



HIV/AIDS in Bermuda



Summary of year ended 31 December 2015

Data presented in this report is based on a retrospective analysis of information collected through Bermuda's confidential HIV/AIDS reporting system. HIV-positive persons reported through the system are interviewed by trained designated staff within the Ministry, either the Nurse Epidemiologist or a Public Health Nurse. During this interview, further information is obtained including social demographics and risk behaviours. In addition to provision of individual care and services, the information gathered through this follow-up is also used to direct and evaluate preventive and other HIV-related services.

Department of Health HIV/AIDS Services

1. HIV/AIDS information through health education/promotion, annual reports, etc.
2. Confidential HIV testing with pre- and post-test counseling available
3. Comprehensive nursing care and treatment for HIV positive individuals
4. Availability of appropriate medications for HIV+ individuals - Highly Active Anti-Retroviral Therapy (HAART) and prenatal and antenatal treatment for prevention of mother to child transmission (PMTCT).
5. Identification of resources and supports available to HIV+ individuals and facilitation of these linkages
6. Epidemiological investigation and contact tracing

In this report, cumulative cases of HIV include persons diagnosed with a clinical diagnosis of AIDS prior to the availability of confirmatory HIV testing in 1984. It is recognized that there is undiagnosed and/or unreported infection in Bermuda and so it should be noted that this report can only provide information on the *diagnosed and reported* cases.

This report contains information received by the Epidemiology and Surveillance Unit from 1982 through 31 January 2016. The data is updated as more information becomes available and amendments made in subsequent reports. Where numbers are small, detailed information is not provided to avoid any inadvertent disclosure of confidential or personally identifying information.

The available data has been corrected for late notifications and cases are presented based on date of diagnosis or death, as opposed to date of notification. Except in tables and figures where annual data is presented, adjustments have been made where the date of diagnosis and/or death is not known. The data has been aggregated by gender (male or female), age-group, race (Black or White & Others), nationality (Bermudian or non-Bermudian) and risk category. Age-groups are based on the person's age at the time of diagnosis or death. For persons living with HIV/AIDS (PLWHA) the age-group is the person's age at 31 December 2015. Persons are considered to be living with HIV/AIDS if they have not been reported as deceased (from any cause) at any time from diagnosis through the end of the calendar year presented.

Risk category is used to classify the most likely mode of transmission. When a person identifies more than one risk category, the risk category most likely to have resulted in HIV transmission is presented. Risk categories include: MSM (men who have sex with men), Heterosexual Contact, IDU (injection drug use), MTCT (mother-to-child transmission), Blood/Blood Products (occupational or non-occupational exposure to blood and/or blood products) and Unspecified.

Trends

Following the first reported AIDS case in Bermuda in 1982, 767 persons have been diagnosed with HIV in Bermuda. Of these, 565 persons have had a diagnosis of AIDS and 464 have died either from or with HIV infection. As of 31 December 2015, there are 303 persons known to be living with HIV infection in Bermuda, giving an overall prevalence of 0.49%.

Figure 1 shows the cumulative HIV/AIDS cases and deaths among persons with HIV/AIDS while **Figure 2** shows the annual incidence of HIV/AIDS and deaths among persons with HIV/AIDS. HIV incidence peaked from 1984-1987 followed by a steady decline over the next 15 years. There was then an increase in cases from 2005-2008. This increase may be partly due to increased awareness of the availability of testing. Since then there has been a general decline with less than 10 new HIV infections reported per year from 2011-2015. AIDS incidence peaked in 1995 with 49 cases reported and has declined since then with 10 or fewer cases reported annually since 2004. Deaths among persons with HIV/AIDS continue to be low, likely due to advancement and availability of care, treatment and support. Additionally, the reported causes of death among persons with HIV/AIDS are increasingly unrelated to their HIV infection.

Table 1 shows the cumulative characteristics of HIV/AIDS cases and deaths through 2015. The majority of HIV/AIDS cases and deaths have occurred among black males aged 25-44 years. Men having sex with men (MSM), heterosexual contact and injection drug use each account for around 30% of all HIV infections cumulatively although there have been slightly more AIDS diagnoses and deaths among persons infected through injection drug use.

Table 2 shows the characteristics of HIV/AIDS cases reported in 2015. As the number of persons diagnosed with AIDS and the number of deaths among persons with HIV/AIDS in 2015 is low, detailed information is not provided. Of the new infections in 2015, all with a known transmission risk were through sexual contact. Sexual contact has been the most common transmission risk since the late 1980s. **Table 2** also provides some information on persons living with HIV/AIDS as of 31 December 2015. The majority of persons living with HIV/AIDS are male, aged 45-64, black, Bermudian and have a reported risk of heterosexual contact.

Figure 1. Cumulative HIV/AIDS cases and deaths, Bermuda: 1982-2015

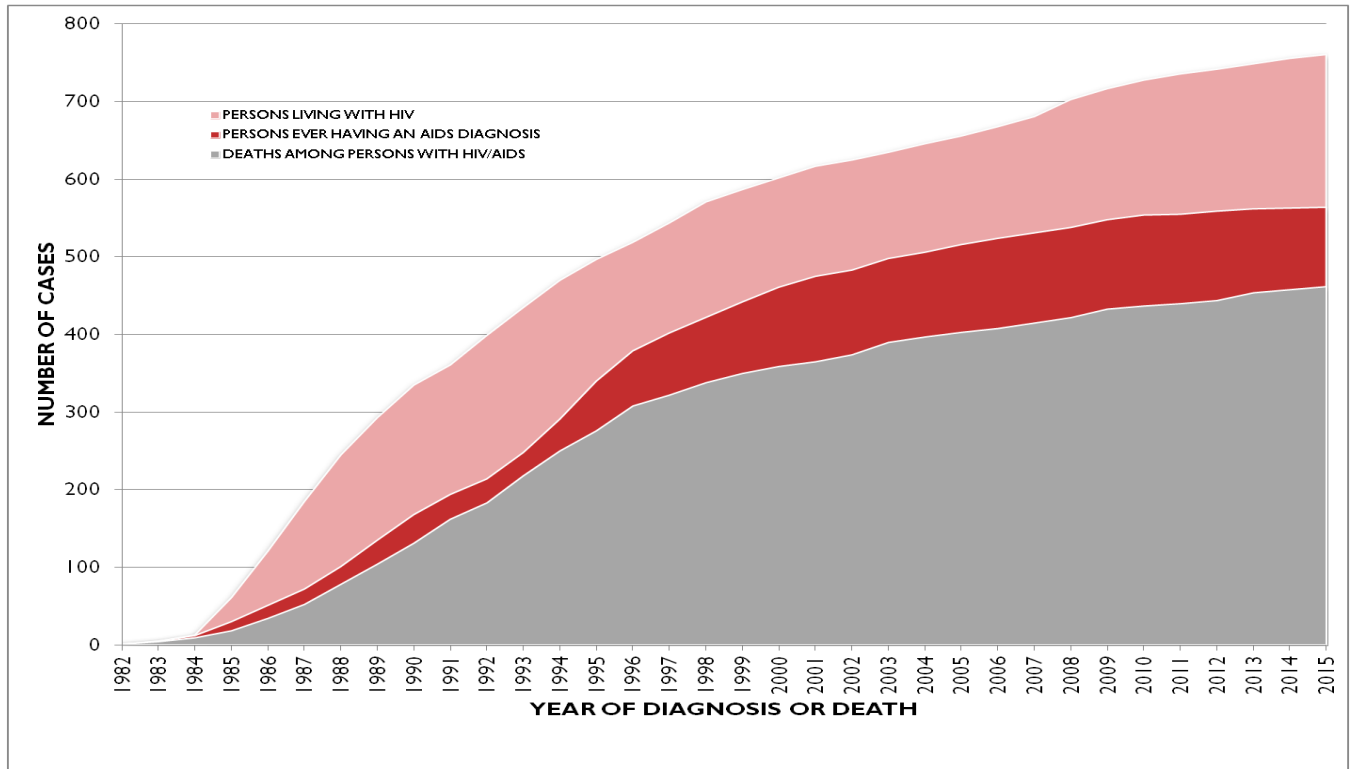


Figure 2. Annual HIV/AIDS cases and deaths, Bermuda: 1982-2015

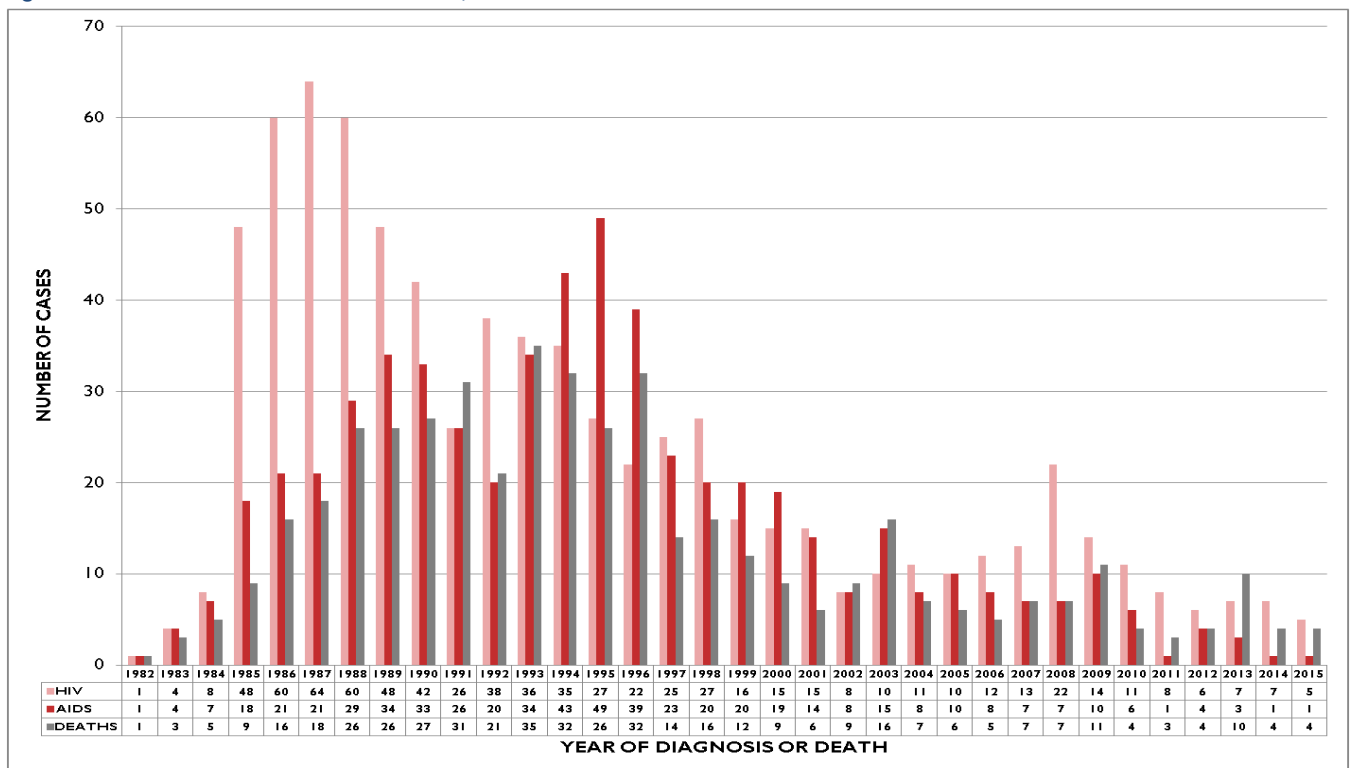


Table 1. Characteristics of cumulative HIV/AIDS cases and deaths among persons with HIV/AIDS, 1982-2015

	HIV		AIDS		DEATHS	
	#	%	#	%	#	%
TOTAL	767	100%	565	100%	464	100%
AGE GROUP						
0-14	7	0.9%	4	0.7%	1	0.2%
15-24	51	6.6%	9	1.6%	6	1.3%
25-44	523	68.2%	385	68.1%	284	61.2%
45-64	149	19.4%	143	25.3%	141	30.4%
65+	16	2.1%	15	2.7%	22	4.7%
Unspecified	21	2.7%	9	1.6%	10	2.2%
GENDER						
Male	577	75.2%	435	77.0%	361	77.8%
Female	190	24.8%	130	23.0%	103	22.2%
RACE						
Black	669	87.2%	508	89.9%	421	90.7%
White & Others	98	12.8%	57	10.1%	43	9.3%
NATIONALITY						
Bermudian	689	89.8%	532	94.2%	451	97.2%
Non-Bermudian	78	10.2%	33	5.8%	13	2.8%
RISK						
MSM	234	30.5%	160	28.3%	128	27.6%
Heterosexual Contact	247	32.2%	167	29.6%	118	25.4%
IDU	230	30.0%	202	35.8%	187	40.3%
MTCT	7	0.9%	4	0.7%	3	0.6%
Blood/Blood products	12	1.6%	8	1.4%	9	1.9%
Unspecified	37	4.8%	24	4.2%	19	4.1%

Table 2. Characteristics of HIV/AIDS cases, deaths among persons with HIV/AIDS and Persons living with HIV/AIDS, 2015

	HIV		AIDS*		DEATHS*		PERSONS LIVING WITH HIV/AIDS	
	#	%	#	%	#	%	#	%
TOTAL	5	100%	1	100%	4	100%	303	100%
AGE GROUP								
0-14	0	0.0%					0	0.0%
15-24	0	0.0%					3	1.0%
25-44	4	80.0%					60	19.8%
45-64	1	20.0%					189	62.4%
65+	0	0.0%					45	14.9%
Unspecified	0	0.0%					6	2.0%
GENDER								
Male	4	80.0%					216	71.3%
Female	1	20.0%					87	28.7%
RACE								
Black	4	80.0%					248	81.8%
White & Others	1	20.0%					55	18.2%
NATIONALITY								
Bermudian	4	80.0%					238	78.5%
Non-Bermudian	1	20.0%					65	21.5%
RISK								
MSM	3	60.0%					106	35.0%
Heterosexual Contact	1	20.0%					129	42.6%
IDU	0	0.0%					43	14.2%
MTCT	0	0.0%					4	1.3%
Blood/Blood products	0	0.0%					3	1.0%
Unspecified	1	20.0%					18	5.9%

* As the number of persons diagnosed with AIDS and the number of deaths among persons with HIV/AIDS in 2015 is low, detailed information is not provided.