



PHYSICIANS' BULLETIN

HIV/AIDS Update: Impacted Populations and the Prevention, Care, and Treatment Services Required to Meet their Needs

Introduction

As we are entering into the 3rd decade of Acquired Immunodeficiency Syndrome (AIDS) in our community, the residents of San Diego County continue to feel its impact. Since 1981, over 11,000 county residents have been diagnosed with advanced HIV (Human Immunodeficiency Virus) disease, AIDS; and many more are affected by HIV infection.

AIDS Surveillance data in conjunction with HIV Counseling and Testing (HCT) data, provide information about populations and communities most impacted. Health planning boards and the Office of AIDS Coordination use these data to guide them in the prioritization of service needs for care and treatment and in the prevention of HIV transmission.

AIDS

For a variety of reasons, the number of AIDS cases in the last 5 years is less than the previous 5 years. Figure 1 graphs the change in portion of cases diagnosed in persons of color.

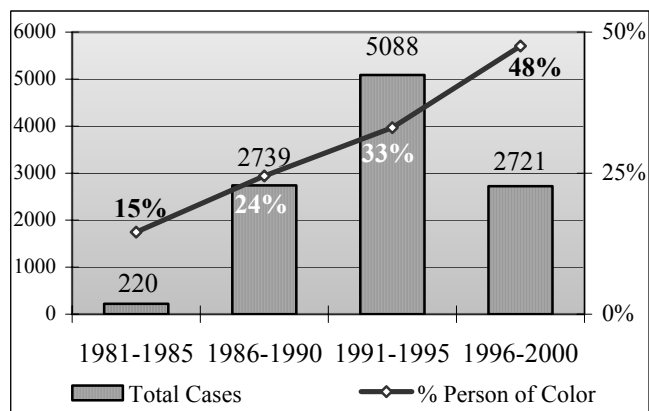


Figure 1

While the number of new cases is going down in all racial groups, the percent of cases in persons of color is steadily increasing.

Individuals of African and Latino heritage represent 12% and 20% respectively of the 11,069 cases of AIDS diagnosed in San Diego County through 12/31/01. African Americans only represent 6% and Latinos represent 25% of the residents of San Diego County.

At the national and state levels, the racial breakdown of cumulative AIDS cases is more diverse. The following figure (figure 2) displays the differences in racial breakdown between cumulative national, state, and local AIDS cases with recent local cases.

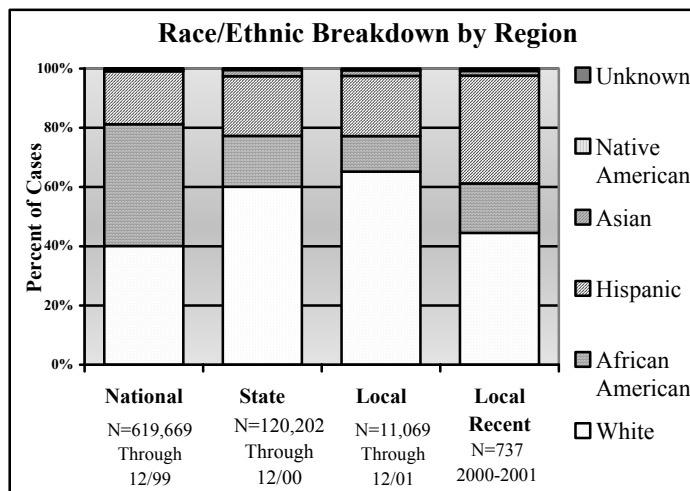


Figure 2

The percentage of cases diagnosed in women has been increasing slowly but steadily. Females account for 7% of cumulative cases and 11% of recent cases. This proportion changes by racial group, women make up larger percentages of persons of color diagnosed with

AIDS, especially in the African American subgroup (see table 1).

Female Cases	Cumulative	Recent (2000 and 2001)
% of All Racial Groups	7% (n=11,068)	11% (n=737)
% of White Cases	5% (n=7227)	8% (n=328)
% of African American Cases	15% (n=1330)	17% (n=123)
% of Hispanic Cases	9% (n=2242)	12% (n=268)

Table 1

Injection Drug Use

Injection drug use (IDU) is a major source of HIV infection, especially for women. IDU is the transmission route for 38% of all the women diagnosed with AIDS in San Diego County. While 48% of women attribute their HIV infection to heterosexual contact, almost half of them 45% of those 372 women were sexual partners to a male whose main risk factor for HIV was IDU.

IDU is the second most frequent risk factor for men. IDU among heterosexual males make up 6% of total male cases and 9% of recent male cases. Combined with men who have sex with men (MSM), IDU contributes to 16% of cumulative male AIDS cases and 18% of recent male AIDS cases.

Men who Have Sex with Men (MSM)

While there has been a proportional decrease in percentage of cases attributed to MSM, it remains the most frequent risk behavior in San Diego County. Early in the epidemic, in 1990, MSM (including those who also inject drugs) accounted for 93% of the 745 male cases in that year. In recent years, MSM (MSM or MSM+IDU) accounts for 84% of the male cases. The majority of MSM and MSM+IDU cases in recent years continue to be white (48%), although 14% are African American and 36% are Hispanic (n=552).

Young Men

The largest percentage of male AIDS cases (47%) are diagnosed between the ages of 30 and 39, indicating HIV infection in their 20s to early 30s. Men aged 16–25 are 4% of recent cases. The largest risk factor for this age group in recent years is MSM (78%) followed by MSM+IDU (12%). The racial breakdown for this age group is: white (49%), Hispanic (33%) and African American (15%).

Tuberculosis

A dual diagnosis of HIV and Tuberculosis (pulmonary, extrapulmonary, or disseminated) is an AIDS defining condition. In the last two years, there have been 30 individuals who have been recorded as being dually diagnosed. Most of these individuals were of Hispanic origin (73%) and were born outside of the United States.

HIV

Most of the data available about HIV in San Diego County comes from publicly funded HIV Counseling and Testing Services (HCT). About 17,000 free HIV tests are performed each year in the County through 15 HCT sites. While the level of HIV infection over time has decreased overall and for most groups, certain groups have higher rates of infection or are a vulnerable population. These groups are: African American and Latino men, men who have sex with men (MSM), men who inject non-prescription drugs (IDU), and young men.

The focus for the rest of this section will be on HIV in men primarily because they represent the largest percent of testers who are positive. In general, women who test for HIV through the HCT have fairly low rates of HIV infection: about 0.2% of the tests to women were HIV positive in 2001.

The HCT database has certain limitations. An unknown proportion of the HCT clients test repeatedly within a reporting period, therefore data should be regarded as units of service rather than numbers of individuals. Finally, those who come in for public testing are probably not representative of the San Diego County population at large.

All HCT data for 2001 includes tests through October 2001 only and should be considered preliminary.

African American and Latino Men (who tested in HCT)

Each year back to 1990, African American and Hispanic men have had the highest rates of all race/ethnicities (figure 3). The rate of HIV infection in African American men has declined considerably to 2.5% and 4.3% for Hispanic men in 2001 (compared to 1.6% for all races). HIV infection rates have fallen for all groups who tested, maintaining the disparity. For both African American men and Hispanic men, the age group with the highest rate of HIV infection is 20-29 year olds.

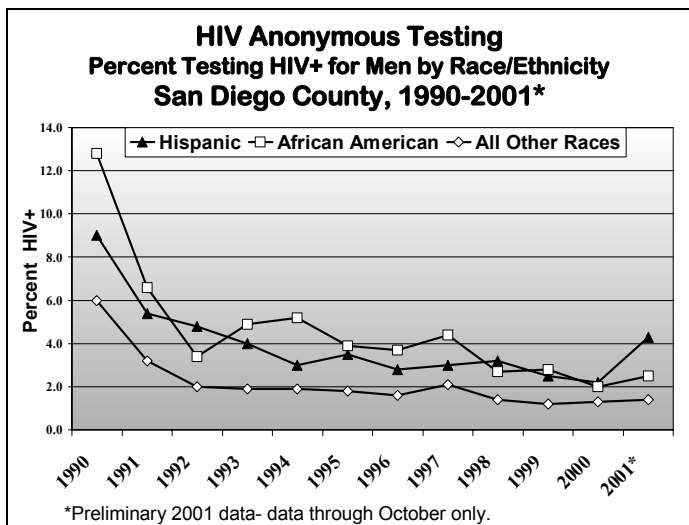


Figure 3

MSM and IDU (who tested in HCT)

The risk groups with the highest rate of HIV infection in San Diego County have historically been men who are Gay/Bisexual IDU, MSM, and Bisexual.

Heterosexual IDU is a major risk factor for AIDS cases locally but HIV infection rates of IDU testing in HCT have been fairly low (1.1% in 2000), perhaps due to low participation in testing.

While the overall HIV infection rate was 1.6% for all testers in 2001, for MSM and Bisexual men the rates were 4.4% and 5.1% (figure 4). Gay/Bisexual IDU had too few positive tests in 2000 and 2001 to calculate a rate. Preliminary data for 2001 shows an increase in rates for MSM and Bisexual men compared to the year 2000. Among these risk groups, 20-29 is the age group with the highest rates of HIV infection, with 30-39 year olds a very close second.

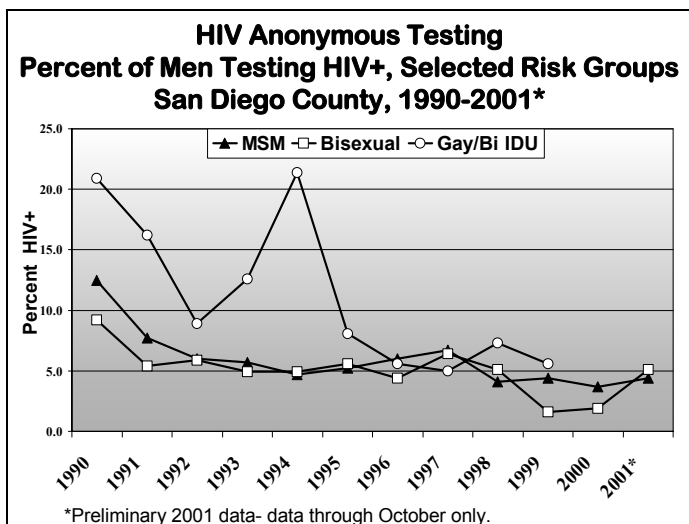


Figure 4

Young Men (who tested in HCT)

In year 2001, the infection rate for males aged 13-24 was 1.1% compared to the overall rate of 1.6% for the county. The rate of HIV infection among these young men may not be as high as among other groups discussed above but is still cause for concern due to the age and potential for prevention in this population.

Young MSM (including Bisexual and Gay/Bi IDU) represent a subgroup at higher risk. Alarming increases in HIV infection rates have been reported recently for young MSM in other metropolitan areas of the country. During 2001, the rate of HIV infection for the young MSM group testing at HCT in San Diego County was 3.6%, considerably higher than among young men overall. The trend for the young MSM group in San Diego County since 1990 is a sharp decrease in levels of HIV infection until 1992, with statistically insignificant fluctuations since that year (see figure 5).

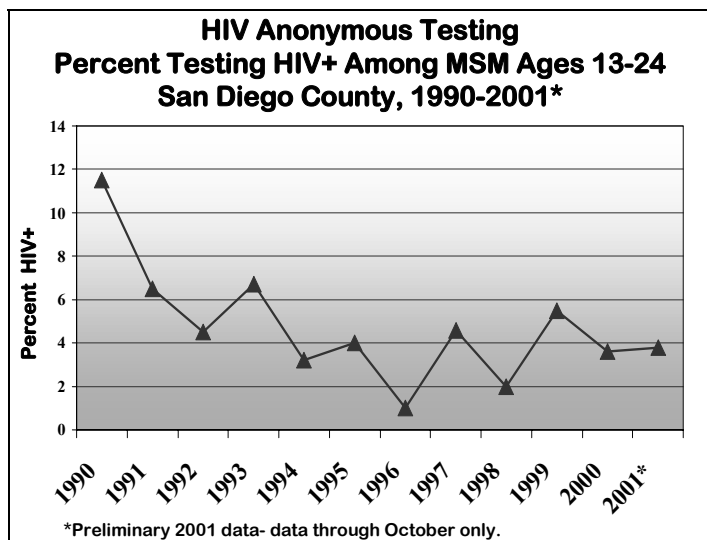


Figure 5

Prevention, Care, and Treatment Services for Individuals Diagnosed with HIV/AIDS

The Office of AIDS Coordination (OAC), a unit of the County of San Diego’s Office of Public Health, oversees more than \$28.5 million in federal, state and local funds to deal with the local AIDS epidemic. This includes \$13.5 million from the Health Resources & Services Administration (HRSA) for care and treatment through the Ryan White CARE Act; \$12 million via the State of California AIDS Drug Assistance Program (ADAP); and \$3 million for HIV prevention efforts through the U.S. Centers for Disease Control and Prevention and the State of California Office of AIDS. While this appears to be a large sum of money, the

estimated cost of caring for a person from time of HIV diagnosis to death has increased to \$175,000 and every penny is put to good use.

Advances in treatment strategies and treatments themselves have resulted in dramatic increases in life expectancy among this population. However, the need for related supportive services has risen proportionately as well. In addition, the disease has entered communities whose needs for services are more complex because of various cultural sensitivities that were previously unrecognized. Also increased is the need and, therefore, the expense for more and varied HIV prevention strategies to reach both traditional and newly emerging communities.

Access to quality medical care lies at the heart of the Ryan White CARE Act, and primary care services are available in San Diego through a network of 10 community-based clinics. Limited specialty care is also available, as are home health and home hospice services, although funds cannot be used for inpatient care. More than 1,600 people in San Diego are currently receiving their medical care through Ryan White programs. Most of those people rely on ADAP for access to Highly Active Antiretroviral Therapy (HAART), the backbone of modern treatment. ADAP pays for 146 medications to treat HIV and related conditions, and nearly 400 additional medications are available through the Ryan White primary care program. A special program is available for short-term medication needs where there are no other funding sources whatsoever.

After medical care, case management is the most important service funded through the CARE Act. Case managers assist clients in navigating the maze of services available to them and are tireless advocates for them when necessary. CARE Act funds also pay for home-delivered meals for individuals who are too sick to leave the house or to cook for themselves, as well as a food voucher program for those who are able to shop on their own. In all, more than 30 different types of services – including mental health counseling, dental care and drug/alcohol treatment – are available through the CARE Act.

In 2001, the OAC moved to a new facility at 3043 Fourth Avenue in Hillcrest. This has allowed the organization to consolidate the majority of County-provided services into one location. In addition to the

above-mentioned services, the new location houses AIDS Case Management, Intensive Case Management (targeting the at-risk ex-offender population), HIV Counseling and Testing Services (includes the mobile testing van), Partner Counseling and Referral Services (PCRS) and outreach services. More information on OAC is available through the website:

www.sd aidsinfo.org. OAC also funds the production and distribution of the "HIV Consumer Guidebook" through Being Alive AIDS/HIV Services San Diego. This guidebook is available at all CARE Act funded service providers and on the website: www.beingalive.org.

What's New in Prevention– The STD/HIV Connection

The promotion of safe sexual behavior and risk reduction programs are the mainstay of HIV and STD prevention. However, as with all infectious diseases, transmission of an infectious agent involves interaction of the agent, host and the environment. Disruption of the normal host defense mechanisms or factors that increase infectiousness, play a role in HIV transmission. Numerous studies have shown that ulcerative STDs (syphilis, herpes), inflammatory STDs (gonorrhea, chlamydia, trichomoniasis), and abnormalities of vaginal microbiologic flora (bacterial vaginosis) all increase the risk of HIV transmission 2-5 fold. Considering these findings, the CDC recommended that STD control be identified as an explicit component of a comprehensive HIV prevention program.

How should STD control be integrated into HIV prevention?

The first step is to obtain a risk assessment as part of routine preventive health care. Persons identified who have unsafe sexual behavior should ideally be screened for STDs, but, at minimum, they should be educated about the signs and symptoms of STDs and the importance of diagnosis and treatment. If prompt access to the patient's regular health care provider is not available, the patient should know that walk-in, 5 day-a-week, low cost services for STD diagnosis and treatment are provided at the county public health STD clinic (see resources). For persons who are infected with HIV, the adopted standard of care in San Diego County includes screening for chlamydia, gonorrhea

and syphilis on initial visit, repeated annually or more frequently depending on sexual behavior.

In San Diego, data show that gonorrhea (GC) is increasing among men who have sex with men (MSM). MSM at risk should have specimens tested from any site that has been exposed during the last two months. Non-culture tests can be used for urethral swabs (urethral swab – DNA probe or amplified test; urine – amplification); for rectal or

pharyngeal exposure sites GC culture is needed (use transgrow media to transport to laboratory). Recent data also show that fluoroquinolone resistant GC is becoming endemic among MSM in southern California. We no longer recommend fluoroquinolones (ciprofloxacin, ofloxacin, levofloxacin) to treat GC among MSM patients nor in persons who may have acquired GC in the Far East, the Philippines or Hawaii, where fluoroquinolone resistance is also endemic.

HIGHLIGHTS

- In all race/ethnic groups, the number of new AIDS cases per year has been decreasing since 1993. However, the percent of cases diagnosed in African American and Hispanic individuals has been increasing.
- Men who have sex with men and injection drug use are the primary sources of HIV infection for men diagnosed with AIDS. Heterosexual contact and injection drug use are the primary sources of HIV infection for women diagnosed with AIDS.
- African American and Hispanic men who test for HIV have higher rates of infection than other race/ethnic groups.
- Preliminary 2001 HCT data combined with higher rates of gonorrhea suggest a possible increase in HIV infection rates for Men who have Sex with Men and Bisexual men in San Diego.
- Community-based clinics, Partner Counseling and Referral Services from the County of San Diego and many programs supported by the Ryan White CARE Act such as home-delivered meals, food vouchers, substance abuse treatment, etc are some of the services set up to assist the local HIV+ community in.
- The promotion of safe sexual behavior, risk reduction programs, and proper and timely treatment of STDs are essential parts of controlling HIV in San Diego County.

HIV AIDS Resources

- San Diego County HIV/AIDS Epidemiology Unit of Community Epidemiology (619) 515-6675
- Office of AIDS Coordination (619) 296-3400 www.sdaisinfo.org
- Alternative Test Site for anonymous HIV tests (619) 296-2120
- STD Clinic, County Health Services Complex (619) 692-8550
- California State Office of AIDS www.dhs.ca.gov/AIDS/
- Being Alive www.beingalive.org/index.shtml
- Centers for Disease Control and Prevention (Division of HIV/AIDS Prevention) www.cdc.gov/hiv/dhap.htm
- Centers for Disease Control and Prevention (MMWR listing) www.cdc.gov/hiv/pubs/mmwr.htm

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