

# Epidemiology of HIV/AIDS in Sonoma County

## Annual Report

June 30, 2005



**Mary Maddux-González, MD, MPH, Public Health Officer**

**Leigh Hall, MD, Deputy Public Health Officer**

**Shari Brenner, MPH, Section Manager**

**Karen Gordon, PHN, AIDS Surveillance**

*Prepared by*

**Lucinda Hammond, MSPH, Epidemiologist**

Copies of this report are available online at <http://www.sonoma-county.org/health/ph/hiv/data.htm>

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## Executive Summary

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As of June 30, 2005, there are at least 1161 persons living with HIV disease in Sonoma County (766 AIDS, 395 HIV, non-AIDS). Due to the limitations in data collection, this number is not a true reflection of the local burden of HIV and AIDS, and only represents persons diagnosed with HIV or AIDS in Sonoma County. It is estimated that at the end of 2004, there were actually between 1,833 and 2,090 persons living with HIV disease in Sonoma County. Similar to the state and national epidemics, the demographics of persons newly affected by HIV and AIDS continue to change. Highlights of this report include:

- The majority of persons currently living with HIV or AIDS are male and report White race.
- Compared to all AIDS cases ever reported in Sonoma County, those currently living with HIV or AIDS include a higher proportion of persons reporting heterosexual exposure, particularly among females.
- The proportion of Latinos among new cases of HIV or AIDS has increased from 11% in 1997 to 30% in 2005.
- Among Latinos newly diagnosed with HIV or AIDS, the proportion of Mexican-born cases has increased from 29% in 1998 to 78% in 2003.
- The proportion of women among persons newly diagnosed HIV or AIDS has increased from 3% of the total in 1999 to 22% in 2004.

In California, Sonoma County has the seventh highest prevalence of persons living with AIDS of all 58 counties.

## Introduction

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The following report summarizes data from HIV and AIDS Confidential Case Report Forms submitted to the County of Sonoma Department of Health Services by health care providers. This information allows examination of disease trends and helps determine how and to whom services should be targeted. The data presented in this report include only persons who were Sonoma County residents at the time of diagnosis with HIV or AIDS. The number of newly reported AIDS cases per year is becoming less reflective of the true burden of the HIV/AIDS epidemic in Sonoma County for the following reasons:

- No system currently exists to track migration of individuals following an HIV or AIDS diagnosis. Migration may result in a different number of persons with HIV or AIDS residing and requiring services in Sonoma County than are represented in this report.

- Some HIV and AIDS deaths may have occurred but have not yet been reported to the county health department (e.g., if a person with AIDS dies outside Sonoma County or California).
- Because many who are living with HIV have not yet been tested and therefore do not know their status the figures in this report underestimate the true scope of HIV disease in Sonoma County.

Until 1999, the number of new AIDS cases had been decreasing due to treatment improvements that slow the progression of HIV to AIDS. California instituted a non-name, unique identifier HIV reporting system on July 1, 2002. This HIV reporting system serves as a HIV surveillance system, enabling the tracking of HIV while assuring the confidentiality of people living with HIV. Combining both HIV and AIDS data in this report provides a more representative sample of persons affected by the epidemic.

Due to the relatively recent adoption of HIV reporting, not all HIV cases that were diagnosed in Sonoma County in the years previous to 2002 have been reported to the state Department of Health Services as yet; they are therefore not reflected in the data in this report. The Department of Health Services continues to do validation studies to identify these previously diagnosed HIV cases.

## HIV and AIDS in the World, US, and California

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The number of persons currently living with HIV or AIDS continues to rise around the world (Table 1). Certain regions, such as East Asia, Eastern Europe, and Central Asia, are experiencing a dramatic increase in newly diagnosed cases<sup>1</sup>. Of particular concern is the increasing proportion of women and children affected by HIV and AIDS. In some countries, over fifty percent of persons living with HIV disease are women. In the United States, this proportion is twenty percent and growing larger each year<sup>2</sup>.

**Table 1 - Global, national and State HIV/AIDS Estimates (Pediatric and Adult)**

<b>People living with HIV/AIDS</b>	
Worldwide <sup>3</sup>	39.4 million (35.9-44.3 million)
Adults	37.2 million (33.8-41.7 million)
Women	17.6 million (16.3-19.5 million)
Children under 15 years	2.2 million (2.0-2.6 million)
United States <sup>4</sup>	1.1 million (1.0-1.2 million)
California <sup>5</sup>	116,000 (107,837-124,305)
<b>New Infections per Year</b>	
Worldwide <sup>6</sup>	4.9 million (4.3-6.4 million)
United States <sup>7</sup>	40,000
California <sup>8</sup>	7,888 (6,788-8,988)

In 2003, Californians accounted for approximately 14% of all persons living with HIV disease nationwide. In California, Sonoma County has the seventh highest prevalence of persons living with AIDS of all 58 counties (Table 2).

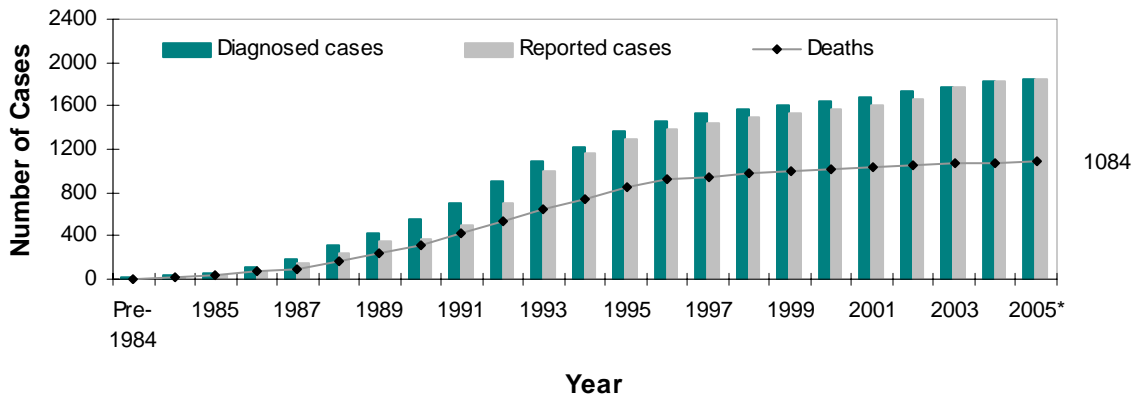
Table 2 - Leading Prevalence<sup>9,10</sup> of AIDS Cases by County, California, 1981 - June 2005

County	Prevalence per 100,000	Persons living with AIDS
San Francisco	1077	8536
Marin	259	648
San Diego	189	5704
Los Angeles	180	20728
Alameda	171	2782
Solano	169	702
<b>Sonoma</b>	<b>160</b>	<b>758</b>
Riverside	153	2710
Kern	118	858
San Mateo	118	843

## AIDS in Sonoma County

The HIV and AIDS case information in this section reflects data from the HIV/AIDS Reporting System. This database only includes HIV and AIDS cases that were diagnosed in Sonoma County. Those people living with HIV/AIDS that currently live in Sonoma County but were diagnosed with HIV or AIDS in another county are not included in the tables and graphs in this section.

Figure 1 - Cumulative AIDS Cases by Year Reported, Year of Diagnosis, and Year of Death Sonoma County, 1981 through June, 2005

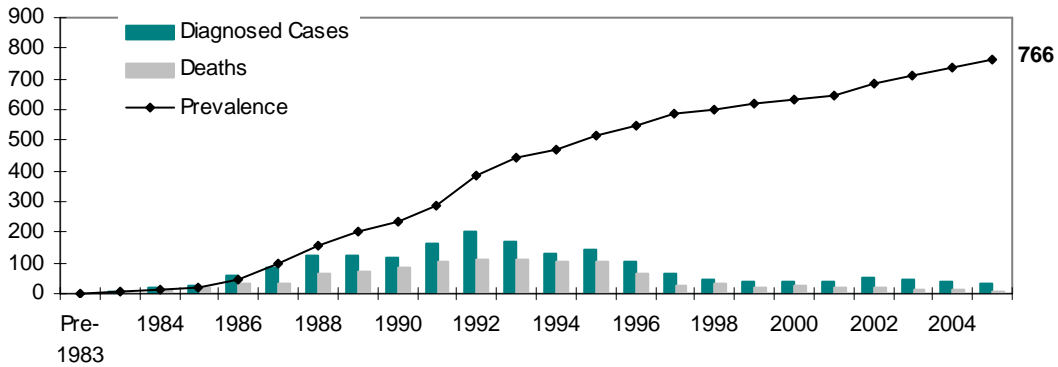


\*Data for 2005 only through the month of June, not annualized.

From January 1, 1981 through June 30, 2005, 1,850 Sonoma County residents have been reported with AIDS (Figure 1). Of these cases, 1,084 have died, resulting in a case fatality ratio of 58.6% over the course of the epidemic. While the number of newly diagnosed cases has declined since 1992, the total number of persons living with AIDS has steadily increased over time (Figure 2). The decline in the number of newly diagnosed AIDS cases is partially due to

better management of HIV causing a delay in conversion to AIDS. Currently, there are 766 persons living with AIDS who were diagnosed in Sonoma County.

**Figure 2 - AIDS Cases by Year of Diagnosis, Year of Death, and Prevalence  
Sonoma County 1981 through June 2005**



**Race/Ethnicity**

The cumulative incidence rate (CIR) by race/ethnicity estimates the rate at which a particular race or ethnic group is being diagnosed with AIDS (Table 3). The Other/Unknown classification of race/ethnicity includes Asian/Pacific Islanders (n=15), American Indian/Alaska Natives (n=12), Multi-Race (n=3) and unknown (n=2). These groups were combined into one category because the number of cases for any one of these groups alone was too small to calculate a statistically reliable CIR.

**Table 3 - Cumulative Incidence Rates\* of AIDS by Race/ Ethnicity  
Sonoma County, 1981 through June 2005**

Race/Ethnicity	Cumulative Incidence Rate	95% Confidence Intervals
White	466.1	(443.5, 488.7)
Hispanic	161.7	(135.5, 187.9)
African American	737.1	(537.5, 936.7)
Other/ Unknown	95.1	(62.2, 128.0)
Total	386.8	(369.2, 404.4)

\*Rates per 100,000 population and not age-adjusted

Source: Sonoma County HIV/AIDS Reporting System

The highest CIR was seen for African Americans, followed by Whites. However, it is important to note that the fewer cases of AIDS in African Americans (n=52) compared to Whites (n=1622) and Hispanics (n=144) may result in a less accurate representation of the CIR for African Americans. Hispanics and the Other/Unknown groups had a significantly lower CIR than Whites or African Americans.

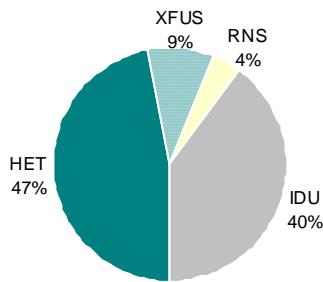
A survey of people living with AIDS sponsored by the Sonoma County Commission on AIDS indicates that the actual number of people living with AIDS in Sonoma County may be greater than the data presented above due to migration to Sonoma County after their diagnosis of AIDS.

**Exposure Category**

A hierarchical index following CDC guidelines is used to describe how each AIDS patient acquired the virus. If a patient has more than one possible exposure category, excepting men who have sex with men and use injection drugs, the response closest to the top of the hierarchy is selected. In the following graph, each AIDS patient is represented by one response even though the patient may have reported multiple modes of exposure.

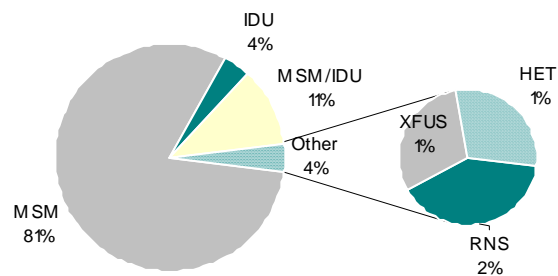
**Figure 3 - Percent of Adult AIDS Cases by Exposure Category and Gender Sonoma County 1981 through June 2005**

**Females (N=101)**



MSM – Men who have sex with men  
 IDU – Injecting drug use  
 HET – Heterosexual contact

**Males (N=1749)**



XFUS – Blood transfusion, blood components or tissue  
 RNS – Risk not reported

The majority of male AIDS cases reported sex with another man (MSM) as the primary exposure category (81%, Figure 3). Note that if a man with AIDS reported ever having sex with a man between 1977 and his first HIV-positive test, he was placed in this category regardless of his sexual orientation. The majority of females reported heterosexual contact (HET, 47%) or injecting drug use (IDU, 40%) as primary exposures. These proportions are similar to all of California, where the majority (74%) of male AIDS cases were also in the MSM exposure category. Among females, 45% were in the heterosexual contact exposure category and 36% in the IDU exposure category<sup>11</sup>.

**Age at Diagnosis**

When diagnosed with AIDS, women are significantly younger than men (38 vs. 41 years, p=0.02 T-test with unequal variances). The largest proportion of males are diagnosed with AIDS between ages 37 and 44 (33%), followed by 45 and older (30%, Table 4). In comparison, the largest proportion of females are diagnosed between ages 30 and 36 (30%), followed by ages 37 to 44 (25%, Table 4).

**Table 4 - Age at Diagnosis for Adult and Adolescent AIDS Cases Sonoma County 1981 through June 2005**

	Males		Females	
	N	%	N	%
13-19	1	<1	1	1
20-29	175	10	22	22
30-36	475	27	31	30
37-44	579	33	25	25
45+	518	30	22	22
Total	1748		101	

## Persons Living with AIDS and HIV

As of June 30, 2005, there are at least 1161 persons living with HIV disease in Sonoma County (766 AIDS, 395 HIV, non-AIDS). Due to the limitations in data collection, this number is not a true reflection of the local burden of HIV and AIDS, and only represents persons diagnosed with HIV or AIDS in Sonoma County. It is estimated that at the end of 2003, there were actually between 1,833 and 2,090 persons living with HIV disease in Sonoma County. Additionally, there is an unknown number who are unaware of their HIV status and are not reflected in the data.

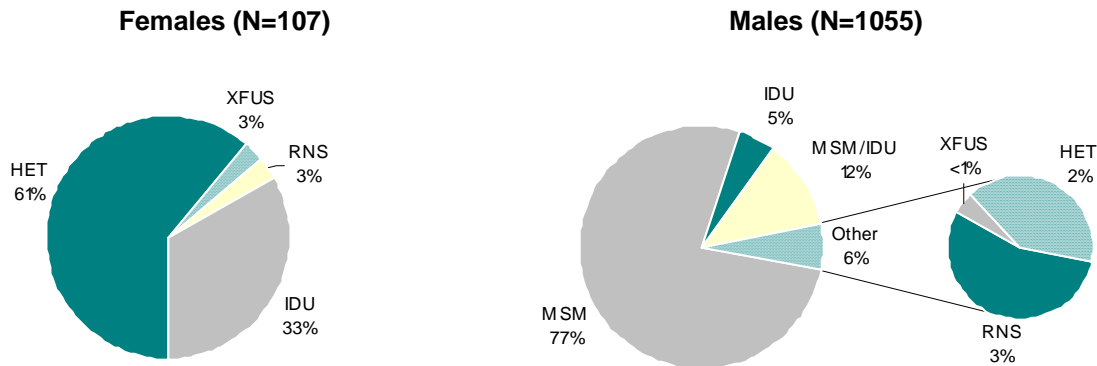
The number of Sonoma County residents who were older than 12 years at the time of AIDS or HIV diagnosis and who had no reported date of death as of June 30, 2005 was used to calculate the number of adults/adolescents living with HIV or AIDS. Some deaths may not have been reported (and not included in this data) especially if the person died outside the county. The data in this section includes persons with both AIDS and HIV non-AIDS.

**Table 5 - Demographic Characteristics of Adults living with HIV or AIDS  
Sonoma County - June 30, 2005**

	Persons living with HIV/AIDS		Sonoma County Population >12	
	N	%	N	%
Diagnosis				
HIV	395	34	--	--
AIDS	766	66	--	--
Gender				
Male	1,054	91	198,323	49
Female	107	8	205,485	51
Race/Ethnicity				
White	943	81	305,126	76
Hispanic	135	12	65,897	16
Asian	14	1	15,368	4
African American	45	4	5,915	2
Amer Ind/Alaska Nat	14	1	4,049	1
Multi-Race	5	<1	7,453	2
Unknown	3	<1	--	--
Current Age (as of 12/31/04)				
13-19	0	0	48,213	12
20-29	41	3	62,198	15
30-36	99	8	41,123	11
37-44	332	29	57,491	14
45+	690	59	194,783	48

The majority of persons currently living with HIV or AIDS are male and report White race. Compared to the Sonoma County population, males overall and White and African American persons represent a larger proportion of cases of HIV and AIDS (Table 5).

**Figure 3 - Percent of Adults Living with HIV Disease by Exposure Category and Gender Sonoma County, 1981 through June 2005**



The majority of males living with HIV or AIDS report sex with a man with or without intravenous drug use as their primary exposure, whereas females report heterosexual sex or intravenous drug use as the primary exposure (Figure 3). Compared to all AIDS cases, persons currently living with HIV or AIDS include a higher proportion of heterosexual exposures, particularly females (61%, Figure 4 vs. 47%, Figure 3).

## Persons Recently Diagnosed with HIV or AIDS

### Cases over Time

Since 1992, the peak of the AIDS epidemic in Sonoma County with 203 reported cases, the number of newly diagnosed AIDS cases by year has dropped dramatically. Between 1998 and 2004, an average of 42 AIDS cases were reported each year (range 36 in 1999; 52 in 2002).

In 2004 there were 40 new AIDS cases and 17 new HIV cases reported to Sonoma County Public Health. Of the 40 AIDS cases, 25 were conversions (HIV to AIDS) and the remaining 15 were first reported as co-diagnoses of HIV and AIDS. Since January 1, 2005, 30 new AIDS cases and 11 new HIV cases have been reported. Of the new AIDS cases, 13 were conversions and the remaining 16 were co-diagnoses of HIV and AIDS.

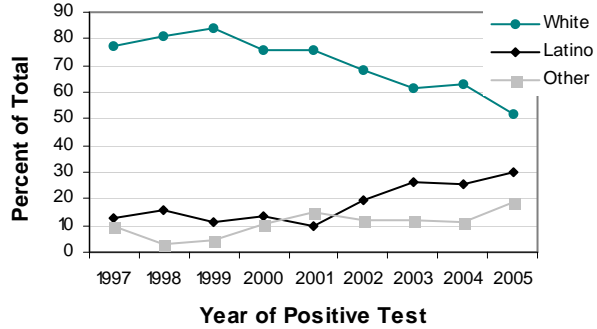
To evaluate trends over time, incident cases are evaluated by date of first positive HIV test, regardless of current AIDS status.

**Race/Ethnicity**

Among persons diagnosed with HIV disease since 1997, the proportionate distribution by race and ethnicity has shifted over time (Figure 5).

New cases among White, non-Latino persons previously accounted for approximately 80% of new cases, dropping to only 50% of new cases in 2005. In contrast, the proportion of new Latino cases has increased from 11% in 1997 to 30% in 2005.

**Figure 5 – Proportion of HIV/AIDS cases by Race/Ethnicity Sonoma County, January 1997 – June 2005**

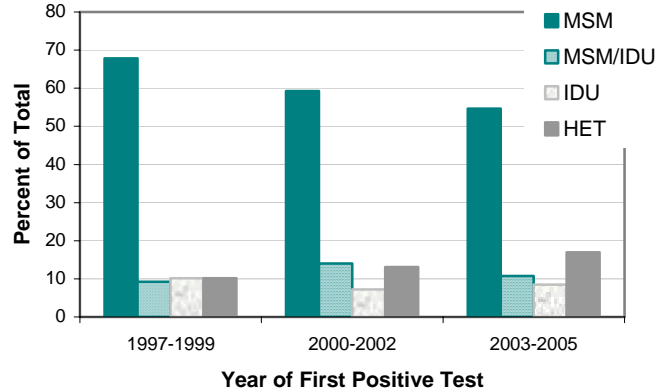


**Mode of Exposure**

Heterosexual sex is more frequently reported as a primary risk factor among persons recently diagnosed with HIV or AIDS, increasing from 10% of all new diagnoses in 1997-99 to 18% of new diagnoses in 2003-05 (Figure 6). In contrast, the proportion of men reporting sex with another man as a primary risk factor has decreased.

In addition to the proportion, the yearly number of newly diagnosed MSM has decreased from 63 cases in 2000 to 16 cases in 2004. By June 30, 2005, however, 18 new cases were diagnosed in MSM, potentially indicating a reversal of this trend.

**Figure 6 – HIV/AIDS cases by Mode of Exposure and Year of First Positive Test Sonoma County, January 1997 – June 2005**



**Special Concern: Late Entry to Care**

Persons are considered to have late entry to care if their AIDS diagnosis occurred at the same time or within three months as their first HIV diagnosis. It is possible that these persons had a previous diagnosis of HIV, but were not reported to the County until their AIDS diagnosis. Further study is needed to evaluate whether these persons are truly late entry.

Based on preliminary data, forty-seven percent of persons diagnosed with AIDS since January of 2003 appear to have late entry to care. These cases are primarily White (57%) and Latino (34%), and the majority is male (89%). Latinos are one and a half times more likely to be

classified late entry to care compared to non-Latinos (RR 1.52, 95% CI [1.03, 2.25]). The reported risk factors for all cases are men who have sex with men (55%), intravenous drug use (19%, IDU and MSM/IDU combined), and heterosexual sex (12%).

**Special Concern: Latinos and Mexican-born Persons**

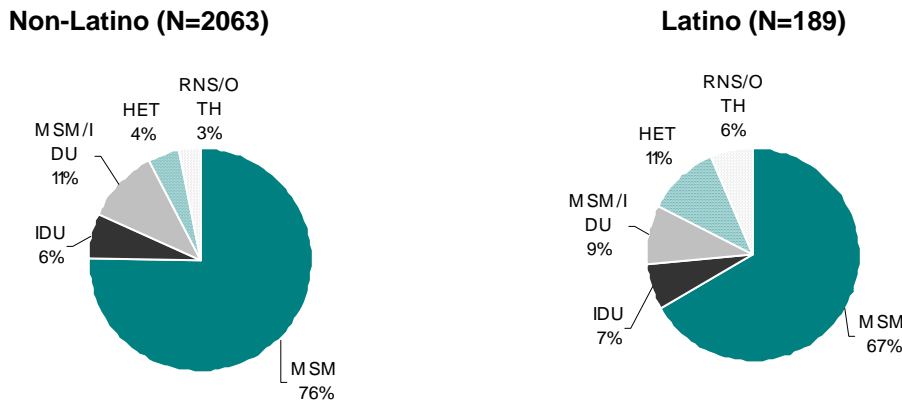
The Latino population in Sonoma County is increasing, currently representing 18% of the total 2005 population, compared to 14% in 1995<sup>12,13</sup>. Half of Sonoma County Latinos are foreign born, the majority of these born in Mexico<sup>14</sup>. As a group, Latinos face significant challenges to receiving medical care; approximately 20% are uninsured and 30% are living in poverty (0-99% FPL)<sup>15</sup>.

Latinos continue to be disproportionately affected by the HIV/AIDS epidemic. While 14% of the US population is Latino, Latinos account for an estimated 18% of newly diagnosed AIDS cases nationwide in 2003<sup>16</sup>. A sub-group of concern is recent immigrants from Mexico. These individuals are a particularly vulnerable population, and may be at increased risk for HIV infection while facing multi-factorial barriers to social services and health care<sup>17</sup>.

Since 1981, a total of 193 Latinos have been diagnosed with AIDS or HIV in Sonoma County. While the total number of new cases per year has declined overall, the number of new Latino cases has remained relatively constant, averaging about 11 cases per year. Consequently, the proportion of new HIV/AIDS cases that are Latino has increased steadily over time from approximately 11% to 30% (Figure 4).

The most commonly reported mode of exposure for persons with HIV disease is men having sex with men (MSM), followed by MSM who also inject drugs (MSM/IDU), intravenous drug use (IDU) only, and heterosexual exposure (HET). For Latinos, MSM remains the most common exposure, however, the proportion of MSM is lower than that in non-Latinos (67% vs. 76%, respectively, Figure 6). Other risk factors, notably heterosexual sex and injection drug use, account for a larger proportion of Latino cases than that of non-Latino cases (Figure 7).

**Figure 7 - Percent of Adults Diagnosed with HIV Disease by Exposure Category and Ethnicity Sonoma County, 1981 through June 2005**



A contributing factor to the proportion of heterosexual exposure as a risk factor among Latinos may be the larger proportion of female cases. Ten percent of all Latino HIV/AIDS cases are female, compared to only six percent of non-Latino cases. This difference is even more apparent in HIV non-AIDS cases, where 20% Latino cases are females compared to only 10% among non-Latinos.

**Mexican-born Cases**

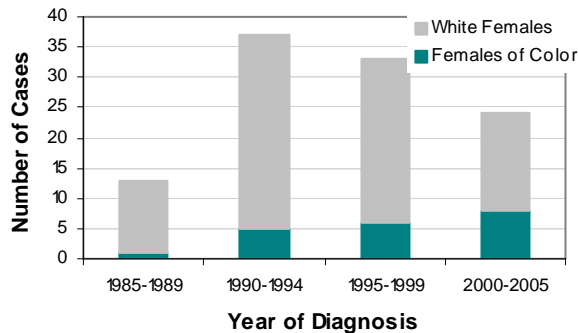
Persons born in Mexico comprise an increasing proportion of persons newly diagnosed with HIV or AIDS. Among Latinos newly diagnosed with HIV or AIDS, the proportion of Mexican-born cases has increased from 29% in 1998 to 78% in 2003. Similarly, Mexican-born persons accounted for over 20% of all new cases in 2003, regardless of ethnicity. Looking at risk factors, Mexican-born males are slightly less likely to report MSM or MSM/IDU compared to those not born in Mexico (75% vs. 86%, respectively). For women, risk factors are similar regardless of country of birth.

**Special Concern: Women**

Since 1981, 158 women have been diagnosed with HIV or AIDS in Sonoma County (107 AIDS, 51 HIV). Of these, 114 are currently living with HIV disease. The proportion of women among persons newly diagnosed HIV disease has increased from 3% of the total in 1999 to 22% in 2004. The primary reported risk factors for women living with HIV or AIDS are heterosexual sex (48%), followed by injection drug use (34%).

Factors affecting HIV rates among women include increased risk of transmission during vaginal intercourse and lack of awareness of their male partners' past or current risk behavior<sup>18</sup>. While the overall numbers of women diagnosed with AIDS continues to decline, women of color account for an increasing proportion of these cases (Figure 8).

**Figure 8 - Female AIDS cases by Race/Ethnicity Sonoma County, Jan 1985 - Jun 2005**



AIDS affects women of all ages (Table 6). Compared to all women with AIDS, women recently diagnosed with HIV disease more frequently report heterosexual exposure (70% vs. 45%). A growing segment of newly diagnosed cases are heterosexual women over 45 years of age. The proportion of new cases diagnosed among women over 45 rose from 7% in 1997-2000 to 32% in 2001-2005.

**Table 6 - Female AIDS cases by Mode of Infection and Age Group**  
 Sonoma County, Jan 1985 - Jun 2005

	<13	13-19	20-29	30-36	37-44	45+	Total
HET	0	1	12	14	9	12	48
IDU	0	0	8	15	14	3	40
Transfusion/Blood disorder	0	0	0	1	1	7	9
Maternal Exposure	6	0	0	0	0	0	6
Risk not Specified	0	0	2	1	1	0	4
Total	6	1	22	31	25	22	107

**Special Concern: Pediatric Cases**

The majority of the pediatric AIDS cases reported in Sonoma County from 1981-2005 were from a mother with or at risk for HIV infection. There have been no new pediatric AIDS cases reported in Sonoma County since 1994.

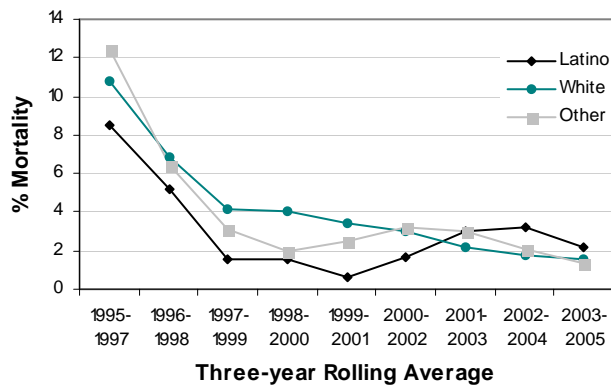
All of the pediatric HIV cases reported in Sonoma County from 1981-2005 were in the exposure category of a mother with or at risk for HIV infection (N=7). There have been no new pediatric HIV cases reported in Sonoma County since 2000.

**Mortality**

The mortality rate for AIDS has decreased significantly over time (Figure 9). Although all groups have less than four percent mortality, Latinos have had a slightly higher rate in recent years.

The primary reason for the decrease in mortality is successful disease management using highly active retroviral therapy<sup>19</sup>. The higher mortality rate in Latinos may reflect late entry to care or difficulty accessing adequate medical resources.

**Figure 9 - Crude Mortality Rate\* by Race and Ethnicity**  
 Sonoma County, January 1995 - June 2005



\*Percent per year, Annual deaths per 100 person-years

## **Indicators of Risk for HIV Infection**

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### **Special Concern: Increase in STD Rates**

Sexually transmitted diseases (STDs) continue to be a problem in Sonoma County. It is widely accepted that only one in four cases of diagnosed STDs are actually reported. Despite underreporting, current rates of nearly all STDs are increasing in Sonoma County. In addition to complications from the diseases themselves, STDs can increase the risk of HIV transmission.

The rate of Chlamydia has been steadily increasing from a rate of 81.7 new cases per 100,000 population in 1999 to 121.9 new cases per 100,000 population in 2004. In 2004, women 20-24 years old replaced 15-19 year olds with the highest incidence rate of Chlamydia. People of color, particularly Hispanics and African Americans are disproportionately affected by Chlamydia.

The upward trend in the rate of Gonorrhea infections began in 1999, increasing to a rate of 32 cases per 100,000 persons. Both women and men 20-24 years old have the highest incidence rates of Gonorrhea

In Sonoma County, the increase in primary and secondary syphilis cases has primarily been in males. This trend is similar to California, where outbreaks of syphilis have occurred among MSM<sup>20</sup>. All cases reported since 2003 were in males, with the highest age-specific rate in males age 30-34.

### **Methamphetamine Use**

The use of methamphetamines contributes to risky sexual behavior and facilitates the transmission of sexually transmitted diseases, including HIV. A recent study of non-IDU MSM in San Francisco found that nearly one quarter of those recently infected reported amphetamine use in the past twelve months<sup>21</sup>. Overall, they estimated that the annual incidence of HIV infection among MSM who use amphetamines was three times higher than nonusers<sup>22</sup>.

In addition to the affect methamphetamines have on behavior, there are numerous negative health consequences. For persons already infected with HIV, methamphetamine use may decrease the effectiveness of antiretroviral therapy<sup>23</sup>. Not only does this counteract the benefit of disease management, the individuals' viral load increases, as does the likelihood of transmission.

In California publicly monitored treatment programs, the percent of individual clients reporting a primary methamphetamine problem has increased from 26.5 in FY 2001-02 to 31.5 in FY 2003-04<sup>24</sup>. Among Californians who enter public treatment, methamphetamine has recently surpassed heroin and alcohol as the most commonly reported primary drug of abuse<sup>25</sup>.

In Sonoma County, methamphetamine as a primary drug of abuse is even more common. In FY 2003-04, methamphetamine was listed as the primary drug of abuse for 41% of persons

entering publicly monitored treatment, and increase of 2% from FY 2001-02<sup>26</sup>. For persons between 18 and 30, this proportion is even greater with 43% of men and 64% of women reporting methamphetamine as their primary drug of abuse<sup>27</sup>.

## Care Patterns

In Sonoma County, there are two publicly funded clinics that provide the majority of HIV medical care. The first is the Center for HIV Prevention and Care (The Center), which has provided HIV services in Sonoma County since 1986 and is located in Santa Rosa. The second is West County Health Centers, located in Occidental and Guerneville. Both are multi-disciplinary settings, providing services to over 700 positive individuals and their families. Approximately 450 additional positive persons receive care at other sites, including Kaiser Permanente (~300), San Francisco Clinics (~100), and local private providers (~50).

**Table 7 - Demographic Characteristics of Adults Receiving Medical Care at Publicly Funded Clinics Sonoma County, 2004**

	Clinic Clients with HIV/AIDS (CareWare Dataset)		Persons living with HIV/AIDS (HARS Dataset)	
	N	%	N	%
Diagnosis				
HIV	257	37	395	34
AIDS	442	63	766	66
Gender				
Male	619	89	1,054	91
Female	79	11	107	8
Race/Ethnicity				
White	536	77	943	81
Hispanic	95	14	135	12
Asian	9	1	14	1
African American	25	4	45	4
Amer Ind/Alaska Nat	18	3	14	1
Multi-Race	0	0	5	<1
Unknown	14	2	3	<1
Current Age (as of 12/31/04)				
13-19	3	<1	0	0
20-29	28	4	41	3
30-36	89	13	99	8
37-44	210	30	332	29
45+	369	52	690	59

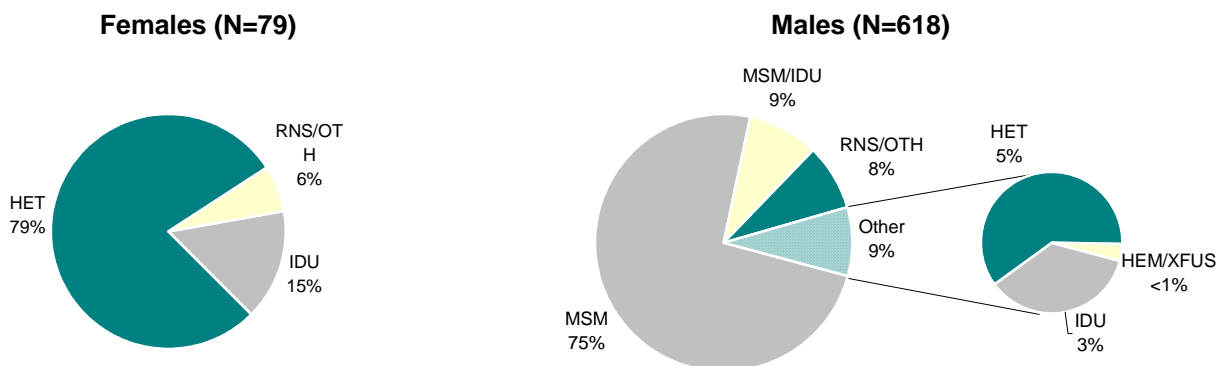
The Center services include comprehensive primary care services, treatment adherence counseling, access to clinical drug trials, outreach, HIV screening, risk reduction education and prevention counseling, anonymous and confidential HIV counseling and testing, nutritional counseling, mental health care, referral services, and case management. The West County Health Centers provide primary medical care, dental care, case management, and

mental health care. Both clinics are funded through local, state and federal HIV/AIDS programs.

Compared to persons diagnosed in Sonoma County and living with HIV disease, clinic clients include a larger proportion of persons with HIV non-AIDS, Hispanic or American Indian/Alaska Native persons, and women (Table 7). Also, clinic clients were younger (average age 45 years vs. 51 years).

Compared to females diagnosed in Sonoma County, clinic clients include a larger proportion of women reporting heterosexual sex as a primary risk factor (79% vs. 61%, Figure 10). Male clinic clients have a similar distribution of risk factors compared to males diagnosed in Sonoma County; however, male clinic clients include slightly more persons reporting heterosexual exposure (5% vs. 2%) and slightly fewer persons reporting intravenous drug use (3% vs. 5%).

**Figure 10 - Percent of Clinic Clients by Exposure Category and Gender Sonoma County, 2004**



## County Services

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### HIV Related Services

There are numerous community-based organizations serving persons affected by HIV or AIDS in Sonoma County. The following represents programs that are funded in part by the Ryan White Care Act or other federal and state programs.

In 2004, the following HIV related services were provided in Sonoma County:

- 1195 meals were delivered to homebound individuals
- 638 persons received over 10,000 visits of outpatient medical care
- 695 persons received case management services
- 510 persons received client advocacy services
- 335 persons received housing assistance
- 227 persons received emergency financial assistance
- 59 persons received transportation services
- 33 persons received outpatient substance abuse services

## **Referrals for HIV Positive Support Services**

Persons seeking HIV referral services should contact The Center for HIV Prevention and Care at (707) 565-7400. Also, this group provides an HIV/AIDS Resource Directory available at <http://www.sonoma-county.org/health/ph/hiv/resourceguide.htm>.

## **Needle Exchange**

In Sonoma County, there is a needle exchange program provided through the Drug Abuse Alternative Center, a private, non-profit, multi-service agency that provides a range of treatment programs for persons affected by substance abuse. SHARP, the weekly needle exchange program, is located in Santa Rosa and also includes counseling on prevention, risk reduction, and HIV and Hepatitis C testing and referral services. For more information, please call (707) 527-5227.

## **Testing**

For persons concerned about potential exposure to HIV, Sonoma County offers confidential and anonymous oral and blood tests for HIV, and blood tests for Hepatitis C virus. Rapid HIV testing is also available whereby you get the results within one hour. Drop-ins are welcome; appointments are preferred and available by calling (707) 565-4620.

## **HIV Prevention**

The Department of Health Services administers HIV prevention funds through a network of community-based agencies to reach the following populations of greatest need:

- Gay/Bisexual men (including young men and substance users)
- Men who have sex with men and women who don't identify as Gay/Bisexual
- Injection drug users (including Gay/Bisexual men, incarcerated individuals, and sex industry workers)
- HIV positive individuals (including Gay/Bisexual men, injection drug users and heterosexuals)
- Latinos/Latinas (including women who are unaware of their risk)

Funded strategies include: community mobilization, social marketing, targeted prevention activities, peer education (Promotores), enhanced outreach and group education. In calendar year 2004, 2,674 individual-level contacts with clients were provided to people at highest risk for HIV in Sonoma County.

## TECHNICAL NOTES

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**AIDS** is defined by the standards developed by the Centers for Disease Control and Prevention (CDC). Revised in 1993, and 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 uL, or a total CD4 percentage of total lymphocytes of less than 14.

**Year Reported** is the year an HIV or AIDS case is reported to the Sonoma County HIV/AIDS Reporting System.

**Year of Diagnosis** is the year an individual was diagnosed with HIV or AIDS.

**Cumulative Cases** is the total number of HIV or AIDS cases reported as of June 30, 2004.

**Cumulative Number of Persons Living with AIDS and HIV** is the total number of individuals with AIDS and HIV who were diagnosed and reported in Sonoma County and alive as of June 30, 2004.

**Exposure Category** is the classification that describes how a person was infected with HIV. A hierarchical index following CDC guidelines is used to describe how each person tested for HIV or diagnosed as an HIV or AIDS case acquired the virus. The CDC index is as follows:

**Adult/adolescent exposure category**

Men who have sex with men (MSM)  
 Injecting drug use (IDU)  
 Men who have sex with men and inject drugs(MSM/IDU)  
 Hemophilia/coagulation disorder (HEM)  
 Heterosexual contact (HET)  
*Sex with injecting drug user*  
*Sex with bisexual male*  
*Sex with person with hemophilia*  
*Sex with transfusion recipient with HIV infection*  
*Sex with HIV-infected person, risk not specified*  
 Receipt of blood transfusion, blood components, or tissue (XFUS)  
 Other/risk not reported or identified (RNS)

**Pediatric (<13 years old) exposure category**

Hemophilia/coagulation disorder  
 Mother with/at risk for HIV infection:  
*Injecting drug use*  
  
*Sex with injecting drug user*  
*Sex with bisexual male*  
*Sex with person with hemophilia*  
*Sex with transfusion recipient with HIV infection*  
*Sex with HIV-infected person, risk not specified*  
*Receipt of blood transfusion, blood components, or tissue*  
 Has HIV infection, risk not specified  
 Receipt of blood transfusion, blood components, or tissue  
  
 Other/risk not reported or identified

Each individual is counted only once in the hierarchy of exposure categories. Persons with more than one reported mode of exposure to HIV are classified in the exposure category listed first in the hierarchy, except for men with both a history of sexual contact with other men and injecting drug use. They make up a separate exposure category. Also, men who reported having sex with a man even once between 1977 and their first HIV-positive test are categorized either as “men who have sex with men” or “men who have sex with men and inject drugs.”

**Cumulative Incidence Rate (CIR)** is a measure of the probability or risk of illness in a population over a period of time. The cumulative incidence rates were calculated using the number of newly diagnosed HIV or AIDS cases from 1981 through June 2004 in a particular group (i.e., race/ ethnic group, living in a particular city or town, age group, etc.) and population projections from the California Department of Finance or the 2000 U.S. Census (referenced in the body of the report).

**Case Fatality Rate (CFR)** is the proportion of people in the AIDS case registry who have died. In California, the case fatality rate can be calculated for AIDS only because California did not report on those living with HIV prior to July 1, 2002.

**Confidence Intervals** include a high and low value around a rate to indicate how much variability is included in that rate. In this report, 95% Confidence intervals are used to describe variability of cumulative incidence rates. When comparing rates between two groups, if the confidence intervals for the two rates overlap, then the difference between the two rates is not statistically significant at the 95% confidence level, meaning that the difference between the rates may be due to random variation.

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