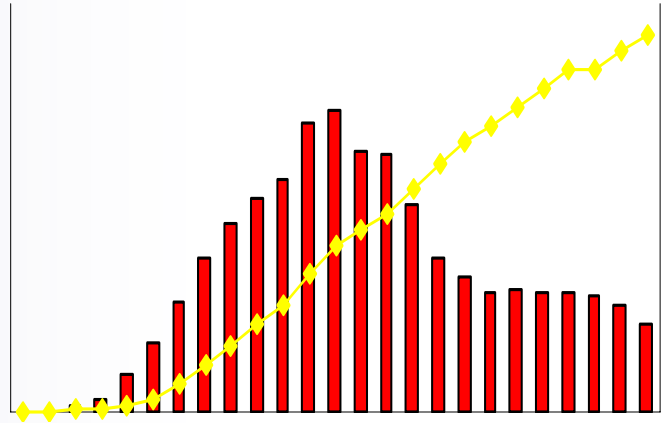


2009



HIV/AIDS

Epidemiology Report

County of San Diego
Health and Human
Services Agency





County of San Diego
Health and Human Services Agency
Public Health Services

HIV/AIDS Surveillance Program Epidemiology Report 2009

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I. EXECUTIVE SUMMARY

Overall, the state of California has the second largest number of Acquired Immunodeficiency Syndrome (AIDS) cases in the United States; San Diego County has the third largest number of AIDS cases in the state of California.

AIDS Cases

Since the 1981 beginning of the epidemic, 13,820 AIDS cases have been reported in San Diego County as of December 31, 2008. Cumulative AIDS cases in San Diego County differ from those seen in the United States; the proportion of female cases in the County is less than half that seen in the US (see Table 1), a smaller proportion of black cases, and a greater proportion of Men who have Sex with Men (MSM) transmission. In the County, the number of new cases has been decreasing each year since 1993, but has been relatively level from the 1999-2008 time period at about 400 cases per year. There has been a slight decline in cases per year since 2002 (see Figure 1). It is anticipated that cases diagnosed in 2008 will continue to be reported in 2009.

Individuals diagnosed with AIDS in San Diego County are most commonly white, male, aged 30 to 39 years, and have male sex partners. Over the course of the epidemic there have been slow increases in the proportion of diagnoses in blacks, Hispanics, women, people aged 40 or older, and those having used injected drugs.

The decrease in the annual number of AIDS diagnoses has not been uniform across racial/ethnic groups. The largest decrease has been in whites; the proportion of persons of color, including blacks and Hispanics, has increased (see Figure

4). Blacks have had the third largest number of cases per year, but the highest rate of AIDS since the mid-1980s. Persons of color have comprised the majority of cases since 2000, with only a slight increase since that time.

The annual AIDS case rate among blacks is about three times that seen in whites (see Table 4). Hispanics have the second highest number of cases per year and a rate that is about one and one half times that seen in whites, but less than half of that recently seen in blacks. Over time there has been a reduction in rates across races/ethnicities, but in recent years blacks have had a significant decrease (see Figure 5).

The average age at time of diagnosis has been slowly increasing over the years across all racial/ethnic groups (see Table 5). From 2004 to 2008, the average age at the time of diagnosis was 40 years of age with Hispanics being slightly younger (38 years of age) and whites slightly older (42 years of age). This increase in age may be due to later age at infection, effective medications, or adherence to medication regimens which allow an Human Immunodeficiency Virus (HIV) infected individual to be healthy longer with increased time before he or she meets the case definition for AIDS.

A greater proportion of cases had more time between reported HIV infection and AIDS in later years of the epidemic (see Figure 9). Whites (41%) and blacks (47%) have more similar proportions of cases with less than a year between HIV and AIDS diagnosis, but Hispanics (63%) have a significantly greater proportion with less than a year between diagnoses in recent years. The proportion of Hispanics with less than a year between HIV and AIDS diagnoses has increased

significantly over the last 15 years. This increase maybe due to delayed HIV testing or in delayed care seeking after HIV testing and diagnosis.

The majority of cases were living in the Health and Human Services Agency (HHS) Central Region at the time of diagnosis (see Table 6). Fifty-nine percent of male cases and 41% of female cases were living in the Central Region at the time of their diagnosis. The majority of cumulative cases diagnosed in this region were in whites (61%), followed by Hispanics (24%), and blacks (13%) (see Table 8). In recent years, the proportion has declined in whites (52%) and increased in Hispanics (28%) and blacks (17%) (see Table 10). The South Region has been the second most frequent area of residence at time of diagnosis since 1995. The cumulative cases diagnosed in the South region are predominantly Hispanic (61%) and white (26%). It should be noted that only the area of residence at the time of diagnosis is known. It is probable that many cases have moved since their diagnosis, both within the county and out of the county.

For men, the predominant mode of transmission in recent years is MSM (75%), followed by MSM who Inject Drugs (MSM+IDU) (10%) (see Table 12). Over the years, heterosexual contact and Injection Drug Use (IDU) have become somewhat more frequent modes of transmission in men, but MSM remains the primary risk for transmission. Differences are seen in male cases across races/ethnicities, with blacks having a significantly greater proportion of IDU and lower proportion of MSM than either whites or Hispanics (see Table 12).

In women, heterosexual contact (77%) is the primary mode of transmission in recent years,

followed by IDU (20%) (see Table 13). Over the years, heterosexual contact has been increasing in frequency while IDU has been decreasing. Sexual partners of IDUs account for 21% of all female cases (see Figure 7).

Advances in medication and medical treatment have enabled individuals with AIDS to live longer, healthier lives. As the number of individuals newly diagnosed with AIDS has been decreasing, the number of individuals living with an AIDS diagnosis continues to increase. Approximately 6,676 individuals diagnosed with AIDS in San Diego County are currently alive (see Figure 1).

HIV Cases

The State of California initiated code-based HIV reporting in July of 2002. On April 17, 2006, Governor Schwarzenegger signed a law requiring names reporting of HIV cases. A names-based system is in use for all other reportable conditions, including AIDS. As with some other communicable diseases, this is a dual reporting process in which both health care providers and laboratories provide data. Because HIV cases previously reported by code can no longer be counted, no comparison can be made to prior annual reports.

Because the HIV reporting system is new, analysis of reported HIV cases will be limited to the distribution of demographic and geographic variables within the cumulative data. No rates will be computed nor will trends be examined at this time. Nationally, published HIV reporting data were limited to the 38 states that had confidential names-based reporting as of 2005 and this did not include California. For the first time, as of 2006,

California HIV cases are included and national HIV data currently reflects 45 states, although data from recently added states may not be representative.

All HIV reporting data presented in this report were inclusive of the period April 17, 2006 through December 31, 2008, for a total of 3,847 HIV case reports. In general, the distribution of demographic variables for those HIV cases reported was similar to that of cumulative AIDS cases in San Diego County. The most frequent HIV case demographics were white race, 30-39 age group, and the Central region as residence at diagnosis. Women represented about 10% of all HIV cases (n=395). Due to small numbers, the relationship between race and region is less clear in women.

The distribution of HIV cases by gender was different for San Diego and California, when compared to the United States (see Table 19). A smaller proportion of female HIV cases have been reported in San Diego (10%) and California (14%) than in the United States (30%). However, the distribution by gender in San Diego County is similar for HIV (90% male; 10% female) and more recent AIDS cases (89% male; 11% female).

Through the end of 2008, 58% of reported HIV cases in San Diego County were white, 12% black, and 26% Hispanic in San Diego County (see Table 20). Asian/Pacific Islander and Native American comprise the remaining 3% of cases. When compared to the United States, California and San Diego had a smaller proportion of black cases, and a larger proportion of white and Hispanic HIV cases.

Those in the age group 30-39 were most frequently diagnosed with HIV in both the state and

county, similar to AIDS case data. At the state and local levels, a greater proportion of HIV cases were in the 20-29 year age group at the time of diagnosis (28% in California; 33% in San Diego County), compared to AIDS cases (15% in California; 17% in San Diego County). This is expected given the natural history of the disease and current medical treatment. National data for reported HIV cases by age group is not available.

Age at diagnosis does not change; however, individuals continue to age. The current age of living cases (as of 2008) presents a shift in age groups toward older ages: 1.2% of cases were under 20 and 19.7% were 50 or older at current age compared to 3.3% and 6.6% respectively at diagnosis (see Table 21).

Most of the county's HIV cases, 60%, were residing in the Central Region at the time of diagnosis, with the South and North Central Regions having the next highest proportion of cases (12% each). North Coastal, North Inland, and East Regions shared the remaining 16% of cases (see Table 22).

The distribution of cases differs by gender and transmission. For males, 83% of cases were attributed to MSM, while for females, the majority of cases, 65%, were due to heterosexual contact (see Table 23). For males, the other modes of transmission were MSM+IDU (8%), IDU (4%), heterosexual contact (2%), and not specified/other (2%); in female cases the other modes of transmission are IDU (23%), and not specified/other (6%).

Compared to the nation, San Diego had a larger proportion of MSM among adult male cases (83% versus 52%), and a lower proportion of IDU and not specified/other (4% versus 12% and

2% versus 22%). Among adult females, San Diego had a larger proportion of heterosexual transmission (65% versus 47%) and a lower proportion of not specified/other (6% versus 36%) than the nation. In general, the differences in mode of transmission between San Diego and California are similar to those with the nation, but were less pronounced.

From April 17, 2006 through December 31, 2008, 35 pediatric cases of HIV were reported in San Diego County, representing about 1% of total cases. Of the 35 cases reported, 23 were under 5 years of age at diagnosis and 12 were between the ages of 5 and 12 at diagnosis.

Additional information on Reporting and HIV/AIDS in San Diego County can be found in the *Physician's Bulletin: HIV 2008* at:

<http://www2.sdcounty.ca.gov/hhsadocumentsPhysiciansBulletinDecember2008.pdf>

I. AIDS CASES

Table 1:

Adult/Adolescent AIDS Diagnoses by Gender in the United States, the State of California, and San Diego County

Gender	United States Through 12/31/2006*		California Through 12/31/2008		San Diego County Through 12/31/2008		San Diego County 2006-2008	
	#	%	#	%	#	%	#	%
Male	783,786	77%	137,702	91%	12,685	92%	926	89%
Female	189,566	23%	13,086	9%	1,070	8%	119	11%
Total	973,352		150,788**		13,755		1,045	

*Most recent year available.

**Does not include 864 transgendered persons.

Table 2:

AIDS Cases, Deaths, and Cumulative¹ Fatality Rates in San Diego County, the State of California, and the United States

San Diego County	
New cases reported 2008	391
Deaths in 2008	67
Cumulative cases	13,820
Cumulative deaths	7,144
Living Cases	6,676
Cumulative case-fatality rate ¹	52%
California²	
Cumulative cases	152,318
Cumulative deaths	85,958
Living cases	66,360
Cumulative case-fatality rate	56%
United States³	
Cumulative cases	988,376
Cumulative deaths	550,394
Living cases	431,982
Cumulative case-fatality rate	56%

¹Cumulative case-fatality rate is calculated by dividing the estimated cumulative deaths by the cumulative cases.

²California Office of AIDS. AIDS Surveillance Report for California, December 31, 2008.

³Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report 2006, Vol.18.

Figure 1:
 Number of Persons Diagnosed (n=13,820) and Living (n=6,676) with AIDS,
 San Diego County

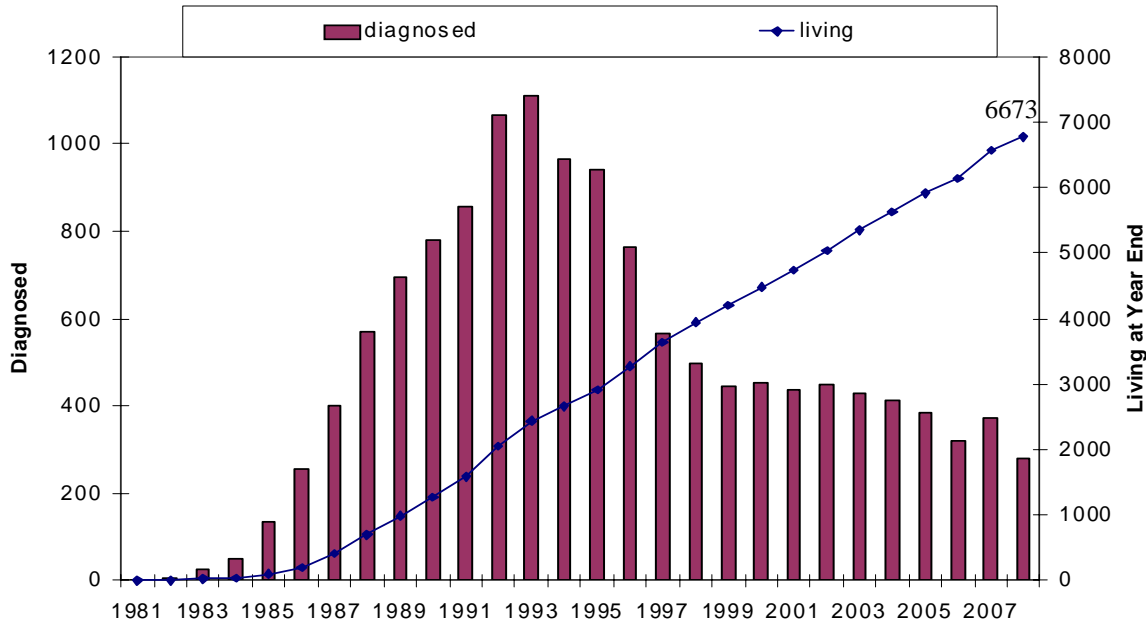


Figure 2:
 AIDS Cases by Year of Diagnosis and Report, San Diego County

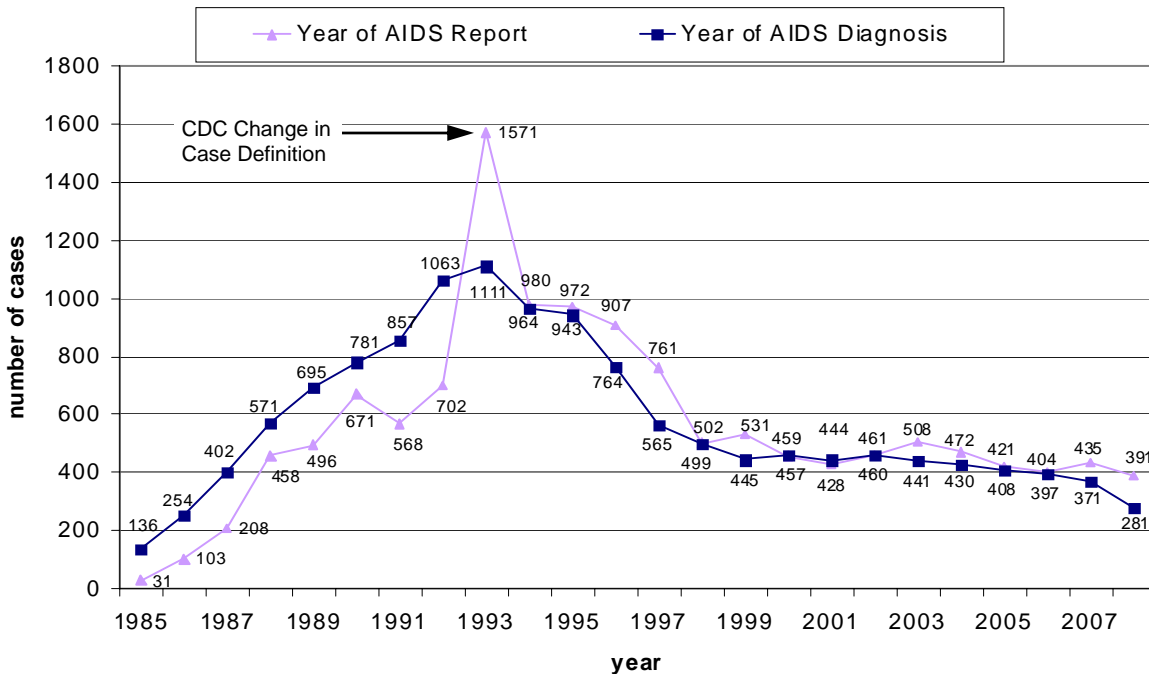


Figure 3:
AIDS Cases by Age Group at Time of Diagnosis, San Diego County

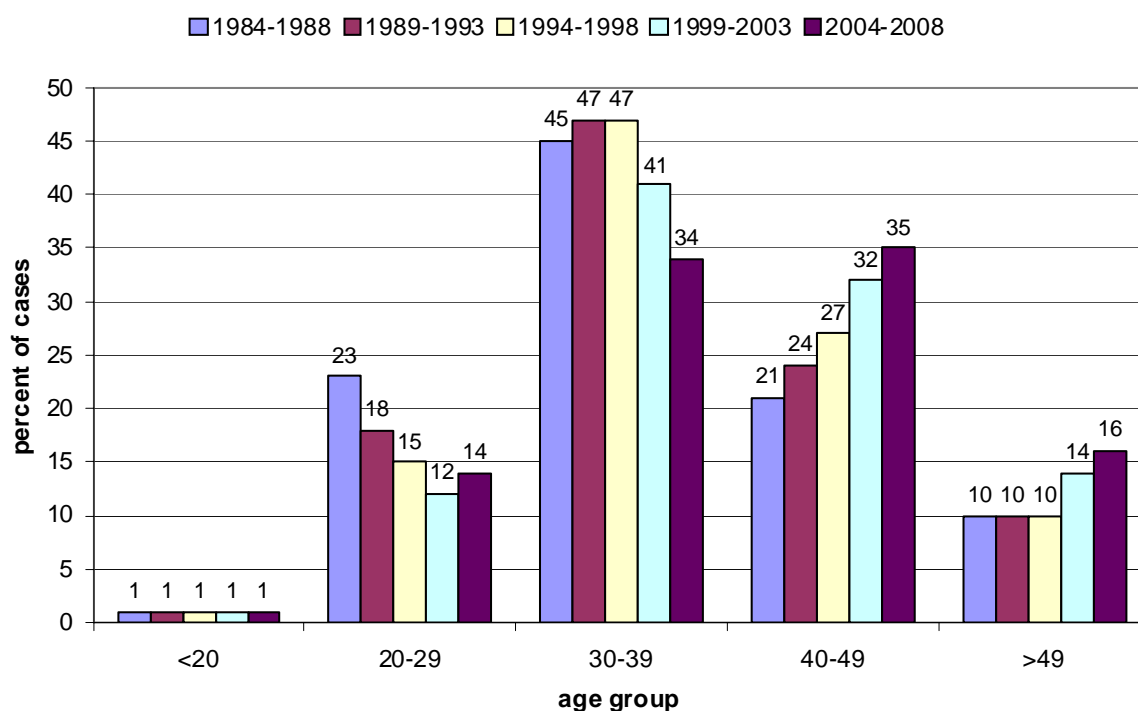


Table 3:
Age Group of AIDS Case at Diagnosis (Cumulative) and in 2008 (Living), San Diego County

Age Group, Years	At Diagnosis		In 2008*	
	Frequency	Percent	Frequency	Percent
Less than 13	65	0.5%	8	0.1%
13-19	63	0.5%	20	0.3%
20-29	2,245	16.2%	227	3.4%
30-39	6,108	44.2%	1,114	16.7%
40-49	3,778	27.3%	2,950	44.2%
More than 49	1,564	11.3%	2,357	35.3%
Total	13,820	100.0%	6,676	100.0%

*Of those living in 2008.

Figure 4:
AIDS Cases Diagnosed in Time Period and Percent of Cases in Persons of Color, San Diego County

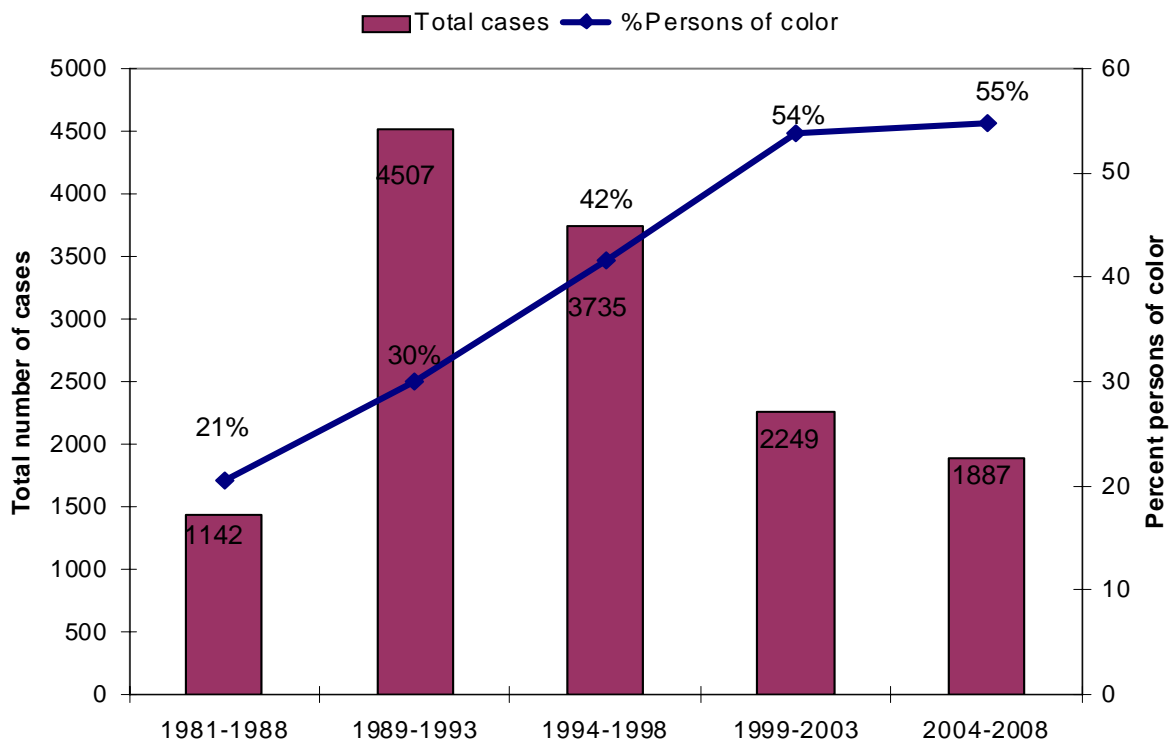


Table 4:
AIDS Rate by Race/Ethnicity and Year of Diagnosis, San Diego County

Race/ Ethnicity		Year of Diagnosis					
		2003	2004	2005	2006	2007	2008*
White	Cases in group	184	203	207	170	153	120
	% of Total cases	42%	47%	51%	43%	41%	43%
	Rate per 100,000	11	12	12	11	10	8
Black	Cases in group	81	59	45	51	59	45
	% of Total cases	18%	14%	11%	12%	16%	16%
	Rate per 100,000	48	34	25	31	35	27
Hispanic	Cases in group	160	150	142	160	140	104
	% of Total cases	36%	35%	35%	40%	38%	37%
	Rate per 100,000	18	17	16	18	15	12
All Races/ Ethnicities**	Cases in year	441	430	408	397	371	281
	Rate per 100,000	14	14	13	13	12	9

*Additional cases diagnosed in 2008 are expected to be reported in 2009.

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

Figure 5:
Rate of AIDS Cases by Race/Ethnicity, 2002-2008, San Diego County

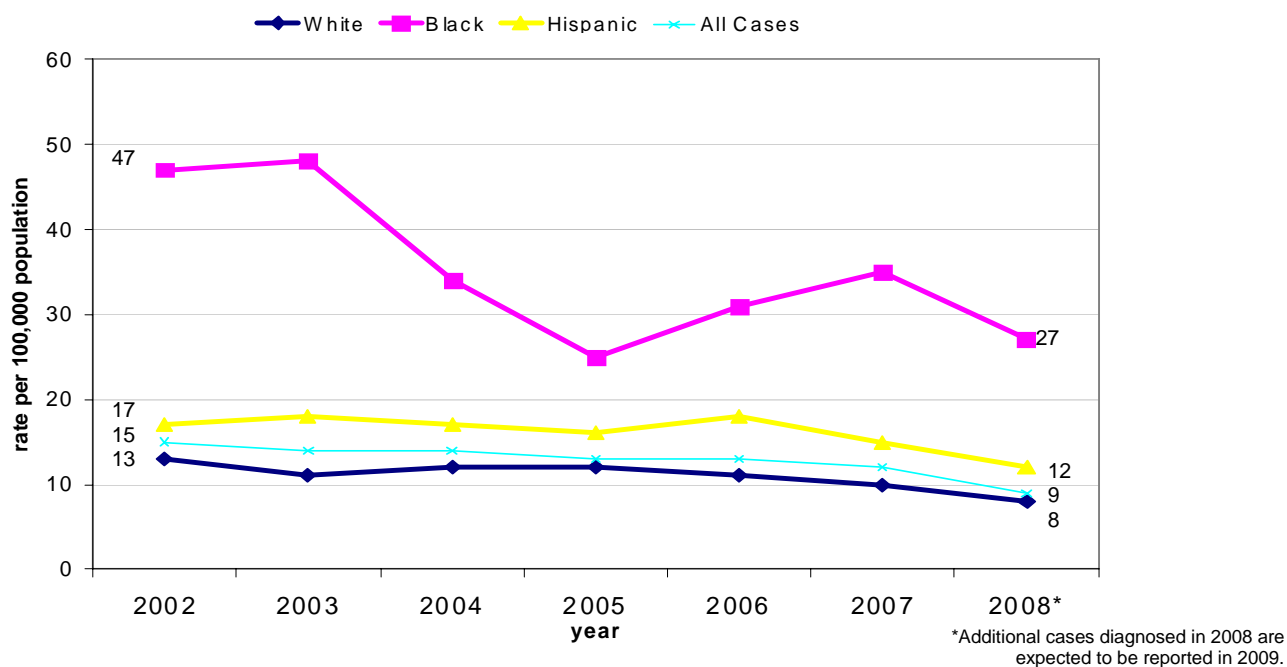


Table 5:
AIDS Cases by Age-Related Measurements and Race/Ethnicity Over 5-Year Time Periods, San Diego County

Time Period	Age-Related Measure	Race/Ethnic Group				All Cases
		White	Black	Hispanic	Other*	
1984-1988	mean age, years	37	32	34	37	37
	oldest case	88	52	69	50	88
	youngest case	2	1	birth	28	birth
	total cases	1,117	122	155	18	1,412
1989-1993	mean age, years	38	36	34	36	37
	oldest case	79	71	75	69	79
	youngest case	birth	birth	birth	16	birth
	total cases	3,157	500	749	101	4,507
1994-1998	mean age, years	39	36	35	35	38
	oldest case	78	71	75	66	78
	youngest case	1	birth	birth	birth	birth
	total cases	2,180	501	923	131	3,735
1999-2003	mean age, years	41	39	38	37	40
	oldest case	92	67	78	73	92
	youngest case	18	birth	birth	17	birth
	total cases	1,042	368	763	76	2,249
2004-2008	mean age, years	42	39	38	38	40
	oldest case	84	69	83	65	83
	youngest case	4	5	1	18	1
	total cases	853	259	696	79	1,887

*Includes Asian, Pacific Islander, Native Americans, and Native Alaskans.

Table 6:
Female AIDS Cases by Race/Ethnicity Over Time, San Diego County

Race/ Ethnicity	Time Period of Diagnosis								Cumulative*	
	1989-1993		1994-1998		1999-2003		2004-2008			
	% female	total cases	% female	total cases	% female	total cases	% female	total cases	% female	total cases
White	4%	3,157	6%	2,180	7%	1,042	6%	853	5%	8,378
Black	12%	500	18%	501	18%	368	19%	259	16%	1750
Hispanic	9%	749	10%	923	12%	763	14%	696	11%	3,287
Other**	12%	101	15%	131	17%	76	13%	79	14%	405
Total	6%	4,507	9%	3,735	11%	2,249	11%	1,887	8%	13,820

Note: Percent of female cases refers to the percent of total cases in group who are female.

*Includes cases from 1981-2008.

**Includes Asians, Pacific Islanders, Native American, Native Alaskan, and others.

Table 7:
AIDS Cases by HHS Region Over Time, San Diego County

Time Period of Diagnosis	HHS Region						Total in Time Period
	Central	East	South	North Coastal	North Inland	North Central	
1981-1988	63%	6%	6%	6%	3%	16%	1,442
1989-1993	60%	7%	7%	7%	5%	15%	4,507
1994-1998	58%	7%	10%	8%	5%	13%	3,735
1999-2003	54%	8%	16%	7%	5%	12%	2,249
2004-2008	51%	8%	18%	7%	5%	11%	1,887
Total in Region	7,908	993	1,462	988	637	1,832	13,820

Note: Percentages may not total 100 due to rounding.

Table 8:
Cumulative AIDS Cases by Race/Ethnicity and HHS Region, San Diego County

Race/Ethnicity	HHS Region						All Regions
	Central	East	South	North Coastal	North Inland	North Central	
White	63%	64%	26%	63%	65%	74%	61%
Black	15%	12%	10%	10%	5%	9%	13%
Hispanic	20%	20%	61%	24%	25%	14%	24%
Asian/PI	2%	3%	3%	3%	4%	3%	2%
Native American	1%	1%	<1%	1%	1%	1%	1%
Total in Region	7,908	993	1,462	988	637	1,832	13,820

Note: Percentages may not total 100 due to rounding.

Table 9:

Female AIDS Cases by HHS Region Over Time, San Diego County

HHS Region	Time Period of Diagnosis								Cumulative*	
	1989-1993		1994-1998		1999-2003		2004-2008			
	% female	total cases	% female	total cases	% female	total cases	% female	total cases	% female	total cases
Central	4%	2,684	6%	2,155	9%	1,203	10%	960	6%	7,908
East	8%	333	11%	244	17%	173	11%	150	11%	993
South	13%	307	12%	380	11%	351	16%	345	13%	1,462
North Coastal	10%	321	14%	293	15%	156	16%	137	13%	988
North Inland	15%	205	16%	179	16%	107	11%	97	14%	637
North Central	5%	657	10%	484	10%	259	6%	198	7%	1,832
Total	6%	4,507	9%	3,735	11%	2,249	11%	1,887	8%	13,820

*Includes cases from 1981-2008.

Table 10:

AIDS Cases by Race/Ethnicity and HHS Region Over Time, San Diego County

HHS Region	Time Period	Race/Ethnicity				Total in Time Period
		White	Black	Hispanic	Other**	
Central	1989-1993	70%	13%	15%	2%	2,684
	2004-2008	52%	17%	28%	3%	960
	cumulative*	63%	15%	20%	2%	7,908
East	1989-1993	75%	9%	14%	2%	333
	2004-2008	45%	16%	32%	7%	150
	cumulative*	64%	12%	20%	4%	993
South	1989-1993	40%	11%	44%	4%	307
	2004-2008	18%	8%	71%	2%	345
	cumulative*	26%	10%	61%	3%	1,462
North Coastal	1989-1993	71%	8%	19%	3%	321
	2004-2008	43%	12%	39%	6%	137
	cumulative*	63%	10%	24%	4%	988
North Inland	1989-1993	74%	5%	17%	4%	205
	2004-2008	47%	3%	43%	6%	97
	cumulative*	65%	5%	25%	5%	637
North Central	1989-1993	79%	7%	11%	3%	657
	2004-2008	63%	14%	18%	5%	198
	cumulative*	74%	9%	14%	4%	1,832
County-wide	1989-1993	70%	11%	17%	2%	4,507
	2004-2008	45%	14%	37%	4%	1,887
	cumulative*	61%	13%	24%	3%	13,820

*1981-2008.

Note: Percentages may not total 100 due to rounding.

**Includes Asian/Pacific Islander and Native American and other races/ethnicities.

Figure 6:

Mode of Transmission for Cumulative (n=12,720) and 2004-2008 (n=1,681) Male AIDS Cases, San Diego County

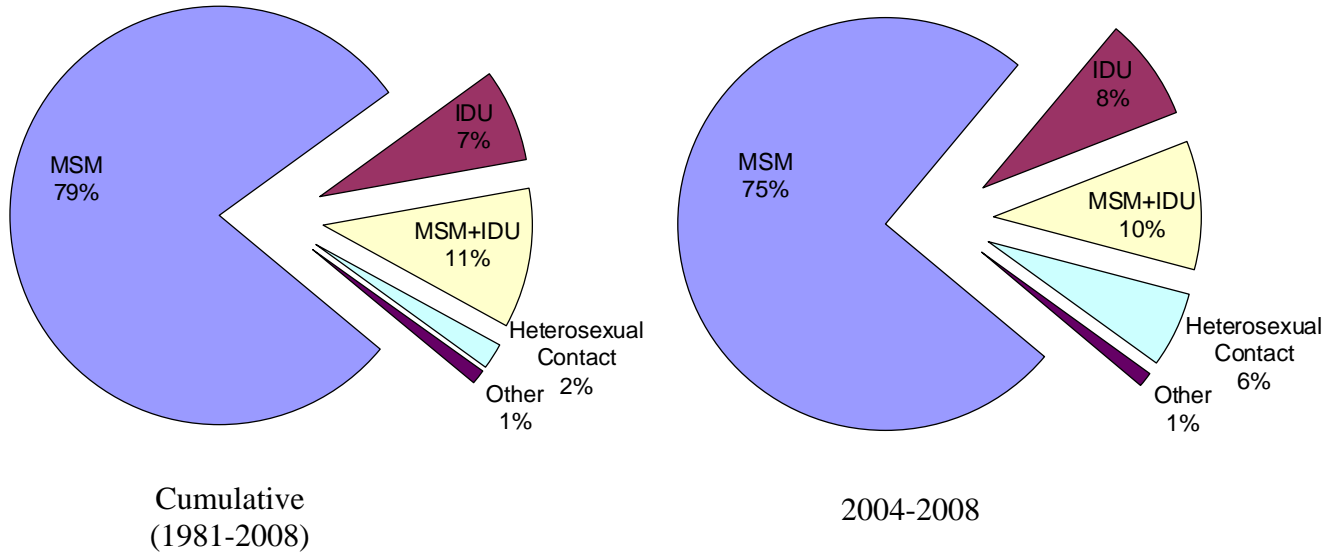


Figure 7:

Mode of Transmission for Cumulative (n=1,100) and 2004-2008 (n=206) Female Adult/Adolescent AIDS Cases, San Diego County

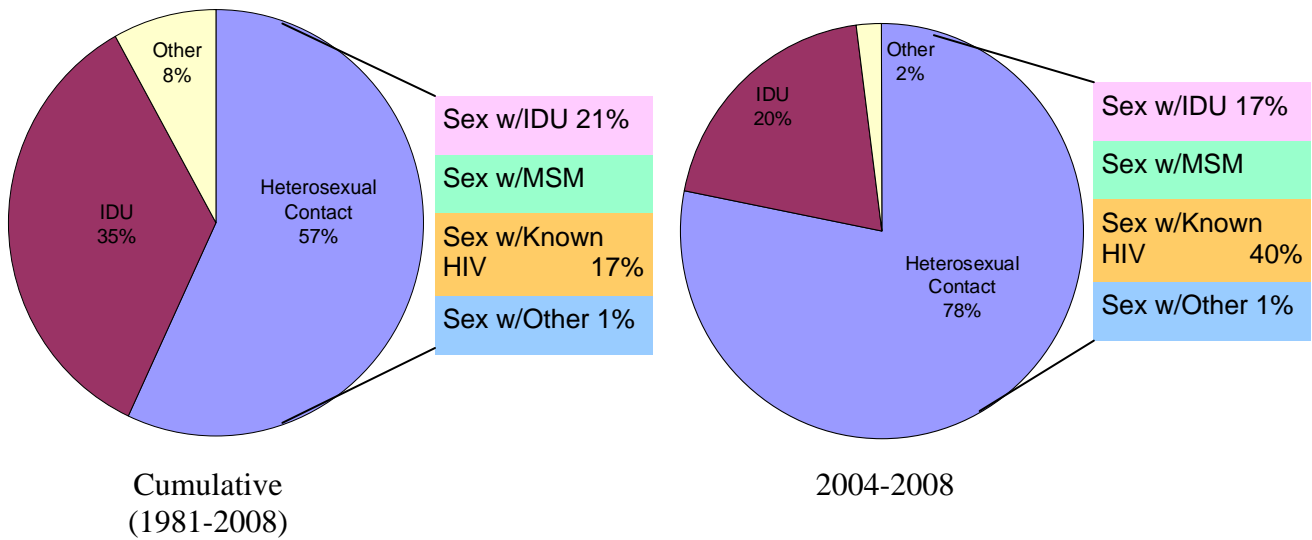


Table 11:

AIDS Cases by Gender, Mode of Transmission and Time Period, San Diego County

Gender	Mode of Transmission	Time Period of Diagnosis					Cumulative*
		1981-1988	1989-1993	1994-1998	1999-2003	2004-2008	
Male	Adolescent/Adult:						
	MSM	83%	83%	79%	74%	75%	79%
	IDU	3%	6%	7%	10%	8%	7%
	MSM+IDU	11%	9%	13%	12%	10%	11%
	Heterosexual	1%	1%	1%	3%	6%	2%
	Blood Products	3%	1%	1%	1%	<1%	1%
	Risk not specified/other**	<1%	<1%	<1%	<1%	<1%	<1%
	Pediatric (0-12 years):						
	All modes	<1%	<1%	<1%	<1%	<1%	<1%
	Number in Group	1,386	4,239	3,406	2,008	1,681	12,720
Female	Adolescent/Adult:						
	IDU	29%	36%	42%	35%	20%	34%
	Heterosexual	38%	44%	48%	62%	77%	55%
	Blood products	25%	14%	5%	<1%	<1%	6%
	Risk not specified/other**	0%	1%	2%	2%	2%	1%
	Pediatric (0-12 years):						
	All modes	9%	4%	3%	<1%	1%	3%
Number in Group	56	268	329	241	206	1,100	

*1981-2008

Note: Percentages may not total 100 due to rounding.

**Includes pediatric HIV cases who progress to AIDS after the age of 12.

Table 12:

Adult/Adolescent Male AIDS Cases by Mode of Transmission, Race/Ethnic Group, and Time Period, San Diego County

Mode of Transmission	Racial/Ethnic Group						All Racial/Ethnic Groups*	
	White		Black		Hispanic		1989-1993	2004-2008
	1989-1993	2004-2008	1989-1993	2004-2008	1989-1993	2004-2008		
MSM	86%	77%	64%	66%	76%	76%	82%	75%
IDU	3%	7%	19%	13%	11%	7%	6%	8%
MSM+IDU	9%	13%	13%	10%	10%	7%	9%	10%
Heterosexual	<1%	3%	2%	10%	1%	9%	1%	6%
Blood products	2%	<1%	1%	0%	1%	0%	2%	1%
Not specified/Other	<1%	<1%	1%	1%	1%	1%	<1%	<1%
Number in Group	3,025	803	441	210	684	599	4,239	1,681

Note: Percentages may not total 100 due to rounding.

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

Table 13:

Adult/Adolescent Female AIDS Cases by Mode of Transmission, Race/Ethnic Group, and Time Period, San Diego County

Mode of Transmission	Racial/Ethnic Group						All Racial/ Ethnic Groups*	
	White		Black		Hispanic		1989- 1993	2004- 2008
	1989- 1993	2004- 2008	1989- 1993	2004- 2008	1989- 1993	2004- 2008		
IDU	38%	38%	56%	10%	22%	16%	36%	20%
Heterosexual	44%	60%	37%	86%	46%	81%	44%	77%
Blood products	16%	0%	3%	2%	22%	0%	15%	1%
Not specified/Other**	2%	2%	4%	2%	10%	3%	5%	2%
Number in Group	132	50	59	49	64	97	268	206

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

**Includes maternal transmission.

Table 14:

Hispanic AIDS Cases by Gender, Place of Birth, and Time Period, San Diego County

Gender	Place of Birth	Time Period of Diagnosis				Cumulative*
		1989- 1993	1994- 1998	1999- 2003	2004- 2008	
Male	US born	52%	43%	27%	31%	39%
	US dependency born	3%	2%	1%	1%	2%
	Foreign born	45%	55%	71%	69%	59%
	Unknown	0%	0%	<1%	0%	<1%
	Number in time period	684	829	675	599	2934
Female	US born	40%	39%	24%	28%	33%
	US dependency born	6%	2%	2%	1%	3%
	Foreign born	54%	59%	74%	70%	64%
	Unknown	0%	0%	0%	1%	<1%
	Number in time period	65	94	88	97	353

*Includes cases from 1981-2008.

Note: Percentages may not total 100 due to rounding.

Figure 8:
AIDS Cases by Year of Diagnosis and Vital Status, San Diego County

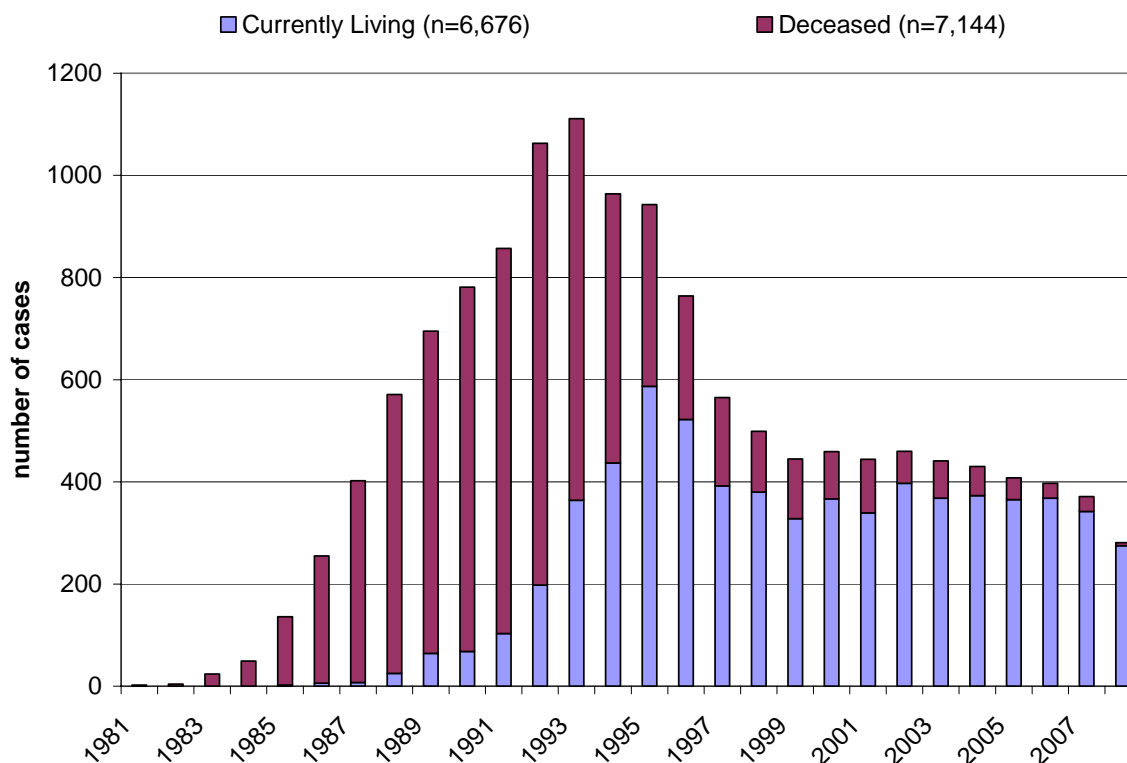


Table 15:
Proportion of Cases Diagnosed in 2002 Surviving Greater than 12, 24, and 36 Months by Race/Ethnicity in the US (CDC Data) and San Diego County

Race/ Ethnicity	Survival in Months					
	>12		>24		>36	
	CDC	County of San Diego	CDC	County of San Diego	CDC	County of San Diego
White	0.92	0.89	0.89	0.87	0.87	0.85
Black	0.90	0.96	0.86	0.93	0.82	0.91
Hispanic	0.92	0.92	0.90	0.90	0.88	0.88
All Cases*	0.91	0.89	0.87	0.86	0.84	0.84

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

Table 16: Percent of Cases Diagnosed in 2005 Progressing from HIV to AIDS in Less than 12, and at Least 12 Months by Race/Ethnicity in the US (CDC Data), and San Diego County

Race/ Ethnicity	Time to AIDS diagnosis after HIV diagnosis			
	12+ months		<12 months	
	CDC*	County of San Diego	CDC*	County of San Diego
White	65%	65%	35%	35%
Black	62%	64%	38%	36%
Hispanic	58%	40%	42%	60%
All Cases**	62%	55%	38%	45%

*CDC data does not include California, Oregon, Washington, Montana, Illinois, Kentucky, Georgia, Pennsylvania, Massachusetts, Connecticut, Maryland, Rhode Island, Vermont, New Hampshire, Maine, Hawaii, or Washington, D.C.

**Includes Asian, Pacific Islander, Native American, Native Alaskan

Figure 9: Percent of Cases Progressing to AIDS Within 1 Year of HIV Diagnosis by Race/Ethnicity and 5-Year Time Period, San Diego County

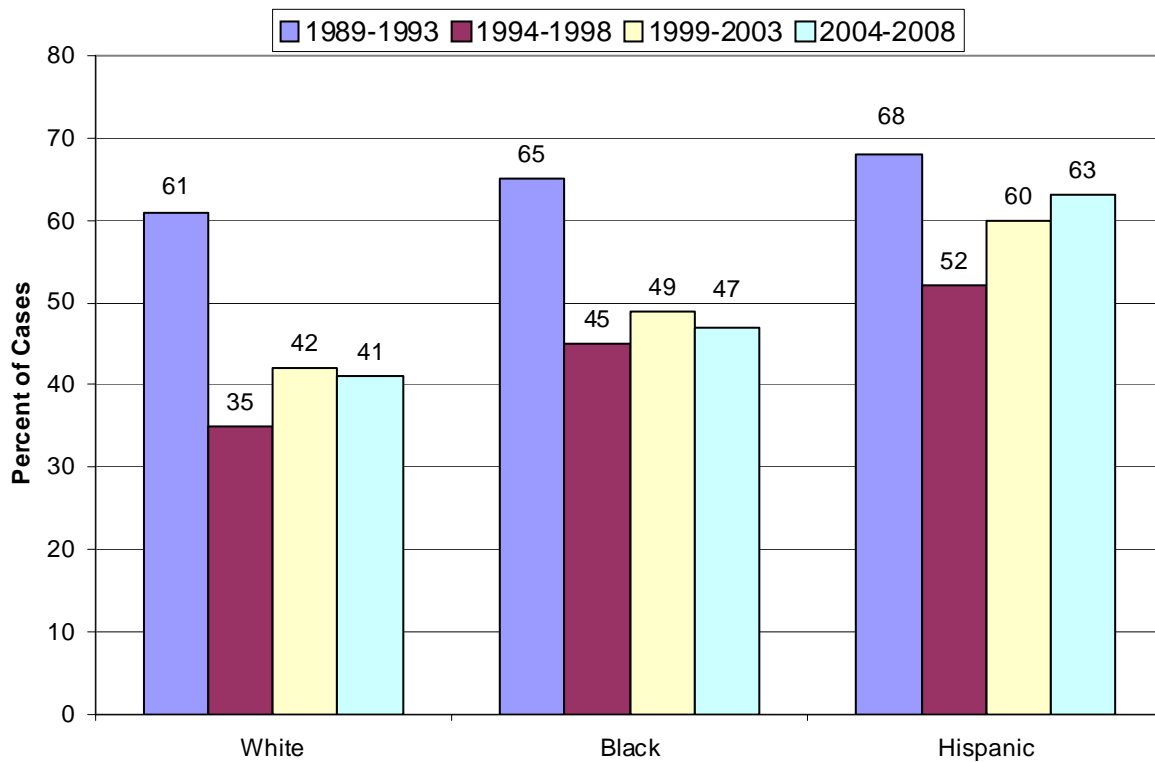


Table 17:
Cumulative Hispanic AIDS Cases by Ethnic Origin, San Diego County

Ethnic Origin	Number	Percent*
Mexican	2,654	80.7
Puerto Rican	119	3.6
Central American	59	1.8
South American	55	1.7
Spain/Portugal	36	1.1
Cuban	34	1.0
Dominican	5	0.2
Hispanic, not specified	325	9.9
Total	3,159	100

Table 18:
Cumulative Asian/Pacific Islander AIDS Cases by Ethnic Origin, San Diego County

Ethnic Origin	Number	Percent
Filipino	159	52.1
Chinese	21	6.9
Japanese	21	6.9
Vietnamese	20	6.6
Guamanian	16	5.2
Hawai'in	13	4.3
Laotian	8	2.6
Samoan	8	2.6
Asian, not specified	17	5.6
Other*	22	7.2
Total	305	100

*Includes Asian Indian, Burmese, Cambodian, East Indian, Fijian, Indonesian, Korean, Micronesian, Pacific Islander, Taiwanese, Thai, and Tongan.

Table 19:
Community of Residence at Time of Diagnosis, in Cumulative AIDS Cases, San Diego County

Community	Number	Percent
San Diego	10,077	72.9
Chula Vista	500	3.6
Oceanside	400	2.9
El Cajon	277	2.0
Escondido	274	2.0
Vista	230	1.7
San Ysidro	210	1.5
La Mesa	202	1.5
National City	199	1.4
Spring Valley	198	1.4
La Jolla	151	1.1
Carlsbad	142	1.0
Santee	105	0.8
Lemon Grove	104	0.8
Encinitas	96	0.7
Imperial Beach	94	0.7
San Marcos	83	0.6
Lakeside	54	0.4
Poway	50	0.4
Coronado	43	0.3
Fallbrook	42	0.3
Del Mar	40	0.3
Bonita	34	0.2
Ramona	32	0.2
Cardiff-by-the-Sea	23	0.2
Leucadia	20	0.1
Other*	140	1.0
Total	13,820	100.0

*The following communities had fewer than 20 cases each: Alpine, Bonsall, Borrego Springs, Boulevard, Camp Pendleton, Campo, Descanso, Dulzura, Guatay, Jamul, Julian, Mount Laguna, Pauma Valley, Pine Valley, Ranchita, Rancho Santa Fe, San Luis Rey, Santa Ysabel, Solana Beach, Valley Center.

Table 20:

Frequency of Indicator Diseases Among All Reported AIDS Cases (Adult/Adolescent and Pediatric) and Among those Diagnosed in 2004-2008, San Diego County

Indicator Disease*	Cumulative		2004-2008	
	Frequency	Percent**	Frequency	Percent**
CD4 count <200/ μ L or <14%	4,703	34%	1,312	70%
<i>Pneumocystis carinii</i> pneumonia	3,635	26%	165	9%
Wasting syndrome	2,169	16%	135	7%
Kaposi's sarcoma	1,612	12%	52	3%
<i>Mycobacterium avium</i> complex or <i>M. kansasii</i>	1,100	8%	9	1%
Candidiasis, esophageal	1,053	8%	60	3%
HIV encephalopathy	843	6%	22	1%
Cytomegalovirus	756	6%	20	1%
Cytomegalovirus retinitis	622	5%	11	1%
Cryptosporidiosis	488	4%	11	1%
<i>M. tuberculosis</i> , pulmonary	476	3%	76	4%
Immunoblastic lymphoma	465	3%	31	2%
<i>M. tuberculosis</i> , disseminated or extrapulmonary	323	2%	60	3%
Herpes simplex, invasive or chronic	310	2%	8	<1%
Toxoplasmosis of the brain	306	2%	17	1%
Progressive multifocal leukoencephalopathy	189	1%	5	<1%
Lymphoma, primary of the brain	187	1%	3	<1%
Pneumonia, recurrent in 12-month period	127	1%	11	1%
Candidiasis, pulmonary	85	1%	5	<1%
<i>Mycobacterium</i> , of other species	68	1%	5	<1%
Coccidiomycosis	62	<1%	4	<1%
Burkitt's lymphoma	62	<1%	14	1%
Histoplasmosis	55	<1%	3	<1%
Isosporiasis	27	<1%	0	0
Salmonella septicemia	26	<1%	0	0
Lymphoid interstitial pneumonia	22	<1%	2	<1%
Recurrent bacterial infections	8	<1%	0	0
Carcinoma, invasive cervical	2	<1%	0	0

*May not be a complete list of all indicator diseases experienced by every case.

**Total percent will not total 100 because each case may experience more than one indicator disease.

III. HIV CASES

Table 21:

HIV Diagnoses in Adults/Adolescents by Gender and in the United States, the State of California, and San Diego County

Gender	United States Through 12/31/06**		California Through 12/31/07		San Diego County Through 12/31/08	
	no.	%	no.	%	no.	%
Male	203,062	71%	20,904	85%	3452	90%
Female	84,886	29%	3319	14%	395	10%
Transgendered	*	*	254	1%	*	*
Unknown	6	<1%	0	0%	0	0%
Total	287,954		24,477		3847	

* Not collected or not reported.

** 2006 is the most recent year available.

Table 22:

Cumulative Adult/Adolescent HIV Cases by Race/Ethnicity in the United States, the State of California, and San Diego County

Race/Ethnicity	United States Through 12/31/06*		California Through 12/31/07		San Diego County Through 12/31/08	
	no.	%	no.	%	no.	%
Black	132,943	47%	4,447	18%	471	12%
Hispanic	45,909	16%	6,844	28%	1000	26%
White	97,762	35%	11,971	49%	2247	58%
Other	3370	1%	1079	4%	129	3%
Unknown**	2656	1%	136	1%	0	0%
Total	282,640		24,477		3,847	

*U.S. data does not include pediatric cases and 2006 is the most recent year available.

**Includes those with missing race.

Table 23:

Age of Cumulative HIV Cases at Diagnosis and in 2008, San Diego County

Age group	Age at diagnosis		Current age*	
	number	percent	number	percent
under 20	127	3.3	48	1.3
20-29	1278	33.2	523	14.0
30-39	1447	37.6	1006	26.9
40-49	743	19.3	1425	38.1
50+	252	6.6	738	19.7
total	3847	100	3740	100

*Age in 2008 of those living as of December 31, 2008 (107 cases had died).

Table 24:

Cumulative HIV Cases by HHS Region and Race/Ethnicity, San Diego County

Race/ethnicity	HHS Region						total
	North Coastal	North Inland	North Central	Central	East	South	
White	56.6%	57.1%	67.7%	63.7%	58.2%	24.7%	58.4%
Black	11.9%	4.1%	11.3%	12.9%	13.9%	11.7%	12.2%
Hispanic	26.6%	33.3%	16.2%	20.4%	25.0%	60.6%	26.0%
Asian/PI	4.1%	4.8%	4.5%	2.1%	2.5%	2.6%	2.7%
Native American	0.8%	0.7%	0.2%	0.7%	0.4%	0.4%	0.6%
Total	244	147	462	2,281	244	469	3,847

Note: Percent may not total 100 due to rounding.

Table 25:

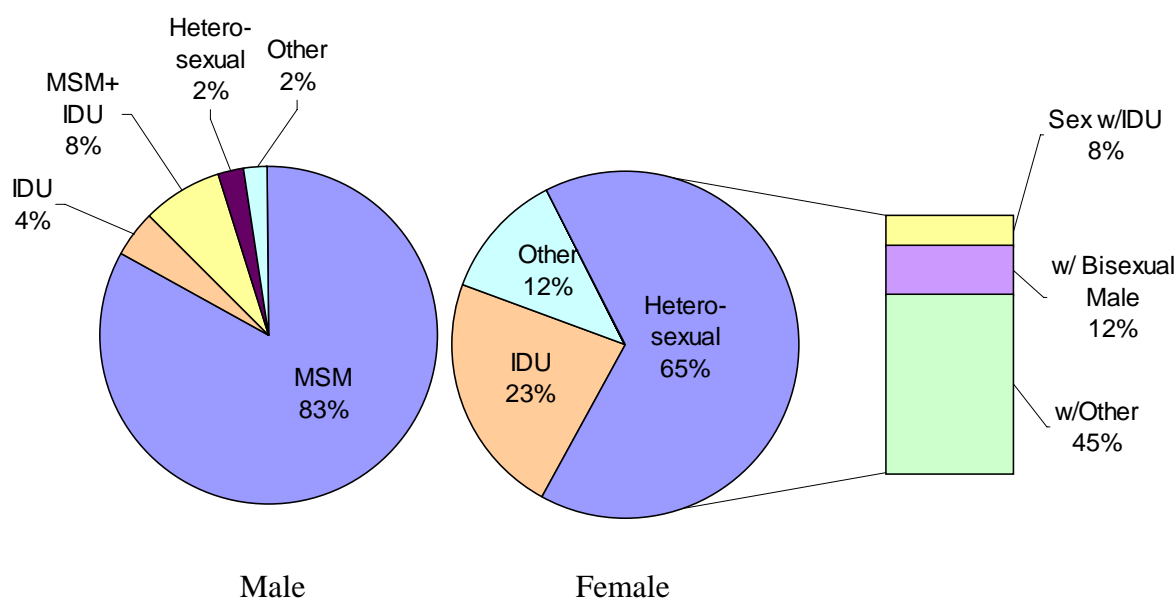
HIV Cases by Mode of Transmission and Gender, San Diego County

Gender	Mode of Transmission	Number	Percent
Male	Adolescent/Adult:		
	MSM	2871	83%
	IDU	146	4%
	MSM + IDU	269	8%
	Heterosexual	85	2%
	Blood products	7	<1%
	Risk Not Specified/Other	61	2%
Female	Pediatric (0 – 12 years):		
	All modes of transmission	13	<1%
	Number in Group	3452	
	Adolescent/Adult:		
IDU	90	23%	
Heterosexual	258	65%	
Blood products	3	<1%	
Risk Not Specified/Other	22	6%	
Female	Pediatric (0 – 12 years):		
	All modes of transmission	22	6%
	Number in Group	395	

Note: Percentages may not total to 100 due to rounding.

Figure 10:

Adult/Adolescent HIV Cases by Modes of Transmission, San Diego County

**Table 26:**

Adult/Adolescent Male HIV Cases by Mode of Transmission and Race/Ethnicity, San Diego County

Exposure category	Race/Ethnicity									
	White		Black		Hispanic		Other*		Total	
	no.	%	no.	%	no.	%	no.	%	no.	%
MSM	1,803	85.5	249	68.6	727	85.1	92	81.4	2,871	83.5
IDU	72	3.4	33	9.1	37	4.3	4	3.5	146	4.2
MSM+IDU	173	8.2	36	9.9	47	5.5	13	11.5	269	7.8
Heterosexual contact	26	1.2	33	9.1	24	2.8	2	1.8	85	2.5
Blood products	5	0.2	2	0.6	0	0.0	0	0.0	7	0.2
Risk not specified	30	1.4	10	2.8	19	2.2	2	1.8	61	1.8
Total	2,109	100	363	100	854	100	113	100	3,439	100

*Includes Asian/Pacific Islander and Native American.

Table 27:

Adult/Adolescent Female HIV Cases by Mode of Transmission and Race/Ethnicity, San Diego County

Exposure category	Race/Ethnicity									
	White		Black		Hispanic		Other*		Total	
	no.	%	no.	%	no.	%	no.	%	no.	%
IDU	43	32.1	26	25.2	19	15.7	2	13.3	90	24.1
Heterosexual contact	83	61.9	70	68.0	93	76.9	12	80.0	258	69.2
Blood Products	0	0.0	2	1.9	1	0.8	0	0.0	3	0.8
Risk not specified	8	6.0	5	4.9	8	6.6	1	6.7	22	5.9
Total	134	100	103	100	121	100	15	100	373	100

*Includes Asian/Pacific Islander and Native American.

Table 28:

Hispanic HIV Cases by Ethnic Origin,
San Diego County

Ethnic origin	Number	Percent
Mexican	616	61.6
Hispanic, non-specific	343	34.3
Central American	12	1.2
South American	12	1.2
Puerto Rican	10	1.0
Cuban	4	0.4
Dominican	2	0.2
Spain/Portugal	1	0.1
Total	1000	100.0

Table 29:

Asian/Pacific Islander HIV Cases by Ethnic Ori-
gin, San Diego County

Ethnic origin	Number	Percent
Filipino	44	41.9
Asian, non-specific	25	23.8
Asian Indian	7	6.7
Japanese	5	4.8
Guamanian Islander	4	3.8
Vietnamese	4	3.8
Chinese	3	2.9
Hawaiian	3	2.9
Cambodian	2	1.9
Korean	2	1.9
Indonesian	1	1.0
Pacific Islander	1	1.0
Pakistani	1	1.0
Singaporean	1	1.0
Taiwanese	1	1.0
Thai	1	1.0
Total	105	100.0

Table 30:

HIV Cases by Community of Residence at
Time of Diagnosis, San Diego County

Community of	Number	Percent
San Diego	2,904	75.5
Chula Vista	176	4.6
Oceanside	99	2.6
San Ysidro	71	1.8
El Cajon	68	1.8
Escondido	65	1.7
La Mesa	60	1.6
Vista	58	1.5
National City	51	1.3
Carlsbad	44	1.1
Spring Valley	36	0.9
La Jolla	31	0.8
Santee	28	0.7
Imperial Beach	24	0.6
Lemon Grove	22	0.6
San Marcos	16	0.4
Encinitas	15	0.4
Lakeside	12	0.3
Other*	67	1.7
Total	3,847	100.0

*The following communities had 9 or fewer cases: Alpine, Bonita, Bonsall, Boulevard, Camp Pendleton, Campo, Cardiff By The Sea, Coronado, Del Mar, Fallbrook, Pauma Valley, Poway, Ramona, Rancho Santa Fe, Solana Beach, Valley Center, Warner Springs.

IV. APPENDICES

Appendix 1. Glossary

Adult/Adolescent Cases—AIDS cases who were at least 13 years of age at time of diagnosis.

Case Fatality Rate—The number of deaths due to a disease within a specified time period divided by the number with that disease in the same time period, multiplied by 100.

Confidence Interval— The range within which the true value of a variable lies, with a probability that can be calculated (generally, 95% is used).

Incidence —The total number of new cases of a disease occurring within a specified period of time.

Incidence Rate—The number of cases of a disease per specified time period divided by the population at risk, often expressed per 100,000. Incidence rates are useful for comparison of selected factors to demonstrate severity of the epidemic among different ages, gender, and racial/ethnic groups.

Living Cases—Those cases for which no notification of death has occurred; cases are assumed to be alive until shown to be deceased.

Mode of Transmission—The way in which a disease is passed from one person to another. In describing HIV/AIDS cases it identifies how an individual may have been exposed to HIV, such as having injected drugs, or homosexual or heterosexual contact.

p-value - The probability of an event occurring. In statistics, the interest is in an event (e.g., two variables being related) not occurring by chance; generally a p-value less than 0.05 is considered to indicate an occurrence unlikely to be due to chance. Sometimes referred to as level of significance.

Prevalence—The number of all living cases (old and new) of a given disease within a specified time period.

Prevalence Rate—The number of all living cases (new and old) of a given disease within a specified time period divided by the population at risk, often expressed per 100,000. Prevalence rates are useful for comparison of selected factors to demonstrate the severity of the epidemic among individuals of different ages, gender, and racial/ethnic groups.

Probability—The likelihood of an event (e.g., two variables being related to each other) occurring.

Significant—Meaningful. In statistics, this refers to a result that produces a p-value result below some set value (generally 0.05) indicating an outcome/event is unlikely to be due to chance.

Statistics—The science, art, and technique of collecting, summarizing, analyzing, and interpreting numerical information that is subject to chance or systematic variations. Biostatistics

Glossary—continued

is the sub-discipline dealing with biological systems, such as humans.

Surveillance—The systematic, ongoing collection, collation, and analysis of health-related information that is communicated in a timely manner to those who need to know which health problems require action in their community.

Year of Diagnosis—The year in which an individual met the CDC case definition for HIV or AIDS.

Year of Report—The year in which an HIV/AIDS case is reported to Health and Human Services Agency, Community Epidemiology Branch.

Appendix 2. HIV/AIDS Reporting—Reliability and Limitations

Individuals with HIV or AIDS are required to be reported to the HHS pursuant to California Code of Regulations, Health & Safety Statutes, Title 17, Section 2643.5 and 2500. Reports come from physicians, hospitals, clinics, and other health care providers, via HIV/AIDS Case Report forms. A San Diego County case is an individual diagnosed with HIV or AIDS, while residing in San Diego County.

Active verification of cases and internal tests of the data increase the reliability of the data.

The HIV and AIDS case data used to generate reports may have several limitations as listed below:

1. ***Under-reporting of cases*** - HIV and AIDS cases for which notification to the Community Epidemiology Branch is delayed results in “under-reporting.” It is likely that cases diagnosed in 2008 will continue to be reported in 2009.

2. ***Diagnosis date versus report date*** - Reporting delays impact the available data. Those cases diagnosed in 2007, for example, may not have been reported to the Health and Human Services Agency until 2008 or later. It is likely that cases diagnosed in 2008 will continue to be reported in 2009. See *Appendix 1, Glossary* for Year of Diagnosis and Year of Report.

3. ***Collection tools*** - While information on a variety of variables is collected, it is still limited. Data on income or specific drug of choice is not collected, for example. The data collected is limited and reflects the quality of data submitted by the reporting facility.

4. ***Non-resident cases*** - Persons with HIV or AIDS diagnosed elsewhere and relocating to San Diego County after diagnosis, are not represented in data for the county.

5. ***Asian/Other category*** - Asian/Pacific Islander and Native American racial/ethnic groups are sometimes grouped into one category, Asian/Other, to allow for adequate case numbers for analysis.

6. ***Confidentiality*** - Charts and graphics with small cell sizes (under 5) may not be described in detail where identification of persons may occur.

7. ***Limited time collecting data.*** Name-based reporting of HIV infection without an AIDS defining condition was authorized under SB 699, and signed into law by the Governor on April 17, 2006. HIV data may be skewed to primarily represent the patients who have remained in care at those facilities that have been able to more easily adopt to this revision of HIV reporting.

Appendix 3. Reporting HIV and AIDS Cases for Health Care Providers

Who is responsible for reporting HIV and AIDS cases?

Every health care provider knowing of or in attendance on a case or suspected case of a HIV or AIDS is required to make a report. (California Code of Regulations, Health & Safety Statutes, Title 17, Section 2643.5 and Section 2500).

When is HIV Reported?

Report a case when a patient has a test result indicative of HIV infection. This includes:

- Confirmed positive HIV antibody test
- Any viral load test
- P24 antigen test
- Viral isolation test
- Nucleic Acid test (NAT)

Providers should report an individual newly positive for HIV, as well as those the health care provider (ordering the test) has never reported and has no verification that the individual has already been reported with HIV. If an individual meets the case definition for AIDS, they are reported again including the AIDS-defining condition.

The provider should report a case even if the patient may have been reported by another provider. This helps ensure complete case capture, which is critical for local prevention and treatment funding. Health care providers are required to complete a report within 7 days of learning of the HIV test.

When is AIDS Reported?

When an individual is diagnosed with one or more of the AIDS defining conditions listed below, his or her care provider is required to report the case to the local health department within 7 days of the diagnosis (for HIV infected

individuals, definitive or presumptive):

- CD4+ T-lymphocyte count $<200 \text{ mL/mm}^3$ or $<14\%$ of total T-lymphocytes
- Candidiasis of the bronchi, trachea, or lungs
- Candidiasis, esophageal
- Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extra-pulmonary
- Cryptosporidiosis, chronic intestinal
- Cytomegalovirus disease
- Cytomegalovirus retinitis
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcers or bronctis, pneumonitis or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal
- Kaposi's Sarcoma
- Lymphoma, Burkitt's
- Lymphoma, immunoblastic
- Lymphoma, primary in the brain
- *Mycobacterium avium* complex or *M kansasii*, disseminated or extrapulmonary
- *Mycobacterium tuberculosis*, any site
- *Pneumocystis carinii* pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of the brain
- Wasting syndrome due to HIV

The pediatric AIDS case definition (children 12 years of age and younger) includes all of the above indicator diseases except pulmonary *Mycobacterium tuberculosis*, cervical cancer and CD4+ T-lymphocyte counts $<200 \text{ mL/mm}^3$ or $<14\%$ of total T-lymphocytes. In addition, recurrent bacterial infections (at least two episodes within a two year period) and lymphoid interstitial pneumonia/pulmonary lymphoid hyperplasia (LIP/PHL) are AIDS defining conditions for HIV infected children.

The original case definition of AIDS was established by the Centers for Disease Control (CDC) in 1981. Additional conditions and dis-

eases were added in 1985, 1987, and 1993. All case definitions and revisions have been published in the CDC's publication entitled 'Morbidity and Mortality Weekly Report' (MMWR).

Recent changes in Reporting Law (SB 1184) include a provision for reporting of all CD4+ counts to facilitate the identification of all AIDS cases in a more timely manner.

What information is required to be reported?

Reports of HIV and AIDS cases to the local health department shall minimally include: name, address, telephone number, full Social Security Number, racial/ethnic group, gender, date of birth, mode of transmission information, diagnosis (HIV or AIDS), and date of diagnosis. In addition, name, address, and phone number of the person or facility making the report should be provided.

The Community Epidemiology Branch is required by law to protect the privacy of any individual reported with HIV or AIDS.

How should a report be made?

Providers can submit a confidential case report form available from County of San Diego, Health and Human Services Agency. Forms can be sent to:

Michael Bursaw, MPH
Community Epidemiology Branch
Health and Human Services Agency
1700 Pacific Highway, Room 107, MS P577
San Diego, CA 92101

Providers also have the option of reporting cases by phone. For a reporting kit or any additional information, call the Community Epidemiology Branch at (619) 515-6675, or visit www.sdhiv aids.org.

Why is reporting necessary?

The law requires reporting of diagnosed HIV and AIDS cases. California's disease reporting regulations specify what, when, where, and how to report cases.

Timely and accurate HIV/AIDS case reports provide this county with a better understanding of our local epidemic. Epidemiologists can monitor trends in populations being affected by HIV infection, project future numbers of AIDS cases, and provide information to those responsible for planning for future health care needs and prevention activities.

Failure to report in a timely manner may have an impact on current and projected funding needs. Funding formulas using data which represents under-reporting of HIV or AIDS cases may translate into under funded programs and services for those with HIV disease.

A summary of legislation related to the case reporting, confidentiality, and surveillance activities supported in the California Code of Regulations is available by calling the Community Epidemiology Branch at (619)515-6675. For a copy of the regulations and more information on HIV/AIDS reporting go to:

www.dhs.ca.gov/AIDS

Additional information about reporting and HIV/AIDS in San Diego County may be found at:

<http://www2.sdcountry.ca.gov/hhsa/documentsPhysiciansBulletinDecember2008.pdf>

Appendix 4. Computing Rates, Rates by Racial/Ethnic Groups and Statistics.

Rates provide a better indication of the burden of disease for a given population than absolute numbers of cases. A rate allows populations 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 [HCT] for HCT rates) or individuals in a research study (sexually transmitted disease [STD] seroprevalence study).

Rate Calculation

A rate is calculated by dividing the number of individuals with a disease/condition in a given time period by the population size and multiplied by 100,000:

$$\frac{\text{Number with disease/condition}}{\text{Number at risk for disease/condition}} \times 100,000 = \text{Rate per 100,000}$$

For example, in the year 2001, there were 434 individuals diagnosed with AIDS. When the number of cases (434) is divided by the population size (2,868,873) and multiplied by 100,000, the resulting rate is:

$$\frac{434}{2,868,873} \times 100,000 = 15 \text{ AIDS cases per 100,000 County residents}$$

Rates by racial/ethnic groups are computed by dividing the number of individuals with AIDS from a particular racial/ethnic group by the number of that same racial/ethnic group in the population at large. For example, in 2005 there were 204 AIDS cases in whites and 46 cases in African Americans. This represented 50% (white) and 11% (African Americans) respectively of all cases diagnosed that year. Based only on the absolute numbers (204 and 46) or the percentages (50% and 11%), it would appear that the greater issue is in whites. Using rates allows us to compare the relative burden of disease on each group by taking into account the population size. In 2005, there were 1,574,617 whites and 161,033 African Americans residing in the County. If the population sizes are taken into account and use the calculation above, the AIDS case rate per 100,000 population is 13 for whites and 29 for African Americans. So, the burden of disease is much higher for African Americans than for whites.

Rates for many diseases are presented as “per 100,000 population” as shown above. This is done, by convention, to make the calculated number easier to use. Some rates may use other multipliers for the population. For example, infant mortality rate is calculated per 1,000 live births.

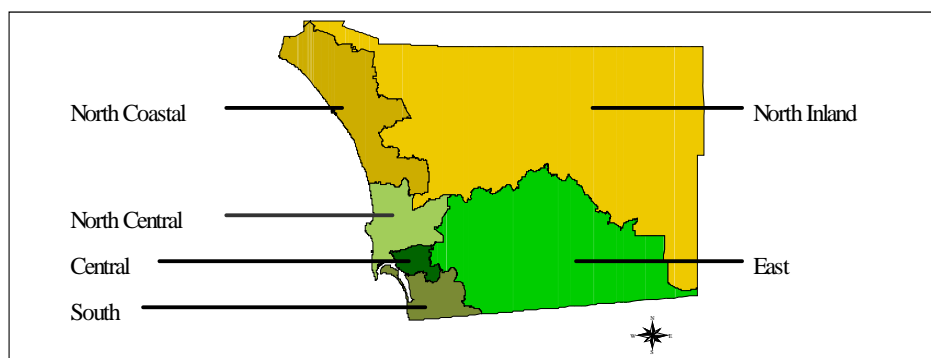
In San Diego County, the rates are generally calculated using population estimates calculated by the San Diego Association of Governments (SANDAG). Because the US Census is only done every ten years, and the population of San Diego County is very dynamic, these SANDAG estimates allow for more up to date rates for comparison. SANDAG does revise estimates over time, as new information becomes available, so it should be remembered that small differences in rates may be seen, even over the same time period.

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

Appendix 5. Health and Human Services Agency (HHS) Regions of San Diego

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

Figure 11:
HHS Regions of
San Diego County



Central Area

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 Area

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

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

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

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

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.

V. DATA SOURCES

County of San Diego, HIV/AIDS Epidemiology Unit

HIV/AIDS Surveillance Report, 2006 (Vol 18). Centers for Disease Control and Prevention

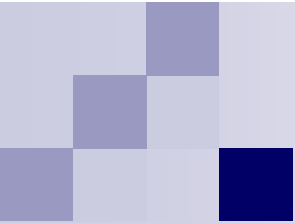
HIV/AIDS Surveillance in California, 2008. California Department of Public Health, Office of AIDS

SANDAG Population Estimates

Additional information may be found at:

www.sdhiv aids.org

www2.sdcounty.ca.gov/hhsa/documentsPhysiciansBulletinDecember2008.pdf



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