

### HIV DISEASE

In the United States, the human immunodeficiency virus (HIV) is spread primarily through unprotected sex or sharing needles or other equipment for injecting drugs. Acute infection may produce flu-like symptoms or no symptoms at all, so HIV testing is crucial. The [Centers for Disease Control and Prevention](#) (CDC) recommends that everyone between the ages of 13 and 64 get tested.

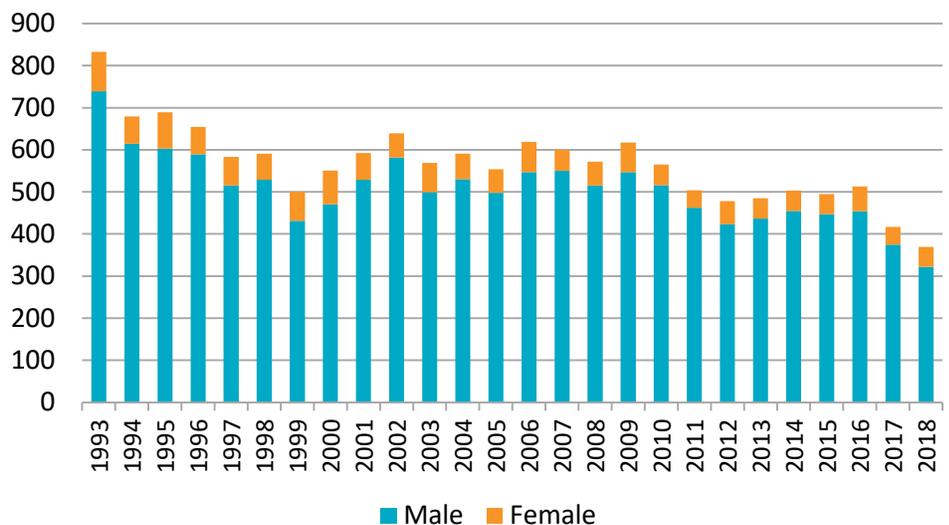
HIV infection gradually destroys the immune system. An individual with a weakened immune system becomes vulnerable to opportunistic infections, signaling the final stage of the disease, acquired immunodeficiency syndrome (AIDS). Without treatment, typical survival after an AIDS diagnosis is about three years.

The number of persons newly diagnosed with HIV each year in San Diego County has steadily decreased over time, from 833 cases in 1993 to 369 cases in 2018. The majority of those newly diagnosed were male, with females accounting for approximately 10%-13% of cases.

Although the number of newly diagnosed cases has dropped, the number living with HIV continues to increase. At the end of 2018, 13,876 people were living with diagnosed HIV in San Diego County, while an estimated 1,364 people were living with undiagnosed HIV infection.

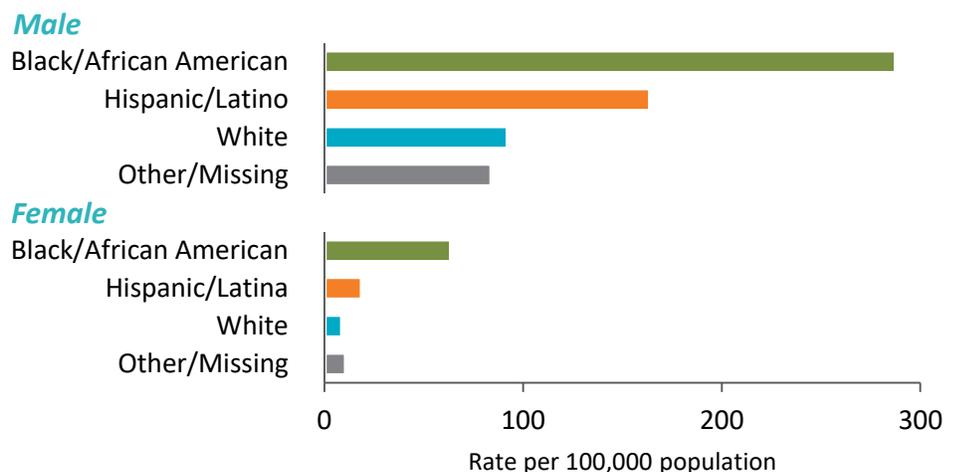
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**Figure 1. Persons Newly Diagnosed with HIV by Sex at Birth, San Diego County, 1993-2018\***



\*HIV surveillance data (eHARS) data reported through 3/31/2019, regardless of stage of disease. Data are subject to change as additional cases are reported (reporting lag). Grouped by sex at birth.

**Figure 2. Rate of HIV Diagnoses by Race/Ethnicity and Sex at Birth, San Diego County, 2014-2018 (N=2,297)**



HIV surveillance data (eHARS) data reported through 3/31/2019, regardless of stage of disease. Black/African American, White and other races are non-Hispanic. Hispanic/Latino can be of any race. Other includes American Indian/Alaska Native, multiple race and unknown/missing. Grouped by sex at birth. SANDAG population data for the midpoint (2016).

The Monthly Communicable Disease Surveillance Report is a publication of the County of San Diego Public Health Services Epidemiology and Immunization Services Branch (EISB). EISB identifies, investigates, registers, and evaluates communicable, reportable, and emerging diseases and conditions to protect the health of the community. The purpose of this report is to present trends in communicable disease in San Diego County. To subscribe to this report, visit the [Statistics and Reports](#) page on the Epidemiology Program website ([www.sdepi.org](http://www.sdepi.org)) and click on the subscribe link.



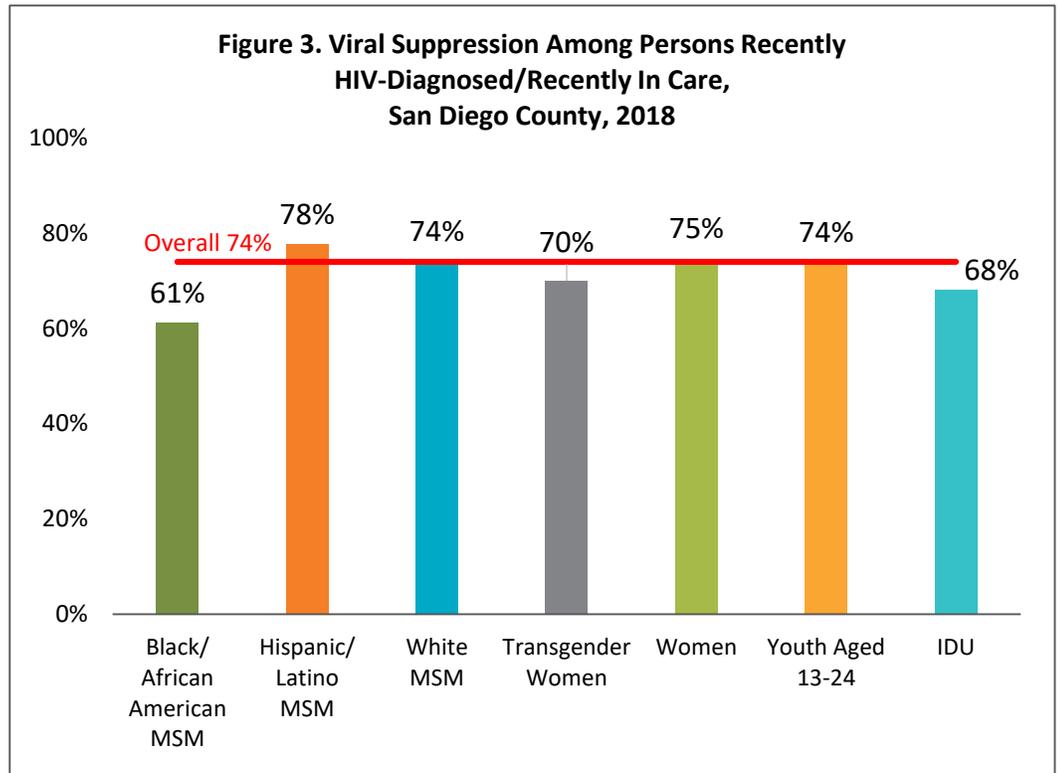
## HIV DISEASE, continued

Among both newly and previously diagnosed individuals, disparities persist in race/ethnicity, gender, and transmission category. Most cases are male, and of these, most share the transmission risk of having male sex partners. HIV had a disproportionately greater impact among Black/African American and Hispanic/Latinx groups, for both males and females diagnosed with HIV between 2014 and 2018.

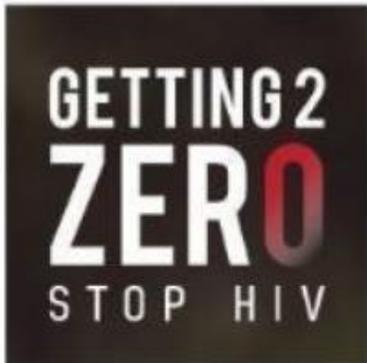
Current strategies to end the HIV epidemic in San Diego County, such as the [Getting to Zero](#) initiative, focus on testing, treatment, and prevention, with an emphasis on disproportionately impacted groups. Treatment includes rapidly linking newly diagnosed individuals to HIV medical care and initiating the medication regimen (antiretroviral therapy, or ART) that suppresses the virus. During acute HIV infection, the level of virus in the blood is very high, increasing the possibility of transmission. One of the objectives of Getting to Zero is to link all newly diagnosed individuals to treatment within 30 days of diagnosis, thereby reducing this period of high infectivity.

Today's medications do not cure HIV, but do control the disease, and if taken as prescribed, can lead to a lifespan nearly as long as that of someone who doesn't have HIV. Persons living with HIV have effectively no risk of transmitting the virus to their HIV-negative partners when they take daily medication and achieve, and maintain for six months, an undetectable viral load (virally suppressed). Medication must be taken daily to maintain undetectable status.

The percentage of virally suppressed individuals in San Diego County varies by demographic or transmission category. Overall, for those recently diagnosed or recently in care, 74% were virally suppressed at most recent viral load test in 2018. Viral suppression was lower than the overall rate for Black/African American MSM (men who have sex with men), transgender women, and those who inject drugs (IDU). The [National HIV/AIDS Strategy 2020](#) goal for viral suppression is 80%.



Diagnosed with HIV (regardless of stage of disease) between 2013-2017 or diagnosed prior with a CD4 or viral load test between 2014-2018, excluding military diagnoses without a CD4 or viral load test in 2018 and less than 200 copies per mL at most recent viral load test in 2018. MSM = Men Who Have Sex with Men. IDU = Intravenous Drug Use. HIV surveillance data (eHARS) data reported through 7/2/2019. Black/African American, White and other races are non-Hispanic. Hispanic/Latino can be of any race. Groups are not mutually exclusive.



### Resources

- [Centers for Disease Control and Prevention \(CDC\) HIV website](#)
- [California Department of Public Health, Office of AIDS website](#)
- [County of San Diego, HHS, HIV Epidemiology Unit website](#)
- [County of San Diego, HHS, HIV, STD and Hepatitis Branch website](#)
- [AIDSvu – mapping the HIV epidemic](#)

# MONTHLY COMMUNICABLE DISEASE REPORT

SEPTEMBER 2019

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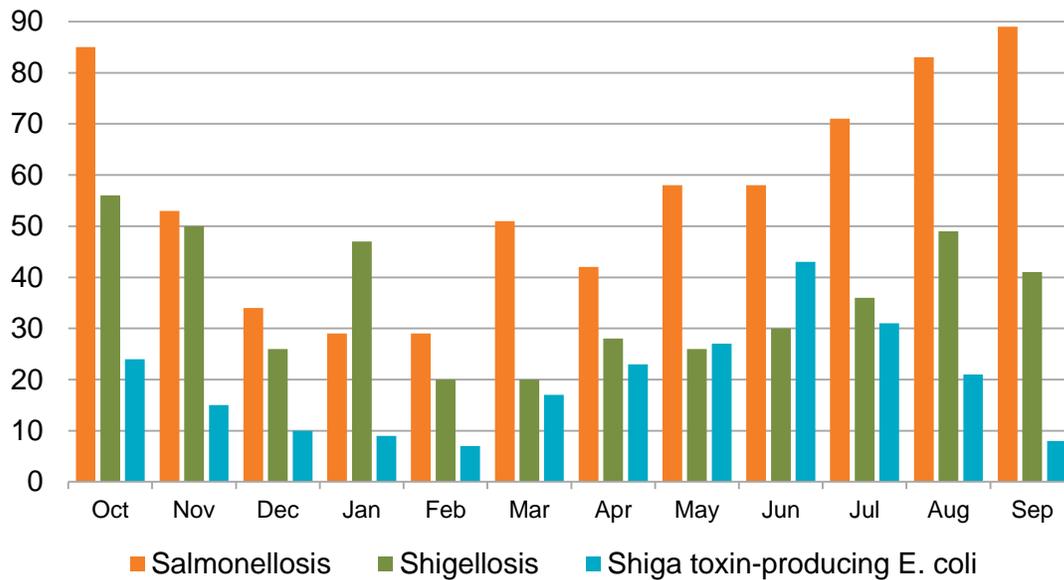


Table 1. Select Reportable Diseases		2019			Prior Years		
		Current Month	Prior Month	Year-to-Date (YTD)	2018 YTD	Avg YTD, Prior 3 Years	2018 Total
Disease and Case Inclusion Criteria (C,P,S)							
Amebiasis	C	0	0	7	8	6.7	10
Botulism (Foodborne, Infant, Wound, Other)	C,P	0	0	0	10	6.3	11
Brucellosis	C,P	0	0	1	2	3.3	2
Campylobacteriosis	C,P	93	86	776	664	662.0	828
Chickenpox, Hospitalization or Death	C,P	0	0	2	0	1.0	4
Chikungunya	C,P	0	1	2	5	3.0	5
Coccidioidomycosis	C	26	28	260	213	170.7	276
Cryptosporidiosis	C,P	12	12	71	72	45.3	90
Dengue Virus Infection	C,P	1	5	13	5	10.0	9
Encephalitis, All	C	5	3	31	36	44.0	66
Giardiasis	C,P	11	20	164	193	240.3	229
Hepatitis A, Acute	C	0	0	11	31	183.7	35
Hepatitis B, Acute	C	0	2	6	6	7.0	9
Hepatitis B, Chronic	C,P	87	72	703	647	650.7	867
Hepatitis C, Acute	C,P	2	2	39	1	1.7	2
Hepatitis C, Chronic	C,P	325	272	2,980	3,280	2,562.7	4,167
Legionellosis	C	6	8	44	36	40.0	54
Listeriosis	C	0	3	8	13	14.7	14
Lyme Disease	C,P	0	0	2	11	13.3	14
Malaria	C	1	1	5	6	6.7	8
Measles (Rubeola)	C	0	1	2	0	0.7	0
Meningitis, Aseptic/Viral	C,P,S	19	23	130	112	115.7	140
Meningitis, Bacterial	C,P,S	1	1	22	32	33.0	37
Meningitis, Other/Unknown	C	0	1	15	13	21.7	17
Meningococcal Disease	C,P	0	0	6	10	3.7	11
Mumps	C,P	4	11	41	7	12.3	9
Pertussis	C,P,S	47	61	510	519	532.3	656
Rabies, Animal	C	0	1	6	6	8.7	7
Rocky Mountain Spotted Fever	C,P	0	0	0	1	1.0	1
Salmonellosis (Non-Typhoid/Non-Paratyphoid)	C,P	89	83	510	620	475.0	787
Shiga toxin-Producing <i>E. coli</i> (including O157)	C,P	8	21	186	125	67.0	174
Shigellosis	C,P	41	49	297	261	213.3	391
Typhoid Fever	C,P	0	0	6	2	2.0	4
Vibriosis	C,P	4	9	41	49	40.0	58
West Nile Virus Infection	C,P	0	1	2	1	7.3	2
Yersiniosis	C,P	2	5	38	20	23.7	26
Zika Virus	C,P	1	0	5	6	28.0	7

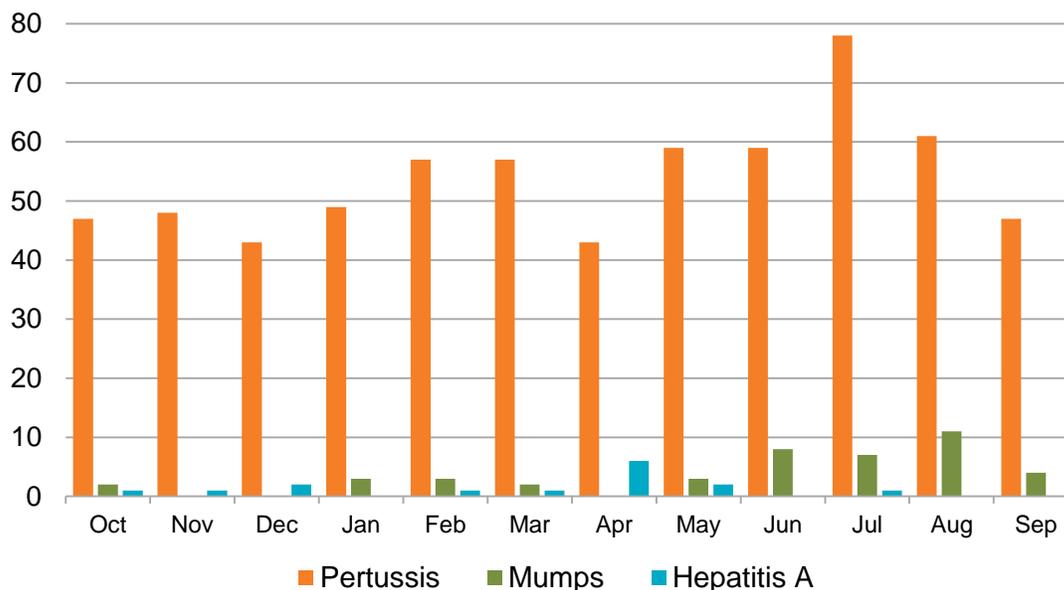
**Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.



**Figure 4. Select Enteric Infections by Month  
October 2018 – September 2019**

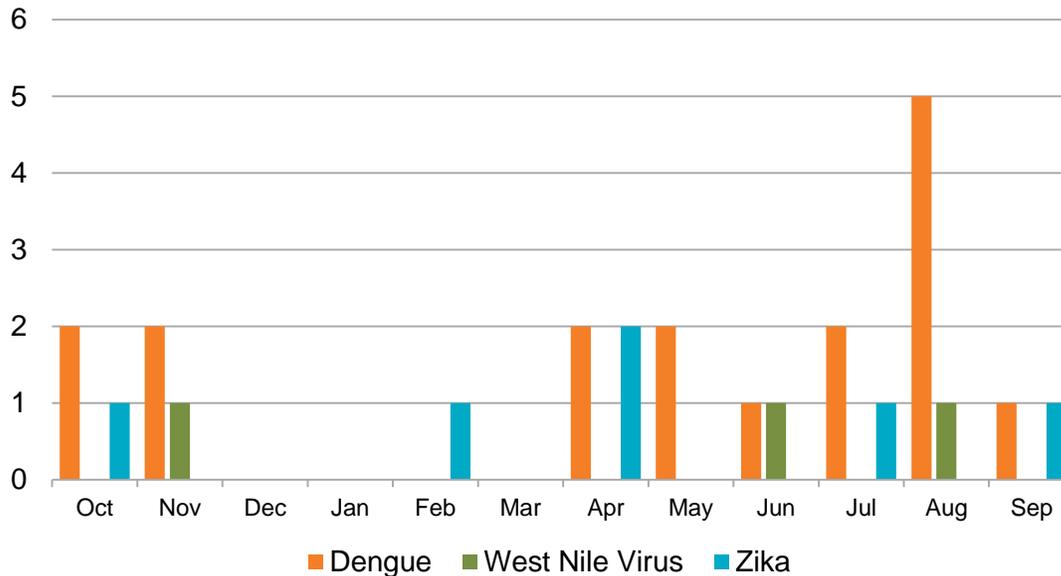


**Figure 5. Select Vaccine-Preventable Infections by Month  
October 2018 – September 2019**



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**Figure 6. Select Vector-Borne Infections by Month  
October 2018 – September 2019**



All of the dengue and Zika virus cases are travel-associated. For additional information on Zika cases, see the [HHS Agency Zika Virus webpage](#). For more information on West Nile virus, see the [County West Nile virus webpage](#). **Case counts are provisional and subject to change as additional information becomes available.** Cases are grouped into calendar months and calendar years on the basis of the earliest of the following dates: onset, lab specimen collection, diagnosis, death, and report received. Counts may differ from previously or subsequently reported counts due to differences in inclusion or grouping criteria, late reporting, or updated case information. Inclusion criteria (C,P,S = Confirmed, Probable, Suspect) based on Council of State and Territorial Epidemiologists/Centers for Disease Control and Prevention (CSTE/CDC) surveillance case criteria.

### Disease Reporting in San Diego County

San Diego County communicable disease surveillance is a collaborative effort among Public Health Services, hospitals, medical providers, laboratories, and the [San Diego Health Connect](#) Health Information Exchange (HIE). The data presented in this report are the result of this effort.

Reporting is crucial for disease surveillance and detection of disease outbreaks. Under the California Code of Regulations, Title 17 (Sections [2500](#), [2505](#), and [2508](#)), public health professionals, medical providers, laboratories, schools, and others are mandated to report more than 80 diseases or conditions to San Diego County Health and Human Services Agency.

To report a communicable disease, contact the Epidemiology Program by phone at (619) 692-8499 or download and print a Confidential Morbidity Report form and fax it to (858) 715-6458. For urgent matters on evenings, weekends or holidays, dial (858) 565-5255 and ask for the Epidemiology Program duty officer. For more information, including a complete list of reportable diseases and conditions in California, visit the Epidemiology Program website, [www.sdepi.org](http://www.sdepi.org).

Tuberculosis, sexually transmitted infections, and HIV disease are covered by other programs within Public Health Services. For information about reporting and data related to these conditions, search for the relevant program on the Public Health Services website, <http://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html>.