

**Yolo County
Health
Department**

2006

**Trends in
HIV/AIDS
In Yolo County**

Acknowledgements

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Executive Summary

Since the previous Trends in HIV/AIDS in Yolo County, 2000, much has changed in California and subsequently Yolo County. Most significantly, California became one of the last states to require the reporting of Human Immunodeficiency Virus (HIV) infection on July 1, 2002. Along with the previous requirement to report Acquired Immunodeficiency Syndrome (AIDS) cases, this allows for the first time to directly assess the full spectrum of HIV disease. As of December 31, 2005, 179,731 cumulative HIV and AIDS cases have been reported in California (See Appendix 2). Counties are required to report to the State Office of AIDS newly identified cases each month. On April 15, 2006, California changed from a coded, non-name system of reporting HIV cases to a named-based system to comply with a federal Center for Disease Control (CDC) requirement. Current data for Yolo County and the state of California can be found at www.ca.gov/aids.

Growing in number are those whose exposure category is Injecting Drug Use (IDU) including females (see Appendix 1), although white men who have sex with men (MSM) continue to have the greatest incidence of HIV infection (Appendix 2 and 3). In the United States, African-American and Hispanic new HIV/AIDS cases greatly outstrips other populations.

Two important new developments are the “rapid tests” for immediate HIV viral status results and anti-viral treatments that have dramatically decreased the mortality rate of HIV infection. Using these tools, early detection and treatment is changing the outcome for persons who become infected with HIV. Early identification and treatment of HIV infection dramatically increases the chances of survival.

In response to the 2000 report on AIDS in Yolo County, changes to outreach and education and community coordination have occurred contributing to a slowing of the growth curve. Continued education and outreach is necessary to prevent further spread of the virus.

HIGHLIGHTS OF THE 2006 HIV/AIDS REPORT FOR COUNTY OF YOLO

- From 1985 through December 2005, 281 residents have been diagnosed with HIV infection. Of these 281 HIV infections, 215 (77%) have been diagnosed with AIDS and 115 (41%) are now deceased.
- Women, non-Hispanic Blacks and Hispanics comprise a larger proportion of cases at present than in the 1980s or 1990s.
- The average age of persons ever diagnosed with HIV is 38 years.
- The HIV infection rate for West Sacramento has decreased significantly since the 1990s and is now similar to the rate experienced by Woodland. The HIV infection rate for Davis is lower than the countywide rate.

Table of Contents

	Page
Introduction	5
Surveillance Summary	6
HIV Case Rates	7
HIV Case Demographics	8
Sex	8
Race/Ethnicity	9
Age	9
City of Residence	10
Mode of Exposure	11
HIV/AIDS Services and Outreach	12
ROVER	12
Injection Drug Use population	13
Hepatitis C	15
Needle Exchange programs in Yolo County	16
New Approaches to HIV Education & Care in Yolo Co.	16
Rapid Testing	16
Evaluating Local Interventions (ELI)	17
STD's & STD Community Intervention Program	17
Local Partners	18
2000 Recommendations	19
2006 Recommendations	19
Yolo County HIV Data Summary	Appendix 1
California Surveillance Report: Cumulative HIV/AIDS Cases as of December 31, 2005	Appendix 2
Yolo County Surveillance Report: Cumulative HIV/AIDS Cases as of December 31, 2005	Appendix 3

Introduction

Since 1996, widespread use of highly active anti-retroviral therapies (HAART) has been credited with significantly slowing the progression of HIV infection to AIDS and reducing the number of AIDS-related deaths. The case fatality rate has been falling from a cumulative rate of 94% as reported in 1990 in the early part of the AIDS epidemic to 53% by March of 2006. While AIDS-related death rates continue to dramatically decline, estimates of the rate of new HIV infections continue to increase nationally and have remained stable over the past 5 years in Yolo County. A person is diagnosed as HIV positive when the virus can be directly detected in the blood or its antibodies are detected in blood or saliva. Once the viral infection progresses so that their CD4 count is <200 (the type of white blood cell that the virus invades) or they are diagnosed with an indicator opportunistic infection they are then categorized as having Acquired Immunodeficiency Syndrome (AIDS). Since only AIDS was reportable in California until July of 2002 it was difficult to assess the rate and spread of HIV in the population.

To better characterize the HIV/AIDS epidemic and comply with federal mandates, California implemented HIV reporting and made HIV infection reportable to the local health department as of July 1, 2002. These regulations are accessible via the Department of Health Services, Office of AIDS (OA) web site at <http://www.dhs.ca.gov/AIDS>. Under the new regulations, laboratories, clinics, hospitals and physician offices provide epidemiological information, excluding the name, about new and existing cases of HIV. HIV cases are reported and counted in the county where the person resided at the time of *initial* HIV diagnosis, regardless of current or updated address.

On April 15, 2006, California changed from a coded, non-name system of reporting HIV cases to a named-based system to comply with a federal Center for Disease Control (CDC) requirement. The purpose of the change to named-based reporting is to assist with efforts to provide a national, unduplicated accounting of the number of HIV cases. Compliance was required in order to receive federal dollars for HIV care. Counties and the state follow very strict confidentiality rules. No names or individual data are released to any entity, with the exception of the CDC. Data included in this report are from the non-named based system through December 31, 2005.

For the first time, the new HIV reporting system is providing data on the actual number of persons infected with HIV. Using this data and the existing mandatory AIDS reporting system, a more accurate picture of the epidemic is evolving. Because the system relies on health care providers to report cases, an active surveillance program was implemented to yield more data. Hospitals, clinics and laboratories in Yolo County were contacted to identify the existing HIV cases. Laboratory systems provide notice of any new cases, which are then followed up by the county health department to assure complete data and a more accurate accounting of both HIV and AIDS cases.

As of December 2005 Yolo County has identified 66 persons with HIV in the absence of AIDS accounting for <1% of the total 39,387 cases reported in the state of California. The Centers for Disease Control estimate that up to 25% of HIV-infected individuals are undiagnosed and remain unaware of their HIV status in the United States.

This is the first report able to describe the past and current cases of HIV in Yolo County. Using previous AIDS cases, the dates of a first HIV positive test were identified. This information was combined with the new HIV data collected to assess rates of change.

Surveillance Summary

As of December 2005, 281 Yolo County residents have been diagnosed with HIV infection. Of these, 115 (41%) are deceased and 166 (59%) are living. Those living include 100 HIV-infected persons diagnosed with AIDS and 66 HIV-infected persons that have not been diagnosed with AIDS. The cumulative case-fatality ratio of 41% experienced by Yolo County cases is lower than the case-fatality ratio reported statewide (46%) (Table 1.)

In the first full year of HIV reporting, June 2002-June 2003, local health departments reported 20,943 HIV cases to the state representing approximately 35 percent of the estimated 60,000 HIV cases that are eventually to be reported in California (DHS Quarterly HIV Reports, 2003). By December 2005, the number of reported HIV cases in California rose to 39,687.

Table 1.
HIV and AIDS Cases
Yolo County¹ and California², 1985-2005

	Yolo County		California	
	#	%	#	%
Persons Living with AIDS	100	36%	58,235	32%
Persons Living with HIV (non-AIDS)	66	23%	39,687	22%
Cumulative AIDS Deaths	115	41%	81,809	46%
Cumulative HIV/AIDS Cases	281	100%	179,731	100%

Sources: ¹ Yolo County HIV/AIDS Program (through 12/31/05)

² California Department of Health Services Office of AIDS, Surveillance Report for California, (through 12/31/05)

Nationally, as of December 2004, 1,185,000 people in the United States have been reported with HIV/AIDS (CDC, HIV/AIDS Surveillance Report, 2004). Nearly 15% of AIDS cases were reported from California. At the end of 2004, California had the second greatest number of cumulative AIDS cases in the United States. (Table 2.)

Table 2.
Top 5 AIDS Cases by State, Cumulative through December 2004

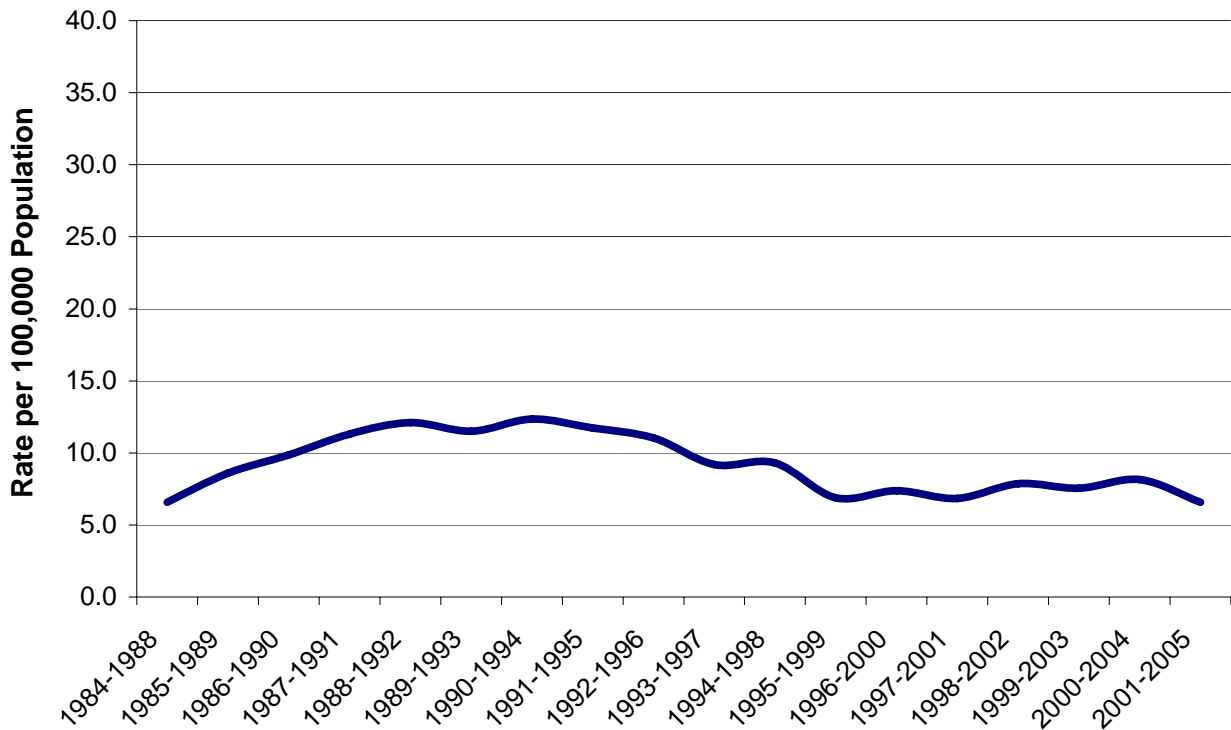
State/Territory	AIDS Cases
New York	166,814
California	135,221
Florida	98,712
Texas	62,479
New Jersey	47,224

Source: Center for Disease Control, HIV/AIDS Surveillance Report, 2004

Yolo County HIV Case Rate: 1984 - 2005

A general decline in the HIV infection case rate for Yolo County is shown in Figure 1. The most recent HIV infection rate for years 2000-2005 was 6.6 HIV infections per 100,000 population. Current state and local data on HIV and AIDS in California can be found at www.dhs.ca.gov/aids.

**Figure 1:
HIV Case Rates by Year of HIV Diagnosis,
Yolo County, 1984 - 2005 (5-year aggregate).**



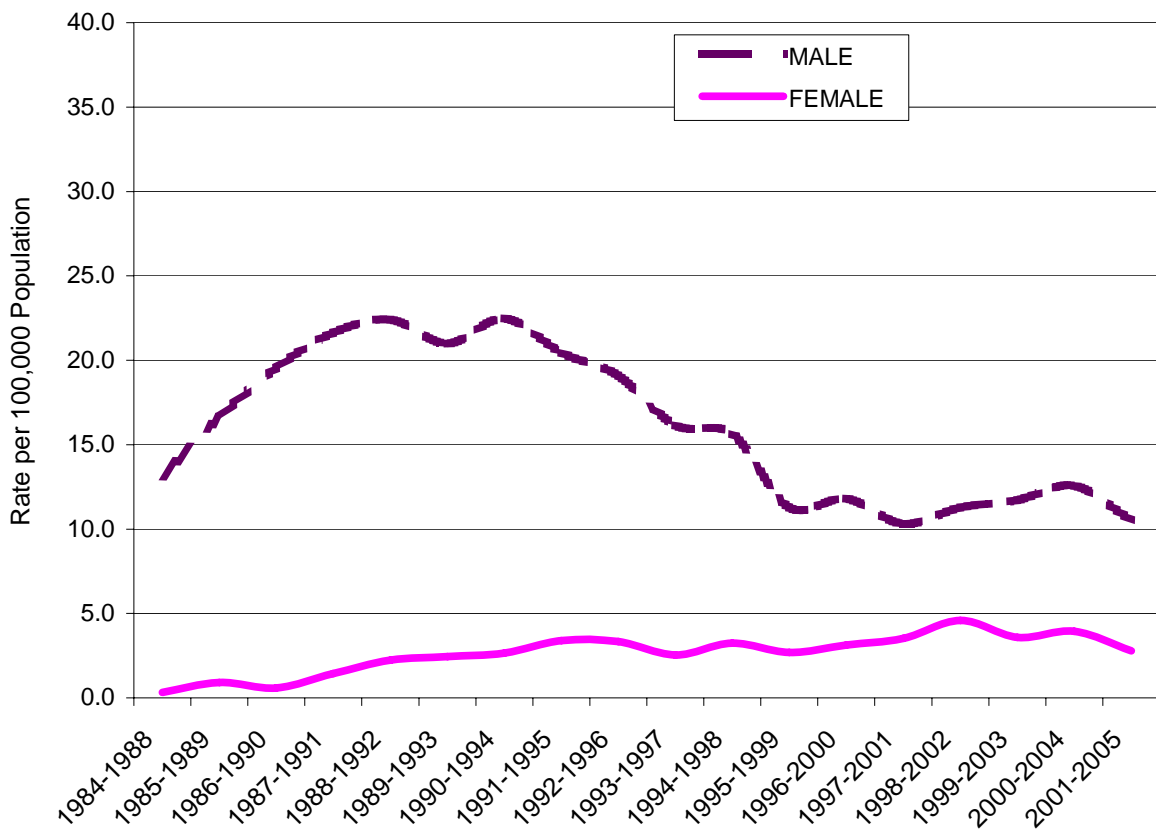
Data Source: Yolo County Health Department, HIV/AIDS Program, HIV/AIDS Reporting System Records, 1985-2005. Prepared by Yolo County Health Department, Epidemiology Unit.

HIV Case Demographics: 1984 - 2005

Sex

Rates remain highest among men, although an overall decline in male cases has been observed since the early 1990s (Figure 2). Although the rate among women has remained relatively constant since the early 1990s, women now make up a greater *proportion* of HIV cases in Yolo County (17%) diagnosed since 2001. Hispanic and African-American women make up 54% of all HIV cases diagnosed among females since 2000.

**Figure 2:
HIV Case Rate by Sex,
Yolo County, 1984 - 2005 (5-year aggregate).**

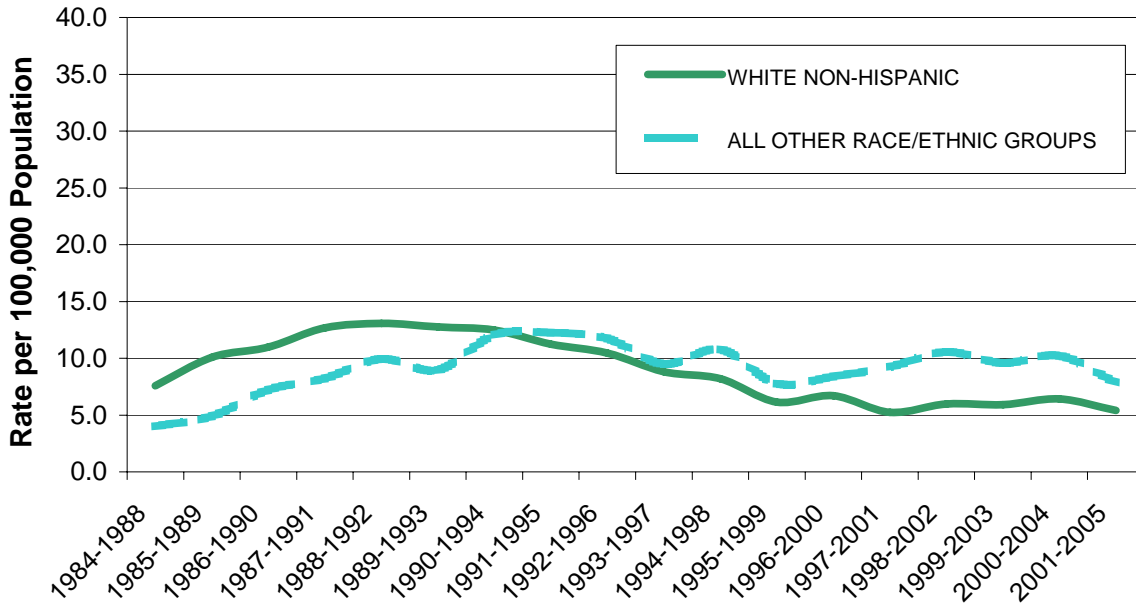


Data Source: Yolo County Health Department, HIV/AIDS Program, HIV/AIDS Reporting System Records, 1985-2005. Prepared by Yolo County Health Department, Epidemiology Unit.

Race/Ethnicity

Throughout the state and nation, increasing case rates have been recognized among non-Hispanic Blacks and Hispanics. This trend has also been observed in Yolo County. Figure 3 shows lower rates generally experienced by non-Hispanic Whites since the 1990s compared to other race/ethnic groups in Yolo County.

**Figure 3:
HIV Case Rate by Race/Ethnicity,
Yolo County, 1984 - 2005 (5-year aggregate).**



Data Source: Yolo County Health Department, HIV/AIDS Program, HIV/AIDS Reporting System Records, 1985-2005. Prepared by Yolo County Health Department, Epidemiology Unit.

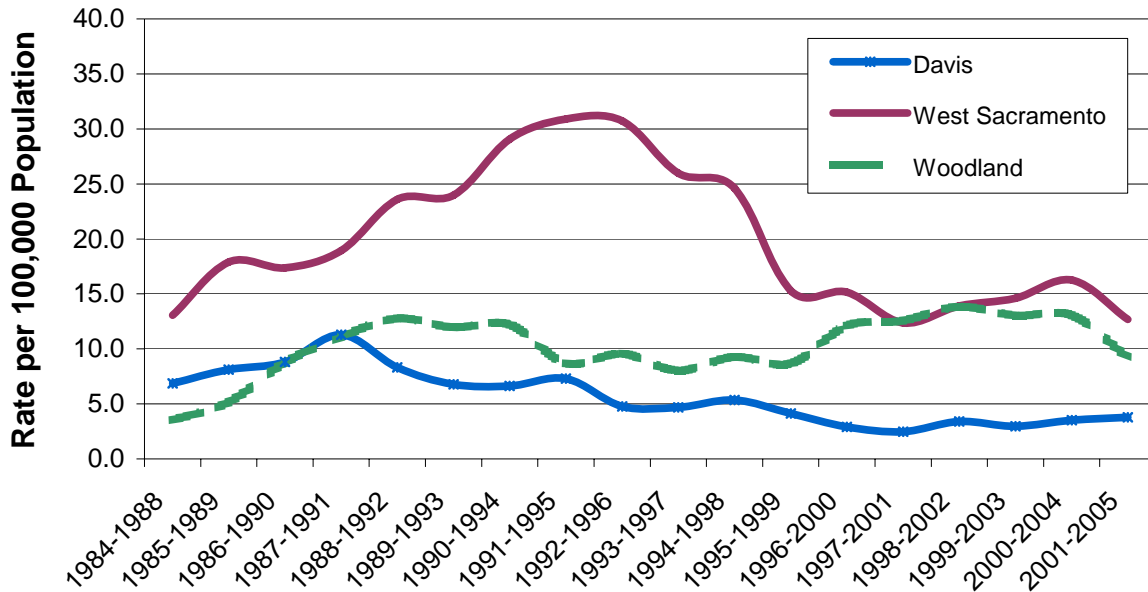
Age at Time of HIV Diagnosis

The average age at time of HIV diagnosis was 38 years for males and 39 years for females. Only one pediatric HIV case has been diagnosed in Yolo County since the HIV epidemic began. In Yolo County, 79% of HIV cases diagnosed since 2000 were among persons age 39-49 years.

City of Residence at time of HIV or AIDS Diagnosis

The rate of HIV/AIDS among West Sacramento residents has declined notably since the early 1990s and is now comparable with the city of Woodland (Figure 4). Rates are currently lowest among Davis residents. City of residence at time of AIDS diagnosis has been used in cases where city of residence at time of HIV diagnosis is unknown. There is no active tracking of HIV or AIDS cases so current residence is not recorded, only residence at *initial* HIV and/or AIDS diagnosis. Rates could not be calculated for other areas of the county due to small numbers.

**Figure 4:
HIV Case Rate by City of Residence at Time of HIV Diagnosis
Yolo County, 1984 - 2005 (5-year aggregate).**



Data Source: Yolo County Health Department, HIV/AIDS Program, HIV/AIDS Reporting System Records, 1985-2005. Prepared by Yolo County Health Department, Epidemiology Unit.

Mode of Exposure

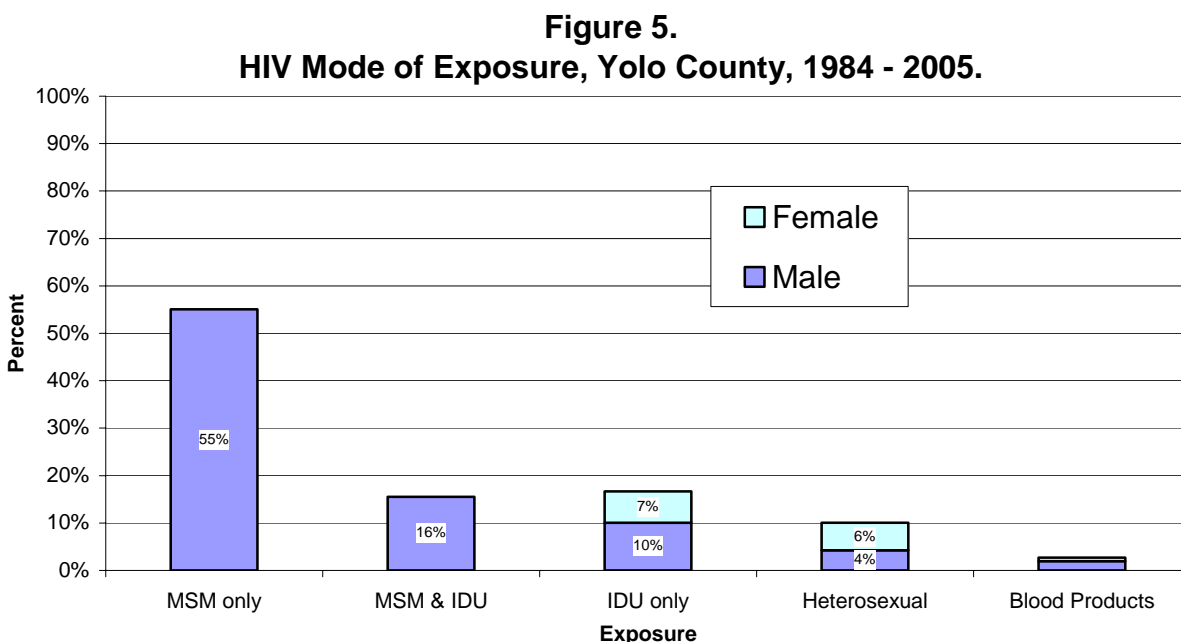
The likely mode or modes of exposure for all HIV/AIDS cases is investigated by Yolo County Health Department. The mode of exposure is known for 259 (92%) of 281 Yolo County HIV infections from 1984 through 2005. Of these, 54% were identified as men who have sex with men (MSM)/non-Injecting Drug Use (IDU), 15% were MSM & IDU, 17% were IDU, 10% heterosexual exposure, 3% blood product exposure (e.g., transfusions, hemophilia). Figure 5 shows the proportion of each mode of exposure.

Males

MSM comprised 63% of all Yolo County male HIV cases diagnosed since 1984. An additional 18% of cases involved both MSM and IDU exposure. Of those remaining, IDU (12%), heterosexual exposure (5%), and blood products (2%) were the other sources of exposure for men. In the past 5 years, the proportion of male cases involving MSM has decreased slightly as the proportion of IDU and heterosexual cases has increased.

Females

The most common mode of exposure among women is injection drug use with 49% of all cases diagnosed since 1984 reporting IDU followed by heterosexual exposure (43%). Two female cases were associated with blood products and one case was associated with exposure *in utero*.



Data Source: Yolo County Health Department, HIV/AIDS Program, HIV/AIDS Reporting System Records, 1985-2005. Prepared by Yolo County Health Department, Epidemiology Unit.

HIV/AIDS Services and Outreach

With increasing case numbers, the California Department of Health Services, Office of AIDS, has asked all counties to concentrate at least 25% of prevention efforts on individuals who have already tested positive. The intent of this approach, Prevention for Positives, is to provide these individuals with the necessary tools and risk reduction skills to prevent additional infections. The intention of Prevention for Positives is to increase the ability of people living with HIV to be conscious and comfortable about decisions that affect their long-term health and the health of potential partners.

In Yolo County, new HIV infections reflect national and state trends with Hispanics, women and injecting drug use (IDU) representing larger proportions of cases. These factors have led Yolo County to attempt new prevention strategies specifically for the Hispanic population and the IDU population.

R.O.V.E.R Rural Outreach Vehicle for Education and Risk-Reduction

Yolo County's ROVER program, funded by the Latino High Risk Initiative from CDC, was established to reach rural Latino migrant workers and immigrant populations providing HIV/AIDS education and testing. Since its inception in December 2001, the program has conducted 285 HIV tests. Fifty-seven percent of the clients tested were monolingual Spanish speakers. Of the Latino clients tested, 28% were identified as high-risk via the counseling and testing protocols. Risk factors identified included sex for money, unprotected sex with multiple partners and sex with HIV positive individuals. In the past year, the ROVER program has extended its reach to provide education and testing at targeted Hispanic bars in Yolo County. The funding for the program ended in October 2004 but the Yolo County Health Department has identified this program as a priority and funding was identified to continue this valuable program in 2005. Through this outreach program, and the alternate test sites throughout the county, HIV education and testing for HIV status is more available to at-risk populations.

**Table 3.
Yolo County Alternate Testing Site and Mobile Outreach
Summary Statistics, 2005**

<u>Age at Test</u>	
0-11	1
12-19	7
20-29	19
30-39	219
40-49	108
50-59	53
60+	10
<u>unknown</u>	<u>586</u>
TOTAL	1003

<u>Race and Gender Distribution</u>								
	Afr.Amer.	Amer.Ind.	Asian/PI	Hispanic	White	Other	Unknown	TOTAL
Male	36	10	40	142	254	23	30	535
Female	34	16	40	109	207	22	27	455
Other/Unknown	1	1	2	7	2			13
TOTAL	71	27	82	258	463	45	57	1003

Data Source: Yolo County Health Department, Health Education Unit, HIV/AIDS Program.

Injection Drug Use Population Interventions

Injection drug use (IDU) is the second leading cause of HIV transmission in California. Yolo County has actively pursued these concurrent issues of alcohol/drug abuse as related to HIV/AIDS clients and those at greater risk for infection. Over the years, there exists an Interagency Agreement between the Yolo County Health Department and the Yolo County Alcohol Drug and Mental Health Services. This Interagency Agreement provides funding to the Yolo County Health Department to provide HIV antibody testing, education and counseling services and Hepatitis C virus (HCV) education for drug users in treatment in Yolo County. The focus of this small amount of dollars, provided through Federal mandate, is to address the problems associated with IDU in Yolo County. To this end, the following are the services provided:

Testing

- Through a contract with CommuniCare, counseling and testing services were provided in residential treatment programs, clinic services, and the county jail. HIV/AIDS Counseling and Testing services, which are provided via counselors certified by the Office of AIDS extensive training and re-certification program, accounted for all of the 616 tests in the last fiscal year.

- Through a contract with Harm Reduction Services (HRS), counseling and testing services were provided to the homeless, sex workers and street injection drug users. Harm Reduction Services identified 177 Yolo County clients in 2003 and 50 in 2004 that were referred to treatment for alcohol/drug abuse as well as HIV/AIDS services.
- Yolo County Health Department has 6 certified testing counselors to provide rapid HIV testing. The certification required counselors to have a limited phlebotomy certificate as well as training on how to give client's results in an hour utilizing client centered counseling.

Education

- The Yolo County Health Department provided Hepatitis C presentations every month at Cache Creek Lodge, Walters House, and Beamer Detoxification Center for the outpatient and inpatient populations, reaching 270 clients for the year.
- The Yolo County Health Department provided HIV/AIDS and Hepatitis C presentations to 20 Driving Under the Influence (DUI) classes. Fifteen classes were presented in Woodland (5 in Spanish and 10 in English), 4 in Davis and 1 in West Sacramento. In all, 306 clients were reached.
- Counseling and testing services were provided via the outreach van to rural and isolated populations with potential substance abuse problems. The van provided outreach and testing to 80 clients during this period. The van also provided outreach to the local bars in Woodland.

Substance Abuse Treatment

- Substance abuse treatment options were included at the counseling and testing sites and by HIV/AIDS case management services throughout Yolo County.

Community Coordination

- CommuniCare and Harm Reduction Services contractors were sent to specialized training to learn better serve the HIV/AIDS population and especially, the IDU population who are potentially co-infected.
- Yolo County Health Department joined the HCV Improvement Collaborative in June 2004. The HCV Improvement Collaborative consists of many Northern California counties working together to develop better services, treatment centers and support for Hepatitis C clients.
- Yolo County Health Department is a permanent member of the Sacramento Area Hepatitis C Task Force. This task force will be focusing their work on starting a Hepatitis C clinic in the Sacramento area. Both Yolo and Sacramento clients will utilize the clinic.

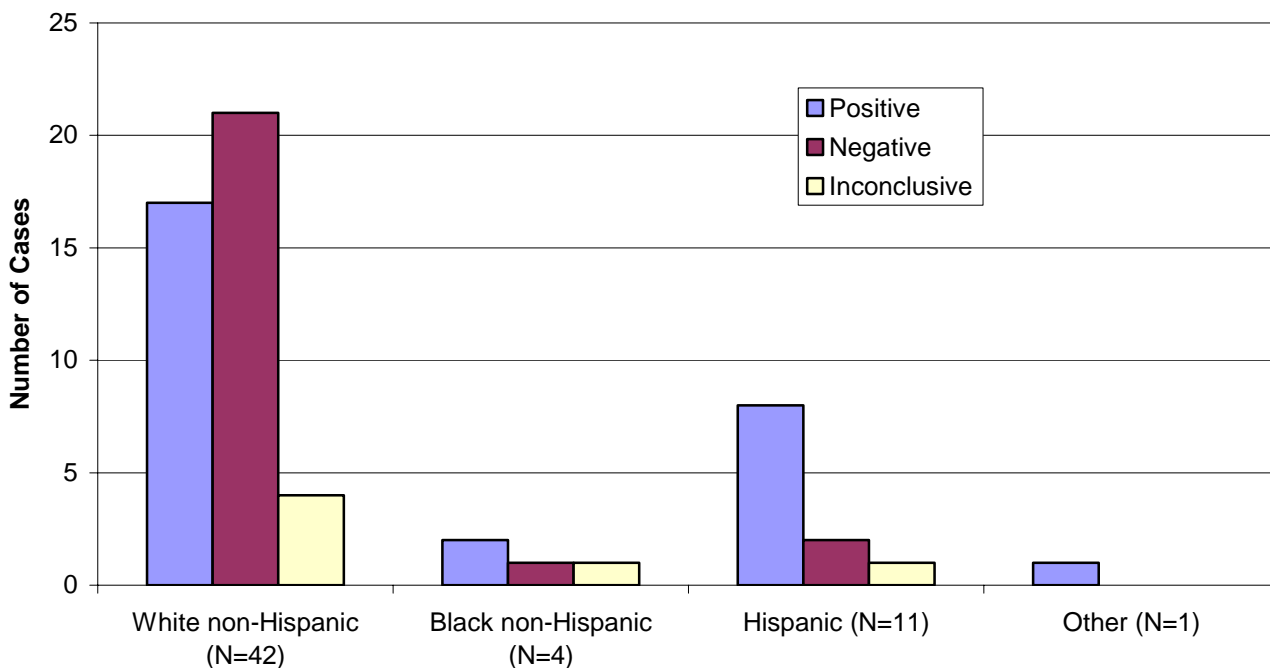
Although this Interagency Agreement only provides for one-fourth of the HIV/AIDS budget for Yolo County, the need continues to grow for services for HIV/AIDS clients with substance abuse issues, both through prevention and through treatment. The Yolo County Health Department funded additional hours in prevention services, presentations and counseling and testing to the substance abuse populations in Yolo County. Because of the excellent relationships that exist among treatment providers in Yolo County, subcontracting agencies and County Departments in this InterAgency

Agreement, Yolo County continues to deliver quality services to their clientele and stay abreast of the community needs.

Hepatitis C

In 2002, Yolo County joined with Sacramento County and community-provider Harm Reduction Services to seek funding for Hepatitis C Virus (HCV) outreach and testing. Because needle sharing is a significant risk for both HIV and HCV infections, the community is well served with HCV education and testing. From 1997 through 2003, there were 883 identified Hepatitis C cases in Yolo County. In Yolo County Hepatitis C education and testing is provided at drug rehabilitation centers and outreach events are focused on high-risk individuals and providers. A total of 221 tests were performed in Sacramento and Yolo County with the focus on IDU, sex workers, homeless and Vietnam Veterans. Out of 61 tests in Yolo County alone, 29 clients tested positive for a 47% positive rate.

Figure 6.
Yolo County Hepatitis C Study Results, 2002 - 2003



Source: Yolo County Health Department, Health Education Unit,
Hepatitis C Education, Prevention and Testing Project, 2002-2003.

Yolo County has continued to provide education and outreach to a targeted population reaching 270 clients in 2004 at Cache Creek Rehabilitation Center. Additionally, Hepatitis C presentations are occurring at the DUI classes in Woodland and Davis reaching 105 clients. The counseling and testing component of HIV/AIDS continued to provide outreach and education through our partner Harm Reduction Services with IDU,

sex workers and the homeless. In July of 2004, the Office of AIDS entered into agreements with selected counties to again provide HCV testing for targeted populations. Yolo County was one of 22 counties awarded the testing program.

The California Endowment launched a HCV Collaborative Project in 2003 with six counties. In 2004, Yolo County was asked to join as a cohort county with Sacramento County as our sponsor. Consequently, a small task force has formed in Yolo County, working in conjunction with the existing HIV/AIDS Local Planning Group, to work on co-transmission education and testing. The aims of the Yolo County task force are integration of education, services and testing. Yolo County, along with Sacramento County, is also an official member of S.T.O.P (Sacramento-area Task Force for the Outreach & Prevention of Hepatitis C). S.T.O.P. is working on projects such as the Liver Walk and establishing a HCV clinic, available to Yolo County residents in Sacramento.

Clean Needle Program in Yolo County

On May 3, 2005, the Yolo County Board of Supervisors approved Yolo County's participation in the Disease Prevention Demonstration Project (DPDP) established by California Senate Bill 1159 (SB1159). SB1159 authorizes a licensed pharmacist, until December 21, 2010, to sell or furnish ten or fewer hypodermic needles or syringes to any person 18 years or older for human use without a prescription. All pharmacies in Yolo County, with the exception of Wal-Mart, are participating in the program for a total of 15 locations in Davis, Woodland, West Sacramento and Winters.

New Approaches to HIV Education & Care in Yolo County

Other factors have affected the way Yolo County is approaching HIV/AIDS in the community. The greatest of these include the availability of Rapid Testing; the accountability of Evaluating Local Interventions (ELI), the incorporation of STD prevention and treatment into HIV/AIDS efforts and the strength of the partners in the community working on these efforts through the Local Planning Group.

Rapid Testing

It is estimated that there are 900,000 HIV-infected persons in the United States who do not know their HIV status. The no-show rate for receiving the results of HIV tests has been notoriously high among high-risk populations. The standard protocol in California is to receive your HIV test and return two weeks later for results. The new Rapid Test provides test results in 20 minutes. This changes the dynamics of testing centers throughout the state, not only on reducing the no-show for test disclosures, but on the process of counseling and the criteria for counselors. To be certified to provide Rapid Testing, Yolo County staff had to complete the following implementation procedures.

- Application for a CLIA Certificate of Waiver
- Specialized training for pre-certified HIV/AIDS Counselors on Rapid Testing
- Training of counselors as Limited Phlebotomist and passing the certification test
- Development of quality assurance protocols and written manual
- Rapid Tests, control kits, refrigeration, activity logs, in place at the testing sites

- Redesign of the ROVER vehicle to be able to provide a place for tests to develop over the 20 minutes in privacy prior to disclosure.

Yolo County is now able to provide Rapid Testing through both our ROVER system and at selected high-risk locations such as the Monroe Detention Facility.

Evaluating Local Interventions (ELI)

ELI is a web-based information system that enables prevention providers to collect and access information critical to prevent HIV infection. It systematically collects program data and information about risk behaviors. Outcome measures from this system can be found in the education section of this report. The areas ELI measures are:

- Individual-level counseling interventions
- Counseling and Testing
- Group-level counseling interventions
- Outreach intervention
- Health Communication interventions
- Prevention case management
- Community-level interventions.

STD Community Intervention Program (SCIP)

Sexual behaviors that can transmit HIV also put one at risk for many other sexually transmitted diseases (STDs). Because of this, the Local Planning Group in Yolo County combined into one advisory group called Sexual Health Advisory Group to share information; receive cross training and plan education and community interventions in a systematic and coordinated way. SCIP provides training resources to Yolo County through a contract that benefits providers, teachers and general audiences interested in preventing STD's and HIV/AIDS. Each year, Yolo County, through SCIP, provides two trainings targeted to the community needs, one of which is the ***STD Overview for Non-Clinicians***.

While most STDs in Yolo County have continued level since 1997, one exception is Chlamydia. In 2002, there were 105,779 reported cases of Chlamydia in California. In Yolo County there were 358 cases reported, a rise of 100 cases from the previous year and by 2005 the number of reported cases in Yolo County has grown to 531 (Table 4). Yolo County yearly statistics can be found on the Yolo County website at: www.yolocounty.org/org/health/vital/epidemiology.asp. Information about state trends can be found at <http://www.dhs.ca.gov/ps/dcdc/html/cdtables.htm>.

**Table 4.
Selected Sexually Transmitted Disease Statistics,
Yolo County, 2000–2005.**

	2000	2001	2002	2003	2004	2005
Chlamydia	286	268	368	349	415	531
Gonorrhea	33	36	29	39	42	65
Hepatitis B	74	49	59	45	42	55
Hepatitis C	181	141	97	94	116	117

Data Source: Yolo County Health Department, Epidemiology Unit.

Local Partners

In Yolo County, there are key partners working on the prevention interventions, counseling and testing programs, treatment services and case management. The following partners have worked under contract with Yolo County to provide a myriad of services available regarding HIV/AIDS.

CommuniCare Health Centers: Involved in HIV/AIDS testing and counseling since the late 1980s, CommuniCare serves Yolo County as the designated case management system through Ryan White Title II and HOPWA funds. The case management program assists Yolo County residents living with HIV/AIDS with securing medications through AIDS Drug Assistance Program (ADAP); providing food and housing services; connecting clients with specialized medical care and counseling for Prevention for Positives; and providing community education and awareness about HIV/AIDS through the Positively Speaking Program. In 2005, case management services were provided to 66 clients. CommuniCare also provides case management services to HIV positive inmates.

Harm Reduction Services: A street-outreach and mobile service, HRS is noted for its ability to work with the IDU, street worker and homeless populations. Based in Sacramento, they have consistently worked with the West Sacramento/Sacramento corridor of clients. Additionally, they routinely provide counseling and testing services at shelters in Yolo County. HRS were partners along with Sacramento County in the original HCV testing program and will continue to provide these services under the new Office of AIDS HCV testing program for Yolo County.

Breaking Barriers: Breaking Barriers provides outreach and education to the MSM populations in Yolo County. They were successful working on outreach programs with the Gay/Lesbian/Transgender group on the UC Davis campus providing counseling and testing services. They also provide education messages via the internet to targeted populations.

Community Medical Centers (CMC): Experienced in providing counseling, testing and outreach services to the Hispanic population, CMC are partners in Yolo County's ROVER program. CMC is respected in providing health screenings and interventions to

the migrant camps and other rural populations and have incorporated HIV/AIDS into their outreach.

Other partners involved in the Sexual Health Advisory Group include Planned Parenthood, Cowell Student Health Services at University of California-Davis, Woodland Healthcare and the Infectious Disease Nurse of the Yolo County Health Department. The Sexual Health Advisory Group is the Local Planning Group for Yolo County. Every county or city health jurisdiction in the State of California is mandated to have a Local Planning Group working on HIV/AIDS issues and coordination. Yolo County's Sexual Health Advisory Group is also a member of the Yolo County Health Council and is represented at the Drug Alcohol and Tobacco Advisory Coalition (DATAAC).

Local health care providers provide HIV/AIDS treatment. Yolo County residents are eligible for treatment at the CARES clinic in Sacramento, a private, non-profit organization that provides comprehensive, specialized HIV/AIDS care. Individuals may also receive care by their private physician, if covered by health insurance.

Recommendations

In the initial 2000 Yolo County report on AIDS, recommendations based on the data were presented. In response to these recommendations program and outreach changes occurred as presented in this report. Progress has been made in every recommendation area.

Recommendations based on 2000 AIDS report

- Increase outreach education and testing for populations at risk for HIV through homosexual and bisexual activities and/or injecting drug use.
- Expand education and testing outside the clinic and into community and neighborhood settings.
- Increase efforts to involve non-White populations in HIV planning and prevention activities.
- Examine the efficacy of needle exchange programs in Yolo County to reduce the risk of HIV and other blood-borne diseases among injecting drug users and their partners.
- Increase coordination of HIV outreach and testing with other agencies providing services to injecting drug users and their partners.
- Promote coordination of education and outreach efforts with other agencies or coalitions working to reduce high-risk behaviors associated with sexually transmitted diseases and substance abuse.

Based on the updated data and program changes the following recommendations are made:

2006 Recommendations

- Continue to increase outreach and testing for populations at risk for HIV, especially to reach homosexual and bisexual, and/or injecting drug use populations.
- Evaluate Disease Prevention Demonstration project and investigate other methods of decreasing the spread of the virus through IDU.
- Reach out to mobile communities, such as homeless and migrant worker camps, through the ROVER program.
- Continue to combine and coordinate educational efforts for all STDs.
- Examine ways to involve and engage the homosexual/bisexual community in education and outreach planning.
- Increase efforts to involve non-White populations in HIV planning and prevention activities.
- Expand use of rapid testing as a means for earlier identification and treatment of HIV and to provide prevention education in the community.

Appendix 1. Yolo County HIV/AIDS Data Summary, 1984 – 2005.

	Cumulative HIV/AIDS cases (N = 281)		HIV diagnosis 1984-1996 (N = 180)		HIV diagnosis 1997-2005 (N = 101)	
	#	%	#	%	#	%
Status as of 6/30/2006						
Living	166	59%	73	41%	93	92%
AIDS diagnosed	100	36%	55	31%	45	45%
HIV (non-AIDS)	66	23%	18	10%	48	48%
Deceased	115	41%	107	59%	8	8%
Sex						
Male	239	85%	161	89%	78	77%
Female	42	15%	19	11%	23	23%
Race/Ethnicity						
White	174	62%	127	71%	47	47%
Hispanic	57	20%	28	16%	29	29%
Black	30	11%	14	8%	16	16%
Asian/Pacific Islander	9	3%	5	3%	4	4%
American Indian	5	2%	3	2%	2	2%
Multiple Race	4	1%	2	1%	2	2%
Unknown	2	1%	1	1%	1	1%
City of Residence at Time of HIV Diagnosis						
Davis	58	21%	41	23%	17	17%
West Sacramento	121	43%	83	46%	38	38%
Winters	6	2%	6	3%	0	0%
Woodland	87	31%	43	24%	44	44%
Other	9	3%	7	4%	2	2%

Mode of Exposure - limited to those for whom mode of exposure is known

	Cumulative HIV/AIDS cases		HIV diagnosis 1984-1996		HIV diagnosis 1997-2005	
	#	%	#	%	#	%
Male						
	n=221		n=155		n=66	
MSM only	139	63%	95	61%	44	67%
MSM & IDU	40	18%	34	22%	6	9% #
IDU only	26	12%	17	11%	9	14% #
Heterosexual only	11	5%	6	4%	5	8% #
Blood products	5	2%	3	2%	2	3% #
Female						
	n=35		n=16		n=19	
IDU	17	49%	8	50%	9	47%
Heterosexual	15	43%	6	38%	9	47%
Blood products	2	6%	1	6%	1	5%
Maternal	1	3%	1	6%	0	0%

Data Source: Yolo County Health Department, HIV/AIDS Program, HIV/AIDS Reporting System Records, 1985-2005. Prepared by Yolo County Health Department, Epidemiology Unit.

Appendix 2.
California HIV/AIDS Case Registry Surveillance Report
Cumulative HIV and AIDS Cases as of December 31, 2005.

1. Gender*	Adult/Adolescent*		Pediatric*		Total	
	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)	Cases (%)	Deaths (%)
Male	160,749 (90)	75942 (47)	527 (50)	205 (39)	161,276 (90)	76147 (47)
Female	16,888 (9)	5,230 (31)	526 (50)	195 (37)	17,414 (10)	5,425 (31)
Transgender	1,039 (1)	236 (23)	0 (0)	0 (0)	1,039 (1)	236 (23)
Unknown	2 (0)	1 (50)	0 (0)	0 (0)	2 (0)	1 (50)
Total	178,678 (100)	81,409 (46)	1,053 (100)	400 (38)	179,731 (100)	81,809 (46)

2. Age	Cases (%)	3. Race/Ethnicity	Adult/Adolescent*	Pediatric*	Total
			Cases (%)	Cases (%)	Cases (%)
Under 5	760 (0)	Hispanic - All Races	41,370 (23)	400 (38)	41,770 (23)
5-12	293 (0)	Not Hispanic - Am. Indian/Alaska Native	847 (0)	11 (1)	858 (0)
13-19	1,401 (1)	Asian	1224 (1)	6 (1)	1,230 (1)
20-29	31,547 (18)	Black or African American	32,114 (18)	331 (31)	32,445 (18)
30-39	77,157 (43)	Native Hawaiian/Pacific Is.	153 (0)	2 (0)	155 (0)
40-49	47,850 (27)	White	98,423 (55)	268 (25)	98,691 (55)
Over 49	20,723 (12)	Legacy Asian/Pacific Is.	2,984 (2)	23 (2)	3,007 (2)
Unknown	0 (0)	Multi-race	350 (0)	9 (1)	359 (0)
		Unknown	1,213 (1)	3 (0)	1,216 (1)
Total	179,731 (100)	Total	178,678 (100)	1053 (100)	179731 (100)

Adult/Adolescent Transmission Modes

4a. Exposure Category	Males (%)	Females (%)	Total (%)
Men who have sex with men	118997 (74)	0 (0)	118997 (67)
Injection drug use	12372 (8)	5341 (32)	17713 (10)
Men who have sex with men and inject drugs	15293 (9)	0 (0)	15293 (9)
Hemophilia/coagulation disorder	580 (0)	29 (0)	609 (0)
Heterosexual contact	3899 (2)	7569 (45)	11468 (6)
Receipt of blood, components, or tissue	1061 (1)	794 (5)	1855 (1)
Risk not reported/Other	9489 (6)	3137 (19)	12626 (7)
Total	161691 (100)	16870 (100)	178561 (100)

Pediatric Transmission Modes

4b. Exposure Category	Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	80 (13)	4 (1)	84 (7)
Mother with/at risk for HIV infection	401 (67)	473 (84)	874 (75)
Receipt of blood, components, or tissue	102 (17)	67 (12)	169 (14)
Risk not reported/Other	19 (3)	22 (4)	41 (4)
Total	602 (100)	566 (100)	1168 (100)

Source: California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section, data as of December 31, 2005. For current information see www.dhs.ca.gov/aids

NOTE: If a case report does not include race, gender, and date of birth then it does not appear on the state data report. These cases can still be counted at the local level. This can result in number discrepancies in this report, depending on source.

Appendix 3.
Yolo County HIV and AIDS Surveillance Report December 2005
Cumulative HIV and AIDS Cases as of December 31, 2005.
Adult/Adolescent only*

1. Disease Category	Cases (%)	Deaths (%)
PCP	71 (26)	50 (70)
Other Disease w/o PCP	80 (29)	50 (63)
KS Alone	6 (2)	3 (50)
No Diseases Listed	116 (42)	12 (10)
Total	273 (100)	115 (42)

2. Age **	Cases (%)	3. Race/Ethnicity	Cases (%)
Under 5	0 (0)	Hispanic-All Races	56 (21)
5-12	1 (0)	Not Hispanic - Am. Indian/Alaska Native	5 (2)
13-19	1 (0)	Asian	2 (1)
20-29	51 (19)	Black or African American	27 (10)
30-39	100 (36)	Native Hawaiian/Pacific Is.	1 (0)
40-49	78 (28)	White	170 (62)
Over 49	43 (16)	Legacy Asian/Pacific Is.	6 (2)
Unknown	0 (0)	Multi-race	4 (1)
Total	274 (100)	Unknown	2 (1)
		Total	273 (100)

4. Exposure Category	Transmission Modes		
	Males (%)	Females (%)	Total (%)
Men who have sex with men	135 (58)	0 (0)	135 (49)
Injecting drug use	26 (11)	17 (43)	43 (16)
Men who have sex with men & inject drugs	40 (17)	0 (0)	40 (15)
Hemophilia/coagulation disorder	4 (2)	0 (0)	4 (1)
Heterosexual contact	9 (4)	14 (35)	23 (8)
Receipt of blood, components, or tissue	2 (1)	2 (5)	4 (1)
Risk not reported/Other	17 (7)	7 (18)	24 (9)
Total	233 (100)	40 (100)	273 (100)

* Due to the small number of cases, surveillance data for pediatric cases not reported to protect confidentiality.

** Classification at time of AIDS diagnosis if patient met the AIDS case definition (otherwise age at first HIV report).

Source: California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry Section, data as of December 31, 2005. For current information see www.dhs.ca.gov/aids

**Acquired Immunodeficiency Syndrome (AIDS)
Yolo County HIV and AIDS Cases as of December 2005
Reported Cases of AIDS and Case-Fatality Rates by Half-Year of Diagnosis.**

Half-Year of Diagnosis	Number of Cases	Number of Deaths	Case-Fatality Rate
Before 1990	32	30	94%
1990 Jan -June	6	6	100%
July-Dec	5	4	80%
1991 Jan -June	9	8	89%
July-Dec	8	8	100%
1992 Jan -June	5	2	40%
July-Dec	10	8	80%
1993 Jan -June	8	6	75%
July-Dec	9	4	44%
1994 Jan -June	11	8	73%
July-Dec	9	3	33%
1995 Jan -June	11	6	55%
July-Dec	11	5	45%
1996 Jan -June	13	7	54%
July-Dec	3	0	0%
1997 Jan -June	2	0	0%
July-Dec	2	0	0%
1998 Jan -June	1	1	100%
July-Dec	7	0	0%
1999 Jan -June	1	0	0%
July-Dec	4	1	25%
2000 Jan -June	8	1	13%
July-Dec	1	0	0%
2001 Jan -June	6	1	17%
July-Dec	3	1	33%
2002 Jan -June	4	1	25%
July-Dec	6	1	17%
2003 Jan -June	5	1	20%
July-Dec	1	0	0%
2004 Jan -June	3	1	33%
July-Dec	1	0	0%
2005 Jan -June	4	1	25%
July-Dec	1	0	0%
Totals	210	115	55%