**DEPARTMENT OF** 

HEALTH

# HIV/AIDS Epidemiology Program

1190 St. Francis Ave., Suite N1350 Santa Fe NM 87502-6110 Phone (505) 476-3515 Fax (505) 476-3544

# **Spring Quarterly Report**

# April 2005

# **HIV/AIDS in New Mexico**

Cumulative cases since 1981: 3,284

# **HIV/AIDS among Native Americans in New Mexico**

### The Population

While the health of the general United States population has improved significantly over the last 50 years, ethnic and racial minority group health status continues to lag behind the White, non-Hispanic population. Racial minorities continue to experience substantial disparities in health outcomes, particularly with regards to HIV/AIDS.

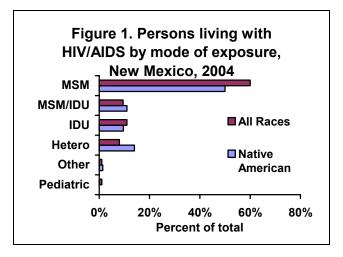
The HIV/AIDS epidemic among Native Americans – American Indians and Alaska Natives – continues to grow. At the end of 2003, the Centers for Disease Control and Prevention (CDC) reported a cumulative total of 2,882 cases of AIDS and 1,095 cases of HIV among Native Americans. Native Americans constitute approximately 1% of the total U.S. population and just less than 1% of all reported HIV/AIDS. Although these numbers appear small relative to other populations, the impact is considerable.

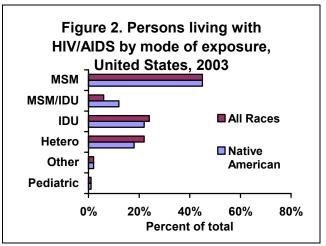
The Native American population is disproportionately affected by many social and behavioral factors that contribute to the disparities in health outcomes and increased vulnerability to HIV infection. This minority is relatively young and has high rates of poverty, sexually transmitted diseases (STD), obesity, diabetes, family violence, alcoholism, and drug abuse.

National data may not be representative of individual states or local Native American communities. This is especially true of the nearly 1.9 million residents of New Mexico, of which approximately 10% are Native American; this ranks New Mexico with the 2<sup>nd</sup> highest proportion of Native Americans in the nation. New Mexico's Native American population consists of 25 tribes/chapters of Pueblo, Navajo, and Apache.

### **Mode of Exposure**

The greatest risk factor among HIV-infected Native Americans in New Mexico remains men who have sex with men (MSM), which resembles the overall trend for the state. Nearly 61% of all cumulative cases in New Mexico are MSM. If MSM are also injection drug users (MSM/IDU) are added to this, then MSM account for nearly 80% of all infection among Native Americans.





Figures 1 and 2 describe the burden of disease among people living with HIV/AIDS by mode of exposure and race/ethnic group. Native Americans in New Mexico have a proportion of heterosexual risk that is twice that of other race/ethnicity groups (Figure 1). Generally, New Mexico's MSM account for a greater risk for HIV/AIDS than is seen in the United States as a whole. In contrast, IDU and heterosexual risk in Native Americans living in New Mexico account for less than that seen nationally.

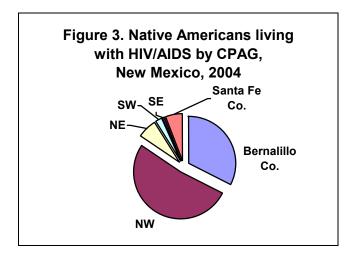
Nearly half of the cases in Native American females in New Mexico are attributed to heterosexual risk (Table 1). Past investigations have shown that persons with No Identified Risk (NIR) are likely to be engaging in high-risk heterosexual activities. This implies that heterosexual risk may account for nearly ¾ of all risk in Native American women. Per CDC, heterosexual risk is defined as having had heterosexual relations with a person that is at high risk for HIV/AIDS (IDU, bisexual males, persons with hemophilia, transfusions, or transplants, or HIV+ persons).

Table 1. Native Americans living with HIV/AIDS by mode of exposure & gender, New Mexico, 2004

	Male (n, %)	Female (n, %)
MSM	68 (65%)	-
IDU	8 (8%)	5 (16%)
MSM/IDU	15 (14%)	-
Heterosexual	4 (4%)	15 (48%)
Other	2 (2%)	0 (0%)
NIR	7 (7%)	11 (35%)
	104 (100%)	31 (100%)

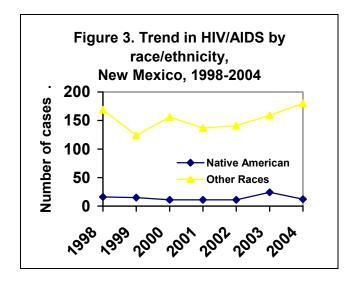
#### Residence

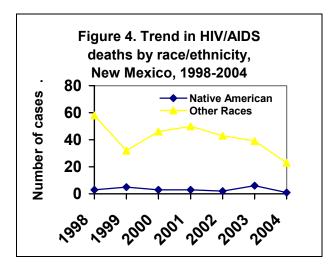
The majority (46%) of Native Americans living with HIV/AIDS in New Mexico were residents of Bernalillo County at their time of diagnosis. Since Bernalillo County has the largest county population in the state, this is not unexpected. The geographic distribution of Hispanic cases throughout the state by Community Planning and Action Group (CPAG) region is summarized in Figure 3.



#### **Trends**

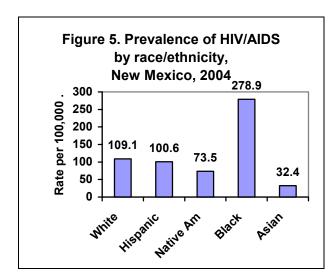
AIDS diagnoses between 1998 (the year that HIV reporting began in New Mexico) and 2004 have shown an upward trend within the Native American population. Although Americans represent only 7% of living HIV/AIDS cases, new trends indicate a steady rise in cases (Figure 4) and deaths among Native Americans (Figure 5). NOTE: Data from 2004 is subject to reporting lags. In the state as a whole, the AIDS diagnoses and deaths documented in New Mexico for 2003 represent the highest annual figures since highly active antiretroviral therapy became available in 1996. While this may reflect increased surveillance efforts that started in late 2003, the data parallel national trends released by the CDC (CDC HIV/AIDS Surveillance Report, Vol. 15).





#### Rates

The prevalence of HIV/AIDS in New Mexico is shown by race/ethnicity in Figure 5. There are approximately 74 cases per 100,000 Native Americans. NOTE: Rates are calculated using 2003 population estimates from CDC's National Center for Health Statistics.



### Conclusion

Recent data on concurrent diagnoses of HIV and AIDS in New Mexico (see Summer Quarterly Report, 2004) suggest not only a failure among Native Americans to test early in disease, but also implies that these individuals may have unknowingly transmitted HIV to their sexual and injection drug partners. Native American communities may be settings for generating the spread of HIV/AIDS and other

STDs, including syphilis. Since infection with syphilis can increase transmission of HIV by 2 to 5 fold, the recent syphilis outreaks on the Navajo Nation may significantly change the epidemiology of HIV/AIDS in this area.

However, increased prevention efforts may help prevent further transmission of HIV in Native American communities. To make such an impact, interventions must be ongoing and consider the social, economic, cultural, religious, spiritual, and geographic contexts in which the diverse sub-populations of Native Americans live. Enhanced collaboration among the Indian Health Service, tribal health systems, urban clinics, Native American AIDS programs and agencies is also essential for improving access to care.

The Annual Report for 2004 data will be available by early fall 2005. If you would like to receive a copy, please contact the HIV/AIDS Epidemiology Program so that you are added to the mailing list. Our most current surveillance data are posted on the web at: http://www.health.state.nm.us/hiv-aids.html.

#### Resources

First Nations Community Healthsource 5608 Zuni Road SE Albuquerque, New Mexico 87108 (505) 262-2481

Navajo AIDS Network 202 West Hill Avenue Gallup, NM 87301 (505) 863-9929

Albuquerque Area Indian Health Board, Inc. 5015 Prospect Avenue NE Albuquerque, NM 87110 (505) 764-0036

All HIV or AIDS cases diagnosed or treated in New Mexico must be reported to the HIV/AIDS Epidemiology Program. To report a case, or to inquire about HIV/AIDS reporting and surveillance, please call (505) 476-3515.

# **HIV/AIDS AMONG NATIVE AMERICANS IN NEW MEXICO**

Cases reported through March 31, 2005

Since 1981, New Mexico's health care services have helped us document 294 cases of HIV/AIDS among Native Americans in our state, 190 of whom were originally diagnosed as residents of New Mexico. Living cases diagnosed in New Mexico, which are used by the CDC to represent prevalent cases, are summarized below and compared with data on all New Mexicans living with HIV/AIDS.

HIV/AIDS Cases		Living Case		
Diagnosed in NM	Number	% of total	Rate per 100,000*	% of all NM
HIV/AIDS: Total	135	100%	73.5	100%
Type of Case				
HIV	61	45%	33.2	41%
AIDS	74	55%	40.3	59%
Gender				
Male	104	77%	117.7	88%
Female	31	23%	32.5	12%
County or Region**				
Bernalillo County	44	33%	168.6	45%
Santa Fe County	8	6%	171.5	15%
NW Region	70	52%	54.4	13%
NE Region	9	7%	119.3	6%
SW Region	3	1%	39.2	14%
SE Region	1	1%	45.0	6%
Age at First Positive H	IIV Test	Number	% of total	
0-12 years		0	1%	<1%
13-19 years		2	3%	2%
20-29 years		53	31%	24%
30-39 years		54	44%	42%
40-49 years		23	17%	24%
50+ years		3	5%	7%
<b>Exposure Category</b>				
Men who have sex w/men (MSM)			50%	60%
Injection drug users (IDU)		13	10%	11%
MSM / IDU		15	11%	10%
Heterosexual Contact		19	14%	9%
Other Identified Risk (adult/adolescent)		2	2%	1%
No Identified Risk		18	13%	10%
Children (<13 at diag	nosis)	0	0%	<1%

<sup>\*</sup>Rates based on census estimates for July 1, 2003; \*\*Residence at time of diagnosis.

# **HIV/AIDS IN NEW MEXICO FACT SHEET**

Cases reported through March 31, 2005

Since 1981, New Mexico's health care services have helped us document a total of 4,604 individuals with HIV/AIDS, including 3,284 cases diagnosed in New Mexico. Living cases diagnosed in New Mexico, which are used by the U.S. Centers for Disease Control (CDC) to represent prevalent cases, are summarized below. Data including out-of-state diagnoses may provide a better reflection of local prevalence patterns and are available upon request.

HIV/AIDS Cases Diagnosed in NM	Number	Living Case % of total	s Rate*	C Number	umulative Case % of total	es
HIV/AIDS: Total	1985	100%	104.4	3284	100%	
Type of Case						
HIV	818	41%	43.2	867	26%	
AIDS	1166	59%	61.8	2417	74%	
Gender						
Male	1728	87%	185.1	2937	90%	
Female	242	13%	25.0	329	10%	
Race/Ethnicity						
White	914	46%	109.7	1649	50%	
Hispanic	828	42%	101.2	1268	38%	
Native American	135	7%	73.5	190	6%	
Black	99	5%	281.8	162	5%	
Asian/Pacific Islander	9	<1%	32.4	15	<1%	
County or Region**						
Bernalillo County	894	45%	154.1	1578	48%	
Santa Fe County	303	15%	224.5	526	16%	
NW Region	265	13%	63.1	394	12%	
NE Region	114	6%	77.1	183	6%	
SW Region	277	14%	81.3	384	12%	
SE Region	131	6%	47.3	219	6%	
Age at First Positive HIV Tes						
0-12 years	7	<1%	2.0	11	<1%	
13-19 years	39	2%	18.4	42	1%	
20-29 years	474	24%	190.5	680	21%	
30-39 years	837	42%	331.2	1408	43%	
40-49 years	480	24%	167.0	833	25%	
50+ years	147	7%	27.3	310	9%	
Exposure Category		Number	% of total	Number	% of total	
Men who have sex w/men (MSM)		1173	60%	2017	62%	
Injection drug users (ID	U)	210	11%	337	10%	
MSM / IDU		191	10%	329	10%	
Heterosexual Contact		168	9%	221	7%	
Other Identified Risk		21	1%	59	2%	
No Identified Risk		207	11%	303	9%	
Children (<13 at diagno	sis)	14	<1%	18	<1%	

<sup>\*</sup>Rates based on census estimates for July 1, 2003; \*\*Residence at time of diagnosis.