

HIV/AIDS EPIDEMIOLOGY REPORT



CONTRA COSTA
HEALTH SERVICES

**Public Health
Communicable Disease Programs**

April 2002

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Reporting AIDS Cases

HOW TO REPORT

By establishing active AIDS surveillance in your medical facility
By completing a Confidential Morbidity report card
By telephone

HOW TO ESTABLISH ACTIVE AIDS SURVEILLANCE

Call either Public Health Advisor:

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WHY REPORTING IS NECESSARY

To plan for future health care needs and services
To monitor trends in HIV infection
To project future numbers of AIDS case
To provide information and the history of HIV
To plan prevention and educational activities
It is the law

All health care providers are required to report AIDS cases to their local health department. AIDS is reportable under California's Code of Regulations, Title 17, Health Section 2500.

Reporting HIV/AIDS: Summary of Legislation

California Administrative Code, Title 17 (Section 1603.01 {previous numeration}) *"...a hospital shall report the name, date of birth, address, social security number, name of hospital, the date of the hospitalization, and any other information required on all confirmed cases of AIDS to the State Department of Health and county health officer."*

California Administrative Code, Title 17 (Section 120175-120250). *"Every person must report to the Health Officer any diagnosed or suspected case of any of the following diseases or conditions: Acquired Immunodeficiency Syndrome..."*

California Administrative Code, Title 17 (Section 2512): Allows health officers to investigate communicable diseases.

California Health & Safety Code, (Section 121025): Protects the confidentiality of public health records relating to AIDS that were developed or acquired by state or local public health agencies. Any personally-identifying information in these records must remain confidential and cannot be disclosed without written authorization from the person named in the record or his or her guardian or conservator, except to other local, state, or federal public health agencies or researchers who need the information to carry out their duties in the investigation, control or surveillance of disease. Any individuals to whom the information is disclosed are also required to keep the information confidential. No confidential public health record may be required to be disclosed in the context of any civil, criminal, or administrative proceeding.

California Health & Safety Code, (Section 120980): HIV test results may be reported to local health authorities as part of an AIDS diagnosis.

California Health & Safety Code, (Section 120980, 120990, and 1603.3): Allows disclosure to public health authorities of result of HIV test performed on cadavers. Allows for HIV test to be performed on cadavers with out written consent as part of an autopsy or in conjunction wit anatomical gifts.

California Health & Safety Code, (Section 121020): Allows for voluntary contact tracing with the written consent of the HIV seropositive individual.

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***For copies of this report call: (925) 313-6323
or***

<http://www.igc.org/ccchdata/aids/aids.html>

also now available

<http://ccpublichealth.org/>

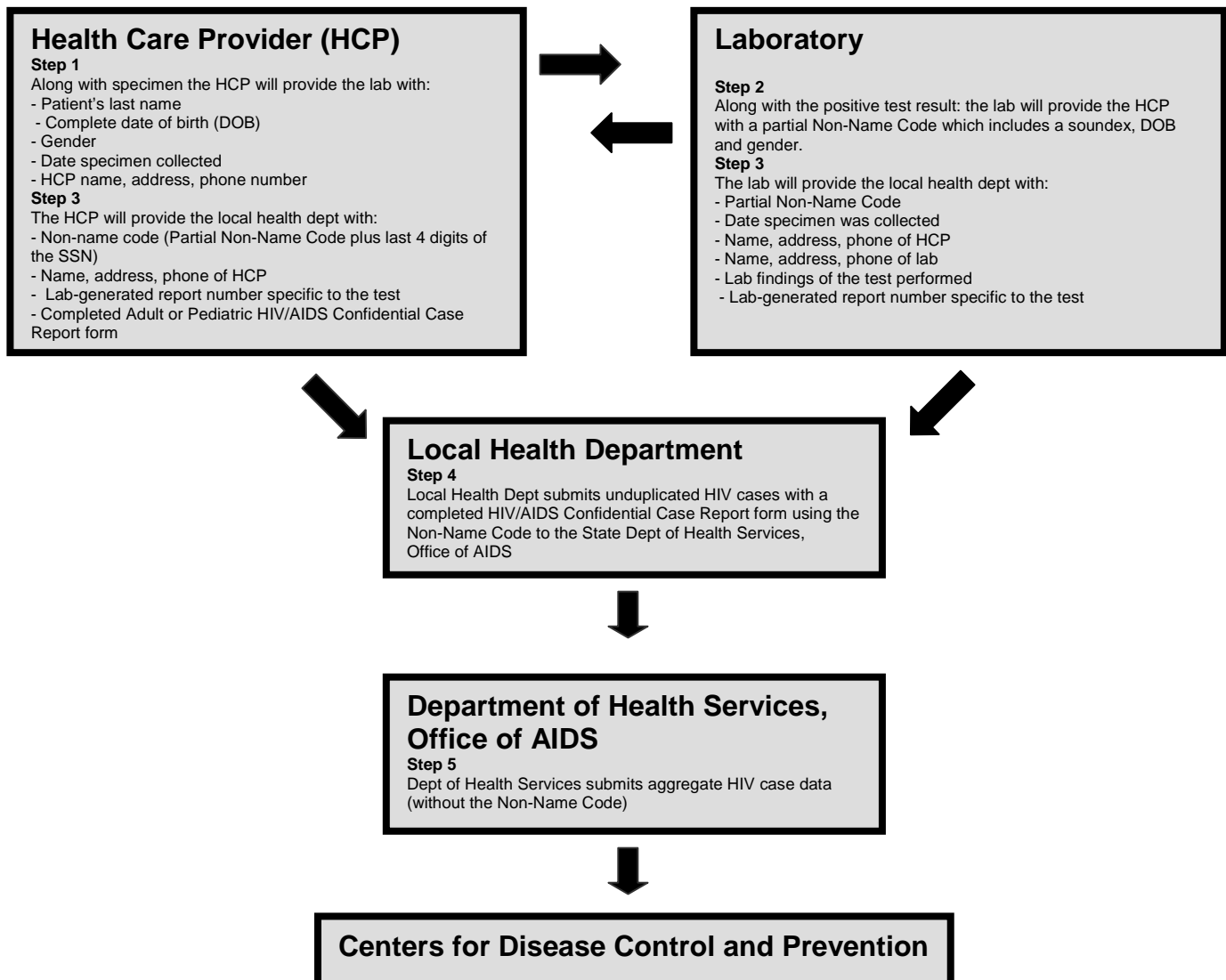
HIV Is Now Reportable

The Centers for Disease Control and Prevention (CDC) has recommended that all States and Territories conduct case surveillance for human immunodeficiency virus (HIV) infection as an extension of current acquired immunodeficiency syndrome (AIDS) surveillance activities. The State of California will use a non-name code to track HIV, which, along with AIDS case surveillance, will provide a better assessment of the epidemic.

The California Department of Health Services is conducting the final review and approval of the proposed regulation package before submittal to the Office of Administrative Law. The Office of Administrative Law is responsible for the final review and approval of the regulations prior to filing with the Secretary of State. The regulations are identified by the Department of Regulations Control Number, R-19-00, and the most recently released version is accessible via the Department of Health Services, OA website <http://www.dhs.ca.gov/AIDS>. The Department is still on target for implementation of the regulations by July 2002.

The Contra Costa Health Services Epidemiology, Surveillance & Health Data Unit attended the SOA 2002 HIV/AIDS Surveillance Conference held February 27th - March 1st in Sacramento. The featured topic of the conference was HIV Non-Name Reporting. The Office of AIDS will be providing training for local health departments and our office of surveillance will be contacting local laboratories and health care providers as more information becomes available regarding these reporting regulation changes. Below is a diagram explaining the *proposed* HIV Reporting Process as of October 15, 2001.

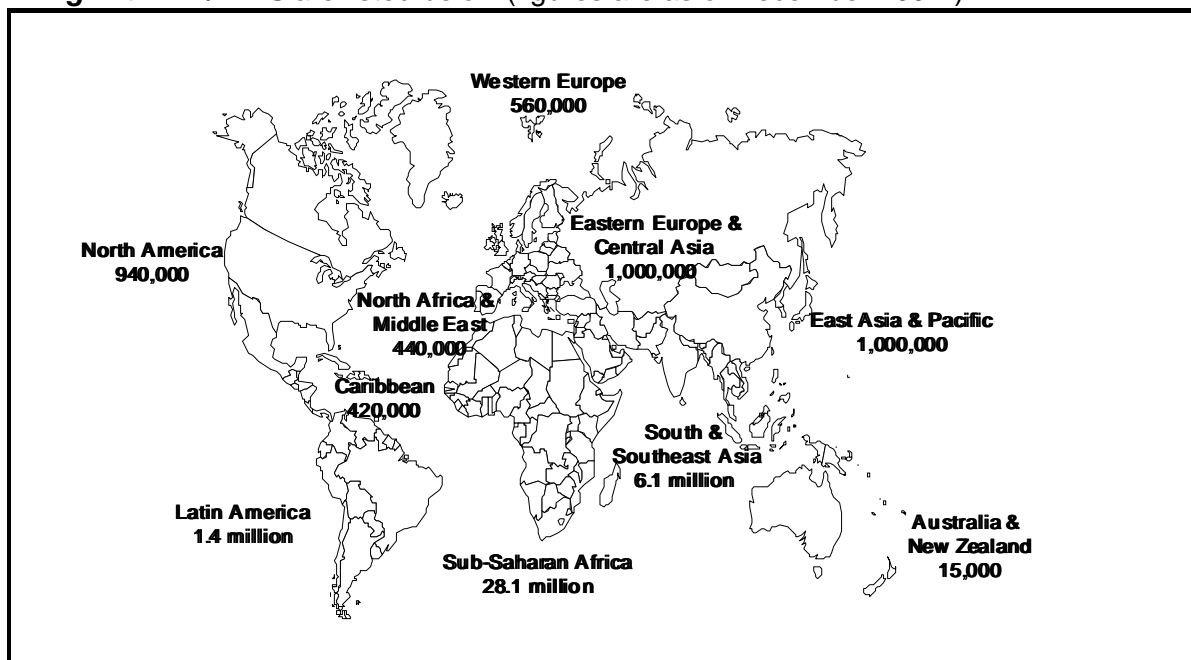
How the Non-Name Reporting System Works



Global Overview of the HIV/AIDS Epidemic

Twenty years after the first clinical evidence of AIDS was reported it has become the most devastating disease humankind has ever faced. Since the epidemic began, more that **60 million** people have been infected with the virus. HIV/AIDS is now the leading cause of death in sub-Saharan Africa. Worldwide it is the fourth biggest killer.

At the end of 2001, an estimated **40 million** people globally were living with HIV/AIDS. In many parts of the developing world, the majority of new infections occur in young adults, with young women especially vulnerable. About one-third of those currently living with HIV/AIDS are aged 15-24. Most of them do not know they carry the virus. Many millions more know nothing or too little about HIV to protect themselves against it. Updated estimates of the number of people **living with HIV/AIDS** are listed below (figures are as of December 2001*).

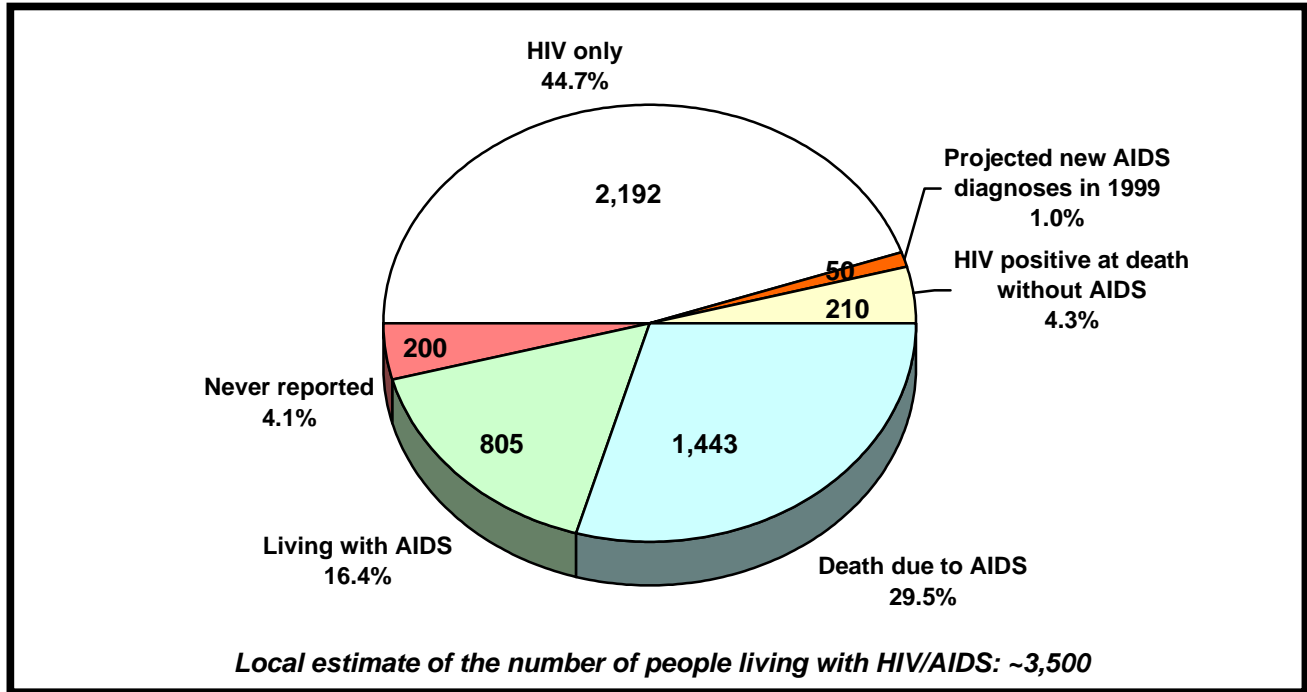


People Newly Infected with HIV in 2001	Total	5.0 million
	Adults	4.3 million
	Women	1.8 million
	Children	800,000
Number of People Living with HIV/AIDS	Total	40.0 million
	Adults	37.2 million
	Women	17.6 million
	Children	2.7 million
AIDS Deaths in 2001	Total	3.0 million
	Adults	2.4 million
	Women	1.1 million
	Children	580,000

*Source: UNAIDS "Report on the Global HIV-AIDS Epidemic," December 2001

ESTIMATE OF CONTRA COSTA COUNTY RESIDENTS INFECTED WITH HIV

Based on back calculations and more recent estimates by the State Office of AIDS a total of *approximately 4,900* Contra Costa County residents are estimated to have been infected with HIV. Of these, **2,248 (45.9%)** have already been diagnosed with and reported to have AIDS and **1,443 (29.5%)** of these people have died with AIDS.



Global View of the AIDS Epidemic

		Cases	Deaths	
Contra Costa		2,248	1,443	(12/31/01)
Bay Area*	(State Office of AIDS)	43,101	27,766	(12/31/01)
California	(State Office of AIDS)	123,819	75,394	(12/31/01)
U.S.	(CDC & P)	774,467	448,060	(12/31/01)
World	(WHO)	63 million	24.8 million	(12/31/01)

*Bay Area Counties: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma

** Cumulative estimate of persons with HIV/AIDS

Diagnosed AIDS Cases

Beginning in July 2002 HIV will become a reportable condition, in California. HIV infection without AIDS has not been reportable. Only diagnosed AIDS cases have been reported to the Health Department. ***An individual who has tested HIV positive is diagnosed with AIDS when one of two events occurs: either the patient's CD4 count drops below 200 cells/l (or <14%); or the patient is diagnosed with one of 26 AIDS defining infections, cancers or conditions.*** Below is a table indicating frequencies of how individuals in Contra Costa have been diagnosed with AIDS and a frequency list of cancers and opportunistic infections or conditions reported by those diagnosed with HIV/AIDS*.

Cumulative Cases[§]

Diagnosis Category	Adult	Pediatric	Total
Cancer or Opportunistic infection	1456	12	1468
Immunological (CD4<200 or 14%)	780	0	780
Total	2236	12	2248

Frequency of Occurrence of Cancers, Opportunistic Infections or Conditions among people in Contra Costa diagnosed with AIDS*

Cancer, infection or condition*	Frequency	Cancer, infection or condition*	Frequency
Candidiasis, bronchi, trachea or lungs	24	Immunoblastic lymphoma	29
Candidiasis, esophageal	151	Primary lymphoma in brain	8
Coccidioidomycosis	6	Mycobacterium avium complex or M. kansasii	249
Cryptococcosis	68	M. tuberculosis, pulmonary	81
Cryptosporidiosis	37	M. tuberculosis, disseminated or extrapulm.	34
Cytomegalovirus disease	61	Mycobacterium, of other species	12
Cytomegalovirus retinitis	67	Pneumocystis carinii pneumonia	650
HIV encephalopathy (dementia)	115	Recurrent bacterial pneumonia (<12mos)	1
Herpes simplex (>1 month)	39	Progressive multi focal leukoencephalopathy	16
Histoplasmosis	4	Salmonella septicemia, recurrent	0
Isosporiasis (>1 month)	2	Toxoplasmosis of brain	38
Kaposi's sarcoma	226	Wasting	210
Burkitt's Lymphoma	10	Lymphoid interstitial pneumonia	2

*Individual patients may have contracted more than one of the above listed opportunistic infections/conditions.

§Cumulative cases reported from 2/1/82 to 12/31/01.

2,248 CONTRA COSTA COUNTY RESIDENTS DIAGNOSED WITH AIDS

Through December 31, 2001, a cumulative total of **2,248** cases of AIDS have been reported to the Public Health Department. This represents a cumulative incidence of **236.9** per 100,000 population using 2000 Census Data.

Total AIDS cases reported through 12/31/01

Mode of infection and gender distribution

Adult and adolescent cases (n=2,235)

Mode of HIV infection	Male (%)	Female (%)	Total (%)
Gay/bisexual	1342 (70.9)	0 (0)	1342 (60.0)
Heterosexual injection drug use	327 (17.3)	172 (50.1)	499 (22.3)
Gay/bisexual injection drug use	113 (6.0)	0 (0)	113 (5.1)
Hemophilia	17 (0.9)	0 (0)	17 (0.8)
Heterosexual contact	16 (0.8)	134 (39.1)	150 (6.7)
Transfusion with blood/blood product	28 (1.5)	17 (5.0)	45 (2.0)
Risk under investigation	49 (2.6)	20 (5.8)	69 (3.1)
Total	1892 (100)	343 (100)	2235 (100)

Pediatric cases* (n=13)

Mode of HIV infection	Male (%)	Female (%)	Total (%)
Parent at risk or has HIV/AIDS	5 (62.5)	5 (100)	10 (76.9)
Transfusion with blood/blood product	3 (37.5)	0 (0)	3 (23.1)
Total	8 (100)	5 (100)	13 (100)

*One case was diagnosed with AIDS as an Adult/adolescent but has evidence of being infected as a child. These types of cases are counted as Adult/adolescent cases in all tables but the Mode of Infection tables.

Total AIDS Cases Reported in Contra Costa through 12/31/01 Race/Ethnicity Distribution

Race/ethnicity	Adult/adolescent cases (%)	Pediatric cases (%)	Total (%)
White	1,266 (56.6)	4 (33.3)	1,270 (56.5)
African American	677 (30.3)	4 (33.3)	681 (30.3)
Latino	241 (10.8)	4 (33.3)	245 (10.9)
Asian/Pacific Islander	43 (1.9)	0 (0)	43 (1.9)
Native American/Alaskan	9 (0.4)	0 (0)	9 (0.4)
Total	2,236 (100)	12 (100)	2,248 (100)

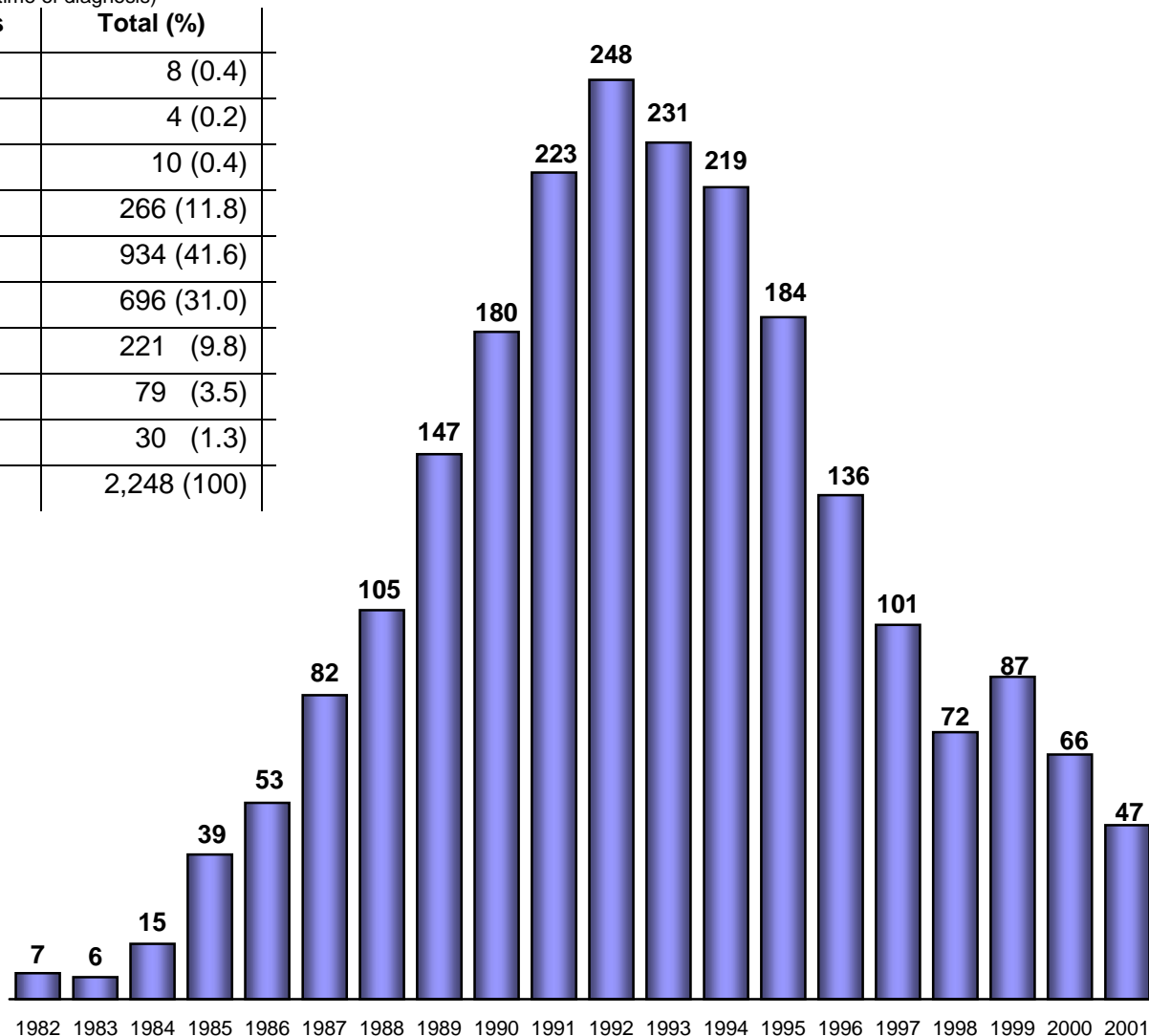
Age Distribution

(Age at time of diagnosis)

Age Groups	Total (%)
<5	8 (0.4)
5-12	4 (0.2)
13-19	10 (0.4)
20-29	266 (11.8)
30-39	934 (41.6)
40-49	696 (31.0)
50-59	221 (9.8)
60-69	79 (3.5)
>69	30 (1.3)
Total	2,248 (100)

Year of Diagnosis

(new diagnoses)



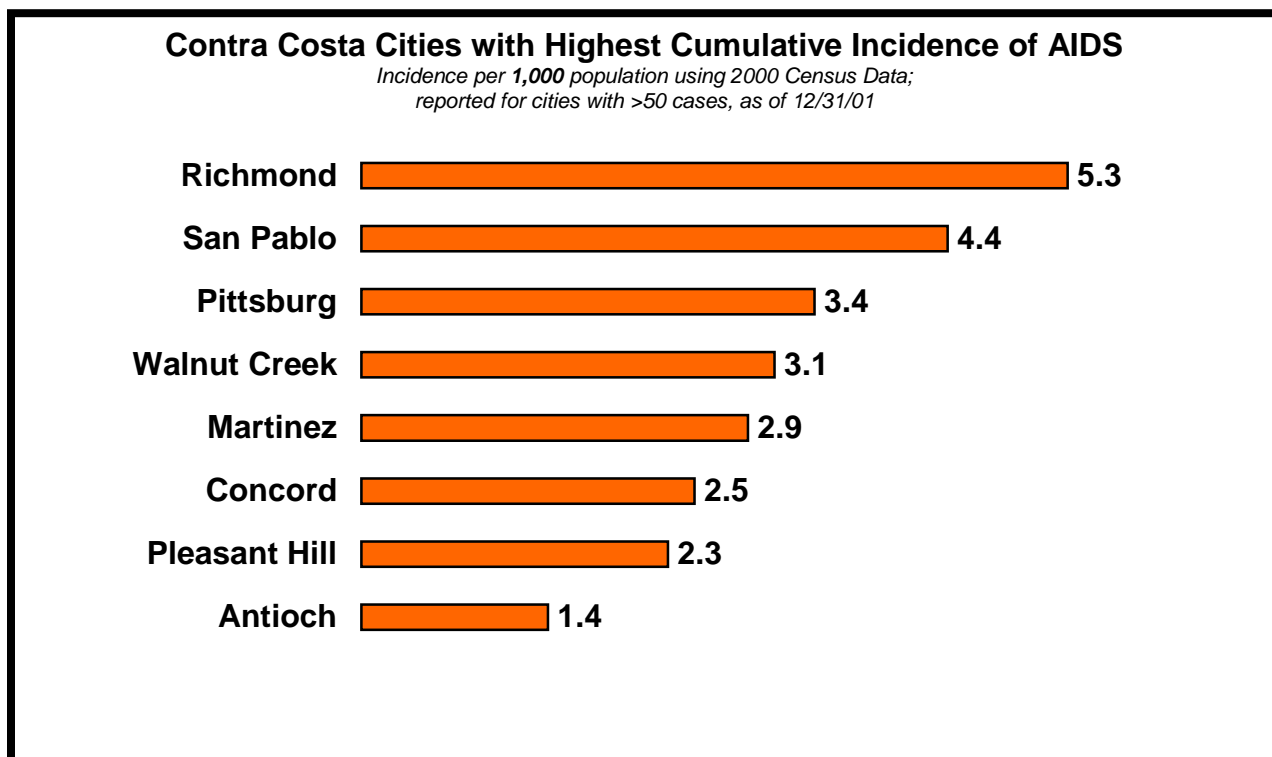
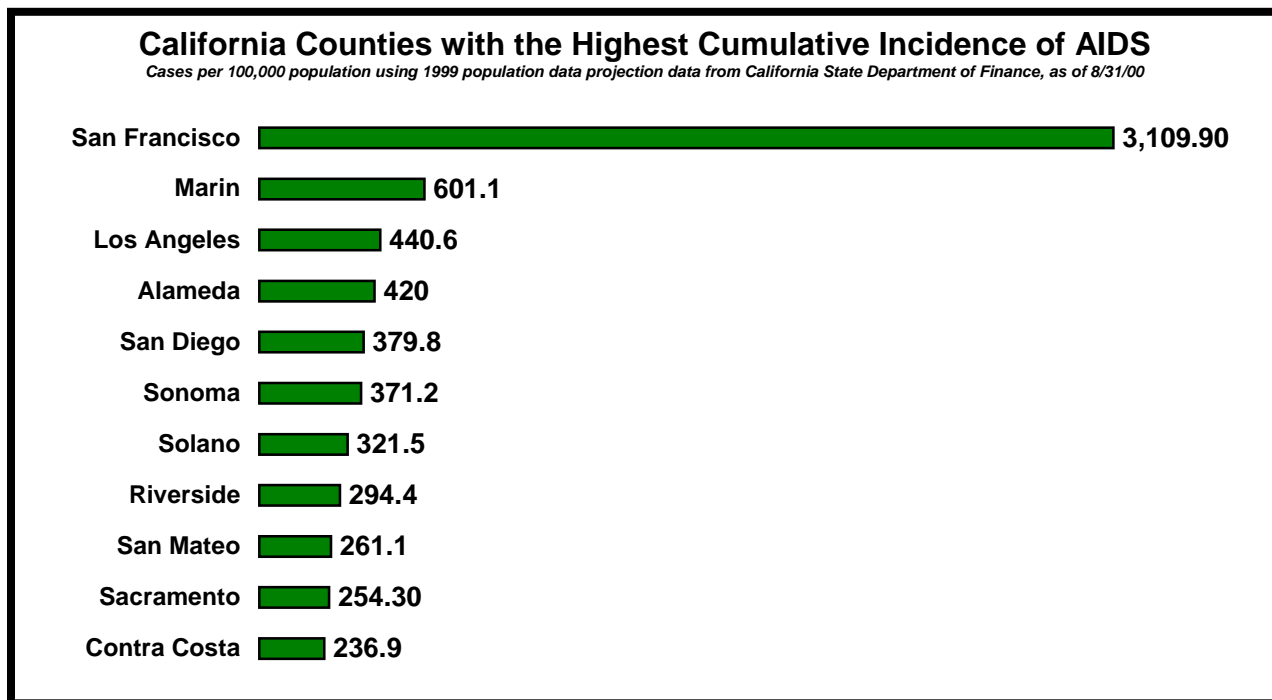
People in Contra Costa County Living with AIDS
as of 12/31/01 (n=805)

Mode of Infection and Gender Distribution

Mode of infection	Male (%)	Female (%)	Total (%)
Gay/Bisexual	455 (70.8)	0 (0)	455 (56.5)
Heterosexual injection drug use	114 (17.7)	77 (47.5)	191 (23.7)
Gay/bisexual drug use	33 (5.1)	0 (0)	33 (4.1)
Hemophilia	5 (0.8)	0 (0)	5 (0.6)
Heterosexual contact	10 (1.6)	67 (41.4)	77 (9.6)
Transfusion with blood/blood product	1 (0.1)	6 (3.7)	7 (0.9)
Parent at risk for HIV	3 (0.5)	2 (1.2)	5 (0.6)
Risk under investigation	22 (3.4)	10 (6.2)	32 (4.0)
Total	643 (100)	162 (100)	805 (100)

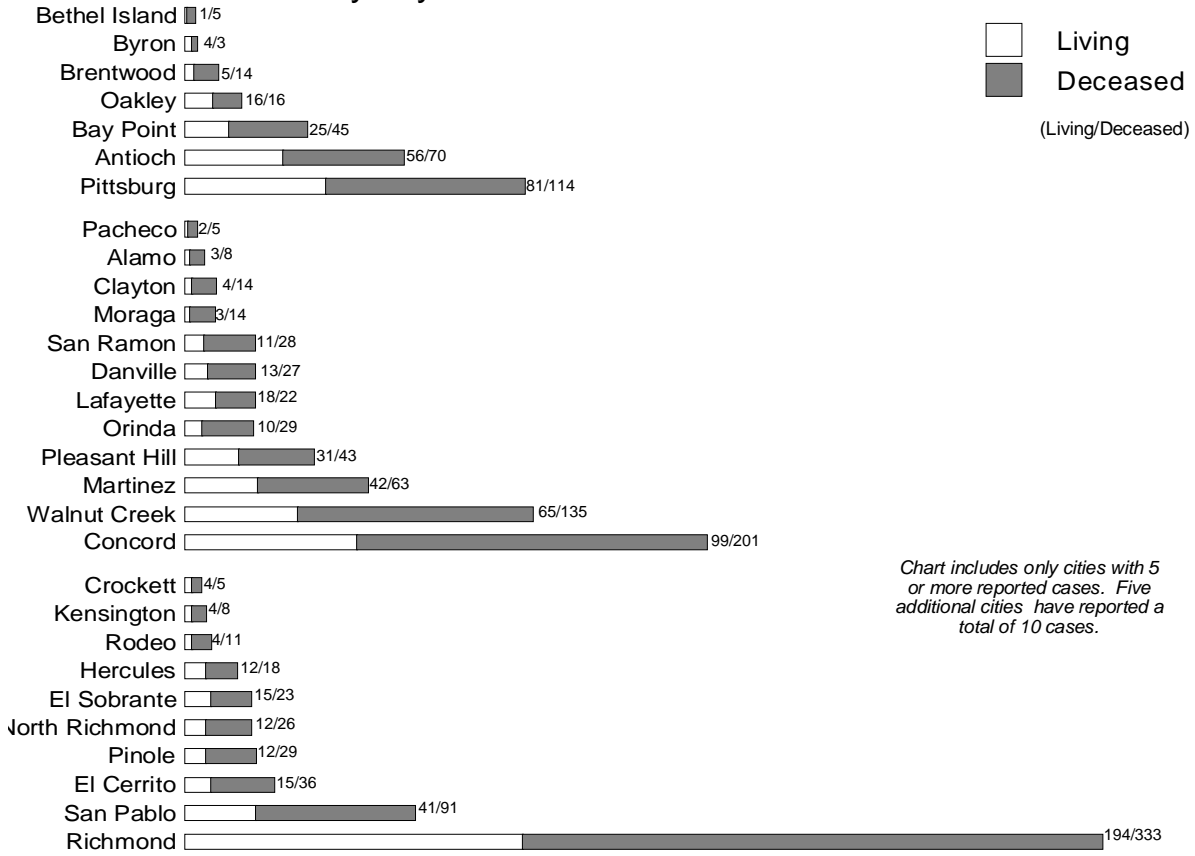
Race/ethnicity

Race/ethnicity	Adult/adolescent	Pediatric	Total (%)
White	422	0	422 (52.4)
African American	261	2	263 (32.7)
Latino	95	3	98 (12.2)
Asian/Pacific Islander	20	0	20 (2.5)
Native American/Alaskan	2	0	2 (0.2)
Total	800	5	805 (100)

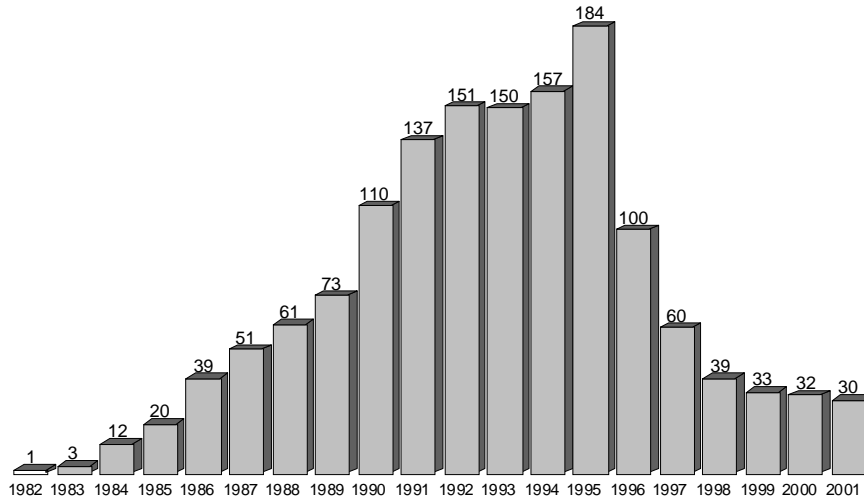


Contra Costa Residents with AIDS

by city of residence as of 12/31/01



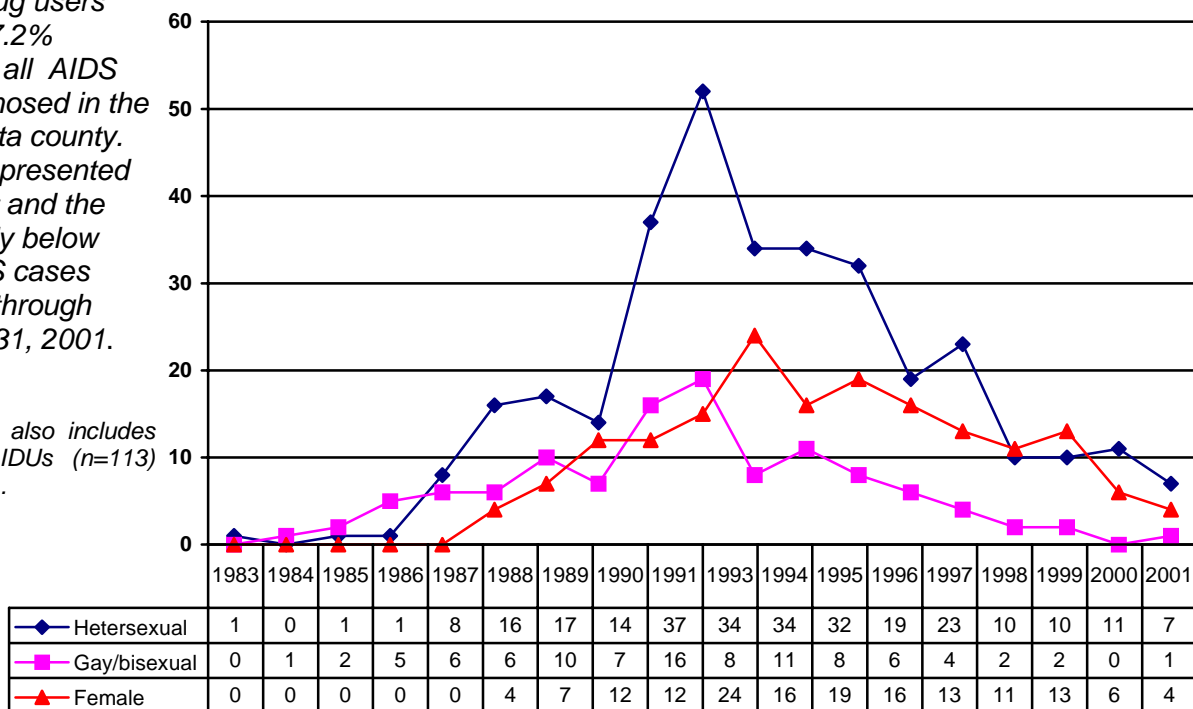
Deaths among people diagnosed with AIDS in Contra Costa



Injection Drug Users Diagnosed with AIDS

Injection drug users make up 27.2% (n=612*) of all AIDS cases diagnosed in the Contra Costa county. The data represented in this chart and the table directly below reflect AIDS cases diagnosed through December 31, 2001.

*This number also includes gay/bisexual IDUs (n=113) as of 12/31/01.



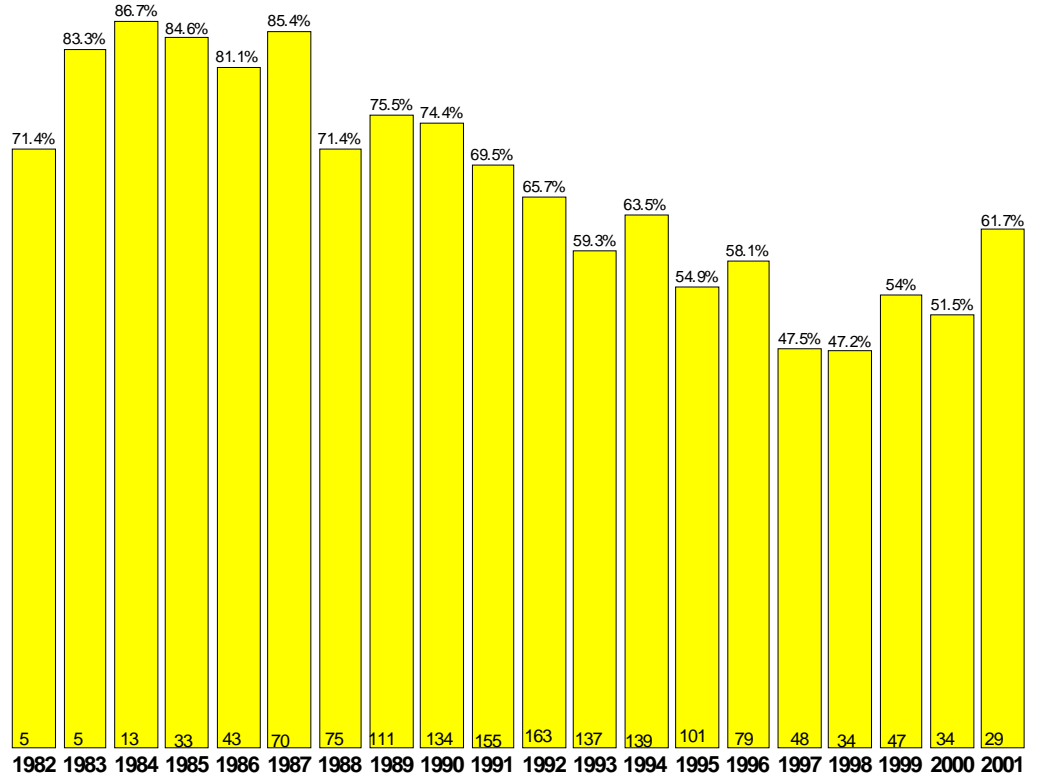
Race/Ethnicity of Injection Drug Users Diagnosed with AIDS (as of 12/31/01)

Race/Ethnicity	Male IDUs	Female IDUs	Total (%)
White	154	32	186 (30.4)
African American	237	130	367 (60.0)
Latino	43	9	52 (8.5)
Asian/Pacific Islander	4	1	5 (0.8)
Native American	2	0	2 (0.3)
Total	440	172	612 (100)

AIDS among Gay/bisexual Men (as of 12/31/01)

Gay and bisexual men (n=1,455*), constitute the group from which 64.7% of all cases have been reported in the county and the largest group from which new cases are emerging. Nevertheless, a declining trend is observed in the proportion of AIDS cases from this group.
(The actual number of cases is shown inside the bars.)

*This number includes both IDU gay/bisexual men (n=113) and non-IDU gay/bisexual men (n=1,342)



Persons with AIDS who are men having sex with men by race/ethnicity and age groups

This number includes both IDU gay/bisexual men (n=113) and non-IDU gay/bisexual men (n=1,342)
(as of 12/31/01)

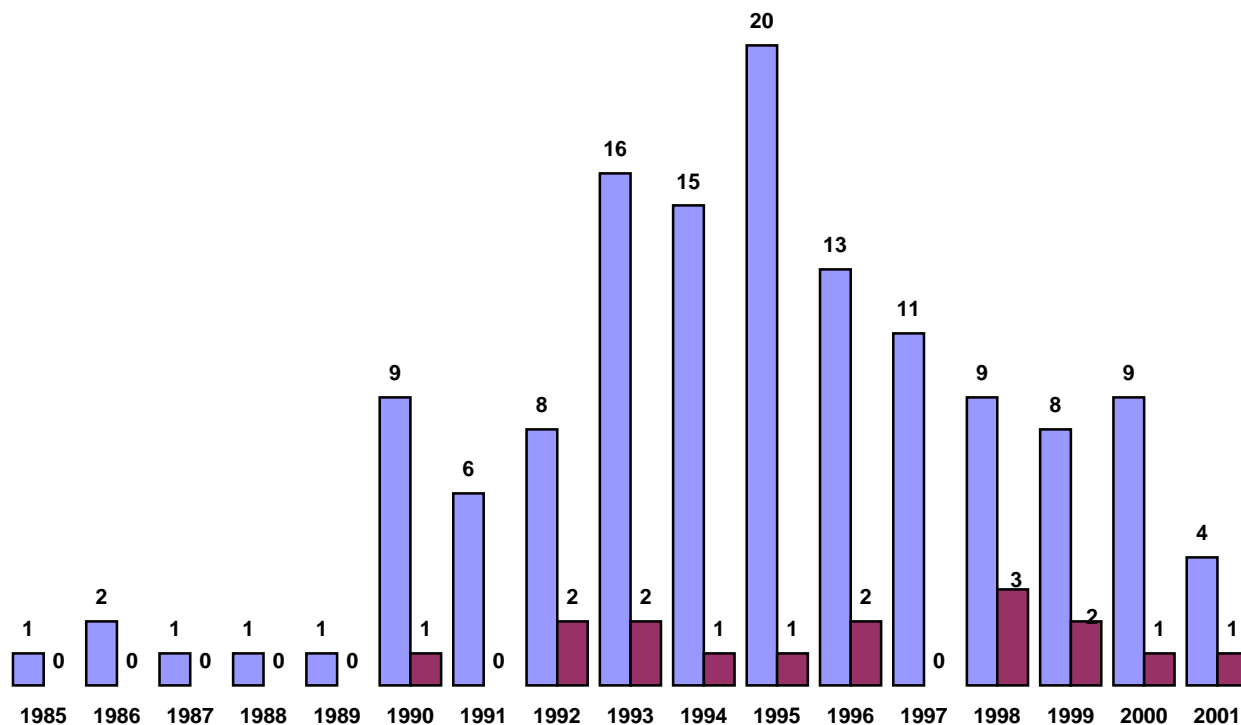
Age Groups	White	African American	Latino	Asian/Pacific Islander	Native American	Total
10-19	0	1	0	0	0	1
20-29	115	43	26	3	0	187
30-39	445	97	74	12	6	634
40-49	311	64	34	10	3	422
50-59	107	33	14	2	0	156
60-69	35	3	7	1	0	46
70-79	7	2	0	0	0	9
Total	1020	243	155	28	9	1455

AIDS diagnoses among heterosexual men and women

By year of diagnosis, asa of 8/31/00

■ female

■ male



Summary of AIDS patients infected through heterosexual contact

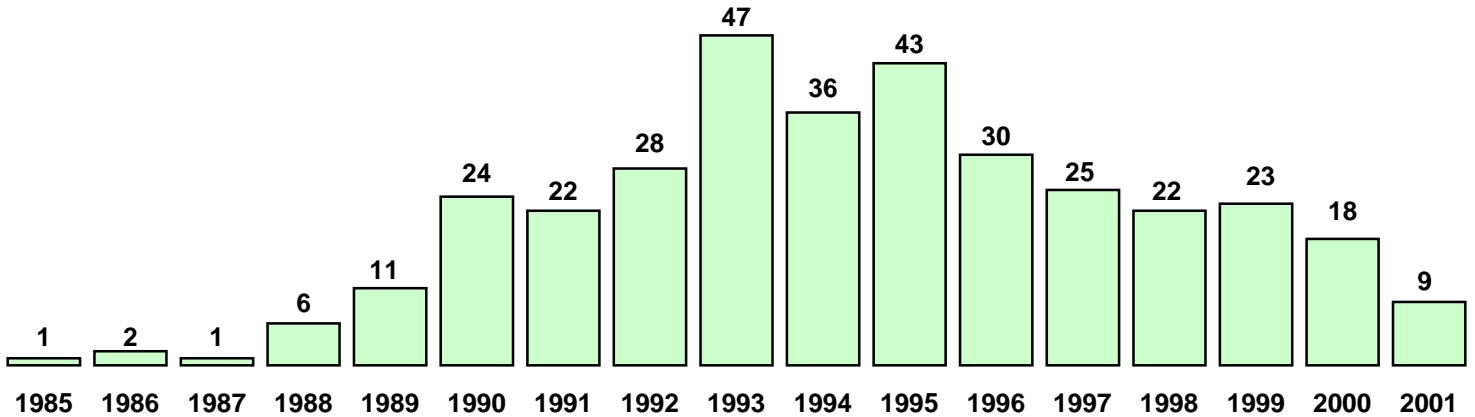
by mode of infection of their infected partner, as of 12/31/01

Women constitute **89.3%** of those diagnosed with AIDS who were infected through heterosexual contact. The mode of infection of the heterosexual partner is most often injection drug use (**48.7%**).

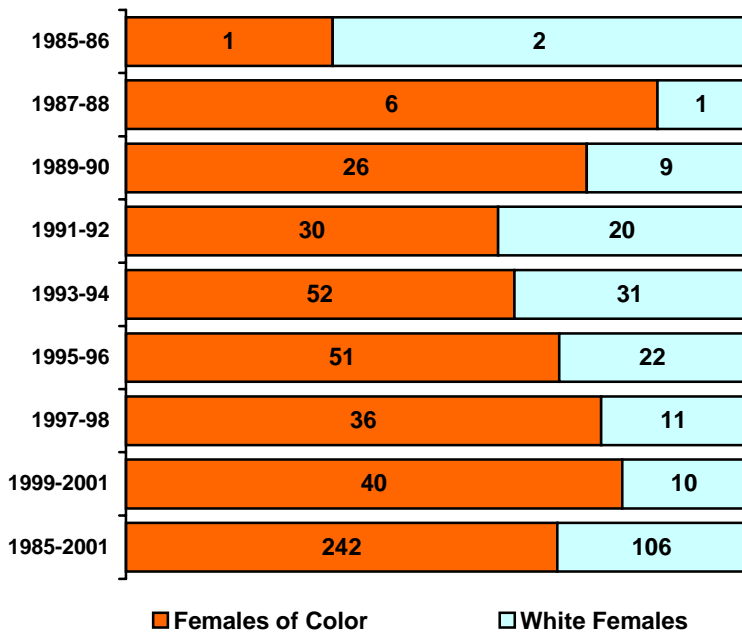
Heterosexual contact with:	Male	Female	Total (%)
Injection drug user	6	67	73 (48.7)
Bisexual male	0	27	27 (18.0)
Hemophiliac	0	1	1 (0.7)
Transfusion recipient	0	2	2 (1.3)
Risk under investigation/unidentified risk	10	37	47 (31.3)
Total	16	134	150 (100)

AIDS Epidemic among Females

Females with AIDS by the year of diagnosis
As of 8/31/00



Race/ethnicity distribution of females diagnosed with AIDS



Total number of cases by race

Race/Ethnicity	# (%)
White	106 (30.5)
African American	203 (58.3)
Latino	33 (9.5)
Asian/Pacific Islander	6 (1.7)
Total	348 (100)

HIV Related Services Provided in Contra Costa County

During the period of **March 1, 2001 through November 30, 2001**, the following partial list of services have been reported by community-based organizations and agencies serving people with HIV/AIDS in Contra Costa County. Data is not available from many organizations and individuals assisting those affected by the epidemic but not funded by the CARE Act or HOPWA:

267	people received transportation and/or gasoline to attend health and support services
57	people received transportation van services
7	people received 490 home-delivered meals
238	people received food vouchers
284	people received 1,332 bags of groceries
148	people received direct emergency assistance to pay for utilities and other bills
340	people received case management services
166	people received services at a day support center in Richmond
119	people received counseling to assist them in applying for benefits
110	people received housing advocacy assistance
13	people received 1,827 hours of home care so that they could remain in their homes
81	people received HIV-related legal services

Who is Receiving Services in Contra Costa County

In the nine month period **March 1, 2001 through November 30, 2001** demographic data was collected from **664** individuals (unduplicated) who received services from agencies/programs funded by the federal government under Ryan White CARE Act and Housing Opportunities for People with AIDS (HOPWA).

HIV/AIDS Status

serostatus known of 605 (91%) clients

	n	%
AIDS	316	52.2
Symptomatic HIV	118	19.5
Non-Symptomatic HIV	171	28.3

Primary Language *(n=664)*

	n	%
English	59	89.0
Spanish	1	6.6
Unknown	44	4.4
	29	

Gender

(n=664)

	n	%
Male	453	68.2
Female	204	30.7
Unknown	7	1.1

Current Living Situation

(varies throughout year)

	n
Homeless in emergency shelter	22
Homeless on streets	115
Hospital or medical facility	1
Hotel/motel	3
Jail/prison	3
Living with friends/relatives	209
Rental Housing	317
Substance abuse treatment facility	6
Transitional Housing	9
Other	3

Mode of transmission

(some clients claim more than one risk)

	n
Men having sex with men	217
MSM/IDU	20
Injection drug user	205
Blood product recipient	9
Sex Partner of IDU	48
Heterosexual contact	242
Pediatric	8
Other/Unknown	41

Income

(n=664)

	n	%
No Income	50	7.5
Less than \$600 per month	165	24.9
Between \$601 and \$900 per month	300	45.2
Between \$901 and \$1200 per month	71	10.7
Over \$1200 per month	78	11.7

Race/Ethnicity

(n=664)

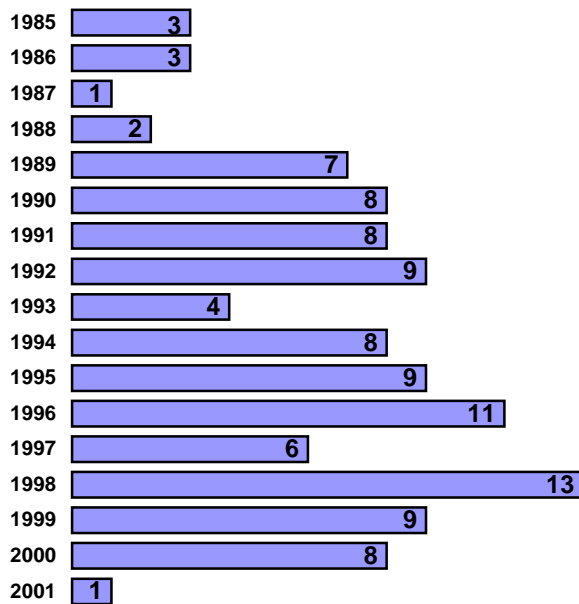
	n	%
White	178	26.8
African American	331	49.8
Latino	66	9.9
Asian/Pacific Islander	9	1.4
Native American	9	1.4
Unknown	71	10.7

Children with HIV/AIDS

13 Contra Costa children (1-12 years) have been diagnosed with AIDS
110 Contra Costa children have tested positive for HIV

Ten of those patients diagnosed with AIDS were infected from perinatal transmission and **three** were through infected blood/blood products. Of those infants who were exposed to HIV maternally, an estimated one-third were infected with HIV, while the transient maternal antibodies present in the other two-thirds will disappear by the second year of life.

Demographic characteristics of the above patients



Race/Ethnicity	(%)
White	20 (18.2)
African American	63 (57.3)
Latino	19 (17.3)
Asian	1 (0.9)
Unknown	7 (6.3)

Source: Stanford University School of Medicine, California Pediatric HIV Surveillance Data. As of 12/4/2001)

HIV Partner Counseling & Referral Services (PCRS)

The Epidemiology, Surveillance and Health Data Unit provides partner notification services. These services include counseling to HIV positive persons about partner disclosure, coaching clients on how to tell their partners themselves, and notifying selected partners without disclosing client identity. Partner services are also provided to the informed partner. These services include counseling, testing, and referrals to other needed services.

If a health care provider would like to refer a HIV positive client for PCRS services the provider can call *Denise Root* at (925) 313-6793.