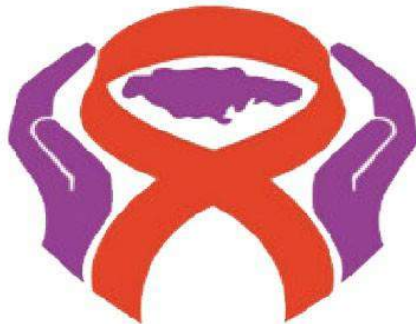




**HIV EPIDEMIOLOGICAL PROFILE 2014,
Facts & Figures**



**National HIV/STI
Programme**

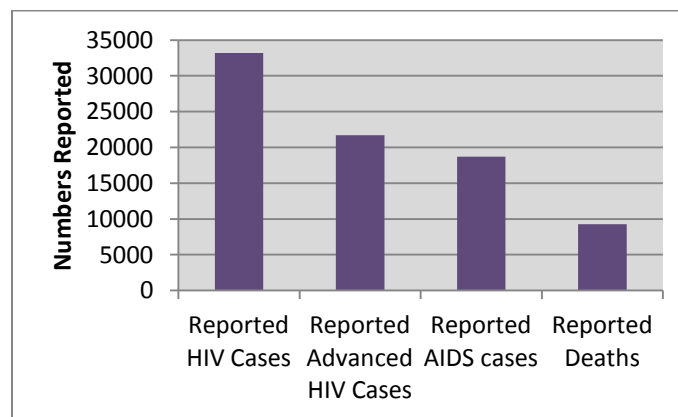
Jamaica

In this surveillance report, *HIV* cases include persons reported with HIV infection (non-AIDS), advanced HIV (non-AIDS) and AIDS within a given year. **It is also important to note that the report is a reflection of the lowest known status of all reported PLHIV. Therefore, persons reported as Advanced HIV, AIDS or even AIDS deaths in 2014 may include previously reported cases that have only just been reported as having a later disease stage.** However, the data does 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

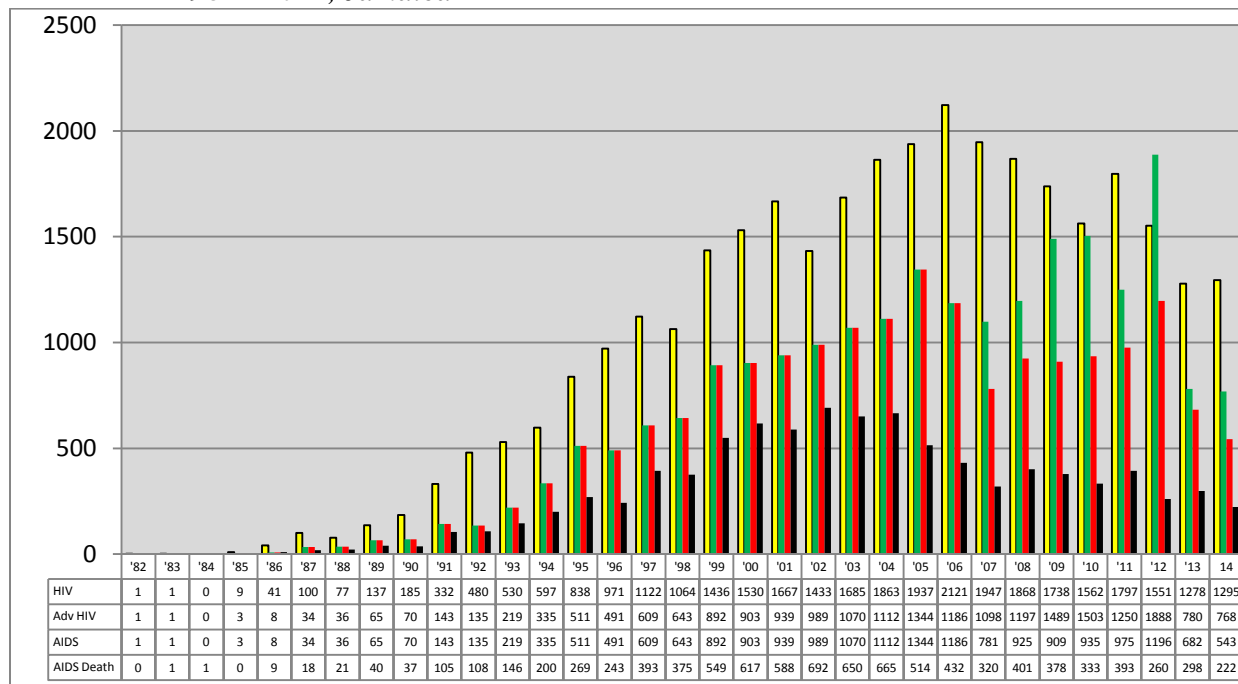
- Based on modelled estimates and the case-based surveillance data, it is estimated that 29,690 persons are currently living with HIV in Jamaica; but approximately 19% are unaware of their status. Between January 1982 and December 2014, thirty-three thousand one hundred and ninety-three (33,193) cases of HIV were reported to the Ministry of Health. Of these, 9,278 (28.0%) 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 2014, seven hundred and sixty-four (764) persons with advanced HIV (423 males and 357 females) were reported compared to 780 in 2013.

Figure 1: Total Number of HIV, Advanced HIV Cases, AIDS and Deaths Reported, 1982 - 2014



Source: HATS Database, 2014

Figure 2: Annual Reported Number of HIV Cases, AIDS Cases and AIDS-deaths, 1982 - 2014, Jamaica

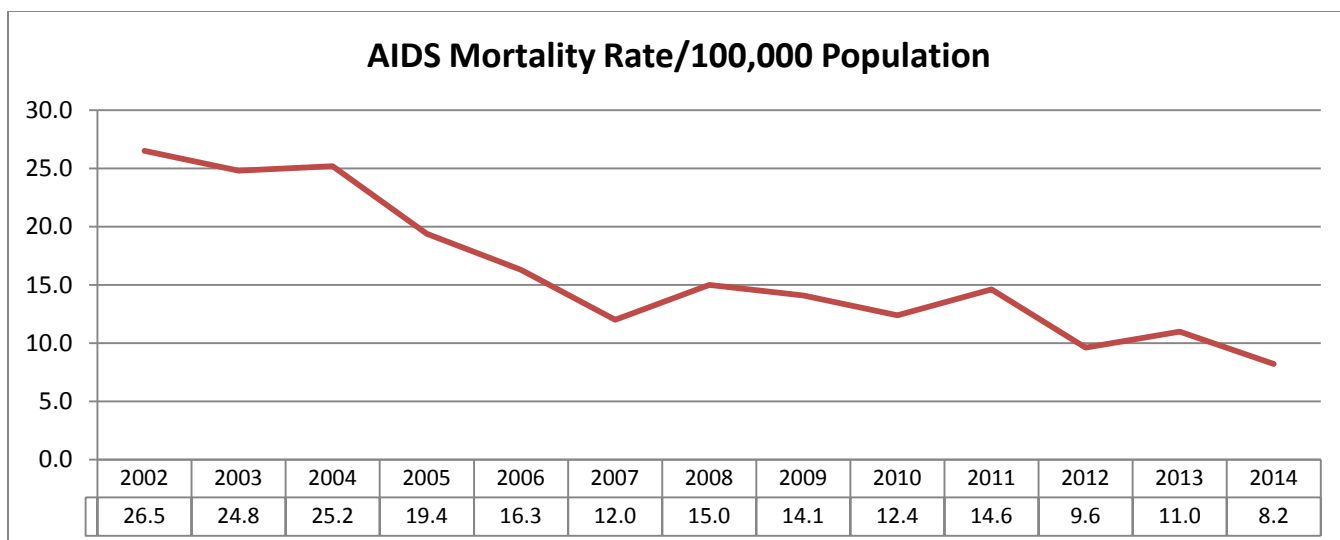


Source: HATS Database, 2014

- In the early part of the epidemic, the number of deaths was ~ 50% or more of the number of AIDS cases reported. Since 2004, this has improved where the number of reported deaths are ~ <50% when compared to the number of reported 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 8 deaths/100,000 population in 2014 which represents a 67% decrease since the inception of universal access to ARVs in 2004.
- Additionally, *Spectrum* modelling estimates also confirm this declining trajectory of AIDS deaths, but suggest that there may be several deaths that are not being reported as our reported deaths are only approximately 20% of the estimated number of deaths.
- 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.

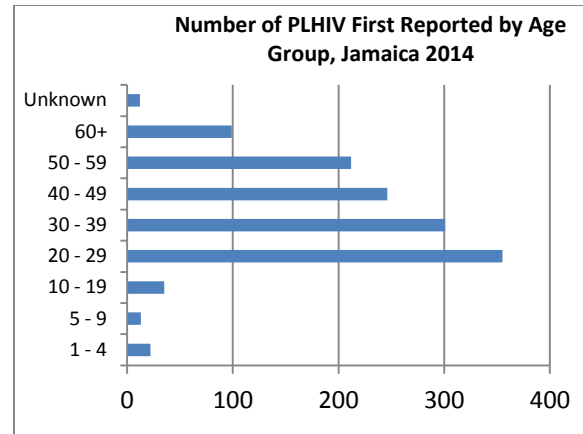
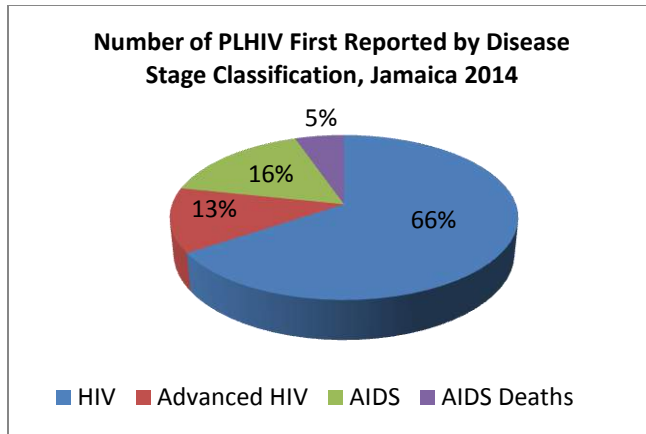
Figure 3 AIDS Mortality Rate/100,000 Population, Jamaica 2002 - 2014



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

NEWLY DIAGNOSED CASES 2014

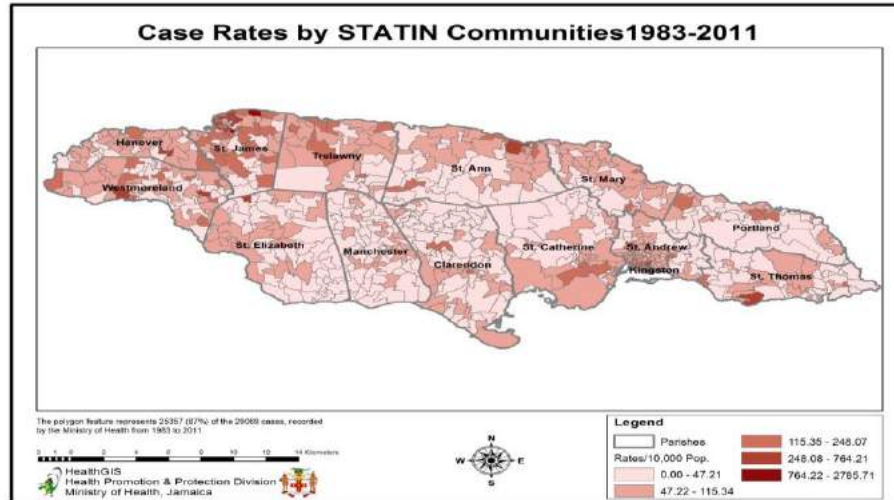
- There were 1,295 newly diagnosed cases in 2014. Approximately two thirds of these newly diagnosed PLHIV were 1st diagnosed with CD4 \geq 350 which likely is a reflection of scaled-up HIV testing and counselling efforts, particularly with Provider Initiated Testing and Counselling, in order to facilitate early diagnosis. However, there is still need for wider testing as 69 (5%) of these cases were still notified to the National Epidemiology Unit for the first time as deaths.
- Males (657) accounted for slightly more newly diagnosed cases than females (638); with the age group 20 – 29 year-olds accounting for the largest proportion of newly diagnosed cases.



ANALYSIS BY GEOGRAPHIC AREA

- The proportion of reported cases and from the most urbanized parishes has decreased in recent years. Fifty-two percent (52%) of reported AIDS cases in 2014 were from the most urbanized parishes (KSA, St. Catherine, and St. James). This proportion is lower than it was in 2012 (61%), and has decreased more notably 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 – 1,017.9 cases per 100,000 persons, and St. James – 1,498.9 HIV cases per 100,000 persons. In fact, KSA and St. James have cumulative case rates that exceed the national case rate (690.5 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: 754.9.0 cases per 100,000 persons in Westmoreland, 684.2 cases per 100,000 persons in Trelawny, 677.6 cases per 100,000 persons in St. Ann, and 647.4 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.

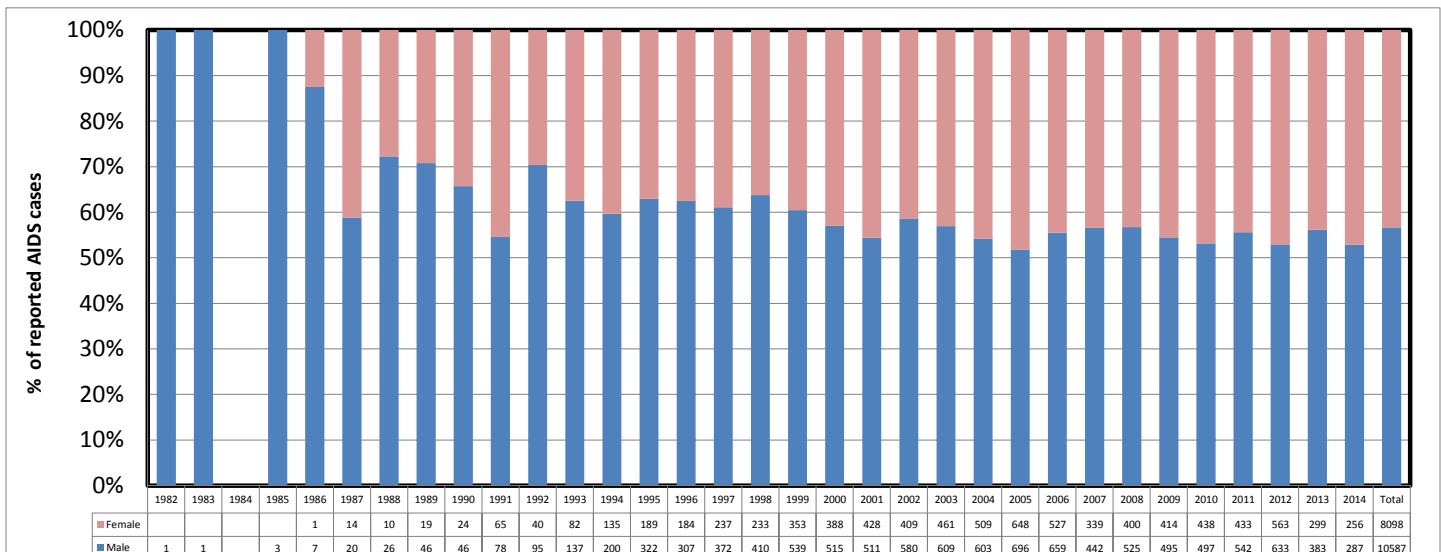
Figure 4: Case Rates by STATIN Communities, 1983 - 2011, Jamaica



ANALYSIS BY SEX AND AGE GROUP

- The cumulative male: female ratio for persons reported with AIDS is 1.32:1, and the ratio of men: women reported in 2013 is 1.37:1. 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 compared to the beginning of the outbreak.

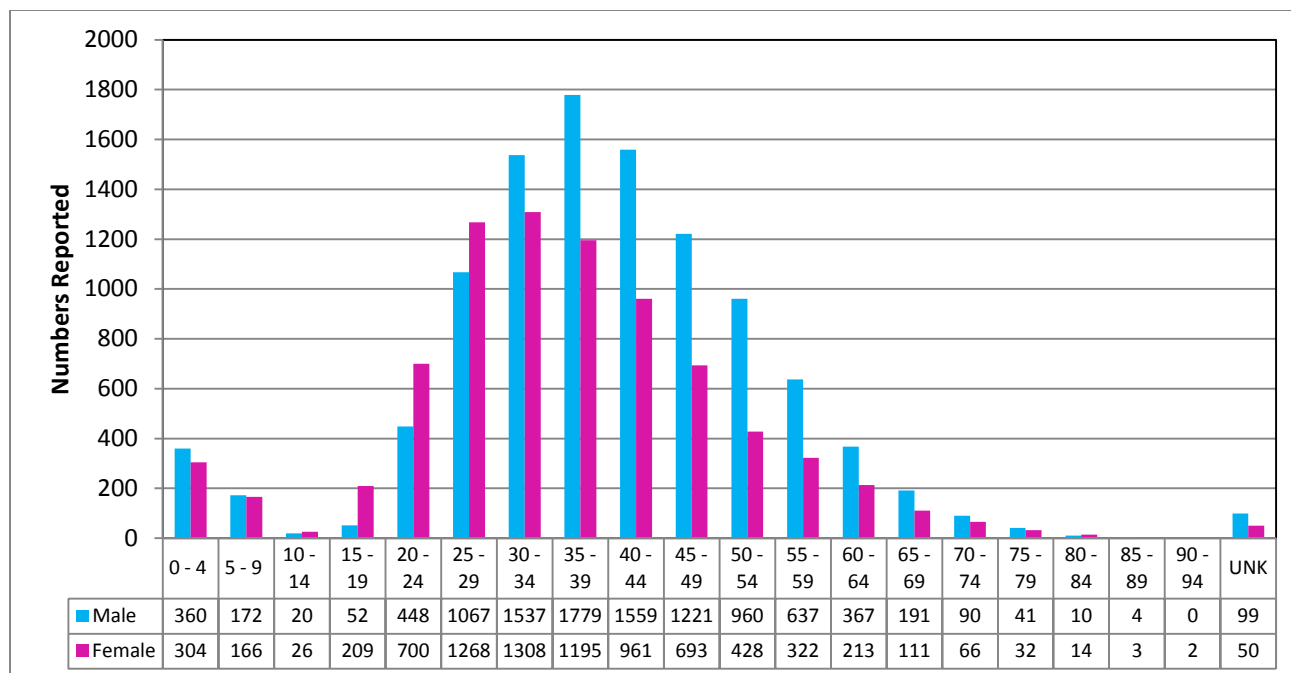
Figure 5: Annual Female: Male distribution of reported AIDS cases, 1982 – 2014



- Approximately 75% of all AIDS cases reported 1982 - 2014 are in the 20-49 year old age group and 85% of all AIDS cases reported 1982 - 2014 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 reported 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.
- However, the HIV prevalence among young adolescent girls and boys aged 10-14 is equal and is estimated to be 0.1%¹ predominantly the result of mother-to-child transmission of HIV (UNAIDS, 2014). In later adolescence (15 – 19 years), there is an estimated increase in HIV prevalence, consistent with the onset of sexual behaviour; and by the age of 24, there is a further increase in HIV prevalence consistent with increased sexual behaviour as well as survival and transition of HIV-infected adolescents into the early adult years. Consequently, the estimated HIV prevalence rises to 1% in young women aged 20 – 24 and to 1.4% in young men in the same the group.
- In contrast with the estimated HIV prevalence of 0.4 and 0.5 reported in adolescent girls and boys aged 15 – 19 at the national level through the UNAIDS 2014 estimates though, the HIV prevalence among gay and bisexual adolescent boys is estimated to be 14% while HIV prevalence in transgender adolescents is estimated to be 27% (National HIV/STI Programme, 2014) underlining the extreme vulnerability and urgent need for sustained HIV prevention, treatment, care and support response for these adolescents.

Figure 6 Cumulative AIDS Cases Reported by Age Group and Sex, 1982 - 2014

¹ HIV prevalence estimates presented in this section are based on the final UNAIDS HIV and AIDS estimates for Jamaica (August 2014).



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 2014, 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% (669) were identified as bisexual and 4% (618) 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 2014 cumulative)

N= 31,545

RISK	No. of Persons (%)
Sex with Sex workers	4,487 (14.2%)
Crack , Cocaine Use	1,337 (4.2%)
STI History	10,690 (33.9%)
IV Drug Use	192 (0.61%)
Multiple Sexual Partners/contacts	4,256 (13.5%)
No high risk behaviour	5,321 (16.9%)

Of the 192 cases of IV Drug use reported since 1982, 85 (44%) were reported in the period 2008 - 2014. 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 1.6%, however surveys show higher HIV prevalence in at-risk groups.
- Data from surveillance of STI clinic attendees in 2014 indicated that for every 1,000 persons with a sexually transmitted infection, approximately 20 were infected with HIV. Further, 67% of STI attendees tested in the sentinel surveillance were females - 1.87% of these females tested positive for HIV compared to 2.15% of male STI attendees.

Table 2: HIV Seroprevalence Rate Among STI Clinic Attendees by Parish 2014

PARISH	Total Tested	Total Positive	% Positive	(95% CI) exact
Kingston & St Andrew	1448	35	2.42	1.74 – 3.34
Manchester	415	0	0.00	0.00 – 0.92
St Ann	377	4	1.06	0.41 – 2.70
St Catherine	1126	24	2.13	1.44 – 3.15
St James	401	5	1.25	0.53 – 2.89
Westmoreland	315	12	3.81	2.19 – 6.54
TOTAL	4082	80	1.96	1.57 – 2.43

*Survey conducted between April and September 2014

KEY POPULATIONS

- A 2014 survey of sex workers found that 2.9% 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 2014, for every one thousand pregnant women attending public antenatal clinics, approximately 8 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 2013 and 2014 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 1.1% (2014). The number of reported paediatric AIDS cases (0 - 9 years old) has declined from 61 cases in 2004 to 10 in 2014. 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).
- 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.
- 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 and has since grown to include rapid testing on labour wards for mothers who may present with an unknown result. This has resulted in HIV testing of more than 100% of pregnant women and ARV treatment or prophylaxis for 93% of HIV infected mothers in the public

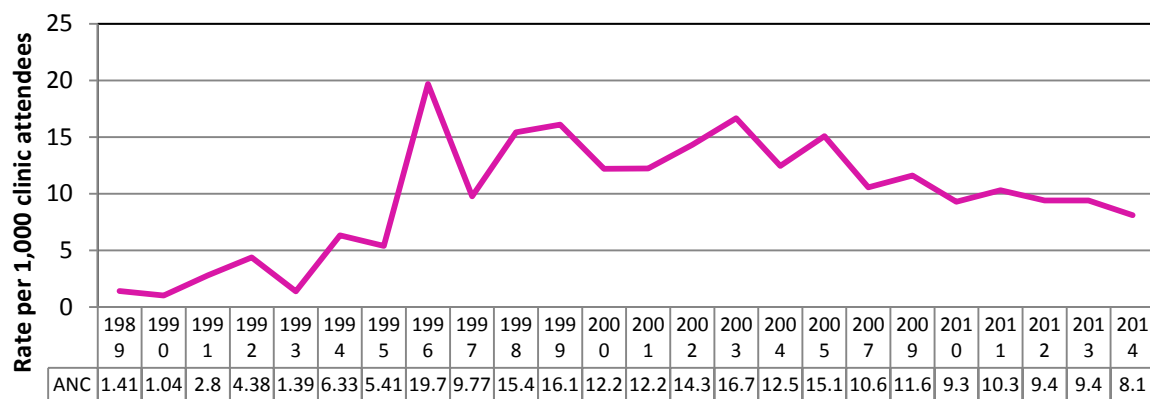
sector in 2014. More than 95% of infants born to HIV infected women in public health sector received ARV for pMTCT.

Table 3: HIV Seroprevalence Rate among ANC Attendees By Parish 2014

PARISH	Total Tested	Total Positive	% Positive	(95% CI) exact
Kingston & St Andrew	517	4	0.77	0.30 – 1.97
Manchester	146	0	0.00	0.00 – 2.56
St Ann	155	2	1.29	0.36 – 4.58
St Catherine	360	5	1.39	0.53 – 3.02
St James	174	0	0.00	0.00 – 2.16
Westmoreland	135	1	0.74	0.13 – 4.08
TOTAL	1487	12	0.81	0.46 – 1.38

Source: Sentinel Surveillance, 2014

Figure 7: HIV Case Rate in ANC attendees, 1989 – 2014



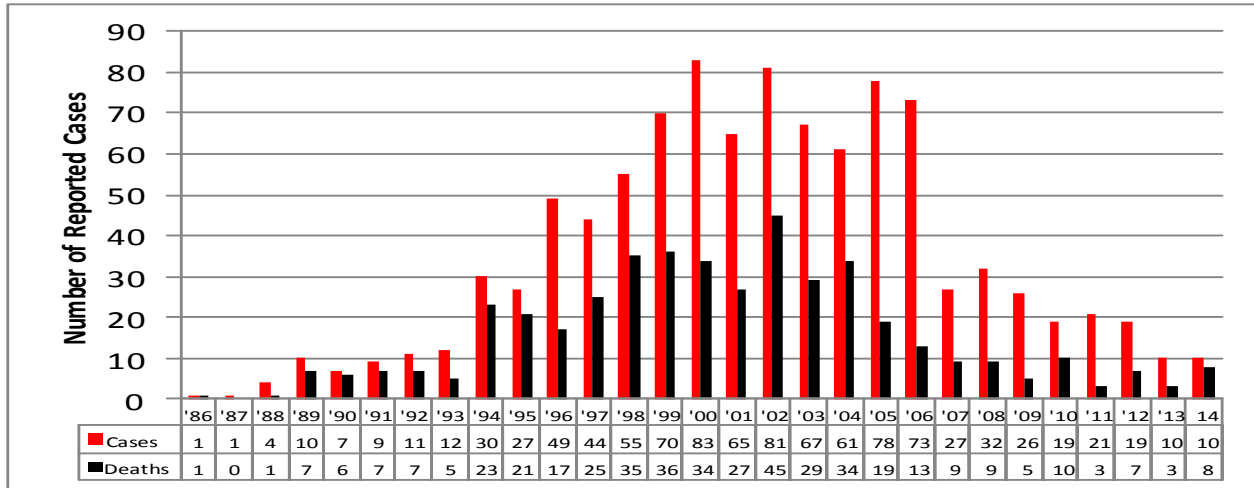
*Table 4 Progress towards Elimination of Mother to Child Transmission of HIV in Jamaica
(2006 - 2013)*

	2007	2008	2009	2010	2011	2012	2013	2014
No. of ANC Attendees Tested	22,478 (95%)	29,119 (>95%)	30,076 (>95%)	26,697 (>95%)	27,985 (>95%)	33,378 (>95%)	35,479 * (107%)	41,990* (135%)
No. of HIV positive women delivered	358	623	440	432	417	445	446	431
% of women getting ARVs	84%	83.1%	84%	86.3%	85%	88%	92%	93%
No. of HIV – exposed infants	362	620	439	419	413	432	443	422
No. of Infants getting PMTCT	350 (97%)	608 (98%)	430 (98%)	408 (97%)	413 (100%)	422 (98%)	436 (98%)	410 (97%)
# HIV Positive Infants	17	25	12	19	10	10	10	4
(MTCT) Transmission Rate	<5%	<5%	2.7%	4.6%	2.4%	2.4%	2.5%	1.1%

*Some women are tested more than once during their pregnancy

- In 2014, 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, 1986 - 2014

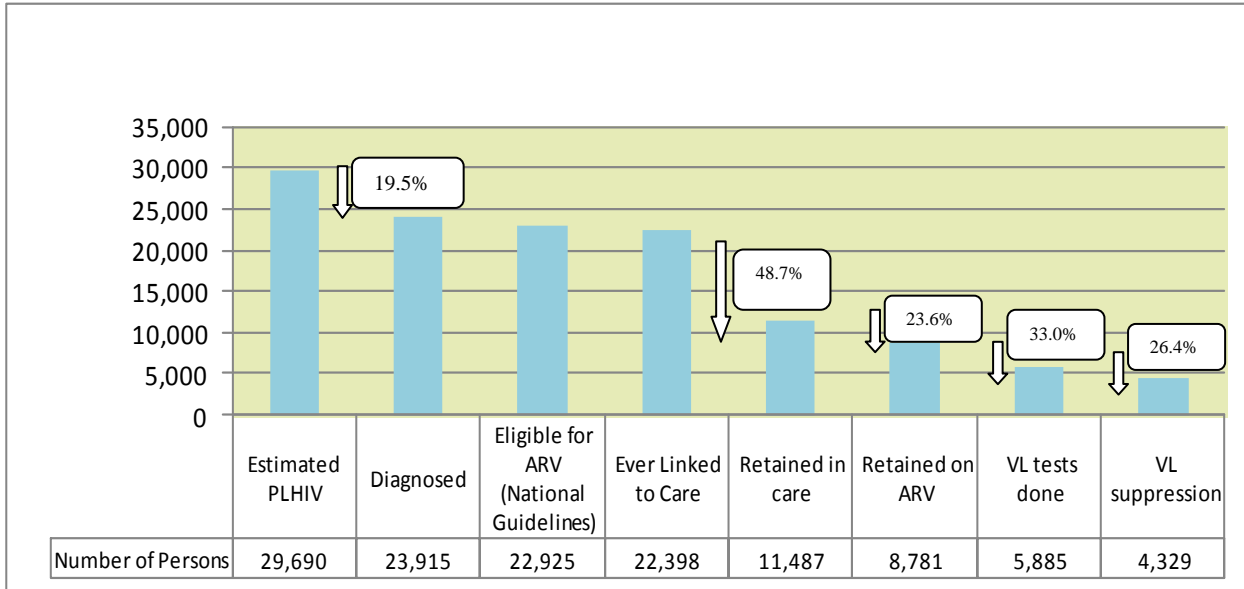


- Eight (8) paediatric AIDS deaths were reported in 2014, compared to 34 in 2004. This represents a 76% decrease in the number of paediatric AIDS deaths over this period.
- The transmission of HIV from an HIV-infected mother to the exposed infant is 1.1% in 2014, compared to 25% in 2002 (prior to the 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, 2014



Sources of Data: Spectrum Output 2014, 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 (i.e. CD4 <350) 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 29,690 individuals estimated to be living with HIV infection in Jamaica, 80.5% have been diagnosed, reported and assumed to be still alive. Testing needs to improve to reach the 20% who are still unaware of their HIV infection.
- Additionally, of those persons diagnosed, at least 6% 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 (51.3%) have been seen in the last 12 months (i.e. retained in care).
- Comparison of the numbers of PLHIV retained in care (5th 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 (3rd 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 just under half (49%) have achieved viral suppression. It is noted though that uptake of VL tests done needs to be improved as 33% of persons retained on ARV did not have a viral load test date recorded in the past 12 months.

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 2014
DATA TABLES**

TABLE 1: SUMMARY OF HIV CASES REPORTED BY YEAR AND SEX, 1982 TO 2014

YEAR	MALE (%)	FEMALE (%)	UNKNOWN (%)	TOTAL
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
Jan – Dec 2014	657 (50.7%)	638 (49.3%)	0 (0.0)	1,295
Total	17,295 (52.1%)	15,845 (47.8%)	53 (0.1%)	33,193

TABLE 2: SUMMARY OF PERSONS WITH ADVANCED HIV* IN JAMAICA, 2005 to 2014

PERIOD	TOTAL	MALE (%)	FEMALE (%)
Cumulative 1982-2014	21,708	11,838 (54.5)	9,870 (45.5)
Jan – Dec 2005	1,344	696 (51.8)	648 (48.2)
Jan - Dec 2006	1,186	659 (55.6)	527 (44.4)
Jan - Dec 2007	1,098	590 (53.7)	508 (46.3)
Jan - Dec 2008	1,197	618 (51.6)	579 (48.4)
Jan - Dec 2009	1,489	704 (47.3)	785 (52.7)
Jan – Dec 2010	1,503	711 (47.3)	792 (52.7)
Jan – Dec 2011	1,250	661 (52.9)	589 (47.1)
Jan – Dec 2012	1,888	944 (50.0)	944 (50.0)
Jan – Dec 2013	780	423 (54.2)	357 (45.8)
Jan – Dec 2014	764	404 (52.9)	360 (47.1)

*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 2014

PERIOD	TOTAL	MALE (%)	FEMALE (%)
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)
Jan – Dec 2014	543	314 (57.8)	229 (42.2)
Total	18,685	10,614 (56.8)	8,071 (43.2)

**TABLE 4: SUMMARY OF HIV/AIDS CASES BY PARISH IN JAMAICA, 1982 – DEC 2014
(BY DATE OF REPORTING)**

PARISH	Jan - Dec 2014	1982 – Dec 2014 Cumulative Total	RATE PER 100,000 POPULATION
KINGSTON & ST. ANDREW	363	11,784	1,765.0
ST. THOMAS	27	530	560.0
PORTLAND	26	726	881.3
ST. MARY	56	1,120	978.2
ST. ANN	106	2,360	1,359.1
TRELAWNY	33	912	1,204.1
ST. JAMES	199	4,481	2,420.8
HANOVER	31	841	1,200.7
WESTMORELAND	110	1,840	1,267.5
ST. ELIZABETH	53	885	584.7
MANCHESTER	38	1,159	605.9
CLARENDON	109	1,699	688.1
ST. CATHERINE	138	4,540	873.8
PARISH NOT KNOWN		284	n/a
OVERSEAS ADDRESS	0	32	n/a
TOTAL	1,295	33,193	1,221.2

TABLE 5. SUMMARY OF AIDS CASES BY PARISH IN JAMAICA, 1982 -2014 (BY DATE OF REPORTING)

PARISH	Jan - Dec 2014	1982 – Dec 2014 Cumulative Total	RATE PER 100,000 POPULATION
Kingston & St Andrew	118	6,815	1,020.8
St Thomas	11	298	314.9
Portland	11	376	456.4
St Mary	33	597	521.4
St Ann	34	1,181	680.1
Trelawny	18	520	686.6
St James	117	2,778	1,500.8
Hanover	17	455	649.6
Westmoreland	63	1,100	757.8
St Elizabeth	19	494	326.4
Manchester	17	639	334.1
Clarendon	33	878	355.6
St Catherine	52	2526	486.2
Parish Unknown		15	n/a
Overseas Address		13	n/a
<i>Total</i>	543	18,685	687.5

TABLE 6: SUMMARY OF AIDS DEATHS IN JAMAICA, 1982 – DEC 2014

PERIOD	TOTAL	MALE	(%)	FEMALE	(%)
1982 - Dec 2014	9,278	5,565	(60.0)	3,713	(40.0)
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)
Jan – Dec 2006	432	262	(60.6)	170	(39.4)
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	298	169	(56.7)	129	(43.3)
Jan – Dec 2014	222	123	(55.4)	99	(44.6)

**TABLE 7: SUMMARY OF AIDS DEATH BY PARISH IN JAMAICA, 1982 – DEC 2014
(BY DATE OF REPORTING)**

PARISH	January - Dec 2014	1982 – Dec 2014 Cumulative Total
KINGSTON & ST. ANDREW	27	3,471
ST. THOMAS	2	116
PORTLAND	1	182
ST. MARY	20	351
ST. ANN	1	410
TRELAWNY	11	287
ST. JAMES	63	1,558
HANOVER	11	274
WESTMORELAND	47	628
ST. ELIZABETH	7	261
MANCHESTER	12	296
CLARENDON	12	267
ST. CATHERINE	8	1,152
PARISH NOT KNOWN		18
OVERSEAS ADDRESS		7
TOTAL	222	9,278

TABLE 8: SUMMARY OF PAEDIATRIC AIDS CASES (AGE 0 - 9 YEARS), 1986 – 2014

PERIOD	TOTAL	MALE	(%)	FEMALE	(%)
1986- Dec 2014	1,002	532	(53.1)	470	(46.9)
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)
Jan – Dec 2014	10	4	(40.0)	6	(60.0)

TABLE 9: SUMMARY OF PAEDIATRIC AIDS CASES BY PARISH IN JAMAICA (BY DATE OF REPORTING), 1986 – 2014

PARISH	Cumulative Total	RATE PER 100,000 POPULATION 2006 Est. STATIN 0-9 age group
KINGSTON & ST. ANDREW	404	304.3
ST. THOMAS	29	138.0
PORTLAND	16	89.7
ST. MARY	29	115.9
ST. ANN	36	96.8
TRELAWNY	17	104.0
ST. JAMES	136	346.8
HANOVER	17	114.0
WESTMORELAND	39	124.3
ST. ELIZABETH	25	80.7
MANCHESTER	39	98.5
CLARENDON	56	99.8
ST. CATHERINE	156	148.2
PARISH NOT KNOWN	3	n/a
OVERSEAS ADDRESS	1	n/a
TOTAL	1,002	176.5

TABLE 10: SUMMARY OF PAEDIATRIC AIDS DEATHS, 1986 -2014

PERIOD	TOTAL	MALE (%)	FEMALE (%)
1986 - Dec 2014	446	229 (51.3)	217 (48.7)
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)
Jan – Dec 2006	13	11 (84.6)	2 (15.4)
Jan - Dec 2007	9	4 (44.4)	5 (55.6)
Jan - Dec 2008	9	4 (44.4)	5 (55.6)
Jan - Dec 2009	5	3 (60.0)	2 (40.0)
Jan – Dec 2010	10	8 (80.0)	2 (20.0)
Jan – Dec 2011	3	2 (66.7)	1 (33.3)
Jan – Dec 2012	7	4 (57.1)	3 (42.9)
Jan – Dec 2013	3	1 (33.3)	2 (66.6)
Jan – Dec 2014	8	4 (50.0)	4 (50.0)

TABLE 11: SUMMARY OF AIDS CASES* BY 5-YEAR AGE GROUPS, 1986 – DEC. 2014, JAMAICA

AGE GROUP	MALE	FEMALE	TOTAL
00 to 4	360	304	664
05 to 9	172	166	338
10 to 14	20	26	46
15 to 19	52	209	261
20 to 24	448	700	1,148
25 to 29	1,067	1,268	2,335
30 to 34	1,537	1,308	2,845
35 to 39	1,779	1,195	2,974
40 to 44	1,559	961	2,520
45 to 49	1,221	693	1,914
50 to 54	960	428	1,388
55 to 59	637	322	959
60 to 64	367	213	580
65 to 69	191	111	302
70 to 74	90	66	156
75 to 79	41	32	73
80 to 84	10	14	24
85 to 89	4	3	7
90 to 94	0	2	2
Unknown	99	50	149
<i>Total</i>	10,614	8,071	18,685

TABLE 12: ADULT HIV CASES BY SEXUAL PRACTICES (1982 – DEC 2014 CUMULATIVE)

Sex Practice Category	Male	Female	Unknown	Total
Heterosexual	7,981	15,066	0	23,047
Homosexual	618	0	0	618
Bisexual Males	669	0	0	669
Not Stated	7,180	0	31	7,211
<i>Total</i>	16,448	15,066	31	31,545
Child	847	779	22	1648
<i>Total</i>	17,295	15,845	53	33,193

**31 reported as Unknown Gender

TABLE 13: REPORTED RISK BEHAVIOURS AMONG ADULTS WITH HIV (1982 – DEC 2014 CUMULATIVE)

N=31,545

RISK	No. of Persons (%)
Sex with Sex workers	4,487 (14.2%)
Crack , Cocaine Use	1,337 (4.24%)
STI History	10,690 (33.9%)
IV Drug Use	192 (0.61%)
Multiple Sexual Partners/contacts	4,256 (13.5%)
No high risk behaviour	5,292 (16.8%)

TABLE 14: HIV STATUS OF PREGNANT WOMEN BY PARISH 2014*, JAMAICA

Parish	Total Tested	Total Positive	Percent Positive	(95% C.I.)
Kingston & St Andrew	517	4	0.77	0.30 – 1.97
Manchester	146	0	0.00	0.00 – 2.56
St Ann	155	2	1.29	0.36 – 4.58
St Catherine	360	5	1.39	0.53 – 3.02
St James	174	0	0.00	0.00 – 2.16
Westmoreland	135	1	0.74	0.13 – 4.08
TOTAL	1487	12	0.81	0.46 – 1.38

*Survey conducted between April and September 2013

TABLE 15: HIV STATUS OF STI CLINIC ATTENDEES BY PARISH 2014*, JAMAICA

Parish	Total Tested	Total Positive	Percent Positive	(95% C.I.)
Kingston & St Andrew	1448	35	2.42	1.74 – 3.34
Manchester	415	0	0.00	0.00 – 0.92
St Ann	377	4	1.06	0.41 – 2.70
St Catherine	1126	24	2.13	1.44 – 3.15
St James	401	5	1.25	0.53 – 2.89
Westmoreland	315	12	3.81	2.19 – 6.54
TOTAL	4082	80	1.96	1.57 – 2.43

*Survey conducted between April and September 2013