

*Virgin Islands  
Department of Health*

*HIV Surveillance  
2010 Annual Data Report*





## Virgin Islands Department of Health

### Communicable Disease Division

#### STD/HIV/TB Program

#### HIV Surveillance Unit

#### To Our Readers:

All US states and territories have implemented HIV Surveillance to monitor the HIV epidemic. The Virgin Islands Department of Health HIV Surveillance program is one of 45 areas that have had long term confidential name-based HIV infection reporting to monitor the patterns of HIV and AIDS diagnosis, mortality, and modes of exposure.

The HIV Surveillance Annual Data Report is prepared by the Virgin Islands HIV Surveillance program in partial fulfillment of the cooperative agreement (5U62PS001040) between the Centers for Disease Control and Prevention (CDC) and the Virgin Islands Department of Health.

The data in the 2010 Annual Data Report provide a picture of the HIV/AIDS epidemic in the Virgin Islands and the need for prevention and care services. The HIV Surveillance program has addressed the need for trend data by many data users in the 2010 report. Additionally, tables were added to include STD data. We hope to provide data from the other units that comprise the STD/HIV/TB program in the 2011 report. All data in this report were generated from the Virgin Islands HIV Surveillance Program's enhanced HIV/AIDS Reporting System (eHARS).

All information about HIV/AIDS patients is confidential and is collected specifically for epidemiologic purposes. The CDC and the Virgin Islands Department of Health has implemented policies and procedures to assure the confidentiality and security of HIV and AIDS data. Data release policy regulates the release of HIV Surveillance reports, which ensure that HIV data are not presented in such a manner as to potentially identify any individual with HIV/AIDS.

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## CONCEPTS

**HIV Surveillance** – The continuous, systematic collection, analysis, and interpretation of HIV/AIDS data.

**Epidemiology** – The study of incidence and distribution and control of a disease in a population.

**Epidemic** – A disease that spreads rapidly through a defined demographic segment than would normally be expected.

**Case** – A condition, such as HIV or AIDS according to a standard definition (ex. HIV Case)

**Cumulative Cases** – The total number of cases of a disease reported or diagnosed during a specified time.

**Rate** – The frequency of a disease compared to the number of persons at risk for the disease.

$$\frac{\text{\# of reported HIV infection cases for specific year(s)}}{\text{Virgin Islands Population during the same year(s)}} \times 100,000$$

**Trend** – A long-term pattern in the progression of the disease.

**Pediatric** – Persons that are less than 13 years of age at the time of diagnosis.

**Adult/Adolescent** – Persons that are 13 years of age or older at the age of diagnosis.

**Prevalence** – The total number of persons living with HIV or AIDS in a population over a period of time.

**Incidence** – The total number or rate of new cases of a disease over a period of time.

**Prevalence rate** – The percentage of the population living with HIV.

$$\frac{\text{Total number of living HIV cases for specific year}}{\text{Virgin Islands Population during the same year}} \times 100,000$$

**Incidence rate** – The total number of new cases in a specific area during a specific time period among the population at risk in the same area and time period.

$$\frac{\text{\# of new cases for specific year}}{\text{Virgin Islands Population during the same year}} \times 100,000$$

**Risk factor** – individual routes of HIV exposure/transmission: MSM, IDU, heterosexual contact, blood transfusion, Perinatal exposure, etc.

**MSM** (men who have sex with men) – A risk factor to describe male-to-male sexual contact which includes penis-to-mouth, penis-to-anus, or mouth-to-anus. It does not include mouth-to-mouth contact. Gay, bisexual, and other men who have sex with men fall within this category.

**IDU** (Injection Drug User) – A risk factor to describe individuals that use syringes, needles, or cookers to inject illicit drugs used for producing euphoria.

**NIR** (No identified risk) – Cases in which risk information cannot be identified or confirmed.

**Reported** – The date on which an adult or pediatric HIV/AIDS case report form is entered into the HIV/AIDS reporting database.

**Diagnosed** – The date on which laboratory test confirmed a disease or a physician having determined or analyzed a patient's condition by evaluating signs and symptoms through diagnostic analysis.

**HIV** (Human Immunodeficiency Virus) – The retrovirus that causes AIDS by infecting the T-helper cells.

**AIDS** (Acquired Immune Deficiency Syndrome) – A result of Human Immunodeficiency Virus (HIV) infection, which disables the immune system from effectively fighting numerous opportunistic infections and cancers.

**Serorevert** – the change in serostatus from positive to negative. Seroreversion occurs in infants whose antibody status changes once they have lost maternally transmitted antibodies.

**Seroconvert** – the development of detectable specific antibodies to microorganisms in the blood serum as a result of infection or immunization.

**Perinatal Exposure** – A risk factor that describes the possible spread of HIV/AIDS from a mother to her baby that can occur during pregnancy, labor, delivery or breastfeeding.



HIV



SURVEILLANCE



**Table 1. HIV and AIDS cases by year reported and selected characteristics of persons, 2010 - United States Virgin Islands**

	(CUMULATIVE)		2010	
	HIV	AIDS	HIV	AIDS
Total Cases	296	632	15	16
Adult	290	617	15	16
Pediatric	6	15	0	0
Living	252	281	15	14
Deceased	44	351	0	2
Under 13	6	15	0	0
13-14	2	0	0	0
15-24	41	26	4	0
25-34	101	168	4	4
35-44	87	228	6	5
45-54	37	140	1	3
Over 54	22	55	0	4
Black	174	426	6	10
White	23	50	2	1
Hispanic	93	154	7	5
Other	6	2	0	0
Males	160	395	9	11
Male-to-male sexual contact (MSM)	36	130	5	2
Injection drug use (IDU)	15	64	0	1
MSM & IDU	2	16	0	0
Heterosexual contact	30	91	0	1
Blood transfusion/hemophiliac	0	2	0	0
Perinatal transmission	4	6	0	0
Risk not reported/other	73	86	4	7
Females	135	209	6	5
Injection drug use (IDU)	10	29	1	0
Heterosexual contact	62	109	2	2
Blood transfusion/hemophiliac	1	0	0	0
Perinatal transmission	2	8	0	0
Risk not reported/other	60	63	3	3

**Table 2. New HIV Infections by sex and year reported,  
2006 to 2010 - USVI**

Year	Males		Females		Total	
	No.	%	No.	%	No.	%
2010	15	62.5	9	37.5	24	100.0
2009	18	60.0	12	40.0	30	100.0
2008	14	63.6	8	36.4	22	100.0
2007	22	57.9	16	42.1	38	100.0
2006	23	62.2	14	37.8	37	100.0

Over the past five years, the number of new HIV infections reported has fluctuated. Despite a fluctuation in the total cases reported, males account for approximately 60% of new HIV infections (regardless of the stage of the disease).

**Table 3. Cumulative AIDS and HIV Infection cases reported by sex and race/ethnicity, 2010 - USVI**

Race/ethnicity	Males				Females			
	AIDS		HIV		AIDS		HIV	
	No.	%	No.	%	No.	%	No.	%
Total	422	100.0	158	100.0	210	100.0	135	100.0
Black, not-hispanic	279	66.1	98	62.0	147	70.0	73	54.1
White, not-hispanic	41	9.7	17	10.8	9	4.3	6	4.4
Hispanic	100	23.7	40	25.3	54	25.7	53	39.3
Other	2	0.5	3	1.9	0	0.0	3	2.2

Non-Hispanic black males and females account for the majority of HIV and AIDS cases reported in the Virgin Islands. Among all males, blacks account for 66% of AIDS cases and 62% of HIV Cases reported. Among all females, blacks account for 70% of AIDS cases and 54% of HIV Cases reported. This is mainly due to the predominance of African descent in the US Virgin Islands population.

**Table 4. Cumulative AIDS and HIV Infection cases reported by sex and exposure category, 2010 - USVI**

Exposure Category	Males				Females			
	AIDS		HIV		AIDS		HIV	
	No.	%	No.	%	No.	%	No.	%
Total	422	100.0	158	100.0	210	100.0	134	100.0
Male-to-male sexual contact (MSM)	130	30.8	36	22.8				
Injection drug use (IDU)	64	15.2	15	9.5	29	13.8	10	7.5
MSM & IDU	16	3.8	2	1.3				
Heterosexual contact	91	21.6	30	19.0	109	51.9	62	46.3
Blood transfusion/hemophiliac	2	0.5	0	0.0	0	0.0	1	0.7
Perinatal transmission	6	1.4	4	2.5	8	3.8	2	1.5
Risk not reported/other	113	26.8	71	44.9	64	30.5	59	44.0

Obtaining risk factor information continues to be a major setback in assessing how individuals may have been exposed to the virus. Most males contracting the virus were exposed through male-to-male sexual contact, while females were exposed through heterosexual contact.

**Table 5. Cumulative AIDS and HIV Infection cases reported by sex and age, 2010 - USVI**

Age at diagnosis	Males				Females			
	AIDS		HIV		AIDS		HIV	
	No.	%	No.	%	No.	%	No.	%
Total	422	100.0	158	100.0	210	100.0	135	100.0
Under 13	7	1.7	3	1.9	8	3.8	3	2.2
13-14	0	0.0	1	0.6	0	0.0	1	0.7
15-24	16	3.8	19	12.0	10	4.8	21	15.6
25-34	100	23.7	48	30.4	68	32.4	52	38.5
35-44	158	37.4	47	29.7	70	33.3	39	28.9
45-54	102	24.2	26	16.5	38	18.1	11	8.1
Over 54	39	9.2	14	8.9	16	7.6	8	5.9

**Table 6. Cumulative AIDS and HIV Infection cases reported by sex and vital status, 2010 - USVI**

	Males				Females			
	AIDS		HIV		AIDS		HIV	
	No.	%	No.	%	No.	%	No.	%
Total	422	100.0	158	100.0	210	100.0	135	100.0
Adults	415	98.3	155	98.1	202	96.2	132	97.8
Pediatric	7	1.7	3	1.9	8	3.8	3	2.2
Living	174	41.2	130	82.3	107	51.0	119	88.1
Deceased	248	58.8	28	17.7	103	49.0	16	11.9

Very few pediatric exposures to HIV seroconvert. Therefore, the majority of HIV and AIDS cases in the Virgin Islands are among adults.

Since the HIV Surveillance program began accounting for the HIV and AIDS cases, approximately 59% of males and 49% of females reported with an AIDS diagnosis have died.

**Table 7. Cumulative HIV cases reported by race/ethnicity and exposure category, 2010 - USVI**

Exposure Category	Black		White		Hispanic		Other	
	No.	%	No.	%	No.	%	No.	%
Total	171	100.0	23	100.0	93	100.0	6	100.0
Male-to-male sexual contact (MSM)	15	8.8	11	47.8	8	8.6	2	33.3
Injection drug use (IDU)	12	7.0	2	8.7	10	10.8	1	16.7
MSM & IDU	1	0.6	1	4.3	0	0.0	0	0.0
Heterosexual contact	44	25.7	6	26.1	41	44.1	1	16.7
Blood transfusion/hemophiliac	1	0.6	0	0.0	0	0.0	0	0.0
Perinatal transmission	5	2.9	0	0.0	1	1.1	0	0.0
Risk not reported/other	93	54.4	3	13.0	33	35.5	2	33.3

Blacks are most unlikely to provide a risk factor to determine mode of exposure. However, approximately 26% of Blacks and 44% of Hispanics have reported being exposed to the virus through heterosexual contact. 47% of whites have contracted the virus through male-to-male sexual contact.

**Table 8. Cumulative HIV cases reported by race/ethnicity and age, 2010 - USVI**

Age at diagnosis	Black		White		Hispanic		Other	
	No.	%	No.	%	No.	%	No.	%
Total	171	100.0	23	100.0	93	100.0	6	100.0
Under 13	5	2.9	0	0.0	1	1.1	0	0.0
13-14	2	1.2	0	0.0	0	0.0	0	0.0
15-24	18	10.5	2	8.7	17	18.3	3	50.0
25-34	55	32.2	11	47.8	33	35.5	1	16.7
35-44	52	30.4	5	21.7	28	30.1	1	16.7
45-54	22	12.9	3	13.0	11	11.8	1	16.7
Over 54	17	9.9	2	8.7	3	3.2	0	0.0

Among all races and ethnicities, the majority of HIV cases reported was among persons 25 – 34 years of age.

**Table 9. Cumulative HIV cases reported by race/ethnicity and vital status, 2010 - USVI**

	Black		White		Hispanic		Other	
	No.	%	No.	%	No.	%	No.	%
Total	171	100.0	23	100.0	93	100.0	6	100.0
Adults	166	97.1	23	100.0	92	98.9	6	100.0
Pediatric	5	2.9	0	0.0	1	1.1	0	0.0
Living	143	83.6	19	82.6	82	88.2	5	83.3
Deceased	28	16.4	4	17.4	11	11.8	1	16.7

**Table 10. Cumulative AIDS cases reported by race/ethnicity and exposure category, 2010 - USVI**

Exposure Category	Black		White		Hispanic		Other	
	No.	%	No.	%	No.	%	No.	%
Total	426	100.0	50	100.0	154	100.0	2	100.0
Male-to-male sexual contact (MSM)	85	20.0	27	54.0	17	11.0	1	50
Injection drug use (IDU)	43	10.1	4	8.0	46	29.9	0	0
MSM & IDU	10	2.3	4	8.0	2	1.3	0	0
Heterosexual contact	151	35.4	6	12.0	42	27.3	1	50
Blood transfusion/hemophiliac	2	0.5	0	0.0	0	0.0	0	0
Perinatal transmission	8	1.9	0	0.0	6	3.9	0	0
Risk not reported/other	127	29.8	9	18.0	41	26.6	0	0

Of cumulative AIDS cases reported, 35% of Blacks were exposed through heterosexual contact, 54% of Whites were exposed through male-to-male sexual contact and almost 30% of Hispanics were exposed through Injection drug use.

**Table 11. Cumulative AIDS cases reported by race/ethnicity and age, 2010 - USVI**

Age at diagnosis	Black		White		Hispanic		Other	
	No.	%	No.	%	No.	%	No.	%
Total	426	100.0	50	100	154	100.0	2	100.0
Under 13	9	2.1	0	0.0	6	3.9	0	0.0
13-14	0	0.0	0	0.0	0	0.0	0	0.0
15-24	15	3.5	0	0.0	11	7.1	0	0.0
25-34	103	24.2	15	30.0	49	31.8	1	50.0
35-44	156	36.6	19	38.0	52	33.8	1	50.0
45-54	101	23.7	10	20.0	29	18.8	0	0.0
Over 54	42	9.9	6	12.0	7	4.5	0	0.0

Among all races and ethnicities, the majority of AIDS cases reported was diagnosed at 35 – 44 years of age.

**Table 12. Cumulative AIDS cases reported by race/ethnicity and vital status, 2010 - USVI**

	Black		White		Hispanic		Other	
	No.	%	No.	%	No.	%	No.	%
Total	426	100.0	50	100.0	154	100.0	2	200.0
Adults	417	97.9	50	100.0	148	96.1	2	100.0
Pediatric	9	2.1	0	0.0	6	3.9	0	0.0
Living	185	43.4	24	48.0	72	46.8	0	0.0
Deceased	241	56.6	26	52.0	82	53.2	2	100.0

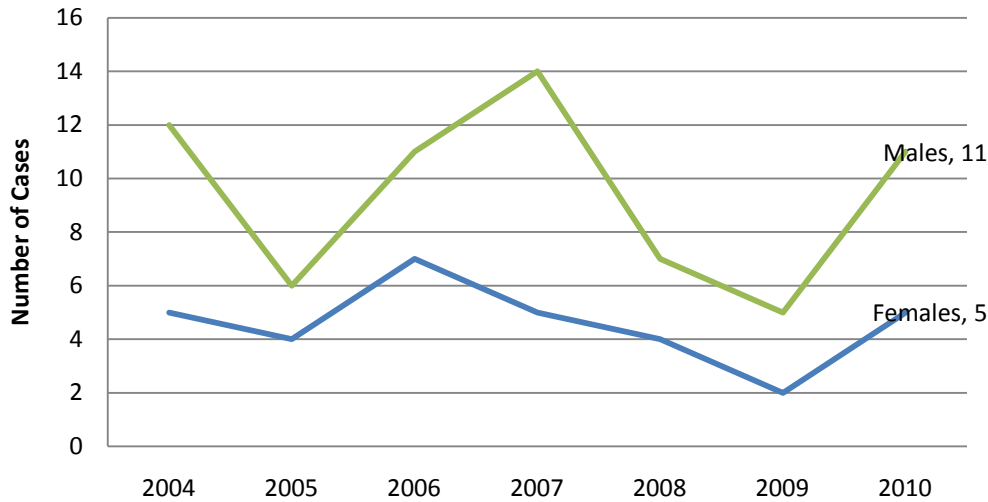


**Table 13. AIDS and HIV cases by sex and year reported, 1993-2010 - USVI**

Year	Males		Females		Total	
	AIDS	HIV	AIDS	HIV	AIDS	HIV
2004	12	9	5	11	17	20
2005	6	7	4	8	10	15
2006	11	13	7	6	18	19
2007	14	7	5	11	19	18
2008	7	8	4	4	11	12
2009	5	11	2	11	7	22
2010	11	9	5	6	16	15

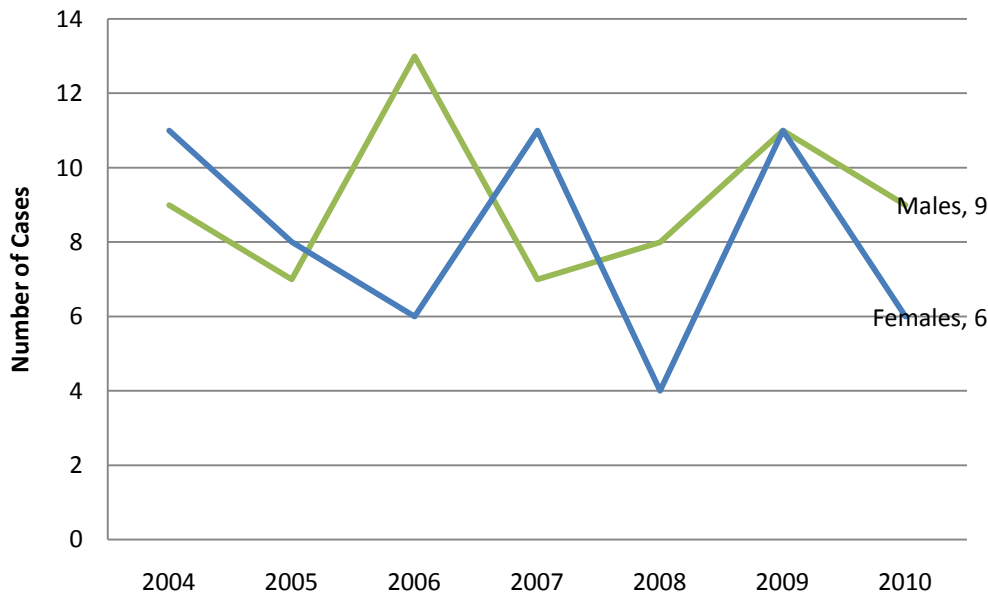
While HIV was first noted in the United States in the early 1980s, the Virgin Islands law did not mandate HIV and AIDS reporting by physicians until 1994. The law was revised in 1998 to include confidential name-based reporting.

### AIDS Cases reported by Sex Virgin Islands



Over the past seven years, more males were reported with AIDS than females.

### HIV Cases reported by Sex Virgin Islands



There has been no steady trend with the number of HIV cases reported between males and females. The numbers continue to fluctuate from year to year.

**Table 14. Cumulative Pediatric cases reported by island and selected variables - 2010, USVI**

<b>Selected Variables</b>	<b>Virgin Islands</b>	<b>St. Croix</b>	<b>St. Thomas/ St. John</b>
Total	83	39	44
Deceased	13	10	3
Perinatally HIV Exposed	26	6	20
Seroconverted	13	7	6
Seroreverted	31	16	15

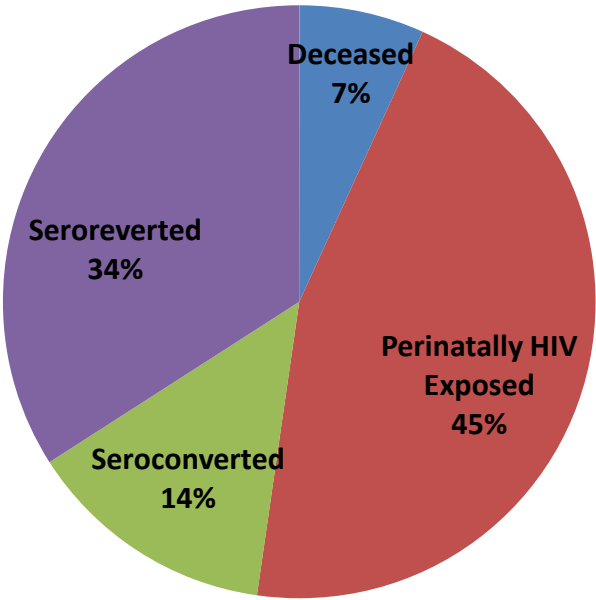
Of the 83 perinatally exposed cases to HIV, approximately 16% (13) have died. Majority of the deceased cases were on St. Croix.

About 31% remain perinatally exposed due to several factors, which include parental relocation and not retesting. The HIV status of pediatric cases exposed to HIV is reassessed at 18 to 24 months of age. Approximately 77% of pediatric cases with a perinatally exposed status were on St. Thomas/St. John.

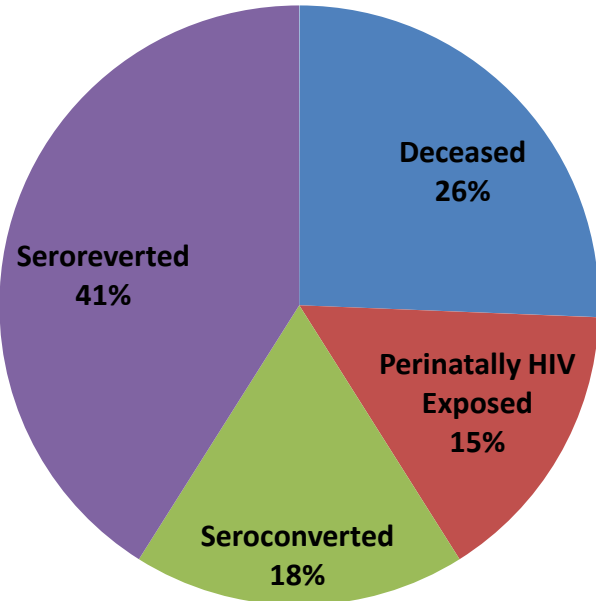
About 16% of pediatric cases born to HIV infected mothers seroconvert (contracted the virus).

37% of pediatric cases born to HIV infected mothers serorevert (did not acquire the virus).

**St. Thomas/St. John HIV Pediatric Status**



**St. Croix HIV Pediatric Status**



**Table R1. Adults and adolescents living with a diagnosis of HIV infection by year-end 2008, United States and 5 U.S. dependent area**

Area of residence	Number	Estimated*		
		Number	Rate	Rank
Total	850,136	679,590	337.5	
Alabama	10,366	10,316	266.5	18
Alaska	615	607	108.5	31
American Samoa	2	2	4.7	44
Arizona	11,492	11,815	225.7	20
Arkansas	4,896	4,976	211.1	22
California	103,073			
Colorado	10,650	10,678	263.7	19
Connecticut	10,365	10,930	372.6	8
Delaware	2,938			
District of Columbia	14,329			
Florida	92,149	90,909	586.2	3
Georgia	33,282	35,220	450.0	6
Guam	96	100	75.1	38
Hawaii	2,188			
Idaho	739	744	60.8	40
Illinois	31,889	32,962	312.0	14
Indiana	8,279	8,109	154.6	26
Iowa	1,554	1,549	62.3	39
Kansas	2,596	2,597	113.4	30
Kentucky	4,416	4,403	123.7	29
Louisiana	16,262	16,210	444.3	7
Maine	1,024	1,098	97.2	36
Maryland	28,448			
Massachusetts	13,739			
Michigan	13,827	14,122	169.4	24
Minnesota	6,094	6,086	140.6	27
Mississippi	7,864	7,761	324.9	10
Missouri	11,189	11,137	225.7	21
Montana	335			

**Table R1. Adults and adolescents living with a diagnosis of HIV infection  
by year-end 2008, United States and 5 U.S. dependent area *continued***

Area of residence	Number	Estimated*		
		Number	Rate	Rank
Nebraska	1,548	1,553	106.6	34
Nevada	6,759	6,692	315.9	13
New Hampshire	1,125	1,196	106.9	33
New Jersey	35,176	36,974	513.2	5
New Mexico	2,272	2,252	139.0	28
New York	128,143	135,018	826.7	1
North Carolina	22,746	22,369	294.0	15
North Dakota	167	167	30.9	43
Northern Mariana Islands	13	1	2.5	45
Ohio	16,081	16,283	169.7	23
Oklahoma	4,683	4,740	158.8	25
Oregon	4,846			
Pennsylvania	31,773	31,220	294.0	16
Puerto Rico	17,887	18,828	575.4	4
Rhode Island	1,770			
South Carolina	13,839	13,700	367.1	9
South Dakota	390	387	58.4	41
Tennessee	14,631	14,530	281.0	17
Texas	61,872	61,595	319.0	11
U.S. Virgin Islands	560	598	663.9	2
Utah	2,237	2,245	107.6	32
Vermont	403			
Virginia	19,896	20,477	316.4	12
Washington	10,127			
West Virginia	1,423	1,416	91.9	37
Wisconsin	4,871	4,814	102.5	35
Wyoming	202	205	46.5	42

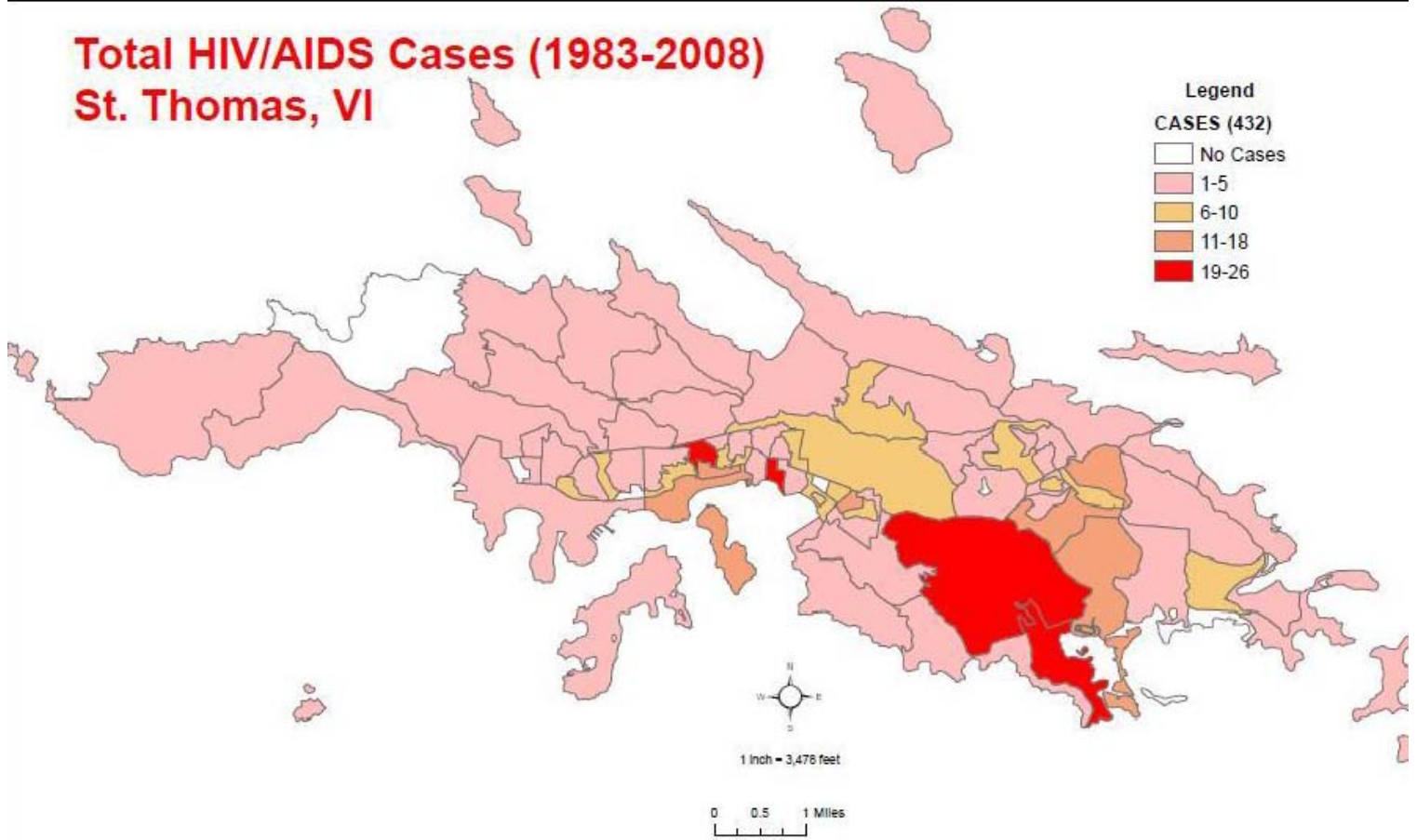
Source: Centers for Disease Control and Prevention. *HIV Surveillance Report, 2009; vol. 21. Table 21.*  
<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>. Published February 2011.  
 Accessed March 8, 2011.

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis  
 \* Includes data from areas with confidential name-based HIV infection reporting since at least January 2006. Estimated numbers resulted from statistical adjustment that accounted for reporting delays but not for incomplete reporting. Rates are per 100,000 population.

Table R1 shows persons in the United States and U.S. dependencies living with HIV infection. It illustrates each state and U.S. dependency rank in the HIV epidemic by per 100,000 population. Only states that have had confidential HIV name-based reporting since at least January 2006 can be statistically adjusted for reporting delays and included in the ranking. However, all areas were reporting HIV data to CDC by 2008 and reported the number of persons living with a diagnosis of HIV infection at the end of 2008.

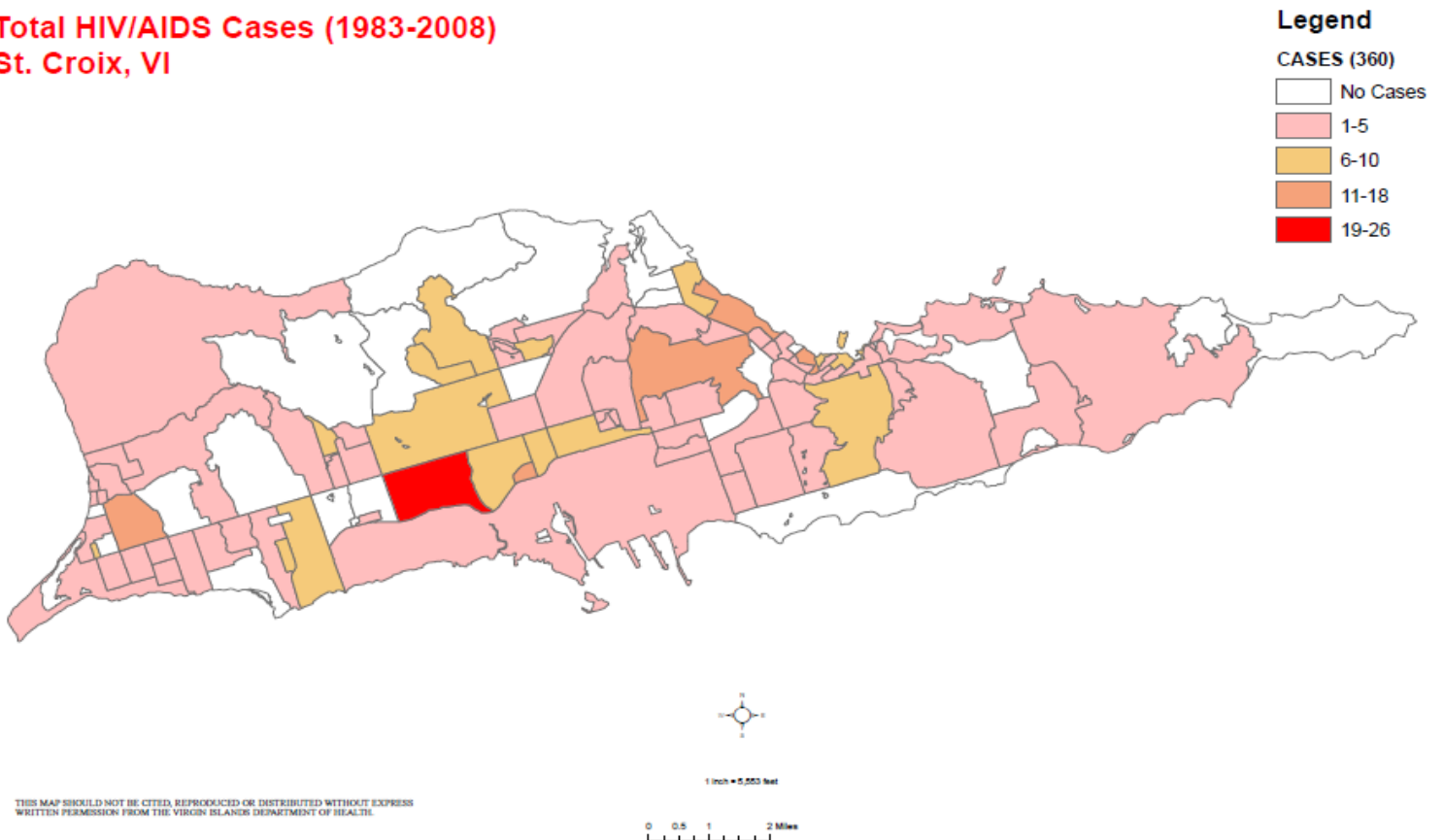
While the Virgin Islands have a relatively low number of cases living with HIV infection compared to other areas, the Territory is number two when ranked by rate. New York ranks number 1 in rate of persons living with HIV infection.

# Total HIV/AIDS Cases (1983-2008) St. Thomas, VI



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# Total HIV/AIDS Cases (1983-2008) St. Croix, VI



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**STD**

**DATA**





**Table S1. Gonorrhea Cases reported by sex, age and race, 2005 to 2010 - USVI**

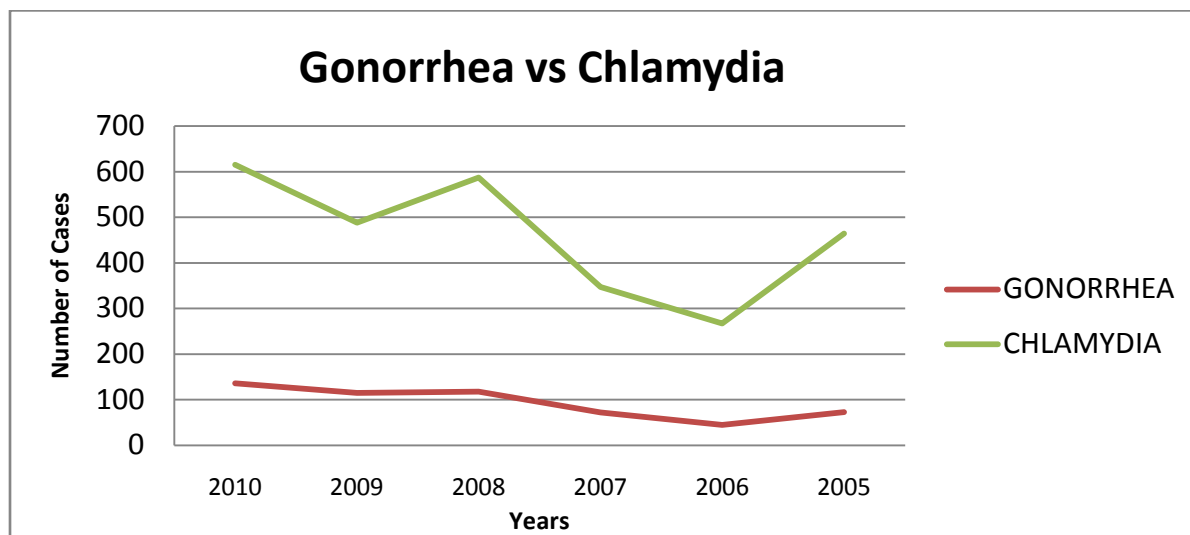
	2010	2009	2008	2007	2006	2005
Total cases	136	115	118	72	45	73
Males	49	25	27	19	13	24
Females	87	90	91	53	32	49
Under 10	0	0	0	0	0	0
10-14	1	2	1	3	1	3
15-19	38	31	49	22	10	27
20-29	82	68	62	41	30	36
30-39	12	6	3	5	3	3
40-44	1	6	2	1	1	0
Over 44	2	2	1	0	0	4
Black	110	98	87	56	34	49
White	2	0	10	4	2	6
Hispanic	23	17	19	11	9	2
Other	1	0	2	1	0	16

Between 2005 and 2010, 72% of cases reported with gonorrhea were females. Approximately 57% of gonorrhea cases were in the age group of 20 to 29. The 15 to 19 age group accounted for 31% of cases. The majority of gonorrhea cases were among Blacks.

**Table S2. Chlamydia Cases reported by sex, age and race, 2005 to 2010 - USVI**

	2010	2009	2008	2007	2006	2005
Total Cases	615	488	587	347	267	464
Males	179	53	138	81	62	95
Females	436	435	449	266	205	369
Under 10	0	0	0	0	0	0
10-14	3	7	4	4	5	13
15-19	195	190	194	117	78	143
20-29	331	254	338	190	146	259
30-39	46	30	38	25	32	42
40-44	5	6	10	6	4	1
Over 44	7	1	3	5	2	6
Black	460	384	442	274	206	346
White	10	14	27	9	10	16
Hispanic	115	88	111	61	50	89
Other	2	2	5	3	1	13

Between 2005 and 2010, 78% of Chlamydia cases reported was females. The 20 to 29 age group accounted for 55% of the cases. This group was followed by the 15 to 19 age group that accounted for 33% of chlamydia cases. The highest reported cases of chlamydia were observed in African American/blacks.



*Virgin Islands Department of Health  
2010 HIV Surveillance Data Report Feedback*

The purpose of this form is to provide the individual(s) responsible for preparing this report feedback from end-users regarding the ease of use and relevance of the data report for planning and educational activities.

We would like to know what you think. Please call, e-mail, or fax your comments to:

Annette Gumbs Hobson  
Surveillance Coordinator  
Telephone: (340) 774-9000 ext. 4667  
Fax: (340) 715-1589  
Email: [annette.gumbs@usvi-doh.org](mailto:annette.gumbs@usvi-doh.org)

1. Were the tables easy to understand?

Yes       No       Somewhat

2. Were the data useful for your planning, grant-writing, or educational activities?

Yes       No       Somewhat

3. What specific purpose do you have for using HIV/AIDS data? (ex. Grant writing)

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4. What specific data would you like included in the next annual data report?

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5. What other suggestions do you have for improvement? (ex. Graphs, analysis, etc.)

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## **Mailing List**

To be added or removed from the HIV Surveillance Annual Data Report mailing list, please contact Gritell Martinez, Territorial Director or Annette Gumbs Hobson, Surveillance Coordinator. Contact numbers are (340) 774-0127 and (340) 774-9000 ext. 4667. You may send us a fax at (340) 715-1589 or email us at [gritell.martinez@usvi-doh.org](mailto:gritell.martinez@usvi-doh.org) or [annette.gumbs@usvi-doh.org](mailto:annette.gumbs@usvi-doh.org). We welcome any comments and constructive criticism that you may have.

The Virgin Islands Department of Health

**Communicable Disease STD/HIV/TB Program Staff**

**Management Staff**

Gritell C. B. Martinez, MPA – Territorial Director  
Annette Gumbs Hobson, MBA – Territorial Surveillance Coordinator  
Lavida Joseph-Brown – Territorial Prevention Coordinator  
Lauris Harley – Territorial TB Elimination Specialist  
Diane Henry Malone – Program Administrator Ryan White Part D  
Rashida Francis, MEd – Ryan White Part B Grant Monitor  
Jasper Lettsome – St. Thomas Clinic Administrator  
Barbara Francis, MS – St. Croix Clinic Administrator

**Medical Staff**

Barbara Douglas, MD, AAHIVS, Public Health Physician - St. Thomas/St. John District  
Richard Olans, MD, FIDSA, AAHIVS, Medical Director, Infectious Disease Director - St. Croix District  
Rita Olans, NP - Territorial Nurse Practitioner  
Jocelyn Murray, RN - St. Thomas/St. John District

**HIV Surveillance Staff**

Monifa Carrillo - St. Croix HIV Surveillance Field Investigator  
Karissa Cave - Data Entry Clerk  
Katy Sanon - UVI Intern

**HIV and STD Prevention Staff**

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Jasmin Cintron - Disease Intervention Specialist I  
Aminata Nicholas - Health Outreach Worker  
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**Case Management Staff**

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Dorothy James, RN - Ryan White Case Management Planner  
Melissa Parry - Ryan White Case Management Planner  
Marcus Bailey, LSW - Ryan White Case Management Planner

**Administrative Support Staff**

Francine Penn-Scipio - Administrative Assistant  
Angela Browne - Administrative Officer III  
Ebony Potter, MBA - Administrative Officer III  
Ellarine Batiste - Senior Office Support  
Iris Smith - Senior Office Support  
Laura James - Senior Office Support

**The Virgin Islands Department of Health  
Communicable Disease STD/HIV/TB Program**

**PROGRAM OVERVIEW**

The Virgin Islands Department of Health (VIDOH) Communicable Disease STD/HIV/TB Program is responsible for the containment and prevention of sexually transmitted disease, including HIV/AIDS and TB through disease intervention, education, screening, diagnostic and treatment activities, and coordinating the TB and HIV prevention programs. Risk reduction methods and cost effective screening sites are provided throughout the Territory. The program also monitors disease trends, and collaborates with other health agencies and programs.

The main objective of the program is to decrease the incidence of STD, HIV and TB by providing education, counseling, testing and treatment for these commonly occurring infections in the community.

The Communicable Disease STD/HIV/TB Program is 95% federally funded. Grantors include the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) and Health Resources Services Administration (HRSA). The table below illustrates the program funding for year 2010.

<b>Federal Funding</b>	<b>Grant Cycle</b>	<b>Amount Awarded</b>
Ryan White Part B	4/1/10-3/31/11	\$1,268,387.00
Ryan White Part D	8/1/09-7/31/10	\$246,837.00
HIV Prevention	1/1/10-12/31/10	\$641,688.00
STD Prevention	1/1/10-12/31/10	\$193,222.00
TB Elimination	1/1/10-12/31/10	\$86,938.00
HIV Surveillance	1/1/10-12/31/10	\$205,621.00
<b>TOTAL FEDERAL FUNDS</b>		<b>\$2,642,693.00</b>

<b>Local Funding</b>	10/1/09-9/30/10	\$145,177.00
<b>TOTAL PROGRAM FUNDING</b>		<b>\$2,787,870.00</b>