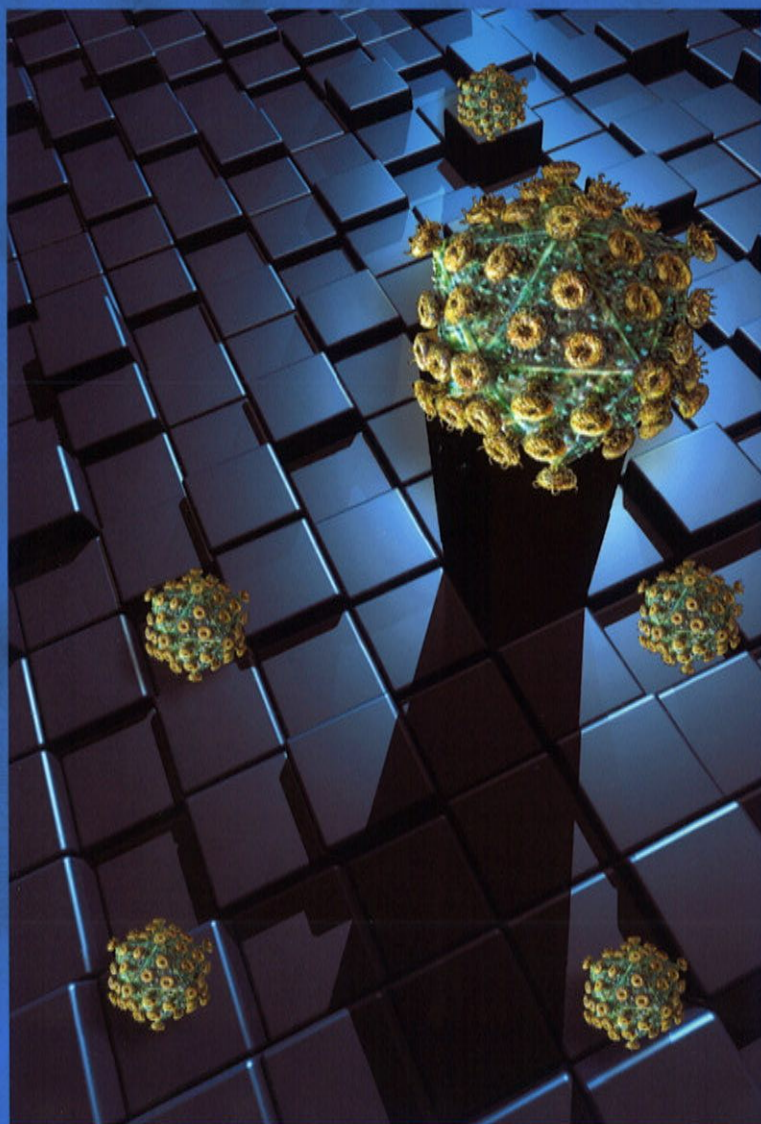


**Ventura County
AIDS Advisory Committee
Report to the
Ventura County Board of Supervisors**

2012



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

Members of the HIV/AIDS Advisory Committee

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Robert Levin, MD, Health Officer, Ventura County Public Health
Craig Webb, HIV/AIDS Program Administrator
Maggie Valentine, MFT, representing Supervisor Steve Bennett
Pending, representing Supervisor Peter C. Foy
Paul Karlsberg, MD, representing Supervisor Kathy Long
Steve Somann, representing John C. Zaragoza
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Preface to the Ventura County Public Health

2012 Annual Report to the
Ventura County Board of Supervisors

“Is there HIV in semen?”

2013 quote from a Ventura County physician.

“Written consent for an HIV test is no longer required?”

2013 quote from several providers and nursing staff

“Do we have a syringe replacement program in Ventura?”

2013 quote from physician and staff

“Is rapid testing available?”

2013 quote from physicians, office manager and staff

Answers available at the end of the preface

These are some of the questions asked during several recent presentations to healthcare providers in Ventura County encouraging HIV Opt Out (see below for further explanation) testing. These are being shared to underscore the need for continuing HIV prevention, education and testing in our community. The care and treatment of HIV has come so far in many ways yet numerous knowledge gaps, even among physicians, still exist:

- Various medical symptoms or conditions which should alert providers to obtaining an HIV test
- Types of HIV testing available
- Method of HIV transmission
- Type of consent required for HIV testing

The number of people living with HIV infection in the United States is higher than ever before. Nearly 1.1 million people were estimated to be living with HIV infection in the United States at the end of 2009. The annual number of new HIV infections has remained basically unchanged since the early 1990s, with roughly 50,000 Americans newly infected every year. One in five is unaware of their infection. An estimated 208,000 Americans carry the HIV virus but don't know it. These men and women form the epicenter of all new HIV infections.

In 2009 Governor Schwarzenegger reduced the Ventura County HIV/AIDS budget by approximately 65% thus eliminating numerous HIV/AIDS related programs from the county budget including: Education and Prevention, HIV/AIDS Counseling and Testing, Early Intervention Program, Case Management Program, and the Therapeutic Monitoring Program. In fiscal year 2010-2011 another 65.8% was taken from the Ventura County HIV/AIDS budget which resulted in the further reduction of available client services.

Elimination of HIV Education, Prevention and Testing significantly impacted the ability to communicate with the general public, healthcare providers and high risk populations regarding HIV. The impact is significant in terms of early detection, health care costs and the spread of HIV disease. In January of 2012, HIV Prevention and Testing funds were restored but at a much lower dollar amount. Unfortunately in 2013, we are, once again, facing a reduction in the 2012 allocation.

Too many persons continue to be diagnosed with HIV late in the course of their infection and miss opportunities for treatment and prevention. In 2008, one-third (32%) of individuals with an HIV diagnosis reported to the CDC received a diagnosis of AIDS within 12 months of their initial HIV diagnosis. **In Ventura County this percentage is much higher. In 2012, the number of cases diagnosed simultaneously with HIV and AIDS in Ventura County was 74%.** Recently, December 2012 through January 2013, Ventura County Public Health received 15 new cases of HIV/AIDS, many with HIV and AIDS diagnosed at the same time. These were mostly

young males entering the medical system late in their diagnosis via the emergency room. They had most likely been infected in their mid to late teens with no knowledge of their HIV status.

With the limited funding allocated to HIV Prevention and Testing, the goals for Ventura County Public Health HIV/AIDS program (The Center) follow President Obama's National HIV Strategic Plan, Healthy People 2020 and the California Department of Public Health, Office of AIDS recommendations and updated CDC recommendations:

President Obama's National Strategic Plan (2010)

- 1) Minimize the number of new HIV infections;
- 2) Maximize the number of people with HIV infection who access appropriate care, treatment, support, prevention services;
- 3) Reduce HIV/AIDS related disparities; and
- 4) Reduce deaths due to HIV infection.

New CDC Recommendations (updated 2006): For patients in all healthcare settings.

- All healthcare providers to adopt a policy for routine HIV screening for all patients between 13 and 64 years of age and all pregnant women in all healthcare settings without a risk assessment (may help reduce the stigma attached).
- Informing the patient that an HIV test is included and will be performed unless the patient explicitly declines (Opt-out testing).
- Separate written consent for HIV testing is not required; general consent for medical care should be considered sufficient.
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.

These recommendations encourage healthcare providers to normalize HIV testing for all patients as targeted testing fails to identify a substantial number of people infected with HIV.

Early detection and treatment promotes improved health and quality of life. Individuals who discover that they are HIV+ cut their rates of unprotected sex by more than half. People in treatment reduce their viral load, which further lowers HIV transmission risks. Having a concentrated population of identified HIV+ people already under medical treatment offers many possibilities for cost-effective preventive care.

It is vital that we keep HIV education, prevention and testing in the forefront. A continued level of awareness amongst our community is critical to affecting the HIV epidemic. We need to continue to look at new and different ways to increase HIV testing and prevention.

Answers to Provider Questions:

"Is there HIV in semen?" **Yes, there is HIV in semen as well blood, breast milk, vaginal secretions and pre-ejaculate.**

"Written consent for an HIV test is no longer required?" **A separate written consent for an HIV test has not been required since 2006.**

"Do we have a syringe replacement program in Ventura?" **The syringe replacement program (SRP) has been in Ventura County since 2000 with two (2) locations and a third currently being established in Oxnard.**

"Is rapid testing available?" **Rapid testing has been available since 2006 in all Ventura County Public Health clinics, as well as a couple private clinics.**

2012 Ventura County HIV/AIDS Recommendations

Due to economic conditions and the recent number of HIV/AIDS related deaths, the HIV/AIDS Advisory Committee recommends:

- 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.
- 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.
- 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>.

- 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.
- 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.

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 required 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 cases of HIV infection identified by April of 2006. 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 2012	CALIFORNIA Through June 2012	USA Through 2009 www.cdc.gov/hiv
TOTAL CUMULATIVE	1,208	165,559	
TOTAL LIVING	574	72,496	1,142,714 1 in 5 (18.1%) are unaware of their infection.
TOTAL DEATHS	634	93,063	

Cumulative HIV Cases

	VENTURA COUNTY Through 2012	CALIFORNIA Through June 2012	USA www.cdc.gov/hiv
TOTAL CUMULATIVE	404	46,883	
TOTAL LIVING	402	44,717	
TOTAL DEATHS	2	2,166	

VENTURA COUNTY AIDS CASES		
AIDS	2011	2012
#CASES REPORTED	30	23
#DEATHS	14	21
GENDER		
MALES	29 (97%)	21 (91%)
FEMALES	1 (3%)	2 (9%)
RACE		
WHITE	14 (47%)	14 (61%)
HISPANIC	13 (43%)	9 (39%)
BLACK	2 (7%)	0
AGE AT DIAGNOSIS		
<24 YEARS *	4 (14%)	3 (13%)
25-34	8(28%)	10 (43%)
35-44	4 (14%)	3 (13%)
45-54	9 (31%)	6 (26%)
≥55	4 (13%)	1 (4%)
EXPOSURE CATEGORY		
MEN SEX WITH MEN	20 (69%)	16 (70%)
IDU + MSM & IDU	1 (3%)	5 (22%)
HETEROSEXUAL	1 (3%)	1 (4%)
NO RISK ID (under investigation)	8 (27%)	1 (4%)
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: 2012 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, 25-34 years of age, men having sex with men.
- 74% of these cases were diagnosed with HIV and AIDS simultaneously.
- If patients with HIV infection can be diagnosed earlier, they can receive medical management and live longer, healthier lives and not spread HIV to other people.

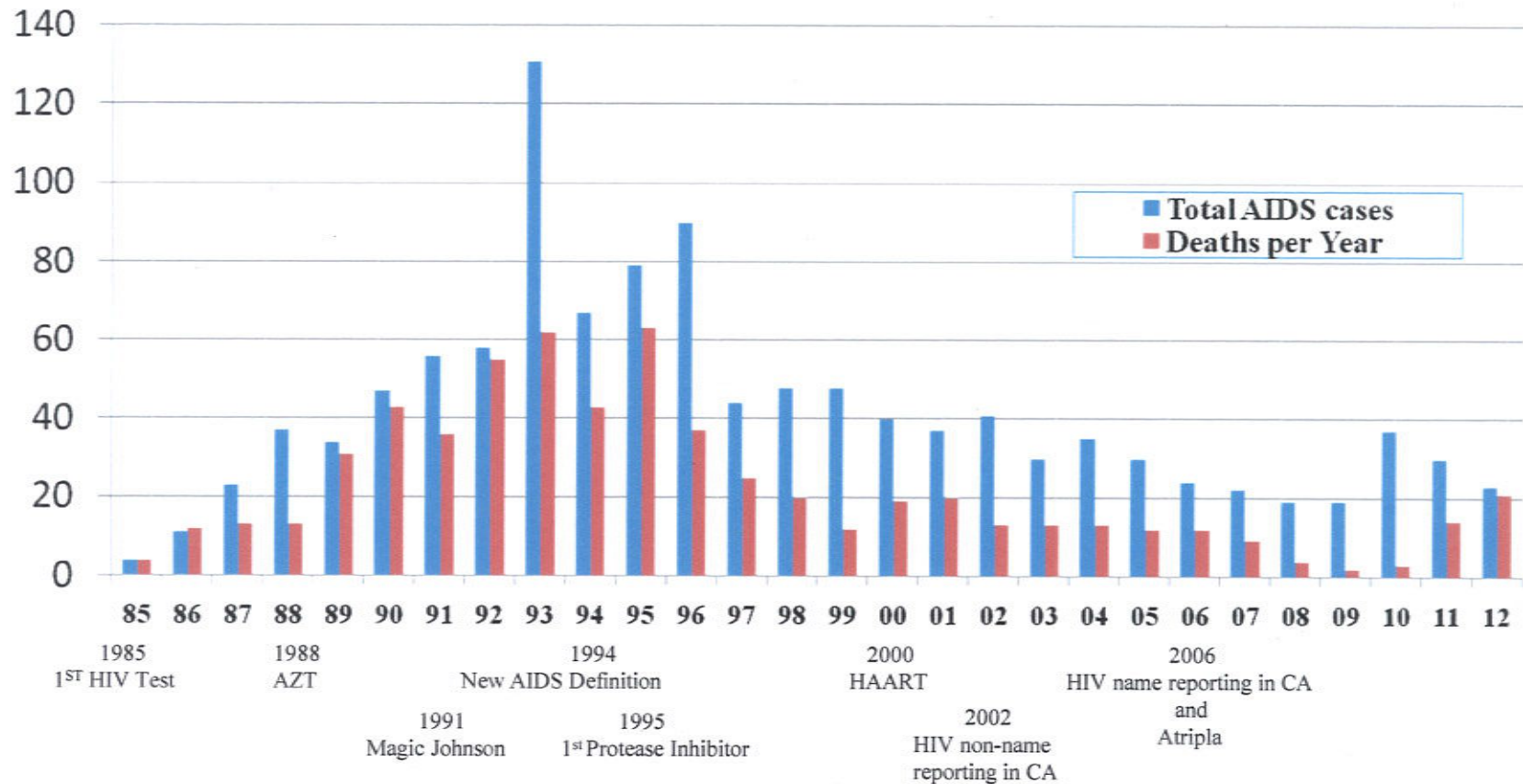
VENTURA COUNTY HIV CASES		
HIV	2011 (name: new & re-ascertained)	2012 (name: new & re-ascertained)
#CASES REPORTED	26	46
#DEATHS	0	0
GENDER		
MALES	22 (85%)	42 (91%)
FEMALES	4 (15%)	4 (9%)
RACE		
WHITE	12 (46%)	22 (48%)
HISPANIC	10 (38%)	18 (39%)
BLACK	4 (15%)	5 (11%)
AGE		
<24 YEARS *	6 (23%)	5 (11%)
25-34	5 (19%)	14 (31%)
35-44	9 (35%)	8 (17%)
45-54	3 (12%)	11 (24%)
55+	3 (12%)	8 (17%)
EXPOSURE CATEGORY		
MEN SEX WITH MEN	15 (58%)	29 (63%)
IDU	0	4 (8%)
HETEROSEXUAL	6 (23%)	1 (2%)
NO RISK ID (under investigation)	1	11 (24%)
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.

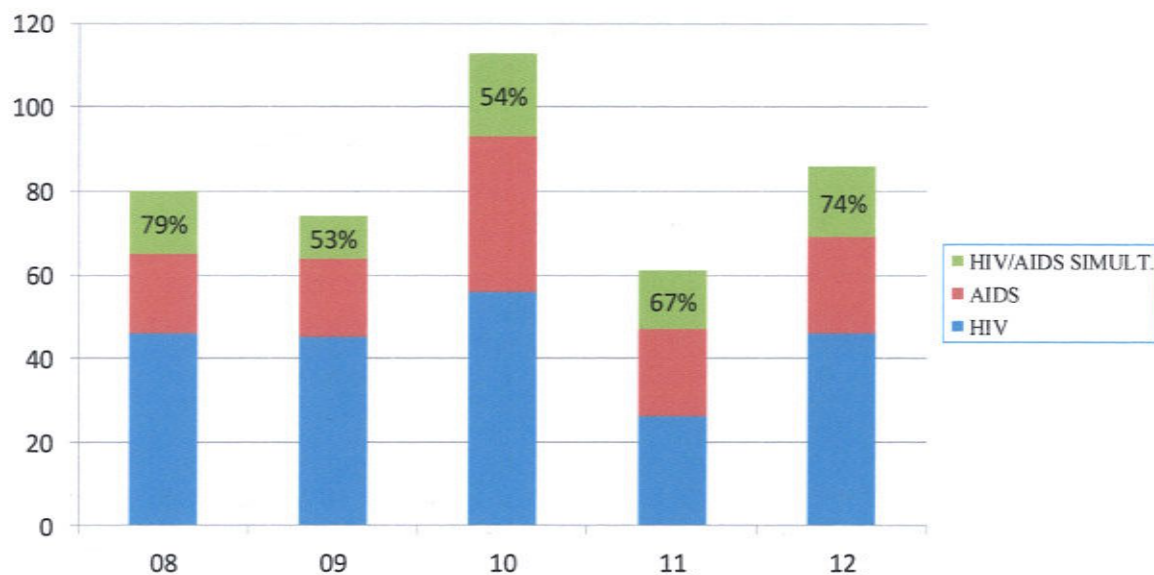
Summary: 2012 HIV cases

- Increase in the number of new HIV cases diagnosed in Ventura.
- Predominantly White males, younger in 2012 (25-34 yrs of age), men having sex with men.
- Increase in the number of African-American diagnosis (significant as we have a relatively small African-American population in Ventura County).
- One perinatal transmission from another country.

VENTURA COUNTY PUBLIC HEALTH AIDS CASES AND DEATHS PER YEAR



VENTURA COUNTY PUBLIC HEALTH HIV/AIDS CASES DIAGNOSED SIMULTANEOUSLY PER YEAR



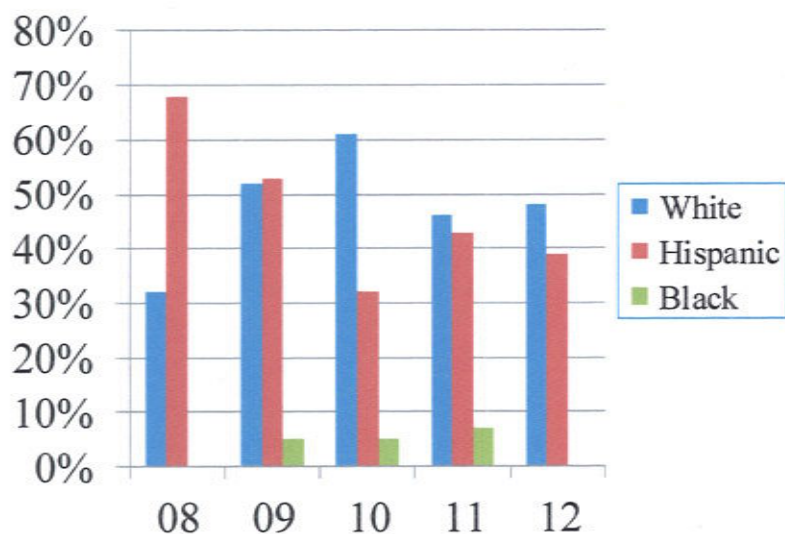
The percent of cases diagnosed simultaneously with HIV and AIDS nationally is 30-35%. We continue to see cases enter into the Healthcare system late in their diagnosis in Ventura County.

Earlier detection allows better medical management, treatment options, reduced transmission to others, reduced healthcare costs and better patient outcomes.

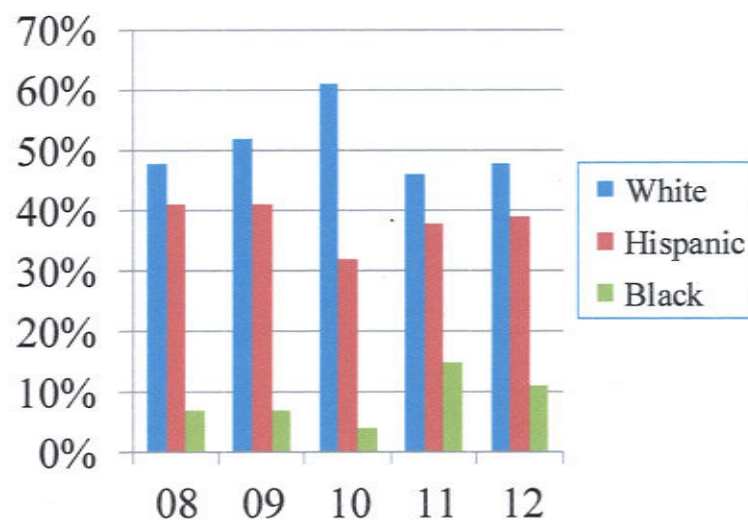
VENTURA COUNTY PUBLIC HEALTH

HIV/AIDS CASES BY RACE

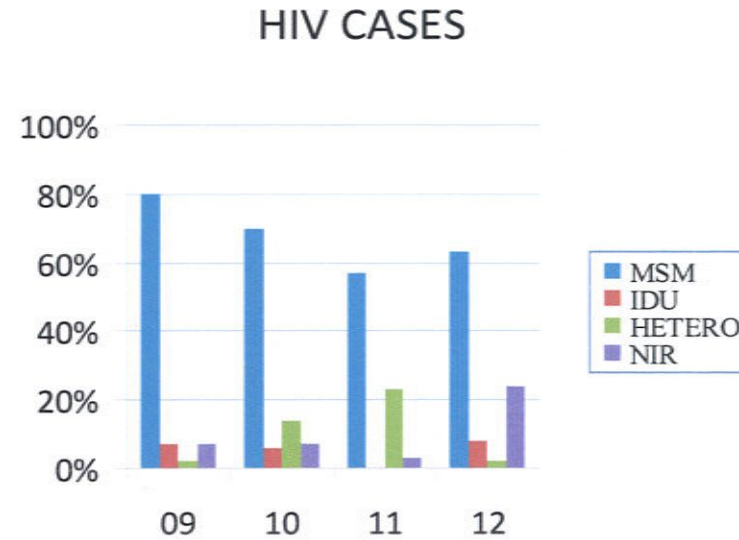
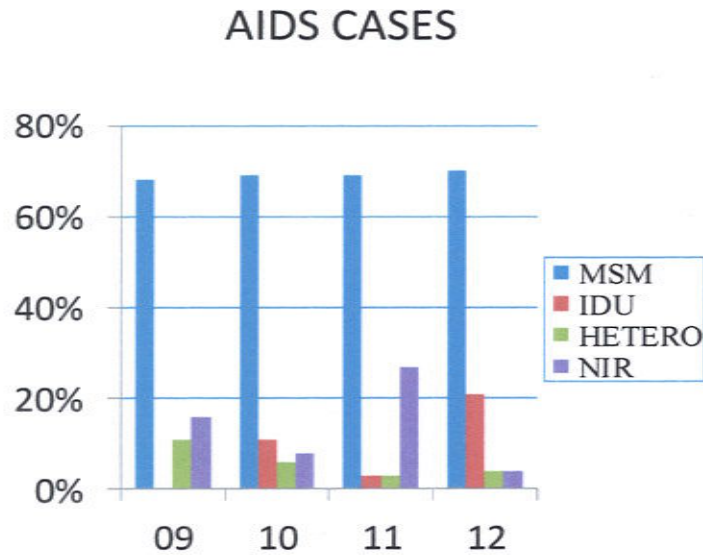
AIDS CASES



HIV CASES



VENTURA COUNTY PUBLIC HEALTH HIV/AIDS CASES BY MODE OF TRANSMISSION



Acronyms in color key box:

MSM = Men who have sex with men

IDU = Intravenous drug use

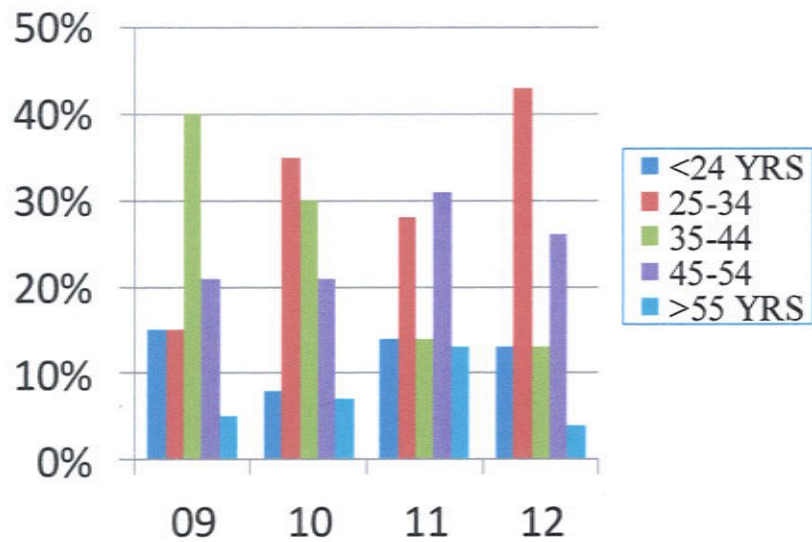
HETERO = Heterosexual/straight

NIR = No identified risk

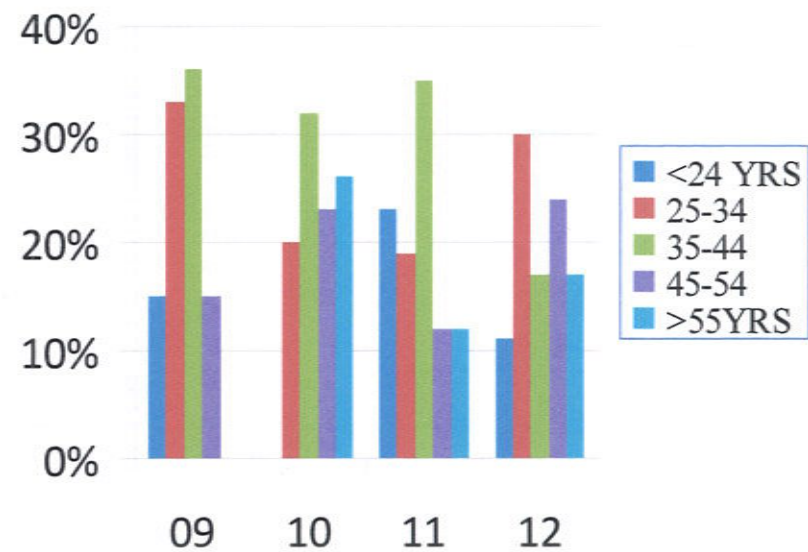
VENTURA COUNTY PUBLIC HEALTH

HIV/AIDS CASES BY AGE

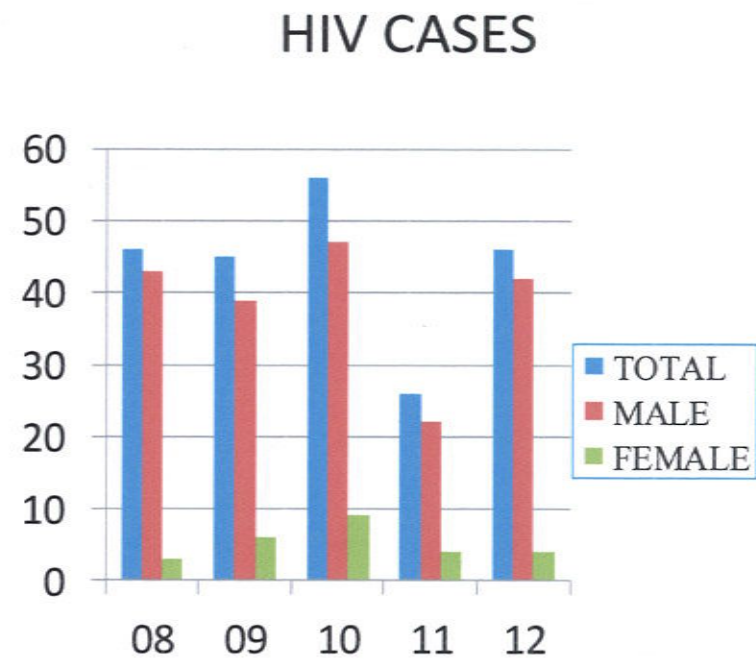
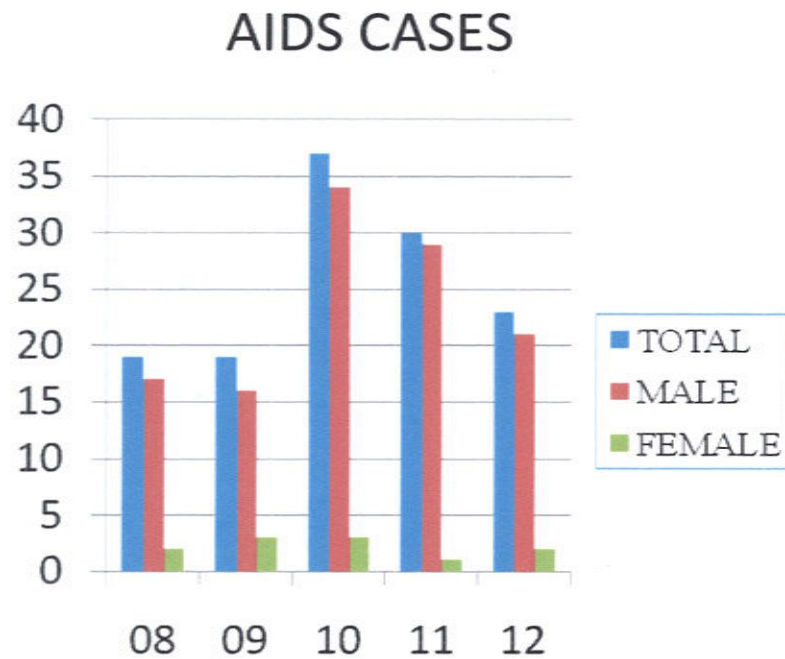
AIDS CASES



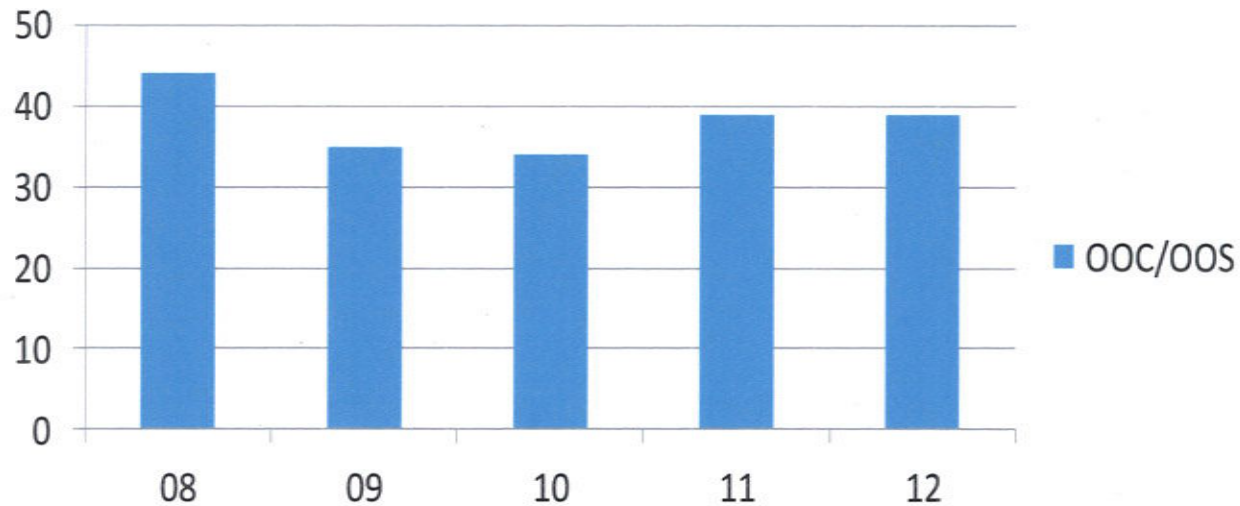
HIV CASES



VENTURA COUNTY PUBLIC HEALTH HIV/AIDS CASES BY GENDER



VENTURA COUNTY PUBLIC HEALTH HIV/AIDS CASES from Out of County (OOC) or State (OOS)



OOC/OOS 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 upon their residence at the time of diagnosis. Funding is based on the number of "living" cases reported by each county. All OOC/OOS cases are provided access to HIV/AIDS services in Ventura County. However, Ventura County does not receive HIV/AIDS funding by the State or CDC for these cases.

In 2012:

44% were from LA (Los Angeles)

28% were from OOS

Summary: 2012 cases

- The “age at diagnosis” numbers are similar for both HIV and AIDS cases reported in 2012. The predominant age category for both is 25-34 years of age. We are starting to see AIDS cases diagnosed at an earlier age. This also means that individuals were most likely infected five to six years prior to their AIDS diagnosis.
- 74% of the AIDS cases reported in 2012 were diagnosed with HIV and AIDS simultaneously.
- AIDS cases diagnosed in 2012 were predominantly White, younger males (25-34 yrs.), men having sex with men.
- 11% of the HIV cases were African-American. Ventura County has a relatively small African-American population. This reflects a slightly higher incidence rate.
- 21 deaths were reported in 2012. This is a significant increase. Several cases were patients who entered the hospital diagnosed simultaneously with HIV and AIDS. They came into care very late in their disease process with advanced opportunistic infections. These patients were unaware of their HIV/AIDS status until they entered the emergency room.
- It is important to emphasize the importance and need for increased HIV testing throughout the healthcare system. If diagnosed earlier and treatment therapies were initiated, the survival rate for these patients would increase and the medical costs would decrease.

Recommendations:

Due to economic conditions and the recent number of HIV/AIDS related deaths, the HIV/AIDS Advisory Committee recommends:

- 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.
- 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.
- Encourage all Healthcare providers in Ventura County to routinely conduct rapid HIV testing in accordance to recommendations by the Center of Disease Control (CDC).

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- 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.
- 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.