

NEW JERSEY HIV/AIDS REPORT 2022

Issued June 2023



Public Health Services Branch

Division of HIV, STD and TB Services

...preventing disease with care

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Visit the New Jersey Department of Health website: www.nj.gov/health/hivstdtb.

To have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

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Highlights

- By December 31, 2022, 37,693 people were reported living with HIV or AIDS in New Jersey.
- Minorities account for 77% of cumulative adult/adolescent HIV/AIDS cases ever reported to the state and 80% of all persons living with HIV/AIDS (page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (page 10-11).
- Nearly eighty percent (80%) of persons living with HIV/AIDS are 40 years of age or older (page 12).
- Thirty-one percent of those living with HIV/AIDS are female; 31% of females living with HIV are currently 20-49 years old (page 12).
- The percent of pediatric infections was 4% in 2020, 1% in 2021, and 1% in 2022 reported (page 14).
- The state continues to make progress towards the goal of ending the HIV by 2025. “A Strategic Plan to End the HIV Epidemic in New Jersey by 2025” was developed by the New Jersey Taskforce to End the HIV Epidemic

Special Features

The centerfold map features a complete reporting of HIV/AIDS cases, pediatric HIV/AIDS infections, and perinatal exposure by county. Cumulative case counts are based on patient residence at time of diagnosis, while counts of persons living with HIV/AIDS are based on most recently updated New Jersey address, regardless of where they were first diagnosed with HIV/AIDS.

Copies of this report are available on the NJDOH website at www.nj.gov/health/hivstdtb. The website also contains complete county and municipal reports.

Introduction

The purpose of this report is to provide data that can be used for monitoring the HIV/AIDS epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV, STD and TB Services (DHSTS) through December 31, 2022. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDOH website at www.nj.gov/health//hivstdtb. If you would prefer to receive this report by e-mail, contact us at aids@doh.nj.gov and we will e-mail you a link to the report.

What can I find in this report?

Epidemiology

Adult/adolescent HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS, whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV positive for longer periods of time before developing AIDS. Looking at both HIV and AIDS status provides a more complete picture of the history of infection in the state than does data about AIDS alone. It is also important to note that cases reported in the past 12 months may have been diagnosed in previous years, but due to data transmission were only recently tabulated. Newly reported cases in 2022 and recent years will be discounted as RIDR (interstate duplicates) are resolved.

Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category. These persons are currently living in New Jersey regardless of where they were first diagnosed with HIV/AIDS.

These data show where the epidemic is now and where services are most needed.

Pediatric HIV/AIDS and Exposures.

These data show the number of individuals who were under age 13 when diagnosed. The data include information on perinatal exposures and other pediatric infections.

Modified Risk Exposure Hierarchy

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s, the Centers for Disease Control and Prevention (CDC) established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection. This hierarchy is described at www.cdc.gov/hiv/pdf/statistics-200-hiv-surveillance-report-vol-14.pdf

Beginning in the June 2004 report, we began to use a modified risk hierarchy. Heterosexual contact with a person of unknown status was reported as “heterosexual contact with partners of unknown HIV risk.” Prior to that, these cases were reported as persons with unknown risk exposure. Heterosexual contacts with persons of known risk are reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report, transfusion and hemophilia cases are reported in the “Other/Unknown” category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the “Other/Unknown” category may be categorized later to known exposure categories as follow-up investigations are completed.

What won't this report tell me?

Due to delays between diagnosis of HIV or AIDS and reporting to the DHSTS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2021 and 2022 may not be in this report. It is also important to note that individuals who are infected but not tested and diagnosed are not included in these reports. It is estimated that undiagnosed and unreported cases comprise about 9.1% (in 2020) of all estimated infections. The number of persons living with HIV/AIDS is only an estimate because of incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases and migration in or out-of-state. Therefore, the reported data underestimate true incidence, prevalence, and mortality rates.

**Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2022 - December 2022¹ and Cumulative Totals as of December 31, 2022
Racial/Ethnic Group by Gender**

Adults/ Adolescents ²	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	January 2022- December 2022		Cumulative Total		January 2022- December 2022		Cumulative Total		January 2022- December 2022		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
White	208	19%	15,274	25%	30	12%	4,001	16%	238	18%	19,275	23%	21%
Black	335	31%	29,141	49%	129	51%	16,294	63%	464	35%	45,435	53%	36%
Hispanic	493	46%	14,823	25%	88	35%	5,158	20%	581	44%	19,981	23%	26%
Asian/Pac. Isl.	31	3%	605	1%	6	2%	177	1%	37	3%	782	1%	23%
Other/Unknown	3	0%	104	0%	0	0%	50	0%	3	0%	154	0%	32%
Total	1,070	100%	59,947	100%	253	100%	25,680	100%	1,323	100%	85,627	100%	30%

¹ Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

² Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.

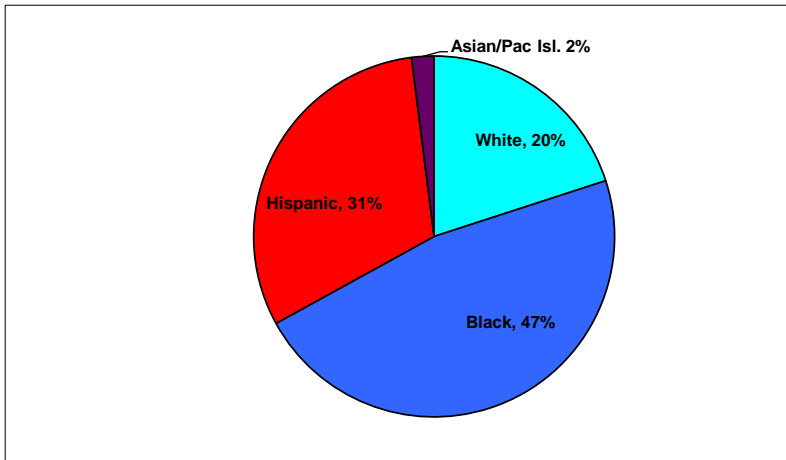
Note: Percentages may not add to 100 due to rounding. New reported cases will be subject to discount when RIDR cases (Interstate Duplicates) were resolved.

**Table 2. New Jersey Residents Living with HIV/AIDS as of December 31, 2022
Racial/Ethnic Group by Gender**

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
	White	5,932	23%	1,566	13%	7,498	
Black	10,905	42%	6,894	59%	17,799	47%	39%
Hispanic	8,599	33%	3,076	26%	11,675	31%	26%
Asian/Pac. Isl.	473	2%	142	1%	615	2%	23%
Other/Unknown	68	0%	37	0%	105	0%	35%
Total	25,977	100%	11,715	100%	37,692	100%	31%

Note: Percentages may not add to 100 due to rounding.

Figure 1. Percent Living with HIV/AIDS by Race/Ethnicity



Minorities account for 77% of the cumulative adult/adolescent HIV/AIDS cases.

Thirty percent of the cumulative HIV/AIDS cases are women.

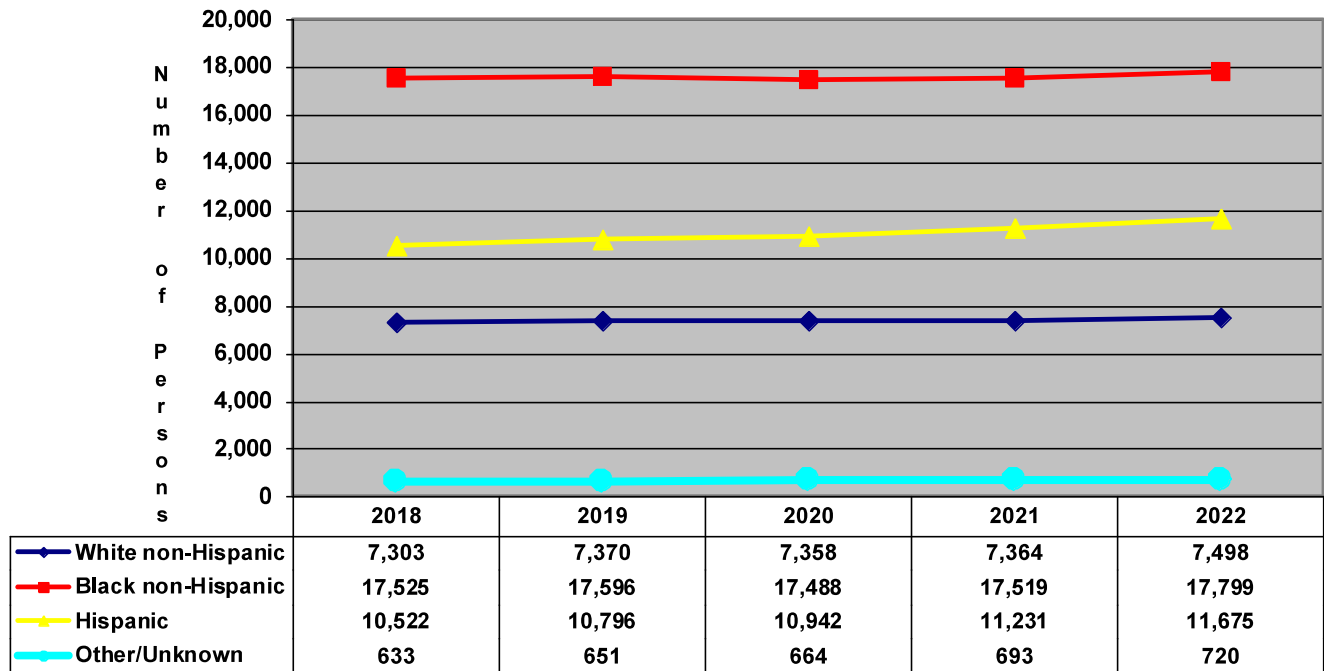
Half of persons living with HIV/AIDS are non-Hispanic Blacks.

Thirty-one percent of those living with HIV/AIDS are females. More than four out of five (80%) females living with HIV/AIDS are minorities.



A pattern of disparity of HIV/AIDS among racial/ethnic groups has been relatively consistent for the past 5 years. The estimated rates of persons living with HIV/AIDS by race/ethnicity in New Jersey as of December 31, 2022, illustrates this disparity.

**Figure 2. Estimated Persons Living with HIV/AIDS
in New Jersey by Race/Ethnicity
2018-2022**

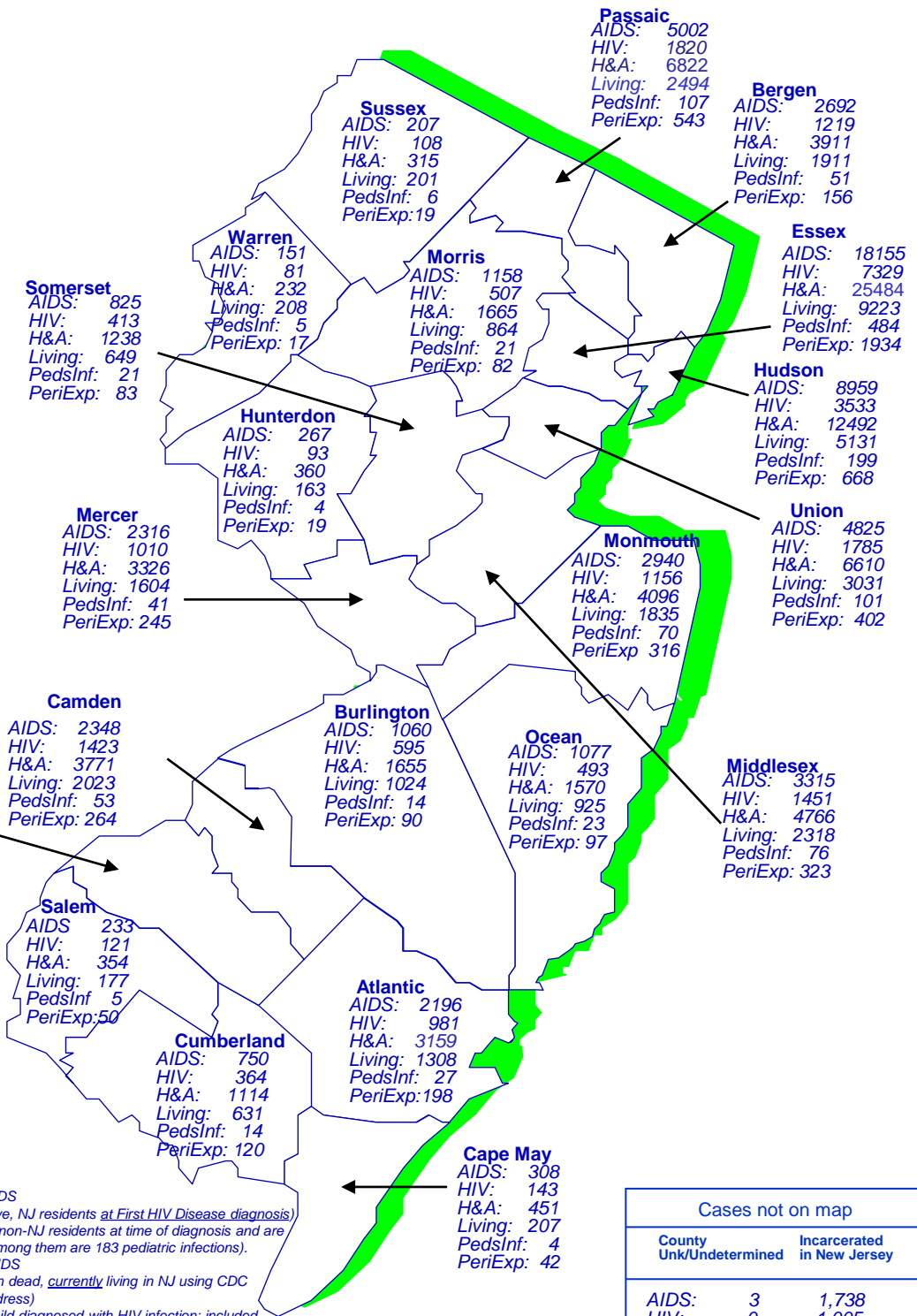


Estimated Rates of Persons Living with HIV/AIDS in New Jersey as of December 31, 2022:

- One in **69** Black non-Hispanics were living with HIV/AIDS.
- One in **172** Hispanics were living with HIV/AIDS.
- One in **642** White non-Hispanics were living with HIV/AIDS.

CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF DECEMBER 31, 2022

Statewide Summary Case Counts	
AIDS:	61,014
HIV:	25,948
H&A:	86,962
Living:	37,693
PedsInf:	1,334
PeriExp:	5,774



Legend for Summary Case Counts

AIDS = AIDS cases (cumulative)
HIV = HIV Positive Cases, not AIDS
H&A = HIV/AIDS Cases (cumulative, NJ residents at First HIV Disease diagnosis)
An additional 12,684 were non-NJ residents at time of diagnosis and are not included in this map (among them are 183 pediatric infections).
Living = Persons Living with HIV/AIDS
(HIV/AIDS cases not known dead, currently living in NJ using CDC most recent calculated address)
PedsInf = Pediatric Infections (NJ Child diagnosed with HIV infection; included in HIV/AIDS case counts);
PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate regardless of residence at exposure; NOT included in HIV/AIDS case counts)

Cases not on map		
County	Unk/Undetermined	Incarcerated in New Jersey
AIDS:	3	1,738
HIV:	0	1,005
H&A:	3	2,743
Living:	36	1,221
PedsInf:	0	0
PeriExp:	62	0

HIV EXPOSURE CATEGORY DATA

Thirty-two percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 30% by heterosexual contact, and 25% by male-to-male sex. Only 9% of cumulative cases (and 19% of cases recently reported in the last 12 months) had no reported risk or their risk is unknown.

Table 3. New Jersey Adult/Adolescent¹ HIV/AIDS Cases Reported January 2022 - December 2022² and Cumulative Totals as of December 31, 2022² Modified Exposure Category by Gender

Modified Exposure Category ³	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	January 2022-December 2022		Cumulative Total		January 2022-December 2022		Cumulative Total		January 2022-December 2022		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM ⁴	636	59%	21,183	35%	0	0%	0	0%	636	48%	21,183	25%	0%
IDU ⁴	31	3%	18,751	31%	11	4%	8,797	34%	42	3%	27,548	32%	32%
MSM/IDU	22	2%	2,840	5%	0	0%	0	0%	22	2%	2,840	3%	0%
Heterosexual contact with injection drug user	1	0%	878	1%	0	0%	2,826	11%	1	0%	3,704	4%	76%
bisexual male	0	0%	0	0%	0	0%	216	1%	0	0%	216	0%	100%
HIV infection, risk Other/Unk partner(s) of unknown HIV risk ⁵	106	10%	4,840	8%	107	42%	6,690	26%	213	16%	11,530	13%	58%
	76	7%	5,938	10%	84	33%	5,075	20%	160	12%	11,013	13%	46%
Other/Unknown ⁶	198	19%	5,517	9%	51	20%	2,077	8%	249	19%	7,594	9%	27%
Total number of individuals	1,070	100%	59,947	100%	253	100%	25,681	100%	1,323	100%	85,628	100%	30%

¹ Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.
² Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.
³ Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).
⁴ MSM = male-to-male sex. IDU = injection drug use.
⁵ Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
⁶ Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Note: Percentages may not add to 100 due to rounding.

Table 4. New Jersey Residents Living with HIV or AIDS as of December 31, 2022 Modified Exposure Category by Gender

Modified Exposure Category ¹	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM ²	12,321	47%	0	0%	12,321	33%	0%
IDU ²	3,172	12%	2,000	17%	5,172	14%	39%
MSM/IDU	896	3%	0	0%	896	2%	0%
Heterosexual contact with - injection drug user	276	1%	917	8%	1,193	3%	77%
- bisexual male	0	0%	111	1%	111	0%	100%
- HIV infection, risk Other/Unk	2,779	11%	4,086	35%	6,865	18%	60%
-partner(s) of unknown HIV risk	3,142	12%	3,086	26%	6,228	17%	50%
Other/Unknown ⁴	3,391	13%	1,516	13%	4,907	13%	31%
Total number of individuals	25,977	100%	11,716	100%	37,693	100%	31%

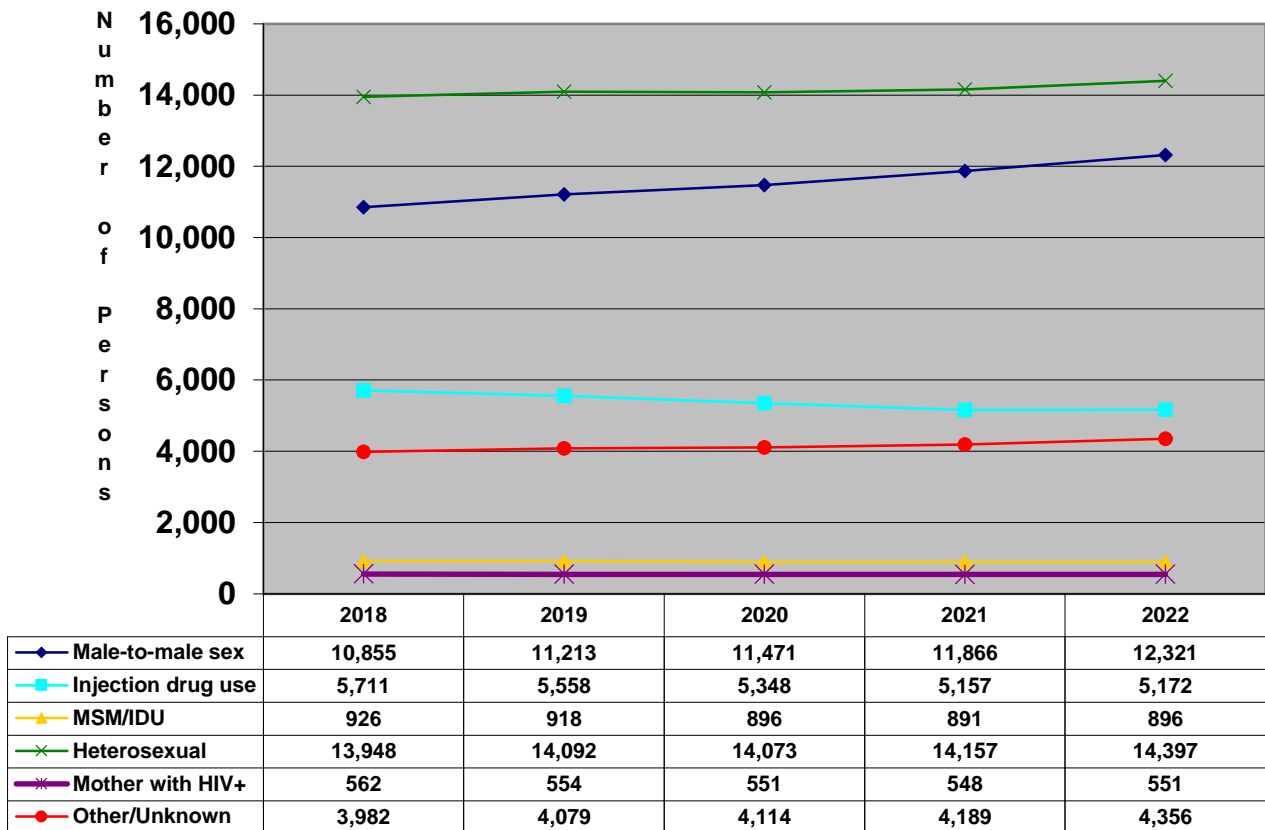
¹ Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).
² MSM = male-to-male sex. IDU = injection drug use.
³ Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.
⁴ Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Note: Percentages may not add to 100 due to rounding. Newly reported cases will be subject to discount when RIDR cases (Interstate Duplicates) were resolved.



The number of people living with HIV/AIDS who were exposed through injection drug use (IDU) has shown a downward trend between 2018 and 2022 as the number of people living with HIV/AIDS who were exposed through male-to-male sex (MSM) or heterosexual contact ([modified category – see p. 5](#)) has continued to increase. The number of individuals living with HIV/AIDS who were infected perinatally (born to an HIV+ mother) has remained relatively stable over this period. The number of cases with an unknown mode of exposure is higher in recent years, because data about mode of exposure is often established by investigations years after the original case is reported.

Figure 3. Estimated Persons Living with HIV/AIDS in New Jersey by Modified Exposure Category 2018-2022



Source: New Jersey HIV/AIDS Reporting System as of December 31, 2022. Based on current residence.

**Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2022 - December 2022¹ and Cumulative Totals as of December 31, 2022
Age at Diagnosis by Gender**

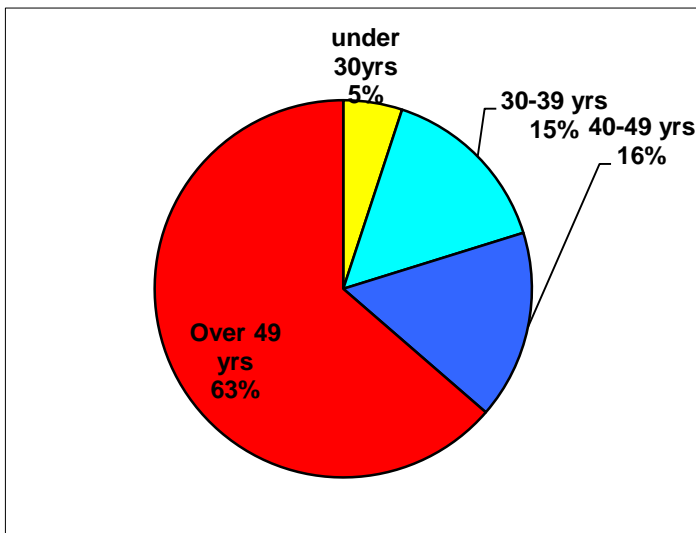
Known Age at Diagnosis	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	January 2022-December 2022		Cumulative Total		January 2022-December 2022		Cumulative Total		January 2022-December 2022		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
13-19	31	3%	970	2%	8	3%	616	2%	39	3%	1,586	2%	39%
20-29	357	33%	12284	20%	52	21%	6031	23%	409	31%	18,315	21%	33%
30-39	344	32%	23176	39%	71	28%	10307	40%	415	31%	33,483	39%	31%
40-49	157	15%	15546	26%	37	15%	5613	22%	194	15%	21,159	25%	27%
Over 49	181	17%	7971	13%	85	34%	3114	12%	266	20%	11,085	13%	28%
Total	1,070	100%	59,947	100%	253	100%	25,681	100%	1,323	100%	85,628	100%	30%

¹ Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report. Newly reported cases will be subject to discount when RIDR cases (Interstate Duplicates) were resolved.
Note: Percentages may not add to 100 due to rounding.

**Table 6. New Jersey Residents Currently Living with HIV/AIDS as of December 31, 2022
Current Age by Gender**

Current Age	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
0-12	12	0%	26	0%	38	0%	68%
13-19	55	0%	32	0%	87	0%	37%
20-29	1,655	6%	384	3%	2,039	5%	19%
30-39	4,378	17%	1,221	10%	5,599	15%	22%
40-49	4,137	16%	1,949	17%	6,086	16%	32%
Over 49	15,740	61%	8,104	69%	23,844	63%	34%
Total	25,977	100%	11,716	100%	37,693	100%	31%

Figure 2. Percentage Living with HIV/AIDS by Age Group



Thirty nine percent of the cumulative cases aged 13-19 at diagnosis are females, higher than in all other age groups.

Nearly 80% of those living with HIV or AIDS are 40 years of age or older.

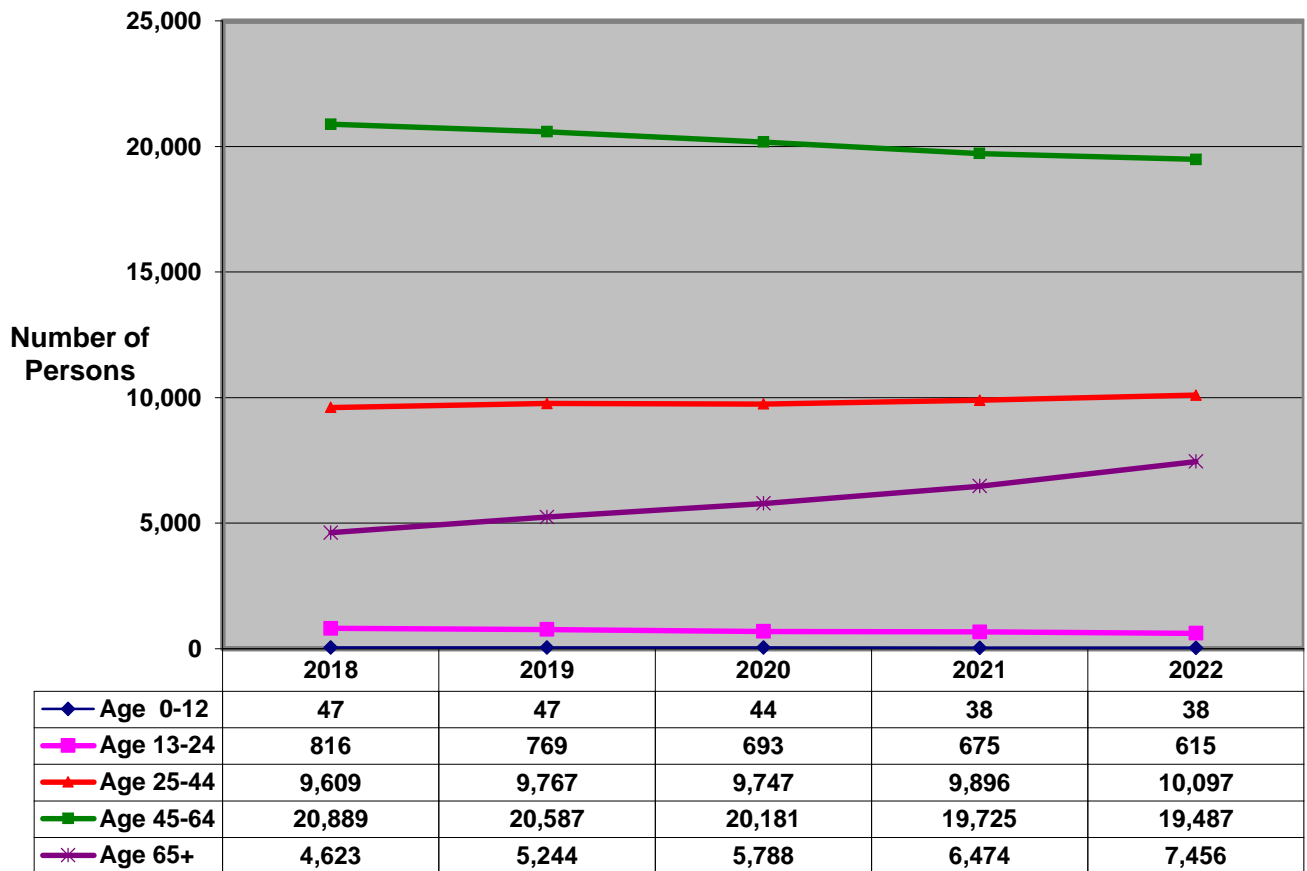
Thirty-one percent of those living with HIV/AIDS are females.

Thirty percent of females living with HIV/AIDS are currently 20-49 years old.



The relative distribution of persons living with HIV/AIDS for ages younger than 13 years and 13-24 years declined in the last five years. Ages 25-44 years and 45-64 years did not change significantly within the last five years. However, there has been a steady increase in the number of persons living with HIV/AIDS who are aged 65 years or older with 70% increase in the last five years. This increase may be due to some people diagnosed later, also due to largely people living longer with HIV/AIDS, by aging into the oldest age group.

Figure 5. Estimated Number of Persons Living with HIV/AIDS in New Jersey by Age Group 2018-2022



Source: New Jersey HIV/AIDS Reporting System as of December 31, 2022. Based on current residence.

PEDIATRIC DATA

Table 7. New Jersey Pediatric¹ Cumulative HIV and AIDS Cases Exposure Category² by Race/Ethnicity - As of December 31, 2022

Mode of Transmission ²	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV ³	156	827	253	8	1,244
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	9	1	2	0	12
Risk Not Reported/Other Risk	12	32	10	2	56
Total	187	867	270	10	1,334
% Perinatally Infected	83%	95%	94%	80%	93%

¹ Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

² Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

³ Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

Table 8. New Jersey Born HIV Pediatric Exposures¹ by Current Status and Year of Birth for Children Born 2008-2022 - As of December 31, 2022

Birth Year	Infected ²		Indeterminate ³		Seroreverter ⁴		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
2008	8	4%	31	16%	160	80%	199
2009	6	4%	21	13%	135	83%	162
2010	6	4%	14	9%	137	87%	157
2011	9	6%	13	9%	129	85%	151
2012	4	3%	11	9%	112	88%	127
2013	7	5%	8	6%	115	88%	130
2014	0	0%	9	7%	124	93%	133
2015	2	2%	20	15%	108	83%	130
2016	2	1%	8	6%	127	93%	137
2017	1	1%	12	8%	134	91%	147
2018	3	2%	7	5%	122	92%	132
2019	0	0%	30	24%	96	76%	126
2020	4	4%	22	23%	71	73%	97
2021*	1	1%	32	39%	50	60%	83
2022*	1	3%	22	67%	10	30%	33

¹ Exposure - Child was exposed to HIV during pregnancy/delivery.

² Infected - Child is infected with HIV/AIDS.

³ Indeterminate - Child was exposed but actual status of infection is unknown.

⁴ Seroreverter - Child was perinatally exposed and proven to be uninfected.

* Years 2021 and 2022 data are incomplete

Table 9. New Jersey Pediatric Cases Living with HIV/AIDS¹ by Race/Ethnicity and Current Age December 31, 2022

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		≥ 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	0	0%	3	10%	71	12%	74	12%
Black	4	44%	19	66%	373	65%	396	65%
Hispanic	5	56%	5	17%	120	21%	130	21%
Other	0	0%	2	7%	6	1%	8	1%
Total	9	1%	29	5%	570	94%	608	100%

¹ Pediatric HIV/AIDS cases currently living in New Jersey.

Perinatal transmission was 4 percent in 2020.

Ninety-four percent of living individuals infected as children since the 1980's are now adults/adolescents, 13 years or older.

Eighty-eight percent of pediatric cases living with HIV/AIDS are minorities.

Top Ten Cities with High HIV Prevalence among African Americans

Table 10. African Americans Currently Living with HIV/AIDS: Number of Cases and Rank for Ten Cities as of December 31, 2022

Area of Residence	Rank among 10 Cities in African American HIV/AIDS Prevalence Rate	Number of African Americans Living with HIV/AIDS	African American Population	Ratio of African Americans Living with HIV/AIDS to Overall African American Resident Population
Atlantic City	1	343	12,609	One in 39
Newark	2	3,746	147,176	One in 37
Jersey City	3	1,323	64,501	One in 49
East Orange	4	1,122	56,536	One in 50
Paterson	5	736	38,695	One in 58
Irvington	6	893	50,980	One in 57
Elizabeth	7	430	25,111	One in 53
Trenton	8	738	44,024	One in 60
Plainfield	9	282	21,151	One in 75
City of Camden	10	402	30,457	One in 76
Top Ten Cities (combined)		10,015	491,240	One in 49

Note: Table includes only those persons known to be infected with HIV.

Population figures are based on the 2022 United States Census.



Nearly 55% of the state's African Americans living with HIV/AIDS reside in one of 10 cities hardest hit by HIV/AIDS. However, these cities show wide variation in HIV/AIDS prevalence.

Newark and Atlantic City have the highest prevalence rates of African Americans living with HIV/AIDS. One in 37 African American residents in Newark and one in 39 in Atlantic City are currently living with HIV/AIDS. Twenty-one percent of African Americans currently living with HIV/AIDS in the state reside in Newark.

HIV Counseling and Testing

Table 14. Publicly Funded HIV Counseling and Testing Activities July 2021 - June 2022 (Data reported as of March 21, 2023)

	NUMBER TESTED¹	PERCENT TESTED	TESTED POSITIVE	SERO POSITIVE
SITE TYPE²				
Community Health Centers	2288	6.20%	20	0.90%
Community Setting - Other	3500	9.50%	30	0.90%
Correctional Facilities, Non-health care	260	0.70%	1	0.40%
Dental Clinics	307	0.80%	2	0.70%
Emergency Departments	7422	20.20%	32	0.40%
HIV Testing Sites	9178	25.00%	216	2.40%
Mobile Unit	866	2.40%	3	0.30%
Other Clinical Settings	6297	17.20%	169	2.70%
Other Non-health care	1815	4.90%	13	0.70%
Primary Care Clinics (Other than CHCs)	2149	5.90%	42	2.00%
STD Clinics	2616	7.10%	22	0.80%
TB Clinics	4	0.00%	0	0.00%
GENDER GROUP				
Another Gender	22	0.10%	0	0.00%
Female	16372	44.60%	117	0.70%
Male	20093	54.70%	424	2.10%
Transgender FTM	41	0.10%	2	4.90%
Transgender MTF	142	0.40%	5	3.50%
Transgender Unspecified	13	0.00%	2	15.40%
Unknown/Missing	14	0.00%	0	0.00%
Unknown-Follow up required	5	0.00%	0	0.00%
RACE/ETHNICITY³				
American Indian or Alaska Native	71	0.2%	0	0.0%
Asian	626	1.7%	7	1.1%
Black/African American	16201	44.1%	228	1.4%
Hispanic	13469	36.7%	263	2.0%
Multi-race	268	0.7%	1	0.4%
Native Hawaiian or Pacific Islander	43	0.1%	0	0.0%
White	5845	15.9%	51	0.9%
Don't Know	99	0.3%	0	0.0%
Declined to Answer	80	0.2%	0	0.0%

AGE				
< 13 Years	6	0.0%	0	0.0%
13-19 Years	1140	3.10%	5	0.4%
20-29 Years	9008	24.5%	155	1.7%
30-39 Years	10263	28.0%	181	1.8%
40-49 Years	7316	19.9%	88	1.2%
Over 50 Years	8938	24.4%	121	1.4%
Unknown	31	0.1%	0	0.0%
TOTAL	36,702	100.00%	550	1.5%

1. Numbers do not represent individuals as clients may be tested more than once.
2. HIV/CTS sites are clinics, whose primary purpose is HIV counseling and testing.
3. Clients could be multiple Race.

SERVICES PROVIDED TO NEW DIAGNOSIS BETWEEN 2022-2022 BY PARTNER SERVICES

Table 1. Newly Diagnosed, Confirmed HIV-positive Index Patients ¹							
Year	New HIV Cases Reported to HIV Surveillance Program ²	Newly Diagnosed Index Patients Reported to Partner Services Program ^{3,4,5}	Newly Diagnosed Index Patients Eligible for Partner Services Interview ⁶	Newly Diagnosed Index Patients Interviewed ⁷		Partners Named ⁸	Partners Named per Newly Diagnosed Index Patient Interviewed ⁹
				N	(%)		
2022	1,063	663	635	502	79	150	0.30
2021	1,113	677	662	400	60	137	0.34
2020	899	515	506	361	71	147	0.41

¹ This table includes data for all partner services, regardless of funding source, not just those funded under PS18-1802.

² This is the number of new HIV case reports received by the health department surveillance program during the reporting period, based on date of report, rather than date of diagnosis.

³ This is the number of newly diagnosed confirmed HIV-positive index patients reported to the health department partner services program during the reporting period, from any source.

⁴ New diagnosis status verified, at minimum, by cross-check with the health department surveillance system. Supplementary methods of identifying previous diagnosis, such as review of laboratory reports, medical records, or other data sources (e.g., partner services database, evidence of previous treatment for HIV), or patient interview, may also have been used. If any data source, including patient self-report, indicates previous diagnosis, diagnosis is not new.

⁵ Does not include index patients classified as newly diagnosed based only on 1) self-report of having had no previous test or having had a previous negative test or 2) review of other data sources (e.g., medical records, partner services database, treatment database).

⁶ This is the number of newly diagnosed confirmed HIV-positive index patients reported to the health department partner services program during the reporting period (Column B), excluding those who are out of jurisdiction or deceased.

⁷ This is the number of newly diagnosed confirmed HIV-positive index patients reported to the health department partner services program during the reporting period and eligible for partner services interview (Column C), who were interviewed for partner services by the health department or a person trained and authorized by the health department to conduct partner services interviews.

⁸ This is the total number of partners named for whom the information provided by the index patient or otherwise available should be sufficient to allow the partner to be identified and notified by health department partner services workers.

⁹ This is the average number of partners named by the newly diagnosed index patients who were interviewed.

The Division's mission is to prevent and reduce the spread of HIV, STDs and TB and ensure that HIV-, STD- and TB-infected people and those at risk of infection have access to the care they need. The Division uses its resources to help community-based networks deliver high-quality, comprehensive services that meet the language and cultural needs of the people they serve.

**For More Information
go to the
Division of HIV, STD and TB Services
Website at:**

<http://www.nj.gov/health/hivstdtb>

or call the

**New Jersey Department of Health
Division of HIV, STD and TB Services
Epidemiologic Services Unit
at
(609) 984-5940**