

HIV Counseling and Testing Report 2006



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



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PUBLIC HEALTH SERVICES

HIV Counseling and Testing Report 2006

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Table of Contents

Executive Summary.....	3
Appendix.....	9

List of Figures

Fig. 1: Rate Testing HIV Positive, 1990-2005.....	5
Fig. 2: Rate Testing HIV Positive by Gender, 1990-2005.....	5
Fig. 3: Rate Testing HIV Positive by Racial/Ethnic Group, 1999-2005.....	5
Fig. 4: Rate Testing HIV Positive by Age Group, 1999-2005.....	6
Fig. 5: Rate Testing HIV Positive by Ages 12-24 and 25-50+, 1999-2005.....	6
Fig. 6: Rate Testing HIV Positive by HHSA Region, 1999-2005.....	6
Fig. 7: Rate Testing HIV Positive by Risk Group, 1999-2005.....	7
Fig. 8: Rate Testing HIV Positive by MSM Group, 1990-2005.....	7
Fig. 9: Rate Testing HIV Positive by MSM Group by Age Group, 1999-2005.....	7
Fig. 10: Rate Testing HIV Positive by MSM Group by Racial/Ethnic Group, 1999-2005.....	8
Fig. 11: Rate Testing HIV Positive by MSM Group by HHSA Region, 1999-2005.....	8
Fig. 12: Rate Testing HIV Positive by MSM Ages 12-24, 1990/91-2004/05.....	8
Fig. 13: HHSA Regions of San Diego County.....	12

EXECUTIVE SUMMARY

Background

Local HIV counseling and testing (HCT) data can give us some information about those who voluntarily seek HIV testing. These services are conducted for the California Department of Health Services through contracts with the County of San Diego. In the last five years, the County has provided between 10,000 and 16,000 anonymous or confidential counseling and testing services each year. These tests have been provided at no cost, either anonymously (no name is given) or confidentially (a name is given). Testing is limited to those 12 years of age or older for a serum test, and 13 years and older for the rapid test. The age of consent for HIV testing is defined in the California Code of Regulations (the rapid test was not tested on subjects younger than 13). The most current year of HCT available for analysis is 2005.

Limitations of the HCT data must be noted. Each case may not be unique since some individuals may test more than once within a year. Therefore, the term ‘testers’ does not refer to individuals – and it is assumed that some of the ‘testers’ are the same person. Those who voluntarily seek testing probably differ in important ways from those who don’t. HIV tests performed at private clinics, doctor’s offices or hospitals are not included. Data only reflects tests performed at a County of San Diego facility.

Analysis of HCT data in this report has been limited to anonymous tests only as it

is likely to be more representative of those who seek publicly-funded HIV testing. Most confidential tests are offered at sexually transmitted disease (STD) clinics where clients come in for STDs other than HIV. Testers at confidential sites don’t come in specifically for an HIV test and they may choose not to test for HIV.

Outreach efforts and activities vary over time and are based on the needs of the community. In 2001, HCT outreach to high risk groups increased, continuing to the present time. More high risk testers can result in an increase in the rate testing HIV positive. High risk is defined by specific behaviors - see Appendix I.

In September 2003, the HCT program in San Diego began offering the rapid HIV antibody test as a pilot site for the State Office of AIDS. The HIV rapid test result is available in approximately 20 minutes with either a negative or preliminary positive result. With a conventional serum test, clients must return after one week for results. Unless the result is preliminary positive, clients who choose a rapid HIV test do not need to return for results. Not only are the rapid tests convenient for clients, but they also increase the likelihood that the client will receive his or her test result. By 2005, rapid tests accounted for over 80% of all anonymous tests.

Since the rapid test single session counseling session incorporates the risk assessment and the disclosure counseling into one visit to the test site, fewer rapid tests can be completed in the same time period

when compared to conventional serum tests. This, combined with the closure of selected low yield testing sites, has resulted in a significant decrease in the number of anonymous tests over the last couple of years (from 9,265 in 2003 to 6,750 in 2005). Although the rapid test has decreased the number of tests, it has increased the number of clients who receive their results (from 72% in 2002 to 96% in 2005).

The majority of individuals seeking anonymous HIV counseling and testing services in San Diego County are male (about 76% male and 24% female in 2005). In general, males coming in for services are less racially diverse and older than females in any particular year. Compared to the year 2000, in 2005 a smaller percentage of testers were black and a slightly greater percentage were white or Hispanic. Proportions of testers by age show a slight decrease in younger ages and a slight increase in older ages between 2000 and 2005. In 2004 and 2005 more high risk clients tested compared to recent years.

Highlights

The HIV infection rate per 100 tests among anonymous testers declined between 1990 and 1992, but recently increased from 1.3 in 2000 to 2.4 in 2005.

Males test positive at a much higher rate than females (3.0 versus 0.6 per 100 tests in 2005). Through 2001, the rate testing positive for males appeared to be decreasing. Rates for males increased from 1.3 in

2000 to 3.0 in 2005. The rate testing positive for females in 2005 was 0.6, compared to 0.7 in 2000.

Black and Hispanic testers have consistently had the highest HIV infection rates per 100 tests. Rates of infection have remained stable for blacks, but have increased over recent years for Hispanics, from 1.7 in 2002 to 3.6 in 2005. Between 2004 and 2005, the rate testing positive for Asian/Pacific Islanders increased from 1.7 to 3.2, however, the rate is based on small numbers and the increase was not statistically significant. Rates for whites increased in 2002 to 2.0 but have decreased slightly in 2004 and 2005 (1.6 and 1.8 respectively).

Each year since the year 2000, rates of HIV infection have increased for each age group except those under 20; with the highest rate per 100 tests being among 25-34 and 35-49 (3.0 and 2.4 respectively).

Historically, HCT testers from the Central Region of San Diego County have the highest HIV infection rate per 100 tests, however, the South Region has experienced an increase and has had the highest rate each year since 2003 (3.7 in 2005). See Appendix II for more information about the regions.

Among HCT testers, the MSM (men who have sex with men - see Appendix I) group, continue to have higher HIV infection rates than other groups. Rates increased for this group from 2001-2003 (4.6, 4.7, 5.0) and decreased slightly in 2004 and 2005 (4.4, 4.0).

FIGURE 1:

Rate per 100 Testing HIV+, All Testers, Anonymous HCT, San Diego County, 1990-2005.

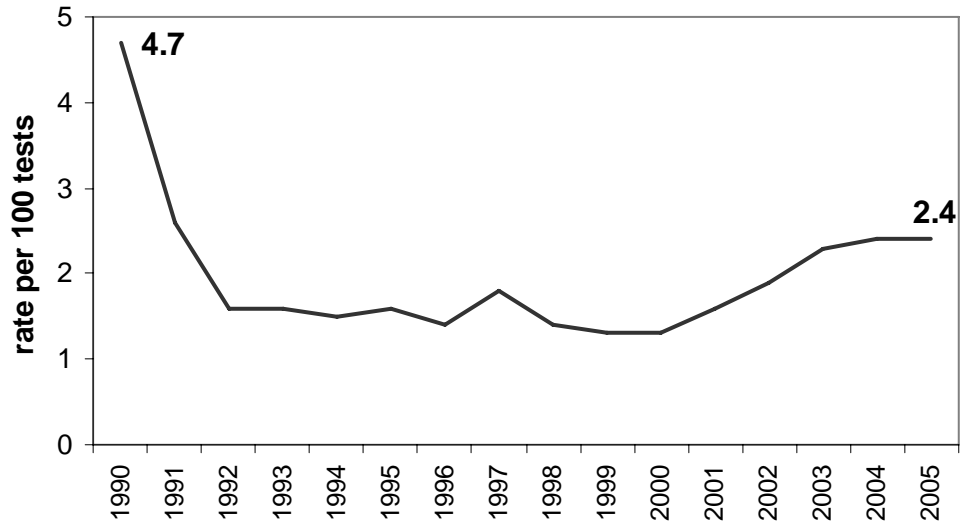


FIGURE 2:

Rate per 100 Testing HIV+ by Gender, Anonymous HCT, San Diego County, 1990-2005.

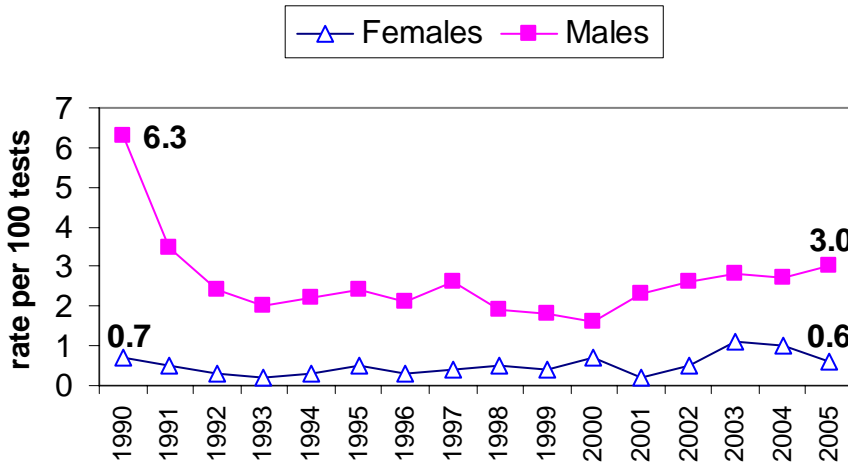


FIGURE 3:

Rate per 100 Testing HIV+ by Racial/Ethnic Group, Anonymous HCT, San Diego County, 2000-2005.

Other racial/ethnic groups had too few HIV+ tests to calculate a rate.

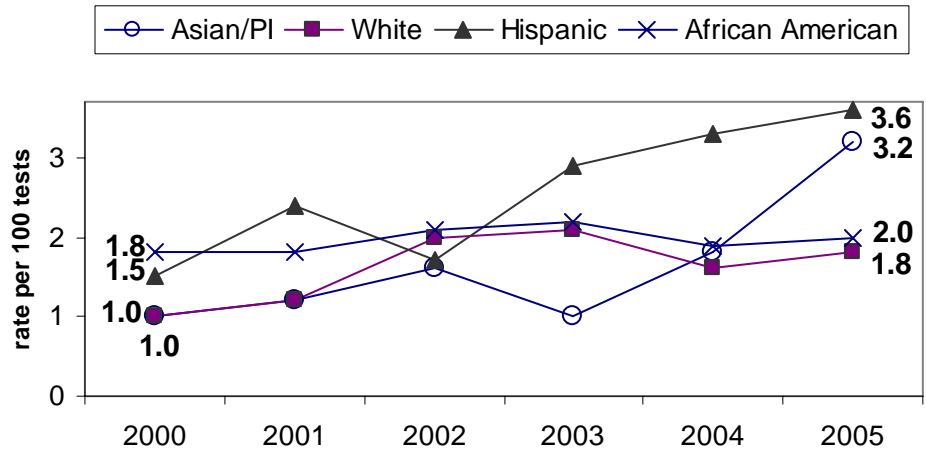


FIGURE 4:

Rate per 100 Testing HIV+ by Age Group, Anonymous HCT, San Diego County, 2000-2005.

Tests to those under age 20 had too few HIV+ tests to calculate a rate.

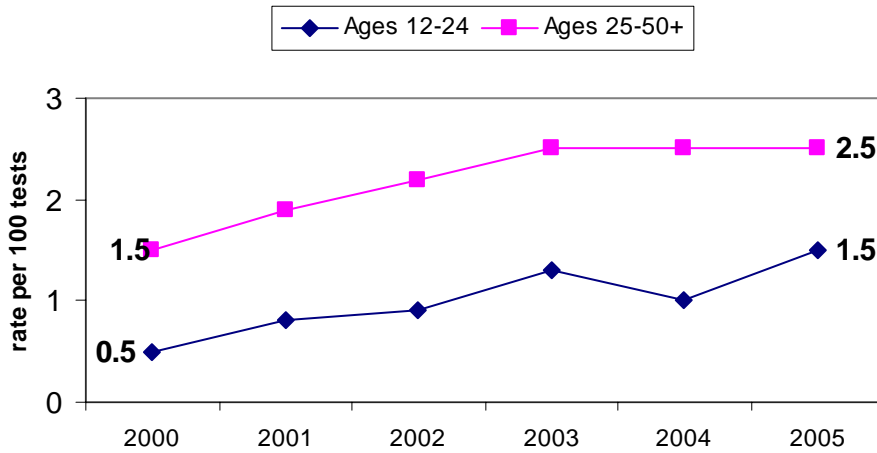
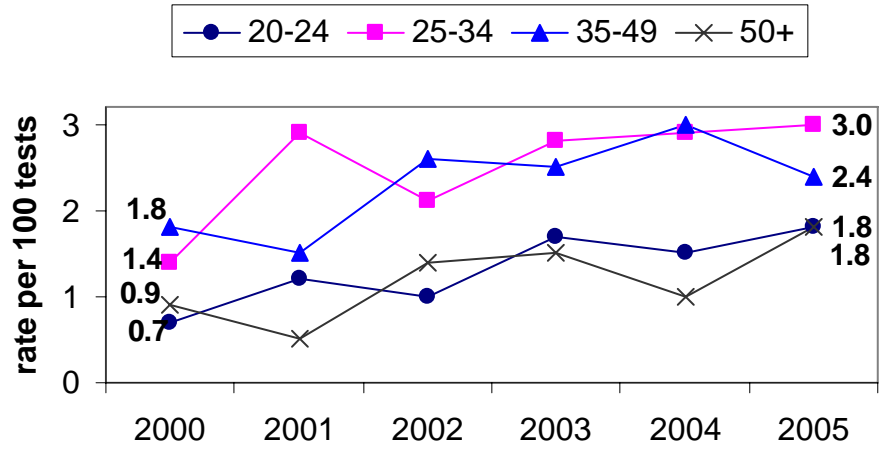


FIGURE 5:

Rate per 100 Testing HIV+ by Ages 12-24 and Ages 25-50+, Anonymous HCT, San Diego County, 2000-2005.

FIGURE 6:

Rate per 100 Testing HIV+ by HHS Region, Anonymous HCT, San Diego County, 2000-2005.

Trend lines for North Coastal and North Inland could not be calculated due to insufficient data.

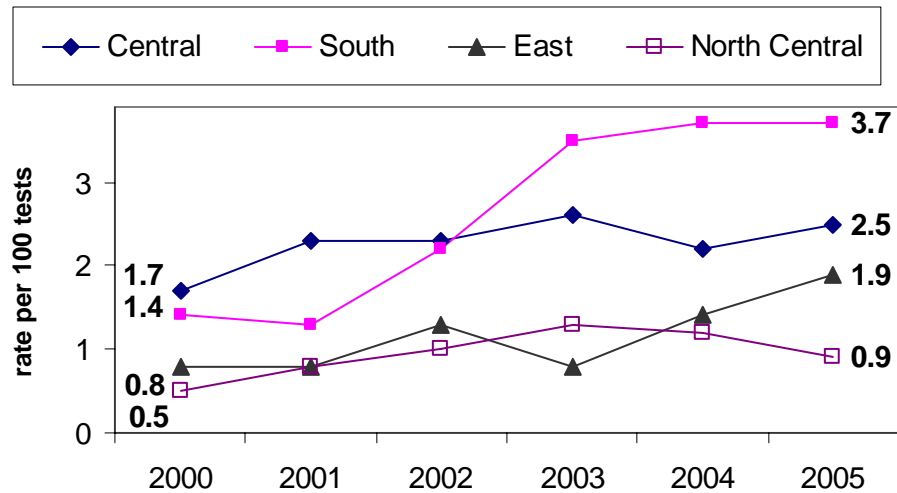


FIGURE 7:

Rate per 100 Testing HIV+ by Risk Group, Anonymous HCT, San Diego County, 2000-2005.

Trend lines for other risk groups could not be calculated due to insufficient data.

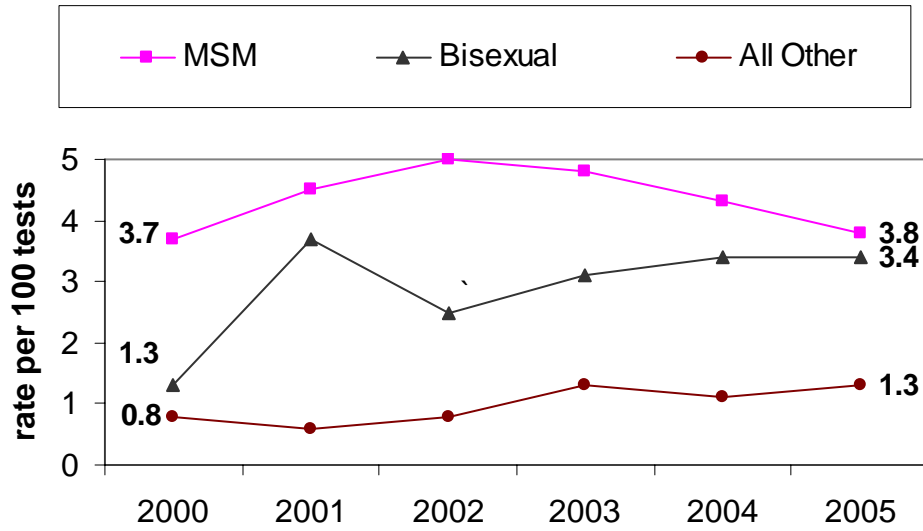


FIGURE 8:

Rate per 100 Testing HIV+ MSM Group, Anonymous HCT, San Diego County, 1990-2005.

The MSM Group includes MSM, Bisexual men and Gay-Bi IDU risk groups.

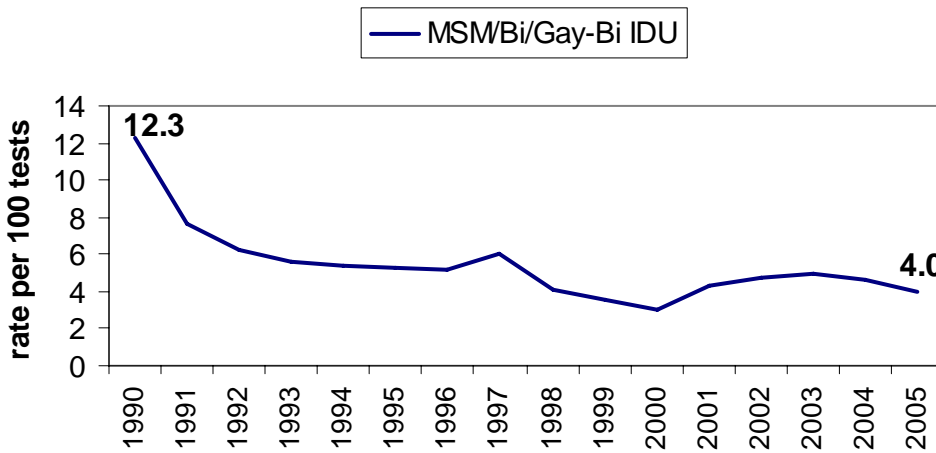


FIGURE 9:

Rate per 100 Testing HIV+, MSM Group by Age Group, Anonymous HCT, San Diego County, 2000-2005.

A trend line could not be calculated for the 50+ age group due to insufficient data.

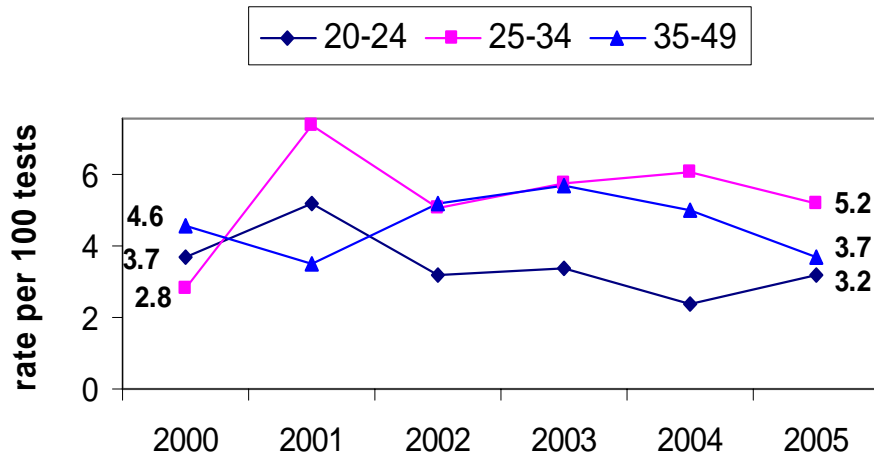


FIGURE 10:

Rate per 100 Testing HIV+, MSM Group by Racial/Ethnic Group, Anonymous HCT, San Diego County, 2000-2005.

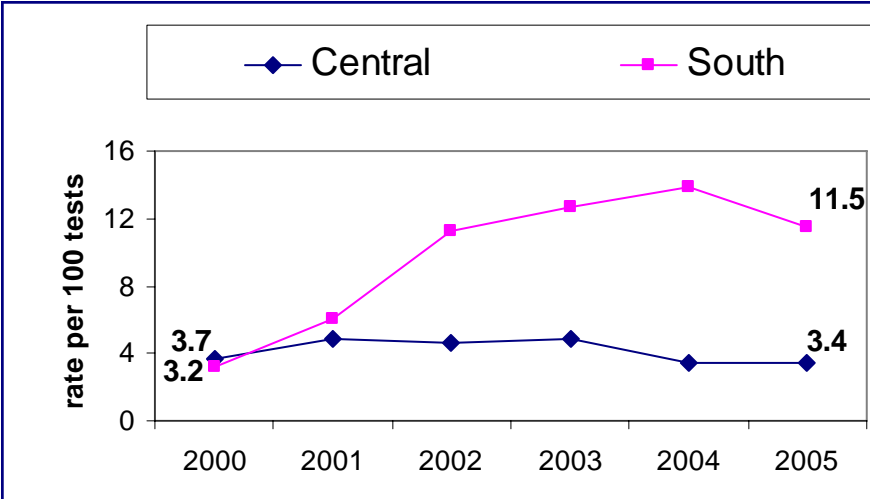
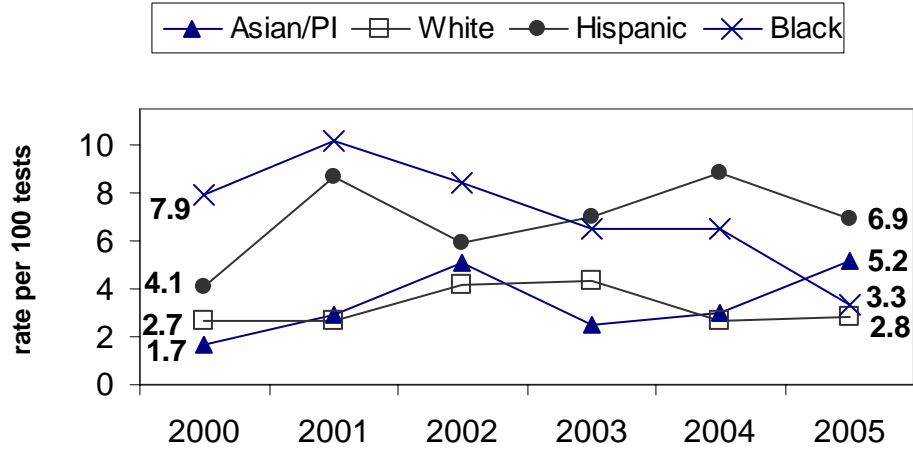


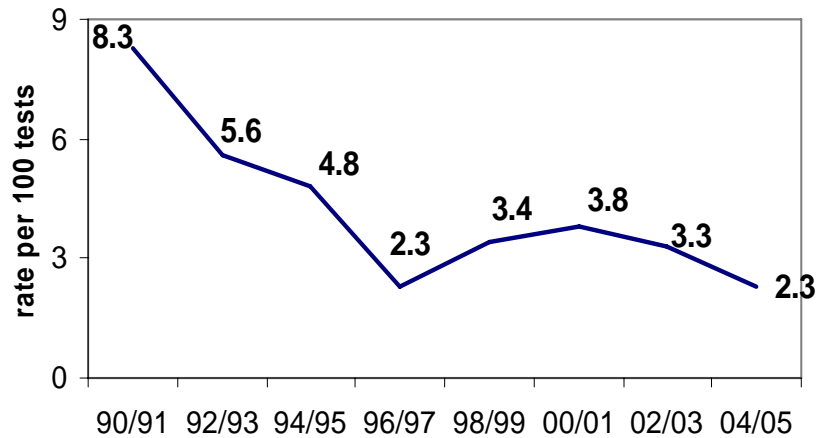
FIGURE 11:

Rate per 100 Testing HIV+, MSM Group by HHSA Region, Anonymous HCT, San Diego County, 2000-2005.

Trend lines could not be calculated for North Coastal, North Central, North Inland and East regions due to insufficient data.

FIGURE 12:

Rate per 100 Testing HIV+, MSM Ages 12-24, Anonymous HCT, San Diego County, Two Year Averages, 1990/91 - 2004/05.



APPENDIX

APPENDIX I

OFFICE OF AIDS HIV COUNSELING AND TESTING RISK GROUP HIERARCHY

After risk behavior information is entered into the database for a client, a computer program ranks risk and assigns the client to the mutually exclusive group with the *highest risk*. As of 2001, behaviors have to have occurred within the last 2 years or since the last test result (whichever is less) to be recorded. For the purposes of analysis, some risk groups have been combined. Below are the current definitions:

Gay Men/Bisexual Men who are Injection Drug Users (Gay/Bi IDU): men who report having sex with a male, or male and female partner and using injection drugs.

Men who have Sex with Men (MSM): men who report having a male sex partner, no female sex partners, and no injection drug use.

Bisexual: men and women who report having both a male and female partner.

Injection Drug Users (IDU): clients who report having injected drugs, except those men who also have had sex with men (they are placed in Gay/Bi IDU).

HIV+ Partner: heterosexual client reports having a partner who is HIV positive.

Combined Risk Groups:

MSM Group: a combination of 3 risk groups that have in common male to male sexual contact (Gay/Bi IDU, MSM and Bisexual men).

All Other: a combination of 9 risk groups, primarily heterosexual risk groups but also including bisexual females, occupational exposure or blood transfusion prior to 1985 and unknown risk.

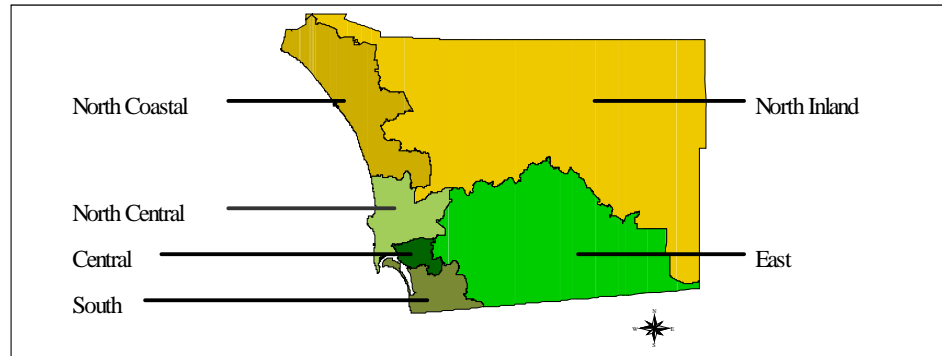
APPENDIX II

HEALTH AND HUMAN SERVICES AGENCY (HHSA) REGIONS OF SAN DIEGO

San Diego County is divided into 6 Health and Human Services Agency regions by zip code. The following list presents the regions and the zip codes contained therein.

FIGURE 13:

HHSA Regions of
San Diego County



Central Region

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 Region

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 Region

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 Region

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 Region

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 Region

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.

DATA SOURCES

San Diego County HIV Counseling and Testing Data, State of California, Department of Health Services, Office of AIDS.

California HIV Counseling and Testing Annual Reports, State of California, Department of Health Services, Office of AIDS, HIV Prevention Research and Evaluation.



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