

California HIV Prevention Indicators: Brief Report #4

Universitywide AIDS Research Program, University of California
Office of AIDS, California Department of Health Services

August 12, 2006

This is the fourth of a continuing series of brief reports on findings from the California HIV Prevention Indicators Project, a collaborative effort of the Universitywide AIDS Research Program (UARP) and the California State Office of AIDS (OA). For a fuller description of findings, the reader should review the materials available at the UARP website:

<http://uarp.ucop.edu/>

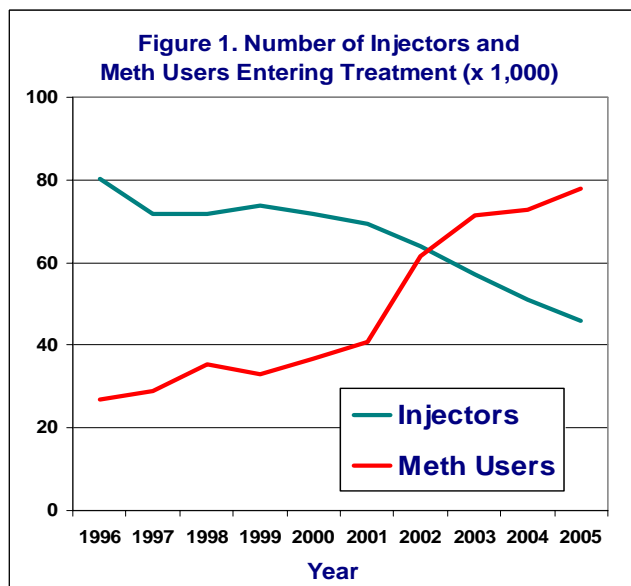
Summary. Until the mid-1990s, California made substantial progress toward preventing new HIV infections. However, in more recent years, continuing success is less certain. We see increases in high risk sexual behaviors, and widespread use of meth-amphetamines. Injection drug use and needle sharing appear to be decreasing. The total number of Californians living with HIV continues to increase, as does the cost of their care. Recent encouraging information demonstrates that the new rapid HIV test may help to substantially reduce the number of people with HIV who do not know they are infected.

Populations: Numbers in High Risk Groups. From a statewide telephone survey in 2003, an estimated 351,000-427,000 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

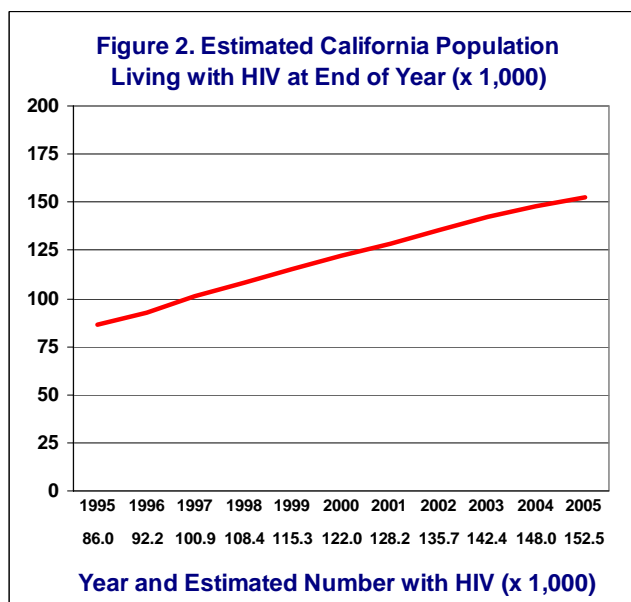
A statewide telephone survey in 2000 found that about 0.8% (0.3%-1.2% with 95% certainty) of adults in California injected non-prescription drugs in the past 12 months,³ suggesting that California had about 200,000 injection drug users (IDU). This figure is lower than consensus estimates of 300,000 IDU.²

From 1996 through 2005, the number of IDU entering treatment declined from 80,100 to 46,000; and the number of methamphetamine users entering treatment increased from 27,000 to 77,800 (Fig. 1). Analysis of data in prior editions of this briefing paper indicates that the number of African American meth-amphetamine users entering treatment has been constant, and the increases have been mainly among Latinos (4X) and non-Hispanic whites (2X). While there have been increases in all regions of California, most of the recent increase has been in the San Joaquin Valley and Southern California, including Los Angeles.⁴

From 1995 to 2005, the population in state prisons and local jails increased from 206,800 to 247,300.⁵



Populations: Prevalence of HIV Infection. UARP estimates that 152,500 Californians were living with HIV as of the end of 2005. The estimate is derived from CDC computer models of the national epidemic applied to California,⁶ and it includes persons with and without AIDS. The number substantially increased from about 86,000 at the end of 1995 (Fig. 2). A slight reduction in the annual increase for the year 2005 results from delays in reporting of AIDS cases, which in turn affects the HIV estimate.

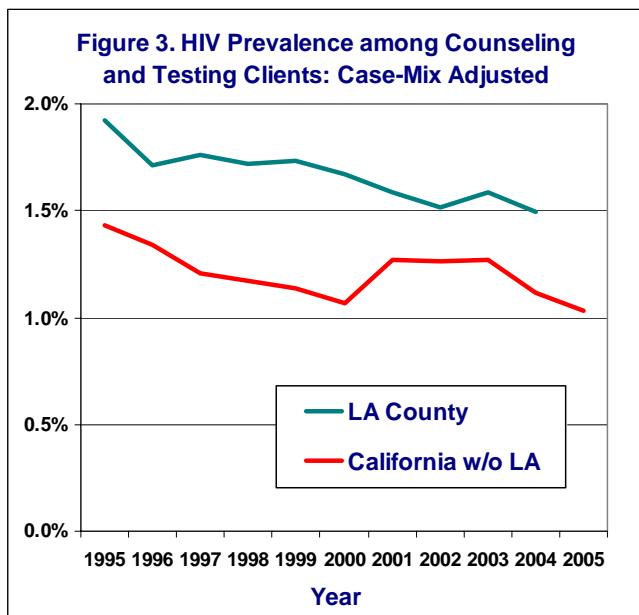


A general population survey in 2000 suggested that about 150,000 adults carried the virus, but the confidence interval for the estimate was very wide (25,000-274,000 at 95% certainty) and the question addressed only individuals who had previously tested for HIV.⁷

An expert consensus group previously estimated the total number of infected persons at 108,000-124,000 in 1997. The 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 an HIV prevalence of 21% and 22%, respectively.^{8,9}

Surveys of childbearing women from 1988 to 1998 suggest that about 322 to 488 (0.55%-0.80%) childbearing women in any year were infected with HIV, with no evidence of a trend over time.¹⁰



In 2005, excluding Los Angeles County, 1.0% of HIV Counseling and Testing (C&T) Program clients tested positive for HIV (Fig. 3). After adjusting for changes in case-mix, that figure declined from 1.4% in 1995. In Los Angeles, a higher percentage were positive, but figures also declined. While women were less likely to test positive for HIV (about 0.4%), the case-mix adjusted percentages have been fairly constant over the past decade. Among MSM, percentages declined from 5.4% to 3.7% in Los Angeles and from 4.5% to 2.9% in the rest of California. In comparison to non-Hispanic Whites, African Americans were about 1.7

times as likely to test positive and Latinos about 1.4 times as likely.¹¹

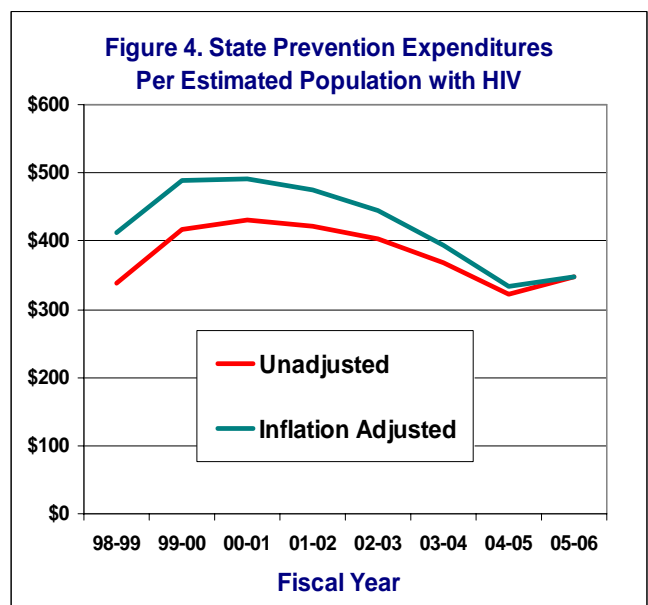
Annual surveys at sexually transmitted disease clinics, when standardized for locations sampled (excluding LA and SF), suggest a decline in HIV prevalence from 1992 to 1998 from 1.6% to 0.8%. However, by 2001 the estimate increased to 1.4%.¹²

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 1998.¹³ However, evidence for 2001-2003 suggests increased prevalence at STD clinics, particularly among MSM.¹⁴

Similarly, the total number of HIV cases detected in San Francisco increased from about 500 in 1999 to 1,984 in 2003,¹⁵ and 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 2004, the rate decreased to 3/100,000.¹⁶

The number of known HIV cases among state prisoners increased from 786 in 1991 to 1,196 in 2003.¹⁷

Prevention Interventions: Effort. Total federal and state funds spent for HIV prevention by the California State Office of AIDS fell from \$54.8 million in FY 02-03 to \$47.5 million in 04-05. For FY 05-06, the budget increased to \$53.1 million.¹⁸ When expenditures are viewed in relation to the estimated total population with HIV, the annual expenditure peaked at \$430 per person with HIV in FY 00-01 and declined to \$348 per person for FY 05-06 (Fig.4).

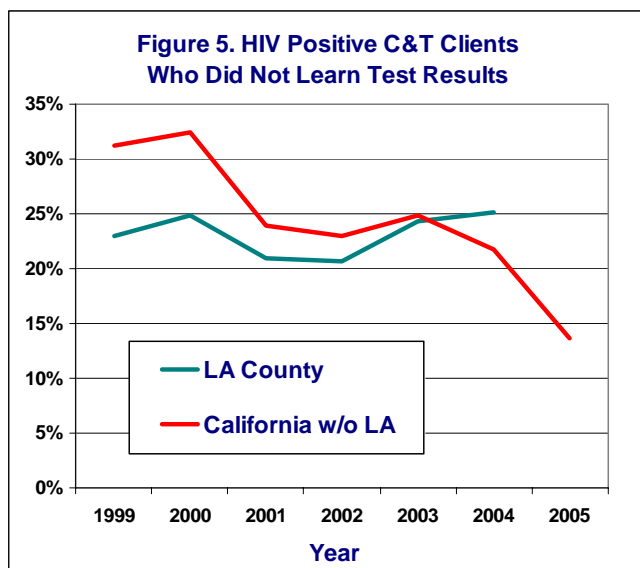


Prevention Interventions: Availability and Utilization. Population surveys suggest that the percent of adults under age 65 who reported testing for HIV in the past year declined from about 37% in 1998 to 32% in 2000.¹⁹

From 2000 to 2003, the number of high-risk clients tested in the Counseling and Testing Program who were referred by outreach services in Los Angeles County decreased from 1,300 to 400. For the rest of the state, the number decreased from 9,800 in 1999 to 6,700 in 2005.¹¹

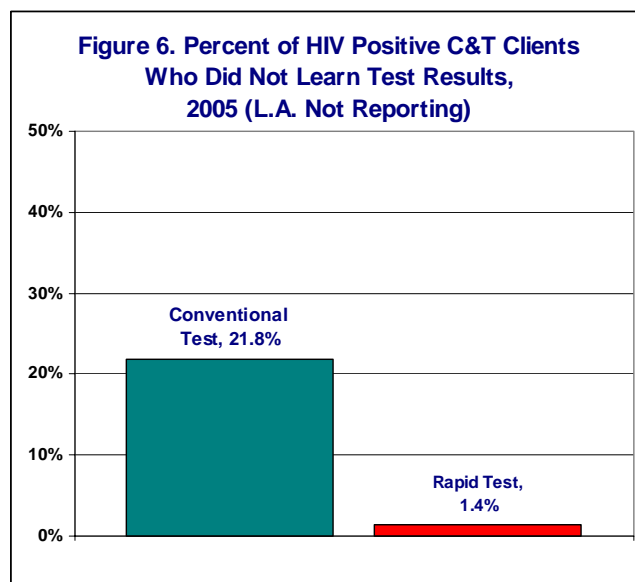
The annual volume of HIV tests of high-risk clients in the Counseling and Testing Program increased in Los Angeles County from 10,000 in 1996 to 23,100 in 2003. However, the number decreased in the rest of California from 60,000 in 1996 to 43,200 in 2005.¹¹

Prevention Interventions: Timeliness and Continuity. Data from the Counseling and Testing Program indicate that 21%-25% HIV positive clients in Los Angeles County did not return for test results during the years 1999-2004. For the rest of California, the figure ranged from 22%-31%, but dropped to 13.6% in 2005 (Fig. 5). The recent improvement clearly results from deployment of rapid testing (Fig. 6).¹¹

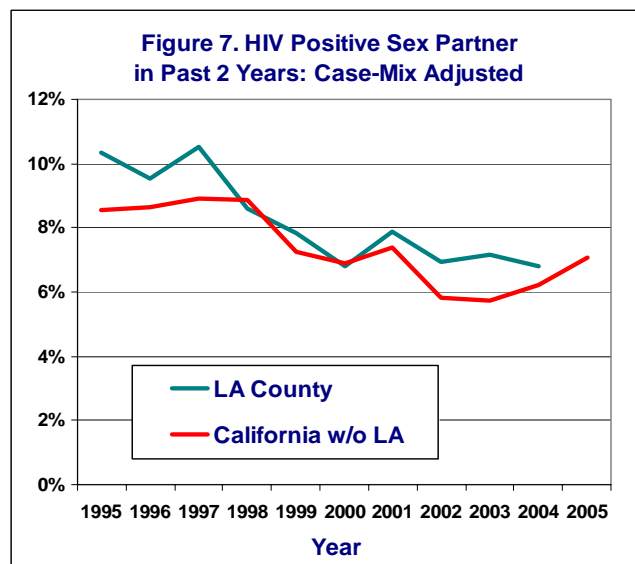


Data from the 1998 Survey of Childbearing Women suggest that, out of an estimated 337 childbearing women with HIV, about 69 (20%) did not receive antiretroviral therapy (41-109 at 95% certainty).¹⁰

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 3,900 in 1995 to 1,600 in 2005. The decline was primarily among the MSM population.²⁰

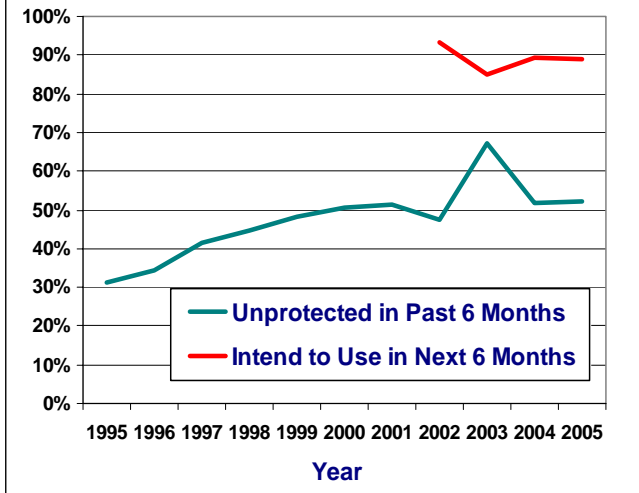


Risk-Taking and Protective Behaviors. Within the Counseling and Testing (C&T) Program, case-mix adjusted data for Los Angeles County show a steady increase in the proportion of clients who had more than five sex partners in the past two years, from about 23% in 2001 to 28% in 2004. For the rest of California, the percentage declined from 20.9% in 2001 to 18.5% in 2005. The same case-mix adjustment suggests a long term decrease in the percent of clients who had an HIV positive sex partner in the past two years, except for a recent increase for those outside of Los Angeles county (Fig. 7).¹¹



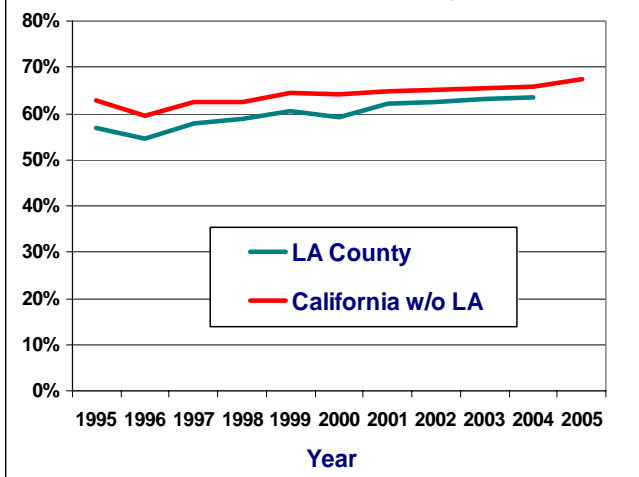
A series of street-based convenience samples of MSM in San Francisco from late 1995 through 2005 suggests growing lack of protection among those who practiced anal sex. However, of MSM who had more than one sex partner in the prior six months and who also practiced anal intercourse, intent to use condoms in the coming six months remains high (Fig. 8).²¹

Figure 8. Unprotected Anal Sex in Past 6 Months and Intent to Use Condoms in Next 6 Months: MSM in S.F. Street Surveys



Case-mix adjusted data from the C&T Program suggest a slight, long-term trend toward lack of protection among those who practiced receptive anal intercourse in the past two years (Fig. 9).¹¹

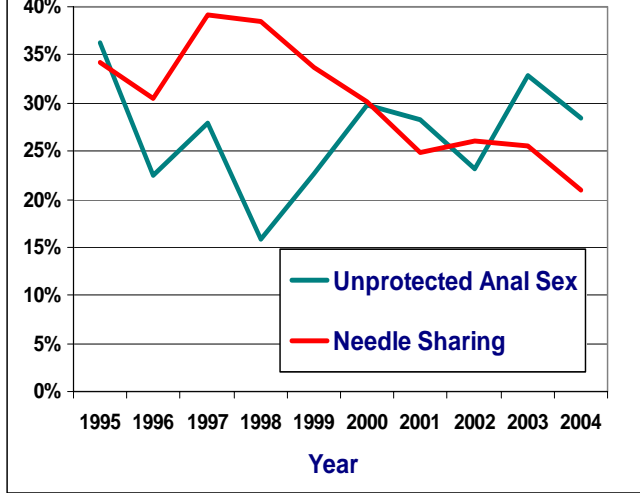
Figure 9. Any Unprotected among C&T Clients with Receptive Anal Sex in Past 2 Years: Case-Mix Adjusted



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 2003.²²

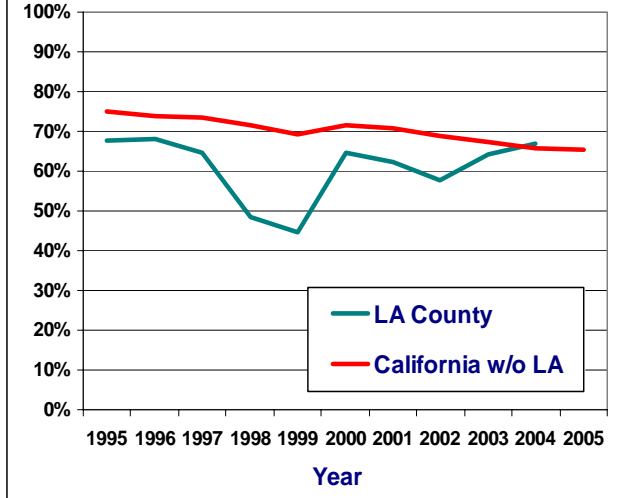
Ongoing surveys of injectors in San Francisco suggest a trend toward unprotected anal sex among MSM over the past several years. However, among all injectors, needle sharing is becoming less common (Fig. 10).²³

Figure 10. S.F. Urban Health Study: Unprotected Anal Sex - MSM Injectors (Past 6 Mos.) and Needle Sharing - All Injectors (Past 30 Days)

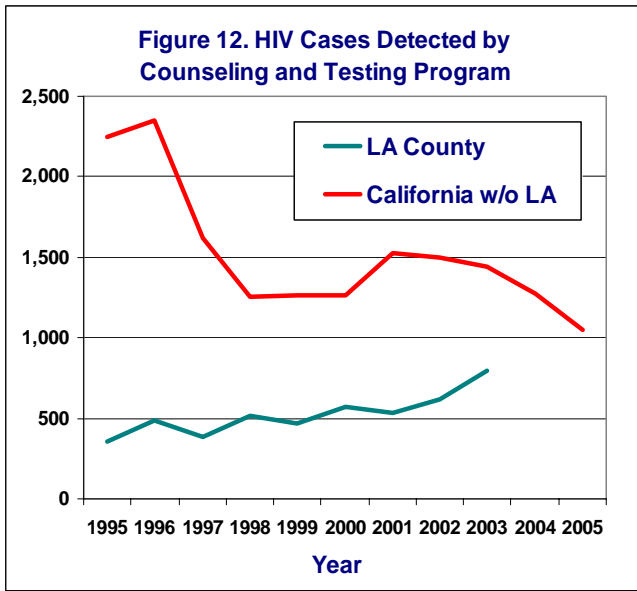


Among injection drug users in the C&T program in Los Angeles County, needle sharing has been on an upward trend since 1999. For the rest of California, however, needle sharing has been on a long-term decline (Fig. 11).¹¹

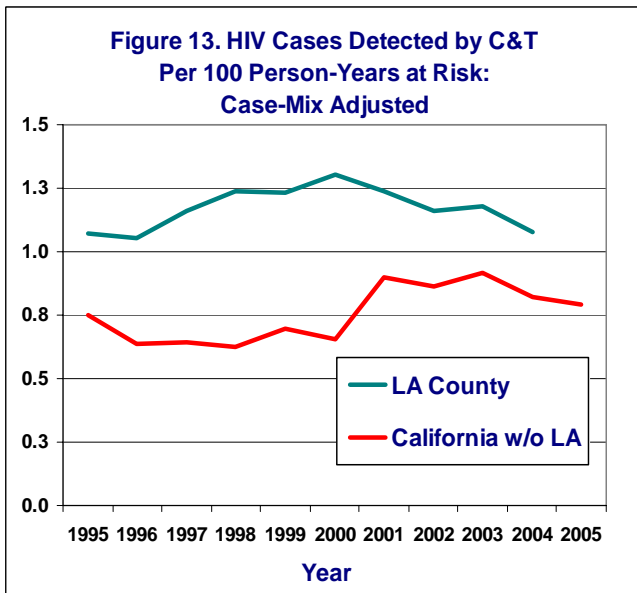
Figure 11. Needle Sharing in Past 2 Years among Injectors in C&T Program



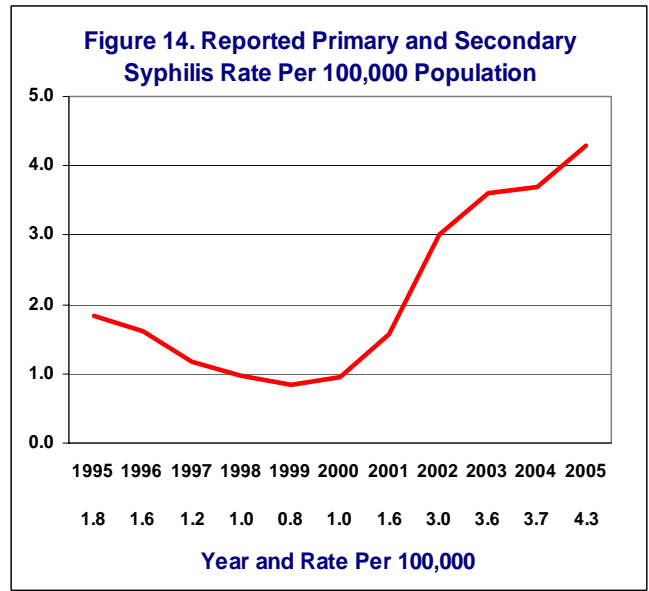
Disease Impacts: New Infections. From 1995 through 2003, the number of HIV cases detected by the HIV Counseling and Testing Program in Los Angeles County steadily increased from 365 to 795. For the rest of California, the number decreased from 2,247 in 1995 to 1,045 in 2005 (Fig. 12).¹¹



Case-mix adjusted data from the C&T program in Los Angeles County suggest an increase in new HIV infections per 100 person-years at risk among repeat testers from 1.07 in 1995 to 1.31 in 2000. The rate has since dropped to 1.08 in 2004. For the rest of California, the rate peaked at 0.92 in 2003 and then declined to 0.79 in 2005 (Fig. 13). Among MSM, the rate increased from 2.20 in 1998 to 2.66 in 2003.¹¹

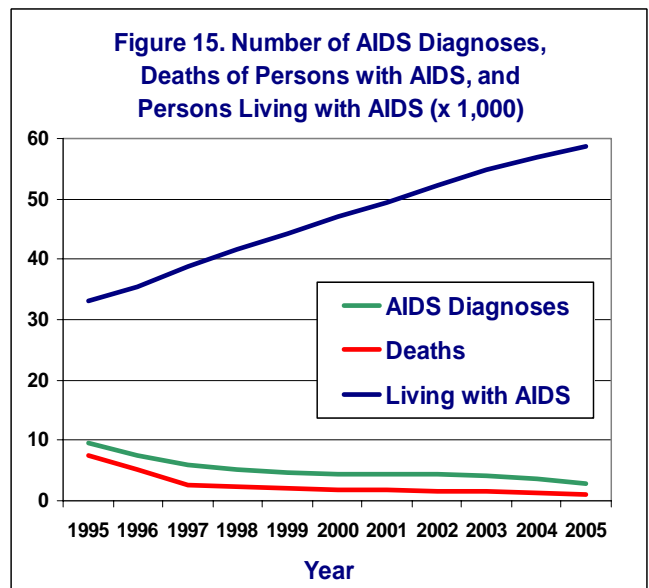


Following a long-term decline in the rate of primary and secondary syphilis infections to 0.8 per 100,000 population in 1999, the rate increased to 4.3 per 100,000 in 2005 (Fig. 14). While HIV status is not known for many primary and secondary syphilis cases, about 50%-60% of MSM syphilis cases also test positive for HIV.²⁴



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 1998.¹³ 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.²⁵

Disease Impacts: AIDS. The annual number of new AIDS diagnoses peaked at 12,500 in 1992 and declined to about 2,800 in 2005. 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 1,100 in 2005 (Fig 15).²⁰ Because of reporting delays, figures for recent years must be regarded as preliminary.

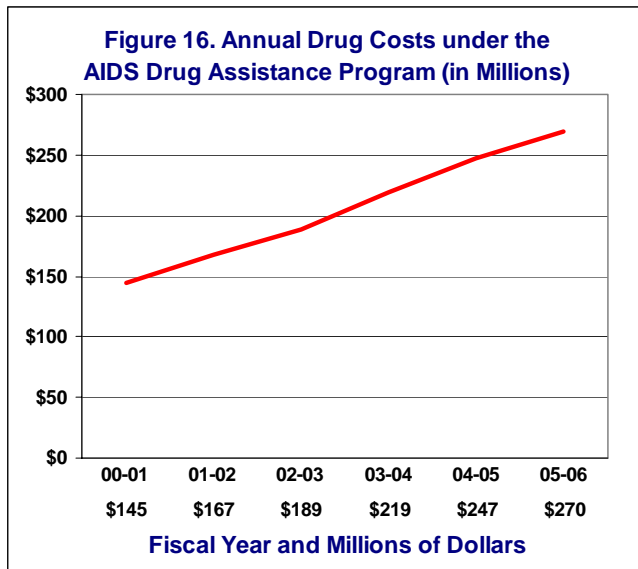


Because the new treatments for HIV delay or prevent a progression to AIDS, diagnosed cases of AIDS are no longer a useful marker of recent trends in the epidemic. They reflect failures of therapy, or failed access or utilization of therapy. However, the number of persons living with AIDS is an important 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 2005, about 58,600 individuals in California were living with AIDS. The number of persons living with AIDS has nearly doubled in the past decade (Fig. 15).²⁰

About 19% of persons living with AIDS are African American and 27% are Latino. And about two-thirds are living in Los Angeles County and the San Francisco Bay Area. The largest percentage increase over the past decade in the number living with AIDS has been in the San Joaquin Valley (2.7X).²⁰

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) nearly doubled from \$145 million in FY 00-01 to \$270 million in the most recent fiscal year (Fig. 16).



This and other reports can be downloaded from the page on California HIV Prevention Indicators at <http://uarp.ucop.edu/>

We welcome submission of copies of reports and journal articles containing 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 - August 12, 2006

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1-1. Populations: Numbers in High Risk Groups											
1-1-1. Adult Males Reporting to be Gay or Bisexual (x 1000) (CHIS) ¹							407.0		389.0		
1-1-2. Persons Entering Treatment with History of Illicit Needle Use in Past 12 Months (x1000)		80.1	71.9	71.7	74.0	71.9	69.5	63.9	57.2	51.0	46.0
1-1-3. Persons Entering Treatment with History of Methamphetamine Use in Past 12 Months (x1000)		27.0	28.9	35.4	33.0	36.8	40.7	61.6	71.5	73.0	77.8
1-1-4. Persons in Custody of California State Prison and Local Jail Jurisdictions (x1000)	206.8	218.1	232.7	241.0	239.4	237.9	233.3	237.5	239.8	243.2	247.3
1-2. Populations: Prevalence of HIV Infection											
1-2-1. Estimated California Population Infected with HIV (x1000) (UARP Estimate)	86.0	92.2	100.9	108.4	115.3	122.0	128.2	135.7	142.4	148.0	152.5
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)				14.8%	13.9%	12.7%	13.4%	14.5%	12.7%	13.1%	12.6%
1-2-4-A. HIV Prevalence among Counseling and Testing Program Clients - excl. LA county (case-mix adjusted)	1.4%	1.3%	1.2%	1.2%	1.1%	1.1%	1.3%	1.3%	1.3%	1.1%	1.0%
1-2-4-B. HIV Prevalence among Counseling and Testing Program Clients - LA county (case-mix adjusted)	1.9%	1.7%	1.8%	1.7%	1.7%	1.7%	1.6%	1.5%	1.6%	1.5%	
1-2-5. HIV Prevalence in Samples from Selected STD Clinics - excl. LA and SF counties	1.4%	1.0%	1.1%	0.8%	1.1%	1.0%	1.4%				
1-2-6-A. HIV Prevalence among Women in C&T Program - excl. LA county (case-mix adjusted)	0.39%	0.37%	0.34%	0.37%	0.38%	0.39%	0.46%	0.47%	0.49%	0.40%	0.36%
1-2-6-B. HIV Prevalence among Women in C&T Program - LA county (case-mix adjusted)	0.54%	0.62%	0.90%	0.56%	0.49%	0.46%	0.46%	0.44%	0.81%	0.66%	
1-2-7. Estimated HIV Prevalence per 1000 Childbearing Women	0.65			0.65							
1-2-8. HIV Prevalence among Male Injectors in San Francisco (Urban Health Study)	13.7%	11.4%	9.6%	10.5%	11.3%	12.4%	11.7%	12.9%	14.9%	13.5%	
1-2-9. Inmates Known to be Positive for HIV in California Prisons	0.8%	0.8%	0.9%	1.0%	1.0%	1.0%	0.8%	0.7%	0.7%		
2-1. Interventions: Effort											
2-1-1. State Expenditures for HIV Prevention Programs by Fiscal Year (Millions - Federal and State funds)				\$37	\$48	\$53	\$54	\$55	\$52	\$48	\$53
2-1-2-A. State Prevention Expenditure per Estimated Persons with HIV - Unadjusted				\$339	\$416	\$430	\$421	\$404	\$368	\$321	\$348
2-1-2-B. State Prevention Expenditure per Estimated Persons with HIV - Inflation Adjusted				\$412	\$489	\$492	\$474	\$444	\$394	\$333	\$348
2-2. Interventions: Availability and Utilization											
2-2-1. Adults Ages 18+ Who Tested for HIV in the Past Year (BRFSS)				37.2%	33.6%	31.8%					
2-2-2-A. High Risk Clients Referred to C&T by Outreach Projects - excl. LA county (x1000)				6.7	9.8	9.3	7.8	8.6	8.9	8.7	6.7
2-2-2-B. High Risk Clients Referred to C&T by Outreach Projects - LA county (x1000)				0.3	0.6	1.3	0.5	0.6	0.4		
2-2-3-A. HIV Tests of High Risk Clients in the Counseling and Testing (C&T) Program - excl. LA county (x1000)	61.6	60.1	50.8	46.1	46.0	47.1	48.9	50.5	48.7	50.0	43.2
2-2-3-B. HIV Tests of High Risk Clients in the Counseling and Testing (C&T) Program - LA county (x1000)	7.0	10.1	8.3	12.3	10.9	14.5	14.0	18.2	23.1		
2-3. Interventions: Timeliness and Continuity											
2-3-1-A. Percent Who Did Not Learn HIV Test Results in C&T Program - excl. LA county (case-mix adjusted)				21.3%	22.2%	23.9%	24.2%	24.8%	23.7%	21.9%	18.5%
2-3-1-B. Percent Who Did Not Learn HIV Test Results in C&T Program - LA county (case-mix adjusted)					20.3%	22.5%	21.1%	20.7%	24.3%	20.3%	
2-3-2-A. Percent of HIV+ Who Did Not Learn HIV Test Results in C&T Program - excl. LA county				25.9%	31.2%	32.4%	23.9%	22.9%	24.8%	21.8%	13.6%
2-3-2-B. Percent of HIV+ Who Did Not Learn HIV Test Results in C&T Program - LA county					23.0%	24.9%	20.9%	20.7%	24.3%	25.2%	
2-3-3. AIDS Cases Where Earliest HIV+ Test <= 6 Months Prior to AIDS Diagnosis (x1000)	3.9	3.6	3.2	2.9	2.7	2.4	2.4	2.4	2.1	1.9	1.6
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.

California HIV Prevention Indicators - August 12, 2006

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
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								93.3%	84.8%	89.2%	89.1%
3-2. Risk-Taking and Protective Behaviors: High Risk Sex											
3-2-1-A. C&T Clients with More than Five Sex Partners - excl. LA county (case-mix adjusted) ²	12.1%	12.6%	13.6%	14.8%	15.3%	16.0%	20.9%	22.0%	22.1%	18.5%	18.5%
3-2-1-B. C&T Clients with More than Five Sex Partners - LA county (case-mix adjusted) ²	14.9%	15.9%	16.9%	19.4%	18.0%	18.6%	22.6%	24.5%	27.1%	28.0%	
3-2-2-A. C&T Clients with HIV+ Sex Partners in Past 2 Years - excl. LA county (case-mix adjusted)	8.6%	8.6%	8.9%	8.9%	7.2%	6.9%	7.4%	5.8%	5.7%	6.2%	7.1%
3-2-2-B. C&T Clients with HIV+ Sex Partners in Past 2 Years - LA county (case-mix adjusted)	10.3%	9.5%	10.5%	8.6%	7.8%	6.8%	7.9%	7.0%	7.2%	6.8%	
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)	31.2%	34.4%	41.6%	44.5%	48.2%	50.7%	51.4%	47.4%	67.0%	51.9%	52.3%
3-2-5. Any Unprotected Anal Sex in Past Six Months among MSM Injectors in San Francisco (Urban Health Study)	36.2%	22.5%	28.0%	15.8%	22.6%	29.9%	28.3%	23.2%	32.9%	28.4%	
3-2-6-A. Any Unprotected - C&T Clients with Receptive Anal Sex in Past 2 Years - excl. LA county (case-mix adj.)	62.9%	59.6%	62.5%	62.5%	64.6%	64.2%	64.7%	65.2%	65.4%	65.8%	67.4%
3-2-6-B. Any Unprotected - C&T Clients with Receptive Anal Sex in Past 2 Years - LA county (case-mix adj.)	57.0%	54.6%	57.7%	58.7%	60.5%	59.1%	62.1%	62.4%	63.1%	63.3%	
3-3. Risk-Taking and Protective Behaviors: Needle Sharing											
3-3-1. Needle Sharing in Past 30 Days among San Francisco Injectors (Urban Health Study)	34.2%	30.5%	39.2%	38.5%	33.8%	30.2%	24.9%	26.0%	25.6%	21.0%	
3-3-2-A. C&T Injection Drug Users Who Shared Needles in Past 2 Years - excl. LA county	75.0%	73.8%	73.5%	71.5%	69.3%	71.4%	70.9%	68.7%	67.3%	65.9%	65.5%
3-3-2-B. C&T Injection Drug Users Who Shared Needles in Past 2 Years - LA county	67.8%	68.0%	64.8%	48.3%	44.7%	64.7%	62.5%	57.7%	64.4%	66.8%	
4-1. Disease Impacts: New Infections											
4-1-1-A. HIV Cases Detected by C&T Program - excl. LA county	2,247	2,347	1,624	1,253	1,268	1,265	1,522	1,500	1,442	1,276	1,045
4-1-1-B. HIV Cases Detected by C&T Program - LA county	356	489	383	519	466	570	530	614	795		
4-1-2-A. New HIV Cases Detected by C&T per 100 Person-Years at Risk - excl. LA county (case-mix adjusted)	0.75	0.64	0.64	0.62	0.69	0.66	0.90	0.86	0.92	0.82	0.79
4-1-2-B. New HIV Cases Detected by C&T per 100 Person-Years at Risk - LA county (case-mix adjusted)	1.07	1.05	1.16	1.24	1.23	1.31	1.24	1.16	1.18	1.08	
4-1-3. Primary and Secondary Syphilis Rate per 100,000 Population	1.8	1.6	1.2	1.0	0.8	1.0	1.6	3.0	3.6	3.7	4.3
4-1-4. HIV Positive as Percent of Primary and Secondary Syphilis Cases among MSM						44.2%	55.7%	60.0%	50.7%	48.3%	47.9%
4-2. Disease Impacts: AIDS											
4-2-1. Number Diagnosed with AIDS (x1000)	9.5	7.6	5.9	5.1	4.8	4.4	4.3	4.5	4.1	3.5	2.8
4-2-2. Number Living with AIDS (x1000)	33.1	35.5	38.8	41.7	44.4	46.9	49.3	52.2	54.8	56.9	58.6
4-2-3. Deaths of Persons with AIDS from Any Cause (x1000)	7.6	5.1	2.6	2.2	2.1	1.8	1.9	1.6	1.5	1.4	1.1
4-3. Disease Impacts: Cost of Care											
4-3-1. AIDS Drug Assistance Program Expenditures for Drugs (millions)						\$145	\$167	\$189	\$219	\$247	\$270

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

Note 2. Over past 12 months for years 1995-2000. Starting 2001, over the shorter of past two years or since last HIV test.