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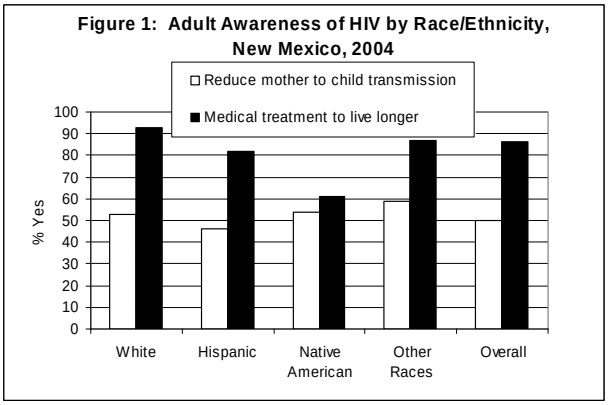
Fall Quarterly Report: October 2006

HIV/AIDS Awareness, Testing Behavior, & Risk

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, nationwide, surveillance system that surveys the general population on the prevalence of health conditions and behaviors that affect risk for disease. This surveillance system uses telephone survey methods to collect all data; therefore, it excludes persons who live in households that do not have a telephone. The survey also excludes adults who live in group homes or institutions such as prisons, college dorms or nursing homes. This report summarizes the results of this survey that addressed questions regarding HIV awareness, testing behavior and risk. Unless otherwise noted, all the data in this report came from New Mexican residents surveyed by this system in 2004.

Awareness

The introduction and widespread use of highly active anti-retroviral therapy (HAART) has greatly improved the health and extended the lives of HIV infected persons.[1] Before effective treatment was available, it was more difficult to motivate people to get tested. Overall, eighty-six percent of persons surveyed by BRFSS in New Mexico (NM) said they were aware of this life-extending treatment available for persons with HIV. Having this knowledge increased with the amount of education and household income reported. Native Americans (61%) and Hispanics (82%) were less likely to report knowledge of this treatment than other races (Figure 1). Persons who live in rural and frontier areas were less likely (81%) to have this knowledge than persons who live in urban areas (91%). This could imply that areas with fewer medical resources may result in a relative lack of awareness about treatment options.



Source: 2004 BRFSS, NMDOH

Transmission of HIV from an HIV positive mother to her child can occur through pregnancy, labor, delivery, or breastfeeding. There are a number of interventions that can be used to greatly reduce the risk of transmission including the use of antiretroviral drugs (ARV), avoidance of breastfeeding and use of elective cesarean surgery when appropriate.[1] Appropriate use of these interventions, including widespread screening of pregnant women, has contributed to the decline in mother-to-child transmission of HIV. Through the end of 2005, there have only been three new perinatal cases of HIV transmission documented in New Mexico since 1996. However, only 50% of persons surveyed in NM reported knowledge of treatment available to reduce the chance of transmission from mother to child. Women (56%) were more likely than men (44%) to be aware of this prevention approach. Hispanics were least likely to report awareness of medications to reduce mother to child transmission of HIV (Figure 1).

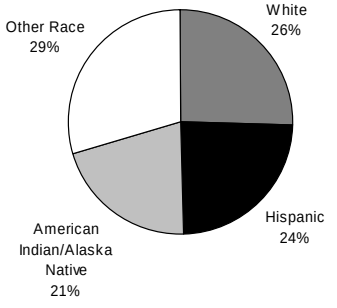
Testing Behavior

The Centers for Disease Control and Prevention (CDC) estimate that 25% of those

infected with HIV in the United States are unaware of their infection.[2] It is estimated that transmission is 3.5 times higher from persons who do not know they are infected than from those who do. Therefore, getting these persons tested is essential to reducing transmission of HIV. As a result, the CDC recommends routine HIV testing for all adults, adolescents and pregnant women in order to try to reach persons that are unaware of their status.[2]

Forty-one percent of New Mexicans surveyed by BRFSS said that they had ever been tested for HIV and 36% said they had been tested at least once in the past 12 months. This falls within the national average of 38%-44%.[2] Slightly more women (43%) reported testing than men (40%). As shown in Figure 2, Whites (43%) were more likely to have gotten tested than Hispanics (40%) or Native Americans (35%). As shown in Figure 4, most persons that had undergone testing were 25-34 years of age (57%). Those having some college education or a college degree were more likely to have gotten tested than those who did not. People living in urban areas (43%) were slightly more likely to be tested than those in rural (40%) or frontier (36%) areas. Those who reported testing were no more likely to be living in one Public Health Region than another with the exception of Region 4, in which slightly fewer respondents reported testing (Figure 3).

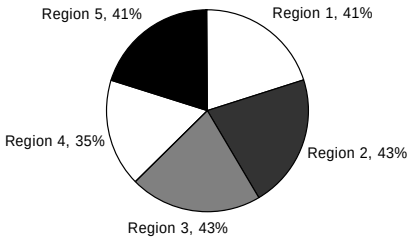
Figure 2: Persons Ever Tested for HIV by Race/Ethnicity, New Mexico, 2004



Source: 2004 BRFSS, NMDOH

Respondents were also asked about their reasons for getting an HIV test. Most said they got tested as part of a routine medical check-up (28%), because it was required (23%) or they just wanted to know if they had HIV (22%). Females were most likely to get tested because they were pregnant (27%) and males were most likely to get tested as part of a routine medical check up (31%). According to New Mexico law, individuals are only *required* to have an HIV test in very specific situations such an occupational exposure to bodily fluids or an individual convicted of certain criminal charges (usually sexual assault).[6] It is possible that persons reporting they were required to be tested were misinformed, misunderstood or in a situation in which they were being tested in order to gain benefits such as health or life insurance. When applying for insurance, testing is technically 'voluntary' but required if the individual wants to get insurance.

Figure 3: Persons Ever Tested for HIV by Public Health Region, New Mexico, 2004



Source: 2004 BRFSS, NMDOH

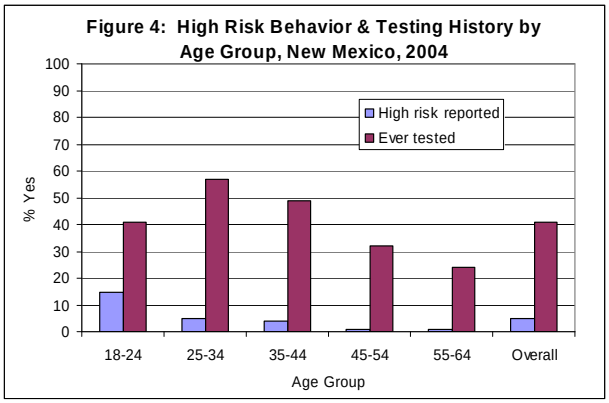
Of the participants who have ever been tested for HIV, 35% were tested at a private doctor or Health Management Organization. The remaining participants were tested at a clinic (29%) or a hospital (26%). Of participants who tested at a clinic, 41% did so at a Public Health clinic.

High Risk Behavior

Respondents were also asked if they had participated in any 'high risk' behaviors for contracting HIV in the past year. High risk behavior was defined as having (in the past year):

- used intravenous drugs
- been treated for a sexually transmitted disease
- given or received money or drugs in exchange for sex
- had anal sex without a condom

Respondents were not asked to identify which risk they had participated in. Those that reported 'yes' (5%), were more likely to be of low socioeconomic status (based on income and education level). These individuals were also more likely to be younger (Figure 4). Hispanics were twice as likely as Whites and Native Americans to report participating in a high risk activity. Of those that reported participating in a high risk behavior, 71% reported that they had been tested for HIV at least once. Conversely, 29% of those reporting a high risk behavior have never been tested for HIV.



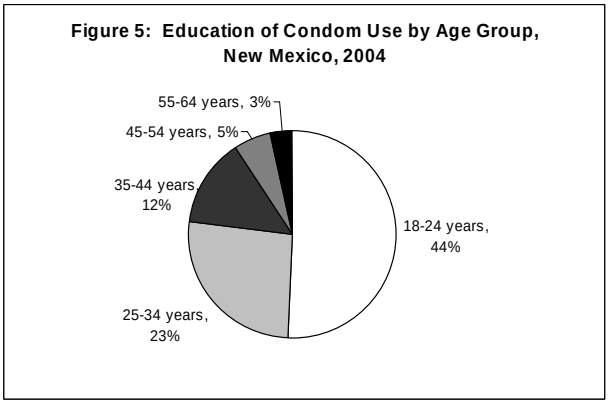
Source: 2004 BRFSS, NMDOH

Condom Education by Health Care Professional (HCP)

Appropriate use of condoms is a well known method of reducing HIV transmission. Seventeen percent of New Mexicans surveyed reported that a health care worker had discussed the use of condoms as an effective prevention measure. Women were more likely to report that a health care worker discussed condom use with them (19%) than men (14%). Respondents aged 18-24 years old were most likely to have been educated on condom usage than any other age group and this likelihood decreased with age (Figure 5).

Conclusions

Most respondents were aware of life-extending treatment available for individuals infected with HIV; however, this awareness was lacking among Native Americans. A high proportion of respondents also demonstrated knowledge of prophylactic therapy available to pregnant women to reduce transmission to their babies; according to BRFSS data, efforts to improve awareness of this issue should focus on Hispanics.



Source: 2004 BRFSS, NMDOH

A high proportion of individuals that reported high risk behavior said they had been tested at least once. These findings validate the need to continue HIV testing on persons engaging in high risk behaviors. However, national surveys have shown a significant number of people do not perceive themselves to be at risk for HIV or do not want to disclose their risk.[2] The CDC has recently revised their recommendations for HIV testing in health-care settings and prevention counseling is no longer required. While it has been found that routine screening of HIV in health-care settings plays an important role in identifying new cases and reducing transmission, many are concerned about the consequences of removing this important counseling.[2] The HIV & Hepatitis Epidemiology Program will be following this issue closely.

References

1. Centers for Disease Control and Prevention. Twenty-Five Years of HIV/AIDS-United States, 1981-2006. MMWR 2006;55:592-597.
2. Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006;55;(No. RR-14):1-16.
3. New Mexico HIV Test Act.

For more information on the New Mexico BRFSS contact: Deborah Klaus (505) 476-3569, or deborah.klaus@state.nm.us.

HIV/AIDS IN NEW MEXICO FACT SHEET

Cases reported through September 30, 2006

In previous reports, the HIV & Hepatitis Epidemiology Program summarized only cases diagnosed in New Mexico. Living cases diagnosed in New Mexico are used by the U.S. Centers for Disease Control (CDC) to represent prevalent cases. However, data that include out-of-state diagnoses provide a better reflection of local prevalence patterns and are now also provided in the summary.

	Cases diagnosed in New Mexico					All cases in New Mexico				
	Living			Cumulative		Living			Cumulative	
	N	%	Rate*	N	%	N	%	Rate	N	%
Type of case										
HIV	877	41%	45.4	936	27%	1262	39%	65.4	1358	27%
AIDS	1253	59%	64.9	2548	73%	1991	61%	103.2	3749	73%
Sex										
Male	1856	87%	195.7	3115	89%	2845	87%	300.0	4570	89%
Female	274	13%	27.9	369	11%	408	13%	41.6	537	11%
Race/Ethnicity										
White	945	44%	112.7	1702	49%	1625	50%	193.8	2713	53%
Hispanic	921	43%	110.4	1385	40%	1171	36%	140.3	1743	34%
Am Indian/AK Native	146	7%	76.2	206	6%	238	7%	124.2	332	7%
African American	108	5%	286.1	175	5%	201	6%	532.5	295	6%
Asian/Pacific Islander	10	<1%	36.9	16	<1%	18	1%	66.4	24	<1%
Region at Diagnosis**										
Region 1 (Northwest)	263	12%	65.3	399	11%	312	10%	77.4	468	9%
Region 2 (Northeast)	432	20%	148.0	738	21%	528	16%	180.9	896	18%
Region 3 (Bernalillo Co.)	962	45%	160.2	1661	48%	1127	35%	187.7	1941	38%
Region 4 (Southeast)	127	6%	51.3	216	6%	166	5%	67.1	275	5%
Region 5 (Southwest)	346	16%	89.4	470	13%	398	12%	102.9	558	11%
Out of state	-	-	-	-	-	722	22%	-	969	19%
Age at Diagnosis										
< 13	9	<1%	2.5	13	<1%	14	<1%	4.0	21	<1%
13-19	51	2%	24.5	54	2%	63	2%	30.2	67	1%
20-29	495	23%	185.4	712	20%	761	23%	285.0	1072	21%
30-39	863	41%	357.2	1451	42%	1344	41%	556.3	2178	43%
40-49	534	25%	183.3	903	26%	788	24%	270.5	1269	25%
50+	178	8%	31.4	351	10%	248	8%	43.7	446	9%
Unknown	-	-	-	-	-	35	1%	-	54	1%
Exposure Risk										
MSM	1265	59%	-	2135	61%	1945	60%	-	3145	62%
IDU	223	10%	-	360	10%	353	11%	-	532	10%
MSM/IDU	198	9%	-	344	10%	338	10%	-	557	11%
Heterosexual	223	10%	-	282	8%	304	9%	-	379	7%
Other	24	1%	-	63	2%	36	1%	-	80	2%
No Identified Risk	182	9%	-	280	8%	224	7%	-	353	7%
Pediatric	15	1%	-	20	1%	53	2%	-	61	1%
TOTALS	**2130**	**100%**	**110.4**	**3484**	**100%**	**3253**	**100%**	**168.6**	**5107**	**100%**

*Rates per 100,000 based on Bureau of Business and Economic Research data for 2004; **Residence at time of HIV or AIDS diagnosis.

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http://www.health.state.nm.us/hiv-aids.html