

State of Alabama

2012 HIV Surveillance Annual Report

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HIV Surveillance Branch

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TABLE OF CONTENTS

A. Background	3
B. Highlights	3
C. Overall HIV Trends	4
D. HIV by Race, Ethnicity, and Gender	7
E. HIV by Age Group	8
F. HIV by Mode of Exposure	9
G. HIV Treatment Cascade	11
H. HIV Unmet Need	12
I. HIV Mortality	13

A. BACKGROUND

Since 1982, the Alabama Department of Public Health (ADPH) has been conducting HIV and AIDS case surveillance on all patients diagnosed with AIDS in Alabama. Confidential, name-based reporting began in 1987 when the Alabama Notifiable Disease Laws were amended requiring all facilities, private and public, including laboratories and hospitals, to report all HIV cases. As of 2011, all positive HIV tests, CD4 results, and viral loads became reportable to ADPH under Alabama Public Health Law. Between 1982 and 2012, a total of 18,654 cases of HIV infection among Alabama residents were reported to ADPH. At the end of 2012, 64% (11,936) were known to be living. The Centers for Disease Control and Prevention (CDC) estimates that 18% of HIV positive individuals are unaware of their infection. Taking the prevalence estimate into consideration, an additional 3,000 Alabama residents are likely infected and unaware of their positive HIV status.

The HIV epidemic affects persons in all gender, age, race, ethnicity, and socioeconomic groups and in every county in Alabama. However, the effect has not been the same for all groups. At the beginning of the epidemic, the majority of HIV infections occurred in White men who have sex with men (MSM). Recent trends suggest a shift in the HIV epidemic toward African Americans and high-risk heterosexual activity. With the number of deaths among people diagnosed with HIV continuing to decline and the number of people living with HIV continuing to increase, the importance of identifying populations most affected and at risk for HIV infection is paramount. Alabama must be diligent in planning effective HIV prevention and care efforts with the allocation of limited resources. This report provides demographics, risk characteristics, and trends of HIV infections diagnosed among Alabama residents through 2012.

B. HIGHLIGHTS

- At the end of 2012, 11,936 Alabama residents were known to be living with HIV and 4,869 (41%) had progressed to AIDS. CDC estimates 18% of persons infected with HIV are unaware of their status. Application of this prevalence estimate suggests 14,574 Alabama residents may be infected with HIV.
- 557 newly diagnosed HIV infections were reported in Alabama by December 31, 2012. This number is an underestimate of actual HIV infections as it does not account for individuals unaware of their infection or reporting delays.
- There are persons living with HIV in every county in Alabama. The number continues to increase each year. In 2012, more HIV cases were diagnosed in Jefferson County than any other county. However, the rate of HIV diagnoses was greatest in Montgomery County.
- African Americans continue to be disproportionately affected by HIV in Alabama. Comprising 26% of the population, 68% of newly diagnosed HIV infections occurred in African Americans during 2012. African American males were seven times as likely to be diagnosed with HIV as White males while the rate of HIV in African American females was 10 times that of White females and twice that of White males.

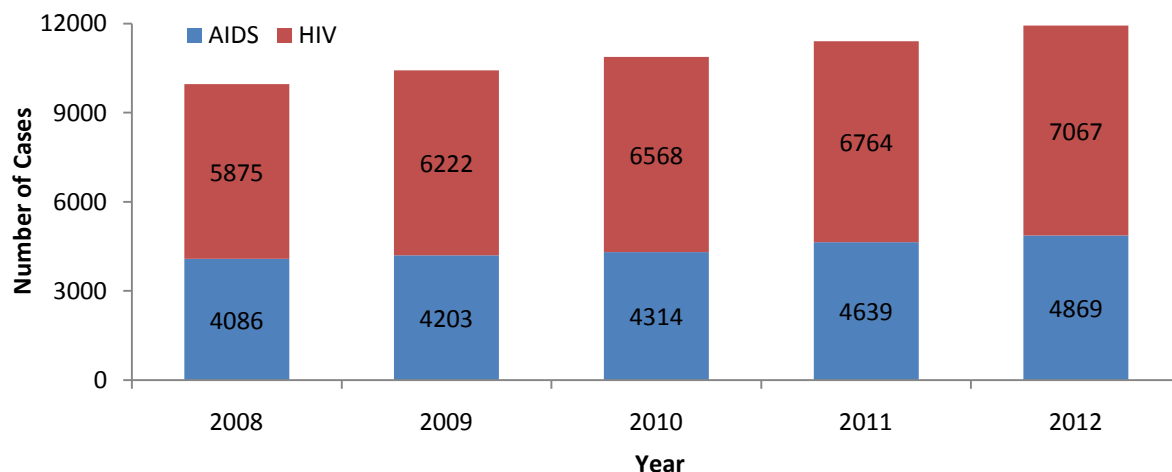
- Alabama’s HIV epidemic shifted to affect a younger population in 2008 as teenagers and young adults emerged as a highly affected age group. The majority of new HIV cases occurred among teenagers and young adults aged 13 to 34 years in 2012.
- While male-to-male sexual activity continues to be the predominant mode of exposure for HIV infection, heterosexual contact is the second most common mode of exposure.
- Alabama’s Enhanced Referral Tracking System (ERTS) successfully linked 67% of newly diagnosed HIV infections into care in 2012. However, Alabama’s estimated unmet need is 61% as 7,235 of the 11,936 persons living with HIV as of December 31, 2012 did not access care during 2012.
- The number of new HIV infections continues to outweigh the number of deaths among people diagnosed with HIV, largely due to the success and widespread utilization of highly active antiretroviral therapy (HAART) in 1995.

C. OVERALL TRENDS

The state of Alabama continues to experience an HIV epidemic of moderate magnitude when contrasted to the experience of other states. From 1982 through December 31, 2012, ADPH received a cumulative total of 18,654 HIV case reports among Alabama residents since reporting began. During 2012, 557 newly diagnosed HIV infections were reported among Alabama residents.

The proportion of persons living with HIV infection increased 21% between 2008 and 2012 (Figure 1). This trend is largely due to the introduction of effective drug treatment and therapies, which can often delay the progression from HIV to AIDS and from AIDS to death. A total of 11,936 persons diagnosed with HIV in Alabama were known to be living at the end of 2012, and 4,869 (41%) of these individuals have progressed to AIDS. This number represents a minimum estimate because it does not include HIV infected persons who have not been tested or account for reporting delays. An additional 3,000 Alabama residents are likely infected and unaware of their status.

Figure 1. Persons Living with HIV and AIDS (PLWHA[†]), Alabama 2008-2012



Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. † PLWHA include persons living as of December 31, 2012.

The majority of the newly diagnosed HIV infections in 2012 were between 25 and 44 years old (46%); another 30% were between 15 and 24 years old (Table 1). The majority of persons living with HIV (i.e., prevalent cases) were between 45 and 64 years old while another 43% were between 25 and 44 years. The HIV population is aging as a result of effective use of drug treatment and therapies. This will eventually impact the State of Alabama’s ability to provide adequate medical and social services (i.e. Ryan White and Medicare) for the aging HIV population. This is a major concern not only in Alabama, but for all states.

Table 1. Characteristics of Newly Diagnosed and Prevalent HIV Cases, Alabama 2012

Characteristic	Newly Diagnosed Cases (N=557),		Prevalent Cases (N=11,936),
	Number (%)	Rate	Number (%)
Gender			
Male	430 (77.2)	18.5	8563 (71.7)
Female	127 (22.8)	5.2	3373 (28.3)
Race/Ethnicity			
Black, Not Hispanic	379 (68.0)	30.0	7805 (65.4)
White, Not Hispanic	141 (25.3)	4.2	3503 (29.4)
Hispanic	15 (2.7)	21.4	240 (2.0)
Other/Unknown	22 (4.0)	24.9	388 (3.2)
Age Group (years)			
0-4	-	-	10 (0.1)
5-14	4 (0.7)	0.6	27 (0.2)
15-24	168 (30.2)	24.8	669 (5.6)
25-44	258 (46.3)	21.0	5057 (42.5)
45-64	118 (21.2)	9.2	5678 (47.7)
≥ 65	9 (1.6)	1.4	459 (3.9)
Public Health Area (PHA)			
PHA 1	16 (2.9)	5.3	223 (1.9)
PHA 2	44 (7.9)	5.5	1012 (8.5)
PHA 3	36 (6.5)	12.9	495 (4.2)
PHA 4	146 (26.2)	22.2	3339 (28.0)
PHA 5	34 (6.1)	6.3	463 (3.9)
PHA 6	31 (5.6)	9.1	541 (4.5)
PHA 7	16 (2.9)	11.3	367 (3.1)
PHA 8	96 (17.2)	15.2	2301 (19.3)
PHA 9	31 (5.6)	4.9	538 (4.5)
PHA 10	31 (5.6)	8.6	739 (6.2)
PHA 11	75 (13.5)	18.2	1857 (15.6)
Unknown	1 (0.2)	-	61 (0.5)
Total	557 (100)	11.6	11,936 (100)

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. Prevalent age group represents current age. Percentages may not sum 100% due to rounding. All rates are per 100,000 population, calculated using the 2010 United States Census report.

African Americans continue to be disproportionately affected by HIV. Although only 26% of the state’s population is African American, 68% of newly diagnosed HIV cases and 65% of all persons living with HIV were African American during 2012 (Table 1). The HIV diagnosis rate for African Americans was more than seven times higher than the rate for Whites in 2012. Hispanics represent another highly affected group. Although only 3% of newly diagnosed cases were Hispanic during 2012, the rate of infection was 21.4, more than 5 times the rate among Whites.

More than half (57%) of Alabama’s HIV positive population resided in Public Health Area (PHA) IV (Jefferson County), PHA VIII (Autauga, Bullock, Chilton, Elmore, Lee, Macon, Montgomery, and Russell Counties), and PHA XI (Mobile County) at the time of diagnosis (Table 1). Jefferson, Mobile, Montgomery, Madison, and Tuscaloosa Counties have consistently reported the highest number of new HIV cases each year from 2008– 2012, accounting for over 60% of HIV infections diagnosed in Alabama (Table 2). Jefferson County reports approximately 28% of newly diagnosed HIV infections every year.

Table 2. Top 5 Counties with the Highest Frequency of Newly Diagnosed HIV Cases, Alabama 2008 – 2012

County	2008		2009		2010		2011		2012	
	No. (%)	Rate	No. (%)	Rate	No. (%)	Rate	No. (%)	Rate	No. (%)	Rate
Jefferson	187 (26.2)	28.6	193 (27.8)	29.3	194 (28.0)	29.5	209 (29.6)	31.7	146 (26.2)	22.2
Madison	48 (6.7)	14.3	38 (5.5)	11.3	35 (5.1)	10.5	44 (6.2)	13.4	33 (5.9)	9.9
Mobile	100 (14.3)	24.2	109 (15.7)	26.6	92 (13.3)	22.3	95 (13.4)	23.0	75 (13.5)	18.2
Montgomery	90 (12.6)	40.1	84 (12.1)	36.6	76 (11.0)	33.1	80 (11.3)	34.9	63 (11.3)	27.5
Tuscaloosa	23 (3.2)	11.8	25 (3.6)	12.8	31 (4.5)	15.9	26 (3.7)	13.4	25 (4.5)	12.8
Statewide	713 (100)	14.9	694 (100)	14.5	692 (100)	14.5	707 (100)	14.8	557 (100)	11.6

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. Percentages may not sum 100% due to rounding. All rates are per 100,000 county population, calculated using the 2010 United States Census report.

However, the rate of new HIV cases among Alabama counties varies from year to year. Montgomery County has consistently ranked among the top 5 Alabama counties with the highest rate of HIV diagnosed each year from 2008– 2012 (Table 3). Greene, Hale, and Lowndes Counties recently emerged as hot spots for new HIV diagnoses beginning in 2009. These three counties are considered extremely rural, with populations between 9,045 - 15,760 residents per county. The high rates recently seen in these counties indicate a need for increased HIV prevention efforts in focused rural areas. It should be noted that 2012 data remain incomplete due to reporting delays and will not be finalized until December 31, 2013.

Table 3. Counties Among the Top 5 HIV Incidence Rate Rankings, Alabama 2008-2012

County	2008, N=713	2009, N=694	2010, N=692	2011, N=707	2012, N=557
Bullock	36.7	18.3	27.5	9.2	18.3
Butler	23.9	9.5	9.5	4.8	23.9
Chambers	11.7	23.4	26.3	32.1	11.7
Dale	29.9	29.9	17.9	2.0	4.0
Dallas	36.5	18.3	11.4	25.1	25.1
Greene	22.1	44.2	-	11.1	22.1
Hale	19.0	25.4	44.4	44.4	6.3
Henry	11.6	34.7	5.8	17.3	17.3
Jefferson	28.6	29.3	29.5	31.7	22.2
Lowndes	17.7	26.6	53.1	53.1	-
Macon	32.6	32.6	32.6	18.6	18.6
Montgomery	40.1	36.6	33.1	34.9	27.5
Pickens	5.1	5.1	15.2	10.1	25.3
Russell	30.2	18.9	30.2	9.4	5.7

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. All rates are per 100,000 county population, calculated using the 2010 United States Census report. Shaded rates indicate top five incidence rankings each year.

D. HIV BY RACE, ETHNICITY, AND GENDER

The HIV epidemic continues to disproportionately affect African Americans. In 2012, the rate of HIV diagnosis among African American males was seven times that of White males (Table 4). The difference was even more pronounced among African American females, who are 10 times as likely to become infected with HIV as White females and twice as likely to become infected as White males.

Table 4. Newly Diagnosed HIV Cases by Race, Ethnicity, and Sex, Alabama 2012

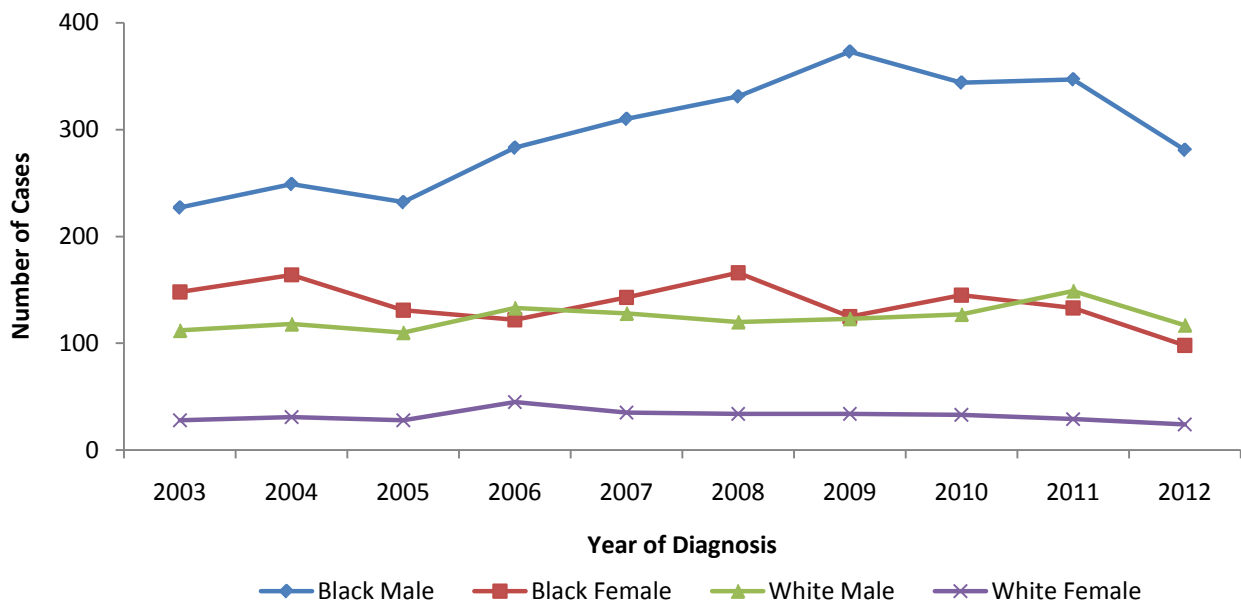
Race/Ethnicity	Males		Females		Total)	
	Number (%)	Rate	Number (%)	Rate	Number (%)	Rate
Black, Not Hispanic	281 (65.4)	47.7	98 (77.2)	14.5	379 (68.0)	30.0
White, Not Hispanic	117 (27.2)	7.1	24 (18.9)	1.4	141 (25.3)	4.2
Hispanic	12 (2.8)	34.6	3 (2.4)	8.5	15 (2.7)	21.4
Other/Unknown	20 (4.7)	46.3	2 (1.6)	4.4	22 (3.9)	26.0
Total	430 (100)	18.5	127 (100)	5.2	557 (100)	11.6

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. Percentages may not sum 100% due to rounding. All rates are per 100,000 population, calculated using race/ethnicity reported in the 2010 United States Census report.

African American males continue to have the highest number of new HIV cases reported each year (Figure 2). The number of new HIV cases reported in African American females has averaged 22% over the past 10 years. During seven of the past 10 years, African American females surpassed White males in the annual number of new HIV cases. The number of new HIV cases has remained steady among White females.

Figure 2. Trends in Newly Diagnosed HIV Cases by Race and Sex, 2003-2012



Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013.

E. HIV BY AGE GROUP

In 2012, teenagers and young adults aged 13 to 24 years accounted for 30% of newly diagnosed HIV cases while adults aged 25-34 years accounted for another 29% of cases (Table 5).

Table 5. Newly Diagnosed HIV Cases by Age Group and Sex, Alabama 2012

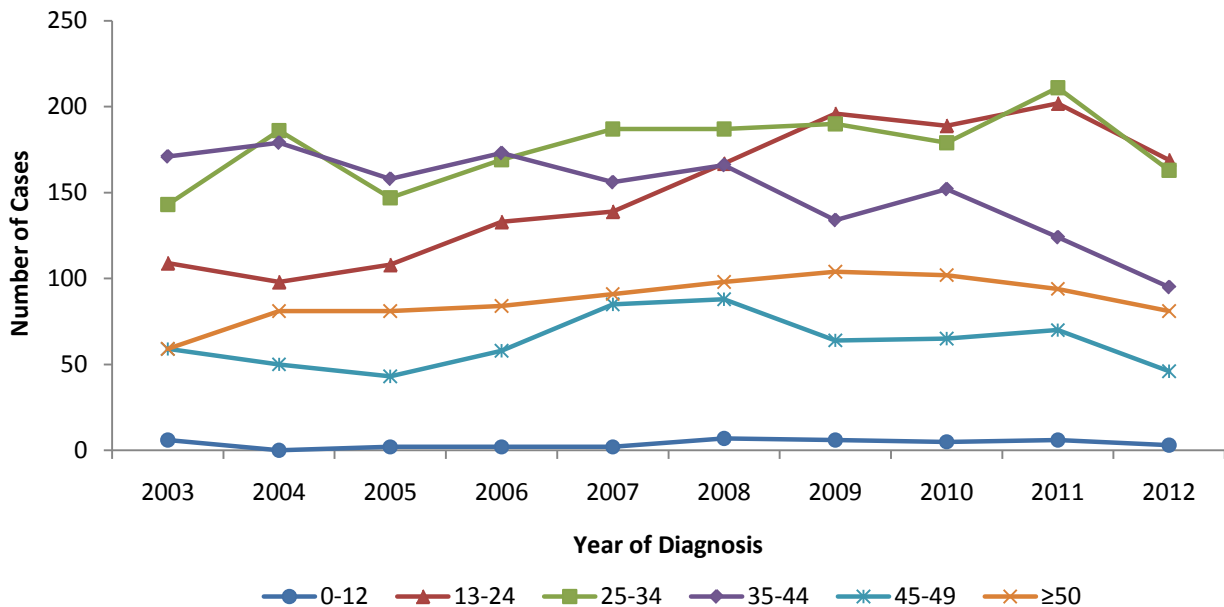
Age Group (years)	Males (N=430), Number (%)	Females (N=127), Number (%)	Total (N=557), Number (%)
0-12	-	3 (2.4)	3 (0.5)
13-24	149 (34.7)	20 (15.8)	169 (30.3)
25-34	125 (29.1)	38 (29.9)	163 (29.3)
35-44	73 (17.0)	22 (17.3)	95 (17.1)
45-49	28 (6.5)	18 (14.2)	46 (8.3)
≥50	55 (12.8)	26 (20.5)	81 (14.5)

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. Percentages may not sum 100% due to rounding.

In 2008, a downward shift in the age distribution of Alabama’s HIV epidemic occurred as the number of newly diagnosed cases increased among teenagers and young adults aged 13 to 24 years (Figure 3). Prior to 2008, the majority of new HIV cases were reported among adults aged 25 to 44 years. Since 2008, the majority of new HIV cases have been reported among 13 to 34 year olds. This downward shift in Alabama’s newly diagnosed HIV population calls for increased prevention efforts targeting a younger population.

Figure 3. Trends in Newly Diagnosed HIV Cases by Age Group, Alabama 2003-2012



Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013.

F. HIV BY MODE OF EXPOSURE

Throughout the HIV epidemic, the majority of infections have occurred among men who have sex with men (MSM). However, heterosexual contact represents the second leading risk factor for HIV infection. During 2012, MSM represented 51% of newly diagnosed cases and 41% of prevalent infections while heterosexual contact accounted for 10% of new cases and 21% of prevalent infections (Table 6).

Table 6. Mode of Exposure of Newly Diagnosed and Prevalent HIV Cases, Alabama 2012

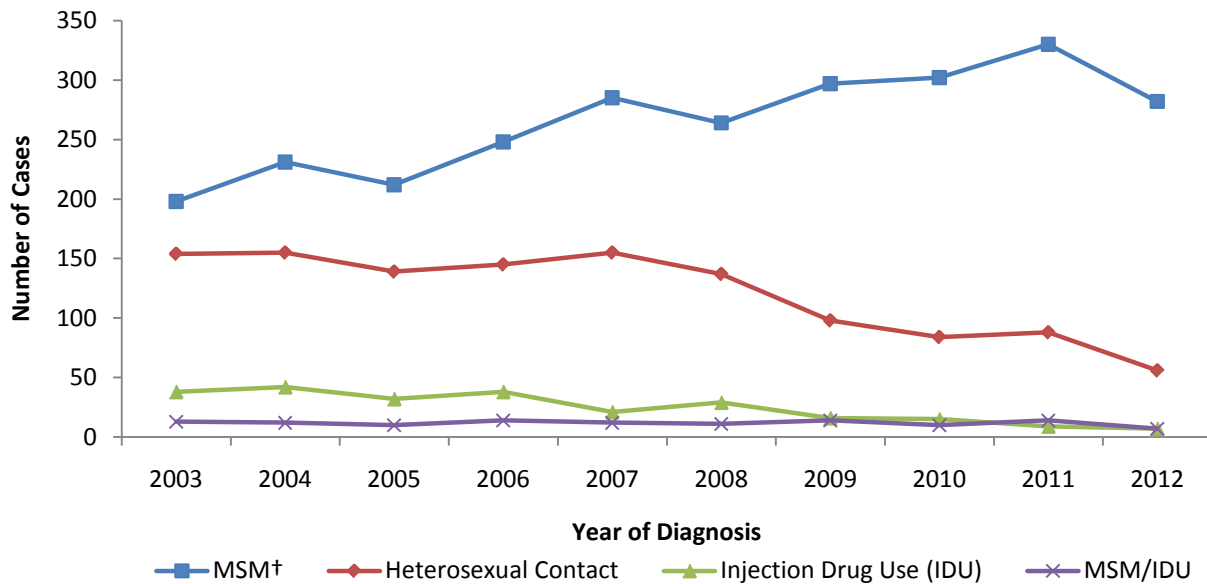
Mode of Exposure	Newly Diagnosed Cases (N=557), Number (%)	Prevalent Cases† (N=11,936), Number (%)
MSM‡	282 (50.6)	4945 (41.4)
Heterosexual Contact	56 (10.1)	2542 (21.3)
Injection Drug Use (IDU)	7 (1.3)	859 (7.2)
MSM/IDU	7 (1.3)	467 (3.9)
Perinatal Exposure	3 (0.5)	83 (0.7)
Transfusion/Hemophilia	-	31 (0.3)
Undetermined	202 (36.3)	3009 (25.1)

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. Percentages may not sum 100% due to rounding. †Prevalent cases living as of December 31, 2012. ‡MSM - Men who have sex with men.

The number of newly diagnosed HIV cases reported in MSM continues to rise each year with the proportion new HIV case reports in MSM increasing 30% over the past 10 years (Figure 4). In contrast, there has been a decrease in the number of newly diagnosed HIV cases reported among heterosexuals and injection drug users since 2007. This trend indicates prevention efforts should focus on the MSM population while maintaining current efforts to decrease the spread of HIV among heterosexuals.

Figure 4. Trends in Newly Diagnosed HIV Cases by Mode of Exposure, Alabama 2003-2012



Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013.

Among African Americans, 50% of newly diagnosed HIV infections reported in 2012 occurred in MSM while another 11% were attributed to heterosexual contact (Table 7). MSM and heterosexual contact accounted for 58% and 9% of newly diagnosed HIV infections among Whites, respectively. In the Hispanic population, 27% of newly diagnosed HIV infections were attributed to MSM while another 20% was attributed to heterosexual contact.

Table 7. Newly Diagnosed HIV Cases by Mode of Exposure and Race/Ethnicity, Alabama 2012

Mode of Exposure	Black, Not Hispanic Number (%)	White, Not Hispanic Number (%)	Hispanic, Number (%)	Total, Number (%)
MSM†	189 (49.9)	82 (58.2)	4 (26.7)	282 (50.6)
Heterosexual Contact	40 (10.6)	12 (8.5)	3 (20.0)	56 (10.1)
Injection Drug Use (IDU)	3 (0.8)	4 (2.8)	-	7 (1.3)
MSM/IDU	2 (0.5)	4 (2.8)	1 (6.7)	7 (1.3)
Perinatal Exposure	1 (0.3)	2 (1.4)	-	3 (0.5)
Undetermined	144 (38.0)	37 (26.2)	7 (46.7)	202 (36.3)
Total	379 (100)	141 (100)	15 (100)	557 (100)

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. Percentages may not sum 100% due to rounding. † MSM - Men who have sex with men.

In 2012, 46% of White females with newly diagnosed HIV infections reported heterosexual contact as the primary mode of exposure, another 12% reported injection drug use as the primary mode of exposure, and 33% reported no risk factor (Table 8). African American females attributed 35% of newly diagnosed HIV infections to heterosexual contact while only 2% reported injection drug use as the primary mode of exposure. The majority of African American females (62%) reported no risk factor. Among African American males, 68% of new cases occurred in MSM (including combined MSM and injection drug users) compared to 71% in White males. Only 2% of African American males and 1% of White males reported heterosexual contact as the primary mode of exposure for HIV infection during 2012. Less than 1% of newly diagnosed HIV infections in African American males and 1% of infections in White males were attributed to injection drug use (excluding combined MSM/IDU). Thirty percent of African American males and 25% of White males reported no risk factor.

Table 8. Newly Diagnosed HIV Cases by Mode of Exposure, Sex, and Race, Alabama 2012

Mode of Exposure	Black Males, Number (%)	White Males, Number (%)	Black Females, Number (%)	White Females, Number (%)	Total, Number (%)
MSM†	189 (67.3)	82 (70.1)	-	-	282 (50.6)
Heterosexual Contact	6 (2.1)	1 (0.9)	34 (34.7)	11 (45.8)	56 (10.1)
Injection Drug Use (IDU)	1 (0.4)	1 (0.9)	2 (2.0)	3 (12.5)	7 (1.3)
MSM/IDU	2 (0.7)	4 (3.4)	-	-	7 (1.3)
Perinatal Exposure	-	-	1 (1.0)	2 (8.3)	3 (0.5)
Undetermined	83 (29.5)	29 (24.8)	61 (62.2)	8 (33.3)	202 (36.3)
Total	281 (100)	117 (100)	98 (100)	24 (100)	557 (100)

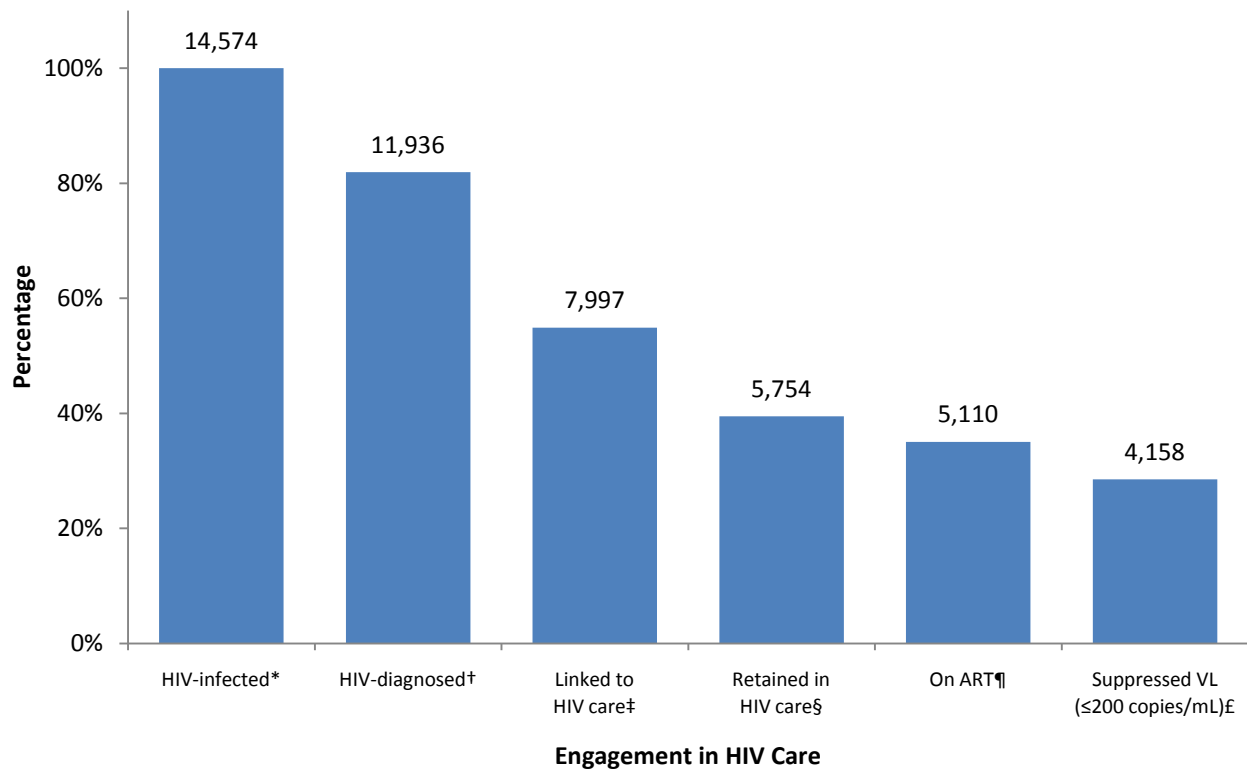
Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013. Percentages may not sum 100% due to rounding. † MSM - Men who have sex with men.

G. HIV TREATMENT CASCADE

The CDC estimates 18% of persons infected with HIV are unaware of their status. Application of the prevalence estimate predicts 14,574 Alabama residents were living with HIV infection as of December 31, 2012 (Figure 5). During 2012, Alabama’s Enhanced Referral Tracking System (ETRS) successfully linked 67% of newly diagnosed HIV infections into care. Applying the ETRS success rate to Alabama’s prevalence estimate suggests 55% (7,997) of all HIV cases were linked to medical care during 2012. Thirty-nine percent (5,754) were retained in care, as evidenced by one or more CD4 or viral load results reported during 2012, and 29% of HIV positive persons reported a suppressed viral load (≤ 200 copies/mL) at least once during 2012. As viral load is considered a measure of infectivity, maintaining a suppressed viral load may decrease the likelihood of infecting another person.

Figure 5. Percentage of HIV-infected Persons Engaged in Continuum of HIV Care, Alabama 2012



Abbreviations: HIV=human immunodeficiency virus; ART=antiretroviral therapy; VL=viral load.

*Estimated using number HIV-diagnosed (11,936) and HIV prevalence estimate (18.1%); n=14,574. Sources: Alabama Department of Public Health (ADPH); CDC. HIV Surveillance Supplemental Report, 2012;17(No. 3, part A).

†Number of persons living with HIV infection through December 31, 2012; n=11,936. Source: ADPH.

‡Calculated as number diagnosed (11,936) x percentage of clients linked to care (67%) in 2012 via Enhanced Referral Tracking System (ETRS); n=7,997. Source: ADPH.

§Number of persons living with HIV infection that accessed care during 2012, evidenced by ≥ 1 CD4 or VL result during 2012; n=5,754. Source: ADPH.

¶Calculated as number retained in HIV care (5,754) x percentage prescribed ART in MMP (88.8%); n=5,110. Source: Data from the Medical Monitoring Project (MMP).

£Number of persons living with HIV infection that had a VL result ≤ 200 copies/mL in 2012; n=4,158. Source: ADPH.

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013.

H. HIV UNMET NEED

As of June 2011, ADPH updated the notifiable disease law to require reporting of all HIV infections, including asymptomatic infections, AIDS, CD4 counts, and viral loads. The change now requires all private and public laboratories to report CD4 counts and viral loads to the HIV Surveillance Branch. Before the law change, measuring Alabama’s unmet need had limitations as HIV viral loads, CD4 cell counts ≥ 200 copies per μl or $\geq 20\%$, and other tests indicative of HIV infection and HIV management were not reportable. With the notifiable disease law change, limitations to calculating Alabama’s unmet need should diminish over time.

According to the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Unmet Need for HIV primary medical care is defined as no evidence of any of the following three components of HIV primary medical care during a specified 12-month time frame: viral load testing, CD4 count, or provision of anti-retroviral therapy (ART). Conversely, Met Need is defined as demonstration of any one or more of these three components during the specified 12-month time frame.

Using the HRSA/HAB Unmet Need Framework and HIV surveillance data collected in the Enhanced HIV/AIDS Reporting System (eHARS), Alabama’s estimated Unmet Need during 2012 was 7,230. Of the 11,936 persons diagnosed with HIV in Alabama and living as of December 31, 2012, 61% did not access HIV primary medical care during the past 12 months (January 1, 2012 through December 31, 2012).

Table 9. Framework Utilized to Calculate Unmet Need as Determined by HRSA/HAB

HIV Population Size	Data Source	Number
PLWA as of December 31, 2012	eHARS	4,869
PLWH as of December 31, 2012	eHARS	7,067
HIV Care Patterns	Data Source	Number (%)
PLWA who received specified services† in 12-month period	CD4/VL reported in eHARS	2,432 (49.9)
PLWH who received specified services† in 12-month period	CD4/VL reported in eHARS	2,274 (32.2)

Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.

Abbreviations: eHARS - Enhanced HIV/AIDS Reporting System; HAB – HIV/AIDS Bureau; HRSA – Health Resources and Services Administration; PLWA - persons living with AIDS; PLWH - persons living with HIV, non-AIDS; VL – viral load.

†Specified services include any of the following three components of HIV primary medical care during the 12-month time frame from January 1, 2012 through December 31, 2012: VL testing, CD4 count, or provision of anti-retroviral therapy (ART).

Note: 2012 data remain incomplete due to reporting delays; data will become finalized December 31, 2013.

A = Number of persons living with AIDS (PLWA) as of December 31, 2012

B = Number of persons living with HIV, non-AIDS (PLWH) as of December 31, 2012

C = Percent PLWA who received HIV primary medical care from January 1, 2012 to December 31, 2012

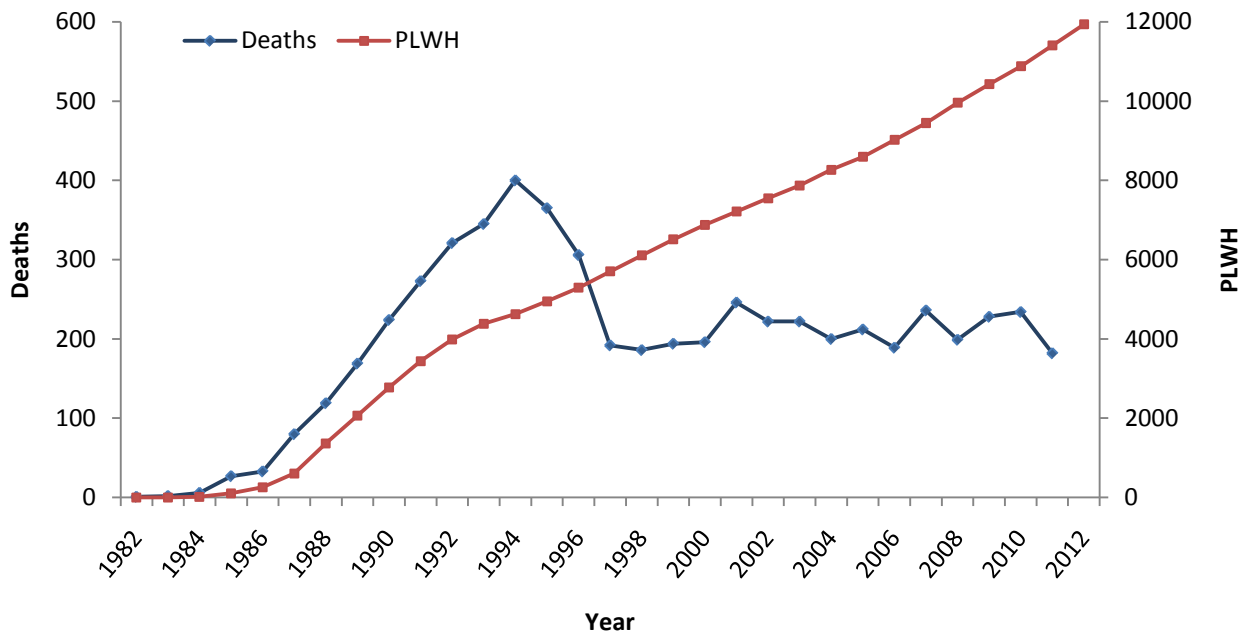
D = Percent PLWH who received HIV primary medical care from January 1, 2012 to December 31, 2012

$$\begin{aligned}
 \text{Unmet Need} &= [A*(1-C)] + [B*(1-D)] \\
 &= [4869*(1-0.499)] + [7067*(1-0.322)] \\
 &= [4869*0.501] + [7067*0.678] \\
 &= [2439] + [4791] \\
 &= 7230
 \end{aligned}$$

I. HIV MORTALITY

Following the introduction and widespread utilization of highly active antiretroviral therapy (HAART) in 1995, the number of deaths among people diagnosed with HIV significantly declined (Figure 6). Since 1997, the number of deaths has fluctuated around 200 per year (range 182-236). However, the number of persons living with HIV continues to increase with 11,936 persons reported at the end of 2012. The longevity of persons living with HIV infection in Alabama has a significant impact on the State’s resources for providing care and social services to the HIV positive population.

Figure 6. Persons Living with HIV (PLWH†) and Deaths, Alabama 1982-2012



Source: Alabama Department of Public Health, Division of HIV/AIDS Prevention and Control.
 Note: 2012 data remain incomplete due to reporting delays; data will be finalized December 31, 2013.
 † PLWH include persons living as of December 31 each year.