



Annual AIDS and HIV Surveillance Report, 2007

An epidemiologic profile of Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) in Santa Cruz County, California from 1983 to 2006.



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Frequently Used Abbreviations:

The following abbreviations are used throughout this report:

Abbreviation	Meaning
HIV	Human immunodeficiency virus
AIDS	Acquired immunodeficiency syndrome: an HIV positive person is considered to have AIDS by the presence of one of several opportunistic infections commonly associated with advanced HIV disease, a CD4 T-lymphocyte count of 200 or less per μL , or a total CD4 percentage of total lymphocytes of less than 14.
Cumulative AIDS cases	All persons diagnosed with AIDS (dead or alive)
PLWA	Persons presumed living with AIDS; prevalent cases
HAART	Highly active antiretroviral therapy

Race and Ethnicity:

These categories have been chosen based on the design of the statewide HIV/AIDS database and 2000 Census population data. Persons are either Latino or non-Latino; Latino includes all races while non-Latino races are further categorized. The mutually exclusive race/ethnic origin categories are as follows:

Abbreviation	Meaning
White	White
Latino	Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture regardless of race
AI/AN	American Indian or Alaska native
Asian/PI	Asian, native Hawaiian or Pacific Islander
Black	Black, African American, or negro
Other/Unknown	Multiple races or unknown or a race not listed

Mode of Transmission:

Some of these abbreviations are commonly used among professionals, such as MSM. Cases are counted only once in the hierarchy of transmission categories (order listed below; however MOT is not part of the hierarchy since it corresponds to pediatric cases only). Persons with more than one reported risk factor for HIV infection are classified in the transmission category listed first in the hierarchy. The exception is men who report sexual contact with other men and injection drug use; this group makes up a separate transmission category.

Abbreviation	Meaning
MSM	Men who have sex with men
IDU	Injection drug use
MSM/IDU	Men who have sex with men and inject drugs
HEM	Hemophilia/coagulation disorder
HET	Heterosexual contact
XFUS	Receipt of blood, components, or tissue
MOT	Mother with/at risk for HIV infection
RNS	Risk not specified/reported or other

Executive Summary:

In Santa Cruz County, there have been 583 persons diagnosed with AIDS between 1983 and 2006. Of these, 242 (or 42%) are presumed to be alive as of December 2006. Nine people were newly diagnosed with AIDS and four people with AIDS died in 2006. Three cases were removed from the database upon recognition of duplicate entry.

AIDS

- Cases, 1983-2006

- An AIDS case is at least eight times more likely to be male than female.
- The majority (over 40%) of cases were diagnosed with AIDS between the ages of 30 and 39 and nearly 30% were diagnosed between the ages of 40 and 49.
- There have been three pediatric cases between 1992 and 1997--none of which are still alive.
- The prevalence of AIDS cases is very similar among whites and Latinos (99 and 95 per 100,000 persons respectively).
- An AIDS case is nearly three times as likely to be a resident of the city of Santa Cruz than Watsonville at the time of diagnosis.
- MSM accounts for the majority (70%) of AIDS cases among males.
- Heterosexual contact accounts for the majority (almost 60%) of AIDS cases among females.
- 28% of the 242 PLWA had been reported to Santa Cruz County for having at least one reportable condition. The majority of cases had chronic Hepatitis C and/or chronic Hepatitis B. The next most common comorbidities included Chlamydia and/or Gonorrhea and other diseases that are transmitted fecal to oral.

- White and Latino Cases Living with AIDS

- There is a slightly higher male to female prevalence ratio among Latinos (8 to 1) compared to whites (7 to 1). However the female rates are statistically unreliable due to the small number of cases.
- Latinos tend to be diagnosed with AIDS at an older age than whites. However this difference is slight and unreliable.
- Among Latinos, over 40% of PLWA resided in Watsonville at time of diagnosis. However, the prevalence of Latino cases is about three times higher in the city of Santa Cruz.
- Among whites, around 74% of PLWA resided in the city of Santa Cruz at time of diagnosis. Santa Cruz also has the largest prevalence of white PLWA.
- MSM is the most common risk factor among both white and Latino males. However, heterosexual contact is the second most common mode among Latino males compared to MSM/IDU in white males.
- The majority of females living with AIDS were likely exposed during heterosexual contact for both Latinas and white women.

- Trends, 1992-96, 1997-01, & 2002-06

- The rate of new cases per the population at risk decreased 72% from cases diagnosed between 1992-1996 and cases diagnosed between 2002-2006.

AIDS (continued)

- Trends, 1992-96, 1997-01, & 2002-06 (continued)

- The ratio of male to female cases has gone from 10 new males cases for every 1 female case to 5 new males cases for every 1 female cases between 1992-1996 and 2002-2006. (These rates are unreliable since they're based on counts of less than 20 cases).
- The rate of cases diagnosed at ages 40-49 went from just over half as many cases diagnosed at ages 30-39 to an increase of ten percent more cases being diagnosed at ages 40-49 compared to ages 30-39 from years 1992-1996 to 2002-2006.
- The ratio of white cases to Latino cases went from twice as many white cases between 1992-1996 to nearly equal rates among white and Latino cases from 2002-2006.
- Residents of Santa Cruz city have accounted for the bulk of cases from 1992-1996 through 2002-2006. Other cities have gone up and down, however, their rates are unreliable.
- The percentage of male cases attributable to MSM alone has declined 24% from 1992-1996 to 2002-2006.
- Heterosexual contact among females as the source of AIDS among females has increased 21% from 1992-1996 to 2002-2006; however these percentages are based on very small counts of cases and are unreliable.

HIV

- Local Screening Results

- Since 1992, 123 of the 27,683 tests conducted by the Public Health Department at various sites throughout the county were positive for HIV.
- 23 positive tests came from 4,847 tests given from 2004 to 2006.
- Of all positive tests: 90% are males, 64% are white and 24% are Latino.

- Services for persons with HIV/AIDS

CARe Team: Community Advocacy Resources Team

- Provides: medical and social case management, education, referral and advocacy.
- 210 persons with HIV/AIDS utilized services during 2006 (56% have AIDS); 44% are HIV positive (non AIDS or AIDS status unknown).
- 17% of cases reporting their characteristics stated they do not have any health insurance.

SCAP: Santa Cruz AIDS Project

- Provides: social case management, counseling, referrals, advocacy, and assistance in obtaining financial resources.
- 216 persons with HIV/AIDS utilized services during 2006; the AIDS status of these persons is unknown.
- Less than 1% of cases reporting their source of insurance reported not having any insurance.

Introduction:

HIV is a virus that can only be transmitted through contact with HIV-infected blood, semen, vaginal secretions, or mother's milk. HIV is the etiologic or causative agent of AIDS; only persons that have been previously infected with HIV can progress to the more severe syndrome known as AIDS. In the beginning years of the HIV/AIDS epidemic, an HIV diagnosis was nearly equivalent to being diagnosed with AIDS. However in the mid-1990s, the outlook of being diagnosed with HIV changed dramatically with the advent of HAART (highly active antiretroviral therapy) which led to significantly fewer HIV patients progressing to AIDS. Unfortunately surveillance epidemiology has not kept pace with improved therapies, such as HAART, and it took nearly ten years before an HIV, non-AIDS diagnosis became a mandatory reportable condition in California. Due to the confidentiality issues that came along with having the disease, a non-name reporting structure was used for reporting HIV, non-AIDS cases. However, an investigation project with joint efforts from the California Department of Health Services and Centers for Disease Control and Prevention (CDC) found 22,474 pairs of potential duplicate cases with other states and regions. In order to avoid duplication and to permit more accurate tracking of HIV cases, California changed reporting laws on April 17, 2006 by passing Senate Bill 699 which mandates that all HIV cases be confidentially reported with a name. In addition, all local health jurisdictions were required to remove every non-named HIV case from their database and begin re-collecting all previously reported cases along with new cases.

Over time and with complete reporting by health care professionals, a more accurate and comprehensive description of HIV prevalence and trends in Santa Cruz County will become available. However, at this time, only limited HIV data is available. This report will present the number of persons being HIV-tested by the Public Health Department annually and the basic descriptions about persons with HIV who are utilizing local services.

The 2007 HIV/AIDS Surveillance Report covers the AIDS epidemic in Santa Cruz County since the first case reported in 1983 through the end of 2006. This report is intended to describe HIV and AIDS in terms of its occurrence, transmission and impact throughout the county. The primary objective in providing this data is to help community-based organizations, planners, and policy-makers evaluate and implement programs and policies supporting HIV/AIDS care in Santa Cruz County.

The framework of this report is based on the following questions, as recommended by the CDC:

- What are the sociodemographic characteristics of the general population?
- What is the scope of the HIV/AIDS epidemic in Santa Cruz County?
- What are the indicators of risk for HIV infection and AIDS Santa Cruz County?
- What are the patterns of service utilization of HIV infected persons Santa Cruz County?

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For more copies of the report, please refer to the website: <http://www.santacruzhealth.org>

Data Sources and Limitations:

HIV and AIDS data is collected from health care providers and laboratories who are required by California law to report all positive cases to their local Public Health Department. The Santa Cruz County HIV/AIDS Program is the primary entity for receiving and synthesizing AIDS and HIV data in the county. One limitation of HIV/AIDS reporting is a lack of timeliness in receiving complete data. The average delay of complete reporting can be anywhere from a few days to approximately two months. For example, once the HIV/AIDS Program receives a positive lab result, the case must be cleared with the California Department of Public Health to determine whether or not the case is already in a database elsewhere. If the case is indeed new, the provider is then contacted for collecting complete demographic and risk factor information about the case. As a result, accurate data for this report takes an average of six months to be complete due to cases filtering in long after the close of the calendar year. However, all data presented is subject to change slightly as more accurate information is collected; such updates are incorporated to the report with each publication.

In addition, the totals used in this report are not considered comprehensive; as there are likely undiagnosed and unreported cases residing in the county. The CDC estimates that, although completeness of AIDS reporting varies geographically, studies conducted by state and local health departments indicate that the overall reporting of AIDS cases is more than 85% complete (CDC, unpublished data, 2005). Nonetheless, there may be a systematic bias in who is being reported that skews the data and misrepresents the true HIV/AIDS population in the county.

Due to the relatively small number of cases in Santa Cruz County each year, annual incident data (new cases) is not analyzed. Instead, cases are viewed in the following three different ways: cumulative AIDS cases (total cases ever to be diagnosed in this county since the first case in 1983); prevalence data (all cases still alive today); and 5-year incidence rates. The second category, prevalence, will be henceforth referred to as people presumed living with AIDS (or PLWA). There are some precautions to keep in mind while reviewing the data. As the case counts become smaller, the data become less reliable. Rates and proportions based on counts of twenty or fewer observations are considered unreliable.

Another limitation of this report is time when the data was collected. Since data on HIV/AIDS is only collected at the time of diagnosis, city of residence is not necessarily where the people are living now. Lastly, diagnostic criteria for reporting of AIDS have changed several times during the course of the epidemic. As a result, the number of cases reported has seen some fluctuation. The AIDS case definition was modified in 1985, 1987 and again in 1993 which likely explains the spikes in cases near those years since those revisions were more inclusive.

Demographic Characteristics of Santa Cruz County:

This section is included as suggested by the CDC to help acquaint readers who are not familiar with Santa Cruz County. Our county is one of the original counties in California, created in 1850. The county spans approximately 445 square miles of land and 162 square miles of water (Census 2000). It is situated at the northern tip of Monterey Bay; located 65 miles south of San Francisco, 35 miles north of Monterey, and 35 miles southwest of Silicon Valley. Of California's 58 counties, only San Francisco is physically smaller.



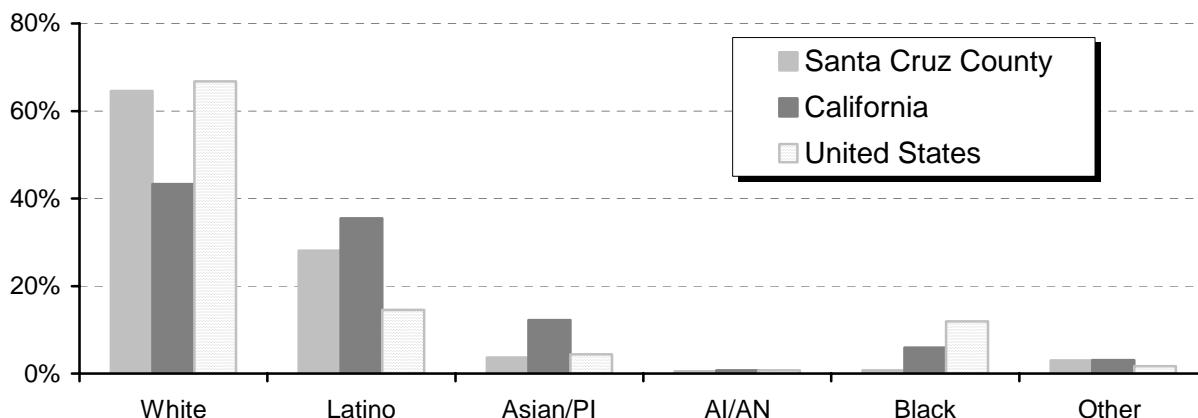
Source: www.wikimedia.org

The California Department of Finance estimates that 259,541 people resided in Santa Cruz County in 2004, ranking it California's 23rd most populated county and accounting for 0.7% of California's population overall. There are four cities within Santa Cruz County.

The largest of which is Santa Cruz, the county seat, with a population of 57,533. Another city is Watsonville, sometimes referred to as "south county," which has a population of 51,258. The other two cities include Scotts Valley and Capitola with 11,615 and 9,960 residents respectively. Nearly 51% of the county's population (or 133,739 people) lives in unincorporated areas.

In 2006, the per capita personal income was \$35,752 and the median household income was \$58,640 (American Community Survey). The median value for a owner-occupied house is \$694,100 (nearly an 84% increase since 2000). Santa Cruz County's local economy is driven primarily by agriculture, tourism and higher education. Given Santa Cruz County's 300 days of sunshine per year and beautiful beaches, tourists flock to the area especially during the summer. Nearly 30,000 students are enrolled at Cabrillo Community College or the University of California, Santa Cruz. In 2006, 5.6% of the population was unemployed. Residents of the county are primarily of two groups: white (61%) and Latino (31%); Asian/PI, Black, AI/AN and other residents account for less than 10% of population (4%, 1%, 1%, and 2% respectively).

Figure 1. Population distribution by race/ethnicity, Santa Cruz County, California, and the United States, 2005.



AIDS Cases (1983-2006):

There have been 583 cases of AIDS reported in Santa Cruz County since the first reported case in 1983. Since then, the AIDS case definition evolved three times: in 1985, 1987 and again in 1993. The expanding of the case definitions is the most likely explanation for the spikes in cases during and shortly after those years since cases who likely became cases prior to those years, were not recognized as such until the change in the definition. This also explains the sharp drops in cases shortly after the changes, since the spike was not due to an actual increase in cases. Overall, the number of AIDS cases has continued to decrease since the last peak in 1993. This trend is likely due to improved HIV treatments slowing the progress of the disease (e.g. HAART) and thus lowering the number of cases over time. In addition, the number of deaths among AIDS cases has also been steadily decreasing.

Figure 2. Incidence rate (new cases per 100,000 population), Santa Cruz County, 1983-2006.

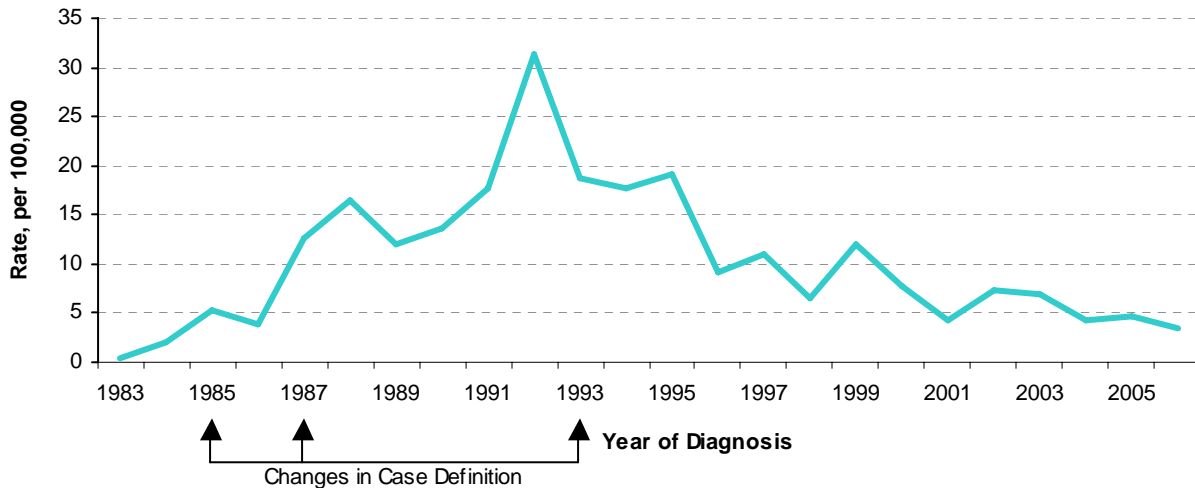


Figure 3. Annual cases of AIDS diagnosis and deaths, Santa Cruz County, 1983-2006.

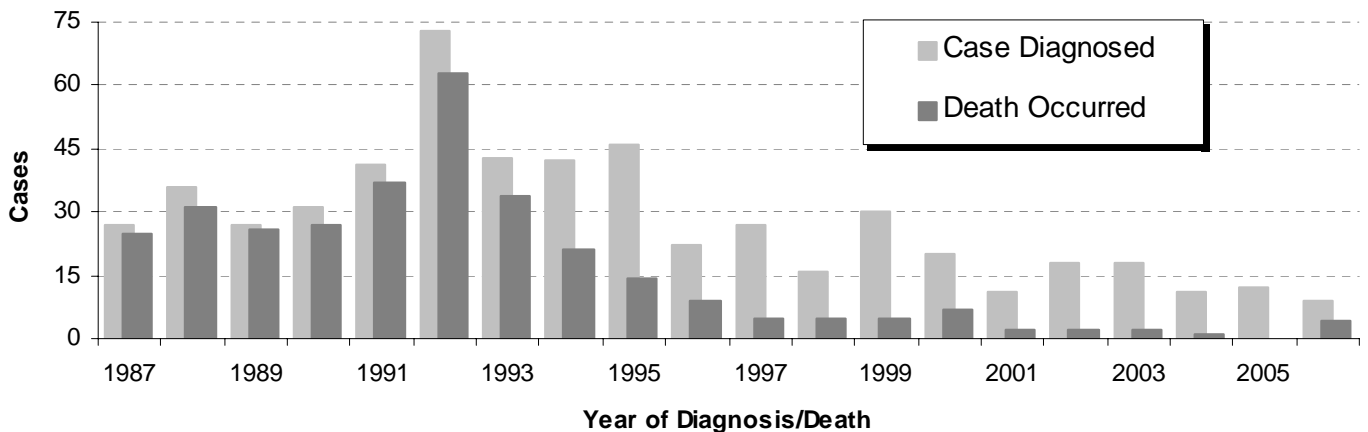


Table 1. Characteristics of entire population, cumulative AIDS cases, and people living with AIDS, Santa Cruz County, 2006.

	Santa Cruz County General Population ^a		Cumulative AIDS Cases ^b		People Living with AIDS (PLWA) ^c		Prevalence (per 100,000 Population) ^d
	No.	%	No.	%	No.	%	
Total	259,541	100.0	583	100.0	242	100.0	98.0
Gender							
Male	130,416	50.2	529	90.7	213	88.0	173.1
Female	129,125	49.8	54	9.3	29	12.0	23.4
Age at Diagnosis							
Under 5	15,953	6.1	2	0.3	0	0.0	-
5-12	24,386	9.4	1	0.2	0	0.0	-
13-19	25,115	9.7	1	0.2	0	0.0	-
20-29	40,582	15.6	92	15.8	44	18.2	122.0
30-39	36,786	14.2	259	44.4	103	42.6	257.5
40-49	41,222	15.9	159	27.3	68	28.1	159.3
Over 49	75,498	29.1	69	11.8	27	11.2	49.1
Race/Ethnicity^e							
White	159,010	61.3	444	76.2	167	69.0	98.7
Latino	80,616	31.1	100	17.2	59	24.4	95.1
Black	2,331	0.9	23	3.9	8	3.3	288.9
Asian/PI	11,209	4.3	7	1.2	4	1.7	39.0
AI/AN	1,413	0.5	8	1.4	4	1.7	146.8
Other	4,962	1.9	1	0.2	0	0.0	-
City of Residence^f							
Capitola	10,012	3.9	30	5.1	11	4.5	110.0
Santa Cruz	56,052	21.6	278	47.7	123	50.8	236.5
Scotts Valley	11,545	4.4	15	2.6	6	2.5	57.7
Watsonville	48,072	18.5	78	13.4	35	14.5	85.9
Unincorporated	133,370	51.4	182	31.2	67	27.7	50.8

Note: AIDS cases are representative through 2006, updated 6/1/07. All data are provisional and subject to change. Rates based on less than 20 cases are considered unreliable.

^a Source: State of California, Department of Finance, Estimated Race/Ethnic Population with Age and Sex Detail, 2004. Sacramento, CA, April 2006.

^b Every AIDS case diagnosed while residing in Santa Cruz County since 1983.

^c People with AIDS presumed to be living as of 12-31-06.

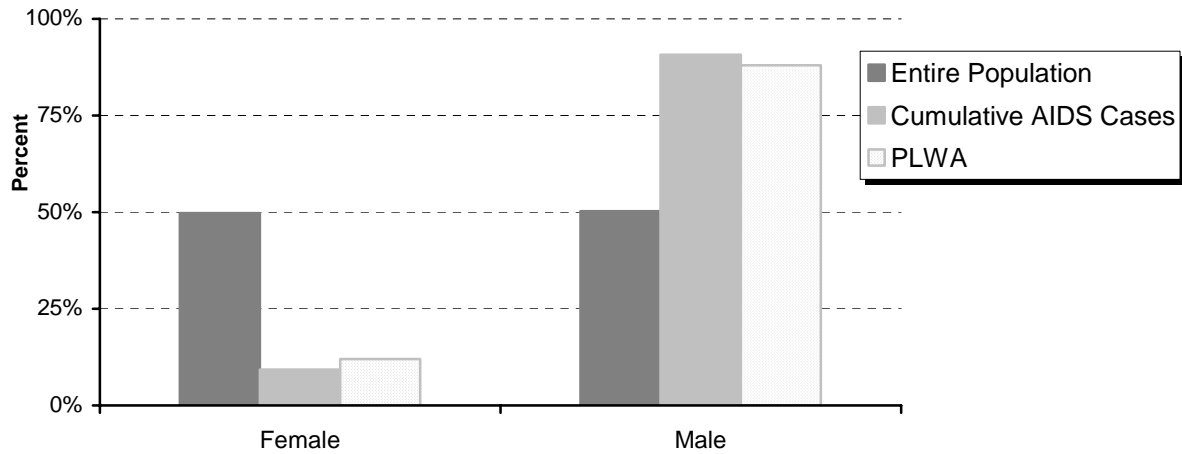
^d Prevalence is the number of living cases per the population at risk (1997 population data was used; the mid-year of PLWA diagnoses).

^e See "Frequently Used Abbreviations" section for explanations of categories used.

^f Source: State of California, Department of Finance, California County Race/Ethnic Population Estimates and Components of Change by Year, July 1, 2000–2004. Sacramento, California, March 2006

GENDER

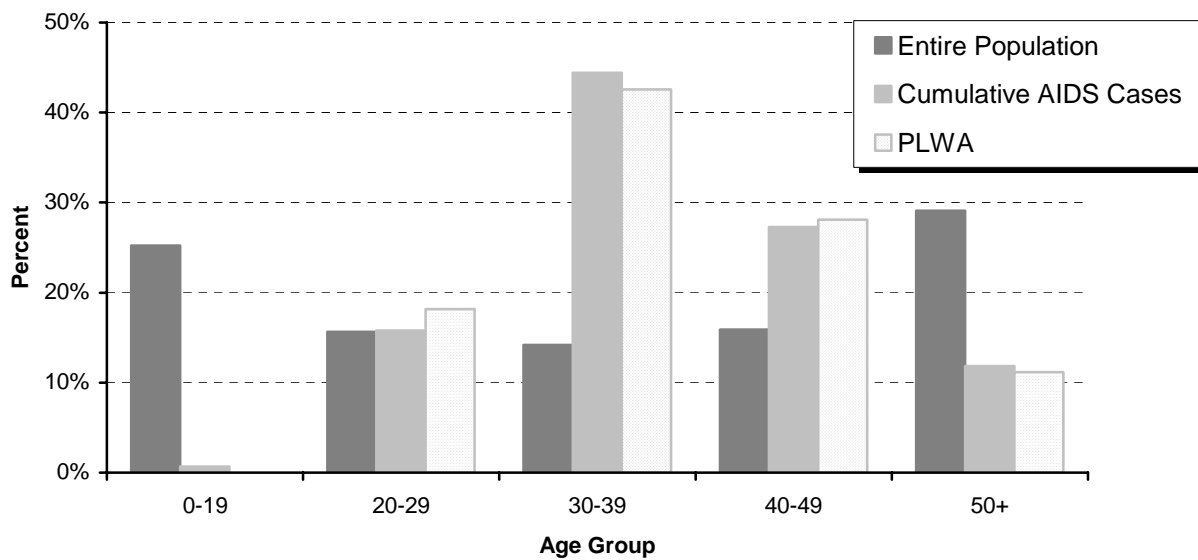
Figure 4. Gender distribution of entire population, cumulative AIDS cases, and PLWA, Santa Cruz County, 1983-2006.



The majority of AIDS cases have been among men since the first case in 1983. In Santa Cruz County, 91% of all cases have been among males. However, there have also been a sizeable number of females with AIDS, 54 cases, even though they only account for 9% of all cases. Currently, of the 242 PLWA, 88% are male and 12% are female. The ratio of male to female cases remains true when accounting for the population at risk. In other words, this difference is not due to the county being composed of 90% males and 10% females. Instead it is a common theme among AIDS cases nation-wide.

AGE GROUP

Figure 5. Cumulative AIDS cases and Santa Cruz County population by age at diagnosis, 1983-2006.



The distribution of age at diagnosis with AIDS while residing in Santa Cruz County is inversely proportionate to that of Santa Cruz County as a whole. In other words, while the general population is mostly in the younger and older age ranges, AIDS cases are clustered around the middle age ranges. Nearly half of the cumulative AIDS cases and PLWA were diagnosed between the ages of 30-39. The second most common age of diagnosis is between 40-49 for both cumulative and PLWA cases.

Pediatric Cases

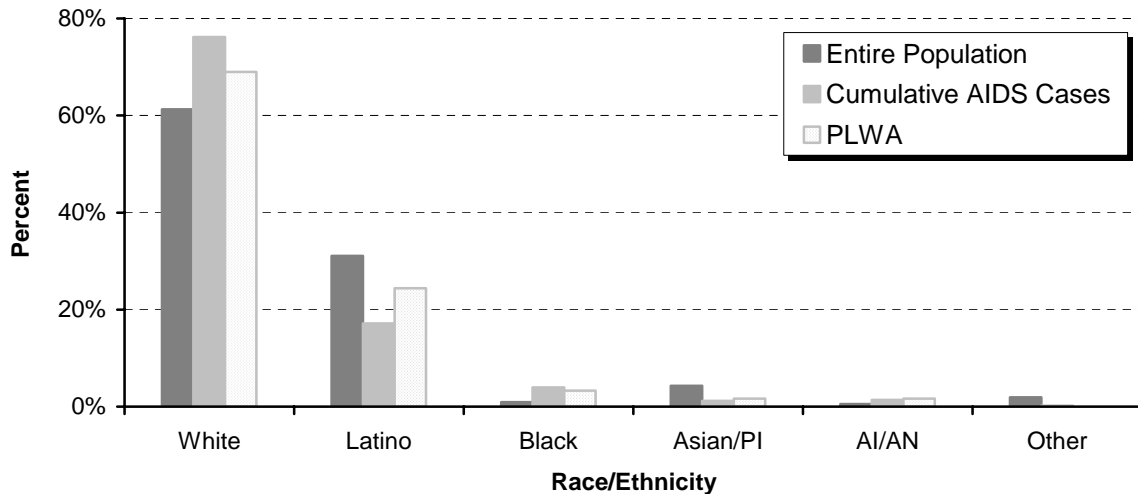
A pediatric AIDS case is defined as being diagnosed with AIDS before the age of 13. There have been 3 pediatric AIDS cases in Santa Cruz County that were diagnosed between the years 1992 and 1997. Two cases were female and one was male; two of the cases were under five and one was between five and twelve years of age at diagnosis. All cases were white, non-Latino. The primary mode of transmission cited by all cases was a mother with, or at risk, for HIV infection. None of the cases lived longer than two years after diagnosis.

Nationwide, pediatric AIDS cases have decreased 68% from 1999 to 2003. A major factor in this decline is increasing treatment before, during and after pregnancy to reduce perinatal transmission of HIV. It is expected that the perinatal transmission rate will continue to decline with increased use of aggressive treatments and obstetric procedures (i.e. cesarean section).¹

¹Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2005. Rockville, Maryland: U.S. Department of Health and Human Services, 2005.

RACE AND ETHNICITY

Figure 6. Cumulative AIDS cases and Santa Cruz County population by racial/ethnic groups, 1983-2006.

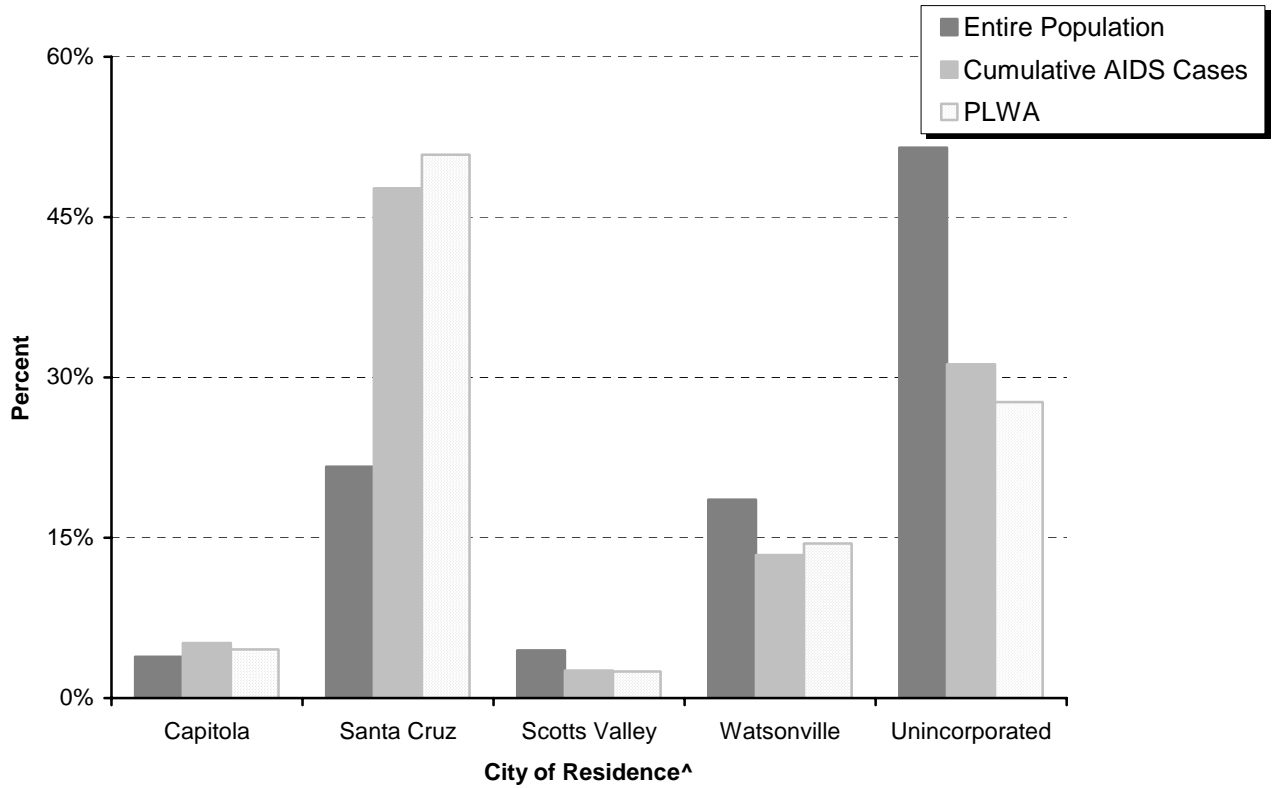


Santa Cruz County residents are not highly diversified. In fact, two race/ethnic groups account for over 90% of residents: white and Latino. Their rates of disease are very similar (99 and 95 cases per 100,000 population). The rate among black/African American cases is actually about

three times that of white and Latino cases; however, since the number of cases is very small the rate for blacks is unreliable.

CITY OF RESIDENCE

Figure 7. Cumulative AIDS cases and county population by city of residence at time of diagnosis, 1983-2006.



^ City of residence is based on the ZIP code at diagnosis. Data on where patients are currently living is not available.

Approximately half of the cumulative AIDS cases, and PLWA, were living in the city of Santa Cruz when they were diagnosed. Capitola and Watsonville account for the next highest rates of disease per city, although the Capitola rate is highly unstable due to a small number of cases.

MODE OF TRANSMISSION

Table 2. Cumulative AIDS cases and PLWA by mode of transmission and gender, 1983-2006.

Mode ^c	Males				Females			
	Cumulative AIDS Cases ^a		PLWA ^b		Cumulative AIDS Cases ^a		PLWA ^b	
	No.	%	No.	%	No.	%	No.	%
MSM	383	72.4	147	69.0	n/a	-	n/a	-
IDU	54	10.2	25	11.7	18	33.3	9	31.0
MSM/IDU	55	10.4	23	10.8	n/a	-	n/a	-
HEM	3	0.6	1	0.5	1	1.9	1	3.4
HET	15	2.8	9	4.2	31	57.4	18	62.1
XFUS	3	0.6	-	-	2	3.7	1	3.4
MOTHER	1	0.2	-	-	2	3.7	-	-
RNS	15	2.8	8	3.8	-	-	-	-
Total	529	100.0	213	100.0	54	100.0	29	100.0

Note: AIDS cases are representative through 2006, updated 6/1/07. All data are provisional and subject to change.

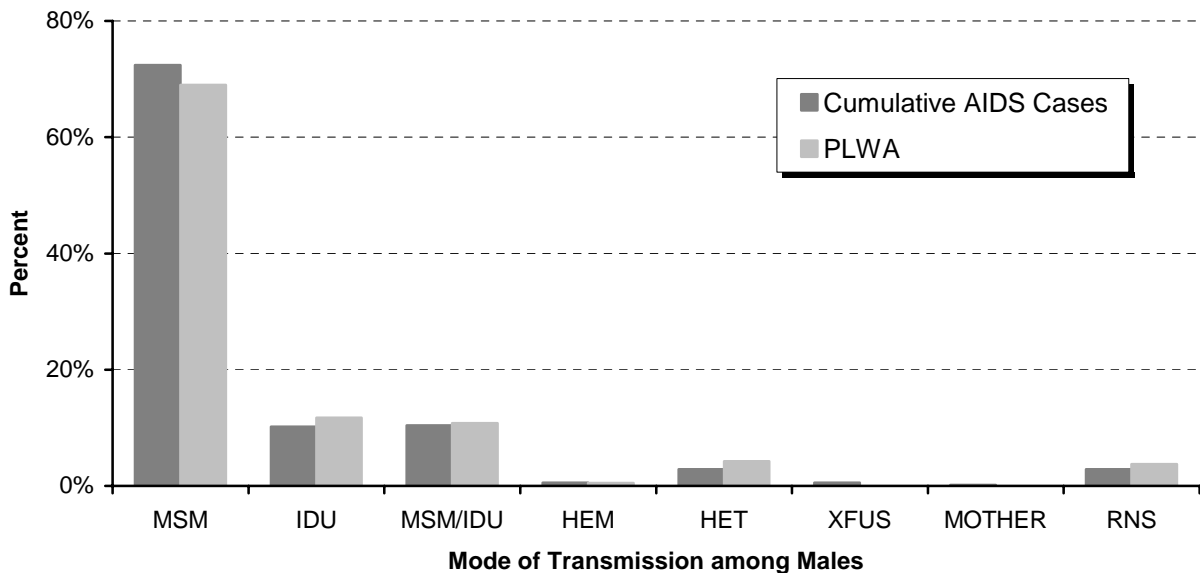
^a Every AIDS case diagnosed while residing in Santa Cruz County since 1983.

^b Persons with AIDS presumed to be living as of 12-31-06.

^c See "Frequently Used Abbreviations" section for definitions of the following characteristics

Males

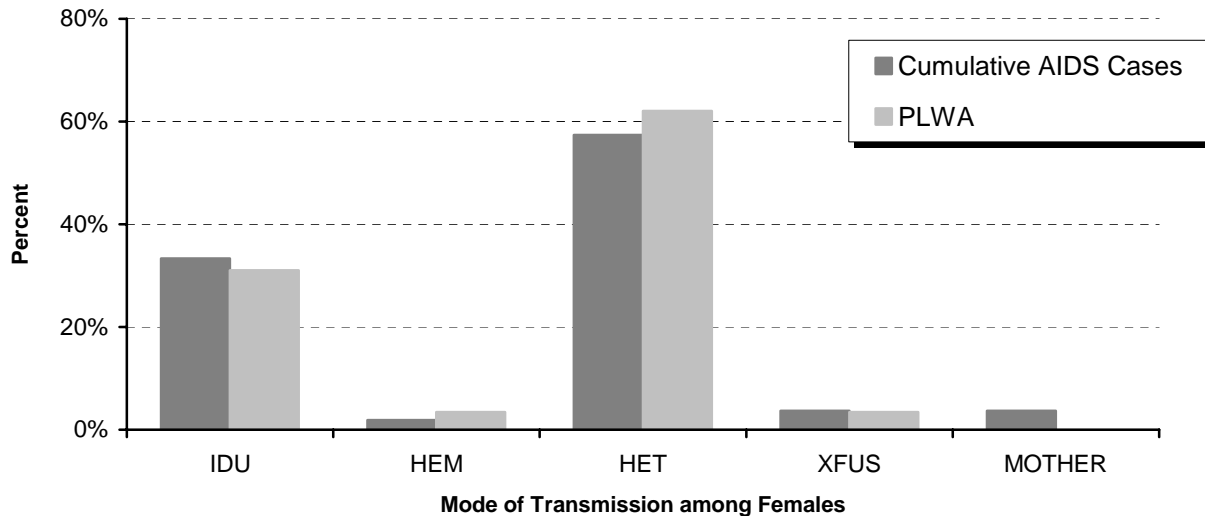
Figure 8. Cumulative AIDS cases and PLWA by mode of transmission among males, 1983-2006.



Men having sex with men (MSM) is the most common mode of disease transmission among cumulative cases and PLWA—accounting for 72% - 69% of cases respectively. The second highest mode of transmission is a tie between injection drug use alone (IDU) and IDU in combination with MSM (IDU/MSM).

Females

Figure 9. Cumulative AIDS cases and PLWA by mode of transmission among females, 1983-2006.



Among females, heterosexual transmission accounts for the majority of cases at 57% among cumulative AIDS cases and 62% of PLWA. IDU is the second highest risk factor among women accounting for 33% of cumulative cases and 31% of PLWA.

COMORBIDITIES OF PLWA

Table 3. Reportable Comorbid conditions among PLWA, 2006.

Comorbid Conditions	Male, PLWA (n=213)		Female, PLWA (n=29)		Total, PLWA (n=242)	
	No.	%	No.	%	No.	%
Tuberculosis	3	5.5	0	0	3	4.6
Hepatitis C, chronic ^a	12	21.8	6	60.0	18	27.7
Hepatitis B, chronic	11	20.0	1	10.0	12	18.5
Chlamydia or Gonorrhea	10	18.2	1	10.0	11	16.9
Syphilis (any stage)	5	9.1	1	10.0	6	9.2
Diseases with fecal-oral Transmission ^b	11	20.0	1	10.0	12	18.5
Meningitis (viral or fungal)	3	5.5	0	0	3	4.6
Total Comorbidities	55	25.8	10	34.5	65	26.9

^a Three of these cases were classified as Hepatitis, non-A, non-B

^b Includes: amebiasis (n=1), cryptosporidiosis (n=2), giardiasis (n=5), hepatitis A (n=1), salmonellosis (n=1), shigellosis (n=1).

Of the 242 PLWA, 24% have had at least one other reportable condition reported to the Public Health Department. Fifty-nine individuals accounted for 65 different diseases. The majority of PLWA also had chronic Hepatitis C and/or chronic Hepatitis B. The next most common comorbidities included Chlamydia and/or Gonorrhea and diseases with fecal to oral transmission. Over half of the women living with AIDS have chronic Hepatitis C.

Whites and Latinos Living with AIDS:

This section sorts characteristics by whites living with AIDS and Latinos living with AIDS. It is shown to compare differences between the racial and ethnic groups with regard to: gender, age at diagnosis, city of residence, and mode of transmission. Some of the races (black, Asian/PI, Multi-race and unknown) have been left out of this comparison due to very small numbers that become even smaller when further categorizing them. Prevalence is shown in the following table; it is the number of persons living with the disease per 100,000 populations at risk

Anecdotally, it has been observed through HIV prevention efforts that targeting Latino men and women can be extra challenging due to the lack of acceptance of homosexuality within the Latino culture. Some Latino men who prefer to have sex with men, identify as heterosexual, and may be married to a woman, yet engage in sex with other men. Many times the female partner does not know that her male partner is having sex with other men. This increases the risk of both Latino men and women and creates challenges when developing prevention strategies.

Table 4. Characteristics of white and Latino persons living with AIDS, Santa Cruz County, 2006.

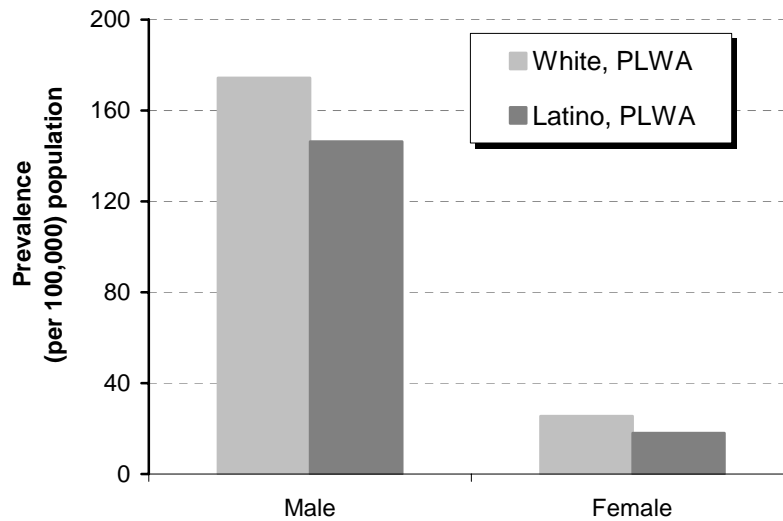
	White, PLWA			Latino, PLWA		
	No.	%	Prevalence ^a	No.	%	Prevalence ^a
Total	167	100.0	98.5	59	100.0	84.9
Gender						
Male	145	86.8	174.3	53	89.8	146.3
Female	22	13.2	25.5	6	10.2	18.0
Age Group						
< 20	0	0.0	-	0	0.0	-
20-29	27	16.2	126.2	15	25.4	104.7
30-39	69	41.3	273.9	26	44.1	222.0
40-49	49	29.3	149.9	14	23.7	176.1
Over 49	22	13.2	41.1	4	6.8	53.9
City of Residence						
Capitola	6	3.6	77.5	5	8.5	447.6
Santa Cruz	123	73.7	181.0	23	39.0	144.2
Scotts Valley	4	2.4	32.0	1	1.7	-
Watsonville	11	6.6	44.6	24	40.7	46.4
Unincorporated	23	13.8	34.7	6	10.2	62.4

Note: AIDS cases are representative through 2006, updated 6/1/07. All data are provisional and subject to change.

^a Prevalence is the number of living cases per 100,000 population at risk. Population data is from CA Dept. of Finance estimates, 2000 (except for city data which is from the 2000 Census). Prevalence values based on counts less than three are not shown; values based on counts less than 20 are unreliable.

GENDER

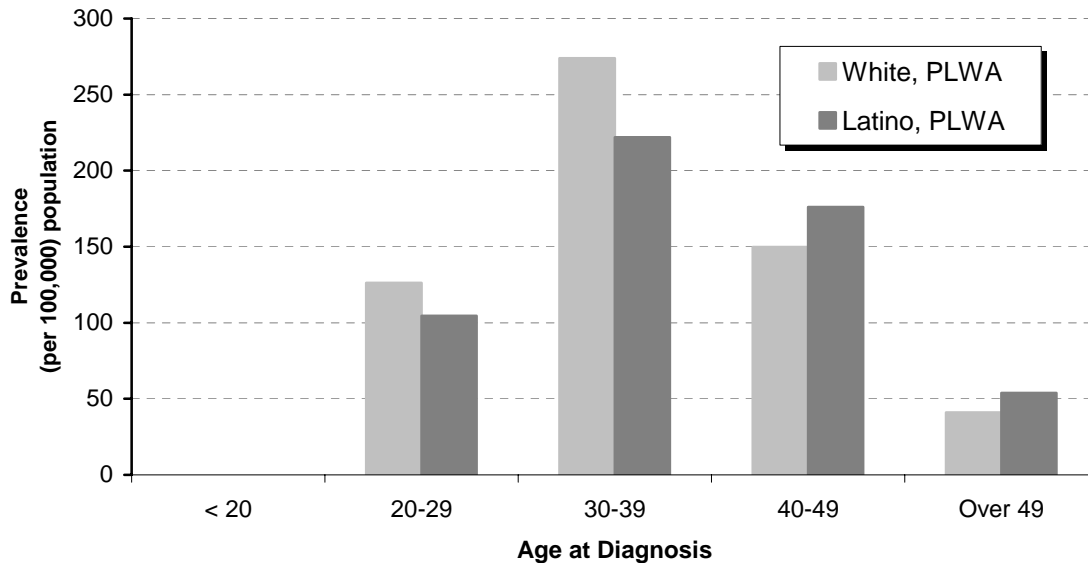
Figure 10. white and Latino persons living with AIDS by gender, Santa Cruz County, 2006.



There is a slightly higher prevalence ratio of male cases to female cases among Latinos compared to whites. However, the Latina prevalence values are unreliable due to the small number of cases.

AGE GROUP

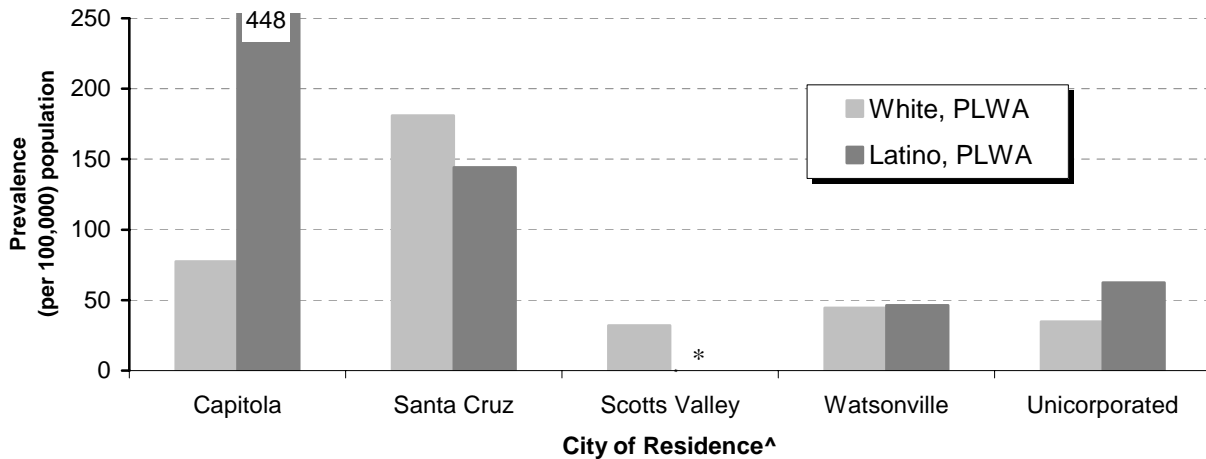
Figure 11. white and Latino persons living with AIDS by age at diagnosis, Santa Cruz County, 2006.



Latinos have a higher prevalence of being diagnosed at an older age than white cases, specifically over 40 years old. Some of the values are unreliable due to the small number of cases.

CITY OF RESIDENCE

Figure 12. white and Latino persons living with AIDS by city of residence, Santa Cruz County, 2006.



^ City of residence is based on the ZIP code at diagnosis. Data on where patients are currently living is not available.
* Count was 2 or less.

Although the prevalence in Capitola is extremely high for Latinos, this rate is unreliable since it is based on a count of less than 20. However, it is of some interest based on the relatively small population of Latinos living in Capitola. The only proportions that are reliable are the ones for Santa Cruz city residents where the prevalence is approximately 25% higher among whites compared to Latinos.

MODE OF TRANSMISSION

Table 5. Mode of Transmission among white and Latino PLWA, by gender, Santa Cruz County, 2006.

Mode of Transmission ^a	Males, PLWA				Females, PLWA			
	White		Latino		White		Latina	
	No.	%	No.	%	No.	%	No.	%
MSM	103	71.0	36	67.9	n/a	-	n/a	-
IDU	17	11.7	4	7.5	7	31.8	2	33.3
MSM/IDU	19	13.1	3	5.7	n/a	-	n/a	-
HEM	1	0.7	0	0.0	1	4.5	0	0.0
HET	2	1.4	6	11.3	13	59.1	4	66.7
XFUS	0	0.0	0	0.0	1	4.5	0	0.0
RNS	3	2.1	4	7.5	0	0.0	0	0.0
Total	145	100.0	53	100.0	22	100.0	6	100.0

Note: AIDS cases are representative through 2006, updated 6/1/07. All data are provisional and subject to change.

^a See "Frequently Used Abbreviations" section for definitions.

Men having sex with men (MSM) is the most common risk factor among both white and Latino males. However MSM/IDU is the second most common risk factor for whites, while heterosexual contact is the second most common risk factor for Latinos. Among women, heterosexual contact accounts for the majority of cases for both white and Latina cases.

Trends among AIDS Cases:

As a byproduct of having fewer than 10 cases of AIDS per year over the past few years, cases have been combined in order to present more reliable rates. Years have been grouped in 5-year intervals, and the incidence rates are the number of new cases, during the interval, per 100,000 population as of the middle year. Rates based on counts of less than 20 cases are considered unreliable. Overall, the five-year rate of new cases has decreased over 72% from 1992-96 to 2002-06.

Table 6. Characteristics of AIDS cases by Year of Diagnosis, Santa Cruz County, 1992-2006.

	AIDS Diagnosed 1992-1996			AIDS Diagnosed 1997-2001			AIDS Diagnosed 2002-2006		
	No.	%	Rate ^a	No.	%	Rate ^a	No.	%	Rate ^a
Total	226	100.0	94.7	104	100.0	41.1	68	100.0	26.2
Gender									
Male	207	91.6	174.1	89	85.6	68.8	57	83.8	43.7
Female	19	8.4	15.9	15	14.4	11.8	11	16.2	8.5
Age Group									
Under 5	2	0.9	-	0	-	-	0	-	-
5-12	0	-	-	1	1.0	-	0	-	-
13-19	1	0.4	-	0	-	-	0	-	-
20-29	42	18.6	114.3	17	16.3	45.0	6	8.8	14.8
30-39	101	44.7	244.0	43	41.3	108.0	22	32.4	59.8
40-49	56	24.8	141.4	24	23.1	55.4	28	41.2	67.9
Over 49	24	10.6	47.5	19	18.3	31.5	12	17.6	15.9
Race/Ethnicity^b									
White	181	80.1	106.9	71	68.3	41.9	44	68.6	27.7
Latino	30	13.3	54.1	23	22.1	34.5	21	24.5	26.0
Black	9	4.0	349.2	6	5.8	206.5	1	3.3	-
Other ^c	6	2.7	53.3	4	3.8	28.3	2	0.4	-
City of Residence									
Capitola	14	6.2	140.7	3	2.9	29.9	4	5.9	40.0
Santa Cruz	106	46.9	208.7	60	57.7	110.9	33	48.5	58.9
Scotts Valley	7	3.1	73.1	1	1.0	-	3	4.4	26.0
Watsonville	28	12.4	79.4	17	16.3	39.8	9	13.2	18.7
Unincorporated	71	31.4	53.9	23	22.1	17.2	19	27.9	14.2

Note: AIDS cases are representative through 2006, updated 6/1/07. All data are provisional and subject to change. Rates based on counts less than 20 are unreliable. Rates are not calculated for counts of less than 3.

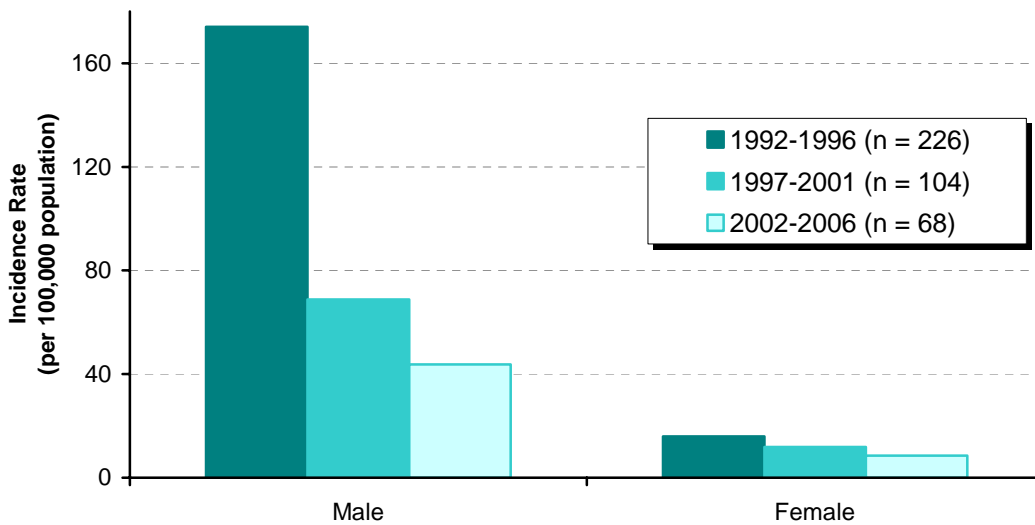
^aRate is incidence rate (the number of new cases during the specified time period per 100,000 population based on mid-year values).

^bSee "Frequently Used Abbreviations" section for definitions/explanations of terms.

^cOther includes: Asian/PI, AI/AN, and Other

GENDER

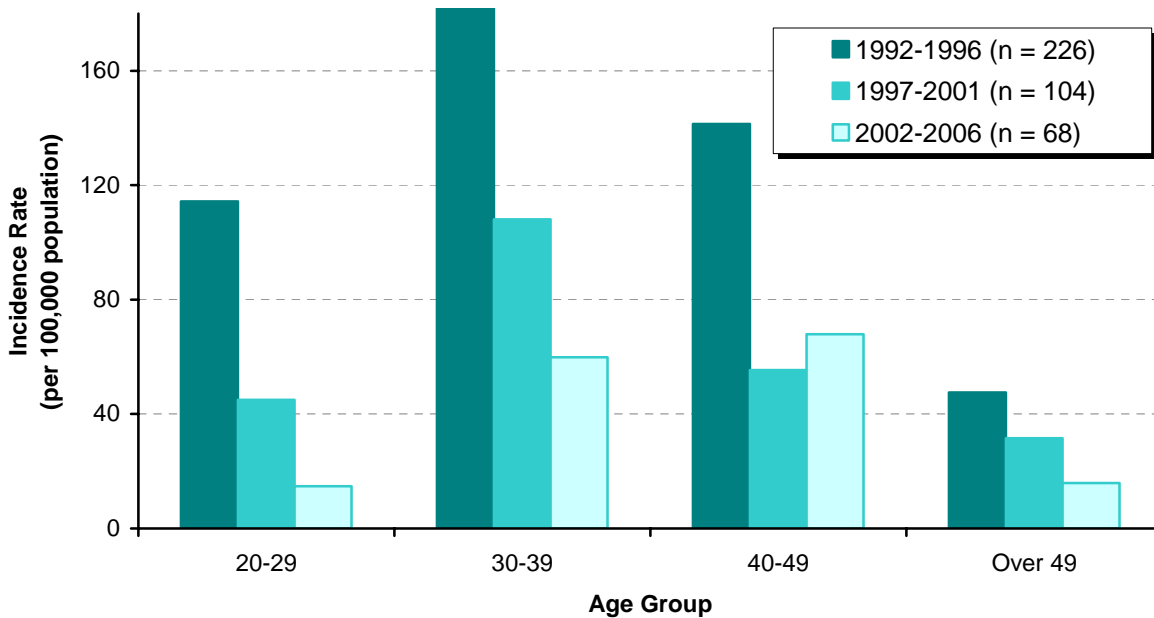
Figure 13. Rate of AIDS cases by year of diagnosis and gender, Santa Cruz County, 1992-2006.



Men have maintained a range of 73 – 100% of all AIDS cases diagnosed for any given year between 1992 and 2006 with an average share of 88% of all cases. In 2004, the percentage of women cases peaked at 27%. Since 1992, there has been a 93% increase in the proportion of cases that are female. However, there were no female cases in 2006.

AGE GROUP

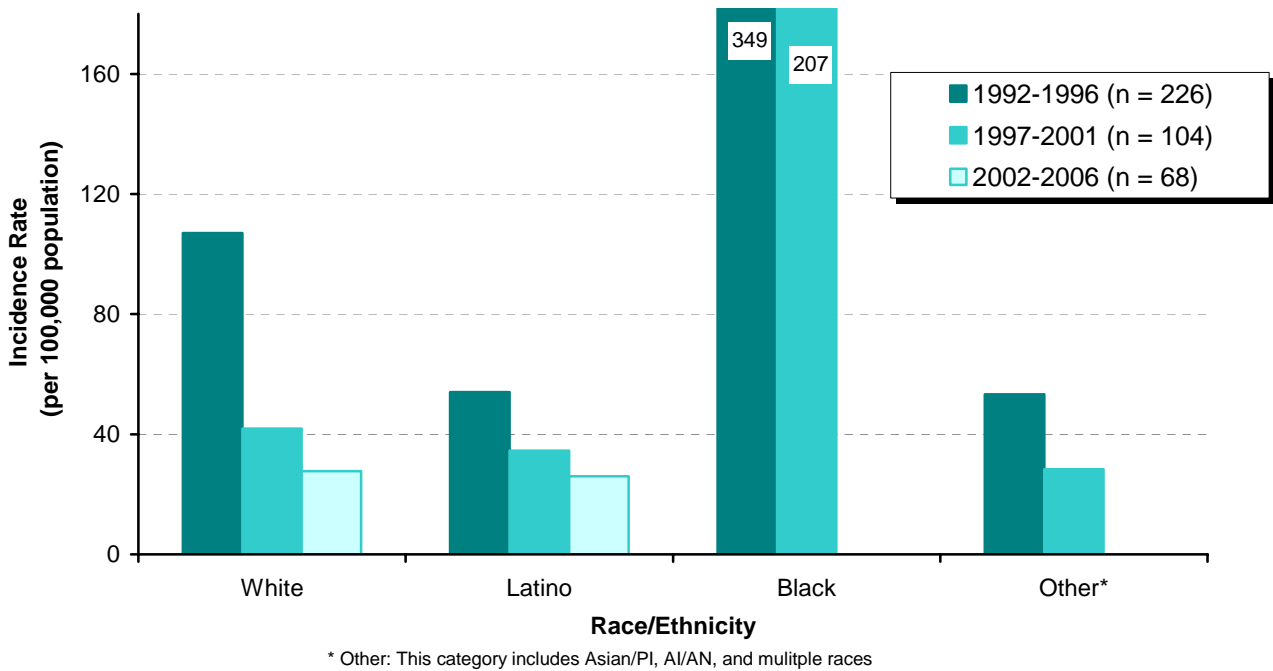
Figure 14. Rate of AIDS cases by year and age at diagnosis, Santa Cruz County, 1992-2006.



For every year from 1992 to 2006, between 17-60% of AIDS cases were diagnosed when they were between 30 and 39 years old, with an average of 40%. However, in the past few years, more cases were diagnosed between the ages of 40-49. There has also been an increase in those diagnosed at and over age 50. This is likely a result of HAART, which allows people to age more before progressing from HIV to AIDS.

RACE/ETHNICITY

Figure 15. Rate of AIDS cases by year of diagnosis and race/ethnicity, Santa Cruz County, 1992-2006.

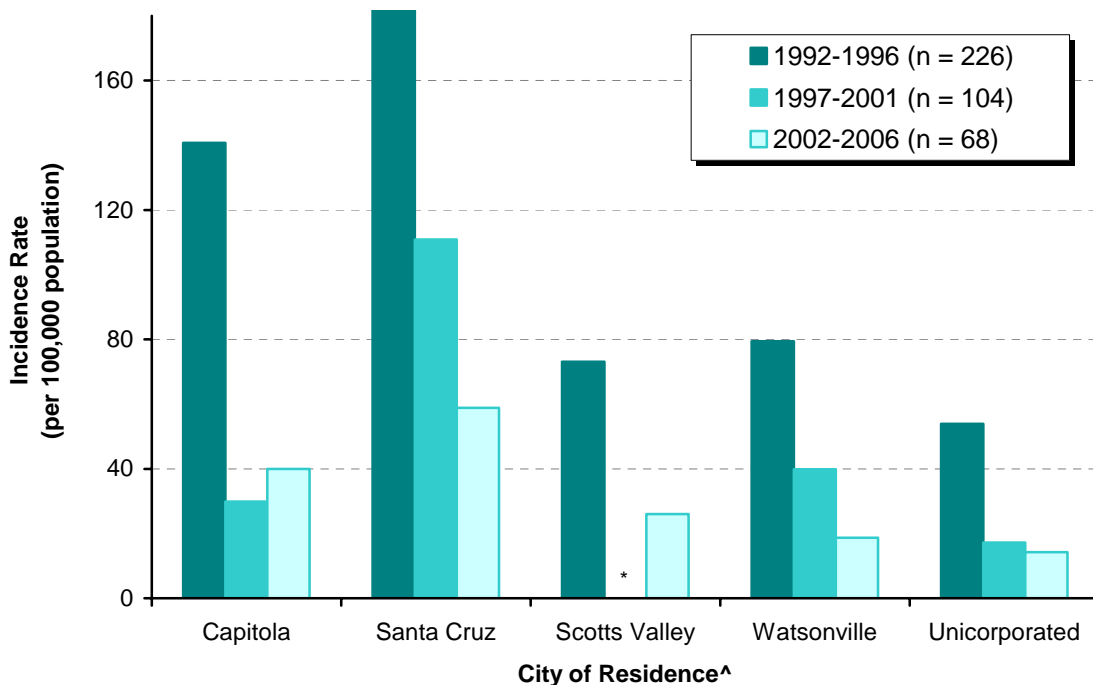


The ratio of white cases to Latino cases went from twice as many white cases between 1992-1996 to nearly equal rates among white and Latino cases from 2002-2006. Black cases have an extremely high, but unreliable range of rates.

CITY OF RESIDENCE

Most AIDS cases were residing in the City of Santa Cruz (or Live Oak) when diagnosed. However, in the past few years, other areas of the county have been accounting for a greater proportion of cases.

Figure 16. Rate of AIDS cases by year of diagnosis and city of residence, Santa Cruz County, 1992-2006.



[^]City of residence is based on the ZIP code at diagnosis. Data on where patients are currently living is not available.

MODE OF TRANSMISSION

Table 7. Characteristics of total AIDS cases by year of diagnosis and mode of transmission, Santa Cruz County, 1992-2006.

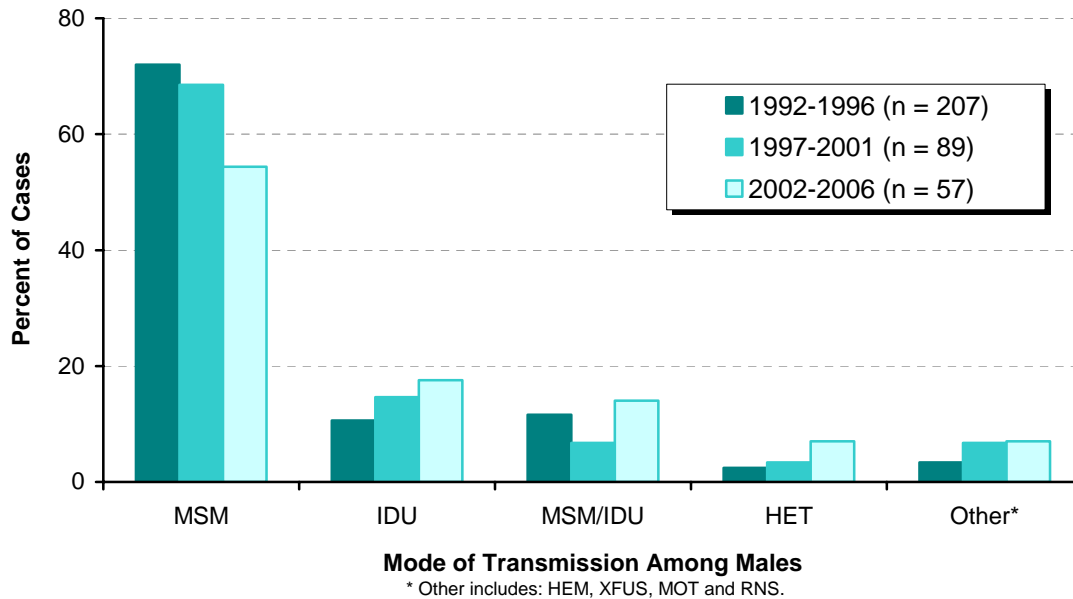
	Diagnosed 1992-1996		Diagnosed 1997-2001		Diagnosed 2002-2006	
	No.	%	No.	%	No.	%
Total	226	100.0	104	100.0	68	100.0
Male	207	91.6	89	85.6	57	83.8
MSM	149	72.0	61	68.5	31	54.4
IDU	22	10.6	13	14.6	10	17.5
MSM/IDU	24	11.6	6	6.7	8	14.0
HET	5	2.4	3	3.4	4	7.0
Other*	7	3.4	6	6.7	4	7.0
Female	19	8.4	15	14.4	11	16.2
IDU	7	36.8	4	26.7	3	27.3
HET	10	52.6	10	66.7	7	63.6
Other*	2	10.5	1	6.7	1	9.1

Note: AIDS cases are representative through 2006, updated 6/1/07. All data are provisional and subject to change.

* Other: HEM, XFUS, MOT and RNS. See "Frequently Used Abbreviations" for definitions.

Males

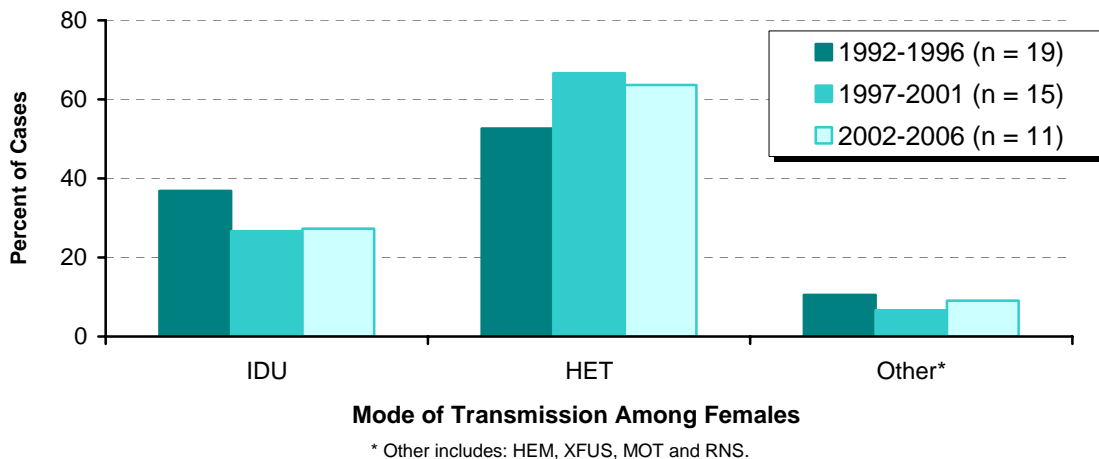
Figure 17. Total AIDS cases by year of diagnosis and mode of transmission among males, Santa Cruz County, 1992-2006



MSM has remained the predominate mode of HIV/AIDS transmission in Santa Cruz County accounting for 27-71% of cases diagnosed between 1992 – 2006. However, greater portions of cases have been attributable to IDU and heterosexual contact among men since 1992-1996.

Females

Figure 18. Total AIDS cases by year of diagnosis and mode of transmission among females, Santa Cruz County, 1992-2006.



The majority of AIDS cases among females have been attributed to heterosexual contact. The percentage of cases from heterosexual contact increased about 20% between 1992-1996 and 2002-2006. The percentage of cases attributed to IDU has decreased nearly 25% between 1992-1996 and 2002-2006.

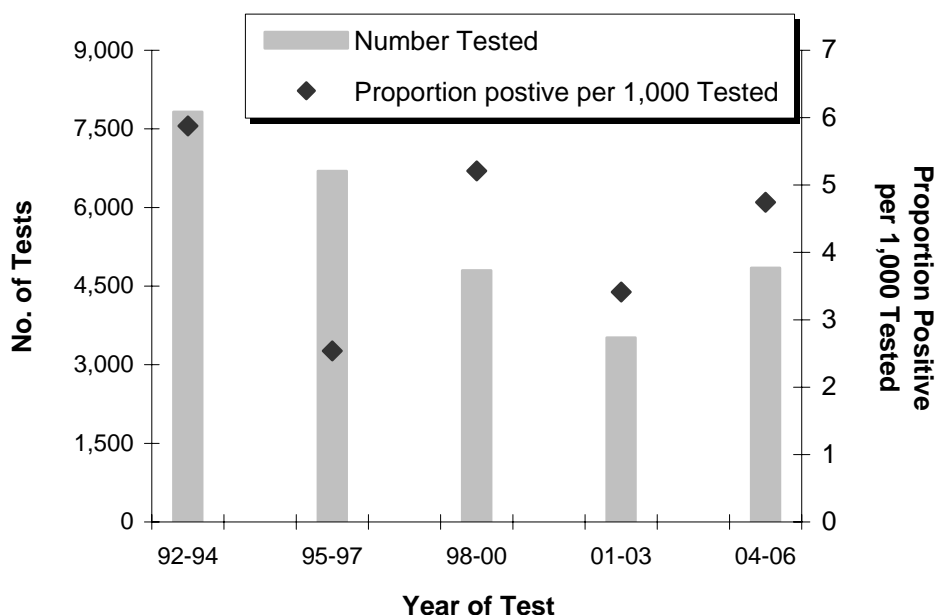
Local HIV Screening Results

The Health Services Agency has offered free, anonymous and confidential HIV testing since 1992; persons can choose from a variety of community sites where rapid HIV testing is available. The rapid HIV test is administered by an oral swab which gives a preliminary test result in 20 minutes, and if positive is followed up by a lab test for confirmation. In 2006, there were 1,491 tests given. It is important to note that one person can be tested more than once. Therefore the 1,491 tests likely do not correspond to 1,491 different individuals.

Table 8. Number of HIV tests given and the proportion of positives per 1,000 tested over three-year intervals, Santa Cruz County, 1992-2006.

	92-94	95-97	98-00	01-03	04-06	Total
No. of Tests Given	7,826	6,695	4,798	3,517	4,847	27,683
No. of Positive Tests	46	17	25	12	23	123
Proportion positive per 1,000 Tested	5.9	2.5	5.2	3.4	4.7	4.4

Figure 19. Number of HIV tests given and the proportion of positives per 1,000 tested over three-year intervals, Santa Cruz County, 1992-2006.



A total of 123 positive tests have been logged since 1992. The number of tests given has declined nearly 40% between 1992-1994 and 2004-2006. However, the proportion of positive test results has been somewhat sporadic.

The characteristics of persons testing positive during anonymous HIV testing sites continue to parallel AIDS case data. For example, MSM is the risk factor most often noted. In 2006, IDU and MSM/IDU risk categories equally comprised 11% of those infected with HIV. Overall, of persons testing positive for HIV through anonymous testing: 90% are male, 64% are white and 24% are Latino.

Utilization of HIV/AIDS Services:

COMMUNITY ADVOCACY RESOURCE TEAM (CARE Team)

The CARE Team is a Santa Cruz County Public Health Program dedicated to serving people with HIV/AIDS. CARE Team provides:

- Medical Case Management
- Social Work Case Management
- Education, referral and advocacy

Clients are assigned nursing and social work case managers at no cost. The CARE Team helps link clients to medical care and treatment, mental health counseling, dental care, nutritional counseling, in-home nursing and attendant care, and social services support from other community agencies. CARE Team helps clients determine whether or not they meet the eligibility requirements in order to receive special funding to pay for many of these services. CARE Team also provides education about living with HIV, preventing transmission, having healthy intimate relationships and dealing with substance abuse.

The following facts summarize the characteristics of patients seen by the CARE Team in the year 2006. There were 210 people utilizing services (19 of which were new to the program last year; 17 were either deceased, inactive or unknown).

- 82% of cases are male
- Nearly all (98%) of cases are between the ages of 25-64 with half between the ages of 25-44 and the other half ages 45-64.
- 65% of cases are white, non-Hispanic; 29% of cases are Hispanic (all races)
- 70% of cases report an income at or below the Federal Poverty Level.
- Of the 60% of patients who have reported their housing arrangements, approximately 10% do not have permanent housing.
- Of the 77% percent of cases that reported what source of insurance they have, 17% reported not having any insurance. Only 2% have private insurance and the rest have either: Medicare (31%), Medicaid (23%), other public source (1%), or unspecified source (4%).

Table 9. HIV/AIDS status of CARE Team clients

Status	No.	%
HIV+, not AIDS	80	38.1
HIV+, AIDS unk	12	5.7
CDC-defined AIDS	118	56.2
HIV-indeterminate (<2 yrs)	0	0.0
Total	210	100.0

It appears from this data that there are at least 92 persons living with HIV in Santa Cruz County who are utilizing CARE Team services and approximately 50% of persons presumed living with AIDS are utilizing CARE Team Services. For more information about CARE Team, please visit: www.santacruzhealth.org.

EARLY INTERVENTION SERVICES PROGRAM (EIS)

Outpatient medical care is provided through the HIV Early Intervention Services (EIS) Program, which provides free or sliding-scale comprehensive services to HIV-positive people in Santa Cruz County who have no other source of care. Outpatient HIV primary care is funded through the Federal Ryan White HIV/AIDS Treatment Modernization Act of 2006, the State of California, and the County of Santa Cruz.

EIS services provided on site at the Health Services Agency (HSA) include: 1) HIV antibody counseling and testing; 2) Outpatient primary care including diagnosis and treatment of HIV disease, prophylaxis and treatment of opportunistic infections, laboratory, X-ray, and pharmacy services; 3) A nutritionist who provides counseling and body composition assays; 4) Medication education and adherence counseling; and 5) Comprehensive medical case management provided by the CARE Team's Public Health Nurses and Social Workers. (See next section of this report.)

Clinical trials, specialty care providers, dental care, mental health and chemical dependency services are available within the EIS program through direct referral to local providers. After-hours consultation and coordination with hospitalized patients help assure continuity of care. Services are available in English and Spanish. Ongoing evaluation and Quality Management activities including multi-disciplinary team meetings are an integral part of HIV services, and consumer input is solicited and encouraged. Outpatient HIV medical care is well integrated with other HSA departments including benefits eligibility, fiscal/accounting, and information services.

In calendar year 2006, 210 people received outpatient care through the HIV EIS Program; 19 of these were new to HIV care. Males comprised 82% of clients and females 17%; this is a higher percentage of women than in the total reported AIDS cases in the County. Almost all clients were between the ages 25 and 64 years. Of the total, 65% were white, 29% Latino/a (compared with 17.2% Latino/a in the County's cumulative AIDS cases), 3% African American, and approximately 3% were Asian, American Indian/Alaskan Native, or race/ethnicity unknown. Risk Behaviors for HIV were 51% Men who have Sex with Men, 21% Injecting Drug Users, 6% MSM/IDU, 18% Heterosexual contact, 2% Hemophilia, <1% Transfusion, and 3% the risk behavior was undetermined.

SANTA CRUZ AIDS PROJECT (SCAP)

The Santa Cruz AIDS Project is a community-based, non-profit organization. Started by volunteers, SCAP is now composed of four full-time employees with an additional 60 hours a week help from volunteers. SCAP offers the following services to persons positive for HIV:

- Case Management and Advocacy
- Supportive Counseling and Referrals
- Assistance Obtaining Financial Resources

Case managers provide clients with emotional support, service plan development and community service provider referrals. SCAP assists clients in qualifying for financial assistance for care services under federal grants which assist people with housing, utilities, medication, nutritional supplements, counseling as well as medical costs associated with HIV.

The following facts summarize the characteristics of patients seen by the SCAP in the year 2006. There were 216 people utilizing services (13 of which were new to the program last year; 5 were either deceased, inactive or unknown).

- 83% of cases are male
- Most (95%) of cases are between the ages of 25-64 with half between the ages of 25-44 and the other half ages 45-64.
- 63% of cases are white, non-Hispanic; 26% of cases are Hispanic (all races)
- 80% of cases report an income at or below the Federal Poverty Level.
- Approximately 3% are not permanently housed.
- Of the cases that reported their source of insurance (97%), less than 1% reported not having any insurance. Almost 12% have private insurance and the rest have either: Medicare (23%), Medicaid (5%), other public source (56%), or other-unspecified source (<1%).

Descriptive data on HIV/AIDS infection status is unknown for SCAP patients so it is unknown what percentage of PLWA use SCAP services. For more information about SCAP, go to <http://scapsite.org/>.

Summary

SCAP and CARE Team work together to manage HIV/AIDS clients in Santa Cruz County. Some client's utilize services, some use one or the other, and some do not use either. It is estimated that approximately 100 HIV/AIDS cases residing in Santa Cruz County do not use SCAP or CARE Team services. From observations by staff, these cases may not use services because they have other sources of medical care and emotional support.

Conclusions:

It is important to remember that this data is quite old, not just because the cases presented are from 1983-2006, but because even newly diagnosed AIDS cases have likely been HIV-positive for a number of years. Collecting data on patients at the time they are diagnosed with HIV will make this report much more valuable. Comprehensive and quality HIV data will provide a more accurate and timely picture of HIV occurrence, transmission and impact throughout Santa Cruz County. This picture will provide a stronger foundation for community-based organizations, planners, policy-makers, and public health to more effectively and efficiently create and evaluate programs and policies supporting HIV/AIDS care in Santa Cruz County.