

California HIV Seroprevalence

Annual Report 2001

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April 2004



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ARNOLD SCHWARZENEGGER
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TO: INTERESTED PARTIES

SUBJECT: CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2001

I am pleased to make available to you the *California HIV Seroprevalence Annual Report 2001*. The data in this report were gathered in 2001 by the California Department of Health Services (DHS), Office of AIDS in collaboration with local health departments, the Centers for Disease Control and Prevention, California blood banks and plasma centers, the United States Department of Defense, and the DHS Viral and Rickettsial Disease Laboratory.

The data have been useful to many local health departments in monitoring the human immunodeficiency virus (HIV) epidemic locally, targeting prevention activities and other services, and making other public health policy decisions.

I hope you find the data useful in your local HIV serosurveillance activities, as well as in the community HIV prevention planning process. If you have any questions about this annual report, please contact Shulan He, M.D., M.S., at (916) 449-5900.

Michael Montgomery, Chief
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CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2001

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EXECUTIVE SUMMARY

Objectives

The objectives of this project were to: 1) establish unbiased baseline HIV seroprevalence rates in sexually transmitted disease (STD) clinic populations, and 2) monitor HIV trends in known high-risk or cross-over groups.

Design

The serosurvey uses anonymous, unlinked (blinded) HIV testing. Blinded samples are gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes and tested for HIV after all personally identifying information has been removed.

Result

During 2001, there were a total of 4,314 serum samples tested from clients attending STD clinics, of which 59 (1.4 percent) were HIV positive. Among risk categories, the highest HIV seroprevalence (8.9 percent) was among men who reported sex with men. Among racial/ethnic groups, seroprevalence was highest among White men (3.3 percent) and Black women (0.5 percent). Age group 35-39 accounted for 21 percent (12/56) of all HIV-infected men, showing the highest prevalence of 3.9 percent. Of the nine local health jurisdictions (LHJs) participating in this serosurvey, the highest HIV seroprevalence rates were among clients attending STD clinics in the counties of San Diego (4.4 percent) and Santa Clara (2.6 percent).

Conclusion

The anonymous seroprevalence survey among clients attending STD clinics has provided a basis for further describing the HIV epidemic among populations at greatest risk for HIV infection in selected areas of California.

Background

Between 1988 and 1996, the California Department of Health Services, Office of AIDS (OA) participated in Human Immunodeficiency Virus (HIV) Family of Surveys (HFS) funded by the Centers for Disease Control and Prevention (CDC). OA has funded sentinel serosurveillance activities from 1997 to the present. The objectives of sentinel serosurveillance are to: 1) provide state and local health officials and the general public with information on unbiased HIV seroprevalence estimates in designated subgroups of the California population so that education and prevention programs can be developed, targeted, and evaluated; 2) describe the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area; 3) identify regional changes over time in the prevalence of infection in specific populations defined by risk behaviors and demographic characteristics; and 4) assist in projecting the number of children and adults who will develop HIV-associated illness and require medical care.

Standardized protocols and laboratory procedures are used for each of the surveys. The serosurveys are clinic-based and are conducted annually in selected sentinel sites throughout the state. They are designed to establish baseline HIV seroprevalence rates, monitor HIV trends in known high-risk groups and designated populations, and serve as an early warning system for the possible spread of HIV from these groups into the general population.

All of these surveys use anonymous, unlinked (blinded) HIV testing. In unlinked surveys, samples gathered from discarded blood originally collected from clients for routine diagnostic purposes are tested for HIV antibodies after all personal identifying information has been removed. HIV test results as well as risk information obtained from medical records cannot be linked to specific individuals. All clinic sites that conduct unlinked surveys either provide or offer referral for voluntary HIV counseling and testing. The results of the HIV testing provide prevalence data that are unbiased by test-seeking behavior. The protocol for the serosurvey in STD clinics was submitted to the state Committee for the Protection of Human Subjects and received approval before conducting the survey.

This summary presents results of the HIV serosurveillance activities from surveys in sentinel STD sites in California during 2001. In addition, this report includes data obtained from mass HIV screening programs conducted by blood collection agencies from blood donations, and by the U.S. Department of Defense from civilian applicants for military service.

All of the surveys in this report measure HIV seroprevalence, which is the proportion of persons who have serologic evidence of HIV infection at a given time. Seroprevalence is influenced by the rate of new HIV infections (incidence) and by attrition of HIV-infected persons from the population under study, often through illness or death.

HIV seroprevalence is a good indicator of future morbidity and health delivery needs because it measures the level of HIV infection in a population. Seroprevalence data from a single site should be interpreted with caution because the representativeness of the sample population may be changing.

Highlights

STD Clinics

In 2001, a total of 4,314 serum samples were tested for the presence of HIV antibody at nine STD clinics in nine local health departments¹ (Table 2). Statewide, the seroprevalence (1.4 percent) at STD clinics increased from 1.0 percent in 2000.²

The overall HIV seroprevalence among men in 2001 was 2.1 percent and among women was 0.2 percent (Table 3). By risk behavior, the highest seroprevalence (8.9 percent) in STD clinics was among men who reported sex with men, down from 9.4 percent in 2000.

Among men, seroprevalence was highest (3.3 percent) in the White racial/ethnic group (Table 4). Among women, the Black racial/ethnic group had the highest seroprevalence (0.5 percent), up from 0.4 percent in 2000.

California Blood Banks and Plasma Centers

In 2001, 540,240 specimens from selected California blood banks³ were tested, of which nine (0.002 percent) were seropositive (Table 21). In 2001, 393,706 specimens from selected California plasma centers³ were tested, of which 24 (0.006 percent) were HIV seropositive (Table 22).

Civilian Applicants to Military Service

In 2001, a total of 11,850 serum samples were tested among persons applying for military service in seven selected counties³, of which six were HIV seropositive. HIV seroprevalence was 0.05 percent (Table 23).

Men represented 79.2 percent of the total civilian applicants in these selected counties, of which 0.06 percent were HIV seropositive (Table 24). Women represented 20.8 percent with zero seropositives (Table 25).

¹Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Clara, Long Beach, and Berkeley.

²Zukowski, D. and Littau, R. (2003) California HIV Seroprevalence Annual Report 2000. Sacramento, California, Department of Health Services, Office of AIDS.

³Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, and Santa Clara.

SEXUALLY TRANSMITTED DISEASE CLINICS

SURVEYS OF ADULTS ATTENDING STD CLINICS

Complex social and behavioral factors linked to STDs are likely to be factors that put one at risk of acquiring HIV. STD clinics serve a large number of persons at increased risk for HIV such as gay and bisexual men, injection drug users, heterosexuals with multiple sex partners, and persons with other STDs. Understanding the dynamics of the HIV epidemic in these sites remain important for evaluating HIV prevention programs and for monitoring emerging patterns and trends in HIV infection.

In 2001, nine city and county health departments conducted unlinked surveys to determine rates of HIV infection among adults seen in selected STD clinics. Serum samples from clients who were being evaluated for a possible STD and who had not previously visited the clinic since initiation of the survey in 2001 were included in the survey. Clients attending the clinic for HIV testing are eligible for the survey only if they have blood drawn for purposes other than HIV testing. The survey period in each clinic varies depending on the clinic size. Eligible specimens were selected consecutively to meet a desired sample size of 500 clients at each participating city or county health department. Beginning in 1997, revised data collection forms and software were implemented which included changes in risk behavior and age group categories.

This report summarizes results for 2001 from STD clinics located in nine California LHJs. Statewide, the seroprevalence at the clinics increased from 1.0 percent in 2000 to 1.4 percent in 2001 (Table 1). HIV seroprevalence varied by region, from a high of 4.4 percent in San Diego to a low of 0.0 percent in the South Valley (Table 1, Figure 1). In 2001, the seroprevalence rate in the Bay Area, Central Valley, and Long Beach showed an increase compared to 2000. However, the seroprevalence for the North Valley decreased for 2001.

Selected California city and county health departments submitted between 311 and 563 serum specimens each for a total of 4,314 serum samples tested during 2001 (Table 2). HIV rates increased in Fresno, San Joaquin, and Berkeley with the highest increase in HIV rates found in San Joaquin.

Men represented 62.1 percent (n=2,678) of the total STD client population tested, of which 2.1 percent (56) were HIV seropositive, compared to 1.5 percent in 1999 (Table 3). The highest seroprevalence (16.7 percent) was among men who have sex with men (MSM) who are also injection drug users (IDUs). Heterosexual men had a seroprevalence of 0.7 percent, up from 0.1 percent in 2000. Women represented 36.9 percent (n=1,593) of the total STD population, of which 0.2 percent were HIV seropositive.

In 2001, 33.7 percent (n=1,454) of the specimens tested in STD clinics were drawn from Hispanic clients; 31.3 percent (n=1,350) from Whites; 25.8 percent (n=1,114) from Blacks; 4.8 percent (n=205) from Asian/Pacific Islanders; and 0.2 percent (n= 10) from American Indian/Alaskan Natives (Table 4, Figure 2). Seroprevalence for White men

(3.3 percent) increased compared to 2000 (2.4 percent), however, White women decreased to 0.0 percent from 0.2 percent in 2000. Among Black men, the seroprevalence slightly increased to 1.9 percent from 1.8 percent in 2000.

Seroprevalence among Black women increased from 0.3 percent in 2000 to 0.5 percent in 2001. The seroprevalence for Hispanic men increased from 0.8 percent in 2000 to 1.1 percent in 2001. However, there was a decline to 0.0 percent among Hispanic women for 2001. The seroprevalence for Asian/Pacific Islander men remained constant (1.0 percent).

The age groups 35-39 and 45 and over had the highest seroprevalence (3.9 and 3.8 percent, respectively) and represented 24.5 percent of men attending STD clinics (Table 5, Figure 3). Among women, the seroprevalence for age group 40-44 was the highest (1.6 percent), and represented 8.0 percent of women attending STD clinics.

Table 6 and Figure 4 present HIV seroprevalence by race/ethnicity for MSM and MSM/IDU attending STD clinics. In 2001, HIV seroprevalence ranged from a high of 13.6 percent among Black men to a low of 6.0 percent among Hispanic men. When looking at age groups, the highest seroprevalence (16.1 percent) was among 40-44 year old MSM (Table 7). Compared to 2000, the greatest increase in seroprevalence was observed among MSM age 45 and over.

Tables 8 and 9 and Figure 5 present HIV seroprevalence by race/ethnicity for heterosexual males and females attending STD clinics. In 2001, the highest HIV seroprevalence was for Black males (1.1 percent) and for Black females (0.3 percent).

The highest seroprevalence (1.8 percent) was found among heterosexual males who were 45 years of age and over and among heterosexual women in the 40-44 year old age group. (Table 10 and 11 and Figure 6).

Tables 12 through 20 present risk behavior, race/ethnicity, and age group seroprevalence data for each participating city/county.

Persons attending STD clinics may not be representative of all persons with STDs. The high HIV rate among MSM and IDUs can significantly increase measured prevalence among those who reported heterosexual contact as their only risk if misclassification of risk occurs. Thus, prevalence rates in the heterosexual population should be interpreted with caution.

**Table 1.
HIV Seroprevalence Among Persons
Attending STD¹ Clinics
by California Regions,
2000-2001**

Regions ²	Number Tested 2001	Number Positive ³ 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
San Diego	497	22	4.4	4.4	0.0
North Valley	424	1	0.3	0.2	-33.3
Bay Area	874	14	0.5	1.6	220.0
Long Beach	494	12	1.8	2.4	33.3
Central Valley	1,509	10	0.3	0.7	133.3
South Valley	516	0	0.2	0.0	-100.0
Total	4,314	59	1.0	1.4	40.0

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

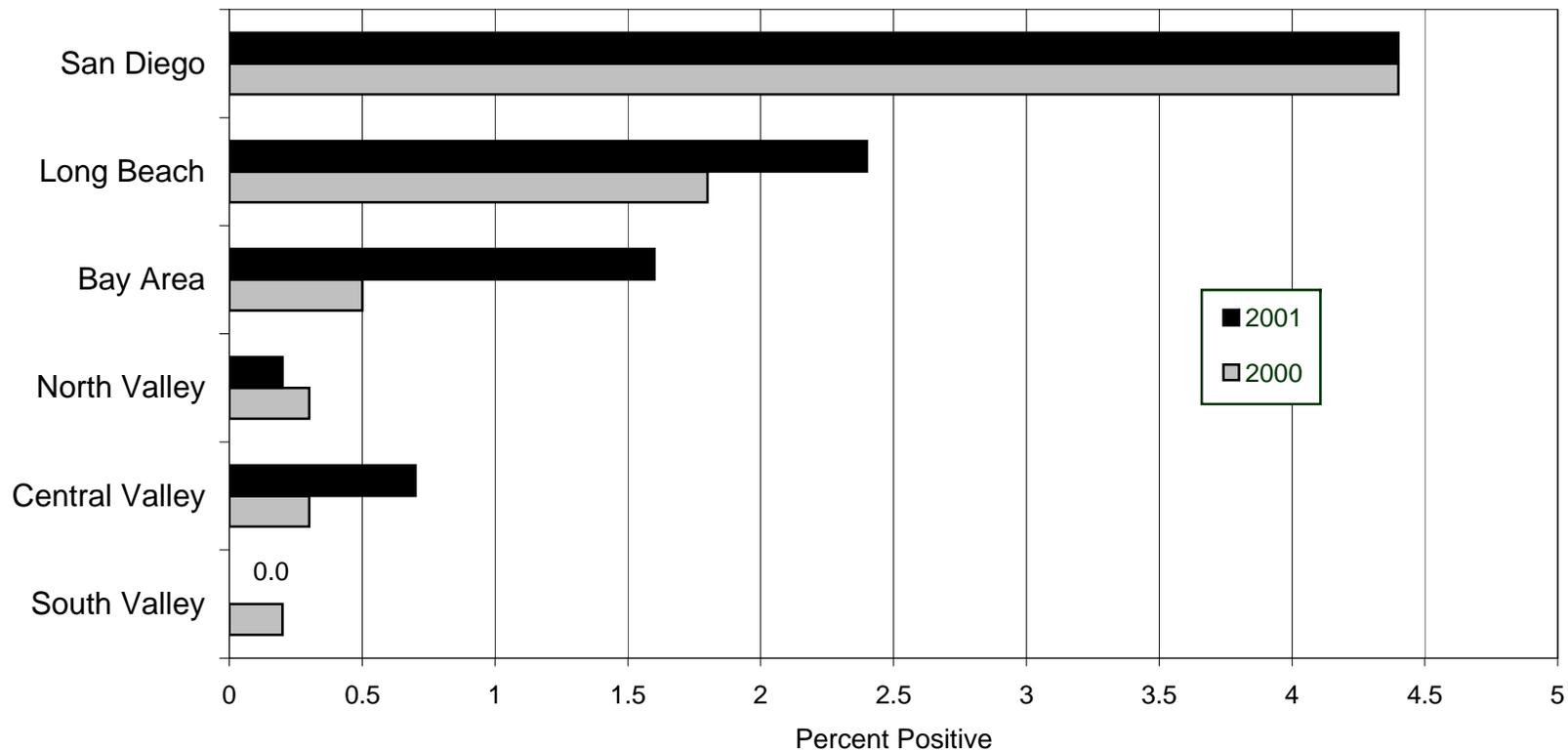
² North Valley=Sacramento County. Bay Area=City of Berkeley and Santa Clara County. Central Valley=Fresno, Kern, and San Joaquin Counties. South Valley=San Bernardino County.

³ All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

Note: Data collection for January – June 2001. Region totals include unknown gender and may not agree with individual county/city totals (Tables 12-22).

Source: California Department of Health Services, Office of AIDS.

Figure 1. HIV Seroprevalence Among Persons Attending STD Clinics by Region (Selected Counties and Cities), 2000-2001



Note: South Valley=San Bernardino County. North Valley=Sacramento. Central Valley=Fresno, Kern, and San Joaquin Counties. Bay Area=City of Berkeley and Santa Clara County.

Source: California Department of Health Services, Office of AIDS.

Table 2.
HIV Seroprevalence Among Persons
Attending STD¹ Clinics
by Selected California Counties and Cities
2000-2001

Selected Counties and Cities	Number Tested 2001	Number Positive ² 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
Fresno	499	5	0.4	1.0	150.0
Kern	498	0	0.2	0.0	-100.0
Sacramento	424	1	0.3	0.2	-33.3
San Bernardino	516	0	0.2	0.0	-100.0
San Diego	497	22	4.4	4.4	0.0
San Joaquin	512	5	0.2	1.0	400.0
Santa Clara	311	8	0.0	2.6	a
Long Beach	494	12	2.4	1.8	-25.0
Berkeley	563	6	0.6	1.1	83.3
Total	4,314	59	1.0	1.4	40.0

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not applicable.

Note: Data collection for January – June 2001. County and city totals include unknown gender and may not agree with individual county/city totals (Tables 12-22).

Source: California Department of Health Services, Office of AIDS.

Table 3.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Gender and Risk Behavior Category,
2000-2001

Gender and Risk Behavior	Number Tested 2001	Number Positive ² 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
MALE					
MSM	303	27	9.4	8.9	-5.3
MSM/IDU ³	18	3	a	a	b
Heterosexual	2,128	14	0.1	0.7	600.0
Heterosexual, IDU	54	1	a	a	b
Other ⁴	c	0	a	a	b
Unknown	172	11	7.2	6.4	-11.1
Subtotal MALE	2,675	56	1.5	2.1	40.0
FEMALE					
Heterosexual	1,414	2	0.3	0.1	-66.7
Heterosexual, IDU	33	0	a	a	b
Other ⁴	48	0	a	a	b
Unknown	98	1	a	a	b
Subtotal FEMALE	1,593	3	0.3	0.2	-33.3
Missing Gender	43	0	a	a	b
Total	4,311	59	1.0	1.4	40.0

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

³ Includes MSM and bisexual men who have a history of IDU.

⁴ Other includes lesbian women and the following groups if they did not identify sex partner/s by gender: injection drug user, sex partner of injection drug user, sex partner of person with HIV/AIDS, and exchanged money or drugs for sex.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Not applicable.

^c Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 4.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
Selected California Counties and Cities
by Gender and Race/Ethnicity,
2000-2001

Gender and Race/Ethnicity	Number Tested 2001	Number Positive ² 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
MALE					
White	861	28	2.4	3.3	37.5
Black	695	13	1.8	1.9	5.6
Hispanic	924	10	0.8	1.1	37.5
Asian/Pacific Islander	104	1	1.0	1.0	0.0
American Indian/Alaskan Native	6	0	a	a	b
Other	55	3	a	a	b
Unknown	33	1	a	a	b
Subtotal MALE	2,678	56	1.5	2.1	40.0
FEMALE					
White	489	0	0.2	0.0	-100.0
Black	419	2	0.3	0.5	66.7
Hispanic	530	0	0.4	0.0	-100.0
Asian/Pacific Islander	101	0	a	0.0	b
American Indian/Alaskan Native	c	0	a	a	b
Other	31	1	a	a	b
Unknown	22	0	a	a	b
Subtotal FEMALE	1,592	3	0.3	0.2	-33.3
Missing Gender	43	0	a	a	b
Total	4,313	59	1.0	1.4	40.0

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

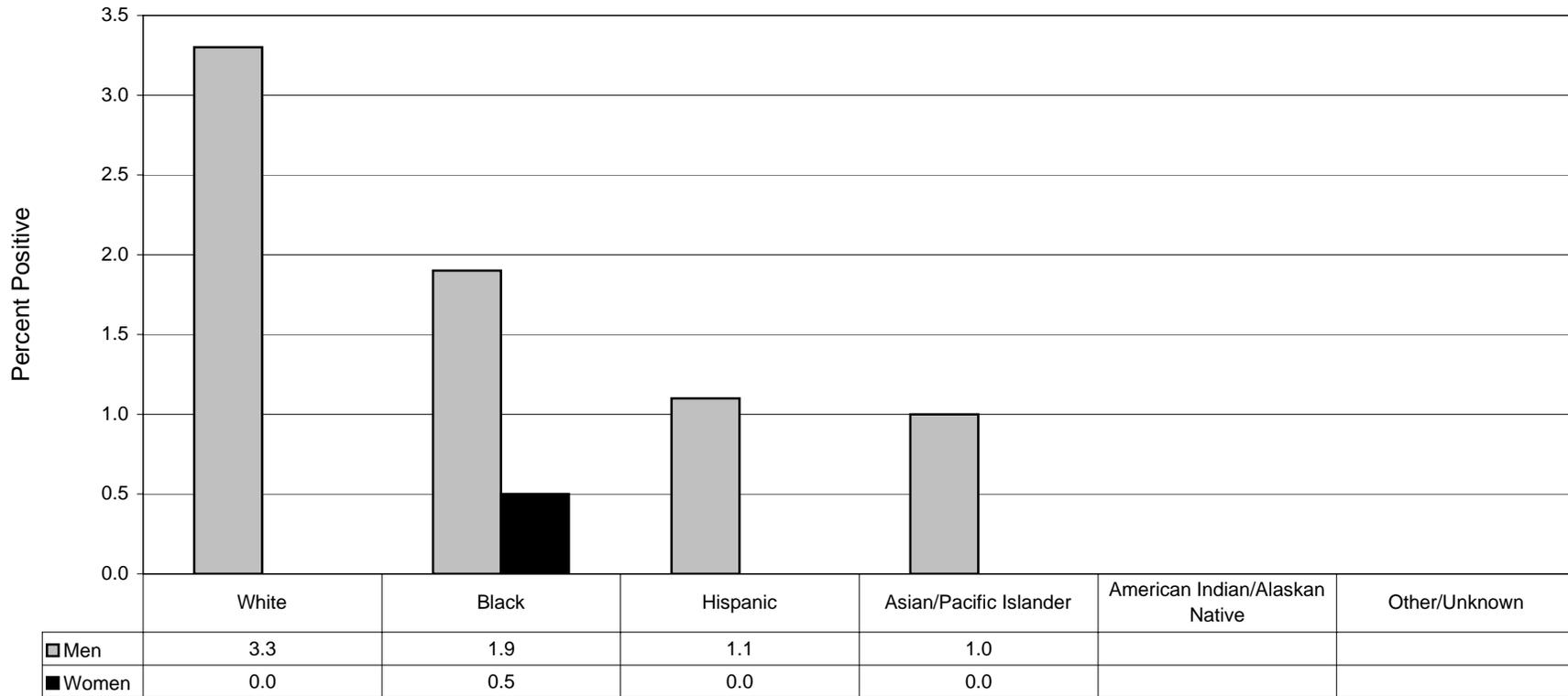
^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Not applicable.

^c Less than five.

Source: California Department of Health Services, Office of AIDS.

Figure 2. HIV Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 2001



Note: Excludes American Indian/Alaskan Native, and Other/Unknown (not calculated for fewer than 100 tested and number positive less than or equal to three).

Source: California Department of Health Services, Office of AIDS.

Table 5.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
Selected California Counties and Cities
by Gender and Age Group,
2000–2001

Gender and Age Group	Number Tested 2001	Number Positive ² 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
MALE					
14 and Under	a	0	b	b	c
15 – 19	270	2	0.0	0.7	c
20 – 24	611	2	0.5	0.3	-40.0
25 – 29	464	8	1.0	1.7	70.0
30 – 34	409	12	2.7	2.9	7.4
35 – 39	310	12	4.7	3.9	-17.0
40 – 44	238	7	0.9	2.9	222.2
45 and Over	345	13	1.7	3.8	123.5
Unknown	26	0	b	b	c
Subtotal MALE	2,677	56	1.5	2.1	40.0
FEMALE					
14 and Under	18	0	b	b	c
15 – 19	277	0	0.0	0.0	0.0
20 – 24	392	0	0.3	0.0	-100.0
25 – 29	256	1	0.0	0.4	c
30 – 34	198	0	0.0	0.0	0.0
35 – 39	149	0	0.0	0.0	0.0
40 – 44	128	2	0.0	1.6	c
45 and Over	158	0	1.7	0.0	-100.0
Unknown	17	0	b	b	c
Subtotal FEMALE	1,593	3	0.3	0.2	-33.3
Missing Gender	43	0	0.0	0.0	0.0
Total	4,313	59	1.0	1.4	40.0

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

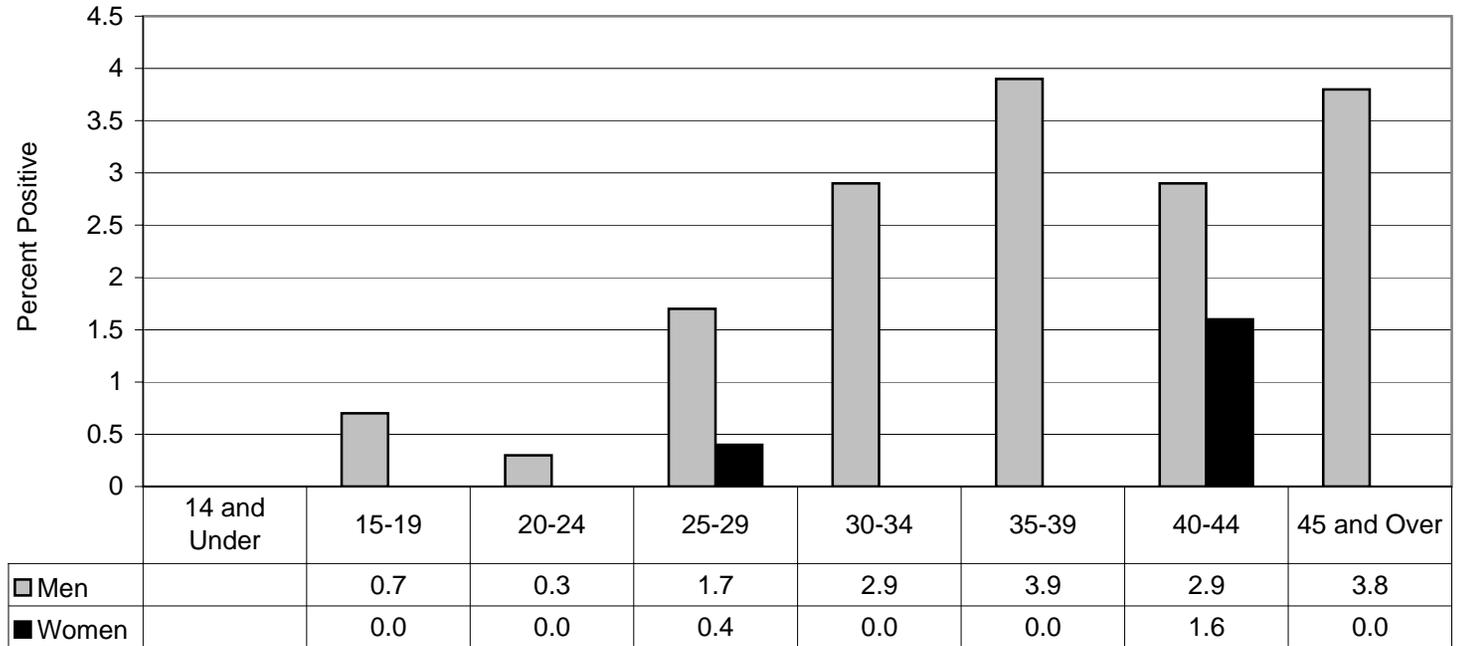
^a Less than five.

^b Not calculated for fewer than 100 tested and number positive less than or equal to three.

^c Not applicable.

Source: California Department of Health Services, Office of AIDS.

Figure 3. HIV Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 2001



Note: Excludes age groups 14 and Under, and Unknown (not calculated for fewer than 100 tested and number positive less than or equal to three).

Source: California Department of Health Services, Office of AIDS.

**Table 6.
HIV Seroprevalence for MSM¹
Attending STD² Clinics
Selected California Counties and Cities
by Race/Ethnicity,
2000-2001**

Race/Ethnicity	Number Tested 2001	Number Positive ³ 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
White	142	15	10.1	10.6	5.0
Black	44	6	13.9	13.6	-2.2
Hispanic	100	6	6.5	6.0	-7.7
Asian/Pacific Islander	24	1	a	a	b
American Indian/Alaskan Native	0	0	a	a	b
Other/Unknown	11	1	a	a	b
Total	321	29	9.5	9.3	-2.1

¹ Includes MSM and MSM/IDU.

² These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

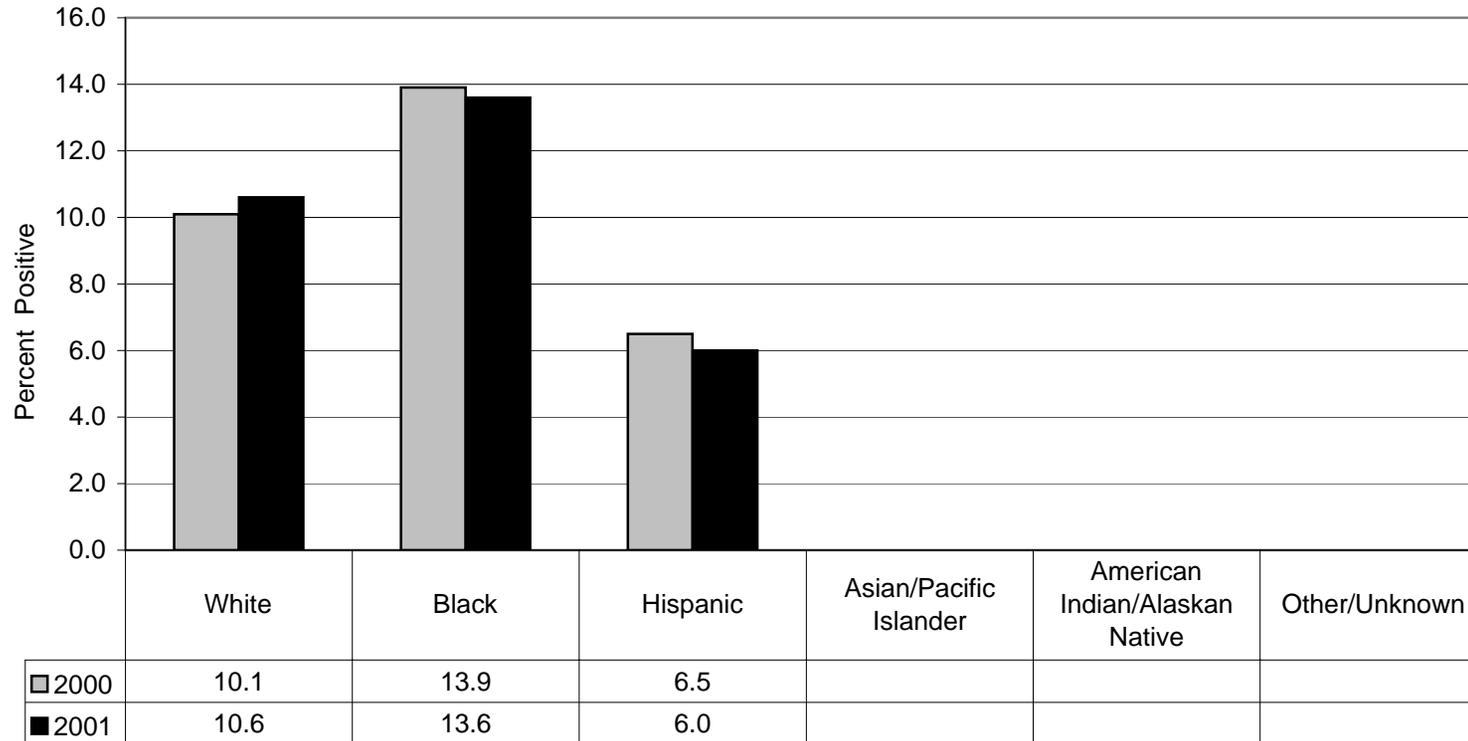
³ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Not applicable.

Source: California Department of Health Services, Office of AIDS.

Figure 4. HIV Seroprevalence Among MSM Attending STD Clinics in Selected California Counties and Cities by Race/Ethnicity, 1999-2001



Note: Excludes Asian/Pacific Islander, American Indian/Alaskan Native, and Other/Unknown race/ethnicity (not calculated for fewer than 100 tested and number positive less than or equal to three).

Source: California Department of Health Services, Office of AIDS.

Table 7.
HIV Seroprevalence for MSM¹
Attending STD² Clinics
Selected California Counties and Cities
by Age Group,
2000-2001

Age Group	Number Tested 2001	Number Positive ³ 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
14 and Under	0	0	a	a	b
15-19	20	1	a	a	b
20-24	52	2	a	a	b
25-29	64	6	a	9.4	b
30-34	61	4	18.6	6.6	-64.5
35-39	47	6	14.8	12.8	-12.8
40-44	31	5	a	16.1	b
45 and Over	42	6	9.8	14.3	45.9
Unknown	c	0	a	a	b
Total	320	30	9.5	9.4	-1.1

¹ Includes MSM and MSM/IDU.

² These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

³ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Not applicable.

^c Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 8.
HIV Seroprevalence for Heterosexual Males¹
Attending STD² Clinics
Selected California Counties and Cities
by Race/Ethnicity,
2001-2002

Race/Ethnicity	Number Tested 2002	Number Positive ³ 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
White	649	4	0.0	0.6	b
Black	615	7	0.2	1.1	450.0
Hispanic	766	2	0.1	0.3	200.0
Asian/Pacific Islander	79	0	0.0	0.0	0.0
American Indian/Alaskan Native	5	0	a	a	b
Other/Unknown	68	0	a	a	b
Total	2,182	13	0.1	0.7	600.0

¹ Includes men who have a history of IDU (Heterosexual/IDU).

² These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

³ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Not applicable.

Source: California Department of Health Services, Office of AIDS.

Table 9.
HIV Seroprevalence for Heterosexual Females¹
Attending STD² Clinics
Selected California Counties and Cities
by Race/Ethnicity,
2000-2001

Race/Ethnicity	Number Tested 2001	Number Positive ³ 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
White	439	0	0.3	0.0	-100.0
Black	380	1	0.3	0.3	0.0
Hispanic	489	0	0.4	0.0	-100.0
Asian/Pacific Islander	93	0	a	a	b
American Indian/Alaskan Native	1	0	a	a	b
Other/Unknown	45	1	a	a	b
Total	1,447	2	0.3	0.1	-66.7

¹ Includes women who have a history of IDU.

² These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

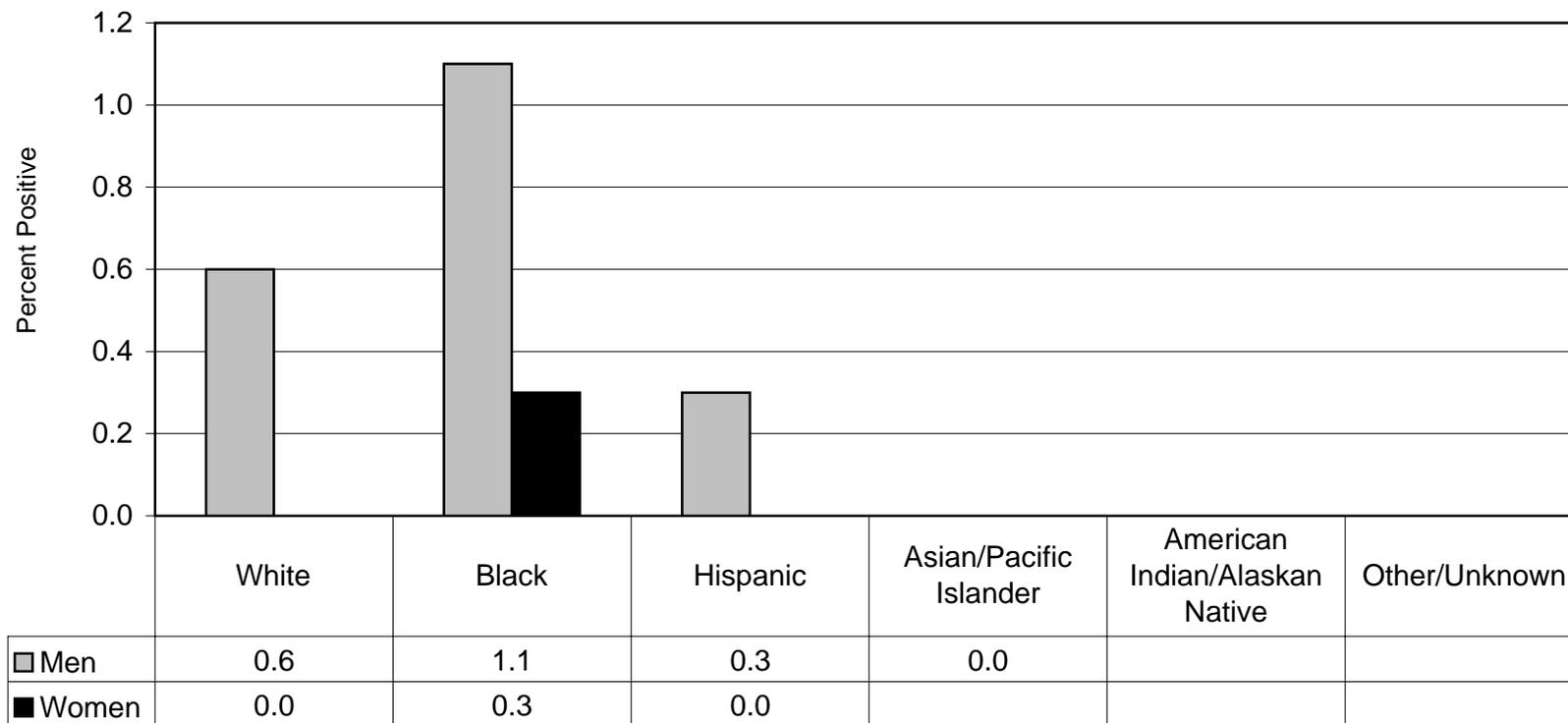
³ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Not applicable.

Source: California Department of Health Services, Office of AIDS.

Figure 5. HIV Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 2001



Note: Excludes Asian/Pacific Islander females, American Indian/Alaskan Native, and Other/Unknown race/ethnicity (not calculated for fewer than 100 tested and number positive less than or equal to three).

Source: California Department of Health Services, Office of AIDS.

Table 10.
HIV Seroprevalence for Heterosexual Males¹
Attending STD² Clinics
Selected California Counties and Cities
by Age Group,
2000-2001

Age Group	Number Tested 2001	Number Positive ³ 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
14 and Under	a	0	b	b	c
15-19	238	1	0.0	0.4	b
20-24	518	0	0.2	0.0	-100.0
25-29	375	1	0.0	0.3	b
30-34	329	5	0.0	1.5	b
35-39	231	3	0.0	1.3	b
40-44	188	0	0.0	0.0	0.0
45 and Over	278	5	0.4	1.8	350.0
Unknown	21	0	b	b	c
Total	2,182	15	0.1	0.7	600.0

¹ Includes men who have a history of IDU (Heterosexual/IDU).

² These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

³ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Less than five.

^b Not calculated for fewer than 100 tested and number positive less than or equal to three.

^c Not applicable.

Source: California Department of Health Services, Office of AIDS.

Table 11.
HIV Seroprevalence for Heterosexual Females¹
Attending STD² Clinics
Selected California Counties and Cities
by Age Group,
2000-2001

Age Group	Number Tested 2001	Number Positive ³ 2001	Seroprevalence (%)		Percent Change 2000 to 2001
			2000	2001	
14 and Under	17	0	a	a	b
15-19	259	0	0.0	0.0	0.0
20-24	371	0	0.3	0.0	-100.0
25-29	231	0	0.0	0.0	0.0
30-34	170	0	0.0	0.0	0.0
35-39	133	0	0.0	0.0	0.0
40-44	113	2	a	1.8	b
45 and Over	137	0	1.9	0.0	-100.0
Unknown	16	0	a	a	b
Total	1,447	2	0.3	0.1	-66.6

¹ Includes women who have a history of IDU.

² These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

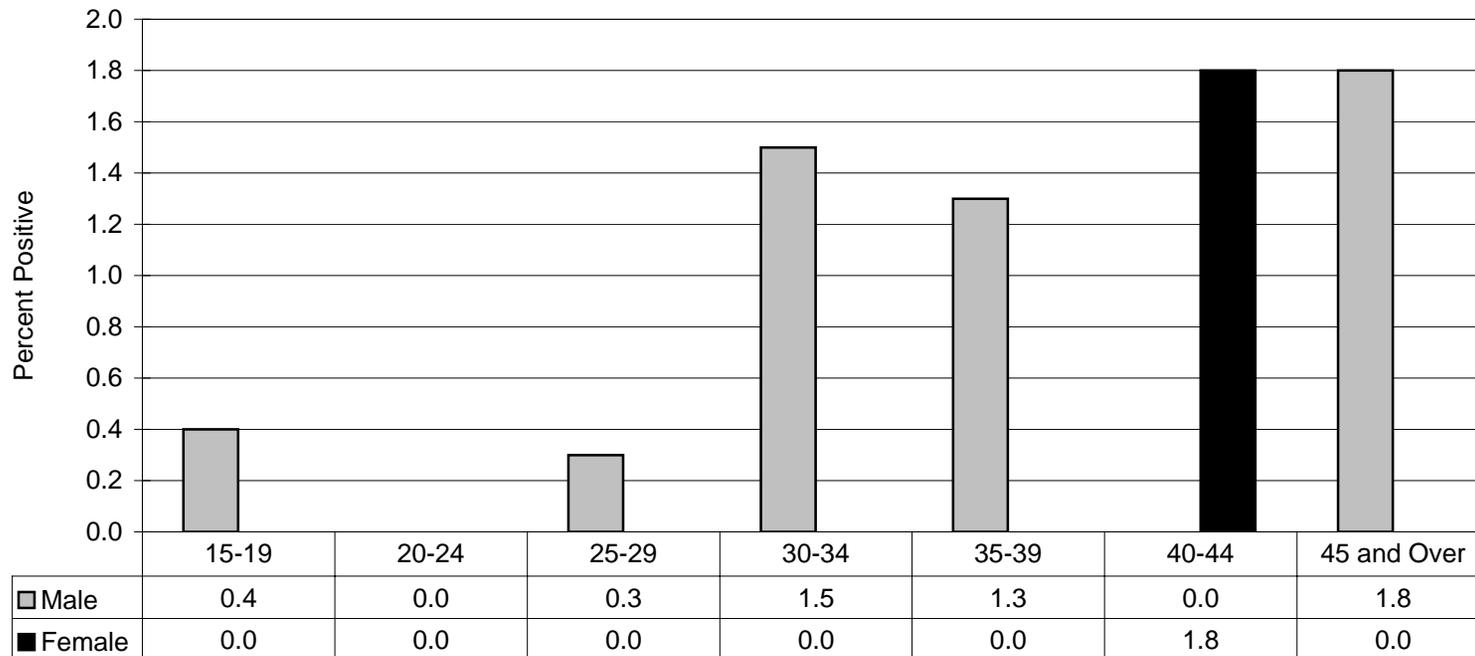
³ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Not applicable.

Source: California Department of Health Services, Office of AIDS.

Figure 6. HIV Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 2001



Note: Excludes age groups 14 and Under, and Unknown for male and female.

Source: California Department of Health Services, Office of AIDS.

Table 12.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
Fresno County, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	17	2	a	b	0	a
	MSM/IDU	b	0	a	b	0	a
	Heterosexual	266	3	1.1	165	0	0.0
	Heterosexual, IDU	b	0	a	b	0	a
	Other	b	0	a	11	0	a
	Unknown	29	0	a	11	0	a
Race/Ethnicity	White	45	0	a	17	0	a
	Black	68	3	a	41	0	a
	Hispanic	181	2	1.1	122	0	0.0
	Asian/Pacific Islander	9	0	a	b	0	a
	American Indian/Alaskan Native	b	0	a	b	0	a
	Other	5	0	a	b	0	a
	Unknown	b	0	a	b	0	a
Age Group	14 and Under	b	0	a	b	0	a
	15-19	41	1	a	36	0	a
	20-24	84	0	a	50	0	a
	25-29	52	1	a	24	0	a
	30-34	48	1	a	17	0	a
	35-39	36	1	a	20	0	a
	40-44	19	0	a	22	0	a
	45 and Over	24	1	a	17	0	a
	Unknown	7	0	a	b	0	a
Total	312	5	1.6	187	0	0.0	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 13.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
Kern County, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	13	0	a	b	0	a
	MSM/IDU	b	0	a	b	0	a
	Heterosexual	238	0	0.0	200	0	0.0
	Heterosexual, IDU	17	0	a	15	0	a
	Other	b	0	a	5	0	0.0
	Unknown	b	0	a	b	0	a
Race/Ethnicity	White	66	0	a	62	0	a
	Black	70	0	a	60	0	a
	Hispanic	125	0	0.0	93	0	a
	Asian/Pacific Islander	b	0	a	b	0	a
	American Indian/Alaskan Native	b	0	a	b	0	a
	Other	b	0	a	b	0	a
	Unknown	9	0	a	b	0	a
	Age Group	14 and Under	b	0	a	8	0
15-19		65	0	a	65	0	a
20-24		64	0	a	44	0	a
25-29		41	0	a	29	0	a
30-34		32	0	a	23	0	a
35-39		20	0	a	20	0	a
40-44		19	0	a	9	0	a
45 and Over		29	0	a	23	0	a
Unknown		b	0	a	b	0	a
Total	272	0	0.0	221	0	0.0	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 14.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
Sacramento County, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	21	0	a	b	0	a
	MSM/IDU	b	0	a	b	0	a
	Heterosexual	160	0	0.0	185	1	0.5
	Heterosexual, IDU	5	0	a	b	0	a
	Other	b	0	a	9	0	a
	Unknown	16	0	a	6	0	a
Race/Ethnicity	White	80	0	a	63	0	a
	Black	76	0	a	52	1	a
	Hispanic	35	0	a	76	0	a
	Asian/Pacific Islander	6	0	a	11	0	a
	American Indian/Alaskan Native	b	0	a	0	0	a
	Other	b	0	a	b	0	a
	Unknown	b	0	a	b	0	a
Age Group	14 and Under	b	0	a	b	0	a
	15-19	26	0	a	44	0	a
	20-24	49	0	a	46	0	a
	25-29	39	0	a	31	0	a
	30-34	25	0	a	29	0	a
	35-39	19	0	a	20	0	a
	40-44	19	0	a	16	1	a
	45 and Over	23	0	a	11	0	a
	Unknown	b	0	a	5	0	a
Total	203	0	0.0	204	1	0.5	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 15.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
San Bernardino County, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	17	0	a	b	0	a
	MSM/IDU	b	0	a	b	0	a
	Heterosexual	274	0	0.0	188	0	0.0
	Heterosexual, IDU	13	0	a	b	0	a
	Other	b	0	a	5	0	a
	Unknown	6	0	a	5	0	a
Race/Ethnicity	White	86	0	a	56	0	a
	Black	108	0	0.0	54	0	a
	Hispanic	104	0	0.0	70	0	a
	Asian/Pacific Islander	6	0	a	18	0	a
	American Indian/ Alaskan Native	b	0	a	0	0	a
	Other	b	0	a	b	0	a
	Unknown	b	0	a	b	0	a
Age Group	14 and Under	b	0	a	b	0	a
	15-19	38	0	a	30	0	a
	20-24	92	0	a	53	0	a
	25-29	51	0	a	28	0	a
	30-34	47	0	a	20	0	a
	35-39	33	0	a	16	0	a
	40-44	24	0	a	18	0	a
	45 and Over	25	0	a	34	0	a
	Unknown	b	0	a	b	0	a
Total	311	0	0.0	202	0	0.0	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 16.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
San Diego County, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	29	5	17.2	a	0	b
	MSM/IDU	0	0	b	a	0	b
	Heterosexual	217	5	2.3	78	0	b
	Heterosexual, IDU	a	0	b	a	0	b
	Other	a	0	b	a	0	b
	Unknown	107	11	10.3	64	1	b
Race/Ethnicity	White	177	15	8.5	66	0	b
	Black	60	0	b	21	1	b
	Hispanic	81	3	3.7	27	0	b
	Asian/Pacific Islander	6	0	b	14	0	b
	American Indian/Alaskan Native	a	0	b	a	0	b
	Other	18	2	b	5	0	b
	Unknown	11	1	b	9	0	b
Age Group	14 and Under	a	0	b	0	0	b
	15-19	13	1	b	11	0	b
	20-24	67	1	b	24	0	b
	25-29	61	1	b	33	1	b
	30-34	69	7	10.1	19	0	b
	35-39	55	5	9.1	17	0	b
	40-44	38	3	b	14	0	b
	45 and Over	44	4	9.1	21	0	b
	Unknown	6	0	b	a	0	b
Total	353	21	5.9	142	1	0.7	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 17.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
San Joaquin County, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	20	2	a	b	0	a
	MSM/IDU	b	0	a	b	0	a
	Heterosexual	334	2	0.6	122	1	0.8
	Heterosexual, IDU	b	0	a	b	0	a
	Other	b	0	a	b	0	a
	Unknown	10	0	a	7	0	a
Race/Ethnicity	White	77	0	a	41	0	a
	Black	102	3	2.9	44	0	a
	Hispanic	162	1	0.6	41	0	a
	Asian/Pacific Islander	13	0	a	5	0	a
	American Indian/Alaskan Native	0	0	a	0	0	a
	Other	10	0	a	3	1	a
	Unknown	b	0	a	b	0	a
Age Group	14 and Under	b	0	a	b	0	a
	15-19	35	0	a	24	0	a
	20-24	84	0	a	19	0	a
	25-29	51	2	a	21	0	a
	30-34	45	1	a	14	0	a
	35-39	45	0	a	18	0	a
	40-44	35	0	a	20	1	a
	45 and Over	65	1	a	14	0	a
	Unknown	6	0	a	b	0	a
Total	367	4	1.1	134	1	0.7	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 18.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
Santa Clara County, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	84	6	7.1	a	0	b
	MSM/IDU	7	2	b	a	0	b
	Heterosexual	149	0	0.0	60	0	b
	Heterosexual, IDU	5	0	b	a	0	b
	Other	a	0	b	a	0	b
	Unknown	a	0	b	a	0	b
Race/Ethnicity	White	128	6	4.7	24	0	b
	Black	14	0	b	7	0	b
	Hispanic	75	1	b	21	0	b
	Asian/Pacific Islander	29	1	b	12	0	b
	American Indian/Alaskan Native	a	0	b	0	0	b
	Other	a	0	b	0	0	b
	Unknown	a	0	b	0	0	b
Age Group	14 and Under	a	0	b	0	0	b
	15-19	12	0	b	6	0	b
	20-24	33	0	b	19	0	b
	25-29	48	1	b	6	0	b
	30-34	47	1	b	8	0	b
	35-39	26	1	b	6	0	b
	40-44	28	2	b	7	0	b
	45 and Over	51	3	b	12	0	b
Unknown	a	0	b	a	0	b	
Total		246	8	3.2	64	0	b

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 19.
HIV Seroprevalence Among Persons STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
City of Long Beach, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	61	8	13.1	a	0	b
	MSM/IDU	a	1	b	a	0	b
	Heterosexual	262	4	1.5	151	0	0.0
	Heterosexual, IDU	8	0	b	a	0	b
	Other	a	0	b	a	0	b
	Unknown	a	0	b	0	0	b
Race/Ethnicity	White	79	6	7.6	40	0	b
	Black	98	4	b	56	0	b
	Hispanic	124	1	0.8	44	0	b
	Asian/Pacific Islander	19	0	b	12	0	b
	American Indian/Alaskan Native	a	0	b	0	0	b
	Other	11	1	b	a	0	b
	Unknown	a	0	b	a	0	b
Age Group	14 and Under	a	0	b	5	0	b
	15-19	29	0	b	33	0	b
	20-24	80	1	b	42	0	b
	25-29	62	2	b	25	0	b
	30-34	48	1	b	19	0	b
	35-39	49	5	10.2	10	0	b
	40-44	28	0	b	11	0	b
	45 and Over	38	3	b	13	0	b
	Unknown	a	0	b	a	0	b
Total	335	12	3.6	158	0	0.00	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

Table 20.
HIV Seroprevalence Among Persons Attending STD¹ Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
City of Berkeley, January–June 2001

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive ²	Sero-Prevalence (%)	Number Tested	Number Positive ²	Sero-Prevalence (%)
Risk Behavior	MSM	41	4	9.8	a	0	b
	MSM/IDU	a	1	b	a	0	b
	Heterosexual	228	0	0.0	265	0	0.0
	Heterosexual, IDU	5	1	b	a	0	b
	Other	a	0	b	9	0	b
	Unknown	a	0	b	a	0	b
Race/Ethnicity	White	123	1	0.8	120	0	0.0
	Black	99	3	b	84	0	b
	Hispanic	37	2	b	36	0	b
	Asian/Pacific Islander	15	0	b	23	0	b
	American Indian/Alaskan Native	a	0	b	a	0	b
	Other	a	0	b	14	0	b
	Unknown	a	0	b	a	0	b
Age Group	14 and Under	a	0	b	a	0	b
	15-19	11	0	b	28	0	b
	20-24	58	1	b	95	0	b
	25-29	59	1	b	59	0	b
	30-34	48	1	b	49	0	b
	35-39	27	0	b	22	0	b
	40-44	28	2	b	11	0	b
	45 and Over	46	1	b	13	0	b
	Unknown	a	0	b	a	0	b
Total	279	6	2.2	281	0	0.0	

¹ These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifier were removed.

² All positive specimens were repeatedly reactive by ELISA and confirmed by Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

^b Less than five.

Source: California Department of Health Services, Office of AIDS.

TRENDS IN HIV SEROPREVALENCE AMONG STD PATIENTS BY REGION 1994-2001

Figures 7 through 14 present trends in HIV seroprevalence among persons attending STD clinics in eight regions of California from 1994-2001. Los Angeles and San Francisco Counties did not collect data for year 2000 and 2001; thus, are not included in this annual report. Refer to the California HIV Seroprevalence Annual Report 1999 for the latest information on trends from these regions.

In San Diego County, White patients had fluctuating HIV seroprevalences from 1994 through 1998, with years 1999-2001 showing a steady increase. The prevalence of HIV infection peaked in 1997 and 2001 for White patients, in 1999 for Black patients, and in 2000 for Hispanic patients. Black patients showed an increase of HIV infection between 1996 and 1999, declining in 2000 and 2001. Both age groups (15-44 and 45 and Over) showed fluctuating HIV seroprevalence although it has increased for both age groups in 2001. MSM had the highest prevalence of HIV infection, declining sharply between 1997 and 1998, and rising sharply in 1999. The rates of HIV infection among heterosexual patients remained the lowest and unchanged.

The Central Coast region included the County of San Luis Obispo and the City of Long Beach for years 1994-1997 and the City of Long Beach only for 1998-2001. The year 2001 marks the highest prevalence of HIV infection seen among White and Black patients. The highest seroprevalence was observed in 2000 among Hispanic patients. Age group 15-44 years showed steadily increasing rates of HIV infection. Age group 45 and Over showed fluctuating rates of HIV infection with the highest seroprevalence observed in 2001. MSM had the highest prevalence of HIV infection, declining sharply from 1996 to 1998. The rate of HIV infection among heterosexuals remained unchanged.

The Bay Area region includes the County of Santa Clara and the City of Berkeley. The prevalence of HIV infection peaked in 1995 for Black and White patients. Seroprevalence estimates dropped dramatically for Whites in 1996 but has steadily increased from 1998 to 2001. Black and Hispanic patients showed a decrease in HIV seroprevalence in 2000 but increased in 2001. Age group 15-44 years showed a steady decline of HIV infection through 1998, increased in 1999, decreased in 2000, and increased in 2001. Rates of HIV infection in the age group 45 and Over fluctuated, with peak seroprevalence observed in 2001. MSM had the highest prevalence of infection, declining from 1995 through 1998, rising sharply in 1999, dropping in 2000, and increasing in 2001. The rates of HIV infection among heterosexual patients remained unchanged.

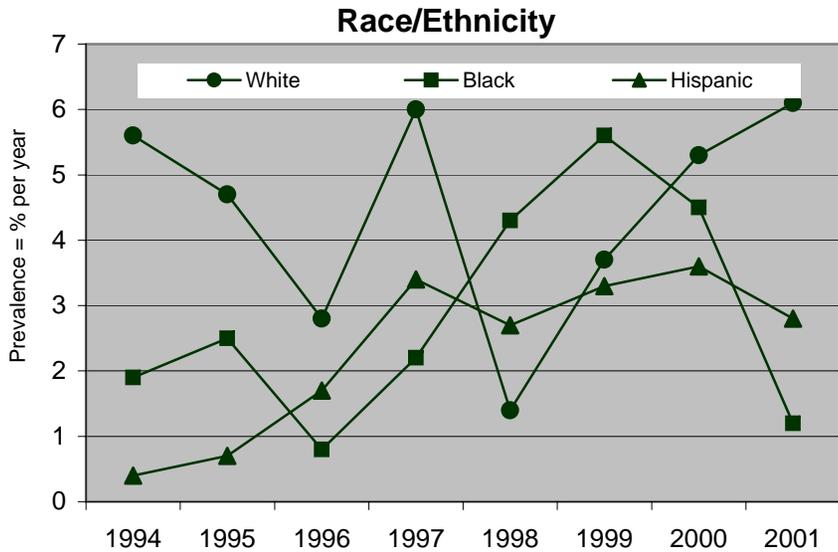
The Central Valley region includes Fresno, Kern, and San Joaquin Counties. Black patients had the highest HIV seroprevalence, declining from 1996 to 2000, but increasing sharply for 2001. White patients showed a steady decline through 1997,

increasing slightly in 1998, and decreasing through 2001. Hispanic patients showed a decrease in HIV prevalence from 1994 through 1997, and rising slightly through 2001. Both age groups had the highest prevalence of HIV infection in 1994, and both age groups showed fluctuation in HIV prevalence but have risen in 2001. Heterosexuals had the highest prevalence in 1994, rising sharply from 1997 to 1998. While prevalence declined from 1998 to 2000, an increase in prevalence was observed for 2001.

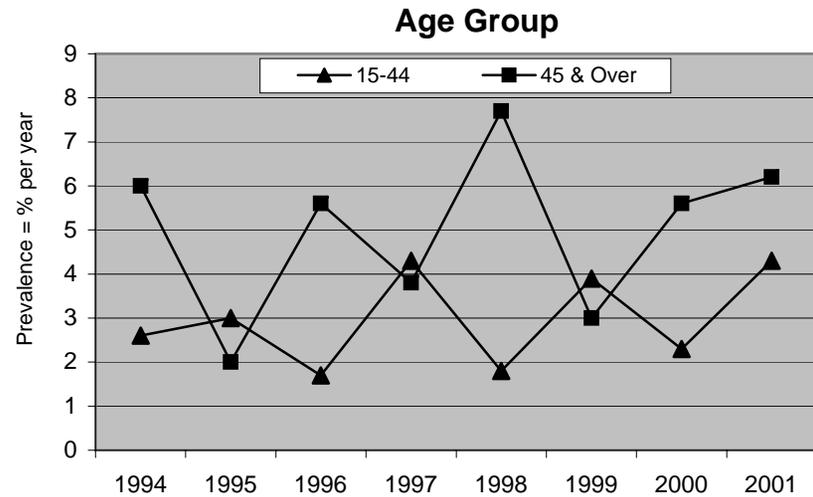
The North Valley region includes Sacramento and Solano Counties for 1994 and 1995. Years 1996 through 2001 include Sacramento County only. The prevalence of HIV infection peaked in 1999 for Whites and Blacks. Both White and Black patients showed fluctuating rates of infection, both showing an increase from 1997 to 1999, and a steady decline for 2000 and 2001. Seroprevalence rates for age group 15-44 dropped sharply between 1996 and 1997, and between 1999 and 2001. Heterosexual patients showed fluctuating HIV prevalence, which peaked in 1999.

The South Valley region includes San Bernardino and Riverside Counties for 1994 through 1996. Years 1997 through 2000 include San Bernardino County only. The prevalence of HIV infection peaked for White patients in 1994, 1996 for Hispanic patients, and 2000 for Black patients. HIV seroprevalence peaked in the age group 15-44 in 1994, and declined through 2001. Heterosexuals had the highest prevalence in 1994, declining through 2001.

Figure 7. Temporal Trends in HIV Seroprevalence Among STD Clinic Patients in San Diego Region, 1994-2001



Note: Data were collected for six months only in all categories.



Note: For years 1995 through 1997, 1999, and 2000, there were less than 100 tested and less than or equal to three positive test results for age group 45 and Over.

Note: No information available for MSM/IDU and Heterosexual/IDU categories.

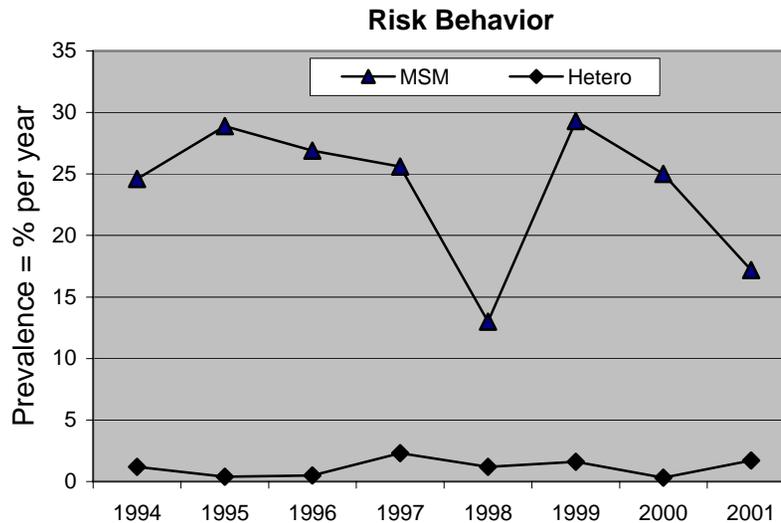
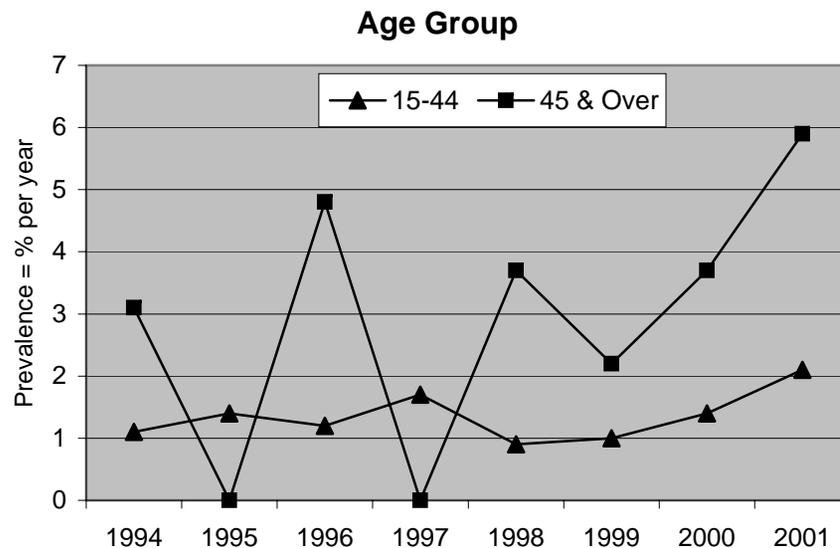
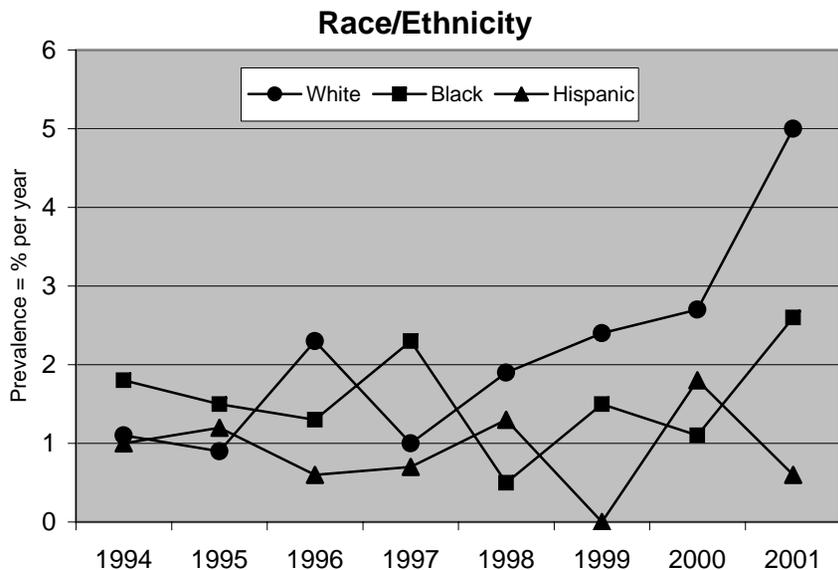
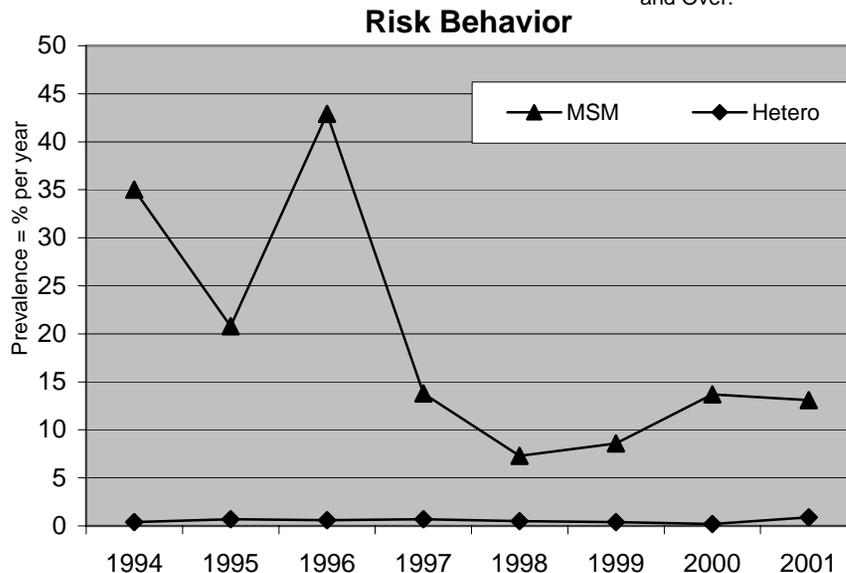


Figure 8. Temporal Trends in HIV Seroprevalence Among STD Clinic Patients in Central Coast Region, 1994-2001



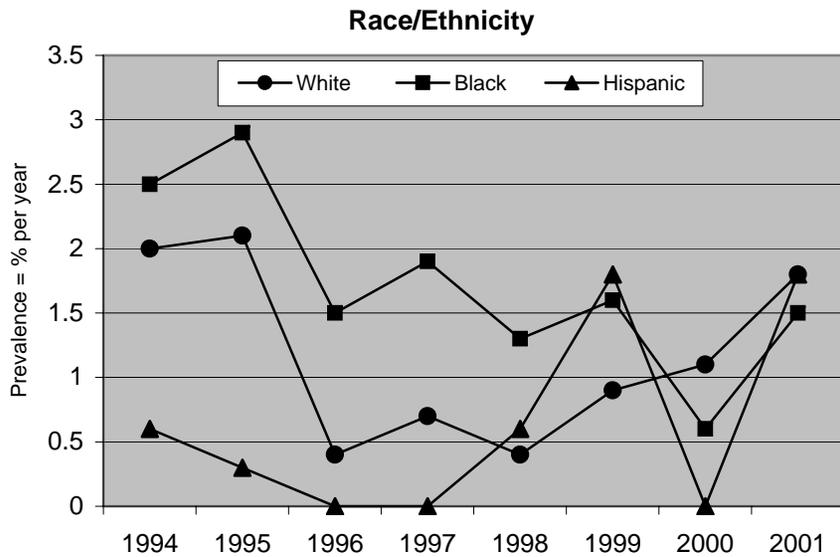
Note: For years 1994 through 2000 there were less than 100 tested and less than or equal to three positives test results for age group 45 and Over.



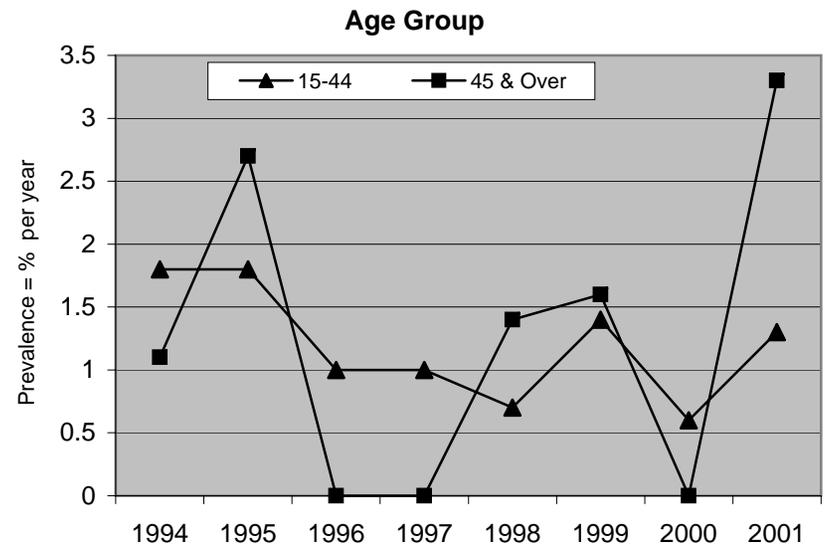
Note: For years 1998 and 1999, there were less than 100 tested and less than or equal to three positive test results for MSM category. Risk categories MSM/IDU and Heterosexual/IDU had small numbers (tested number fewer than 100 and number of positive less than or equal to three and were not included).

Note: Central Coast includes Long Beach and San Luis Obispo County. Data for 1998 through 2001 included Long Beach only. Data were collected for six months of each year for all categories.

Figure 9. Temporal Trends in HIV Seroprevalence Among STD Clinic Patients in Bay Area Region, 1994-2001

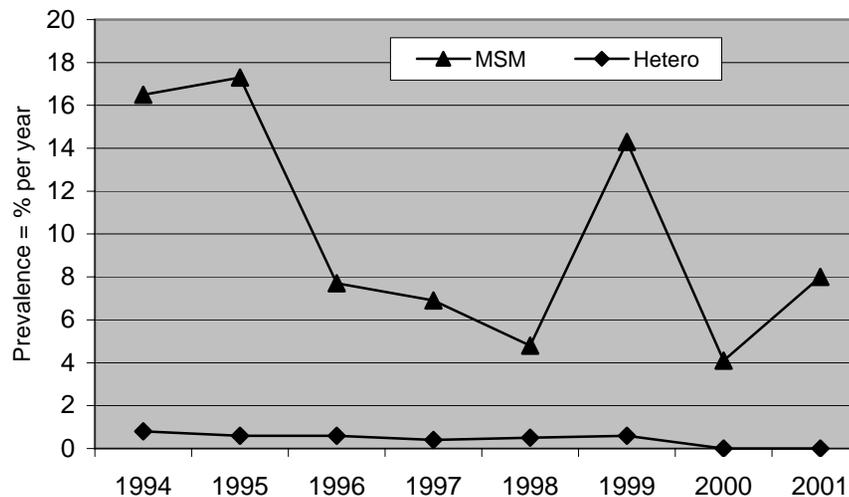


Note: For 1996, there were less than 100 tested and less than or equal to three positives for Hispanic race category.



Note: For years 1996 through 2000, there were less than 100 tested and less than or equal to three positives test results for age group 45 and Over.

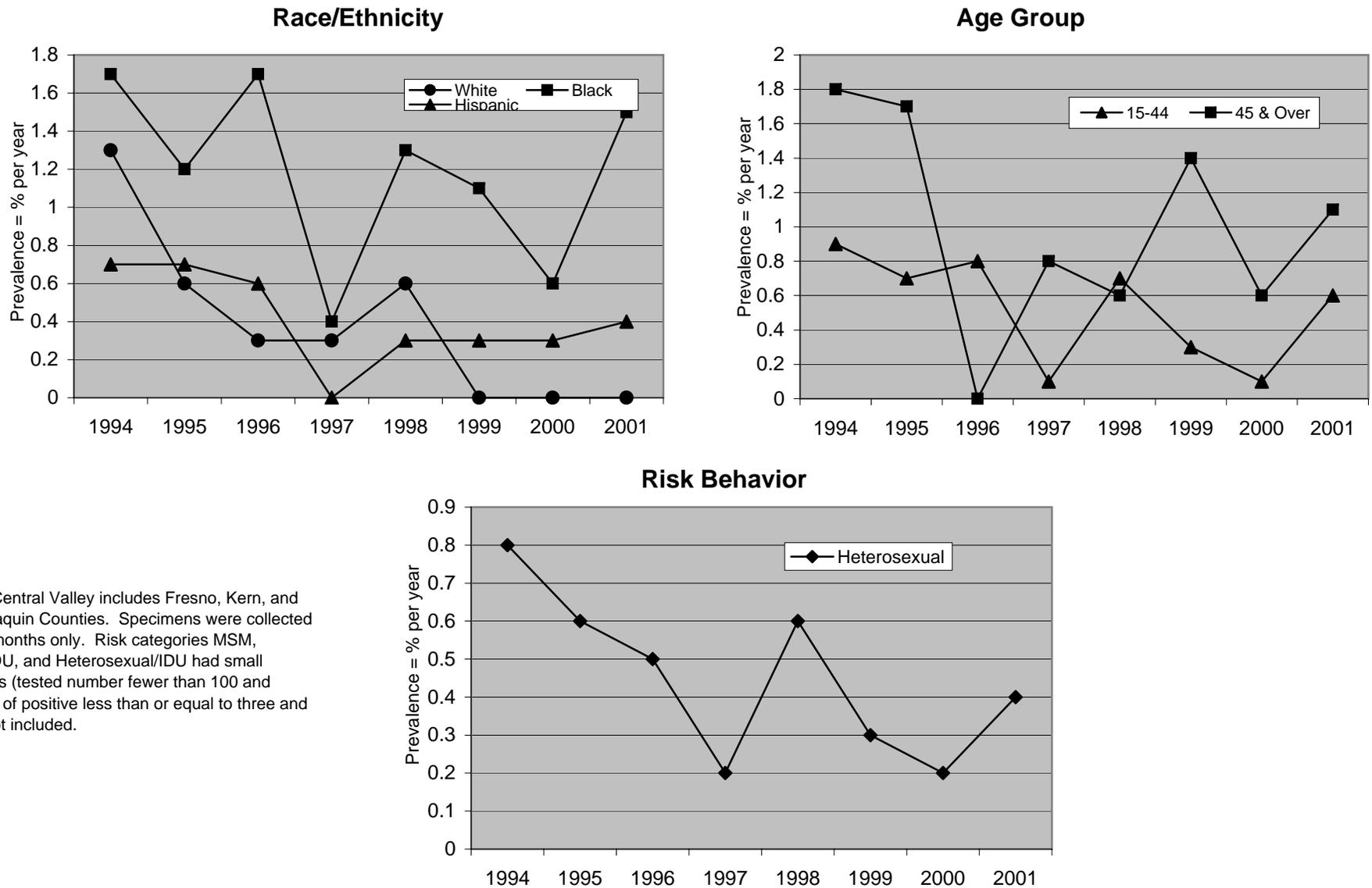
Risk Behavior



Note: Risk category MSM /IDU and Heterosexual/IDU had small numbers (tested fewer than 100 and number of positives less than or equal to three and were not included. For years 1996, 1998, and 2000, there were less than 100 tested and less than or equal to three positives test results for MSM category.

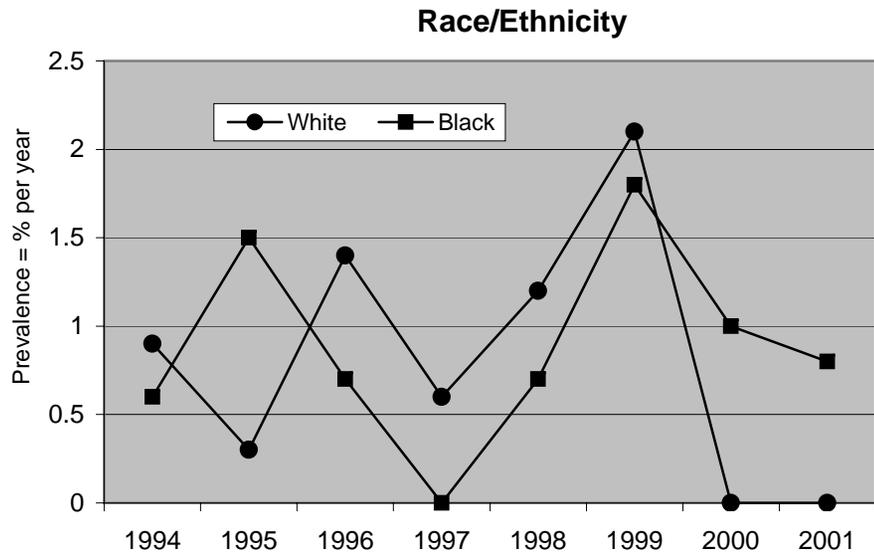
Note: Bay Area includes City of Berkeley and Santa Clara County. For years 1994 through 1996, data were collected for 12 months; for years 1997 through 2000, data were collected for six months only. For year 1996, only City of Berkeley reported.

Figure 10. Temporal Trends in HIV Seroprevalence Among STD Clinic Patients in Central Valley Region, 1994-2001

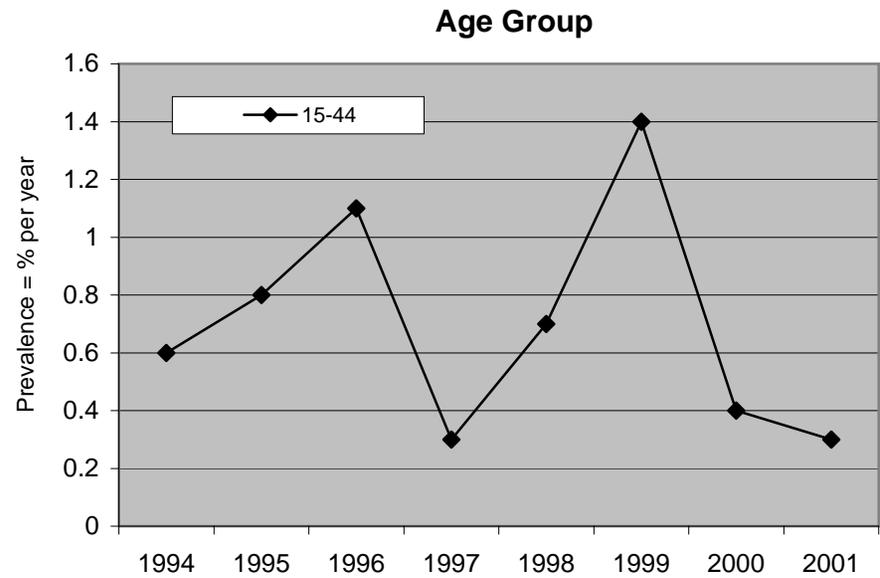


Note: Central Valley includes Fresno, Kern, and San Joaquin Counties. Specimens were collected for six months only. Risk categories MSM, MSM/IDU, and Heterosexual/IDU had small numbers (tested number fewer than 100 and number of positive less than or equal to three and were not included).

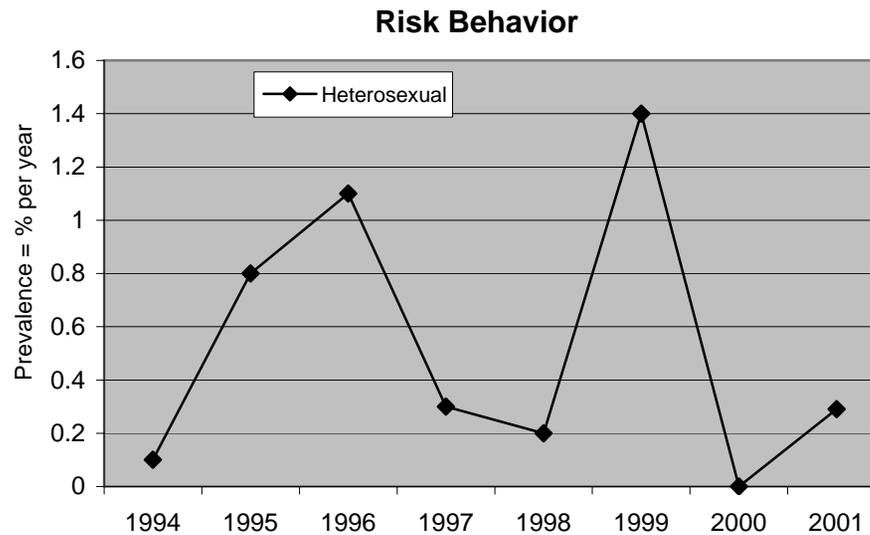
Figure 11. Temporal Trends in HIV Seroprevalence Among STD Clinic Patients in North Valley Region, 1994-2001



Note: Hispanics were not included because of zero positives for years 1994-2001.

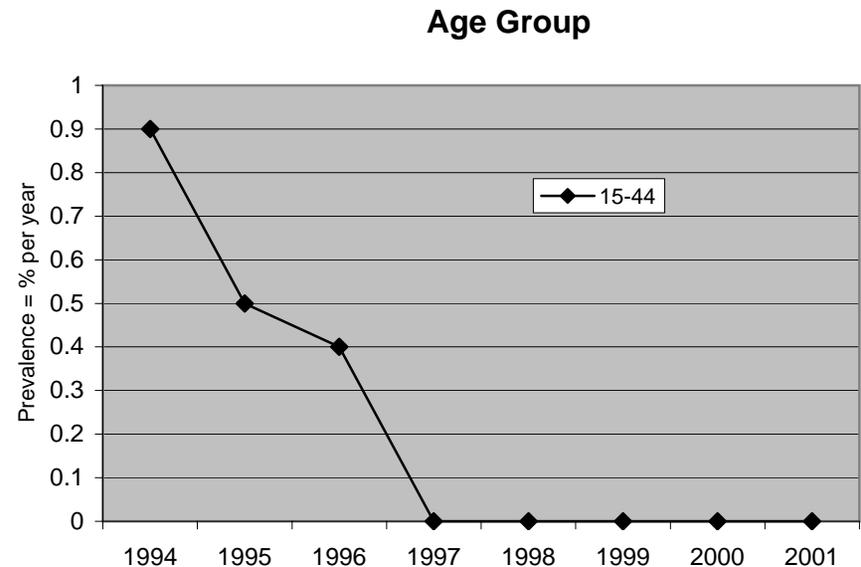
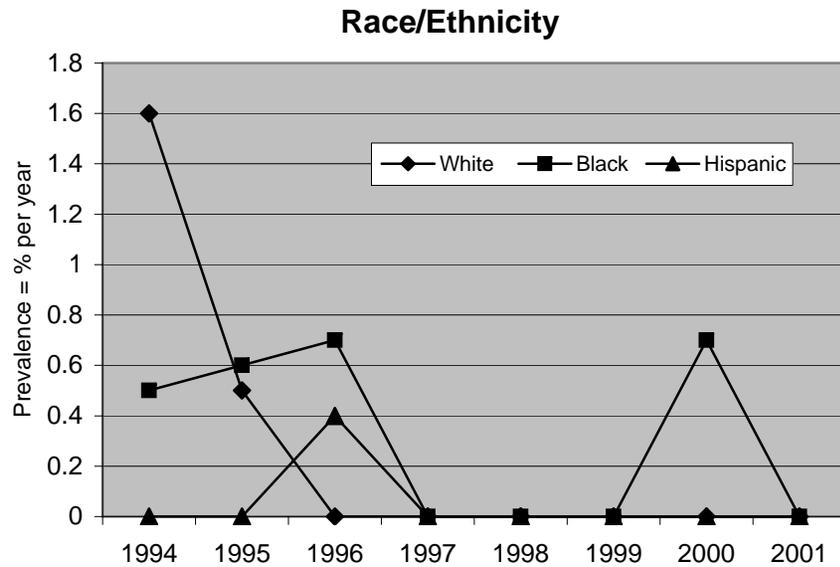


Note: Age group 45 and Over were not included because of small numbers tested and zero positives for years 1994-2001.



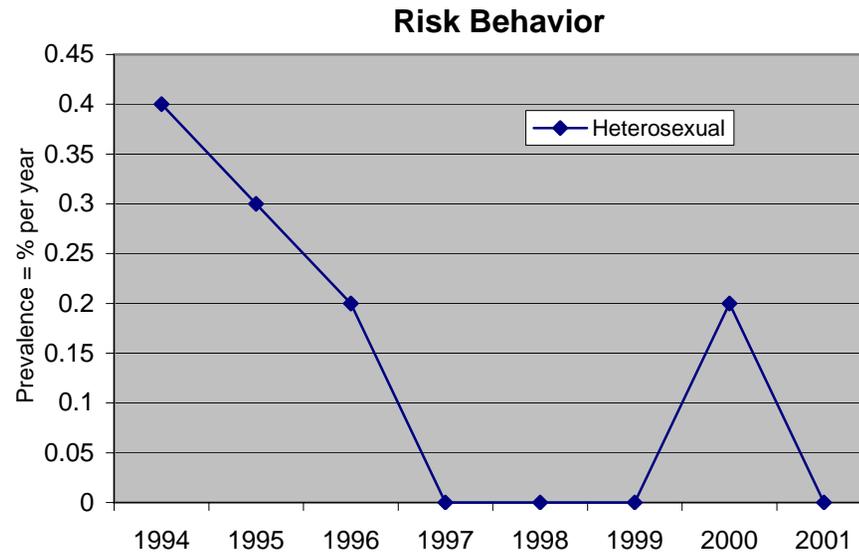
Note: North Valley included Sacramento and Solano Counties for 1994 and 1995. For years 1996 through 2001, North Valley included Sacramento County only. Specimens were collected for six months only. Risk categories MSM, MSM/IDU, and Heterosexual/IDU had small numbers (tested number fewer than 100 and number of positive less than or equal to three and were not included).

Figure 12. Temporal Trends in HIV Seroprevalence Among STD Clinic Patients in South Valley Region, 1994-2001



Note: Age group 45 and Over was omitted because of zero positives for 1994-2001.

Note: South Valley included San Bernardino and Riverside Counties for years 1994 through 1996. Years 1997 through 2001 included San Bernardino County only. Specimens were collected for six months only. Risk categories MSM, MSM/IDU, and Heterosexual/IDU had small numbers (tested number fewer than 100 and number of positive less than or equal to three and were not included).



BLOOD BANKS AND PLASMA CENTERS

SURVEY AMONG BLOOD BANKS AND PLASMA CENTERS

OA began monitoring data from the routine testing of blood donors in 1987. HIV prevalence among donors are lower than those of the general population because persons at increased risk for HIV infection are actively discouraged from donating.

This report summarizes data from HIV-1 antibody screening of blood and blood products collected in selected California counties and cities for 2001. Additional county data are available through OA. OA receives reports of testing results from 41 blood banks and 17 plasma centers. This information represents data from California facilities required to report HIV-1/HIV-2¹ antibody test results to OA. HIV-2 data are not included in this report.

In 2001, 540,240 specimens from selected California blood banks² were tested, of which nine (0.002 percent) were seropositive. HIV seroprevalence in selected California blood banks ranged from zero to 0.006 percent (Table 21).

In 2001, 393,706 specimens from selected California plasma centers² were tested, of which 24 (0.006 percent) were seropositive (Table 22). HIV seroprevalence in selected California plasma centers ranged from zero to 0.18 percent.

¹Testing for HIV-2 began the second quarter of 1992. Data collected through 2000 showed 39 (13 blood banks, 26 plasma centers) confirmed positive for HIV-2. To date, the U.S. Food and Drug Administration has not licensed a confirmatory test for HIV-2 infection. Currently, reactive HIV-2 enzyme immunoassays are confirmed by unlicensed tests. Cross-reactivity between HIV-1 and HIV-2 is a strong possibility in instances where HIV-2 is confirmed by existing unlicensed testing.

²Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, and Santa Clara Counties.

**Table 21.
HIV-1 Seroprevalence for Units Collected by
Selected California Blood Banks, 2001**

County/City of Residence	Number Tested	Number Positive¹	Seroprevalence (%)
Fresno	56,068	0	0.000
Kern	27,777	0	0.000
Sacramento	169,263	2	0.001
San Bernardino	99,292	6	0.006
San Diego	119,848	1	0.001
Santa Clara	97,992	0	0.000
Total	570,240	9	0.002

¹ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

Source: California Department of Health Services, Office of AIDS.

**Table 22.
HIV-1 Seroprevalence for Units Collected by
Selected California Plasma Centers, 2001**

County/City of Residence	Number Tested	Number Positive¹	Seroprevalence (%)
Fresno	60,430	3	0.005
Kern	71,753	2	0.003
Sacramento	25,095	0	0.000
San Bernardino	47,765	2	0.004
San Diego	165,966	13	0.008
San Joaquin	22,697	4	0.018
Total	393,706	24	0.006

¹ All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

Source: California Department of Health Services, Office of AIDS.

CIVILIAN APPLICANTS FOR MILITARY SERVICE

SURVEY AMONG CIVILIAN APPLICANTS FOR MILITARY SERVICE

Since October 1985, all persons applying for active duty or reserve military service, the service academies, and the Reserve Office Training Corps (ROTC), have been screened for HIV infection as part of their entrance medical evaluation. Applicants found to be HIV positive are excluded from military service but receive counseling from a military physician and referrals to HIV/AIDS specialists and counselors in their own communities. Data from this population are important because of the large number of persons screened and because the applicants include both sexes and all racial and ethnic groups from all areas of the country. The U.S. Department of Defense shares the resulting statistical data with CDC for HIV surveillance purposes. CDC in turn provides the information (excluding personal identifiers) to state and local health departments.

Prior to July 1993, before medical evaluations, applicants were interviewed about drug use and homosexual activity, both of which were grounds for exclusion from entry into military service. Potential applicants were informed that they would be screened for HIV antibodies and excluded from entry if infected. Therefore, IDUs, MSM, and persons who suspected or were already aware they were infected with HIV were likely to have been under-represented among those applicants usually tested. In 1992, President Clinton authorized the “don’t ask, don’t tell policy” and applicants could no longer be asked about homosexual activity.

This report summarizes data from seven selected California counties¹ that also collected STD data. In 2001, a total of 11,850 specimens from these selected counties were tested for HIV antibodies (Table 23). Of these, 0.06 percent were seropositive. Prevalence ranged from zero positives in three counties to a high 0.13 percent in San Joaquin County.

As shown in Table 24, males represented 79.2 percent (n=9,386) of the total civilian applicants from these counties, of which six (0.06 percent) were seropositive. Females represent 20.8 percent (n=2,464) of the total civilian applicants for these counties, of which zero were seropositive (Table 25).

In 2001, men in age group 30-34 showed the highest prevalence of 0.25 percent. Among race/ethnicity groups, Black applicants had the highest prevalence of 0.32 percent.

1 Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, and Santa Clara Counties.

Table 23.
HIV Seroprevalence for Civilian Applicants for Military Service
Selected California Counties¹, 2001

County/City of Residence	Number Tested	Number Positive²	Seroprevalence (%)
Fresno	884	0	0.00
Kern	1,045	0	0.00
Sacramento	1,774	2	0.11
San Bernardino	2,407	1	0.04
San Diego	3,891	2	0.05
San Joaquin	751	1	0.13
Santa Clara	1,098	0	0.00
Total	11,850	6	0.05

¹ Data provided by CDC, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

² All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

Source: California Department of Health Services, Office of AIDS.

Table 24.
HIV Seroprevalence for Male Civilian Applicants
for Military Service
by Age Group and Race/Ethnicity
Selected California Counties¹, 2001

Age Group and Race/Ethnicity	Number Tested	Number Positive²	Seroprevalence %
Age Group			
15-19	4,378	1	0.02
20-24	3,173	3	0.09
25-29	1,015	1	0.10
30-34	481	1	0.21
35-39	200	0	0.00
40-44	85	0	a
45 and Over	54	0	a
Subtotal Age Group	9,386	6	0.06
Race/Ethnicity			
White	5,043	2	0.04
Black	928	3	0.32
Hispanic	2,090	1	0.05
Asian/Pacific Islander	985	0	0.00
American Indian/Alaskan Native	168	0	0.00
Other/Unknown	172	0	0.00
Total	9,386	6	0.06

¹ Data provided by CDC, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

² All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

Source: California Department of Health Services, Office of AIDS.

Table 25.
HIV Seroprevalence for Female Civilian Applicants
for Military Service
by Age Group and Race/Ethnicity
Selected California Counties¹, 2001

Age Group and Race/Ethnicity	Number Tested	Number Positive ²	Seroprevalence %
Age Group			
15-19	1,274	0	0.00
20-24	803	0	0.00
25-29	227	0	0.00
30-34	110	0	0.00
35-39	31	0	a
40-44	11	0	a
45 and Over	8	0	a
Subtotal Age Group	2,464	0	0.00
Race/Ethnicity			
White	1,162	0	0.00
Black	393	0	0.00
Hispanic	553	0	0.00
Asian/Pacific Islander	39	0	0.00
American Indian/Alaskan Native	273	0	a
Other/Unknown	44	0	a
Total	2,464	0	0.00

¹ Data provided by CDC, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

² All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

^a Not calculated for fewer than 100 tested and number positive less than or equal to three.

Source: California Department of Health Services, Office of AIDS.



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