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Figure 2

Incidence of Diagnosed HIV Cases Reported among Virginia Females, 1989 - 1996

Introduction. This article presents data on the incidence of HIV infections among Virginia females diagnosed in the years 1989 to 1996. The incidence rates are based on the year of diagnosis and are presented per 100,000 population. Data for 1997 are not presented because not all diagnosed cases have been reported.

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Figure 1

Population figures used are from the 1990 census.¹

Age Group. Based on data from 1989 - 1996, women in the primary childbearing years (20-29 and 30-39) had the highest incidence of diagnosed HIV (Figure 1, Table 1). However, the rate of

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Figure 3

infection in these two groups has followed a downward trend since 1992. For women 20 to 29, the rate declined from a peak of 29.2/100,000 in 1990 to a low of 15.4 in 1995; incidence then rose to 19.1 in 1996.² The 30-39 year old group showed a similar decline from 26.3 in 1992 to 17.7 in 1996. Incidence among women aged 40-49 followed a trend different from the 20-29 and 30-39 year old groups. Although incidence declined from 10.5 in 1992 to 7.3 in 1994, it rose in 1995 and in 1996, when the

rate reached 10.3. The 15-19 year old group has not followed a consistent trend since 1992. After maintaining an incidence rate of 9 to 10 cases between 1989 and 1992, the rate fluctuated between 5 and 10 between 1993 and 1996. Because many HIV cases are not diagnosed until well after the infection, the incidence rate among women 15 to 19 is likely to be higher than the data suggest. Pediatric HIV incidence in the 0-14 age group ranged from a low of 0.6 in 1990 to a high of 2.1 in 1993. The rate then fell by almost 50% to 1.1 in 1996. Because perinatal transmission of the virus is the primary risk factor for pediatric HIV infection the downward trend is due in part to advances in treating HIV-infected pregnant women.³

Health Region. Virginia's five health regions show characteristic similarities and differences (Figure 2, Table 2). Central and Eastern are similar to each other with respect to the incidence of diagnosed cases; these regions contrast with the others. Northwest and Southwest, the most rural regions, are very similar and have lower rates than the three other regions. The Northern Region consistently falls between Central/ Eastern and Northwest/ Southwest. HIV incidence peaked in 1992 in four out of five regions; the highest rate was in Eastern (18.6) and

the lowest was in Northwest (4.0). In general, incidence fell from 1992 to 1995 but rose in all regions except Central in 1996. Increased testing of women seeking prenatal care may account for some of the rise. Although the overall pattern of regional difference has not changed, the difference between highest and lowest rates narrowed between 1989 and 1996. The difference in 1989 was 14.3 cases per 100,000 (Eastern, 15.2, and Northwest, 0.9) but decreased to 10.4 in 1996 (Eastern, 12.9, Northwest, 2.7). HIV became more evenly dispersed among females across the state between 1989 and 1996.

Urban (MSA) -vs- Rural (non-MSA).

Incidence Rate Tables: Diagnosed HIV Cases, 1989 - 1996

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Error! Not a valid link. **Table 2**

Error! Not a valid link. **Table 3**

Categorizing the population by rural and urban locations shows that differences between these groups exist but the gap has narrowed between 1989 and 1996 (Figure 3, Table 3).⁴ The peak year for HIV diagnoses among females was 1992; in that year, urban females had an incidence rate of 13.6 while rural residents had a rate of 5.4. The difference between the two was 8.2. Although urban incidence rose from 9.8 in 1995 to 10.5 in 1996, urban incidence has fallen overall since 1992. Rural incidence declined to 2.5 between 1992 and 1995 but increased to 4.0 in 1996. The difference between rural and urban decreased to 6.5 in 1996. A tentative conclusion is that incidence in rural areas is not declining as quickly as it is in urban locations.⁵

¹ Estimates of population increase were not available. Incidence rates are therefore inflated for 1991-1997.

² Because the data in this article are based on year of diagnosis, incidence rates are actually incidence of cases diagnosed. HIV diagnosis may follow infection by years. Therefore, the annual rates in this article are estimates only. Incidence rates may increase as previously diagnosed cases are reported to the Division of STD/AIDS.

³ See Table 24: Pediatric HIV Cases by Transmission and Race/Ethnicity.

⁴ Females who reside in a Metropolitan Statistical Area (MSA) are classified as urban. All others are rural.

⁵ Compiled and written by J. Martin