Human Immunodeficiency Virus Infections
Among Adults and Adolescents in New Mexico

HIV Surveillance and Epidemiology
New Mexico Department of Health
Annual Report
2018

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https://nmhealth.org/about/erd/ideb/haep/
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The HIV Epidemiology and Surveillance Program would like to thank the many dedicated individuals who contribute to HIV surveillance in New Mexico. These providers, laboratories, and surveillance staff support the collection of data upon which this report is based. HIVSEP also thanks its partners within the New Mexico Department of Health, including the Public Health Division’s HIV Prevention, HIV Services, and Sexually Transmitted Disease (STD) Programs. This publication was supported by Cooperative Agreement Number NU62PS924535 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.
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INTRODUCTION

The New Mexico Department of Health (NMDOH) Human Immunodeficiency Virus (HIV) Epidemiology and Surveillance Program (HIVSEP) collects, analyzes, and disseminates surveillance data on HIV infections in New Mexico. This annual surveillance report summarizes information about HIV infections diagnosed in New Mexico by the end of calendar 2018 and analyzed at the end of 2019. This information is used by NMDOH’s public health partners including other agencies, health departments, nonprofit organizations, academic institutions, health care providers and the public to help optimize prevention efforts, plan services, allocate resources, develop policy, and monitor trends in HIV infection.

The 2018 HIV Surveillance Report includes data for adult and adolescent (aged 13 years or older) New Mexicans who are newly diagnosed with an HIV infection or who are living with HIV through the end of 2018. To ensure that the 2018 data are complete and accurate, HIVSEP conducts data collection and follow-up activities for 12 months following the end of 2018 before analyses are performed. Case ascertainment was based on the 2008 revised HIV case definition for adults and adolescents age ≥ 13 years.¹

ORGANIZATION OF THE REPORT

The 2018 HIV Surveillance Report is organized into five sections:

1. New Diagnoses of HIV Infection Stage 1 through Stage 3 (i.e. Acquired Immunodeficiency Syndrome or AIDS)

2. Persons Living with Diagnosed HIV Infection or with Infection Ever Classified as Stage 3 (i.e. AIDS)

3. New Diagnoses of HIV Infection and Persons Living with Diagnosed HIV by New Mexico Public Health Region

4. Deaths and Survival after a Diagnosis of HIV Infection or Stage 3 HIV Infection (i.e. AIDS)

5. Methods and Limitations

HIVSEP staff are available to assist with interpretation of these data and to provide additional analyses. Surveillance data will continue to guide HIV prevention strategies and resource allocation for care services in New Mexico. For questions or comments, please call the HIV Report Hotline at (505) 476-3515.

NEWLY DIAGNOSED STAGE 1 AND STAGE 2 HIV INFECTIONS

During 2018, 125 adult and adolescent (ages 13 years and older) New Mexico residents were diagnosed with a new HIV infection (Table 1.1). This represents a 9.7% decrease from the number of persons diagnosed in 2017. This is consistent with a slight downward trend in new diagnoses of HIV infection observed in New Mexico from 2009 to 2018 (Figure 1.1). Over the most recent five years, there have been an average of 135 new diagnoses per year with no consistent upward or downward trend. The current rate of new diagnoses of HIV infection is 7.1 per 100,000 individuals 13 years and older in New Mexico. This is about half of the 2018 average rate in the United States (13.3 per 100,000). New Mexico is considered a low-moderate HIV morbidity state.

Males constituted the overwhelming majority (79.2%) of people with new diagnoses of HIV infection, with a rate of 11.5 per 100,000. The male rate of these infections is almost 6 times higher than the female rate of 2.0 per 100,000. However, the proportion of newly diagnosed HIV infections among females increased yearly over the last four years from 6.7% of total infections in 2015 to 14.4% in 2018. There was also an increase in new infections among transgender individuals in 2018 compared to the previous four years. An increase in awareness about the importance of collecting gender identity information on newly reported cases may have contributed to this increase.

Hispanic New Mexicans composed 54.4% of new HIV infections, followed by American Indian/Alaska Natives (AIAN) (19.2%) and White individuals (18.4%) (Table 1.1). However, African Americans had the highest rate of new diagnoses (18.4 per 100,000), followed by AIANs (15.6 per 100,000) and Hispanic people (8.3 per 100,000). For both, African Americans and AIANs the rates were 5.8 and 4.9 times higher, respectively, compared to White individuals (3.2 per 100,000). From 2017 to 2018, the rate of new HIV infections increased among Hispanics by 9.2% from 7.6 per 100,000 to 8.3 per 100,000 whereas rates in African Americans, AIANs, and White individuals decreased (Figure 1.2).

Although the total number of new HIV infections decreased over the last 3 years, there were differences observed across age groups (Table 1.1). As in the prior four years, persons 25-34 years of age had the highest proportion (17.9%) and rate (17.9 per 100,000) of new HIV infections in 2018. The rate in this age group increased by 24.3% in the past year, from 14.4 to 17.9 per 100,000 (Figure 1.3). There was also a 33.8% increase in the rate
of new infections among persons 45-54 years of age from 6.5 to 8.7 per 100,000 within the same period. In comparison, the number of new HIV infections in adolescents and young adults 13-24 years old decreased by 43.9% from a total number of 36 to 20 The rate of new HIV infections among persons 35-44 years (Figure 1.3) lowered by 28.6%. As New Mexico is a low morbidity state for HIV, small changes in numbers (e.g. 16 to 21 in the 45-54 years age group) may be due to the normal fluctuation of new diagnoses over time and may not represent a statistically significant change in the age-specific rate.

NMDOH follows definitions from the Centers for Disease Control and Prevention (CDC) in categorizing persons living with HIV by risk factor. Gay/bisexual men and other men who have sex with men (MSM) are historically the most affected group with HIV infection in the United States, as well as in New Mexico. Sixty-nine percent of new HIV diagnoses in the U.S. in 2018 were among MSM. In New Mexico, MSM represent the route of transmission in 67.7% of new infections in males (Figure 1.4). Injection drug use (IDU) and persons with both the MSM and IDU risk factors represent the next most frequent modes of transmission (7.1% each). Since 2015, the proportion of newly diagnosed HIV infections has decreased in males and increased in females. Due to the way that risk categories are defined by CDC, most females living with HIV are categories as unknown or unreported risk category (NIR or NRR), which account for more than three-quarters of all females with new HIV infections in 2018, followed by IDU (16.7%) (Figure 1.5). (See following Technical Note about transmission categories.) It is likely that high risk heterosexual contact (HRH) plays an important role in new HIV infections for women. More information on the risk behaviors of male partners is needed to correctly categorize transmission of HIV infection among heterosexual females. Improving the completeness of risk factor information collected for all new HIV infections will help to better target prevention activities and connect individuals to care.
Adults and Adolescents With HIV in the 50 States and District of Columbia

At the end of 2018, an estimated 1,173,900 people had HIV. 86% of all people with HIV knew they had the virus.

It is important for people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to HIV-negative sex partners.

Although more than half of adults and adolescents with HIV are virally suppressed, more work is needed to increase these rates. For every 100 adults and adolescents with HIV in 2018:

- 65 received some HIV care
- 50 were retained in care
- 56 were virally suppressed

*1 out of 17 Southern states fell below this estimate.
† Had 2 viral load or CD4 tests at least 3 months apart in a year.
‡ Based on most recent viral load test.

## Table 1.1 New Diagnoses of HIV Infection Among Adults & Adolescents, by Year of Diagnosis & Selected Characteristics, 2014—2018, New Mexico

<table>
<thead>
<tr>
<th></th>
<th>N 2014 Ratea % of Total</th>
<th>N 2015 Ratea % of Total</th>
<th>N 2016 Ratea % of Total</th>
<th>N 2017 Ratea % of Total</th>
<th>N 2018 Ratea % of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>130 7.5 --</td>
<td>135 7.8 --</td>
<td>146 8.4 --</td>
<td>138 7.9 --</td>
<td>125 7.1 --</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>110 12.9 84.6%</td>
<td>125 14.6 92.6%</td>
<td>130 15.1 89.0%</td>
<td>120 13.9 87.0%</td>
<td>99 11.5 79.2%</td>
</tr>
<tr>
<td>Female</td>
<td>15 1.7 11.5%</td>
<td>9 1.0 6.7%</td>
<td>13 1.5 8.9%</td>
<td>18 2.0 13.0%</td>
<td>18 2.0 14.4%</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>5 -- 3.8%</td>
<td>1 -- 0.7%</td>
<td>3 -- 2.1%</td>
<td>0 -- -- 0.0%</td>
<td>8 -- 0.6%</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>7 19.4 5.4%</td>
<td>2 5.5 1.5%</td>
<td>3 8.1 2.1%</td>
<td>9 24.1 6.5%</td>
<td>7 18.4 5.6%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>27 18.0 20.8%</td>
<td>15 9.9 11.1%</td>
<td>25 16.4 17.1%</td>
<td>25 16.3 18.1%</td>
<td>24 15.6 19.2%</td>
</tr>
<tr>
<td>Asian/Pacific</td>
<td>0 0.0 0.0%</td>
<td>0 0.0 0.0%</td>
<td>1 3.3 0.7%</td>
<td>1 3.2 0.7%</td>
<td>2 6.2 1.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>66 8.4 50.8%</td>
<td>78 9.8 57.8%</td>
<td>83 10.3 56.8%</td>
<td>62 7.6 44.9%</td>
<td>68 8.3 54.4%</td>
</tr>
<tr>
<td>White</td>
<td>29 3.9 22.3%</td>
<td>39 5.4 28.9%</td>
<td>32 4.4 21.9%</td>
<td>41 5.7 29.7%</td>
<td>23 3.2 18.4%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>1 -- 0.8%</td>
<td>1 -- 0.7%</td>
<td>2 -- 1.4%</td>
<td>0 -- -- 0.0%</td>
<td>1 -- 0.8%</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>24 6.8 18.5%</td>
<td>31 8.9 23.0%</td>
<td>31 9.0 21.2%</td>
<td>36 10.6 26.1%</td>
<td>20 5.9 16.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>48 17.1 36.9%</td>
<td>50 17.8 37.0%</td>
<td>58 20.5 39.7%</td>
<td>41 14.4 29.7%</td>
<td>51 17.9 40.8%</td>
</tr>
<tr>
<td>35-44</td>
<td>26 10.6 20.0%</td>
<td>26 10.6 19.3%</td>
<td>31 12.6 21.2%</td>
<td>33 13.3 23.9%</td>
<td>24 9.5 19.2%</td>
</tr>
<tr>
<td>45-54</td>
<td>21 7.9 16.2%</td>
<td>19 7.3 14.1%</td>
<td>17 6.7 11.6%</td>
<td>16 6.5 11.6%</td>
<td>21 8.7 16.8%</td>
</tr>
<tr>
<td>55+</td>
<td>11 1.9 8.5%</td>
<td>9 1.5 6.7%</td>
<td>9 1.5 6.2%</td>
<td>12 1.9 8.7%</td>
<td>9 1.4 7.2%</td>
</tr>
<tr>
<td><strong>TRANSMISSION CATEGORY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MALE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>77 -- 70.0%</td>
<td>78 -- 62.4%</td>
<td>79 -- 60.8%</td>
<td>81 -- 67.5%</td>
<td>67 -- 67.7%</td>
</tr>
<tr>
<td>IDU</td>
<td>9 -- 8.2%</td>
<td>8 -- 6.4%</td>
<td>6 -- 4.6%</td>
<td>4 -- 3.3%</td>
<td>7 -- 7.1%</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>4 -- 3.6%</td>
<td>14 -- 11.2%</td>
<td>9 -- 6.9%</td>
<td>9 -- 7.5%</td>
<td>7 -- 7.1%</td>
</tr>
<tr>
<td>HRH</td>
<td>3 -- 2.7%</td>
<td>3 -- 2.4%</td>
<td>4 -- 3.1%</td>
<td>2 -- 1.7%</td>
<td>0 -- 0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>12 -- 10.9%</td>
<td>22 -- 17.6%</td>
<td>32 -- 24.6%</td>
<td>24 -- 20.0%</td>
<td>18 -- 18.2%</td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>1 -- 6.7%</td>
<td>3 -- 20.0%</td>
<td>2 -- 15.4%</td>
<td>4 -- 22.2%</td>
<td>3 -- 16.7%</td>
</tr>
<tr>
<td>HTC</td>
<td>1 -- 6.7%</td>
<td>1 -- 6.7%</td>
<td>3 -- 23.1%</td>
<td>1 -- 5.6%</td>
<td>0 -- 0.0%</td>
</tr>
<tr>
<td>Perinatal</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
<td>0 -- 0.0%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>5 -- 33.3%</td>
<td>5 -- 33.3%</td>
<td>8 -- 61.5%</td>
<td>13 -- 72.2%</td>
<td>15 -- 83.3%</td>
</tr>
<tr>
<td><strong>REGION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest</td>
<td>26 14.1 20.0%</td>
<td>25 13.5 18.5%</td>
<td>23 12.5 15.8%</td>
<td>22 12.0 15.9%</td>
<td>28 15.3 22.4%</td>
</tr>
<tr>
<td>Northeast</td>
<td>17 6.7 13.1%</td>
<td>12 4.7 8.9%</td>
<td>20 7.9 13.7%</td>
<td>11 4.3 8.0%</td>
<td>13 5.1 10.4%</td>
</tr>
<tr>
<td>Metro</td>
<td>64 8.5 49.2%</td>
<td>64 8.4 47.4%</td>
<td>76 9.9 52.1%</td>
<td>63 8.2 45.7%</td>
<td>55 7.1 44.0%</td>
</tr>
<tr>
<td>Southeast</td>
<td>7 3.0 5.4%</td>
<td>14 5.9 10.4%</td>
<td>9 3.8 6.2%</td>
<td>18 7.6 13.0%</td>
<td>11 4.6 8.8%</td>
</tr>
<tr>
<td>Southwest</td>
<td>16 5.2 12.3%</td>
<td>14 4.6 10.4%</td>
<td>9 2.9 6.2%</td>
<td>18 5.9 13.0%</td>
<td>11 3.6 8.8%</td>
</tr>
<tr>
<td>Missing</td>
<td>0 0.0 0.0%</td>
<td>0 0.0 0.0%</td>
<td>0 0.0 0.0%</td>
<td>0 0.0 0.0%</td>
<td>0 0.0 0.0%</td>
</tr>
</tbody>
</table>

**NOTE:** Due to rounding, percentages may not total to 100%.

* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year).

a Number of cases per 100,000 >13-year-old New Mexicans
**Figure 1.1** Rate of New Diagnoses of HIV Infection Among Adults & Adolescents per 100,000 Population by Year of Diagnosis & Sex, New Mexico, 2009—2018

**Figure 1.2** Rate of New Diagnoses of HIV Infection Among Adults & Adolescents per 100,000 Population by Year of Diagnosis & Race/Ethnicity, New Mexico, 2009—2018
**Figure 1.3** Rate of New Diagnoses of HIV Infection Among Adults & Adolescents per 100,000 Population by Year of Diagnosis & Age (Years) at Diagnosis, New Mexico, 2009—2018

![Graph showing rate of new diagnoses of HIV infection among adults and adolescents by year of diagnosis and age groups (13-24, 25-34, 35-44, 45-54, 55+).](image)

**Figure 1.4** Proportion of New Diagnoses of HIV Infection Among Adult & Adolescent Males by Year of Diagnosis & Transmission Category, New Mexico, 2009—2018

![Bar chart showing proportion of new diagnoses of HIV infection among adult males by year of diagnosis and transmission category (MSM, IDU, MSM/IDU, HRH, OTHER, NIR or NRR).](image)

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b HRH (High-risk heterosexual), IDU (Injection drug user), MSM (Men who have sex with men), MSM/IDU (Men who have sex with Men and inject drugs), NIR or NRR (No identified risk or No reported risk)
Figure 1.5. Percent of New Diagnoses of HIV Infection Among Adult & Adolescent **Females** by Year of Diagnosis & **Transmission Category**, New Mexico, 2009—2018

Figure 1.6 New Diagnoses of HIV Infection Among Adults & Adolescents by Year of Diagnosis & Region, New Mexico, 2009—2018
NMDOH has categorized the state into five regional areas for public health as a tool for planning and resource allocation. Over the last 5 years, the Northwest Region had the highest rate of new HIV infections, peaking in 2018 with 15.3 per 100,000, an increase of 27.3% compared to 2017 (Figure 1.6). The highly populated Metro Region had the largest number (55) of new HIV diagnoses in 2018, although the rate of new infections has declined annually over the last 3 years from 9.9 per 100,000 in 2016 to 7.1 per 100,000 in 2018. Rates in the southern half of NM, including the Southwest and Southeast Regions both decreased by 39% compared to the 2017, which were the highest regional HIV rates in the last 5 years.

NEWLY DIAGNOSED STAGE 3 HIV INFECTIONS (i.e. AIDS)

During 2018, 43 individuals were newly classified as having a Stage 3 HIV Infection (i.e. AIDS) (Table 1.2). This continues the general downward trend among males over the past 10 years (Figure 1.7). However, females have experienced a slight increase of new Stage-3 diagnoses over the last three years, from 0.5 per 100,000 in 2016 to 0.9 in 2018. This represents an average annual increase of 33%. Three transgender individuals were classified as Stage 3 in 2018. Although the largest proportion of new Stage 3 infections were among Hispanics (48.8%), African Americans had the highest new Stage 3 HIV rate in 2018 (15.3 per 100,000) (Figure 1.8). This represents the highest rate detected in the last five years with a doubling of newly diagnosed Stage 3 infections from 3 in 2017 to 6 in 2018. Interestingly the cases among White individuals decreased 46.7% from 15 to 8. There is a shift of new Stage-3 cases within the population of 13 to 24 (from 8 to 4 cases or a decrease of -50%) to the 25 to 34-year-olds (from 11 to 16 or an increase of 45.5%) in 2018 (Figure 1.9).

Figure 1.7 Rate of New Stage-3 HIV Infection (i.e., AIDS) Among Adults & Adolescents per 100,000 population by Year of Diagnosis & Sex, New Mexico, 2009—2018
From 2017 to 2018, there was a 50% reduction in the number of new Stage 3 infections in young people 13 to 24 years of age from 8 to 4; and a 45.5% increase in adults aged 25 to 34 years from 11 to 16 (Figure 1.9). There has been an overall decrease in new Stage 3 infections in other age groups, except for those in the 45 to 54 years age group.

As new Stage 3 rates in the Metro region declined over the last 5 years from 4.2 in 2014 to 1.7 in 2018, there was an increase of 75% of cases in the Southwest region from 2017 to 2018 (Figure 1.11). About 25% of persons with HIV infections developed Stage 3 within 12 months of diagnosis.

**Figure 1.8** Rate of New Stage-3 HIV Infection (*i.e.*, AIDS) Among Adults & Adolescents per 100,000 population by Year of Diagnosis & Race/Ethnicity, New Mexico, 2009—2018
# Table 1.2 New Stage 3 HIV Infection (i.e. AIDS) Diagnoses Among Adults & Adolescents, by Year of Diagnosis & Selected Characteristics, 2014—2018, New Mexico

<table>
<thead>
<tr>
<th>Region</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Rate(^a)</td>
<td>% of Total</td>
<td>N</td>
<td>Rate(^a)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>60</td>
<td>3.5</td>
<td>--</td>
<td>54</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>47</td>
<td>5.5</td>
<td>78.3%</td>
<td>48</td>
<td>5.6</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
<td>1.1</td>
<td>16.7%</td>
<td>6</td>
<td>0.7</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>3</td>
<td>--</td>
<td>5.0%</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>3</td>
<td>8.3</td>
<td>5.0%</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Al/AN</td>
<td>11</td>
<td>7.3</td>
<td>18.3%</td>
<td>9</td>
<td>5.9</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>0</td>
<td>0.0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>29</td>
<td>3.7</td>
<td>48.3%</td>
<td>27</td>
<td>3.4</td>
</tr>
<tr>
<td>White</td>
<td>16</td>
<td>2.2</td>
<td>26.7%</td>
<td>18</td>
<td>2.5</td>
</tr>
<tr>
<td>Multi-race</td>
<td>1</td>
<td>--</td>
<td>1.7%</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td><strong>AGE, years</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>4</td>
<td>1.1</td>
<td>6.7%</td>
<td>5</td>
<td>1.4</td>
</tr>
<tr>
<td>25-34</td>
<td>13</td>
<td>4.6</td>
<td>21.7%</td>
<td>16</td>
<td>5.7</td>
</tr>
<tr>
<td>35-44</td>
<td>13</td>
<td>5.3</td>
<td>21.7%</td>
<td>17</td>
<td>6.9</td>
</tr>
<tr>
<td>45-54</td>
<td>18</td>
<td>6.8</td>
<td>30.0%</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>55+</td>
<td>12</td>
<td>2.0</td>
<td>20.0%</td>
<td>10</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>TRANSMISSION CATEGORY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MALE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>28</td>
<td>--</td>
<td>59.6%</td>
<td>25</td>
<td>--</td>
</tr>
<tr>
<td>IDU</td>
<td>6</td>
<td>--</td>
<td>12.8%</td>
<td>5</td>
<td>--</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>2</td>
<td>--</td>
<td>4.3%</td>
<td>4</td>
<td>--</td>
</tr>
<tr>
<td>HRH</td>
<td>4</td>
<td>--</td>
<td>8.5%</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>7</td>
<td>--</td>
<td>14.9%</td>
<td>13</td>
<td>--</td>
</tr>
<tr>
<td>Perinatal</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>1</td>
<td>--</td>
<td>10.0%</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>HR6</td>
<td>6</td>
<td>--</td>
<td>60.0%</td>
<td>3</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
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<td>0.0%</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>3</td>
<td>--</td>
<td>30.0%</td>
<td>2</td>
<td>--</td>
</tr>
</tbody>
</table>

**NOTE:** Due to rounding, percentages may not total to 100%.

* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year). *Number of cases per 100,000 >13-year-old New Mexicans.
**Figure 1.9** Rate of New Stage-3 HIV Infection (i.e., AIDS) Among Adults & Adolescents per 100,000 population by Year of Diagnosis & Age at Diagnosis, New Mexico, 2009—2018

![Graph showing the rate of new Stage-3 HIV infection among adults and adolescents in New Mexico from 2009 to 2018, categorized by age and year of diagnosis.](chart1)

**Figure 1.10** Percent of New Stage-3 HIV Infection (i.e., AIDS) Among Adult & Adolescent Males per 100,000 population by Year of Diagnosis & Transmission Category, New Mexico, 2009—2018

![Graph showing the percentage of new Stage-3 HIV infection cases among adult and adolescent males in New Mexico from 2009 to 2018, categorized by transmission category and year of diagnosis.](chart2)
Figure 1.1 Rate of New Stage 3 HIV Infection (i.e., AIDS) Among Adults & Adolescents per 100,000 population by Year of Diagnosis & Region, New Mexico, 2009—2018

SECTION 2: PERSONS LIVING WITH DIAGNOSED HIV INFECTION OR WITH HIV INFECTION EVER CLASSIFIED AS STAGE 3 (I.E. AIDS)

By the end of 2018, a total of 3,875 persons were living with HIV infection (Stages 1 through 3) in New Mexico. More than half or 54.1% of these New Mexicans have were diagnosed with Stage 3 HIV infection in their lifetime. Males comprised 86.7% of the population living with HIV infection, followed by females (12.0%) and transgender individuals (1.3%) (Table 2.1). The highest prevalence rate was in African Americans (658.8 per 100,000) followed by Hispanics (216.7 per 100,000) and AIANs (215.9 per 100,000). Looking at the percentage of HIV Stage 1,2 and 3 infections in each racial/ethnic group, there was higher proportion of HIV Stage 1/2 infections in African Americans compared to Stage 3, whereas there was a higher proportion of Stage 3 in Hispanics and White Americans. Apart from the age at time of diagnosis, the demographic characteristics of persons currently living with HIV was comparable to persons that were newly diagnosed with HIV in 2018. The highest percent of individuals living with HIV infection (Stage 1 through 3) were in the 55+ age group (n=1,372), followed by the 45—54 (n=1,056), 35—44 (n=750), 25—34 (n=585), and 13—24 (n=112), reflecting the fact that individuals aged with the disease due to new medications and treatment options.
Table 2.1 Adults & Adolescents Living with HIV or Stage 3 HIV infection (i.e., AIDS) by Selected Characteristics, Year-end 2018, New Mexico

<table>
<thead>
<tr>
<th></th>
<th>HIV</th>
<th></th>
<th>Stage-3 HIV Infection</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Rate(^a)</td>
<td>% of total</td>
<td>N</td>
<td>Rate(^a)</td>
<td>% of total</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,777</td>
<td>101.1</td>
<td>45.9%</td>
<td>2,098</td>
<td>119.4</td>
<td>54.1%</td>
</tr>
<tr>
<td>SEX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1,511</td>
<td>174.8</td>
<td>85.0%</td>
<td>1,847</td>
<td>213.6</td>
<td>88.0%</td>
</tr>
<tr>
<td>Female</td>
<td>237</td>
<td>26.6</td>
<td>13.3%</td>
<td>229</td>
<td>25.7</td>
<td>10.9%</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>29</td>
<td>--</td>
<td>1.6%</td>
<td>22</td>
<td>--</td>
<td>1.0%</td>
</tr>
<tr>
<td>RACE/ETHNICITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>141</td>
<td>371.6</td>
<td>7.9%</td>
<td>109</td>
<td>287.3</td>
<td>5.2%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>173</td>
<td>112.5</td>
<td>9.7%</td>
<td>159</td>
<td>103.4</td>
<td>7.6%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>16</td>
<td>49.9</td>
<td>0.9%</td>
<td>11</td>
<td>34.3</td>
<td>0.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>847</td>
<td>102.8</td>
<td>47.7%</td>
<td>938</td>
<td>113.9</td>
<td>44.7%</td>
</tr>
<tr>
<td>White</td>
<td>573</td>
<td>80.7</td>
<td>32.2%</td>
<td>836</td>
<td>117.8</td>
<td>39.8%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>27</td>
<td>--</td>
<td>1.5%</td>
<td>45</td>
<td>--</td>
<td>2.1%</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>89</td>
<td>26.4</td>
<td>5.0%</td>
<td>23</td>
<td>6.8</td>
<td>1.1%</td>
</tr>
<tr>
<td>25-34</td>
<td>431</td>
<td>151.4</td>
<td>24.3%</td>
<td>154</td>
<td>54.1</td>
<td>7.3%</td>
</tr>
<tr>
<td>35-44</td>
<td>417</td>
<td>165.8</td>
<td>23.5%</td>
<td>333</td>
<td>132.4</td>
<td>15.9%</td>
</tr>
<tr>
<td>45-54</td>
<td>408</td>
<td>168.9</td>
<td>23.0%</td>
<td>648</td>
<td>268.3</td>
<td>30.9%</td>
</tr>
<tr>
<td>55+</td>
<td>432</td>
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<td>24.3%</td>
<td>940</td>
<td>146.4</td>
<td>44.8%</td>
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<tr>
<td>TRANSMISSION CATEGORY*</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSU</td>
<td>1,073</td>
<td>--</td>
<td>71.0%</td>
<td>1,291</td>
<td>--</td>
<td>69.90%</td>
</tr>
<tr>
<td>IDU</td>
<td>72</td>
<td>--</td>
<td>4.8%</td>
<td>121</td>
<td>--</td>
<td>6.60%</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>142</td>
<td>--</td>
<td>59.9%</td>
<td>204</td>
<td>--</td>
<td>11.00%</td>
</tr>
<tr>
<td>HRH</td>
<td>61</td>
<td>--</td>
<td>25.7%</td>
<td>76</td>
<td>--</td>
<td>4.10%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>--</td>
<td>1.3%</td>
<td>12</td>
<td>--</td>
<td>0.60%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>160</td>
<td>--</td>
<td>67.5%</td>
<td>143</td>
<td>--</td>
<td>7.70%</td>
</tr>
<tr>
<td>FEMALE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>40</td>
<td>--</td>
<td>16.9%</td>
<td>60</td>
<td>--</td>
<td>26.20%</td>
</tr>
<tr>
<td>HRH</td>
<td>108</td>
<td>--</td>
<td>45.6%</td>
<td>118</td>
<td>--</td>
<td>51.50%</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>--</td>
<td>1.7%</td>
<td>7</td>
<td>--</td>
<td>3.10%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>85</td>
<td>--</td>
<td>35.9%</td>
<td>44</td>
<td>--</td>
<td>19.20%</td>
</tr>
<tr>
<td>REGION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northwest</td>
<td>196</td>
<td>107.2</td>
<td>11.0%</td>
<td>186</td>
<td>101.7</td>
<td>8.9%</td>
</tr>
<tr>
<td>Northeast</td>
<td>278</td>
<td>108.8</td>
<td>15.6%</td>
<td>401</td>
<td>157.0</td>
<td>19.1%</td>
</tr>
<tr>
<td>Metro</td>
<td>893</td>
<td>115.6</td>
<td>50.3%</td>
<td>1,057</td>
<td>136.8</td>
<td>50.4%</td>
</tr>
<tr>
<td>Southeast</td>
<td>113</td>
<td>47.7</td>
<td>6.4%</td>
<td>123</td>
<td>51.9</td>
<td>5.9%</td>
</tr>
<tr>
<td>Southwest</td>
<td>285</td>
<td>92.2</td>
<td>16.0%</td>
<td>123</td>
<td>39.8</td>
<td>5.9%</td>
</tr>
<tr>
<td>Missing</td>
<td>12</td>
<td>0.7</td>
<td>0.7%</td>
<td>324</td>
<td>104.8</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

NOTE: Due to rounding, percentages may not total to 100%.  
* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year).  
  \(^a\)number of cases per 100,000 >13-year-old New Mexican
As there are still difficulties in collecting adequate information about gender identity, the number of transgender individuals living with HIV was likely underreported in New Mexico. Of the 51 transgender persons that live with HIV in New Mexico, 93.3% identify as Male to Female (MTF) and only 6.7% identify as Female to Male (FTM). The largest percentage of cases were in the 45-54 years age group (40%) followed by 35-44 (34%) and 55+ (23%) years (Figure 2.1). Hispanic persons were by far the most prevalent racial/ethnic group (45%) among the HIV-positive transgender community. The majority of transgender persons living with HIV resided in the Metro Region (53%), followed by the Southwest (20%) and Northeast (16%) Regions. Currently Trans women are still reported as men (sex at birth) when it comes to transmission risk, resulting in them being reported as MSM and not as HRH. As Trans women have the highest percentage of lifetime HIV infections, it is important to improve data collection and analysis in the future.

Figure 2.1. Transgender Individuals living with HIV at any Stage in New Mexico in 2018 by A) Age Group and B) Race/Ethnicity and C) New Mexico Health Region
SECTION 3: NEW DIAGNOSES OF HIV INFECTION AND PERSONS LIVING WITH DIAGNOSED HIV INFECTION BY NM PUBLIC HEALTH REGION

The largest number of persons living with HIV infection in 2018 resided in the Metropolitan Region (n=1,950); however, the region with the highest rate of HIV was the Northeast (265.8 per 100,000) (Table 3.3).

Compared to other regions, the Northeast Region, which includes large cities like Santa Fe, had the largest percentage of HIV positive individuals who were White (48.9%) (Table 3.1). Most persons living with HIV in the Northeast Region were 55+ years old (48.3%), making this region of the state by far the “oldest” when it comes to HIV infected individuals, followed by the Metro Region (36.2%). The Northeast Region had an exceptionally high rate of African Americans (901.9 per 100,000) living with HIV, which was almost three times the rate of the Southeast (Table 3.4). Northwest New Mexico, home to the Navajo Nation, Zuni Pueblo, and the Jicarilla Apache Tribe, had the highest number (189) and proportion (49.5%) of HIV infections among AIAN in the state. (Table 3.2). Although transmission risk in New Mexico was mostly MSM for males and HRH for females, injection drug use was a common mode of transmission, especially in the Southwest Region for both males (20.0%) and females (22.4%) (Table 3.5) and in the Metro Region for females (26.5%). The percentage of “Other” transmission risk factors was very high for women in the Northwest Region, while it was negligible in the rest of the state.
### Table 3.1 Diagnoses of HIV Infection Among Adults & Adolescents, 2014—2018, & Persons Living with HIV or Stage 3 HIV infection (i.e., AIDS), Year-end 2018, by Selected Characteristics — Northeast Region

<table>
<thead>
<tr>
<th></th>
<th>2014-2018 New Diagnoses of HIV</th>
<th>2018 Persons Living with HIV or Stage 3 HIV Infection</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Average Annual Rate</td>
<td>% of Total</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>73</td>
<td>28.6</td>
<td>--</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>64</td>
<td>51.1</td>
<td>87.7%</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>6.1</td>
<td>11.0%</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>1</td>
<td>--</td>
<td>1.4%</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>2</td>
<td>75.2</td>
<td>2.7%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>3</td>
<td>29.1</td>
<td>4.1%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>2</td>
<td>49.0</td>
<td>2.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>44</td>
<td>32.4</td>
<td>60.3%</td>
</tr>
<tr>
<td>White</td>
<td>22</td>
<td>21.5</td>
<td>30.1%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>8</td>
<td>20.5</td>
<td>11.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>3</td>
<td>9.0</td>
<td>4.1%</td>
</tr>
<tr>
<td>35-44</td>
<td>24</td>
<td>73.4</td>
<td>32.9%</td>
</tr>
<tr>
<td>45-54</td>
<td>44</td>
<td>121.9</td>
<td>60.3%</td>
</tr>
<tr>
<td>55+</td>
<td>7</td>
<td>6.1</td>
<td>9.6%</td>
</tr>
<tr>
<td><strong>TRANSMISSION CATEGORY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MALE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>43</td>
<td>--</td>
<td>67.2%</td>
</tr>
<tr>
<td>IDU</td>
<td>1</td>
<td>--</td>
<td>1.6%</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>5</td>
<td>--</td>
<td>7.8%</td>
</tr>
<tr>
<td>HRH</td>
<td>2</td>
<td>--</td>
<td>3.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>13</td>
<td>--</td>
<td>20.3%</td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
</tr>
<tr>
<td>HRH</td>
<td>2</td>
<td>--</td>
<td>25.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
</tr>
<tr>
<td>Perinatal</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>6</td>
<td>--</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

**NOTE:** Due to rounding, percentages may not total to 100%.

* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year).  
  *number of cases per 100,000 >13-year-old New Mexicans
<table>
<thead>
<tr>
<th>Table 3.2 New Diagnoses of HIV Infection Among Adults &amp; Adolescents, 2014—2018, &amp; Persons Living with HIV or Stage 3 HIV infection (i.e., AIDS), Year-end 2018, by Selected Characteristics — Northwest Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014—2018 New Diagnoses of HIV</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Transgender (all)</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
</tr>
<tr>
<td>African Am.</td>
</tr>
<tr>
<td>AI/AN</td>
</tr>
<tr>
<td>Asian/PI</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Multi-race</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
</tr>
<tr>
<td>13-24</td>
</tr>
<tr>
<td>25-34</td>
</tr>
<tr>
<td>35-44</td>
</tr>
<tr>
<td>45-54</td>
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<tr>
<td>55+</td>
</tr>
<tr>
<td><strong>TRANSMISSION CATEGORY</strong></td>
</tr>
<tr>
<td><strong>MALE</strong></td>
</tr>
<tr>
<td>MSM</td>
</tr>
<tr>
<td>IDU</td>
</tr>
<tr>
<td>MSM/IDU</td>
</tr>
<tr>
<td>HRH</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>NIR or NRR</td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
</tr>
<tr>
<td>IDU</td>
</tr>
<tr>
<td>HRH</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>NIR or NRR</td>
</tr>
</tbody>
</table>

NOTE: Due to rounding, percentages may not total to 100%.  
* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year).  
* Number of cases per 100,000 >13-year-old New Mexicans.
### Table 3.3 Diagnoses of HIV Infection Among Adults & Adolescents, 2014—2018, & Persons Living with HIV or Stage 3 HIV infection (i.e., AIDS), Year-end 2018, by Selected Characteristics — Metropolitan Region

<table>
<thead>
<tr>
<th></th>
<th>2014-2018 New Diagnoses of HIV</th>
<th>2018 Persons Living with HIV or Stage 3 HIV infection</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Rate$^a$</td>
<td>% of Total</td>
<td>N</td>
<td>Rate$^a$</td>
</tr>
<tr>
<td></td>
<td>Rate$^a$</td>
<td>% of Total</td>
<td>N</td>
<td>Rate$^a$</td>
<td>% of Total</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>322</td>
<td>41.7</td>
<td>893</td>
<td>115.6</td>
</tr>
<tr>
<td></td>
<td>SEX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>285</td>
<td>75.6</td>
<td>88.5%</td>
<td>783</td>
<td>207.6</td>
</tr>
<tr>
<td>Female</td>
<td>32</td>
<td>8.1</td>
<td>9.9%</td>
<td>99</td>
<td>25.0</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>5</td>
<td>--</td>
<td>1.6%</td>
<td>11</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>RACE/ETHNICITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>19</td>
<td>92.5</td>
<td>5.9%</td>
<td>99</td>
<td>482.0</td>
</tr>
<tr>
<td>AI/AN</td>
<td>31</td>
<td>73.9</td>
<td>9.6%</td>
<td>58</td>
<td>138.2</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
<td>7</td>
<td>35.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>0.3</td>
<td>0.3%</td>
<td>421</td>
<td>115.6</td>
</tr>
<tr>
<td>White</td>
<td>191</td>
<td>58.6</td>
<td>59.3%</td>
<td>293</td>
<td>89.9</td>
</tr>
<tr>
<td>Multi-race</td>
<td>77</td>
<td>--</td>
<td>23.9%</td>
<td>15</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>84</td>
<td>60.0</td>
<td>26.1%</td>
<td>53</td>
<td>37.8</td>
</tr>
<tr>
<td>25-34</td>
<td>114</td>
<td>87.5</td>
<td>35.4%</td>
<td>232</td>
<td>178.1</td>
</tr>
<tr>
<td>35-44</td>
<td>62</td>
<td>53.2</td>
<td>19.3%</td>
<td>195</td>
<td>167.3</td>
</tr>
<tr>
<td>45-54</td>
<td>44</td>
<td>39.7</td>
<td>13.7%</td>
<td>201</td>
<td>181.4</td>
</tr>
<tr>
<td>55+</td>
<td>18</td>
<td>6.5</td>
<td>5.6%</td>
<td>212</td>
<td>77.1</td>
</tr>
<tr>
<td></td>
<td>TRANSMISSION CATEGORY$^*$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MALE</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>201</td>
<td>--</td>
<td>70.5%</td>
<td>587</td>
<td>--</td>
</tr>
<tr>
<td>IDU</td>
<td>19</td>
<td>--</td>
<td>6.7%</td>
<td>24</td>
<td>--</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>21</td>
<td>--</td>
<td>7.4%</td>
<td>75</td>
<td>--</td>
</tr>
<tr>
<td>HRH</td>
<td>7</td>
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<td>2.5%</td>
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</tr>
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<td>Other</td>
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<td>0.0%</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>37</td>
<td>--</td>
<td>13.0%</td>
<td>66</td>
<td>--</td>
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<tr>
<td></td>
<td>FEMALE</td>
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<tr>
<td>IDU</td>
<td>7</td>
<td>--</td>
<td>21.9%</td>
<td>22</td>
<td>--</td>
</tr>
<tr>
<td>HRH</td>
<td>3</td>
<td>--</td>
<td>9.4%</td>
<td>42</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>--</td>
<td>0.0%</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>22</td>
<td>--</td>
<td>68.8%</td>
<td>33</td>
<td>--</td>
</tr>
</tbody>
</table>

NOTE: Due to rounding, percentages may not total to 100%.

* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year). *Number of cases per 100,000 >13-year-old New Mexicans
Table 3.4 Diagnoses of HIV Infection Among Adults & Adolescents, 2014—2018, & Persons Living with HIV or HIV Stage 3 infection (i.e., AIDS), Year-end 2018, by Selected Characteristics — Southeast Region

<table>
<thead>
<tr>
<th></th>
<th>2014-2018 New Diagnoses of HIV</th>
<th>2018 Persons Living with HIV or Stage 3 HIV infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Average Annual Rate*</td>
</tr>
<tr>
<td>TOTAL</td>
<td>59</td>
<td>24.9</td>
</tr>
<tr>
<td>SEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52</td>
<td>43.5</td>
</tr>
<tr>
<td>Female</td>
<td>6</td>
<td>5.1</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>RACE/ETHNICITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>4</td>
<td>57.8</td>
</tr>
<tr>
<td>AI/AN</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Hispanic</td>
<td>30</td>
<td>26.4</td>
</tr>
<tr>
<td>White</td>
<td>23</td>
<td>20.7</td>
</tr>
<tr>
<td>Multi-race</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>12</td>
<td>23.6</td>
</tr>
<tr>
<td>25-34</td>
<td>19</td>
<td>46.4</td>
</tr>
<tr>
<td>35-44</td>
<td>14</td>
<td>40.4</td>
</tr>
<tr>
<td>45-54</td>
<td>11</td>
<td>34.9</td>
</tr>
<tr>
<td>55+</td>
<td>3</td>
<td>3.8</td>
</tr>
<tr>
<td>TRANSMISSION CATEGORY*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>30</td>
<td>--</td>
</tr>
<tr>
<td>IDU</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>3</td>
<td>--</td>
</tr>
<tr>
<td>HRH</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>18</td>
<td>--</td>
</tr>
<tr>
<td>FEMALE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>1</td>
<td>--</td>
</tr>
<tr>
<td>HRH</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>5</td>
<td>--</td>
</tr>
</tbody>
</table>

NOTE: Due to rounding, percentages may not total to 100%.
* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year).
*number of cases per 100,000 >13-year-old New Mexicans.
Table 3.5 Diagnoses of HIV Infection Among Adults & Adolescents, 2014—2018, & Persons Living with HIV or HIV Stage 3 infection (i.e., AIDS), Year-end 2018, by Selected Characteristics — Southwest Region

<table>
<thead>
<tr>
<th></th>
<th>2014-2018 Diagnoses of New HIV</th>
<th>2018 Persons Living with HIV or Stage 3 HIV Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Average Annual Rate(a)</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>85</td>
<td>55.5</td>
</tr>
<tr>
<td>Female</td>
<td>8</td>
<td>5.1</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>3</td>
<td>47.5</td>
</tr>
<tr>
<td>AI/AN</td>
<td>1</td>
<td>13.9</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>60</td>
<td>34.3</td>
</tr>
<tr>
<td>White</td>
<td>31</td>
<td>26.5</td>
</tr>
<tr>
<td>Multi-race</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>19</td>
<td>27.1</td>
</tr>
<tr>
<td>25-34</td>
<td>26</td>
<td>54.2</td>
</tr>
<tr>
<td>35-44</td>
<td>24</td>
<td>60.0</td>
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<tr>
<td>45-54</td>
<td>12</td>
<td>31.6</td>
</tr>
<tr>
<td>55+</td>
<td>14</td>
<td>12.3</td>
</tr>
<tr>
<td><strong>TRANSMISSION CATEGORY(^a)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MALE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>55</td>
<td>--</td>
</tr>
<tr>
<td>IDU</td>
<td>4</td>
<td>--</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>10</td>
<td>--</td>
</tr>
<tr>
<td>HRH</td>
<td>4</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>12</td>
<td>--</td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>3</td>
<td>--</td>
</tr>
<tr>
<td>HRH</td>
<td>2</td>
<td>--</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>3</td>
<td>--</td>
</tr>
</tbody>
</table>

NOTE: Due to rounding, percentages may not total to 100%.
* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males or females for the respective analysis year). \(^a\)number of cases per 100,000 >13-year-old New Mexicans
SECTION 4: DEATHS AND SURVIVAL AFTER A DIAGNOSIS OF HIV INFECTION OR STAGE 3 HIV INFECTION (i.e. AIDS)

The number of deaths among persons living with HIV or Stage 3 HIV Infection in New Mexico has decreased over the past 10 years. (Figure 4.1). While the numbers of deaths among both HIV Stage 1/2 and Stage 3 classified individuals in 2017 decreased by about 74.4% compared to 2016, there was an increase in deaths for HIV Stage 1/2 infected individuals from 2017 to 2018. The number of deaths among persons with Stage 3 infections remained virtually the same in the past two years. However, there was an increase of deaths for persons who have HIV but not Stage 3 diagnosis. During the 2009—2013 period (i.e. the most recent period with 1, 3 and 5 years of complete survival data), survival after diagnosis with Stage 3 HIV infection has remained high after 5 years (85.2%), with people classified as Stage 3 in 2013 having the least chance of survival over the 60-month period (81.0%) (Table 4). Whereas young individuals almost all survived for at least 5 years, those over 55 years old had a death rate of 28.3%. American Indian/Alaska Native persons with Stage 3 infection had the lowest survival rate with 1 in 4 people dying within 60 months and 1 in 10 within the first year. African Americans (91.7%) and Whites (90.0%) had the highest probabilities of survival at five years. When it comes to risk behavior, there was an extremely low percentage of survival for males without a known risk. Excluding this risk group, HIV positive persons that injected drugs had the lowest chance of survival (74.3% in males and 80.6% in females) after 5 years.

Figure 4.1 Deaths of Persons with Diagnosed HIV Infection or Stage 3 (i.e., AIDS), by Year of Death, New Mexico, 2009—2018
Table 4. Survival of HIV Stage 3 (i.e., AIDS) cases that were classified as such between 2009 and 2013 for more than 12, 36, and 60 months.

<table>
<thead>
<tr>
<th>Total Number Stage 3 HIV (i.e., AIDS) Infections (2009-2013)</th>
<th>Period of Survival after Stage 3 HIV infection Diagnosis</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&gt; 12 months</td>
<td>&gt; 36 months</td>
<td>&gt; 60 months</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>% Survival</td>
<td>N</td>
</tr>
<tr>
<td>TOTAL</td>
<td>717</td>
<td>671</td>
<td>637</td>
</tr>
<tr>
<td>SEX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>620</td>
<td>581</td>
<td>93.7%</td>
</tr>
<tr>
<td>Female</td>
<td>91</td>
<td>84</td>
<td>92.3%</td>
</tr>
<tr>
<td>Transgender (all)</td>
<td>6</td>
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</tr>
<tr>
<td>RACE/ETHNICITY</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African Am.</td>
<td>48</td>
<td>48</td>
<td>100.0%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>101</td>
<td>91</td>
<td>90.1%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>4</td>
<td>4</td>
<td>100.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>311</td>
<td>285</td>
<td>91.6%</td>
</tr>
<tr>
<td>White</td>
<td>229</td>
<td>219</td>
<td>95.6%</td>
</tr>
<tr>
<td>Multi-race</td>
<td>24</td>
<td>24</td>
<td>100.0%</td>
</tr>
<tr>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-24</td>
<td>45</td>
<td>45</td>
<td>100.0%</td>
</tr>
<tr>
<td>25-34</td>
<td>213</td>
<td>201</td>
<td>94.4%</td>
</tr>
<tr>
<td>35-44</td>
<td>221</td>
<td>209</td>
<td>94.6%</td>
</tr>
<tr>
<td>45-54</td>
<td>146</td>
<td>137</td>
<td>93.8%</td>
</tr>
<tr>
<td>55+</td>
<td>92</td>
<td>79</td>
<td>85.9%</td>
</tr>
<tr>
<td>TRANSMISSION CATEGORY*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM</td>
<td>402</td>
<td>386</td>
<td>96.0%</td>
</tr>
<tr>
<td>IDU</td>
<td>35</td>
<td>32</td>
<td>91.4%</td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>74</td>
<td>70</td>
<td>94.6%</td>
</tr>
<tr>
<td>HRH</td>
<td>38</td>
<td>33</td>
<td>86.8%</td>
</tr>
<tr>
<td>Other</td>
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<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>71</td>
<td>11</td>
<td>15.5%</td>
</tr>
<tr>
<td>FEMALE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IDU</td>
<td>31</td>
<td>30</td>
<td>96.8%</td>
</tr>
<tr>
<td>HRH</td>
<td>32</td>
<td>31</td>
<td>96.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>NIR or NRR</td>
<td>27</td>
<td>22</td>
<td>81.5%</td>
</tr>
<tr>
<td>YEAR of STAGE-3 HIV Diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>192</td>
<td>176</td>
<td>91.7%</td>
</tr>
<tr>
<td>2010</td>
<td>156</td>
<td>146</td>
<td>93.6%</td>
</tr>
<tr>
<td>2011</td>
<td>128</td>
<td>121</td>
<td>94.5%</td>
</tr>
<tr>
<td>2012</td>
<td>125</td>
<td>121</td>
<td>96.8%</td>
</tr>
<tr>
<td>2013</td>
<td>116</td>
<td>107</td>
<td>92.2%</td>
</tr>
</tbody>
</table>

NOTE: Due to rounding, percentages may not total to 100%.

* Percentages represent the proportion of persons with the risk behavior from the total respective gender group (i.e., denominator was the total number of males and/or females for the respective analysis year).

*number of cases per 100,000 >13-year-old New Mexicans
STRENGTHS AND LIMITATIONS

HIV surveillance reports are not representative of all persons infected with HIV because not all infected persons have been tested and reported to NMDOH. According to the 2018 CDC HIV Surveillance report it is estimated that about 14% (or 1 in 7) of infections are not detected yet and individuals may live for years with an untreated HIV infection (https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html). Some persons infected with HIV may have been tested anonymously; these cases are not included in this report. It is also possible that some tested and HIV positive persons living in NM have not been reported to the NMDOH. The data presented in this report provide a minimum estimate of New Mexico residents known to be infected with HIV.

Due to the ongoing nature of HIV data collection, readers may notice differences between the statistics reported across annual reports. These differences result from a variety of factors including: the national interstate de-duplication process (i.e. Routine Interstate De-Duplication Report, a.k.a, ‘RIDR’), eHARS database conversions and updates, data quality checks, and occasional redefinition of terms. As it is difficult for NMDOH to monitor migration of individuals into and out of New Mexico, the most recent known address may not reflect current residence.

Another consideration involves incidence estimation. To monitor the cases, it is ideal to estimate ‘true incidence’ using the date of infection. There exist specific laboratory methods that can estimate the date of infection; however, these methods are not available in New Mexico. Therefore, because the actual date of infection for an individual is not known, this report emphasizes new diagnoses of HIV rather than incidence of HIV infection.

Data on transgender individuals is particularly subject to limitations. Information on transgender individuals is dependent on reporting health care providers indicating them as such in case report forms sent to the NMDOH HIVSEP; however, given issues of stigma and lack of awareness among health care providers, it is likely that the data reported here are an underestimate of the burden in the state.

The NMDOH HIVSEP actively obtains data (e.g. Vital Records of NM, Social Security - and National Death Reports) annually to determine the number of deaths among HIV-infected individuals in addition to what was directly reported to the surveillance program. This typically includes all individuals living in New Mexico as well as deaths that occurred out of state. Although there was a lack of data matching for 2016 and 2017, the data should reflect the actual deaths after updating of the dataset in 2019.
Individuals who have tested out of state and are not currently seeking care in New Mexico may not be included in this report because reporting issues between different states. Despite these limitations, HIV surveillance data in most of the states are more than 85% complete. For this reason, epidemiologic surveillance data are one of the major sources to inform both HIV prevention and HIV care planning.

Lastly, in some instances, analyses in this report were conducted using a small number of events (e.g., the number of diagnoses of HIV infection within a certain age group). A small number of events can lead to concerns about statistical reliability and validity. Over time, small numbers may fluctuate due to random variation, rather than true changes in the epidemic. Readers are cautioned against drawing formal conclusions from data included in this report that may be subject to reliability and validity concerns. Please contact HIVSEP with any questions or concerns you may have about any of the estimates published in this report.

DATA SOURCES

HIV CASE SURVEILLANCE DATA

All persons with HIV Stage 1/2 or Stage 3 HIV infection (i.e. AIDS) who are diagnosed or treated in New Mexico are required be reported to the HIV Epidemiology and Surveillance Program at the NMDOH based on the New Mexico Administrative Code (Section 7.4.3). All laboratory-confirmed positive HIV antibody tests, tests for HIV RNA or HIV bDNA (i.e. viral loads), tests to detect HIV proteins, any positive HIV culture, or any other tests or conditions indicative of HIV infection or Stage 3 HIV infection, including opportunistic infections, are reportable to NMDOH. Stage 3 HIV infection has been a statutorily reportable condition in the state of New Mexico since 1988 and HIV since 1998. As of February 29th, 2014, all CD4 lymphocyte counts and percentages became reportable too.

Standardized case report forms are used to collect sociodemographic information, transmission risk categories, laboratory and clinical information, perinatal exposure, vital status, and referrals for treatment or services. To allow for reporting delays, 2018 data are considered complete at the end of December 2019.

POPULATION DATA

The New Mexico population data were obtained from the DOH New Mexico Indicator-Based Information System (NM IBIS)(https://ibis.health.state.nm.us/query/builder/pop/PopMain/Count.html) query module and represent revised estimates from the University of New Mexico, Geospatial and Population Studies (GPS;

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GPS conducts economic and demographic research and analyses related to New Mexico and provides population estimates for the state based on the 2011 U.S. Census Tracts. Intercensal population estimates were re-calculated after the release of the 2011 census, so they will not match earlier 2000 postcensal estimates from GPS. Race/ethnicity categorizations were determined by the NMDOH.

**TECHNICAL NOTES**

**NEW DIAGNOSES OF HIV INFECTION**

These data include newly diagnosed HIV infections during a specific calendar year. This may include individuals that meet the CDC surveillance definition for Stage-3 (AIDS) at the time of their initial diagnosis of HIV (i.e., concurrent diagnosis). The number of new HIV diagnoses only reflects HIV infections of persons that reside in New Mexico during the in the year of interest. Individuals moving to New Mexico and that have been diagnosed with HIV infection and reported in another state or country are excluded. Age-group assignment is based on the person’s age at the time of diagnosis.

**PERSONS LIVING WITH DIAGNOSED HIV INFECTION**

Our prevalence data includes all New Mexicans living with HIV infection, including those with a Stage 3 (AIDS) classification, as of December 31st, 2018. To be included in the dataset, a person must reside in New Mexico as of December 31, 2018. The most recent known address was used to determine the status of residence. Age-group assignment was based on the person’s age as of December 31, 2018. Persons are presumed alive until their death is notified to NMDOH or indicated in other yearly population reports including the NMDOH Bureau of Vital Records and Health Statistics annual mortality data.

**RACE AND ETHNICITY**

NMDOH collects race and ethnicity data according to the U.S. Department of Health and Human Services Office of Management and Budget (OMB) standards. These standards provide five categories in regard to race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White. The OMB standards also provide two categories for ethnicity (independent of race): Hispanic or Latino, and Not Hispanic or Latino. In this report the size of race and ethnicity groups were calculated according to the NMDOH guidelines. These guidelines combine race and ethnicity into a single construct for data presentation. Persons of Hispanic or Latino ethnicity were classified as Hispanic without consideration of reported race. Persons not of Hispanic or Latino ethnicity were classified according to race. NMDOH recognizes that these categories are

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social-political constructs and do not interpret them as being biologic or anthropologic in nature; rather, the categories provide a common language for uniformity and comparability in the collection and use of data.

**TRANSMISSION CATEGORIES**

NMDOH summarizes a person’s possible HIV risk factors using a hierarchical order of possible risks for transmission. Persons whose transmission category is classified as MSM (male-to-male sexual contact) include men who report sexual contact with other men and men who report sexual contact with both men and women. Persons whose transmission category is classified as High Risk Heterosexual Contact (HRH) include individuals who report heterosexual contact with a person known to have, or to be at high risk for, HIV infection (e.g. heterosexual sexual contact with bi-sexual males, injection drug users, persons with hemophilia, HIV-infected transfusion recipient, or other HIV-infected persons with unknown risk) as well as persons who report heterosexual contact while simultaneously denying all other risk factors. Persons whose transmission category is classified as IDU are persons who report injecting illicit or nonprescription drugs. Except for men who report sexual contact with other men and injection drug use, persons with more than one reported risk factor are classified according to the category listed first in the hierarchy. Men who report sexual contact with other men and injection drug use comprise a separate transmission risk category, MSM/IDU. Persons with no reported exposure to HIV through any of the categories in the hierarchy are classified as “no risk factor reported or identified” (NRR or NIR). The “other” category includes hemophilia, blood transfusion, and perinatal exposure.

**RATES**

Rates per 100,000 population were calculated using population denominators provided by the Geospatial and Population Studies (GPS), located at the University of New Mexico. Rates were calculated by dividing the total number of the events of interest (e.g., new diagnoses of HIV infection) during a certain time period of interest (e.g., a calendar year) by the number of individuals in a certain population within the selected time period and multiplying by 100,000.

**CORRECTIONAL FACILITIES AND OTHER INSTITUTIONS**

Persons imprisoned in a state or county correctional or detention facility, including ICE facilities, or who were housed in a residential facility (e.g., drug treatment facility), were included in the data presented unless otherwise noted.
ACRONYMS

**ACRONYMS**

AA  African American  
AI/AN  American Indian/Alaskan Native  
AIDS  Acquired Immunodeficiency Syndrome  
Asian/PI  Asian or Pacific Islander  
CDC  Centers for Disease Control and Prevention  
DPT  Disease Prevention Team  
eHARS  Enhanced HIV/AIDS Reporting System  
GPS  Geospatial and Population Studies  
HARS  HIV/AIDS Reporting System  
HIV  Human Immunodeficiency Virus  
HIVSEP  HIV Surveillance and Epidemiology Program  
HRH  High-risk heterosexual  
IDU  Injection Drug User  
MSM  Men who have sex with men  
MSM/IDU  Male injection drug users who have sex with men  
NIR/NRR  No identified risk/No reported risk  
NM  New Mexico  
NMDOH  New Mexico Department of Health  
SEP  New Mexico Department of Health HIV Surveillance and Epidemiology Program  
STI  Sexually Transmitted Infection

DEFINITIONS

**eHARS (ENHANCED HIV/AIDS REPORTING SYSTEM):** A database that uses web-based technology for expanded, document-based collection of HIV-related surveillance data.

**HRH (HIGH RISK HETEROSEXUAL CONTACT):** Persons who have any history of heterosexual contact with a partner having any history of injection drug use; a bi-sexual male (applies to females only); a person having any history of hemophilia/coagulation disorder; a person having any history of receiving a blood transfusion; a person having any history of receiving an organ transplant; or, a person known to have HIV infection. Alternatively, persons with a history of heterosexual contact and no other risk for HIV infection.

**HIV (HUMAN IMMUNODEFICIENCY VIRUS):** Diagnosis of HIV infection is defined by either 1) a confirmed positive result on a screening test for HIV antibody (e.g., reactive enzyme immunoassay), followed by a positive result on a confirmatory test for HIV antibody (e.g., Western blot or immunofluorescence antibody test); or 2) a positive result or a detectable quantity on a virologic test (e.g., polymerase chain reaction, neutralization assay, or culture)
**IDU (INJECTION DRUG USER):** Persons who have any history of receiving an injection, either self-administered or given by another person, of a drug that was not prescribed by a physician for this person. This includes illicit drugs as well as prescription drugs (e.g., estrogen, testosterone, anabolic steroids, or human growth hormone) that were not prescribed for this person.

**MSM (MEN WHO HAVE SEX WITH MEN):** Men who have a history of sexual contact with men or with both men and women.

**NIR (NO IDENTIFIED RISK):** Persons who have no identified history of risk of exposure to HIV, as defined by the CDC. Persons reported with no identified risk can be under investigation, have incomplete histories because they have died, have refused to divulge their history, or have been lost to follow up.

**OTHER (OTHER RISK):** Persons who have a history of hemophilia or coagulation disorder, receipt of blood transfusion, blood components or tissue, or persons who have any of the adolescent/adult risk factors for HIV infection which occurred before age 13 years or who were born to a mother with HIV infection.

**STAGE-3 HIV INFECTION (i.e., AIDS):** Diagnosis of Stage-3 HIV Infection (i.e., AIDS) is defined by a confirmed HIV positive test along with either 1) a CD4 positive lymphocyte count < 200; 2) a CD4 positive lymphocyte count < 14% of total lymphocytes; or 3) any of 26 opportunistic infections indicative of Stage 3 (AIDS).

**NMDOH RESOURCES**

**HIV SURVEILLANCE & EPIDEMIOLOGY PROGRAM**
Conducts state-wide surveillance and analysis of HIV.
(505) 476-3515
[http://nmhealth.org/about/erd/ideb/haep/](http://nmhealth.org/about/erd/ideb/haep/)

**HIV PREVENTION PROGRAM**
Supports community planning and HIV prevention and HIV testing activities across the state, including training, capacity building, funding, and oversight.
(505) 476-3612
[http://nmhealth.org/about/phd/idb/happ/](http://nmhealth.org/about/phd/idb/happ/)

**HIV SERVICES PROGRAM**
Supports a statewide array of providers in the Health Management Alliance (HMA) network that provide case management, medical care and support services for people with HIV/AIDS.
(505) 476-3628

**NEW MEXICO HIV, STD AND HEPATITIS RESOURCE GUIDE**
[www.nmhivguide.org](http://www.nmhivguide.org)
COMMUNITY PARTNERS

NEW MEXICO HIV PREVENTION COMMUNITY PLANNING AND ACTION GROUP (CPAG)
This group is co-chaired by representatives from NMDOH, the community, and persons living with HIV. The CPAG collaborates with NMDOH to develop a statewide Comprehensive HIV Prevention Plan
www.nmcpag.org/

HIV SERVICE PROVIDERS (HSP)
HSPs are non-profit organizations that offer comprehensive services including medical and case management, support, and prevention for HIV

UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER (UNM-HSC), TRUMAN HEALTH SERVICES
Based in Albuquerque and serves the metro area and northwestern New Mexico in collaboration with New Mexico AIDS Services
(505) 272-1312
http://www.unmtruman.com/

FIRST NATIONS COMMUNITY HEALTH SOURCE
Based in Albuquerque, Gallup and Farmington and serves the American Indian/Alaska Native community
(505) 262-2481
www.fnch.org

SOUTHWEST CARE CENTER (SWCC)
Based in Santa Fe, Albuquerque and Farmington and serves northeastern and central New Mexico
(888) 320-8200
www.southwestcare.org

ALIANZA OF NEW MEXICO
Based in Roswell and Las Cruces and serves southern New Mexico
(575) 623-1995
http://www.alianzaofnewmexico.org/

COMMUNITY COLLABORATIVE CARE (CCC)
Based in Las Cruces and serves southwestern New Mexico
(575) 528-5001
http://nmhealth.org/about/phd/region/sw/cccp/