



REPORT ON CALIFORNIA REGIONS
California HIV Prevention Indicators
2nd Edition

A Collaborative Effort of the:

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Forward

This report looks at California HIV Prevention Indicators as they pertain to seven California regions. This report supplements a *Summary Report* which provides summary data for California overall. More detailed tabular information can be found in an accompanying *Detailed Data* report.

The seven regions of interest are based on groups of counties as described by researchers at the UCLA Center for Health Policy Research.¹ The regions are as follows:

Northern and Sierra Counties = Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba

Greater Bay Area = Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma

Sacramento Area = El Dorado, Placer, Sacramento, Yolo

San Joaquin Valley = Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

Central Coast = Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura

Los Angeles = Los Angeles County

Other Southern California = Imperial, Orange, Riverside, San Bernardino, San Diego

For some of the indicators, the numbers for one or more regions are too small for meaningful analysis, and they are omitted from the presentation. In any case, where data are presented as percents and ratios, the reader should be cautious in interpreting large gyrations over time. Where the numbers are small, a minor change in the raw numbers can result in a large percentage change. Thus, the reader should refer to the *Detailed Data* report before making any firm conclusions about changes over time.

Due to space limitations, graphical information uses the following abbreviations:

N & S	Northern and Sierra Counties
Bay	Greater Bay Area
Sac	Sacramento Area
S Joaq	San Joaquin Valley
Coast	Central Coast
LA	Los Angeles County
SoCal	Other Southern California

The information in this report is presented in parallel to the *Summary Report*, that is, each indicator is presented in the same order and with the same numbering as shown in the *Summary Report*. However, because data on counties are not available for all indicators, some of the items are missing. This means that some of the indicator numbers may be skipped. For example, useful county data could not be found for Indicator 2-2-1. So that number is passed over, and the next item presented is Indicator 2-2-2.

Those readers who are interested in data for specific counties should examine the *Detailed Data* report which includes raw data for the fifteen most populated counties.

¹ Brown ER, Ponce N, Rice T, Lavarreda S. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey*. UCLA Center for Health Policy Research. June 2002. <http://www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=28> accessed 9-16-03.

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Indicator 2-1-1: Number of Gay and Bisexual Men

Category: Populations

Domain: Numbers in High Risk Groups

Question: Men Who Have Sex with Men: How many are there?

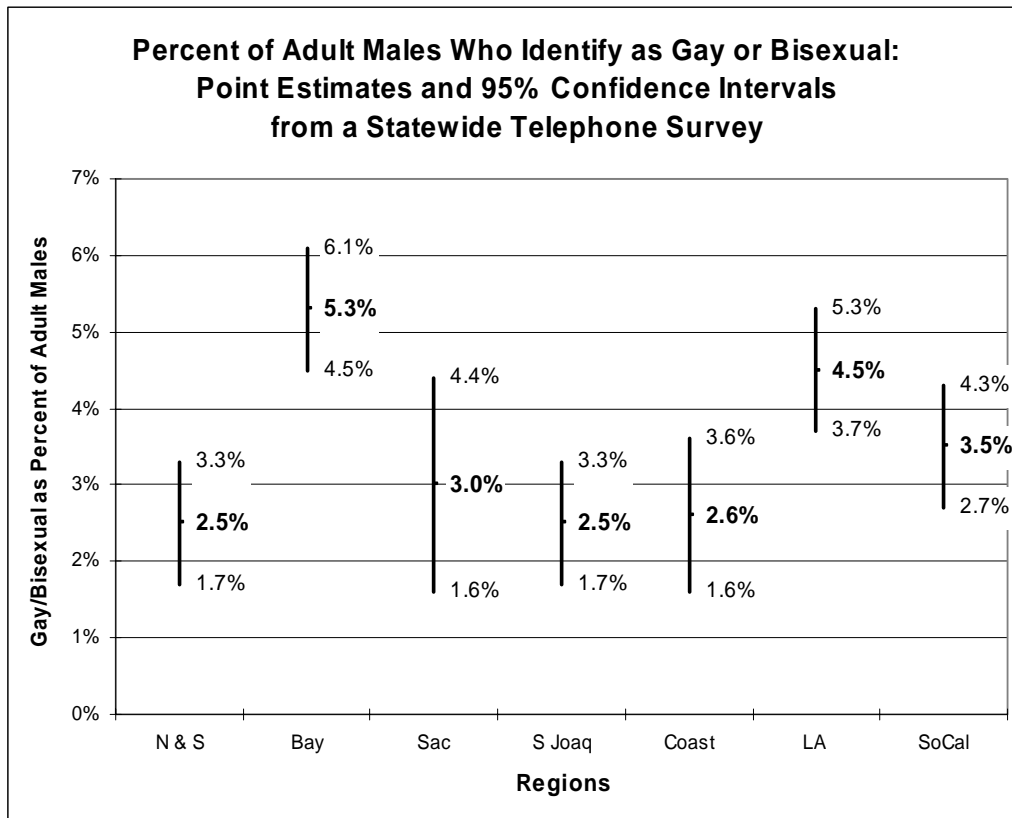
Why it's important: In California, men who have sex with men (MSM) have been at high risk for HIV infection since the inception of the epidemic.

How it's measured: Adult males ages 18-64 were asked "Are you gay or bisexual?" in a statewide telephone sample survey.

Findings: Point estimates for the respective regions ranged from 2.5% - 5.3% of adult males under age 65, with the San Francisco Bay Area and Los Angeles County having the highest estimates.

Estimated ranges for the respective regions are as follows:

Northern and Sierra Counties	7,000 – 14,000
San Francisco Bay Area	102,000 – 139,000
Sacramento Area	9,000 – 25,000
San Joaquin Valley	18,000 – 34,000
Central Coast	11,000 – 25,000
Los Angeles County	114,000 – 163,000
Other Southern California	79,000 – 126,000



Strengths/Limitations: Telephone surveys have a number of limitations, particularly in connection with sensitive questions. Also, the questions asked for self-identification as a member of a group, not about sexual behavior.

Sources: Analysis of 2001 California Health Interview Survey by UCLA Center for Health Policy Research.

Acknowledgment: Nadereh Pourat

Indicator 2-1-2: Number of Injection Drug Users

Category: Populations

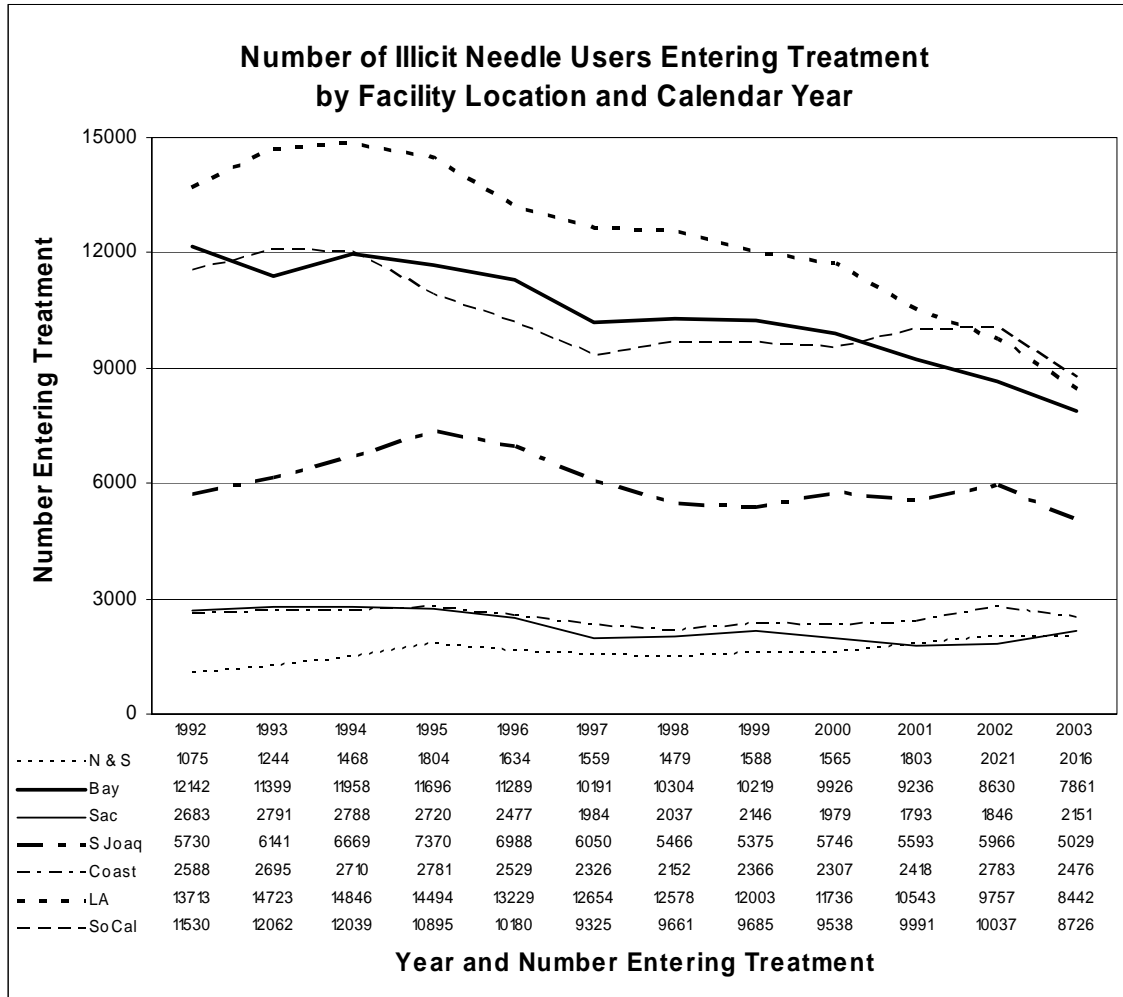
Domain: Numbers in High Risk Groups

Question: Injection Drug Users: How many are there?

Why it's important: Injection drug users (IDU) are at high risk for HIV infection.

How it's measured: Number of persons having a history in the past 12 months of illicit needle use who entered treatment at publicly funded or licensed alcohol or drug treatment programs, by facility location.

Findings: The number of IDU entering treatment declined for facilities located in all but the Northern and Sierra region.



Strengths/Limitations: The numbers omit IDU who did not enter treatment during the year, and counts of those who entered treatment may reflect availability of services and propensity to enter treatment. Figures are based on location of facility, not client residence.

Additional measures: As a percent of all persons entering treatment in the respective regions, IDU declined for all regions except the Northern/Sierra counties. Data from the HIV Counseling and Testing Program show increases in the number of IDU clients in the Northern/Sierra, Bay Area, Central Coast, and Los Angeles areas. Counts in remaining areas declined.

Sources: (1) California Alcohol and Drug Data System (CADDs), California Department of Alcohol and Drug Programs. (2) Counseling and Testing Program Data, Office of AIDS, California Department of Health Services.

Acknowledgment: Sally Jew

Indicator 2-1-3: Number of Non-Injection Methamphetamine, Cocaine and Crack Users

Category: Populations

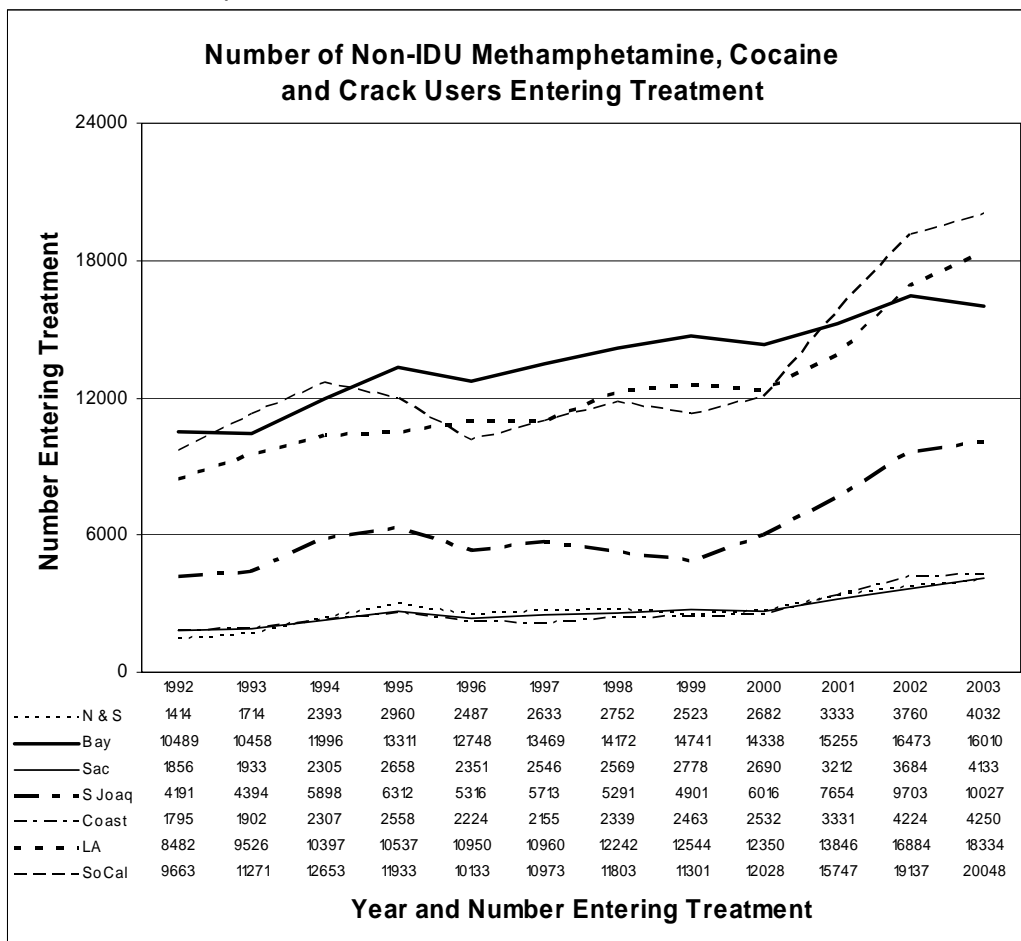
Domain: Numbers in High Risk Groups

Question: Non-Injection Methamphetamine and Crack Users: How many are there?

Why it's important: Methamphetamine, cocaine and crack users are at high risk for HIV infection.

How it's measured: Number of persons having a history in the past 12 months of using methamphetamines, cocaine or crack, but no illicit needle use, who entered treatment at publicly funded or licensed alcohol or drug treatment programs, by location of facility.

Findings: The number of non-IDU methamphetamine, cocaine or crack users entering treatment increased in all regions, especially in recent years and most notably in the Los Angeles, Southern California and San Joaquin areas.



Strengths/Limitations: The numbers omit users who did not enter treatment during the year, and counts of those who entered treatment may reflect availability of services and propensity to enter treatment. Nevertheless, the increased counts over time are interesting when compared with data on declining counts of IDU entering treatment over the same time period.

Additional measures: As a percent of all persons entering treatment, non-IDU methamphetamine, cocaine and crack users increased substantially in all regions. Data from the HIV Counseling and Testing Program provide a different picture in that participation by non-IDU amphetamine and crack users decreased in the Sacramento, Los Angeles and Southern California areas.

Sources: (1) California Alcohol and Drug Data System (CADDs), California Department of Alcohol and Drug Programs. (2) Counseling and Testing Program Data, Office of AIDS, California Department of Health Services.

Acknowledgment: Sally Jew

Indicator 2-2-3: HIV Prevalence among HIV Counseling and Testing Program Clients

Category: Populations

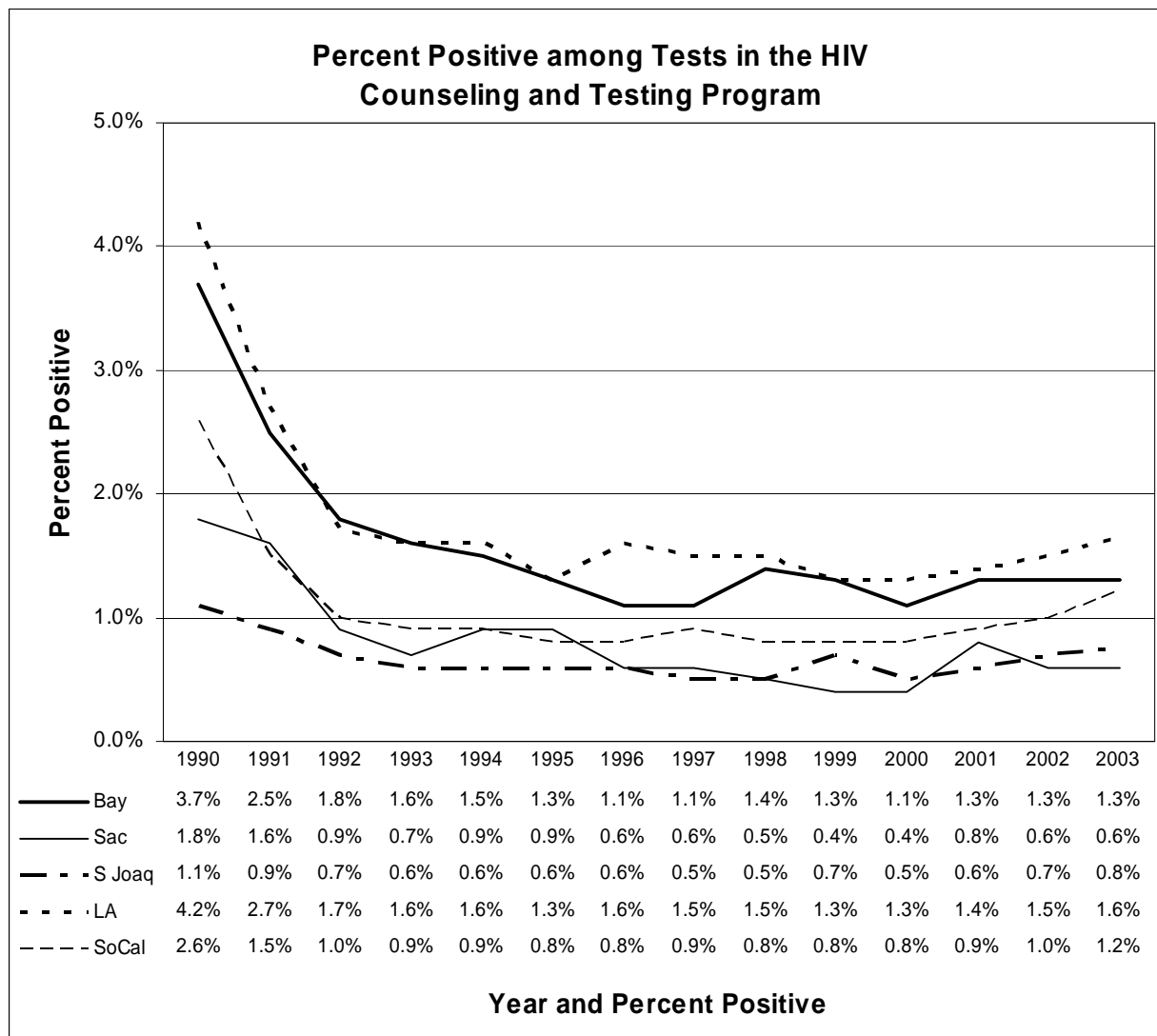
Domain: Prevalence of HIV Infection

Question: How common is HIV infection among testing populations?

Why it's important: The extent to which HIV is present in the community represents increased potential for new infections.

How it's measured: Positive HIV tests as a proportion of tests in the HIV Counseling and Testing Program. Analysis excludes repeated positive tests for the same individual.

Findings: The percentages of tests that were positive have been consistently higher in LA and the Bay Area than in other regions. Percentages fell rapidly in the early 1990s. Recent increases are evident in most regions.



Sample Size: The smallest numbers of cases are from the Sacramento area and range from 45-182.

Strengths/Limitations: This indicator is useful for monitoring change in number of new infections, rather than for estimating the absolute number of new infections. Findings are limited to persons who make use of the program, and are influenced by availability of services and propensity to use them as well as the extent to which the program focuses on high risk populations.

Source: Counseling and Testing Program Data, California State Office of AIDS

Acknowledgment: Nancy Berman Lees, Christine Dahlgren

Indicator 3-1-2: Annual Volume of HIV Testing Services

Category: Interventions

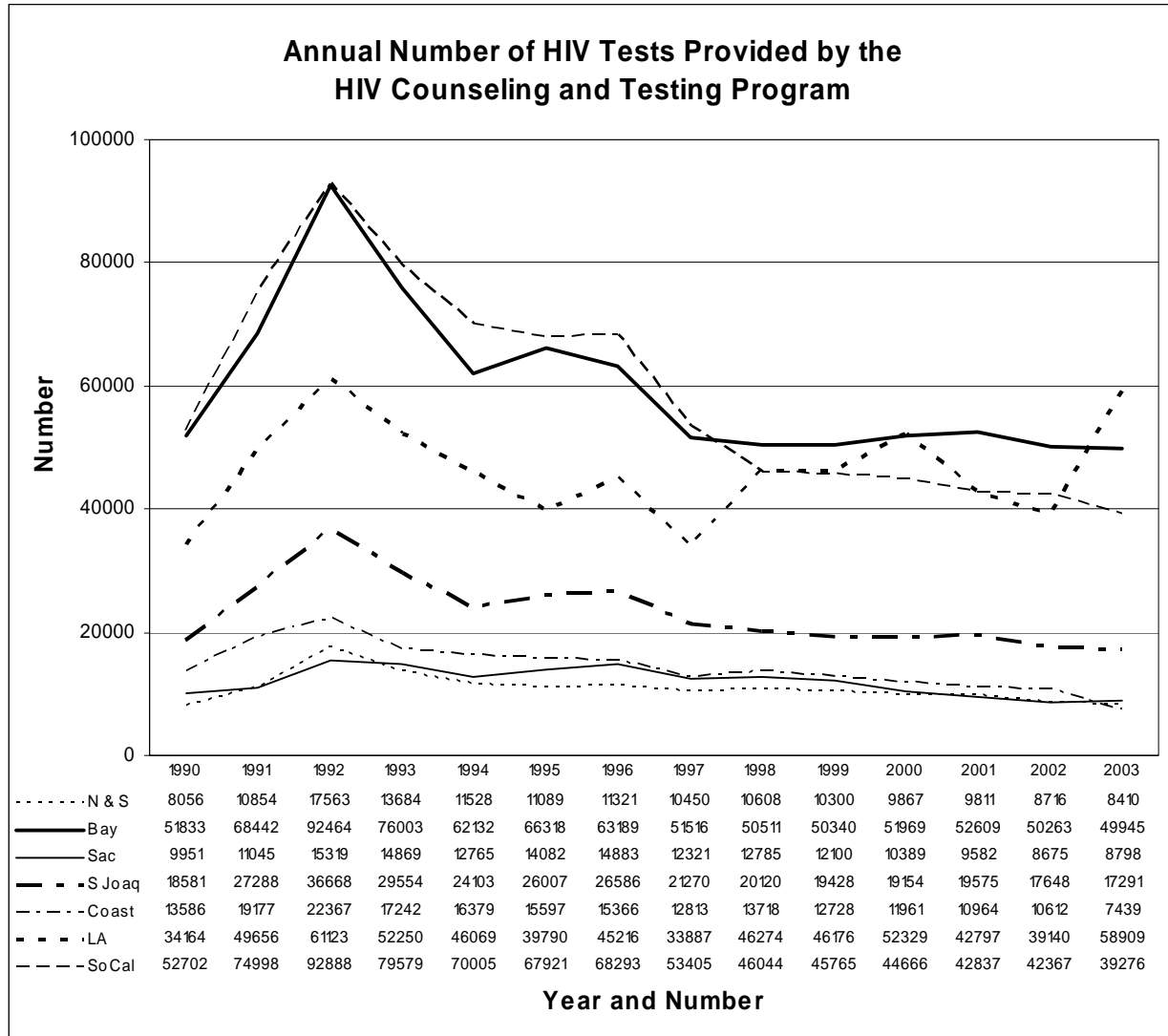
Domain: Availability and Utilization

Question: To what extent are publicly funded HIV testing services available and utilized?

Why it's important: HIV prevention services effectively reduce the number of new HIV infections.

How it's measured: Annual number of HIV tests provided under the HIV Counseling and Testing Program.

Findings: From 1990 to 1992, service volume in all regions rapidly increased. Numbers have since drifted downward, except in Los Angeles where numbers recently increased.



Strengths/Limitations: The decline in testing volume is likely appropriate over a period in which the annual number of new HIV cases decreased. At the same time the program has increasingly focused on higher risk populations. The numbers shown do not include services provided by other prevention programs, nor testing in private medical care.

Source: Office of AIDS, California Department of Health Services

Acknowledgment: Nancy Berman Lees, Christine Dahlgren

Indicator 3-2-1: HIV Tests Where Clients Do Not Return for Results

Category: Interventions

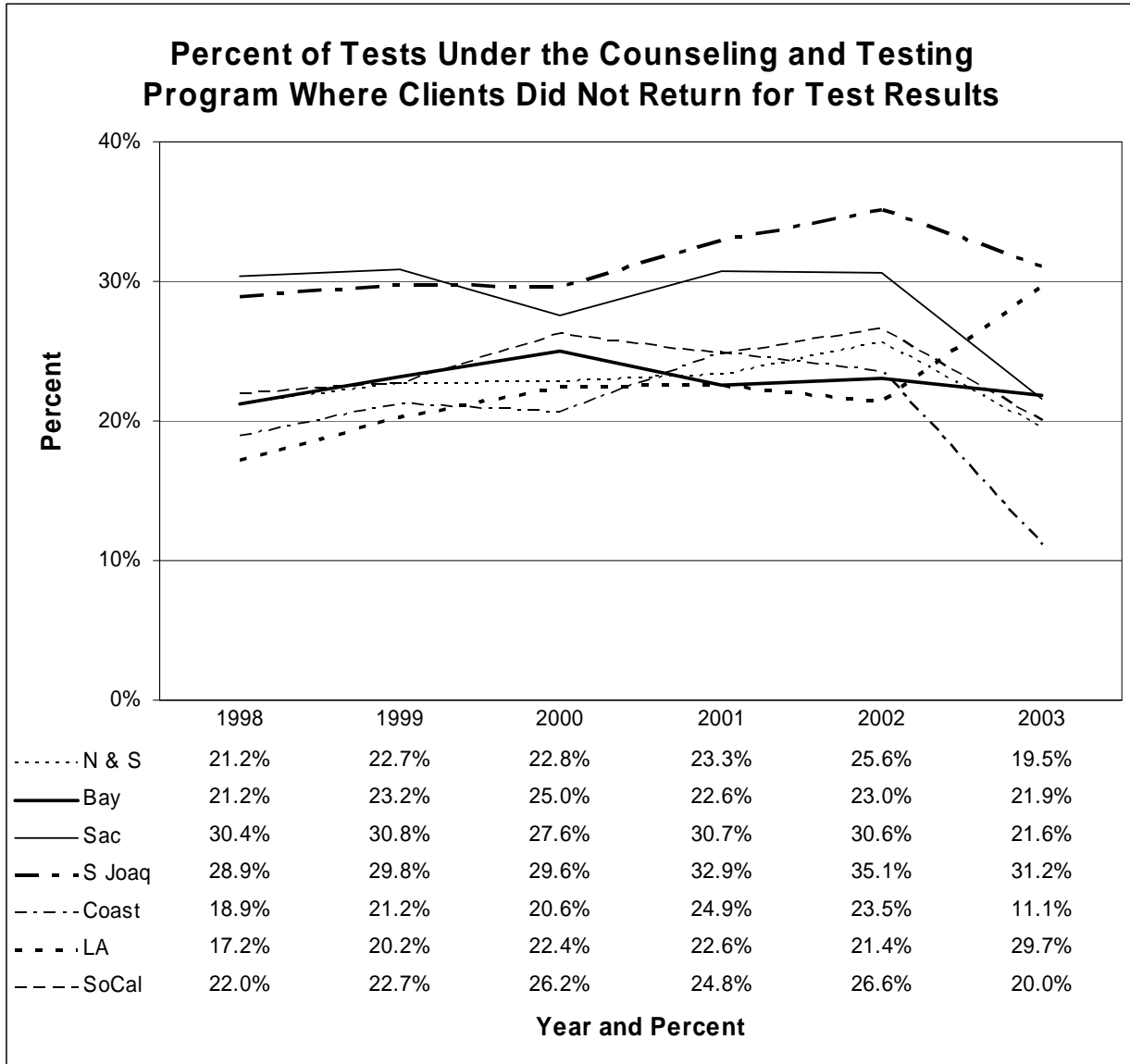
Domain: Timeliness and Continuity

Question: To what extent are high risk populations aware of their HIV status?

Why it's important: The effectiveness of HIV counseling and testing services is improved when clients return for test results.

How it's measured: Percent of HIV tests under the HIV Counseling and Testing Program where the clients do not return for test results.

Findings: From 1998 through 2002, clients in the San Joaquin and Sacramento regions were least likely to return for HIV test results. In 2003, percentages decreased in all regions, except Los Angeles.



Sample Size: The lowest numbers of cases were in the Northern and Sierra Counties where 2,069-2,341 individuals did not obtain test results in any given year.

Strengths/Limitations: Findings may be influenced by increased program emphasis on high risk populations.

Source: Office of AIDS, California Department of Health Services

Acknowledgment: Nancy Berman Lees

Indicator 3-2-2: Positive HIV Tests Where Clients Do Not Return for Results

Category: Interventions

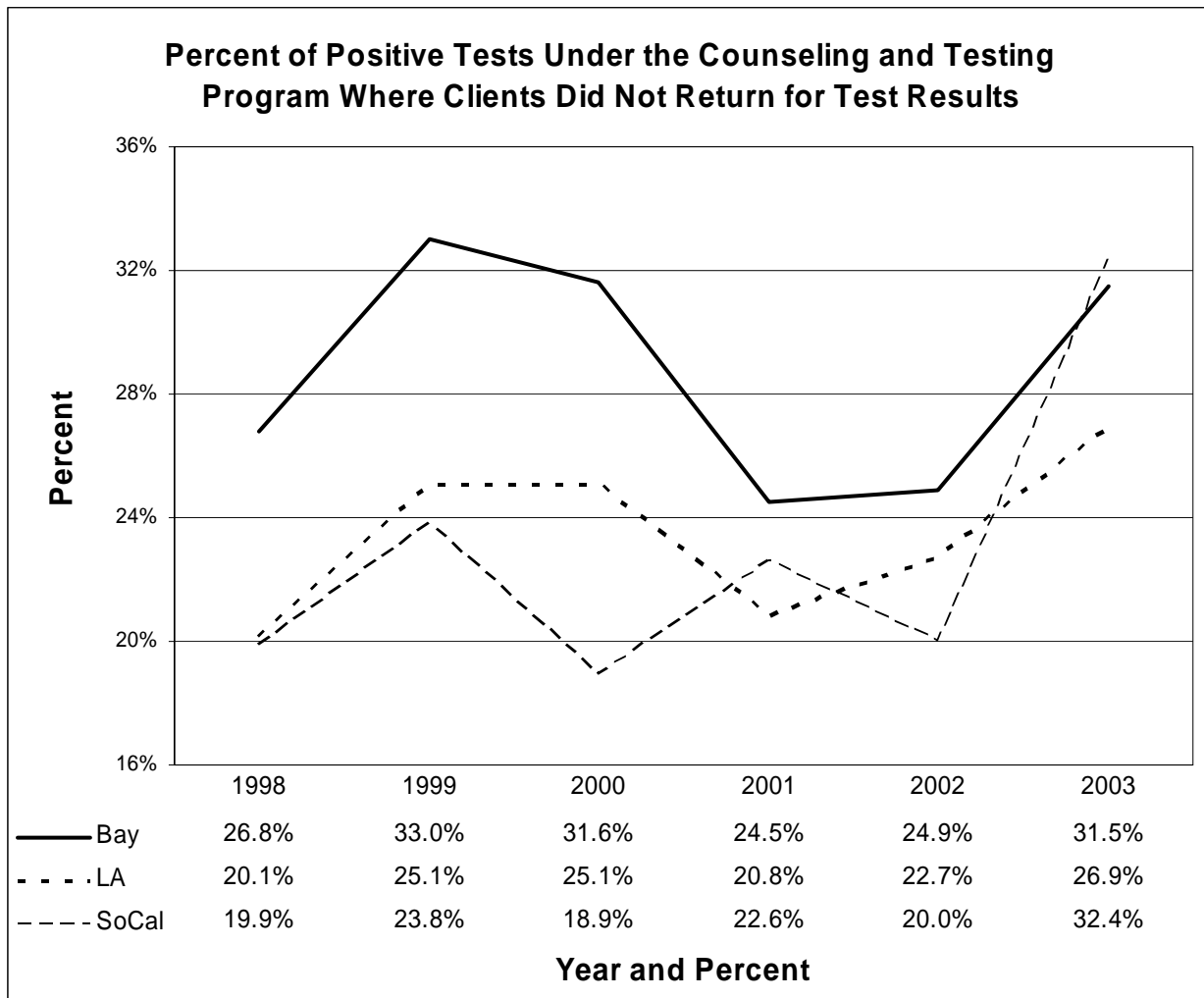
Domain: Timeliness and Continuity

Question: To what extent are persons with HIV aware of their HIV status?

Why it's important: The effectiveness of HIV counseling and testing services is improved when clients with HIV return for test results.

How it's measured: Percentage of positive HIV tests under the HIV Counseling and Testing Program where the clients do not return for test results.

Findings: From 1998 through 2003, a relatively large proportion of those who tested positive did not return for test results. The problem appears to be most common in the Bay Area, and recently in Southern California.



Sample Size: The smallest numbers are from the Southern California region where 68-155 persons with positive tests did not return for test results in any given year.

Limitations: Findings may be influenced by increased program emphasis on high risk populations.

Source: Office of AIDS, California Department of Health Services

Acknowledgment: Nancy Berman Lees

Indicator 3-2-3: Earliest Positive HIV Test Was Less than or Equal to Six Months before AIDS Diagnosis

Category: Interventions

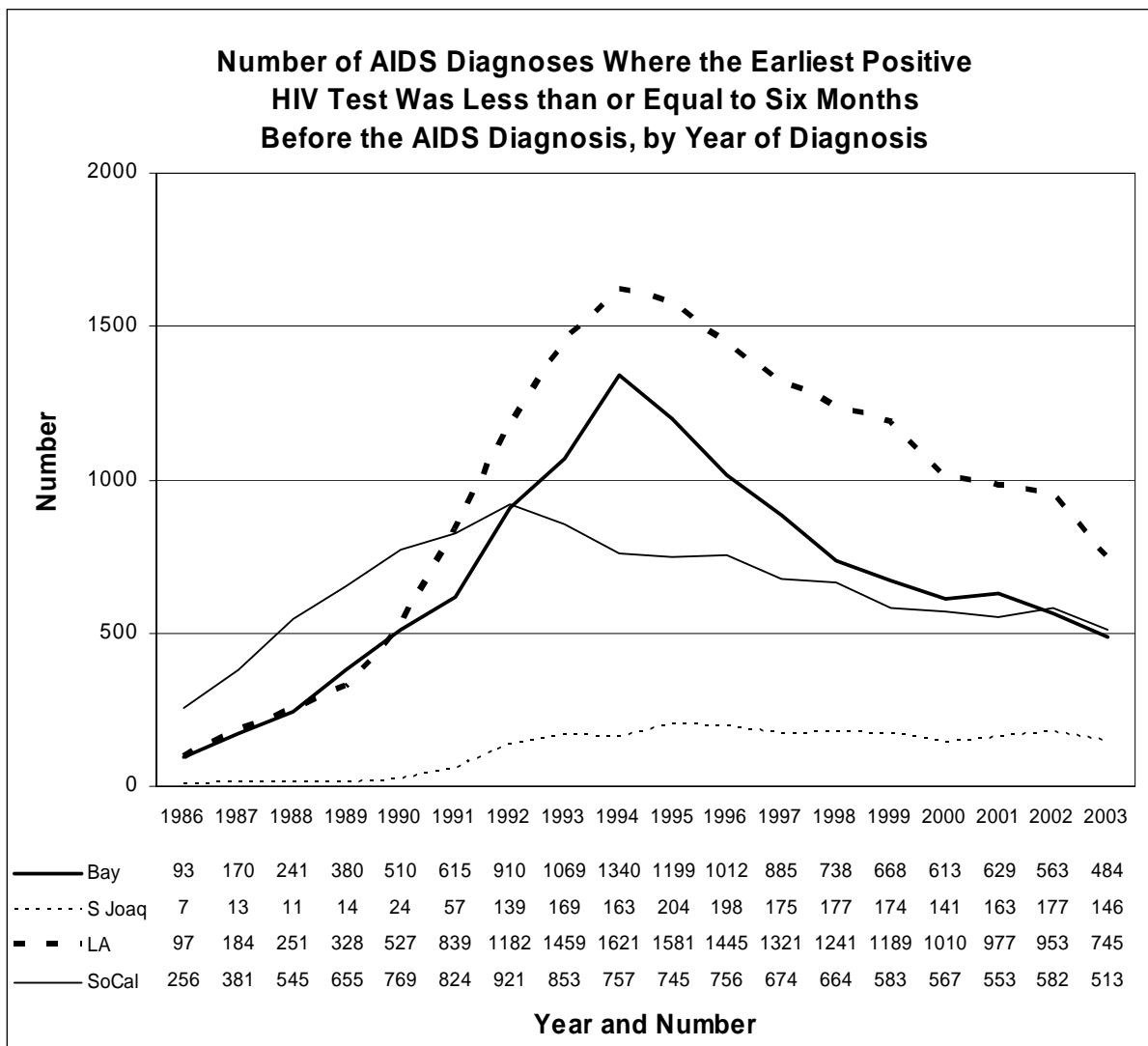
Domain: Timeliness and Continuity

Question: To what extent are people with HIV aware of their status?

Why it's important: When individuals with HIV are unaware of their HIV status, they are more likely to engage in behaviors that infect others.

How it's measured: Number of AIDS diagnoses where the earliest positive HIV test was less than or equal to six months before the AIDS diagnosis, by year of AIDS diagnosis. Cases where earliest positive HIV test are unknown are excluded.

Findings: The numbers in each region increased rapidly into early 1990s and then began falling. Note that the peak years differ, with So-Cal peaking earlier than the other regions. Also note that, on a relative basis, the numbers for the San Joaquin region have declined only slightly.



Strengths/ Limitations: We would like to present these numbers as a percentage of all AIDS diagnoses. However, such an approach would be misleading because many individuals who forestall onset of AIDS with anti-retroviral therapy would not appear in the database until some future year.

Source: Office of AIDS, California Department of Health Services

Acknowledgment: A. Nakamura

Indicator 3-2-4: Persons Successfully Referred by Outreach to HIV Counseling and Testing Program

Category: Interventions

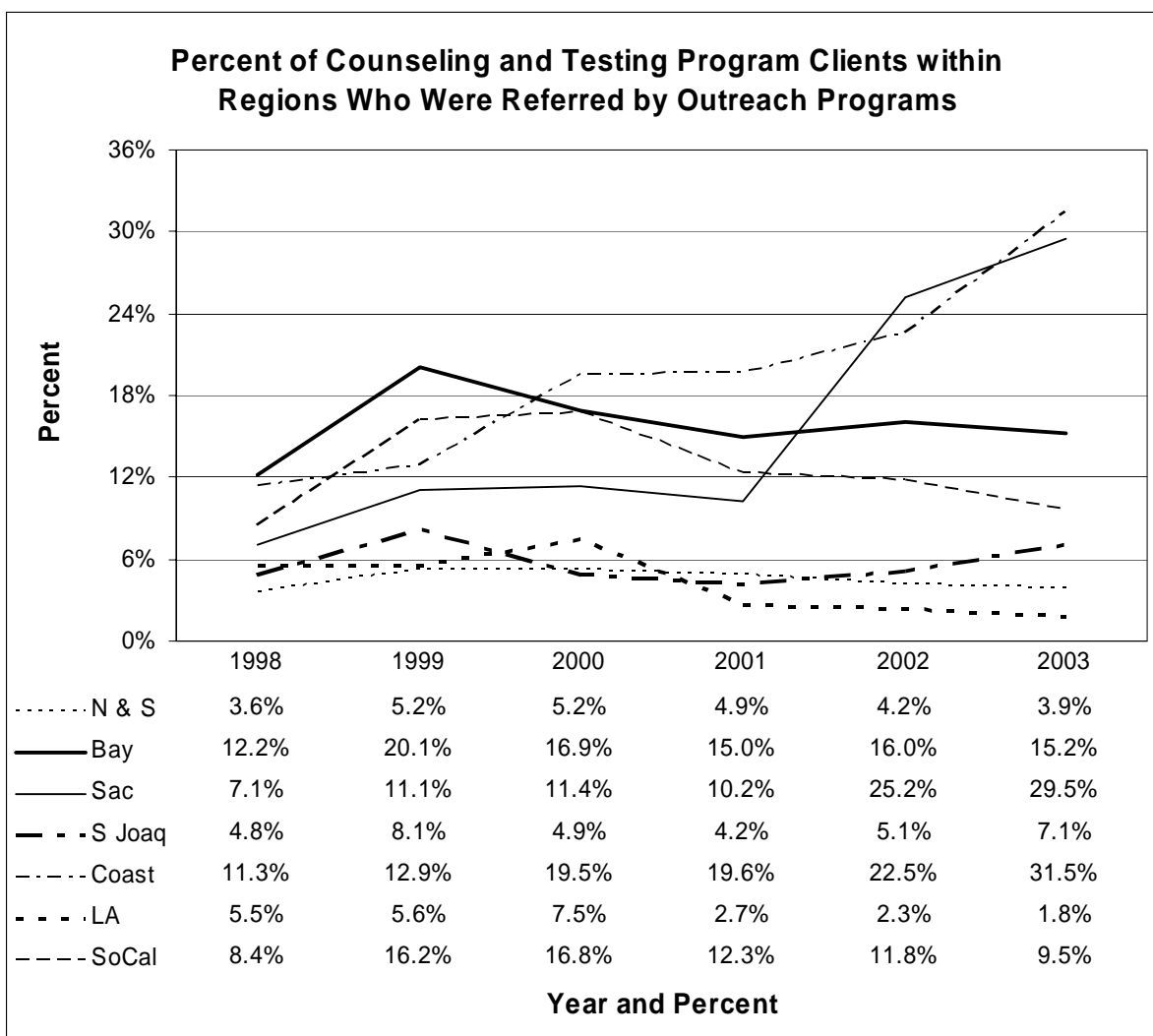
Domain: Timeliness and Continuity

Question: To what extent does outreach encourage high risk populations to enter prevention services?

Why it's important: Successful outreach with high risk populations helps the HIV Counseling and Testing program direct services toward those most in need.

How it's measured: Percent of HIV tests in the Counseling and Testing program where the client indicates referral from outreach.

Findings: Regions vary in their use of outreach to recruit clients. In the most recent years, outreach efforts are most evident in the Central Coast and Sacramento regions.



Sample Size: The smallest numbers come from the Northern and Sierra Counties where 369-538 persons were successfully referred by outreach in any given year.

Strengths/Limitations: Findings may reflect the propensity of persons collecting the data to complete that section of the data collection form.

Source: Office of AIDS, California Department of Health Services

Acknowledgment: Nancy Berman Lees

Indicator 4-1-1: Counseling and Testing Program Clients with More than Five Sex Partners in Past Year

Category: Risk-Taking and Protective Behaviors

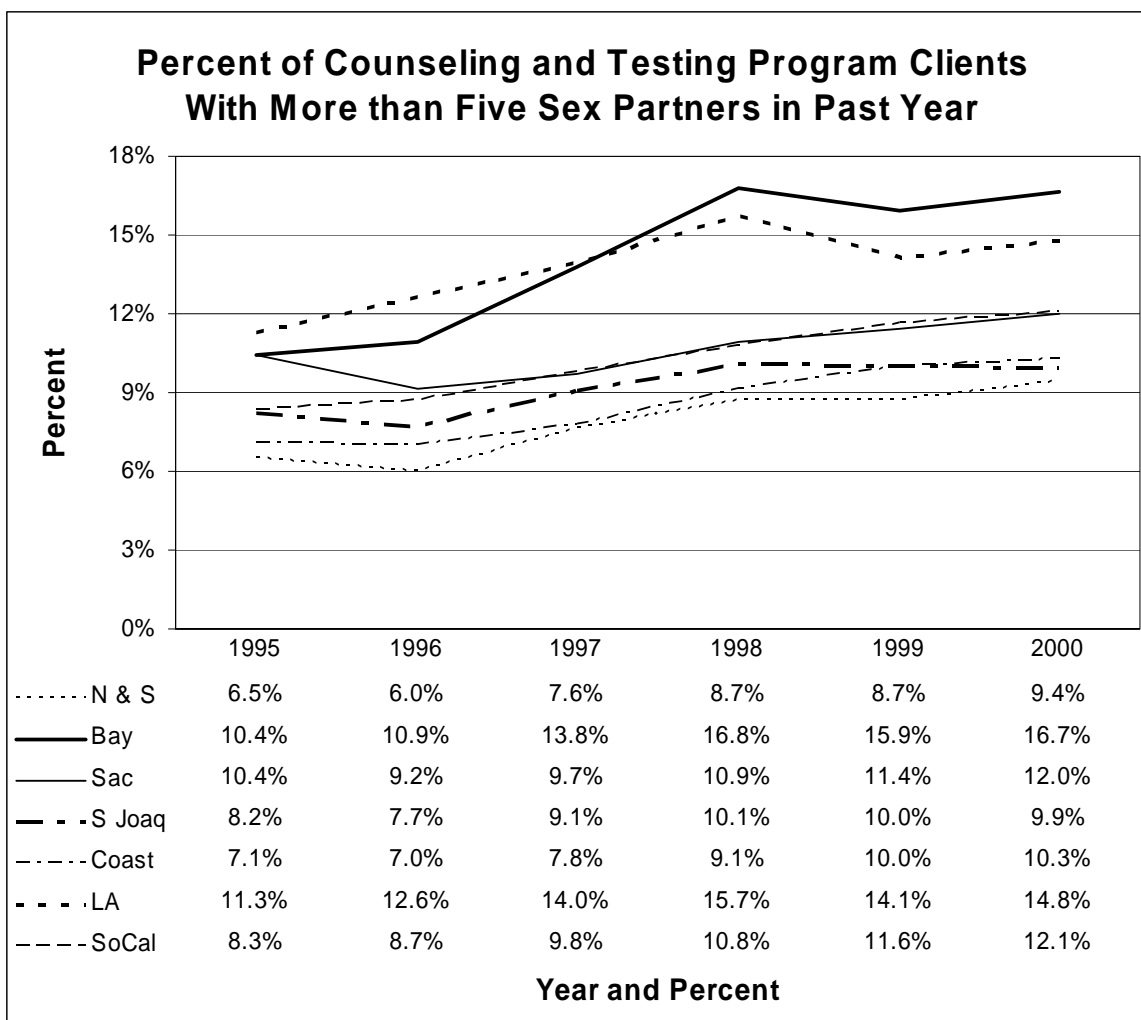
Domain: High Risk Sex

Question: To what extent do adult populations have multiple sex partners?

Why it's important: Having multiple sex partners increases the potential for HIV transmission.

How it's measured: Of Counseling and Testing Program clients, percent with more than five sex partners in the past twelve months.

Findings: In each region, increasingly larger percentages of clients had more than five sex recent partners. In the Bay Area, the percentage climbed dramatically. Beginning in 2001, the measure changed to number of sex partners in the shorter of past two years or since HIV test; and, from 2001 to 2003, the percentages continued to increase in all regions.



Sample Size: The smallest numbers are from the Northern and Sierra Counties where, in any given year, 611-972 clients report having had more than five partners.

Strengths/Limitations: Findings may reflect a change in the composition of program clients, for example, a trend toward increased focus on high risk populations.

Source: Counseling and Testing Program Data, California State Office of AIDS

Acknowledgment: Nancy Berman Lees

Indicator 4-1-2: Counseling and Testing Program Clients with Sex Partners who are Positive for HIV

Category: Risk-Taking and Protective Behaviors

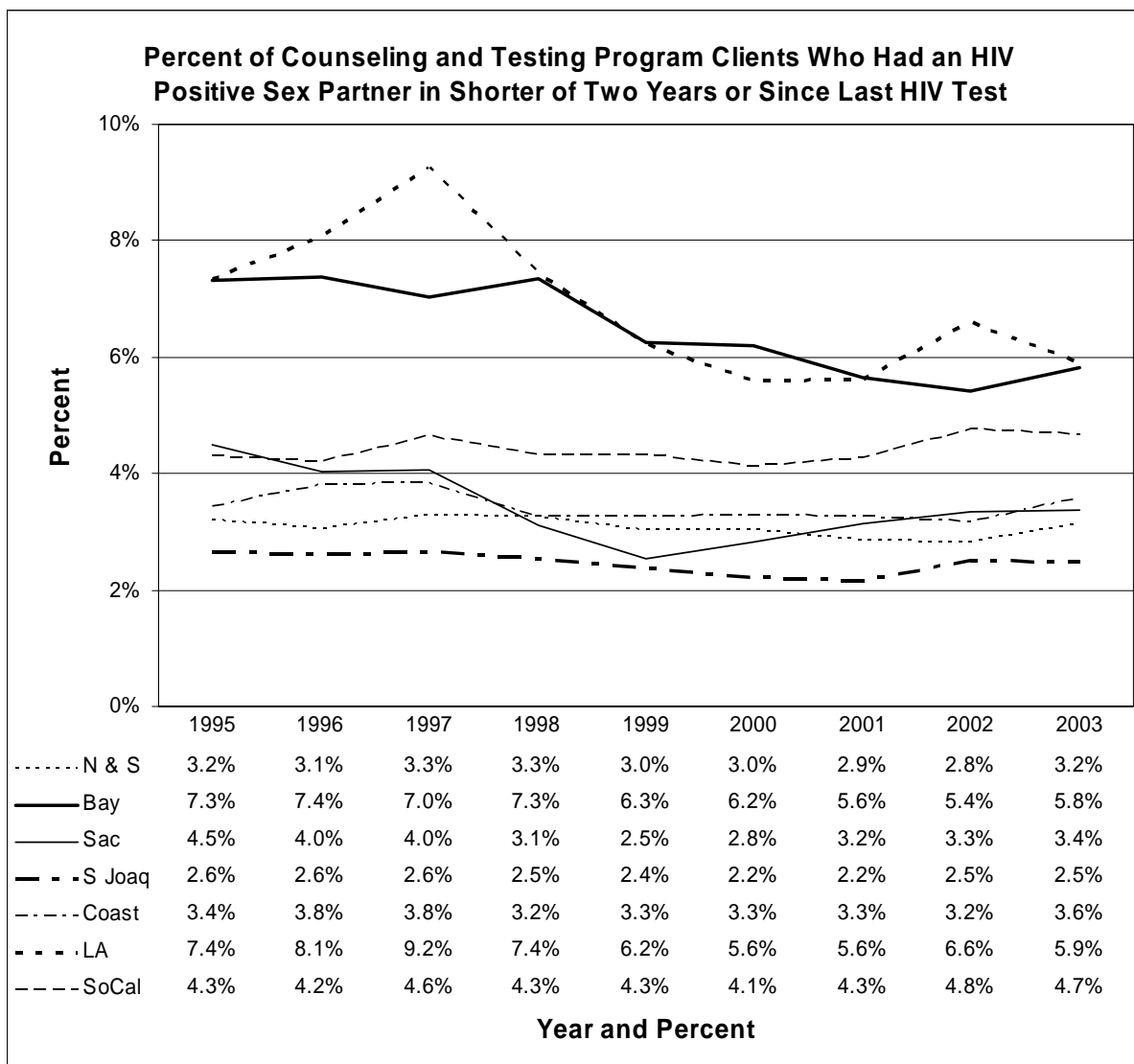
Domain: High Risk Sex

Question: To what extent do adults have sex partners who are infected with HIV?

Why it's important: Having sex partners with HIV increases the potential for HIV transmission.

How it's measured: Of Counseling and Testing Program clients, percent with HIV positive sex partners in the shorter of past two years or since last HIV test.

Findings: Percentages have been highest in Los Angeles and the Bay Area, with evidence of long-term decreases in those areas.



Sample Size: The smallest numbers come from the Northern and Sierra Counties where, in any given year, 246-355 individuals reported having an HIV positive partner.

Strengths/Limitations: Findings may reflect a change in the composition of program clients.

Source: Counseling and Testing Program Data, California State Office of AIDS

Acknowledgment: Nancy Berman Lees

Indicator 4-1-5: Unprotected Receptive Anal Intercourse

Category: Risk-Taking and Protective Behaviors

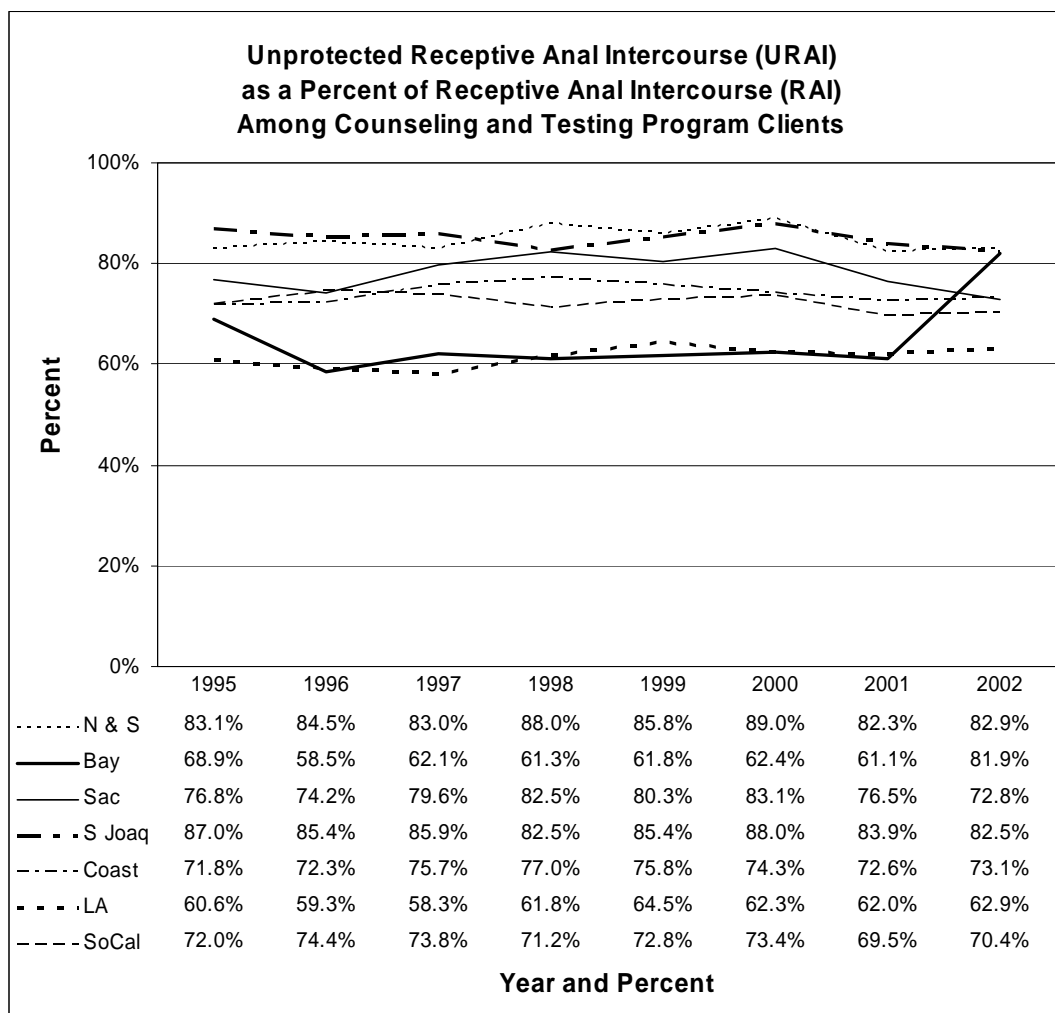
Domain: High Risk Sex

Question: To what extent do those who engage in receptive anal intercourse neglect to use condoms?

Why it's important: Failure to use a condom during anal intercourse substantially increases the risk of HIV transmission.

How it's measured: Among Counseling and Testing Program clients who report receptive anal intercourse (RAI) in the shorter of the past two years or since last HIV test, percent who report not using a condom.

Findings: Percentages have been especially high in the San Joaquin and Northern and Sierra regions. Over the most recent study year, the figure for the Bay area spike by twenty percentage points – a finding that suggests the possibility of error in data collection or manipulation.



Sample Size: The smallest numbers are from the Northern and Sierra Counties where, in any given year, 457-1145 clients reported URAI.

Strengths/Limitations: Findings may reflect a change in the composition of program clients, for example, a trend toward increased focus on high risk populations. The data do not consider whether URAI was within monogamous relationships or with casual partners.

Source: Counseling and Testing Program Data, California State Office of AIDS

Acknowledgment: Nancy Berman Lees

Indicator 4-2-1: Needle Sharing among Injection Drug Users

Category: Risk-Taking and Protective Behaviors

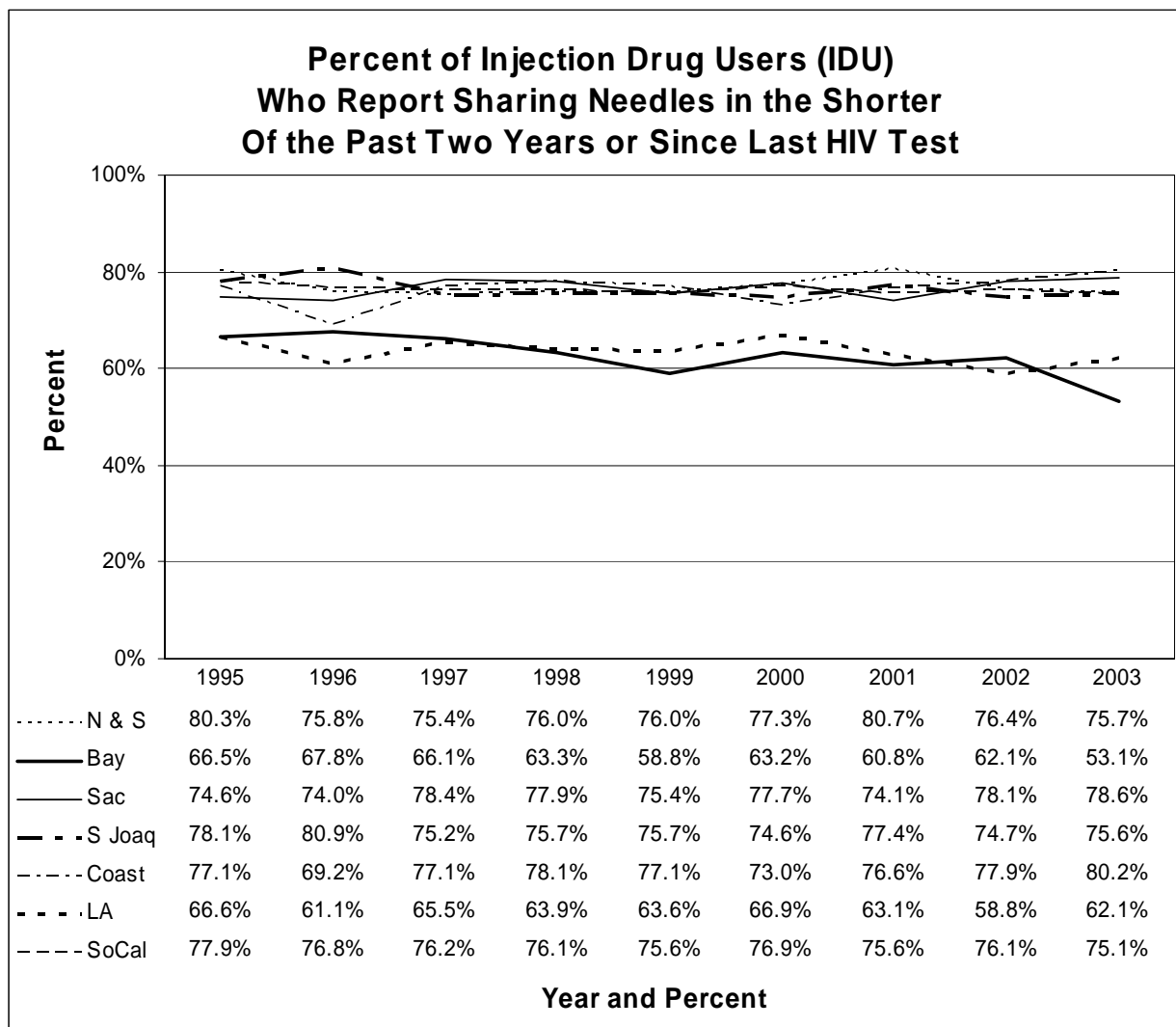
Domain: Needle Sharing

Question: To what extent do injection drug users share needles?

Why it's important: Needle sharing among injection drug users carries a risk of HIV transmission.

How it's measured: Among Counseling and Testing Program clients who report injection drug use (IDU) in the shorter of the past two years or since last HIV test, percent who report having shared needles.

Findings: Overall percentages are high. Percentages for the Bay Area and Los Angeles have been consistently lower than in other regions, with some evidence of a decline over time in Los Angeles.



Sample Size: The smallest numbers are from the Central Coast where, in any given year, 459-1095 clients reported having shared needles.

Strengths/Limitations: Findings may reflect a change in the composition of program clients. The data do not consider whether needle sharing included bleaching of apparatus or sharing with exclusive partners.

Source: Counseling and Testing Program Data, California State Office of AIDS

Acknowledgment: Nancy Berman Lees

Indicator 5-1-1: Number of New HIV Infections

Category: Disease Impacts

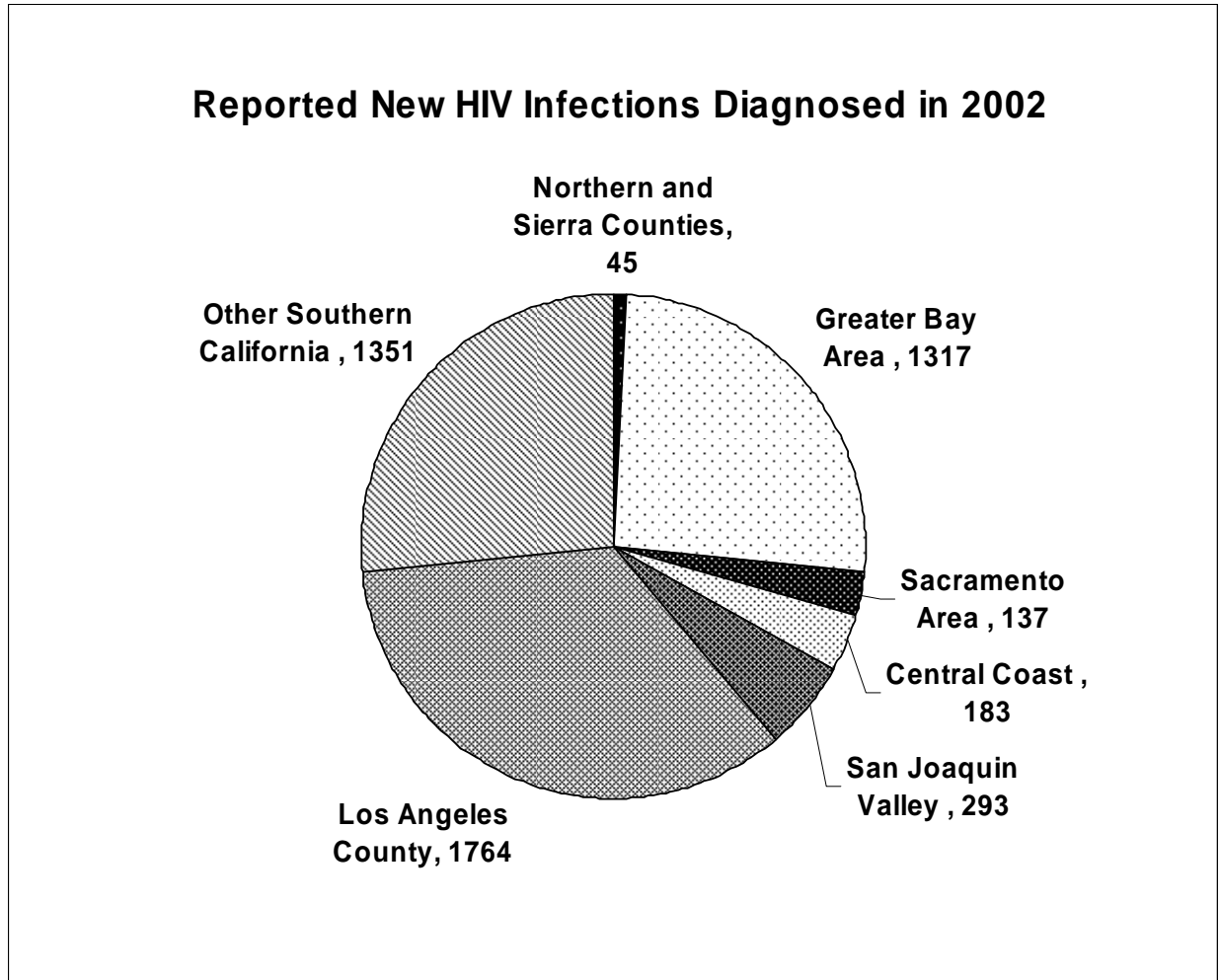
Domain: New Infections

Question: To what extent has number of new HIV infections changed over time?

Why it's important: Successful HIV prevention reduces the rate of new HIV infections.

How it's measured: Number of new HIV infections reported to the Non-Names HIV Reporting System by year of diagnosis.

Findings: 5,090 new cases were reported for the year 2002. About 35% were reported from Los Angeles County, and about 26% each from the Bay Area and Other Southern California regions.



Strengths/Limitations: Because the HIV reporting system is new, the extent of under-reporting is unknown.

Source: California State Office of AIDS, Non-Names HIV Reporting System

Acknowledgment: A. Nakamura

Indicator 5-1-2: New HIV Cases Identified in the Counseling and Testing Program

Category: Disease Impacts

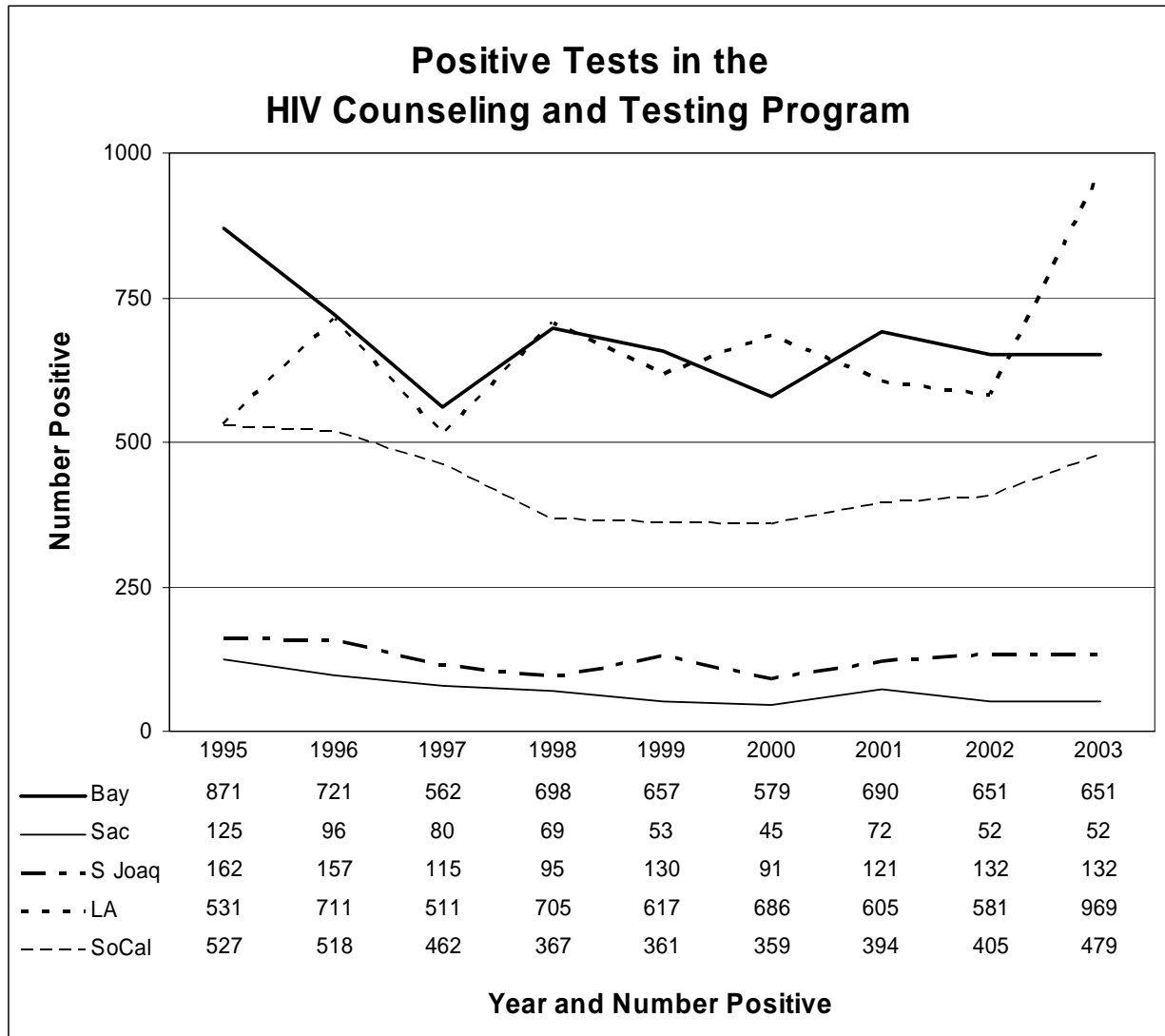
Domain: New Infections

Question: To what extent has the number of new HIV infections changed over time?

Why it's important: Successful HIV prevention reduces the rate of new HIV infections.

How it's measured: Number of positive HIV tests annually in the HIV Counseling and Testing Program among clients who have not previously tested positive.

Findings: While the number of newly detected cases declined over the longer term in most regions, a sharp increase was observed in 2003 in Los Angeles County.



Strengths/Limitations: Recent increases may reflect improved outreach to higher risk populations.

Source: Counseling and Testing Program Data, California State Office of AIDS

Acknowledgment: Nancy Berman Lees, Christine Dahlgren

Indicator 5-1-3: New HIV Infections per 100 Person-Years at Risk

Category: Disease Impacts

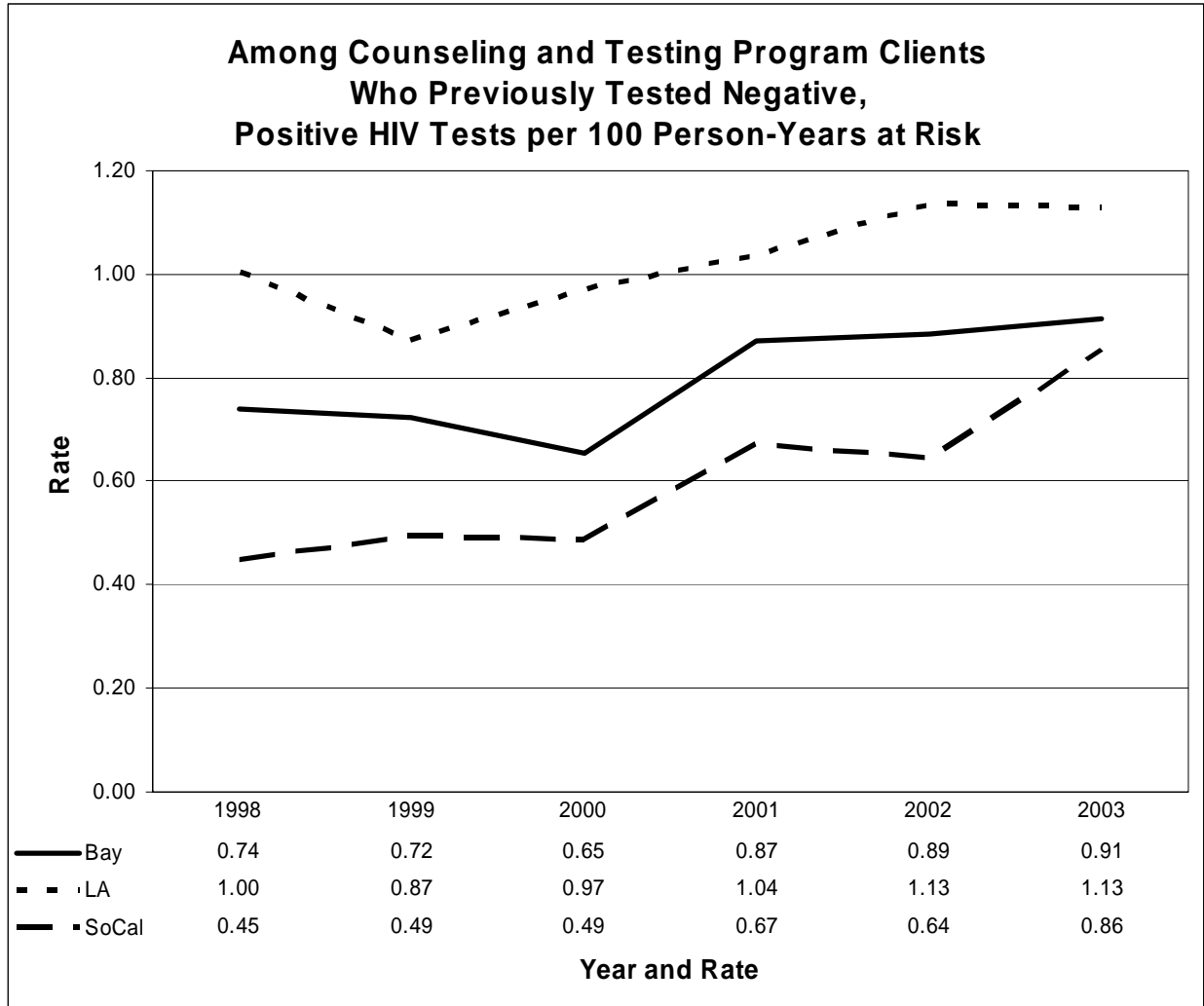
Domain: New Infections

Question: To what extent has incidence of new HIV infection changed over time?

Why it's important: Successful HIV prevention reduces the rate of new HIV infections.

How it's measured: Number of positive HIV tests per 100 person-years at risk among Counseling and Testing Program clients who state that they had a prior negative test and give the date of that test as at least two months ago and not more than 5 years ago.

Findings: Rates in recent years have been edging upward.



Sample Size: The smallest numbers are from the Southern California region where, in any given year, 155-219 new cases met the study criteria.

Strengths/Limitations: Findings may reflect a change in the composition of program clients, for example, a trend toward increased focus on high risk populations.

Sources: Counseling and Testing Program Data, California State Office of AIDS

Acknowledgment: Nancy Berman Lees, Christine Dahlgren

Indicator 5-1-4: Primary and Secondary Syphilis

Category: Disease Impacts

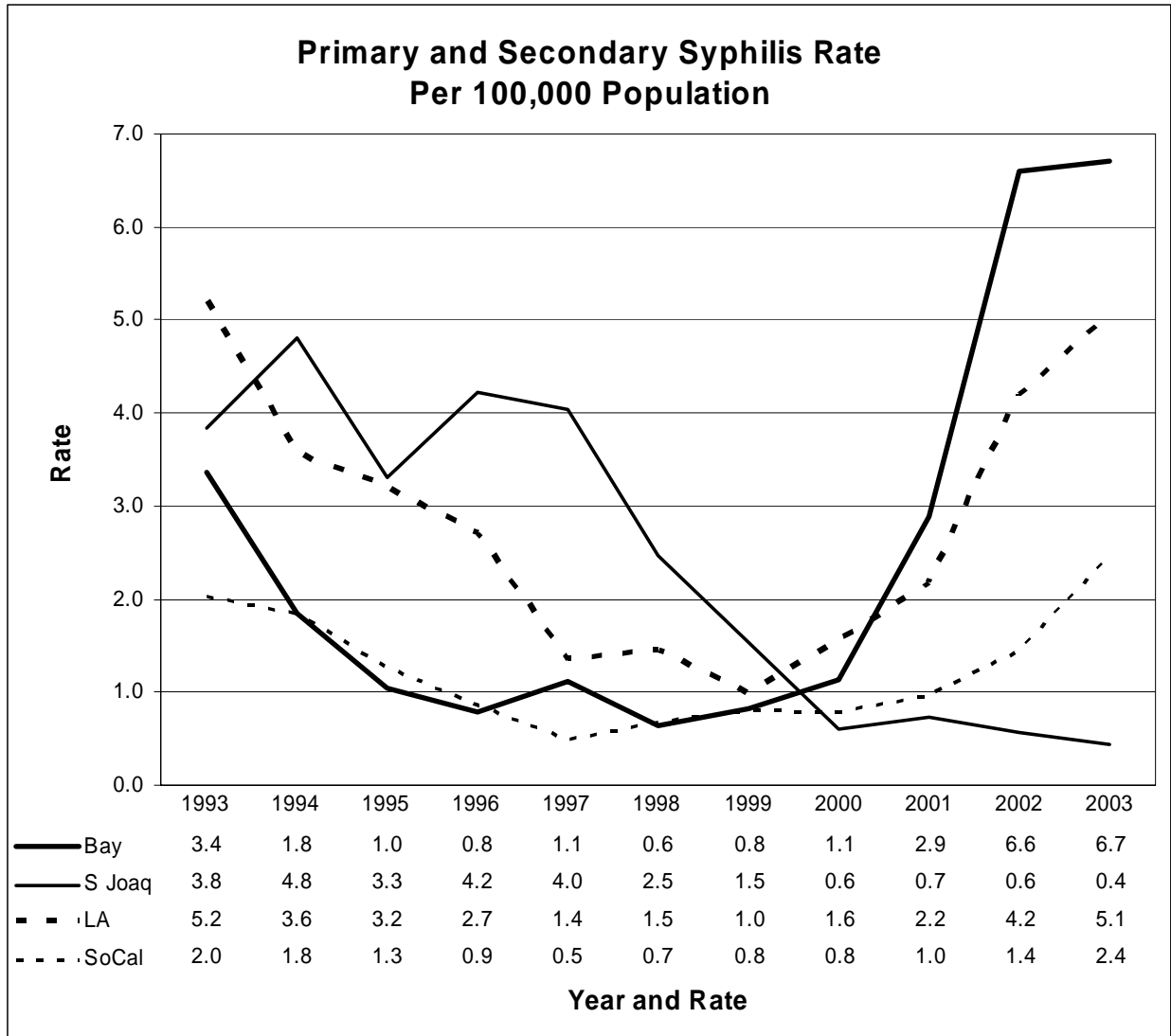
Domain: New Infections

Question: To what extent has incidence of syphilis infections changed over time?

Why it's important: Changes in the rate of new syphilis infections are believed to parallel changes in the rate of new HIV infections.

How it's measured: Number of newly detected cases of primary and secondary syphilis per 100,000 population.

Findings: Rates for all regions declined during the 1990s. In more recent years, rates have increased in all but the San Joaquin region..



Sample Size: The smallest numbers comes from the San Joaquin region where, in any given year, 16-146 cases were detected.

Strengths/Limitations: Measurement does not include cases that elude detection in the early stages.

Sources: Data compiled from various publications of the California Department of Health Services STD Control Branch. Rates are based on California Department of Finance population estimates issued in 2003.

Indicator 5-2-1: New Diagnoses of AIDS

Category: Disease Impacts

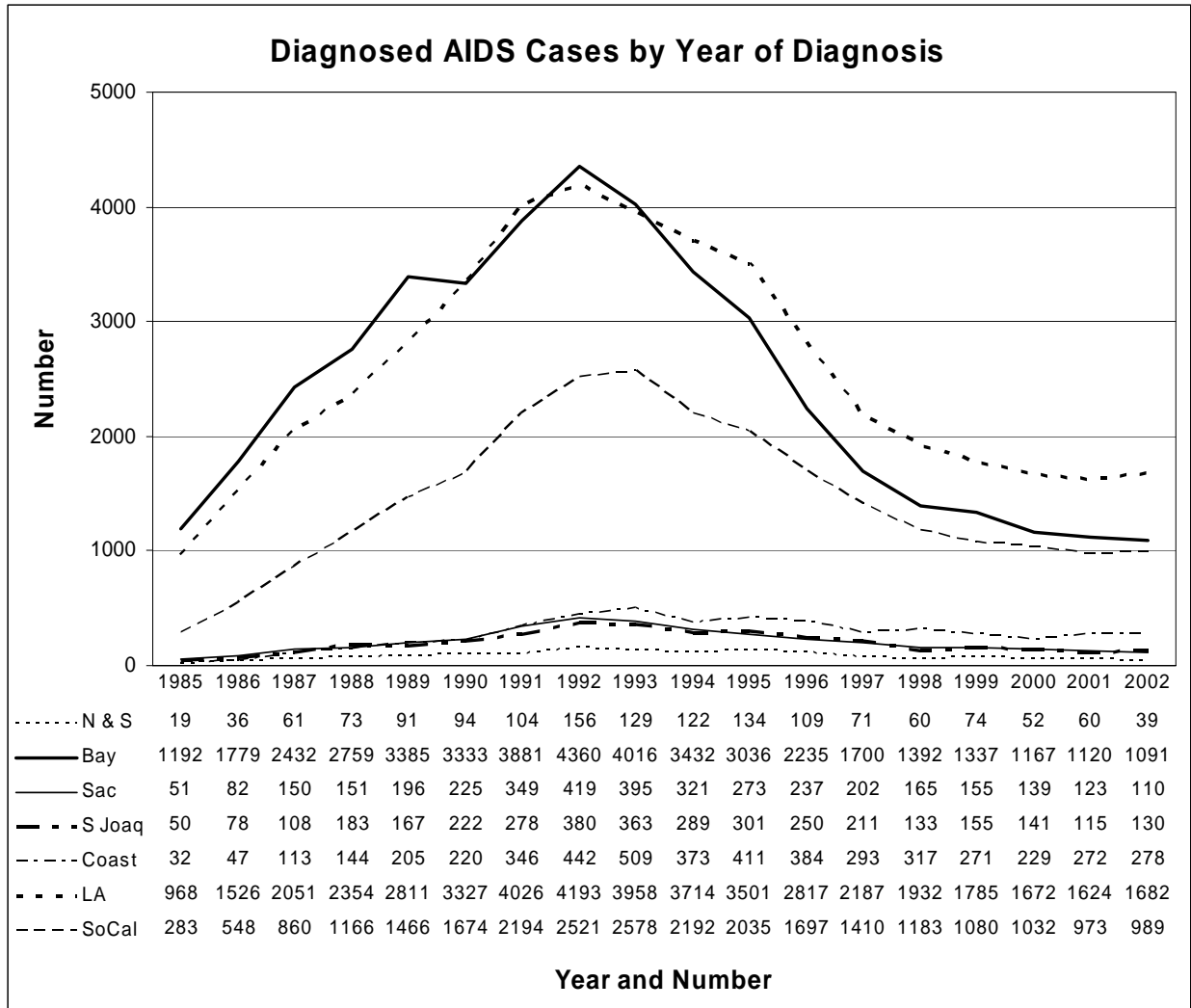
Domain: AIDS

Question: How many new cases of AIDS are diagnosed annually?

Why it's important: Over the longer term, HIV prevention reduces the number of new AIDS cases.

How it's measured: Number of newly diagnosed AIDS cases by year of diagnosis.

Findings: Following rapid increases up through 1992-93, the annual number of new AIDS cases substantially declined in all regions.



Strengths/Limitations: The decline in the number of new AIDS cases since 1992-93 results from widespread use of anti-viral medications and tells us little about the current spread of HIV.

Sources: California Department of Health Services, Office of AIDS-HIV/AIDS Case Registry, August 31, 2004. Run Date: October, 2004.

Acknowledgment: A. Nakamura

Indicator 5-2-2: Number of Persons Living with AIDS

Category: Disease Impacts

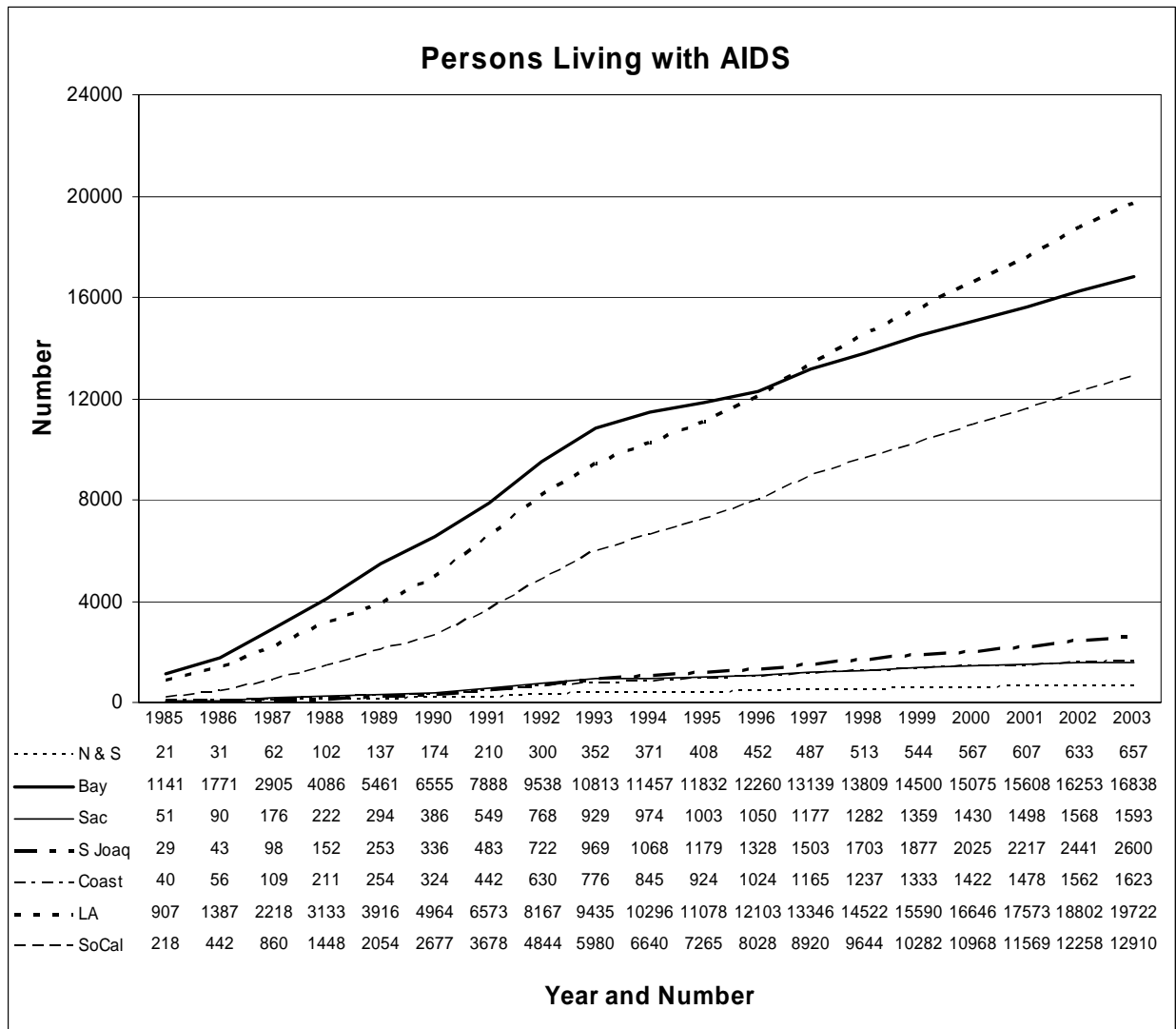
Domain: AIDS

Question: How many people are living with AIDS?

Why it's important: The number of persons living with AIDS presents difficult public policy choices, particularly in regard to financing of AIDS-related services.

How it's measured: Number of persons living with AIDS at end of year.

Findings: The number of persons living with AIDS is increasing at a regular pace, and is estimated to approach 56,000 at the end of 2003. Note that counts for Los Angeles are increasing more rapidly than counts for the Bay Area.



Strengths/Limitations: The estimated number of persons living with AIDS relies on the AIDS Case Registry and is calculated from annual new cases and annual reported deaths. The measure tells us little about the current spread of HIV.

Sources: California Department of Health Services, Office of AIDS-HIV/AIDS Case Registry, August 31, 2004. Run Date: October, 2004.

Acknowledgment: A. Nakamura

Indicator 5-2-2: Deaths of Persons with AIDS

Category: Disease Impacts

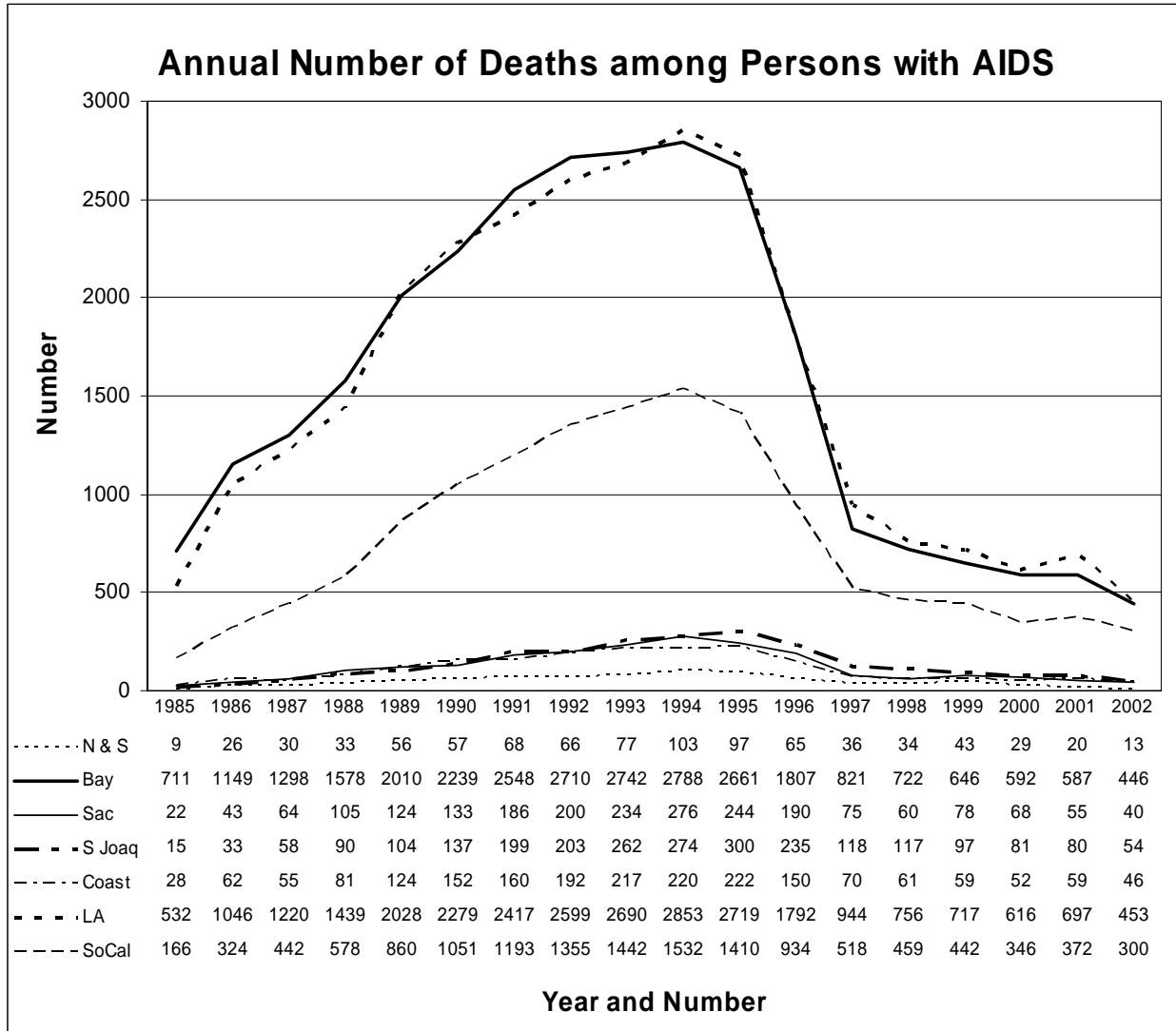
Domain: AIDS

Question: How many people with AIDS die each year?

Why it's important: Over the longer term, HIV prevention reduces the number of deaths among persons with AIDS.

How it's measured: Annual number of deaths among people with AIDS.

Findings: Following rapid increases up through 1994, the annual number of deaths dropped precipitously.



Strengths/Limitations: The measure includes all deaths of persons with AIDS, and does not restrict to deaths as a consequence of AIDS. The rapid decline in the number of deaths after 1994 results from widespread use of anti-viral medications and, thus, tells us little about the current spread of HIV.

Sources: California Department of Health Services, Office of AIDS-HIV/AIDS Case Registry, August 31, 2004. Run Date: October, 2004.

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