Ending the HIV Epidemic: 2020 Epidemiological Profile

Hudson County, New Jersey

New Jersey Department of Health

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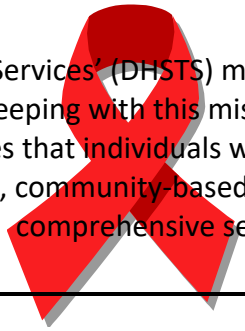
The Division of HIV, STD, and TB Services

Mission Statement



The Division of HIV, STD, and TB Services' (DHSTS) mission is to prevent, treat, and reduce the spread of HIV in New Jersey. In keeping with this mission, the DHAS will monitor the epidemic and assure through its resources that individuals who are at risk or infected with HIV have access to culturally competent, community-based networks that provide qualitative and comprehensive services.

Vision

Consistent with the mission, the DHSTS vision for providing HIV services is a coordinated community and statewide effort supported by public and private partnerships to provide comprehensive services that assure:

- All residents, regardless of age, race, gender, class, sexual orientation, or ethnic background, provided with accurate and comprehensive risk education to allow them to make the safest decisions regarding their HIV status.
- Support for safe and healthy communities.
- Communities have the necessary resources for prevention, testing, and interventions to reduce the spread of HIV/AIDS, and
- Communities have the necessary comprehensive, community-based, culturally competent, affordable network of care services to maximize the quality of life for those individuals living with HIV/AIDS.

Dedication
This document is dedicated to the many people of New Jersey who lost their lives to HIV/AIDS and/or HIV/AIDS-related complications.

Contents

List of Tables

List of Figures

Abbreviations

ACS	American Community Survey
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HRH	High-Risk Heterosexual
ICD-10	International Classification of Diseases Tenth Revision
IDU	Injection Drug Use(r)
MMP	Medical Monitoring Project
MSM	Men who have sex with men
MSM/IDU	Men who have sex with men and who also inject drugs
NHBS	National HIV Behavioral Surveillance
NJ	New Jersey
NJDOH	New Jersey Department of Health
nPEP	Non-Occupational Post-Exposure Prophylaxis
PAAD	Pharmaceutical Assistance to the Aged and Disabled
PLWH	Persons Living with HIV (includes AIDS)
PWID	Persons who inject drugs
PrEP	Pre-Exposure Prophylaxis
RWCA	Ryan White CARE Act
STD	Sexually Transmitted Disease
TB	Tuberculosis
TWSM	Trans Women who have sex with men
UB	Uniform Billing

Executive Summary

The Hudson County epidemiologic profile was developed to assist groups planning HIV/AIDS services in the state. It summarizes the socio-demographic characteristics of Hudson County - with New Jersey data in the context, describes the scope of the HIV epidemic, identifies those at risk for HIV, examines services that are needed, and highlights our successes and challenges.

The profile addresses the following questions:

• What is the socio-demographic characteristics of the general population in New Jersey and Hudson County?

• What is the scope of the HIV epidemic and its impact on communities, families and individuals in New Jersey and Hudson County?

• What are the indicators of risk for HIV infection among New Jersey and Hudson County residents?

• What is the unmet need for HIV services in New Jersey and Hudson County?

• What are the barriers and challenges to preventing the spread of HIV and providing treatment for persons living with HIV in New Jersey ad and Hudson County?

When making planning decisions, it is important to consider the overall strengths and limitations of the cited data.

Some of the strengths of this profile are:

- New Jersey has had a comprehensive HIV reporting system for over 20 years that includes information on demographic characteristics, clinical and laboratory findings, and transmission risk for men, women and children infected with HIV.
- This profile includes a new gender identity category.
- New Jersey has had Enhanced Perinatal Surveillance since 1995, a system that follows children born to HIV positive mothers.
- These data constitute the latest data available for the state.

Some of the limitations of this profile are:

- Information is not available on persons who are HIV positive but not reported, or who have not been tested.
- New Jersey's HIV reporting laws or regulations do not mandate the reporting of all CD4, viral loads and genotype tests and are not considered to be complete.
- Incompleteness of laboratory reports and mortality completeness and migration affect these measures of care.
- HIV surveillance data may underestimate the number of infected persons because some infected persons have not been tested, aware of their status or been diagnosed. It is estimated that undiagnosed or unreported cases comprise approximately one tenth of all infection.

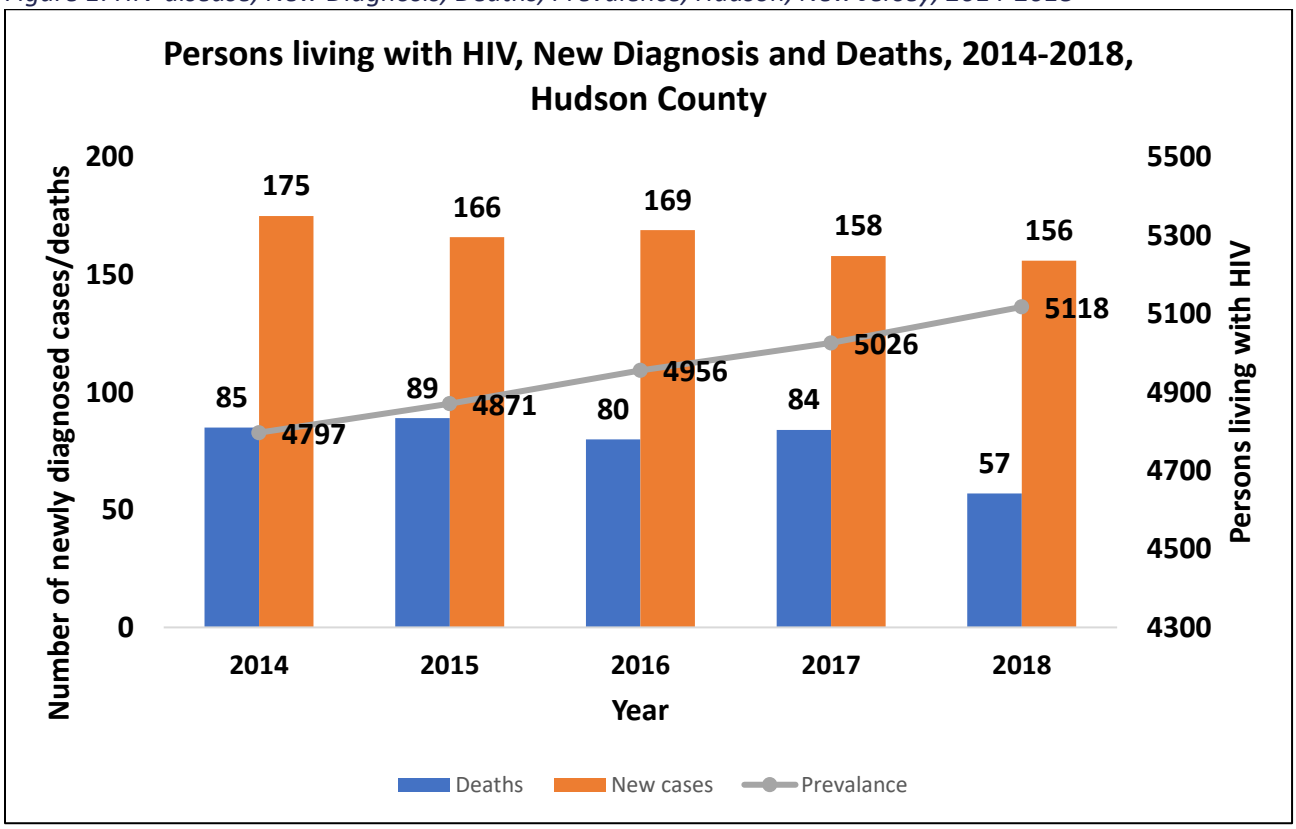
- Persons who have tested positive at an anonymous test site and have not sought medical care, during which they would be confidentially tested, are not reported to the surveillance system.
- Reporting of behavioral risk information may not be complete or may not be recent (the latest New Jersey Behavior Risk Factor Survey data set available is for 2017).
- Information may be incomplete due to reporting delays and missing data on a person's exposure to HIV.
- In order to present an accurate description of the epidemic, we used data from multiple sources. The most current analysis available is presented for each source of data, however, the time frames differ from one source to another.
- Information may be incomplete on those persons who are diagnosed with HIV in New Jersey and reported to the data system but relocate out-of-state.
- Excluded from the analysis are those who were not New Jersey residents at diagnosis or who are not currently living in New Jersey in the year in question and those lost to follow up in the last 10 years.
- To maintain privacy and confidentiality, data suppression was done where applicable
- COVID-19 caused delays in collecting information from grantee sites and Divisions outside DHSTS. This information will be added in the report later.
- Care sites in Hudson County are funded through Ryan White Part A. The data for Ryan White Part A - administered through Jersey City governments - could not be included in the report.
- Despite taking care to use language that is inclusive and non-stigmatizing, specific epidemiological terms might be offensive to certain communities. No offense is intended.

This Epidemiologic Profile represents a commitment by the state of New Jersey to support the federal Ending the Epidemic (EHE) initiative with the goal of the reducing new HIV infections be 75% by 2025 and by 90% by 2030. It will guide the state's efforts to increase the health and wellbeing of persons affected by, living with, and vulnerable to HIV. The document puts forth these goals associated with the four pillars of EHE: 1. Diagnose all people with HIV as early as possible after infection, 2. Treat all people with HIV rapidly and effectively to sustain viral suppression, 3. Prevent HIV transmission by using proven interventions (such as PrEP), and 4. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. Achieving these goals will not eliminate HIV; rather, it will ensure that for the first time since the beginning of the HIV epidemic, HIV acquisition is effectively managed and the prevalence and incidence of HIV in the state decreases over time. This Epidemiologic Profile will serve as a key focal point to guide state and local HIV planning, implementation, and evaluation of the EHE Plan. Epidemiologic Profiles will be shared with local prevention and care planning bodies and community partners to increase their understanding of data in the two counties and to guide local planning activities.

This report is divided into seven parts. The first provides an overview of New Jersey's sociodemographic characteristics as a contextual background for the HIV epidemic in the state.

The second presents HIV epidemiologic data to highlight HIV burden in certain populations and communities and corresponds with the first pillar of EHE 'Diagnose'. The third section includes a selection of graphs and figures that addresses the second pillar 'Treat' by identifying the populations living with the epidemic and the extent to which their healthcare needs are met. The fourth section, relating to the pillar 'Prevent', seeks to identify the risk for co-infections and provide the performance markers of HIV and co-infection such as - sexually transmitted diseases (STDs), tuberculosis, hepatitis C and drug use - prevention strategies in the state. The fifth section provides information collected through Molecular HIV Surveillance to inform 'Respond'. The sixth section addresses the intersections between social determinants of health and HIV burden. Finally, the last section provides data on some of the priority populations that suffer a disproportionate burden nationally and in the state.

Figure 1: HIV disease, New Diagnosis, Deaths, Prevalence, Hudson, New Jersey, 2014-2018



- In the state of New Jersey, Hudson County ranks second in rate of new diagnosis and in prevalence of HIV
- The county has seen fair progress in the last five years with a steady decline in new diagnoses and deaths and an increase in the persons living with HIV (Figure 1)
- New HIV diagnoses declined 13.5% from 1232 diagnoses in 2014 to 1066 diagnoses in 2018 in New Jersey. New HIV diagnoses declined 10.8% from 175 diagnoses in 2014 to 156 diagnoses in 2018 in Hudson County

- Cumulatively, 824 new cases of HIV have been reported in the Hudson County or 14.1 % of the total cumulative 5829 new cases of HIV in New Jersey
- The rate of new infections in Hudson County (24.6 per 100,000 population) is twice the rate of New Jersey state (12.1 per 100,000 population)
- The epidemic differs geographically and across racial/ethnic groups, gender, age groups and exposure categories
- Most new diagnoses (33.3%) were among people aged 25-34 years
- As of 2018, the percent of females among all newly diagnosed with HIV in Hudson County (23.1%) are comparable to that of the state (22.7 %)
- In 2018, of all the people living with HIV in the county, 74.7% were men which is a higher percentage as compared to the overall state (68%). Of all people living with HIV in the county, 25.3% were females which is a lower percentage when compared to the state (32%)
- Minorities have been disproportionately affected by HIV. Minorities represent 78.1% of persons living with HIV in New Jersey. In Hudson County, HIV affects the African American community more than any other racial, ethnic, or demographic group
- From 2014-2018, new HIV diagnoses have trended lower among Black/African Americans but increased among non-Hispanics Whites. Among Hispanics, the number of new HIV diagnosis has remained constant
- In 2018, the rate of new infections for African Americans in the county was 63.1 per 100,000 population, or 1.75 times the overall state rate. The county rate for Hispanics was 31.0 per 100,000 population, 12.3 per 100,000 population for Whites, and 4.0 per 100,000 population for Other (including Asians)
- As compared to 2014, the rate of new infections among non-Hispanic Whites have increased in 2018 by 13% (10.7 per 100,000 to 12.3 per 100,000) and decreased by 31% (82.7 per 100,000 to 63.1 per 100,000)
- Women of color accounted for the majority of new diagnoses among women in Hudson County in 2018 (94.4%). Similarly, men of color accounted for 81.7% of new diagnoses among men
- In Hudson County, among females, approximately 50% of newly diagnosed HIV infections was among Black/African Americans as compared to 22.5% infections among Black/African American males
- Black non-Hispanics, who represent only 11.2% of the Hudson County population, account for 30.7% of the persons living with HIV cases and 28.8% of new HIV infections. Hispanics, who comprise about 42.2% of the Hudson County population, account for 43.9% of the persons living with HIV cases and 53.2% of new HIV infections. White non-Hispanics represented 18.2% of persons living with HIV but represented 30.8 % of the total county population
- Between 2014 and 2018, MSM continue to account for a large proportion of new cases 52.8% in men. Those exposed through heterosexual contact account for 11% of all PLWH through 2014-2018 in Hudson County. Injection Drug Use is not a major risk in Hudson County, accounting for .01 % of new cases and 12.3 % of PLWH

- Deaths among people diagnosed with HIV has declined between 2014-2018 by 32.9% (from 85 to 57)
- In Hudson County, 70.1% of patients were also linked to care within 30 days and 59% achieved viral suppression.

HIV/AIDS Data Definitions

Definition of key terms used in this Epidemiologic Profile are provided to assist in understanding HIV/AIDS data and to provide information on why the data are included.

- An **HIV case:** A person diagnosed and reported to the state's enhanced HIV Reporting System (eHARS) with HIV infection.

- An **AIDS case:** A person with HIV infection who has an opportunistic infection or a CD4+ count of less than 200 cells/mm or whose proportion of CD4+ T-lymphocytes is less than 14 percent of their total lymphocytes and who has been reported to the eHARS.

  Note: All AIDS cases are persons infected with HIV, but not all persons infected with HIV are AIDS cases. Since the HIV disease may be seen as a continuum, throughout this profile the data will be shown on HIV to include AIDS cases.

- **Cumulative Cases**: Include all cases that have been diagnosed and reported since 1982, including those individuals who have died.

- **New Diagnosis:** Persons newly diagnosed in Hudson, New Jersey in the measurement year, regardless of the stage of disease (stage 0, 1, 2, 3 [acquired immunodeficiency syndrome (AIDS)], or unknown) at the time of initial diagnosis.

- **Prevalence:** The total number of individuals who have been diagnosed with HIV/AIDS, minus those who have died. This profile provides data on estimated prevalence by using the number of persons living with HIV or AIDS who have been diagnosed, reported to the eHARS, and are not known to have died. It does not include data on persons who are infected, but who have not been diagnosed and/or reported to eHARS.

- **Rate:** The number of cases (of a condition or event) divided by the total population exposed to the condition or event in a given time period. A rate is often expressed as cases per 100,000. In this profile, estimated **prevalence rates** are based on HIV/AIDS cases that were reported to eHARS and are not known to have died. Actual prevalence rates are reported only for specific sub-populations for which special studies were conducted. Estimated **incidence rates** are based on the number of cases reported as diagnosed during the year. Incident infections can only occur if prevalent infections exist. In other words, the disease must be transmitted from someone who already has it. Although incidence and prevalence are different, they are related and both are important to consider in planning for prevention, as well as, for care and treatment. Note: Because rates account for differences in the size of sub-populations, the use of rates is essential for comparing different population categories at different times or places.

- **Incidence:** The number of new cases diagnosed within a given period of time. This profile includes estimated diagnosed incidence, the number of persons who have been diagnosed during the year and reported to the eHARS. In addition, an incidence estimate is also provided. The incidence estimates project the number of new HIV infections in a year, this measure includes both new diagnoses reported to the state, as well as undetected and unreported diagnoses.

- **Risk exposures:** Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors put a person at risk for 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.

  Individuals are categorized as follows. Men who report sexual contact with other men, and men who report sexual contact with both men and women are placed in the "male-to- male sex" or men who have sex with men (MSM) category. Persons reporting having injected drugs anytime since 1978 are placed in the "injection drug use" (IDU) category. Men with both a history of sexual contact with other men and injection drug use are placed in the "MSM-IDU" category. Then follows persons with hemophilia/coagulation disorder. Persons who report specific heterosexual sex with a person with, or at increased risk for, HIV infection (e.g., an injection drug user or person known to be infected with HIV) are placed in the "Heterosexual" category. Heterosexual sex with a person of unknown risk or unknown HIV status is reported as "heterosexual sex with partners of unknown HIV risk," and heterosexual risk with persons of known risk will be reported by the risk status of the partner. Persons who received a transfusion prior to March 1985 are placed 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 redistributed later to known exposure as follow-up investigations are completed.

  Transmission categories are mutually exclusive, hierarchical risk categories determined by the CDC and system-calculated using sex at birth and risk factor history to determine mode of transmission. A person with multiple risks is only represented in the highest category based on the CDC hierarchical algorithm. Thus, transgender women are included in the MSM transmission category if assigned male at birth and risk factor history indicates sex with males. Please note this is for the categorization of HIV transmission categories only and not to describe sexual orientation.

- **Pediatric Cases:** Individuals diagnosed under the age of 13 are considered pediatric cases. Mother-to-child transmission occurs when the virus is passed from mother-to-child during pregnancy or delivery.

- **Knowledge of Status:** Knowledge of status (also known as percentage diagnosed or percentage aware) is determined by dividing the number of persons with diagnosed HIV by the total HIV prevalence for each year. Knowledge (or awareness) of HIV-positive status occurs when a person with HIV is tested and diagnosed with HIV infection.

- **Linkage to Care:** People diagnosed with HIV in a given calendar year who had one or more documented viral load or CD4 tests within three months of diagnosis. Numerator: Number of persons with a routine HIV medical care visit within 3 months of HIV diagnosis. Denominator: Number of persons with an HIV diagnosis in 12-month measurement period.

- **Retained in any HIV care**: Numerator: Number of persons that have >= 1 CD4 or VL or Antiretroviral drug in the year in question. Denominator: Number of persons living with an HIV diagnosis in that same year.

- **Retention in Care/Continuously retained in care:** Persons who have 2 or more CD4 or viral loads during the calendar year, at least 90 days apart. Numerator: HIV diagnosed persons with at least 2 CD4/VL tests within 90 days in a year. Denominator: Those living with HIV disease in that same year.

- **Viral Suppression:** The most recent VL result <=200 Copies/ML in the year in question. Numerator: persons with a most recent VL of less than 200 copies/ML in the measurement year. Denominator: Persons living in Hudson, New Jersey in the measurement year.

- **Late diagnosed cases** are defined as the number of people with late diagnosed HIV in the most recent calendar year based on residence at time of diagnosis. Late diagnosed HIV is based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition ≤3 months after a diagnosis of HIV infection.

- **Unmet Need** - Numerator: Percentage of persons living with HIV disease who are not in HIV care i.e., do not have a CD4/VL/ARV in the same year. Denominator: Persons living in Hudson, New Jersey in the measurement year.

- **Race/Ethnicity:** Except where noted, race/ethnicity is presented using the following categories: American Indian/Alaska Native; Asian/Pacific Islander; Black/African American; Hispanic; Non-Hispanic White; and multi-race. Hispanic/Latinx may be of any race. Persons with a race of American Indian/Alaska Native, Asian/Pacific Islander, Black/African American, White, or multi-race are not Hispanic. Asian/Pacific Islander includes native Hawaiian.

Ending the HIV Epidemic Goal Dashboard

GOALS	BASELINE	1-YEAR BENCHMARK	5-YEAR BENCHMARK
INCIDENCE: To reduce new HIV infections in Hudson County by 75% in five years	190* (2018)	To be determined (TBD) in consultation with Planning Groups	40 (2025)
KNOWLEDGE OF STATUS: To increase the estimated percentage of people with HIV who have received an HIV diagnosis to 95%	88.3%*(2018)	TBD	95% (2025)
NEW DIAGNOSES: To decrease the number of people with HIV diagnosed in a given year confirmed by laboratory or clinical evidence by 75%	161* (2018)	TBD	41 (2025)
LINKAGE TO MEDICAL CARE: To increase the percentage of people diagnosed with HIV in a given year who have received medical care for their HIV infection within one month of diagnosis to 95%	70.1%† (2017)	TBD	95% (2025)
VIRAL SUPPRESSION: To increase the percentage of people living with diagnosed HIV infection who have an amount of HIV that is less than 200 copies per milliliter of blood, in a given year to 95%	59%† (2019)	TBD	95% (2025)

PrEP: To increase the estimated percentage of individuals prescribed PrEP among those who need it to 50%	29.3%* (2018)	TBD	50% (2025)
HOMELESSNESS: **To reduce homelessness among people with diagnosed HIV by 50%**	25[a] (2017)	TBD	12 (2025)
STIGMA: **To decrease stigma among people with diagnosed HIV by 50% from a 2018 baseline median score on a 10-item questionnaire**	35.1%[b] (2015-2018)	TBD	17.5% (2025)

Source:

*America's HIV Epidemic Analysis Dashboard - AHEAD Dashboard (U.S. Department of Health and Human Services (HHS), 2020)

† New Jersey Enhanced HIV AIDS Reporting System (eHARS) data, 2020

[a] Jersey City, Bayonne/Hudson County CoC (US Department of Housing and Urban Development, 2020)

[b] Medical Monitoring Project, Essex and Hudson Counties, NJ, 2015-2018: Ten-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people living with HIV.

Background: Hudson County at a Glance

Community Served: A low lying coastal region located in north-eastern part of New Jersey, Hudson County has a land area of 46.9 square miles and is the state's fourth most populous county. The population density for this area is estimated at 14,475.6 persons per square mile. Of the total population, 100% of the population is classified urban. According to the United States Census Bureau Decennial Census, between 2000 and 2010, the population in Hudson County increased by 25,291 persons, a change of 4.15%.

Population Served: In 2018, Hudson County's population had a median age of 34.9 years and a median household income of $66,289. In Hudson County, 11.5% of the population are 65 years and above. 40.9% of the population aged 25 and older have obtained a Bachelor level degree or higher and 15.8% of the population is without a high school diploma. Among county residents, 2.3% have veteran status. As of June 2019, the percent of households with a broadband internet access is 99.5%.

Households Served: There are 9.8% single male family households, 37.8% non-family households, 9.3% of households with children. 16.3% individuals are living in households with income below the Federal Poverty Level (FPL) and 24.1% children aged 0-17 are living in households with income below the FPL. 26.8% of these children are Black/African Americans or African Americans and 25.6% are non-Hispanic Whites. 20.8% Hispanic population live in poverty as compared to 12.8% of non-Hispanic population.

Households with disparity: The percentage of the households where housing costs exceed 30% of total household income stands at 43.2% and the percentage of rental households that are cost burdened in Hudson County are 45.0%. The percentage of households without a motor vehicle is 32.2%. About 59% of the people in Hudson County speak a non-English language, and 43.2% are foreign born.

Employment: According to the 2014–2018 ACS, of the 544,263 working age population, 375,081 are included in the labor force. The labor force participation rate is 68.9%. Total unemployment in the Hudson County stands at 15.7% of the civilian non-institutionalized population age 16 and older. A total population of 26,254 between the ages 16-19, of which 7.5% are not in school.

Disability: The percentage of the total civilian non-institutionalized population with a disability is 9.2%.

Access to Healthcare: In Hudson County, there is one primary care physician for 1,954 patients in 2017, as compared to 1 physician for every 1,189 patients in the state. Fewer people have premature deaths in Hudson County than New Jersey (Years of Potential Life Lost in Hudson County is 5,100 potential years life lost per every 100,000 population as compared to 5,906 for New Jersey). The uninsured population among males is 15.9% and among females is 12.4%. Among 18-65 years age group, 18.8% are uninsured.

Section A. Sociodemographic Characteristics of Hudson County, New Jersey

The following section explores the demographic profile of Hudson County. Demographics are an integral part of describing the community and its population, and critical to forming further insights into the health needs of the community in order to best plan for improvement. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

All demographic estimates are sourced from the U.S. Census Bureau, American Community Survey 5-year estimates. Periods of measurement and sources for the data discussed are given in these sections if they are not mentioned elsewhere in the tables and figures enclosed within the report.

I. Demographics

i. Total Population

This indicator reports the total population of Hudson County. Table 1 illustrates the population size in Hudson County. The most populated zip codes in the county are 07002 Bayonne (59480 estimated 2015 population total), 07087 Union City (57740 estimated 2015 population total), and 07305 Jersey City (55560 estimated 2015 population total). Jersey City is the biggest city and consists of 13 zip codes with a total population of 235,332.

Table 1: Total Population, Hudson County, New Jersey, 2014-2018

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
New Jersey	8,881,845	7,355.54	1,207.50
Hudson County	668,631	46.19	14,475.60

ii. Population by Sex Assigned at Birth

This indicator reports the total population of Hudson County by sex assigned at birth.

Table 2: Total Population by Sex Assigned at Birth, Hudson County, New Jersey, 2014-2018

Report Area	Male	Female	Male, Percent	Female, Percent
New Jersey	4,335,930	4,545,915	48.8%	51.1%
Hudson County	332,268	336,363	49.69%	50.31%

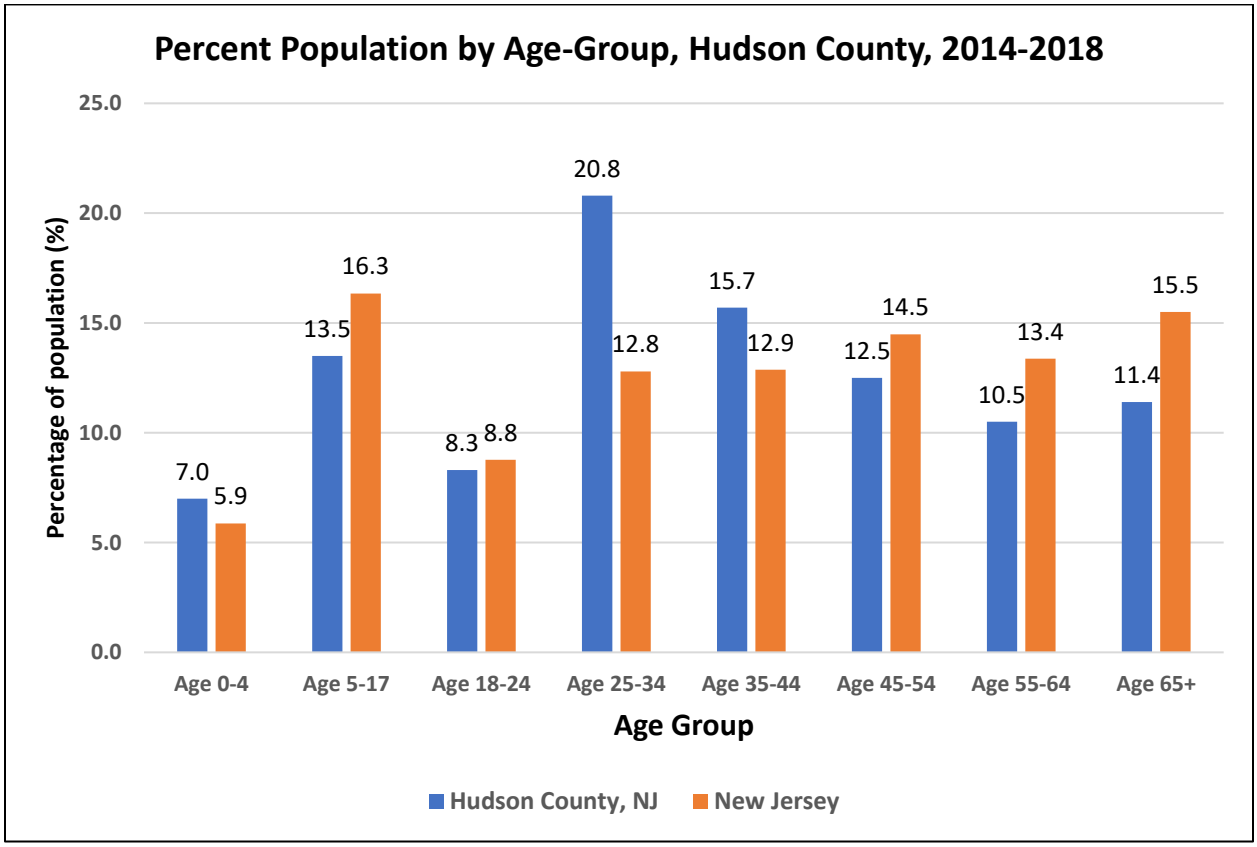
iii. Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of Hudson County.

Table 3:Total Population by Age Groups, Percent, Hudson County, New Jersey, 2014-2018

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
New Jersey	5.8%	16.3%	8.7%	12.7%	12.8%	14.4%	13.3%	15.5%
Hudson County	7.0%	13.5%	8.3%	20.8%	15.7%	12.5%	10.5%	11.4%

Figure 2: Percentage Population by Age-Group, Hudson County, 2014-2018



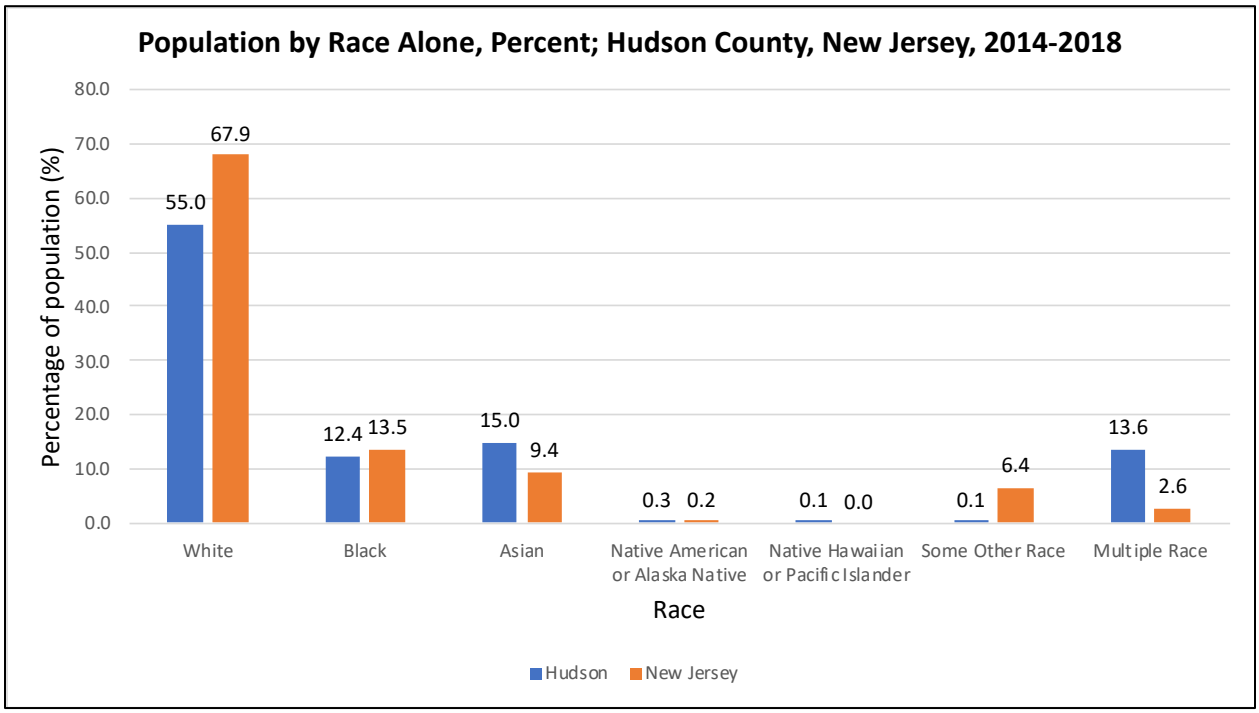
iv. Population by Race Alone, Percent

This indicator reports the percentage of population by race alone in Hudson County.

Table 4: Population by Race Alone, Percent, Hudson County, New Jersey, 2014-2018

Report Area	White	Black/African American	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
New Jersey	67.9%	13.4%	9.3%	0.2%	0.0%	6.3%	2.6%
Hudson County	55.0%	12.4%	15.0%	0.3%	0.1%	0.1%	13.6%

Figure 3: Population by Race Alone, Percent, Hudson County, New Jersey, 2014-2018



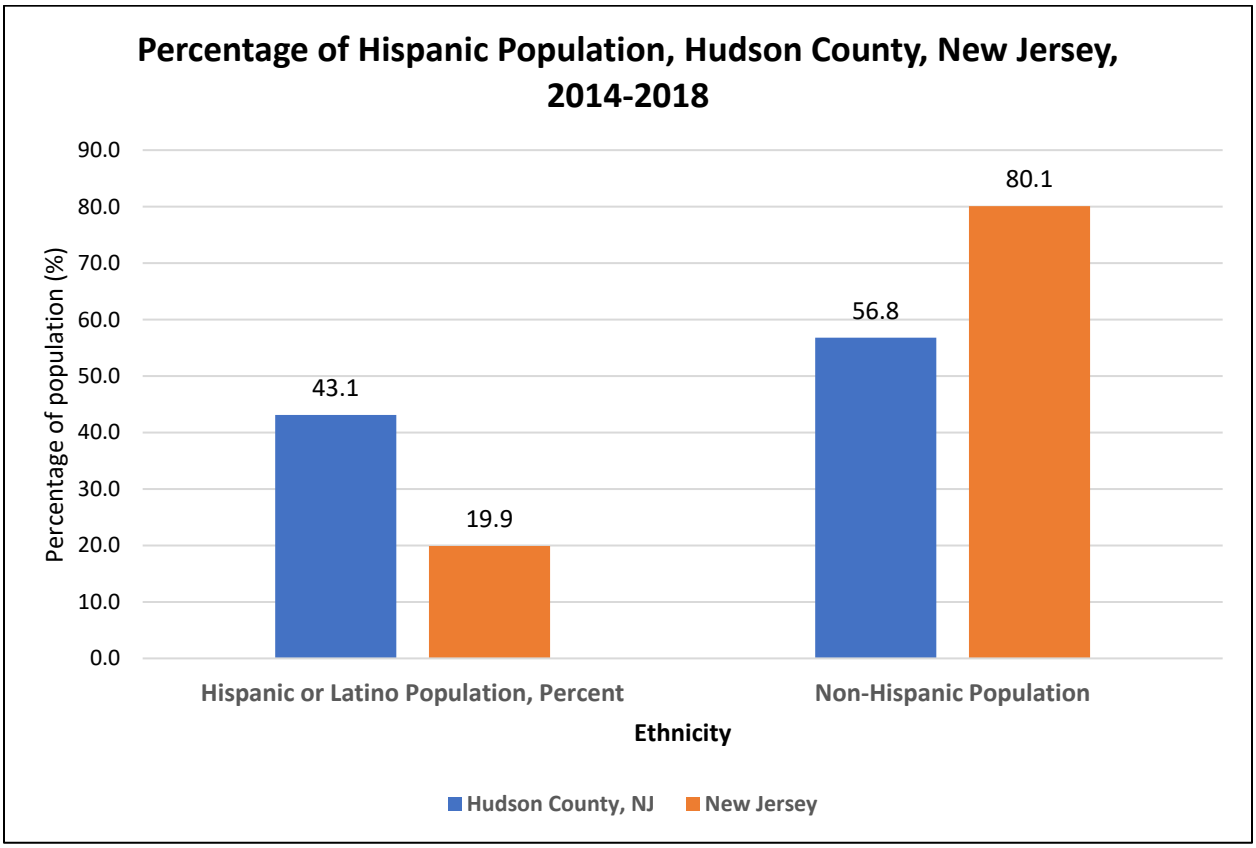
v. Total Population by Ethnicity Alone

This indicator reports the total population of Hudson County by ethnicity alone.

Table 5: Total Hispanic Population, Percent, Hudson County, New Jersey, 2014-2018

Report Area	Total Population	Hispanic Population	Hispanic Population, Percent	Non-Hispanic (NH) Population	Non-Hispanic (NH) Population, Percent
New Jersey	8,881,845	1,768,020	19.9%	7,113,825	80.0%
Hudson County	668,631	288,749	43.1%	379,882	56.8%

Figure 4: Percentage of Hispanic Population, Hudson County, New Jersey, 2014-2018



vi. Hispanic Population by Race Alone, Percent

This indicator reports the percentage of Hispanic or Latino population in Hudson County by race alone.

Table 6: Hispanic Population by Race Alone, Percent, Hudson County, New Jersey, 2014-2018

Report Area	White	Black/African American	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Races
New Jersey	60.6%	3.8%	0.3%	0.5%	0.1%	30.0%	4.6%
Hudson County	60.7%	3.8%	0.4%	0.4%	0.1%	30.3%	4.1%

vii. Population with Any Disability by Ethnicity Alone, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by ethnicity alone.

Table 7: Population with Disability by Ethnicity Alone, Hudson County, New Jersey, 2014-2018

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
New Jersey	148,444	765,237	3.2%	10.8%
Hudson County	28,014	33,182	9.7%	8.8%

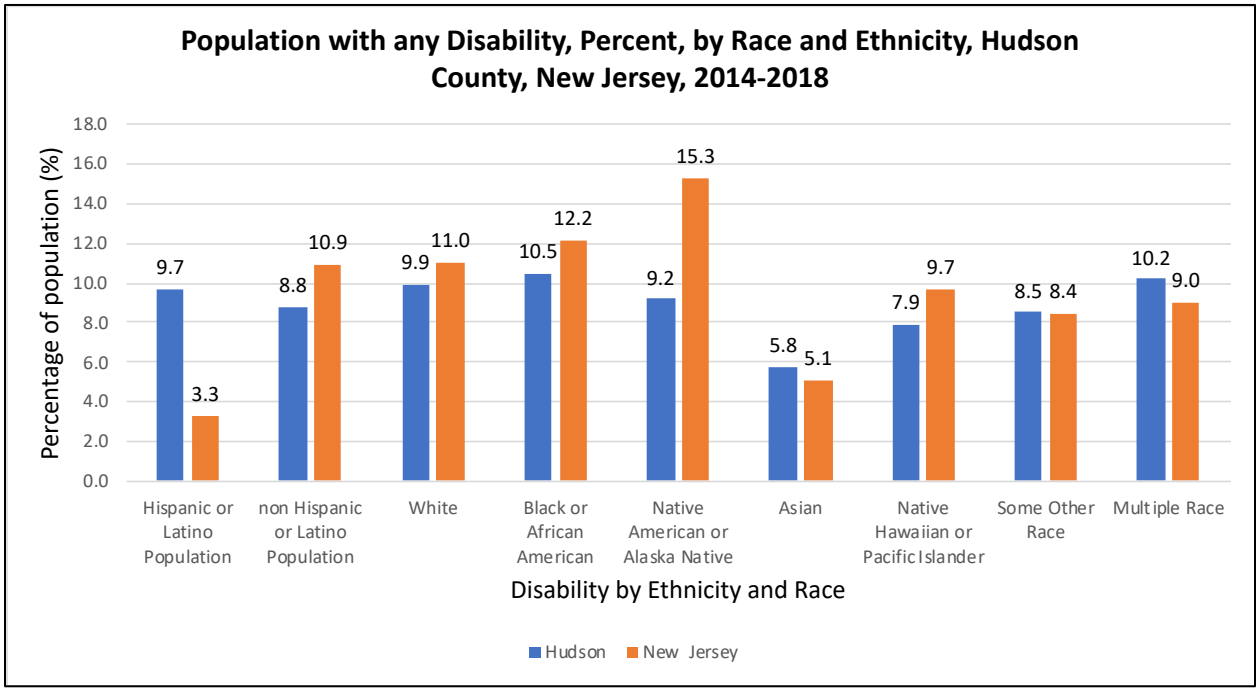
viii. Population with Any Disability by Race Alone, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by race alone.

Table 8: Population with Disability by Race Alone, Hudson County, New Jersey, 2014-2018

Report Area	White	Black/African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
New Jersey	11.0%	12.1%	15.2%	5.1%	9.6%	8.4%	9.0%
Hudson County	9.9%	10.5%	9.2%	5.8%	7.9%	8.5%	10.2%

Figure 5: Population with any Disability, Percent, by Race and Ethnicity, Hudson County, New Jersey, 2014-2018



ix. Population with Limited English Proficiency

This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."

Table 9: Population with Limited English Proficiency, Hudson County, New Jersey, 2014-2018

Report Area	Population Age 5+	Population Age 5+ with Limited English Proficiency	Population Age 5+ with Limited English Proficiency, Percent
New Jersey	8,360,161	1,012,899	12.1%
Hudson County	621,585	153,615	24.7%

x. Population with Limited English Proficiency by Race Alone, Percent

As compared to the state, Whites constitute much higher percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."

Table 10: Population with Limited English Proficiency by Race Alone, Percent, Hudson County, New Jersey, 2014-2018

Report Area	White	Black/African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
New Jersey	8.6%	1.0%	0.1%	3.8%	0.01%	3.7%	0.3%
Hudson County	23.7%	1.9%	0.1%	7.6%	0.04%	9.9%	1.0%

xi. Population with Limited English Proficiency by Language Spoken at Home (4-Category)

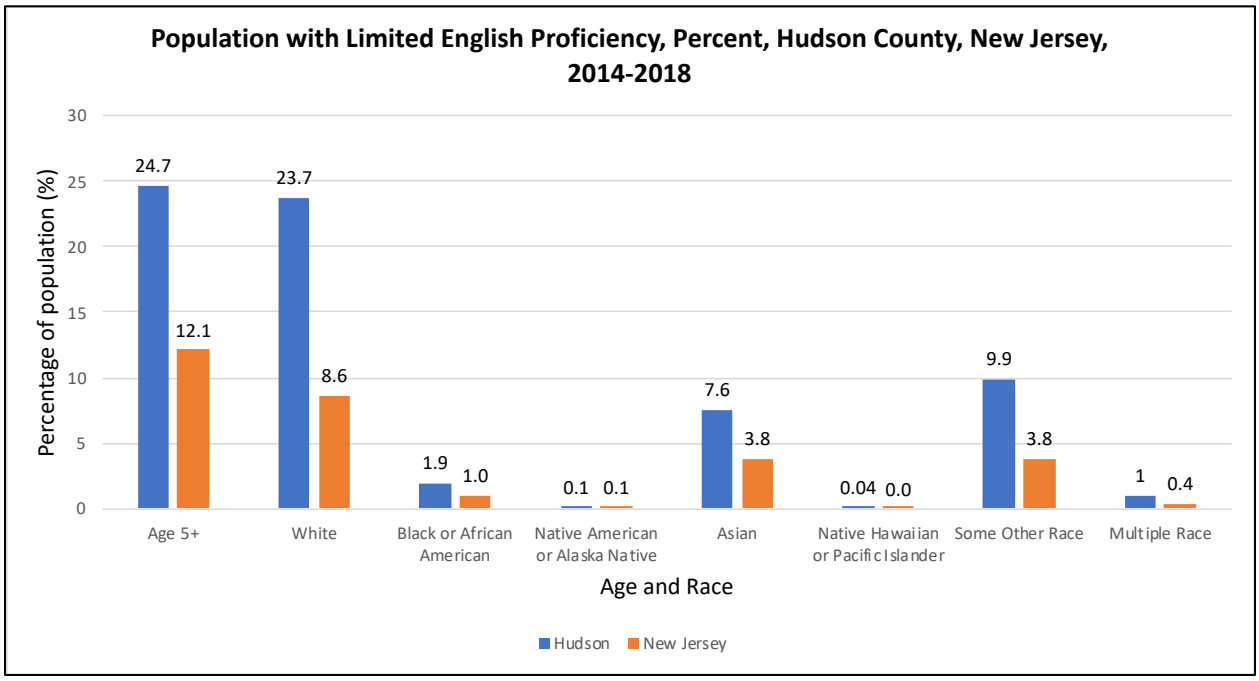
Almost quarter (24.7%) of Hudson County's population aged 5+ has limited English proficiency. Spanish followed by Indo-European languages are the languages spoken most by limited English proficiency speakers. Almost one in five (18%) of the state's Spanish speakers live in Hudson County.

Table 11: Population with Limited English Proficiency by 4 Categories of Language Spoken at Home, Hudson County, New Jersey, 2014-2018

Report Area	Spanish	Other Indo-European Languages	Asian and Pacific Island Languages	Other Languages
New Jersey	592,567	228,268	153,043	39,021
Hudson County	107,668	21,422	15,876	8,649

A higher percentage of Whites (23.7%) constitute the population aged 5 and older who speak a language other than English at home and speak English less than "very well" in Hudson County as compared to the state.

Figure 6: Population with Limited English Proficiency, Percent, Hudson County, New Jersey, 2014-2018



xii. Foreign-Born Population

This indicator reports the percentage of the population in Hudson County that is foreign-born. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth.

Table 12: Foreign Born Population, Hudson County, New Jersey, 2014-2018

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
New Jersey	8,881,845	1,098,338	869,722	1,968,060	22.1%
Hudson County	668,631	136,129	149,869	285,998	42.7%

xiii. Citizenship Status

The table below shows the numbers and percent of population by citizenship status for Hudson County.

Table 13: Population with Citizen Status, Hudson County, New Jersey, 2014-2018

Report Area	Native	Born in a US Territory	Born Abroad to US Citizens	Naturalized	Non-Citizen	Non-Citizen, Percent
New Jersey	6,701,634	132,257	79,894	1,098,338	869,722	9.7%

Hudson County	357,802	17,825	7,006	136,129	149,869	22.4%

II. Economic Indicators

i. Employment - Unemployment Rate

A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals may feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. This indicator represents the total unemployment in Hudson County.

Table 14: Unemployment Figures, Hudson County, New Jersey, 2014-2018

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
New Jersey	4,505,921	3,832,673	673,248	14.9%
Hudson County	364,518	307,112	57,406	15.7%

ii. Median Household Income by Race / Ethnicity of Householder

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. This indicator reports the median household income of Hudson County by race/ethnicity of householder.

Table 15: Median Household Income by Race and Ethnicity of Householder, Hudson County, New Jersey, 2014-2018

Report Area	Non-Hispanic White	Black/African American	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Other Race	Multiple Race	Hispanic or Latino
New Jersey	$90,860	$51,309	$116,131	$53,507	$48,429	$47,407	$68,823	$54,160
Hudson County	$91,738	$47,566	$104,549	$49,327	$48,355	$47,860	$66,680	$46,622

iii. Poverty - Children Below 100% FPL

In 2020, the federal poverty guideline was $26,200 for a family of four in New Jersey (Department of Human Services, 2020). Federal assistance programs use the guidelines (or percentage multiples of the guidelines) in determining eligibility for the New Jersey FamilyCare. This indicator represents children aged 0-17 are living in households with income below the Federal Poverty Level (FPL).

Table 16: Children below 100% Federal Poverty Limit, Hudson County, New Jersey, 2014-2018

Report Area	Total Population	Population Under 18 year	Population Under 18 year in Poverty	Percent Population Under 18 year in Poverty
New Jersey	8,707,826	1,949,764	288,675	14.8%
Hudson County	660,845	136,165	32,898	24.1%

iv. Poverty - Population Below 100% FPL

This indicator represents individuals living in households with income below the Federal Poverty Level (FPL).

Table 17: Population Living in Poverty, Hudson County, New Jersey, 2014-2018

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
New Jersey	8,707,826	904,132	10.3%
Hudson County	660,845	107,718	16.3%

III. Other Social & Economic Factors

i. Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status. Access to primary care providers is governed largely by insurance status which increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. In Hudson County 14.1% of the total civilian non-institutionalized population are without health insurance coverage.

Table 18: Uninsured Population, Hudson County, New Jersey, 2014-2018

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
New Jersey	8,776,839	743,045	8.4%
Hudson County	664,118	93,759	14.1%

ii. Uninsured Population by Age Group, Percent

This indicator reports the percentage of uninsured population by age group.

Table 19: Uninsured Population by Age Group, Hudson County, New Jersey, 2014-2018

Report Area	Under 18 year	18-64 year	65+ year
New Jersey	4.0%	12.0%	1.1%
Hudson County	5.6%	18.7%	2.6%

iii. Uninsured Population by Ethnicity Alone

This indicator reports the uninsured population by ethnicity alone.

Table 20: Uninsured Population by Ethnicity, Hudson County, New Jersey, 2014-2018

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
New Jersey	347,632	395,413	19.84%	5.6%
Hudson County	60,785	32,974	21.1%	8.7%

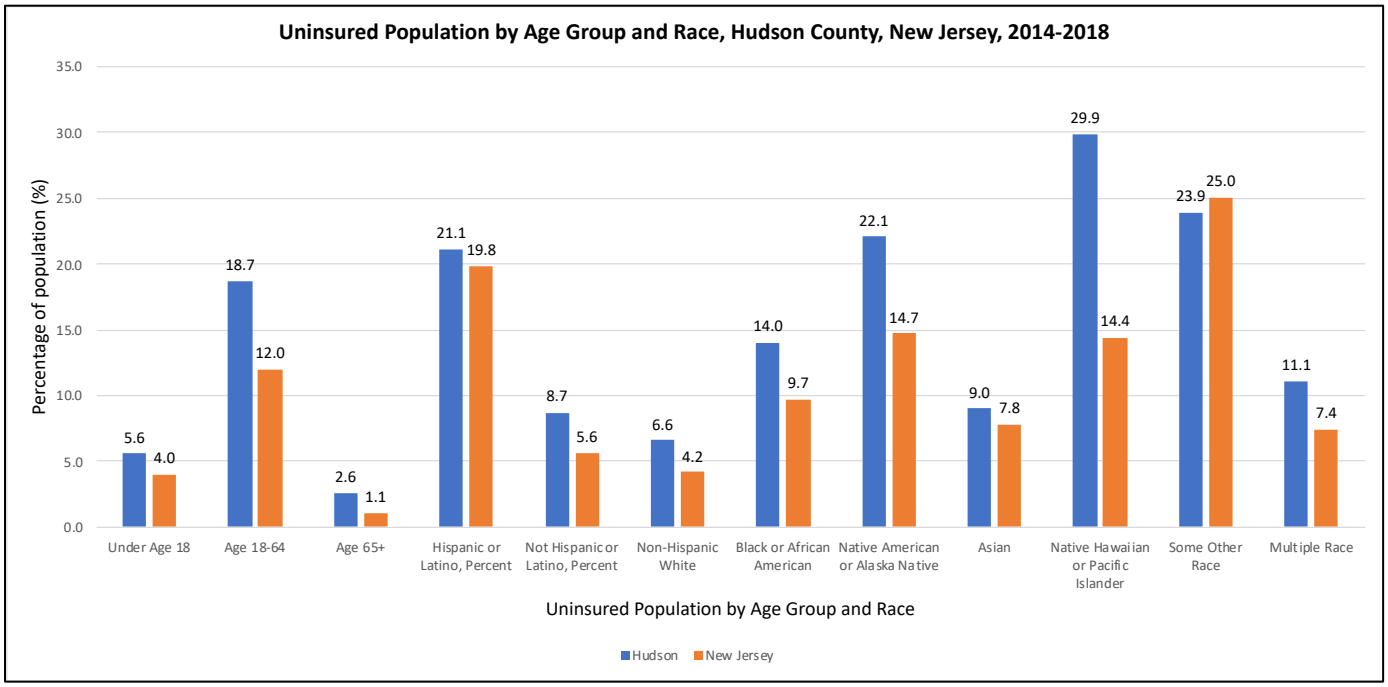
iv. Uninsured Population by Race Alone, Percent

This indicator reports the percentage of uninsured population by race alone.

Table 21: Uninsured Population by Race, Hudson County, New Jersey, 2014-2018

Report Area	White	Black/African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
New Jersey	4.2%	9.7%	14.7%	7.8%	14.4%	25.0%	7.4%
Hudson County	6.6%	14.0%	22.1%	9.0%	29.9%	23.9%	11.1%

Figure 7: Uninsured Population by Age Group and Race, Hudson County, New Jersey, 2014-2018



v. Homelessness

Affordable housing and housing stability are important drivers of positive health outcomes. Stable housing is associated with economic stability and quality of life. Between 2007 and 2019, New Jersey's total homeless population fell by 49% (National Alliance to End Homelessness, 2019). Per the Homeless Management Information System data of the United States Department of Housing and Urban Development (HUD), the one-year estimate of homeless in Bayonne/Hudson County Continuum of Care (U.S. Department of Housing and Urban Development, 2019), the point-in-time (PIT) estimates (January 2019) for homeless populations was 890 persons. Of the homeless population documented, the numbers of African American homeless were 487, White were 387, Asian were 11, American Indian or Alaska Native were 5, Native Hawaiian or Other Pacific Islander was 1, and Multiple Races were 6. These included 226 chronically homeless persons without children. At least 26 persons with HIV were homeless in 2019, per the PIT estimates.

Table 22: Point in Time Homeless by Gender, Newark/Hudson Continuum of Care, 2019

Gender	Emergency Shelter	Transitional Housing	Unsheltered	Total
Female	196	10	80	286
Male	394	22	187	603
Transgender	1	0	0	1
Gender Non-Conforming	0	0	0	0

Table 23: Characteristics of Homeless, Hudson County, New Jersey, 2019

Characteristics of Homeless	Emergency Shelter	Transitional Housing	Unsheltered	Total
Severely Mentally Ill	136	4	73	213
Chronic Substance Abuse	89	9	87	185
Veterans	19	0	10	29
HIV	14	7	5	26
Victims of Domestic Violence	15	2	3	20
Unaccompanied Youth	14	1	8	23
Unaccompanied Youth Under 18	0	0	0	0
Unaccompanied Youth 18-24	14	1	8	23
Parenting Youth	13	1	0	14
Children of Parenting Youth	19	1	10	20

vi. Transportation

Of the 255,429 total households in the county, 82,261 or 32.2% are without a motor vehicle. In comparison, 11.4% (367,761 households) have no motor vehicle in the state. Only 13.1% of Owner-Occupied Households in Hudson County do not own motor vehicles, compared to 89.2% of Renter-Occupied Households.

vii. Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The ADI is a metric used to rank neighborhoods by socioeconomic status disadvantage in a region of interest (e.g., at the state or national level). ADI scores range from 1 to 100, with 1 representing the least disadvantaged areas.

Table 24: Area Deprivation Index Hudson County, New Jersey, 2014-2018

Report Area	Total Population	State Percentile	National Percentile
New Jersey	8,771,528	No data	27
Hudson County	657,630	59	29

viii. Social Vulnerability Index

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. Hudson County has a social vulnerability index score of 0.64, while the state average is 0.44.

Table 25: Social Vulnerability Index, Hudson County, New Jersey, 2014-2018

Report Area	Total Population	Socio-economic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
New Jersey	8,881,845	0.28	0.18	0.87	0.62	0.44
Hudson County	668,631	0.49	0.06	0.99	0.84	0.64

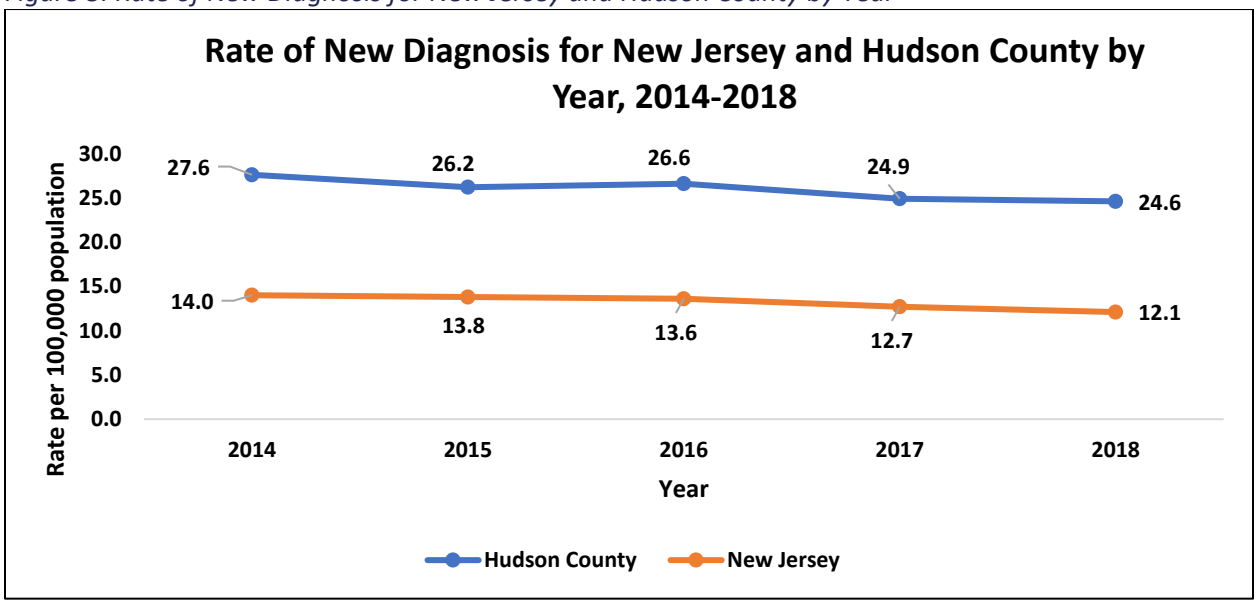
Section B. EHE Pillar 1 'Diagnose'

I. Rate of new diagnoses

i. Rate of new diagnoses for New Jersey and Hudson County

In 2018, the rate of newly diagnosed cases for HIV was 12.1 per 100,000 in New Jersey. In Hudson County, the rate of newly diagnosed cases for HIV was more than double that of the State's at 24.6 per 100,000 in 2018. Since 2014, there has been a steady decrease in the rate of newly diagnosed HIV cases (Figure 8).

Figure 8: Rate of New Diagnosis for New Jersey and Hudson County by Year



ii. Rate of new diagnoses by Race/Ethnicity for New Jersey

In 2018, the rate of diagnosed cases for HIV was highest for Black/African Americans (36.6/100,000) and Hispanics (25/100,000) compared to other races (6.7/100,000) and Whites (3.9/100,000) in New Jersey (Figure 9). In Hudson County, the rate of diagnosed cases for HIV was also highest for Black/African Americans (63.1/ 100,000) and Hispanics (31.0/100,000) compared to Whites (12.3/100,000) and other races (4/100,000). Rates were noticeably higher in Hudson County when compared to the state overall (Figure 10).

Figure 9: Rate of New Diagnosis by Race/Ethnicity in New Jersey, 2014-2018

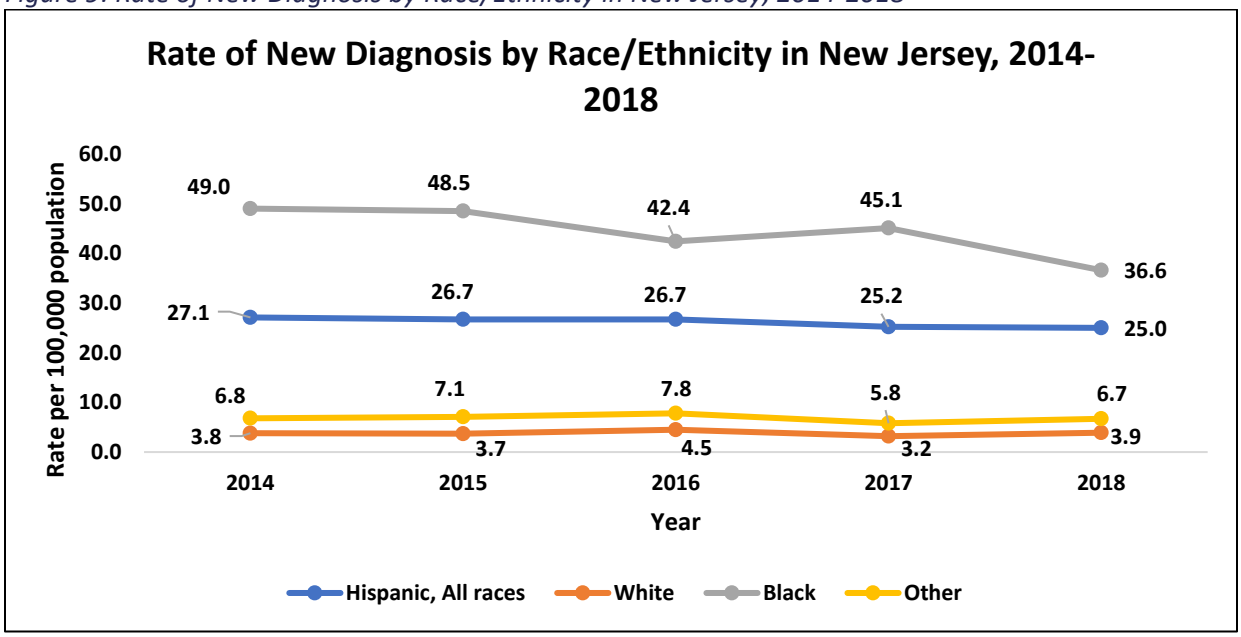
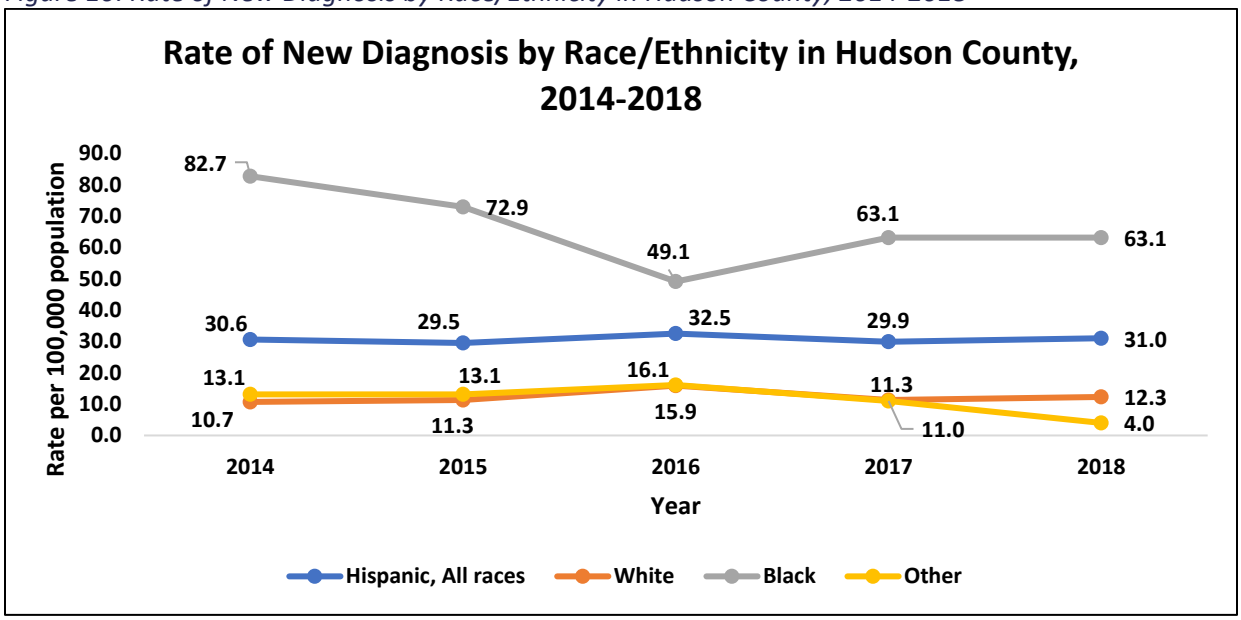


Figure 10: Rate of New Diagnosis by Race/Ethnicity in Hudson County, 2014-2018



II. Persons Newly Diagnosed With HIV

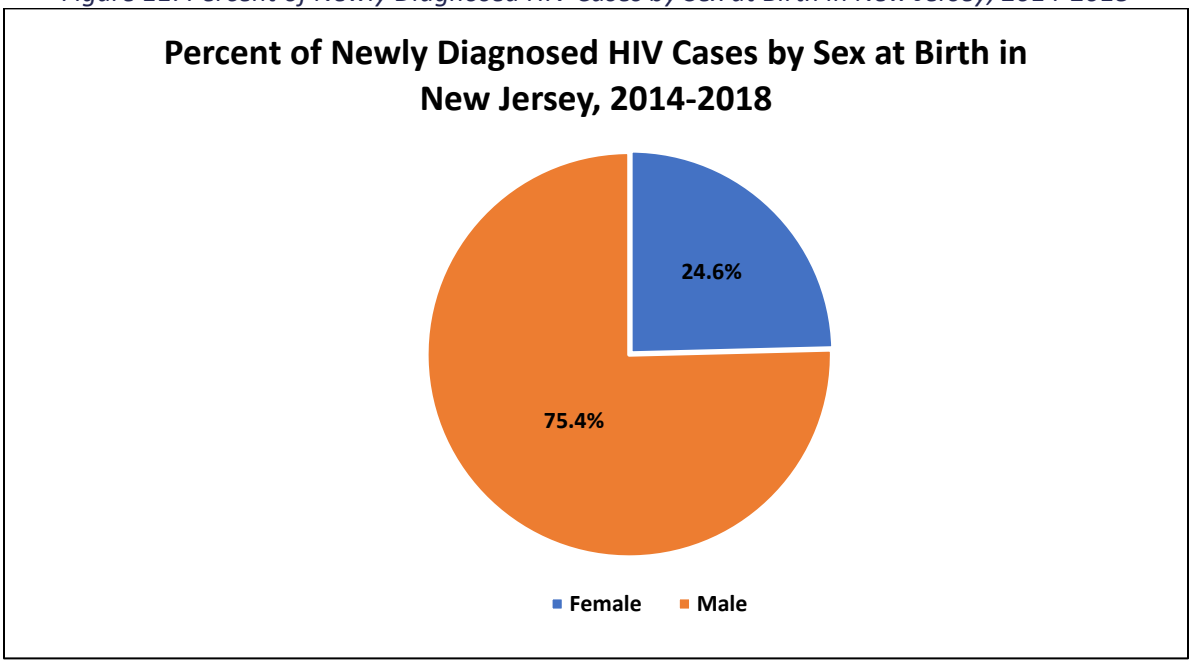
i. Newly Diagnosed HIV Cases by Year and Sex at Birth, New Jersey and Hudson County

The majority of diagnoses of HIV infection were and continue to be among males. In 2018, males greatly outnumbered females for newly diagnosed HIV cases almost 3:1 (75.4% compared with 24.6%) (Figure 11). Between 2014-2018, the total number of newly diagnosed cases is decreasing in both New Jersey and Hudson County.

Table 26: New Diagnosed HIV Cases by Year and Sex at Birth, New Jersey and Hudson County, 2014-2018

Newly Diagnosed HIV Cases in New Jersey by year and sex at birth										
	2014		2015		2016		2017		2018	
Sex at birth	N	%	N	%	N	%	N	%	N	%
Female	325	26.4	291	23.9	290	24.3	288	25.7	242	22.7
Male	907	73.6	926	76.1	905	75.7	831	74.3	824	77.3
Total	1232	100	1217	100	1195	100	1119	100	1066	100
Newly Diagnosed HIV Cases in Hudson County by year and sex at birth										
Female	41	23.4	24	14.5	28	16.6	26	16.5	36	23.1
Male	134	76.6	142	85.5	141	83.4	132	83.5	120	76.9
Total	175	100	166	100	169	100	158	100	156	100
These are actual numbers of persons living with HIV disease that have been reported.										
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.										

Figure 11: Percent of Newly Diagnosed HIV Cases by Sex at Birth in New Jersey, 2014-2018



In Hudson County, the proportion of new diagnoses for males and females was more than 3.3:1 (81.2% compared with 18.8%) (Figure 12). Between 2014 and 2018, the percentage of females among newly diagnosed HIV cases in Hudson County was 5.5 percentage points lower than in the state. The trends of newly diagnosed cases by sex at birth in Hudson County show that the proportion of diagnoses among males decreased between 2015-2017 and returned to the proportion observed in 2014 (Figure 13).

Figure 12: Percent of Newly Diagnosed HIV Cases by Sex at Birth in Hudson County, 2014-2018

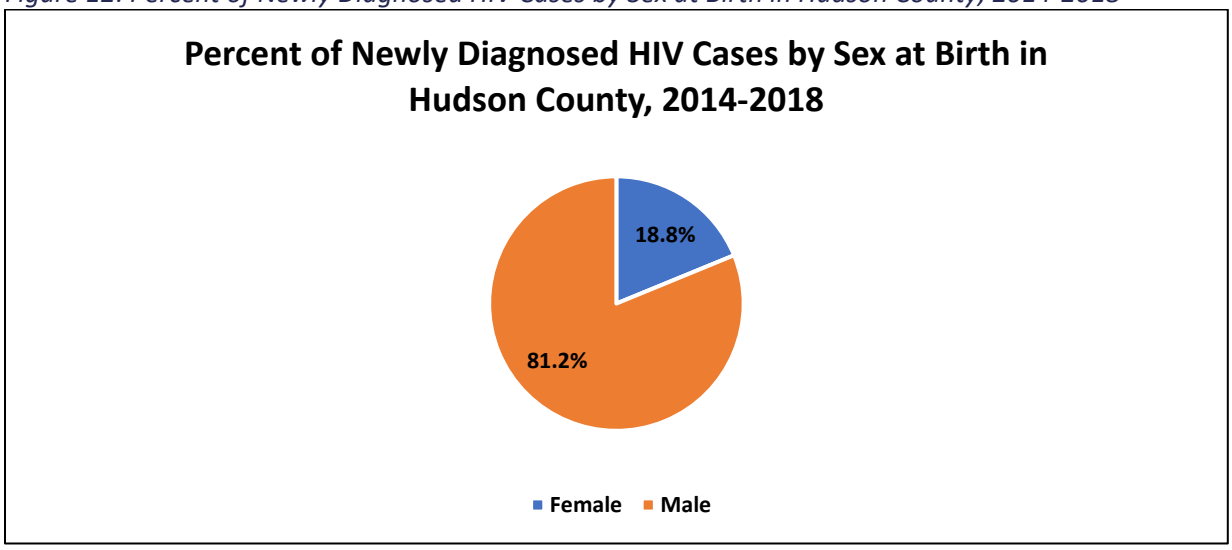


Figure 13: Newly Diagnosed HIV Cases by Sex at Birth, Hudson & New Jersey, 2014-2018

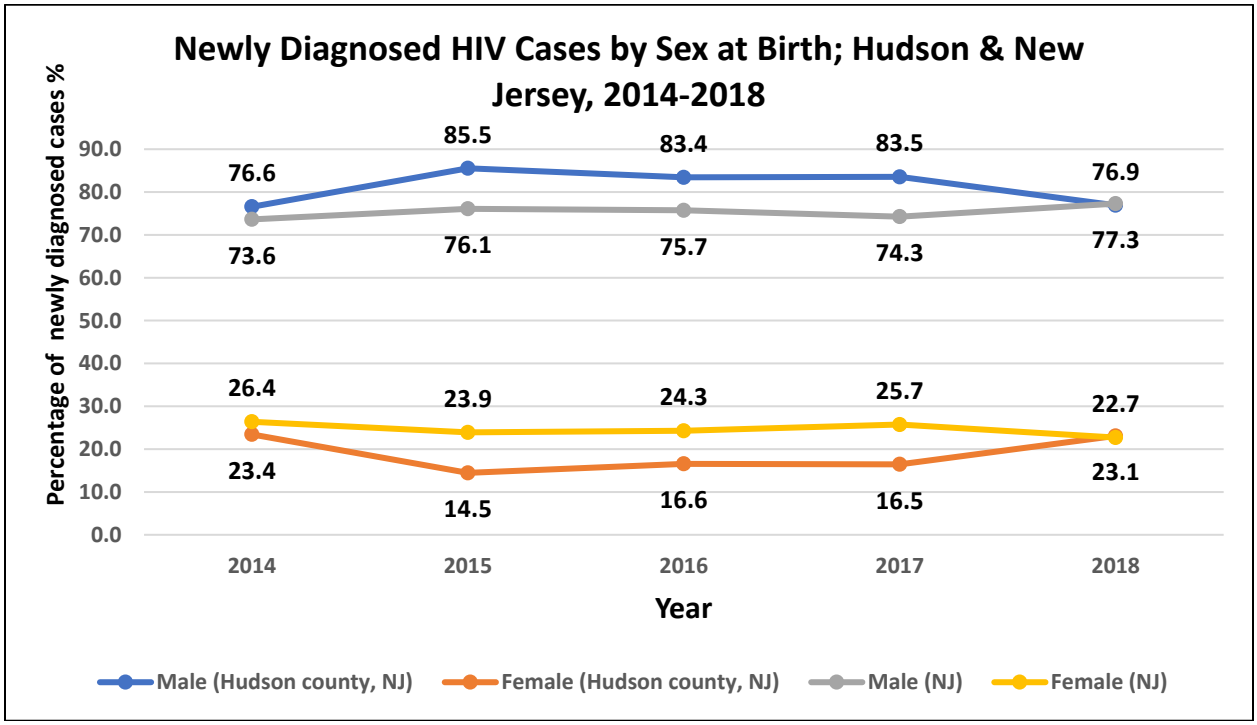


Table 27: New Diagnosed HIV Cases by Year and Gender, New Jersey and Hudson County, 2014-2018

Newly Diagnosed HIV Cases in New Jersey by year and gender										
	2014		2015		2016		2017		2018	
Gender identity	N	%	N	%	N	%	N	%	N	%
Men	901	73.1	917	75.3	890	74.5	820	73.3	817	76.6
Women	325	26.4	291	23.9	289	24.2	288	25.7	240	22.5
Transgender[aa]	6	0.5	9	0.7	15	1.3	11	1.0	7	0.7
Transgender[bb]	†	†	†	†	†	†	†	†	†	†
Newly Diagnosed HIV Cases in Hudson County by year and gender										
Men	132	75.4	142	85.5	140	82.8	132	83.5	120	76.9
Women	41	23.4	24	14.5	28	16.6	26	16.5	36	23.1
Transgender[aa]	†	†	†	†	†	†	†	†	†	†
Transgender[bb]	†	†	†	†	†	†	†	†	†	†

† Data are suppressed

These are actual numbers of persons living with HIV disease that have been reported.

Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.

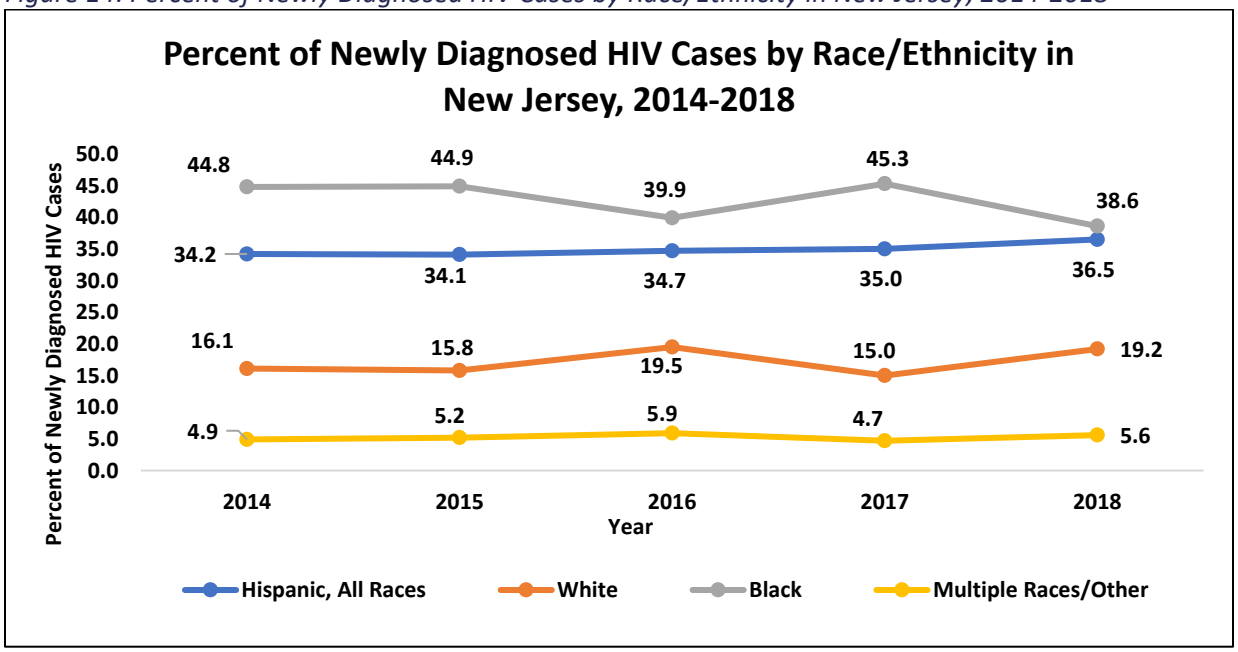
aa "Transgender male-to-female" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender.

bb "Transgender female-to-male" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender.

ii. Newly Diagnosed HIV Cases by Year and Race/Ethnicity, New Jersey and Hudson County

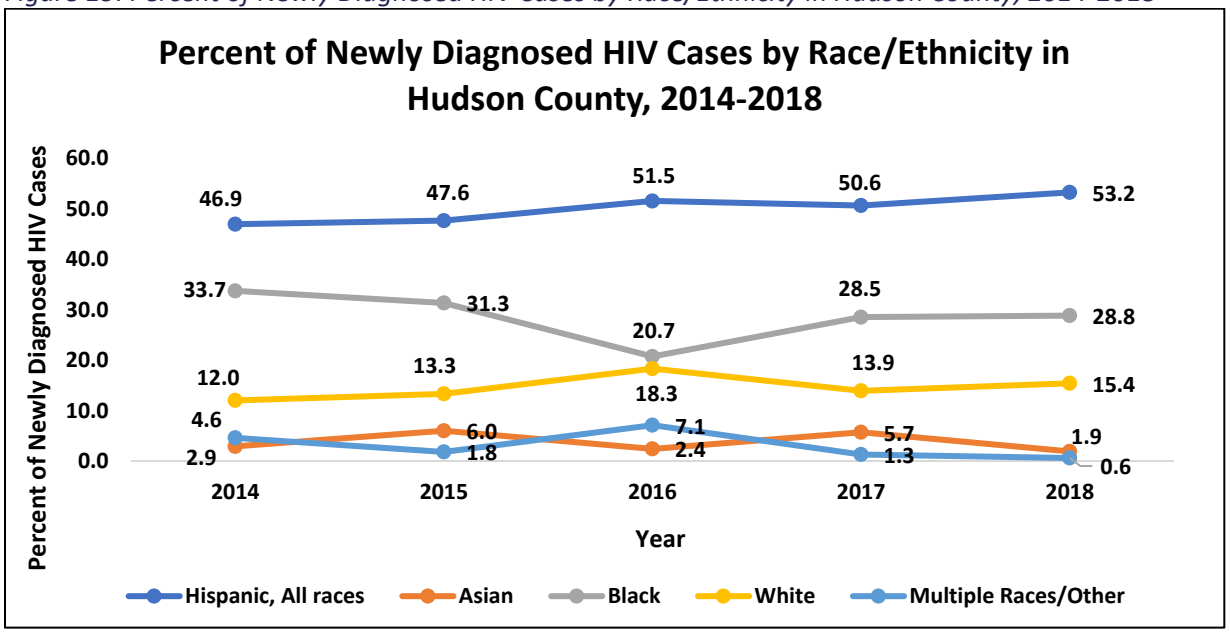
In New Jersey, the higher percentages of newly diagnosed HIV cases were observed for non-Hispanic Blacks/African Americans (38.6%) and Hispanics (36.5%) compared to non-Hispanic Whites (19.2%) and other races combined (5.6%) in 2018 (Figure 14), whereas the rates have been steadily increasing among non-Hispanic Whites, multiple races, and other races from 2014-2018 and decreasing in non-Hispanic Blacks/African Americans.

Figure 14: Percent of Newly Diagnosed HIV Cases by Race/Ethnicity in New Jersey, 2014-2018



In Hudson County, proportion of newly diagnosed HIV cases among Hispanics was between 1.5 times as compared to New Jersey. Hispanics comprised 53.2% of newly diagnosed HIV cases in Hudson County. Black/African Americans comprised 28.8% and Whites made up 15.4% of the newly diagnosed cases in 2018 (Figure 15).

Figure 15: Percent of Newly Diagnosed HIV Cases by Race/Ethnicity in Hudson County, 2014-2018

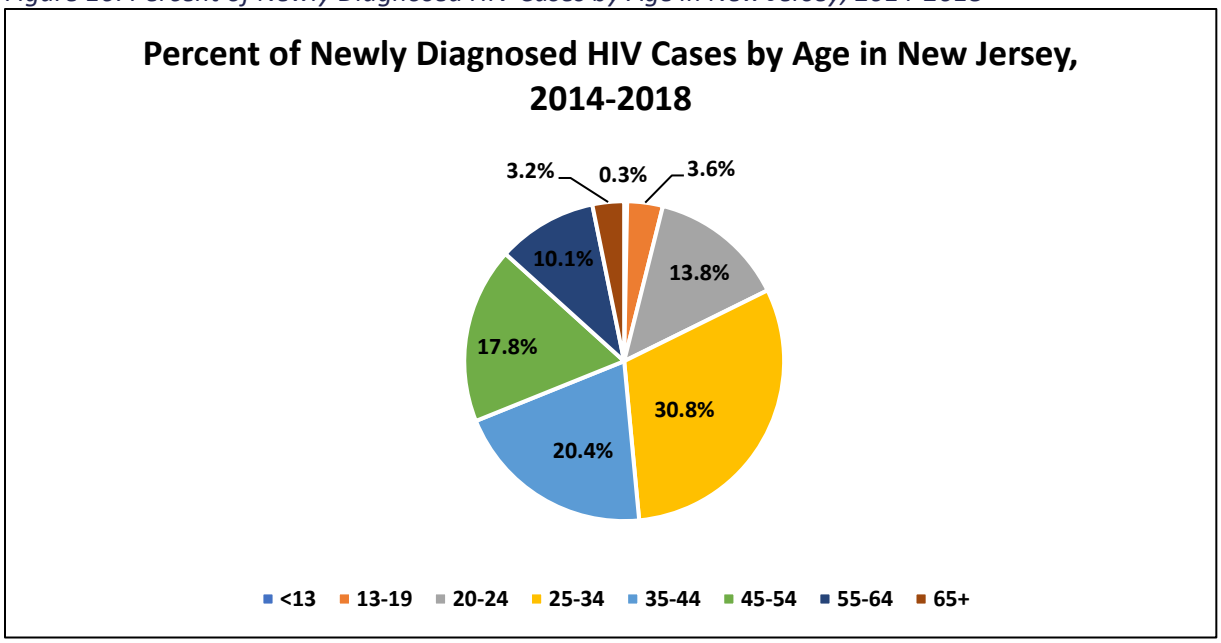


iii. Newly Diagnosed HIV Cases by year and Age at Diagnosis, New Jersey and Hudson County

In 2018, a diagnosis of HIV was made for 1,066 persons in New Jersey. More than half of the diagnoses (51.9%) were for those aged 25–44 years. Since 2014, there has been a steady increase in the new cases among 25-34 years age group. In Hudson County, 156 persons received a diagnosis of HIV in 2018. On average, there were 164.8 cases newly diagnosed in the 5 years. More than one third of the diagnoses (33.3%) were for those aged 25-34 years. There has been a decrease (10.8%) in the number of newly diagnosed HIV cases from 2014 to 2018.

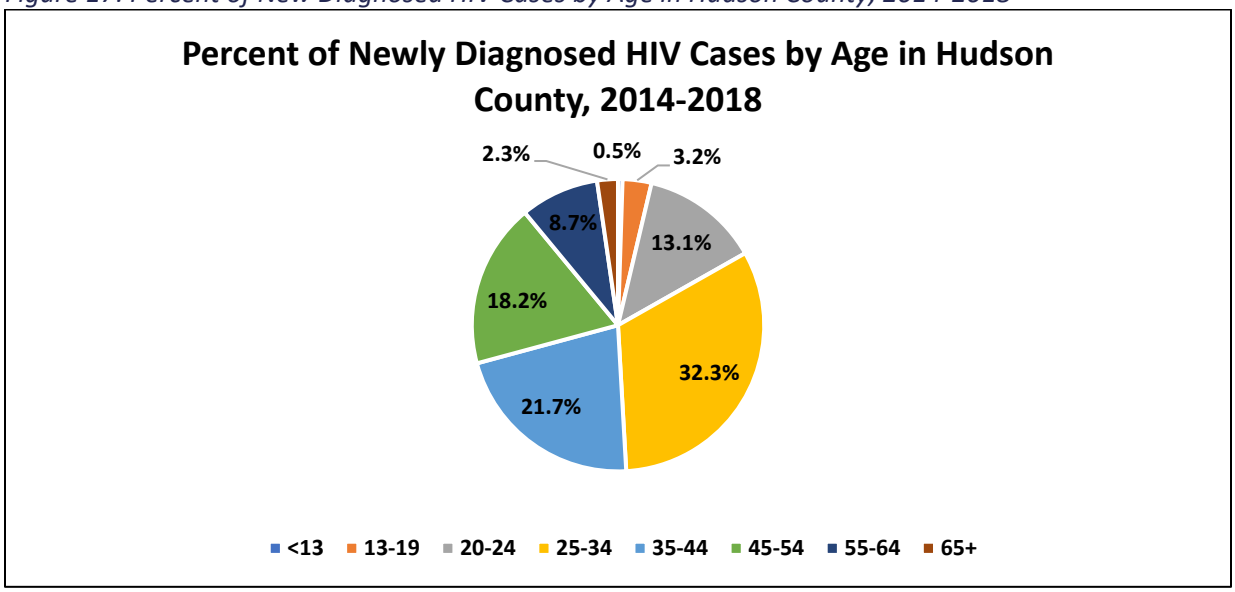
Between 2014-2018, more newly diagnosed HIV cases (30.8%) were among those aged 25-34 years of age in New Jersey (Figure 16).

Figure 16: Percent of Newly Diagnosed HIV Cases by Age in New Jersey, 2014-2018



Between 2014-2018, more newly diagnosed HIV cases (32.3%) were also among those aged 25-34 years of age (Figure 17).

Figure 17: Percent of New Diagnosed HIV Cases by Age in Hudson County, 2014-2018



iv. Newly Diagnosed HIV Cases by Year and Transmission Risk, New Jersey

New diagnoses among MSM greatly outnumbered those in other risk categories. In New Jersey, by transmission category, 458 (43%) persons reported transmission through MSM contact, 337 (31.6%) through other/unknown adult risk, 192 (18%) through heterosexual contact, 60 (5.6%) through IDU, 13 (1.2%) through MSM/IDU, and 6 (0.6%) through mother-to-child transmission in 2018.

When the aggregate of all cases between 2014-2018 was considered, more newly diagnosed HIV Cases were reported among MSM (41.7%) followed by those with other/unknown adult risk factors (34%) and heterosexual contact (18.6%) in New Jersey (Figure 18).

In Hudson County, 81 (51.9%) persons reported transmission through MSM contact, 43 (27.6%) through other/unknown adult risk, and 29 (18.6%) through heterosexual contact in 2018. MSM was reported in a higher percentage of cases in Hudson County when compared to New Jersey.

Table 28: Newly Diagnosed HIV Cases in New Jersey and Hudson County by Year and Transmission Category

Newly Diagnosed HIV Cases in New Jersey by year and transmission category										
Transmission Category	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
MSM	486	39.4	518	42.6	486	40.7	482	43.1	458	43.0
IDU	54	4.4	45	3.7	30	2.5	52	4.6	60	5.6
MSM/IDU	17	1.4	16	1.3	11	0.9	10	0.9	13	1.2

Heterosexual contact	188	15.3	235	19.3	259	21.7	211	18.9	192	18.0
Other/Unknown Adult Risk	484	39.3	396	32.5	402	33.6	362	32.4	337	31.6
Mother-to-child transmission	†	†	7	0.6	7	0.6	†	†	6	0.6
Newly Diagnosed HIV Cases in Hudson County, New Jersey by year and transmission category										
MSM	87	49.7	96	57.8	84	49.7	87	55.1	81	51.9
IDU	†	†	†	†	†	†	†	†	†	†
MSM/IDU	†	†	†	†	†	†	†	†	†	†
Heterosexual contact	16	9.1	15	9.0	18	10.7	13	8.2	29	18.6
Other/Unknown Adult Risk	64	36.6	48	28.9	63	37.3	52	32.9	43	27.6
Mother-to-child transmission	†	†	†	†	†	†	†	†	†	†

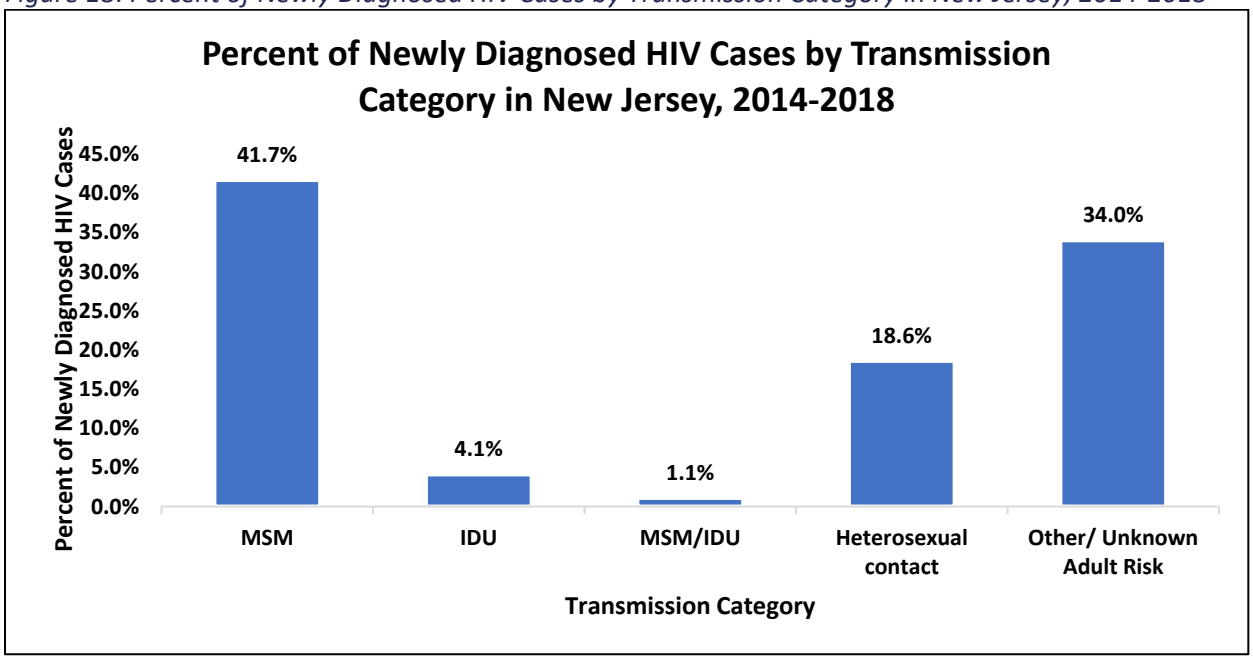
Transmission category data presented by sex at birth and include transgender persons. † Data are suppressed

These are actual numbers of persons living with HIV disease that have been reported.

Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.

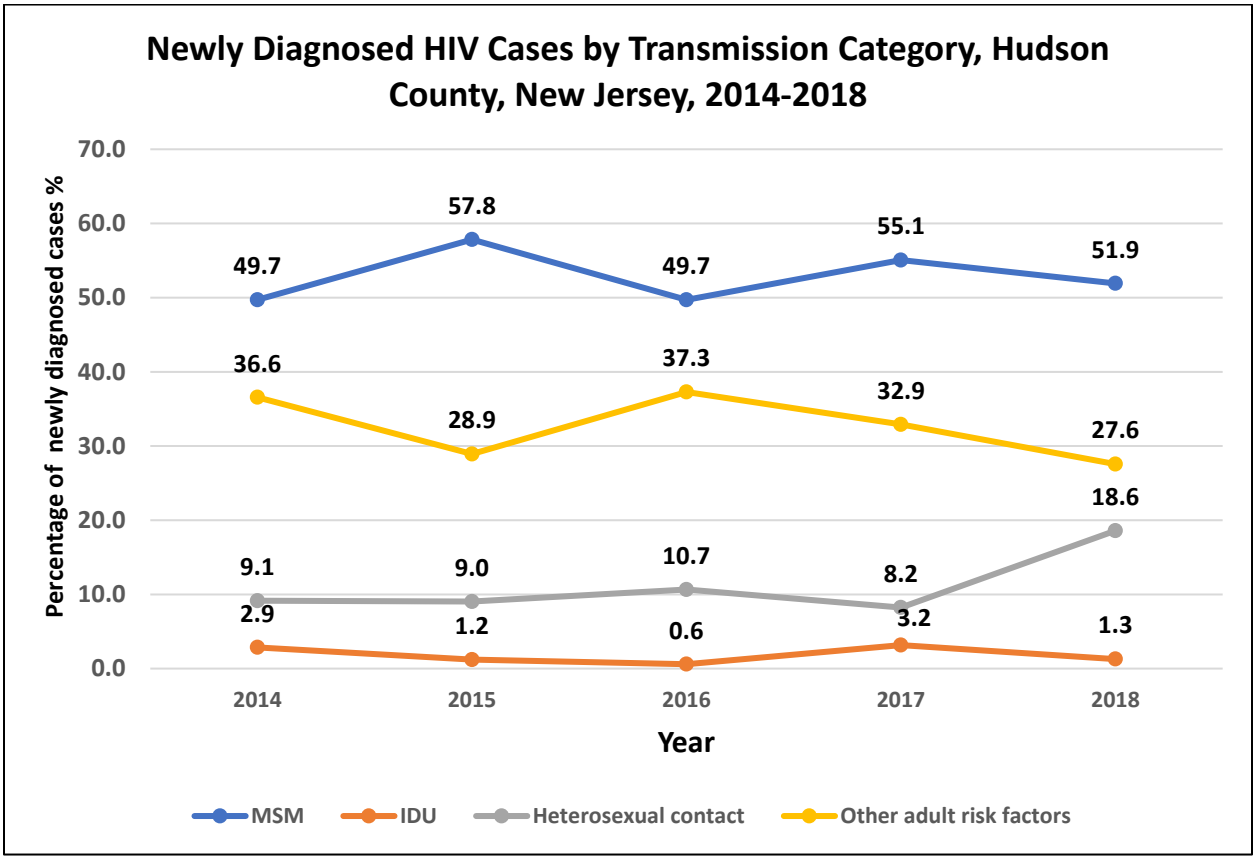
Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.

Figure 18: Percent of Newly Diagnosed HIV Cases by Transmission Category in New Jersey, 2014-2018



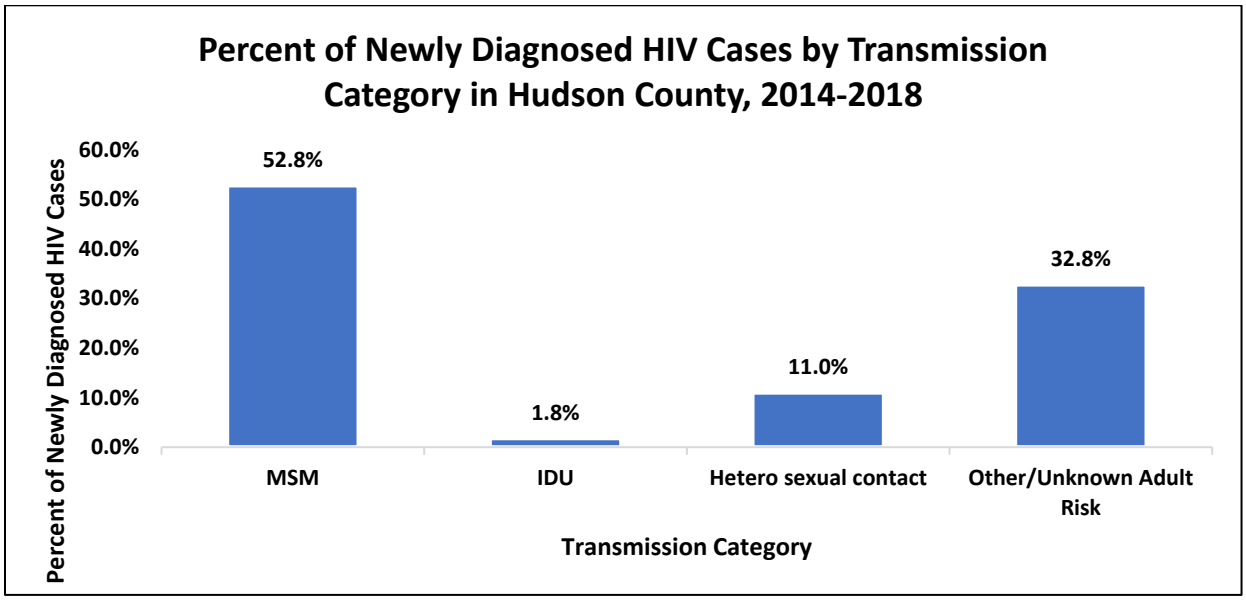
Transmission through MSM contact has steadily increased in New Jersey as well as Hudson County since 2014 (Figure 19).

Figure 19: Newly Diagnosed HIV Cases by Transmission, Hudson County, New Jersey, 2014-2018



In Hudson County, between 2014-2018, more than half (52.8%) of newly diagnosed HIV cases accounted of MSM followed by those with other/unknown adult risk factors (32.8%) and heterosexual contact (11%). IDU comprised 1.8% of newly diagnosed HIV cases as well (Figure 20).

Figure 20: Percent of Newly Diagnosed HIV Cases by Transmission Category in Hudson County, 2014-2018



v. Newly Diagnosed HIV Cases by Sex at Birth and Selected Characteristics, New Jersey

In 2018, HIV was newly diagnosed for 1,066 persons of whom 824 (77.3%) were male and 242 (22.7%) were female in New Jersey. By race/ethnicity, almost two in five (328) of males were Hispanic, one in three (273) were Black/African American, slightly more than one in five (175) were White, and one in twenty (48) were another/multiple race. More than half (139) of females were Black/African American, one in four (61) were Hispanic, slightly more than one in ten (30) were White, and one in twenty (12) were another/multiple race. Most newly diagnosed HIV cases for males were aged 25-34 years (28) and classified as MSM (458). Most female newly diagnosed HIV cases were also aged 25-34 years (59) and classified another/unknown risk factor (113) followed by heterosexual contact (101) as an exposure for transmission. In 2018, both males and females newly diagnosed with HIV were concentrated in the 25-34 years age group (28 and 59, respectively). Males tended to be younger at diagnosis than females.

vi. Newly Diagnosed HIV Cases by Sex at Birth and Selected Characteristics, Hudson County

In Hudson County, in 2018, HIV was diagnosed for 156 persons of whom approximately three in four (120) were males and slightly more than two in ten (36) were females. By race/ethnicity, more than half (67) of males were Hispanic, one in five (27) were Black/African American, almost one in five (22) were White, and 1 were of another/multiple race. Half of the women (18) were Black/African American, 16 were Hispanic, and 2 were White. In Hudson, a third of men and women were diagnosed in the 25-34 age group. However, another third women were diagnosed between 45-54 years indicating a late diagnosis for women. The dominant mode of transmission for two out of three men (81) was MSM whereas it was heterosexual contact (18) for women.

Table 29: Newly Diagnosed HIV Cases by Sex at Birth, Hudson County, 2018

Newly Diagnosed HIV Cases by Sex at Birth, Hudson, 2018					
Race/Ethnicity		Male		Female	
		N	%	N	%
	Hispanic, All races	67	55.8	16	44.4
	Asian	†	†	†	†
	Black/African American	27	22.5	18	50.0
	White	22	18.3	†	†
	Multiple Race	†	†	†	†
	Other*	†	†	†	†
Age Category					
	<13	†	†	†	†
	13-19	†	†	†	†
	20-24	15	12.5	†	†
	25-34	40	33.3	12	33.3
	35-44	24	20.0	†	†
	45-54	20	16.7	11	30.6
	55-64	11	9.2	†	†
	>=65	†	†	†	†
Transmission Category					
	MSM	81	67.5	†	†
	IDU	†	†	†	†
	MSM/IDU	†	†	†	†
	Hetero sexual contact	11	9.2	18	50.0
	Other/Unknown Adult Risk	25	20.8	18	50.0
	Mother-to-child transmission	†	†	†	†
	Total	120	100	36	100

Transmission category data presented by sex at birth and include transgender persons. † Data are suppressed

These are actual numbers of persons living with HIV disease that have been reported.

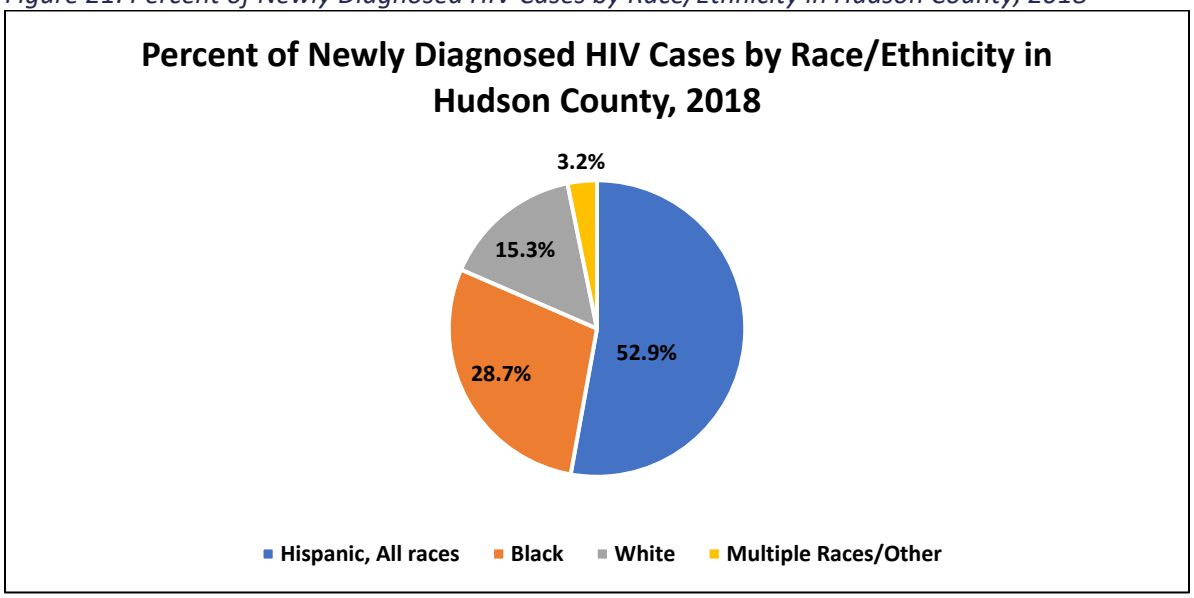
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.

Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.

Other*- This category is made up of American Indian/Alaska native, native Hawaiian/other pacific islander, legacy Asian/pacific islander and unknown in an effort to prevent data suppression from needing to be applied

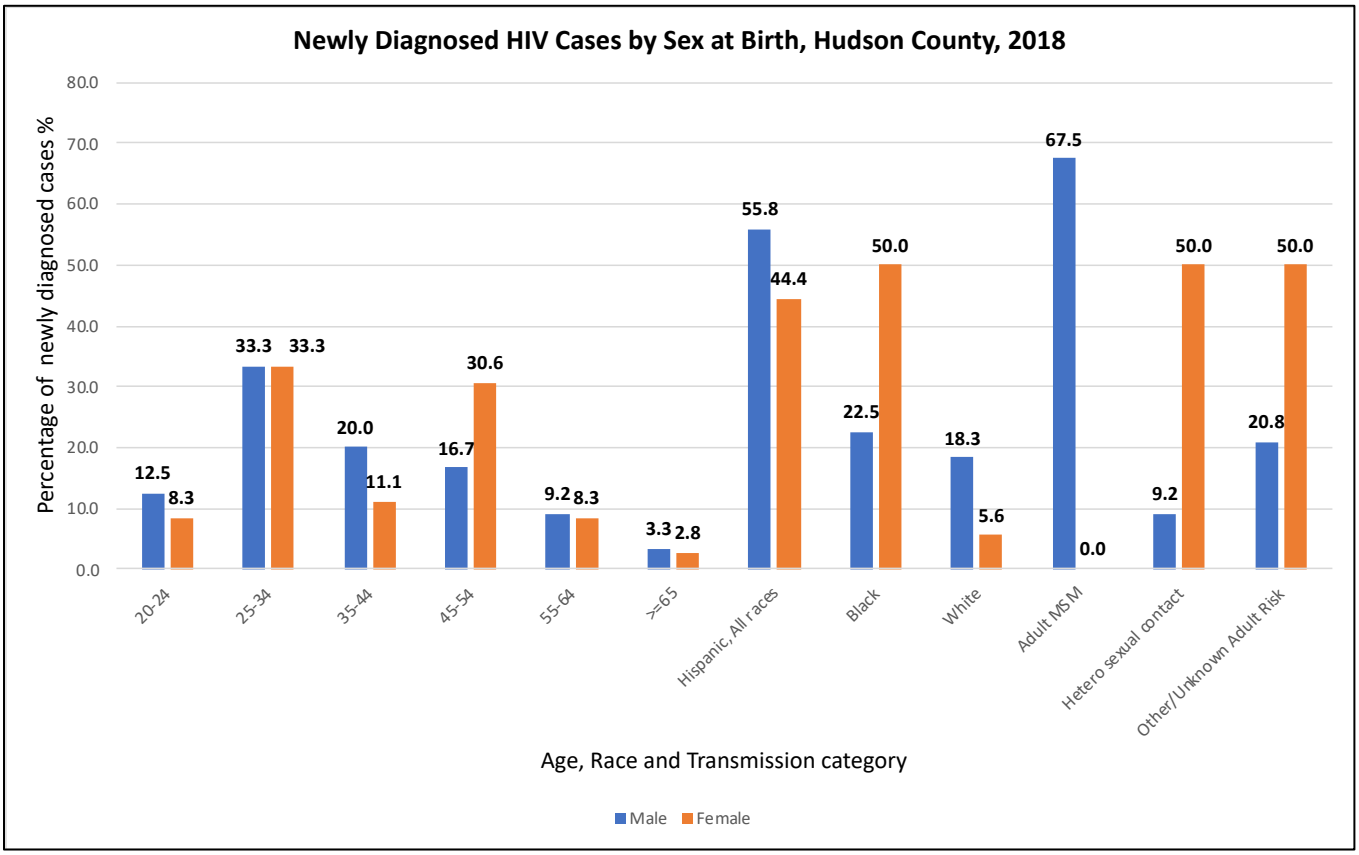
In 2018, more than half (52.9%) of newly diagnosed HIV cases were among Hispanics in Hudson County. More than a quarter (28.7%) of cases were also among Black/African Americans with 15.3% among Whites (Figure 21).

Figure 21: Percent of Newly Diagnosed HIV Cases by Race/Ethnicity in Hudson County, 2018



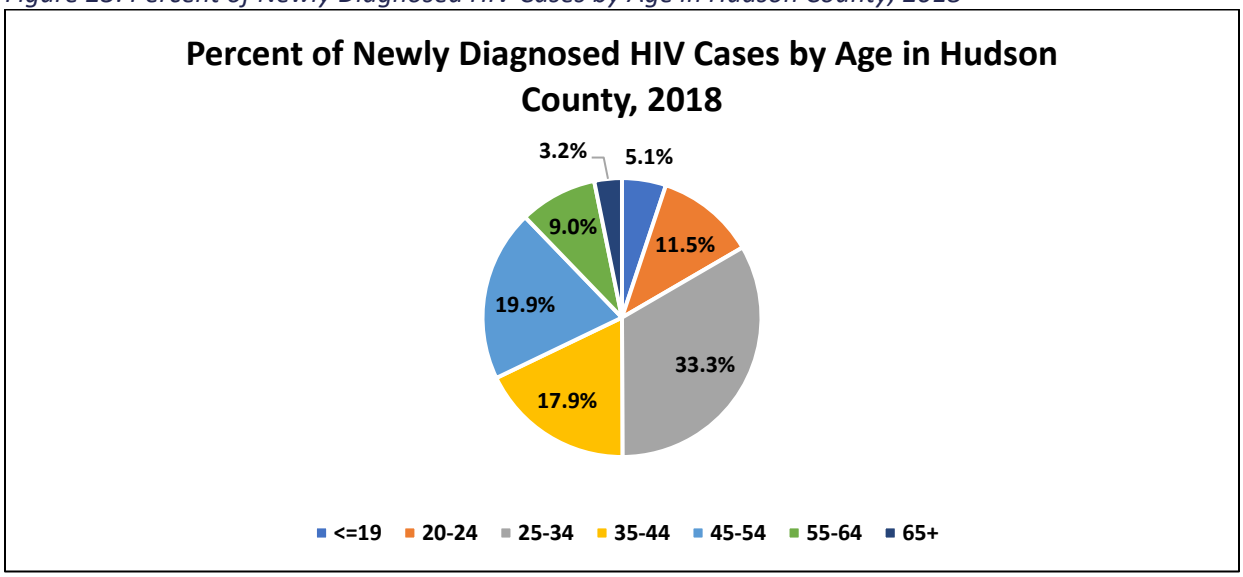
In 2018, in New Jersey, the most affected transmission category among males was MSM (55.6%) and among females was heterosexual contact (47.1%). Black/African Americans were the most affected among both males (33.1%) and females (54.7%). In Hudson County, in 2018, the most affected transmission category among males was MSM (67.5%) and among females was heterosexual contact (50%) and other adult risk (50%). Hispanics were the most affected among males (55.8%) and Black/African Americans among females (50%) (Figure 22).

Figure 22: Newly Diagnosed HIV Cases by Sex at Birth, Hudson County, New Jersey, 2018



In 2018, one third (33.3%) of newly diagnosed HIV cases were among those aged 25-34 years (Figure 23) in Hudson County.

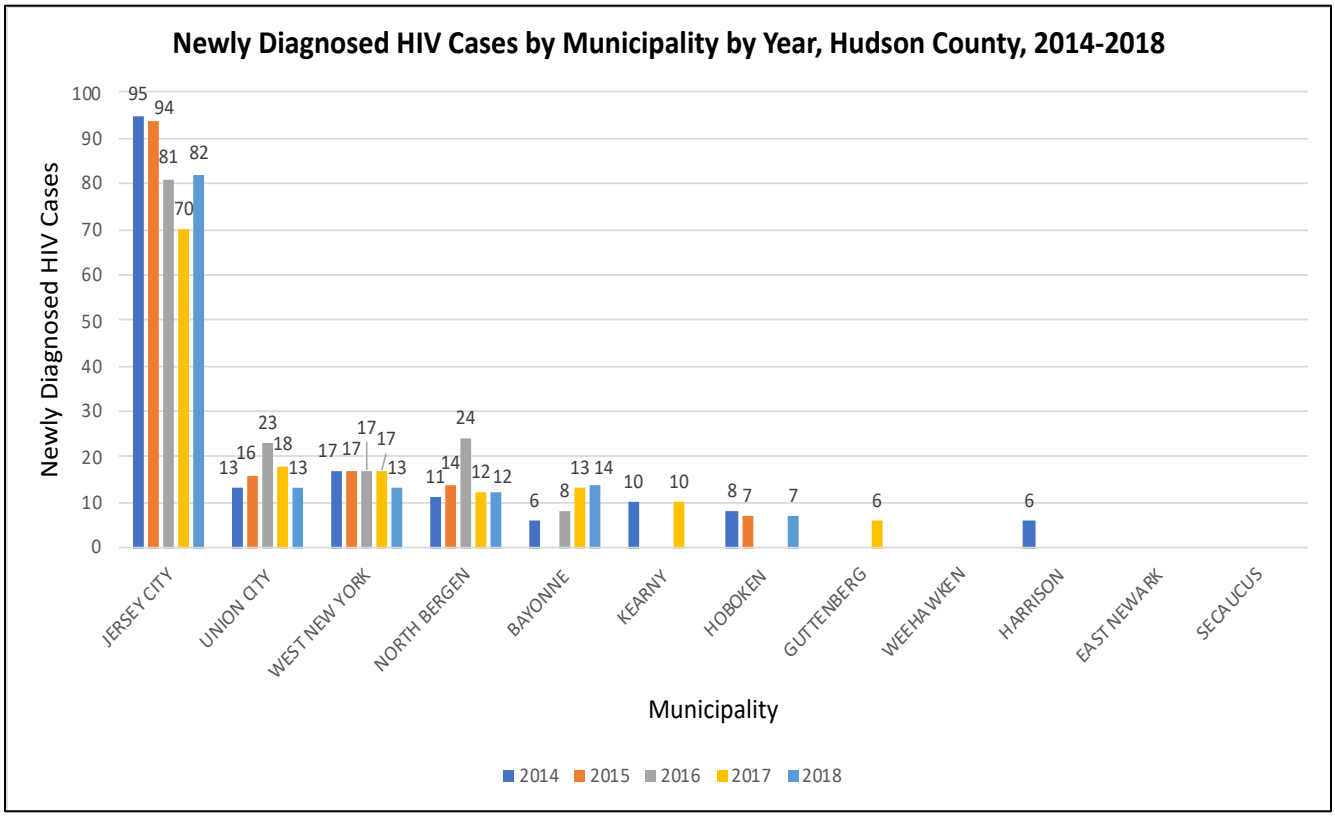
Figure 23: Percent of Newly Diagnosed HIV Cases by Age in Hudson County, 2018



vii. Newly Diagnosed Cases by Municipality and Zip Code, Hudson County, New Jersey

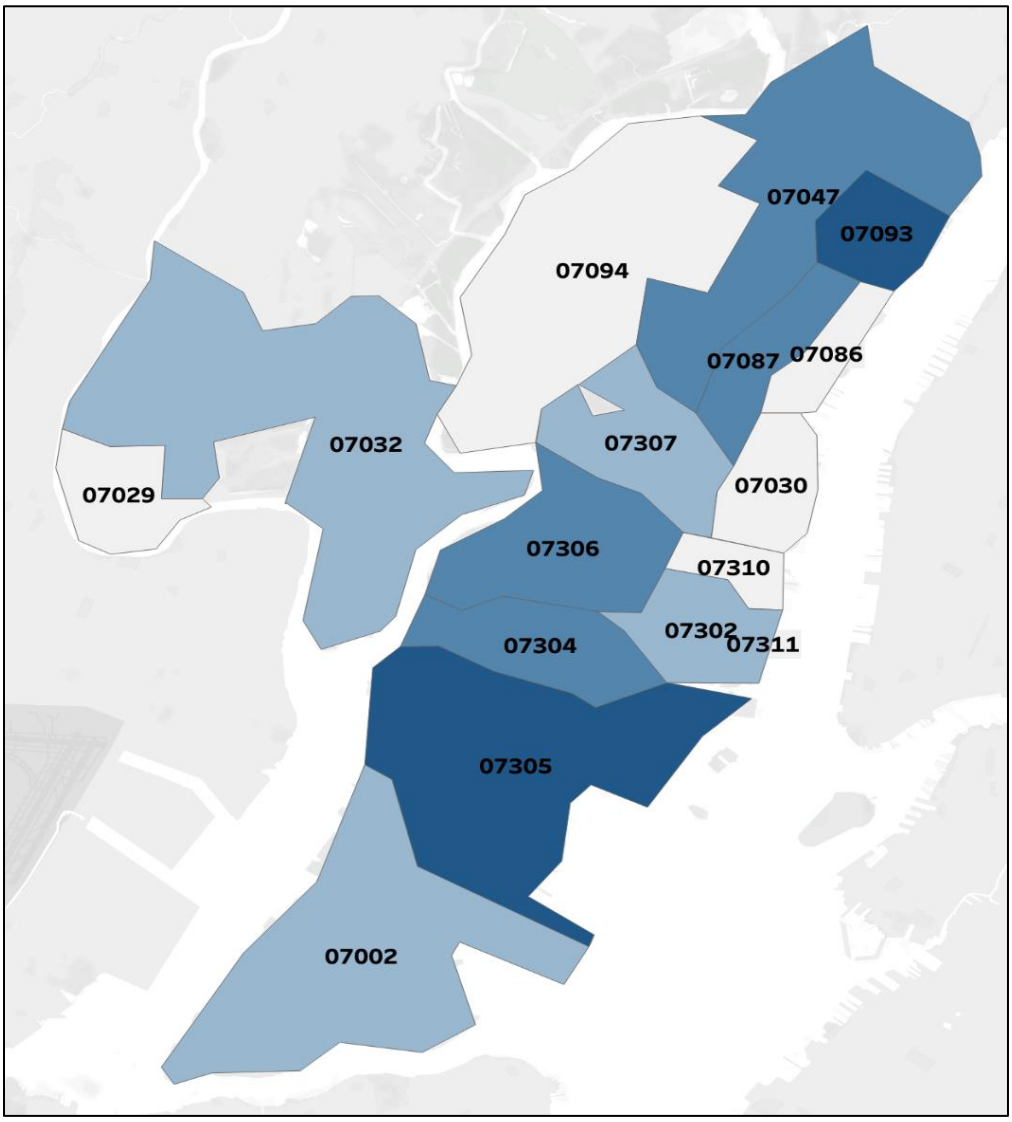
Between 2014-2018, the highest number of newly diagnosed HIV cases (422) were reported in the Jersey City municipality. On an average, 84.4 cases were newly diagnosed in Jersey City yearly between 2014 and 2018. Union City followed by West New York had the next highest number of newly diagnosed cases (Figure 24).

Figure 24: Newly Diagnosed HIV Cases by Municipality, Hudson County, New Jersey, 2014-2018



In Hudson County, between 2014-2018, most newly diagnosed HIV cases (867) were reported in Jersey City and towards the sections bordering New York City. The following zip codes had the largest count of newly diagnosed cases: 07305 (Jersey City) and 07093 (West New York). The other zip codes with a high number of new cases were: 07306, 07304, and 07087 (Jersey City), and 07407 (Elmwood Park) (Figure 25).

Figure 25: Percentage of Newly Diagnosed HIV Cases by Zip Code, Hudson County, New Jersey, 2014-2018



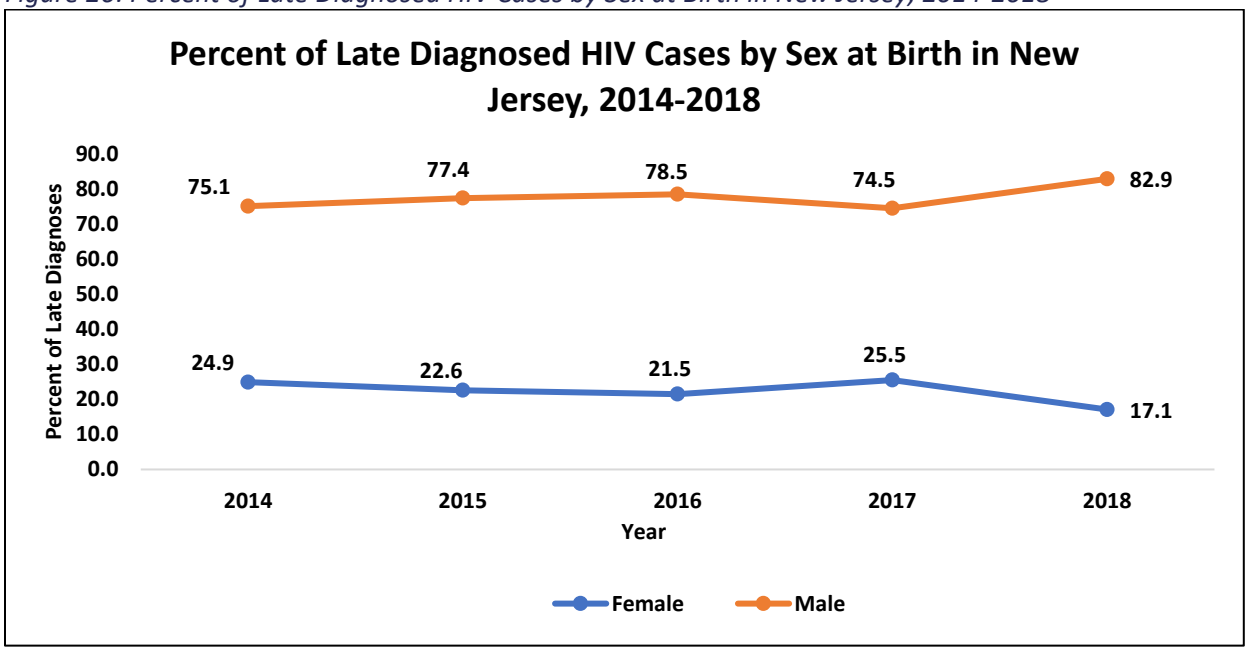
Percentage of Newly Diagnosed cases, Hudson County, New Jersey	
0%-4%	
4%-8%	
8%-12%	
12%-16%	

III. Late Diagnosis

i. Late Diagnosed Cases by Year and Sex at Birth, New Jersey

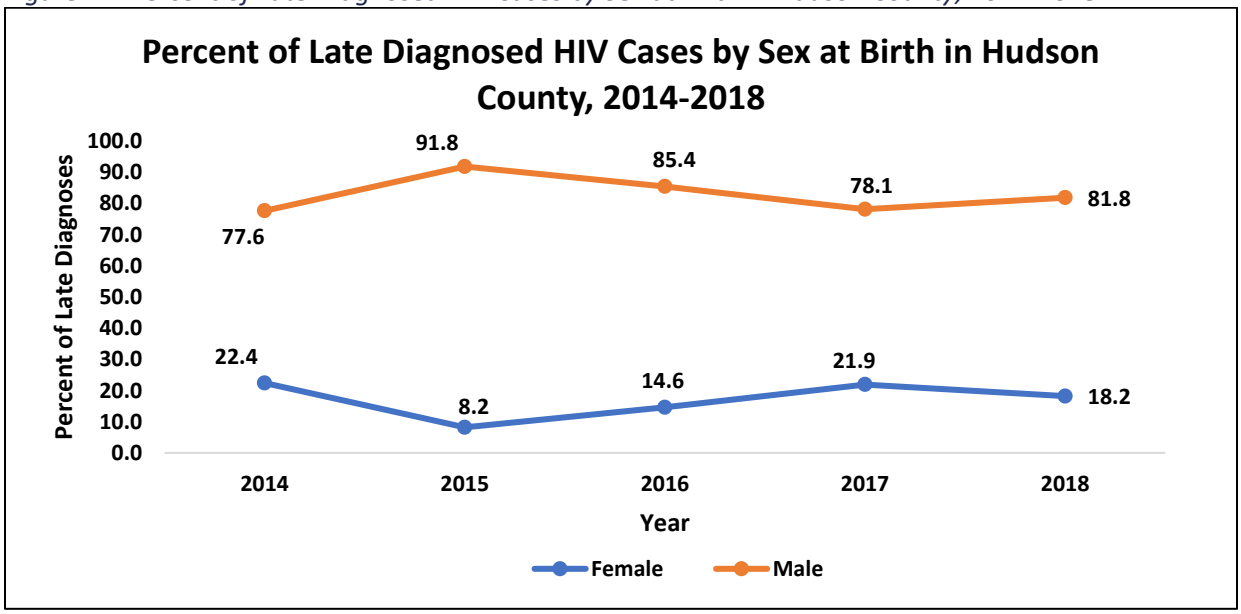
Between 2014-2018, the proportion of late diagnosed HIV cases were inversely impacted in New Jersey. There was an increase in late HIV diagnoses among males (from 75.1% to 82.9%, respectively) and a decrease among females (from 24.9% to 17.1%, respectively) (Figure 26).

Figure 26: Percent of Late Diagnosed HIV Cases by Sex at Birth in New Jersey, 2014-2018



In Hudson County, the same trend was observed. There was also an increase in late HIV diagnosis among males (from 77.6% to 81.8%, respectively) and a decrease among females (from 22.4% to 18.2%, respectively) (Figure 27). The percentage of late HIV diagnosed HIV cases among males in Hudson County was similar to that of New Jersey's in 2018 (81.8% and 82.9%, respectively).

Figure 27: Percent of Late Diagnosed HIV Cases by Sex at Birth in Hudson County, 2014-2018



ii. Late Diagnosed Cases by Year and Gender, New Jersey

When observing late diagnosed HIV cases by gender identity, a similar trend was seen. Between 2014-2018, more late diagnosed HIV cases were among men (76.8%) compared to women (22.5%) in New Jersey. Due to data suppression, no other gender identity other than male and female can be given for the county making data visualization meaningless.

Table 30: Late Diagnosed Cases in New Jersey and Hudson County by Year and Gender, 2014-2018

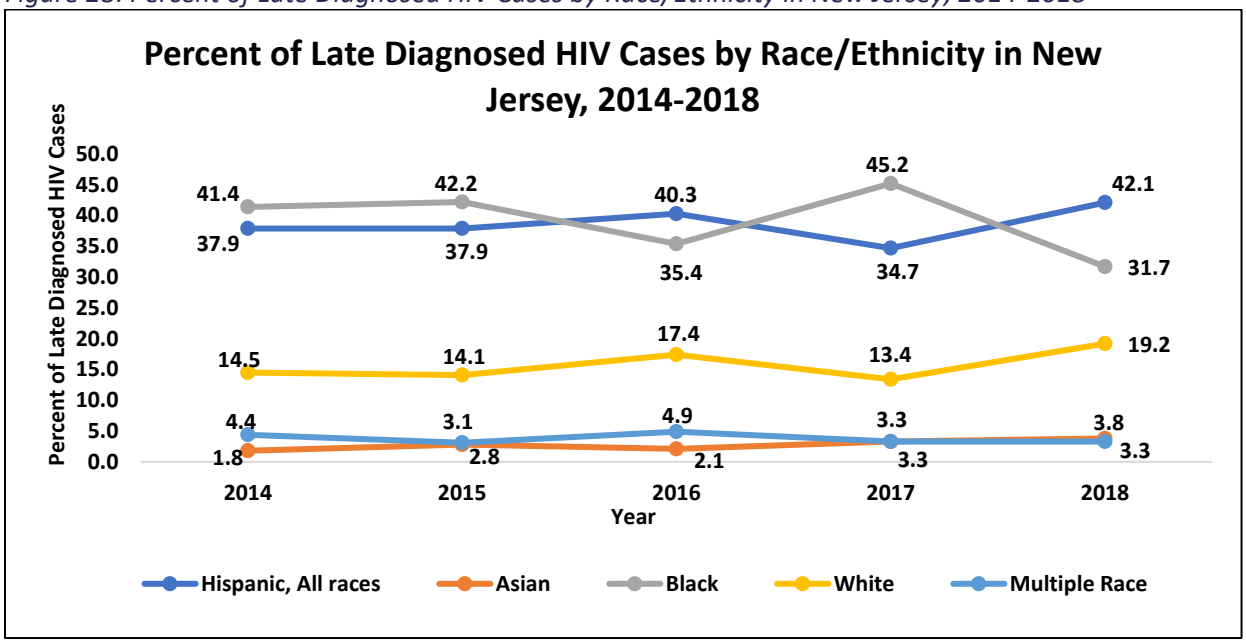
Late Diagnosed Cases in NJ - by year and gender										
	2014		2015		2016		2017		2018	
Gender identity	N	%	N	%	N	%	N	%	N	%
Men	254	75.1	252	77.1	223	77.4	175	73.2	196	81.7
Women	84	24.9	74	22.6	62	21.5	61	25.5	41	17.1
Transgender[aa]	†	†	†	†	†	†	†	†	†	†
Transgender[bb]	†	†	†	†	†	†	†	†	†	†
Total	338	100	327	100	288	100	239	100	240	100
Late Diagnosed Cases in Hudson County, NJ - by year and gender										
Men	38	77.6	45	91.8	35	85.4	25	78.1	27	81.8
Women	11	22.4	†	†	6	14.6	7	21.9	6	18.2
Transgender[aa]	†	†	†	†	†	†	†	†	†	†
Transgender[bb]	†	†	†	†	†	†	†	†	†	†
Total	49	100	49	100	41	100	32	100	33	100

These are actual numbers of persons living with HIV disease that have been reported.
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.
aa "Transgender male-to-female" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender.
bb "Transgender female-to-male" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender.

iii. Late Diagnosed Cases by Year and Race/Ethnicity, New Jersey and Hudson County

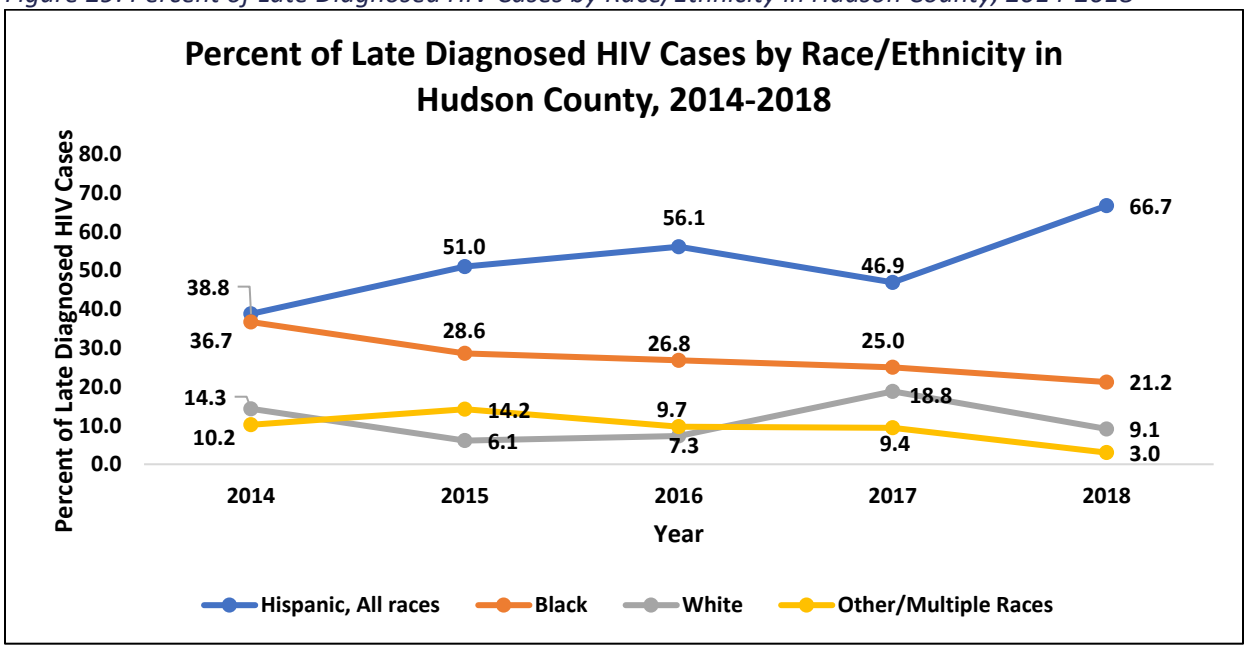
In New Jersey, late diagnosed HIV cases were more prevalent among Hispanics (42.1%) and Black/African Americans (31.7%) compared to Whites (19.2%) and other racial/ethnic (7.1%) groups in 2018. Between 2014-2018, there was an increase in late diagnosed HIV cases among Hispanics and Whites but a decrease among Black/African Americans (Figure 28).

Figure 28: Percent of Late Diagnosed HIV Cases by Race/Ethnicity in New Jersey, 2014-2018



In Hudson County, late diagnosed HIV cases were more prevalent among Hispanics (66.7%) followed by Black/African Americans (21.2%) compared to other racial/ethnic groups in 2018. From 2014 to 2018 there was an increase of 28 percentage points in late diagnosed HIV cases among Hispanics, but a 15.5-point decrease among Black/African Americans (Figure 29).

Figure 29: Percent of Late Diagnosed HIV Cases by Race/Ethnicity in Hudson County, 2014-2018



iv. Late Diagnosed Cases by Year and Age at Diagnosis, New Jersey

In New Jersey, more late diagnosed HIV cases (28.3%) were for those aged 35-44 years in 2018. In Hudson County, most late diagnosed HIV cases (36.4%) were among those aged 45-54 years in 2018. The percentage of late diagnosed cases in Hudson County among those aged 45-54 years was 13.5% greater than the percentage observed for this group in New Jersey overall.

Table 31: Late Diagnosed Cases in New Jersey and Hudson County by Year and Age at Diagnosis, 2014-2018

Late Diagnosed Cases in New Jersey by year and age at diagnosis										
Age at diagnosis (years)	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
<13	†	†	†	†	†	†	†	†	†	†
13-19	†	†	†	†	†	†	†	†	†	†
20-24	18	5.3	25	7.6	19	6.6	12	5.0	14	5.8
25-34	69	20.4	86	26.3	83	28.8	67	28.0	59	24.6
35-44	95	28.1	73	22.3	70	24.3	55	23.0	68	28.3
45-54	88	26.0	72	22.0	59	20.5	52	21.8	55	22.9
55-64	50	14.8	50	15.3	37	12.8	36	15.1	30	12.5
>=65	14	4.1	18	5.5	17	5.9	12	5.0	10	4.2
Late Diagnosed Cases in Hudson County, New Jersey by year and age at diagnosis										
<13	†	†	†	†	†	†	†	†	†	†
13-19	†	†	†	†	†	†	†	†	†	†
20-24	†	†	†	†	†	†	†	†	†	†
25-34	8	16.3	17	34.7	12	29.3	10	31.3	6	18.2
35-44	14	28.6	13	26.5	9	22.0	8	25.0	10	30.3
45-54	13	26.5	10	20.4	9	22.0	7	21.9	12	36.4
55-64	9	18.4	6	12.2	†	†	†	†	†	†
>=65	†	†	†	†	†	†	†	†	†	†

† Data are suppressed

These are actual numbers of cases diagnosed with HIV DISEASE that have been reported.

Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.

Between 2014-2018, half (50.6%) of late diagnosed HIV cases were among those aged 25-44 years in New Jersey. Nearly one quarter (22.8%) of these cases were among those aged 45-54 years as well. Between 2014-2018, more than half (52.5%) of late diagnosed HIV cases were among those aged 25-44 years in Hudson County. One quarter (25%) of these cases were among those aged 45-54 years as well.

v. Late Diagnosed Cases by Year and Transmission Risk, New Jersey

In 2018, in New Jersey nearly 39.2% of the late diagnosed HIV cases were through MSM contact, 37.1% through other/unknown adult risk, 21.3% through heterosexual contact, and 2.1% through IDU. There has been a gradual increase in late diagnosed HIV cases among MSM since 2014 in the state and a similar trend was observed in the county as well. MSM comprised 54.5 % of all late diagnosed HIV cases; however, 27.3% of late infections were through other/unknown adult risk and 12.3% were through heterosexual contact in 2018.

Table 32: Late Diagnosed Cases in New Jersey by Year and Transmission Category, 2014-2018

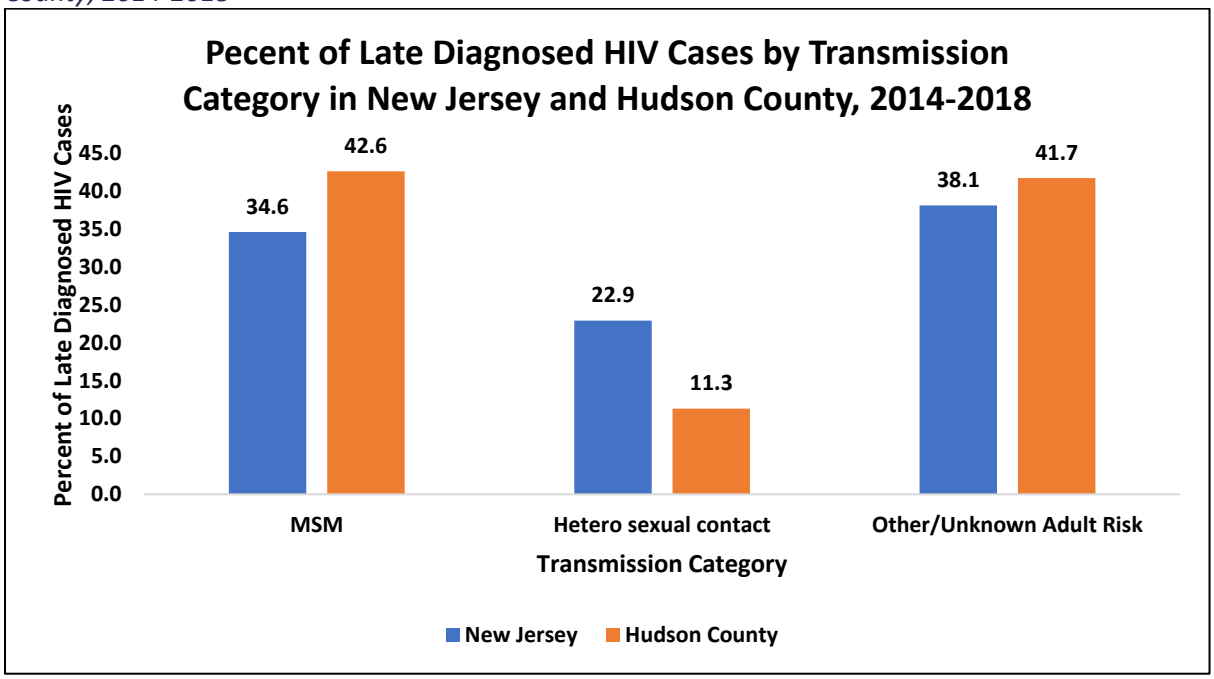
Late Diagnosed Cases in New Jersey by year and transmission category										
Transmission Category	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
MSM	108	32.0	108	33.0	98	34.0	88	36.8	94	39.2
IDU	16	4.7	17	5.2	†	†	6	2.5	5	2.1
MSM/IDU	†	†	†	†	†	†	†	†	†	†
Hetero sexual contact	64	18.9	61	18.7	84	29.2	68	28.5	51	21.3
Other/Unknown Adult Risk	147	43.5	134	41.0	100	34.7	76	31.8	89	37.1
Mother-to-child transmission	†	†	†	†	†	†	†	†	†	†
Late Diagnosed Cases in Hudson County, New Jersey by year and transmission category										
MSM	18	36.7	24	49.0	16	39.0	11	34.4	18	54.5
IDU	†	†	†	†	†	†	†	†	†	†
MSM/IDU	†	†	†	†	†	†	†	†	†	†
Hetero sexual contact	6	12.2	†	†	6	14.6	†	†	†	†
Other/Unknown Adult Risk	23	46.9	19	38.8	19	46.3	15	46.9	9	27.3
Mother-to-child transmission	†	†	†	†	†	†	†	†	†	†

Transmission category data presented by sex at birth and include transgender persons.
These are actual numbers of persons living with HIV disease that have been reported.
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.
Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.

Between 2014-2018, more late diagnosed HIV cases were reported among MSM in Hudson County (42.6%) compared to MSM in New Jersey (34.6%). More late diagnosed HIV cases were also observed among those with other/unknown adult risk factors in Hudson County (41.7%) compared to those in New Jersey (38.1%). Late diagnosed HIV cases among heterosexual

contact in New Jersey were double (22.9%) that of Hudson County (11.3%) during this time (Figure 30).

Figure 30: Percent of Late Diagnosed HIV Cases by Transmission Category in New Jersey and Hudson County, 2014-2018



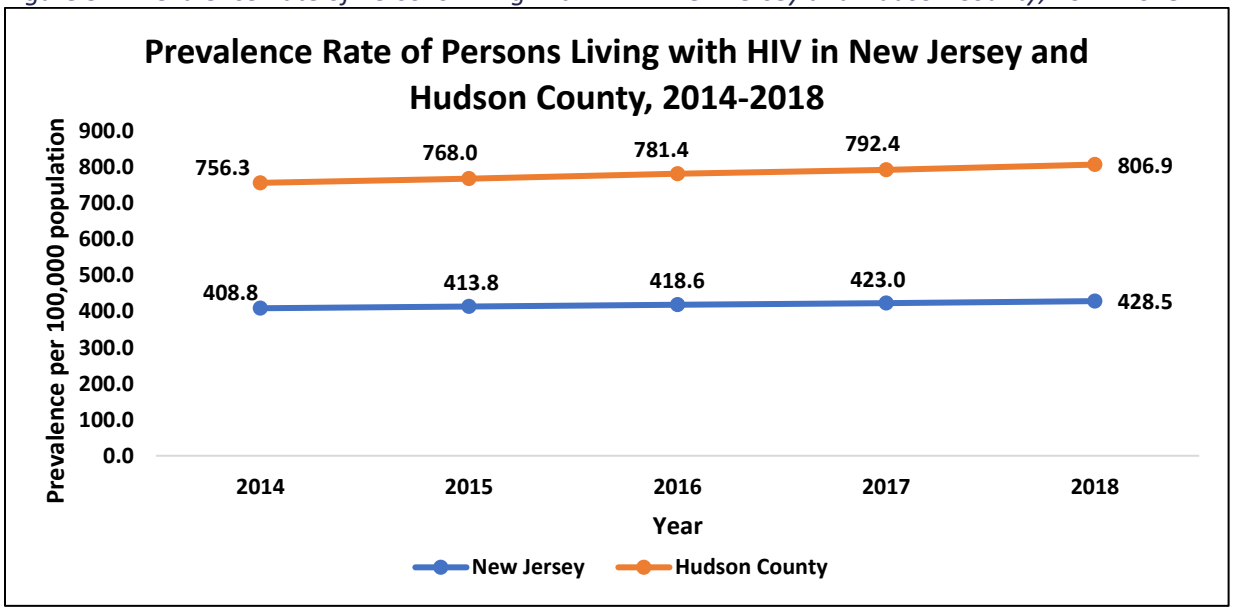
Section C: EHE Pillar 2 'Treat'

I. Prevalence Rate for New Jersey and Hudson County

i. Prevalence Rate for New Jersey and Hudson County

In 2018, the prevalence rate of living HIV cases was 428.5 per 100,000 in New Jersey. The rate in Hudson County was 806.9 per 100,000. Hudson County has consistently had a rate almost double that of New Jersey's since 2014. There has been a gradual increase in the prevalence of living HIV cases in New Jersey and Hudson County since 2014 (Figure 31).

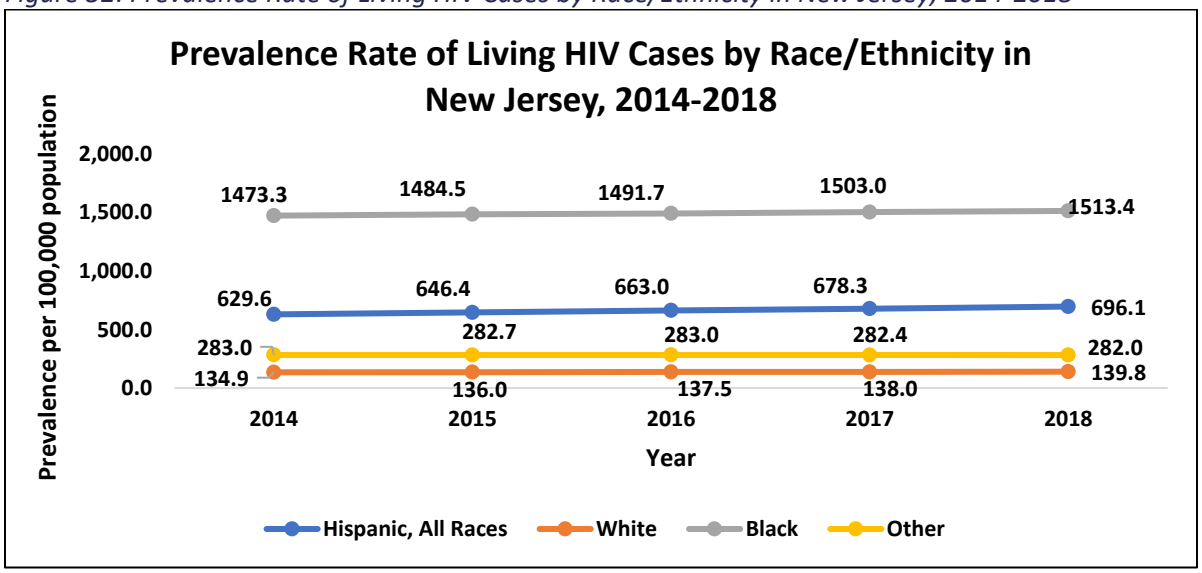
Figure 31: Prevalence Rate of Persons Living with HIV in New Jersey and Hudson County, 2014-2018



ii. Prevalence Rate by Race/Ethnicity for New Jersey and Hudson County

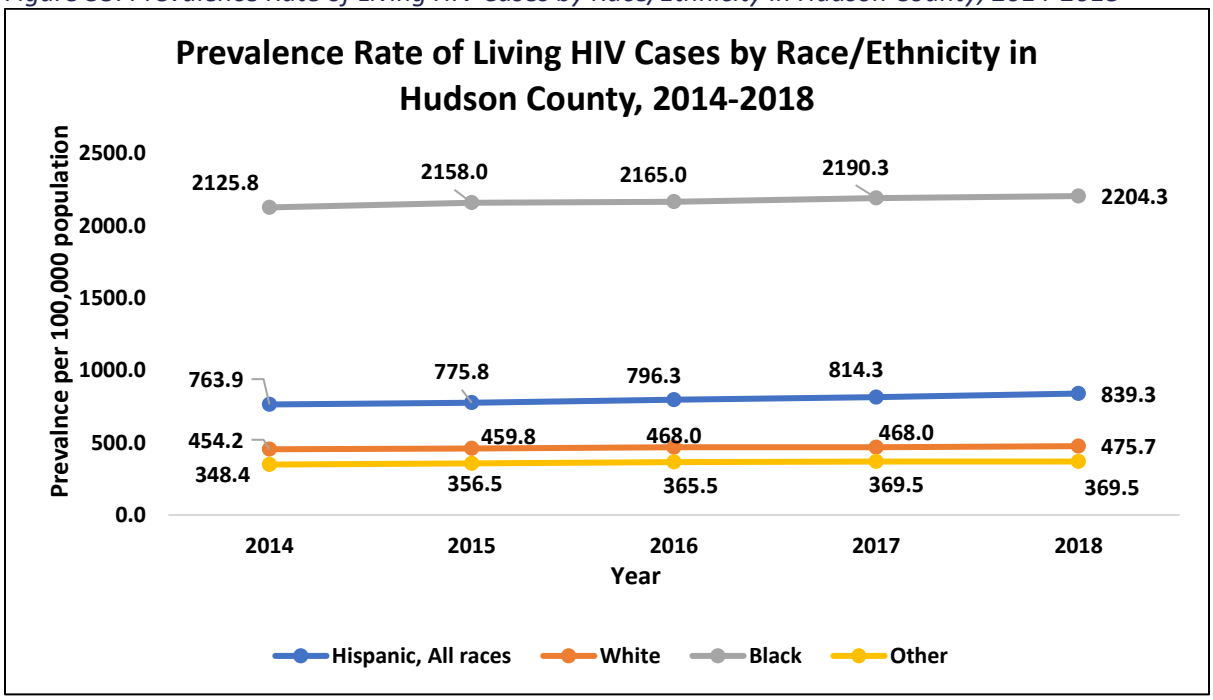
In 2018, the prevalence rate of living HIV cases was greater for Black/African Americans (1,513.4/100,000) and Hispanics (696.1/100,000) compared to Whites (139.8/100,000) and other races (282/100,000) in New Jersey (Figure 32).

Figure 32: Prevalence Rate of Living HIV Cases by Race/Ethnicity in New Jersey, 2014-2018



In Hudson County, the prevalence rate of living HIV cases was greatest for Black/African Americans (2,204.3/100,000), followed by Hispanics (839.3/100,000), and Whites (475.7/100,000) compared to other races (369.5/100,000). Prevalence rates of living HIV cases in Hudson County for Black/African Americans and Hispanics were nearly 1.5 and 1.2 times, respectively, that of the prevalence rates observed in all of New Jersey whereas the prevalence rate for Whites was 3.4 times that of the prevalence rate observed in New Jersey (Figure 33).

Figure 33: Prevalence Rate of Living HIV Cases by Race/Ethnicity in Hudson County, 2014-2018

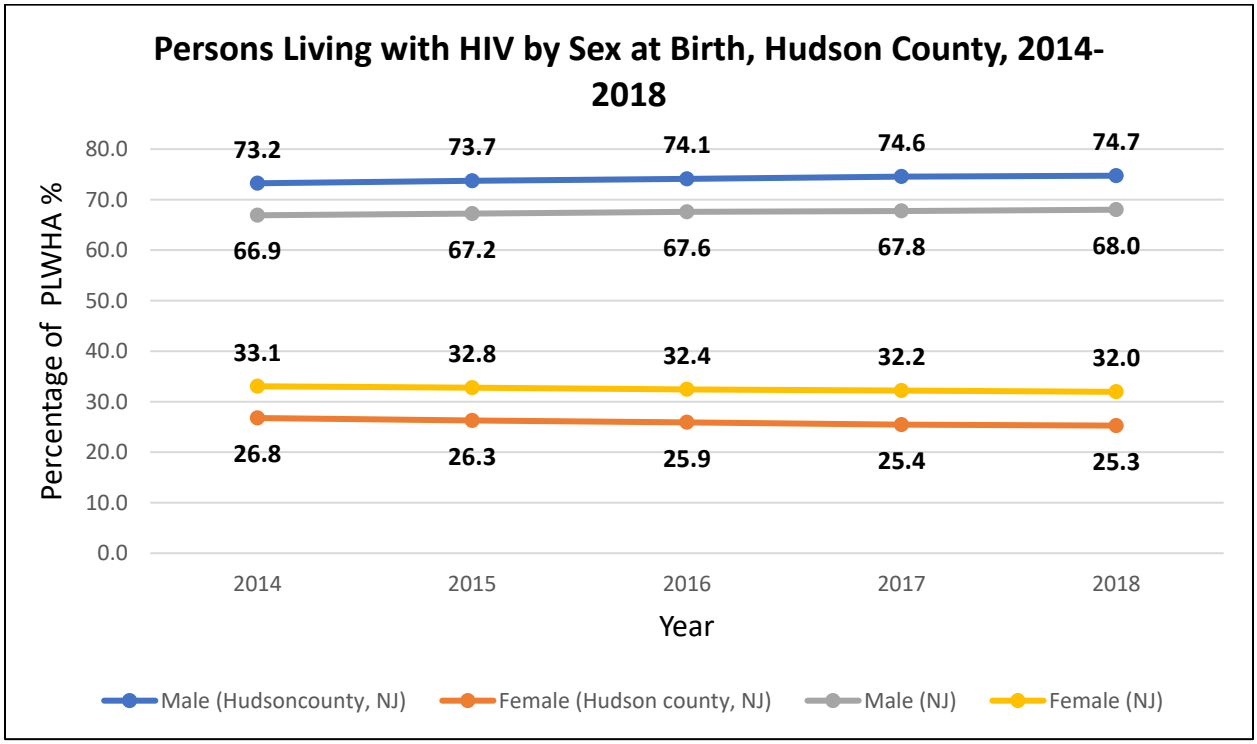


II. Persons Living With HIV

i. Persons Living with HIV by Sex at Birth, New Jersey

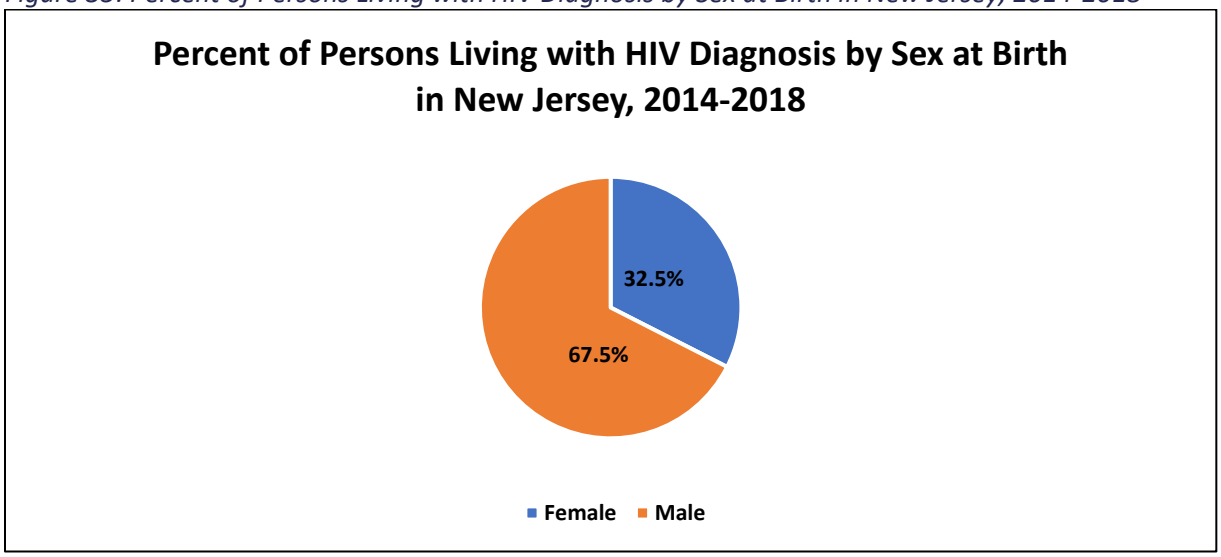
In 2018, 37,675 persons were living with HIV in New Jersey. Most of the diagnoses (68%) were for males. In Hudson County, 5,118 persons were living with HIV and most of the diagnoses (74.7%) were for males (Figure 34).

Figure 34: Persons Living with HIV by Sex at Birth, Hudson County, New Jersey, 2014-2018



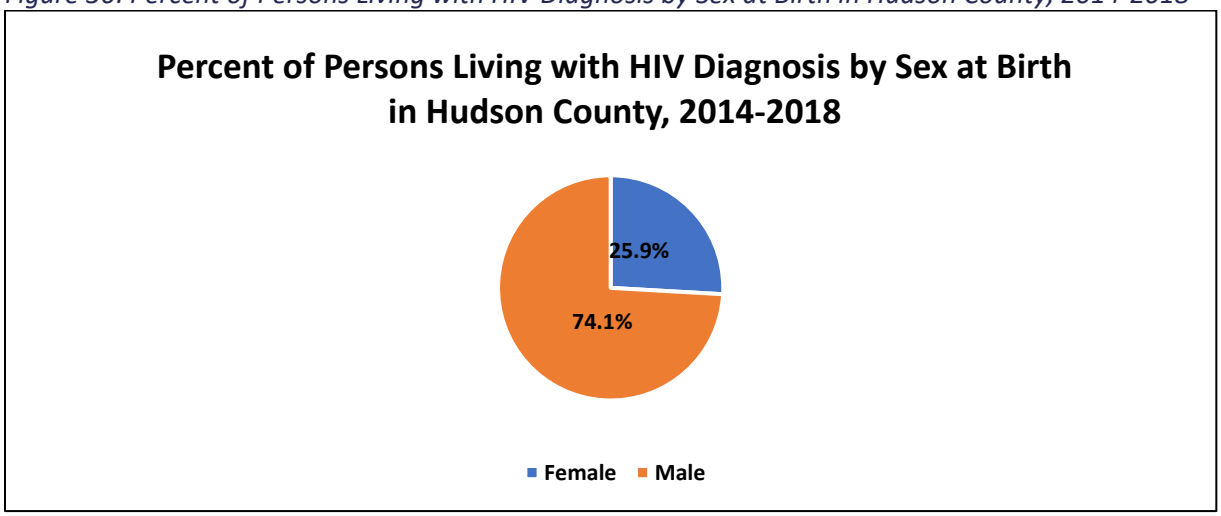
Between 2014-2018, there were more males (67.5%) living with an HIV diagnosis compared to females (32.5%) in New Jersey (Figure 35).

Figure 35: Percent of Persons Living with HIV Diagnosis by Sex at Birth in New Jersey, 2014-2018



Between 2014-2018, there were more males (74.1%) living with an HIV diagnosis compared to females (25.9%) in Hudson County (Figure 36).

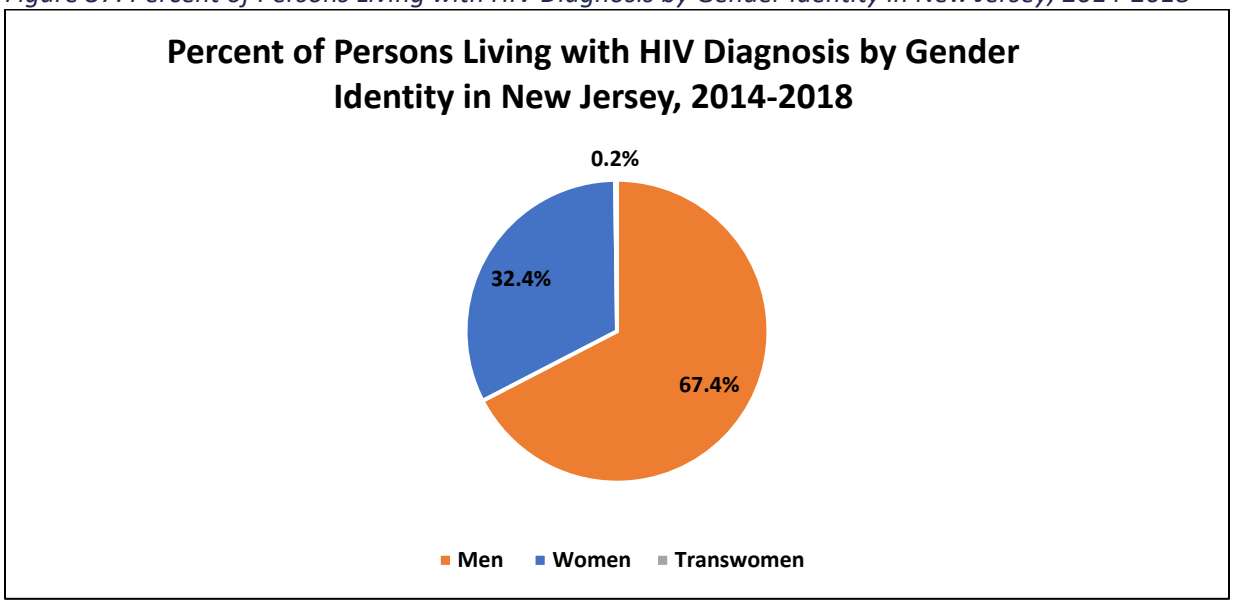
Figure 36: Percent of Persons Living with HIV Diagnosis by Sex at Birth in Hudson County, 2014-2018



ii. Persons Living with HIV by Gender, New Jersey and Hudson County

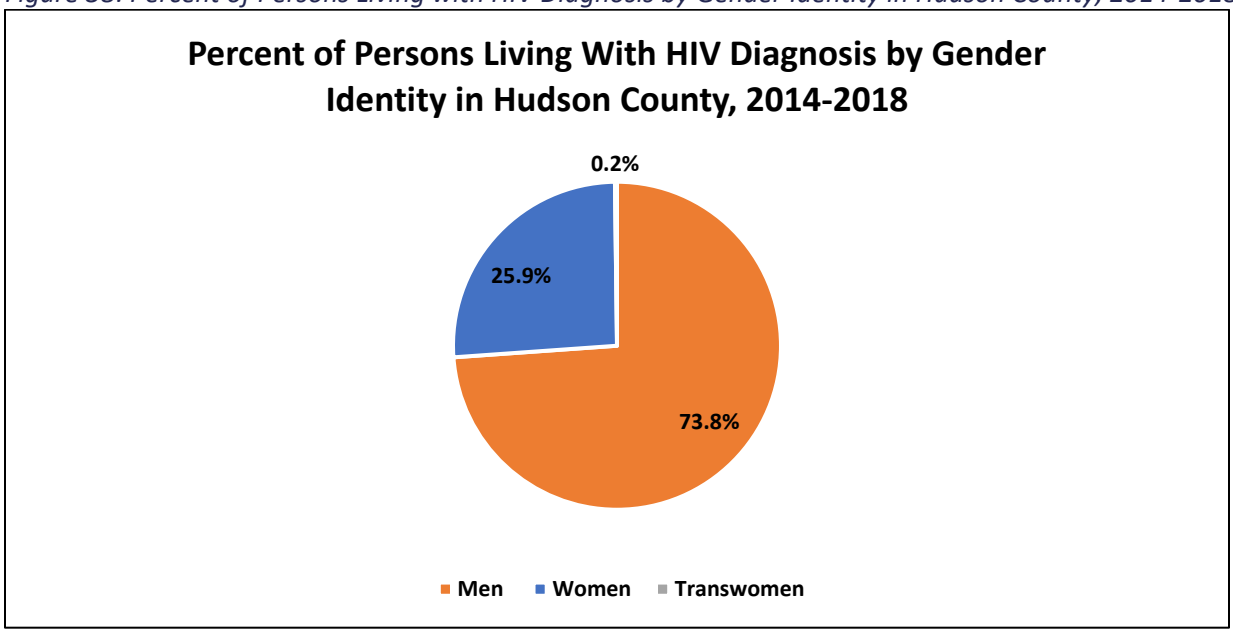
The percentages of men, women, and transwomen living with a diagnosis of HIV in New Jersey as a whole, as well as Hudson County specifically remained stable from 2014-2018. Between 2014-2018, more men (67.4%) compared to women (32.4%) were living with an HIV diagnosis. Transwomen also made up 0.2% of persons living with a diagnosis in New Jersey during this time (Figure 37).

Figure 37: Percent of Persons Living with HIV Diagnosis by Gender Identity in New Jersey, 2014-2018



Between 2014-2018, more men (73.8%) compared to women (25.9%) were living with an HIV diagnosis in Hudson County. Transwomen also made up 0.2% of persons living with a diagnosis in Hudson County during this time (Figure 38).

Figure 38: Percent of Persons Living with HIV Diagnosis by Gender Identity in Hudson County, 2014-2018



iii. Persons Living with HIV by Race/Ethnicity, New Jersey

In New Jersey, between 2014-2018, the percentages of Black/African Americans, Hispanics, Whites, and individuals of multiple races living with HIV remained stable. In Hudson County, the same trend was observed.

In 2018, there were 17,032 (45.2%) Black/African American, 10,825 (28.7%) Hispanic, 7,290 (19.3%) White, 2,053 (5.4%) multiple race, and 475 (1.1%) other/unknown race persons living with a diagnosis of HIV in New Jersey. In Hudson County, there were 2,248 (43.9%) Hispanic, 1,572 (30.7%) Black/African American, 930 (18.2%) White, 262 (5.1%) multiple race, and 106 (2.1%) other/unknown race persons living with a diagnosis of HIV. There were 15.2% more Hispanics living with an HIV diagnosis in Hudson County compared to New Jersey overall.

Table 33: Number of Persons Living with HIV in New Jersey and Hudson County by Year and Race/Ethnicity, 2014-2018

Number of persons living with diagnosis of HIV in New Jersey by year and race/ethnicity										
	2014		2015		2016		2017		2018	
Race/Ethnicity	N	%	N	%	N	%	N	%	N	%
Hispanic, All races	9791	27.2	10052	27.6	10310	28.0	10549	28.4	10825	28.7
American Indian/Alaska Native	8	0.0	8	0.0	8	0.0	8	0.0	11	0.0
Asian	216	0.6	241	0.7	266	0.7	290	0.8	316	0.8
Black/African American	16581	46.1	16707	45.9	16788	45.6	16915	45.5	17032	45.2
Native Hawaiian/Other Pacific Islander	8	0.0	8	0.0	8	0.0	9	0.0	9	0.0
White	7036	19.6	7090	19.5	7171	19.5	7198	19.4	7290	19.3
Legacy Asian/Pacific Islander	94	0.3	92	0.3	92	0.2	90	0.2	89	0.2
Multiple Race	2159	6.0	2133	5.9	2112	5.7	2085	5.6	2053	5.4
Unknown	52	0.1	52	0.1	51	0.1	50	0.1	50	0.1
Total	35945	100	36383	100	36806	100	37194	100	37675	100
Number of persons living with diagnosis of HIV in Hudson County, New Jersey by year and Race/Ethnicity										
Hispanic, All races	2046	42.7	2078	42.7	2133	43.0	2181	43.4	2248	43.9
Asian	50	1.0	57	1.2	61	1.2	70	1.4	72	1.4

Black/African American	1516	31.6	1539	31.6	1544	31.2	1562	31.1	1572	30.7
White	888	18.5	899	18.5	915	18.5	915	18.2	930	18.2
Multiple Race	261	5.4	263	5.4	268	5.4	264	5.3	262	5.1
Other	36	0.8	35	0.7	35	0.7	34	0.7	34	0.7
Total	4797	100	4871	100	4956	100	5026	100	5118	100
These are actual numbers of persons living with HIV disease that have been reported.										
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.										

iv. Persons Living with HIV by Current Age, New Jersey and Hudson County

In 2018, of the 37,675 people living with an HIV diagnosis in New Jersey, more than half (64.7%) of cases received their diagnosis between 25-44 years of age. In Hudson County, of the 5,118 persons living with an HIV diagnosis, more than half (66.5%) of cases also received their diagnosis between 25-44 years of age. The percentage of people who received their diagnosis of HIV in this age group has remained stable since 2014 for Hudson County as well as New Jersey as a whole.

Table 34: Number of Persons Living with HIV in New Jersey and Hudson County by Year and Age at Diagnosis, 2014-2018

Number of persons living with diagnosis of HIV in New Jersey by year and age at diagnosis										
Age at diagnosis (years)	**2014**		**2015**		**2016**		**2017**		**2018**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<13	651	1.8	650	1.8	645	1.8	643	1.7	646	1.7
13-19	1000	2.8	1023	2.8	1045	2.8	1074	2.9	1104	2.9
20-24	3425	9.5	3567	9.8	3691	10.0	3825	10.3	3941	10.5
25-34	12045	33.5	12205	33.5	12407	33.7	12576	33.8	12761	33.9
35-44	11700	32.5	11675	32.1	11631	31.6	11587	31.2	11605	30.8
45-54	5349	14.9	5403	14.9	5468	14.9	5511	14.8	5556	14.7
55-64	1497	4.2	1564	4.3	1605	4.4	1654	4.4	1717	4.6
>=65	278	0.8	296	0.8	314	0.9	324	0.9	345	0.9
Total	35945	100	36383	100	36806	100	37194	100	37675	100
Number of persons living with diagnosis of HIV in Hudson County, New Jersey by year and age at diagnosis										
<13	57	1.2	59	1.2	59	1.2	58	1.2	58	1.1
13-19	117	2.4	117	2.4	122	2.5	127	2.5	133	2.6
20-24	517	10.8	539	11.1	550	11.1	574	11.4	590	11.5
25-34	1737	36.2	1760	36.1	1787	36.1	1817	36.2	1847	36.1

35-44	1526	31.8	1530	31.4	1545	31.2	1546	30.8	1555	30.4
45-54	628	13.1	642	13.2	664	13.4	666	13.3	686	13.4
55-64	181	3.8	192	3.9	193	3.9	202	4.0	209	4.1
>=65	34	0.7	32	0.7	36	0.7	36	0.7	40	0.8
Total	4797	100	4871	100	4956	100	5026	100	5118	100
These are actual numbers of cases diagnosed with HIV disease that have been reported.										
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.										

v. Persons Living with HIV by Transmission Category, New Jersey and Hudson County

In New Jersey, 11,247 (29.9%) of persons living with HIV had transmission by MSM contact, 10,667 (28.3%) through other/unknown adult risk, 8,227 (21.8%) through heterosexual contact, 5,982 (15.9%) through IDU, 888 (2.4%) through MSM/IDU contact, and 664 (1.8%) through pediatric exposure in 2018.

In Hudson County, MSM comprised 41.9% of all the individuals living with HIV followed by other/unknown adult risk factors (28.2%) in 2018. The percentage of persons living with HIV attributed to heterosexual contact were 15.8%, to IDU were 11.1%, to MSM/IDU were 1.9%, and to pediatric exposure were 1.2%.

Table 35: Number of Persons Living with HIV in New Jersey and Hudson County by Year and Transmission Category

Number of persons living with diagnosis of HIV in New Jersey by year and transmission category										
Transmission Category	**2014**		**2015**		**2016**		**2017**		**2018**	
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
MSM	9831	27.4	10200	28.0	10548	28.7	10884	29.3	11247	29.9
IDU	6759	18.8	6538	18.0	6308	17.1	6123	16.5	5982	15.9
MSM/IDU	912	2.5	911	2.5	902	2.5	891	2.4	888	2.4
Hetero sexual contact	7878	21.9	7966	21.9	8074	21.9	8154	21.9	8227	21.8
Other/Unknown Adult Risk	9899	27.5	10101	27.8	10312	28.0	10482	28.2	10667	28.3
Mother-to-child transmission	666	1.9	667	1.8	662	1.8	660	1.8	664	1.8
Total	35945	100	36383	100	36806	100	37194	100	37675	100
Number of persons living with diagnosis of HIV in Hudson County, NEW JERSEY - by year and transmission category										
MSM	1874	39.1	1933	39.7	2006	40.5	2073	41.2	2143	41.9
IDU	652	13.6	633	13.0	605	12.2	581	11.6	566	11.1

MSM/IDU	100	2.1	102	2.1	101	2.0	100	2.0	98	1.9
Hetero sexual contact	778	16.2	782	16.1	786	15.9	793	15.8	809	15.8
Other/Unknown Adult Risk	1335	27.8	1360	27.9	1397	28.2	1419	28.2	1442	28.2
Mother-to-child transmission	58	1.2	61	1.3	61	1.2	60	1.2	60	1.2
Total	4797	100	4871	100	4956	100	5026	100	5118	100

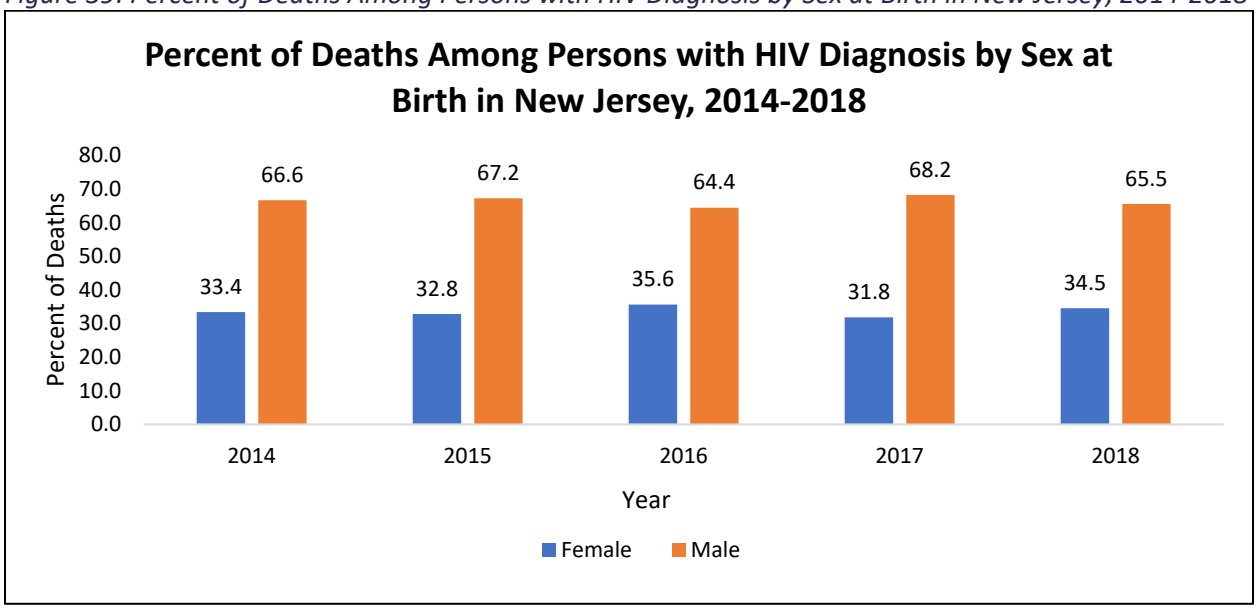
Transmission category data presented by sex at birth and include transgender persons.
These are actual numbers of persons living with HIV disease that have been reported.
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.
Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.

III. Deaths among Persons Living with HIV

i. Deaths among People with HIV by Sex at Birth and Year of Death, New Jersey and Hudson County

In 2018, the percentage of death among persons with a diagnosis of HIV infection was greater among males (65.5%) compared to females (34.5%) in New Jersey (Figure 39).

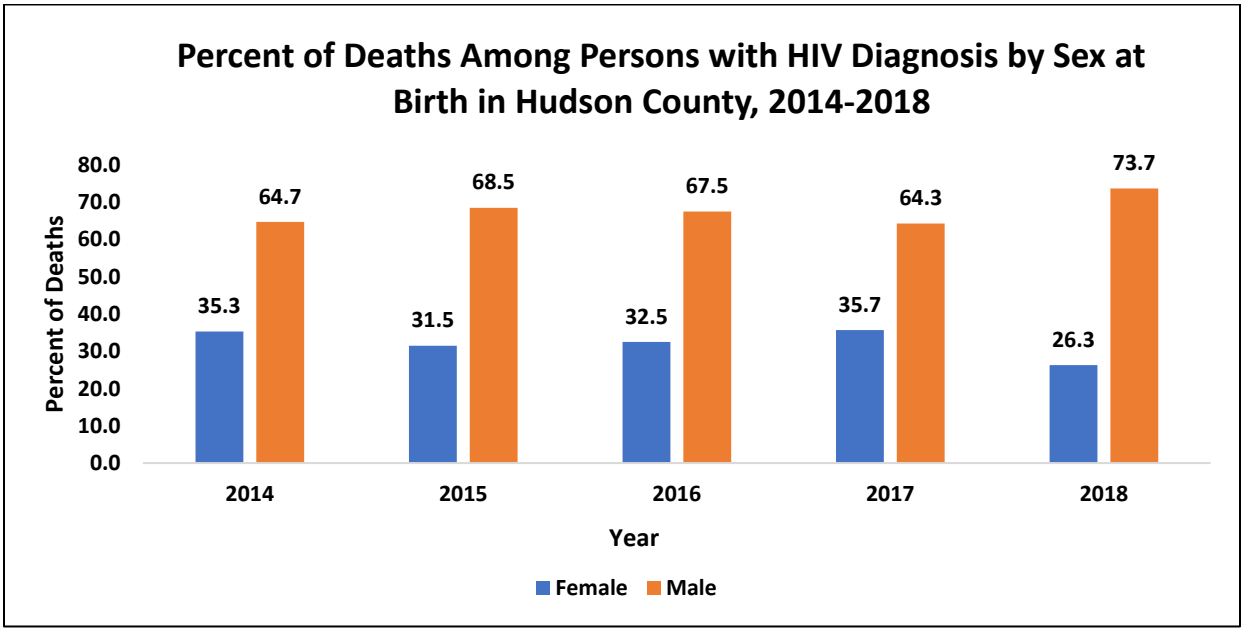
Figure 39: Percent of Deaths Among Persons with HIV Diagnosis by Sex at Birth in New Jersey, 2014-2018



In Hudson County, the percentage of death among persons with a diagnosis of HIV infection was also greater among males (73.7%) compared to females (26.3%). The percentage of death in Hudson County was approximately 8.2% lower for females while 8.2% higher for males compared to the percentage for all of New Jersey in 2018. Deaths among persons with a

diagnosis of HIV infection have increased for males and decreased for females living in Hudson County since 2014 (Figure 40).

Figure 40: Percent of Deaths Among Persons with HIV Diagnosis by Sex at Birth in Hudson County, 2014-2018



ii. Deaths among People Living with HIV by Gender and Year of Death, New Jersey and Hudson County

In 2018, the percentage of death among persons with a diagnosis of HIV infection was greater among males (65.5%) compared to females (34.5%) in New Jersey. In Hudson County, the percentage of death among persons with a diagnosis of HIV infection was also greater among males (73.7%) compared to females (26.3%). The percentage of death in Hudson County was approximately 8.2% lower for females while 8.2% higher for males compared to the percentage for all of New Jersey vin 2018. Deaths among persons with a diagnosis of HIV infection have increased for males and decreased for females living in Hudson County since 2014.

Table 36: Number of deaths among persons with HIV Diagnosis in New Jersey and Hudson County by Year and Gender, 2014-2018

Number of deaths among persons with diagnosis of HIV in New Jersey by year and gender										
	2014		2015		2016		2017		2018	
Gender identity	N	%	N	%	N	%	N	%	N	%
Men	492	66.6	498	66.8	479	64.3	487	67.8	376	65.5
Women	247	33.4	244	32.8	265	35.6	228	31.8	198	34.5
Transgender[aa]	†	†	†	†	†	†	†	†	†	†

Transgender[bb]	†	†	†	†	†	†	†	†	†	†
Number of deaths among persons with diagnosis of HIV in Hudson County, New Jersey by year and gender										
Men	55	64.7	60	67.4	54	67.5	54	64.3	42	73.7
Women	30	35.3	28	31.5	26	32.5	30	35.7	15	26.3
Transgender[aa]	†	†	†	†	†	†	†	†	†	†
Transgender[bb]	†	†	†	†	†	†	†	†	†	†

† Data are suppressed.
These are actual numbers of persons living with HIV disease that have been reported.
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.
aa "Transgender male-to-female" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender.
bb "Transgender female-to-male" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender.

Between 2014-2018, more deaths among persons with diagnosed HIV were observed among men (66.2%) compared to women (33.6%) in New Jersey. Transwomen also made up 0.2% of deaths among persons with diagnosed HIV during this time frame.

iii. Deaths among People with HIV by Race/Ethnicity and Year of Death, New Jersey and Hudson County

In 2018, the percentage of death among persons living with HIV was greater for Black/African Americans (50.3%) compared to Hispanics (20.2%), Whites (19%), and multiple races (10.1%) in New Jersey. In Hudson County, the percentage of death among persons living with HIV was also greater among Black/African Americans (47.4%) compared to Hispanics (24.6%) and Whites (19.3%). The percentage of death for Black/African Americans was 2.9% lower in Hudson County than the rest of New Jersey.

Table 37: Number of deaths among persons with HIV in New Jersey and Hudson County by Year and Race/Ethnicity, 2014-2018

Number of deaths among persons with diagnosis of HIV in New Jersey by year and Race/Ethnicity										
	2014		2015		2016		2017		2018	
Race/Ethnicity	N	%	N	%	N	%	N	%	N	%
Hispanic, All races	169	22.9	141	18.9	162	21.7	149	20.8	116	20.2
Asian	†	†	†	†	†	†	†	†	†	†
Black/African American	384	52.0	396	53.2	365	49.0	374	52.1	289	50.3
White	136	18.4	140	18.8	153	20.5	139	19.4	109	19.0
Multiple Race	49	6.6	65	8.7	63	8.5	51	7.1	58	10.1
Other*	†	†	†	†	†	†	†	†	†	†

Number of deaths among persons with diagnosis of HIV in Hudson County, New Jersey by year and Race/Ethnicity										
Hispanic, All races	28	32.9	40	44.9	29	36.3	20	23.8	14	24.6
Asian	†	†	†	†	†	†	†	†	†	†
Black/African American	35	41.2	24	27.0	28	35.0	28	33.3	27	47.4
White	11	12.9	19	21.3	17	21.3	19	22.6	11	19.3
Multiple Race	10	11.8	†	†	5	6.3	7	8.3	†	†
Other*	†	†	†	†	†	†	†	†	†	†
These are actual numbers of persons living with HIV disease that have been reported.										
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.										
Other*- This category is made up of American Indian/Alaska native, native Hawaiian/other pacific islander, legacy Asian/pacific islander and unknown in an effort to prevent data suppression from needing to be applied.										

iv. Deaths among People with HIV by Transmission Category, New Jersey and Hudson County

In 2018, among persons with a diagnosis of HIV in New Jersey, the number of deaths was highest in injection drug users (34.5%) followed by other/adult unknown risk factors (27.2%) and heterosexual contact (20.4%). This trend was however not reproduced in the county where the highest number of deaths were recorded among other/adult unknown risk factors followed by injections drug users (28.1 %) and MSM (21.1%).

Table 38: Number of deaths among persons with HIV in New Jersey and Hudson County by Year of Death and Transmission Category

Number of deaths among persons with diagnosis of HIV in New Jersey by year of death and transmission category										
Transmission Category	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
MSM	107	14.5	124	16.6	121	16.2	132	18.4	85	14.8
IDU	272	36.8	264	35.4	260	34.9	236	32.9	198	34.5
MSM/IDU	16	2.2	22	3.0	20	2.7	22	3.1	16	2.8
Hetero sexual contact	126	17.1	140	18.8	146	19.6	130	18.1	117	20.4
Other/Unknown Adult Risk	213	28.8	189	25.4	190	25.5	195	27.2	156	27.2
Mother-to-child transmission	5	0.7	6	0.8	8	1.1	†	†	†	†
Number of deaths among persons with diagnosis of HIV in Hudson County New Jersey by year of death and transmission category										

MSM	12	14.1	21	23.6	10	12.5	20	23.8	12	21.1
IDU	29	34.1	26	29.2	29	36.3	28	33.3	16	28.1
MSM/IDU	†	†	†	†	5	6.3	†	†	†	†
Hetero sexual contact	12	14.1	13	14.6	12	15.0	6	7.1	9	15.8
Other/Unknown Adult Risk	31	36.5	27	30.3	22	27.5	26	31.0	18	31.6
Mother-to-child transmission	†	†	†	†	†	†	†	†	†	†
Total	85	100.0	89	100.0	80	100.0	84	100.0	57	100.0

Transmission category data presented by sex at birth and include transgender persons. † Data are suppressed
These are actual numbers of persons living with HIV disease that have been reported
Diagnosed HIV disease cases include persons diagnosed with HIV and an absent, later, or concurrent diagnosis of AIDS.
Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.

IV. Linkage to Care

i. Linkage to Care in New Jersey and Hudson County

In 2017, more than half (67.9%) of patients who were linked to care services were linked within 1 month of HIV diagnosis in New Jersey. In Hudson County, 70.1% of patients were also linked to care within this timeframe. During this period, less HIV patients (7%) were never linked to care in Hudson County compared to those who were not linked in New Jersey (9.7%).

Table 39: Time to Link to Care in New Jersey and Hudson County, 2017

Linkage to Care, New Jersey, 2017		
Linkage to care	**N**	**%**
Within 1 months	833	67.9
Within 2 months	61	5.0
Within 3 months	27	2.2
3+ to 6 months	55	4.5
6+ to 12 months	55	4.5
12+ to 39 months	76	6.2
Never linked	119	9.7
Total	1226	100
Linkage to care, Hudson County, New Jersey		
Within 1 months	110	70.1
Within 2 months	12	7.6
Within 3 months	9	5.7
3+ to 6 months	5	3.2
6+ to 12 months	3	1.9

12+ to 39 months	7	4.5
Never linked	11	7.0
Total	157	100

ii. Linkage to Care by Sex at Birth, Race/Ethnicity, Age and Transmission Category for Hudson County, 2017

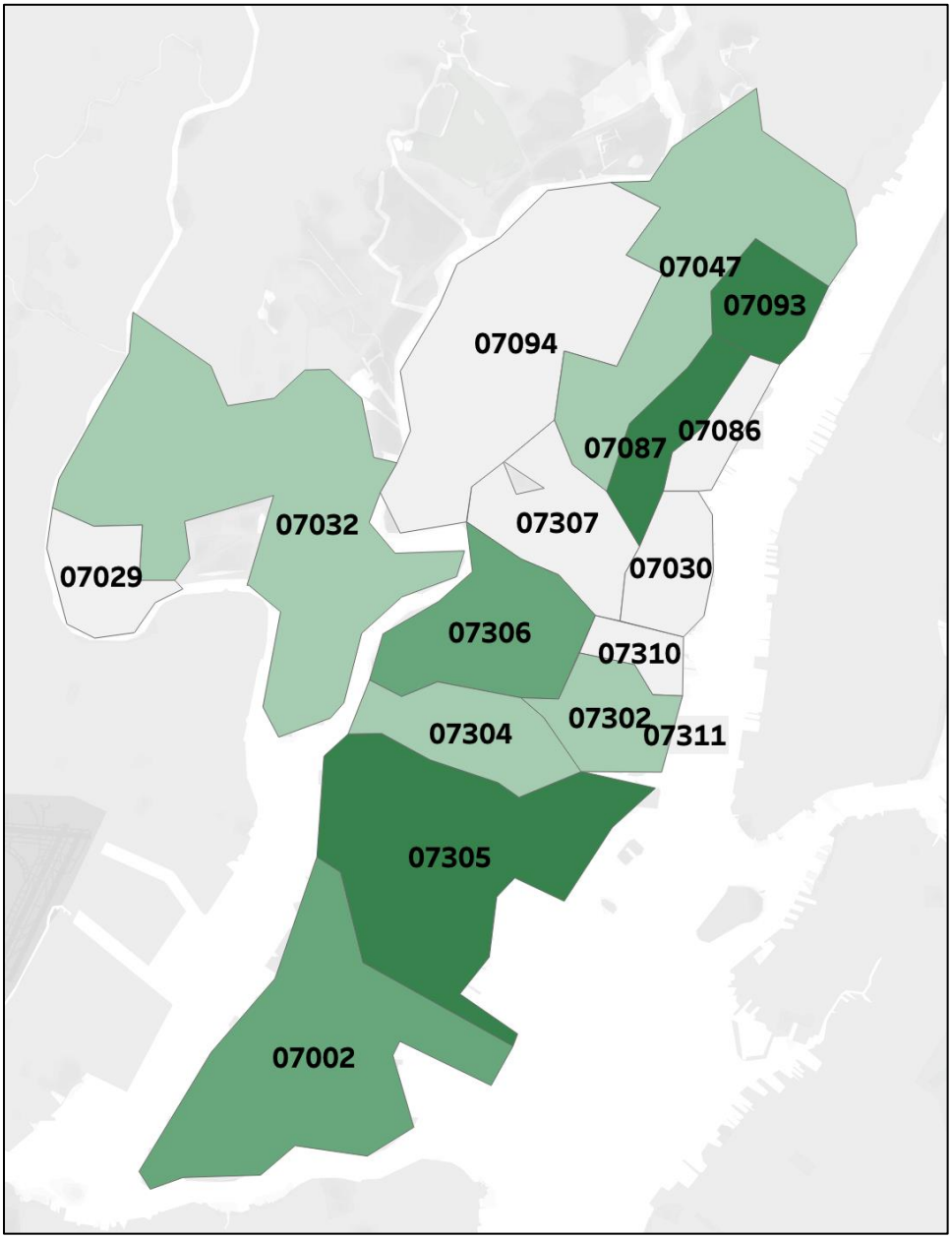
In Hudson County, most diagnosed HIV cases (70.1%) were linked to care within 1 month of HIV diagnosis in 2017. Linkage to care within this time frame was more prevalent among males (71%), those of another/unknown race (77.8%), those within an other/unknown transmission category (75%), and those who were 45-54 years of age (84%). No linkage to care (7%) was more prevalent among males (6.1%), Black/African Americans (15.2%), heterosexual contact (10.5%), and those who were between the ages of 20-24 years (11.1%). Note that numbers less than five should not be interpreted due to instability.

Table 40: Linkage to Care by Sex at Birth, Age, Race/Ethnicity and Transmission Category for Hudson County, 2017

	Within 1 month		Within 2 months		Within 3 months		Within 3+ to 6 months		Within 6+ to 12 months		Within 12+ to 39 months		Never linked		Total	
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%
Sex at birth																
Female	17	65.4	†	†	†	†	†	†	†	†	†	†	†	†	26	100
Male	93	71.0	10	7.6	7	5.3	†	†	†	†	6	4.6	8	6.1	131	100
Race/Ethnicity																
Hispanic, All races	56	70.9	9	11.4	†	†	†	†	†	†	†	†	†	†	79	100
White	17	73.9	†	†	†	†	†	†	†	†	†	†	†	†	23	100
Black/African American	30	65.2	†	†	†	†	†	†	†	†	†	†	7	15.2	46	100
Other/unknown	7	77.8	†	†	†	†	†	†	†	†	†	†	†	†	9	100
Transmission category																
MSM	60	69.8	9	10.5	6	7.0	†	†	†	†	†	†	5	5.8	86	100
IDU	†	†	†	†	†	†	†	†	†	†	†	†	†	†	5	100
Hetero sexual contact	27	71.1	†	†	†	†	†	†	†	†	†	†	†	†	38	100
Other/Unknown Adult Risk	21	75.0	†	†	†	†	†	†	†	†	†	†	†	†	28	100
Age																
13-19	5	83.3	†	†	†	†	†	†	†	†	†	†	†	†	6	100
20-24	17	63.0	†	†	†	†	†	†	†	†	†	†	†	†	27	100
25-34	31	64.6	6	12.5	†	†	†	†	†	†	†	†	†	†	48	100
35-44	23	71.9	†	†	†	†	†	†	†	†	†	†	†	†	32	100
45-54	21	84.0	†	†	†	†	†	†	†	†	†	†	†	†	25	100
55-64	9	60.0	†	†	†	†	†	†	†	†	†	†	†	†	15	100
>=65	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†

In 2017, 12%-16% of HIV cases were linked to care in West New York (07093) and Jersey City/Bayonne (07087, 07305) municipalities in Hudson County. In Bayonne (07002), and Kearny/Jersey City/ (07306) 8%-12%% of HIV cases were linked to care (Figure 41).

Figure 41: Linkage to Care, Hudson County, New Jersey, 2017



Linkage to Care, Hudson County, New Jersey	
0%-4%	
4%-8%	
8%-12%	
12%-16%	

V. Care Continuum

i. Care Continuum for Persons Living with HIV in New Jersey

In New Jersey, 70% of persons living with HIV were retained in any care. More than half (44%) were then continuously retained and 53% then achieved viral suppression in 2019. More females (55%) achieved viral suppression compared to males (53%). Nearly half (48%) of transwomen also achieved viral suppression. Whites (60%) were more likely to achieve viral suppression followed by legacy Asian/Pacific Islanders (59%), persons of multiple races (57%), Hispanics and Asians (equally at 55%), and Black/African Americans (49%). Viral suppression was more prevalent among those who identified heterosexual contact (57%) as a mode of HIV transmission followed by MSM contact (56%). Those between the ages of 20-24 years (59%), 55-64 (58%), and 13-19 (57%) achieved more viral suppression compared to cases in other age groups.

ii. Care Continuum for Persons Living with HIV in Hudson County, New Jersey, 2019

In Hudson County, 69% of persons living with HIV were retained in any care. More than half (51%) were then continuously retained and 59% then achieved viral suppression in 2019. More females (64%) achieved viral suppression compared to males (58%). More than three quarters (78%) of transwomen also achieved viral suppression. Hispanics (63%) were more likely to achieve viral suppression followed by persons of multiple races (62%), Asians (59%), Whites (57%) and Black/African Americans (54%). Viral suppression was more prevalent among those who identified heterosexual contact (66%) and IDU (61%) as a mode of transmission for HIV. Those between the ages of 20-24 years (72%) achieved more viral suppression compared to cases in other age groups.

Table 41: Care Continuum for Persons Living with HIV in Hudson County, New Jersey, 2019

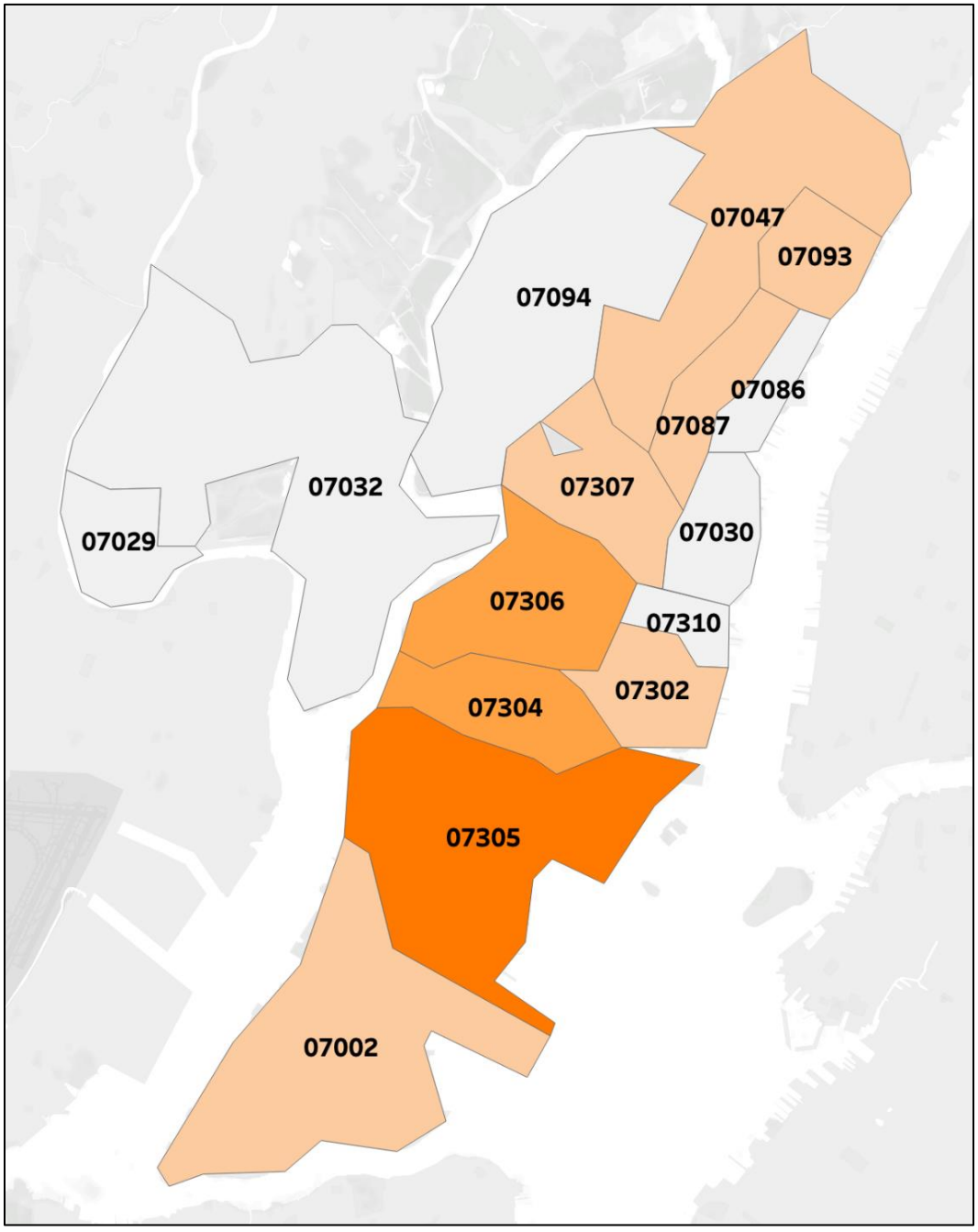
	Retained in any care in 2019				Continuously Retained in 2019				Viral Suppression in 2019						All	
	No		Yes		No		Yes		Missing		No		Yes			
	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%	N	Row%
All	1223	31	2700	69	1922	49	2001	51	1393	36	202	5	2328	59	3923	100
Gender																
Female	263	26	742	74	448	45	557	55	315	31	51	5	639	64	1005	100
Male	958	33	1951	67	1469	50	1440	50	1076	37	151	5	1682	58	2909	100
Transgender[aa]	†	†	†	†	†	†	†	†	†	†	†	†	†	†	9	100
Race\Ethnicity																
Hispanic, All races	495	28	1248	72	754	43	989	57	562	32	81	5	1100	63	1743	100
American Indian/Alaska Native	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†	100
Asian	24	35	45	65	35	51	34	49	28	41	†	†	41	59	69	100
Black/African American	400	34	788	66	652	55	536	45	461	39	82	7	645	54	1188	100
Native Hawaiian/Other Pacific Islander	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†	100
White	236	35	435	65	369	55	302	45	261	39	25	4	385	57	671	100
Legacy Asian/Pacific Islander	†	†	†	†	†	†	†	†	†	†	†	†	†	†	7	100
Multiple Race	64	26	178	74	108	45	134	55	77	32	14	6	151	62	242	100
Unknown	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†	100
Transmission category																
MSM	560	33	1162	67	872	51	850	49	622	36	82	5	1018	59	1722	100
IDU	102	29	251	71	170	48	183	52	119	34	20	6	214	61	353	100
MSM/IDU	23	29	55	71	43	55	35	45	28	36	8	10	42	54	78	100
Hetero sexual contact	151	24	487	76	250	39	388	61	176	28	42	7	420	66	638	100

Other/Unknown Adult Risk	385	34	745	66	585	52	545	48	446	39	50	4	634	56	1130	100
Mother-to-child transmission	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†	100
Age																
13-19	†	†	†	†	†	†	†	†	†	†	†	†	†	†	†	100
20-24	6	13	40	87	16	35	30	65	10	22	3	7	33	72	46	100
25-34	156	34	305	66	252	55	209	45	179	39	39	8	243	53	461	100
35-44	311	41	447	59	440	58	318	42	349	46	31	4	378	50	758	100
45-54	374	34	729	66	561	51	542	49	421	38	59	5	623	56	1103	100
55-64	273	25	826	75	476	43	623	57	310	28	56	5	733	67	1099	100
>=65	103	23	350	77	177	39	276	61	124	27	13	3	316	70	453	100

VI. Retained in Care

The map below, Figure 42, shows that in the municipality of Jersey City/Bayonne (07305), 15%-20% of HIV cases were retained in care in 2019. In one Jersey City (07304) and one Jersey City/Bayonne (07306) municipality, 10%-15% of HIV cases were retained in care. In two Jersey City (07302, 07307), one Bayonne (07002), one West New York (07093), one North Bergen (07047), and one Jersey City/Union City/North Bergen (07087) municipality, 5%-10% of HIV cases were retained in care.

Figure 42: Retention in Care, Hudson County, New Jersey, 2019



Percent Retention in Care, Hudson County, NEW JERSEY	
0%-5%	
5%-10%	
10%-15%	
15%-20%	

a. Receipt and Quality of Care

The Medical Monitoring Project (MMP) is a surveillance project designed to learn more about the experiences and needs of people living with HIV. The New Jersey Department of Health is funded by the Centers for Disease Control and Prevention (CDC) to conduct the project in the state.

Of the total Essex and Hudson interviewees of Medical Monitoring Project (MMP) between 2015-2018, 98.7% had received outpatient HIV care, 77.9% had been retained in care in the past 12 months and 63.4% in the past 24 months, and 81.5% had received a prescription of ART. The data also show that 21.1% had not been retained in care in the past 12 months. After 24 months, the percentage not retained in care increased to 36.3%. Of the total number of interviewees, 91.9% were currently taking ART. The primary reason for not taking ART, among those who were not using it was that the health care provider said person should not start taking ART and that the HIV positive interviewee did not believe he/she needs ART.

Of those prescribed ART, 27.3% missed taking a dose at least 1-2 times, 6.3% missed their dose 3-5 days in the month, and an additional 6.2% missed their dosage more than 6 days in the last 30 days. In 42.8% of the HIV positive interviewees, the reason for missing their dose was forgetfulness while 20.4% had a problem getting a prescription or a refill for HIV medicines, and 15% had a problem paying for their medications.

Table 42: Receipt and quality of care—Medical Monitoring Project, Essex and Hudson Counties, New Jersey, 2015-2018

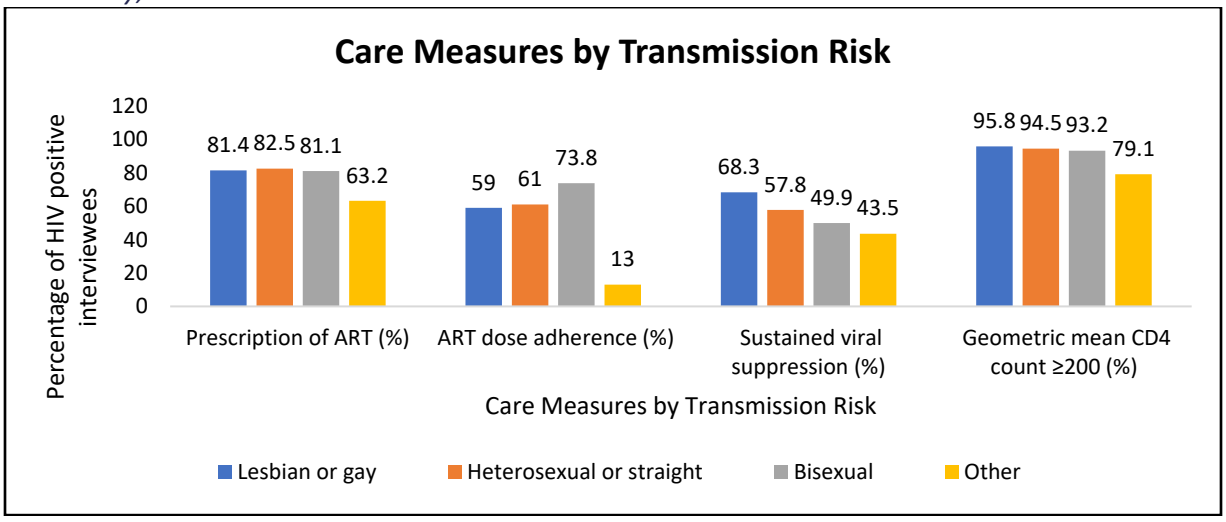
Receipt and quality of care		
	No.[a]	%[b]
Ever received outpatient HIV care[c]		
Yes	239	98.7
No	1	1.3
Received outpatient HIV care, past 12 months[c]		
Yes	235	97.4
No	5	2.6
Received outpatient HIV care, past 24 months[c]		
Yes	236	97.7
No	4	2.3
Retained in care, past 12 months[d]		
Yes	186	77.9

No	44	22.1
Retained in care, past 24 months[d]		
Yes	151	63.4
No	79	36.6
Prescribed ART, past 12 months[e]		
Yes	200	81.5
No	40	18.5
Total	240	100
Note. CD4 counts, viral load measurements, prophylaxes, and vaccinations are from medical record abstraction. Measurement period is the 12 months before the interview unless otherwise noted.		
Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.		
Excluded are values with a coefficient of variation ≥0.30, "don't know" responses, and skipped (missing) responses. Values with a denominator sample size <30 are marked with an asterisk and should be interpreted with caution.		
a Numbers are unweighted.		
b Percentages are weighted percentages.		
c Outpatient HIV care was defined as any documentation of the following: encounter with an HIV care provider, viral load test result, CD4 test result, HIV resistance test or tropism assay, ART prescription, PCP prophylaxis, or MAC prophylaxis.		
d Two elements of outpatient HIV care at least 90 days apart in each 12-month period.		
e ART prescription documented in medical record, persons with no medical record abstraction were considered to have no documentation of ART prescription.		

b. Care Measures by Selected Characteristics

The care measures of Antiretroviral therapy (ART) prescription, ART dose adherence, sustained viral suppression, and geometric mean CD4 count was noted for HIV positive interviewees of the Medical Monitoring Project from Essex and Hudson Counties. Figure 43 shows that the highest percentage of lesbian and gay individuals (68.3%) sustained viral suppression among all transmission risk groups. This group has the highest percentage with a geometric mean CD4 count of 200 copies/ml or more (95.8%).

Figure 43: Care Measures by Transmission Risk, Medical Monitoring Project, Essex and Hudson Counties, New Jersey, 2015-2018



When the race of the interviewees was considered, the lowest percentage of African Americans had sustained viral suppression (48.3%) followed by Hispanics (69.2%). The highest percentage

with the geometric mean CD4 count of 200 copies/ml or higher was found among Whites and Asians (Figure 44).

Figure 44: Care Measures by Race, Medical Monitoring Project, Essex and Hudson Counties, New Jersey, 2015-2018

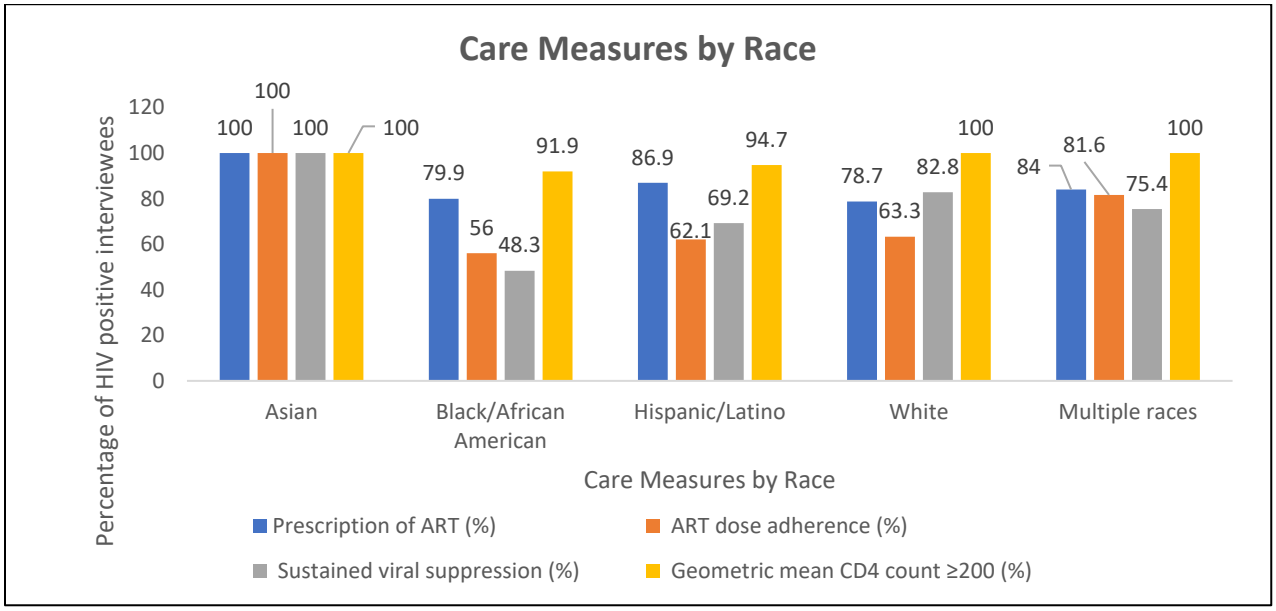


Table 43: Antiretroviral therapy (ART) prescription, ART dose adherence, sustained viral suppression, and geometric mean CD4 count, by subgroups, Medical Monitoring Project, Essex and Hudson Counties, New Jersey, 2015-2018

	Prescription of ART		ART dose adherence[a]		Sustained viral suppression[b]		Geometric mean CD4 count ≥200	
	No.[c]	Row %[d]	No.[c]	Row %[d]	No.[c]	Row %[d]	No.[c]	Row %[d]
Gender								
Male	115	80.2	83	60.8	87	59.6	99	92.6
Female	83	84.4	57	60.3	58	57.7	71	97.1
Transgender[e]	2	59.2	1	28.6	1	40.8	2	100
Sexual orientation								
Lesbian or gay	37	81.4	27	59.0 *	31	68.3	33	95.8
Heterosexual or straight	149	82.5	104	61	108	57.8	130	94.5
Bisexual	11	81.1 *	9	73.8 *	6	49.9	8	93.2
Other	3	63.2	1	13	1	43.5	1	79.1*
Race/Ethnicity								

Asian	1	100	1	100	1	100	1	100
Black/African American/African American	116	79.9	78	56	74	48.3	96	91.9
Hispanic/ Latino[f]	54	86.9	39	62.1	43	69.2	45	94.7
White	16	78.7 *	12	63.3 *	17	82.8 *	18	100
Multiple races	13	84.0 *	11	81.6 *	11	75.4 *	12	100
Age at time of Interview (year)								
18–29	22	81.8 *	17	66.7 *	15	57.6 *	22	100
30–39	29	79.8	20	52.4 *	17	52.9 *	20	85.3
40–49	44	83.5	29	56.8 *	28	47.8 *	36	97.5
≥50	105	81	75	62.4	86	65.2	94	93.9
Total	200	81.5	141	60.3	146	58.7	172	94.2

Abbreviations: CD4, CD4 T-lymphocyte count (cells/μL).

Note. Numbers might not add to total because of missing data.

Excluded are values with a coefficient of variation ≥0.30, "don't know" responses, and skipped (missing) responses. Values with a denominator sample size <30 are marked with an asterisk and should be interpreted with caution.

a In past 30 days, 100% adherence to ART doses.

b All viral load measurements in the 12 months before the interview documented undetectable or <200 copies/mL.

c Numbers are unweighted.

d Percentages are weighted percentages.

e Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.

f Hispanics or Latinos might be of any race. Persons are classified in only 1 race/ethnicity category.

VII. Unmet Need

i. Unmet Need (the percentage of persons living with HIV disease who are not in HIV care) for New Jersey, 2019

Among the 35,708 persons living with HIV in New Jersey, there was an unmet need of 40% in 2019. More males (41%), persons of other/unknown races (44%), injection drug users (49%), and those 65 years of age or greater (44%) were not in any form of HIV care.

ii. Unmet Need for Hudson County, New Jersey, 2019

In 2019, there was an unmet need of 43%. More males (45%), Whites and those persons of other/unknown race (both 47%), injection drug users (54%), and those less than 13 years of age were not in any form of HIV care.

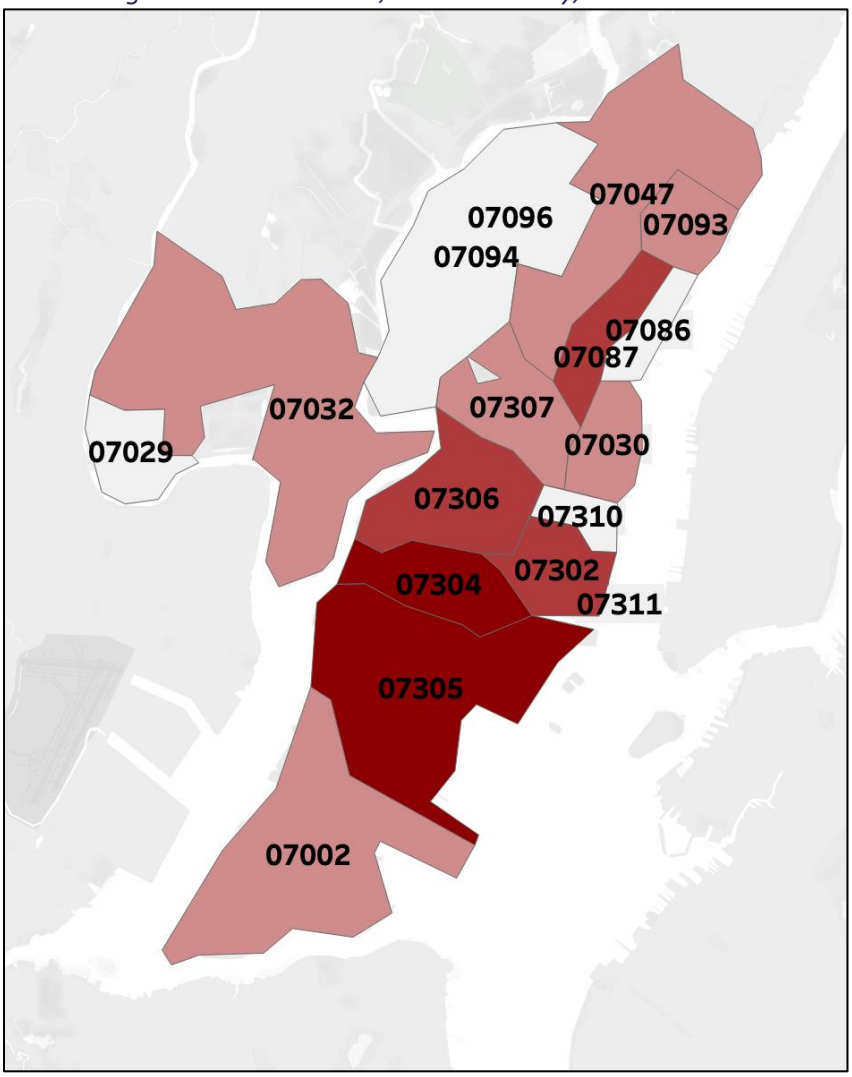
Table 44: Unmet Need by Sex at Birth, Race/Ethnicity, Transmission Category and Age, Hudson County, New Jersey, 2019

	Received Care		Unmet Need		Total	
	N	Row%	N	Row%	N	Row%
Sex at birth						
Female	765	60	504	40	1269	100
Male	2088	55	1678	45	3766	100
Race\Ethnicity						
Hispanic	1304	59	919	41	2223	100
Non-Hispanic Black/African American	945	56	736	44	1681	100
Non-Hispanic White	524	53	457	47	981	100
Other/Unknown	80	53	70	47	150	100
Transmission category						
MSM	1239	59	878	41	2117	100
IDU	251	46	295	54	546	100
MSM/IDU	56	57	43	43	99	100
Hetero sexual contact	932	60	632	40	1564	100
Mother-to-child transmission	35	59	24	41	59	100
Other/Unknown Adult Risk	340	52	310	48	650	100
Age						
<13	†	†	†	†	†	†
13-19	6	67	3	33	9	100
20-24	47	77	14	23	61	100
25-34	339	67	169	33	508	100
35-44	466	55	379	45	845	100
45-54	765	55	623	45	1388	100
55-64	868	57	649	43	1517	100
>=65	361	51	343	49	704	100

In the municipality of Jersey City (07304, 07305) there was an unmet need of 12%-16% among persons living with HIV in 2019. In the municipalities of Jersey City/Union City/North Bergen

(07087), Jersey City (07302), and Jersey City/Bayonne (07306) there was an unmet need of 8%-12% among persons living with HIV. In the municipalities of Bayonne (07002), Hoboken/Jersey City (07030), Kearny/Jersey City/Secaucus/Lyndhurst (07032), North Bergen (07047), West New York (07093), and Jersey City (07307) there was an unmet need of 4%-8% among persons living with HIV (Figure 45).

Figure 45: Unmet Need, Hudson County, 2019



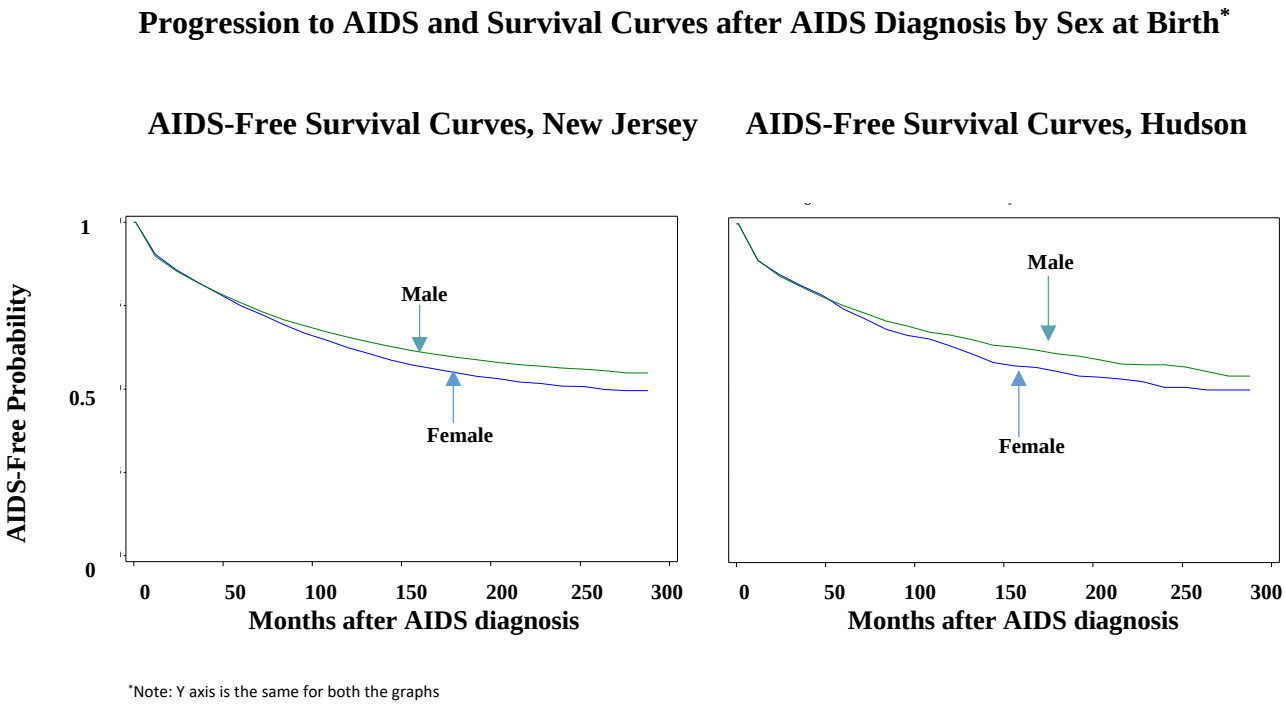
Percent Unmet Need, Hudson County, New Jersey	
0%-4%	
4%-8%	
8%-12%	
12%-16%	

VIII. Survival Analysis

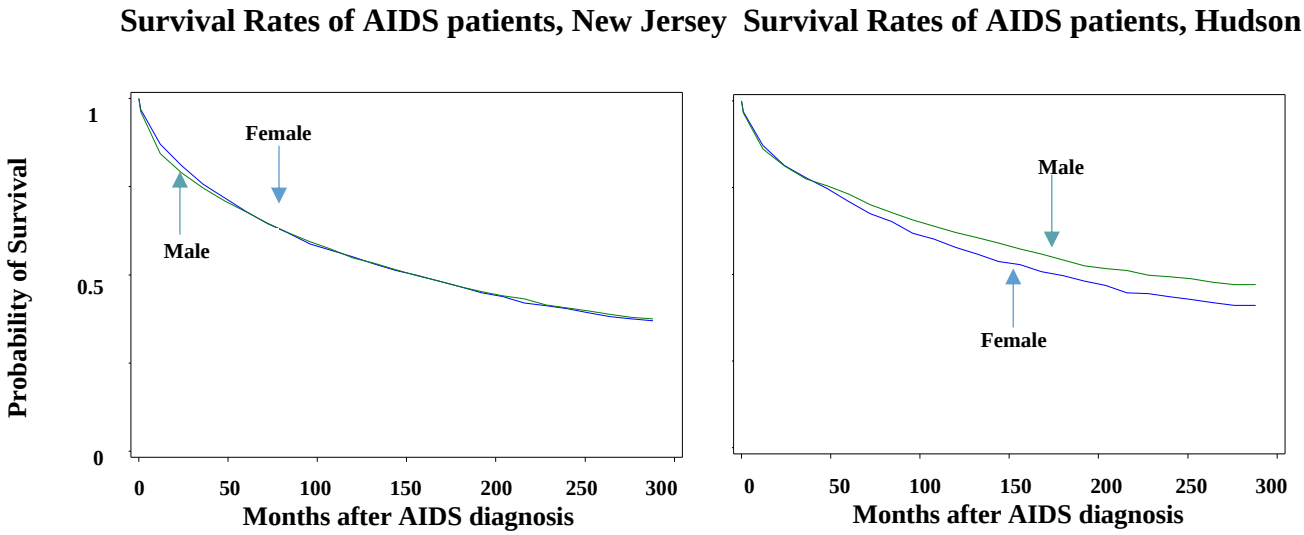
i. Progression from HIV to AIDS and Survival Curves after AIDS Diagnosis by Sex Assigned at Birth, New Jersey and Hudson

The observed differences in progression from HIV to AIDS and on survival after AIDS diagnosis between males and females (Figure 46) are mixed during 1996-2018. Progression from HIV to AIDS has been equal among males and females in the early period in NJ. However as compared to the state, in Hudson county, it has the same progression throughout the time period. Past 5-years males have shown slower progression to AIDS than females in the state but the same is not true for the county. However higher proportion of males than females were diagnosed at AIDS (i.e., their progression to AIDs were included here because they came in as AIDS). Indeed, the observed difference between males and females in progression to AIDS is limited at late times after HIV diagnosis and the curves cross after 5 years of HIV diagnosis. Likewise, survival after AIDS diagnosis was similar, with females enjoying higher survival at early times after diagnosis in the state. Overall, from 1996-2018, the survival among females was higher as compared to males in Hudson county.

*Figure 46: Progression to AIDS and Survival Curves after AIDS Diagnosis by Sex at Birth**



*Note: Y axis is the same for both the graphs



*Note: Y axis is the same for both the graphs

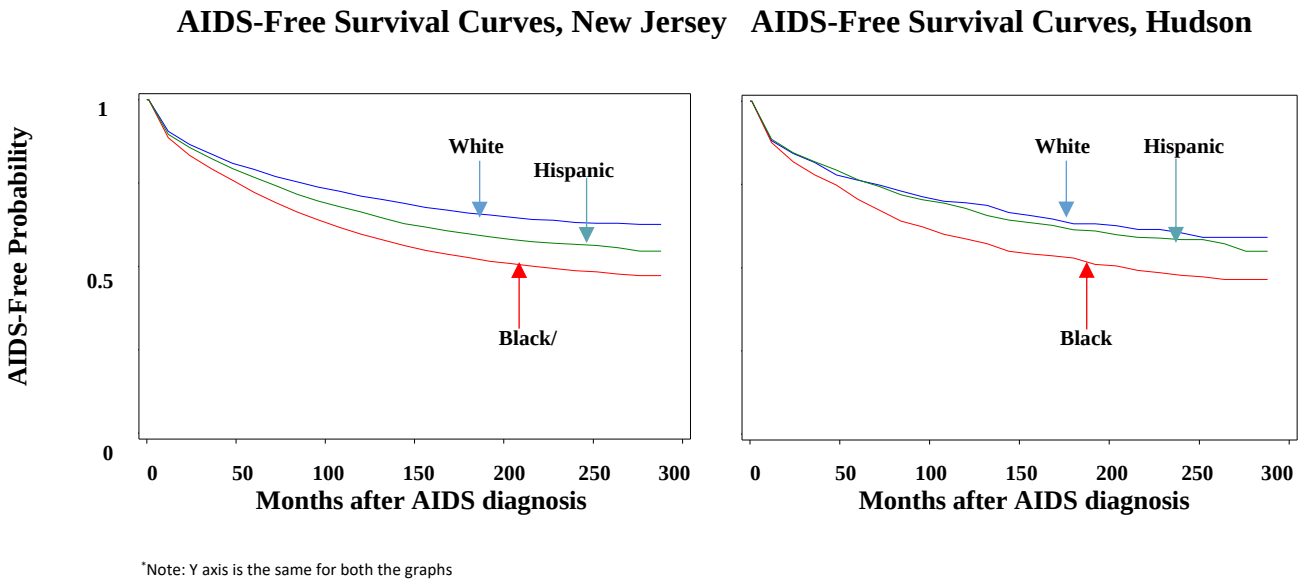
Progression to AIDS and Survival Curves after AIDS Diagnosis	
Female	
Male	

ii. Progression from HIV to AIDS and Survival Curves after AIDS Diagnosis by Race/Ethnicity, New Jersey and Hudson

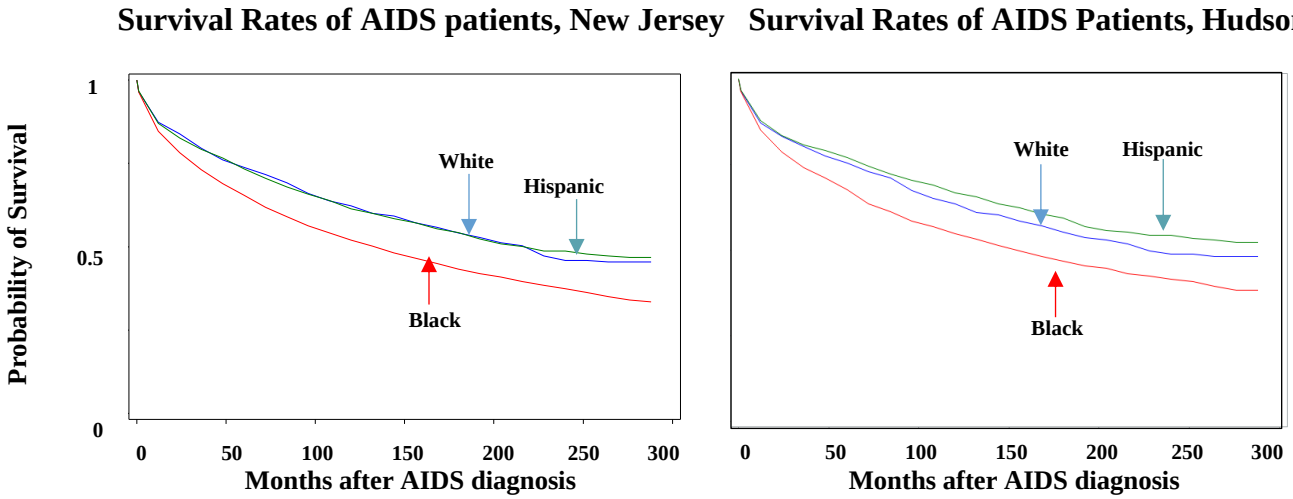
By contrast, ethnic differences in progression to AIDS and on survival from AIDS to death show that Black Non-Hispanics progress to AIDS significantly faster than Hispanics and White Non-Hispanics. Black Non-Hispanics in particular experienced a considerably faster progression from HIV to AIDS and higher mortality after AIDS diagnosis. As compared to the state, Hispanics in the Hudson county shown a higher survival after AIDS diagnosis than non-Hispanic Whites. There has been an improvement of Hispanics over time that maybe related to a higher survival or improvement in reporting mortality for Hispanic (Figure 47). Racial and ethnic differences in survival rates may reflect, at least in part, differences in access to medical care, as documented in the literature.

Figure 47: Progression to AIDS and Survival Curves after AIDS Diagnosis by Race/Ethnicity

Progression to AIDS and Survival Curves after AIDS Diagnosis by Race/Ethnicity*



*Note: Y axis is the same for both the graphs



*Note: Y axis is the same for both the graphs

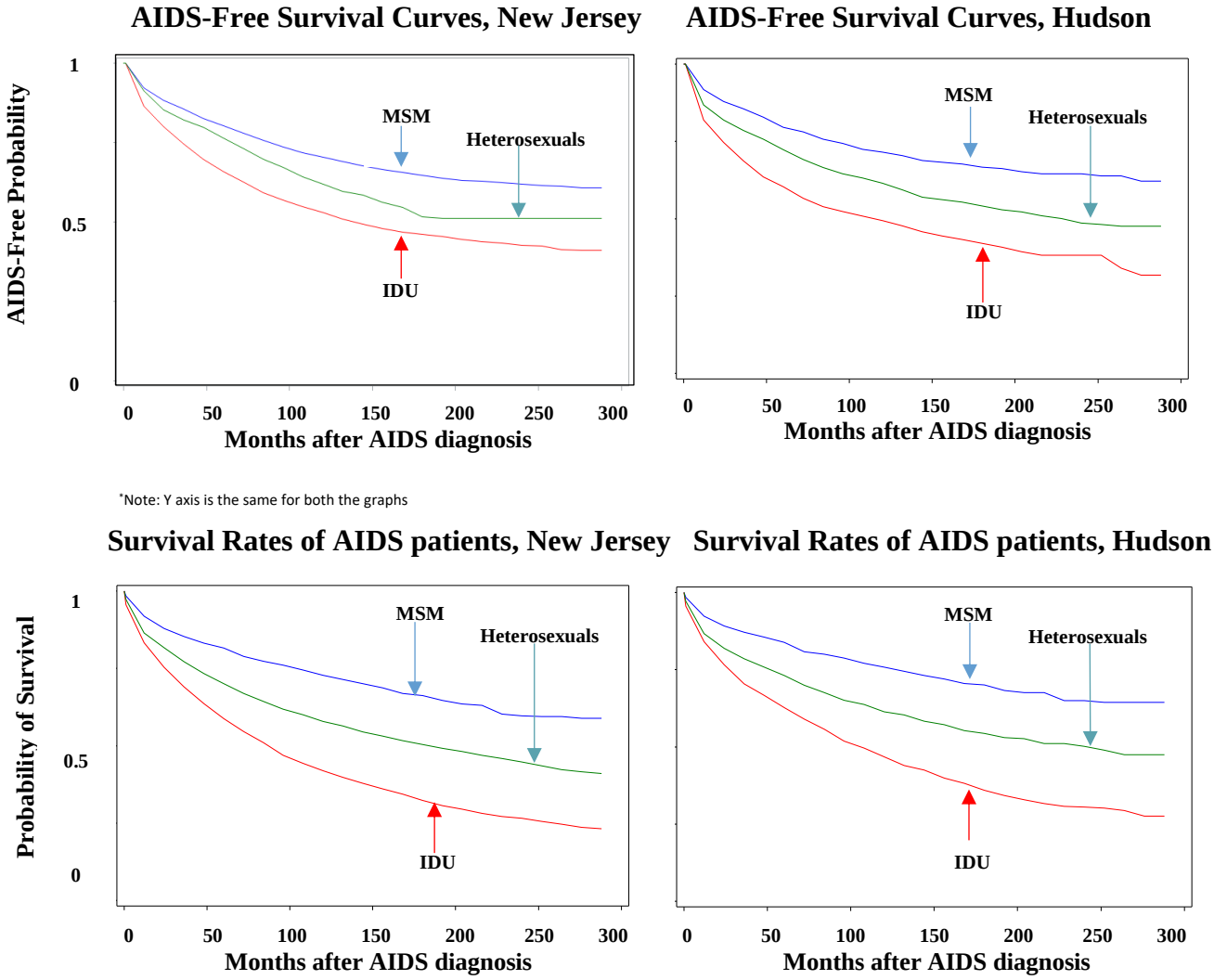
Progression to AIDS and Survival Curves after AIDS Diagnosis	
Non-Hispanic White	
Non-Hispanic Black/African American	
Hispanic	

iii. Progression from HIV to AIDS and Survival Curves after AIDS Diagnosis by Transmission Category, New Jersey and Hudson, 2014-2018

Differences in progression to AIDS and in survival after AIDS diagnosis by major exposure groups show that those whose HIV exposure was injection drug use have experienced significantly faster progression to AIDS and higher mortality after AIDS diagnosis than those whose HIV disease exposure was heterosexual sex or men having sex with men. MSM have shown faster progression to AIDS and higher survival after AIDS diagnosis than heterosexual and IDUs (Figure 48).

Figure 48: Progression to AIDS and Survival Curves After AIDS Diagnosis by Transmission Category

Progression to AIDS and Survival Curves after AIDS Diagnosis by Transmission Category*



*Note: Y axis is the same for both the graphs

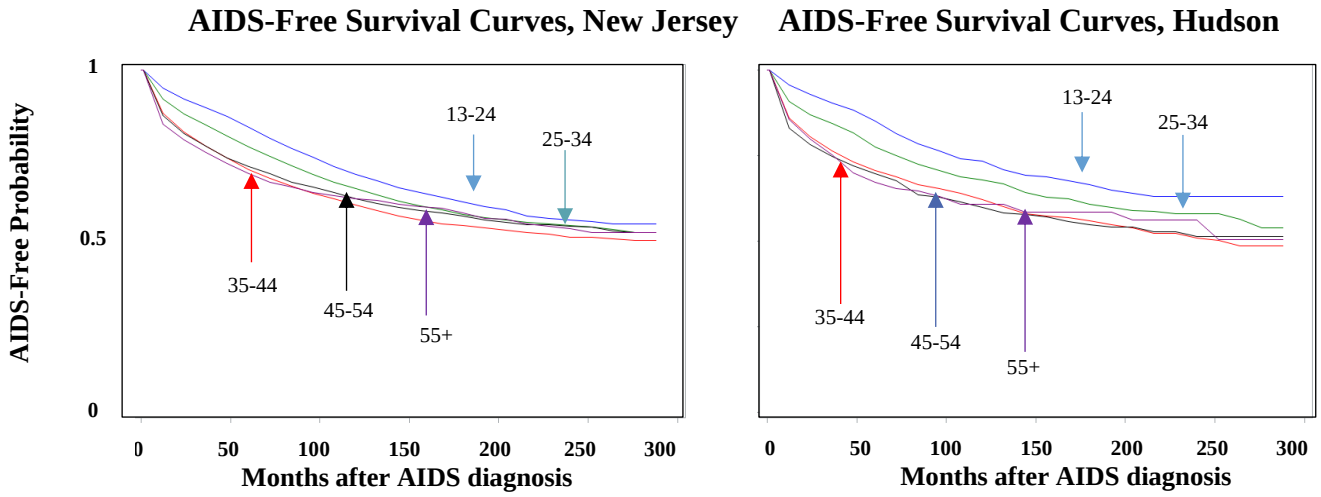
Progression to AIDS and Survival Curves after AIDS Diagnosis	
MSM	
IDU	
Heterosexuals	

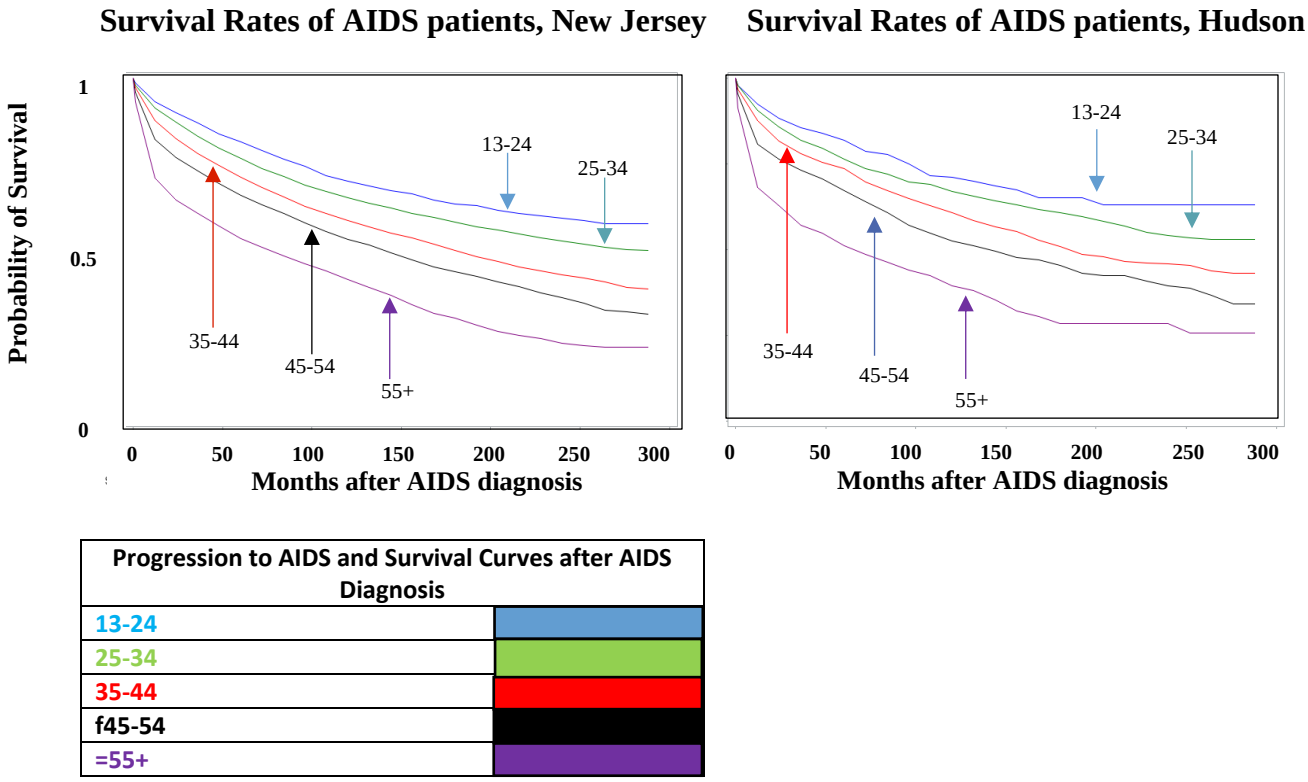
iv. Progression from HIV to AIDS and Survival Curves after AIDS Diagnosis by Age Group, New Jersey and Hudson, 2014-2018

Marked differences in progression to AIDS and in survival after AIDS diagnosis occurred by age at AIDS diagnosis. Progression from HIV to AIDS increases significantly by age and survival after AIDS diagnosis decreases significantly with age. Figure 49 shows that those diagnosed at younger ages of 13-24 consistently show slower progression from HIV to AIDS as compared to other age groups who shared a similar progression in Hudson county. After AIDS diagnoses, the survival was improved among younger age groups as compared to older age groups for both the county and state. AIDS-free curves at older ages fluctuates as the sample at risk attenuates.

Figure 49: Progression to AIDS and Survival Curves after AIDS Diagnosis by Age Category

Progression to AIDS and Survival Curves after AIDS Diagnosis by Age Category*

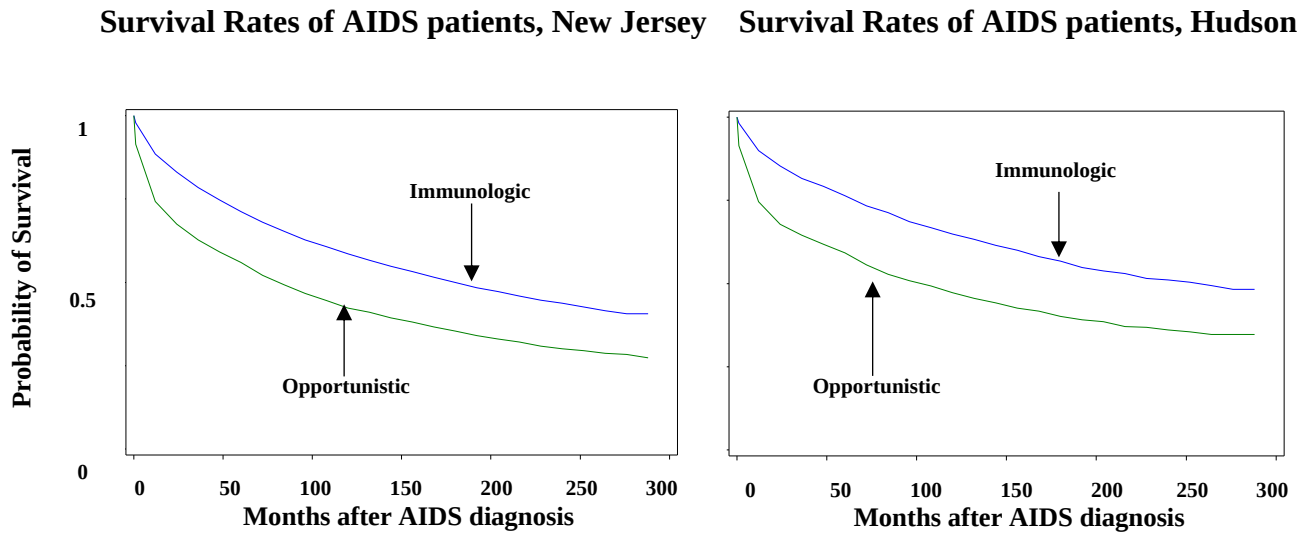




v. Survival estimates by clinical stage, New Jersey and Hudson, 2014-2019

Similarly, marked differences in survival rates after AIDS diagnosis occurred by the clinical stage at diagnoses. Figure 50 shows that those diagnosed with opportunistic infections had a higher mortality rate as compared to those diagnosed with immunologic infections.

Figure 50: Survival Curves by Clinical Stage, 1996-2018



Progression to AIDS and Survival Curves after AIDS Diagnosis	
Immunologic	
Opportunistic	

Section D: EHE Pillar 'Prevent'

I. HIV Testing

i. HIV testing in New Jersey by Year and Demographics, 2017-2019

CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. For those at higher risk, CDC recommends getting tested at least once a year (Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 2020). As of 2017, per the New Jersey Behavioral Health Risk Factor Survey, 49.8% of Hudson County residents had been tested for HIV in their lifetime.

The NJDOH DHSTS funded Counseling and Testing Sites (CTS) make free testing available to clients at 164 locations (as of 2018) in New Jersey, 15 of which are in Hudson County. Of the total 215,511 HIV tests conducted in New Jersey between 2017-2019, 9.1% were in Hudson County.

ii. HIV Testing in Hudson County, New Jersey by Year and Demographics, 2017-2019

Data indicate that the CTS sites in Hudson County conducted 39.1% fewer tests in 2019 (4,900) as compared to 2017 (8,043). Out of the 19,643 clients that were tested in Hudson County between 2017-2019, 51.5% were male, 48.2% were female and .4% belonged to the transgender community. Of the same population, 46.8% were Black/African American/African American, 39% were Hispanic, and 10% were White. For those who received an HIV test, 4.3% were between 13-19 years, 32.7% were between 20-29 years, 26.9% were 30-39, and 18.4% were 40-49 years, 12.9% were 50-59 years and 4.6% were above 60 years old. For identified transmission risk factor of the same group, 8.3% were gay or bisexual men, 57.4% were heterosexuals, 31.6% had unknown or other risk, and 2.6% were persons who inject drugs. The highest percentage of HIV positive tests (1.3%) were conducted in 2019 in the three years for which data are being reported.

Table 45: HIV Testing Numbers among Counseling and Testing sites in Hudson County, New Jersey by Gender, Race/Ethnicity, Transmission Category and Age

HIV testing in Hudson, New Jersey by year						
	2017		2018		2019	
	No. of tests	No. of HIV Positive Tests	No. of tests	No. of HIV Positive Tests	No. of tests	No. of HIV Positive Tests
Gender						
Men	3872	42	3249	51	2998	56
Women	4145	13	3438	18	1877	8
Transgender[aa]	17	1	9		9	1

Transgender[bb]	7		1		11	
Other	2		3		5	
Race						
Hispanic, All races	3368	26	2858	29	1443	18
American Indian/Alaska Native	23		10		10	
Asian	198		210		142	3
Black/African American	3454	24	2937	30	2805	33
Native Hawaiian/Other Pacific Islander	16		14		9	
White	910	5	631	10	427	10
Multiple Race	36	1	18		33	1
Unknown	38		22		31	
Age						
Age<13	2		4		18	
Age 13 to 19	350	1	313	1	187	
Age 20 to 29	2571	15	2098	24	1764	15
Age 30 to 39	2098	19	1794	17	1395	26
Age 40 to 49	1476	8	1349	6	792	9
Age 50 to 59	1117	12	861	15	558	10
Age 60 and over	429	1	281	6	186	5
Transmission						
MSM	690	24	536	19	403	30
IDU	203	6	160	1	151	2
MSM/IDU	11	1	11	4	5	
Hetero sexual contact	4066	13	3472	31	3730	21
Other/Unknown Adult Risk	3073	12	2521.0	14	611	12
Total	8043	56	6700	69	4900	65

Transmission category data presented by sex at birth and include transgender persons.

Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.

Other race category includes >Declined, Don't know, Not asked.

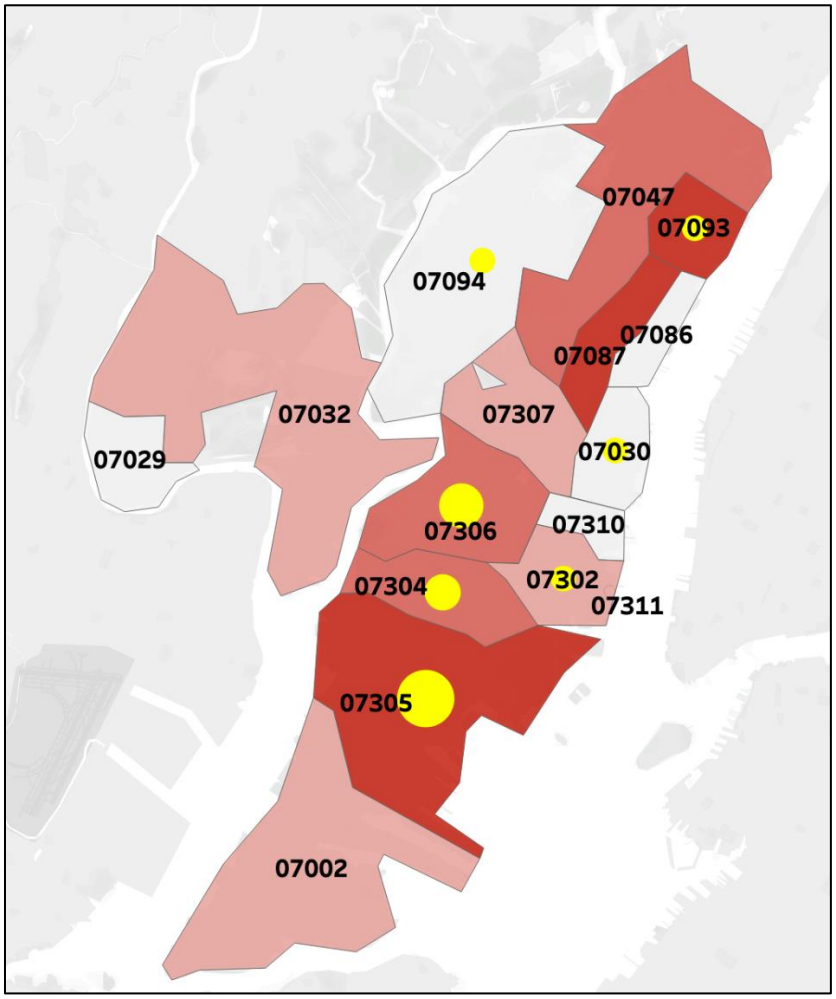
aa "Transgender male-to-female" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender.

bb "Transgender female-to-male" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender.

The map below Figure 51 shows zip codes with the highest percentage of new HIV diagnoses in Hudson County from 2014-2018. The map also displays the location of Counseling and Testing

Sites in Hudson County. The size of the circle indicates the number of testing sites carried out by each Counseling and Testing Site. The larger the size of the circle, the greater number of sites in that location.

Figure 51: Percentage of Newly Diagnosed HIV Cases by Zip Code with number of NJDOH Counseling Testing Sites, Hudson County, New Jersey, 2014-2018



Percentage of newly diagnosed cases by testing sites, Hudson County, New Jersey	
0%-4%	
4%-8%	
8%-12%	
12%-16%	
Testing sites	

II. Pre-Exposure Prophylaxis (PrEP)

PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use (Centers for Disease Control and Prevention, 2020). In June 2019

the U.S. Preventive Services Task Force (USPSTF) issued a Grade A recommendation for providers to offer PrEP to people at high risk for HIV. With this recommendation, beginning in January 2021, patients with private insurance plans subject to preventive service requirements or health coverage through Medicaid Expansion can receive first-dollar coverage (no cost-sharing) for their PrEP medication (U.S. Department of Health and Human Services, 2020).

Per CDC ATLAS data, which uses national pharmacy data from the IQVIA Real World Data-Longitudinal Prescriptions database to classify persons aged ≥16 years who have been prescribed PrEP in the specific year (Centers for Disease Control and Prevention, 2020), in 2018 869 individuals were prescribed PrEP in Hudson County. Of those prescribed 67 individuals belonged to the 13-24 age group, 362 individuals were from the 25-34 age group, 244 were from the 35-44 age group, 131 were 45-54 years and 64 in the 55+ age group.

In New Jersey, PrEP is available through New Jersey Department of Health funded programs to clients who cannot afford the medication. The New Jersey programs saw a total of 2249 new and re-activated clients between 2017-2019. In the same period, 228 clients were served in Hudson County, which is approximately 10.13 % of the funded sites' clientele.

Table 46: Pre-Exposure Prophylaxis in New Jersey by Year, 2017-2019

Pre-Exposure Prophylaxis in New Jersey by year						
	2017		2018		2019	
	N	%	N	%	N	%
Gender						
Men	351	82.4	699	80.3	821	86.1
Women	68	16.0	160	18.4	110	11.5
Transgender[aa]	6	1.4	9	1.0	18	1.9
Transgender[bb]	1	0.2	2	0.2	3	0.3
Other	0	0.0	0	0.0	1	0.1
Total	**426**	**100.0**	**870**	**100.0**	**953**	**100.0**
Race						
Hispanic	203	47.7	353	40.6	454	47.6
Black/African American	124	29.1	264	30.3	229	24.0
White	75	17.6	190	21.8	204	21.4
American Indian/Alaskan Native	1	0.2	6	0.7	2	0.2
Asian	18	4.2	35	4.0	46	4.8
Multiracial	2	0.5	10	1.1	2	0.2

Native Hawaiian/Other Pacific Islander	0	0.0	1	0.1	1	0.1
Other Race	1	0.2	6	0.7	7	0.7
Don't Know or Refused	1	0.2	3	0.3	6	0.6
Unknown	1	0.2	2	0.2	2	0.2
Total	**426**	**100**	**870**	**100**	**953**	**100**
Age						
<13	2	0.5	1	0.1	0	0.0
13-19	10	2.3	42	4.8	54	5.7
20-24	80	18.8	161	18.5	189	19.8
25-34	185	43.4	364	41.8	399	41.9
35-44	85	20.0	156	17.9	183	19.2
45-54	44	10.3	110	12.6	79	8.3
55-64	14	3.3	34	3.9	41	4.3
65>	6	1.4	2	0.2	8	0.8
Total	**426**	**100**	**870**	**100**	**953**	**100**
Transmission						
MSM	328	83.0	639	80.7	758	85.0
High risk women	61	15.4	139	17.6	111	12.4
IDU	1	0.3	3	0.4	7	0.8
Transgender	5	1.3	11	1.4	16	1.8
Total	**395**	**100**	**792**	**100**	**892**	**100**

Transmission category data presented by sex at birth and include transgender persons.

Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.

Other race category includes >Declined, Don't know, Not asked.

aa "Transgender male-to-female" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender.

bb "Transgender female-to-male" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender.

Of the 228 clients to receive a PrEP prescription between 2017-2019, 90.8% were male, 5.3% were female and 3.9% were of the transgender community. Of the same population, 42.1% were Hispanic, 20.2% were Black/African American, 24.1% were White, and 9.2% were Asian. For those who received a PrEP prescription, 5.3% were between 13-19, 20.6% were between the ages of 20-24, 48.7% were 25-34, 17.1% were 35-44, and 7.9% were 45-54. For identified transmission risk factor of the same group, 93.3% were gay or bisexual men, 4% were women at high risk, and 2.7% were of the transgender community. Data for injection drug users was suppressed.

Table 47: Pre-Exposure Prophylaxis in Hudson County by Year, 2017-2019

Pre-Exposure Prophylaxis in Hudson County, New Jersey by year						
	2017		2018		2019	
	N	%	N	%	N	%
Gender						
Men	37	84.1	68	91.9	102	92.7
Women	5	11.4	4	5.4	3	2.7
Transgender[aa]	1	2.3	2	2.7	5	4.5
Transgender[bb]	1	2.3	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0
Total	**44**	**100.0**	**74**	**100.0**	**110**	**100.0**
Race						
Hispanic	19	43.2	26	35.1	51	46.4
Black/African American/African American	13	29.5	16	21.6	17	15.5
White	10	22.7	16	21.6	29	26.4
American Indian/Alaskan Native	0	0.0	0	0.0	0	0.0
Asian	2	4.5	10	13.5	9	8.2
Multiracial	0	0.0	0	0.0	0	0.0
Native Hawaiian/Other Pacific Islander	0	0.0	0	0.0	0	0.0
Other Race	0	0.0	5	6.8	4	3.6
Don't Know or Refused	0	0.0	1	1.4	0	0.0
Unknown	0	0.0	0	0.0	0	0.0
Total	**44**	**100**	**74**	**100**	**110**	**100**
Age						
<13	0	0.0	0	0.0	0	0.0
13-19	2	4.5	3	4.1	7	6.4
20-24	9	20.5	15	20.3	23	20.9
25-34	18	40.9	32	43.2	61	55.5
35-44	10	22.7	12	16.2	17	15.5
45-54	5	11.4	11	14.9	2	1.8
55-64	0	0.0	0	0.0	0	0.0

65>	0	0.0	1	1.4	0	0.0
Total	**44**	**100**	**74**	**100**	**110**	**100**
Transmission						
MSM	37	88.1	70	95.9	101	93.5
High risk women	5	11.9	2	2.7	2	1.9
IDU	0	0.0	0	0.0	0	0.0
Transgender	0	0.0	1	1.4	5	4.6
Total	**42**	**100**	**73**	**100**	**108**	**100**

Transmission category data presented by sex at birth and include transgender persons.
Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.
Other race category includes >Declined, Don't know, Not asked.
aa "Transgender male-to-female" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender.
bb "Transgender female-to-male" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender.

III. Safe Syringe Access

Harm Reduction Programs/ Syringe Access Programs are community-based programs that offer a safe, non- stigmatizing space for people who inject drugs (PWID) to access sterile syringes, needles, and other injection equipment, and facilitate safe disposal of used needles and syringes. Some HRCs are housed in Drop-In Centers that provide clients with access to food, telephone, laundry services, restrooms, showers, and computer services. HRC services include Trauma-Informed Harm Reduction Education sessions and prevention supplies such as syringes, needles, tourniquets, band aids, alcohol wipes, sharp containers, cotton, cookers, antiseptic ointments, and hygiene/dignity kits. In addition to these, HRCs also include safe disposal of injection equipment; risk reduction education for HIV and viral hepatitis; education on safer sex and safer injection practices; overdose prevention education and access to Naloxone and fentanyl test strips. Referrals and linkages to drug treatment, medical care, and social and mental health services and counseling and education on PrEP/nPEP are also available.

Harm Reduction Center Hyacinth AIDS Foundation, Jersey City is located in Hudson County. Of the 428 Hudson participants that accessed the Hudson Center's services between 2017-2019, 41.1% were White, 28.7% were Hispanic, and 12.1% were Black/African American. Of the same group, 72.5% were male and 27.2% were female. 86.6% were between 25-54 years.

Table 48: Harm Reduction Centers by Demographics in Hudson, New Jersey, 2017-2019

Harm Reduction Centers, Hudson, New Jersey, 2017-2019				
	Hudson County		New Jersey	
Sex at Birth	N	%	N	%
Males	221	72.5	2553	67.1
Females	83	27.2	1170	30.8
Transgender[aa]	0	0.0	11	0.3
Transgender[bb]	0	0.0	12	0.3
Transgender	1	0.3	2	0.1

Missing	0	0.0	55	1.4
Total	305	100	3803	100
Age at Diagnosis:				
<13	0	0.0	0	0.0
13-19	2	0.7	35	0.9
20-24	14	4.6	294	7.7
25-34	85	27.9	1360	35.8
35-44	101	33.1	934	24.6
45-54	78	25.6	773	20.3
55-64	25	8.2	306	8.0
65>	0	0.0	44	1.2
Missing	0	0.0	57	1.5
Total	305	100	3803	100
Race /Ethnicity:				
Hispanic	123	28.7	548	12.6
American Indian/Alaska Native	1	0.2	18	0.4
Asian	1	0.2	17	0.4
Black/African American	52	12.1	697	16.0
Native Hawaiian/Other Pacific Islander	0	0.0	11	0.3
White	176	41.1	2359	54.2
Multiple Race	1	0.2	83	1.9
Unknown	67	15.7	287	6.6
Other	7	1.6	275	6.3
Missing	0	0.0	56	1.3
Total	428	100.0	4351	100

Transmission category data presented by sex at birth and include transgender persons.
Other/unknown- transmission category includes hemophilia, blood transfusion, perinatal, and risk not reported or not identified.
Other race category includes >Declined, Don't know, Not asked.
aa "Transgender male-to-female" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender.
bb "Transgender female-to-male" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender.

In 2018, the harm reduction center based in Jersey City had 101 newly enrolled participants, 342 unduplicated participants accessed the site with 113,248syringes dispensed. There were 1,481 total syringe exchanges and 72,107 syringes returned, totaling a syringe return rate of 64%. Of the clients who accessed services, 28 were referred to drug treatment and four were admitted for drug treatment, totaling a treatment admission rate of 14%.

IV. Access to Reproductive Care and HIV Services (ARCH)

The Access to Reproductive Care and HIV Services (ARCH) is a comprehensive initiative that embeds a licensed registered nurse at each of the seven Syringe Access Programs (SAP) located in Asbury Park, Atlantic City, Camden, Jersey City, Newark, Paterson and Trenton. The integration of ARCH with the SAPs optimizes outreach to injection drug users (IDUs) who otherwise may not seek healthcare and are at high risk for infection. The ARCH program utilizes nurses to enhance the services of SAPs and Local Health Departments by offering basic health and health education services. While serving all genders, the program maintains a disease prevention focus on women at risk for HIV and Hepatitis C (HCV) employing disease prevention interventions and identifying women who are HIV/HCV-infected and/or pregnant, referring them to prenatal and HIV/HCV care.

Table 49: Access to Reproductive Care and HIV Services, 2017-2019

Demographics	2017				2018				2019			
	New Jersey		Hudson		New Jersey		Hudson		New Jersey		Hudson*	
	N	%	N	%	N	%	N	%	N	%	N	%
Age (years)												
<13	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00		
13-19	19	3.92	3	2.86	73	5.40	1	5.26	121	4.40		
20-24	75	15.46	20	19.05	167	12.36	1	5.26	360	13.10		
25-34	162	33.40	24	22.86	388	28.72	7	36.84	834	30.35		
35-44	93	19.18	23	21.90	256	18.95	5	26.32	500	18.20		
45-54	73	15.05	20	19.05	231	17.10	4	21.05	407	14.81		
55-64	45	9.28	5	4.76	174	12.88	1	5.26	374	13.61		
65>	9	1.86	1	0.95	62	4.59	0	0.00	152	5.53		
Missing	9	1.86	9	8.57	0	0.00	0	0.00	0	0.00		
Total	**485**	**100**	**105**	**100.00**	**1351**	**100**	**19**	**100.00**	**2748**	**100**		
Gender												
Male	300	61.86	57	54.29	760	56.25	10	52.63	1562	56.84		
Female	183	37.73	48	45.71	590	43.67	9	47.37	1175	42.76		
Transgender	2	0.41	0	0.00	1	0.07	0	0.00	11	0.40		
Total	**485**	**100**	**105**	**100.00**	**1351**	**100**	**19**	**100.00**	**2748**	**100**		
Race/Ethnicity												
American Indian/ Alaskan Native	3	0.62	0	0.00	2	0.15	0	0.00	3	0.11		
Asian	16	3.30	8	7.62	23	1.70	1	5.26	68	2.47		
Biracial	7	1.44	1	0.95	27	2.00	1	5.26	34	1.24		
Black/African American/African American	194	40.00	45	42.86	410	30.35	6	31.58	761	27.69		

Native American/Other Pacific Islander	2	0.41	1	0.95	1	0.07	0	0.00	5	0.18		
White	155	31.96	27	25.71	641	47.45	2	10.53	1302	47.38		
Other	2	0.41	0	0.00	9	0.67	1	5.26	17	0.62		
Don't Know or Refused	4	0.82	2	1.90	4	0.30	0	0.00	19	0.69		
Hispanic Ethnicity	102	21.03	21	20.00	234	17.32	8	42.11	539	19.61		
Total	**485**	**100**	**105**	**100.00**	**1351**	**100**	**19**	**100.00**	**2748**	**100**		
Transmission Category												
High Risk Sexual Activities	291	57.17	44	41.90	798	56.36	15	78.95	1813	61.17		
Injection Drug User	186	36.54	10	9.52	345	24.36	1	5.26	518	17.48		
Needle Sharing Partner of IDU	53	10.41	0	0.00	157	11.09	0	0.00	136	4.59		
Sexual Partner of IDU	72	14.15	1	0.95	175	12.36	0	0.00	243	8.20		
Tests												
HIV	325	63.85	80	76.19	563	39.76	17	89.47	1015	34.24		
HIV +	3	0.59	1	0.95	3	0.21	0	0.00	5	0.17		
Hepatitis C	202	39.69	78	74.29	305	21.54	17	89.47	769	25.94		
Hepatitis C +	34	6.68	10	9.52	39	2.75	0	0.00	69	2.33		
Hepatitis B	3	0.59	0	0.00	13	0.92	0	0.00	68	2.29		
Hepatitis B+	0	0.00	0	0.00	2	0.14	0	0.00	8	0.27		
Gonorrhea	296	58.15	80	76.19	692	48.87	13	68.42	1405	47.40		
Gonorrhea +	2	0.39	1	0.95	29	2.05	0	0.00	82	2.77		
Chlamydia	291	57.17	80	76.19	672	47.46	10	52.63	1406	47.44		
Chlamydia +	1	0.20	0	0.00	72	5.08	0	0.00	152	5.13		
Syphilis	88	17.29	80	76.19	253	17.87	15	78.95	908	30.63		
Syphilis +	4	0.79	3	2.86	7	0.49	0	0.00	52	1.75		
Trichomoniasis	1	0.20	1	0.95	192	13.56	0	0.00	458	15.45		
Trichomoniasis +	0	0.00	0	0.00	23	1.62	0	0.00	42	1.42		
TB	4	0.79	4	3.81	4	0.28	0	0.00	166	5.60		
TB+	0	0.00	0	0.00	0	0.00	0	0.00	5	0.17		
Pregnancy	41	8.06	0	0.00	75	5.30	0	0.00	139	4.69		
Pregnancy +	10	1.96	0	0.00	1	0.07	0	0.00	15	0.51		

* Data are currently unavailable

V. Intersecting Risks and Populations: HIV, STDs, TB and Hepatitis C in New Jersey and Hudson County

i. Sexually Transmitted Diseases and Co-infection with HIV

STDs and HIV tend to be linked in many ways. The risk factors for STDs and HIV are similar, and a substantial proportion of new HIV infections among men who have sex with other men are attributable to STDs. Research indicates that STD clinics diagnose more new HIV cases than any other healthcare setting, so they are uniquely positioned to help people at high risk prevent HIV or people with HIV stay healthy (National Center of HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2020).

a. Sexually transmitted disease testing during the 12 months before the interview, by sexual activity, 2015-2018

Among the Essex and Hudson HIV positive interviewees of the New Jersey MMP Project who had been sexually active in the last 12 months, 63.8% had not received a gonorrhea test, 63.2% had not received a chlamydia test, and 53.4% had no syphilis test on record for the last year.

Table 50: Sexually transmitted disease testing during the 12 months before the interview, by sexual activity, Medical Monitoring Project, Essex and Hudson Counties, New Jersey, 2015-2018

	Total population		Sexually active[a] persons only	
	No.[b]	%[c]	No.[b]	%[c]
Gonorrhea				
Yes, received test	92	40.6	46	36.2
No test documented	123	59.4	72	63.8
Chlamydia				
Yes, received test	93	40.9	47	36.8
No test documented	122	59.1	71	63.2
Syphilis				
Yes, received test	118	52.1	59	46.6
No test documented	97	47.9	59	53.4
Gonorrhea, chlamydia, and syphilis				
Yes, received all 3 tests	79	34.7	40	31.6
Fewer than 3 tests documented	136	65.3	78	68.4
Total	240	100	133	100

a Sexual activity was reported in the interview component of the Medical Monitoring Project and was defined as anal or vaginal intercourse.

b Numbers are unweighted.

c Percentages are weighted percentages.

d Testing for Neisseria gonorrhoeae was defined as documentation of a result from culture, gram stain, EIA, NAAT, or nucleic acid probe.

e Chlamydia trachomatis testing was defined as a result from culture, DFA, EIA or ELISA, NAAT, or nucleic acid probe.

f Syphilis testing was defined as a result from nontreponemal syphilis tests (RPR or VDRL), treponemal syphilis tests (TPHA, TP-PA, MHA-TP, or FTA-ABS tests), or dark-field microscopy.
Note. Information on laboratory testing for sexually transmitted diseases was based on medical record abstraction.
Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

b. Number of Sex Partners by Partnership Gender Type among Sexually Active Persons Living with HIV in Essex and Hudson Counties, 2015-2018

Persons with HIV that had engaged in sexual behavior during the 12 months reported a median of 1-2 sexual partners in the past 12 months. MSM participants in Essex and Hudson's MMP project a higher mean number of sex partners, with the reported range at 1 to 3 partners for heterosexual females and 1 to 40 partners for MSM.

Table 51: Number of Sex Partners by Partnership Gender Type among Sexually Active HIV+ Persons in Essex and Hudson Counties, 2015-2018

Partnership Type	N	Median	Mean	Interquartile Range
Male w/ Female	44	1	2	1-10
Male w/ Male	33	2	5	1-40
Female w/ Male	48	1	1	1-3

c. Incidence Rate of Sexually Transmitted Infections in New Jersey, Hudson County, 2019

In New Jersey, the incidence rate of chlamydia infections was 4,413.8 per 100,000. In Hudson County, the rate of chlamydia infections was nearly one eighth (510.4/100,000) that of New Jersey's. The rates of gonorrhea and early syphilis infections in Hudson County were 1.3 and 2.3 times, respectively, that of the rates in New Jersey (142.9/100,000 compared to 111.7/100,000 and 37.3/100,000 compared to 16.5/100,000, respectively).

Table 52: Incidence of Sexually Transmitted Infections in New Jersey, Hudson County, 2019

Incidence of Sexually Transmitted Infections, New Jersey/Hudson County, 2019*		
Sexually Transmitted Infections	New Jersey	Hudson County
Chlamydia	4,413.8	510.4
Gonorrhea	111.7	142.9
Early Syphilis	16.5	37.3
*Incidence per 100,000 population		
**Early Syphilis: primary, secondary, and non-primary syphilis cases		

d. Percentage of Co-Infection with HIV and STDs, New Jersey and Hudson County, 2019

In 2019, 2% of sexually transmitted diseases were co-infected with HIV in New Jersey. In Hudson County, 4.8% of sexually transmitted diseases were co-infected with HIV.

Table 53: Percentage Co-Infection for HIV and STD

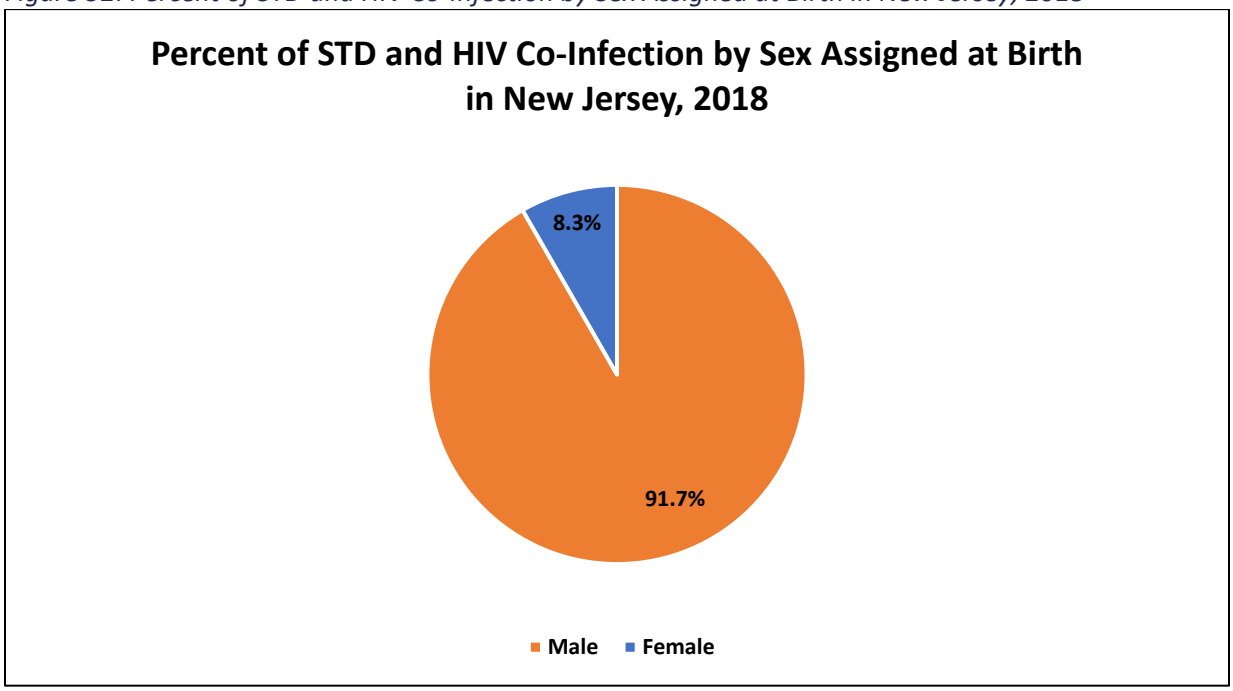
2019 Sexually Transmitted Infections Co-Infected with HIV		
	New Jersey	Hudson County

Percent of Co-Infection with HIV	2%	4.8%

e. STD and HIV Co-Infection in New Jersey, 2018

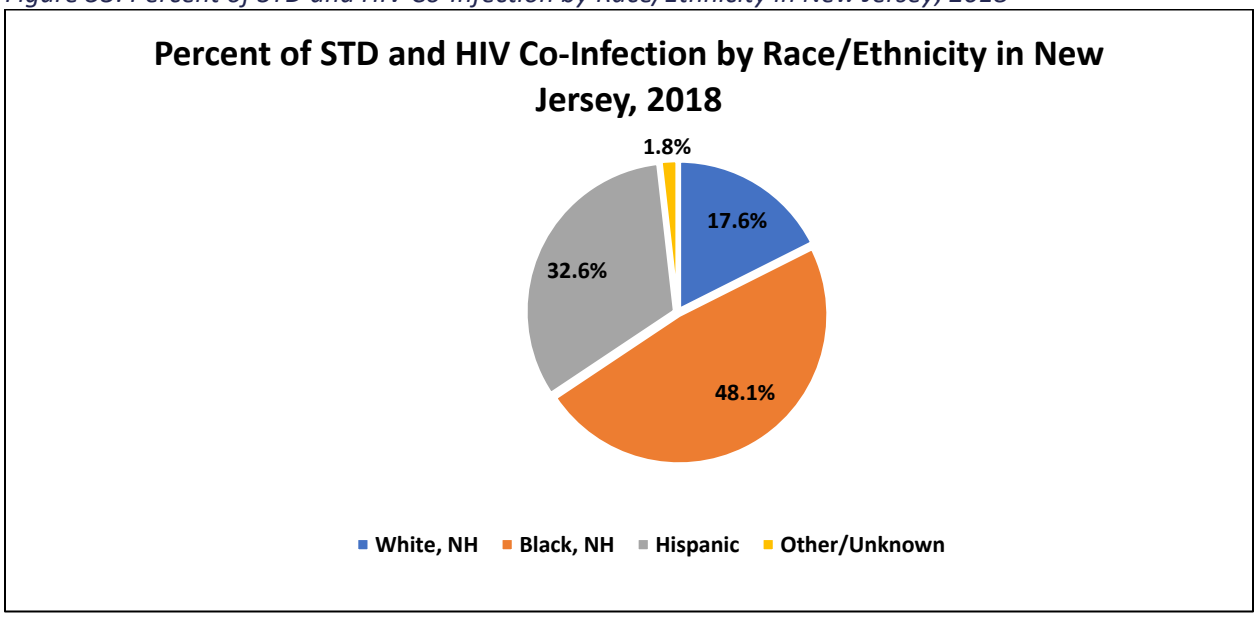
In 2018, 1,111 cases of STD with HIV co-infection were reported in New Jersey. STD and HIV co-infection was more prevalent among males (91.7%) compared to females (8.3%) (Figure 52).

Figure 52: Percent of STD and HIV Co-Infection by Sex Assigned at Birth in New Jersey, 2018



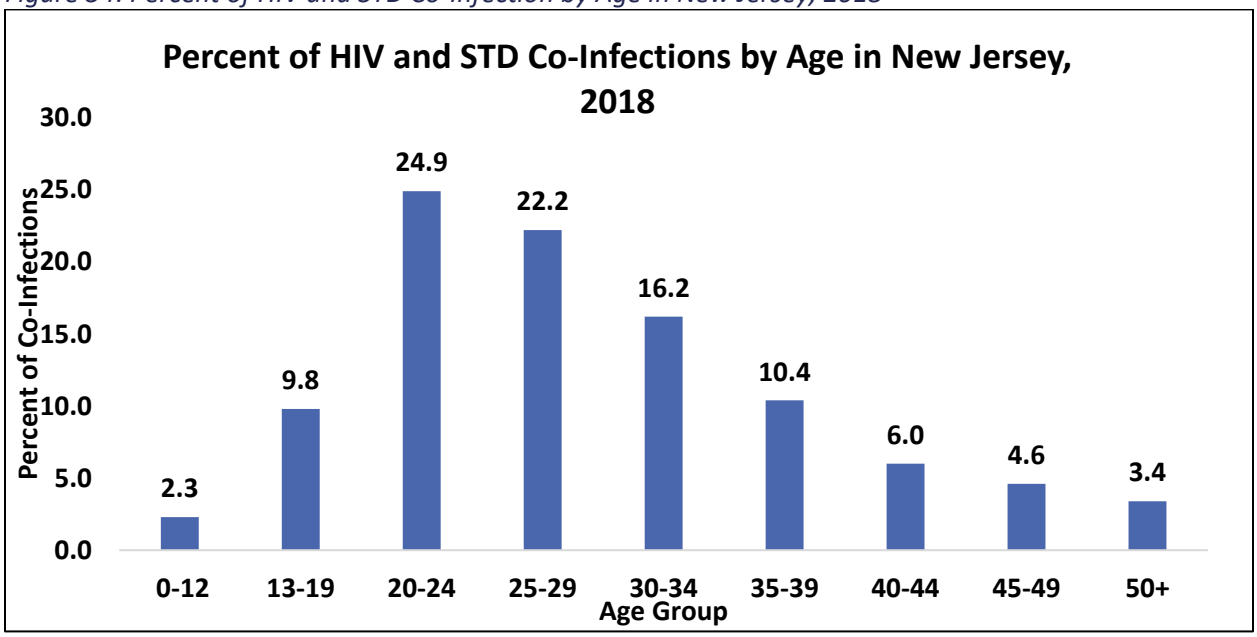
More non-Hispanic Black/African American (48.1%) and Hispanic (32.6%) co-infection cases were identified when compared to non-Hispanic White (17.6%) cases (Figure 53).

Figure 53: Percent of STD and HIV Co-Infection by Race/Ethnicity in New Jersey, 2018



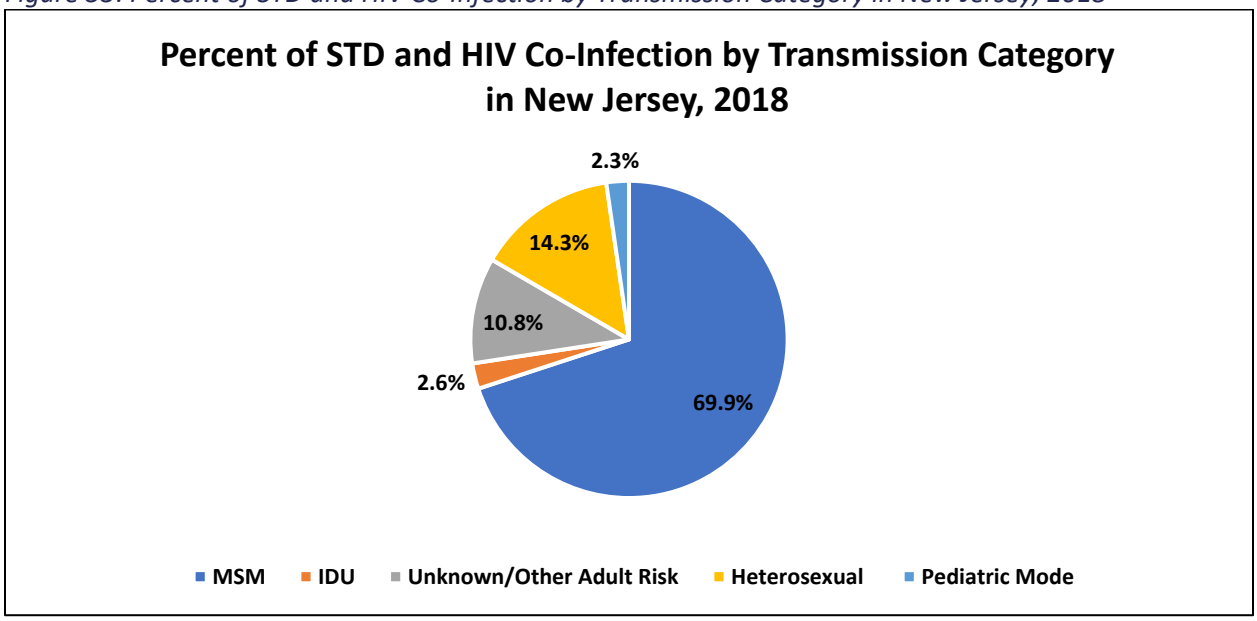
Almost half (47.1%) of co-infection cases were observed for those aged 20-29 years (Figure 54).

Figure 54: Percent of HIV and STD Co-Infection by Age in New Jersey, 2018



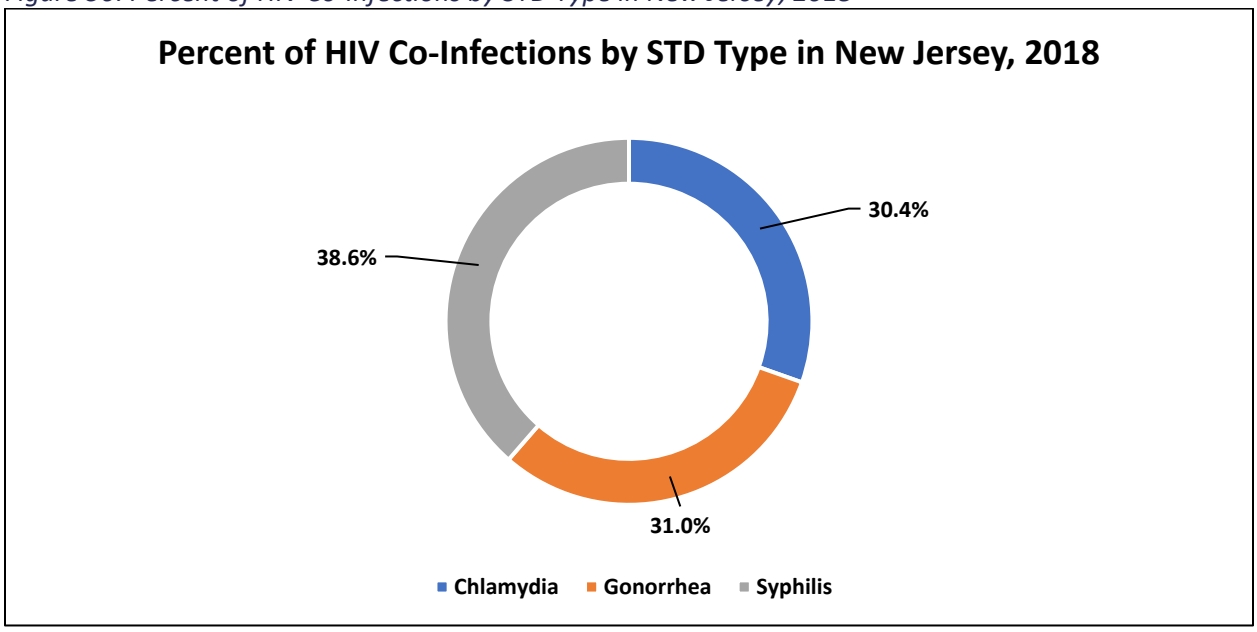
By HIV exposure, those who identified as MSM had a higher co-infection proportion (69.9%) when compared to other exposure categories (Figure 55).

Figure 55: Percent of STD and HIV Co-Infection by Transmission Category in New Jersey, 2018



Thirty-nine percent of co-infected individuals reported an episode of syphilis. Gonorrhea was the second most reported at 31% and chlamydia at 30.4% (Figure 56).

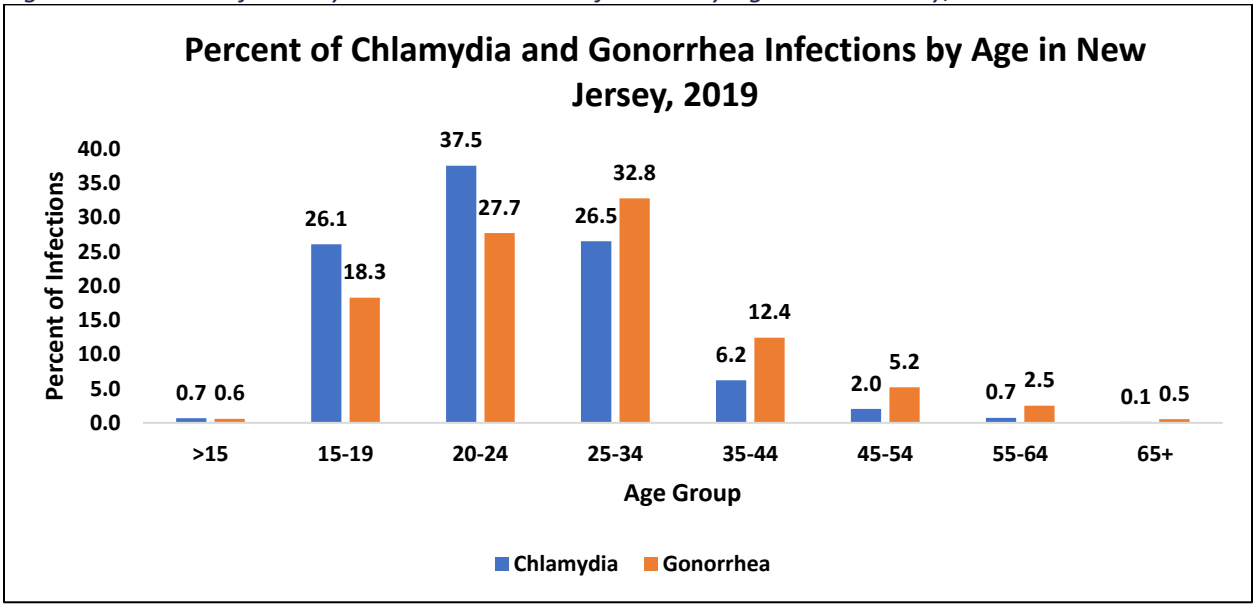
Figure 56: Percent of HIV Co-Infections by STD Type in New Jersey, 2018



In 2019, more chlamydia infections (76%) were reported compared to gonorrhea (19.8%), primary syphilis (0.5%), secondary syphilis (0.8%), early latent syphilis (1.7%), and late latent

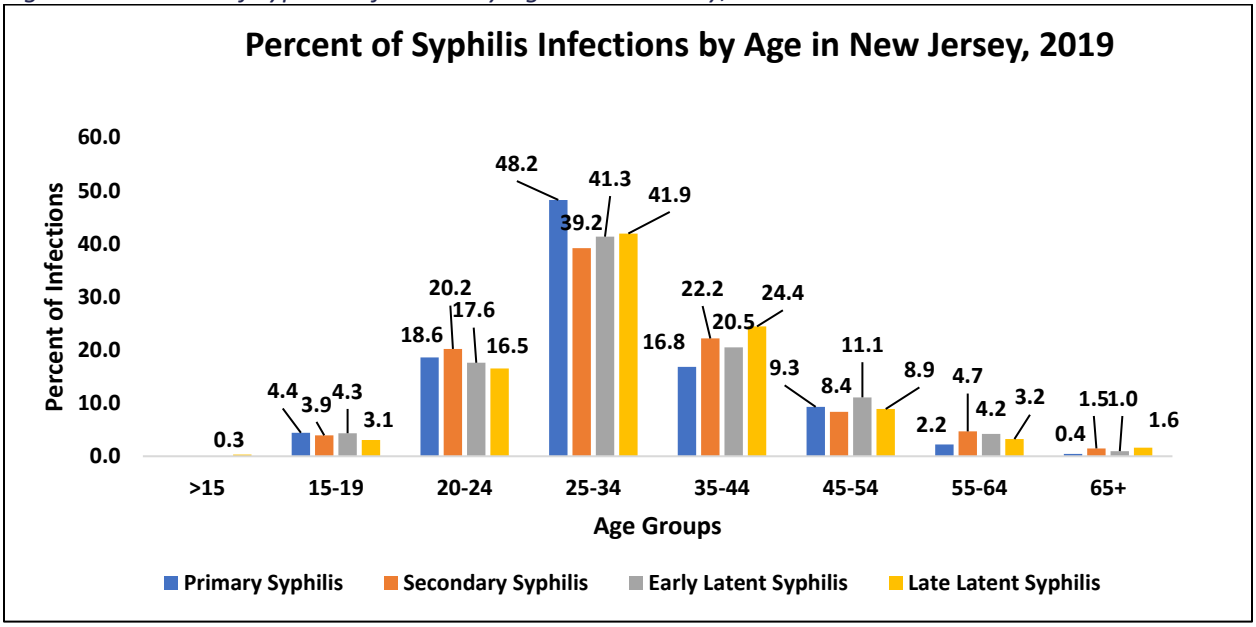
syphilis (1.2%) infections in New Jersey. Chlamydia was more prevalent among those aged 20-24 years (37.5%) compared to other age groups (Figure 57).

Figure 57: Percent of Chlamydia and Gonorrhea Infections by Age in New Jersey, 2019



Of those aged 25-34 years, gonorrhea (32.8%), primary syphilis (48.2%), secondary syphilis (39.2%), early latent syphilis (41.3%), and late latent syphilis (41.9%) were more prevalent when compared to other age groups (Figures 57 and 58).

Figure 58: Percent of Syphilis Infections by Age in New Jersey, 2019

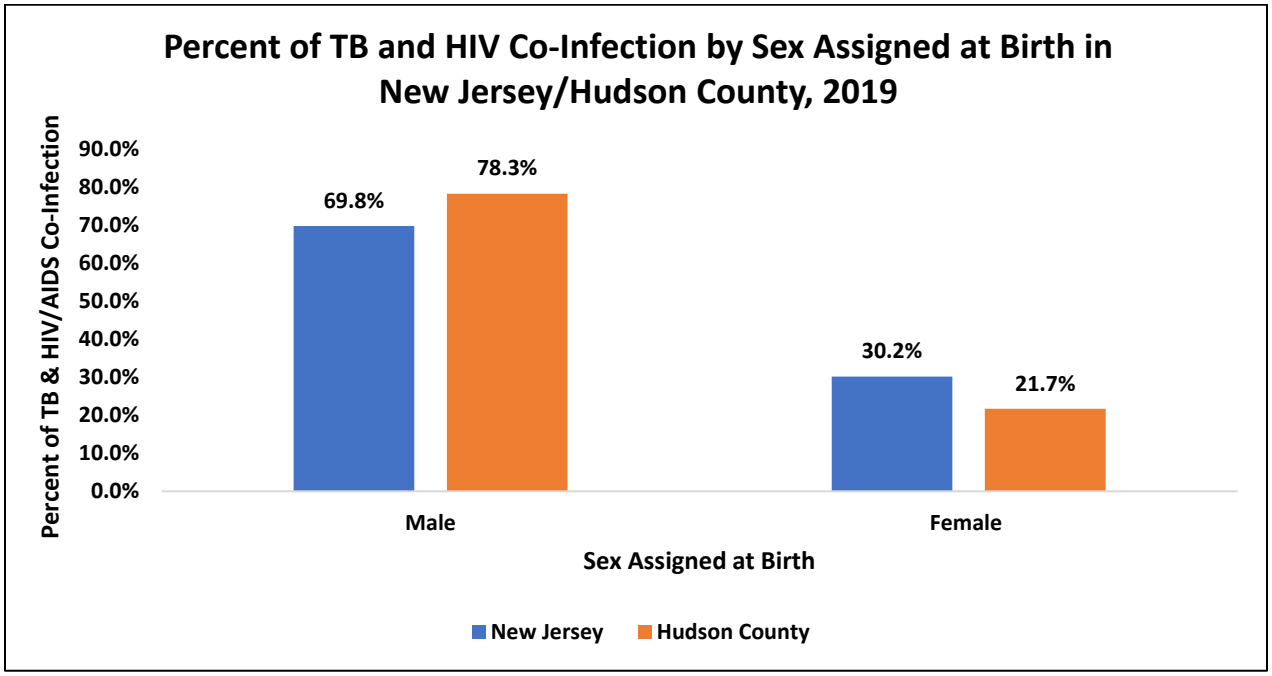


ii. Tuberculosis and Co-infection with HIV

People with HIV should be tested for TB infection as soon as possible after they get an HIV diagnosis. Anyone who has TB disease, is being evaluated for TB disease, or is a contact of a TB patient should also be tested for HIV. (Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 2020)

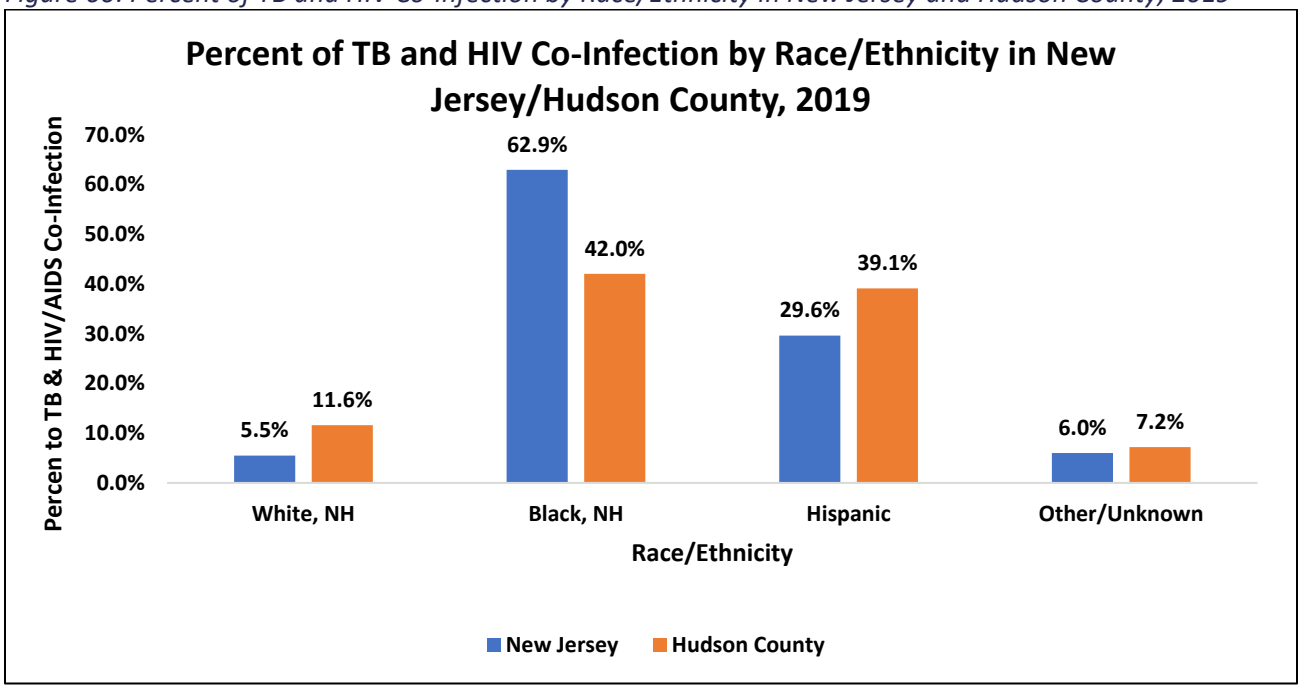
In 2019, TB and HIV co-infections were more prevalent among males (69.8%) compared to females (30.2%) in New Jersey. In Hudson County, TB and HIV co-infections were also more prevalent among males (78.3%) compared to females (21.7%) (Figure 59).

Figure 59: Percent of TB and HIV Co-Infection by Sex Assigned at Birth in New Jersey/Hudson County, 2019



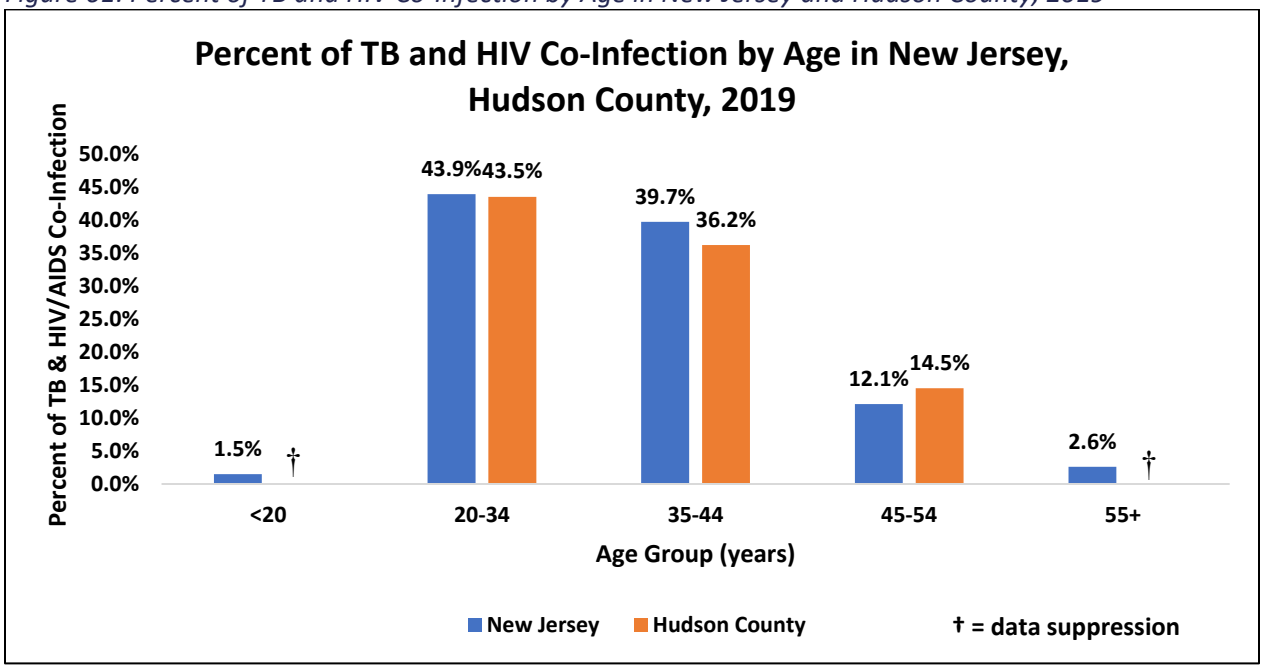
In 2019, more non-Hispanic Blacks/African Americans (62.9%) were reported with TB and HIV co-infections compared to Hispanics (29.6%), non-Hispanic Whites (5.5%), and other/unknown races (6%) in New Jersey. In Hudson County, more non-Hispanic Blacks/African Americans (42%) were also reported with TB and HIV co-infections compared to Hispanics (39.1%), non-Hispanic Whites (11.6%), and other/unknown races (7.2%). The percent of TB and HIV co-infections were higher among Hispanics, non-Hispanic Whites, and other/unknown races in Hudson County compared to New Jersey as a whole (Figure 60).

Figure 60: Percent of TB and HIV Co-Infection by Race/Ethnicity in New Jersey and Hudson County, 2019



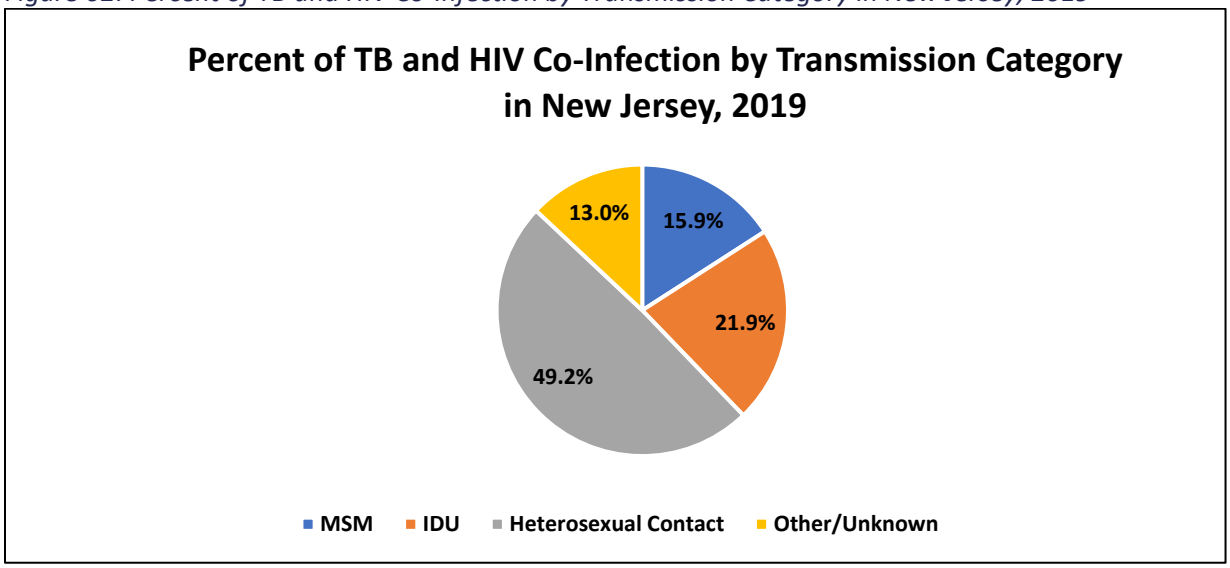
In New Jersey, approximately five out of six (83.6%) TB and HIV/AIDS co-infections were observed among those aged 20-44 years in 2019. In Hudson County, four out of five(79.7%) TB and HIV/AIDS co-infections were also observed among those in this age group. Data for Hudson County was suppressed for certain age groups (Figure 61).

Figure 61: Percent of TB and HIV Co-Infection by Age in New Jersey and Hudson County, 2019



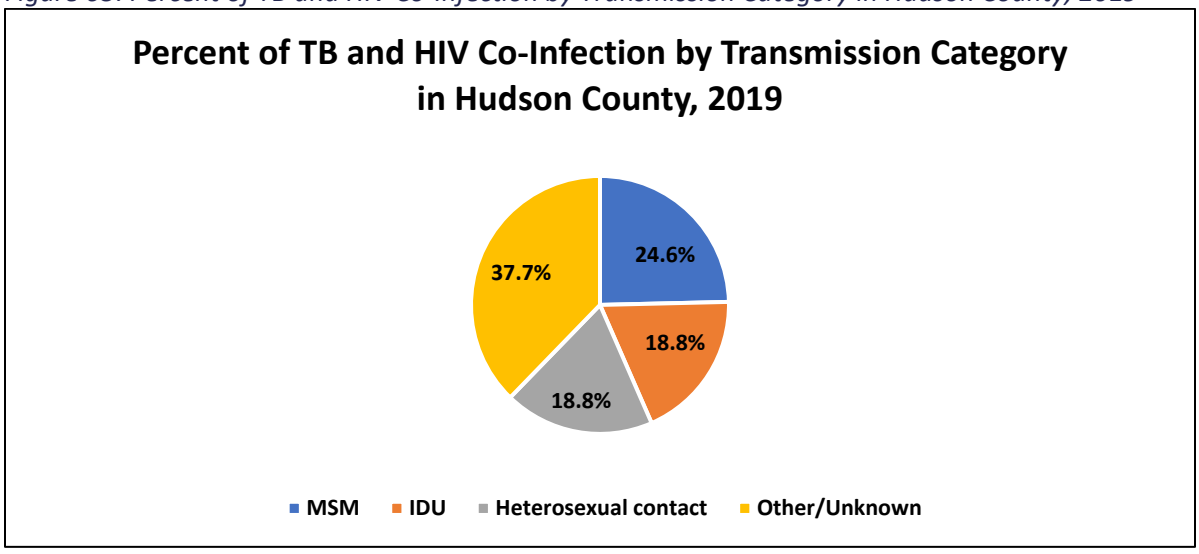
In New Jersey, by transmission category, nearly half (49.2%) of co-infections were among those who had heterosexual contact, 21.9% were among IDU, 15.9% were among MSM, and 13% were due to unknown/other adult risk in 2019 (Figure 62).

Figure 62: Percent of TB and HIV Co-Infection by Transmission Category in New Jersey, 2019



In Hudson County, by transmission category, 37.7% of co-infections were among those who had an unknown/other adult risk factor, followed by 24.6% among MSM. IDU and heterosexual contact each comprised 18.8% of TB and HIV/AIDS co-infections in 2019 (Figure 63).

Figure 63: Percent of TB and HIV Co-Infection by Transmission Category in Hudson County, 2019

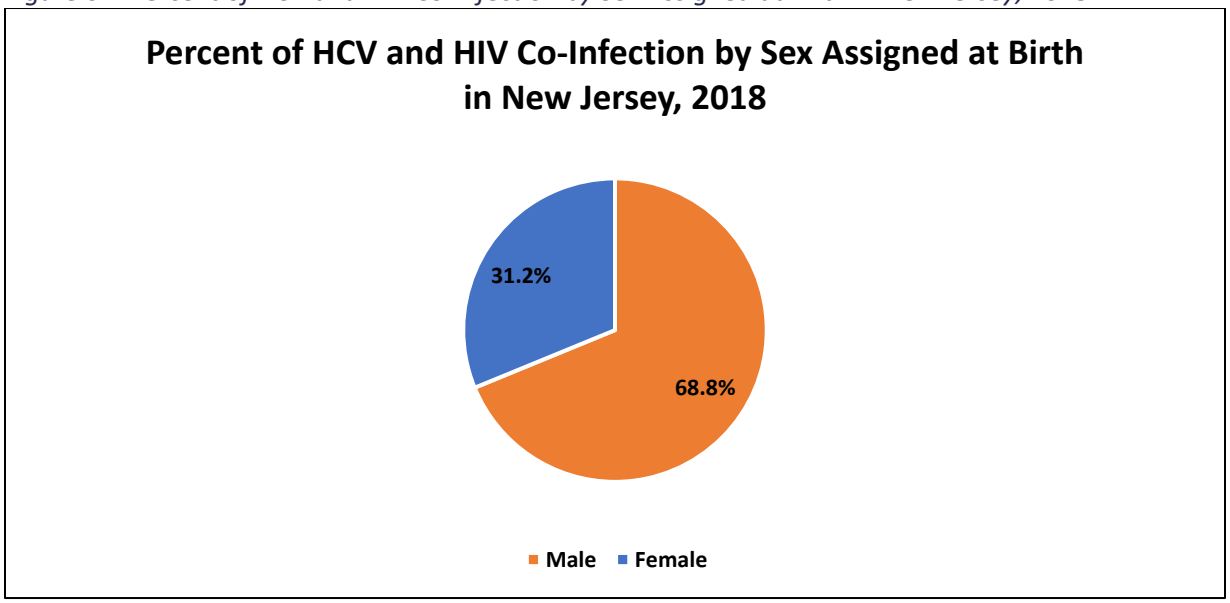


iii. Hepatitis C and Co-Infection with HIV

Hepatitis-C (HCV) reports during 2018 were matched probabilistically to the HIV Registry in New Jersey as of August 11, 2019 using AUTOMATCH. The matching algorithm used dates of birth, names (including aliases), street address(s), city, county, zip code, sex and race/ethnicity to match and verify matched records.

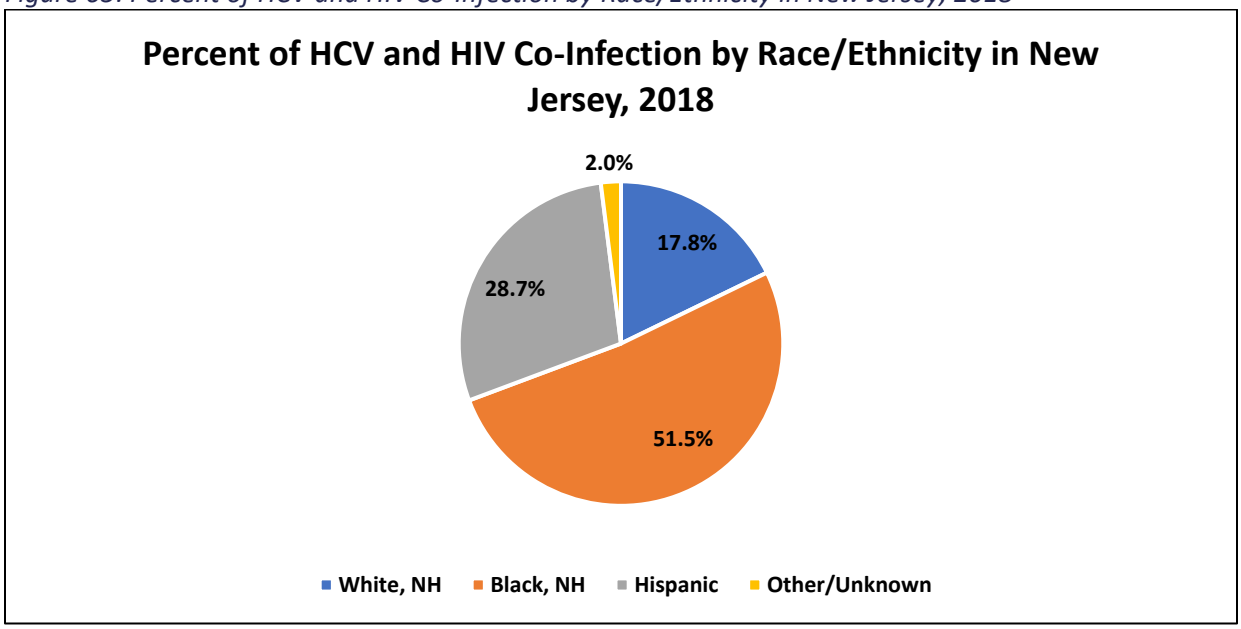
In 2018, HCV and HIV co-infection was more prevalent among males (68.8%) compared to females (31.2%) in New Jersey (Figure 64).

Figure 64: Percent of HCV and HIV Co-Infection by Sex Assigned at Birth in New Jersey, 2018



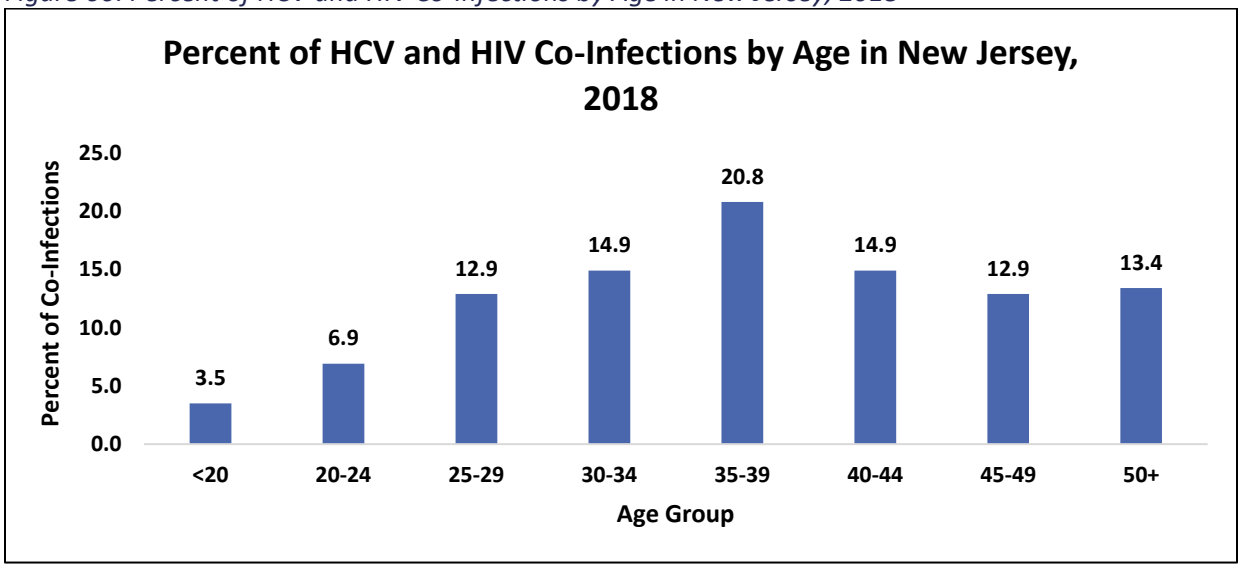
More non-Hispanic Black/African American (51.5%) and Hispanic (28.7%) co-infection cases were identified when compared to non-Hispanic White (17.8%) cases (Figure 65).

Figure 65: Percent of HCV and HIV Co-Infection by Race/Ethnicity in New Jersey, 2018



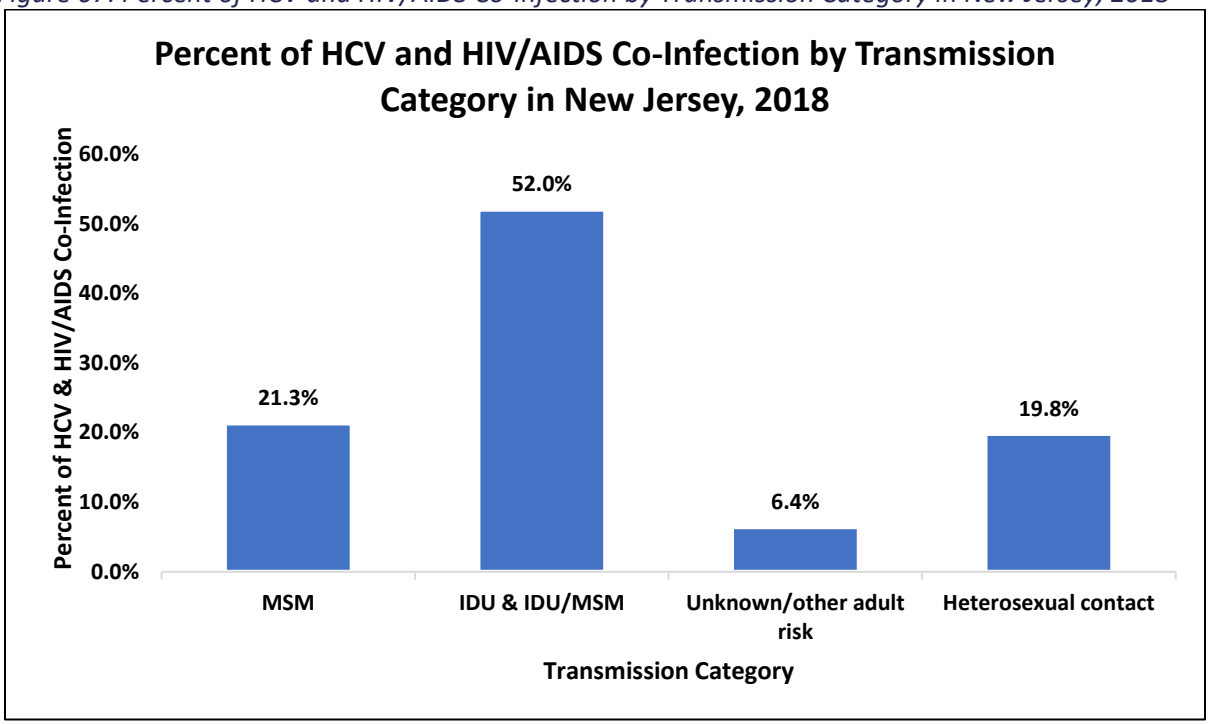
More HCV and HIV co-infections were observed for those aged 35-39 years (20.8%) compared to other age groups (Figure 66).

Figure 66: Percent of HCV and HIV Co-Infections by Age in New Jersey, 2018



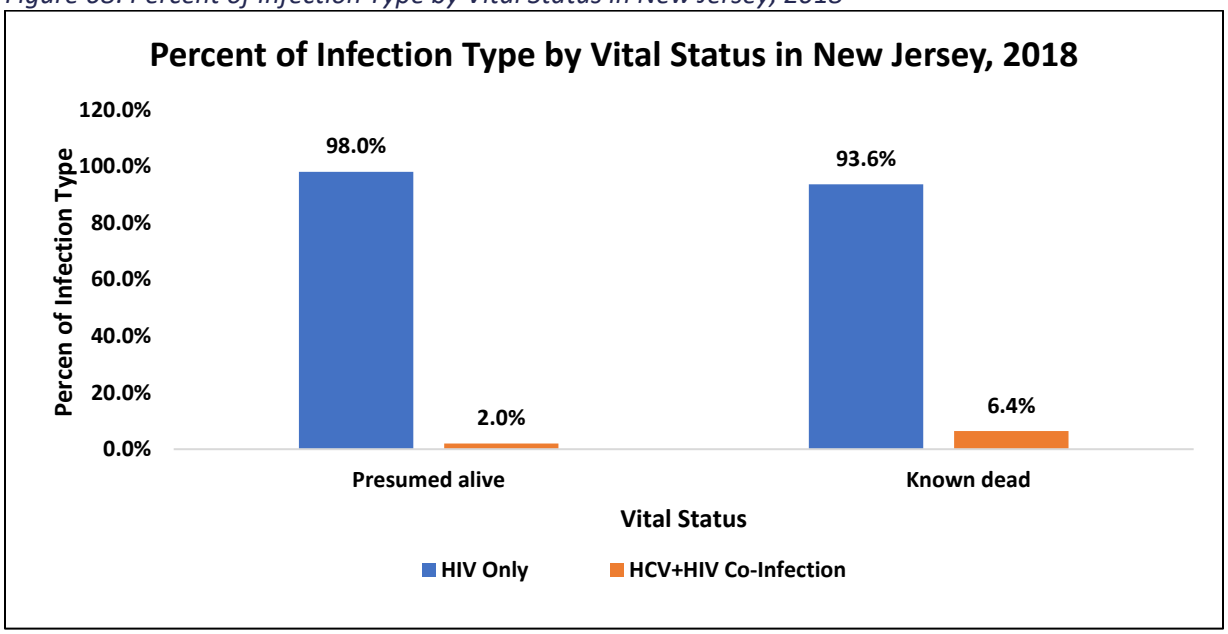
There was a high association between injection drug use and HCV/HIV co-infection. By HIV/AIDS exposure, those who identified within IDU & MSM/IDU had a higher co-infection proportion (52%) when compared to other exposure categories. An additional 21.3% of those co-infected reported MSM and 19.8% reported heterosexual contact (Figure 67).

Figure 67: Percent of HCV and HIV/AIDS Co-Infection by Transmission Category in New Jersey, 2018



Mortality was higher among the co-infected group with 6.4% dying in or after 2018 compared to only 2% for the not co-infected group. The risk of mortality among the co-infected group was more than three times that of the not co-infected group (Figure 68).

Figure 68: Percent of Infection Type by Vital Status in New Jersey, 2018



The following table, Table 54, shows the adjusted odds of having HCV infection among HIV/AIDS patients associated with risk exposure categories, controlling for sex, age at HIV/AIDS diagnosis, year of HIV/AIDS diagnosis and race/ethnicity. The odds of co-infection with HCV among HIV/AIDS patients were almost 8 times (7.7) higher among those who injection drugs than among those who did not report any risk exposure. The odds of co-infection for those exposed to HIV/AIDS through MSM and other non-IDU categories were not significantly different from those who did not report any risk exposure. Recent years of HIV diagnosis were associated with increased odds of co-infection. No significant effects (at <= 1%) among ethnic groups, age at HIV diagnosis and sex assigned at birth were observed, once the exposure category was controlled for.

Table 54: Adjusted Odds of HCV/HIV Co-Infection Associated with Transmission Risk and Year of HIV diagnosis

Predictors	Estimated Odds and 95% Confidence Limits
HIV disease Exposure Category:	
Men having Sex with Men (MSM)	1.58 (0.85 – 2.95)
Injection Drug Use Related (IDUs and MSM/IDUs)	7.72 (4.33 – 13.78)*
Heterosexual categories	1.04 (0.56 – 1.93)
Other/Unknown (Reference category)	1.00
Year of HIV disease diagnosis	1.04 (1.03 – 1.06)*

Significant at 1%. Controlling for sex, ethnicity, age at HIV diagnosis and year of HIV/AIDS. The Odds for categorical variables are interpreted in relation to the reference category.

iv. Injection Drug Use in Hudson County

In 2018, there were 53.7 substance abuse admissions per 100,000 population in Hudson County. There were a total 349 emergency and inpatient hospital admissions due to Heroin, 16 for cocaine/crack, and 168 for prescription opioids. The drug related death rate has steadily climbed in Hudson County from 9.7 in 2014 to 25.9 per 100,000 in 2018. In 2018, fentanyl and fentanyl analogs were mentioned as the cause in the decedents' death certificate for 119, cocaine for 64 individuals, heroin for 96 and oxycodone for 17 decedents.

Data from eHARS indicate that the HIV positive population with injection drug use are stable and low. The injection drug use during the 12 months before the interview.

Table 55: HIV Diagnosis in Injectable Drug Users

Residence at HIV disease	Estimated Population as of 07/01/2018	# Diagnosis between 2016/12 - 2017/11*	# Diagnosis between 2017/12 - 2018/11*	# Diagnosis between 2018/12 - 2019/11*	# Diagnosis between 2019/12 - 2020/11*
Hudson	676,061	5	4	3	4

The National HIV Behavioral Surveillance study conducts a study among persons who inject drug (PWID) once every three years in the Newark Eligible Metropolitan Areas (EMA). The study includes individuals who are HIV positive and negative. The 2018 cycle found that of the 523 PWID were interviewed, 10% were HIV positive, 22% used a syringe after someone else used it, 25% PWID overdosed in the past 12 months. Additionally, 51% women and 18% men received money or drugs in exchange for sex. Almost 32% percentage of people obtained a sterile syringe from SSP centers and 24% from a pharmacy. Of those interviewed, 53% tested for HIV in the past 12 months. Finally, 31% of PWID tried but were unable to obtain MAT for opioid use treatment.

Section E. EHE Pillar 'Respond'

The Division of HIV, STD, and TB Services (DHSTS) has been engaged in cluster detection activities since January 2019 by submitting HIV surveillance and sequence data through Time-Space and HIV Molecular Cluster analysis. Temporal-spatial analyses are conducted monthly to identify, monitor, and evaluate potential spikes in HIV case counts. New HIV diagnoses reported in eHARS, with a diagnosis date occurring in a 48-month period prior to the month of report, are analyzed. Analysis is performed on the total number of new diagnoses in eHARS and for MSM, IDU, MSM/IDU separately.

No alerts have been issued for Hudson County in New Jersey since the Time Space exercise began to be undertaken in New Jersey. No molecular clusters of national priority have been reported.

Table 56: Time Space Report through November 2020

Residence at Diagnosis	Overall Alerts	Overall 3-year baseline average no. of diagnoses	IDU Alert	IDU 3-year baseline average no. of diagnoses	MSM Alert	MSM 3-year baseline average no. of diagnoses	MSM-IDU Alert	MSM-IDU 3-year baseline average No. of diagnoses
New Jersey	N	1117.33	N	54.67	N	14.33	N	69
Hudson County	N	162	N	4	N	1	N	5

Section F. Social Determinants of Health and Intersection with HIV/AIDS

Healthy People 2020 defines social determinants of health as conditions in which people are born, grow, live, work, and age that affect a wide range of health outcomes and risks. The social determinants of health partly explain why some people are healthier than others, and generally why some people are not as healthy as they could be. Resources that address the social determinants of health and improve quality of life can have a significant impact on population health outcomes. Examples of these resources include access to education, public safety, affordable housing, availability of healthy foods, and local emergency and health services.

Understanding the different social determinants in Hudson County can lead to identification of drivers or 'root causes' of health conditions and potential services that work to improve disparities within that community. Programs that address the social determinants such as targeted outreach to people living alone, translation services for people with limited English proficiency, and financial counseling for people living in poverty can help to improve the overall health of the community. This section explores the associations between social and economic determinants of health in Hudson County and diagnoses of HIV. These social determinants and other factors help build the context of the service area of EHE to allow for better understanding of the improvements in resource allocation and funding that might be needed.

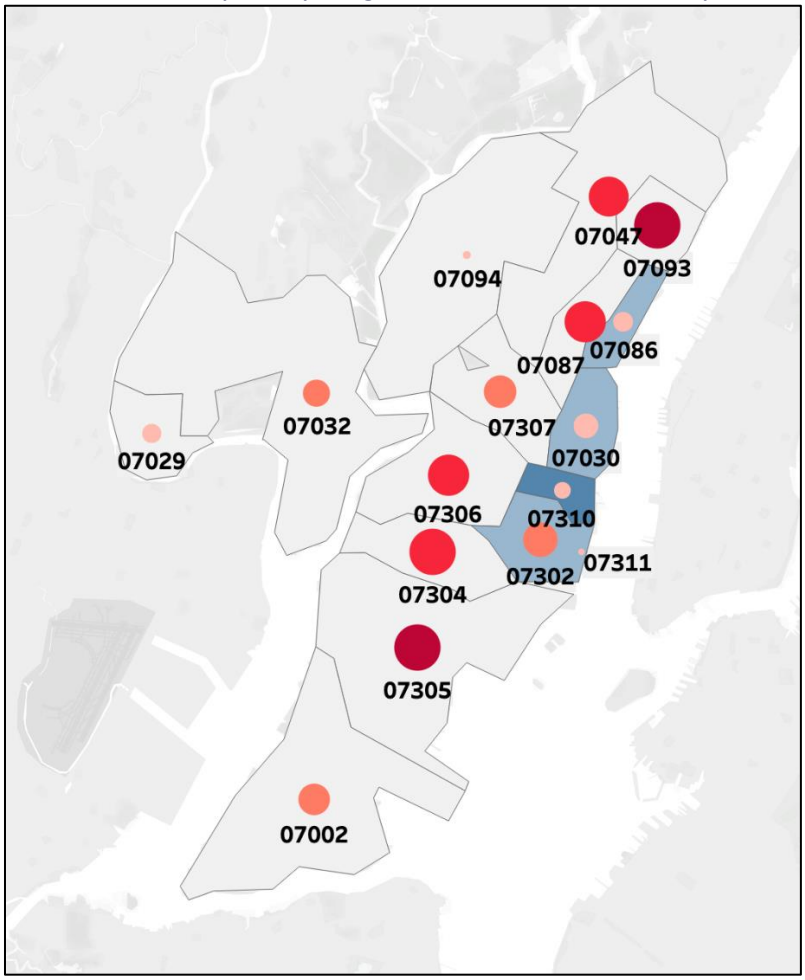
Figure 69: Healthy People 2020 Framework for Social Determinants of Health

I. Education Attainment

Educational attainment is one of the key factors that affects the health status of a community. It can influence employment and income, influence health behavior and health seeking, and determine the ease with which a person can access and navigate the health system. Figure 70 displays the educational attainment for population age 25+ in Hudson County.

The map below, (Figure 70), layers the number of new HIV cases, diagnosed between 2014-2018 in each zip code, with education attainment of the residents of the zip code. Majority residents (75% to 100%) of the gray colored zip codes have a bachelor's degree or lower. The graduated colored circles show the percent of newly diagnosed Hudson County cases that reside in the zip codes. The larger the circle, the higher the number of newly diagnosed cases in the zip code. The map shows that the largest numbers of new HIV cases reside in the zip codes with the lowest education attainment. Conversely, the zip code with the highest education attainment in deep blue have among the least percentage of cases.

Figure 70: Education by Newly Diagnosed Cases, Hudson County, New Jersey, 2014-2018



Percent Bachelors education or below, Hudson County, New Jersey	
75%-100%	
50%-75%	
25%-50%	
0-25%	

I.

Percent newly diagnosed cases, Hudson County, New Jersey	
0%-4%	
4%-8%	
8%-12%	
12%-16%	

I. Social Needs of persons living with diagnosed HIV infection, by selected characteristics

i. Housing in the past 12 months and Stigma

Medical Monitoring Project data for Essex and Hudson Counties (2015-2018) indicate that almost 8% of the interviewees who were living with HIV had been homeless at any time in the past 12 months, 16.7% had moved in with other people because of financial reasons, 13.7% had moved at least once in the last 12 months and 11.4% had moved twice or more, and 8.2% had been evicted from housing. Among persons receiving HIV care in the past 12 months, a larger percentage of transgender, bisexual and 18-29 years old persons tended to be homeless.

Data from the 2015-2018 cycles of the Medical Monitoring Project were used to measure prevalence of four dimensions of HIV stigma since HIV diagnosis: disclosure concerns, concerns with public attitudes about HIV, personalized HIV stigma and negative self-image. The composite median score for interviewees from Essex And Hudson is given below. Females reported higher stigma among all genders. Among races, it was individuals who were White and of multiple races and among age groups, those who were older than 50 years.

Table 57: National Indicators: homelessness and HIV stigma—Medical Monitoring Project, Essex and Hudson Counties, NJ, 2015-2018

	Homeless in the 12 months before the interview among persons receiving HIV care in the past 12 months[a]		HIV stigma[b]		
	No.[c]	Row %[d]	No.[c]	Row median	Interquartile range
Gender					
Male	8	6.2	127	33	23.2–47.8
Female	9	9.8	89	39.9	30.3–57.3
Transgender[e]	1	40.8	3	29.5	25.0–41.3
Sexual orientation					

Lesbian or gay	3	6.2	41	33.4	30.0–46.2
Heterosexual or straight	13	8.2	161	35.8	24.7–51.5
Bisexual	2	12.3	13	34.9	10.8–52.7
Other	0		4	38	27.9–44.4
Race/Ethnicity					
Asian	0		1	35	35.0–35.0
Black/African American	10	7.6	127	34.5	24.7–49.3
Hispanic/Latino[f]	5	9.5	60	34.1	22.9–49.0
Native Hawaiian/Other Pacific Islander	0				
White	1	4.2	18	47.6	38.1–57.4
Multiple races	2	11.9	13	48.1	25.3–51.8
Age at time of interview (year)					
18–29	6	26.2	24	34.1	27.3–48.7
30–39	3	8.1	36	35.5	27.5–43.6
40–49	2	5.9	50	34	21.7–50.3
≥50	7	4.8	109	37	26.3–51.5
Total	18	7.9	219	35.1	25.2–50.8

Abbreviations: PrEP, preexposure prophylaxis [footnotes only].

Note. Numbers might not add to total because of missing data.

Excluded are values with a coefficient of variation ≥0.30, "don't know" responses, and skipped (missing) responses. Values with a denominator sample size <30, are marked with an asterisk and should be interpreted with caution.

[a] Living on the street, in a shelter, in a single-room–occupancy hotel, or in a car.

[b] Ten-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma: personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people living with HIV.

[c] Numbers are unweighted.

[d] Percentages are weighted percentages.

[e] Persons were classified as transgender if sex at birth and gender reported by the person were different, or if the person chose "transgender" in response to the question about self-identified gender.

[f] Hispanics or Latinos might be of any race. Persons are classified in only 1 race/ethnicity category.

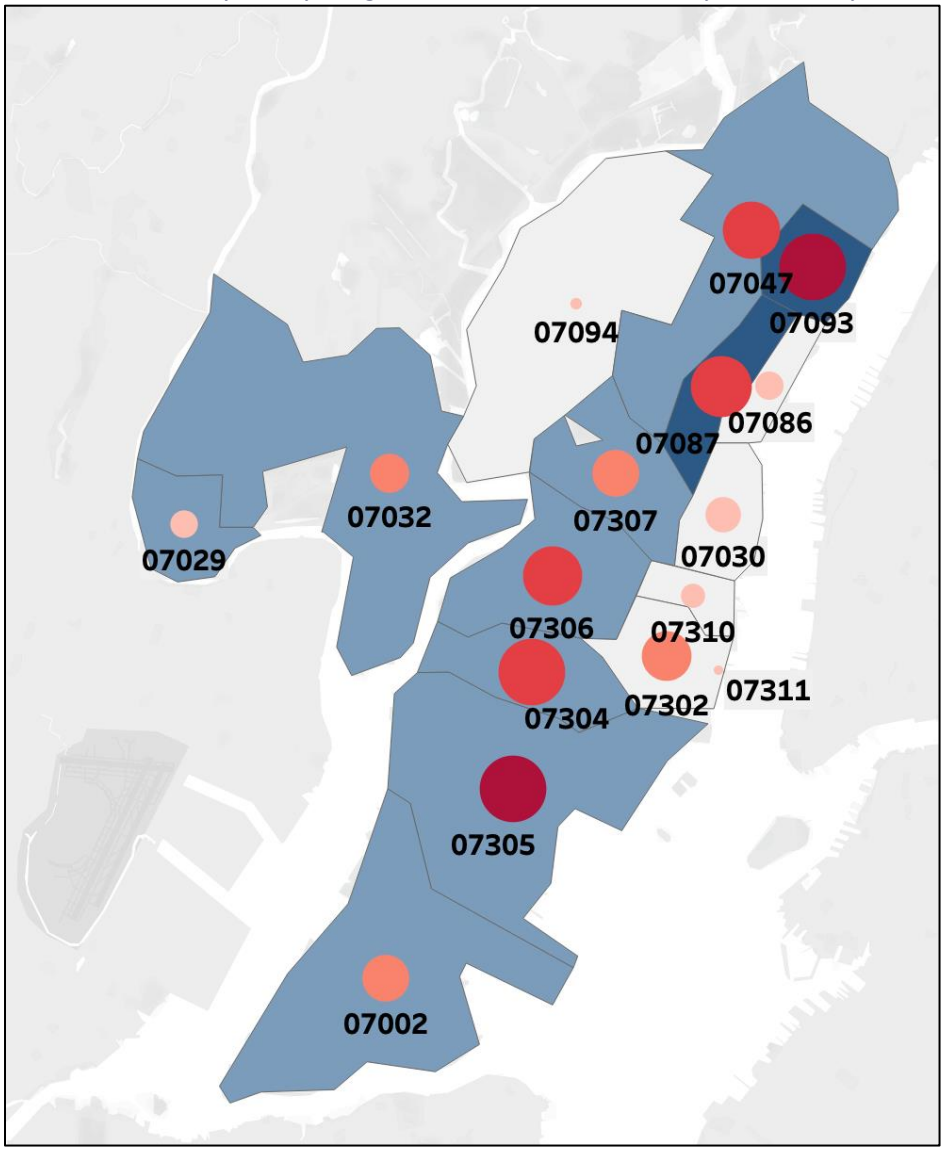
ii. Health Insurance or coverage for medications in the past 12 months

Of the interviewees of the Medical Monitoring Project who were living with HIV, 99.6% had some form of health insurance. Of these, 40.2% had coverage through Ryan White, 62.4% had Medicaid, 30.1% had private health insurance, 26.7% had Medicare, 6% received other public insurance, 1.8% had care through Tricare/CHAMPUS or Veterans Administration and .9% had other unknown insurance.

The map below, (Figure 71), layers the number of newly diagnosed cases between 2014-2018 in each zip code with the percent population in the zip code without health insurance. The larger the percentage of uninsured in the zip code, the deeper the color of the layer. The graduated colored circles indicate the percent of newly diagnosed cases that reside in the zip codes. The larger and deeper colored the circles, the larger the number of newly diagnosed cases in the zip code. The map shows that the largest numbers of new HIV cases reside in the zip codes with the lowest levels of insurance. Most

interviewees in the MMP project cited they had health insurance, so it is likely that the low health insurance level is a proxy measure of some other disparity that is linked to number of new HIV cases.

Figure 71: Health Insurance by Newly Diagnosed Cases, Hudson County, New Jersey, Year 2014-2018



Percent without Health Insurance, Hudson County, New Jersey	
0%-10%	
10%-20%	
20%-30%	

Percent newly diagnosed cases, Hudson County, New Jersey	
0%-4%	
4%-8%	
8%-12%	
12%-16%	

iii. Income Assistance in the past 12 months

Of the MMP interviewees who were living with HIV, 25% received Supplemental Security Income (SSI) and 23% received Social Security Disability Insurance (SSDI) in the past 12 months

iv. Employment Status in the past 12 months

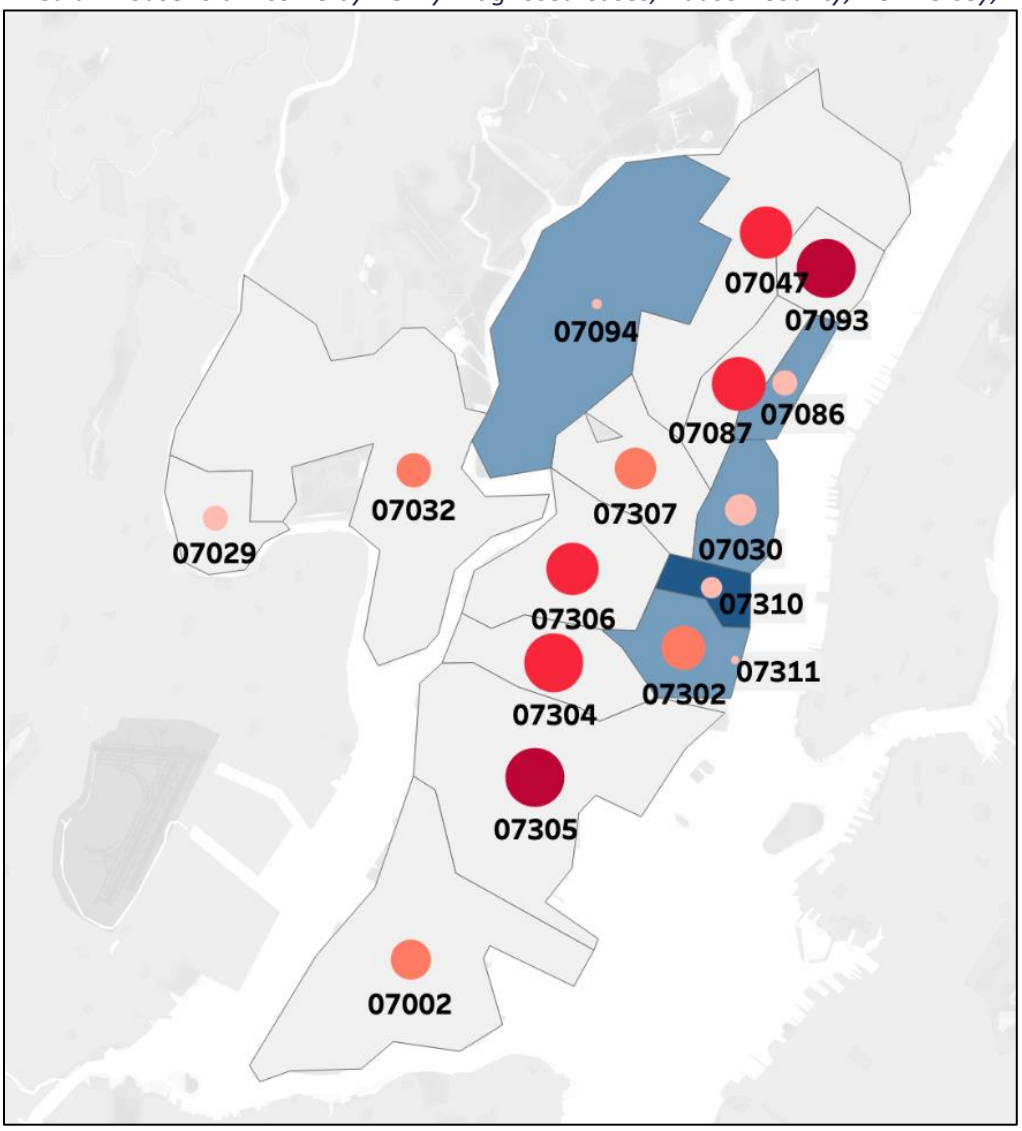
More than half the interviewed MMP individuals, who were living with HIV, were not employed in the past 12 months (52%). An additional 7.7 % were retired, .3% were students and 40 % were employed.

v. Monthly Household Income in the past 12 months

Almost 1 in 2 interviewees (47.9%) of the 2015-2018 MMP project were at or below the federal poverty threshold. Of the interviewees, 57% had a combined yearly household income of US $0–19,999, 24% had an income of US $20,000–39,999, 12.4% had an income of US $40,000–74,999, and 6.6% had an income of ≥ US $75,000.

The map below, (Figure 72), layers the number of new HIV cases, diagnosed between 2014-2018 in each zip code, with the median household income of the zip code. The gray colored zip codes have a median household income of US $25,000 to $85,000. The graduated colored circles show the percent of newly diagnosed Hudson County cases that reside in the zip codes. The larger the circle, the higher the number of newly diagnosed cases in the zip code. The map shows that the largest numbers of new HIV cases reside in the zip codes with the lowest income category.

Figure 72: Median Household Income by Newly Diagnosed Cases, Hudson County, New Jersey, 2014-2018



Median household income, Hudson County, New Jersey	
<75k	
>=75k-150k	
150k-225k	

Percent newly diagnosed cases, Hudson County, New Jersey	
0%-4%	
4%-8%	
8%-12%	
12%-16%	

vi. Met and unmet needs for ancillary services during the past 12 months

Among the persons living with HIV who were interviewed by the MMP project between 2015-2018 in Essex and Hudson Counties, the services that were needed most, ranked in order, among those who did not get the services were: domestic violence services (235), professional help remembering to take HIV medicines on time or correctly (adherence support services)(236), drug or alcohol counseling or treatment (234), medicine through ADAP (226), HIV peer group support (221), HIV case management (220), mental health services (218), transportation assistance (215), and, patient navigation services (213).

Table 58: Met and Unmet needs for ancillary services during the past 12 months, Medical Monitoring Project, Essex and Hudson Counties, 2015-2018

	Persons who received services		Persons who needed but did not receive services by time of interview	
	No.[a]	%[b]	No.[a]	%[b]
HIV case management services				
Yes	167	68.2	19	9.3
No	72	31.8	220	90.7
Dental care				
Yes	157	63.2	53	23.2
No	83	36.8	187	76.8
Professional help remembering to take HIV medicines on time or correctly (adherence support services)				
Yes	121	47.7	2	0.6
No	117	52.3	236	99.4
Medicine through ADAP				
Yes	106	40.2	12	5.9
No	132	59.8	226	94.1
Mental health services				
Yes	86	36.9	21	8.5
No	153	63.1	218	91.5
SNAP or WIC				
Yes	84	36.2	56	22.7
No	156	63.8	184	77.3
Shelter or housing services				
Yes	76	31.5	47	18
No	163	68.5	192	82
Transportation assistance				
Yes	60	24.7	24	7.7
No	179	75.3	215	92.3
Meal or food serviced[c]				
Yes	60	23.3	35	14.6
No	180	76.7	205	85.4
HIV peer group support				
Yes	43	16.5	19	6.8

No	197	83.5	221	93.2
Patient navigation services				
Yes	35	13.3	27	11.6
No	205	86.7	213	88.4
Drug or alcohol counseling or treatment				
Yes	25	8.7	6	2.7
No	215	91.3	234	97.3
Domestic violence services				
Yes	4	1.9	3	1
No	235	98.1	236	99
Total	240	100	240	100

Abbreviations: ADAP, AIDS Drug Assistance Program, SNAP, Supplemental Nutrition Assistance Program, WIC, Special Supplemental Nutrition Program for Women, Infants, and Children.

Note. Persons could report receiving or needing more than 1 service. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

Excluded are values with a coefficient of variation ≥0.30, "don't know" responses, and skipped (missing) responses. Values with a denominator sample size <30

[a] Numbers are unweighted.

[b] Percentages are weighted percentages.

[c] Includes services such as soup kitchens, food pantries, food banks, church dinners, or food delivery services.

Section G: Priority Populations

The HIV National Strategic Plan - A Roadmap to End the Epidemic for the United States, 2021–2025 prioritizes certain populations that national data demonstrate are disproportionately affected by the epidemic. The NJDOH analysis shows concurrence with some of the national priority populations for the EHE jurisdictions. These are discussed below.

I. HIV/AIDS Among Gay & Bisexual Men in New Jersey and Hudson County

HIV diagnosis is broken down into categories in which transmission can happen. In New Jersey, the category "male to male sexual contact" also known as men who have sex with men (MSM), is the most common mode of exposure. Even though there has been a significant drop in HIV infection since the early years of the epidemic, MSM continue to be at the highest risk for HIV and many sexually transmitted diseases (STDs). For over a decade, HIV infection has remained stable among MSM in the state and Essex and Hudson Counties.

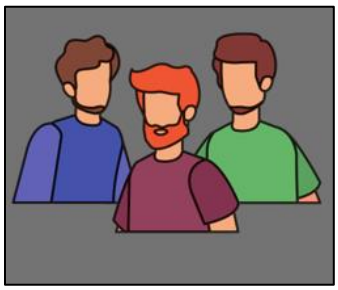
MSM AND LOCATION

Between 2014-2018, there were 2,435 new HIV/AIDS infections among MSM in New Jersey. The top 5 counties with the highest number of new diagnoses were: Essex (22%), Hudson (17.9%), Union (7.9%), Bergen (7.1%) and Passaic (6.7%). Essex and Hudson counties continue to be hotspots. Many MSM with HIV reside in poor areas, with low income and face challenges in getting care and treatment.

MSM AND RACE

Among gay and bisexual men who received an HIV diagnosis between 2014-2018 in New Jersey, racial and ethnic disparities continue to exist. Minority MSM made up 82.9% of all MSM HIV diagnoses. From 2014-2018, Black/African American MSM made up 42.8% and Latino MSM cases made up 34.9% of HIV diagnoses. In Hudson County, between 2014 and 2018, of all the MSM newly diagnosed with HIV. Of these, 34.8% were Hispanic, 23.6% were Black non-Hispanic and 15.4% were White Non-Hispanic.

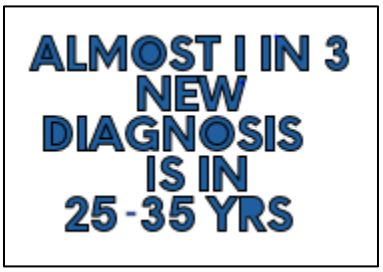
MSM IN HUDSON COUNTY

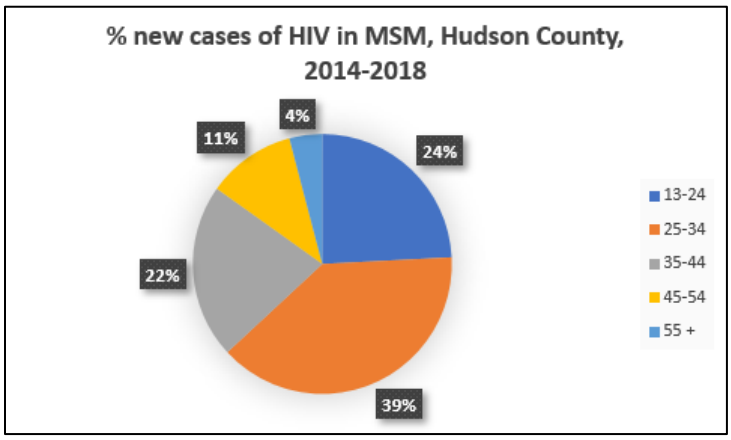


As of 2019, there were 11,509 MSM living with HIV in New Jersey. 2,283 (19.83%) MSM with HIV resided in Hudson County. Of the MSM living with HIV in Hudson, 44.4% were Hispanic, 26.8% were Black non-Hispanic, and 25.6% were White.

MSM AND AGE GROUP

The average age of newly diagnosed HIV infections for MSM has decreased over the past decade. Yet some trends are concerning. Between 2014-2018, in New Jersey, 30.8% of new diagnosis among MSM were in the 25-34 years age group. In Hudson County, 37.8% of all new diagnosis among MSM were in the 25-34 years age group.



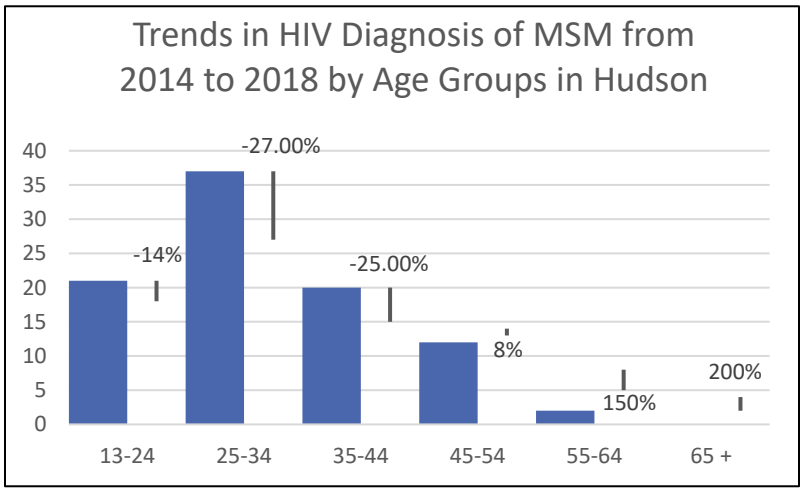


MSM DIAGNOSED WITH HIV/AIDS BY AGE GROUP, 2014-2018

Almost 1 in 2 new HIV infections (48.8%) in New Jersey are under the age of 35 years at the age of diagnosis. In Hudson County, 59.9% or almost 6 in ten new HIV/AIDS infections are under the age of 35 years at the time of diagnosis.

TRENDS IN HIV DIAGNOSES AMONG AGE GROUPS IN MSM, NEW JERSEY, 2014 TO 2018

In New Jersey, the highest number of new cases among MSM come from the age group of 25-34 years old but highest percentage increase of new diagnoses is in the 34-45 years age group followed by the 45-55 years age groups.



TRENDS IN HIV DIAGNOSES AMONG AGE GROUPS IN MSM, HUDSON COUNTY, 2014 TO 2018

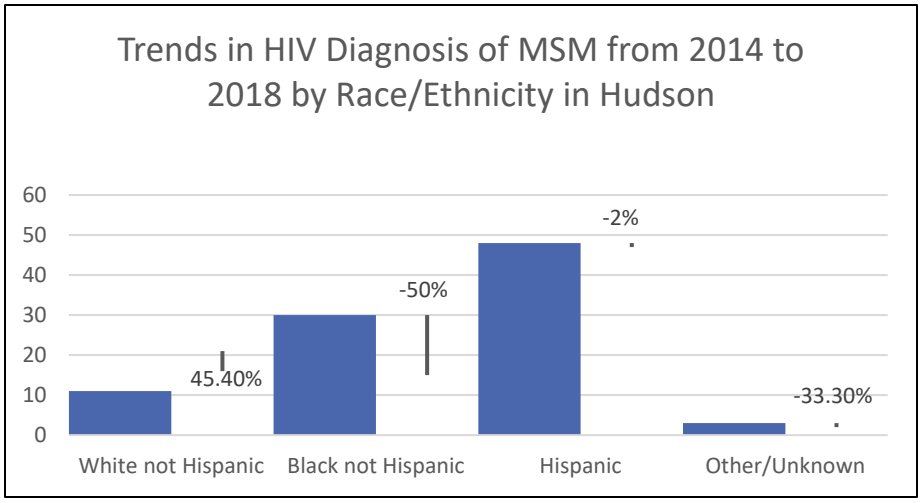
In Hudson County, the highest decrease in new diagnosis of HIV in MSM comes from the 24-34 age group (27%) followed by the 35-44 age group (25%). The percentage increase is coming from the 35+ years age group.

TRENDS IN HIV DIAGNOSES AMONG RACE/ETHNICITIES IN MSM IN NEW JERSEY, 2014 TO 2018

In New Jersey, the percentage decrease in diagnosis of HIV is highest in Black/African American MSM. Latino MSM have a much lower percentage drop in diagnosis.

TRENDS IN HIV DIAGNOSES AMONG RACE/ETHNICITIES IN MSM IN HUDSON, 2014 TO 2018

In Hudson, there is no change in diagnosis of HIV in Hispanic MSM. The diagnosis in Black/African American MSM has decreased by 50% and White MSM has shown an increase by 45.4% in the past five years.

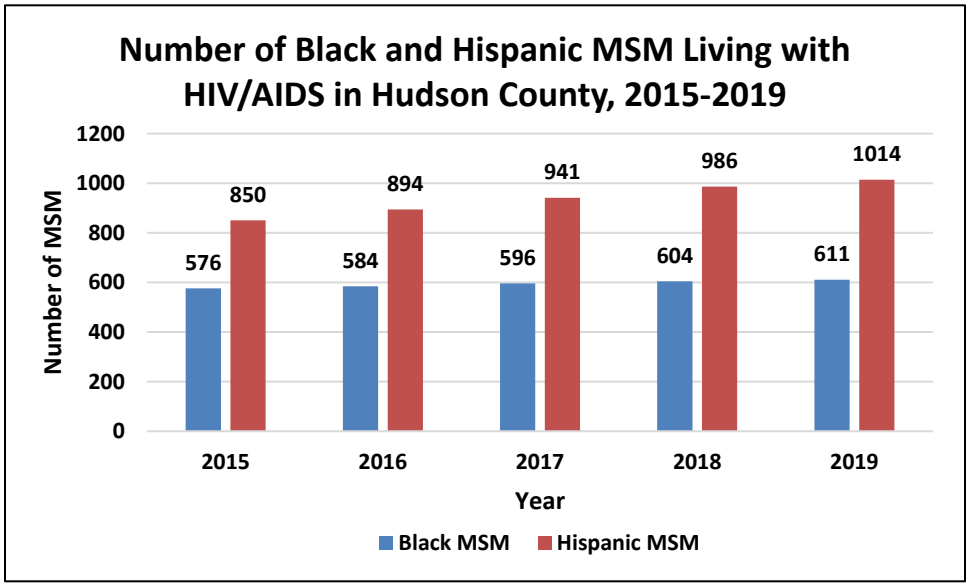


LATE DIAGNOSIS IN MSM, HUDSON COUNTY, 2014-2018

Almost one in five (19.8%) MSM are diagnosed with AIDS within three months of being diagnosed with HIV in Hudson County, New Jersey. Of those who were diagnosed later, 19.3% were Black Non-Hispanic but 55.7% were Hispanic.

CO-OCCURING RISK BEHAVIORS

The MSM category also includes "men who have sex with men and who inject drugs (MSM/IDU)." MSM/IDU are at an even greater risk of getting HIV/AIDS if they use needles, syringes, or other drug injection equipment - for example, cookers that someone with HIV/AIDS has used. Between 2014-2018, MSM/IDU were 1.6% of all MSM newly diagnosed cases in Hudson. However, in 2017, MSM and MSM/IDU accounted for 38% of adolescent and adult HIV/AIDS cases reported in New Jersey and need to be observed and monitored.



NUMBER OF LIVING MSM HIV CASES BY RACE/ETHNICITY IN HUDSON COUNTY, 2015-2019

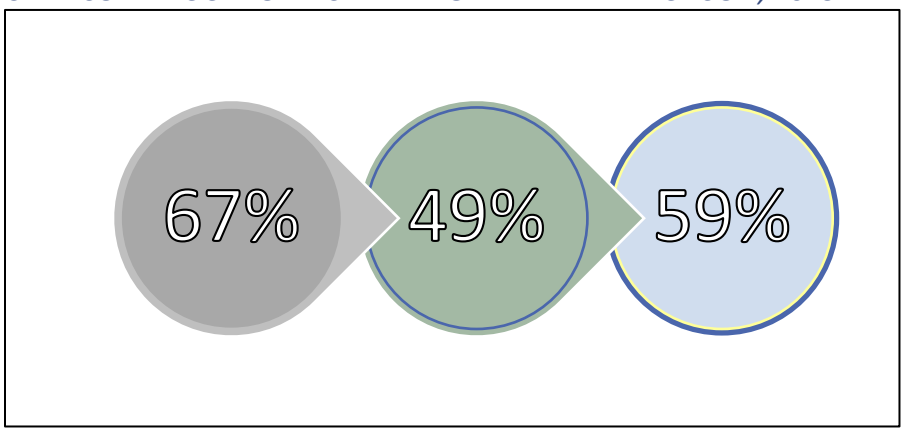
There has been a gradual increase in the number of Black/African American and Hispanic MSM living with HIV from 2015 to 2019 in Hudson County. The proportion of Hispanic MSM to Black/African American MSM living cases was approximately 1.5:1 from 2015-2019.

SEXUAL BEHAVIOR CHARACTERISTICS OF MSM LIVING WITH HIV

- More than 9 out of 10 Essex and Hudson men who are MSM with HIV (93.4%), and who had been sexually active in the previous 12 months, said they had not engaged in high-risk sex in the 12 months prior to being interviewed.
- Of those that had been sexually active, 70% had condom protected sex.
- 57% had sex with a HIV positive partner.
- 40% had sex while they were not virally suppressed.
- 14.4% had condom less sex with a partner on PrEP.

Source of Data: Medical Monitoring Project , 2015-2018

CARE CONTINUUM OF MSM LIVING WITH HIV IN HUDSON, 2019



In Hudson County, in 2019, 67% are retained in some care, 49% are continuously retained in care and 59% achieve viral suppression.

PROTECTING MSM LIVING WITH HIV

GET TESTED YEARLY

People who don't know they have HIV can't get the care they need and may pass HIV to others. Centers for Disease Control and Prevention (CDC) estimates that 1-2 persons out of 10 affected persons in New Jersey are not aware that they are HIV positive.

USE CONDOMS THE RIGHT WAY EVERY TIME YOU HAVE SEX:

Some factors put gay and bisexual men at higher risk for HIV, including having anal sex without knowing it.

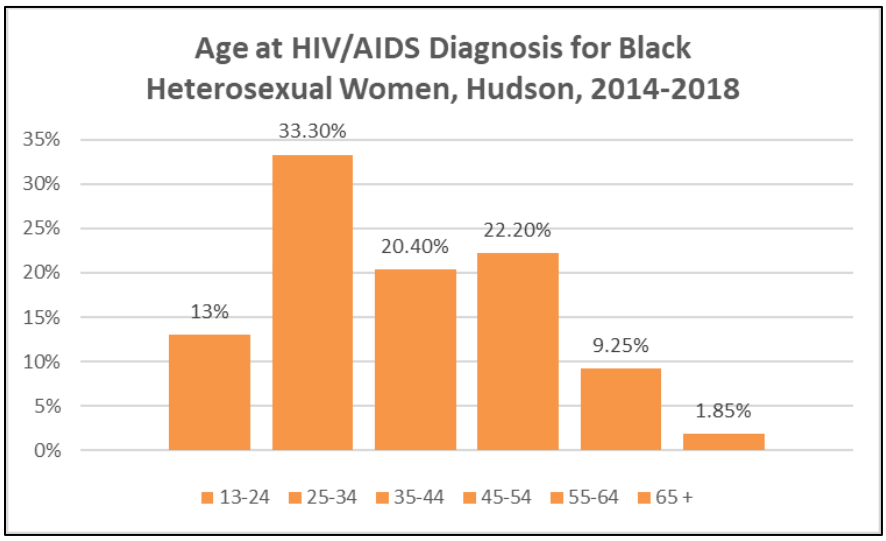
GET TESTED AND TREATED FOR OTHER STD:

Having another sexually transmitted disease (STD) can greatly increase the chance of getting or transmitting HIV. In Newark EMA, exchange sex with male casual sex partners in last 12 months, being tested positive for HCV before, being diagnosed any STDs in last 12 months, and being diagnosed with genital warts before was associated with being HIV positive.

(Source: eHARS data as of December 31, 2020, Medical Monitoring Project, 2015-2018 data, NHBS data, multiple years, National Behavioral HIV Surveillance, 2017, Living with Others (Centers for Disease Control and Prevention, 2020)

II. HIV among Black/African American Heterosexual Women in Hudson County

In Hudson County, the average number of new HIV diagnoses due to heterosexual contact from 2014 to 2018 was 18.2 new cases per year. Of these, the average number of cases among Black/African American heterosexual women were 10.8 for the same period. In Hudson in 2018, there were 16 new HIV diagnoses among Black/African American women. Among heterosexual women diagnosed with HIV disease, in Hudson from 2014 to 2018, the majority were in 25-34 years. Approximately 64.8% of the new HIV diagnoses among Black/African American heterosexual women in Hudson from 2014 to 2018 was on account of sex with a person of unknown risk.



Black/African American women were more likely to be diagnosed later in life. By age at diagnosis, the greatest proportion were those first diagnosed between the ages of 25 to 34 years (33.3%) while those who were ages 45 to 55 at diagnosis comprised 22.2% of the total number of Black/African American heterosexual women diagnosed between 2014 to 2018.

Of all PLWH in Hudson as of December 31, 2019, 7.8% were Black/African American heterosexual women. Of those diagnosed between 2014 and 2018, 20.4% had progressed to an AIDS-defining condition within 90 days.

In 2017, of the Black/African American heterosexual women living with HIV in Hudson, 75% were linked in care in the first month, 81.3% were linked in care in first three months and had evidence of a HIV test, the same percentage had evidence of care in the first year and 18.8% had no evidence of care. Additionally, 54% attained viral suppression in 2019. In the 35-44 years group, only 38% attained viral suppression, the least percentage among all age groups. The highest viral suppression was in the 55 and above age group (70%).

It is important for women to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. Women who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to HIV-negative sex partners. Because some women may be unaware of their male partner's risk factors for HIV (such as injection drug use or having sex with men), they may not use protection (like condoms or medicine to prevent HIV). In general, receptive sex is riskier than insertive sex. This means that women have a higher risk for getting HIV during vaginal or anal sex than their sex partners.

(Source: eHARS data as of December 31, 2020, NHBS data, multiple years, National Behavioral HIV Surveillance, 2017, Living with HIV (Centers for Disease Control and Prevention, 2020)

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Data Sources

To present an accurate description of the epidemic data from multiple sources have been used. The most current analysis available is presented for each source of data, however, the time frames differ from one source to another. Due to a lag in reporting, data for new diagnoses are presented through 2018. Data for persons living with HIV/AIDS are also presented through 2018 for consistency in reporting. Data from the United States Census Decennial 2010 Census is used for calculating rates by race/ethnicity, gender distribution and county.

Below is a list of the data sources used in this profile.

- CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention ATLAS
- Communicable Disease Reporting and Surveillance System (CDRSS) for Coinfection with Human Immunodeficiency Virus (HIV) among Reported Cases of Sexually Transmitted Diseases and Viral Hepatitis
- County Health Rankings, University of Wisconsin and Robert Wood Johnson Foundation
- Ending the HIV Epidemic 2020 @ America's HIV Epidemic Analysis Dashboard (AHEAD)
- Enhanced HIV/AIDS Reporting System (eHARS)
- HIV Testing System (EvaluationWeb)
- Medical Monitoring Project, CDC
- National Death Index (NDI)
- National HIV Behavioral Surveillance, CDC
- New Jersey Behavioral Risk Factor Survey
- Tuberculosis Surveillance
- Uniform Billing Hospital Discharge Data (UB-92), and
- United States Census Bureau, United States Department of Housing and Urban Development Continuum of Care Dashboard Reports.