

HIV/AIDS in Bermuda



Summary of year ended 31 December 2017

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 2018. 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 2017. 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.

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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, 568 persons have had a diagnosis of AIDS and 476 have died either from or with HIV infection. As of 31 December 2017, it is estimated that there are 300 persons known to be living with HIV infection in Bermuda, giving an overall prevalence of 0.5%¹.

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 2011-2017. There were no new HIV diagnoses reported in 2017.

AIDS incidence peaked in 1995 with 49 cases reported and has declined since then with 10 or fewer cases reported annually since 2004. There were no new AIDS diagnoses reported in 2017.

Deaths among persons with HIV/AIDS continue to be low, likely due to advancement and availability of care, treatment and support. Additionally, the deaths are occurring among persons of older ages and the reported causes of death among persons with HIV/AIDS may not be directly related to their HIV infection.

Table 1 shows the cumulative characteristics of HIV/AIDS cases and deaths through 2017.

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 persons diagnosed with HIV/AIDS and deaths among persons with HIV/AIDS in 2017. In 2017, there were no reported new HIV or AIDS diagnoses. **Table 2** also provides some information on persons living with HIV/AIDS as of 31 December 2017. The majority of persons living with HIV/AIDS are male, aged 45-64, Bermudian and have a reported risk of sexual contact.

¹ 2017 mid-year population from Bermuda's Population Projections 2016-2026, Department of Statistics (2018)

Figure 1. Reported cumulative number of persons who living with HIV, ever having had an AIDS diagnosis or who have died having had an HIV or AIDS diagnosis, Bermuda; 1982-2017

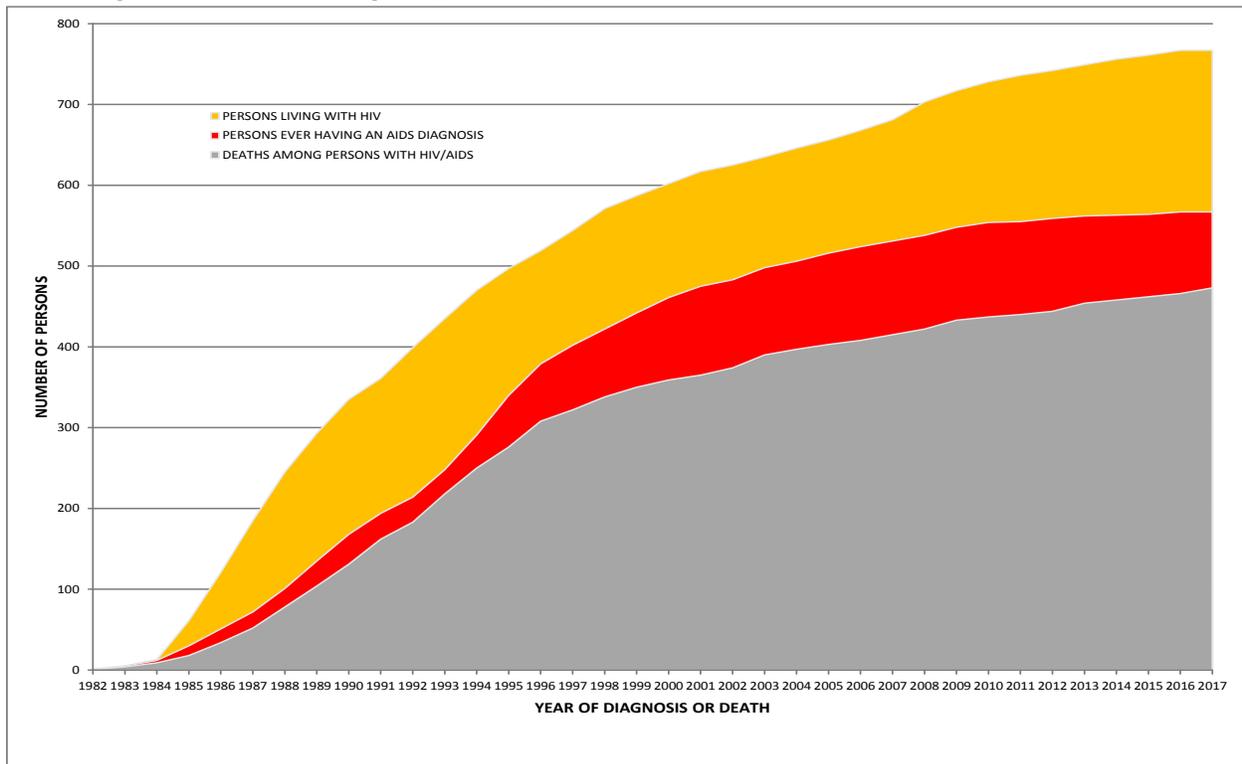


Figure 2. Reported annual number of persons diagnosed with HIV/AIDS and deaths among persons with HIV, Bermuda: 1982-2017

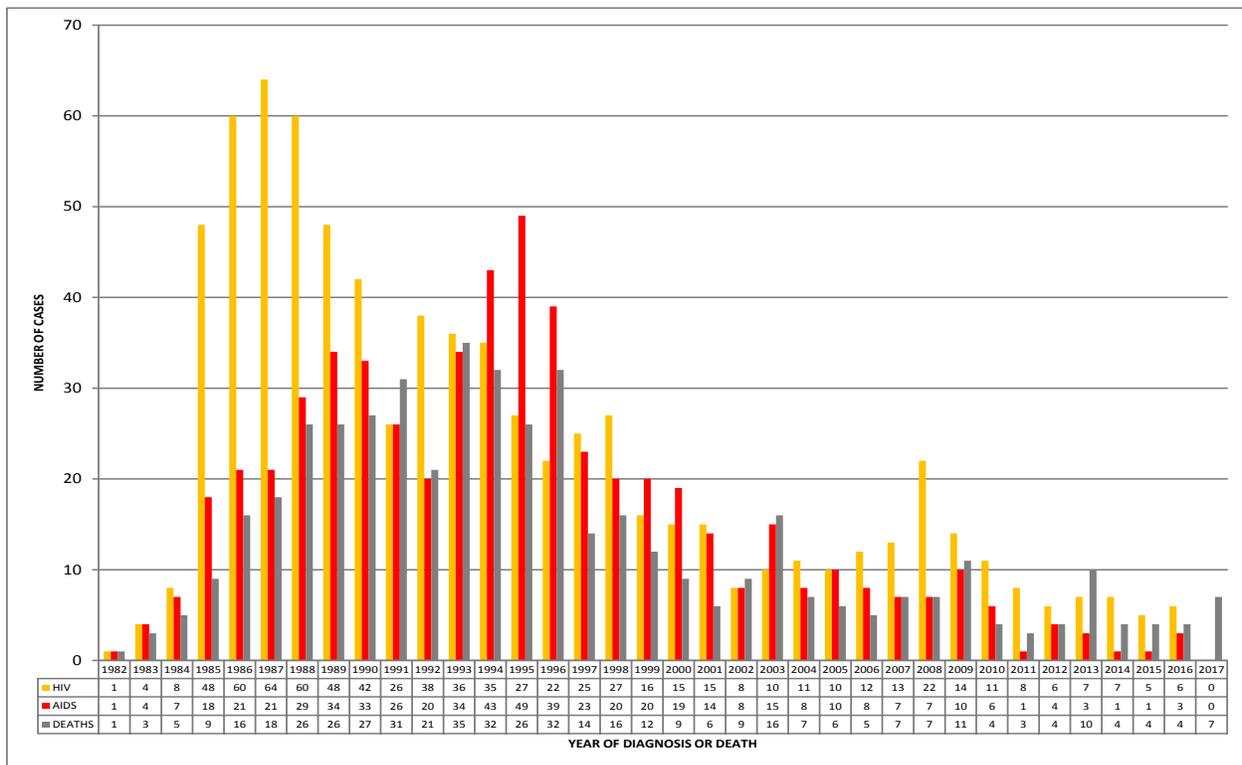


Table 1. Characteristics of persons reported as diagnosed with HIV/AIDS and deaths among persons with HIV/AIDS, Bermuda: 1982-2017

	HIV		AIDS		DEATHS	
	#	%	#	%	#	%
TOTAL	773	100%	568	100%	476	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	524	67.8%	385	67.8%	285	59.9%
45-64	154	19.9%	146	25.7%	147	30.9%
65+	16	2.1%	15	2.6%	27	5.7%
Unspecified	21	2.7%	9	1.6%	10	2.1%
GENDER						
Male	582	75%	438	77%	372	78%
Female	191	25%	130	23%	104	22%
RACE						
Black	674	88%	510	90%	433	91%
White & Others	99	12%	58	10%	43	9%
NATIONALITY						
Bermudian	694	90%	535	94%	463	97%
Non-Bermudian	79	10%	33	6%	13	3%
RISK						
MSM	235	30%	161	28%	131	28%
Heterosexual Contact	252	33%	169	30%	124	26%
IDU	230	30%	202	36%	189	40%
MTCT	7	1%	4	1%	3	1%
Blood/Blood products	12	2%	8	1%	9	2%
Unspecified	37	5%	24	4%	20	4%

Table 2. Characteristics of persons reported as diagnosed with HIV/AIDS, deaths among persons with HIV/AIDS and persons living with HIV/AIDS, Bermuda: 2017

	HIV		AIDS		DEATHS		PERSONS LIVING WITH HIV/AIDS	
	#	%	#	%	#	%	#	%
TOTAL	0	100%	0	100%	7	100%	300	100%
AGE GROUP								
0-14					0	0%	0	0%
15-24					0	0%	2	1%
25-44					0	0%	54	18%
45-64					3	43%	183	61%
65+					4	57%	55	18%
Unspecified					0	0%	6	2%
GENDER								
Male					6	86%	213	71%
Female					1	14%	87	29%
RACE								
Black					7	100%	243	81%
White & Others					0	0%	57	19%
NATIONALITY								
Bermudian					7	100%	231	77%
Non-Bermudian					0	0%	69	23%
RISK								
MSM					1	14%	106	35%
Heterosexual Contact					5	71%	129	43%
IDU					0	0%	41	14%
MTCT					0	0%	4	1%
Blood/Blood products					0	0%	3	1%
Unspecified					1	14%	17	6%