

Question

3

What are the Indicators of HIV/AIDS Infection Risk in Vermont?

This section examines direct and indirect measures of risk behavior in the groups most at risk of acquiring HIV infection. The persons most likely to become infected with HIV are those who engage in high-risk behaviors and who live in communities where HIV prevalence is high. In 2005, 3.2% of Vermonters reported that they had engaged in at least one of the following risk behaviors: used intravenous drugs, been treated for a sexually transmitted or venereal disease, given or received money or drugs in exchange for sex, and/or had anal sex without a condom.⁵⁰ To help community planning groups understand the differing risks for HIV infection in Vermont, this section examines the trends and characteristics of populations that practice high-risk behaviors as indicated by direct and indirect measures of risk. Direct measures of risk provide information about risk behavior that is directly associated with HIV transmission. Indirect measures do not directly describe HIV risk behaviors; rather, they are indicators of possible HIV risk that may need further investigation.

The primary focus of this section is 3 high-risk populations: MSM, IDUs, and heterosexuals identified as high risk.⁵¹ For each group, trends among adults and youths will be considered when there is data available. Additional data is included on HIV testing in Vermont in the general public, among groups considered at high-risk for HIV infections, and among pregnant women.

HIGHLIGHTS

- 59% of young MSM in Vermont had four or more sexual partners in their lifetime and 66% of young MSM in Vermont did not use a condom during their last sexual experience.
- 29% of Vermont respondents in 2001 reported receiving a bleach-kit in the past 12 months, but only 13% reported always using bleach to clean their equipment.
- Vermont's rates of Chlamydia, gonorrhea and syphilis are among the lowest in the nation.
- In 2005 only 3.2% of Vermonters reported engaging in behaviors that put them at risk for contracting HIV.
- In 2006 less than a third (29.6%) of Vermonters reported having ever been tested for HIV. Slightly more women (31.4%) reported being tested than men (27.7%).
- Almost two-thirds (62%) of women who recently gave birth reported having an HIV test during their most recent pregnancy

⁵⁰ Vermont Department of Health, Behavioral Risk Factor Surveillance System

⁵¹ It should be noted that not all high-risk populations are represented in the following section because Vermont data are not available to address these populations.

Men Who Have Sex with Men (MSM)

Direct Measures of Risk Behaviors

The following measures of risk behavior are available in Vermont to provide important information on factors that may affect risk for acquiring or transmitting HIV infection among MSM:

- *Number of sex partners*
- *Frequency of condom use or unprotected sex*
- *Substance use*

Direct measures of risk behavior for MSM are currently available for Vermont from two sources. The Youth Risk Behavior Survey (YRBS) provides information on the number of sex partners, frequency of condom use, and substance use for young MSM in Vermont who attended a school where the YRBS surveys were distributed and who chose to fill out the survey. “Young MSM” refers to males in 8th through 12th grade who responded to the YRBS and who reported ever having had sex with males (see Appendix A). The second source of information is the HIV Testing Survey (HITS), which was a one time survey conducted in 2001. A total of 59 MSM recruited from gay bars participated in this survey (see Appendix A).

Number of Sex Partners

The HITS survey results showed that 62% of the men interviewed reported having four or more sexual partners in the past 12 months. Seventy-eight percent of the men interviewed reported having at least one non-primary sexual partner in the past 12 months. Nearly half (46%) of the youngest age group of MSM interviewed in Vermont (18-24 years) had only one same-sex partner in the past 12 months, compared to 27% of all 18-24 year old MSM measured as a part of the 2001 survey. By comparison, two-thirds (67%) of the older populations in Vermont and 75% of the full 2001 MSM sample reported four or more partners in the previous year. No clear trend was determined with increasing age in Vermont, and results may be a factor of small sample size in some groups.⁵²

The number of sexual partners for young MSM in Vermont in 2007 (n = 104, weighted n = 485) was more similar to older MSM in Vermont than to younger MSM in Vermont as measured by HITS in 2001. Almost 60% (58.7%) percent of young MSM surveyed in 2007 reported having more than 4 sex partners over their lifetime.⁵³ Between 1999 and 2007, an average of 34.8% of young MSM reported having one to three sexual partners, while an average of 65.2% of young MSM reported having four or more sex partners over their lifetime (Figure 24).

⁵² Vermont data available from the Vermont Department of Health, HIV/AIDS Surveillance. Vermont data is part of a report from the Centers for Disease Control and Prevention, *HIV Testing Survey, 2001*.

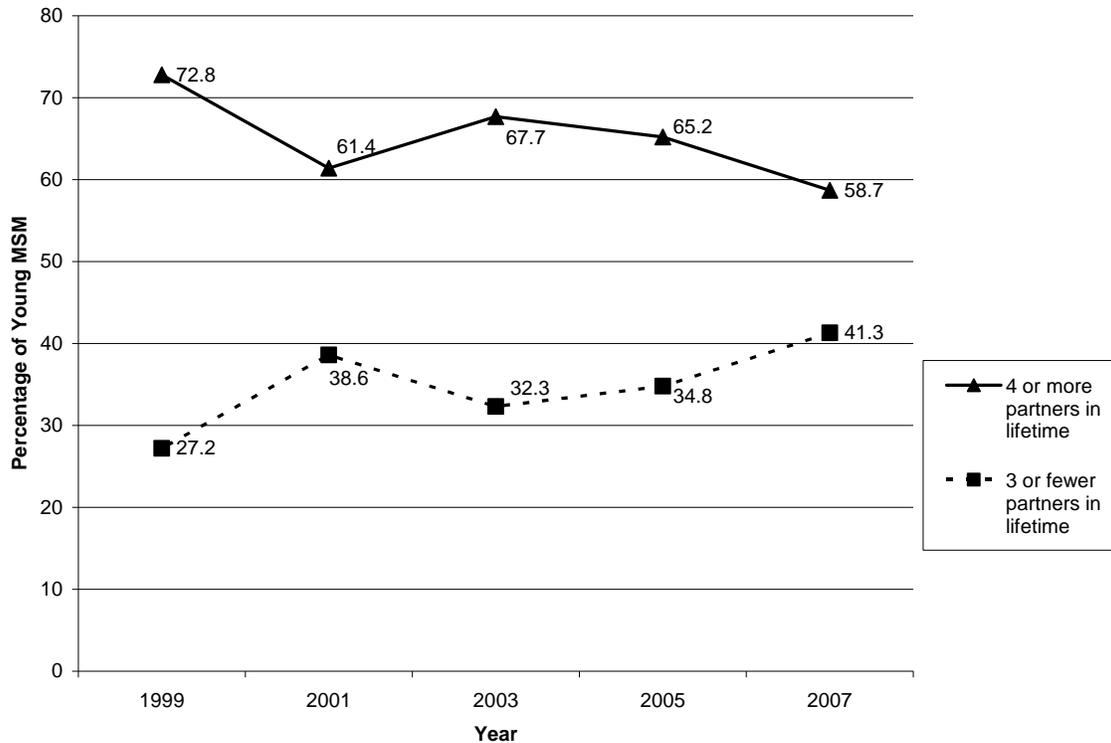
Available at

http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004spec_no1/pdf/HIVAIDS_SSPR_No1.pdf

Accessed on 2/13/08.

⁵³ The Youth Risk Behavior Survey is a joint effort of the Vermont Department of Health, Alcohol and Drug Abuse Programs and the Department of Education, Coordinated School Health Programs.

Figure 24. Percentage of Young Men (8th-12th Graders) Who Have Sex with Men in Vermont by Number of Sexual Partners: 1999, 2001, 2003, 2005, 2007⁵³

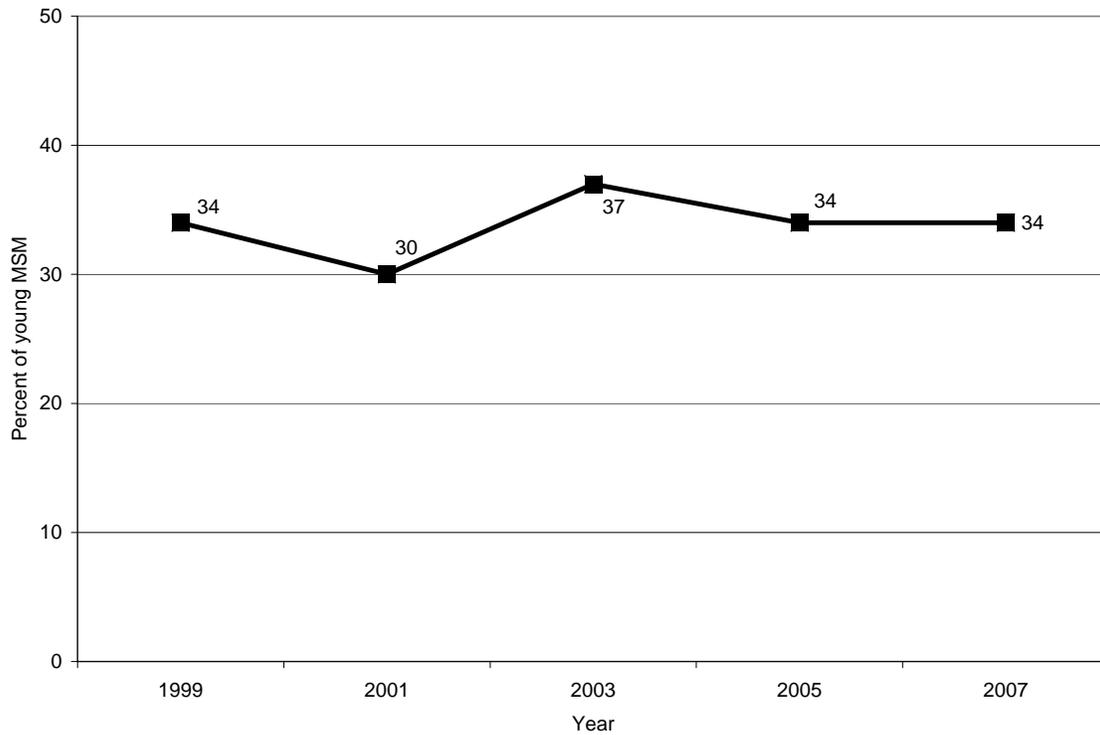


Condom Use or Unprotected Sex

Of adult MSM in Vermont who reported having sex with a primary partner 90% reported not always using a condom during receptive anal sex and 76% reported not always using a condom during insertive anal sex.⁵² A greater percentage of adult Vermont MSM used condoms with non-primary partners. Slightly more than half of the Vermont MSM surveyed always used condoms with their non-primary sex partners (60% during receptive anal sex; 54% during insertive anal sex). Four percent reported never using condoms.⁵² This is similar to proportions reported for all MSM in the 2001 survey, where 60% of MSM surveyed reported always using condoms with non-primary partners with whom they had insertive anal sex, 60% always using condoms with non-primary partners with whom they had receptive anal sex, and on average 7.5% of MSM reported never using condoms with their non-primary sex partner.⁵²

The percentage of young MSM who reported using a condom at their last sexual experience has remained steady in the 30 to 37% range between 1999 and 2007, peaking in 2003, with an average of 34% of young MSM reporting using a condom (see Figure 25). This means that between 1999 and 2007 the majority of young MSM are reporting that they have not used a condom during their last sexual encounter (an average of 66% of young MSM).⁵³

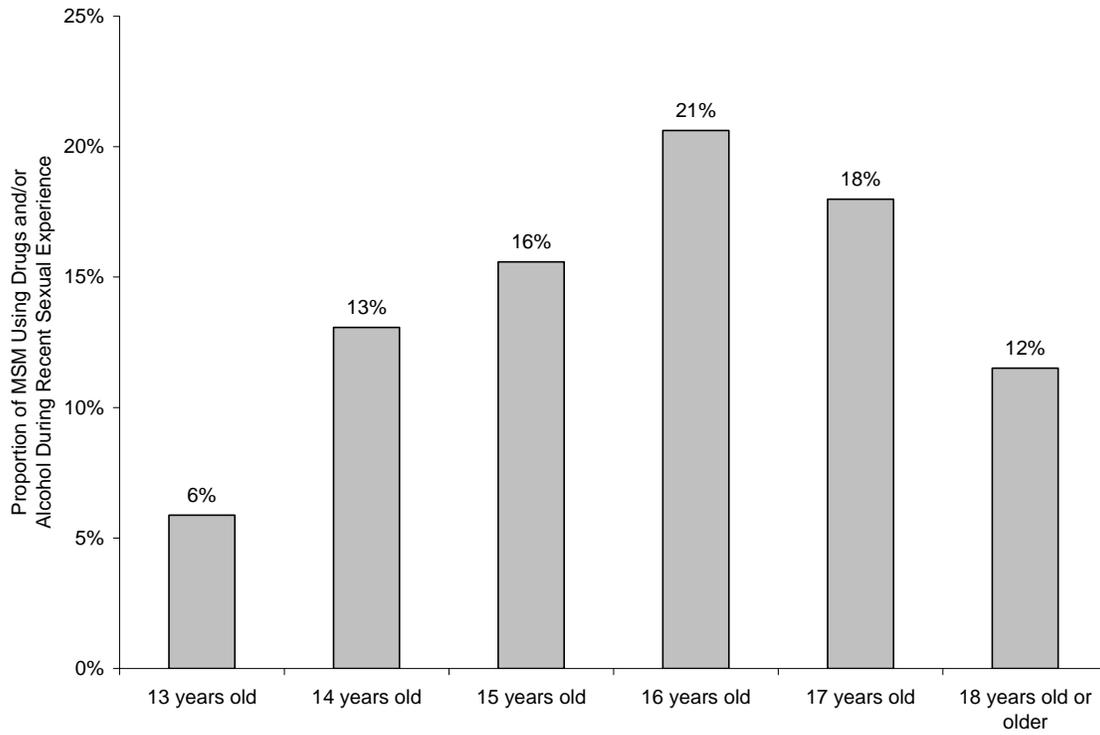
*Figure 25. Percent of Young Men who Have Sex with Men in Vermont Who Reported Using a Condom at Last Sexual Experience: 1999, 2001, 2003, 2005, 2007*⁵³



Substance Use

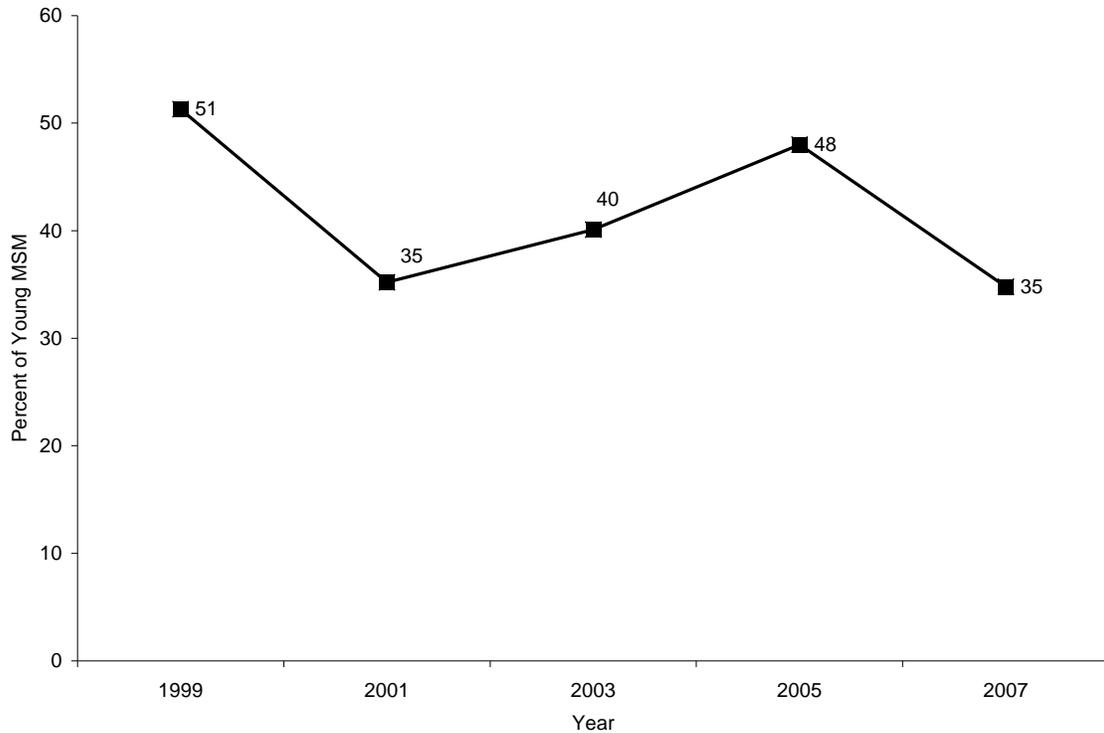
Substance use information for MSM is only available in Vermont for young MSM.⁵³ For the years of survey between 1999 and 2007, an average of 59% of young MSM reported drinking and/or using drugs during their most recent sexual experience. This varied by age (Figure 26). Looking cumulatively across 1999 to 2007, 16 year old MSM reported the most drug and/or alcohol use during sex of all young MSM.

*Figure 26. Percent of Young Men Who Have Sex with Men Using Drugs and/or Alcohol During Most Recent Sexual Experience by Age, (weighted N = 834 for years 1999, 2001, 2003, 2005, 2007)*⁵³



In 2007, 35% of the young MSM surveyed reported ever using heroin (Figure 27). Heroin use is a direct measure of HIV transmission risk because using heroin can involve injecting the drug, and possibly needle sharing. The reported use of heroin among young MSM in Vermont has fluctuated over the years. The proportion of young MSM reporting heroin use in 2007 is equal to the all-time low in 2001. The proportion of MSM who reported ever injecting a drug decreased from 43% in 2005 to 32% in 2007.

Figure 27. Percent of Young MSM in Vermont Reporting Ever Using Heroin: 1999, 2001, 2003, 2005, 2007 ⁵³



Indirect Measures of Risk Behaviors

The following indirect measures of risk behavior are available in Vermont to provide important information on factors that may affect risk for acquiring or transmitting HIV infection among MSM:

- *STD Surveillance Data for*
 - *Gonorrhea*
 - *Syphilis*
- *Illegal Drug and Alcohol use*
 - *Methamphetamines*
 - *Other Drugs and Alcohol*

The Vermont Department of Health’s Sexually Transmitted Disease Program collects data on the incidence of STDs in Vermont. STD surveillance data may help identify the occurrence of high-risk behavior among MSM. People infected with an STD are at least 2 to 5 times more likely than uninfected individuals to acquire HIV if exposed through

sexual contact.⁵⁴ The male/female ratio of gonorrhea or syphilis can indicate increasing rates among MSM if the ratio is greater than one (showing that men are disproportionately affected more than women). Information is available for young MSM illegal drug and alcohol use.

Gonorrhea

In 2006, 358,366 cases of gonorrhea were reported in the U.S., a rate of 120.9 cases per 100,000 population.⁵⁵ The number of cases in Vermont in 2007 was 63, a rate of 10.1 per 100,000 population.⁵⁶ The male-to-female ratio of gonorrhea cases in Vermont in 2006 was .8-to-1, indicating that males were not disproportionately affected. This is also similar to national reports for 2006 (male-to-female ratio .9-to-1) and to rates in the Northeast (male-to-female ratio .95-to-1).⁵⁵

Syphilis

In 2006, 9,756 cases of primary and secondary syphilis were reported in the U.S, a rate of 3.3 per 100,000 population.⁵⁵ Vermont ranks 45th in the nation for reported cases of primary and secondary syphilis (3 cases, .5 per 100,000 population) in the nation, and is near the national Healthy People 2010 target of .2 per 100,000 population.⁵⁵ Because there are so few cases of primary and secondary syphilis reported in Vermont, calculating the ratio of male-to-female cases is not meaningful.⁵⁶

Reports of early syphilis have increased both in Vermont (up from 5 cases in 2006 to 11 cases in 2007) and nationally (up from 8,176 in 2005 to 9,186 in 2006).^{55, 56} This represents a 120% increase in early syphilis in Vermont, a startling number. Although the raw numbers of cases reported in Vermont are small compared to national numbers and even to neighboring New Hampshire (35 cases in 2006), large changes in a small state can be an important indicator of changes in the sexual behavior of its residents. Of particular interest is that all of these cases were reported for men. Between 1996 and 2007, 85% of the cumulative early syphilis diagnoses reported in Vermont occur in men, six times the rate among women. This suggests that men may not be engaging in safer sex practices to prevent the transmission of syphilis. And, because women are not being infected at the same rate as men, this suggests that the transmission is occurring between men, and that MSM are disproportionately affected by syphilis.⁵⁶

Methamphetamine Use

Methamphetamine use among MSM may contribute to other sexual risk factors (for example, engaging in unprotected sex or having more sexual partners).⁵⁷ The proportion of MSM who reported ever using methamphetamines also decreased in the U.S. between 2005 (46%) and 2007 (39%), a decrease of 15%.

⁵⁴ Centers for Disease Control and Prevention. *The Role of STD Detection and Treatment in HIV Prevention*. 2000. Available at http://www.cdc.gov/std/hiv/std_hiv.pdf. Accessed on 2/13/08.

⁵⁵ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2006*. Available at <http://www.cdc.gov/std/stats/toc2006.htm>. Accessed on 2/13/08.

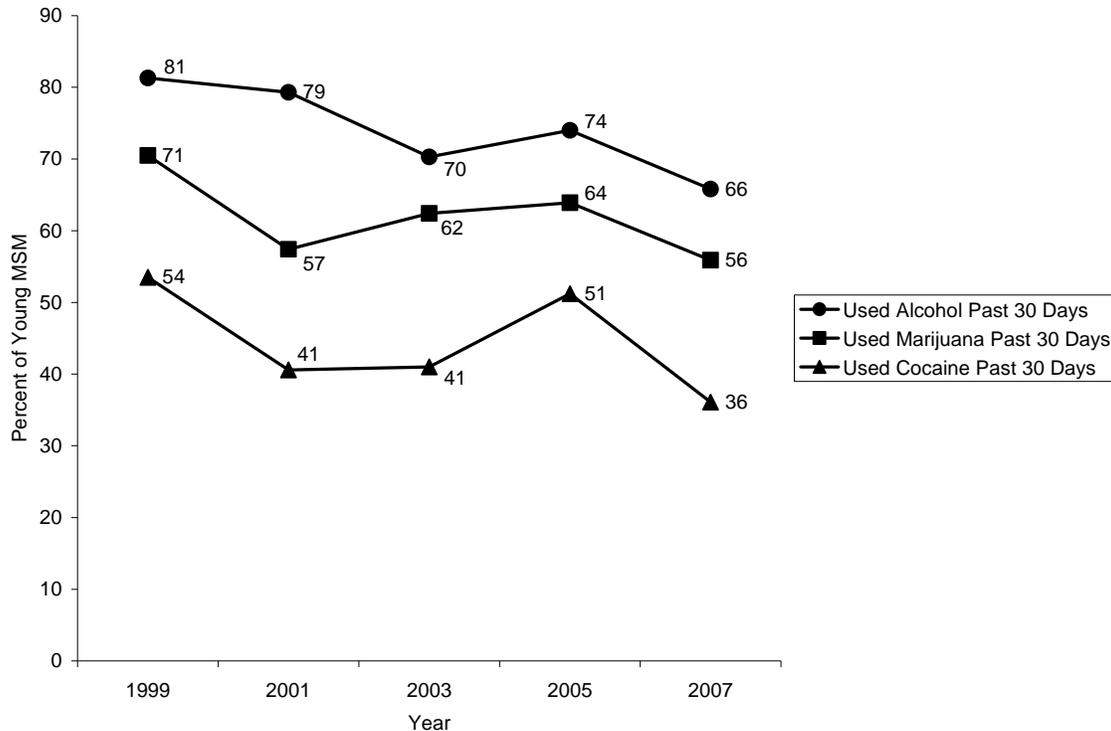
⁵⁶ Vermont Department of Health, Sexually Transmitted Disease Program.

⁵⁷ Centers for Disease Control and Prevention. *Methamphetamine Use and Risk for HIV/AIDS*. January 2007. Available at <http://www.cdc.gov/hiv/resources/factsheets/PDF/meth.pdf>. Accessed on 2/13/08.

Other Drugs and Alcohol Use

The proportion of young MSM who reported using marijuana in the past 30 days has decreased 21% since 1999 (56% in 2007 and 71% in 1999). Reported alcohol use in the past 30 days decreased 19% among young MSM since 1999 (66% in 2007 and 81% in 1999). There was a decrease in reported cocaine use from 1999 to 2003, a trend that reversed from 2003 to 2005, but returned to a new low of 36% in 2007 (Figure 28).⁵³

*Figure 28. Percent of Young MSM in Vermont Reporting Illegal Drug and/or Alcohol Use in the Past 30 Days: 1999, 2001, 2003, 2005, 2007*⁵³



Injection Drug Users (IDU)

Direct Measures of Risk Behaviors

The following direct measures of risk behavior are available in Vermont to provide important information on factors that may affect risk for acquiring or transmitting HIV infection among injection drug users in Vermont.

Sharing needles increases the risk of acquiring or transmitting HIV infection. Estimates of heroin use (which is usually, though not always, injected) provide the next best, currently available estimate of injection drug use in the state. The following measures of direct risk behavior are available in Vermont:

- *Needle and Drug Paraphernalia: Use and/or Sharing*
- *Heroin Use*

Data on needle use and sharing is available from the HITS survey of 2001. A total of 62 IDU from Vermont participated in the survey, as did other respondents from around the country (see Appendix A). The YRBS survey of Vermont 8th through 12th graders in Vermont provides data on youth drug use. Data on heroin use in Vermont were obtained from the Alcohol and Drug Abuse Program (ADAP) within the Vermont Department of Health, and the Substance Abuse and Mental Health Administration's National Survey on Drug Use and Health. The Division of Criminal Justice Services in Vermont makes drug charges for heroin publicly available, providing another indication of the use and/or distribution of heroin in Vermont. For the strengths and limitations of these data sources see Appendix A.

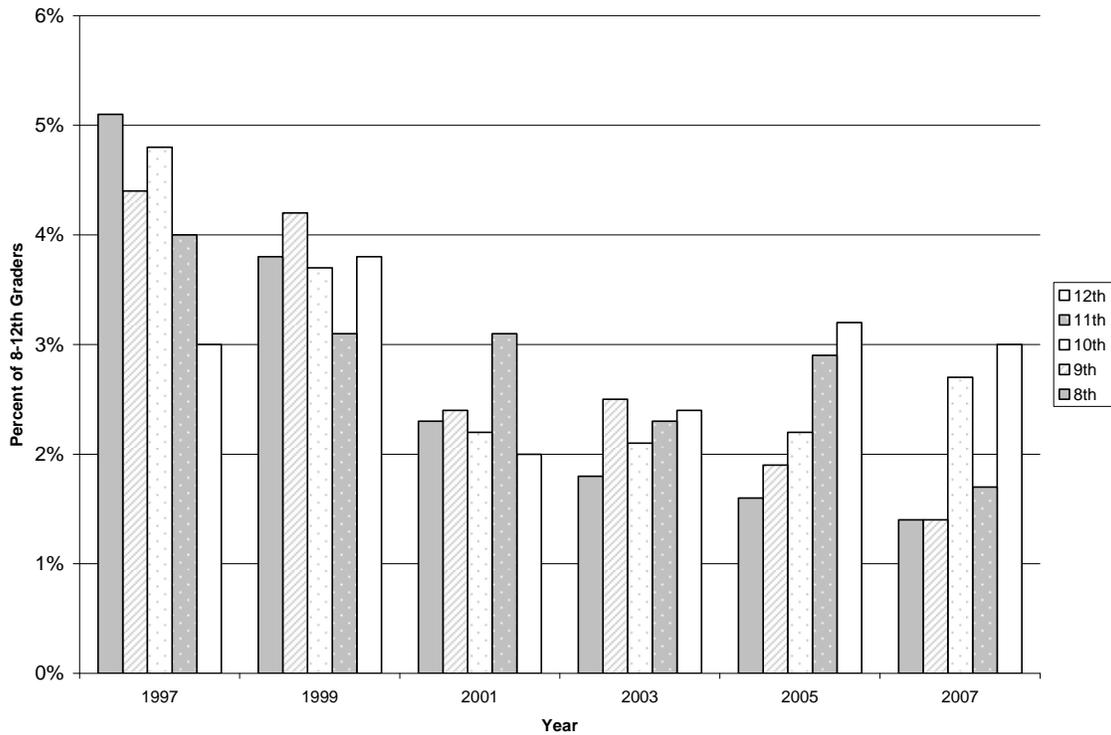
Needle and Drug Paraphernalia: Use and/or Sharing

Among the 62 Vermont IDUs surveyed through the 2001 HITS, 39% reported sharing needles in the past 12 months, compared to 42% of all IDU respondents to the HITS in the U.S. in 2001.⁵² Thirty-four percent of Vermont respondents reported using the same equipment (e.g., cooker, cotton, rinse water) as other people either sometimes or always while injecting drugs, compared to 54% of all respondents.⁵² Although 29% of Vermont respondents reported receiving a bleach-kit in the past 12 months, only 13% reported always using bleach compared to nearly half (45%) of the overall sample receiving bleach kits and 70% of the overall sample reporting using bleach to clean previously used needles. Thirteen percent (13%) of Vermont respondents reported using another cleaning product (e.g., water, rubbing alcohol or peroxide) to clean previously used needles, compared to 30% sometimes or always using these other cleaning products.⁵²

Reported needle sharing behavior was lowest among Vermont Hispanic IDUs (20% shared needles), while equal proportions of Black and White Vermont IDUs (43% of each population) reporting having shared needles in the past 12 months.⁵² Among all respondents of the 2001 survey, Black IDUs shared needles the least (31%), followed by Whites (42%) and then Hispanics (63%). No relationship between age of respondent and reported needle sharing activity was demonstrated among Vermont respondents.⁵² Interestingly, younger respondents (aged 18-24 years) were more likely to report that they did not know if they had shared a needle in the past 12 months. No clear association was seen among needle sharing and different levels of education completed and needle sharing, employment status or gender.

In 2007, 2.3% of Vermonters in grades 8-12 reported that they had used a needle to inject an illegal drug, down 48% since 1997.⁵³ Despite the overall decrease, there have been differences in reports of needle use to inject drugs among 8th, 10th, and 12th graders over time. Between 1997 and 2001, more 8th and 10th graders reported ever using a needle to inject illegal drugs than did 12th graders. Beginning in 2003, more 12th graders reported ever using a needle to inject illegal drugs than 10th or 8th graders (Figure 29).⁵³ However, it is important to note that students who reported ever using a needle to inject illegal drugs is 5.1% or less, and has been less than 4% of youths since 2001.

Figure 29. Percent of Vermont Youth Reporting Ever Using a Needle to Inject Illegal Drugs: 1997, 1999, 2001, 2003, 2005, 2007⁵³



Heroin Use

The estimated percentage of U.S. residents ages 12 or older reporting heroin use at some point in their lives was 1.5% in 2006, with an estimated .8% indicating heroin needle use.⁵⁸ Between 2002 and 2004, 11,000 (or 2%) of Vermonters ages 12 and older reported ever using heroin at some point in their lives.⁵⁹ Three percent of Vermont youth in 8th – 12th grades reported heroin use at some point in their lives.⁵³

Nationally, 466,000 people ages 12 and older sought treatment for heroin use in 2006.⁶⁰ In 2006, there were 2,507 admissions to state-funded treatment facilities for heroin/opiate use in Vermont, a 25% increase since 2005 (2,011 admissions for heroin/opiates). Heroin/opiate use accounted for 25% of all admissions in Vermont in 2006 (Figure 30). The majority of admissions for heroin/opiates in 2006 in Vermont were women (53%),

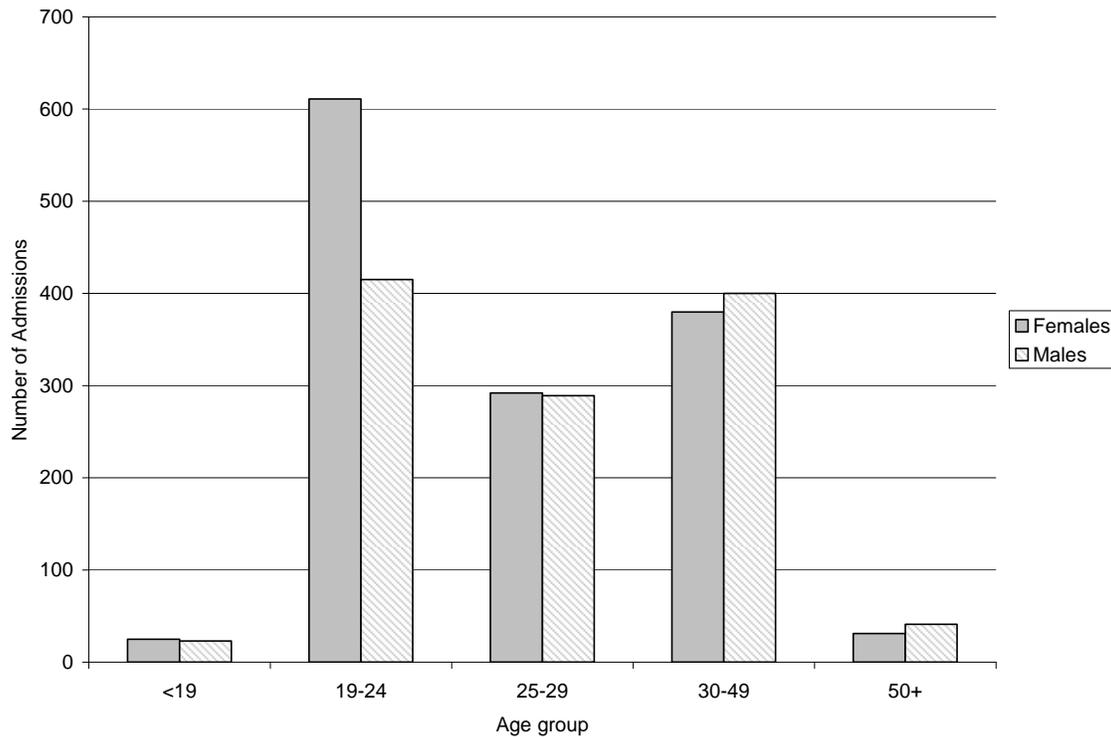
⁵⁸ Substance Abuse and Mental Health Services Administration. *Results from the 2006 National Survey on Drug Use and Health: National Findings*. 2007. From the Office of Applied Studies, NSDUH Series H-32. Available at <http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf>. Accessed on 12/17/2007.

⁵⁹ “Types of Illicit Drug Use in Lifetime, Past Year, and Past Month Among Persons Aged 12 or Older in Vermont: Numbers in Thousands, Annual Averages Based on 2002-2004,” in NSDUH 2002-2004 Sample Based Prevalence Estimates. Substance Abuse and Mental Health Services Administration. Available at <http://www.oas.samhsa.gov/Heroin.htm>. Accessed on 2/14/08.

⁶⁰ “Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race and Ethnicity,” 2006, from the Treatment Episode Data Sets, Substance Abuse and Mental Health Services Administration, Office of Applied Statistics. Available at http://www.dasis.samhsa.gov/webt/tedsweb/tab_year.choose_year?t_state=US. Accessed on 2/14/08.

higher than the 39% of female heroin/opiate admissions nationally.^{60,61} Most of Vermont's admissions for heroin/opiate use were for persons between the ages of 19 and 24, 41% of all heroin/opiate admissions and 14% of all admissions in Vermont.⁶¹ Nationally, 25% of all heroin/opiate admissions were between the ages of 18 and 25.⁶⁰

Figure 30. Number of Admissions for Heroin/Other Opiates in Vermont: 2006⁶¹



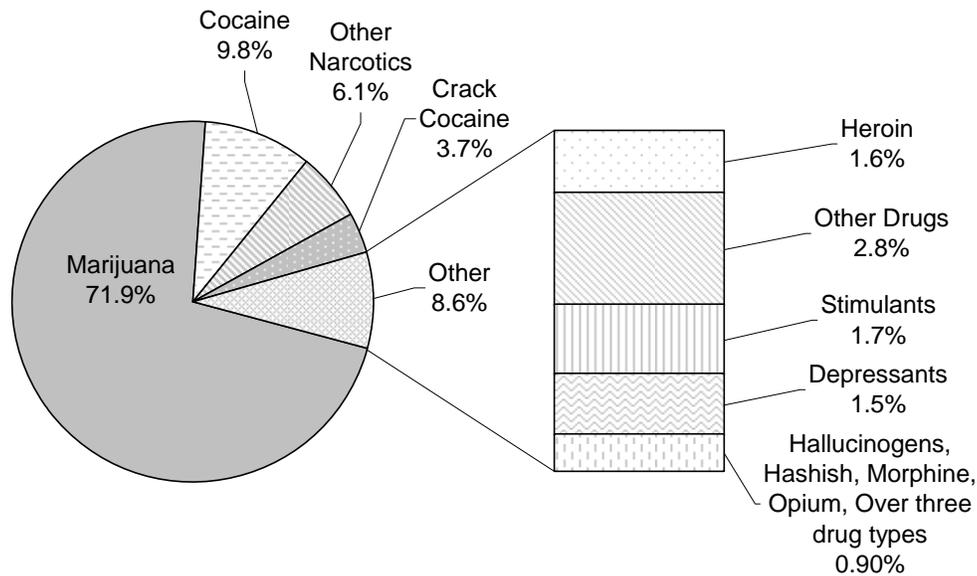
There was an 11% increase in drug/narcotic violations in Vermont between 2005 (2,486 violations) and 2006 (2,765 violations), but a decrease of 36% in heroin crime incidents during that same period (89 incidents in 2005 and 57 incidents in 2006).⁶² Heroin accounted for 32 drug crimes (1.6% of all drug crimes) in 2007 (Figure 31).

⁶¹ Vermont Department of Health, Alcohol and Drug Use Division.

⁶² Vermont Department of Public Safety, Divisions of Criminal Justice Services. Data available through Vermont Crime On-Line

<http://205.207.175.84/vconpublic/VistaApp/browsetables.aspx?VistaLanguage=en>. Accessed on 1/03/08.

Figure 31. Drug Charges in Vermont: 2007⁶²



Indirect Measures of Risk Behaviors

Drug use can augment the risk of HIV transmission by increasing the likelihood that people will engage in risky behaviors (e.g., unprotected sex, needle sharing). Methamphetamine has been associated with increased risk of HIV transmission because the drug can be injected (and thus needles may be shared) and because it has been associated with increased sexual drive and rougher sex. Methamphetamine is associated with rural areas (like Vermont) where one of the ingredients of the drug (a fertilizer) is readily available as are secluded buildings where the drug can be made.⁵⁷ Other drugs, such as cocaine or other stimulants, can also be injected.

The hepatitis C virus (HCV) poses a threat to IDUs who share injection equipment. The major risk factor for Hepatitis C infections in the U.S. is injection drug use.⁶³ Infection from HCV occurs when blood from an infected person enters the blood of an uninfected person.⁶⁴ It is estimated that one-quarter of people infected with HIV in the U.S. are also infected with HCV, and that 50%-90% of people with HIV who acquired the virus through injection drug use are co-infected with HCV.⁶³ Increases in HCV in Vermont

⁶³ Centers for Disease Control and Prevention, HIV/AIDS. *Frequently Asked Questions and Answers about Coinfection with HIV and Hepatitis C Virus*. 2002. Available at http://www.cdc.gov/hiv/resources/qa/HIV-HCV_Coinfection.htm. Accessed on 2/27/08.

⁶⁴ Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. *Viral Hepatitis and Injection Drug Users*. September 2002. Available at http://www.cdc.gov/idu/hepatitis/viral_hep_drug_use.pdf. Accessed on 2/27/08.

may indicate an increase in risky needle sharing practices among IDUs, practices that could also risk the transmission of HIV.

The following measures of indirect risk behavior are available in Vermont:

- *Overall illegal drug use*
- *Methamphetamine use*
- *Hepatitis C Infection*

Data on illicit drugs (including methamphetamines) was gathered from the Substance Abuse and Mental Health Administration’s National Survey on Drug Use and Health. The number of admissions for treatment for methamphetamine use in Vermont was obtained from the Alcohol and Drug Abuse Program (ADAP) within the Vermont Department of Health. Data on drug use among Vermont youths was gathered from the Youth Risk Behavior Survey. Hepatitis C data for Vermont is available from the Vermont Department of Health. For the strengths and limitations of these data sources see Appendix A.

Overall illegal drug use

In 2004-2005 reports, Vermont was one of five states in the U.S. reporting the highest levels of illicit drug use in the past month, with 10.7% percent of Vermonters reporting using an illicit drug in the past month.⁶⁵ The proportion of Vermonters reporting marijuana use was higher than national estimates, but the proportion of Vermonters reporting using other illegal drugs in 2004-2005 was on par with national estimates, and experienced only small changes since 2002-2003 (see Table 13).

*Table 13. Self-Reported Illegal Drug Use, Vermont and U.S. in Two-Year Intervals*⁶⁵

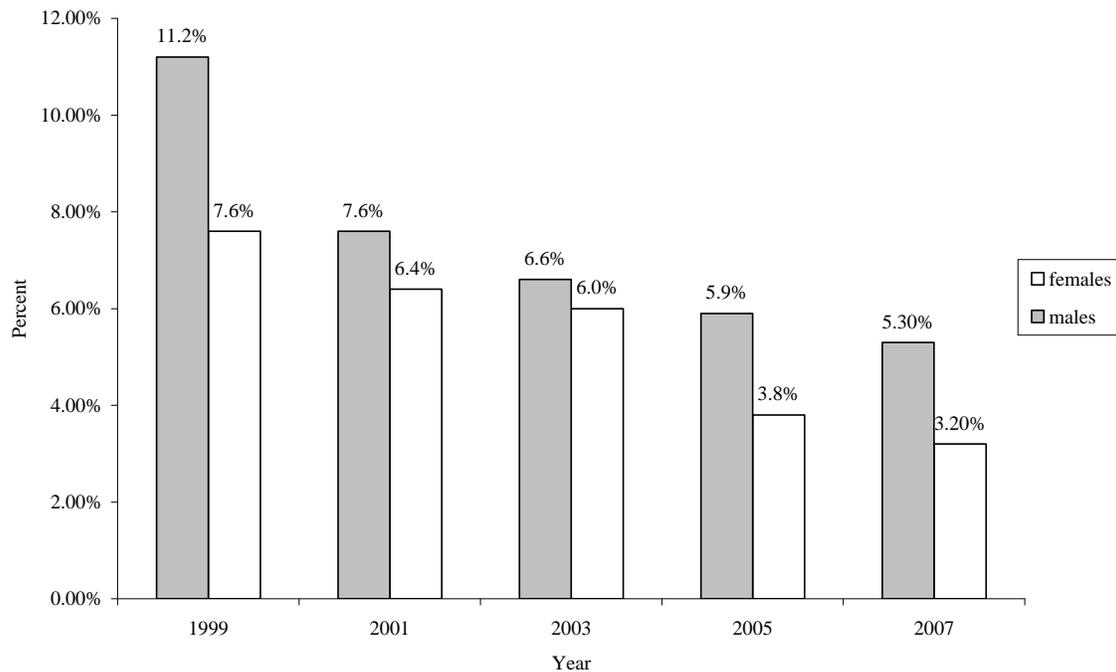
	<u>Vermont</u>		<u>U.S.</u>	
	2002-2003	2004-2005	2002-2003	2004-2005
Marijuana use in the past month	8.99	9.04	6.11	6.04
Marijuana use in the past year	14.90	14.43	10.60	10.51
Any illicit substance use except marijuana in the past month	3.74	3.87	3.58	3.56
Cocaine use in the past year	2.80	2.86	2.42	2.31
Non-medical pain relievers use in the past year	4.96	4.85	4.79	4.77
Alcohol use in the past month (ages 12-17 in parentheses)	58.08 (19.95)	59.19 (18.63)	50.17 (17.65)	51.05 (17.06)
Binge alcohol use in the past month (ages 12-17 in parentheses)	23.73 (13.37)	23.63 (12.45)	22.69 (10.86)	22.70 (10.49)

⁶⁵ Wright, D., Sathe, N, & Spagnola, K. State Estimates of Substance Use from the 2004-2005 National Surveys on Drug Use and Health. 2007. Substance Abuse and Mental Health Services Administration, Office of Applied Statistics.

Methamphetamine

Between 2002 and 2005, 0.6% of the U.S. population ages 12 and older reported using methamphetamines in the past year.⁶⁶ Vermont was one of nine states with the lowest estimates of methamphetamine use (0.2% of residents).⁶⁷ Young men continue to report more methamphetamine use than young women, a trend also seen nationally, although reported methamphetamine continues to decrease (Figure 32).^{53, 57}

*Figure 32. Percent of Young Vermonters Reporting Methamphetamine Use by Sex: 1999, 2001, 2003, 2005, 2007*⁵³

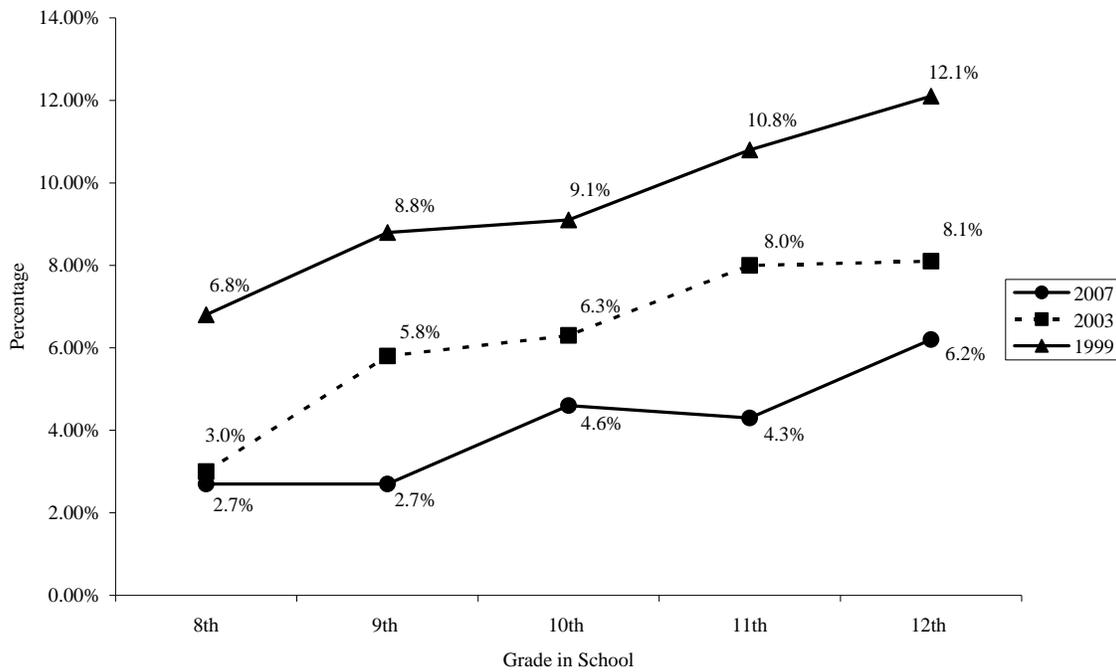


⁶⁶ Substance Abuse and Mental Health Services Administration. *State Estimates of Past Year Methamphetamine Use*. 2006. Available at <http://oas.samhsa.gov/2k6/stateMeth/stateMeth.htm>. Accessed on 2/14/08.

⁶⁷ Substance Abuse and Mental Health Services Administration. *Primary Methamphetamine/Amphetamine Admissions to Substance Abuse Treatment: 2005*. February 2, 2008, The DASIS Report, the Office of Applied Statistics.

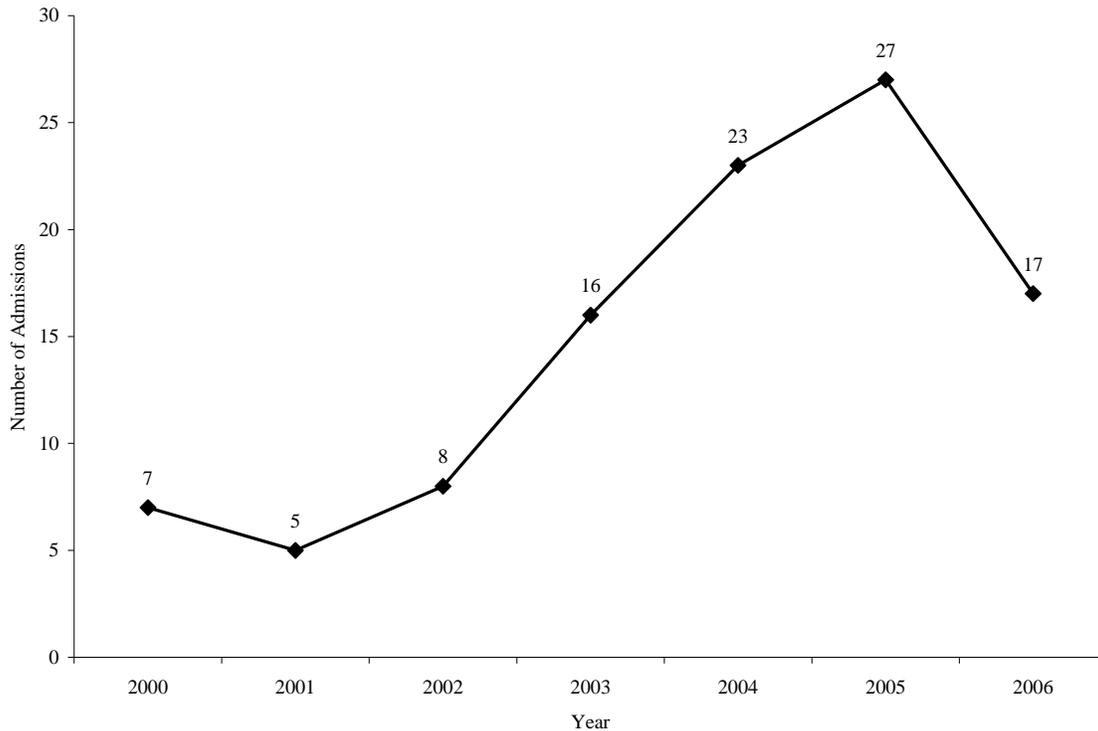
Reported methamphetamine use among younger Vermonters has decreased by more than half between 1999 and 2007. The most reported use continues to occur among 10th, 11th and 12th grade students (Figure 33).⁵³

Figure 33. Percent of Young Vermonters Reporting Methamphetamine Use in the Past Year by Grade in School: 1999, 2003, 2007⁵³



Nationally, the number of admissions for treatment for primary methamphetamine/amphetamine abuse more than doubled between 1995 and 2005.⁶⁷ The number of admissions for treatment for methamphetamine use increased in Vermont between 2001 and 2005, but showed a 37% decrease in 2006 (Figure 34).⁶¹

Figure 34. Number of Admissions in Vermont for Methamphetamine Abuse: 2000-2006⁶¹



Hepatitis C Virus (HCV)

There were 671 reports of acute HCV cases in the U.S. in 2005, a rate of .2 per 100,000 population.⁶⁸ In Vermont, 23 acute cases were reported in 2006 (a rate of 3.7 per 100,000 population), up from 12 cases (a rate of 1.9 per 100,000) in 2005. In 2006, most of Vermont’s acute HCV cases were male (13 cases), and were between the ages of 20 and 29 years old (6 cases), similar to trends reported nationally.^{68, 69}

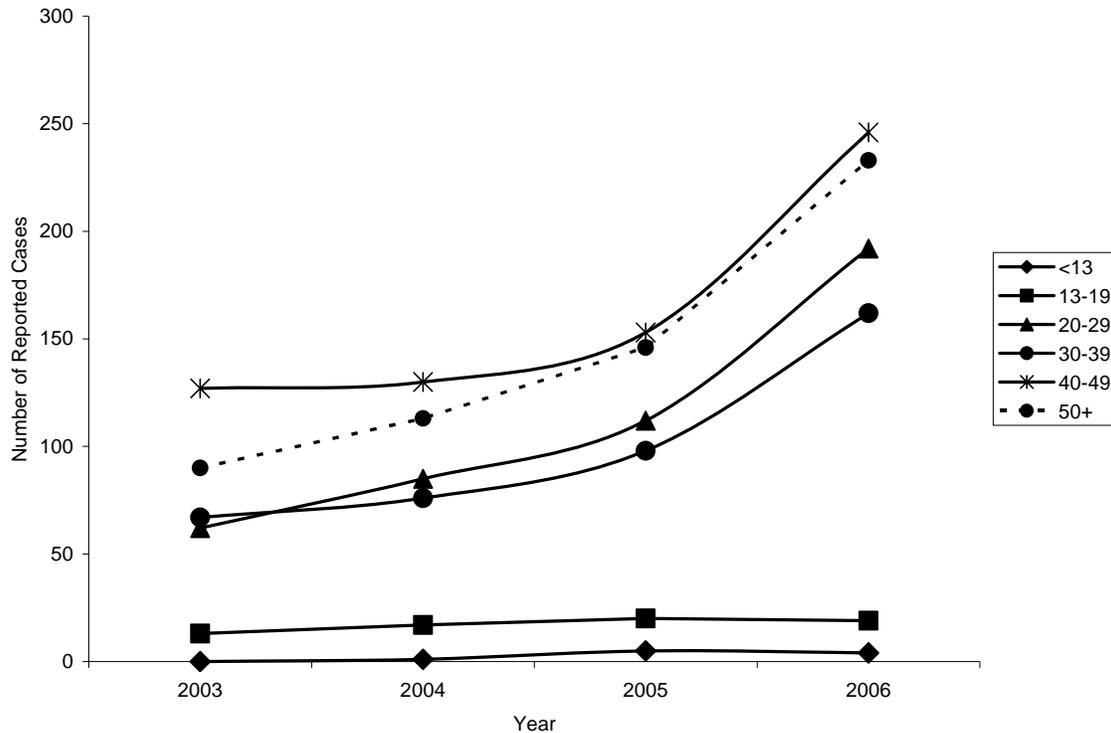
In Vermont in 2006, there were 856 cases of chronic/resolved HCV. This represents a 60% increase since 2005 (536 chronic/resolved cases), and a 138% increase since chronic/resolved reporting began in Vermont in 2003. It is expected that this number under represents the actual number of cases in Vermont. In 2006, 61% of all chronic/resolved cases were men. In contrast with acute HCV cases, the majority (29%) of reported chronic/resolved cases occurred among adults ages 40 to 49 and 56% of all

⁶⁸ Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. *Surveillance for Acute Viral Hepatitis-United States, 2005*. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5603a1.htm>. Accessed on 2/28/08.

⁶⁹ Vermont Department of Health, Hepatitis C Coordinator.

reported cases occurred among adults ages 40 and older. Figure 35 shows the increases in reported chronic/resolved HCV infection in Vermont from 2003 to 2006.

Figure 35. Number of Chronic/Resolved Cases of HCV Infection in Vermont by Age: 2003-2006 ⁶⁹



Heterosexual Populations

Direct Measures of Risk Behaviors

Among heterosexuals, the following measures of risk behavior are available in Vermont to provide important information on factors that may affect risk for acquiring or transmitting HIV infection:

- *Number of sex partners*
- *Frequency of condom use or unprotected sex*
- *Substance Use*

Direct measures of risk behavior for heterosexual adults are currently available for Vermont from two sources. The Youth Risk Behavior Survey (YRBS) provides information on the number of sex partners, frequency of condom use, and substance use among youths in Vermont who attended a school where the YRBS surveys were distributed and who chose to fill out the survey. Data on the risk behaviors of Vermont adults is available from the Behavioral Risk Factor Surveillance System (BRFSS). This state-based system surveys adult residents about various health practices (e.g., injury, preventive health practices), as well as questions about risk behaviors and safer sex

practices. In Vermont, questions about risk were asked in 2006 and safer sex questions were most recently asked in 2005 (see Appendix A).

Data on drug use in Vermont (obtained from the Alcohol and Drug Abuse Program (ADAP) within the Vermont Department of Health, and the Substance Abuse and Mental Health Administration's National Survey on Drug Use and Health) are presented in the above section on injection drug use. Additional data is presented here from the YRBS on Vermont youths using alcohol or drugs during sex.

Number of Sex Partners

In 2005 an estimated 79% of adult Vermonters reported having one or more sexual partners in the past year. Most of these sexually active Vermonters (70%) had only one partner.⁵⁰ Vermont women reported slightly more sexual abstinence (24% of women in 2005) than men (17% of men in 2005). However, more men (12% of men in 2005) than women (7% of women in 2005) reported two or more sexual partners.⁵⁰ This is similar to national figures collected in 2002, when 10% of men but only 7% of women reported having three or more sexual partners in the last year.⁷⁰

Among Vermont youth (8th-12th graders) in 2007, more males (6%) than females (3%) reported having three or more sex partners in the past three months. This trend of more young men reporting approximately twice as many sexual partners as young women in the past three months has been relatively stable since 1997.⁵³ Similarly, in 2007 more young men in Vermont (12%) than young women in Vermont (9%) reported having four or more sexual partners in their lifetime. In 2005, national reports estimated that 14% of 9th-12th graders had sexual intercourse with 4 or more people.⁷¹

In 2007, more older students (an average of 5% of 11th and 12th graders) than younger students (an average of 3% of 8th, 9th and 10th graders) in Vermont reported having 3 or more sexual partners in the past 3 months.⁵³ Similarly, in 2007 more older students (an average of 16% of 11th and 12th graders) than younger students (an average of 7%) reported having four or more partners in their lifetime.⁵³

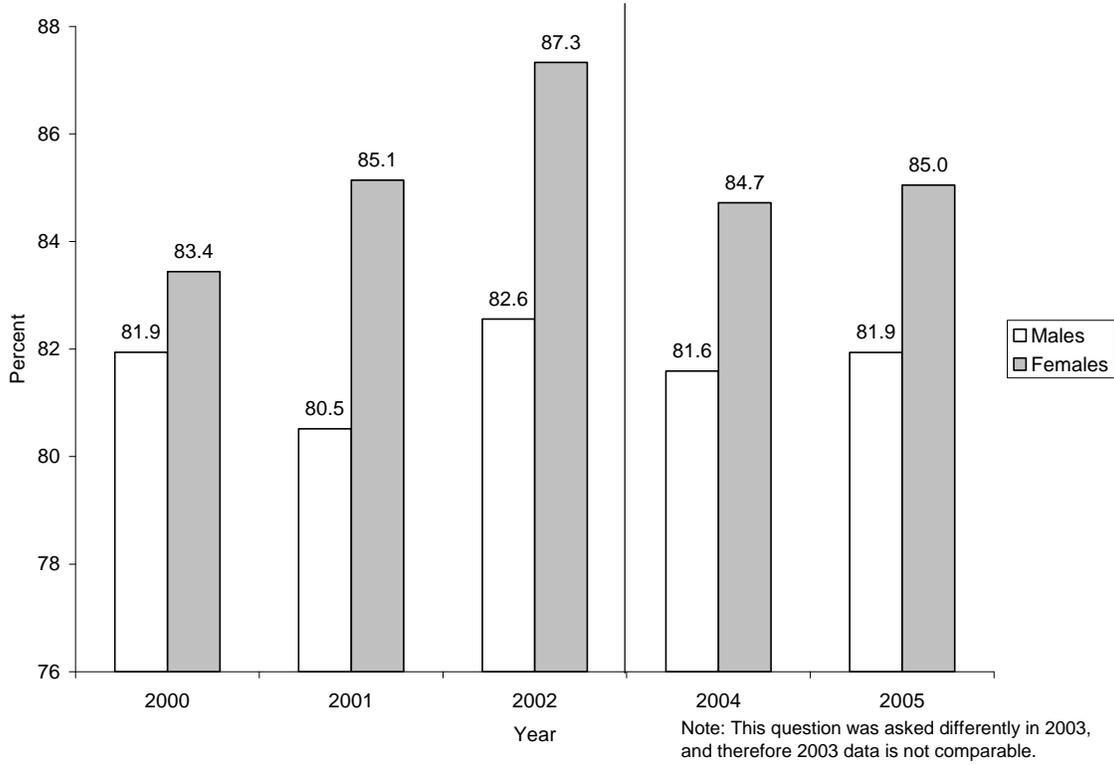
⁷⁰ Centers for Disease Control and Prevention, *Key Statistics from the National Survey of Family Growth (from A to Z), Data from Cycle 6 (2002)*. Available at <http://www.cdc.gov/nchs/about/major/nsfg/abclist.htm>. Accessed on 2/26/08.

⁷¹ Centers for Disease Control and Prevention, Department of Health and Human Services. *YRBSS National Youth Risk Behavior Survey: 1991-2005. Trends in the Prevalence of Sexual Behaviors*. Available at http://www.cdc.gov/healthyouth/yrbs/pdf/trends/2005_YRBS_Sexual_Behaviors.pdf. Accessed on 2/26/08.

Frequency of Condom Use

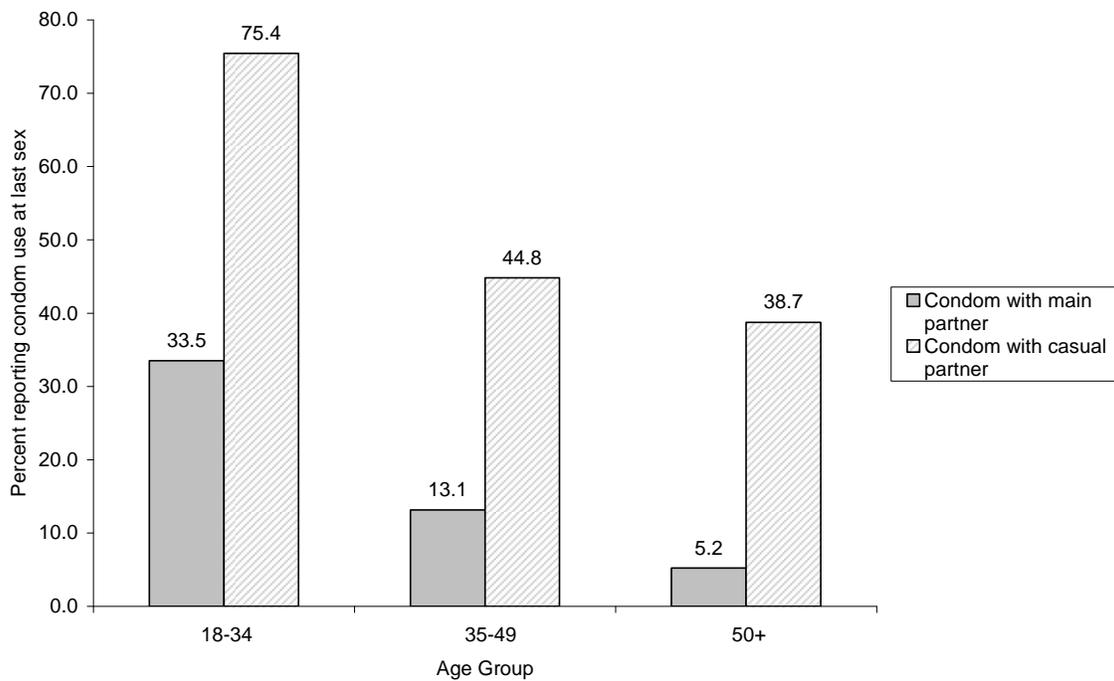
In 2005, an estimated 82% of Vermont men and 85% of Vermont women reported that they did not use a condom the last time they had sex with their main partner.⁵⁰ These estimates have been consistent in Vermont since 2000 (Figure 36).⁵⁰

Figure 36. Number of Vermonters Reporting Not Using a Condom During Last Sex with Main Partner by Sex: 2000-2002, 2004, 2005⁵⁰



Condom use with casual partners shows a different picture. In 2005, 68% of men and 48% of women reported using condoms with casual partners the last time they had sex.⁵⁰ As can be seen in Figure 37, Vermonters between the ages of 18 and 34 report more condom use than Vermonters 35 and older, particularly with casual partners. However, the figure also highlights that less than 40% of Vermonters 50 years of age or older and less than 50% of Vermonters between the ages of 35 and 49 reported using condoms the last time they had sex with a casual partner. Recall that an increasing number of Vermonters over 50 are being diagnosed with HIV/AIDS (see Figure 21) and that 30-49 year old Vermonters account for the most new HIV/AIDS diagnoses from 2000-2007 (see Figure 20).

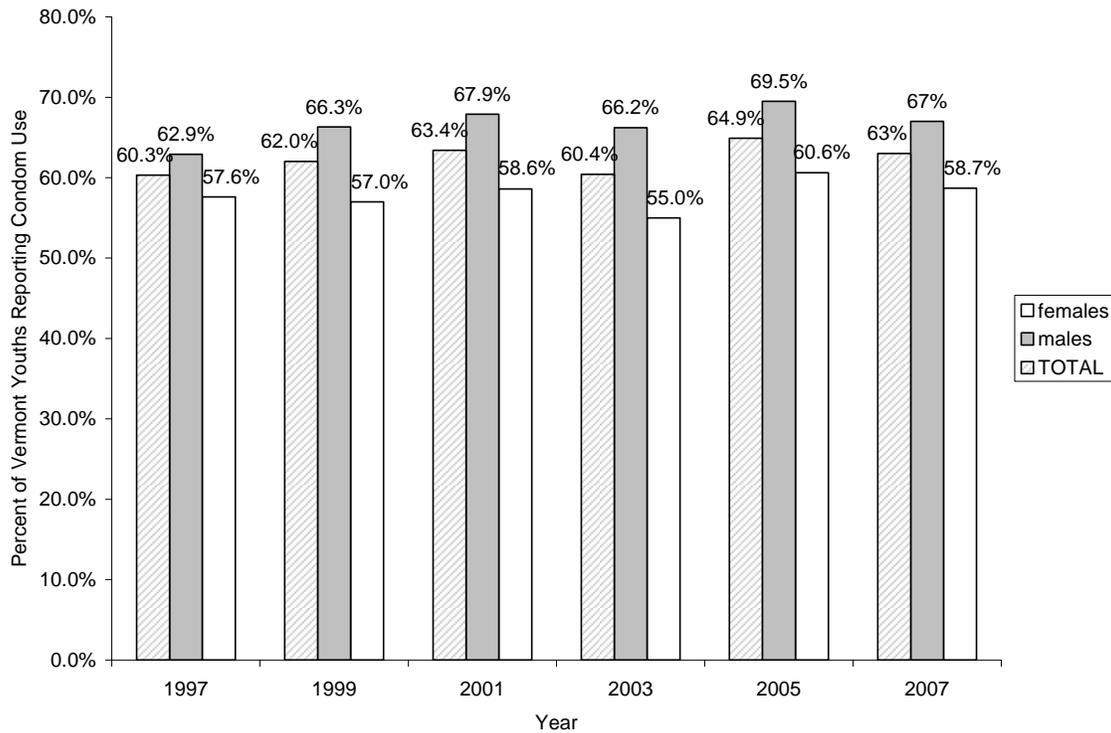
Figure 37. Percent Reporting Condom Use at Last Sex by Partner Type and Age: 2005⁵⁰



Among Vermont youth who reported having had sex, almost two-thirds (63%) reported using a condom during their last sexual experience. This is similar to proportions reported since 1997 in Vermont and is in line with national data for youth condom use in 2005.⁵³

⁷¹ Among those who reported being sexually active in 2007, 41% of Vermont girls reported not using condoms during their last sexual encounter compared to 33% of Vermont boys (Figure 38). More girls than boys nationwide also report not using condoms during their last sexual encounter (44% compared to 30%).⁷²

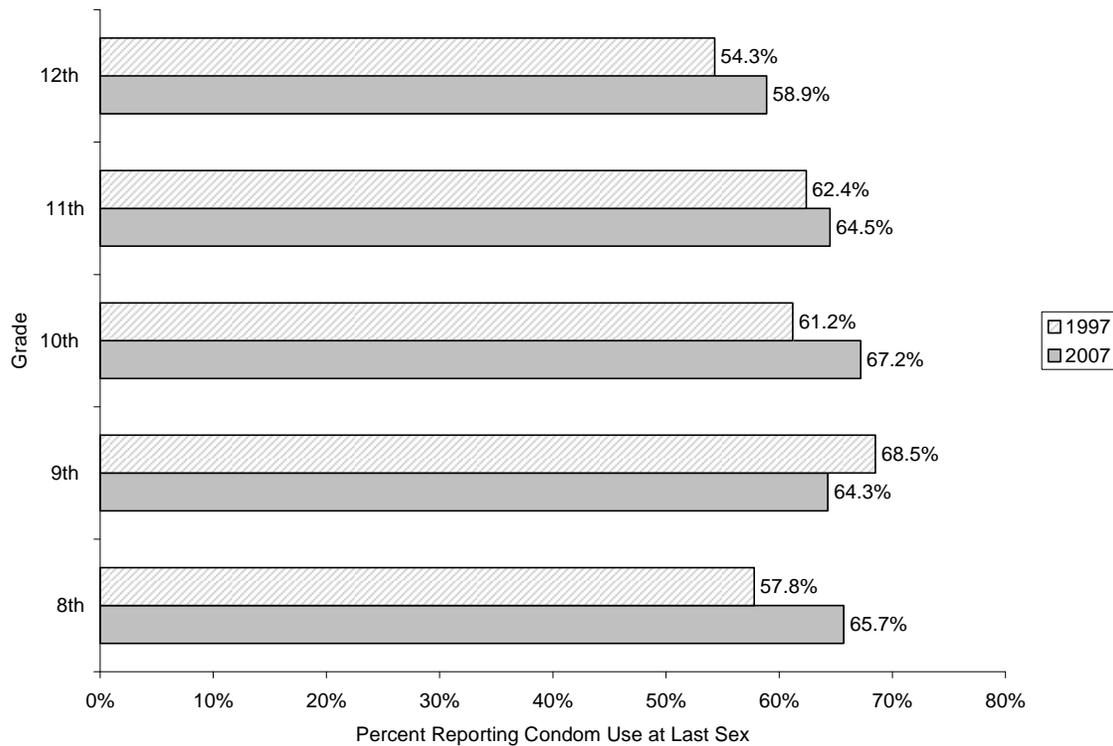
*Figure 38. Percent of Sexually Active Vermont Youth who Reported Using a Condom at Last Sexual Experience by Sex: 1997, 2001, 2003, 2005, 2007*⁵³



⁷² Centers for Disease Control and Prevention, Department of Health and Human Services. *YRBSS National Youth Risk Behavior Survey: 2005. Health Risk Behaviors by Sex*. Available at <http://www.cdc.gov/healthyouth/yrbs/pdf/subgroup/2005YRBSSSexSubgroup.pdf>. Accessed on 2/26/08.

In 2007, more Vermont 10th graders reported using condoms during their last sexual experience (67% of sexually active 10th graders) than any other grade, and Vermont 12th graders reported the least condom use at last sexual experience (59% of sexually active 12th graders).⁵³ It should be noted that in 2007 across all grades between half to two-thirds of Vermont youth surveyed reported using condoms during their last sexual experience (Figure 39). This was also true of Vermont youth as far back as 1997. Ten years ago, more 9th grade (69%) Vermonters reported using condoms during their last sexual encounter compared to any other grade.

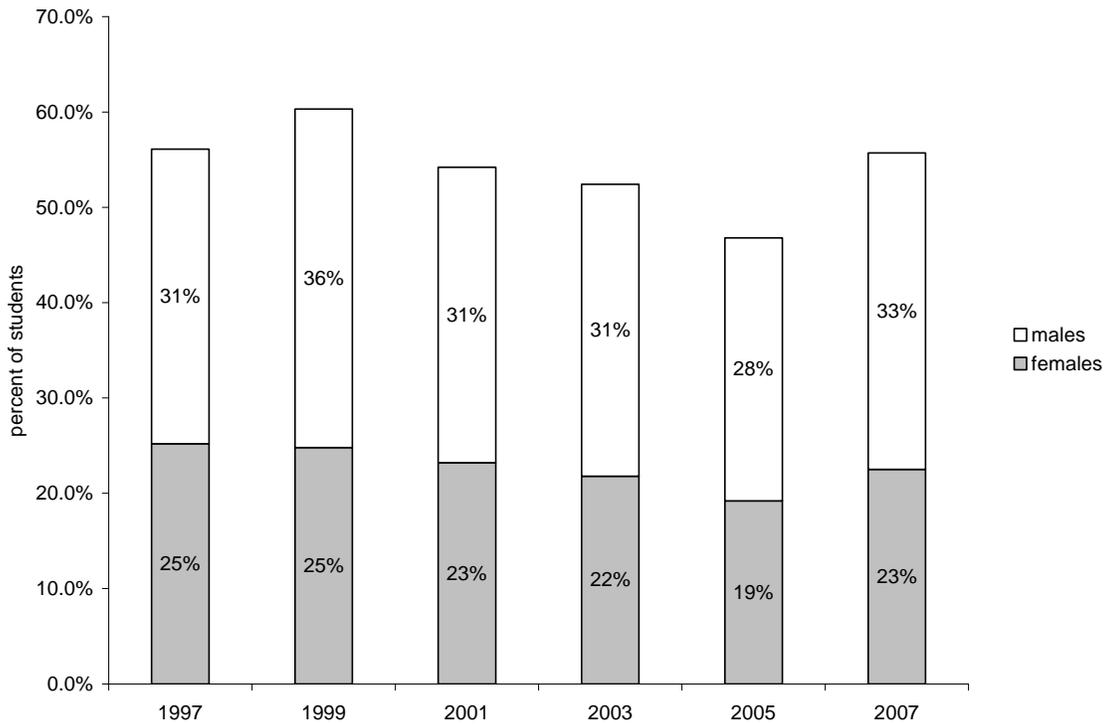
*Figure 39. Percent of Sexually Active Vermont Youth who Reported Using a Condom at Last Sexual Experience by Grade: 1997, 2001, 2003, 2005, 2007*⁵³



Substance Use

Among Vermont youths who reported having sex, more young males than young females reported using drugs or alcohol the last time they had sex (Figure 40). Approximately one-third of males reported using drugs or alcohol the last time they had sex, compared to approximately one-quarter of females. There appeared to be a slight decrease in drug or alcohol use during sex in both males and females from 1999 reports through 2005 reports. However, in 2007 the proportion of drug or alcohol use during sex increased for males (33%, up 18% from 2005) and females (23%, up 21% from 2005).⁵³

*Figure 40. Percent of Vermont Youth Reporting Using Drugs and/or Alcohol During Last Sexual Experience: 1997, 1999, 2001, 2003, 2005, 2007*⁵³



Indirect Measures of Risk Behaviors

Sexually Transmitted Disease (STD) surveillance data and vital statistics data on teen pregnancy rates provide information that may help to identify the potential occurrence of high-risk heterosexual behavior. Although increases in STD or teen pregnancy rates do not directly indicate that HIV exposure is increasing, these measures may indicate an increase in unprotected sex. The following measures of direct risk behavior are available in Vermont:

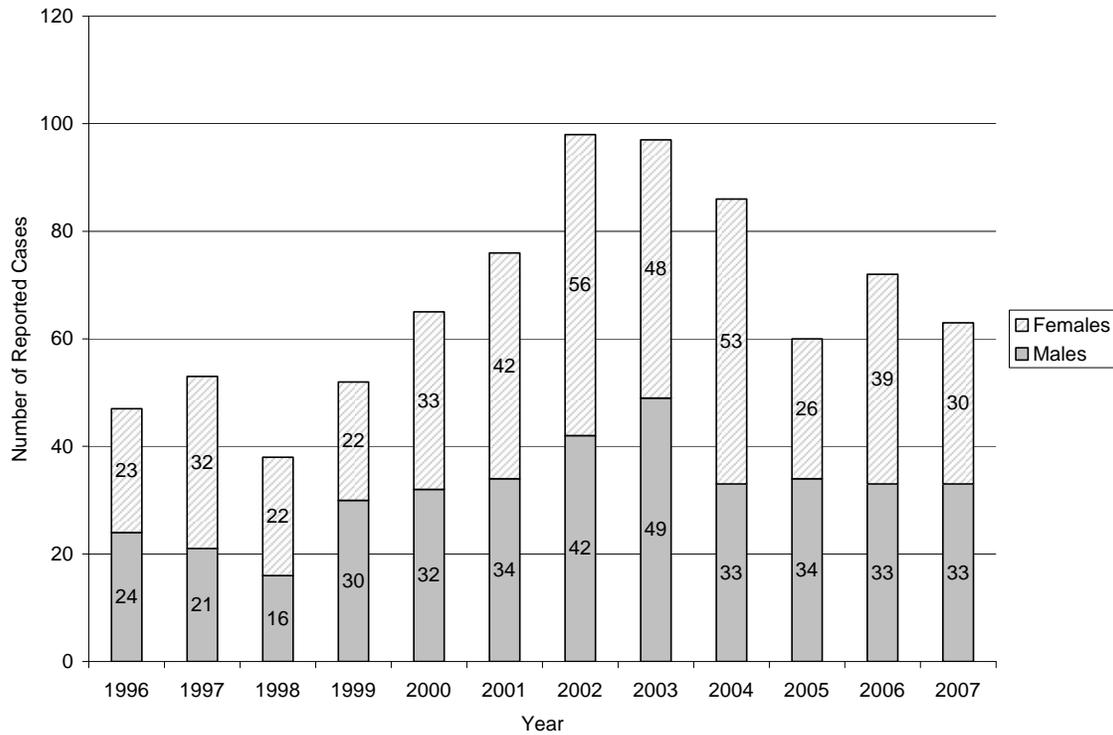
- *STD Surveillance Data for*
 - *Gonorrhea*
 - *Syphilis*
 - *Chlamydia*
- *Teen Pregnancy Rates*

The Vermont Department of Health's Sexually Transmitted Disease Program collects data on the incidence of STDs in Vermont. Teen pregnancy data is available from Vermont's Vital Statistics Program and from the National Vital Statistics Program. Detailed information on the strengths and weaknesses of these data can be found in Appendix A.

Gonorrhea

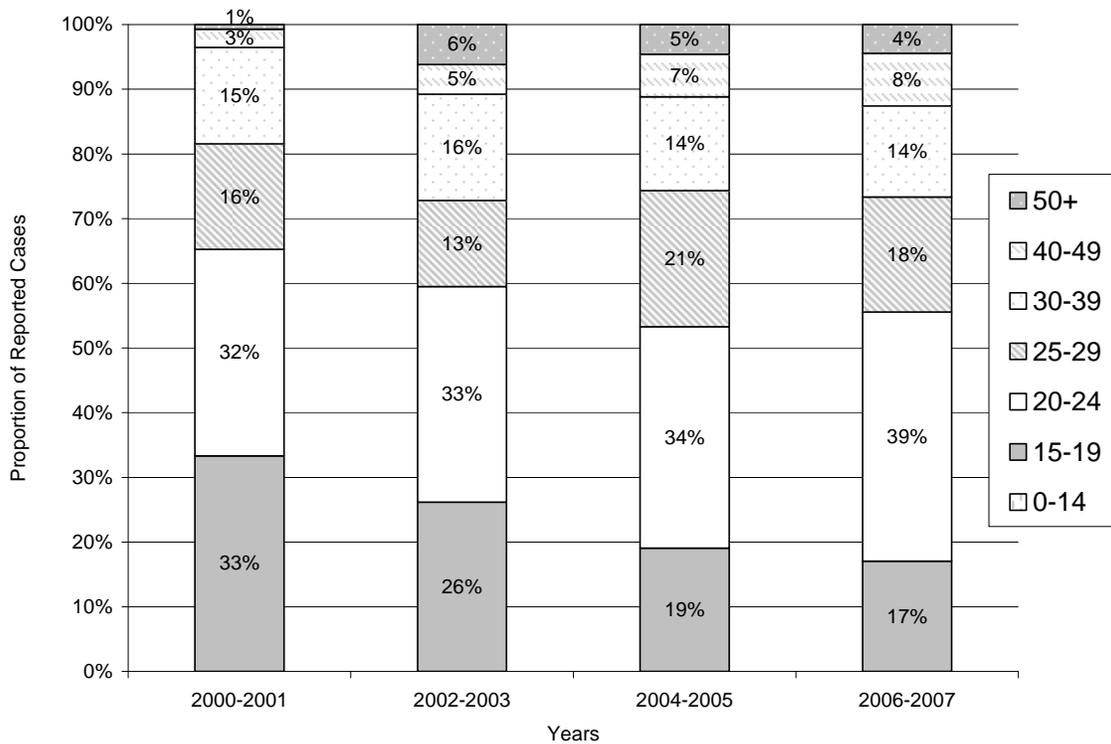
In 2006, 358,366 cases of gonorrhea were reported in the U.S., a rate of 120.9 cases per 100,000 population.⁵⁵ The number of cases in Vermont in 2007 was 63, a rate of 10.1 per 100,000 population.⁵⁶ In 2007 just under half (48%) of the reported gonorrhea cases in Vermont were women. Since 2000, more reported cases in Vermont have been women with the exceptions of 2003, 2005 and 2007 (see Figure 41). Over this seven year period Vermont has for the most part mirrored the national trend of an increase in diagnoses among women.⁵⁶

*Figure 41. Number of Reported Gonorrhea Cases in Vermont by Sex: 1996-2007*⁵⁶



Nationally, 20-24 year olds represent the largest number of gonorrhea cases, a trend that has been consistent from 2002 to 2006.⁵⁵ They are followed by adolescents ages 15-19. In Vermont, the proportion of reported cases that are 15-19 years old has decreased, while the proportion of reported cases that are 20-24 years old has increased (Figure 42). The proportion of all cases of gonorrhea reported among older adult Vermonters has increased since 2000. In 2000-2001 only 1% of all reported gonorrhea cases were 50 years old or older. This proportion increased to 6% in 2002-2003 and then decreased slightly in 2004-2005 (5%) and 2006-2007 (4%). The proportion of reported cases among 40-49 years olds also shows an increase from 3% of all reported cases in 2000-2001 to 8% of all reported cases in 2006-2007. Recall that Vermonters in these two age groups also reported not using condoms frequently with main partners or with casual partners (see Figure 37).⁵⁰

Figure 42. Proportion of Gonorrhea Cases by Age Group in Two-Year Intervals⁵⁶



Syphilis

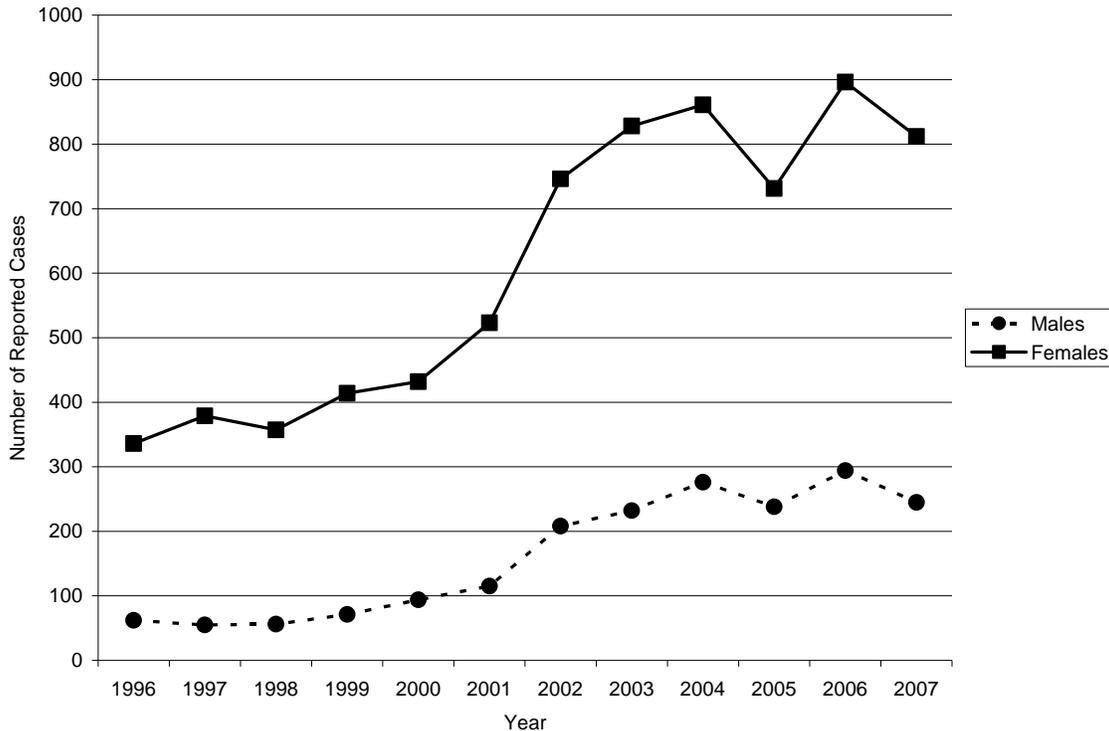
In 2006, 9,756 cases of primary and secondary syphilis were reported in the U.S, a rate of 3.3 per 100,000 population.⁵⁵ Vermont ranked 45th in the nation in 2006 for reported cases of primary and secondary syphilis (3 cases, .5 per 100,000 population) in the nation, and is near the national Healthy People 2010 target of .2 per 100,000 population.⁵⁵ Because there are so few cases per year, further analyses of primary and secondary syphilis by age or sex are not meaningful.

Reports of early syphilis have increased both in Vermont (up from 5 cases in 2006 to 11 cases in 2007) and nationally (up from 8,176 in 2005 to 9,186 in 2006).⁵⁶ This represents a 120% increase in early syphilis in Vermont, a startling number. Between 1996 and 2007, 85% of the cumulative early syphilis diagnoses reported in Vermont occurred in men.⁵⁶

Chlamydia

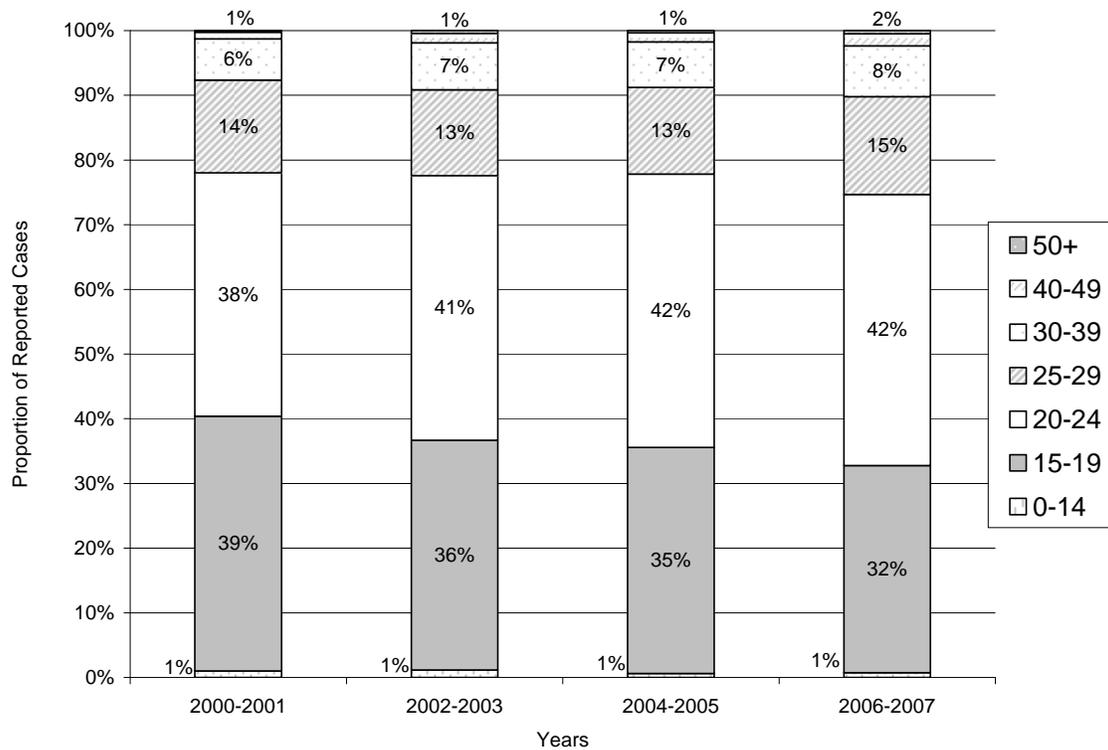
In 2006 more than one million Chlamydia cases were reported in the U.S., at a rate of 347.8 cases per 100,000 populations.⁵⁵ Vermont was ranked 47th in the nation for reported Chlamydia cases, at a rate of 191.2 per 100,000 population in 2006.⁵⁵ In 2007, there were 1,057 cases of Chlamydia in Vermont (169.6 per 100,000 population). From 1996 to 1999, the number of cases among women was just over 6 times the number of cases for men. From 2000 to 2007, the number of cases among women was 3.6 times the number of cases for men.⁵⁶ The number of cases for both men and women has continued to increase over the past decade (Figure 43).

Figure 43. Number of Chlamydia Cases by Sex: 1996-2007⁵⁶



Between 2002 and 2006 the largest number of new Chlamydia cases nationally occurred among 20-24 year olds, followed by 15-19 year olds.⁵⁵ New cases in these same two age groups have also accounted for the largest proportion of new Chlamydia cases in Vermont in any given year between 2000 and 2007.⁵⁶ Between 2000 and 2007, 15-24 year olds accounted for 76% of reported Chlamydia cases in Vermont, on average (Figure 44). Vermonters 50 years old and older account have accounted for less than 1% of reported cases in a given year since 2000. Vermonters ages 0-14 also account for a very small percentage of reported Chlamydia cases (Figure 44).⁵⁶

Figure 44. Proportion of Chlamydia Cases by Age Group in Two-Year Intervals⁵⁶



Teen Pregnancy Rates

The national teen pregnancy rate for 15 to 19 year olds has been in continuous decline since 1990. In 1990 the teen pregnancy rate was 116.8 per 1,000 women, which decreased to 76.4 per 1,000 women in 2002.⁷³ These rates were even lower among White, non-Hispanic women; 86.8 per 1,000 women in 1990 and 49.0 per 1,000 women in 2002.⁷³ In Vermont, the teen pregnancy rate was 33.1 per 1,000 women in 2004, up slightly from 31.5 per 1,000 women in 2003 but continuing an overall decrease observed in Vermont since 1991.⁸ In 2004 Vermont teen pregnancy rates were highest in Franklin County (47.8 per 1,000 women) and lowest in Essex County (18.2 per 1,000 women).⁸

⁷³ Ventura, S.J., Abma, J.C., Mosher, W.D., Henshaw, S.K. *Recent Trends in Teenage Pregnancy in the United States, 1990-2002*. Centers for Disease Control and Prevention, National Center for Health Statistics. 2006. Available at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/teenpreg1990-2002/teenpreg1990-2002.htm>. Accessed on 2/27/08.

HIV Testing

Data on HIV testing patterns provide information that is helpful in focusing HIV counseling and testing programs. Understanding more about what the general population in Vermont thinks about HIV testing and their own testing behaviors inform efforts for increased testing in the state. Likewise, learning about the testing behaviors in high-risk populations informs efforts to reach people most at risk for contracting HIV. Increased efforts are being made nationally to reduce HIV transmission from mother to child. The U.S. Public Health Service and the American College of Obstetricians and Gynecologists both recommend HIV testing and counseling as a part of prenatal care.⁷⁴ The data may also be used to help identify potential gaps in HIV surveillance data, which represent only persons who have confidentially tested positive for HIV. Direct measures of HIV testing behavior in Vermont include:

- *Testing in the general population*
- *Testing in high risk populations*
- *Testing among pregnant women*

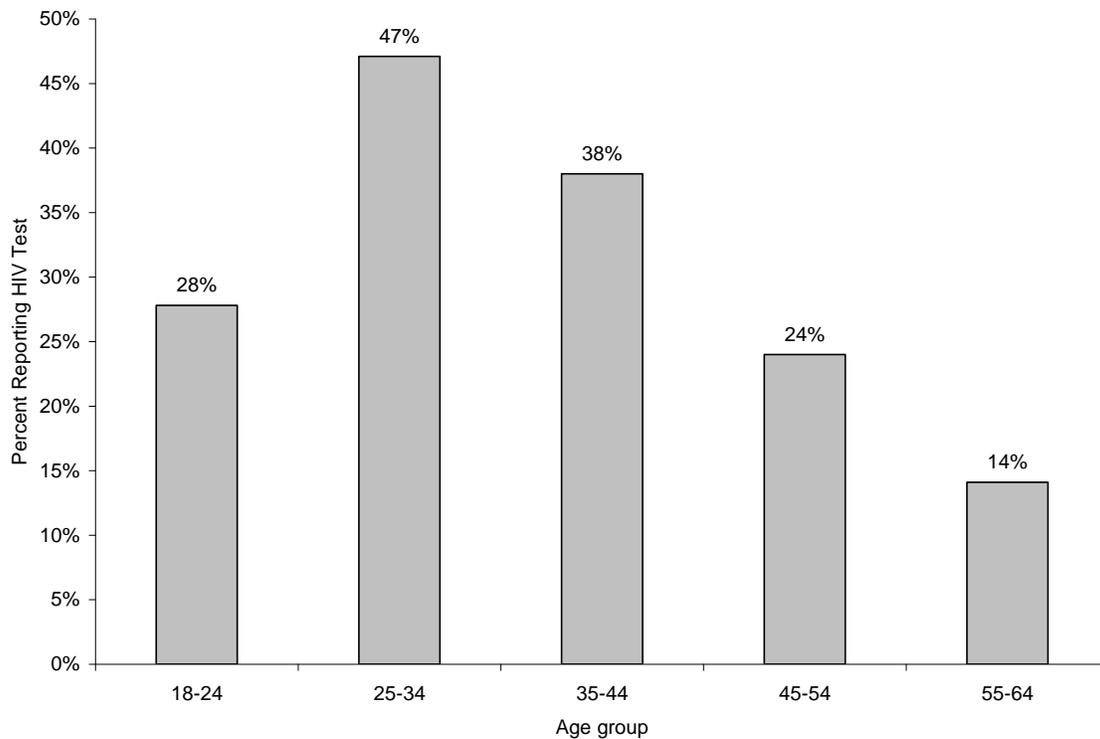
Data on HIV testing in the general public is available from self-report data collected through the BRFSS and from documentation by publicly funded HIV counseling and testing sites. Self-report data on HIV testing among high risk populations is available for MSM and IDU from the 2001 HITS survey. Data on HIV counseling and testing among pregnant women in Vermont is available from the Pregnancy Risk Assessment Monitoring System (PRAMS). For the strengths and limitations of each of these sources of data, see Appendix A.

⁷⁴ Williams, L., Morrow, B., Shulman, H., Stephens, R., D'Angelo, D., & Fowler, C.I. *PRAMS 2002 Surveillance Report*. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health. 2006.

Testing in the General Population

Between 2001 and 2003 Vermonters were asked about the importance of HIV testing through the BRFSS. An average estimate of 92% of Vermonters reported that they believed that it is important for people to know their status by getting tested.⁵⁰ In 2006, an estimated 30% of Vermonters (28% of men and 31% of women) reported ever having been tested for HIV.⁵⁰ This is down from 34% of Vermonters in 2005 (34% of men and 36% of women). Just under half of 25-34 year olds (47% of that age group) in 2006 reported ever being tested compared to less than one-fifth of 55-64 year olds (14% of that age group) reporting ever being tested (Figure 45). In Vermont, more female respondents between the ages of 18 and 44 years old (46%) reported having ever been tested for HIV than did male respondents (37%).

Figure 45. Percent of Vermonters Reporting Ever Being Tested for HIV: 2006⁵⁰



Reasons given by 2006 BRFSS respondents for ever having an HIV test varied by both age and sex (see Table 14). Women were most likely to be tested because they were pregnant. This was especially true for women between the ages of 18-34.⁵⁰ Men were most likely to be tested for requirements (particularly among men ages 18-34) or for knowledge of their HIV status (particularly among men ages 35-49). More older men (26% of men 50 years old and older) than younger men (18% of men ages 35-49 and 16% of men ages 18-34) reported being tested as part of a medical check up.⁵⁰

Table 14. Vermonters Reasons for Being Tested by Sex and Age Group: 2006⁵⁰

		Reason For Testing							
		It was required	Someone suggested you should be tested	You thought you may have gotten HIV through sex or drug use	You just wanted to find out whether you had HIV	You were worried that you could give HIV to someone	You were pregnant	It was done as part of a routine medical check-up	You were tested for some other reason
Females									
18-34	8%	2%	3%	18%	0%	40%	18%	11%	
35-49	18%	2%	4%	20%	1%	20%	15%	19%	
50+	19%	3%	5%	18%	0%	4%	21%	31%	
Total	14%	2%	4%	19%	1%	27%	17%	17%	
Males									
18-34	23%	6%	3%	33%	1%	-	16%	18%	
35-49	32%	3%	3%	22%	1%	-	18%	21%	
50+	26%	6%	4%	21%	2%	-	26%	14%	
Total	27%	5%	3%	26%	1%	-	19%	18%	

Nearly half (41%) of Vermont BRFSS respondents said that they had their most recent HIV test at a hospital or clinic in 2006.⁵⁰ The majority of male respondents (38%) reported having their last HIV test at a hospital or clinic, a trend observed across all age groups. Women were more evenly split between having their last test at a private doctor's office or HMO (43%) or a hospital or clinic (44%). Most women 25-34 reported having their test at the hospital or clinic (51%) whereas most women ages 35-44 reported being tested in a private doctor's office or HMO. Women ages 55-64 were evenly split between these two locations (40% at each).⁵⁰

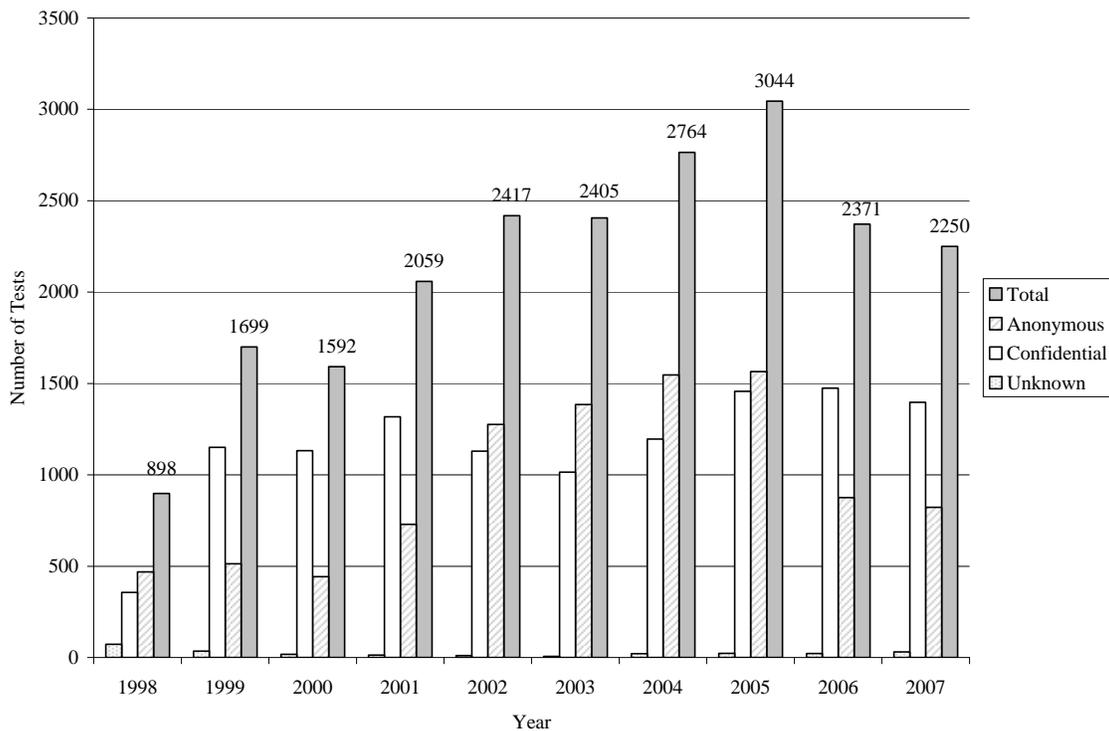
Testing Patterns in the Vermont Counseling, Testing, and Referral System CTR Testing Demographics

In 2007, 2,250 HIV test results were reported via CTR in Vermont, a 5% decrease in total testing from 2006 (Figure 46). However, between 1998 and 2005 there has been an

overall trend of increase in testing. In the U.S. testing remained relatively stable between 1999 and 2004.⁷⁵

Both anonymous and confidential HIV tests are available through the CTR system in Vermont. Anonymous testing links test results to a code number. The person who was tested then uses this code to obtain her/his test results. Even if the person seeking testing chooses to give her/his name, or if the testing counselor knows her/his name, this name is not associated with the any of the HIV test information. For confidential testing, the name of the person being tested remains in a secure location with the test counselor, but the lab performing the test and the Health Department are provided with a unique code based on the name and social security number of the person being tested. Both oral and blood tests for HIV are available in Vermont, and both kinds of tests are available though either anonymous or confidential testing. Between 1999 and 2001, the majority of tests conducted by CTR sites were confidential tests. Between 2002 and 2005, this trend reversed and the majority of tests conducted by CTR sites were anonymous tests. This increase was followed by a sharp drop in anonymous tests conducted by the CTR system in Vermont between 2005 (1,564 tests) and 2006 (875 tests). There was only a 6% drop in anonymous tests between 2006 (875 tests) and 2007 (822 tests).²⁹ (see Figure 46).

Figure 46. Number of Tests Administered by Vermont CTR by Type of Test: 1998-2007⁴⁰



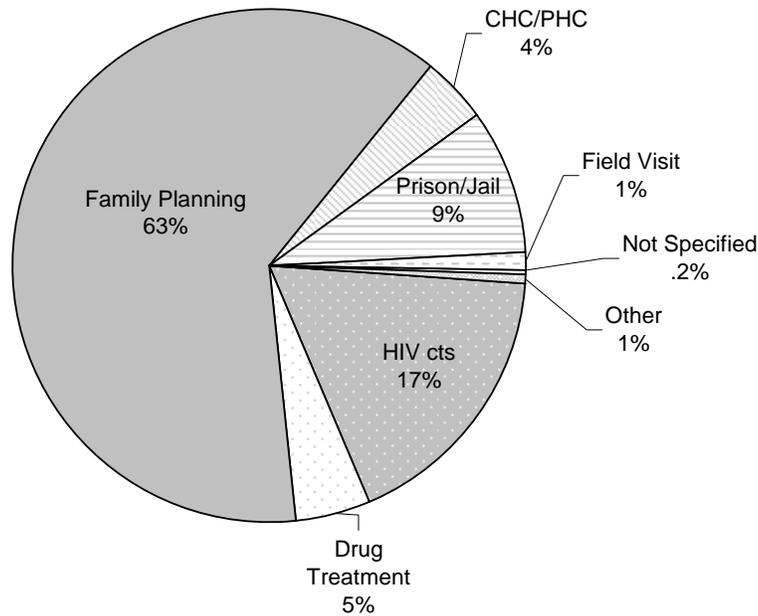
There was an increase in the number of anonymous tests conducted in 2001, likely due to the introduction of oral testing in July of that year. The rise in anonymous testing was

⁷⁵ Centers for Disease Control and Prevention. *HIV counseling and testing at CDC-supported sites-United States 1999-2004* (2006). Available at <http://www.cdc.gov/hiv/topics/testing/reportes.htm> Accessed on 3/27/2008.

initially accompanied by a decrease in confidential testing through 2003, but increases in confidential testing have been observed in the past three years (Figure 46).⁴⁰

Figure 47 shows the proportion of all tests conducted in 2007 by site type. Family planning organizations conduct the largest percentage of HIV tests (63% of all tests in 2007). HIV centers administered the second largest percentage of tests (17% of tests).⁴⁰

*Figure 47. Percentage of HIV Tests Administered Through Vermont CTR by Site Type: 2007*⁴⁰



Of the clients who reported their race/ethnicity, people who identified as White continue to make up the largest proportion of tests in 2007 (90%). People ages 20-29 are the largest proportion of people tested through Vermont CTR (50% of all tested in 2007, 47% of all tested 1998-2007).⁴⁰ A comparison of 2007 with 2000 shows that although the numbers of tests conducted have increased for all age groups, the proportions of tests conducted per age group were similar (Figure 48). In 2000, a greater proportion of tests among 13-19 year olds (19%) were conducted than in 2007 (15%). However, a greater proportion of tests were conducted among 20-29 year olds in 2007 (50%) than in 2000 (45%). Of the clients who indicated their sex, more females were tested through CTR than males between 1998 and 2007, matching national trends (Figure 49).^{40,75} The exception in Vermont was in 2005, when 50 more males than females were tested.⁴⁰

Figure 48. Percentage of Tests Administered Through Vermont CTR by Age: 2000 and 2007⁴⁰

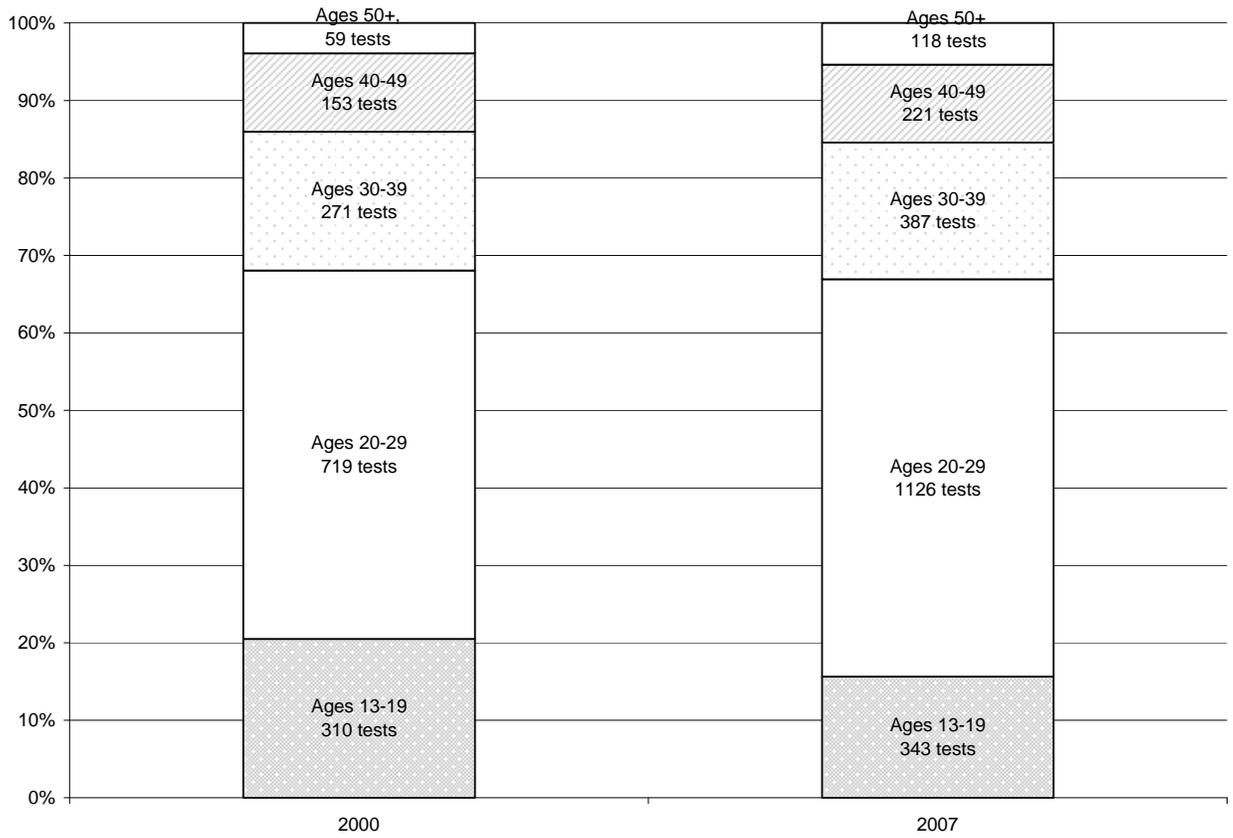
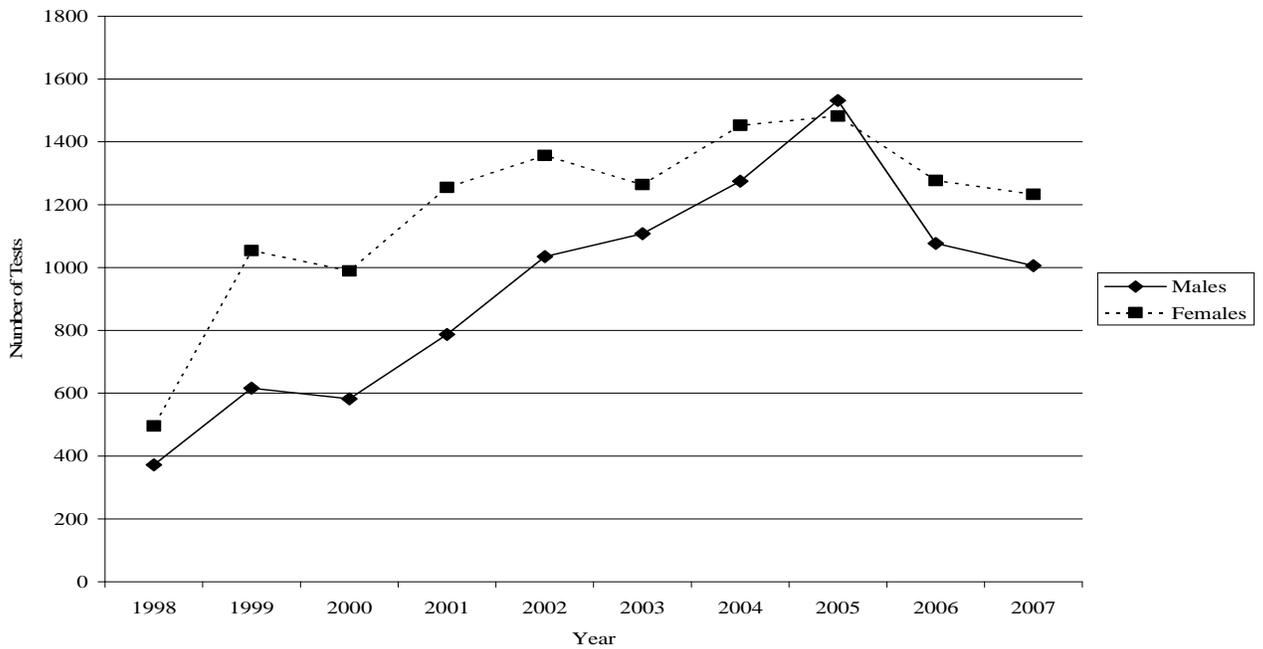
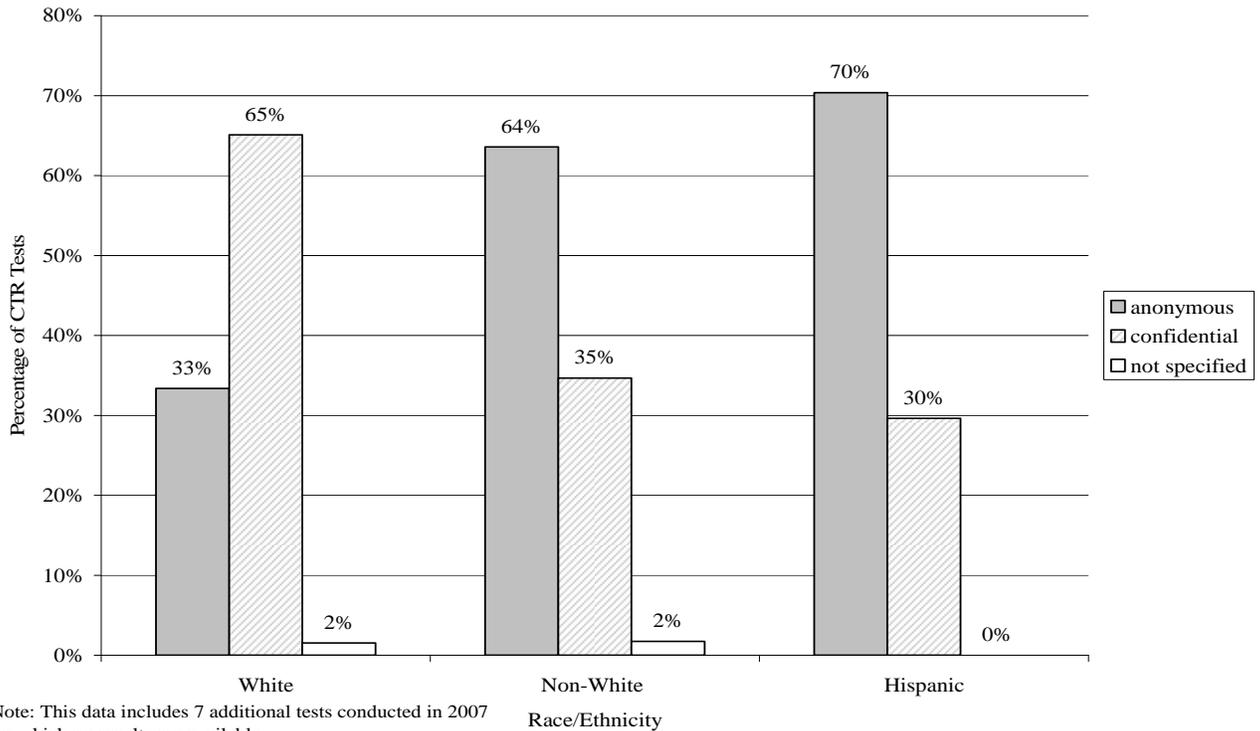


Figure 49. Number of Tests Administered Through Vermont CTR by Gender: 1998-2007⁴⁰



Preference for different types of tests conducted through CTR varied by race. More White clients had confidential testing, whereas more non-White clients and Hispanic clients had anonymous tests (Figure 50).

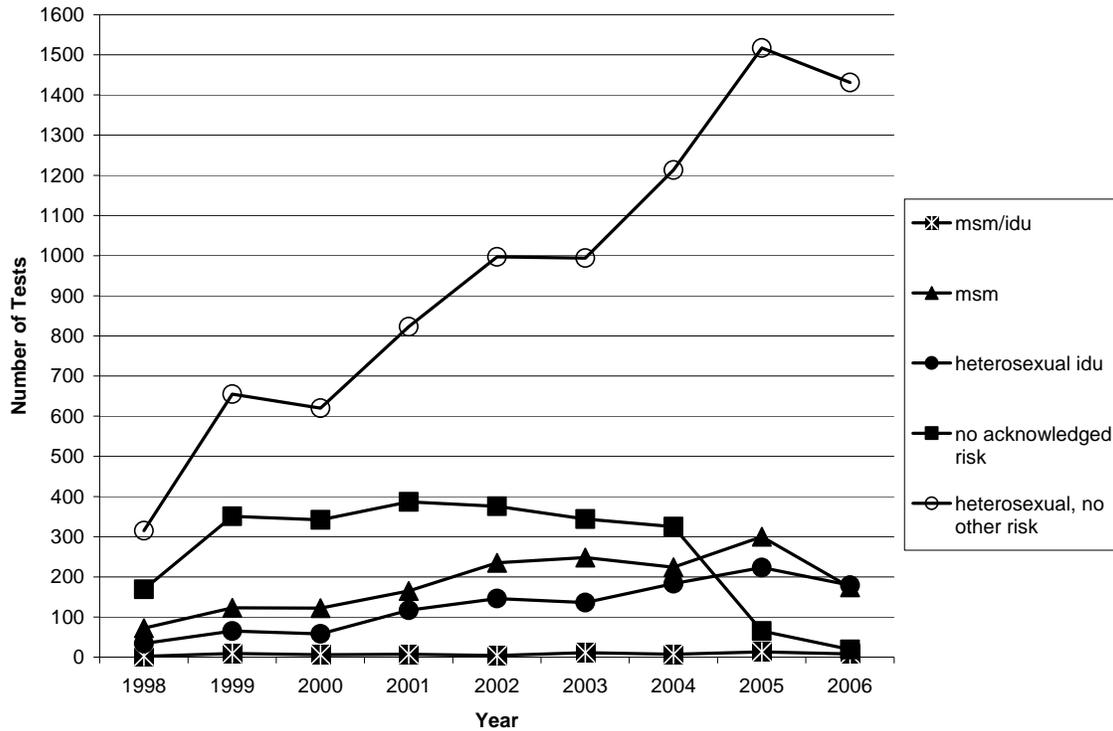
*Figure 50. Proportion of HIV Tests Administered Through Vermont CTR by Race/Ethnicity and Test Type: 2007*⁴⁰



Testing by Exposure Category

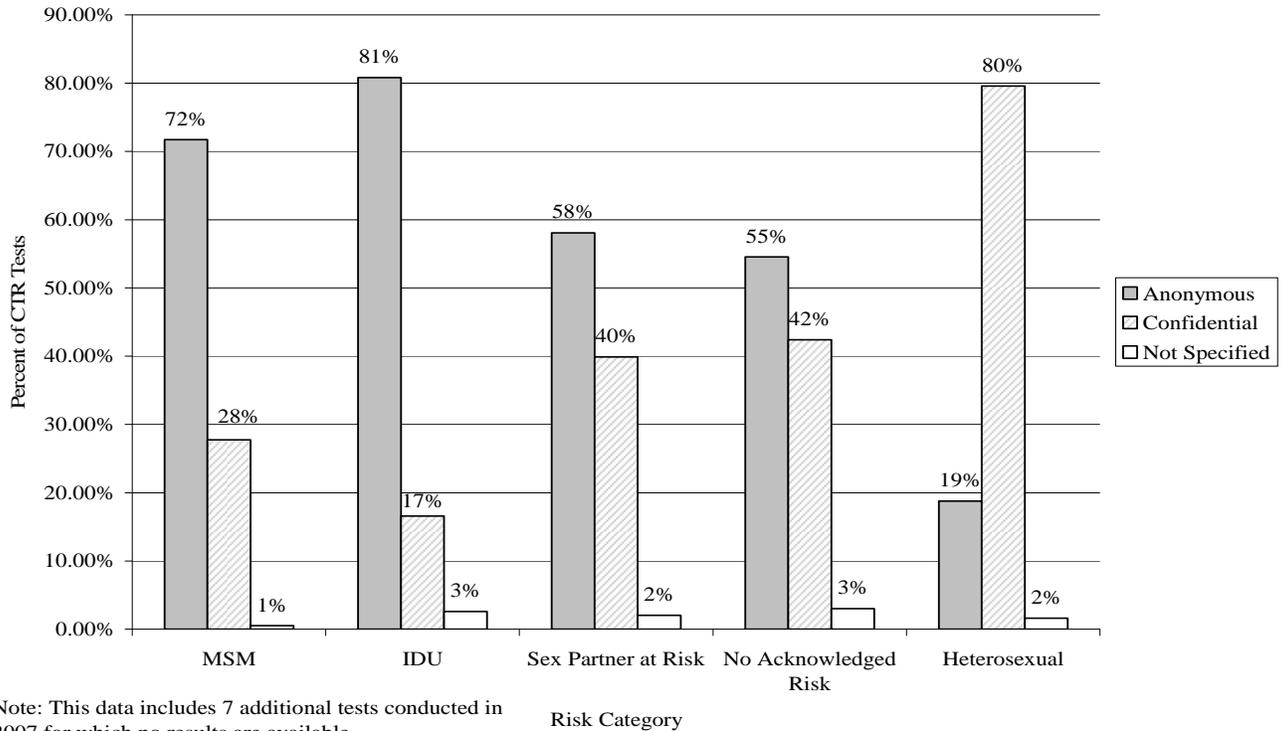
Most tests administered through CTR in Vermont were given to heterosexuals who did not identify any other risk factor (Figure 51). Heterosexuals also account for the largest number of HIV tests nationwide.⁷⁵ The number of tests given to clients who identified as MSM or IDU has increased since 1998. The number of tests given to people who did not identify any risk remained steady between 1999 and 2004, but showed a decrease in 2005 and 2006.⁴⁰ This may be because more clients are now able to identify their behaviors with one of the other risk categories.

Figure 51. Number of Tests Administered Through Vermont CTR by Exposure Category: 1998-2006⁴⁰



The type of testing sought by Vermonters differed by what type of sexual risk they engaged in. MSM and ISU had more anonymous testing than confidential testing through CTR in Vermont. People with a sex partner at risk or with no acknowledged risk were divided more evenly between the two testing types. Heterosexuals had more confidential testing than anonymous testing through CTR in Vermont (see Figure 52).

Figure 52. Proportion of HIV Tests Administered Through Vermont CTR by Risk Group and Test Type: 2007⁴⁰



Testing in High-Risk Populations

Ten percent of MSM surveyed in Vermont with the HITS reported having never been tested for HIV, compared to 12% of all HITS survey respondents nationwide.⁵² Thirty-one percent of IDU surveyed in Vermont reported never having been tested for HIV, higher than the survey total of 19%. Most MSM surveyed in Vermont had their last HIV tests at public health clinics (38%), more than what MSM in the 2001 survey reported as a whole (23%). Private doctors offices (16%) and HIV counseling, testing, and referral sites (16%) were the next most frequently reported sites for testing among Vermont MSM. Most injection drug users surveyed in Vermont had their last HIV tests at drug treatment programs (29%), hospitals (24%), and private doctor's offices (24%). This is very different from survey totals, with most IDUs surveyed reporting testing from AIDS prevention or outreach programs (31%), other undefined testing locations (16%), and STD clinics (14%).

Testing among Pregnant Women

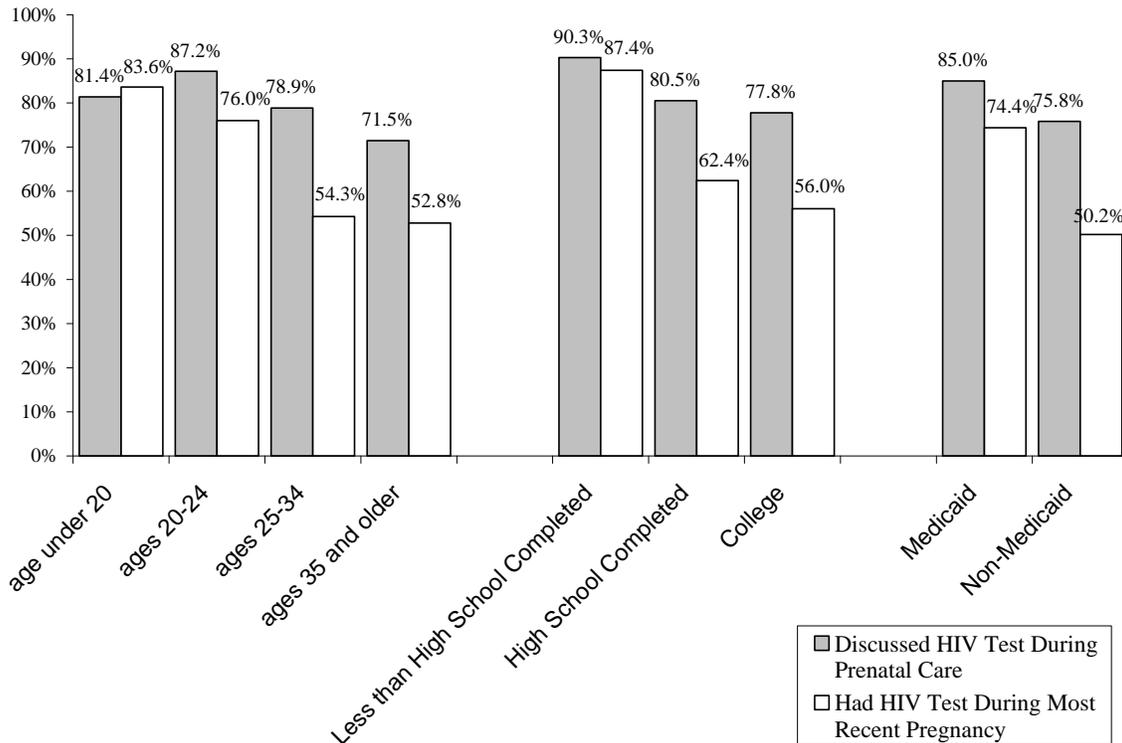
In 2007, 62% of women who gave birth in one of the hospitals reporting to OBNet (including Fletcher Allen Health Care) were screened for HIV.⁷⁶ In 2002, 82% of Vermont women who responded to questions about their prenatal care reported that HIV

⁷⁶ Vermont Department of Health, Center for Public Health Statistics. Data collected through OBNet, in partnership with Fletcher Allen.

testing was discussed as part of their prenatal testing, the same proportion of all 27 states reporting PRAMS data.⁷⁴

Vermont’s most recent report in 2004 showed that 80% of women who had recently given birth said that getting tested for HIV was discussed by a doctor, nurse, or other health care provider.⁷⁷ More women who had not completed high school (90.3%) reported that they had discussed HIV testing during their prenatal care than did women who completed high school (80.5%) or who had completed college (77.8%). There were also discrepancies between women who received Medicaid before or during their pregnancy, or at delivery, and women who did not receive such aid, and women who were younger and women who were older (see Figure 53). The same groups of women (younger, less educated, receiving/has received Medicaid) were also more likely to report being tested during their most recent pregnancy (Figure 53).

Figure 53. Percentage of Vermont Women Who Recently Gave Birth and Discussed HIV Testing or Had an HIV Test: 2004⁷⁷



⁷⁷ Vermont Department of Health, Agency of Human Services. *Vermont PRAMS Data Brief*. July 6, 2007.

In 2004, 62% of women reported having an HIV test during their most recent pregnancy (see Figure 54). Of the women who were not offered the test or turned down the test, 57% reported having a test prior to their pregnancy, although most of these tests (85%) were conducted a year before the most recent pregnancy (Figure 54).⁷⁷

Figure 54. Percentage of Vermont Women Who Recently Gave Birth Having or Declining an HIV Test: 2004⁷⁷

