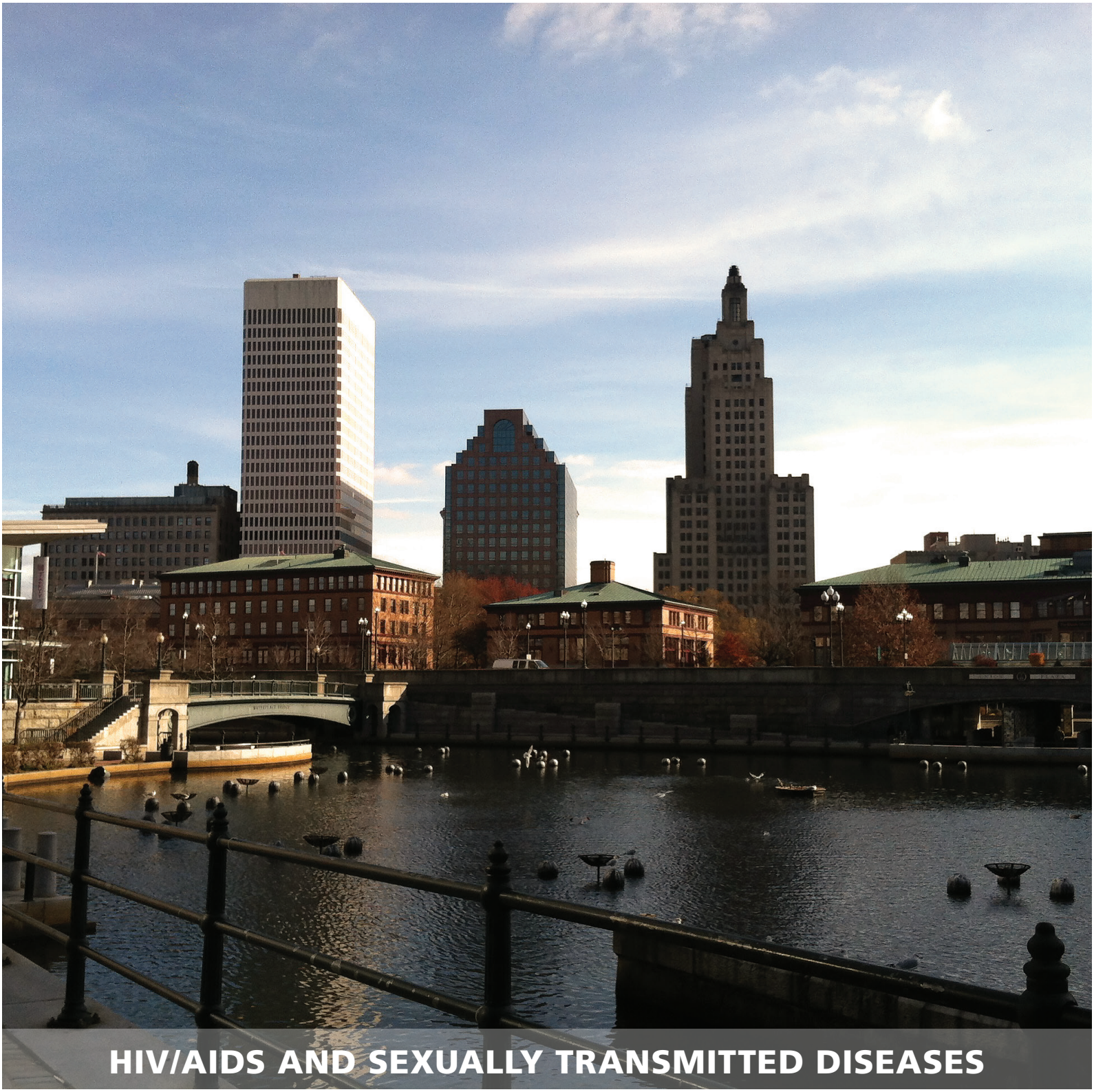

HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES

RHODE ISLAND DEPARTMENT OF HEALTH

2013 RHODE ISLAND SURVEILLANCE REPORT

MESSAGE FROM THE DIRECTOR

As Rhode Island strives to build healthier communities, one of the most complex and challenging areas of public health is the prevention of the human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) and other sexually-transmitted diseases (STDs), such as syphilis, gonorrhea, and chlamydia. Despite decades of efforts to reduce the burden of HIV and STDs in Rhode Island, these diseases remain a persistent public health problem, especially among many vulnerable and marginalized populations.

Protecting the sexual health of Rhode Islanders is challenging because of the many factors that impact sexual behaviors, such as social norms, evolving Internet-based technologies, access to condoms and HIV/STD testing, school-based sexual health education, the comfort and trust between doctors and their patients, and a myriad of other social determinants of health (i.e., poverty, education, access to healthcare, etc.).

The key information that you'll find in this report guides our efforts every day as we work with our community partners and healthcare providers to seek out more innovative ways to maximize resources and connect all Rhode Islanders to the health services, resources, and support they need to lead healthy and productive lives, especially our most vulnerable populations.

This report describes trends in HIV/AIDS and other STDs in Rhode Island in recent years. There is some good news: trends in new HIV diagnoses have dropped significantly for babies born to mothers infected with HIV and for injecting drug users. However, health disparities for HIV/AIDS and syphilis continue to grow for gay/bisexual men, while Blacks/African Americans and Hispanics continue to experience a disproportionate burden of HIV/AIDS and other STDs. Additionally, of special importance is the predominance of STDs among youth and young adults, as well as the impact STDs can have on the health and well-being of women and unborn children.

We hope that you find this report easy-to-read and comprehensive. In addition to disease-specific information, special sections of the report provide an overview of trends related to high-priority groups, including: youth and young adults, women, racial and ethnic groups, and gay/bisexual men.

There is some important information to keep in mind when interpreting HIV/AIDS and STD data, so before reading this report, I want to encourage you to first review the data definitions, limitations, and sources section on page 27.

Thank you for your interest in helping improve the sexual health of Rhode Islanders.

Sincerely,

Nicole Alexander-Scott, MD, MPH
Director Designee
Rhode Island Department of Health

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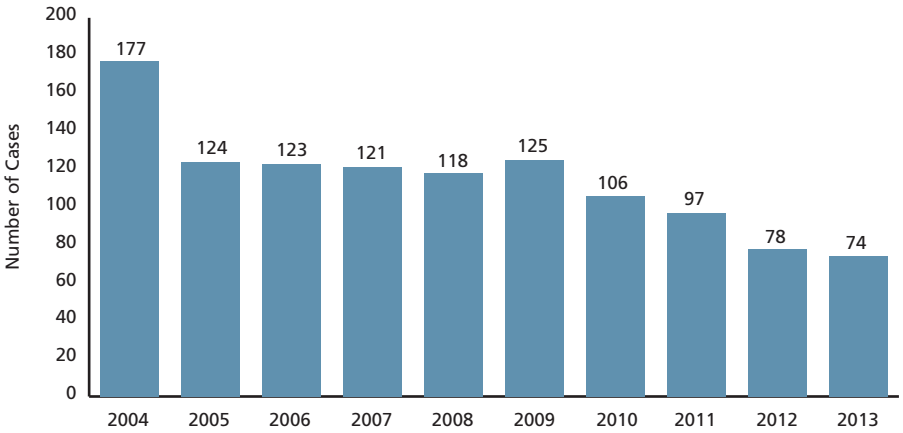
DISEASE TRENDS

HIV/AIDS

The human immunodeficiency virus (HIV) is a virus that can be spread through sexual contact, needle-sharing, and from a woman to her child through pregnancy, birth, and breastfeeding. While HIV is not a curable disease, people living with HIV who are in medical care and take their medications can achieve an undetectable HIV viral load and have a normal life expectancy. If not properly treated, HIV infection can lead to acquired immune deficiency syndrome, or AIDS. The immune system is weakened for people diagnosed with AIDS. People living with AIDS have an increased susceptibility to certain infections and cancers that can ultimately result in death.

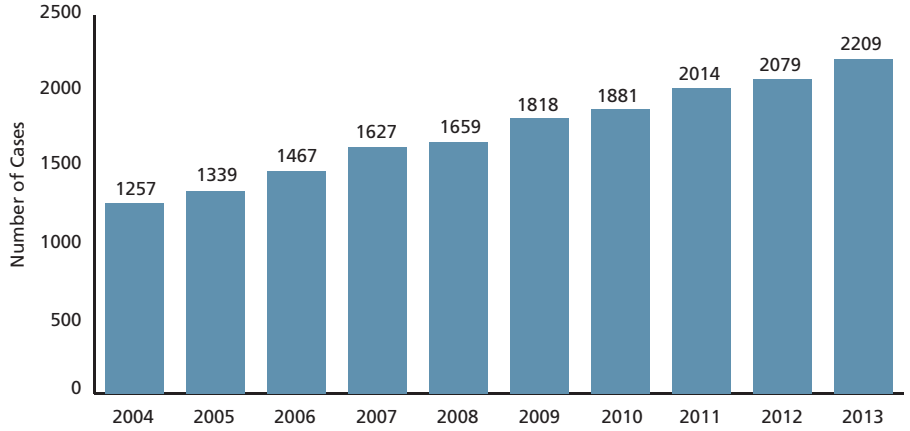
NEWLY-IDENTIFIED CASES OF HIV
RHODE ISLAND, 2004-2013



In the last 10 reported years there has been a steady decline in the number of newly-identified cases of HIV in Rhode Island. However, preliminary surveillance data from 2014 indicates that the number of newly-identified HIV infections increased by 33%.

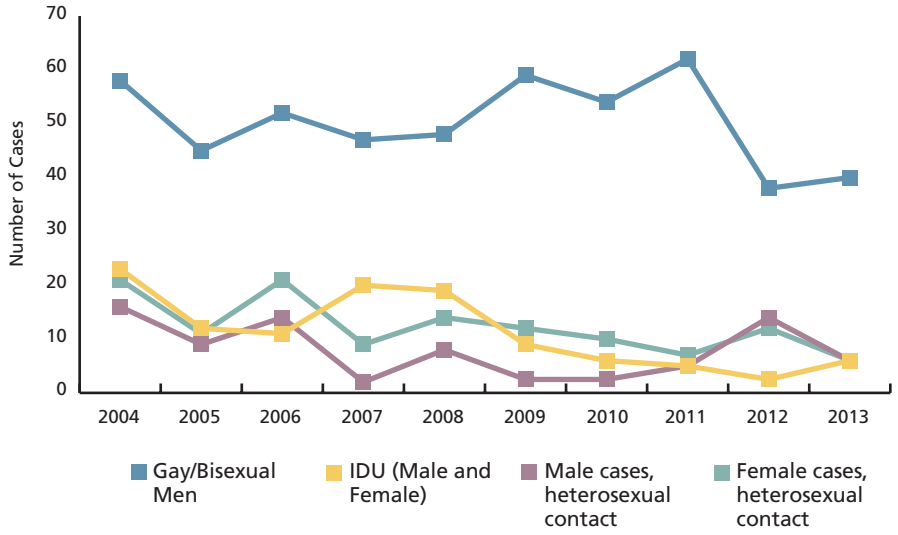
HIV/AIDS Deaths: Since 1983, a total of 1,598 deaths have occurred among Rhode Islanders diagnosed with HIV/AIDS. However, only 123 (7%) of those deaths occurred from 2009-2013. This significant reduction in deaths underscores the impact of improved treatment and access to care for people living with HIV/AIDS.

ESTIMATED NUMBER OF PERSONS LIVING WITH HIV
RHODE ISLAND, 2004-2013



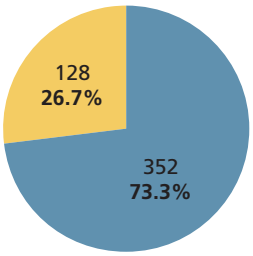
It is estimated that there were 2,209 Rhode Islanders living with HIV in 2013. Due to advances in effective medication to treat HIV, people who are HIV-positive are living longer and represent a growing segment of Rhode Island's population.

NEWLY IDENTIFIED CASES OF HIV BY MODE OF EXPOSURE
RHODE ISLAND, 2004-2013



Heterosexual males and females, as well as injecting-drug users, have experienced a steady decline in the number of newly-identified cases of HIV in the last 10 years. During this same time period, gay and bisexual men were disproportionately represented among Rhode Islanders who were newly identified with HIV. In 2013, there were at least four times as many cases of new HIV cases among gay/bisexual men when compared to females, male heterosexuals, and injecting-drug users. (Note: Cases for which mode of exposure could not be accurately ascertained are not included in this figure.)

NEWLY IDENTIFIED CASES OF HIV/AIDS BY DISEASE PROGRESSION AT DIAGNOSIS
RHODE ISLAND, 2009-2013

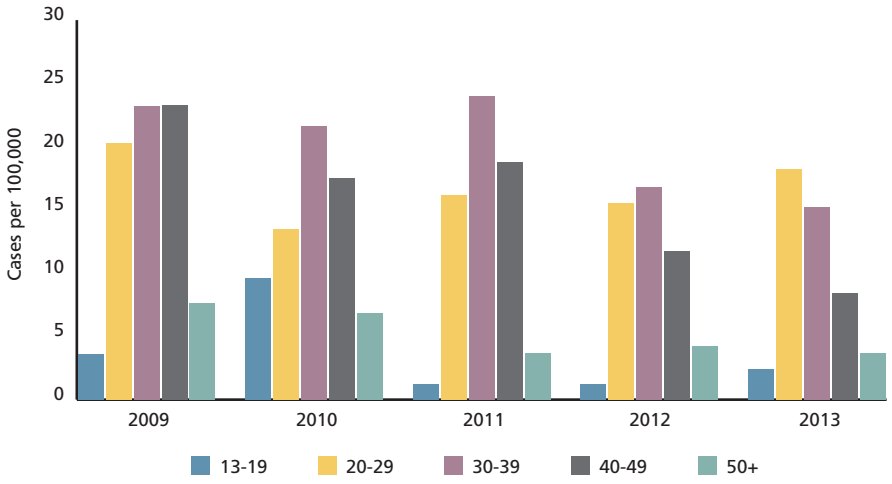


HIV only at diagnosis HIV with AIDS concurrent (<30 days)

From 2009-2013, about one in four newly-identified individuals diagnosed with HIV in Rhode Island also had a concurrent AIDS diagnosis. The average time from untreated HIV infection to development of AIDS is eight years. During this time, undiagnosed HIV-positive individuals are not able to benefit from medical care that can slow the progression of the disease. Because many people with HIV do not have any symptoms, undiagnosed HIV-positive individuals may also unknowingly transmit HIV to others.

Intravenous Drug Use: HIV infection associated with intravenous drug use (IDU) has decreased substantially in the last 20 years. In 2013, only 8% (six cases) of HIV cases reported IDU and there were fewer than five cases in 2011 and in 2012. This is a significant decrease from the approximately 20 cases that were reported annually from 2004-2008. A significant factor in the success of reducing IDU transmission can be attributed to the ENCORE (Education, Needle Exchange, Counseling, Outreach and Referral) Program that has been operating in Rhode Island since April 1995.

RATES OF NEWLY-IDENTIFIED CASES OF HIV BY AGE
RHODE ISLAND, 2009-2013



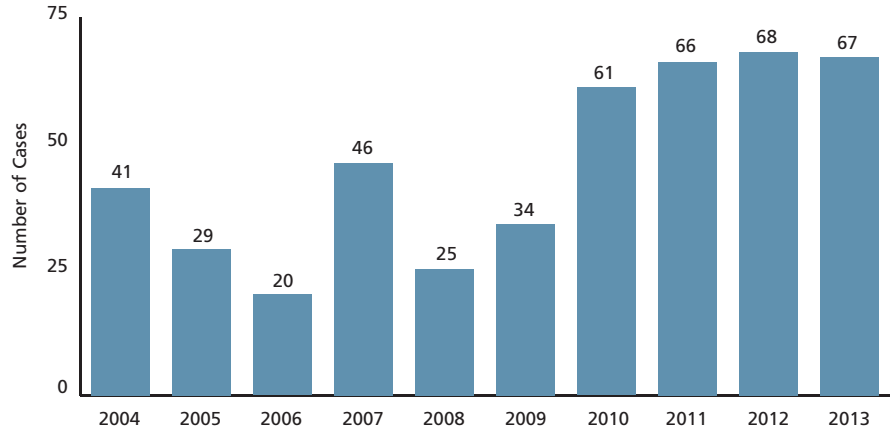
In the last five reported years, the rates of newly-identified HIV cases were highest among Rhode Islanders in their 20s, 30s, and 40s. However rates among people in their 40s substantially dropped between 2009 and 2013. People in their 20s became the age group with the highest rate of newly-identified cases of HIV in 2013.

Mother-to-Child Transmission of HIV: A Rhode Island public health success has been demonstrated through the substantial reduction in the transmission of HIV from HIV-infected mothers to their babies. This success is due in large part to the routine HIV testing of pregnant women as part of pre-natal care. In 2013 there were no pediatric HIV/AIDS cases identified in Rhode Island. From 2008-2012 there were only seven diagnosed cases of pediatric HIV.

INFECTIOUS SYPHILIS

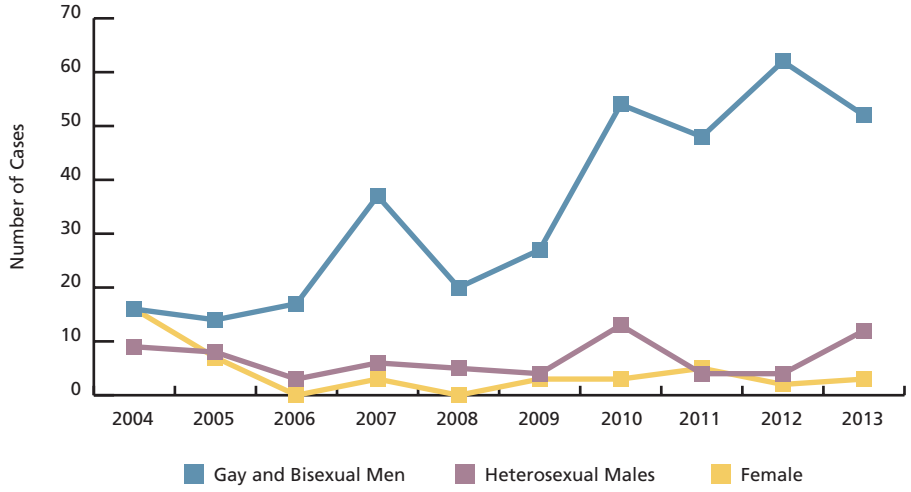
Syphilis is a bacteria that is spread through sexual contact. Syphilis is a treatable disease but people can get re-infected if their partners are not treated. Untreated syphilis can lead to serious long-term health outcomes including cardiac and neurological problems. Untreated syphilis in pregnant women can lead to stillbirths and infant deaths. Babies with untreated syphilis may become developmentally delayed, have seizures, and die.

INFECTIOUS SYPHILIS CASES
RHODE ISLAND, 2004-2013



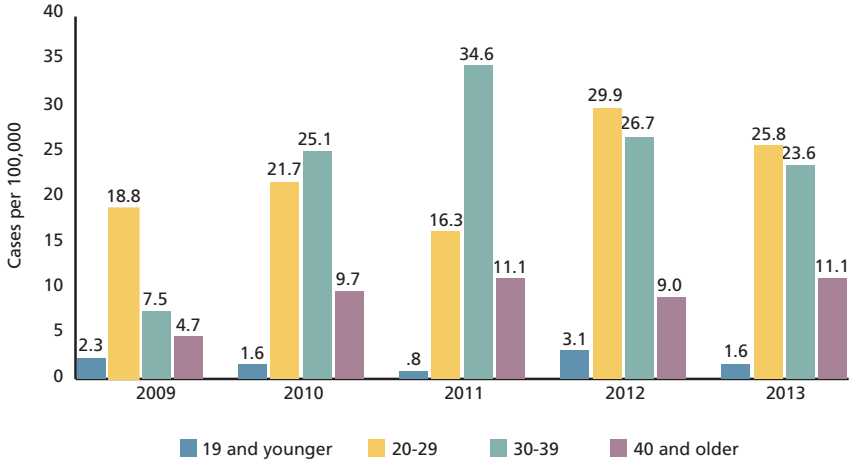
Infectious syphilis refers to infection that has been diagnosed within the past year (primary, secondary, or early latent stage) when people are most likely to transmit to others. From 2004 - 2013 there was a 63% increase in infectious syphilis cases in Rhode Island. In the last three reported years, the number of cases has remained stable, ranging from 66 to 68 per year. Preliminary data indicate that the number of cases for 2014 will be substantially higher (79%) than in 2013.

INFECTIOUS SYPHILIS CASES BY SEX AND SEXUAL ORIENTATION
RHODE ISLAND, 2004-2013



Gay and bisexual men are disproportionately affected by infectious syphilis in Rhode Island. This health disparity has increased significantly in the last 10 reported years. In 2013, there were about five times as many cases of infectious syphilis in gay and bisexual males as in heterosexual males.

INFECTIOUS SYPHILIS CASE RATES BY AGE GROUP
RHODE ISLAND, 2009-2013

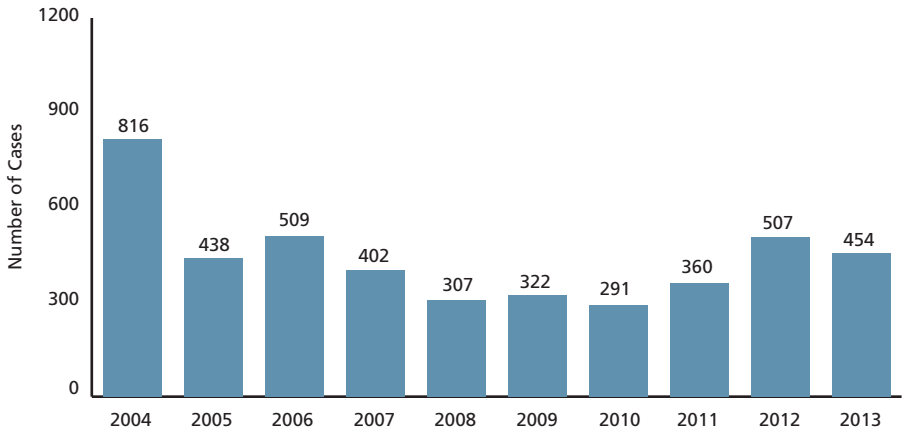


Since 2009, infectious syphilis case rates have been consistently higher in people in their 20s and 30s than in other age groups. There was one baby born with syphilis in Rhode Island in the last five years.

GONORRHEA

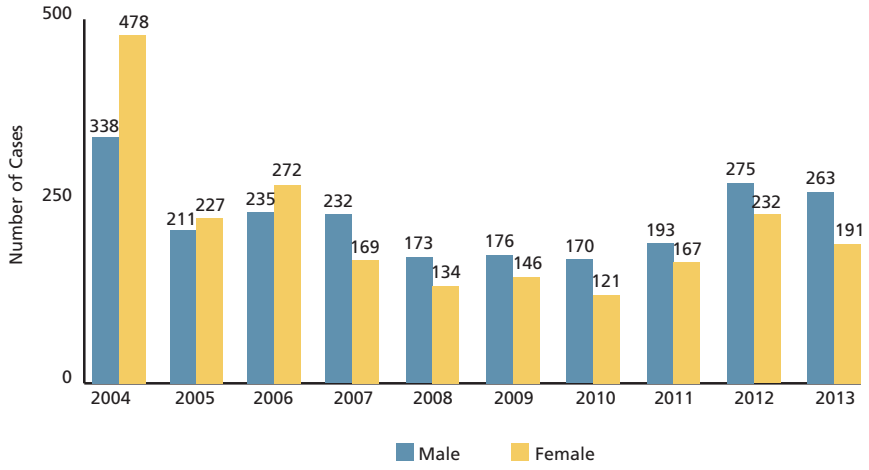
Gonorrhea is a bacteria that is spread through sexual contact. Gonorrhea is treatable; however, there are strains of gonorrhea that are currently circulating in the United States that are resistant to standard medications. Untreated gonorrhea can have reproductive health consequences for women and men. Pregnant women can transmit gonorrhea to their unborn babies which may result in serious health problems for the child.

GONORRHEA CASES
RHODE ISLAND, 2004-2013



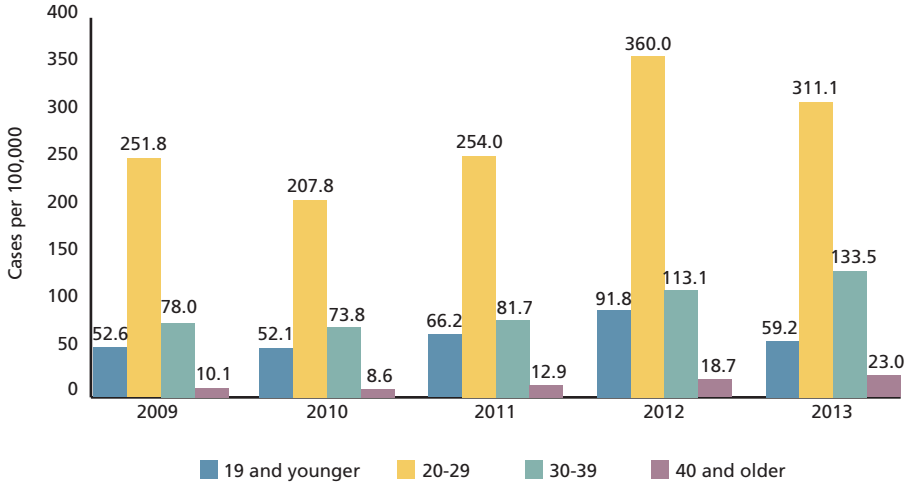
In the last 10 reported years, there was a high of 816 gonorrhea cases in 2004 and a low of 291 cases in 2010. On average, there were 440 gonorrhea cases per year.

GONORRHEA CASES BY SEX
RHODE ISLAND, 2004-2013



From 2004-2006, more gonorrhea cases were identified in females than in males. However, since 2007, more cases have been identified in males than in females. This shift in the female-to-male ratio of gonorrhea cases may be attributable to a rise in gonorrhea among gay/bisexual men in recent years.

GONORRHEA CASE RATES BY AGE GROUP
RHODE ISLAND, 2009-2013

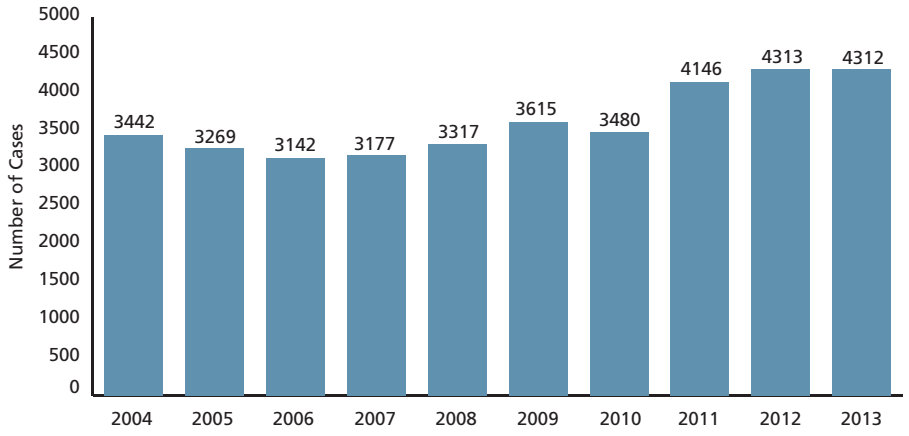


From 2009-2013, case rates for gonorrhea were consistently higher in people in their 20s than in any other age group. Case rates increased in the last five reported years for people in their 30s.

CHLAMYDIA

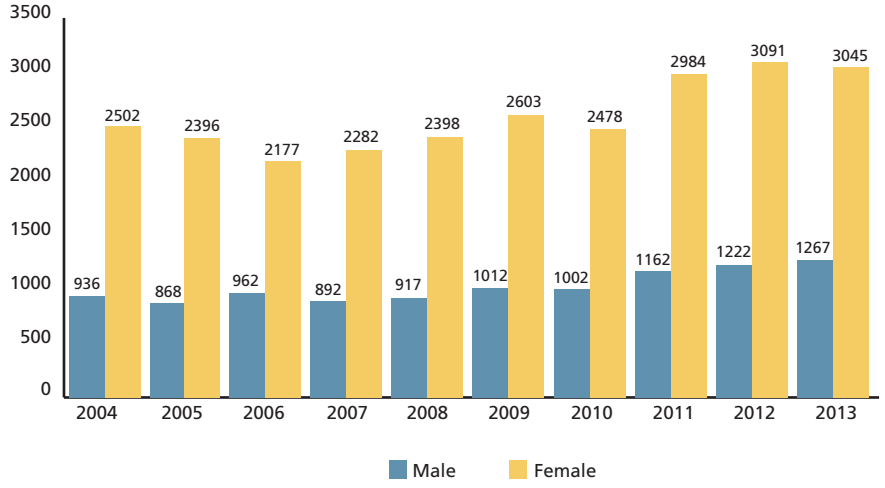
Chlamydia is a bacteria that is spread through sexual contact. Chlamydia is treatable, but people can get re-infected if their sexual partners are not treated. Untreated chlamydia can lead to serious health problems, especially among women, including pelvic inflammatory disease and infertility.

CASES OF CHLAMYDIA
RHODE ISLAND, 2004-2013



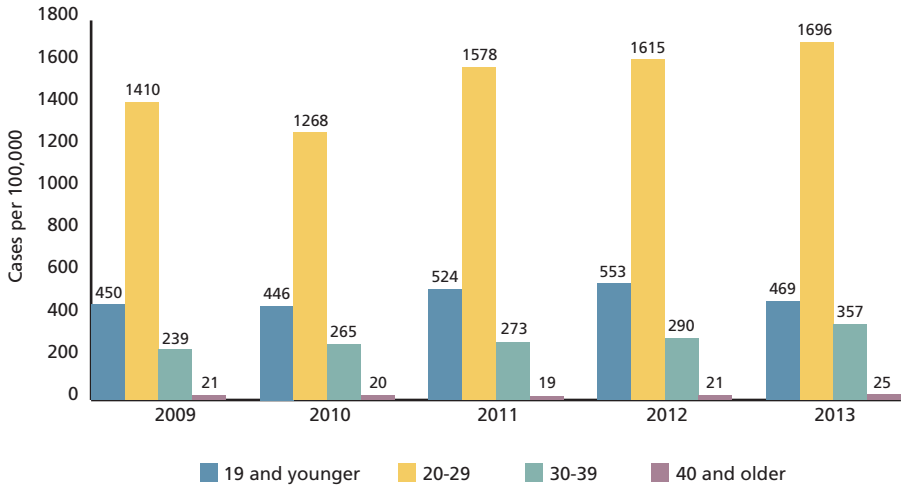
In the last 10 years, chlamydia cases have increased by 25% from 3,442 cases in 2004 to 4,312 cases in 2013.

CHLAMYDIA CASES BY SEX
RHODE ISLAND, 2004-2013



The majority of chlamydia in the last 10 years have been diagnosed in females. In 2013, 2.4 times as many cases were seen in females than males, which is similar to trends from past years. This difference is likely due to two factors: women have higher chlamydia screening rates than men; and, many men that have chlamydia do not have symptoms.

CHLAMYDIA CASE RATES BY AGE
RHODE ISLAND, 2009-2013



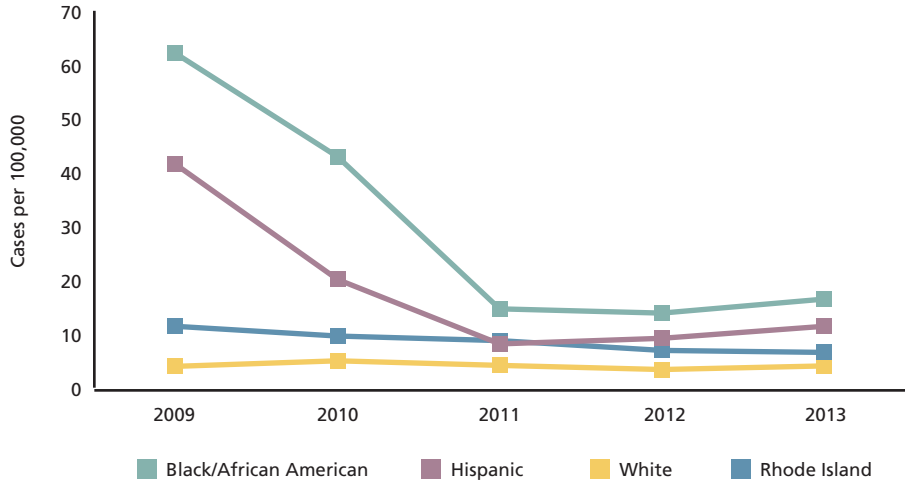
From 2009 -2013, the highest rates of chlamydia were in people in their 20s, followed by people aged 19 and younger.

HEALTH DISPARITIES AND SPECIAL POPULATIONS

RACIAL & ETHNIC GROUPS

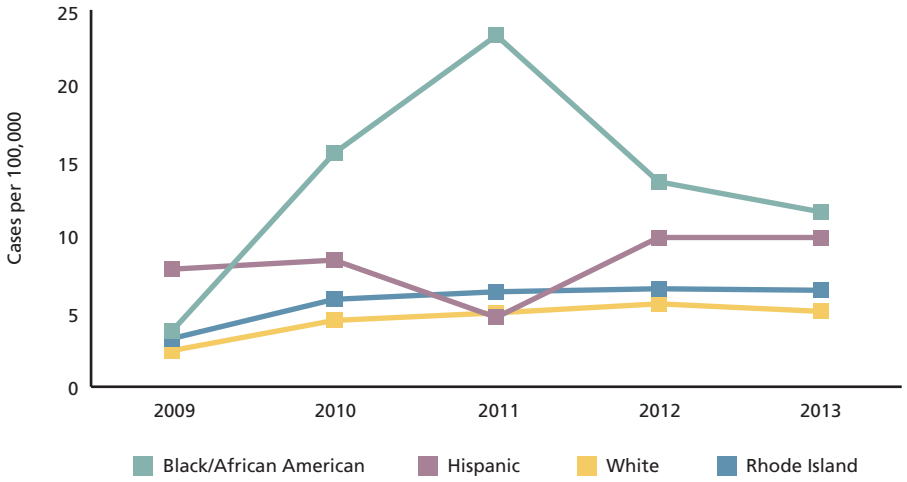
According to the Centers for Disease Control and Prevention (CDC), acknowledging the inequities in STD and HIV rates by race and ethnicity is one of the first steps in empowering affected populations to organize and focus on each problem. The factors contributing to these health inequities are complex and include poverty, income inequality, access to healthcare, and healthcare-seeking experiences. Another contributing factor is that in populations where STD prevalence is higher, individuals face a greater chance of encountering an infected partner than those in lower-prevalence settings.

RATES OF NEWLY-IDENTIFIED CASES OF HIV/AIDS BY RACE/ETHNICITY RHODE ISLAND, 2009-2013



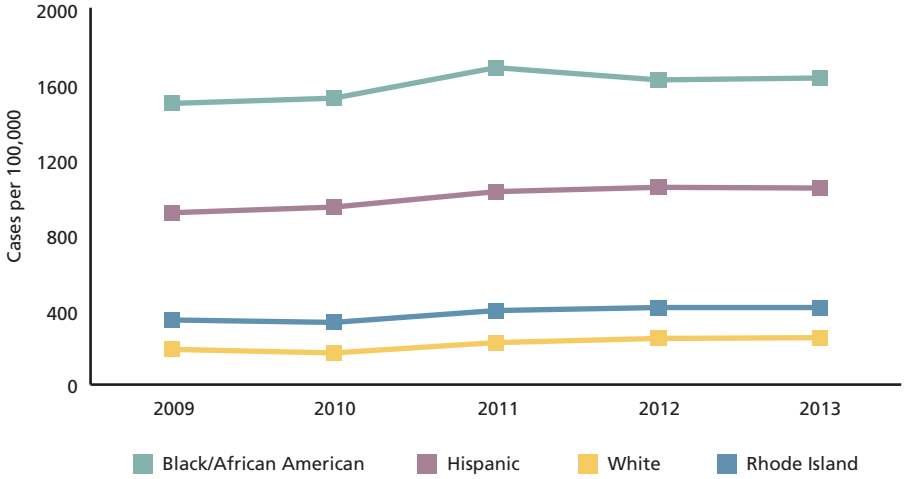
In the last five reported years, health disparities in HIV rates markedly decreased in Rhode Island. However, Blacks/African Americans and Hispanics continued to be disproportionately affected by HIV during this time.

RATES OF INFECTIOUS SYPHILIS BY RACE/ETHNICITY
RHODE ISLAND, 2009-2013



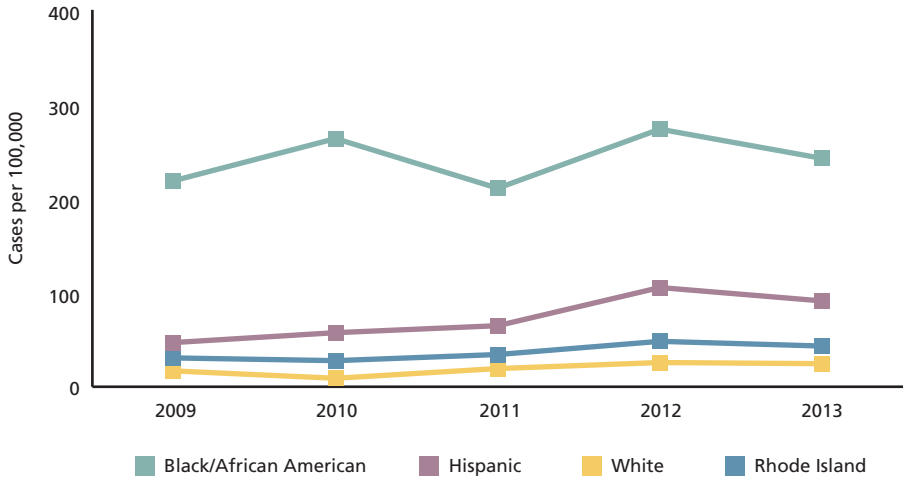
In the last five years, the rates of infectious syphilis were highest among Blacks/African Americans and Hispanics. Since 2011, the rates increased for Hispanics and decreased for Blacks/African Americans. Both Blacks/African Americans and Hispanics had infectious syphilis rates that were higher than those of Whites and of the state average.

CHLAMYDIA RATES BY RACE/ETHNICITY
RHODE ISLAND, 2009-2013



From 2009-2013, chlamydia rates gradually increased for all racial and ethnic groups. However, Blacks/African Americans and Hispanics had consistently higher chlamydia rates than those of Whites and of the state average. Race and ethnicity rates for chlamydia are estimates based on the 80% of case reports that have complete racial and ethnic data.

RATES OF GONORRHEA BY RACE/ETHNICITY
RHODE ISLAND, 2009-2013



From 2009-2013, gonorrhea case rates generally remained stable. Blacks/African Americans consistently had the highest rates of gonorrhea, followed by Hispanics. Both Blacks/African Americans and Hispanics have had higher rates than those of Whites and of the state average.

WOMEN

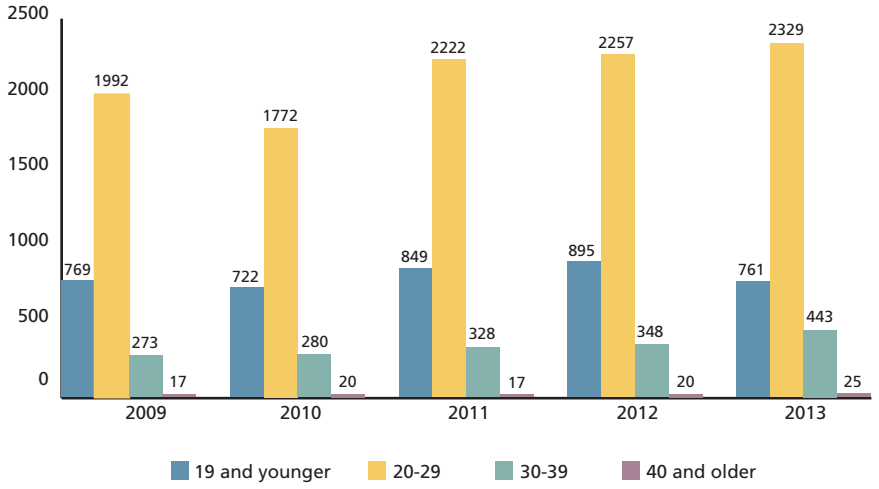
According to the CDC, women and infants bear significant, long-term consequences of STDs. In addition to biological and social factors such as poverty and access to quality STD services, a woman's inability to negotiate safer sexual practices with her male partners, such as condom use, can significantly affect her sexual health and subsequently the health of her unborn baby.

HIV Risk Factors and Women

Some of the characteristics shared by many of the 16 women that were newly-reported with HIV infection in Rhode Island in 2013 included:

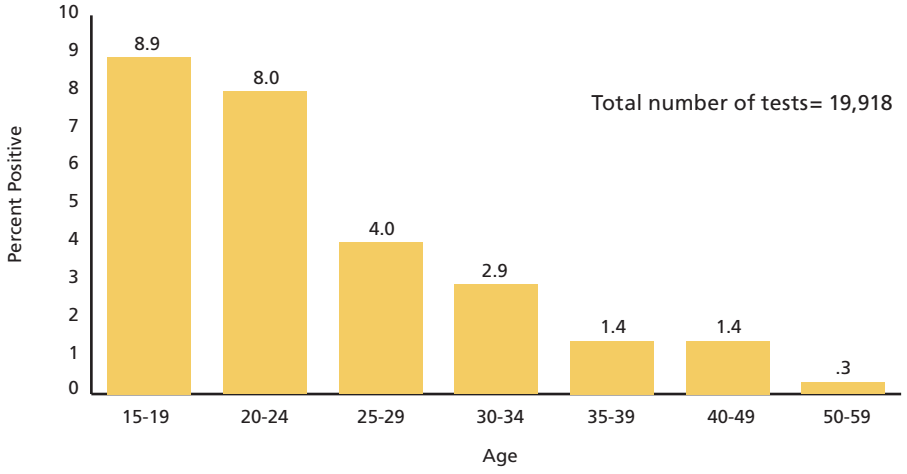
- **Born outside of the United States: 33%**
- **Sex with a known positive case of HIV: 33%**
- **Ever exchanged sex for money, drugs, goods, or services within their life: 20%**
- **Ever had sex while high or intoxicated: 33%**
- **Ever forced to have sex involuntarily: 33%**
- **Ever injected non-prescription drugs: 33%**
- **History of incarceration: 33%**

CHLAMYDIA CASE RATES IN FEMALES, BY AGE GROUP
RHODE ISLAND, 2009-2013



From 2009-2013, chlamydia rates in females were highest among women in their 20s, followed by females ages 19 and younger. Case rates for women in their 20s increased 17% during the same five-year reporting period.

CHLAMYDIA POSITIVITY IN FEMALE PATIENTS AT TITLE X FAMILY PLANNING CLINICS, BY AGE GROUP
RHODE ISLAND, 2013

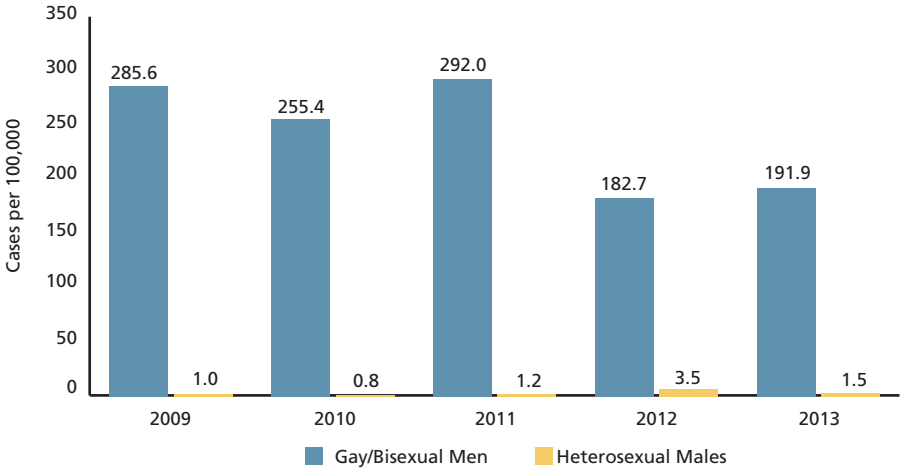


Among women seeking care at Title X/Family Planning Clinics in Rhode Island in 2013, those in their late teens had the highest percentage of positive chlamydia screening test results (8.9%), followed by those in their early 20s (8.0%).

GAY AND BISEXUAL MEN

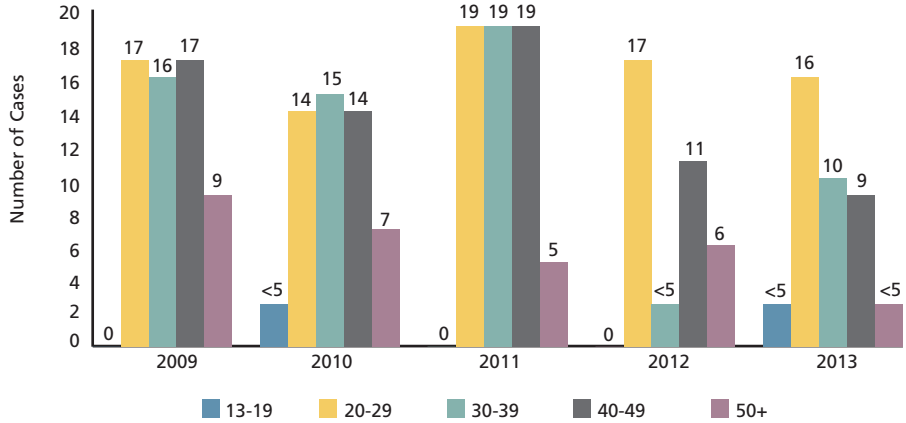
According to the CDC, gay and bisexual men are at increased risk for STDs and HIV due to a number of individual-level risk behaviors (higher numbers of lifetime sex partners, more frequent partner change and partner acquisition rates, and unprotected sex), as well as other interpersonal and societal-level factors. Gay and bisexual men who have lower socioeconomic status are particularly vulnerable to poor sexual-health outcomes. Other factors that impact sexual risk-taking among gay and bisexual men include availability of emotional and social support, drug and alcohol use, and individual experiences of social discrimination.

RATE OF NEWLY IDENTIFIED CASES OF HIV BY MODE OF SEXUAL EXPOSURE FOR MALES RHODE ISLAND, 2009-2013



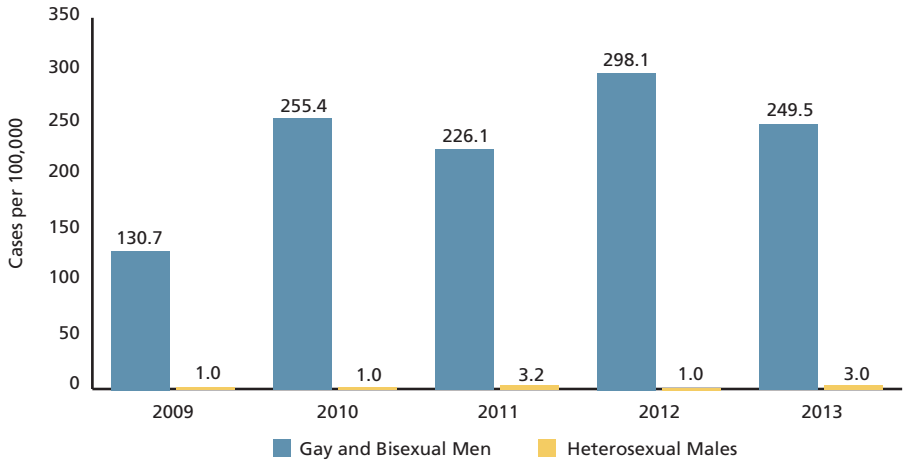
In 2013, the rate of newly-identified cases of HIV among gay and bisexual men was 127 times higher than heterosexual men. This health disparity has been a persistent trend in Rhode Island for the last five years.

NEWLY-IDENTIFIED CASES OF HIV AMONG GAY AND BISEXUAL MEN BY AGE CATEGORY RHODE ISLAND 2009-2013



From 2009-2013 individuals in their 20s, 30s, and 40s represented the majority of newly-identified cases of HIV among gay and bisexual men in Rhode Island. Men in their 20s represented a growing proportion of newly-identified HIV cases in Rhode Island in recent years. Like other areas in the United States, young gay and bisexual Blacks/African Americans and Hispanic men in Rhode Island have been increasingly affected by HIV and AIDS.

INFECTIOUS SYPHILIS CASE RATES IN MALES, BY SEXUAL ORIENTATION
RHODE ISLAND, 2009-2013



From 2009-2013, infectious syphilis case rates among gay and bisexual men increased from 130.7 to 249.5 per 100,000–a 91% increase in Rhode Island. In 2013, the infectious-syphilis rate for gay and bisexual men was 83 times higher than in heterosexual males. While no data has yet emerged to explain this significant increase in infectious-syphilis rates among gay and bisexual men in Rhode Island in recent years, educational campaigns for gay and bisexual men have been launched to promote regular syphilis and STD testing and to raise awareness among this high-risk population that syphilis can be spread through anal and oral sex.

GAY AND BISEXUAL MEN WITH HIV AMONG INFECTIOUS SYPHILIS CASES
RHODE ISLAND, 2009-2013

YEAR	CASES IDENTIFYING AS GAY OR BISEXUAL MEN	SELF-REPORTED HIV POSITIVE	PERCENT HIV POSITIVE IN GAY OR BISEXUAL MEN
2009	27	9	33%
2010	54	27	50%
2011	48	23	50%
2012	62	32	52%
2013	52	23	44%

A large percentage of gay and bisexual men diagnosed with infectious syphilis in recent years have also self-identified as living with HIV. Of the 52 gay and bisexual men who reportedly had infectious syphilis in 2013, 23 individuals (44%) self-identified as being HIV positive. HIV-positive men who are co-infected with infectious syphilis are more likely to spread HIV to their sexual partners than HIV-positive men who do not have infectious syphilis.

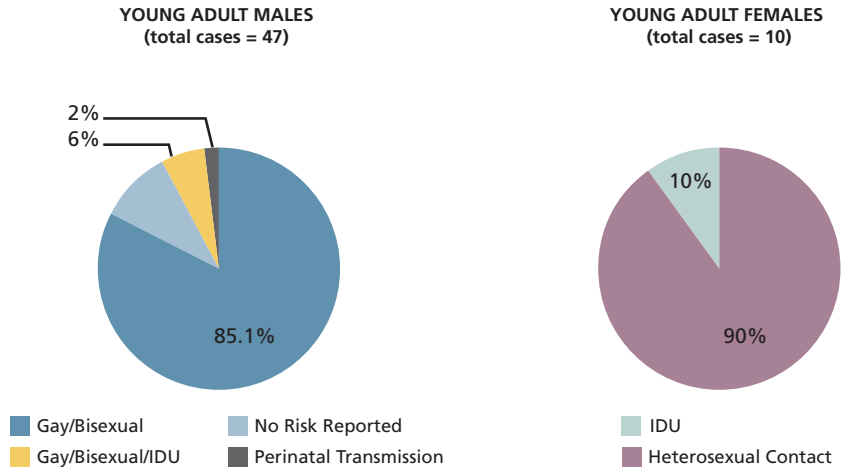
Gonorrhea in Gay and Bisexual Men

Information collected through interviews with men in Rhode Island who were diagnosed with gonorrhea from 2006-2012 indicated that 30% of them had self-identified as gay or bisexual. This percentage increased to 37% in 2013. Many of these men reported having sex while they were high or using non-injecting drugs and meeting sexual partners online.

YOUTH AND YOUNG ADULTS

According to the CDC, prevalence estimates suggest that young people (ages 15–24) account for half of all new STDs and that one-in-four sexually-active adolescent females have an STD. Compared to older adults, sexually-active young people are at higher risk of getting an STD due to a combination of behavioral, biological, and cultural reasons. The higher prevalence of STDs among adolescents also may reflect multiple barriers to accessing quality STD-prevention services, inability to pay for prevention services, lack of transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality.

YOUNG ADULT (18-24 YEAR OLD) MALE AND FEMALE NEWLY-IDENTIFIED CASES OF HIV RHODE ISLAND, 2009-2013



In the last five years, among young adult males (ages 18-24) the predominant (85%) mode of HIV transmission was among gay and bisexual men. Among young adult females (ages 18-24), the predominant (90%) mode of HIV transmission was from heterosexual contact.

YOUTH RISK BEHAVIOR SURVEY

The Youth Risk Behavior Survey (YRBS) is an anonymous, voluntary, self-administered survey conducted every two years among randomly-selected high school students in Rhode Island. Its purpose is to monitor risk behaviors related to the major causes of mortality, disease, injury, and social problems among youth in the United States.

SEXUAL RISK BEHAVIOR AMONG RHODE ISLAND VS. NATIONAL YOUTH, RHODE ISLAND YRBS, 2013
PERCENTAGE YOUTH ANSWERING "YES"

QUESTION	2013 RHODE ISLAND	2013 UNITED STATES
Ever had sex	37%	47%
Had sex before age 13	4%	6%
Had sex with more than 4 partners in lifetime	8%	15%
Were currently sexually active	27%	34%
Did not use a condom	32%	41%

Rhode Island high school students reported less sexual risk-taking behavior than students nationally in 2013 for all five behaviors examined. The 2013 United States data was reported through the Youth Risk Behavior Surveillance System that is administered through the CDC.

SEXUAL RISK BEHAVIOR BY SEXUAL ORIENTATION, RHODE ISLAND YRBS, 2007-2013
PERCENTAGE OF HIGH SCHOOL YOUTH ANSWERING "YES"

QUESTIONS	HETEROSEXUAL	GAY OR LESBIAN	BISEXUAL
Ever had sex	41%	63%	65%
Had sex before age 13	4%	19%	10%
Had sex with more than 4 partners in lifetime	9%	20%	23%
Had sex with >1 people in 3 months	30%	51%	48%
Did not use a condom	35%	66%	44%

The Rhode Island high school students who participated in the 2013 YRBS self-identified as follows: heterosexual (90%), gay or lesbian (2%), bisexual (5%), and unsure (3%). Gay or lesbian and bisexual students consistently reported higher sexual risk behaviors than heterosexual students.

CHLAMYDIA RATES IN YOUNG ADULTS
RHODE ISLAND, 2009-2013

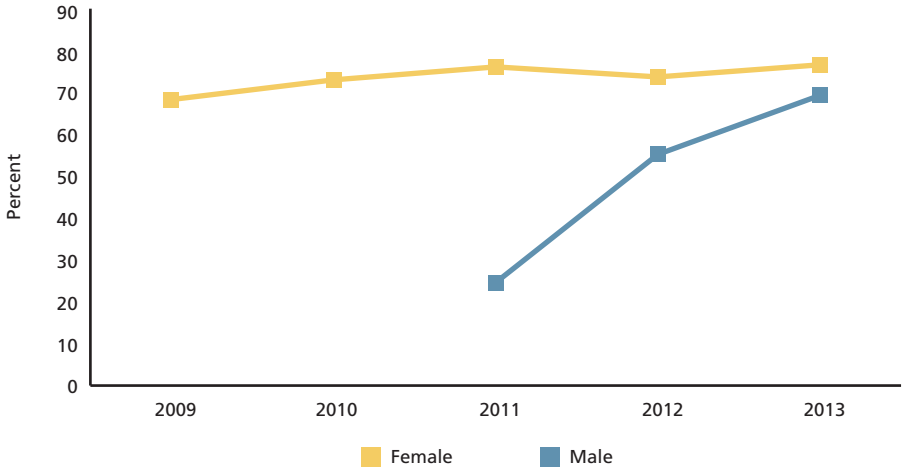
YEAR	YOUNG ADULTS 15-24 YEARS OLD (CASES/100,000)	ALL RHODE ISLANDERS (CASES/100,000)
2009	1,687	343
2010	1,541	331
2011	1,888	394
2012	1,954	410
2013	1,836	410

GONORRHEA RATES IN YOUNG ADULTS
RHODE ISLAND, 2009-2013

YEAR	YOUNG ADULTS 15-24 YEARS OLD (CASES/100,000)	ALL RHODE ISLANDERS (CASES/100,000)
2009	112	30
2010	95	27
2011	134	34
2012	175	48
2013	140	43

The incidence of both chlamydia and gonorrhea among Rhode Islanders ages 15-24 far exceeded the state rate for the last five years.

ONE-DOSE HPV VACCINATION AMONG STUDENTS (AGES 13-17) BY SEX
RHODE ISLAND, 2008-2013



The Rhode Island Department of Health began providing human papilloma virus (HPV) vaccine for girls in 2006 and for boys in 2010. In 2013 Rhode Island ranked highest in the country for coverage of at least one dose of HPV vaccine for both girls (76.6%) and boys (69.3%) ages 13-17. HPV is transmitted through contact with infected skin, usually through sexual contact. HPV vaccine protects individuals from HPV infection, which can cause warts in the genital area or lead to abnormal cells on the cervix, vulva, anus, penis, mouth, and throat, and can sometimes lead to cancer.

GEOGRAPHIC DISTRIBUTION OF HIV AND STDS IN RHODE ISLAND

While cases of HIV and/or STDs have been reported from every city and town in Rhode Island, the number of cases and concentration of HIV/STDs are generally found in more urban settings. Below is a ranking of the Rhode Island cities/towns that have the highest rates (total cases per 100,000) of HIV and STDs.

TOP FIVE RANKING OF CITY/TOWN BY AVERAGE RATE OF HIV/AIDS, RHODE ISLAND, 2011-2013

CITY/TOWN	AVERAGE RATE (CASES/100,000)	NUMBER OF CASES (2011-2013)	POPULATION ESTIMATE (2010)
North Providence	27	26	32,078
Providence	14	80	178,042
Pawtucket	14	31	71,148
Cranston	12	31	80,387
Central Falls	10	6	19,376

TOP FIVE RANKING OF CITY/TOWN BY RATE FOR SYPHILIS, RHODE ISLAND, 2011-2013

CITY/TOWN	RATE (CASES/100,000)	NUMBER OF CASES (2011-2013)	POPULATION ESTIMATE (2010)
Providence	48	86	178,042
Newport	32	8	24,672
Pawtucket	31	22	71,148
East Providence	21	10	47,037
North Providence	19	6	32,078

TOP FIVE RANKING OF CITY/TOWN BY RATE OF GONORRHEA, RHODE ISLAND, 2013

CITY/TOWN	RATE (CASES/100,000)	NUMBER OF CASES	POPULATION ESTIMATE (2010)
Providence	109	194	178,042
Pawtucket	104	74	71,148
Central Falls	88	17	19,376
Woonsocket	53	22	41,186
North Providence	47	15	32,078

TOP FIVE RANKING OF CITY/TOWN BY RATE OF CHLAMYDIA, RHODE ISLAND, 2013

CITY/TOWN	RATE (CASES/100,000)	NUMBER OF CASES (2011-2013)	POPULATION ESTIMATE (2010)
Providence	881	1,569	178,042
Central Falls	826	160	19,376
Woonsocket	697	287	41,186
Pawtucket	680	484	71,148
Newport	434	107	24,672

For more information on the distribution of HIV and STDs in Rhode Island, or for additional information by city or town, contact the Division of Infectious Disease and Epidemiology at 401-222-2577.

DATA DEFINITIONS, LIMITATIONS, AND SOURCES

BRFSS: The Behavioral Risk Factor Surveillance Survey (BRFSS) is an ongoing, random-digit population-based telephone (landline and mobile phone) interview survey conducted annually in Rhode Island. The BRFSS relies on information reported directly by the respondent, which may have a potential for bias.

Gay and Bisexual Men: For the purposes of this report, the term gay and bisexual men include all men who have sex with men. This classification indicates a sexual behavior that transmits HIV infection and STDs, not how individuals self-identify in terms of their sexuality.

Gay and Bisexual Male Population Estimates: No standard estimate exists for the number of gay and bisexual men that live in the United States or by state. Research by Spencer Lieb et al* and results from the Behavioral Risk Factor Surveillance System were used to estimate that 5% of the adult male population in Rhode Island identifies as gay or bisexual. Using this estimate and data from the US Census, rates of disease for the gay and bisexual male population were estimated.

HIV/AIDS Prevalence: Multiple reporting sources are utilized to estimate the total number of persons living with HIV/AIDS in Rhode Island. Annually, the Rhode Island State Vital Records Office, National Death Index, and Social Security Death Master File data are used to identify individuals who died. Semi-annually, Rhode Island conducts reviews with other states to identify individuals who may have moved into or out of Rhode Island. Using these data sources, routine reporting of laboratory results and case report forms from laboratories and healthcare providers, the number of individuals living in Rhode Island with HIV/AIDS is estimated.

HIV/AIDS and STD Surveillance Data Source: All HIV/AIDS and STD data is collected from case and laboratory reports received from healthcare providers, laboratories, and other entities in accordance with the Rhode Island Rules and Regulations Pertaining to Reporting of Infectious, Environmental and Occupational Diseases [R23-10-DIS].

HPV Vaccination Data Source: CDC, National Immunization Survey – Teen (NIS-Teen), 2008-2013

Infectious Syphilis: Includes primary, secondary, and early latent stages

Newly-Diagnosed/Identified Cases of HIV vs. Incident Cases of HIV: The data presented in this surveillance report represents newly-diagnosed/identified cases of HIV and not trends for recent infection of HIV. Rhode Island, like all states and U.S. territories, collects and reports data on persons diagnosed with HIV infection. However, because HIV diagnosis can occur at any point after infection, these estimates may not reflect all recent infections.

Population-Based Rate Calculations: Rates are expressed as cases per 100,000 population. Rates for 2009 are calculated based on the 2002-2009 population estimates as determined by the U.S. Census Bureau. The rates for 2010-2013 are based on the 2010 U.S. Census.

Race/Ethnicity: Surveillance data is routinely collected and analyzed for all racial and ethnic groups, including American Indian/Alaskan Native, Asian, Black/African American, Hispanic or Latino, Native Hawaiian/Pacific Islander, and White. Individuals may be categorized as multi-race or other racial categories. The following conventions were used when reporting racial and ethnic data in this report:

1. Individuals classified as Hispanic represent individuals who may have also identified as another racial group.
2. Individuals classified as White or Black/African American represent only those individuals who also identified as non-Hispanic.
3. Omission of certain racial/ethnic groups (i.e., American Indian/Alaskan Native, Asian, and Native Hawaiian/Pacific Islander) from this report has been done in order to protect the privacy and confidentiality of those populations that have small case counts and population sizes. Please contact the Division of Infectious Disease & Epidemiology for more information on these populations.

Title X/Family Planning Sites: The Title X Family Planning Program routinely provides chlamydia and gonorrhea screening for all females through age 26, and for females age 26 and older who have risk factors.

YRBS: The Youth Risk Behavior Survey (YRBS) is a national, school-based survey conducted by CDC. The surveys are conducted by state, territorial, and local education and health agencies and tribal governments.

*Lieb et al., "Statewide Estimation of Racial/Ethnic Populations of Men Who Have Sex with Men in the U.S." Public Health Reports 126(2011): 60-72.

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