

HIV Counseling and Testing Report 2007



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES



HIV Counseling and Testing Report 2007

Contact us for more information at:

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

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

For HIV testing locations and hours in
San Diego County see Appendix IV or call
(619) 296-2120

This report is available on the web at:

www.sdhivaid.org

Jean Shepard, Director
Wilma J. 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
Samantha Tweeten, Ph.D., (619) 515-6673
Susan Salgado, (619) 515-6612

ACKNOWLEDGEMENTS

HIV, STD and Hepatitis Branch

Lauren Farber-Brookshire, M.P.H./M.S.W.

Clinic Services Coordinator, HIV, STD and Hepatitis Branch

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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 FDA approved for individuals younger than 13). The most current year of HCT available for analysis is 2006.

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 do not. 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 do not 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 II.

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 2006, rapid tests accounted for over 91% of all anonymous tests.

Since the rapid test 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 few years (from 9,781 in 2002 to 5,845 in 2006). Although the rapid test has decreased the number of tests, it has increased the percentage of clients who receive their results from 72% (7,042) in 2002 to 97% (5,670) in 2006.

The majority of individuals seeking anonymous HIV counseling and testing services in San Diego County are male (78% male and 22% female in 2006). In general, males coming in for services are less racially diverse and older than females in any particular year. Each year since 2000, a smaller percentage of testers were black and a greater percentage were white, Hispanic or Asian/Pacific Islander. Proportions of testers by age show a slight decrease in younger ages and a slight increase in older ages between 2000 and 2006. Beginning in 2004, a greater percentage of testers were high risk each year (65% in 2006).

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 2.6 in 2006.

Males test positive at a much higher rate than females (3.0 versus 1.3 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 2006. The rate testing positive for females in 2006 was 1.3, compared to 0.7 in 2000. The increase for women was not a statistically significant increase. See Appendix I for more information on rates and statistical significance.

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 4.7 in 2006. Between 2004 and 2005, the rate testing positive for Asian/Pacific Islanders increased from 1.7 to 3.2, dropping to 2.1 in 2006. The rate for Asian/Pacific Islanders is based on small numbers and the changes were not statistically significant. Rates for whites increased in 2002 to 2.0 but have decreased slightly to 1.7 in 2006.

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 35-49 and 25-34 (3.5 and 2.3 respectively).

Historically, HCT testers who report residing in 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 (5.3 in 2006). Region is assigned by reported zip code of residence. See Appendix III for more information about the regions.

During the counseling session, sexual and substance-use behaviors are assessed. These behaviors are sorted into the likely mode of transmission or risk group. Many groups have a lower than County average rate of HIV infection or rates cannot be calculated annually due to insufficient data. Risk groups have been collapsed to those with sufficient data and a rate higher than the County average, and all other groups combined. The counselor form was revised in 2001 so that injection drug use (IDU) is only recorded if it occurred since their last test or within 2 years, whichever is less. Since 2001, data has been insufficient to calculate an HIV infection rate for IDU, therefore it is collapsed into 'All Other'. See Appendix II for more information on risk groups.

Among HCT testers, the MSM (men who have sex with men) 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 during 2004-2006 (4.4, 4.0, 4.1).

Some trends in overall anonymous testers are similar for the MSM group. The MSM group has the highest rate per 100 by age among 35-49 year olds (5.1 in 2006), followed by 25-34 year olds (3.7 in 2006). Hispanics in the MSM group now have the highest rate compared to other racial/ethnic groups, 7.4 per 100 in 2006. MSM group testers residing in the South HHS region have had the highest rates of HIV infection since 2001, with

the rate increasing each year (from 6.1 in 2001 to 13.0 in 2006).

Young MSM, ages 12-24, have a small number of testers, so two years of data are combined to help stabilize rates. Although rates testing HIV positive for young MSM increased from 1996/1997 through 2000/2001, the change was not statistically significant (from 2.3 to 3.8). The rate has since declined over the last two time periods (from 3.3 in 2002/2003 to 2.3 in 2004/2005).

Revised CDC Recommendations

New HIV testing recommendations were released by the Centers for Disease Control and Prevention (CDC) in September 2006. Routine HIV testing is now advised as part of regular health care for adults, adolescents, and pregnant women.

Routine HIV testing is recommended because individuals who know their HIV status are more likely to take measures to protect their own health and lower the risk of transmission to future partners. It is estimated that through 2003, between 252,000 and 320,000 persons in the U.S. were HIV infected and unaware of their infection.

The *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings* is available online at www.cdc.gov.

For a list of no cost or low cost HIV testing sites in San Diego County, see Appendix IV.

FIGURE 1:
Rate per 100 Testing HIV+, All Testers, Anonymous HCT, San Diego County, 1990-2006.

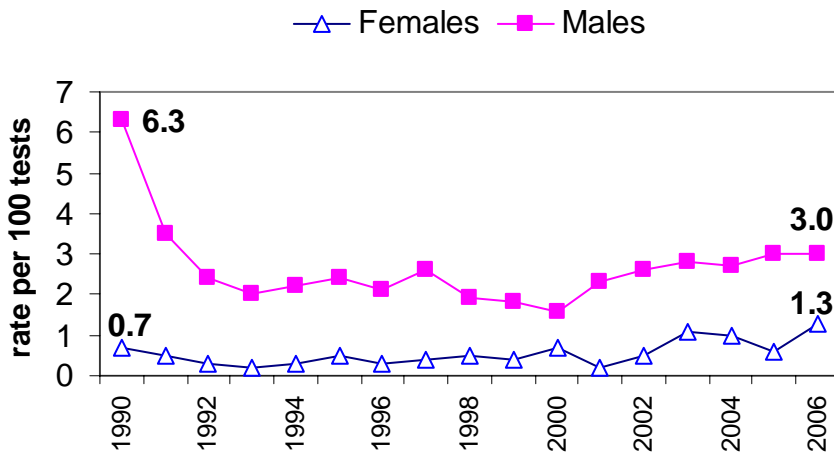
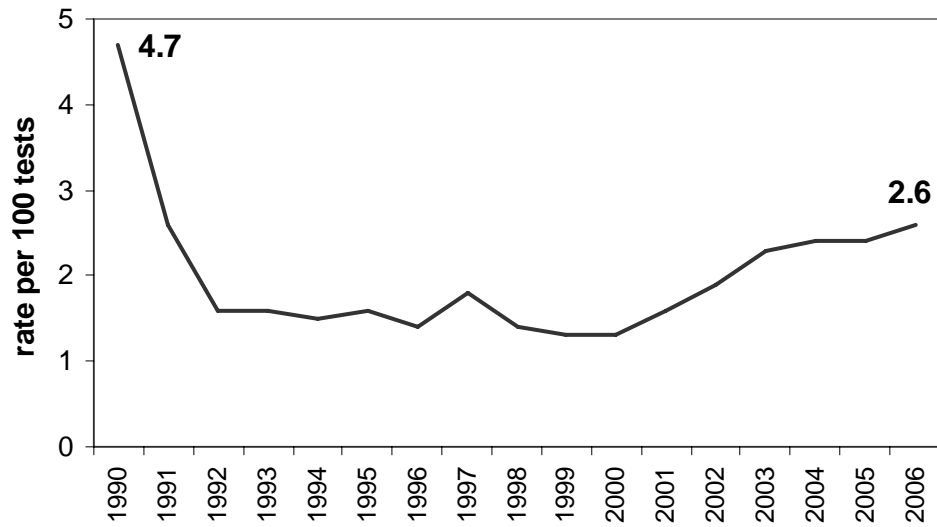


FIGURE 2:
Rate per 100 Testing HIV+ by Gender, Anonymous HCT, San Diego County, 1990-2006.

FIGURE 3:
Rate per 100 Testing HIV+ by Racial/Ethnic Group, Anonymous HCT, San Diego County, 2000-2006.

Trend lines for other racial/ethnic groups could not be calculated due to insufficient data.

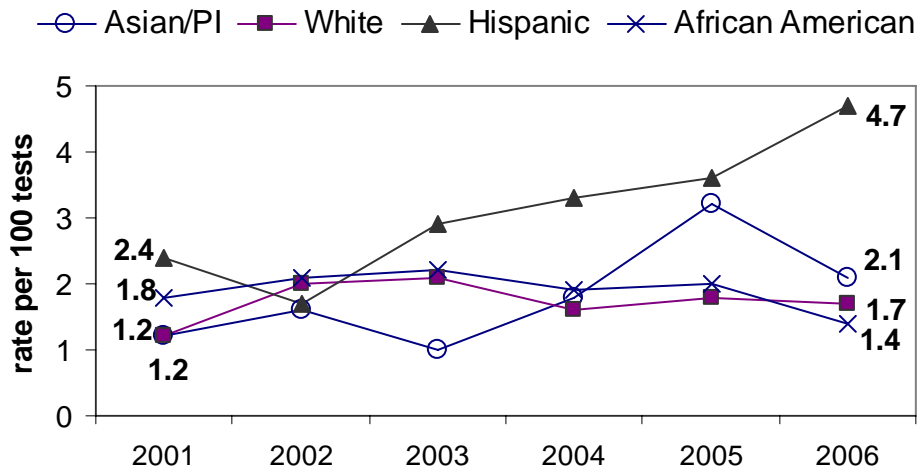
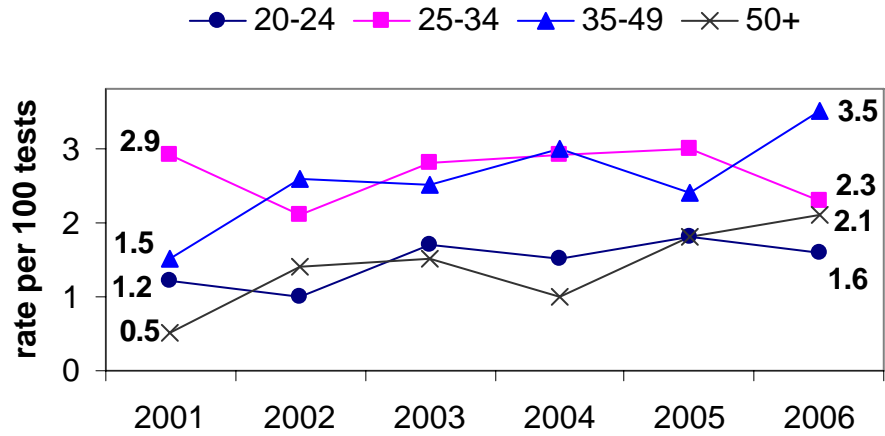


FIGURE 4:

Rate per 100 Testing HIV+ by Age Group, Anonymous HCT, San Diego County, 2000-2006.

Trend lines for the Under 20 age group could not be calculated due to insufficient data.



◆ Ages 12-24 ■ Ages 25-50+

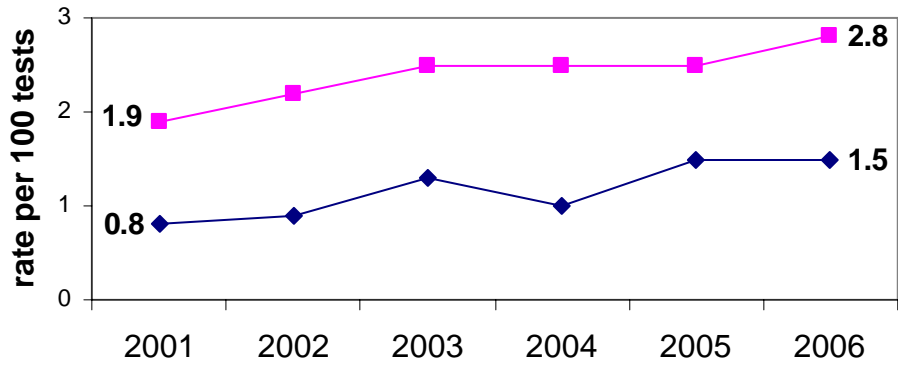


FIGURE 5:

Rate per 100 Testing HIV+ by Ages 12-24 and Ages 25-50+, Anonymous HCT, San Diego County, 2000-2006.

FIGURE 6:

Rate per 100 Testing HIV+ by HHS Region, Anonymous HCT, San Diego County, 2000-2006.

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

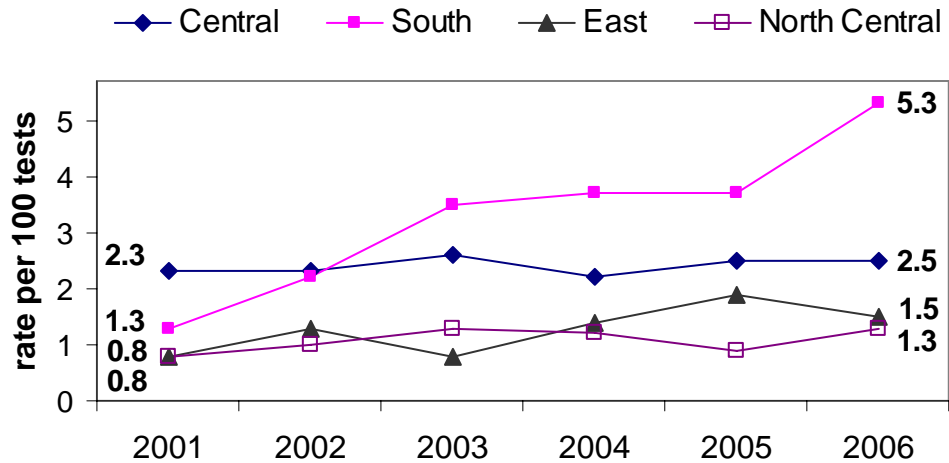


FIGURE 7:

Rate per 100 Testing HIV+ by Risk Group, Anonymous HCT, San Diego County, 2000-2006.

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

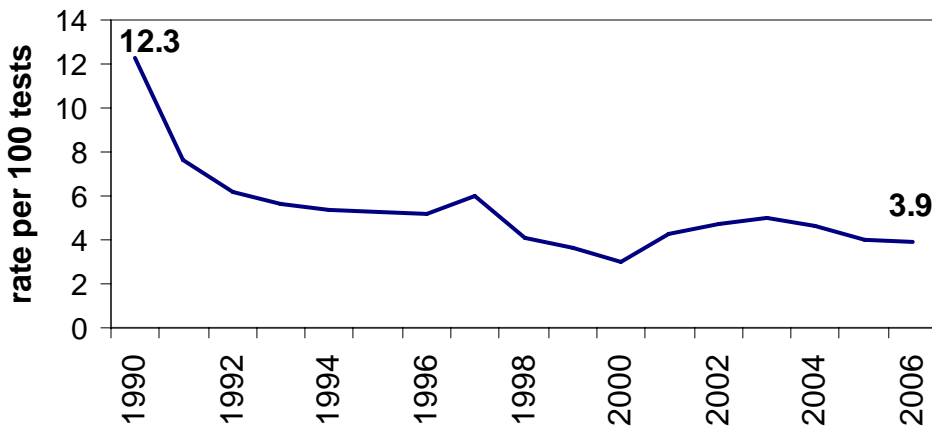
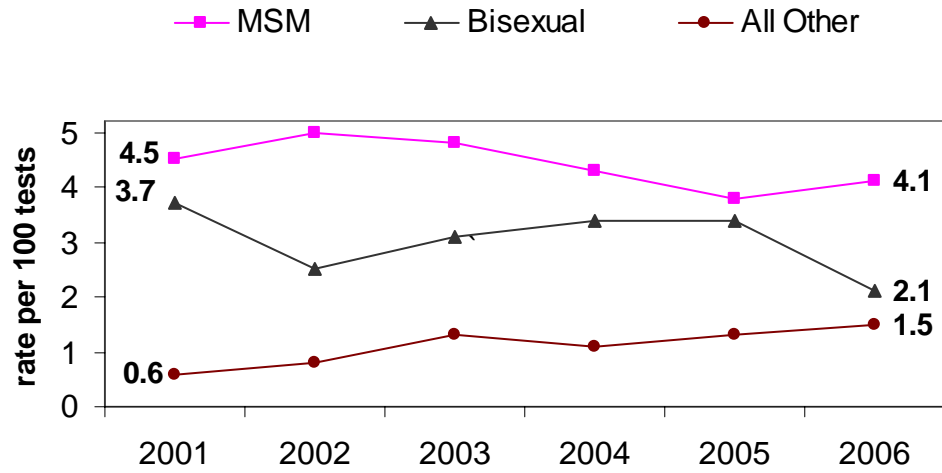


FIGURE 8:

Rate per 100 Testing HIV+ MSM Group, Anonymous HCT, San Diego County, 1990-2006.

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, 2000-2006.

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

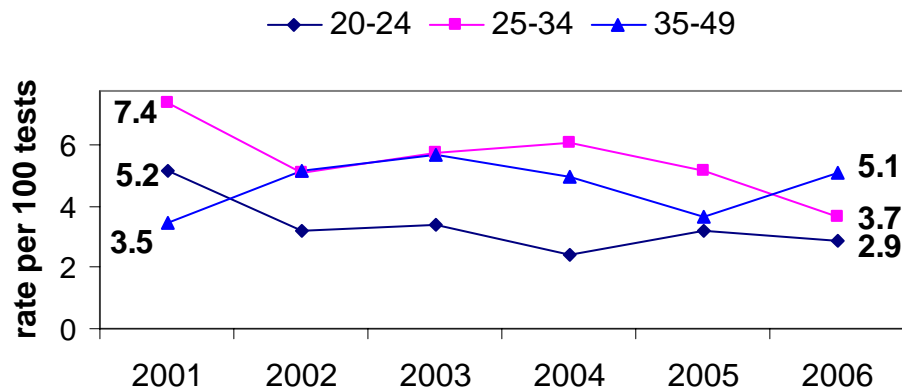


FIGURE 10:

Rate per 100 Testing HIV+, MSM Group by Racial/Ethnic Group, Anonymous HCT, San Diego County, 2000-2006.

Trend lines could not be calculated for Blacks in 2006 due to insufficient data.

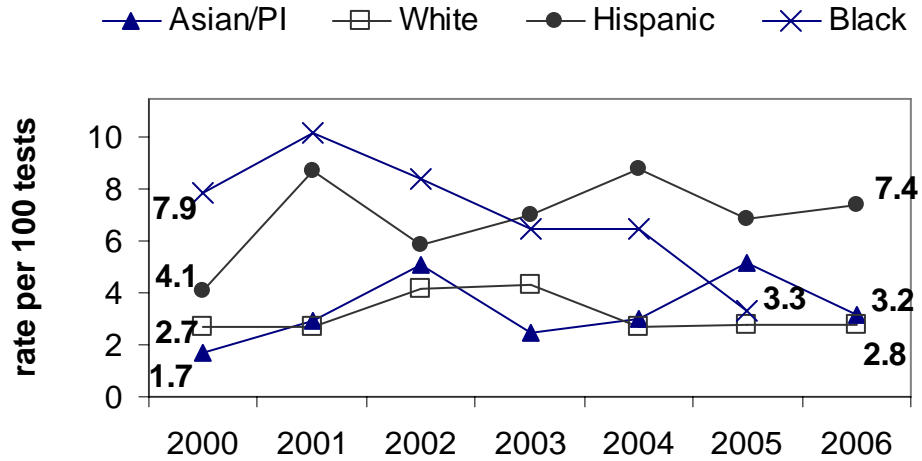


FIGURE 11:

Rate per 100 Testing HIV+, MSM Group by HHSA Region, Anonymous HCT, San Diego County, 2000-2006.

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

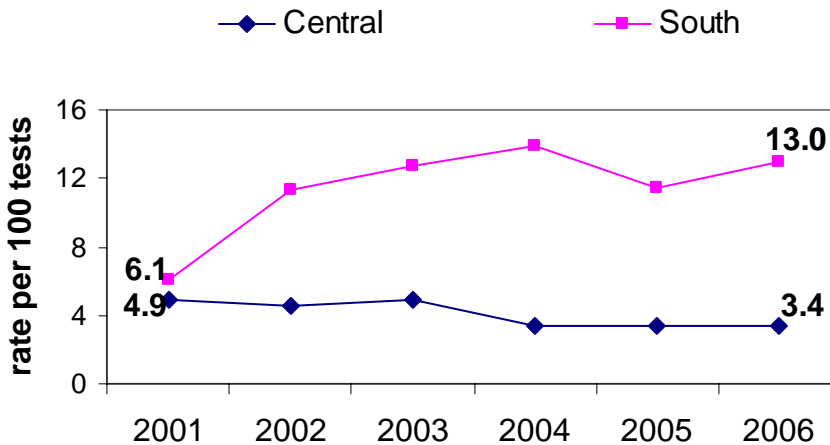
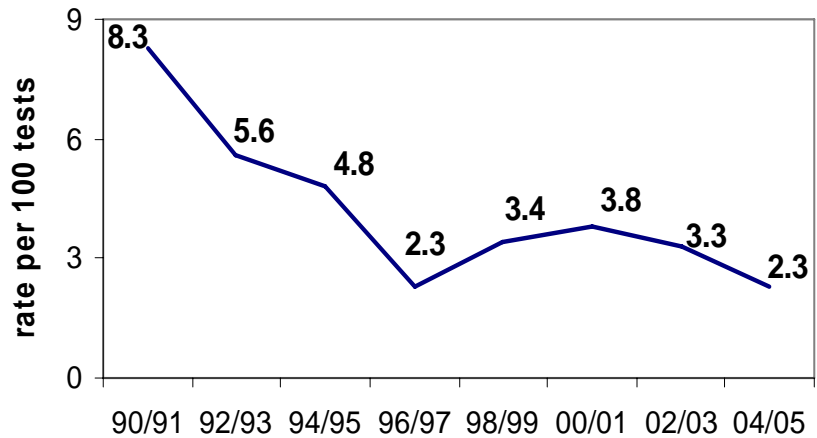


FIGURE 12:

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

Two years averages are used to help stabilize rates based on small numbers. Another data point will be added when 2007 data are available.



APPENDIX

APPENDIX I

TECHNICAL NOTES

Calculating a rate of HIV infection is a better indication of the burden of disease for a given group of HCT testers than just looking at the raw numbers. The distribution of testers by demographic group are not usually the same. A rate normalizes the raw number and allows groups with dissimilar sizes to be compared. Rates may be based on the population at large (for AIDS rates) or a subpopulation utilizing services (clients presenting for HIV Counseling and Testing or HCT rates) or individuals in a research study (STD seroprevalence study).

HCT Rates

A rate is calculated by dividing the number of HIV testers with a confirmed HIV positive test in a given time period by the total number of testers in that group in the same time period. The proportion of HIV positive tests in a given group is then multiplied by 100 to give the rate per 100. For example, in year 2006, there were 150 HIV positive tests among anonymous HCT testers in San Diego County. In the same year, there were 5,845 anonymous HCT tests in San Diego County. When the number of events (150) is divided by the group size (5,845) and multiplied by 100, the result is:

$(150/5,845)*100 = 2.6$ HIV positive tests per 100 HCT testers in San Diego County.

Rates in the HCT Report are not based on population size but rather on the clients voluntarily presenting for publicly-funded testing. This data does not represent the general population in San Diego County.

Rates are not calculated when there are fewer than five (5) HIV positive tests in one year (insufficient data).

Statistics

Fluctuation in rates occurs over time and between groups. The smaller the number of events (i.e., HIV positive tests), the greater the fluctuation. Statistical tests are often used to determine when one rate is different from another. One such test is used in this report, the 95% confidence interval. When rates are described here as 'statistically significant' or 'significant', the rates can be said to be different from each other with 95% confidence ($p < .05$).

APPENDIX II

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 two (2) years or since the last test result (whichever is less) to be recorded. NOTE: This change resulted in far fewer tests assigned to Injection Drug Use (IDU), and rates can no longer be calculated due to fewer than five (5) HIV positive tests per year.

For the purposes of analysis, some risk groups have been combined. Below are the definitions used here:

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 male and female partners.

Combined Risk Groups:

MSM Group: a combination of three (3) risk groups that have in common male to male sexual contact. This includes men who report having sex with a male, or male and female partner and also report using injection drugs (Gay/Bi IDU), MSM and Bisexual men.

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

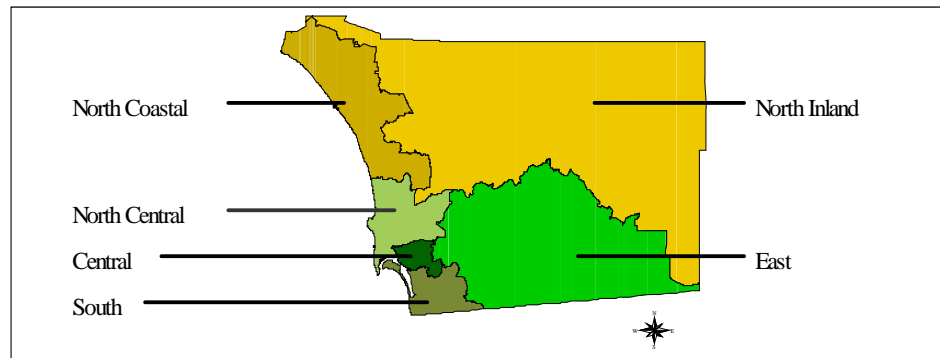
APPENDIX III

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

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

FIGURE 13:

HHS 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.

APPENDIX IV



County of San Diego
 Health and Human Services Agency
 P.O. Box 85222 San Diego, CA 92186-5222

HIV Testing Sites

No appointment necessary

- Testing is done anonymously – medical staff will not know your name, you will be known by a number given to you. **HIV testing is free.**

**Public Health Services
 HIV Services-ATS**
 3851 Rosecrans St, Suite B
 San Diego, CA 92110
 (619) 296-2120

Rapid testing available

**Monday, Tuesday, Wednesday
 and Thursday**
 7:30 a.m. – 4:30 p.m.

Friday
 10:00 a.m. – 4:00 p.m.

**San Diego LGBT Community Cen-
 ter, Health Services**
 2313 El Cajon Blvd.
 San Diego, CA 92103
 (619) 260-6380

Rapid testing available

Monday
 10:00 a.m. – 3:00 p.m.
Tuesday
 *9:00 a.m. – 3:00p.m.
Thursday
 *9:00a.m. – 3:00 p.m.
Friday
 10:00 a.m. – 3:00 p.m.

**UCSD AVRC is providing the EarlyTest
 on Tuesdays and Thursdays*

**Central Region
 Public Health Center**
 5202 University Ave.
 San Diego, CA 92105
 (619) 229-5400

Friday
 10:00 a.m. – 4:00 p.m.

Hours subject to change within each clinic.

The clinics listed above will close when capacity is met.

For information on HIV Mobile Testing Sites call (619) 296-2120

APPENDIX IV *continued*

Condado de San Diego
 Agencia de Servicios Humanos y de Salud
 P.O. Box 85222 San Diego, CA 92186-5222

Ubicaciones Para la Prueba del VIH

No es necesario hacer cita

- Prueba anónima – personal médico no conocerá su nombre, a usted lo conocerán solamente por un numero. **La prueba del VIH (SIDA) es gratis.**

Servicios de Salud Pública
 Servicios de VIH-ATS
 3851 Rosecrans St. Suite B
 San Diego, CA 92110
 (619) 296-2120

prueba rápida disponible

Lunes, Martes, Miércoles y Jueves
 7:30 a.m. -4:30p.m.

Viernes
 10:00a.m. -4:00p.m.

**Centro Comunitario LGBT
 de San Diego, Servicios de
 Salud**
 2313 El Cajon Blvd.
 San Diego, CA. 92103
 (619) 260-6380

prueba rápida disponible

Lunes
 10:00 a.m. – 3:00 p.m.

Martes
 *9:00 a.m.-3:00 p.m.

Jueves
 *9:00 a.m. – 3:00 p.m.

Viernes
 10:00 a.m.-3:00 p.m.

**UCSD-AVRC provee las pruebas
 del Martes Y Jueves temprano.*

**Centro de Salud Publica de la
 Region Central**
 5202 University Ave.
 San Diego, CA 92105
 (619) 229-5400

Viernes
 10:00 a.m. – 4:00 p.m.

Estas clínicas pueden ser cerradas antes de tiempo dependiendo en la demanda de clientes solicitando servicios. **Para información sobre la unidad móvil del VIH favor de llamar al (619) 296-2120.**

APPENDIX IV *continued*

County of San Diego
Health and Human Services Agency
Sexually Transmitted Diseases and Hepatitis Prevention Branch
P.O. Box 85222 San Diego, CA 92186-5222

STD Clinics

No appointment necessary

- Testing and treatment of sexually transmitted diseases (STDs)
- Services available for ages 12 and older
- Hepatitis services available according to risk criteria
- Confidential HIV testing available with STD examination – you use your name but your identity is protected by law
- \$15.00 fee covers testing, treatment, vaccinations, lab work, in-stock medications and any follow-up visit within 30 days of exam. The fee may be waived if you are unable to pay

The clinics listed below are walk-in clinics and register as many people as each clinic can accommodate. Please register for your visit as early in the day as possible. The clinic will close when capacity is met.

All services are confidential

County Health Services Complex
3851 Rosecrans St.
San Diego, CA 92110
(619) 692-8550

Monday – Thursday
7:30 a.m. – 4:00 p.m.

Friday
10:00 a.m. – 4:00 p.m.

North Coastal Public Health Center
104 South Barnes Street
Oceanside, CA 92054
(760) 967-4401

Wednesday
2:00 p.m. – 7:30 p.m.

Central Region Public Health Center
5202 University Ave.
San Diego, CA 92105
(619) 229-5400

Tuesday
1:00 p.m. – 7:30 p.m.

Friday
10:00 a.m. - 4:00 p.m.

South Region Public Health Center
690 Oxford St.
Chula Vista, CA 91911
(619) 409-3110

Thursday
12:00 p.m. – 6:00 p.m.

APPENDIX IV *continued*

Condado de San Diego
 Agencia de Servicios Humanos y de Salud
 Clínicas para Enfermedades y Programa de Prevención al Hepatitis
 P.O. Box 85222 San Diego, CA 92186-5222

Clínicas ETS

No es necesario hacer cita

- Prueba y tratamiento de enfermedades transmitidas sexualmente (ETS)
- Los servicios son disponibles para personas de 12 años y mayores
- Servicios de Hepatitis disponibles conforme a criterio de riesgo
- Prueba confidencial de VIH disponible con el examen de ETS – Usted usa su nombre, pero su identidad es protegida por ley
- \$15.00 cubre pruebas, tratamiento, vacunación, pruebas de laboratorio, medicamento y visitas adicionales durante los primeros 30 días, de su examen. La cuota puede ser suspendida si no puede pagar

Las siguientes clínicas no requieren cita previa y registran la máxima capacidad de personas que sea posible servir. Favor de registrarse lo mas temprano posible. La clínica cerrará al llenarse el cupo.

Todos los servicios son confidenciales

<p>Edificio de Servicios de Salubridad del Condado 3851 Rosecrans St. San Diego, CA 92110 (619) 692-8550</p> <p>Lunes – Jueves 7:30 a.m. – 4:00 p.m.</p> <p>Viernes 10:00 a.m. – 4:00 p.m.</p>	<p>Centro de Salud Pública de la Región Norte Costera 104 South Barnes Street Oceanside, CA 92054 (760) 967-4401</p> <p>Miércoles 2:00 p.m. – 7:30 p.m.</p>	<p>Centro de Salud Pública de la Región Central 5202 University Ave. San Diego, CA 92105 (619) 229-5400</p> <p>Martes 1:00 p.m. – 7:30 p.m.</p> <p>Viernes 10:00 a.m. – 4:00 p.m.</p>	<p>Centro de Salud Pública de la Región Sur 690 Oxford St. Chula Vista, CA 91911 (619) 409-3110</p> <p>Jueves 12:00 p.m. – 6:00 p.m.</p>
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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.

Estimated HIV Prevalence in the United States at the End of 2003, *Natl HIV Prev Conf.* 2005 Jun 12-15 (abstract no. TI-B1101), Glynn, M; Rhodes, P. CDC, Atlanta, GA.



Community Epidemiology • HIV/AIDS Epidemiology • PO Box 85222 • San Diego, CA 92186-5222