EXECUTIVE SUMMARY

At the end of 2001, a total of 13,565 persons were known to be living with HIV/AIDS in Louisiana, nearly half (46%) of whom had a diagnosis of AIDS. Currently, there are persons living with HIV in all 64 parishes (county-equivalent subdivisions) in the state, and the number continues to increase each year. Declines in the number of deaths of persons with AIDS since 1995 were caused primarily by the slower progression of HIV-associated immune deficiency among persons who used highly active antiretroviral therapy (HAART) (Centers for Disease Control and Prevention, 1998; Fleming et al., 1998; McNaghten et al., 1999; Palella et al., 1998).

Most new HIV/AIDS cases continue to be diagnosed in the New Orleans region, where nearly half (45%) of all persons currently living with HIV in Louisiana reside. The Baton Rouge region, however, continues to have the highest HIV/AIDS diagnosis rates. In addition, the Baton Rouge region has the highest prevalence of HIV among black women who give birth, as well as a higher-than-expected proportion of deaths among persons with AIDS. Persons from the Baton Rouge region accounted for 32% of the deaths, although only 20% of persons living with AIDS reside in this region.

Of the total general population of Louisiana, 33% are black. The HIV diagnosis rate for this group continues to be disproportionately high; in 2001, it was more than 6 times higher than for whites. In 2001, 74% of newly diagnosed HIV cases and 75% of newly diagnosed AIDS cases were among blacks. For all racial groups in Louisiana, the proportion of newly diagnosed HIV/AIDS cases reported among women has increased steadily; women represented 36% of new HIV/AIDS cases in 2001. Although HIV/AIDS rates in men have declined since 1993, rates in black women have remained stable. Rates among white women have also been relatively stable, despite a slight increase from 2000 to 2001.

Among blacks, heterosexual contact has been the predominant mode of exposure since 1996. Among whites, the predominant exposure remains male-to-male sexual activity. Since 1993, however, the number of cases among men who have sex with men (MSM) has declined substantially. Behavioral data indicate that high-risk behaviors continue in all risk groups.

Although the number of women living with HIV in Louisiana has risen, perinatal transmission rates have dropped dramatically, from more than 25% in 1993 to 5% in 2000. The decrease in transmission rates has been attributed to screening programs for pregnant women and increased use of antiretroviral therapy in pregnant women and their infants. 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 infection.

In a behavioral survey of high-risk populations conducted in 2001, less than half (45%) of the persons surveyed reported that they had been tested for HIV in the last 12 months. Surveillance data on HIV testing delays indicate that some groups may not fully benefit from recent treatment advances because they do not get tested early in their infections. For example, among persons who tested positive during 1996–2000, one third were diagnosed with AIDS within 3 months of receiving their first positive HIV test results. Testing delays may have contributed to the recent

increase in AIDS cases and the leveling of AIDS mortality; the recent changes in these measures were preceded by several years of decreases. Other contributing factors may be limited access to, or use of, health services, and the limitations of current therapies.

In 2001, Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title II funds provided assistance to approximately 30% of persons living with HIV in Louisiana. There did not seem to be disparities in access to this assistance, as the sociodemographic characteristics of CARE Act clients were representative of the general HIV-positive population in Louisiana. During that same year, Ryan White (CARE) Act Title II funds were used primarily to provide case management and medical care services. In addition, Title II funds were used to supplement primary medical care in areas where gaps in services have been identified (New Orleans, Baton Rouge, and Monroe). However, most primary care funds are contributed by the state of Louisiana through annual funding to 10 regional public medical centers to provide care to uninsured, low-income, or indigent patients, including those living with HIV. Despite the multiple sources of funding for primary medical care, nearly 1 in 4 persons living with HIV who completed the 2000 Statewide Needs Assessment and reported primary care as a need said that they needed more primary care than was available or that their need for care was not being met at all.

References

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