HIV/AIDS in Connecticut- NE HIV Science Symposium Overview

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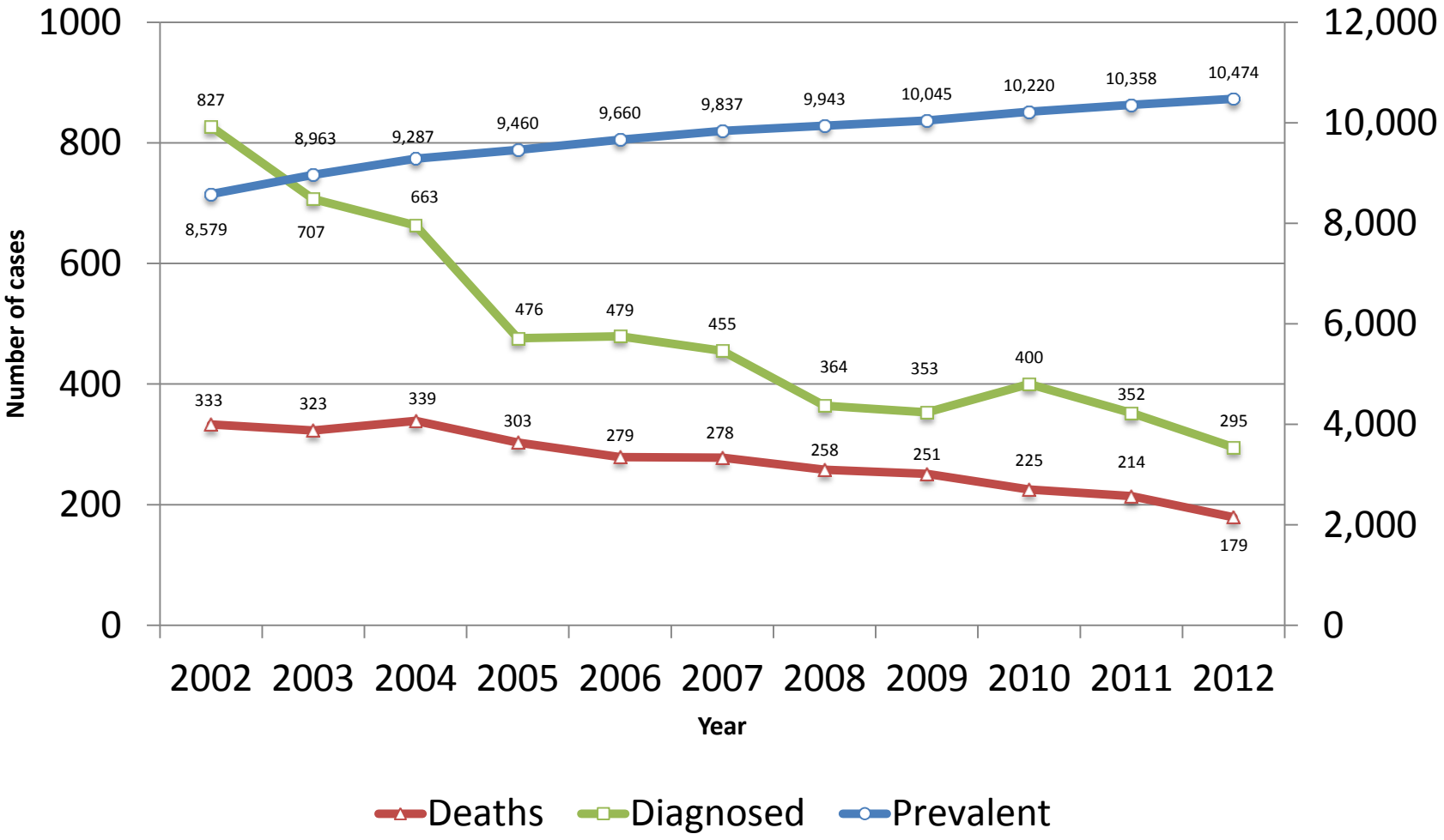
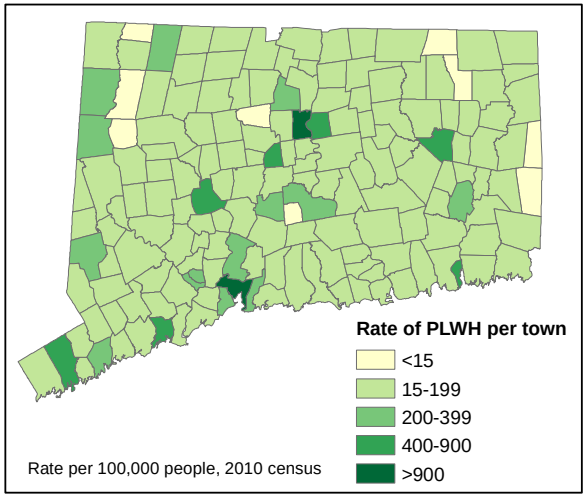
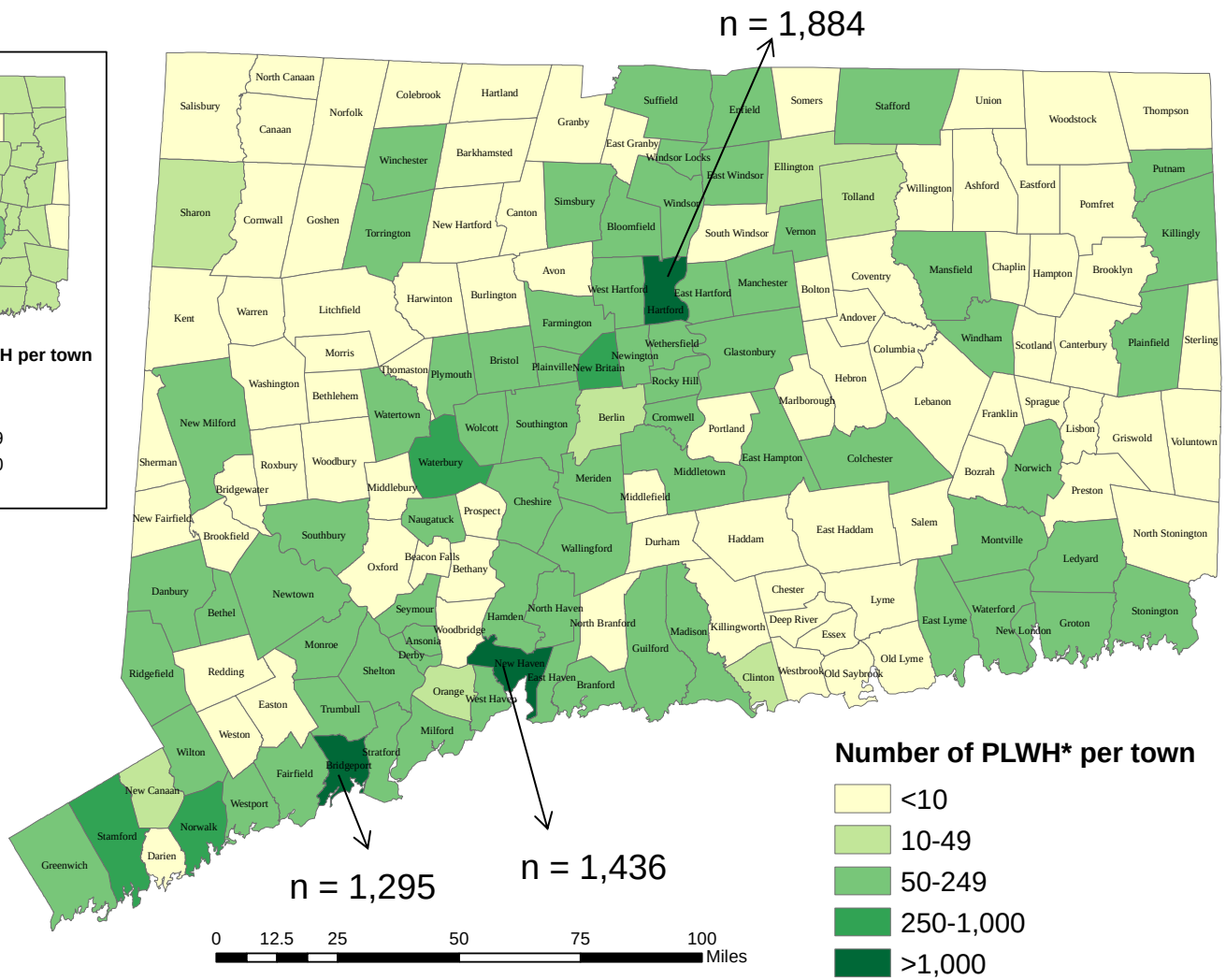
Cases of HIV disease: diagnosed, deaths, and prevalent cases, Connecticut, 2002-2012



Note: Deaths in the most recent year are preliminary.
Data supplied from eHARS of cases reported through 2013.

Prevalent HIV infection cases (N=10,474), Connecticut, 2012





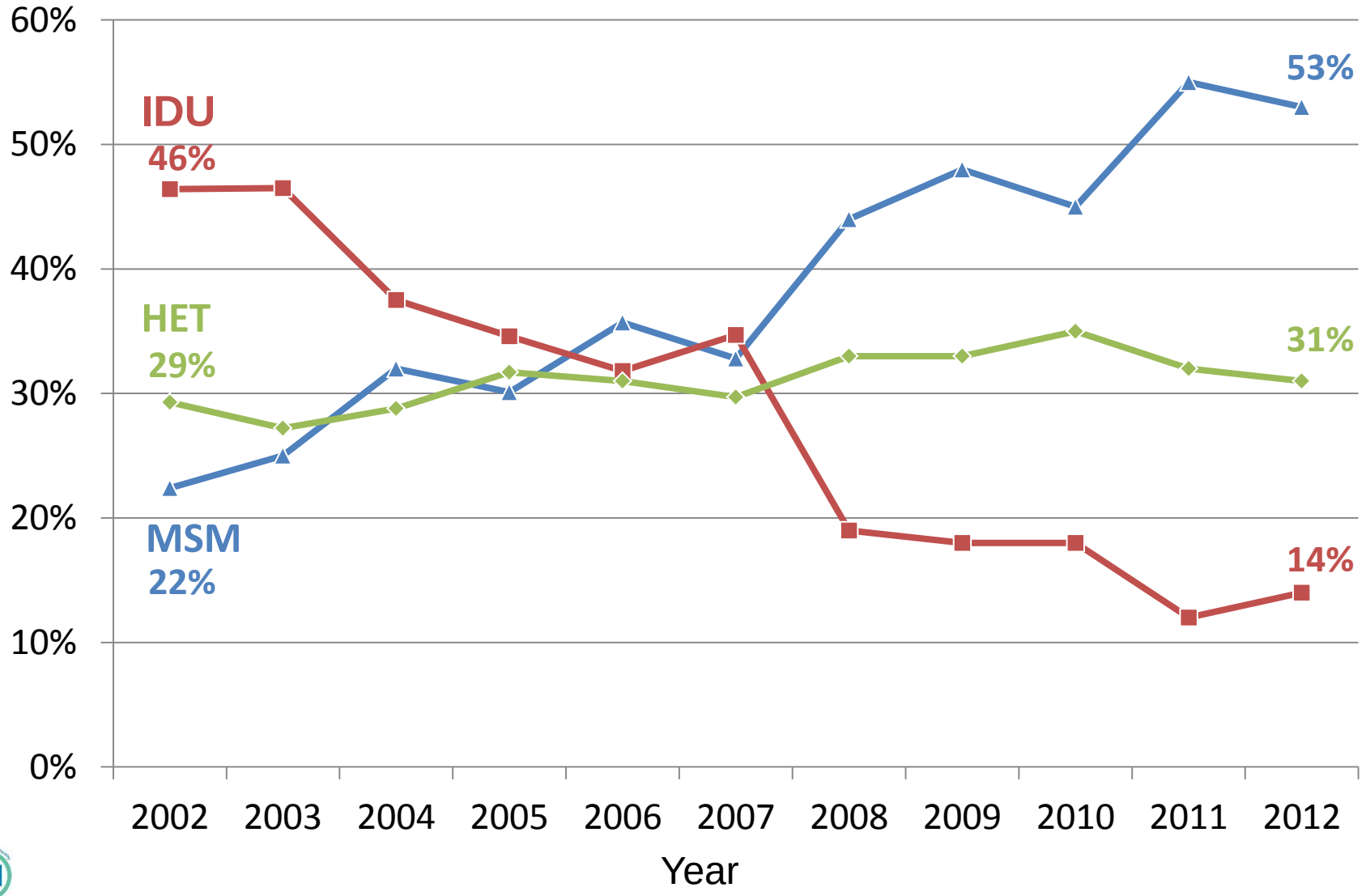
*PLWH=people living with HIV or AIDS
Total PLWH as of 2012: 10,474
Range of PLWH per town: 0 - 1,884

State of Connecticut
Department of Public Health
TB, HIV, STD & Viral Hepatitis

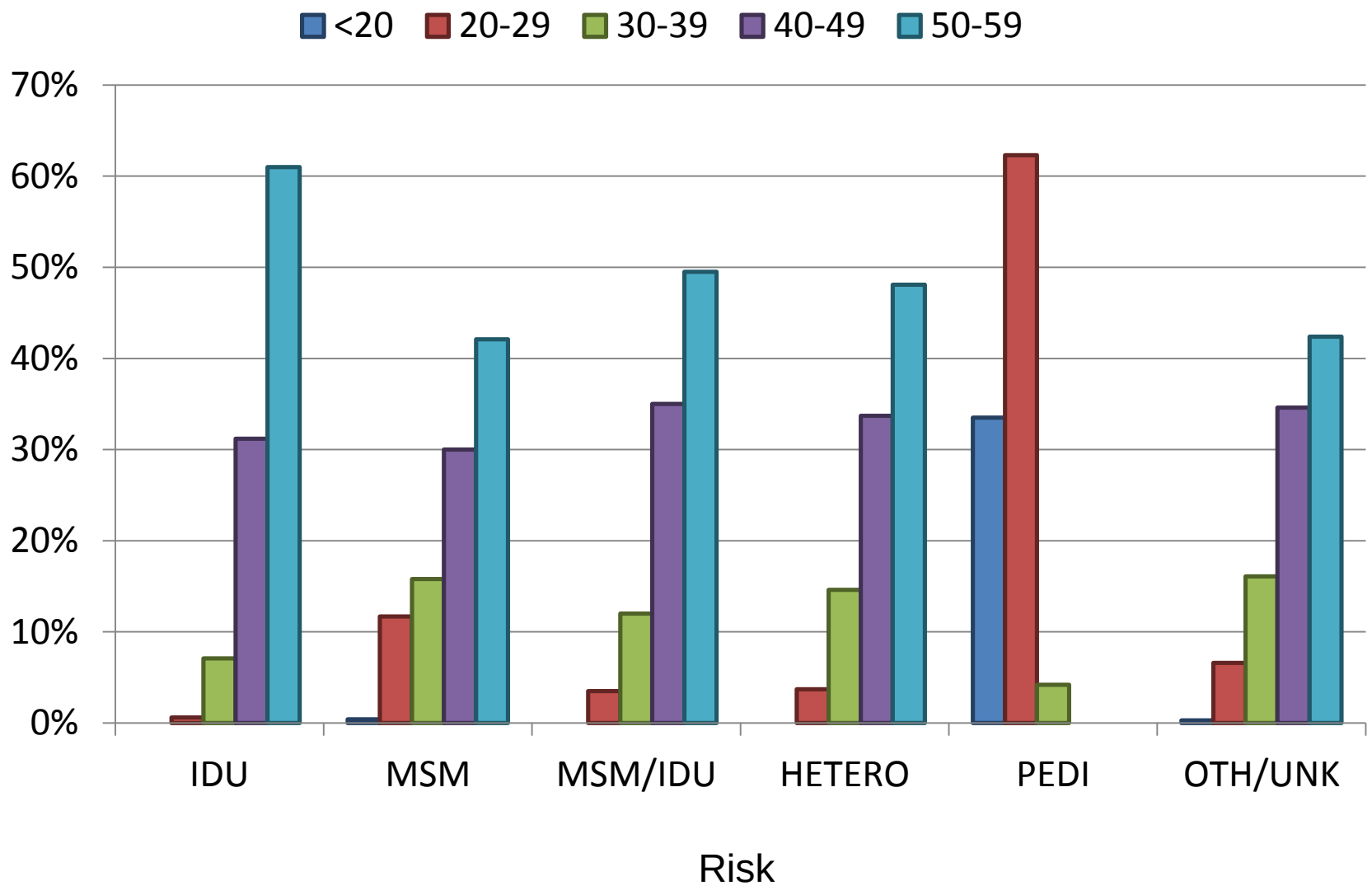
Prevalent number represents cases counted as Connecticut cases and still living in Connecticut .
Data supplied from eHARS of cases reported through 2013.

HIV cases by adjusted risk group and year of diagnosis, Connecticut, 2002-2012

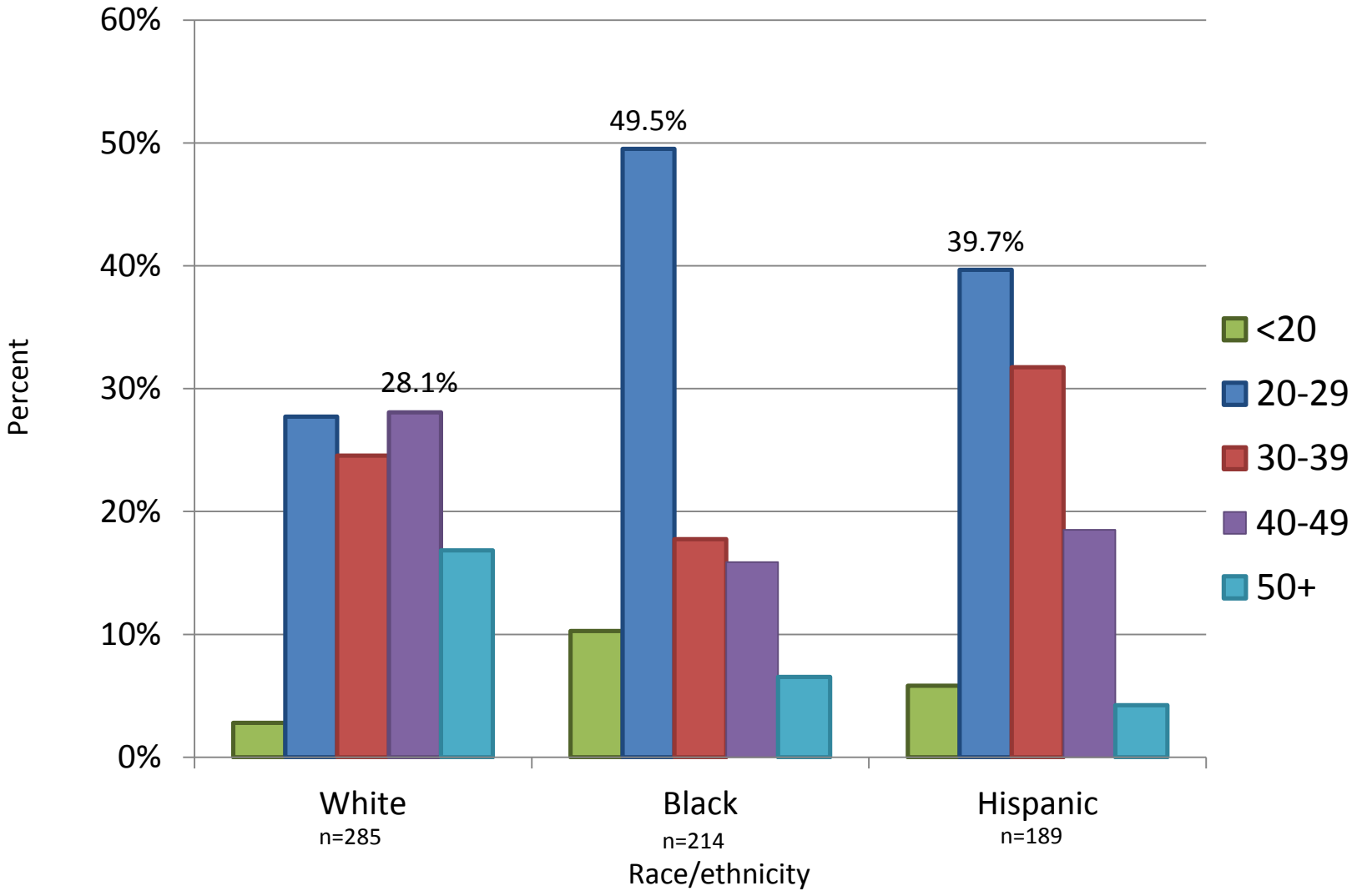
(Risk group adjusted for cases reported with unknown risk using MULTIPLE IMPUTATION)



Probable Source of HIV Infection in People Living with HIV by Current Age, Connecticut, 2012

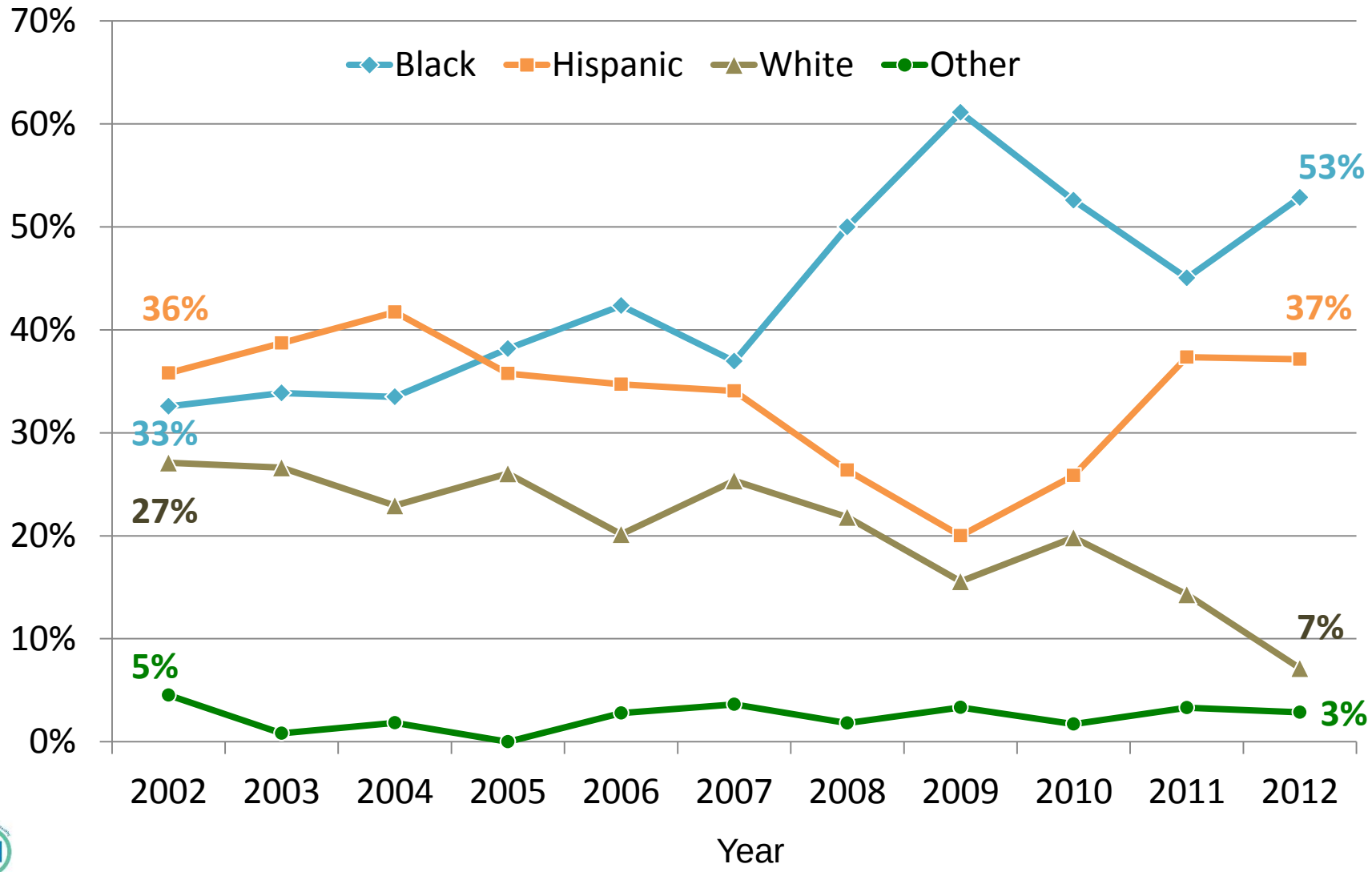


MSM HIV cases by race/ethnicity and age, Connecticut, 2008-2012

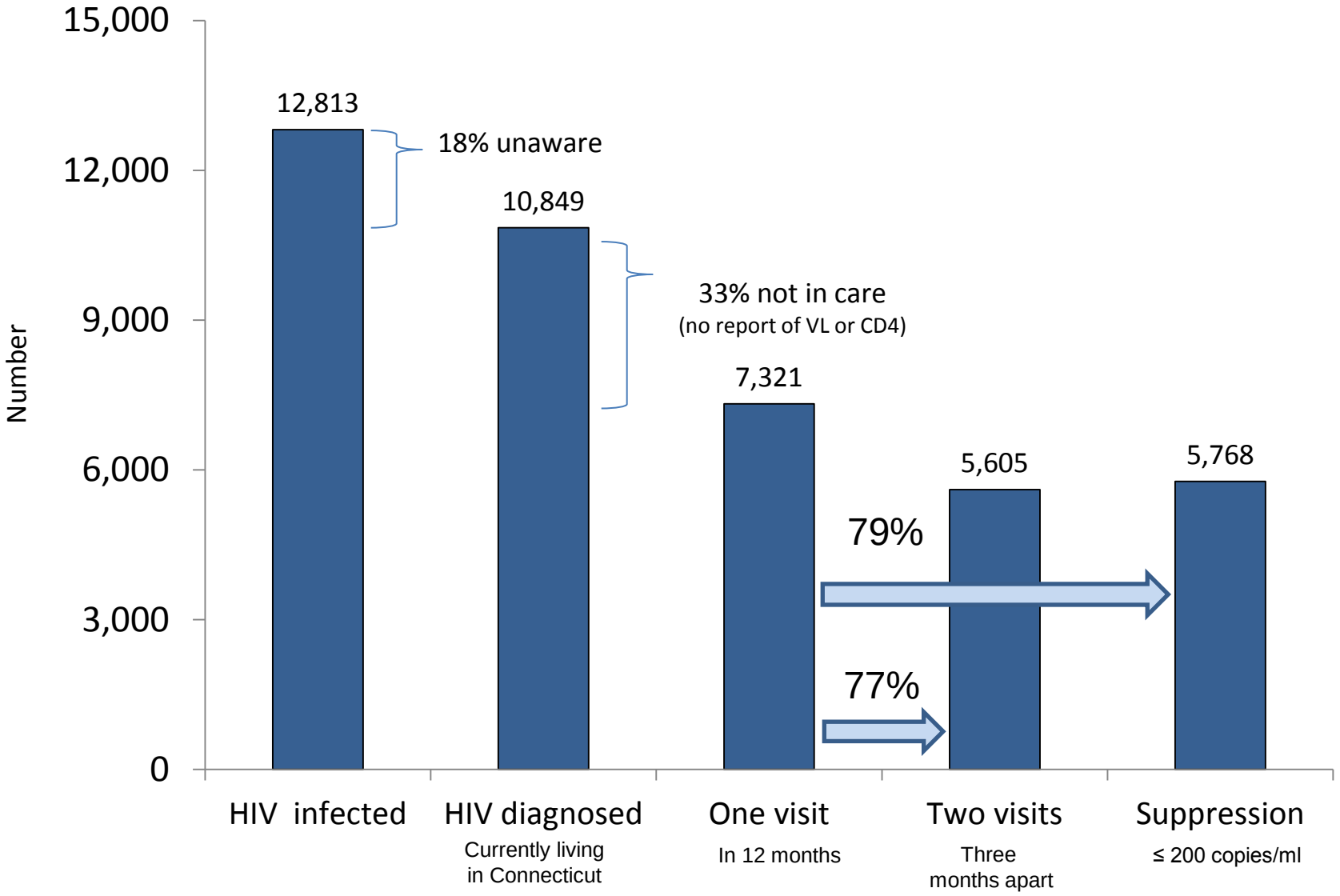


Data supplied from eHARS of cases reported through 2013.

HIV Infection in Females by Race/Ethnicity, Connecticut, 2002-2012



HIV continuum of care[1], Connecticut, 2012



[1]based on adults and adolescents residing in Connecticut, diagnosed with HIV infection through 12/31/2011 and living with HIV on 12/31/2012. The overall population is overestimated because cases are only followed up for 12 months after 12/31/2012. CDC suggests that every case should be followed up at least 18 months to collect death certificate information. Data supplied from eHARS of cases reported through 2013.

HIV resource allocation modeling project
DPH &Yale/CIRA collaboration

- Validated computer simulation developed by Braithwaite et al (PLoS One 2013)
- Evaluate cost-effectiveness of DPH Partner Services and state contractors using OTL or ETI strategies