

HIV/AIDS EPIDEMIOLOGY REPORT



Public Health Division Communicable Disease Programs

July 2005

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Reporting HIV/AIDS

How to report:

- Call the numbers listed below

Denise Root (925) 313-6793

Martin Lynch (925) 313-6323

- Or complete a Confidential Morbidity Report Card, available through the Health Services Department Communicable Disease Control Program.

Why reporting is necessary:

Did you know that the numbers reported to CDC by the State Office of AIDS are used to allocate dollars to States, Counties, and other jurisdictions? Every case not reported impacts funding for prevention and care services.

Please help:

- plan future health care needs and services
- monitor trends in HIV infection
- project future numbers of HIV/AIDS cases
- provide information and history of HIV/AIDS
- plan prevention and educational activities

Reporting is required by law.

Reporting HIV/AIDS: Summary of Legislation

California Code of Regulations Title 17, Section 2500, requires health care providers to report AIDS cases by name to the local health officer.

California Code of Regulations Title 17, Section 2643.5-10, requires health care providers and laboratories to report HIV by Non-Name code to the local health officer.

California Code of Regulations Title 17, Section 2512, allows health officers to investigate communicable diseases.

California Code of Regulations Title 17, Section 2502, requires local health officers to report HIV/AIDS cases to the Department of Health Services.

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 Sections 120980, 120990, and 1603.3, allow disclosure to public health authorities of HIV tests performed on cadavers. The Code allows for HIV testing on cadavers without written consent as part of an autopsy or in conjunction with anatomical gifts.

California Health and Safety Code Section 121025, protects the confidentiality of AIDS-related public health records 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.

For copies call (925) 313-6323

or

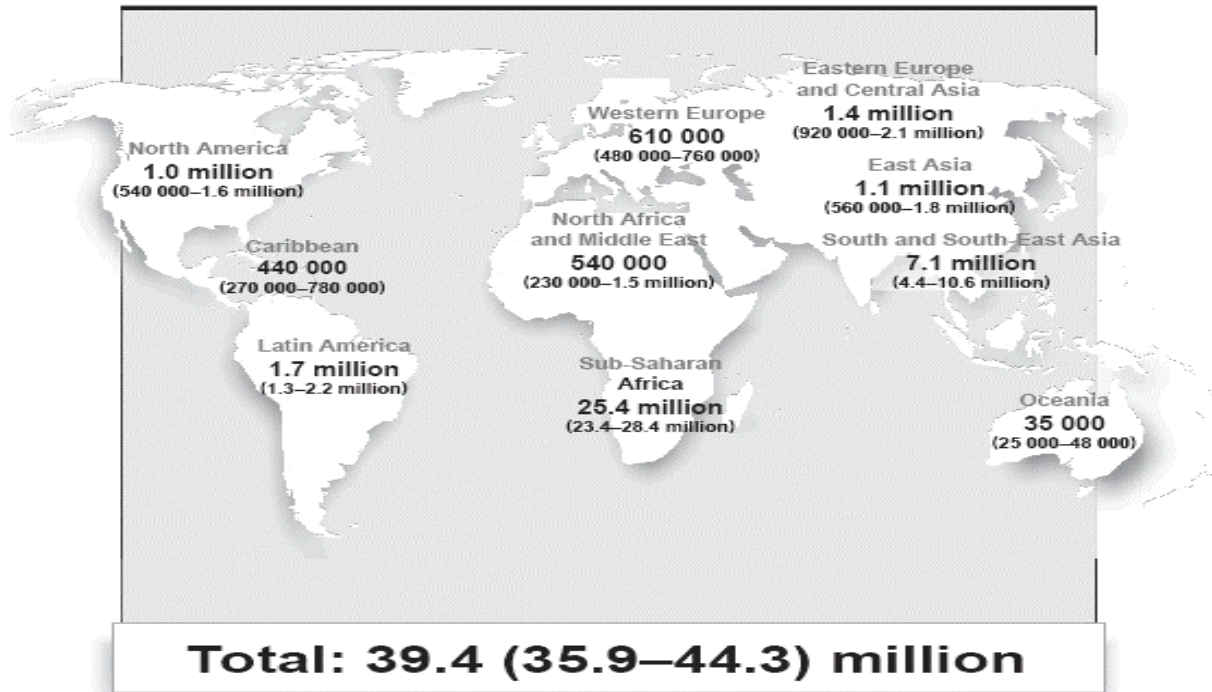
http://www.cchealth.org/groups/epidemiology/aids/aids_links.php

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Global Overview of the HIV/AIDS Epidemic

The total number of people living with the human immunodeficiency virus (HIV) rose to its highest level ever in 2004: an estimated 39.4 million [35.9 million–44.3 million] people are living with the virus. The number of people living with HIV has been rising in every region, with the steepest increases occurring in East Asia, and in Eastern Europe and Central Asia. The AIDS epidemic is affecting women and girls in increasing numbers. Globally, just under half of all people living with HIV are female. Women and girls make up almost 57% of all people infected with HIV in sub-Saharan Africa, where a striking 76% of young people (aged 15–24 years) living with HIV are female. In most other regions, women and girls represent an increasing proportion of people living with HIV, compared with five years ago. Nine out of every ten people who need antiretroviral treatment—the majority of them in sub-Saharan Africa—are not receiving it. If this low level of coverage continues, five to six million people will die of AIDS in the next two years (UNAIDS, 2004). Updated estimates of the number of people *living with HIV/AIDS* are listed below (figures are as of December 2004*).

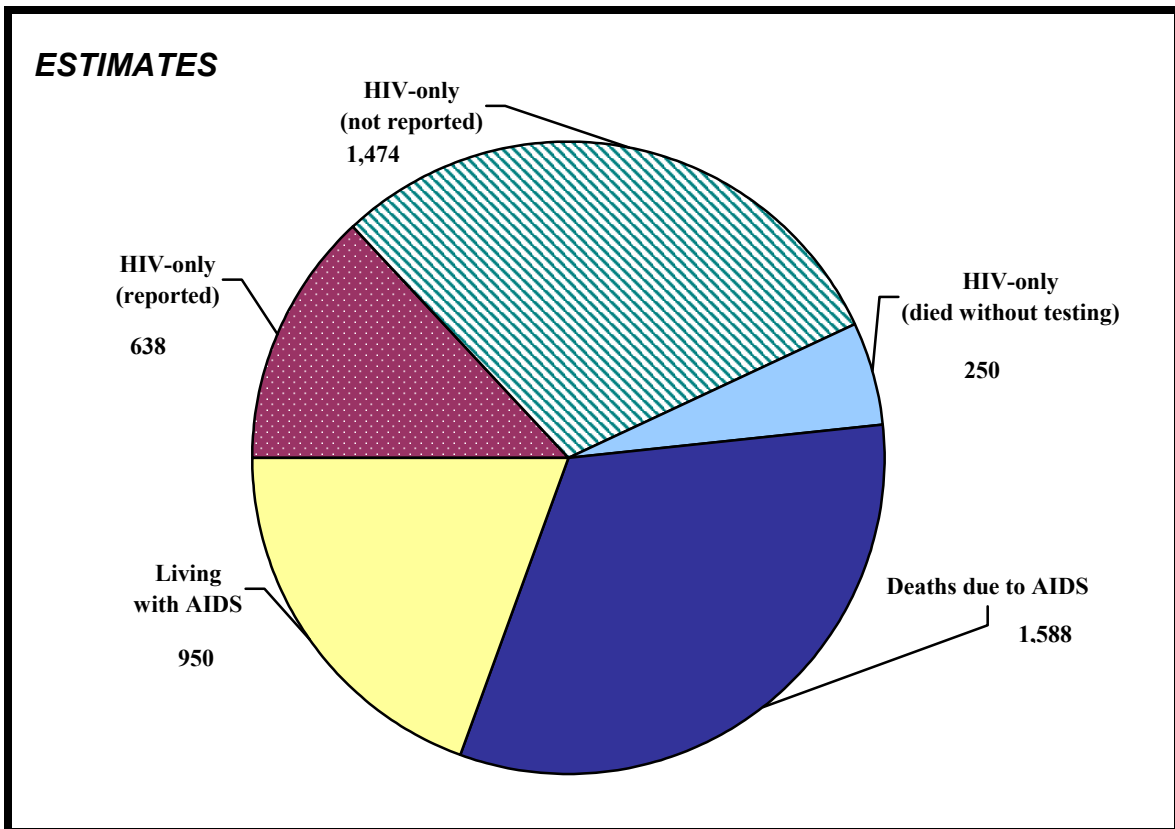


Number of people living with HIV in 2004 Globally	Total	39.4 million (35.9–44.3 million)
	Adults	37.2 million (33.8–41.7 million)
	Women	17.6 million (16.3–19.5 million)
	Children under 15 years	2.2 million (2.0–2.6 million)
People newly infected with HIV in 2004	Total	4.9 million (4.3–6.4 million)
	Adults	4.3 million (3.7–5.7 million)
	Children under 15 years	640,000 (570,000–750,000)
AIDS deaths in 2004	Total	3.1 million (2.8–3.5 million)
	Adults	2.6 million (2.3–2.9 million)
	Children under 15 years	510,000 (460,000–600,000)

*Source: UNAIDS 'AIDS epidemic update December 2004'
<http://www.unaids.org/>

Estimate of Contra Costa Residents Infected with HIV

All people with AIDS have HIV, but not all people with HIV have progressed to a diagnosis of AIDS. Prior to July 2002, only diagnosed AIDS cases, not HIV infection without AIDS, were reportable in California. Formulas developed by the State Office of AIDS and others allow us to develop estimates of the numbers of individuals infected with HIV. Based on these estimates, approximately **4,900** Contra Costa residents have been infected with HIV. Of these, **2,538 (51.8%)** have already been diagnosed with and reported to have AIDS and **1,588 (32.4%)** of those individuals diagnosed with AIDS have died. Since July 1, 2002, when HIV reporting regulations went into effect, 638 cases of HIV infection only (not AIDS) have been reported.



Regional View of Reported AIDS Epidemic

		Cases	Deaths	
Contra Costa		2,538	1,588	(5/1/05)
Bay Area*	(State Office of AIDS)	46,529	29,513	(4/30/05)
California	(State Office of AIDS)	136,994	79,777	(4/30/05)
U.S.	(CDC)	902,223	524,060	(12/31/03)

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

2,538 CONTRA COSTA COUNTY RESIDENTS DIAGNOSED WITH AIDS

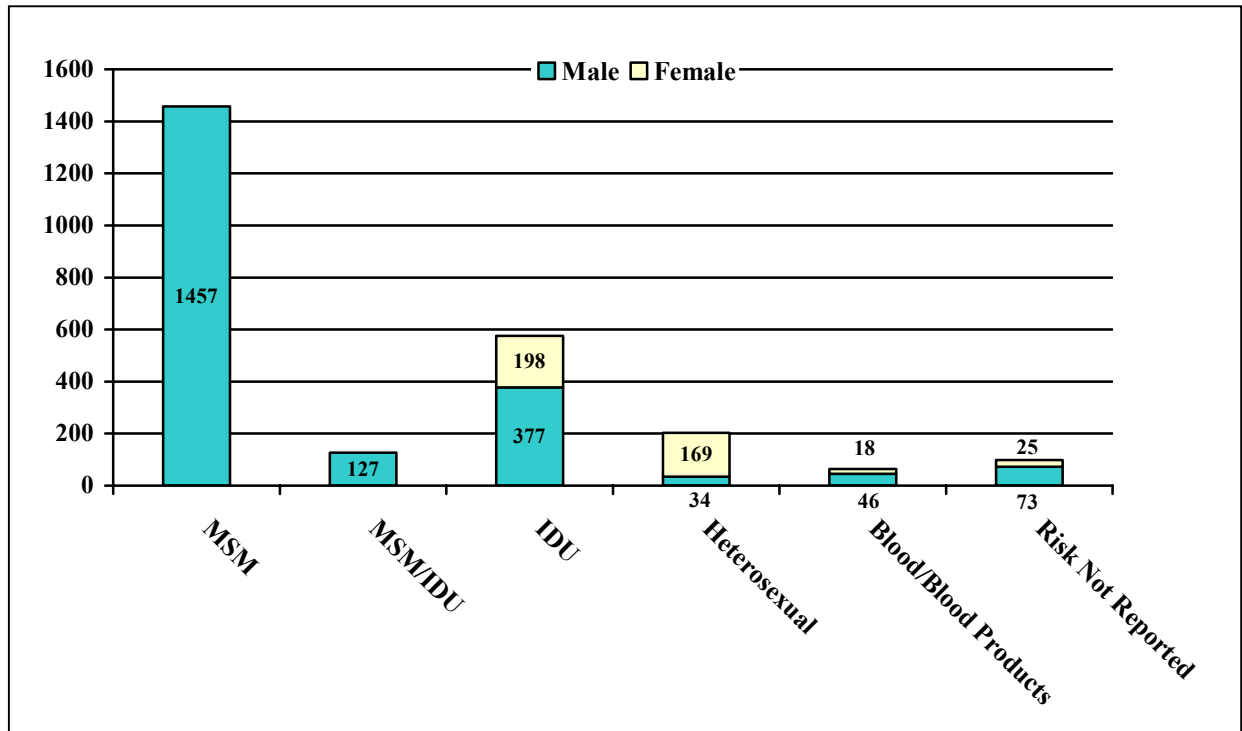
Through May 1, 2005, a cumulative total of **2,538** cases of AIDS have been reported to the Public Health Department. Approximately 63% of these individuals have died since being diagnosed with AIDS.

Total AIDS cases reported through 5/1/05

Adult and adolescent cases (n=2,524)
(males=2,114; females=410)

Mode of infection and gender distribution

Nearly 58% of those reported with AIDS have been men who have sex with men (MSM). Of women reported with AIDS, 48.3% identify injection drug use (IDU) as the means of transmission.



Pediatric cases (1-12 years of age, n=14)

Of 14 pediatric cases, 9 are male and 5 are female. 11 were born to women with HIV/AIDS.

Diagnosed AIDS Cases

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/ μ 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	1559	12	1571
Immunological (CD4<200 or 14%)	967	0	967
Total	2526	12	2538

Frequency of Occurrence of Cancers, Opportunistic Infections or Conditions Among People in Contra Costa Diagnosed with AIDS**

<u>Cancer, infection or condition</u>	<u>Frequency</u>	<u>Cancer, infection or condition</u>	<u>Frequency</u>
Candidiasis, bronchi, trachea or lungs	26	Immunoblastic lymphoma	35
Candidiasis, esophageal	164	Primary lymphoma in brain	11
Coccidioidomycosis	6	Mycobacterium avium complex or M. kansasii	259
Cryptococcosis	77	M. tuberculosis, pulmonary	90
Cryptosporidiosis	37	M. tuberculosis, disseminated or extrapulm.	37
Cytomegalovirus disease	65	Mycobacterium, of other species	12
Cytomegalovirus retinitis	69	Pneumocystis carinii pneumonia	686
HIV encephalopathy (dementia)	118	Recurrent bacterial pneumonia (<12mos)	27
Herpes simplex (>1 month)	43	Progressive multi focal leukoencephalopathy	21
Histoplasmosis	7	Salmonella septicemia, recurrent	0
Isosporiasis (>1 month)	2	Toxoplasmosis of brain	39
Kaposi's sarcoma	228	Wasting	221
Burkitt's lymphoma	14	Lymphoid interstitial pneumonia	2

* A frequency is the number of times a specific event or illness occurs in a specific time period – in this case since the first reported case of AIDS.

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

[†] Cumulative cases reported from 2/1/82 to 5/1/05.

Total AIDS Cases Reported in Contra Costa Through 5/1/05

Race/Ethnicity Distribution

African Americans comprise approximately 9% of the population in Contra Costa and have been disproportionately impacted by AIDS over time.

Race/ethnicity	Adult/adolescent cases (%)	Pediatric cases (%)	Total (%)
White	1,378 (54.6)	4 (28.6)	1,382 (54.5)
African American	789 (31.3)	5 (35.7)	794 (31.3)
Latino	291 (11.5)	5 (35.7)	296 (11.7)
Asian/Pacific Islander	54 (2.1)	0 (0)	54 (2.1)
Native American/Alaskan	9 (0.4)	0 (0)	9 (0.4)
Other	3 (0.1)	0 (0)	3 (0.1)
Total	2,524 (100)	14 (100)	2,538 (100)

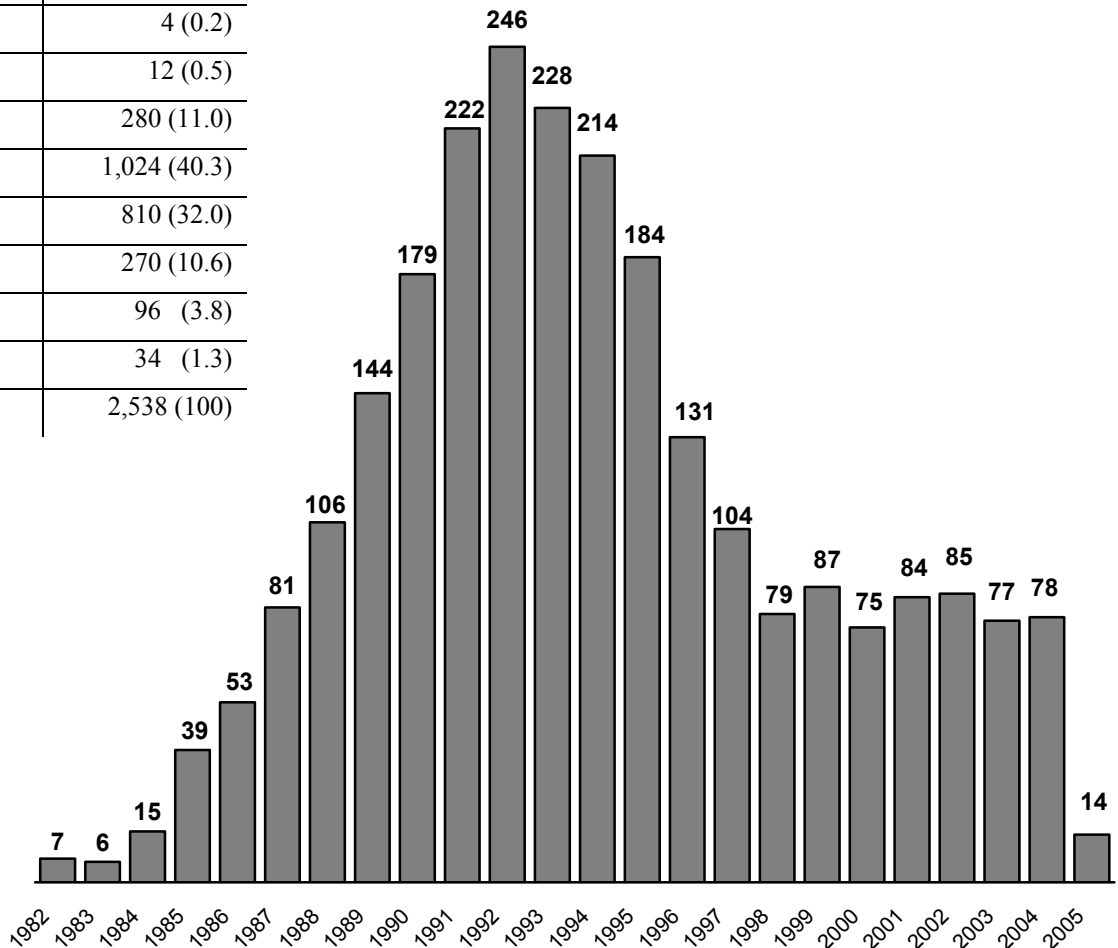
Age Distribution

(Age at time of diagnosis)

Age Groups	Total (%)
<5	8 (0.3)
5-12	4 (0.2)
13-19	12 (0.5)
20-29	280 (11.0)
30-39	1,024 (40.3)
40-49	810 (32.0)
50-59	270 (10.6)
60-69	96 (3.8)
>69	34 (1.3)
Total	2,538 (100)

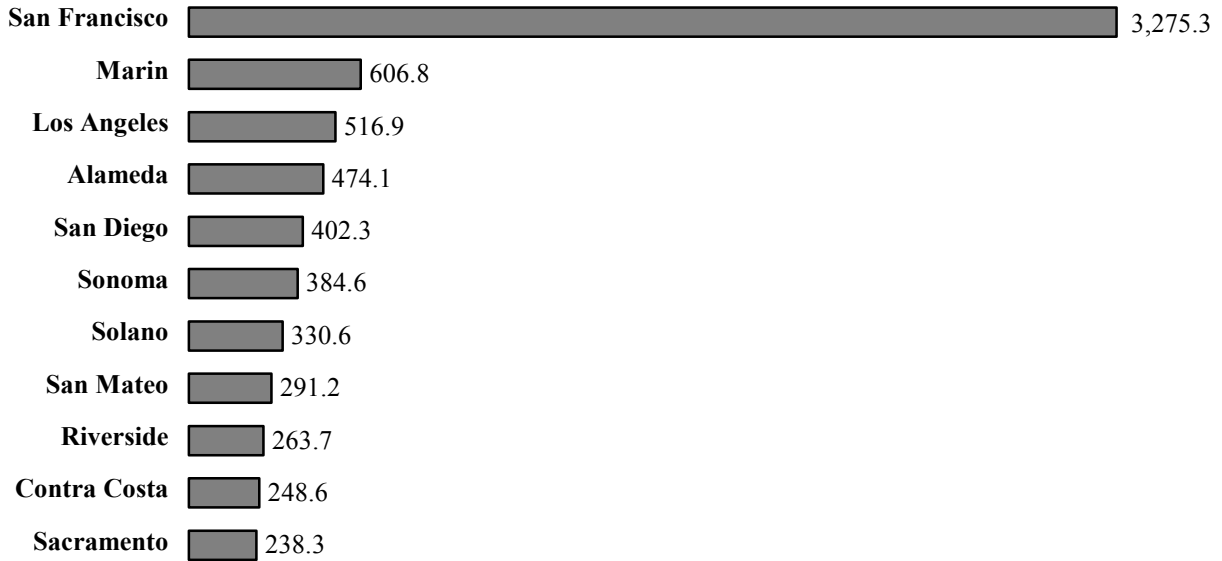
Year of Diagnosis

The number of new cases of AIDS per year has dropped dramatically over the past 12 years, due in part to earlier identification of HIV infection and treatment, including medications that slow the progression to AIDS.



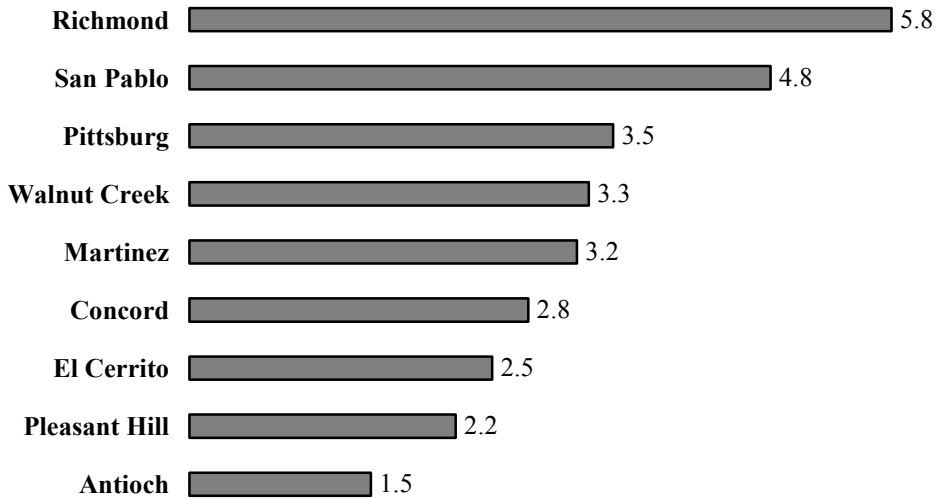
California Counties with the Highest Cumulative Incidence of AIDS

Cases per 100,000 population using 2005 population estimates from the California State Department of Finance, as of 4/30/2005



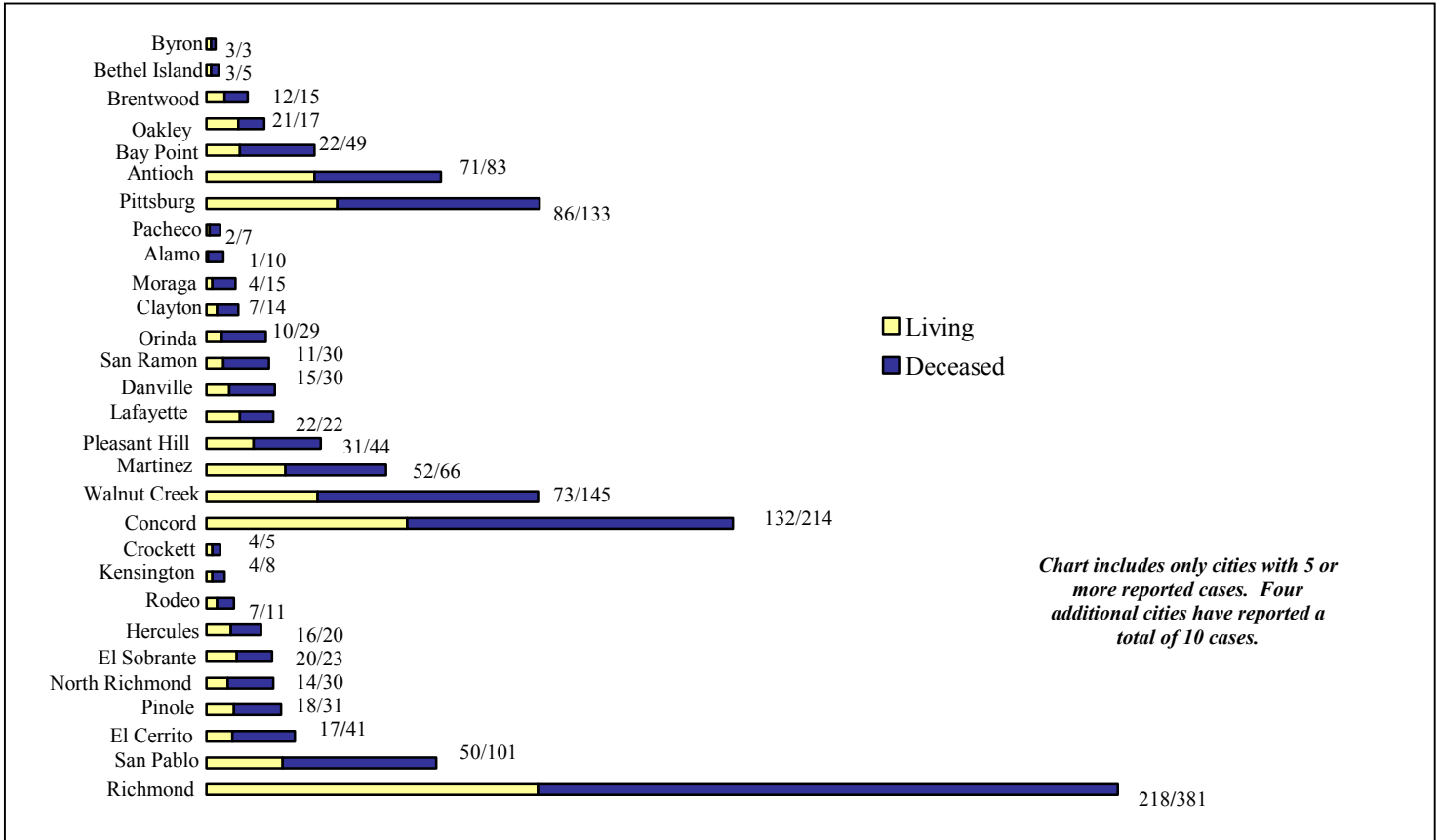
Contra Costa Cities with the Highest Cumulative Incidence of AIDS

Incidence per 1,000 population using 2005 estimates from the California State Department of Finance, reported for cities with >50 cases, as of 5/1/2005



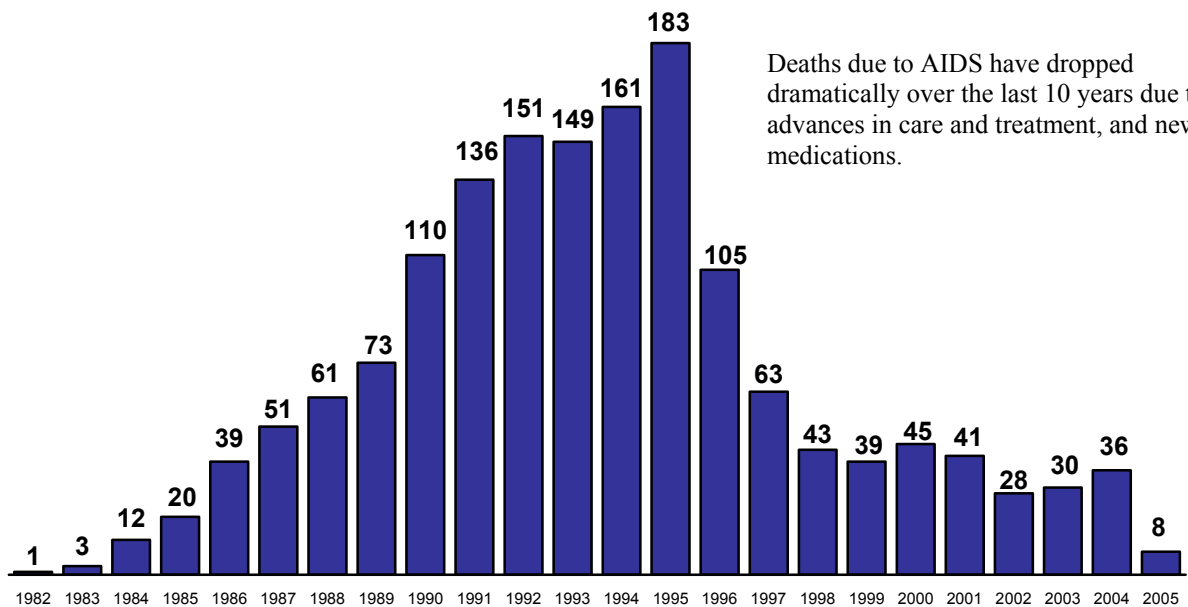
Some aspects of AIDS reporting is unique, due to the need to look at HIV and AIDS over a long period of time. A cumulative incidence is the total number of new cases ever reported since the epidemic began. Richmond is the most impacted area in Contra Costa - for every 1,000 residents, 5.8 people have been diagnosed with AIDS.

Contra Costa Residents with AIDS by city of residence as of 5/1/05



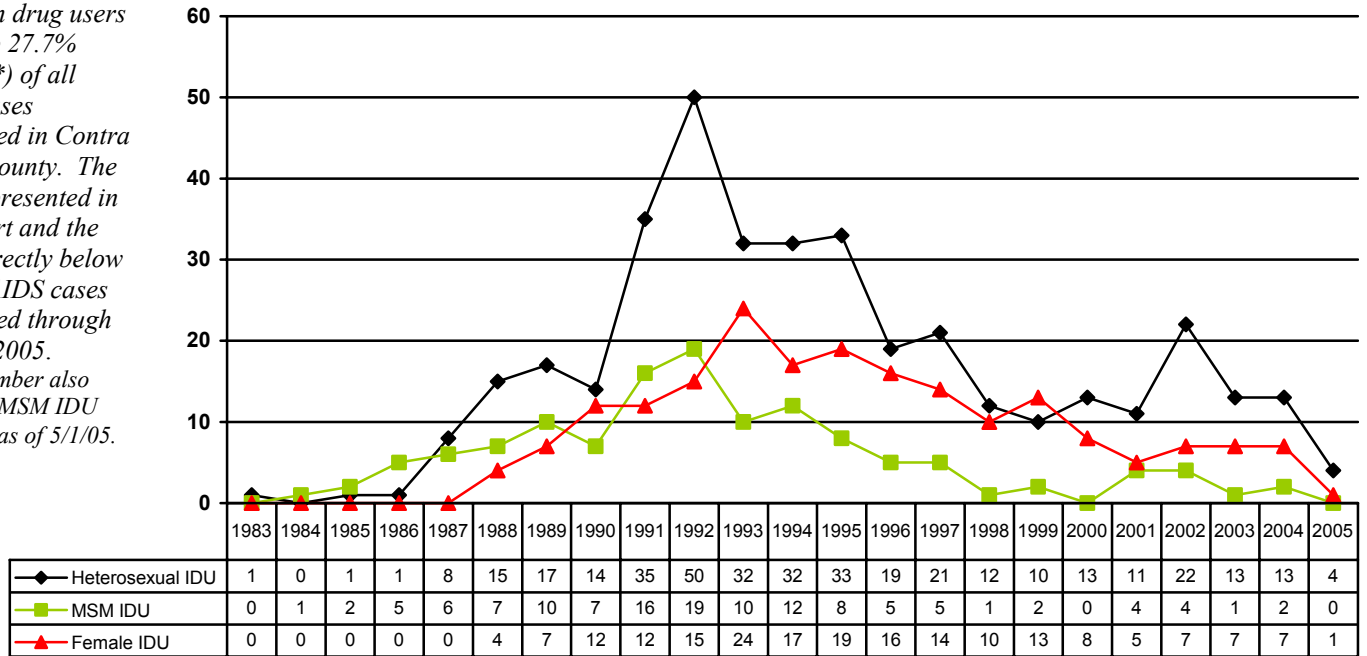
Deaths Among People Diagnosed with AIDS in Contra Costa

by year of death as of 5/1/05 (n=1,588)



Injection Drug Users Diagnosed with AIDS

Injection drug users make up 27.7% (n=702*) of all AIDS cases diagnosed in Contra Costa County. The data represented in this chart and the table directly below reflect AIDS cases diagnosed through May 1, 2005. *This number also includes MSM IDU (n=127) as of 5/1/05.



2005: January 1 to April 30

Race/Ethnicity of Injection Drug Users Diagnosed with AIDS (as of 5/1/05)

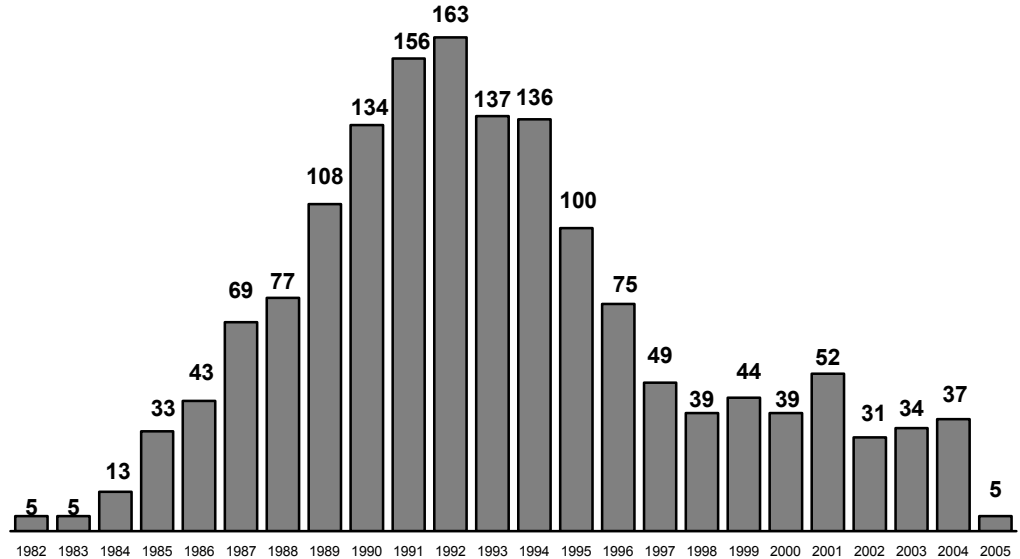
Women are 28% of all IDUs diagnosed with AIDS in Contra Costa. More than 74% of all female IDUs diagnosed with AIDS are African American.

Race/Ethnicity	Male IDUs	Female IDUs	Total (%)
White	173	40	213 (30.3)
African American	273	147	420 (59.8)
Latino	49	10	59 (8.4)
Asian/Pacific Islander	4	1	5 (0.7)
Native American	2	0	2 (0.3)
Other	3	0	3 (0.4)
Total	504	198	702 (100)

AIDS Among Men who have Sex with Men (MSM) (as of 5/1/05)

MSM ($n=1,584^*$) constitute the group from which 62.4% 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.

*This number includes both IDU MSM ($n=127$) and non-IDU MSM ($n=1,457$).



2005: January 1 to April 30

Persons with AIDS who are Men Having Sex with Men by Race/Ethnicity and Age Groups

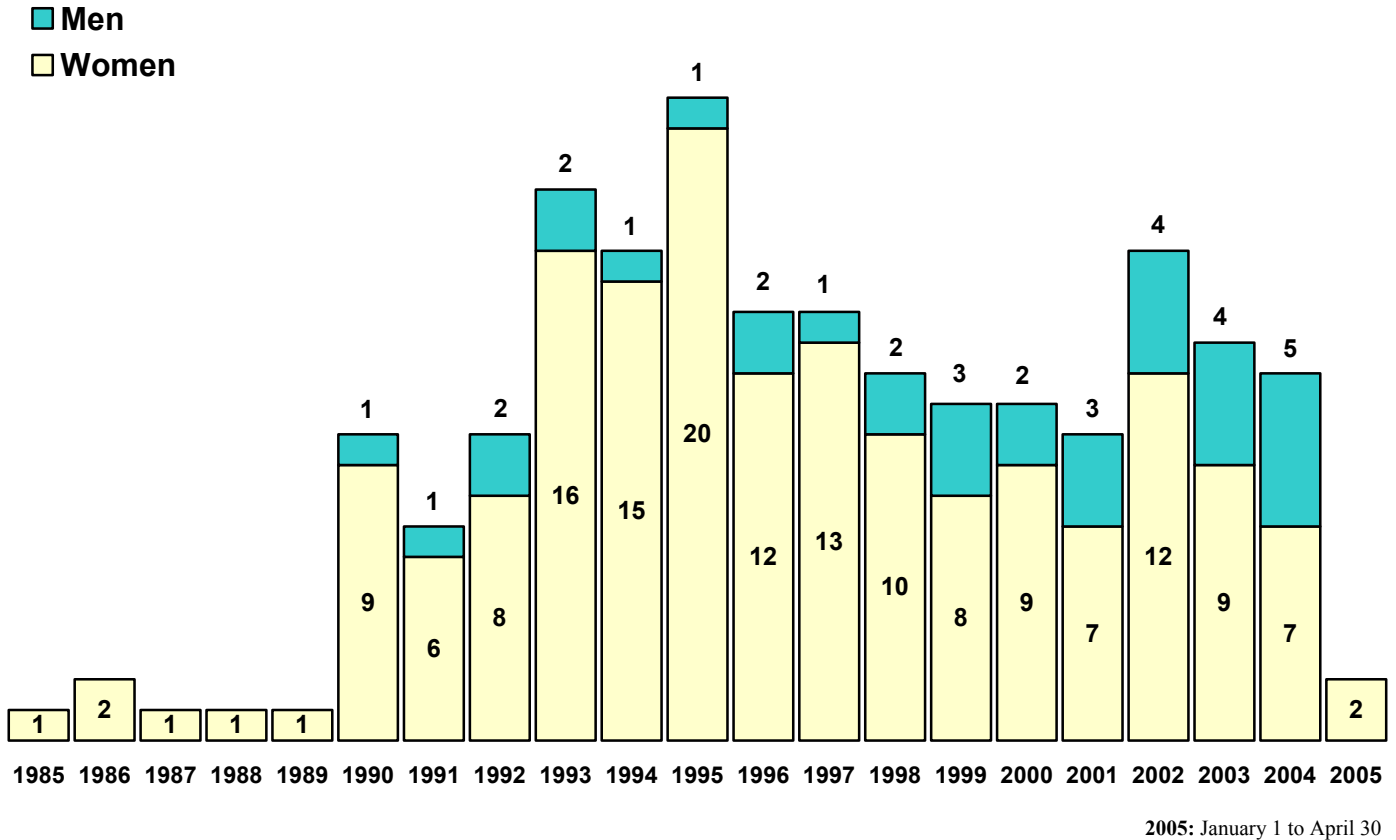
This number includes both IDU MSM ($n=127$) and non-IDU MSM ($n=1,457$)
(as of 5/1/05)

Age Groups	White	African American	Latino	Asian/Pacific Islander	Native American	Total
10-19	0	1	0	0	0	1
20-29	114	42	31	4	0	191
30-39	473	109	86	14	6	688
40-49	335	79	40	11	3	468
50-59	118	38	17	2	0	175
60-69	36	4	7	1	0	48
70+	10	3	0	0	0	13
Total	1086	276	181	32	9	1584

All AIDS Diagnoses Among Heterosexual Men and Women

(Risk is self-reported by each individual case)
by year of diagnosis, as of 5/1/05 (n=203)

Of the 410 women diagnosed with AIDS, 41% (n=169) were infected through heterosexual contact. While the numbers are small, an increasing proportion of men are recently attributing their infection to heterosexual contact.



Summary of All AIDS Patients Infected Through Heterosexual Contact by mode of infection of their infected partner, as of 5/1/05

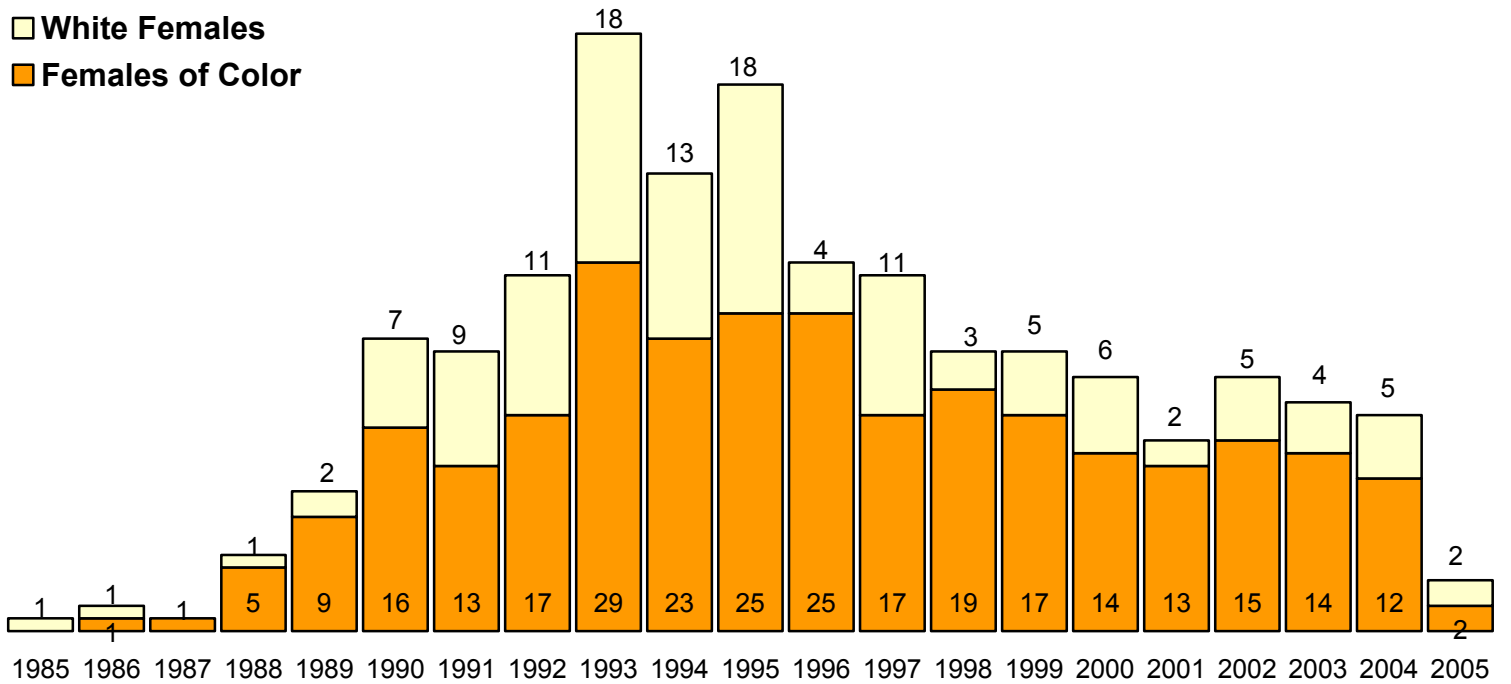
Injection drug use (41.9%) is the predominant mode of infection of the heterosexual partners of all men and women.

Heterosexual contact with:	Male	Female	Total (%)
Injection drug user	10	75	85 (41.9)
Bisexual male	0	30	30 (14.8)
Hemophiliac	0	1	1 (0.5)
Transfusion recipient	0	2	2 (1.0)
Risk under investigation/unidentified risk	24	61	85 (41.9)
Total	34	169	203 (100)

AIDS Epidemic Among Females

Race/Ethnicity Distribution of All Females Ever Diagnosed with AIDS by year of diagnosis as of 5/1/05

The majority of women ever diagnosed with AIDS in Contra Costa are women of color.



2005: January 1 to April 30

Mode of Infection of All Females Ever Diagnosed with AIDS by age at time of diagnosis

Mode	0-9	10-19	20-29	30-39	40-49	50-59	60+	Total
IDU	0	0	17	102	68	10	1	198
Heterosexual contact	0	1	28	65	48	16	11	169
Transfusion	0	2	3	3	3	3	4	18
Maternal exposure	5	0	0	0	0	0	0	5
Risk not reported	0	1	6	7	7	1	3	25
Total	5	4	54	177	126	30	19	415

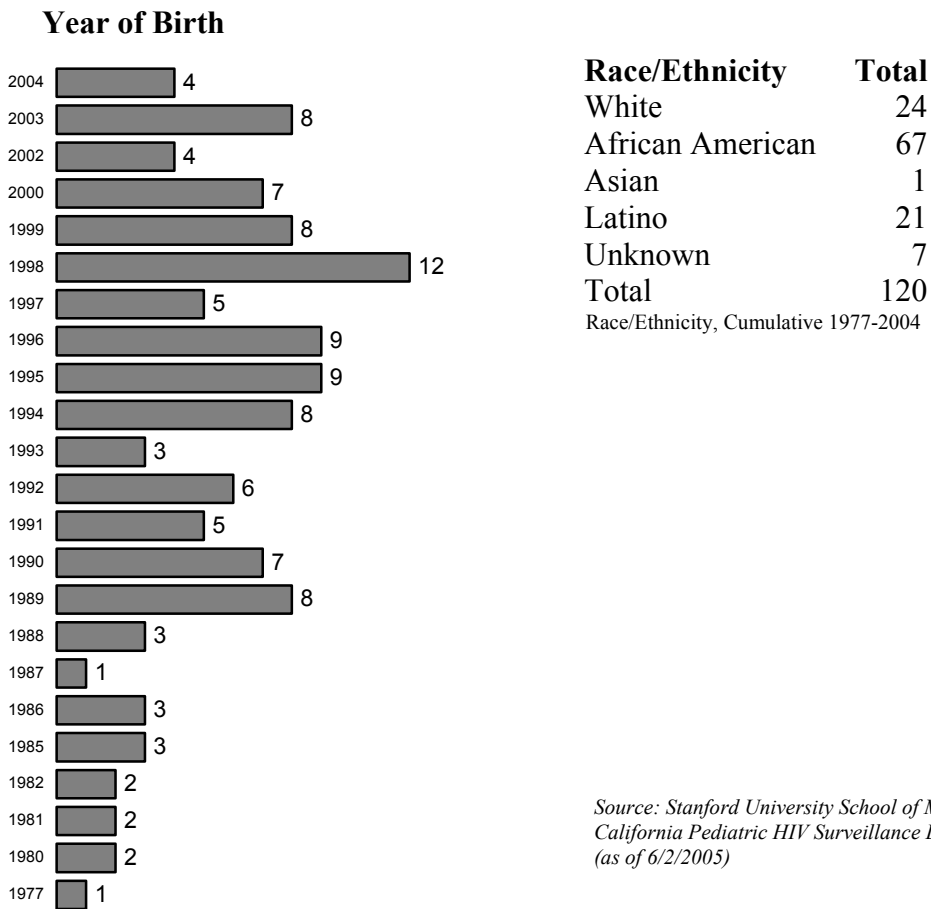
Children with HIV/AIDS

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

Eleven of those patients diagnosed with AIDS were infected from perinatal transmission and three were through infected blood/blood products.

120 Contra Costa Children have Tested Positive for HIV

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.



Source: Stanford University School of Medicine, California Pediatric HIV Surveillance Data (as of 6/2/2005)

HIV Partner Counseling & Referral Services

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.**

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

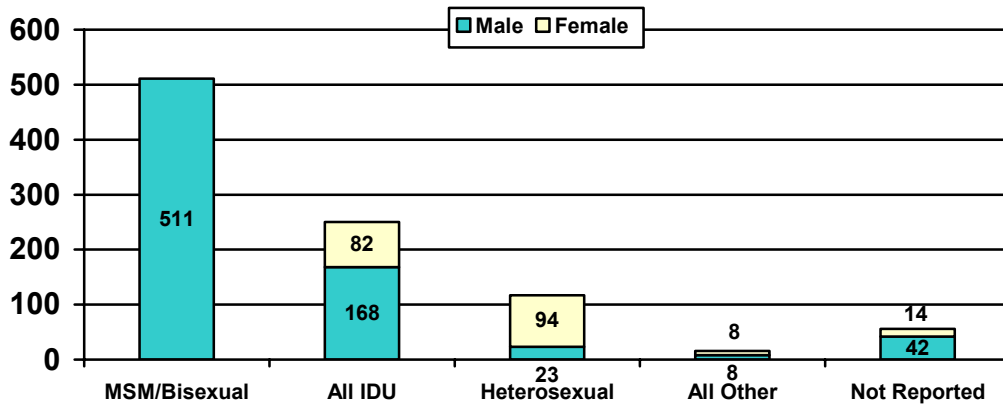
Previous data pertains to all individuals, living and deceased, who have been diagnosed with AIDS in Contra Costa. Data on individuals living with AIDS and HIV provides a more current picture of the epidemic in Contra Costa.

People in Contra Costa County Living with AIDS (LWA) **as of 5/1/05 (n=950)**

More people are living longer with AIDS as a result of earlier diagnosis and treatment. Most men LWA were infected through sex with men, while women LWA were infected through heterosexual sex and/or injection drug use. AIDS disproportionately impacts African Americans living with AIDS. Most people LWA are 37 years of age or older.

Mode of Infection and Gender Distribution

Men who have sex with men (MSM) are the majority (nearly 54%) of those living with AIDS. Among women living with AIDS, heterosexual contact is the primary (nearly 48%) mode of transmission.

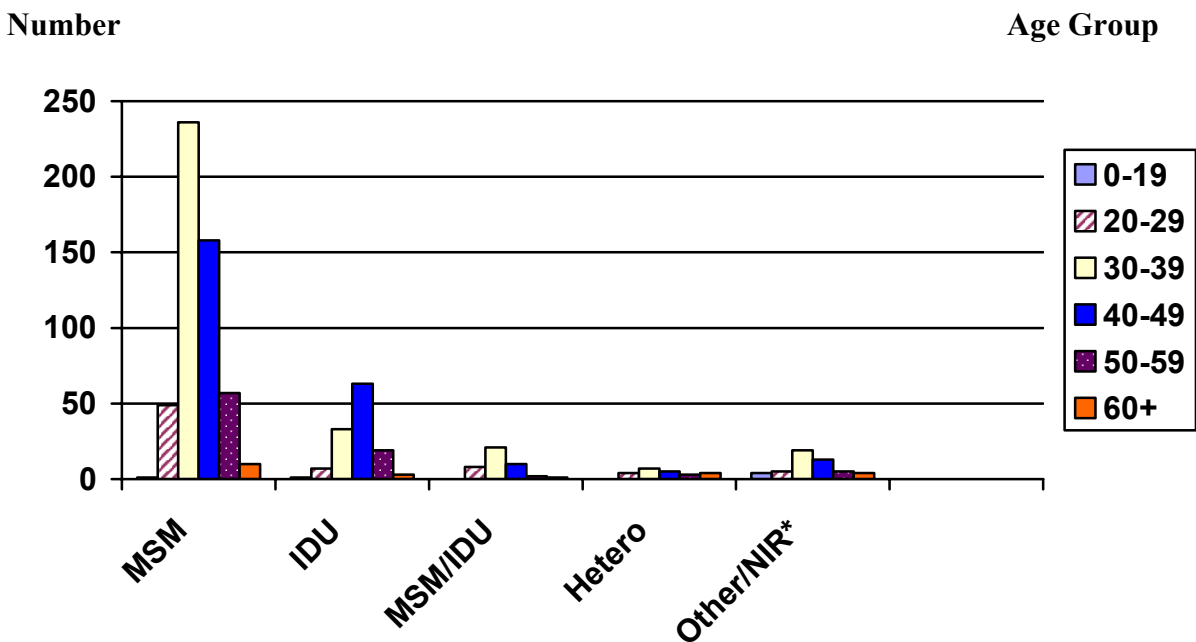
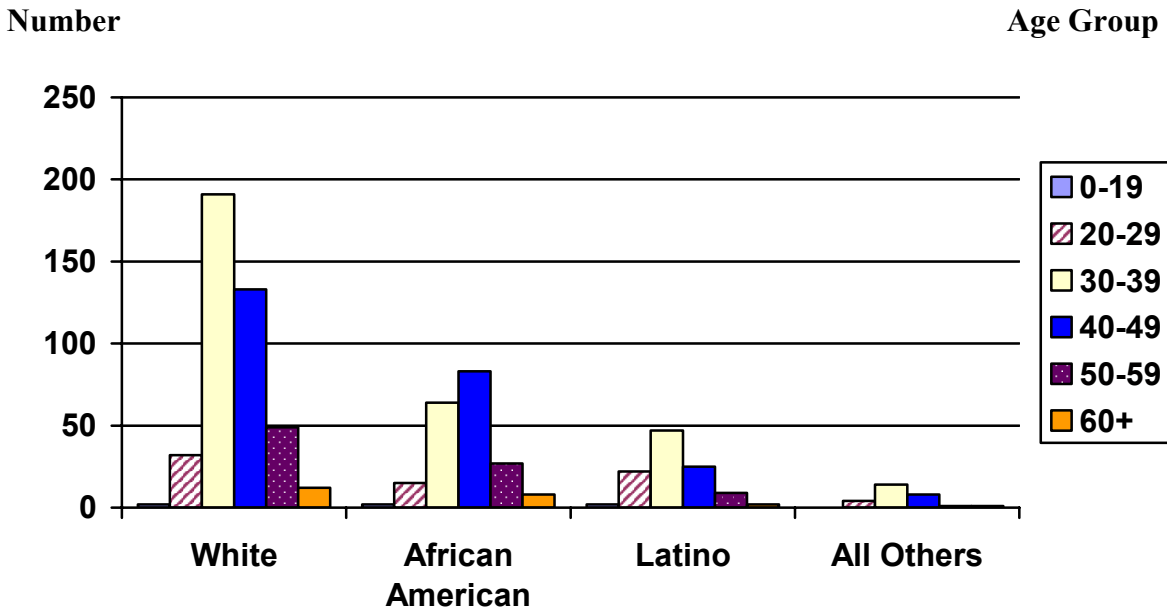


Race/Ethnicity

Race/ethnicity	Adult/adolescent	Pediatric	Total (%)
White	478	0	478 (50.3)
African American	308	2	310 (32.6)
Latino	128	3	131 (13.8)
Asian/Pacific Islander	27	0	27 (2.8)
Native American/Alaskan	2	0	2 (0.2)
Other	2	0	2 (0.2)
Total	945	5	950 (100)

Men Living with AIDS (LWA) in Contra Costa (n=752) as of May 1, 2005

The majority of men living with AIDS in Contra Costa are MSM. Most men LWA are White. African American men LWA tend to be a little older and Latino men LWA tend to be a little younger. The numbers of all others are quite small (27) as are the number of individuals less than 19 years of age (6).

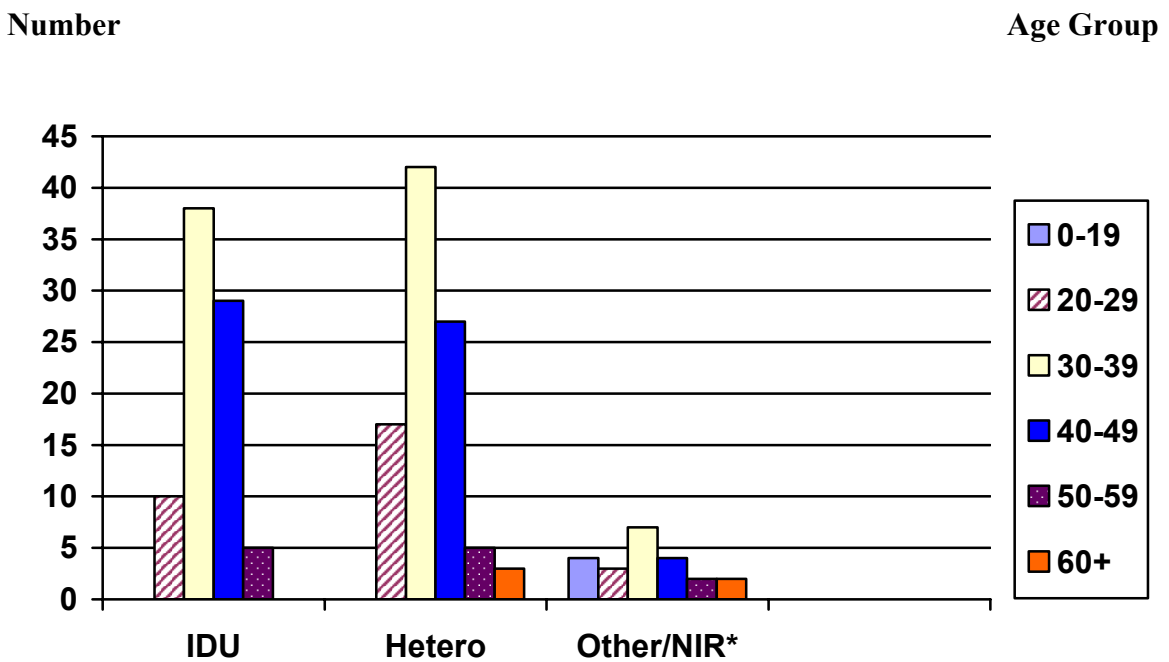
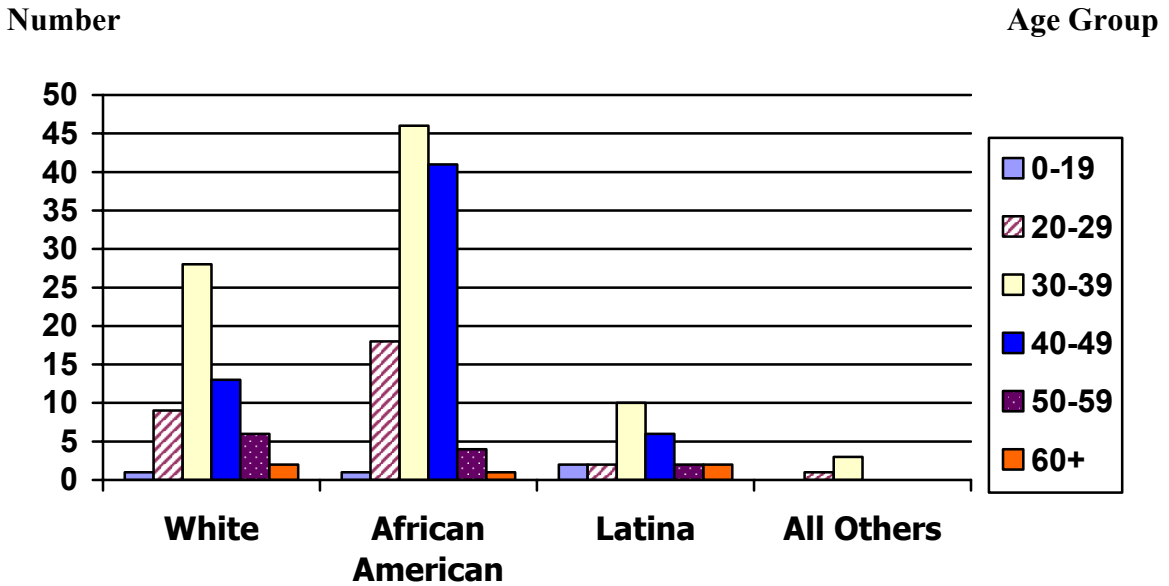


Number includes individuals less than 19 years of age.

*NIR: no identified risk, or risk under investigation.

Women Living with AIDS (LWA) in Contra Costa (n=198) as of May 1, 2005

Most women living with AIDS in Contra Costa are African American. Women LWA tend to be younger than men LWA. White women are a little younger overall than other women LWA.



Number includes individuals less than 19 years of age.

*NIR: no identified risk, or risk under investigation.

Summary of Reported HIV Surveillance Data *as of 5/1/05*

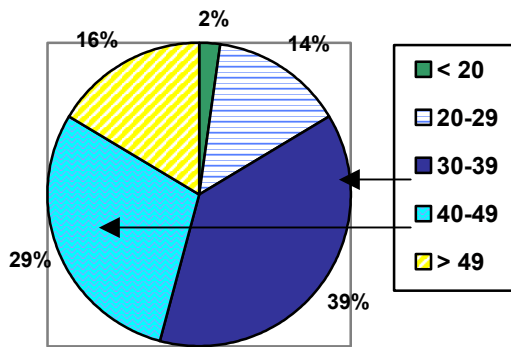
Most cases of HIV in Contra Costa are White men who are more than 30 years of age and who have sex with other men. African Americans are disproportionately impacted, and there are increasing numbers of Latinos with HIV.

Contra Costa HIV data differs from State HIV data: throughout the State a smaller percentage of women have been reported with HIV (14%) as well as smaller percentages of total injection drug users (IDU and men who have sex with men and are IDU) (15%), and African Americans (20%). A greater percentage of Latinos (25%) is reported statewide.

Below are the cumulative (total number of cases reported since reporting went into effect) HIV cases that have been reported to the local health department as of May 1, 2005. Some individuals with HIV have since died. No Identified Risk (NIR)/risk under investigation are those reported cases still being reviewed. Some will be reassigned to other exposure categories when new information becomes available.

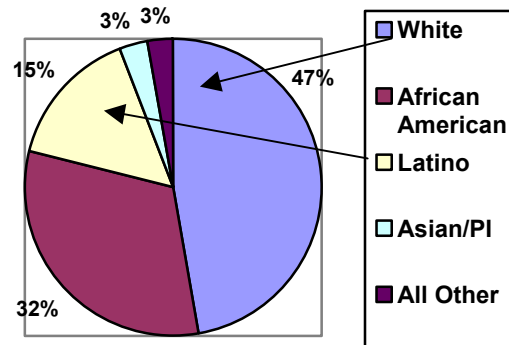
Age at First HIV Report

The majority of those ever reported with HIV are 30-49 years of age.



Race/Ethnicity

Approx. 15% of HIV infection is in the Latino population.



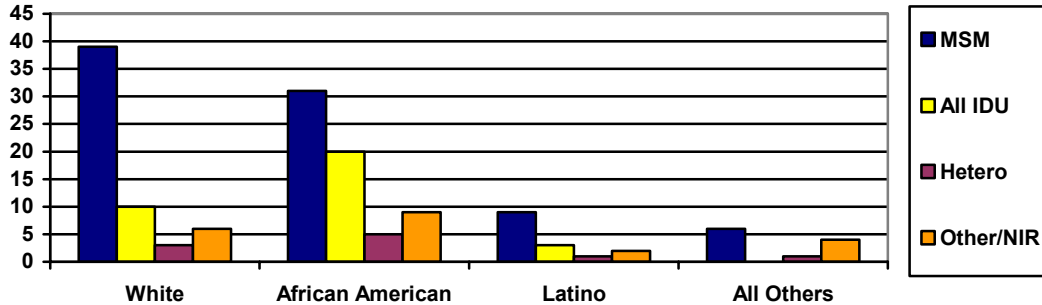
Exposure Category by Gender

Males: 78.4% of the total. Females: 21.6% of the total.

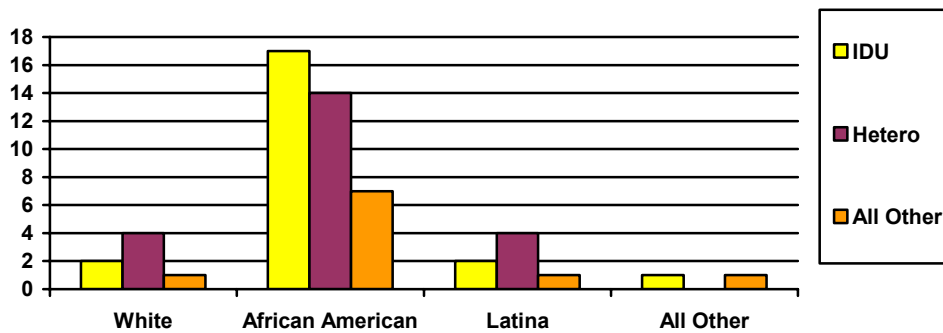
Exposure Category	Male (%)	Female (%)	Total (%)
Men who have sex with men	314 (63)	0 (0)	314 (49)
Injection Drug Use	77 (15)	53 (38)	130 (20)
MSM & IDU	13 (3)	0 (0)	13 (2)
Heterosexual contact	22 (4)	56 (41)	78 (12)
Receipt of blood, components, or tissue	4 (1)	0 (0)	4 (1)
Mother with/at risk for HIV infection	7 (1)	3 (2)	10 (2)
No Identified Risk/risk under investigation	63 (13)	26 (19)	89 (14)
Total	500 (100)	138 (100)	638 (100)

Snapshots: West Contra Costa, May 1, 2005

Men Living with HIV: n = 149. African American men are 43.6% of men living with HIV in West County and White men are 38.9%. Most (57%) are MSM.

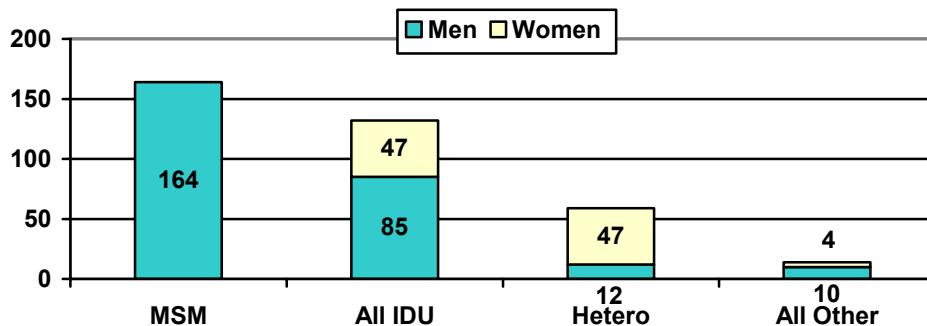


Women Living with HIV: n = 54. African Americans are more than 70% of women with HIV. Nearly 41% are heterosexual and nearly 41% are Injection Drug Users.



People Living with AIDS (PLWA) in West Contra Costa (n=369)
 (Men LWA =271, Women LWA =98)

Most PLWA in West Contra Costa are African American (55.3%), followed by White (30.6%) and Latino (11.4%). Among men LWA, 60.5% are MSM. Among women LWA, IDU and heterosexual sex are causes of infection.

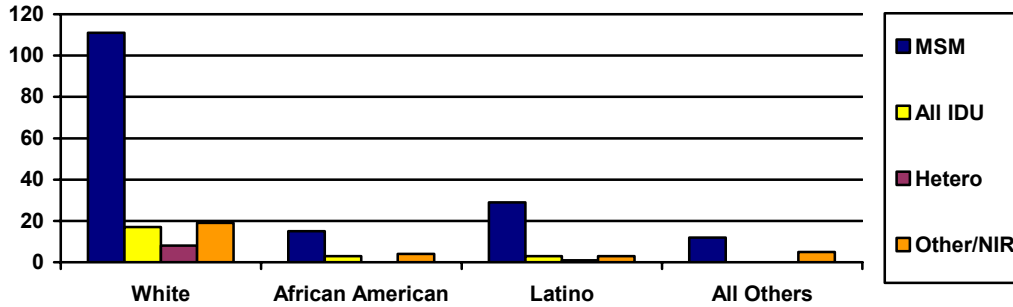


Number includes individuals less than 19 years of age.

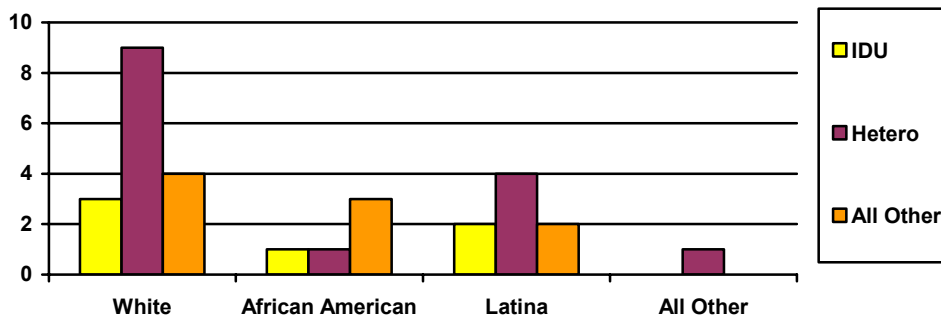
West Contra Costa County includes: North Richmond, Crockett, El Cerrito, El Sobrante, Hercules, Kensington, Pinole, Port Costa, Richmond, Rodeo, and San Pablo.

Snapshots: Central Contra Costa, May 1, 2005

Men Living with HIV: n = 230. White men are 67.4% of men living with HIV in Central County. Most (72.6%) are MSM.

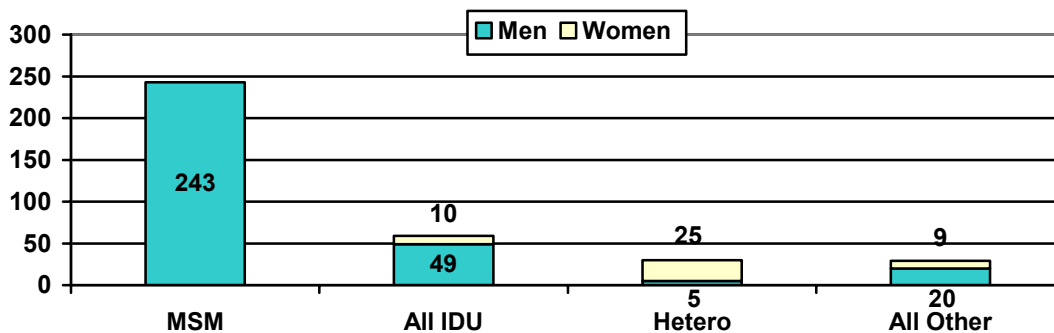


Women Living with HIV: n = 30. White women are 53.3% of women with HIV. Half of the HIV is attributed to heterosexual contact.



People Living with AIDS (PLWA) in Central Contra Costa (n=361)
(Men LWA =317, Women LWA =44)

Most PLWA in Central Contra Costa are White (75.1%), followed by Latino (12.7%) and African American (8.6%). Among men, 76.6% are MSM. Among women, 56.8% were infected through heterosexual contact.

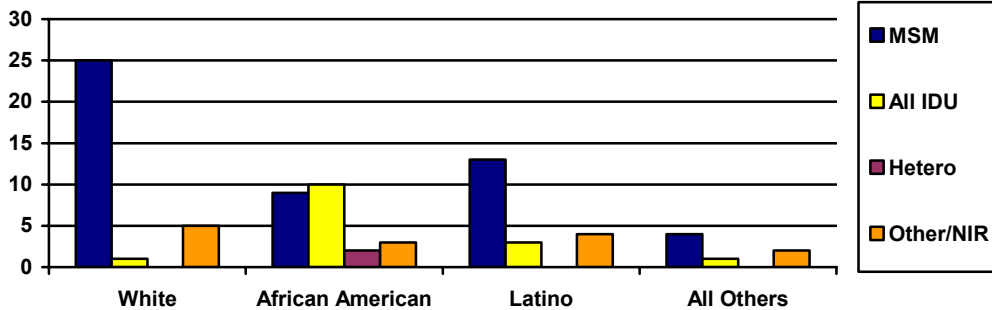


Number includes individuals less than 19 years of age.

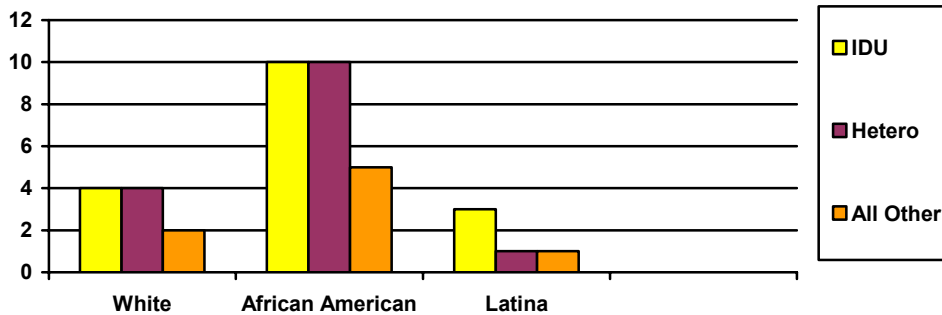
Central Contra Costa County includes: Clayton, Concord, Lafayette, Martinez, Moraga, Orinda, Pacheco, Pleasant Hill, Walnut Creek, Alamo, Danville, Diablo, and San Ramon.

Snapshots: East Contra Costa, May 1, 2005

Men Living with HIV: n = 82. White men are 37.8%, Latinos 24.4% and African Americans 29.3%. Most (62.2%) are MSM.

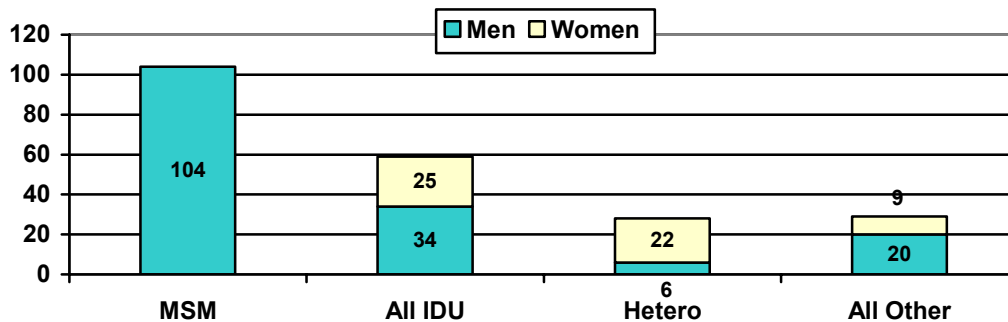


Women Living with HIV: n = 40. African American women are 62.5% of women with HIV. Approximately 42.5% of HIV is attributed to injection drug use, but among African American women, IDU and heterosexual contact are equal (40% each) risks.



People Living with AIDS (PLWA) in East Contra Costa (n=220)
 (Men LWA =164, Women LWA =56)

Most PLWA in East Contra Costa are White (42.7%), followed by African American (34.1%). There is an increasing percentage of Latinos LWA (19.5%) in East Contra Costa. Among men LWA in East County, most identify MSM (63.4%) as the mode of infection. Among women, IDU and heterosexual sex are causes of infection.



East Contra Costa County includes: Bay Point, Discovery Bay, Antioch, Bethel Island, Brentwood, Byron, Knightsen, Oakley, and Pittsburg. Number includes individuals less than 19 years of age.

Support for Individuals Who Know Their Status

Knowing your HIV status is the first step in selecting support services. People who do not know their HIV status can ask their medical provider or call the Contra Costa AIDS Program at 1-800-287-0200 for an automated message and referral line with current locations and times of public testing sites throughout the county or call 1-925-313-6771 to speak with AIDS Program staff during business hours.

HIV Negative Support Services

Contra Costa's HIV Prevention System of Care works to reduce the transmission of HIV by educating and empowering HIV negative individuals to make decisions that will help them remain HIV negative. If you are engaging in unprotected sex or sharing needles you are at risk for contracting HIV. We have specific support services (prevention case management) that can help you remain HIV negative. Work with one of our community workers to identify what you might be willing to do that is safer and less risky. Our services are tailored for different populations. To learn more, contact one of the following agencies.



Support Group	Area	Phone Number	Hosting Agency
Men who have sex with men (MSM)	West County	510-412-5930	Familias Unidas
Substance users	West County	510-229-5009	Neighborhood House of North Richmond
Youth	West County	510-232-1263	Planned Parenthood Shasta -Diablo
Women, substance users, MSM	East County	925-439-2061	Pittsburg Preschool and Community Council
Lesbian, gay, bisexual, transgender or questioning Youth	Central County	925-687-8844 x 304	Center for Human Development

Referrals for HIV Positive Support Services

The AIDS Program's Intake Coordinator serves as a centralized source of information and referral for HIV positive people. Clients are referred countywide to case management and support services at community-based organizations and within the Health Department, including: nurse case management, housing assistance, substance use and mental health services, emergency assistance, women's services, Prevention with Positives for positive individuals who want support in maintaining a healthy lifestyle, Partner Counseling and Referral Services for individuals needing help disclosing their status to others, transportation assistance, help with medical appointments, home care, food assistance and meals, certification for enrollment in AIDS Drug Assistance Program, and others. Contact 925-313-6781 for more information. All voice mail is confidential.

CCRMC physicians should use the MR 191 Form (AMBULATORY CARE CONSULTATION REQUEST) to refer patients to the AIDS Program. Confidential FAX: 925-313-6798.

OTHER PREVENTION SERVICES

Disease Prevention Demonstration Project, Senate Bill (SB) 1159

In September 2004 Governor Schwarzenegger signed legislation (Senate Bill 1159) that allows pharmacies located in a city or county that has authorized non-prescription syringe sale to sell or furnish up to 10 syringes to an adult without a prescription. In response to the ongoing public health concern about transmission of blood borne diseases such as HIV and Hepatitis in our community, the Contra Costa Board of Supervisors directed the Health Department to implement a program consistent with the legislation.

SB 1159 requires pharmacies participating in the Disease Prevention Demonstration Project to register with the Health Department and to provide information or counseling on how to access drug treatment, testing, and treatment of human immunodeficiency virus (HIV) and hepatitis C virus (HCV). Pharmacies must also offer safe syringe disposal options to ensure that hypodermic needles and syringes are disposed of in an appropriate manner.

Several pharmacies in Contra Costa are registered to participate in this program, and providers are encouraged to refer patients known to inject drugs to these pharmacies to purchase clean syringes. Please contact (925) 313-6771 during normal business hours for details on participating pharmacies or to obtain an application packet.

NEEDLE EXCHANGE SERVICES

A high percentage of individuals in Contra Costa with HIV and/or Hepatitis C identify injection drug use as the source of their infection. Many of these individuals are women of childbearing age. To help reduce the transmission of HIV and Hepatitis C, the Contra Costa Board of Supervisors has declared a state of emergency, which allows needle exchange services to operate in Contra Costa County. Exchange services operate on a weekly basis at several sites throughout the county. For more information call Community Health Empowerment at: (510) 236-8122 or the AIDS Program at: (925) 313-6771.

HIV PREVENTION SERVICES

In calendar year 2004, 5517 prevention service contacts were provided to people at highest risk for HIV in Contra Costa. Service strategies are tailored to reach people where they are in their behavior change process and include one-on-one prevention case management, group workshops, support groups, and street outreach. Nearly 38% of prevention services reached women. Approximately 41% of services were provided to African Americans and 22% of services were provided to Hispanics.

HIV Related Services Provided in Contra Costa County

During the period of **March 1, 2004, through February 28, 2005**, 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 additional organizations and individuals assisting those affected by the epidemic but not funded by the CARE Act or HOPWA:

293	people received transportation and/or gasoline to attend health and support services
171	people received transportation van services
1	person received 63 home-delivered meals
259	people received food vouchers
319	people received 9,231 bags of groceries
169	people received direct emergency assistance to pay for utilities and other bills
576	people received case management services
155	people received services at a day support center in Richmond
107	people received counseling to assist them in applying for benefits
187	people received housing advocacy assistance
7	people received 1,113 hours of home care so that they could remain in their homes
122	people received HIV-related legal services

Who is Receiving Services in Contra Costa County

In the twelve month period **March 1, 2004, through February 28, 2005**, demographic data was collected from **756** 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 <i>serostatus known of 707 (94%) clients</i>	n	%	Primary Language <i>(n=756)</i>	n	%
AIDS	401	56.7	English	644	85.2
Disabling HIV	89	12.6	Spanish	72	9.5
Non-Disabling HIV	217	30.7	Other	26	3.4
			Unknown	14	1.9
Gender <i>(n=756)</i>	n	%	Current Living Situation <i>(varies throughout year)</i>	n	
Male	521	68.9	Homeless in emergency shelter	24	
Female	229	30.3	Homeless on streets	24	
Other/Unknown	6	0.8	Hospital or medical facility	3	
Mode of Transmission <i>(some clients claim more than one risk)</i>	n		Jail/prison	2	
Men having sex with men	260		Living with friends/relatives	208	
MSM/IDU	19		Owned Housing	49	
Injection drug user	187		Rental Housing	424	
Blood product recipient	11		Substance abuse treatment facility	8	
Sex Partner of IDU	49		Transitional Housing	7	
Heterosexual contact	304		Other/Unknown	62	
Pediatric	11		Income <i>(n=756)</i>	n	%
Other/Unknown	55		No Income	107	14.2
Race/Ethnicity <i>(n=756)</i>	n	%	Less than \$600 per month	155	20.5
White	222	29.4	Between \$601 and \$900 per month	302	40.0
African American	353	46.7	Between \$901 and \$1200 per month	57	7.5
Latino	134	17.7	Over \$1200 per month	135	17.9
Asian/Pacific Islander	20	2.6			
Native American	4	0.5			
Other/Unknown	23	3.0			

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(5829)

ADDRESS CORRECTION REQUESTED