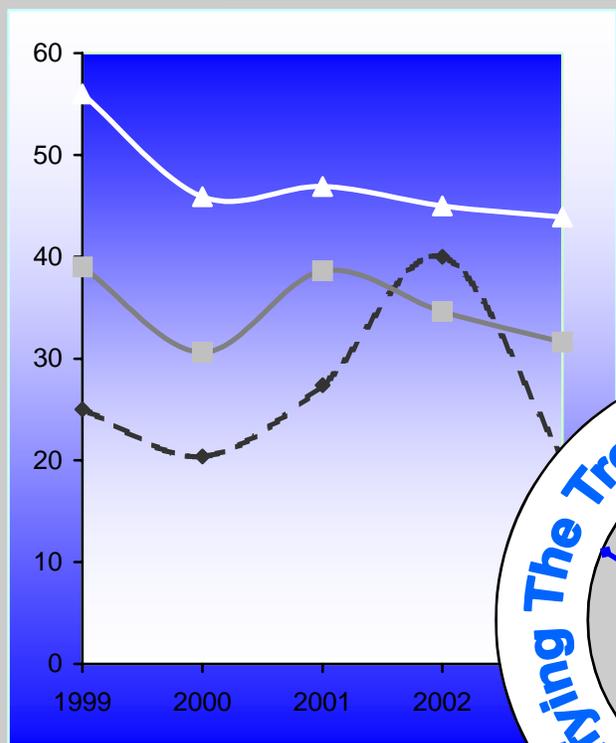


# 2004

## Louisiana HIV/AIDS



ANNUAL  
REPORT &  
EPIDEMIOLOGICAL  
PROFILE

***LOUISIANA HIV/AIDS  
EPIDEMIOLOGICAL  
PROFILE  
AND  
ANNUAL REPORT***

***2004***

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## **OVERVIEW OF HIV/AIDS SURVEILLANCE**

All state and territory health departments in the United States, including Louisiana, collect information about HIV infections and AIDS diagnoses among their residents. These activities are supported nationally by the Centers for Disease Control and Prevention (CDC). HIV/AIDS data collected are used to characterize and forecast the changing epidemic locally, regionally and nationally. Louisiana HIV/ AIDS data are summarized quarterly and annually to enable our state's public health system to:

- Assess the risks for HIV infection and develop effective HIV prevention programs;
- Assess the needs of those living with HIV/ AIDS and direct medical and supportive resources appropriately;
- Develop novel surveillance methods to allow for a more current estimate and characterization of HIV/ AIDS risks and needs;
- Justify necessary federal and state funding to support continued HIV/ AIDS prevention, services, and surveillance activities.

The following report includes all such HIV/AIDS data regarding Louisiana residents for the reporting period ending December 31, 2004. Consistent with HIV/AIDS surveillance activities in other states, the Louisiana HIV/AIDS surveillance system actively maintains an extensive statewide network of reporting sites in public, private, inpatient, outpatient, clinical, and laboratory settings.

### **The HIV/ AIDS Surveillance System**

#### ***Core Surveillance***

In Louisiana, AIDS became a reportable condition in 1984, at which time the Louisiana Office of Public Health established a surveillance system to track newly diagnosed AIDS cases. In 1993, the surveillance system was expanded when confidential HIV (non-AIDS) cases were added as a reportable condition. Standardized case report forms are used; these forms collect sociodemographic information, mode of exposure, laboratory and clinical information, vital statistics (i.e., living or dead), and referrals for treatment or services. HIV infection reporting is estimated to be >85% complete for persons who have tested positive for HIV. HIV surveillance data may underestimate the level of recently-infected persons because some infected persons either do not know they are infected or have not sought testing. Persons who have tested positive in an anonymous test site and have not sought medical care, during which they would be confidentially tested, are not included in HIV surveillance statistics. Therefore, HIV infection data can only provide minimum estimates of the number of persons known to be HIV-infected. Additionally, new cases are reported at all points along the clinical spectrum of disease when first diagnosed. Consequently, HIV infection data may not necessarily represent the characteristics of persons who have been recently infected with HIV.

#### ***Perinatal Surveillance***

Perinatal HIV/AIDS surveillance is the ongoing and systematic collection of information on HIV-infected pregnant mothers and perinatally-exposed and HIV-infected children. Extensive medical record abstractions are conducted for all HIV-exposed children and their mothers; the children are followed until their infection status is determined. These data address the prevention of perinatal transmission, including prenatal care, HIV counseling and testing during pregnancy, and the use of zidovudine (ZDV) or other antiretroviral medications among pregnant mothers and neonates. Enhanced perinatal surveillance data provide perinatal-specific information that can be used to determine the extent to which testing and ZDV use occur in clinical practice and to identify barriers to the implementation of United States Public Health Service guidelines.

## **Behavioral Surveys**

### ***Street Outreach Surveys (SOS)***

Street outreach surveys have been administered by community-based organizations (CBOs) statewide since 1995. The survey is a one-page, self-administered questionnaire distributed by outreach workers in areas where they actively conduct street outreach activities. Sites are in neighborhoods with one or more of the following characteristics: high rates of HIV/STDs, high levels of drug use, presence of persons who exchange sex for money or drugs. Respondents are asked about sexual partners, history of condom use, drug use, HIV testing history, and exposure to prevention programs. These data represent persons at particularly high risk for HIV and are not generalizable to the general population in the local community.

### ***Behavioral Risk Factor Surveillance System (BRFSS)***

The BRFSS is a state-based random digit-dialed telephone survey that monitors state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. Respondents to the BRFSS questionnaire are asked a variety of questions about their personal health behaviors and health experiences. A sexual behavior module was added to this survey in 1994-96, 1998 and 2000-03. In this module, adults (ages 18-49) are asked about their number of sexual partners, condom use, and treatment for STDs. Data from the BRFSS survey are population-based; thus, estimates about testing attitudes and practices can be generalized to the adult population in Louisiana, not just to persons at highest risk for HIV/AIDS. However, because BRFSS respondents are contacted by telephone, the data are not representative of households without a telephone.

## **HIV Counseling and Testing Data**

The Louisiana Office of Public Health HIV/AIDS Program provides funds and HIV counseling and testing at approximately 175 different sites across Louisiana. These sites include community-based organizations, drug treatment centers, parish health units, and STD, prenatal, family planning, and tuberculosis clinics. Most sites offer both anonymous and confidential testing options; however, 89% of persons in 2004 were tested confidentially.

## **STD Surveillance**

The Sexually Transmitted Disease (STD) Program offers STD clinical services, including testing, diagnosing and treating persons with STDs. The program conducts statewide surveillance to determine STD incidence and monitor trends. In addition, the program conducts partner counseling and referral services for persons with HIV and/or syphilis in order to reduce the spread of HIV and STDs. In Louisiana in addition to HIV/AIDS, chancroid, chlamydia, gonorrhea, lymphogranuloma venereum and syphilis are reportable STDs.

# Geographic Guide to Louisiana Public Health Regions and Metro Statistical Areas (MSA)



## Public Health Regions

- I New Orleans**  
Jefferson  
Orleans
- II Baton Rouge**  
Ascension  
Iberville  
E. Baton Rouge  
W. Baton Rouge
- III Houma**  
Assumption  
Lafourche  
St. Charles  
St. John the Baptist
- IV Lafayette**  
Acadia  
Evangeline  
Iberia  
Lafayette
- V Lake Charles**  
Allen  
Beauregard  
Jefferson Davis
- VI Alexandria**  
Avoyelles  
Catahoula  
Concordia  
Grant
- VII Shreveport**  
Bienville  
Bossier  
Caddo  
Claiborne  
Desoto
- VIII Monroe**  
Caldwell  
East Carroll  
West Carroll  
Franklin  
Jackson  
Lincoln
- IX Hammond/Slidell**  
Livingston  
St. Helena  
St. Tammany

## Urban Parishes (MSAs)

- New Orleans**  
*Jefferson*  
*Orleans*  
*St. Tammany*  
*St. John the Baptist*
- Baton Rouge**  
*E. Baton Rouge*  
*W. Baton Rouge*
- Houma/Thibodaux**  
*Lafourche*
- Lafayette**  
*Acadia*  
*St. Martin*
- Shreveport**  
*Bossier*  
*Caddo*
- Lake Charles**  
*Calcasieu*
- Alexandria**  
*Rapides*
- Monroe**  
*Ouachita*
- Plaquemines**  
*St. Bernard*  
*St. James*  
*St. Charles*
- Ascension**  
*Livingston*
- Terrebonne**
- Lafayette**  
*Lafayette*  
*St. Landry*
- Webster**



## **EXECUTIVE SUMMARY**

The HIV/AIDS epidemic continues to have a significant impact on the public health of Louisiana. Although there is still no cure for AIDS, recent advances in treatment have significantly slowed the progression from HIV to AIDS and AIDS to death. As of December 31, 2004, a cumulative total of 24,762 persons were diagnosed with HIV/AIDS in Louisiana, including 287 cases in children under the age of 13.

The following report provides detailed information regarding demographic and risk characteristics of HIV-infected individuals and trends in the epidemic over time. This report includes cases diagnosed through 2004 and reported by July 31, 2005. Some of the most significant trends occurring in 2004 are highlighted below:

- At the end of 2004, 15,068 persons were known to be living with HIV/AIDS in Louisiana, of which 7,570 (50.2%) have been diagnosed with AIDS. There are persons living with HIV in every parish in Louisiana, and this number continues to increase each year, largely because of a decrease in mortality due to more effective drug therapies.
- In the most recent CDC HIV/AIDS Surveillance Report (Vol. 16), Louisiana ranked 5th highest in state AIDS case rates and 11th in the number of AIDS cases reported in 2004. The metropolitan Baton Rouge area ranked 3rd and the metropolitan New Orleans area ranked 6th in AIDS case rates in 2004 among the large metropolitan areas in the nation.
- During 2004, 1,113 new HIV/AIDS cases were diagnosed in Louisiana. New cases of HIV/AIDS were diagnosed in 58 of Louisiana's 64 parishes in 2004.
- The New Orleans region had the highest number of HIV/AIDS cases diagnosed in 2004. During the past five years, the Baton Rouge region has had the highest HIV/AIDS diagnosis rate (number of new cases per 100,000 population). However, in 2004 the New Orleans and Baton Rouge regions had similar HIV/AIDS diagnosis rates.
- The HIV rates for African Americans continue to be disproportionately high. Although African Americans make up only 33% of the state's population, 76% of newly-diagnosed HIV cases and 79% of newly-diagnosed AIDS cases were among African Americans in 2004. The HIV rates for African Americans were over seven times higher than those among whites.
- The percentage of newly-diagnosed HIV/AIDS cases reported among women in Louisiana has increased since 1994. Women represented 31% of new HIV/AIDS cases in 2004. Overall, HIV/AIDS rates have been declining among men since 1994.
- From 1996-1999, the number of new AIDS cases decreased, coinciding with the widespread use of more effective treatments. However, since 1999 AIDS diagnoses have increased, which may be due to factors such as late testing, limited access to or use of health care services, and limitations of current therapies.
- Among African American men diagnosed with HIV in 2004, 46% developed AIDS within one year, compared to 35% of African American females and 39% of white men.
- Although the number of women living with HIV in Louisiana has risen in recent years, perinatal transmission rates have dropped dramatically from 19% in 1994 to 3.4% in 2003 due to increased screening of pregnant women and increased use of antiretroviral therapy by pregnant women with HIV and their infants.

***SOCIODEMOGRAPHIC  
CHARACTERISTICS OF THE  
POPULATION OF  
LOUISIANA***

## **SOCIODEMOGRAPHIC CHARACTERISTICS**

This section provides information on the demographic and socioeconomic characteristics of the state.

### **Summary**

#### ***Population***

In the 2000 census, the total population reported for Louisiana was 4,468,976 persons. Louisiana comprises 64 county equivalent subdivisions called parishes. Parish populations ranged from a low of 6,618 persons (Tensas Parish) to upwards of a half million persons in Orleans Parish. The Greater New Orleans area (Orleans, Jefferson, Plaquemines, St. Bernard, and St. Tammany Parishes) represented 30% of Louisiana's population. The major cities in order of descending population were New Orleans, Baton Rouge, Shreveport, Lafayette, and Lake Charles, with populations ranging from 484,674 to 71,757. The state is considered rural; however, 75% of its population resides in urban areas. Overall, the state has eight metropolitan statistical areas (MSAs).

#### ***Public Health Regional Structure***

The Louisiana Office of Public Health is divided into nine distinct geographic regions (see map on p. ix). A public health region comprises four to twelve parishes surrounding one of the major urban centers in the state. Regional activities include clinical services for family planning, STD screening and treatment, maternal and child health, special health services for children, nutrition programs, and immunizations. Services also include sanitation, environmental monitoring, and epidemiologic investigation. Each region is home to a state-administered public hospital where residents may obtain primary care.

#### ***Demographic Composition***

According to the 2000 census data, the racial and ethnic composition of the state was estimated to be 64% white, 32% African American, 1% Asian and 0.6% American Indian. Persons of Hispanic origin were estimated to make up 2.4% of the total population.

#### ***Age and Sex***

In 2000, the median age of Louisiana residents was 34 years. More than 25% of the population were younger than 18 years of age; 11% of the population was 65 or older. The proportion of females in the overall population was slightly higher than the proportion of males (52% vs. 48%).

#### ***Poverty, Income and Education***

In 2000, the median household income in Louisiana was \$31,034. According to the 2000 census, nearly 900,000 residents (20% of the population) for whom poverty status was determined had incomes that fell below the federally defined poverty level, compared with 13% nationally. Louisiana has one of the highest proportions of children living in poverty; 27% of all children 18 years or younger in 2000. Of the total number of families, 42% had a female head of household (no husband present), and 16% of all families had incomes below the poverty level. The unemployment rate in 2000 was 6% statewide. One of every 5 adults (19–64 years) in Louisiana is uninsured. In 2000, Louisiana ranked 45th among states for per capita income. In the 2000 census, more than 75% of Louisiana residents aged 25 years and older reported educational attainment of high school diploma or higher.

**Census Information:** A comprehensive, detailed examination of the entire population of Louisiana was last conducted in the year 2000. The information from the 2000 census is extremely comprehensive and therefore is used to estimate population because it is the most reliable, up to date information available as of December 31, 2004.

## **SOCIODEMOGRAPHIC CHARACTERISTICS**

### ***Health Indicators***

It was recently reported in Health Care State Rankings for 2004 that Louisiana ranks 50th in the nation in health indicators. According to this report, prenatal care needs to be improved in the state: Louisiana ranked 2nd in both the percentage of low-birth weight babies and in the rate of infant mortality and 27th in the proportion of women receiving late or no prenatal care.

### ***Public Aid***

In 2000, 16.2% of Louisiana residents were covered by Medicaid and 13.4% were covered by Medicare. Approximately 502,000 children 20 years of age or younger relied on Medicaid to meet their health care needs.

<b>Percentage Distribution of the General Population by Age Group and Sex Louisiana, 2000</b>			
Age group (years)	Males, % (N= 2,162,903)	Females, % (N= 2,306,073)	Total Population, % (N= 4,468,976)
<2	3.0	2.7	2.9
2-12	17.3	15.5	16.4
13-24	19.3	18.0	18.6
25-44	29.2	28.7	28.9
45-64	21.5	21.7	21.6
≥65	9.6	13.4	11.6

*Source.* Census 2000, US Bureau of the Census and Louisiana Census Data Center Profile  
*Note:* Percentages may not add up to 100% because of rounding.

## **DEMOGRAPHIC CHARACTERISTICS**

- In 2000, the population of the state of Louisiana was 4,468,976 persons. The largest proportion of the population were 25-44 years of age (28.9% overall) and nearly 50% of the population were in the combined age groups 13-24 and 25-44 years. The age distribution among males and females was similar; however, a slightly higher proportion of women, compared with men, were elderly (65 years and older).

<b>Percentage Distribution of the General Population by Race/Ethnicity and Sex Louisiana, 2000</b>			
Race/ Ethnicity	Males, % (N= 2,162,903)	Females, % (N= 2,306,073)	Total Population, % (N= 4,468,976)
White, not Hispanic	63.9	62.5	63.2
African American, not Hispanic	31.7	33.5	32.6
Hispanic	2.5	2.3	2.4
American Indian	0.6	0.5	0.5
Asian	1.3	1.2	1.3

*Source.* Census 2000, US Bureau of the Census and Louisiana Census Data Center Profile  
*Note:* For an explanation of how racial/ ethnic groups were combined in this profile, see p. 14.

## **DEMOGRAPHIC CHARACTERISTICS**

- The collection of race and ethnicity information was expanded in the 2000 census to allow persons the opportunity to report belonging to more than one race, as well as to report Hispanic ethnicity. Despite this expansion, more than 60% of men and women in Louisiana reported themselves as non-Hispanic whites. Non-Hispanic African Americans constituted 32.6% of the population, Hispanics constituted 2.4%, and Asians and American Indians totaled 1.3% and 0.5%, respectively.

### **Percentage Distribution of the General Population by Race/Ethnicity and Region Louisiana, 2000**

Public Health Region	Race/Ethnicity <sup>a</sup>					Total Population
	White, not Hispanic, %	African American, not Hispanic, %	Hispanic %	American Indian, %	Asian %	
I New Orleans	49	43	5	<1	3	1,034,126
II Baton Rouge	58	39	2	<1	2	603,634
III Houma	70	25	2	2	<1	383,697
IV Lafayette	70	27	1	<1	<1	548,154
V Lake Charles	76	21	2	<1	<1	283,429
VI Alexandria	70	27	2	<1	<1	301,390
VII Shreveport	59	38	2	<1	<1	522,560
VIII Monroe	62	36	1	<1	<1	353,865
IX Hammond/ Slidell	81	16	2	<1	<1	438,121

*Source.* Census 2000, US Bureau of the Census and Louisiana Census Data Center Profile

Note: Percentages may not add up to 100% because of rounding.

<sup>a</sup>For an explanation of how racial/ethnic groups were combined in this profile, see p. 15.

- Louisiana is divided into 9 public health regions for the purpose of public health planning. The regions comprise 4 to 12 parishes surrounding one of the major urban centers in the state: New Orleans (Region I), Baton Rouge (Region II), Houma (Region III), Lafayette (Region IV), Lake Charles (Region V), Alexandria (Region VI), Shreveport (Region VII), Monroe (Region VIII) and Hammond/ Slidell (Region IX). Region I has the largest population in the state and Region V has the smallest. The proportion of persons reporting themselves as non-Hispanic white ranges from a low of 49% in Region I to a high of 81% in Region IX.
- Regions I and II have the highest proportions of non-Hispanic African Americans (43% and 39%, respectively). In Region I, 5% of people consider themselves Hispanic and 3% consider themselves Asian; therefore, this area has the highest concentration of both Hispanic and Asian persons in the state. Region II is home to the highest concentration of persons reporting themselves as American Indian.

## DEMOGRAPHIC CHARACTERISTICS

### **Percentage Distribution of the General Population, by Race/Ethnicity for Parishes of >250,000 Population Compared with Population of Louisiana, 2000**

Race/Ethnicity <sup>a</sup>	Population, %			
	East Baton Rouge (N= 412,852)	Jefferson (N= 455,466)	Orleans (N= 484,674)	State (N= 4,468,976)
White, not Hispanic	56.2	69.8	28.1	63.2
African American, not Hispanic	40.1	22.9	67.3	32.6
Hispanic	1.8	7.1	3	2.4
American Indian	0.2	0.4	0.2	0.5
Asian	2.1	3.1	2.3	1.3

Source. Census 2000, US Bureau of the Census, and Louisiana Census Data Center Profile.

<sup>a</sup>For an explanation of how racial/ ethnic groups were combined in this profile, see p. 15.

According to the 2000 census, the distribution of race/ethnicity differed in Louisiana parishes with populations of more than 250,000. In Orleans Parish, the most populous parish, 67.3% of the population indicated their race/ethnicity as non-Hispanic African American, compared with 40.1% in East Baton Rouge and only 22.9% in Jefferson. Jefferson Parish reported the highest proportion of Hispanics and non-Hispanic whites. Less than 1% of the population in these parishes reported themselves as American Indian. The proportions of persons in the 3 parishes that identified themselves as Asian ranged from 2% to 3%; approximately 1% in each of the areas reported that they were non-Hispanic and belonged to 2 or more races.

## SOCIOECONOMIC CHARACTERISTICS

### **Percentage Distribution of Persons Living Below the Poverty Level During the Past 12 Months by Sex and Age Group for Parishes of >250,000 Population, Louisiana, 2000**

Age group (years)	Below poverty level, %							
	East Baton Rouge		Jefferson		Orleans		Statewide	
	Males, % (N= 34,201)	Females, % (N=49,204)	Males, % (N= 23,456)	Females, % (N= 31,162)	Males, % (N= 57,140)	Females, % (N= 75,500)	Males, % (N= 370,499)	Females, % (N= 505,738)
≤25	74.3	53.7	59.4	40.9	56.3	47.6	59.9	46.8
26- 44	11.3	26.2	13.2	27.3	22.7	28.2	17.1	25.4
45- 64	7.4	10.6	18.8	18.7	18	17.1	15.4	16.3
≥65	7	9.5	8.5	8.5	3.1	7.1	7.6	11.5

Source. Census 2000, US Bureau of the Census and Louisiana Census Data Center Profile

- In 2000, the highest proportion of persons living below the poverty level during the previous 12 months— statewide and in the most populous parishes— were less than 25 years of age. Nearly 60% of the males and approximately 47% of the females who were living below the poverty level were less than 25 years of age. In each of the 3 parishes and statewide, a greater proportion of women who were living below the poverty level were older than 25 years, compared to their males counterparts. For example, statewide, 25.4% of women aged 26– 44 were living below the poverty level, compared with 17.1% of the men in that age group.

## SOCIOECONOMIC CHARACTERISTICS

### **Percentage Distribution of the Population 25 Years or Older, by Educational Attainment and Sex for Parishes of >250,000 Population, Louisiana, 2000**

Education	East Baton Rouge		Jefferson		Orleans		Total	
	Males, % (N= 34,201)	Females, % (N=49,204)	Males, % (N= 23,456)	Females, % (N= 31,162)	Males, % (N= 57,140)	Females, % (N= 75,500)	Males, % (N= 370,499)	Females, % (N= 505,738)
<9th grade	5.7	4.3	7.9	7.4	7.5	9.7	9.7	8.7
High School	8.4	10.9	11.2	13.8	11.9	12.1	14.3	13.8
High school diploma	25	31.3	30.7	32.7	30.8	32.9	32.8	35.9
Some college	25.6	20.2	20.3	21.8	18.2	19	19.9	19.5
Associate or bachelor's degree	20.8	22.6	21.8	18.3	18.8	18	15.8	15.9
Graduate or professional degree	14.4	10.7	8	5.9	12.8	8.3	7.5	6.1

Source. Census 2000, US Bureau of the Census, and Louisiana Census Data Center Profile.

- The most common level of educational attainment among persons 25 years and older, regardless of location or sex, was a high school diploma or its equivalent. Statewide, 32.8% of men and 35.9% of women had earned a high school diploma or its equivalent. Similar percentages were observed in Orleans and Jefferson Parishes. In East Baton Rouge, higher proportions of men reported attending some college or receiving an associate's or a bachelor's degree or a graduate degree compared with statewide estimates or those in Jefferson or Orleans Parishes. Fewer than 10% of men or women received less than a 9th grade education in the most populous parishes or statewide.

### **Percentage Distribution of Adults (19- 64 years) by Health Insurance Coverage and Sex, Louisiana, 2003-2004**

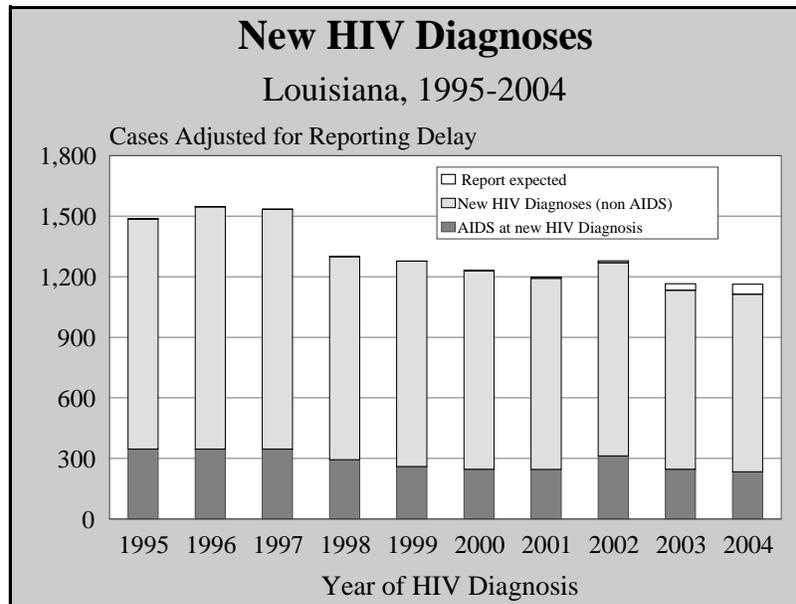
Source of Insurance	Males, % (N= 1,245,410)	Females, % (N= 1,388,780)
Employer	61	63
Individual Plan	5	6
Medicaid	5	6
Other Provider	4	3
None/ uninsured	25	23

Source. Kaiser Family Foundation

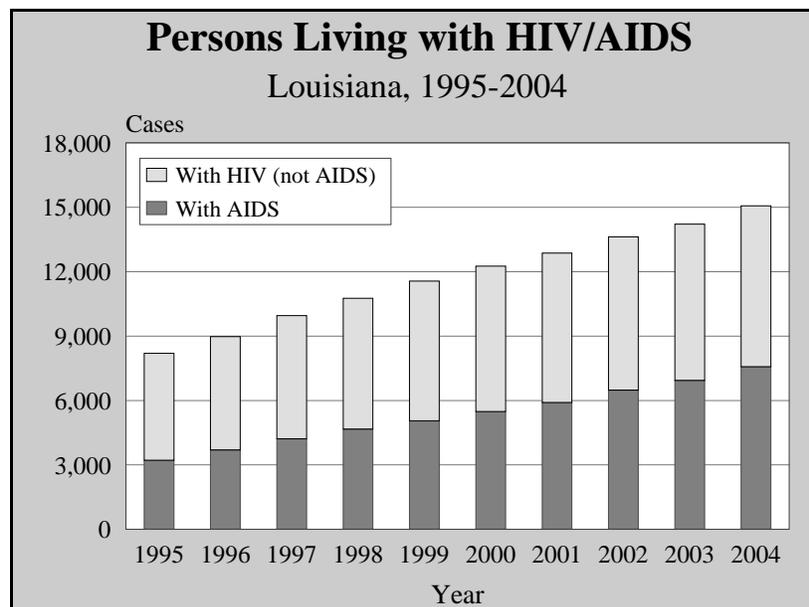
- In a Louisiana survey conducted in 2003–2004, 24% of the men and women aged 19–64 years reported that they did not have health insurance coverage. Approximately two thirds (63%) of men received health insurance coverage through an employer, a slightly lower proportion of women obtained their health insurance coverage through their employer (60%). Few persons reported coverage through individual plans, and 5% of men and 6% of women received health coverage from Louisiana's Medicaid Program.

***HIV/AIDS TRENDS  
IN LOUISIANA***

## OVERALL HIV/AIDS TRENDS



- In 2004, 1,113 new HIV cases were diagnosed statewide. Additional cases are expected due to reporting delay. The number of new HIV cases diagnosed each year has declined since 1997.
- Of the newly diagnosed persons in 2004, 21% of new HIV cases also had an AIDS diagnosis at the same time they were diagnosed with HIV. This indicates that many people are not diagnosed until late in the course of their disease. HIV-infected persons who are unaware of their infection cannot receive appropriate medical treatment and may unknowingly spread HIV to other people.



- The number of persons living with HIV continues to increase each year. At the end of 2004, 15,068 persons were known to be living with HIV/AIDS in Louisiana, of whom 7,570 (50.2%) had progressed to AIDS. This increasing trend is largely due to the introduction of effective drug therapies that have prolonged the lives of persons with HIV/AIDS.

## Characteristics of HIV Infected Persons<sup>a</sup> in Louisiana

	<b>Persons First Diagnosed with HIV in 2004</b>		<b>Persons Living with HIV/AIDS in 2004</b>		<b>Cumulative Persons with HIV/AIDS</b>	
	<b>Cases<sup>b</sup></b>	<b>Percent<sup>c</sup></b>	<b>Cases</b>	<b>Percent</b>	<b>Cases</b>	<b>Percent</b>
	<i>This column reflects persons with HIV infection whose confidential positive status was first diagnosed in 2004 and reported to the health department</i>		<i>This column reflects the <u>minimum</u> estimate of persons living with HIV as of December 31, 2004. This column includes persons living with AIDS.</i>		<i>This column reflects the total number of HIV-infected persons diagnosed with HIV or AIDS in the state. This represents the minimum number of cases of HIV-infection in the state, including those who have died.</i>	
<b>TOTAL</b>	1,113	100%	15,068	100%	24,762	100%
<b>Sex</b>						
Male	764	69%	10,722	71%	18,815	76%
Female	349	31%	4,346	29%	5,947	24%
<b>Ethnicity</b>						
African American	851	76%	10,022	67%	15,388	62%
White	229	21%	4,519	30%	8,687	35%
Hispanic	24	2%	441	3%	573	2%
Other/Unk/Multi-Race	9	1%	86	1%	114	<1%
<b>Age Group</b>	(Age at HIV Diagnosis)		(Age in 2004)		(Age at HIV Diagnosis)	
0-12	15	1%	132	1%	287	1%
13-24	215	19%	863	6%	3,716	15%
25-34	270	24%	3,374	22%	9,060	37%
35-44	313	28%	5,782	38%	7,514	30%
45-54	206	19%	3,692	25%	2,997	12%
55-64	74	7%	992	7%	876	4%
65+	20	2%	233	2%	312	1%
<b>Exposure Category<sup>d</sup></b>						
MSM <sup>e</sup>	258	52%	4,435	45%	8,654	49%
IDU <sup>e</sup>	66	13%	1,979	20%	3,798	21%
MSM & IDU	23	5%	830	9%	1,661	9%
HRH <sup>e</sup>	129	26%	2,196	23%	3,030	17%
Transfusion/ Hemophilia	4	1%	120	1%	406	2%
Perinatal/ Pediatric	15	3%	193	2%	288	2%
<i>Unspecified Exposure<sup>f</sup></i>	<i>618</i>	<i>56%</i>	<i>5,315</i>	<i>35%</i>	<i>6,925</i>	<i>28%</i>
<b>Urban/Rural Parishes</b>						
Urban	933	84%	12,786	85%	21,631	87%
Rural	180	16%	2,282	15%	3,131	13%
<b>Facility of Diagnosis</b>						
Private	374	34%	3,694	25%	4,543	18%
Public	739	66%	11,374	75%	20,219	82%

<sup>a</sup> HIV data collection started in 1993. Positive results of anonymous tests are not included due to likelihood of repeat tests.

<sup>b</sup> Cases within subgroups may not add up to totals due to unknowns.

<sup>c</sup> Percentages may not add up to 100% due to rounding.

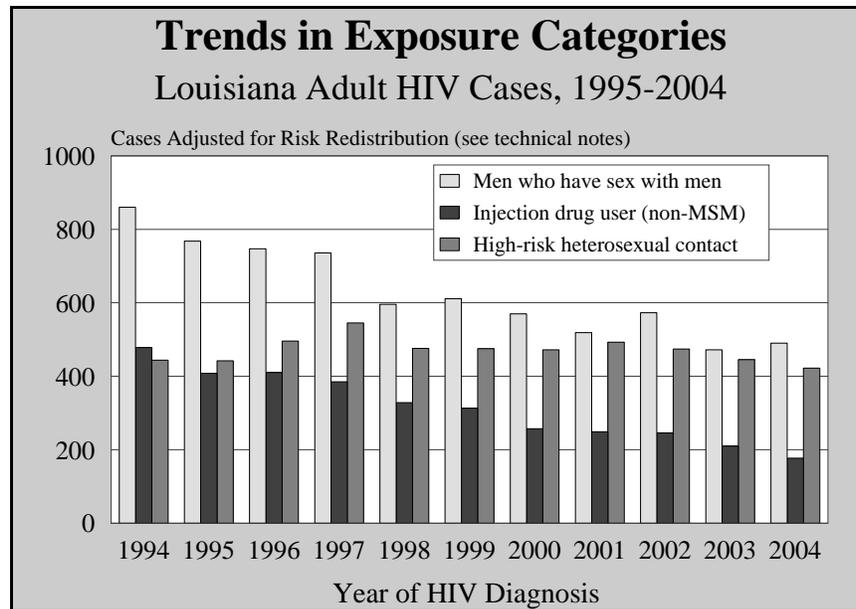
<sup>d</sup> Percentages for identified exposure groups represent the distribution among those who reported a specific exposure. The percentage for the unspecified exposure group represents the percent among the total.

<sup>e</sup> MSM: men who have sex with men (non-IDU); IDU: injection drug user; HRH: high-risk heterosexual.

<sup>f</sup> Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

## HIV DIAGNOSES BY MODE OF EXPOSURE

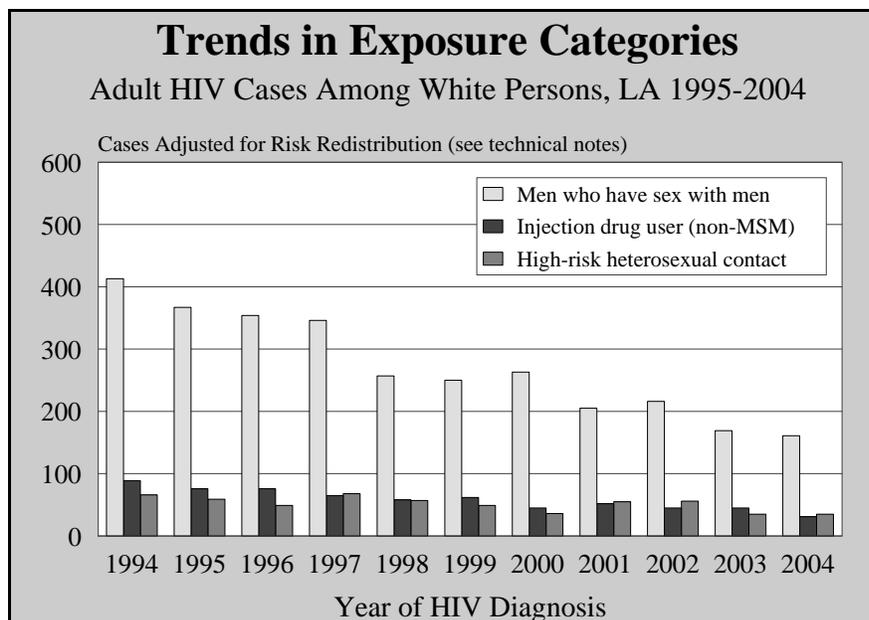
The modes of exposure (i.e., persons' risk for HIV transmission) have changed significantly since 1995. Throughout the epidemic, most HIV transmission has occurred among men who have sex with men (MSM); however, the proportion of cases attributed to MSM has been decreasing. Meanwhile, the proportion of cases among persons who report specific high risk heterosexual contact has remained stable. A large percentage of cases (56% in 2004) were reported without any mode of exposure; therefore, the data shown in the following graphs have been adjusted using a method developed by CDC to account for unreported risks, as described below and in the technical notes on p. 45.



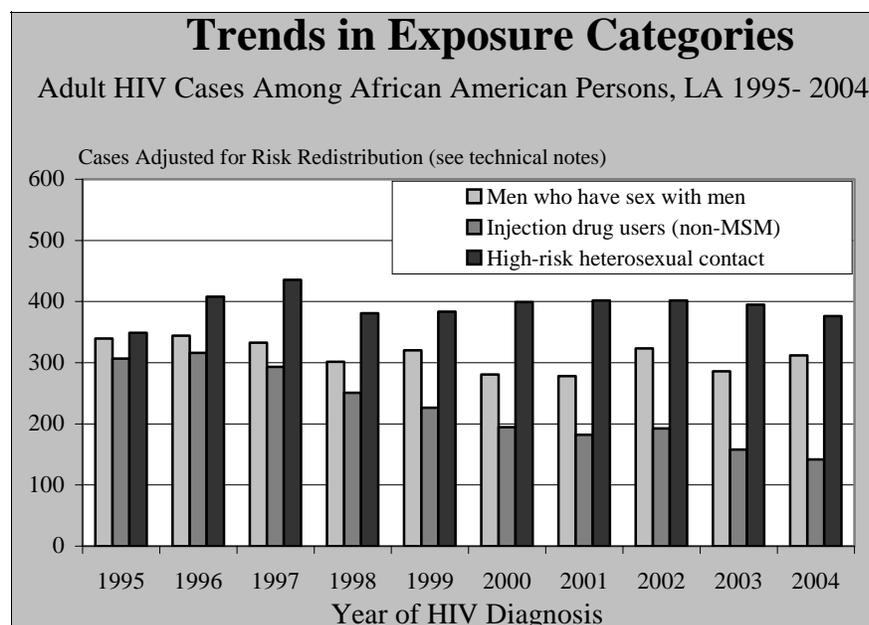
- The largest proportion of cases detected in 2004 (44%) were attributed to “men who have sex with men” (including MSM/IDU), after adjusting for unreported risk.
- After adjusting for unreported risk, cases attributed to “high-risk heterosexual contact” accounted for 38% of all cases diagnosed in 2004.
- Injection drug users remain an important risk group, accounting for 16% of newly-diagnosed cases.

Looking at cases adjusted for risk redistribution: Each year a significant number of HIV cases are reported that lack information to characterize how the infection may have been acquired (i.e., mode of exposure, transmission risk). Because this information is critical for identifying at-risk populations, the CDC has developed a method for estimating mode of exposure among those cases with an unreported risk. These estimates are based on historical patterns of risk distribution within certain demographic groups for a geographic area. Adjusting for risk redistribution (i.e., presenting a combination of cases reported with risk information and cases whose mode of exposure has been estimated) yields a more complete picture of the epidemic among the different exposure groups. For more information on risk redistribution, see the technical notes on p. 45.

## HIV DIAGNOSES BY RACE AND MODE OF EXPOSURE

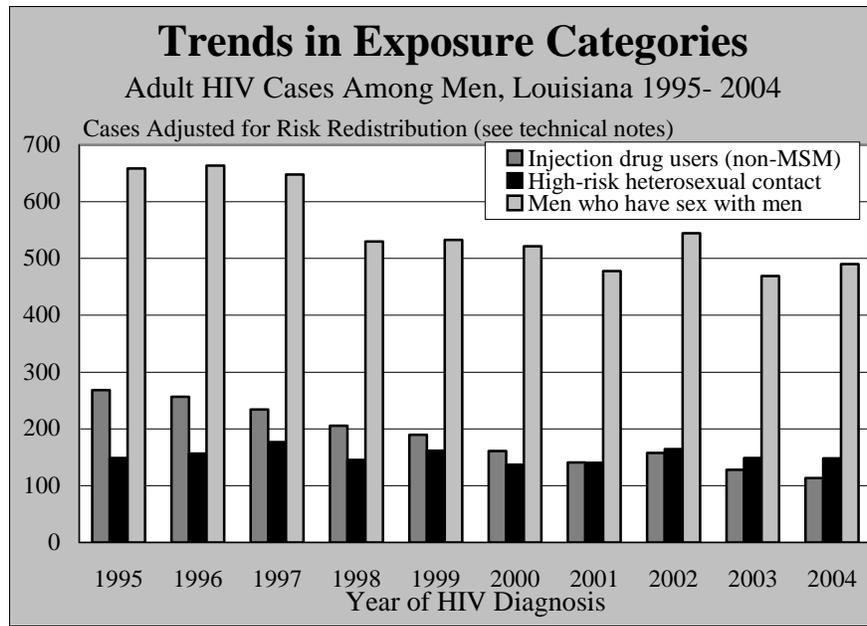


- After redistributing risk due to unreported risk information, the predominant exposure among white persons is men who have sex with men, although the number of cases has declined substantially since 1997. In 2004, 70% of the new cases among whites were men who have sex with men, 13.5% were injection drug users and 15% were high-risk heterosexuals.

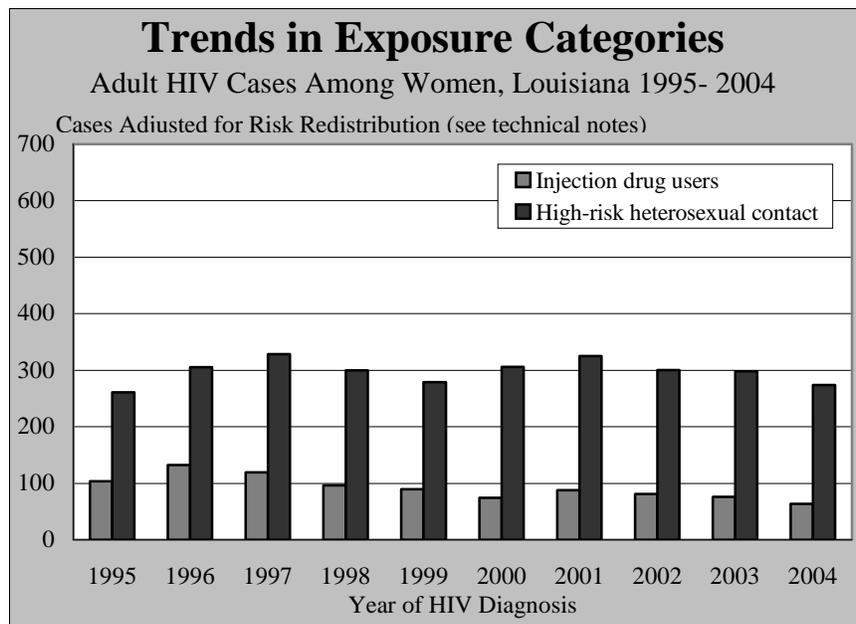


- Among African Americans, high-risk heterosexual contact is the leading exposure category, accounting for 44% of all newly-diagnosed cases. The proportion of new cases among MSM has remained relatively stable over the past several years near 30%.
- The proportion of new cases among injection drug users has decreased over time among African Americans.

## HIV DIAGNOSES BY SEX AND MODE OF EXPOSURE



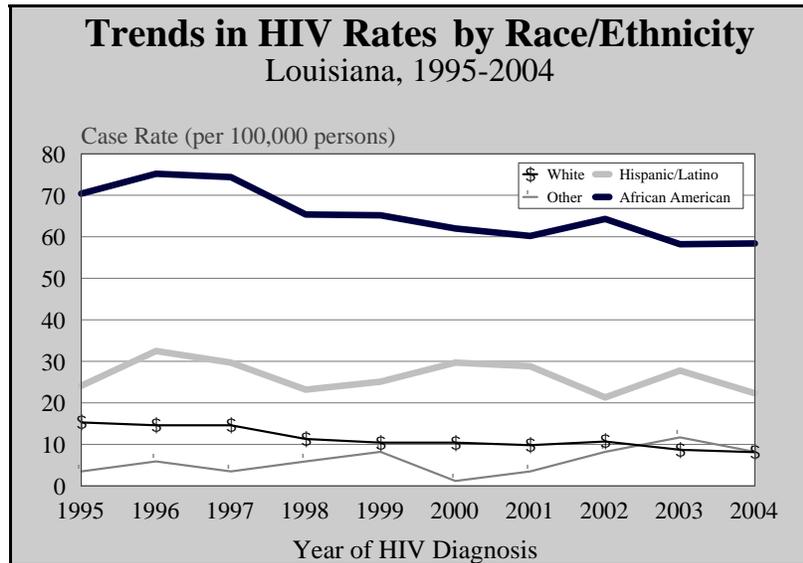
- The predominant exposure category among men continues to be men who have sex with men, accounting for 64% of all newly diagnosed male cases in 2004.
- In 2004, 19% of cases among men were attributed to high-risk heterosexual activity and 15% were attributed to injection drug use.



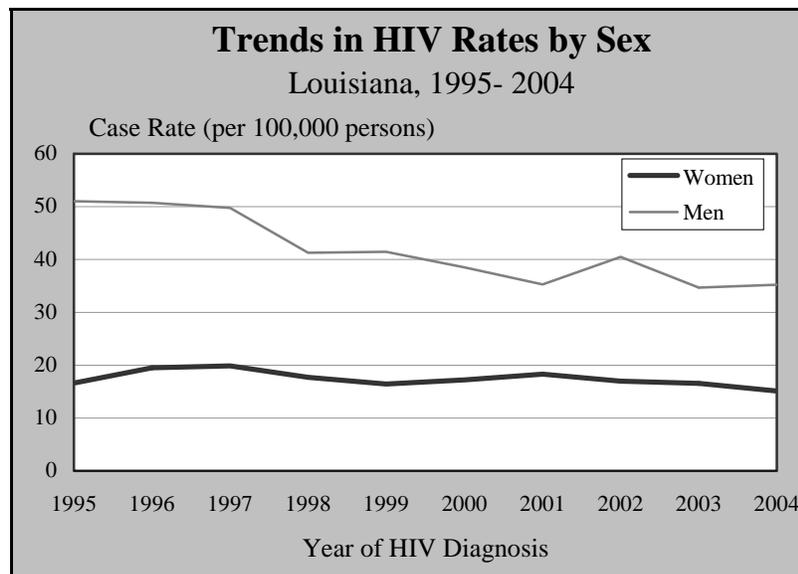
- From 1995 to 2004, the proportion of women exposed to HIV through high-risk heterosexual sex has remained relatively stable. In 2004, 81% of all cases diagnosed in women were among those exposed through heterosexual contact.
- Injection drug use accounted for 18% of exposures in cases diagnosed among women in 2004.

## **HIV DIAGNOSES BY RACE/ETHNICITY AND SEX**

The HIV/AIDS epidemic impacts persons of all genders, ages, ethnicities, and geographic locations in Louisiana. This impact, however, is not consistent across all population groups. At the beginning of the epidemic, HIV cases rose most sharply in white men who have sex with men (MSM). Although white MSM are still affected disproportionately by the epidemic, recent trends suggest a shift in the HIV/AIDS epidemic towards women, African Americans, and high-risk heterosexuals. As the epidemic continues to change and the number of persons living with HIV continues to grow, it is extremely important to identify those populations most at risk for and impacted by HIV infection to plan for HIV prevention and allocate limited resources most effectively.

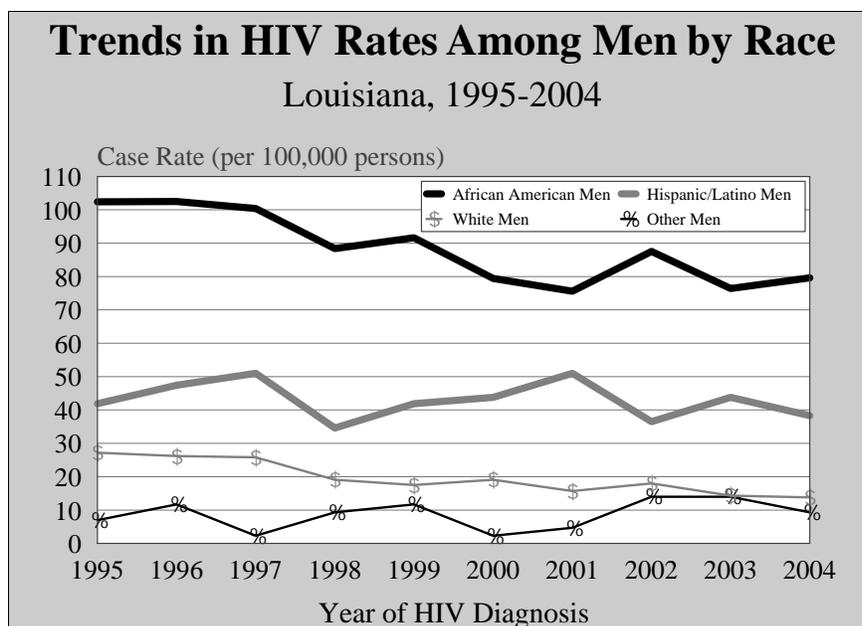


- African Americans continue to be impacted disproportionately by HIV/AIDS. Although African Americans make up only 33% of the state's population, 76% of the new HIV cases diagnosed in 2004 and 67% of all persons living with HIV/AIDS are African American.
- The HIV detection rate in 2004 for African Americans was over seven times higher than the rate among whites and almost three times higher than the rate among Hispanics.

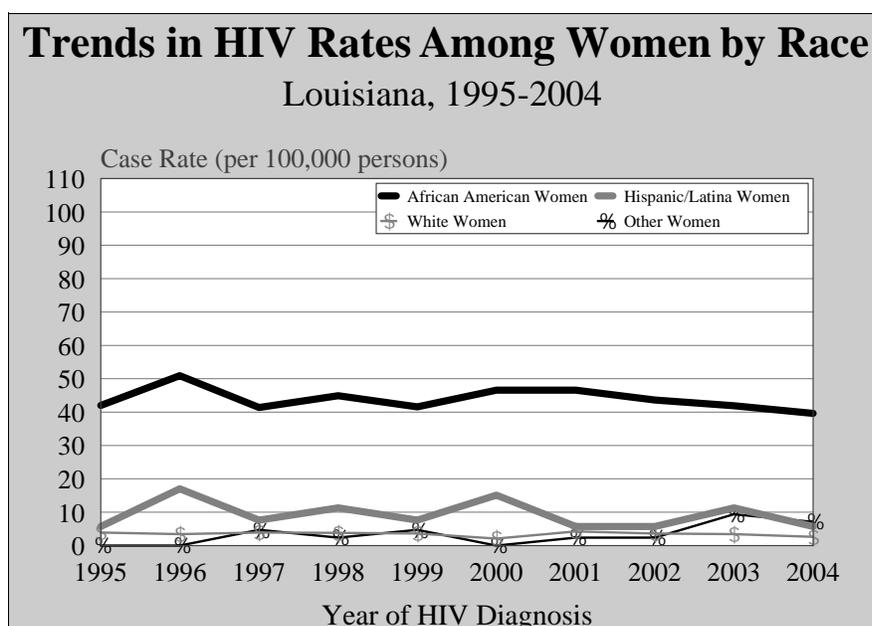


- HIV rates have historically been higher among men than women, but women represent an increasing proportion of total HIV cases.

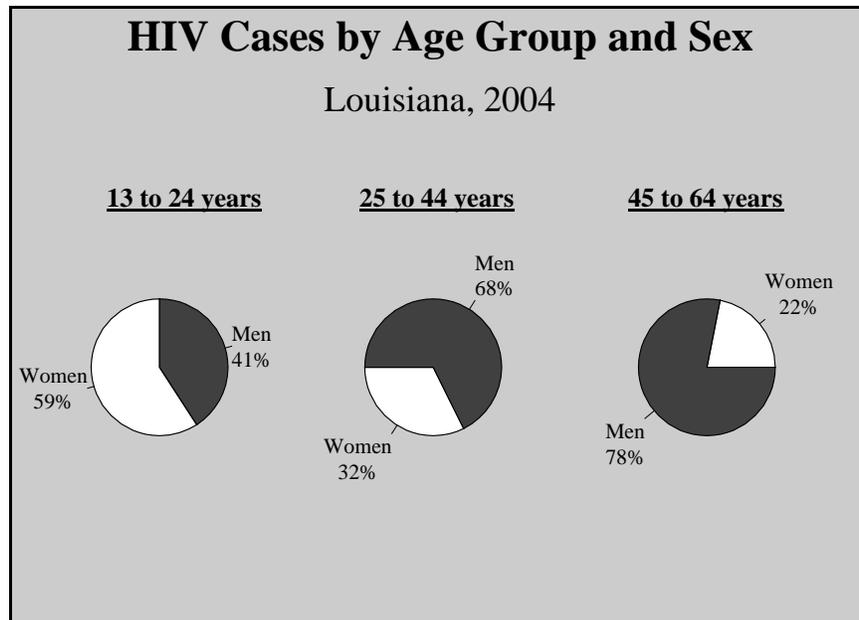
## HIV DIAGNOSES BY RACE/ETHNICITY AND SEX



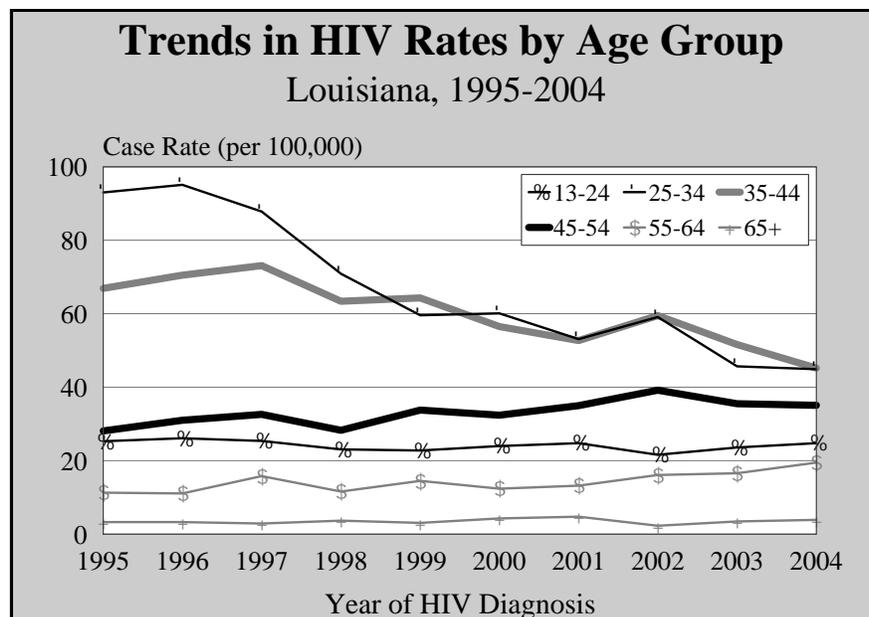
- The HIV epidemic significantly affects both males and females in the African American and Hispanic communities. In 2004, the rate of HIV diagnosis in African American males was over twice the rate in Hispanic males and almost six times greater than the rate in white males. The HIV diagnosis rate among African American women was over 15 times greater than that of white women and almost seven times higher than Hispanic women.
- Overall, HIV/AIDS rates have declined in both white and African American men since 1994, while rates in both white and African American women have remained stable. Rates among Hispanic men and women have remained stable.



## HIV DIAGNOSES BY SEX AND AGE

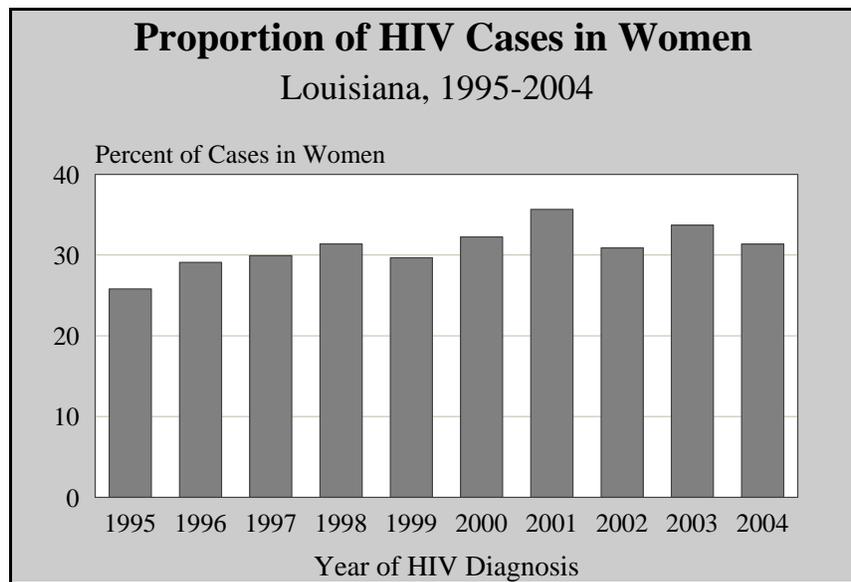


- Among the 13-24 year age group, a much higher proportion of new cases are female, compared to persons in older age groups. This may be due, in part, to more opportunities for HIV screening of young women.



- In 2004, persons 25 to 34 and persons 35 to 44 years of age had the highest rates of newly-diagnosed cases. Although the HIV/AIDS diagnosis rate among this age group increased from 2001 to 2002, the general declining trend resumed in 2002. The decreasing rates in these age groups since the early nineties has accounted for much of the overall decline in HIV/AIDS rates seen in recent years.

## HIV DIAGNOSES AMONG WOMEN



- The percentage of newly-diagnosed HIV/AIDS cases reported among women in Louisiana has increased since 1995. In 1995, 26% of all new cases were among women; in 2004, 31% of new cases diagnosed occurred among women.

***GEOGRAPHIC  
DISTRIBUTION  
OF HIV/AIDS***

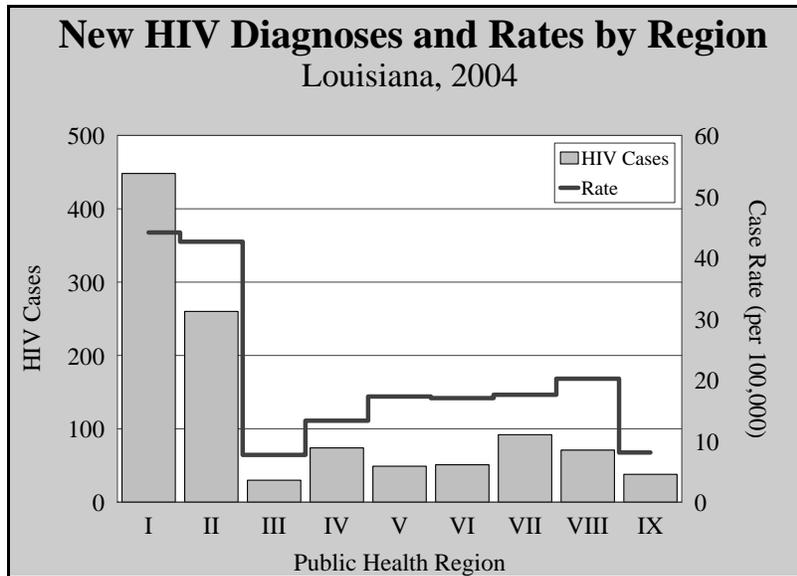
## GEOGRAPHIC DISTRIBUTION OF HIV

- In 2004, new cases of HIV/AIDS were diagnosed in 58 of Louisiana's 64 parishes. The highest rates of new cases were in Orleans, Tensas, Madison and East Baton Rouge parishes.

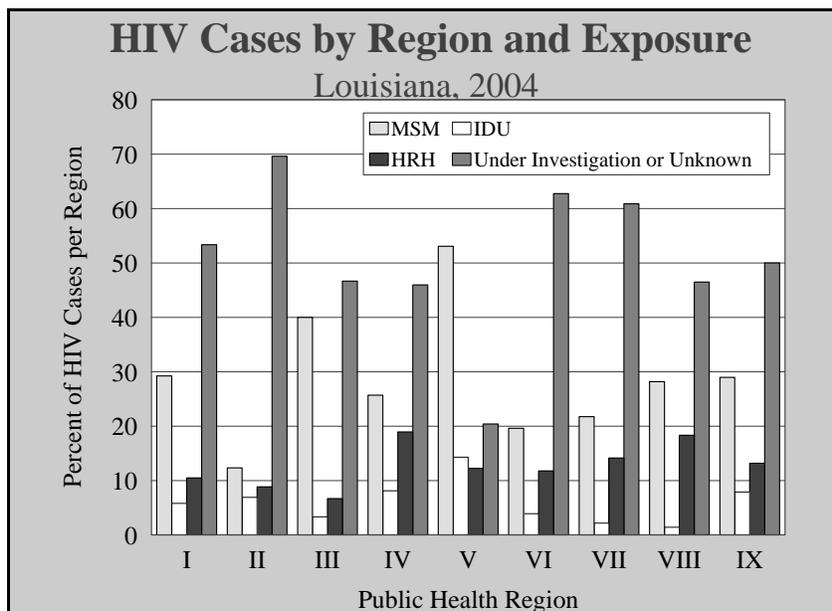
<b>Louisiana HIV/AIDS Cases and Rates by Region and Parish, 2004</b>									
PARISH	AIDS Dx <sup>a</sup> in 2004	HIV Dx in 2004	HIV Dx Rate 2004 <sup>b</sup>	Persons Living with HIV/AIDS	PARISH	AIDS Dx <sup>a</sup> in 2004	HIV Dx in 2004	HIV Dx Rate 2004 <sup>b</sup>	Persons Living with HIV/AIDS
<b>Statewide</b>	<b>872</b>	<b>1,113</b>	<b>25</b>	<b>15,068</b>	<b>Region VI</b>	<b>39</b>	<b>51</b>	<b>11</b>	<b>662</b>
<b>Region I</b>	<b>355</b>	<b>448</b>	<b>44</b>	<b>6,526</b>	Avoyelles	8	7	17	149
Jefferson	78	84	19	1,230	Catahoula	1	2	n/a	24
Orleans	269	353	76	5,148	Concordia	4	6	30	30
Plaquemines	1	2	n/a	31	Grant	3	3	n/a	26
St. Bernard	7	9	14	117	La Salle	0	0	n/a	8
<b>Region II</b>	<b>217</b>	<b>260</b>	<b>42</b>	<b>3,219</b>	Rapides	19	24	19	308
Ascension	11	19	22	121	Vernon	2	5	10	47
East Baton Rouge	173	214	52	2,489	Winn	2	4	n/a	70
East Feliciana	5	6	29	105	<b>Region VII</b>	<b>55</b>	<b>92</b>	<b>17</b>	<b>1,062</b>
Iberville	17	15	46	240	Bienville	2	4	n/a	19
Pointe Coupee	3	1	n/a	38	Bossier	1	8	8	116
West Baton Rouge	4	3	n/a	79	Caddo	40	54	21	707
West Feliciana	4	2	n/a	147	Claiborne	3	4	n/a	71
<b>Region III</b>	<b>28</b>	<b>30</b>	<b>10</b>	<b>462</b>	De Soto	1	6	23	36
Assumption	3	3	n/a	20	Natchitoches	5	10	26	58
LaFourche	5	4	n/a	78	Red River	1	1	n/a	8
St. Charles	2	6	12	65	Sabine	0	0	n/a	16
St. James	2	3	n/a	42	Webster	2	5	12	31
St. John the Baptist	1	3	n/a	64	<b>Region VIII</b>	<b>50</b>	<b>71</b>	<b>20</b>	<b>702</b>
St. Mary	6	4	n/a	58	Caldwell	0	1	n/a	11
Terrebone	9	7	7	135	East Carroll	2	4	n/a	31
<b>Region IV</b>	<b>52</b>	<b>74</b>	<b>16</b>	<b>974</b>	Franklin	3	2	n/a	11
Acadia	4	5	8	64	Jackson	2	2	n/a	14
Evangeline	2	4	n/a	41	Lincoln	3	7	17	38
Iberia	4	5	7	74	Madison	5	8	62	49
Lafayette	19	22	24	486	Morehouse	3	5	16	37
St. Landry	12	16	18	174	Ouachita	23	28	19	400
St. Martin	7	9	18	66	Richland	3	3	n/a	46
Vermilion	4	13	24	69	Tensas	4	6	97	28
<b>Region V</b>	<b>46</b>	<b>49</b>	<b>17</b>	<b>794</b>	Union	2	5	22	27
Allen	8	3	n/a	207	West Carroll	0	0	n/a	10
Beauregard	1	3	n/a	42	<b>Region IX</b>	<b>30</b>	<b>38</b>	<b>8</b>	<b>667</b>
Calcasieu	32	40	22	494	Livingston	1	3	n/a	98
Cameron	0	0	n/a	4	St. Helena	0	1	n/a	8
Jefferson Davis	5	3	n/a	47	St. Tammany	8	12	6	243
					Tangipahoa	13	16	15	174
					Washington	8	6	14	144

<sup>a</sup> AIDS diagnoses will be included in counts of HIV diagnosis (2nd column) for persons first detected with HIV at an AIDS diagnosis; therefore numbers from the two columns should not be added.

<sup>b</sup> Rates per 100,000 persons in parish. Rates are unstable and not available (n/a) for parishes with low case counts. Population data are from *Annual Estimates of the Population for Counties of Louisiana*: July 1, 2004, Population Division, U.S. Census Bureau

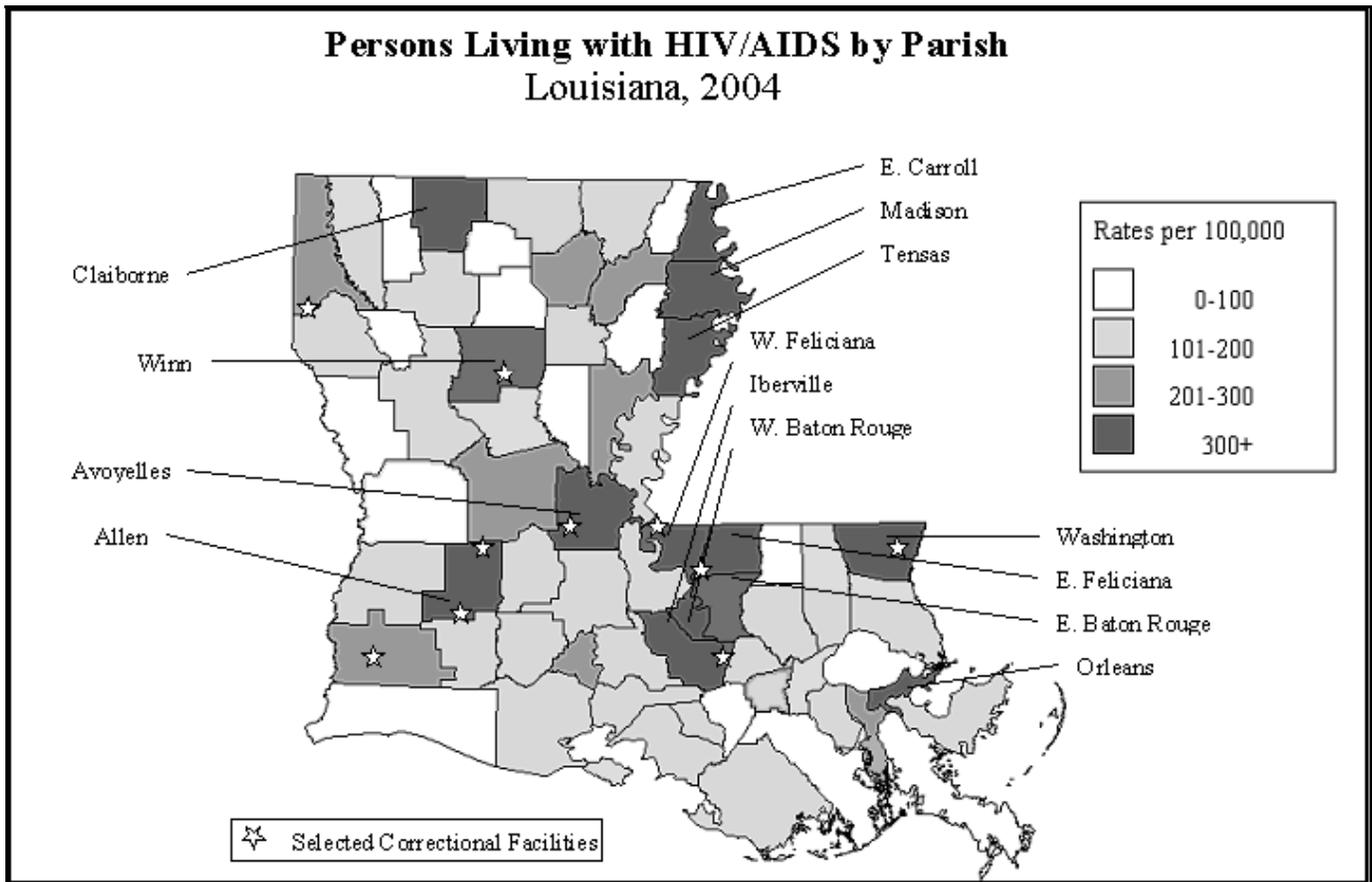


- The New Orleans region had the highest number of HIV cases diagnosed in 2004. From 1997 to 2002, the Baton Rouge region had the highest HIV diagnosis rate (number of new cases per 100,000 population). However, in 2004 the New Orleans region had the highest HIV diagnosis rate.



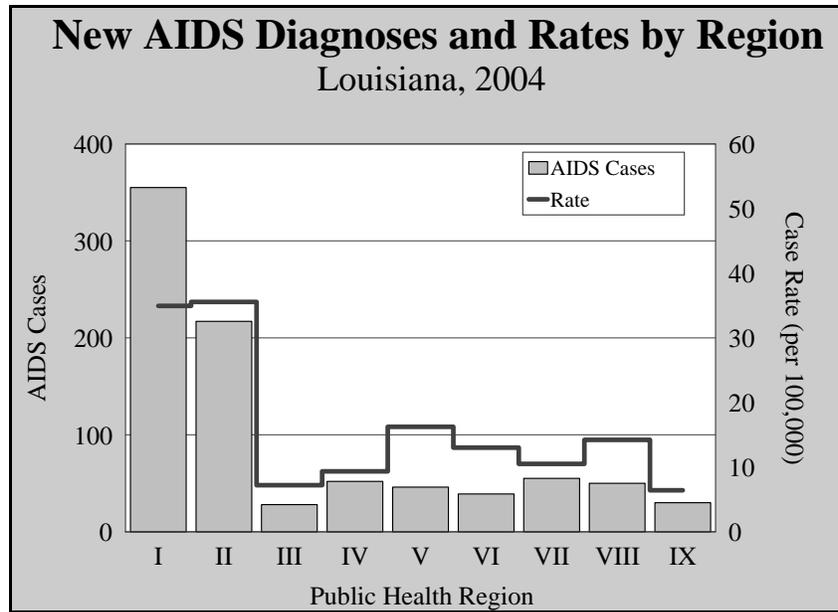
- During 2004 in all regions, the largest proportion of the newly-diagnosed cases with a reported exposure were men who have sex with men
- In all regions of the state, except Regions III, IV, V, and VIII, greater than 50% of the new cases were reported without an identified mode of exposure. For this reason, it is important that risk information be interpreted cautiously.

## Persons Living with HIV/AIDS by Parish Louisiana, 2004

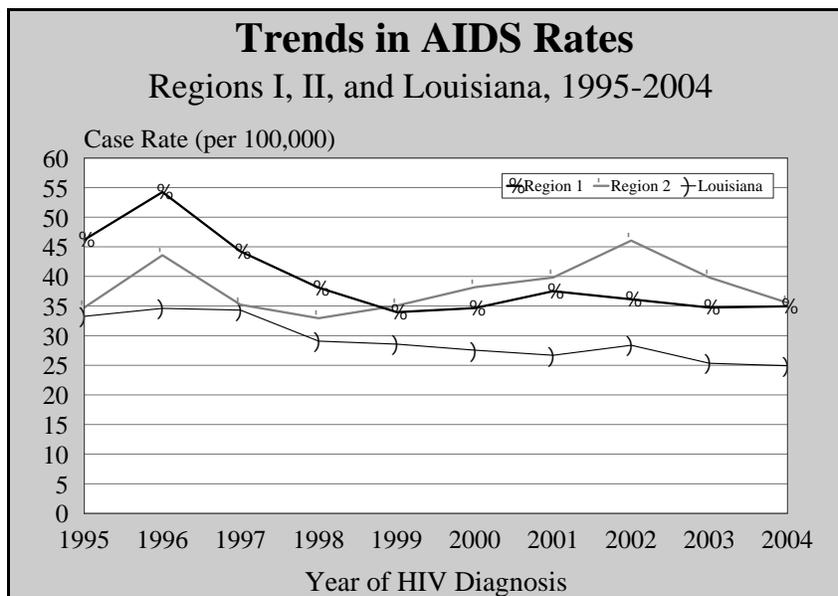


- As of December 31, 2004, a total of 15,068 persons were reported as living with HIV/AIDS in Louisiana. The above map illustrates the geographic distribution of persons living with HIV/AIDS in the state. There are persons living with HIV/AIDS in every parish in Louisiana.
- By the end of 2004, 14 parishes had greater than 300 persons living with HIV per 100,000 persons in the parish. Many of the parishes with disproportionate HIV/AIDS prevalence rates have correctional facilities that have reported large numbers of HIV/AIDS cases.
- Although the majority of persons living with HIV are concentrated in urban areas, 15% of HIV-infected persons live in rural parishes.

## GEOGRAPHIC DISTRIBUTION OF AIDS

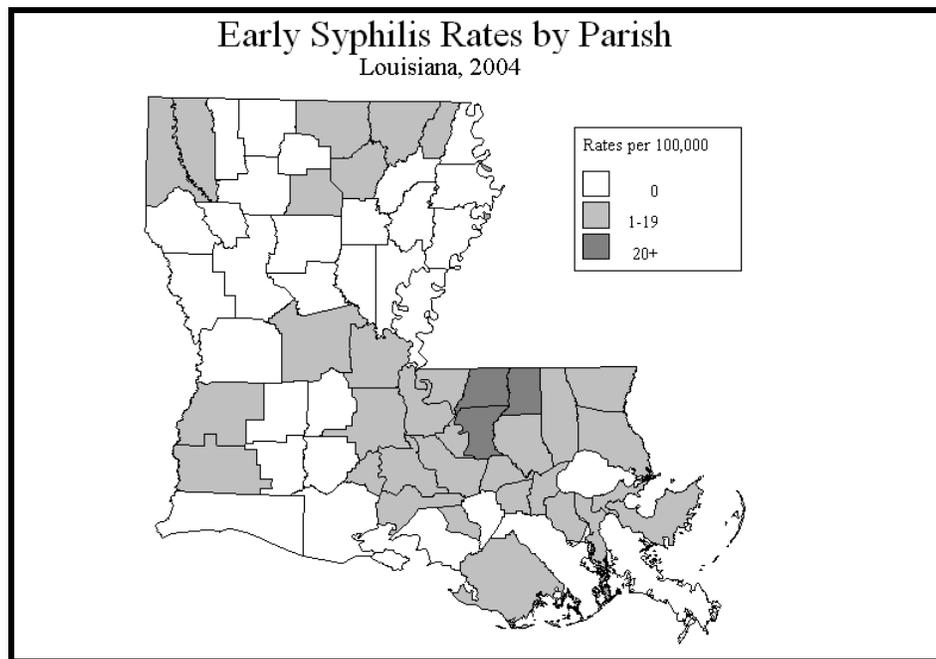


- The New Orleans region had the highest number of new AIDS cases diagnosed in 2004; however, the Baton Rouge and New Orleans regions had similar AIDS diagnosis rates. The metropolitan Baton Rouge area ranked 3rd, and the metropolitan New Orleans area ranked 6th in AIDS case rates in 2004 among the largest metropolitan areas in the United States.

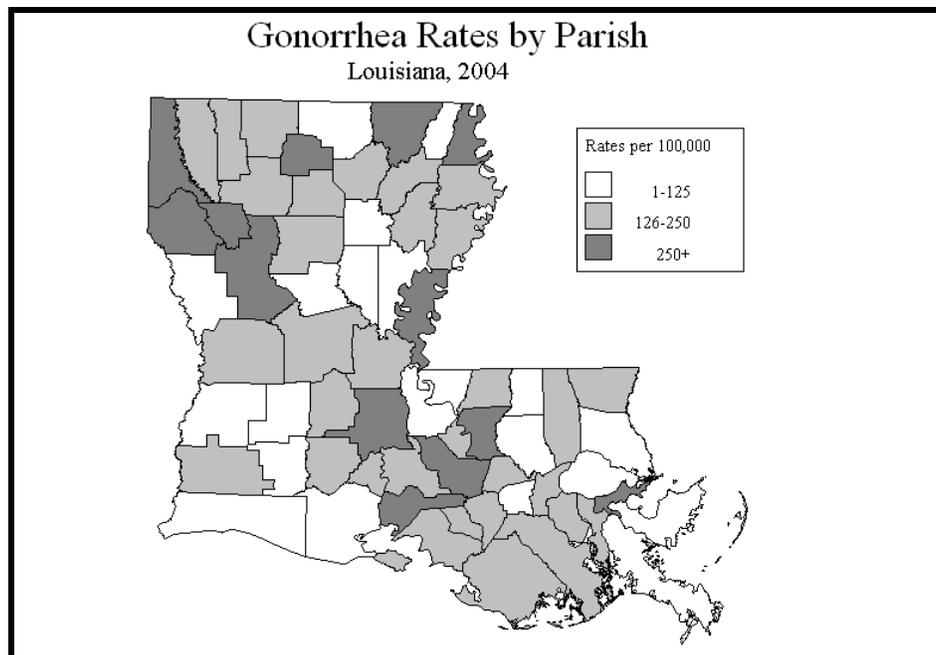


- From 1999 to 2003, Region II (which includes Baton Rouge) surpassed Region I (which includes New Orleans) in the number of new AIDS cases diagnosed per 100,000 population in the region (rate of AIDS diagnoses). However, in 2004, Regions I and II had equal case rates.
- Case rates in Regions I, III, VI, VII, VIII and IX were lower in 2004 compared to 1995. Case rates increased over the same period of time in Region II. Regions IV and V had the same case rates in 1995 as they did in 2004.

## GEOGRAPHIC DISTRIBUTION OF SEXUALLY TRANSMITTED DISEASES



- Statewide in 2004, 330 persons were diagnosed with primary or secondary syphilis, which represents a 79% increase from the number of cases reported in 2003 (N=184). Cases were reported in 34 of the 64 parishes and were concentrated in the southeastern part of the state. Three parishes reported 20 or more cases of early syphilis per 100,000 residents in 2004.
- In 2004, Louisiana had the highest early syphilis rate in the nation.

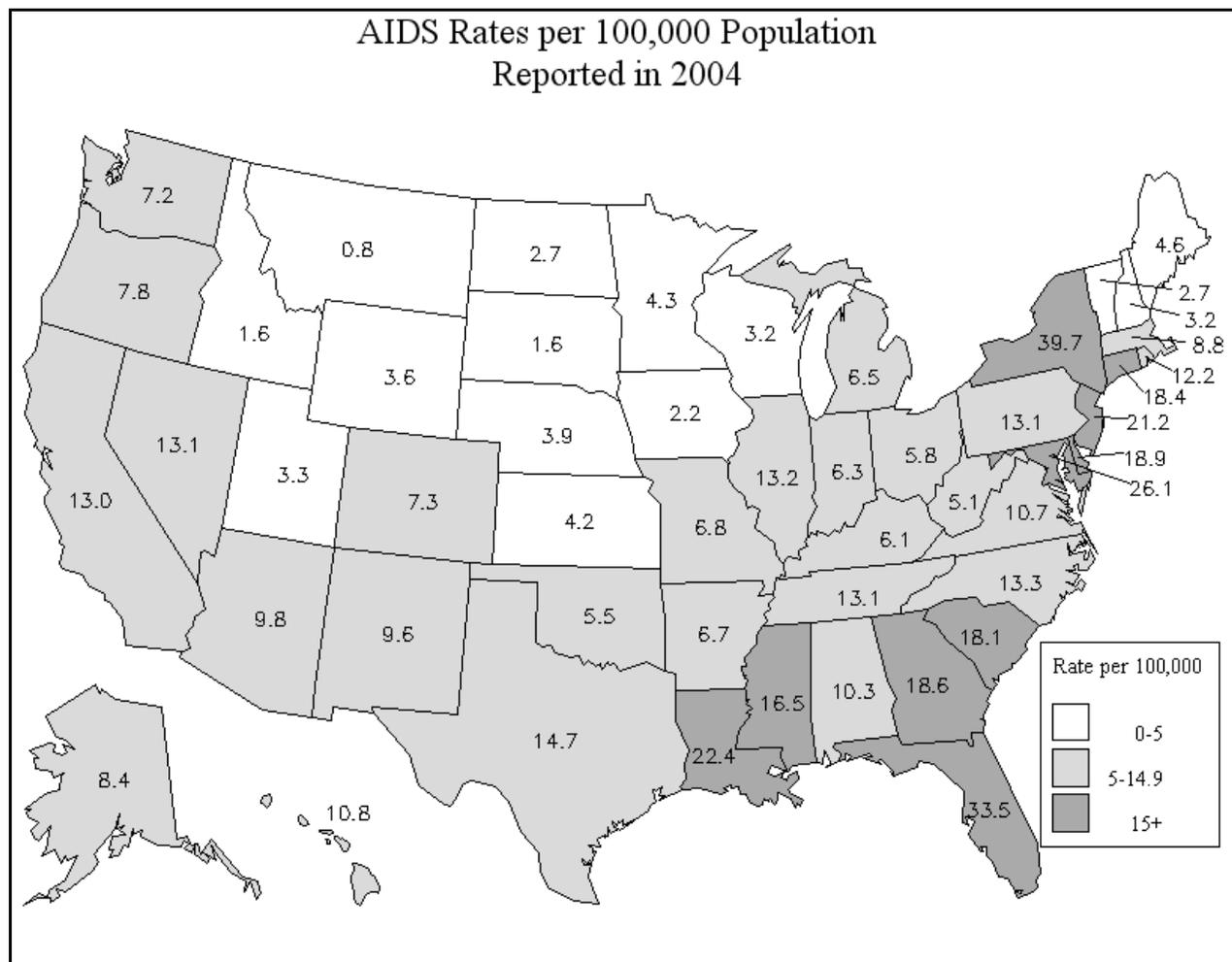


- In 2004, new cases of gonorrhea were diagnosed in every parish in the state. Thirteen parishes had greater than 250 new gonorrhea cases per 100,000 persons in the parish. Caddo Parish had the highest gonorrhea case rate of all the parishes in the state (580 per 100,000 persons), followed by Orleans Parish (502 cases per 100,000 persons).
- In 2004, Louisiana's statewide gonorrhea rate was the second highest in the nation.

***AIDS  
TRENDS***

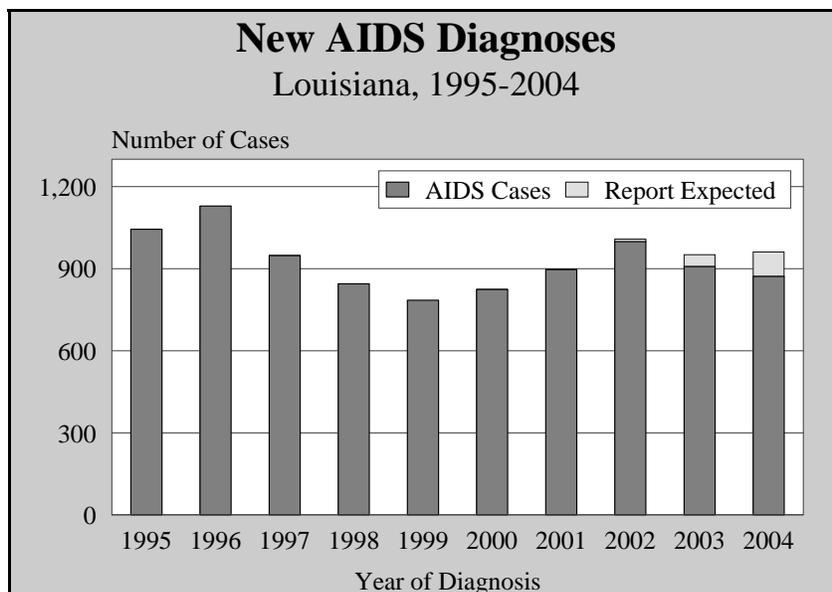
## NATIONAL AIDS TRENDS

Highly-active antiretroviral therapies (HAART), which have been shown to be effective in the treatment of HIV infection, have altered the natural history of HIV disease. These new therapies have delayed the progression from HIV to AIDS and from AIDS to death for many people infected with HIV. Due to the widespread use of these new treatments, Louisiana, as well as the rest of the nation, has seen declines in both the number of new AIDS cases diagnosed and AIDS-related deaths. For this reason, AIDS surveillance data no longer accurately represent trends in HIV transmission. Rather, AIDS surveillance data now reflect differences in access to testing and treatment and the potential failure of certain treatment regimens. Consequently, AIDS incidence and deaths since 1996 provide a measure for identifying and describing the populations for whom testing and treatment may have not been accessible or effective.

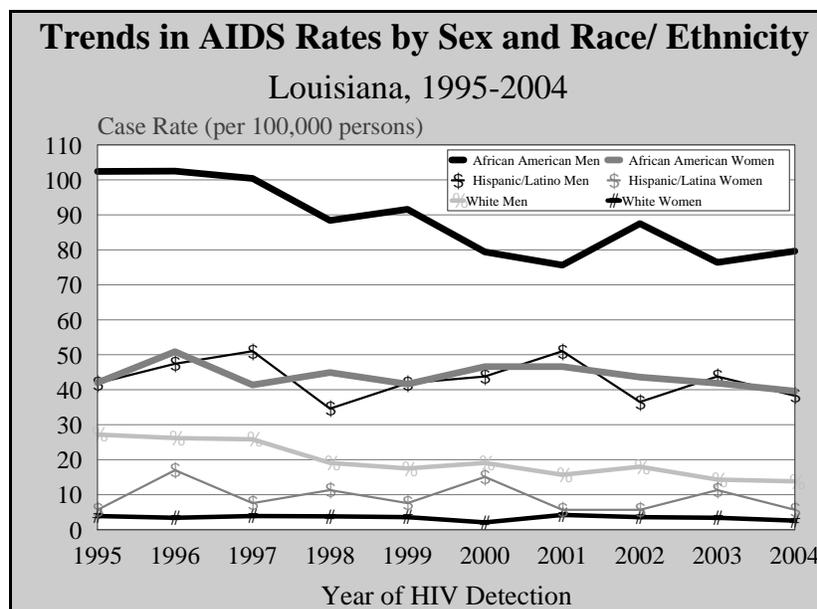


- Louisiana ranked 5th highest in state AIDS case rates and 11th in the number of new AIDS cases reported in the United States in 2004, according to the most recent CDC HIV/AIDS Surveillance Report (Vol. 16).

## TRENDS AMONG AIDS DIAGNOSES



- An increasing trend in the number of new AIDS cases occurred from 1999 to 2002 for the first time since the introduction of new drug therapies in 1996, which may have been due to factors such as late testing, limited access to or use of health care services, and limitations of current therapies. The expected number of new AIDS cases increased slightly from 2003 to 2004. (See page 45 for an explanation of reporting delay.)



- Within racial and ethnic groups, men have higher AIDS case rates than women. African American men and women have the highest AIDS case rates, followed by Hispanic/ Latino men and women.
- Rates among white and African American males are slowly declining, while all other rates remain fairly stable.

- From 2003 to 2004, the number of persons diagnosed with AIDS in Louisiana decreased nearly five percent (4.7%), from 915 in 2003 to 872 in 2004. Although the overall number of AIDS cases diagnosed decreased, numbers of AIDS cases diagnosed increased in several demographic groups.

<b>Characteristics of Persons With AIDS in Louisiana</b>						
	<b>Persons First Diagnosed with AIDS in 2004</b>		<b>Persons Living with AIDS in 2004</b>		<b>Deaths Among Persons with AIDS in 2004<sup>a</sup></b>	
	<b>Cases<sup>b</sup></b>	<b>Percent<sup>c</sup></b>	<b>Cases</b>	<b>Percent</b>	<b>Cases</b>	<b>Percent</b>
<b>TOTAL</b>	872	100%	7,570	100%	526	100%
<b>Sex</b>						
Male	584	67%	5,691	75%	391	74%
Female	288	33%	1,879	25%	135	26%
<b>Ethnicity</b>						
African American	690	79%	4,923	65%	403	77%
White	165	19%	2,393	32%	119	23%
Hispanic	13	1%	223	3%	4	1%
Other/Unk/Multi-Race	4	<1%	31	<1%	0	0%
<b>Age Group</b>	<b>(Age at AIDS Diagnosis)</b>		<b>(Age in 2004)</b>		<b>(Age at Death)</b>	
0-12	0	0%	30	<1%	0	0%
13-24	58	7%	197	3%	16	3%
25-34	234	27%	1,314	17%	81	15%
35-44	304	35%	3,100	41%	195	37%
45-54	205	24%	2,183	29%	158	30%
55-64	59	7%	618	8%	57	11%
65+	12	1%	128	2%	19	4%
<b>Exposure Category<sup>d</sup></b>						
MSM <sup>e</sup>	187	42%	2,507	47%	105	20%
IDU <sup>e</sup>	87	19%	1,138	21%	125	24%
MSM & IDU	27	6%	503	9%	30	6%
HRH <sup>e</sup>	140	31%	1,091	20%	58	11%
Transfusion/Hemophilia	6	1%	79	1%	8	2%
Perinatal/Pediatric	1	<1%	62	1%	3	1%
<i>Unspecified Exposure<sup>f</sup></i>	424	49%	2,190	29%	197	37%
<b>Urban/Rural Parishes</b>						
Urban	730	84%	6,405	85%	437	83%
Rural	142	16%	1,165	15%	89	17%
<b>Facility of Diagnosis</b>						
Private	219	25%	1,921	26%	92	17%
Public	653	75%	5,612	74%	342	65%
Unknown	0	0%	0	0%	92	17%

a. Due to reporting delay, additional death reports are expected.

b. Cases within subgroups may not add up to totals due to unknowns.

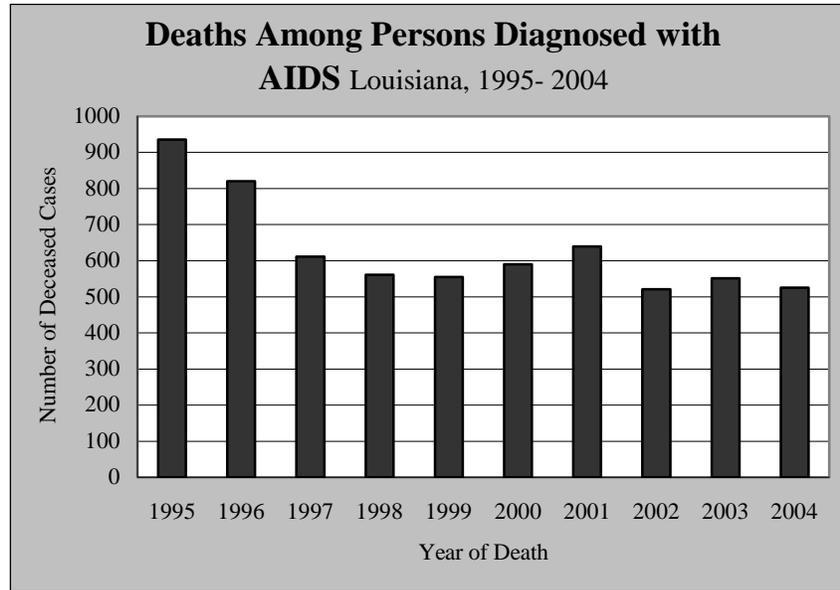
c. Percentages may not add up to 100% due to rounding.

d. Percentages for identified exposure groups represent the distribution among those who reported a specific exposure. The percentage for the unspecified exposure group represents the percent among the total.

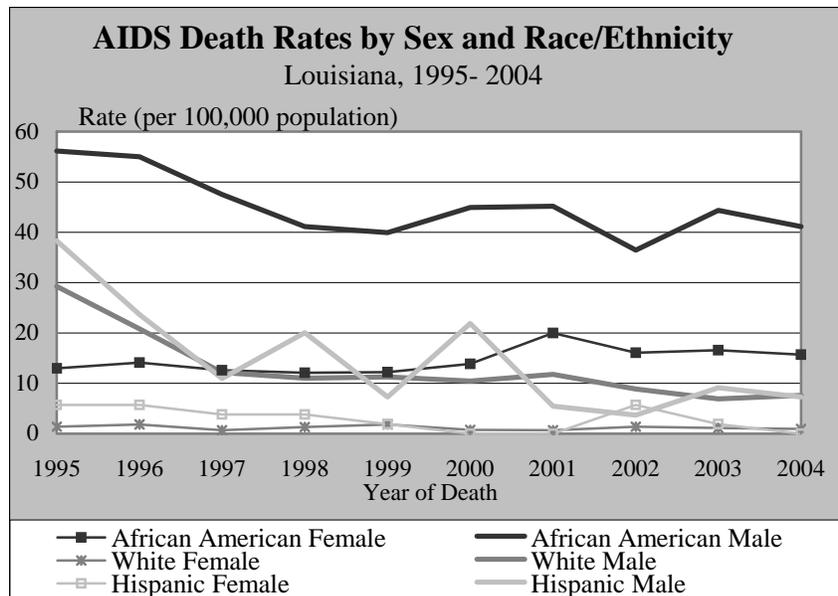
e. MSM: men who have sex with men (non-IDU); IDU: injection drug user; HRH: high-risk heterosexual.

f. Unspecified Exposure refers to cases whose exposure group is under investigation or unknown.

## AIDS RELATED MORTALITY



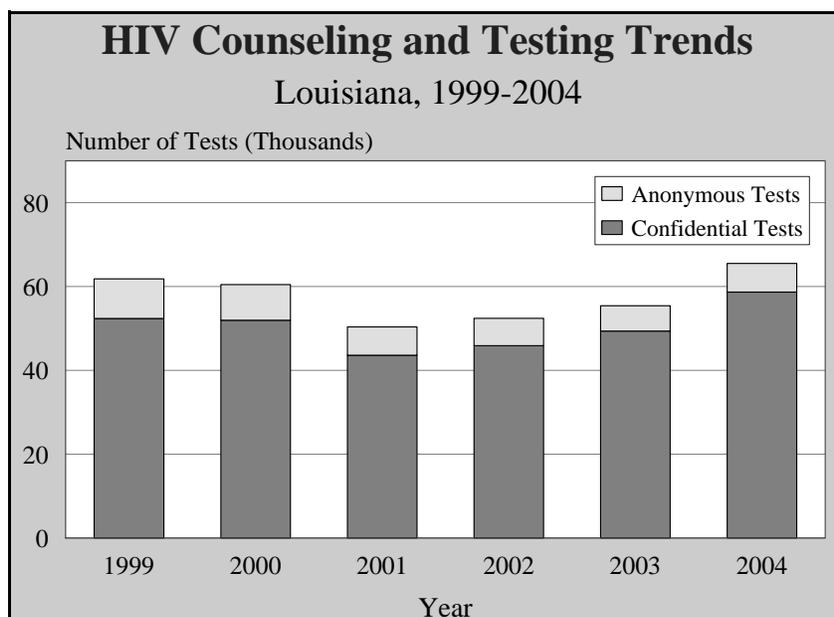
- In 1996, AIDS mortality began a dramatic decline that coincided with the emergence of effective drug therapies. Since 1999, the number of deaths among person with AIDS has remained relatively stable.



- AIDS death rates in African American and white males declined in the late 1990's. Since 2002, rates in both of these groups have increased. Death rates among African American females have decreased since the mid-1990's and rates among white females have remained stable over the past decade.

***HIV  
TESTING***

## HIV COUNSELING AND TESTING DATA



- The number of HIV tests conducted each year at publicly funded counseling and testing sites increased from 50,219 in 2001 to 65,523 in 2004. The majority of tests were conducted confidentially (90% in 2004).

<b>HIV Counseling and Testing Statistics</b> <b>Louisiana, 2004</b>						
	<u>Anonymous Tests</u>		<u>Confidential Tests</u>		<u>Total Tests</u>	
	Total	% Positive	Total	% Positive	Total	% Positive
<b>Sex</b>						
Male	4,093	2.9%	24,225	1.4%	28,318	1.7%
Female	2,509	0.9%	34,438	0.5%	36,947	0.5%
Unknown	250	0.0%	8	0.0%	258	0.0%
<b>Ethnicity</b>						
White	3,306	2.0%	17,011	0.4%	20,317	0.7%
African American	2,693	2.7%	39,387	1.1%	42,080	1.2%
Hispanic	200	1.0%	1,263	0.4%	1,463	0.5%
Other/ Unknown	653	0.5%	1,010	1.0%	1,663	0.8%
<b>Exposure Category</b>						
MSM & IDU	105	3.8%	212	4.7%	317	4.4%
MSM	1,697	5.6%	2,192	5.1%	3,889	5.3%
Heter IDU	393	1.5%	2,507	1.6%	2,900	1.6%
Sex partner at risk	453	3.1%	1,884	3.5%	2,337	3.4%
STD Diagnosis	796	1.3%	13,579	0.6%	14,375	0.7%
Sex for drugs/ \$	97	0.0%	418	1.9%	515	1.6%
None of the Above	3,311	0.4%	37,879	0.5%	41,190	0.5%
<b>Total</b>	<b>6,852</b>	<b>2.1%</b>	<b>58,671</b>	<b>0.8%</b>	<b>65,523</b>	<b>0.9%</b>

- The characteristics of persons who tested anonymously versus confidentially differed. Persons who tested anonymously were more likely to be white and/or male. Those who tested confidentially tended to be African American and/or female. Overall, males, African Americans, and men who have sex with men had the highest percent positivity of those tested in 2004.

## HIV TESTING - BRFSS/SOS SURVEY RESULTS

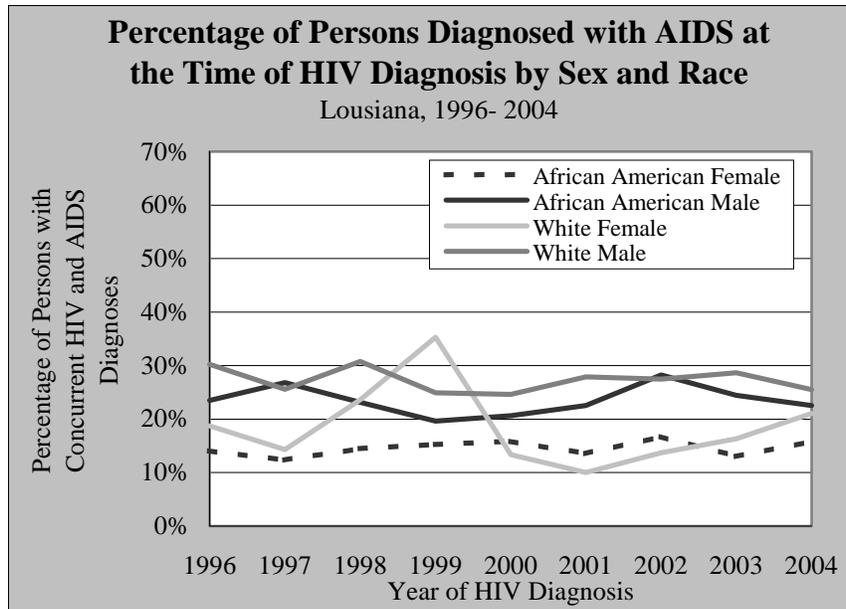
<b>HIV Testing in the General Population Behavioral Risk Factor Surveillance System</b>		
	<b>Percent Tested in Last 12 Months</b>	<b>Percent Not Tested in Last 12 Months</b>
<b>Overall (N= 1,768)</b>	30%	70%
<b>Gender</b>		
Male	31%	69%
Female	29%	71%
<b>Race</b>		
African American	38%	62%
White	24%	76%

The Behavioral Risk Factor Surveillance System (BRFSS) survey is administered annually via telephone to persons in the general population. The Street Outreach Survey (SOS) is a self-administered survey conducted among high-risk persons in communities where community-based organizations (CBOs) conduct street outreach. Overall, 30% of persons surveyed in the BRFSS survey reported being tested for HIV in the last 12 months, compared to 49% in the SOS. Females were slightly less likely to have been tested for HIV than males on the BRFSS, but more likely to have been tested than males on the SOS.

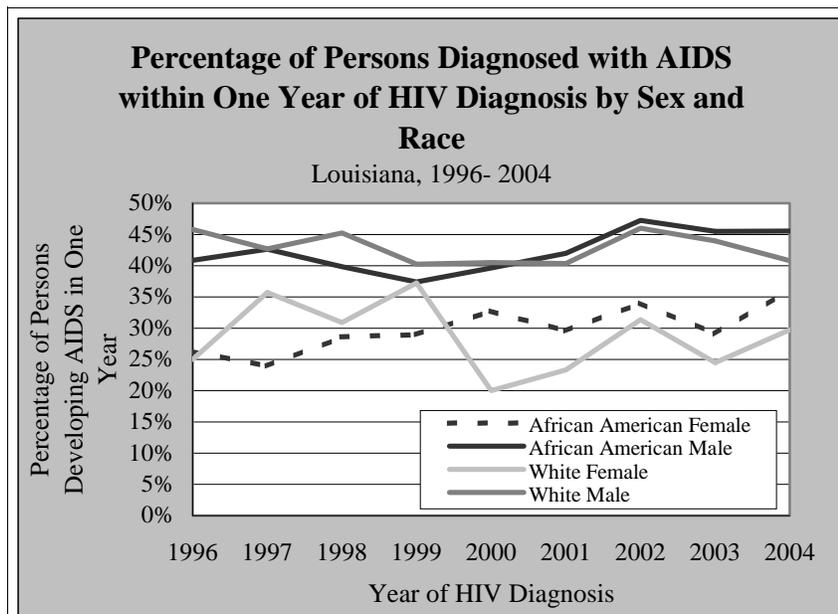
<b>HIV Testing in High Risk Populations Contacted on the Street Street Outreach Survey, 2004</b>		
	<b>Percent Tested in Last 12 Months</b>	<b>Percent Not Tested in Last 12 Months</b>
<b>Overall (N= 2,684)</b>	49%	51%
<b>Gender</b>		
Male	45%	55%
Female	51%	49%
<b>Race</b>		
African American	47%	53%
White	55%	45%

## HIV TESTING DELAYS

Since improved antiretroviral medications and preventive therapies are now available for HIV-infected persons, it is important that people are tested for HIV and referred into care early so that they can benefit from these treatment advances. However, a significant number of people do not undergo testing for HIV until they are immunosuppressed and/or sick.



- From 2000 to 2003, twenty-two percent of newly-diagnosed persons were diagnosed with HIV and AIDS at the same time. A person who is simultaneously diagnosed with HIV and AIDS is diagnosed late in the course of their infection. In recent years, the number of white females diagnosed with HIV and AIDS at the same time has increased at a higher rate than that of all other groups.



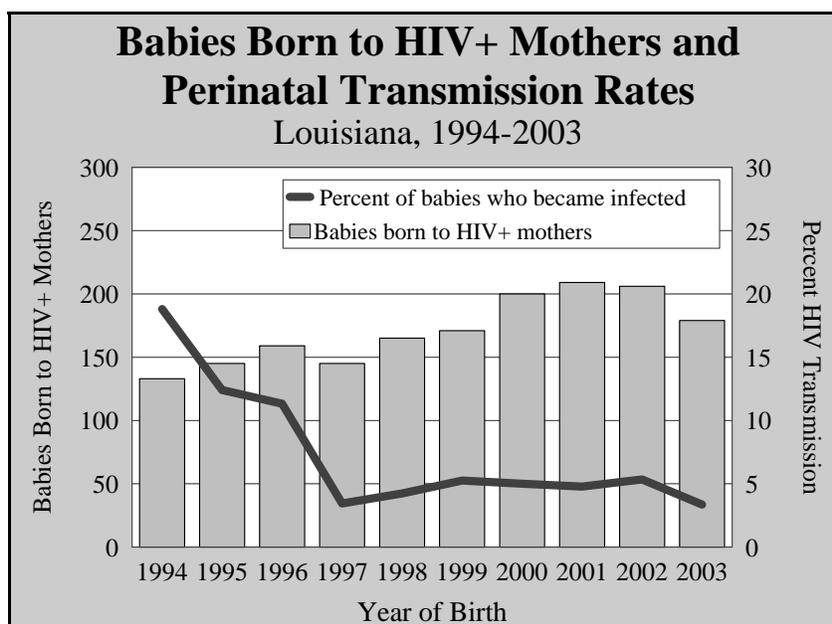
- African American and white men are more likely to develop AIDS within one year of their first HIV diagnosis, although the proportion of females diagnosed late in infection is increasing. Of persons first diagnosed in 2004, 46% of African American men and 41% of white men had AIDS within 12 months of their HIV diagnosis.

***PERINATAL  
SURVEILLANCE***

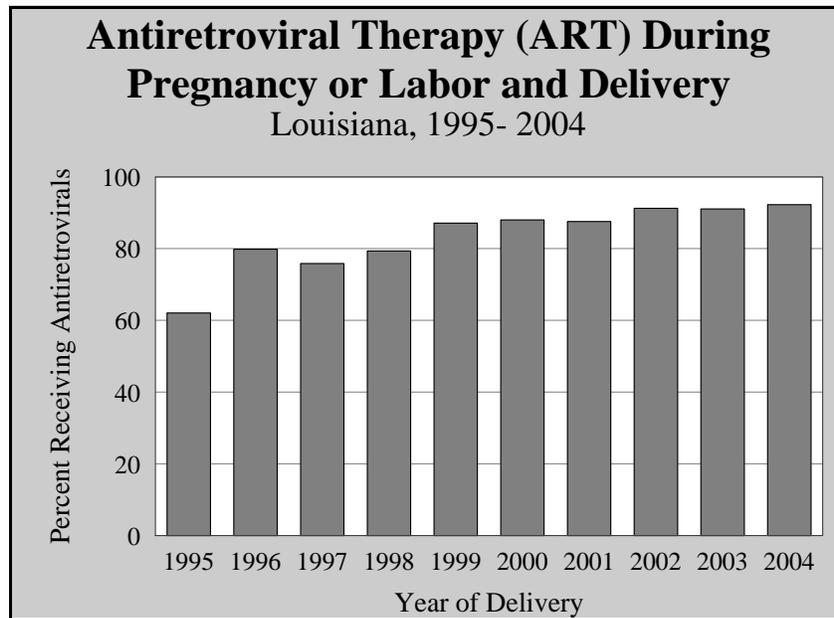
## PERINATAL SURVEILLANCE

As of December 31, 2003, an estimated 2,034 babies had been born to HIV-infected women in Louisiana, and 14% were infected with HIV perinatally, i.e., through mother to child transmission. Each year perinatal transmission accounts for the vast majority of pediatric HIV cases in Louisiana. In 2003, perinatal transmission accounted for 90% of all HIV cases detected in children under the age of 13.

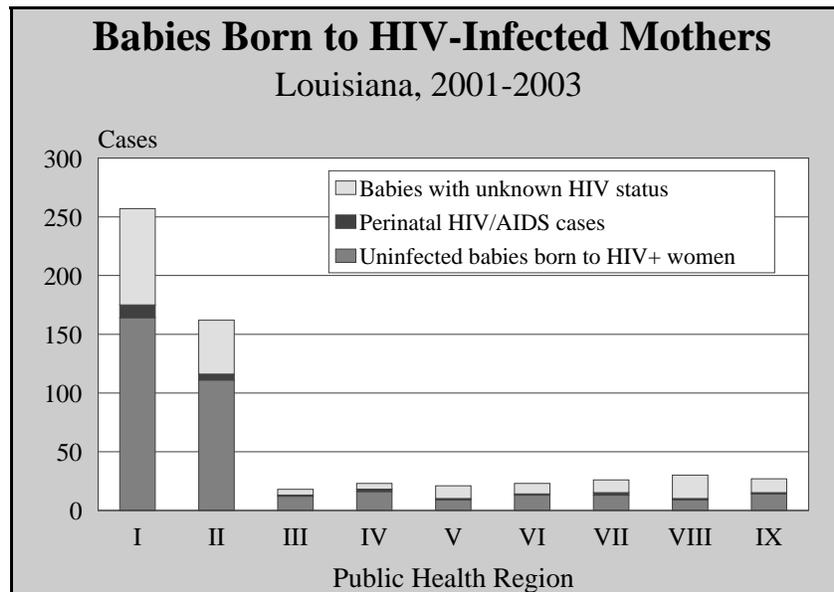
In 1994, clinical trials demonstrated that the risk of HIV transmission from mother to child could be reduced by as much as two-thirds by administering zidovudine (AZT or ZDV) to the mother during pregnancy, during labor and delivery, and to the baby after birth. As a result, the United States Public Health Service issued guidelines for AZT use during pregnancy, followed by additional guidelines on routine HIV counseling and testing of all pregnant women. Following the implementation of these guidelines in 1994, Louisiana has seen a marked decline in perinatal transmission rates.



- Perinatal transmission has dropped dramatically from 19% in 1994 to 3.4% in 2003 with the introduction and widespread use of antiretrovirals during pregnancy, labor and delivery, and to the baby after birth. Of the 177 babies born in 2003 to HIV-infected mothers, six have been diagnosed with HIV.
- The number of babies being born to HIV-infected mothers continues to increase each year due to a growing number of women living with HIV and the improved health status of many HIV-infected women.



- The use of antiretrovirals among HIV-infected women giving birth has increased dramatically from 62% in 1995 to 92% in 2004.

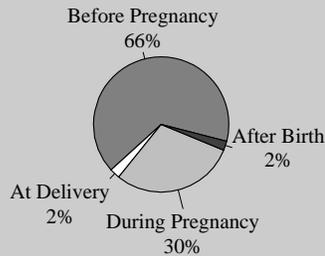


- Geographically, the majority of births to HIV-positive mothers occurred in Regions I and II (the New Orleans and Baton Rouge regions); however, births to HIV-positive mothers have occurred in all regions of the state.
- A significant percentage of babies born between 2001 and 2003 continue to have an unknown HIV status, particularly in Region VIII. This is potentially due to lack of follow-up and/or reporting delays. Efforts are underway to determine the status of these babies and provide education on the appropriate testing protocol for HIV-exposed newborns and the importance of timely follow-up.

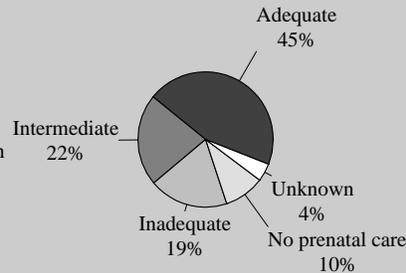
## Babies Born to HIV-Infected Mothers

Louisiana, 2001-2004

### Timing of Mother's HIV Diagnosis



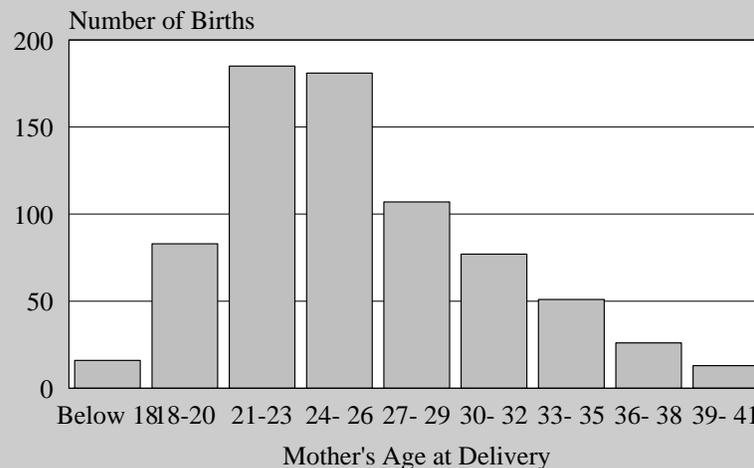
### Prenatal Care



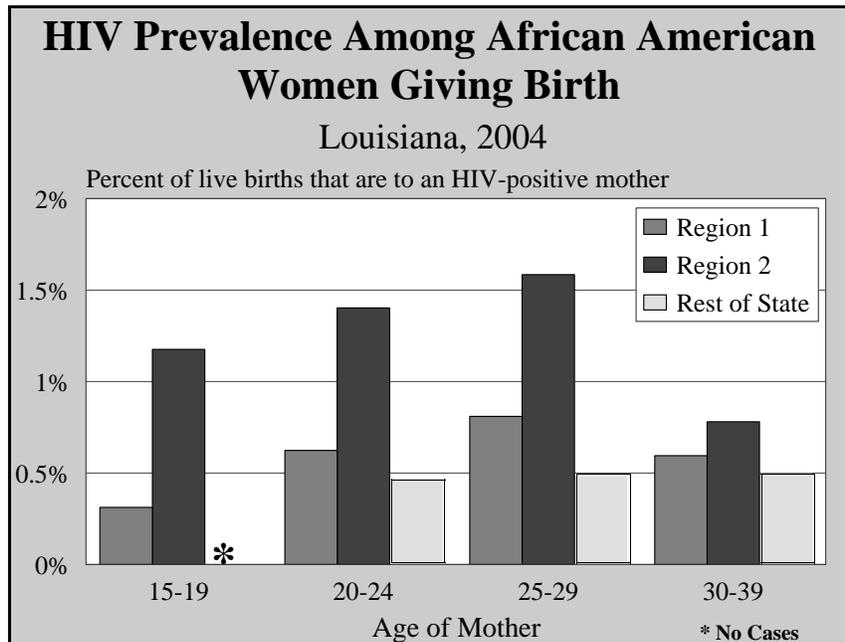
- HIV infection was diagnosed prior to delivery in nearly all mothers (96%), which maximizes opportunities for antiretroviral intervention.
- Only 45% of mothers had adequate prenatal care during their pregnancy, according to the Kessner Index, which incorporates information on length of gestation, timing of the first prenatal care visit, and number of visits. In Louisiana, among all women delivering in 2001-2003, 10% had no prenatal care.

## Mother's Age at Delivery for Babies Born to HIV-Infected Mothers

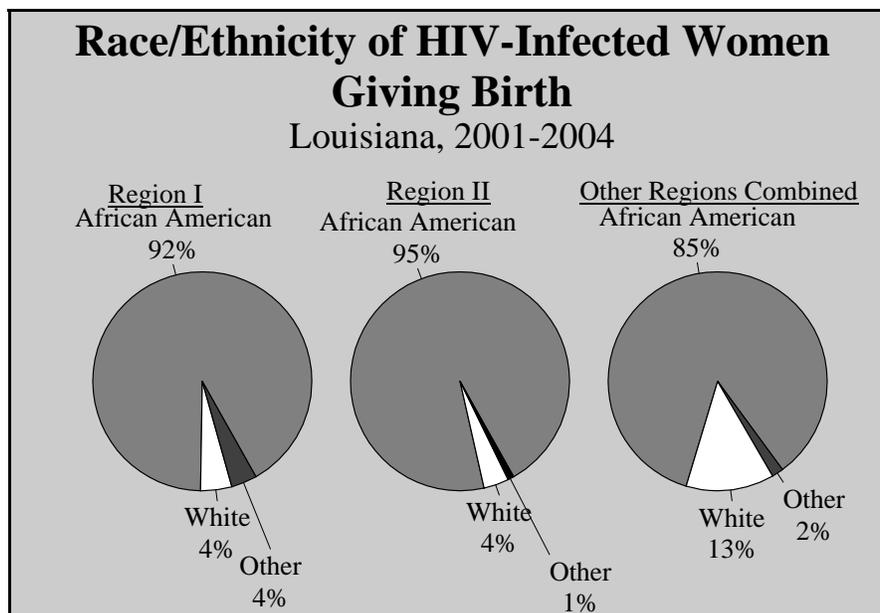
Louisiana 2001-2003



- The mother's age at delivery was between 21 and 29 for 63% of the babies born to HIV-infected mothers between 2001 and 2003.



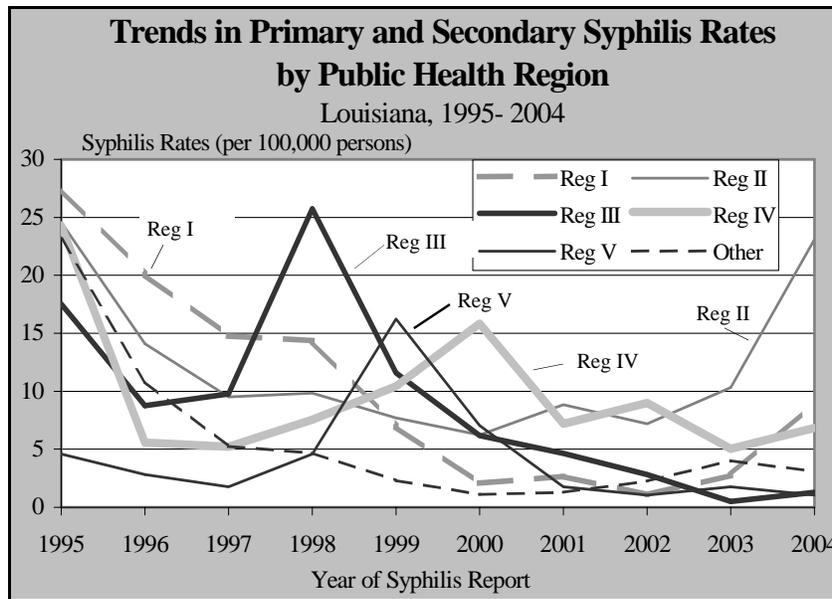
- Region II had the highest percent of live births in every age group. For ages 15– 29, the Region II percentages of live births to HIV positive mothers were over twice that of Region I.
- For the age group 25– 29 in Region II, one out of every 63 African American women giving birth was HIV positive in 2003.
- The highest proportion of births for HIV positive women was seen in the 25 to 29 year old age group for Regions I and II while the 30– 39 year old age group showed higher percentages in the rest of the state.



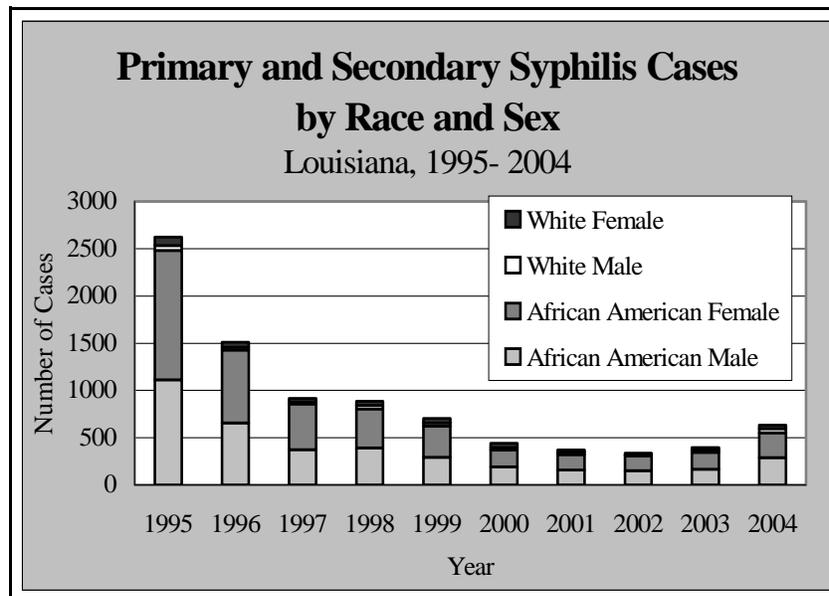
- HIV positive women giving birth are six and a half to nine times more likely to be African American than to be of another race. This is true for all regions of the state.

***OTHER  
DATA SOURCES***

# SEXUALLY TRANSMITTED DISEASES

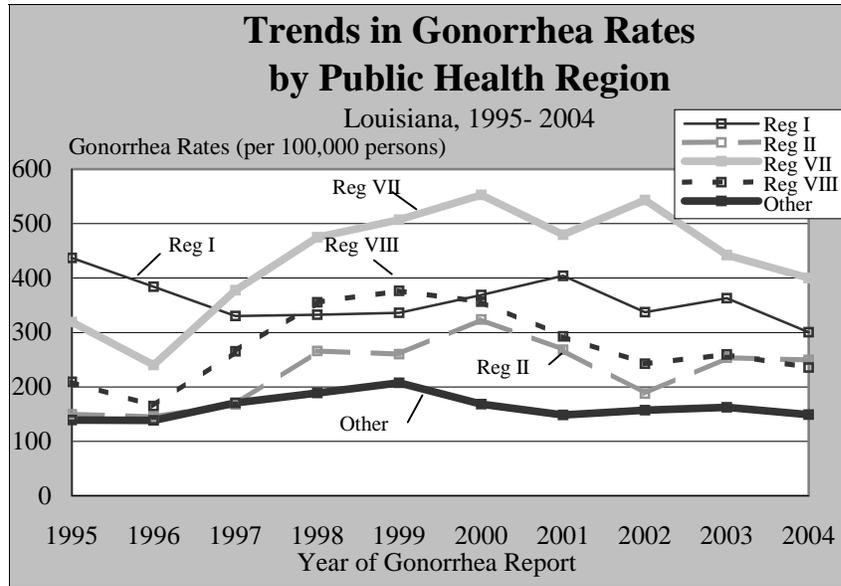


- Syphilis rates declined in all regions of the state from 1999 to 2003, except in Region II. In Regions I, II, III, IV and V, rates increased from 2003 to 2004. In 2004, the Baton Rouge region (Region II), had the highest rate of syphilis in the state.
- In the U.S., Louisiana had the highest rate of primary and secondary syphilis in 2004 (*CDC 2004 STD Surveillance Report*).

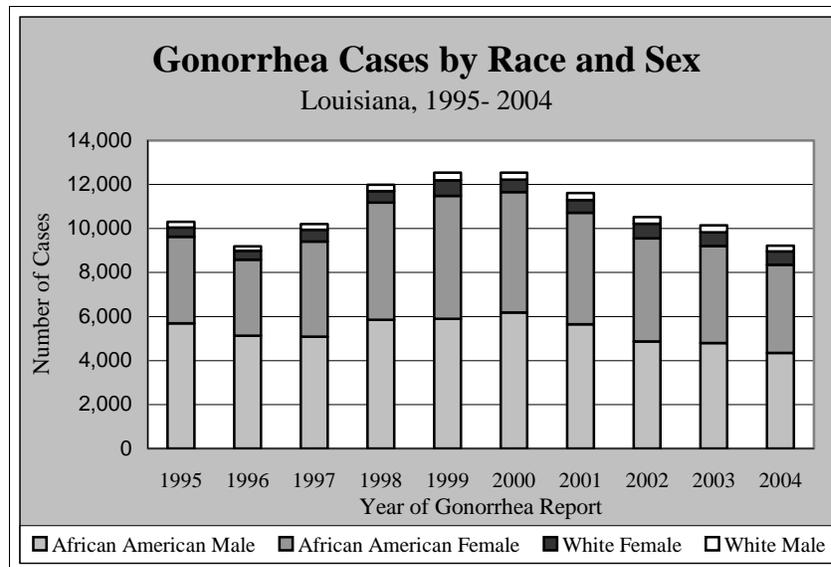


- Syphilis rates increased in Louisiana among both males and females from 2003 to 2004. Since 2002, syphilis rates among men have been higher than among women.
- African Americans are disproportionately affected by syphilis. In 2004, African American males had a syphilis case rate over 12 times higher than that of white males. The case rate for African American females was over 14 times higher than that of white females.
- Overall, African Americans had a syphilis case rate that was 12 times that of whites in 2004.

# SEXUALLY TRANSMITTED DISEASES



- In 2004, gonorrhea rates were highest in the Shreveport region (Region VII), followed by the New Orleans region (Region I).
- During the past five years gonorrhea rates have remained relatively stable. However, the gonorrhea rate in Louisiana (264 per 100,000) was the second highest in the U.S. in 2004 (*CDC 2004 STD Surveillance Report*).



- The gonorrhea rate among African Americans was over 18 times higher than among whites.
- African American males had a higher case rate than African American females, while the case rate in white females was over two times the rate in white males.
- Case rates have declined among all groups since 2002.

## STREET OUTREACH SURVEY

In order to evaluate HIV prevention programs, there is a need to monitor not just the rates of new HIV cases, but also trends in the behaviors that lead to transmission. Risk behaviors are monitored in the general population through the Behavioral Risk Factor Surveillance System (BRFSS) and in high-risk populations through the Street Outreach Survey. The two HIV-related risk behaviors that are monitored in both surveys are number of sexual partners in the last twelve months and condom use at last sex. Differences in risk behaviors across different demographic groups are analyzed to determine how resources for interventions should be targeted.

<b>Sexual Risk Behavior in High Risk Populations Street Outreach Survey, 1999- 2003</b>										
	Percent (%) With 2 or More Partners <sup>a</sup> (among all respondents)					Percent (%) Condom Use <sup>b</sup> (among those with 2 or more partners)				
	1999 (n=6144)	2000 (n=6091)	2001 (n=5630)	2002 (n=5953)	2003 (n=3701)	1999 (n=3916)	2000 (n=3842)	2001 (n=3343)	2002 (n=3315)	2003 (n=2185)
Year (sample size)										
Overall	65%	65%	60%	56%	61%	58%	61%	58%	60%	60%
Gender										
Male	74%	75%	69%	65%	71%	59%	61%	61%	61%	63%
Female	56%	52%	49%	46%	48%	57%	60%	55%	58%	56%
Age Group										
Under 18	61%	58%	58%	53%	55%	73%	73%	68%	74%	69%
18 to 24	73%	74%	66%	64%	70%	59%	61%	60%	59%	61%
25 to 29	68%	70%	68%	62%	64%	54%	61%	59%	58%	59%
30 to 35	64%	62%	58%	57%	66%	56%	56%	51%	53%	55%
Over 35	53%	53%	45%	43%	45%	48%	48%	48%	55%	50%
Race										
African American	64%	64%	59%	55%	59%	59%	62%	60%	62%	62%
White	73%	69%	67%	63%	64%	44%	45%	52%	45%	45%

<sup>a</sup> Respondents having two or more sexual partners in the last 12 months.  
<sup>b</sup> Condom use during the last sexual encounter among those with two or more partners within the last 12 months.

- Among persons who were surveyed through street outreach, condom use among those with two or more sexual partners has remained stable over the past five years. Condom use is highest among males, persons under 18, and African Americans.
- In general, high-risk heterosexual behavior (i.e., having two or more sexual partners in the past twelve months) was ten times higher in the populations surveyed through street outreach than in the general population surveyed through BRFSS (61% in the 2003 Street Outreach Survey versus 11% from BRFSS).

## **BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)**

In the general population surveyed by BRFSS, almost all persons (95%) with any sexual partners in the past five years were also sexually active in the last twelve months. Overall, only 12% of the general population aged 18-49 reported having two or more sexual partners in the past year.

<b>Sexual Risk Behavior in the General Louisiana Population, Ages 18- 50 Statewide Telephone Survey (BRFSS, 2003)</b>			
	<b>Number of Sex Partners</b>		<b>Percent Condom Use at Last Sex<sup>b</sup> (among those with 2 or more partners)</b>
	<b>Persons with 0- 1 Partners</b>	<b>Persons with 2 or more Partners<sup>a</sup></b>	
<b>Overall (N= 2,614)</b>	87%	12%	53%
<b>Sex</b>			
Male	81%	19%	57%
Female	92%	8%	48%
<b>Age Group</b>			
18- 24	73%	27%	73%
25- 34	87%	13%	44%
35- 44	91%	9%	41%
45- 64	93%	7%	46%
<b>Race/Ethnicity</b>			
White	89%	11%	49%
African American	85%	15%	58%

*a Respondents reporting having two or more sexual partners in the last 12 months.*  
*b Condom use during the last sexual encounter among those with two or more partners within the last 12 months.*

- Overall, 53% of persons with two or more partners in the past year used a condom during their last sexual encounter. Condom use was lowest among women (48%) and persons 35-44 years of age (41%).
- Seventy-three percent (73%) of persons between the ages of 18 and 24 with two or more partners surveyed through BRFSS reported using condoms.
- Condom use among persons with two or more sexual partners was higher among high risk populations surveyed through street outreach (60%) as compared to the general population (53%), in 2003.

## UNMET NEED FOR PRIMARY MEDICAL CARE

Louisiana’s Sanitary Code requires that laboratories report all test results indicative of HIV infection for persons residing in Louisiana. Laboratory data can be used to assess whether a person is in care or not in care during a specified time period. Persons who had a CD4 test or viral load conducted during 2004 are considered to have been “in care” during that year.

<b>Unmet Need for Primary Medical Care Louisiana, 2004</b>		
	<b>Percent in Care</b>	<b>Percent not in Care</b>
<b>Overall</b>	57%	43%
Persons living with HIV	43%	57%
Persons living with AIDS	71%	29%
<b>Sex</b>		
Male	55%	45%
Female	62%	38%
<b>Race</b>		
African American	58%	42%
Hispanic	42%	58%
White	56%	44%
<b>Age Group</b>		
<13	82%	18%
13-19	66%	34%
20-29	55%	45%
30-39	55%	45%
40+	58%	42%
<b>Public Health Region</b>		
I: New Orleans	55%	45%
II: Baton Rouge	62%	38%
III: Houma	66%	34%
IV: Lafayette	54%	46%
V: Lake Charles	52%	48%
VI: Alexandria	57%	43%
VII: Shreveport	55%	45%
VIII: Monroe	59%	41%
IX: Hammond/Slidell	62%	38%

- Of the persons living with HIV/AIDS in Louisiana at the end of 2004, 57% had at least one CD4/viral load test conducted in 2004 and were considered to have received primary medical care. Persons with AIDS were significantly more likely to be in care than persons with HIV.
- Unmet need was higher in males compared to females and in persons older than 19. Hispanic persons were less likely to be in care than whites or African Americans, which may be due to an inability to follow-up on Hispanic persons who move out of the U.S.
- The Lake Charles and Lafayette regions had the highest percentage of persons not in care, and the Houma region had the lowest percentage of persons not in care in 2004.

## TECHNICAL NOTES

### Interpretation of HIV Detection Data

Antiretroviral treatment regimens are initiated earlier in the course of HIV infection than previously. These therapies postpone and/or prevent the onset of AIDS, resulting in a decrease in AIDS incidence. Consequently, recent AIDS incidence data can no longer provide the basis of HIV transmission estimates and trends and the dissemination of surveillance data now places an emphasis on the representation of HIV-positive persons. Throughout this report, all AIDS data are depicted by characteristics at year of AIDS diagnosis under the 1993 AIDS case definition, whereas HIV data are characterized at year of HIV detection (earliest positive test reported to the health department).

HIV detection data are not without limitations. Although HIV detection is usually closer in time to HIV infection than is an AIDS diagnosis, data represented by the time of HIV detection must be interpreted with caution. HIV data may not accurately depict trends in HIV transmission because HIV data represent persons who were reported with a positive confidential HIV test, which may first occur several years after HIV infection. In addition, the data are under-detected and under-reported because only persons with HIV who choose to be tested confidentially are counted. HIV detection counts do not include persons who have not been tested for HIV or persons who have only been tested anonymously.

Therefore, HIV detection data do not necessarily represent characteristics of persons who have been recently-infected with HIV nor do they provide true HIV incidence. Demographic and geographic subpopulations are disproportionately sensitive to differences and changes in access to health care, HIV testing patterns, and targeted prevention programs and services. All of these issues must be considered when interpreting HIV data.

### Definitions of the Exposure Categories

For the purposes of this report, HIV/AIDS cases were classified into one of several hierarchical exposure (risk) categories, based on information collected. Persons with more than one reported mode of exposure to HIV were assigned to the category listed first in the hierarchy. Definitions are as follows:

- **Men who have Sex with Men (MSM):** Cases include men who report sexual contact with other men, i.e. homosexual contact or bisexual contact.
- **Injection Drug User (IDU):** Cases who report using drugs that require injection - no other route of administration of illicit drugs at any time since 1978.
- **High-Risk Heterosexual Contact (HRH):** Cases who report specific heterosexual contact with a person who has HIV or is at increased risk for HIV infection, e.g., heterosexual contact with a homosexual or bisexual man, heterosexual contact with an injection drug user, and/or heterosexual contact with a person known to be HIV-infected.
- **Hemophilia/Transfusion/Transplant (Hemo/Transf):** Cases who report receiving a transfusion of blood or blood products prior to 1985.
- **Perinatal:** HIV infection in children that results from transmission from an HIV-infected mother to her child.

- **Unspecified:** Cases who, at the time of this publication, have no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. These cases represent logistical issues of surveillance and do not imply that modes of transmission other than sexual, blood, and perinatal are suspected. “Unspecified” cases include: persons for which the surveillance protocols to document the risk behavior information have not yet been completed and are still under investigation; persons whose exposure history is incomplete because they have died, declined risk disclosure, or were lost to follow-up; persons who deny any risk behavior; and persons who do not know the HIV infection status or risk behaviors of their sexual partners.

### **Case Definition Changes**

The CDC AIDS case definition has changed over time based on knowledge of HIV disease and physician practice patterns. The original definition was modified in 1985<sup>1</sup>. The 1987 definition<sup>2</sup> revisions incorporated a broader range of AIDS opportunistic infections and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. In 1993, the definition was expanded<sup>3</sup> to include HIV-infected individuals with pulmonary tuberculosis, recurrent pneumonia, invasive cervical cancer, or CD4 T-lymphocyte counts of less than 200 cells per ml or a CD4<sup>+</sup> percentage of less than 14. As a result of the 1993 definition expansion, HIV-infected persons were classified as AIDS earlier in their course of disease than under the previous definition. Regardless of the year, AIDS data are tabulated in this report by the date of the first AIDS defining condition in an individual under the 1993 case definition.

The case definition for HIV infection was revised in 1999<sup>4</sup> to include positive results or reports of detectable quantities of HIV virologic (non-antibody) tests. The revisions to the 1993 surveillance definition of HIV include additional laboratory evidence, specifically detectable quantities from virologic tests. The perinatal case definition for infection and seroreversion among children less than 18 months of age who are perinatally-exposed to HIV was changed to incorporate the recent clinical guidelines and the sensitivity and specificity of current HIV diagnostic tests in order to more efficiently classify HIV-exposed children as infected or non-infected.

### **Adjustment and Estimation Techniques**

The period of time between when a case is diagnosed and when it is reported (reporting delay) causes distortions in trends for recently diagnosed cases. Reporting delays were estimated using a maximum likelihood procedure, which takes into account possible differences in reporting delays among exposure, geographic, ethnic, age, and gender categories. The estimated number of cases that will be reported are presented as “expected” cases. Adjustment programming was developed by CDC.

Recently reported cases, especially HIV (non-AIDS) cases, are more likely to be reported without a specified risk (exposure), thereby causing a distorting decrease among trends in exposure categories. Thus, proportions and graphic representation of trends among risk groups use estimated cases based on risk redistribution. This redistribution is based on preliminary national sex-specific and race-specific exposure classification distributions of previously unspecified HIV cases in the southern states. These redistribution parameters are similar to those based on national AIDS cases diagnosed prior to 1993 and on the distribution of specified cases in Louisiana.

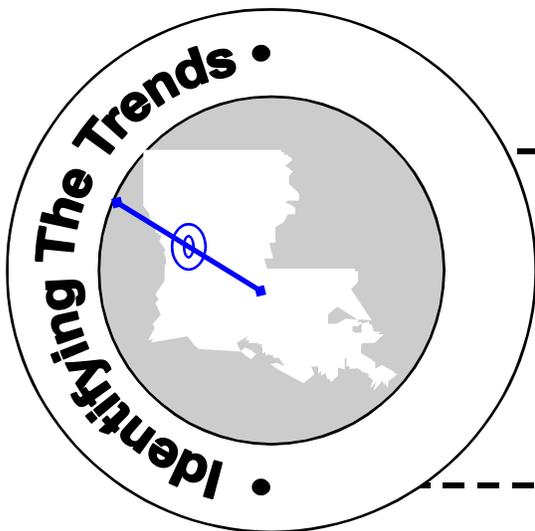
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<sup>1</sup> MMWR 1985; 34: 373-75.

<sup>2</sup> MMWR 1987; 36 [Supp no. 1S]: 1S-15S.

<sup>3</sup> MMWR 1992; 41[RR-17]: 1-19.

<sup>4</sup> CDC 1999; 48[RR13]: 1-27.



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