Question 2 What is the scope of the HIV/AIDS epidemic in Louisiana?

The HIV/AIDS epidemic has affected persons in all sex, age and racial/ethnic groups and all parishes in Louisiana. This effect, however, has not been the same for all groups. In the beginning of the epidemic, the number of cases of HIV infection increased most sharply among white MSM. Although white MSM are still disproportionately affected by the epidemic, recent trends suggest a shift in the HIV/AIDS epidemic toward women, blacks, and high-risk heterosexual adults. To plan for HIV prevention and care and to allocate limited resources as the epidemic continues to change and the number of persons living with HIV continues to grow, it is extremely important to identify those populations most affected and most at risk for HIV infection.

Highlights

- There are persons living with HIV in every parish in Louisiana, and the number continues to increase each year. At the end of 2001, a total of 13,565 persons were known to be living with HIV/AIDS in Louisiana, 6,236 (46%) of whom had a diagnosis of AIDS.
- In 2001, as in past years, the Baton Rouge region surpassed the New Orleans region in the rates of diagnosis of HIV/AIDS (number of cases per population in the region). However, the New Orleans region had the highest number of HIV/AIDS cases diagnosed that year.
- Since 1996, the number of new AIDS cases and deaths of persons with AIDS has decreased dramatically, coinciding with the widespread use of antiretroviral therapy. However, data from recent years indicate a leveling or a reversal of these declines, which may be due to factors such as late testing; limited access to, or use of, health services; and the limitations of current therapies.
- The HIV diagnosis rate for blacks continues to be disproportionately high and, in 2001, was more than 6 times higher than that for whites. In 2001, 74% of newly diagnosed HIV cases and 75% of newly diagnosed AIDS cases were in the black population.
- Among blacks, heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant exposure remains male-male sexual activity, although the number of cases among MSM has declined substantially since 1993.
- For all racial groups in Louisiana, the proportion of newly diagnosed HIV/AIDS cases reported among women has increased steadily since the beginning of the epidemic; women represented 36% of new HIV/AIDS cases in 2001. Although HIV/AIDS rates for men have been declining since 1993, rates for black women have remained relatively stable. Rates for white women have also been stable, but they increased slightly from 2000 to 2001.
- Because of screening programs for pregnant women and the increased use of antiretroviral therapy in pregnant women and their infants, perinatal transmission rates have dropped dramatically, from more than 25% in 1993 to 5% in 2000. However, despite the low transmission rates, the number of HIV-infected infants may continue to increase as the number of infants born to HIV-infected mothers increases because growing numbers of women are living with HIV.

This section provides detailed information about demographic and risk characteristics of HIV-infected persons and trends in the statewide epidemic. It describes cases diagnosed through 2001 and reported through May 2002. The regional epidemiologic profiles provide a more detailed description of the epidemic in each public health region. Unless noted, all data come from Louisiana's HIV/AIDS Surveillance Program.

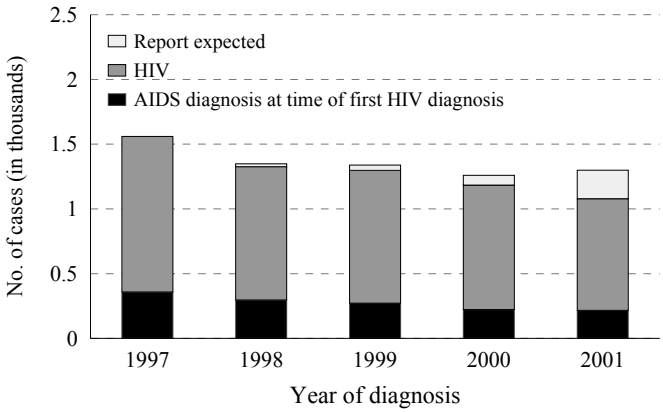
OVERALL HIV/AIDS TRENDS

Statewide during 2001, a total of 1,078 new HIV cases were diagnosed. This number reflects persons whose HIV infection was first diagnosed in 2001 and who were reported to the health department. Because of the potentially long delay from HIV infection to diagnosis, AIDS and HIV infection may be diagnosed at the same time. (Positive results of anonymous tests are not included in the data because of the likelihood of repeat tests.) In recent years, the number of diagnosed cases, including the number of expected cases (for methods of estimating, see *reporting delay* in the Glossary), has remained fairly stable. Reporting delays were estimated by using a maximum likelihood procedure, taking into account possible differences in reporting delays in the exposure, geographic, ethnic, age, and gender categories. The estimated numbers of cases that will be reported are presented as expected cases. Of the newly diagnosed cases in 2001, 20% were simultaneous diagnoses of AIDS and HIV infection (Figure 1).

Figure 1

Trends in Cases of HIV Infection and AIDS

Louisiana, 1997-2001



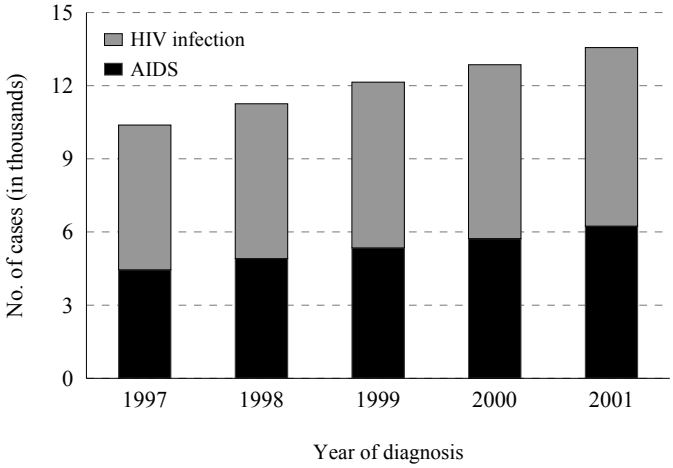
The number of persons living with HIV infection has increased each year (Figure 2). At the end of 2001, a total of 13,565 persons were known to be living with HIV in Louisiana; in 6,236 persons (46%), HIV infection had progressed to AIDS. This number represents a *minimum* estimate of persons living with HIV by the end of 2001 because it does not include HIV-infected persons who have not been tested or who have only been tested anonymously. The HIV/AIDS Surveillance Program estimates that between 18,600 and 20,700 persons were living with HIV at the end of 2001. Of all persons living with HIV infection, the proportion of persons living with AIDS increased from 43% in 1997 to 46% in 2001. This trend is largely due to the introduction

of effective drug treatment and therapies, which can often delay the progression from HIV to AIDS and from AIDS to death.

Figure 2

Persons Living with HIV Infection and Persons Living with AIDS

Louisiana, 1997-2001



Blacks continue to be disproportionately affected by HIV/AIDS. Although only 32% of the state's population is black, this group represented 74% of the new HIV cases diagnosed in 2001 and 64% of all persons living with HIV infection (Table 8). The HIV diagnosis rate for blacks is more than 6 times higher than the rate for whites and 3 times higher than that for Hispanics.

The proportion of new HIV/AIDS cases reported among women in Louisiana has increased steadily. In 2001, 28% of the persons living with HIV were women; however, 36% of new cases diagnosed were in women.

The majority of persons diagnosed with HIV in 2001 and living with HIV at the end of 2001 were between the ages of 25 and 44 (Table 8). Twenty percent of new HIV cases were diagnosed in teenagers or young adults, ages 13-24. In 2001, nine infants were diagnosed with HIV.

In 2001, more cases of HIV were diagnosed in the New Orleans region (Region I) than the other regions. However, that same year, as in past years, the Baton Rouge region (Region II) surpassed the New Orleans region in the rate of diagnosis of HIV infection (number of cases per population in the region). More than two thirds of the persons living with HIV/AIDS in Louisiana reside in either the New Orleans or Baton Rouge regions (Table 8).

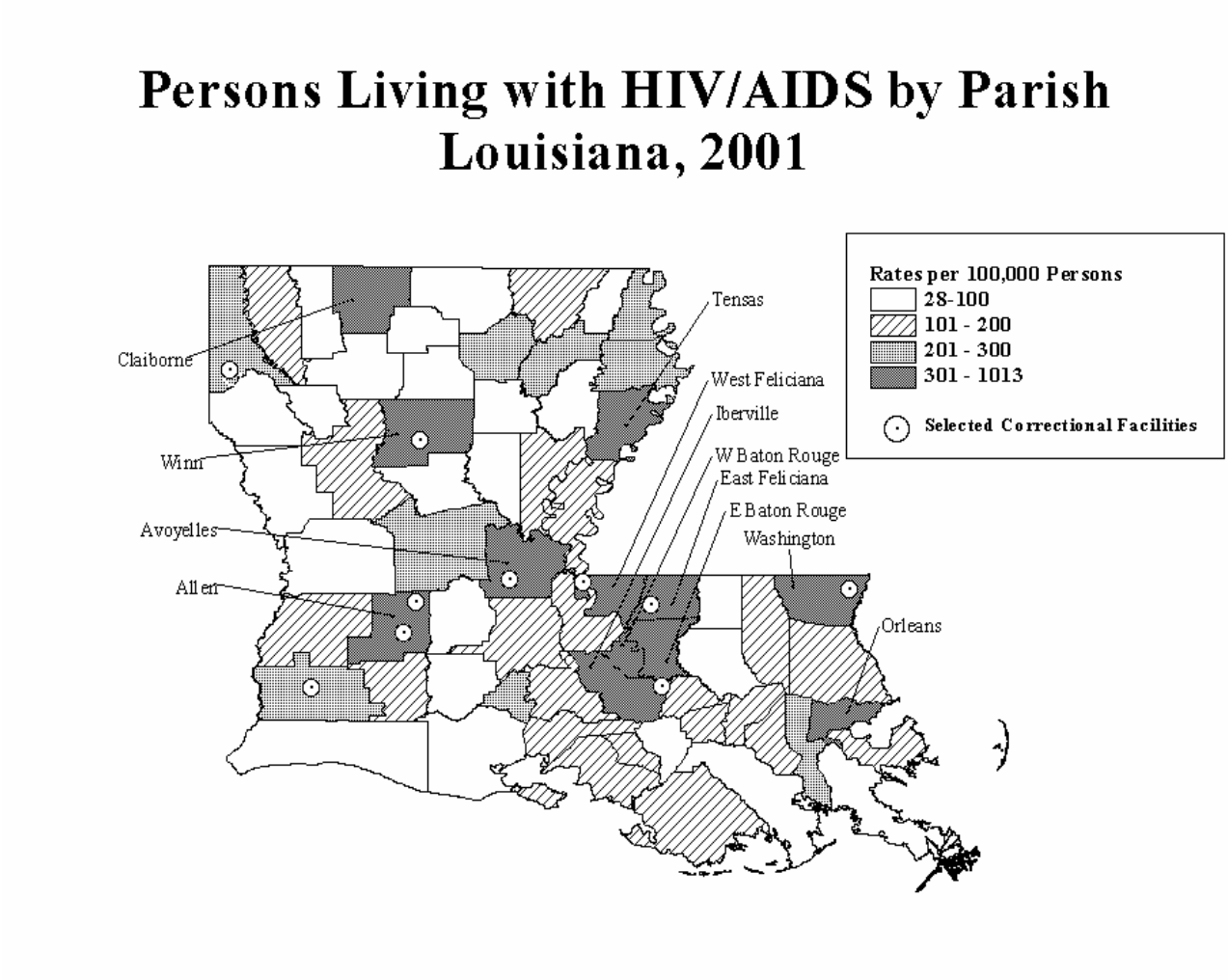
Table 8. Characteristics of persons infected with HIV (HIV/AIDS), Louisiana, 2001

	HIV/AIDS cases diagnosed, 2001			Persons living with HIV/AIDS, through 2001		
	No.	%	Rate[a]	No.	%	Rate[a]
Total	1,078	100	24.1	13,565	100	303.5
Sex						
Male	689	64	31.9	9,823	72	454.2
Female	389	36	16.9	3,742	28	162.3
Race/ethnicity[b]						
White, not Hispanic	243	23	8.6	4,389	32	155.5
Black, not Hispanic	796	74	54.6	8,726	64	598.3
Hispanic	30	3	27.8	374	3	347.1
Other/unknown	9	1	–	76	1	–
Age group (yrs.)						
0–1	9	1	6.9	15	<1	11.6
2–12	1	<1	–	132	1	18.0
13–24	219	20	26.3	866	6	104.2
25–44	601	56	46.5	8,907	66	689.6
45–64	227	21	23.5	3,466	26	359.1
≥ 65	21	2	4.1	179	1	34.3
Public health region						
I	422	39	40.8	6,094	45	589.3
II	281	26	46.6	2,858	21	473.5
III	25	2	6.5	403	3	105.0
IV	68	6	12.4	833	6	152.0
V	48	4	16.9	671	5	236.7
VI	62	6	20.6	591	4	196.1
VII	76	7	14.5	931	7	178.2
VIII	65	6	18.4	604	4	170.7
IX	31	3	7.1	580	4	132.4

Note. Dash indicates the rate could not be calculated because of small numbers.
[a]Per 100,000 persons.
[b] For an explanation of how racial/ethnic groups were combined, see p.11.

As of December 31, 2001, a total of 13,565 persons were reported to be living with HIV/AIDS in Louisiana. This map (Figure 3) illustrates the parishes where these persons reside. Currently, there are HIV-infected persons living in every parish in Louisiana.

Figure 3



As of the end of 2001, there were 12 parishes in which more than 300 persons per 100,000 were living with HIV infection. The reporting of large numbers of HIV cases by correctional facilities accounts for disproportionately high HIV prevalence rates in some of these parishes (e.g., Allen, Avoyelles, West Feliciana, Winn). The Baton Rouge region had the highest concentration of persons per capita living with HIV; prevalence rates for 5 of the 7 parishes in this region were more than 300 per 100,000 (Figure 3). Although most of the persons living with HIV are concentrated in urban areas, 15% live in rural areas.

HIV/AIDS, BY RACE/ETHNICITY AND SEX

The epidemic significantly affects both males and females in the black and Hispanic communities (Table 9). In 2001, the rate of HIV diagnosis for black males was almost 1.5 times the rate for Hispanic males and nearly 5 times the rate for white males. The rate of HIV diagnoses for black women was more than 11 times that for white women. Rates were not calculated for other ethnic groups because of the small number of cases.

Table 9. HIV diagnoses and rates, by race/ethnicity and sex, Louisiana, 2001

	Males			Females			Total		
Race/ethnicity[a]	No.	%[b]	Rate[c]	No.	%[b]	Rate[c]	No.	%[b]	Rate[c]
White, not Hispanic	189	18	13.7	54	5	3.7	243	23	8.6
Black, not Hispanic	468	43	68.2	328	30	42.5	796	74	54.6
Hispanic	26	2	47.4	4	<1	–	30	3	27.8
Other/unknown	6	1	–	3	<1	–	9	1	–
Total	689	64	31.9	389	36	16.9	1,078	100	24.1

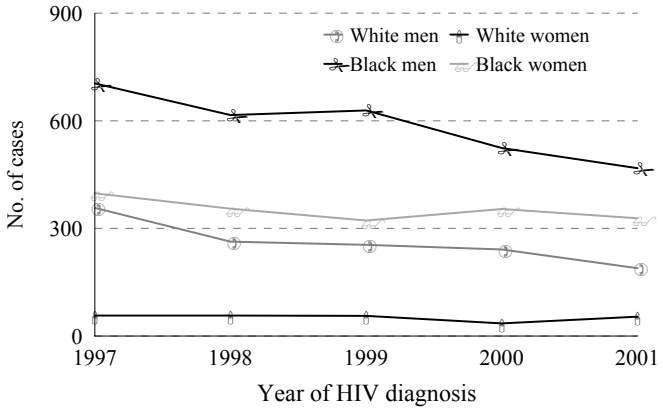
Note. Dash indicates the rate could not be calculated because of small numbers.
[a]For an explanation of how racial/ethnic groups were combined, see p. 11.
[b]Calculated as the percentage of all cases diagnosed in 2001.
[c]Rates per 100,000 persons in racial/ethnic subgroups.

Overall, the number of new HIV cases diagnosed has been declining among white and black men; however, this same decrease in rates has not been seen among black or white women (Figure 4). The annual number of new HIV cases among black women has been higher than that among white men since 1993.

Figure 4

Trends in HIV/AIDS, by Ethnicity and Sex

Louisiana, 1997-2001



HIV counseling and testing data provide information on new HIV diagnoses among persons who are tested at public sites, such as STD, family planning, prenatal, and TB clinics; drug treatment centers; CBOs; parish health units; community health centers; and mobile test sites. Among persons tested for the first time, the percentage of seropositive results was higher among males than females (Figure 5). In 2001, compared with 2000, the percentage of seropositive results among females increased significantly. The percentage of seropositive results among males decreased in 1998 and 1999 and then increased slightly in 2000 and 2001. HIV seropositivity is highest among blacks, and the percentage increased substantially in this population in 2001 (Figure 6).

Figure 5

Percentage of Positivity Among Persons Tested for the First Time, by Sex

Louisiana Counseling and Testing Data, 1997-2001

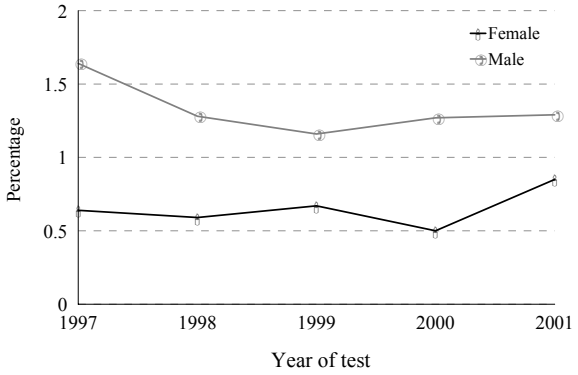
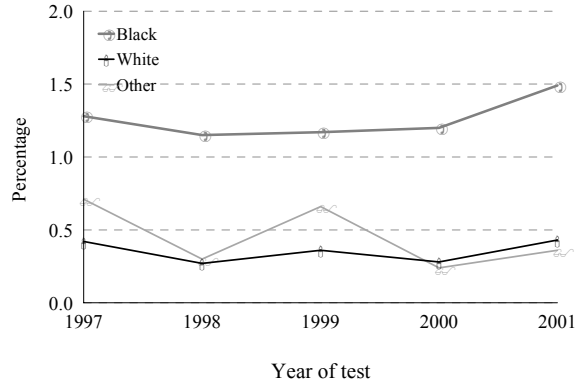


Figure 6

Percentage of Positivity Among Persons Tested for the First Time, by Race

Louisiana Counseling and Testing Data, 1997-2001



HIV/AIDS, BY AGE GROUP

In 2001, persons aged 25–44 years accounted for more than half (56%) of the newly diagnosed cases. Females accounted for a higher proportion of cases among youth (13–24 years) than in any other adult age groups (Table 10). This may be due in part to more opportunities for HIV screening of young women, such as during routine HIV screening of pregnant women.

Table 10. HIV diagnoses, by age group and sex, Louisiana, 2001

Age group (yrs.)	Males		Females		Total	
	No.	%[a]	No.	%[a]	No.	%[a]
0–1	4	<1	5	<1	9	1
2–12	0	0	1	<1	1	<1
13–24	105	10	114	11	219	20
25–44	394	37	207	19	601	56
45–64	170	16	57	5	227	21
≥65	16	1	5	<1	21	2
Total	689	64	389	36	1,078	100

[a]Calculated as the percentage of all cases diagnosed in 2001.

In 2001, as in past years, the highest number of newly diagnosed cases was among persons 25–44 years of age (Figure 7). However, the diagnosis of HIV for persons in this age group has been declining substantially since 1997. The decrease in this age group accounts for much of the decline in the number of new HIV cases seen in recent years.

HIV seropositivity is highest in the age group 35–39 years and lowest in the age group 13–19 years (Figure 8). In 2001, HIV seropositivity increased in almost all age groups, but the most dramatic increase was in the age group 35–39 years.

Figure 7

Trends in HIV/AIDS, by Age Group

Louisiana, 1997-2001

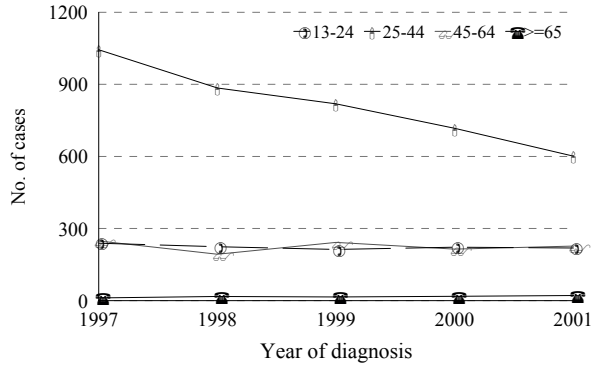
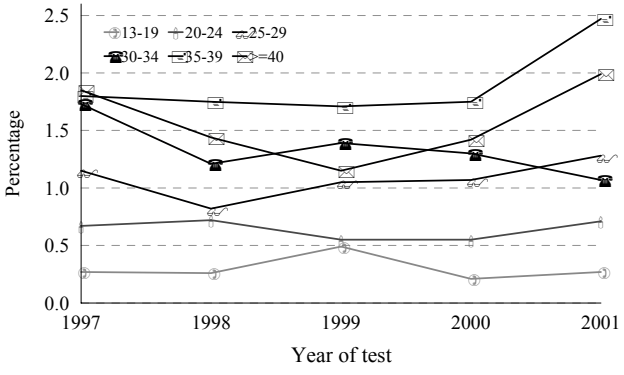


Figure 8

Percentage of Positivity among Persons Tested for the First Time, by Age Group

Louisiana Counseling and Testing Data, 1997-2001

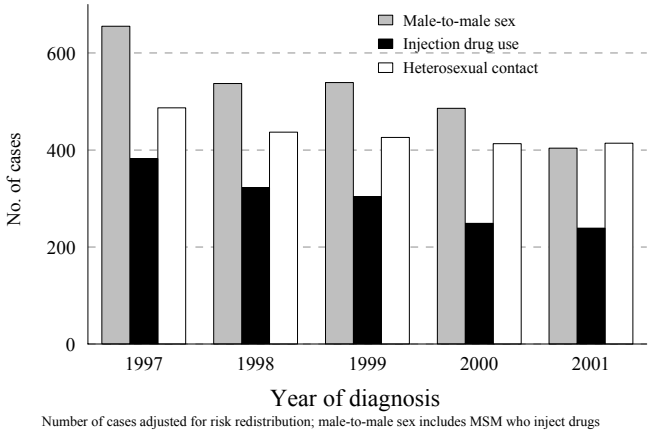


HIV/AIDS, BY MODE OF EXPOSURE

The proportions of cases attributed to specific exposure (i.e., risk) categories have changed significantly in recent years. Throughout the epidemic, most HIV transmission has occurred among MSM; however, the proportion of cases attributed to male-male sexual activity has been declining. The proportion of cases among persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an IDU) has been increasing, in large part due to the increase in the proportion of cases among women (data not shown). In 2001, the numbers of new HIV cases in MSM and in heterosexual adults were similar (Figure 9).

Figure 9

Trends in Exposure Categories of Cases of HIV/AIDS, Louisiana, 1997-2001



Number of cases adjusted for risk redistribution; male-to-male sex includes MSM who inject drugs

After adjustment for unreported risk, the largest proportion of cases diagnosed in 2001 (38%) was attributed to heterosexual contact (Table 11). Cases among MSM, including MSM who inject drugs, accounted for 37% of all cases diagnosed in 2001; however, nearly half of all persons living with HIV in Louisiana (48%) may have been exposed to the virus through male-male sexual contact. IDUs constitute an important risk group as well, accounting for 22% of newly diagnosed cases and 23% of persons living with HIV/AIDS.

Table 11. Risk characteristics of persons with HIV infection (HIV/AIDS), Louisiana, 2001

	Persons with new diagnoses, 2001		Persons living with HIV/AIDS, 2001	
Exposure category	No.[a]	%	No.[a]	%
Male-to-male sexual activity	367	34	5,366	40
Injection drug use	239	22	3,102	23
Male-to-male sex and injection drug use	37	3	1,023	8
Heterosexual contact	414	38	3,657	27
Transfusion/hemophilia	10	1	220	2
Mother with, or at risk for, HIV infection	10	1	174	1
Risk not reported or not identified	1	<1	23	<1
Total	1,078	100	13,565	100

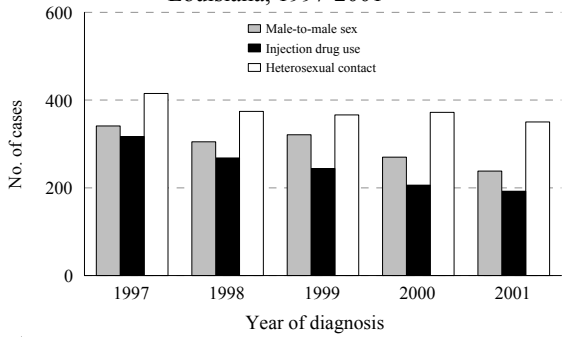
[a]Adjusted for unreported risk.

Among both blacks and whites, the number of new cases diagnosed among MSM has declined during recent years (Figures 10 and 11); however, this decline is more pronounced among whites. Among blacks, heterosexual contact has emerged as the leading exposure category, accounting for nearly half of all newly diagnosed cases (44%) (Table 12). Among whites, the predominant exposure remains male-to-male sexual activity (total of 62%, male-to-male sexual activity and male-to-male sexual activity plus injection drug use) (Table 12), although the number of new cases among MSM has been declining.

Figure 10

Trends in Exposure Categories of Cases of HIV/AIDS in Black Adults

Louisiana, 1997-2001

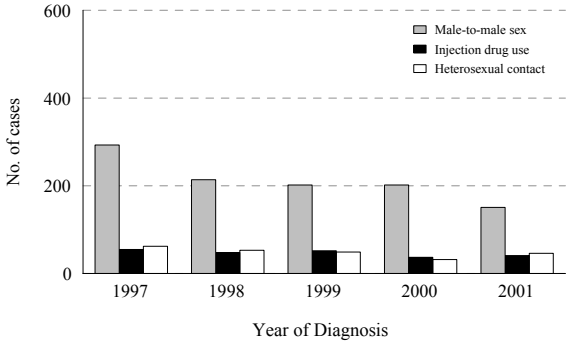


Note: Number of cases adjusted for risk distribution. Male-to-male sex includes MSM who inject drugs.

Figure 11

Trends in Exposure Categories of Cases of HIV/AIDS in White Adults

Louisiana, 1997-2001



Note: Number of cases adjusted for risk distribution. Male-to-male sex includes MSM who inject drugs.

Table 12. HIV diagnoses, by exposure category and race/ethnicity, Louisiana, 2001

	Whites		Blacks		Total[a]	
Exposure category	No.[b]	%	No.[b]	%	No.[b]	%
Male-to-male sexual activity	138	57	215	27	367	34
Injection drug use	41	17	192	24	239	22
Male-to-male sex and injection drug use	13	5	23	3	37	3
Heterosexual contact	46	19	350	44	414	38
Transfusion/hemophilia	3	1	7	1	10	1
Mother with, or at risk for, HIV infection	2	1	8	1	10	1
Risk not reported or not identified	0	0	1	<1	1	<1
Total	243	100	796	100	1,078	100

[a]All racial/ethnic categories, including ones not shown.
[b]Adjusted for unreported risk.

In 2001, 74% of new cases diagnosed among women were attributed to heterosexual contact, and 23% were attributed to injection drug use (Table 13). Among men, more than half of the new cases occurred in MSM (58%, including MSM who inject drugs). Injection drug use was the second most commonly reported risk among men, accounting for 22% of cases diagnosed among men in 2001.

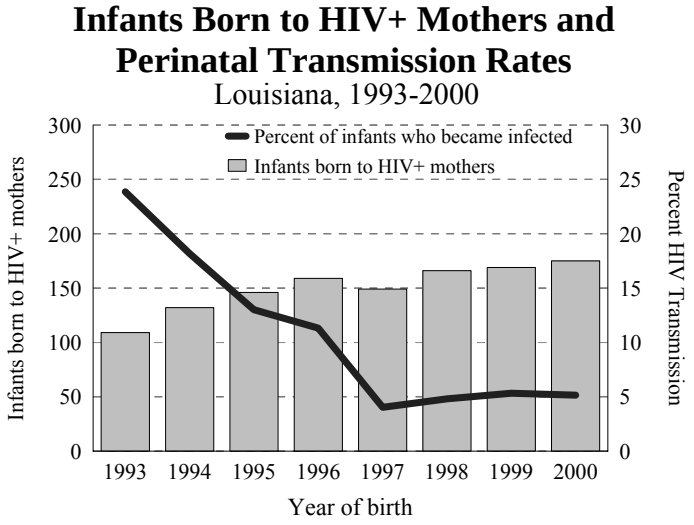
Table 13. HIV diagnoses, by exposure category and sex, Louisiana, 2001

	Males		Females		Total	
Exposure category	No.[a]	%	No.[a]	%	No.[a]	%
Male-to-male sexual activity	367	53	–	–	367	34
Injection drug use	149	22	90	23	239	22
Male-to-male sex and injection drug use	37	5	–	–	37	3
Heterosexual contact	126	18	287	74	413	38
Transfusion/hemophilia	5	1	5	1	10	1
Mother with, or at risk for, HIV infection	4	1	6	2	10	1
Risk not reported/identified	1	<1	1	<1	2	<1
Total	689	100	389	100	1,078	100

Note: Dash indicates not applicable.
[a]Adjusted for unreported risk.

Perinatal transmission dropped dramatically from 1993 to 1997 with the introduction and widespread use of antiretroviral therapy during pregnancy and labor and delivery (Figure 12). In recent years, the perinatal transmission rates have remained fairly stable. Since 1996, the number of infants born to HIV-infected mothers has also leveled. Despite the stable transmission rates, the number of HIV-infected infants may increase as the number of infants born to HIV-infected mothers increases because growing numbers of women are living with HIV infection. Of the 175 infants born in 2000 to HIV-infected mothers, 9 have a diagnosis of HIV infection.
Note: For additional information regarding risk for perinatal HIV exposure, see pp. 82-83, Enhanced Perinatal Surveillance.

Figure 12



AIDS TRENDS AND HIV/AIDS MORTALITY

Highly active antiretroviral therapy (HAART) was introduced in 1996. These medications have been effective in the treatment of HIV infection and, since that time, have altered the natural progression of HIV infection. HAART has delayed the progression from HIV to AIDS and from AIDS to death for many people infected with HIV. Because of the widespread use of these HIV treatments, Louisiana, along with the rest of the nation, has seen declines both in the number of new AIDS cases diagnosed and the number of AIDS-related deaths. For this reason, AIDS surveillance data no longer accurately represent trends in HIV transmission. Rather, AIDS surveillance data now reflect differences in access to testing and treatment, as well as the failure of certain treatments. Consequently, AIDS incidence and deaths, since 1996, provide a measure for identifying and describing the populations for whom treatment may have not been accessible or effective.

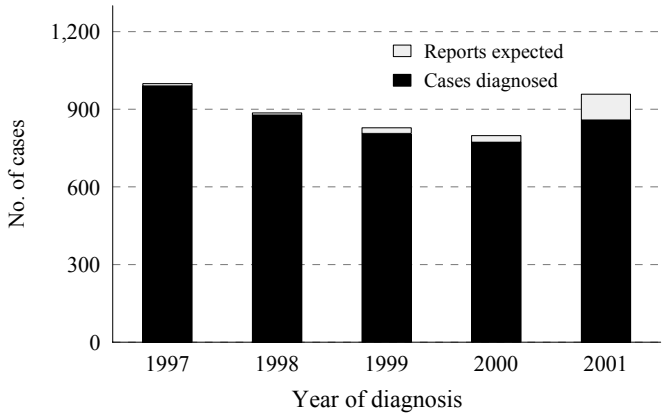
AIDS Trends

From 1997 to 2000, the number of new cases declined steadily each year. However, the number of new AIDS cases increased in 2001 for the first time since the introduction of HAART in 1996 (Figure 13).

Figure 13

Trends in AIDS Cases

Louisiana, 1997-2001



In 2001, most of the new AIDS cases occurred in men (69%), blacks (75%), and persons ages 25–44 (66%) (Table 14). Although progression to AIDS may indicate disparities in access to care or the effectiveness of treatment, the proportional distribution of persons with a new diagnosis of AIDS is also related to the characteristics of persons living with HIV/AIDS. For example, if there were no disparities in the progression of HIV infection to AIDS, one would expect the characteristics of persons with a recent diagnosis of AIDS to resemble the characteristics of persons living with HIV in the preceding calendar year. In 2000, 68% of persons living with HIV (non-AIDS) were black (data not shown); however, blacks represented

75% of persons in whom HIV infection progressed to AIDS in 2001, which may indicate some disparities in access to testing and treatment.

Table 14. Characteristics of persons with AIDS, Louisiana, 2001

	Persons with new diagnoses 2001		Persons living with AIDS through 2001	
	No.	%	No.	%
Sex				
Male	593	69	4,890	78
Female	265	31	1,346	22
Race/ethnicity[a]				
White, not Hispanic	193	22	2,263	36
Black, not Hispanic	643	75	3,756	60
Hispanic	20	2	193	3
Other/Unknown	2	<1	24	<1
Age group (yrs.)				
0–1	0	0	0	0
2–12	0	0	44	1
13–24	58	7	162	3
25–44	566	66	3,992	64
45–64	221	26	1,945	31
≥ 65	13	2	93	1
Public health region				
I	343	40	2,900	47
II	237	28	1,223	20
III	27	3	199	3
IV	49	6	363	6
V	34	4	305	5
VI	35	4	229	4
VII	56	6	444	7
VIII	51	6	278	4
IX	26	3	295	5
Total	858	100	6,236	100

[a]For an explanation of how racial/ethnic groups were combined, see p.11.

The New Orleans region (Region I) is the largest region in the state. This area had the highest number of new AIDS cases diagnosed in 2001, as well as the largest population of persons living with HIV. However, in 2001, as in years past, the Baton Rouge region (Region II) surpassed the New Orleans region in rates of diagnosis of HIV/AIDS. In Louisiana, more than two thirds of persons with a new diagnosis of AIDS and persons living with AIDS reside in either the New Orleans or Baton Rouge regions.

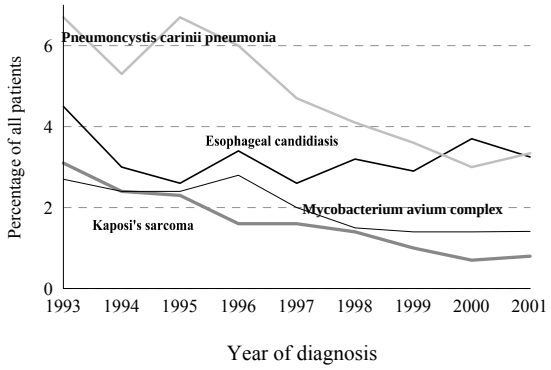
Although the number of new AIDS cases has increased statewide, among patients enrolled in the ASD study in New Orleans, the occurrence of new opportunistic infections has generally

declined over time (Figure 14). Although the proportion of patients with *Pneumocystis carinii* pneumonia (PCP) and Kaposi's sarcoma (KS) has declined significantly since 1995, this decline seems to have moderated in 2001. The proportion of patients with esophageal candidiasis has remained relatively stable.

Figure 14

Trends in Selected Opportunistic Infections

New Orleans, Adult Spectrum of Disease Study, 1993-2001



Mortality Trends

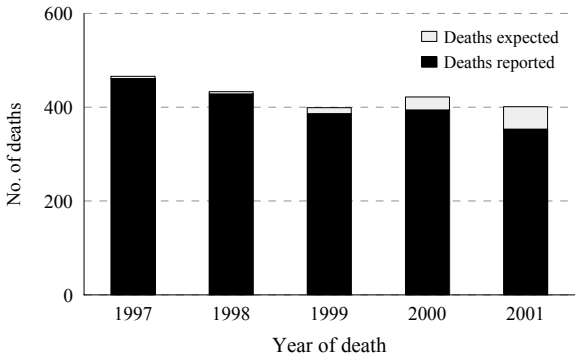
The mortality data that follow are presented in a variety of ways and are drawn both from surveillance data and vital statistics data. In some instances, data on the characteristics of persons living with AIDS has been included to provide context and to assist interpretation.

From 1999 through 2001, the estimated number of deaths of persons with AIDS has remained relatively stable (Figure 15). Since 1996, AIDS-related mortality has declined sharply, coinciding with the emergence of HAART. Although this decline has continued, the slowing of the declines in the number of deaths in recent years may reflect limited access to, or use of, health care services, and the limitations of current therapies among persons in care.

Figure 15

Deaths of Persons with AIDS

Louisiana, 1997-2001



In 2001, most of the persons with AIDS who died were men (72%), which is consistent with the fact that 78% of persons living with AIDS were men (Table 15). Although blacks represented 60% of persons living with AIDS in 2001, they made up 75% of persons who died. This disparity may indicate a disparity in access to, or use of, health care services or differences in the effectiveness of antiretroviral medications. Similarly, 32% of AIDS deaths

were of persons living in Region II, although only 20% of persons living with AIDS reside in this region.

Table 15. Characteristics of persons with AIDS who died and persons living with AIDS, Louisiana, 2001

	Deaths among persons with AIDS, 2001		Persons living with AIDS through 2001	
	No.	%	No.	%
Sex				
Male	255	72	4,890	78
Female	98	28	1,346	22
Race/ethnicity[a]				
White, not Hispanic	88	25	2,263	36
Black, not Hispanic	264	75	3,756	60
Hispanic	1	<1	193	3
Other/unknown	0	0	24	<1
Age group (yrs.)				
0–1	0	0	0	0
2–12	1	0	44	1
13–24	9	3	162	3
25–44	211	60	3,992	64
45–64	125	35	1,945	31
≥ 65	7	2	93	1
Public health region				
I	129	37	2,900	47
II	112	32	1,223	20
III	17	5	199	3
IV	14	4	363	6
V	13	4	305	5
VI	9	3	229	4
VII	29	8	444	7
VIII	16	5	278	4
IX	12	3	295	5
Total	353	100	6,236	100

[a]For an explanation of how racial/ethnic groups were combined, see p. 11.

Data from the Louisiana Office of Vital Statistics on deaths that were attributed to HIV infection or AIDS were not yet available for 2001; therefore, the data in Table 16 are for calendar year 2000. The rates were calculated on the basis of overall population numbers in each group, and they describe the population-level effect of HIV/AIDS mortality on each subgroup. They do not address the differences among HIV-infected persons that could result in higher mortality in some groups than in others. To address this disparity, compare the distribution of deaths (Table 16) with the distribution of persons living with AIDS (Table 17).

Table 16. Deaths due to HIV infection or AIDS, by race and sex, Louisiana, 2000

	Males			Females			Total		
Race	No.	%[a]	Rate[b]	No.	%[a]	Rate[b]	No.	%[a]	Rate[b]
White, not Hispanic	75	19	5.4	6	2	–	81	21	2.9
Black, not Hispanic	219	57	31.9	84	22	13.9	303	78	20.8
Other	–	<1	–	0	0	0.0	–	<1	–
Total	296	77	13.7	90	23	4.8	386	100	8.6

Source. State Center for Health Statistics, Louisiana Office of Public Health.
Note. Dash indicates numbers suppressed because of small cell sizes (≤ 3) or rates could not be calculated because of small numbers.
[a]Each percentage is calculated as the percentage of all deaths in 2000.
[b]Rates per 100,000 persons in racial/ethnic subgroups.

Table 17. Persons living with AIDS, by race and sex, Louisiana, 2000

	Males		Females		Total	
Race	No.	%[a]	No.	%[a]	No.	%[a]
White, not Hispanic	1,960	34	197	3	2,157	38
Black, not Hispanic	2,410	42	961	17	3,371	59
Other	173	3	21	<1	194	3
Total	4,543	79	1,179	21	5,722	100

[a]Each percentage is calculated as the percentage of all persons living with AIDS in 2000.

In 2000, nearly 9 of every 100,000 persons statewide died of a cause related to HIV infection. The AIDS death rate among blacks was more than 7 times that among whites. More than half (57%) of all deaths due to HIV/AIDS were of black men. The death rate among black men was 6 times the rate among white men and more than twice that among black females. Rates were not calculated for other ethnic groups because of the small number of cases.

The greatest disparity in rates of persons living with AIDS and persons dying of AIDS is that between black men and white men. Although more than a third (34%) of persons living with AIDS in 2000 were white men, this group accounted for only 19% of deaths. In contrast, black men accounted for 42% of persons living with AIDS and 57% of AIDS deaths.

In 1999, the most recent year for which these data are available, HIV/AIDS was the 2nd leading cause of death in Louisiana among blacks aged 25–44 years. Statewide, HIV/AIDS was responsible for 13% of all deaths of blacks in this age group (Table 18). Nearly 3 times as many blacks aged 25–44, compared with whites in this age group, died of HIV/AIDS.

Table 18. Comparative ranking of 10 leading underlying causes of death of black persons and white persons aged 25–44 years, Louisiana, 1999

Cause of death	Rank	Deaths	%
	White, not Hispanic		
Unintentional injury	1	373	25.3
Malignant neoplasm	2	215	14.6
Heart disease	3	199	13.5
Suicide	4	154	10.4
HIV/AIDS	***5***	***65***	***4.4***
Homicide	6	56	3.8
Chronic liver disease	7	39	2.6
Cerebrovascular disease	8	27	1.8
Diabetes mellitus	8	27	1.8
Congenital anomaly	10	17	1.2
Deaths of all causes (TOTAL*)*		1,475	100
	Black, not Hispanic		
Heart disease	1	199	14.9
HIV/AIDS	***2***	***178***	***13.3***
Unintentional injury	3	175	13.1
Homicide	4	171	12.8
Malignant neoplasm	5	163	12.2
Cerebrovascular disease	6	42	3.1
Diabetes mellitus	6	42	3.1
Suicide	8	39	2.9
Chronic liver disease	9	31	2.3
Pneumonia and influenza	10	18	1.3
Deaths of all causes (TOTAL)		1,339	100

Source. State Center for Health Statistics, Louisiana Office of Public Health.

References

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