

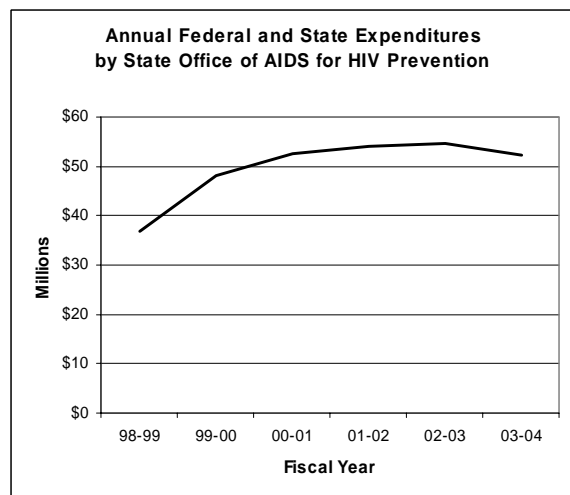
California HIV Prevention Indicators: Brief Report #2

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Office of AIDS, California Department of Health Services
March 28, 2005

This is the second of a continuing series of brief reports on findings from the California HIV Prevention Indicators Synthesis Project, a collaborative effort of the Universitywide AIDS Research Program and the California State Office of AIDS. For a fuller description of findings, including notes on data limitations, the reader should review the Summary Report and supplementary materials. The reports are available at the UARP website: <http://uarp.ucop.edu/>

Summary. California made substantial progress toward HIV prevention until the mid-1990s. However, in the latter half of that decade, there were few if any further gains. Now, in recent years, we see increases in high risk behaviors, notably widespread use of methamphetamines and increasing high risk sexual activity; and while the data are not conclusive, there is mounting evidence of modest increases in new HIV infections.

Public Policy: Prevention Effort. Total federal and state funds spent for HIV prevention by the California State Office of AIDS increased from \$36.7 million in FY 98-99 to \$54.8 million in FY 02-03. For FY 03-04, the amount decreased to \$52.4 million.¹

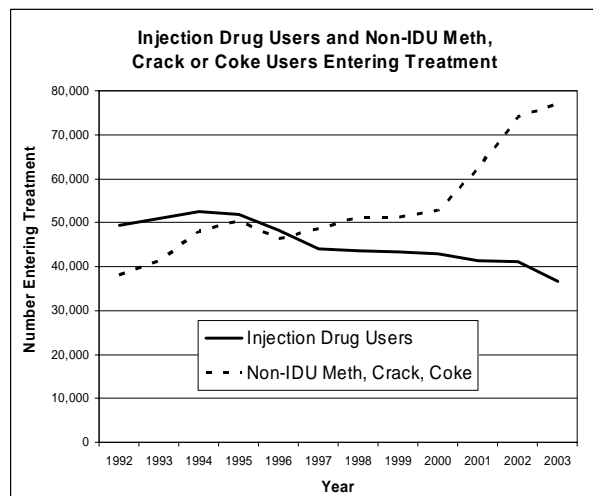


Populations: Numbers in High Risk Groups. From a statewide telephone survey in 2001, we estimate that

about 400,000-480,000 adult men under age 65 in California self-identify as gay or bisexual.² Expert consensus places the total number of men who have ever had sex with another man at about 800,000, and the size of the male-to-female transgendered population at 1,500-5,000.³

A statewide telephone survey in 2000 found that about 0.8% (0.3%-1.2% with 95% certainty) of adults in California injected non-prescription drugs in the past 12 months,⁴ suggesting that California has about 200,000 injection drug users (IDU). This figure is well below consensus estimates of 300,000 IDU.³

From 1992 through 2003, the number of IDU entering treatment declined from 49,400 to 36,700; and the number of non-injecting methamphetamine, cocaine and crack users entering treatment increased from 37,900 to 76,800. The numbers for African Americans have been constant, and the increases have been mainly among Latinos (4X) and non-Hispanic Whites (2X). While there have been increases in all areas of California, most of the increase in the past three years has been in the San Joaquin Valley and Southern California, including Los Angeles.⁵



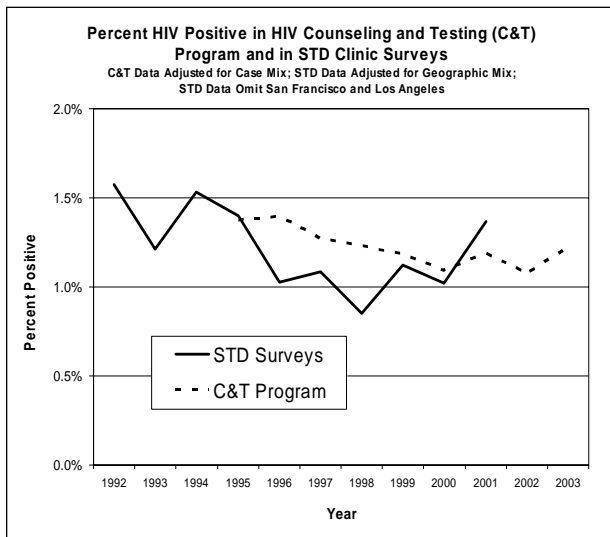
From 1993 to 2003, the population in state prisons and local jails increased from 188,000 to 240,000.⁶

Populations: Prevalence of HIV Infection. A general population survey in 2000 suggested that up to 150,000 adults carried the virus, but the confidence interval for the estimate was very wide (25,000-274,000 at 95% certainty) and the question addressed only individuals who had previously tested for HIV.⁷ The California State Office of AIDS estimated that about 127,000 individuals are infected with HIV, including those with and without an AIDS diagnosis.⁸

An expert consensus group estimated the total number of infected persons at 108,000-124,000 in 1997. The group estimated the percent infected with HIV among selected groups as follows: 10%-20% of men who have sex with men (MSM) excluding injection drug users (IDU); 4%-5% of IDU excluding MSM; 10%-25% of MSM who were also IDU; and 35% among the male-to-female transgendered population.³

Venue-based surveys of adult MSM in Los Angeles and San Francisco in 2004 found HIV prevalence of 21% and 22%, respectively.^{9,10}

Surveys of childbearing women from 1988 to 1998 suggest that about 322 to 488 (0.55%-0.80%) childbearing women in any year were infected with HIV, with no evidence of a trend over time.¹¹



Within the statewide HIV Counseling and Testing (C&T) Program, about 4% of clients tested positive in 1990, a figure that rapidly declined and has leveled off at a bit over 1% for the past several years. When findings for all clients are adjusted for change in the composition of the client population over time, the data provide evidence of change since 1995. Among MSM, the percent positive declined from 4.6% in 1995 to 3.6% in 2003. In comparison to non-Hispanic Whites,

African Americans are about 1.7 times as likely to test positive, and Latinos about 1.4 times as likely.¹²

Annual surveys at sexually transmitted disease clinics, when standardized for locations sampled (excluding LA and SF), suggest a decline in HIV prevalence from 1992 to 1998 from 1.6% to 0.8%. However, by 2001 the estimate increased to 1.4%.¹³

Data from San Francisco STD clinics point to a sustained decline in the proportion of clinic users who tested positive for HIV from about 15% in 1989 to 7% in 1998.¹⁴ However, more recent evidence suggests increased prevalence at STD clinics, particularly among MSM.¹⁵

Similarly, the total number of HIV cases detected in San Francisco increased from about 500 in 1999 to 1,984 in 2003,¹⁶ and while in 2001 only one case of HIV was detected per 100,000 blood donations in the San Francisco Bay Area, 5 per 100,000 were detected in 2003.¹⁷

The number of known HIV cases among state prisoners increased from 786 in 1991 to 1,181 in 2002.¹⁸

Populations: Intent to Use Condoms. A series of street-based convenience samples in San Francisco from late 2002 through 2003 of men who had more than one sex partner in the prior six months and who also practiced anal intercourse in the prior six months found that from 7% to 15% of respondents did not plan to use condoms for anal sex in the coming six months.¹⁹

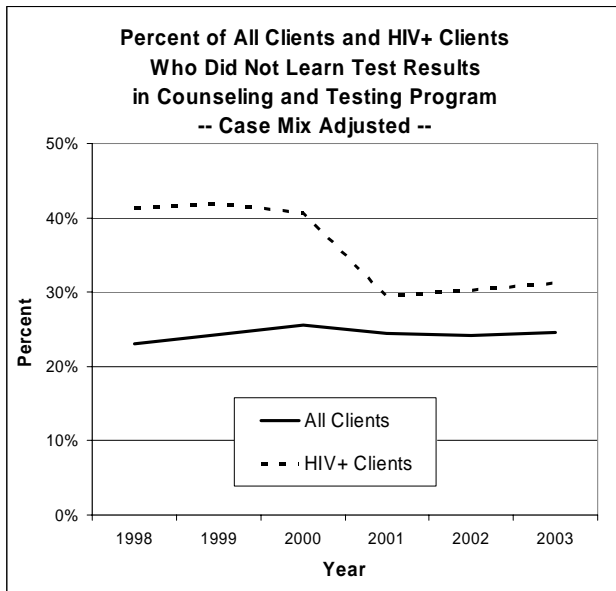
Prevention Interventions: Availability and Utilization. Population surveys suggest that the percent of adults under age 65 who reported testing for HIV in the past year declined from about 37% in 1998 to 32% in 2000.²⁰

The annual volume of HIV testing in the statewide HIV Counseling and Testing Program increased rapidly to 340,000 in 1992 and has since declined to 197,000 in 2003. Over this period, the program has increasingly focused on higher risk populations.¹²

Prevention Interventions: Timeliness and Continuity. From 1998 to 2003, the number of persons tested in the statewide Counseling and Testing Program who were referred by outreach services increased from 16,400 to 19,500.¹²

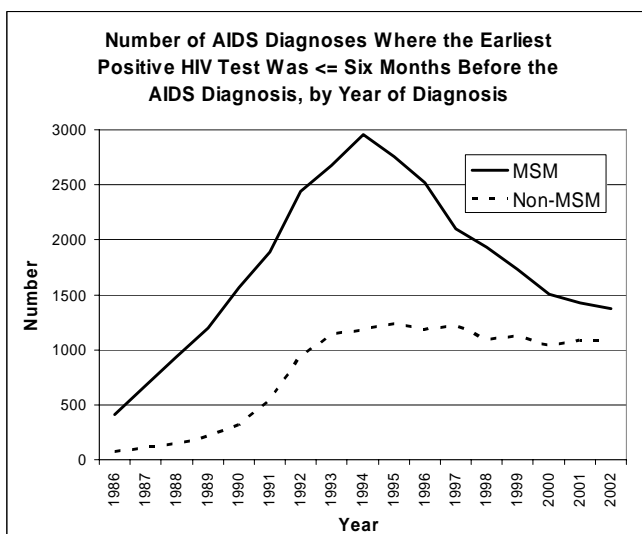
Case-mix adjusted data from the program indicate that 24.5% of all clients in 2003 did not return for test results, a figure that increased slightly from about 23%

in 1998. Among those who tested positive for HIV over the same time period, the case-mix adjusted percent who did not return for test results decreased from about 41% to 31%.¹²



Data from the 1998 Survey of Childbearing Women suggest that about 69 childbearing women with HIV did not receive antiretroviral therapy (41-109 at 95% certainty).¹¹

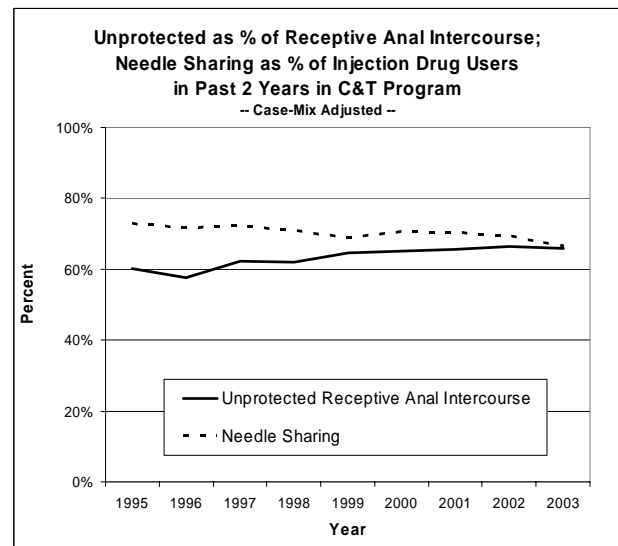
The number of new AIDS cases with a late diagnosis of HIV infection, measured as the number of new AIDS cases where the earliest positive HIV test was less than or equal to six months prior to the AIDS diagnosis, has steadily declined from about 4,100 in 1994 to 2,000 in 2003. The decline was primarily among the MSM population.²¹



Risk-Taking and Protective Behaviors. Within the statewide HIV Counseling and Testing (C&T) Program, case-mix adjusted data show a steady increase in the proportion of clients who had more than five sex partners in the past two years, from about 10% in 1995 to 24% in 2003. However, the same case-mix adjustment suggests a decline in the percent of clients who had an HIV positive sex partner in the past two years from 7.6% in 1995 to 5.1% in 2003. Among MSM, the percentage fell from 26% to 18%. In 1996, of clients (case-mix adjusted) who engaged in receptive anal intercourse in the past two years, about 60% did not always use a condom. This percentage increased to 66% by 2003. The percentage did not substantially change among MSM (56%-58%) or among women (85%).¹²

In San Francisco, venue-based surveys of MSM who practiced anal intercourse in the prior six months suggest a trend toward lack of protection, from 42% in 1997 to 67% in 2003.¹⁷ In Los Angeles, of MSM with AIDS who recently practiced anal intercourse, the percentage who failed to use protection increased from 11% in 2000 to 26% in 2003.²²

Among injection drug users in the C&T program (case-mix adjusted), about 73% in 1995 reported that they shared needles in the past two years, a figure that steadily declined to 66.5% by 2003.¹²

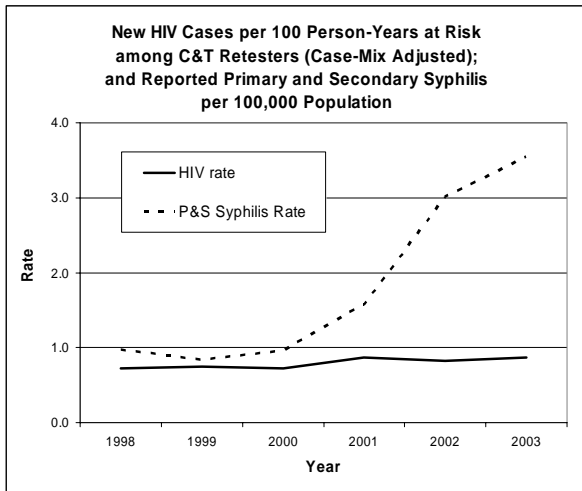


Disease Impacts: New Infections. California's new No-Names HIV database received 5,090 reports of new infections in 2002. African Americans accounted for 21.6% of the total, and Latinos 26.1%.²¹ The extent of under-reporting is not known.

Case-mix adjusted data from the statewide Counseling and Testing Program suggest an increase in new HIV

infections per 100 person-years at risk among repeat testers from 0.72 in 1998 to 0.87 in 2003. Among MSM, the rate increased slightly from 2.20 in 1998 to 2.66 in 2003.¹²

Following a long-term decline in the rate of primary and secondary syphilis infections to 0.8 per 100,000 population in 1999, the rate increased to 3.5 per 100,000 in 2003.²³



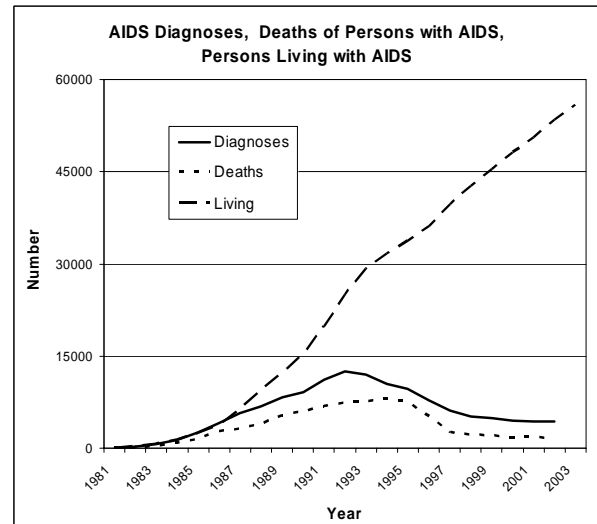
While HIV status is not known for many primary and secondary syphilis cases, the ratio of HIV positive to negative cases, where HIV status is known, increased from 0.9 in 1999 to 1.3 in 2003.²³

Studies of MSM (excluding IDU) at STD clinics in San Francisco point to declining HIV incidence from 1989 through 1996 and perhaps an increase up through 1998.¹⁴ More recent analyses of 1998-2002 data from San Francisco and Los Angeles STD clinics did not detect increased new HIV cases among MSM with syphilis.²⁴

Disease Impacts: AIDS. The annual number of new AIDS diagnoses reached a high of 12,500 in 1992 and declined to about 4,300 in 2002. The number of deaths among persons with AIDS reached a high of over 8,000 in 1994, fell rapidly to 2,600 by 1997, and has since declined to about 1,350 in 2002.

The consequence of improved survival among persons with AIDS is a rapid and sustained increase in the number of persons living with AIDS. By the end of 2003, about 56,000 individuals in California were living with AIDS, or which 19.3% were African American and 27.4% were Latino. About 2/3 were living in Los Angeles County and the San Francisco Bay Area. The largest percentage increase over the past decade has

been the number living in the San Joaquin Valley (2.7X).²¹



Please refer to our web site for more detailed information: http://uarp.ucop.edu/prevention_indicators/HIV_prevention.html. Additional items available include: Summary Report, Report on MSM and IDU, Report on Race/Ethnicity, Report on California Regions, and a Detailed Data Report which includes data for the 15 most populated California counties.

Please submit comments or requests for additional information to:

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We welcome submission of copies of reports and journal articles containing relevant data from statewide and local studies on HIV prevention in California.

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¹ Laurel Cima, California State Office of AIDS.
² Nadereh Pourat, Analysis of the 2001 California Health Interview Survey by the UCLA Center for Health Policy Research.
³ Facer M, Ritieni A, Marino J, Grasso P, Social Light Consulting Group. 2001. *Consensus Meeting on HIV/AIDS: Incidence and Prevalence in California*. Office of AIDS, California Department of Health Services, p 3.
⁴ Moskowitz JM, Henneman TA, Young Holt B. *California 2000 HIV/AIDS Knowledge, Attitudes, Beliefs, and Behaviors (KABB) Survey: Methods and Results*. Berkeley, CA: University of California, Berkeley, 2002. p 66.
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- ⁶ Bureau of Justice Statistics, U.S. Department of Justice; and Jail Profile Survey Reports, California Board of Corrections.
- ⁷ Calculated from: op.cit, note 4, p 85.
- ⁸ Calculated from: Office of AIDS, California Department of Health Services. Fast Facts: California and the HIV/AIDS Epidemic, p 2, <http://www.dhs.ca.gov/ps/ooa/aboutoa/pdf/FastFacts101502.pdf>; and Office of AIDS, California Department of Health Services. HIV-AIDS Reporting System, Surveillance Report for California – January 31, 2004.
- ⁹ Trista Bingham, Los Angeles County Department of Health Services.
- ¹⁰ H. Fisher Raymond, San Francisco Department of Public Health.
- ¹¹ Zukowski D, Ruiz J. *California Childbearing Women: A Comparison of HIV Seroprevalence Data from the Third Quarters of 1992, 1995, and 1998 and Zidovudine Determination, 1998*. California Office of AIDS, Jan 2001.
- ¹² Nancy Berman Lees, Christine Dahlgren, California State Office of AIDS.
- ¹³ Calculated from California HIV Seroprevalence Annual Reports, California State Office of AIDS.
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- ¹⁵ STD Control Section. *San Francisco Sexually Transmitted Disease Annual Summary, 2002*. San Francisco Department of Public Health, December 2003, p 106.
- ¹⁶ San Francisco Department of Public Health, AIDS Office. *Annual Report: Fiscal Year 2002-2003*.
- ¹⁷ San Francisco Department of Public Health. *HIV/AIDS Epidemiology Annual Report, 2003*.
- ¹⁸ Bureau of Justice Statistics, U.S. Department of Justice.
- ¹⁹ Roop Prabhu, San Francisco Department of Public Health. Data from the STOP AIDS Project.
- ²⁰ Behavioral Risk Factor Surveillance System. Centers for Disease Control.
- ²¹ A. Nakamura, California State Office of AIDS.
- ²² Wohl AR, Johnson DF, Lu S, et al. Recent increase in high-risk sexual behaviors among sexually active men who have sex with men living with AIDS in Los Angeles County (Letter). *J Acquir Immune Defic Syndr* 2004;35:209-11.
- ²³ Publications of the California Department of Health Services STD Control Branch.
- ²⁴ Dilley JW, Klausner JD, McFarland W, et al. Trends in Primary and Secondary Syphilis and HIV Infections in Men Who Have Sex with Men – San Francisco and Los Angeles, California, 1998-2002. *MMWR* 2004 July 9; 53(26):575-8.

California HIV Prevention Indicators - March 22, 2005

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003

1-1. Public Policy: Prevention Effort

1-1-1. State Expenditures for HIV Prevention Programs by Fiscal Year (Millions - Federal and State funds) \$36.7 \$48.0 \$52.5 \$54.0 \$54.8 \$52.4

2-1. Populations: Numbers in High Risk Groups

2-1-1. Males Ages 18-64 Reporting to be Gay or Bisexual (CHIS) 4.0%

2-1-2. Persons Entering Treatment with History of Illicit Needle Use in Past 12 Months (x1000) 49.5 51.1 52.5 51.8 48.3 44.1 43.7 43.4 42.8 41.4 41.0 36.7

2-1-3. Persons Entering Treatment with History of Non-IV Meth, Coke or Crack in Past 12 Months (x1000) 37.9 41.2 47.9 50.3 46.2 48.4 51.2 51.3 52.6 62.4 73.9 76.8

2-1-4. Persons in Custody of California State Prison and Local Jail Jurisdictions (x1000) 187.5 194.8 206.8 218.1 232.7 241.0 239.4 237.9 233.3 237.5 239.8

2-2. Populations: Prevalence of HIV Infection

2-2-1. Adults Ages 18+ Who Said They Tested Positive as % of Those Ever Tested (AIDS KABB) 0.6%

2-2-2. HIV Prevalence among MSM in a San Francisco Street Survey (Stop AIDS) 14.8% 13.9% 12.7% 13.4% 14.5% 12.7%

2-2-3. HIV Prevalence among Counseling and Testing Program Clients (Case-Mix Adjusted) 1.3% 1.3% 1.2% 1.3% 1.2% 1.1% 1.2% 1.1% 1.2%

2-2-4. HIV Prevalence in Samples from Selected STD Clinics (excludes LA and SF) 1.6% 1.2% 1.5% 1.4% 1.0% 1.1% 0.8% 1.1% 1.0% 1.4%

2-2-5. HIV Prevalence among Women in C&T Program (not case-mix adjusted) 0.7% 0.5% 0.4% 0.4% 0.3% 0.4% 0.3% 0.4% 0.4% 0.4% 0.4% 0.4% 0.6%

2-2-6. Estimated HIV Prevalence per 1000 Childbearing Women 0.70 0.80 0.67 0.55 0.73 0.65 0.65

2-2-7. Inmates Known to be Positive for HIV in California Prisons 0.8% 0.9% 0.9% 0.8% 0.8% 0.8% 0.9% 1.0% 1.0% 1.0% 0.8% 0.7%

2-3. Populations: Values

2-3-1. MSM Intent to Use Condoms for Anal Sex in a San Francisco Street Survey (Stop AIDS) ¹ 93.3% 84.8%

3-1. Interventions: Availability and Utilization

3-1-1. Adults Ages 18+ Who Tested for HIV in the Past Year (BRFSS) 37.2% 33.6% 31.8%

3-1-2. Number of HIV Tests in the Counseling and Testing (C&T) Program (x1000) 194.7 261.5 339.7 285.0 245.0 247.2 258.6 207.9 207.1 202.9 205.8 194.2 191.9 197.3

3-2. Interventions: Timeliness and Continuity

3-2-1. Percent Who Did Not Learn HIV Test Results in C&T Program (Case-Mix Adjusted) 23.0% 24.3% 25.6% 24.5% 24.2% 24.5%

3-2-2. Percent of HIV+ Who Did Not Learn HIV Test Results in C&T Program (Case-Mix Adjusted) 41.2% 41.8% 40.7% 29.5% 30.2% 31.1%

3-2-3. AIDS Cases Where Earliest HIV+ Test <= 6 Months Prior to AIDS Diagnosis (x1000) 1.9 2.4 3.4 3.8 4.1 4.0 3.7 3.3 3.0 2.9 2.5 2.5 2.4

3-2-4. C&T Clients Referred by Outreach Projects 7.9% 12.5% 12.3% 9.8% 11.0% 9.9%

3-2-5. Estimated Untreated HIV Positive Childbearing Women per 1000 Live Births 0.13

4-1. Risk-Taking and Protective Behaviors: High Risk Sex

4-1-1. C&T Clients with More Than Five Sex Partners (Case-Mix Adjusted) ² 10.3% 10.5% 13.6% 12.8% 12.9% 13.2% 20.5% 22.6% 24.1%

4-1-2. C&T Clients with HIV+ Sex Partners (Past 2 Years - Case-Mix Adjusted) 7.6% 7.6% 8.4% 6.7% 6.3% 5.8% 5.3% 5.1% 5.1%

4-1-3. Adults Ages 18+ Who Had Casual Sex in Last Year and Didn't Use Condom (AIDS KABB) 4.9%

4-1-4. Any Unprotected among MSM Reporting Anal Intercourse (Past 6 Months - Stop AIDS) 30.0% 31.2% 34.4% 41.6% 44.5% 48.2% 50.7% 51.4% 47.4% 67.0%

4-1-5. Any Unprotected as % of C&T Clients Reporting Receptive Anal Intercourse (Past 2 Years - Case-Mix Adjusted) 60.2% 57.7% 62.4% 62.1% 64.6% 65.0% 65.5% 66.3% 66.0%

4-2. Risk-Taking and Protective Behaviors: Needle Sharing

4-2-1. C&T Injection Drug Users Who Shared Needles (Past 2 Years) 72.8% 71.7% 72.1% 70.8% 68.6% 70.7% 70.3% 69.1% 66.5%

5-1. Disease Impacts: New Infections

5-1-1. New HIV Infections Reported to No-Names HIV Database 5090

5-1-2. HIV Cases Detected in C&T Program (x1000) 7.7 4.9 4.5 3.4 2.9 2.6 2.8 2.2 2.2 2.0 1.9 2.1 2.0 2.4

5-1-3. New HIV Cases per 100 Person-Years at Risk (C&T Program - Case-Mix Adjusted) 0.72 0.75 0.72 0.87 0.82 0.87

5-1-4. Primary and Secondary Syphilis Rate per 100,000 Population 15.0 8.5 4.8 3.2 2.4 1.8 1.6 1.2 1.0 0.8 1.0 1.6 3.0 3.5

5-1-5. HIV Positive/Negative Ratio Among Primary and Secondary Syphilis Cases 0.9 0.5 1.1 1.6 1.3

5-2. Disease Impacts: AIDS

5-2-1. Number Diagnosed with AIDS (x1000) 9.1 11.2 12.5 11.9 10.4 9.7 7.7 6.1 5.2 4.9 4.4 4.3 4.3

5-2-2. Number Living with AIDS (x1000) 15.4 19.8 25.0 29.3 31.7 33.7 36.2 39.7 42.7 45.5 48.1 50.6 53.5 55.9

5-2-2. Deaths of Persons with AIDS from Any Cause (x1000) 6.0 6.8 7.3 7.7 8.0 7.7 5.2 2.6 2.2 2.1 1.8 1.9 1.4

¹ Among MSM with 2+ partners and who practiced anal intercourse in past six months.

² Over past 12 months for years 1991-2000. Starting 2001, over the shorter of past two years or since last HIV test.