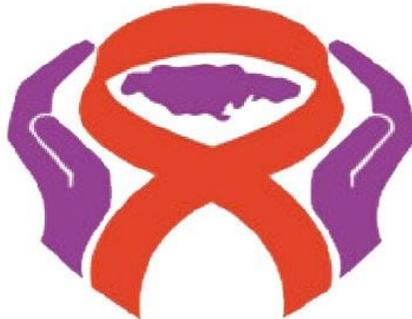




**HIV EPIDEMIOLOGICAL PROFILE 2013,  
Facts & Figures**



**National HIV/STI  
Programme**

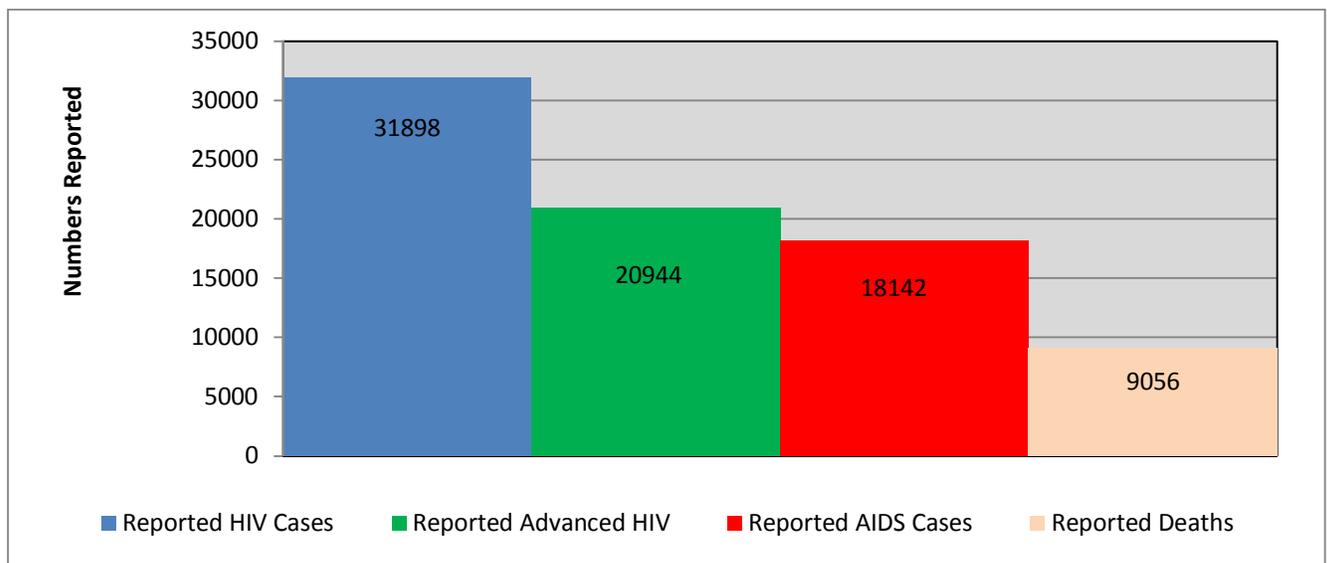
**Jamaica**

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.

**OVERVIEW OF HIV-INFECTED POPULATION INCLUDING REPORTED HIV INFECTIONS, AIDS CASES AND DEATHS RELATED TO HIV**

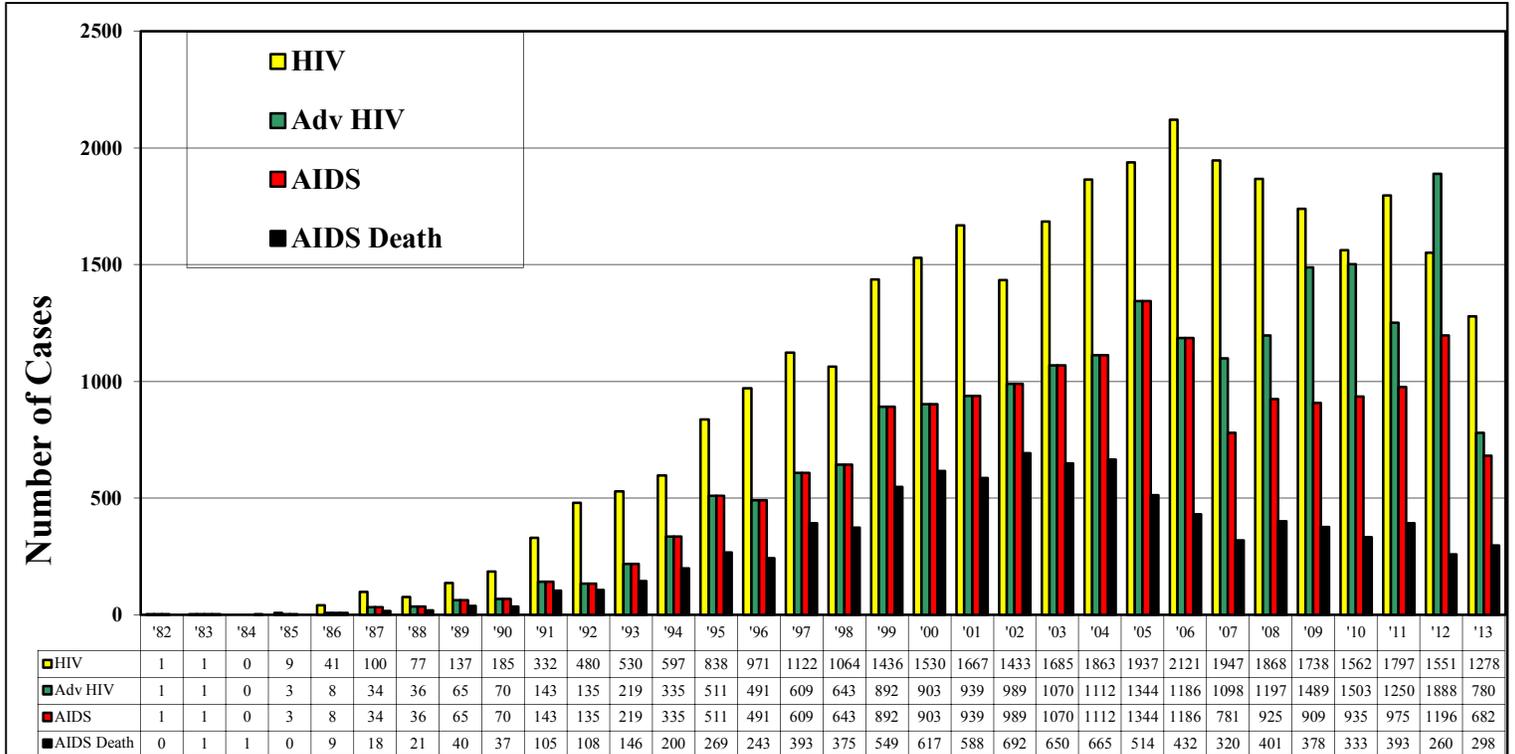
- In Jamaica, it is estimated that 30,313 persons are living with HIV; but approximately 28% are unaware of their status. Between January 1982 and December 2013, thirty-one thousand eight hundred and ninety-eight (31,898) cases of HIV were reported to the Ministry of Health. Of these 31,898 persons, 9,056 (28.4%) are known to be deceased.
- The National HIV/STI Programme began monitoring cases of advanced HIV in July 2005 to reflect the need for treatment at an earlier stage of disease. Persons with advanced HIV include persons with CD4 count <350. In 2013, seven hundred and eighty (780) persons with advanced HIV (423 males and 357 females) were reported compared to 1,888 in 2012.

*Figure 1: Total Number of HIV, AIDS and Deaths Reported, 1982 - 2013*



Source: HATS Database, 2014

*Figure 2: Annual Reported Number of HIV Cases, AIDS Cases and AIDS-deaths, 1982 - 2013, Jamaica*

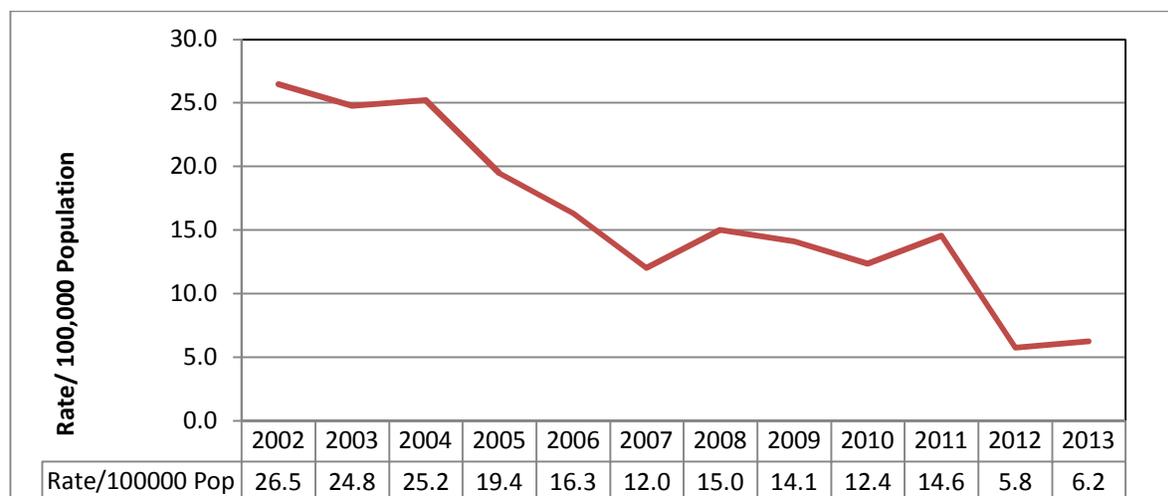


Source: HATS Database, 2014

- “ In the early part of the epidemic, the number of deaths was ~ 50% or more of the number of AIDS cases. Since 2004, this has improved where the number of deaths are ~ <50% when compared to the number of AIDS cases.
- “ The AIDS mortality rate as shown in Figure 3 mirrors this trend. The rate has declined from 25 deaths/100,000 population in 2004 to just over 6 deaths/100,000 population in 2013 which represents a 76% decrease since the inception of universal access to ARVs in 2004.
- “ In addition to the introduction of public access to antiretroviral treatment in 2004, scaling up of the national VCT programme and use of rapid test kits allowing for earlier diagnosis, availability of prophylaxis against opportunistic infections and improved laboratory capacity to conduct investigations such as CD4 counts, viral load and PCR tests are believed to have contributed to the decrease in deaths.
- “ However, although Jamaica has successfully increased access to treatment and care

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

*Figure 3 AIDS Mortality Rate/100,000 Population, Jamaica 2002 - 2013*



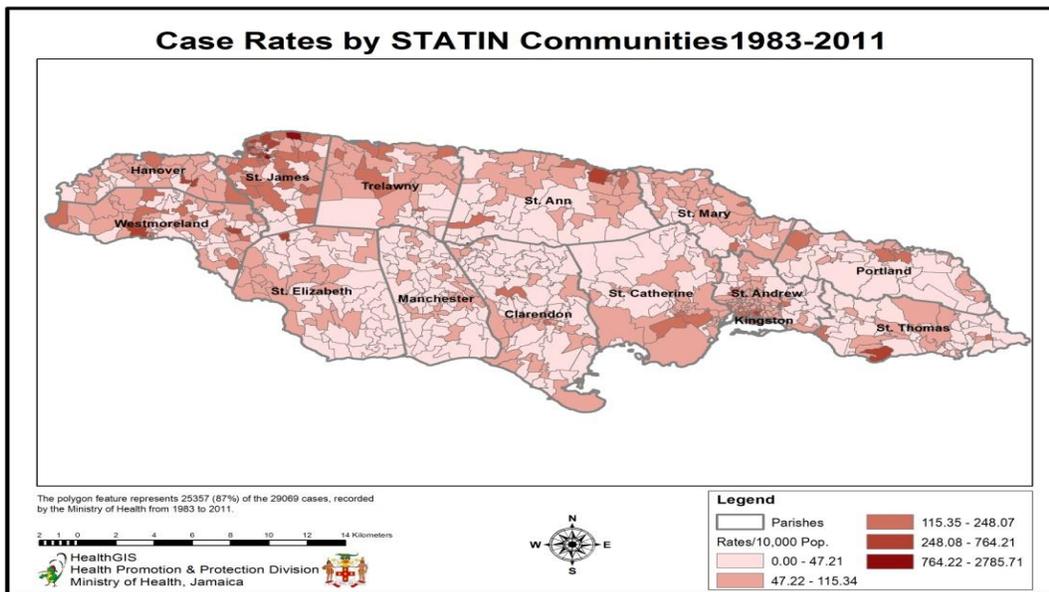
Source: HATS Database, 2014; STATIN Mid-Year Populations 2002 - 2013

### **ANALYSIS BY GEOGRAPHIC AREA**

- The proportion of reported cases from the most urbanized parishes has decreased in recent years. Sixty-one percent (61%) of reported AIDS cases in 2013 were from the most urbanized parishes (KSA, St. Catherine, and St. James). This proportion is slightly higher than it was in 2012, but has decreased from 70% of cases in 2008.
- However, despite the recent decrease in proportion of reported cases, the most urbanized parishes have the highest cumulative number of reported HIV cases: Kingston & St. Andrew – 998.9 cases per 100,000 persons, and St. James – 1,435.2 HIV cases per 100,000 persons. In fact, KSA and St. James have cumulative case rates that exceed the national case rate (670.5 cases/100,000 population).
- In addition to the urbanized parishes, parishes with significant Tourism based economies have the next highest level of cumulative number of reported HIV cases since the start of the epidemic: 711.0 cases per 100,000 persons in Westmoreland, 660.6 cases per 100,000 persons in

Trelawny, 656.4 cases per 100,000 persons in St. Ann, and 623.3 cases per 100,000 persons in Hanover. Of note, all parishes in the Western Region are counted among those with the highest cumulative number of HIV cases.

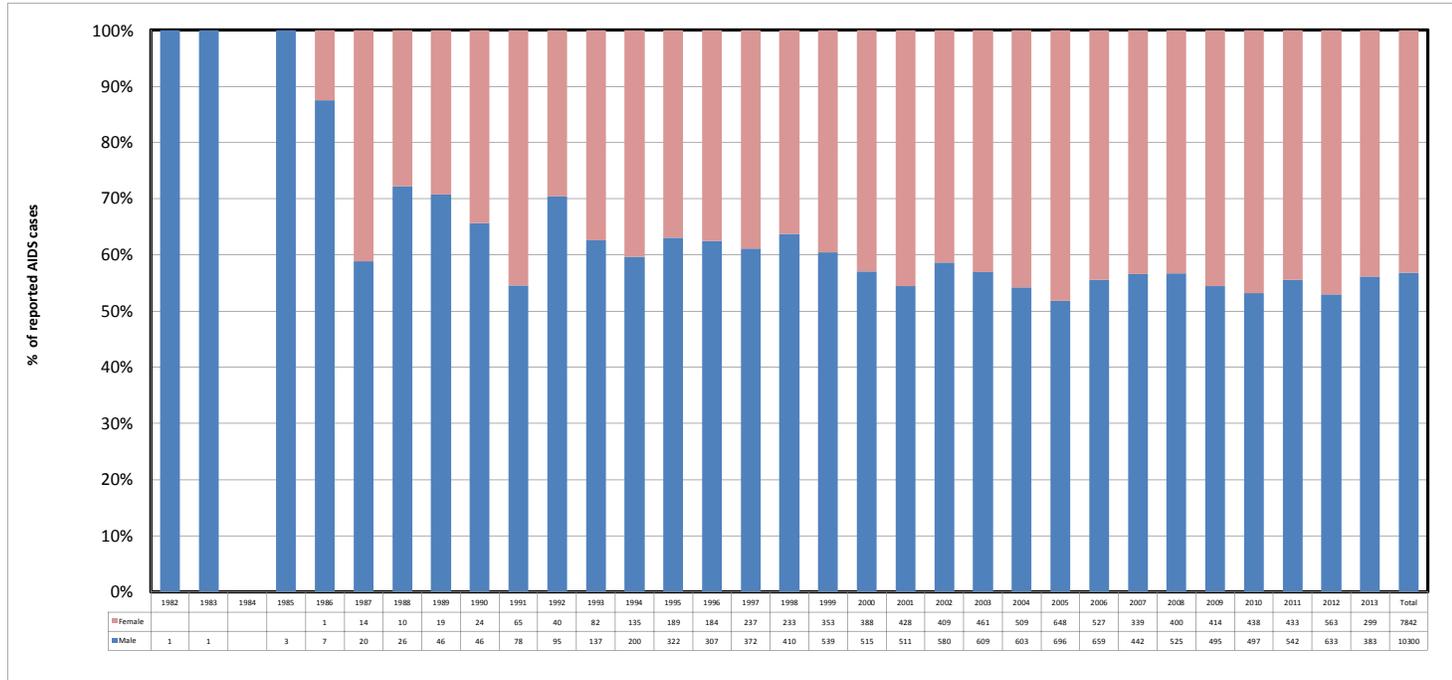
Figure 4: Case Rates by STATIN Communities, 1983 - 2011, Jamaica



## ANALYSIS BY SEX AND AGE GROUP

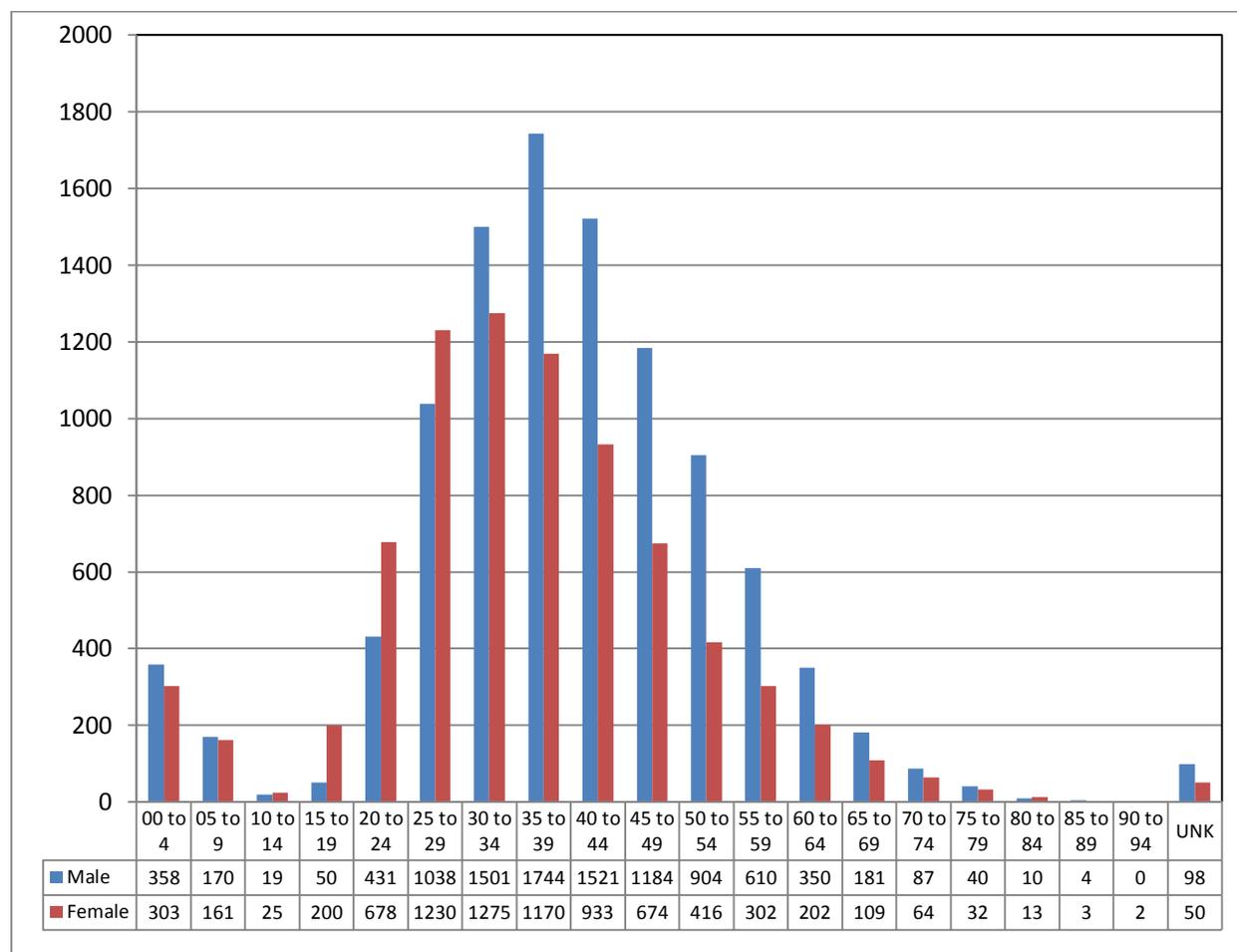
- The cumulative male: female ratio for persons reported with AIDS is 1.31:1, and the ratio of men: women reported in 2013 is 1.28:1. The cumulative AIDS case rates are higher among males (27.8 cases per 100,000) compared to females (21.6 cases per 100,000 females). As figure 5 highlights, although the epidemic affects more men than women, over time females are accounting for an increased proportion of the AIDS cases that are reported annually.

Figure 5: Annual Female: Male distribution of reported AIDS cases, 1982 – 2013



- Approximately 75% of all AIDS cases reported 1982 - 2013 are in the 20-49 year old age group and 85% of all AIDS cases reported 1982 - 2013 are between 20 and 59 years old.
- Cumulatively, there is a steep incline in the number of AIDS cases from 10 – 24 years. The number of AIDS cases reported among 20-24 year olds (1,109) is over 4 times the number of cases reported among 15-19 year olds (250 cases).
- There is variation in the gender distribution of reported AIDS cases across the lifespan. Young females account for the larger share of cases in the 10 – 29 age range. In the age group 15 to 19 years old, four times more young women have been reported with AIDS than young men. Similarly, young women aged 20 – 24 years old are one and a half times more likely to be infected than males in the same age group. Adult males account for a larger proportion of the cases reported in the 30 to 79 age group.

*Figure 6 Cumulative AIDS Cases Reported by Age Group and Sex*



### **RISK BEHAVIOUR AND TRANSMISSION OF HIV**

- In Jamaica, HIV is primarily transmitted through sexual intercourse. Among all reported adult HIV cases on whom data about sexual practices are available (77% of cases), heterosexual practice is reported by 95% of persons.
- In 2013, the sexual practice of 44% of men reported with HIV (and 41% of men reported with AIDS) was unknown. This is due to inadequate investigation and reporting of cases as well as unwillingness among men who engage in sex with other men to disclose their sexual practices. Of the total number of men reported with HIV, 4% (647) were identified as bisexual and 4% (592) identified as homosexual.

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

*Table 1: Reported risk behaviours among adults with HIV (1982 – Dec 2013 cumulative)*

N= 31,898

RISK	No. of Persons (%)
<b>Sex with Sex workers</b>	4,279 (13.4%)
<b>Crack , Cocaine Use</b>	1,301 (4.08%)
<b>STI History</b>	10,183 (35.6%)
<b>IV Drug Use</b>	180 (0.57%)
<b>Multiple Sexual Partners/contacts</b>	3,665 (11.5%)
<b>No high risk behaviour</b>	5,321 (19.6%)

Of the 180 cases of IV Drug use reported since 1982, 73 (43%) were reported in the period 2008 - 2013. This significant increase in IDU in the last couple of years might reflect increased coverage among homeless drug users; as well it could indicate an important shift in the modes of transmission of HIV in Jamaica.

## **MOST AT RISK POPULATIONS**

- Jamaica has features of both a generalized and concentrated HIV epidemic. The prevalence in the general population is estimated at 1.8%, however surveys show higher HIV prevalence in at-risk groups.
- Data from surveillance of STI clinic attendees in 2013 indicated that for every 1,000 persons with a sexually transmitted infection, approximately 24 were infected with HIV. Further, 71% of STI attendees tested in the sentinel surveillance were females - 2.07 % of these females tested positive for HIV compared to 3.1 % of male STI attendees.

*Table 2: HIV Seroprevalence Rate Among STI Clinic Attenders by Parish 2013*

PARISH	Total Tested	Total Positive	% Positive	(95% CI) exact
Kingston & St Andrew	1,425	43	3.02	2.18-3.92
Manchester	396	4	1.01	0.39-2.54
St Ann	356	5	1.40	0.59-3.20
St Catherine	1,069	28	2.62	1.77-3.66
St James	396	6	1.52	0.69-3.22
Westmoreland	317	8	2.52	1.25-4.78
<b>TOTAL</b>	<b>3,959</b>	<b>94</b>	<b>2.37</b>	<b>1.9-2.83</b>

\*Survey conducted between April and September 2013

### KEY POPULATIONS

- A 2012 survey of sex workers found that 4.1% of female sex workers were HIV infected.
- In 2011, a survey of 453 men who have sex with men (MSM) found that approximately 1 out of every 3 MSM was HIV infected.
- A 2006 survey of prison inmates indicated that approximately 3.3% of inmates are HIV positive.

### **PREVENTION OF MOTHER TO CHILD TRANSMISSION**

- In 2013, 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 2012 and 2013 prevalence rates remaining at 1% and below. This overall decline likely reflects the success of Behavior Change strategies among the general population.
- The Prevention of mother-to-child transmission (MTCT) of HIV programme in Jamaica has been highly successful and Jamaica is on track to meeting the regional elimination goal of  $\leq 2\%$  by 2015. The country currently has in place the required policies, guidelines, and an integrated service delivery system to ensure access to the necessary range of services, including sexual and reproductive health care, antenatal care (ANC), as well as HIV and syphilis testing, treatment, and care.
- The success of the programme is reflected in the low mother to child transmission rate of 2.5% (2013). The number of reported paediatric AIDS cases (0 - 9 years old) has declined

from 61 cases in 2004 to 10 in 2013. Utilising an opt-out HIV testing protocol for pregnant women in both public and private health sectors, national surveys show that 91% women who were pregnant 2010 to 2011 were tested and received counselling (KABP, 2012).

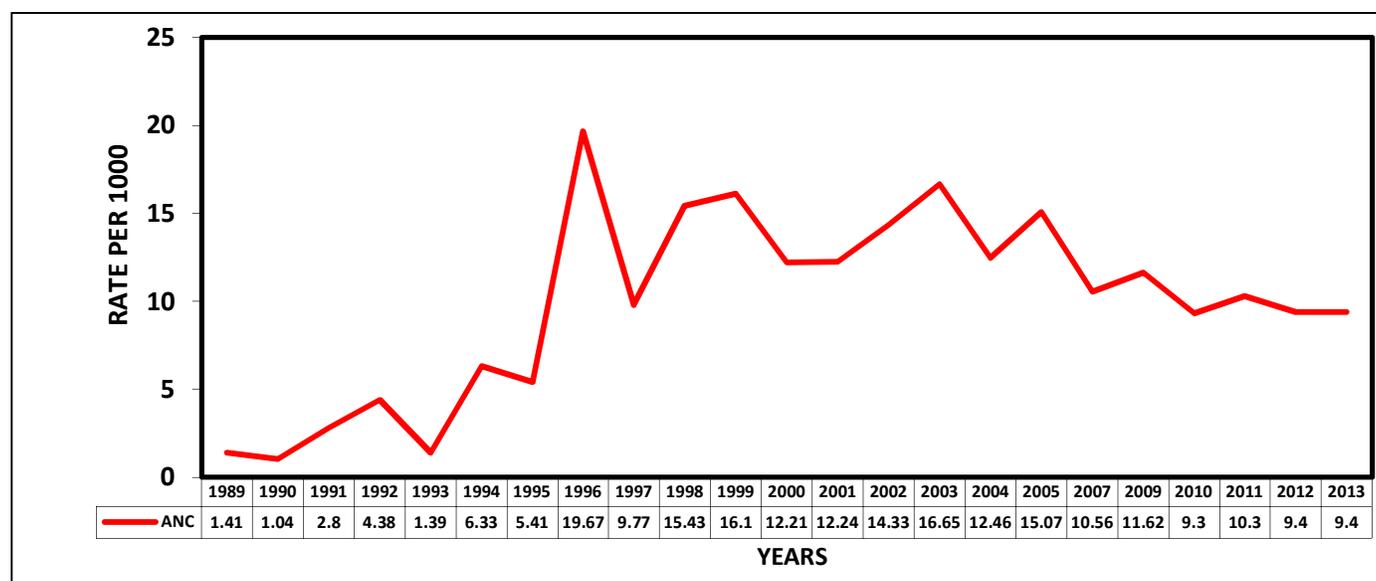
*Table 3: HIV Seroprevalence Rate Among ANC Attenders By Parish 2013*

PARISH	Total Tested	Total Positive	% Positive	(95% CI) exact
Kingston & St Andrew	1,594	16	1.0	0.61-1.61
Manchester	1,077	6	0.6	0.25-1.20
St Ann	997	4	0.4	0.16-1.02
St Catherine	328	4	1.2	0.47-3.06
St James	750	15	2.0	1.19-3.21
Westmoreland	1,089	10	0.9	0.49-1.21
<b>TOTAL</b>	<b>5,835</b>	<b>55</b>	<b>0.94</b>	<b>0.72-1.21</b>

Source: Sentinel Surveillance, 2013

- Additionally, most HIV infected pregnant women and HIV-exposed infants within the public sector received ARV medication in order to prevent mother to child transmission in 2013.

*Figure 7: HIV Case Rate in ANC attendees, 1989 – 2013*



- The implementation of the pMTCT programme in 2004 included routine opt-out testing of antenatal clinic attendees, provision of antiretrovirals (ARV) and access to alternate feeding for HIV-infected women. This has resulted in HIV testing of more than 95% of pregnant women and ARV treatment or prophylaxis for 92% of HIV infected mothers in the public sector in 2013. More than 98% of infants born to HIV infected women in public health sector received ARV for pMTCT.

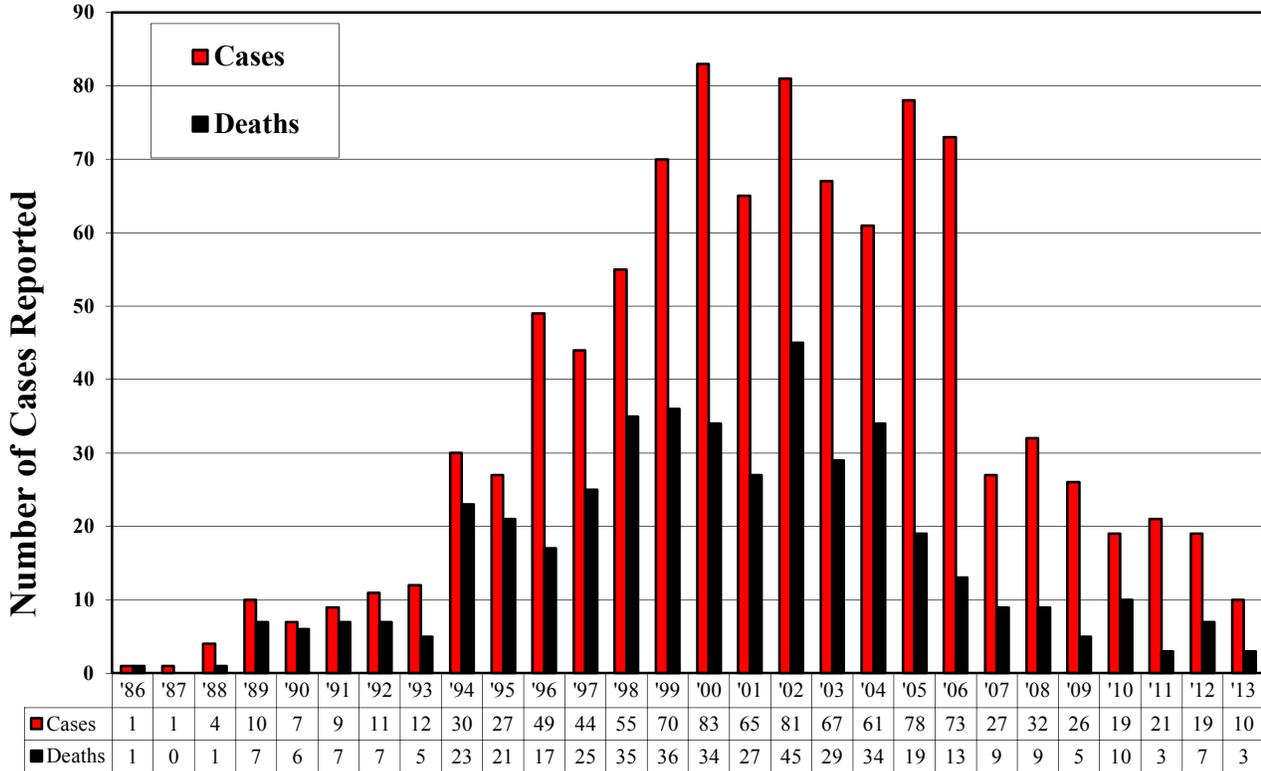
*Table 4 Progress Towards Elimination of Mother to Child Transmission of HIV in Jamaica  
(2006 - 2013)*

	2006	2007	2008	2009	2010	2011	2012	2013
<b>No. of ANC Attendees Tested</b>	28,446 (95%)	22,478 (95%)	29,119 (>95%)	30,076 (>95%)	26,697 (>95%)	27,985 (>95%)	33,378 (>95%)	35,479 * (107%)
<b>No. of HIV positive women delivered</b>	442	358	623	440	432	417	445	446
<b>% of women getting ARVs</b>	84%	84%	83.1%	84%	86.3%	85%	88%	92%
<b>No. of HIV – exposed infants</b>	433	362	620	439	419	413	432	443
<b>No. of Infants getting PMTCT</b>	403 (93%)	350 (97%)	608 (98%)	430 (98%)	408 (97%)	413 (100%)	422 (98%)	436 (98%)
<b># HIV Positive Infants</b>	40	17	25	12	19	10	10	10
<b>(MTCT) Transmission Rate</b>	<10%	<5%	<5%	2.7%	4.6%	2.4%	2.4%	2.5%

\*Some women are tested more than once during their pregnancy

- In 2013, a total of 10 paediatric AIDS cases (children 0 to 9 years old) were reported compared to 78 paediatric AIDS cases in 2005. This significant decrease reflects the success of the pMTCT programme in reaching HIV-infected women.

Figure 8: Number of Paediatric AIDS Cases and Deaths reported annually, 1982 - 2013



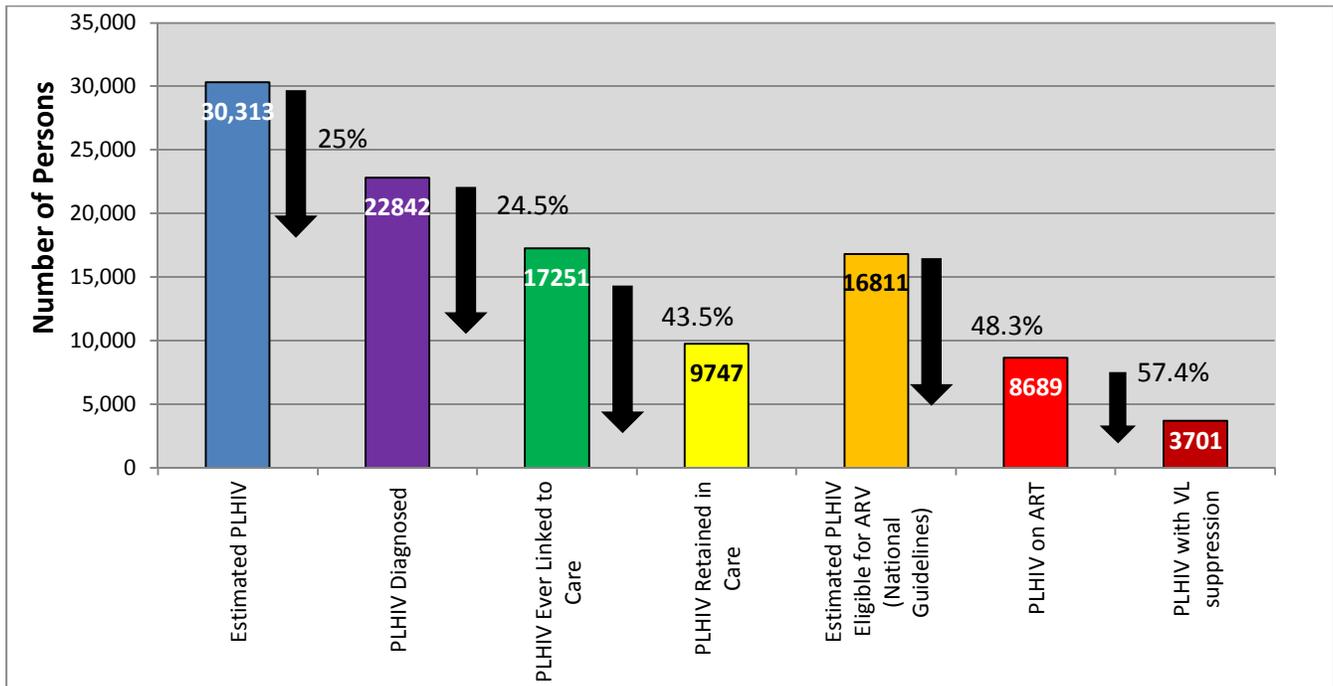
- Three (3) paediatric AIDS deaths were reported in 2013, compared to 34 in 2004. This represents a 91% decrease in the number of paediatric AIDS deaths over this period.
- The transmission of HIV from an HIV-infected mother to the exposed infant is 2.5% in 2013, compared to 25% in 2002 (prior to the introduction of antiretroviral medication for prevention of mother-to-child transmission (pMTCT)).

**HIV PATIENT MONITORING DATA**

- A HIV/AIDS Treatment Database and pMTCT Database that collects treatment-related information on all HIV positive persons exists at the clinic level. This database captures demographics and clinical data (e.g. CD4 counts, initiation of ART and OI prophylaxis) at all public treatment sites, including Jamaica AIDS support for Life (a local NGO), plus the Department of Corrections.

- Outputs of the database allow sites, parishes, regions, and the national level to conduct analyses to improve management of resources and identify trends in patient care and outcomes. It provides aggregate reports for the NHP M&E Unit and also provides for the monitoring of Early Warning Indicators, and the treatment cascade indicators.

Figure 9 Jamaica's Treatment Cascade, 2013



Sources of Data: Spectrum Output 2013, HIV/AIDS Tracking System and the Treatment Site Databases

The estimated number of PLHIV and the estimated number of PLHIV eligible for treatment according to national guidelines are determined from the Spectrum model output. All other programme data, except for the number of PLHIV diagnosed (which is taken from HATS), are taken from the treatment site databases

- The HIV treatment cascade presents available data on several key points for monitoring progress towards successful engagement of persons living with HIV in treatment and care in order to improve the quality of life for all PLHIV and reduce transmission. The percentages shown indicate the coverage gap or subsequent fall off at each critical point along this continuum.

- Of the 30,313 individuals estimated to be living with HIV infection in Jamaica, 75% have been diagnosed and reported. Testing through outreach needs to improve to reach the 25% who are unaware of their HIV infection.
- Additionally, of those persons diagnosed, 25% have never been seen at a treatment site (i.e. linked to care); and only a little over half of those ever linked to care (56.5%) have been seen in the last 12 months.
- Comparison of the numbers of PLHIV retained in care (4th column) and the numbers of PLHIV on ART (6th column) show very little gap which suggests that the persons who are retained in care are primarily the PLHIV who are on ART.
- Even though the numbers who are retained in care are primarily those who are on ART, the number of PLHIV estimated to be in need of ART according to national guidelines (5th column) (i.e. CD4<350) exceeds the number of persons who are currently retained in care. The persons who are in need of ART but not retained in care will include persons who have not yet been diagnosed; but also persons who initiated but have since defaulted from the clinic.
- Of those estimated to be in need of ART, just over 50% are currently on ART, of which only 42.8% have achieved viral suppression. These highlight the challenges that are being faced across the continuum of care in Jamaica, but particularly with retention in care and also adherence to treatment once placed on ART.

**FACTS AND FIGURES 2013  
DATA TABLES**

**TABLE 1: SUMMARY OF HIV CASES REPORTED BY YEAR AND SEX, 1982 TO 2013**

<b>YEAR</b>	<b>MALE (%)</b>	<b>FEMALE (%)</b>	<b>UNKNOWN (%)</b>	<b>TOTAL</b>
1982 to 1995	2123 (63.8)	1171 (35.2)	34 (0.01)	3328
Jan – Dec 1996	577 (59.4)	390 (40.2)	4 (0.4)	971
Jan - Dec 1997	690 (61.5)	430 (38.3)	2 (0.2)	1122
Jan – Dec 1998	633 (59.5)	430 (40.4)	1 (0.1)	1064
Jan – Dec 1999	805 (56.1)	629 (43.8)	2 (0.1)	1436
Jan - Dec. 2000	824 (53.9)	706 (46.1)	0 (0.0)	1530
Jan - Dec. 2001	835 (50.1)	827 (49.6)	5 (0.3)	1667
Jan - Dec. 2002	737 (51.4)	695 (48.5)	1 (0.1)	1433
Jan –Dec 2003	840 (49.9)	844 (50.1)	1 (0.0)	1685
Jan – Dec 2004	860 (46.2)	1003 (53.8)	0 (0.0)	1863
Jan – Dec 2005	884 (45.6)	1053 (54.4)	0 (0.0)	1937
Jan - Dec 2006	1006 (47.4)	1114 (52.5)	1 (0.1)	2121
Jan - Dec 2007	930 (47.8)	1015 (52.1)	2 (0.1)	1947
Jan - Dec 2008	875 (46.8)	993 (53.2)	0 (0.0)	1868
Jan - Dec 2009	835 (48.0)	903 (52.0)	0 (0.0)	1738
Jan - Dec. 2010	803 (51.4)	759 (48.5)	0 (0.0)	1562
Jan – Dec 2011	901 (50.1)	896 (49.9)	0 (0.0)	1797
Jan – Dec 2012	803 (51.8)	748 (48.2)	0 (0.0)	1551
Jan – Dec 2013	677 (53.0%)	601 (47%)	0 (0.0)	1,278
Total	16,638 (52.2%)	15,207 (47.6%)	53 (0.2%)	31,898

**TABLE 2: SUMMARY OF PERSONS WITH ADVANCED HIV\* IN JAMAICA, 2005 to 2013**

<b>PERIOD</b>	<b>TOTAL</b>	<b>MALE (%)</b>	<b>FEMALE (%)</b>
Cumulative 1982-2013	20,944	11,434 (54.6)	9,510 (45.4)
<b>Jan – Dec 2005</b>	<b>1,344</b>	696 (51.8)	648 (48.2)
<b>Jan - Dec 2006</b>	<b>1,186</b>	659 (55.6)	527 (44.4)
<b>Jan - Dec 2007</b>	<b>1,098</b>	590 (53.7)	508 (46.3)
<b>Jan - Dec 2008</b>	<b>1,197</b>	618 (51.6)	579 (48.4)
<b>Jan - Dec 2009</b>	<b>1,489</b>	704 (47.3)	785 (52.7)
<b>Jan – Dec 2010</b>	<b>1,503</b>	711 (47.3)	792 (52.7)
<b>Jan – Dec 2011</b>	<b>1,250</b>	661 (52.9)	589 (47.1)
<b>Jan – Dec 2012</b>	<b>1,888</b>	944 (50.0)	944 (50.0)
<b>Jan – Dec 2013</b>	<b>780</b>	423 (54.2)	357 (45.8)

\*In July 2005, the national programme began monitoring cases of advanced HIV (i.e. persons with CD4 counts < 350). Figures reported for AIDS cases between July 2005 and December 2007 included persons with advanced HIV.

**TABLE 3: SUMMARY OF AIDS CASES IN JAMAICA, 1982 to 2013**

<b>PERIOD</b>	<b>TOTAL</b>	<b>MALE (%)</b>	<b>FEMALE (%)</b>
1982-1995	1561	982 (62.9)	579 (37.1)
Jan – Dec 1996	491	307 (62.5)	184 (37.5)
Jan - Dec 1997	609	372 (61.1)	237 (38.9)
Jan – Dec 1998	643	410 (63.7)	233 (36.2)
Jan – Dec 1999	892	539 (60.4)	353 (39.5)
Jan - Dec. 2000	903	515 (57.0)	388 (43.0)
Jan - Dec. 2001	939	511 (54.4)	428 (45.6)
Jan - Dec. 2002	989	580 (58.6)	409 (41.4)
Jan –Dec 2003	1070	611 (57.0)	459 (43.0)
Jan – Dec 2004	1112	603 (54.2)	509 (45.8)
Jan – Dec 2005	1344	696 (51.8)	648 (48.2)
Jan - Dec 2006	1186	659 (55.6)	527 (44.4)
Jan - Dec 2007	781	442 (56.6)	339 (43.4)
Jan - Dec 2008	925	525 (56.7)	400 (43.2)
Jan - Dec 2009	909	495 (54.4)	412 (45.6)
Jan - Dec. 2010	935	497 (53.2)	438 (46.8)
Jan - Dec. 2011	975	542 (55.6)	433 (44.4)
Jan - Dec. 2012	1196	633 (52.9)	563 (47.1)
Jan – Dec 2013	682	383 (56.2)	299 (43.8)
Total	18,142	10,300 (56.8)	7,842 (43.2)

**TABLE 4: SUMMARY OF HIV/AIDS CASES BY PARISH IN JAMAICA, 1982 – DEC 2013  
(BY DATE OF REPORTING)**

<b>PARISH</b>	<b>Jan - Dec 2013</b>	<b>1982 – Dec 2013 Cumulative Total</b>	<b>RATE PER 100,000 POPULATION</b>
KINGSTON & ST. ANDREW	354	11,390	1,710.1
ST. THOMAS	7	501	530.7
PORTLAND	35	699	850.5
ST. MARY	65	1,061	928.9
ST. ANN	63	2,244	1,295.4
TRELAWNY	79	876	1,159.4
ST. JAMES	216	4,271	2,312.9
HANOVER	47	809	1,157.8
WESTMORELAND	98	1,727	1,192.5
ST. ELIZABETH	36	831	550.4
MANCHESTER	65	1,107	580.2
CLARENDON	63	1,589	645.1
ST. CATHERINE	148	4,399	848.7
PARISH NOT KNOWN		362	n/a
OVERSEAS ADDRESS	2	32	n/a
<b>TOTAL</b>	<b>1,278</b>	<b>31,898</b>	<b>1,176.4</b>

**TABLE 5. SUMMARY OF AIDS CASES BY PARISH IN JAMAICA, 1982 -2013 (BY DATE OF REPORTING)**

<b>PARISH</b>	<b>Jan - Dec 2013</b>	<b>1982 – Dec 2013 Cumulative Total</b>	<b>RATE PER 100,000 POPULATION</b>
Kingston & St Andrew	224	6,688	998.9
St Thomas	3	287	303.0
Portland	18	365	441.6
St Mary	30	564	490.9
St Ann	28	1,144	656.4
Trelawny	24	502	660.6
St James	114	2660	1,435.2
Hanover	11	438	623.3
Westmoreland	60	1,036	711.0
St Elizabeth	17	475	312.7
Manchester	35	618	322.1
Clarendon	37	845	341.1
St Catherine	81	2,470	493.1
Parish Unknown		37	n/a
Overseas Address		13	n/a
<i>Total</i>	682	18,142	670.5

**TABLE 6: SUMMARY OF AIDS DEATHS IN JAMAICA, 1982 – DEC 2013**

<b>PERIOD</b>	<b>TOTAL</b>	<b>MALE</b>	<b>(%)</b>	<b>FEMALE</b>	<b>(%)</b>
<b>1982 - Dec 2013</b>	<b>9,056</b>	<b>5,442</b>	<b>(60.1)</b>	<b>3,614</b>	<b>(39.9)</b>
Jan – Dec 2000	617	358	(58.1)	259	(41.9)
Jan -Dec. 2001	588	329	(56.0)	259	(44.0)
Jan -Dec. 2002	692	406	(58.7)	286	(41.3)
Jan - Dec 2003	650	381	(58.6)	269	(41.4)
Jan - Dec 2004	665	377	(56.6)	288	(43.3)
Jan – Dec 2005	514	310	(60.3)	204	(39.7)
<b>Jan – Dec 2006</b>	<b>432</b>	<b>262</b>	<b>(60.6)</b>	<b>170</b>	<b>(39.4)</b>
Jan - Dec 2007	320	201	(62.8)	119	(37.2)
Jan - Dec 2008	401	236	(58.9)	165	(41.1)
Jan - Dec 2009	378	234	(61.9)	144	(38.1)
Jan – Dec 2010	333	197	(59.2)	136	(40.8)
Jan – Dec 2011	393	234	(59.5)	159	(40.5)
Jan – Dec 2012	260	156	(60.0)	104	(40.0)
Jan – Dec 2013	<b>298</b>	<b>169</b>	<b>(56.7)</b>	<b>129</b>	<b>(43.3)</b>

**TABLE 7: SUMMARY OF AIDS DEATH BY PARISH IN JAMAICA, 1982 – DEC 2013  
(BY DATE OF REPORTING)**

<b>PARISH</b>	<b>January - Dec 2013</b>	<b>1982 – Dec 2013 Cumulative Total</b>
KINGSTON & ST. ANDREW	72	3,444
ST. THOMAS		114
PORTLAND	8	181
ST. MARY	17	331
ST. ANN	8	409
TRELAWNY	14	276
ST. JAMES	73	1,495
HANOVER	11	263
WESTMORELAND	35	581
ST. ELIZABETH	14	254
MANCHESTER	21	284
CLARENDON	9	255
ST. CATHERINE	16	1,144
PARISH NOT KNOWN		18
OVERSEAS ADDRESS		7
<b>TOTAL</b>	<b>298</b>	<b>9,056</b>

**TABLE 8: SUMMARY OF PAEDIATRIC AIDS CASES (AGE 0 - 9 YEARS), 1986 – 2013**

<b>PERIOD</b>	<b>TOTAL</b>	<b>MALE</b>	<b>(%)</b>	<b>FEMALE</b>	<b>(%)</b>
1986- Dec 2013	979	522	(53.3)	457	(46.7)
Jan- Dec 2000	83	49	(59.0)	34	(41.0)
Jan - Dec. 2001	65	39	(60.0)	26	(40.0)
Jan - Dec. 2002	81	37	(45.7)	44	(54.3)
Jan – Dec 2003	67	36	(53.7)	31	(46.3)
Jan-Dec 2004	61	29	(47.5)	32	(42.5)
Jan – Dec 2005	78	42	(53.8)	36	(46.2)
Jan – Dec 2006	73	37	(50.7)	36	(49.3)
Jan - Dec 2007	27	14	(51.9)	13	(48.1)
Jan - Dec 2008	32	19	(59.4)	13	(40.6)
Jan - Dec 2009	26	17	(65.4)	9	(34.6)
Jan – Dec 2010	19	10	(52.6)	9	(47.4)
Jan – Dec 2011	21	15	(71.4)	6	(28.6)
Jan – Dec 2012	19	10	(52.6)	9	(47.4)
Jan – Dec 2013	10	3	(30.0)	7	(70.0)

**TABLE 9: SUMMARY OF PAEDIATRIC AIDS CASES BY PARISH IN JAMAICA (BY DATE OF REPORTING), 1986 – 2013**

<b>PARISH</b>	<b>Cumulative Total</b>	<b>RATE PER 100,000 POPULATION 2006 Est. STATIN 0-9 age group</b>
KINGSTON & ST. ANDREW	400	301.3
ST. THOMAS	29	138.0
PORTLAND	16	89.7
ST. MARY	29	115.9
ST. ANN	35	94.1
TRELAWNY	17	104.0
ST. JAMES	132	336.6
HANOVER	17	114.0
WESTMORELAND	39	124.3
ST. ELIZABETH	25	80.7
MANCHESTER	39	98.5
CLARENDON	55	98.0
ST. CATHERINE	155	147.2
PARISH NOT KNOWN	3	n/a
OVERSEAS ADDRESS	1	n/a
<b>TOTAL</b>	<b>992</b>	<b>174.7</b>

**TABLE 10: SUMMARY OF PAEDIATRIC AIDS DEATHS, 1986 -2013**

<b>PERIOD</b>	<b>TOTAL</b>	<b>MALE (%)</b>	<b>FEMALE (%)</b>
1986 - Dec 2012	434	223 (51.4)	211 (48.6)
Jan – Dec 2000	34	20 (58.8)	14 (41.2)
Jan - Dec. 2001	27	14 (51.9)	13 (48.1)
Jan - Dec. 2002	45	22 (48.9)	23 (51.1)
Jan - Dec 2003	29	17 (58.6)	12 (41.4)
Jan - Dec 2004	34	17 (50.0)	17 (50.0)
Jan – Dec 2005	19	12 (63.2)	7 (36.8)
<b>Jan – Dec 2006</b>	<b>13</b>	<b>11 (84.6)</b>	<b>2 (15.4)</b>
<b>Jan - Dec 2007</b>	<b>9</b>	<b>4 (44.4)</b>	<b>5 (55.6)</b>
<b>Jan - Dec 2008</b>	<b>9</b>	<b>4 (44.4)</b>	<b>5 (55.6)</b>
<b>Jan - Dec 2009</b>	<b>5</b>	<b>3 (60.0)</b>	<b>2 (40.0)</b>
<b>Jan – Dec 2010</b>	<b>10</b>	<b>8 (80.0)</b>	<b>2 (20.0)</b>
<b>Jan – Dec 2011</b>	<b>3</b>	<b>2 (66.7)</b>	<b>1 (33.3)</b>
<b>Jan – Dec 2012</b>	<b>7</b>	<b>4 (57.1)</b>	<b>3 (42.9)</b>
<b>Jan – Dec 2013</b>	<b>3</b>	<b>1 (33.3)</b>	<b>2 (66.6)</b>

**TABLE 11: SUMMARY OF AIDS CASES\* BY 5-YEAR AGE GROUPS, 1986 – DEC. 2013, JAMAICA**

AGE GROUP	MALE	FEMALE	TOTAL
00 to 4	358	303	661
05 to 9	170	161	331
10 to 14	19	25	44
15 to 19	50	200	250
20 to 24	431	678	1109
25 to 29	1038	1230	2268
30 to 34	1501	1275	2776
35 to 39	1744	1170	2914
40 to 44	1521	933	2454
45 to 49	1184	674	1858
50 to 54	904	416	1320
55 to 59	610	302	912
60 to 64	350	202	552
65 to 69	181	109	290
70 to 74	87	64	151
75 to 79	40	32	72
80 to 84	10	13	23
85 to 89	4	3	7
90 to 94	0	2	2
Unknown	98	50	148
<i>Total</i>	10,300	7,842	18,142

**TABLE 12: ADULT HIV CASES BY SEXUAL PRACTICES (1982 – DEC 2013 CUMULATIVE)**

Sex Practice Category	Male	Female	Unknown	Total
Heterosexual	7639	14439	0	22078
Homosexual	592	0	0	592
Bisexual Males	647	0	0	647
Not Stated	6928	10	31	6969
<i>Total</i>	15,806	14,449	31	30,286
Child	832	758	22	1612
<i>Total</i>	16,638	15,207	53	31,898

\*\*31 reported as Unknown Gender

**TABLE 13: REPORTED RISK BEHAVIOURS AMONG ADULTS WITH HIV (1982 – DEC 2013 CUMULATIVE)**

N=31,898

RISK	No. of Persons (%)
Sex with Sex workers	4,279 (13.4%)
Crack , Cocaine Use	1,301 (4.08%)
STI History	10,183 (35.6%)
IV Drug Use	180 (0.57%)
Multiple Sexual Partners/contacts	3,665 (11.5%)
No high risk behaviour	5,321 (19.6%)

**TABLE 14: HIV STATUS OF PREGNANT WOMEN BY PARISH 2013\*, JAMAICA**

Parish	Total Tested	Total Positive	Percent Positive (95% C.I.)
Kingston & St Andrew	1,594	16	1.0 (0.61-1.61)
Manchester	1,077	6	0.6 (0.25-1.20)
St Ann	997	4	0.4 (0.16-1.02)
St Catherine	328	4	1.2 (0.47-3.06)
St James	750	15	2.0 (1.19-3.21)
Westmoreland	1,089	10	0.9 (0.49-1.21)
Total	<b>5,835</b>	<b>55</b>	<b>0.94 (0.72-1.21)</b>

\*Survey conducted between April and September 2013

**TABLE 15: HIV STATUS OF STI CLINIC ATTENDEES BY PARISH 2013\*, JAMAICA**

Parish	Total Tested	Total Positive	Percent Positive (95% C.I.)
Kingston & St Andrew	1425	43	3.02 (2.18-3.92)
Manchester	396	4	1.01 (0.39-2.54)
St Ann	356	5	1.40 (0.59-3.20)
St Catherine	1069	28	2.62 (1.77-3.66)
St James	396	6	1.52 (0.69-3.22)
Westmoreland	317	8	2.52 (1.25-4.78)
Total	3959	94	2.37 (1.9-2.83)

\*Survey conducted between April and September 2013

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NATIONAL HIV/STI PROGRAMME  
ANNUAL HIV EPIDEMIOLOGICAL PROFILE**

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