

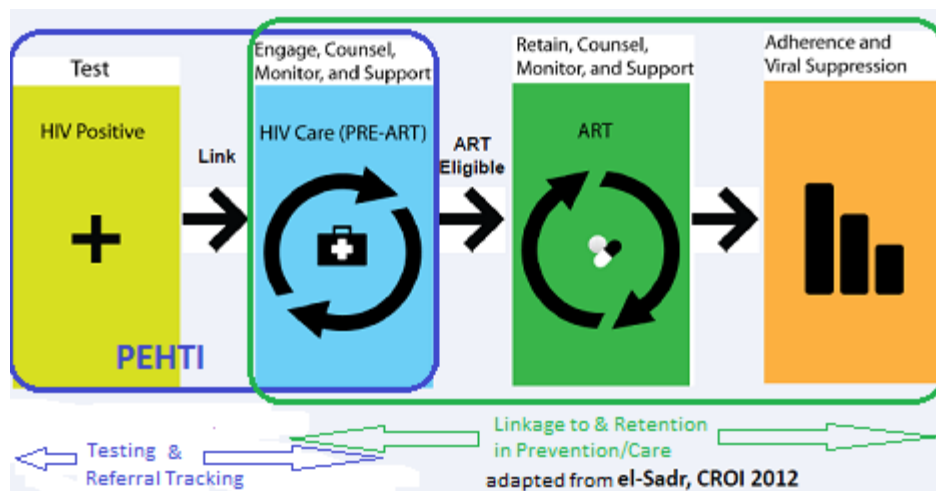
A Compendium of 2014 Quarterly Selected Topics in the Featured Abstracts Series
Supplements to the

INTEGRATED EPIDEMIOLOGIC PROFILE OF HIV/AIDS IN PENNSYLVANIA

An Empirical Resource for Prevention and Care Program Planning

February 2015

1st Edition



HIV Epidemiology Investigation Section
Division of Infectious Diseases
Bureau of Epidemiology



Karen Murphy, PhD, RN, Acting Secretary of Health
Tom Wolf, Governor

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Contributing organizational entity or group	Contribution
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-Div's. of HIV/AIDS & STD-TB, PA Dept. of Health	HIV Screening data
-Office of Medical Assistance Programs, PA Dept. of Public Welfare	Medicaid data
-PA HIV Statewide Prevention and Care Advisory Planning Committees	Subcommittee input
-County/municipal health departments, health district offices, healthcare providers and laboratories	Case reports of HIV, TB & STDs

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Likelihood of Seropositivity among Persons Accepting HIV Screening in the Pennsylvania Expanded HIV Testing Initiative (PEHTI): An Update.

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Objective:

To examine the likelihood of seropositivity among persons accepting HIV screening in healthcare settings participating in the Pennsylvania Expanded HIV Testing Initiative (PEHTI), and how this varies according to demographic, setting and risk characteristics.

Methods:

HIV screening in selected correctional and non-correctional healthcare settings was performed using conventional testing technologies (Blood-based ELISA and oral fluid-based OraSure[®] testing) or the OraQuick ADVANCE[®] Rapid HIV-1/2 Antibody Test on a series of patients who consented to HIV testing from January 2, 2009 through January 1, 2014. In addition to unadjusted analyses such as chi-square and simple logistic regression, further cross-sectional analyses were performed using adjusted/multiple logistic regression (MLR) analyses to determine the association between HIV seropositivity and several factors/covariates such as demographics (age group at HIV diagnosis, race/ethnicity, and sex), time interval/year of HIV diagnosis, and site type/setting of HIV screening. The measure of association (or likelihood of seropositivity) generated by MLR analyses was the adjusted Odds Ratio(aOR), and the statistical significance of differences between covariate categories and precision was determined using 95% confidence intervals(CI).

Results:

Of the 170,697 tests performed 752(0.44%) were reactive. The likelihood of seropositivity was greater for: a) those who were 30-39 years of age at HIV diagnosis (adjusted-odds-ratio, aOR=1.32;95%Confidence-Interval, CI=1.07-1.63) compared to the age group 18-29, and increased with each successive age group; b) non-Hispanic blacks (aOR=1.69;95%CI=1.44-1.98) or Hispanics of any race (aOR=1.42;95%CI=1.13-1.78) compared to non-Hispanic whites; and c) those tested in correctional settings (aOR= 1.57;95%CI:1.32-1.86), compared to those tested in non-correctional settings. Seropositivity was less likely for persons tested in 2011 (aOR=0.72;95%CI=0.57-0.9) and was even less likely in 2012 & 2013, compared to 2009. There were no differences by sex after adjustment.

Conclusions:

The 0.44% seropositivity observed was four times the CDC benchmark of 0.1 for healthcare settings, and the greater likelihood of seropositivity among older age groups 30-64 (who are less likely to be screened in targeted programs), and among higher risk populations such as incarcerated persons, and among racial/ethnic minorities (who are key populations for PEHTI), reflects continuing urgent need for expansion of early HIV screening and linkage to HIV prevention and care. Program planning and resource allocation to expand and intensify outreach for early HIV testing in healthcare settings should consider these findings to assure timely access and linkage to HIV treatment and prevention services (to prevent transmission from these potential sources of HIV infection).

Literature references, additional tables and figures of results, and additional Epidemiologic Profile updates may be obtained through:

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Table 1. Characteristics of Persons who screened for HIV in Pennsylvania Expanded HIV Testing Initiative, 2009-2013

Characteristics		Reactive		Non-Reactive		P-value~
		N	%	N	%	
	Total	752	100	169,945	100	
Age Group as of December 31, 2013	18-29	165	22	74,514	44	<0.0001
	30-39	190	25	53,715	32	
	40-49	227	30	24,926	15	
	50-64	170	23	16,790	10	
Race/Ethnicity	White, non-Hisp.	271	36	73,626	43	<0.0001
	Black, non-Hisp.	361	48	55,243	33	
	Hispanic	110	15	22,398	13	
	Other	10	1	18,678	11	
Sex	Male	560	74	109,870	65	<0.0001
	Female	192	26	60,075	35	
Time Interval HIV Screening	2009	145	19	15,589	9	<0.0001
	2010	170	23	23,515	14	
	2011	163	22	26,087	15	
	2012	141	19	54,615	32	
	2013	133	18	50,139	30	
Site Type	Corrections	247	33	88,387	52	<0.0001
	All other Sites	505	67	81,558	48	

~Chi-square test results with p-values ≥ 0.05 indicate that differences are not statistically significant; i.e. differences are significant at $\alpha < 0.05$

Figure 1. Pie Chart of the distribution of Persons who screened for HIV in Pennsylvania Expanded HIV Testing Initiative, 2009-2013

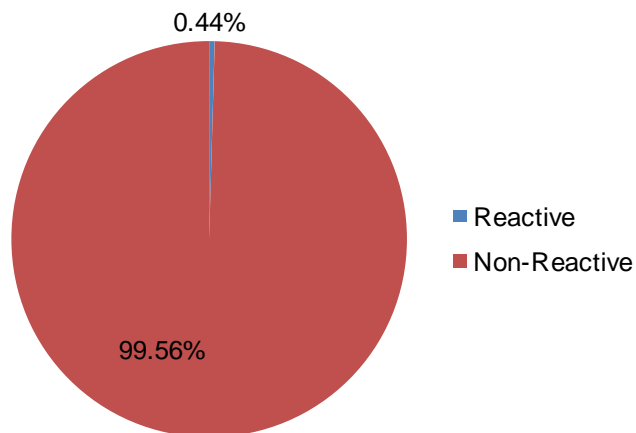
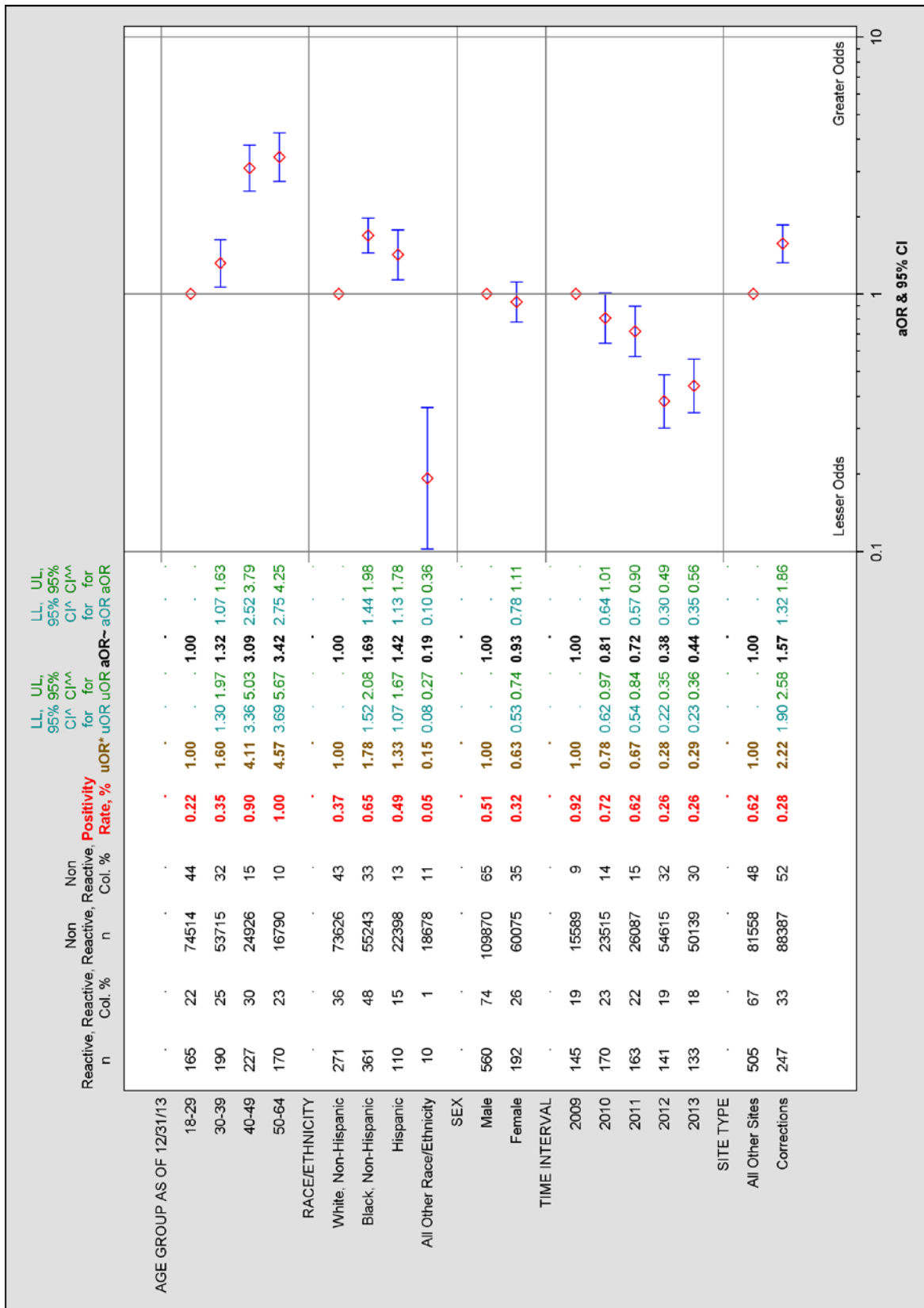


Figure 2. Likelihood of Acceptance of HIV Screening in Pennsylvania State Correctional Institutions, 2013



aOR*, unadjusted Odds Ratio; aOR~-, adjusted Odds Ratio; LL, 95%CI^L, Lower Limit of 95% Confidence Interval; UL, 95%CI^U, Upper Limit of 95% Confidence Interval;

Analyses of Concurrent/Late Diagnoses of HIV and AIDS (HIV stage 3): Earlier Screen-Detected Diagnoses in Correctional Settings of the Expanded Testing Program in Pennsylvania.

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Departments of Medicine[∞] & Public Health Sciences^{*}, Penn State College of Medicine; Department of Epidemiology[∅], Columbia University.

Objective:

To examine the likelihood of concurrent/late diagnoses of HIV and AIDS (HIV stage 3), potential for earlier screen-detected HIV diagnoses, and how this varies according to demographic, setting and risk characteristics.

Methods:

The HIV case surveillance dynamic cohort selected included 9115 adults/adolescents (≥ 13 years of age at the time of HIV diagnosis) with a definitive HIV diagnosis from January 2, 2009 through January 1, 2013, and excluded those with a probable pediatric mode of acquiring HIV. In addition to unadjusted analyses such as chi-square, life table, and simple logistic regression, adjusted/multiple logistic regression analyses were performed to estimate likelihoods of concurrent HIV and AIDS diagnoses (within 6 months of each other) by several risk factors/covariates such as age group at HIV diagnosis, site type/setting of HIV screening, probable mode of transmission (risk), race/ethnicity, sex, rurality of place of residence at diagnosis, and time interval/year of HIV diagnosis.

Results:

Life-table analyses showed ~24% of concurrent HIV-AIDS diagnoses (HIV stage 3) occurring within 6 months of HIV diagnoses. The likelihood of concurrent HIV-AIDS diagnoses was greater for: a) those who were 30-39 years of age at HIV diagnosis (adjusted-odds-ratio, aOR=2.03;95%Confidence-Interval, CI=1.76-2.33) compared to the age group 18-29, and increased with each successive age group; b) those whose 'probable mode' of HIV acquisition was heterosexual contact (aOR= 1.53;95%CI=1.26-1.85) compared to those whose probable mode was injection drug use(IDU), who were comparable to men-who-have-sex-with-men(MSM) and 'all others'; and c) those who were residents of urban counties (aOR= 1.27;95%CI:1.1-1.48), compared to residents of rural counties. Concurrent HIV-AIDS diagnoses were less likely for: a) persons diagnosed in state correctional settings (aOR=0.61;95%CI=0.41-0.9) compared to all other non-correctional settings; b) females (aOR=0.79;95%CI=0.69-0.9), many diagnosed in corrections, compared to males; c) 'all other' racial/ethnic groups (aOR= 0.21;95%CI= 0.17- 0.27) compared to whites, who were comparable to blacks and Hispanics. There were no changes over successive time intervals (years) of HIV diagnoses.

Conclusions:

The 39% lower likelihood of concurrent/late diagnoses observed in state correctional settings indicates achievement of the project objective for screen-detection of earlier stages of HIV. However, the substantial proportion (~1/4) of concurrent HIV-AIDS diagnoses in the combined statewide cohort suggests continuing urgent need among risk groups identified for expansion of early HIV screening and linkage to HIV prevention and care. Program planning and resource allocation to expand and intensify outreach for early HIV testing in healthcare settings should consider these findings to assure timely access and linkage to HIV treatment and prevention services (to prevent transmission from this apparently late-diagnosed reservoir of potential sources of HIV infection).

Literature references, additional tables and figures of results, and additional Epidemiologic Profile updates may be obtained through:

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Table 1. Characteristics of Persons with Concurrent (6 Mo.) HIV-AIDS vs. All Other HIV Diagnoses, 2009-2012

Characteristics		All Other HIV Dx. 2009-2012		Concurrent (6 Mo.) HIV-AIDS Dx. 2009-2012		P-value~
		N	%	N	%	
	Total	6,882	100	2,233	100	
Age (Years) at HIV Diagnosis	18-29	2,742	40	1,214	54	<0.0001
	30-39	1,586	23	570	26	
	40-64	2,584	38	449	20	
Location at HIV Diagnosis	Corrections-PEHTI	132	2	33	4	0.1817
	Corrections-non PEHTI	360	5	98	94	
	Non-Corrections/All others	6,490	94	2,102	1	
Probable Mode of Transmission	IDU	512	7	181	37	<0.0001
	MSM (incl. MSM-IDU)	2,319	34	816	36	
	Heterosexual Contact	1,564	23	795	20	
	Other/unknown	2,487	36	441	8	
Race/Ethnicity	White, Non-Hispanic	1,487	22	637	29	<0.0001
	Black, Non-Hispanic	2,558	37	1,041	47	
	Hispanic	907	13	379	17	
	Other Racial/Ethnic Groups	1,930	28	177	8	
Sex/Gender	Male	5,546	81	1,722	77	<0.0001
	Female	1,336	19	511	23	
Geographical Classification	Rural	2,514	37	450	20	<0.0001
	Urban	4,368	63	1,783	80	
Year of Diagnosis	2009-2010	3,573	52	1,094	49	0.0409
	2011-2012	3,339	49	1,139	51	

~Chi-square test results with p-values ≥ 0.05 indicate that differences are not statistically significant; i.e. differences are significant at $\alpha < 0.05$

Figure 1. Pie Chart of the distribution of Concurrent (6 Mo.) HIV-AIDS Dx. vs. All Other HIV Dx, 2009-2012.

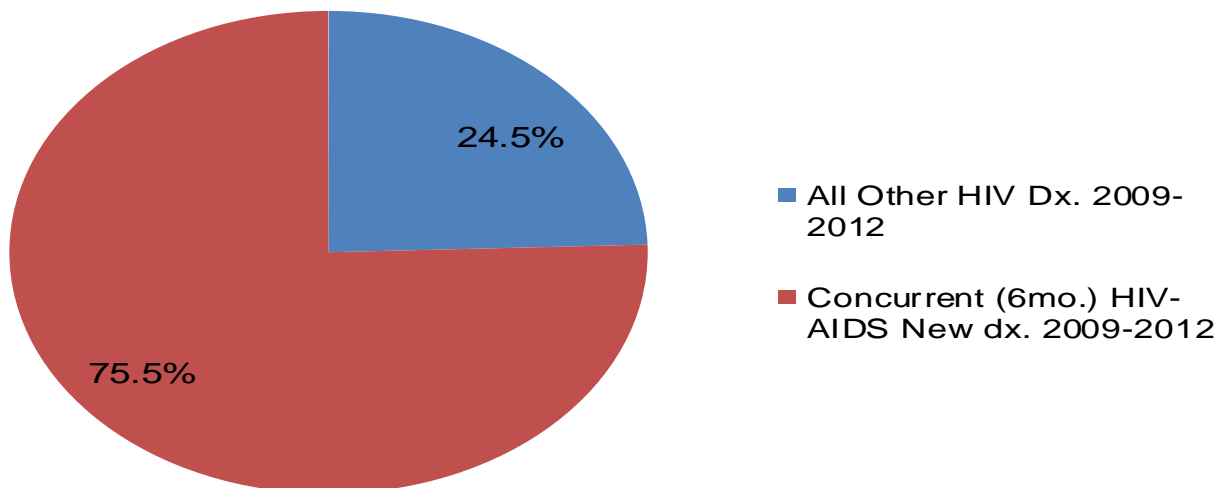


Figure 2. Life Table Analyses - Trends of Cumulative Proportions of HIV Diagnoses Surviving Without Progression to AIDS (HIV Stage 3), 2009-2012.

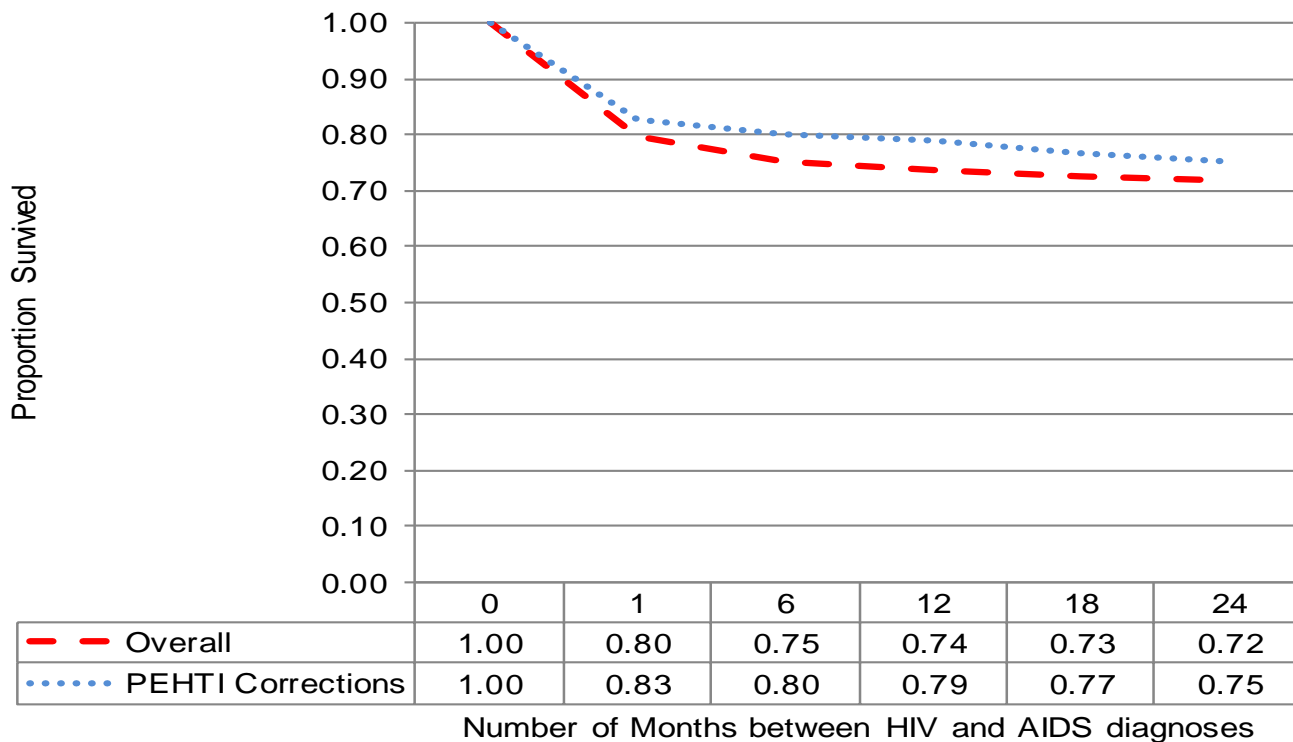
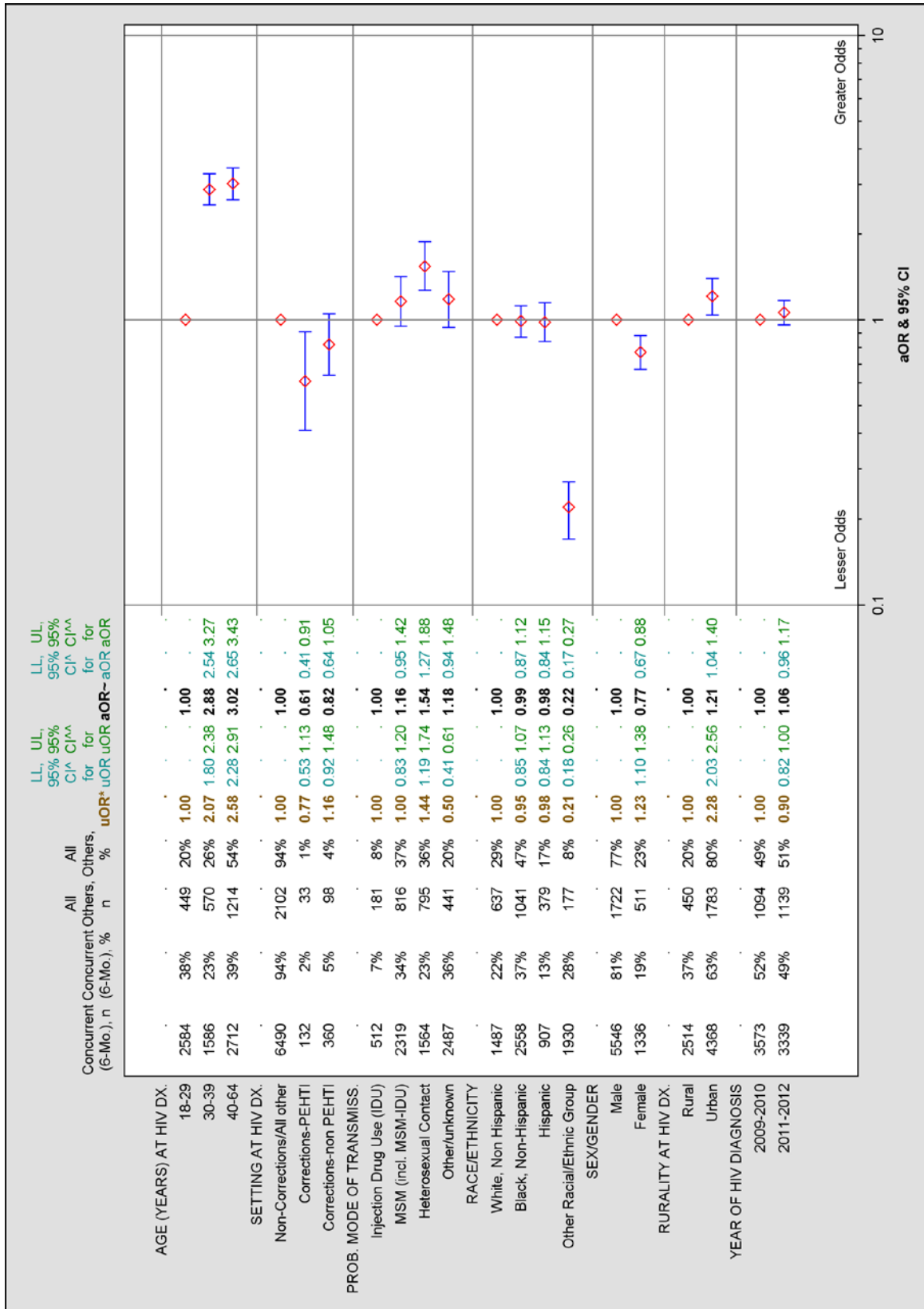
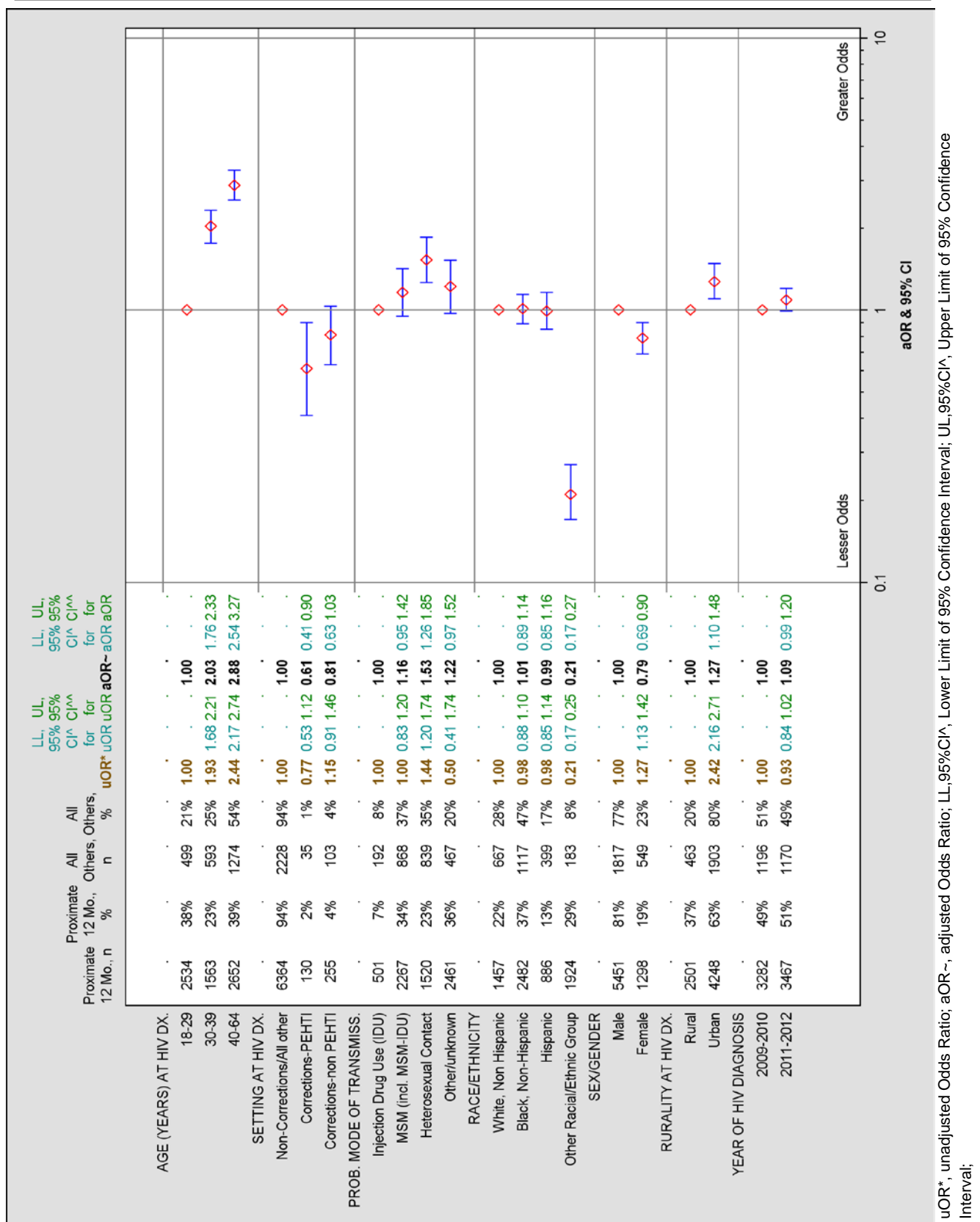


Figure 3. Likelihood of Concurrent 6 Months HIV-AIDS Dx. vs. All other HIV diagnoses, 2009-2012



uOR*, unadjusted Odds Ratio; aOR~, adjusted Odds Ratio; LL, 95%CI^u, Lower Limit of 95% Confidence Interval; UL, 95%CI^a, Upper Limit of 95% Confidence Interval;

Figure 4. Likelihood of Proximate 12 Months HIV-AIDS Dx. vs. All other HIV diagnoses, 2009-2012



aOR*, unadjusted Odds Ratio; aOR~, adjusted Odds Ratio; LL, 95% CI[^], Lower Limit of 95% Confidence Interval; UL, 95% CI[^], Upper Limit of 95% Confidence Interval;

The Pennsylvania Expanded HIV Testing Initiative (PEHTI) Likelihood of HIV Test Acceptance among Persons Routinely Screened in Pennsylvania State Correctional Institutions, 2013

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Departments of Medicine[∞] & Public Health Sciences^{*}, Penn State College of Medicine; Department of Epidemiology[∅], Columbia University School of Public Health.

Objective: To examine the likelihood of acceptance of HIV screening among persons routinely screened at discharge from/admission to Pennsylvania state correctional institutions collaborating with PEHTI, and how this varies according to demographic, offense, place of arrest, and sentence-related characteristics.

Methods: The cohort eligible for HIV screening included 40,831 persons who were discharged from/admitted to all state correctional institutions in 2013. In addition to unadjusted analyses such as chi-square and simple logistic regression, further cross-sectional analyses were performed using adjusted/multiple logistic regression (MLR) analyses to determine the association between HIV test acceptance and several factors/covariates such as demographics (age group at HIV diagnosis, race/ethnicity, and sex), HIV-risk related offense, urbanity of place of arrest, and sentence length. The measure of association (or likelihood of HIV test acceptance) generated by MLR analyses was the adjusted Odds Ratio (aOR), and the statistical significance of differences between covariate categories and precision of ORs was determined using 95% confidence intervals (CI).

Results: Of the 40,831 persons eligible for screening, 10,750 (26%) accepted HIV screening (Figure 1). Based on adjusted/MLR analyses (Figures 2 & 3), the likelihood of HIV test acceptance was greater for: a) females (adjusted-odds-ratio, aOR=2.32; 95%Confidence-Interval, CI=2.16-2.50) compared to males; b) Hispanics of any race (aOR=1.09; 95%CI=1.01-1.17) compared to non-Hispanic whites; c) those incarcerated for HIV-risk related (sexual or drug) offenses (aOR=1.15; 95%CI:1.07-1.24), compared to those incarcerated for other sentences; d) those arrested in urban areas (aOR=1.07; 95%CI:1.02-1.13), compared to those arrested in rural areas; and e) those with a minimum sentence length of 6-15 years (aOR=1.29; 95%CI:1.22-1.37), compared to those with a minimum sentence length of 6 years, and was even greater for those with minimum sentences longer than 15 years. HIV screening acceptance was less likely for: a) those whose current age at admission/discharge in 2013 was 30-39 years (aOR=0.80; 95%CI=0.76-0.85) compared to the 18-29 age group, and was even less likely in successive older age groups; and b) non-Hispanic blacks (aOR=0.92; 95%CI=0.87-0.97) compared to non-Hispanic whites. Sex-stratified adjusted analyses showed that older females (50 years or older) were less likely to accept HIV screening compared to their male counterparts.

Conclusions: The 26% acceptance level suggests urgent need and substantial opportunity for further improvement of opt-out routine HIV screening in state correctional settings, particularly among persons from highly-impacted populations with lower acceptance rates such as blacks and males, and among those with shorter sentences who are likely to be released into the general population in the near future. Program planning and resource allocation to expand and intensify outreach for early HIV testing in healthcare settings such as correctional settings should consider these findings to assure expansion of early screening, and timely access and linkage to HIV treatment and prevention services (to prevent transmission from these potential reservoirs of HIV infection, and adverse sequelae of potential late diagnoses among infected persons).

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Table 1: Distribution of Characteristics of Persons Accepting HIV Screening at Intake/Discharge in Pennsylvania State Correctional Healthcare Settings, 2013

Characteristics	Categories within Characteristics	HIV Test Accepted		HIV Test Not Accepted		P-value~
		N	%	N	%	
	Total	10,750	100	30,081	100	
Age(yrs) as of 12/31/2013	18-29 years	4,156	39	10,252	34	<.0001
	30-39 years	3,334	31	9,891	33	
	40-49 years	1,934	18	5,905	20	
	50-59 years	1,071	10	3,199	11	
	60 and older	255	2	834	3	
Sex/Gender	Male	9,253	86	28,101	93	<.0001
	Female	1,497	14	1,980	7	
Race/Ethnicity	White, non-Hispanic	5,009	47	13,035	43	<.0001
	Black, non-Hispanic	4,319	40	13,236	44	
	Hispanic	1,353	13	3,623	12	
	Other Race/Ethnicities	69	1	187	1	
Offenses with HIV Risk	All Other Sentences	1,269	12	26,848	89	
	Sexual & Drug Sentences	9,481	88	3,233	11	
Rurality-Place of Residence	Urban	7,755	72	22,589	75	0.0027
	Rural	2,995	28	7,492	25	
Min. Length Imprisonment	Less than 6 Years	8,034	75	23,756	79	<.0001
	6-15 Years	1,872	17	4,731	16	
	Greater than 15 Years	844	8	1,594	5	

~Chi-square test results with p-values ≥ 0.05 indicate that differences are not statistically significant; i.e. differences are significant at $\alpha < 0.05$

Figure 1: Proportion of Persons Accepting HIV Screening at Intake/Discharge in Pennsylvania State Correctional Healthcare Settings, 2013

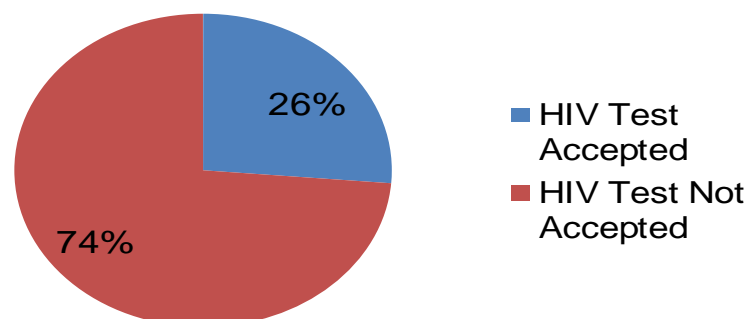
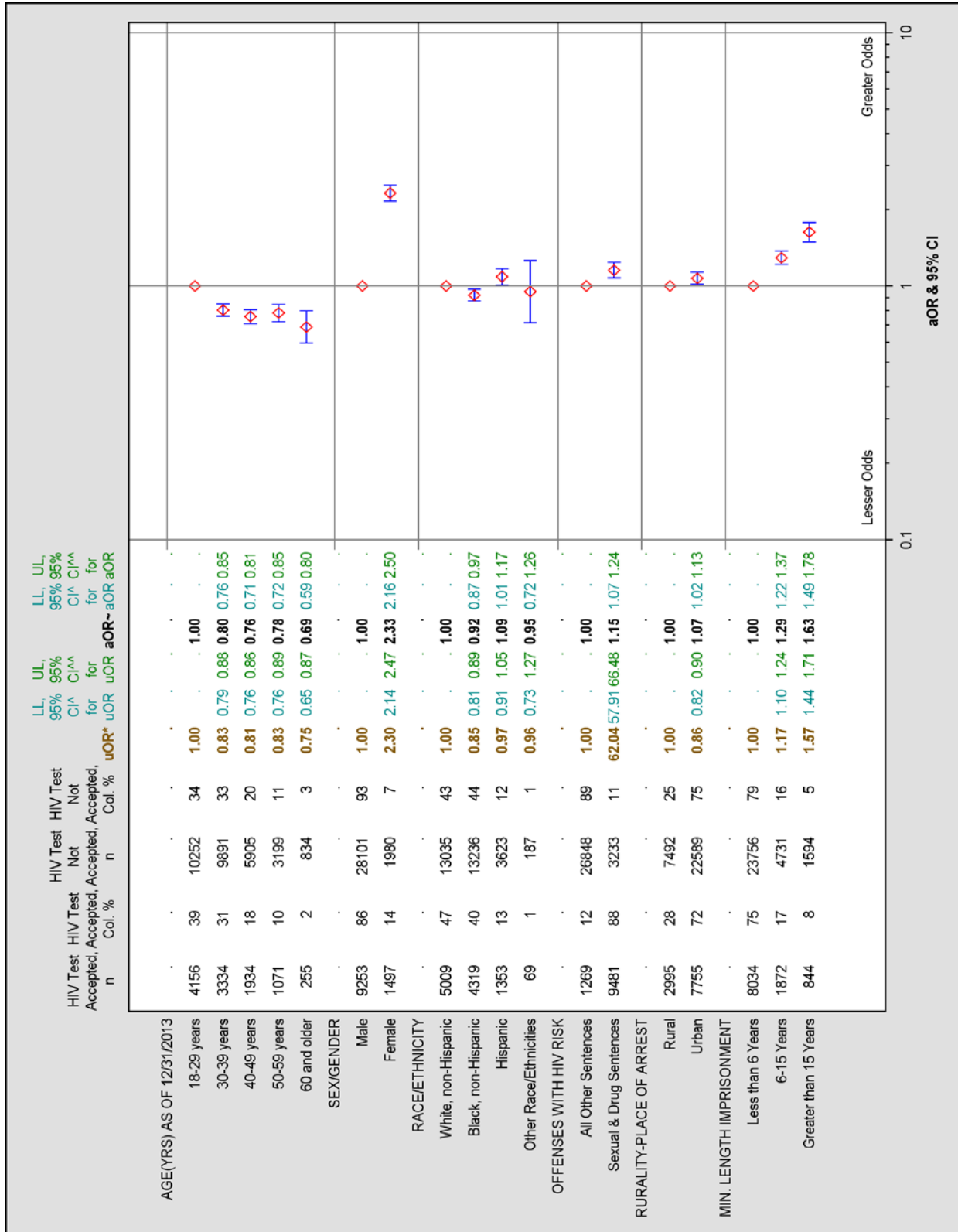
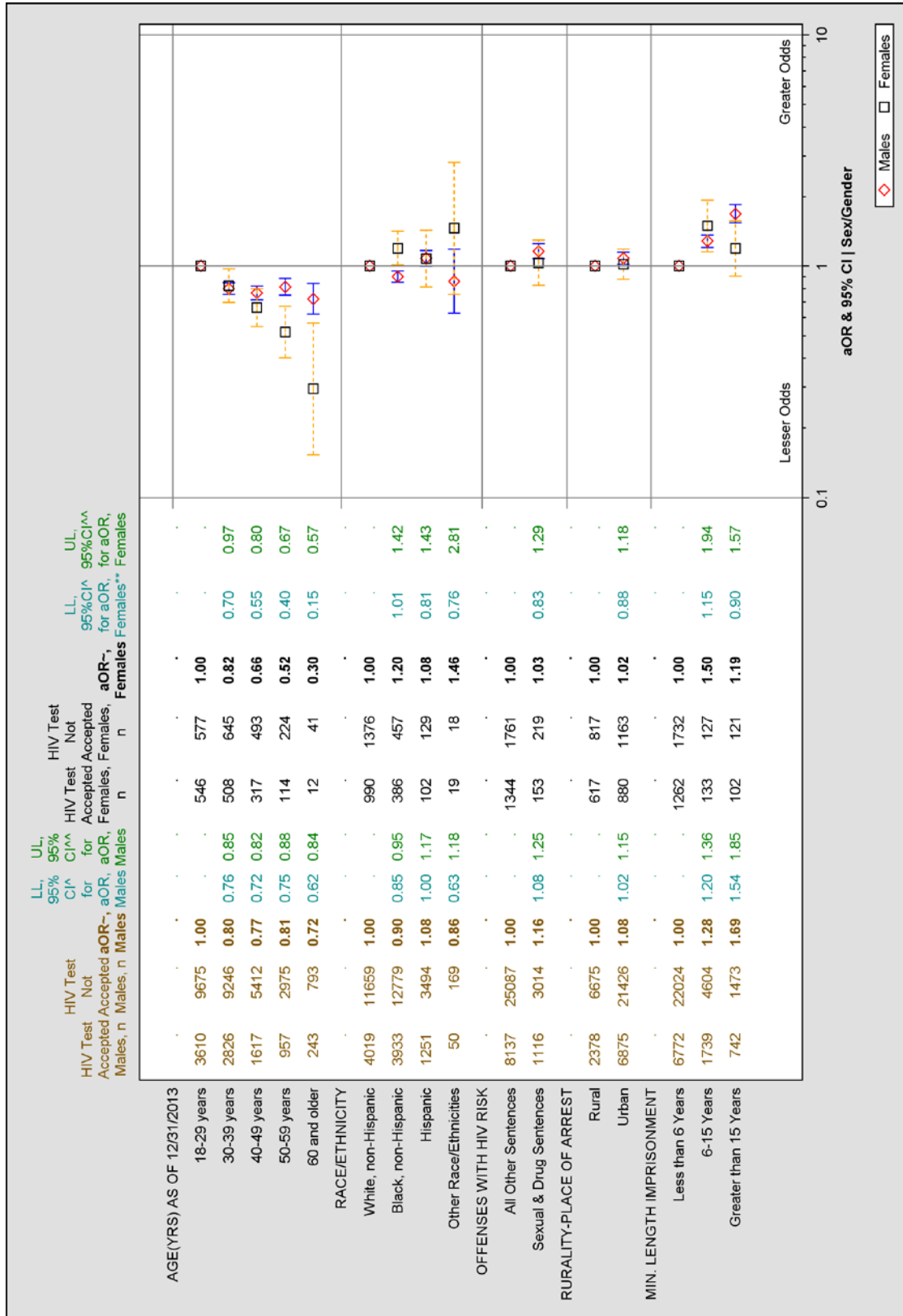


Figure 2. Likelihood of Acceptance of HIV Screening in Pennsylvania State Correctional Institutions, 2013



aOR*, unadjusted Odds Ratio; aOR~, adjusted Odds Ratio; LL, 95%CI[^], Lower Limit of 95% Confidence Interval; UL, 95%CI[^], Upper Limit of 95% Confidence Interval;

Figure 3. Likelihood of Acceptance of HIV Screening in Pennsylvania State Correctional Institutions stratified by Sex, 2013



aOR*: unadjusted Odds Ratio; aOR--: adjusted Odds Ratio; LL: 95% CI^a; Lower Limit of 95% Confidence Interval; UL: 95% CI^a; Upper Limit of 95% Confidence Interval;

Persons Diagnosed and Living with HIV/AIDS (PDLWH/A) with Past IDU History or Potential for Transmitting HIV through Injection Drug Use (IDU) in Pennsylvania, 2013: An Update.

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Objective: CDC-recommended back-calculation analyses suggest that 80% of HIV-infected persons have been diagnosed in Pennsylvania (PA). Since the HIV (non-AIDS) case-surveillance and reporting started in 2002; few studies have characterized the potential reservoir of persons diagnosed and living with HIV/AIDS (PDLWH/A) with past-IDU-history or potential-for transmitting-HIV-through-IDU, including men-who-have-sex-with-men who are also IDU (MSM-IDU).

Methods:

Design and Study Population: The selected HIV case-reporting/surveillance dynamic-cohort for these analyses included 36,216 adults/adolescents (>13-years old at the time of HIV-diagnosis, excluding those probably infected through mother-to-child-transmission) with a definitive HIV-diagnosis from January 1, 1980, who were longitudinally followed-up and presumed alive after death registry linkage as of December 31, 2013.

Statistical Analyses and Primary Outcome Measure: Simple chi-square analyses and geospatial representation of the population of interest were performed. Adjusted/multiple logistic regression analyses were performed to estimate likelihoods of PDLWH/A who can-potentially-transmit-HIV-through-IDU (vs. all other probable modes of transmission) and how this varies by several demographic and other risk factors/covariates.

Results: The proportion of PDLWH/A with past-IDU-history or potential-for transmitting-HIV-through-IDU was ~25% (females~28%; racial/ethnic minorities~76%). PDLWH/A with past IDU history or potential-for-transmitting-HIV-through-IDU were more likely to be: a) those currently in the age-group 30-39 years(OR=3.07;95%CI:2.59-3.64) and successive older age-groups, compared to the 13-29 years age-group; b) racial/ethnic minorities [non-Hispanic blacks (OR=1.72;95%CI:1.61-1.83), Hispanics (OR=2.86;95%CI:2.65-3.08)], compared to non-Hispanic whites; c) residents of the North-central HIV service-area, HSA (OR=1.46;95%CI:1.25-1.70), and male residents of AIDSNET HSA (OR=1.18;95%CI:1.05-1.32), compared to AACO (Philadelphia and surrounding four PA counties) HSA; and were less likely to be: a) residents of the Southwest HSA(OR=0.52;95%CI:0.47-0.58), compared to the AACO HSA; b) other racial/ethnic groups (OR=0.48;95%CI=0.34-0.66) other than non-Hispanic blacks and Hispanics, compared to non-Hispanic whites; and c) females (OR=0.90;95%CI:0.85-0.96), compared to males, except white females.

Conclusions: Given a) the high proportion presumed to know their HIV-status(~80%), b) the common mode of transmission of HIV and Hepatitis A, B & C through IDU, and the well documented high comorbidity and synergistic adverse effects of this comorbidity, and c) recent advances in screening and treatment of Hepatitis C, the substantial proportion of PDLWH/A constituting the reservoir of those with past-IDU-history or potential-for transmitting-HIV-through-IDU (almost ¼) suggests a major opportunity for sustained prevention/care for the subgroups identified as more likely to be in this risk group. These findings should be considered in program planning and resource allocation for development of prioritization algorithms and intensified targeted outreach to this reservoir throughout the continuum of engagement in prevention/care. More specifically, expand efforts to: i) conduct timely Hepatitis B & C screening, Hepatitis A & B vaccination, and assessments of recent-risk of HIV and/or Hepatitis B & C transmission through IDU, ii) expand screening for HIV, Hepatitis B & C, and vaccination for Hepatitis A & B for partners of those who are assessed/determined to be at recent-risk-of-transmitting-HIV and/or Hepatitis B & C through IDU, iii) coordinate timely access and linkage to and retention in HIV prevention and treatment for HIV, Hepatitis C, and substance use, and ensure sustained viral suppression of both conditions).

Literature references, additional tables and figures of results, and additional Epidemiologic Profile updates may be obtained through:

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Figure 1: Bar Chart of the Proportion of PDLWH/A who can transmit HIV through IDU (Incl. MSM-IDU) in Pennsylvania, Philadelphia, & USA vs. Incidence/New HIV Infections among IDU in Philadelphia & USA.

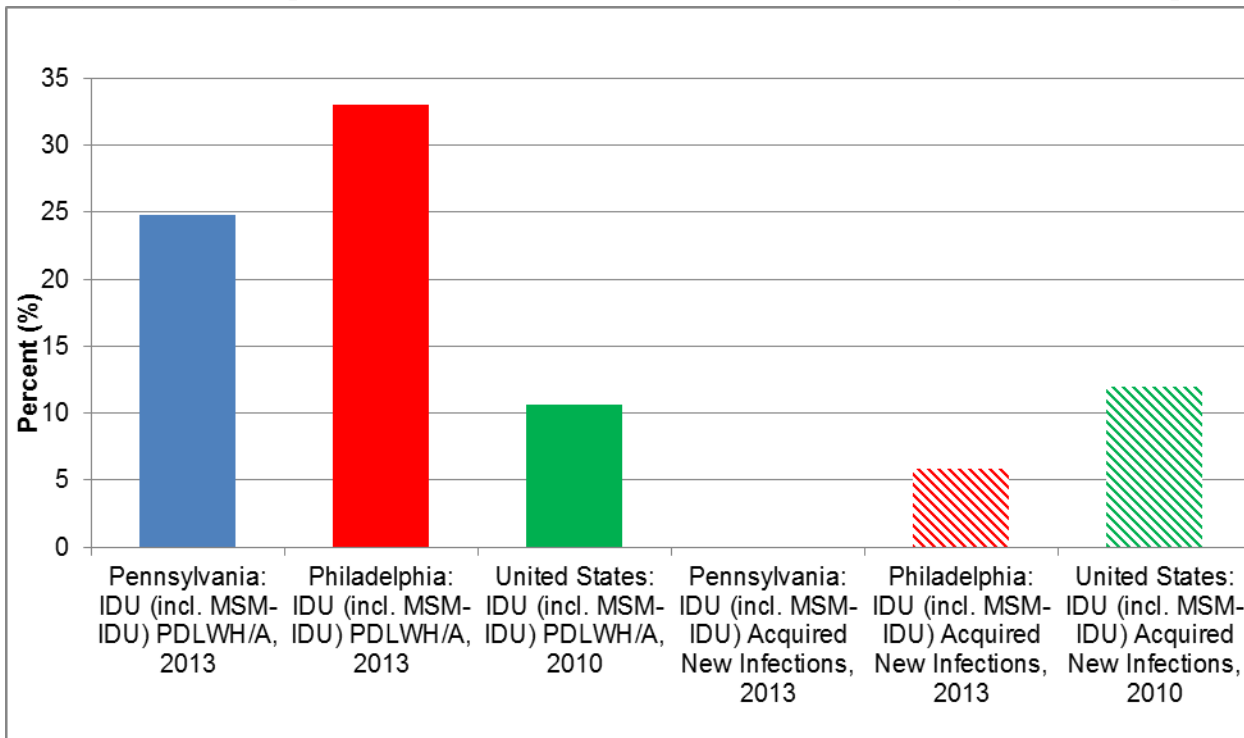
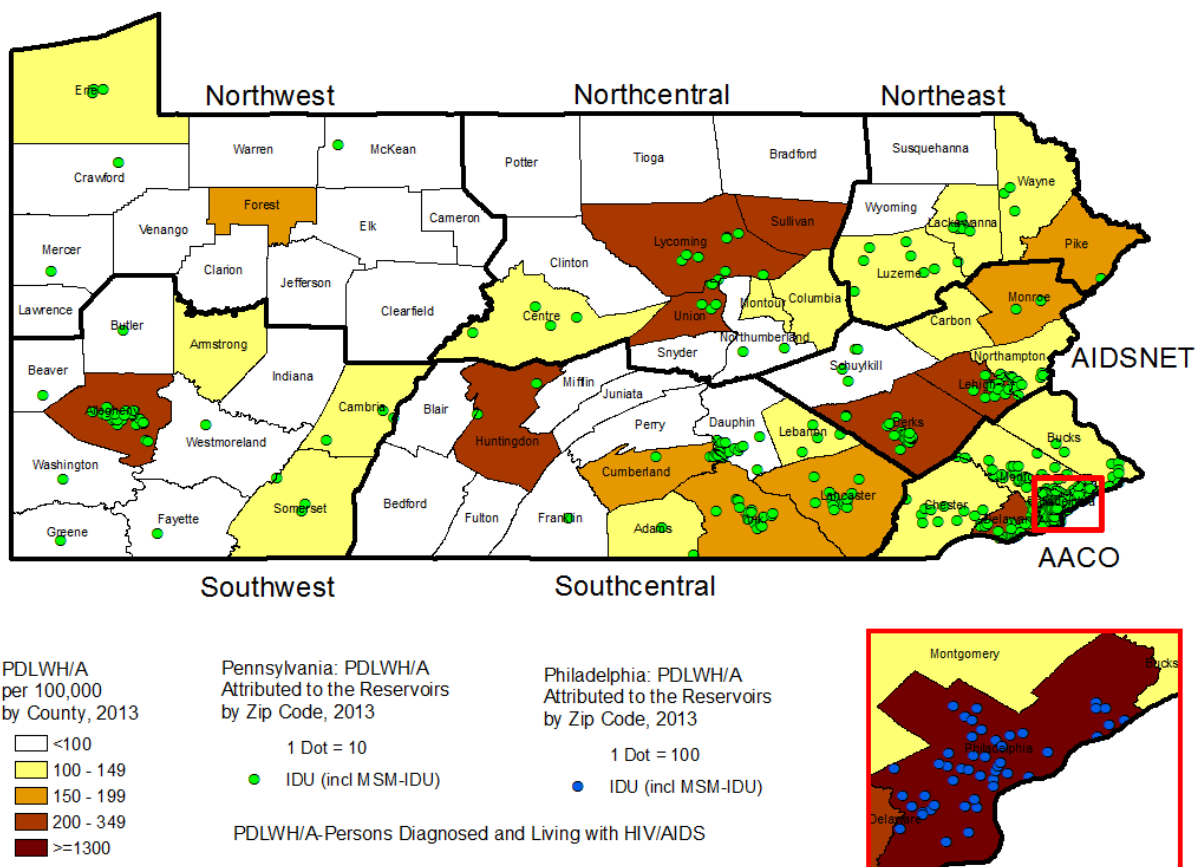


Figure 2: Map of the Distribution of Pennsylvania’s PDLWH/A as of 12/31/2013 Stratified by County overlaid with Dot-Density of PDLWH/A who can transmit HIV through IDU (incl. IDU and MSM-IDU).



Footnotes:

- AACO, AIDS Activities Coordinating Office is the HIV service coalition region including Philadelphia and 4 surrounding counties in PA;
- Dot density of HIV cases on the map represents prevalent IDU (incl. MSM-IDU) cases as end of 2013;

Table 1: Characteristics of PDLWH/A with past IDU history or potential for transmitting HIV through IDU vs. all other risk behaviors, 2013

Characteristics		IDU (Incl. MSM-IDU)		All Other Risk Behaviors		P-value~
		N	%	N	%	
	Total	8,962	100	27,254	100	
Current Age (Years) as of December 31, 2013	13-19	2	0	98	0	<.0001
	20-29	173	2	2,968	11	
	30-39	832	9	4,804	18	
	40-49	2,698	30	8,248	30	
	50-59	3,693	41	7,720	28	
	>=60	1,564	17	3,416	13	
Race/Ethnicity	White, non-Hisp.	2,118	24	9,508	35	<.0001
	Black, non-Hisp.	4,762	53	13,840	51	
	Hispanic	2,040	23	3,442	13	
	Asian	33	0	307	1	
	Native American	7	0	62	0	
	Others	2	0	95	0	
Sex/Gender	Male	6,451	72	19,595	72	0.878
	Female	2,511	28	7,659	28	
Coalition/HIV Service Region*	AACO	6,032	67	17,422	64	<.0001
	AIDSNET	849	9	2,068	8	
	North-central	272	3	586	2	
	Northeast	209	2	621	2	
	Northwest	201	2	592	2	
	South-central	906	10	2,808	10	
	Southwest	493	6	3,157	12	

*Coalition/HIV service regions of residence at diagnosis, HIV service regional areas serving groups of counties are shown in Figure 2:

^Probable mode of transmission/acquiring HIV: IDU, injection drug use; and MSM, men who have sex with men.

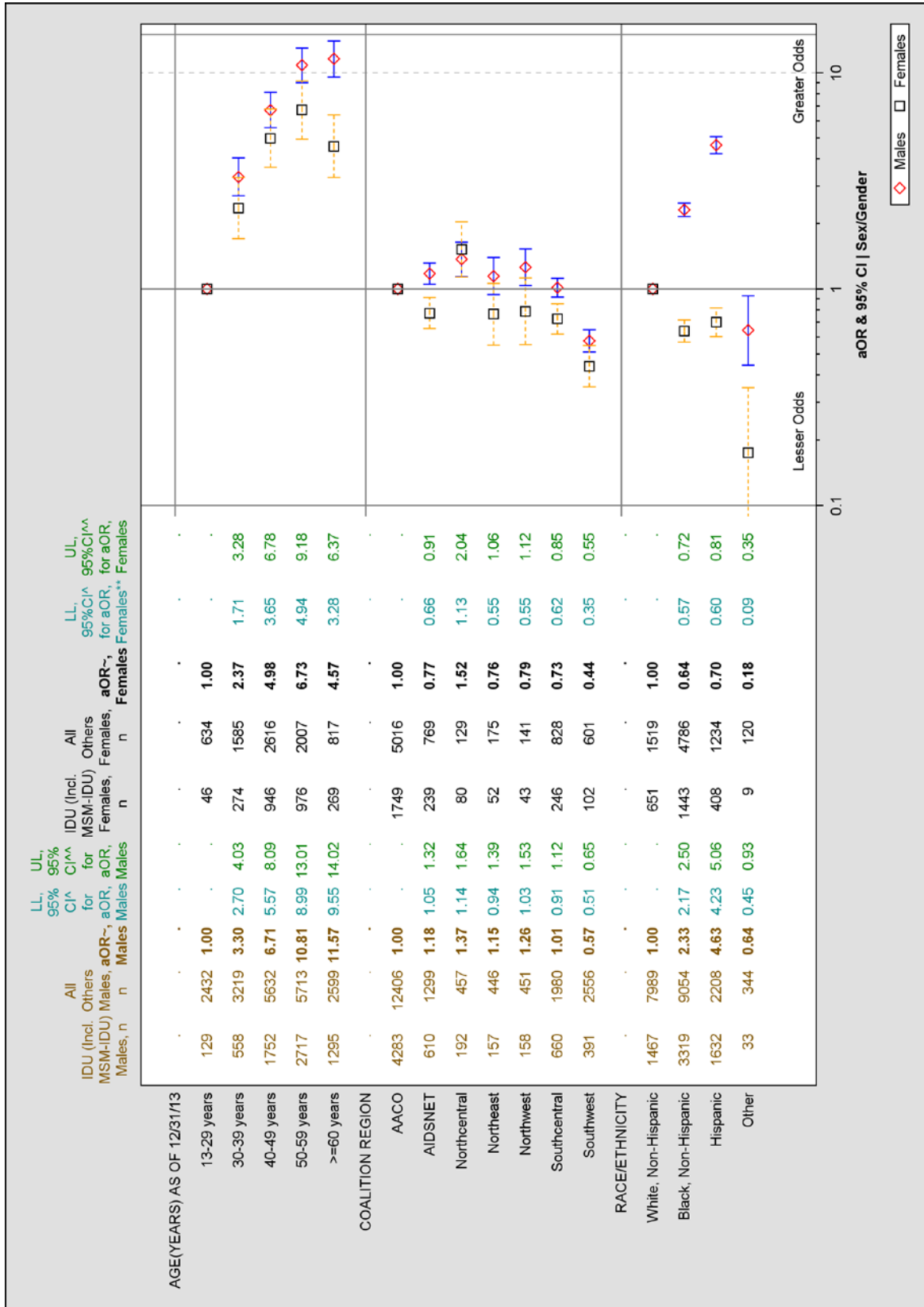
~Chi-square test results with p-values ≥ 0.05 indicate that differences are not statistically significant; i.e. differences are significant at $\alpha < 0.05$

Table 2: Likelihood of PDLWH/A with past IDU history or potential for transmitting HIV through IDU vs. all other risk behaviors, 2013

	IDU (incl. MSM-IDU), n	IDU (incl. MSM-IDU), %	All Others, n	All Others, %	aOR*	95% CI^	LL, 95% CI^	UL, 95% CI^
AGE(YEARS) AS OF 12/31/13								
13-29 years	175	2%	3066	11%	1.00			
30-39 years	832	9%	4804	18%	3.03	2.56-3.59	3.07	2.59-3.64
40-49 years	2698	30%	8248	30%	5.73	4.89-6.71	6.12	5.22-7.18
50-59 years	3693	41%	7720	28%	8.38	7.16-9.81	9.16	7.82-10.73
>=60 years	1564	17%	3416	13%	8.02	6.81-9.45	8.86	7.51-10.45
RACE/ETHNICITY								
White, Non-Hispanic	2118	24%	9508	35%	1.00			
Black, Non-Hispanic	4762	53%	13840	51%	1.55	1.46-1.64	1.72	1.61-1.83
Hispanic	2040	23%	3442	13%	2.66	2.48-2.86	2.86	2.65-3.08
Other	42	0%	464	2%	0.41	0.30-0.56	0.48	0.34-0.66
SEX/GENDER								
Male	6451	72%	19595	72%	1.00			
Female	2511	28%	7659	28%	1.00	0.94-1.05	0.90	0.85-0.96
COALITION REGION								
AACO	6032	67%	17422	64%	1.00			
AIDSNET	849	9%	2068	8%	1.19	1.09-1.29	1.03	0.94-1.12
Northcentral	272	3%	596	2%	1.34	1.16-1.55	1.46	1.25-1.70
Northeast	209	2%	621	2%	0.97	0.83-1.14	1.07	0.91-1.27
Northwest	201	2%	592	2%	0.98	0.83-1.15	1.12	0.94-1.33
Southcentral	906	10%	2808	10%	0.93	0.86-1.01	0.94	0.86-1.02
Southwest	493	6%	3157	12%	0.45	0.41-0.50	0.52	0.47-0.58

OR*, unadjusted Odds Ratio; aOR*, adjusted Odds Ratio; LL, 95%CI^, Lower Limit of 95% Confidence Interval; UL, 95%CI^, Upper Limit of 95% Confidence Interval;

Table 3: Likelihood of PDLWH/A with past IDU history or potential for transmitting HIV through IDU, stratified by sex/gender, 2013



aOR^a, unadjusted Odds Ratio; aOR^a, adjusted Odds Ratio; LL, 95% CI^a, Lower Limit of 95% Confidence Interval; UL, 95% CI^a, Upper Limit of 95% Confidence Interval; men who have sex with men; Het Cont., Heterosexual Contact;