California HIV Prevention Indicators: Brief Report #5

California HIV/AIDS Research Program, University of California
Office of AIDS, California Department of Public Health

February, 2008

This is the fifth of a continuing series of brief reports on California HIV Prevention Indicators, a collaborative effort of the California HIV/AIDS Research Program (CHRP) and the California Department of Public Health, Office of AIDS (CDPH/OA). While the primary emphasis of this document is to report on indicator trends (see pages 7-8), information from a variety of sources is included to supplement the indicator data. For additional information, the reader should review the materials available at CHRP's website http://chrp.ucop.edu/indicators.html

Summary. Until the mid-1990s, California made substantial progress toward preventing new HIV infections. However, in more recent years, self-reported frequency of high risk sexual behaviors increased, and use of methamphetamines is now more widespread. Injection drug use and needle sharing appear to have declined. The estimated number of Californians living with HIV continues to increase, as does the number of persons living with AIDS. Recent encouraging data demonstrate that rapid HIV testing may help to substantially reduce the number of people with HIV who do not know they are infected.

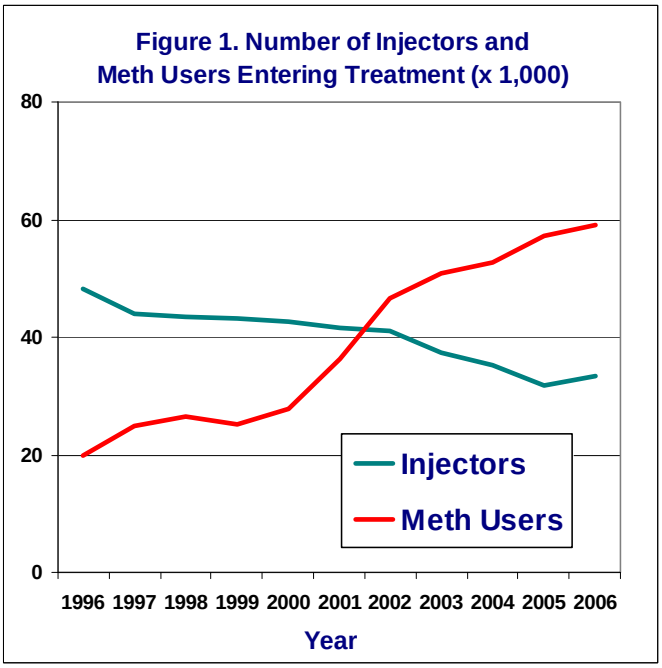
Populations: Numbers in High Risk Groups. In three separate iterations of the California Health Interview Survey, 389,000-426,000 adult men in California self-identified as gay or bisexual.[1] Expert consensus placed the total number of men who have ever had sex with another man at about 800,000, and the size of the male-to-female transgendered population at 1,500-5,000.[2]

A statewide telephone survey in 2000 found that about 0.8% (95% confidence interval: 0.3%-1.2%) of adults in California injected non-prescription drugs in the past 12 months,[3] suggesting that California had about 200,000 injection drug users (IDU). This figure is lower than an expert consensus estimate of 300,000.[2]

From 1996 through 2006, the number of unduplicated IDU entering treatment during the year declined from 48,000 to 33,000; and the number of methamphetamine users entering treatment increased from 20,000 to 59,000 (Fig. 1).[4] Note that the two groups can overlap, and that counts for 2006 are slightly inflated due to improved record-keeping.

Analysis of data from prior editions of these indicator reports indicates that the number of African American methamphetamine users entering treatment has been constant, and that the increases have been mainly among Latinos (4-fold increase through 2003) and non-Hispanic whites (2-fold increase).[5] While there have been increases in all regions of California, most of the increase through 2003 has been in the San Joaquin Valley and Southern California, including Los Angeles.[6]

Figure 1. Number of Injectors and Meth Users Entering Treatment (x 1,000)



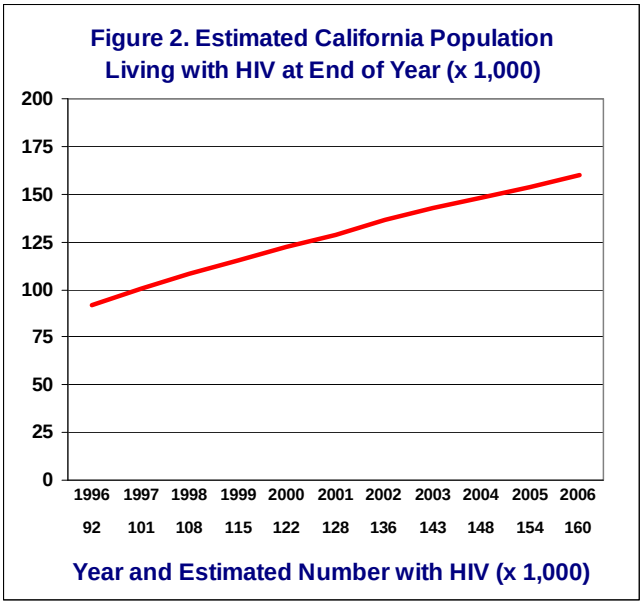
From 1996 to 2006, the population in state prisons and local jails increased from 218,000 to 249,000.[7]

Populations: Prevalence of HIV Infection. CHRP estimates that 160,000 Californians were living with HIV at the end of 2006. The estimate is derived from CDC models of the national epidemic applied to California,[8] and it includes persons with and without AIDS, and those who do not know they are infected. The number increased by 74% from about 92,000 at the end of 1996 (Fig. 2).

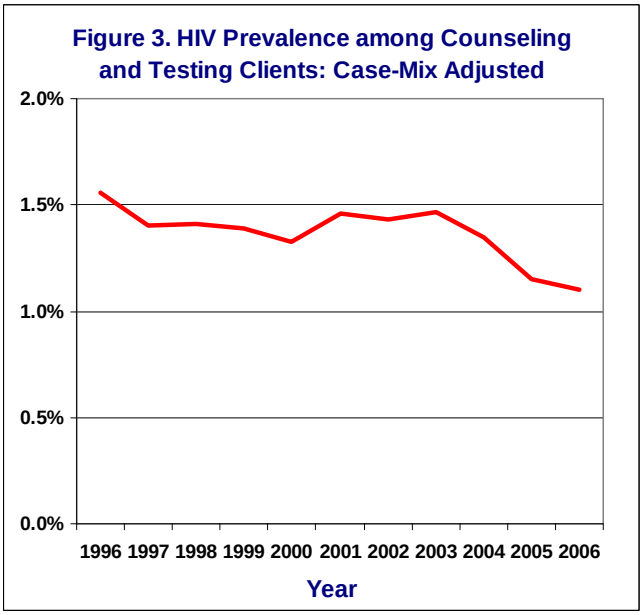
A California population survey, sponsored by OA in 2000, suggested that about 150,000 adults carried the virus, but the confidence interval for the estimate was very wide (95% confidence interval: 25,000-274,000) and the survey question addressed only individuals who had previously tested for HIV.[9]

In 1997, an expert consensus group estimated HIV prevalence for 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.[2] Venue-based surveys of adult MSM in Los Angeles and San Francisco

in 2004 found self-reported HIV prevalence of 12% and 17%, respectively.[10,11]



Surveys of childbearing women from 1988 to 1998 found 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.[12]



In 2006, about 1.1% of HIV Counseling and Testing (C&T) Program clients tested positive for HIV (Fig. 3). After adjusting for changes over time in the mix of C&T clients across 16 groups ranked by degree of HIV risk, that figure declined overall from 1.6% in 1996. While women in the C&T Program were less likely than men to test positive for HIV (about 0.33% in 2006), the case-mix adjusted percentage climbed from 0.39% in 1996 to 0.58% in 2003.[13]

From prior iterations of this report, we know that, in comparison to non-Hispanic Whites in 2003, African Americans were about 1.7 times as likely to test positive for HIV and Latinos about 1.4 times as likely.[5]

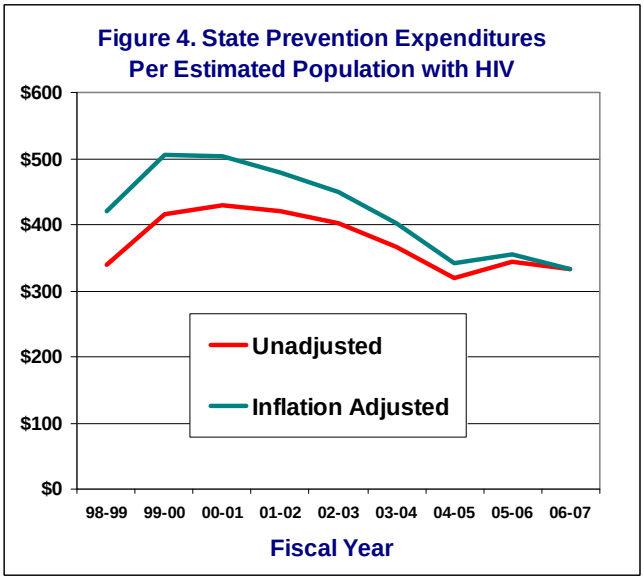
Annual surveys at sexually transmitted disease clinics, when standardized for locations sampled (excluding LA and SF), suggest a decline in HIV prevalence from 1992 to 1998 from 1.6% to 0.8%. However, by 2001, estimated prevalence increased to 1.4%.[14]

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.[15] While intervening changes in testing policies preclude direct comparison, in 2005, 3.7% of those tested were HIV-positive, and 93% of those cases were among MSM.[16]

The total number of HIV cases detected in San Francisco increased from about 500 in 1999 to 1,984 in 2003.[17] While in 2001 only two cases of HIV were detected per 100,000 blood donations in the San Francisco Bay Area, 10 per 100,000 were detected in 2003. By the year 2006, the rate decreased to three per 100,000.[18]

Among State prisoners, known HIV cases declined from 1.0% in 2000 to 0.7% in 2005.[19]

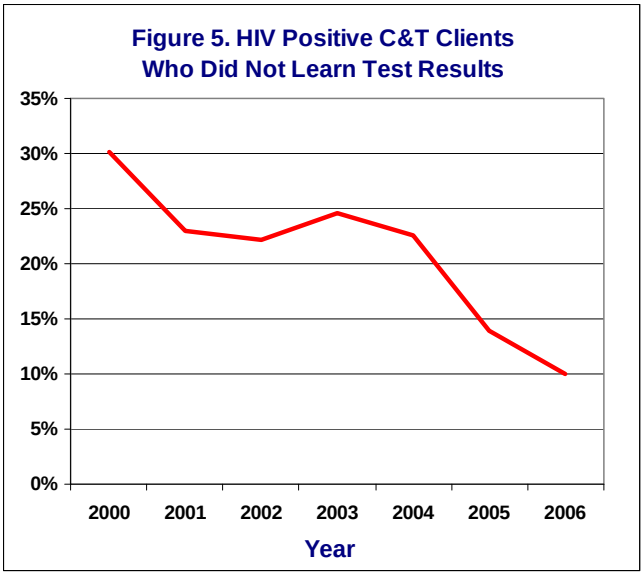
Prevention Interventions: Effort. Total federal and state funds committed to HIV prevention by the California State Office of AIDS fell from $54.8 million in FY 02-03 to $53.1 million in FY 06-07.[20] For each year, we divided total prevention expenditures by the estimated number of persons with HIV, and then used the Consumer Price Index to standardize costs to the most recent year. After adjusting for inflation, the annual expenditure peaked at $505 per person with HIV in FY 99-00 and declined to $332 per person by FY 06-07 (Fig.4).



Prevention Interventions: Availability and Utilization. Analysis of data from the Behavioral Risk Factor Surveillance System indicates that the percent of adults under age 65 in California who reported testing for HIV in the past year declined from about 21% in 1996 to 14% in 2005.[21] Among MSM, surveys in 2004 indicate that 58% in Los Angeles and 57% in San Francisco tested for HIV in the past year. Among IDU, surveys indicate that 39% in Los Angeles and 76% in San Francisco tested for HIV in the past year.[10,11]

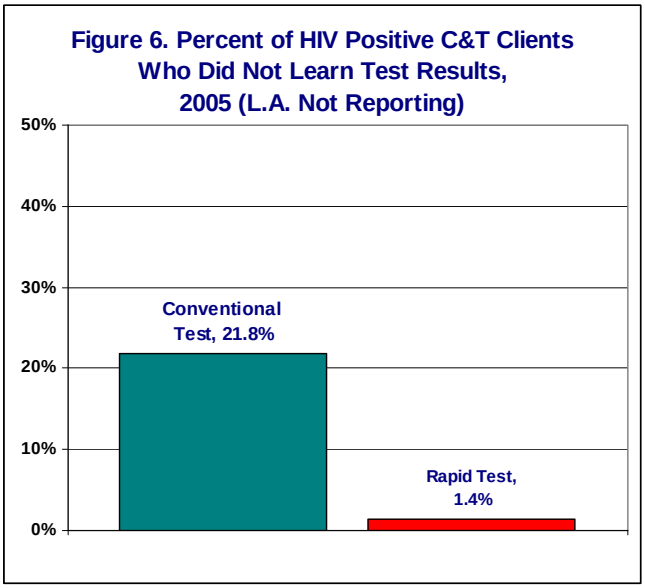
The annual volume of HIV tests among high-risk clients in the statewide Counseling and Testing (C&T) Program declined from 71,900 in 2003 to 58,300 in 2006. From 2000 to 2006, the number of high-risk clients tested in the program who were referred by outreach services declined from 10,700 to 7,300. In both cases, the figures for the latest two years are under-estimated due to late reporting of data.[13]

Prevention Interventions: Timeliness and Continuity. Data from the Counseling and Testing Program indicate that 24% of clients did not return for test results in 2003. By 2006, the figure dropped to 15%. Similarly, among HIV-positive testers, the percentage dropped from 25% to 10% (Fig. 5). The recent improvement likely results from deployment of rapid testing. In 2005, for example, almost 22% of clients given the conventional test did not obtain test results, compared to 1.4% of those who took the rapid test (Fig. 6).[13]

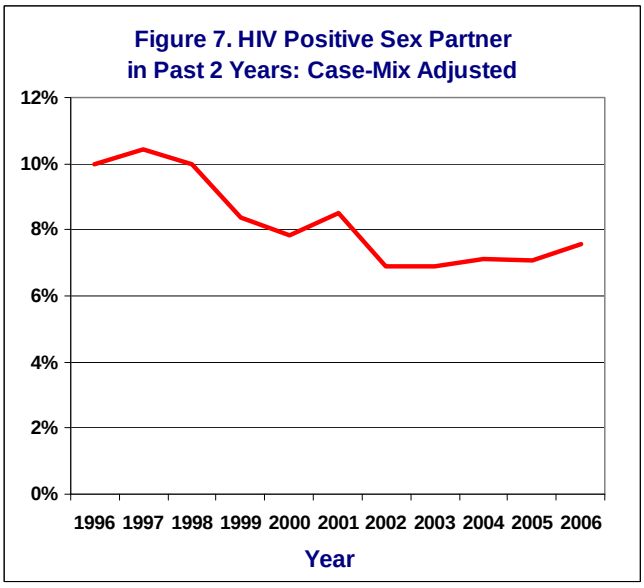


Data from the 1998 Survey of Childbearing Women suggest that, out of an estimated 337 childbearing women with HIV, about 69 (20%) did not receive antiretroviral therapy prior to childbirth to prevent transmission from mother to child (95% confidence interval: 41-109).[12]

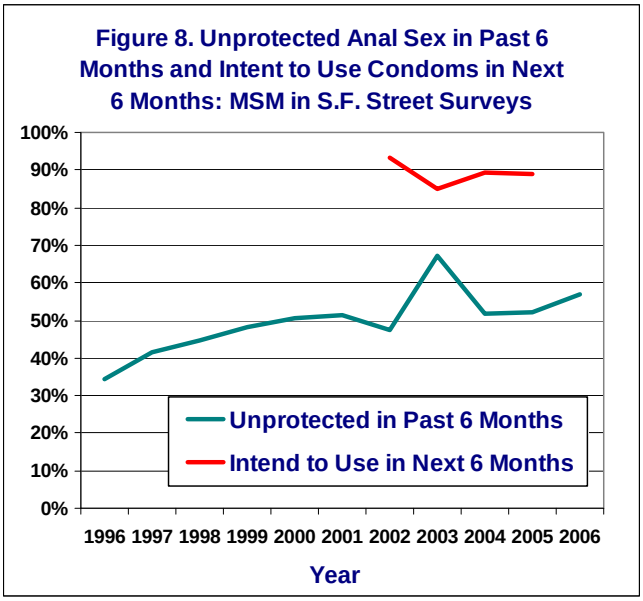
The number of new AIDS cases with a late diagnosis of HIV infection, measured as the number of new AIDS cases where the earliest positive HIV test was less than or equal to six months prior to the AIDS diagnosis, has steadily declined from about 3,600 in 1996 to 1,800 in 2006. The decline was primarily among the MSM population, and the more recent figures are affected by a general decline in the number of people who are newly diagnosed with AIDS, and by delays in reporting.[22]



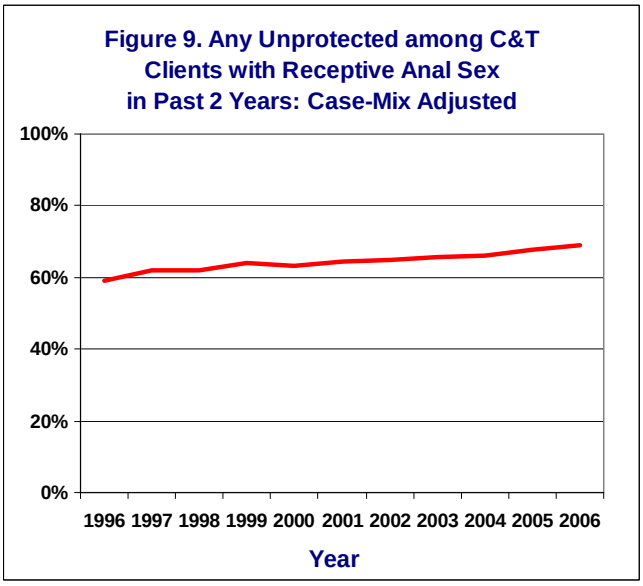
Risk-Taking and Protective Behaviors. Within the Counseling and Testing (C&T) Program, case-mix adjusted data suggest a fairly consistent decrease in the percent of clients who had an HIV positive sex partner in the prior two years. The percentage decreased from 10.4% in 1997 to 7.5% in 2006 (Fig. 7).[13]



A series of street-based convenience samples of MSM in San Francisco from 1996 through 2006 suggest a growing lack of protection, defined as any failure to use a condom, among those who practiced anal sex. However, of MSM who had more than one sex partner in the prior six months and who also practiced anal intercourse, intent to use condoms in the coming six months remained high (Fig. 8).[23]



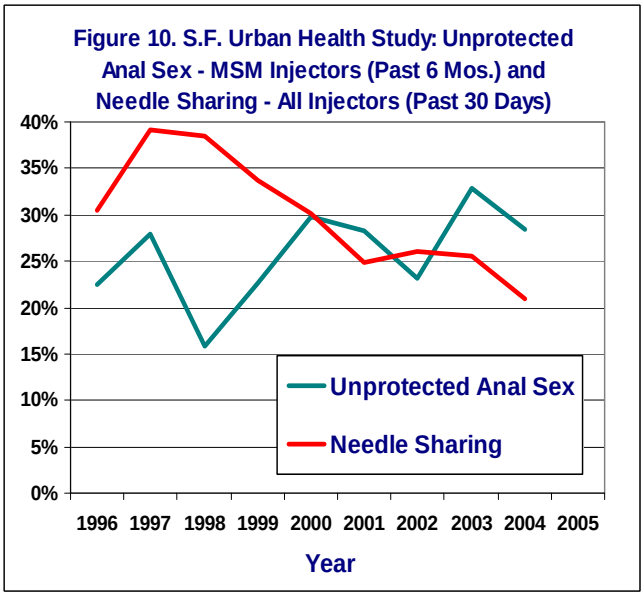
Case-mix adjusted data from the C&T Program suggest a slight, long-term trend toward lack of protection, defined as any failure to use a condom, among those who practiced receptive anal intercourse within the prior two years (Fig. 9).[13]



In Los Angeles, among MSM with AIDS who recently practiced anal intercourse, the percentage who failed to use protection increased from 11% in 2000 to 26% in 2003.[24]

Among injection drug users in the statewide C&T program, self-reported needle sharing in the past two years slowly declined from 73% in 1996 to 68% in 2006.[13] Surveys of injection drug users in Los Angeles and San Francisco in 2005 found that 33% and 23%, respectively, had shared needles in the past year.[10,11]

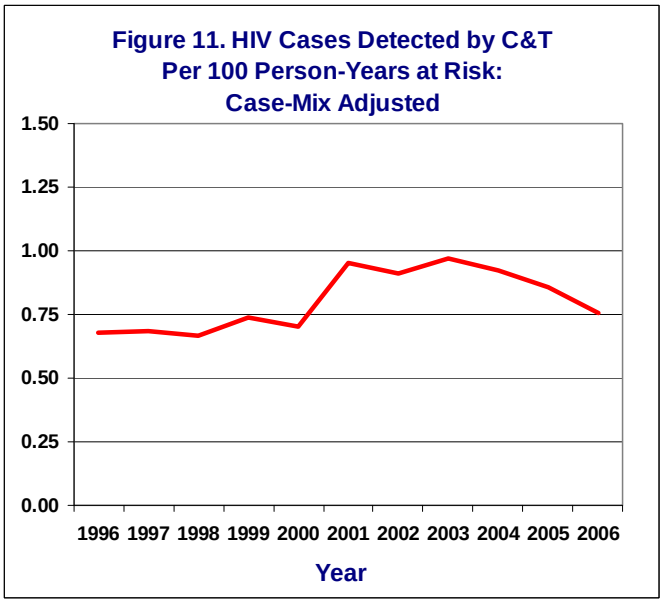
Repeated surveys of injectors in San Francisco suggest a trend toward unprotected anal sex among MSM injectors. Among all injectors, needle sharing became less common (Fig. 10).[25]



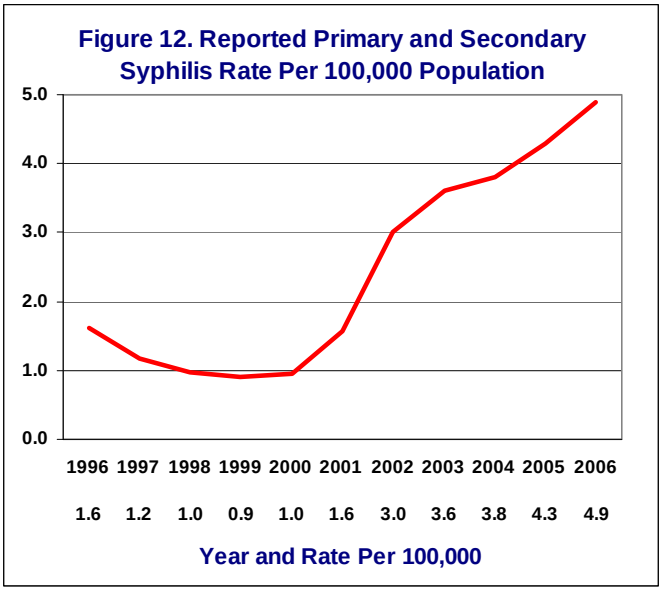
Surveys of MSM in Los Angeles and San Francisco in 2004 found that 14% and 22%, respectively, had used methamphetamines in the past year.[10,11]

Disease Impacts: New Infections. From 1996 through 1999, the number of HIV cases detected by the HIV Counseling and Testing Program steadily decreased from 2,836 to 1,734. The number increased to 2,237 by 2003, and has since declined to 1,366 in 2006. Counts for the most recent two years are low due to delays in reporting (Fig. 12).[13]

Case-mix adjusted data from the C&T program suggest an increase in new HIV infections per 100 person-years at risk among repeat testers from 0.68 in 1996 to 0.97 in 2003. The rate has since declined to 0.76 in 2006 (Fig. 11).[13]



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 4.9 per 100,000 in 2006 (Fig. 12). While HIV status is not known for many cases, 61% of MSM with syphilis tested positive for HIV in 2006.[26]

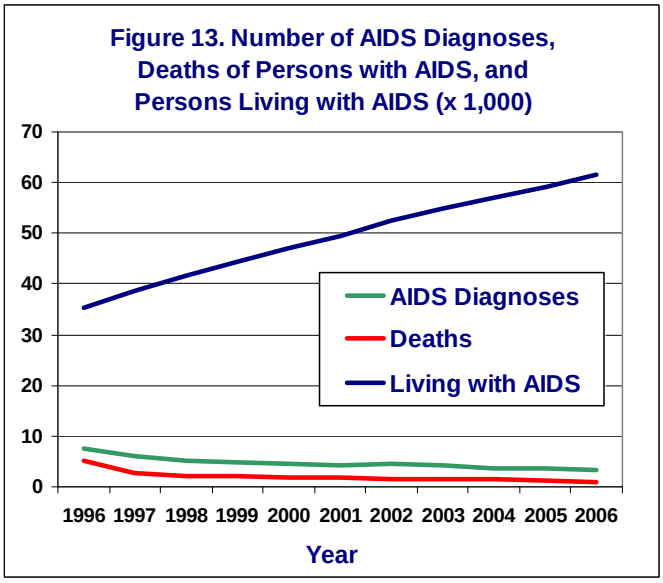


Studies of MSM (excluding IDU) at STD clinics in San Francisco point to declining HIV incidence from 1989 through 1996 and perhaps an increase up through 1998.[15] More recent analyses of 1998-2002 data from San Francisco and Los Angeles STD clinics did not detect increased HIV incidence among MSM with syphilis.[27]

Disease Impacts: AIDS. The annual number of new AIDS diagnoses peaked at 12,500 in 1992 and declined to about 3,200 in 2006. The number of deaths among persons with AIDS reached a high of over 7,900 in 1994, fell rapidly to 2,600 by 1997, and has since declined to about 1,000 in 2006 (Fig 13).[22] Because of reporting delays, figures for recent years must be regarded as preliminary.

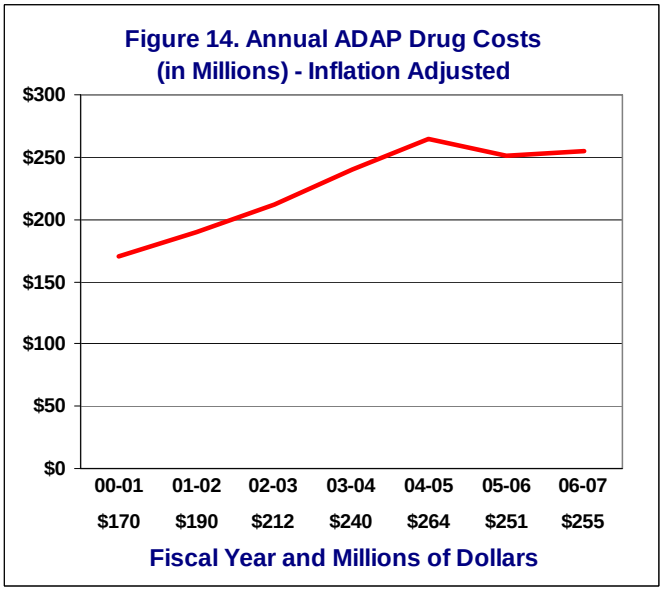
Because improved treatments for HIV delay or prevent progression to AIDS, diagnosed cases of AIDS are no longer a useful marker of recent trends in the epidemic. However, the number of persons living with AIDS is an important marker of the burden of the epidemic on the health services system.

The result 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 2006, about 61,500 individuals in California were living with AIDS, an increase of about 60% over the past decade (Fig. 13).[22]



At the end of 2003, about two-thirds of the persons living with AIDS were living in Los Angeles County or the San Francisco Bay Area. The largest percentage increase over the prior decade in the number living with AIDS was in the San Joaquin Valley (2.7-fold increase).[6,22]

As a consequence of the rapidly growing number of persons living with HIV/AIDS, the annual cost of drugs under the AIDS Drug Assistance Program (ADAP) increased by 76% from $145 million in FY 00-01 to $255 million in FY 06-07. When costs are adjusted for inflation, the increase was from about $170 million to $255 million. Implementation of Medicare Part D prescription benefits led to some savings over the past two years (Fig. 16).[28]



This report and other indicators reports can be downloaded from CHRP's page on California HIV Prevention Indicators: **http://chrp.ucop.edu/indicators.html**.

We welcome submission of relevant data from statewide and local studies on HIV prevention in California. Please submit comments or requests for additional information to:

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California HIV Prevention Indicators: February 2008

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
1-1. Populations: Numbers in High Risk Groups											
1-1-1. Men Ages 18-69 Reporting to be Gay or Bisexual (x 1000) (CHIS)[1]						407		389		426	
1-1-2. Persons Entering Treatment with Illicit Needle Use in Past 12 Months (x1000)[2]	48	44	43	43	43	42	41	37	35	32	33
1-1-3. Persons Entering Treatment Primarily for Methamphetamine Use (x1000)[2]	20	25	26	25	28	36	47	51	53	57	59
1-1-4. Persons in Custody of California State Prisons and Local Jails (x1000)	218	233	241	239	238	233	237	240	243	247	249
1-2. Populations: HIV Prevalence											
1-2-1. Estimated California Population Infected with HIV (x1000) (CHRP Estimate)	92	101	108	115	122	128	136	143	148	154	160
1-2-2. Adults Ages 18+ Who Said They Tested Positive as % of Those Ever Tested (AIDS KABB)					0.6%						
1-2-3. HIV Prevalence among MSM in a San Francisco Street Survey (Stop AIDS)			15%	14%	13%	13%	14%	13%	13%	13%	15%
1-2-4. HIV Prevalence among Counseling and Testing Program Clients (case-mix adjusted)	1.6%	1.4%	1.4%	1.4%	1.3%	1.5%	1.4%	1.5%	1.3%	1.2%	1.1%
1-2-5. HIV Prevalence in Samples from Selected STD Clinics - excl. LA and SF counties	1.0%	1.1%	0.8%	1.1%	1.0%	1.4%					
1-2-6. HIV Prevalence among Female Counseling and Testing Program Clients (case-mix adjusted)	0.39%	0.38%	0.40%	0.40%	0.41%	0.48%	0.47%	0.58%	0.47%	0.37%	0.33%
1-2-7. Estimated HIV Prevalence per 1000 Childbearing Women			0.65								
1-2-8. HIV Prevalence among Male Injectors in San Francisco (Urban Health Study)	11%	10%	10%	11%	12%	12%	13%	15%	13%		
1-2-9. Self-Reported HIV Prevalence among MSM (HIV Behavioral Surveillance System): Los Angeles[3]									12%		
San Francisco[3]									17%		
San Diego[3]									12%		
1-2-10. Self-Reported HIV Prevalence among Injectors (HIV Behavioral Surveillance System): Los Angeles[3,4]										1.4%	
San Francisco[3,4]										13%	
San Diego[3]										1.6%	
1-2-11. Inmates Known to be Positive for HIV in California Prisons	0.8%	0.9%	1.0%	1.0%	1.0%	0.8%	0.7%	0.7%	0.7%	0.7%	
1-3. Populations: Access to Health Care											
1-3-1. Persons Ages 18-64 Currently Uninsured (CHIS)						19%		19%		19%	
1-3-2. Gay and Bisexual Males Ages 18-64 Currently Uninsured (CHIS)						19%		20%		19%	
2-1. Interventions: Effort											
2-1-1. State Budget for HIV Prevention Programs (Millions - Federal and State funds)[5]			$37	$48	$53	$54	$55	$52	$48	$53	$53
2-1-2. State Budget for HIV Prevention Programs[5] - Adjusted to Consumer Price Index			$45	$58	$61	$61	$61	$57	$51	$55	$53
2-1-3. State Prevention Budget per Estimated Person with HIV - Unadjusted			$339	$417	$430	$420	$402	$367	$320	$345	$332
2-1-4. State Prevention Budget per Estimated Person with HIV - Adjusted to Consumer Price Index			$419	$505	$503	$478	$450	$402	$342	$356	$332
2-2. Interventions: Availability and Utilization											
2-2-1. Persons Ages 18-44 Who Tested for HIV in the Past Year (BRFSS)	21%	20%	21%	21%	19%	17%	15%	16%	17%	14%	
2-2-2. Persons Ages 18-69 Who Ever Tested for HIV (CHIS)										52%	
2-2-3. Gay and Bisexual Males Ages 18-69 Who Ever Tested for HIV (CHIS)										89%	
2-2-4. MSM Who Tested for HIV in Past Year (HIV Behavioral Surveillance System):[6] Los Angeles									72%		
San Francisco									71%		
San Diego									79%		
2-2-5. Injectors Who Tested for HIV in Past Year (HIV Behavioral Surveillance System): Los Angeles[3,4]										39%	
San Francisco[3,4]										76%	
San Diego[3]										60%	
2-2-6. HIV Tests of High Risk Clients in the Counseling and Testing Program (x1000)[7]	70.1	59.1	58.4	56.9	61.7	62.9	68.6	71.9	66.6	58.6	58.3
2-2-7. High Risk Clients Referred to Counseling and Testing by Outreach Projects (x1000)[7]			7.0	10.3	10.7	8.2	9.2	9.3	8.8	7.4	7.3
2-3. Interventions: Timeliness and Continuity											
2-3-1. Percent Who Did Not Return for HIV Test Results in Counseling and Testing Program (case-mix adjusted)			20%	22%	23%	23%	24%	24%	21%	18%	15%
2-3-2. Percent of HIV+ Who Did Not Return for HIV Test Results in Counseling and Testing Program			23%	29%	30%	23%	22%	25%	23%	14%	10%
2-3-3. AIDS Cases Where Earliest HIV+ Test Not More than 6 Months Prior to AIDS Diagnosis (x1000)	3.6	3.2	2.9	2.7	2.5	2.4	2.5	2.2	2.0	1.9	1.8
2-3-4. Estimated Untreated HIV Positive Childbearing Women per 10,000 Live Births			1.3								

Note 1. In 2001, the question was limited to adult males under age 65.

Note 2. In 2006, the Calif. Dept. of Alcohol and Drug Programs implemented a new data system.

Note 3. Local origin data.

Note 4. Adjusted for respondent driven sample.

Note 5. Fiscal year data reported in the earlier calender year (e.g. 2006 = FY06-07).

Note 6. Excludes those who self-reported as HIV+.

Note 7. Substantial under-reporting from Los Angeles County in 2005 and 2006.

California HIV Prevention Indicators: February 2008

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
3-1. Risk-Taking and Protective Behaviors: Intentions											
3-1-1. MSM Intent to Use Condoms for Anal Sex in a San Francisco Street Survey (Stop AIDS)[1]							93%	85%	89%	89%	
3-2. Risk-Taking and Protective Behaviors: High Risk Sex											
3-2-1. Persons Ages 18-69 with More than One Sex Partner in Past 12 Months (CHIS)								9.0%		8.7%	
3-2-2. Gay and Bisexual Males Ages 18-69 with More than One Sex Partner in Past 12 Months (CHIS)								44%		46%	
3-2-3. Adults Ages 18+ Who Had Casual Sex in Last Year and Didn't Use Condom (AIDS KABB)					4.9%						
3-2-4. Any Unprotected among MSM Reporting Anal Intercourse in Past 6 Months (Stop AIDS)	34%	42%	45%	48%	51%	51%	47%	67%	52%	52%	57%
3-2-5. MSM with High Risk, Potentially Discordant Sex in the Past Year in a San Francisco Street Survey (Stop AIDS)[2]											7.3%
3-2-6. MSM with High Risk, Potentially Discordant Sex in the Past Year (HIV Behavioral Surveillance System): San Francisco[2,3]									5.7%		
3-2-7. MSM with Unprotected Anal Sex with Casual Partner in the Past Year (HIV Behavioral Surveillance System): Los Angeles[4]									20%		
San Francisco[4]									22%		
San Diego[4]									18%		
3-2-8. MSM with Unprotected Vaginal or Anal Sex with Female Partner in the Past Year (HIV Behavioral Surveillance System): Los Angeles[4]									4.9%		
San Francisco[4]									4.0%		
San Diego[4]									5.1%		
3-2-9. Counseling and Testing Clients with More than Five Sex Partners (case-mix adjusted)[5]	14%	15%	17%	17%	18%	23%	24%	25%	22%	22%	23%
3-2-10. Counseling and Testing Clients with HIV+ Sex Partner in Past 2 Years (case-mix adjusted)	10.0%	10.4%	10.0%	8.4%	7.8%	8.5%	6.9%	6.9%	7.1%	7.1%	7.5%
3-2-11. Any Unprotected - Counseling and Testing Clients with Receptive Anal Sex in Past 2 Years (case-mix adj.)	59%	62%	62%	64%	63%	64%	65%	65%	66%	68%	69%
3-2-12. Any Unprotected Anal Sex in Past Six Months among MSM Injectors in San Francisco (Urban Health Study)	23%	28%	16%	23%	30%	28%	23%	33%	28%		
3-2-13. Injection Drug Users Who Had Unprotected Sex in Past Year (HIV Behavioral Surveillance System): Los Angeles[3,6]										46%	
San Francisco[3,6]										49%	
San Diego[3]										63%	
3-2-14. Any Unprotected among Young San Francisco Injectors Who Had Sex in Last Three Months (UFO Study)					71%	76%		61%	73%	89%	83%
3-3. Risk-Taking and Protective Behaviors: Drug Use											
3-3-1. Needle Sharing in Past 30 Days among San Francisco Injectors (Urban Health Study)	31%	39%	38%	34%	30%	25%	26%	26%	21%		
3-3-2. Young San Francisco Injectors Who Borrowed a Used Needle in Last 3 Months (UFO Study)					47%	36%		47%	35%	46%	34%
3-3-3. Injection Drug Users Who Shared Needles in Past Year (HIV Behavioral Surveillance System): Los Angeles[3,6]										33%	
San Francisco[3,6]										23%	
San Diego[3]										74%	
3-3-4. Injection Drug Users Who Shared Needles in Past 2 Years - Counseling and Testing Program	73%	73%	70%	69%	71%	71%	69%	67%	65%	64%	68%
3-3-5. MSM Who Used Meth in Past 6 Months in a San Francisco Street Survey (Stop AIDS)[7]								18%	13%	10%	10%
3-3-6. MSM Who Used Meth in Past Year (HIV Behavioral Surveillance System): Los Angeles[3]									14%		
San Francisco[3]									22%		
San Diego[3]									16%		
4-1. Disease Impacts: New Infections											
4-1-1. HIV Cases Detected by Counseling and Testing Program[8]	2,836	2,007	1,772	1,734	1,835	2,052	2,114	2,237	1,875	1,436	1,366
4-1-2. New HIV Cases Detected by Counseling and Testing per 100 Person-Years at Risk (case-mix adjusted)	0.68	0.69	0.67	0.74	0.70	0.95	0.91	0.97	0.93	0.85	0.76
4-1-3. New Primary and Secondary Syphilis Reports per 100,000 Population	1.6	1.2	1.0	0.9	1.0	1.6	3.0	3.6	3.8	4.3	4.9
4-1-4. HIV Positive as Percent of Primary and Secondary Syphilis Cases among MSM					44%	56%	60%	60%	58%	60%	61%
4-1-5. Gonorrhea Reports per 100,000 Population	58	56	59	56	63	67	70	71	84	92	90
4-2. Disease Impacts: AIDS											
4-2-1. Persons Diagnosed with AIDS (x1000)	7.6	5.9	5.1	4.8	4.5	4.4	4.6	4.3	3.8	3.5	3.2
4-2-2. Persons Living with AIDS at end of year (x1000)	35.3	38.7	41.6	44.3	47.0	49.4	52.4	55.0	57.1	59.3	61.5
4-2-3. Deaths of Persons with AIDS from Any Cause (x1000)	5.1	2.6	2.2	2.1	1.9	1.9	1.7	1.6	1.7	1.3	1.0
4-3. Disease Impacts: Cost of Care											
4-3-1. AIDS Drug Assistance Program Expenditures for Drugs (millions)[9] - unadjusted					$145	$167	$189	$219	$247	$243	$255
4-3-2. AIDS Drug Assistance Program Expenditures for Drugs (millions)[9] - adjusted to Consumer Price Index					$170	$190	$212	$240	$264	$251	$255

Note 1. Among MSM with 2+ partners and who practiced anal intercourse in past six months.
Note 2. HIV+ with unprotected insertive sex with HIV- or unknown status partner; or not HIV+ with unprotected receptive sex with HIV+ or unknown status partner.
Note 3. Local origin data.
Note 4. Excludes those who self-report as HIV+. Source: MMWR Vol 55, No SS-6.
Note 5. Over past 12 months for years 1995-2000. Starting 2001, over the shorter of past two years or since last HIV test.
Note 6. Adjusted for respondent driven sample.
Note 7. Data for 2006 are through June.
Note 8. Substantial under-reporting from Los Angeles County in 2005 and 2006.
Note 9. Fiscal year data reported in the earlier calender year (e.g. 2006 = FY06-07).