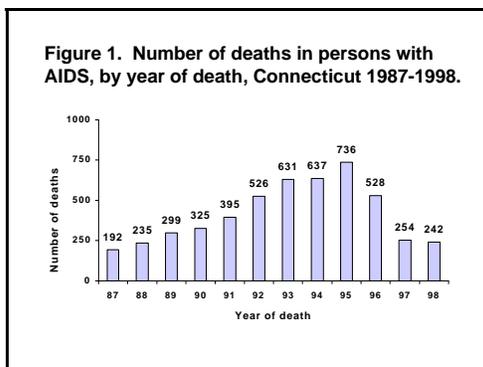


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Trends in AIDS Deaths

As new treatments for HIV have become available, infected persons have been living longer, healthier lives. As a result, the number of AIDS cases reported to the Department of Public Health (DPH) has decreased from a high of 1,763 in 1993 to 600 in 1999. Similarly, deaths in persons previously reported with AIDS in Connecticut have decreased by 62% from 1995 to 1998 (Figure 1).



When analyzed by quarter year (Figure 2), the number of deaths peaked in the third quarter of 1995 (n = 196) and then declined to a minimum in the third quarter of 1997 (n = 44). The percentage of persons living with AIDS who died each quarter also leveled off in the third quarter of 1997 at 0.9%. Since then the number and percentage of deaths in this age group increased to 72 and 1.4%, respectively, in the fourth quarter of 1998.

In the mid-1990's HIV/AIDS was the leading cause of death in Connecticut among males aged 25-44 years (Figure 3, see page 10). By 1997-98, however, HIV/AIDS ranked fifth after unintentional injuries, heart disease, cancer and suicide. Among females aged 25-44 years, HIV/AIDS ranked second after cancer from 1992 to 1996 (Figure 4, see page 10). By 1997-98, HIV/AIDS dropped to fourth after cancer, injuries, and heart disease.

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Figure 2. Number and percentage of death among persons living with AIDS by quarter, Connecticut 1987-1998

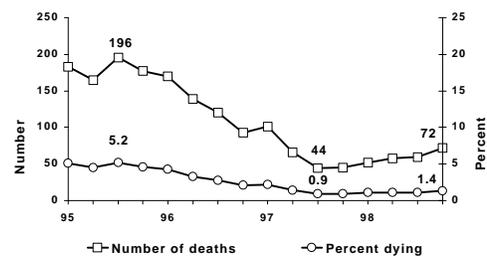


Table 1. Trends in death among persons with AIDS, adjusted odds ratios, by prevalent cohorts, Connecticut, 1994-1998

	Prevalent cohorts				
	1994	1995	1996	1997	1998
Persons living with AIDS	4,174	4,729	5,044	5,250	5,455
Deaths	N	621	724	518	251
	(%)	(14.9)	(15.3)	(10.2)	(4.8)
	Adjusted Relative Risk (RR) (see below)				
Black	1.0	1.1	1.1	1.1	1.1
Hispanic	0.6**	0.8	0.8	1.1	1.1
IDU	1.0	0.7**	1.0	1.0	1.2
MSM	1.1	0.8**	1.0	0.8	0.9
Female	1.0	0.8*	0.9	0.9	1.1
Diagnosis ≥ 5 yrs	1.4*	1.6**	1.4	1.5	2.1**

* p.0.05, ** p.0.001

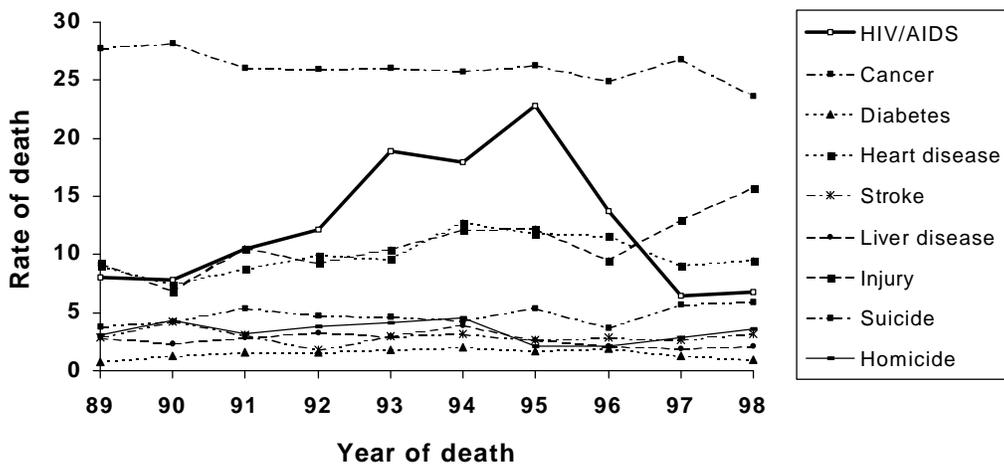
The adjusted relative risk (RR) is calculated using logistic regression. RR indicates the likelihood of dying relative to individuals not in that category (example, black vs non-black). RR of 1.0 indicates no elevated risk among persons in that category. RR > 1.0 indicate elevated risk (example, 1.5 suggests a 50% increased risk).

Figure 3. Death rates* for leading causes of death among MALES aged 25-44 years, Connecticut, 1989-1998.



*Per 100,000 population

Figure 4. Death rates* for leading causes of death among FEMALES aged 25-44 years, Connecticut, 1989-1998.



*Per 100,000 population

The probability of death in persons with AIDS in specific years (prevalent AIDS cohorts) for 1994-1998 by demographic characteristic and HIV infection risk group is shown in Table 1 (see page 9). Overall, age, gender, race, and infection risk group were not consistently associated with death ($p>0.05$). Age at AIDS diagnosis of ≥ 50 years was the most consistent predictor of death (significant in 3 of 5 years; $p<0.05$).

Discussion

- There has been a striking decline in numbers of AIDS deaths that parallels the decrease in the number of AIDS cases in Connecticut during the early to mid-1990's and coincides with the availability of highly active anti-retroviral therapy (HAART).
- The leveling off and slight increase in the number of deaths seen in 1997-98 is not unexpected as the number of persons living with AIDS continues to increase. However, the slight increase in the rate of death suggests that optimal treatment effect may have been reached.
- An association of AIDS death with older age was observed beginning in the pre-HAART era and may reflect in part the natural loss of immune function with age combined with that from HIV. Older cases also may be more likely to have been infected earlier and exposed to single-drug treatment. The lack of association of death with IDU as a marker of potential non-compliance and with race/ethnicity as a marker of less access to health care, is encouraging and suggests efforts to counsel and test persons with less access to health care are having some success.

HIV/AIDS Surveillance Annual Report

The annual report for 1999 can be obtained by calling DPH at (860) 509-7900. The report is also available at the DPH web site (www.state.ct.us/dph/bch/hpaids.html).

Reported AIDS Cases

Trends from 1990 to 1999: In 1999, 600 cases of AIDS were reported to the Department of Public Health. This represents a 50% decline from 1997 and 66% from the peak year, 1993 (Figure 5, see page 12). These data should be interpreted with some caution. While the most important factor in

this decrease is the introduction of HAART in the mid-1990's, these data may also be influenced by underlying HIV infection trends. As yet, the current requirement for laboratories to report positive HIV test results without names has not been in place long enough to determine trends in HIV infection in Connecticut.

AIDS in US and Connecticut: There are notable differences in the characteristics of cases reported in Connecticut and those reported nationally (Table 2). A higher percentage of Connecticut cases are female (31.3% vs. 23.4%), Hispanic (29.3% vs. 19.7%), and have injection drug use as a probable source of infection (37.3% vs. 22.4%).

Table 2. Reported AIDS cases, United States, 1998-1999 and Connecticut, 1999.

	U.S. (1,2)		Connecticut (3)	
	No.	%	No.	%
<u>Gender</u>				
Male	36,074	76.6	412	68.7
Female	11,007	23.4	188	31.3
<u>Race</u>				
White	15,443	32.9	235	39.2
Black	21,728	46.3	184	30.7
Hispanic	9,255	19.7	176	29.3
Other/Unk	517	1.1	5	0.8
<u>Age</u>				
<13	316	0.7	2	0.3
13-19	262	0.6	5	0.8
20-29	6,146	13.4	51	8.5
30-39	19,475	42.4	242	40.3
40-49	13,777	30.0	217	36.2
50+	6,009	13.1	83	13.8
<u>Risk Category</u>				
MSM	15,999	34.0	118	19.7
IDU	10,536	22.4	224	37.3
MSM/IDU	1,940	4.1	6	1.0
Adult Hemophiliac	171	0.4	4	0.7
Heterosexual	7,051	15.0	111	18.5
Transfusion	266	0.6	1	0.2
Undetermined	10,798	22.9	130	21.7
Pediatric	322	0.7	6	1.0
Total	47,083	100	600	100

(1) US data from the CDC, HIV/AIDS Surveillance Report, June 1999, reported cases July 1998—June 1999.

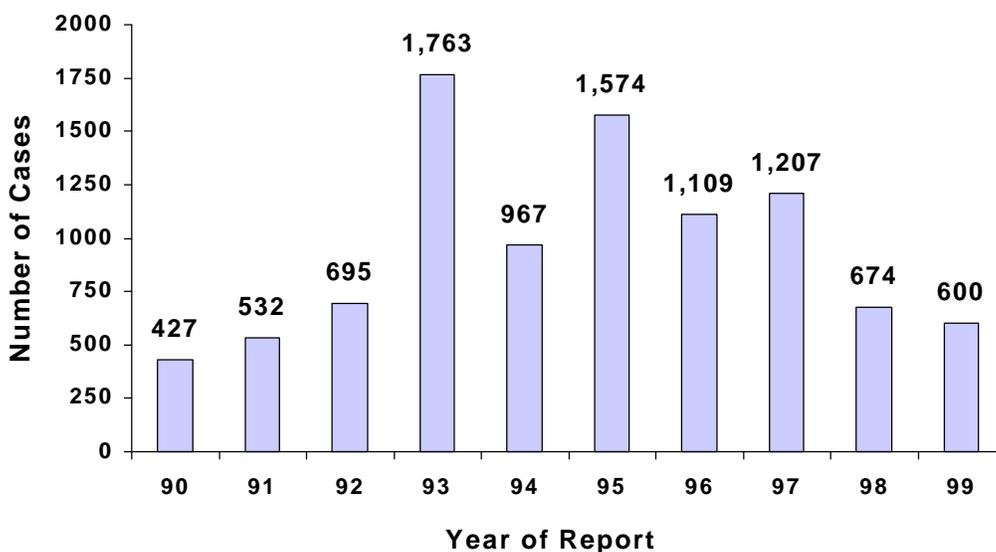
(2) US data categories do not add to total because of missing information.

(3) Reported cases in 1999.

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Figure 5. Number of AIDS cases by year of report, Connecticut 1990-1999



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