## **HIV in Bermuda**

## Summary of year ended 31 December 2024

HIV is a reportable condition in Bermuda (Public Health Act 1949). The data presented in this report are based on 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 these interviews, information is collected including social demographics and risk behaviours. This information is use for provision of individual care and services, and also to help inform and evaluate HIV-related public health interventions.

## HIV/AIDS Services in Bermuda

- Dissemination of HIV/AIDS information through health education and promotion activities
- Confidential HIV testing with pre- and post-test counseling available
- Epidemiological investigation and contact tracing
- Access to medications for eligible persons living with HIV, including Highly Active Anti-Retroviral Therapy (HAART) and prenatal and antenatal treatment for prevention of mother to child transmission (PMTCT).
- Identification and facilitation of support services from persons living with HIV

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 2025. The data is updated as more information becomes available, 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/AIDS (PLWHA) the age-group is the person's age at 31 December 2024. 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

Since 1982, 800 persons have been diagnosed with HIV in Bermuda. Of these, 571 persons have had a diagnosis of AIDS and 497 have died either from or with HIV infection. As of 31 December 2024, it is estimated that there are 303 persons known to be living with HIV in Bermuda, giving an overall prevalence of  $0.5\%^{1}$ .

**Figure 1** shows the cumulative numbers of persons diagnosed with HIV and AIDS and deaths among persons with HIV while **Figure 2** shows the annual number of persons diagnosed with HIV and AIDS and deaths among persons with HIV.

HIV incidence peaked from 1984-1987 followed by a steady decline over the next 15 years. There was then an increase in persons diagnosed from 2005-2008. This increase may be partly due to improved awareness of the availability of testing. Since then, there has been a general decline with less than 10 new HIV diagnoses reported per year from 2011-2024. There were 8 new HIV diagnoses reported in 2024, a notable increase over previous years.

AIDS incidence peaked in 1995 and has declined since then with 10 or fewer persons reported with an AIDS diagnosis annually since 2004. There were no new AIDS diagnosis reported in 2024.

Deaths among persons with HIV 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 may not be directly related to their HIV infection. There were no reported deaths among persons with a prior diagnosis of HIV reported in 2024.

Table 1 shows the cumulative characteristics of HIV/AIDS cases and deaths through 2024.

The majority of HIV/AIDS diagnoses and deaths have occurred among black males aged 25-44 years. For diagnosis of HIV, sexual contact is the main risk factor (heterosexual contact followed by MSM). However, there have been slightly more AIDS diagnoses and deaths among persons with injection drug use as their main risk factor.

**Table 2** shows the characteristics of persons diagnosed with HIV/AIDS and deaths among persons with HIV/AIDS in 2024. Among the 8 new HIV diagnoses, most new cases were among males aged 25-44 years. A mix of nationalities and racial backgrounds were represented. Sexual contact was the primary mode of transmission reported (MSM followed by heterosexual contact).

**Table 2** also provides some information on persons living with HIV/AIDS as of 31 December 2024. The majority of persons living with HIV/AIDS are black, male, aged 45-64, Bermudian and have a reported risk of sexual contact (heterosexual contact followed by MSM).

<sup>&</sup>lt;sup>1</sup> 2024 mid-year population from Bermuda's Population Projections 2016-2026, Department of Statistics (2018)

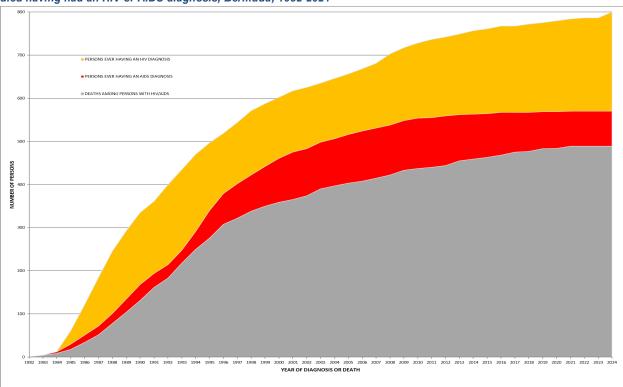


Figure 1. Reported cumulative number of persons who living with HIV, ever having had an AIDS diagnosis or who have died having had an HIV or AIDS diagnosis, Bermuda; 1982-2024

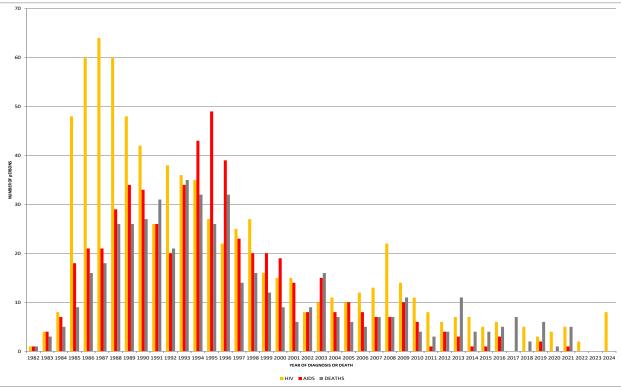


Figure 2. Reported annual number of persons diagnosed with HIV/AIDS and deaths among persons with HIV, Bermuda: 1982-2024 [does not include persons with unknown dates of diagnosis or death]

	HIV		A	DS	DEATHS		
	#	%	#	%		%	
TOTAL	800	100%	571	100%	497	100%	
AGE GROUP							
0-14	7	1%	14	3%	7	1%	
15-24	54	7%	14	570	I	1 70	
25-44	541	68%	386	68%	286	58%	
45-64	163	20%	147	26%	153	31%	
65+	16	2%	15	3%	35	7%	
Unspecified	19	2%	9	2%	16	3%	
GENDER							
Male	603	75%	440	77%	387	78%	
Female	197	25%	131	23%	110	22%	
RACE							
Black	693	87%	512	90%	453	91%	
White & Others	107	13%	59	10%	44	9%	
NATIONALITY							
Bermudian	708	89%	536	94%	483	97%	
Non-Bermudian	92	11%	35	6%	14	3%	
RISK							
MSM	251	31%	162	28%	139	28%	
Heterosexual Contact	262	33%	170	30%	131	26%	
IDU	230	29%	202	35%	193	39%	
МТСТ	8	1%	5	1%	4	1%	
Blood/Blood products	12	2%	8	1%	9	2%	
Unspecified	37	5%	24	4%	21	4%	

Table 1. Characteristics of persons reported as diagnosed with HIV and AIDS and deaths among persons with HIV, Bermuda: 1982-2024

\* Percentages may sum to greater than 100% due to rounding.

Table 2. Characteristics of persons reported as	diagnosed with HIV a	/ and AIDS, deaths among persons with HIV and	าป
persons living with HIV, Bermuda: 2024 <sup>2</sup>	-		

	HIV		AIDS		DEATHS		PERSONS LIVING WITH HIV/AIDS	
	#	%	#	%	#	%	#	%
TOTAL	8	100%	0	100%	0	100%	303	100%
AGE GROUP								
0-14								
15-24							48	16%
25-44								
45-64							150	50%
65+							103	34%
Unspecified							2	1%
GENDER							0.4.0	= 1 0 (
Male							216	71%
Female RACE							87	29%
Black							240	80%
White & Others							63	20%
NATIONALITY							03	2070
Bermudian							225	75%
Non-Bermudian							78	25%
RISK								2070
MSM							112	36%
Heterosexual Contact							131	44%
IDU							37	13%
MTCT							<5	1%
Blood/Blood products							<5	1%
Unspecified							16	5%

<sup>&</sup>lt;sup>2</sup> Where numbers are small, detailed information is not provided to protect confidentiality and prevent inadvertent disclosure.