2015 STD/HIV Surveillance Report

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Office of Public Health

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The History of the STD and HIV Program Offices

The STD Control Program has been in existence for many years to screen and treat persons infected with a sexually transmitted disease, primarily syphilis, gonorrhea, and chlamydia in Louisiana. The STD Control Program staff who are located in the central office are responsible for collaborating with regional staff and community partners to ensure that STD screenings, treatment and partner services are provided, as well as for conducting surveillance and implementing outbreak response initiatives and other special projects.

The Louisiana State University Health Sciences Center (LSUHSC) HIV Program Office was established in 1992 under the LSU School of Medicine, Department of Preventive Medicine. Simultaneously, the Louisiana Department of Health and Hospitals (DHH) was also addressing HIV public health issues through the Office of Public Health (OPH) HIV/AIDS Services. Noting that there were two State agencies addressing the HIV epidemic, LSU and OPH came together as the Department of Health and Hospitals (DHH) Office of Public Health (OPH) HIV/AIDS Program (HAP) in 1998.

In December 2010, the STD Control Program and the HIV/AIDS Program merged to become the STD/HIV Program (SHP). In 2016, the Louisiana DHH was renamed Louisiana Department of Health (LDH).

About the Current STD/HIV Program

The STD/HIV Program (SHP) administers statewide and regional programs designed to prevent the transmission of STDs and HIV, to ensure the availability of quality medical and social services for those diagnosed with an STD or HIV, and to track the impact of the STD and HIV epidemics in Louisiana.

VISION

Achieve a state of awareness that promotes sexual health, ensures universal access to care, and eliminates new STD and HIV infections.

MISSION

SHP's mission is to lead the effort to build a holistic, integrated and innovative system of STD and HIV prevention, care and education that eliminates health inequities. We will do this by utilizing quality data and technology to inform and direct policy and program around sexual health.

About this Report

The *2015 STD/HIV Surveillance Report* provides a thorough surveillance profile of the HIV and STD epidemics in Louisiana. The diagnoses included in this report include syphilis, congenital syphilis, gonorrhea, chlamydia, HIV and AIDS, and perinatal exposure to HIV.

For More Information:

SHP maintains two websites http://dhh.louisiana.gov/hiv and www.louisianahealthhub.org.

Executive Summary

The following report provides detailed information regarding demographic and risk characteristics of individuals with HIV and STD infections and trends in the epidemics over time. This report includes cases diagnosed through 2015. Some of the most significant trends are highlighted below:

HIV Surveillance

- At the end of 2015, 20,398 persons were living with HIV infection in Louisiana, of whom 10,681 (52%) have been diagnosed with AIDS. There are persons living with HIV in every parish in Louisiana.

- In the most recent *CDC HIV Surveillance Report* (Vol. 27), Louisiana ranked 2nd in the nation for HIV case rates (24.2 per 100,000 population) and 11th in the number of reported HIV cases. The Baton Rouge MSA ranked 2nd in the nation and the New Orleans MSA ranked 3rd in the nation for HIV case rates (32.0 and 31.9 per 100,000, respectively), among the large metropolitan areas in the nation.

- According to the same report, Louisiana ranked 2nd highest in state AIDS case rates (11.2 per 100,000) and 11th in the number of AIDS cases in 2015. The Baton Rouge MSA ranked 2nd in AIDS case rates (16.0 per 100,000) and the New Orleans MSA ranked 4th in AIDS case rates (14.9 per 100,000) in 2015 among the large metro areas in the nation.

- In 2015, 1,128 individuals were newly diagnosed with HIV infection in Louisiana.

- The New Orleans region had the highest number and the highest rate of new HIV diagnoses in 2015 out of all nine public health regions. The Baton Rouge region had the 2nd highest number and 2nd highest rate of new diagnoses.

- Women accounted for one out of four new HIV diagnoses in 2015. The HIV diagnosis rate among men was over three times greater than the rate for women in Louisiana.

- Blacks continue to experience severe health inequalities; the HIV diagnosis rate for blacks was over six times higher than among whites in 2015. Although blacks make up only 32% of the state's population, 72% of newly diagnosed HIV cases and 74% of newly diagnosed AIDS cases were among blacks in 2015.

- In 2015, new HIV diagnoses in youth aged 13-24 accounted for 26% of all new diagnoses. The majority of new diagnoses among youth are male (81%), black (84%), and are gay, bisexual or other men who have sex with men (78%).

- In 2015, gay, bisexual and other men who have sex with men (MSM), accounted for 59% of all new HIV diagnoses in the state. An additional 4% of new diagnoses in 2015 were among MSM who were also injection drug users (IDU). The majority of the new diagnoses among MSM in Louisiana were black (68%) and under the age of 35 (68%).

- Of the 1,128 persons diagnosed with HIV in 2015, 19% had an AIDS diagnosis at the time of their initial HIV diagnosis, an additional 4% had an AIDS diagnosis within three months. Overall, 24% of all new HIV diagnoses in 2015 had an AIDS diagnosis within six months and are considered to be "late testers".

HIV Linkage and Retention in Medical Care

- In 2015, 84% of persons newly diagnosed with HIV were linked to HIV medical care within three months of their diagnosis.

- In 2015, 28% of all persons living with HIV infection in Louisiana were considered to have unmet need for HIV medical care. These persons did not have a single CD4 count or viral load test conducted in 2015.

- 79% of all persons living with HIV infection, who had at least one HIV medical care appointment in 2015, were virally suppressed (last viral load < 200 copies/ml). .

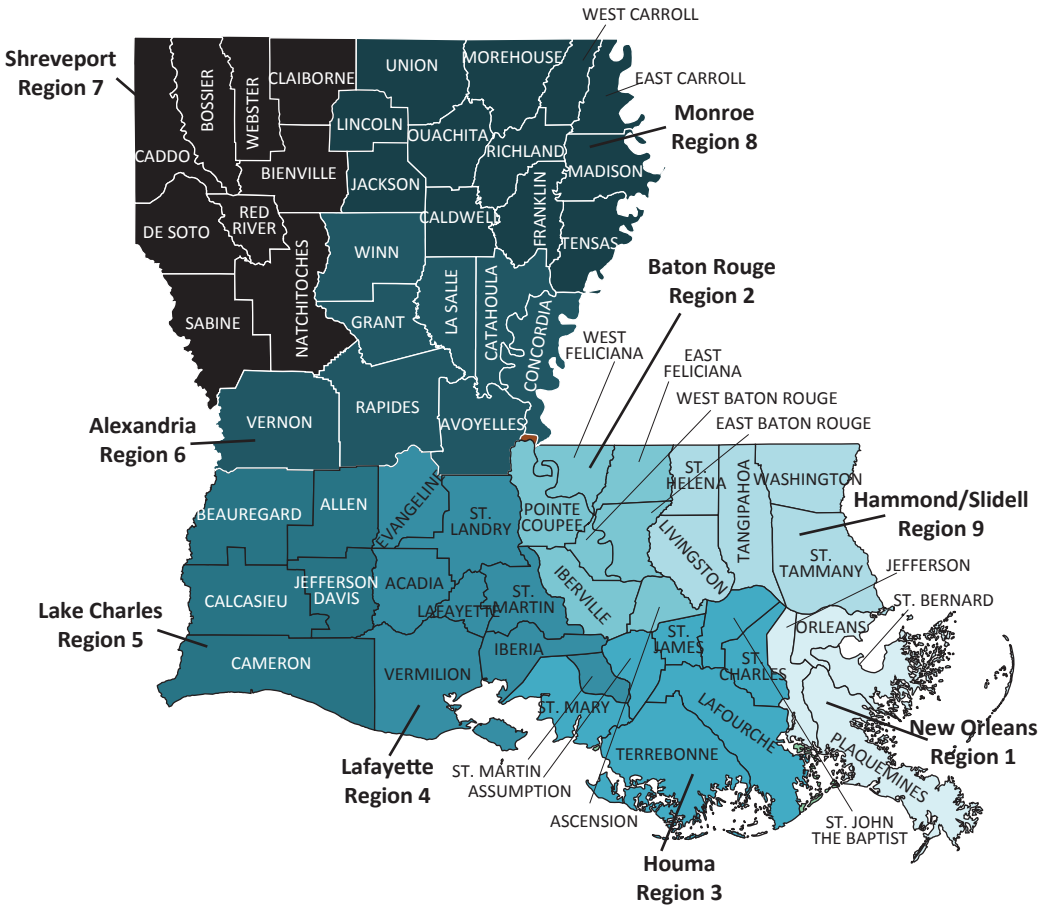
Perinatal HIV Exposure and Congenital Syphilis

- Perinatal HIV transmission rates have declined significantly from a high of nearly 16% in 1994 to less than 2% in 2014 and 2015.
- In 2014, 89% of HIV positive women in Louisiana received ARV therapy during pregnancy; 86% received ARVs during labor/delivery; and almost 96% of newborns received prophylactic zidovudine shortly after birth. Only 78% of mother-infant pairs received all three recommended components of the antiretroviral prophylaxis protocol. Increased effort must be made to intervene during pregnancy, labor/delivery and after the birth of the child to reduce the transmission rate below 1%.
- In 2015, Louisiana ranked 1st in the nation in congenital syphilis rates (83.9 per 100,000 live births). In 2015, there were 54 cases of congenital syphilis reported to the CDC which was over six times the national rate of 12.6 per 100,000 live births.
- As of June 2014, it is now Louisiana state law that pregnant women are screened for HIV and syphilis at the beginning of their third trimester of pregnancy, in addition to screening at their first prenatal care visit. All pregnant women should receive this repeated testing and timely treatment for HIV and syphilis to reduce the number of perinatal transmission of HIV and syphilis.

STD Surveillance

- In 2015, Louisiana ranked 1st in the nation in primary and secondary (P&S) syphilis rates (14.9 per 100,000), 1st in gonorrhea rates (220.0 per 100,000), and 2nd in chlamydia rates (691.1 per 100,000).
- There were 32,305 new cases of chlamydia, 10,274 cases of gonorrhea, and 696 cases of P&S syphilis diagnosed in Louisiana in 2015.
- The New Orleans region has the highest rate of chlamydia and the Monroe region has the highest rates of gonorrhea and primary and secondary syphilis of all nine regions in Louisiana.
- Women accounted for 72% of chlamydia diagnoses, 54% of gonorrhea diagnoses, and 27% of P&S syphilis diagnoses in 2015.
- New STD diagnoses among blacks is a significant health disparity. Blacks account for 73% of chlamydia diagnoses, 81% of gonorrhea diagnoses and 78% of P&S syphilis diagnoses in 2015.
- Persons under the age of 25 account for the majority of STD diagnoses in Louisiana: 71% of chlamydia diagnoses; 64% of gonorrhea diagnoses; 42% of P&S syphilis diagnoses.

Geographic Guide to Louisiana's Public Health Regions and Metro Areas



Louisiana's Population

	Parishes in Public Health Region	Parishes in MSA
Region 1:New Orleans	Jefferson, Orleans, Plaquemines, St. Bernard	Jefferson, Orleans, Plaquemines, St. Bernard, St. Charles, St. James, St. John the Baptist, St. Tammany
Region 2:Baton Rouge	Ascension, E. Baton Rouge, E. Feliciana, Iberville, Pointe Coupee, W. Baton Rouge, W. Feliciana	Ascension, E. Baton Rouge, E. Feliciana, Iberville, Livingston, Pointe Coupee, St. Helena, W. Baton Rouge, W. Feliciana
Region 3:Houma	Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, Terrebonne	Lafourche, Terrebonne
Region 4:Lafayette	Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, Vermillion	Acadia, Iberia, Lafayette, St. Martin, Vermillion
Region 5:Lake Charles	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis	Calcasieu, Cameron
Region 6:Alexandria	Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon, Winn	Grant, Rapides
Region 7:Shreveport	Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine, Webster	Bossier, Caddo, DeSoto, Webster
Region 8:Monroe	Caldwell, E. Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, W. Carroll	Ouachita, Union
Region 9:Hammond/Slidell	Livingston, St. Helena, St. Tammany, Tangipahoa, Washington	Tangipahoa

Louisiana's Population and Healthcare Environment

Louisiana's Population

In the 2015 census, the total population of Louisiana was 4,670,724 persons. Louisiana is made up of 64 county-equivalent subdivisions called parishes. In 2015, parish populations ranged from a low of 4,740 persons (Tensas Parish) to a high of 446,753 persons (East Baton Rouge Parish). While the state is considered rural, 75% of the population resides in urban areas.[i] The state has nine public health regions and nine metropolitan statistical areas (MSAs). The largest MSA is the New Orleans Metro Area (1,262,888) followed by the Baton Rouge Metro Area (830,480). With the addition of three parishes to the Lafayette MSA, it now has the third largest population in the state; 490,488.

Demographic Composition

According to the 2015 estimated census data, the racial and ethnic composition of the state was estimated to be 59% white, non-Hispanic, 32% black, non-Hispanic, 2% Asian, and <1% American Indian. Persons of Hispanic origin make up an additional 5% of the total population.

Age and Sex

In 2015, the census estimates that persons under the age of 18 made up 23.9% of the population while persons 65 and older made up 14.0% of the population. The median age in Louisiana is 36 years. As in previous years, the estimated proportion of females in the overall population in 2015 was slightly higher than that of males (51% vs. 49%).[ii]

Education, Income, Poverty and Unemployment

An estimated 83.4% of Louisiana residents aged 25 years and older had attained a high school degree or higher, compared to 86.7% nationally. Additionally, 22.5% of Louisiana adults had a bachelor's degree or higher compared to 29.8% nationally. The estimated median household income in Louisiana was $45,047 for 2015 compared to $53,889 nationally. Moreover, an estimated 19.8% of Louisiana's population was living below the poverty level, compared to 15.5% of the national population. Louisiana has one of the highest proportions of children living in poverty, with an estimated 27.9% of all children 18 years or younger living in households with an income below the federally defined poverty level in 2015 compared to the national estimate of 21.7% of all US children.[iii] The unemployment rate as of December 2015 in Louisiana was 6.1%.[iv]

Incarceration/Crime

In 2015, the crime rate in Louisiana was 37% higher than the national average rate. Property crimes accounted for 86% of the crime rate and violent crimes accounted for 14% of the crime rate. Of the 50 states, the Louisiana incarceration rate ranked 1st with 776 per 100,000 adults incarcerated. Louisiana's incarceration rate was more than double the national rate of 385 incarcerated adults per 100,000. As of December 31, 2015, the Louisiana prison population was 36,377 in nine state facilities. An additional 31,000 inmates can be found in the parish jail system.[v]

Health Indicators

In the 2015 United Health Foundation's America's Health Rankings report, Louisiana ranked **50th** out of 50 in overall health. This national health survey compares multiple health outcomes and health determinants in all states. The low-place ranking is predominately due to high rates of obesity, low high school graduation rates, high infant mortality rates, high percentage of children in poverty and high infectious disease rates.[vi]

Public Aid

In 2015, Medicaid covered 20% and Medicare covered 13% of all persons living in Louisiana. An additional 11% of the population was considered to be uninsured. Medicaid expenditures in Louisiana totaled $8 billion in the 2015 fiscal year.[vii] In 2015, 44% of children ages 0-18 were insured through Medicaid.[viii]

National HIV/AIDS Strategy for the United States: Updated to 2020

The National HIV/AIDS Strategy (NHAS) was released by the White House on July 13, 2010. This strategy was the first of its kind for the United States. The NHAS, outlined measureable targets to be achieved by 2015. The NHAS was constructed between Federal and community partners to create a common purpose and to determine what strategies and programs are working effectively to reach these common goals. This strategy helped change the way that people talk about HIV and prioritize services and prevention activities.

On July 30, 2015, the NHAS was updated to look ahead to 2020 and incorporate new scientific advances for testing, treatment and prevention.

VISION

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination."

There are four goals embedded in the Strategy with 2-3 unique actions steps:

GOAL 1: Reduce New HIV Infection

Focus on: Gay, bisexual and other men who have sex with men of all races and ethnicities, Black women and men, Latino women and men, People who inject drugs, Youth age 13 to 24 years, People in the Southern United States, and Transgender women.

- Intensify HIV prevention efforts in communities where HIV is most heavily concentrated.
- Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
- Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission.

GOAL 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk.
- Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV.
- Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-relate co-occurring conditions and challenges in meeting basic needs, such as housing.

GOAL 3: Reducing HIV-Related Disparities and Health Inequities

- Reduce HIV-related disparities in communities at high risk for HIV infection.
- Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.
- Reduce stigma and eliminate discrimination associated with HIV status.

GOAL 4: Achieving a More Coordinated National Response to the HIV Epidemic

- Increase the coordination of HIV programs across Federal government and between Federal agencies and State, territorial, Tribal and local governments.
- Develop improved mechanisms to monitor and report on progress toward achieving national goals.

National HIV/AIDS Strategy for the United States: Updated to 2020

10 Indicators At-A-Glance

1. Increase the percentage of people living with HIV who know their serostatus to at least **90 percent**.
2. Reduce the number of new diagnoses by at least **25 percent**.
3. Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least **10 percent**.
4. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least **85 percent**.
5. Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least **90 percent**.
6. Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least **80 percent**.
7. Reduce the percentage of persons in HIV medical care who are homeless to no more than **5 percent**.
8. Reduce the death rate among persons with diagnosed HIV infection by at least **33 percent**.
9. Reduce disparities in the rate of new diagnoses by at least **15 percent** in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living within the Southern United States.
10. Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least **80 percent**.

More information about the National HIV/AIDS Strategy can be found on the AIDS.gov website via the following link: https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf.

Understanding HIV Disparities in Louisiana

Blacks; gay, bisexual, and other men who have sex with (MSM); and transgender persons in Louisiana are significantly more likely to become infected and die from HIV compared to other groups. Studies show that these disparities are largely the result of institutional and social inequities that block these populations from having the same unimpeded access to opportunities for positive health and life outcomes as others. These inequities act as a barrier to routine HIV screening and sustained engagement in HIV medical treatment, which are two critical methods of preventing new HIV infections and HIV/AIDS mortality. In recent years, Louisiana's STD/HIV Program (SHP) has increasingly focused on crafting policies and public health interventions to break down these barriers and achieve HIV equity among these groups. HIV equity is only achieved when HIV morbidity and mortality rates can no longer be predicted by race, gender, or sexual orientation.

Causes of HIV Disparities among Blacks

A common misconception is that Blacks have higher rates of engaging in individual risky behaviors than other populations (e.g., unprotected sex, high number of sexual partners, drug use) and consequently, are at greater risk of being infected with HIV. Data from numerous studies have debunked this myth and show that Blacks actually tend to have lower rates of individual risky behaviors compared to their White counterparts. Furthermore, Blacks have higher rates of HIV infection even when engaging in behaviors of similar risk as Whites.[1-16] Taken together, these data suggest that the causes of HIV/AIDS disparities among Blacks cannot be explained by differences in rates of individual risky behaviors.

Studies show the actual causes of HIV/AIDS disparities among Blacks are complex and involve interrelated social factors that are largely tied to the effects of historical and present-day institutionalized racism. A selection of these factors are discussed below.

Stigma and a Lack of Social Support. Studies have shown that stigma tied to race, HIV, same-sex sexuality and non-conforming gender identity has played a critical role in the development of HIV disparities.[17-20] Stigma generates psychological distress, internalized shame, loss of self-worth, fear of being ostracized by society, and discriminatory treatment by others among persons associated with a marginalized population.[21-23] Racial stigma against Blacks is fueled by an extensive history of institutional attitudes and policies that have systematically devalued, stereotyped, and excluded Blacks. Sources of racial stigma include the dehumanization of Blacks during slavery; denying Blacks equal rights; laws permitting and/or requiring racial segregation; unequal protection and treatment from police; housing discrimination and the isolation of Blacks in impoverished neighborhoods; inequitable access to education and employment; and inequities in incarceration rates. Furthermore, Blacks are often portrayed by the media and community leaders as being criminals, violent, promiscuous, lazy, and unintelligent. These institutional policies and practices reinforce the devaluation and stereotyping of Blacks in communities across the US.[24-30]

The effects of multiple stigmas have been shown to be additive; thus, Blacks are more sensitive to other stigmas that have been shown to be associated with HIV disparities such as HIV/AIDS stigma.[31-32] HIV/AIDS stigma also stems from the institutional marginalization and discrimination of persons with HIV infection that has existed in the US since the beginning of the epidemic. HIV infection is often involuntarily associated with other stigmatizing attributes (such as promiscuity, drug use, and same-sex sexuality) and myths regarding how it can be transmitted.33 Other related stigmas that are associated with HIV disparities include homosexuality stigma and gender-related stigma against effeminate men and transgender women (these stigmas are discussed below in *Causes of HIV Disparities among Men who have Sex with Men and Transgender Women: Stigma and a Lack of Support*).

Persons may forgo or delay HIV screening or HIV medical treatment due to the following stigma-related reasons:

- Avoiding healthcare providers that offer HIV-related services out of fear of being seen by community members

and subsequently being associated with HIV/AIDS, same-sex sexuality, or other stigmatizing attributes.

- Avoiding disclosure of HIV status, sexual orientation, or gender identity to providers, community members, sexual partners, or family because of internalized shame, fear of being shunned or discriminated against, or previous experiences of being shamed or treated unfairly.
- Avoiding HIV treatment adherence or sustained engagement in HIV medical treatment due to internalized shame or fear of HIV-status disclosure to community members, sexual partners, or family.

Poverty and Isolation in Underserved Neighborhoods. In Louisiana, 45% of Blacks are estimated to live in poverty compared to 17% of Whites.[34] This alarming socioeconomic gap is largely the result of institutional policies and practices that deny Blacks equal opportunities for housing, education, and employment.[35] Blacks have endured a history of discriminatory legislation and housing practices in the US that have limited them to living in underserved neighborhoods isolated from Whites. Throughout the majority of the 20th century, Blacks were banned from home ownership assistance programs (such as the GI bill), barred from White neighborhoods due to legislation (1934 Housing Act), and faced widespread discriminatory real estate and mortgage lending practices (such as redlining). Blacks also have a long history of being effectively barred from renting in White neighborhoods due to discriminatory renting practices.[36-45] Many Black neighborhoods suffer major disinvestment from local governments, the real estate market, and businesses leading to plummeting housing values, a dearth of livable wage employment opportunities, and a lack of high-quality public services such as education, healthcare, access to healthy foods, and public transportation. These structural inequities result in neighborhoods with little opportunity for overall economic growth and perpetually high rates of poverty.[36,46]

Poverty and isolation in underserved neighborhoods have a significant impact on the utilization of HIV screening and HIV medical treatment among Blacks. Some examples of this impact are described below.

- Lack of comprehensive, adequate healthcare coverage due to affordability, a lack of Medicaid expansion, and a lack of opportunities for jobs that include health insurance benefits. Consequently, Blacks may delay or forgo HIV screening and HIV medical treatment due to affordability concerns.
- Lack of transportation to attend healthcare appointments. Many Blacks lack adequate transportation options to attend healthcare appointments due to affordability and a lack of adequate public transportation options and nearby healthcare providers within Black communities.[36,46]
- Lack of job flexibility to attend healthcare appointments. Employees of low-wage jobs typically do not have paid sick leave or affordable child-care options in order to go to clinic appointments during business hours.
- Homelessness can lead to a lack of privacy to store and take HIV medications as well as a dearth of methods of contact for healthcare providers to reach patients.
- Healthcare providers may have policies that unintentionally or intentionally make healthcare access difficult for impoverished patients who have Medicaid, lack certain identification documents, are illiterate, have mental disabilities, or have drug abuse issues.

Inequitable Treatment in the Healthcare System. Blacks have endured a history of abuses and discriminatory treatment in the healthcare system that continues into the present-day. In response, many Blacks consider healthcare providers to be untrustworthy or unreliable. This sentiment can lead to delayed HIV screening and significant gaps in HIV medical treatment engagement. Some sources of this mistrust are listed below.[47]

- The Tuskegee syphilis experiment. A study conducted by the US Public Health Service for 40 years (between 1932 and 1972) where Blacks who were diagnosed with syphilis were purposely not told of their diagnosis and not treated in order to monitor the progression of the disease.[47,48]
- Blacks are more likely than Whites to report feeling belittled, stereotyped, or disrespected by healthcare

provider staff and doctors. Blacks have also been less likely than Whites to report feeling satisfied with the care and treatment they received.[48]

- Nationally, Blacks receive less aggressive or delayed treatment (including delayed prescribing of HIV treatment), on average, compared to Whites for the same medical conditions due to implicit racial biases and stereotyping among healthcare providers.[48]

- A lack of Black physicians in the healthcare system. Blacks make up only 4% of US physicians even though they make up 13% of the US population. Black patients report higher levels of confidence, trust, and satisfaction when seeing Black physicians compared to White physicians. In addition, Black physicians may be more likely to have a better understanding of the social and cultural factors that affect health behaviors and outcomes among Black patients.[48,49]

Incarceration Disparities. Louisiana has the highest incarceration rate and some of the longest incarceration sentences in the US. Blacks in Louisiana are four times more likely than Whites to be incarcerated while awaiting trial or after a conviction.[50] Reasons for this alarming disparity include over-policing in Black communities, racial profiling due to racial stigmas, differences in incarceration outcomes for similar crimes between Whites and Blacks, lack of adequate legal representation in court, bond policies that favor wealthy individuals, and a lack of social support and job opportunities upon reentry into the community.[51-56] Incarceration may have the following effects:

- Persons may experience substantial interruptions in routine HIV screening and HIV medical treatment during and after incarceration due to difficulty accessing HIV medical services in correctional facilities and significant difficulty obtaining employment, housing, and healthcare upon release.[51,56]
- Incarceration may disrupt stable, monogamous relationships and lead to a lower number of available sexual partners in a community. A smaller sexual network increases the risk of exposure to HIV and other STDs.[51,56]
- Incarceration generates additional stigma that may affect HIV screening and medical treatment utilization patterns.[51,56]

*Causes of HIV Disparities among Men who have Sex with Men and Transgender Women**

While transgender women and gay, bisexual, and other men who have sex with men (MSM) have the same concerns regarding their health as other groups, they continually have the highest rates of HIV infection in Louisiana and across the US.[64] Studies show that HIV disparities among MSM and transgender women are fueled by interrelated social factors associated with a history of institutional norms and policies in the US that are rooted in heterosexism, homophobia, and transphobia. Social factors related to the institutional oppression of Blacks (discussed in the previous section) also plays a role in the development and persistence of these disparities as Black MSM and transgender women bear the largest burden of HIV of any population in Louisiana. A selection of these social factors are discussed below.

Stigma and a Lack of Social Support. Studies have shown that stigma tied to same-sex sexuality and non-conforming gender identities has played a critical role in the development of HIV disparities.[17,21-24,32] Stigmas faced by MSM and transgender women are fueled and reinforced by an extensive history of institutional attitudes and policies that have perpetually devalued, stereotyped, and discriminated against same-sex sexuality and non-conforming gender identities. Laws and policies in the US have long allowed MSM and transgender women to be denied equal treatment, housing, employment, marriage benefits, entry into the armed forces, access to public accommodations (retail stores, banks, libraries, restaurants, etc.) , and other equal protections.[57-61] Likewise,

* Rates of HIV infection among transgender men in the US has not been sufficiently researched; however, transgender men in the US suffer from some of the same institutional oppressions as transgender women. SHP intends to include transgender men in all prevention and service efforts.

many important religious institutions strongly prohibit and/or vilify same-sex sexuality and non-conforming gender identities. Moreover, MSM and transgender women have often been negatively portrayed by community leaders and the media as being promiscuous, drug users, pedophiles, criminals, and/or sex workers.[62]

Due to widespread stigma, MSM and transgender women often face severe hostility, ostracism, and violence from family, friends, and community members upon revealing their sexuality and/or gender identity. Consequently, MSM and transgender women may feel tremendous internalized shame, fear of discrimination or mistreatment, and psychological distress. MSM and transgender women are also more sensitive to other stigmas such as HIV/AIDS stigma and racial stigma as the effects of multiple stigmas have been shown to be additive. Altogether, the psychological distress caused by this combination of stigma can result in delayed HIV screening and medical treatment (additional details on the effects of stigma on HIV infection risk are available in the above section, *Causes of HIV Disparities among Blacks: Stigma and a Lack of Support*).[17,21-24,32]

Poverty, Ostracism, and Discriminatory Treatment. Transgender persons, particularly transgender persons of color, are dramatically more likely to live in poverty and experience homelessness than the general US population due to the widespread prevalence of discriminatory policies and hostile attitudes against this population. A national study of transgender women in the US found that transgender persons were four times as likely to have a household income under $10,000 compared to the general US population (15% vs. 4%). Black transgender persons face worst financial outcomes then other transgender persons. One in three Black transgender persons (34%) reported an income below $10,000 and 41% of Black transgender persons have reported ever being homeless.[60]

Transgender women often first encounter poverty and homelessness as youths. Studies show that transgender women are significantly more likely to endure harsh bullying, ostracism, harassment and violence from schoolmates, families, and school administrators. Transgender students who face these experiences are more likely to have higher levels of psychological distress, lower academic achievement, miss class, and not plan on attending college. As a result, transgender persons may be less prepared to compete for livable-wage jobs. In addition, rejection from family members during childhood is a major cause of homelessness among transgender youth.[63,64] Currently, Louisiana has no laws protecting students from discrimination or bullying on the basis of gender identity.[59]

Transgender women also face significant employment and housing discrimination due to their gender identity. In a review of 11 surveys, 13-47% of transgender respondents reported being unfairly fired or denied a job. In another survey, 78% of transgender persons reported experiencing harassment or mistreatment at work.[60] In addition, 19% of transgender persons have reported discrimination in the housing and renting market and 29% have reported discrimination from shelters and public housing.[61] Currently, Louisiana has no laws banning employment or housing discrimination based on gender identity.[59]

Poverty and homelessness have a significant impact on the transmission of HIV and the utilization of HIV screening and HIV medical treatment among transgender women. Some examples of this impact are described below (additional examples can be found in the above section, *Causes of HIV Disparities among Blacks: Poverty and Isolation in Underserved Neighborhoods*).

- Transgender women face immense employment discrimination due to gender nonconformity and may turn to sex work in order to survive. In a national survey of transgender persons in the US, 40% of black transgender persons and 6.3% of white transgender persons reported ever engaging in sex work (10.8% for all races). Almost 70% of these individuals reported discrimination in the traditional workforce. Engaging in unregulated sex work for survival is a significant risk factor for HIV transmission as there are financial pressures to engage in unprotected sex and a risk of sexual assault.[61]
- Lack of comprehensive, adequate healthcare coverage due to affordability, a lack of Medicaid expansion, and a lack of opportunities for jobs that include health insurance benefits. In one study, 48% of transgender persons reported delaying or going without medical care because they could not afford it.[64]

Inequitable Treatment in the Healthcare System. MSM and transgender women face widespread discrimination and exclusionary policies within the US healthcare system. As a result, MSM and transgender women are less likely to have a regular place to go for medical care (such as a primary care physician) and they are more likely to delay or forgo preventative care and treatment (such as routine HIV screening and HIV medical treatment).[61,64]

- Many MSM and transgender individuals report being refused care by healthcare providers and/or facing harassment, ridicule, or disrespectful treatment by health provider staff and physicians. Staff and physicians may also blame a patient's sexual orientation or gender identity as the cause of an illness.[61,64]
- Many insurance policies have historically used or continue to use blanket exclusions to deny coverage for health concerns of transgender persons such as transition surgery, sex-specific preventative services (i.e., prostate exams for transgender women), and hormone medications. Louisiana lacks any laws prohibiting insurance companies from discriminating against transgender persons. As a result, transgender women may be discouraged from enrolling in healthcare insurance.[61,64]
- Transgender persons may experience delays or difficulties in accessing coverage because their gender identity or chosen name does not reflect the gender or name on their identification documents (such as a driver's license or social security card). Changing identification documents to reflect one's gender identity can be time-consuming and expensive.[61,64]
- Most doctors receive little or no instruction on the unique physical and mental health concerns of MSM and transgender women. Consequently, many MSM and transgender women go without receiving adequate, client-centered care.[61,64]

Incarceration and Survival. Transgender women, particularly low-income and Black transgender women, face high levels of over-policing, profiling, police harassment, and incarceration. Transgender women are often shunned from employment opportunities, family, and their surrounding community. To survive, some transgender women may turn to activities that carry a high risk of incarceration such as sex work or drug trafficking. Transgender women also report being the target of random searches by police and being incarcerated for carrying condoms due to suspicion of sex work engagement.[61,65] Incarceration may have the following effects for transgender women:

- Transgender women placed in men's prisons face a high risk of being sexually assaulted. One study found that 59% of transgender women in men's prisons reported ever being sexually assaulted while in prison.[61]
- Transgender women may experience substantial interruptions in routine HIV screening and HIV medical treatment during and after incarceration due to difficulty accessing HIV/AIDS services in correctional facilities and difficulty obtaining access to healthcare upon release. In addition, they may experience disruptions in transgender-specific health care such as hormone therapy and mental healthcare.
- Transgender women may be discouraged from carrying condoms due to the risk of profiling and subsequently being incarcerated.

Transgender persons who have been incarcerated are at higher risk of future incarceration because of the tremendous difficulty obtaining employment, housing, and healthcare they may face upon release.

Eliminating HIV Disparities among Blacks, MSM, and Transgender Women

SHP is committed to adopting policies and developing interventions that tackle the institutional and social inequities that are driving HIV disparities among Blacks, MSM, and transgender women. This commitment is aligned with the mission and goals of the National HIV/AIDS Strategy (described in the section titled *National HIV/AIDS Strategy*). Examples of SHP's efforts are presented below.

- **No-cost condom distribution.** Condoms and lubricant are made available in neighborhoods through 758 sites, 60 parish health units, and through various outreach activities. The use of condoms during sexual

activity is a highly effective method of preventing HIV transmission.

- **No-cost HIV testing and counseling.** SHP supports HIV testing and counseling through contracts with community-based organizations and through partnerships with parish health units, hospital emergency departments, correctional facilities, substance abuse treatment programs, Federally Qualified Health Centers, and school-based health clinics.
- **Case Management.** SHP contracts with community-based organizations to provide medical and non-medical case management and other critical supportive services to assist persons living with HIV with access to medical care and address potential medical and socioeconomic barriers to entering or staying connected to HIV care.
- **Trainings on Institutional Oppression.** SHP has partnered with capacity building organizations to provide trainings on institutional racism, transphobia, and homophobia to its staff, as well as staff at three community-based organizations in New Orleans and Baton Rouge. SHP is currently working on providing similar trainings to other community-based organizations and healthcare providers across the state.
- **Wellness Centers.** SHP has contracted with six community-based organizations to provide integrated prevention services to MSM and transgender women in New Orleans, Baton Rouge, Lafayette, Shreveport, Monroe, and Alexandria.
- **Louisiana Health Access Program (LA-HAP).** SHP provides access to HIV medications for uninsured persons living with HIV and assistance with health insurance premiums and other cost shares for insured persons living with HIV.
- **Louisiana Links.** A linkage/re-engagement and patient navigation intervention that utilizes HIV surveillance data to find persons living with HIV who may be in need of linkage/reengagement to HIV medical care or treatment adherence services. Enrollees in this program receive assistance overcoming socioeconomic barriers to HIV medical care that typically goes above and beyond what is provided through traditional case management.
- **Health Models.** A pay-for-performance treatment and prevention program that gives financial incentives to patients who attend regularly scheduled HIV medical appointments and reach and maintain viral suppression. Enrollees in this program also receive additional counseling and HIV education.

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Chapter 1

Profile Of The HIV Epidemic In Louisiana

Introduction to HIV Surveillance

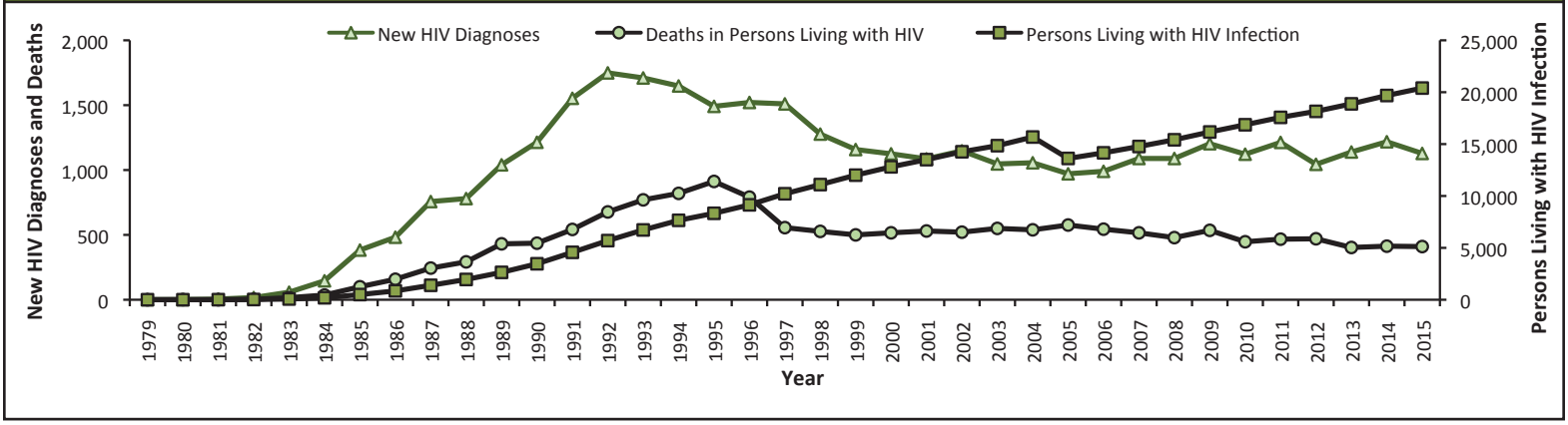
The Louisiana Department of Health, Office of Public Health STD/HIV Program's (SHP) HIV Surveillance Program conducts general case ascertainment through the receipt of reports of potential cases of HIV infection from clinical providers, laboratories and other public health providers throughout the state with funding from the Centers for Disease Control and Prevention (CDC) and in accordance with the Louisiana Sanitary Code. Basic demographic and risk information are also collected. Additionally, the program monitors perinatal exposure to and transmission of HIV, HIV incidence, medication resistant strains of HIV, clinical manifestations of HIV disease, mortality, the utilization and impact of care and treatment, and measures of high risk behavior.

Louisiana began confidential name-based reporting of AIDS diagnoses in 1984 and confidential name-based reporting of HIV (non-AIDS) diagnoses in 1993. In 1999, the Louisiana Sanitary Code was revised to mandate the reporting of all HIV-related laboratory results (e.g., CD4 counts, viral loads, Western blots). In 2010, the Sanitary Code was revised to explicitly require the reporting of HIV in pregnancy as well as prenatal exposure to HIV. Maternal and pediatric medical records are reviewed to assess testing and treatment. Follow-up occurs until the infant's infection status is determined.

Data from the above surveillance activities are analyzed and non-identifying summary information is provided to public health programs, community based organizations, researchers, and the general public through reports, presentations, data requests, and regional profiles. The information is provided for the purposes of program planning and education, such as to assess the risks for HIV infection and develop effective HIV prevention programs; to help identify where services for people living with HIV infection are needed; and to assist with the allocation of federal and state funding.

This report includes data for persons diagnosed with HIV or AIDS through December 31, 2015 and reported to SHP before February 1, 2017. The report presents both numbers and rates of HIV and AIDS diagnoses. New HIV diagnoses are the number of people diagnosed with HIV at any stage of the disease within a given year. Rates take into account differing population sizes among demographic groups or areas, and comparing rates between two or more groups or areas can identify important differences.

Number of HIV Diagnoses, Deaths, and Persons Living with HIV Infection
Louisiana, 1979-2015

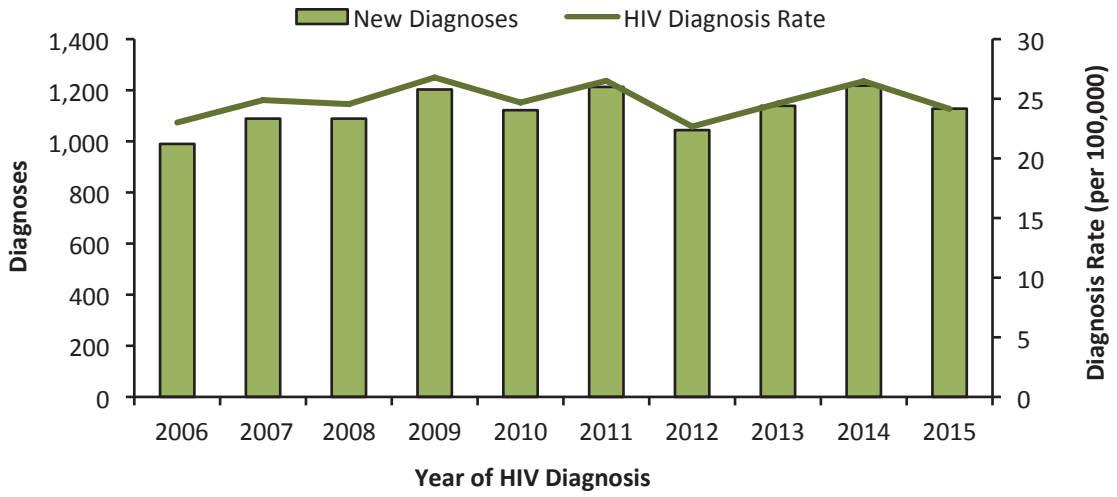


The first reported Louisiana resident with AIDS was diagnosed in 1979. In the thirty-six years since then, the number of persons living with HIV infection in the state has continued to increase. New HIV diagnoses peaked in 1992 and deaths among persons with HIV infection peaked in 1995. Deaths have decreased since 1995 due to the availability of more effective treatments. The decreases seen in 2005 in both persons living with HIV infection and new HIV diagnoses were due to the impact of Hurricane Katrina which resulted in the dislocation of a large number of persons from the New Orleans metropolitan area and disruptions in HIV testing.

10-Year Trends in New HIV Diagnoses (2006-2015)

The number of new HIV diagnoses in a given year has historically served as a measure of new infections (incidence). However, since individuals can be infected with HIV for varying periods of time before they are diagnosed, counting new HIV diagnoses is not an accurate representation of new infections in a given year.

New HIV Diagnoses and Rates
Louisiana, 2006-2015

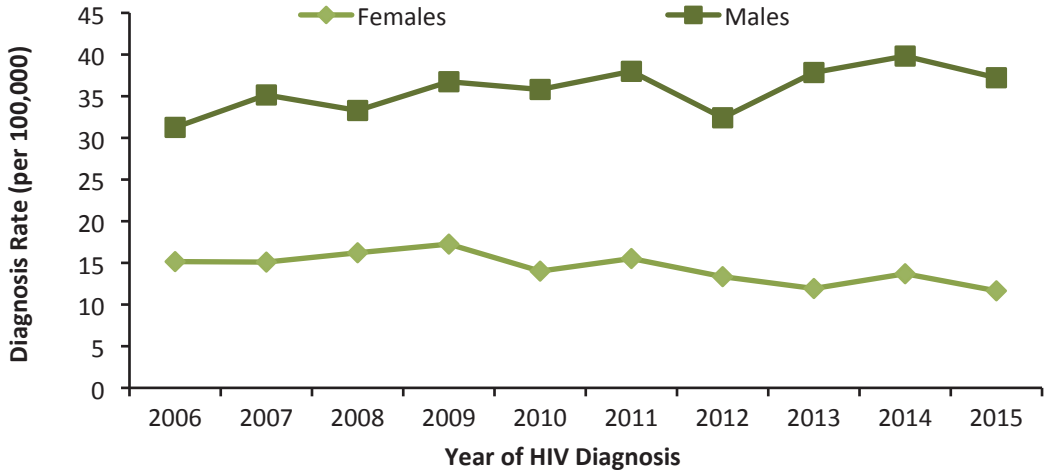


- In 2015, 1,128 individuals were newly diagnosed with HIV infection in Louisiana. Over the past 10 years, the number of new HIV diagnoses has fluctuated from a low of 990 diagnoses in 2006 to a high of 1,218 diagnoses in 2014. In 2005 and 2006, there was a large disruption to HIV testing services due to Hurricane Katrina.
- Over the past 10 years, the HIV diagnosis rate ranged from a low of 22.7 per 100,000 in 2012 to a high of 26.8 per 100,000 in 2009, followed closely by 26.5 per 100,000 in 2011 and 2014.

HIV Diagnoses by Sex, Race/Ethnicity, and Age

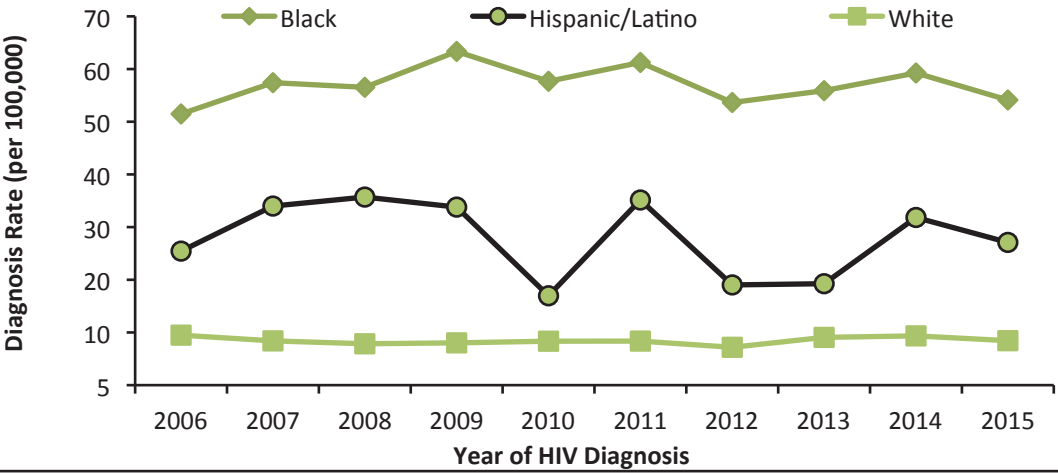
Although the HIV epidemic affects persons of all genders, ages and race/ethnicities in Louisiana, the impact is not the same across all populations. Identifying the populations most at risk for HIV infection helps in planning HIV prevention activities and services, and in determining the most effective use of limited resources. To get a better understanding as to how some groups are more severely impacted by the HIV epidemic, refer to the introductory chapter of this surveillance report.

Trends in HIV Diagnosis Rates by Sex at Birth
Louisiana, 2006-2015



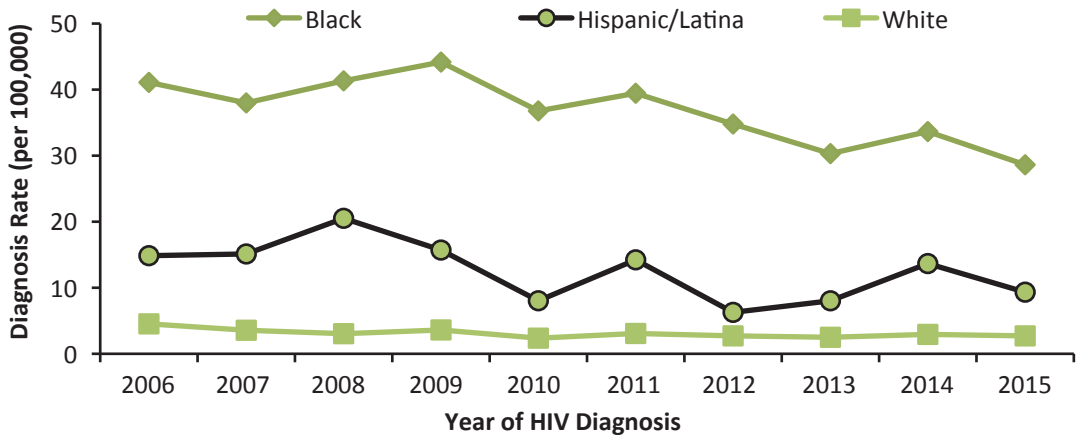
- Overall, the HIV diagnosis rate for females in Louisiana has been slowly declining over the past 10 years. In 2006, the female HIV diagnosis rate was 15.2 per 100,000 females. In 2015, the female HIV diagnosis rate declined to a 10 year low of 11.7 per 100,000.
- The rate for men has been more variable (between 31.3 and 39.8 per 100,000 males). From 2012 to 2014, the male HIV diagnosis rate increased sharply from 32.4 per 100,000 to 39.8 per 100,000. In 2015, the male HIV diagnosis rate declined to 37.2 per 100,000 males. The HIV diagnosis rate for males was over three times greater than females in 2015. Cumulatively, males have accounted for 70% of all new HIV diagnoses in Louisiana over the past 10 years.

Trends in HIV Diagnosis Rates by Race/Ethnicity
Louisiana, 2006-2015



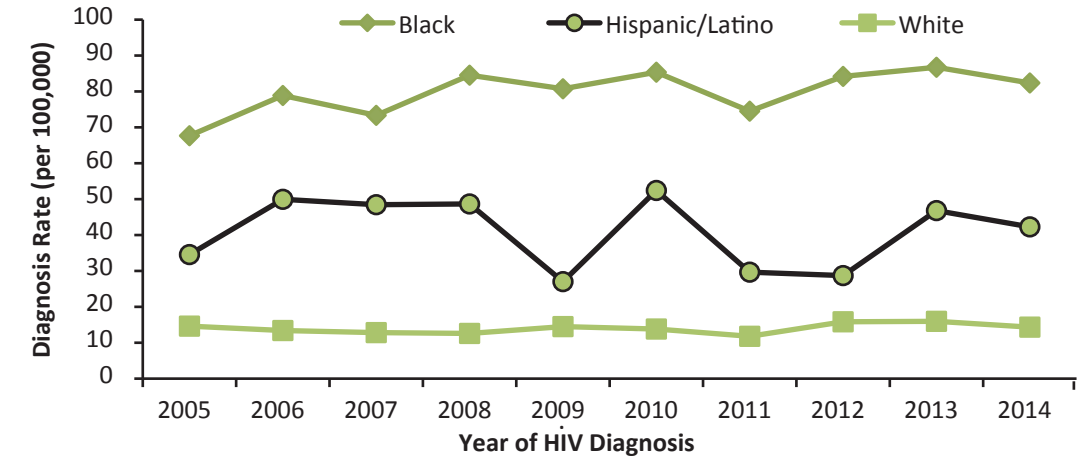
- The HIV diagnosis rate among whites has remained stable over the past 10 years, with a diagnosis rate of 8.4 per 100,000 whites in 2015. The rate for blacks has been more variable and has increased from a low of 51.5 per 100,000 blacks in 2006 to a high of 63.3 per 100,000 blacks in 2009. The 2015 diagnosis rate was 54.1 per 100,000 blacks.
- In 2015, the HIV diagnosis rate for blacks was over six times greater than the rate for whites and two times the rate for Hispanic/Latinos (27.1 per 100,000 Hispanic/Latinos). The HIV diagnosis rate for Hispanic/Latinos was over three times the rate for whites; among the 1,128 newly diagnosed persons in 2015, 63 were Hispanic/Latino.

Trends in HIV Diagnosis Rates Among Females by Race/Ethnicity
Louisiana, 2006-2015



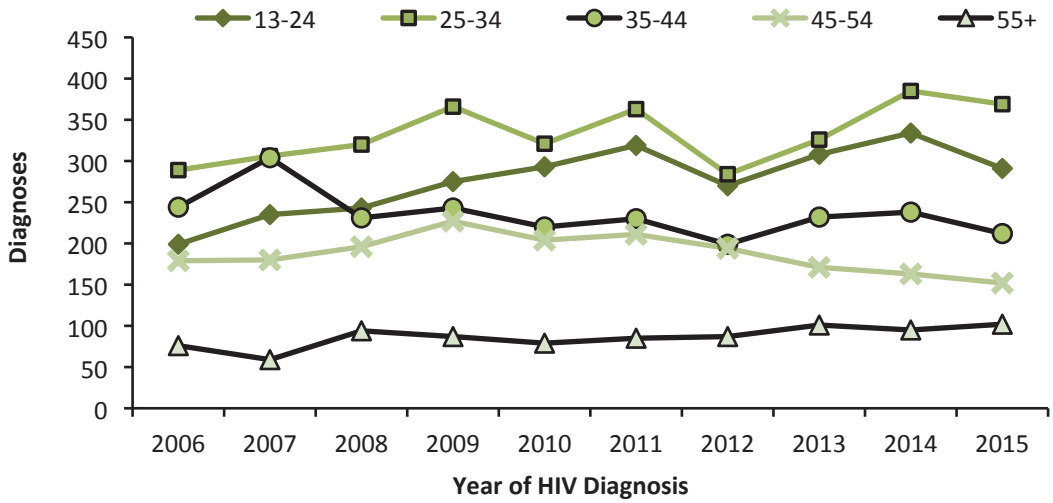
- In 2015, the HIV diagnosis rate in black females (28.6 per 100,000) was over 10 times greater than the rate for white females (2.7 per 100,000) and was more than three times the rate for Hispanic/Latina females (9.3 per 100,000).
- The HIV diagnosis rate among black females has declined significantly from a high of 44.2 per 100,000 in 2009 to a low of 28.6 per 100,000 in 2015.
- Black females and males in Louisiana account for the overwhelming majority of new HIV diagnoses each year. Blacks make up only 32% of Louisiana's population which when taken into account creates exceptionally high diagnosis rates. The HIV diagnosis rate for Hispanic/Latina females is higher than for white females, although the diagnosis count is higher among whites.

Trends in HIV Diagnosis Rates Among Males by Race/Ethnicity
Louisiana, 2006-2015



- In 2015, the HIV diagnosis rate among black males (82.4 per 100,000) was more than five times greater than the rate for white males (14.3 per 100,000), and was almost double the rate for Hispanic/Latino males (42.3 per 100,000). From 2014 to 2015, the rates of new HIV diagnoses among males did decrease among all race/ethnicity groups.

Trends in New HIV Diagnoses by Age Group
Louisiana, 2006-2015



- The number of new diagnoses among youth, age 13-24 years, is of special interest in Louisiana and across the nation. In 2008, the number of new diagnoses among 13-24 year olds surpassed the number of new diagnoses among 35-44 year olds to become the second largest age group for new diagnoses. In 2015, new diagnoses in youth accounted for 26% of new diagnoses, compared to 20% of new diagnoses in 2006.

- The 25-34 year age group has the highest number of new diagnoses (33% of all new HIV diagnoses in 2015). The number of new diagnoses in persons aged 35-44 accounted for an additional 19% of all new diagnoses in 2015.

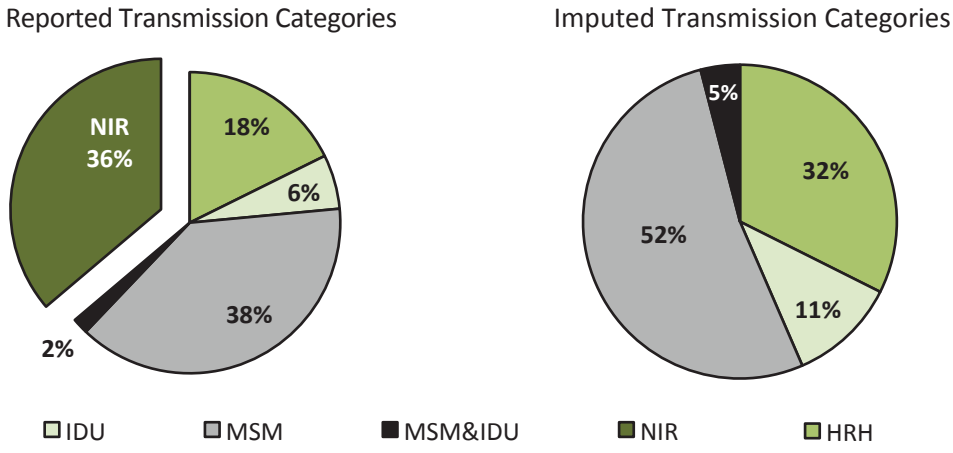
- The number of new HIV diagnoses declined in each age group from 2014 to 2015, except for persons age 55 and older. From 2014 to 2015, the number of new HIV diagnoses among persons 55 and older rose 7%.

HIV Diagnoses by Transmission Category

In accordance with the transmission categories used by the CDC, SHP classifies cases into six transmission categories: men who have sex with men (MSM), high risk heterosexual contact (HRH), injection drug use (IDU), men who have sex with men and inject drugs (MSM/IDU), mother-to-child transmission (Pediatric), and cases who received a transfusion or hemophiliac products (Transfusion/Hemophilia). As illustrated in the graph below, many cases do not have risk information reported or do not meet the transmission category criteria and are labeled as no identified risk (NIR). For all persons diagnosed between 2006 and 2015, 36% do not have a reported risk.

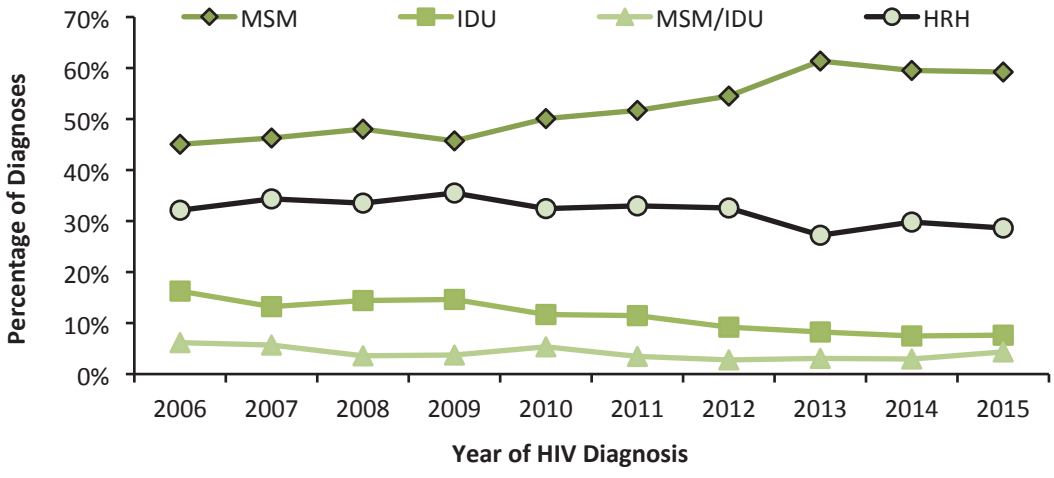
Risk information is difficult to ascertain because individuals may not know how they acquired the infection, their healthcare provider may not feel comfortable collecting the information, or the person may not be willing to share that information possibly due to stigma or fear of discrimination. A person who reports only heterosexual contact is not classified with a transmission category because according to the CDC "persons whose transmission category is classified as high risk heterosexual contact are persons who report specific heterosexual contact with a person known to have, or to be at high risk for, HIV infection (e.g., an injection drug user)." Due to the large number of NIR cases, SHP uses a statistical method to assign a mode of transmission for NIR cases called "imputation" (described in the Technical Notes located in the Appendix of this report).

HIV Transmission Categories
Louisiana, 2006-2015 Combined



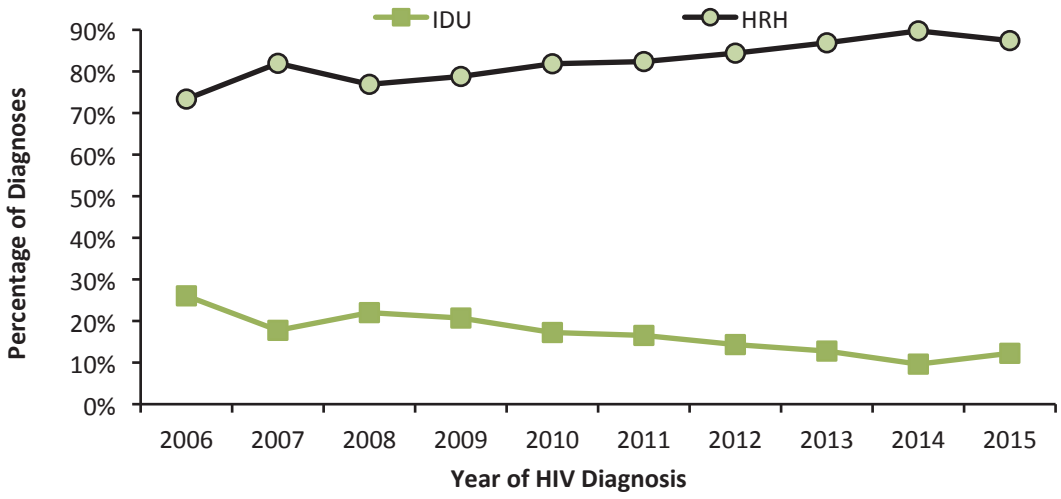
- Of the new diagnoses from 2006 to 2015, 36% do not have a recorded transmission category.
- A risk category is imputed for all cases without a recorded risk; 52% of all cases over the past 10 years were MSM, 32% were HRH, 11% were IDU, 5% were MSM/IDU. Perinatal infections are not included above because they do not undergo the risk imputation process.
- After assigning a transmission category for all NIR cases through imputation, trends in the percentage of cases for each transmission category can be analyzed. The following graphs use imputed transmission categories unless otherwise noted.

Trends in New HIV Diagnoses by Transmission Category
Adolescents and Adults in Louisiana, 2006-2015



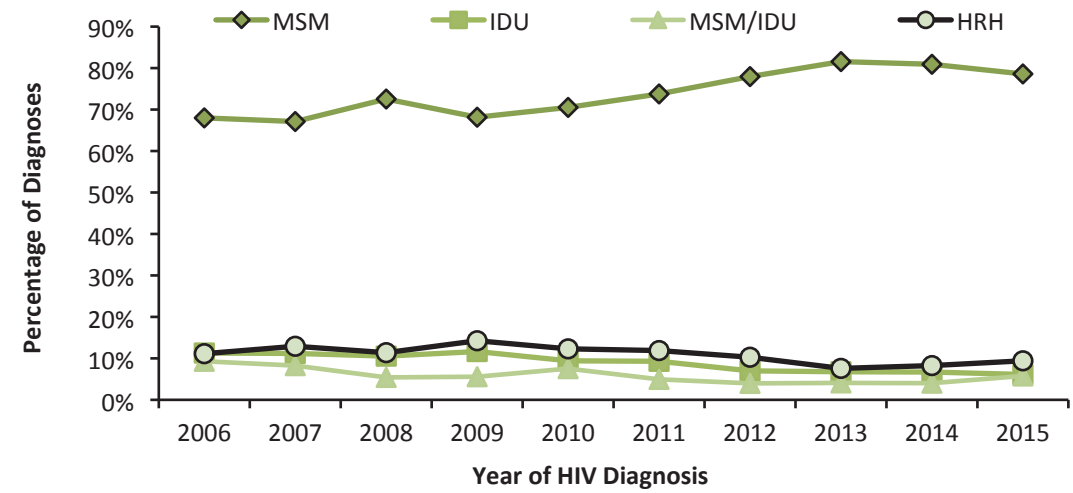
- The percentage of adult HIV diagnoses attributed to MSM has increased significantly from a low of 45% in 2006 to a high of 61% in 2013. In 2014 and 2015, the MSM proportion was just over 59%. The percentage of HRH diagnoses has decreased slightly, from a high of 36% in 2009 to a low of 27% in 2013; 29% in 2015. The percentage of diagnoses attributed to IDU and MSM/IDU has declined over the past 10 years from 16% IDU and 6% MSM/IDU in 2006 to 8% and 4% respectively in 2015.

Trends in New HIV Diagnoses by Transmission Category
Female Adolescents and Adults in Louisiana, 2006-2015



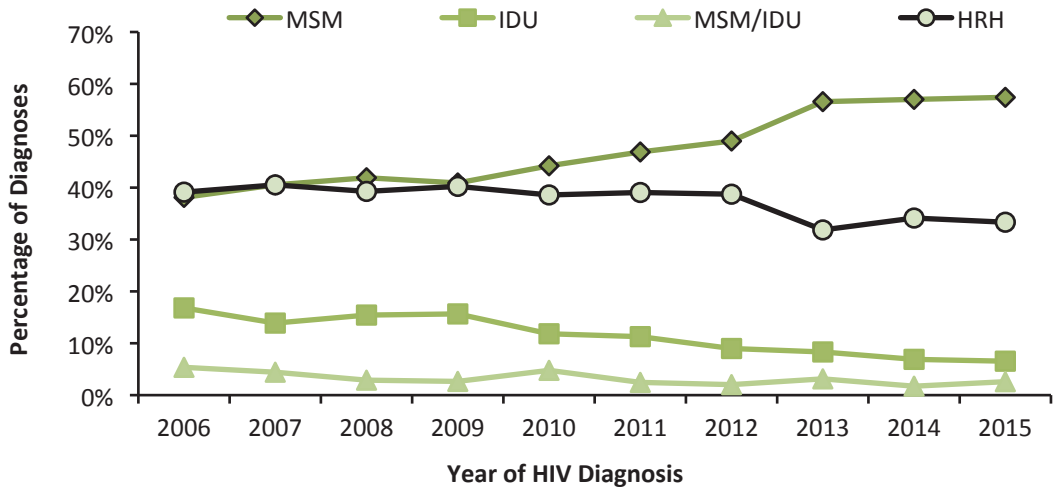
- The primary mode of transmission for women is HRH contact. Although there has always been a significant difference in the percentage of female diagnoses attributed to HRH and IDU, the difference was greatest in 2014 when 90% of females were high risk heterosexuals and 10% of females were injection drug users. In 2015, the proportion of HRH females dropped to 88% and injection drug users increase to 12%.

Trends in New HIV Diagnoses by Transmission Category
Male Adolescents and Adults in Louisiana, 2006-2015



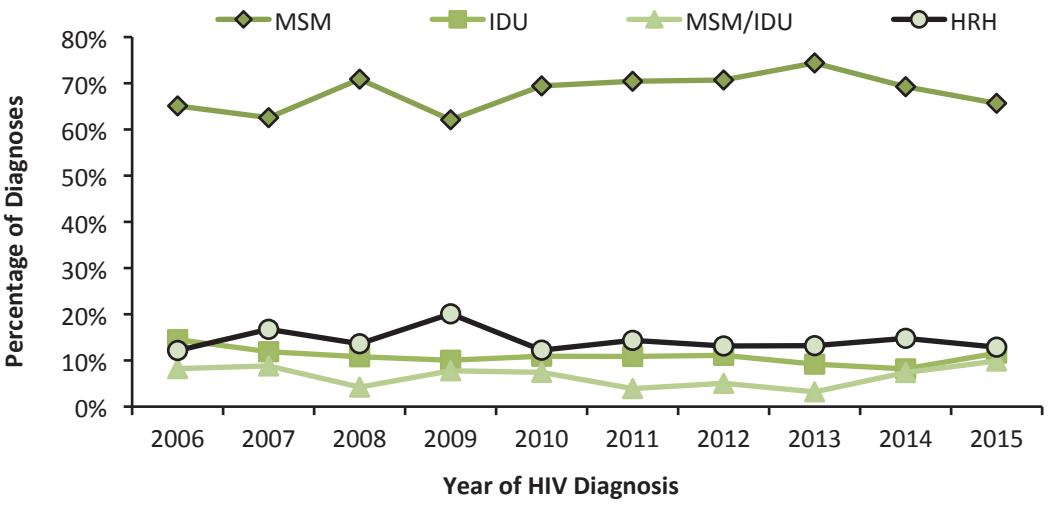
- The primary mode of transmission for males in Louisiana continues to be MSM, with far fewer reports of IDU, MSM/IDU and HRH. In 2015, the percentage of male diagnoses that were MSM was 79%, compared to ten years ago when MSM accounted for only 68% of all newly diagnosed males. The percentage of HRH diagnoses among men has remained low with a proportion of 9% in 2015.
- Overall, the percentage of new male diagnoses with a transmission category of IDU and MSM/IDU has declined since 2006. In 2015, male IDU accounted for 6% and MSM/IDU accounted for an additional 6% of new diagnoses, compared to 11% and 9% in 2006.

Trends in New HIV Diagnoses by Transmission Category
Black Adolescents and Adults in Louisiana, 2006-2015



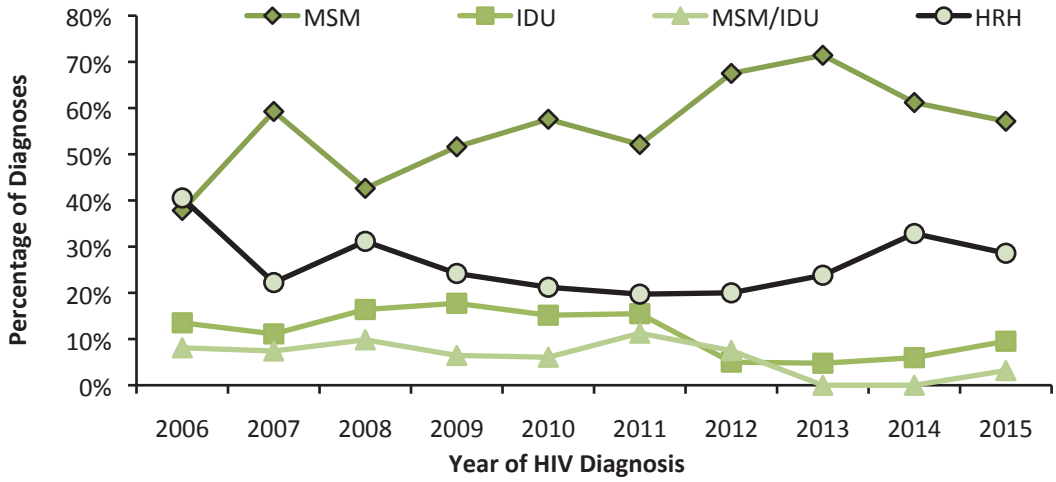
- Historically, the primary mode of transmission for blacks was HRH contact followed closely by MSM. In 2008, the percentage of new diagnoses of MSM in blacks surpassed the percentage of diagnoses attributable to HRH.
- In 2015, 57% of all new HIV diagnoses among blacks were MSM and 33% were HRH; 2013 marked a large increase among MSM from 49% in 2012 to 57% in 2013-2015.
- From 2006 to 2015, the percentage of HIV diagnoses among IDU and MSM/IDU among blacks has declined significantly from 17% to 7% for IDU and 5% to 3% for MSM/IDU.

Trends in New HIV Diagnoses by Transmission Category
White Adolescents and Adults in Louisiana, 2006-2015



- The predominant mode of transmission among whites has historically been and continues to be MSM. In 2015, 66% of newly diagnosed cases among whites were attributed to MSM. From 2013 to 2015, the proportion of new diagnoses among MSM declined from 74% to 66%.
- In 2015, 13% of diagnoses were attributed to HRH, 12% to IDU and 10% to MSM/IDU. Among whites, the proportion of MSM/IDU increased from just 3% in 2013 to 10% in 2015.

Trends in New HIV Diagnoses by Transmission Category
Hispanic/Latino Adolescents and Adults in Louisiana, 2006-2015



- The number of new diagnoses among Hispanic/Latino persons are smaller which causes more variability in the proportions of new diagnoses among the transmission categories. The predominant mode of transmission among Hispanic/Latino persons is MSM. In 2015, 57% of newly diagnosed cases among Hispanic/Latino persons were attributed to MSM.
- In 2015, 29% of diagnoses were attributed to HRH, 10% to IDU and 3% to MSM/IDU.

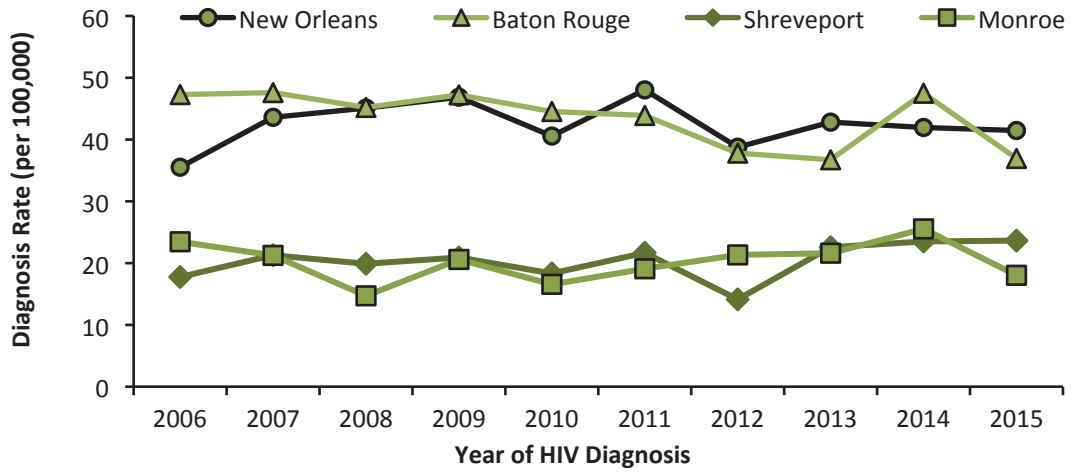
HIV Diagnoses by Public Health Region

New HIV Diagnoses by Region and Year
Louisiana, 2011-2015

	2011		2012		2013		2014		2015	
Louisiana	**1,213**	**%**	**1,044**	**%**	**1,139**	**%**	**1,218**	**%**	**1,128**	**%**
1-New Orleans	411	33.9%	338	32.4%	377	33.1%	358	29.4%	371	32.9%
2-Baton Rouge	292	24.1%	254	24.3%	246	21.6%	318	26.1%	252	22.3%
3-Houma	56	4.6%	53	5.1%	58	5.1%	52	4.3%	65	5.8%
4-Lafayette	89	7.3%	82	7.9%	91	8.0%	111	9.1%	89	7.9%
5-Lake Charles	50	4.1%	38	3.6%	37	3.2%	39	3.2%	45	4.0%
6-Alexandria	63	5.2%	56	5.4%	64	5.6%	58	4.8%	53	4.7%
7-Shreveport	118	9.7%	78	7.5%	123	10.8%	125	10.3%	129	11.4%
8-Monroe	67	5.5%	76	7.3%	77	6.8%	90	7.4%	64	5.7%
9-Hammond/Slidell	67	5.5%	69	6.6%	66	5.8%	67	5.5%	60	5.3%

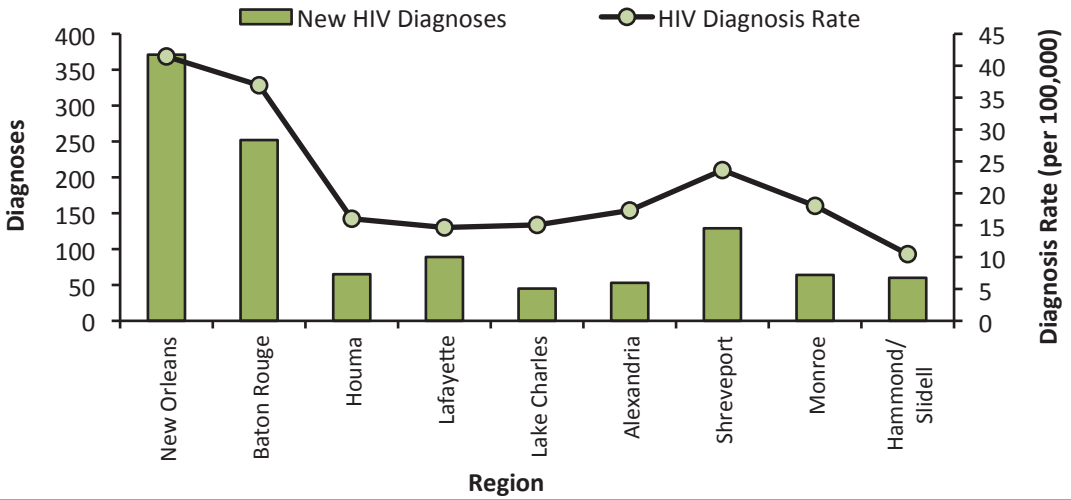
- The majority of new HIV diagnoses occur in the New Orleans and Baton Rouge regions each year. In 2015, the Shreveport region has the third highest number of new diagnoses followed by Lafayette. From 2011 to 2015, the proportion of new diagnoses in Baton Rouge fluctuated from a high of 26% in 2014 to a low of 22% in 2013 and 2015. The proportion of new diagnoses in New Orleans fluctuated from a high of 34% in 2011 to a low of 29% in 2014.

Trends in New HIV Diagnoses by Selected Region
Louisiana, 2006-2015



- The four public health regions in Louisiana with the highest HIV diagnosis rates in 2015 were New Orleans, Baton Rouge, Shreveport, and Monroe (regions 1, 2, 7, and 8 respectively).
- Over the past 10 years, the New Orleans and Baton Rouge regions have had the highest rates in the state. In 2015, the HIV diagnosis rate in the New Orleans region (41.5 per 100,000) was 12% greater than the rate in the Baton Rouge region (36.9 per 100,000). The Shreveport Region had the third highest rate in 2015 (23.6 per 100,000) followed by the Monroe region (18.0 per 100,000). *A table with the number of HIV diagnoses for each region, 2006-2015, is located in the Appendix.*

New HIV Diagnoses by Rate and Region
Louisiana, 2015



- In 2015, New Orleans had the highest number of new HIV diagnoses and the highest HIV diagnosis rate. The Baton Rouge region had the second highest number of new diagnoses and the second highest diagnosis rate.
- The Lake Charles region had the lowest number of new HIV diagnoses, and the Hammond/Slidell region had the lowest HIV diagnosis rate.

Characteristics of Persons Newly Diagnosed with HIV

Characteristics of Persons Newly Diagnosed with HIV Louisiana, 2014-2015				
	Persons First Diagnosed with HIV in 2014		Persons First Diagnosed with HIV in 2015	
	Diagnoses	Percent	Diagnoses	Percent
TOTAL	**1,218**	**100.0%**	**1,128**	**100.0%**
Sex at Birth				
Female	322	26%	278	25%
Male	896	74%	850	75%
Race/Ethnicity				
Black/African American	870	71%	810	72%
Hispanic/Latino	67	6%	63	6%
White	257	21%	233	21%
Other/Unknown/Multi-race	24	2%	22	2%
Age Group	**Age at HIV Diagnosis**		**Age at HIV Diagnosis**	
0-12	3	0%	2	0%
13-19	76	6%	68	6%
20-24	258	21%	223	20%
25-34	385	32%	369	33%
35-44	238	20%	212	19%
45-54	163	13%	152	13%
55-64	81	7%	86	8%
65+	14	1%	16	1%
Transmission Category				
Men who have sex with men (MSM)	725	60%	668	59%
Injection Drug User (IDU)	91	7%	86	8%
MSM/IDU	36	3%	49	4%
High Risk Heterosexual (HRH)	363	30%	323	29%
Perinatal/Pediatric*	3	0%	2	0%
Rural/Urban				
Rural	191	16%	179	16%
Urban	1,027	84%	949	84%

* Transmission type is not imputed.

- In 2015, 1,128 persons were newly diagnosed with HIV, a 7% decrease from 2014.
- In 2015, 25% of all HIV diagnoses were female and 75% were male.
- Approximately 72% of all HIV diagnoses in 2015 were among blacks even though blacks make up only 32% of Louisiana's population, representing a large racial disparity among new HIV diagnoses.
- In 2014 and 2015, the greatest number and proportion of diagnoses were among persons age 25-34 years, followed by 20-24 year olds.
- In 2014 and 2015, just over 59% of all new diagnoses were among gay, bisexual and other men who have sex with men (MSM) and an additional 3-4% were among MSM who also inject drugs (IDU).
- In Louisiana, most new diagnoses in 2015 (84%) were among persons residing in an urban area. An urban area is defined as a parish that belongs to a metropolitan statistical area (MSA).

Late HIV Testing in Louisiana

Since improved antiretroviral medications and preventive therapies are now available for people living with HIV, it is important that people are tested for HIV and if positive, are referred to care early so that they can benefit from these treatment advances. However, a significant number of people are not tested for HIV until they are symptomatic. In 2006, the CDC released new recommendations for HIV testing of adults, adolescents and pregnant women in health-care settings. HIV screening is recommended for all patients age 13 and older, unless the patient declines testing ("opts out"). Persons at high risk of HIV should be tested annually. HIV screening is required for all pregnant women as part of their routine prenatal screening tests.

Late HIV Testing
Louisiana, 2015

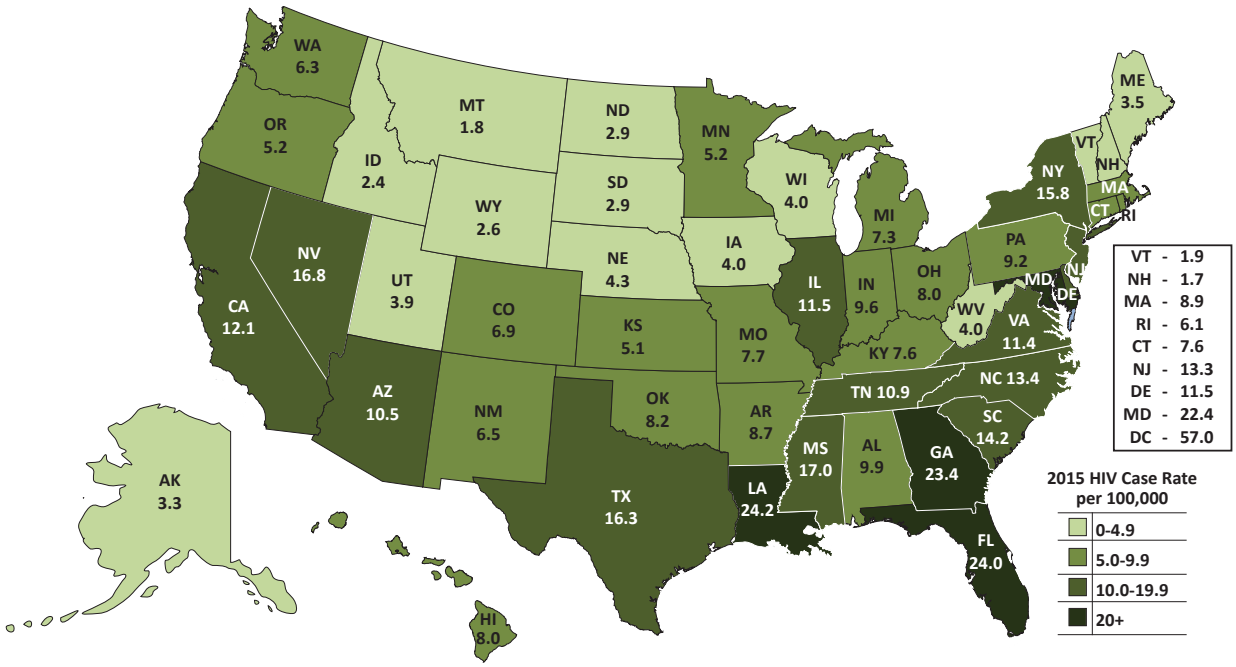
	Persons Diagnosed with HIV, 2015								
	New HIV Diagnoses	AIDS at Time of Diagnosis*		AIDS Within 3 Months of Diagnosis		AIDS Within 6 Months of Diagnosis		AIDS Within 9 Months of Diagnosis	
		Count	Percent	Count	Percent	Count	Percent	Count	Percent
Total	**1,128**	**212**	**19%**	**255**	**23%**	**269**	**24%**	**277**	**25%**
Sex at Birth									
Female	278	58	21%	69	25%	72	26%	74	27%
Male	850	154	18%	186	22%	197	23%	203	24%
Race/Ethnicity									
Black/African American	810	146	18%	174	21%	184	23%	192	24%
Hispanic/Latino	63	17	27%	18	29%	20	32%	20	32%
White	233	44	19%	55	24%	57	24%	57	24%
Other/Unknown/Multi-race	22	5	23%	8	36%	8	36%	8	36%
Age Group									
0-12	2	0	0%	0	0%	0	0%	0	0%
13-19	68	3	4%	5	7%	7	10%	7	10%
20-24	223	15	7%	20	9%	23	10%	24	11%
25-34	369	57	15%	69	19%	74	20%	76	21%
35-44	212	47	22%	58	27%	59	28%	61	29%
45-54	152	55	36%	63	41%	64	42%	65	43%
55-64	86	29	34%	33	38%	35	41%	36	42%
65+	16	6	38%	7	44%	7	44%	8	50%
Transmission Category									
Men who have sex with men (MSM)	668	103	15%	130	19%	137	21%	139	21%
Injection Drug User (IDU)	86	18	21%	21	24%	23	27%	26	30%
MSM/IDU	49	14	29%	14	29%	14	29%	14	29%
High Risk Heterosexual (HRH)	323	77	24%	90	28%	95	29%	98	30%
Perinatal/Pediatric**	2	0	0%	0	0%	0	0%	0	0%
Region									
1-New Orleans	371	62	17%	79	21%	85	23%	88	24%
2-Baton Rouge	252	49	19%	58	23%	59	23%	64	25%
3-Houma	65	12	18%	14	22%	15	23%	15	23%
4-Lafayette	89	14	16%	17	19%	18	20%	18	20%
5-Lake Charles	45	9	20%	11	24%	12	27%	12	27%
6-Alexandria	53	12	23%	15	28%	15	28%	15	28%
7-Shreveport	129	23	18%	29	22%	32	25%	32	25%
8-Monroe	64	16	25%	16	25%	17	27%	17	27%
9-Hammond/Slidell	60	15	25%	16	27%	16	27%	16	27%

*If AIDS diagnosis was within 1 month of HIV diagnosis.

**This transmission category is not imputed.

- Of the 1,128 persons diagnosed with HIV in 2015, 19% had an AIDS diagnosis at the time of their initial HIV diagnosis, an additional 4% had an AIDS diagnosis within three months. A total of 24% of all new diagnoses had an AIDS diagnosis by six months post HIV diagnosis.
- A greater proportion of females were concurrently diagnosed with HIV and AIDS (21%) than males (18%). At three months post HIV diagnosis, 25% of females had an AIDS diagnosis compared to 22% of males.
- Whites and blacks had lower proportions of AIDS concurrent with HIV diagnosis as compared to Hispanic/Latinos and other races.
- Persons 45 years and older had much higher proportions of AIDS at the time of HIV diagnosis and within the following nine months. Youth, under the age of 25, had very low proportions of AIDS at HIV diagnosis and in the following nine months.
- The proportion of late testers varies by region throughout the state. The Lafayette, New Orleans, Shreveport, and Houma regions had the lowest rates of AIDS after three months of HIV diagnosis compared to Alexandria and Hammond/Slidell which had the highest rates of AIDS after three months.

HIV Rates in the United States (2015)[ix]



- In November 2016, the CDC released their *HIV Surveillance Report, 2015; vol. 27*, which provides national and statewide HIV and AIDS data.
- In the US, 39,513 new HIV diagnoses were reported in 2015, for a national HIV diagnosis rate of 12.3 diagnoses per 100,000 population.
- In 2015, Louisiana ranked 2nd highest in state HIV diagnosis rates (24.2 per 100,000 population) in the US, behind the District of Columbia (57.0 per 100,000).
- In 2015, Louisiana ranked 11th in the nation for the number of new HIV diagnoses.

HIV Among Gay, Bisexual and Other Men Who Have Sex with Men (MSM) in Louisiana

Nationally, MSM account for almost half of the one million people living with HIV and two-thirds of all new HIV infections in the US each year. In 2015, MSM accounted for 67% of all new HIV diagnoses across the US and MSM/IDU accounted for an additional 3% of new HIV diagnoses.

SHP has made a concerted effort to analyze the epidemic among MSM to adequately target prevention efforts. The following table shows the demographics of all new HIV diagnoses in 2015 among MSM who may or may not be injection drug users.

- In 2015, there were 1,128 new HIV diagnoses in Louisiana; 64% (717) among all MSM (IDU and non-IDU).
- The majority of the new diagnoses among all MSM are black (68%) and under the age of 35 (68%).
- 56% of all MSM were diagnosed in the New Orleans and Baton Rouge regions.
- Among MSM/IDU the proportion among whites is greater than among blacks and just 41% are under 35 years of age.
- The percentage of late testers who are MSM is lower than that of the overall population of new diagnoses. Overall, 23% of newly diagnosed persons in Louisiana had AIDS within three months of diagnosis. Among all MSM, that proportion was 20%.

* For more information about the HIV/AIDS disparities in Louisiana in relation to the MSM population, please refer to the introduction of this surveillance report.

Demographics of New HIV Diagnoses Among MSM
Louisiana, 2015

	MSM/Non-IDU		MSM/IDU		All MSM*	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**668**	**100%**	**49**	**100%**	**717**	**100%**
Race/Ethnicity						
Black/African American	465	70%	21	43%	486	68%
Hispanic/Latino	36	5%	2	4%	38	5%
White	153	23%	23	47%	176	25%
Other/Unknown/Multi-race	14	2%	3	6%	17	2%
Age at HIV Diagnosis						
13-19	55	8%	0	0%	55	8%
20-24	172	26%	5	10%	177	25%
25-34	240	36%	15	31%	255	36%
35-44	94	14%	14	29%	108	15%
45-54	72	11%	5	10%	77	11%
55-64	27	4%	9	18%	36	5%
65+	8	1%	1	2%	9	1%
Region						
1-New Orleans	225	34%	26	53%	252	35%
2-Baton Rouge	143	21%	7	14%	150	21%
3-Houma	38	6%	4	8%	42	6%
4-Lafayette	57	9%	1	2%	58	8%
5-Lake Charles	29	4%	1	2%	30	4%
6-Alexandria	30	4%	1	2%	31	4%
7-Shreveport	77	12%	5	10%	82	11%
8-Monroe	37	6%	2	4%	39	5%
9-Hammond/Slidell	32	5%	2	4%	34	5%
Late Testers						
AIDS at Time of HIV Diagnosis	103	15%	14	29%	117	16%
AIDS Within 3 Months of HIV Diagnosis	130	19%	14	29%	144	20%
AIDS Within 6 Months of HIV Diagnosis	137	21%	14	29%	151	21%

*All MSM is a cumulative total of MSM/Non-IDU (668) and MSM/IDU (49). Male is defined by birth sex of male.

HIV Among Youth in Louisiana

In 2015, persons age 13-24 years made up 22% of all new HIV diagnoses in the United States.

- In 2015, there were 1,128 new HIV diagnoses in Louisiana; 26% (291) were among youth 13-24 years old.
  - 223 (77%) of the youth diagnoses were among persons age 20-24 years.
- Among all youth, 81% of the new diagnoses were male.
- The majority (84%) of the new diagnoses among youth were black. The proportion was higher among 13-19 year olds (96%) than it was among 20-24 year olds (80%).
- The majority (78%) of new diagnoses among youth were MSM and there were very few injection drug users.
- Among all youth diagnosed in Louisiana, 57% of all new diagnoses occurred in the New Orleans and Baton Rouge regions.
- The percentage of late testers among youth is much lower than the overall population of new diagnoses.

Demographics of New HIV Diagnoses Among Youth
Louisiana, 2015

	13-19 Years		20-24 Years		All Youth: 13-24 Years	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**68**	**100%**	**223**	**100%**	**291**	**100%**
Sex at Birth						
Female	13	19%	41	18%	54	19%
Male	55	81%	182	82%	237	81%
Race/Ethnicity						
Black/African American	65	96%	178	80%	243	84%
Hispanic/Latino	2	3%	12	5%	14	5%
White	1	1%	28	13%	29	10%
Other/Unknown/Multi-race	0	0%	5	2%	5	2%
Transmission Category						
Men Who Have Sex With Men (MSM)	55	81%	172	77%	227	78%
Injection Drug User (IDU)	0	0%	2	1%	2	1%
MSM/IDU	0	0%	5	2%	5	2%
High Risk Heterosexual (HRH)	13	19%	44	20%	57	20%
Region						
1-New Orleans	24	35%	68	30%	92	32%
2-Baton Rouge	12	18%	61	27%	73	25%
3-Houma	5	7%	15	7%	20	7%
4-Lafayette	5	7%	18	8%	23	8%
5-Lake Charles	3	4%	7	3%	10	3%
6-Alexandria	1	1%	11	5%	12	4%
7-Shreveport	10	15%	26	12%	36	12%
8-Monroe	8	12%	13	6%	21	7%
9-Hammond/Slidell	0	0%	4	2%	4	1%
Late Testers						
AIDS at Time of HIV Diagnosis	3	4%	15	6%	18	6%
AIDS Within 3 Months of HIV Diagnosis	5	7%	20	8%	25	9%
AIDS Within 6 Months of HIV Diagnosis	7	10%	23	9%	30	10%

HIV Among African Americans in Louisiana

In 2015, African Americans made up 45% of all new HIV diagnoses across the United States.

- In 2015, there were 1,128 new HIV diagnoses in Louisiana; 72% (810) were among African Americans.
- In 2015, 72% of the new diagnoses among blacks were male.
- Youth, 13-24 years old, made up 30% of all diagnoses among African Americans. An additional 32% of all diagnoses among blacks were 25-34 years old.
- The majority (57%) of new diagnoses among African Americans were MSM.
- More than half (58%) of all new diagnoses among African Americans occurred in the New Orleans and Baton Rouge regions.
- The percentage of late testers among African Americans is the same as the overall population of new diagnoses.

* For more information about the HIV/AIDS disparities in Louisiana in relation to the black population, please refer to the introduction of this surveillance report.

Demographics of New HIV Diagnoses Among African Americans
Louisiana, 2015

	All African Americans	
	Cases	Percent
TOTAL	**810**	**100.0%**
Sex at Birth		
Female	225	28%
Male	585	72%
Age at HIV Diagnosis		
0-12	1	0%
13-19	65	8%
20-24	178	22%
25-34	263	32%
35-44	135	17%
45-54	101	12%
55-64	56	7%
65+	11	1%
Transmission Category		
Men Who Have Sex With Men (MSM)	465	57%
Injection Drug User (IDU)	53	7%
MSM/IDU	21	3%
High Risk Heterosexual (HRH)	270	33%
Perinatal*	1	0%
Region		
1-New Orleans	253	31%
2-Baton Rouge	216	27%
3-Houma	41	5%
4-Lafayette	52	6%
5-Lake Charles	23	3%
6-Alexandria	32	4%
7-Shreveport	99	12%
8-Monroe	56	7%
9-Hammond/Slidell	38	5%
Late Testers		
AIDS at Time of HIV Diagnosis	146	18%
AIDS Within 3 Months of HIV Diagnosis	174	21%
AIDS Within 6 Months of HIV Diagnosis	184	23%

*Perinatal transmission is not imputed.

HIV Among Transgender Persons in Louisiana

Since data for transgender people is not collected uniformly, overall new infections in the United States is not available. According to the Center of Excellence for Transgender Health, there are numerous social and contextual issues that impact the ascertainment of risk behaviors reported among transgender people, including stigma, discrimination, alienation, poverty, and victimization. (http://transhealth.ucsf.edu/)

- In 2015, there were 1,128 new HIV diagnoses in Louisiana; 7 diagnoses were reported as transgender women. In 2014, there were 1,218 new HIV diagnoses in Louisiana; 18 diagnoses were reported as transgender women.
- As of December 31, 2015, there were 20,398 persons living with HIV infection, 199 persons were transgender. Of the 199 transgender people living with HIV infection in Louisiana, 99% (198) were transgender women.
- Between 2014 and 2015, 96% of new HIV diagnoses among transgender women were African American and 82% of transgender persons living with HIV infection at the end of 2015 were African American.
- Between 2014 and 2015, 84% of the diagnoses among transgender women were 20-29 years old.
- The majority (84%) of transgender persons living with HIV reported engaging in sex with men; 13% of transgender persons reported engaging in sex with men and injection drug use.
- Between 2014 and 2015, 44% of new HIV diagnoses among transgender women occurred in New Orleans and an additional 36% in Baton Rouge. At the end of 2015, 54% of all transgender individuals living with HIV infection lived in New Orleans and an additional 22% in Baton Rouge.

* For more information about the HIV/AIDS disparities in Louisiana in relation to the transgender population, please refer to the introduction of this surveillance report.

Demographics of New HIV Diagnoses and Persons Living with HIV Infection Among Transgender Persons

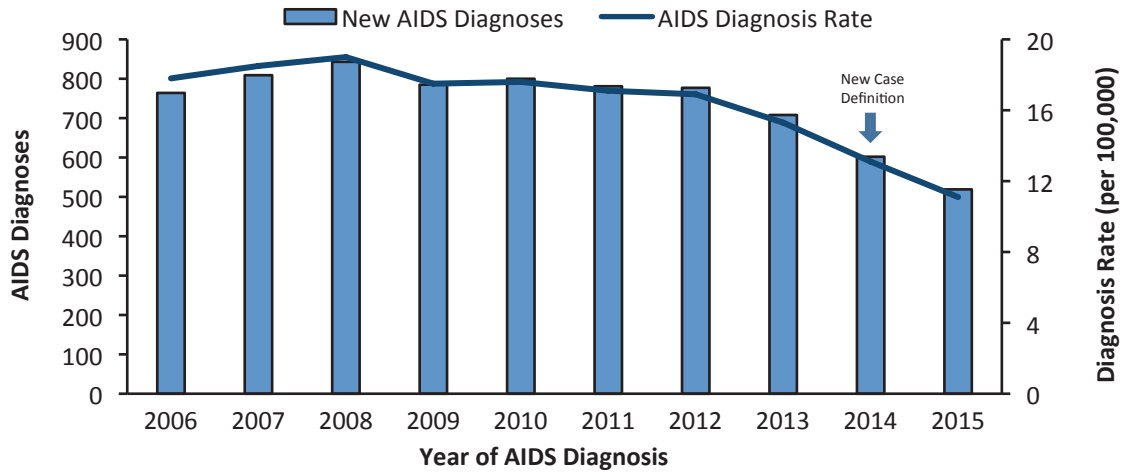
Louisiana, 2014 and 2015

	New HIV Diagnoses				Persons Living with HIV Infection	
	2014		2015		As of Dec. 31, 2015	
	Cases	Percent	Cases	Percent	Cases	Percent
TOTAL	**18**	**100%**	**7**	**100%**	199	**100%**
Transgender Women	18	100%	7	100%	198	99%
Transgender Men	0	0%	0	0.0%	1	1%
Race/Ethnicity						
Black/African American	18	100%	6	86%	163	82%
Hispanic/Latino	0	0%	1	14%	11	6%
White	0	0%	0	0%	22	11%
Multi/Unknown/Other	0	0%	0	0%	3	2%
Age at HIV Diagnosis					**Current Age**	
13-19	1	6%	1	14%	3	2%
20-24	8	44%	4	57%	23	12%
25-29	8	44%	1	14%	55	28%
30-34	0	0%	1	14%	35	18%
35-39	0	0%	0	0%	27	14%
40-44	1	6%	0	0%	22	11%
45+	0	0%	0	0%	34	17%
Transmission Category						
Sex with Men	17	94%	6	86%	168	84%
Sex with Men & Injection Drug User	1	6%	1	14%	26	13%
Sex with Women	0	0%	0	0%	2	1%
Unknown Transmission	0	0%	0	0%	3	2%
Late Testers					**Current Region**	
1 - New Orleans	6	33%	5	71%	108	54%
2 - Baton Rouge	8	44%	1	14%	43	22%
3 - Houma	0	0%	0	0%	6	3%
4 - Lafayette	0	0%	0	0%	4	2%
5 - Lake Charles	0	0%	0	0%	6	3%
6 - Alexandria	0	0%	0	0%	7	4%
7 - Shreveport	2	11%	0	0%	10	5%
8 - Monroe	1	6%	0	0%	6	3%
9 - Hammond/Slidell	1	6%	1	14%	9	5%

10-Year Trends in New AIDS Diagnoses (2006-2015)

AIDS diagnoses are the number of individuals diagnosed with AIDS within a given time period. The surveillance case definition for an AIDS diagnosis is a CD4 cell count <200 or the diagnosis of an opportunistic infection (OI) such as Kaposi Sarcoma or wasting syndrome. Once a person is diagnosed with AIDS, they remain categorized as AIDS even if their CD4 count rises above 200 or they are cured of their OI. The number of AIDS diagnoses has been collected since the beginning of the epidemic, both nationally and in Louisiana. AIDS diagnoses are useful for highlighting issues regarding access to testing, medical care, medication and treatment adherence. *In 2014, the AIDS surveillance case definition was altered to no longer define an AIDS case based on CD4 percentage. This change in case definition only impacts AIDS cases diagnosed after 2013.*

New AIDS Diagnoses and Rates
Louisiana, 2006-2015



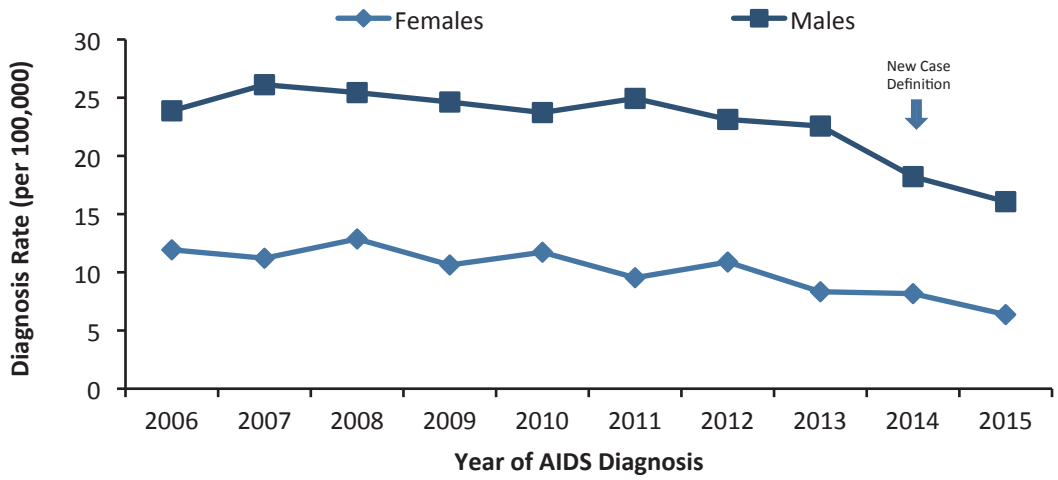
- Since 1997, the number of new AIDS diagnoses each year in Louisiana has remained below 1,000. Over the past 10 years, the number of new AIDS diagnoses has fluctuated from a high of 843 diagnoses in 2008 to a low of 519 AIDS diagnoses in 2015. The steep decrease between 2013 and 2014 was in part due to the new AIDS surveillance case definition. The number of new AIDS diagnoses further declined from 2014 to 2015 under the same case definition.
- In 2015, the AIDS diagnosis rate for Louisiana was 11.2 per 100,000 population which was nearly twice as high as the national AIDS diagnosis rate of 5.7 per 100,000.

AIDS diagnoses and deaths in the United States

In June 1981, the first cases of what would later be diagnosed as AIDS were reported in the US. During the 1980s, there was a rapid increase in the number of AIDS diagnoses and deaths in persons with AIDS. Cases peaked in 1993 with the expansion of the AIDS case definition. The most dramatic drop in both new diagnoses and deaths began in 1996, with the widespread use of combination antiretroviral therapy. Since 2000, the annual numbers of AIDS diagnoses have been relatively constant, with 18,303 new AIDS diagnoses in 2015. The CDC reports that since the beginning of the epidemic through the end of 2015, approximately 1,216,917 people have been diagnosed with AIDS in the US. By region, the South has the greatest number of people living with AIDS, AIDS deaths, and new AIDS diagnoses.

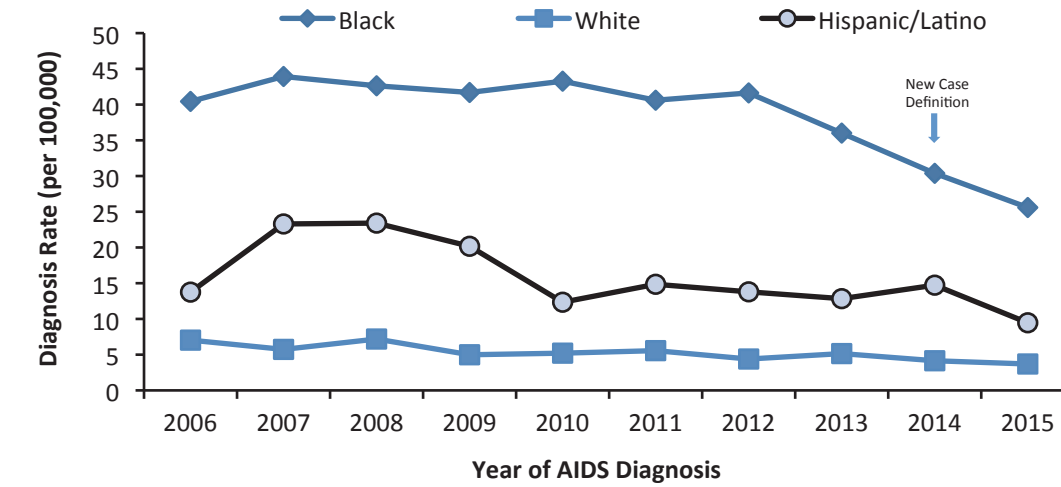
Centers for Disease Control and Prevention. *HIV Surveillance Report*, 2015. Vol. 27

AIDS Diagnosis Rates by Sex at Birth
Louisiana, 2006-2015



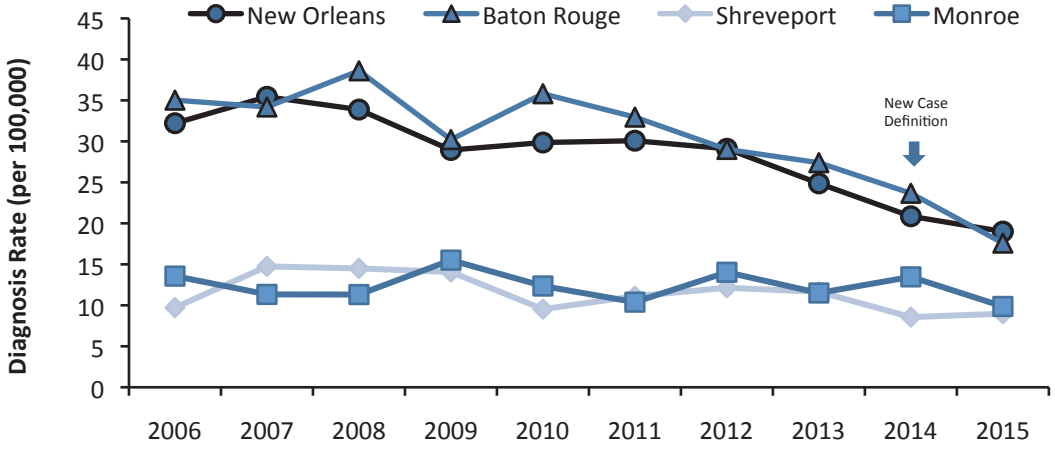
- Under the previous case definition, the AIDS diagnosis rate for males and females decreased slightly from 2006 to 2013.
- From 2013 to 2014, the new case definition led to a significant decrease for the male AIDS diagnosis rate but the female rate was relatively unchanged.
- From 2014 to 2015, the AIDS diagnosis rate decreased by 12% for males and 22% for females. The male AIDS diagnosis rate (16.1 per 100,000) was two and half times the female AIDS diagnosis rate (6.4 per 100,000) in 2015.

AIDS Diagnosis Rates by Race/Ethnicity
Louisiana, 2006-2015



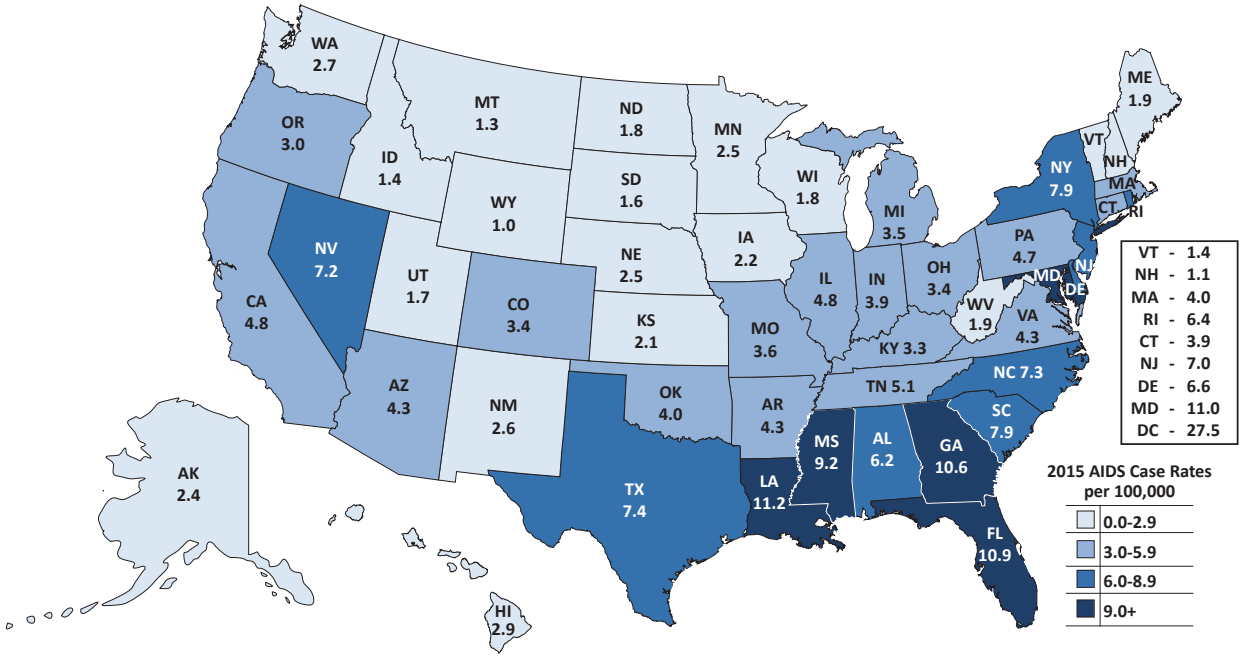
- In 2015, the AIDS diagnosis rate for blacks (25.6 per 100,000 blacks) was almost three times greater than for Hispanic/Latinos (9.5 per 100,000 Hispanic/Latinos) and nearly seven times greater than for whites (3.7 per 100,000 whites).
- From 2014 to 2015, the AIDS diagnosis rate declined among all race/ethnicity groups. The rate declined by 16% among blacks, 36% among Hispanic/Latinos and 11% among whites.

AIDS Diagnosis Rates by Selected Region
Louisiana, 2006-2015



- For the majority of the past 10 years, the Baton Rouge region has had the highest AIDS diagnosis rate among all nine public health regions. In 2015, the New Orleans and Baton Rouge regions had the highest AIDS diagnosis rates (19.0 per 100,000 and 17.6 per 100,000, respectively). The AIDS diagnosis rate has been decreasing steadily in Baton Rouge since 2010 and the rate in New Orleans has been decreasing since 2012.
- The AIDS diagnosis rates for the Monroe and Shreveport regions are very similar each year. In 2015, the AIDS rate in Monroe and Shreveport were 9.9 per 100,000 and 9.0 per 100,000, respectively.

AIDS Rates in the United States (2015)[x]



- In the US, 18,538 new AIDS cases were reported in 2015, for a national diagnosis rate of 5.7 AIDS diagnoses per 100,000 population.
- In 2015, Louisiana ranked 2nd highest in state AIDS diagnosis rates (11.2 per 100,000 population) and 11th in the number of AIDS diagnoses in the US, according to the most recent *CDC HIV Surveillance Report, 2015; vol. 27*. Louisiana's AIDS rate was almost twice as high as the national rate.

Characteristics of Persons Newly Diagnosed with AIDS

Characteristics of Persons Newly Diagnosed with AIDS Louisiana, 2014-2015				
	Persons First Diagnosed with AIDS in 2014		Persons First Diagnosed with AIDS in 2015	
	Diagnoses	Percent	Diagnoses	Percent
TOTAL	**602**	100.0%	**519**	100.0%
Sex at Birth				
Female	192	31.9%	152	29.3%
Male	410	68.1%	367	70.7%
Race/Ethnicity				
Black/African American	446	74.1%	383	73.8%
Hispanic/Latino	31	5.1%	22	4.2%
White	114	18.9%	102	19.7%
Other/Unknown/Multi-race	11	1.8%	12	2.3%
Age Group	**Age at AIDS diagnosis**		**Age at AIDS diagnosis**	
0-12	2	0.3%	1	0.2%
13-19	5	0.8%	4	0.8%
20-24	34	5.6%	40	7.7%
25-34	172	28.6%	141	27.2%
35-44	164	27.2%	124	23.9%
45-54	149	24.8%	129	24.9%
55-64	58	9.6%	60	11.6%
65+	18	3.0%	20	3.9%
Imputed Transmission Category				
Men who have sex with men (MSM)	276	45.8%	256	49.3%
Injecting Drug User (IDU)	84	14.0%	53	10.2%
MSM/IDU	25	4.2%	25	4.8%
High Risk Heterosexual (HRH)	213	35.4%	183	35.3%
Transfusion/Hemophilia/Other*	1	0.2%	0	0.0%
Perinatal/Pediatric*	3	0.5%	2	0.4%
Rural/Urban				
Rural	101	16.8%	91	17.5%
Urban	501	83.2%	428	82.5%

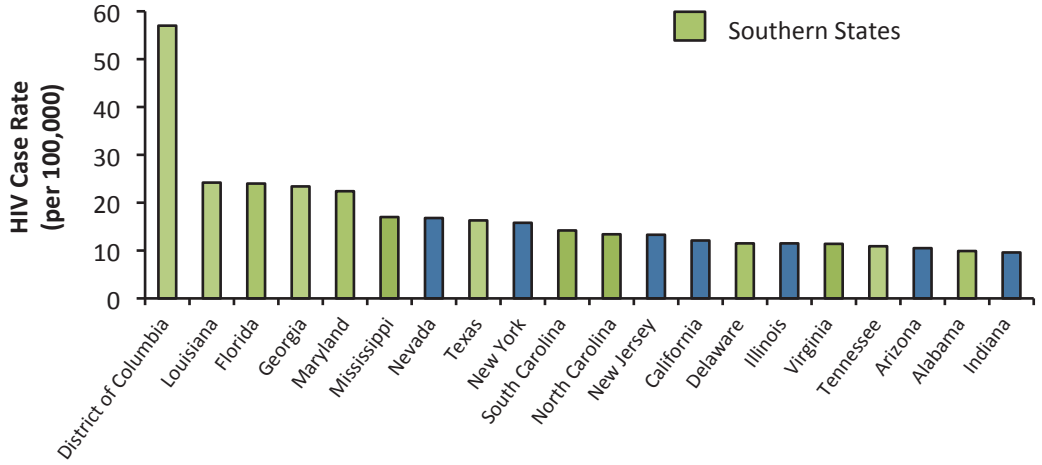
* These transmission categories are not imputed.

- In 2015, there were 519 new AIDS diagnoses in Louisiana; 14% decrease from 2014.
- In 2015, males accounted for 71% of all new AIDS diagnoses.
- In 2014 and 2015, 74% of all AIDS diagnoses were among blacks.
- In 2014 and 2015, the greatest number of new AIDS diagnoses were among persons age 25-34. In 2015, the age group with the second largest number of new AIDS diagnoses was 45-54 year olds.
- In 2014 and 2015, the greatest number and percentage of new AIDS diagnoses were among men who have sex with men (MSM), followed by high risk heterosexuals (HRH).
- The majority of AIDS diagnoses occurred in urban areas in 2014 and 2015 (83%).

HIV and AIDS in the South, 2015

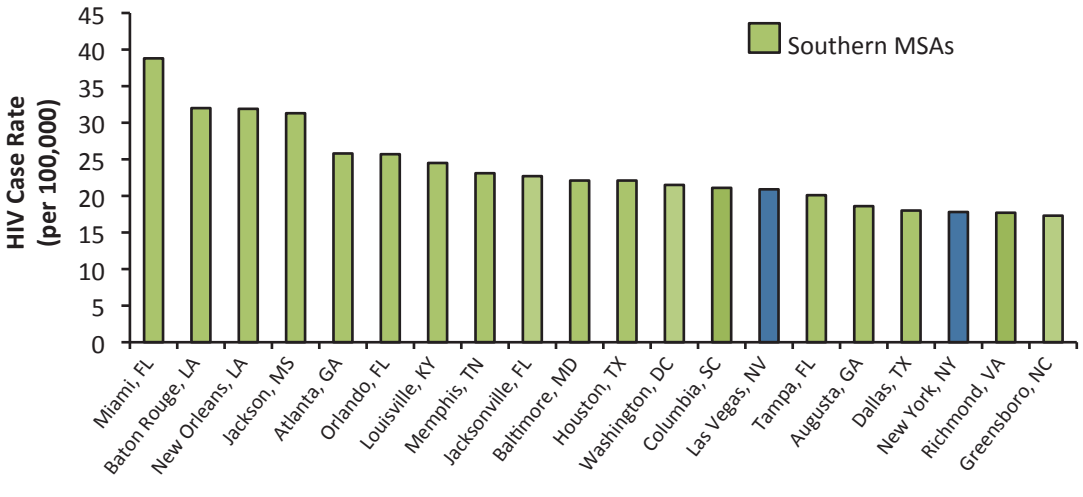
Southern states are disproportionately impacted by HIV infection and AIDS. Seventeen states are included in the southern region of the United States: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.[xi]

National HIV Case Rates by State
2015

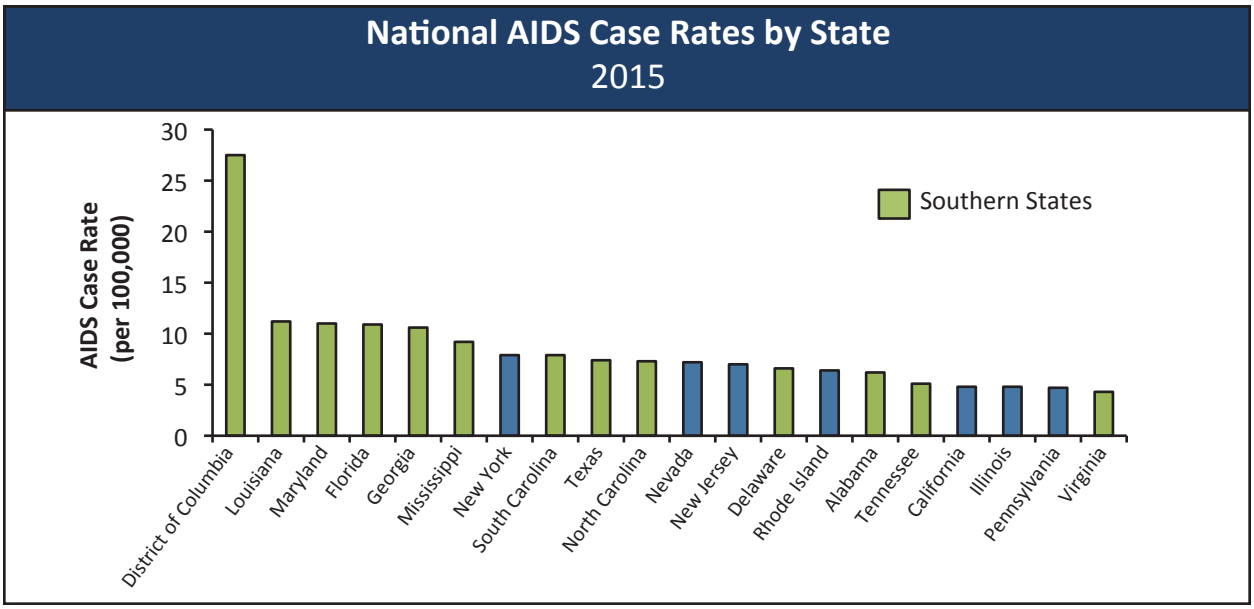


- In 2015, southern states represented 38% of the US population but 52% of new HIV diagnoses. The District of Columbia, when included as a state, is restricted to its borders.
- Of the 20 states that had the highest HIV diagnosis rates in 2015, 13 (65%) were in the South.

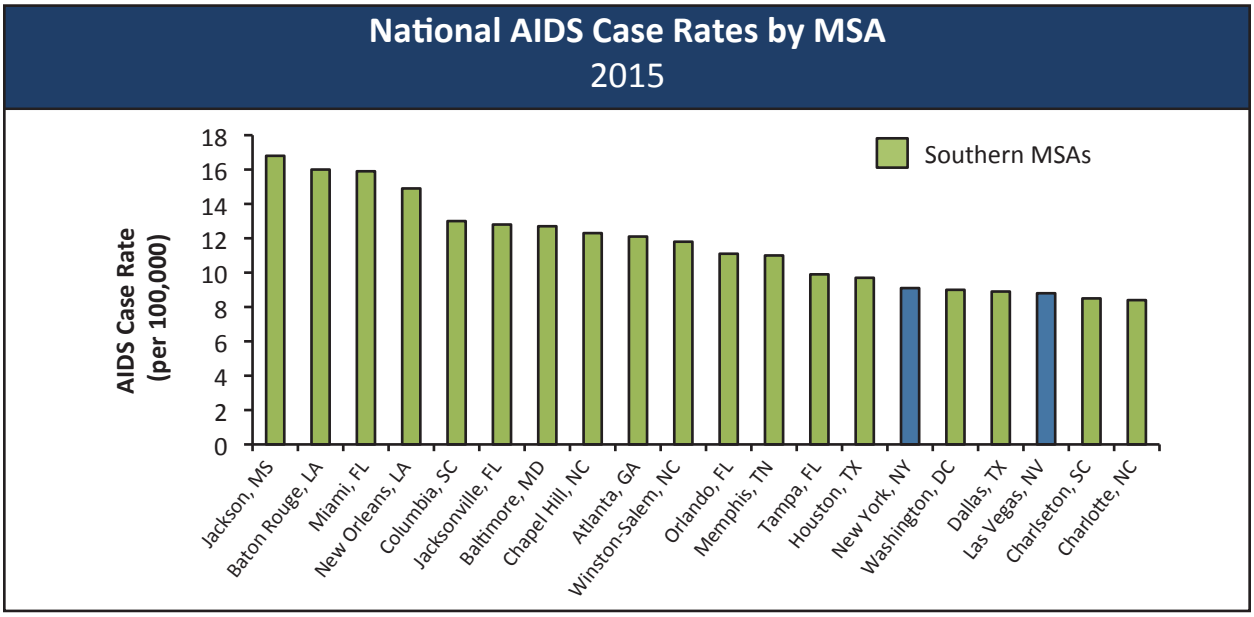
National HIV Case Rates by MSA
2015



- Of the 20 metropolitan areas that had the highest HIV diagnosis rates in 2015, 18 (90%) were in the South. According to the CDC, the Baton Rouge metro area ranked 2nd and the New Orleans metro area ranked 3rd in HIV diagnosis rates in 2015 among metropolitan areas in the US with more than 500,000 people. Washington, DC when included as a MSA, includes parts of neighboring states resulting in a greater baseline population and a ranking of 12th.



- In 2015, southern states represented 38% of the US population but over 52% of new AIDS diagnoses.
- Of the 20 states that had the highest AIDS diagnosis rates in 2015, 13 (65%) were in the South.



- Of the 20 metropolitan statistical areas that had the highest AIDS diagnosis rates in 2015, 18 (90%) were in the South. According to the CDC, the Baton Rouge metro area ranked 2nd and the New Orleans metro area ranked 4th in AIDS diagnosis rates in 2015 among metropolitan areas in the US with more than 500,000 persons.

2015 AIDS and HIV National Rankings

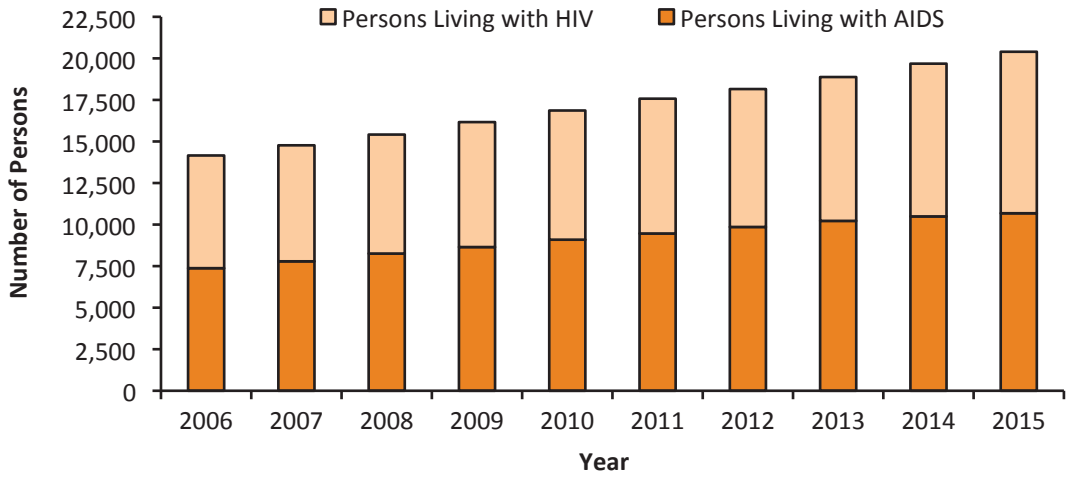
	LOUISIANA		NEW ORLEANS MSA		BATON ROUGE MSA	
	Rate	Rank	Rate	Rank	Rate	Rank
AIDS Case Rate*	11.2	2nd	14.9	4th	16.0	2nd
AIDS Case Count	521	11th	188	18th	133	28th
HIV Case Rate*	24.2	2nd	31.9	3rd	32.0	2nd
HIV Case Count	1,131	11th	403	20th	266	32nd

* Rates are per 100,000

Persons Living in Louisiana with HIV Infection (Prevalence)

Prevalence is a measure describing the number of persons living with HIV infection at a certain point in time and includes people living with all stages of HIV or AIDS. Prevalence is the accumulation of diagnoses for people who are still living with the disease. Prevalence numbers and rates are important for ascertaining the burden of HIV on health care systems, allocating resources and monitoring trends over time. Reported HIV diagnosis data provide only the minimum estimate of the number of people living with HIV, since persons who have not been tested and those who test anonymously are not included. The CDC now estimates that nearly one in eight people infected with HIV in the United States is not aware of his or her infection status.[xii]

Persons Living with HIV Infection
Louisiana, 2006-2015



- The number of persons living with HIV infection increased each year in Louisiana from the beginning of the epidemic. There was a decrease from 2004 to 2005 due to the dislocation of a large number of persons from the New Orleans metropolitan area who left Louisiana following Hurricane Katrina in August 2005. Since then, the number of persons living with HIV infection has far surpassed pre-Katrina numbers.
- At the end of 2015, 20,398 persons were known to be living with HIV infection in Louisiana, 10,681 (52%) of whom had received an AIDS diagnosis.

Persons living with HIV Infection in the United States

At the end of 2014, an estimated 1,218,400 persons were living with HIV infection in the United States, including 155,955 (12.8%) persons whose infections had not been diagnosed.* Of these over one million people, gay and bisexual men of all races, blacks, and Hispanics/Latinos were most heavily affected. There has been a steady increase in the US in the number of persons living with HIV infection, which is expected, due to the widespread use of antiretroviral treatment and the continued development of new antiretroviral regimens. In the US, more people become infected with HIV than die from the disease each year.

Historically, it was estimated that 25% of HIV-positive persons were undiagnosed or are unaware of their status. Since 2008 when the CDC released a new undiagnosed estimate of 21%, the estimate has continued to decrease to a low of 12.8% as reported by the CDC in 2013.

* CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2012. *HIV Surveillance Supplemental Report* 2013;20(No. 2).

Characteristics of Persons Living with HIV Infection in Louisiana and Cumulative Louisiana Cases

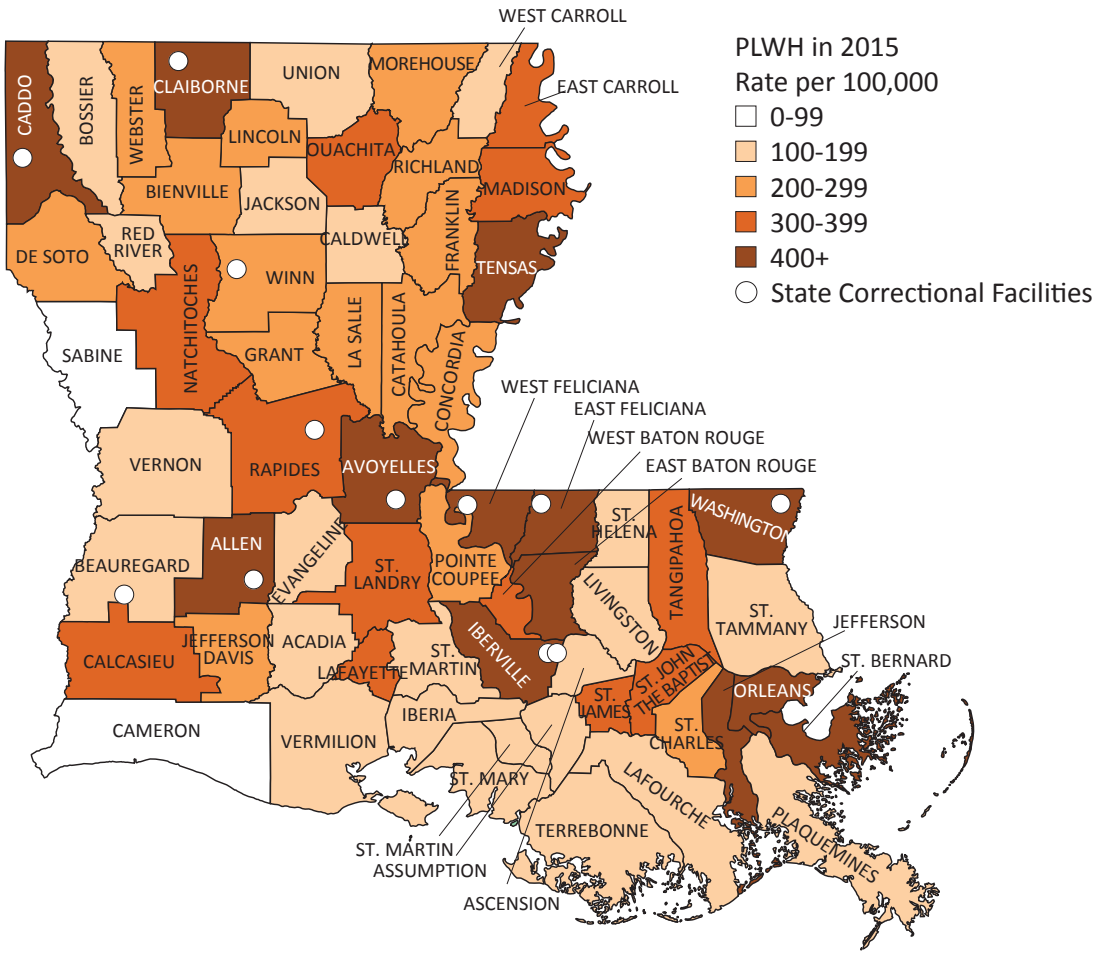
Characteristics of Persons Living with HIV Infection and Cumulative Cases, Louisiana, 2015				
	Persons Living with HIV Infection as of 12/31/2015		Cumulative Persons with HIV Infection as of 12/31/2015*	
	Number	Percent	Number	Percent
TOTAL	20,398	100%	36,379	100%
Sex at Birth				
Female	5,953	29.2%	9,218	26.1%
Male	14,445	70.8%	26,066	73.9%
Race/Ethnicity				
Black/African American	13,974	68.5%	23,957	65.9%
Hispanic/Latino	851	4.2%	1,144	3.1%
White	5,301	26.0%	10,865	29.9%
Asian	85	0.4%	103	0.3%
Mixed Race	139	0.7%	246	0.7%
Other/Unknown	48	0.2%	60	0.2%
Age Group	**Age in 2015**		**Age at Diagnosis**	
0-12	58	0.3%	354	1.0%
13-19	171	0.8%	1,830	5.0%
20-24	968	4.7%	5,071	13.9%
25-34	4,038	19.8%	12,540	34.5%
35-44	4,800	23.5%	9,735	26.8%
45-54	5,755	28.2%	4,805	13.2%
55-64	3,631	17.8%	1,582	4.3%
65+	977	4.8%	462	1.3%
Transmission Category				
Men who have sex with men (MSM)	10,121	49.6%	17,132	48.6%
Injection Drug User (IDU)	2,529	12.4%	6,522	18.5%
MSM/IDU	1,312	6.4%	2,968	8.4%
High Risk Heterosexual (HRH)	6,162	30.2%	8,919	25.3%
Transfusion/Hemophilia**	71	0.3%	497	1.4%
Perinatal/Pediatric**	203	1.0%	341	1.0%
Rural/Urban				
Rural	3,019	14.8%	4,661	12.8%
Urban	17,379	85.2%	31,718	87.2%

*Cumulative persons reflects the total number of HIV-infected persons diagnosed in Louisiana, including those who have died, regardless of cause of death.
**Transmission category not imputed.

- At the end of 2015, there were 20,398 people with HIV living in Louisiana. These persons may have originally been diagnosed in other states or countries but in 2015 they had a current residence in Louisiana.
- In 2015, males made up 71% of all people living with HIV infection in Louisiana.
- Although blacks only made up 32% of Louisiana's population in 2015, they accounted for 69% of all people living with HIV infection.

- More than a quarter of all persons living with HIV are under the age of 35, 24% are between 35-44 years of age, and 51% are 45 and older.
- Almost 50% of all people living with HIV infection are MSM, 30% are HRH, 12% are IDU, and 6% are MSM/IDU. Less than 1% of people living with HIV in Louisiana were infected via transfusion or from the use of hemophiliac products and 1% were perinatally infected.
- The majority of people living with HIV infection live in urban areas of the state (85%).

Persons Living with HIV Infection (PLWH), by Parish
Rate per 100,000, Louisiana, 2015



- The above map illustrates the geographic distribution of persons living with HIV infection in the state. There are persons living with HIV in every parish in Louisiana. All persons living with HIV infection in Louisiana are included in the analyses, regardless of their type of residence (correctional facility, nursing home, homeless shelter, etc.).
- At the end of 2015, 13 parishes had a prevalence rate greater than or equal to 400 per 100,000 and an additional 12 parishes had a rate between 300 and 399 per 100,000.
- Many of the parishes with disproportionate prevalence rates have state correctional facilities that are home to persons living with HIV infection.
- Although the majority of persons living with HIV reside in urban areas, 15% live in rural parishes.

National HIV Behavioral Surveillance Survey 2013-2015

Initiated in 2003, the National HIV Behavioral Surveillance (NHBS) system collects behavioral data among people at high risk for HIV infection in the United States. The rationale for this surveillance system is to "provide ongoing, systematic collection of data on behaviors related to HIV acquisition". New Orleans was among 20 US metropolitan areas conducting NHBS in 2015. This study collects data from three target populations: men who have sex with men (MSM), injection drug use (IDU), and heterosexuals living in areas at high risk for HIV/AIDS (HET), each in discrete annual cycles. The NHBS survey instrument contains items regarding sexual behavior, substance use, and HIV testing behaviors. In 2007, NHBS added anonymous HIV testing of participants, followed by hepatitis C testing in 2012 study cycle. During each annual cycle, NHBS staff conduct ethnographic research and in-depth surveys, which include locally developed questions concerning key issues for each target population.

Because many of the behaviors surveyed are highly stigmatized or illegal, the populations are considered hard to reach using traditional probability-based sampling methods. Each cycle utilizes specialized sampling methods for recruitment of participants in order to yield the most valid population estimates.

Heterosexuals living in high risk areas (2013 Study Cycle)

Participants are recruited during the HET cycle using a modified chain referral strategy known as respondent-driven sampling (RDS) wherein a small number persons residing in areas at increased HIV risk and poverty are recruited and interviewed by staff and asked to recruit other participants from within their own social network. These respondents are then subsequently interviewed and offered a similar opportunity to recruit their peers. Recruitment continues until a desired sample size of 500 is reached. Key qualitative and quantitative findings from the New Orleans NHBS surveillance during 2013 are presented below:

- The majority of participants during the HET cycle (84%) had been tested for HIV in their lifetime. Of those, 25% reportedly received their last HIV test at public health clinic followed by the hospital (15%), or correctional facility (12%).

- Only 29% (152) of the HET sample had been tested for gonorrhea, chlamydia, or syphilis in the past 12 months. Of those who had been tested for gonorrhea 10% were positive. Of those who had been tested for chlamydia 18% were positive. Of those who had been tested for syphilis 8% were positive.

Men who have sex with men (2014 Study Cycle)

Men who have sex with men (MSM) are recruited using a venue-based time-space sampling procedure, where individuals are approached within venues that are attended by MSM.

- HIV testing is high within the MSM community with 96% having been tested for HIV in their lifetime. Of those, 41% reportedly received their last HIV test at an HIV counseling and testing site nearly half of which were during an outreach event or through a mobile testing unit, followed by a public health clinic (19%), or private health clinic (17%).

- Only 46% of the MSM interviewed had been tested for other STDs in the past 12 months. Of those who had been tested for gonorrhea 17% were positive. Of those who had been tested for chlamydia 7% were positive. Of those who had been tested for syphilis 9% were positive.

Injection drug users (2015 Study Cycle)

Recruitment of persons who inject drugs (PWID) for the IDU cycle is conducted using a similar RDS procedure; however, the initial recruits or "seeds" are individuals who are persons who are known to be currently using injection drugs. In 2015, a total of 622 people who inject drugs in New Orleans participated in the NHBS survey:

- The majority of the IDU sample (90%) had been tested for HIV in their lifetime. Of those, 25% received their last HIV test in a correctional facility, followed by a public health clinic (17%), emergency room (10%), or a drug treatment program (12%).

- Only 24% of the IDU sample had been tested for gonorrhea, chlamydia, or syphilis in the past 12 months. Of those who had been tested for gonorrhea 8% were positive. Of those who had been tested for chlamydia 11% were positive. Of those who had been tested for syphilis 3% were positive.

- When asked what drug they primarily injected, 68% of participants reported heroin by itself, 18% reported combination of heroin and cocaine (speedball), 5% reported cocaine by itself, 6% crystal meth, and 2% crack.

- Additional hepatitis C testing was provided to the IDU sample participants in 2015; 69% screened positive for hepatitis C antibodies. Among those, 44% were unaware of their HCV status before NHBS screening.

Additional topics

In each cycle additional topics of interest and/or importance to the population are asked.

- Beliefs about stigma and discrimination surrounding HIV are asked during all cycles. Across all cycles many participants agreed that "most people in New Orleans would discriminate against someone with HIV" (45% of MSM, 66% IDU, 62% HRH). However, the majority of participants (52%-67%) agreed that most people in New Orleans would support the rights of a person with HIV to live and work wherever they wanted and about two thirds (62%-65%) think that people would be friends with someone with HIV. From 17%-24% agreed that most people in the city think that individuals who got HIV through sex or drug use have gotten what they deserve.
- When asked about personal negative experiences due to being attracted to men during the past 12 months, 15% of MSM participants reported receiving poorer services than other people in restaurants, stores, other businesses or agencies and 38% had been called names or insulted.
- Compared to the general population of Louisiana, MSM are much more likely to be current smokers. More than half of the MSM participants were current tobacco smokers. In addition, 84% reportedly had friends who are MSM that smoke and 58% of those who currently smoke reported being interested in quitting.
- Recent and lifetime nonfatal overdoses have increased for people who inject drugs. Forty two percent of the IDU sample in 2015 experienced an overdose in their lifetime and 81% had been around someone else while they were overdosing, an increase from the 2012 responses of 29% and 64%, respectively.
- Only in about half of those personal or witnessed overdose experiences did someone seek medical assistance or call 911. The main reason cited was fear of arrest.

National HIV Behavioral Surveillance (NHBS) Louisiana, 2013-2015						
	Heterosexuals at Increased Risk for HIV (2013)		Men Who Have Sex With Men (2014)		Persons Who Inject Drugs (2015)	
Category	**Number**	**%**	**Number**	**%**	**Number**	**%**
Race/Ethnicity						
Black/African American	475	91%	201	35%	259	42%
White	31	6%	306	53%	49	8%
Other	17	3%	69	12%	312	50%
Gender						
Male	280	53%	579	100%	474	76%
Female	244	47%	N/A	0%	145	23%
Transgender	0	0%	N/A	0%	3	<1%
Age						
18-24	56	11%	104	18%	39	6%
25-29	45	9%	113	20%	75	12%
30-34	71	14%	93	16%	93	15%
35-39	55	10%	51	9%	113	18%
40-44	47	9%	47	7%	90	14%
45-50	102	19%	62	11%	83	13%
51+	148	28%	114	20%	129	12%
Sexual Identity						
Heterosexual or "Straight"	469	90%	20	3%	529	85%
Homosexual, Gay, or Lesbian	52	10%	459	80%	23	4%
Bisexual	2	<1	97	17%	70	11%
Substance Use						
Ever Injected Drugs	103	20%	58	10%	622	100%
Injected Any Drug (past 12 months)	35	7%	16	3%	622	100%
Shared Needle (past 12 months)	15	3%	5	1%	313	50%
Shared Works/Equipment (past 12 months)	22	4%	4	1%	465	75%
Used Non-Injection Drugs (past 12 months)	268	51%	332	57%	488	79%
HIV Testing History and Positivity						
Self-Reported Previous Known Positive	22	5%	115	22%	19	3%
Newly Detected Positive	10	2%	22	3%	10	2%
Never Tested Previously	84	16%	18	4%	39	10%

Chapter 2

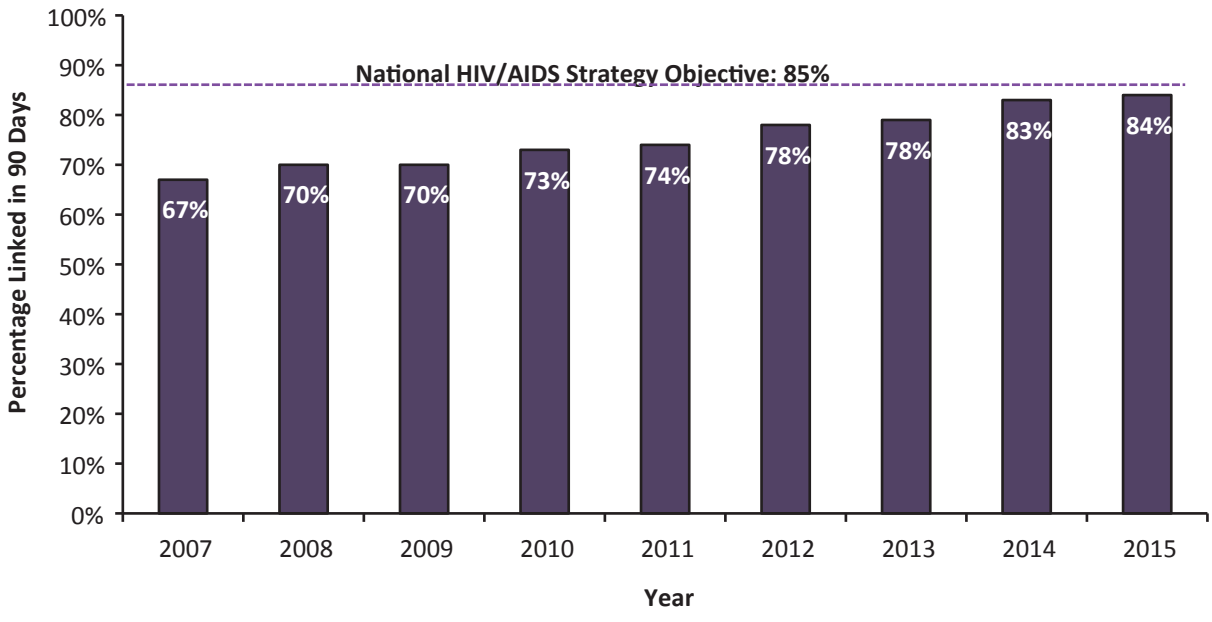
Linkage and Retention in HIV Care

Linkage to HIV Medical Care

Following a person's HIV diagnosis, patients should be immediately linked into HIV medical care. Linkage into HIV medical care allows for proper monitoring of a person's health and well-being. Linkage to care also provides opportunities for intervention to prevent transmissions. Early initiation of HIV treatment and long-term adherence leads to better health outcomes and reduces transmission of infection. Initiation of HIV treatment is dependent on linkage to medical care.

Louisiana's surveillance system is able to monitor linkage to care rates for newly diagnosed persons, using HIV laboratory and surveillance data. Linkage to care within 90 days is defined as having a CD4 count or VL test conducted within 90 days of HIV diagnosis. If the diagnosis and the CD4 count or viral load test are conducted on the same day, those persons are considered to be linked to care.

Linkage to HIV Medical Care in 90 Days
Louisiana, 2007-2015

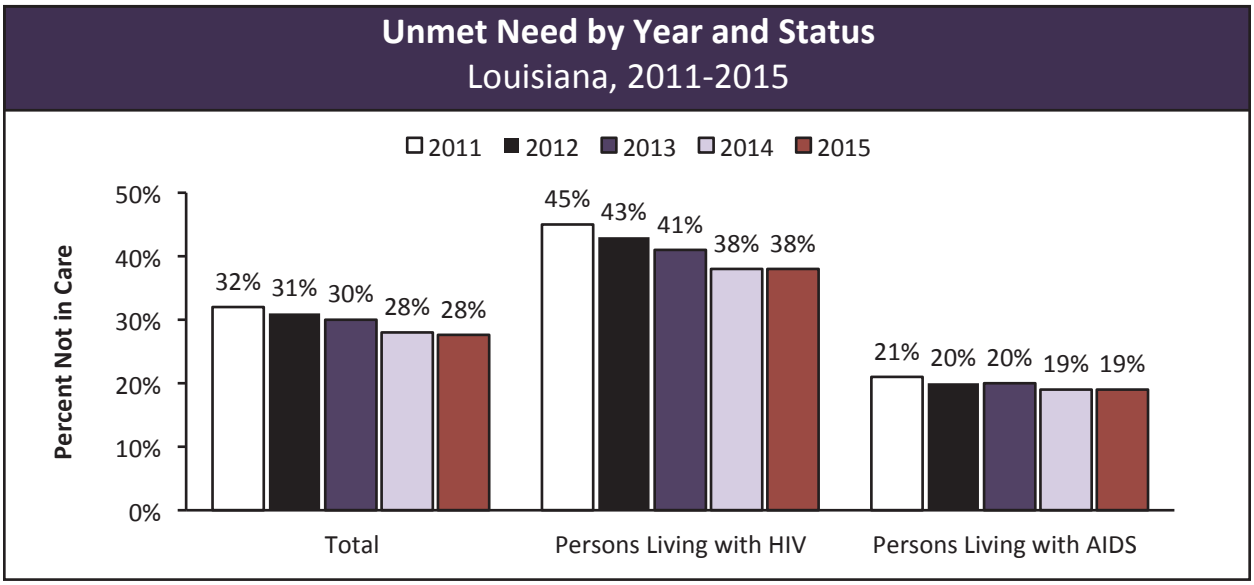


- Louisiana's linkage to care within 90 days rate has increased substantially over the past nine years. In 2007, only two-thirds of newly diagnosed persons were linked to care within 90 days. The linkage to care rate in 2015 reached 84% which was just shy of the National HIV/AIDS Strategy (NHAS) Objective of 85% by 2015.
- Linkage to care rates in Louisiana continue to improve each year, in part due to interventions from the Disease Intervention Specialists (DIS) and the Linkage to Care Coordinators (LCCs) who engage with newly diagnosed persons who have no evidence of entering HIV medical care.

Unmet Need: Percentage of Persons out of HIV Medical Care

The primary focus of the Ryan White HIV/AIDS Program is to help ensure that individuals living with HIV routinely access primary medical care and medications in order to maintain their health and delay progression to an AIDS diagnosis or death. There are, however, many people who are living with HIV infection who do not regularly access medical care. Unmet need is defined as the number of individuals in a set geographic area who know their HIV status but have not accessed HIV-related primary medical care in a 12-month period, as measured by lack of evidence of a CD4 or viral load (VL) test result in the last 12 months.

In Louisiana, SHP's data analysts calculate the data needed to estimate unmet need. Persons who had at least one CD4 or VL test within a 12-month period are considered to have been "in care" during that year. Persons who did not are considered "out of care," and are deemed as having an "unmet need" for care and treatment. Louisiana's Public Health Sanitary Code requires that laboratories report all test results indicative of HIV infection for persons residing in Louisiana. As a result, laboratory data received by SHP's Surveillance Unit can be used to assess whether a person is in care or not in care during a specified time period.



- The overall percentage of persons with unmet need has steadily decreased over time but remained constant from 2014 to 2015. In both years, 28% of persons living with HIV infection in Louisiana did not have a single CD4 count or viral load lab conducted and were considered to be out of HIV medical care.
- Persons living with AIDS continue to have lower percentages of unmet need than persons living with HIV. People living with AIDS may require more medications and may have more symptoms, leading them to more frequent medical visits.

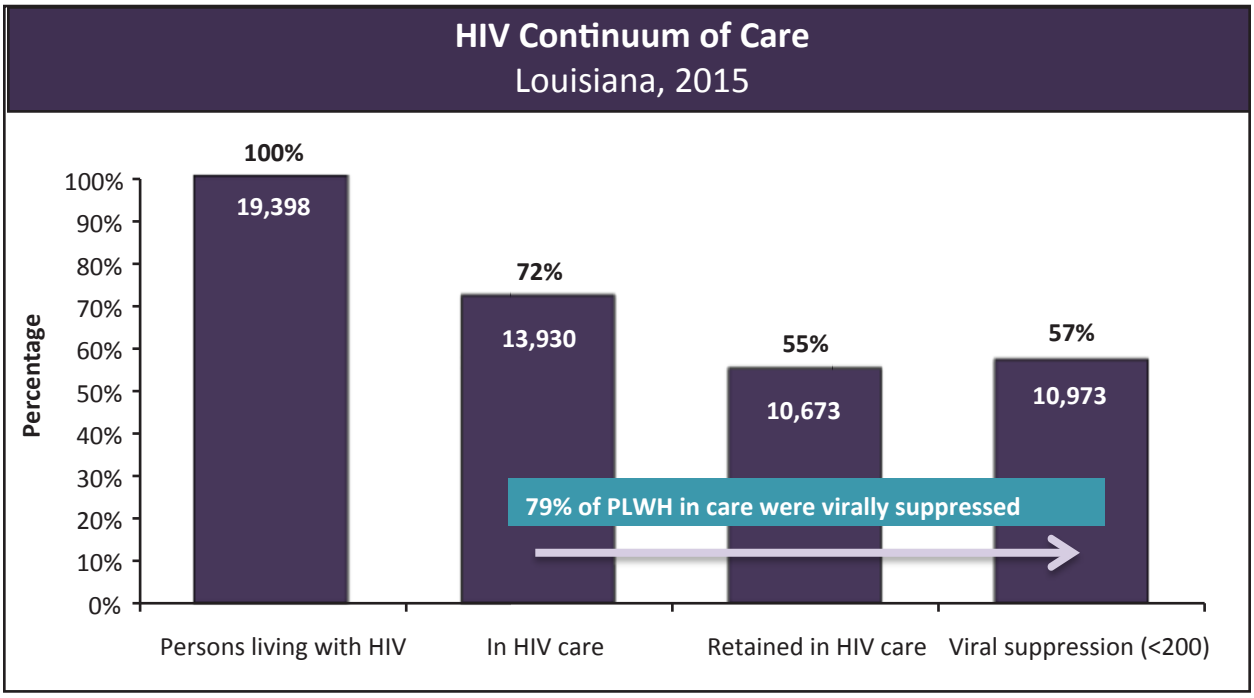
Unmet Need for Primary HIV Medical Care Louisiana, 2013-2015						
	2013		2014		2015	
	Percent in Care	Percent Not in Care (Unmet Need)	Percent in Care	Percent Not in Care (Unmet Need)	Percent in Care	Percent Not in Care (Unmet Need)
Overall	**70%**	**30%**	**72%**	**28%**	**72%**	**28%**
Persons living with HIV	59%	41%	62%	38%	62%	38%
Persons living with AIDS	80%	20%	81%	19%	81%	19%
Sex at Birth						
Female	75%	25%	76%	24%	76%	24%
Male	68%	32%	70%	30%	70%	30%
Race/Ethnicity						
Black/African American	70%	30%	73%	27%	73%	27%
Hispanic/Latino	49%	51%	53%	47%	52%	48%
White	72%	28%	73%	27%	74%	26%
Other	64%	36%	68%	32%	68%	32%
Age Group						
0-12	90%	10%	81%	19%	79%	21%
13-24	71%	29%	72%	28%	74%	26%
25-44	69%	31%	72%	28%	71%	29%
45-64	71%	29%	73%	27%	73%	27%
65+	65%	35%	67%	33%	68%	32%
Region						
1-New Orleans	70%	30%	72%	28%	72%	28%
2-Baton Rouge	75%	25%	77%	23%	77%	23%
3-Houma	74%	26%	76%	24%	77%	23%
4-Lafayette	68%	32%	69%	31%	69%	31%
5-Lake Charles	60%	40%	61%	39%	62%	38%
6-Alexandria	67%	33%	69%	31%	69%	31%
7-Shreveport	63%	37%	67%	33%	66%	34%
8-Monroe	66%	34%	69%	31%	68%	32%
9-Hammond/Slidell	72%	28%	74%	26%	74%	26%

- Of persons living with HIV infection in 2015, only 72% had at least one primary medical care visit during the year. Persons living with AIDS were more likely to have a medical visit (81%) compared to persons living with HIV (non-AIDS) (62%).
- Females and non-Hispanics were more likely to be receiving medical care.
- Persons residing in the New Orleans, Baton Rouge, Houma, and Hammond/Slidell regions were most likely to be in care, while persons in the Lake Charles and Shreveport regions were least likely to be in care.

Louisiana's Continuum of Care

The HIV continuum of care is a way to show, in visual form, the numbers of individuals living with HIV who are actually receiving the full benefits of the medical care and treatment they need. The following graph shows the Louisiana-specific continuum created by the STD/HIV program using data from surveillance and laboratory reporting.

- Column 1: The number of persons living with HIV infection (PLWH) at the end of 2015 included in the continuum is limited to people living with HIV infection as of 12/31/2015, but who were diagnosed before 01/01/2015 and whose current address is in Louisiana. This number is smaller than the overall number of persons living with HIV infection presented in Chapter 1 because it removes anyone newly diagnosed in 2015. In 2015, there were 19,398 persons in Louisiana who met these criteria.
- Column 2: The number of people in HIV care includes all PLWH who had at least one CD4 count or VL test conducted in 2015. In 2015, 72% of Louisiana's PLWH had at least one medical care visit.
- Column 3: The number of people retained in HIV care includes the number of PLWH who had two or more CD4 counts or VL tests conducted in 2015 at least 90 days apart. In 2015, 55% of Louisiana's PLWH were retained in HIV medical care.
- Column 4: The number of people who are virally suppressed are the number of PLWH whose most recent VL test in 2015 was less than 200 copies/ml. In 2015, 57% of Louisiana's PLWH were virally suppressed at their most recent VL.
- An additional feature that Louisiana has added is the connection between Column 2 and Column 4. If viral suppression is assessed for people who had at least one medical care visit in 2015, 79% of the persons living with HIV infection in care are virally suppressed.



Chapter 3

Perinatal HIV Exposure and Congenital Syphilis

Active surveillance of perinatal HIV exposure and congenital syphilis is an important aspect in preventing disease transmission of HIV or syphilis to a newborn. Through proper care and treatment, both perinatal transmission of HIV and congenital syphilis can be prevented. The rate of HIV transmission from mother to child can be reduced from 25% to less than 1% with adherence to antiretroviral prophylaxis. Adequate treatment for syphilis during pregnancy is 98% effective in reducing congenital syphilis.[xiii] Early and repeat testing for HIV and syphilis during pregnancy is important to ensure timely treatment and reduce transmission. To address perinatal HIV exposure and congenital syphilis, Louisiana passed legislation in 2007 mandating physicians offer HIV and syphilis testing during the first trimester. The law was extended in 2014 to require that physicians offer repeat testing during the third trimester.

Large health disparities for perinatal exposure to HIV and congenital syphilis are present in Louisiana. Black mothers under the age of 30 are affected more than any other race/ethnicity and age group in Louisiana. Barriers to care can include lack of transportation to and from healthcare appointments, low income, stigma, and gaps in other supportive services for pregnant women with these particular health concerns. While Louisiana's rates for perinatal HIV exposure/transmission and congenital syphilis have been historically higher than the US rate, Louisiana is committed to improving health and birth outcomes for women that have been affected by HIV and syphilis. Please refer to the introduction of this report for a comprehensive explanation of factors influencing racial disparities in Louisiana.

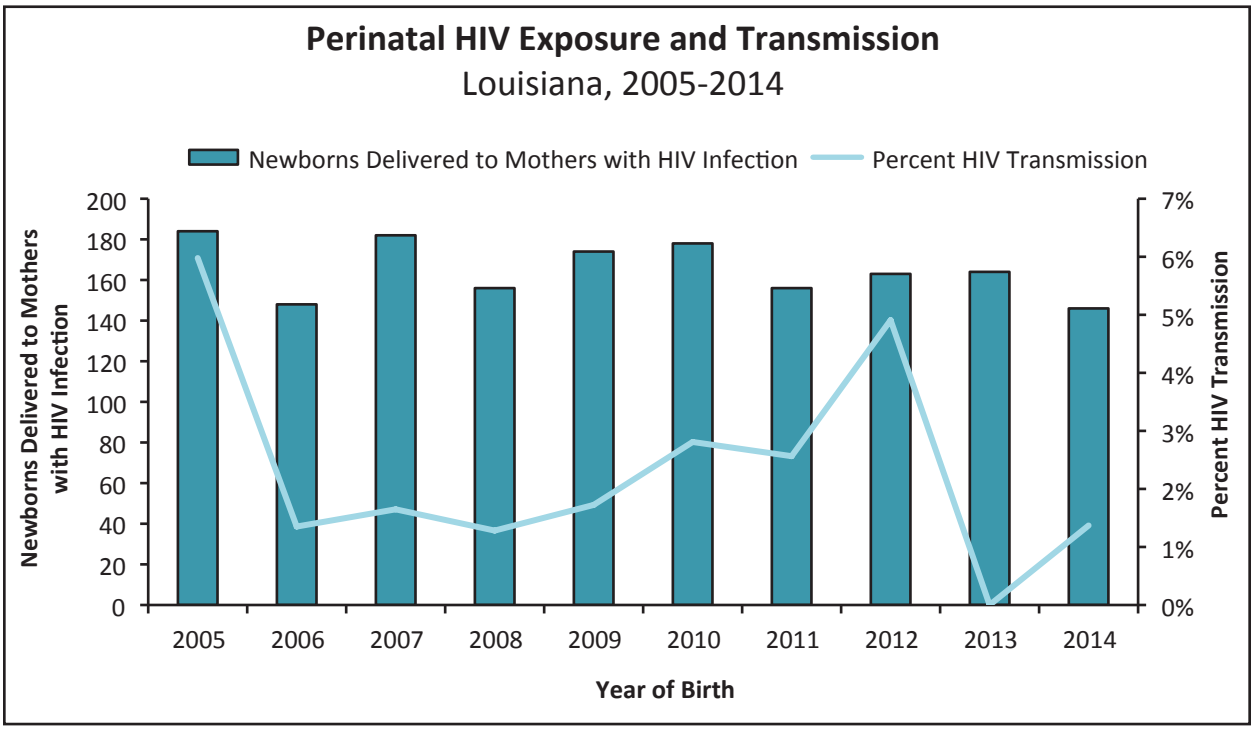
Perinatal HIV Exposure

Background and Overview

In 1994, the Pediatric AIDS Clinical Trials Group demonstrated that zidovudine (ZDV) administered to HIV-infected pregnant women could reduce the risk of perinatal transmission of HIV. As a result, the United States Public Health Service (USPHS) issued recommendations for the use of ZDV during pregnancy to reduce perinatal transmission. Subsequent clinical trials and observational studies demonstrated that combination antiretroviral (ARV) medication given to a mother was associated with further declines in transmission. The recommendations for prevention of perinatal transmission are continuously updated and are available from the NIH's AIDS Info website (http://aidsinfo.nih.gov/).[xiv]

The CDC has published recommendations to include HIV testing as part of the routine screening panel for all pregnant women, as well as repeat testing during the third trimester in areas with high HIV incidence, which includes Louisiana. The CDC also recommends a rapid test at delivery for women without documented HIV test results.[xv] Louisiana law (Louisiana RS 40:1091) requires any physician providing medical care to a pregnant woman to offer an HIV test as a component of her routine laboratory panel at her first prenatal care visit and at the first prenatal care visit of the third trimester unless she specifically declines ("opts out"). In addition, the law allows physicians to test a child born to a woman whose HIV status is unknown at the time of delivery, without parental consent. Title 51 of the Administrative Code (Public Health -- Sanitary Code, available at: http://doa.louisiana.gov/osr/lac/books.htm) also requires the explicit reporting of pregnancy in an HIV-infected woman, as well as all HIV tests performed on children aged 0-6 years regardless of test result (positive or negative).

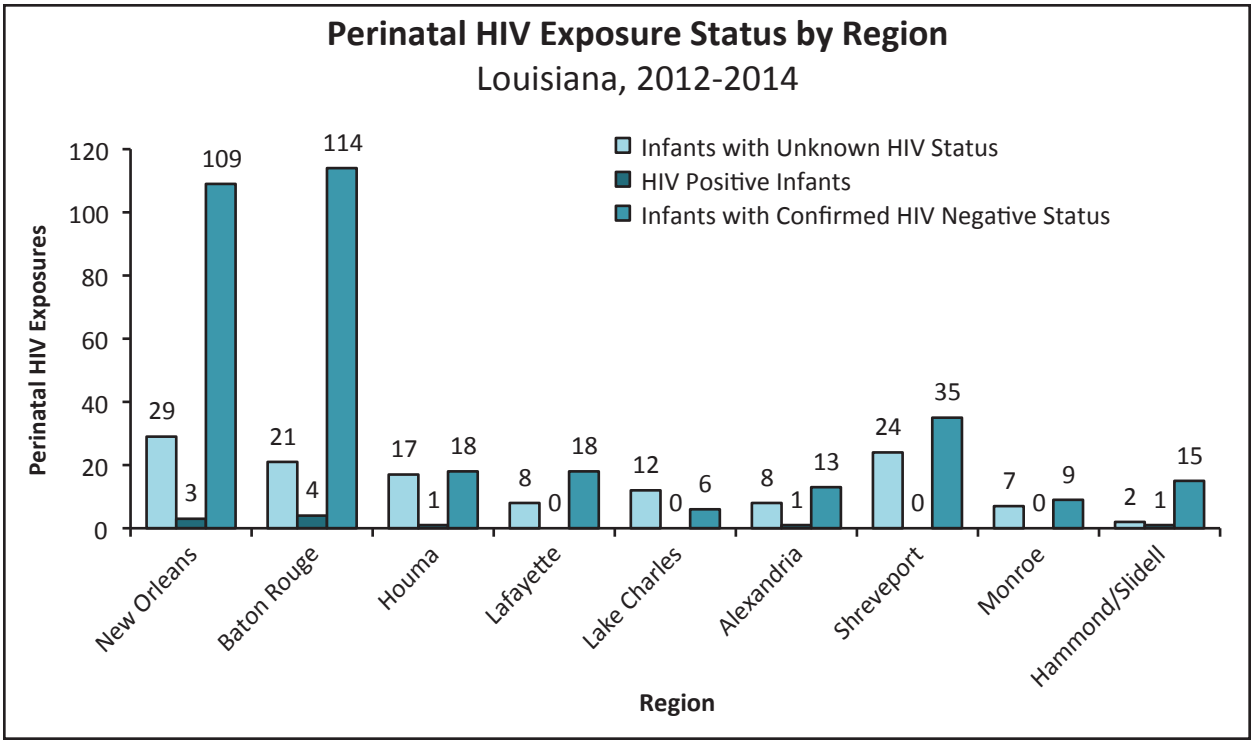
Perinatal HIV exposure surveillance requires several rounds of testing to determine whether an infant is definitively HIV positive or HIV negative. Reporting of this information ensures effective monitoring of all perinatal HIV exposures. Infants born to HIV-infected women need a recorded negative result on HIV tests conducted at one month and four months of age to be confirmed as HIV negative. Until an infant receives adequate HIV testing, that infant is considered to have an indeterminate HIV status.



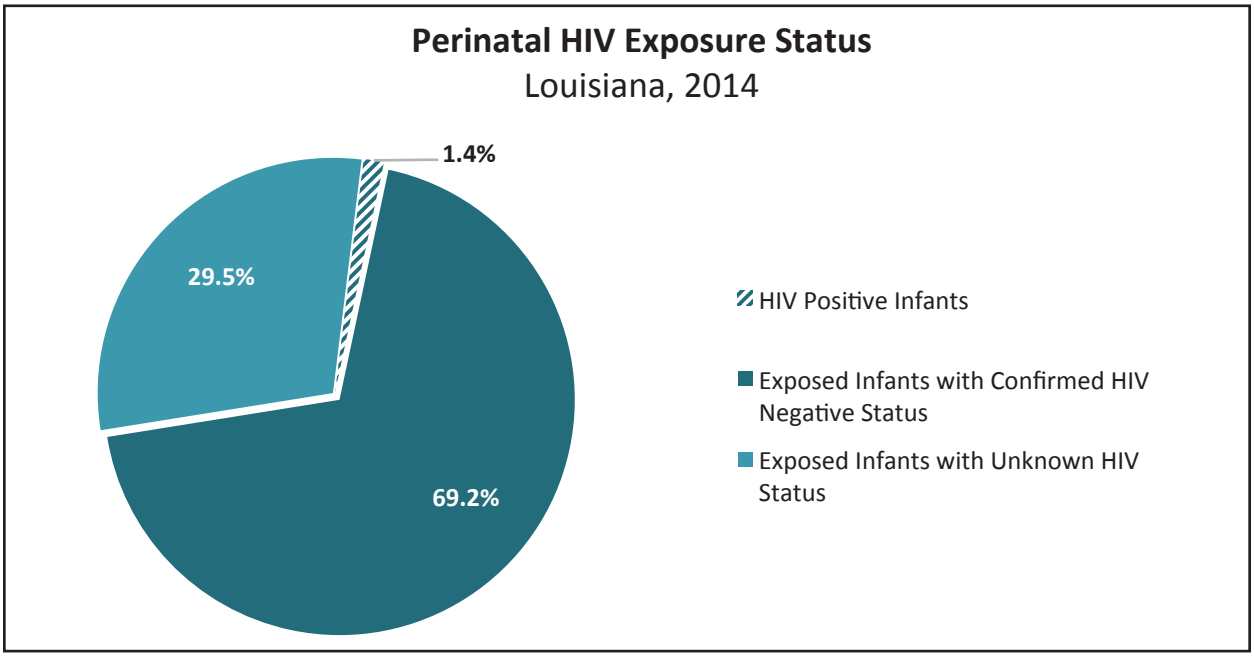
- There were two cases of perinatal HIV transmission in 2014.
- Over the past ten years, the highest percentage of perinatal transmission was in 2005 (6%), while 2013 was the lowest (0%).
- Preliminary data of infants born in 2015 reports two confirmed cases of perinatal transmission of HIV and one case of perinatal transmission in 2016.

Perinatal HIV in the United States

In 2014, an estimated 115 children under the age of 13 were infected with HIV as a result of perinatal transmission. While the United States has a low rate of mother-to-child transmission (MTCT) of HIV, the CDC has proposed a framework to end MTCT in the United States, which is defined as a transmission rate of less than 1% of infants born to HIV-infected mothers. The framework includes universal testing (i.e. opt-out testing), data reporting and long-term monitoring, as well as reproductive health and family planning services for women. These efforts, individually managed by each state, sets a foundation for the elimination of MTCT through identifying HIV positive women before they are pregnant, providing care for them while they are pregnant, and monitoring of women out of care or in need of other services related to their infection.[xvi]



- Between 2012 and 2014, HIV positive mothers delivered newborns in every region of Louisiana. The New Orleans region had the highest number of perinatal exposures (141 exposures), including three transmissions. The Baton Rouge region had 139 exposures and four perinatal transmissions, the highest number of transmissions in the state.
- Approximately 27% of HIV exposed infants born during 2012-2014 have an indeterminate HIV status. More work must be done to improve reporting of negative test results, create better access to testing, and conduct better follow-up on infants to decrease the number of perinatal exposure cases with an indeterminate status.



- Nearly thirty percent of infants born in 2014 have an unknown HIV status due to an insufficient number of labs to confirm serostatus.

The following table shows demographic information for mothers infected with HIV who delivered a newborn in 2014. There was one set of twins. A total of 145 mothers who gave birth to 146 infants are included below.

Demographics of Mothers with HIV Infection
Louisiana, 2014

	Number	Percent
Total	**145**	**100.0%**
Race/Ethnicity		
Black/African American	129	88.9%
Hispanic/Latina	1	0.7%
White	14	9.7%
Multi-Race	1	0.7%
Age at Delivery		
15-19	6	4.1%
20-24	41	28.3%
25-29	46	31.7%
30-34	36	24.8%
35+	16	11.0%
Imputed Transmission Category		
Injection Drug User (IDU)	14	9.7%
High Risk Heterosexual (HRH)	126	86.9%
Perinatal/Pediatric*	4	2.8%
Unknown Transmission*	1	0.7%
Delivery Type		
Vaginal	63	43.5%
Elective Cesarean	65	44.8%
Non-elective Cesarean	16	11.0%
Cesarean, unknown type	1	0.7%
Region		
1-New Orleans	38	26.2%
2-Baton Rouge	46	31.7%
3-Houma	16	11.0%
4-Lafayette	5	3.5%
5-Lake Charles	7	4.8%
6-Alexandria	6	4.1%
7-Shreveport	15	10.4%
8-Monroe	6	4.1%
9-Hammond/Slidell	6	4.1%

*Perinatal/Pediatric and unknown transmission are not imputed.

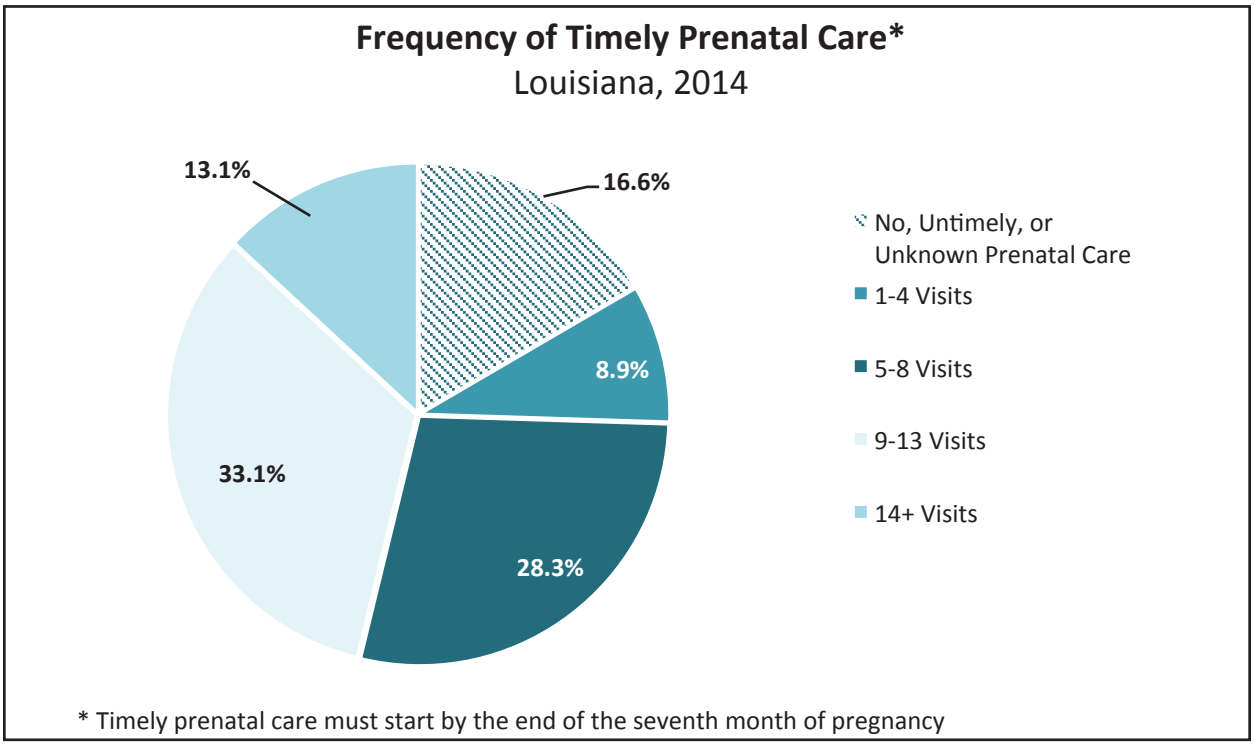
- Mothers with HIV infection were predominately black (89%) and under the age of 30 (64%).
- Nearly ten percent of mothers were likely infected through injection drug use and three percent were themselves perinatally infected; the majority were infected by high risk heterosexual activity (87%).
- In 2014, 32% of HIV-infected women who delivered a newborn lived in the Baton Rouge region, and 26% lived in the New Orleans region.

Birth Outcomes of HIV Exposed Newborns Louisiana, 2014		
	HIV Exposed Newborns	**Percent**
Total	**146**	**100.0%**
Birth Weight		
Low (<2500g)	36	24.7%
Normal (≥2500g)	110	75.3%
Gestational Age		
Preterm (<37 weeks)	36	24.7%
Early Term (37-38 weeks)	62	42.5%
Full Term (≥39 weeks)	48	32.9%

- Among HIV exposed newborns in Louisiana in 2014, nearly 25% were born at a low or very low birth weight (<2500g), and 25% were born either preterm (before 37 weeks gestational age) or very preterm (before 32 weeks). This is compared to all newborns born in Louisiana in 2014, where 12% were low or very low birthweight and 15% were born preterm.[xvii]

Prenatal Care and Perinatal Transmission Risk Reduction

The American Congress of Obstetricians and Gynecologists (ACOG) recommends 14 prenatal care visits during pregnancy.[xviii] Lack of prenatal care significantly impacts perinatal transmission since women who are not in prenatal care are less likely to get tested for HIV and receive ARVs during their pregnancy.



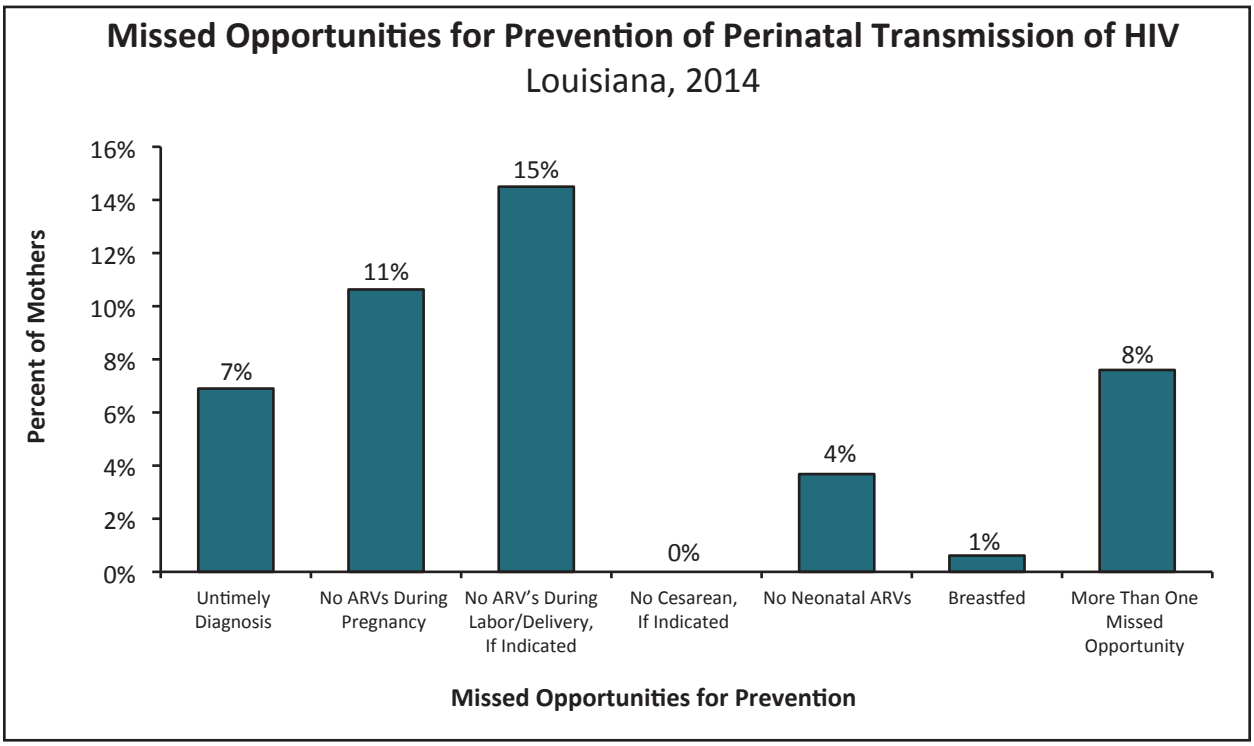
- In 2014, nearly 17% of mothers with HIV infection had no, untimely, or unknown status of prenatal care, 9% of mothers had 1-4 visits, 28% had 5-8 visits, and 33% of mothers had 9-13 prenatal visits.
- Only thirteen percent of mothers had the recommended number of 14 or more prenatal care visits.

Perinatal HIV Exposure Risk and Missed Opportunities

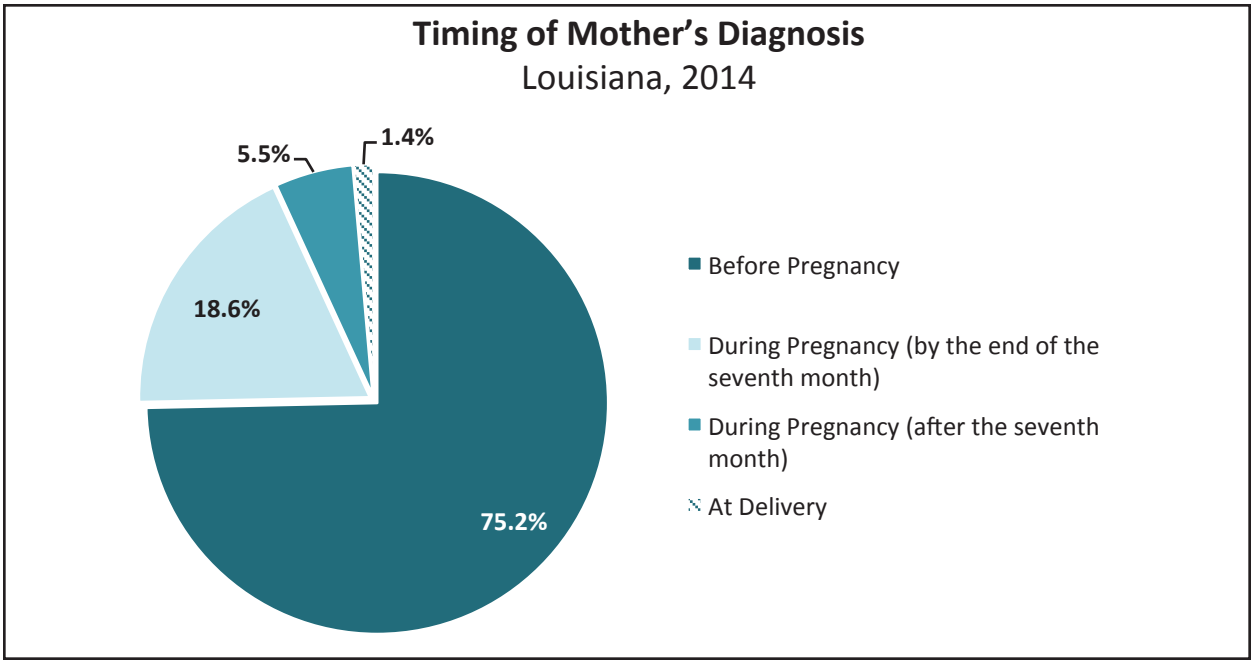
Risk of perinatal transmission of HIV depends on fetal/infant exposure to maternal virus. High risk exposure can be reduced by adhering to the following recommendations:

- The mother's infection is diagnosed early (by the end of the seventh month of pregnancy) so that maternal viral load can be reduced
- The mother receives ARVs during pregnancy
- The mother receives ARVs during labor/delivery (recommended if the maternal viral load is over 1,000 copies/mL)
- The newborn is delivered by cesarean section (recommended if the maternal viral load is over 1,000 copies/mL)
- The newborn receives ARVs after delivery
- The newborn/infant is not breastfed

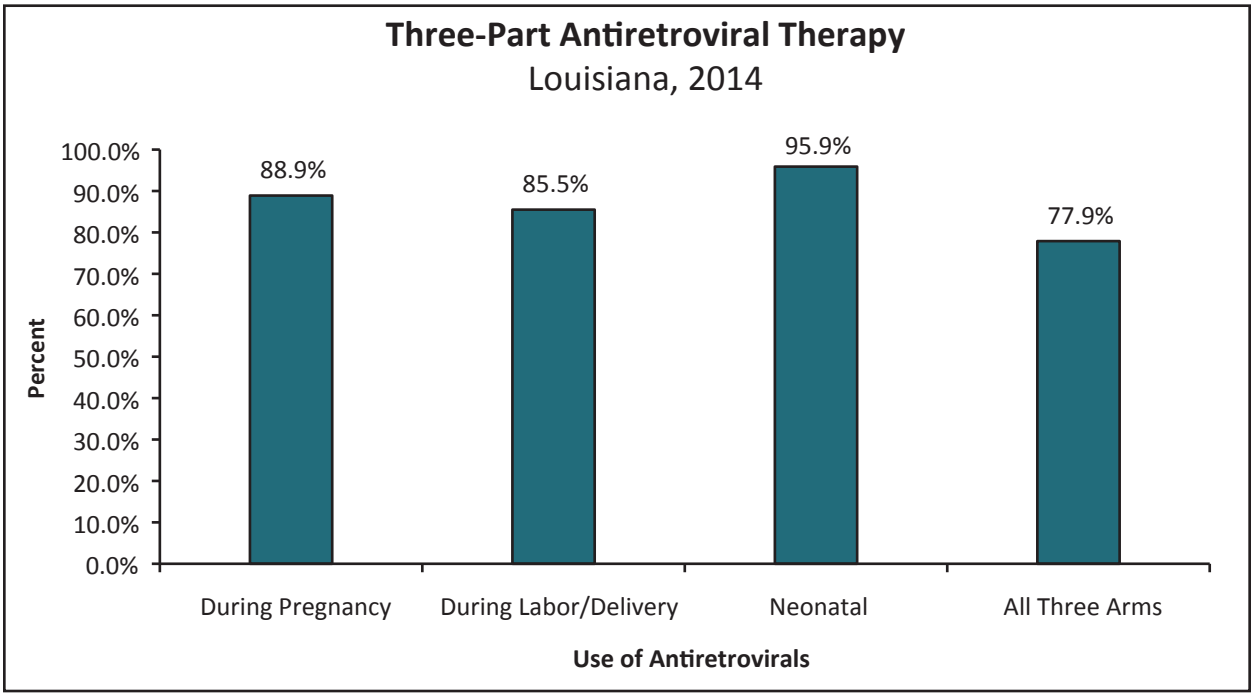
Following these recommendations can reduce the rate of perinatal transmission to less than 1%. Although prenatal care is not listed because it does not directly increase fetal exposure to maternal virus, it is a crucial component of the prevention of perinatal transmission and facilitates testing and treatment for pregnant women.



- In 2014, the most prevalent missed opportunity was no ARVs during labor/delivery, when indicated (15%). Eleven percent of mothers did not receive ARVs during pregnancy. The use of ARV medication during pregnancy depends on several factors including timing of diagnosis, prenatal care, and mother's access to ARVs. Overall, 8% of mother-infant pairs had more than one missed opportunity for prevention of perinatal transmission.



- Seventy-five percent of mothers were diagnosed with HIV before pregnancy, nearly 19% were diagnosed while pregnant but before their seventh month of pregnancy, 6% after the seventh month, and 1% at delivery.



- Antiretroviral therapy administered to women with HIV during pregnancy, labor/delivery and to newborns can reduce perinatal transmission to less than 1%.
- In 2014, 89% of HIV positive women in Louisiana received ARV therapy during pregnancy; 85% received ARVs during labor/delivery; and almost 96% of newborns received prophylactic zidovudine shortly after birth. Overall, nearly 78% of mother-infant pairs received all three recommended components of the antiretroviral prophylaxis protocol.

Highlight

Fetal Infant Mortality Review/HIV (FIMR/HIV)

In 2009, the Louisiana STD/HIV Program and the Louisiana Bureau of Family Health partnered to carry out a perinatal HIV prevention methodology, based upon the Fetal Infant Mortality Review (FIMR), in the New Orleans region. The FIMR/HIV Prevention Methodology is an action-oriented community process that continually assesses, monitors, and works to improve service systems and community resources for women, infants, and families. The goal of the FIMR/HIV Prevention Methodology is to improve perinatal HIV prevention systems by using the FIMR case review and community action process. The FIMR/HIV Methodology follows a five-step process for data collection, review, and community action:

Cases reviewed to date include all cases of perinatal transmission of HIV from 2009 onward, as well as other cases with noted gaps in HIV or prenatal care. Louisiana is no longer funded specifically for FIMR/HIV, but continues to implement this methodology in the New Orleans and Baton Rouge regions with resources from the STD/HIV Program. Below are several recent recommendations from the FIMR/HIV Case Review Team.

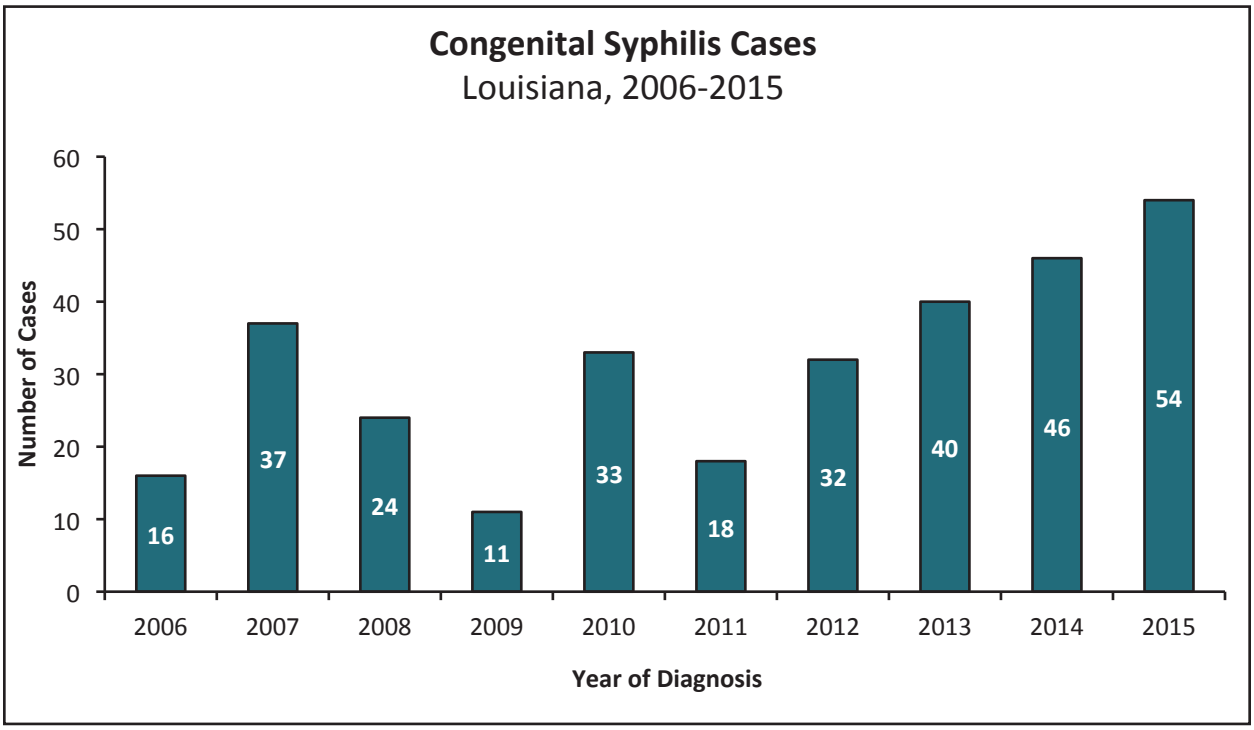
FIMR/HIV Recommendations

- HIV Testing and Care for Emergency Departments: If a mother does not have prenatal care during her pregnancy, a visit to the Emergency Department may be the only contact she has with the health care system. HIV testing for women, especially pregnant women, during Emergency Department visits would provide a testing opportunity as well as care for women who do not otherwise utilize the healthcare system.
- Hospital Social Workers and Mental Health Services: Hospital Social workers can be a crucial asset for women with HIV giving birth in a hospital, especially for women in greatest need of other social support services, including mental health and referrals to housing services, food/nutrition assistance and other services.

Congenital Syphilis

Syphilis is both curable and easily treated. Subject to the stage of infection, treatment of syphilis during pregnancy ranges from one to three shots of benzathine penicillin at least 30 days prior to delivery. A case of congenital syphilis occurs when a pregnant woman with a current syphilis infection passes the infection on to her infant in utero or during delivery, most often due to inadequate and/or incomplete treatment, reinfection during pregnancy, or no treatment during pregnancy. Congenital syphilis may result in stillbirth, infant death and/or other significant adverse clinical outcomes.[xix]

The STD/HIV Program evaluates the medical records of all infants exposed to syphilis and uses the CDC case report algorithm for case determination. This algorithm considers maternal testing and treatment of syphilis during pregnancy as well as infant testing and signs of congenital syphilis at birth. Clinical manifestations and/or morbidity of congenital syphilis need not be present in the infant to be considered a reportable case.



- Congenital syphilis cases have fluctuated over the past ten years, though there has been a consistent increase in cases since 2011.
- The number of congenital syphilis cases in Louisiana increased by 17%, from 46 cases in 2014 to 54 in 2015.

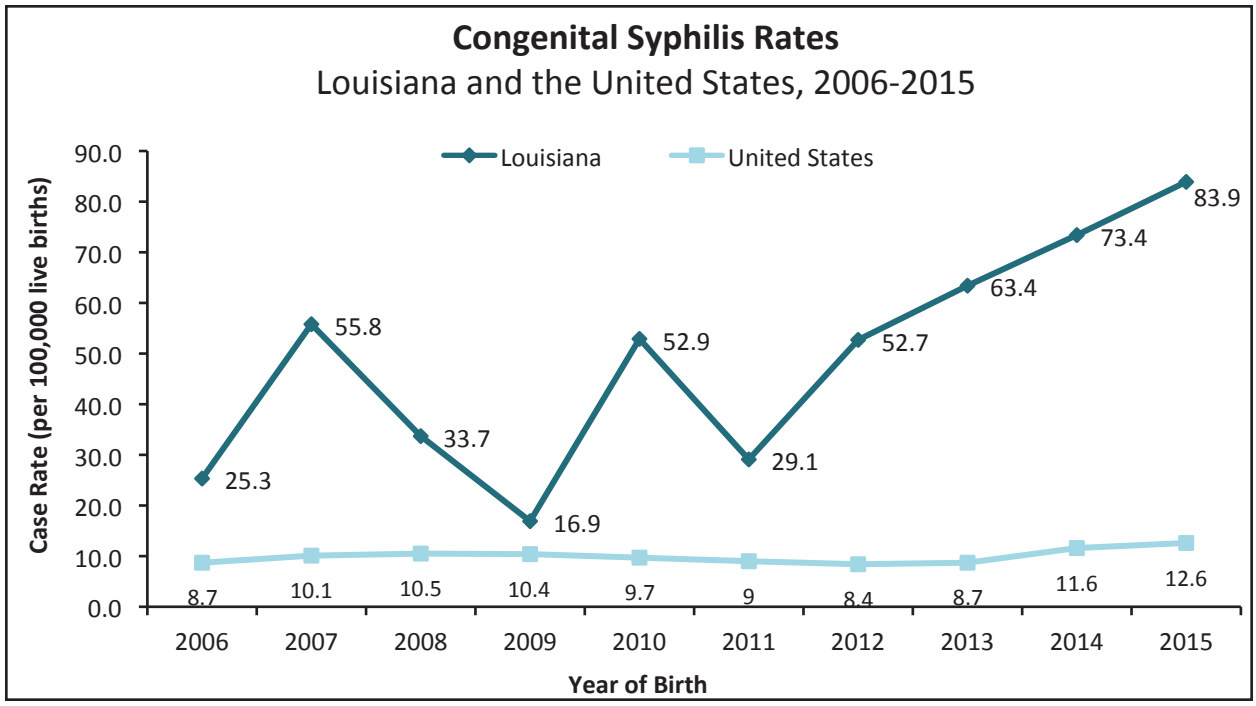
The following table shows demographic information for mothers of congenital syphilis cases in 2015. A total of 54 mothers are included below who gave birth to 54 infants.

Demographics of Mothers of Congenital Syphilis Cases
Louisiana, 2015

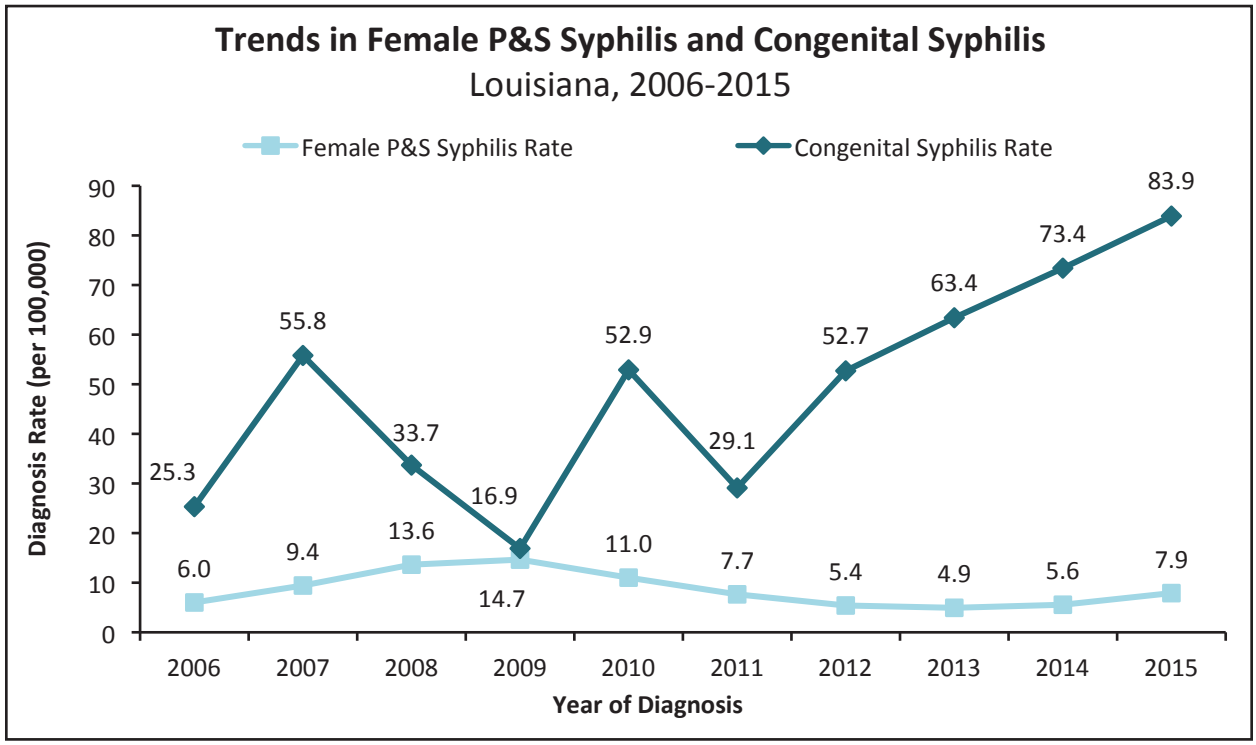
	Number	Percent
Total Cases	**54**	**100%**
Case Definition		
Presumed Case*	53	98.1%
Syphilitic Stillbirth	1	1.9%
Race/Ethnicity		
Black/African American	46	85.2%
Hispanic/Latina	1	1.9%
White	7	12.9%
Age at Delivery		
15-19	11	20.4%
20-24	27	50.0%
25-29	7	12.9%
30-34	7	12.9%
35+	2	3.7%
Region		
1-New Orleans	5	9.2%
2-Baton Rouge	13	24.1%
3-Houma	7	12.9%
4-Lafayette	4	7.4%
5-Lake Charles	1	1.9%
6-Alexandria	0	0.0%
7-Shreveport	10	18.5%
8-Monroe	13	24.1%
9-Hammond/Slidell	1	1.9%

**A presumed case of syphilis is defined as an infant whose mother had untreated or inadequately treated syphilis at delivery or an infant who had a reactive test for syphilis and possible signs of syphilis at birth.*

- In 2015, 85% of mothers of congenital syphilis cases were black, 13% were white and one mother was Hispanic/Latina.
- Over 83% of mothers were under 30 years of age when they delivered.
- Eight of Louisiana's nine public health regions had at least one case of congenital syphilis. The Baton Rouge and Monroe regions had the highest proportion of cases (24%), followed by the Shreveport region (18.5%).

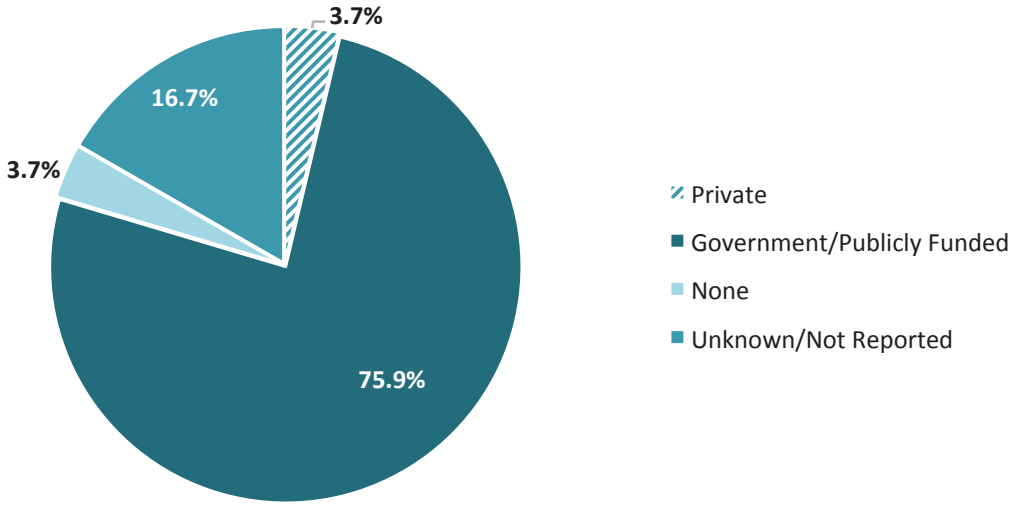


- In 2015, Louisiana ranked 1st in the nation for congenital syphilis diagnosis rates.
- Only 30 states in the nation reported one or more cases of congenital syphilis in 2015. Until 2014, the US congenital syphilis rate remained below 11 cases per 100,000 live births.
- In 2015, the congenital syphilis rate in Louisiana was 83.9 cases per 100,000 live births (54 cases). Though the US rate continued to increase from 2014, Louisiana's rate was still over six times the national rate of 12.6 per 100,000 live births.[xx]



- National trends in congenital syphilis tend to follow trends for early syphilis in women with a one to two year lag. However, in Louisiana, the congenital syphilis rate has increased despite lower rates of syphilis among women.

Congenital Syphilis Cases and Type of Insurance During Pregnancy/Delivery
Louisiana, 2015



- While insurance is not a direct measure of income, it can help identify where the greatest need in prevention is.
- Nearly 76% of women utilized government or publicly funded insurance, while 4% had private insurance and another 4% had none. Seventeen percent did not have a reported payor source (unknown).

Prenatal Care and Birth Outcomes of Congenital Syphilis Cases
Louisiana, 2015

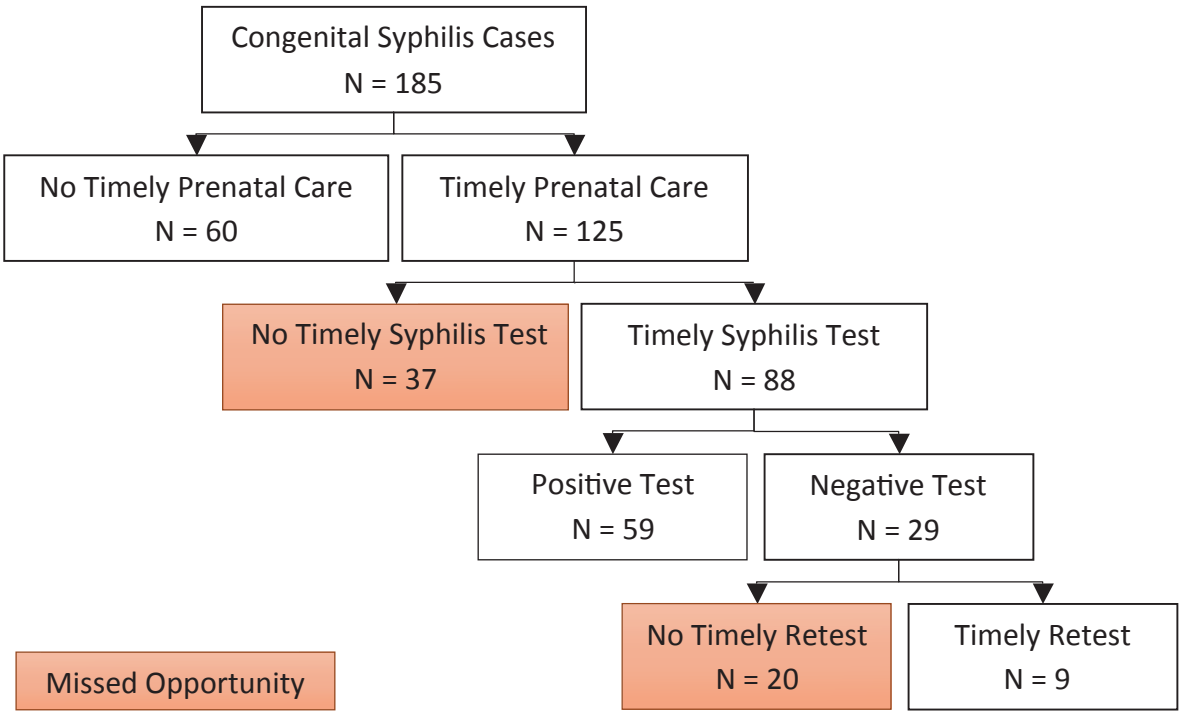
	Number	Percent
Total Cases	**54**	**100.0%**
Frequency of Prenatal Care		
No Prenatal Care	8	14.8%
1-4 Prenatal Visits	14	25.9%
5-8 Prenatal Visits	14	25.9%
9-13 Prenatal Visits	11	20.4%
14+ Prenatal Visits	7	12.9%
Birth Weight		
Low Birth Weight (<2500g)	14	25.9%
Normal Birthweight (≥2500g)	40	74.1%
Gestational Age		
Preterm (<37 weeks)	14	25.9%
Term (≥37 weeks)	40	74.1%

- Of the 54 mothers, 15% had no prenatal care and 26% attended between one and four prenatal visits. Thirteen percent of mothers had the recommended number of 14 or more prenatal visits.
- Infants born prematurely or underweight have greater health risks during their first year of life, as well as later in life. Twenty-six percent of congenital syphilis cases in 2015 were born prematurely and 26% had a low birth weight.

Missed Opportunities for Syphilis Testing

Syphilis testing during pregnancy is a crucial aspect of preventing cases of congenital syphilis. In 2007, Louisiana enacted a law requiring that physicians offer opt-out syphilis testing during a woman's first prenatal care visit. In 2014, Louisiana extended the law to require that physicians also offer opt-out syphilis testing at the first prenatal care visit of the third trimester. In the chart below, 'Timely Prenatal Care' is prenatal care that starts at least 60 days before delivery and a 'Timely Syphilis Test' is a syphilis test conducted at least 45 days before delivery. This timing allows ample time for a woman to be treated for syphilis before delivery.

Missed Opportunities for Syphilis Testing during Pregnancy
Louisiana, 2011-2015



Approximately 30% of the women who delivered a newborn with congenital syphilis and had timely prenatal care were never tested for syphilis during pregnancy. Physicians are required to offer a syphilis test at the first prenatal care visit, which could have prevented these cases of congenital syphilis.

A large proportion (67%) of the women who delivered a newborn with congenital syphilis and had timely prenatal care had a timely, positive syphilis test. These women may not have been adequately treated for syphilis during pregnancy or were adequately treated but re-infected. Finally, several women received timely, negative syphilis tests but were not retested later in pregnancy. Timely third trimester syphilis testing is essential for preventing cases in which syphilis infection or seroconversion occurs late in pregnancy.

Chapter 4

Profile of STDs in Louisiana

Introduction to STD Surveillance

The Louisiana Department of Health Office of Public Health STD/HIV Program's (SHP) Sexually Transmitted Disease (STD) Surveillance Program collects and analyzes data on diagnoses of syphilis (all stages), congenital syphilis, gonorrhea, and chlamydia. Louisiana's Sanitary Code mandates that all medical providers and laboratories report these STDs to SHP along with basic demographic and residence information. Funding for STD Surveillance comes from the Centers for Disease Control and Prevention (CDC).

Reports of positive syphilis tests are sent to the field staff in each region for evaluation and follow-up investigations, when needed. Positive chlamydia and gonorrhea tests are reviewed in the state central office and presently do not receive additional follow-up by regional staff.

Data from STD surveillance activities are analyzed and non-identifying summary information is provided to public health programs, medical providers, researchers, and the general public through reports, presentations, data requests, and fact sheets. The information is provided for the purposes of program planning, education, and evaluation.

Louisiana consistently experiences some of the highest rates of STDs in the United States. Syphilis, chlamydia, and gonorrhea are the three most commonly reported STDs. In 2015, Louisiana had the highest diagnosis rate in the nation for gonorrhea, the highest primary and secondary (P&S) syphilis rate, and the 2nd highest chlamydia rate according to the CDC's *2015 STD Surveillance Report*.[xxi]

The data presented below represent all new diagnoses of chlamydia, gonorrhea, and P&S syphilis diagnosed from 2006 to 2015 and reported to SHP before April 29, 2016. This report presents both counts of STD diagnoses and STD diagnosis rates. Rates take into account differing population sizes among demographic groups or areas. Comparing rates between two or more groups or areas can identify important differences.

Trends in STD Cases
Louisiana, 2006-2015

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Chlamydia	17,885	19,362	23,536	28,148	29,151	31,614	27,353	28,739	28,896	32,305
Gonorrhea	10,883	11,137	9,766	9,150	8,912	9,169	8,873	8,669	8,978	10,274
P&S Syphilis	342	533	721	742	547	447	339	423	575	696

In 2015, 32,305 chlamydia diagnoses, 10,274 gonorrhea diagnoses, and 696 P&S syphilis diagnoses were reported in Louisiana.

Chlamydia

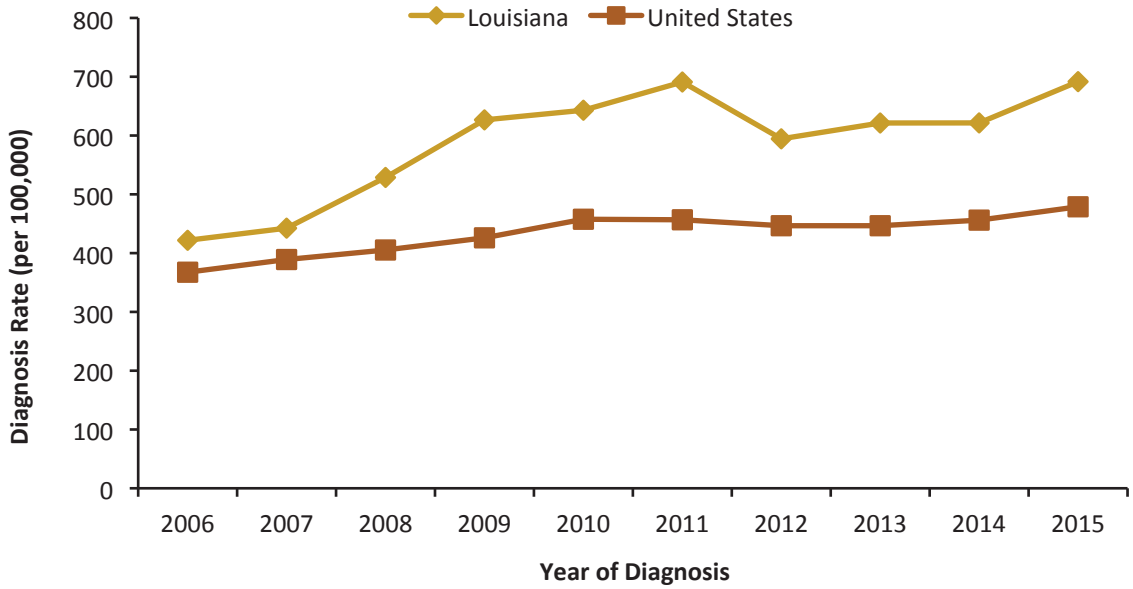
Caused by the bacterium *Chlamydia trachomatis*, chlamydia is the most commonly diagnosed STD in the United States. 2013 was the first time that the chlamydia diagnosis rates decreased nationally since reporting began. National rates once again rose in 2014 and 2015. Though chlamydial infections are often asymptomatic, symptoms can range from urethritis or vaginitis to severe pelvic inflammatory disease (PID) in women. PID can cause infertility, ectopic pregnancy, and chronic pelvic pain. Pregnant women with chlamydia can pass the infection to their infants during delivery, potentially causing health issues such as ophthalmia neonatorum or pneumonia. The CDC recommends annual screening of all sexually active women under 25 years.

10 Year Trends in Chlamydia Diagnoses

There were 32,305 diagnoses of chlamydia reported in Louisiana in 2015. This represents a 12% increase in the number of diagnoses from 2014, when 28,896 diagnoses were reported. Over the past 10 years, the number of new chlamydia diagnoses has fluctuated from a low of 17,885 in 2006 to a high of 32,305 in 2015.

Some of the rise in diagnoses may be due to improved chlamydia screening practices. Louisiana's public health units have replaced genetic probe testing with the Amplified Nucleic Acid Test as recommended by the CDC, which has increased sensitivity, capturing more infections.[1] In addition, screening for chlamydia is performed for all sexually active female patients age 30 and younger in Louisiana's family planning clinics.

Chlamydia Diagnosis Rates
Louisiana and the United States, 2006-2015



- In 2015, the chlamydia diagnosis rate in Louisiana was 691.6 per 100,000 population, an increase of 11% from the 2014 rate of 621.5 diagnoses per 100,000. The 2015 Louisiana rate was 1.5 times higher than the 2015 national rate of 478.8 per 100,000 population. It should be noted than in 2012, intensive deduplication efforts were begun in Louisiana which may be responsible for the reduction in diagnosis counts and rates from previous years.
- Between 2013 and 2014, the chlamydia diagnosis rate in Louisiana remained stable (621.3 per 100,000 and 621.5 per 100,000, respectively).

Chlamydia Diagnoses by Sex at Birth, Race/Ethnicity, and Age

Although STDs affect persons of all sexes, ages, and race/ethnicities in Louisiana, the impact is not the same across all populations. Identifying the populations most at risk of contracting an STD helps in planning STD prevention activities and services, and in determining the most effective use of limited resources.

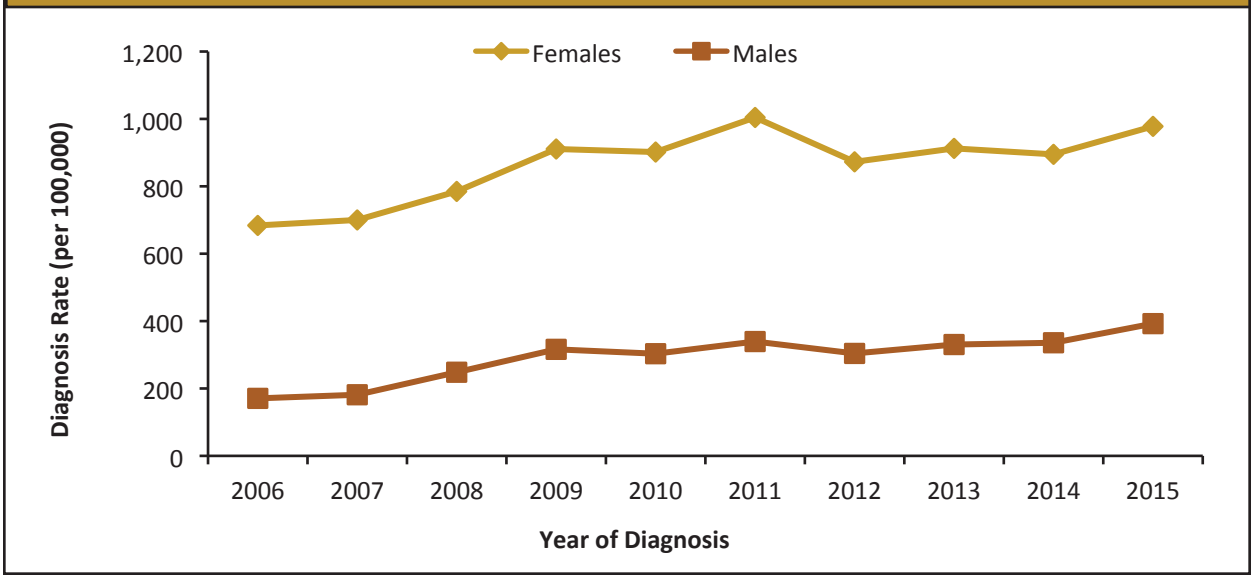
Characteristics of Persons Diagnosed with Chlamydia
Louisiana, 2015

	Cases	Percent	Rate
Total	**32,305**	**100%**	**691.6**
Sex at Birth			
Female	23,342	72.3%	977.9
Male	8,963	27.7%	392.5
Race/Ethnicity*			
Black/African American	21,490	73.0%	1,436.0
Hispanic/Latino	900	3.1%	387.0
White	6,593	22.4%	238.8
Other/Multi-race	438	1.5%	-
Unknown	*2,884*	*8.9%*	-
Age Group*	**Age at Diagnosis**		
0-9	30	0.1%	4.8
10-14	347	1.1%	113.8
15-19	10,368	32.1%	3,435.0
20-24	12,250	37.9%	3,598.7
25-29	5,260	16.3%	1,529.1
30-34	2,219	6.9%	668.2
35-39	967	3.0%	326.4
40-44	391	1.2%	142.4
45+	470	1.5%	25.4
Unknown	*3*	*0.0%*	-

*Demographic information not available through all reporting mediums

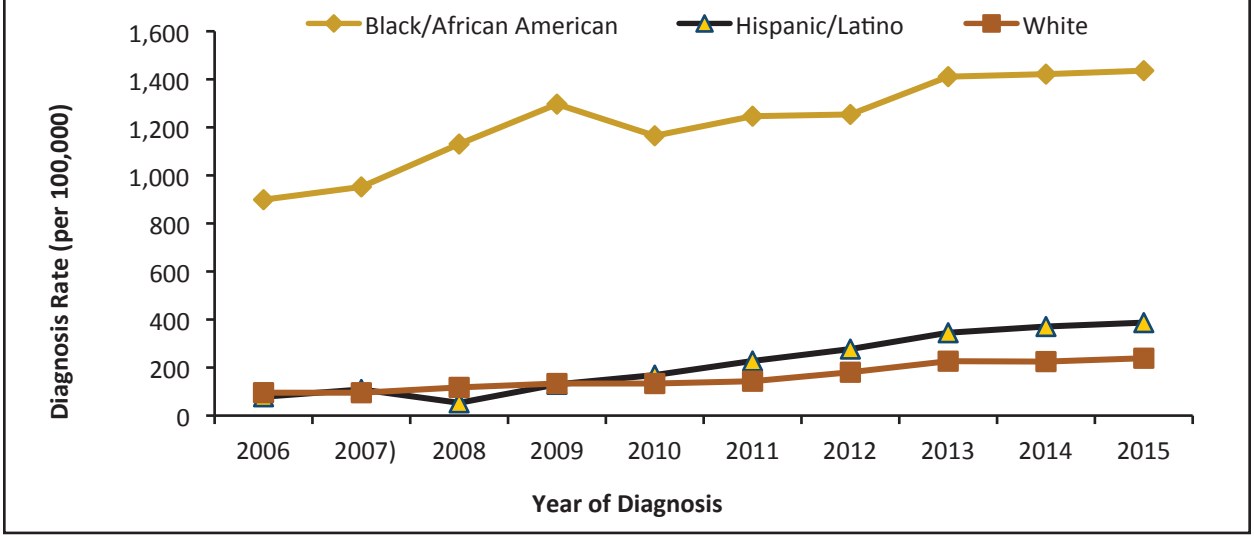
- In 2015, there were 23,342 chlamydia diagnoses in females, increasing 10% from the 21,259 diagnoses in 2014. The number of male chlamydia diagnoses in Louisiana increased 17%, from 7,634 in 2014 to 8,963 in 2015. Overall, 72% of reported chlamydia diagnoses were among women.
- There is a significant racial disparity for chlamydia diagnoses in Louisiana. The rate of chlamydia in blacks in Louisiana was over six times higher than the rate in whites, and nearly four times higher than among Hispanics/Latinos.
- In 2015, 73% of all chlamydia diagnoses with reported race were among blacks and 22% were among whites. Only 32% of Louisiana's population was black in 2015.
- In 2015, 70% of new chlamydia diagnoses were among youth age 15-24 years old. The number of new chlamydia diagnoses increased across all age groups.

Trends in Chlamydia Diagnosis Rates by Sex at Birth
Louisiana, 2006-2015



- The 2015 female chlamydia rate of 977.9 per 100,000 females was 2.5 times the male rate of 392.5 per 100,000 males.
- The chlamydia diagnosis rate for males in Louisiana has slowly risen over the past 10 years, with a 17% increase from 2014 to 2015.
- The chlamydia diagnosis rate for females has been more variable (between 683.9 and 1,004.3 per 100,000 females). Cumulatively, females accounted for nearly 80% of all chlamydia diagnoses in Louisiana over the past 10 years. The diagnosis rate for females increased 9% from 2014 to 2015.

Trends in Chlamydia Diagnosis Rates by Race/Ethnicity
Louisiana, 2006-2015



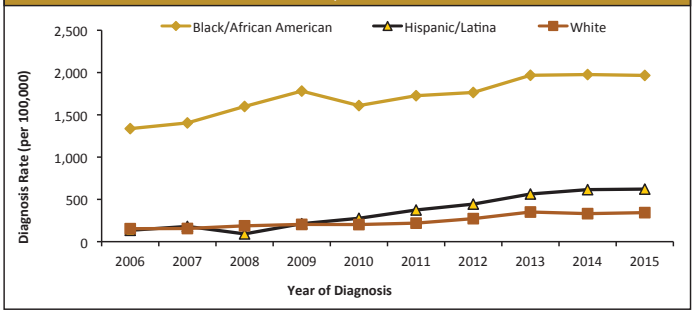
- The chlamydia diagnosis rate for whites and Hispanics/Latinos in Louisiana has slowly risen over the past 10 years. The rate for whites increased from a low of 95.4 per 100,000 in 2006 to a high of 238.8 per 100,000 in 2015. The rate for Hispanics/Latinos increased from a low of 53.2 per 100,000 in 2008 to a high of 387.0 per 100,000 in 2015.
- The diagnosis rate for blacks has consistently been higher than the rate for other race/ethnicities. Since 2008, the rate of chlamydia among blacks has been over 1,000 per 100,000 black persons.

Race/Ethnicity of Persons Diagnosed with Chlamydia by Sex at Birth
Louisiana, 2015

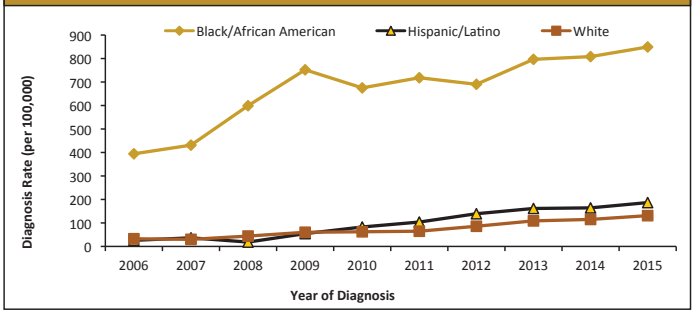
	Cases	Percent	Rate
Total	**32,305**	**100%**	**691.6**
Female	**23,342**	**72.3%**	**977.9**
American Indian/Alaskan Native	47	0.2%	314.0
Asian/Pacific Islander	120	0.6%	274.1
Black/African American	15,458	72.7%	1,966.2
Hispanic/Latina	666	3.1%	621.5
White	4,811	22.6%	343.3
Other/ Multi-race	151	0.7%	-
Unknown	*2,089*	*8.9%*	-
Male	**8,963**	**27.7%**	**392.5**
American Indian/Alaskan Native	18	0.2%	123.0
Asian/Pacific Islander	67	0.8%	160.3
Black/African American	6,032	73.8%	849.2
Hispanic/Latino	234	2.9%	186.6
White	1,782	21.8%	131.1
Other/ Multi-race	35	0.4%	-
Unknown	*795*	*8.9%*	-

- Among females diagnosed with chlamydia that had a reported race, 73% were black and 23% were white. Of the diagnoses in males with a reported race, 74% were black and 22% were white.
- Although the numbers were small, there were nearly two times as many chlamydia diagnoses in females of Asian/Pacific Islander and American Indian/Alaskan Native backgrounds combined as in males of the same race/ethnicities.
- The rate of chlamydia in black females was over two times the rate in black males, and the chlamydia rate in white females was over two and a half times that seen in white males. The rate in Hispanic/Latina females was over three times that of Hispanic/Latino males.

Trends in Chlamydia Diagnosis Rates Among Females by Race/Ethnicity
Louisiana, 2006-2015

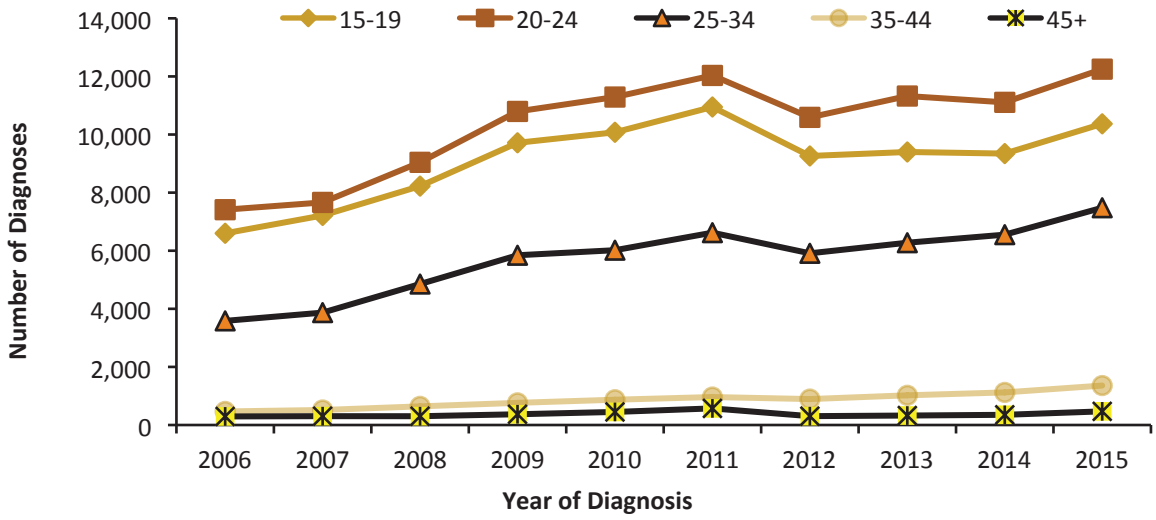


Trends in Chlamydia Diagnosis Rates Among Males by Race/Ethnicity
Louisiana, 2006-2015



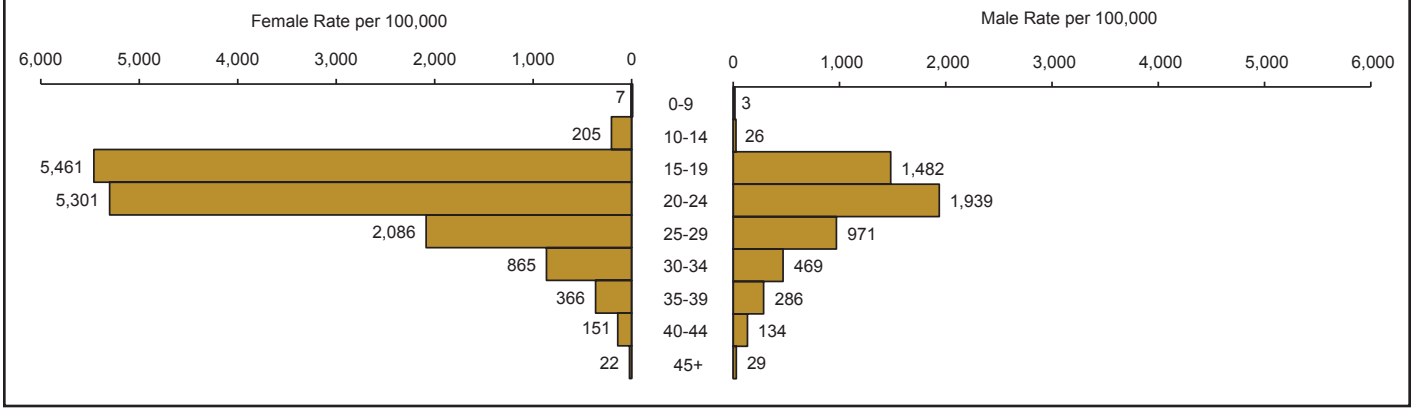
- The rate of chlamydia in black females was nearly six times the rate in white females and over three times the rate in Hispanic/Latina females.
- The rate of chlamydia in black males was nearly six and a half times the rate in white males and over four and a half times the rate in Hispanic/Latino males.

Trends in Chlamydia Diagnoses by Age Group
Louisiana, 2006-2015



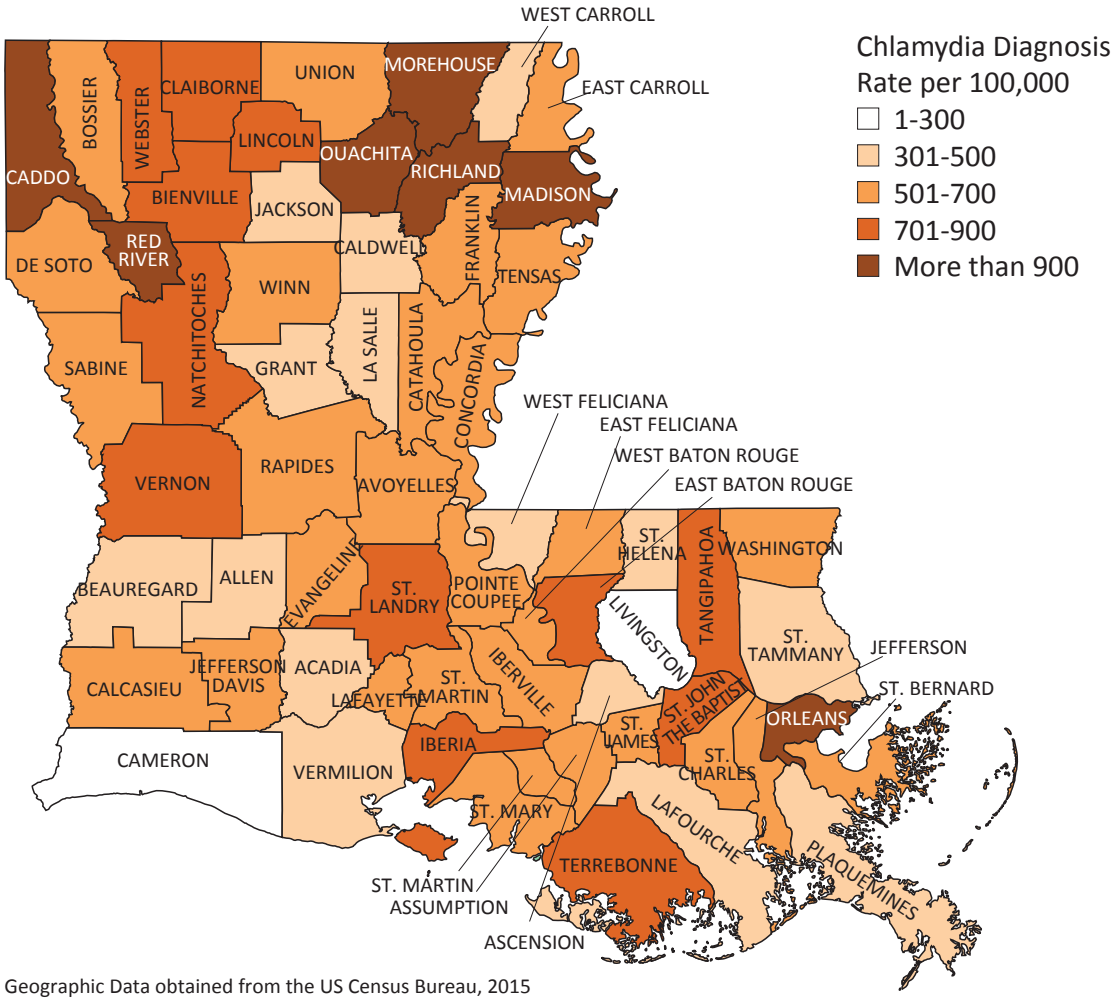
- The highest number of chlamydia diagnoses occurred in persons aged 20-24 and 15-19, accounting for an average of 71% of Louisiana diagnoses since 2006. Persons aged 25-34 made up an additional 23% of diagnoses over the last 10 years.

Chlamydia Diagnosis Rates by Age and Sex at Birth
Louisiana, 2015



- In 2015, the highest age-specific rate was among 15-19 year old females, followed closely by females age 20-24.
- Among males in 2015, the highest age-specific rate was among 20-24 year olds, followed by males aged 15-19. It is only in the 45+ age group that the male diagnosis rate was higher than the female rate.

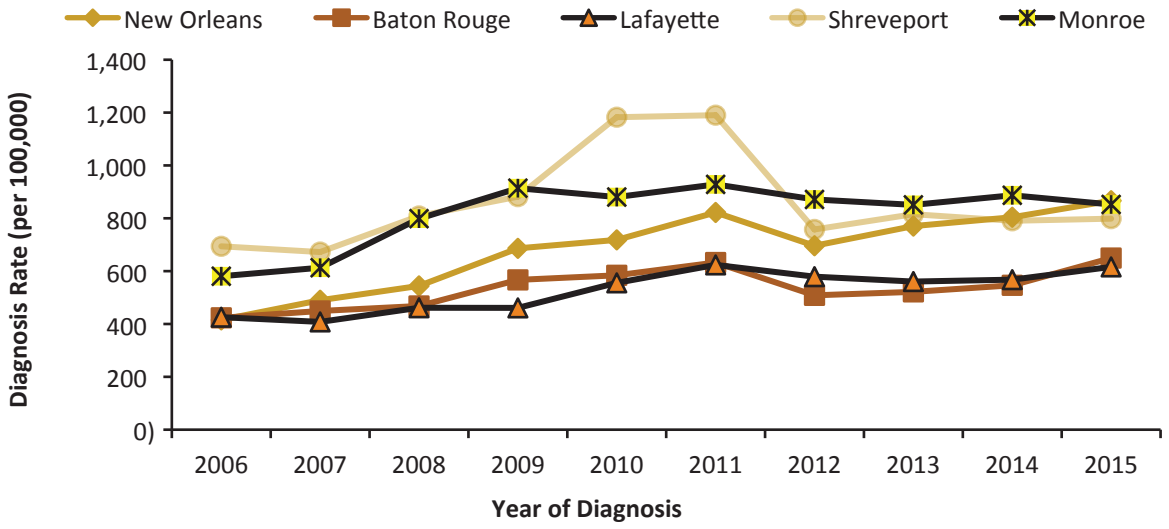
Chlamydia Diagnosis Rates by Parish, 2015



Geographic Data obtained from the US Census Bureau, 2015

- Chlamydia diagnosis rates vary by parish in Louisiana. There were persons diagnosed with chlamydia in all 64 parishes in 2015.
- A total of seven parishes had a chlamydia diagnoses rate greater than 900 per 100,000 (Caddo, Madison, Morehouse, Ouachita, Orleans, Red River, and Richland), a decrease from eight parishes in 2014.
- Additional breakdowns by race/ethnicity and sex at birth by parish can be found in the Appendix.

Trends in Chlamydia Diagnosis Rates by Selected Region
Louisiana, 2006-2015



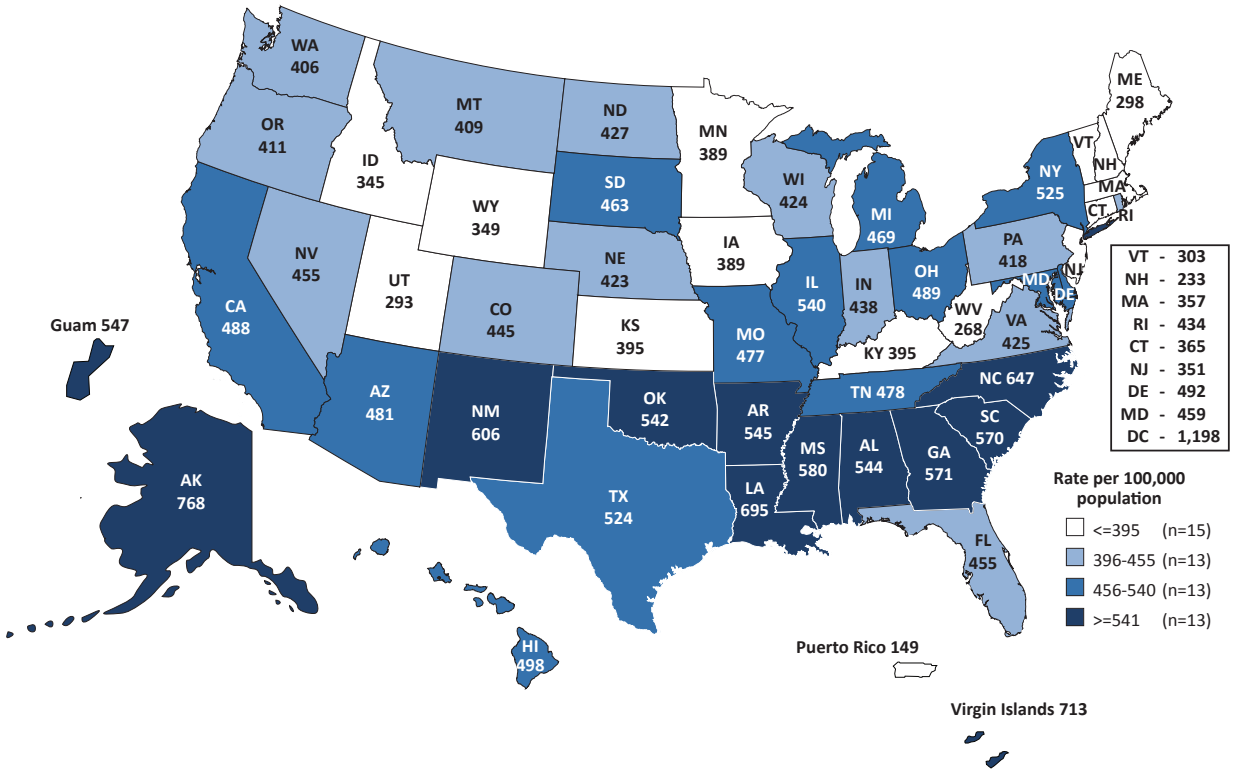
- From 2012 to 2014, the Monroe region had the highest chlamydia diagnosis rate in the state. In 2015, the New Orleans region diagnosis rate increased nearly 8%, surpassing the rate seen in the Monroe region.
- From 2011 to 2012, the chlamydia rate in Shreveport declined by 36%. In 2015, the Shreveport region had the 3rd highest chlamydia rate in Louisiana.

New Chlamydia Diagnoses by Region and Year
Louisiana, 2011-2015

	2011		2012		2013		2014		2015	
Louisiana	**31,615**	**%**	**27,353**	**%**	**28,739**	**%**	**28,896**	**%**	**32,305**	**%**
1-New Orleans	6,884	22%	6,045	22%	6,784	24%	7,138	25%	7,754	24%
2-Baton Rouge	4,165	13%	3,418	13%	3,522	12%	3,711	13%	4,430	14%
3-Houma	2,400	8%	2,118	8%	2,304	8%	2,441	8%	2,482	8%
4-Lafayette	3,649	12%	3,427	13%	3,342	12%	3,420	12%	3,746	12%
5-Lake Charles	1,595	5%	1,394	5%	1,364	5%	1,111	4%	1,618	5%
6-Alexandria	1,828	6%	1,744	6%	1,678	6%	1,499	5%	1,913	6%
7-Shreveport	5,668	18%	4,174	15%	4,480	16%	4,328	15%	4,358	14%
8-Monroe	3,293	10%	3,103	11%	3,032	11%	3,158	11%	3,026	9%
9-Hammond/Slidell	2,133	7%	1,908	7%	2,081	7%	2,024	7%	2,529	8%
Unknown	*0*	*0%*	*22*	*0%*	*152*	*1%*	*66*	*0%*	*449*	*1%*

- The New Orleans region had the highest number of new chlamydia diagnoses in 2015, followed by Baton Rouge and Shreveport. The New Orleans region has had 22% or more of all new chlamydia diagnoses in Louisiana over the past five years.

Chlamydia Diagnosis Rates in the United States (2015)[xxii]



- In October 2016, the CDC released the *STD Surveillance Report, 2015*, which provides national and state-specific STD data. The CDC report uses estimated 2014 Census Data while the Louisiana report uses estimated 2015 Census data, resulting in slightly different rate estimates between the reports.
- In the United States, there were 1,526,658 new chlamydia diagnoses reported in 2015, for a national chlamydia rate of 478.8 diagnoses per 100,000 population. In 2014, the national chlamydia diagnosis rate was 456.1 per 100,000 population.
- Chlamydia rates increased 6% across the nation from 2014 to 2015.
- In 2015, Louisiana ranked 2nd in the nation for chlamydia diagnosis rates. Alaska (768.3 per 100,000), and North Carolina (647.4 per 100,000) ranked 1st and 3rd respectively in 2015.
- Louisiana's 2015 rate was 1.5 times greater than the national rate.
- Nationally, the rate of females diagnosed with chlamydia rose nearly 4% from 2014, while the rate in males increased more than 10%. Potential reasons for the increase in males include increased disease transmission, changes in testing technology, more sensitive tests, and changes in reporting practices.

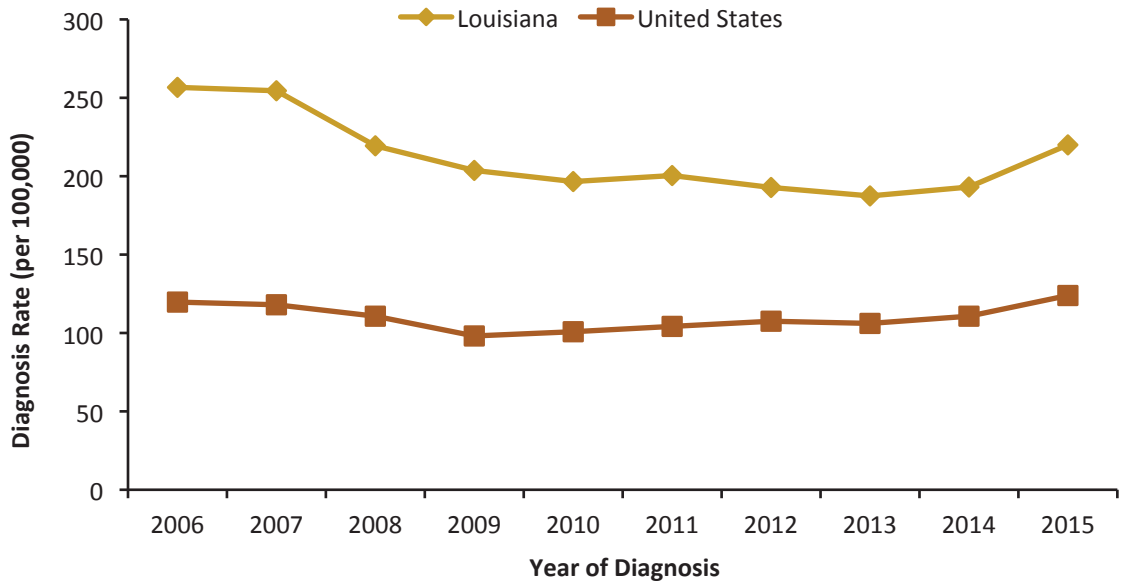
Gonorrhea

Gonorrhea is caused by the bacterium *Neisseria gonorrhea*. It is the second most commonly reported STD in the United States. If left untreated, gonorrhea can affect fertility in males and females, increase the risk of HIV infection and transmission, and cause other serious health problems. Gonorrhea is a common cause of epididymitis in men and PID in women, and both of these conditions can lead to infertility. Pregnant women with a gonorrhea infection may infect their infants during delivery which can potentially cause blindness, joint infection, or a blood infection. Resistance to antimicrobials is important in considering the treatment of gonorrhea infections. Increasing resistance to flouroquinolones and a decline in susceptibility to cefixime has been noted. Therefore, only dual therapy with ceftriaxome and either azithromycin or doxycycline is now recommended by the CDC.[xxiii]

10 Year Trends in Gonorrhea Diagnoses

There were 10,274 gonorrhea diagnoses in Louisiana in 2015. This represents over a 14% increase in the number of diagnoses from 2014, when 8,978 diagnoses were reported. Over the past 10 years, the number of new gonorrhea diagnoses has fluctuated from a low of 8,669 in 2013 to a high of 11,357 in 2007.

Gonorrhea Diagnosis Rates
Louisiana and the United States, 2006-2015



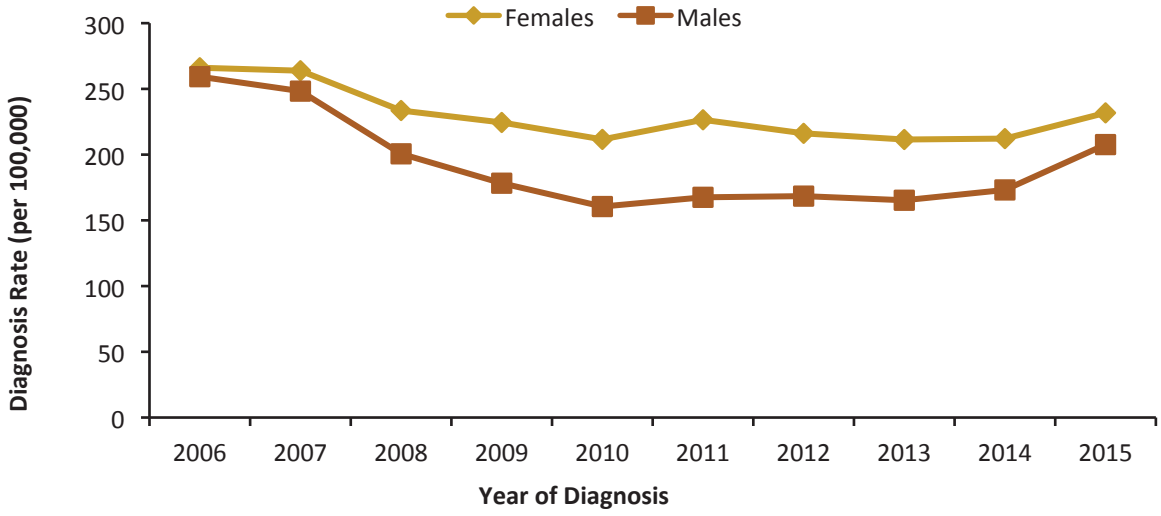
- In 2015, the gonorrhea diagnosis rate in Louisiana was 220.0 per 100,000 population, nearly a 14% increase from 193.1 diagnoses per 100,000 in 2014. The 2015 Louisiana rate was 1.8 times greater than the national rate of 123.9 per 100,000 population. It should be noted than in 2012, intensive deduplication efforts were begun in Louisiana which may be responsible for the reduction in diagnosis counts and rates from previous years.
- From 2006 to 2013, the gonorrhea diagnosis rate in Louisiana decreased by more than 29%, but since then has risen 17%.

Characteristics of Persons Diagnosed with Gonorrhea Louisiana, 2015			
	Cases	**Percent**	**Rate**
Total	**10,274**	**100%**	**220.0**
Sex at Birth			
Female	5,532	53.8%	231.8
Male	4,742	46.2%	207.6
Race/Ethnicity*			
Black/African American	7,665	81.1%	512.2
Hispanic/Latino	138	1.5%	59.3
White	1,544	16.3%	55.9
Other/Multi-race	106	1.1%	-
Unknown	*821*	*8.0%*	-
Age Group	**Age at Diagnosis**		
0-9	15	0.1%	2.4
10-14	95	0.9%	31.2
15-19	2,831	27.6%	937.9
20-24	3,646	35.5%	1,071.1
25-29	1,814	17.7%	527.3
30-34	912	8.9%	274.6
35-39	445	4.3%	150.2
40-44	197	1.9%	71.8
45+	319	3.1%	17.2

*Demographic information not available through all reporting mediums.

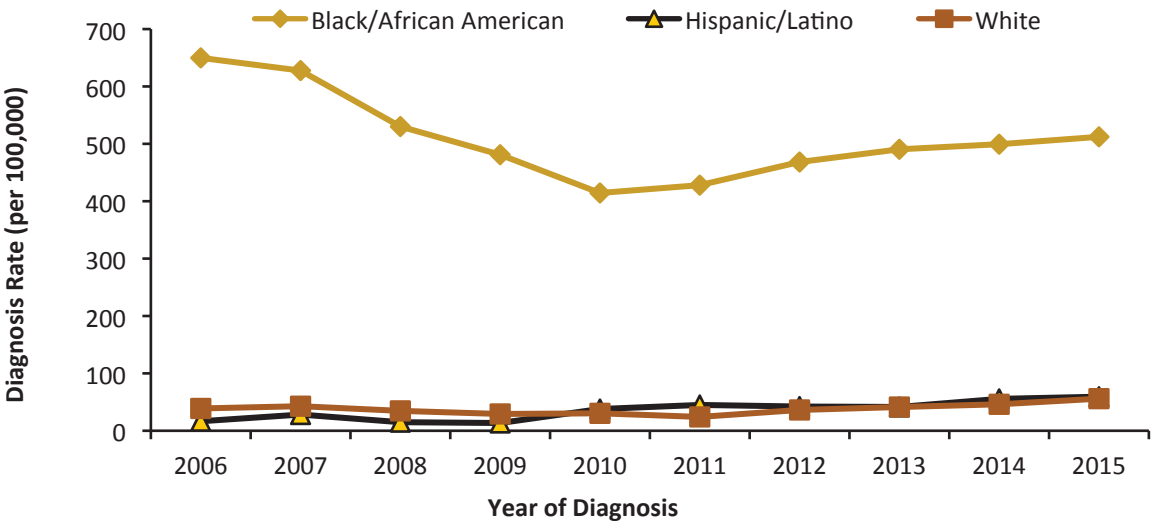
- In 2015, 5,532 gonorrhea diagnoses were reported in females, a 10% increase from the 5,041 diagnoses in 2014. The number of gonorrhea diagnoses in males in Louisiana increased 20% from 3,937 diagnoses in 2014 to 4,742 diagnoses in 2015.
- There is a significant racial disparity for gonorrhea diagnoses in Louisiana. In 2015, the rate of new gonorrhea diagnoses among blacks was over nine times higher than among whites and over eight and a half times higher than among Hispanics/Latinos.
- Over 81% of all gonorrhea diagnoses with reported race were among blacks and 16% were among whites. Only 32% of Louisiana's population was black in 2015.
- In 2015, 63% of new gonorrhea diagnoses were among youth 15-24 years old. From 2014 to 2015, the number of new diagnoses among 15-24 year olds increased 6%. Gonorrhea diagnoses increased among all remaining age groups as well.

Trends in Gonorrhea Diagnosis Rates by Sex at Birth
Louisiana, 2006-2015



- The 2015 female gonorrhea diagnosis rate of 231.8 per 100,000 females was 10% greater than the male rate of 207.6 per 100,000 males.
- The gonorrhea rates for males and females began to diverge in 2006, but since 2012 the rates have once again begun to converge. The greatest gap in rates between males and females was observed in 2011 when the rates were 226.5 per 100,000 females and 167.5 per 100,000 males.
- Cumulatively, females have accounted for 56% of all gonorrhea diagnoses in Louisiana over the past 10 years.

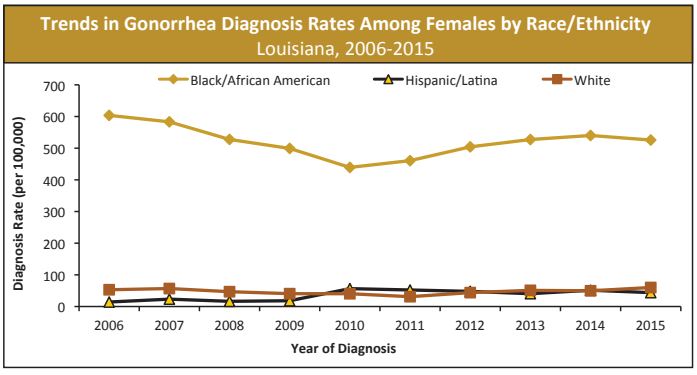
Trends in Gonorrhea Diagnosis Rates by Race/Ethnicity
Louisiana, 2006-2015

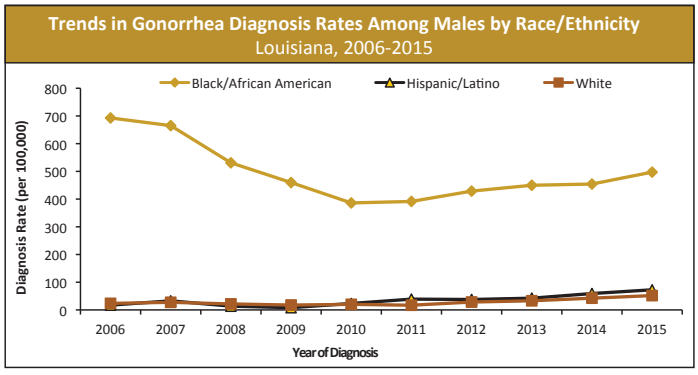


- The gonorrhea rate for blacks has increased steadily over the past five years, from a low of 414.4 per 100,000 in 2010 to a high of 512.2 per 100,000 in 2015. The rate has also risen in Hispanics/Latinos, from a low of 13.5 per 100,000 in 2009 to a high of 59.3 per 100,000 in 2015.
- The diagnosis rate for blacks has consistently been higher than the rate for other races and ethnicities. The rate of gonorrhea has consistently exceeded 400 per 100,000 blacks, while the rate for whites and Hispanics/Latinos has remained under 60 per 100,000.

Race/Ethnicity of Persons Diagnosed with Gonorrhea by Sex at Birth Louisiana, 2015			
	Cases	**Percent**	**Rate**
Total	**10,274**	**100%**	**220.0**
Female	**5,532**	**53.8%**	**231.8**
American Indian/Alaskan Native	9	0.2%	60.1
Asian/Pacific Islander	17	0.3%	38.8
Black/African American	4,133	81.4%	525.7
Hispanic/Latina	47	0.9%	43.9
White	841	16.6%	60.0
Other/ Multi-race	32	0.6%	-
Unknown	*453*	*8.2%*	-
Male	**4,742**	**46.2%**	**207.6**
American Indian/Alaskan Native	8	0.2%	54.7
Asian/Pacific Islander	29	0.7%	69.4
Black/African American	3,532	80.7%	497.3
Hispanic/Latino	91	2.1%	72.6
White	703	16.1%	51.7
Other/ Multi-race	11	0.3%	-
Unknown	*368*	*7.8%*	-

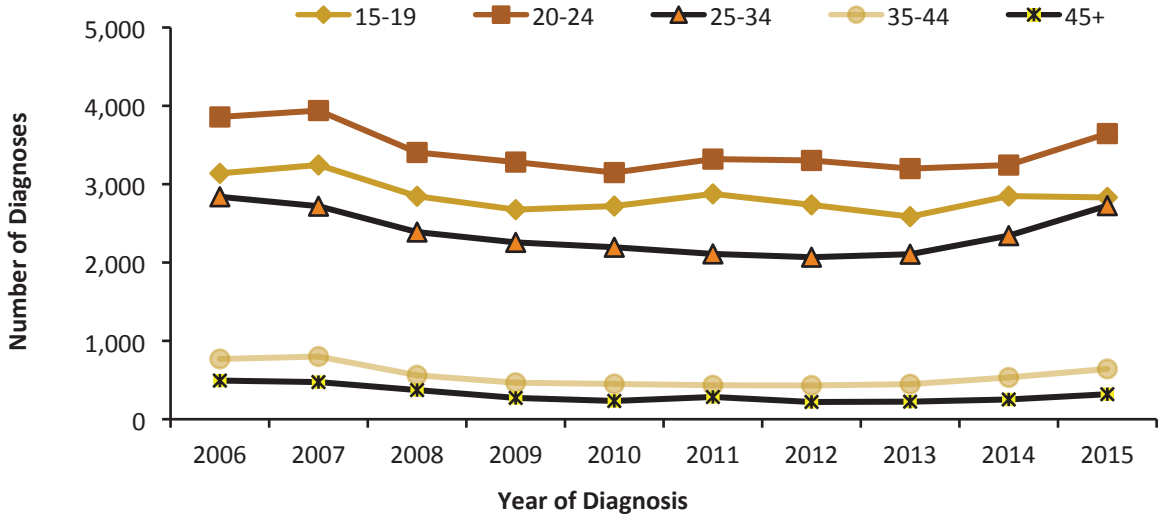
- Among females diagnosed with gonorrhea that had a reported race, 81% were black and 17% were white. Of diagnoses in males with reported race, 81% were black and 16% were white.
- The number of diagnoses in Hispanic/Latino males was almost double the number of diagnoses in Hispanic/Latina females. The number of diagnoses in male Asian/Pacific Islanders was 71% higher than in females. These two race/ethnicities accounted for nearly 2% of all gonorrhea diagnoses with reported race in 2015.
- The rate of gonorrhea in black females was 19% higher than the rate in black males, and the gonorrhea rate in white females was 17% greater than in white males.





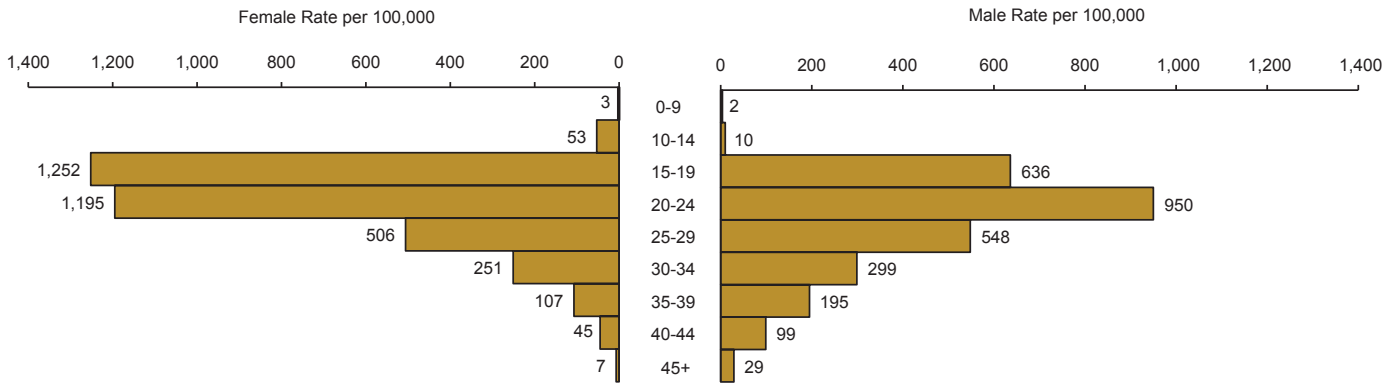
- The rate of gonorrhea in black females was nearly nine times the gonorrhea rate in white females and nearly 12 times the rate in Hispanic/Latina females.
- The rate of gonorrhea in black males was nearly 10 times the rate in white males and nearly seven times the rate in Hispanic/Latino males.

Trends in Gonorrhea Diagnoses by Age Group
Louisiana, 2006-2015



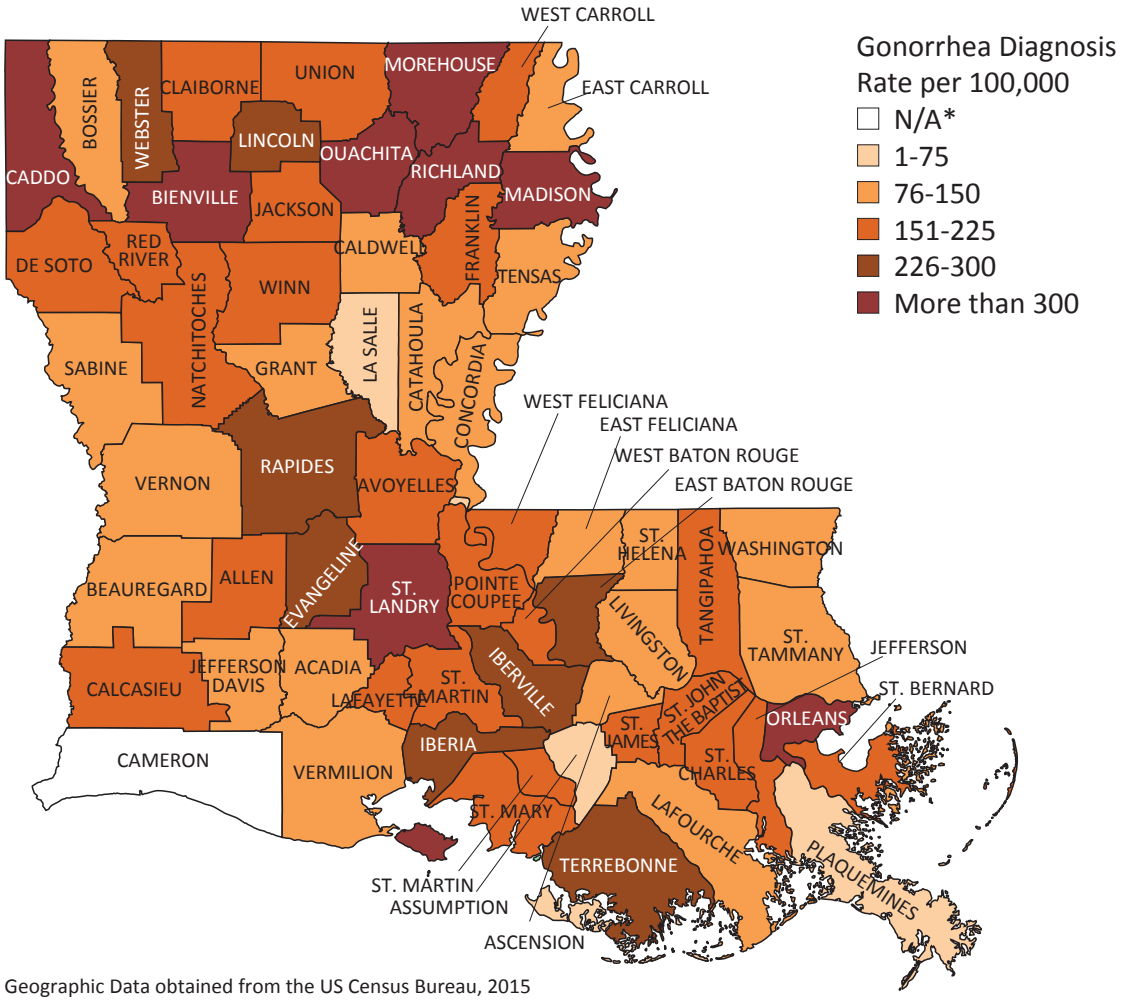
- The highest number of gonorrhea diagnoses occurred in persons aged 15-24, accounting for an average of 65% of Louisiana's gonorrhea diagnoses since 2006. Persons aged 25-34 made up an additional 25% of diagnoses over the past 10 years.
- The proportion of new diagnoses among persons 35-44 years old has steadily increased since 2011, and the proportion of new diagnoses for persons 45 years and older has been slowly increasing since 2012.

Gonorrhea Diagnosis Rates by Age and Sex at Birth
Louisiana, 2015



- In 2015, the highest age specific gonorrhea rate was among 15-19 year old females, followed by 20-24 year old females.
- Among males in 2015, the highest age-specific rate was among 20-24 year olds, followed by males age 15-19. Among persons 25 and older, the diagnosis rates seen in males were higher than that in females.

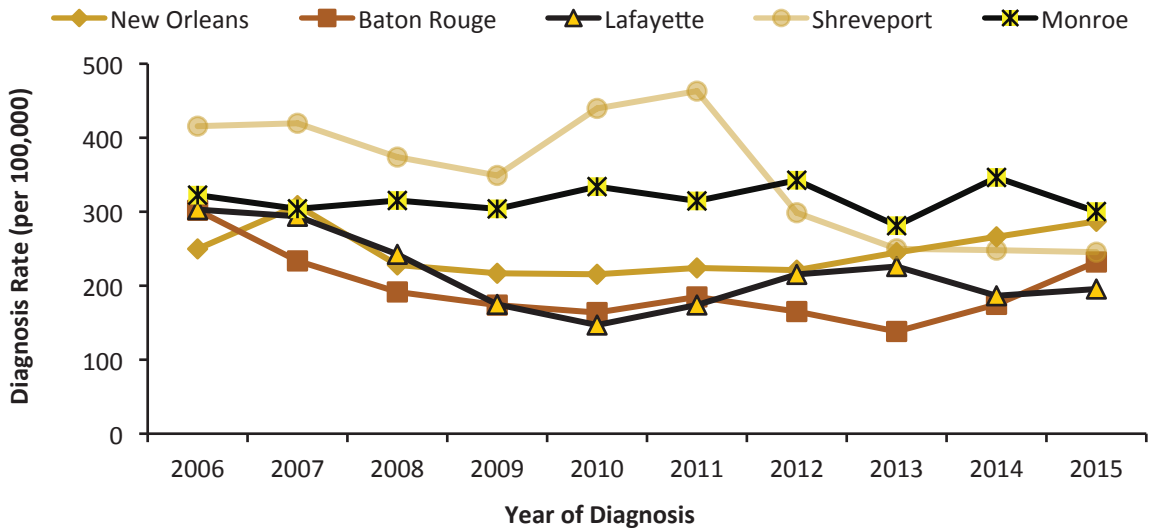
Gonorrhea Diagnosis Rates by Parish, 2015



Geographic Data obtained from the US Census Bureau, 2015
*Rates derived from numerators less than 5 are not available.

- Gonorrhea diagnosis rates vary by parish in Louisiana. In 2015, there were persons diagnosed with gonorrhea in all 64 parishes.
- A total of eight parishes had a gonorrhea diagnoses rate greater than 300 per 100,000 (Bienville, Caddo, Madison, Morehouse, Orleans, Ouachita, Richland, and St. Landry), down from nine parishes in 2014.
- Additional breakdowns by race/ethnicity and sex at birth by parish can be found in the Appendix.

Trends in Gonorrhea Diagnosis Rates by Selected Region
Louisiana, 2006-2015



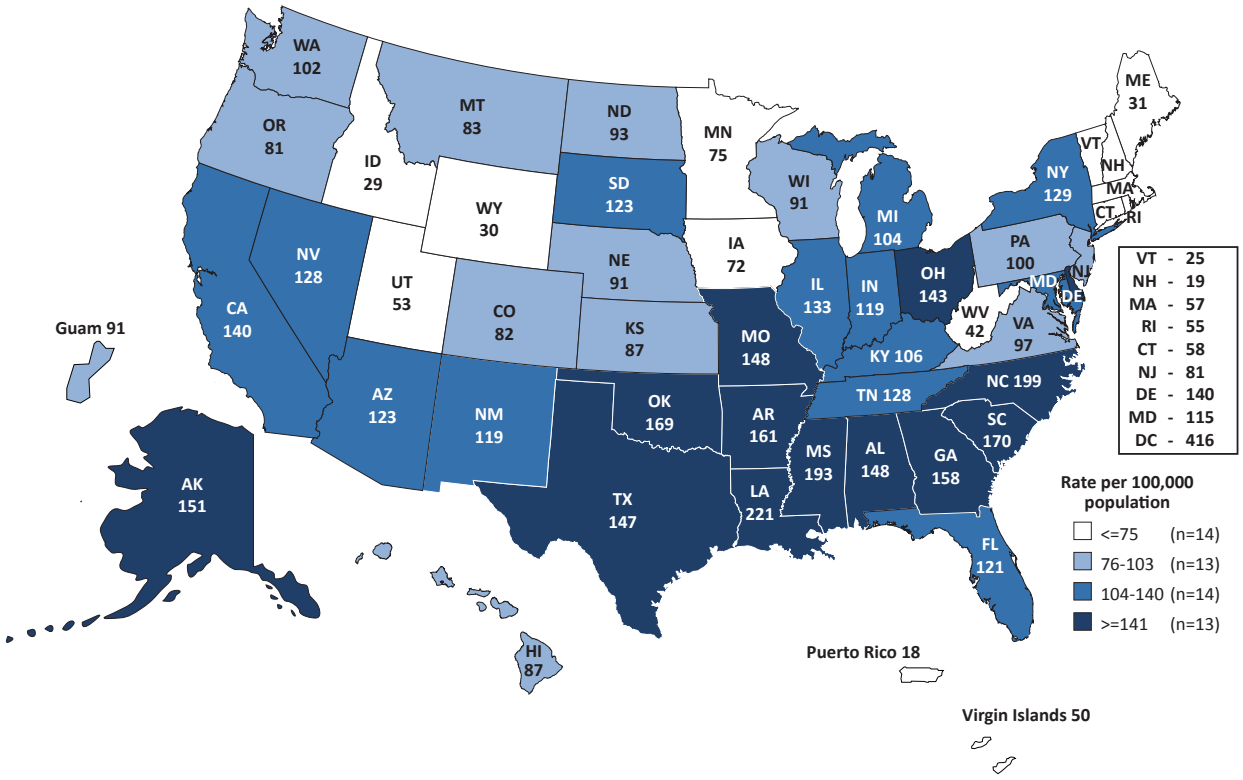
- Until 2012, the gonorrhea diagnosis rate was highest in the Shreveport region. In 2012 and 2013, the gonorrhea rate in Shreveport was 2nd overall, and was 3rd in 2014 and 2015. Since 2012, the Monroe region has had the highest gonorrhea rate.
- In 2014 and 2015 the New Orleans region ranked 2nd for the gonorrhea diagnosis rate. In 2015, the gonorrhea rate in New Orleans was just 4% lower than the rate in Monroe. The rate in Baton Rouge has increased sharply from 2013 to 2015.

New Gonorrhea Diagnoses by Region and Year
Louisiana, 2011-2015

	2011		2012		2013		2014		2015	
Louisiana	**9,169**	**%**	**8,873**	**%**	**8,669**	**%**	**8,978**	**%**	**10,274**	**%**
1-New Orleans	1,876	20%	1,920	22%	2,156	25%	2,363	26%	2,568	25%
2-Baton Rouge	1,217	13%	1,110	13%	933	11%	1,187	13%	1,583	16%
3-Houma	456	5%	476	5%	623	7%	553	6%	723	7%
4-Lafayette	1,018	11%	1,274	14%	1,347	16%	1,123	13%	1,189	12%
5-Lake Charles	335	4%	343	4%	324	4%	310	3%	489	5%
6-Alexandria	519	6%	444	5%	483	6%	428	5%	525	5%
7-Shreveport	2,205	24%	1,645	19%	1,373	16%	1,358	15%	1,339	13%
8-Monroe	1,116	12%	1,220	14%	1,002	12%	1,233	14%	1,066	10%
9-Hammond/Slidell	422	5%	429	5%	388	4%	408	5%	671	7%
Unknown	*5*	*0%*	*12*	*0%*	*40*	*0%*	*15*	*0%*	*121*	*1%*

- In 2015, the New Orleans region had the highest number of gonorrhea diagnoses, followed by the Baton Rouge region. From 2011 to 2015, the New Orleans region has made up 20% or more of all gonorrhea diagnoses in Louisiana.

Gonorrhea Diagnosis Rates in the United States (2015)[xxiv]



- According to the most recent CDC report, there were 395,216 new gonorrhea diagnoses reported in the United States in 2015, for a national gonorrhea diagnosis rate of 123.9 diagnoses per 100,000 population. In 2014, the national gonorrhea diagnosis rate was 110.7 per 100,000 population.
- The national gonorrhea rate increased 13% from 2014 to 2015.
- In 2015, Louisiana ranked 1st in the nation for gonorrhea diagnosis rates. North Carolina (199.2 per 100,000), and Mississippi (192.9 per 100,000), ranked 2nd and 3rd respectively in 2015.
- Louisiana's 2015 rate was 1.8 times greater than the national rate.
- Nationally, the rate of males diagnosed with gonorrhea surpassed the rate in females, rising 18% from 2014, while the rate in females increased 7%. Potential reasons for the increase in males include increased disease transmission and detection among gay, bisexual, and other men who have sex with men (MSM). This increase may also be due to changes in testing technology, more sensitive tests, and changes in reporting practices.

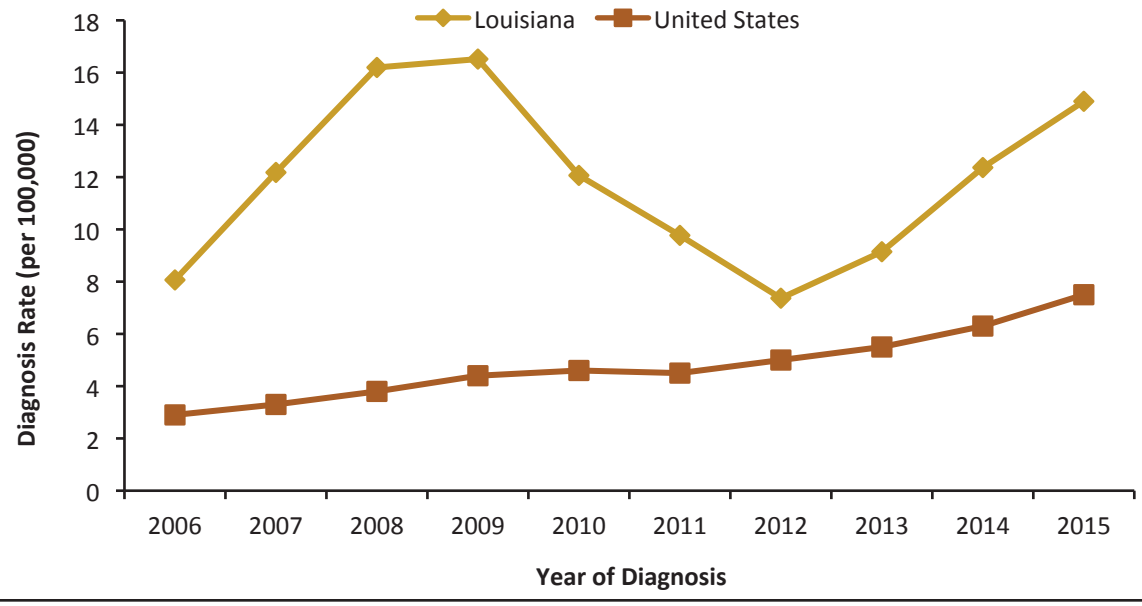
Primary & Secondary Syphilis

Syphilis is one of the three most commonly diagnosed STDs. It is caused by the bacterium T*reponema pallidum* and is typically transmitted through contact with an infected genital ulcer, though ulcers can be found in other locations on the body. These ulcers also facilitate the sexual transmission and contraction of HIV. The primary and secondary stages are the most infectious stages of syphilis. If left untreated, syphilis can cause other serious health problems and may include neurologic involvement. Pregnant women with an untreated syphilis infection may experience stillbirth or give birth to a child with congenital defects. Penicillin G is the preferred drug for treating all stages of syphilis. The preparation, dosage, and length of treatment depend on the stage and clinical manifestation of the disease.[xxv]

10 Year Trends in P&S Syphilis Diagnoses

There were 696 diagnoses of P&S syphilis in Louisiana in 2015, a 21% increase compared to 575 diagnoses in 2015. This was the third straight year diagnoses increased. Over the past 10 years, the syphilis rate in Louisiana has consistently exceeded the national rate. From 2006-2011, Louisiana had the highest P&S syphilis rate in the nation even though Louisiana's rate had been decreasing since 2009. Between 2011 and 2012, the Louisiana syphilis rate decreased by 25% from 9.9 to 7.4 per 100,000 and Louisiana's ranking dropped to 3rd in the nation. However, from 2013 to 2015, the Louisiana syphilis rate rose nearly 63% from 9.1 per 100,000 in 2013 to 14.9 per 100,000 in 2015, and Louisiana's ranking once again rose to 1st.[xxvi]

Primary & Secondary Syphilis Diagnosis Rates
Louisiana and the United States, 2006-2015

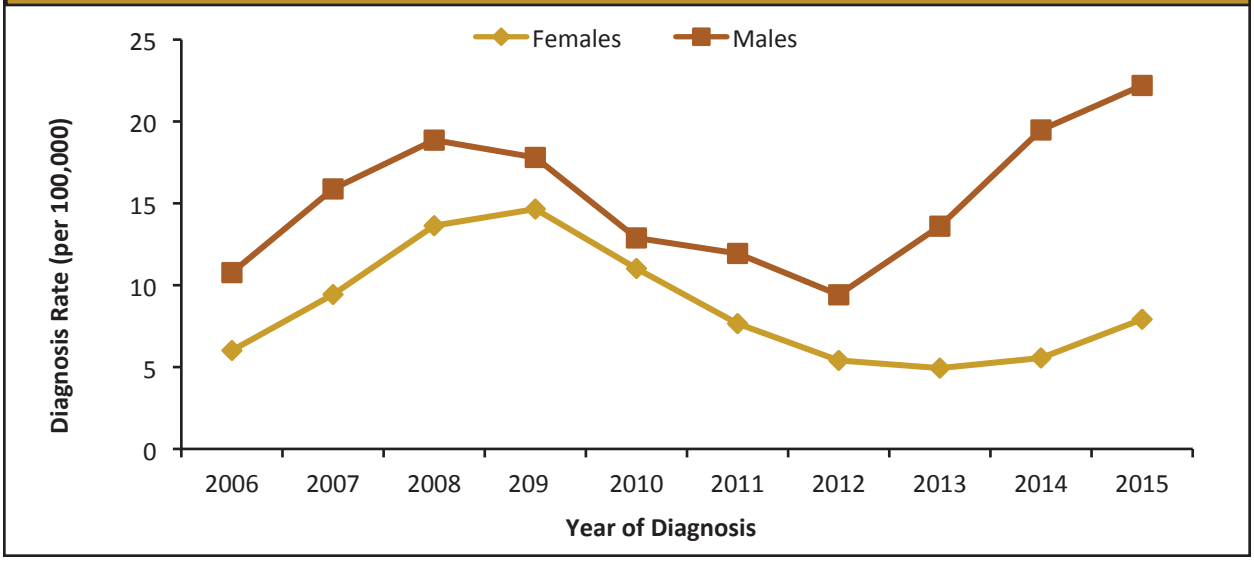


- In 2015, the P&S syphilis diagnosis rate in Louisiana was 14.9 per 100,000 population, which was nearly two times the national rate of 7.5 per 100,000 population.
- From 2009 to 2012, the P&S syphilis diagnosis rate decreased by 54%, but from 2012 to 2015 the P&S syphilis rate more than doubled.

Characteristics of Persons Diagnosed with P&S Syphilis Louisiana, 2015			
	Cases	Percent	Rate
Total	**696**	**100%**	**14.9**
Sex at Birth			
Female	189	27.2%	7.9
Male	507	72.8%	22.2
Race/Ethnicity			
Black/African American	541	77.7%	36.2
Hispanic/Latino	8	1.1%	3.4
White	139	20.0%	5.0
Other/Multi-race	8	1.1%	-
Age Group	**Age at Diagnosis**		
0-9	0	0.0%	0.0
10-14	2	0.3%	0.7
15-19	79	11.4%	26.2
20-24	213	30.6%	62.6
25-29	168	24.1%	48.8
30-34	83	11.9%	25.0
35-39	56	8.0%	18.9
40-44	29	4.2%	10.6
45+	66	9.5%	3.6

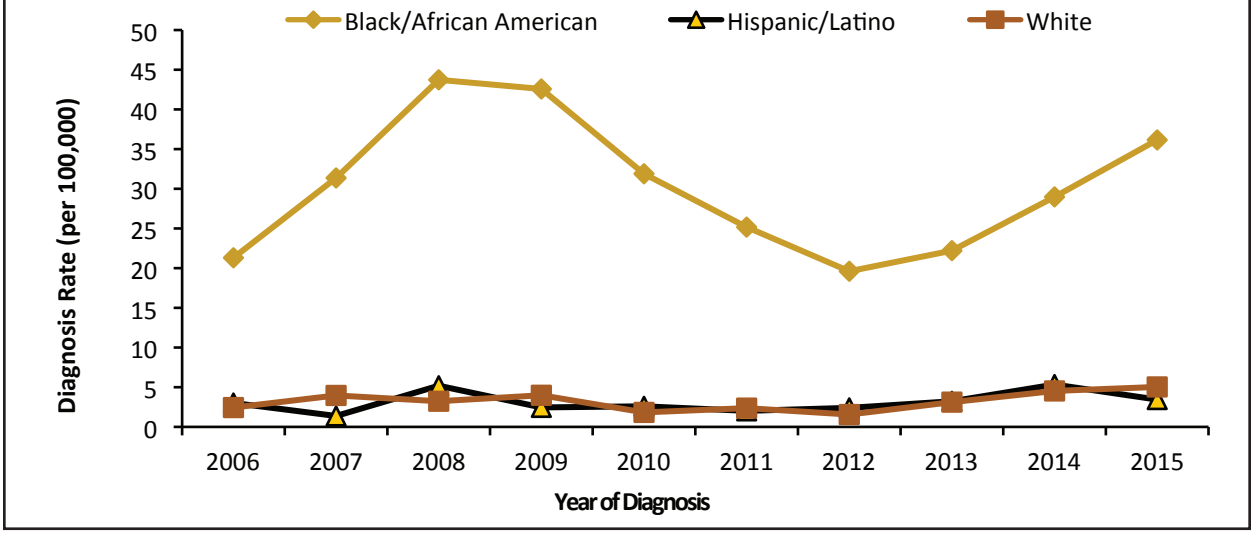
- In 2015, 189 females were diagnosed with P&S syphilis, a 43% increase from the 132 diagnoses in 2014. The number of males diagnosed with P&S syphilis in Louisiana increased 14%, from 443 diagnoses in 2014 to 507 diagnoses in 2015.
- There is a significant racial disparity in syphilis diagnoses in Louisiana. In 2015, the rate of new P&S syphilis diagnoses among blacks was 36.2 per 100,000 blacks, over seven times higher than among whites and ten and a half times higher than among Hispanics/Latinos.
- Nearly 78% of all P&S syphilis diagnoses were among blacks and 20% were among whites. Only 32% of Louisiana's population was black in 2015.
- In 2015, 42% of new P&S syphilis diagnoses were among 15-24 year olds. The number of new diagnoses in persons 45 years and older decreased 12% from 2014. The number of new diagnoses among all other age groups increased.

Trends in P&S Syphilis Diagnosis Rates by Sex at Birth
Louisiana, 2006-2015



- The 2015 male P&S syphilis diagnosis rate of 22.2 per 100,000 males was nearly three times greater than the female rate of 7.9 per 100,000 females.
- From 2014 to 2015, the P&S syphilis diagnosis rate sharply increased for both females and males. The greatest gap in rates between males and females was observed in 2015.
- In 2015, 73% of P&S syphilis diagnoses were male. Cumulatively, males made up 63% of all P&S syphilis diagnoses in Louisiana over the past 10 years.

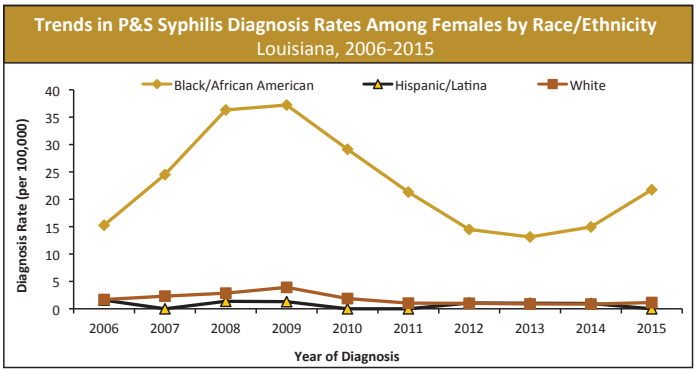
Trends in P&S Syphilis Diagnosis Rates by Race/Ethnicity
Louisiana, 2006-2015

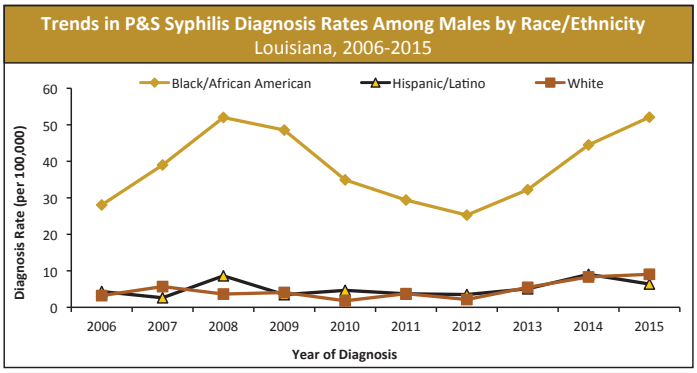


- The P&S syphilis rate for blacks has varied greatly over the past 10 years, from a low of 21.3 per 100,000 in 2006 to a rate of 43.7 per 100,000 in 2008. The rate has also fluctuated in whites, from a low of 1.6 per 100,000 in 2012 to a high of 5.0 per 100,000 in 2015.
- The rate for blacks has consistently been higher than the rate for other races and ethnicities. The rate of P&S syphilis has averaged 30.3 per 100,000 blacks over the last 10 years, while the rate for whites has averaged 3.2 per 100,000 whites.
- The P&S syphilis rate for blacks has more than tripled from 2012 to 2015.

Race/Ethnicity of Persons Diagnosed with P&S Syphilis by Sex at Birth Louisiana, 2015			
	Cases	**Percent**	**Rate**
Total	**696**	**100%**	**14.9**
Female	**189**	**27.2%**	**7.9**
American Indian/Alaskan Native	2	1.1%	13.4
Asian/Pacific Islander	0	0.0%	0.0
Black/African American	171	90.5%	21.8
Hispanic/Latina	0	0.0%	0.0
White	16	8.5%	1.1
Other/Multi-race	0	0.0%	-
Male	**507**	**72.8%**	**22.2**
American Indian/Alaskan Native	0	0.0%	0.0
Asian/Pacific Islander	6	1.2%	14.4
Black/African American	370	73.0%	52.1
Hispanic/Latino	8	1.6%	6.4
White	123	24.3%	9.0
Other/Multi-race	0	0.0%	-

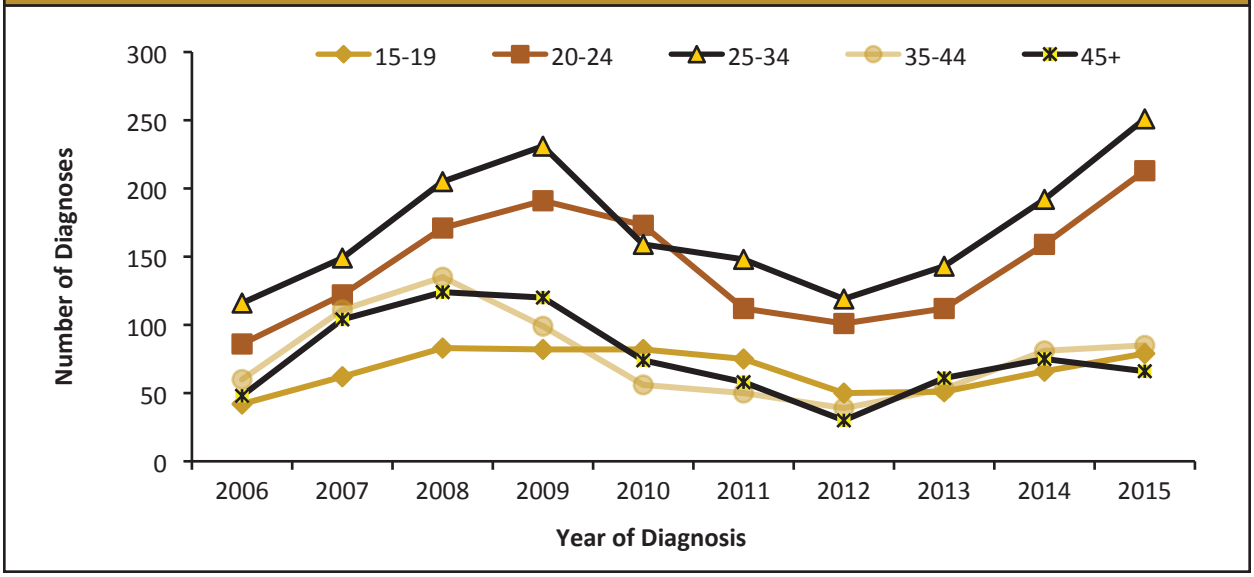
- Among the P&S syphilis diagnoses in females, 91% were black and 9% were white. Of the P&S syphilis diagnoses in males, 73% were black and 24% were white.
- The rate of P&S syphilis in black males was over two times higher than the rate in black females, and the P&S syphilis rate in white males was eight times higher than the rate in white females.





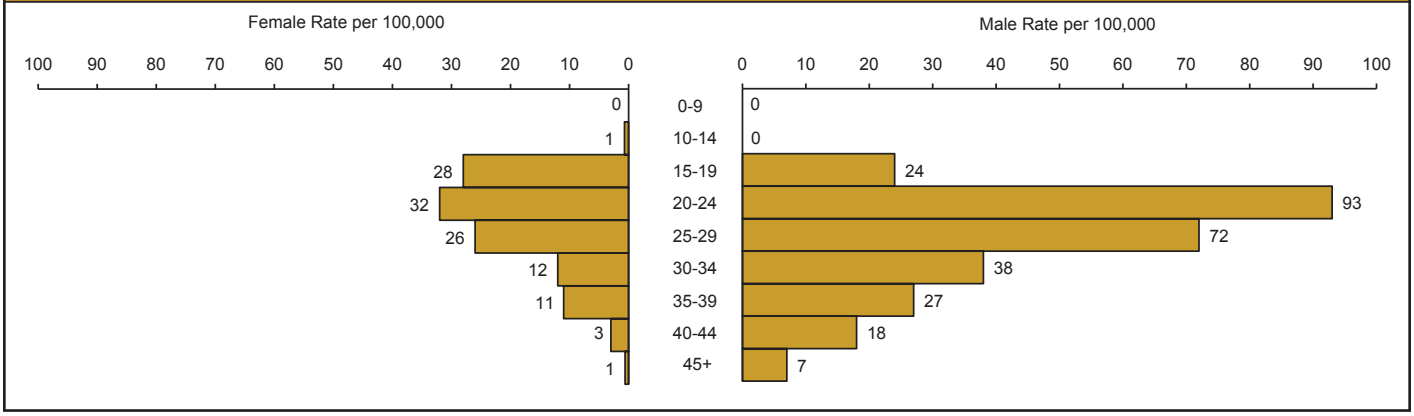
- The rate of P&S syphilis in black females was nearly 20 times the rate in white females. There were no P&S syphilis diagnoses in Hispanic/Latina females in 2015.
- The rate of P&S syphilis in black males was over five and a half times the rate in white males and was eight times the rate in Hispanic/Latino males.
- From 2012 to 2015, the syphilis diagnosis rate among white males has quadrupled and the syphilis rate among black males has doubled.

Trends in P&S Syphilis Diagnoses by Age Group
Louisiana, 2006-2015



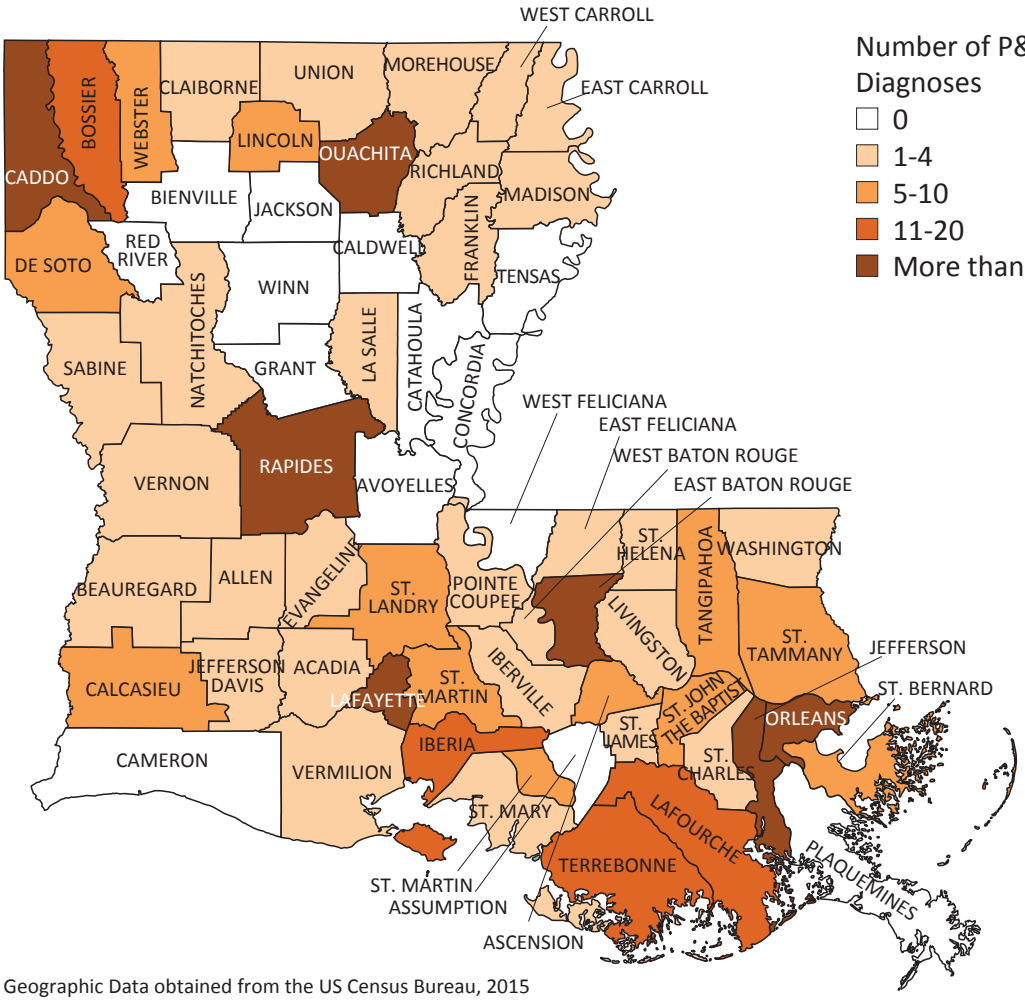
- The highest number of P&S syphilis diagnoses occurred in persons aged 25-34, accounting for an average of 35% of Louisiana diagnoses since 2006. Persons aged 20-24 have made up an additional 29% of diagnoses over the last 10 years.
- The number of new P&S syphilis diagnoses has increased among all age groups since 2012.

Primary & Secondary Syphilis Diagnosis Rates by Age and Sex at Birth
Louisiana, 2015



- In 2015, the highest age specific rate was among 20-24 year old males, followed by 25-29 year old males.
- Among females in 2015, the highest age-specific rate was among 20-24 year olds, followed by females age 15-19. The age specific P&S syphilis rates were higher for females than for males in persons age 10-19 years.

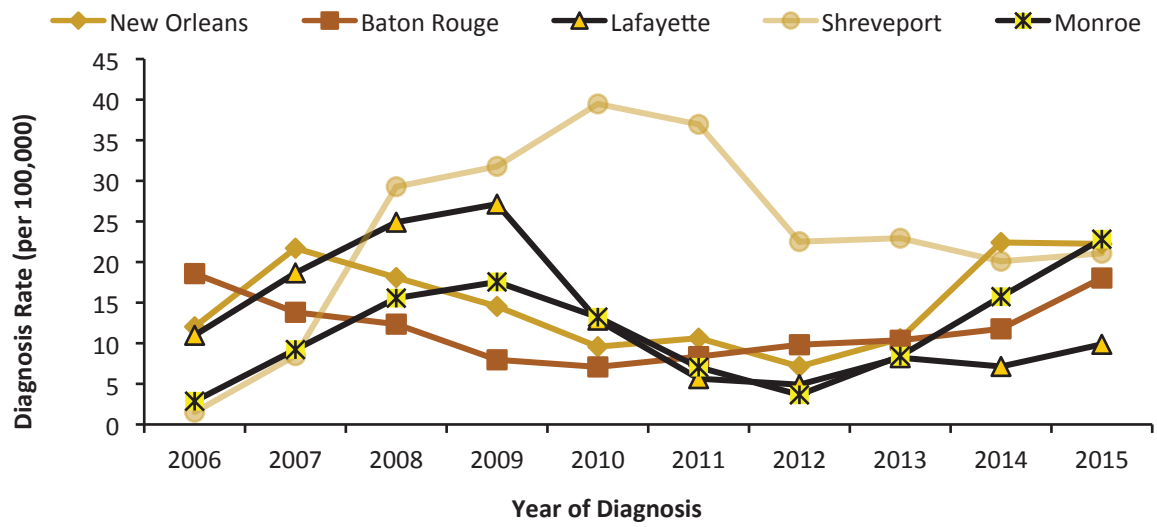
Number of P&S Syphilis Diagnoses by Parish, 2015



Geographic Data obtained from the US Census Bureau, 2015

- The number of P&S syphilis diagnoses varied by parish in Louisiana. In 2015, there were persons diagnosed with P&S syphilis in 50 of Louisiana's 64 parishes.
- A total of seven parishes had P&S diagnosis counts greater than 20 (Caddo, East Baton Rouge, Jefferson, Lafayette, Orleans, Ouachita, and Rapides). These seven parishes contained 70% of all P&S syphilis diagnoses in 2015.
- Additional breakdowns by race/ethnicity and sex at birth by parish can be found in the Appendix.

Trends in P&S Syphilis Diagnosis Rates by Selected Region
Louisiana, 2006-2015



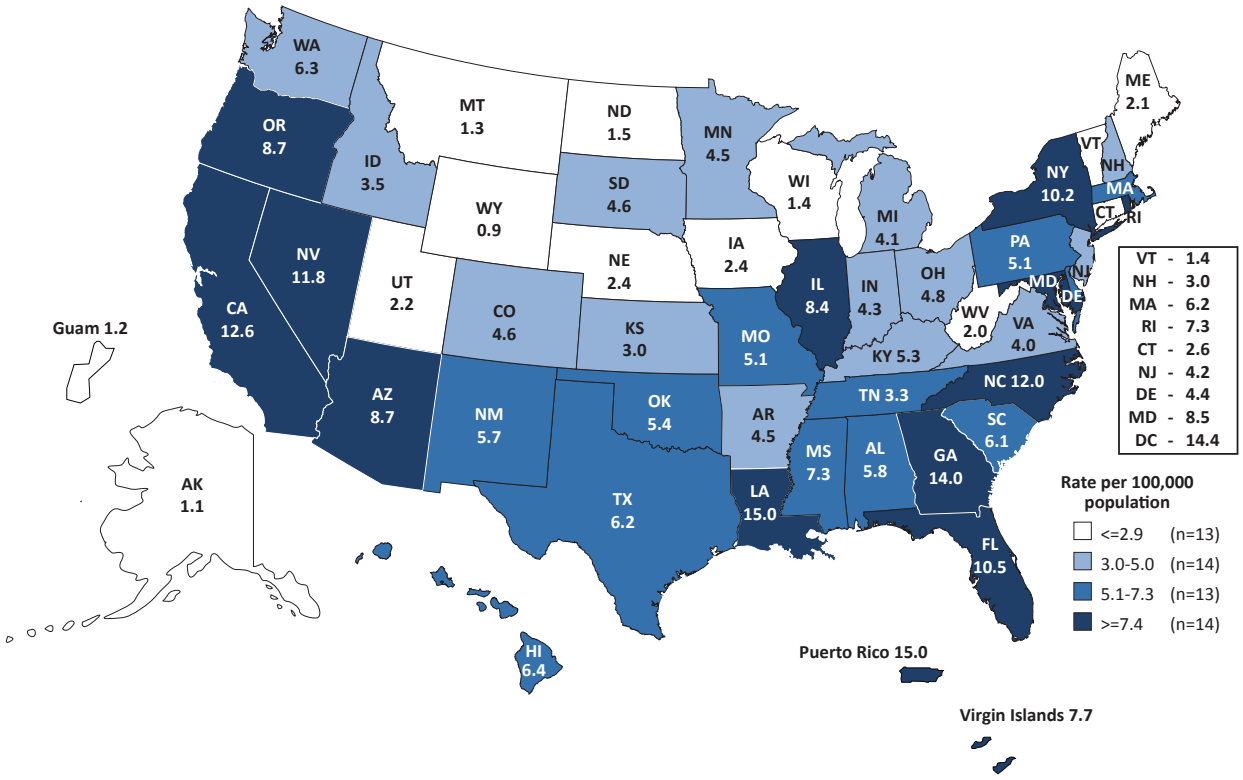
- From 2008 to 2013, the P&S syphilis diagnosis rate was highest in the Shreveport region. In 2014 the P&S syphilis rate in Shreveport was 2nd overall while the highest P&S syphilis rate was in the New Orleans region. In 2015, the Shreveport region had the 3rd highest diagnosis rate, the New Orleans region had the 2nd highest diagnosis rate, and the Monroe region had the highest diagnosis rate.

New P&S Syphilis Diagnoses by Region and Year
Louisiana, 2011-2015

	2011		2012		2013		2014		2015	
Louisiana	**446**	**%**	**338**	**%**	**423**	**%**	**575**	**%**	**696**	**%**
1-New Orleans	89	20%	62	18%	93	22%	199	35%	199	29%
2-Baton Rouge	55	12%	66	20%	70	17%	80	14%	123	18%
3-Houma	14	3%	14	4%	21	5%	54	9%	43	6%
4-Lafayette	33	7%	29	9%	49	12%	43	7%	60	9%
5-Lake Charles	21	5%	12	4%	7	2%	6	1%	14	2%
6-Alexandria	17	4%	17	5%	13	3%	10	2%	34	5%
7-Shreveport	176	39%	124	37%	126	30%	110	19%	115	17%
8-Monroe	25	6%	13	4%	30	7%	56	10%	81	12%
9-Hammond/Slidell	16	4%	1	0%	14	3%	17	3%	27	4%

- In 2015, the number of new diagnoses was highest in the New Orleans region. From 2012 to 2014, the number of P&S syphilis diagnoses more than tripled in this region, and remained unchanged from 2014 to 2015.
- Between 2011 and 2014, the number of P&S syphilis diagnoses in the Shreveport region decreased by 38%. From 2014 to 2015, the number of cases increased 5%. The number of new diagnoses in the Monroe region in 2015 is over six times the number in 2012.

P&S Syphilis Diagnosis Rates in the United States (2015)[xxvii]



- According to the most recent CDC report, there were 23,872 new P&S syphilis diagnoses reported in the United States in 2015, for a national P&S syphilis rate of 7.5 diagnoses per 100,000 population. In 2014, the national P&S syphilis diagnosis rate was 6.3 per 100,000 population.
- The national P&S syphilis rate increased 19% from 2014 to 2015.
- In 2015, Louisiana ranked 1st in the nation for P&S syphilis diagnosis rates. Georgia (14.0 per 100,000), and California (12.6 per 100,000), ranked 2nd and 3rd respectively in 2015.
- Louisiana's 2015 rate was nearly two times greater than the national rate.
- Nationally, the diagnosis rate in females increased more than the rate in males, rising 27% from 2014 to 2015 in females, and 18% in males. However, the rate of P&S syphilis in males still far exceeds that seen in females, accounting for 90% of all P&S syphilis diagnoses.

Appendices

The appendix contains additional tables relevant to the HIV Surveillance chapter of this report, Chapter 1 and the STD Surveillance Chapter, Chapter 4. Immediately following the tables are the Technical Notes and Works Cited.

HIV SURVEILLANCE TABLES

Trends in HIV Infection, Louisiana, 1979-2015

- This table includes the number of HIV Diagnoses, AIDS Diagnoses, Persons Living with HIV Infection, and Deaths in Persons with HIV Infection from 1979 to 2015. The number of deaths in 2015 are not finalized and are therefore not available.

New HIV Diagnoses by Region and Year, Louisiana, 2006-2015

- This table includes the number of New HIV Diagnoses from 2006 to 2015, for each of the nine public health regions in Louisiana.

New AIDS Diagnoses by Region and Year, Louisiana, 2006-2015

- This table includes the number of New AIDS Diagnoses from 2006 to 2015, for each of the nine public health regions in Louisiana.

Geographic Distribution of HIV in Louisiana, 2015

- This two-page table includes new AIDS Diagnoses in 2015, HIV Diagnoses in 2015, HIV Diagnosis Rate in 2015, Persons Living with HIV Infection in 2015 and Deaths in Persons Living with HIV Infection in 2014 for each of the nine public health regions and the 64 parishes of Louisiana.

Deaths among Persons with HIV Infection, Louisiana, 2014

- This table contains the demographic breakdown of Persons with HIV Infection who died in 2014 in Louisiana, regardless of cause of death.

STD SURVEILLANCE TABLES

Geographic Distribution of Chlamydia by Race/Ethnicity, Louisiana, 2015

- This two-page table includes Chlamydia diagnoses in 2015, for each of the nine public health regions and the 64 parishes of Louisiana.

Geographic Distribution of Chlamydia in Females by Race/Ethnicity, Louisiana, 2015

- This two-page table includes Chlamydia female diagnoses in 2015, for the 64 parishes of Louisiana.

Geographic Distribution of Chlamydia in Males by Race/Ethnicity, Louisiana, 2015

- This two-page table includes Chlamydia male diagnoses in 2015, for the 64 parishes of Louisiana.

Geographic Distribution of Gonorrhea by Race/Ethnicity, Louisiana, 2015

- This two-page table includes Gonorrhea diagnoses in 2015, for each of the nine public health regions and the 64 parishes of Louisiana.

Geographic Distribution of Gonorrhea in Females by Race/Ethnicity, Louisiana, 2015

- This two-page table includes female Gonorrhea diagnoses in 2015, for the 64 parishes of Louisiana.

Geographic Distribution of Gonorrhea in Males by Race/Ethnicity, Louisiana, 2015

- This two-page table includes Gonorrhea male diagnoses in 2015, for the 64 parishes of Louisiana.

Geographic Distribution of Primary & Secondary Syphilis by Race/Ethnicity, Louisiana, 2015

- This two-page table includes P&S syphilis diagnoses in 2015, for each of the nine public health regions and the 64 parishes of Louisiana.

Geographic Distribution of Primary & Secondary Syphilis in Females by Race/Ethnicity, Louisiana, 2015

- This two-page table includes P&S syphilis female diagnoses in 2015, for the 64 parishes of Louisiana.

Geographic Distribution of Primary & Secondary Syphilis in Males by Race/Ethnicity, Louisiana, 2015

- This two-page table includes P&S syphilis male diagnoses in 2015, for the 64 parishes of Louisiana.

Trends in HIV Infection Louisiana, 1979-2015				
Year	**New HIV Diagnoses**	**New AIDS Diagnoses**	**Persons Living with HIV Infection**	**Deaths**
1979	1	1	1	0
1980	1	1	1	1
1981	5	0	7	0
1982	17	10	22	3
1983	58	27	70	16
1984	146	84	187	36
1985	383	151	498	100
1986	482	242	852	158
1987	757	417	1,391	244
1988	780	450	1,954	292
1989	1,040	613	2,638	431
1990	1,214	708	3,466	436
1991	1,553	937	4,568	542
1992	1,749	1,065	5,698	677
1993	1,710	1,133	6,726	770
1994	1,648	1,104	7,653	820
1995	1,491	1,040	8,330	912
1996	1,521	1,120	9,144	791
1997	1,510	940	10,213	556
1998	1,277	841	11,097	527
1999	1,158	788	12,005	500
2000	1,125	822	12,805	516
2001	1,086	887	13,502	530
2002	1,148	970	14,260	521
2003	1,047	890	14,848	550
2004	1,056	864	15,680	539
2005	971	801	13,617	576
2006	990	764	14,157	544
2007	1,089	809	14,769	516
2008	1,089	843	15,415	479
2009	1,203	785	16,166	535
2010	1,122	800	16,863	447
2011	1,213	781	17,575	467
2012	1,044	777	18,154	470
2013	1,139	708	18,877	403
2014	1,218	602	19,682	419
2015	1,128	519	20,398	n/a*

*Data are not complete

New HIV Diagnoses by Region and Year Louisiana, 2006-2015										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Louisiana	**990**	**1,089**	**1,089**	**1,203**	**1,122**	**1,213**	**1,044**	**1,139**	**1,218**	**1,128**
1-New Orleans	249	324	355	381	341	411	338	377	358	371
2-Baton Rouge	304	309	295	310	297	292	254	246	318	252
3-Houma	38	45	42	40	57	56	53	58	52	65
4-Lafayette	72	72	74	85	88	89	82	91	111	89
5-Lake Charles	39	55	56	51	47	50	38	37	39	45
6-Alexandria	51	44	47	62	61	63	56	64	58	53
7-Shreveport	95	114	107	113	101	118	78	123	125	129
8-Monroe	83	76	52	72	58	67	76	77	90	64
9-Hammond/Slidell	59	50	61	89	72	67	69	66	67	60

New AIDS Diagnoses by Region and Year Louisiana, 2006-2015										
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Louisiana	**764**	**809**	**843**	**785**	**800**	**781**	**777**	**708**	**602**	**519**
1-New Orleans	223	265	267	236	250	258	253	219	182	170
2-Baton Rouge	225	222	252	199	238	220	195	185	160	120
3-Houma	42	31	32	34	49	30	37	40	29	25
4-Lafayette	65	56	63	50	60	55	59	65	47	37
5-Lake Charles	34	39	37	42	29	38	33	26	20	22
6-Alexandria	31	35	34	41	36	40	35	27	24	22
7-Shreveport	51	79	78	76	52	61	67	64	47	49
8-Monroe	48	40	40	55	44	37	50	40	48	35
9-Hammond/Slidell	45	42	40	52	42	42	48	42	45	39

Geographic Distribution of HIV Louisiana, 2015						
Region	**Parish**	**AIDS Diagnoses in 2015***	**HIV Diagnoses in 2015**	**HIV Diagnosis Rate 2015****	**Persons Living with HIV Infection 2015**	**Deaths 2014**
Statewide		**519**	**1,128**	**24**	**20,398**	**413**
Region 1		**170**	**371**	**41**	**7,052**	**124**
	Jefferson	44	103	24	1,898	28
	Orleans	120	257	66	4,926	89
	Plaquemines	1	2	n/a	41	1
	St. Bernard	5	9	20	187	6
Region 2		**120**	**252**	**37**	**4,918**	**112**
	Ascension	10	17	14	234	1
	East Baton Rouge	90	210	47	3,905	91
	East Feliciana	4	3	n/a	177	3
	Iberville	7	8	24	295	6
	Pointe Coupee	0	0	0	51	5
	West Baton Rouge	4	8	31	101	3
	West Feliciana	5	6	39	155	3
Region 3		**25**	**65**	**16**	**847**	**17**
	Assumption	0	1	n/a	32	0
	Lafourche	7	17	17	162	4
	St. Charles	0	8	15	123	1
	St. James	1	1	n/a	69	0
	St. John the Baptist	6	11	25	166	4
	St. Mary	4	7	13	92	0
	Terrebonne	7	20	18	203	8
Region 4		**37**	**89**	**15**	**1,536**	**47**
	Acadia	2	6	10	118	3
	Evangeline	2	6	18	70	1
	Iberia	1	8	11	116	6
	Lafayette	13	44	18	754	18
	St. Landry	11	21	25	288	15
	St. Martin	2	1	n/a	100	2
	Vermilion	6	3	n/a	90	2
Region 5		**22**	**45**	**15**	**1,021**	**17**
	Allen	3	0	0	215	3
	Beauregard	2	2	n/a	48	0
	Calcasieu	16	37	19	691	13
	Cameron	0	0	0	4	0
	Jefferson Davis	1	6	19	63	1

Geographic Distribution of HIV
Louisiana, 2015

Region	Parish	AIDS Diagnoses in 2015*	HIV Diagnoses in 2015	HIV Diagnosis Rate 2015**	Persons Living with HIV Infection 2015	Deaths 2014
Statewide		**519**	**1,128**	**24**	**20,398**	**413**
Region 6		**22**	**53**	**17**	**925**	**12**
	Avoyelles	1	2	n/a	174	1
	Catahoula	1	2	n/a	29	1
	Concordia	2	4	n/a	47	2
	Grant	2	3	n/a	48	0
	La Salle	2	7	47	31	2
	Rapides	12	29	22	494	4
	Vernon	2	6	12	72	1
	Winn	0	0	0	30	1
Region 7		**49**	**129**	**24**	**1,776**	**41**
	Bienville	0	2	n/a	31	2
	Bossier	4	19	15	216	4
	Caddo	29	78	31	1,144	27
	Claiborne	2	5	31	100	1
	De Soto	4	3	n/a	55	0
	Natchitoches	3	12	31	119	5
	Red River	0	1	n/a	13	0
	Sabine	2	3	n/a	17	0
	Webster	5	6	15	81	2
Region 8		**35**	**64**	**18**	**1,035**	**20**
	Caldwell	1	2	n/a	19	0
	East Carroll	0	1	n/a	23	0
	Franklin	2	3	n/a	45	0
	Jackson	1	2	n/a	19	0
	Lincoln	2	9	19	96	1
	Madison	2	2	n/a	35	2
	Morehouse	3	5	19	63	1
	Ouachita	20	33	21	614	14
	Richland	3	5	24	42	1
	Tensas	1	1	n/a	31	0
	Union	0	1	n/a	32	1
	West Carroll	0	0	0	16	0
Region 9		**39**	**60**	**10**	**1,288**	**23**
	Livingston	13	13	9	223	2
	St. Helena	0	1	n/a	21	1
	St. Tammany	8	18	7	456	5
	Tangipahoa	12	24	19	395	11
	Washington	6	4	n/a	193	4

*AIDS diagnoses will be included in counts of HIV diagnosis (3rd Column) for persons first diagnosed with HIV at an AIDS diagnosis or within the same year; therefore numbers from the two columns should not be added.
**Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.

Deaths Among Persons with HIV Infection Louisiana, 2014		
	2014 Deaths	**Percent**
Total Deaths	**413**	**100.0%**
Diagnosis at Death		
AIDS	335	81.1%
HIV	78	18.9%
Sex at Birth		
Female	135	32.7%
Male	278	67.3%
Race/Ethnicity		
Black/African American	323	78.2%
Hispanic/Latino	7	1.7%
White	80	19.4%
Multi-Race	3	0.7%
Age at Death		
20-24	13	3.1%
25-34	52	12.6%
35-44	84	20.3%
45-54	108	26.2%
55-64	107	25.9%
65+	49	11.9%
Imputed Transmission Category		
Men who have sex with men (MSM)	152	36.8%
Injection Drug User (IDU)	112	27.1%
MSM/IDU	32	7.7%
High Risk Heterosexual (HRH)	116	28.1%
Pediatric*	1	0.2%
Region		
1-New Orleans	124	30.0%
2-Baton Rouge	112	27.1%
3-Houma	17	4.1%
4-Lafayette	47	11.4%
5-Lake Charles	17	4.1%
6-Alexandria	12	2.9%
7-Shreveport	41	9.9%
8-Monroe	20	4.8%
9-Hammond/Slidell	23	5.6%
Rural/Urban		
Rural	73	17.7%
Urban	340	82.3%

*Risk not imputed.

Geographic Distribution of Chlamydia by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**6,593**	**239**	**21,490**	**1,436**	**900**	**387**	**32,305**	**692**
Region 1: New Orleans	**1,233**	**308**	**5,496**	**1,538**	**444**	**495**	**7,754**	**867**
Jefferson	622	266	1,809	1,577	314	508	2,990	685
Orleans	501	410	3,531	1,550	113	517	4,444	1,141
Plaquemines	34	222	38	799	1	n/a	86	366
St. Bernard	76	265	118	1,176	16	354	234	515
Region 2: East Baton Rouge	**657**	**189**	**3,301**	**1,177**	**78**	**292**	**4,430**	**649**
Ascension	150	182	257	945	13	209	466	390
East Baton Rouge	392	193	2,590	1,269	59	331	3,347	749
East Feliciana	14	135	73	847	0	0	99	503
Iberville	31	196	167	1,045	2	240	210	635
Pointe Coupee	27	201	91	1,154	0	0	126	566
West Baton Rouge	35	242	85	866	4	n/a	130	510
West Feliciana	8	100	38	548	0	0	52	338
Region 3: Houma	**707**	**275**	**1,440**	**1,349**	**63**	**304**	**2,482**	**611**
Assumption	38	253	68	998	3	n/a	117	512
Lafourche	140	186	254	1,892	13	287	451	459
St. Charles	74	215	175	1,276	4	n/a	277	525
St. James	20	193	113	1,073	2	n/a	146	677
St. John the Baptist	38	236	242	1,009	6	241	306	701
St. Mary	103	349	204	1,207	12	332	354	670
Terrebonne	294	384	384	1,800	23	388	831	729
Region 4: Lafayette	**916**	**228**	**2,479**	**1,498**	**80**	**365**	**3,746**	**616**
Acadia	116	239	140	1,229	3	n/a	293	468
Evangeline	56	247	114	1,214	3	n/a	201	596
Iberia	120	274	472	2,000	11	360	644	869
Lafayette	338	213	941	1,523	48	433	1,411	588
St. Landry	115	250	465	1,353	7	397	635	757
St. Martin	65	187	227	1,393	0	0	311	578
Vermilion	106	226	120	1,382	8	399	251	419
Region 5: Lake Charles	**506**	**237**	**817**	**1,237**	**31**	**336**	**1,618**	**541**
Allen	42	232	49	830	3	n/a	106	413
Beauregard	85	294	25	534	1	n/a	130	357
Calcasieu	300	221	667	1,337	25	395	1,192	600
Cameron	4	n/a	0	0	1	n/a	8	117
Jefferson Davis	75	306	76	1,440	1	n/a	182	579

Geographic Distribution of Chlamydia by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**6,593**	**239**	**21,490**	**1,436**	**900**	**387**	**32,305**	**692**
Region 6: Alexandria	**566**	**282**	**1,086**	**1,321**	**49**	**423**	**1,913**	**625**
Avoyelles	68	253	152	1,259	3	n/a	247	601
Catahoula	8	120	44	1,374	0	0	58	572
Concordia	18	157	71	872	2	n/a	107	531
Grant	50	292	40	1,156	3	n/a	100	448
La Salle	32	259	12	645	3	n/a	52	347
Rapides	179	221	573	1,365	13	333	864	654
Vernon	183	516	138	1,950	25	521	392	772
Winn	28	295	56	1,270	0	0	93	638
Region 7: Shreveport	**545**	**183**	**3,205**	**1,534**	**57**	**294**	**4,358**	**799**
Bienville	16	211	101	1,778	0	0	122	885
Bossier	123	146	354	1,316	20	240	664	530
Caddo	180	156	1,906	1,577	22	308	2,370	942
Claiborne	5	67	107	1,306	3	n/a	126	773
De Soto	28	179	123	1,222	2	n/a	171	632
Natchitoches	57	274	254	1,570	2	226	350	893
Red River	19	384	64	1,905	1	n/a	91	1,059
Sabine	43	262	66	1,609	4	n/a	134	554
Webster	74	297	230	1,700	3	n/a	330	825
Region 8: Monroe	**438**	**212**	**2,418**	**1,824**	**17**	**208**	**3,026**	**852**
Caldwell	22	281	15	883	0	0	38	380
East Carroll	4	n/a	40	818	0	0	48	657
Franklin	20	150	92	1,429	0	0	117	573
Jackson	17	159	55	1,197	0	0	77	486
Lincoln	40	158	303	1,543	2	n/a	372	779
Madison	3	n/a	109	1,532	4	n/a	119	1,034
Morehouse	29	223	232	1,849	0	0	278	1,053
Ouachita	223	244	1,303	2,238	8	237	1,604	1,023
Richland	31	248	144	1,996	1	n/a	189	921
Tensas	0	0	24	927	0	0	25	527
Union	30	194	81	1,399	2	n/a	117	521
West Carroll	19	212	20	1,118	0	0	42	372
Region 9: Hammond/Slidell	**1,023**	**235**	**1,229**	**1,271**	**65**	**260**	**2,529**	**441**
Livingston	278	230	80	907	11	222	397	288
St. Helena	4	n/a	30	542	0	0	37	350
St. Tammany	410	207	347	1,163	36	263	895	358
Tangipahoa	233	284	611	1,585	17	330	931	723
Washington	98	321	161	1,151	1	n/a	269	580

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** Louisiana total includes cases with unknown parish.
† The totals include cases with other and unknown race.

Geographic Distribution of Chlamydia in Females by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**4,811**	**343**	**15,458**	**1,966**	**666**	**622**	**23,342**	**978**
Acadia	89	356	107	1,790	2	n/a	224	695
Allen	33	398	32	1,568	2	n/a	77	690
Ascension	106	256	168	1,166	9	323	310	513
Assumption	30	393	54	1,504	1	n/a	92	787
Avoyelles	58	423	123	2,182	3	n/a	201	982
Beauregard	64	449	19	929	0	0	99	557
Bienville	14	362	78	2,537	0	0	97	1,346
Bossier	105	248	279	1,965	16	420	523	826
Caddo	135	227	1,426	2,192	15	442	1,752	1,327
Calcasieu	222	319	484	1,876	17	550	893	877
Caldwell	15	383	11	1,477	0	0	26	533
Cameron	3	n/a	0	0	1	n/a	6	176
Catahoula	6	186	34	2,502	0	0	45	952
Claiborne	3	n/a	78	2,326	1	n/a	90	1,268
Concordia	16	282	55	1,382	2	n/a	88	888
De Soto	23	288	91	1,704	2	n/a	132	941
East Baton Rouge	249	240	1,714	1,558	39	485	2,189	940
East Carroll	3	n/a	34	1,517	0	0	40	1,190
East Feliciana	10	203	42	1,096	0	0	63	694
Evangeline	43	376	80	1,755	2	n/a	152	921
Franklin	15	218	72	2,151	0	0	92	876
Grant	42	507	31	2,995	1	n/a	77	784
Iberia	99	445	335	2,710	9	660	473	1,248
Iberville	25	319	118	1,505	1	n/a	148	912
Jackson	12	228	41	1,865	0	0	57	736
Jefferson	480	397	1,312	2,137	261	897	2,242	998
Jefferson Davis	58	462	55	2,045	1	n/a	141	880
La Salle	26	419	10	1,376	2	n/a	40	555
Lafayette	235	292	642	1,974	34	651	972	792
Lafourche	106	276	185	2,610	11	586	331	663
Lincoln	24	191	207	1,952	2	n/a	257	1,051
Livingston	194	315	63	1,395	8	354	281	402
Madison	2	n/a	87	2,462	3	2,439	94	1,630
Morehouse	25	373	178	2,698	0	0	216	1,577
Natchitoches	44	412	205	2,361	2	n/a	279	1,363
Orleans	262	433	2,517	2,028	70	698	3,067	1,504
Ouachita	163	345	948	3,055	3	n/a	1,158	1,419

Geographic Distribution of Chlamydia in Females by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**4,811**	**343**	**15,458**	**1,966**	**666**	**622**	**23,342**	**978**
Plaquemines	23	300	30	1,274	0	0	65	556
Pointe Coupee	22	322	65	1,531	0	0	93	806
Rapides	144	344	441	1,999	11	605	667	976
Red River	17	681	55	3,088	1	n/a	80	1,810
Richland	25	391	107	2,834	0	0	142	1,341
Sabine	36	435	53	2,485	2	n/a	107	877
St. Bernard	63	437	92	1,695	12	577	184	799
St. Charles	59	340	134	1,884	3	n/a	216	806
St. Helena	2	n/a	16	548	0	0	21	387
St. James	15	287	77	1,372	2	n/a	101	904
St. John the Baptist	29	358	171	1,356	6	512	224	999
St. Landry	91	384	318	1,767	6	676	458	1,054
St. Martin	45	259	163	1,914	0	0	223	816
St. Mary	81	538	156	1,766	8	554	271	1,017
St. Tammany	311	306	262	1,665	27	405	679	528
Tangipahoa	171	407	418	2,042	15	649	653	984
Tensas	0	0	19	1,406	0	0	20	820
Terrebonne	220	568	281	2,523	20	792	610	1,059
Union	19	247	60	1,983	1	n/a	83	732
Vermilion	85	352	88	1,942	7	706	192	624
Vernon	108	644	72	2,186	11	525	223	934
Washington	77	497	123	1,737	1	n/a	208	888
Webster	62	490	174	2,445	3	n/a	256	1,246
West Baton Rouge	27	369	57	1,114	2	n/a	91	701
West Carroll	12	263	17	2,112	0	0	30	536
West Feliciana	6	174	29	1,813	0	0	39	741
Winn	21	452	48	2,582	0	0	76	1,118

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** Louisiana total includes cases with unknown parish.
† The totals include cases with other and unknown race.

Geographic Distribution of Chlamydia in Males by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**1,782**	**131**	**6,032**	**849**	**234**	**187**	**8,963**	**392**
Acadia	27	115	33	609	1	n/a	69	227
Allen	9	92	17	440	1	n/a	29	200
Ascension	44	107	89	697	4	n/a	156	264
Assumption	8	108	14	435	2	n/a	25	224
Avoyelles	10	76	29	451	0	0	46	223
Beauregard	21	143	6	227	1	n/a	31	166
Bienville	2	n/a	23	883	0	0	25	380
Bossier	18	43	75	590	4	n/a	141	228
Caddo	45	80	480	860	7	187	618	517
Calcasieu	78	118	183	760	8	246	299	308
Caldwell	7	179	4	n/a	0	0	12	235
Cameron	1	n/a	0	0	0	0	2	n/a
Catahoula	2	n/a	10	542	0	0	13	240
Claiborne	2	n/a	29	599	2	n/a	36	391
Concordia	2	n/a	16	384	0	0	19	186
De Soto	5	65	32	677	0	0	39	299
East Baton Rouge	143	144	876	931	20	204	1,158	541
East Carroll	1	n/a	6	227	0	0	8	203
East Feliciana	4	n/a	31	648	0	0	36	339
Evangeline	13	116	34	704	1	n/a	49	284
Franklin	5	77	20	647	0	0	25	252
Grant	8	90	9	371	2	n/a	23	184
Iberia	21	98	137	1,219	2	n/a	171	472
Iberville	6	75	49	602	1	n/a	62	368
Jackson	5	92	14	584	0	0	20	246
Jefferson	142	126	497	932	53	162	748	353
Jefferson Davis	17	142	21	811	0	0	41	266
La Salle	6	97	2	n/a	1	n/a	12	155
Lafayette	103	132	299	1,022	14	239	439	374
Lafourche	34	93	69	1,088	2	n/a	120	248
Lincoln	16	125	96	1,064	0	0	115	493
Livingston	84	141	17	395	3	n/a	116	171
Madison	1	n/a	22	615	1	n/a	25	435
Morehouse	4	n/a	54	907	0	0	62	488
Natchitoches	13	128	49	654	0	0	71	379
Orleans	239	388	1,014	978	43	364	1,377	742
Ouachita	60	136	355	1,305	5	271	446	594

Geographic Distribution of Chlamydia in Males by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**1,782**	**131**	**6,032**	**849**	**234**	**187**	**8,963**	**392**
Plaquemines	11	143	8	333	1	n/a	21	178
Pointe Coupee	5	76	26	714	0	0	33	308
Rapides	35	89	132	663	2	n/a	197	309
Red River	2	n/a	9	570	0	0	11	264
Richland	6	98	37	1,076	1	n/a	47	473
Sabine	7	86	13	660	2	n/a	27	225
St. Bernard	13	91	26	565	4	n/a	50	223
St. Charles	15	88	41	621	1	n/a	61	235
St. Helena	2	n/a	14	536	0	0	16	311
St. James	5	97	36	731	0	0	45	433
St. John the Baptist	9	112	71	624	0	0	82	387
St. Landry	24	107	147	898	1	n/a	177	438
St. Martin	20	116	64	823	0	0	88	332
St. Mary	22	152	48	595	4	n/a	83	317
St. Tammany	99	103	85	602	9	128	216	178
Tangipahoa	62	155	193	1,068	2	n/a	278	445
Tensas	0	0	5	404	0	0	5	217
Terrebonne	74	196	103	1,010	3	n/a	221	392
Union	11	142	21	760	1	n/a	34	305
Vermilion	21	93	32	771	1	n/a	59	203
Vernon	75	401	66	1,744	14	518	169	628
Washington	21	139	38	551	0	0	61	266
Webster	12	98	56	873	0	0	74	380
West Baton Rouge	8	112	28	596	2	n/a	39	312
West Carroll	7	160	3	n/a	0	0	12	211
West Feliciana	2	n/a	9	169	0	0	13	128
Winn	7	145	8	314	0	0	17	219

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** The Louisiana Strata include cases with unknown parish.
† The totals include cases with unknown race.

Geographic Distribution of Gonorrhea by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**1,544**	**56**	**7,665**	**512**	**138**	**59**	**10,274**	**220**
Region 1: New Orleans	**368**	**92**	**2,009**	**562**	**66**	**74**	**2,568**	**287**
Jefferson	137	59	593	517	26	42	806	185
Orleans	202	165	1,366	600	36	165	1,668	428
Plaquemines	3	n/a	11	231	1	n/a	16	68
St. Bernard	26	91	39	389	3	n/a	78	172
Region 2: East Baton Rouge	**145**	**42**	**1,298**	**463**	**15**	**56**	**1,583**	**232**
Ascension	27	33	63	232	4	n/a	107	90
East Baton Rouge	92	45	1,067	523	6	34	1,260	282
East Feliciana	7	67	17	197	0	0	26	132
Iberville	10	63	65	407	3	n/a	82	248
Pointe Coupee	2	n/a	31	393	0	0	37	166
West Baton Rouge	5	35	36	367	2	n/a	45	177
West Feliciana	2	n/a	19	274	0	0	26	169
Region 3: Houma	**143**	**56**	**486**	**455**	**11**	**53**	**723**	**178**
Assumption	1	n/a	13	191	0	0	15	66
Lafourche	24	32	82	611	1	n/a	122	124
St. Charles	14	41	60	438	1	n/a	85	161
St. James	0	0	42	399	0	0	44	204
St. John the Baptist	10	62	69	288	0	0	83	190
St. Mary	16	54	58	343	4	n/a	85	161
Terrebonne	78	102	162	760	5	84	289	254
Region 4: Lafayette	**257**	**64**	**844**	**510**	**13**	**59**	**1,189**	**196**
Acadia	26	54	38	333	0	0	71	113
Evangeline	21	93	50	533	1	n/a	76	225
Iberia	30	69	144	610	2	n/a	183	247
Lafayette	88	55	302	489	8	72	429	179
St. Landry	42	91	210	611	0	0	269	321
St. Martin	16	46	67	411	1	n/a	89	165
Vermilion	34	73	33	380	1	n/a	72	120
Region 5: Lake Charles	**122**	**57**	**282**	**427**	**10**	**108**	**489**	**163**
Allen	12	66	21	356	2	n/a	41	160
Beauregard	9	31	10	213	2	n/a	28	77
Calcasieu	78	57	232	465	6	95	372	187
Cameron	1	n/a	0	0	0	0	2	n/a
Jefferson Davis	22	90	19	360	0	0	46	146

Geographic Distribution of Gonorrhea by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**1,544**	**56**	**7,665**	**512**	**138**	**59**	**10,274**	**220**
Region 6: Alexandria	**79**	**39**	**368**	**448**	**3**	**n/a**	**525**	**171**
Avoyelles	22	82	63	522	0	0	92	224
Catahoula	1	n/a	10	312	0	0	11	108
Concordia	2	n/a	18	221	0	0	22	109
Grant	2	n/a	16	462	0	0	21	94
La Salle	5	40	1	n/a	0	0	7	47
Rapides	30	37	212	505	1	n/a	298	226
Vernon	11	31	31	438	2	n/a	46	91
Winn	6	63	17	386	0	0	28	192
Region 7: Shreveport	**121**	**41**	**1,035**	**495**	**7**	**36**	**1,339**	**245**
Bienville	6	79	39	687	0	0	47	341
Bossier	21	25	115	427	0	0	176	141
Caddo	56	48	658	544	5	70	820	326
Claiborne	1	n/a	26	317	0	0	30	184
De Soto	7	45	38	378	0	0	56	207
Natchitoches	2	n/a	46	284	1	n/a	61	156
Red River	5	101	9	268	0	0	15	175
Sabine	4	n/a	15	366	0	0	21	87
Webster	19	76	89	658	1	n/a	113	282
Region 8: Monroe	**106**	**51**	**922**	**696**	**2**	**24**	**1,066**	**300**
Caldwell	1	n/a	8	471	0	0	9	90
East Carroll	0	0	9	184	0	0	10	137
Franklin	1	n/a	31	481	0	0	33	162
Jackson	4	n/a	16	348	0	0	24	151
Lincoln	8	32	108	550	0	0	124	260
Madison	1	n/a	35	492	0	0	38	330
Morehouse	13	100	105	837	0	0	119	451
Ouachita	55	60	505	867	2	n/a	575	367
Richland	11	88	56	776	0	0	69	336
Tensas	0	0	6	232	0	0	7	148
Union	6	39	33	570	0	0	41	182
West Carroll	6	67	10	559	0	0	17	151
Region 9: Hammond/Slidell	**202**	**46**	**417**	**431**	**9**	**36**	**671**	**117**
Livingston	69	57	33	374	0	0	106	77
St. Helena	0	0	10	181	0	0	12	114
St. Tammany	74	37	103	345	4	n/a	206	82
Tangipahoa	40	49	226	586	5	0	282	219
Washington	19	62	45	322	0	0	65	140

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** Louisiana total includes cases with unknown parish.
† The totals include cases with other and unknown race.

Geographic Distribution of Gonorrhea in Females by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**841**	**60**	**4,133**	**526**	**47**	**44**	**5,532**	**232**
Acadia	14	56	19	318	0	0	39	121
Allen	10	121	14	686	1	n/a	29	260
Ascension	14	34	34	236	2	n/a	59	98
Assumption	0	0	11	306	0	0	12	103
Avoyelles	16	117	40	710	0	0	60	293
Beauregard	4	n/a	4	n/a	0	0	14	79
Bienville	6	155	22	716	0	0	29	402
Bossier	12	28	76	535	0	0	108	171
Caddo	30	50	395	607	3	n/a	481	364
Calcasieu	49	71	138	535	1	n/a	233	229
Caldwell	1	n/a	4	n/a	0	0	5	102
Cameron	1	n/a	0	0	0	0	1	n/a
Catahoula	1	n/a	7	515	0	0	8	169
Claiborne	1	n/a	14	418	0	0	16	225
Concordia	2	n/a	10	251	0	0	14	141
De Soto	6	75	24	449	0	0	38	271
East Baton Rouge	43	41	527	479	2	n/a	615	264
East Carroll	0	0	4	n/a	0	0	5	149
East Feliciana	6	122	10	261	0	0	18	198
Evangeline	15	131	24	526	1	n/a	44	267
Franklin	1	n/a	17	508	0	0	19	181
Grant	1	n/a	11	1,063	0	0	15	153
Iberia	17	76	103	833	2	n/a	128	338
Iberville	8	102	33	421	1	n/a	43	265
Jackson	4	n/a	9	409	0	0	15	194
Jefferson	76	63	304	495	13	45	424	189
Jefferson Davis	12	96	7	260	0	0	23	144
La Salle	5	81	0	0	0	0	5	69
Lafayette	44	55	141	433	4	n/a	204	166
Lafourche	13	34	41	578	0	0	63	126
Lincoln	7	56	65	613	0	0	76	311
Livingston	41	67	15	332	0	0	57	82
Madison	1	n/a	17	481	0	0	19	329
Morehouse	10	149	55	834	0	0	66	482
Natchitoches	0	0	27	311	1	n/a	33	161
Orleans	40	66	684	551	4	n/a	756	371
Ouachita	31	66	274	883	0	0	307	376

Geographic Distribution of Gonorrhea in Females by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**841**	**60**	**4,133**	**526**	**47**	**44**	**5,532**	**232**
Plaquemines	1	n/a	7	297	0	0	8	68
Pointe Coupee	2	n/a	21	495	0	0	24	208
Rapides	18	43	116	526	0	0	159	233
Red River	5	200	5	281	0	0	11	249
Richland	7	109	34	900	0	0	42	397
Sabine	3	n/a	8	375	0	0	13	107
St. Bernard	12	83	16	295	0	0	37	161
St. Charles	8	46	40	562	0	0	56	209
St. Helena	0	0	6	205	0	0	7	129
St. James	0	0	17	303	0	0	18	161
St. John the Baptist	6	74	33	262	0	0	42	187
St. Landry	30	126	118	656	0	0	156	359
St. Martin	11	63	41	481	0	0	55	201
St. Mary	14	93	35	396	0	0	52	195
St. Tammany	42	41	48	305	3	n/a	107	83
Tangipahoa	22	52	130	635	4	n/a	165	249
Tensas	0	0	3	n/a	0	0	4	n/a
Terrebonne	54	139	103	925	2	n/a	181	314
Union	4	n/a	24	793	0	0	28	247
Vermilion	18	75	16	353	1	n/a	39	127
Vernon	2	n/a	13	395	1	n/a	16	67
Washington	12	77	32	452	0	0	44	188
Webster	14	111	45	632	0	0	61	297
West Baton Rouge	4	n/a	19	371	0	0	24	185
West Carroll	6	131	6	745	0	0	12	214
West Feliciana	0	0	4	n/a	0	0	7	133
Winn	4	n/a	11	592	0	0	19	279

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** Louisiana total includes cases with unknown parish.
† The totals include cases with other and unknown race.

Geographic Distribution of Gonorrhea in Males by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**703**	**52**	**3,532**	**497**	**91**	**73**	**4,742**	**208**
Acadia	12	51	19	351	0	0	32	105
Allen	2	n/a	7	181	1	n/a	12	83
Ascension	13	32	29	227	2	n/a	48	81
Assumption	1	n/a	2	n/a	0	0	3	n/a
Avoyelles	6	46	23	358	0	0	32	155
Beauregard	5	34	6	227	2	n/a	14	75
Bienville	0	0	17	653	0	0	18	274
Bossier	9	21	39	307	0	0	68	110
Caddo	26	46	263	471	2	n/a	339	284
Calcasieu	29	44	94	390	5	154	139	143
Caldwell	0	0	4	n/a	0	0	4	n/a
Cameron	0	0	0	0	0	0	1	n/a
Catahoula	0	0	3	n/a	0	0	3	n/a
Claiborne	0	0	12	248	0	0	14	152
Concordia	0	0	8	192	0	0	8	78
De Soto	1	n/a	14	296	0	0	18	138
East Baton Rouge	49	49	540	574	4	n/a	645	301
East Carroll	0	0	5	189	0	0	5	127
East Feliciana	1	n/a	7	146	0	0	8	75
Evangeline	6	53	26	538	0	0	32	186
Franklin	0	0	14	453	0	0	14	141
Grant	1	n/a	5	206	0	0	6	48
Iberia	13	61	41	365	0	0	55	152
Iberville	2	n/a	32	393	2	n/a	39	231
Jackson	0	0	7	292	0	0	9	111
Jefferson	61	54	289	542	13	40	382	180
Jefferson Davis	10	83	12	464	0	0	23	149
La Salle	0	0	1	n/a	0	0	2	n/a
Lafayette	44	56	161	550	4	n/a	225	192
Lafourche	11	30	41	647	1	n/a	59	122
Lincoln	1	n/a	43	476	0	0	48	206
Livingston	28	47	18	418	0	0	49	72
Madison	0	0	18	503	0	0	19	331
Morehouse	3	n/a	50	840	0	0	53	417
Natchitoches	2	n/a	19	254	0	0	28	150
Orleans	162	263	682	658	32	271	912	491
Ouachita	24	54	231	849	2	n/a	268	357

Geographic Distribution of Gonorrhea in Males by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana**	**703**	**52**	**3,532**	**497**	**91**	**73**	**4,742**	**208**
Plaquemines	2	n/a	4	n/a	1	n/a	8	68
Pointe Coupee	0	0	10	275	0	0	13	121
Rapides	12	31	96	482	1	n/a	139	218
Red River	0	0	4	n/a	0	0	4	n/a
Richland	4	n/a	22	640	0	0	27	272
Sabine	1	n/a	7	355	0	0	8	67
St. Bernard	14	98	23	499	3	n/a	41	183
St. Charles	6	35	20	303	1	n/a	29	111
St. Helena	0	0	4	n/a	0	0	5	97
St. James	0	0	25	508	0	0	26	250
St. John the Baptist	4	n/a	36	317	0	0	41	193
St. Landry	12	54	92	562	0	0	113	280
St. Martin	5	29	26	334	1	n/a	34	128
St. Mary	2	n/a	23	285	4	n/a	33	126
St. Tammany	32	33	55	390	1	n/a	99	82
Tangipahoa	18	45	96	531	1	n/a	117	187
Tensas	0	0	3	n/a	0	0	3	n/a
Terrebonne	24	64	59	579	3	n/a	108	192
Union	2	n/a	9	326	0	0	13	117
Vermilion	16	71	17	410	0	0	33	113
Vernon	9	48	18	476	1	n/a	30	111
Washington	7	46	13	188	0	0	21	91
Webster	5	41	44	686	1	n/a	52	267
West Baton Rouge	1	n/a	17	362	2	n/a	21	168
West Carroll	0	0	4	n/a	0	0	5	88
West Feliciana	2	n/a	15	281	0	0	19	188
Winn	2	n/a	6	235	0	0	9	116

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
** Louisiana total includes cases with unknown parish.
† The totals include cases with other and unknown race.

Geographic Distribution of Primary & Secondary Syphilis by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana	**138**	**5**	**540**	**36**	**8**	**3**	**696**	**14.9**
Region 1: New Orleans	**44**	**11**	**143**	**40**	**6**	**7**	**199**	**22.2**
Jefferson	7	3	33	29	3	n/a	45	10.3
Orleans	34	28	107	47	3	n/a	147	37.7
Plaquemines	0	0	0	0	0	0	0	0.0
St. Bernard	3	n/a	3	n/a	0	0	7	15.4
Region 2: East Baton Rouge	**17**	**5**	**105**	**37**	**0**	**0**	**123**	**18.0**
Ascension	2	n/a	4	n/a	0	0	7	5.9
East Baton Rouge	12	6	96	47	0	0	108	24.2
East Feliciana	0	0	2	n/a	0	0	2	n/a
Iberville	2	n/a	2	n/a	0	0	4	n/a
Pointe Coupee	0	0	1	n/a	0	0	1	n/a
West Baton Rouge	1	n/a	0	0	0	0	1	n/a
West Feliciana	0	0	0	0	0	0	0	0.0
Region 3: Houma	**12**	**5**	**29**	**27**	**0**	**0**	**43**	**10.6**
Assumption	0	0	0	0	0	0	0	0.0
Lafourche	4	n/a	7	52	0	0	11	11.2
St. Charles	0	0	2	n/a	0	0	2	n/a
St. James	0	0	2	n/a	0	0	2	n/a
St. John the Baptist	2	n/a	5	21	0	0	7	16.0
St. Mary	0	0	1	n/a	0	0	1	n/a
Terrebonne	6	8	12	56	0	0	20	17.5
Region 4: Lafayette	**19**	**5**	**40**	**24**	**1**	**n/a**	**60**	**9.9**
Acadia	2	n/a	2	n/a	0	0	4	n/a
Evangeline	1	n/a	1	n/a	0	0	2	n/a
Iberia	3	n/a	13	55	0	0	16	21.6
Lafayette	5	3	18	29	1	n/a	24	10.0
St. Landry	4	n/a	2	n/a	0	0	6	7.2
St. Martin	1	n/a	4	n/a	0	0	5	9.3
Vermilion	3	n/a	0	0	0	0	3	n/a
Region 5: Lake Charles	**7**	**3**	**7**	**11**	**0**	**0**	**14**	**4.7**
Allen	0	0	1	n/a	0	0	1	n/a
Beauregard	0	0	1	n/a	0	0	1	n/a
Calcasieu	5	4	5	10	0	0	10	5.0
Cameron	0	0	0	0	0	0	0	0.0
Jefferson Davis	2	n/a	0	0	0	0	2	n/a

Geographic Distribution of Primary & Secondary Syphilis by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana	**138**	**5**	**540**	**36**	**8**	**3**	**696**	**14.9**
Region 6: Alexandria	**3**	**n/a**	**30**	**36**	**1**	**n/a**	**34**	**11.1**
Avoyelles	0	0	0	0	0	0	0	0.0
Catahoula	0	0	0	0	0	0	0	0.0
Concordia	0	0	0	0	0	0	0	0.0
Grant	0	0	0	0	0	0	0	0.0
La Salle	1	8	0	0	0	0	1	n/a
Rapides	2	2	29	69	1	n/a	32	24.2
Vernon	0	0	1	n/a	0	0	1	n/a
Winn	0	0	0	0	0	0	0	0.0
Region 7: Shreveport	**13**	**4**	**101**	**48**	**0**	**0**	**115**	**21.1**
Bienville	0	0	0	0	0	0	0	0.0
Bossier	4	n/a	12	45	0	0	16	12.8
Caddo	5	4	74	61	0	0	79	31.4
Claiborne	0	0	3	n/a	0	0	3	n/a
De Soto	1	n/a	7	70	0	0	8	29.6
Natchitoches	1	n/a	2	n/a	0	0	3	n/a
Red River	0	0	0	0	0	0	0	0.0
Sabine	1	n/a	0	0	0	0	1	n/a
Webster	1	n/a	3	n/a	0	0	5	12.5
Region 8: Monroe	**9**	**4**	**72**	**54**	**0**	**0**	**81**	**22.8**
Caldwell	0	0	0	0	0	0	0	0.0
East Carroll	0	0	1	n/a	0	0	1	n/a
Franklin	0	0	1	n/a	0	0	1	n/a
Jackson	0	0	0	0	0	0	0	0.0
Lincoln	0	0	10	51	0	0	10	20.9
Madison	0	0	2	n/a	0	0	2	n/a
Morehouse	1	n/a	3	n/a	0	0	4	n/a
Ouachita	6	7	49	84	0	0	55	35.1
Richland	0	0	4	n/a	0	0	4	n/a
Tensas	0	0	0	0	0	0	0	0.0
Union	0	0	1	n/a	0	0	1	n/a
West Carroll	2	n/a	1	n/a	0	0	3	n/a
Region 9: Hammond/Slidell	**14**	**3**	**13**	**13**	**0**	**0**	**27**	**4.7**
Livingston	2	n/a	1	n/a	0	0	3	n/a
St. Helena	0	0	2	n/a	0	0	2	n/a
St. Tammany	5	3	5	17	0	0	10	4.0
Tangipahoa	5	6	3	n/a	0	0	8	6.2
Washington	2	n/a	2	n/a	0	0	4	n/a

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
† The totals include cases with other race/ethnicities.

Geographic Distribution of P&S Syphilis in Females by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana	**16**	**1**	**171**	**22**	**0**	**0**	**189**	**8**
Acadia	0	0	0	0	0	0	0	0
Allen	0	0	1	n/a	0	0	1	n/a
Ascension	0	0	0	0	0	0	0	0
Assumption	0	0	0	0	0	0	0	0
Avoyelles	0	0	0	0	0	0	0	0
Beauregard	0	0	1	n/a	0	0	1	n/a
Bienville	0	0	0	0	0	0	0	0
Bossier	0	0	4	n/a	0	0	4	n/a
Caddo	0	0	39	60	0	0	39	30
Calcasieu	0	0	1	n/a	0	0	1	n/a
Caldwell	0	0	0	0	0	0	0	0
Cameron	0	0	0	0	0	0	0	0
Catahoula	0	0	0	0	0	0	0	0
Claiborne	0	0	0	0	0	0	0	0
Concordia	0	0	0	0	0	0	0	0
De Soto	1	n/a	4	n/a	0	0	5	36
East Baton Rouge	1	n/a	28	25	0	0	29	12
East Carroll	0	0	1	n/a	0	0	1	n/a
East Feliciana	0	0	1	n/a	0	0	1	n/a
Evangeline	0	0	0	0	0	0	0	0
Franklin	0	0	0	0	0	0	0	0
Grant	0	0	0	0	0	0	0	0
Iberia	1	n/a	4	n/a	0	0	5	13
Iberville	0	0	1	n/a	0	0	1	n/a
Jackson	0	0	0	0	0	0	0	0
Jefferson	0	0	8	13	0	0	8	4
Jefferson Davis	1	n/a	0	0	0	0	1	n/a
La Salle	0	0	0	0	0	0	0	0
Lafayette	0	0	8	25	0	0	8	7
Lafourche	0	0	5	71	0	0	5	10
Lincoln	0	0	2	n/a	0	0	2	n/a
Livingston	1	n/a	0	0	0	0	1	n/a
Madison	0	0	1	n/a	0	0	1	n/a
Morehouse	0	0	0	0	0	0	0	0
Natchitoches	1	n/a	0	0	0	0	1	n/a
Orleans	0	0	13	10	0	0	13	6
Ouachita	2	n/a	19	61	0	0	21	26

Geographic Distribution of P&S Syphilis in Females by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana	**16**	**1**	**171**	**22**	**0**	**0**	**189**	**8**
Plaquemines	0	0	0	0	0	0	0	0
Pointe Coupee	0	0	0	0	0	0	0	0
Rapides	1	n/a	7	32	0	0	8	12
Red River	0	0	0	0	0	0	0	0
Richland	0	0	2	n/a	0	0	2	n/a
Sabine	0	0	0	0	0	0	0	0
St. Bernard	1	n/a	1	n/a	0	0	2	n/a
St. Charles	0	0	0	0	0	0	0	0
St. Helena	0	0	0	0	0	0	0	0
St. James	0	0	2	n/a	0	0	2	n/a
St. John the Baptist	0	0	3	n/a	0	0	3	n/a
St. Landry	0	0	0	0	0	0	0	0
St. Martin	0	0	1	n/a	0	0	1	n/a
St. Mary	0	0	1	n/a	0	0	1	n/a
St. Tammany	1	n/a	1	n/a	0	0	2	n/a
Tangipahoa	1	n/a	1	n/a	0	0	2	n/a
Tensas	0	0	0	0	0	0	0	0
Terrebonne	2	n/a	7	63	0	0	11	19
Union	0	0	0	0	0	0	0	0
Vermilion	0	0	0	0	0	0	0	0
Vernon	0	0	0	0	0	0	0	0
Washington	1	n/a	2	n/a	0	0	3	n/a
Webster	1	n/a	2	n/a	0	0	3	n/a
West Baton Rouge	0	0	0	0	0	0	0	0
West Carroll	0	0	0	0	0	0	0	0
West Feliciana	0	0	0	0	0	0	0	0
Winn	0	0	0	0	0	0	0	0

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.
† The totals include cases with other race/ethnicities.

Geographic Distribution of P&S Syphilis in Males by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana	**123**	**9**	**370**	**56**	**8**	**6**	**507**	**22**
Acadia	2	n/a	2	n/a	0	0	4	n/a
Allen	0	0	0	0	0	0	0	0
Ascension	2	n/a	4	n/a	0	0	7	12
Assumption	0	0	0	0	0	0	0	0
Avoyelles	0	0	0	0	0	0	0	0
Beauregard	0	0	0	0	0	0	0	0
Bienville	0	0	0	0	0	0	0	0
Bossier	4	n/a	8	63	0	0	12	19
Caddo	5	9	35	63	0	0	40	33
Calcasieu	5	8	4	n/a	0	0	9	9
Caldwell	0	0	0	0	0	0	0	0
Cameron	0	0	0	0	0	0	0	0
Catahoula	0	0	0	0	0	0	0	0
Claiborne	0	0	3	n/a	0	0	3	n/a
Concordia	0	0	0	0	0	0	0	0
De Soto	0	0	3	n/a	0	0	3	n/a
East Baton Rouge	11	11	68	72	0	0	79	37
East Carroll	0	0	0	0	0	0	0	0
East Feliciana	0	0	1	n/a	0	0	1	n/a
Evangeline	1	n/a	1	n/a	0	0	2	n/a
Franklin	0	0	1	n/a	0	0	1	n/a
Grant	0	0	0	0	0	0	0	0
Iberia	2	n/a	9	80	0	0	11	30
Iberville	2	n/a	1	n/a	0	0	3	n/a
Jackson	0	0	0	0	0	0	0	0
Jefferson	7	6	25	47	3	n/a	37	17
Jefferson Davis	1	n/a	0	0	0	0	1	n/a
La Salle	1	n/a	0	0	0	0	1	n/a
Lafayette	5	6	10	34	1	n/a	16	14
Lafourche	4	n/a	2	n/a	0	0	6	12
Lincoln	0	0	8	89	0	0	8	34
Livingston	1	n/a	1	n/a	0	0	2	n/a
Madison	0	0	1	n/a	0	0	1	n/a
Morehouse	1	n/a	3	n/a	0	0	4	n/a
Natchitoches	0	0	2	n/a	0	0	2	n/a
Orleans	34	55	95	91	3	n/a	134	72
Ouachita	4	n/a	30	110	0	0	34	45

Geographic Distribution of P&S Syphilis in Males by Race/Ethnicity
Louisiana, 2015

	White		Black/African American		Hispanic/Latino		Total†	
	Cases	Rate*	Cases	Rate*	Cases	Rate*	Cases	Rate*
Louisiana	**123**	**9**	**370**	**56**	**8**	**6**	**507**	**22**
Plaquemines	0	0	0	0	0	0	0	0
Pointe Coupee	0	0	1	n/a	0	0	1	n/a
Rapides	1	n/a	22	110	1	n/a	24	38
Red River	0	0	0	0	0	0	0	0
Richland	0	0	2	n/a	0	0	2	n/a
Sabine	1	n/a	0	0	0	0	1	n/a
St. Bernard	2	n/a	2	n/a	0	0	5	22
St. Charles	0	0	2	n/a	0	0	2	n/a
St. Helena	0	0	2	n/a	0	0	2	n/a
St. James	0	0	0	0	0	0	0	0
St. John the Baptist	2	n/a	2	n/a	0	0	4	n/a
St. Landry	4	n/a	2	n/a	0	0	6	15
St. Martin	1	n/a	3	n/a	0	0	4	n/a
St. Mary	0	0	0	0	0	0	0	0
St. Tammany	4	n/a	4	n/a	0	0	8	7
Tangipahoa	4	n/a	2	n/a	0	0	6	10
Tensas	0	0	0	0	0	0	0	0
Terrebonne	4	n/a	5	49	0	0	9	16
Union	0	0	1	n/a	0	0	1	n/a
Vermilion	3	n/a	0	0	0	0	3	n/a
Vernon	0	0	1	n/a	0	0	1	n/a
Washington	1	n/a	0	0	0	0	1	n/a
Webster	1	0	1	n/a	0	0	2	n/a
West Baton Rouge	1	n/a	0	0	0	0	1	n/a
West Carroll	2	n/a	1	n/a	0	0	3	n/a
West Feliciana	0	0	0	0	0	0	0	0
Winn	0	0	0	0	0	0	0	0

*Rates per 100,000 persons in parish. Rates derived from numerators less than 20 may be unreliable and are not available (n/a) for numerators less than 5.

† The totals include cases with other race/ethnicities.

Program Report Technical Notes

Report Format

The *2015 HIV/STD Surveillance Report* includes only HIV and STD surveillance data and does not include HIV/STD prevention and services data. This STD/HIV Program Report is divided into the follow sections: Introduction, Chapter 1: Profile of the HIV Epidemic in Louisiana, Chapter 2: Linkage and Retention in HIV Care, Chapter 3: Perinatal HIV Exposure and Congenital Syphilis, Chapter 4: Profile of STDs in Louisiana, and an Appendix which includes additional HIV and STD tables.

Tabulation of Data

This report includes all STD information entered at the STD/HIV Program office as of April 29, 2016 and all HIV information entered as of February 1, 2017. Chlamydia, gonorrhea, syphilis, congenital syphilis, HIV and AIDS cases diagnosed through 2015 are included in this report. The 2015 data are very complete and are not adjusted for a potential reporting delay. Due to reporting and collection delays for deaths among person with an HIV diagnosis and pediatric HIV exposures, those data are reported only through 2014 to ensure complete data.

Census Data and Rate Calculation

For all rates calculated for years 2006-2015, mid-year estimates for populations were obtained from the U.S. Census Bureau. The census estimates for 2010 are from the census data completed in 2010. These populations are used to calculate changes in the population, and incidence and prevalence rates. All rates are calculated per 100,000 persons except for death rates, which are calculated per 1,000 persons, and congenital syphilis rates which are calculated per 100,000 live births. An example of how rates are calculated is as follows. For the HIV diagnosis rate in 2014 for the New Orleans Public Health Region 1, the 2014 Census populations for the four parishes within Region 1 are added together equaling a regional population of 867,658 persons. Then the number of new HIV diagnoses in Region 1 in 2014, 364 new diagnoses, is divided by the totaled population, 867,658 persons to get 0.0004195. This number is multiplied by 100,000 to result in an HIV case rate of 41.95 per 100,000 population for Region 1 in 2014.

Interpretation of HIV Data

HIV data are not without limitations. Although an HIV diagnosis is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV diagnosis must be interpreted with caution. HIV data may not accurately depict trends in HIV transmission because HIV data represent persons who were reported with a positive confidential HIV test, which may first occur several years after HIV infection. In addition, the data are underreported because only persons with HIV who choose to be tested confidentially are counted. HIV diagnoses do not include persons who have not been tested for HIV.

Therefore, HIV diagnosis data do not necessarily represent characteristics of persons who have been recently-infected with HIV nor do they provide a true measure of HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be considered when interpreting HIV data.

Interpretation of STD Data

Similar to the limitations of the HIV data, STD data in this report represent only persons who have been tested for an STD. For many people, symptoms of an STD may not be obvious or may be ignored and a person does not seek STD testing.

HIV and AIDS Case Definition Changes

Most recently, the HIV surveillance case definitions were revised in 2008 for adults and adolescents (age ≥13 years.[xxvii] A single case definition was created that incorporates AIDS and an HIV classification system. HIV infection is now categorized into four stages based on severity. Stage 1 is HIV infection with no AIDS-defining conditions and either the CD4+ T-lymphocyte count is >500 cells/µl or the lymphocyte percentage is ≥29%. Stage 2 is HIV infection with no AIDS-defining conditions and either the CD4+ T-lymphocyte count is between 200-499 cells/µl or the lymphocyte percentage is between 14-28%. Stage 3 is AIDS where one of the following three conditions is met: CD4+ T-lymphocyte count is <200 cells/µl, or the lymphocyte percentage <14%, or there is documentation of an AIDS-defining condition. An AIDS-defining condition supersedes the CD4 count or percentage. Stage 4 is an unknown stage where no information has been collected on AIDS-defining conditions, CD4 count, or percentage. Once a person is classified as Stage 2 or 3, they cannot be reclassified at a lower stage.

The case definition for children less than 18 months of age has also been revised. The only category that was revised was "presumptively uninfected" with HIV. Additional laboratory criteria were added. In children age 18 months to <13 years, the surveillance case definition requires laboratory-confirmed evidence of HIV infection.

The definition of Stage 3 (AIDS) was further modified for all HIV-positive persons with laboratory results in 2014 and going forward. The new case definition relies only on the diagnosis of an OI or a CD4 count below 200. If the CD4 lymphocyte count is above 200 and the lymphocyte percentage is below 14%, this no longer meets the surveillance definition for Stage 3 (AIDS). If no CD4 lymphocyte count is available then a CD4 lymphocyte percent below 14% does meet the surveillance definition for AIDS.[xxvix]

Definitions of the HIV Transmission Categories

For the purposes of this report, HIV and AIDS cases were classified into one of several hierarchical transmission (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV were assigned to the category listed first in the hierarchy. Definitions are as follows:

Men who have Sex with Men (MSM): Cases include persons whose birth sex is male who report sexual contact with other men, i.e. homosexual contact or bisexual contact. The CDC does calculate a risk of MSM for transgender women who report male sex partners, because the birth sex is collected as male.

Injection Drug User (IDU): Cases who report using drugs that require injection - no other route of administration of illicit drugs at any time since 1978.

High-Risk Heterosexual Contact (HRH): Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g., heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, and/or heterosexual contact with a person known to be HIV-infected.

Hemophilia/Transfusion/Transplant (Hemo/Transf): Cases who report receiving a transfusion of blood or blood products prior to 1985.

Perinatal: HIV infection in children that results from transmission from an HIV-infected mother to her child.

Unspecified/NIR: Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases are traditionally marked as No Identified Risk factor (NIR). NIR cases include: persons for whom risk behavior information has not yet been reported and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners. For this report, all cases with an unspecified transmission category were assigned an imputed transmission category. Imputation procedures are described below.

HIV Imputed Transmission Category

Newly reported cases, especially HIV (non-AIDS) cases, are often reported without a specified risk exposure, thereby causing a distortion of trends in exposure categories. Thus, statistical procedures to provide or impute predicted values of transmission category were used. All data in the graphs and tables throughout the surveillance section of the report represent imputed transmission categories. Values for transmission category for cases with no known risk were estimated using a statistical procedure known as hotdeck imputation, similar to methods used by the U.S. Census on the American Community Survey (www.census.gov/acs/www/Downloads/tp67.pdf). The Louisiana hotdeck imputation method was locally developed and validated against the CDC methodology. Logistic regression models were developed to identify those variables that are highly correlated with either a) missingness or b) one of the three chief risk factors for HIV infection (MSM, IDU, HRH). Next, a profile for each case was constructed using information from these variables, including age, race, sex, parish of residence, incarceration history, substance use, and year of infection. Finally, a predicted value for risk was then obtained by matching cases with no known risk to cases with a known risk along this profile and substituting the missing risk value. Transmission categories are not imputed for STD data.

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