

# **AIDS IN MEN WHO HAVE SEX WITH MEN COUNTY OF SAN DIEGO, 2007**

**County of San Diego**  

---

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





# AIDS IN MEN WHO HAVE SEX WITH MEN, 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  
1700 Pacific Highway, P511C-A  
San Diego, CA 92101

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

This report is available on the web at:

[www.sdhivaid.org](http://www.sdhivaid.org)  
(click on 'Reports and Statistics')

Jean Shepard, Director  
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



The first AIDS cases diagnosed, in 1981, in the County of San Diego were two homosexual men. Since then “Men who have Sex with Men” (MSM) has been, and continues to be, the most commonly reported mode of transmission for HIV in those diagnosed with AIDS in the County. Cumulatively, as of 31 December, 2006, there have been 10,808 AIDS cases in the County in MSM and MSM who also use injected drugs (MSM+IDU). This constitutes 90% of all male cases and 83% of all cases reported in the County. There are an additional 1,200 cases in males without MSM reported as risk for transmission.

Rates are not calculated in this report because the number of persons who are MSM, IDU, or belong to other risk groups in the County of San Diego is not known. For purposes of this report, other modes of HIV transmission including IDU, heterosexual contact, receiving blood, blood products or tissues from another person, maternal transmission, and occupational exposures, are collectively referred to as non-MSM unless otherwise stated. All cases used in the analysis are male and adult or adolescent (over 12 years of age).

### **MEN WHO HAVE SEX WITH MEN**

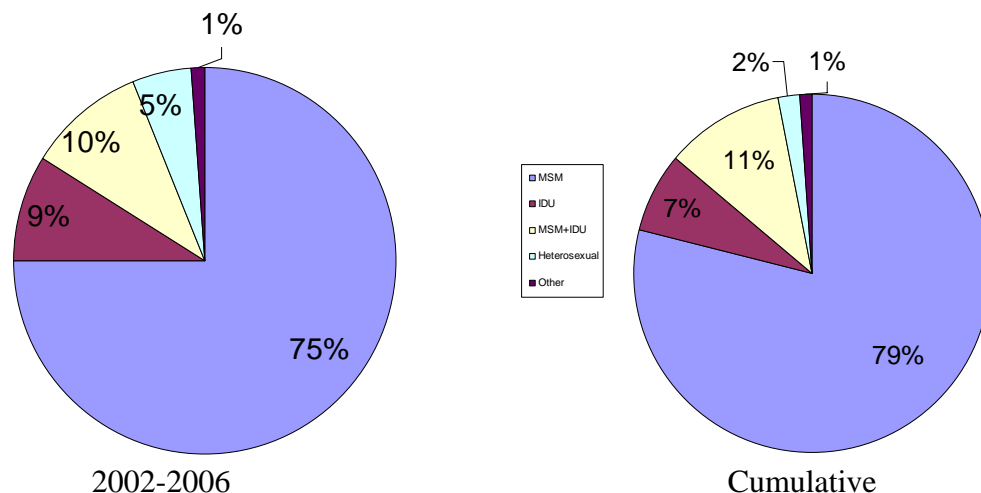
The MSM Group consists of gay or bisexual men (MSM) and gay or bisexual men who also inject drugs (MSM+IDU). Because this group is defined by behavior and not self-identification, it is comprised of all cases reporting male partners as a risk

for HIV transmission, including non-gay identified men who have male sex partners.

The most commonly reported mode of transmission risk for HIV in the County of San Diego, both cumulatively and recently (2002-2006), is MSM (75% recently), followed by MSM+IDU (10% recently) (see Figure 1 and Table 1). The third most common risk group is injecting drug use only (IDU) (10% recently). The MSM Group encompasses by far the highest proportion of male cases in the County (85% recently). This is a greater proportion than the Centers for Disease Control and Prevention (CDC) 2005 national estimate of 58%. The MSM Group is the most common risk reported across all racial/ethnic and adult/adolescent age groups. Additional modes of transmission, including IDU, heterosexual contact, receiving blood, blood products or tissues from other persons, and occupational exposures occur less frequently.

The proportion of MSM cases has declined significantly ( $p < 0.001$ ) over five-year time periods while the proportion of IDU has doubled ( $p < 0.001$ ) and heterosexual cases have increased more than five-fold ( $p < 0.001$ ) since the 1987-1991 time period (see Table 1). The proportion of MSM+IDU has not declined over time, but the smaller number of MSM-only cases means that the MSM Group (with all cases in MSM and MSM+IDU) has seen a reduction in proportion over time. The “other” transmission category (including transfusion, transplant, hemophilia, and risk not specified)

**FIGURE 1**  
Recent (2002-2006) and Cumulative (1981-2006) Reported Risks of Transmission in Adult and Adolescent Male AIDS Cases, San Diego County



seen in figures and tables, has also declined over time primarily because of the reduction in the number of those with blood or blood product transmission. This decline results from an increased capability to test blood, blood products and tissues.

**RACE/ETHNICITY**

Significantly more (66%,  $p < 0.001$ ) cumulative MSM Group AIDS cases in the County of San Diego are white compared to non-MSM cases (42%) (see Figure 2 and Table 2). The MSM Group cases are also less likely to be black ( $p < 0.001$ ) or Hispanic

**TABLE 1**  
Reported Modes of HIV Transmission Adult/Adolescent Male AIDS Cases Over 5-year Time Periods, San Diego County

	Time period of diagnosis					cumulative
	1981-1986	1987-1991	1992-1996	1997-2001	2002-2006	
MSM	85.7%	83.3%	79.9%	74.6%	75.2%	79.4%
IDU	1.5%	4.5%	6.7%	9.2%	8.7%	6.7%
MSM+IDU	8.1%	9.7%	11.4%	13.0%	9.7%	10.9%
Heterosexual	0.2%	0.7%	0.5%	2.4%	5.5%	1.6%
Other*	4.4%	1.9%	1.4%	1.0%	1.0%	1.5%
Total in group	456	3,125	4,471	2,148	1,175	11,975

\*Includes transfusion, transplantation, hemophilia, and not specified.

Note: columns may not total 100% due to rounding.

FIGURE 2

Race/Ethnicity of MSM and Non-MSM Cumulative (1981-2006) Adult/Adolescent AIDS Cases, San Diego County

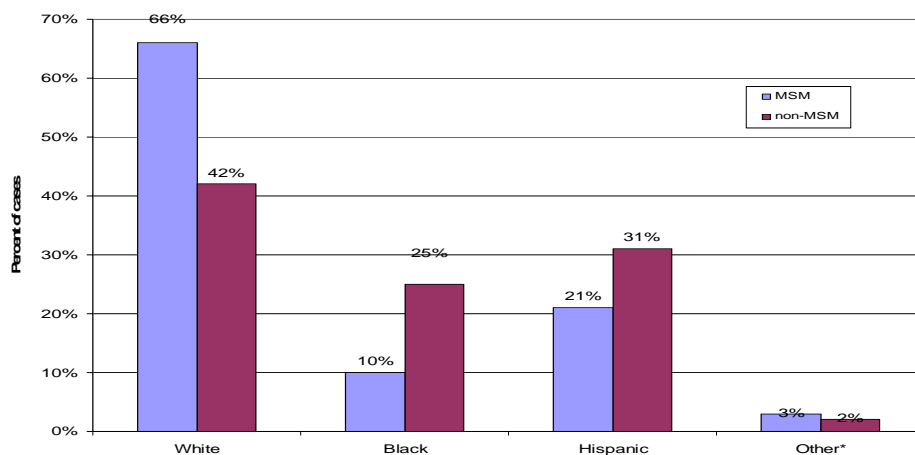


TABLE 2

Race/Ethnicity in Cumulative (1981-2006) and Recent MSM and non-MSM Adult/Adolescent AIDS Cases, San Diego County

	Risk Group							
	MSM Only		MSM+IDU		All MSM		Non-MSM	
	recent*	cumulative	recent*	cumulative	recent*	cumulative	recent*	cumulative
White	50.0%	66.4%	62.2%	64.5%	51.4%	66.2%	36.2%	42.2%
Black	11.7%	12.3%	15.7%	14.4%	12.1%	9.9%	21.6%	24.6%
Hispanic	34.7%	30.8%	18.0%	18.7%	32.8%	21.3%	40.7%	31.4%
Other*	3.7%	15.0%	4.1%	2.4%	3.7%	2.6%	1.5%	1.8%
Total	1,335	9,506	172	1,302	1,507	10,808	268	1,167

\*Includes Asian, Pacific Islander, and Native American.

Note: Percent may not total 100 due to rounding.

( $p < 0.001$ ) than non-MSM cases but more likely ( $p = 0.048$ ) to be Asian/Pacific Islander.

The proportion of whites in the MSM Group has significantly decreased over 5-year time periods ( $p < 0.001$ ) (see Table 3). As the proportion of whites has decreased, the proportion of black ( $p < 0.001$ ), Hispanic ( $p < 0.001$ ) and Asians/Pacific Islander ( $p < 0.001$ ) cases has increased significantly

over the same 5-year time periods. There has been no significant change in the proportion of Native Americans.

### AGE AT DIAGNOSIS

Those in the MSM Group (average age 37.8 years) are significantly younger than non-MSM cases (average age 40.4 years), both cumulatively ( $p < 0.001$ ) and in recent years (2002-2006) ( $p < 0.001$ ) (see Table 4).

**TABLE 3**

Race/Ethnicity in MSM Group (MSM and MSM+IDU) Adult/Adolescent AIDS cases by Five-Year Time Periods, San Diego County

	Time period					cumulative
	1981-1986	1987-1991	1992-1996	1997-2001	2002-2006	
White	83.6%	77.1%	68.5%	52.3%	51.4%	66.2%
Black	6.1%	8.1%	9.7%	12.3%	12.1%	9.9%
Hispanic	9.3%	13.0%	18.9%	32.4%	32.8%	21.3%
Other*	0.9%	1.8%	2.8%	3.0%	3.7%	2.6%
Total in group	428	2,905	4,085	1,883	1,507	10,808

\*Includes Asian, Pacific Islander, and Native American.

Note: Percent may not total 100 due to rounding.

**TABLE 4**

Age at Diagnosis in MSM and Non-MSM AIDS Adult/Adolescent AIDS Cases, San Diego County

	MSM only		MSM+IDU		all MSM		Non-MSM	
	recent*	cumulative	recent*	cumulative	recent*	cumulative	recent*	cumulative
Mean age (years)	39.8	37.9	40.6	36.7	39.9	37.8	42.8	40.4
Median age (years)	39.0	37.0	40.0	36.0	39.0	37.0	43.0	39.0
Range (years)	17-84	13-92	21-66	17-67	17-84	13-92	13-75	13-82
Total cases	1,335	9,506	172	1,302	1,507	10808	268	1,167

\*2002-2006

The difference in age is somewhat more pronounced in recent years with MSM cases on average 2.9 years younger than non-MSM cases compared to 2.6 years younger over the course of the entire epidemic. This is due in part to the increase in age at diagnosis amongst IDU cases in recent (2002-2006) years compared to MSM cases. Although MSM are significantly younger than non-MSM, this difference is unlikely to be clinically significant.

Over the course of the epidemic, both the MSM Group and non-MSM cases have had the most cases in the 30-39-year age group at the time of diagnosis (46.7% and

36.6% respectively) although the non-MSM group has more cases in older age groups. In recent years (2002-2006) however, there has been a shift in age groups with the MSM Group still primarily represented by the 30-39-year age grouping (38.9%), but the non-MSM group having more cases in the 40-49-year age group (37.7%) (see Table 5).

**CURRENT AGE (2004)**

The average age of adult/adolescent male AIDS cases in the County of San Diego alive in 2004 is about 46 years. (see Table 6). There is no statistical difference between the MSM Group and non-MSM



TABLE 5

Age Group at Diagnosis in Recent and Cumulative (1981-2006) MSM and Non-MSM AIDS Cases, San Diego County

Age group (years)	MSM only		MSM+IDU		All MSM		Non-MSM	
	recent*	cumulative	recent*	cumulative	recent*	cumulative	recent*	cumulative
13-19	0.5%	0.2%	0.0%	0.1%	0.5%	0.2%	0.7%	2.0%
20-29	12.0%	16.1%	11.0%	18.8%	11.9%	16.4%	10.4%	13.2%
30-39	39.5%	46.4%	34.3%	49.2%	38.9%	46.7%	28.4%	36.6%
40-49	33.9%	26.9%	41.3%	24.6%	34.8%	26.6%	37.7%	30.1%
50+	14.1%	10.5%	13.4%	7.3%	14.0%	10.1%	22.8%	18.2%
Total	1,335	9,506	172	1,302	1,507	10,808	268	1,167

\*2002-2006

Note: Percentages may not total 100 due to rounding.

TABLE 6

Age in 2006 of Living MSM and Non-MSM AIDS Cases, San Diego County

	all MSM	MSM only	MSM+IDU	non-MSM
Mean age (years)	45.8	45.6	45.2	46.6
Median age (years)	45.0	45.0	45.0	46.0
Range (years)	21-85	21-85	23-74	16-78
Total cases	4,973	4,388	585	576

cases.

**AGE AT DEATH**

Just as non-MSM cases are, on average, almost 3 years older at diagnosis than MSM cases, among those who have died they are about 3 years older at the time of death. The average age at death in the MSM Group is 40.6 years, significantly ( $p=0.001$ ) younger than the 43.3 years seen in non-MSM cases. Like differences in age at diagnosis, however, this is unlikely to be clinically significant.

**SURVIVAL**

The average length of survival in those cases who have died increased between the

1981-1986 diagnosis time period and the 1992-1996 diagnosis time period in all groups (see Table 7). The apparent decrease in survival time in the recent time period is likely to result from those who have very short survival times and insufficient time for longer lived cases to die.

There is no difference in the length of survival among deceased cases between the MSM Group than the non-MSM cases, diagnosed prior to 2002, across 5-year time periods. Differences in the 2002-2006 time period are difficult to assess because this period has many fewer deaths than previous time periods. It is possible that more cases in this time frame will have earlier diagnoses, based on lowered CD<sub>4</sub> count or per-

TABLE 7

Length of Survival (months) by 5-year Time Periods in MSM, MSM+IDU, and Non-MSM Deceased Adult/Adolescent AIDS Cases, San Diego County

Months, from diagnosis to death		Time period of diagnosis			
		1981-1986	1987-1991	1992-1996	1997-2001*
MSM only	mean	14.7	23.7	29.1	21.8
	median	8	17.0	19	10
	range	0-155	0-200	0-173	0-109
	percent deceased	98.5%	92.1%	54.0%	18.0%
MSM + IDU	mean	15.4	29.1	40.2	35.8
	median	11.5	20	27	28.5
	range	0-48	0-177	0-154	0-110
	percent deceased	97.3%	90.7%	56.9%	32.1%
All MSM	mean	14.8	24.2	30.5	9.8
	median	8.0	18.0	20.0	4.3
	range	0-155	0-200	0-173	0-49
	percent deceased	98%	91.9%	54.3%	12.4%
Non-MSM	mean	9.4	21.2	26.5	10.2
	median	4.0	13.0	16.0	8.8
	range	0-79	0-175	0-142	0-52
	percent deceased	96.4%	91.4%	65.3%	14.8%

\*The number in this time frame is expected to increase over time.

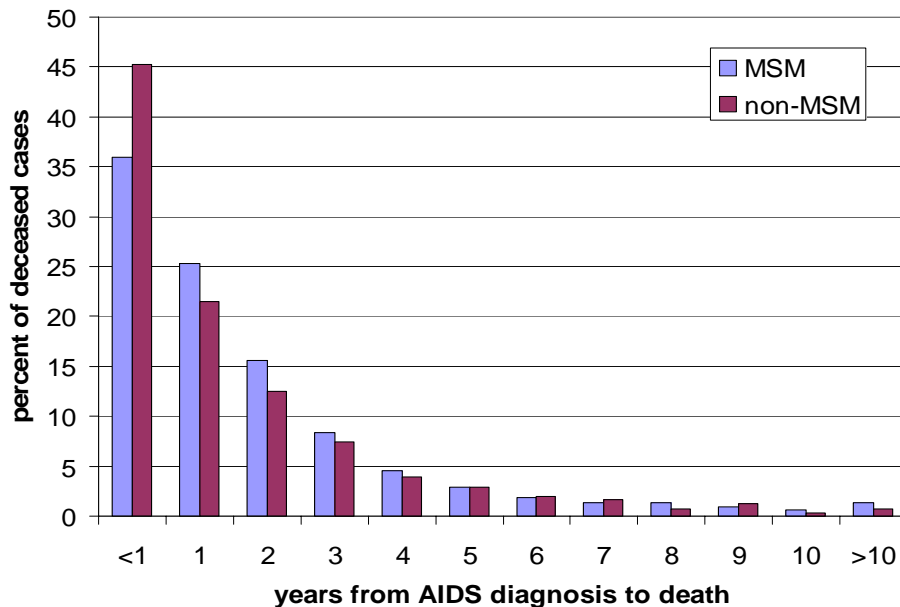
centages under the 1993 case definition. With earlier diagnosis and the potential for early treatment to maintain health, the length of survival from diagnosis to death should be extended.

Most male AIDS cases have survival less than three years (see Figure 4). Significantly fewer MSM than non-MSM cases have survival less than one year ( $p < 0.001$ ). There is also a difference for those with survival of 1-2 years ( $p = 0.020$ ), but there is no statistical difference in the proportion of MSM and non-MSM cases ( $p = 0.339$ ) with survival for five or more years. When the distribution of cases with less than one year of survival is examined over time periods

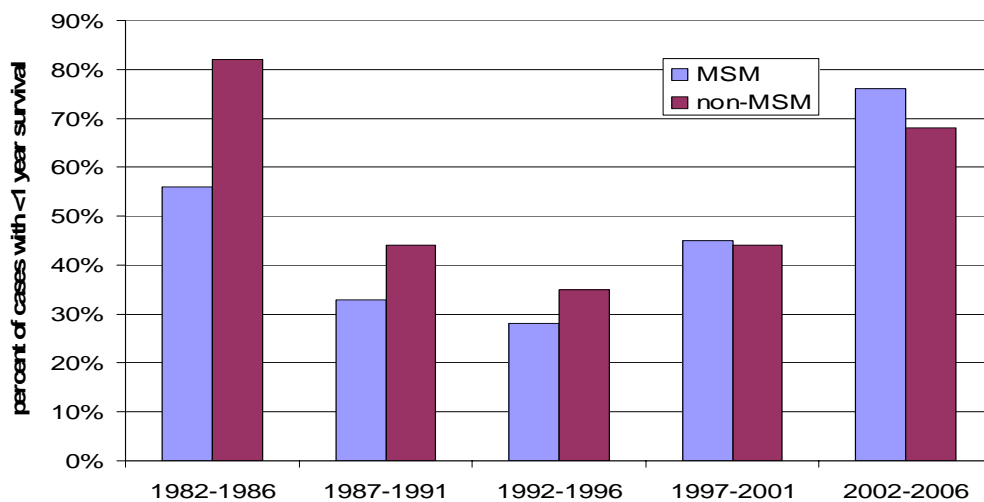
(see Figure 5) significant differences between MSM and non-MSM cases are seen in the 1981-1986 ( $p = 0.009$ ), 1987-1991 ( $p = 0.002$ ), and 1992-1996 ( $p = 0.012$ ) time periods, but not the 1997-2001 ( $p = 0.790$ ) time period. Most of the cases with survival less than one year were diagnosed before 1995, most before the 1993 change in case definition to include lowered CD4 counts and percentages. These cases are more likely to have more advanced disease at the time of diagnosis than later cases after the 1993 case definition change.

When male adult/adolescent cases diagnosed in 2001, both living and deceased, are examined, the proportion of cases surviving

**FIGURE 4**  
 Years from AIDS Diagnosis to Death in Deceased Adult/Adolescent MSM and non-MSM Cumulative AIDS Cases, San Diego County



**FIGURE 5**  
 Distribution of Adult/Adolescent MSM and Non-MSM AIDS Cases with Survival Less Than 1 Year by 5-Year Time Period, San Diego County



more than 12, 24 and 36 months does not differ significantly between MSM and non-MSM cases (see Table 8). The MSM cases in the County do differ significantly from the national data which has greater proportions surviving to 12 ( $p < 0.001$ ), 24 ( $p = 0.012$ ), and 36 ( $p = 0.031$ ) months. No significant difference is seen between the County and national data for non-MSM cases.

### TIME FROM HIV TO AIDS

The mean time from reported HIV diagnosis to AIDS diagnosis is longer in cumulative MSM Group cases than in non-MSM cases. The distribution of these times, however, is highly skewed (see Figure 6). Cumulatively, 56% of male AIDS cases in the County of San Diego had less than a year between HIV diagnosis and

AIDS diagnosis. Four percent of AIDS cases had more than ten years between HIV and AIDS diagnoses.

In 1993 the AIDS case definition was changed by the CDC to include patients in whom the absolute CD4 count dropped below 200 or the proportion of CD4 cells below 14%. It was expected that this change would lead to diagnoses earlier in the disease progression. Earlier diagnosis should mean earlier treatment to slow progression of AIDS. Increased treatment options for patients with HIV should lengthen the time from HIV diagnosis to AIDS diagnosis.

When cases with less than a year between HIV and AIDS diagnosis are looked at in five-year time periods of diagnosis, it is apparent that, although there is a decrease in cases with less than a year be-

TABLE 8

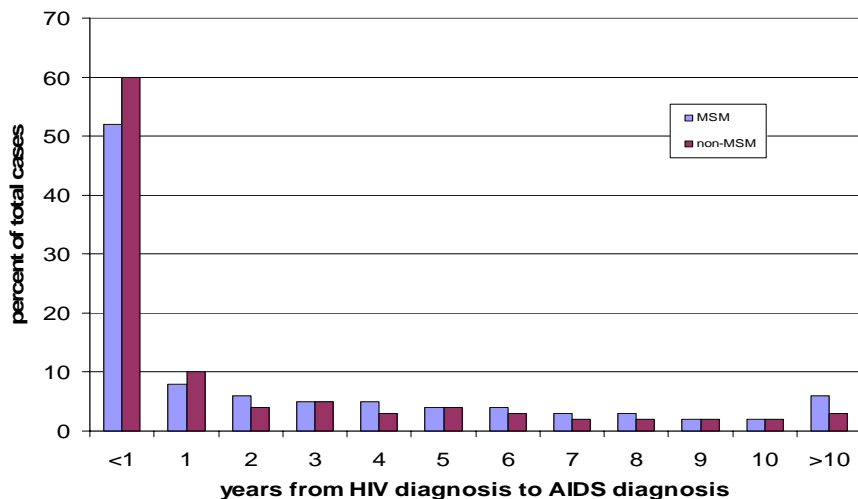
Proportion of Adult/Adolescent MSM and Non-MSM AIDS Cases Diagnosed in 2001 in San Diego County Surviving More Than 12, 24, and 36 Months, Compared to National Survival Data

		Survival from AIDS Diagnosis		
		>12 months	>24 months	>36 months
MSM only	SD County	0.88	0.86	0.84
	CDC	0.93	0.90	0.88
MSM+IDU	SD County	0.86	0.84	0.80
	CDC	0.93	0.89	0.84
all MSM	SD County	0.87	0.86	0.84
	CDC	0.93	0.90	0.88
non-MSM	SD County	0.90	0.88	0.85
	CDC	0.88	0.84	0.81

CDC=Centers for Disease Control and Prevention

SD County=County of San Diego

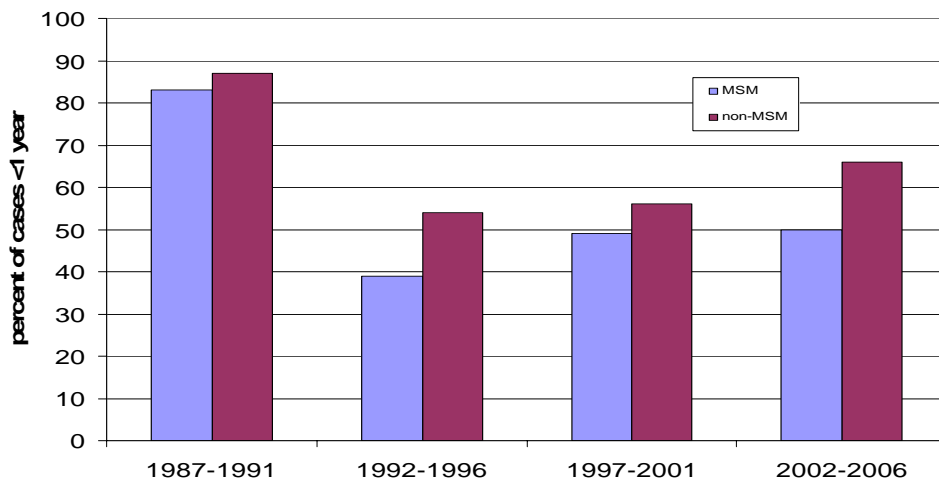
**FIGURE 6**  
 Years from HIV Diagnosis to AIDS Diagnosis in Cumulative (1981-2006) Adult/Adolescent MSM and Non-MSM AIDS Cases, San Diego County



tween HIV and AIDS diagnosis after the 1993 case definition change, there are still a significant number of cases with less than a year between HIV and AIDS diagnoses (see Figure 7). Although there is an overall trend towards fewer cases with less than

one year from HIV diagnosis to AIDS diagnosis, from a high of about 85% in 1987-1991 to a low of almost 40% in MSM in 1997-2001, there has been an increase in percent in the 2002-2006 time period. And, non-MSM cases have had a significantly

**FIGURE 7**  
 Percent of Adult/Adolescent MSM and Non-MSM AIDS Cases with Less Than One Year Between HIV Diagnosis and AIDS Diagnosis Over 5-Year Time Periods, San Diego County



greater proportion than MSM cases with less than 1 year across all time periods ( $p < 0.001$ ). Because the non-MSM cases are primarily made up of IDU, it is possible that part of this difference is due to a lack of healthcare seeking behaviors exhibited by IDU. For example, an IDU may be less likely to be tested for HIV early in the course of disease, but rather, get tested when presenting with an AIDS defining condition. A healthcare provider may be less likely to order an HIV test for a heterosexual regardless of IDU status, erroneously perceiving the patient’s risk of HIV acquisition as low. There also may be some healthcare providers who use the date of HIV positive testing in their facility as the date of first HIV positive if the results of previous tests are not known or reported to the provider. It is probable that some cases had earlier, but unreported HIV positive results. This would shorten the length of time from HIV diagnosis to AIDS diagnosis as reported .

**COUNTRY OF ORIGIN**

The majority of AIDS cases diagnosed in the County of San Diego, regardless of mode of transmission, were born in the United States (see Table 9). A significantly ( $p < 0.001$ ) higher proportion of the cumulative MSM Group (85.4%) were born in the US than the non-MSM cases (77.2%). This is not unexpected, as the MSM Group has a higher proportion of whites, more than 97% of whom were born in the US. Those in the cumulative non-MSM group are more likely to be Hispanic and Hispanics are less likely to born in the US. This significant difference, however, is maintained when controlling for race/ethnicity ( $p = 0.003$ ). In more recent (2002-2006) cases, MSM cases are also more likely to be born in the US ( $p = 0.16$ ), but this difference is not maintained when race/ethnicity is controlled for.

Members of the MSM Group are more likely to come from Asia and Australia/Oceania than non-MSM cases but less likely to come from Africa. There was less

**TABLE 9**  
Country of Origin of Cumulative (1981-2006) and Recent Adult/Adolescent Male AIDS Cases, San Diego County

Origin.	All MSM		Non-MSM	
	cumulative	2002-2006	cumulative	2002-2006
USA	85.4%	72.3%	75.9%	65.2%
US Dependency	0.4%	0.3%	2.1%	1.9%
Other	15.0%	27.3%	22.0%	33.0%
total in group	10,805	1,504	1,166	267

Note: Columns may not total 100% due to cases with unknown origin.

difference in the proportion of those coming from Mexico and the MSM Group and non-MSM cases were similar in the proportions coming from South America.

### RESIDENCE AT DIAGNOSIS

The vast majority of AIDS cases in the County lived in the city of San Diego at the time of their diagnoses. Almost 77% of MSM Group cases were living in the city at the time of diagnosis while only about 59% of non-MSM cases were San Diego residents. Other than San Diego, only Chula Vista had more than 3% of the MSM Group cases (3.1%). Oceanside, Chula Vista, El Cajon, Escondido, and National City each had more than 3% of non-MSM cases. This reflects, in part, the racial/ethnic differences between the MSM Group and non-MSM cases and between areas of the county outside of the city of San Diego.

Most AIDS cases diagnosed in the County of San Diego were residing in the

HHSA Central region at the time of diagnosis (see Table 8). A significantly greater ( $p < 0.001$ ) proportion of MSM Group cases than non-MSM cases were living in this region at the time of diagnosis while a significantly greater ( $p < 0.001$ ) proportion of non-MSM cases were living in the South region. The proportion of MSM cases in the Central region has declined significantly ( $p < 0.001$ ) over 5-year time periods, but the proportion of non-MSM cases in this region has remained stable. The proportion of MSM cases has also declined significantly in the North Central region ( $p < 0.001$ ). In the South region, the proportions of both MSM and non-MSM cases has increased significantly ( $p < 0.001$ ).

The location of diagnosis does not necessarily represent the location of current residence or the area in which health or social services are sought or obtained. It is not unusual for a case to move to a different zip code area, city, or region after diagnosis.

**TABLE 10**  
Adult/ Adolescent Male AIDS Cases by Region Over Five-Year Time Periods, San Diego County

Region	1987-1991		1992-1996		1997-2001		2002-2006	
	All MSM	Non-MSM	All MSM	Non-MSM	All MSM	Non-MSM	All MSM	Non-MSM
Central	63.4%	44.5%	62.8%	42.1%	58.2%	44.9%	57.2%	35.1%
East	6.7%	16.4%	5.7%	10.6%	7.1%	9.8%	7.3%	8.2%
South	5.6%	10.5%	7.0%	13.8%	13.0%	20.0%	16.1%	25.4%
North Coastal	6.0%	7.3%	6.7%	13.0%	6.5%	7.9%	6.9%	11.9%
North Inland	3.5%	5.9%	3.9%	9.4%	3.9%	6.0%	4.4%	6.3%
North Central	14.7%	15.5%	13.9%	11.2%	11.4%	11.3%	10.8%	13.1%
Total cases	2,905	220	4,085	385	1,883	265	1,505	268

Note: Percentages may not total 100 due to rounding.

A case who does not move may still seek medical care elsewhere within the County.

### **FACILITY OF DIAGNOSIS**

In both the MSM Group (45%) and non-MSM cases (60%), the largest proportion of male AIDS cases in the County were diagnosed in the in-patient and out-patient hospital setting. Those in the MSM Group were significantly ( $p < 0.001$ ) less likely to be diagnosed in this setting than non-MSM cases even when controlling for race/ethnicity. Members of the MSM Group are also significantly less likely to be diagnosed in a correctional facility ( $p < 0.001$ ), but more likely to be diagnosed in a physician's office ( $p < 0.001$ ) than non-MSM cases, even when controlling for race/ethnicity.

### **MSM AND INJECTING DRUG USE**

Almost 12% of those in the MSM Group report injection drug use. The term "injection drug use" should not be interpreted to mean only illicit drug use, nor does the injection have to be intravenous. Any injected material, be it illicit drug, vitamin, hormone, silicone, or others, is included in this category. The risk of transmission is not derived from the material injected but from the sharing of needles and syringes. Needles that are shared may contain blood from those who have used it previously. Syringes may also be contaminated with the fluids of previous users if the practice involves drawing up blood into

the barrel before injection.

Members of the MSM Group were less likely ( $p < 0.001$ ) to be IDU than non-MSM cases, even when controlling for race/ethnicity and age group. Like injecting drug using non-MSM cases, those in the MSM Group who are also injecting drug users are more likely to be African American ( $p < 0.001$ ) than other race/ethnicities.

While the MSM Group has longer survival times than non-MSM cases, the MSM+IDU cases have the longest survival times of those in the MSM Group. These increased survival times are significantly longer than that seen in MSM only cases (1997-2001 diagnosis time period,  $p = 0.011$ ) and in IDU who are not MSM (1997-2001 diagnosis time period,  $p < 0.001$ ). These significant differences remain even when controlling for age at diagnosis, year of diagnosis, and race/ethnicity.

### **LIMITATIONS**

The data presented in this report are dependent on accurate reporting from healthcare providers, laboratories, and patients. Patients, for many reasons, may not wish to provide accurate current or historical information to their healthcare providers for reporting. Healthcare providers may not report complete information because it is not available to them, they wish to protect their patients' privacy, or other reasons. Each of these situations, and others, result in data that may not be accurate and these inaccuracies may impact analysis.



Caution should be exercised in the analysis of the most recent time period (2002-2006) 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 this and future analyses.

Some of the variables under study do not have sufficient numbers of occurrences to make statistical inferences. When small numbers are presented, caution should be exercised in the interpretation of data presented.

In 1993, the AIDS case definition was modified by the CDC to include those patients with evidence of HIV infection in whom the CD<sub>4</sub> absolute count dropped below 200 or in whom the percent of CD<sub>4</sub> 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 increased 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 Community Epidemiology. Some of these cases may have left the area 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 United States, 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.

## SUMMARY

Men who have Sex with Men (MSM) is the most common mode of transmission reported and there have been 10,808 AIDS cases reported in MSM in the County of San Diego since 1981.

The proportion of MSM cases has declined over time while there has been an increase in the proportion of cases in Injecting Drug Users (IDU) and heterosexuals.

MSM cases are more likely to be white and less likely to be Hispanic or black than non-MSM cases. The proportion of whites in MSM has been decreasing over time, while the proportion of Hispanics and blacks has been increasing.

The mean age at diagnosis of MSM cases is almost 38 years, while that of non-MSM cases is over 40 years. Both MSM and non-MSM cases are most likely to be 30-39 years old at the time of diagnosis although there has been a shift in non-MSM cases toward 40-49 years of age in recent years (2002-2006).

In 2004, the average age of both MSM and non-MSM living AIDS cases was about 46 years.

The average length of time from AIDS diagnosis to death is longer in MSM cases than non-MSM cases. The longest average survival time is seen in MSM who are also IDU.

Somewhat fewer MSM than non-MSM cases had less than a year between HIV diagnosis and AIDS diagnosis. Cumulatively, 56% of male AIDS cases had less than a year between HIV and AIDS diagnosis.

The majority of both MSM and non-MSM cases were born in the US. The MSM cases are more likely to be white, and less likely to be Hispanic or black, than non-MSM cases.

The majority of MSM and non-MSM cases resided in San Diego at the time of diagnosis and in the HHSA Central region. Somewhat more MSM cases resided in the Central region.

MSM cases were less likely to be diagnosed in the hospital setting or a correctional facility, and more likely to be diagnosed in a physician's office than non-MSM cases.

## 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 *Profiles of General Demographic Characteristics, 2000*, US Dept of Commerce



COUNTY OF SAN DIEGO  
HEALTH AND HUMAN  
SERVICES AGENCY

**PHS**

**Public Health Services**

COMMUNITY EPIDEMIOLOGY

