US Virgin Islands

Epidemiology Profile for HIV/AIDS Prevention, Care, & Planning

2014

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When we combine our skills, resources, and strengths, unite toward a common goal and collaborate to get results, we all get to share in the success! (Baudville)

Thank you for your continued efforts in reducing the burden of HIV in the Virgin Islands.

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List of Abbreviations

ADAP – AIDS Drug Assistance Program

AETC – AIDS Education and Training Centers Program

AIDS – Acquired Immune Deficiency Syndrome

BRFSS – Behavioral Risk Factor Surveillance System

CDC – Centers for Disease Control and Prevention

DHHS – Department of Health and Human Services

eHARS – Enhanced HIV/AIDS Reporting System

HAB – HIV/AIDS Bureau

Hetero – Heterosexual

HRSA – Health Resources and Services Administration

HIV – Human Immunodeficiency Virus

IDU – Injection Drug Use

MMP – Medical Monitoring Project

MSM – Male to male sexual contact

NDI – No Determinate Infection

NHAS – National HIV/AIDS Strategy

NHBS – National HIV Behavioral Surveillance System

NIR- No Identified Risk

PLWHA – Persons Living With HIV/AIDS

RWHAP – Ryan White HIV/AIDS Program

SHADAC – State Health Access Data Assistance Center

STD – Sexually Transmitted Disease

USVI – United States Virgin Islands

USVI BER – United States Virgin Islands Bureau of Economic Research

VIDOH – Virgin Islands Department of Health

YBRS – Youth Risk Behavioral Survey

Executive Summary

The 2014 US Virgin Islands Epidemiology Profile is composed of the following sections. Section 1 describes the sociodemographic characteristics of the general population in the US Virgin Islands, the human immunodeficiency virus (HIV) infection epidemic, and indicators of HIV exposure or risk in the US Virgin Islands. Section 2 chronicles the care and treatment services provided by the Ryan White HIV/AIDS Program. An appendix, glossary, and references are included with this document. The appendix contains tables of all data presented within the narrative as well as some additional data not described in the narrative. Readers may find it beneficial to review the information in the glossary first as it defines some of the key terms used in the document.

The United States Virgin Islands (USVI) is unique among US states and territories in regards to HIV/AIDS epidemiology. The USVI possesses a rather small population, and a fairly high HIV/AIDS infection rate. Blacks/persons of African descent comprise most of the HIV/AIDS cases. However, it is also important to note the HIV infection continues to have a disproportionate impact on the Hispanic population. Also noteworthy, is the fact that the poverty rate in the USVI is almost double that of the national poverty rate. As a possible consequence of the poverty rate, the percentage of uninsured persons in the USVI is almost double that of the percentage of the US uninsured rate.

As a result of these observations, the USVI Community Health Programs should retain and maintain activities on producing awareness about HIV/AIDS in the territory. Also important to note is the following indications about risk behaviors. The number of Chlamydia cases had increased from 2010. The number of gonorrhea cases in 2014, on the other hand, is lower than the 2012 level. Either way, these factors seem to indicate a significant amount of risky behavior taking place. Also on this note of risk behavior, heterosexual contact still remains as the leading cause of HIV infection for women in the USVI.

In order to mitigate the HIV/AIDS epidemic in the USVI, efforts must focus on educating people concerning the facts regarding HIV/AIDS infection and treatment, promoting opportunities for testing and medical guidance, and locating HIV-positive people who are not in care.

Introduction

The 2014 US Virgin Islands HIV/STD Epidemiologic Profile describes the epidemiology of the human immunodeficiency virus (HIV) in the US Virgin Islands. The majority of data presented are drawn from surveillance systems maintained by the US Virgin Islands Department of Health (VI DoH), Division of Public Health, Communicable Disease Branch. Throughout the profile, the following questions are addressed.

1. What are the sociodemographic characteristics of the general population in the US Virgin Islands?
2. What is the scope of HIV burden in US Virgin Islands?
3. What are the indicators of risk for HIV infection in the population of the US Virgin Islands?
4. What is the impact of the care and treatment services on people living with people living with HIV?

Readers should also take note of the following:

• HIV infection is defined as a diagnosis of HIV infection, regardless of the stage of infection (1, 2, 3, or unknown). In this report, applying the term “acquired immune deficiency syndrome” (AIDS) refers to HIV infection Stage 3. AIDS is classified based on either CD4+ T-lymphocyte (CD4) cell count results or documentation of an AIDS-defining condition.

• AIDS (Stage 3) classification is based on lab test or opportunistic infection and can be at the same time as HIV infection diagnosis or later, but once a person is classified as AIDS (Stage 3) (for surveillance purposes) they are always classified as AIDS (Stage 3).

• HIV infection data are summarized by date of diagnosis. Chlamydia and gonorrhea data are presented by date of report.

• References to race/ethnicity in this document may be different from those found in documents from other agencies. Unless otherwise noted, Hispanics are considered a separate racial/ethnic group. Thus, “white” refers to white non-Hispanic; “black” refers to black non-Hispanics, etc.

SECTION 1

HIV and AIDS Epidemiology

QUESTION 1.1 What are the sociodemographic characteristics of the general population in the US Virgin Islands?

SOCIODEMOGRAPHIC INFORMATION

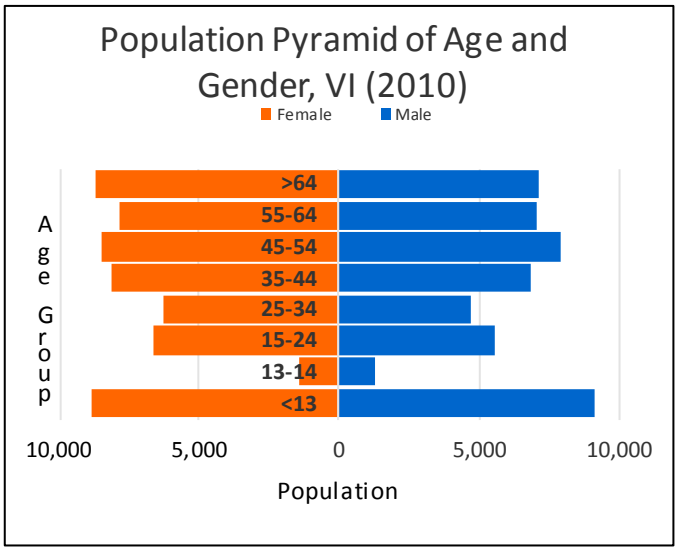
The United States Virgin Islands (USVI), located between the Atlantic Ocean and the Caribbean Sea, consists of four islands; St. Croix, St. Thomas, St. John, and Water Island. The USVI covers approximately 133 square miles (combined land area), which is almost twice the area of Washington D.C. This U.S. Territory, is located 40 to 50 miles east of Puerto Rico and extends from west to east about 60 miles at the top of the arc of the other Caribbean Islands.

POPULATION GROWTH TRENDS

The USVI has a population of 106,405 spread over the four separate islands. The four islands, in descending order of population are St. Thomas, St. Croix, St. John, and Water Island. According to the U.S. Census Bureau, St. Thomas is approximately 32 square miles and had a population of 51,634 in 2010 which was an increase in population size of about 1% (453) than that reported in 2000. St. Croix is approximately 84 square miles and had a population of 50,601 in 2010. This is an almost 5% (2,633) decrease in population size from data reported in 2000. St. John, at 20 square miles, had a population of 4,170 which was a 0.6 % (27) decrease compared to reports in 2000. Reported by the U.S. Census Bureau as a sub district of St.

Thomas, Water Island is approximately 491.5 acres in size and had a population of about 182 in 2010, which was included in the St. Thomas Census figures. The Water Island sub-district population decreased by 13% from 2000 to 2010.

AGE



According to the U.S. Census Bureau, the median age in 2010 (the age which half the population is older than and half is younger) was 39.2 years. This is an almost 6 year increase from the estimated median age of 33.4 years reported in 2000. This indicates that the USVI's population is aging. In 2010, 17% (17,987) of the population was under the age of 13, and 15% (15,905) were 64 years and older. Approximately 37% (38,861) of the USVI population was over the age of 49 and 24% (26,050) of the population was between 25 to 44 years old. The age distribution varied slightly among the islands. St. Croix had the highest percent (14.1%) of the population over the age of 65 (7,089). Thirty percent (15,366) of the population in St. Croix was under the age of 19, followed by St. Thomas at 26% (13,425) and then St. John at 21.7%.

GENDER

According to the 2010 Census, 47.8% (50,867) of the USVI population were males and 52.2% (55,538) were females. Although percentages were very close, women slightly outnumbered men on each of the islands. In 2010, St. Croix males accounted for 47.8% (24,206) of the population whereas the females accounted for 52.2% (26,395). Females in St. Thomas accounted for 52.3 % (27,105) of the population and males made up 47.7% (24,619). St. John's (2,128) female population was 51% and males accounted for 49% (2,042) of the population.

RACE AND ETHNICITY

In 2010, 66.1% of the USVI population (70,379) was black, and 13.5% or 14,352 reported as white. The population of St. Croix is comprised of 61.6% black and 11.3% white, whereas in St. John, 49.8% of the population reported as being black, and 37.1% as white, making St. John the island with the largest proportion of white individuals. Like St. John and St. Croix, 71.9% of the St. Thomas population reported as black and 13.7% reported as white. Overall, Hispanics represented 17.4 % (18,504) of the population, however, differences in the proportion of persons of Hispanic origin varied among the islands. St. Croix had the largest Hispanic population among the other two islands at 24.3%. St. Thomas had 11.2% and St. John had the lowest reported number of Hispanics at 10.5%.

INSURANCE

According to the 2010 Census, the number of uninsured US Virgin Islanders was 32,511, which is about 30% of the civilian noninstitutionalized population. The number of insured individuals in the USVI was 72,922 (69.2%), 45.9% (48,356) had private health insurance, including people with TRICARE/military, 14.7% (15,469) had public health insurance, and 8.6% (9,097) reported as having both private and public health insurance. Reports from the 2003 US Virgin Islands Health Care Insurance and Access Survey stated that nearly one-quarter (24.1%) of US Virgin Islands residents were uninsured (State Health Access Data Assistance Center [SHADAC], 2004). This is an almost 6% increase in the amount of uninsured individuals over a 7 year period. In comparison, the national estimate for uninsured persons was 16.3% in 2010, which is considerably lower than the proportion in the USVI. One factor that could have contributed to the high proportion in the VI would be the small amount of employer coverage within the territory. Since the USVI relies heavily on tourism, work within the territory is usually seasonal, temporary, and/or low-wage. Therefore, Virgin Islanders are less likely to be offered health insurance by their employers and would more than likely lose their benefits due to high employment fluctuations and layoffs (SHADAC, 2004).

Variations were seen in the proportion insured amongst the islands. St. Thomas had the highest amount of group coverage (49.9%) compared to St. Croix who had a lower proportion (41.5%). Further, public coverage was significantly higher on the island of St. Croix (26.0%) compared to coverage on St. Thomas (18.5%) (SHADAC, 2009).

Factors such as race and age also played a role in the insurance rates in the USVI. According to SHADAC, persons identifying as Hispanic had the highest uninsured rate (37.3%) followed by blacks (28.3%) and then whites (20%). Similar to the US, young adults between the ages of 18-24 years had the highest rates amongst the uninsured (53.4%) of all the other age groups in the USVI (SHADAC, 2009). The uninsured rates were the lowest for residents over the age of 65. Other factors such as income level, employment status, and employer firm size, also played a large role in insurance coverage.

EDUCATIONAL STATUS

In 2010, 30.5 % (21,598) of persons 25 years or older in the USVI had at least a high school diploma, while only 19.2 % (13,579) had a bachelor's degree or higher. About 31% (22,022) of persons 25 and older did not have a high school diploma and 16.3 % (11,543) of the population had less than a 9th grade education. Differences in educational attainment were present amongst the islands. The proportion of residents 25 years of age or older, with at least a high school diploma, was 30.2% for St. Croix, 31.2% for St. Thomas, and 25.4% on St. John. The distribution of residents that obtained a bachelor's degree followed a similar pattern with 18.3% in St. Croix, 19.2% in St. Thomas, and 28.0% in St. John. This information is important and should be taken into account when developing prevention programs and materials that would be specific to those with less than a high school education.

LANGUAGE SPOKEN

According to the 2010 Census, 71.6% (70,864) of USVI residents over five years of age spoke English only. Of the remaining population over the age of five, most spoke Spanish/Spanish Creole at home.

This number is not surprising given that persons of Hispanic origin represented 17.4% (18,504) of the USVI population. On St. Croix, 23% of the residents spoke Spanish or Spanish Creole at home, whereas, the proportion was 12.4% on St. John and 11.8% on St. Thomas. These percentages coincide with the differences reported in the proportion of the population of Hispanic origin on each island. The proportion of the population speaking only English at home was the greatest on the island of St. John (76.3%) and following closely behind, was St. Thomas (75.0%).
French and French Creole was spoken at home by 8.6% of the population with St. Thomas having the highest percentage (10.3%) of French and French Creole spoken at home.

INCOME AND POVERTY

In 2009, the median household income in the USVI was $37,254. This is considerably lower than the US median household income of $50,112, according to the 2010 Census. According to the USVI Bureau of Economic Research (USVI BER), about 11% of all households in the US Virgin Islands live on less than $10,000 per year, compared to the U.S. at 7%. Additionally, about half of USVI households live on less than $35,000 a year in comparison to a third of all households in the U.S. Income varied slightly by island with St. John having the highest median household income ($40,644), followed by St. Thomas ($38,232), and then St. Croix ($36,042).

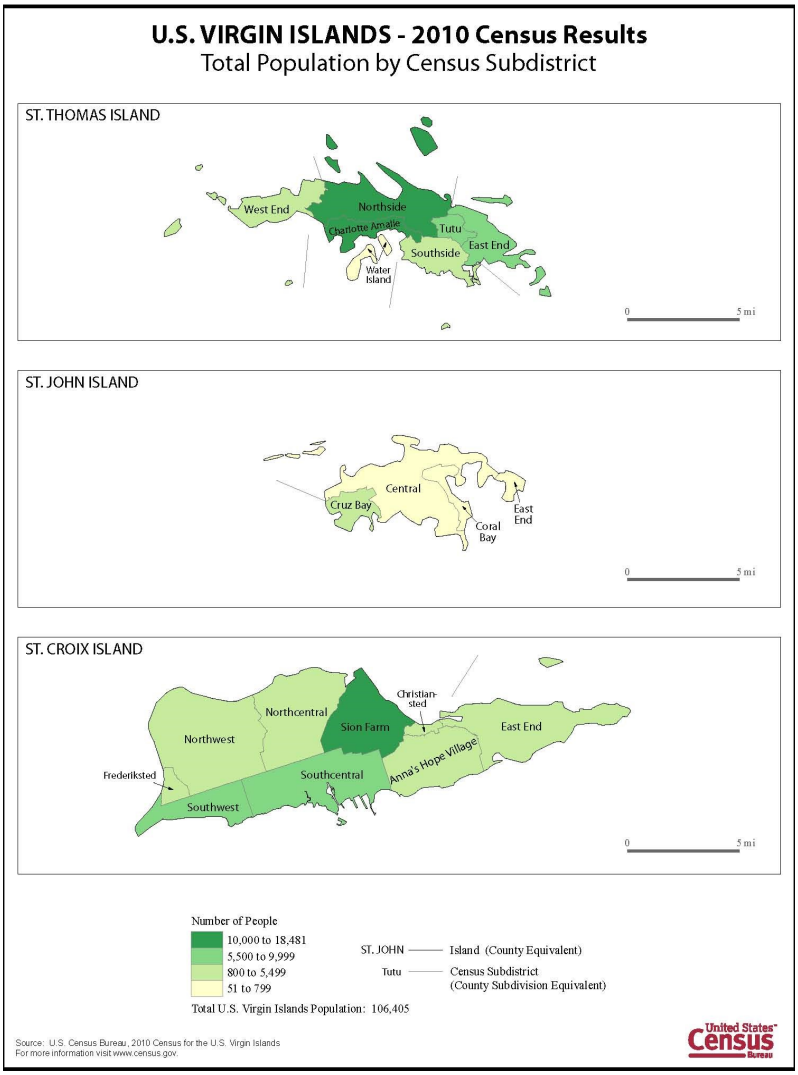
The data on the poverty level in the Virgin Islands paints a vivid picture of the economic situation of the territory. According to USVI BER, in 2008 approximately 25% of residents of the USVI were living in poverty. This was almost twice the proportion living in poverty in the US at 13%. According to the 2010 Census, the poverty level in the USVI for families in 2010 was approximately 18% and the percent of individuals was 22%. Individual poverty level for USVI residents was 7% higher than the US poverty level in 2010. In comparison in 1999, the USVI poverty level for families was 29% and 33% for individuals, which shows that the poverty levels have significantly decreased within the past decade. Among the islands, these figures varied. St. John reported the lowest poverty level among families (11%) and individuals (15%) whereas St. Croix had the highest percentage of families (22%) and individuals (26%) below the poverty level.

According to the USVI BER, factors that may have influenced the high poverty rates in the USVI include the fact that approximately 14% (6,875) of the workforce of the USVI was employed in the leisure and hospitality sector, which usually offers low paying jobs. Another 14% (6,807) of the total workforce of the USVI was employed in wholesale and retail trade which can also be a low-paying employment sector. Since these areas are tourism based, reliable or sufficient income would be difficult to obtain.

COUNTRY OF BIRTH

According to the 2010 Census, 66.6% (70,838) of the USVI population are native Virgin Islanders. A large proportion (31.0%) of the residents of the USVI was born in Latin America and the other Caribbean islands. The primary Caribbean islands of birth included St. Kitts and Nevis, Dominica, Dominican Republic, and Antigua and Barbuda. According to the 2010 Census, 15.8% (16,851) of USVI residents were born in the U.S. mainland and 3.4% were born in other US island areas or Puerto Rico. About 2% of residents were born in Europe and Asia.

IMMIGRATION



From 2000 to 2010, a 9.6% (10,202) increase in the US Virgin Islands population was due to net migration. About 23.8% (25,365) of immigrants arrived in the islands before the year 2000.

HEALTH PLANNING GEOGRAPHY

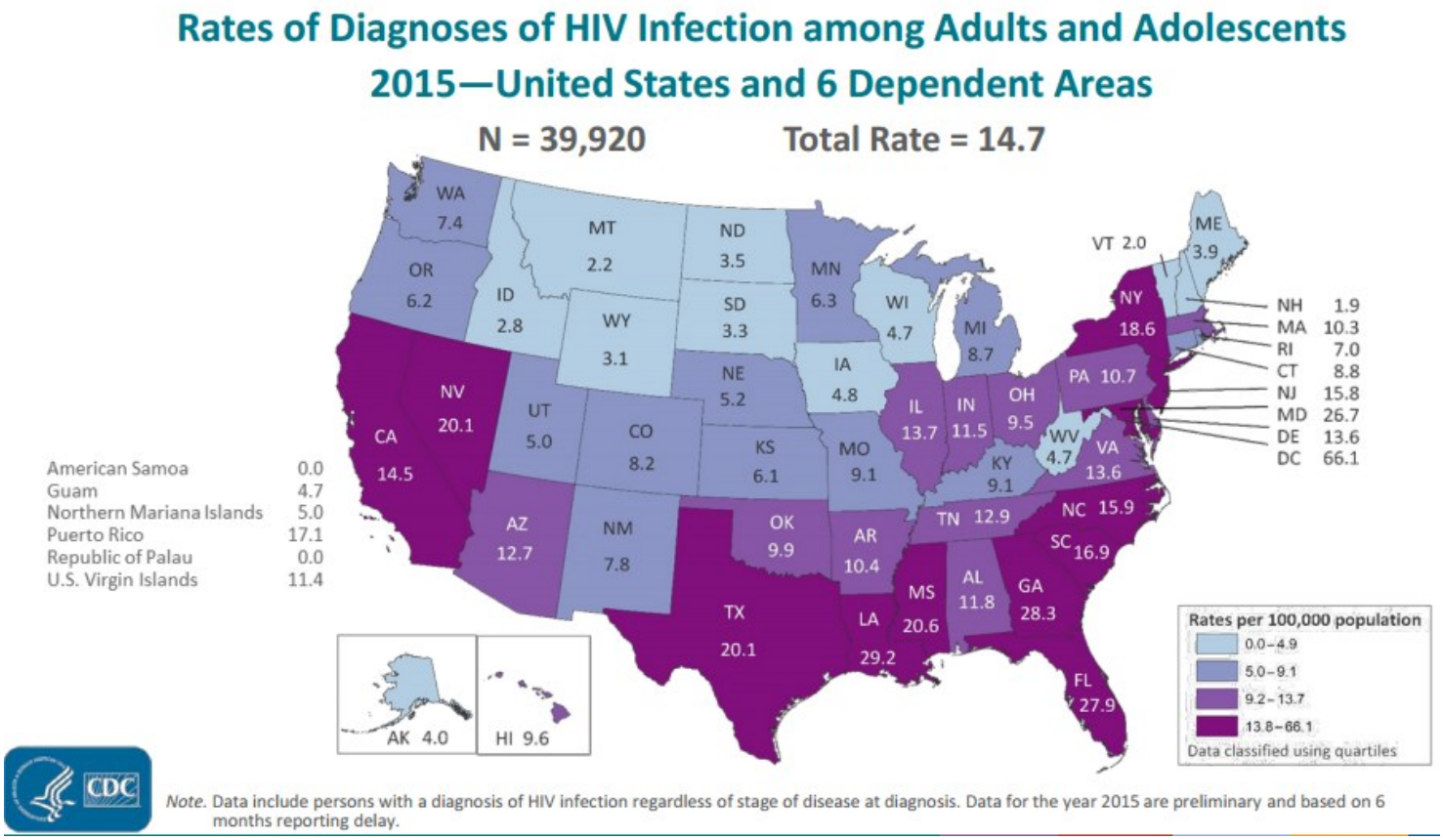
The US Virgin Islands Department of Health (VIDOH) uses basic geographic boundaries when analyzing HIV disease or sexually transmitted disease data. For health planning purposes, generally, program planning coordinators target the communities within the islands and they are usually distinguished by districts—the St. Thomas/St. John District, and the St. Croix District. According to the US Census, for data presentation purposes, the Census Bureau treats islands as the equivalent of counties in the United States. Legal subdivisions are categorized into sub districts on each of the islands. Geographically, in the St. Thomas/St. John district, the Northside and Charlotte Amalie area of the island of St. Thomas and the most western side of the island of St. John (Cruz Bay) are the most heavily populated (5,500 to 18,481 persons). The Southside and the West End of St. Thomas, and the Central and Eastern End of St. John, are the least populated (51 to 5,499 persons). St. Croix's most heavily populated area (5,500 to 18,481 persons) is located on the Northcentral subdistrict of the island, followed by the Southcentral and Southwestern subdistrict. The least populated areas on the island are the Northwest, Northcentral, Christiansted, and the East End subdistricts (800 to 5,499 persons). Although health planning coordinators generally target by communities, the following table shows each island and its sub districts that the US Census Bureau uses for distinguishing geographic boundaries on each island.

St. Croix	St. Thomas	St. John
Sub districts	Sub districts	Sub districts
Anna's Hope Village	Charlotte Amalie	Central
Christiansted	East End	Coral Bay
East End	Northside	Cruz Bay
Fredericksted	Southside	East End
Northcentral	Tutu	
Northwest	Water Island	
Sion Farm	West End	
Southcentral		
Southwest		

QUESTION 1.2 What is the scope of HIV burden in the U S Virgin Islands?

HIV INFECTION OVERVIEW

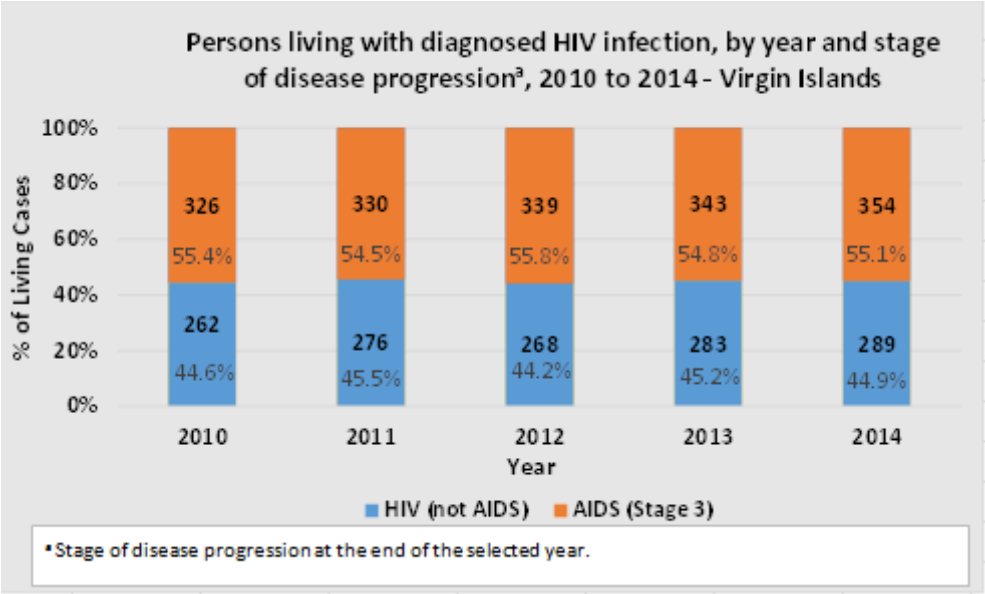
With a population of only 106,405 residents, the US Virgin Islands represents only 0.03% of the total population of the United States (319 million). According to the CDC 2014 HIV Surveillance Report, the USVI comprised only 0.05% of all 2014 HIV infection diagnoses in the country. The territory ranked 5th among the 50 states, the District of Columbia, and other US dependent areas in the rate of new HIV diagnoses. On average, there were 25 persons with HIV infection diagnosed each year in the USVI for the past 5 years. According to the CDC, in the USVI, for every 100,000 persons in the population, 27.4 were diagnosed with HIV infection in 2014. Based on USVI surveillance data, there were 27 diagnoses of HIV infection in 2014. Of the 27 diagnoses, 17 cases were classified as HIV (not AIDS) and 10 were classified as AIDS (stage 3) by the end of 2014.



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay.

HIV Infection Prevalence

Due to advances in medicine, more people are living longer with HIV infection. As of December 31, 2014, there were 643 people known to be living with HIV infection in the USVI, with a prevalence rate of 617.3 per 100,000 population. Over half (55.1%) of this population has progressed to the AIDS (stage 3). About one in 160 USVI residents were known to be living with HIV infection at the end of 2014. The majority of those living with the disease were male (57.4%), black (58.9%), and 35 years of age or older (87.2%). Persons with HIV infection attributed to heterosexual contact represented the largest percentage of persons living with HIV infection (34.4%).

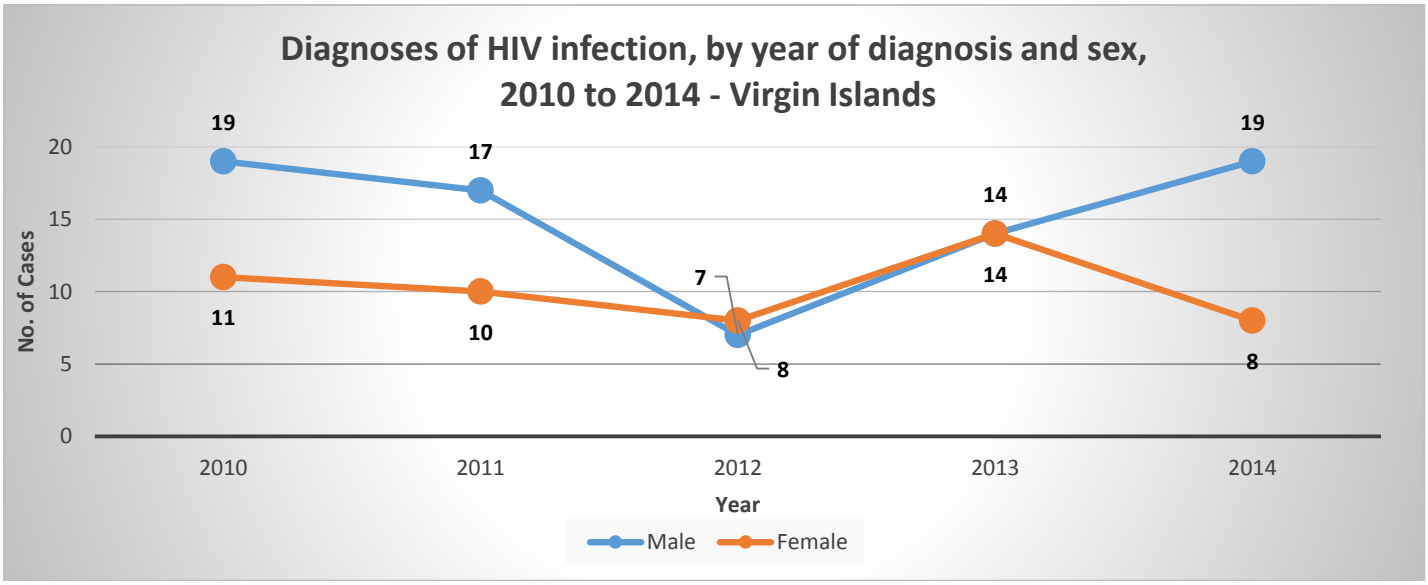


HIV Infection Diagnoses

Cumulatively, there have been 1,112 persons with HIV infection diagnosed through 2014 and reported to the Virgin Islands Department of Health (VIDOH), whose residence at the time of the diagnosis was the USVI. Of these cases, 767 (69.0 %) were classified as AIDS (stage 3) at the end of 2014 and 345 (31.0%) were classified as HIV (not AIDS).

By Sex

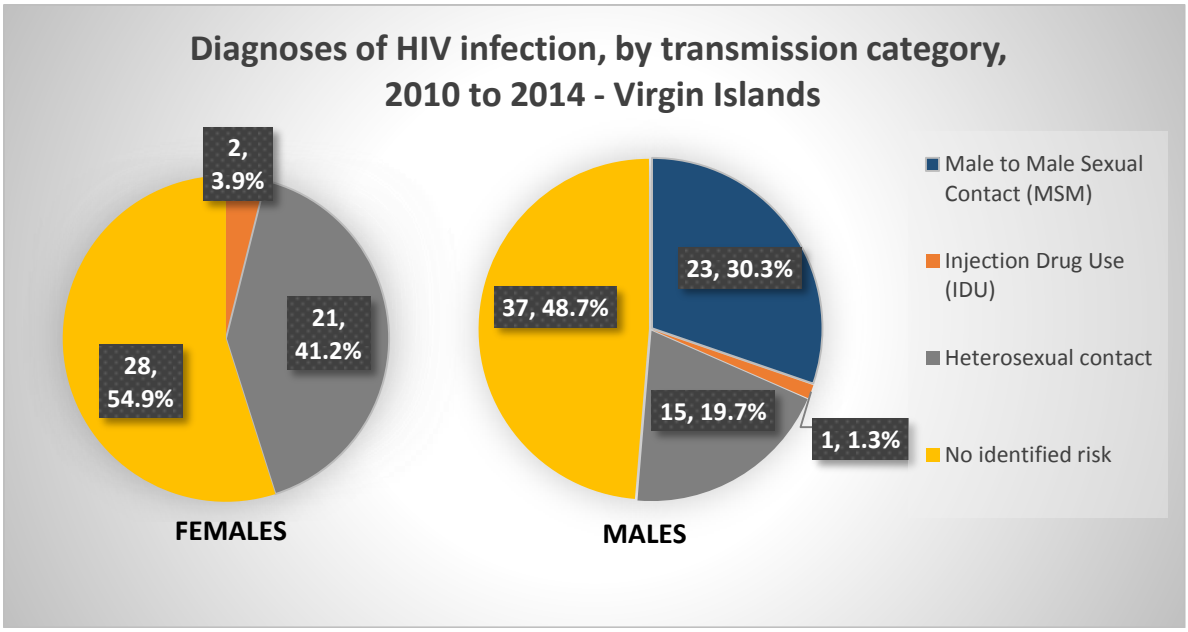
Men accounted for 59.8 % of the new HIV infection diagnoses from 2010 to 2014.



By Transmission Category

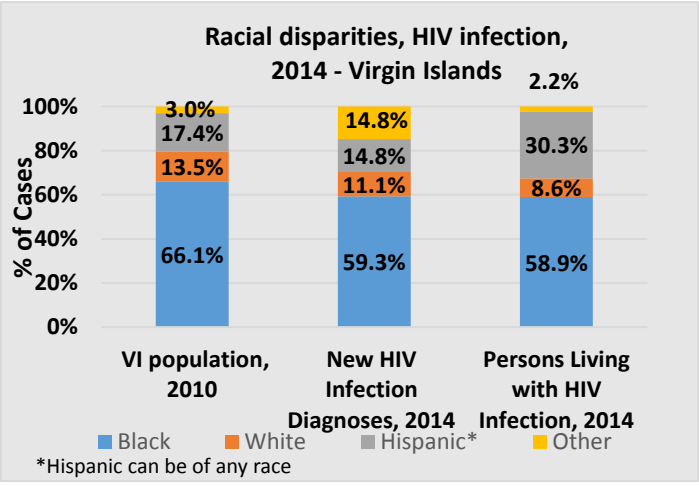
Among females diagnosed from 2010 to 2014, 41.2% of diagnoses were attributed to heterosexual contact, while only 19.7% were attributed to heterosexual contact for males. Among males 30.3% of new diagnoses were attributed to male to male sexual contact. It should be noted that 48.7% of males and 54.9% of females diagnosed with HIV infection had no identified risk reported, so interpreting trends by transmission category

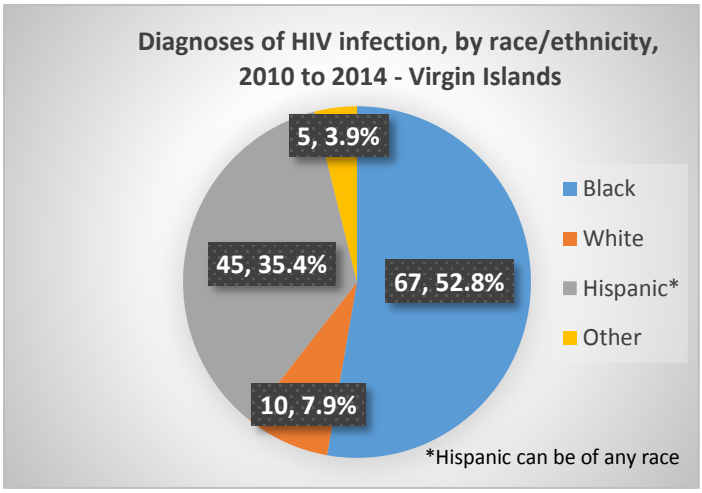
continues to be difficult. Please note that the no identified risk category includes persons who have reported sexual contact with a person of the opposite gender, but did not report whether their sexual partner was known to have, or to be at high risk for HIV infection. Efforts have been made to improve identification of transmission category in recent years.



By Race/Ethnicity

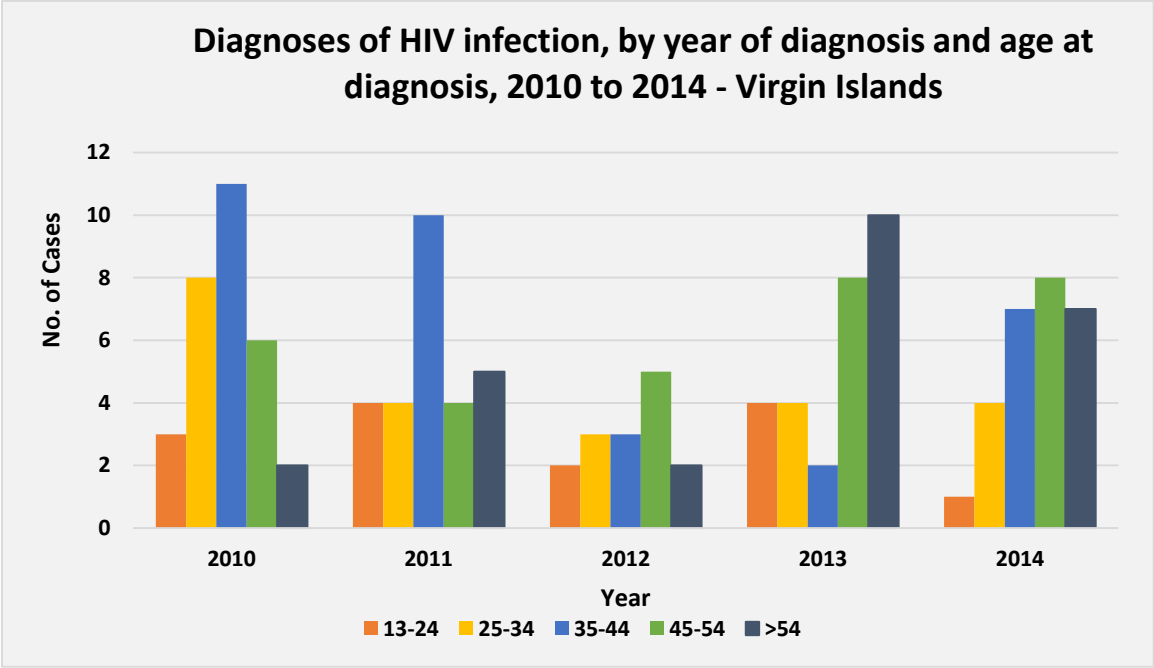
Blacks represented the largest proportion of the Virgin Islands population (66.1%). Blacks also represented the greatest proportion of new HIV infection diagnoses from 2010 to 2014 (52.8%) and the greatest proportion of persons living with HIV infection at the end of 2014 (58.9%). The burden of HIV infection continues to have a disproportionate impact on certain populations. It should be noted that the Hispanic population only made up 17.4% of the USVI population in 2010. However, they accounted for 30.3% of persons living with HIV infection at the end of 2014.

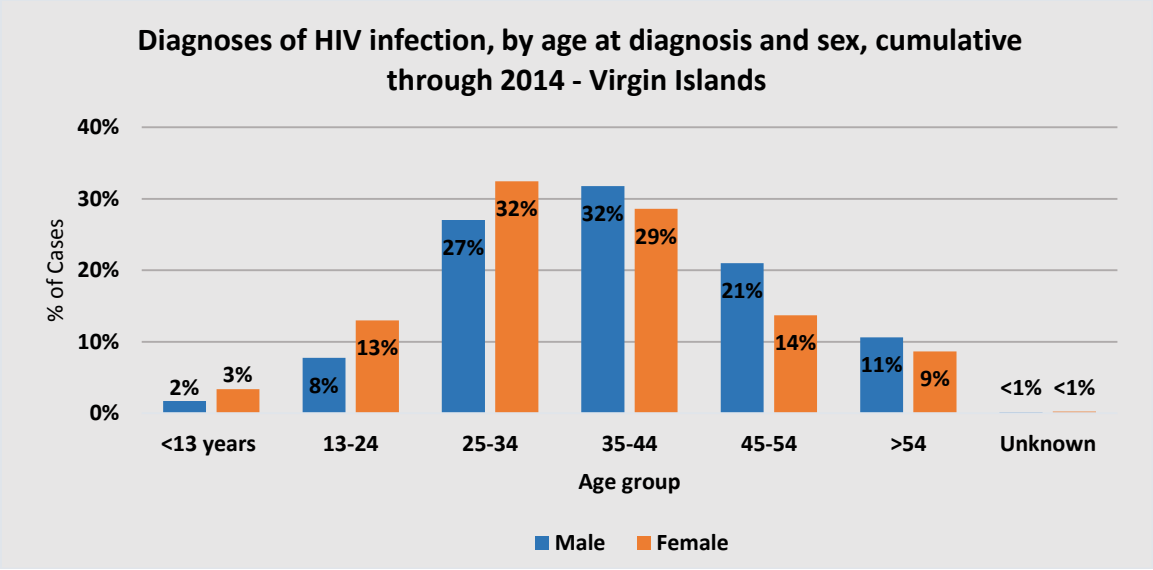




By Age at Diagnosis

Of new HIV infection diagnoses between 2010 and 2014, the greatest proportions were between 35–44 (26.0%) and 45–54 (24.4%) years of age at diagnosis. The majority of new HIV infection diagnoses between 2010 and 2014 were among persons 35 years of age or older (70.9%). In comparison, in the United States and dependent areas, only 46.1% of new HIV infection diagnoses in 2014 were among persons 35 years of age or older. Of the cumulative HIV infection diagnoses through 2014, among females the greatest proportion were 25–34 of age at diagnosis (32.5%), followed by those 35–44 years of age (28.6%). Among males the greatest proportion were 35–44 years of age (31.8%) followed by those 25–34 years of age (27.0%).





By Country of Birth

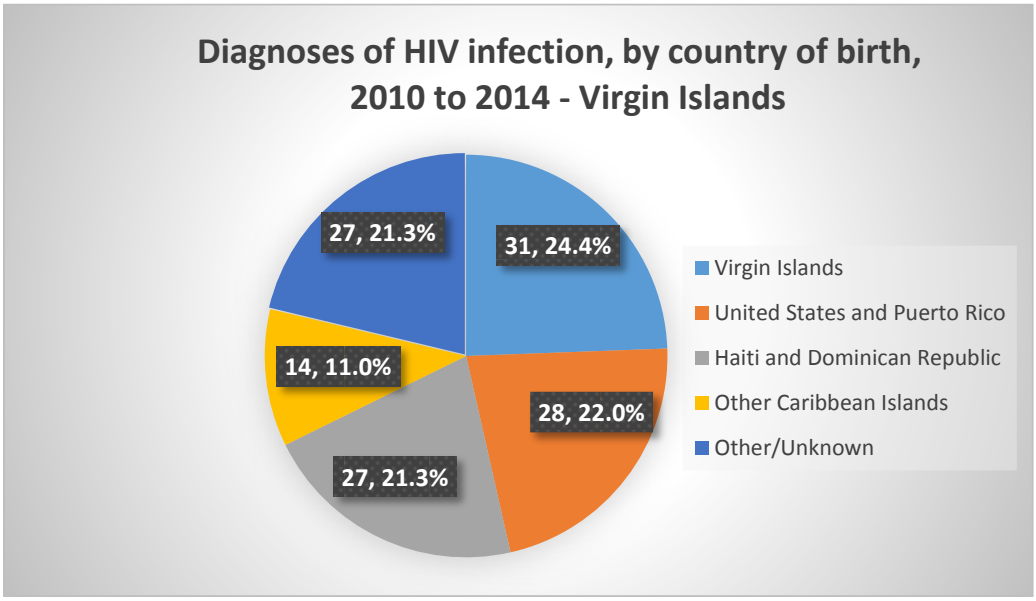
The burden of HIV infection has a disproportionate impact by country of birth. Persons born in the Virgin Islands make up 66.6% of the USVI population. However, of persons with new HIV infection diagnoses between 2010–2014, Virgin Islands-born residents only accounted for 24.4% of diagnoses. Overall, the majority of persons with newly diagnosed HIV infection between 2010–2014 and a known country of birth were born outside of the US Virgin Islands (70.8%). Persons born in Haiti and the Dominican Republic account for 5.7% of the USVI population. However, persons born in these countries accounted for 21.3% of HIV infection diagnoses between 2010–2014.

For every 10 US Virgin Islanders diagnosed with HIV infection, approximately:

7 are men

6 are black

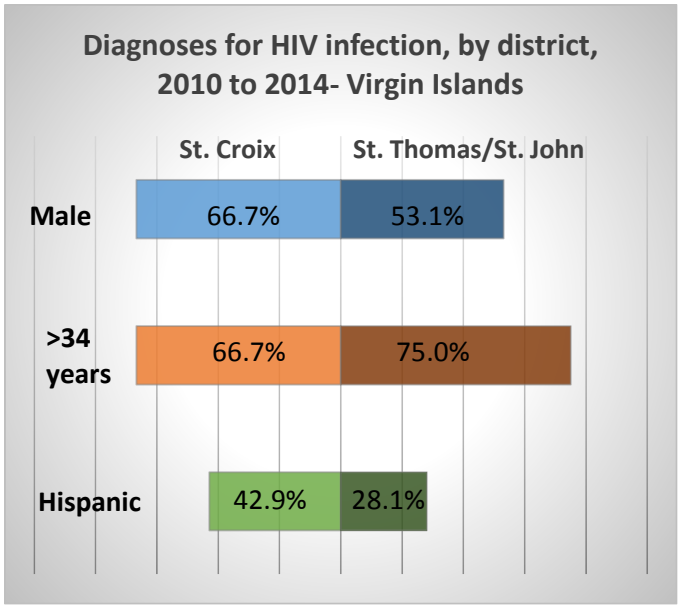
3 are aged 35-44 at diagnosis

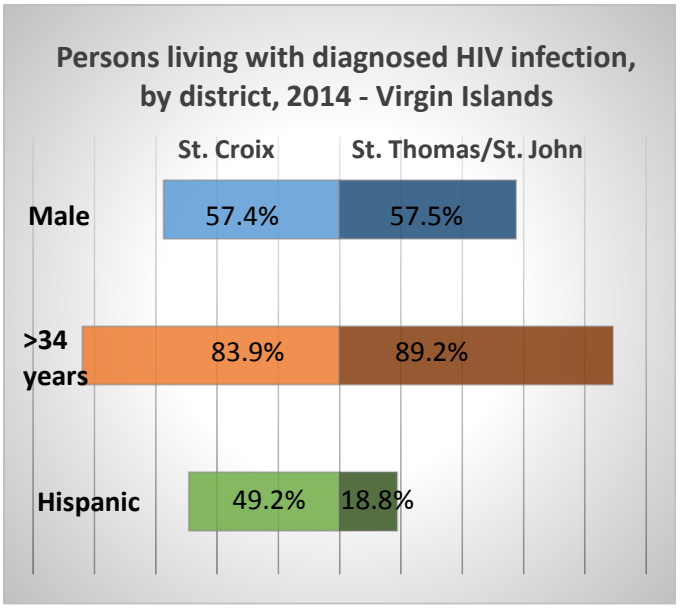


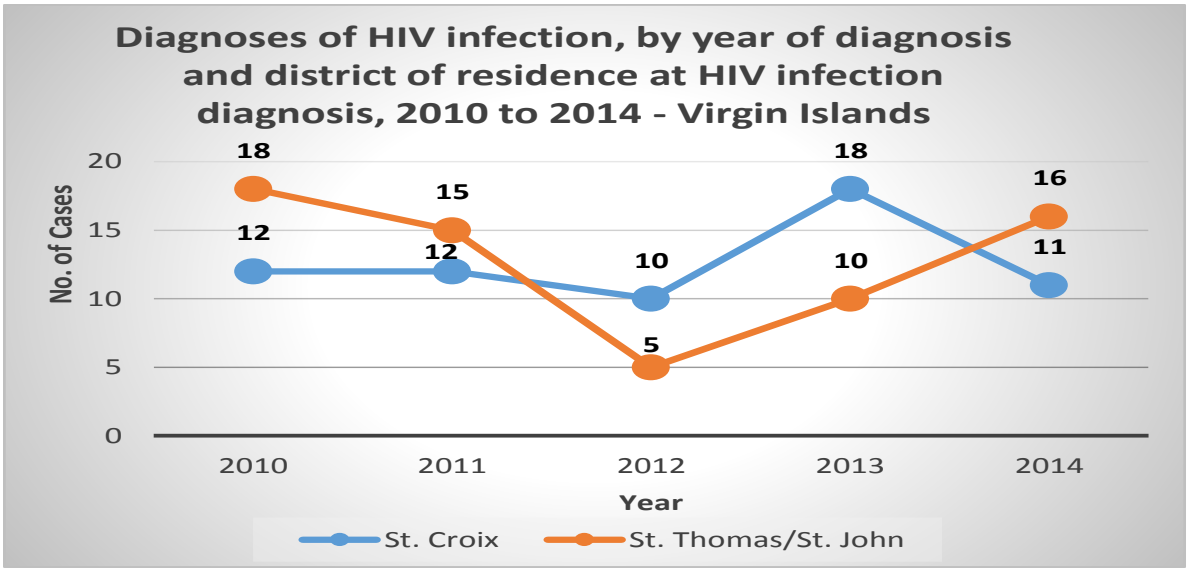
Geography

While HIV has affected each island in the US Virgin Islands, some islands have been disproportionately impacted by HIV infection. About 47.6% of the population resides in the St. Croix district. However, only 40.7% of cumulative HIV infection cases were diagnosed in St. Croix. At the end of 2014, 37.6% of persons living with HIV infection resided on St. Croix at time of diagnosis. In contrast the St. Thomas/St. John district is home to 52.4% of the Virgin Islands population. However, 58.5% of cumulative HIV infection cases were diagnosed in the St. Thomas/St. John district. At the end of 2014, 61.9% of persons living with HIV resided in the St. Thomas/St. John district at the time of diagnosis. Among people newly diagnosed from 2010 to 2014, 49.6% resided in the St. Croix district and 50.4% resided in the St. Thomas/St. John district at time of diagnosis. Of persons living with HIV infection, nearly equal proportions of persons diagnosed in the St. Thomas/St. John district and St. Croix district were male (57.5% and 57.4% respectively); a greater proportion of persons diagnosed in the St. Thomas/St. John district were greater than 34 years of age (89.2%) and black (68.1%) compared to the St. Croix district (83.9% and 43.8%). In the St. Croix district, Hispanics accounted for 49.2% of persons living with HIV infection compared to only 18.8% in the St. Thomas/St. John district. Among persons with newly diagnosed HIV infection between 2010 and 2014 in the St. Croix district, 66.7% were male, 66.7% were greater than 34 years of age, and 42.9% were Hispanic. In contrast, among persons with newly

diagnosed HIV infection between 2010 and 2014 in the St. Thomas/St. John district, 53.1% were male, 75.0% were greater than 34 years of age, and 28.1% were Hispanic.







HIV/AIDS Mortality

Mortality among persons with diagnosed HIV infection was low in the Virgin Islands. The cumulative number of deaths among persons classified as HIV (not AIDS) was 56 and 413 for persons classified as AIDS (stage 3). The average number of deaths per year among persons with diagnosed HIV infection from 2010 to 2014 was 10.2. Deaths ranged from the highest value of 14 in 2012 to the lowest value of 9 in 2010, 2011, and 2013. Among the 51 people with HIV infection who died between 2010 and 2014, 66.7% were male and 68.6% were black. There were some shifts from the cumulative deaths by district at diagnosis and age at death. A greater proportion of deaths between 2010 and 2014 were among persons residing in St. Croix at time of diagnosis (54.9%) compared to cumulative deaths (45.0%). Persons over 54 years of age accounted for 49.0% of deaths between 2010 and 2014.

This is a shift from the cumulative deaths where only 19% of deaths were among persons over 54 years of age. This is an indication that persons are living longer with HIV infection.

QUESTION 1.3 What are the indicators of risk for HIV infection in the U S Virgin Islands?

Indicators of risk for HIV infection are conditions or factors that strongly increase the likelihood of a person's exposure to HIV. Certain behaviors and factors can increase the risk of contracting or transmitting HIV, directly and indirectly. Direct measures provide information about risk behaviors that are directly associated with HIV transmission. Indirect measures do not directly describe HIV risk behaviors. Sexual behaviors are the leading factor driving the HIV epidemic. Most HIV infections are spread through sexual contact. The sharing of needles is another direct mode of HIV transmission.

Some behaviors that increase the risk for HIV in the US Virgin Islands include:

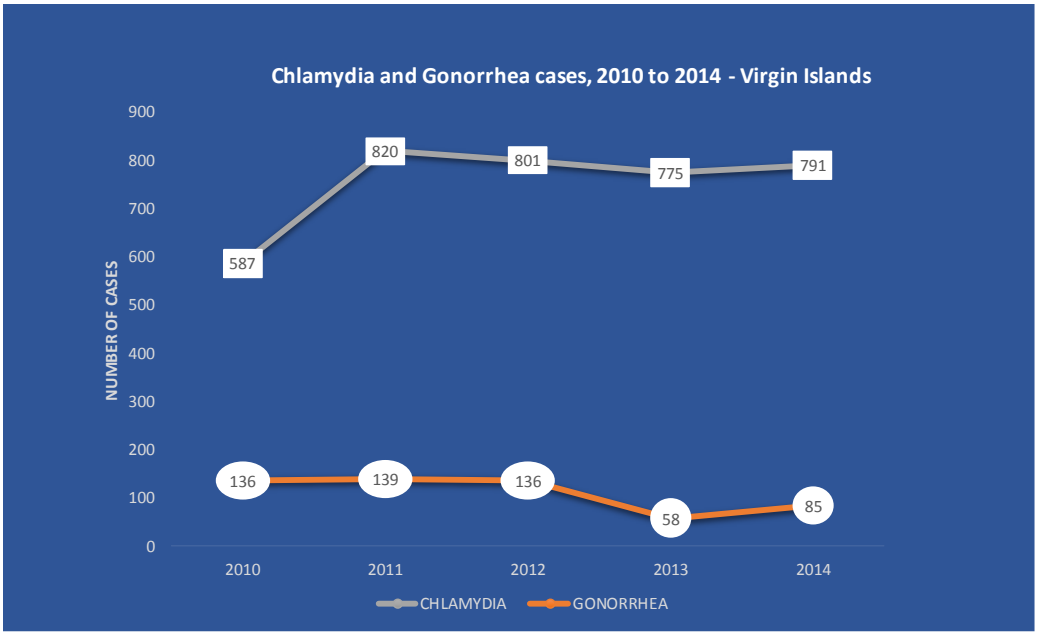
- Unprotected Sex - unprotected vaginal, anal, or oral sex with a person who is infected with HIV is considered high risk behaviour for contracting or transmitting HIV. Men who have sex with men are most vulnerable due to the tearing of tissue during anal sex which allows HIV to more easily enter the body.
- Multiple Sexual Partners—Having more than one partner increases the chance that a person may come into contact with a partner who has a different HIV status.
- Sharing Needles– Because HIV is concentrated in blood more so than other bodily fluids, the risk for contracting or transmitting HIV is high if an HIV– negative person uses needles after someone with HIV.
- Sexually Transmitted Diseases—Many sexually transmitted infections (STDs) produce open sores on the genitals. These sores act as doorways for HIV to enter the body. Persons with STDs, such as chlamydia, gonorrhoea, syphilis, and herpes are more likely to contract or transmit HIV to others.
- Alcohol and Drugs —While not a direct factor for HIV infection, the overuse of alcohol and drugs increases the risk of contracting or transmitting HIV because these substances impair a person's judgement causing them to engage in behaviors such as unprotected sex with unknown individuals.
- HIV Positive Mothers—infants born to HIV infected mothers are at risk for contracting HIV infection from their mothers during pregnancy, during the birth process and during breastfeeding.
- HIV Viral Load—Having a high viral load greatly increases the risk of transmitting HIV to an uninfected person. Persons with an undetectable viral load are significantly less likely to transmit their infection to others.

Most states and territories use the Behavioral Risk Factor Surveillance System (BRFSS) to collect prevalence data among adult US residents regarding their risk behaviors and preventive health practices that can affect their health status. The most recent BRFSS survey for the Virgin Islands was conducted in 2011. Other recommended data sources such as the Youth Risk Behavioral Survey (YRBS), Medical Monitoring Project (MMP) and National HIV Behavioral Surveillance System (NHBS) are not available in the Virgin Islands. Due to available data sources, risk behavior will be explored using STD Surveillance data, late diagnoses and viral suppression. Persons who are diagnosed late and persons who are not virally suppressed are more likely to transmit HIV unknowingly.

Sexually Transmitted Diseases (STDs)

Sexually Transmitted Diseases (STDs) are influential factors in the transmission of HIV disease as they increase susceptibility and infectiousness. Individuals infected with STDs such as herpes, syphilis, chlamydia, gonorrhea, and trichomoniasis are at least 2 to 5 times more likely to acquire HIV than uninfected persons. Individuals that are HIV infected and have other STDs are more likely to transmit HIV to others.

The data in this section explore reported cases of chlamydia and gonorrhea in the US Virgin Islands from 2010 to 2014. Syphilis data are not displayed in this section because less than five (5) cases were reported per year. Adequate analysis of the impact of this disease cannot be performed.



In the Virgin Islands, STDs represent the highest burden for reportable diseases. Cases of chlamydia increased from 587 in 2010 to 791 in 2014 with some fluctuation between those years. The largest increase was between 2010 and 2011, (587 to 820 cases) an increase of 233 cases. In comparison the number of reported gonorrhea cases is significantly lower than chlamydia in the Virgin Islands. Between 2010 and 2014, the number of gonorrhea cases reported ranged from 58 to 139.

In 2014, 74.5% of chlamydia cases and 68.2% of gonorrhea cases reported were among females. Females are more likely to be screened for STDs than males which may partially explain the disproportionate number of chlamydia and gonorrhea cases reported among females. Of the 590 chlamydia cases reported among females, 50.3% were between 20-29 years old and 30.7% were between 15 –19 years old. Among females, those 15-19 and 20-29 also represented the largest number of reported gonorrhea cases. These age groups accounted for 44.8% and 36.2% of cases among females, respectively.

Chlamydia and gonorrhea cases reported by age and sex, 2014, Virgin Islands

	Chlamydia		Gonorrhea	
Age group	Male	Female	Male	Female
Under10	0	0	0	0
10-14	0	4	0	0
15-19	37	181	3	26
20-29	117	297	23	21
30-39	30	74	1	9
40-44	7	18	0	0
Over44	10	16	0	2
Total	201	590	27	58

Chlamydia and gonorrhea cases reported by age group and race/ethnicity, 2014, Virgin Islands

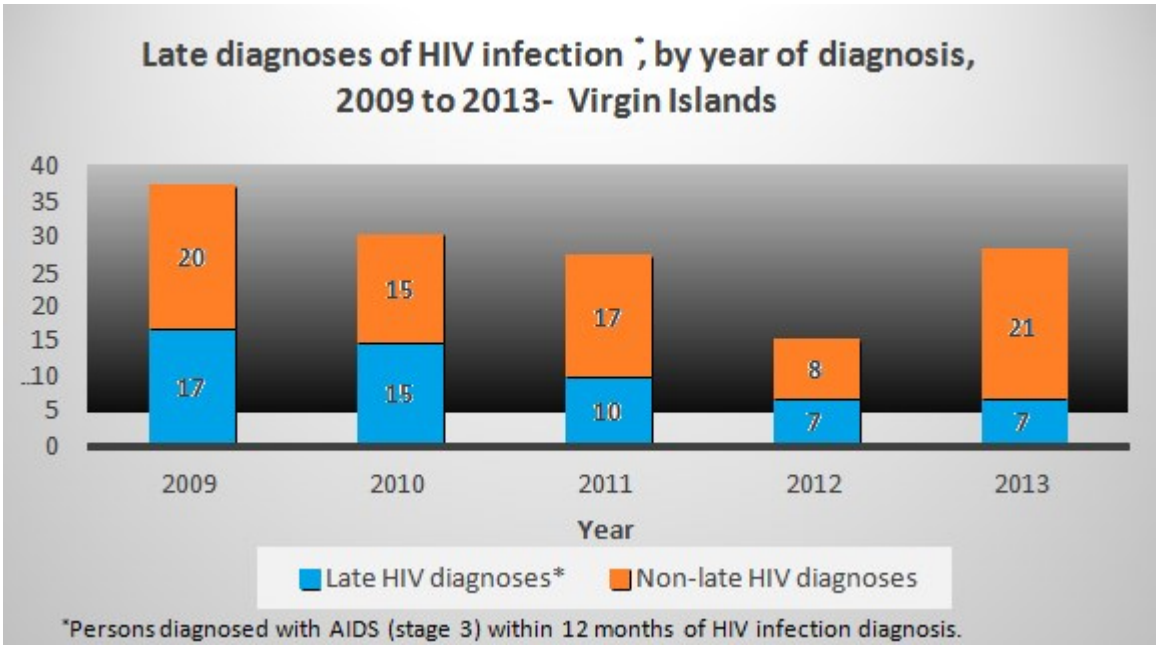
Race	Chlamydia		Gonorrhea	
	<30 Years	30+ Years	<30 Years	30+ Years
Black	514	112	62	8
White	22	9	0	2
Hispanic*	95	31	9	1
Other	5	3	2	1
Total	636	155	73	12

*Hispanic can be of any race.

There are more reported chlamydia and gonorrhea cases among persons less than 30 years of age compared to persons more than 30 years of age. This may be attributed to the differences in the frequency for screening for chlamydia and gonorrhea by age. Blacks less than 30 years old account for 64.9% percent of all chlamydia cases and 72.9% of all gonorrhea cases reported in 2014.

Late Diagnosis

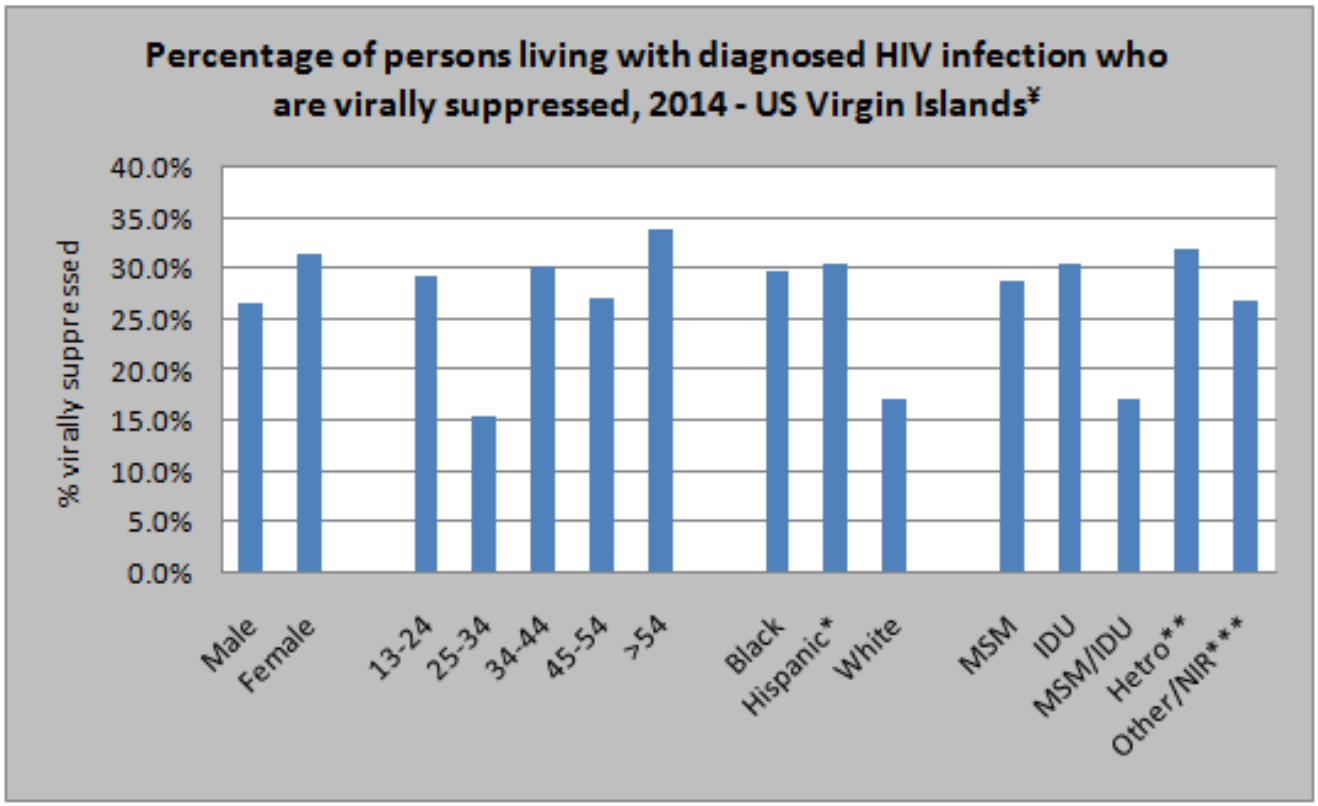
A late diagnosis is defined as an individual whose disease has already progressed to AIDS (stage 3) at the time of diagnosis or someone whose AIDS (stage 3) diagnosis was within 12 months of the initial HIV infection diagnosis. Late diagnosis is associated with a number of negative consequences for the individual and the broader public. Late diagnosis increases the risk of transmitting the virus to others. Persons with a late diagnosis are unaware of their HIV status and unable to reduce risk behaviors or initiate antiretroviral therapy to lower their HIV viral load.



In the Virgin Islands, from 2009 to 2013, there were 137 persons diagnosed with HIV infection. Of those diagnoses, 56 (40.9%) were diagnosed late. Among men diagnosed from 2009 to 2013, 51.9% were late diagnoses. Only 25.9% of females were late diagnoses. The percentage of late diagnoses generally increased as age at diagnosis increased. By race/ethnicity, whites had the greatest percentage of late diagnoses (50.0%). However, the number of new diagnoses among whites was low (10 cases). Of the blacks diagnosed between 2009 and 2013, 45.1% had a late diagnosis. In comparison, only 35.2% of Hispanics were diagnosed late.

Viral Suppression

Viral suppression is defined as less than 200 copies/mL of virus in a person's bloodstream. Persons who achieve viral suppression can improve their health outcomes and reduce the risk of transmitting HIV to others. If the greater proportion of the HIV population is virally suppressed, the number of new HIV infections will be reduced. For viral suppression data presented in this section, persons whose most recent HIV viral load test in 2014 was less than 200 copies/mL were considered virally suppressed. Among persons living with HIV infection in the Virgin Islands, 28.8% were virally suppressed. Viral suppression was lowest among persons 25 to 34 years of age (15.4%) and among whites (17.3%). Efforts to improve viral suppression should focus on these groups. Further discussion regarding viral suppression can be found in Question 2.1.



*Hispanic can be of any race.

**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

¥These figures are only among persons ≥ 13 years of age.

SECTION 2

Ryan White HIV/AIDS Program

QUESTION 2.1 What is the impact of the care and treatment services of the Ryan White HIV/AIDS Programs on people living with HIV?

The Ryan White HIV/AIDS Program is a federally funded program designed to assist individuals living with HIV infection who lack the financial and /or health coverage resources to treat their HIV infection. The United States Department of Health and Human Services (US DHHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers the program at the federal level. The program has five parts:

• **Part A:** funds eligible metropolitan areas and Transitional Grant Areas that are severely affected by the HIV epidemic;

• **Part B:** funds the states and territories to improve the quality, availability and organization of HIV health care and support services. All 50 states, the District of Columbia, Puerto Rico, Guam, the US Virgin Islands, and the 5 US Pacific Territories are eligible for this funding. Part B also includes funding for the AIDS Drug Assistance Program (ADAP);

• **Part C:** funds local community-based organizations such as clinics to support primary care for people living with HIV/AIDS.;

• **Part D:** funds individual organizations to provide family-centered care for women, infants, children and youth with HIV infection; and

• **Part F:** funds support research, technical assistance and access-to-care programs including special projects of National significance program, AIDS Education and Training Centers Program (AETC), Dental Programs, and Minority AIDS Initiative.

The U.S. Virgin Islands receives Ryan White assistance through Parts B and C. These programs are administered locally by The U.S. Virgin Island's Department of Health, Communicable Disease Division, The Frederiksted Health Center and St. Thomas East End Medical Center. The HIV unit has interagency agreements with agencies to deliver HIV/AIDS Non-ADAP Core and Support services to Part B eligible individuals throughout the Territory.

Approximately a quarter (25.6%) of the reported persons living with HIV/AIDS (PLWHA) in the USVI are accessing services through Part B of the Ryan White HIV/AIDS Program (RWHAP). Slightly less than 15% of PLWHA are accessing services through the Part C RWHAP. Some clients are receiving services through both the Parts B and C programs.

The characteristics of persons who receive care through Ryan White's Part B and C correspond with the overall HIV population reported to the Virgin Islands HIV Surveillance program. The greatest proportion of clients in the RWHAP B and C programs and overall HIV population are males (53.9%, 49.5% and 57.4%, respectively). The distribution of RWHAP Part B and C clients by age is similar to the distribution among

the overall HIV population. There are some differences by race/ethnicity. A greater proportion of Ryan White Part C clients are Hispanic (54.8%) compared to Ryan White Part B clients (30.3%) and the overall HIV population (30.3%). Differences in transmission category among both RWHAP Part B and C in comparison to the overall HIV population are evident among infections attributed to heterosexual contact. In RWHAP Part B program, heterosexual clients account for 72.7%, and 75.0% in Part C, while heterosexual clients account for 34.4% in the overall HIV population. This may be attributed to the differences in the classification of heterosexual contact between the RWHAP and HIV surveillance program. As a result of the different definitions for classifying heterosexual contact, 35.8% of the overall HIV population based on data from the HIV surveillance program did not have an identified transmission category. For the HIV surveillance program, the NDI/Unknown category may include persons who have reported sexual contact with a person of the opposite gender, but did not report whether their sexual partner was known to have, or to be at high risk for HIV infection. Caution should be taken when comparing data by transmission category between the RWHAP and the HIV surveillance program.

Characteristics of persons enrolled in the Ryan White Part B Program, persons enrolled in the Ryan White Part C Program, and persons living with diagnosed HIV infection, 2014 - Virgin Islands

	Ryan White Part B Program Clients[a] (N=165)		Ryan White Part C Program Clients[a] (N=93)		Persons Living with Diagnosed HIV Infection[b] (N = 643)	
Characteristics	**No.**	**%**	**No.**	**%**	**No.**	**%**
Sex						
Male	89	53.9%	46	49.5%	369	57.4%
Female	76	46.1%	47	50.5%	274	42.6%
Total	165	100.0%	93	100.0%	643	100.0%
Age at the End of 2014 (yr)						
<13	1	0.6%	3	3.2%	2	0.3%
13 - 24	0	0.0%	7	7.5%	15	2.3%
25-44	58	35.2%	33	35.5%	208	32.3%
25 - 34	N/A	N/A	11	11.8%	63	9.8%
35 - 44	N/A	N/A	22	23.7%	145	22.6%
45-64	91	55.2%	N/A	N/A	352	54.7%
45 - 54	N/A	N/A	29	31.2%	205	31.9%
>64	15	9.1%	N/A	N/A	64	10.0%
>54	N/A	N/A	21	22.6%	211	32.8%
Unknown	0	0.0%	0	0.0%	2	0.3%
Total	165	100.0%	93	100.0%	643	100.0%
Race/Ethnicity						
Black	102	61.8%	38	40.9%	379	58.9%
Hispanic*	50	30.3%	51	54.8%	195	30.3%
White	12	7.3%	4	4.3%	55	8.6%
Other	1	0.6%	0	0.0%	14	2.2%
Total	165	100.0%	93	100.0%	643	100.0%
Transmission Category						
Male to Male sexual contact (MSM)	36	21.8%	12	12.2%	120	18.7%
Injection Drug Use (IDU)	9	5.5%	8	8.6%	47	7.3%
MSM and IDU	0	0.0%	2	2.1%	12	1.9%
Heterosexual contact[c]	120	72.7%	70	75.0%	221	34.4%
Perinatal exposure	0	0.0%	2	2.1%	13	2.0%
NIR / Unknown	0	0.0%	0	0.0%	230	35.8%
Total	165	100.0%	93	100.0%	643	100.0%

[a]Unique number of clients within each part of the Ryan White program. If the client is enrolled in both the Part B and Part C programs, the client will be counted twice, once under Part B and once under Part C.

[b]Includes all persons with diagnosed HIV infection, regardless of status at diagnosis or current status, who were residents of the Virgin Islands at the time of diagnosis and were presumed to be alive at the end of 2014. Based on information reported to the Virgin Islands Department of Health's HIV surveillance program.

*Hispanics can be of any race.

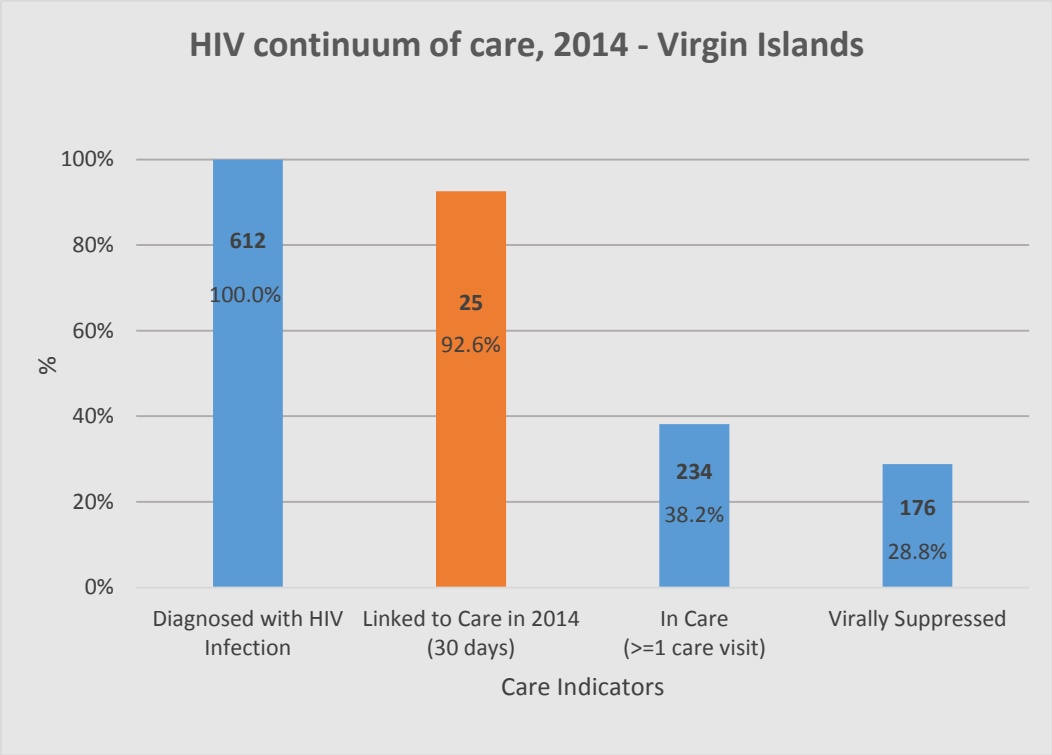
[c]The definition for heterosexual contact is different between the Ryan White HIV program and the HIV surveillance program. For the Ryan White program, heterosexual contact is defined as persons who have ever reported sexual contact with a person of the opposite gender. For the HIV surveillance program, heterosexual contact is defined as persons who have ever had heterosexual contact with a person known to have, or to be at high risk for, HIV infection (e.g., an injection drug user).

Source: Virgin Islands Ryan White CareWare system and eHARS

The Ryan White HIV/AIDS Program in the Virgin Islands in conjunction with the Health Resources and Services Administration (HRSA) is required to make an analysis of individuals living with HIV who are not receiving HIV primary medical care.

It should be noted that laboratory reporting to the HIV surveillance office may not be complete for persons who sought care outside the USVI. It is also important to note that the data only includes persons diagnosed with HIV infection in the USVI who are still presumed to be living, regardless of their current residence. Since there is no mechanism implemented that would be able to track patients that leave the territory, the data also does not account for the current residence for those living with HIV. Due to this, the actual number of patients that are not in care in the USVI could be higher or lower, depending on the migration patterns of these patients.

Continuum of Care



In the USVI, patients considered as “in care” would indicate any patient that had a CD4 count or viral load test within the last 12 months. Those patients living with the disease, with no laboratory results on CD4 counts or viral loads, reported to the HIV surveillance program within the last 12 months, were classified as “not in care”.

The National HIV/AIDS Strategy (NHAS) has a goal by 2020 to reduce new infections and to increase access to care and improve health outcomes for people living with HIV disease. One of their indicators of progress is to increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent. In 2014, of the 27 persons diagnosed with HIV infection, 92.6% (25) received care within 1 month of diagnosis, 92.6% (25) received care within 3 months of diagnosis, 96.3% (26) within 6 months, and 100% (27) within 12 months. The US Virgin Islands met this NHAS goal.

As of December 2014, there were a total of 612 persons living with HIV infection in the USVI. This only

includes people who were 13 years of age and older and were diagnosed by December 2013. Of these cases, only 234 persons had 1 or more care visits and were considered to be "in care" through December 2014. That indicates that only 38.2% of the persons living with HIV infection received care in 2014.

Another of the NHAS indicators of progress is to achieve 80% viral suppression among persons living with HIV infection. As of December 2014 in the USVI, only 28.8% of persons living with HIV infection were virally suppressed. This is more than 50% below the national viral suppression goal.

Ryan White Part C Continuum of Care

HIV care continuum, Ryan White Part C Program clients, 2014 - Virgin Islands

	Ryan White Part C Program	
	No.	%
Number of Ryan White Clients Enrolled, 2014[a]	93	100.0%
Retained in Care, 2014[b]	75	80.6%
Antiretroviral Therapy, 2014[c]	80	86.0%
Virally Suppressed[d]	52	55.9%

[a]Unique number of clients within each part of the Ryan White program. If the client is enrolled in both the Part B and Part C programs, the client will be counted twice, once under Part B and once under Part C.

[b] At least one visit to a medical care provider in each six month period in 2014.

[c] Client taking antiretroviral therapy in 2014 based on review by medical case manager.

[d] Persons who had a viral load test result of less than 200 copies/ml.

Source: Virgin Islands Ryan White CareWare system

Among clients receiving care through the Ryan White Part C program in 2014, 80.6% were retained in care. 55.9% of Part C clients were virally suppressed in 2014. In comparison to the NHAS goals, the Ryan White Part C program is about 25% below the national viral suppression goal. Comparisons of the care continuum should not be made between the Ryan White program and the overall HIV population. The care continuum of the overall population is based on residence at diagnosis while the care continuum of the Ryan White program is based on persons enrolled in the program regardless of residence at diagnosis.

Ryan White Part C Service Utilization

The Ryan White Part C program assessment of services in the Virgin Islands includes primary medical care, case management, and home or community-based care. For primary medical care, clients visited their providers 11 times per year on average, which is higher than HRSA's recommendation to see providers once every six months. This is an indication that clients are engaged in their medical care. On average, clients saw their case managers 8 times per year. In comparison to primary medical care, the average number of home or community-based care visits averaged 48 for 2014.

Ryan White program services visits by service category, Ryan White Part C program clients, 2014 - Virgin Islands

	Ryan White Part C Program
Primary medical care	
Average number of visits per client	11
Median number of visits per client	16
Range of visits per client	8
Medical case management	
Average number of visits per client	8
Median number of visits per client	18
Range of visits per client	15
Home/community-based care (HCBC)	
Average number of visits per client	48
Median number of visits per client	33
Range of visits per client	24

Source: Virgin Islands Ryan White CareWare system

QUESTION 2.2 What are some things to keep in mind as a Ryan White HIV/AIDS Program grantee prepares the epidemiologic profile document for HRSA's HIV/AIDS Bureau?

Unmet Need

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program requires an analysis of individuals living with HIV infection who are not receiving HIV primary medical care. In the Virgin Islands, the calculation of unmet need is limited to people living with HIV infection that were residents of the US Virgin Islands at the time of diagnosis. This may lead to an overestimation of unmet need as persons may no longer reside or receive care in the Virgin Islands. The Virgin Islands uses residence at diagnosis as opposed to most recently known address since there are insufficient resources to track persons with HIV coming into and out of the territory. Among the people living with HIV infection, those without evidence of laboratory test result in 2014 (CD4, viral load and genotype tests) were considered to have an unmet need or to be out of care.

Unmet need among persons living with diagnosed HIV infection, 2014 - Virgin Islands

INPUT	VALUE	Calculations
POPULATION SIZES		
A. Number of persons living with AIDS (PLWA), as of 12/31/2014	354	Generated by eHARS (HIV/AIDS reporting system)
B. Number of persons living with HIV (PLWH, non-AIDS) and aware, as of 12/31/2014)	289	Generated by eHARS (HIV/AIDS reporting system)
CARE PATTERNS		
C. Percent of PLWA with met need for HIV primary medical care in a 12 month period.	46.1%	163/354
D. Percent of PLWH (aware, non-AIDS) with met need for HIV primary medical care in a 12 month period.	33.2%	96/289
CALCULATED RESULTS		
E. Number of PLWA with unmet need for HIV primary medical care	191	A x (1- C) (354 x .54)
F. Number of PLWH (aware, non-AIDS) with unmet need for HIV primary medical care	193	B x (1- D) (289 x .67)
G. Total HIV+/ aware with unmet need for HIV primary medical care services (quantified estimate of unmet need)	384	E + F (191+193)
H. Percent HIV+/aware not receiving primary medical care services	59.7%	

Note: These data do not reflect persons that have relocated to the mainland and are in care or persons that seek care outside of the Virgin Islands. This population only covers individuals that were residents of the Virgin Islands at time of diagnosis.
Source: eHARS

Approximately 60% of persons living with HIV infection and aware of their HIV status are estimated to have an unmet need for medical care. The 2014 unmet need table is calculated in accordance to the HRSA's frame-work and guidance. Among the total 643 persons living with HIV infection in the Virgin Islands in 2014, 384 had no evidence of HIV primary medical care, including viral load, CD4 test or genotype testing in 2014. For persons living with AIDS (stage 3), the percentage with unmet need (53.9%) was lower than persons living HIV (not AIDS) (66.8%).

Demographic characteristics of persons with an unmet need living with HIV infection indicates there are a greater percentage of individuals that are aware of their HIV infection and are not receiving medical care in the St. Thomas/St. John district (63.3%) than in St. Croix (53.7%). The percentage of persons with an unmet need by sex is almost equal in the St. Croix district. But in the St. Thomas/St. John district, 67.2% of males have an unmet need in comparison to 58.0% of females. The percent of whites in St. Croix (66.7%) and St. Thomas/St. John (76.7%) have a higher unmet need. However, this group represents a small proportion of cases (12 and 43, respectively). Among the transmission categories, in St. Croix MSMs had a high unmet

Demographic Characteristics of Unmet Need among Persons living with diagnosed HIV Infection, 2014 – US Virgin Islands

	USVI	St. Croix				St. Thomas/St. John			
	Persons Living with HIV/AIDS*	Persons Living with HIV/AIDS	Met Need	Unmet Need	Percent Unmet Need	Persons Living with HIV/AIDS	Met Need	Unmet Need	Percent Unmet Need
Sex									
Male	369	139	65	74	53.2	229	75	154	67.2
Female	274	103	47	56	54.4	169	71	98	58.0
Total	643	242	112	130	53.7	398	146	252	68.3
Age at the End of 2014									
<13	2	0	0	0	--	2	0	2	100.0
13-24	15	8	4	4	50.0	7	1	6	85.7
25-34	63	29	11	18	62.1	34	11	23	67.6
35-44	145	48	21	27	56.3	96	37	59	61.5
45-54	205	79	35	44	55.7	126	41	85	67.5
>54	211	76	41	35	46.1	133	56	77	57.9
Unknown	2	2	0	2	100.0	0	0	0	--
Total	643	242	112	130	53.7	398	146	252	63.3
Race/ethnicity									
Black/African American	379	106	48	58	54.7	271	106	165	60.9
Hispanic/Latino	195	119	59	60	50.4	75	26	49	65.3
White	55	12	4	8	66.7	43	10	33	76.7
Other**	14	5	1	4	80.0	9	4	5	55.6
Total	643	242	112	130	53.7	398	146	252	63.3
Transmission Category									
Male to Male sexual contact (MSM)	120	40	17	23	57.5	80	26	54	67.5
Intravenous Drug Use (IDU)	47	31	14	17	54.8	15	3	12	80.0
MSM and IDU	12	4	2	2	50.0	8	1	7	87.5
Heterosexual contact	221	87	46	41	47.1	133	54	79	59.4
Perinatal exposure	13	5	2	3	60.0	8	1	7	87.5
Other***	230	75	31	44	58.7	154	61	93	60.4
Total	643	242	112	130	53.7	398	146	252	63.3

*Includes persons with an unknown island/district of residence

** Includes those with an unknown race

***Includes persons with no identified risk (n=229) and one person with another risk (n=1)

need of 57.5%. Though the percentage of perinatal exposures is highest in both districts, the population size is rather small.

Addressing Unmet Need

For the 59.7% of the population living with HIV/AIDS that are estimated to have unmet need in the Virgin Islands, there are many unanswered questions regarding why they are not receiving HIV primary medical care. Assessments need to be conducted to determine these barriers to care.

Appendix

Table 1. Persons living with diagnosed HIV infection, by stage of disease progression[a], 2010 to 2014 –US Virgin Islands

Stage of Disease Progression	2010		2011		2012		2013		2014	
	No.	%	No.	%	No.	%	No.	%	No.	%
HIV (not AIDS)	262	44.6	276	45.5	268	44.2	283	45.2	289	44.9
AIDS (Stage 3)	326	55.4	330	54.5	339	55.8	343	54.8	354	55.1
Total	588	100.0	606	100.0	607	100.0	626	100.0	643	100.0

*Stage of disease progression at the end of the selected year.

Table 2. Persons living with diagnosed HIV infection, by year and selected characteristics, 2010 to 2014 – US Virgin Islands

Characteristics	2010			2011			2012			2013			2014		
	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*
Sex															
Male	338	57.5	677.2	347	57.3	699.8	345	56.8	700.4	354	56.5	723.8	369	57.4	760.1
Female	250	42.5	443.6	259	42.7	460.9	262	43.2	467.7	272	43.5	487.2	274	42.6	492.6
Total	588	100.0	553.3	606	100.0	572.9	607	100.0	576.6	626	100.0	597.7	643	100.0	617.3
Age at the End of Year (yr)															
< 13	2	0.3	11.1	2	0.3	11.5	2	0.3	11.8	2	0.3	12.1	2	0.3	12.4
13-24	10	1.7	66.8	11	1.8	75.8	11	1.8	78.1	14	2.2	102.3	15	2.3	114.1
25-34	47	8.0	428.1	54	8.9	498.8	57	9.4	538.8	60	9.6	576.8	63	9.8	609.3
35-44	128	21.8	849.4	135	22.3	915.3	136	22.4	936.4	139	22.2	980.4	145	22.6	1,056.9
45-54	192	32.7	1,167.0	195	32.2	1,178.1	197	32.5	1,188.4	200	31.9	1,207.7	205	31.9	1,240.8
>54	207	35.2	671.8	207	34.2	653.1	202	33.3	621.3	209	33.4	626.1	211	32.8	615.8
Unknown	2	0.3	N/A	2	0.3	N/A	2	0.3	N/A	2	0.3	N/A	2	0.3	N/A
Total	588	100.0	553.3	606	100.0	572.9	607	100.0	576.6	626	100.0	597.7	643	100.0	617.3
Race/Ethnicity															
Black	356	60.5	N/A	367	60.6	N/A	363	59.8	N/A	370	59.1	N/A	379	58.9	N/A
White	47	8.0	N/A	48	7.9	N/A	47	7.7	N/A	52	8.3	N/A	55	8.6	N/A
Hispanic*	175	29.8	N/A	181	29.9	N/A	188	31.0	N/A	194	31.0	N/A	195	30.3	N/A
Other	10	1.7	N/A	10	1.7	N/A	9	1.5	N/A	10	1.6	N/A	14	2.2	N/A
Total	588	100.0	553.3	606	100.0	572.9	607	100.0	576.6	626	100.0	597.7	643	100.0	617.3
Transmission Category: Male Adult or Adolescent															
Male to Male sexual contact (MSM)	107	32.1	N/A	111	32.5	N/A	112	32.9	N/A	115	33.0	N/A	120	33.0	N/A
Injection Drug Use (IDU)	31	5.3	N/A	31	5.1	N/A	31	5.1	N/A	30	4.8	N/A	29	4.5	N/A
MSM and IDU	12	2.0	N/A	12	2.0	N/A	12	2.0	N/A	12	1.9	N/A	12	1.9	N/A
Heterosexual contact**	75	12.8	N/A	79	13.0	N/A	76	12.5	N/A	78	12.5	N/A	82	12.8	N/A
Perinatal exposure	1	0.2	N/A	1	0.2	N/A	1	0.2	N/A	1	0.2	N/A	1	0.2	N/A
Other***	107	18.2	N/A	108	17.8	N/A	108	17.8	N/A	113	18.1	N/A	120	18.7	N/A
Sub-total	333	56.6	N/A	342	56.4	N/A	340	56.0	N/A	349	55.8	N/A	364	56.6	N/A
Transmission Category: Female Adult or Adolescent															
Injection Drug Use (IDU)	17	2.9	N/A	17	2.8	N/A	18	3.0	N/A	18	2.9	N/A	18	2.8	N/A
Heterosexual contact**	128	21.8	N/A	133	21.9	N/A	133	21.9	N/A	141	22.5	N/A	139	21.6	N/A
Perinatal exposure	0	0.0	N/A	0	0.0	N/A	0	0.0	N/A	0	0.0	N/A	0	0.0	N/A
Other***	97	16.5	N/A	101	16.7	N/A	103	17.0	N/A	106	16.9	N/A	110	17.1	N/A
Sub-total	242	41.2	N/A	251	41.4	N/A	254	41.8	N/A	265	42.3	N/A	267	41.5	N/A

Table 2 continued on the next page.

Table 2. Persons living with diagnosed HIV infection, by year and selected characteristics, 2010 to 2014 – US Virgin Islands (continued)

Characteristics	2010			2011			2012			2013			2014		
	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*	No.	%	Rate*
Transmission Category: Child (<13 Years Old at Diagnosis)															
Perinatal exposure	13	2.2	N/A	13	2.1	N/A	13	2.1	N/A	12	1.9	N/A	12	1.9	N/A
Total	13	2.2	N/A	13	2.1	N/A	13	2.1	N/A	12	1.9	N/A	12	1.9	N/A
District of Residence at HIV Disease Diagnosis															
St. Croix	215	36.6	N/A	221	36.5	N/A	224	36.9	N/A	239	38.2	N/A	242	37.6	N/A
St. Thomas/ St. John	370	62.9	N/A	382	63.0	N/A	380	62.6	N/A	384	61.3	N/A	398	61.9	N/A
Unknown	3	0.5	N/A	3	0.5	N/A	3	0.5	N/A	3	0.5	N/A	3	0.5	N/A
Total	588	100.0	553.3	606	100.0	572.9	607	100.0	576.6	626	100.0	597.7	643	100.0	617.3

* Rate calculated per 100,000 based on population projections from the US Census Bureau's International Data Base. Annual population estimates are not available in the Virgin Islands by race/ethnicity, by islanda district, or transmission category. Reported numbers less than 12 and accompanying rates should be interpreted with caution.

* Hispanic can be of any race.

** Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

*** Include hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 3. Diagnoses of HIV infection, by year of diagnosis and selected characteristics, 2010 to 2014 and cumulative – US Virgin Islands

Characteristics	2010		2011		2012		2013		2014		Cumulative through 2014[¥]	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sex												
Male	19	63.3	17	63.0	7	46.7	14	50.0	19	70.4	696	62.6
Female	11	36.7	10	37.0	8	53.3	14	50.0	8	29.6	416	37.4
Total	30	100.0	27	100.0	15	100.0	28	100.0	27	100.0	1,112	100.0
Age at Diagnosis (yr)												
< 13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	26	2.3
13-24	3	10.0	4	14.8	2	13.3	4	14.3	1	3.7	108	9.7
25-34	8	26.7	4	14.8	3	20.0	4	14.3	4	14.8	323	29.0
35-44	11	36.7	10	37.0	3	20.0	2	7.1	7	25.9	340	30.6
45-54	6	20.0	4	14.8	5	33.3	8	28.6	8	29.6	203	18.3
>54	2	6.7	5	18.5	2	13.3	10	35.7	7	25.9	110	9.9
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.2
Total	30	100.0	27	100.0	15	100.0	28	100.0	27	100.0	1,112	100.0
Race/Ethnicity												
Black	15	50.0	17	63.0	5	33.3	14	50.0	16	59.3	687	61.8
White	1	3.3	1	3.7	0	0.0	5	17.9	3	11.1	89	8.0
Hispanic[*]	14	46.7	9	33.3	10	66.7	8	28.6	4	14.8	316	28.4
Other	0	0.0	0	0.0	0	0.0	1	3.6	4	14.8	20	1.8
Total	30	100.0	27	100.0	15	100.0	28	100.0	27	100.0	1,112	100.0
Transmission Category: Male Adult or Adolescent												
Male to Male sexual contact (MSM)	5	16.7	5	18.5	2	13.3	5	17.9	6	22.2	207	18.6
Injection Drug Use (IDU)	1	3.3	0	0.0	0	0.0	0	0.0	0	0.0	80	7.2
MSM and IDU	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	23	2.1
Heterosexual contact[**]	1	3.3	5	18.5	1	6.7	3	10.7	5	18.5	149	13.4
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Other[***]	12	40.0	7	25.9	4	26.7	6	21.4	8	29.6	224	20.1
Sub-total	19	63.3	17	63.0	7	46.7	14	50.0	19	70.4	684	61.5
Transmission Category: Female Adult or Adolescent												
Injection Drug Use (IDU)	1	3.3	0	0.0	1	6.7	0	0.0	0	0.0	42	3.8
Heterosexual contact[**]	3	10.0	6	22.2	2	13.3	8	28.6	2	7.4	210	18.9
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other[***]	7	23.3	4	14.8	5	33.3	6	21.4	6	22.2	150	13.5
Sub-total	11	36.7	10	37.0	8	53.3	14	50.0	8	29.6	402	36.2

Table 3 continued on the next page.

Table 3. Diagnoses of HIV infection, by year of diagnosis and selected characteristics, 2010 to 2014 and cumulative – US Virgin Islands (continued)

Transmission Category: Child (<13 Years Old at Diagnosis)												
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	25	2.2
Other***	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Sub-total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	26	2.3
District of Residence at HIV Disease Diagnosis												
St. Croix	12	40.0	12	44.4	10	66.7	18	64.3	11	40.7	453	40.7
St. Thomas/ St. John	18	60.0	15	55.6	5	33.3	10	35.7	16	59.3	650	58.5
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	9	0.8
Total	30	100.0	27	100.0	15	100.0	28	100.0	27	100.0	1,112	100.0

*Hispanic can be of any race.

**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

†From the beginning of the epidemic through 2014.

Table 4. Diagnoses of AIDS (stage 3), by year of diagnosis and selected characteristics, 2010 to 2014 and cumulative – US Virgin Islands

Characteristics	2010		2011		2012		2013		2014		Cumulative through 2014*	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sex												
Male	15	75.0	10	76.9	14	66.7	5	45.5	11	73.3	516	67.3
Female	5	25.0	3	23.1	7	33.3	6	54.5	4	26.7	251	32.7
Total	20	100.0	13	100.0	21	100.0	11	100.0	15	100.0	767	100.0
Age at Diagnosis (yr)												
< 13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18	2.3
13-24	0	0.0	0	0.0	2	9.5	0	0.0	0	0.0	28	3.7
25-34	6	30.0	3	23.1	3	14.3	0	0.0	2	13.3	201	26.2
35-44	8	40.0	3	23.1	6	28.6	1	9.1	4	26.7	263	34.3
45-54	3	15.0	5	38.5	5	23.8	5	45.5	6	40.0	176	22.9
>54	3	15.0	2	15.4	5	23.8	5	45.5	3	20.0	81	10.6
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	20	100.0	13	100.0	21	100.0	11	100.0	15	100.0	767	100.0
Race/Ethnicity												
Black	12	60.0	8	61.5	11	52.4	5	45.5	7	46.7	489	63.8
White	1	5.0	0	0.0	1	4.8	2	18.2	1	6.7	61	8.0
Hispanic^	7	35.0	5	38.5	9	42.9	4	36.4	6	40.0	211	27.5
Other	0	0.0	0	0.0	0	0.0	0	0.0	1	6.7	6	0.8
Total	20	100.0	13	100.0	21	100.0	11	100.0	15	100.0	767	100.0
Transmission Category: Male Adult or Adolescent												
Male to Male sexual contact (MSM)	4	20.0	2	15.4	3	14.3	0	0.0	3	20.0	158	20.6
Injection Drug Use (IDU)	1	5.0	0	0.0	0	0.0	0	0.0	0	0.0	67	8.7
MSM and IDU	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	20	2.6
Heterosexual contact**	2	10.0	3	23.1	4	19.0	3	27.3	3	20.0	116	15.1
Perinatal exposure	0	0.0	0	0.0	1	4.8	0	0.0	0	0.0	1	0.1
Other***	8	40.0	5	38.5	6	28.6	2	18.2	5	33.3	146	19.0
Sub-total	15	75.0	10	76.9	14	66.7	5	45.5	11	73.3	508	66.2
Transmission Category: Female Adult or Adolescent												
Injection Drug Use (IDU)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	31	4.0
Heterosexual contact**	3	15.0	3	23.1	4	19.0	4	36.4	3	20.0	140	18.3
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Other***	2	10.0	0	0.0	3	14.3	2	18.2	1	6.7	69	9.0
Sub-total	5	25.0	3	23.1	7	33.3	6	54.5	4	26.7	241	31.4

Table 4 continued on the next page.

Table 4. Diagnoses of AIDS (stage 3), by year of diagnosis and selected characteristics, 2010 to 2014 and cumulative – US Virgin Islands (continued)

Transmission Category: Child (<13 Years Old at Diagnosis)												
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	17	2.2
Other***	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.1
Sub-total	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18	2.3
District of Residence at HIV Disease Diagnosis												
St. Croix	8	40.0	6	46.2	9	42.9	5	45.5	8	53.3	302	39.4
St. Thomas/ St. John	12	60.0	7	53.8	12	57.1	6	54.5	7	46.7	457	59.6
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	8	1.0
Total	20	100.0	13	100.0%	21	100.0	11	100.0	15	100.0	767	100.0

*Hispanic can be of any race

**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

*From the beginning of the epidemic through 2014.

Table 5. Persons newly diagnosed and living with HIV infection, by stage of disease and selected characteristics, 2014 – US Virgin Islands

Characteristics	Diagnoses of HIV Infection, 2014[a]		AIDS (Stage 3) Prevalence, 2014		HIV (not AIDS) Prevalence, 2014	
	No.	%	No.	%	No.	%
Sex						
Male	19	70.4%	223	63.0%	146	50.5%
Female	8	29.6%	131	37.0%	143	49.5%
Total	27	100.0%	354	100.0%	289	100.0%
Age (yr)¥						
< 13	0	0.0%	0	0.0%	2	0.7%
13-24	1	3.7%	4	1.1%	11	3.8%
25-34	4	14.8%	22	6.2%	41	14.2%
35-44	7	25.9%	70	19.8%	75	26.0%
45-54	8	29.6%	123	34.7%	82	28.4%
>54	7	25.9%	135	38.1%	76	26.3%
Unknown	0	0.0%	0	0.0%	2	0.7%
Total	27	100.0%	354	100.0%	289	100.0%
Race/Ethnicity						
Black	16	59.3%	217	61.3%	162	56.1%
White	3	11.1%	31	8.8%	24	8.3%
Hispanic[*]	4	14.8%	103	29.1%	92	31.8%
Other	4	14.8%	3	0.8%	11	3.8%
Total	27	100.0%	354	100.0%	289	100.0%
Transmission Category: Male Adult or Adolescent						
Male to Male sexual contact (MSM)	6	22.2%	78	22.0%	42	14.5%
Injection Drug Use (IDU)	0	0.0%	18	5.1%	11	3.8%
MSM and IDU	0	0.0%	9	2.5%	3	1.0%
Heterosexual contact[**]	5	18.5%	54	15.3%	28	9.7%
Perinatal exposure	0	0.0%	0	0.0%	1	0.3%
Other[***]	8	29.6%	62	17.5%	58	20.1%
Sub-total	19	70.4%	221	62.4%	143	49.5%

Table 5 continued on the next page.

Table 5. Persons newly diagnosed and living with HIV infection, by stage of disease and selected characteristics, 2014 – US Virgin Islands (continued)

Characteristics	Diagnoses of HIV Infection, 2014[a]		AIDS (Stage 3) Prevalence, 2014		HIV (not AIDS) Prevalence, 2014	
	No.	%	No.	%	No.	%
Transmission Category: Female Adult or Adolescent						
Injection Drug Use (IDU)	0	0.0	10	2.8	8	2.8
Heterosexual contact**	2	7.4	77	21.8	62	21.5
Perinatal exposure	0	0.0	0	0.0	0	0.0
Other***	6	22.2	40	11.3	70	24.2
Sub-total	8	29.6	127	35.9	140	48.4
Transmission Category: Child (<13 Years Old at Diagnosis)						
Perinatal exposure	0	0.0	6	1.7	6	2.1
Other***	0	0.0	0	0.0	0	0.0
Sub-total	0	0.0	6	1.7	6	2.1
District of Residence at HIV Disease Diagnosis						
St. Croix	11	40.7	123	34.7	119	41.2
St. Thomas/ St. John	16	59.3	229	64.7	169	58.5
Unknown	0	0.0	2	0.6	1	0.3
Total	27	100.0	354	100.0	289	100.0

[a]Newly diagnosed HIV Infections in 2014.

*For diagnoses of HIV infection, age at diagnosis; for persons living with HIV (not AIDS) and AIDS, age at the end of 2014.

†Hispanics/Latinos can be of any race.

**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 6. Diagnoses of HIV infection, by year of diagnosis and sex, 2010 to 2014 – US Virgin Islands

Sex	Cumulative through 2009		2010		2011		2012		2013		2014		Cumulative through 2014 (Total)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Male	620	62.9%	19	63.3%	17	63.0%	7	46.7%	14	50.0%	19	70.4%	696	62.6%
Female	365	37.1%	11	36.7%	10	37.0%	8	53.3%	14	50.0%	8	29.6%	416	37.4%
Total	985	100.0%	30	100.0%	27	100.0%	15	100.0%	28	100.0%	27	100.0%	1112	100.0%

Table 7. Diagnoses of HIV infection, by transmission category, 2010 to 2014 – US Virgin Islands

Transmission Category	Male	Female
MSM	23	0
IDU	1	2
Heterosexual contact*	15	51
No identified risk	37	28
Total	76	81

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

Table 8. Racial disparities, HIV infection, 2014 – US Virgin Islands

	VI Population, 2010 (%)	New HIV Infection Diagnoses, 2014 (%)	Persons Living with HIV Infection, 2014 (%)
Black	66.1	59.3	58.9
White	13.5	11.1	8.6
Hispanic[a]	17.4	14.8	30.3
Other	3	14.8	2.2

[a] Hispanic can be of any race.

Table 9. Diagnoses of HIV infection, by race/ethnicity, 2010 to 2014 – US Virgin Islands

Race/ethnicity	Cumulative through 2009	2010	2011	2012	2013	2014	Cumulative through 2014 (Total)
Black	620	15	17	5	14	16	687
White	79	1	1	0	5	3	89
Hispanic*	271	14	9	10	8	4	316
Other	15	0	0	0	1	4	20
Total	985	30	27	15	28	27	1,112

*Hispanic can be of any race.

Table 10. Diagnoses of HIV infection, by year of diagnosis and age at diagnosis, 2010 to 2014 and cumulative – US Virgin Islands

Age at HIV Infection Diagnosis (yr)	Cumulative through 2009	2010	2011	2012	2013	2014	Cumulative through 2014 (Total)
<13	26	0	0	0	0	0	26
13-24	94	3	4	2	4	1	108
25-34	300	8	4	3	4	4	323
35-44	307	11	10	3	2	7	340
45-54	172	6	4	5	8	8	203
>54	84	2	5	2	10	7	110
Unknown	2	0	0	0	0	0	2
Total	985	30	27	15	28	27	1,112

Table 11. Diagnoses of HIV infection, by age at diagnosis and sex, cumulative through 2014 – US Virgin Islands

Age at HIV Infection Diagnosis (yr)	Male		Female	
	No.	%	No.	%
<13 years	12	1.7	14	3.4
13-24	54	7.8	54	13.0
25-34	188	27.0	135	32.5
35-44	221	31.8	119	28.6
45-54	146	21.0	57	13.7
>54	74	10.6	36	8.7
Unknown	1	0.1	1	0.1
Total	696	100	416	100

Table 12. Diagnoses of HIV Infection, by race/ethnicity and country of birth, 2010 to 2014 – US Virgin Islands

Race/Ethnicity	Virgin Islands		United States and Puerto Rico		Haiti and Dominican Republic		Other Caribbean Islands		Other/ Unknown		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Black	22	71.0	11	39.3	10	37.0	13	92.9	11	40.7	67	52.8
White	0	0.0	6	21.4	0	0.0	0	0.0	4	14.8	10	7.9
Hispanic*	9	29.0	11	39.3	17	63.0	1	7.1	7	25.9	45	35.4
Other	0	0.0	0	0.0	0	0.0	0	0.0	5	18.5	5	3.9
Total	31	100.0	28	100.0	27	100.0	14	100.0	27	100.0	127	100.0

* Hispanics can be of any race.

Table 13. Diagnoses of HIV Infection, by country of birth, 2010 to 2014 – US Virgin Islands

Country of Birth	Virgin Islands		United States and Puerto Rico		Haiti and Dominican Republic		Other Caribbean Islands		Other/Unknown		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	31	24.4	28	22.0	27	21.3	14	11.0	27	21.3	127	100.0

Table 14. Diagnoses of HIV infection, by district and selected characteristics, 2010 to 2014 – US Virgin Islands

Characteristics	Virgin Islands		St. Croix		St. Thomas/ St. John	
	N	%[a]	N	%[a]	N	%[a]
Sex						
Male	76	59.8	42	66.7	34	53.1
Female	51	40.2	21	33.3	30	46.9
Total	127	100.0	63	100.0	64	100.0
Age at Diagnosis (yr)						
< 13	0	0.0	0	0.0	0	0.0
13-24	14	11.0	11	17.5	3	4.7
25-34	23	18.1	10	15.9	13	20.3
35-44	33	26.0	12	19.0	21	32.8
45-54	31	24.4	17	27.0	14	21.9
>54	26	20.5	13	20.6	13	20.3
Total	127	100.0	63	100.0	64	100.0
Race/Ethnicity						
Black	67	52.8	31	49.2	36	56.3
White	10	7.9	4	6.3	6	9.4
Hispanic[*]	45	35.4	27	42.9	18	28.1
Other	5	3.9	1	1.6	4	6.3
Total	127	100.0	63	100.0	64	100.0
Transmission Category: Male Adult or Adolescent						
Male to Male sexual contact (MSM)	23	18.1	15	23.8	8	12.5
Injection Drug Use (IDU)	1	0.8	1	1.6	0	0.0
MSM and IDU	0	0.0	0	0.0	0	0.0
Heterosexual contact[**]	15	11.8	9	14.3	6	9.4
Perinatal exposure	0	0.0	0	0.0	0	0.0
Other[***]	37	29.1	17	27.0	20	31.3
Sub-total	76	59.8	42	66.7	34	53.1
Transmission Category: Female Adult or Adolescent						
Injection Drug Use (IDU)	2	1.6	1	1.6	1	1.6
Heterosexual contact[**]	21	16.5	11	17.5	10	15.6
Perinatal exposure	0	0.0	0	0.0	0	0.0
Other[***]	28	22.0	9	14.3	19	29.7
Sub-total	51	40.2	21	33.3	30	46.9

Table 14 continued on the next page.

Table 14. Diagnoses of HIV infection, by district and selected characteristics, 2010 to 2014 – US Virgin Islands (continued)

Characteristics	Virgin Islands		St. Croix		St. Thomas/ St. John	
	N	%*	N	%*	N	%*
Transmission Category: Child (<13 Years Old at Diagnosis)						
Perinatal exposure	0	0.0	0	0.0	0	0.0
Sub-total	0	0.0	0	0.0	0	0.0
Total	**127**	**100.0**	**63**	**100.0**	**64**	**100.0**

*Percent of column sub-total

*Hispanics can be of any race.

**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 15. Persons living with diagnosed HIV infection, by district and selected characteristics, 2014 – US Virgin Islands

Characteristics	US Virgin Islands[¥]		St. Croix		St. Thomas/ St. John	
	N	%[¤]	N	%[¤]	N	%[¤]
Sex						
Male	369	57.4%	139	57.4%	229	57.5%
Female	274	42.6%	103	42.6%	169	42.5%
Total	643	100.0%	242	100.0%	398	100.0%
Age at the End of Year (yr)						
< 13	2	0.3%	0	0.0%	2	0.5%
13-24	15	2.3%	8	3.3%	7	1.8%
25-34	63	9.8%	29	12.0%	34	8.5%
35-44	145	22.6%	48	19.8%	96	24.1%
45-54	205	31.9%	79	32.6%	126	31.7%
>54	211	32.8%	76	31.4%	133	33.4%
Unknown	2	0.3%	2	0.8%	0	0.0%
Total	643	100.0%	242	100.0%	398	100.0%
Race/Ethnicity						
Black	379	58.9%	106	43.8%	271	68.1%
White	55	8.6%	12	5.0%	43	10.8%
Hispanic[*]	195	30.3%	119	49.2%	75	18.8%
Other	14	2.2%	5	2.1%	9	2.3%
Total	643	100.0%	242	100.0%	398	100.0%
Transmission Category: Male Adult or Adolescent						
Male to Male sexual contact (MSM)	120	18.7%	40	16.5%	80	20.1%
Injection Drug Use (IDU)	29	4.5%	19	7.9%	9	2.3%
MSM and IDU	12	1.9%	4	1.7%	8	2.0%
Heterosexual contact[**]	82	12.8%	36	14.9%	46	11.6%
Perinatal exposure	1	0.2%	0	0.0%	1	0.3%
Other[***]	120	18.7%	39	16.1%	81	20.4%
Sub-total	364	56.6%	138	57.0%	225	56.5%
Transmission Category: Female Adult or Adolescent						
Injection Drug Use (IDU)	18	2.8%	12	5.0%	6	1.5%
Heterosexual contact[**]	139	21.6%	51	21.1%	87	21.9%
Perinatal exposure	1	0.2%	0	0.0%	1	0.3%
Other[***]	109	17.0%	36	14.9%	72	18.1%
Sub-total	267	41.5%	99	40.9%	166	41.7%

Table 15 continued on the next page.

Table 15. Persons living with diagnosed HIV infection, by district and selected characteristics, 2014 – US Virgin Islands (continued)

Characteristics	Virgin Islands*		St. Croix		St. Thomas/ St. John	
	N	%•	N	%•	N	%•
Transmission Category: Child (<13 Years Old at Diagnosis)						
Perinatal exposure	12	1.9	5	2.1	7	1.8
Sub-total	12	1.9	5	2.1	7	1.8
Total	**643**	**100.0**	**242**	**100.0**	**398**	**100.0**

*Includes persons with an unknown district of residence.
•Percent of column sub-total
*Hispanics can be of any race.
**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 16. Diagnoses of HIV infection, by year of diagnosis and district of residence at HIV infection diagnosis, 2010 to 2014 and cumulative– US Virgin Islands

District of Residence at Diagnosis	Cumulative through 2009	2010	2011	2012	2013	2014	Cumulative through 2014 (Total)
St. Croix	390	12	12	10	18	11	453
St. Thomas/St. John	586	18	15	5	10	16	650
Unknown	9	0	0	0	0	0	9
Total	985	30	27	15	28	27	1,112

Table 17. Deaths among persons with diagnosed HIV infection, by year of death and selected characteristics, 2010 to 2014 and cumulative – US Virgin Islands

Characteristics	2010		2011		2012		2013		2014		Cumulative through 2014[a]	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sex												
Male	8	88.9	8	88.9	9	64.3	5	55.6	4	40.0	327	69.7
Female	1	11.1	1	11.1	5	35.7	4	44.4	6	60.0	142	30.3
Total	9	100.0	9	100.0	14	100.0	9	100.0	10	100.0	469	100.0
Age at Death (yr)												
< 13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	13	2.8
13-24	0	0.0	0	0.0	1	7.1	1	11.1	0	0.0	7	1.5
25-34	2	22.2	0	0.0	1	7.1	0	0.0	1	10.0	89	19.0
35-44	4	44.4	1	11.1	2	14.3	1	11.1	1	10.0	147	31.3
45-54	1	11.1	3	33.3	2	14.3	3	33.3	2	20.0	124	26.4
>54	2	22.2	5	55.6	8	57.1	4	44.4	6	60.0	89	19.0
Total	9	100.0	9	100.0	14	100.0	9	100.0	10	100.0	469	100.0
Race/Ethnicity												
Black	6	66.7	6	66.7	9	64.3	7	77.8	7	70.0	308	65.7
White	0	0.0	0	0.0	1	7.1	0	0.0	0	0.0	34	7.2
Hispanic*	3	33.3	3	33.3	3	21.4	2	22.2	3	30.0	121	25.8
Other	0	0.0	0	0.0	1	7.1	0	0.0	0	0.0	6	1.3
Total	9	100.0	9	100.0	14	100.0	9	100.0	10	100.0	469	100.0
Transmission Category: Male Adult or Adolescent												
Male to Male sexual contact (MSM)	0	0.0	1	11.1	1	7.1	2	22.2	1	10.0	87	18.6
Injection Drug Use (IDU)	0	0.0	0	0.0	0	0.0	1	11.1	1	10.0	51	10.9
MSM and IDU	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	11	2.3
Heterosexual contact**	1	11.1	1	11.1	4	28.6	1	11.1	1	10.0	67	14.3
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Other***	7	77.8	6	66.7	4	28.6	1	11.1	1	10.0	103	22.0
Sub-total	8	88.9	8	88.9	9	64.3	5	55.6	4	40.0	320	68.2
Transmission Category: Female Adult or Adolescent												
Injection Drug Use (IDU)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	24	5.1
Heterosexual contact**	1	11.1	1	11.1	2	14.3	0	0.0	4	40.0	71	15.1
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other***	0	0.0	0	0.0	3	21.4	3	33.3	2	20.0	40	8.5
Sub-total	1	11.1	1	11.1	5	35.7	3	33.3	6	60.0	135	28.8

Table 17 continued on the next page.

Table 17. Deaths among persons with diagnosed HIV infection, by year of death and selected characteristics, 2010to 2014 and cumulative – US Virgin Islands (continued)

Transmission Category: Child (<13 Years Old at Diagnosis)												
Perinatal exposure	0	0.0	0	0.0	0	0.0	1	11.1	0	0.0	13	2.8
Other***	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Sub-total	0	0.0	0	0.0	0	0.0	1	11.1	0	0.0	14	3.0
District of Residence at HIV Disease Diagnosis												
St. Croix	4	44.4	6	66.7	7	50.0	3	33.3	8	80.0	211	45.0
St. Thomas/St. John	5	55.6	3	33.3	7	50.0	6	66.7	2	20.0	252	53.7
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	6	1.3
Total	9	100.0	9	100.0	14	100.0	9	100.0	10	100.0	469	100.0

[^]Hispanic can be of any race.

**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

*From the beginning of the epidemic through 2014.

Table 18. Deaths among persons with diagnosed HIV infection ever classified as AIDS (stage 3), by year of death and selected characteristics, 2010 to 2014 and cumulative – US Virgin Islands

Characteristics	2010		2011		2012		2013		2014		Cumulative through 2014*	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sex												
Male	7	100.0	8	88.9	7	58.3	4	57.1	2	50.0	293	70.9
Female	0	0.0	1	11.1	5	41.7	3	42.9	2	50.0	120	29.1
Total	7	100.0	9	100.0	12	100.0	7	100.0	4	100.0	413	100.0
Age at Death (yr)												
< 13	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	13	3.1
13-24	0	0.0	0	0.0	1	8.3	1	14.3	0	0.0	6	1.5
25-34	2	28.6	0	0.0	1	8.3	0	0.0	0	0.0	79	19.1
35-44	3	42.9	1	11.1	2	16.7	1	14.3	0	0.0	134	32.4
45-54	0	0.0	3	33.3	2	16.7	2	28.6	1	25.0	108	26.2
>54	2	28.6	5	55.6	6	50.0	3	42.9	3	75.0	73	17.7
Total	7	100.0	9	100.0	12	100.0	7	100.0	4	100.0	413	100.0
Race/Ethnicity												
Black	5	71.4	6	66.7	7	58.3	5	71.4	3	75.0	272	65.9
White	0	0.0	0	0.0	1	8.3	0	0.0	0	0.0	30	7.3
Hispanic*	2	28.6	3	33.3	3	25.0	2	28.6	1	25.0	108	26.2
Other	0	0.0	0	0.0	1	8.3	0	0.0	0	0.0	3	0.7
Total	7	100.0	9	100.0	12	100.0	7	100.0	4	100.0	413	100.0
Transmission Category: Male Adult or Adolescent												
Male to Male sexual contact (MSM)	0	0.0	1	11.1	0	0.0	2	28.6	0	0.0	80	19.4
Injection Drug Use (IDU)	0	0.0	0	0.0	0	0.0	1	14.3	1	25.0	49	11.9
MSM and IDU	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	11	2.7
Heterosexual contact**	1	14.3	1	11.1	3	25.0	1	14.3	1	25.0	62	15.0
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Other***	6	85.7	6	66.7	4	33.3	0	0.0	0	0.0	83	20.1
Sub-total	7	100.0	8	88.9	7	58.3	4	57.1	2	50.0	286	69.2
Transmission Category: Female Adult or Adolescent												
Injection Drug Use (IDU)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	21	5.1
Heterosexual contact**	0	0.0	1	11.1	2	16.7	0	0.0	2	50.0	63	15.3
Perinatal exposure	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other***	0	0.0	0	0.0	3	25.0	2	28.6	0	0.0	29	7.0
Sub-total	0	0.0	1	11.1	5	41.7	2	28.6	2	50.0	113	27.4

Table 18 continued on the next page.

Table 18. Deaths among persons with diagnosed HIV infection ever classified as AIDS (stage 3), by year of death and selected characteristics, 2010 to 2014 and cumulative – US Virgin Islands (continued)

Characteristics	2010		2011		2012		2013		2014		Cumulative through 2014*	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Transmission Category: Child (<13 Years Old at Diagnosis)												
Perinatal exposure	0	0.0	0	0.0	0	0.0	1	14.3	0	0.0	13	3.1
Other***	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.2
Sub-total	0	0.0	0	0.0	0	0.0	1	14.3	0	0.0	14	3.4
District of Residence at HIV Disease Diagnosis												
St. Croix	2	28.6	6	66.7	6	50.0	2	28.6	3	75.0	179	43.3
St. Thomas/ St. John	5	71.4	3	33.3	6	50.0	5	71.4	1	25.0	228	55.2
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	6	1.5
Total	7	100.0	9	100.0	12	100.0	7	100.0	4	100.0	413	100.0

[^]Hispanic can be of any race.

**Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

***Include hemophilia, blood transfusion, and risk factor not reported or not identified.

*From the beginning of the epidemic through 2014.

Table 19. Chlamydia cases reported by sex, age and race/ethnicity, 2010 to 2014, – US Virgin Islands

Characteristics	2010	2011	2012	2013	2014
Sex					
Male	168	229	209	196	201
Female	419	591	592	579	590
Total	587	820	801	775	791
Age at Diagnosis (yr)					
<10	0	0	0	0	0
10-14	3	7	9	4	4
15-19	195	252	245	226	218
20-29	331	444	408	423	414
30-39	46	90	100	83	104
40-44	5	10	10	12	25
>44	7	17	29	27	26
Total	587	820	801	775	791
Race/ Ethnicity					
Black	460	655	637	613	626
White	10	19	27	31	31
Hispanic*	115	139	124	129	126
Other	2	7	13	2	8
Total	587	820	801	775	791

*Hispanics can be of any race.

Table 20. Gonorrhea cases reported by sex, age and race/ethnicity, 2010 to 2014 – US Virgin Islands

Characteristics	2010	2011	2012	2013	2014
Sex					
Male	48	46	41	18	27
Female	88	93	95	40	58
Total	136	139	136	58	85
Age at Diagnosis (yr)					
< 10	0	0	0	0	0
10-14	1	1	1	2	0
15-19	38	40	53	12	29
20-29	82	72	58	29	44
30-39	12	25	18	13	10
40-44	1	0	3	1	0
> 44	2	1	3	1	2
Total	136	139	136	58	85
Race/ Ethnicity					
Black	110	115	115	46	70
White	2	2	6	0	2
Hispanic	23	22	17	11	10
Other	1	0	1	1	3
Total	136	139	139	58	85

*Hispanics can be of any race.

Table 21. Late diagnoses of HIV infection*, by year of diagnosis, 2009 to 2013 – US Virgin Islands

	Number of HIV Infection Diagnoses				
	2009	2010	2011	2012	2013
Late HIV diagnoses*	17	15	10	7	7
Non-late HIV diagnoses	20	15	17	8	21
Total	37	30	27	15	28

*Late diagnoses are defined as persons diagnosed with AIDS (stage 3) within 12 months of HIV infection diagnosis.

Table 22. Late diagnoses for HIV infection[a], by selected characteristics, 2009 to 2013 – US Virgin Islands

Characteristics	HIV Infection Diagnoses	Did not progress to AIDS (Stage 3)within 1 year of HIV diagnosis	AIDS (Stage 3) diagnosis within 1 year of HIV diagnosis
	No.	%[b]	%[b]
Sex			
Male	79	48.1	51.9
Female	58	74.1	25.9
Total	**137**	**59.1**	**40.9**
Age at Diagnosis (yr)			
<13	1	100.0	0.0
13-24	16	93.8	6.3
25-34	31	61.3	38.7
35-44	33	66.7	33.3
45-54	31	48.4	51.6
>54	25	36.0	64.0
Total	**137**	**59.1**	**40.9**
Race/Ethnicity			
Black	71	54.9	45.1
White	10	50.0	50.0
Hispanic*	54	64.8	35.2
Other	2	100.0	0.0
Total	137	**59.1**	**40.9**
Transmission Category: Male Adult or Adolescent			
Male to Male sexual contact (MSM)	25	60.0	40.0
Injection Drug Use (IDU)	1	0.0	100.0
MSM/IDU	0	--	--
Heterosexual contact**	12	41.7	58.3
Perinatal exposure	0	--	--
Other***	0	--	--
No identified risk	41	43.9	56.1
Total	**79**	**48.1**	**51.9**
Transmission Category: Female Adult or Adolescent			
Injection Drug Use (IDU)	3	100.0	0.0
Heterosexual contact**	26	69.2	30.8
Perinatal exposure	0	--	--
Other***	0	--	--
No identified risk	28	75.0	25.0
Total	**57**	**73.7**	**26.3**

Table 22 continued on the next page.

Table 22. Late diagnoses for HIV infection[a], by selected characteristics, 2009 to 2013 – US Virgin Islands (continued)

Characteristics	HIV Infection Diagnoses	Did not progress to AIDS (Stage 3) within 1 year of HIV diagnosis	AIDS (Stage 3) diagnosis within 1 year of HIV diagnosis
	No.	%[b]	%[b]
Transmission Category: Child (<13 Years Old at Diagnosis)			
Perinatal exposure	1	100	0
Total	1	100	0
District of Residence at HIV Disease Diagnosis			
St. Croix	63	66.7	33.3
St. Thomas/St. John	74	52.7	47.3
Total	**137**	**59.1**	**40.9**

[a] Late diagnoses are defined as persons diagnosed with AIDS (stage 3) within 12 months of HIV infection diagnosis.

[b] Percent of row total.

* Hispanic can be of any race.

** Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

*** Include hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 23. Persons living with HIV infection with evidence of at least one medical care visit and viral suppression, by sex, race/ethnicity, and selected transmission category, 2014 – US Virgin Islands

	Persons living with HIV at the end of 2014[a]		Persons with at least 1 care visit in 2014[b]		Persons virally suppressed[c]	
Characteristics	**No.**	**%[e]**	**No.**	**%[e]**	**No.**	**%[e]**
Sex						
Male	348	56.9	123	35.3	93	26.7
Female	264	43.1	111	42.0	83	31.4
Age at the end of 2013						
13 – 24	17	2.8	8	47.1	5	29.4
25 – 34	65	10.6	16	24.6	10	15.4
35 – 44	148	24.2	58	39.2	45	30.4
45 – 54	202	33.0	75	37.1	55	27.2
>54	180	29.4	77	42.8	61	33.9
Race/ethnicity						
Black/African American	361	59.0	141	39.1	108	29.9
Hispanic/Latino	190	31.0	81	42.6	58	30.5
White	52	8.5	11	21.2	9	17.3
Other	9	1.5	1	11.1	1	11.1
Transmission Category						
Male to Male sexual contact (MSM)	114	18.6	38	33.3	33	28.9
Injection Drug Use (IDU)	47	7.7	18	38.3	11	23.4
MSM and IDU	12	2.0	3	25.0	3	25.0
Heterosexual contact	213	34.8	93	43.7	68	31.9
Other*	226	36.9	82	36.3	61	27.0
MSM						
Black/African American	64	56.1	24	37.5	21	32.8
Hispanic/Latino	23	20.2	10	43.5	8	34.8
White	24	21.1	4	16.7	4	16.7
Other	3	2.6	0	0.0	0	0.0
Subtotal	114	100.0	38	33.3	33	28.9

Table 23 continued on the next page.

Table 23. Persons living with HIV infection with evidence of at least one medical care visit and viral suppression, by sex, race/ethnicity, and selected transmission category, 2014 – US Virgin Islands (continued)

	Persons living with HIV at the end of 2014[a]		Persons with at least 1 care visit in 2014[b]		Persons virally suppressed[c]	
Characteristics	**No.**	**%[e]**	**No.**	**%[e]**	**No.**	**%[e]**
Injection Drug Use (male)						
Black	13	44.8	5	38.5	3	23.1
Hispanic[f]	14	48.3	6	42.9	5	35.7
White	2	6.9	0	0	0	0
Subtotal	29	100.0	11	37.9	8	27.6
Injection Drug Use (female)						
Black	11	61.1	2	18.2	1	9.1
Hispanic[f]	6	33.3	5	83.3	2	33.3
White	1	5.6	0	0.0	0	0.0
Subtotal	18	100.0	7	38.9	3	16.7
Heterosexual Contact (male)						
Black	45	59.2	17	37.8	13	28.9
Hispanic[f]	27	35.5	12	44.4	9	33.3
White	4	5.3	1	25.0	0	0.0
Subtotal	76	100.0	30	39.5	22	28.9
Heterosexual Contact (female)						
Black	75	54.7	31	41.3	23	30.7
Hispanic[f]	53	38.7	30	56.6	21	39.6
White	7	5.1	2	28.6	2	28.6
Other	2	1.5	0	0.0	0	0.0
Subtotal	137	100.0	63	46	46	33.6
Total	612	100.0	234	38.2	176	28.28

[a] Among persons diagnosed with HIV infection through the end of 2013.

[b] Persons who have had at least one CD4 or viral load of HIV-1 genotype test.

[c] Persons who have had a viral load test result of less than 200 copies/mL.

[d] Percent of column

[e] Percent of persons living with diagnosis of HIV infection.

[f] Hispanic can be of any race.

*Include hemophilia, blood transfusion, and risk factor not reported or not identified.

Table 24. Number and percentage of persons 13 or more years of age linked to care within 1, 3, 6, and 12 months of their HIV infection diagnosis, 2014 – US Virgin Islands

	Persons diagnosed with HIV infection	Persons linked to care[a] within 1 month of diagnosis		Persons linked to care[a] within 3 months of diagnosis		Persons linked to care[a] within 6 months of diagnosis		Persons linked to care[a] within 12 months of diagnosis	
Characteristics	**No.**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Sex									
Male	19	18	94.7	18	94.7	18	94.7	19	100.0
Female	8	7	87.5	7	87.5	7	87.5	8	100.0
Age at the end of 2014									
13 - 24	1	0	0	0	0	0	0	1	100.0
25 - 34	4	4	100.0	4	100.0	4	100.0	4	100.0
35 -44	7	7	100.0	7	100.0	7	100.0	7	100.0
45 - 54	8	7	87.5	7	87.5	7	87.5	7	100.0
>54	7	7	100.0	7	100.0	7	100.0	7	100.0
Race/Ethnicity									
Black	16	14	87.5	14	87.5	15	93.8	16	100.0
Hispanic[b]	4	4	100.0	4	100.0	4	100.0	4	100.0
White	3	3	100.0	3	100.0	3	100.0	3	100.0
Other	4	4	100.0	4	100.0	4	100.0	4	100.0
Transmission Category									
Male to Male sexual contact (MSM)	6	5	83.3	5	83.3	5	83.3	6	100.0
Injection Drug Use (IDU)	0	0	--	0	--	0	--	0	--
MSM and IDU	0	0	--	0	--	0	--	0	--
Heterosexual contact	7	6	85.7	6	85.7	7	100.0	7	100.0
Other*	14	14	100.0	14	100.0	14	100.0	14	100.0
Total	27	25	92.6	25	92.6	26	96.3	26	100.0

[a] Persons who have had at least one CD4 or viral load or HIV-1 genotype test.

[b] Hispanic can be of any race.

[c] Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

* Include hemophilia, blood transfusion, and risk factor not reported or not identified.

Glossary

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

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.

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.

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.

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

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

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

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

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

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

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.

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

MSM (male to male sexual contact) – 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.

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

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

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.

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

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

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

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

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

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

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

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

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

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

References

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