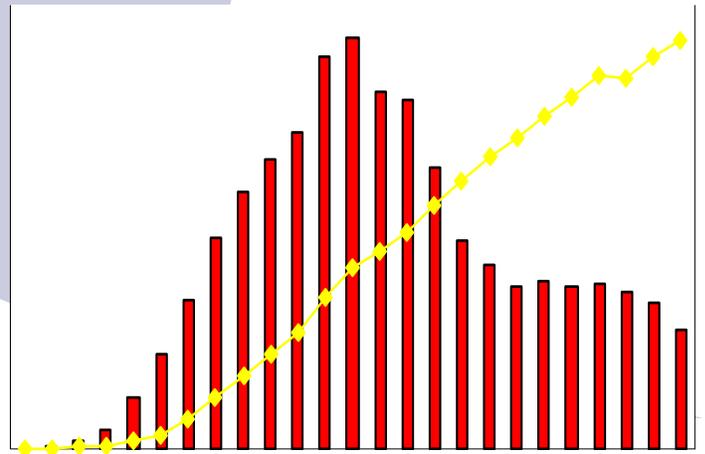


2010



HIV/AIDS

Epidemiology Report

COUNTY OF SAN DIEGO



HHSA

HEALTH AND HUMAN SERVICES AGENCY





County of San Diego
Health and Human Services Agency
Epidemiology and Immunization Services Branch

HIV / AIDS Surveillance Program Epidemiology Report 2010

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I. EXECUTIVE SUMMARY

Overall, the state of California has the second largest number of Acquired Immunodeficiency Syndrome (AIDS) cases in the United States; San Diego County has the third largest number of AIDS cases in the state of California.

AIDS Cases

Since the 1981 beginning of the epidemic, 14,228 AIDS cases have been reported in San Diego County as of December 31, 2009. Cumulative AIDS cases in San Diego County differ from those seen in the United States; the proportion of female cases in the County is less than half that seen in the US (see Table 1), there is a smaller proportion of black cases, and a greater proportion of men who have sex with men (MSM) transmission. In the County, the number of new cases has been decreasing each year since 1993, but has been relatively level from the 1999-2009 time period at about 400 cases per year. There has been a slight decline in cases per year since 2002 (see Figure 1). Although only 328 cases were reported in 2009, it is anticipated that cases diagnosed in 2009 will continue to be reported in 2010 due to delays in reporting.

Individuals diagnosed with AIDS in San Diego County are most commonly white, male, aged 30 to 39 years, and have male sex partners. Over the course of the epidemic there have been slow increases in the proportion of cases in blacks, Hispanics, women, people aged 40 or older, and those having used injected drugs. In recent years (2005-2009) however, these proportions of have been more stable.

The decrease in the annual number of AIDS

diagnoses has not been uniform across racial/ethnic groups. The largest decrease has been in whites; the proportion of persons of color, including blacks and Hispanics, has increased over time (see Figure 4). Blacks have had the third largest number of cases per year, but the highest rate of AIDS since the mid-1980s. Persons of color have comprised the majority of new cases since 2000, with only a slight increase since that time.

The annual AIDS case rate among blacks is about three times that seen in whites (see Table 4). Hispanics have the second highest number of cases per year and a rate that is about one and one half times that seen in whites, but less than half of that recently seen in blacks. Over time there has been a reduction in rates across races/ethnicities, but in recent years blacks have had a significant decrease (see Figure 5).

The average age at time of diagnosis has been slowly increasing over the years across all racial/ethnic groups (see Table 5). From 2005 to 2009, the average age at the time of diagnosis was 40 years of age with Hispanics being slightly younger (38 years of age) and whites slightly older (43 years of age). This increase in age may be due to later age at infection, effective medications, or adherence to medication regimens which allow an individual infected with Human Immunodeficiency Virus (HIV) to be healthy longer with increased time before he or she meets the case definition for AIDS.

A greater proportion of cases had more time between reported HIV infection and AIDS in recent years of the epidemic (see Figure 9). Whites (42%) and blacks (48%) have more similar proportions of cases with less than a year between HIV and AIDS diagnosis, but Hispanics (62%)

have a significantly greater proportion with less than one year between diagnoses in recent years. The proportion of Hispanics with less than a year between HIV and AIDS diagnosis has increased significantly over the last 15 years. This increase may be due to delayed HIV testing or in delayed care seeking after HIV testing and diagnosis. The proportion of cases in San Diego County having less than a year between HIV diagnosis and AIDS diagnosis (for those diagnosed in 2006) is greater than that reported nationally across races/ethnicities (see Table 16).

The majority of AIDS cases were living in the Health and Human Services Agency (HHSA) Central Region at the time of diagnosis (see Table 9). Fifty-nine percent of male cases and 41% of female cases were living in the Central Region at the time of their diagnosis. The majority of cumulative cases diagnosed in this region were in whites (63%), followed by Hispanics (20%), and blacks (15%). In recent years, the proportion has declined in whites (51%) and increased in Hispanics (28%) and blacks (18%) (see Table 10). The South Region has been the second most frequent area of residence at time of diagnosis since 1995. The cumulative cases diagnosed in the South region are predominantly Hispanic (62%) with smaller proportion of blacks (10%) and whites (26%). It should be noted that only the area of residence at the time of diagnosis is known. It is probable that many cases have moved since their diagnosis, both within the county and out of the county.

For men, the predominant mode of transmission in recent years is MSM (77%), followed by MSM who Inject Drugs (MSM+IDU) (11%) (see Table 12 and Figure 6). Over the

years, heterosexual contact and Injection Drug Use (IDU) have become somewhat more frequent modes of transmission in men, but MSM remains the primary risk for transmission. Differences are seen in male cases across races/ethnicities, with blacks having a significantly greater proportion of IDU and lower proportion of MSM than either whites or Hispanics (see Table 12).

In women, heterosexual contact (77%) is the primary mode of transmission in recent years, followed by IDU (21%) (see Table 13 and Figure 7). Over the years, heterosexual contact has been increasing in frequency while IDU has been decreasing. Sexual partners of known HIV positive males account for 42% of female AIDS cases while IDU partners account for 16% and MSM partners account for 18%.

Advances in medication and medical treatment have enabled individuals with AIDS to live longer, healthier lives. As the number of individuals newly diagnosed with AIDS has been decreasing, the number of individuals living with an AIDS diagnosis continues to increase. Approximately 7,123 individuals diagnosed with AIDS in San Diego County are currently alive (see Figure 1).

HIV Cases

In California, cases of HIV have been reported by name since April 17, 2006. Prior to April 2006, HIV cases were reported by non-name code, and these non-name code cases are no longer counted in the San Diego County statistics. Efforts have been made to reascertain these cases, but this has not been possible for all of them.

Because the HIV reporting system is relatively new, analysis of reported HIV cases will be

limited to the distribution of demographic and geographic variables within the cumulative data. No rates will be computed nor will trends be examined at this time. Nationally, published HIV reporting data were limited to the 38 states and territories that had confidential names-based reporting and this did not include California. For the first time, as of 2006, California HIV cases are included and national HIV data currently reflects 45 states and territories. It should be noted that data from recently added states may not be representative of all HIV cases due to issues of converting to names-based reporting.

All HIV reporting data presented in this report were inclusive of the period April 17, 2006 through December 31, 2009, for a total of 4,269 HIV case reports. In general, the distribution of demographic variables for those HIV cases reported was similar to that of cumulative AIDS cases in San Diego County. The most frequent HIV case demographics were white race, 30-39 age group, and the Central region as residence at diagnosis. Women represented 10% of all HIV cases (n=429). Due to small numbers, the relationship between race and region is less clear in women.

The distribution of HIV cases by gender was different for San Diego and California, when compared to the United States (see Table 19). A smaller proportion of female HIV cases have been reported in San Diego (10%) and California (14%) than in the United States (28%). However, the distribution by gender in San Diego County is similar for HIV (90% male; 10% female) and more recent AIDS cases (90% male; 10% female).

Through the end of 2009, 57% of reported HIV cases in San Diego County were white, 13% black, and 27% Hispanic (see Table 20). Asian/

Pacific Islander and Native American comprise the remaining 3% of cases. When compared to the United States, California and San Diego County had a smaller proportion of black cases, and a larger proportion of white and Hispanic HIV cases. Race/ethnicity difference in population across the United States can make comparisons to California, and San Diego County, cases.

Those in the age group 30-39 were most frequently diagnosed with HIV in both the state and county, similar to AIDS case data. At the state and local levels, a greater proportion of HIV cases were in the 20-29 year age group at the time of diagnosis (29% in California through September 30, 2009; 34% in San Diego County), compared to AIDS cases (16% in California; 16% in San Diego County). This is expected given the natural history of the disease and current medical treatment. National data for reported HIV cases by age group is not available.

Those persons diagnosed with HIV continue to age, shifting the age of the living cases, compared to newly diagnosed cases, toward older age groups. The current age of living cases (as of 2009) illustrates this: 1% of cases were under 20 and 23% were 50 or older at current age compared to 3% and 7% respectively at diagnosis (see Table 21).

Fifty-eight percent of the county's HIV cases were residing in the Central Region at the time of diagnosis, with the South and North Central Regions having the next highest proportion of cases (12% each). North Coastal, North Inland, and East Regions shared the remaining 18% of cases (see Table 22).

The distribution of cases differs by gender and transmission. For males, 83% of cases were

attributed to MSM, while for females, the majority of cases, 68%, were due to heterosexual contact (see Table 23). For males, the other modes of transmission were MSM+IDU (8%), IDU (4%), heterosexual contact (3%), and not specified/other (2%); in female cases the other modes of transmission were IDU (23%), and not specified/other (4%).

Compared to the nation, San Diego had a larger proportion of MSM among adult male cases (83% versus 54%), and a lower proportion of IDU and not specified/other (4% versus 11% and 2% versus 21%). Among adult females, San Diego had a larger proportion of heterosexual and IDU transmission (68% versus 47% and 23% versus 17%), and a lower proportion of not specified/other (4% versus 35%) than the nation. In general, the differences in mode of transmission between San Diego and California are similar to those with the nation, but were less pronounced.

From April 17, 2006 through December 31, 2009, 36 pediatric cases of HIV were reported in San Diego County, representing about 1% of total cases. Of the 36 cases reported, 23 were under 5 years of age at diagnosis and 13 were between the ages of 5 and 12 at diagnosis.

Additional information on Reporting and HIV/AIDS in San Diego County can be found in the *Physician's Bulletin: HIV 2008* at:

<http://www2.sdcounty.ca.gov/hhsadocumentsPhysiciansBulletinDecember2008.pdf>

I. AIDS CASES

Table 1:

Adult/Adolescent AIDS Diagnoses by Gender in the United States, the State of California, and San Diego County

Gender	United States		California		San Diego County		San Diego County	
	Through 12/31/2007*		Through 9/30/2009		Through 12/31/2009		2007-2009	
	#	%	#	%	#	%	#	%
Male	810,676	80%	140,505	91%	13,052	92%	938	90%
Female	198,544	20%	13,763	9%	1,110	8%	110	10%
Total	1,009,220		154,268**		14,162		1,048	

*Most recent year available; estimate.

**Does not include 940 transgendered persons.

Table 2:

AIDS Cases, Deaths, and Cumulative¹ Fatality Rates in San Diego County, the State of California, and the United States

San Diego County

New cases reported 2009	328
Deaths in 2009	58
Cumulative cases	14,228
Cumulative deaths	7,222
Living Cases	7,006
Cumulative case-fatality rate ¹	51%

California²

Cumulative cases	155,208
Cumulative deaths	86,809
Living cases	68,399
Cumulative case-fatality rate	56%

United States³

Cumulative cases, estimate	1,051,875
Cumulative deaths, estimate	583,298
Living cases, estimate	468,577
Cumulative case-fatality rate	55%

¹Cumulative case-fatality rate is calculated by dividing the estimated cumulative deaths by the cumulative cases.

²California Office of AIDS. HIV/AIDS Surveillance in California, as of September 30, 2009.

³Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report 2007, Vol.19.

Figure 1:
Number of Persons Diagnosed (n=14,228) and Living (n=7,006) with AIDS, San Diego County

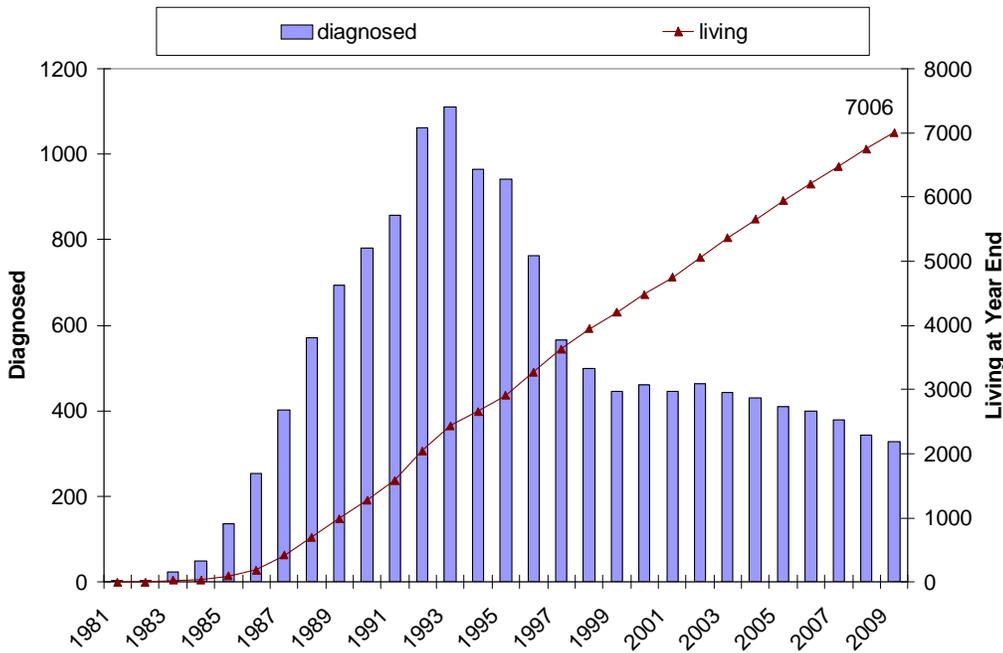


Figure 2:
AIDS Cases by Year of Diagnosis and Report, San Diego County

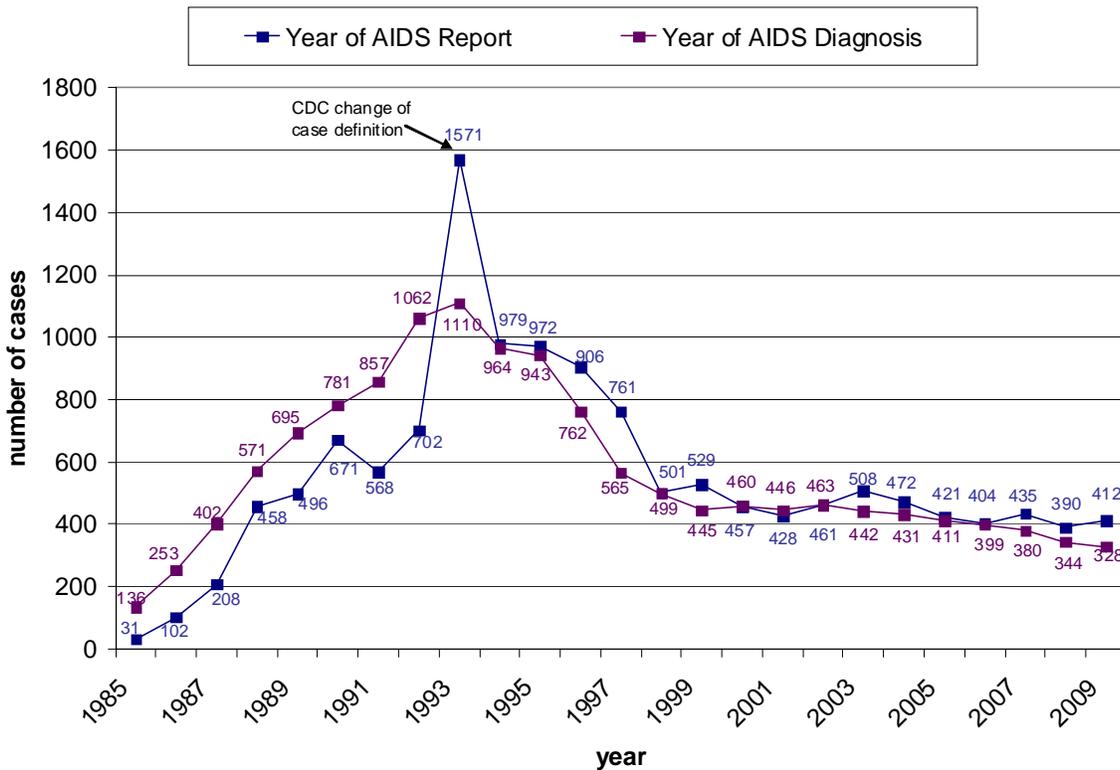


Figure 3:
AIDS Cases by Age Group at Time of Diagnosis, San Diego County

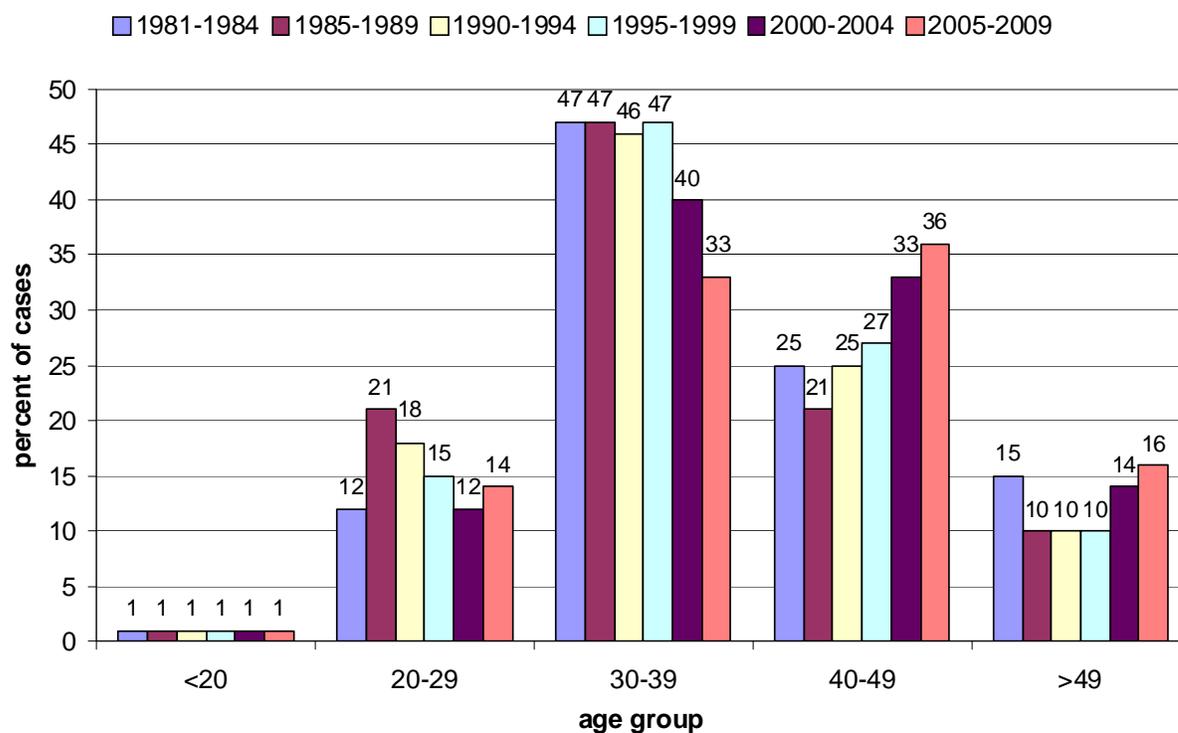


Table 3:
Age Group of AIDS Case at Diagnosis (Cumulative) and in 2009 (Living), San Diego County

Age Group, Years	At Diagnosis		In 2009*	
	Frequency	Percent	Frequency	Percent
Less than 13	66	0.5%	8	0.1%
13-19	67	0.5%	17	0.2%
20-29	2,302	16.2%	230	3.3%
30-39	6,220	43.7%	1,067	15.2%
40-49	3,936	27.7%	3,008	42.9%
More than 49	1,637	11.4%	2,676	38.3%
Total	14,228	100.0%	7,006	100.0%

*Of those living in 2009.

Figure 4:
AIDS Cases Diagnosed in Time Period and Percent of Cases in Persons of Color, San Diego County

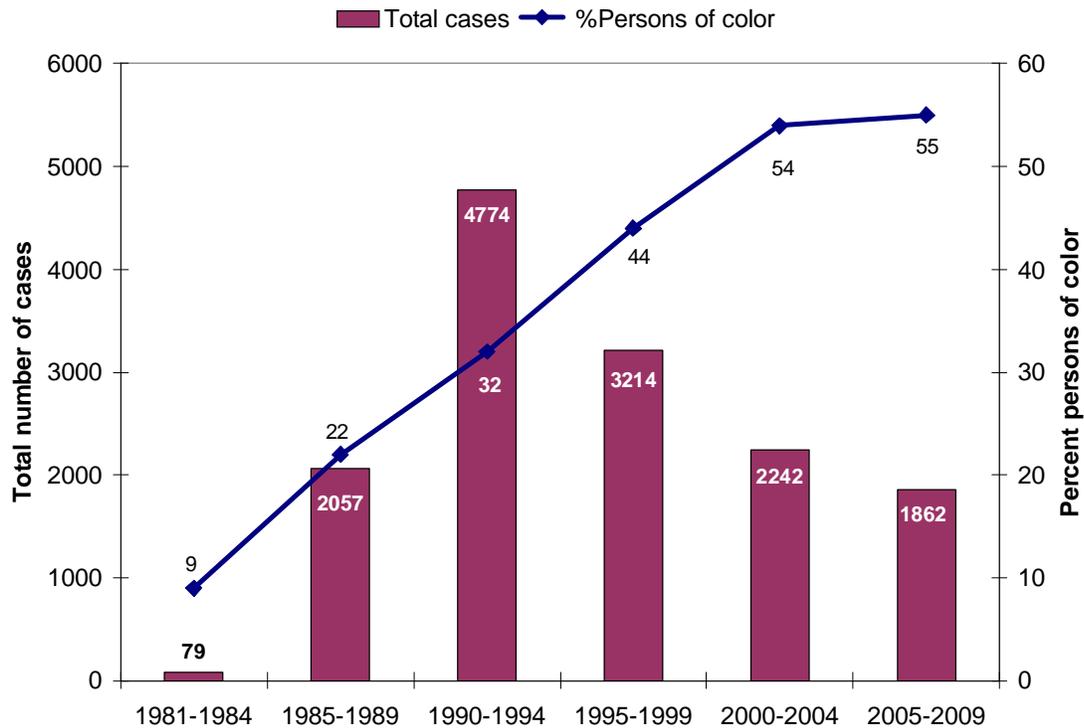


Table 4:
AIDS Rate by Race/Ethnicity and Year of Diagnosis, San Diego County

Race/ Ethnicity		Year of Diagnosis						
		2003	2004	2005	2006	2007	2008	2009**
White	Cases	184	203	207	170	153	151	139
	% of Total	42%	47%	51%	43%	41%	44%	43%
	Rate*	11	12	12	11	10	10	9
Black	Cases	81	59	45	51	59	54	43
	% of Total	18%	14%	11%	12%	16%	16%	13%
	Rate*	48	34	25	31	35	32	26
Hispanic	Cases	160	150	142	160	140	123	133
	% of Total	36%	35%	35%	40%	38%	36%	41%
	Rate*	18	17	16	18	15	13	14
All Races/ Ethnicities#	Cases	441	430	408	397	371	344	328
	Rate*	14	14	13	13	12	11	10

*per 100,000 population.

**Additional cases diagnosed in 2009 are expected to be reported in 2010.

#Includes Asian, Pacific Islander, Native American, and others.

Figure 5:
Rate of AIDS Cases by Race/Ethnicity, 2002-2009, San Diego County

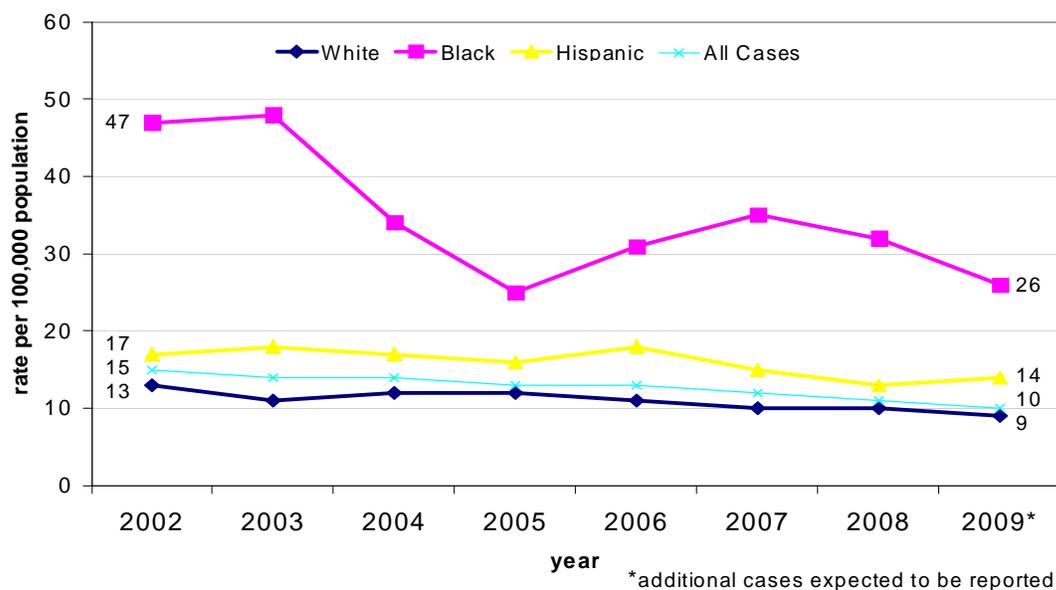


Table 5:
AIDS Cases by Age-Related Measurements and Race/Ethnicity Over 5-Year Time Periods, San Diego County

Time Period	Age-Related Measure	Race/Ethnic Group				All Cases
		White	Black	Hispanic	Other*	
1985-1989	mean age, years	38	33	34	35	37
	oldest case	88	58	72	50	88
	youngest case	birth	birth	birth	23	birth
	total cases	1,598	187	239	33	2,057
1990-1994	mean age, years	38	36	35	36	37
	oldest case	79	71	75	69	79
	youngest case	9	birth	birth	16	birth
	total cases	3,239	548	865	122	4,774
1995-1999	mean age, years	39	37	36	35	38
	oldest case	77	71	75	66	77
	youngest case	1	birth	birth	8	birth
	total cases	1,793	449	866	106	3,214
2000-2004	mean age, years	42	39	38	38	40
	oldest case	92	67	78	73	92
	youngest case	4	13	birth	17	birth
	total cases	1,028	366	765	83	2,242
2005-2009	mean age, years	43	39	38	38	40
	oldest case	85	69	83	62	85
	youngest case	16	5	birth	22	birth
	total cases	828	255	701	78	1,862

*Includes Asian, Pacific Islander, Native Americans, and Native Alaskans.

Table 6:
Female AIDS Cases by Race/Ethnicity Over Time, San Diego County

Race/ Ethnicity	Time Period of Diagnosis								Cumulative*	
	1990-1994		1995-1999		2000-2004		2005-2009			
	% female	total cases	% female	total cases	% female	total cases	% female	total cases	% female	total cases
White	5%	3,239	6%	1,793	7%	1,028	6%	828	5%	8,558
Black	13%	548	18%	449	17%	366	20%	255	16%	1806
Hispanic	9%	865	10%	866	14%	765	13%	701	11%	3,442
Other**	12%	122	23%	106	8%	83	12%	78	14%	422
Total	7%	4,774	9%	3,214	11%	2,242	11%	1,862	8%	14,228

Note: Percent of female cases refers to the percent of total cases in group who are female.

*Includes cases from 1981-2009.

**Includes Asians, Pacific Islanders, Native American, Native Alaskan, and others.

Table 7:
AIDS Cases by HHS Region Over Time, San Diego County

Time Period of Diagnosis	HHS Region					Total in Time Period	
	Central	East	South	North Coastal	North Inland		
1985-1989	62%	7%	6%	6%	4%	16%	2,057
1990-1994	59%	7%	7%	8%	5%	14%	4,774
1995-1999	58%	7%	11%	8%	5%	11%	3,214
2000-2004	53%	8%	16%	7%	5%	11%	2,242
2005-2009	49%	8%	19%	8%	5%	11%	1,862
Total in Region	8,060	1,029	1,529	1,063	656	1,812	14,149*

Note: Percentages may not total 100 due to rounding.

*Does not include cases from 1981-1984.

Table 8:
Cumulative AIDS Cases by Race/Ethnicity and HHS Region, San Diego County

Race/Ethnicity	HHS Region						All Regions
	Central	East	South	North Coastal	North Inland	North Central	
White	63%	63%	26%	63%	65%	73%	60%
Black	15%	13%	10%	10%	5%	9%	13%
Hispanic	20%	21%	62%	23%	26%	15%	24%
Asian/PI	2%	3%	3%	3%	4%	3%	2%
Native American	1%	1%	<1%	1%	1%	1%	1%
Total in Region	8,096	1,034	1,533	1,073	660	1,832	14,228

Note: Percentages may not total 100 due to rounding.

Table 9:

Female AIDS Cases by HHSA Region Over Time, San Diego County

HHSA Region	Time Period of Diagnosis								Cumulative#	
	1990-1994		1995-1999		2000-2004		2005-2009			
	% female	all cases*	% female	all cases*	% female	all cases*	% female	all cases*	% female	all cases*
Central	4%	2,829	7%	1,853	9%	1,190	9%	911	6%	8,096
East	9%	336	12%	215	16%	174	12%	156	11%	1,034
South	15%	331	10%	367	13%	367	16%	345	13%	1,533
North	11%	369	15%	268	13%	161	16%	149	13%	1,073
Coastal										
North	16%	228	15%	151	16%	106	9%	96	14%	660
Inland										
North	7%	684	10%	360	10%	244	6%	205	7%	1,832
Central										
Total	7%	4,774	9%	3,214	11%	2,242	11%	1,862	8%	14,228

*Male and female

#Includes cases from 1981-2009.

Table 10:

HHSA Region	Time Period	Race/Ethnicity				Total in Time Period
		White	Black	Hispanic	Other**	
Central	1990-1994	68%	14%	16%	2%	2,829
	2005-2009	51%	18%	28%	3%	911
	cumulative*	63%	15%	20%	3%	8,096
East	1990-1994	73%	10%	15%	2%	336
	2005-2009	47%	15%	31%	7%	156
	cumulative*	63%	13%	21%	4%	1,034
South	1990-1994	39%	11%	46%	4%	331
	2005-2009	17%	8%	73%	3%	345
	cumulative*	26%	10%	62%	3%	1,533
North Coastal	1990-1994	68%	10%	19%	3%	369
	2005-2009	46%	9%	39%	5%	149
	cumulative*	63%	10%	23%	3%	1,073
North Inland	1990-1994	70%	6%	19%	6%	225
	2005-2009	46%	4%	42%	8%	96
	cumulative*	65%	5%	25%	5%	660
North Central	1990-1994	77%	6%	11%	4%	684
	2005-2009	58%	14%	22%	6%	205
	cumulative*	73%	9%	15%	4%	1,832
County-wide	1990-1994	68%	12%	18%	3%	4,774
	2005-2009	45%	14%	38%	4%	1,862
	cumulative*	60%	13%	24%	3%	14,228

*1981-2009 Note: Percentages may not total 100 due to rounding.

**Includes Asian/Pacific Islander and Native American and other races/ethnicities.

Figure 6:

Mode of Transmission for Cumulative (n=13,052) and 2005-2009 (n=1,659) Male Adult/Adolescent AIDS Cases, San Diego County

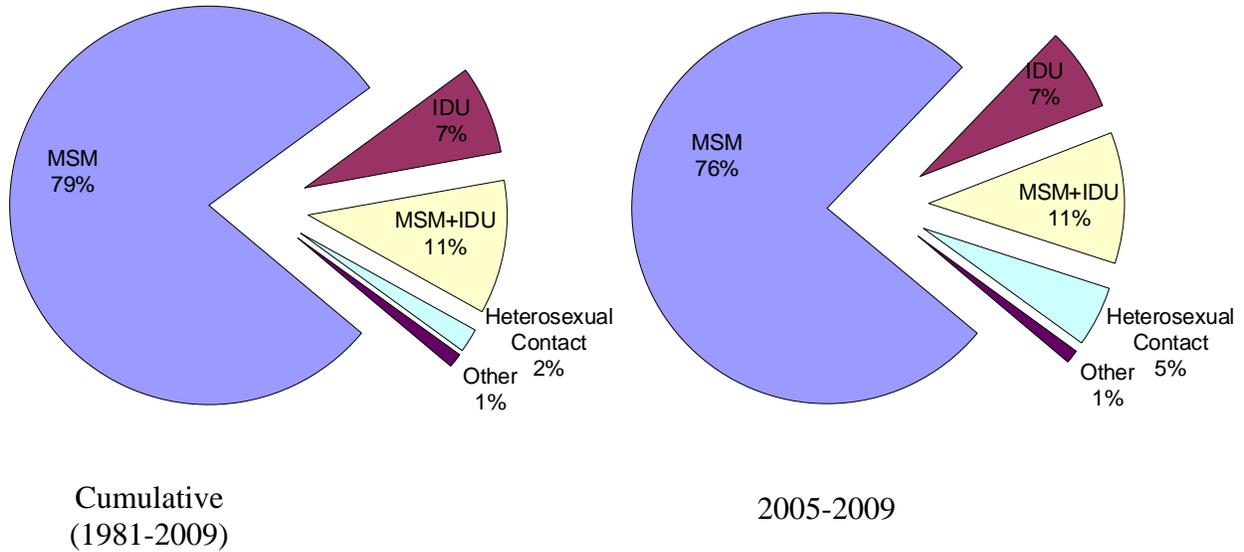


Figure 7:

Mode of Transmission for Cumulative (n=1,110) and 2005-2009 (n=197) Female Adult/Adolescent AIDS Cases, San Diego County

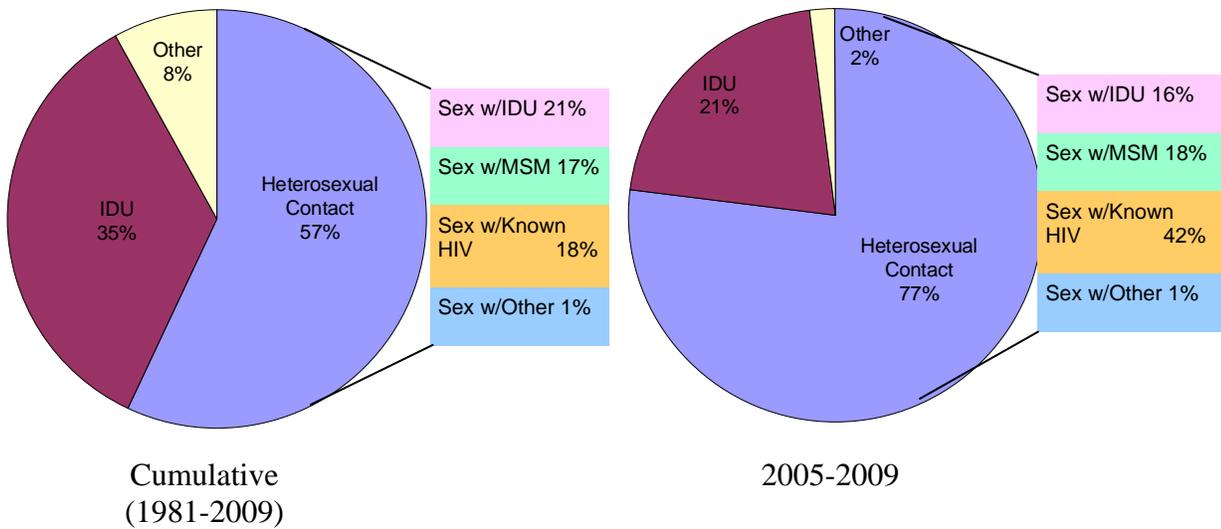


Table 11:

AIDS Cases by Gender, Mode of Transmission and Time Period, San Diego County

Gender	Mode of Transmission	Time Period of Diagnosis					Cumulative*
		1985-1989	1990-1994	1995-1999	2000-2004	2005-2009	
Male	Adolescent/Adult:						
	MSM	84%	81%	76%	74%	76%	79%
	IDU	3%	6%	8%	10%	7%	7%
	MSM+IDU	10%	10%	13%	12%	11%	11%
	Heterosexual	1%	1%	1%	4%	6%	2%
	Blood Products	2%	1%	1%	<1%	<1%	1%
	Risk not specified/other**	<1%	<1%	<1%	<1%	<1%	<1%
	Pediatric (0-12 years):						
	All modes	<1%	<1%	<1%	<1%	<1%	<1%
	Number in Group	1,386	4,239	3,406	2,008	1,681	12,720
Female	Adolescent/Adult:						
	IDU	28%	37%	44%	32%	21%	34%
	Heterosexual	35%	48%	49%	65%	76%	56%
	Blood products	26%	11%	3%	<1%	<1%	6%
	Risk not specified/other**	1%	1%	1%	1%	1%	1%
	Pediatric (0-12 years):						
	All modes	10%	3%	3%	2%	2%	3%
	Number in Group	88	311	293	248	200	1,141

*1981-2009

Note: Percentages may not total 100 due to rounding.

**Includes pediatric HIV cases who progress to AIDS after the age of 12.

Table 12:

Adult/Adolescent Male AIDS Cases by Mode of Transmission, Race/Ethnic Group, and Time Period, San Diego County

Mode of Transmission	Racial/Ethnic Group						All Racial/Ethnic Groups*	
	White		Black		Hispanic		1990-1994	2005-2009
	1990-1994	2005-2009	1990-1994	2005-2009	1990-1994	2005-2009		
MSM	85%	77%	64%	68%	77%	77%	82%	77%
IDU	3%	6%	17%	13%	10%	6%	6%	7%
MSM+IDU	9%	13%	16%	10%	10%	8%	10%	11%
Heterosexual	<1%	3%	2%	9%	1%	8%	1%	6%
Blood products	2%	<1%	1%	0%	1%	0%	1%	<1%
Not specified/Other	<1%	<1%	1%	1%	1%	1%	<1%	<1%
Number in Group	3,086	777	471	201	786	612	4,450	1,659

Note: Percentages may not total 100 due to rounding.

*Includes Asian, Pacific Islander, Native American and Native Alaskan.

Table 13:

Adult/Adolescent Female AIDS Cases by Mode of Transmission, Race/Ethnic Group, and Time Period, San Diego County

Mode of Transmission	Racial/Ethnic Group						All Racial/ Ethnic Groups*	
	White		Black		Hispanic		1990- 1994	2005- 2009
	1990- 1994	2005- 2009	1990- 1994	2005- 2009	1990- 1994	2005- 2009		
IDU	42%	33%	51%	16%	24%	16%	38%	21%
Heterosexual	44%	65%	44%	82%	58%	80%	49%	77%
Blood products	12%	0%	5%	2%	16%	0%	12%	<1%
Not specified/Other**	2%	2%	0%	0%	2%	4%	1%	2%
Number in Group	151	50	71	49	67	97	303	206

*Includes Asian, Pacific Islander, Native American, and Native Alaskan.

**Includes maternal transmission.

Table 14:

Hispanic AIDS Cases by Gender, Place of Birth, and Time Period, San Diego County

Gender	Place of Birth	Time Period of Diagnosis				Cumulative*
		1990- 1994	1995- 1999	2000- 2004	2005- 2009	
Male	US born	51%	40%	26%	36%	40%
	US dependency born	3%	2%	1%	1%	2%
	Foreign born	46%	58%	73%	63%	58%
	Unknown	0%	0%	<1%	0%	<1%
	Number in time period	791	783	659	613	3,074
Female	US born	38%	42%	21%	30%	33%
	US dependency born	5%	1%	2%	2%	3%
	Foreign born	57%	57%	77%	67%	64%
	Unknown	0%	0%	0%	1%	<1%
	Number in time period	74	83	106	88	368

*Includes cases from 1981-2009.

Figure 8:
AIDS Cases by Year of Diagnosis and Vital Status, San Diego County

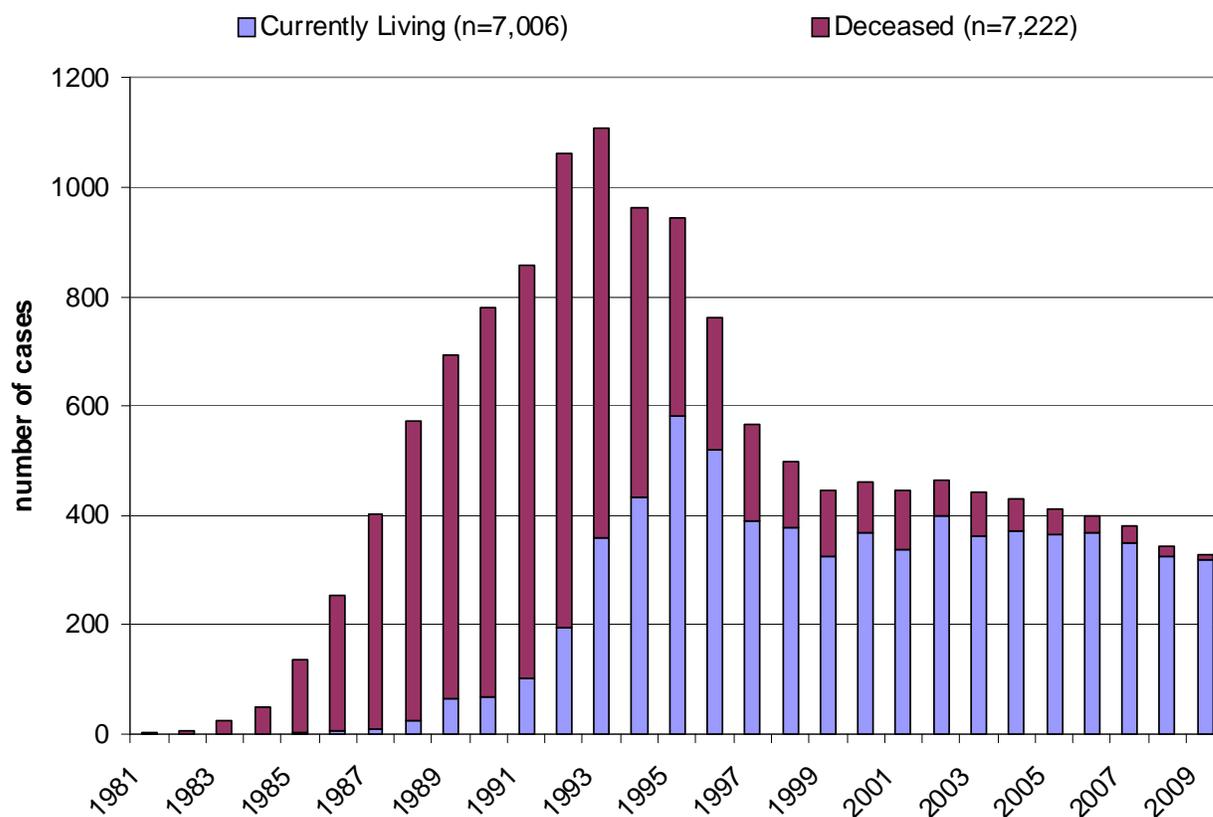


Table 15:
Proportion of Cases Diagnosed in 2002 Surviving Greater than 12, 24, and 36 Months by Race/Ethnicity in the US (CDC Data) and San Diego County

Race/ Ethnicity	Survival in Months					
	>12		>24		>36	
	CDC	County of San Diego	CDC	County of San Diego	CDC	County of San Diego
White	0.89	0.89	0.86	0.87	0.84	0.85
Black	0.87	0.96	0.83	0.93	0.79	0.91
Hispanic	0.90	0.92	0.87	0.90	0.85	0.88
All Cases*	0.88	0.89	0.84	0.86	0.81	0.84

*Includes Asian, Pacific Islander, Native American, and Native Alaskan.

Table 16:

Percent of Cases Diagnosed in 2006 Progressing from HIV to AIDS in Less than 12, and at Least 12 Months by Race/Ethnicity in the US (CDC Data), and San Diego County

Race/ Ethnicity	Time to AIDS diagnosis after HIV diagnosis			
	12+ months		<12 months	
	CDC*	County of San Diego	CDC*	County of San Diego
White	66%	52%	34%	48%
Black	65%	42%	35%	58%
Hispanic	59%	31%	31%	69%
All Cases**	64%	41%	36%	59%

*CDC data does not include California, Oregon, Washington, Montana, Illinois, Kentucky, Pennsylvania, Massachusetts, Connecticut, Maryland, Rhode Island, Vermont, New Hampshire, Maine, Hawai'i, or Washington, D.C.; data as of 2006 (last year available).

**Includes Asian, Pacific Islander, Native American, Native Alaskan

Figure 9:

Percent of Cases Progressing to AIDS in Less than 1 Year of HIV Diagnosis by Race/Ethnicity and 5-Year Time Period, San Diego County

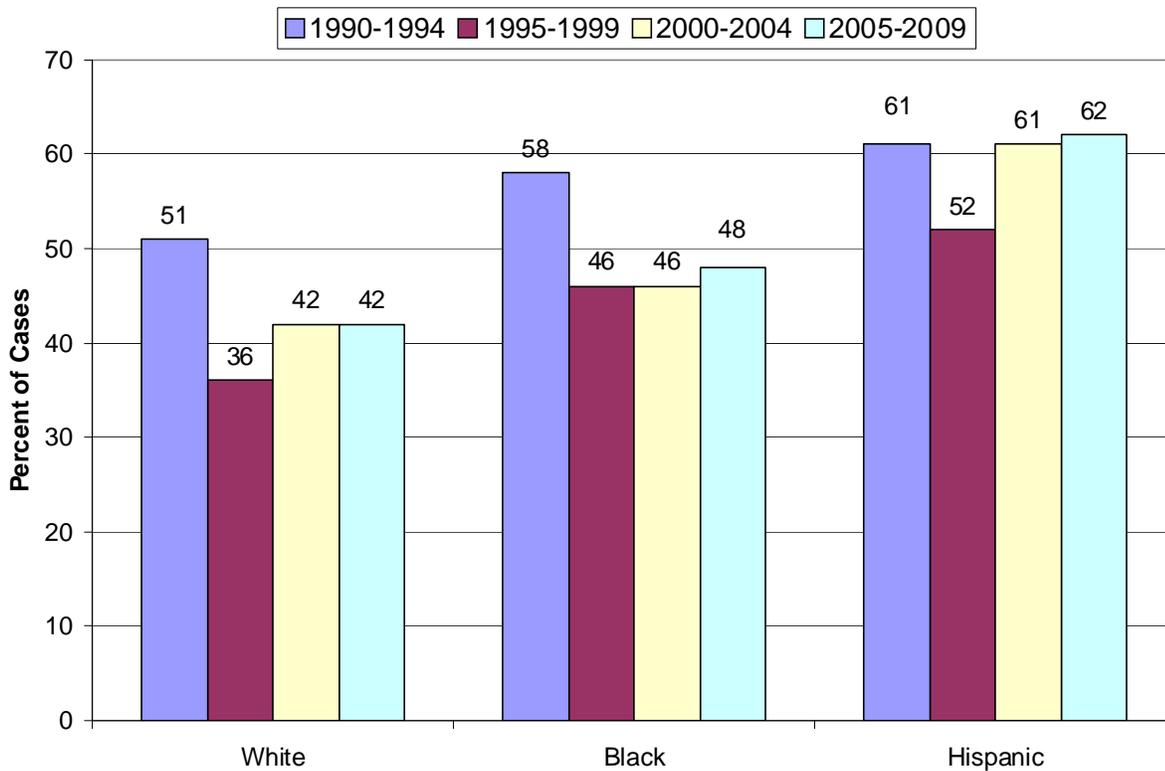
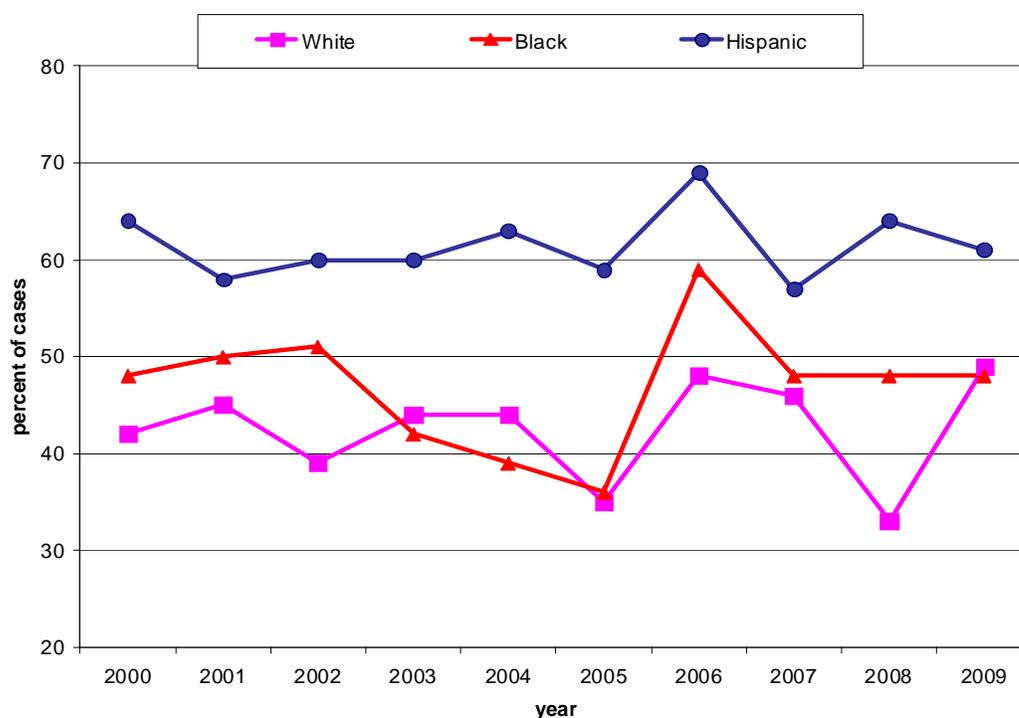


Figure 10:

Percent of Cases Progressing to AIDS Within 1 Year of HIV Diagnosis by Race/Ethnicity, 2000-2009, San Diego County

**Table 17:**

Cumulative Hispanic AIDS Cases by Ethnic Origin, San Diego County

Ethnic Origin	Number	Percent
Mexican	2,721	79.1
Puerto Rican	120	3.5
Central American	62	1.8
South American	56	1.6
Spain/Portugal	37	1.1
Cuban	34	1.0
Dominican	5	0.1
Hispanic, not specified	407	11.8
Total	3,442	100

Table 18:

Cumulative Asian/Pacific Islander AIDS Cases by Ethnic Origin, San Diego County

Ethnic Origin	Number	Percent
Filipino	161	50.8
Vietnamese	23	7.3
Chinese	21	6.6
Japanese	21	6.6
Guamanian	15	4.7
Hawai'in	14	4.4
Samoan	9	2.8
Laotian	8	2.5
Asian, not specified	21	6.6
Other*	24	7.7
Total	317	100

*Includes Asian Indian, Burmese, Cambodian, East Indian, Fijian, Indonesian, Korean, Micronesian, Pacific Islander, Singaporean, Taiwanese, Thai, and Tongan.

III. HIV CASES**Table 19:**

HIV Diagnoses by Gender and in the United States, the State of California, and San Diego County

Gender	United States# Through 12/31/07**		California Through 12/31/08**		San Diego County Through 12/31/09	
	no.	%	no.	%	no.	%
Male	239,760	72%	29,939	85%	3,840	90%
Female	92,004	28%	4,737	14%	429	10%
Transgendered	*	*	336	1%	*	*
Unknown	4	<1%	0	0%	0	0%
Total	331,768		35,012		4,269	

#Does not include pediatric cases. * Not collected or not reported. ** Most recent year available.

Table 20:

Cumulative HIV Cases by Race/Ethnicity in the United States, the State of California, and San Diego County

Race/Ethnicity	United States# Through 12/31/07*		California Through 12/31/08*		San Diego County Through 12/31/09	
	no.	%	no.	%	no.	%
Black	150,507	46%	6,581	19%	545	13%
Hispanic	56,520	17%	9,796	28%	1,135	27%
White	117,204	35%	16,895	48%	2,429	57%
Other	4,252	1%	1524	4%	160	3%
Unknown**	3,285	1%	216	1%	0	0%
Total	331,768		35,012		4,269	

#Does not include pediatric cases. *Most recent year available. **Includes those with missing race.

Table 21:

Age of Cumulative HIV Cases at Diagnosis and in 2009, San Diego County

Age group	Age at diagnosis		Current age*	
	number	percent	number	percent
under 20	134	3.1	42	1.0
20-29	1,429	33.5	556	13.4
30-39	1,580	37.0	1,076	25.9
40-49	842	19.7	1,524	36.7
50+	284	6.7	957	23.0
Total	4,269	100	4,154	100

*Age in 2009 of those living as of December 31, 2009 (115 cases had died).

Table 22:

Cumulative HIV Cases by HHS Region and Race/Ethnicity, San Diego County

Race/ethnicity	HHS Region						Total
	Central	East	South	North Coastal	North Inland	North Central	
White	61.8%	57.2%	24.9%	55.6%	54.2%	67.6%	56.9%
African American	13.5%	14.4%	12.4%	11.5%	5.4%	11.8%	12.8%
Hispanic	21.3%	25.3%	59.4%	27.8%	33.9%	15.8%	26.6%
Asian/PI	2.6%	2.4%	2.6%	4.4%	5.4%	4.6%	3.0%
Native American	0.8%	0.7%	0.6%	0.7%	1.2%	0.2%	0.7%
Total	2,483	292	531	270	168	525	4,269

Note: Percent may not total 100 due to rounding.

Table 23:

HIV Cases by Mode of Transmission and Gender, San Diego County

	Mode of transmission	Number	Percent
Male	Adolescent/Adult:		
	Homosexual / Bisexual (MSM)	3193	83%
	Injection Drug Use (IDU)	160	4%
	MSM + IDU	301	8%
	Heterosexual	98	3%
	Blood products	7	<1%
	Risk Not Specified/Other	67	2%
	Pediatric (0 – 12 years):		
All modes of transmission	14	<1%	
	Number in Group	3840	100%
Female	Adolescent/Adult:		
	Injection Drug Use (IDU)	97	23%
	Heterosexual	291	68%
	Blood products	3	<1%
	Risk Not Specified/Other	16	4%
	Pediatric (0 – 12 years):		
	All modes of transmission	22	5%
	Number in Group	429	100%

Note: Percentages may not total to 100 due to rounding.

Figure 11:
Adult/Adolescent HIV Cases by Modes of Transmission, San Diego County

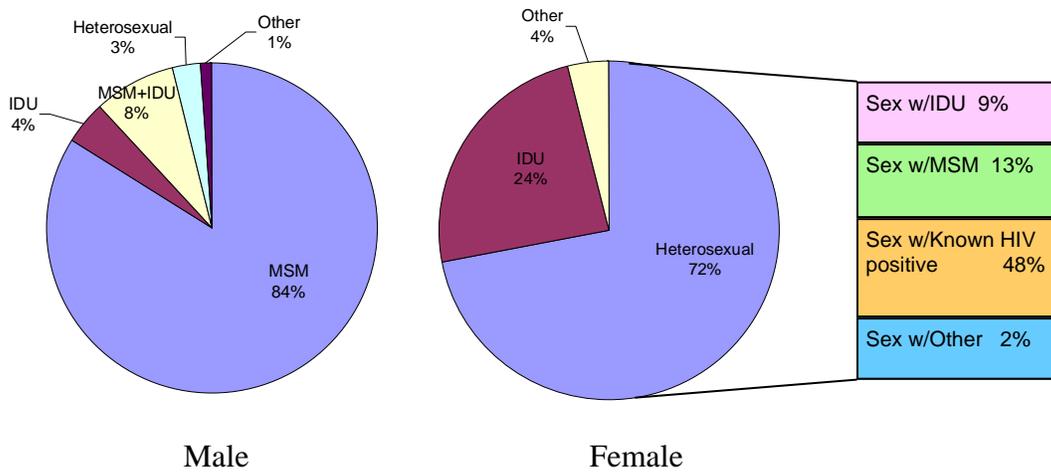


Table 24:
Adult/Adolescent Male HIV Cases by Mode of Transmission and Race/Ethnicity, San Diego County

Exposure category	Race/Ethnicity								Total	
	White		Black		Hispanic		Other*			
	no.	%	no.	%	no.	%	no.	%	no.	%
MSM	1,940	85.4	300	69.4	833	85.2	120	83.9	3,193	83.4
IDU	82	3.6	35	8.1	38	3.9	5	3.5	160	4.2
MSM+IDU	194	8.5	42	9.7	52	5.3	13	9.1	301	7.9
Heterosexual contact	28	1.2	37	8.6	31	3.2	2	1.4	98	2.5
Blood products	5	<0.1	2	0.5	0	0.0	0	0.0	7	0.2
Risk not specified	24	1.1	16	3.7	24	2.4	3	2.1	67	1.8
Total	2,273	100	432	100	978	100	143	100	3,826	100

*Includes Asian/Pacific Islander and Native American.

Table 25:
Adult/Adolescent Female HIV Cases by Mode of Transmission and Race/Ethnicity, San Diego County

Exposure category	Race/Ethnicity								Total	
	White		Black		Hispanic		Other*			
	no.	%	no.	%	no.	%	no.	%	no.	%
IDU	47	30.7	26	24.5	22	16.7	2	13.3	97	23.8
Heterosexual contact	99	64.7	72	67.9	106	80.3	13	86.7	291	71.5
Blood Products	0	0.0	2	1.9	1	0.8	0	0.0	3	0.7
Risk not specified	7	4.6	6	5.7	3	2.3	0	0.0	16	3.9
Total	153	100	106	100	132	100	15	100	407	100

*Includes Asian/Pacific Islander and Native American.

Table 26:
Hispanic HIV Cases by Ethnic Origin, San Diego County

Ethnic origin	Number	Percent
Mexican	683	60.2
Hispanic, non-specific	403	35.5
South American	16	1.4
Central American	13	1.1
Puerto Rican	12	1.1
Cuban	4	0.4
Dominican	3	0.3
Spain/Portugal	1	0.1
Total	1135	100.0

Table 27:
Asian/Pacific Islander HIV Cases by Ethnic Origin, San Diego County

Ethnic origin	Number	Percent
Filipino	56	43.1
Asian, non-specific	32	24.6
Asian Indian	7	5.4
Vietnamese	6	4.6
Japanese	4	3.1
Guamanian Islander	4	3.1
Cambodian	3	2.3
Chinese	3	2.3
Thai	3	2.3
Hawaiian	2	1.5
Korean	2	1.5
Pacific Islander	2	1.5
Taiwanese	2	1.5
Indonesian	1	0.8
Laotian	1	0.8
Pakistani	1	0.8
Singaporean	1	0.8
Total	130	100.0

IV. APPENDICES

Appendix 1. Glossary

Adult/Adolescent Cases—HIV and AIDS cases who were at least 13 years of age at time of diagnosis.

Case Fatality Rate—The number of deaths due to a disease within a specified time period divided by the number with that disease in the same time period, multiplied by 100.

Confidence Interval— The range within which the true value of a variable lies, with a probability that can be calculated (generally, 95% is used).

Incidence —The total number of new cases of a disease occurring within a specified period of time.

Incidence Rate—The number of cases of a disease per specified time period divided by the population at risk, often expressed per 100,000. Incidence rates are useful for comparison of selected factors to demonstrate severity of the epidemic among different ages, gender, and racial/ethnic groups.

Living Cases—Those cases for which no notification of death has occurred; cases are assumed to be alive until shown to be deceased.

Mode of Transmission—The way in which a disease is passed from one person to another. In describing HIV/AIDS cases it identifies how an individual may have been exposed to HIV, such as having injected drugs, or homosexual or heterosexual contact.

p-value - The probability of an event occurring. In statistics, the interest is in an event (e.g., two variables being related) not occurring by chance; generally a p-value less than 0.05 is considered to indicate an occurrence unlikely to be due to chance. Sometimes referred to as level of significance.

Pediatric Cases— HIV and AIDS cases who were under the age of 13 years at the time of diagnosis.

Prevalence—The number of all living cases (old and new) of a given disease within a specified time period.

Prevalence Rate—The number of all living cases (new and old) of a given disease within a specified time period divided by the population at risk, often expressed per 100,000. Prevalence rates are useful for comparison of selected factors to demonstrate the severity of the epidemic among individuals of different ages, gender, and racial/ethnic groups.

Probability—The likelihood of an event (e.g., two variables being related to each other).

Significant—Meaningful. In statistics, this refers to a result that produces a p-value result below some set value (generally 0.05) indicating an outcome/event is unlikely to be due to chance.

Glossary—continued

Statistics—The science, art, and technique of collecting, summarizing, analyzing, and interpreting numerical information that is subject to chance or systematic variations. Biostatistics is the sub-discipline dealing with biological systems, such as humans.

Surveillance—The systematic and ongoing collection, collation, and analysis of health-related information that is used to identify health problems and trends.

Year of Diagnosis—The year in which an individual met the CDC case definition for HIV or AIDS.

Year of Report—The year in which an HIV/AIDS case is reported to Health and Human Services Agency, Community Epidemiology Branch.

Appendix 2. HIV/AIDS Reporting—Reliability and Limitations

Individuals with HIV or AIDS are required to be reported to the HHS pursuant to California Code of Regulations, Health & Safety Statutes, Title 17, Section 2643.5 and 2500. Reports come from physicians, hospitals, clinics, and other health care providers, via HIV/AIDS Case Report forms. A San Diego County case is an individual diagnosed with HIV or AIDS, while residing in San Diego County.

Active verification of cases and internal tests of the data increase the reliability of the data.

The HIV and AIDS case data used to generate reports may have several limitations as listed below:

1. ***Under-reporting of cases*** - HIV and AIDS cases for which notification to the Epidemiology and Immunization Services Branch is delayed results in “under-reporting.” It is likely that cases diagnosed in 2009 will continue to be reported in 2010.
2. ***Diagnosis date versus report date*** - Reporting delays impact the available data. Those cases diagnosed in 2008, for example, may not have been reported to the Health and Human Services Agency until 2009 or later. See *Appendix 1, Glossary* for Year of Diagnosis and Year of Report.
3. ***Collection tools*** - While information on a variety of variables is collected, the data collected is limited and reflects the quality of data submitted by the reporting facility. Data on income or specific drug of choice is not collected, for example.
4. ***Non-resident cases*** - Persons with HIV or AIDS diagnosed while resident outside of the county are not represented in data for the county.
5. ***Asian/Other category*** - Asian/Pacific Islander and Native American racial/ethnic groups are sometimes grouped into one category, Asian/Other, to allow for adequate case numbers for analysis.
6. ***Confidentiality*** - Charts and graphics with small cell sizes (under 5) may not be described in detail where identification of persons may occur.
7. ***Limited time collecting data.*** Name-based reporting of HIV infection without an AIDS defining condition was authorized under SB 699, and signed into law by the Governor on April 17, 2006. HIV data may be skewed to primarily represent the patients who have remained in care at those facilities that have been able to more easily adopt to this revision of HIV reporting.

Appendix 3. Reporting HIV and AIDS Cases for Health Care Providers

Who is responsible for reporting HIV and AIDS cases?

Every health care provider knowing of or in attendance on a case or suspected case of HIV or AIDS is required to make a report. (California Code of Regulations, Health & Safety Statutes, Title 17, Section 2643.5 and Section 2500).

When is HIV Reported?

A case is reported when a patient has a test result indicative of HIV infection. This includes:

- Confirmed positive HIV antibody test
- Any viral load test
- P24 antigen test
- Viral isolation test
- Nucleic Acid test (NAAT)

Providers should report an individual newly positive for HIV, as well as those the health care provider (ordering the test) has never reported and has no verification that the individual has already been reported with HIV. If an individual meets the case definition for AIDS, they are reported again including the AIDS-defining condition.

The provider should report a case even if the patient may have been reported by another provider. This helps ensure complete case capture, which is critical for local prevention and treatment funding. Health care providers are required to complete a report within 7 days of learning of the HIV test.

When is AIDS Reported?

When an individual is diagnosed with one or more of the AIDS defining conditions listed below, his or her care provider is required to report the case to the local health department within 7 days of the diagnosis (for HIV infected

individuals, definitive or presumptive):

- CD4+ T-lymphocyte count $<200 \text{ mL/mm}^3$ or $<14\%$ of total T-lymphocytes
- Candidiasis of the bronchi, trachea, or lungs
- Candidiasis, esophageal
- Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extra-pulmonary
- Cryptosporidiosis, chronic intestinal
- Cytomegalovirus disease
- Cytomegalovirus retinitis
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcers or bronctis, pneumonitis or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal
- Kaposi's Sarcoma
- Lymphoma, Burkitt's
- Lymphoma, immunoblastic
- Lymphoma, primary in the brain
- *Mycobacterium avium* complex or *M kansasii*, disseminated or extrapulmonary
- *Mycobacterium tuberculosis*, any site
- *Pneumocystis carinii* pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of the brain
- Wasting syndrome due to HIV

The pediatric AIDS case definition (children 12 years of age and younger) includes all of the above indicator diseases except pulmonary *Mycobacterium tuberculosis*, cervical cancer and CD4+ T-lymphocyte counts $<200 \text{ mL/mm}^3$ or $<14\%$ of total T-lymphocytes. In addition, recurrent bacterial infections (at least two episodes within a two year period) and lymphoid interstitial pneumonia/pulmonary lymphoid hyperplasia (LIP/PHL) are AIDS defining conditions for HIV infected children.

The original case definition of AIDS was established by the Centers for Disease Control (CDC) in 1981. Additional conditions and dis-

eases were added in 1985, 1987, and 1993. All case definitions and revisions have been published in the CDC's publication entitled 'Morbidity and Mortality Weekly Report' (MMWR).

Recent changes in Reporting Law (SB 1184) include a provision for reporting of all CD4+ counts to facilitate the identification of all AIDS cases in a more timely manner.

What information is required to be reported?

Reports of HIV and AIDS cases to the local health department shall minimally include: name, address, telephone number, full Social Security Number, racial/ethnic group, gender, date of birth, mode of transmission information, diagnosis (HIV or AIDS), and date of diagnosis. In addition, name, address, and phone number of the person or facility making the report should be provided.

The Community Epidemiology Branch is required by law to protect the privacy of any individual reported with HIV or AIDS.

How should a report be made?

Providers can submit a confidential case report form available from County of San Diego, Health and Human Services Agency. Forms can be sent to:

Michael Bursaw, MPH
Epidemiology Program
Epidemiology & Immunization Services Branch
Health and Human Services Agency
1700 Pacific Highway, Room 107, MS P577
San Diego, CA 92101

Providers also have the option of reporting cases by phone. For a reporting kit or any additional information, call the Epidemiology Program at (619) 515-6675, or visit:

www.sdhiv aids.org.

Why is reporting necessary?

The law requires reporting of diagnosed HIV and AIDS cases. California's disease reporting regulations specify what, when, where, and how to report cases.

Timely and accurate HIV/AIDS case reports provide this county with a better understanding of our local epidemic. Epidemiologists can monitor trends in populations being affected by HIV infection, project future numbers of AIDS cases, and provide information to those responsible for planning for future health care needs and prevention activities.

Failure to report in a timely manner may have an impact on current and projected funding needs. Funding formulas using data which represents under-reporting of HIV or AIDS cases may translate into under funded programs and services for those with HIV disease.

A summary of legislation related to the case reporting, confidentiality, and surveillance activities supported in the California Code of Regulations is available by calling the Community Epidemiology Branch at (619)515-6675. For a copy of the regulations and more information on HIV/AIDS reporting go to:

www.dhs.ca.gov/AIDS

Additional information about reporting and HIV/AIDS in San Diego County may be found at:

<http://www2.sdcounty.ca.gov/hhsa/documentsPhysiciansBulletinDecember2008.pdf>

Appendix 4. Computing Rates, Rates by Racial/Ethnic Groups and Statistics.

Rates provide a better indication of the burden of disease for a given population than absolute numbers of cases. A rate allows populations with dissimilar sizes to be compared. Rates may be based on the population at large (for AIDS rates) or a subpopulation utilizing services (clients presenting for HIV Counseling and Testing [HCT] for HCT rates) or individuals in a research study (sexually transmitted disease [STD] seroprevalence study).

Rate Calculation

A rate is calculated by dividing the number of individuals with a disease/condition in a given time period by the population size and multiplied by 100,000:

$$\frac{\text{Number with disease/condition}}{\text{Number at risk for disease/condition}} \times 100,000 = \text{Rate per 100,000}$$

For example, in the year 2001, there were 434 individuals diagnosed with AIDS. When the number of cases (434) is divided by the population size (2,868,873) and multiplied by 100,000, the resulting rate is:

$$\frac{434}{2,868,873} \times 100,000 = 15 \text{ AIDS cases per 100,000 County residents}$$

Rates by racial/ethnic groups are computed by dividing the number of individuals with AIDS from a particular racial/ethnic group by the number of that same racial/ethnic group in the population at large. For example, in 2005 there were 204 AIDS cases in whites and 46 cases in African Americans. This represented 50% (white) and 11% (African Americans) respectively of all cases diagnosed that year. Based only on the absolute numbers (204 and 46) or the percentages (50% and 11%), it would appear that the greater issue is in whites. Using rates allows us to compare the relative burden of disease on each group by taking into account the population size. In 2005, there were 1,574,617 whites and 161,033 African Americans residing in the County. If the population sizes are taken into account and use the calculation above, the AIDS case rate per 100,000 population is 13 for whites and 29 for African Americans. So, the burden of disease is much higher for African Americans than for whites.

Rates for many diseases are presented as “per 100,000 population” as shown above. This is done, by convention, to make the calculated number easier to use. Some rates may use other multipliers for the population. For example, infant mortality rate is calculated per 1,000 live births.

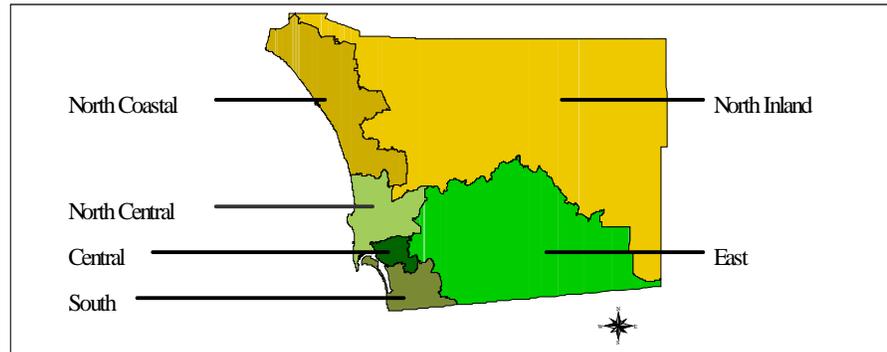
In San Diego County, the rates are generally calculated using population estimates calculated by the San Diego Association of Governments (SANDAG). Because the US Census is only done every ten years, and the population of San Diego County is very dynamic, these SANDAG estimates allow for more up to date rates for comparison. SANDAG does revise estimates over time, as new information becomes available, so it should be remembered that small differences in rates may be seen, even over the same time period.

Fluctuation in rates occurs over time and between groups. The smaller the number of events (i.e., cases), the greater the fluctuation. Statistical tests are often used to determine when one rate is different from another. When rates are described here ‘statistically significant’ or ‘significant’, the rates can be said to be different from each other with 95% confidence ($p < .05$).

Appendix 5. Health and Human Services Agency (HHS) Regions of San Diego

San Diego County is divided into six Health and Human Services Agency regions by zip code. The following list presents the regions and the zip codes contained therein.

Figure 12:
HHS Regions of
San Diego County



Central Area

Zip codes 92101, 92102, 92103, 92104, 92105, 92113, 92114, 92115, 92116, 92132, 92134, 92136, 92139, 92112, 92162, 92163, 92164, 92165, 92170, 92175, 92176, 92186, 92191, 92194, 92186, 92191, 92194, 92199, 92152, 92158, 92181, 92187, 92191, 92194, and 92195.

East Area

Zip codes 91901, 91905, 91906, 91916, 91917, 91931, 91934, 91935, 91941, 91942, 91945, 91948, 91962, 91963, 91977, 91978, 91980, 92019, 92020, 92021, 92040, 92071, 91944, 92090, 91946, and 92090.

South

Zip codes 91902, 91910, 91911, 91913, 91914, 91915, 91932, 91950, 92010, 92011, 92118, 91921, 91990, 92135, 92154, 92155, 92173, 92179, 91909, 91912, 92143, 91951, 91933, 92073, 92050, 92153, 92158, 91921, and 91990.

North Coastal

Zip codes 92007, 92008, 92009, 92013, 92014, 92024, 92051, 92052, 92054, 92055, 92056, 92057, 92067, 92013, 92058, 92068, 92075, 92077, 92081, 92083, 92084, 92672, 92092, 92093, 92169, 92161, 92038, 92137, 92078, 92091, 92199, 92096, 92013, 92078, 92091, 92077, 92081, 92008, 92058, and 92096.

North Inland

Zip codes 92003, 92004, 92025, 92026, 92027, 92028, 92029, 92036, 92059, 92060, 92061, 92064, 92065, 92066, 92069, 92070, 92082, 92086, 92127, 92128, 92129, 92259, 92390, 92536, 92592, 92046, 92198, 92190, and 92079.

North Central

Zip codes 92037, 92106, 92107, 92108, 92109, 92110, 92111, 92117, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92130, 92131, 92133, 92140, 92142, 92145, 92138, 92147, 92166, 92168, 92171, 92172, 91990, 92193, 92196, 92177, and 92147.

V. DATA SOURCES

County of San Diego, HIV/AIDS Epidemiology Unit
HIV/AIDS Surveillance Report, 2007 (Vol 19). Centers for Disease Control and Prevention
HIV/AIDS Surveillance in California, 2008. California Department of Public Health, Office of
AIDS
SANDAG Population Estimates

Additional information may be found at:

www.sdhivaids.org

www2.sdcountry.ca.gov/hhsa/documentsPhysiciansBulletinDecember2008.pdf



HIV/AIDS SURVEILLANCE

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