

HIV/AIDS

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HIV/AIDS

(Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome)

Background

Ways of transmitting HIV are:¹

- ◀ Blood-to-blood contact
- ◀ Sexual contact
- ◀ Sharing needles
- ◀ Mother to infant exposure prenatally, at birth, and through breastfeeding.

The most common transmission mode for adult AIDS cases in San Diego County is men who have sex with men (MSM) (77%), followed by MSMs who are injection drug users (9%) and other injection drug users (8%).² (Fig. 1)

Nationally, injection drug use is the second most frequently reported risk behavior for HIV infection, for the drug users themselves, their heterosexual sex partners and children who became infected at birth by a drug using parent.³

Size

San Diego County

In 1996, 717 AIDS cases were diagnosed in San Diego County.⁴ The rate of AIDS cases among Blacks (56 per 100,000 population) was twice as high as the overall rate (27 per 100,000) (Fig. 2). Almost half of all AIDS cases (345 cases out of 717 total) were among individuals ages 30-39 (Fig. 3).

As of February 1998, a total of 9,200 AIDS cases have been diagnosed in San Diego County. Of those, 3,713 are currently living with AIDS.²

San Diego County Reported AIDS cases

- ◀ **1996 Rate:** 27 per 100,000 population, unadjusted for age. (Table 1)
- ◀ **1993-1996 Trend of Number of Cases reported per year:** Decreased 1,141 – 717. (Table 1)

Figure 1
Adult AIDS Cases by Transmission Mode, San Diego County,
Percentage of Cumulative Total through February 1998²

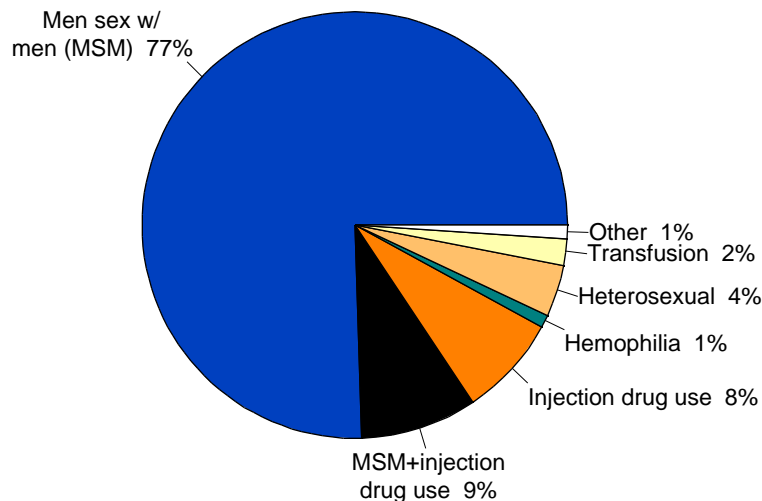


Figure 2
Diagnosed AIDS Case Rates*
by Race/Ethnicity
San Diego County 1996⁴

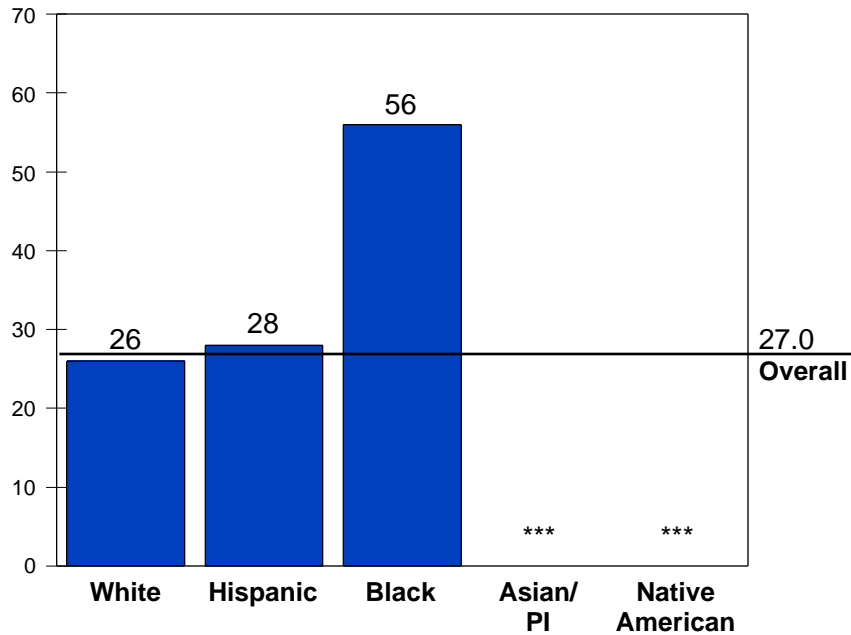


Table 1
San Diego vs. the Nation—AIDS Diagnosed Case Rates*²

| San Diego County 1996 | County Trends 1993-1996 | California 1996 | National 1996 | HP2000 Objective |
|-----------------------|-------------------------|-----------------|---------------|------------------|
| 27 (n=717) | n=1,141 - n=717 | 22 | 19 | 43 |

* Rates per 100,000 population

*** Rate not calculated for less than 5 cases

National

In the United States, 665,357 cases of AIDS had been reported to the Centers for Disease Control and Prevention (CDC) as of June 30, 1998.⁵ Of these, 553,048 (83%) were males aged 13 or older, 104,028 (16%) were females aged 13 or older, and 8,280 (1%) were children under age 13.⁵

New AIDS cases reported to the CDC declined 12 percent from 1996 (68,808 cases) to 1997 (60,634 cases).⁵

Every year 40,000 – 80,000 people are infected with HIV in the US.¹ A recent study estimated that 650,000 to 900,000 US residents were living with HIV infection.⁵

In 1997, 22% of AIDS cases occurred among women, compared to 5% in 1982.⁶

Seriousness

Average Years of Productive Life Lost: 24.1 years per AIDS death in 1996.

Healthy People 2000 Objective: The San Diego County rate of diagnosed AIDS cases (27) is more than the state rate (22) but less than the Healthy People 2000 Objective (43).

There are 32,655 AIDS deaths annually in the US – an age adjusted death rate of 12 deaths per 100,000 population.⁷

In 1996, AIDS ranked eighth as the leading cause of death in the US.⁷

In 1995, there were 216,000 hospital discharges and 2,147,000 days of care for patients with HIV diagnosis nationally. The average length of a hospital stay was 9.9 days.⁷

AIDS is the second leading cause of death among Americans 25 to 44 years of age and is the leading cause of death for African Americans in this age group.⁶

The lifetime costs of health care associated with HIV have grown to \$155,000 or more per person.⁶

There is no cure for AIDS but medications are available to extend one's life expectancy and increase the quality of life.

Community Concerns

HIV/AIDS was a health issue brought up in many of the groups, mainly as a public rather than personal health concern. Several groups believed that youth need more education about HIV/AIDS and safe sex, and that schools need to be more involved in this arena. Seniors expressed an interest in learning how to care for family and community members who have the disease, and how to treat it in a compassionate rather than judgmental way. One African American group suggested that churches are the best places to reach and educate the community about HIV/AIDS.

Risk Factors

Major determinants of HIV transmission include:⁶

- ◀ Unprotected sexual contact, whether homosexual or heterosexual, with a person infected with HIV
- ◀ Sharing drug-injection needles with an HIV-infected individual
- ◀ Biomedical status such as having other sexually transmitted diseases

Figure 3
Diagnosed AIDS Cases by Age Category, San Diego County 1996²

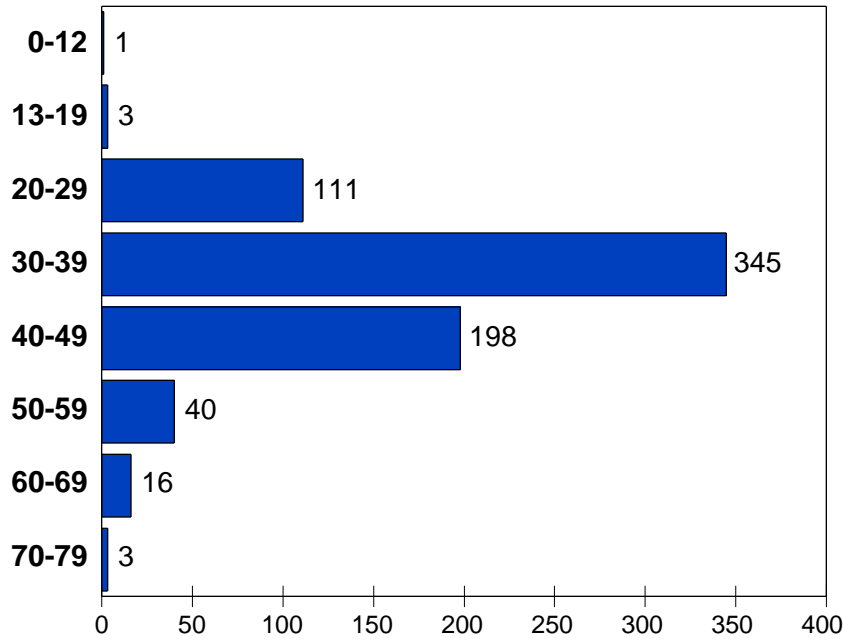


Figure 4
HIV Seroprevalence* in Childbearing Women by Race/Ethnicity, San Diego County 1996⁸

| Race/Ethnicity | Total Tested | Number HIV+ | Prevalence per 1000 | CA 1995 Prevalence per 1000 |
|----------------|--------------|-------------|---------------------|-----------------------------|
| Overall | 10,629 | 6 | 0.6 | 0.7 |
| Black | 615 | 1 | 1.6 | 2.8 |
| Asian/PI | 610 | 0 | 0.0 | 0.0 |
| Hispanic | 4,861 | 3 | 0.6 | 0.7 |
| White | 4,044 | 2 | 0.5 | 0.4 |
| Other | 499 | 0 | 0.0 | 0.3 |

***Seroprevalence** refers to the frequency of individuals in a population that have antibodies to HIV in their blood serum.

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High Risk Populations

Age(s): Men ages 25 – 44.⁹

Race/Ethnicity(s): Blacks

- ◀ Of US AIDS cases reported in 1997, 45 percent were among blacks, 33 percent among whites, 21 percent among Hispanics, and fewer than 1 percent among Asians/Pacific Islanders and American Indians/Alaska Natives.⁵
- ◀ Black and Hispanic women comprise 75% of all reported AIDS cases among women in the US.¹⁰
- ◀ In 1996, the AIDS case rate among African Americans was 89.7 per 100,000 population, almost seven times the rate for whites (13.5 per 100,000) and twice the rate for Hispanics (41.3 per 100,000) nationwide.⁶
- ◀ In San Diego County, of the total AIDS cases, the percentage of whites with AIDS has declined from 86% in the early 1980s to 54% in 1998. The percentage of Hispanic AIDS patients has risen from 8% to 27% and the percentage of African American AIDS patients has risen from 4% to 15%.¹¹

Gender: From 1982 to 1997, the proportion of US AIDS cases that were among women reported each year increased from 5 percent to 22 percent.⁶

Prevention

Successful health education and risk reduction activities include:¹²

- ◀ Street outreach
- ◀ Community outreach including presentations and workshops
- ◀ Peer education
- ◀ Risk reduction counseling and groups
- ◀ Prevention case management
- ◀ Community level interventions including community organization and social marketing
- ◀ Public information and education including media, hotlines, and community events

According to the Healthy People 2010 draft report, additional HIV prevention efforts include:⁶

- ◀ Counseling, testing, referral, and partner notification services for clients at high risk for HIV infection
- ◀ Needle and syringe exchange programs
- ◀ Information, education, and counseling for injecting drug users

Improving access to effective prenatal care, increasing the use of medication by HIV positive women, and increasing the number of people who know their HIV serostatus are important components of programs to slow or halt the transmission of HIV in the US.⁶

Among the most successful intervention strategies are a combined video and small group discussion approach, the use of popular opinion leaders, and peer led street counseling.⁶

HIV prevention efforts must take into account the multicultural and multiracial nature of society as well as the other social and economic factors such as poverty, underemployment, and poor access to the health care system that impact health status and disproportionately affect African American and Hispanic individuals.⁶

Model Programs

Heads Up! HIV Prevention

This is a three-phase program to address the complex emotional forces that lead to risky sexual practices for men who have sex with men (MSM). It provides a safe forum for men to discuss what it means to be HIV negative in the MSM community, as well as the psychosocial factors that trigger unsafe sexual behaviors. Phase I consists of a 12-week curriculum in a closed group setting. Phase II provides an additional 12 weeks of group psychotherapy to reinforce psychological skills and to offer peer support for safe sexual behaviors. Phase III provides six weeks of individual coaching for men who are at greater risk. **For further information contact:** Lesbian and Gay Men's Community Center at (619) 260-6380 ext. 102.

Multicultural Youth Prevention Program

Based at Linda Vista Health Center, this program provides HIV education and prevention services to over 1200 multi-ethnic high-risk teens annually through its *Be Proud! Be Responsible!* workshop and one-on-one outreach. The program targets male and female youth ages 13-19 years in the Central San Diego Region in continuation high schools, drug treatment centers and youth service agencies. Using a peer-to-peer model, the project also employs and trains peer educators who provide HIV education and prevention messages. The program reports that the *Be Proud! Be Responsible!* workshop has been shown to increase consistent condom usage among teens by nearly 100%, along with reduction in other sexual risk behaviors. **For more information contact:** the Linda Vista Health Center at (619) 279-9675.

San Francisco AIDS Foundation: HIV Prevention Project Needle Exchange

This project provides street-based needle and syringe exchange services to injection drug users in San Francisco. It provides an opportunity for individuals to exchange a dirty needle for a clean one using a one-to-one ratio. The program cites research showing that needle exchange reduces HIV infection by 30%. The program provides services at 11 sites throughout San Francisco, including one that serves women exclusively. The women's site is located indoors and has developed into a community space offering a range of health and social services. **For more information contact:** San Francisco AIDS Foundation, 415.241.5100, or visit their web site at <http://www.sfaf.org>.

Resources

Local

AIDS and Community Epidemiology, Health and Human Services Agency, County of San Diego, (619) 515-6620

Office of AIDS Coordination, Health and Human Services Agency, County of San Diego, (619) 515-6651

The Center, (619) 692-2077

Being Alive, (619) 291-1400

San Diego HIV/AIDS Resources, www.sdaisinfo.org

National

HIV/AIDS Treatment Information Services, www.hivatis.org

National AIDS Clearinghouse, www.cdc.gov, www.cdcnac.org

National Center for HIV, STD, & TB Prevention, Centers for Disease Control and Prevention, www.cdc.gov/nchstp

National Center for Infectious Disease, Centers for Disease Control and Prevention, www.cdc.gov/ncidod

National Institute for Allergy and Infectious Disease, National Institutes of Health, www.niaid.nih.gov

National Prevention Information Network, www.cdcnpin.org

World Health Organization, www.who.org

References

1. Centers for Disease Control and Prevention (CDC), National AIDS Clearinghouse. Retrieved from the World Wide Web: <http://www.cdc.gov>
2. County of San Diego, Health and Human Services Agency, Office of AIDS Coordination, Retrieved from the World Wide Web: <http://www.sdidsinfo.org/statisti.htm>
3. United States Department of Health and Human Services. (1996, May 17.) AIDS Associated with Injecting Drug Use - United States, 1995. Morbidity and Mortality Weekly Report, 45 (19), p. 392-398.
4. County of San Diego, Health and Human Services Agency (1998, July). Health Status Report, 1997. San Diego, CA.
5. National Institute of Allergy and Infectious Diseases. Retrieved from the World Wide Web: <http://www.niaid.nih.gov>
6. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office
7. Centers for Disease Control and Prevention. National Center for Health Statistics FASTATS. Retrieved from the World Wide Web: <http://www.cdc.gov/nchswww/fastats/fastats.htm>
8. California Department of Health Services. (1995). HIV Seroprevalence in California Childbearing Women. Sacramento, CA.
9. University of California at San Francisco – Retrieved from the World Wide Web: <http://hivinsite.ucsf.edu/prevention/fact-sheets>
10. Centers for Disease Control and Prevention. (1997). HIV/AIDS Surveillance Report, 1997, 9 (1), p.1-37.
11. Clark, C. (1998, November 29). AIDS Gaining Among Hispanics, Blacks. The San Diego Union Tribune, p. B3.
12. Centers for Disease Control and Prevention. (1995, April). Guidelines for Health Education and Risk Reduction Activities. Retrieved from the World Wide Web: <ftp://ftp.cdcpin.org/Guidelines/Health Education.PDF>.

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