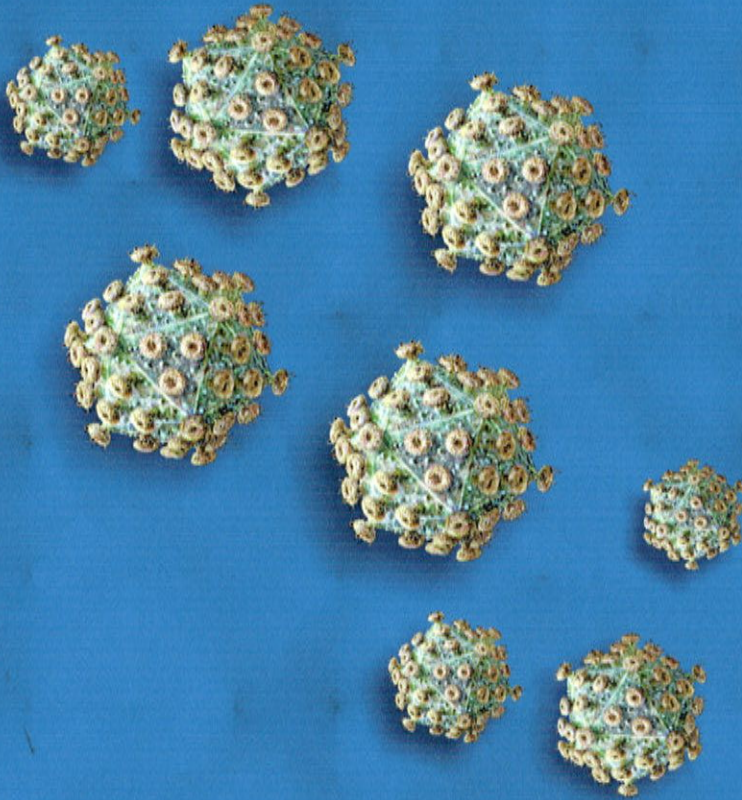


2011

**Ventura County
AIDS Advisory Committee
Report to the
Ventura County Board of Supervisors**



District 1, Supervisor Steve Bennett
District 2, Supervisor Linda Parks
District 3, Supervisor Kathy Long
District 4, Supervisor Peter C. Foy
District 5, Supervisor John C. Zaragoza



HIV/AIDS Advisory Committee

Robert Levin, MD Chair

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PREFACE
2011 Annual Report to the
Ventura County Board of Supervisors

Just when you think we have a handle on it... five deaths in two weeks...we must remain vigilant.

The number of people living with HIV infection in the United States is higher than ever before according to the CDC. Despite many prevention and treatment successes, people are still dying from AIDS.

In a span of two weeks, two young men (age 29 and 31 years) arrived in the emergency rooms in different hospitals with full blown AIDS and severe opportunistic infections. The 31 year old had been diagnosed with HIV and AIDS simultaneously in 2009 and did not seek treatment. Both gentlemen died, as did a 57 year old male (also diagnosed HIV and AIDS simultaneously) who had Kaposi's sarcoma and had also gone untreated. Two additional clients (a female and a male) who had been diagnosed 14 and 25 years earlier, both succumbed to the disease. This reminds all of us that this disease is still with us and that education, prevention, and health care services are all critically important in the fight against HIV/AIDS.

Too many people are diagnosed with HIV late in the course of their infection. Among persons initially diagnosed with HIV infection during 2008, one third (33%) received an AIDS diagnosis within 12 months. It usually takes about 10 years for AIDS to develop in someone with HIV infection. These late diagnoses represent missed opportunities for treatment and prevention while the patient still has just HIV infection and not yet AIDS. In 2011, 93% of Ventura County AIDS cases reported were diagnosed with HIV and AIDS at the same time. When a patient comes in with a first time diagnosis of AIDS, they often require extensive hospitalization, care, and education.

This is a reminder that we cannot become complacent in our effort to fight this disease. We know that getting HIV/AIDS-infected clients into care is critical to managing the disease, reducing hospitalizations and reducing HIV transmission to others. With the closing of the Ventura County Rainbow Alliance and now Ventura County AIDS Partnership, there are fewer agencies to provide funding, services, education and testing to HIV/AIDS clients. This makes our task more difficult. However, the bottom line is to get people tested and into care.

Evidence shows that keeping the viral load levels as low as possible for as long as possible decreases the complications of HIV disease, slows the progression from HIV infection to AIDS, decreases transmission of the infection and prolongs life. Medication can keep the viral load level low. If the viral load measurement is high, it indicates that HIV is reproducing and that the disease will likely progress faster.

Recent data from the Ventura County Medical Center Immunology Clinic reveals that out of a total of 274 clients, those who were treated with anti-viral medications (n=243) had a mean viral load value of 301. More importantly, of those patients treated, 77% (n=186) had undetectable

levels of HIV in their blood. This percentage is much better than the national average. The non-treated patients (n=31) had a mean viral load of 124,231. You may ask why these patients were not on medications. Several factors may be involved: the patient may decline treatment, they may have other illnesses which preclude them from receiving treatment, or there may be social issues which lead to difficulties in being compliant with the drug regimen. Getting people into medical care is vital.

For most people HIV treatment can reduce the amount of HIV in the body to 'undetectable'. An undetectable viral load is the aim of HIV treatment. It is desirable to have an undetectable viral load because HIV is much less likely to develop resistance to the drugs used to treat it, and the risk of becoming ill because of HIV is reduced.

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VENTURA COUNTY PUBLIC HEALTH

CALIFORNIA HIV/AIDS REPORTING CHANGES

HIV reporting in California began July 1, 2002 by using a non-name code based system. On April 17, 2006 California implemented emergency regulations to begin reporting HIV by name as requested by the CDC (Center for Disease Control) **which only allows Ventura County Public Health** to report patients who had positive HIV tests after April 17, 2006. These tests include all HIV tests indicative of HIV infection, including a viral load test. The State and the CDC currently only recognize cases which are identified by name. No other cases are included and in fact, they have been deleted from the State's data base. We continue to re-ascertain previously identified cases of HIV infection. In 2009, California had another transition to the CDC's EHARS system for reporting HIV/AIDS. Eventually all states will be utilizing this system.

This is critical for a number of reasons:

- Financial resources provided to Ventura County for HIV/AIDS services is dependent upon the number of living cases of HIV/AIDS reported for Ventura.
- Accurate data is needed to determine strategies for education and prevention programs
- We are **underreporting** the number of HIV cases living and receiving services in Ventura County due to the changes in the law. The only data which can be reported at this time are HIV cases which are new or have been re-ascertained by name. This means more people with HIV are living and receiving services in Ventura County than we are being reimbursed for by the State and the CDC.

Cumulative AIDS cases

	VENTURA COUNTY Through 2011	CALIFORNIA Through June 2011	USA Through 2009 www.cdc.gov/hiv
TOTAL CUMULATIVE	1,185	160,760	1,142,714
TOTAL LIVING	572	69,389	
TOTAL DEATHS	613	91,371	

Cumulative HIV cases

	VENTURA COUNTY Through 2011	CALIFORNIA Through June 2011	USA www.cdc.gov/hiv
TOTAL CUMULATIVE	358	43,501	Stats not available for HIV
TOTAL LIVING	356	41,711	
TOTAL DEATHS	2	1,790	

VENTURA COUNTY AIDS CASES			
AIDS	2011	2010	
#CASES REPORTED	30	37	
#DEATHS	14	3	
GENDER			
MALES	29 (97%)	34 (92%)	
FEMALES	1 (3%)	3 (8%)	
RACE			
WHITE	14 (47%)	20 (54%)	
HISPANIC	13 (43%)	12 (32%)	
BLACK	2 (7%)	0	
AGE AT DIAGNOSIS			
<24 YEARS *	4 (14%)	<15 yrs	0
25-34	8(28%)	15-24	3 (8%)
35-44	4 (14%)	25-34	13 (35%)
45-54	9 (31%)	35-44	11 (30%)
>55	4 (13%)	45+	9 (28%)
EXPOSURE CATEGORY			
MEN SEX WITH MEN	20 (69%)	25 (69%)	
IDU + MSM & IDU	1 (3%)	4 (11%)	
HETEROSEXUAL	1 (3%)	2 (6%)	
NO RISK ID (under investigation)	8 (27%)	3 (8%)	
AIDS DEFINING ILLNESS			
PCP	No longer provided in this manner.	No longer provided in this manner	
KS			
CD4			
OTHER OI'S (NO PCP)			
FACILITY OF DIAGNOSIS			
VCMC	Not available at this time.	Not available at this time.	
PRIMARY MD			
LA FACILITY			
VC PRIVATE HOSPITAL			
OTHER			

- The new EHARS data format is different from the HARS system. Please note the age groups changed in 2009.

Summary: 2011 AIDS cases

- A decrease in the number of new AIDS cases reported.
- Unfortunately, a significant increase in the number of deaths.
- Predominantly White and Hispanic males, 45-54 years of age, men having sex with men
- 93% of these cases were diagnosed with HIV and AIDS simultaneously.

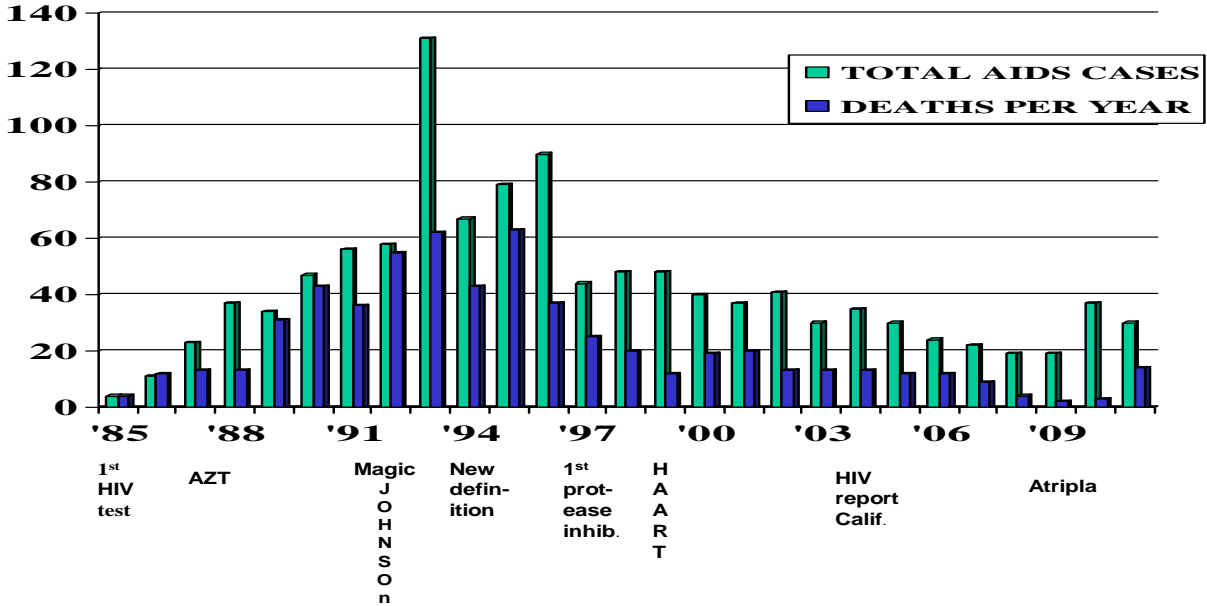
VENTURA COUNTY HIV CASES			
HIV	2011 (name: new & re-ascertained)	2010 (name: new & re-ascertained)	
#CASES REPORTED	26	57	
#DEATHS	0	0	
GENDER			
MALES	22 (85%)	47 (82%)	
FEMALES	4 (15%)	8 (11%)	
RACE			
WHITE	12 (46%)	34 (61%)	
HISPANIC	10 (38%)	18 (32%)	
BLACK	4 (15%)	2 (4%)	
AGE			
<24 YEARS *	6 (23%)	<15yrs	0
25-34	5 (19%)	15-24	11 (20%)
35-44	9 (35%)	25-34	18 (32%)
45-54	3 (12%)	35-44	13 (23%)
55+	3 (12%)	>45	14 (26%)
EXPOSURE CATEGORY			
MEN SEX WITH MEN	15 (58%)	39 (70%)	
IDU	0	1 (2%)	
HETEROSEXUAL	6 (23%)	8 (14%)	
NO RISK ID (under investigation)	1	4 (7%)	
FACILITY OF DIAGNOSIS			
VCMC	Not available at this time.	Not available at this time.	
PRIMARY MD			
LA FACILITY			
VC PRIVATE HOSPITAL			
OTHER			

* The new EHARS data format is different from the HARS system. Please note the age groups changed in 2009.

Summary: 2011 HIV

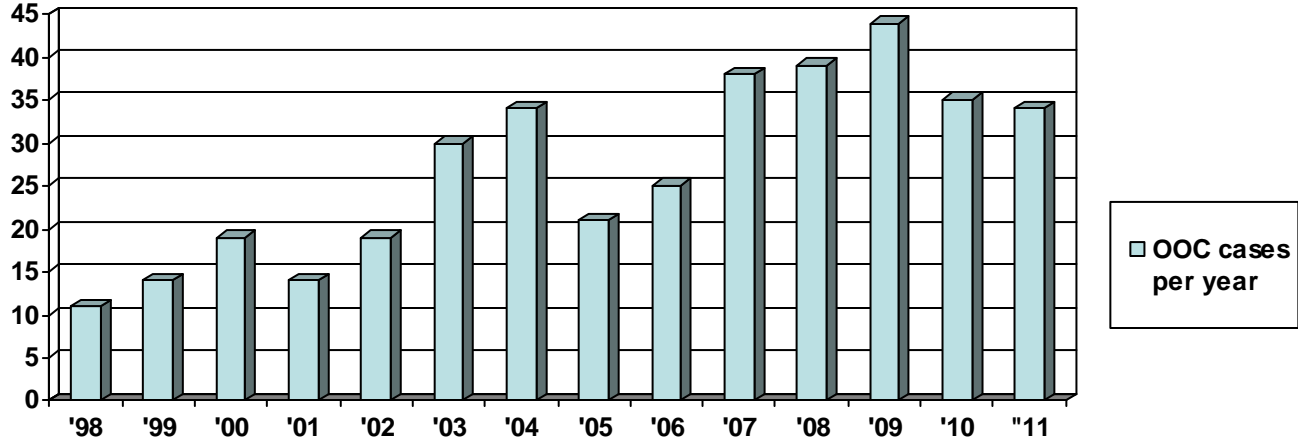
- Decrease in the number of new HIV cases diagnosed in Ventura.
- Predominantly white males, 35 to 44 years of age, men having sex with men.
- There was an increase in the number of newly infected patients **under 24 years** of age.

VENTURA COUNTY PUBLIC HEALTH AIDS CASES AND DEATHS 1985 TO 2011

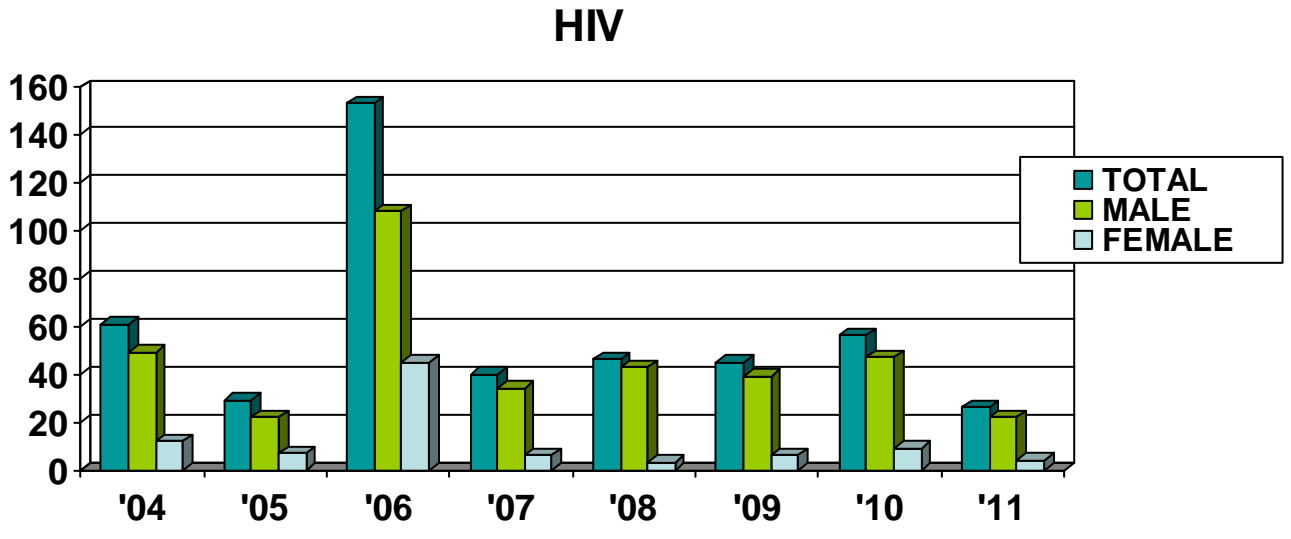
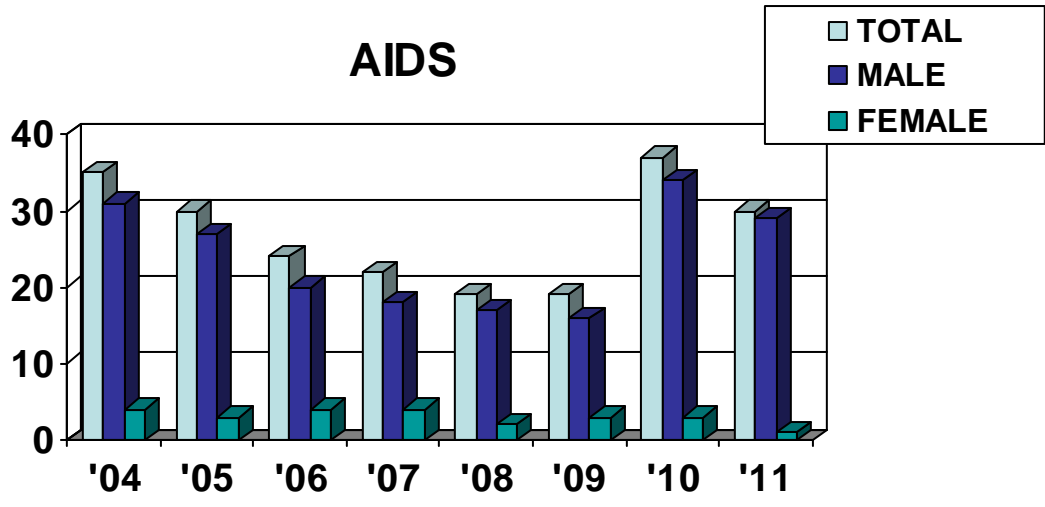


Ventura County “OOC” cases

“Out of County” (OOC) cases are those which have been previously reported in another State or County and are now residing in Ventura County. HIV/AIDS cases are reported based on their residence at the time of diagnosis. Funding is based on the number of “Living” cases reported by each County. OOC clients who are residing in Ventura County are provided access to HIV/AIDS services. However, Ventura County does not receive HIV/AIDS funding by the State or CDC for these OOC clients.



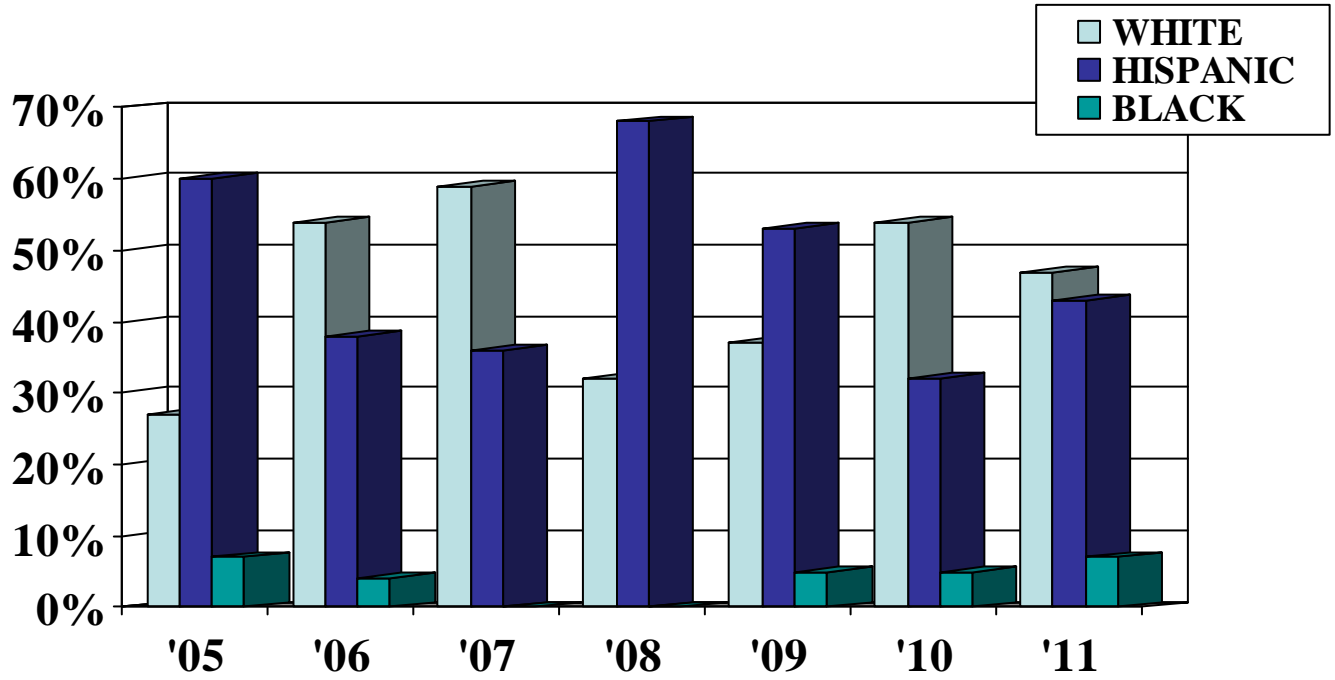
VENTURA COUNTY PUBLIC HEALTH HIV/AIDS BY GENDER



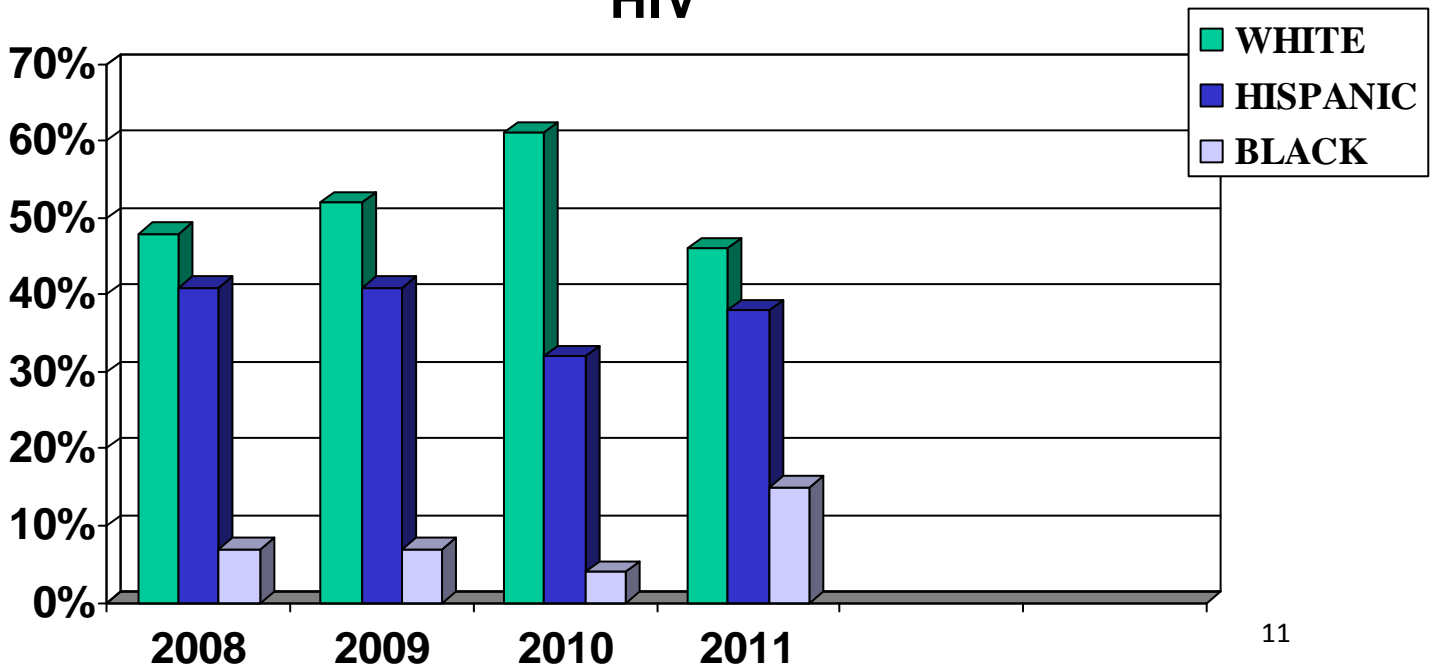
The HIV numbers reflect changes in California's reporting system.

VENTURA COUNTY PUBLIC HEALTH HIV/AIDS BY RACE

AIDS

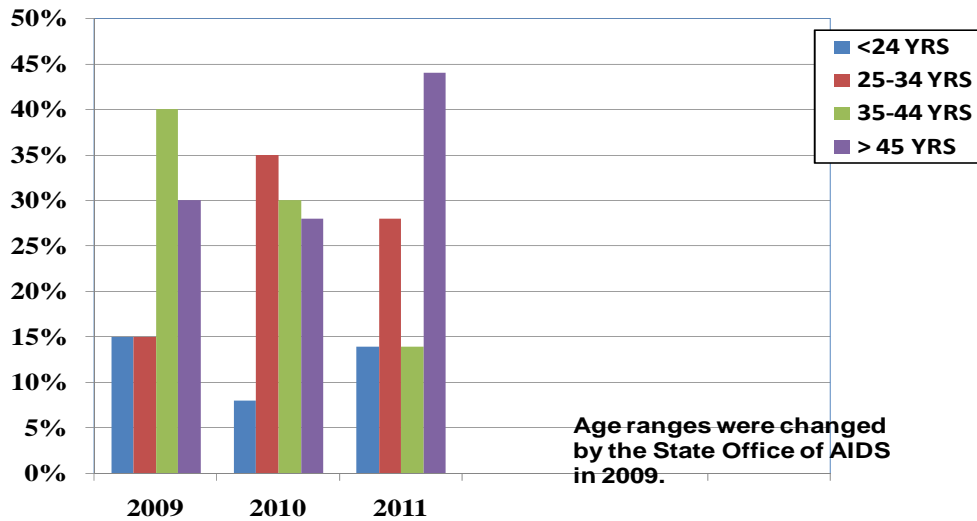


HIV

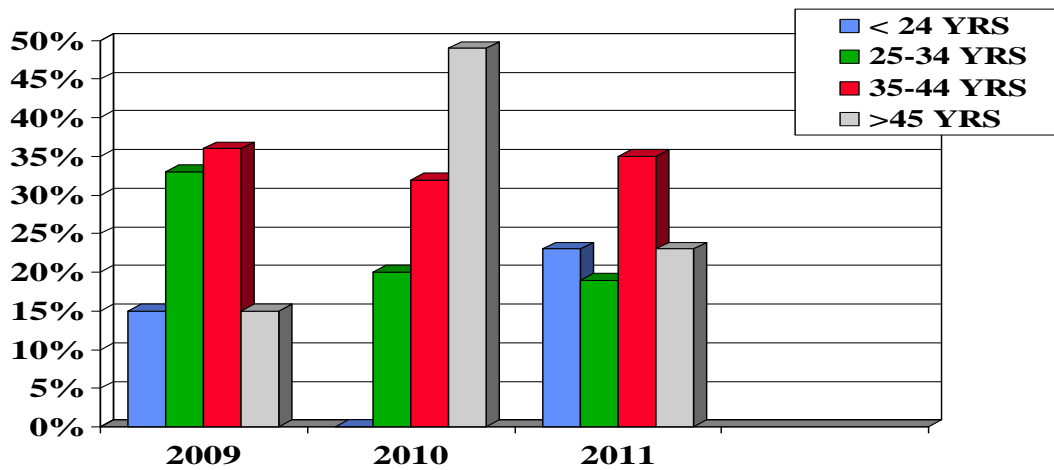


VENTURA COUNTY PUBLIC HEALTH AGE AT DIAGNOSIS

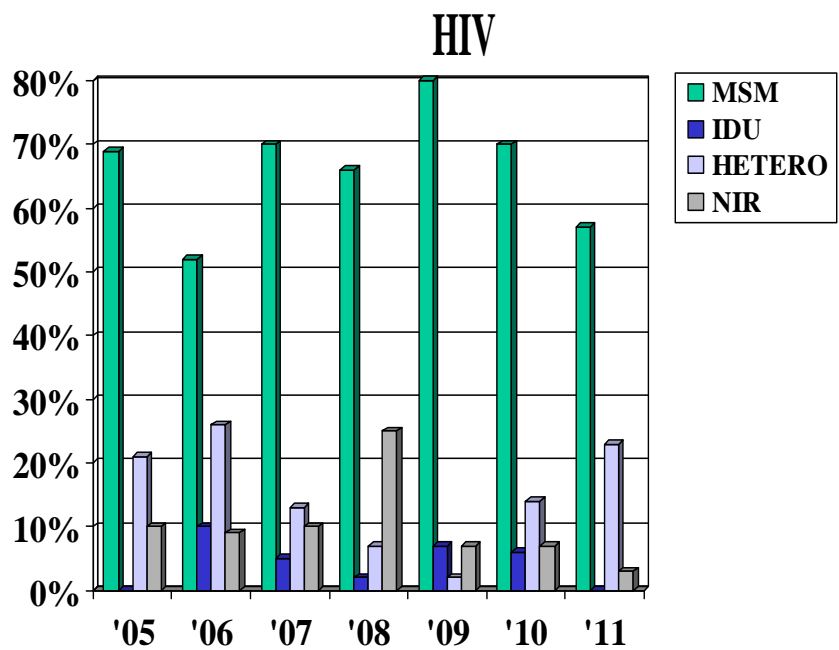
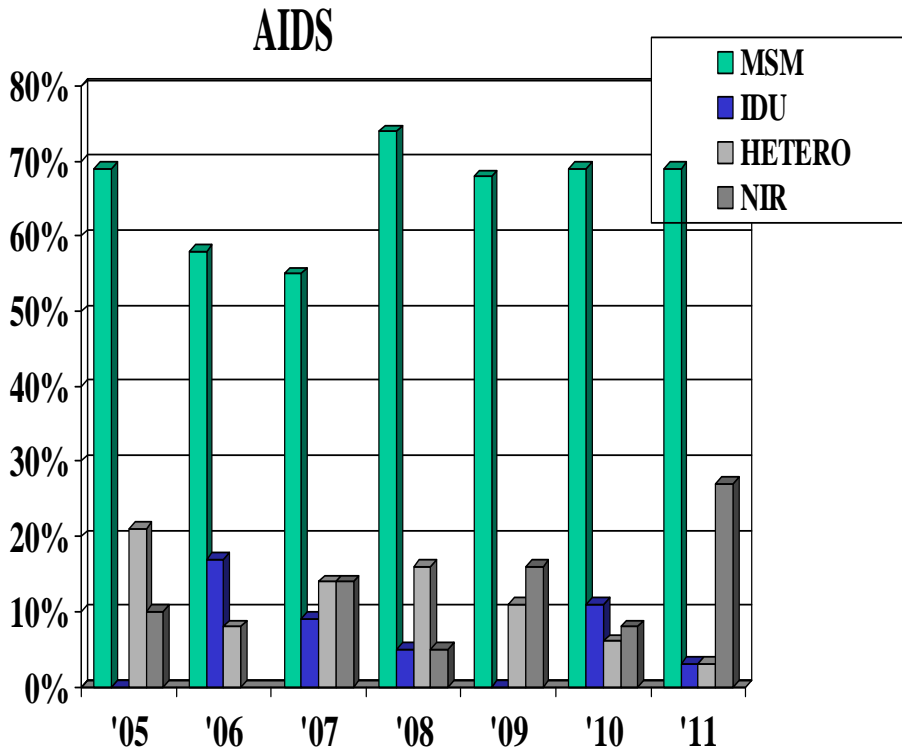
AIDS “AGE AT AIDS DIAGNOSIS”



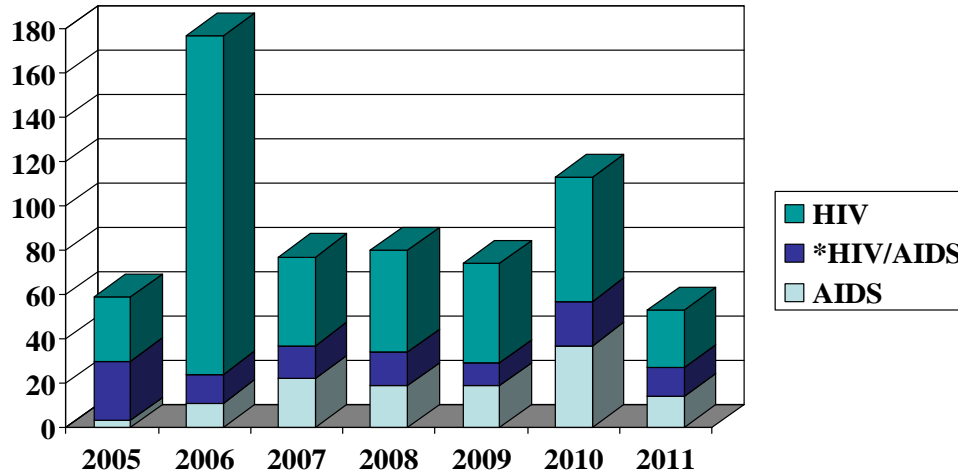
HIV “AGE AT HIV DIAGNOSIS”



VENTURA COUNTY PUBLIC HEALTH HIV/AIDS MODE OF TRANSMISSION



VENTURA COUNTY PUBLIC HEALTH HIV AND AIDS CASES ENTERED PER YEAR AND SIMULTANEOUS DIAGNOSIS OF HIV AND AIDS



* These are cases which presented as HIV positive and an AIDS diagnosis at the same time.
(They are entered as AIDS cases.)

Summary: 2011

- There were fewer HIV/AIDS cases reported in Ventura County in 2011, 56 versus 94 in 2010.
- In addition, there were 34 cases of “Out of County“ residents in 2011.
- 85% of these cases were from another state and
- 15% were from another county in California.
- 93% of the AIDS cases reported in 2011 were diagnosed with HIV and AIDS simultaneously.
- AIDS cases diagnosed in 2011 were predominantly Hispanic compared to 2010.
- The age range for AIDS diagnosis was slightly older: 45-54 years of age.
- 15% of the HIV cases were African-American. This is an increase over the last several years. Ventura County has a relatively small African-American population. This reflects a slightly higher incidence rate.

Recommendations:

Due to economic conditions and the closure of two of the three HIV/AIDS service providers in Ventura County and the recent number of HIV/AIDS related deaths the HIV/AIDS Advisory Committee recommends:

- Recognize that Ventura County Public Health is the last remaining provider of HIV services in Ventura County.
- Support the implementation of an HIV/AIDS awareness education program, sponsored or approved by the County of Ventura, and that a minimum of two (2) hours of attendance at this program be required for all county employees.
- Support the implementation of an early intervention program for persons living with HIV infection in order to delay the onset of illness and decrease the cost of care of person with HIV/AIDS. An early intervention program will provide HIV/AIDS education that includes information on transmission and prevention, nutrition, exercise, stress reduction, safer sex, medical and other strategies to reduce the risk of progression and transmission of their HIV disease.
- Expand prevention education and outreach inclusive of all at risk populations: including those who are HIV positive are needed.
- Encourage all Healthcare providers in Ventura County to routinely conduct rapid HIV testing in accordance to recommendations by the Center of Disease Control (CDC).

In September 2006, the Centers for Disease Control and Prevention (CDC) issued the “*Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*” in which the CDC recommended the routine testing of all adult and adolescent patients for HIV in the United States. The 2006 revised recommendations may be accessed on the CDC website at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

- Continue to promote recognition of the need for affordable housing for those living with HIV/AIDS.
- Continue to encourage the successful Syringe Replacement Program (SRP) and its expansion throughout the county.
- Recognize that Ventura County only receives money for HIV/AIDS services based on the number of living HIV/AIDS cases diagnosed in our county. Approximately half of the new cases that came into our county last year were diagnosed in other counties/states/countries. This places an additional burden on already stressed HIV/AIDS services.