



HIV EPIDEMIC UPDATE: FACTS & FIGURES 2012



**National HIV/STI
Programme**

**MINISTRY OF HEALTH
NATIONAL HIV/STI PROGRAM
JAMAICA HIV/AIDS EPIDEMIC UPDATE
January to December 2012**

Note:

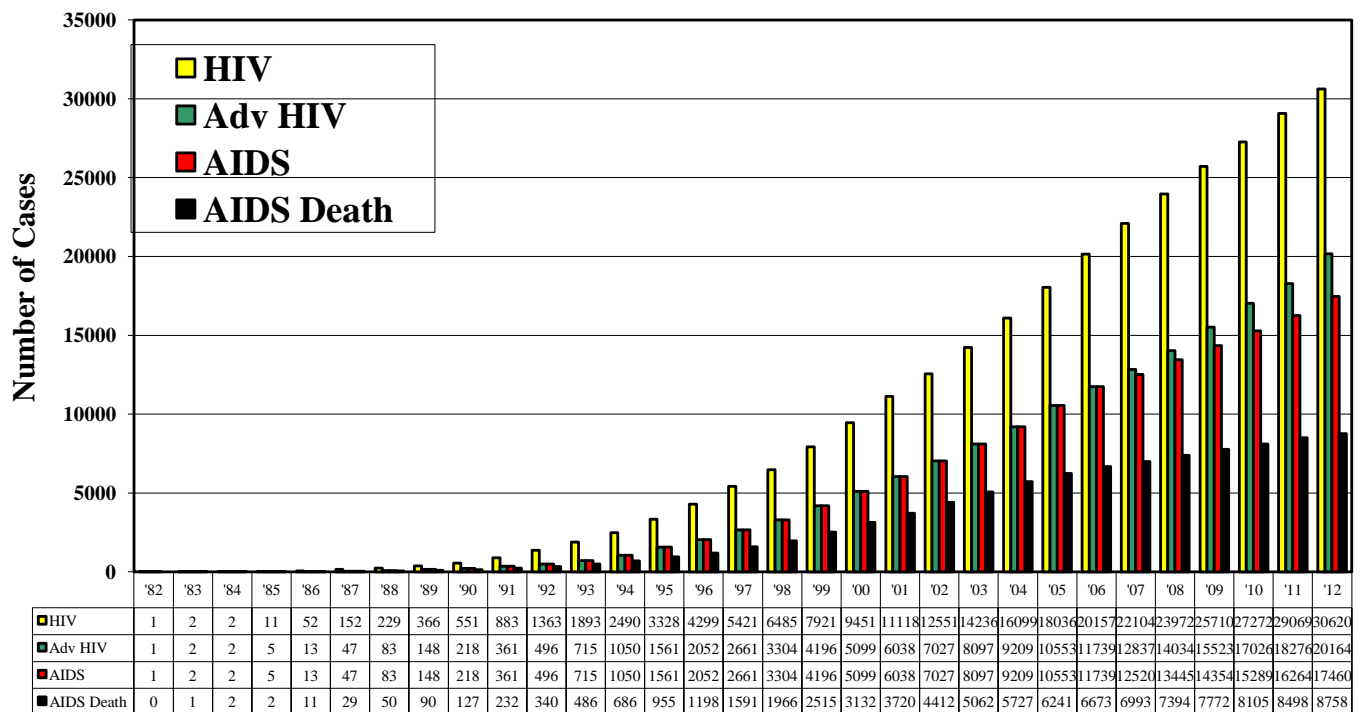
In this surveillance report, *HIV* cases include persons reported with HIV infection (non-AIDS), advanced HIV (non-AIDS) and AIDS within a given year. The data do not include HIV-infected persons who have not been tested for HIV or persons whose positive test results have not been reported to the Ministry of Health.

HIV/AIDS cases

In Jamaica, it is estimated that 34,000 persons are living with HIV and as many as 50% are unaware of their status.

- Between January 1982 and December 2012, thirty thousand six hundred and twenty (30,620) cases of HIV were reported to the Ministry of Health.

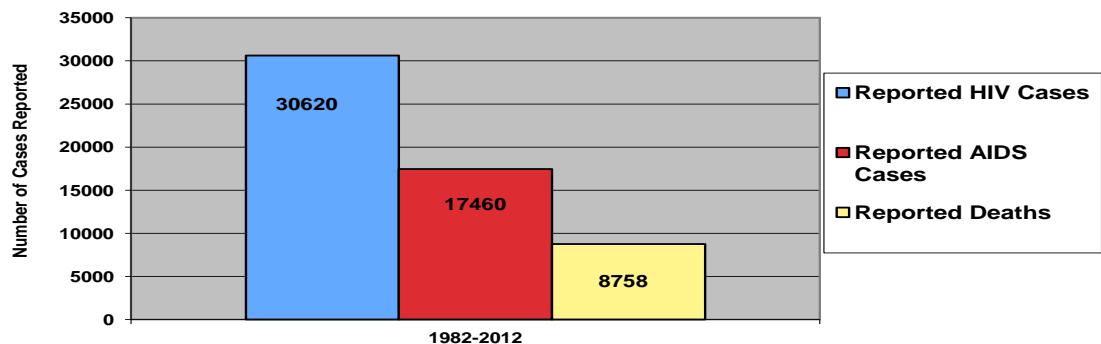
Figure 1: Cumulative number of reported HIV/AIDS cases and deaths, 1982 to 2012



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- Of these 30,620 persons; 8,758 are known to be deceased.

Figure 2: Total HIV, AIDS and AIDS deaths reported, 1982-2012



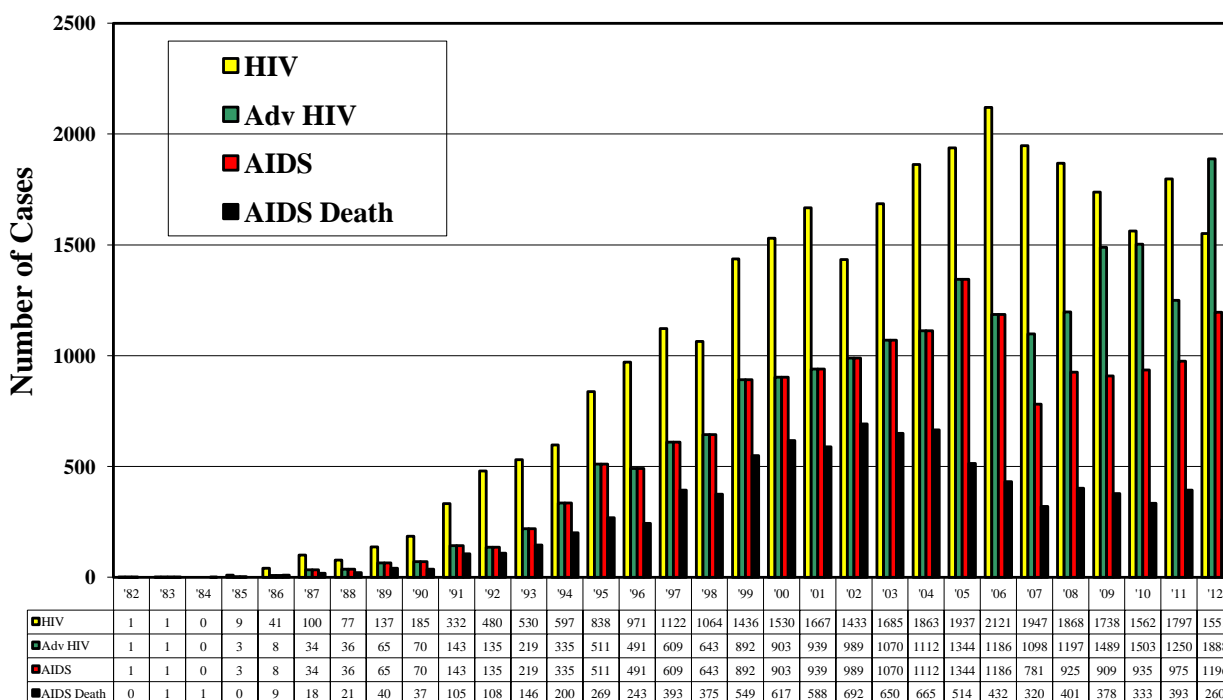
- Kingston & St. Andrew, St. James, and St. Catherine, with 50% of the Jamaican population, account for 63% of reported HIV cases. This distribution remains unchanged from 2010.
- The most urbanized parishes have the highest cumulative number of reported HIV cases: Kingston & St. Andrew – 1656.2 cases per 100,000 persons, and St. James – 2195.9 HIV cases per 100,000 persons.
- Parishes with significant Tourism based economies have the next highest level of cumulative number of reported HIV cases since the start of the epidemic: 1257.9 cases per 100,000 persons in St. Ann, 1124.9 cases per 100,000 persons in Westmoreland, 1090.5 cases per person in Hanover, 1053.5 cases per person in Trelawny.
- All 4 parishes that comprise the Western Region are counted among those with the highest cumulative number of HIV cases.

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AIDS cases and deaths

- The total number of reported AIDS cases in Jamaica between January 1982 and December 2012 is 17,460.

Figure 3: Reported cases and deaths annually in Jamaica, 1982 -2012



Jamaica has successfully increased access to treatment and care services; however, analysis of data related to retention in care has shown increased loss-to-follow-up among patients on HAART. Failure to adhere to treatment and care is a barrier to further reducing AIDS morbidity and mortality.

- In 2012, one thousand eight hundred and eighty eight (1,888) persons with advanced HIV (944 males and 944 females) were reported compared to 1,250 in 2011.

In July 2005, the National HIV/STI Programme began monitoring cases of advanced HIV to reflect the need for treatment at an earlier stage of disease. Persons with advanced HIV included persons with CD4 count < 350. Figures reported for AIDS cases between July 2005 and December 2007 included persons with advanced HIV.

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- The total number of reported AIDS deaths in Jamaica between January 1982 and December 2012 is eight thousand seven hundred and fifty-eight (8,758).
- Overall, the annual number of reported AIDS deaths has decreased since the introduction of public access to ARVs. Two hundred and sixty (260) AIDS deaths (156 males and 104 females) were reported in 2012 compared to 665 in 2004. This represents a 61% decrease in AIDS deaths since the inception of Universal Access to ARVs in 2004, and a 62% decrease when compared to 2002 (692 AIDS deaths).
- Fifty-nine percent (59%) of reported AIDS cases in 2012 were from the most urbanized parishes (KSA, St. Catherine, and St. James). This proportion shows a slight increase over 2011 (57 %).

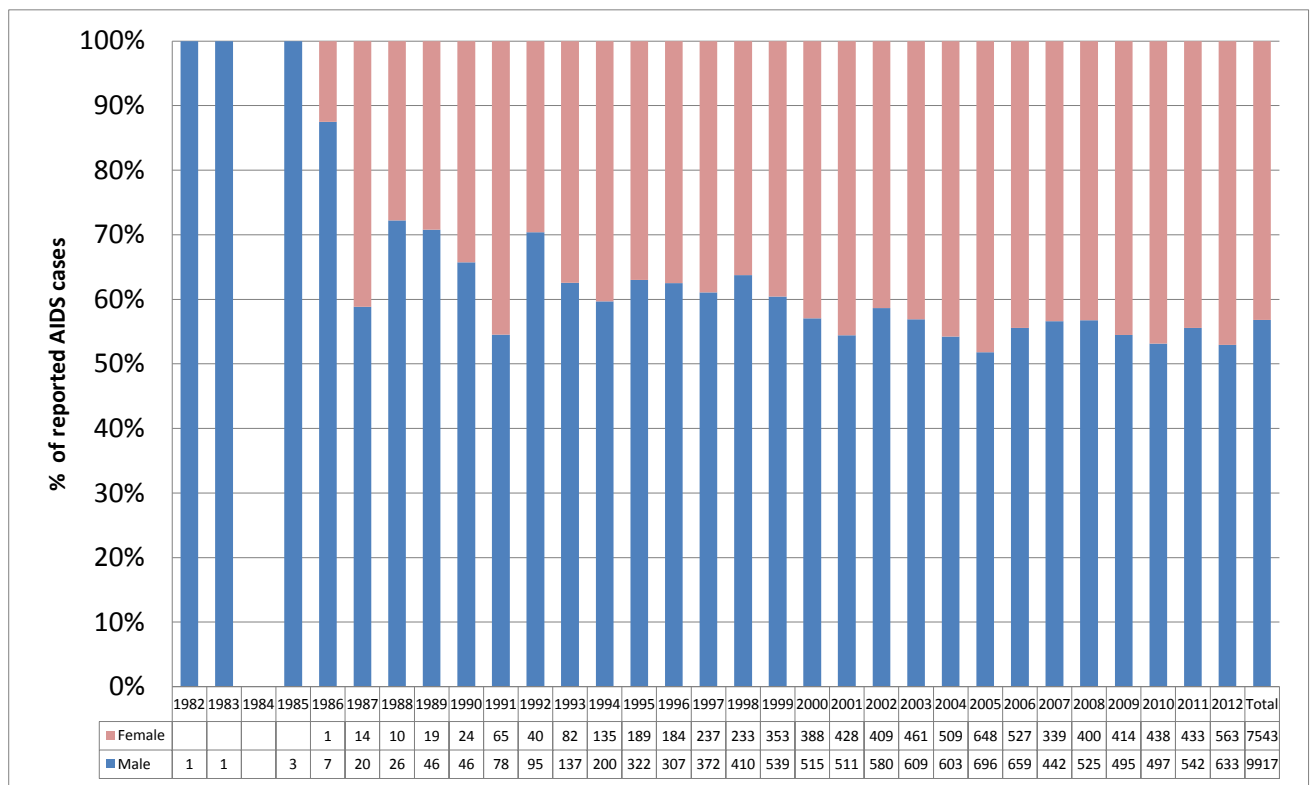
The decrease in AIDS deaths is attributed to the introduction of public access to antiretroviral treatment in 2004, scaling up of the national VCT programme allowing for earlier diagnosis, availability of prophylaxis against opportunistic infections and improved laboratory capacity to conduct investigations such as CD4 counts, viral load and PCRs. These factors have resulted in a general improved quality of care.

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Gender, Age and AIDS

- The overall male: female ratio for persons reported with AIDS is 1.31:1 and the ratio of men: women reported in 2012 is 1.12:1. The cumulative AIDS case rates are higher among males (736.7 cases per 100,000) compared to females (545.8 cases per 100,000 females).
- Approximately 74% of all AIDS cases reported 1982 - 2012 are in the 20-49 year old age group and 86% of all AIDS cases reported 1982 - 2012 are between 20 and 59 years old.

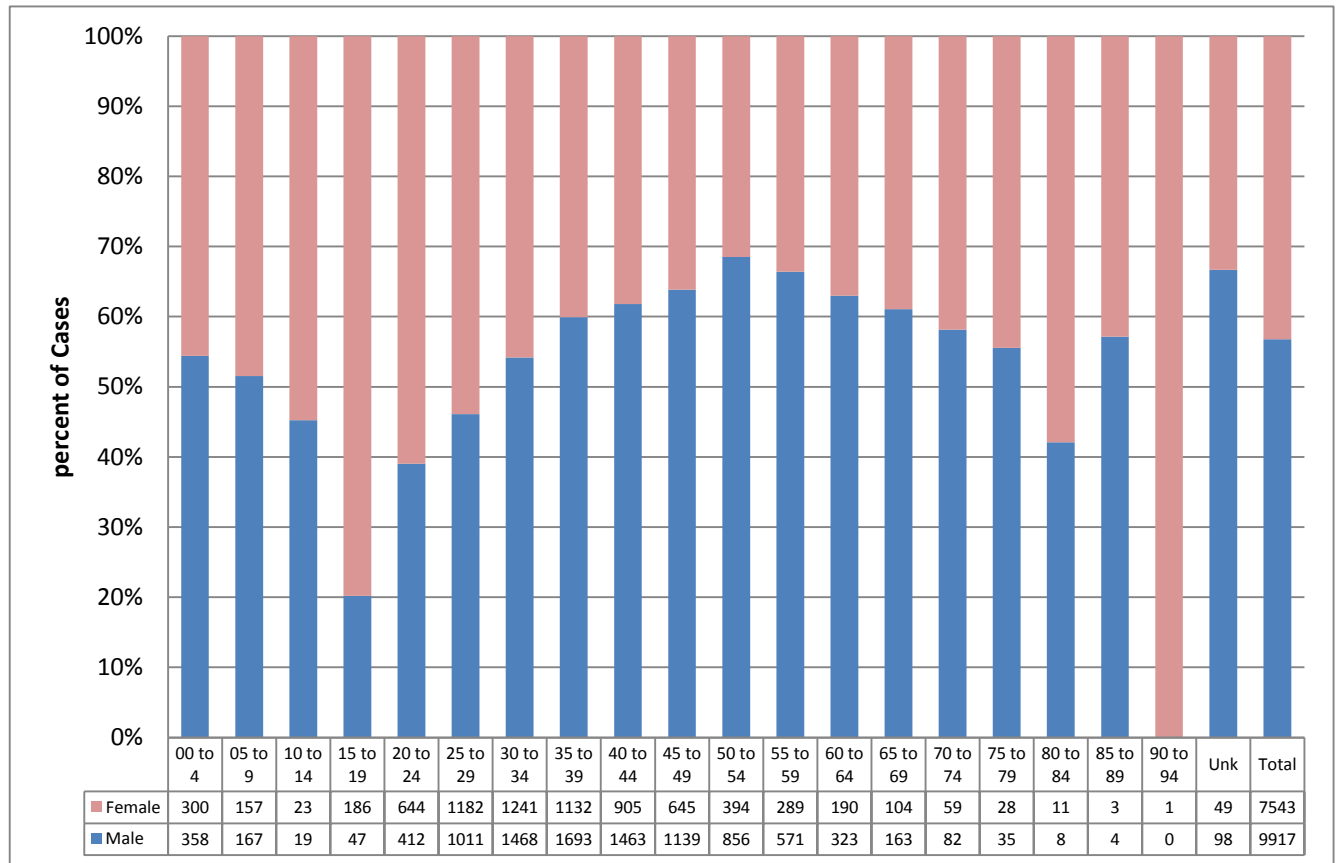
Figure 4: Annual Female: Male distribution of reported AIDS cases, 1982 – 2012



- Although the epidemic affects more men than women, over time females are accounting for an increased proportion of the AIDS cases that are reported annually.

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Figure 5: Female: Male distribution of reported AIDS cases by 5 year age groups, 1982 – 2012, Cumulative



- There is variation in the gender distribution of reported AIDS cases across the lifespan. Females account for the larger share of cases in the 10 – 29 years age groups. In particular, among the 15 - 19 year age group, four times as many young women have been reported with AIDS than young men. However, adult males account for a larger proportion (61%) of the cases reported in the 30 to 79 age group.
- Cumulatively, the number of AIDS cases reported among 20-24 year olds (1,056 cases) is 4.5 times the number of cases reported among 15-19 year olds (233 cases).

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Transmission of HIV

- In Jamaica, HIV is primarily transmitted through sexual intercourse. Among all reported adult HIV cases on whom data about sexual practices are available (77% of cases), heterosexual practice is reported by 95% of persons.
- In 2012, the sexual practice of 44% of men reported with HIV (and 41% of men reported with AIDS) was unknown. This is due to inadequate investigation and reporting of cases as well as unwillingness among men who engage in sex with other men to disclose their sexual practices. Of the total number of men reported with HIV, 4% (626) were identified as bisexual and 3.6% (544) identified as homosexual.
- Among reported HIV cases on whom risk data are available, the main risk factors are multiple sex partners, history of STIs, crack/cocaine use, and sex with sex workers. ‘No high risk behaviour’ was reported for a notable proportion of HIV cases and this may represent persons who have one sex partner who was HIV infected by another partner (Table 1).

Table 1: Reported risk behaviours among adults with HIV (1982 – Dec 2012 cumulative)

N= 27200

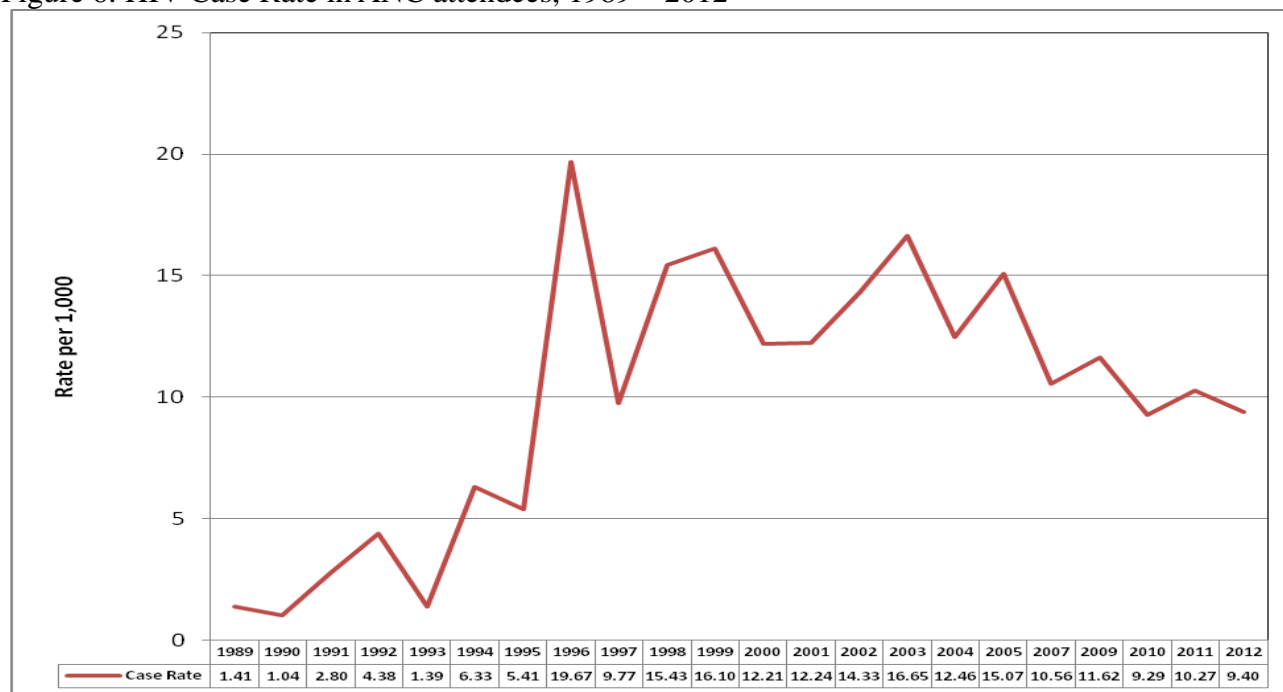
RISK	No. of Persons (%)
Sex with Sex workers	4080 (15.0%)
Crack , Cocaine Use	1250 (4.6%)
STI History	9705 (35.6%)
IV Drug Use	171 (3.2%)
Multiple Sexual Partners/contacts	Estimated >80%
No high risk behaviour	5321 (19.6%)

Of the 171 cases of IV Drug use reported since 1982, 73 (43%) were reported in the period 2008 - 2012. This significant increase in IDU in the last three years might reflect increased coverage among homeless drug users; as well it could indicate an important shift in the modes of transmission of HIV in Jamaica.

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The prevention of Mother To Child Transmission (pMTCT) Programme

Figure 6: HIV Case Rate in ANC attendees, 1989 – 2012



- In 2012, for every one thousand pregnant women attending public antenatal clinics, at least 9 were HIV infected.
- Between 1989 and 1996 the HIV prevalence among antenatal women increased from 0.14% to 1.96%. The prevalence has declined over the last 15 years, with the 2011 and 2012 rates remaining at 1% and below. This overall decline likely reflects the success of Behavior Change strategies among the general population.

TABLE 2: HIV status of ANC clinic attendees by parish, 2012*, Jamaica

Parish	Total Tested	Total Positive	Percent Positive (95% C.I.)
Kingston & St Andrew	1607	20	1.24 (0.76 – 1.92)
Manchester	461	3	0.65 (0.13 – 1.89)
St Ann	417	1	0.24 (0.01 – 1.33)
St Catherine	1200	10	0.83 (0.40 – 1.53)
St James	443	4	0.90 (0.25 – 2.30)
Westmoreland	349	4	1.15 (0.31 – 2.91)
Total	4,477	42	0.94 (0.68 – 1.27)

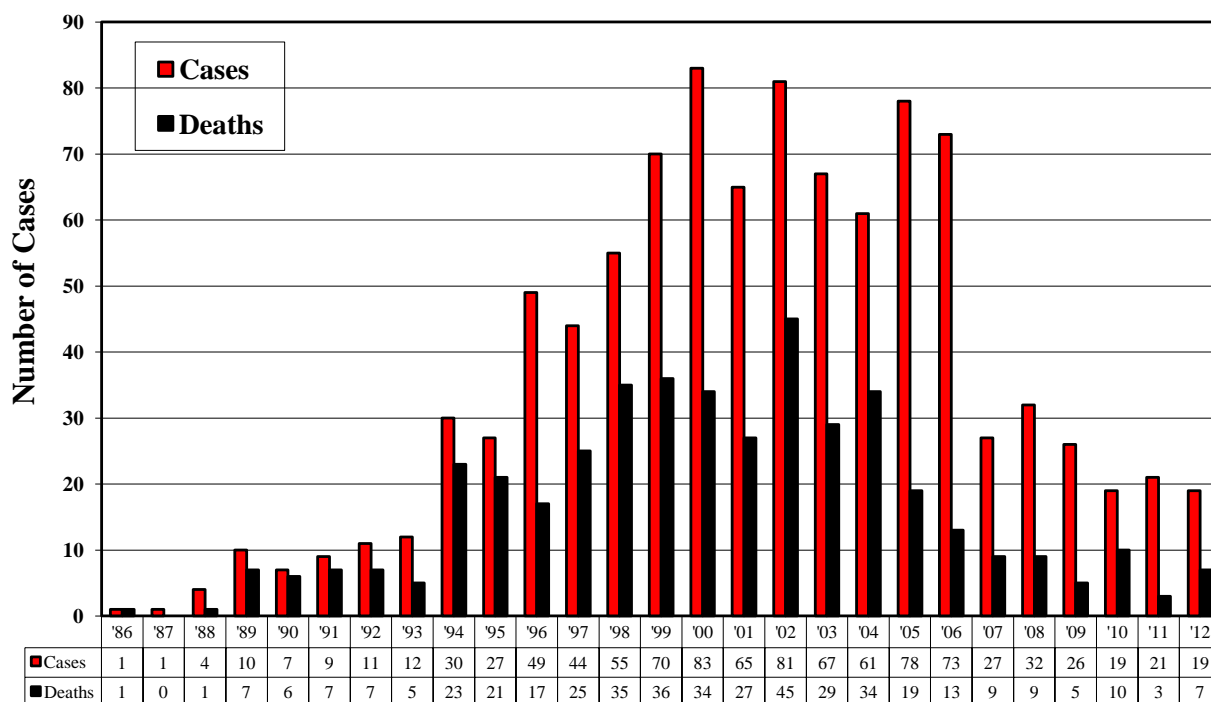
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The implementation of the pMTCT programme in 2004 included routine opt-out testing of antenatal clinic attendees, provision of antiretrovirals (ARV) and access to alternate feeding for HIV-infected women. This has resulted in HIV testing of more than 95% of pregnant women and ARV treatment or prophylaxis for 85% of HIV infected mothers in the public sector in 2012. More than 98% of infants born to HIV infected women in public health sector received ARV for pMTCT.

- In 2012, a total of 19 paediatric AIDS cases (children 0 to 9 years old) were reported compared to 78 paediatric AIDS cases in 2005. This significant decrease reflects the success of the pMTCT programme in reaching HIV-infected women.

Figure 7: Number of Paediatric AIDS Cases and Deaths reported annually, 1982 - 2012



- Seven (7) paediatric AIDS deaths were reported in 2012, compared to 34 in 2004. This represents a 79% decrease in the number of paediatric AIDS deaths over this period.
- The transmission of HIV from an HIV-infected mother to the exposed infant is estimated at approximately 2.0% in 2012, compared to 25% in 2002 (prior to the introduction of antiretroviral medication for prevention of mother-to-child transmission (pMTCT)).

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Most-at-risk populations

- Jamaica has features of both a generalized and concentrated HIV epidemic. The prevalence in the general population is estimated at 1.7%; however surveys show higher HIV prevalence in at risk groups.
- Surveillance of STI clinic attendees in 2012, indicate that for every one thousand persons with a sexually transmitted infection, approximately 26 were infected with HIV.

TABLE 3: HIV status of STI clinic attendees by parish 2012*, Jamaica

Parish	Total Tested	Total Positive	Percent Positive (95% C.I.)
Kingston & St Andrew	1476	37	2.51 (1.77 – 3.44)
‡Manchester	424	2	0.47 (0.06 – 1.69)
St Ann	383	16	4.18 (2.41 – 6.70)
St Catherine	1102	31	2.81 (1.92 – 3.97)
St James	407	12	2.95 (1.53 – 5.09)
Westmoreland	321	11	3.43 (1.72 – 6.05)
Total	4,113	109	2.65 (2.18 – 3.19)

*Survey conducted between April and September 2012

- 70% of STI attendees tested in the sentinel surveillance were females. This also reflects the gender distribution seen in over 10,000-recorded STI clinic visits. 2.08% of females tested positive for HIV compared to 4.00% of male STI attendees.
- A 2012 survey of sex workers found that 4.1% of female sex workers were HIV infected.
- In 2011, a survey of 453 men who have sex with men (MSM) found that approximately 1 out of every 3 MSM was HIV infected.
- A 2006 survey of prison inmates indicated that approximately 3.3% of inmates are HIV positive.