virus (HIV), which most often results in progressive damage to the immune and organ systems, including the central nervous system."(Benenson, A. 1995. *Control of Communicable Diseases Manual*. 16th Edition. Washington, D.C. APHA)

This version of the Epidemiologic Profile of HIV/AIDS continues the description of the HIV epidemic among the various populations in North Carolina. As in previous versions, the majority of the data presented are drawn from the surveillance systems maintained by the HIV/STD Prevention and Care Branch. We have attempted to integrate other appropriate data sources in the analysis and discussion presented.

In previous editions of the North Carolina profile, we have attempted to answer four key questions:

1. What are the sociodemographic characteristics of the population?
2. What is the impact of HIV/AIDS on the population?
3. What is the risk for becoming infected with HIV?
4. What is the geographic distribution of HIV infection?

This document seeks to add information to the existing knowledge base concerning HIV incidence in North Carolina. In order to produce an accurate profile, it is critical to consider data limitations when evaluating identified trends and patterns. Data collection systems vary in completeness and relevancy. Also caution must be exercised when extrapolating trends from reported cases to the population at large. Data regarding AIDS and HIV positive cases reported in this profile are from the HARS (HIV/AIDS Reporting System) surveillance system maintained by the Epidemiology and Special Studies Unit, HIV/STD Prevention and Care Branch. AIDS became reportable in North Carolina in 1984 and HIV infection was made reportable by name in 1990.

While AIDS cases reflect the HIV infections that occurred in earlier years, examination of trends in AIDS cases can draw attention to aspects of the epidemic. The impact of treatment advances has delayed the progression from HIV to AIDS and from AIDS to death. This pattern has been demonstrated to some extent in our surveillance data. Thus, "from 1996 on, cases of AIDS and deaths will provide a valuable measure of the continuing impact of treatment, as well as describe populations from whom treatment is either not accessible or not effective." (CDC, 1998, *Trends in the HIV & AIDS Epidemic*, Atlanta, GA.)

A significant portion of both AIDS and HIV cases are reported without an identified transmission mode. Many of these cases have been investigated but do not meet the criteria to be reported as one of the CDC-defined risk categories. Amendment of existing categories and/or additional categories are needed to facilitate identification of trends and patterns in North Carolina's epidemic. Historically (for the nation) the largest proportion of male cases initially reported as no risk identified were later reclassified as male to male sexual contact, followed by injecting drug use and heterosexual contact. Most female cases initially reported as no risk identified are generally reclassified as heterosexual contact followed by injecting drug use. However, anecdotal data from North Carolina indicates those increasing numbers of the cases reported with no specified risk may be the result of heterosexual transmission (which includes individuals who reported multiple heterosexual partners and exchange of sex for drugs and/or money). The extent to which analysis of trends in AIDS/HIV exposure categories is compromised by the large proportion of cases reported with no risk identified depends on the extent to which AIDS/HIV transmission is changing over time.

The discussion of HIV or what is HIV disease?

In this profile we will attempt to simplify the discussion of the HIV epidemic in North Carolina by combining much of the available HIV and AIDS surveillance information into a single group of reports called *HIV disease*. This larger data set enables us to better describe the HIV epidemic over time. While it is important to examine all reports of infected individuals together, we must be consistent with the reference to time of report. This issue is somewhat difficult because our reporting for this disease has changed over time; however, for this profile we have defined a date category, "year of first report," that sorts all reports by the date the **individual** was first reported to the surveillance system.

Thus, for our discussion in this profile, HIV disease references all reports by date of *first report for the individual*. For most HIV disease reports, this new report date is determined from the date of an HIV infection report, but for some reports, it is based on the date of report for an AIDS diagnosis because the infected individual was never reported with an HIV infection without an AIDS-defining condition present. The first report for that person was an AIDS diagnosis and it represented a new incident case of an HIV infected individual at that time. HIV disease also includes early surveillance reports of individuals when AIDS surveillance was the only reporting of infected individuals (all reports before 1990) by referencing the AIDS report date. The reference of age for an HIV disease is based upon the age at the time of first report. Therefore, HIV disease can be used to examine all reports of all infected individuals based upon the earliest report date and information that we have for an individual. This new category is better reflective of recent changes in trends for the epidemic and provides us with a single category of disease.

The discussion of AIDS cases is essentially a subset of HIV disease reports since by definition all AIDS reports are included, but the report date is different. For AIDS reports, the date of report is based upon when the person was reported *with an AIDS diagnosis* (usually a later date than date of first report). The reference of age will also be

different, based on the age at the time of AIDS report. AIDS cases are presented the same as they have always been presented in earlier surveillance publications. Some AIDS information may be presented by the date of diagnosis rather than by the date of report. When this occurs, it will be labeled as such.

II. SOCIODEMOGRAPHIC CHARACTERISTICS OF NORTH CAROLINA

Based on the 2000 Federal Census, the United States population grew by 13.4% from 1990. During this same period, North Carolina's population grew by 21.4% which ranked it 9th in percentage growth among the states and 6th in the number of persons added. North Carolina remains ranked as the 11th most populous state. The 2000 Census also recorded substantial growth in North Carolina metropolitan areas. In percentage growth, four areas were found among the top 50 metropolitan areas in the United States: Raleigh/Durham/Chapel-Hill ranked 12th; Wilmington ranked 14th; Charlotte/Gastonia/ Rock Hill ranked 26th; and Greenville ranked 40th. In numerical population change, three metropolitan areas ranked among the top 50 in the country: Charlotte/Gastonia/Rock Hill, Raleigh/Durham/Chapel-Hill, and Greensboro/Winston-Salem/High Point. Although North Carolina's shift to a more urban make-up appears to be increasing, characterization is incomplete at this time because some 2000 Census information on rural and urban household designations is not due until sometime in 2002. It should be noted that at the time of the 1990 census (for the first time in history), over half of the North Carolina population was urban. The Census Bureau defines urban according to specific criteria. Urban population includes all persons living in urbanized areas and all persons living in places of 2,500 or greater population outside of urbanized areas. An urbanized area has a population of 50,000 or more inhabitants and consists of two parts: (1) a central city which is usually the largest incorporated place within the urbanized area, and (2) the surrounding, closely settled, contiguous territory, called the urban fringe (suburbs). The rural population is all those persons who do not live in an area defined as urban. Nationally, a grater percentage of the population is urban. While just over half of the State's population was urban in 1990, it

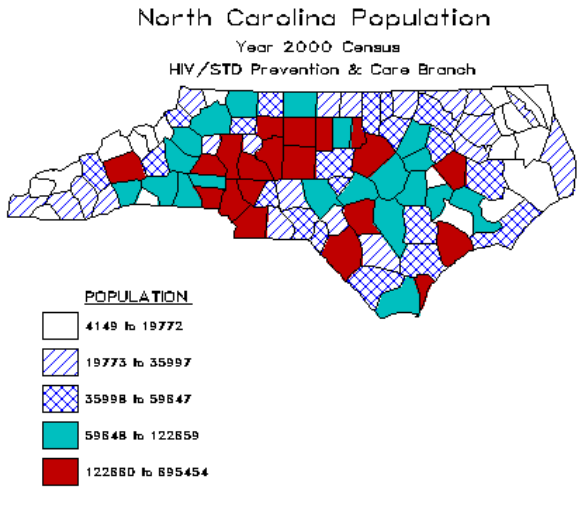


Figure 1

was still a very rural state at that time, ranking third behind Pennsylvania and Texas in the number of rural residents and 46th in the percent of urban population.

Also according to the 2000 Census, over half of the State's population lives in only sixteen of the one hundred counties in North Carolina (Mecklenburg, Wake, Guilford, Cumberland, Forsyth, Durham, Buncombe, Gaston, New Hanover, Onslow, Davidson, Catawba, Pitt, Carbarrus, Randolph, and Alamance). Five counties had a population less

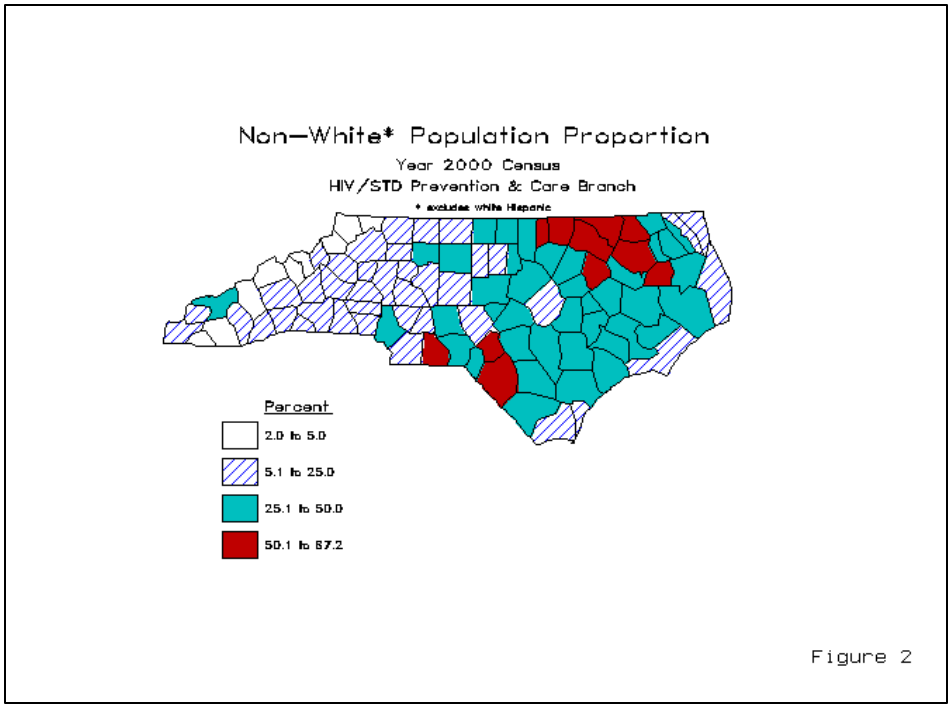


Figure 2

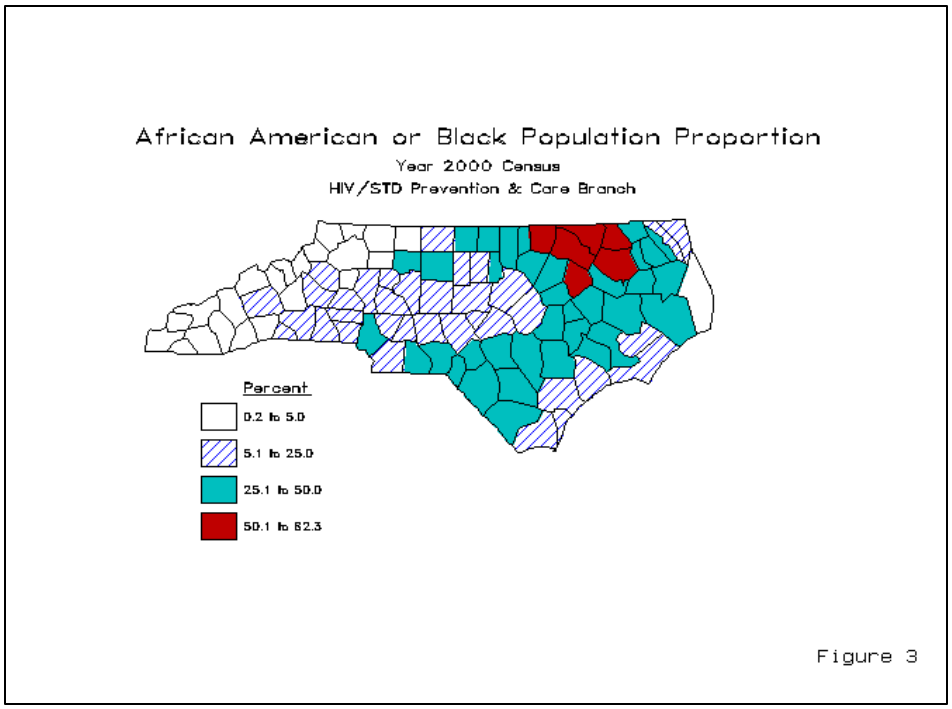


Figure 3

than 10,000 (Clay–8,775, Graham–7,993, Camden–6,885, Hyde–5,826, and Tyrrell–4,149). Figure 1 displays the population distribution among the counties in North Carolina.

North Carolina has the 7th largest non-white population (2,141,397) in the United States. Eleven counties had a population in 2000 that was more than 50% non-white (Robeson–66.7%, Bertie–63.5%, Hertford–62.2%, Warren–60.8%, Northampton–60.7%, Edgecombe–59.7%, Hoke–54.5%, Halifax–57.1%, Vance–51.4%, Washington–51.4%

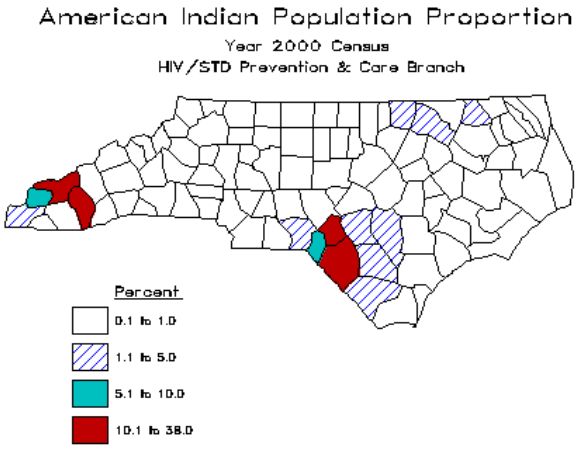


Figure 4

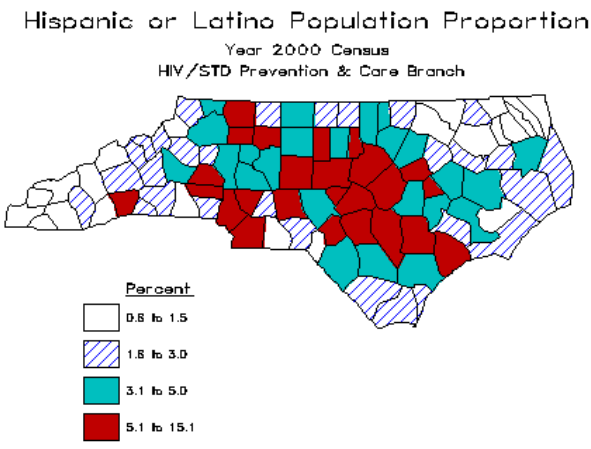


Figure 5

and Anson–50.2%). Figure 2 displays each county's non-white population as a percentage of the total population. Figure 3 and 4 display each county's proportion of African Americans or Blacks and American Indians. In 2000, North Carolina had the 15th largest Hispanic or Latino population in the nation. Figure 5 displays each county's proportion of Hispanic population in 2000.

North Carolina has both a relatively low per capita income and low unemployment rate. These two statistics suggest that while many citizens are employed in North Carolina, they work at low paying jobs. According to the U.S. Department of Commerce's Bureau of Economic Analysis, the per capita income (preliminary) for 2000 in North Carolina was $27,194, 92% of the national average of $29,676. This places North Carolina 30th in the U.S. for personal per capita income and 4th in the Southeast.

III. THE IMPACT OF HIV ON THE POPULATION

HIV Incidence

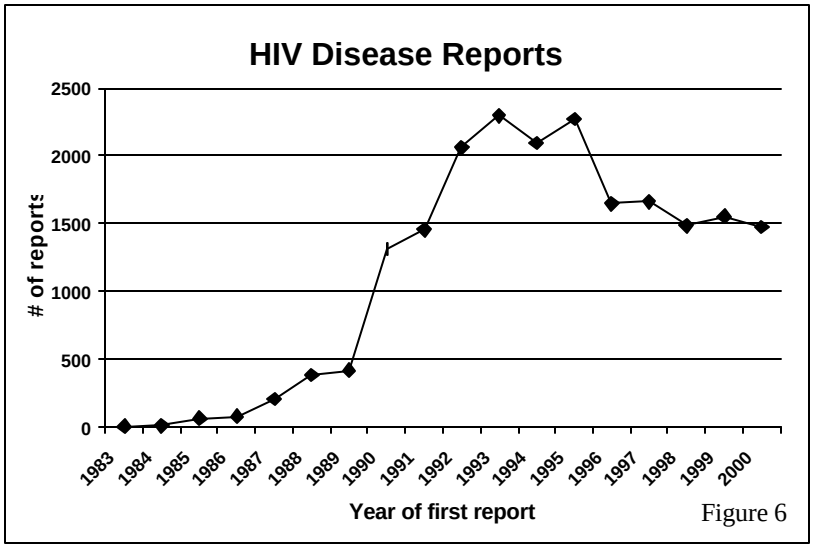


Figure 6

Although HIV surveillance reports do not indicate all new infections (true incidence) since not everyone who is infected is tested and reported, it is important to follow the reporting trends to estimate whether incidence is increasing or decreasing. From the early 1980's through December 31, 2000, a total of 20,525 NC HIV disease reports were received by the HIV/STD Prevention and Care Branch. Figure 6 shows all cases (HIV& AIDS) reported by year of first report for the individual. The addition of HIV infection reporting in 1990 accounted for the dramatic increase in reports beginning at that time. The number of cases reported was highest from 1992 through 1995, but this spike in reporting was probably a result of better reporting from providers due to enhanced awareness about HIV/AIDS issues. This likely occurred because of the implementation of HIV infection reporting, changes in the AIDS case definition, and/or as a result of enhanced active surveillance activities by Branch Staff. Thus this 1992 – 95 spike was at least in part a likely reflection of prevalent cases being reported rather than an indication of true increases in new cases. An interesting correlation to note is that 1992 was the peak year for HIV seropositivity among women

who gave birth in North Carolina (data from the Survey in Childbearing Women) and was also the peak year for syphilis cases reported in North Carolina. The number of new HIV disease reports per year has been relatively stable since 1996.

HIV Prevalence

As stated earlier, the cumulative number of HIV disease cases reported through December 31, 2000 was 20,525 of whom 6,676 have died. Therefore, the total number of persons living with HIV reported to the HIV/STD Prevention and Care Branch is 13,806. Figure 7 indicates the cumulative number of persons living with HIV or AIDS from 1983 to 2000. The totals indicate persons living through the years with their status, HIV or AIDS, at that particular year. This chart reflects a slightly modified representation of persons living than presented in earlier publications. In earlier publications, *current status* was represented whereas this chart depicts the individual's status at each referenced year.

As of December 31, 2000, this group of people living with HIV can be described as about 68.4% (9,447) males and 31.6% (4,357) females. This group is also about 23.9% (3,295) white non-Hispanic and 72.4% (10,002) African American or Black non-Hispanic. This group of people living with HIV falls into the following age groups representing the individual's age at the end of 2000: 12.6% (1,746) were 20-29 years of age, 38.2% (5,274) were 30-39 years of age, 33.7% (4,659) were 40-49 years of age, 13.4% were over 50 years of age. Other age groups represented less than 1% each.

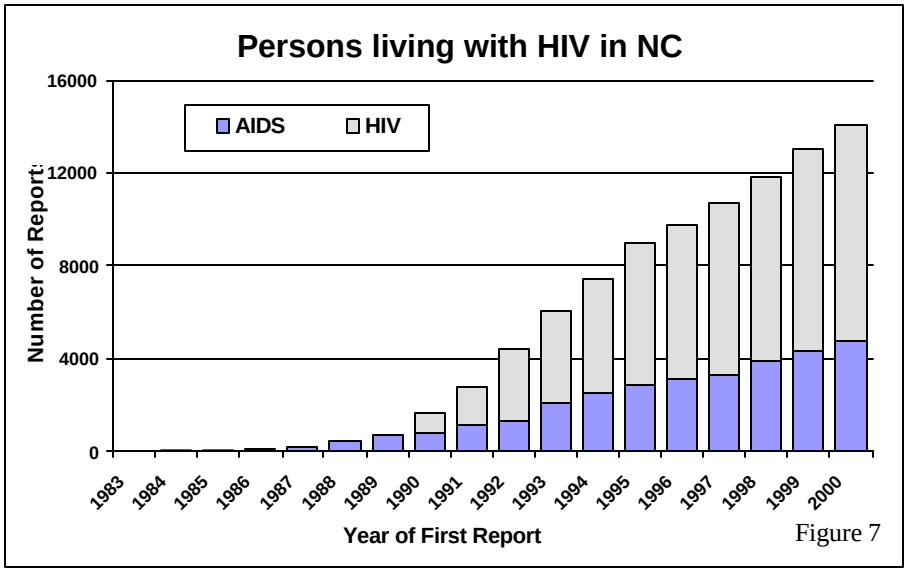


Figure 7

Extrapolation from National Projections of HIV for Prevalence in North Carolina

Crude estimates of HIV prevalence (number of persons living with HIV) among adults and adolescents have been calculated for North Carolina using the CDC methods in appendix D -- Simple Methods for Estimating HIV Prevalence in the Suggested Guidelines for Developing an Epidemiologic Profile for HIV Prevention Community Planning, June 1995, Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention. These estimates include all persons living with HIV, including those diagnosed with AIDS.

This method to estimate North Carolina's HIV prevalence is to use the State's proportion of national AIDS cases reported. Projections available from the Centers for Disease Control and Prevention indicate 110,000 to 155,000 women and 525,000 to 750,000 men were HIV-infected in 1996 nationally. Using the 1998 and 1999 CDC HIV/AIDS Surveillance Report and averaging over 1998 and 1999, North Carolina reported 1.68% of the total AIDS cases in the U.S. Among females for the U.S., there were 11,190 AIDS reports in 1998 and 10,918 reported in 1999. Also, for the U.S. as a whole, there were 37,076 males reported with AIDS in 1998 and 35,482 males reported with AIDS in 1999. In North Carolina, in 1998, there were 593 males and 197 females reported with AIDS and in 1999, there were 564 males reported with AIDS and 205 females. These data indicate approximately 1.59% of the AIDS males and 1.82% of the AIDS females in the U.S. were reported in North Carolina during 1998 -1999. Using the projected national ranges listed above, we would estimate that between 2,002 and 2,821 females and between 8,347 and 11,925 males in North Carolina are HIV positive for a total prevalence of from 10,349 to 14,746 people in North Carolina who are currently HIV positive.

Another method for estimating HIV prevalence is based upon CDC estimates that two-thirds of the persons living with HIV and AIDS have been tested and know their status. Applying this estimate to our current surveillance total of 13,806 persons living in North Carolina with HIV/AIDS would increase the prevalence estimate to 18,361. This estimate however is likely overstated because some HIV/AIDS reports may be listed as living in the surveillance data, but are in fact not. Thus, using this method we would estimate the prevalence to be between 13,806 and 18,361 infected persons living in North Carolina.

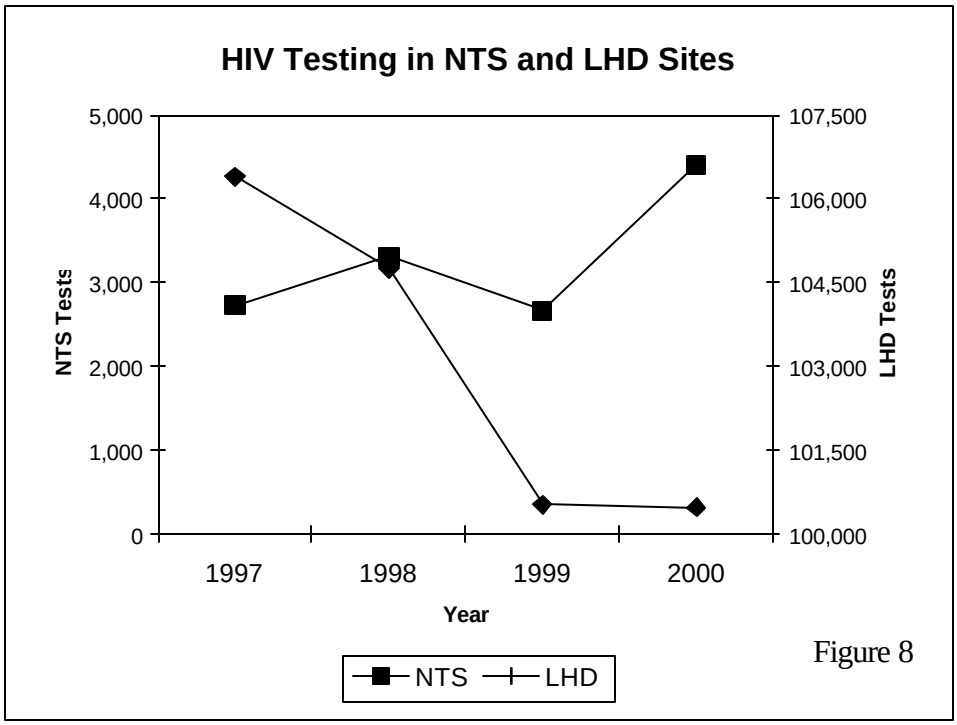


Figure 8

HIV Counseling and Testing

The North Carolina Commission for Health Services ruling to discontinue anonymous testing for HIV became effective in May of 1997. There was concern raised that in removing the anonymous

test option, North Carolina would reduce testing among persons at high risk for HIV infection. Before the option for anonymous testing was removed, the HIV/STD Prevention and Care Branch implemented procedures to make HIV testing available in nontraditional settings. Nontraditional HIV test sites (NTS) operate as either stand-alone test sites through a community based organization (CBO) or local health department (LHD) or are physically located in a local health department but have hours of operation other than the normal working hours for the health department.

The number of tests, number of positives and positivity rate by type of test venue and year for publicly funding HIV testing in North Carolina are presented in Figures 8 through 10. Public sites are those sites funded by the Branch to conduct HIV counseling and testing and include local health departments, community based organizations and non-traditional HIV test sites. Nineteen ninety-seven was the first year during which the number of HIV tests conducted in public sites did not increase. The long-term trend of decreasing positivity rate noted during the 1990's has continued through 2000. The positivity rate (number of positives per 100 tests performed) has been less than 1% since 1995. High-risk clients (MSM, MSM/IDU, IDU, persons who exchange sex for drugs or money, persons who have sex while using non-injecting drugs and persons who are sex partners of persons at risk (or persons infected with HIV)) continue to seek testing through publicly funded test sites. However, HIV testing in Nontraditional Test Sites continues to identify a greater *proportion* of positives than testing in other publicly funded sites (the NTS positivity rate was 1.2% compared to 0.7% for other public site testing for CY 2000) (Figure 10). The gender ratio for NTS clients is closer to unity, while approximately 70% of the clients tested in LHD sites are female (Figure 13). The high proportion of female clients tested in LHD sites is due primarily to testing in prenatal and family planning clinics. Approximately the same proportion of the clients seen in LHD and NTS sites are white (41% and 40%, respectively--Figure 14). From 1997 through 2000 an increase in the proportion of tests for Hispanics was seen in LHD sites compared to a decrease in the proportion of

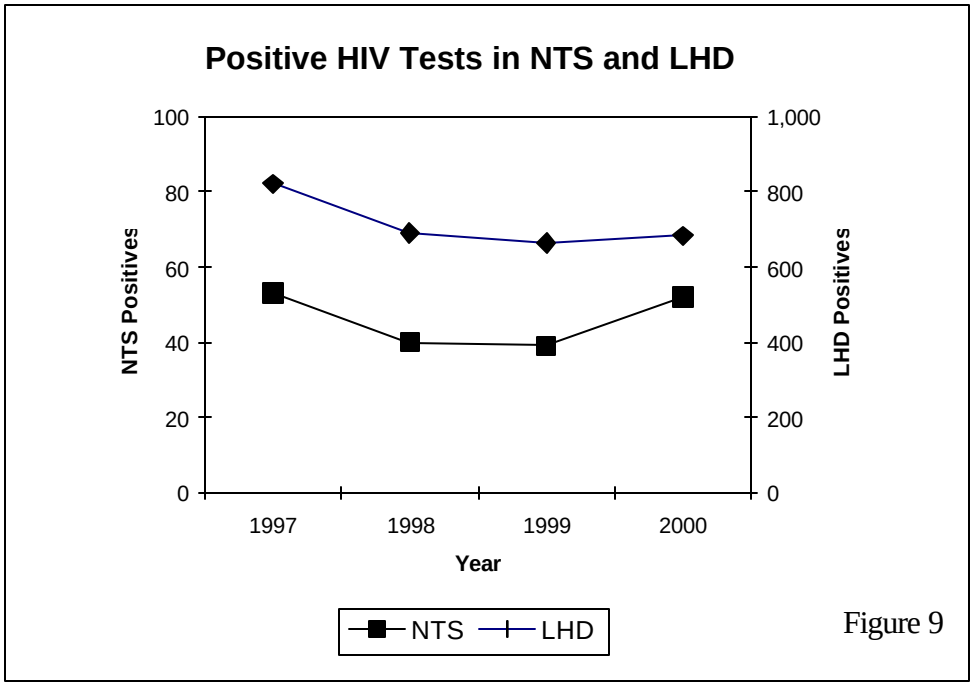


Figure 9

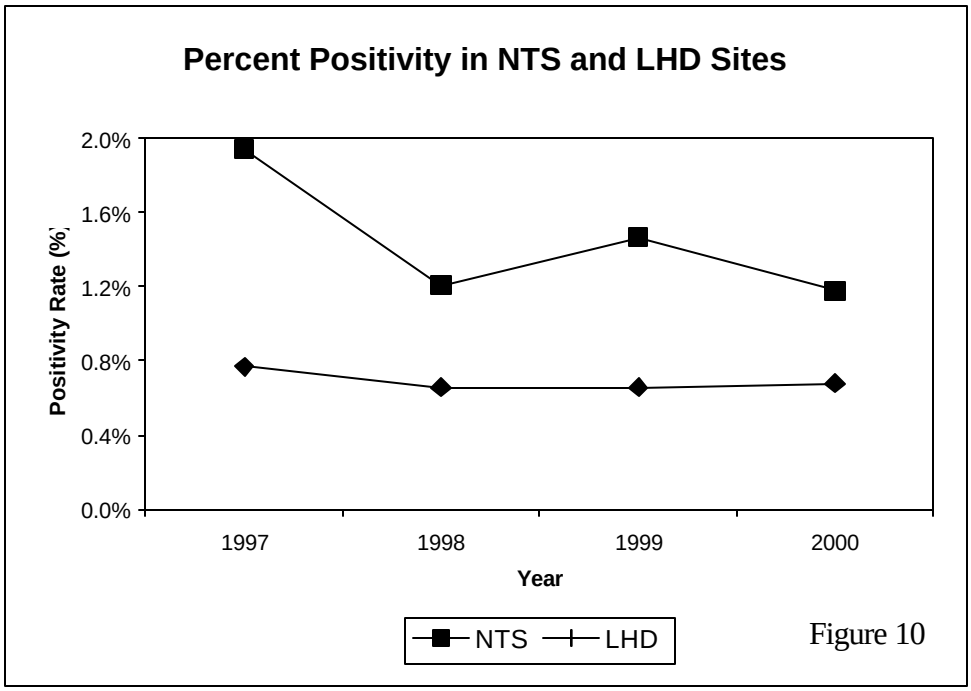


Figure 10

Hispanics tested at NTS sites. The major difference noted between clients seen in NTS and other sites are the proportion of tests comprised by high-risk clients. Men who have sex with other men (MSM), injecting drug users (IDU) and clients reporting both risks made up approximately 21% of the clients tested in NTS during 2000 (Figure 11) compared to approximately 5% of the LHD site clients during the same time (Figure 12). In addition, clients who exchanged sex for drugs or money and clients who had sex while using drugs made up an additional 15% of the NTS clients but only 7% of the LHD clients.

The proportion of males tested in NTS sites is approximately twice the proportion in other public sites, but the relative positivity rate for men is not appreciable different in NTS and LHD sites (Table 1). Women have approximately a three-fold greater positivity rate from NTS sites than from LHD sites, but readers must be cautioned that the women tested in NTS sites are at higher risk than the total population of women tested in LHD sites. There are some unexpected positivity rates found among the various risk group

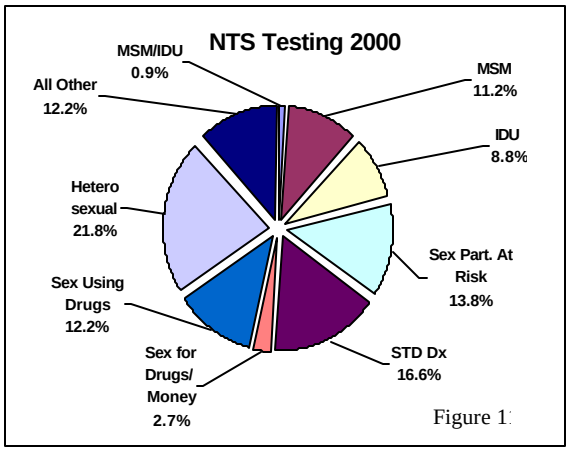


Figure 11

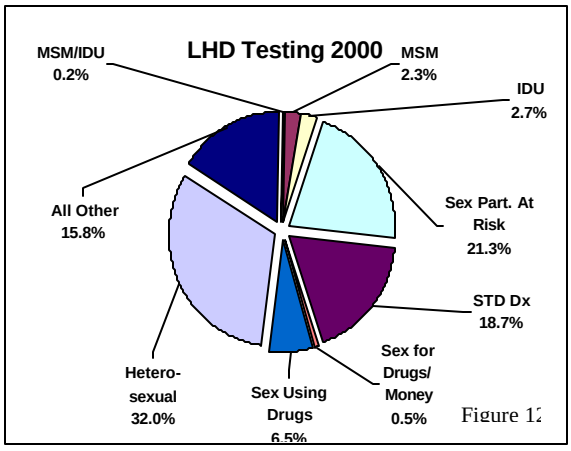


Figure 12

populations tested in the two venues. While MSM and MSM/IDU testing represents a higher proportion of tests in NTS sites, the positivity rate for these groups is about two-fold greater in LHD sites than the NTS sites (Tables 2 & 3). The positivity rates for IDU

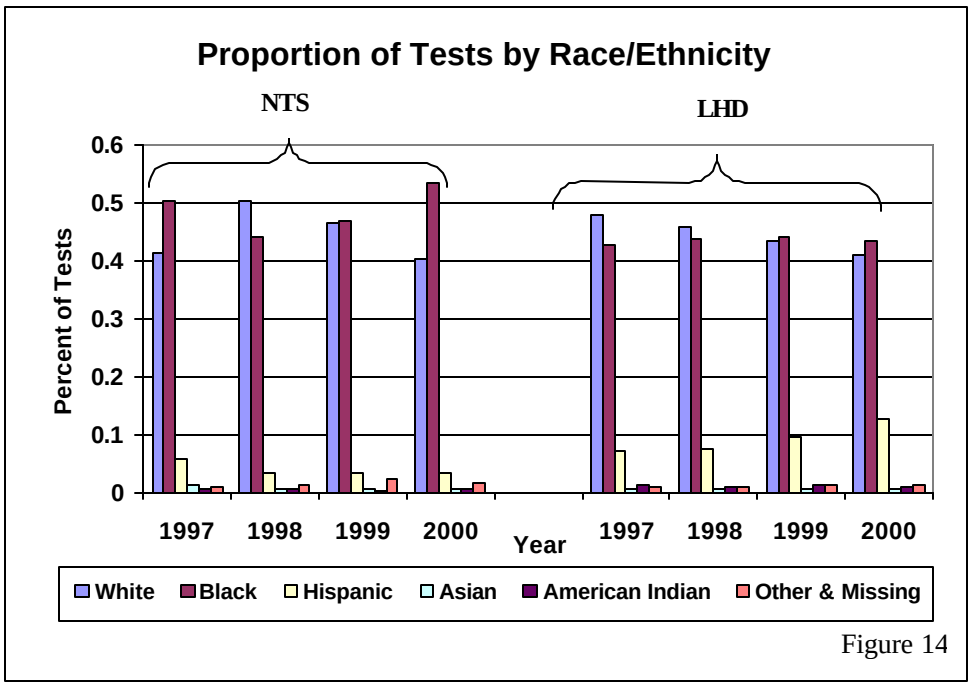


Figure 14

clients is the same in both venues although IDU testing proportions are about three fold greater in NTS sites than LHD sites. Repeat test behavior is equivalent in the two test sites (about 60% of clients were previously tested with negative results). Among the clients who were tested and found to be positive, 50% of the NTS clients had a previous negative test compared to 37% of the clients tested in LHD sites. We believe all of these findings taken together indicate that the NTS are serving a population at higher risk even though the seroprevalance in this population does not appear to be higher than that found in the population visiting LHD sites. The NTS model may provide a testing venue where clients are more likely to return for repeat testing. In terms of the recent recommend ations by the Centers for Disease Control regarding multiple/ongoing risk reduction message delivery, NTS venues might present opportunities for such risk reduction message activity to occur.

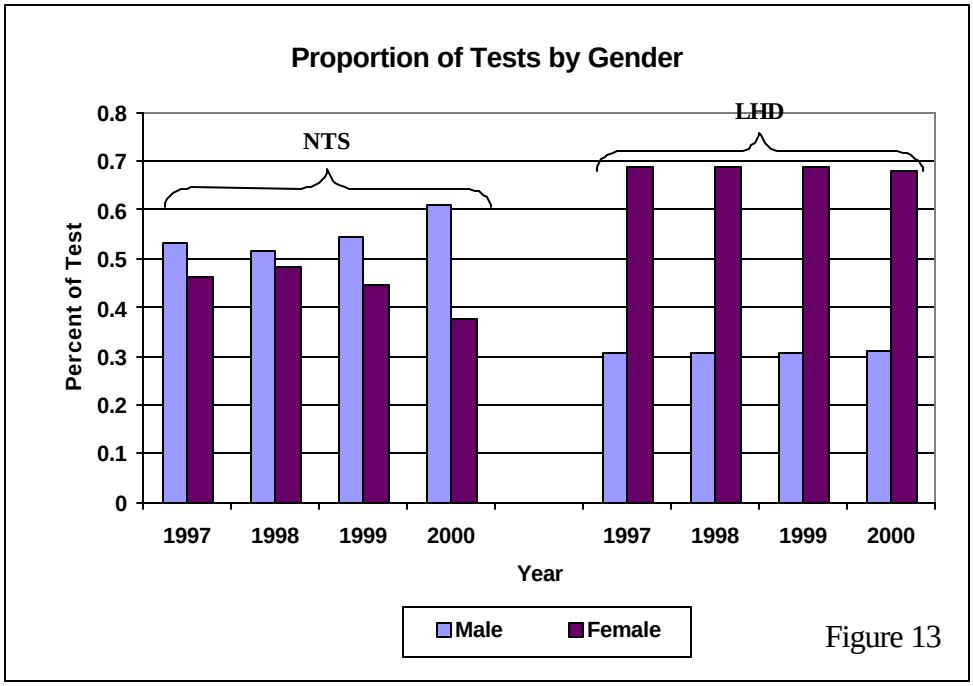


Figure 13

We found that a surprisingly high proportion of the positive tests found in both testing venues were persons who had previously been tested and were positive on their first HIV test. Eleven of 52 positives (21%) reported through NTS testing in 2000 reported they were previously tested with a positive result. One hundred ninety-eight of 687 (29%) of the positives reported from LHS sites in 2000 reported a previous positive result. These previous positive reports are self-reports from the clients and should be viewed with some caution however. Of the NTS clients reporting a previous positive test, 25% were found to be negative on the test reported in 2000. Among the clients tested in LHD sites, 16% of the clients reporting a previous positive test were found to be negative for the currently reported test.

Demographics and Risk

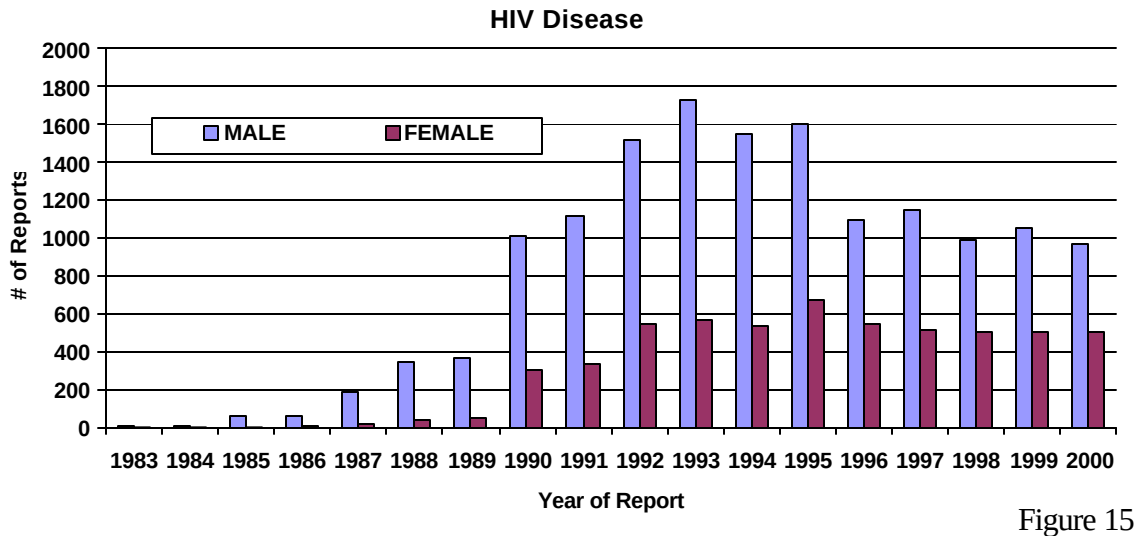


Figure 15

Most HIV disease reports are for adults and adolescents as only 240 reports have been received for infants or children younger than 13 of the total of 20,525 reports (Table 4). Adults aged 30 years or greater accounted for almost 75% of the reports in 2000; up from about 65% for 1990 reports (Table 4). Figure 15 displays the gender distribution of HIV disease reports through December 31, 2000. The male/female report ratio has gone from approximately 8:1 in the 1980's to just under 2:1 in 2000. The race/ethnicity of the epidemic has shifted from less than 50% African American for cases reported between 1983 and 1989 to about 72% African American among cases reported in 2000 (Figures 16-17; Table 3).

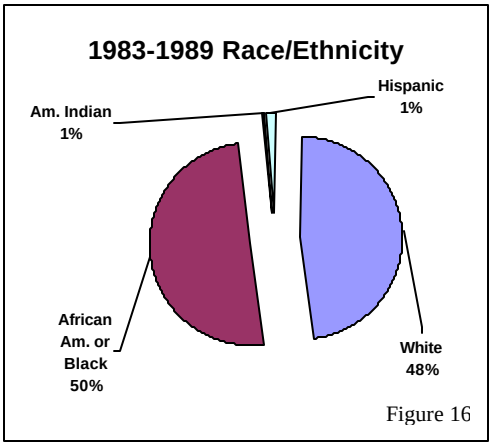


Figure 16

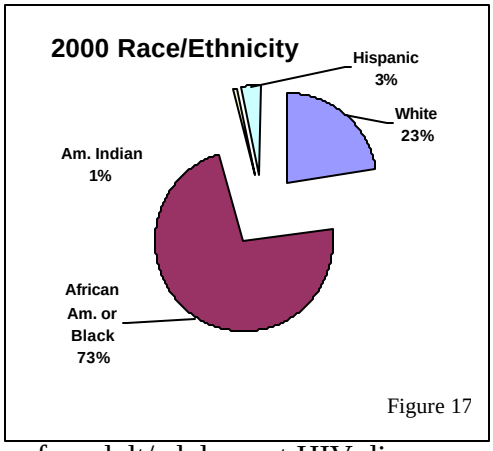


Figure 17

Tables 8, 9, and 10 indicate the mode of transmission for adult/adolescent HIV disease cases since the beginning of the epidemic. Inferring trends from this data should be done with extreme caution because of the large proportion of reports with incomplete or missing risk information that have occurred since HIV reporting began in 1990. Because of the increase in reports that began with the advent of HIV reporting and the lack of resources to gather this information on all cases, reports without no identified risk (NIR) will likely continue. Future enhancement to surveillance data may allow for the allocation of risk for the reports based on sampling studies, but it is currently unavailable. For discussions in this document about risk or mode of transmission, comparisons will be made against the 1998-99 year period because mode information is still be collected for some of the year 2000 cases.

The proportion of cases for which there is no identified risk (NIR) (according to the CDC definition) has remained higher among females than among males in every time period, and for both sexes combined constituted 32.5% of cases during the year 2000 (Table 8). As mentioned earlier, some of these cases are under investigation at this time and may be reclassified to one of the risk groups listed. Investigation of transmission risk of some cases has revealed that while there is no CDC-defined attributed risk, there are behaviors and factors that should be considered for these cases. In Tables 8, 9, and 10, we have presented the mode of transmission data in a slightly modified manner than the traditional CDC definitions of mode of transmission. It is our belief that while it is true that with in depth follow-up interviews and investigation of sexual partners it may be possible to reclassify many cases as heterosexual based on the CDC guidelines, there is a growing proportion of these cases where the partner may be infected and be unaware of his or her HIV status. We believe that in guiding the planning for HIV Prevention, we must not ignore this behavior or misstate it as “risk not identified.” It is truly the behavior of experiencing multiple partners or exchanging sex for drugs or money that has put many of the people reported at risk for HIV infection. If we continue to only accept heterosexual transmission as occurring when the index case knows the serostatus of a partner, we will under represent the influence of heterosexual transmission. Therefore, the operational definition of heterosexual transmission includes cases where the patient

has multiple heterosexual partners, admits to the exchange of sex for drugs or money or has a documented history of a prior sexually transmitted disease.

To better describe risk among the various groups, the following discussions will exclude reports without specified risk (NIRs) since this proportion varies through time. Thus the following discussion assumes that risk in reports without a specified risk (NIRs) is similar to the risk of reports overall. Part of Table 8 displays complete risk information and includes NIRs as a category. This can be used a reference when viewing other risk information in the following charts which exclude reports without risk information.

Transmission of infection attributed to male to male sexual contact has decreased from about 57% of all cases (excluding NIRs) reported between 1983 and 1989 to about 35% of cases reported in 1998-99 (Table 8). In addition, in the first time period, 8% of all cases were attributed to both male to male contact and injecting drug use whereas in the 1998-99 period this percentage decreased to about 4%. The proportion of cases attributed to injecting drug use increased from about 21% in the first period to 32% or greater in the early 1990s (Table 8). Since then, the proportion of cases attributed to injecting drug use has decreased. The proportion of reports for both sexes attributed to heterosexual contact increased from about 7% between 1983 and 1989 to 39% between 1998 and 1999 (Table 8). The proportion of cases attributed to contaminated blood or tissue products among both sexes has decreased from 7% in 1983 to 1989 down to 3% in the 1998 to 1999 period.

Table 11 displays the rates of HIV disease among seven regions shown below (Figure 18) within the state as well as various demographic subgroups.

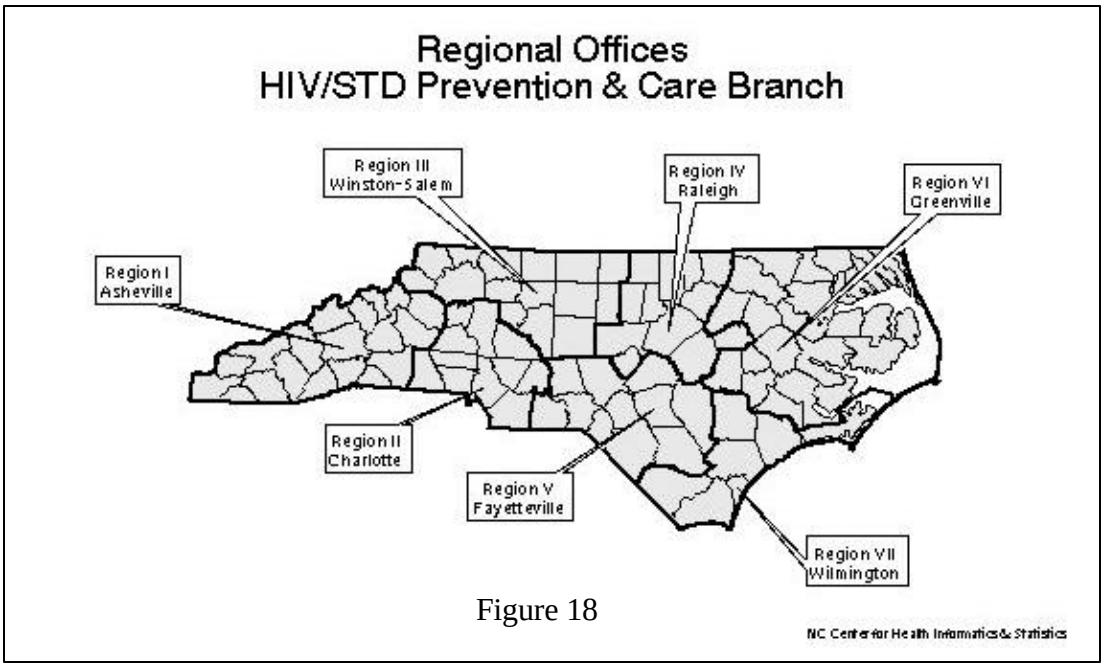


Figure 18

IV. WHO IS AT RISK FOR BECOMING INFECTED WITH HIV?

The persons most likely to become infected with HIV are those who engage in high-risk behavior with persons in communities with a high prevalence of HIV infection.

HIV infection in North Carolina disproportionately affects certain groups in the population, particularly men who have sex with men (MSM) and racial and ethnic minority communities. Anecdotal evidence from disease investigations and other information from various outreach activities suggests that among some communities, MSM and bisexual behavior as well as IDU is likely underreported. This may be exacerbated by cultural differences, especially for minorities. Figure 19 displays the proportion of specific risk groups (by race/ethnicity) within all reports (excluding NIRs) and the change over time. These groups represent risk categories that contain the most HIV disease reports***. It is important to keep in mind that the relative risk of infection within these groups may vary greatly depending on the size of the uninfected population for that group.*** Groups that represent the smallest population may represent the greatest relative risk. Thus, if African American Injecting Drug Users represent the smallest population among the groups listed, their relative risk may be greatest even though they represent only approximately 17% of the overall proportion of HIV disease reports (where risk is known). More information on risk for these and other groups follows.

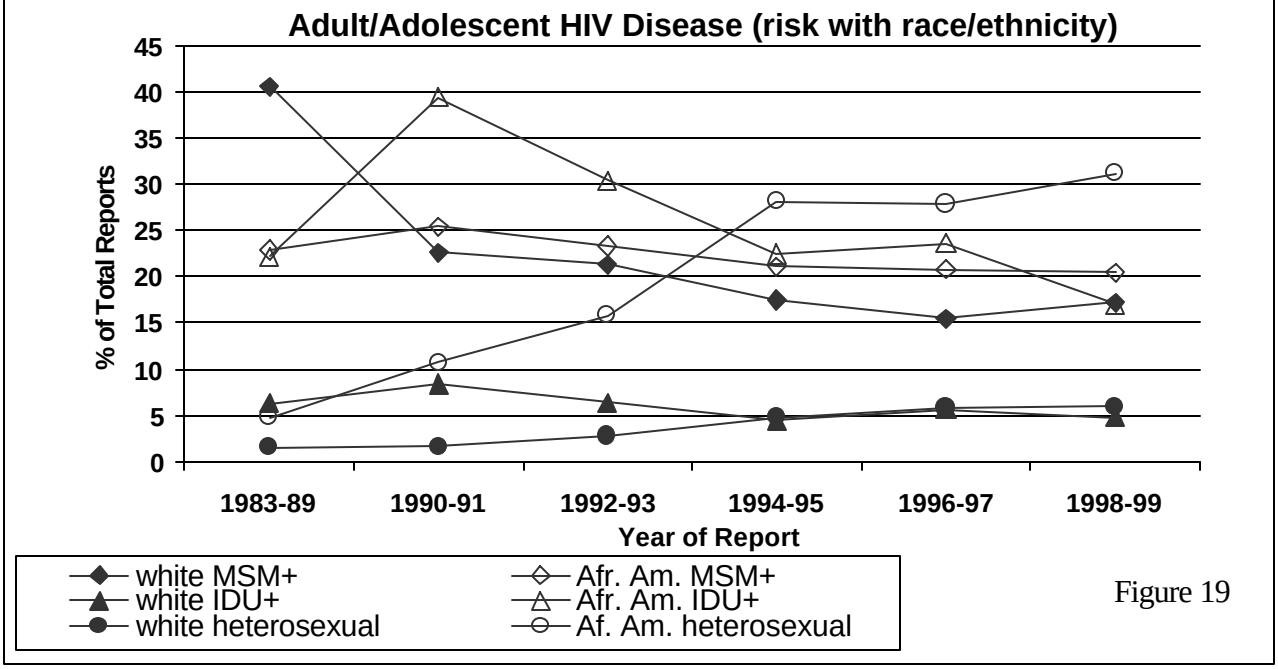


Figure 19

<u>Men who have sex with men</u>

The relative proportions of HIV disease cases attributed to verified risk factors have changed over the course of the epidemic (Tables 8 and 9). In the beginning of the

epidemic, from 1983 through 1989, men who have sex with men (MSM) made up the majority of cases, both among males (64% excluding NIR reports) and among all cases (57%) (Table 8). However, the trend in the past few years, has been for a smaller percentage of total cases to be attributed to men having sex with men. In the most recent time period, 1998-1999, just over one third of all cases (where risk is known) were attributed to men having sex with men. However among males, MSM still account for just under one-half of the reports (Table 9). An additional 6% of male reports (1998-99) are found among men who both use injecting drugs and have sex with men (MSM/IDU). This proportion of MSM/IDU has decreased from 9% of male cases between 1983 and 1989. Some of the overall changes in proportions reflect the second wave of the epidemic as we see a greater number of cases reported with heterosexual contact as a risk.

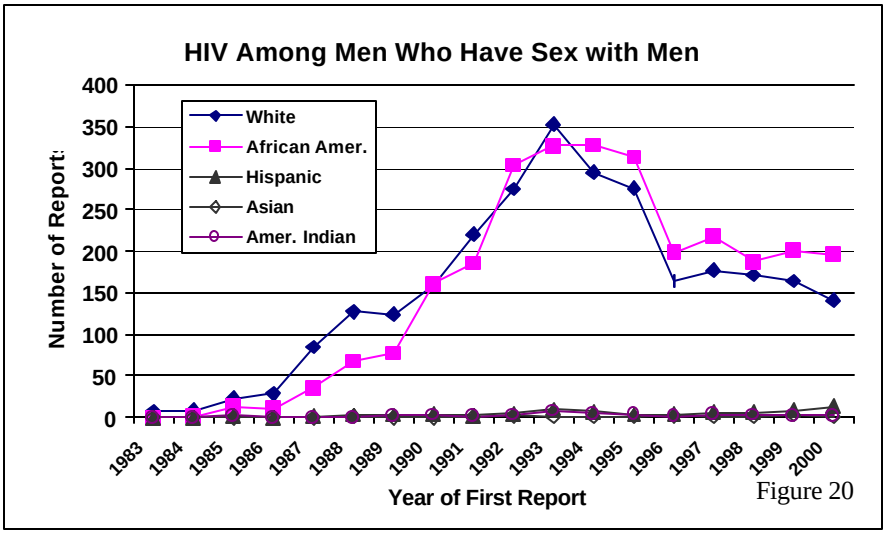


Figure 20

It should be noted that while the proportion of cases reported for MSM and MSM/IDU has declined through time, this remains a very significant proportion of cases and suggests that efforts to minimize risk in the gay community should continue especially among younger men. In 1998-1999 reports, about 76%(16/21) of the cases where risk is known among adolescent males aged 13 to 19 were attributed to male to male sexual contact. For males aged 20-29 years, the percentage attributed to MSM was 74% (215/392).

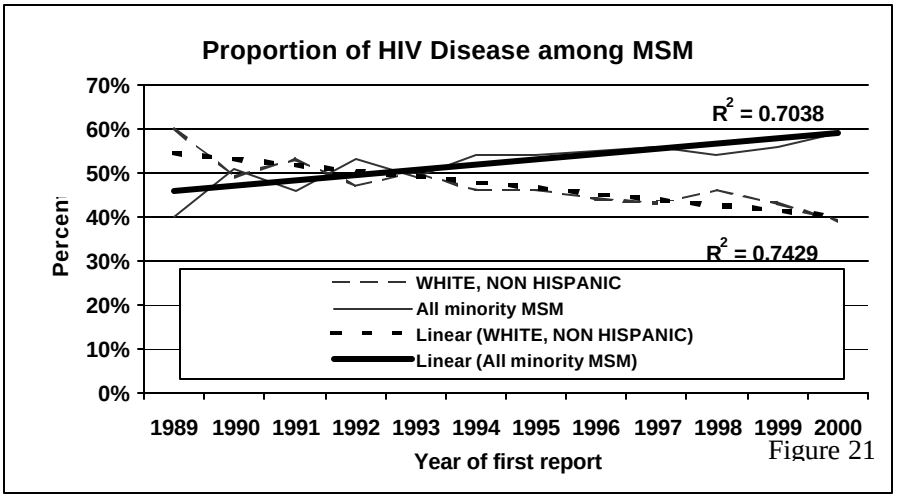


Figure 21

National data indicate that there is a significant growing risk among MSM of color. North Carolina surveillance data indicate this trend as well. Until the mid 1990s, whites

were reported with greater frequency than African Americans among MSM (figure 20). Since 1994, African Americans have been continuously reported with greater frequency than whites with MSM as a risk. Figure 21 which shows the shift in proportion within MSM to more men of color, a trend that will likely continue over time.

Injecting drug users

Tables 8-10 present the change in HIV disease cases attributed to injecting drug use (IDU) over the course of the epidemic in North Carolina. In the early period, from 1983 through 1989, 18% (excluding NIR reports) of the male cases and 51% of the female cases were attributed to injecting drug use. An additional 9% of male cases were attributed to both males having sex with males and injecting drug use. The percentage of cases attributed to injecting drug use has decreased for females. However, for males, the proportion of cases in 1998-1999 associated with injecting drug use remains almost as high as the initial time period, but lower than high proportions reached in the early to mid 1990. Also the proportion has decreased for both sexes since the early 1990s and now represents 18% of cases in 1998-1999 where risk is known.

The impact of drug use as a risk factor for HIV extends beyond the IDU patient reported or documented heterosexual contact with an infected partner. Table 12 indicates some of the documented as well as projected cases of drug involvement. As a contributing risk factor, drug use could be implicated in up to 42% of reports. The reader will notice there are some transmission mechanisms, such as "sex with a person with HIV/AIDS" that may not specify drug involvement. These are included because while there was no evidence of either injecting or non-injecting drug use, there were no other risk factors known. We offer these data as "informed suggestions" of the extent to which drug use, both actual use as well as behavioral association, may impact the Prevention Planning Process.

Persons exposed to HIV through heterosexual contact

Tables 8-10 present the change in the percentage of HIV disease reports attributed to heterosexual contact for cases reported through December 31, 2000. While only 3% (excluding NIRs) of male cases were attributed to heterosexual contact during the 1983 to 1989 time period, this percentage had increased to 24% between 1998 and 1999. For females, however, the percentage of cases attributed to heterosexual contact increased from 40% in 1983 to 1989 to 76% in 1998 to 1999. The risk for heterosexual transmission for both sexes combined rose from 7% in 1983 to 1989 to 39% in 1998-1999 representing an increase of well over 450%. This increase has disproportionately affected minority racial and ethnic groups and appears to be continuing. It is important to note, however, that our definition of heterosexual contact was expanded in the mid 1990s to include multiple heterosexual partners, exchange of sex for drugs or money, or previous STD diagnosis (see page 13).

Women

Tables 5 and 7 and Figure 15 show the numbers and percentages of cases for women. In the 1980's, women made up just 11% of the cases reported. That proportion increased to 34% of cases reported during 2000. Among women, about 82% of the cases have been among African Americans during the entire epidemic with a slight drop noted in 2000. While the proportion of African American reports for all female cases reported have stayed the same, the number of women diagnosed has increased through the 1990s.

Data from the Survey of Childbearing Women (SCBW) have been collected and analyzed through most of 1994. However, in 1995 the survey was discontinued. This population-based survey provided data representative of all women giving birth to live infants. Consistent with other data presented earlier, nonwhite women had higher seroprevalence rates than white women (about 20-fold higher) in all regions. Because of the lack of recent seroprevalence data, we are unable to analyze this further or to update trends.

Children less than 13 years of age

Through 2000, 240 (Table 4) pediatric HIV infections have been reported. An additional 8 reports were reported with a age greater than 12 years but indicated a pediatric mode of exposure. These reports are added to the initial 240 for the display of risk information in Tables 13 and 14. As the number of HIV infected women continued to grow, the number of HIV infected infants also grew. However, now that physicians are aware that AZT can reduce vertical transmission during pregnancy, we anticipate that the numbers of new HIV cases of HIV in infants will continue to decrease from the peak years of 1992-1993. The number of reports for 1998-1999 is less than one-half of the reports from 1996-1997. Table 13 displays pediatric reports by race, sex and year of first report.

Table 14 details pediatric HIV cases by exposure category and race. The proportion of pediatric cases among African Americans is higher for those with an exposure category of “mother with/at risk for HIV infection” than for whites. Most of the pediatric cases with hemophilia/coagulation disorder are among whites. Approximately equal numbers of cases with a risk of transfusion/transplant are found among both whites and African Americans. The proportion of pediatric cases reported since 1990 has increased for the exposure group “mother with/at risk for HIV infection” from 59% to 83%, while the proportion with a risk of hemophilia/coagulation disorder or transfusion/transplant has decreased from 36% in 1983 to 1989 to 7% in 1990 to 2000.

Adolescents (Ages 13 through 19)

Tables 4 and 11 indicate the percentage and rates of HIV disease infections by age group and year of first report. While only just over 2% of reports are found among teenagers aged 13 to 19, an additional 9% (1894) are found among those in their early twenties (20-24) who may have acquired their infections while they were in their teens. The proportion of adolescent infection attributed to heterosexual contact has increased since the early 1990’s however the large number of reports with unspecified risk make it

difficult to draw conclusions about changing risk information for this group. Among male adolescents, infections attributed to male to male sexual contact are most common.

As a surrogate for behaviors that place persons at risk for HIV infection as a result of heterosexual activity, we utilized pregnancy rates. Data from the State Center for Health Statistics, "North Carolina Reported Pregnancies, 1999", indicated that the pregnancy rate for North Carolina was 84.7 per 1,000 females aged 15 to 44 remained the same the 1998 rate which had increased 3.8% from 1997 (81.6). The 1999 rate includes 77.1 pregnancies per 1,000 for white females 1 (up from 76.7 in 1998) and 104.3 per 1,000 nonwhite females (down from 105.3 in 1998).

There were 574 pregnancies among young girls aged 10 to 14, 193 of which were among white girls and 376 among nonwhite girls. In addition, of 19,941 aged 15 to 19 who were pregnant, 11,343 were white and 8,523 were nonwhite. Of the 142,747 pregnancies in 1999, 58,887 were among unmarried women.

The abortion rate for North Carolina in 1999 was 16.7 abortions per 1,000 live births, which includes 10.9 for white females and 31.2 for nonwhite females. The abortion rate decreased from 1998 (17.8). Pregnancy alone is not a risk factor for HIV. However, STD rates among teens (see section 8 and figures 8 through 10) also indicated that much of the sexual activity of teens puts them at risk for sexually transmitted diseases such as gonorrhea and chlamydia where the rates are high for 13 to 19 year olds. Thus, both the sexual activity, and the concomitant STDs put teens at risk for acquiring HIV infection as well.

As an additional indicator of adolescent risk the *Youth Risk Behavior Surveys* supplies state-specific numbers on specific high-risk behaviors of high school students. The last survey completed was for the year 1997; the next statewide survey is scheduled for 2001. While the increase in adolescent AIDS cases is not as dramatic in North Carolina as in some other areas of the country, these surveys indicate North Carolina adolescents are engaging in behaviors that may place them at risk for HIV exposure. In North Carolina, 60.9% of high school students reported they had ever had sexual intercourse as compared to 48.4% of high school students nationally. In North Carolina a higher proportion of African American students (75.1%) than white students (53.7%) reported having had sexual intercourse. A total of 13.0% of high school students reported having first intercourse before age 13 which includes 8.0% of white high school males, 35% of African American high school males, 4.5% of white high school females and 12.1% of African American high school females. A total of 23.2% of high school students reported having four or more sex partners during their lifetime and 44.4% of students had sexually intercourse recently (in the last 3 months). Of students who had sexual intercourse, 18.2% reported drinking alcohol or using drugs the last time they had sexual intercourse and 60.5% used condoms at the last incidence.

Racial/ethnic minorities

About one quarter of North Carolina's population are racial/ethnic minorities. However, the proportion of minority HIV disease reports has increased from just over 50% in the earliest time period to over 75% in 2000 (Table 5). This indicates that HIV/AIDS has a disproportionate effect on minorities in North Carolina compared with the rest of the population.

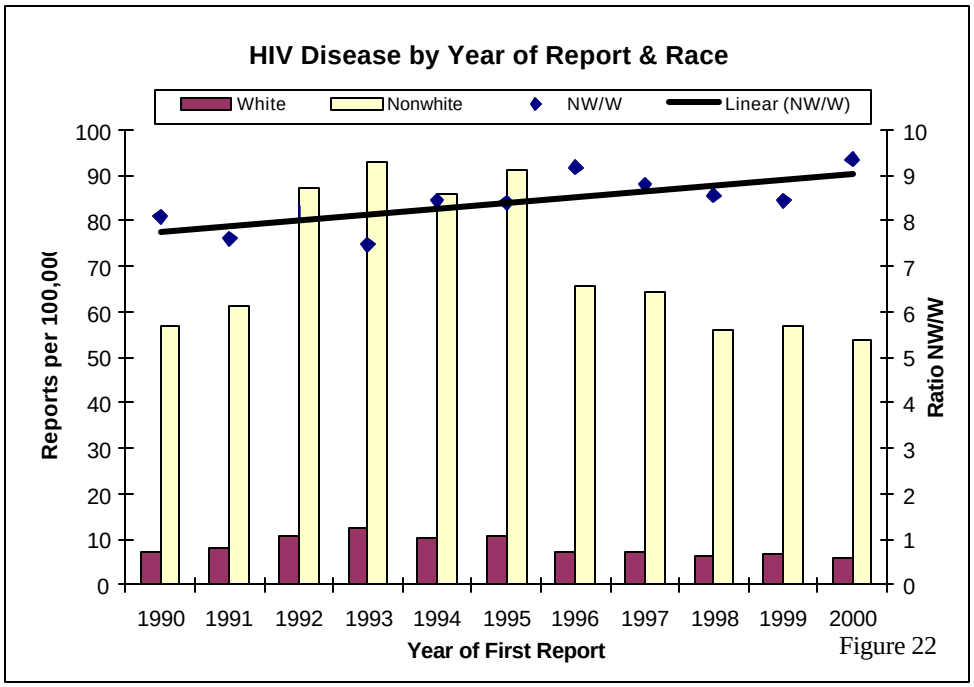


Figure 22

Considering the 2000 *rates* of HIV among different racial/ethnic groups (Table 11), it is clear that HIV dispro-portionately affects minority groups especially African American where the rate of HIV disease (62.91/100,000) is almost 11 times that of non-Hispanic whites (5.8/100,000). The case rate for Hispanics (25.2/100,000) is over 4 times that of whites and the rate for American Indians (12.2/100,000) is over 2 times that of whites. Figure 22 demonstrates the continued disparity between the HIV rates of whites and nonwhites across the years. While the majority of nonwhite cases reported have been among African-Americans, an increase in the proportion of reports from other racial/ethnic communities, especially the Hispanic community, has been noted. We predict an increasing number of cases from the Hispanic community, given the rapid increase in the Hispanic population in North Carolina. Figures 2-5 display the distribution of minorities across the state of North Carolina. Comparing these to the maps (Figures 25-28) in Part V. showing the HIV and other STD distribution, it is apparent that some of the areas of greatest HIV rates are also counties with a high proportion of minorities.

North Carolina collects data on syphilis, gonorrhea and chlamydia. The case rates for racial/ethnic minorities are significantly higher than the statewide case rate for all 3 STDs. In 2000, 71*% of the early syphilis cases, 82% of the gonorrhea cases and 66% of the chlamydia cases were reported among African Americans.*

Persons with bacterial sexually transmitted diseases

Persons with bacterial sexually transmitted diseases represent a group of sexually active people who have recently had unprotected intercourse. The extent to which STD rates correspond with HIV risk depends on HIV infection rates within the sexual network of persons practicing unsafe sex. While STD data is an imperfect marker for risk of HIV infection, it does provide a reliable indicator of high-risk behavior. Groups with high incidences of STDs are potentially at increased risk for acquiring HIV. Additionally, considering the relatively short incubation periods for these infections, STD morbidity represents the recent consequences of unsafe sexual behavior and indicates population groups that are practicing unsafe sexual behavior and are at greater risk for acquiring and transmitting HIV infection.

Figures 23 and 24 present the age distribution for cases of infectious syphilis, gonorrhea and chlamydia in 2000. This demonstrates the risky behavior among persons of the age groups with the highest rates. For gonorrhea, the rates are highest among 20 to 29 year olds with high rates for 13 to 19 year olds also. For chlamydia, the rates are highest for 13 to 19 year olds with rates for 20 to 29 year olds close behind. For syphilis, the rates are highest among 20 to 29 and 30 to 39 year olds. These infections not only demonstrate the high risk behavior of the populations involved, they also increase the probability of

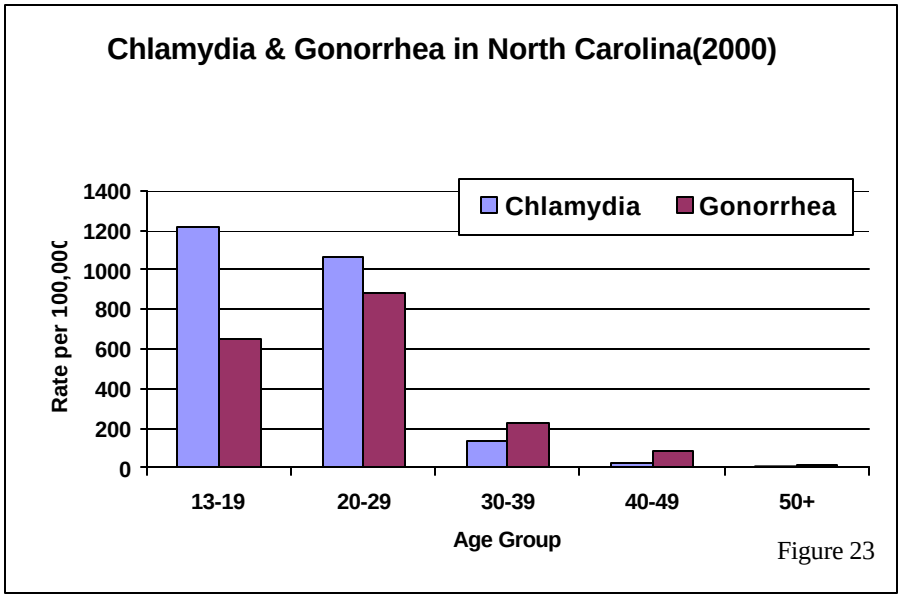


Figure 23

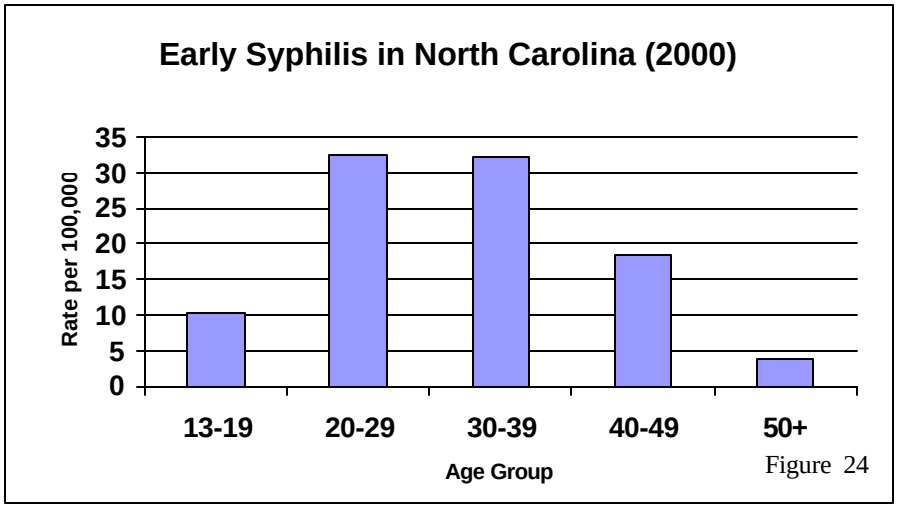


Figure 24

acquiring the HIV infection should the person involved become exposed to the virus while infected with another sexually transmitted disease. Thus, prevention activities aimed toward sexually transmitted diseases will also help reduce the threat of HIV as well. Figures 25-28 display maps of 2000 incidence rates for HIV and other STDs. These maps indicate the strong connection between HIV and other STDs in North Carolina.

In 1998 five North Carolina counties (Guilford, Mecklenburg, Forsyth, Wake, and Robeson) were among the 28 counties nationally which accounted for 50% of the total primary and secondary syphilis reported in the U. S. Special Syphilis Elimination Projects have been established in these counties as part of a joint CDC and State initiative. Preliminary CDC data indicates that in 2000 North Carolina had the 2nd highest primary and secondary syphilis rate in the U.S. However, the syphilis rate in North Carolina has dropped from its 25-year peak in 1992 of 36 cases per 100,000 to 6.4 cases per 100,000 in 2000. The North Carolina gonorrhea rate has decreased from 333.4 cases per 100,000 population in 1995 to 232.0 cases per 100,000 in 2000. This decrease could be seen in all regions, age groups, races and both sexes. Although the chlamydia rate in N.C. has risen from 219.6 cases per 100,000 in 1995 to 285.9 per 100,000 in 2000, this increase may reflect better screening for the disease instead of a true increase in new infections.

Studies indicate people who are infected with gonorrhea and chlamydia are three to five times as likely to contract HIV, and those with lesion diseases such as herpes and syphilis have nine times the risk (1996 May, Alive and Kicking Issue 55, by Teresa Tamkins, Medical Tribune News Service). According to Dr. Jean Anderson, in the 1996 July, Johns Hopkins University, Hopkins HIV Vol. 8 No 3 – Women's Issues, the increased risk is believed to relate, at least in part, to the increased numbers of HIV target cells and the increased HIV shedding in the genital tract associated with STDs. Treatment of genital tract infections has been shown to decrease both the presence and magnitude of HIV shedding.

V. WHAT IS THE GEOGRAPHIC DISTRIBUTION OF HIV INFECTION?

According to the Centers for Disease Control and Prevention, in the United States most HIV and AIDS reports are from large metropolitan areas (greater than 500,000 population) in all regions. The South as a region has the greatest proportion of reports from small metropolitan areas (50,000-500,000 population) and non-metropolitan areas (less than 50,000). According to the CDC, more than 20% of North Carolina's AIDS reports in 1999 were from non-metropolitan areas. North Carolina was among four states (including Florida, Mississippi, and South Carolina) that reported the most HIV infection (not AIDS) cases from non metropolitan areas. It is important to note that HIV is not currently reported in all states, thus the region/state HIV(not AIDS) comparisons are only for those states that report HIV.

The distribution of HIV disease (HIV & AIDS) is uneven across the North Carolina as can be seen in Figure 25. This distribution can be partly explained by the population distribution as the epidemic had been concentrated in urban areas though it now reaches the rural areas as well. The syphilis epidemic preceded the HIV epidemic both because many of the risk factors are the same, and lesion diseases are correlated with increased transmission risk for the virus. While the syphilis epidemic peaked in 1992 and is now decreasing, the evidence for such a decrease in HIV is not yet apparent in North Carolina. STDs remain a marker for high-risk activity which predicts the areas of highest HIV rates as well (Figures 25-28). While there is a significant amount of in- and out-migration before and after infection with the HIV, prevention activities should be concentrated in the areas where the rate or number of cases is the greatest. Elevated HIV/AIDS rates may be due to different high risk behaviors depending on the community

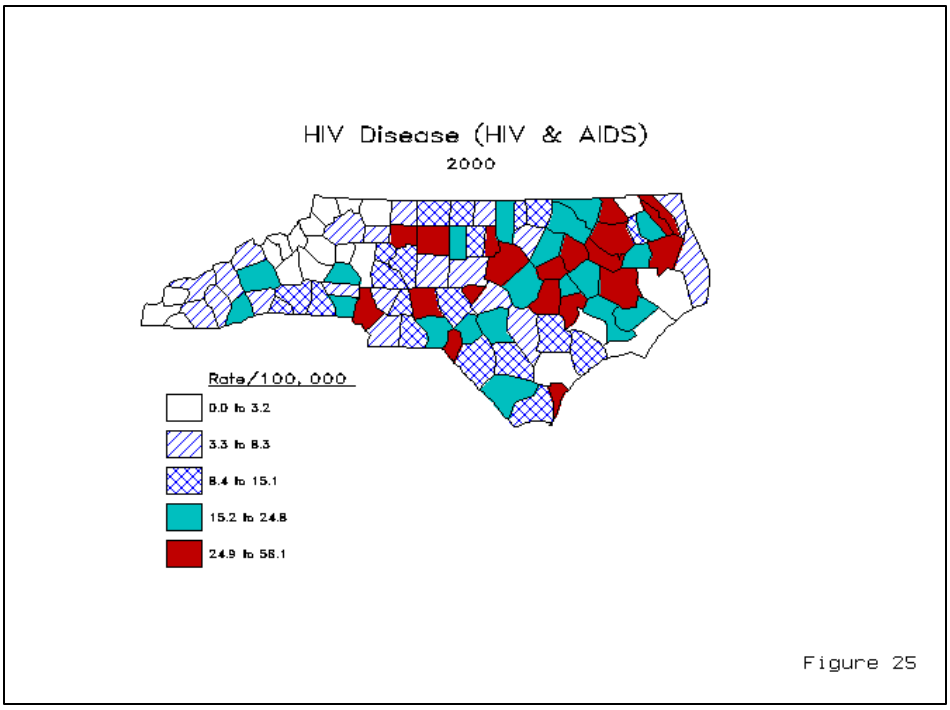


Figure 25

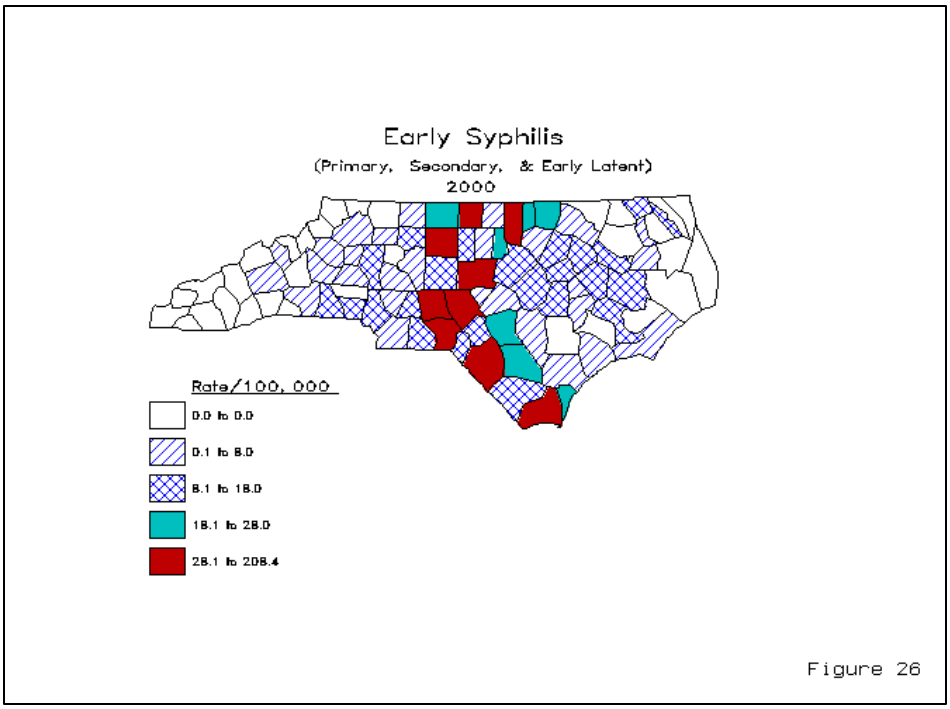


Figure 26

and geographic areas of the state. A knowledge of the communities under consideration will be necessary to determine the prevention activities most useful in that area, and the risk groups to which they should be addressed. Please note that county rates should be viewed with caution as rates representing a small number of cases (numerator) may fluctuate considerably from year to year and may be an unreliable measure of impact.

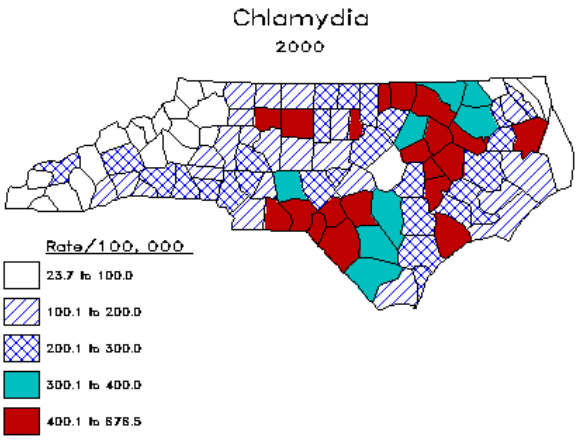


Figure 27

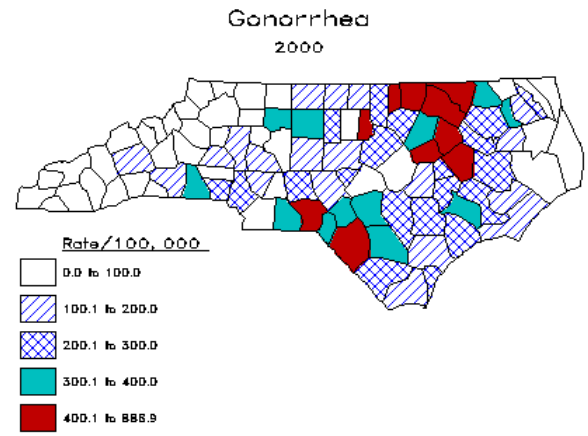


Figure 28

VI. AIDS

As of December 31, 2000, 10,329 cases of AIDS had been reported in the state with North Carolina as residence at the time of diagnosis. The majority of North Carolina's reported AIDS cases were in adults and adolescents as only 117 cases have been reported in infants and children younger than 13 (Table 17). The ethnicity of AIDS has shifted from almost 50% African American for cases reported between 1983 and 1989 to 71%

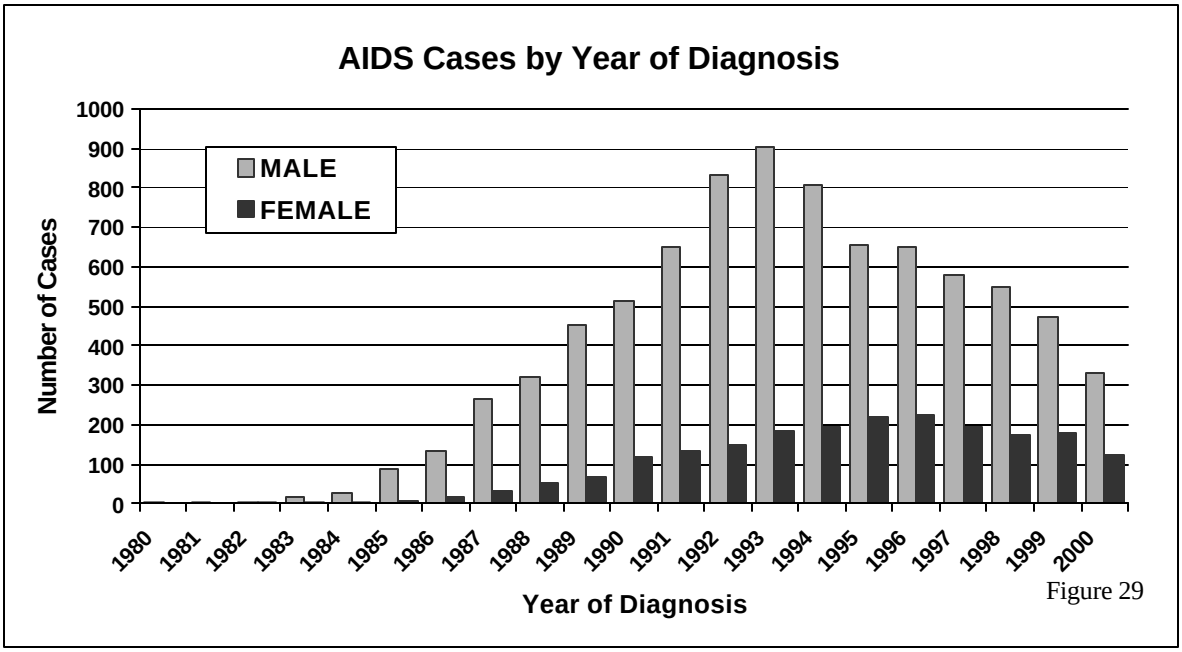


Figure 29

African American among cases reported in 2000 (Table 18). Cumulatively, more than 80% of the AIDS cases reported have been among males although the proportion of cases has steadily declined through time. For example males comprised 89% of the cases reported between 1983 and 1989, 84% of cases reported for 1992 to 1993 and 73% for in the 2000. African American males made up 69% of male AIDS cases reported in 2000 (Table 19) and African American females made up 78% of female AIDS cases reported during the same year (Table 20). This represents a significant increase for African American males from 45% in 1983 to 1989. African American females have shown a slight increase in the proportion of female reports but there was a slight drop noted in 2000. This shift in AIDS reports to a greater proportion of African Americans was predicted by the HIV disease reports which showed 67% of males with HIV reported between 1990 and 1991 were African American and 82% of females reported with HIV from 1990 to 1991 were African American (Tables 6-7). The proportion of HIV infections reported from African Americans has remained fairly stable through the 1990s, indicating that the AIDS case distribution will soon stabilize also at approximately the same ratio. For African-American female AIDS cases, we predict the ratio will remain steady at about 83 to 85% among all females while for males we can expect a short term increase from 65% to 70% African American cases.

Figure 29 demonstrates the number of new AIDS cases by gender and by year of diagnosis, rather than year of report. From an epidemiological point of view, this is a better method to follow the trends in new cases. However, because of the reporting

delay, the newly diagnosed cases are often not reported to the HIV/STD Prevention and Care Branch in a timely manner. For instance, for cases reported between 1990 and 1994, 47% were reported within 3 months of diagnosis, and 78% were reported within 12 months of diagnosis. By comparison, CDC reports nationally 50% of cases are reported to CDC within 3 months and 80% within one year. Therefore, care must be taken in interpreting Figure 29. Delayed reports mean that cases diagnosed during 1999 and 2000 are still arriving in our office, as well as a few from 1998 and before.

HIV/AIDS-related deaths

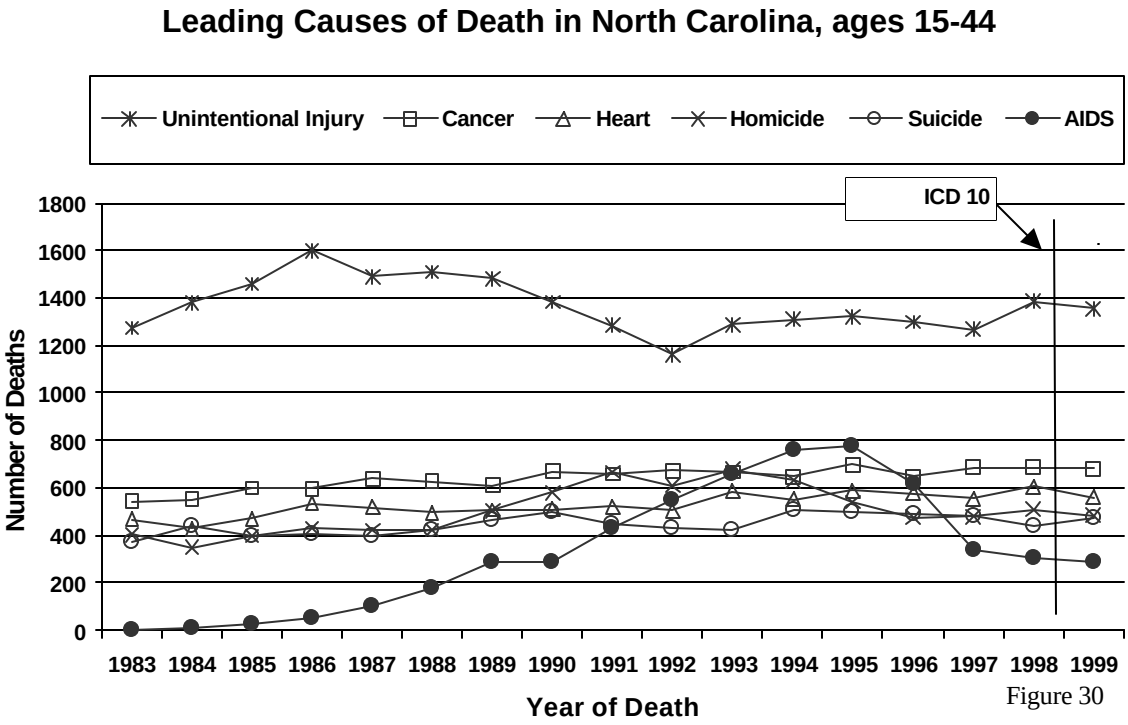


Figure 30

Unlike chronic diseases with high death rates such as cancer or cardiovascular diseases, AIDS is a killer of the young and middle-aged. The case fatality rate for the cumulative HIV/AIDS reports is 33%, however for those cases diagnosed and reported before 1990, that rate is 88%. Unfortunately, there are several cases where we only learn of the diagnosis at the time the person dies. The data reported in this section of the profile were collected by the North Carolina Center for Health Informatics and Statistics. Mortality data are coded from death certificates collected by the State's registrars. Reporting is nearly 100% complete, as death certificates are required for every death in North Carolina. However, the causes of death are based on information recorded by the certifying physician and may be inaccurate or incomplete. Due to under-reporting of certain causes of death, the number of HIV-related deaths and the spectrum of related conditions will be underestimated to some extent. AIDS had increased in ranking as a cause of death among 15 to 44 year-olds in North Carolina through the mid 1990s, but since, AIDS has declined in overall ranking of causes of death for this age group (Figure

30). In 1999 there were 285 deaths recorded for 15 to 44 year olds in North Carolina. From 1995 to 1998, there was a 60% decrease in AIDS related deaths (776:306) for this

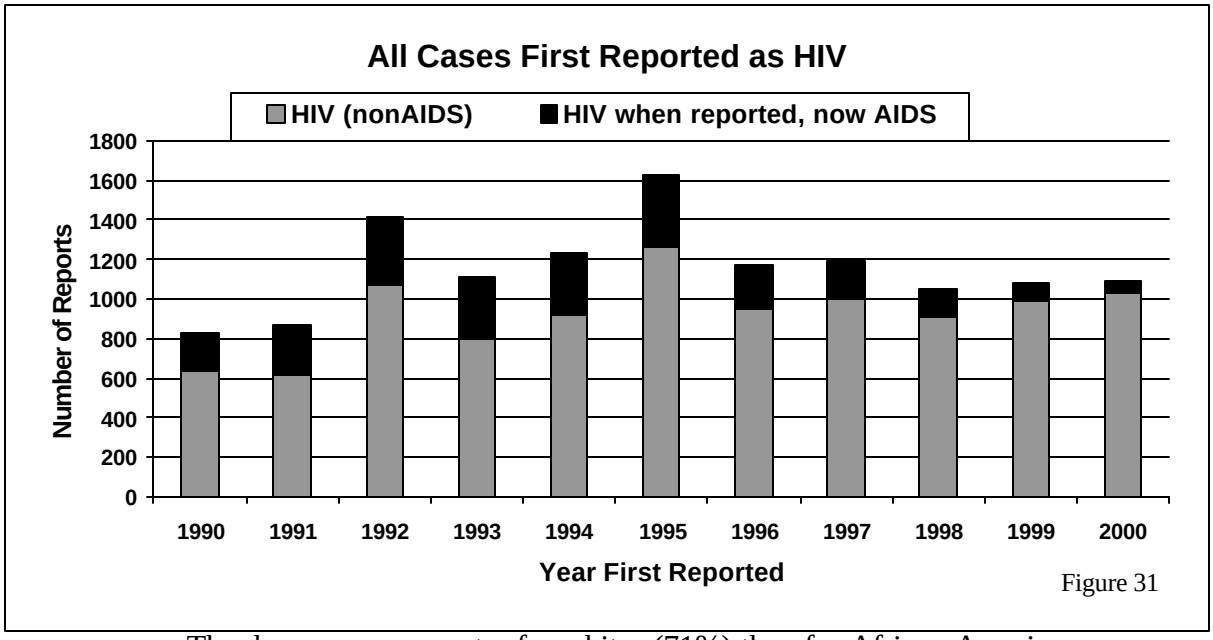


Figure 31

age group. The decrease was greater for whites (71%) than for African Americans (53%). It should be noted that coding for deaths changed in 1999 to ICD-10 (International Classification of Diseases). This new scheme allows for more deaths to be better coded and correctly associated with causative disease. HIV and AIDS related deaths are now better represented in the new coding. Thus the decrease in deaths for 1999 for HIV/AIDS is understated in Figure 30 as it relates to the earlier years. Deaths from earlier years should be adjusted for comparison to 1999 deaths.

Treatment

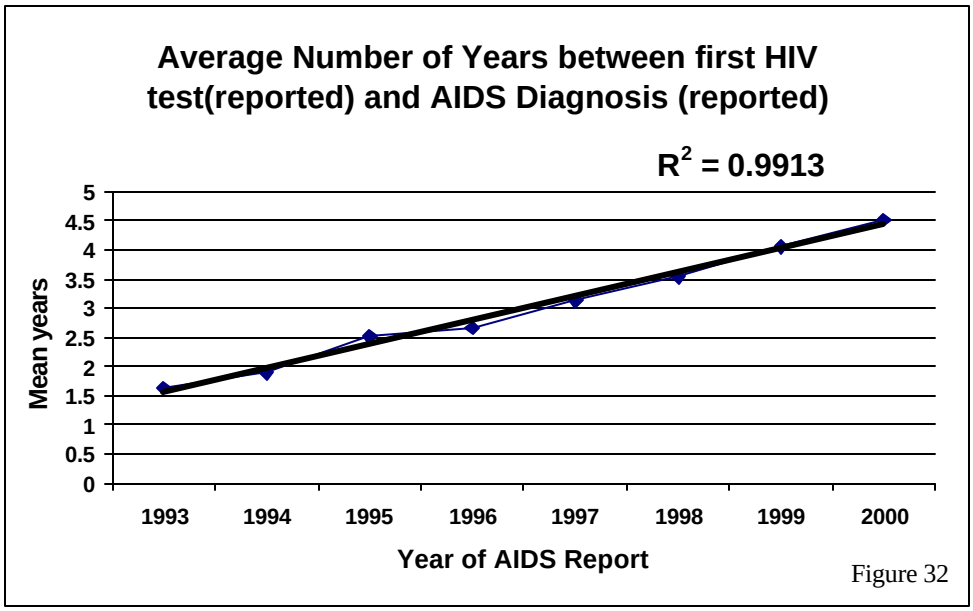


Figure 32

As mentioned earlier, the introduction of new more effective AIDS treatments has made a tremendous impact on delaying the progression of HIV to AIDS. This is evident in

national surveillance data as AIDS incidence and deaths dropped for the first time in 1996. North Carolina surveillance data also suggest that these treatments are having an impact. Figure 31 shows all cases first reported as HIV stratified by cases that have progressed to AIDS and those that have not. It suggests that there are significant numbers of persons reported with HIV in the early to mid 1990's that have yet to be reported with AIDS. Figure 32 shows the average number of years between a report with HIV and a report with AIDS. The increase in the time indicates that these new treatments are likely having an impact and slowing the progression from HIV to AIDS. It will be important to monitor these trends in the near future for any changes that might suggest changes in the effectiveness or delivery of AIDS care.

VII. SUMMARY and CONCLUSIONS

The following information summarizes the critical elements of the information presented regarding population subgroups. The order of the categories does not indicate a ranking of importance.

Men who have Sex with Men

Among all reports where risk is known, the proportion attributed male to male sexual contact has decreased from 57% in the 1980s to about 35% in 1998-1999. However among males, male to male sexual contact is the most frequently cited exposure mode for HIV disease reports (50% in 1998-1999). Among MSM cases, more men of color have been reported than whites since 1994.

Injecting Drug Use

The proportion of HIV and AIDS cases attributed to this exposure mode (where risk is known) has decreased from about 21% in 1993-1989 to about 18% in 1998-1999. However many other HIV cases (up to 43%) could be indirectly related to drug use including non-injecting drug use.

Heterosexual Contact

In the early years of the epidemic, only 7% of reports were attributed to heterosexual contact (where risk is known). However in 1998-1999 almost 39% of reports were attributed to heterosexual contact. Over half of HIV infections attributed to heterosexual contact have been reported since 1996 (inclusive). Higher numbers of STD cases (which indicate higher levels of unsafe sexual practices) were reported among racial/ethnic minorities and persons aged 13 to 39.

Women

The proportion of female HIV disease cases reported has increased from 11% in 1983 through 1989 to 34% in 2000. A greater proportion of female HIV infections is attributed to heterosexual contact (over 75% in 1998-1999 where risk is known) and a decreasing proportion is attributed to injecting drug use (almost 20% in 1998-1999).

Adolescents

While adolescents represent only 2% of HIV disease reports, many of the cases reported for young adults in their twenties may represent infections acquired when they were adolescents. An additional 9% of reports are found among 20-24 year olds. Also, given the high rates of STDs among adolescents, there exists a strong need for effective prevention efforts aimed at this age group. Of the cases where mode of transmission was determined, a greater number of the HIV disease reports were attributed to heterosexual contact than to any other mode of transmission. Among male adolescents, male to male sexual contact was the most significant mode of transmission.

Racial/Ethnic Minorities

The epidemic has had a disproportionate effect on minorities in North Carolina as seen in HIV disease reports and AIDS cases. The slower decline in AIDS deaths for minorities suggests the need for careful study and follow up. Access to care and treatment may be factors in this disparity.

Persons with bacterial sexually transmitted diseases

Because of the correlation between STD and HIV, North Carolina's high rates of STDs especially among adolescents and young adults strengthen the potential for increasing rates of HIV infections. North Carolina is part of the National Syphilis Elimination Project, a collaborative effort between select states and the Centers for Disease Control and Prevention. Investments in this initiative will likely benefit efforts to reduce HIV infections.

Conclusions

The HIV epidemic continues in North Carolina in both urban and rural areas. Men who have sex with men continue to account for a significant proportion of reports especially men of color. Heterosexual transmission of HIV continues to increase especially among African Americans. Rates of infections continue to grow among women with heterosexual contact as their primary mode of transmission. Adolescents are particularly at risk for sexually transmitted diseases including HIV. The minority population is disproportionally affected by this epidemic in all risk groups. The geographic distribution of cases for HIV and bacterial STDs indicates the high correlation of STDs as a predictor of HIV risk.

Table 1

NC Nontraditional Test Sites vs Local Health Department Testing and Positivity Ratios

Demographic	Ratio of NTS Pct. Testing to LHD Pct. Testing				Ratio of NTS Pct. Positivity to LHD Pct. Positivity			
	Year				Year			
	1997	1998	1999	2000	1997	1998	1999	2000
Gender								
Male	1.7	1.7	1.8	2.0	1.3	1.2	1.4	0.9
Female	0.7	0.7	0.6	0.6	4.3	2.2	2.7	2.9
Race/Ethnicity								
White	0.9	1.1	1.1	1.0	3.8	1.8	3.1	1.9
Black	1.2	1.0	1.1	1.2	2.0	1.9	1.8	1.5
Hispanic	0.8	0.4	0.4	0.3	0	2.2	9.9	2.2
Asian	1.8	1.1	0.8	0.8	0	0	0	0
American Indian	0.6	0.4	0.3	0.7	0	0	0	0
Other & Missing	0.9	1.3	1.8	1.5	22.1	0	0	0
Total					2.5	1.8	2.2	1.7
Risk								
MSM/IDU	5.8	4.0	5.5	5.5	0.4	2.0	0	0.6
MSM	4.5	4.9	6.4	4.9	0.8	0.7	0.6	0.4
IDU	3.4	3.0	2.2	3.2	1.0	0.8	1.4	0.7
Sex Part. At Risk	0.7	0.6	0.6	0.6	3.8	2.4	1.6	1.9
STD Diagnosis	0.9	0.9	0.8	0.9	2.2	1.1	3.1	2.8
Sex for Drugs/Money	6.3	4.6	3.6	5.0	1.4	1.2	3.5	0.5
Sex Using Drugs	2.0	2.5	1.9	1.9	2.4	0	2.3	1.3
Heterosexual	0.6	0.7	0.7	0.7	0	2.6	2.0	2.4
All Other	0.6	0.7	1.2	0.8	0	2.7	1.3	0.5

Table 2								
Positive Test Results for HIV at NC Nontraditional Test Sites and Local Health Department								
	Positive NTS and LHD Tests							
	NTS Positives				**LHD Positives**			
Demographic	**Year**				**Year**			
	1997	**1998**	**1999**	**2000**	**1997**	**1998**	**1999**	**2000**
Gender								
Male	31	27	27	34	522	419	399	416
Female	22	13	12	18	298	271	256	257
Race/Ethnicity								
White	14	8	10	10	166	125	114	120
Black	38	31	25	41	614	522	489	504
Hispanic	0	1	4	1	31	34	43	41
Asian	0	0	0	0	1	1	1	0
American Indian	0	0	0	0	7	4	7	6
Other & Missing	1	0	0	0	2	4	9	11
Risk								
MSM/IDU	1	1	0	1	17	4	11	7
MSM	16	13	14	12	183	118	140	139
IDU	9	4	5	7	101	55	61	66
Sex Part. At Risk	15	9	4	9	231	212	165	167
STD Diagnosis	6	4	8	11	112	128	128	103
Sex for Drugs/Money	2	1	1	1	9	6	3	10
Sex Using Drugs	4	0	2	3	33	28	17	27
Heterosexual	0	6	3	7	94	105	86	98
All Other	0	2	2	1	41	34	52	65
Total	**53**	**40**	**39**	**52**	**821**	**690**	**663**	**682**

Table 3								
Percent Positivity at NC Nontraditional Test Sites and Local Health Department								
Percent Positivity	**NTS Positivity**				**LHD Positivity**			
Demographic	**Year**				**Year**			
	1997	**1998**	**1999**	**2000**	**1997**	**1998**	**1999**	**2000**
Gender								
Male	2.1%	1.6%	1.9%	1.3%	1.6%	1.3%	1.3%	1.3%
Female	1.7%	0.8%	1.0%	1.1%	0.4%	0.4%	0.4%	0.4%
Race/Ethnicity								
White	1.2%	0.5%	0.8%	0.6%	0.3%	0.3%	0.3%	0.3%
Black	2.8%	2.1%	2.0%	1.7%	1.4%	1.1%	1.1%	1.2%
Hispanic	0	0.9%	4.4%	0.7%	0.4%	0.4%	0.4%	0.3%
Asian	0	0	0	0	0.1%	0.1%	0.1%	0
American Indian	0	0	0	0	0.6%	0.4%	0.6%	0.6%
Other & Missing	4.5%	0	0	0	0.2%	0.4%	0.7%	0.9%
Risk								
MSM/IDU	4.0%	5.0%	0.0%	2.6%	10.1%	2.5%	7.6%	4.5%
MSM	4.9%	3.3%	3.9%	2.4%	6.4%	4.7%	6.6%	6.1%
IDU	3.3%	1.6%	3.4%	1.8%	3.3%	2.1%	2.5%	2.4%
Sex Part. At Risk	3.0%	1.9%	1.1%	1.5%	0.8%	0.8%	0.7%	0.8%
STD Diagnosis	1.4%	0.7%	2.0%	1.5%	0.6%	0.7%	0.7%	0.5%
Sex for Drugs/Money	2.9%	1.3%	2.2%	0.9%	2.1%	1.1%	0.6%	1.9%
Sex Using Drugs	0.9%	0.0%	0.6%	0.6%	0.4%	0.4%	0.3%	0.4%
Heterosexual	0.0%	0.9%	0.5%	0.7%	0.3%	0.3%	0.3%	0.3%
All Other	0.0%	0.7%	0.4%	0.2%	0.3%	0.3%	0.4%	0.4%
Total	1.9%	1.2%	1.5%	1.2%	0.8%	0.7%	0.7%	0.7%

Table 4				
HIV Disease Reports in North Carolina				
Age Groups by Year				
Age Group	**Year of First Report**			
	1983-89	**1990-91**	**1992-93**	**1994-95**
	Cases Percent	Cases Percent	Cases Percent	Cases Percent
<5	17 (1.4%)	11 (0.4%)	67 (1.5%)	34 (0.8%)
5-12	5 (0.4%)	7 (0.3%)	8 (0.2%)	8 (0.2%)
13-19	11 (0.9%)	57 (2.1%)	101 (2.3%)	100 (2.3%)
20-29	281 (23.7%)	882 (31.8%)	1212 (27.8%)	1140 (26.1%)
30-39	530 (44.7%)	1246 (44.9%)	1929 (44.2%)	1880 (43.0%)
40-49	227 (19.2%)	415 (15.0%)	817 (18.7%)	909 (20.8%)
>49	114 (9.6%)	155 (5.6%)	228 (5.2%)	297 (6.8%)
TOTAL	1185 (100.0%)	2773 (100.0%)	4362 (100.0%)	4368 (100.0%)
Age Group	**Year of First Report**			
	1996-97	**1998-99**	**2000**	**Cumulative**
	Cases Percent	Cases Percent	Cases Percent	Cases Percent
<5	41 (1.2%)	19 (0.6%)	5 (0.3%)	194 (0.9%)
5-12	11 (0.3%)	3 (0.1%)	4 (0.3%)	46 (0.2%)
13-19	88 (2.7%)	92 (3.0%)	42 (2.8%)	491 (2.4%)
20-29	814 (24.6%)	673 (22.1%)	322 (21.8%)	5324 (25.9%)
30-39	1307 (39.4%)	1188 (39.0%)	539 (36.5%)	8619 (42.0%)
40-49	786 (23.7%)	778 (25.6%)	382 (25.9%)	4314 (21.0%)
>49	268 (8.1%)	292 (9.6%)	183 (12.4%)	1537 (7.5%)
TOTAL	3315 (100.0%)	3045 (100.0%)	1477 (100.0%)	20525 (100.0%)

Table 5				
HIV Disease Reports in North Carolina				
Gender, Race/Ethnicity by Year				
	Year of First Report			
Race/ Ethnicity	**1983-89**	**1990-91**	**1992-93**	**1994-95**
Male	Cases(percent)	Cases(percent)	Cases(percent)	Cases(percent)
White	544 (45.9%)	655 (23.6%)	1007 (23.1%)	918 (21.0%)
African Am. or Black	481 (40.6%)	1430 (51.6%)	2154 (49.4%)	2149 (49.2%)
Am. Indian/ Al. Native	7 (0.6%)	17 (0.6%)	31 (0.7%)	26 (0.6%)
Asian/ Pacific Is.	3 (0.3%)	3 (0.1%)	7 (0.2%)	8 (0.2%)
Hispanic	15 (1.3%)	17 (0.6%)	40 (0.9%)	51 (1.2%)
Unknown	3 (0.3%)	15 (0.5%)	9 (0.2%)	3 (0.1%)
Total	1053 (88.9%)	2137 (77.1%)	3248 (74.5%)	3155 (72.2%)
Female	Cases(percent)	Cases(percent)	Cases(percent)	Cases(percent)
White	22 (1.9%)	104 (3.8%)	178 (4.1%)	190 (4.3%)
African Am. or Black	108 (9.1%)	520 (18.8%)	922 (21.1%)	1000 (22.9%)
Am. Indian/ Al. Native	0 (0.0%)	4 (0.1%)	12 (0.3%)	11 (0.3%)
Asian/ Pacific Is.	0 (0.0%)	1 (0.0%)	1 (0.0%)	3 (0.1%)
Hispanic	2 (0.2%)	4 (0.1%)	0 (0.0%)	9 (0.2%)
Unknown	0 (0.0%)	3 (0.1%)	1 (0.0%)	0 (0.0%)
Total	132 (11.1%)	636 (22.9%)	1114 (25.5%)	1213 (27.8%)
Both/Sexes	Cases(percent)	Cases(percent)	Cases(percent)	Cases(percent)
White	566 (47.8%)	759 (27.4%)	1185 (27.2%)	1108 (25.4%)
African Am. or Black	589 (49.7%)	1950 (70.3%)	3076 (70.5%)	3149 (72.1%)
Am. Indian/ Al. Native	7 (0.6%)	21 (0.8%)	43 (1.0%)	37 (0.8%)
Asian/ Pacific Is.	3 (0.3%)	4 (0.1%)	8 (0.2%)	11 (0.3%)
Hispanic	17 (1.4%)	21 (0.8%)	40 (0.9%)	60 (1.4%)
Unknown	3 (0.3%)	18 (0.6%)	10 (0.2%)	3 (0.1%)
Total	1185 (100.0%)	2773 (100.0%)	4362 (100.0%)	4368 (100.0%)

Table 5 continued			
HIV Disease Reports in North Carolina			
Gender, Race/Ethnicity by Year			
	Year of First Report		
Race/ Ethnicity	**1996-97**	**1998-99**	**2000**
Male	Cases(percent)	Cases(percent)	Cases(percent)
White	623 (18.8%)	582 (19.1%)	243 (16.5%)
African Am. or Black	1530 (46.2%)	1349 (44.3%)	659 (44.6%)
Am. Indian/ Al. Native	11 (0.3%)	19 (0.6%)	9 (0.6%)
Asian/ Pacific Is.	7 (0.2%)	7 (0.2%)	3 (0.2%)
Hispanic	63 (1.9%)	64 (2.1%)	39 (2.6%)
Unknown	16 (0.5%)	17 (0.6%)	15 (1.0%)
Total	2250 (67.9%)	2038 (66.9%)	968 (65.5%)
Female	Cases(percent)	Cases(percent)	Cases(percent)
White	162 (4.9%)	159 (5.2%)	85 (5.8%)
African Am. or Black	869 (26.2%)	821 (27.0%)	405 (27.4%)
Am. Indian/ Al. Native	12 (0.4%)	8 (0.3%)	3 (0.2%)
Asian/ Pacific Is.	3 (0.1%)	3 (0.1%)	1 (0.1%)
Hispanic	12 (0.4%)	13 (0.4%)	9 (0.6%)
Unknown	6 (0.2%)	3 (0.1%)	5 (0.3%)
Total	1064 (32.1%)	1007 (33.1%)	508 (34.4%)
Both/Sexes	Cases(percent)	Cases(percent)	Cases(percent)
White	785 (23.7%)	741 (24.3%)	328 (22.2%)
African Am. or Black	2400 (72.4%)	2170 (71.3%)	1065 (72.1%)
Am. Indian/ Al. Native	23 (0.7%)	27 (0.9%)	12 (0.8%)
Asian/ Pacific Is.	10 (0.3%)	10 (0.3%)	4 (0.3%)
Hispanic	75 (2.3%)	77 (2.5%)	48 (3.2%)
Unknown	22 (0.7%)	20 (0.7%)	20 (1.4%)
Total	3315 (100.0%)	3045 (100.0%)	1477 (100.0%)

Table 6				
HIV Disease Reports in North Carolina for Males				
Race/Ethnicity by Year				
	Year of First Report			
Race/ Ethnicity	**1983-89**	**1990-91**	**1992-93**	**1994-95**
	Cases(percent)	Cases(percent)	Cases(percent)	Cases(percent)
White	544 (51.7%)	655 (30.7%)	1007 (31.0%)	918 (29.1%)
African Am. or Black	481 (45.7%)	1430 (66.9%)	2154 (66.3%)	2149 (68.1%)
Am. Indian/ Al. Native	7 (0.7%)	17 (0.8%)	31 (1.0%)	26 (0.8%)
Asian/ Pacific Is.	3 (0.3%)	3 (0.1%)	7 (0.2%)	8 (0.3%)
Hispanic	15 (1.4%)	17 (0.8%)	40 (1.2%)	51 (1.6%)
Unknown	3 (0.3%)	15 (0.7%)	9 (0.3%)	3 (0.1%)
Total	1053 (100.0%)	2137 (100.0%)	3248 (100.0%)	3155 (100.0%)
Race/ Ethnicity	**1996-97**	**1998-99**	**2000**	
	Cases(percent)	Cases(percent)	Cases(percent)	
White	623 (27.7%)	582 (28.6%)	243 (25.1%)	
African Am. or Black	1530 (68.0%)	1349 (66.2%)	659 (68.1%)	
Am. Indian/ Al. Native	11 (0.5%)	19 (0.9%)	9 (0.9%)	
Asian/ Pacific Is.	7 (0.3%)	7 (0.3%)	3 (0.3%)	
Hispanic	63 (2.8%)	64 (3.1%)	39 (4.0%)	
Unknown	16 (0.7%)	17 (0.8%)	15 (1.5%)	
Total	2250 (100.0%)	2038 (100.0%)	968 (100.0%)	

Table 7				
HIV Disease Reports in North Carolina for Females				
Race/Ethnicity by Year				
	Year of First Report			
Race/ Ethnicity	**1983-89**	**1990-91**	**1992-93**	**1994-95**
	Cases(percent)	Cases(percent)	Cases(percent)	Cases(percent)
White	22 (16.7%)	104 (16.4%)	178 (16.0%)	190 (15.7%)
African Am. or Black	108 (81.8%)	520 (81.8%)	922 (82.8%)	1000 (82.4%)
Am. Indian/ Al. Native	0 (0.0%)	4 (0.6%)	12 (1.1%)	11 (0.9%)
Asian/ Pacific Is.	0 (0.0%)	1 (0.2%)	1 (0.1%)	3 (0.2%)
Hispanic	2 (1.5%)	4 (0.6%)	0 (0.0%)	9 (0.7%)
Unknown	0 (0.0%)	3 (0.5%)	1 (0.1%)	0 (0.0%)
Total	132 (100.0%)	636 (100.0%)	1114 (100.0%)	1213 (100.0%)
Race/ Ethnicity	**1996-97**	**1998-99**	**2000**	
	Cases(percent)	Cases(percent)	Cases(percent)	
White	162 (15.2%)	159 (15.8%)	85 (16.7%)	
African Am. or Black	869 (81.7%)	821 (81.5%)	405 (79.7%)	
Am. Indian/ Al. Native	12 (1.1%)	8 (0.8%)	3 (0.6%)	
Asian/ Pacific Is.	3 (0.3%)	3 (0.3%)	1 (0.2%)	
Hispanic	12 (1.1%)	13 (1.3%)	9 (1.8%)	
Unknown	6 (0.6%)	3 (0.3%)	5 (1.0%)	
Total	1064 (100.0%)	1007 (100.0%)	508 (100.0%)	

Table 8				
Adult/Adolescent HIV Disease Reports in North Carolina				
Mode of Transmission and Gender by Year				
	Year of First Report			
	1983-89	**1990-91**	**1992-93**	**1994-95**
Male	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
MSM	625 (60.1%)	744 (35.0%)	1292 (40.2%)	1234 (39.5%)
IDU	174 (16.7%)	504 (23.7%)	742 (23.1%)	604 (19.3%)
MSM/IDU	86 (8.3%)	262 (12.3%)	188 (5.9%)	133 (4.3%)
Blood/Tissue	68 (6.5%)	39 (1.8%)	77 (2.4%)	58 (1.9%)
Heterosexual*	27 (2.6%)	94 (4.4%)	247 (7.7%)	516 (16.5%)
Risk not specified	60 (5.8%)	485 (22.8%)	666 (20.7%)	583 (18.6%)
Total	1040 (100.0%)	2128 (100.0%)	3212 (100.0%)	3128 (100.0%)
Female	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
IDU	57 (46.3%)	229 (36.5%)	290 (27.1%)	228 (19.0%)
Blood/Tissue	10 (8.1%)	22 (3.5%)	27 (2.5%)	42 (3.5%)
Heterosexual*	44 (35.8%)	163 (26.0%)	359 (33.5%)	653 (54.6%)
Risk not specified	12 (9.8%)	213 (34.0%)	396 (36.9%)	274 (22.9%)
Total	123 (100.0%)	627 (100.0%)	1072 (100.0%)	1197 (100.0%)
Both/Sexes	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
MSM	625 (53.7%)	744 (27.0%)	1292 (30.2%)	1234 (28.5%)
IDU	231 (19.9%)	733 (26.6%)	1032 (24.1%)	832 (19.2%)
MSM/IDU	86 (7.4%)	262 (9.5%)	188 (4.4%)	133 (3.1%)
Blood/Tissue	78 (6.7%)	61 (2.2%)	104 (2.4%)	100 (2.3%)
Heterosexual*	71 (6.1%)	257 (9.3%)	606 (14.1%)	1169 (27.0%)
Risk not specified	72 (6.2%)	698 (25.3%)	1062 (24.8%)	857 (19.8%)
Total	1163 (100.0%)	2755 (100.0%)	4284 (100.0%)	4325 (100.0%)
Categories below include only reports with risk information				
	1983-89	**1990-91**	**1992-93**	**1994-95**
Both/Sexes	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
MSM	625 (57.3%)	744 (36.2%)	1292 (40.1%)	1234 (35.6%)
IDU	231 (21.2%)	733 (35.6%)	1032 (32.0%)	832 (24.0%)
MSM/IDU	86 (7.9%)	262 (12.7%)	188 (5.8%)	133 (3.8%)
Blood/Tissue	78 (7.1%)	61 (3.0%)	104 (3.2%)	100 (2.9%)
Heterosexual*	71 (6.5%)	257 (12.5%)	606 (18.8%)	1169 (33.7%)
Total	1091 (100.0%)	2057 (100.0%)	3222 (100.0%)	3468 (100.0%)
* includes multiple heterosexual partners, exchange of sex for drug or money, or previous STD diagnosis.				

Table 8 continued			
Adult/Adolescent HIV Disease Reports in North Carolina			
Mode of Transmission and Gender by Year			
	Year of First Report		
	1996-97	**1998-99**	**2000**
Male	Cases (percent)	Cases (percent)	Cases (percent)
MSM	785 (35.3%)	754 (37.2%)	360 (37.3%)
IDU	412 (18.6%)	269 (13.3%)	92 (9.5%)
MSM/IDU	140 (6.3%)	95 (4.7%)	23 (2.4%)
Blood/Tissue	36 (1.6%)	31 (1.5%)	18 (1.9%)
Heterosexual*	365 (16.4%)	363 (17.9%)	194 (20.1%)
Risk not specified	483 (21.7%)	516 (25.4%)	277 (28.7%)
Total	2221 (100.0%)	2028 (100.0%)	964 (100.0%)
Female	Cases (percent)	Cases (percent)	Cases (percent)
IDU	191 (18.4%)	124 (12.5%)	57 (11.3%)
Blood/Tissue	34 (3.3%)	30 (3.0%)	15 (3.0%)
Heterosexual*	505 (48.6%)	469 (47.2%)	231 (45.9%)
Risk not specified	309 (29.7%)	370 (37.3%)	200 (39.8%)
Total	1039 (100.0%)	993 (100.0%)	503 (100.0%)
Both/Sexes	Cases (percent)	Cases (percent)	Cases (percent)
MSM	785 (24.1%)	754 (25.0%)	360 (24.5%)
IDU	603 (18.5%)	393 (13.0%)	149 (10.2%)
MSM/IDU	140 (4.3%)	95 (3.1%)	23 (1.6%)
Blood/Tissue	70 (2.1%)	61 (2.0%)	33 (2.2%)
Heterosexual*	870 (26.7%)	832 (27.5%)	425 (29.0%)
Risk not specified	792 (24.3%)	886 (29.3%)	477 (32.5%)
Total	3260 (100.0%)	3021 (100.0%)	1467 (100.0%)
Categories below include only reports with risk information			
	1996-97	**1998-99**	**2000**
Both/Sexes	Cases (percent)	Cases (percent)	Cases (percent)
MSM	785 (31.8%)	754 (35.3%)	360 (36.4%)
IDU	603 (24.4%)	393 (18.4%)	149 (15.1%)
MSM/IDU	140 (5.7%)	95 (4.4%)	23 (2.3%)
Blood/Tissue	70 (2.8%)	61 (2.9%)	33 (3.3%)
Heterosexual*	870 (35.3%)	832 (39.0%)	425 (42.9%)
Total	2468 (100.0%)	2135 (100.0%)	990 (100.0%)
* includes multiple heterosexual partners, exchange of sex for drug or money, or previous STD diagnosis.			

Table 9				
Adult/Adolescent HIV Disease Reports in North Carolina for Males				
Mode of Transmission by Year excluding reports without risk				
	Year of First Report			
	1983-89	**1990-91**	**1992-93**	**1994-95**
Male	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
MSM	625 (63.8%)	744 (45.3%)	1292 (50.7%)	1234 (48.5%)
IDU	174 (17.8%)	504 (30.7%)	742 (29.1%)	604 (23.7%)
MSM/IDU	86 (8.8%)	262 (15.9%)	188 (7.4%)	133 (5.2%)
Blood/Tissue	68 (6.9%)	39 (2.4%)	77 (3.0%)	58 (2.3%)
Heterosexual*	27 (2.7%)	94 (5.7%)	247 (9.7%)	516 (20.3%)
Total	980 (100.0%)	1643 (100.0%)	2546 (100.0%)	2545 (100.0%)
	1996-97	**1998-99**	**2000**	
Male	Cases (percent)	Cases (percent)	Cases (percent)	
MSM	785 (45.2%)	754 (49.9%)	360 (52.4%)	
IDU	412 (23.7%)	269 (17.8%)	92 (13.4%)	
MSM/IDU	140 (8.1%)	95 (6.3%)	23 (3.3%)	
Blood/Tissue	36 (2.0%)	31 (2.0%)	18 (2.6%)	
Heterosexual*	365 (21.0%)	363 (24.0%)	194 (28.2%)	
Total	1738 (100.0%)	1512 (100.0%)	687 (100.0%)	
* includes multiple heterosexual partners, exchange of sex for drug or money, or previous STD diagnosis.				

Table 10				
Adult/Adolescent HIV Disease Reports in North Carolina for Females				
Mode of Transmission by Year excluding reports without risk				
	Year of First Report			
	1983-89	**1990-91**	**1992-93**	**1994-95**
Female	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
IDU	57 (51.4%)	229 (55.3%)	290 (42.9%)	228 (24.7%)
Blood/Tissue	10 (9.0%)	22 (5.3%)	27 (4.0%)	42 (4.6%)
Heterosexual*	44 (39.6%)	163 (39.4%)	359 (53.1%)	653 (70.7%)
Total	111 (100.0%)	414 (100.0%)	676 (100.0%)	923 (100.0%)
	1996-97	**1998-99**	**2000**	
Female	Cases (percent)	Cases (percent)	Cases (percent)	
IDU	191 (26.2%)	124 (19.9%)	57 (18.8%)	
Blood/Tissue	34 (4.6%)	30 (4.8%)	15 (5.0%)	
Heterosexual*	505 (69.2%)	469 (75.3%)	231 (76.2%)	
Total	730 (100.0%)	623 (100.0%)	303 (100.0%)	
* includes multiple heterosexual partners, exchange of sex for drug or money, or previous STD diagnosis.				

Table 11										
HIV Disease Reports in North Carolina										
Cases and Rates by Region and Demographic Subgroups by Year										
	Year of First Report									
Region	**1996**		**1997**		**1998**		**1999**		**2000**	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Region I	109	13.9	118	14.9	78	9.7	67	8.3	71	8.7
Region II	402	25.6	351	21.8	366	22.3	365	21.7	336	19.8
Region III	258	17.7	258	17.5	253	16.9	330	21.9	285	18.6
Region IV	339	26.6	353	27.0	323	24.1	327	23.9	348	25.0
Region V	207	26.2	211	26.4	160	19.9	148	18.3	137	16.6
Region VI	244	27.5	249	27.8	216	24.0	222	24.6	217	23.7
Region VII	85	15.6	123	22.3	86	15.4	95	16.9	81	14.0
Unknown	7		1		6		3		2	
North Carolina	1651	22.6	1664	22.4	1488	19.7	1557	20.4	1477	19.0
Age Group	**1996**		**1997**		**1998**		**1999**		**2000**	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
<5	27	5.2	14	2.7	16	3.0	3	0.6	5	0.9
5-12	8	1.0	3	0.4	2	0.2	1	0.1	4	0.4
13-19	38	5.5	50	7.1	52	7.2	40	5.5	42	5.6
20-29	424	39.8	390	36.8	360	34.2	313	30.1	322	31.2
30-39	643	53.8	664	55.6	560	46.8	628	52.2	539	44.8
40-49	396	36.7	390	35.6	365	32.6	413	36.0	382	32.7
>49	115	5.9	153	7.7	133	6.5	159	7.5	183	8.4
Race/	**1996**		**1997**		**1998**		**1999**		**2000**	
Ethnicity	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
White	385	7.1	400	7.3	363	6.5	378	6.7	328	5.8
African Am. or Black	1197	74.7	1203	73.9	1074	65.1	1096	65.6	1065	62.9
Am. Indian/ Al. Native	10	11.0	13	14.0	10	10.6	17	17.7	12	12.2
Asian/ Pacific Is.	8	9.7	2	2.3	4	4.2	6	5.9	4	3.7
Hispanic	36	27.1	39	26.5	34	21.0	43	24.5	48	25.2
Gender	**1996**		**1997**		**1998**		**1999**		**2000**	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Male	1099	31.0	1151	31.9	987	27.0	1051	28.3	968	25.7
Female	551	14.6	513	13.4	501	12.9	506	12.8	508	12.7
*Cases per 100,000 population										

Table 12

HIV Disease Reports in North Carolina Reports Where Drug Use May Exist

	Year of Report							
Mode of Transmission	**1983-89**	**90-91**	**92-93**	**94-95**	**96-97**	**98-99**	**2000**	**Total**
IDU	231	733	1032	832	603	393	149	3973
MSM & IDU	86	262	188	133	140	95	23	927
Heterosexual Contact with IDU	51	131	272	302	180	159	95	1190
Sex with Person with HIV/AIDS	10	76	277	501	515	462	219	2060
Pediatric, Mother is IDU	6	7	11	6	10	3	1	44
Pediatric, Mother had Sex with IDU	2	1	10	5	10	1	0	29
Pediatric, Mother had Sex with/person with HIV/AIDS	1	2	7	13	10	6	2	41
Pediatric, Mother with HIV/AIDS	4	5	33	10	17	7	4	80
Non-Injecting Drug Use	0	0	0	0	0	21	28	49
Sex for Drugs/Money	0	5	9	135	124	124	39	436
Total	391	1222	1839	1937	1609	1271	560	8829
Total (as % of all reports)	33.0%	44.1%	42.2%	44.3%	48.5%	41.7%	37.9%	43.0%

Table 13									
Pediatric HIV Disease Reports in North Carolina (Less than 13 Years of Age)									
Race and Gender by Year									
		1983-89	**1990-91**	**1992-93**	**1994-95**	**1996-97**	**1998-99**	**2000**	**Total**
Race	**Gender**								
White	Male	7	3	10	3	6	2	0	31
	Female	0	1	6	4	1	5	0	17
African Am/ Black	Male	6	6	25	23	22	8	3	93
	Female	8	8	34	11	22	9	3	95
Am. Indian /Al. Native	Male	0	0	1	0	0	0	0	1
	Female	0	0	2	0	0	0	0	2
Hispanic	Male	0	0	0	1	1	0	1	3
	Female	1	0	0	1	0	0	2	4
Unknown	Female	0	0	0	0	2	0	0	2
Total	Both	22	18	78	43	54	24	9	248

Table 14								
Pediatric HIV Disease Reports in North Carolina								
(Less than 13 Years of Age)								
Exposure Category by Year								
Exposure Category	**White**		**African American**		**Other**		**Total**	
	Before 1990	1990-00	Before 1990	1990-00	Before 1990	1990-00	Before 1990	1990-00
Hemophilia	2	10	0	3	0	1	2	14
Mother with/at risk for HIV Infection	2	26	10	152	1	10	13	188
Transfusion/ Transplant	3	1	3	1	0	0	6	2
Other	0	4	1	18	0	0	1	22
Total	7	41	14	174	1	11	22	226

Table 15								
Adolescent (13-19 Years of Age) HIV Disease Reports in North Carolina								
Exposure Category by Year								
	Year of Report							
Exposure Category	**1983-89**		**1990-91**		**1992-93**		**1994-95**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
MSM	2	0	9	0	19	0	17	0
IDU	1	0	3	5	0	3	0	4
MSM & IDU	0	0	4	0	2	0	0	0
Adult Hemophlia	6	0	1	0	4	0	1	0
Heterosexual	0	1	0	13	2	16	3	37
Transfusion, Transplant	0	0	0	0	1	0	0	1
Other	0	0	0	0	1	0	0	0
Risk not specified	0	1	4	18	7	43	11	25
Pediatric Hemophlia	0	0	0	0	3	0	1	0
Total	9	2	21	36	39	62	33	67
Exposure Category	**1996-97**		**1998-99**		**2000**		**Total**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**		
MSM	15	0	16	0	18	0	96	
IDU	2	5	0	1	0	0	24	
MSM & IDU	0	0	0	0	0	0	6	
Adult Hemophlia	0	0	0	0	0	0	12	
Heterosexual	1	35	2	29	0	4	143	
Transfusion, Transplant	1	0	2	0	0	0	5	
Other	0	0	0	0	0	0	1	
Risk not specified	5	23	11	30	7	13	198	
Pediatric Hemophlia	1	0	1	0	0	0	6	
Total	25	63	32	60	25	17	491	

Table 16 North Carolina Pregnancies*				
1999	Induced Abortions	Live Births	Fetal Deaths	Total
Total, All Ages	28,136	113,755	856	142,727
Total Whites	13,441	81,152	442	95,035
Total Minority	14,064	32,603	414	47,081
Ages 10 to 14	219	353	2	574
Whites, 10 to 14	84	109	0	193
Minority, 10 to 14	130	244	2	376
Ages 15 to 19	4,767	15,037	137	19,941
Whites, 15 to 19	2,506	8,779	58	11,343
Minority, 15 to 19	2,186	6,258	79	8,523
Unmarried Total	20,706	34,756	425	58,882
Unmarried, White	9,576	17,649	145	27,370
Unmarried, Minority	10,905	20,107	280	31,292
*Data from the North Carolina State Center for Health Informatics and Statistics				

Table 17 AIDS Reports in North Carolina by Age Group				
	Year of AIDS Report			
Age Group	**1983-89**	**1990-91**	**1992-93**	**1994-95**
	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
<5	17 (1.4%)	8 (0.7%)	34 (1.8%)	11 (0.5%)
5-12	5 (0.4%)	5 (0.5%)	6 (0.3%)	2 (0.1%)
13-19	11 (0.9%)	7 (0.6%)	21 (1.1%)	12 (0.6%)
20-29	280 (23.9%)	239 (22.2%)	378 (19.5%)	390 (18.1%)
30-39	521 (44.4%)	517 (47.9%)	927 (47.8%)	1003 (46.6%)
40-49	227 (19.3%)	209 (19.4%)	443 (22.8%)	553 (25.7%)
>49	113 (9.6%)	94 (8.7%)	130 (6.7%)	181 (8.4%)
TOTAL	1174 (100.0%)	1079 (100.0%)	1939 (100.0%)	2152 (100.0%)
Age Group	**1996-97**	**1998-99**	**2000**	**Cumulative**
	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
<5	20 (1.2%)	3 (0.2%)	2 (0.3%)	95 (0.9%)
5-12	2 (0.1%)	1 (0.1%)	1 (0.1%)	22 (0.2%)
13-19	12 (0.7%)	14 (0.9%)	4 (0.6%)	81 (0.8%)
20-29	275 (15.8%)	224 (14.4%)	93 (13.6%)	1879 (18.2%)
30-39	780 (44.9%)	654 (41.9%)	284 (41.4%)	4686 (45.4%)
40-49	482 (27.7%)	486 (31.2%)	216 (31.5%)	2616 (25.3%)
>49	168 (9.7%)	178 (11.4%)	86 (12.5%)	950 (9.2%)
TOTAL	1739 (100.0%)	1560 (100.0%)	686 (100.0%)	10329 (100.0%)

Table 18				
AIDS Cases in North Carolina				
Race/Ethnicity and Gender by Year				
	Year of AIDS Report			
Race/ Ethnicity	**1983-89**	**1990-91**	**1992-93**	**1994-95**
Male	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
White	543 (46.3%)	378 (35.0%)	645 (33.3%)	578 (26.9%)
African Am. or Black	473 (40.3%)	495 (45.9%)	934 (48.2%)	1102 (51.2%)
Am. Indian/ Al. Native	7 (0.6%)	6 (0.6%)	8 (0.4%)	17 (0.8%)
Asian/ Pacific Is.	3 (0.2%)	1 (0.1%)	5 (0.3%)	3 (0.1%)
Hispanic	15 (1.3%)	10 (0.9%)	30 (1.5%)	32 (1.5%)
Unknown	3 (0.2%)	2 (0.2%)	4 (0.2%)	3 (0.1%)
Total	1044 (88.9%)	892 (82.7%)	1626 (83.9%)	1735 (80.6%)
Female	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
White	21 (1.8%)	28 (2.6%)	45 (2.3%)	61 (2.8%)
African Am. or Black	107 (9.1%)	154 (14.3%)	263 (13.6%)	347 (16.1%)
Am. Indian/ Al. Native	0 (0.0%)	1 (0.1%)	4 (0.2%)	3 (0.1%)
Asian/ Pacific Is.	0 (0.0%)	1 (0.1%)	1 (0.1%)	0 (0.0%)
Hispanic	2 (0.2%)	3 (0.3%)	0 (0.0%)	6 (0.3%)
Total	130 (11.1%)	187 (17.3%)	313 (16.1%)	417 (19.4%)
Both/Sexes	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
White	564 (48.0%)	406 (37.6%)	690 (35.6%)	639 (29.7%)
African Am. or Black	580 (49.4%)	649 (60.1%)	1197 (61.7%)	1449 (67.3%)
Am. Indian/ Al. Native	7 (0.6%)	7 (0.6%)	12 (0.6%)	20 (0.9%)
Asian/ Pacific Is.	3 (0.3%)	2 (0.2%)	6 (0.3%)	3 (0.1%)
Hispanic	17 (1.4%)	13 (1.2%)	30 (1.5%)	38 (1.8%)
Unknown	3 (0.3%)	2 (0.2%)	4 (0.2%)	3 (0.1%)
Total	1174 (100.0%)	1079 (100.0%)	1939 (100.0%)	2152 (100.0%)

Table 18 continued			
AIDS Cases in North Carolina			
Race/Ethnicity and Gender by Year			
	Year of AIDS Report		
Race/ Ethnicity	**1996-97**	**1998-99**	**2000**
Male	Cases (percent)	Cases (percent)	Cases (percent)
White	363 (20.9%)	329 (21.1%)	122 (17.8%)
African Am. or Black	874 (50.3%)	780 (50.0%)	343 (50.0%)
Am. Indian/ Al. Native	8 (0.5%)	8 (0.5%)	4 (0.6%)
Asian/ Pacific Is.	4 (0.2%)	1 (0.1%)	1 (0.1%)
Hispanic	50 (2.9%)	41 (2.6%)	28 (4.1%)
Unknown	1 (0.1%)	0 (0.0%)	0 (0.0%)
Total	1300 (74.8%)	1159 (74.3%)	498 (72.6%)
Female	Cases (percent)	Cases (percent)	Cases (percent)
White	59 (3.4%)	38 (2.4%)	32 (4.7%)
African Am. or Black	373 (21.4%)	348 (22.3%)	147 (21.4%)
Am. Indian/ Al. Native	3 (0.2%)	4 (0.3%)	2 (0.3%)
Asian/ Pacific Is.	0 (0.0%)	2 (0.1%)	1 (0.1%)
Hispanic	4 (0.2%)	9 (0.6%)	6 (0.9%)
Total	439 (25.2%)	401 (25.7%)	188 (27.4%)
Both/Sexes	Cases (percent)	Cases (percent)	Cases (percent)
White	422 (24.3%)	367 (23.5%)	154 (22.4%)
African Am. or Black	1247 (71.7%)	1128 (72.3%)	490 (71.4%)
Am. Indian/ Al. Native	11 (0.6%)	12 (0.8%)	6 (0.9%)
Asian/ Pacific Is.	4 (0.2%)	3 (0.2%)	2 (0.3%)
Hispanic	54 (3.1%)	50 (3.2%)	34 (5.0%)
Unknown	1 (0.1%)	0 (0.0%)	0 (0.0%)
Total	1739 (100.0%)	1560 (100.0%)	686 (100.0%)

Table 19				
AIDS Cases in North Carolina Male				
Race/Ethnicity by Year				
	Year of AIDS Report			
Race/ Ethnicity	**1983-89**	**1990-91**	**1992-93**	**1994-95**
	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
White	543 (52.0%)	378 (42.4%)	645 (39.7%)	578 (33.3%)
African Am. or Black	473 (45.3%)	495 (55.5%)	934 (57.4%)	1102 (63.5%)
Am. Indian/ Al. Native	7 (0.7%)	6 (0.7%)	8 (0.5%)	17 (1.0%)
Asian/ Pacific Is.	3 (0.3%)	1 (0.1%)	5 (0.3%)	3 (0.2%)
Hispanic	15 (1.4%)	10 (1.1%)	30 (1.8%)	32 (1.8%)
Unknown	3 (0.3%)	2 (0.2%)	4 (0.2%)	3 (0.2%)
Total	1044 (100.0%)	892 (100.0%)	1626 (100.0%)	1735 (100.0%)
Race/ Ethnicity	**1996-97**	**1998-99**	**2000**	
	Cases (percent)	Cases (percent)	Cases (percent)	
White	363 (27.9%)	329 (28.4%)	122 (24.5%)	
African Am. or Black	874 (67.2%)	780 (67.3%)	343 (68.9%)	
Am. Indian/ Al. Native	8 (0.6%)	8 (0.7%)	4 (0.8%)	
Asian/ Pacific Is.	4 (0.3%)	1 (0.1%)	1 (0.2%)	
Hispanic	50 (3.8%)	41 (3.5%)	28 (5.6%)	
Unknown	1 (0.1%)	0 (0.0%)	0 (0.0%)	
Total	1300 (100.0%)	1159 (100.0%)	498 (100.0%)	

Table 20				
AIDS Cases in North Carolina Female				
Race/Ethnicity by Year				
	Year of AIDS Report			
Race/ Ethnicity	**1983-89**	**1990-91**	**1992-93**	**1994-95**
	Cases (percent)	Cases (percent)	Cases (percent)	Cases (percent)
White	21 (16.2%)	28 (15.0%)	45 (14.4%)	61 (14.6%)
African Am. or Black	107 (82.3%)	154 (82.4%)	263 (84.0%)	347 (83.2%)
Am. Indian/ Al. Native	0 (0.0%)	1 (0.5%)	4 (1.3%)	3 (0.7%)
Asian/ Pacific Is.	0 (0.0%)	1 (0.5%)	1 (0.3%)	0 (0.0%)
Hispanic	2 (1.5%)	3 (1.6%)	0 (0.0%)	6 (1.4%)
Total	130 (100.0%)	187 (100.0%)	313 (100.0%)	417 (100.0%)
Race/ Ethnicity	**1996-97**	**1998-99**	**2000**	
	Cases (percent)	Cases (percent)	Cases (percent)	
White	59 (13.4%)	38 (9.5%)	32 (17.0%)	
African Am. or Black	373 (85.0%)	348 (86.8%)	147 (78.2%)	
Am. Indian/ Al. Native	3 (0.7%)	4 (1.0%)	2 (1.1%)	
Asian/ Pacific Is.	0 (0.0%)	2 (0.5%)	1 (0.5%)	
Hispanic	4 (0.9%)	9 (2.2%)	6 (3.2%)	
Total	439 (100.0%)	401 (100.0%)	188 (100.0%)	

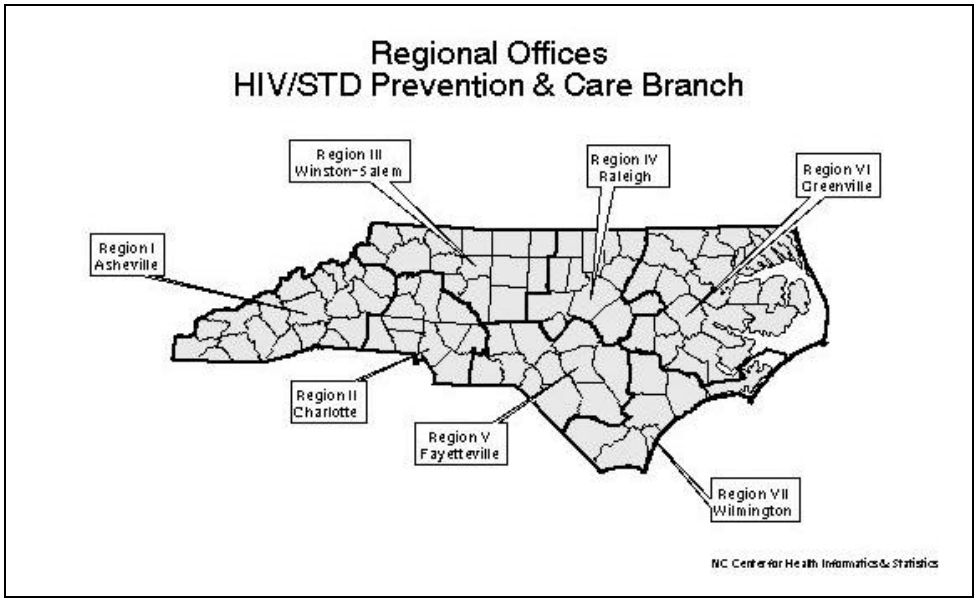
Table 21

AIDS Reports in North Carolina

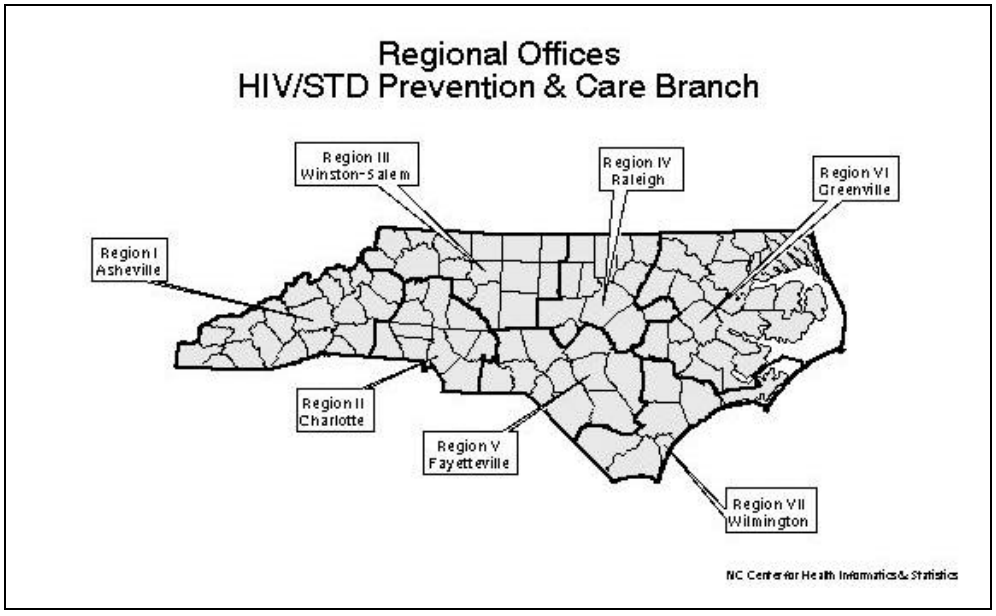
Cases and Rates by Region and Demographic Subgroups by Year

	Year of AIDS Report									
Region	**1996**		**1997**		**1998**		**1999**		**2000**	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
REGION I	76	9.7	87	10.9	44	5.5	47	5.8	36	4.4
REGION II	180	11.4	145	9.0	201	12.2	141	8.4	128	7.6
REGION III	132	9.1	95	6.4	120	8.0	171	11.3	107	7.0
REGION IV	194	15.2	179	13.7	157	11.7	157	11.5	168	12.1
REGION V	98	12.4	83	10.4	82	10.2	81	10.0	61	7.4
REGION VI	169	19.0	170	19.0	144	16.0	115	12.7	134	14.6
REGION VII	53	9.7	78	14.2	37	6.6	43	7.7	35	6.0
MISSING	0		0		5		15		17	
North Carolina	902	12.3	837	11.3	790	10.5	770	10.1	686	8.8
Age Groups	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
<5	14	2.7	6	1.2	1	0.2	2	0.4	2	0.4
5-12	1	0.1	1	0.1	0	0.0	1	0.1	1	0.1
13-19	8	1.1	4	0.6	6	0.8	8	1.1	4	0.5
20-29	144	13.5	131	12.4	113	10.7	111	10.7	93	9.0
30-39	398	33.3	382	32.0	333	27.8	321	26.7	284	23.6
40-49	253	23.5	229	20.9	255	22.7	231	20.1	216	18.5
>49	84	4.3	84	4.2	82	4.0	96	4.5	86	4.0
Race/ Ethnicity	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
White	223	4.1	199	3.6	199	3.6	168	3.0	154	2.7
African Am. or Black	644	40.2	603	37.1	562	34.1	566	33.9	490	28.9
Am. Indian/ Al. Native	5	5.5	6	6.5	5	5.3	7	7.3	6	6.1
Asian/ Pacific Is.	4	4.8	0	0.0	2	2.1	1	1.0	2	1.9
Hispanic	25	18.8	29	19.7	22	13.6	28	15.9	34	17.9
Unknown	1	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Gender	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Male	680	19.2	620	17.2	593	16.2	566	15.3	498	13.2
Female	222	5.9	217	5.7	197	5.1	204	5.2	188	4.7

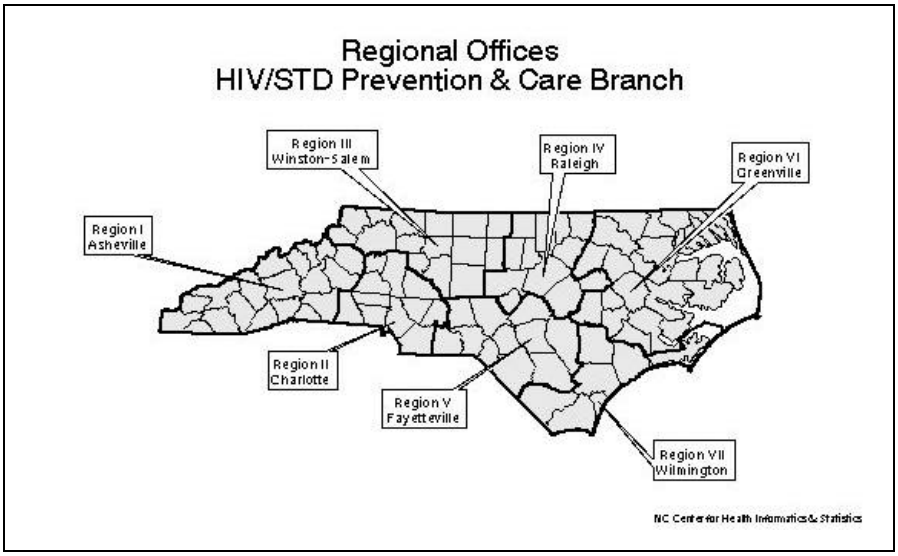
HIV Disease Reports by Sex and Race									
	Period	Sex	White	African American	American Indian	Asian	Hispanic	Unkn	Total
Region 1	Pre 1990	Male	39	9	2	0	0	0	50
		Female	1	1	0	0	0	0	2
		Both	40	10	2	0	0	0	52
	1990-1991	Male	67	37	1	0	1	1	107
		Female	12	6	1	0	0	0	19
		Both	79	43	2	0	1	1	126
	1992-1993	Male	114	39	2	0	4	1	160
		Female	28	20	0	0	0	0	48
		Both	142	59	2	0	4	1	208
	1994-1995	Male	124	57	2	1	5	1	190
		Female	23	13	0	1	2	0	39
		Both	147	70	2	2	7	1	229
	1996-1997	Male	119	45	0	1	7	0	172
		Female	28	27	0	0	0	0	55
		Both	147	72	0	1	7	0	227
	1998-1999	Male	84	24	0	0	4	1	113
		Female	20	11	1	0	0	0	32
		Both	104	35	1	0	4	1	145
	2000	Male	32	15	0	0	2	0	49
		Female	11	11	0	0	0	0	22
		Both	43	26	0	0	2	0	71
	All Years	Male	579	226	7	2	23	4	841
		Female	123	89	2	1	2	0	217
		Both	702	315	9	3	25	4	1058



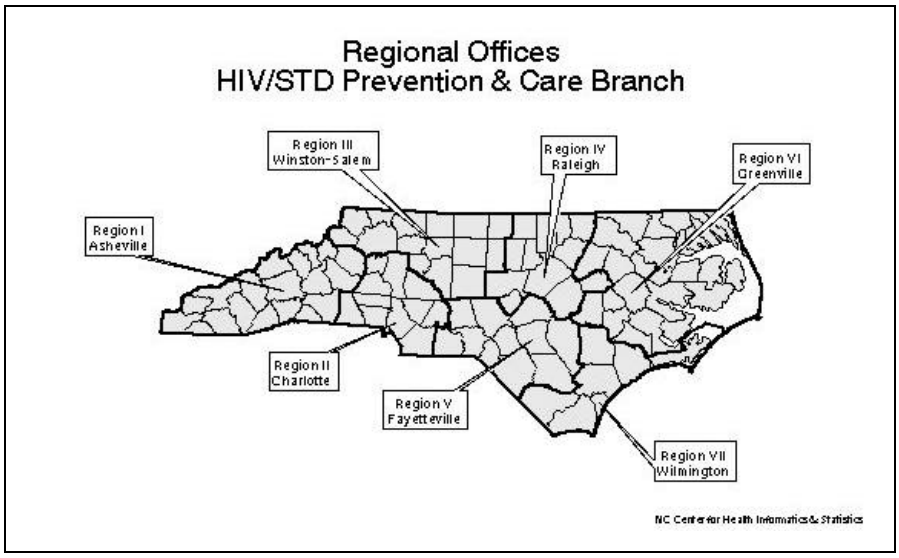
HIV Disease Reports by Sex and Race									
	Period	Sex	White	African American	American Indian	Asian	Hispanic	Unkn	Total
Region 2	Pre 1990	Male	140	97	0	0	5	1	243
		Female	5	16	0	0	0	0	21
		Both	145	113	0	0	5	1	264
	1990-1991	Male	155	424	3	0	5	1	588
		Female	44	141	0	0	0	2	187
		Both	199	565	3	0	5	3	775
	1992-1993	Male	270	643	1	0	5	6	925
		Female	52	243	0	0	0	1	296
		Both	322	886	1	0	5	7	1221
	1994-1995	Male	208	524	3	2	9	0	746
		Female	56	237	1	1	1	0	296
		Both	264	761	4	3	10	0	1042
	1996-1997	Male	127	360	1	3	7	4	502
		Female	46	196	1	3	1	4	251
		Both	173	556	2	6	8	8	753
	1998-1999	Male	155	330	2	1	4	0	492
		Female	37	201	0	0	1	0	239
		Both	192	531	2	1	5	0	731
	2000	Male	68	144	0	0	1	1	214
		Female	19	102	0	0	0	1	122
		Both	87	246	0	0	1	2	336
	All Years	Male	1123	2522	10	6	36	13	3710
		Female	259	1136	2	4	3	8	1412
		Both	1382	3658	12	10	39	21	5122



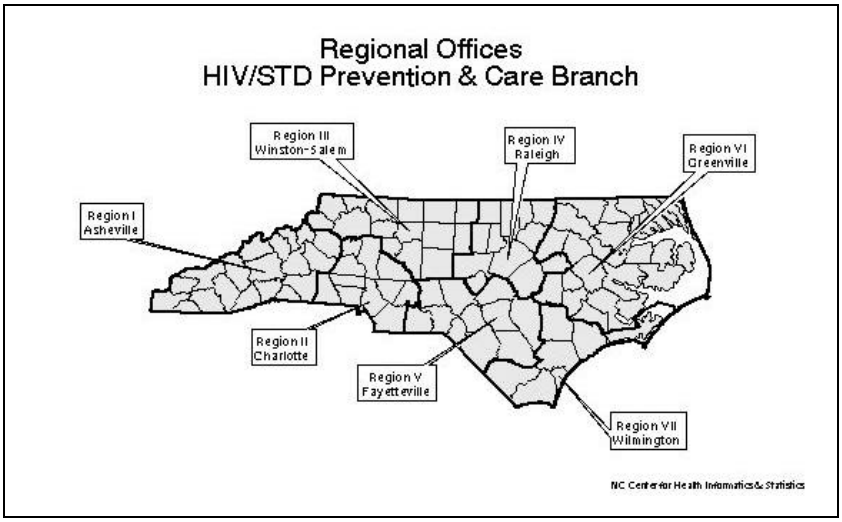
HIV Disease Reports by Sex and Race									
	Period	Sex	White	African American	American Indian	Asian	Hispanic	Unkn	Total
Region 3	Pre 1990	Male	114	66	1	0	2	0	183
		Female	3	11	0	0	0	0	14
		Both	117	77	1	0	2	0	197
	1990-1991	Male	102	230	4	1	0	4	341
		Female	11	69	0	0	0	0	80
		Both	113	299	4	1	0	4	421
	1992-1993	Male	170	299	4	2	6	2	483
		Female	20	112	2	0	0	0	134
		Both	190	411	6	2	6	2	617
	1994-1995	Male	200	395	3	1	4	1	604
		Female	35	168	0	0	0	0	203
		Both	235	563	3	1	4	1	807
	1996-1997	Male	104	240	0	1	7	2	354
		Female	22	134	2	0	4	0	162
		Both	126	374	2	1	11	2	516
	1998-1999	Male	111	243	2	0	13	4	373
		Female	30	176	0	2	1	1	210
		Both	141	419	2	2	14	5	583
	2000	Male	56	120	1	1	9	5	192
		Female	19	69	1	0	2	2	93
		Both	75	189	2	1	11	7	285
	All Years	Male	857	1593	15	6	41	18	2530
		Female	140	739	5	2	7	3	896
		Both	997	2332	20	8	48	21	3426



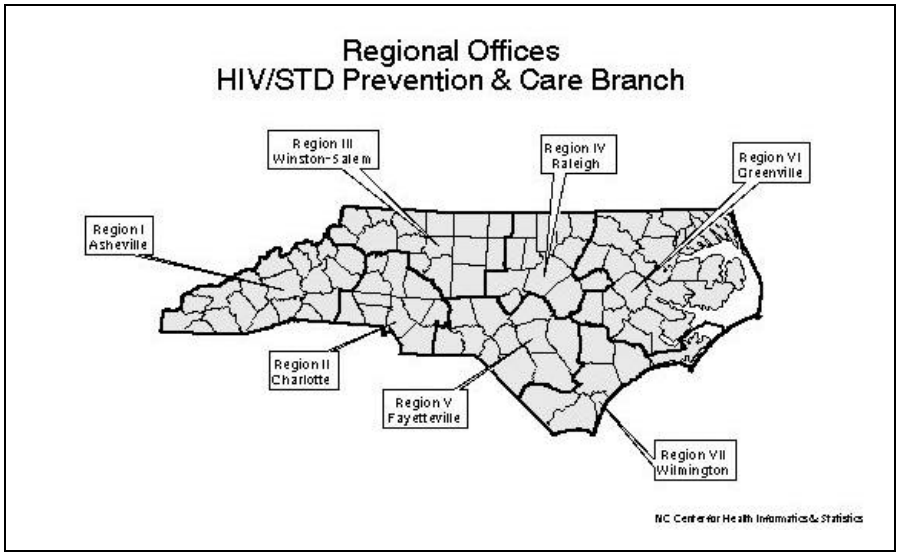
HIV Disease Reports by Sex and Race									
	Period	Sex	White	African American	American Indian	Asian	Hispanic	Unkn	Total
Region 4	Pre 1990	Male	132	151	1	0	2	0	286
		Female	4	34	0	0	0	0	38
		Both	136	185	1	0	2	0	324
	1990-1991	Male	174	396	2	1	7	2	582
		Female	13	143	0	0	2	0	158
		Both	187	539	2	1	9	2	740
	1992-1993	Male	203	489	3	3	7	0	705
		Female	25	192	1	0	0	0	218
		Both	228	681	4	3	7	0	923
	1994-1995	Male	184	512	0	1	7	0	704
		Female	24	232	0	0	0	0	256
		Both	208	744	0	1	7	0	960
	1996-1997	Male	122	352	1	0	13	3	491
		Female	23	176	0	0	1	1	201
		Both	145	528	1	0	14	4	692
	1998-1999	Male	105	314	0	2	20	7	448
		Female	24	173	0	0	4	1	202
		Both	129	487	0	2	24	8	650
	2000	Male	41	176	0	1	17	6	241
		Female	16	89	0	0	1	1	107
		Both	57	265	0	1	18	7	348
	All Years	Male	961	2390	7	8	73	18	3457
		Female	129	1039	1	0	8	3	1180
		Both	1090	3429	8	8	81	21	4637



HIV Disease Reports by Sex and Race									
	Period	Sex	White	African American	American Indian	Asian	Hispanic	Unkn	Total
Region 5	Pre 1990	Male	40	41	2	2	3	2	90
		Female	3	18	0	0	0	0	21
		Both	43	59	2	2	3	2	111
	1990-1991	Male	53	136	7	0	2	7	205
		Female	9	56	3	1	1	1	71
		Both	62	192	10	1	3	8	276
	1992-1993	Male	94	229	21	0	7	0	351
		Female	22	123	9	1	0	0	155
		Both	116	352	30	1	7	0	506
	1994-1995	Male	58	243	16	2	13	0	332
		Female	23	109	9	1	3	0	145
		Both	81	352	25	3	16	0	477
	1996-1997	Male	54	194	8	2	14	2	274
		Female	15	117	8	0	2	1	143
		Both	69	311	16	2	16	3	417
	1998-1999	Male	40	136	14	1	7	1	199
		Female	19	81	7	1	0	1	109
		Both	59	217	21	2	7	2	308
	2000	Male	6	68	7	0	5	2	88
		Female	10	32	1	0	5	0	48
		Both	16	100	8	0	10	2	136
	All Years	Male	345	1047	75	7	51	14	1539
		Female	101	536	37	4	11	3	692
		Both	446	1583	112	11	62	17	2231



HIV Disease Reports by Sex and Race									
	Period	Sex	White	African American	American Indian	Asian	Hispanic	Unkn	Total
Region 6	Pre 1990	Male	41	84	1	1	0	0	127
		Female	4	19	0	0	0	0	23
		Both	45	103	1	1	0	0	150
	1990-1991	Male	54	156	0	1	0	0	211
		Female	9	85	0	0	0	0	94
		Both	63	241	0	1	0	0	305
	1992-1993	Male	88	327	0	2	7	0	424
		Female	20	165	0	0	0	0	185
		Both	108	492	0	2	7	0	609
	1994-1995	Male	88	313	0	0	8	1	410
		Female	17	181	1	0	0	0	199
		Both	105	494	1	0	8	1	609
	1996-1997	Male	45	251	0	0	10	3	309
		Female	15	165	1	0	3	0	184
		Both	60	416	1	0	13	3	493
	1998-1999	Male	48	221	0	2	11	2	284
		Female	19	133	0	0	2	0	154
		Both	67	354	0	2	13	2	438
	2000	Male	26	106	1	1	4	0	138
		Female	6	71	0	1	1	0	79
		Both	32	177	1	2	5	0	217
	All Years	Male	390	1458	2	7	40	6	1903
		Female	90	819	2	1	6	0	918
		Both	480	2277	4	8	46	6	2821



HIV Disease Reports by Sex and Race									
	Period	Sex	White	African American	American Indian	Asian	Hispanic	Unkn	Total
Region 7	Pre 1990	Male	37	33	0	0	3	0	73
		Female	2	9	0	0	2	0	13
		Both	39	42	0	0	5	0	86
	1990-1991	Male	50	51	0	0	2	0	103
		Female	6	20	0	0	1	0	27
		Both	56	71	0	0	3	0	130
	1992-1993	Male	68	128	0	0	4	0	200
		Female	11	67	0	0	0	0	78
		Both	79	195	0	0	4	0	278
	1994-1995	Male	55	102	2	1	5	0	165
		Female	12	60	0	0	3	0	75
		Both	67	162	2	1	8	0	240
	1996-1997	Male	49	84	1	0	5	1	140
		Female	13	54	0	0	1	0	68
		Both	62	138	1	0	6	1	208
	1998-1999	Male	36	77	1	1	5	2	122
		Female	10	44	0	0	5	0	59
		Both	46	121	1	1	10	2	181
	2000	Male	13	30	0	0	1	1	45
		Female	4	30	1	0	0	1	36
		Both	17	60	1	0	1	2	81
	All Years	Male	308	505	4	2	25	4	848
		Female	58	284	1	0	12	1	356
		Both	366	789	5	2	37	5	1204