

AIDS IN YOUTH

COUNTY OF SAN DIEGO,
2007

County of San Diego

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



AIDS IN YOUTH, COUNTY OF SAN DIEGO, 2007

County of San Diego
Health and Human Services Agency
Public Health Services



Contact us for more information at:

Community Epidemiology Branch
HIV/AIDS Epidemiology Unit
1700 Pacific Highway, P577
San Diego, CA 92101

(619) 515-6620
(619) 515-6675

This report is available on the web at:

www.sdhivaid.org
(click on 'Reports and Statistics')

Jean Shepard, Director,
Health and Human Services Agency
Wilma Wooten, M.D., M.P.H.,
Public Health Officer
Michele Ginsberg, M.D.,
Chief, Community Epidemiology Branch

Michael Bursaw, M.P.H., (619) 515-6672
Ernie Awa, (619) 531-4818
Leticia Browning (619) 531-4921
Lyn Cardoza, (619) 515-6675
Lorri Freitas, M.P.H, (619) 515-6764
Lorena Gonzalez-Fabiny, (619) 515-6757
Minda Johnson, (619) 515-6762
Francisco McGann, (619) 515-6763
Susan Salgado, (619) 515-6612
Samantha Tweeten, Ph.D., (619) 515-6673

INTRODUCTION

The first cases of AIDS in youth, those aged 13-24 years, in San Diego County were seven cases diagnosed in 1985. Since then, 497 individuals in this age grouping have been diagnosed with AIDS and reported in the County of San Diego through 2006. These comprise 3.8% of all reported cases which is similar to the 4.2% reported nationally through 2004. The proportion of cases, and the case rate in this age group, reached its apex in 1992-1993, but has been essentially stable at 3-4% from 1987 to 2001; in recent years there has been a slight increase in this proportion (see Table 1).

GENDER

Of the 497 cumulative youth cases reported since 1985, 68 (13.7%) are female (see Ta-

ble 2). This is in contrast to cases older than 24 years in whom 7.5% are female. The proportion of female cases has increased significantly over time in both youth ($p=0.003$) and in older ($p<0.001$) cases.

RACE/ETHNICITY

Almost 40% of youth AIDS cases in San Diego County have been Hispanic (39.8%) and 39.6% have been white (see Table 3). Youth cases are twice as likely to be black ($p<0.001$) and almost three times more likely to be Hispanic ($p<0.001$) than non-youth cases.

The proportion of youth AIDS cases who are white has significantly decreased ($p<0.001$) over time, while the proportion who are Hispanic has significantly increased over time ($p<0.001$) (see Table 4). The proportion of

TABLE 1:
Proportion of Youth and Non-Youth AIDS Cases Over 5-Year Time Periods, San Diego County

	Time Period of Diagnosis					Cumulative	Total Cases
	before 1987	1987-1991	1992-1996	1997-2001	2002-2006		
Youth (13-24)	4.9%	3.6%	3.6%	3.3%	4.9%	3.8%	497
Non-Youth (>24)	95.1%	96.4%	96.4%	96.7%	95.1%	96.2%	12,518
Total Cases	469	3,306	4,844	2,401	1,995	13,015	

TABLE 2:
Male and Female Youth and Non-Youth AIDS Cases Over 5-Year Time Periods, San Diego County

	Youth (13-24 Years)		Not Youth (>25 Years)	
	Male	Female	Male	Female
before 1987	95.7%	4.3%	97.3%	2.7%
1987-1991	92.5%	7.5%	95.0%	5.0%
1992-1996	85.8%	14.2%	92.8%	7.2%
1997-2001	82.5%	17.5%	89.9%	10.1%
2002-2006	80.6%	19.4%	89.6%	10.4%
cumulative	86.3%	13.7%	92.5%	7.5%
Total Cases	429	68	11579	939

TABLE 3:

Percent of Cumulative Youth and Non-Youth AIDS Cases by Race/Ethnicity, San Diego County

	Race/Ethnicity				Total
	White	Black	Hispanic	Other*	
Youth	39.6%	16.1%	39.8%	4.4%	497
Non-Youth	62.7%	12.2%	22.4%	2.6%	12,518
Total	8,044	1,613	3,000	358	13,015

*Includes Asian, Pacific Islander, and Native American.

Note: Percentages may not total 100 due to rounding.

these cases who are black, has not changed over time (p=0.998).

AGE AT DIAGNOSIS

The majority (55.9%) of youth AIDS cases diagnosed in San Diego County were over 18 years of age when diagnosed (see Table 5 and Figure 1). Over 80% were over 20 years of age when diagnosed and almost 56% were 23 or 24 years of age. The majority (64.6%) of the youth AIDS cases were also over the age of 20 years when diagnosed with HIV.

Although these cases were youth at the point of HIV and of AIDS diagnosis, most were young adults, more likely to participate in sexual and drug activities than children who

are more likely to be maternally infected or have medical conditions, such as hemophilia, that have put them at greater risk of infection.

MODE OF TRANSMISSION

Both cumulative and recent (2002-2006) youth AIDS cases are more likely to report heterosexual contact as mode of transmission than non-youth cases (p<0.001 and p=0.013 respectively) (see Table 6). Because of their youth, these cumulative and recent cases are also more likely to have maternal transmission (p=0.041 and p<0.001 respectively). Although cumulative youth cases are less likely to be MSM or IDU (p<0.001 and p<0.001 respectively) than non-youth cases, recent cases do not differ

TABLE 4:

Changes in Proportion of Races/Ethnicities Over Time in Cumulative Youth AIDS Cases, San Diego County

Time Period of Diagnosis	Race/Ethnicity				Total
	White	Black	Hispanic	Other*	
before 1987	47.8%	30.4%	21.7%	0.0%	23
1987-1991	60.8%	18.3%	19.2%	1.7%	120
1992-1996	42.0%	12.5%	41.5%	4.0%	176
1997-2001	23.8%	15.0%	52.5%	8.8%	80
2002-2006	20.4%	17.3%	56.1%	6.1%	98
cumulative	39.6%	16.1%	39.8%	4.4%	497

*Includes Asian, Pacific Islander, Native American.

Note: percentages may not total 100 due to rounding.

TABLE 5:
Age at HIV and AIDS Diagnoses of Cumulative Youth AIDS Cases, San Diego County

Age (years)	At HIV Diagnosis		At AIDS Diagnosis	
	number	percent	number	percent
<13	13	2.6%	0	0
13-14	18	3.7%	13	2.6%
15-16	17	3.4%	11	2.2%
17-18	35	7.1%	18	3.6%
19-20	89	18.1%	47	9.4%
21-22	162	32.8%	130	26.2%
23-24	159	32.3%	278	55.9%
Total	493*		497	

*Age at HIV diagnosis missing for 4 cases.

Note: Percentage may not total 100 due to rounding.

FIGURE 1:
Age at HIV and AIDS Diagnosis of Cumulative Youth AIDS Cases, San Diego County

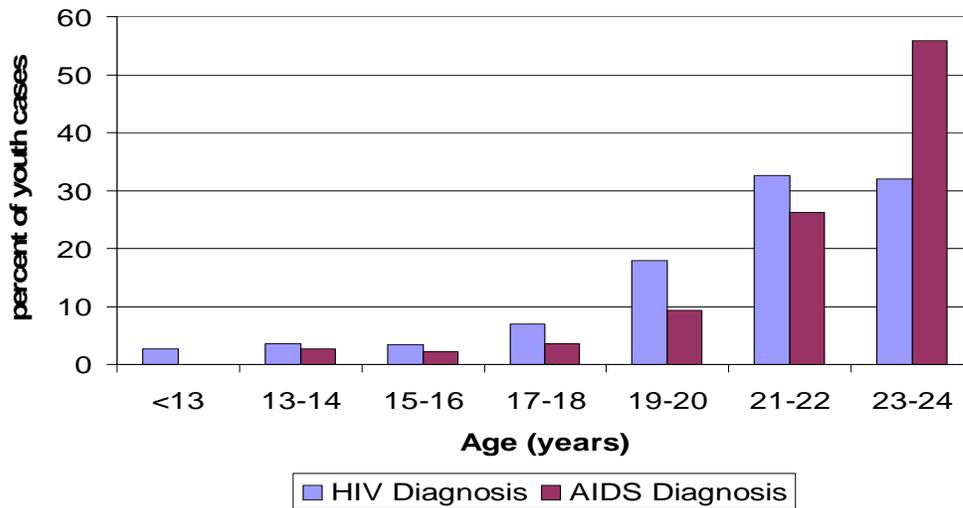


TABLE 6: Mode of Transmission in Cumulative and Recent (2002-2006) Youth and Non-Youth Cases, San Diego County

Mode of Transmission	Cumulative Cases		Recent (2002-2006) Cases	
	Youth (13-24 yrs)	Non-Youth (>24 yrs)	Youth (13-24 yrs)	Non-Youth (>24 yrs)
MSM	62.4%	73.5%	61.2%	67.2%
IDU	6.2%	8.9%	6.1%	10.2%
MSM+IDU	11.3%	10.0%	4.1%	8.9%
Heterosexual contact	12.7%	5.4%	21.4%	12.7%
Blood products/Hemophilia	5.6%	1.6%	0.0%	0.4%
Maternal	1.0%	0.4%	5.1%	0.2%
Risk not specified/Other	0.8%	0.3%	2.0%	0.5%
Total	497	12,518	98	1897

Note: Percentages may not total 100 due to rounding.

significantly from non-youth cases in these categories. This is primarily due to small numbers of cases in the recent time period. Cumulative youth cases are also more likely to have been exposed to HIV through blood products than non-youth cases ($p < 0.001$), recent cases do not differ.

When youth AIDS cases are separated by sex, 72.3% of the 429 cumulative males are MSM, and an additional 13.1% are MSM+IDU; a total of 85.4% of the male youth AIDS cases are MSM or MSM+IDU. Injecting drug use is reported in 5.8% and heterosexual contact in 2.6% of male cases. Of the 68 cumulative female youth AIDS cases, heterosexual contact is the most frequently reported (76.5%) followed by IDU (8.8%).

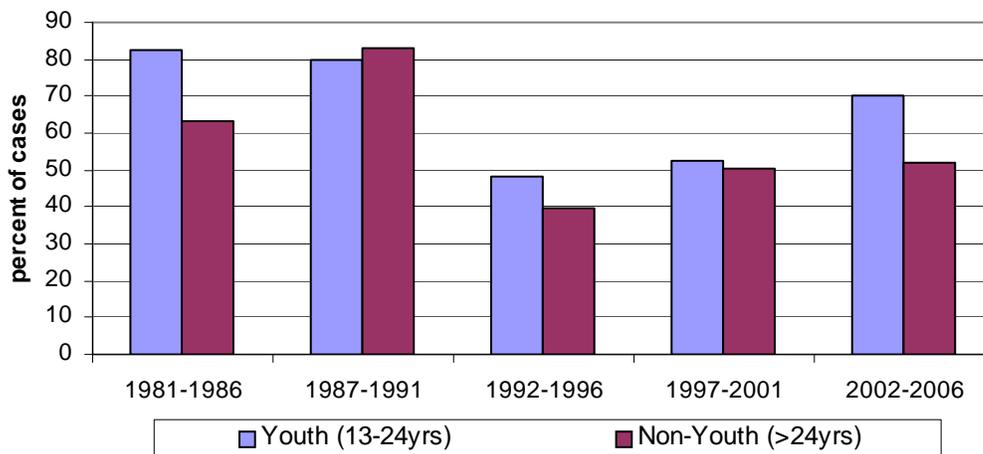
TIME FROM HIV TO AIDS

The average time from HIV diagnosis to AIDS diagnosis in cumulative cases of 16 months in youth is shorter than the average 30 months in non-youth ($p < 0.001$). These data are

skewed, however. Youth and non-youth cases also differ significantly in the proportion with less than a year between HIV and AIDS diagnoses; 62.6% of youth cases, in comparison to 55.5% of non-youth cases, have less than a year between diagnoses ($p = 0.002$). It is probable that healthcare providers do not adequately see possible risks for transmission in these younger patients and do not request testing. It is also probable that these younger persons do not feel themselves to be at risk and therefore do not seek testing.

The differences in recent (2002-2006) cases is more striking. While the average time from HIV diagnosis to AIDS diagnosis has increased in recent (2001-2006) non-youth cases (47 months), it has decreased in youth cases (14 months ($p < 0.001$)). In addition, the proportion of recent cases with less than a year between HIV and AIDS diagnoses has decreased in non-youth cases (51.7%) while it has increased in youth cases (70.4%) ($p < 0.001$) (see Figure 2). This may reflect, in part, the increasing pro-

FIGURE 2:
Proportion of Cumulative Youth and Non-Youth AIDS Cases with Time from HIV to AIDS Diagnosis in Less than 1 Year, San Diego County



portion of Hispanics as youth cases; Hispanics have a significantly proportion of cases with less than a year from HIV to AIDS diagnosis than other races/ethnicities. In 1997-2001, there was no significant difference between youth and non-youth cases in proportion having less than a year between HIV and AIDS diagnosis.

TIME FROM AIDS DIAGNOSIS TO DEATH

Of the 497 cumulative youth AIDS cases, 191 (38.4%) have died, compared to 53.4% of non-youth cases. This may be due to the increase in youth cases in more recent years. Cumulative deceased youth cases (mean 35 months) have a longer time between diagnosis and death than deceased non-youth cases (mean 26 months) (p=0.002). These data, however, are highly skewed and there is no significant difference in the proportion of cases with six months or less between diagnosis and death in youth (18.9%) and non-youth cases (18.8%) (p=0.977) or with one year or less between diagnosis and death (31.4% and 34.2% respectively, p=0.438).

COUNTRY OF ORIGIN

Both cumulative and recent youth AIDS cases are more likely to have been born

in Mexico and less likely to be born in the United States than non-youth cases (p<0.001) (see Table 7). There is no difference between youth and non-youth cases in terms of being born outside of the US or Mexico. These data do not provide information on how long a given case has resided in the US or level of acculturation.

AREA/RESIDENCE AT DIAGNOSIS

Like non-youth cases, more youth cases have been diagnosed while living in the Health and Human Services Agency (HHSA) Central Region (see Table 8). Both youth and non-youth cases have decreased in the Central Region and increased in the South Region over time. In both cumulative and recent cases, youth cases differ significantly (p=0.004) from non-youth cases in having a greater proportion from the South Region. This is likely due to the larger proportion of Hispanic youth cases; the South Region has a high proportion of Hispanic cases over all.

More than 70% of both youth and non-youth cumulative cases were diagnosed while living in San Diego (see Table 9). The remaining communities in the County had less than 4% of cases each. There are no significant dif-

TABLE 7:
Country of Origin of Cumulative and Recent (2002-2006) Youth and Non-Youth AIDS Cases, San Diego County

Origin	Cumulative				Recent (2002-2006)			
	Youth (13-24 years)		Non-Youth (>24 years)		Youth (13-24 years)		Non-Youth (>24 years)	
	number	percent	number	percent	number	percent	number	percent
USA	348	70.0%	10,409	83.2%	49	50.0%	1,326	69.9%
Mexico	119	23.9%	1,500	12.0%	39	39.8%	466	24.6%
Other	30	6.0%	609	4.9%	10	10.2%	105	5.5%
Total	497		12,518		98		1,897	

Note: Percentages may not total 100 due to rounding.

TABLE 8:

HHS Region of Residence at Time of Diagnosis in Cumulative and Recent (2002-2006) Youth and Non-Youth AIDS Cases, San Diego County

Region	Cumulative Cases		Recent (2002-2006) Cases	
	Youth (13-24 yrs)	Non-Youth (>24 yrs)	Youth (13-24 yrs)	Non-Youth (>24 yrs)
Central	57.1%	57.9%	43.9%	53.0%
East	7.3%	7.0%	8.2%	7.0%
South	13.9%	10.0%	27.6%	17.7%
North Coastal	6.0%	7.1%	6.1%	7.2%
North Inland	4.2%	4.5%	6.1%	4.5%
North Central	11.5%	13.4%	8.2%	10.6%
Total	496*	12,516*	98	1,895**

Note: Percentages may not total 100 due to rounding.

*1 missing youth case, 2 missing non-youth cases; **2 missing non-youth cases.

TABLE 9:

City of Residence at Time of AIDS Diagnosis in Cumulative Youth and Non-Youth AIDS Cases, San Diego County

City of Residence	Youth (13-24 yrs)	Non-Youth (>24 yrs)
Chula Vista	3.2%	3.5%
El Cajon	1.6%	2.0%
Escondido	2.2%	1.9%
La Mesa	1.2%	1.5%
National City	2.6%	1.4%
Oceanside	3.2%	2.9%
San Diego	73.4%	73.4%
Santee	1.4%	1.0%
San Ysidro	1.6%	1.4%
Spring Valley	1.6%	1.4%
Vista	1.4%	1.6%
Other*	6.6%	8.0%
Total	497	12,518

*Includes: Alpine, Bonita, Bonsall, Borrego Springs, Boulevard, Camp Pendleton, Camp, Cardiff by the Sea, Carlsbad, Coronado, Del Mar, Descanso, Dulzura, Encinitas, Fallbrook, Guatay, Imperial Beach, Jamul, Julian, Lakeside, Lemon Grove, Leucadia, Mount Laguna, Pauma Valley, Pine Valley, Pow er, Ramona, Ranchita, Rancho Santa Fe, San Luis Rey, San Marcos, Solana Beach, Valley Center.

ferences between youth and non-youth cases in city of residence at time of diagnosis.

FACILITY OF DIAGNOSIS

Cumulative youth AIDS cases are less likely to have been diagnosed by a private physician ($p < 0.001$), or as a hospital inpatient ($p = 0.041$) than non-youth cases (see Table 10).

Youth cases are more likely to have been diagnosed as a hospital outpatient ($p < 0.001$) or in a correctional facility ($p = 0.017$) although the number of cases diagnosed in a correctional facility is small so interpretation of this result is difficult. There is no significant difference in the proportion of youth AIDS cases diagnosed in an adult HIV clinic, reflecting the number

TABLE 10:

Facility of Diagnosis Type for Cumulative Youth and Non-Youth AIDS, San Diego County

Type of Facility	Youth (13-24 yrs)	Non-Youth (>24 yrs)	Total
Private physician/HMO	12.9%	21.2%	2,720
Hospital, inpatient	24.9%	29.2%	3,780
Hospital, outpatient	19.1%	12.8%	1,703
Adult HIV clinic	15.5%	13.9%	1,813
Pediatric HIV clinic	1.0%	<0.1%	13
Coroner	0.0%	0.2%	30
Correctional facility	2.2%	1.0%	142
Other/Unknown*	24.3%	21.5%	2,814
Total	497	12,518	13,015

*Includes TB Clinic, Emergency Department, cases with missing information, and cases entered into the database before this information was collected.

of youth cases over the age of 18 years. No youth cases have been diagnosed post-mortem.

REPORTED AIDS INDICATOR DISEASES

Cumulative youth AIDS cases were more likely to have a CD₄⁺ cell count below 200/ μ l or 14% than non-youth cases ($p < 0.001$) (see Table 11). They are more likely to have had cryptosporidiosis reported than non-youth cases ($p = 0.020$). Youth cases were also more likely to have pulmonary tuberculosis ($p = 0.036$), or disseminated or extrapulmonary tuberculosis ($p = 0.005$) reported than non-youth cases, but less likely to have *Mycobacterium avium* complex (MAC) reported ($p = 0.035$). Youth cases are also less likely to have had *Pneumocystis pneumonia* ($p = 0.002$), Kaposi's sarcoma ($p < 0.001$), or cytomegalovirus infection ($p = 0.040$) reported than non-youth cases.

It must be remembered that not all indicator conditions are reported to the County. Table 11 provides information on the reported conditions but may not provide a complete picture of the conditions experienced by all cases.

ADOLESCENTS AND YOUNG ADULTS

Youth cases may be divided into adolescents (aged 13-18 years) and young adults (aged 19-24 years). Adolescents make up 8.5% of the youth AIDS cases. The total number of youth cases is relatively small ($n = 497$), therefore analysis is limited to cumulative cases of adolescents and young adults. Female cases make up 28.6% of adolescent cases but only 12.3% of young adult cases (see Table 12). This is in part due to shifts in mode of transmission in the older group which includes a much higher proportion of MSM.

Adolescent and young adult cases differ in race/ethnicity. Adolescent cases are less likely to be white and more likely to be Hispanic than young adult cases ($p < 0.001$) (see Table 13). Pediatric (under the age of 13 years) HIV cases, which are more likely to be Hispanic, explains only part of this racial/ethnic difference.

The proportion of adolescent youth cases has generally increased over time (see Figure 3). Adolescents however, make up a small proportion of youth case over all. This

TABLE 11:

Reported AIDS Indicator Conditions in Cumulative Youth and Non-Youth AIDS Cases, San Diego County

Reported Indicator Condition*	Youth (13-24 yrs)		Non-Youth (>24 yrs)	
	number	percent**	number	percent**
CD4+ cell count <200/ μ l or <14%	210	42.3%	4004	32.0%
<i>Pneumocystis</i> pneumonia	106	21.3%	3456	27.6%
Wasting syndrome	82	16.5%	1995	15.9%
<i>Mycobacterium</i> , other species	62	12.5%	4	0.0%
Kaposi's sarcoma	36	7.2%	1543	12.3%
Candidiasis, esophageal	34	6.8%	981	7.8%
<i>Mycobacterium avium</i> complex or <i>M. kansasii</i>	29	5.8%	1066	8.5%
Cryptosporidiosis	28	5.6%	453	3.6%
<i>M. tuberculosis</i> , pulmonary	25	5.0%	413	3.3%
HIV encephalopathy	23	4.6%	796	6.4%
<i>M. tuberculosis</i> , disseminated or extrapulmonary	20	4.0%	269	2.1%
Cytomegalovirus	18	3.6%	726	5.8%
Cytomegalovirus retinitis	18	3.6%	595	4.8%
Herpes simplex, invasive or chronic	16	3.2%	289	2.3%
Toxoplasmosis of the brain	14	2.8%	284	2.3%
Immunoblastic lymphoma	6	1.2%	434	3.5%
Progressive multifocal leukoencephalopathy	6	1.2%	177	1.4%
Isosporiasis	4	0.8%	23	0.2%
Pneumonia, recurrent in 12-month period	3	0.6%	115	0.9%
Coccidiomycosis	3	0.6%	58	0.5%
Lymphoma, primary of the brain	2	0.4%	182	1.5%
Burkitt's lymphoma	2	0.4%	56	0.4%
Candidiasis, pulmonary	1	0.2%	83	0.7%
Histoplasmosis	1	0.2%	51	0.4%
<i>Salmonella</i> septicemia	0	0.0%	26	0.2%
Lymphoid interstitial pneumonia	0	0.0%	21	0.2%
Recurrent bacterial infections	0	0.0%	8	0.1%
Total Cases	497		12,518	

*May not be a complete list of all indicator diseases experienced by every case.

**Total percent will not be 100 because each case may experience more than one indicator condition.

TABLE 12:

Gender of Cumulative Adolescent and Young Adult Youth AIDS Cases, San Diego County

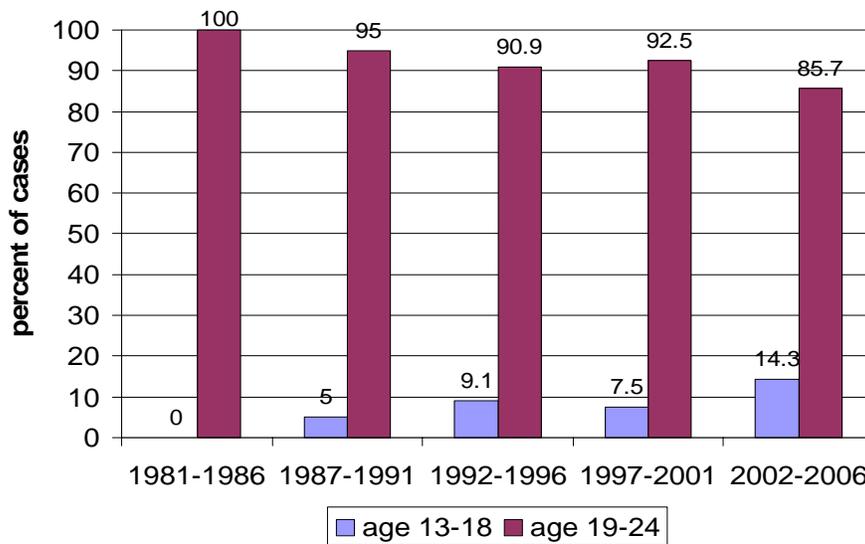
	Adolescent (13-18 years)	Young Adult (19-24 years)
Male	71.4%	87.7%
Female	28.6%	12.3%
Total	42	455

TABLE 13:
Race/Ethnicity of Cumulative Adolescent and Young Adult AIDS Cases, San Diego County

	Race/Ethnicity			
	White	African American	Hispanic	Other*
Adolescent (13-18 years)	23.8%	19.0%	47.6%	9.5%
Young Adult (19-24 years)	41.1%	15.8%	39.1%	4.0%
Total Cases	197	80	198	22

*Includes Asian, Pacific Islander, Native American

FIGURE 3:
Changes in Proportion of Adolescent and Young Adult AIDS Cases Over 5-Year Time Periods, San Diego County



may be due to under-diagnosing in younger people or increased risk taking in young adults. It is probable that healthcare providers do not perceive these younger patients to be at risk for acquisition of HIV and that these younger persons do not perceive themselves to be at risk and therefore do not seek testing.

Adolescent and young adult cases also differ in mode of transmission (see Figure 4). Reasonably, adolescent cases are more likely to have pediatric HIV exposure than young adult cases (29% vs 0%). They are also more likely to have had blood product exposure (29% vs

0.7%) or hemophilia (20% vs 1%) than young adult cases. Young adult cases have a much greater proportion of MSM than adolescent cases (66% vs 19%); young adult cases are closer in proportion of MSM to non-youth cases (80% of cumulative cases in 2006). Adolescent and young adult cases are similar in the proportion having heterosexual transmission.

There appear to be differences in HHS region of residence at time of diagnosis between cumulative adolescent and young adult AIDS cases (see Table 14). These differences are not significant, probably due to the

FIGURE 4: Mode of Transmission in Cumulative Adolescent and Young Adult AIDS Cases, San Diego County

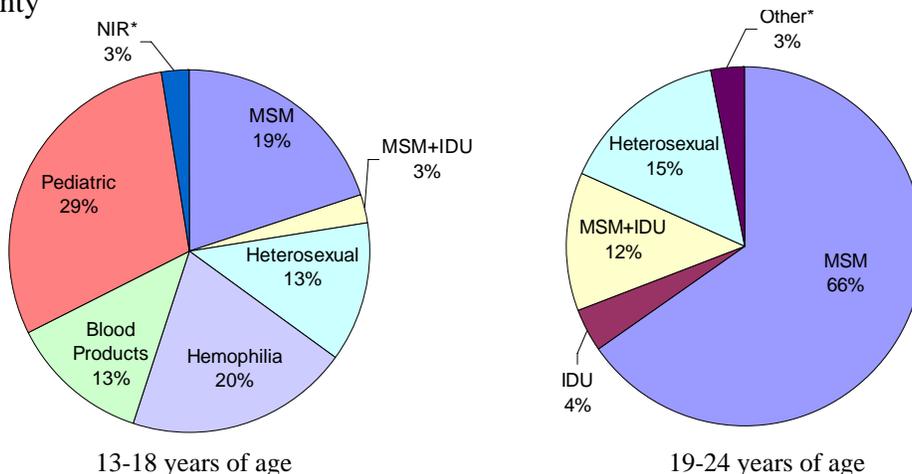


TABLE 14: HHS Region of Residence at Diagnosis in Cumulative Adolescent and Young Adult AIDS Cases, San Diego County

	HHS Region						Total
	Central	East	South	North Coastal	North Inland	North Central	
Adolescent (13-18 years)	46.3%	14.6%	17.1%	9.8%	4.9%	7.3%	41*
Young Adult (19-24 years)	58.0%	6.6%	13.6%	5.7%	4.2%	11.9%	455

*Information on one case missing.

TABLE 15: Country of Origin of Cumulative Adolescent and Young Adult AIDS Cases, San Diego County

	Country of Origin			Total Cases
	USA	Mexico	Other	
Adolescent (13-18 years)	64.3%	26.2%	9.5%	42
Young Adult (19-24 years)	70.6%	23.7%	5.7%	455

small numbers of adolescent cases. Adolescent and young adult AIDS cases also do not differ in their country of origin; similar proportions of each group come from the US and from Mexico (see Table 15).

LIMITATIONS

The data contained in this report is dependent on accurate reporting from healthcare providers, laboratories, and patients. Patients,

for many reasons, may not wish to provide accurate information to their healthcare providers for reporting. This may be particularly true early in the patient-healthcare provider relationship. Healthcare providers may not provide complete information or data entry errors may occur. These inaccuracies may impact analysis, either inflating differences or diminishing them.

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. When small numbers are presented, caution should be exercised in the interpretation of data presented. This is particularly true for pediatric AIDS cases and, to a lesser extent, those diagnosed while in a correctional facility. This also impacts the youth population which comprises only 3.2% of all cumulative AIDS cases. Small numbers make analysis difficult for some variables such as race/ethnicity by HHS region.

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 in-

creased both the number of surviving cases and the length of their survival from diagnosis to death. The change in case definition and the increase in cases identified earlier in the course of disease may make comparisons to earlier cases, diagnosed after the onset of an opportunistic infection or other indication of a profoundly failing immune system, difficult.

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 County or state and died. This may result in inaccurate assumptions and survival calculations.

The County has a higher proportion of Hispanics and a lower proportion of blacks than do many states, the US, and even some other counties within California. These racial/ethnic demographic differences make comparisons of the County of San Diego to the nation as a whole, and to other counties and states, difficult and must be taken into account when discussing the impact of the AIDS epidemic on the County of San Diego.

DATA SOURCES:

County of San Diego, HIV/AIDS Epidemiology Unit database and Annual Report, SANDAG population estimates, HIV/AIDS Surveillance Report, 2005 (Vol. 17), Centers for Disease Control and Prevention