

HIV/AIDS EPIDEMIOLOGY REPORT



CONTRA COSTA HEALTH SERVICES

Public Health Communicable Disease Programs

February 2000

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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:
Denise Root (925)313-6793
Maureen McHale (925)313-6790
Contra Costa Health Services
Public Health Division
Epidemiology, Surveillance
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597 Center Ave., Suite 350
Martinez, CA 94553
Fax: (925) 313-6344

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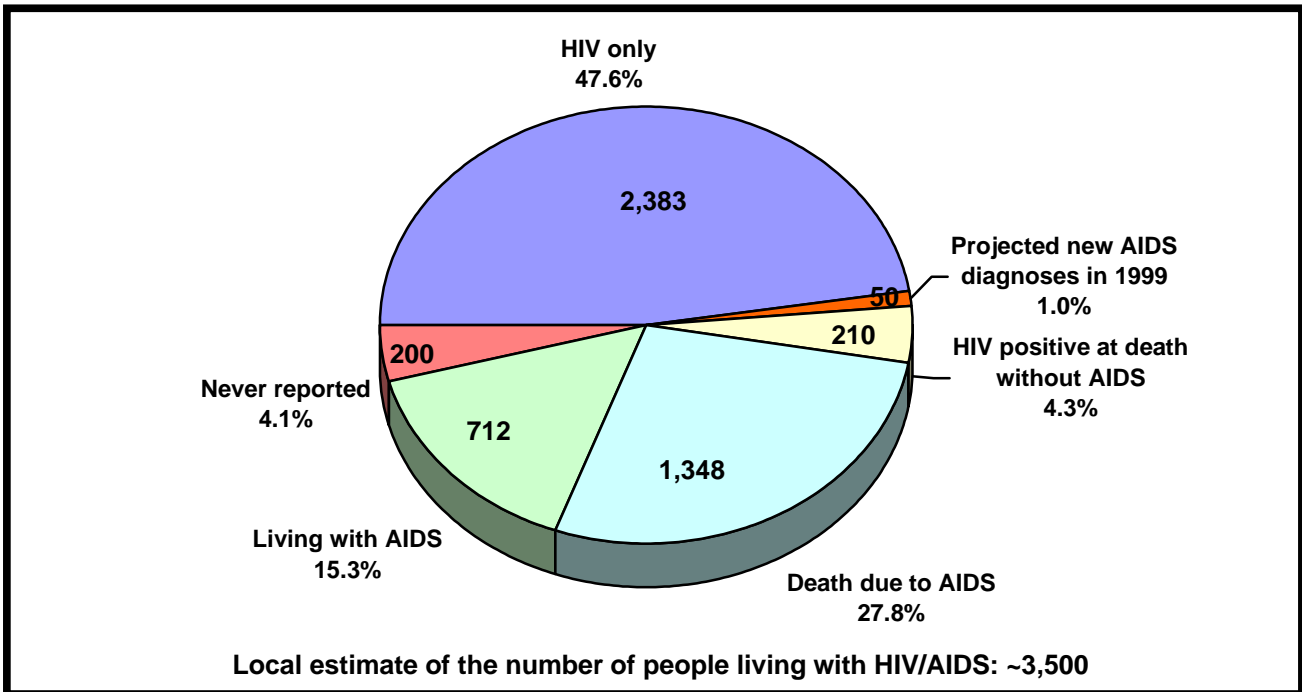
For copies of this report call: (925) 313-6323

or

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

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, 2,109 (43%) have already been diagnosed with and reported to have AIDS and 1,361 of these people have died of AIDS.



Global View of the AIDS Epidemic

		Cases	Deaths	
Contra Costa		2,109	1,361	(1/31/00)
Bay Area*	(State Office of AIDS)	40,824	26,550	(12/31/99)
California	(State Office of AIDS)	115,335	70,826	(12/31/99)
U.S.	(CDC & P)	664,921	410,800	(12/31/99)
World	(WHO)	47,300,000	13,900,000	(12/31/99)

*Bay Area Counties: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
 ** Cumulative estimate of persons with HIV/AIDS

Recently Detected HIV Infections

January 1999 – December 1999

Clients tested for HIV at county ATS* without prior positive test (tested +/total tested)

Men

Race	Gay/ Bisexual	Gay/Bisexual IDU	Heterosexual IDU	Heterosexual Partner	Health Care Worker	Total
White	0/90	0/14	0/83	0/365	0/16	0/568
African American	0/14	0/6	3/34	1/254	0/1	4/309
Latino	0/34	0/2	0/27	1/248	0/4	1/315
Asian	0/4	0/1	0/3	0/48	0/0	0/56
Native American	0/0	0/0	0/2	0/11	0/0	0/13
Other	0/7	0/0	0/3	0/50	1/1	1/61
Total	0/149	0/23	3/152	2/976	1/22	6/1322

Women

Race	Heterosexual IDU	Heterosexual Partner	Health Care Worker	Total
White	1/73	1/285	0/11	2/369
African American	2/29	1/194	0/4	3/227
Latina	0/8	1/245	0/8	2/264
Asian	0/0	0/48	0/0	0/48
Native American	0/1	0/5	0/0	0/6
Other	0/3	0/20	0/2	0/25
Total	3/114	3/797	0/25	6/936

*Locations and schedules of ATS:

Concord
2355 Stanwell Circle
Tuesday
5:00 – 8:00 p.m.

Pittsburg
550 School Street
Wednesday
5:00 – 8:00 p.m.

Richmond
100 39th Street
Thursday
5:00 – 8:00 p.m.

For more info call:

1-800-287-0200

Free - donations accepted

Diagnosed AIDS Cases

In California HIV infection with AIDS is not reportable. Only diagnosed AIDS cases are reported to the Health Department. An Individual who has tested HIV positive is diagnosed with AIDS when one of two events occur: either the patient's CD4 count drops below 200 cells/ μ l (<14% of normal); or the patient is diagnosed with one of 26 AIDS defining cancers or opportunistic infections. Below is a table indicating frequencies of how individuals in Contra Costa are diagnosed with AIDS and a frequency list of cancers and opportunistic infections or conditions reported in those diagnosed with HIV/AIDS*.

Cumulative Cases^φ			
Diagnosis Category	Adult	Pediatric	Total
Cancer or Opportunistic infection Immunological (CD4<200 or 14%)	1,388	12	1,400
Total	2,097	12	2,109

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	23	Immunoblastic lymphoma	29
Candidiasis, esophageal	146	Primary lymphoma in brain	7
Coccidioidomycosis	6	Mycobacterium avium complex or M. kansasii	239
Cryptococcosis	64	M. tuberculosis, pulmonary	74
Cryptosporidiosis	37	M. tuberculosis, disseminated or extrapulm.	31
Cytomegalovirus disease	58	Mycobacterium, of other species	11
Cytomegalovirus retinitis	64	Pneumocystis carinii pneumonia	621
HIV encephalopathy (dementia)	105	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	215	Wasting	194
Burkitt's Lymphoma	8	Lymphoid interstitial pneumonia	2

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

^φCumulative cases reported from 2/1/82 to 1/31/00

2,109 PEOPLE IN CONTRA COSTA COUNTY DIAGNOSED WITH AIDS

Through January 30, 2000, a cumulative total of 2,109 cases of AIDS were reported to the Public Health Department. This represents a cumulative incidence of 2.30 per 100,000 population using 1999 population projection data from the California State Department of Finance.

Total AIDS cases reported through 1/31/00

Mode of infection and gender distribution

Adult and adolescent cases (n=2,097)

Mode of HIV infection	Male (%)	Female (%)	Total (%)
Gay/bisexual	1,262 (70.9)	0 (0)	1,262 (60.2)
Heterosexual injection drug use	303 (17.0)	160 (50.5)	463 (22.1)
Gay/bisexual injection drug use	112 (6.3)	0 (0)	112 (5.3)
Hemophilia	16 (0.9)	0 (0)	16 (0.8)
Heterosexual contact	11 (0.6)	123 (38.8)	134 (6.4)
Transfusion with blood/blood product	28 (1.6)	16 (5.0)	44 (2.1)
Risk under investigation	48 (2.7)	18 (5.7)	66 (3.1)
Total	1,780 (100)	317 (100)	2,097 (100)

Pediatric cases (n=12)

Mode of HIV infection	Male (%)	Female (%)	Total (%)
Parent at risk or has HIV/AIDS	4 (57.1)	5 (100)	9 (75.0)
Transfusion with blood/blood product	3 (42.9)	0 (0)	3 (25.0)
Total	7 (100)	5 (100)	12 (100)

Total AIDS Cases Reported in Contra Costa through 1/31/00 Race/Ethnicity Distribution

Race/ethnicity	Adult/adolescent cases (%)	Pediatric cases (%)	Total (%)
White	1,204 (57.4)	4 (33.3)	1,208 (57.3)
African American	621 (29.6)	4 (33.3)	625 (29.6)
Latino	222 (10.6)	4 (33.3)	226 (10.7)
Asian/Pacific Islander	41 (2.0)	0 (0)	41 (2.0)
Native American/Alaskan	9 (0.4)	0 (0)	9 (0.4)
Total	2,048 (100)	12 (100)	2,109 (100)

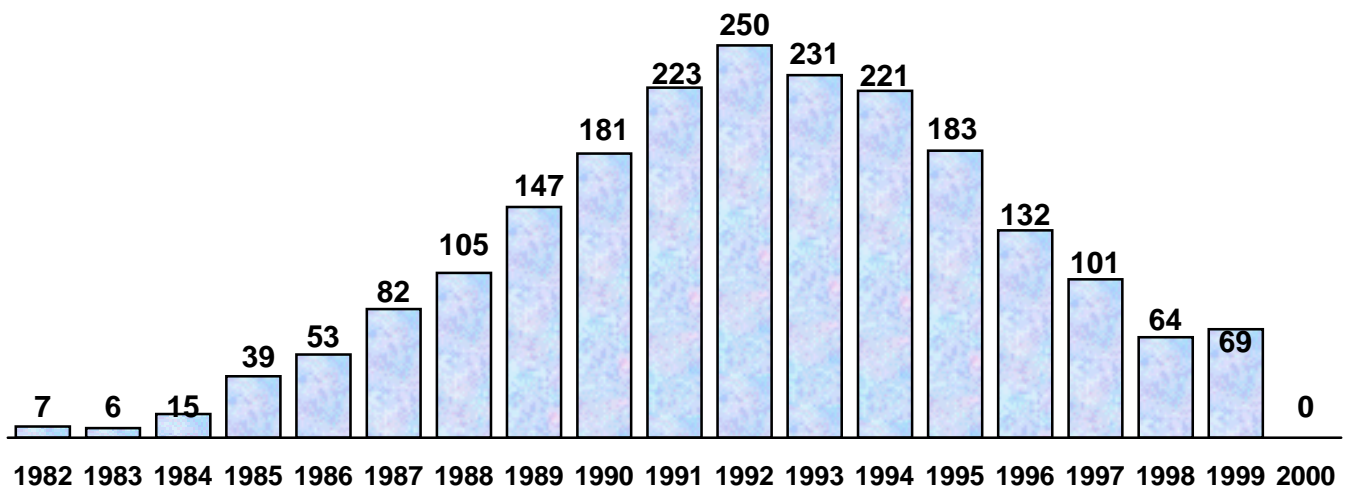
Age Distribution

(Age at time of diagnosis)

Age Groups	Total (%)
<5	8 (0.4)
5-12	4 (0.2)
13-19	8 (0.4)
20-29	256 (12.1)
30-39	880 (41.7)
40-49	652 (30.9)
50-59	197 (9.4)
60-69	76 (3.6)
>69	28 (1.3)
Total	2,109 (100)

Year of Diagnosis

(new diagnoses)



People in Contra Costa County Living with AIDS
as of 1/31/00 (n=748)

Mode of Infection and Gender Distribution

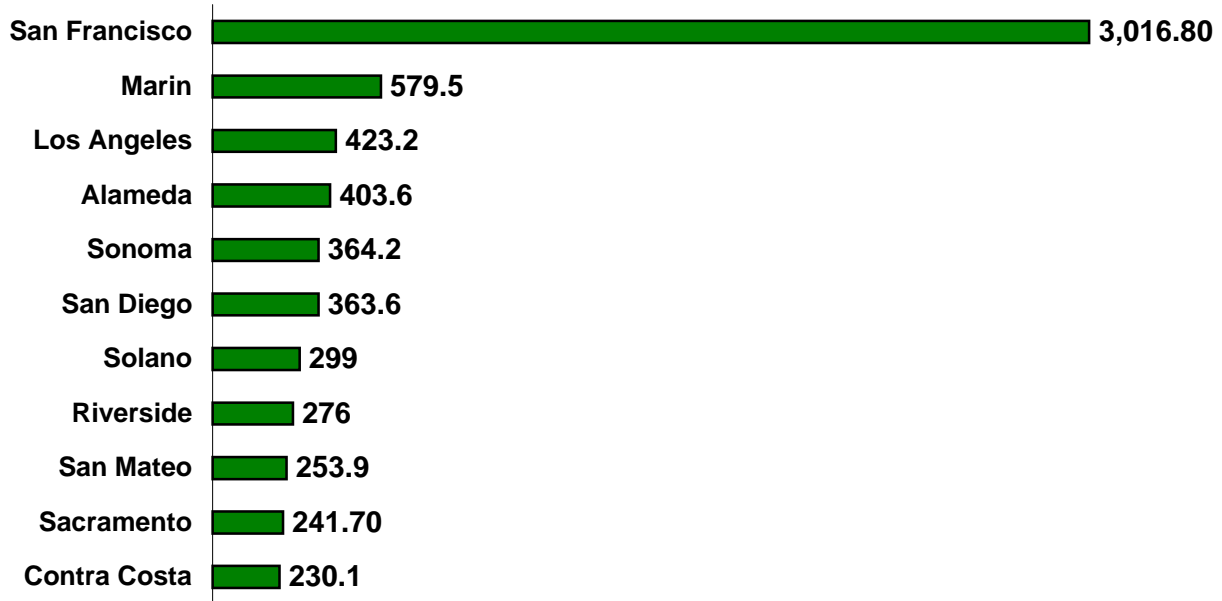
Mode of infection	Male (%)	Female (%)	Total (%)
Gay/Bisexual	413 (70.1)	0 (0)	413 (55.2)
Heterosexual injection drug use	109 (18.5)	80 (50.3)	189 (25.3)
Gay/bisexual drug use	34 (5.7)	0 (0)	34 (4.6)
Hemophilia	4 (0.7)	0 (0)	4 (0.5)
Heterosexual contact	5 (0.8)	63 (39.6)	68 (9.1)
Transfusion with blood/blood product	1 (0.2)	5 (3.1)	6 (0.8)
Parent at risk for HIV	2 (0.4)	2 (1.4)	4 (0.4)
Risk under investigation	21 (3.6)	9 (5.7)	30 (4.0)
Total	589 (100)	159 (100)	748 (100)

Race/ethnicity

Race/ethnicity	Adult/adolescent	Pediatric	Total (%)
White	388	0	388 (51.9)
African American	249	2	251 (33.5)
Latino	85	2	87 (11.6)
Asian/Pacific Islander	20	0	20 (2.7)
Native American/Alaskan	2	0	2 (0.3)
Total	744	4	748 (100)

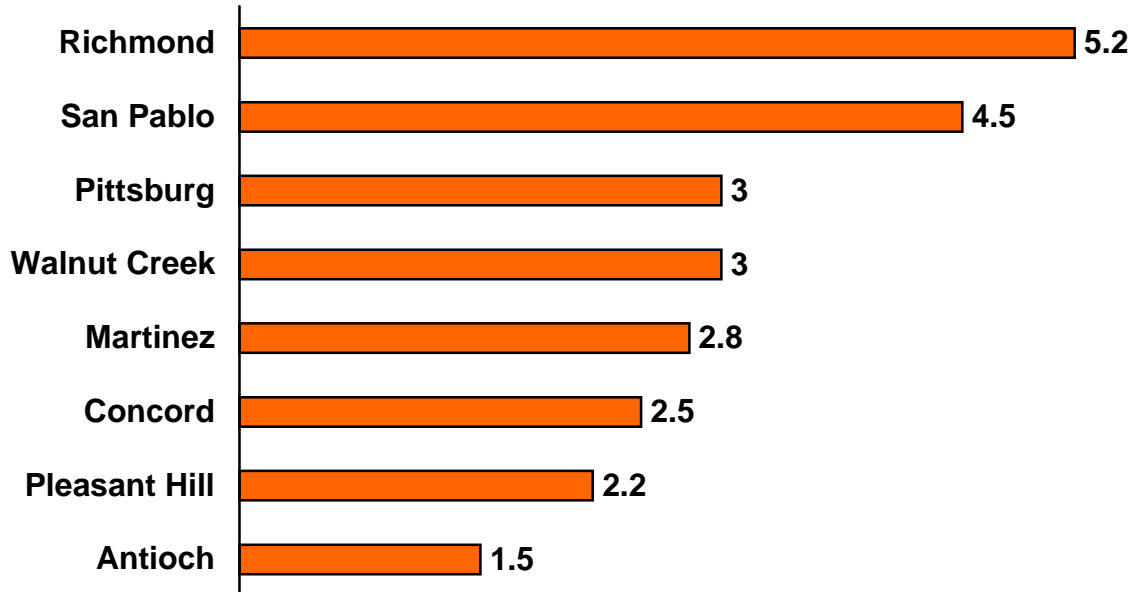
California Counties with the Highest Cumulative Incidence of AIDS

Cases per 100,000 population using 1999 population data projection data from California State Department of Finance, as of 1/31/00

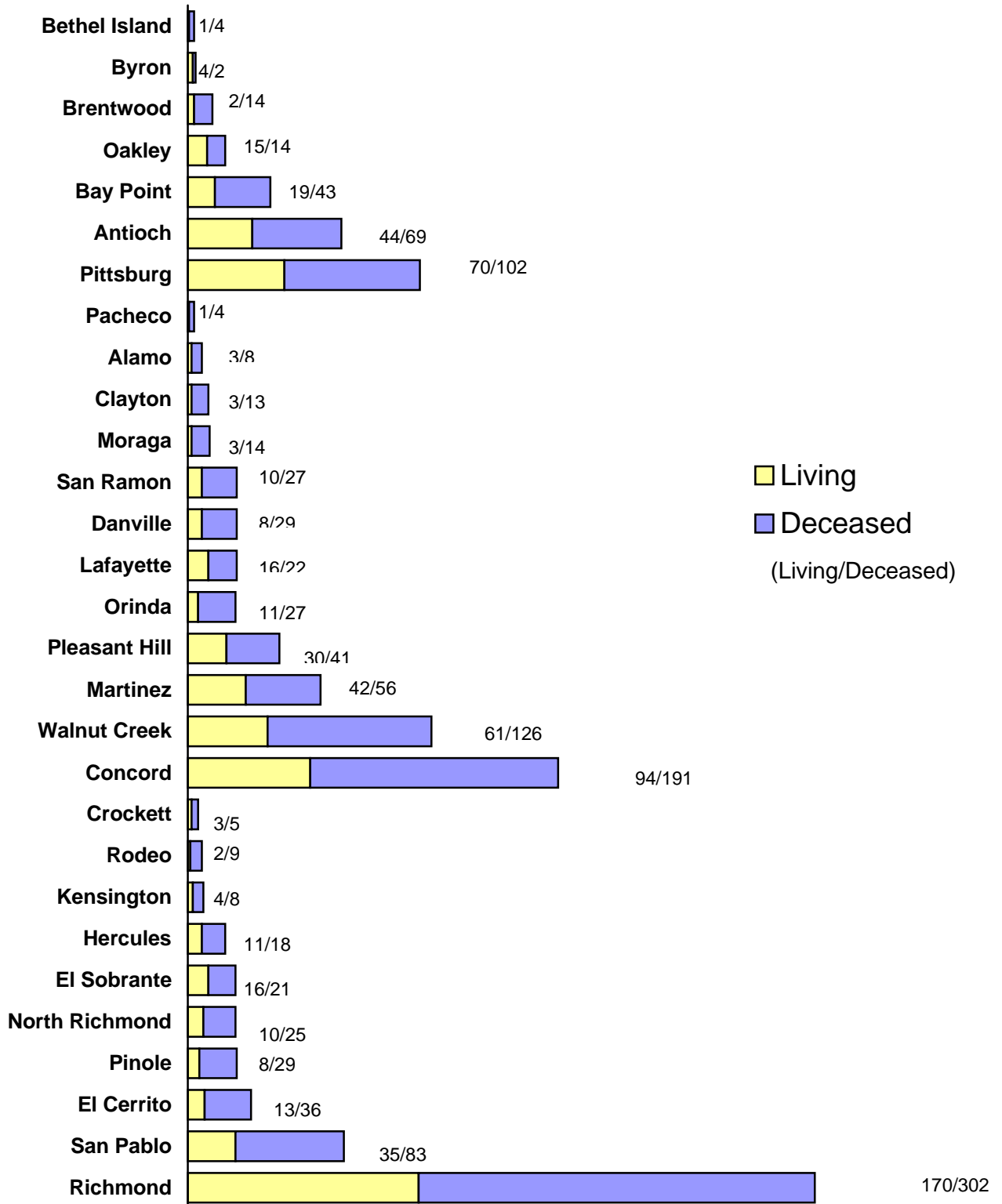


Contra Costa Cities with Highest Cumulative Incidence of AIDS

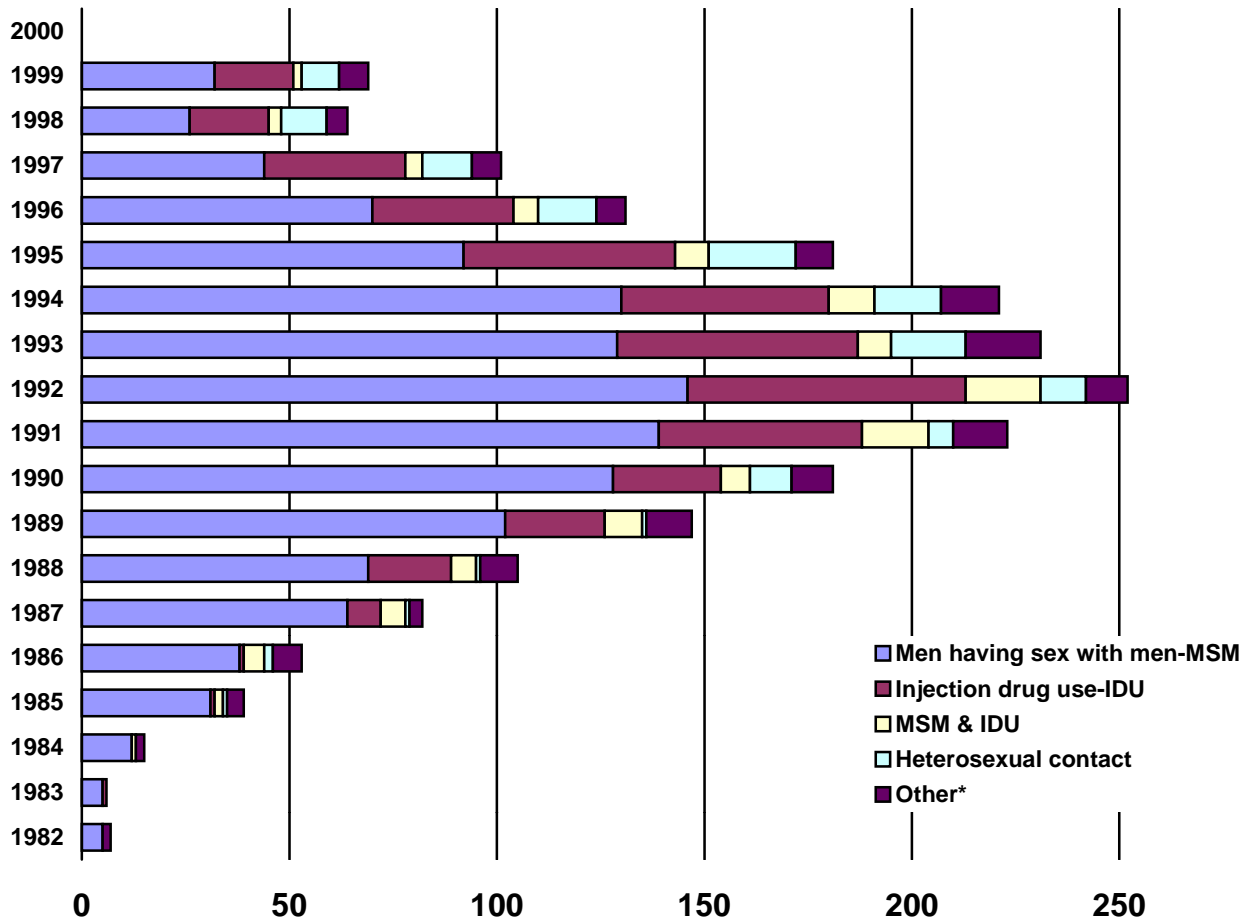
Incidence per 1,000 population using 1999 population projection data from California State Department of Finance; reported for cities with >50 cases, as of 1/31/00



People in Contra Costa with AIDS By city of residence As of 1/31/00

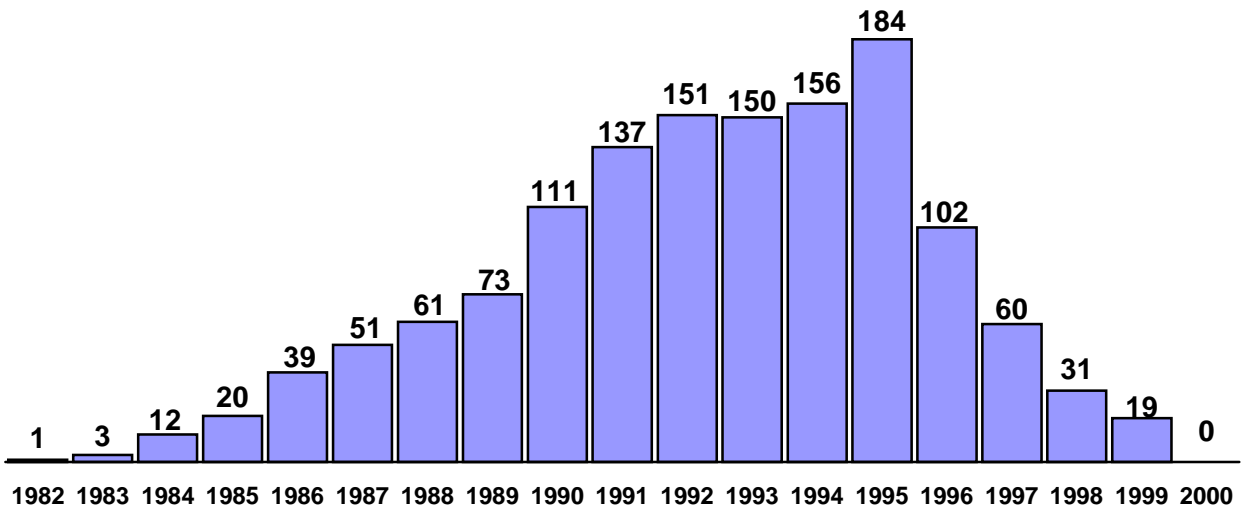


Modes of infection by year of AIDS diagnosis (as of 1/31/00)



Deaths among people diagnosed with AIDS

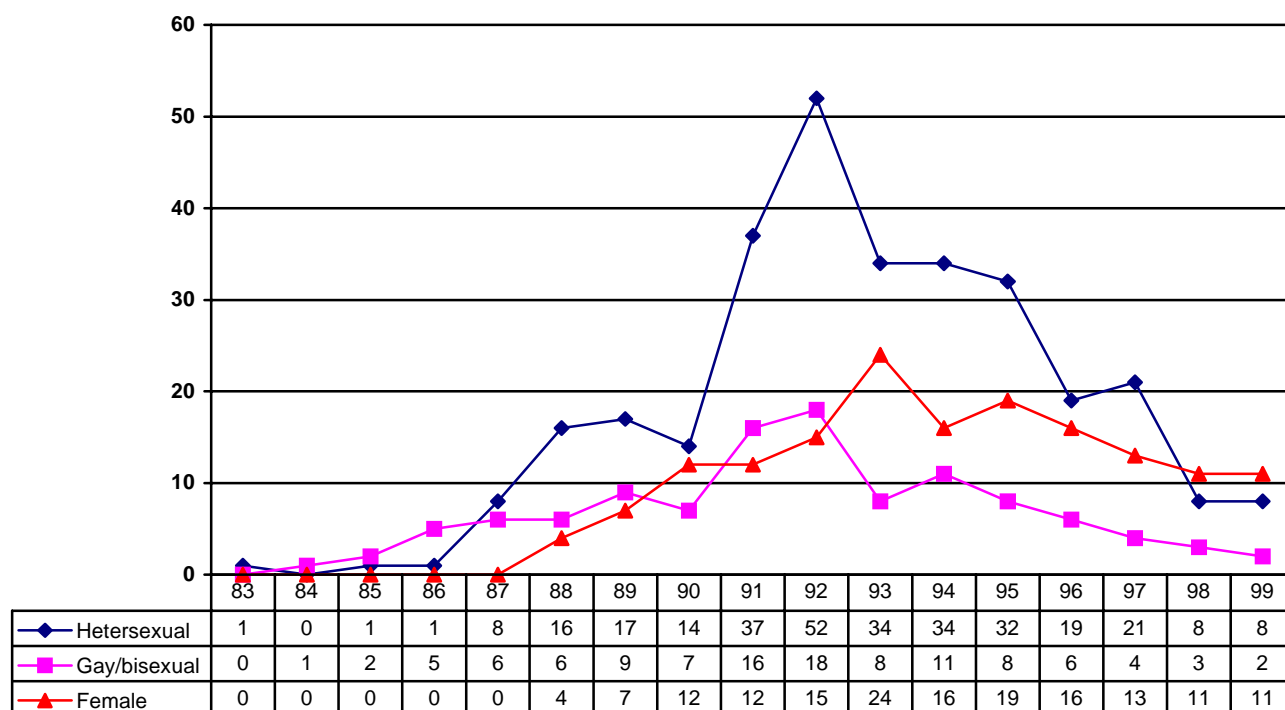
By year of death, as of 1/31/00 (n=1,361)



Heterosexual, Gay and Female Injection Drug Users Diagnosed with AIDS

Since the first years of the AIDS epidemic in the county an increasing number of AIDS cases are injection drug users (IDUs). Presently, IDUs make up 27.3% (n=575*) of all the AIDS cases diagnosed in the county. The data represented in this chart and the table directly below reflect AIDS cases diagnosed through January 31, 2000.

*This number also includes gay/bisexual IDUs (n=112) as of 1/31/00.



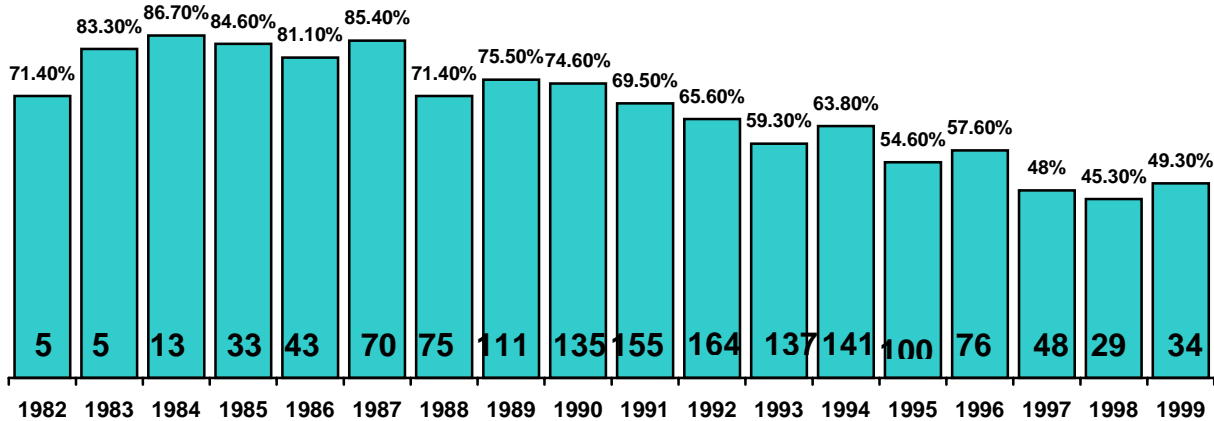
Race/ethnicity of Injection Drug Users Diagnosed with AIDS (as of 1/31/00)

Race/Ethnicity	Male IDUs	Female IDUs	Total
White	151	30	181 (31.5)
African American	216	122	338 (58.8)
Latino	42	7	49 (8.5)
Asian/Pacific Islander	4	1	8 (0.9)
Native American	2	0	2 (0.3)
Total	415	160	575 (100)

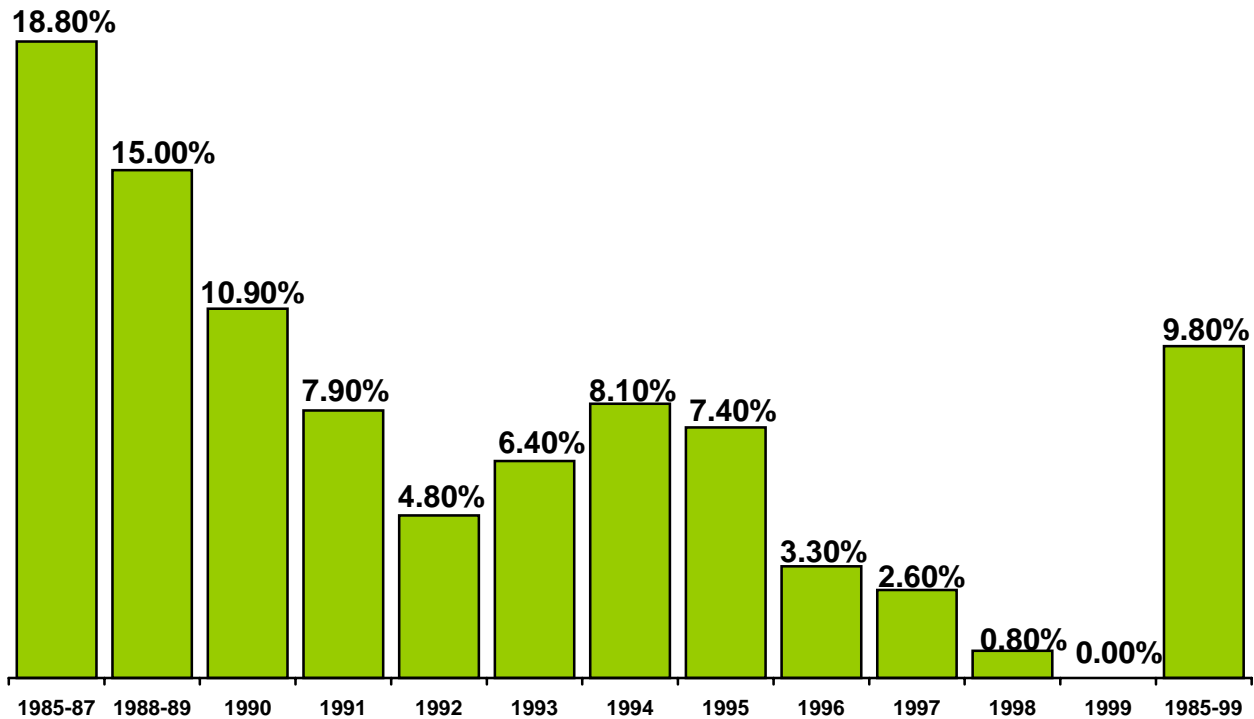
AIDS among Gay/bisexual Men (as of 1/31/00)

Gay and bisexual men (n=1,374*), constitute the group from which 65.1% 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=112) and non-IDU gay/bisexual men (n=1,262)



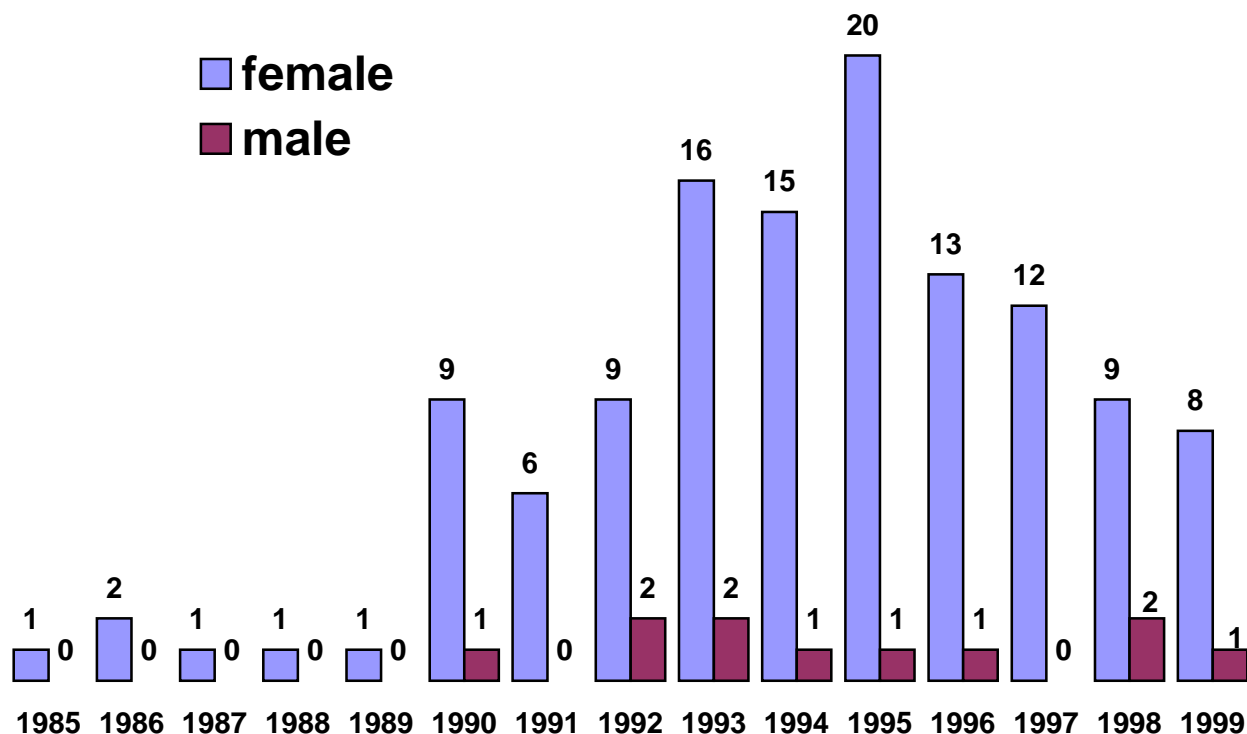
HIV Prevalence among Non-IDU Gay/Bisexual Men (Voluntarily tested at the publicly funded county clinics, Jan 1985 – Dec 1999)



AIDS among Men & Women Infected through Heterosexual Contact (excluding IDUs)

AIDS diagnoses among heterosexual men and women

By year of diagnosis, asa of 1/31/00



Summary of AIDS patients infected through heterosexual contact

By mode of infection of their infected partner, as of 1/31/00

Heterosexual Contact with:	Male (%)	Female (%)	Total (%)
Injection drug user	5 (54.5)	62 (50.4)	68 (50.7)
Bisexual male	-	26 (21.2)	26 (19.4)
Hemophiliac	0	1 (0.8)	1 (0.8)
Transfusion recipient	0	2 (1.6)	2 (1.5)
HIV+ and risk under investigation	4 (45.5)	32 (26.0)	37 (27.6)
Total	11 (100)	123 (100)	134 (100)

Women constitute **98.1%** 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 (**50.7%**)

AIDS Epidemic among Females

Females with AIDS by the year of diagnosis
As of 1/31/00

Race/ethnicity distribution of females diagnosed with AIDS

Number of Cases and percentage	
Race/ethnicity	# (%)
White	100 (31.1)
African American	187 (58.1)
Latino	30 (9.3)
Asian/Pacific Islander	5 (1.5)

Children with HIV/AIDS

12 Contra Costa children (1-12 years) have been diagnosed with AIDS

92 Contra Costa children have tested positive for HIV

Children's Hospital Oakland Pediatric AIDS/HIV Program has evaluated, cared for and monitored **92** patients under the age of eighteen living in Contra Costa who at sometime presented antibodies against HIV. **Five** of these patients have been infected from blood products. The mode of exposure of one child is still under investigation. Of the **86** 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

Year of referral to Children's Hospital		Gender (%)	
1986	3	Male	46 (50)
1987	4	Female	46 (50)
1988	3		
1989	6		
1990	11	Race/ethnicity (%)	
1991	10	White	26 (28)
1992	3	African American	52 (57)
1993	12	Latino	14 (15)
1994	2		
1995	9	Maternal infection through (%)	
1996	7	Injection drug use	53 (62)
1997	2	Heterosexual contact	25 (29)
1998	12	Undetermined	8 (9)
1999	8		

HIV/AIDS in Teenagers (13-19)

Only **8** of the **2,109** AIDS in the county reported since the beginning of the epidemic were teenagers at the time of their diagnosis. A total of **8** young adults (13-19) from the county have been cared for and followed-up at the Children's Hospital Oakland Pediatric AIDS/HIV Program. **Five** of the **eight** cases are hemophiliacs or transfusion recipients. The following statistics represent the teenagers who voluntarily presented themselves for HIV testing at publicly funded clinics in the county between 1992 and 1998.

<u>Year</u>	<u>Teens tested</u>	<u>HIV+</u>	
1992	951	0	Of the six who tested positive all were female; two were 18 and other four were 19 years old; one was an injection drug user and the other five were infected through heterosexual contact with HIV infected men.
1993	840	2	
1994	730	0	
1995	790	1	
1996	607	1	
1997	254	0	
1998	458	1	
1999	399	1	

HIV Related Services Provided in Contra Costa County

During the period of January through June 1999, 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:

244	People received transportation and/or gasoline to attend health and support services
110	People received transportation van services
12	People received 653 home-delivered meals
302	People received food vouchers
329	People received 8,639 bags of groceries
125	People received direct emergency assistance to pay for utilities and other bills
552	People received case management services
130	People received services at a day support center in Richmond
144	People received counseling to assist them in applying for benefits
105	People received housing advocacy assistance
25	People received 1,582 hours of home care so that they could remain in their homes
51	People received HIV-related legal services

Who is Receiving Services in Contra Costa County

In the six month period January 1, 1999 – June 30, 1999 demographic data was collected from 568 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).

Income information available on 498 (87.7%) clients	N	%
Less than \$600 per month	153	30.7
Between \$601 and \$900 per month	263	52.8
Between \$901 and \$1200 per month	50	10.1
Over \$1200 per month	32	6.4

HIV/AIDS Status serostatus know of 562 (98.9%) clients	N	%
AIDS	350	62.3
Symptomatic HIV	99	17.6
Non-Symptomatic HIV	113	20.1

Demographic Data of Services Recipients

Gender	N	%	Primary Language (n=565)	N	%
Male	384	67.8	English	525	92.9
Female	182	32.2	Spanish	34	6.0
			Other	6	1.1
Race/ethnicity	N	%	Current Living Situation (n=506)		
White	180	31.9	(varies throughout the year)		
African American	295	52.2	Homeless in emergency shelter	29	
Latino	75	13.3	Homeless in streets	8	
Asian/Pacific Islander	9	1.6	Hospital or medical facility	2	
Native American	2	0.3	Hotel/motel	2	
Unknown	4	0.7	Jail/prison	4	
Mode of transmission (n=545)	N	%	Living with friends/relatives	157	
Men having sex with men	172	31.6	Owned housing	19	
MSM/IDU	20	3.7	Psychiatric facility	0	
Injection drug user	182	33.4	Rental housing	272	
Blood product recipient	5	0.9	Substance abuse treatment facility	3	
Sex Partner of IDU	23	4.2	Transitional Housing	8	
Heterosexual contact	108	19.8	Other	3	
Pediatric	15	2.7			
Other/unknown	20	3.7			

1999 Legislative Summary

California Department of Health Services - Prevention Services, Office of AIDS Sponsored and Co-Sponsored Legislation

Signed Bills

AB 136 Mazzoni (Chapter 726)

Needle Exchange

AB 136, Sponsored by the author, exempts from criminal prosecution public entities and their agents and employees who distribute hypodermic needles or syringes to participants in clean needle and syringe exchange projects authorized by the public entity, pursuant to a declaration of local emergency due to the existence of a critical local public health crisis.

AB 435 Corbett (Chapter 766)

Workers' Compensation Medical Records: HIV Disclosure

AB 435, sponsored by AIDS Legal Services of San Jose, provides that, except under specified circumstances, the workers' compensation exemption under the Confidentiality of Medical Information Act shall not be used to permit the disclosure or use of medical information regarding a patient's HIV status without prior authorization from the patient.

AB 1047 Firebaugh (Chapter 497)

AIDS Drug Assistance Program

AB 1047, sponsored by the AIDS Healthcare Foundation, requires the Department of Health Services (Department) to add any antiviral drug to the AIDS Drug Assistance Program (ADAP) formulary within 30 days of federal Food and Drug Administration approval of the drug for treatment of AIDS, AIDS-related conditions, or HIV, if the drug is approved by the Department's ADAP Medical Advisory Committee and subject to the Department's analysis of the fiscal effect of the addition. In addition, the bill requires the Department to prepare a report to the Legislature by October 1, 2000 on the performance of the ADAP's pharmaceutical benefits management contractor.

Vetoed Bill

AB 103 HIV Reporting by Unique Identifier

(Gov. Gray Davis' veto message to the members of the State Assembly - October 10, 1999)

I am returning Assembly Bill 103 without my signature.

This bill would require the State Department of Health Services to create and implement by January 1, 2001 a method of reporting and tracking HIV test results by unique confidential identifier.

The State Department of Health Services is pursuing a grant from the federal Centers for Disease Control to fully fund the costs of an HIV unique confidential identifier surveillance system. If California receives such funds; I will take steps to immediately implement such a system.

My budget reflects a strong commitment towards preventing the transmission of HIV and in providing effective treatment, including a recent augmentation of \$13.4 million General Fund to expand HIV/AIDS education, prevention and care and treatment services. In addition the Budget provides \$140.3 million to fully fund anticipated demand for the AIDS Drug Assistance Program. Whether or not California receives federal funding for surveillance, I will ensure that California is directing its own HIV/AIDS efforts in a manner that stresses prevention, counseling and testing and have directed my Director of the State Department of Health Services to report to me by December 1, 1999 on how the state currently targets its education and prevention efforts towards areas and/or populations that may experience an increase in HIV infection.