AIDS: 25 Years and Counting...

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The University of Kansas School of Medicine - Wichita
Ten Things Primary Care Providers Should Know About HIV/AIDS

In this segment:

- What is the global status of HIV/AIDS and what is the history of this disease?
- What are the common modes of transmission?
- Who should be tested?
- What is the status of HIV in pregnancy?
Ten Things Primary Care Providers Should Know About HIV/AIDS

*In the second segment:*

- What is Primary HIV infection?
- How is HIV infection treated?
- When to initiate antiretroviral therapy?
- What are the current co-morbidity issues?

*In the last two segments we will cover:*

- How Do I assess my patients for risk of HIV?
- How Do I get testing for my patient?
Pneumocystis Pneumonia — Los Angeles

In the period October 1980–May 1981, 5 young men, all active homosexual treated for biopsy-confirmed Pneumocystis carinii pneumonia at 3 different h in Los Angeles, California. Two of the patients died. All 5 patients had lab confirmed previous or current cytomegalovirus (CMV) infection and candidal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed P. carinii pneun oral mucosal candidiasis in March 1981 after a 2-month history of fever assoc elevated liver enzymes, leukopenia, and CMV viruria. The serum complement CMV titer in October 1980 was 256; in May 1981 it was 32. The patient's deteriorated despite courses of treatment with trimethoprim-sulfamethoxa leptomycin, and acyclovir. He died May 3, and postmortem examination revealed Pneumocystis carinii pneumonia, but no evidence of neoplasia.

Patient 2: A previously healthy 27-year-old man developed P. carinii pneun oral mucosal candidiasis in January 1981 after a 2-month history of fever and CMV diuresis. He was admitted to the hospital in February 1981 with a diagnosis of pneumonia. Despite treatment with trimethoprim-sulfamethoxa and acyclovir, he died May 3, and postmortem examination revealed Pneumocystis carinii pneumonia, but no evidence of neoplasia.

Patient 3: A previously healthy 27-year-old man developed P. carinii pneun oral mucosal candidiasis in February 1981 after a 2-month history of fever and CMV diuresis. He was admitted to the hospital in February 1981 with a diagnosis of pneumonia. Despite treatment with trimethoprim-sulfamethoxa and acyclovir, he died May 3, and postmortem examination revealed Pneumocystis carinii pneumonia, but no evidence of neoplasia.

Patient 4: A previously healthy 27-year-old man developed P. carinii pneun oral mucosal candidiasis in February 1981 after a 2-month history of fever and CMV diuresis. He was admitted to the hospital in February 1981 with a diagnosis of pneumonia. Despite treatment with trimethoprim-sulfamethoxa and acyclovir, he died May 3, and postmortem examination revealed Pneumocystis carinii pneumonia, but no evidence of neoplasia.

Patient 5: A previously healthy 27-year-old man developed P. carinii pneun oral mucosal candidiasis in February 1981 after a 2-month history of fever and CMV diuresis. He was admitted to the hospital in February 1981 with a diagnosis of pneumonia. Despite treatment with trimethoprim-sulfamethoxa and acyclovir, he died May 3, and postmortem examination revealed Pneumocystis carinii pneumonia, but no evidence of neoplasia.
First reported on five cases of a rare strain of pneumonia in five men in Los Angeles.

More than 500,000 people in the U.S. have died of AIDS-related causes since 1981, and more than one million are living with HIV/AIDS.

(Morbidity and Mortality Weekly Report, 6/2).
RARE CANCER SEEN IN 41 HOMOSEXUALS

Outbreak Occurs Among Men in New York and California — 8 Died Inside 2 Years

By LAWRENCE K. ALTMAN

Doctors in New York and California have diagnosed among homosexual men 41 cases of a rare and often rapidly fatal form of cancer. Eight of the victims died less than 24 months after the diagnosis was made.

The cause of the outbreak is unknown and there is as yet no evidence of contagion. But the doctors who have made the
Homosexuals Arrested at AIDS Drug Protest

Police officers removing demonstrators from the intersection of Broadway and Wall Street yesterday. Seventeen homosexual-rights protesters were arrested outside Trinity Church during a rally to demand quicker Government approval of drugs that might combat acquired immune deficiency syndrome. Hundreds of protesters stayed behind police lines, but some crossed the barricades and sat in the street to block traffic. They were arrested, charged with disorderly conduct and released.
1987

National Native American AIDS Prevention Center
Serving American Indian, Alaskan Natives and Native Hawaiians

Ron M. Rowell, Choctaw
Founder of NNAAPC
Executive Director for 13 years

Gloria Bellymule-Zuniga,
Cheyenne/Arapaho
Trailblazer for Native Care and Treatment
1990

Ronald Reagan apologizes for his neglect of the epidemic while he was President.

198,466 AIDS cases diagnosed
1,255 Deaths
Keith Haring
Renowned Artist and Activist dies
1990

Ryan White
Teenager and AIDS activist
Dies at 19

A True Hero whose legacy lives on . . .
The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is Federal legislation that addresses the unmet health needs of persons living with HIV disease (PLWH) by funding primary health care and support services that enhance access to and retention in care.

The Federal Government's largest program specifically for people living with HIV disease.
Native Americans & HIV

Coming Out

Lisa Lou Ella Tiger
March 2, 1965
Tribal Affiliation: Muscogee Nation of Oklahoma

Tiger is a member of the Muscogee Nation of Oklahoma and is also of Creek, Seminole and Cherokee descent. She is a leader in AIDS awareness, prevention and research since she tested positive for HIV, the virus that leads to AIDS, in 1992.

Nicknamed "Rocky" because of her characteristic boldness, she was an Oklahoma-Texas state arm wrestling champion. Tiger comes from a family of acclaimed American Indian artists: her father, Jerome Tiger; her uncle, Johnny Tiger Jr.; and her sister, Dana Tiger — one of America's leading female artists.
1994

- Special Projects of National Significance (SPNS)

- The National Native American AIDS Prevention Center granted to provide technical support to the Native HIV Case Management Network
Native Hawaiian and Pacific Islanders

0.1% or 400,000 individuals in the U.S.

Until 2000, were grouped with Asian Americans in studies of race and ethnicity.

NH/PIs live throughout the United States, but their populations are most concentrated in the western mainland states and Hawai‘i.
A pioneer in the fight against many health issues such as HIV/AIDS, Substance Abuse, Hep C and related diseases. When other Natives were silent, he was the voice, the advocate and relentless in his efforts. He was involved in getting programs off the ground. Most notably, Marty was instrumental in starting a Needle exchange program in the bible belt.

Marty Prairie, Lakota

January 15, 1958
March 15, 2001
Navajos Face Internal HIV Infections

The Navajo Nation recently documented the spread of HIV infection from within their reservation borders.
HIV/AIDS is one of the most formidable public health and scientific challenges ever confronted.

In just two decades, remarkable advances have been made in the fight against AIDS, but the toll has been staggering.

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25 Years of the Epidemic: Then and Now…

1985:
– 0 drugs
– Little known about HIV mechanism of action
– Little support for HIV patients who need access to treatment
– 16,000 U.S. AIDS cases reported; 20,000 globally

2006:
– 27 therapies, 4 drug classes
– Major advance in knowledge about viral lifecycle, processes
– Network of federal and local programs
– Over one million people with HIV in U.S.; 38 million worldwide

This May Be the Most Dangerous Time Yet!

1980: Confusion
1990: Hysteria
2000: Ignorance
2005: Complacency

AIDS
A Global View of the AIDS Pandemic
End of 2004: 40 million infected, 25 million dead!

“A Tsunami every 3-4 weeks, a Katrina every day in Africa”
Global summary of the HIV and AIDS epidemic, 2005

<table>
<thead>
<tr>
<th>Number of People Living with HIV in 2005</th>
<th>Total</th>
<th>38.5 million</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>36.3 million</td>
</tr>
<tr>
<td></td>
<td>Women</td>
<td>17.3 million</td>
</tr>
<tr>
<td></td>
<td>Children Under 15</td>
<td>2.3 million</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People newly infected with HIV in 2005</th>
<th>Total</th>
<th>4.1 million</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>3.6 million</td>
</tr>
<tr>
<td></td>
<td>Children under 15 years</td>
<td>540,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AIDS deaths in 2005</th>
<th>Total</th>
<th>2.8 million</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adults</td>
<td>2.4 million</td>
</tr>
<tr>
<td></td>
<td>Children under 15 years</td>
<td>380,000</td>
</tr>
</tbody>
</table>
Adults and children estimated to be living with HIV, 2005

Total: 38.6 (33.4 – 46.0) million

North America
1.3 million
[770 000 – 2.1 million]

Caribbean
330 000
[240 000 – 420 000]

Carlos América
1.6 million
[1.2 – 2.4 million]

W. & Central Europe
720 000
[550 000 – 950 000]

Sub-Saharan Africa
24.5 million
[21.6 – 27.4 million]

E. Europe & Central Asia
1.5 million
[1.0 – 2.3 million]

East Asia
680 000
[420 000 – 1.1 million]

S. & S.E. Asia
7.6 million
[5.1 – 11.7 million]

North America
1.3 million
[770 000 – 2.1 million]

Caribbean
330 000
[240 000 – 420 000]

Carlos América
1.6 million
[1.2 – 2.4 million]

W. & Central Europe
720 000
[550 000 – 950 000]

Sub-Saharan Africa
24.5 million
[21.6 – 27.4 million]

E. Europe & Central Asia
1.5 million
[1.0 – 2.3 million]

East Asia
680 000
[420 000 – 1.1 million]

S. & S.E. Asia
7.6 million
[5.1 – 11.7 million]

Total: 38.6 (33.4 – 46.0) million

Source: 2006 Report on the Global AIDS Epidemic, UNAIDS
Estimated number of adults and children newly infected with HIV, 2005

Total: 4.1 (3.4 – 6.2) million

Source: 2006 Report on the Global AIDS Epidemic, UNAIDS
Estimated adult and child deaths from AIDS, 2005

Total: 2.8 (2.4 – 3.3) million

W. & Central Europe
12,000
[17,000 – 16,000]

E. Europe & Central Asia
53,000
[36,000 – 75,000]

N. Africa & Middle East
37,000
[20,000 – 62,000]

S. & S.E. Asia
560,000
[370,000 – 810,000]

Oceania
3,400
[1,900 – 5,500]

North America
18,000
[11,000 – 26,000]

Caribbean
27,000
[19,000 – 36,000]

East Asia
33,000
[20,000 – 49,000]

Sub-Saharan Africa
2.0 million
[1.7 – 2.3 million]

Latin America
59,000
[47,000 – 76,000]

Source: 2006 Report on the Global AIDS Epidemic, UNAIDS
### 2005 Global HIV and AIDS Estimates

**Children (<15 years)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimate</th>
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</thead>
<tbody>
<tr>
<td>Children living with HIV</td>
<td>2.3 million</td>
</tr>
<tr>
<td>New HIV infections in 2005</td>
<td>540,000</td>
</tr>
<tr>
<td>Deaths due to AIDS in 2005</td>
<td>380,000</td>
</tr>
</tbody>
</table>

*Source: 2006 Report on the Global AIDS Epidemic, UNAIDS*
# Reported AIDS Cases and Deaths

## Cumulative through 2004—United States

<table>
<thead>
<tr>
<th></th>
<th>Cases</th>
<th>Deaths</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Adults and adolescents</td>
<td>908,905</td>
<td>508,509</td>
<td>56</td>
</tr>
<tr>
<td>Children (&lt;13 years)</td>
<td>9,381</td>
<td>5,460</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>918,286</td>
<td>513,969</td>
<td>56</td>
</tr>
</tbody>
</table>
Let's Go Back to 1995...
FIGURE 1. AIDS cases, by quarter year of report — United States, 1984-1993

*Case definition revised in October 1987 to include additional illnesses and to revise diagnostic criteria (3).
†Case definition revised in 1993 to include CD4+ criteria and three illnesses (pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer) (†).
FIGURE 2. Estimated AIDS-opportunistic illness incidence, adjusted for delays in reporting,* by quarter year of diagnosis — United States, 1986–1993†

*Estimates are not adjusted for incomplete reporting of diagnosed AIDS cases.
†Points represent quarterly incidence; line represents “smoothed” incidence (5).
1995-1997: For the First Time---HOPE

- 1995, First PI (saquinavir) approved
- 1996, First reports of ritonavir extending life
  - Greeted with skepticism at CROI
- 1996 Ritonavir, Indinavir approved
- 1996 NNRTI (nevirapine) approved by FDA
  - “Highly Active Antiretroviral Therapy” or HAART
  - HAART features 3 drugs selected from at least 2 drug classes
  - HIV replication is interrupted at multiple stages of lifecycle
- HAART makes headlines by transforming lives of PWAs
  - Many PWAs’ health improves and are able to return to work
  - In 1996, fall in death rate, already noted, rapidly accelerates
  - Emblematic of advances in HIV, David Ho named TIME “Man of the Year”
Estimated Number of AIDS Cases and Deaths among Adults and Adolescents with AIDS, 1985–2004—United States

- AIDS
- Deaths

Year of diagnosis or death

No. of cases and deaths (in thousands)

Note: Data adjusted for reporting delays.
# ZDV Perinatal Transmission Prophylaxis Regimen: ACTG 076 Trial

| Antepartum     | Initiation at 14-34 weeks gestation and continued throughout pregnancy  
|                | • PACTG 076 regimen: ZDV 2 or 3 times daily (depending on dose)  
|                | • Acceptable alternative regimen: ZDV 2 or 3 times daily (depending on dose) |
| Intrapartum    | During labor, ZDV IV over 1 hour, followed by a continuous infusion of IV until delivery |
| Postpartum     | Oral administration of ZDV to newborn for first 6 weeks of life, beginning at 8-12 hours after birth |

## Rates of Vertical Transmission by Maternal Viral Load in ACTG 076

<table>
<thead>
<tr>
<th>Viral Burden</th>
<th>Rates of Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AZT</td>
</tr>
<tr>
<td>&lt;1,730 copies/ml</td>
<td>2.5%</td>
</tr>
<tr>
<td>1,730 - 5,000 copies/ml</td>
<td>7.5%</td>
</tr>
<tr>
<td>5,000 – 15,000 copies/ml</td>
<td>6%</td>
</tr>
<tr>
<td>&gt;15,000 copies/ml</td>
<td>13%</td>
</tr>
</tbody>
</table>

Estimated Number of Perinatally Acquired AIDS Cases, by Year of Diagnosis, 1985-2003—United States

Note: Data adjusted for reporting delays and for estimated proportional redistribution of cases in persons initially reported without an identified risk factor.
But Success Didn’t Come Without a Price: 1995-97

- Other side of HAART begins to emerge
  - *Quantity* of life is extended, but *quality* of life is impacted
  - High pill burden (20-50 pills per day, diet restrictions)

- Side effects cause particular concern
  - Lipodystrophy (disfiguring changes in body shape) emerges as major HAART-related side effect
  - Dry skin, nail abnormalities, kidney stones, allergic reactions
  - Metabolic abnormalities (e.g., increases in cholesterol) drive concern about long-term heart health
Lipoatrophy by grade

Lipoatrophy with fat loss covering a wide area of the face and the skin is lying directly on the facial muscles. This is called Grade 4.
We also got:

- Diabetes mellitus
- Peripheral neuropathy
- Cardiovascular complications
- Nephrolithiasis (kidney stones)
- Dry skin
- Hair loss
- And more…..
Salon asks: The "Joe Camel" ads of AIDS?
New Ideas 1997-2001

- ARV “switching” emerges as treatment trend
  - Physicians begin switching patients from PI to PI, based on improvements in regimen efficacy and tolerability
  - Significant number switched from saquinavir to indinavir
  - Many then switched to nelfinavir
- Increasing awareness of the adherence challenge
  - Studies indicate that high levels of adherence is important to reduce drug resistance and treatment failure
  - HAART’s complex regimens are major challenge
<table>
<thead>
<tr>
<th>Regimen</th>
<th>Dosing</th>
<th>Daily pill burden</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1996</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d4T/3TC/indinavir</td>
<td>10 pills, TID</td>
<td></td>
<td>• Food restrictions, liquids frequently</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Poor tolerability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Short- and long-term toxicities</td>
</tr>
<tr>
<td><strong>1998</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZDV/3TC/efavirenz</td>
<td>5 pills, BID</td>
<td></td>
<td>• Gastrointestinal (GI) effects, anemia, neutropenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Central nervous system (CNS) toxicities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Mitochondrial-related toxicities</td>
</tr>
<tr>
<td><strong>2002</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ZDV/3TC/EFV</td>
<td>3 pills, BID</td>
<td></td>
<td>• Gastrointestinal (GI) effects, anemia, neutropenia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Central nervous system (CNS) toxicities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Mitochondrial-related toxicities</td>
</tr>
</tbody>
</table>
The Move Toward “Simpler” Regimens

<table>
<thead>
<tr>
<th>Year</th>
<th>Regimen</th>
<th>Dosing</th>
<th>Daily pill burden</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>TDF/ [FTC or 3TC] / EFV</td>
<td>3 pills, QD</td>
<td></td>
<td>Generally well tolerated; GI effects, CNS effects (EFV)</td>
</tr>
<tr>
<td>2005</td>
<td>TDF / FTC + EFV</td>
<td>3 pills QD</td>
<td></td>
<td>Minimal to no side effects, good PK, and no food restrictions without compromising efficacy</td>
</tr>
<tr>
<td>Future</td>
<td>?</td>
<td>1 pill QD?</td>
<td></td>
<td>Goal: Minimal to no side effects, good PK, and no food restrictions without compromising efficacy</td>
</tr>
</tbody>
</table>
TDF+FTC+EFV Fixed-Dose Combination
Proportion of Persons Surviving, by Number of Months after AIDS Diagnosis during 1996–2003 and by Year of Diagnosis—United States
Challenges Still Remain...
The Global Pandemic

- 38 million dead
- By 2010 ... 75 million infected
- By 2025 ...
  - 83 million dead
  - 89 million infections
- Life expectancy in 9 African countries is already <40 years
Over 11,000 new HIV infections a day in 2005

- More than 95% are in low and middle income countries
- About 1500 are in children under 15 years of age
- About 10 000 are in adults aged 15 years and older
  - almost 50% are among women
  - over 40% are among young people (15-24)
A global view of HIV infection

38.6 million people [33.4–46.0 million] living with HIV, 2005

Estimated Prevalence Rates for Adults and Adolescents Living with AIDS (per 100,000 population) 2004—United States

Total Rate=168.8*

Rate (per 100,000 population)
- <100
- 100 - 150
- >150

Guam 29.2
Pacific Islands, US 4.0
Puerto Rico 324.3
Virgin Islands, US 347.6

Note. Data adjusted for reporting delays.
* Includes persons whose state of residence is unknown or missing.
Year of Initiation of Confidential HIV Case Surveillance* 
as of January 2005

* As of January 2005 there were 43 areas with confidential name-based HIV infection reporting.
** Pennsylvania implemented reporting only in areas outside the city of Philadelphia.
Estimated Number of Adults and Adolescents Living with AIDS, by Region, 1993–2004—United States

Note. Adjusted for reporting delays.
Proportion of HIV/AIDS Cases among Adults and Adolescents, by Sex and Transmission Category 2004—35 Areas

Males

- Male-to-male sexual contact: 65%
- Injection drug use (IDU): 14%
- Male-to-male sexual contact and IDU: 16%
- <1%

Females

- High risk heterosexual contact*: 78%
- Injection drug use (IDU): 20%
- Other/not identified: 2%

Note. Data include persons with a diagnosis of HIV infection regardless of their AIDS status at diagnosis. Data from 35 areas with confidential name-based HIV infection reporting since at least 2000. Data have been adjusted for reporting delays and cases without risk factor information were proportionally redistributed.

* Heterosexual contact with a person known to have or at high risk for HIV infection.
Proportion of AIDS Cases and Population by Race/Ethnicity, Reported in 2004—50 States and D.C.

AIDS cases
N* = 43,653
1% <1%

30%
19%
49%

US Population
N = 293,655,404
<1%

68%
14%
13%
4%

White, not Hispanic
Black, not Hispanic
Hispanic
Asian/Pacific Islander
American Indian/Alaska Native

Note: Excludes persons from US dependencies, possessions, and associated nations.
* Includes 191 persons of unknown race or multiple races.
Estimated Number of Persons Living with AIDS by Race/Ethnicity, 1993–2004—United States

Note. Data adjusted for reporting delays.
Trends in Age-Adjusted* Annual Rates of Death due to HIV Disease by Race/Ethnicity, USA, 1990–2002

Note: For comparison with data for 1999 and later years, data for 1990–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.

*Standard: age distribution of 2000 US population
<table>
<thead>
<tr>
<th>Kansas AIDS Cases as of 12/31/2005</th>
<th>Newly Reported AIDS Cases</th>
<th>Prevalent AIDS Cases</th>
<th>Cumulative AIDS Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>ADULT/ ADOLESCENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>115</td>
<td>100.0</td>
<td>1162</td>
</tr>
<tr>
<td>PEDIATRIC (&lt;13 YEARS OLD)</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>115</td>
<td>100.0</td>
<td>1168</td>
</tr>
</tbody>
</table>
### Kansas AIDS Cases as of 12/31/2005

<table>
<thead>
<tr>
<th>Gender</th>
<th>Kansas Newly Reported AIDS Cases</th>
<th>Kansas Prevalent AIDS Cases</th>
<th>Kansas Cumulative AIDS Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>N: 91, %: 79.1</td>
<td>N: 977, %: 83.6</td>
<td>N: 2284, %: 88.0</td>
</tr>
<tr>
<td>Female</td>
<td>N: 24, %: 20.9</td>
<td>N: 191, %: 16.4</td>
<td>N: 312, %: 12.0</td>
</tr>
<tr>
<td>Kansas AIDS Cases as of 12/31/2005</td>
<td>Newly Reported AIDS Cases</td>
<td>Prevalent AIDS Cases</td>
<td>Cumulative AIDS Cases</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------</td>
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<td>----------------------</td>
</tr>
<tr>
<td>Exposure Category</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Men who have sex with men (MSM)</td>
<td>48</td>
<td>41.7</td>
<td>648</td>
</tr>
<tr>
<td>Injection Drug User (IDU)</td>
<td>7</td>
<td>6.1</td>
<td>104</td>
</tr>
<tr>
<td>MSM and IDU</td>
<td>11</td>
<td>9.6</td>
<td>106</td>
</tr>
<tr>
<td>Hemophilia and/or Coagulation Disorder</td>
<td>.</td>
<td>.</td>
<td>9</td>
</tr>
<tr>
<td>High Risk Heterosexual Contact</td>
<td>18</td>
<td>15.7</td>
<td>177</td>
</tr>
<tr>
<td>Transfusion/Transplant</td>
<td>.</td>
<td>.</td>
<td>12</td>
</tr>
<tr>
<td>No Identified Risk (NIR)</td>
<td>31</td>
<td>27.0</td>
<td>103</td>
</tr>
<tr>
<td>Pediatric-Hemophilia and/or Coagulation Disorder</td>
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<td>.</td>
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<tr>
<td>Pediatric-Mother with HIV</td>
<td>.</td>
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<td>5</td>
</tr>
<tr>
<td>Pediatric-Transfusion/Transplant</td>
<td>.</td>
<td>.</td>
<td>1</td>
</tr>
<tr>
<td>Pediatric-No Identified Risk (NIR)</td>
<td>.</td>
<td>.</td>
<td>1</td>
</tr>
</tbody>
</table>
### AIDS Cases by Age 12/31/2005

<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Newly Reported AIDS Cases</th>
<th>Prevalent AIDS Cases</th>
<th>Cumulative AIDS Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>&lt;13</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>13 TO 14</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>15 TO 24</td>
<td>7</td>
<td>6.1</td>
<td>83</td>
</tr>
<tr>
<td>25 TO 34</td>
<td>33</td>
<td>28.7</td>
<td>435</td>
</tr>
<tr>
<td>35 TO 44</td>
<td>40</td>
<td>34.8</td>
<td>431</td>
</tr>
<tr>
<td>45 TO 54</td>
<td>25</td>
<td>21.7</td>
<td>169</td>
</tr>
<tr>
<td>55 TO 64</td>
<td>6</td>
<td>5.2</td>
<td>37</td>
</tr>
<tr>
<td>65 or Older</td>
<td>4</td>
<td>3.5</td>
<td>6</td>
</tr>
</tbody>
</table>
## Kansas AIDS Cases by Race/Ethnicity
### As of 12/31/05

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Newly Reported AIDS Cases</th>
<th>Prevalent AIDS Cases</th>
<th>Cumulative AIDS Cases</th>
<th>% of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>23</td>
<td>20.0</td>
<td>145</td>
<td>12.4</td>
</tr>
<tr>
<td>American-Indian</td>
<td>1</td>
<td>0.9</td>
<td>11</td>
<td>0.9</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td>2</td>
<td>0.2</td>
</tr>
<tr>
<td>Black</td>
<td>42</td>
<td>36.5</td>
<td>266</td>
<td>22.8</td>
</tr>
<tr>
<td>White</td>
<td>49</td>
<td>42.6</td>
<td>723</td>
<td>61.9</td>
</tr>
<tr>
<td>Old Asian/Pacific Islander</td>
<td></td>
<td></td>
<td>3</td>
<td>0.3</td>
</tr>
<tr>
<td>Multi-race</td>
<td>17</td>
<td>1.5</td>
<td>22</td>
<td>0.8</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>0.1</td>
<td>1</td>
<td>0.0</td>
</tr>
</tbody>
</table>
Kansas HIV Disease Prevalence and Deaths Related to HIV / AIDS by Year
Estimated Incidence of AIDS and Deaths of Adults and Adolescents with AIDS*, 1985 - 2001, United States

*Adjusted for reporting delays
Estimated Number of Perinatally Acquired AIDS Cases, by Year of Diagnosis, 1985-2003—United States

Note: Data adjusted for reporting delays and for estimated proportional redistribution of cases in persons initially reported without an identified risk factor.
CAUTION

THIS SIGN HAS SHARP EDGES
DO NOT TOUCH THE EDGES OF THIS SIGN

ALSO, THE BRIDGE IS OUT AHEAD
Estimated Number of AIDS Cases, Deaths, and Persons Living with AIDS, 1985-2003, United States

Note: Data adjusted for reporting delays.
Just as photographic technology has increased to allow us to see the entire iceberg, the same is true with HIV---we know more --- but the hazard remains.