

**MINISTRY OF HEALTH
NATIONAL HIV/STI PROGRAMME
JAMAICA HIV EPIDEMIC UPDATE
January to December 2010**



**HIV EPIDEMIC UPDATE:
FACTS & FIGURES 2010**



**National HIV/STI
Programme**

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Note:

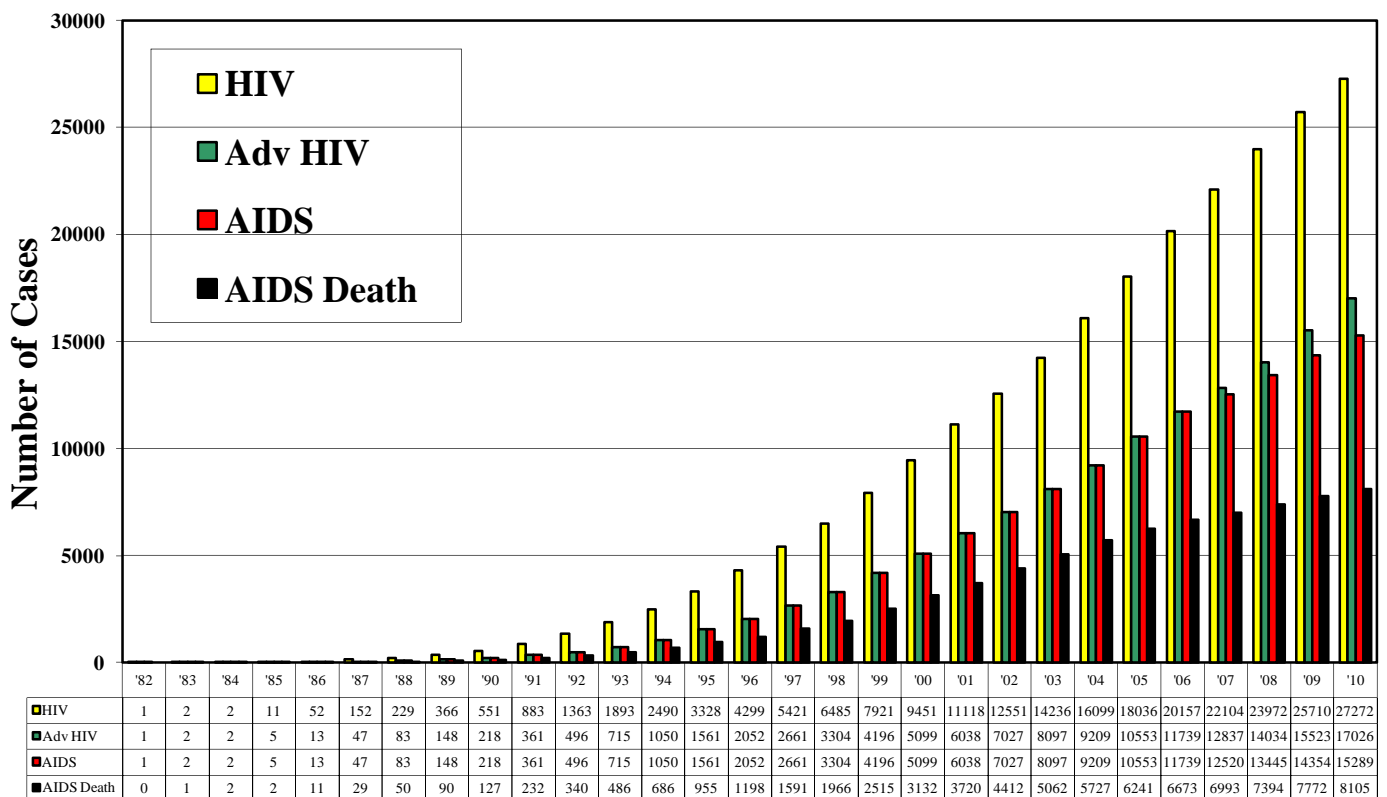
In this surveillance report, *HIV* cases include persons reported with HIV infection (non-AIDS), advanced HIV (non-AIDS) and AIDS within a given year. The data do not include HIV-infected persons who have not been tested for HIV or persons whose positive test results have not been reported to the Ministry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

HIV/AIDS cases

In Jamaica, it is estimated that 32,000 persons are living with HIV and as many as 50% are unaware of their status.

- Between January 1982 and December 2010, twenty seven thousand two hundred and seventy two cases (27,272) of HIV were reported to the Ministry of Health.

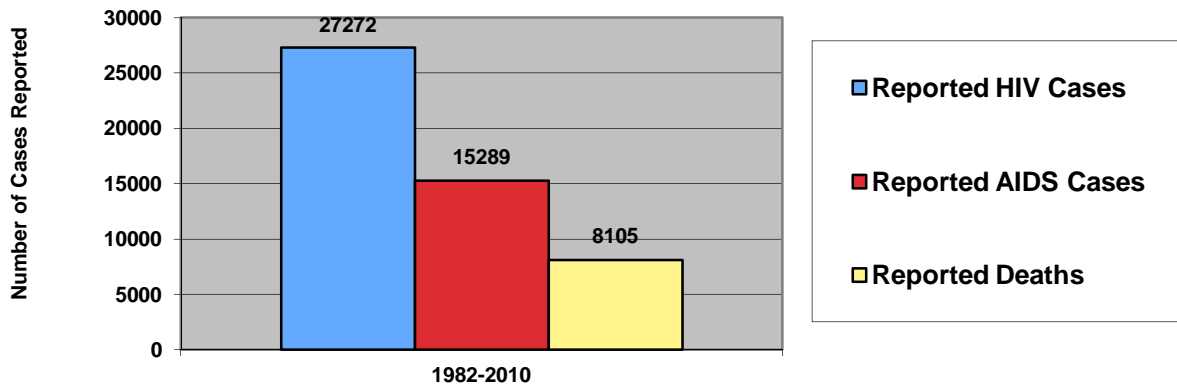
Figure 1: Cumulative number of reported HIV/AIDS cases and deaths, 1982 to 2010



- Of these 27, 272 persons, 8,105 are known to be deceased.

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Figure 2: Total HIV, AIDS and AIDS deaths reported, between 1982 - 2010



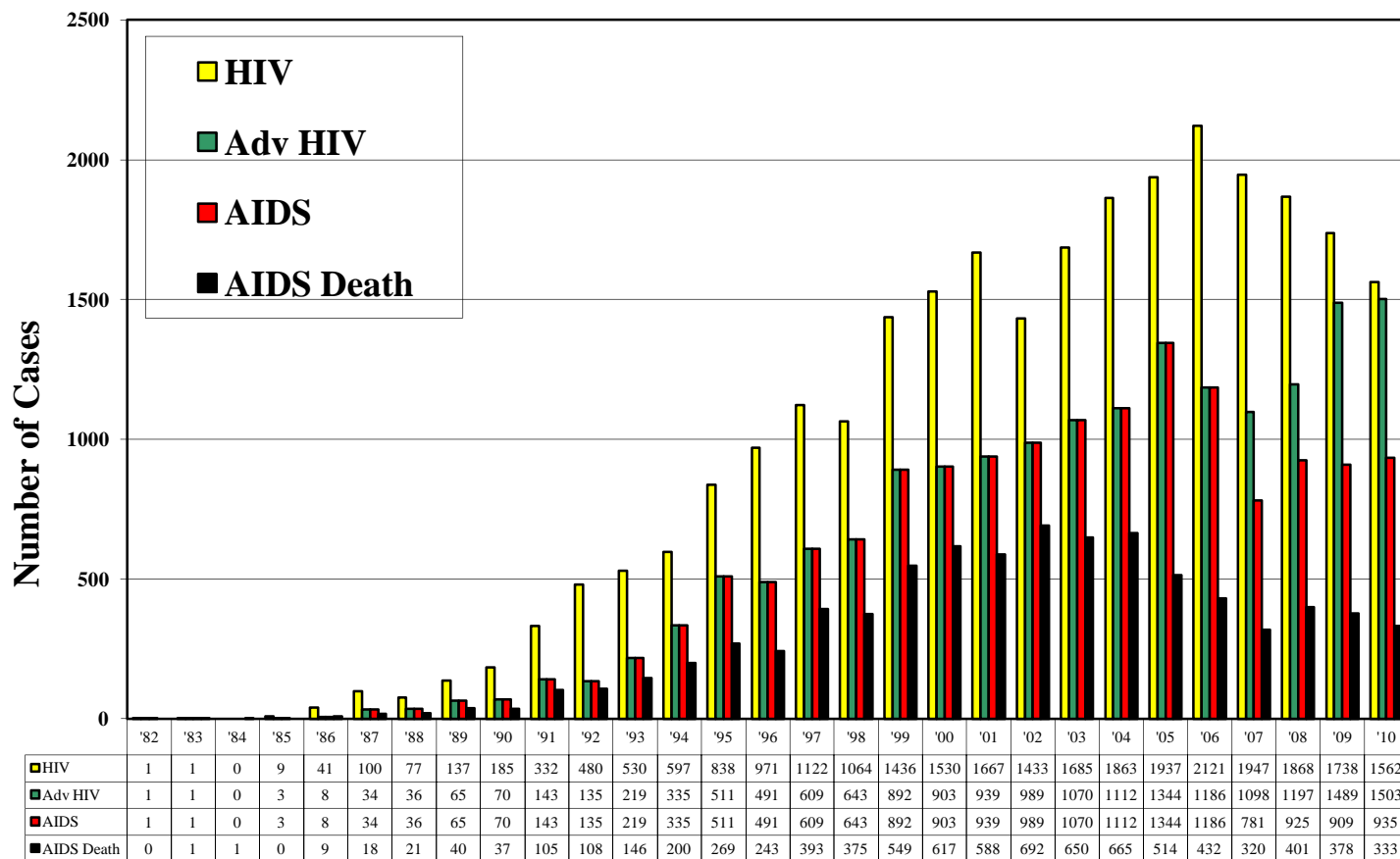
- The most urbanized parishes have the highest cumulative number of reported HIV cases since the start of the epidemic: Kingston & St. Andrew – 1494 cases per 100,000 persons, and St. James – 1956 HIV cases per 100,000 persons.
- Parishes with significant Tourism based economies have the next highest level of cumulative number of reported HIV cases since the start of the epidemic: 1089.6 cases per 100,000 persons in St Ann, 966.7 cases per 100,000 persons in Westmoreland, 957.3 cases per person in Hanover, 912.9 cases per person in Trelawny.
- All 4 parishes that comprise the Western Region are counted among those with the highest cumulative number of HIV cases.
- In 2010, Kingston & St. Andrew, St. James, and St Catherine, with 50% of the Jamaican population, account for 56% of reported HIV cases.
- Two parishes (Manchester and Clarendon) had an increase in HIV cases reported in 2010 (147 combined total in 2009 compared to 214 in 2010).
- Overall, the total number of reported AIDS Cases from Clarendon, St Elizabeth and Manchester, the Southern Region, doubled, from 100 in 2009 to 203 in 2010.

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AIDS cases and deaths

- The total number of reported AIDS cases in Jamaica between January 1982 and December 2010 is 15,289.

Figure 3: AIDS cases and deaths reported annually in Jamaica, 1982 -2010



Strategies to increase access to testing, improved HIV surveillance and increase awareness about HIV/AIDS among health care workers and the general population have resulted in improved case detection in recent years and a reduction in new infections. As a result, the total number of HIV/AIDS cases reported annually to the Ministry of Health has declined overall since 2005.

- In 2010, one thousand five hundred and three (1503) persons with advanced HIV (711 males and 792 females) were reported compared to 1489 in 2009.

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

- Of the 497 cases of AIDS reported among men, 61% were first reported in 2010, and of the 438 cases reported among women, 51% were first reported in 2010. This suggests a significant amount of cases continue to go undiagnosed or unreported until reaching an advanced stage.
- Of the 197 male cases of AIDS death, 63% were first reported cases in 2010. Of the 136 cases among females, 59% were first reported cases in 2010. This suggests a significant amount of cases continue to go undiagnosed or unreported to the surveillance system.
- The total number of reported AIDS deaths in Jamaica between January 1982 and December 2010 is eight thousand one hundred and five (8105).
- The number of reported AIDS deaths has also decreased since the introduction of public access to ARVs. Three hundred and thirty-three (333) AIDS deaths (197 males and 136 females) were reported in 2010 compared to 665 in 2004. This represents a 50% decrease in AIDS deaths since the inception of Universal Access to ARVs in 2004, and a 46% decrease when compared to 2000 (617 AIDS deaths).

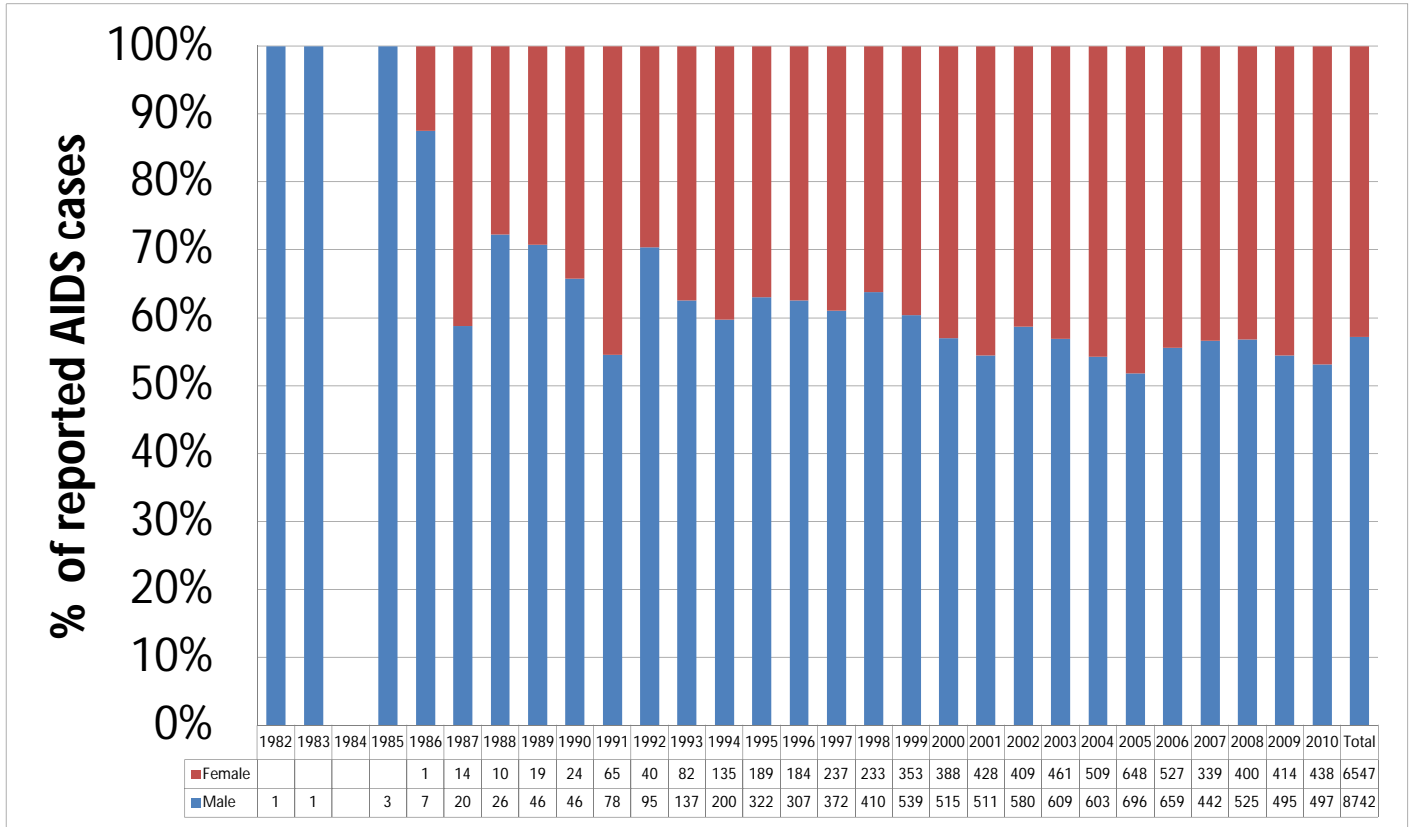
The significant decrease in AIDS deaths and cases is attributed to the introduction of public access to antiretroviral treatment in 2004, scaling up of the national VCT programme allowing for earlier diagnosis, availability of prophylaxis against opportunistic infections and improved laboratory capacity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

- The proportion of reported cases from the most urbanised parishes has decreased in recent years. Fifty-seven percent (56%) of reported AIDS cases in 2010 were from the most urbanized parishes (KSA, St. Catherine, and St. James). This proportion has decreased from 70% of cases in 2008 and 60% in 2009.
- The overall male:female ratio for persons reported with AIDS is 1.35:1, and the ratio of men:women reported in 2010 is 1.1:1. The cumulative AIDS case rates are higher among men compared to women (650.8 cases per 100,000 men and 474.8 cases per 100,000 women).
- Approximately 74% of all AIDS cases reported in 2010 are in the 20-49 year old age group, representing a slight increase from 69% of cases in 2008. 86% of all AIDS cases reported in 2010 are between 20 and 60 years old. The distribution of cases in 2010 reflects the distribution for all AIDS cases reported since 1982.

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Gender, Age and AIDS

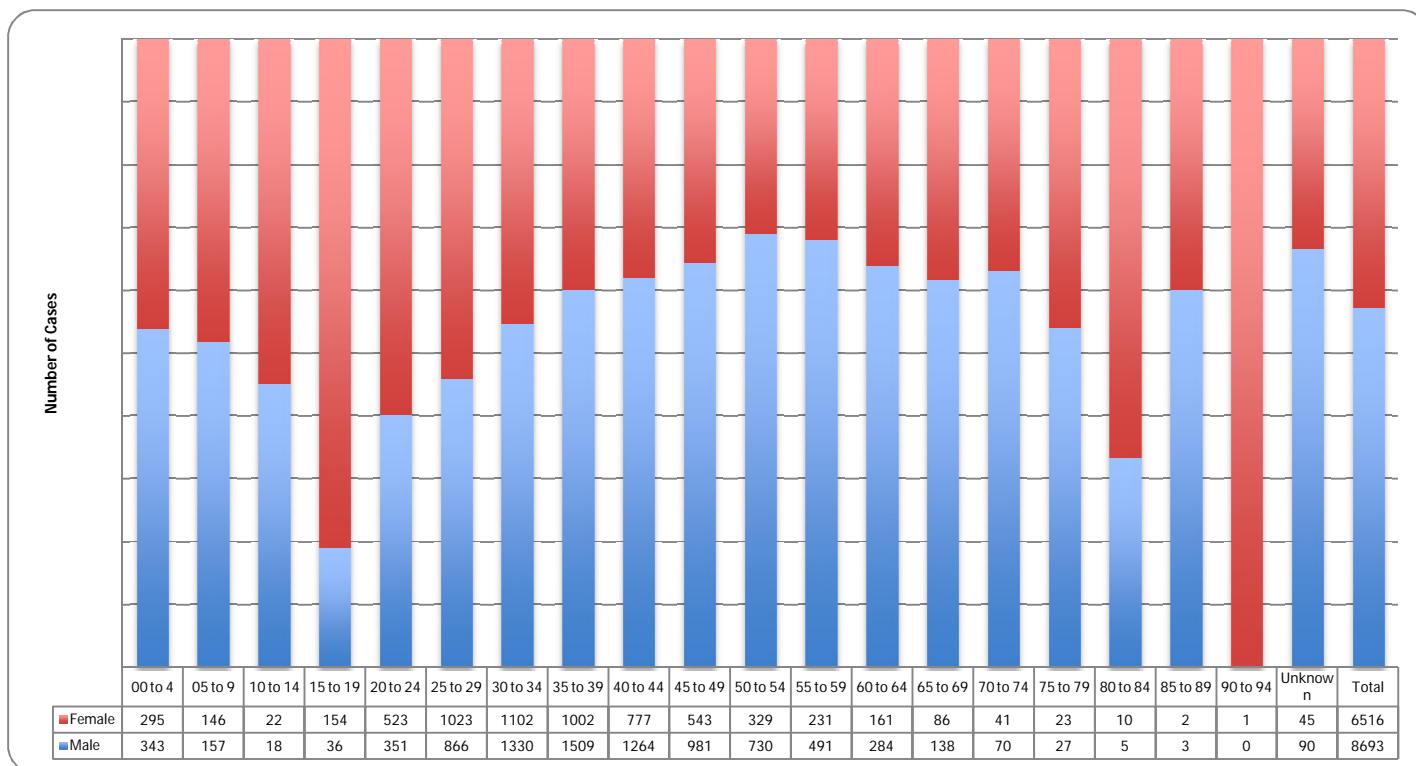
Figure 4: Annual Female: Male distribution of reported AIDS cases, 1982 – 2010



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

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Figure 5: Female: Male distribution of reported AIDS cases by 5 year age groups, 1982 – 2010, Cumulative



- There is variation in the gender distribution of reported AIDS cases across the lifespan. Females account for the larger share of cases in the 10 – 29 and the 15 to 19 age groups, four times as many young women have been reported with AIDS than young men; Adult males account for a larger proportion of the cases reported in the 30 to 79 age group.
- Cumulatively, the number of AIDS cases reported among 20-24 year olds (874 cases) is over 4.6 times the number of cases reported among 15-59 year olds (190 cases). This represents the largest relative increase between consecutive age groups.

Transmission of HIV

- In Jamaica, HIV is primarily transmitted through sexual intercourse. Among all reported adult HIV cases on whom data about sexual practices are available (77% of cases), heterosexual practice is reported by more than 95% of persons.
- In 2010, the sexual practice of 43% of men reported with HIV (and 41% of men reported with AIDS) was unknown. This is due to inadequate investigation and reporting of cases as well as unwillingness among men who engage in sex with other men to disclose their sexual practices. Of the total number of men reported with HIV, 4% (571) were identified as Bisexual and 3.5% (464) identified as Homosexual.

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- Among reported HIV cases on whom risk data are available, the main risk factors are multiple sex partners, history of STIs, crack/cocaine use, and sex with sex workers. ‘No high risk behaviour’ was reported for a significant proportion of HIV cases and this may represent persons who have one sex partner who was HIV infected by another partner (Table 1).

Table 1: Reported risk behaviours among adults with HIV (1982 – Dec 2010 cumulative)

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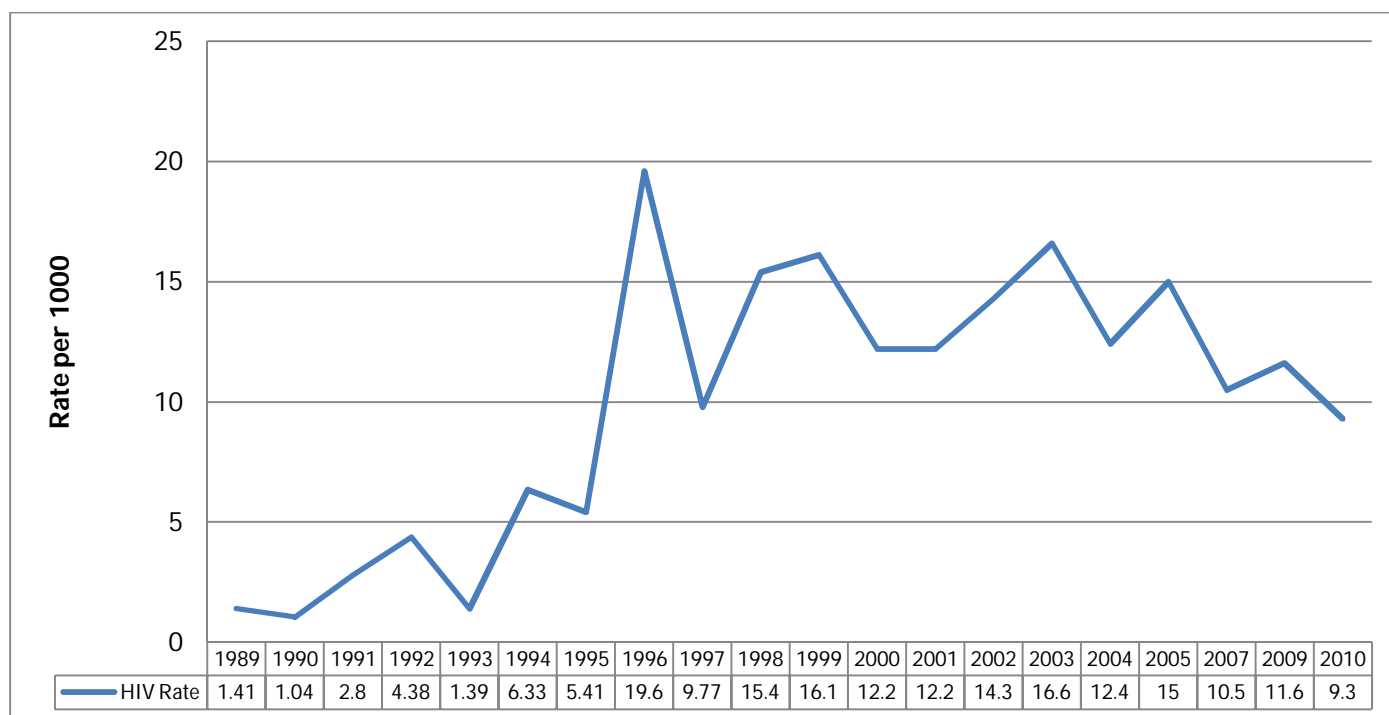
RISK	No. of Persons (%)
Sex with Sex workers	3773 (20.1%)
Crack , Cocaine Use	1188 (6.5)
STI History	8653 (47.4)
IV Drug Use	149* (0.8)
Multiple Sexual Partners/contacts	Estimated >80%
No high risk behaviour	5215 (28.6)

There has been no significant change in the distribution of the reported risk factors and sexual practices among persons diagnosed with HIV/AIDS in the last decade.

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The prevention of Mother To Child Transmission (pMTCT) Programme

Figure 6: HIV Case Rate in ANC attenders, 1989 – 2010



- In 2010, for every one thousand pregnant women attending public antenatal clinics, at least 9 were HIV infected.
- Between 1989 and 1996 the HIV prevalence among antenatal women increased from 0.14% to 1.96%. The prevalence has declined over the last 15 years, with the 2010 prevalence being the lowest recorded since 1995. This overall decline likely reflects the success of Behaviour Change strategies among the general population.

Table 2: HIV status of ANC clinic attendees by parish, 2010, Jamaica

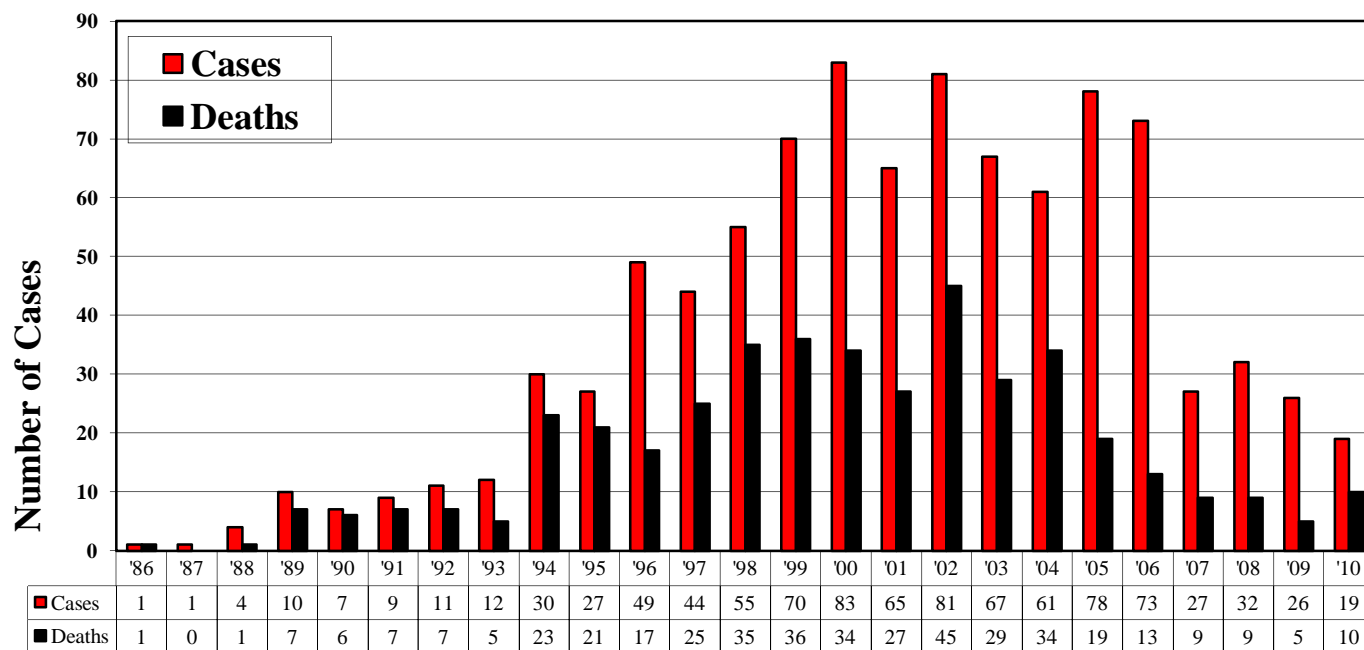
Parish	Total Tested	Total Positive	Percent Positive (95% C.I.)
Kingston & St Andrew	1505	12	0.80 (0.41 - 1.39)
Manchester	431	5	1.16 (0.38 – 2.69)
St Ann	388	6	1.55 (0.57 – 3.34)
St Catherine	1126	8	0.71 (0.31 - 1.40)
St James	416	5	1.20 (0.39 – 2.78)
Westmoreland	328	3	0.91 (0.19 – 2.65)
Total	4194	39	0.93 (0.67 – 1.27)

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The implementation of the pMTCT programme in 2004 included routine opt-out testing of antenatal clinic attendees, provision of antiretrovirals (ARV) and access to alternate feeding for HIV-infected women. This has resulted in HIV testing of more than 90% of pregnant women and ARV treatment or prophylaxis for 87% of HIV infected mothers in the public sector in 2010. More than 98% of infants born to HIV infected women in public health sector received ARV for pMTCT.

- In 2010, a total of 19 new paediatric AIDS cases (children 0 to 9 years old) were reported compared to 78 paediatric AIDS cases in 2004. This significant decrease likely reflects the success of the pMTCT programme in reaching HIV-infected women. This figure also represents the lowest number of Paediatric AIDS cases reported in over 15 years.

Figure 7: Number of Paediatric AIDS Cases and Deaths reported annually, 1982 - 2010



- Ten (10) paediatric AIDS deaths were reported in 2010, compared to 34 in 2004. This represents a 70% decrease in the number of paediatric AIDS deaths. This decrease reflects the increased access to treatment by HIV infected children.
- The transmission of HIV from an HIV-infected mother to the exposed infant is estimated at less than 5% in 2010, compared to 25% in 2002 (prior to the introduction of antiretroviral medication for prevention of mother-to-child transmission (pMTCT)).

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Most-at-risk populations

Jamaica has features of both a generalized and concentrated HIV epidemic. The prevalence in the general population is estimated at 1.6%, however surveys show higher HIV prevalence in at risk groups.

- Surveillance of STI clinic attendees in 2010, indicate that for every one thousand persons with a sexually transmitted infection, approximately 28 were infected with HIV.

Table 3: HIV status of STI clinic attendees by parish 2010*, Jamaica

Parish	Total Tested	Total Positive	Percent Positive (95% C.I.)
Kingston & St Andrew	1426	46	3.23 (2.37 – 4.28)
Manchester	409	7	1.71 (0.69 – 3.49)
St Ann	371	14	3.77 (2.08 – 6.25)
St Catherine	1067	21	1.97 (1.22 – 2.99)
St James	395	15	3.80 (2.14 – 6.19)
Westmoreland	311	11	3.54 (1.78 – 6.24)
Total	3979	114	2.87 (2.37 – 3.43)

*Survey conducted between April and September 2010

- 69% of STI attendees tested in the sentinel surveillance were females. This reflects the gender distribution seen in over 10,000-recorded STI clinic visits. 2.53% of females tested positive for HIV compared to 3.64% of male STI attendees.
- A 2008 survey of sex workers found that 5 % of female sex workers were HIV infected.
- In 2007, a survey of 201 men who have sex with men (MSM) found that approximately 1 out of every 3 MSM was HIV infected.
- A 2006 survey of prison inmates indicated that approximately 3.3% of inmates are HIV positive.

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