

AIDS IN BLACKS

COUNTY OF SAN DIEGO, 2007

County of San Diego

**Health and Human
Services Agency,
HIV/AIDS Epidemiology Unit**



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AIDS DATA

The first black resident of San Diego county with AIDS was diagnosed in 1984. Since then, blacks have made up 12.2% of individuals diagnosed with AIDS in the County; blacks have the third highest number of cases diagnosed each year following whites and Hispanics. Blacks constitute only about 5% of the population of the County of San Diego and are, therefore, overrepresented in the local AIDS population (see Table 1).

The proportion of AIDS cases diagnosed in blacks has been consistently about two and a half times the proportion of blacks in the general population. Blacks make up about 13% (2000) of the US population which

is higher than in the County of San Diego (5% in 2000). The 14-18% of AIDS cases that are black in the County of San Diego, is less disproportionate to population than the Centers for Disease Control and Prevention (CDC) 2003 estimate of 49.6%.

Whites have had the largest number of AIDS cases in the County of San Diego each year, but blacks have had the highest rate of AIDS cases since the mid-1980s. This rate, measured per 100,000 persons, more accurately reflects the relative disease burden in each group (i.e., race/ethnicity, age, etc). The rate of AIDS in blacks is 2-3 times that of Hispanics and 3-4 times that of whites (see Table 2 and Figure 1). Like the proportion of cases in

TABLE 1

Proportion of the Black Population in San Diego County and Among County AIDS Cases, 2001-2006, San Diego County

year	San Diego County		AIDS Cases	
	population*	% Black	diagnosed	% Black
2001	2,856,000	5	436	17
2002	2,908,505	5	449	16
2003	2,961,579	5	430	18
2004	3,014,204	5	411	13
2005	3,051,280	5	386	11
2006	3,066,820	5	319	13

*SanDAG population estimate.

TABLE 2:

Number and Rate of AIDS Cases in Whites, Blacks, and Hispanics, 2001-2006, San Diego County

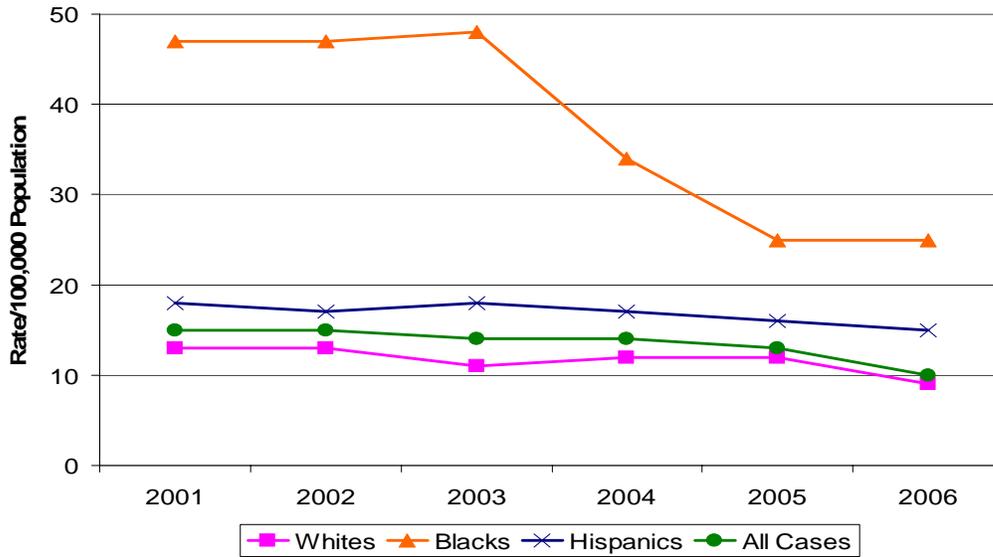
year	White		Black		Hispanic		All Race/Ethnicity	
	cases	rate**	cases	rate**	cases	rate**	cases	rate**
2001	200	13	73	47	145	18	436	15
2002	216	13	74	47	144	17	449	15
2003	181	11	78	48	156	18	430	14
2004	196	12	54	34	144	17	411	14
2005	196	12	41	25	137	16	386	13
2006*	137	9	41	25	130	15	319	10

*additional 2006 cases are expected to be reported through out 2007.

**Per 100,000 population.

FIGURE 1

Rate of AIDS cases in Whites, Blacks, and Hispanics, 2001-2006, San Diego County.



blacks, the rate of AIDS diagnoses in blacks in 2005 (25 per 100,000) in San Diego County is less than half of the US rate (59.0 per 100,000) estimated by the CDC in the same year. It should be noted, that there has been a significant decline in the rate of black AIDS cases in the last several years. Rates have declined from 47-48/100,000 in 2001-2003 to 25/100,000 in 2005 and 2006.

Asian/Pacific Islander cases are not

presented separately in the tables because of small numbers. They are included in “all case” data.

GENDER

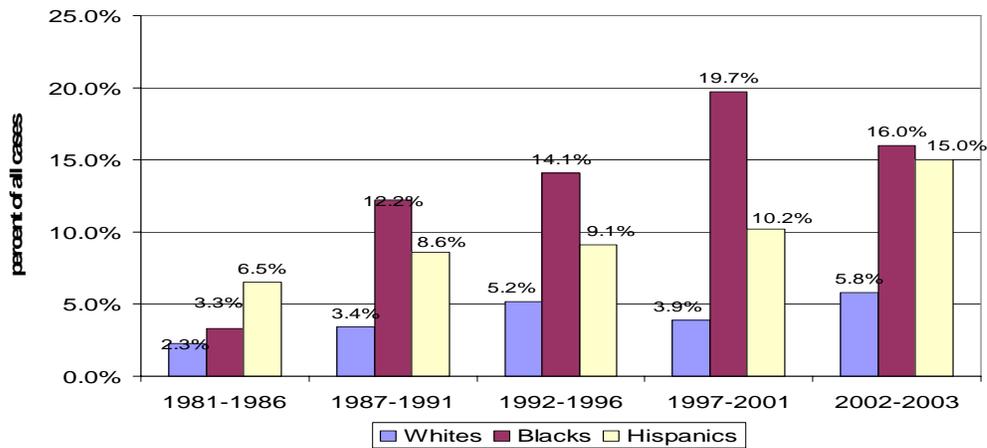
More men than women are diagnosed with AIDS each year in all racial/ethnic groups. The cumulative percent of females in black AIDS cases is higher than in whites or Hispanics (see Table 3 and Figure 2). The pro-

TABLE 3:
Proportion of Female AIDS Cases by Race/Ethnicity, San Diego County

time period	Race/Ethnicity							
	White		Black		Hispanic		All Cases	
	total cases	% women	total cases	% women	total cases	% women	total cases	% women
1981-1986	389	2.3	30	3.3	46	6.5	469	2.8
1987-1991	2,430	3.4	337	12.2	479	8.6	3,306	5.1
1992-1996	3,130	5.2	583	14.1	983	9.1	4,844	7.4
1997-2001	1,169	6.9	375	19.7	781	10.2	2,401	10.3
2002-2006	926	5.8	288	16	711	15	1,995	10.9
cumulative	8,044	4.8	1,613	15.1	3,000	10.7	13,015	7.7

FIGURE 2

Percent of White, Black, and Hispanic AIDS Cases Diagnosed in Women Over Time, San Diego County



portion of female cases in each racial/ethnic group has been increasing over time. The increase over time periods is significant in whites ($p < 0.001$), blacks ($p = 0.033$), and Hispanics ($p < 0.001$).

The AIDS case rate in black males (51/100,000 in 2004) is more than twice that seen in white males (22/100,000 in 2004) and almost twice that in Hispanic males (27/100,000 in 2004). Differences in rates in female cases are even more pronounced. The rate in black female cases (13/100,000 in 2004) is 9-10 times that seen in white female cases (1/100,000 in 2004) and more than twice that seen in Hispanic female cases (5/100,000 in 2004). Over the course of the epidemic, the proportion of female black AIDS cases is three times greater than that seen in whites and 50% higher than in Hispanics. The proportion of females in recent (2002-2006) white and black cases in San Diego County is about half that estimated by the CDC in the US (2005).

AGE AT DIAGNOSIS

The mean age at diagnosis of cumulative AIDS cases in blacks, 36.9 years, is statistically significantly younger than in whites (38.9 years, $p < 0.001$), but significantly older than in Hispanics (36.1 years, $p = 0.021$) (see Table 4). In recent years, 2002-2006, blacks have remained significantly younger at diagnosis than whites ($p < 0.001$) but not significantly older than Hispanics ($p = 0.975$).

Cumulatively, age at diagnosis is most often in the 30-39 year age range and blacks have a greater proportion in this group than whites or Hispanics (see Figure 3). Over time however, the mean age at diagnosis has increased in all racial/ethnic groups so that there has been a shift in mean age to the 40-49 year range for all cases. When grouped by race/ethnicity, only whites are, on average, in the 40-49 age range (see Table 4).

The number of cumulative pediatric cases (diagnosis in those under thirteen years

TABLE 4

Mean and Median, and Age Range at Time of AIDS Diagnosis in Whites, Blacks, and Hispanics, Recent and Cumulative Cases, San Diego County

	White		Black		Hispanic		All Races/Ethnicities	
	recent*	all**	recent*	all**	recent*	all**	recent*	all**
mean age (years)	42.1	38.9	39.4	36.9	38.4	36.1	40.2	37.9
median age (years)	41.5	37.0	39.0	36.0	37.0	35.0	40.0	37.0
range (years)	4-84	0-92	5-69	0-71	5-69	9-83	4-84	0-92
total cases	926	8,044	288	1,613	711	3,000	1,995	13,015

*2002-2006.

**1981-2006

of age), is the same for blacks and whites, but the proportion in blacks (0.8%) is four times that seen in whites (0.2%). This proportion in blacks is one-third lower than that seen in Hispanics (1.2%). Small numbers of pediatric cases mean that the significance of these differences cannot be determined and these data should be interpreted with caution.

It should be noted that although there are statistical differences in mean age at diagnosis across race/ethnicities, it is unlikely that

these represent clinically significant differences.

CURRENT AGE

More than half (53%) of the individuals who were diagnosed with AIDS in the County of San Diego were deceased by December 31, 2006. In black cases alive in 2006, the mean age was 45.0 years (see Table 5). Among those alive in 2006, blacks were significantly younger than whites ($p < 0.001$) and signifi-

FIGURE 3

Percent of Cumulative AIDS Cases by Age Groups in Whites, Blacks, and Hispanics, San Diego County

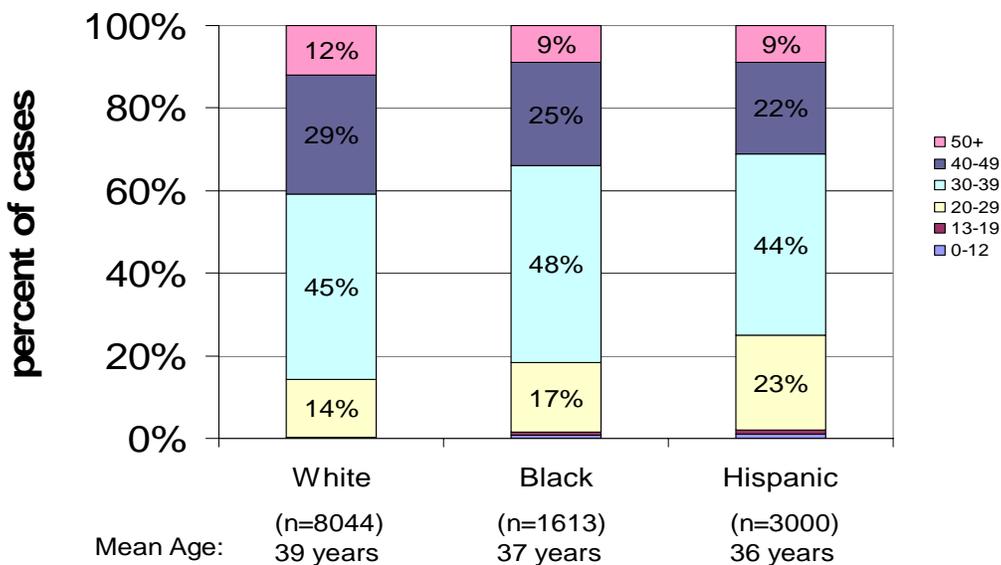


TABLE 5

Current (2006) Age of White, Black, and Hispanic Individuals Living with AIDS, San Diego County

Age Measure	Race/Ethnicity			All Races/ Ethnicities
	White	Black	Hispanic	
Mean age (years)	47.5	45.0	42.8	45.6
Median age (years)	46.0	45.0	42.0	45.0
Range (years)	7-83	7-79	5-85	5-85
Total cases	3,331	818	1,798	6,140

cantly older than Hispanics ($p < 0.001$).

Again, it should be noted that, although there are statistical differences in current age across races/ethnicities, these differences are not likely to be clinically significant.

AGE AT DEATH

About 49% of blacks diagnosed with AIDS in the County of San Diego had died by the end of 2006. The average age at death in black cases diagnosed after 1986 is 39.5 years. Whites (41.6 years) were, on average, slightly older at time of death and Hispanics (39.3 years) slightly younger than blacks but these differences are not significant. In recent years (2002-2006) the average age at death for blacks has increased to 42.8 years; blacks are younger at death than whites (47.9 years) and are

younger than Hispanics (47.3), unlike previous time periods. The overall increase in age at death may reflect both diagnoses at older ages and increased life expectancy that come with more and better therapy options.

MODE OF HIV TRANSMISSION

Men who have sex with men (MSM) has been and continues to be the most commonly reported mode of HIV transmission among men with AIDS, regardless of ethnic/racial group (see Table 6). Although the proportion of MSM AIDS cases has significantly declined in whites over 5-year time periods, it has been relatively stable in blacks with about two-thirds of cases attributed to this mode of transmission. Black men/adolescents have the

TABLE 6

Mode of HIV Transmission Among Adult/Adolescent White, Black, and Hispanic Men with AIDS, San Diego County

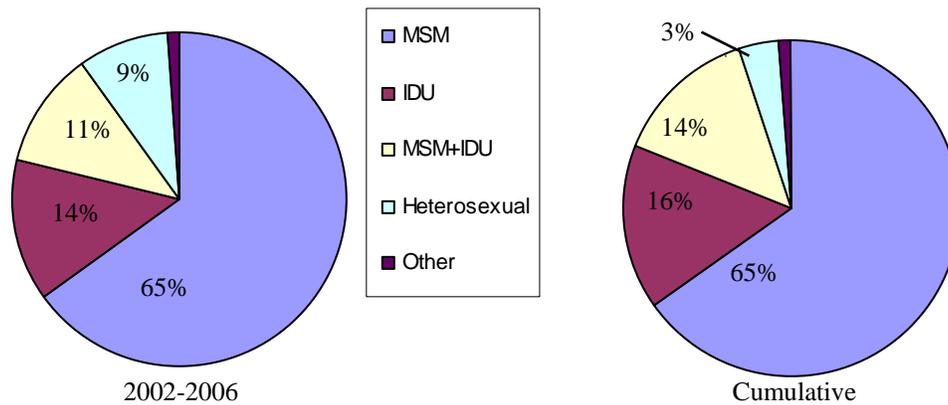
	Race/Ethnicity						All Races/ Ethnicities	
	White		Black		Hispanic		recent*	cumulative
	recent*	cumulative	recent*	cumulative	recent*	cumulative		
MSM	77%	83%	65%	65%	77%	77%	67%	83%
IDU	8%	4%	14%	16%	9%	9%	10%	4%
MSM+IDU	12%	11%	11%	14%	5%	9%	9%	11%
Heterosexual	3%	1%	9%	4%	8%	3%	13%	1%
Other**	<1%	1%	1%	1%	1%	2%	1%	1%
total in group	872	7,655	242	1,369	604	2,680	1,778	12,008

*2002-2006

**includes transfusion, transplantation, hemophilia, and not specified

FIGURE 4

Recent (2002-2006) and Cumulative Modes of HIV Transmission in Black Males, San Diego County



lowest proportion of AIDS cases diagnosed in MSM but injecting drug use (IDU) is significantly more commonly reported as mode of transmission for HIV in black men than in whites ($p < 0.001$) or Hispanics ($p < 0.001$) and this proportion has remained relatively stable over time with small fluctuations. The proportion of black adult/adolescent AIDS cases with MSM+IDU, however, decreased over time (see Figure 4). Heterosexual transmission among males has increased significantly over time intervals in blacks, whites, and Hispanics. Very few recent cases (2002-2006) have resulted from receiving blood products

or transplanted tissues.

The proportion of MSM in black AIDS cases in recent years, 65%, is higher in San Diego County than the CDC 2005 national estimate (44%). The CDC estimates for IDU (28%) and heterosexual transmission (19%) in black males were higher than the proportions seen in the County (16% and 3% respectively).

In adult/adolescent women, heterosexual contact is the most commonly reported mode of HIV transmission (see Table 7). The proportion of cases in black women listing heterosexual contact as mode of transmission has increased significantly ($p = 0.002$) over time

TABLE 7

Mode of HIV Transmission Among Adult/Adolescent White, Black, and Hispanic Women with AIDS, San Diego County

	Race/Ethnicity						All Races/ Ethnicities	
	White		Black		Hispanic		recent*	cumulative
	recent*	cumulative	recent*	cumulative	recent*	cumulative		
Heterosexual	63%	44%	76%	54%	83%	64%	76%	54%
IDU	35%	43%	22%	41%	13%	23%	21%	35%
Blood/tissue#	0%	10%	2%	3%	1%	6%	1%	7%
Other**	2%	3%	0%	1%	3%	7%	2%	4%
Total in group	54	389	46	244	107	320	217	1,007

* 2000-2004.

**Includes partner with known HIV, maternal transmission, and risk not specified.

#Includes recipients of blood, blood products, tissues in transfusions/transplantations, and artificial insemination.

while the proportion with IDU has decreased significantly ($p < 0.001$). The proportion of IDU in black adult/adolescent female cases is lower than that seen in whites but higher than in Hispanics. Few cases in recent years have resulted from transfusion or transplantation of tissues in women. Unlike cases in black men, the CDC 2005 estimate for black female AIDS cases for proportion of heterosexual (66%) is lower than in the County (76%) but the CDC estimate for IDU (31%) is higher than the County (22%).

COUNTRY OF ORIGIN

The vast majority (95.2%) of black cases, like white cases, were born in the United States (see Table 8). Of the seventy-five black cases not born in the US or a US dependency, 72% were born in sub-Saharan Africa. Sub-Saharan countries of origin include Ethiopia, Uganda, Kenya, the Democratic Republic of Congo, and the Somali Republic. Thirteen percent of these cases are of Caribbean origin. An additional 4-5% of cases each are from Asia, Europe, and Central or South America. In contrast, the majority of whites born outside the US or a US dependency were born in Europe and Canada, and the majority of Hispanic cases born outside the

US or a US dependency, mainly in Mexico.

It should be remembered that it is not possible, with the current database, to determine how long a person with AIDS born outside the US or its territories has been resident in the US. It is possible that a case born outside the US has lived here for all but a few months of his or her life. It is therefore not possible to assess acculturation or how being born outside the US impacts risk factors.

RESIDENCE AT DIAGNOSIS

The majority (81.6%) of blacks cumulatively and recently diagnosed in the County of San Diego were living in the city of San Diego at the time of their diagnosis. This was followed, in cumulative cases, by Oceanside, Spring Valley, Chula Vista, El Cajon, National City, Vista, La Mesa, and Lemon Grove. In recent cases, the city of San Diego is followed by Spring Valley, Oceanside, Lemon Grove, Chula Vista, and El Cajon.

The city of San Diego encompasses a wide geographic area, extending outward from the Health and Human Services Agency (HHSA) Central Region. Almost 70% of cumulative black cases were living in the Central Region at the time of their diagnosis, somewhat more than the 60% of white cases in this

TABLE 8

Country of Origin of Cumulative White, Black, and Hispanic AIDS Cases, San Diego County

	Race/Ethnicity			All Cases*
	White	Black	Hispanic	
USA	97.7%	95.2%	39.1%	82.7%
US Dependency	0.1%	0.1%	2.2%	0.7%
Other/Unknown	2.2%	4.7%	58.7%	16.6%
Total in group	8,042	1,610	3,000	13,015

TABLE 9

HHSA Region of Residence at Diagnosis in Cumulative and Recent AIDS Cases, by Race/Ethnicity, San Diego County

Region	Race/Ethnicity						All Cases	
	White		Black		Hispanic		cumulative	recent*
	cumulative	recent*	cumulative	recent*	cumulative	recent*		
Central	59.7%	59.3%	69.2%	63.5%	47.9%	38.8%	57.9%	52.5%
East	7.4%	6.5%	6.8%	9.4%	6.0%	6.8%	7.1%	7.1%
South	4.5%	7.7%	7.9%	9.4%	26.3%	36.5%	10.1%	18.2%
North Coastal	7.3%	6.5%	5.3%	5.6%	7.1%	8.2%	7.1%	7.1%
North Inland	4.9%	5.3%	1.7%	2.5%	4.7%	4.5%	4.5%	4.6%
North Central	16.0%	14.8%	9.1%	9.4%	8.0%	5.2%	13.3%	10.5%
Total	8,044	926	1,613	288	3,000	709	13,015	1,993

*2002-2006

Note: percentages may not total 100 due to rounding.

Region (see Table 9). The North Central and South Regions had 8-9% of black cases each, while the North Coastal Region had about 6% of cases. The East Region had about 7% of black cases and the North Inland Region had only about 2% of black cases at the time of diagnosis. Proportion of black cases in each region appear to have had very little change over time but there has been a significant decrease in the proportion of black cases in the Central Region over time ($p < 0.001$).

FACILITY OF DIAGNOSIS

AIDS is one of over eighty diseases which must, by law, be reported by the diagnosing health care provider to the local health department. Individual cases are reported from hospitals, private medical offices, public clinics, prisons, and other locations. More diagnoses have been made in the inpatient or outpatient hospital setting than in any other setting. Cumulatively, a significantly ($p < 0.001$) greater proportion of blacks (59%) were diagnosed in the hospital setting than

whites (46%) or Hispanics (44%). A smaller proportion of blacks (15%) were diagnosed by private medical providers or HMOs than whites (27%; $p < 0.001$) or Hispanics (19%; $p = 0.003$). A similar pattern is seen in recent cases (2002-2006).

In cumulative cases, blacks cases are three times as likely to be diagnosed in a correctional facility than white cases ($p < 0.001$) and almost 60% more likely than Hispanic cases ($p = 0.037$), but these cases comprise only 2.5% of all black cases. In recent cases, those diagnosed in a correctional facility comprise 4.9% of black cases, but this is only 14 cases and there are no significant differences between black, white, and Hispanic cases.

TIME FROM HIV TO AIDS

The time from HIV to AIDS diagnosis varies somewhat across races/ethnicities. The mean number of months from HIV to AIDS diagnosis is similar in whites (32 months) and blacks (31 months), but significantly lower in Hispanics (24 months). Because these data are

highly skewed however, it is more appropriate to look at the proportion of cases with less than a year between HIV and AIDS diagnosis. When this proportion is looked at in cumulative cases, there is no significant difference between whites (53.6%) and blacks (56.0%) but both have significantly smaller proportions with less than a year from HIV to AIDS diagnosis than Hispanics (64.3%; $p < 0.001$).

When the proportion of cases with less than one year from HIV to AIDS diagnosis is examined over five-year time periods from 1987 to 2006, significant increases are seen in whites ($p < 0.001$), Hispanics ($p < 0.001$), and in all cases combined ($p < 0.001$) but not in blacks ($p = 0.606$) (see Figure 5). Hispanics have a significantly greater proportion of cases with less than a year between diagnoses than whites or blacks and blacks have a significantly higher proportion than whites in each time period, but the difference between blacks and whites

seems to have been decreasing over time. It is concerning that about half of all AIDS cases in the County have had less than a year between HIV and AIDS diagnosis.

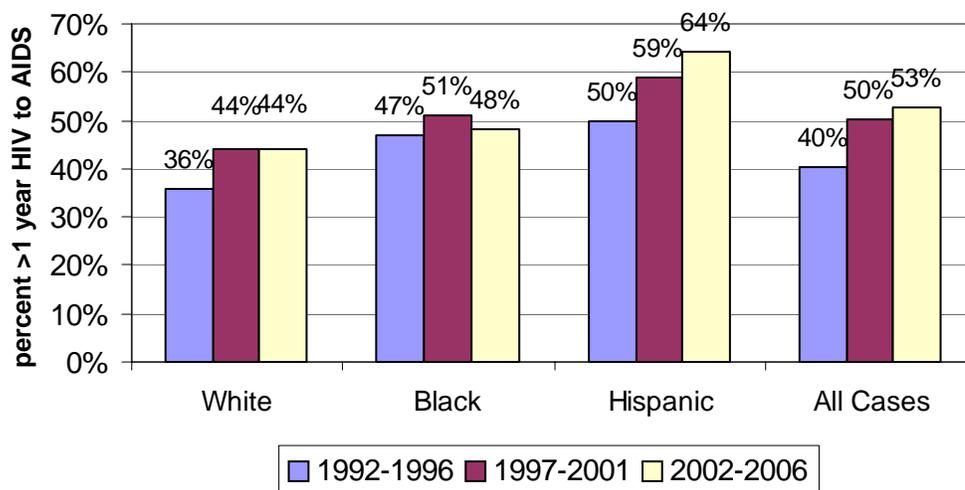
SURVIVAL

By the end of 2006, 49% of all black AIDS case diagnosed in the County, 59% of white cases, and 40% of Hispanic cases had died. The proportion of cases diagnosed in 2001 in San Diego County surviving less more 12, 24, and 36 months does not differ significantly across races/ethnicities (see Table 10). The year 2001 was chosen for comparison to CDC results for the same year; the proportion of Hispanics surviving more than 12 months ($p < 0.001$) and 24 months ($p = 0.041$) were significantly smaller than the CDC value.

The mean length of time from AIDS diagnosis to death in deceased cases varies over time (see Table 11). There has been a general

FIGURE 5

Percent of Cases with Less Than 1 Year from HIV to AIDS Diagnosis by Race/Ethnicity and Five-Year Time Periods, San Diego County



increase in survival time over 5-year intervals. Part of this results from increased therapy options prolonging the lives of cases after diagnosis. Changes in case definition to include conditions that arise earlier in HIV disease, such as lowered CD₄ counts, also increase survival times by providing earlier diagnoses.

The data in the earlier time periods is skewed and so should be interpreted with caution. Use of proportion surviving categorical time periods (i.e., >12, 24, and 36 months) may provide a less biased representation of survival over all (see Table 10).

In general there has been an increase in

TABLE 10
Proportion of AIDS Cases Diagnosed in 2001 Surviving More Than 12, 24, and 36 Months, by Race/Ethnicity, Comparing to CDC Data, 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	0.92	0.89	0.88	0.87	0.86	0.86
Black	0.90	0.89	0.86	0.85	0.82	0.82
Hispanic	0.93	0.86	0.90	0.85	0.88	0.83

TABLE 11
Months from AIDS Diagnosis to Death and Percent Deceased AIDS Cases by Race/Ethnicity Over Time Periods, San Diego County

Race/Ethnicity	Months diagnosis to death	Time period of diagnosis				
		1981-1986	1987-1991	1992-1996	1997-2001	
White	mean	15.3	25.1	31.7	35.3	
	median	9.0	19.0	22.0	15.0	
	range	<1-157	<1-203	<1-176	<1-106	
	number deceased*	385	2,257	1,736	245	
	total cases	389	2,430	3,130	1,169	
	percent deceased	99%	93%	56%	21%	
	Black	mean	20.7	26.0	31.4	29.8
median	12.0	19.0	20.0	18.0		
range	1-119	<1-178	<1-151	<1-104		
Black	number deceased*	28	301	331	98	
	total cases	30	337	583	375	
	percent deceased	93%	89%	53%	26%	
	Hispanic	mean	16.9	23.0	30.7	23.9
	median	8.0	17.0	19.0	13.0	
range	<1-158	<1-179	<1-159	<1-112		
Hispanic	number deceased*	45	416	75	160	
	total cases	46	479	148	781	
	percent deceased	98%	87%	51%	21%	

*Deceased as of 31 December 2006.

the mean survival time of deceased cases over the time periods. Whites and blacks, among those who have died, have similar survival times although a somewhat larger proportion of blacks are deceased in recent time intervals. Of deceased cases, whites and blacks have longer mean survival times than Hispanics only in the 1997-2001 time period.

The longest survival times among deceased cases are seen in whites (203 months, 16.9 years) followed by Hispanics (179 months, 14.9 years) and blacks (178 months, 14.8). The true length of survival may be difficult to calculate, in part, because of a small number of cases who are not diagnosed with AIDS until their disease is advanced. For example, an opportunistic infection causing death may be the first indication for an AIDS diagnosis.

It is important to remember that only information on those cases who have died is presented in Table II. Each subsequent time interval contains a smaller proportion of those diagnosed because each time interval has a smaller proportion of deceased cases. In addition, each subsequent time period will have fewer months available from diagnosis to death. For this reason and because each race/ethnicity group has individuals who die soon after diagnosis, data for 2002-2006 is not included. It is not possible, at this time, to compare the 2002-2006 time interval to earlier periods.

Average length of survival to date in those AIDS cases who have not died is longer than in those who have died. The mean survival in years in blacks who were alive at the end of 2006 is 7.4 years. This is statistically significantly lower than the 8.2 years mean

survival in whites ($p < 0.001$), but significantly higher than the 6.7 mean years of survival in Hispanics ($p = 0.001$).

The length of survival in each racial/ethnic groups is also longer in those diagnosed after 1993 when the AIDS case definition was changed to included lowered CD4 counts or percentages. This case definition change meant AIDS could be diagnosed earlier in the course of the disease and, in combination with more therapy options, contributed to increased survival time.

LIMITATIONS

The data contained in this report are dependent on accurate reporting from health-care providers, laboratories and patients. Patients, for many reasons, may not wish to provide accurate information to their healthcare providers for reporting. Healthcare providers may not report complete information, or data entry errors may occur. These inaccuracies may impact analysis.

Caution should be exercised in the analysis of the most recent time period because additional cases are likely to be reported over time. Retrospective case finding will continue and it is expected that cases diagnosed in 2006 will be reported in 2007 and into 2008. Case reports are also updated as new information becomes available. When, for example, more information on risks is obtained the database is updated and this may impact proportions and rates used in analysis.

Some of the variables under study do not have sufficient numbers of occurrences to make statistical inferences. It is the policy of the County of San Diego, Health and Human

Service Agency not to report fewer than five individuals for any given variable, and when small numbers are presented, caution should be exercised in the interpretation of data presented. This is particularly true for pediatric AIDS cases.

In 1993 the AIDS case definition was modified by the CDC to include those HIV positive patients in whom the CD4 absolute count dropped below 200 or in whom the percent of CD4 cells fell below 14%. This increased the number of cases substantially and allowed for the identification of cases earlier in their disease progress. It is probable that this has increased both the number of surviving cases and the length of their survival from diagnosis to death.

Whenever possible, case information is updated as to vital status of cases. However, it is possible that some cases may have died but the death not reported to the HIV/AIDS Epidemiology Unit. Some of these cases may have left the area or state and died. This may result in inaccurate assumptions and survival calculations.

Difference in area population, particularly in comparison to the rest of the US may make comparisons to national data difficult. In the County, blacks make up about 5% of the population, but make up 13% of the national population, and may therefore may have a

greater impact on national than local statistics.

DATA SOURCES:

County of San Diego, HIV/AIDS Epidemiology Unit database and Annual Report, SANDAG population estimates, *HIV/AIDS Surveillance Report, 200* (Vol. 17), Centers for Disease Control and Prevention *Profiles of General Demographic Characteristics, 2000*, US Dept of Commerce