

HIV/AIDS EPIDEMIOLOGY REPORT



CONTRA COSTA
HEALTH SERVICES

**Public Health
Communicable Disease Programs**

August 1999

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Reporting AIDS Cases

HOW TO REPORT

By establishing active AIDS surveillance in your medical facility

By completing a Confidential Morbidity report card

By telephone

HOW TO ESTABLISH ACTIVE AIDS SURVEILLANCE

Call either Public Health Advisor:

Denise Root (925)313-6793

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Public Health Division

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& Health Data Unit

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WHY REPORTING IS NECESSARY

To plan for future health care needs and services

To monitor trends in HIV infection

To project future numbers of AIDS case

To provide information and the history of HIV

To plan prevention and educational activities

It is the law

All health care providers are required to report AIDS cases to their local health department. AIDS is reportable under California's Code of Regulations, Title 17, Health Section 2500.

Reporting AIDS: Summary of Legislation

California Administrative Code, Title 17 (Section 1603.01 {previous numeration}) "...a hospital shall report the name, date of birth, address, social security number, name of hospital, the date of the hospitalization, and any other information required on all confirmed cases of AIDS to the State Department of Health and county health officer."

California Administrative Code, Title 17 (Section 120175-120250). "Every person must report to the Health Officer any diagnosed or suspected case of any of the following diseases or conditions: Acquired Immunodeficiency Syndrome..."

California Administrative Code, Title 17 (Section 2512): Allows health officers to investigate communicable diseases.

California Health & Safety Code, (Section 199.21 [i]): HIV test results may be reported to local health authorities as part of an AIDS diagnosis.

California Health & Safety Code, (Section 199.21, 199.22, and 1603.3): Allows disclosure to public health authorities of result of HIV test performed on cadavers. Allows for HIV test to be performed on cadavers with out written consent as part of an autopsy or in conjunction with anatomical gifts.

California Health & Safety Code, (Section 199.27): Allows for voluntary contact tracing with the written consent of the HIV seropositive individual.

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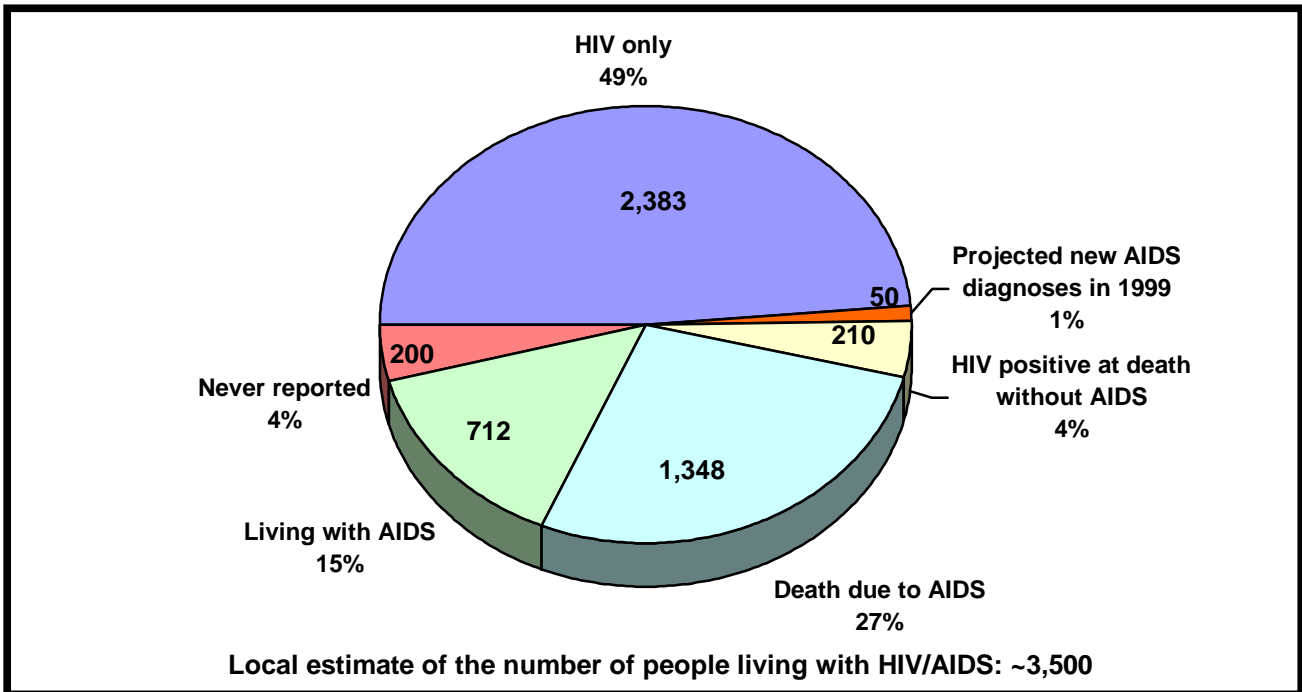
For copies of this report call: (925) 313-6323

or

<http://www.igc.org/ccchdata/aids/aids.html>

ESTIMATE OF CONTRA COSTA COUNTY RESIDENTS INFECTED WITH HIV

Based on back calculations and more recent estimates by the State Office of AIDS a total of approximately 4,900 Contra Costa County residents are estimated to have been infected with HIV. Of these, 2,060 (42%) have already been diagnosed with and reported to have AIDS and 1,348 of these people have died of AIDS.



Global View of the AIDS Epidemic

		Cases	Deaths	
Contra Costa		2,060	1,348	(7/12/99)
Bay Area*	(State Office of AIDS)	39,852	26,053	(6/9/99)
California	(State Office of AIDS)	112,308	69,383	(6/9/99)
U.S.	(CDC & P)	664,921	410,800	(12/31/98)
World	(WHO)	47,300,000	13,900,000	(12/31/98)

*Bay Area Counties: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
 ** Cumulative estimate of persons with HIV/AIDS

Recently Detected HIV Infections

July 1998 – December 1998

Clients tested for HIV at county ATS* without prior positive test (tested +/total tested)

Men

Race	Gay/ Bisexual	Gay/Bisexual IDU	Heterosexual IDU	Heterosexual Partner	Health Care Worker	Total
White	0/28	1/7	0/48	0/210	0/12	1/305
African American	0/3	0/1	2/23	1/160	0/2	3/189
Latino	0/10	0/3	0/12	2/100	0/3	2/128
Asian	0/2	0/0	0/2	0/15	0/2	0/21
Native American	0/1	0/0	0/3	0/2	0/0	0/6
Other	0/1	0/0	0/0	0/10	0/0	0/11
Total	0/45	1/11	2/88	3/497	0/19	6/660

Women

Race	Heterosexual IDU	Heterosexual Partner	Health Care Worker	Total
White	1/44	0/172	0/3	1/219
African American	0/14	3/133	1/3	4/150
Latina	0/7	0/76	0/1	0/84
Asian	0/1	0/21	0/1	0/23
Native American	0/2	0/4	0/0	0/6
Other	0/3	0/8	0/0	0/11
Total	1/71	3/414	1/8	5/493

*Locations and schedules of ATS:

Concord
2355 Stanwell Circle
Tuesday
5:00 – 8:00 p.m.

Pittsburg
550 School Street
Wednesday
5:00 – 8:00 p.m.

Richmond
100 39th Street
Thursday
5:00 – 8:00 p.m.

For more info call:

1-800-287-0200

Free - donations accepted

Diagnosed AIDS Cases

In California HIV infection with AIDS is not reportable. Only diagnosed AIDS cases are reported to the Health Department. An Individual who has tested HIV positive is diagnosed with AIDS when one of two events occur: either the patient's CD4 count drops below 200 cells/ μ l (<14% of normal); or the patient is diagnosed with one of 26 AIDS defining cancers or opportunistic infections. Below is a table indicating frequencies of how individuals in Contra Costa are diagnosed with AIDS and a frequency list of cancers and opportunistic infections or conditions reported in those diagnosed with HIV/AIDS*.

Cumulative Cases^φ			
Diagnosis Category	Adult	Pediatric	Total
Cancer or Opportunistic infection	1,372	12	1,384
Immunological (CD4<200 or 14%)	676	0	676
Total	2,048	12	2,060

Frequency of Occurrence of Cancers, Opportunistic Infections or Conditions among people in Contra Costa diagnosed with AIDS

Cancer, infection or condition	Frequency	Cancer, infection or condition	Frequency
Cancer, infection or condition			
Frequency			
Candidiasis, bronchi, trachea or lungs	23	Immunoblastic lymphoma	29
Candidiasis, esophageal	146	Primary lymphoma in brain	7
Coccidioidomycosis	6	Mycobacterium avium complex or M. kansasii	238
Cryptococcosis	64	M. tuberculosis, pulmonary	73
Cryptosporidiosis	37	M. tuberculosis, disseminated or extrapulm.	31
Cytomegalovirus disease	58	Mycobacterium, of other species	11
Cytomegalovirus retinitis	63	Pneumocystis carinii pneumonia	612
HIV encephalopathy (dementia)	104	Recurrent bacterial pneumonia (<12mos)	1
Herpes simplex (>1 month)	38	Progressive multi focal leukoencephalopathy	15
Histoplasmosis	4	Salmonella septicemia, recurrent	0
Isosporiasis (>1 month)	2	Toxoplasmosis of brain	38
Kaposi's sarcoma	213	Wasting	193
Burkitt's Lymphoma	8	Lymphoid interstitial pneumonia	2

* Individual patients may have contracted more than one of the above listed opportunistic infections/conditions.

^φCumulative cases reported from 2/1/82 to 7/12/99

2,060 PEOPLE IN CONTRA COSTA COUNTY DIAGNOSED WITH AIDS

Through July 12, 1999, a cumulative total of 2,060 cases of AIDS were reported to the Public Health Department. This represents a cumulative incidence of 22.5 per 10,000 population using 1999 population projection data from the California State Department of Finance.

Total AIDS cases reported through 7/12/99

Mode of infection and gender distribution

Adult and adolescent cases (n=2,048)

Mode of HIV infection	Male (%)	Female (%)	Total (%)
Gay/bisexual	1,238 (70.8)	0 (0)	1,238 (60.4)
Heterosexual injection drug use	297 (17.0)	152 (50.7)	449 (21.9)
Gay/bisexual injection drug use	110 (6.3)	0 (0)	110 (5.4)
Hemophilia	16 (0.9)	0 (0)	16 (0.8)
Heterosexual contact	9 (0.5)	117 (39.0)	126 (6.2)
Transfusion with blood/blood product	28 (1.6)	16 (5.3)	44 (2.1)
Risk under investigation	50 (2.9)	15 (5.0)	65 (3.2)
Total	1,748 (100)	300 (100)	2,048 (100)

Pediatric cases (n=12)

Mode of HIV infection	Male (%)	Female (%)	Total (%)
Parent at risk or has HIV/AIDS	4 (57.1)	5 (100)	9 (75.0)
Transfusion with blood/blood product	3 (42.9)	0 (0)	3 (25.0)
Total	7 (100)	5 (100)	12 (100)

Total AIDS Cases Reported in Contra Costa through 7/12/99 Race/Ethnicity Distribution

Race/ethnicity	Adult/adolescent cases (%)	Pediatric cases (%)	Total (%)
White	1,194 (58.3)	4 (33.3)	1,198 (58.2)
African American	596 (29.1)	4 (33.3)	600 (29.1)
Latino	212 (10.4)	4 (33.3)	216 (10.5)
Asian/Pacific Islander	37(1.8)	0 (0)	37 (1.8)
Native American/Alaskan	9 (0.4)	0 (0)	9 (0.4)
Total	2,048 (100)	12 (100)	2,060 (100)

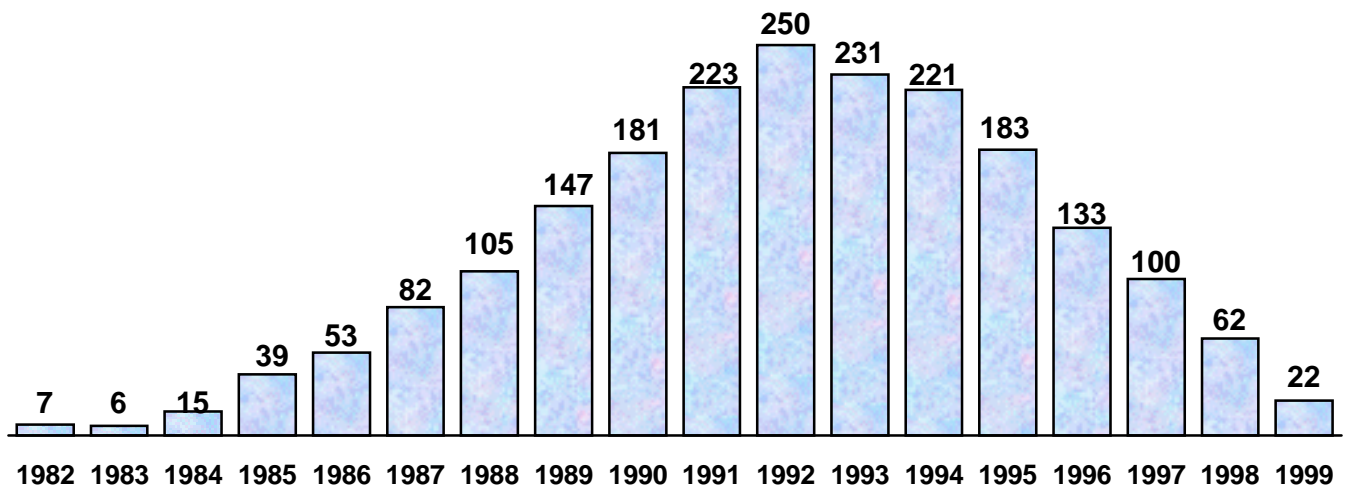
Age Distribution

(Age at time of diagnosis)

Age Groups	Total (%)
<5	8 (0.4)
5-12	4 (0.2)
13-19	7 (0.3)
20-29	248 (12.0)
30-39	867 (42.1)
40-49	638 (31.0)
50-59	192 (9.3)
60-69	70 (3.4)
>69	26 (1.3)
Total	2,060

Year of Diagnosis

(new diagnoses)



People in Contra Costa County Living with AIDS
as of 7/12/99 (n=712)

Mode of Infection and Gender Distribution

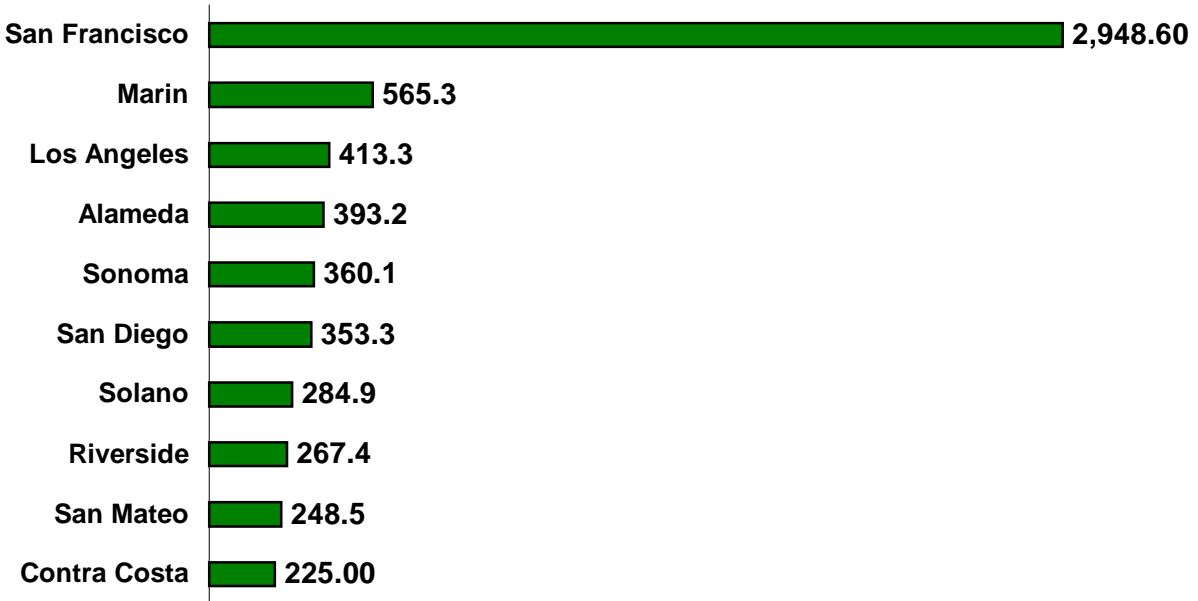
Mode of infection	Male (%)	Female (%)	Total (%)
Gay/Bisexual	393 (69.4)	0 (0)	393 (55.2)
Heterosexual injection drug use	107 (18.9)	74 (50.7)	181 (25.4)
Gay/bisexual drug use	32 (5.7)	0 (0)	32 (4.5)
Hemophilia	4 (0.7)	0 (0)	4 (0.6)
Heterosexual contact	3 (0.5)	58 (39.7)	61 (8.6)
Transfusion with blood/blood product	1 (0.2)	5 (3.4)	6 (0.8)
Parent at risk for HIV	2 (0.4)	2 (1.4)	4 (0.6)
Risk under investigation	24 (4.2)	7 (4.8)	31 (4.3)
Total	566 (100)	146 (100)	712 (100)

Race/ethnicity

Race/ethnicity	Adult/adolescent	Pediatric	Total (%)
White	382	0	382 (53.7)
African American	233	2	235 (33.0)
Latino	75	2	77 (10.8)
Asian/Pacific Islander	16	0	16 (2.2)
Native American/Alaskan	2	0	2 (0.3)
Total	708	4	712 (100)

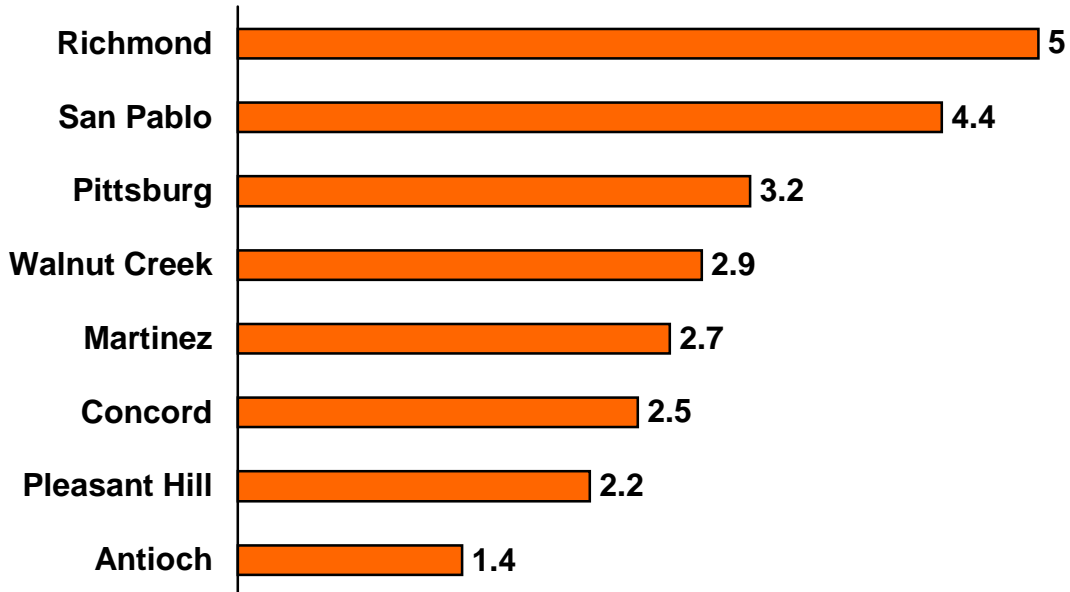
California Counties with the Highest Cumulative Incidence of AIDS

Cases per 100,000 population using 1999 population data projection data from California State Department of Finance, as of 7/12/99

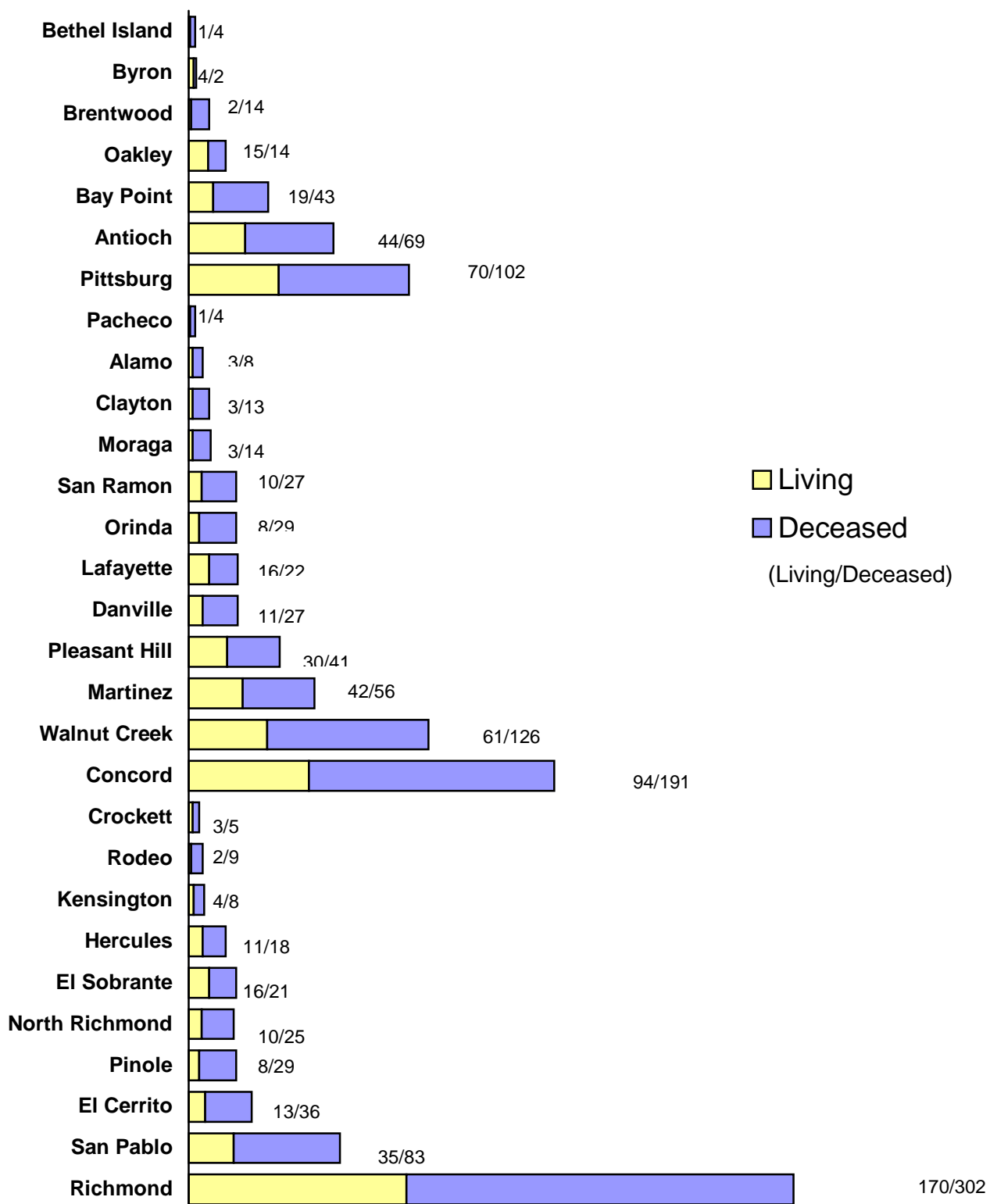


Contra Costa Cities with Highest Cumulative Incidence of AIDS

Incidence per 1,000 population using 1999 population projection data from California State Department of Finance; reported for cities with >50 cases, as of 7/12/99



People in Contra Costa with AIDS
By city of residence
As of 7/12/99



What is the problem?

- AIDS stands for Acquired Immune Deficiency Syndrome, a condition that destroys the body's defenses against certain infections and cancers. Although, there is presently no cure for AIDS, the latest treatments available are allowing those infected with HIV live longer.
- AIDS results from infection with Human Immunodeficiency Virus (HIV). HIV is passed from one person to another through blood or sexual contact. HIV infection can result from on sexual encounter or from sharing a needle to inject drugs.
- Many people with HIV infection appear healthy and do not know they are infected. HIV infection can be detected through an HIV antibody test, but many people who are at risk for HIV infection have not yet taken a test.
- Although medications can slow the deterioration of the immune system, there is no cure.
- AIDS can be avoided, but risky behaviors are difficult to change even when people know the facts about transmission.

Who is being infected by HIV/AIDS?

- Since 1982, 2,060 cases of AIDS have been reported in Contra Costa County. At least 1,348 persons have died. At the present time the number of persons in Contra Costa County estimated to be infected with HIV is approximately 4,900. To date 1,748 men, 300 women and 12 children have been diagnosed with AIDS.
- The majority of people living with AIDS are gay/bisexual men (55.2%) and gay/bisexual men who inject drugs (4.5%), although increasing proportions of people with AIDS are heterosexual injection drug users (35.4%), women (20.5%), and African Americans (33.0%). These numbers are disproportionate to the size of the racial/ethnic populations in the county.
- Heterosexual injection drug users account for 21.8% of the AIDS cases. If the spread of HIV among injection drug users is not dramatically curtailed, this population could soon reach the levels of infection found in some areas of the East Coast of the United States (60-70%). Currently the rate of infection among African American injection drug users in Contra Costa County is 28.7%.
- At least 0.5% of the general population, 10% of all drug injectors, 11% gay and bisexual men, and one per thousand women delivering babies in Contra Costa are estimated to be HIV infected.
- AIDS has put an increasing burden on the public health care system.

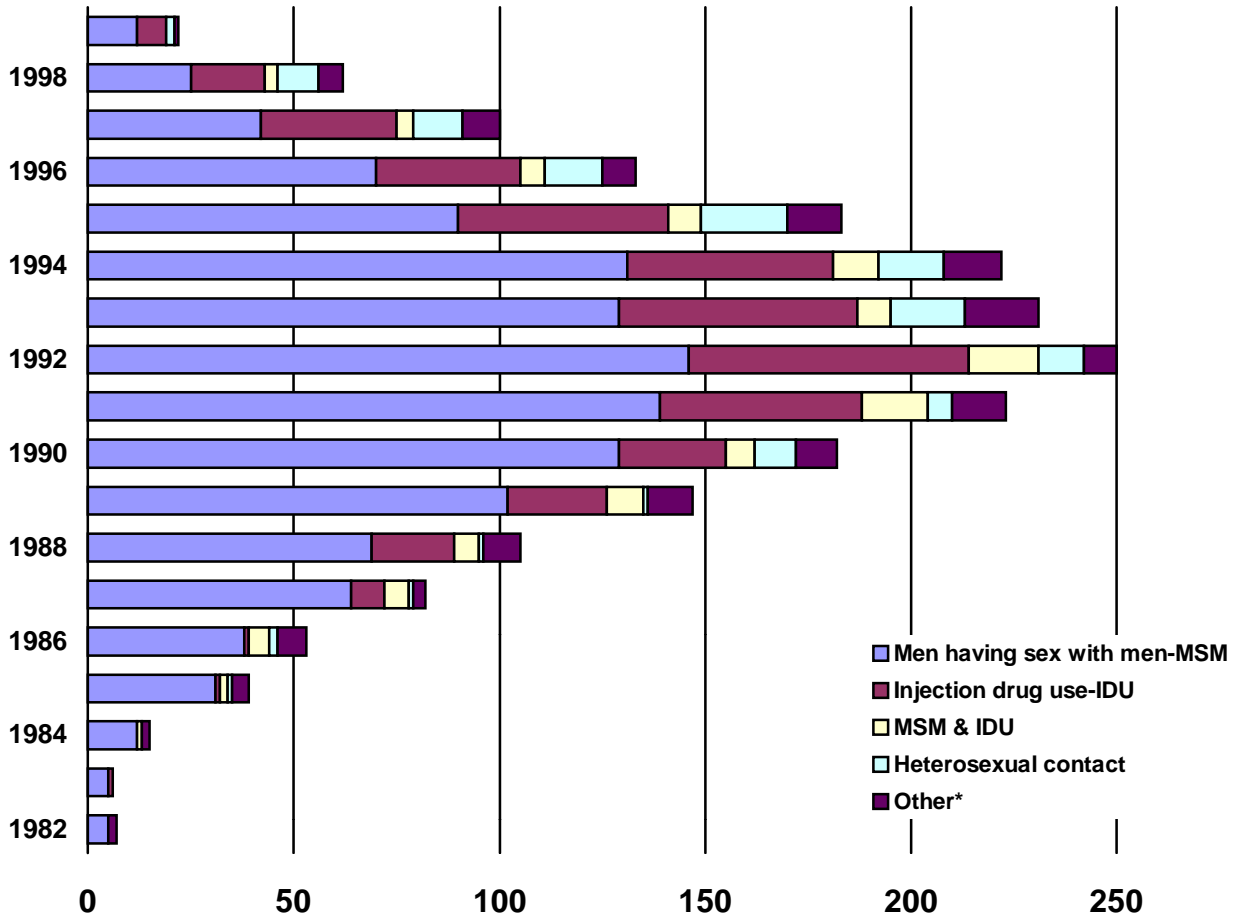
What are the social and economic costs of HIV/AIDS?

- AIDS is largely a disease of the young. Already, the known early deaths of people in Contra Costa from AIDS represents a loss of some 40,000 potential years of productive life. If all HIV-infected persons of Contra Costa die from AIDS, our communities could lose an additional 100,000 potential productive years of life.
- The estimated potential earnings lost by person of Contra Costa who have died of AIDS total \$700 million. Using the same rates for all persons living with HIV, the potential lost earnings could amount to an additional \$2 billion.
- The yearly cost of treating AIDS related opportunistic infections can reach \$38,000 per person per year. Combination therapies using protease inhibitors may cost as much as \$18,000 per year. The use of protease inhibitors may reduce the cost of treating AIDS related infections by \$3000 per year. During the next few years, treating people with AIDS in Contra Costa could cost up to as much as \$30 million a year. Treating people with HIV in Contra Costa could cost up to another \$45 million, if all of the 2,383 individuals estimated to be infected were to receive protease inhibitors.

What needs to be done?

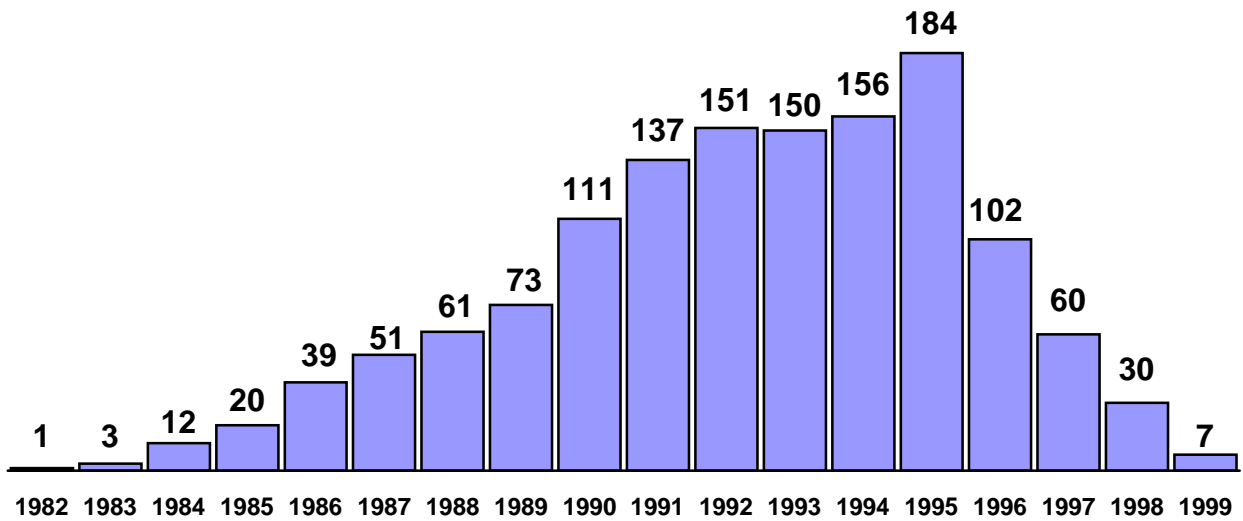
- Learn as much as possible about HIV and AIDS. Inform family and friends and encourage them to adopt health behaviors.
- Increase AIDS awareness so that people in Contra Costa understand the disease. Understanding helps to eliminate unnecessary fears and prejudices and encourages a compassionate and supportive response to those who are suffering.
- Protect people living with HIV infection from discrimination.
- Provide testing, counseling, medical care and support to all people infected with HIV.
- Increase HIV/AIDS prevention efforts by county, city and community agencies.
- Reach the populations most at risk with concentrated prevention messages and innovative programs.
- Expand efforts to involve city, community and church leaders in delivering HIV prevention messages in the most affected areas of the county.

Modes of infection by year of AIDS diagnosis (as of 7/12/99)



Deaths among people diagnosed with AIDS

By year of death, as of 7/12/99 (n=1,348)



HIV Seroprevalence and Seroincidence among Street-Recruited IDUs in Oakland and Richmond, California, 1991-1998

Urban Health Study

The Urban Health Study has conducted HIV testing and risk behavior research in Oakland and Richmond since 1991.

HIV prevalence: Overall HIV prevalence in the study communities showed a moderate decline from 1996 through 1998 (see figure 1 below). The overall prevalence was 13.4% and was not significantly different among men and women (see Table 1). However, HIV prevalence was significantly higher among African Americans than among other racial and ethnic groups ($p < 0.05$). The prevalence was significantly lower in West Oakland than in Richmond. Those who were HIV positive were less likely to report sharing of syringes in the last 30 days.

HIV incidence: We examined rates of HIV seroconversion among study participants who tested negative on their first visit and were seen at least one additional time. HIV incidence among initially negative participants and 95% confidence intervals were calculated using an accelerated failure-time model (SAS Proc Lifereg, Statistical Analysis Software, Cary, NC), assuming an exponential distribution of failure events. A total of 1,195 IDUs initially testing negative were retested at least once, of whom 15 seroconverted. Overall HIV incidence was 0.53 per 100 person-years of observation (see Table 2).

Table 1: HIV prevalence among IDUs at first study visit, Oakland and Richmond, Feb. 1996 - Sept 1997

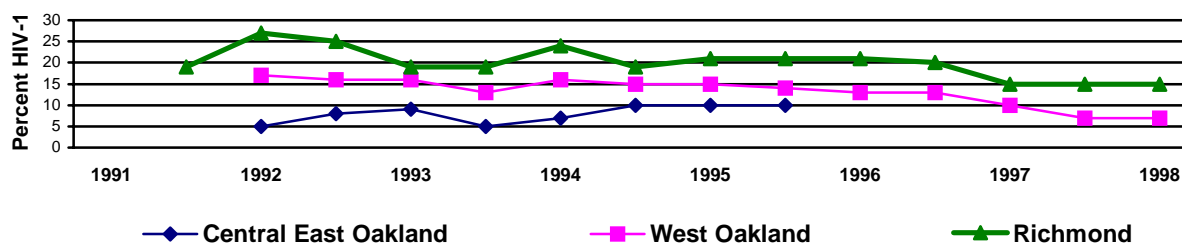
Variable	# (%) tested	3 (%) positive
Total	925 (100)	124 (13.4)
Sex		
Male	606 (65.5)	78 (12.9)
Female	319 (34.5)	46 (14.4)
Community		
West Oakland	523 (56.6)	56 (10.7)
Richmond	399 (43.2)	88 (17.0)
Age		
40	723 (78.2)	102 (14.1)
<40	202 (21.8)	22 (10.9)
Race/ethnicity		
Black	696 (75.2)	112 (16.1)*
White	171 (18.5)	7 (4.1)
Hispanic	46 (5.0)	4 (8.7)
Other	12 (1.3)	1 (8.3)
Considers self homeless		
Yes	213 (23.2)	20 (9.4)
No	706 (76.8)	103 (14.6)
Syringe exchange in last 30 days		
Yes	369 (40.4)	50 (13.5)
No	545 (59.6)	70 (12.8)
Shared syringes in last 30 days		
Yes	165 (18.0)	10 (6.1)*
No	750 (82.0)	114 (15.2)

*Mantel Haenszel chi-square $p < 0.05$

Table 2: Incidence of HIV among IDUs in Oakland and Richmond, CA 1991-1997

	# tested	Person-Years of Observation	# Seroconverters	Incidence (/100 person-years)	95% CI
Total	1,195	2,832	15	0.53	(0.26, 0.80)
Male	778	1,809	9	0.53	(0.17, 0.82)
Female	415	1,023	6	0.59	(0.12, 1.06)
Central East Oakland	368	621	6	0.97	(0.19, 1.74)
West Oakland	428	1,198	6	0.50	(0.10, 0.90)
Richmond	396	1,013	3	0.30	(0.00, 0.63)

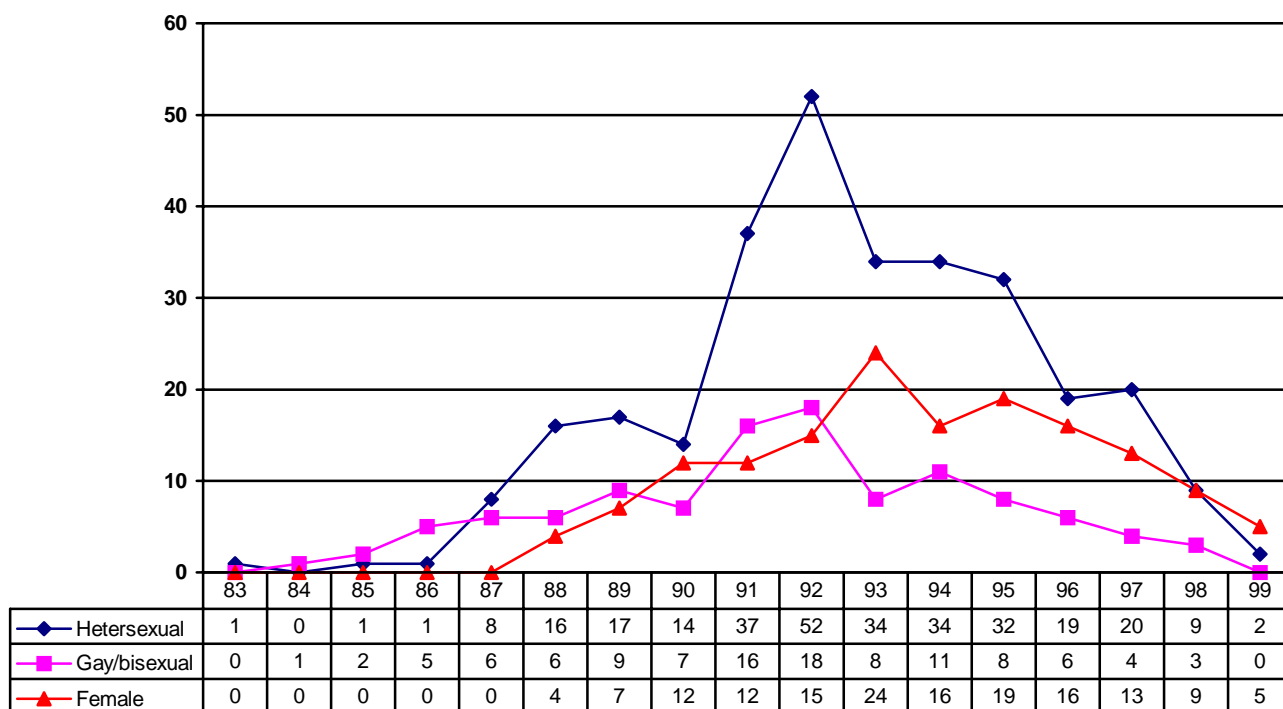
HIV-1 Seroprevalence among Street Recruited IDUs in Oakland and Richmond, CA 1991-1998



Heterosexual, Gay and Female Injection Drug Users Diagnosed with AIDS

Since the first years of the AIDS epidemic in the county an increasing number of AIDS cases are injection drug users (IDUs). Presently, IDUs make up 27.1% (n=559*) of all the AIDS cases diagnosed in the county. The data represented in this chart and the table directly below reflect AIDS cases diagnosed through July 12, 1999.

*This number also includes gay/bisexual IDUs (n=110) as of 7/12/99.



Race/ethnicity of Injection Drug Users Diagnosed with AIDS (as of 7/12/99)

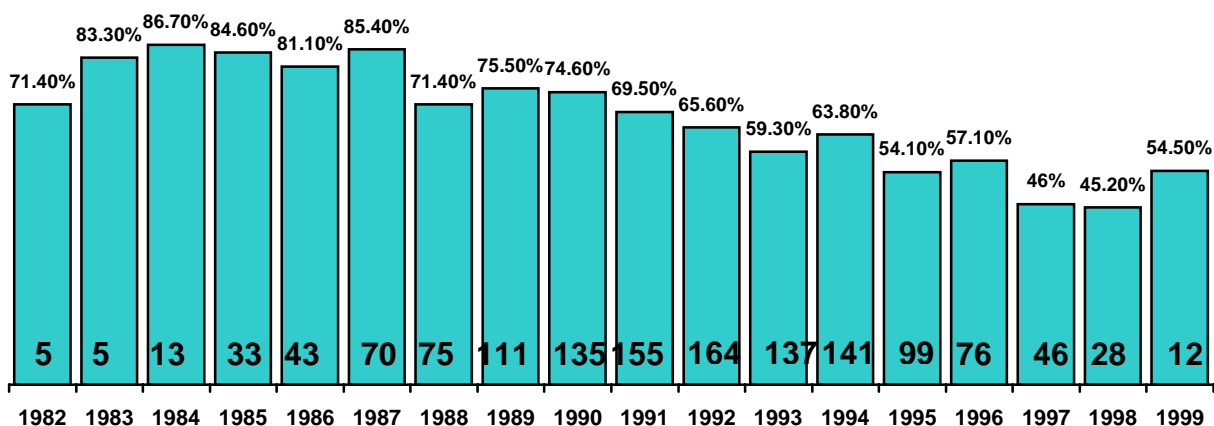
Race/Ethnicity	Male IDUs	Female IDUs	Total
White	150	30	180 (32.2)
African American	209	116	325 (58.1)
Latino	42	6	48 (8.6)
Asian/Pacific Islander	4	0	4 (0.7)
Native American	2	0	2 (0.4)
Total	407	152	559 (100)

AIDS among Gay/bisexual Men

(as of 7/12/99)

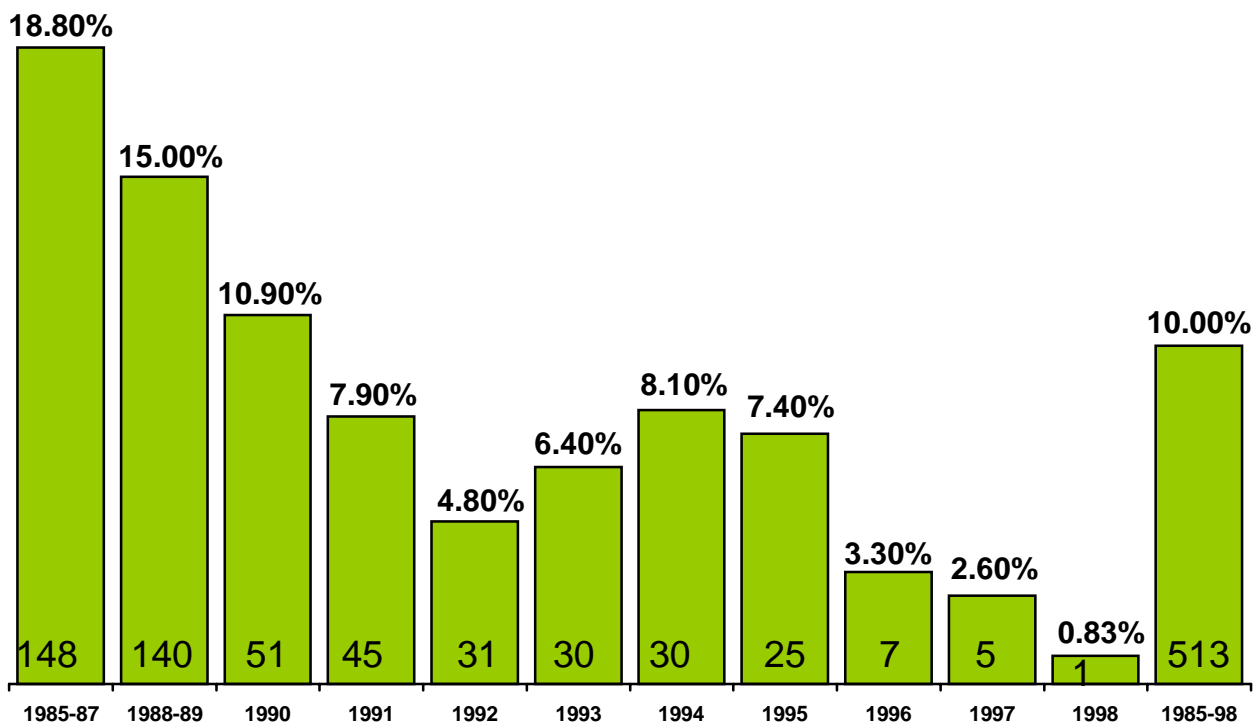
Gay and bisexual men ($n=1,348^*$), constitute the group from which **65.4%** of all cases have been reported in the county and the largest group from which new cases are emerging. Nevertheless, a declining trend is observed in the proportion of AIDS cases from this group. The actual number of cases is shown inside the bars.)

*This number includes both IDU gay/bisexual men ($n=110$) and non-IDU gay/bisexual men ($n=1,238$)



HIV Prevalence among Non-IDU Gay/Bisexual Men

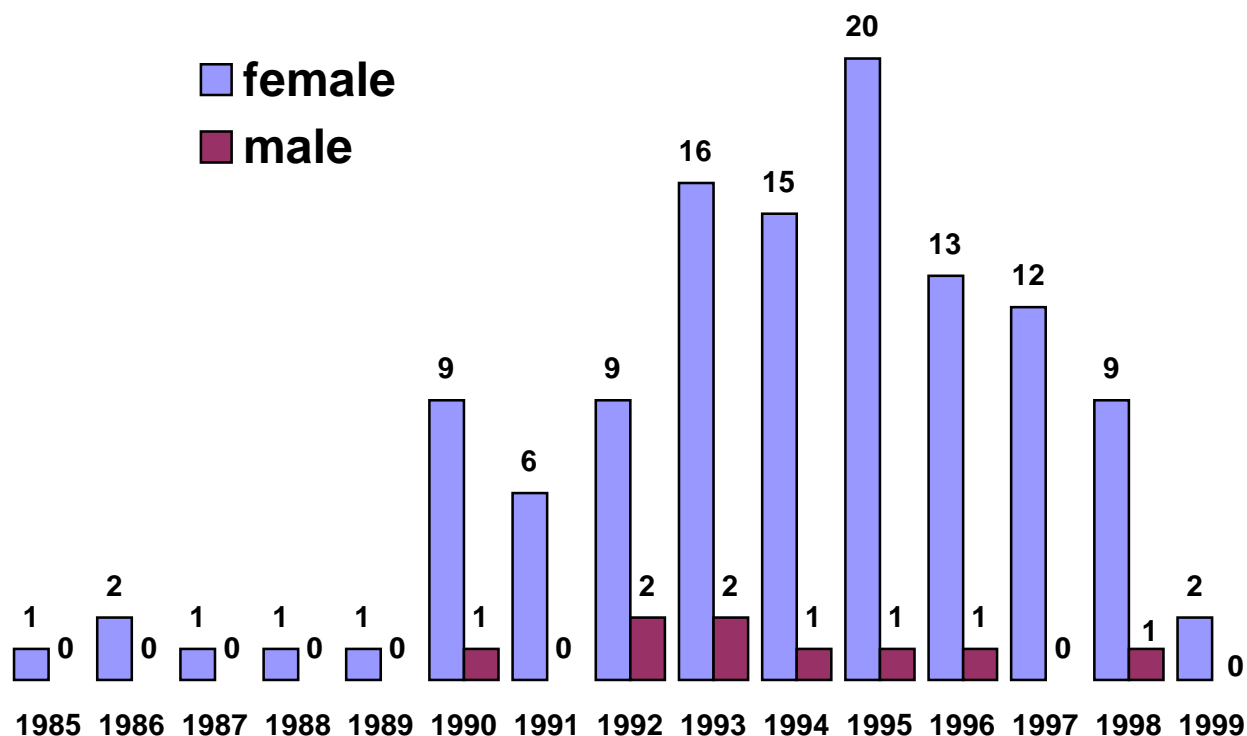
(Voluntarily tested at the publicly funded county clinics, Jan 1985 – Dec 1998)



AIDS among Men & Women Infected through Heterosexual Contact (excluding IDUs)

AIDS diagnoses among heterosexual men and women

By year of diagnosis, asa of 7/12/99



Summary of AIDS patients infected through heterosexual contact

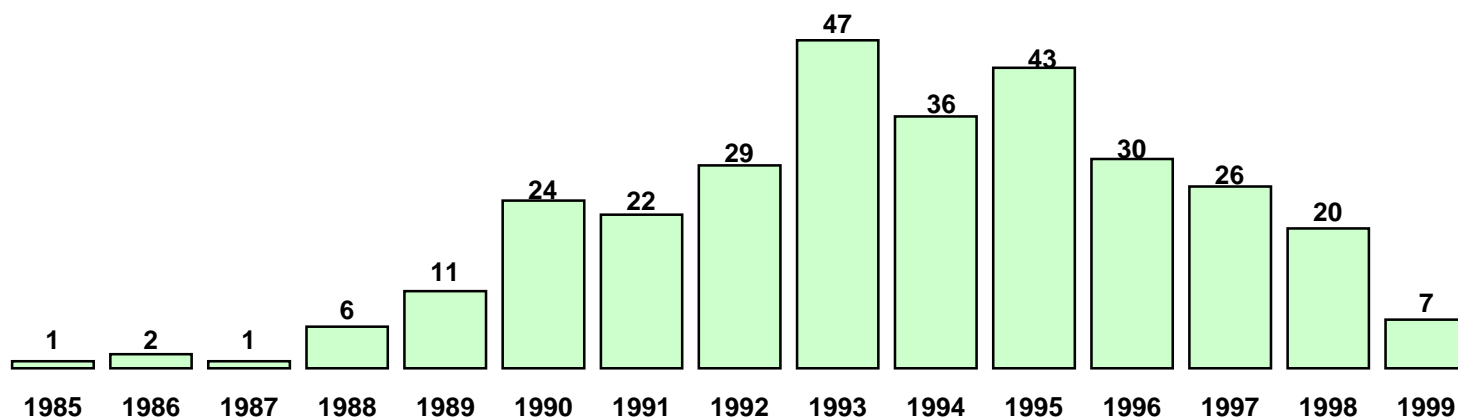
By mode of infection of their infected partner, as of 7/12/99

Heterosexual Contact with:	Male (%)	Female (%)	Total (%)
Injection drug user	5 (55.6)	59 (50.4)	64 (50.8)
Bisexual male	-	25 (21.4)	25 (19.8)
Hemophiliac	0	1 (0.9)	1 (0.8)
Transfusion recipient	0	2 (1.7)	2 (1.6)
HIV+ and risk under investigation	4 (44.4)	30 (25.6)	34 (26.0)
Total	9 (100)	117 (100)	126 (100)

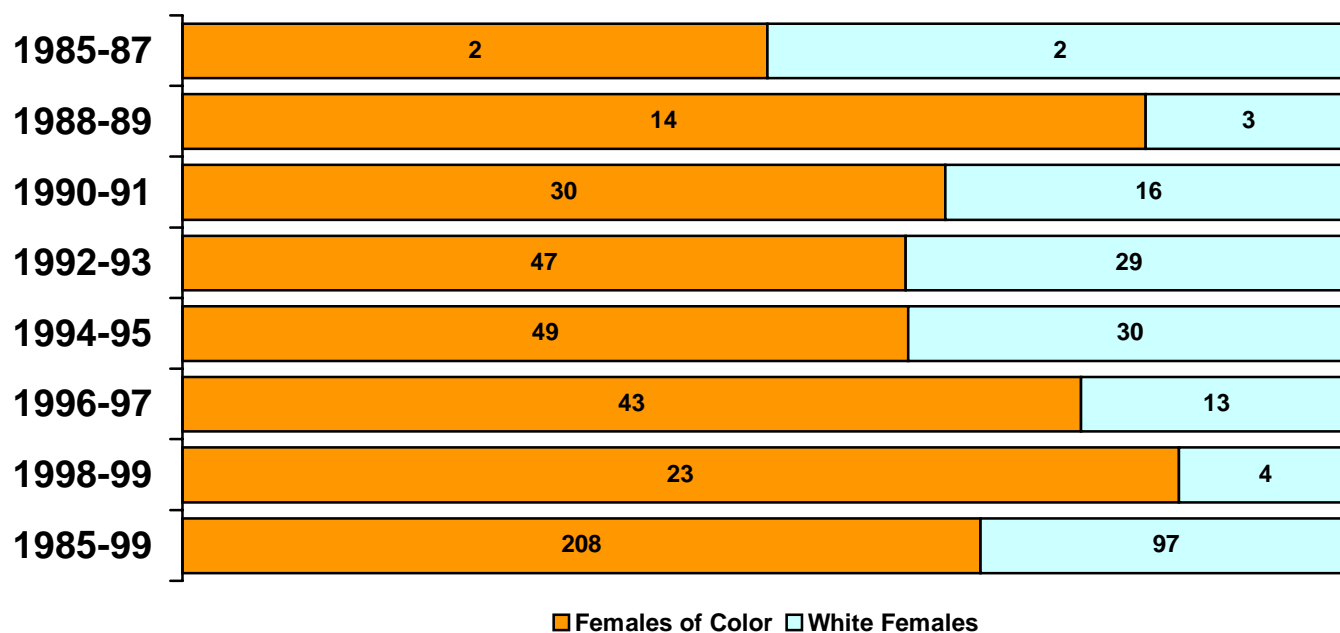
Women constitute 92.9% of those diagnosed with AIDS who were infected through heterosexual contact. The mode of infection of the heterosexual partner is most often injection drug use (50.8%)

AIDS Epidemic among Females

Females with AIDS by the year of diagnosis
As of 7/12/99



Race/ethnicity distribution of females diagnosed with AIDS



Number of Cases and percentage	
Race/ethnicity	# (%)
White	97 (31.8)
African American	177 (58.0)
Latino	27 (8.9)
Asian/Pacific Islander	4 (1.3)
Total	305 (100)

Children with HIV/AIDS

12 Contra Costa children (1-12 years) have been diagnosed with AIDS

71 Contra Costa children have tested positive for HIV

Children's Hospital Oakland Pediatric AIDS/HIV Program has evaluated, cared for and monitored **77** patients under the age of eighteen living in Contra Costa who at sometime presented antibodies against HIV. **Five** of these patients have been infected from blood products. Of the **71** who were exposed to HIV maternally, an estimated one-third were infected with HIV, while the transient maternal antibodies present in the other two-thirds will disappear by the second year of life.

Demographic characteristics of the above patients

Year of referral to Children's Hospital

1986	3
1987	4
1988	3
1989	6
1990	11
1991	10
1992	3
1993	12
1994	2
1995	9
1996	7
1997	2
1998	5

Gender (%)

Male	41 (53)
Female	36 (47)

Race/ethnicity (%)

White	23 (30)
African American	44 (57)
Latino	10 (13)

Maternal infection through (%)

Injection drug use	48 (68)
Heterosexual contact	17 (24)
Undetermined	6 (8)

HIV/AIDS in Teenagers (13-19)

Only **7** of the **2,060** AIDS in the county reported since the beginning of the epidemic were teenagers at the time of their diagnosis. A total of **7** young adults (13-19) from the county have been cared for and followed-up at the Children's Hospital Oakland Pediatric AIDS/HIV Program. **Five** of the **seven** case are hemophiliacs or transfusion recipients. The following statistics represent the teenagers who voluntarily presented themselves for HIV testing at publicly funded clinics in the county between 1992 and 1998.

<u>Year</u>	<u>Teens tested</u>	<u>HIV+</u>	
1992	951	0	Of the five who tested positive all were female; one was 18 and other were 19 years old; one was an injection drug user and the other four were infected through heterosexual contact with HIV infected men.
1993	840	2	
1994	730	0	
1995	790	1	
1996	607	1	
1997	254	0	
1998	458	1	

HIV Related Services Provided in Contra Costa County

During the period of January through December 1998, the following partial list of services have been reported by community-based organizations and agencies serving people with HIV/AIDS in Contra Costa County. Data is not available from many organizations and individuals assisting those affected by the epidemic but not funded by the CARE Act or HOPWA:

203	People received transportation and/or gasoline to attend health and support services
192	People received transportation van services
29	People received 1,242 home-delivered meals
330	People received food vouchers
358	People received 16,704 bags of groceries
125	People received direct emergency assistance to pay for utilities and other bills
614	People received case management services
158	People received services at a day support center in Richmond
166	People received counseling to assist them in applying for benefits
136	People received housing advocacy assistance
66	People received 7,877 hours of home care so that they could remain in their homes
17	People received HIV-related legal services

Who is Receiving Services in Contra Costa County

In the twelve month period January 1, 1998 – December 31, 1998 demographic data was collected from 669 individuals (unduplicated) who received services from agencies/programs funded by the federal government under Ryan White CARE Act and Housing Opportunities for people with AIDS (HOPWA).

Income information available on 604 (90.3%) clients	N	%
Less than \$600 per month	209	34.6
Between \$601 and \$900 per month	281	46.5
Between \$901 and \$1200 per month	61	10.1
Over \$1200 per month	53	8.8

HIV/AIDS Status serostatus know of 635 (94.9%) clients	N	%
AIDS	386	60.8
Symptomatic HIV	89	14.0
Non-Symptomatic HIV	160	25.2

Demographic Data of Services Recipients

Gender	N	%	Primary Language (n=665)	N	%
Male	463	69.2	English	623	93.7
Female	206	30.8	Spanish	35	5.3
			Other	7	1.1
Race/ethnicity	N	%	Current Living Situation (n=650)		
White	251	37.9	(varies throughout the year)		
African American	314	47.4	Homeless in emergency shelter		27
Latino	87	13.1	Homeless in streets		15
Asian/Pacific Islander	8	1.2	Hospital or medical facility		4
Unknown	3	0.4	Hotel/motel		5
Mode of transmission (n=632)	N	%	Jail/prison		4
Men having sex with men	197	31.2	Living with friends/relatives		173
MSM/IDU	26	4.1	Owned housing		40
Injection drug user	195	30.8	Psychiatric facility		3
Blood product recipient	9	1.4	Rental housing		333
Sex Partner of IDU	29	4.6	Substance abuse treatment facility		3
Heterosexual contact	152	24.1	Other		43
Other/unknown	24	3.8			