California HIV Seroprevalence
Annual Report 2002

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TO: INTERESTED PARTIES

SUBJECT: CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2002

I am pleased to make available to you the California HIV Seroprevalence Annual Report 2002. The data in this report were gathered in 2002 by the Department of Health Services, Office of AIDS (DHS/OA), in collaboration with local health jurisdictions, the Centers for Disease Control and Prevention, California blood banks and plasma centers, the U.S. Department of Defense, and 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 regarding this report, please contact Juan Ruiz, M.D., M.P.H., Dr.P.H., Chief, HIV/AIDS Epidemiology Branch or Shulan He, M.D., M.S., Epidemiologic Studies Section, OA, at (916) 449-5900.

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CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2002

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EXECUTIVE SUMMARY

Objectives

The objectives of this project were to: 1) establish unbiased baseline human immunodeficiency virus (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 HIV testing. Blinded samples are gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes and tested for HIV antibodies after all personally identifying information has been removed.

Result

During 2002, there were a total of 4,141 serum samples tested from clients attending STD clinics, of which 78 (1.9 percent) were HIV antibody positive. Among risk categories, the highest HIV seroprevalence (11.9 percent) was among men who reported sex with men. Among racial/ethnic groups, seroprevalence was highest among white men (4.5 percent) and white women (0.3 percent). Age group 40-44 accounted for 21.3 percent (16/75) of all HIV-infected men, showing the highest prevalence of 6.1 percent. Of the nine local health jurisdictions participating in this serosurvey, the highest HIV seroprevalence rates were among clients attending STD clinics in San Diego County (6.1 percent) and Santa Clara County (3.7 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 (DHS/OA) participated in HIV Family of Surveys 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 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 this study was reviewed and approved by the California Health and Human Services Agency, Committee for the Protection of Human Subjects.

This summary presents results of the HIV serosurveillance activities from surveys in sentinel STD sites in California during 2002. 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 2002, a total of 4,141 serum samples were tested for the presence of HIV antibody at nine STD clinics in nine local health departments[1] (Table 2). Overall, the seroprevalence (1.9 percent) at STD clinics increased from 1.4 percent in 2001.[2]

The overall HIV seroprevalence among men in 2002 was 2.7 percent and among women was 0.1 percent (Table 3). By risk behavior, the highest seroprevalence (11.9 percent) in STD clinics was among men who reported sex with men, up from 8.9 percent in 2001.

Among men, seroprevalence was highest (4.5 percent) in the white racial/ethnic group (Table 4). Among women, the white racial/ethnic group had the highest seroprevalence (0.3 percent).

California Blood Banks and Plasma Centers

In 2002, 498,044 specimens from selected California blood banks[3] were tested, of which four (0.001 percent) were seropositive (Table 21). In 2002, 350,602 specimens from selected California plasma centers[3] were tested, of which 15 (0.004 percent) were HIV seropositive (Table 22).

Civilian Applicants to Military Service

In 2002, a total of 12,223 serum samples were tested among persons applying for military service in seven California counties,[3] of which two were HIV seropositive. HIV seroprevalence was 0.02 percent (Table 23).

Men represented 79.7 percent (9,736/12,223) of the total civilian applicants in these selected counties, of which 0.02 percent were HIV seropositive (Table 24). Women represented 20.3 percent (2,487/12, 223) with zero seropositives (Table 25).

[1] Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, and Santa Clara Counties and the Cities of Long Beach and Berkeley.

[2] Littaua, R. and He, S. (2004) California HIV Seroprevalence Annual Report 2001. Sacramento, California, DHS/OA.

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

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 2002, 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 2002 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 2002 from STD clinics located in nine California local health jurisdictions (LHJs). Statewide, seroprevalence at clinics increased from 1.4 percent in 2001 to 1.9 percent in 2002 (Table 1). HIV seroprevalence varied by region, from a high of 6.1 percent in San Diego County to a low of 0.0 percent in the South Valley (Table 1, Figure 1). In 2002, the seroprevalence rate in the Bay Area, North Valley, and City of Long Beach showed an increase compared to 2001. The seroprevalence for the Central Valley remained unchanged compared to 2001.

Selected California city and county health departments submitted between 360 and 542 serum specimens each for a total of 4,141 serum samples tested during 2002 (Table 2). HIV rates increased in Kern County, Sacramento County, San Diego County, Santa Clara County, and City of Long Beach with the highest increase in HIV rates found in San Diego County.

Men represented 67.1 percent (n=2,777) of the total STD client population tested of which 2.7 percent (n=75) were HIV seropositive, compared to 2.1 percent in 2001 (Table 3). The highest seroprevalence (11.9 percent) was among men who reported sex with men. Heterosexual men had a seroprevalence of 0.8 percent, up from 0.1 percent in 2001. Women represented 32.0 percent (n=1,325) of the total STD population of which 0.1 percent were HIV seropositive.

In 2002, 37.5 percent (n=1,552) of the specimens tested in STD clinics were drawn from Hispanic clients; 30.1 percent (n=1,246) from whites; 22.8 percent (n=946) from Blacks; 5.7 percent (n=237) from Asian/Pacific Islanders, and 0.3 percent (n=11) from American Indian/Alaskan Natives (Table 4, Figure 2). Seroprevalence for white men (4.5 percent)

increased compared to 2001 (3.3 percent), white women also increased to 0.3 percent from 0.0 percent in 2001. Among Black men, the seroprevalence slightly increased to 2.0 percent from 1.9 percent in 2001. However, seroprevalence among Black women decreased from 0.5 percent in 2001 to 0.0 percent in 2002. The seroprevalence for Hispanic men increased from 1.1 percent in 2001 to 1.8 percent in 2002. The seroprevalence for Hispanic women remained constant (0.0 percent). The seroprevalence for Asian/Pacific Islander men increased from 1.0 percent in 2001 to 2.1 percent in 2002.

Among men, age groups 40-44 and 35-39 had the highest seroprevalence (6.1 and 4.9 percent, respectively) and represented 24.1 percent of men attending STD clinics (Table 5, Figure 3). Among women, the seroprevalence for age group 35-39 was the highest (0.7 percent), and represented 10.0 percent of women attending STD clinics.

Table 6 and Figure 4 present HIV seroprevalence for men who have sex with men (MSM) and MSM who have a history of injection drug use (MSM/IDU) attending STD clinics by race/ethnicity. In 2002, HIV seroprevalence ranged from a high of 15.0 percent among Black men to a low of 10.6 percent among Hispanic men. When looking at age groups, the highest seroprevalence (20.8 percent) was among 40-44 year old MSM (Table 7). Compared to 2001, the greatest increase (32.1 percent change) in seroprevalence was observed among MSM with ages 45 and over.

Tables 8 and 9 and Figure 5 present HIV seroprevalence for heterosexual males and females attending STD clinics by race/ethnicity. In 2002, the highest HIV seroprevalence was among white males (1.4 percent) and among white females (0.3 percent).

The highest seroprevalence was found among heterosexual males (2.8 percent) in the 40-44 year old age group and among heterosexual females (0.8 percent) in the 35-39 year old age group (Table 10, 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 seroprevalence among MSM and injection drug users can significantly increase measured prevalence among those who reported heterosexual contact as their only risk if misclassification of risk occurs. Thus, HIV seroprevalence in the heterosexual population should be interpreted with caution.

Table 1.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by California Regions, 2001-2002

Regions[2]	Number Tested 2002	Number Positive[3] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
San Diego	**488**	**30**	**4.4**	**6.1**	**38.7**
North Valley	**360**	**2**	**0.2**	**0.6**	**200.0**
Bay Area	**743**	**18**	**1.6**	**2.4**	**50.0**
Long Beach	**498**	**18**	**2.4**	**3.6**	**50.0**
Central Valley	**1,510**	**10**	**0.7**	**0.7**	**0.0**
South Valley	**542**	**0**	**0.0**	**0.0**	**0.0**
Total	**4,141**	**78**	**1.4**	**1.9**	**35.7**

[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 identifiers were removed.

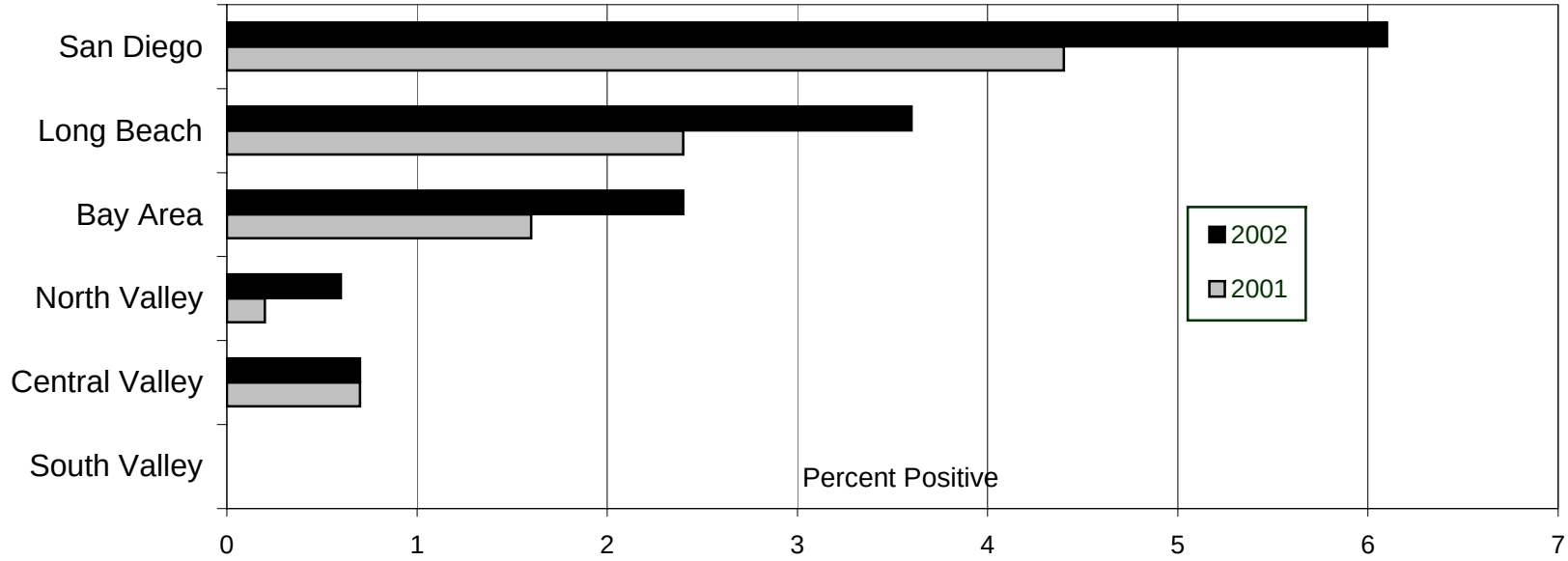
[2] North Valley=Sacramento County. Bay Area=City of Berkeley and Santa Clara County. Central Valley=Fresno, Kern, and San Joaquin Counties. South Valley=San Bernardino County.

[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 2002. Region totals include unknown gender and may not agree with individual county/city totals (Tables 12-22).

Source: DHS/OA.

Figure 1. HIV Seroprevalence Among Persons Attending STD Clinics by Region (Selected Counties and Cities), 2001-2002



	South Valley	Central Valley	North Valley	Bay Area	Long Beach	San Diego
2002	0	0.7	0.6	2.4	3.6	6.1
2001	0	0.7	0.2	1.6	2.4	4.4

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: DHS/OA.

Table 2.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Selected California Counties and Cities 2001-2002

Selected Counties and Cities	Number Tested 2002	Number Positive[2] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
Fresno	**510**	**3**	**1.0**	**0.6**	**-40.0**
Kern	**473**	**4**	**0.0**	**0.8**	**a**
Sacramento	**360**	**2**	**0.2**	**0.6**	**200.0**
San Bernardino	**542**	**0**	**0.0**	**0.0**	**0.0**
San Diego	**488**	**30**	**4.4**	**6.1**	**38.5**
San Joaquin	**527**	**3**	**1.0**	**0.6**	**-40.0**
Santa Clara	**380**	**14**	**2.6**	**3.7**	**42.3**
Long Beach	**498**	**18**	**1.8**	**3.6**	**100.0**
Berkeley	**363**	**4**	**1.1**	**1.1**	**0.0**
Total	**4,141**	**78**	**1.4**	**1.9**	**35.7**

[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 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 2002. County and city totals include unknown gender and may not agree with individual county/city totals (Tables 12-22).

Source: DHS/OA.

Table 3.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Gender and Risk Behavior Category, 2001-2002

Gender and Risk Behavior	Number Tested 2002	Number Positive[2] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
MALE					
MSM	445	53	8.9	11.9	33.0
MSM/IDU[3]	7	2	a	a	b
Heterosexual	2,230	19	0.7	0.8	14.3
Heterosexual/IDU	30	1	a	a	b
Other[4]	5	0	a	a	b
Unknown	60	0	6.4	0	-11.1
Subtotal MALE	2,777	75	2.1	2.7	28.6
FEMALE					
Heterosexual	1,210	1	0.1	0.1	0.0
Heterosexual/IDU	29	0	a	a	b
Other[4]	52	0	a	a	b
Unknown	34	0	a	a	b
Subtotal FEMALE	1,325	1	0.2	0.1	-50.0
Missing Gender	39	2	a	a	b
Total	4,141	78	1.0	1.9	90.0

[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.

Source: DHS/OA.

Table 4.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Gender and Race/Ethnicity, 2001-2002

Gender and Race/Ethnicity	Number Tested 2002	Number Positive[2] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
MALE					
White	871	39	3.3	4.5	35.4
Black	606	12	1.9	2.0	52.6
Hispanic	1,054	19	1.1	1.8	63.6
Asian/Pacific Islander	140	3	1.0	2.1	110.0
American Indian/Alaskan Native	7	0	a	a	b
Other	60	1	a	a	b
Unknown	39	1	a	a	b
Subtotal MALE	2,777	75	2.1	2.7	33.3
FEMALE					
White	359	1	0.0	0.3	b
Black	336	0	0.5	0.0	-100.0
Hispanic	483	0	0.0	0.0	b
Asian/Pacific Islander	97	0	0.0	0.0	b
American Indian/Alaskan Native	4	0	a	a	b
Other	27	0	a	a	b
Unknown	19	0	a	a	b
Subtotal FEMALE	1,325	1	0.2	0.1	-50.0
Missing Gender	39	2	a	a	b
Total	4,141	78	1.4	1.9	35.7

[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 identifiers were removed.

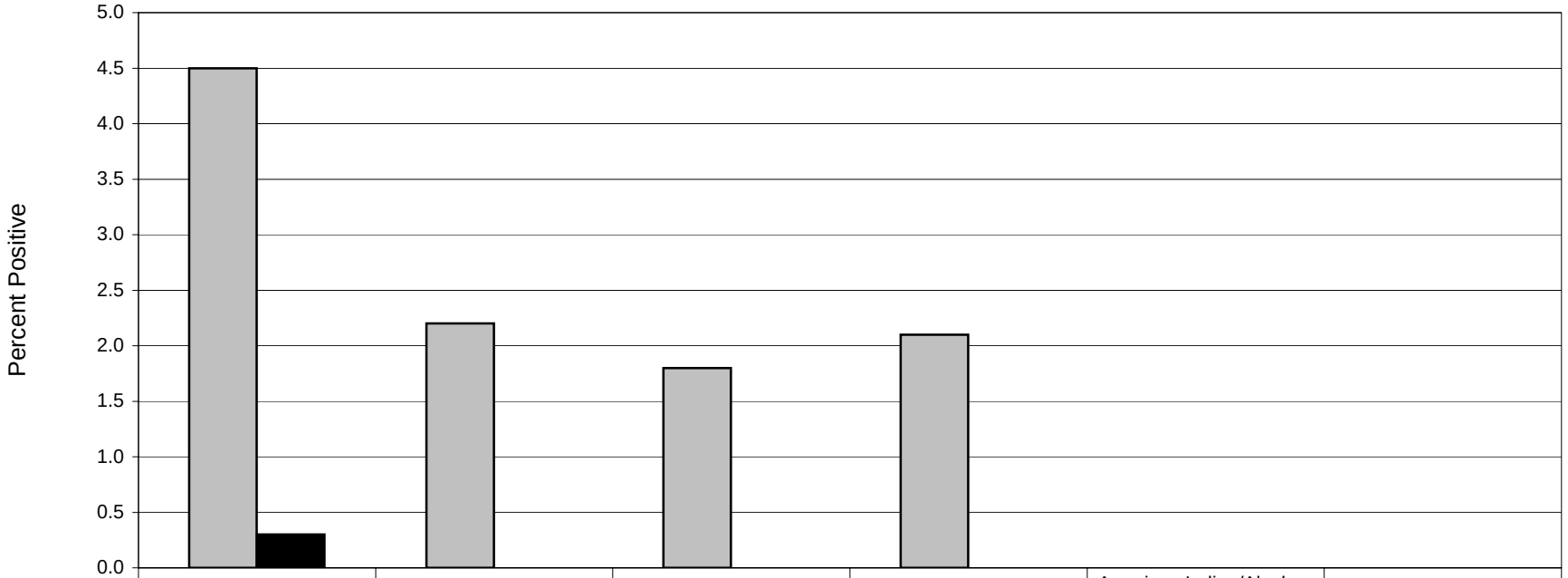
[2] All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

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

[b] Not applicable.

Source: DHS/OA.

Figure 2. HIV Seroprevalence Among Persons Attending STD Clinics by Gender and Race/Ethnicity, 2002



	White	Black	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Other/Unknown
Men	4.5	2.2	1.8	2.1		
Women	0.3	0.0	0.0	0.0		

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: DHS/OA.

Table 5.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Gender and Age Group, 2001–2002

Gender and Age Group	Number Tested 2002	Number Positive[2] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
MALE					
14 and Under	13	0	a	a	b
15 – 19	240	0	0.7	0.0	-100.0
20 – 24	602	7	0.3	1.2	300.0
25 – 29	536	9	1.7	1.7	0.0
30 – 34	389	9	2.9	2.3	-20.8
35 – 39	306	15	3.9	4.9	26.1
40 – 44	264	16	2.9	6.1	110.0
45 and Over	396	18	3.8	4.6	21.0
Unknown	31	1	a	a	b
Subtotal MALE	2,777	75	2.1	2.7	33.3
FEMALE					
14 and Under	16	0	a	a	b
15 – 19	223	0	0.0	0.0	b
20 – 24	325	0	0.0	0.0	b
25 – 29	217	0	0.4	0.0	-100.0
30 – 34	151	0	0.0	0.0	b
35 – 39	133	1	0.0	0.7	b
40 – 44	111	0	1.6	0.0	-100.0
45 and Over	135	0	0.0	0.0	b
Unknown	14	0	a	a	b
Subtotal FEMALE	1,325	1	0.2	0.1	-50.0
Missing Gender	39	2	a	a	b
Total	4,141	78	1.4	1.9	35.7

[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.

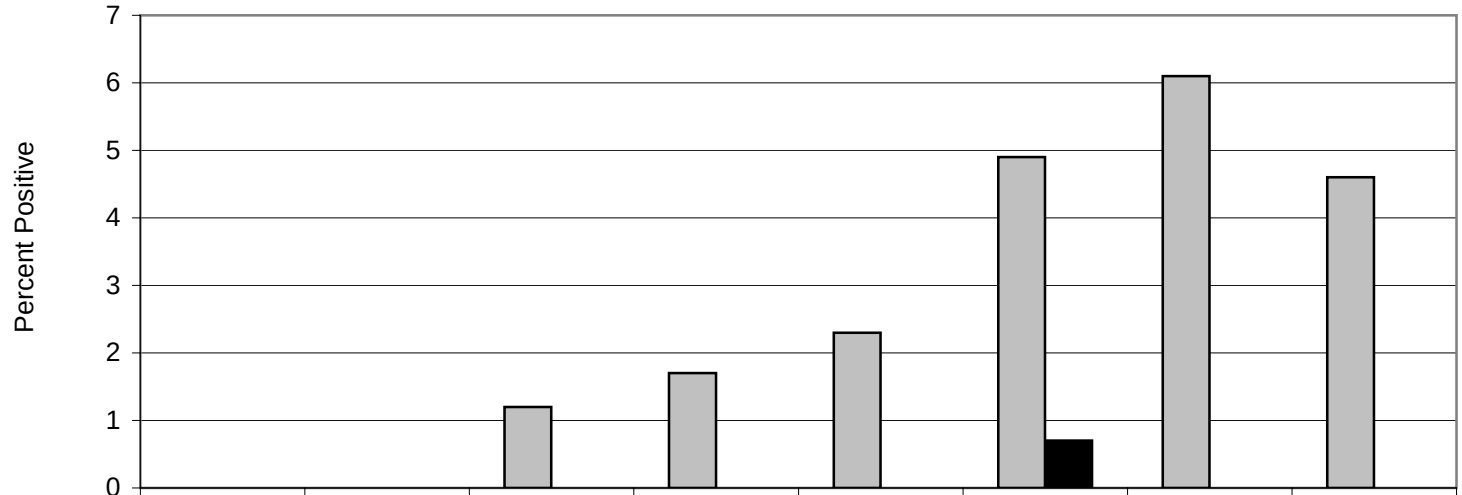
[2] All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

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

[b] Not applicable.

Source: DHS/OA.

Figure 3. HIV Seroprevalence Among Persons Attending STD Clinics by Gender and Age Group, 2002



	14 and Under	15-19	20-24	25-29	30-34	35-39	40-44	45 and Over
Men		0.0	1.2	1.7	2.3	4.9	6.1	4.6
Women		0.0	0.0	0.0	0.0	0.7	0.0	0.0

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

Source: DHS/OA.

Table 6.
HIV Seroprevalence for MSM[1] Attending STD[2] Clinics by Race/Ethnicity, 2001-2002

Race/Ethnicity	Number Tested 2002	Number Positive[3] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
White	**206**	**30**	**10.6**	**14.6**	**37.7**
Black	**40**	**6**	**13.6**	**15.0**	**10.3**
Hispanic	**151**	**16**	**6.0**	**10.6**	**76.7**
Asian/Pacific Islander	**38**	**2**	**a**	**a**	**b**
American Indian/Alaskan Native	**2**	**0**	**a**	**a**	**b**
Other/Unknown	**15**	**1**	**a**	**a**	**b**
Total	**452**	**55**	**9.3**	**12.2**	**31.2**

[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.

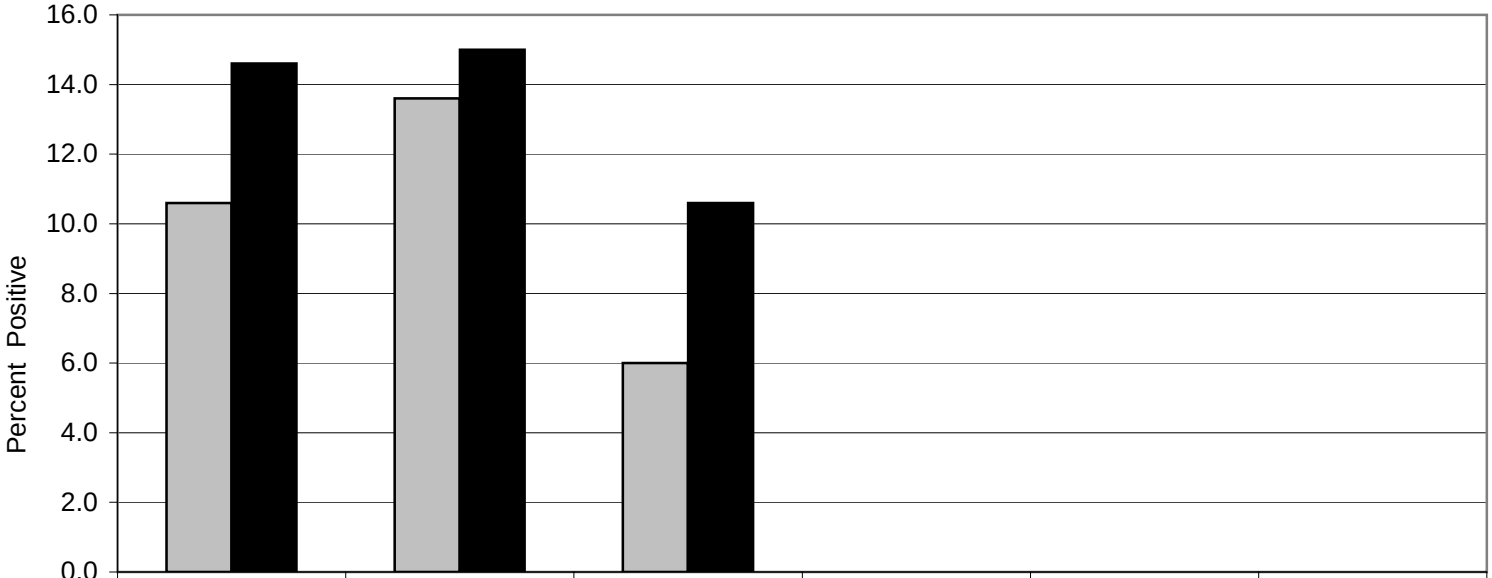
[3] All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

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

[b] Not applicable.

Source: DHS/OA.

Figure 4. HIV Seroprevalence Among MSM Attending STD Clinics by Race/Ethnicity, 2001-2002



	White	Black	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Other/Unknown
2001	10.6	13.6	6.0			
2002	14.6	15.0	10.6			

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: DHS/OA.

Table 7.
HIV Seroprevalence for MSM[1] Attending STD[2] Clinics by Age Group, 2001-2002

Age Group	Number Tested 2002	Number Positive[3] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
14 and Under	1	0	a	a	b
15-19	27	0	a	a	b
20-24	79	6	a	7.6	b
25-29	76	6	a	7.9	b
30-34	64	6	6.6	9.4	27.3
35-39	76	12	12.8	15.8	23.4
40-44	48	10	16.1	20.8	29.2
45 and Over	74	14	14.3	18.9	32.1
Unknown	7	1	a	a	b
Total	452	55	9.5	12.2	28.4

[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: DHS/OA.

Table 8.
HIV Seroprevalence for Heterosexual Males[1] Attending STD[2] Clinics by Race/Ethnicity, 2001-2002

Race/Ethnicity	Number Tested 2002	Number Positive[3] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
White	**652**	**9**	**0.6**	**1.4**	**133.0**
Black	**548**	**6**	**1.1**	**1.1**	**0.0**
Hispanic	**878**	**3**	**0.3**	**0.3**	**0.0**
Asian/Pacific Islander	**99**	**1**	**0.0**	**1.0**	**b**
American Indian/Alaskan Native	**5**	**0**	**a**	**a**	**b**
Other/Unknown	**78**	**1**	**a**	**a**	**b**
Total	**2,260**	**20**	**0.7**	**0.9**	**28.5**

[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: DHS/OA.

Table 9.
HIV Seroprevalence for Heterosexual Females[1] Attending STD[2] Clinics by Race/Ethnicity, 2001-2002

Race/Ethnicity	Number Tested 2002	Number Positive[3] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
White	**341**	**1**	**0.0**	**0.3**	**b**
Black	**309**	**0**	**0.3**	**0.0**	**-100.0**
Hispanic	**453**	**0**	**0.0**	**0.0**	**b**
Asian/Pacific Islander	**91**	**0**	**a**	**a**	**b**
American Indian/Alaskan Native	**4**	**0**	**a**	**a**	**b**
Other/Unknown	**41**	**0**	**a**	**a**	**b**
Total	**1,239**	**1**	**0.1**	**0.1**	**0**

[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.

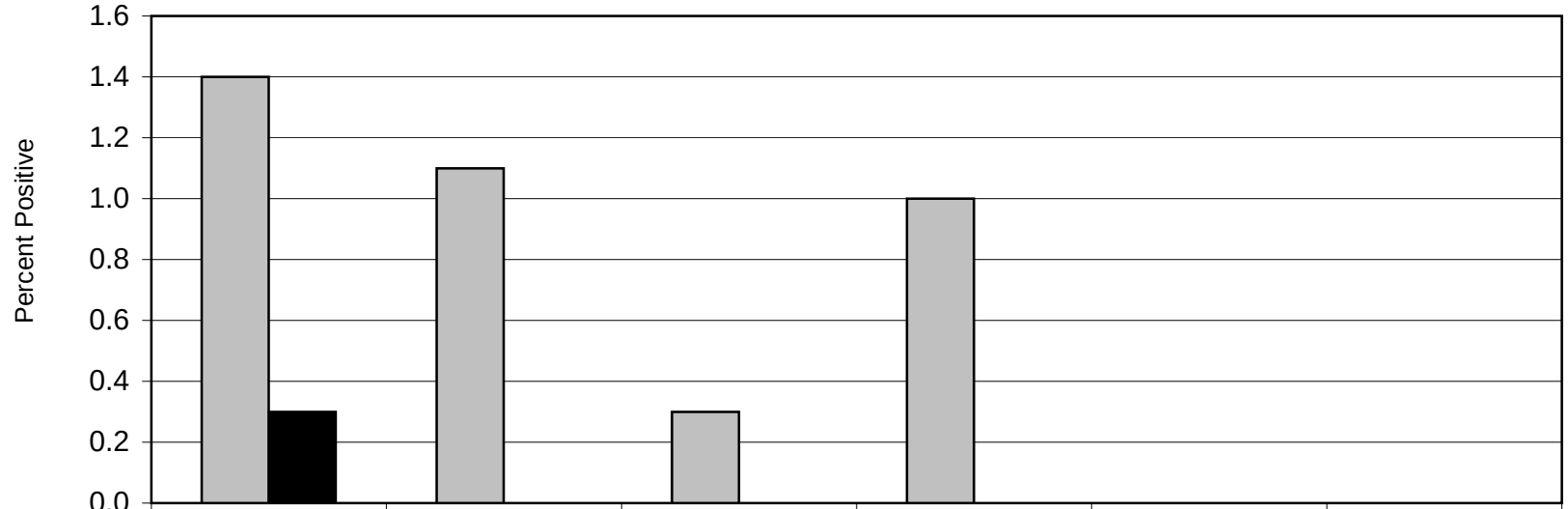
[3] All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

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

[b] Not applicable.

Source: DHS/OA.

Figure 5. HIV Seroprevalence Among Heterosexuals Attending STD Clinics by Gender and Race/Ethnicity, 2002



	White	Black	Hispanic	Asian/Pacific Islander	American Indian/Alaskan Native	Other/Unknown
Men	1.4	1.1	0.3	1.0		
Women	0.3	0.0	0.0			

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: DHS/OA.

Table 10.
HIV Seroprevalence for Heterosexual Males[1] Attending STD[2] Clinics by Age Group, 2001-2002

Age Group	Number Tested 2002	Number Positive[3] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
14 and Under	12	0	a	a	b
15-19	205	0	0.4	0.0	-100.0
20-24	504	1	0.0	0.2	b
25-29	450	3	0.3	0.7	133.3
30-34	317	3	1.5	1.0	-33.3
35-39	225	3	1.3	1.3	0.0
40-44	211	6	0.0	2.8	b
45 and Over	315	4	1.8	1.3	-27.8
Unknown	21	0	a	a	b
Total	2,260	20	0.7	0.9	28.6

[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: DHS/OA.

Table 11.
HIV Seroprevalence for Heterosexual Females[1] Attending STD[2] Clinics by Age Group, 2001-2002

Age Group	Number Tested 2002	Number Positive[3] 2002	Seroprevalence (%)		Percent Change 2001 to 2002
			2001	2002	
14 and Under	14	0	a	a	b
15-19	211	0	0.0	0.0	b
20-24	311	0	0.0	0.0	b
25-29	205	0	0.0	0.0	b
30-34	141	0	0.0	0.0	b
35-39	123	1	0.0	0.8	b
40-44	98	0	1.8	0	-100.0
45 and Over	123	0	0.0	0.0	b
Unknown	13	0	a	a	b
Total	1,239	1	0.1	0.1	0.0

[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.

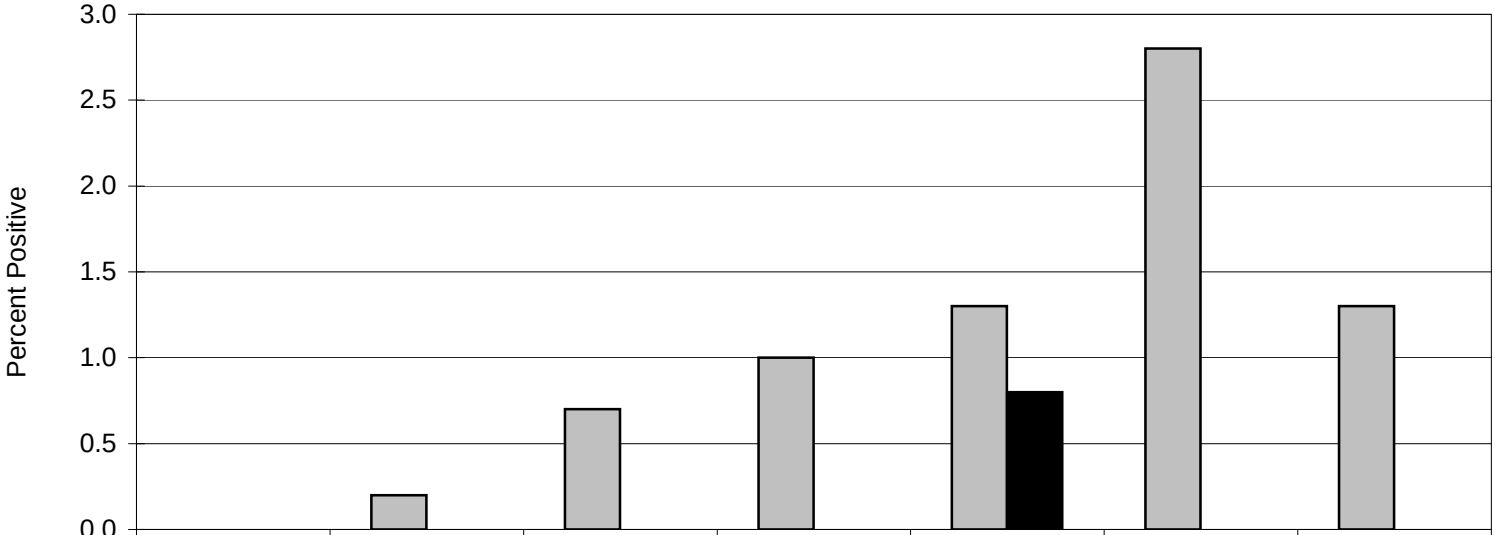
[3] All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

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

[b] Not applicable.

Source: DHS/OA.

Figure 6. HIV Seroprevalence Among Heterosexuals Attending STD Clinics by Gender and Age Group, 2002



	15-19	20-24	25-29	30-34	35-39	40-44	45 and Over
Male	0.0	0.2	0.7	1.0	1.3	2.8	1.3
Female	0.0	0.0	0.0	0.0	0.8	0.0	0.0

Note: Excludes Age Groups 14 and Under and Unknown age group for male and female.

Source: DHS/OA.

Table 12.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Fresno County, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	23	2	a	0	0	a
	MSM/IDU	0	0	a	0	0	a
	Heterosexual	280	1	0.4	183	0	0.0
	Heterosexual/IDU	2	0	a	0	0	a
	Other	0	0	a	10	0	a
	Unknown	6	0	a	6	0	a
Race/Ethnicity	White	49	0	a	20	0	a
	Black	59	1	a	40	0	a
	Hispanic	192	2	1.0	130	0	0.0
	Asian/Pacific Islander	7	0	a	8	0	a
	American Indian/Alaskan Native	0	0	a	0	0	a
	Other	0	0	a	0	0	a
	Unknown	4	0	a	1	0	a
Age Group	14 and Under	4	0	a	1	0	a
	15-19	30	0	a	31	0	a
	20-24	75	1	a	29	0	a
	25-29	51	1	a	29	0	a
	30-34	41	0	a	33	0	a
	35-39	36	1	a	29	0	a
	40-44	27	0	a	14	0	a
	45 and Over	47	0	a	19	0	a
	Unknown	0	0	a	0	0	a
Total		311	3	1.0	199	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.

Source: DHS/OA.

Table 13.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Kern County, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	26	2	a	0	0	a
	MSM/IDU	1	1	a	0	0	a
	Heterosexual	233	1	0.4	185	0	0.0
	Heterosexual/IDU	7	0	a	6	0	a
	Other	0	0	a	6	0	a
	Unknown	1	0	a	1	0	a
Race/Ethnicity	White	72	1	a	52	0	a
	Black	69	1	a	50	0	a
	Hispanic	119	2	1.7	87	0	a
	Asian/Pacific Islander	4	0	a	4	0	a
	American Indian/Alaskan Native	2	0	a	0	0	a
	Other	2	0	a	5	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	4	0	a	6	0	a
	15-19	58	0	a	60	0	a
	20-24	67	2	a	45	0	a
	25-29	55	0	a	26	0	a
	30-34	30	0	a	25	0	a
	35-39	21	2	a	13	0	a
	40-44	14	0	a	9	0	a
	45 and Over	18	0	a	13	0	a
	Unknown	1	0	a	1	0	a
Total		268	4	1.49	198	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.

Source: DHS/OA.

Table 14.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Sacramento County, January–June 2002

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	0	0	a
	MSM/IDU	0	0	a	0	0	a
	Heterosexual	157	0	0.0	121	0	0.5
	Heterosexual/IDU	1	0	a	0	0	a
	Other	1	0	a	9	0	a
	Unknown	23	0	a	8	0	a
Race/Ethnicity	White	57	0	a	28	0	a
	Black	67	0	a	48	0	a
	Hispanic	59	0	a	51	0	a
	Asian/Pacific Islander	9	0	a	10	0	a
	American Indian/Alaskan Native	3	0	a	1	0	a
	Other	8	0	a	0	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	1	0	a	2	0	a
	15-19	25	0	a	37	0	a
	20-24	62	0	a	25	0	a
	25-29	32	0	a	21	0	a
	30-34	21	0	a	14	0	a
	35-39	18	0	a	13	0	a
	40-44	20	0	a	8	0	a
	45 and Over	12	0	a	12	0	a
	Unknown	12	0	a	6	0	a
Total		203	0	0.0	138	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.

Source: DHS/OA.

Table 15.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Bernardino County, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	28	0	a	0	0	a
	MSM/IDU	0	0	a	0	0	a
	Heterosexual	296	0	0.0	161	0	0.0
	Heterosexual/IDU	4	0	a	4	0	a
	Other	1	0	a	11	0	a
	Unknown	21	0	a	14	0	a
Race/Ethnicity	White	92	0	a	67	0	a
	Black	98	0	0.0	36	0	a
	Hispanic	128	0	0.0	61	0	a
	Asian/Pacific Islander	6	0	a	13	0	a
	American Indian/ Alaskan Native	0	0	a	0	0	a
	Other	0	0	a	0	0	a
	Unknown	26	0	a	13	0	a
Age Group	14 and Under	1	0	a	2	0	a
	15-19	34	0	a	27	0	a
	20-24	86	0	a	45	0	a
	25-29	71	0	a	26	0	a
	30-34	49	0	a	18	0	a
	35-39	34	0	a	22	0	a
	40-44	28	0	a	22	0	a
	45 and Over	43	0	a	26	0	a
	Unknown	4	0	a	2	0	a
Total		350	0	0.0	190	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.

Source: DHS/OA.

Table 16.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Diego County, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	86	20	23.3	0	0	a
	MSM/IDU	0	0	a	0	0	a
	Heterosexual	284	8	2.8	98	1	1.0
	Heterosexual/IDU	4	1	a	2	0	a
	Other	2	0	a	7	0	a
	Unknown	2	0	a	1	0	a
Race/Ethnicity	White	196	19	9.7	41	1	a
	Black	58	3	5.1	17	0	a
	Hispanic	78	5	6.4	31	0	a
	Asian/Pacific Islander	18	1	a	8	0	a
	American Indian/Alaskan Native	2	0	a	1	0	a
	Other	0	0	a	0	0	a
	Unknown	26	1	a	26	1	a
Age Group	14 and Under	0	0	a	0	0	a
	15-19	6	0	a	3	0	a
	20-24	49	1	a	22	0	a
	25-29	81	3	3.7	26	0	a
	30-34	62	5	8.1	9	0	a
	35-39	60	8	13.3	16	1	a
	40-44	40	5	12.5	14	0	a
	45 and Over	74	6	8.1	13	0	a
	Unknown	6	1	a	5	0	a
Total		378	29	7.7	108	1	0.9

[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.

Source: DHS/OA.

Table 17.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Joaquin County, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	21	1	a	0	0	a
	MSM/IDU	0	0	a	0	0	a
	Heterosexual	370	2	0.5	112	0	0.0
	Heterosexual/IDU	3	0	a	3	0	a
	Other	1	0	a	3	0	a
	Unknown	7	0	a	3	0	a
Race/Ethnicity	White	80	1	1.2	32	0	a
	Black	59	1	a	32	0	a
	Hispanic	243	1	0.4	46	0	a
	Asian/Pacific Islander	13	0	a	7	0	a
	American Indian/Alaskan Native	0	0	a	1	0	a
	Other	7	0	a	3	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	0	0	a	2	0	a
	15-19	35	0	a	19	0	a
	20-24	95	0	a	28	0	a
	25-29	68	0	a	11	0	a
	30-34	55	0	a	15	0	a
	35-39	40	0	a	13	0	a
	40-44	34	0	a	14	0	a
	45 and Over	70	3	4.3	19	0	a
	Unknown	5	0	a	0	0	a
Total		402	3	0.7	121	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.

Source: DHS/OA.

Table 18.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Santa Clara County, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	136	13	9.6	0	0	a
	MSM/IDU	3	0	a	0	0	a
	Heterosexual	177	1	0.6	53	0	a
	Heterosexual/IDU	3	0	a	6	0	a
	Other	0	0	a	1	0	a
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	123	7	5.7	24	0	a
	Black	24	0	a	6	0	a
	Hispanic	114	6	5.3	15	0	a
	Asian/Pacific Islander	57	1	a	14	0	a
	American Indian/Alaskan Native	0	0	a	1	0	a
	Other	1	0	a	0	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	1	0	a	0	0	a
	15-19	15	0	a	7	0	a
	20-24	51	0	a	18	0	a
	25-29	67	3	a	10	0	a
	30-34	51	2	a	6	0	a
	35-39	37	2	a	6	0	a
	40-44	41	4	a	6	0	a
	45 and Over	53	3	a	7	0	a
	Unknown	3	0	a	0	0	a
Total		319	14	3.7	60	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.

Source: DHS/OA.

Table 19.
HIV Seroprevalence Among Persons STD[1] Clinics
by Risk Behavior, Race/Ethnicity, and Age Group Category
City of Long Beach, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	63	12	19.0	0	0	a
	MSM/IDU	3	1	a	0	0	a
	Heterosexual	271	5	1.8	148	0	0.0
	Heterosexual/IDU	6	0	a	5	0	a
	Other	0	0	a	2	0	a
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	111	9	8.1	33	0	a
	Black	101	4	4.0	51	0	a
	Hispanic	96	3	3.1	42	0	a
	Asian/Pacific Islander	18	1	a	21	0	a
	American Indian/Alaskan Native	0	0	a	0	0	a
	Other	17	1	a	8	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	2	0	a	1	0	a
	15-19	22	0	a	19	0	a
	20-24	78	3	a	45	0	a
	25-29	69	1	a	30	0	a
	30-34	46	2	a	16	0	a
	35-39	48	2	a	14	0	a
	40-44	34	5	a	14	0	a
	45 and Over	44	5	a	16	0	a
	Unknown	0	0	a	0	0	a
Total		343	18	3.6	155	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.

Source: DHS/OA.

Table 20.
HIV Seroprevalence Among Persons Attending STD[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category City of Berkeley, January–June 2002

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	41	3	9.8	0	0	a
	MSM/IDU	0	0	a	0	0	a
	Heterosexual	162	1	0.6	149	0	0.0
	Heterosexual/IDU	0	0	a	3	0	a
	Other	0	0	a	3	0	a
	Unknown	0	0	a	1	0	a
Race/Ethnicity	White	91	2	a	62	0	a
	Black	71	2	a	56	0	a
	Hispanic	25	0	a	20	0	a
	Asian/Pacific Islander	8	0	a	12	0	a
	American Indian/Alaskan Native	0	0	a	0	0	a
	Other	8	0	a	6	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	0	0	a	0	0	a
	15-19	15	0	a	20	0	a
	20-24	39	0	a	54	0	a
	25-29	42	1	a	38	0	a
	30-34	34	0	a	15	0	a
	35-39	12	0	a	7	0	a
	40-44	26	2	a	10	0	a
	45 and Over	35	1	a	10	0	a
	Unknown	0	0	a	0	0	a
Total		203	4	1.0	156	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.

Source: DHS/OA.

TRENDS IN HIV SEROPREVALENCE AMONG STD PATIENTS BY REGION 1994-2002

Figures 7 through 14 present trends in HIV seroprevalence among persons attending STD clinics in eight regions of California from 1994–2002. Los Angeles and San Francisco Counties did not collect data for years 2000, 2001, and 2002, 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, white patients had fluctuating HIV seroprevalences from 1994 through 1998, showing a steady increase between years 1999 and 2002. The prevalence of HIV infection peaked in 2002 for white patients, in 1999 for Black patients, and in 2002 for Hispanic patients. Black patients showed an increase of HIV infection between 1996 and 1999, declining in 2000 and 2001, and increasing in 2002. Both age groups (15-44 and 45 and over) showed fluctuating HIV seroprevalence although it has increased for both age groups in 2001 and 2002. MSM had the highest prevalence of HIV infection, declining sharply between 1997 and 1998, rising sharply in 1999, declining between 1999 and 2001, and rising again in 2002. The rates of HIV infection among heterosexual patients remained the lowest and remained unchanged.

The Central Coast region included the County of San Luis Obispo and the City of Long Beach for years 1994–1997 and City of Long Beach only for 1998-2002. The year 2002 marked the highest prevalence of HIV infection seen among white and Black clients. Among Hispanic clients the highest seroprevalence was observed in 2002. Age group 15-44 years showed steadily increasing HIV seroprevalence between 1998 and 2002. Age group 45 and over showed fluctuating HIV seroprevalence from 1994 and 1999, sharply increasing between 1999 and 2002. MSM had the highest prevalence of HIV infection, declining sharply from 1996 to 1998 and rising steadily after 1998. The HIV seroprevalence among heterosexuals remained unchanged.

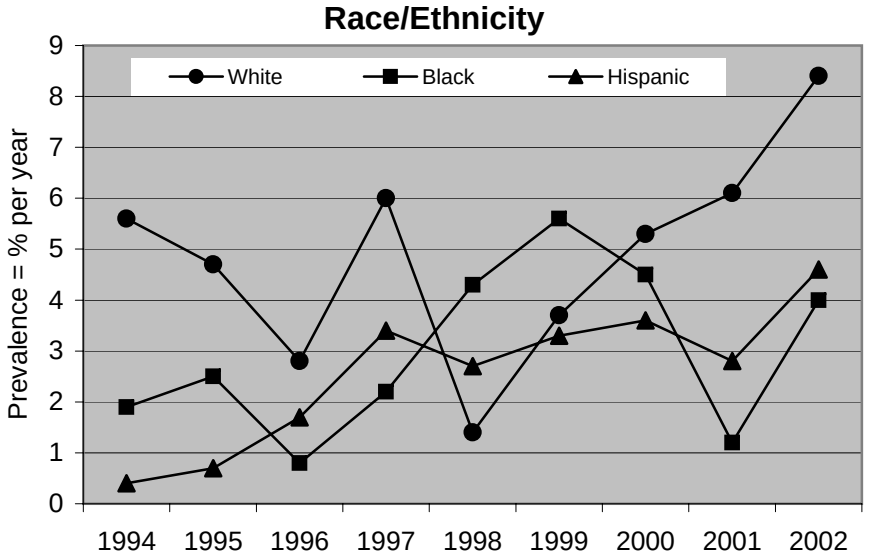
The Bay Area region includes the County of Santa Clara and the City of Berkeley. The prevalence of HIV infection peaked in 2002 for white and Hispanic patients and in 1995 for Black patients. HIV seroprevalence dropped dramatically for whites in 1996 but has steadily increased from 1998 to 2002. Black patients had fluctuating HIV seroprevalence with a steady declining trend from 1995 through 2002. Hispanic patients showed a decrease in HIV seroprevalence in 2000 but increased in 2001 and 2002. Age group 15-44 years showed a steady decline of HIV infection through 1998, increased in 1999, decreased in 2000, and increased in 2001 and 2002. HIV seroprevalence in the age group 45 and over fluctuated, with peak seroprevalence observed in 2002. MSM had the highest prevalence of infection, declining from 1995 through 1998, rising sharply in 1999, dropping sharply in 2000, and steadily increasing in 2001 and 2002. The HIV seroprevalence 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 and 2002. White patients showed a steady decline through 1997, increasing slightly in 1998, decreasing to zero from 1999 through 2001, and rising in 2002. Hispanic patients showed a decrease in HIV seroprevalence from 1994 through 1997, and rising slightly through 2002. Both age groups had the highest HIV seroprevalence in 1994. Age group 15-44 showed fluctuation in HIV seroprevalence but increased in 2001 through 2002. HIV seroprevalence in the age group 45 and over fluctuated from 1994 through 2002. Heterosexuals had the highest HIV seroprevalence in 1994, rising sharply from 1997 to 1998. While HIV seroprevalence declined from 1998 to 2000, an increase in HIV seroprevalence was observed for 2001 and a slight decrease for 2002.

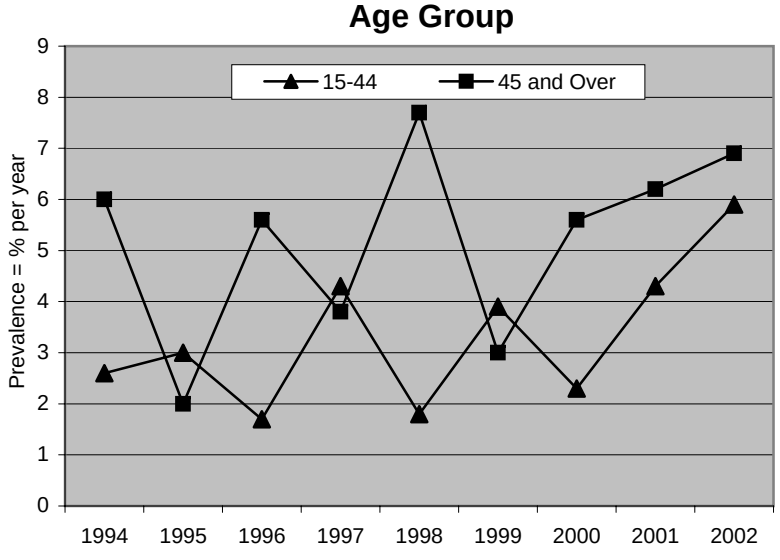
The North Valley region includes Sacramento and Solano Counties for 1994 and 1995. Years 1996 through 2002 include Sacramento County only. The HIV seroprevalence peaked in 1999 for Blacks and in 2002 for whites. Both white and Black patients showed fluctuating HIV seroprevalence, both showed an increase from 1997 to 1999, and a steady decline for 2000 and 2001. Whites increased in 2002 and Blacks declined in 2002. HIV seroprevalence for age group 15-44 dropped sharply between 1996 and 1997, and between 1999 and 2001. Heterosexual patients showed fluctuating HIV seroprevalence, which peaked in 1999.

The South Valley region includes San Bernardino and Riverside Counties for 1994 through 1996. Years 1997 through 2002 include San Bernardino County only. The HIV seroprevalence peaked for white patients in 1994, for Hispanic patients in 1996, and for Black patients in 2000. Both white patients and Hispanic patients showed constant zero-rate between 1997 and 2002. HIV seroprevalence peaked in the age group 15-44 in 1994, and declined through 2002. Heterosexuals had the highest prevalence in 1994, declining through 2002.

Figure 7. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in San Diego Region, 1994-2002



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.

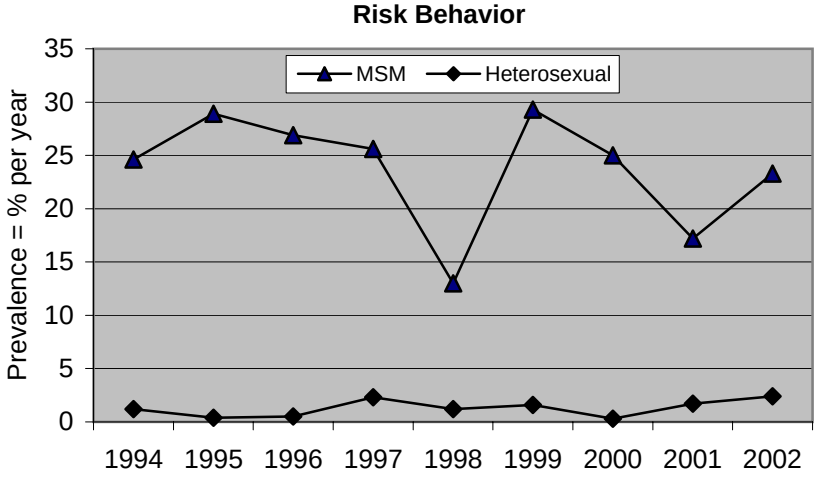
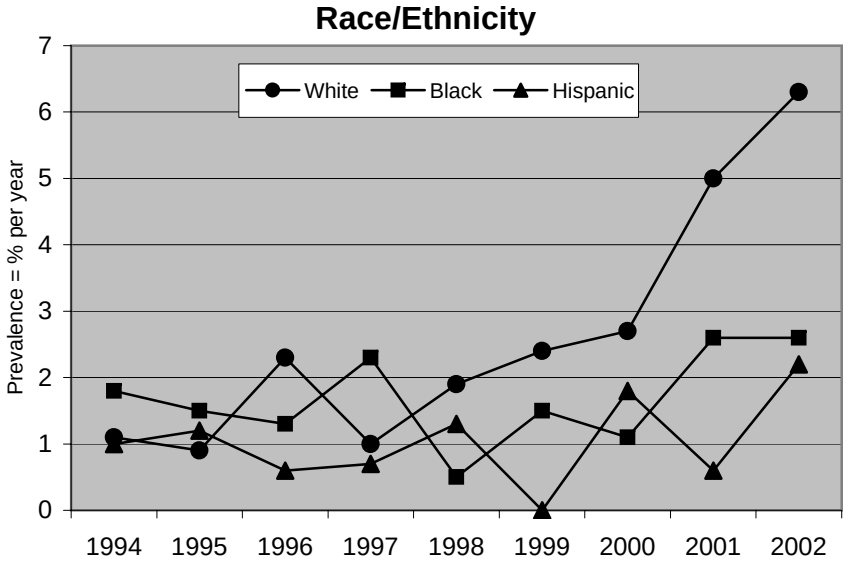
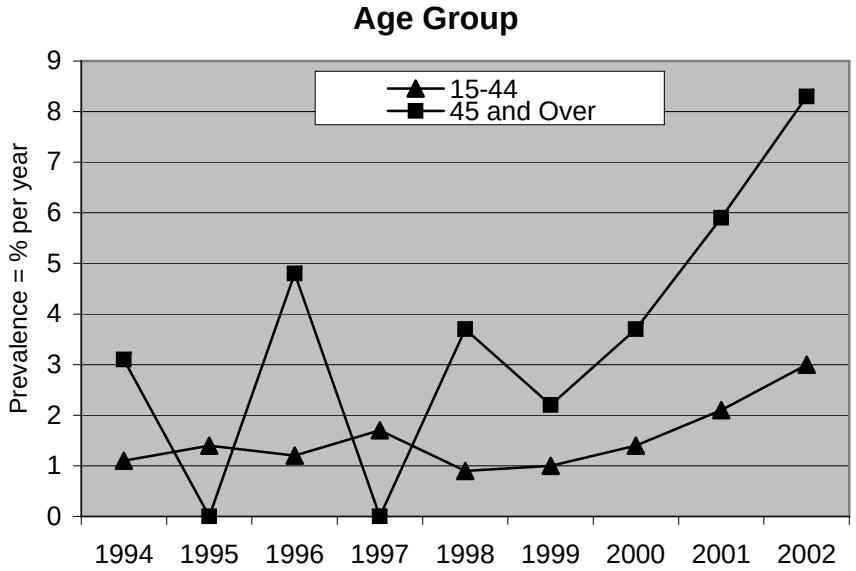
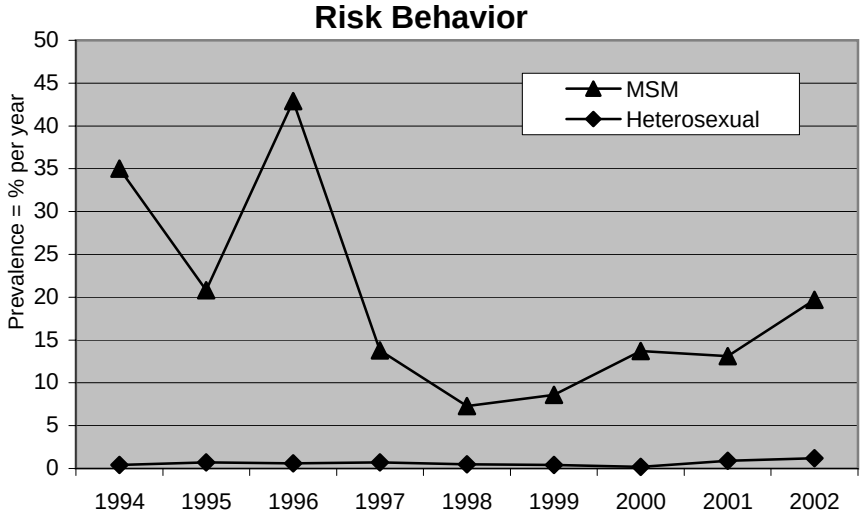


Figure 8. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Central Coast Region, 1994-2002





Note: For years 1994 through 2002 there were less than 100 tested and less than or equal to three positives test results for age group 45 and Over.

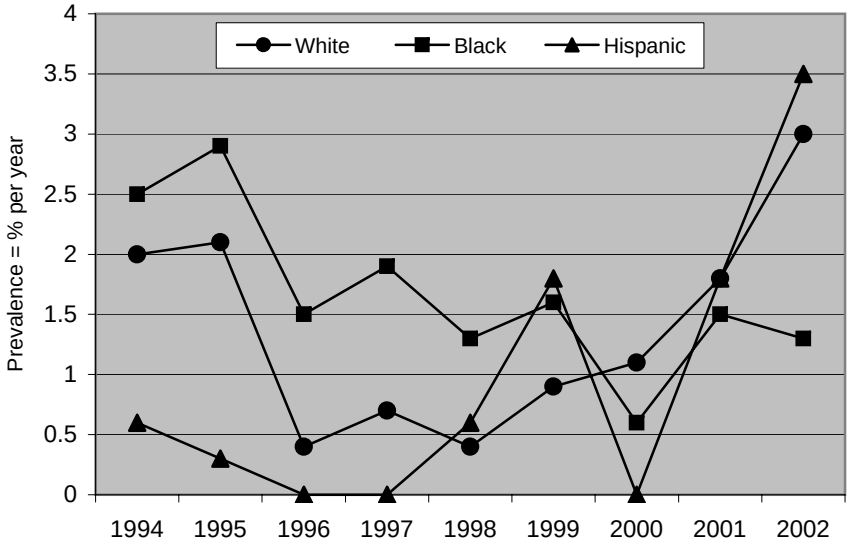


Note: For years 1998 and 1999, there were less than 100 tested and less than or equal to three positive test results for MSM category. Risk categories MSM/IDU and heterosexual/IDU had small numbers and were not included.

Note: Central Coast includes the City of Long Beach and San Luis Obispo County. Data for 1998 through 2002 included the City of Long Beach only. Data were collected for six months of each year for all categories.

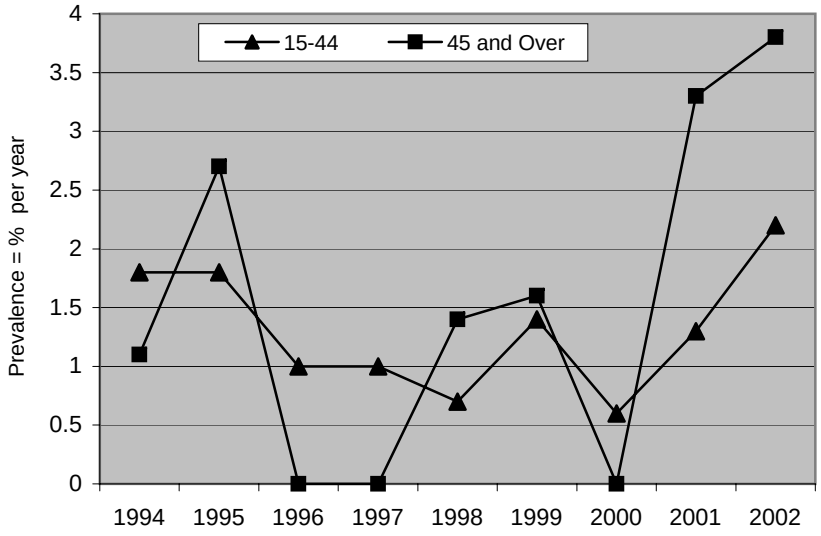
Figure 9. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Bay Area Region, 1994-2002

Race/Ethnicity



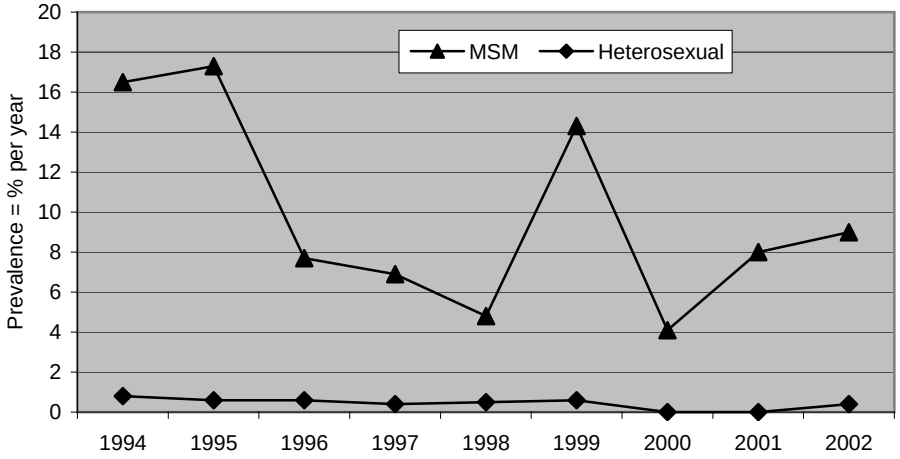
Note: For 1996, there were less than 100 tested and less than or equal to three positives for Hispanic race category.

Age Group



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

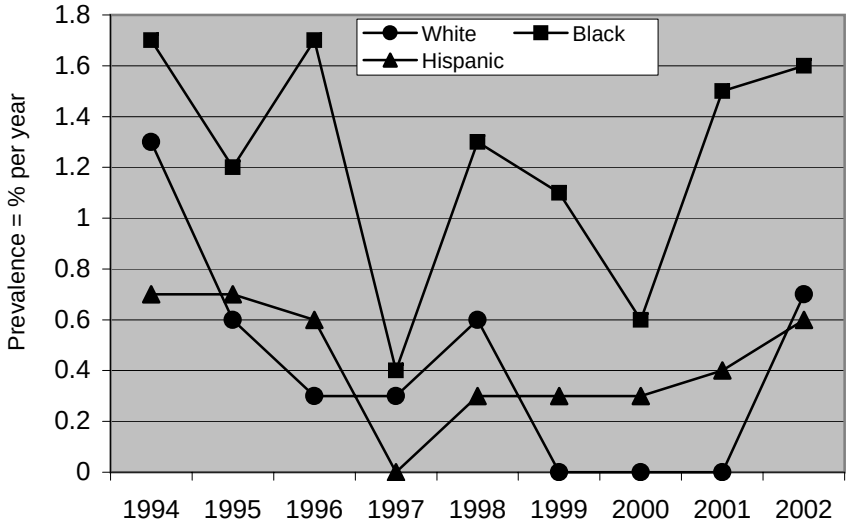


Note: Risk category MSM /IDU and heterosexual/IDU had small numbers (tested fewer than 100 and number of positives less than or equal to three) and were not included. For years 1996, 1998, and 2000, there were less than 100 tested and less than or equal to three positives test results for MSM category.

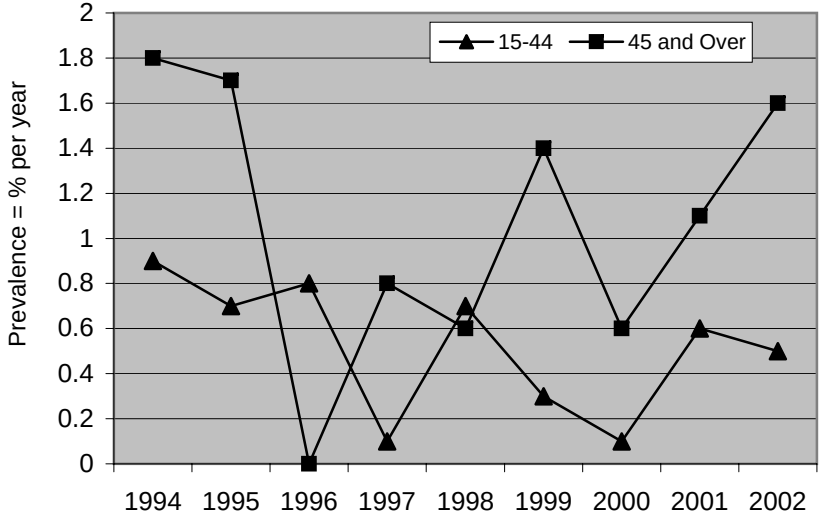
Note: Bay Area includes City of Berkeley and Santa Clara County. For years 1994 through 1996, data were collected for 12 months; for years 1997 through 2000, data were collected for 6 months only. For year 1996, only City of Berkeley reported.

Figure 10. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Central Valley Region, 1994-2002

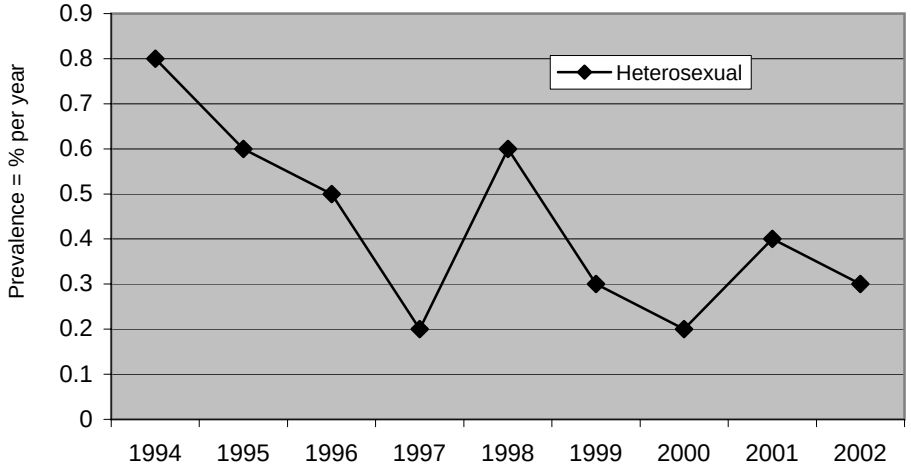
Race/Ethnicity



Age Group



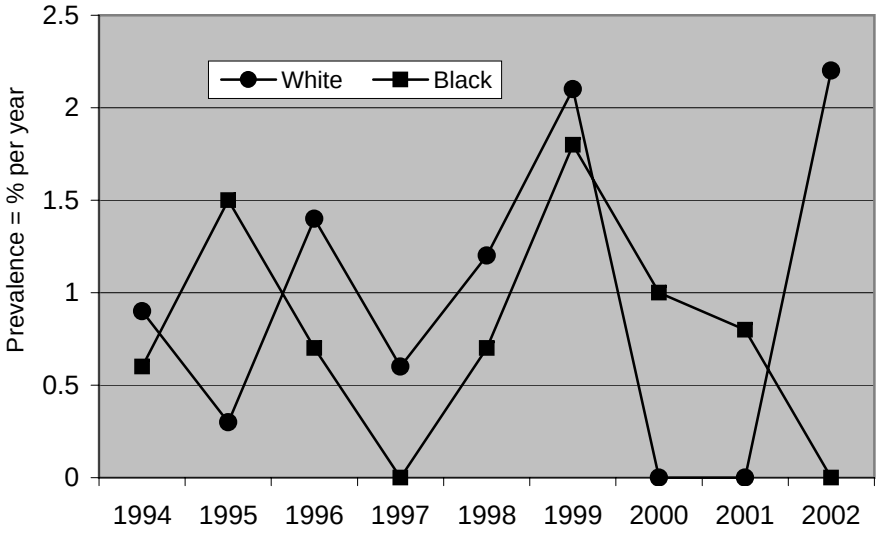
Risk Behavior



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.

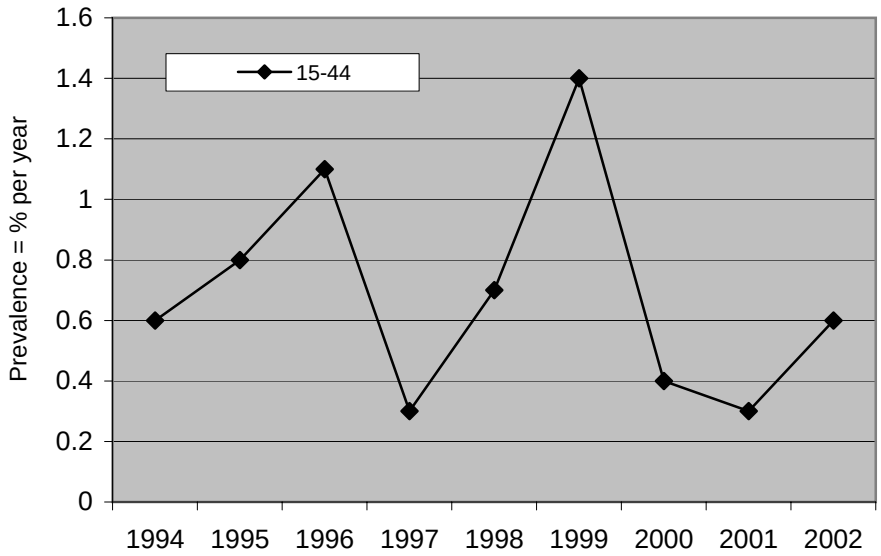
Figure 11. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in North Valley Region, 1994-2002

Race/Ethnicity



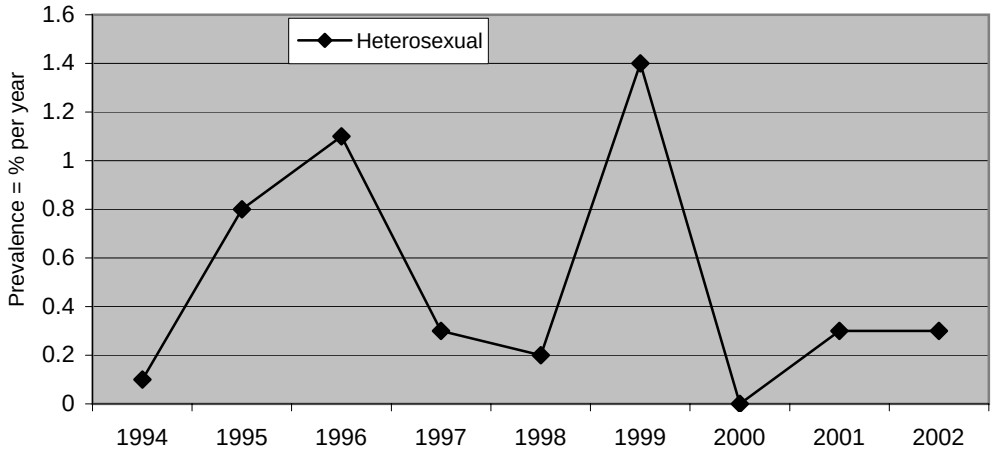
Note: Hispanics were not included because of zero positives for years 1994-2002.

Age Group



Note: Age group 45 and Over were not included because of small numbers tested and zero positives for years 1994-2002.

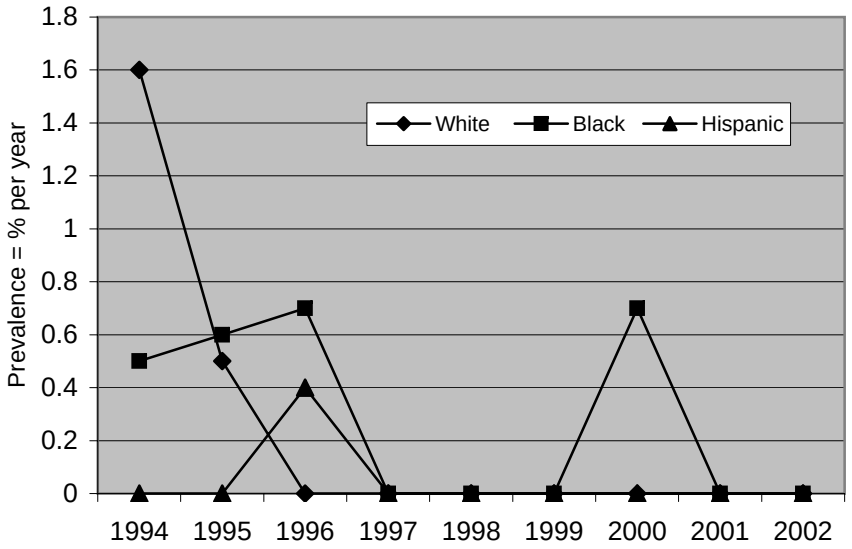
Risk Behavior



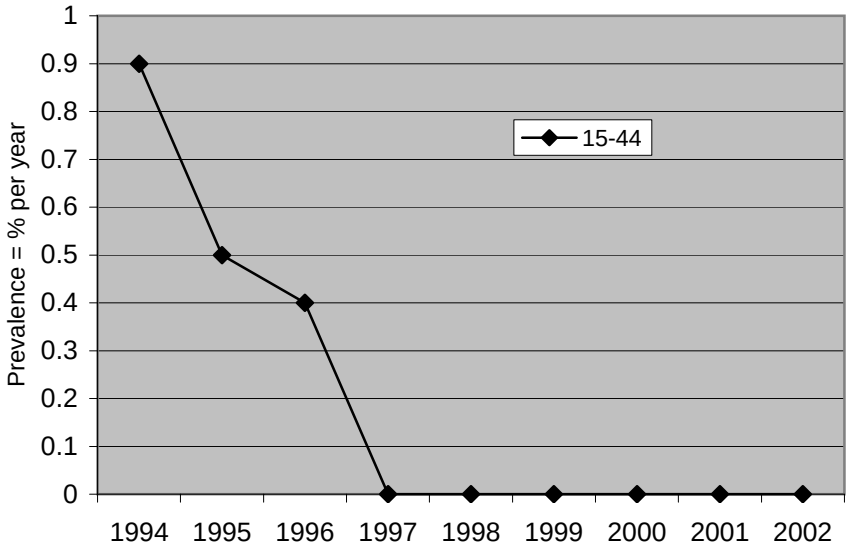
Note: North Valley included Sacramento and Solano Counties for 1994 and 1995. For years 1996 through 2002, North Valley included Sacramento County only. Specimens were collected for six months only. Risk categories MSM, MSM/IDU and heterosexual/IDU had small numbers (tested number fewer than 100 and 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, 1994-2002

Race/Ethnicity

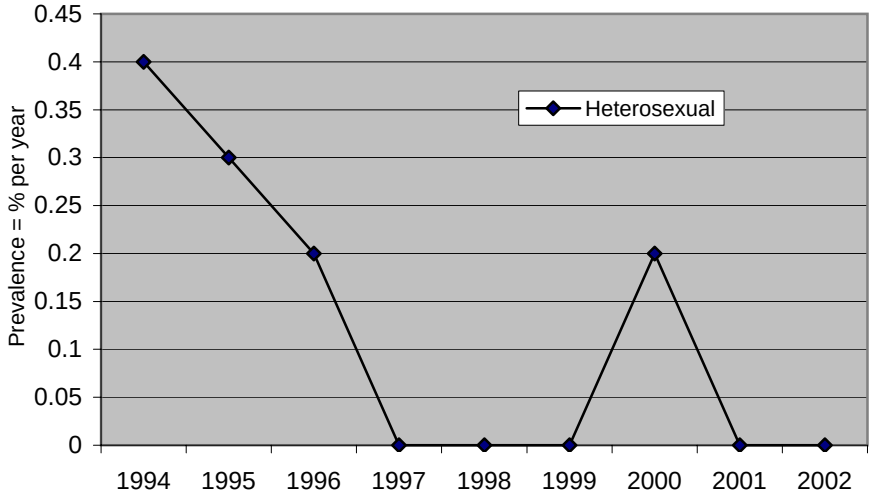


Age Group



Note: Age group 45 and Over was omitted because of zero positives for 1994-2002.

Risk Behavior



Note: South Valley included San Bernardino and Riverside Counties for years 1994 through 1996. Years 1997 through 2002 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 2002. 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-2[1] antibody test results to OA. HIV-2 data are not included in this report.

In 2002, 498,004 specimens from selected California blood banks[2] were tested, of which four (0.001 percent) were seropositive. HIV seroprevalence in selected California blood banks ranged from zero to 0.003 percent (Table 21).

In 2002, 350,602 specimens from selected California plasma centers[2] were tested, of which 15 (0.004 percent) were seropositive (Table 22). HIV seroprevalence in selected California plasma centers ranged from zero to 0.21 percent.

[1]Testing for HIV-2 began the second quarter of 1992. To date, the United States (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. Data collected through 2002 showed 30 (7 blood banks, 23 plasma centers) confirmed positive for HIV-2.

[2]Fresno, 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, 2002

County/City of Residence	Number Tested	Number Positive[1]	Seroprevalence (%)
Fresno	**61,141**	**0**	**0.000**
Kern	**29,174**	**0**	**0.000**
Sacramento	**195,454**	**0**	**0.000**
San Bernardino	**50,399**	**1**	**0.002**
San Diego	**114,737**	**3**	**0.003**
Santa Clara	**47,139**	**0**	**0.000**
Total	**498,044**	**4**	**0.001**

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

Source: DHS/OA.

Table 22.
HIV-1 Seroprevalence for Units Collected by Selected California Plasma Centers, 2002

County/City of Residence	Number Tested	Number Positive[1]	Seroprevalence (%)
Fresno	**55,504**	**1**	**0.002**
Kern	**75,966**	**5**	**0.007**
Sacramento	**28,321**	**6**	**0.021**
San Bernardino	**35,671**	**0**	**0.000**
San Diego	**155,140**	**3**	**0.002**
San Joaquin	**0**	**0**	**0.000**
Total	**350,602**	**15**	**0.004**

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

Source: DHS/OA.

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, 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, injection drug users, MSM, and persons who suspected or were already aware they were infected with HIV were likely to have been underrepresented among those applicants usually screened for HIV infection. 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 counties[1] that also collected STD data. In 2002, a total of 12,223 specimens from these selected counties were tested for HIV antibodies (Table 23). Of these, two were seropositive. Prevalence ranged from zero positives in six counties to a high 0.05 percent in San Diego County.

As shown in Table 24, males represented 79.7 percent (n=9,736) of the total civilian applicants from these counties, of which two (0.02 percent) were seropositive. Females represented 20.3 percent (n=2,487) of the total civilian applicants for these counties, of which zero were seropositive (Table 25).

In 2002, men in age group 25-29 showed the highest prevalence of 0.10 percent. Among race/ethnicity groups, Black applicants had the highest prevalence (0.17 percent) of HIV infection.

[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 Counties[1], 2002

County/City of Residence	Number Tested	Number Positive[2]	Seroprevalence (%)
Fresno	**927**	**0**	**0.00**
Kern	**1,025**	**0**	**0.00**
Sacramento	**1,730**	**0**	**0.00**
San Bernardino	**2,512**	**0**	**0.00**
San Diego	**3,970**	**2**	**0.05**
San Joaquin	**833**	**0**	**0.00**
Santa Clara	**1,226**	**0**	**0.00**
Total	**12,223**	**2**	**0.02**

[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: DHS/OA.

Table 24.
HIV Seroprevalence for Male Civilian Applicants for Military Service by Age Group and Race/Ethnicity[1], 2002

Age Group and Race/Ethnicity	Number Tested	Number Positive[2]	Seroprevalence %
Age Group			
15-19	**4,235**	**0**	**0.00**
20-24	**3,613**	**1**	**0.03**
25-29	**1,038**	**1**	**0.10**
30-34	**532**	**0**	**0.00**
35-39	**206**	**0**	**0.00**
40-44	**75**	**0**	**a**
45 and Over	**37**	**0**	**a**
Subtotal Age Group	**9,736**	**2**	**0.02**
Race/Ethnicity			
White	**3,379**	**0**	**0.00**
Black	**598**	**1**	**0.17**
Hispanic	**1,310**	**1**	**0.08**
Asian/Pacific Islander	**727**	**0**	**0.00**
American Indian/Alaskan Native	**88**	**0**	**a**
Other/Unknown	**3634**	**0**	**0.00**
Total	**9,736**	**2**	**0.02**

[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: DHS/OA.

Table 25.
HIV Seroprevalence for Female Civilian Applicants for Military Service by Age Group and Race/Ethnicity[1], 2002

Age Group and Race/Ethnicity	Number Tested	Number Positive[2]	Seroprevalence %
Age Group			
15-19	**1,186**	**0**	**0.00**
20-24	**914**	**0**	**0.00**
25-29	**227**	**0**	**0.00**
30-34	**118**	**0**	**0.00**
35-39	**34**	**0**	**a**
40-44	**5**	**0**	**a**
45 and Over	**3**	**0**	**a**
Subtotal Age Group	**2,487**	**0**	**0.00**
Race/Ethnicity			
White	**838**	**0**	**0.00**
Black	**200**	**0**	**0.00**
Hispanic	**322**	**0**	**0.00**
Asian/Pacific Islander	**164**	**0**	**0.00**
American Indian/Alaskan Native	**36**	**0**	**a**
Other/Unknown	**927**	**0**	**0.00**
Total	**2,487**	**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: DHS/OA.

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