



- HIV and AIDS in Washoe County and the United States

HIV and AIDS in Washoe County and the United States *Surveillance and the need for increased testing by healthcare providers*

HIV infection and subsequent progression to AIDS persists as a health issue in Washoe County and in the United States. The Centers for Disease Control and Prevention (CDC) has developed new estimates of HIV prevalence, or the total number of people living with HIV in the United States. CDC's analysis reveals that there were more than a million people—an estimated 1,106,400 adults and adolescents—living with HIV infection in the United States at the end of 2006 (95% Confidence Interval: 1,056,400–1,156,400)¹, and that gay and bisexual men of all races (MSM), African Americans, and Hispanics/Latinos were most heavily affected. The new estimates were published in the October 3, 2008 issue of **CDC's Morbidity and Mortality Weekly Report** available on-line at: <http://www.cdc.gov/mmwr/PDF/wk/mm5739.pdf>.

The rate of HIV infection and AIDS diagnoses increased for 2007 in comparison to 2005 and 2006 in Washoe County. While the number of cases continues to be highest among White, non-Hispanic MSM; the rates of disease are higher in minority populations with risk factors of MSM and heterosexual contact. Infections among females, especially in minority populations, are increasing as well. With respect to age, most people are discovering their HIV and AIDS status in the 30-39 year old age group. This indicates that many people are learning of their status late in the progression of the disease, when they are often already ill and are seeking medical attention.

HIV

As of 2007, a total of 1,264 cases of HIV infection have been reported in Washoe County since 1983. This number represents an unduplicated count of all persons who have been reported as either: 1) a case of HIV infection without AIDS, or 2) a case of HIV infection with AIDS – depending on the case's health status at the time the HIV infection was first reported. The statistics presented in this report are based on these parameters for "HIV infection."

In 2007, 44 new cases of HIV infection were reported in Washoe County, resulting in a reported incidence rate of 10.5 cases per 100,000 population.

¹ These numbers include those whose HIV infection has progressed to AIDS.

The HIV/AIDS epidemic nationally is growing most rapidly among minority populations and this trend is reflected in Washoe County data. Although in 2007, the highest number of reported cases of HIV infection in Washoe County was among non-Hispanic Whites, the number of reported cases among African Americans yielded a rate (55 cases per 100,000 population) that was significantly higher than that of non-Hispanic Whites (11 cases per 100,000 population). African Americans comprise approximately 2% of Washoe County's population, yet account for 11% of new HIV infections – representing a disparity in burden of infection. HIV takes a disproportionate toll on minority populations in the US, with the most severe impact among African Americans (46% of persons living with HIV), followed by Hispanics/Latinos (18% of persons living with HIV).

Most persons living with HIV in the United States and Washoe County continue to be men. However, with an increase in heterosexual transmission, women are increasingly becoming infected. Nationally, 25% of new HIV infections occur in women. While that percentage is lower in Washoe County, infections continue to increase in women, especially women in minority populations.

AIDS

Since 1983, 857 cases of AIDS have been reported in Washoe County. In 2007, 31 new cases of AIDS were reported for an incidence of 7.4 cases per 100,000 population. Washoe County AIDS data follows the national trends of HIV infection demographics. The rate of AIDS cases in non-Hispanic Whites is 6.5 per 100,000; while the rate in African Americans is disproportionate at 43.6 AIDS cases per 100,000.

Many of the AIDS cases newly diagnosed as HIV had already progressed to AIDS. Persons 30 years of age and older have the majority of new AIDS cases, indicating that cases may have been infected ten or more years prior.

We Need Your Help

The Sexual Health Program at the Washoe County District Health Department (WCDHD) oversees the surveillance and prevention activities in our community. Using data that is collected from disease surveillance, community planning activities, and other behavioral data sources; interventions are implemented that target populations in the community that are at high-risk for HIV transmission or acquisition.

With regard to HIV testing, the Sexual Health Program is limited on the number of tests provided in the community. Using a data driven approach, testing is targeted to areas and individuals that are of higher risk of HIV infection. However, more members of the community seek medical attention from providers other than the WCDHD. Therefore, we ask that all providers review the CDC's [2006 Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings](http://www.cdc.gov/hiv/topics/testing/resources/factsheets/healthcare.htm) and strongly encourage the adoption of these practices available on-line <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/healthcare.htm>.

The growing number of people living with HIV in the United States points to an increased need for HIV testing, treatment, and prevention services to slow the U.S. epidemic. With more HIV-infected individuals, and with those persons living longer, there is a growing population of HIV-infected men and women who must be reached with testing, medical care, and prevention services. As the number of persons living with HIV grows, so does the cost of providing medical services to this population and the burden on health care systems. In order to reduce these increased costs of care in the future, greater attention needs to be paid to preventing these infections in the first place. Growing HIV prevalence also means increased opportunities for transmission to HIV-negative individuals. Efforts to reduce the number of new infections must therefore be designed to meet the needs of both infected and uninfected populations.

Ensuring everyone infected with HIV knows their status is a critical part of the solution. While the new HIV prevalence estimates indicate that more infected individuals know their status, far too many HIV-infected people in the U.S. are still diagnosed late in the course of infection—38% within a year of developing AIDS. HIV testing is the essential first step in linking HIV-infected people to life-extending medical care, and studies show that once people learn they are HIV-infected; most take steps to protect others. It is estimated that the majority of new infections are transmitted by those who are unaware of their infection; therefore, early testing and diagnosis play a key role in reducing HIV transmission.

Key points in the *Recommendations* for patients in all healthcare settings are:

- ◆ HIV screening (another term for broad-based testing) for patients ages 13 to 64 in all healthcare settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- ◆ HIV testing of people at high risk for HIV infection at least once a year. High-risk is defined as:
 - men who have sex with men;
 - injection drug users;
 - persons who have had unprotected sex with multiple or anonymous partners,
 - persons who have had sex with a person that engages in high-risk behaviors; and

- persons who have been diagnosed or treated for a STD, TB, or hepatitis.
- ◆ Screening should be incorporated into the general consent for medical care; separate written consent is not recommended.
- ◆ Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in healthcare settings.

Additional key differences in the *Recommendations* for pregnant women in healthcare settings.²

- ◆ Including HIV screening in the routine panel of prenatal screening tests for all pregnant women, unless the patient declines (opt-out screening).
- ◆ Repeat screening in the third trimester in certain jurisdictions with elevated rates of HIV infection among pregnant women.

HIV testing and prevention work when we apply what we know. While the total number of people living with HIV in the U.S. is increasing, data from a separate CDC analysis indicate that new infections overall have remained stable in recent years. This stability is an important sign of progress, since a growing number of people living with HIV would be expected to increase opportunities for HIV transmission. To slow the spread of HIV in the United States, action is needed on every front—from government, businesses, individuals, and communities—to increase access to testing and prevention in order to reach everyone in need.

For information on all aspects of HIV testing, surveillance, and prevention, please contact the Sexual Health Program at the WCDHD via email at sexualhealth@washoecounty.us or by calling Jennifer Howell, Sexual Health Program Coordinator @ (775) 328-3647.

Per NAC 441A, HIV and AIDS are reportable diseases by laboratories and health care providers. **To report, obtain a Confidential Case Report (CCR) form or call the Communicable Disease Program at 775-328-2447. Fax completed reports to the confidential reporting fax at 775-328-3764.**

References

- CDC, 2006. CDC HIV/AIDS Science Facts: CDC Releases Revised HIV Testing Recommendations in Healthcare Settings. <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/healthcare.htm>
- CDC, 2008. New Estimates of U.S. HIV Prevalence, 2006. <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/prevalence.htm>

² This was addressed in the enactment of legislation related to perinatal HIV testing (NRS 442.600) that was passed in the 2007 Nevada State Legislative Session. Refer to <http://www.leg.state.nv.us/NRS/NRS-442.html#NRS442Sec600>.