

# HIV/AIDS in Bermuda



## Summary of year ended 31 December 2016

Data presented in this report is based on a retrospective analysis of information collected through Bermuda's confidential HIV/AIDS reporting system. Persons diagnosed with HIV in Bermuda are reported to the Epidemiology and Surveillance Unit and interviewed by trained designated staff within the Ministry of Health and Seniors. 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 the interview 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 persons living with HIV*
4. *Availability of appropriate medications for persons living with HIV - Highly Active Anti-Retroviral Therapy (HAART) and antenatal treatment for prevention of mother to child transmission (PMTCT)*
5. *Identification of resources and supports available to persons living with HIV 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 2017. The data is updated as more information becomes available and with 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, the age-group is the person's age at 31 December 2016. Persons are considered to be living with HIV 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.

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## Trends

Following the first reported AIDS case in Bermuda in 1982, 773 persons have been diagnosed with HIV in Bermuda. Of these, 569 persons have had a diagnosis of AIDS and 469 have died either from or with HIV infection. As of 31 December 2016, it is estimated that there are 304 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 2011-2016.

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 may be unrelated to their HIV infection.

**Table 1** shows the cumulative characteristics of HIV/AIDS cases and deaths through 2016.

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 2016 and of persons known to be living with HIV as of 31 December 2016.

Of the new infections in 2016, the transmission risk was reported as sexual contact. Sexual contact has been the most common transmission risk since the late 1980s. As the number of persons diagnosed with AIDS and the number of deaths among persons with HIV in 2016 is low, detailed information is not provided. The majority of persons living with HIV are male, aged 45-64, black, Bermudian and have a reported risk of heterosexual contact.

Figure 1. Cumulative HIV/AIDS cases and deaths, Bermuda: 1982-2016

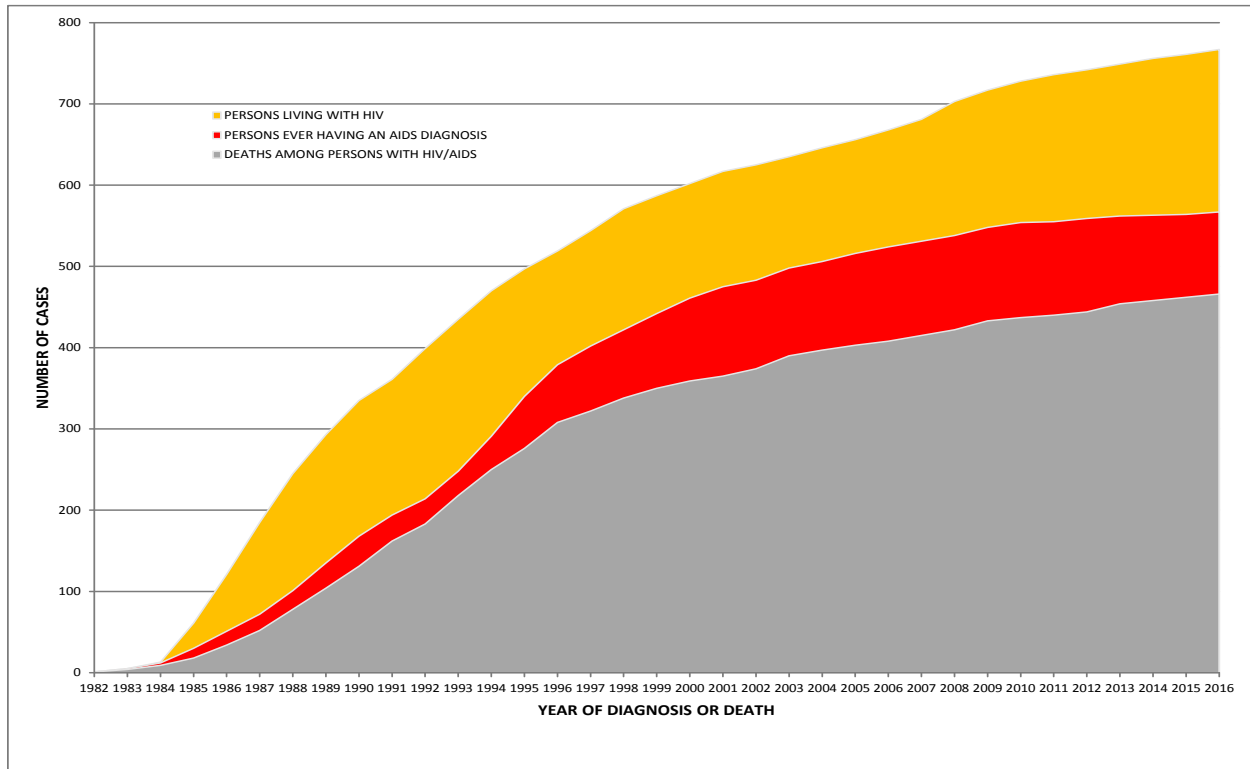
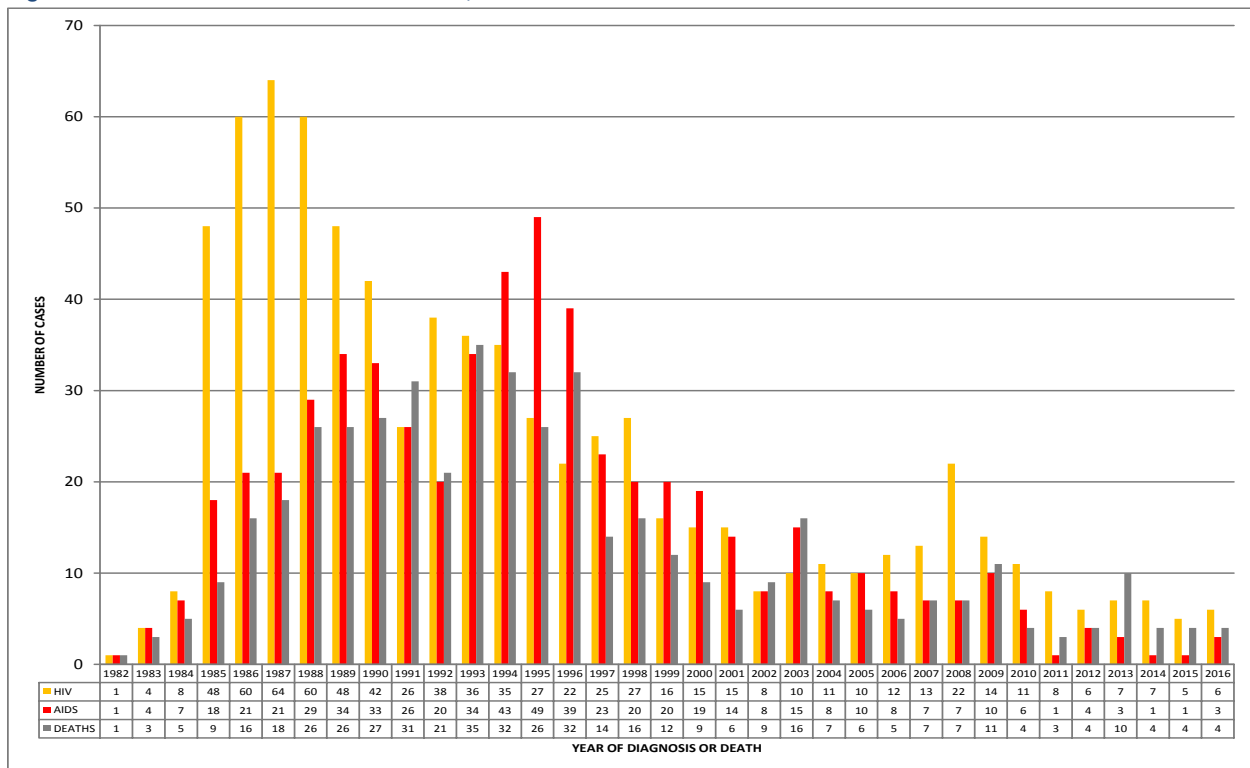


Figure 2. Annual HIV/AIDS cases and deaths, Bermuda: 1982-2015



**Table 1. Characteristics of cumulative HIV/AIDS cases and deaths among persons with HIV/AIDS, 1982-2016**

	HIV		AIDS		DEATHS	
	#	%	#	%	#	%
<b>TOTAL</b>	773	100%	568	100%	469	100%
<b>AGE GROUP</b>						
0-14	7	0.9%	4	0.7%	1	0.2%
15-24	51	6.6%	9	1.6%	6	1.3%
25-44	524	67.8%	385	67.8%	285	60.8%
45-64	154	19.9%	146	25.7%	144	30.7%
65+	16	2.1%	15	2.6%	23	4.9%
Unspecified	21	2.7%	9	1.6%	10	2.1%
<b>GENDER</b>						
Male	582	75.3%	438	77.1%	366	78.0%
Female	191	24.7%	130	22.9%	103	22.0%
<b>RACE</b>						
Black	674	87.2%	510	89.8%	426	90.8%
White & Others	99	12.8%	58	10.2%	43	9.2%
<b>NATIONALITY</b>						
Bermudian	695	89.9%	535	94.2%	456	97.2%
Non-Bermudian	78	10.1%	33	5.8%	13	2.8%
<b>RISK</b>						
MSM	236	30.5%	161	28.3%	130	27.7%
Heterosexual Contact	251	32.5%	169	29.8%	119	25.4%
IDU	230	29.8%	202	35.6%	189	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, 2016**

	HIV		AIDS*		DEATHS*		PERSONS LIVING WITH HIV	
	#	%	#	%	#	%	#	%
<b>TOTAL</b>		100%	3	100%	4	100%	304	100%
<b>AGE GROUP</b>								
0-14	0	0.0%					0	0.0%
15-24	0	0.0%					3	0.7%
25-44	1	16.7%					57	18.8%
45-64	5	83.3%					189	62.2%
65+	0	0.0%					49	16.4%
Unspecified	0	0.0%					6	2.0%
<b>GENDER</b>								
Male	5	83.3%					216	71.1%
Female	1	16.7%					88	28.9%
<b>RACE</b>								
Black	5	83.3%					248	81.6%
White & Others	1	16.7%					56	18.4%
<b>NATIONALITY</b>								
Bermudian	5	83.3%					238	78.3%
Non-Bermudian	1	16.7%					66	21.7%
<b>RISK</b>								
MSM	1	16.7%					106	34.9%
Heterosexual Contact	5	83.3%					132	43.4%
IDU	0	0.0%					41	13.5%
MTCT	0	0.0%					4	1.3%
Blood/Blood products	0	0.0%					3	1.0%
Unspecified	0	0.0%					18	5.9%

\* As the number of persons diagnosed with AIDS and the number of deaths among persons with HIV/AIDS in 2016 is low, detailed information is not provided.