

NEVADA STATE HEALTH DIVISION

Acquired Immuno-Deficiency Syndrome (AIDS)

And

Human Immuno-Deficiency Virus (HIV)

In Nevada

Annual Surveillance Report (2002)

Bureau of Community Health

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Building and Strengthening Public Health through Communication and Partnership

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TABLE OF CONTENTS

BACKGROUND	1
Notes	2
Surveillance Case Definitions	2
HISTORICAL PERSPECTIVE ON AIDS and HIV	3
NEVADA FAST FACTS ABOUT AIDS and HIV	4
OVERALL TRENDS IN SURVEILLANCE of AIDS and HIV	5
AIDS SURVEILLANCE IN NEVADA	8
AIDS Cases, 1983-1999	8
AIDS Rates, 1990-1999	9
Demographics of AIDS Cases	11
Mortality of Nevada AIDS Cases	
HIV SURVEILLANCE IN NEVADA	18
HIV Cases, 1991-1999	
HIV Rates, 1991-1999	19
Demographics of HIV Cases in Nevada	21
SPECIAL POPULATIONS WITH AIDS AND/OR HIV	25
Men who have sex with men (MSM)	
Injecting Drug Users (IDUs)	
Racial/Ethnic Groups	
Women	
HIV TESTING IN NEVADA	39
HIV Tests (ALL)	40
First-Time HIV Tests	42
TECHNICAL NOTES	46
Surveillance of AIDS	
AIDS Case Surveillance Definition	47
HIV Case Surveillance Definition	
Surveillance of HIV Infection	50
Tabulation and presentation of data	55
Exposure categories	57
Trends in AIDS incidence	57
Rates	58
FEEDBACK AND SUGGESTIONS	59
REFERENCES	60

LIST OF FIGURES AND TABLES

NEVADA FAST FACTS ABOUT AIDS AND HIV

Table 1.	Fast Facts on AIDS and HIV Cases in Nevada	4
Table 2.	Fast Facts on AIDS and HIV Cases in Clark County, Nevada	5
Table 3.	Fast Facts on AIDS and HIV Cases in Washoe County, Nevada	6
Table 4.	Fast Facts on AIDS and HIV Cases in Rural Nevada	7
OVERALL TRE	ENDS IN SURVEILLANCE OF AIDS AND HIV	
Figure 1	. AIDS Cases by Year of Report, Nevada, 1983-2002	
Figure 2	HIV Cases be Year of Report, 1992-2002	
Table 5.	AIDS and HIV Cases	
AIDS SURVEIL	LANCE IN NEVADA	
Figure 3	Adult/Adolescent AIDS Cases	10
Figure 4	Children Less than 13 Years Old	10
Table 6.	AIDS Rates Per 100,000 by County, Nevada	11
Figure 5	AIDS Rates Per 100,000 by County, Nevada	10
Table 7.	AIDS Rates Per 100,000 by population by Race/Ethnicity	12
Figure 6	AIDS Rates per 100,000 by population by Race/Ethnicity	12
Table 8.	Nevada AIDS Cases by County/Region, Gender, Race/Ethnicity, Ag	e Group,
	and Exposure Category	13
Table 9.	AIDS Cases by Age Group, Race/Ethnicity, and Gender, Nevada	14
Figure 7	Percentage of AIDS Cases by Age Group, Nevada	
Table 10	D. AIDS cases by Exposure Category and Race/Ethnicity, Nevada	15
Figure 8	Geographical Depiction of AIDS Cases in Nevada	16
Table 11	1. Geographical Distribution of AIDS Cases, Nevada	17
Figure 9	Distribution of AIDS Cases by County/Region, Nevada	17
Table 12	2. AIDS Mortality in Nevada and the United States	
Table 13	3. AIDS Mortality in Nevada	
Figure 1	0. AIDS Case Mortality Status	
Table 14	4. AIDS Case Mortality Status	
HIV SURVEILL	ANCE IN NEVADA	
Figure 1	1. Adult/Adolescent HIV Cases	20
Figure 1	2. Children Less than 13 Years Old HIV Cases	20
Figure 1	3. HIV Rates per 100,000 population by Race/Ethnicity	
Table 15	5. HIV Rates per 100,000 population by Race/Ethnicity	

Table 16.	Nevada HIV Cases by County/Region, Gender, Race/Ethnicity, Age C	Group,
	and Exposure Category	22
Figure 14.	HIV Cases by Gender	23
Table 17.	HIV Cases by Gender	23
Table 18.	HIV Cases by Gender, Race/Ethnicity, and Age Group	24
Table 19.	HIV Cases by Gender, Exposure Category, and Race/Ethnicity	25
Figure 15.	Geographical Depiction of HIV Cases in Nevada	26
Table 20.	Geographical Distribution of HIV Cases, Nevada	27
Figure 16.	Distribution of HIV Cases by County/Region, Nevada	27
SPECIAL POPULA	TIONS WITH AIDS AND/OR HIV	
Table 21.	Men who have Sex with Men (MSM) AIDS and HIV Cases	29
Figure 17.	MSM Trends in AIDS and HIV Cases, Nevada	30
Figure 18.	Race/Ethnicity Distribution of MSM AIDS and HIV Cases	30
Table 22.	Injecting Drug Users (IDU) AIDS and HIV Cases	31
Figure 19.	IDU Trends in AIDS and HIV Cases, Nevada	32
Figure 20.	Race/Ethnicity Distribution of IDU Aids and HIV Cases	32
Table 23.	AIDS and HIV Cases in Blacks	33
Figure 21.	AIDS and HIV Case Trends among Blacks	34
Figure 22.	Exposure Category Distribution of AIDS and HIV Cases in Blacks	34
Table 24.	AIDS and HIV Cases in Hispanics	35
Figure 23.	AIDS and HIV Case Trends among Hispanics	36
Figure 24.	Exposure Category Distribution of AIDS and HIV Cases in Hispanics.	36
Table 25.	AIDS and HIV Cases in Women	37
Figure 25.	AIDS and HIV Case Trends among Women	37
Figure 26.	Exposure Category Distribution of AIDS and HIV Cases in Women	38
HIV TESTING IN N	EVADA	
Table 26.	HIV Tests by County, Gender, Race/Ethnicity, and Age Group	40
Table 27.	HIV Tests by Reason, Result, and Testing History	41
Table 28.	HIV Tests by Exposure Category	42
Figure 27.	Top Ten Types of Exposure Categories for HIV Tests	42
Table 29.	First-Time HIV Tests by County/Region, Gender, Race/Ethnicity, and	Age
	Group	43
Table 30.	First-Time HIV Tests by Reason, Result and Exposure Category	44
Table 31.	HIV Positive Tests by County/Region, Gender, Race/Ethnicity, and	
	Age Group	45
Table 32.	HIV Positive Tests by Reason and Exposure Category	46

BACKGROUND

Acquired Immuno-Deficiency Syndrome (AIDS) is the most severe manifestation of Human Immunodeficiency Virus (HIV) infection. AIDS was first reported in 1981 by the Centers for Disease Control and Prevention. Statewide surveillance for AIDS was begun in 1982. Because the cause of AIDS was unknown at that time, the surveillance case definition included many opportunistic infections and tumors. Persons with AIDS were noted to have abnormalities in their immune system that left them susceptible to certain infections. As more information became available, the AIDS surveillance case definition was modified.

In 1984, HIV was found to be the cause of AIDS. HIV infects a specific cell of the immune system, the T-lymphocyte, and kills the cell. Very often, HIV infection is without symptoms, and people do not know they are infected. However, they carry the virus in their blood and other body fluids and can infect other persons exposed to these fluids.

Persons with unrecognized and untreated HIV infection may not have symptoms for years. The average time from untreated HIV infection to AIDS is 8 to 10 years. Many drugs are now available to treat HIV infection. The usual regimen is a combination of drugs that are taken daily. The goal of treatment is to reduce the amount of virus in the blood to "undetectable" levels by laboratory methods, and to maintain a level of T-lymphocytes that keeps the immune system function intact. When a person with HIV infection stays on an effective treatment regimen they may never reach the AIDS stage. Therefore, AIDS surveillance will not be a true indicator of the burden of HIV disease in our communities.

In 1992, Nevada initiated mandatory reporting of HIV infection by name. The purpose was to find persons with early HIV infection and ensure that they were educated about their disease and referred to appropriate treatment. Therefore, Nevada has a surveillance system both for HIV infection and for AIDS. Not all states have HIV surveillance; therefore AIDS cases are used for comparison of relative rates of cases between states.

AIDS cases in this report are cases where the person who has HIV has developed the disease called AIDS. HIV cases in this report are cases where the person has the virus called HIV, but has not yet developed the disease called AIDS. Once an HIV case becomes an AIDS case, the AIDS and HIV surveillance system is updated to reflect that occurrence. This report provides the results of both cases and gives definitions for both.

The numbers of cases reported do not reflect the total burden of HIV disease in Nevada. Many persons are infected but do not know it because they have not been tested and therefore are not reported to health authorities.

We do not have an estimate of persons in Nevada who carry the virus but do not know it. One of the main goals of the State HIV/AIDS program is to increase HIV testing in persons who have high risk behaviors for infection, identify those infected, and refer them for treatment and prevention services, thus reducing the number of HIV infected persons who do not know they are infected and thereby reduce HIV transmission.

Notes:

HIV treatment effect on AIDS surveillance

Since late 1995 many persons with HIV infection are being treated with antiviral regimens therefore reducing the number of persons who progress to AIDS. AIDS case numbers are affected by the prevalence of effective treatment for HIV infection, the more persons receiving effective treatment, the fewer AIDS cases reported.

Prevention

The HIV test does not give an indicator of how long a person has been infected. What is known is that the person has HIV infection, but has not progressed to AIDS. Therefore the person reported with HIV infection in Nevada is in an earlier stage of infection. The goal of the Nevada State Health Division (NSHD) HIVAIDS program is to find persons with HIV infection as early as possible and refer to appropriate treatment and prevention services. Prevention services include education of HIV-infected persons to prevent HIV transmission to other individuals which will reduce the rate of new HIV infections in Nevada.

Surveillance Case Definitions:

The surveillance case definitions for AIDS and HIV are located in the technical notes section at the end of this report. The AIDS surveillance case definition begins on page 47, while the HIV surveillance case definition begins on page 50.

HISTORICAL PERSPECTIVE ON AIDS and HIV

A Brief history of AIDS and HIV in the United States and Nevada:

1978	CDC establishes this year as the beginning of the risk time period for contracting HIV in the United States.
1981	CDC reports first five cases of AIDS.
1982	First case of AIDS documented in Nevada.
1983	First AIDS case was reported in Nevada
	(First case documented in medical records in 1982; actual
1081	Human Immunodeficiency Virus found to be the cause of
1904	AIDS
1985	HIV antibody test became available
	HIV antibody screening of all donated blood started
1992	Nevada's 1,000th AIDS case reported
	Mandatory reporting of HIV by name in Nevada
1993	The CDC AIDS Surveillance case definition changed
	(A T-Lymphocyte (CD4) count fewer than 200 and other
	conditions were added to the surveillance definition of AIDS).
1994	Nevada's 2,000th AIDS case reported
1995	Laboratory reporting of T-Lymphocyte (CD4) counts of
	less than 500 became manuatory in Nevada.
	Multi-drug treatment regimens of "cocktails"
	recommended for treatment of HIV infection.
1996	Nevada's 3,000th AIDS case reported.
1997	Clark County in conjunction with Nye County and Mojave
	County, Arizona met the federal definition of a highly
	impacted area and qualified to receive funding under the
	Ryan White Title I Program.
1998	Department of Health and Human Services (DHHS) issues
	tirst national guidelines for the use of antiretroviral
	literapy in adults,
4000	First large scale numan trials for an HIV vaccine begin.
1999	HIV surveillance case difinition changed for adults and
	children
	HIV Antigen Tests which detect HIV infection in an earlier
	stage than HIV antibody tests was added
	Life insurance companies outside of Nevada that screen
	Nevadans for HIV must report HIV infections to Nevada
	Health Authorities
2000	
2000	CDC reports, among men who have sex with men (MSM).
	Black and Hispanic cases exceed those among Whites.
	Under the slogan, "Break the Silence." the 13th
	International AIDS conference is held in Duirban, South
	Africa.
2002	Ranid HIV testing was approved

NEVADA FAST FACTS ABOUT AIDS and HIV

	2002 AIDS C	Cases	Cum (1983 AIDS	nulative 3-2002) S Cases		2002 HIV	× X	Cur (198 F	Тс	Total 2002 AIDS and HIV				cumulative and HIV ^{&}	
COUNTY Clark Washoe All Other Counties** Unknown	No. % of Total 243 87.4% 29 10.4% 6 2.2% 0 0.0%	Rate per 100,000 15.6 8.1 2.1 -	No. 3,916 739 263 0	% of Total 79.6% 15.0% 5.3% 0.0%	No. 239 27 10 0	% of Total 86.6% 9.8% 3.6% 0.0%	Rate per 100,000 15.3 7.5 3.4 -	No. 2,647 549 204 0	% of Total 77.9% 16.1% 6.0% 0.0%		o. ' 182 56 16 0	% of Total 87.0% 10.1% 2.9% 0.0%	Rate per 100,000 30.9 15.7 5.5 -	No. 6,563 1,288 467 0	% of Total 78.9% 15.5% 5.6% 0.0%
GENDER Male Female	No. % of Total 233 83.8% 45 16.2%	Rate per 100,000 20.8 4.1	No. 4,305 613	% of Total 87.5% 12.5%	No. 231 45	% of Total 83.7% 16.3%	Rate per 100,000 20.6 4.1	No. 2,802 598	% of Total 82.4% 17.6%	N	o. ' 164 90	% of Total 83.8% 16.2%	Rate per 100,000 41.3 8.3	No. 7,107 1,211	% of Total 85.4% 14.6%
RACE/ETHNICITY White Black Hispanic Asian Native	No. % of Total 153 55.0% 63 22.7% 52 18.7% 7 2.5% 2 0.7% 1 0.4%	Rate per 100,000 10.7 41.2 11.0 5.4 6.7	No. 3,193 992 636 63 33 1	% of Total 64.9% 20.2% 12.9% 1.3% 0.7% 0.0%	No. 145 69 49 9 3	% of Total 52.5% 25.0% 17.8% 3.3% 1.1% 0.4%	Rate per 100,000 10.2 45.2 10.4 7.0 10.0	No. 2,087 820 407 48 33 5	% of Total 61.4% 24.1% 12.0% 1.4% 1.0% 0.1%	N	o. 6 298 132 101 16 5 2	% of Total 53.8% 23.8% 18.2% 2.9% 0.9% 0.4%	Rate per 100,000 20.9 86.4 21.4 12.4 16.6	No. 5,280 1,812 1,043 111 66 6	% of Total 63.5% 21.8% 12.5% 1.3% 0.8% 0.1%
Unknown	1 0.4%			0.070							_				
AGE* <5 5 to 12 13 to 19 20 to 29 30 to 39 40 to 49 50 to 59 60+	No. % of Total 0 0.0% 0 0.0% 22 7.9% 124 44.6% 84 30.2% 35 12.6% 13 4.7%	Rate per 100,000 0.0 0.0 7.0 36.6 25.3 13.3 3.8	No. 23 4 12 778 2,167 1,299 460 175	% of Total 0.5% 0.1% 0.2% 15.8% 44.1% 26.4% 9.4% 3.6%	No. 0 4 74 114 66 13 5	% of Total 0.0% 1.4% 26.8% 41.3% 23.9% 4.7% 1.8%	Rate per 100,000 0.0 1.9 23.5 33.6 19.9 5.0 1.4	No. 23 1 55 1,111 1,416 595 149 50	% of Total 0.7% 0.0% 1.6% 32.7% 41.6% 17.5% 4.4% 1.5%		0. 9 0 4 96 238 150 48 18	% of Total 0.0% 0.7% 17.3% 43.0% 27.1% 8.7% 3.2%	Rate per 100,000 0.0 1.9 30.5 70.2 45.2 18.3 5.2	No. 46 5 67 1,889 3,583 1,894 609 225	% of Total 0.6% 0.1% 0.8% 22.7% 43.1% 22.8% 7.3% 2.7%
AGE* <5 5 to 12 13 to 19 20 to 29 30 to 39 40 to 49 50 to 59 60+ EXPOSURE CATEGORY MSM IDU MSM & IDU Hemophiliac Heterosexual Contact Transfusion/Transplant Other Risk Not Specified Mom w/ HIV or HIV Risk Pediatric Transfusion	No. % of Total 0 0.0% 0 0.0% 2 7.9% 124 44.6% 84 30.2% 35 12.6% 13 4.7% No. % of Total 167 60.1% 31 11.2% 19 6.8% 0 0.0% 2 0.7% 0 0.0% 25 9.0% 0 0.0% 0 0.0% 0 0.0%	Rate per 100,000 0.0 0.0 7.0 36.6 25.3 13.3 3.8 Rate per 100,000 - - - - - - - - - - - - - - - - -	No. 23 4 12 778 2,167 1,299 460 175 No. 3,040 818 414 12 391 41 174 2391 41 174 25 2	% of Total 0.5% 0.1% 0.2% 15.8% 44.1% 26.4% 9.4% 3.6% 3.6% % of Total 61.8% 16.6% 8.4% 0.2% 8.0% 0.2% 8.0% 0.5% 0.5% 0.0%	No. 0 4 74 114 66 13 3 5 No. 167 21 18 1 39 1 0 29 0 0 0 0 0	% of Total 0.0% 1.4% 26.8% 41.3% 23.9% 4.7% 1.8% % of Total 60.5% 6.5% 6.5% 0.4% 14.1% 0.4% 10.5% 0.0% 0.0%	Rate per 100,000 0.0 1.9 23.5 33.6 19.9 5.0 1.4 Rate per 100,000 - - - - - - - - - - - - - - - - -	No. 23 1 55 1,111 1,416 595 149 50 No. 1,598 469 255 330 9 0 708 24 0	% of Total 0.7% 0.0% 1.6% 32.7% 41.6% 17.5% 4.4% 1.5% % of Total 47.0% 13.8% 7.6% 0.1% 9.7% 0.3% 0.0% 20.8% 0.7% 0.0%		0. 0 0 4 96 238 150 48 18 18 0. 0 334 52 37 1 73 3 0 54 0 0 0	% of Total 0.0% 0.7% 17.3% 43.0% 27.1% 8.7% 3.2% % of Total 60.3% 9.4% 6.7% 0.2% 13.2% 0.5% 0.0% 0.0% 0.0%	Rate per 100,000 0.0 1.9 30.5 70.2 45.2 18.3 5.2 Rate per 100,000 - - - - - - - - - - - - - - - - -	No. 46 5 67 1,889 3,583 1,894 609 225 No. 4,638 1,287 671 17 721 50 1 882 49 2	% of Total 0.6% 0.1% 0.8% 22.7% 43.1% 22.8% 7.3% 2.7% 8% of Total 55.8% 15.5% 8.1% 0.2% 8.7% 0.6% 0.0% 10.6% 0.0%

Table 1. Fast Facts on AIDS and HIV^{^g} Cases in Nevada

 $^{\rm \texttt{\$}}$ HIV Cases are HIV, not yet AIDS Cases

*Age is defined as the Age at Diagnosis

**The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

CLARK COUNTY, NEVADA FAST FACTS ABOUT AIDS and HIV

Table 2. Fast Facts on AIDS and HIV^{\$} Cases in Clark County

	20	002 AIDS (Cases	Cumulative (1983-2002) AIDS Cases			20	Cui (198 HIV	Cumulative (1983-2002) HIV ^{&} Cases			2002 AIDS Cases	and HIV	Total C AIDS C	Cumulative and HIV [⊀] ases		
GENDER	No.	% of Total	Rate per 100,000	No.	% of Total		No.	% of Total	Rate per 100,000	No.	% of Total		No.	% of Total	Rate per 100,000	No.	% of Total
Male Female	202 41	83.1% 16.9%	25.4 5.3	3,391 525	86.6% 13.4%		201 38	84.1% 15.9%	25.3 5.0	2,165	81.8% 18.2%		403 79	83.6% 16.4%	50.8 10.3	5,556 1,007	84.7% 15.3%
						ייי הוה					1						
RACE/ETHNICITY	No.	% of Total	Rate per 100,000	No.	% of Total		No.	% of Total	Rate per 100,000	No.	% of Total		No.	% of Total	Rate per 100,000	No.	% of Total
White Black	126	51.9% 24.3%	13.5 41.5	2,396	61.2% 23.0%		120	50.2% 27.2%	12.9 45 7	1,550	58.6% 26.4%		246 124	51.0% 25.7%	26.4 87 1	3,946	60.1% 24.4%
Hispanic	48	19.8%	13.0	542	13.8%		44	18.4%	11.9	330	12.5%		92	19.1%	25.0	872	13.3%
Asian	7	2.9%	6.6	53	1.4%		8	3.3%	7.6	43	1.6%		15	3.1%	14.2	96	1.5%
Unknown	1	0.8%	-	1	0.0%		1	0.4%	-	22	0.8%		2	0.0%	-	47	0.7%
						а. П. 1											
A O E *	No	% of Total	Rate per	No	% of Total		No	% of Total	Rate per	No	% of Total		No	% of Total	Rate per	No	% of Total
AGE <5	110.	0.0%	0.0	22	0.6%		NU. 0	0.0%	0.0	21	0.8%		NU. 0	0.0%	0.0	43	0 7%
5 to 12	0	0.0%	0.0	4	0.0%		0	0.0%	0.0	1	0.0%		0	0.0%	0.0	5	0.1%
13 to 19	0	0.0%	0.0	11	0.3%		4	1.7%	2.7	42	1.6%		4	0.8%	2.7	53	0.8%
20 to 29	18	7.4%	7.7	613	15.7%		60	25.1%	25.8	843	31.8%		78	16.2%	33.5	1,456	22.2%
30 to 39	114	46.9%	46.3	1,747	44.6%		101	42.3%	41.1	1,100	41.6%		215	44.6%	87.4	2,847	43.4%
40 to 49	72	29.6%	31.9	1,033	26.4%		57	23.8%	25.3	472	17.8%		129	26.8%	57.2	1,505	22.9%
50 to 59 60+	28	11.5%	15.8	354	9.0%		12	5.0%	0.8 2.1	126	4.8%		40	8.3%	22.6	480	7.3%
		4.570	7.7	102	J. 1 /0			2.170	2.1	- 72	1.0 /0		10	0.070	0.0	1/4	2.170
EXPOSURE			Rate per						Rate per						Rate per		
CATEGORY	No.	% of Total	100,000	No.	% of Total		No.	% of Total	100,000	No.	% of Total		No.	% of Total	100,000	No.	% of Total
MSM	152	62.6%	-	2,423	61.9%		154	64.4%	-	1,275	48.2%		306	63.5%	-	3,698	56.3%
IDU	26	10.7%	-	675	17.2%		17	7.1%	-	322	12.2%		43	8.9%	-	997	15.2%
MSM & IDU	17	7.0%	-	336	8.6%		12	5.0%	-	168	6.3%		29	6.0%	-	504	7.7%
Hemophillac	20	10.0%	-	227	0.1%		20	15.0%	-	271	10.2%		69	0.2%	-	809	0.1%
Transfusion/Transplant	2	0.8%	-	20	0.0%		0	0.0%	-	2/1	0.1%		2	0.4%	-	23	9.5%
Other	0	0.0%	-	1	0.0%		0	0.0%	-	0	0.0%		0	0.4%	-	1	0.4%
Risk Not Specified	16	6.6%	-	94	2.4%		17	7.1%	-	582	22.0%		33	6.8%	-	676	10.3%
Mom w/ HIV or HIV Risk	0	0.0%	-	24	0.6%		0	0.0%	-	22	0.8%		0	0.0%	-	46	0.7%
Pediatric Transfusion	0	0.0%	-	2	0.1%			0.0%	-		0.0%		0	0.0%	-	2	0.0%
						- '											
TOTAL	243	100.0%	15.6	3,916	100.0%		239	100.0%	15.3	2,647	100.0%		482	100.0%	30.9	6,563	100.0%

 $^{\texttt{R}}$ HIV Cases are HIV, not yet AIDS Cases

*Age is defined as the Age at Diagnosis

WASHOE COUNTY, NEVADA FAST FACTS ABOUT AIDS and HIV

Table 3. Fast Facts on AIDS and HIV^{^{\$}} Cases in Washoe County

	2002 AIDS Cases	Cumulative (1983-2002) AIDS Cases	2002 HIV [®] Case	Cumulative (1983-2002) HIV ^{&} Cases	Total 2002 AIE Case	S and HIV s	Total Cumulative AIDS and HIV [®] Cases
GENDER Male Female	Rate per No. % of Total 100,000 26 89.7% 14 3 10.3% 1	No. % of Total 4 697 94.3% 7 42 5.7%	Ra No. % of Total 10 21 77.8% 6 22.2%	e per 0,000 No. % of Total 11.6 468 85.2% 3.4 81 14.8%	No. % of Tota 47 83.99 9 16.19	Rate per 100,000 6 26.0 6 5.1	No. % of Total 1,165 90.5% 123 9.5%
RACE/ETHNICITY White Black Hispanic Asian Native Unknown	Rate per No. % of Total 100,000 22 75.9% 8 3 10.3% 38 4 13.8% 6 0 0.0% 0 0 0.0% 0 0 0.0% -	No. % of Total 5 594 80.4% 1 51 6.9% 2 83 11.2% 0 7 0.9% 0 4 0.5% 0 0.0%	Rat No. % of Total 100 18 66.7% 3 3 11.1% 4 4 14.8% 0 0 0.0% 2 7.4% 0 0.0%	is per No. % of Total 0,000 No. % of Total 6.9 421 76.7% 38.1 67 12.2% 6.2 49 8.9% 0.0 3 0.5% 29.7 7 1.3% - 2 0.4%	No. % of Tota 40 71.49 6 10.79 8 14.39 0 0.09 2 3.69 0 0.09	Rate per 100,000 6 15.4 6 76.2 6 12.4 6 0.0 6 29.7 6 -	No. % of Total 1,015 78.8% 118 9.2% 132 10.2% 10 0.8% 11 0.9% 2 0.2%
AGE* <5 5 to 12 13 to 19 20 to 29 30 to 39 40 to 49 50 to 59 60+	Rate pe No. % of Total 100,000 0 0.0% 0 0 0.0% 0 0 0.0% 0 4 13.8% 8 9 31.0% 15 10 34.5% 17 5 17.2% 10 1 3.4% 1	No. % of Total 0 1 0.1% 0 0 0.0% 0 1 0.1% 6 112 15.2% 5 309 41.8% 0 204 27.6% 8 76 10.3% 8 36 4.9%	Rai No. % of Total 100 0 0.0% 0 0 0.0% 0 14 51.9% 7 25.9% 6 22.2% 0 0.0% 0.0% 0 0.0% 0.0%	te per 0,000 No. % of Total 0.0 1 0.2% 0.0 0 0.0% 0.0 10 1.8% 30.0 192 35.0% 12.1 230 41.9% 10.2 92 16.8% 0.0 19 3.5% 0.0 5 0.9%	No. % of Tota 0 0.09 0 0.09 0 0.09 18 32.19 16 28.69 16 28.69 5 8.99 1 1.89	Rate per 100,000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	No. % of Total 2 0.2% 0 0.0% 11 0.9% 304 23.6% 539 41.8% 296 23.0% 95 7.4% 41 3.2%
EXPOSURE CATEGORY MSM IDU MSM & IDU Hemophiliac Heterosexual Contact Transfusion/Transplant Other Risk Not Specified Mom w/ HIV or HIV Risk Pediatric Transfusion	Rate per No. % of Total 100,000 13 44.8% - 3 10.3% - 2 6.9% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% -	No. % of Total 512 69.3% 63 8.5% 55 7.4% 4 0.5% 30 4.1% 11 1.5% 0 0.0% 63 8.5% 1 0.1% 0.0% 0.0%	Rat No. % of Total 100 9 33.3% 1 3.7% 1 3.7% 4 14.8% 0 0.0% 1 3.7% 1 3.7% 0 0.0% 11 40.7% 0 0.0% 0.0% 0.0% 0.0% 0.0%	e per 0,000 No. % of Total - 278 50.6% - 70 12.8% - 57 10.4% - 1 0.2% - 43 7.8% - 5 0.9% - 0 0.0% - 94 17.1% - 1 0.2% - 1 0.2%	No. % of Tota 22 39.39 4 7.19 6 10.79 0 0.00 4 7.19 1 1.89 0 0.09 19 33.99 0 0.09 0 0.09	Rate per 1 100,000 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -	No. % of Total 790 61.3% 133 10.3% 112 8.7% 5 0.4% 73 5.7% 16 1.2% 0 0.0% 157 12.2% 2 0.2% 0 0.0%
TOTAL	29 100.0% 8.1	739 100.0%	27 100.0%	7.5 549 100.0%	56 100.0%	15.7	1,288 100.0%

⁸ HIV Cases are HIV, not yet AIDS Cases

*Age is defined as the Age at Diagnosis

RURAL COUNTIES IN NEVADA, FAST FACTS ABOUT AIDS and HIV

Table 4. Fast Facts on AIDS and HIV^{\$} Cases in Rural** Nevada

GENDER No. % of Total No. % of Total<		2002 AIDS Cases	Cumulative (1983-2002) AIDS Cases	2002 HIV [®] Cases	Cumulative (1983-2002) HIV ^{&} Cases	Total 2002 AIDS and HIV Cases	Total Cumulative AIDS and HIV [*] Cases
RACE/ETHNICITY No. Rate per biack No. % of Total 100,000 No. % of Total 7 No. % of Total 100,000 No. % of Total 00,00% No. % of Total 100,000 No. % of Total 00,00% No. % of Total 100,000 No. % of Total 100,000 No. % of Total 00,00% No. % of Total 100,000 No. % of Total 100,000 No. % of Total 100,000 No.<	GENDER Male Female	Rate per No. % of Total 100,000 5 83.3% 3.4 1 16.7% 0.7	No. % of Total 217 82.5% 46 17.5%	Rate per No. % of Total 100,000 9 90.0% 6.1 1 10.0% 0.7	No. % of Total 169 82.8% 35 17.2%	Rate per No. % of Total 100,000 14 87.5% 9.5 2 12.5% 1.4	No. % of Total 386 82.7% 81 17.3%
AGE* No. % of Total 100,000 No. % of Total No. % of	RACE/ETHNICITY White Black Hispanic Asian Native Unknown	Rate per No. % of Total 100,000 5 83.3% 2.1 1 16.7% 38.4 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0	No. % of Total 203 77.2% 42 16.0% 11 4.2% 3 1.1% 4 1.5% 0 0.0%	Rate per No. % of Total 100,000 7 70.0% 3.0 1 10.0% 38.4 1 10.0% 22.6 1 10.0% 22.2 0 0.0% 0.0 0 0.0% -	No. % of Total 116 56.9% 53 26.0% 28 13.7% 2 1.0% 4 2.0% 1 0.5%	Rate per No. % of Total 100,000 12 75.0% 5.1 2 12.5% 76.9 1 6.3% 2.6 1 6.3% 22.2 0 0.0% 0.0 0 0.0% -	No. % of Total 319 68.3% 95 20.3% 39 8.4% 5 1.1% 8 1.7% 1 0.2%
EXPOSURE CATEGORY Rate per No. % of Total 100,000 No. % of Total 100,000 No. % of Total 105 Rate per 39.9% Rate per 4 No. % of Total 4 No. % of Total 6 N	AGE* <5 5 to 12 13 to 19 20 to 29 30 to 39 40 to 49 50 to 59 60+	No. % of Total 100,000 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 1 16.7% 2.9 2 33.3% 4.2 2 33.3% 5.1 1 16.7% 1.8	No. % of Total 0 0.0% 0 0.0% 53 20.2% 111 42.2% 62 23.6% 30 11.4% 7 2.7%	No. % of Total 100,000 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 6 60.0% 17.1 3 30.0% 6.3 1 10.0% 2.6 0 0.0% 0.0	No. % of Total 1 0.5% 0 0.0% 3 1.5% 76 37.3% 86 42.2% 31 15.2% 4 2.0% 3 1.5%	Rate per No. % of Total 100,000 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 0.0% 0.0 0 3.13% 10.6 3 18.8% 7.7 1 6.3% 1.8	No. % of Total 1 0.2% 0 0.0% 3 0.6% 129 27.6% 197 42.2% 93 19.9% 34 7.3% 10 2.1%
	EXPOSURE CATEGORY MSM IDU MSM & IDU Hemophiliac Heterosexual Contact Transfusion/Transplant Other Risk Not Specified Mom w/ HIV or HIV Risk Pediatric Transfusion	Rate per No. % of Total 100,000 2 33.3% - 2 33.3% - 0 0.0% - 1 16.7% - 0 0.0% - 1 16.7% - 0 0.0% - 1 16.7% - 0 0.0% - 0 0.0% - 0 0.0% -	No. % of Total 105 39.9% 80 30.4% 23 8.7% 4 1.5% 24 9.1% 10 3.8% 0 0.0% 17 6.5% 0 0.0% 0 0.0%	Rate per No. % of Total 100,000 4 40.0% - 3 30.0% - 2 20.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% -	No. % of Total 45 22.1% 77 37.7% 32 15.7% 0 0.0% 16 7.8% 1 0.5% 0 0.0% 32 15.7% 0 0.0% 1 0.5% 0 0.0%	Rate per No. % of Total 100,000 6 37.5% - 5 31.3% - 2 12.5% - 0 0.0% - 1 6.3% - 0 0.0% - 2 12.5% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% - 0 0.0% -	No. % of Total 150 32.1% 157 33.6% 55 11.8% 4 0.9% 40 8.6% 11 2.4% 0 0.0% 49 10.5% 1 0.2% 0 0.0%

 $^{\texttt{K}}$ HIV Cases are HIV, not yet AIDS Cases

*Age is defined as the Age at Diagnosis

**The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

OVERALL TRENDS IN SURVEILLANCE of AIDS and HIV

Acquired Immuno-Deficiency Syndrome (AIDS)



Figure 1. AIDS Cases by Year of Report, Nevada, 1983-2002

* AIDS case definition changed by CDC

Human Immuno-Deficiency Virus (HIV)



Figure 2. HIV Cases by Year of Report, Nevada, 1990-2002

HIV reporting became mandatory in NV. See technical notes for explaination of peak in 1992.

AIDS and HIV in Nevada

(Adults/Adolescents and Children Less than 13 Years Old) by Year of Report, Nevada Table 5. AIDS and HIV $^{\rm A}$

	Adult/Ado C	vlescent AIDS ases	Adult/Ado	lescent HIV ^Å	Adult/Adol AIDS a	lescent Total and HIV ^{&}	Children < AIDS	:13 Years Old 8 Cases	Children <	t13 Years Old IIV ^Å	Children < Total Alt	13 Years Old S and HIV ^{\$}
Year	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total
1983	2	0.0%			2	0.0%						
1984	4	0.1%	•	ı	4	0.0%	I		ı	ı	ı	·
1985	13	0.3%			13	0.2%					•	
1986	34	0.7%			34	0.4%						
1987	06	1.8%			90	1.1%						
1988	114	2.3%			114	1.4%	2	7.4%	ı	ı	2	3.9%
1989	182	3.7%			182	2.2%	-	3.7%			-	2.0%
1990	184	3.8%	~	0.0%	185	2.2%	5	18.5%	ı	ı	5	9.8%
1991	265	5.4%	84	2.5%	349	4.2%	2	7.4%	ı	ı	2	3.9%
1992	263	5.4%	743	22.0%	1,006	12.2%	3	11.1%	4	4.2%	4	7.8%
1993*	582	11.9%	227	6.7%	809	9.8%	c	11.1%	12	50.0%	15	29.4%
1994	405	8.3%	261	7.7%	666	8.1%	-	3.7%	3	12.5%	4	7.8%
1995	458	9.4%	191	5.7%	649	7.9%	n	11.1%	-	4.2%	4	7.8%
1996	459	9.4%	390	11.6%	849	10.3%	2	7.4%	-	4.2%	З	5.9%
1997	538	11.0%	260	7.7%	798	9.7%	4	3.7%	-	4.2%	2	3.9%
1998	251	5.1%	222	6.6%	473	5.7%	-	3.7%	2	8.3%	С	5.9%
1999	254	5.2%	194	5.7%	448	5.4%	-	3.7%	-	4.2%	2	3.9%
2000	285	5.8%	282	8.4%	567	6.9%	2	7.4%	0	0.0%	2	3.9%
2001	230	4.7%	245	7.3%	475	5.7%	0	0.0%	2	8.3%	2	3.9%
2002	278	5.7%	276	8.2%	554	6.7%	0	0.0%	0	0.0%	0	0.0%
Total	4,891	100.0%	3,376	100.0%	8,267	100.0%	27	100.0%	24	100.0%	51	100.0%

⁴ HIV Cases are HIV, not yet AIDS Cases *AIDS case definition changed by CDC

Note: The "-" convention indicates that reporting during that time was not in place.

6

AIDS SURVEILLANCE IN NEVADA

AIDS Cases, 1983 - 2002





^{*} AIDS case definition changed by CDC





**No cases reported before 1988

AIDS Rates, 1990-2002

Year		Clar	k		Wash	oe	All	Other Co	ounties**		Total
	No.	% of Total	Rate per 100,000	No.	% of Total	Rate per 100,000	No.	% of Total	Rate per 100,000	No.	Rate per 100,000
1990	153	81.0%	19.9	34	18.0%	13.2	2	1.1%	1.0	189	15.3
1991	204	76.4%	24.9	52	19.5%	19.7	11	4.1%	5.1	267	20.5
1992	200	75.2%	23.4	54	20.3%	20.2	12	4.5%	5.4	266	19.8
1993	426	72.8%	47.4	112	19.1%	41.2	47	8.0%	20.5	585	41.8
1994	343	84.5%	35.3	43	10.6%	15.4	20	4.9%	8.3	406	27.2
1995	342	74.2%	33.0	83	18.0%	28.5	36	7.8%	14.3	461	29.2
1996	369	80.0%	33.1	68	14.8%	22.4	24	5.2%	9.0	461	27.4
1997	469	87.0%	39.3	56	10.4%	18.1	14	2.6%	5.0	539	30.3
1998	202	80.2%	16.1	31	12.3%	10.0	19	7.5%	6.6	252	13.6
1999	210	82.4%	15.6	31	12.2%	9.6	14	5.5%	4.7	255	13.0
2000	246	85.7%	17.5	30	10.5%	8.8	11	3.8%	3.8	287	14.1
2001	191	83.0%	12.9	30	13.0%	8.5	9	3.9%	3.1	230	10.8
2002	243	87.4%	15.6	29	10.4%	8.1	6	2.2%	2.1	278	12.6

Table 6. AIDS Rates Per 100,000 Population by Year of Report and County of Residence, Nevada



**Other includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

Table 7. AIDS Rates Per 100,000 Population by Year of Report and Race/Ethnicity**, Nevada, 1990-2002

		Whit	te		Blac	k		Hispa	nic		Asia	n		Nativ	/e		Fotal
Year	No.	% of Total	Rate per 100,000	No.	Rate per 100,000												
1990	142	75.1%	14.6	28	14.8%	35.3	16	8.5%	12.5	2	1.1%	5.4	1	0.5%	5.6	189	15.3
1991	199	74.5%	19.9	44	16.5%	52.4	20	7.5%	12.9	3	1.1%	7.0	1	0.4%	5.5	267	20.5
1992	189	71.1%	18.7	54	20.3%	61.9	20	7.5%	11.2	2	0.8%	4.2	1	0.4%	5.5	266	19.8
1993	427	73.0%	41.3	93	15.9%	102.2	57	9.7%	28.2	5	0.9%	9.4	3	0.5%	16.1	585	41.8
1994	262	64.5%	24.2	89	21.9%	90.9	48	11.8%	20.7	4	1.0%	6.7	3	0.7%	15.6	406	27.2
1995	298	64.6%	26.4	99	21.5%	95.2	57	12.4%	21.8	4	0.9%	6.1	3	0.7%	15.1	461	29.2
1996	282	61.2%	23.8	98	21.3%	87.9	67	14.5%	22.8	9	2.0%	12.3	5	1.1%	24.1	461	27.4
1997	316	58.6%	25.6	129	23.9%	108.8	81	15.0%	24.9	8	1.5%	10.0	5	0.9%	23.3	539	30.3
1998	148	58.7%	11.6	54	21.4%	43.4	43	17.1%	12.2	5	2.0%	5.8	2	0.8%	9.2	252	13.6
1999	141	55.3%	10.6	57	22.4%	43.0	51	20.0%	13.2	5	2.0%	5.3	1	0.4%	4.4	255	13.0
2000	164	57.1%	12.1	67	23.3%	48.4	50	17.4%	12.1	4	1.4%	4.0	2	0.7%	9.0	287	14.1
2001	112	48.7%	7.9	63	27.4%	43.2	47	20.4%	10.8	4	1.7%	3.8	4	1.7%	17.4	230	10.8
2002	153	55.2%	10.7	63	22.7%	41.2	52	18.8%	11.0	7	2.5%	5.4	2	0.7%	6.7	277	12.5

Figure 6. AIDS Rates Per 100,000 Population by Year of Report and Race/Ethnicity, Nevada, 1990-2002



**Cases with unknown Race/Ethnicity are not shown separately, but are included in the total.

Demographics of AIDS Cases Table 8. Nevada AIDS Cases by County/Region, Gender, Race/Ethnicity, Age Group*, and Exposure Category

	1	Nev	vada AIDS Cas	ses	
		2002 Cases	Cum	ulative	
COUNTY/REGION	No.	% of Total	Rate per 100,000	No.	% of Total
Clark	243	87.4%	15.6	3,916	79.6%
Washoe	29	10.4%	8.1	739	15.0%
All Other Counties*	6	2.2%	2.1	263	5.3%
Unknown	0	0.0%	-	0	0.0%
			Rate per		
GENDER	No.	% of Total	100,000	No.	% of Total
Male	233	83.8%	20.8	4,305	87.5%
Female	45	16.2%	4.1	613	12.5%
	Ne	0/ - 6 T - 4 - 1	Rate per	No	0/
	NO.	% of Total	100,000	NO.	% of Total
vv hite	153	55.0%	10.7	3,193	64.9%
Black	63	22.7%	41.2	992	20.2%
Hispanic	52	18.7%	11.0	636	12.9%
Asian	7	2.5%	5.4	63	1.3%
Native	2	0.7%	6.7	33	0.7%
Unknown	1	0.4%	-	1	0.0%
	N	0/ - 6 T - 4 - 1	Rate per	Nie	
AGE*	NO.	% of lotal	100,000	NO.	% of I otal
<5	0	0.0%	0.0	23	0.5%
5 to 12	0	0.0%	0.0	4	0.1%
13 to 19	0	0.0%	0.0	12	0.2%
20 to 29	22	7.9%	7.0	778	15.8%
30 to 39	124	44.6%	36.6	2,167	44.1%
40 to 49	84	30.2%	25.3	1,299	26.4%
50 to 59	35	12.6%	13.3	460	9.4%
80+	13	4.1%	3.8	175	3.0%
EXPOSURE CATEGORY	No.	% of Total	Rate per 100,000	No.	% of Total
MSM	167	60.1%	-	3,040	61.8%
IDU	31	11.2%	-	818	16.6%
MSM & IDU	19	6.8%	-	414	8.4%
Hemophiliac	0	0.0%	-	12	0.2%
Heterosexual Contact	34	12.2%	-	391	8.0%
Transfusion/Transplant	2	0.7%	-	41	0.8%
Other	0	0.0%	-	1	0.0%
Risk Not Specified	25	9.0%	-	174	3.5%
Mom w/ HIV or HIV Risk	0	0.0%	-	25	0.5%
Pediatric Transfusion	0	0.0%	-	2	0.0%
	270	100.00/	12.0	4.040	100.00/
IUTAL	278	100.0%	12.0	4,918	100.0%

*Age is defined as the Age at Diagnosis **The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

Table 9. AIDS Cases by Age Group*, Race/Ethnicity, and Gender Nevada, 1983-2002

	Ago Group			Race/Et	hnicity			Total
	Age Group	White	Black	Hispanic	Asian	Native	Unknown	Total
	<5	4	5	2	0	0	0	11
	5 to 12	0	1	0 0		0	0 0	
ale	13 to 19	2	2	2	0	0	0	6
	20 to 29	417	94	125	12	5	1	654
Ň	30 to 39	1,299	314	267	27	11	0	1,918
	40 to 49	775	243	131	10	6	0	1,165
	50 to 59	292	53	46	3	2	0	396
	60+	116	24	12	2	0	0	154
	Unknown	0	0	0	0	0	0	0
	Male Total	2,905	736	585	54	24	1	4,305

	Age Group			Race/Et	hnicity			Total
	Age Group	White	Black	Hispanic	Asian	Native	Unknown	Total
	<5	5	5	2	0	0	0	12
	5 to 12	2	1	0	0	0	0	3
	13 to 19	1	5	0	0	0	0	6
Jale	20 to 29	71	37	14	1	1	0	124
en	30 to 39	119	107	15	3	5	0	249
	40 to 49	52	68	10	3	1	0	134
	50 to 59	28	27	7	0	2	0	64
	60+	10	6	3	2	0	0	21
	Unknown	0	0	0	0	0	0	0
	Female Total	288	256	51	9	9	0	613
G	Grand Total	3,193	992	636	63	33	1	4,918

*Age is defined as the Age at Diagnosis





*Age is defined as the Age at Diagnosis

Table 10. AIDS Cases by Exposure Category, Race/Ethnicity, and GenderNevada, 1983-2002

	Exposure Category			Total				
Se		White	Black	Hispanic	Asian	Native	Unknown	TOtal
Malo	MSM	2,167	366	446	44	16	1	3,040
nt l	IDU	285	228	57	1	2	0	573
sce	MSM & IDU	296	81	30	3	4	0	414
ole	Hemophiliac	12	0	0	0	0	0	12
/Ad	Hetsx Contact	51	29	17	0	1	0	98
ault	Transfusion/Transplant	19	0	4	3	0	0	26
Ac	Risk Not Specified	71	26	29	3	1	0	130
	Male Total	2,901	730	583	54	24	1	4,293

S	Exposure Category			Total				
Jale		White	Black	Hispanic	Asian	Native	Unknown	rotar
Fen	IDU	123	109	11	0	2	0	245
ent	Hemophiliac							0
sce	Hetsx Contact	126	119	35	6	7	0	293
lole	Transfusion/Transplant	10	2	2	1	0	0	15
ΝAd	Other	1	0	0	0	0	0	1
dult/	Risk Not Specified	21	20	1	2	0	0	44
Ă	Female Total	281	250	49	9	9	0	598

rs	Exposuro Catogory			Total				
Yea		White	Black	Hispanic	Asian	Native	Unknown	Total
13	Mother is IDU	5	7	0	0	0	0	12
lan	Mother sex w/ IDU	1	4	1	0	0	0	6
s th Old	Mother sex w/ Bisex Male	1	0	0	0	0	0	1
les	Mother sex w/ HIV/AIDS	1	1	3	0	0	0	5
en.	Mother has HIV/AIDS	1	0	0	0	0	0	1
ildi	Pedatiric Transfusion	2	0	0	0	0	0	2
ch	Pediatric Total	11	12	4	0	0	0	27
	Grand Total	3,193	992	636	63	33	1	4,918



- Nevada's population growth is ranked number one among all the other states (66.3% increase from the 1990 to the 2000 U.S. Census). The two largest metropolitan areas in Nevada, Clark and Washoe counties, reported the majority (97.8%) of all reported AIDS cases in Nevada in 2002.
- Clark County, which includes Las Vegas, accounted for 69.7% of the population of Nevada in 2001, but 87.4% of the reported AIDS cases in 2002.
- Washoe County, which includes Reno, accounted for 16.6% of the population of Nevada in 2001, but 10.4% of the reported AIDS cases in 2002.
- All the other counties in Nevada accounted for the remaining 13.8% of the population in 2001, yet only 2.2% of the reported AIDS cases.

Year		Clark Cour	nty		Washoe Co	unty		All Other Cou	nties*		Total Pate per		
	No.	% of Total	Rate per 100,000	No.	% of Total	Rate per 100,000	No.	% of Total	Rate per 100,000	No.	% of Total	Rate per 100,000	
1983	1	50.0%	-	1	50.0%	-	0	0.0%	-	2	100.0%	-	
1984	2	50.0%	-	1	25.0%	-	1	25.0%	-	4	100.0%	-	
1985	8	61.5%	-	4	30.8%	-	1	7.7%	-	13	100.0%	-	
1986	23	67.6%	-	6	17.6%	-	5	14.7%	-	34	100.0%	-	
1987	68	75.6%	-	15	16.7%	-	7	7.8%	-	90	100.0%	-	
1988	86	74.1%	-	22	19.0%	-	8	6.9%	-	116	100.0%	-	
1989	130	71.0%	-	37	20.2%	-	16	8.7%	-	183	100.0%	-	
1990	153	81.0%	19.9	34	18.0%	13.2	2	1.1%	1.0	189	100.0%	15.3	
1991	204	76.4%	24.9	52	19.5%	19.7	11	4.1%	5.1	267	100.0%	20.5	
1992	200	75.2%	23.4	54	20.3%	20.2	12	4.5%	5.4	266	100.0%	19.8	
1993	426	72.8%	47.4	112	19.1%	41.2	47	8.0%	20.5	585	100.0%	41.8	
1994	343	84.5%	35.3	43	10.6%	15.4	20	4.9%	8.3	406	100.0%	27.2	
1995	342	74.2%	33.0	83	18.0%	28.5	36	7.8%	14.3	461	100.0%	29.2	
1996	369	80.0%	33.1	68	14.8%	22.4	24	5.2%	9.0	461	100.0%	27.4	
1997	469	87.0%	39.3	56	10.4%	18.1	14	2.6%	5.0	539	100.0%	30.3	
1998	202	80.2%	16.1	31	12.3%	10.0	19	7.5%	6.6	252	100.0%	13.6	
1999	210	82.4%	15.6	31	12.2%	9.6	14	5.5%	4.7	255	100.0%	13.0	
2000	246	85.7%	17.5	30	10.5%	8.8	11	3.8%	3.8	287	100.0%	14.1	
2001	191	83.0%	12.9	30	13.0%	8.5	9	3.9%	3.1	230	100.0%	10.8	
2002	243	87.4%	15.6	29	10.4%	8.1	6	2.2%	2.1	278	100.0%	12.6	
Total	3,916	79.6%		739	15.0%		263	5.3%		4,918	100.0%		

Table 11. Geographic Distribution of AIDS Cases by Year of ReportNevada, 1983-2002

Figure 9. Distribution of AIDS Cases by County/Region, Nevada, 1983-2002



*The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye,

Mortality of Nevada AIDS Cases

Table 12. Cumulative AIDS Mortality in Nevada and the U.S., (reported as of December 31, 2002)

()
	Nevada	U.S.
	Cumulative	Cumulative
AIDS Cases	4,918	859,000
Deaths*	2,477	501,669
Case Fatality Rate	50.4%	58.4%

*Deaths in the AIDS surveillance system may not be from AIDS related causes

Table 13. Cumulative AIDS Mortality in Nevada by Gender, Race/Ethnicity,and Exposure Category, (reported as of December 31, 2002)

	Nevada AIDS Cases								
	De	aths*	AIDS	Fatality Rate					
COUNTY/REGION	No.	% of Total	No.	%					
Clark	1,947	78.6%	3,916	49.7%					
Washoe	402	16.2%	739	54.4%					
All Other Counties**	128	5.2%	263	48.7%					
GENDER	No.	% of Total	No.	% of Total					
Male	2,216	89.5%	4,305	51.5%					
Female	261	10.5%	613	42.6%					
RACE/ETHNICITY	No.	% of Total	No.	% of Total					
White	1,743	70.4%	3,193	54.6%					
Black	470	19.0%	992	47.4%					
Hispanic	229	9.2%	636	36.0%					
Asian	24	1.0%	63	38.1%					
Native	11	0.4%	33	33.3%					
Unknown	0	0.0%	1	0.0%					
AGE	No.	% of Total	No.	% of Total					
<5	14	0.6%	23	60.9%					
5 to 12	2	0.1%	4	50.0%					
13 to 19	2	0.1%	12	16.7%					
20 to 29	383	15.5%	778	49.2%					
30 to 39	1,033	41.7%	2,167	47.7%					
40 to 49	671	27.1%	1,299	51.7%					
50 to 59	248	10.0%	460	53.9%					
60+	124	5.0%	175	70.9%					
EXPOSURE CATEGORY	No.	% of Total	No.	% of Total					
MSM	1,556	62.8%	3,040	51.2%					
IDU	456	18.4%	818	55.7%					
MSM & IDU	223	9.0%	414	53.9%					
Hemophiliac	8	0.3%	12	66.7%					
Heterosexual Contact	135	5.5%	391	34.5%					
Transfusion/Transplant	29	1.2%	41	70.7%					
Other	1	0.0%	1	100.0%					
Risk Not Specified	53	2.1%	174	30.5%					
Mom w/ HIV or HIV Risk	14	0.6%	25	56.0%					
Pediatric Transfusion	2	0.1%	2	100.0%					
TOTAL	2,477	100.0%	4,918	50.4%					

*"Deaths" category does not include cases (n=7) with unknown mortality status

**The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.



Figure 10. AIDS Case Mortality Status

*See Table below for numbers of deceased for these years

Table 14. Cumulative AIDS Case Mortality Status by Year of Report Nevada, 1983-2002

Voar	Li	ving	D	ead	Total		
rear	No.	% Living	No.	% Dead	No.	% of Total	
1983	0	0.0%	2	100.0%	2	100.0%	
1984	0	0.0%	4	100.0%	4	100.0%	
1985	0	0.0%	13	100.0%	13	100.0%	
1986	1	2.9%	33	97.1%	34	100.0%	
1987	3	3.3%	87	96.7%	90	100.0%	
1988	10	8.6%	106	91.4%	116	100.0%	
1989	12	6.6%	171	93.4%	183	100.0%	
1990	10	5.3%	179	94.7%	189	100.0%	
1991	33	12.4%	234	87.6%	267	100.0%	
1992	33	12.4%	233	87.6%	266	100.0%	
1993	153	26.2%	432	73.8%	585	100.0%	
1994	154	37.9%	252	62.1%	406	100.0%	
1995	240	52.1%	221	47.9%	461	100.0%	
1996	309	67.0%	152	33.0%	461	100.0%	
1997	394	73.1%	145	26.9%	539	100.0%	
1998	185	73.4%	67	26.6%	252	100.0%	
1999	196	76.9%	59	23.1%	255	100.0%	
2000	244	85.0%	43	15.0%	287	100.0%	
2001	195	84.8%	35	15.2%	230	100.0%	
2002	241	86.7%	37	13.3%	278	100.0%	
Total	2,413	49.1%	2,505	50.9%	4,918	100.0%	

Note: Living cases include those whose mortality status is unknown. Deaths of AIDS patients have dropped dramatically from 1994 to 2002, due to possibly effective antiretroviral regimens.

HIV SURVEILLANCE in NEVADA

HIV Cases, 1992 - 2002





⁸ HIV cases are HIV, not yet AIDS cases
*HIV Reporting became mandatory in Nevada in 1992. See technical notes for further details about this year



⁸ HIV cases are HIV, not yet AIDS cases

*HIV Reporting became mandatory in Nevada in 1992. See technical notes for further details about this year



Table 15. HIV¹ Rates Per 100,000 population By Year of Report and Race/EthnicityNevada, 1992-2002

		Whit	te		Blac	:k		Hispa	nic		Asia	an		Nati	ve	Un	known		Total
Year	No.	% of Total	Rate per 100,000	No.	% of Total	No.	Rate per 100,000												
1992	504	67.7%	49.7	164	22.0%	188.0	68	9.1%	38.1	3	0.4%	6.3	3	0.4%	16.4	2	2.2%	744	55.3
1993	155	64.9%	15.0	64	26.8%	70.3	16	6.7%	7.9	2	0.8%	3.8	2	0.8%	10.7	0	4.5%	239	17.1
1994	169	64.0%	15.6	68	25.8%	69.5	23	8.7%	9.9	1	0.4%	1.7	3	1.1%	15.6	0	5.9%	264	17.7
1995	125	65.1%	11.1	42	21.9%	40.4	20	10.4%	7.7	3	1.6%	4.5	1	0.5%	5.0	1	2.6%	192	12.2
1996	281	71.9%	23.7	63	16.1%	56.5	41	10.5%	14.0	4	1.0%	5.5	2	0.5%	9.6	0	2.5%	391	23.2
1997	157	60.2%	12.7	59	22.6%	49.7	38	14.6%	11.7	4	1.5%	5.0	3	1.1%	14.0	0	5.4%	261	14.7
1998	130	58.0%	10.2	52	23.2%	41.8	31	13.8%	8.8	6	2.7%	6.9	5	2.2%	22.9	0	10.2%	224	12.1
1999	102	52.3%	7.7	55	28.2%	41.5	30	15.4%	7.7	5	2.6%	5.3	3	1.5%	13.3	0	6.8%	195	9.9
2000	166	58.9%	12.2	66	23.4%	47.7	45	16.0%	10.9	3	1.1%	3.0	2	0.7%	9.0	0	3.2%	282	13.9
2001	121	49.0%	8.5	80	32.4%	54.8	33	13.4%	7.6	8	3.2%	7.5	4	1.6%	17.4	1	7.0%	247	11.6
2002	145	52.5%	10.2	69	25.0%	45.2	49	17.8%	10.4	9	3.3%	7.0	3	1.1%	10.0	1	3.6%	276	12.5

[#]HIV cases are HIV, not yet AIDS cases

Demographics of HIV Cases in Nevada

Table 16. Nevada HIV^{\$} Cases by County/Region, Gender, Race/Ethnicity, Age Group*, and Exposure Category

	Nevada HIV Cases								
		2002 Cases	Cum	ulative					
COUNTY/REGION	No.	% of Total	Rate per 100,000	No.	% of Total				
Clark	239	86.6%	15.3	2,647	77.9%				
Washoe	27	9.8%	7.5	549	16.1%				
All Other Counties**	10	3.6%	3.4	204	6.0%				
Unknown	0	0.0%	-	0	0.0%				
			Rate per						
GENDER	No.	% of Total	100,000	No.	% of Total				
Male	231	83.7%	20.6	2,802	82.4%				
Female	45	16.3%	4.1	598	17.6%				
			Rate per						
RACE/ETHNICITY	No.	% of Total	100,000	No.	% of Total				
White	145	52.5%	10.2	2,087	61.4%				
Black	69	25.0%	45.2	820	24.1%				
Hispanic	49	17.8%	10.4	407	12.0%				
Asian	9	3.3%	7.0	48	1.4%				
Native	3	1.1%	10.0	33	1.0%				
Unknown	1	0.4%	-	5	0.1%				
			Rate per						
AGE*	No.	% of Total	100,000	No.	% of Total				
<5	0	0.0%	0.0	23	0.7%				
5 to 12	0	0.0%	0.0	1	0.0%				
13 to 19	4	1.4%	1.9	55	1.6%				
20 to 29	74	26.8%	23.5	1,111	32.7%				
30 to 39	114	41.3%	33.6	1,416	41.6%				
40 to 49	66	23.9%	19.9	595	17.5%				
50 to 59	13	4.7%	5.0	149	4.4%				
60+	5	1.8%	1.4	50	1.5%				
			Rate per						
EXPOSURE CATEGORY	No.	% of Total	100,000	No.	% of Total				
MSM	167	60.5%	-	1,598	47.0%				
IDU	21	7.6%	-	469	13.8%				
MSM & IDU	18	6.5%	-	257	7.6%				
Hemophiliac	1	0.4%	-	5	0.1%				
Heterosexual Contact	39	14.1%	-	330	9.7%				
Transfusion/Transplant	1	0.4%	-	9	0.3%				
Other	0	0.0%	-	0	0.0%				
Risk Not Specified	29	10.5%	-	708	20.8%				
Mom w/ HIV or HIV Risk	0	0.0%	-	24	0.7%				
Pediatric Transfusion	0	0.0%	-	0	0.0%				
TOTAL	276	100.0%	12.5	3,400	100.0%				

*HIV Cases are HIV, not yet AIDS cases

*Age is defined as the Age at Diagnosis

"The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.



Table 17. HIV^{\$} Cases by Gender and Year of Report, Nevada, 1992-2002

Year		Male			Female			Total	
	No.	% of Total	Rate per 100,000	No.	% of Total	Rate per 100,000	No.	% of Total	Rate per 100,000
1992	616	82.8%	89.9	128	17.2%	19.4	744	100.0%	55.3
1993	193	80.8%	27.1	46	19.2%	6.7	239	100.0%	17.1
1994	209	79.2%	27.5	55	20.8%	7.5	264	100.0%	17.7
1995	153	79.7%	19.0	39	20.3%	5.0	192	100.0%	12.2
1996	342	87.5%	39.8	49	12.5%	5.9	391	100.0%	23.2
1997	206	78.9%	22.7	55	21.1%	6.3	261	100.0%	14.7
1998	181	80.8%	19.1	43	19.2%	4.7	224	100.0%	12.1
1999	157	80.5%	15.7	38	19.5%	3.9	195	100.0%	9.9
2000	237	84.0%	22.9	45	16.0%	4.5	282	100.0%	13.9
2001	207	83.8%	19.1	40	16.2%	3.8	247	100.0%	11.6
2002	231	83.7%	20.6	45	16.3%	4.1	276	100.0%	12.5
Total	2,732	82.4%		583	17.6%		3,315	100.0%	

*HIV cases are HIV, not yet AIDS cases

	Ago Group			Race/Et	hnicity			Total
	Age Group	White	Black	Hispanic	Asian	Native	Unknown	TOtai
	<5	4	4	2	0	0	0	10
	5 to 12	0	0	1	0	0	0	1
	13 to 19	18	8	3	0	0	0	29
ale	20 to 29	589	166	130	15	7	1	908
Ň	30 to 39	762	259	147	12	15	3	1,198
	40 to 49	313	121	48	8	1	0	491
	50 to 59	81	32	11	1	0	0	125
	60+	33	4	3	0	0	0	40
	Unknown	0	0	0	0	0	0	0
	Male Total	1,800	594	345	36	23	4	2,802

Table 18. HIV^{\$} Cases by Age Group*, Race/Ethnicity, and GenderNevada, 1990-2002

				Race/Et	hnicity			Total
		White	Black	Hispanic	Asian	Native	Unknown	TOtal
	<5	5	7	1	0	0	0	13
	5 to 12	0	0	0	0	0	0	0
	13 to 19	8	14	4	0	0	0	26
nale	20 to 29	94	82	19	5	2	1	203
Fen	30 to 39	121	70	20	4	3	0	218
_	40 to 49	42	43	12	3	4	0	104
	50 to 59	12	7	4	0	1	0	24
	60+	5	3	2	0	0	0	10
	Unknown	0	0	0	0	0	0	0
	Female Total	287	226	62	12	10	1	598

3,400

	Grand Total	2,087	820	407	48	33	5
¥							

*HIV Cases are HIV, not yet AIDS cases

*Age is defined as the Age at Diagnosis

Table 19. HIV[&] Cases by Exposure Category, Race/Ethnicity, and GenderNevada, 1983-2002

				Race/Et	hnicity			Total
Se		White	Black	Hispanic	Asian	Native	Unknown	Total
Malo	MSM	1,078	261	216	28	14	1	1,598
nt l	IDU	174	112	30	0	4	0	320
sce	MSM & IDU	196	35	22	1	3	0	257
ole	Hemophiliac	5	0	0	0	0	0	5
/Ad	Hetsx Contact	23	34	11	2	1	0	71
lult	Transfusion/Transplant	3	1	0	0	0	0	4
Ac	Risk Not Specified	317	147	63	5	1	3	536
	Male Total	1,796	590	342	36	23	4	2,791

	Exposure Category			Race/Et	hnicity			Total
cent		White	Black	Hispanic	Asian	Native	Unknown	Total
les(les	IDU	86	52	8	1	2	0	149
vdo mal	Hetsx Contact	110	98	39	7	5	0	259
It/A Fe	Transfusion/Transplant	2	3	0	0	0	0	5
Adu	Risk Not Specified	84	66	14	4	3	1	172
	Female Total	282	219	61	12	10	1	585

~	Exposuro Catogory			Race/Et	hnicity			Total
n 10		White	Black	Hispanic	Asian	Native	Unknown	TOtal
thai Id	Mother is IDU	2	2	1	0	0	0	5
ss: s Ol	Mother sx w/ IDU	2	4	1	0	0	0	7
n le ears	Mother sx w/ HIV/AIDS	1	1	2	0	0	0	4
dre	Mother has HIV/AIDS	3	4	0	0	0	0	7
lin	Mother had Transfusion	1	0	0	0	0	0	1
0	Pediatric Total	9	11	4	0	0	0	24
	Grand Total	2,087	820	407	48	33	5	3,400

*HIV Cases are HIV, not yet AIDS cases

Figure 15. Geographic Depiction of HIV Cases in Nevada, 2002



- Nevada's population growth is ranked number one among all the other states (66.3% increase from the 1990 to the 2000 U.S. Census). The two largest metropolitan areas in Nevada, Clark and Washoe counties, reported the majority (96.4%) of all reported HIV cases in Nevada in 2002.
- Clark County, which includes Las Vegas, accounted for 69.7% of the population of Nevada in 2001, but 86.6% of the reported HIV cases in 2002.
- Washoe County, which includes Reno, accounted for 16.6% of the population of Nevada in 2001, but 9.8% of the reported HIV cases in 2002.
- All the other counties in Nevada accounted for the remaining 13.8% of the population in 2001, yet only 3.6% of the reported HIV cases.

Year		Clark Cour	nty		Washoe Co	unty		All Other Co	unties*		Total	
	No.	% of Total	Rate per 100,00	No.	% of Total	Rate per 100,00	No.	% of Total	Rate per 100,00	No.	% of Total	Rate per 100,00
1990	1	100.0%	0.1	0	0.0%	0.0	0	0.0%	0.0	1	100.0%	0.1
1991	4	4.8%	0.5	0	0.0%	0.0	80	95.2%	37.2	84	100.0%	6.5
1992	703	94.5%	82.1	32	4.3%	12.0	9	1.2%	4.1	744	100.0%	55.3
1993	170	71.1%	18.9	47	19.7%	17.3	22	9.2%	9.6	239	100.0%	17.1
1994	209	79.2%	21.5	35	13.3%	12.5	20	7.6%	8.3	264	100.0%	17.7
1995	132	68.8%	12.7	52	27.1%	17.9	8	4.2%	3.2	192	100.0%	12.2
1996	202	51.7%	18.1	178	45.5%	58.7	11	2.8%	4.1	391	100.0%	23.2
1997	210	80.5%	17.6	36	13.8%	11.7	15	5.7%	5.4	261	100.0%	14.7
1998	179	79.9%	14.3	37	16.5%	11.9	8	3.6%	2.8	224	100.0%	12.1
1999	168	86.2%	12.5	22	11.3%	6.8	5	2.6%	1.7	195	100.0%	9.9
2000	232	82.3%	16.5	43	15.2%	12.6	7	2.5%	2.4	282	100.0%	13.9
2001	198	80.2%	13.3	40	16.2%	11.3	9	3.6%	3.1	247	100.0%	11.6
2002	239	86.6%	15.3	27	9.8%	7.5	10	3.6%	3.4	276	100.0%	12.5
Total	2,647	77.9%		549	16.1%		204	6.0%		3,400	100.0%	

Table 20. Geographic Distribution of HIV ^{\$} Cases by Year of ReportNevada, 1983-2002

*HIV Cases are HIV, not yet AIDS cases

*The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.





*The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White

SPECIAL POPULATIONS WITH AIDS AND/OR HIV

Men who have sex with men (MSM)

Table 21. Men who have Sex with Men (MSM) AIDS and HIV $^{\mathtt{A}}$ Cases by County/Region, Race/Ethnicity, Age Group**, and Mortality (AIDS Cases Only), Nevada

	200 C	2 AIDS ases	Ũ	umulative (1983-200.	2) AIDS C	ases	200	12 HIV ^Å Cases	Cum (1991 HIV ^{&}	ulative -2002) Cases	Total ; an	2002 AIDS d HIV ^Å Cases	Total Cu AIDS al Ca	imulative nd HIV ^{&} ses
COUNTY Clark Washoe All Other Counties*	No. 152 13 2	% of Total 91.0% 7.8%	No. 2,423 512 105	% of Total 79.7% 16.8% 3.5%	No. of Deaths 1,203 301 52	% Dead 77.3% 19.3% 3.3%	Case Fatality Rate 49.6% 58.8% 49.5%	No. 154 9	% of Total 92.2% 5.4% 2.4%	No. ⁹ 1,275 278 45	6 of Total 79.8% 17.4% 2.8%	No. 306 22 6	% of Total 91.6% 6.6% 1.8%	No. 9 3,698 790 150	6 of Total 79.7% 17.0% 3.2%
RACE/ETHNICITY	No.	% of Total	No.	% of Total	No. of Deaths	% Dead	case Fatality Rate	No.	% of Total	No.	6 of Total	No.	% of Total	°.	6 of Total
W hite Black	21	59.9% 12.6%	2,167 366	71.3%	1,224	78.7%	56.5% 42.3%	97 35	58.1% 21.0%	1,078 261	67.5% 16.3%	197 56	59.0% 16.8%	3,245 627	70.0% 13.5%
Hispanic Asian	9 38	22.8% 3.6%	446 44	14.7% 1.4%	156 16	10.0% 1.0%	35.0% 36.4%	27	16.2% 4.2%	216 28	13.5% 1.8%	65 13	19.5% 3.9%	662 72	14.3% 1.6%
Native Unknown		0.6% 0.6%	16	0.5% 0.0%	5 0	0.3% 0.0%	31.3% 0.0%	0 -	0.0% 0.6%	14	0.9% 0.1%	- 0	0.3% 0.6%	30 2	0.6% 0.0%
AGF**	No	% of Total	No.	% of Total	No. of Deaths	% Dead	Case Fatality Rate	N N	% of Total	No.	6 of Total	N N	% of Total	No N	6 of Total
<5	0	0.0%	0	0.0%	0	0.0%		0	0.0%	0	0.0%	0	0.0%	0	0.0%
5 to 12	0	0.0%	0	0.0%	0	0.0%		0	0.0%	0	0.0%	0	0.0%	0	0.0%
13 to 19 20 to 29	0 4	0.0% 8.4%	509	0.1% 16.7%	1 268	0.1% 17.2%	25.0% 52.7%	53 -	0.6% 31.7%	21 569	1.3% 35.6%	67	0.3% 20.1%	25 1.078	0.5% 23.2%
30 to 39	89	53.3%	1,389	45.7%	657	42.2%	47.3%	73	43.7%	629	41.2%	162	48.5%	2,048	44.2%
40 to 49	43	25.7%	736	24.2%	384	24.7%	52.2%	33	19.8%	250	15.6%	76	22.8%	986	21.3%
50 to 59 60+	16	9.6% 3.0%	298	9.8% 3.4%	76	10.9% 4.9%	57.0% 73.1%	- 0	3.6% 0.6%	73 26	4.6% 1.6%	9	6.6% 1.8%	3/1 130	8.0% 2.8%
TOTAL	167	100.0%	3,040	100.0%	1,556	100.0%	51.2%	167	100.0%	1,598	100.0%	334	100.0%	4,638	100.0%

⁸ HIV cases are HIV, not yet AIDS cases *The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine. **Age is defined as the Age at Diagnosis



Figure 17. MSM Trends in AIDS and HIV Cases by Year of Report, Nevada, 1983-2002

Figure 18. Race/Ethnicity Distribution of MSM AIDS and HIV Cases, Nevada 1983-2002



^{*}AIDS Case Definition changed by CDC in this year.

Injecting Drug Users (IDU)

Table 22. Injecting Drug Use (IDU) AIDS and HIV $^{\rm A}$ Cases by County/Region, Race/Ethnicity, Age Group ** , and Mortality (AIDS Cases Only), Nevada

	200 C	12 AIDS tases	O	:umulative (1985-2002	2) AIDS Ca	ases	20	002 HIV ⁸ Cases	Cur (199 HIV	nulative)1-2002) ⁸ Cases	Total and F	2002 AIDS IIV ^Å Cases	Total C AIDS a C	tumulative and HIV ^{&} ases	
COUNTY	No.	% of Total	No.	% of Total	No. of Deaths	% Dead	Case Fatality Rate	No	% of Total	No	% of Total	N N	% of Total	No.	% of Total	
Clark	26	83.9%	675	82.5%	385	84.4% 3.5%	57.0%	17	81.0%	322	68.7%	43	82.7%	997	77.5%	
w asnoe All Other Counties*	n Cl	9.7% 6.5%	80	<i>1.1</i> % 9.8%	34 37	7.5% 8.1%	54.U% 46.3%	– ო	4.8% 14.3%	77	14.9% 16.4%	4 U	9.6%	157	10.3% 12.2%	
																a -
	- A	0/ of Total		1040 T 20 10	No. of	7000 2000 2000	Case Fatality	2	0/ 26 T 2421	4	0/ 26 T 2421	2	1040 T 30 10	4	0/ 26 T 2421	
GENDER	NO.	% OT I OTAI	NO.	% OT I OTAI	Deatus	% Dead	Kate	.0 N	% OT I OTAL	NO.		NO.	% OT I OTAI	NO.	% of 1 otal	_
Male Female	19	61.3% 38.7%	573 245	70.0% 30.0%	327 129	71.7% 28.3%	57.1% 52.7%	9	71.4% 28.6%	320 149	68.2% 31.8%	34 18	65.4% 34.6%	893 394	69.4% 30.6%	
																-1
					No. of		Case Fatality									
RACE/ETHNICITY	No.	% of Total	No.	% of Total	Deaths	% Dead	Rate	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	_
W hite	15	48.4%	408	49.9%	213	46.7%	52.2%	15	71.4%	260	55.4%	30	57.7%	668	51.9%	
Black	4 4	45.2% 6.5%	337 68	41.2% в 3%	37	44.3% 8.1%	59.9%	4 0	19.0% a 5%	164 3.8	35.0% 8 1%	7	34.6%	501 106	38.9% 8.2%	
Asian	10	0.0%	- 8	0.1%	5 -	0.2%	100.0%	10	0.0%	5 -	0.2%	• 0	0.0%	2 0	0.2%	
Native	0	0.0%	4	0.5%	ę	0.7%	75.0%	0	0.0%	9	1.3%	0	0.0%	10	0.8%	
					No. of		Case Fatality									
AGE**	No.	% of Total	No.	% of Total	Deaths	% Dead	Rate	No.	% of Total	No.	% of Total	No.	% of Total	No.	% of Total	_
<5	0	0.0%	0	0.0%	0	0.0%		0	0.0% %0.0	0	%0.0 %0.0	0	%0.0 %0.0	0	0.0%	
13 to 19	0	0.0%	- -	0.1%		0.2%	100.0%		0.0%	0 4	0.9%		0.0%	o lo	0.4%	
20 to 29	~	3.2%	77	9.4%	36	7.9%	46.8%	2	9.5%	112	23.9%	ო	5.8%	189	14.7%	
30 to 39	ო	9.7%	346	42.3%	192	42.1%	55.5%	-	52.4%	233	49.7%	4	26.9%	579	45.0%	
40 to 49	21	67.7%	311	38.0%	172	37.7%	55.3%	2	33.3%	66	21.1%	28	53.8%	410	31.9%	
50 to 59	2	16.1%	63	7.7%	39	8.6%	61.9%	-	4.8%	19	4.1%	9	11.5%	82	6.4%	
60+	-	3.2%	20	2.4%	16	3.5%	80.0%	0	0.0%	2	0.4%	-	1.9%	22	1.7%	_
								Į								
TOTAL	31	100.0%	818	100.0%	456	100.0%	55.7%	21	100.0%	469	100.0%	52	100.0%	1,287	100.0%	
							J									

⁴ HIV cases are HIV, not yet AIDS cases •The *AII Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Hum boldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine. •*Age is defined as the Age at Diagnosis



Figure 19. IDU Trends in AIDS and HIV Cases by Year of Report, Nevada, 1985-2002





^{*}AIDS Case Definition changed by CDC in this year.

Racial/Ethnic Groups

Table 23. AIDS and HIV^Å Cases and Mortality (AIDS Only) in Blacks by County/Region, Gender, Age Group**, and Exposure Category, Nevada

otal Cumulative IDS and HIV ^{&} Cases	No. % of Total ,599 88.2% 118 6.5% 95 5.2%	No. % of Total ,330 73.4% 482 26.6%	No. % of Total 21 1.2% 2 0.1% 379 20.9% 750 41.4% 119 6.6% 37 2.0%	No. % of Total 627 34.6% 501 27.6% 116 6.4% 6 0.3% 6 0.3% 23 1.3%	,812 100.0%
S and HIV	Rate per 100,000 87.1 76.2 76.9	Rate per 100,000 117.4 1 55.2	Rate per 100,000 0.0 5.3 92.4 211.5 216.1 76.4 76.4	Rate per 100,000 	86.4 1
2002 AID 9 Cases	% of Total 93.9% 4.5% 1.5%	% of Total 68.2% 31.8%	% of Total 0.0% 0.0% 15.9% 36.4% 37.1% 8.3%	% of Total 42.4% 13.6% 6.8% 25.8% 0.0% 11.4% 0.0%	100.0%
Tota	No. 124 6	No. 42	N 0 0 1 1 2 0 0 0 1 1 2 0 0 0 0 1 2 1 2 1	0 0 15 0 13 0 15 0 15	132
mulative 33-2002) ⁸ Cases	% of Total 85.4% 8.2% 6.5%	% of Total 72.4% 27.6%	% of Total 1.3% 0.0% 2.7% 40.1% 20.0% 4.1% 2.0% 0.9%	% of Total 31.8% 20.0% 4.3% 16.1% 0.5% 26.0% 1.3%	100.0%
Cu (196 HIV	No. 700 53	No. 594 226	No. 11 22 248 329 329 339 339 339	No. 261 35 35 132 4 213 213	820
Cases	Rate per 1 100,000 45.7 38.1 38.4	Rate per 1 100,000 67.8 22.3	Rate per Rate per 0.0 0.0 5.3 66.0 110.2 92.6 41.7 6.0	Rate per 1 100,000 	45.2
002 HIV ⁸	% of Tota 94.2% 4.3% 1.4%	% of Tota 75.4% 24.6%	% of Tota 0.0% 1.4% 21.7% 36.2% 30.4% 1.4%	% of Tota 50.7% 5.8% 5.8% 23.2% 0.0% 14.5% 0.0%	100.0%
5	No. 65 3	No. 52	No. 235 235 235 235 235 235 235 235 235 235	No. 35 16 10 0 0 0	69
ases	Case Fatality Rate 47.4% 51.0% 42.9%	Case Fatality Rate 49.7% 40.6%	Case Fatality Rate - - 28.6% 36.6% 47.3% 52.5% 66.7%	Case Fatality Rate 42.3% 59.9% 65.4% 100.0% 20.1% 20.1%	47.4%
02) AIDS C	% Dead 90.6% 5.5% 3.8%	% Dead 77.9% 22.1%	% Dead 1.3% 0.0% 0.4% 10.2% 42.3% 8.9% 8.9%	% Dead 33.0% 43.0% 8.5% 0.4% 2.6% 1.3%	100.0%
(1983-200	No. of Deaths 426 26 18	No. of Deaths 366 104	No. of Deaths 6 6 2 48 153 153 20 20	No. of Deaths 155 202 53 40 2 2 12 6	470
Cumulative	% of Total 90.6% 5.1% 4.2%	% of Total 74.2% 25.8%	% of Total 1.0% 0.2% 0.7% 13.2% 42.4% 3.1% 8.1%	% of Total 36.9% 34.0% 8.2% 14.9% 4.6% 1.2%	100.0%
0	No. 899 51	No. 736 256	No. 10 22 131 421 311 80 80	No. 366 337 81 148 2 46 12	992
Cases	Rate per 100,000 41.5 38.1 38.4	Rate per 100,000 49.6 32.8	Rate per 100,000 0.0 0.0 26.4 101.3 34.7 6.0	Rate per 100,000 	41.2
002 AIDS	% of Total 93.7% 4.8% 1.6%	% of Total 60.3% 39.7%	% of Total 0.0% 0.0% 9.5% 36.5% 44.4% 7.9%	% of Total 33.3% 22.2% 7.9% 0.0% 7.9% 0.0%	100.0%
20	30 No.	No. 38 25	→ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	N0. 14 18 0 0 0 0	63
	COUNTY Clark Washoe All Other Counties*	GENDER Mate Female	AGE** <5 5 to 12 13 to 19 20 to 29 20 to 29 40 to 39 50 to 59 50 to 59 50 to 59	EXPOSURE CATEGORY MSM MSM IDU MSM & IDU Heterosexual Contact Heterosexual Contact Transfusion/Transplant Risk Not Specified Mom w/ HIV or HIV Risk	TOTAL

⁴ HIV cases are HIV, not yet AIDS cases The "AII Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine. **Age is defined as the Age at Diagnosis



Figure 21. AIDS and HIV Case Trends among Blacks by Year of Report, Nevada, 1985-2002

*AIDS case definition changed by CDC





Table 24. AIDS and HIV $^{\rm A}$ Cases and Mortality (AIDS Only) in Hispanics by County/Region, Gender, Age Group**, and Exposure Category, Nevada

umulative and HIV ^{&} ases	% of Total 83.6% 12.7% 3.7%	% of Total 89.2% 10.8%	% of Total 0.7% 0.1% 0.9% 43.0% 19.3% 6.5% 1.9%	% of Total 63.5% 63.5% 5.0% 9.8% 0.6% 0.8%
Total C AIDS a	No. 872 132 39	No. 930 113	No. 1 288 288 201 201 201	No. 662 52 102 6 107 8 8
and HIV	Rate per 100,000 25.0 12.4 2.6	Rate per 100,000 35.1 5.9	Zate per 100,000 0.0 0.0 5.0 58.5 32.5 32.5 32.5 37.6	Rate per 100,000
2 AIDS a Cases	ا 1 مراجعا 1.0% 1.0%	ار 12.9% ا	I Total 0.0% 0.0% 0.0% 16.8% 16.8% 9.9% 3.0%	1 64.4% 64.4% 7.9% 1.0% 7.9% 0.0%
otal 200	No. % 6 92 8	No. % 0 88 13	No. % 0 0 17 17 33 33 33 33	No. % 65 8 8 8 8 8 8 0 0
ulative -2002) Cases	6 of Total 81.1% 12.0% 6.9%	6 of Total 84.8% 15.2%	6 of Total 0.7% 0.2% 1.7% 36.6% 41.7% 14.7% 3.7%	6 of Total 53.1% 9.3% 5.4% 12.3% 12.3% 12.3% 12.3% 12.3%
Cumu (1983 HIV ⁸	No. % 330 28	No. % 345 62	No. No. % 3333 1671 1671 1553 1553	No. % 216 338 22 50 0 0 77
ases	Rate per 100,000 11.9 6.2 2.6	Rate per 100,000 14.8 5.4	Rate per 100,000 0.0 5.0 12.7 25.2 19.1 19.1 7.5 0.0	Rate per 100,000
2 HIV ^{&} C	o of Total 89.8% 8.2% 2.0%	of Total 75.5% 24.5%	o of Total 0.0% 0.0% 6.1% 24.9% 20.4% 4.1% 0.0%	of Total 55.1% 4.1% 8.2% 24.5% 0.0% 0.0%
2002	No. 44 1	No. % 37 12	No. % 0 0 22 22 22 20 20 20 20	No. 27 24 12 24 0 0 4 0
		~ ~ % %	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
ases	Case Fatality Rate 36.1 18.2	Case Fatality Rate 35.6 [°] 41.2 [°]	Case Fatality Rate - 33.8 30.1 41.5 73.3	Case Fatality Rate 35.0 54.4 40.0 50.0 50.0 50.0
2) AIDS C	% Dead 86.0% 13.1% 0.9%	% Dead 90.8% 9.2%	% Dead 0.9% 0.0% 0.0% 23.6% 37.1% 37.1% 9.6% 4.8%	% Dead 68.1% 68.1% 16.2% 6.6% 1.3% 1.3% 0.9%
1983-2002	No. of Deaths 197 30 2	No. of Deaths 208 21	No. of Deaths 2 64 85 55 22 11	No. of Deaths 156 37 15 15 37 23 23 22
nulative (1	of Total 85.2% 13.1% 1.7%	of Total 92.0% 8.0%	of Total 0.6% 0.0% 0.3% 21.9% 44.3% 22.2% 8.3% 2.4%	of Total 70.1% 10.7% 8.2% 0.9% 4.7% 0.6%
Cur	No. % 542 83 11	No. % 585 51	No. % 4 0 139 282 141 15 53	No. No. % 68 68 30 30 52 6 6 4 4
ases	Rate per 100,000 6.2 6.2	Rate per 100,000 20.3 0.5	Rate per 100,000 0.0 0.0 5.3 33.2 13.4 13.4 13.4	Rate per 100,000
2 AIDS C	of Total 92.3% 7.7% 0.0%	of Total 98.1% 1.9%	of Total 0.0% 0.0% 0.0% 9.6% 55.8% 13.5% 15.4% 5.8%	of Total 73.1% 7.7% 5.8% 1.9% 7.7% 0.0%
2002	No. % 48 0	No. %	No. % 0 29 29 38	No. 38 38 0 4 4 2 %
	COUNTY lark #ashoe II Other Counties*	ENDER bale emale	(GE ** 5 to 12 3 to 19 0 to 29 0 to 49 0 to 59 0 to 59	XPOSURE ATEGORY ISM ISM ISM & IDU ISM & IDU ISM & IDU ISM & IDU ISM VI Contact ransfusion/Transplant ransfusion/Transplant isk Not Specified tom w/ HIV or HIV Risk

⁴ HIV cases are HIV, not yet AIDS cases *The "AII Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine. **Age is defined as the Age at Diagnosis

35



^{*}AIDS case definition changed by CDC





Women

Table 25. AIDS and HIV $^{\rm A}$ Cases and Mortality (AIDS Only) in Women by County/Region, Race/Ethnicity, Age Group**, and Exposure Category, Nevada

	й	002 AIDS (Cases	Ö	umulative (*	1983-200.	2) AIDS Ci	ases	5	002 HIV ^k 1	Cases	Cur (198 HIV ³	nulative t3-2002) ^k Cases	Toi	al 2002 Alf HIV [®] Cas	DS and ses	Fotal Cu AIDS aı Ca	Imulative nd HIV ⁸ ses
OUNTY lark ashoe I Other Counties*	No. 41 3	% of Total 91.1% 6.7% 2.2%	Rate per 100,000 5.3 1.7 0.7	No. 525 42 46	% of Total 85.6% 6.9% 7.5%	No. of Deaths 226 15 20	% Dead 86.6% 7.7%	Case Fatality Rate 43.0% 35.7% 43.5%	38 38 4	% of Total 84.4% 13.3% 2.2%	Rate per 100,000 5.0 3.4 0.7	No. 482 81 35	% of Total 80.6% 13.5% 5.9%	No. 79 2	% of T otal 87.8% 10.0% 2.2%	Rate per 100,000 10.3 5.1 1.4	No. 9 1,007 123 81	6 of Total 83.2% 10.2% 6.7%
ACE/ETHNICITY /hite lack ispanic sian ative nknown	No. 17 25 1	% of Total 37.8% 55.6% 2.2% 2.2% 2.2%	Rate per 100,000 2.4 32.8 0.5 1.4 6.5	No. 288 51 9 9 0	% of Total 47.0% 41.8% 8.3% 1.5% 0.0%	No. of Deaths 131 104 21 2 3 3 0	% Dead 50.2% 39.8% 8.0% 0.8% 1.1% 0.0%	Case Fatality Rate 45.5% 40.6% 21.2% 33.3%	No. 12 12 2 2 2 0	% of Total 26.7% 37.8% 4.4% 0.0%	Rate per 100,000 1.7 22.3 5.4 5.4 2.9 13.0	No. 287 226 62 12 10 1	% of Total 48.0% 37.8% 10.4% 2.0% 1.7% 0.2%	No. 29 13 3 3	% of T otal 32.2% 46.7% 14.4% 3.3% 3.3% 0.0%	Rate per 100,000 4.1 55.2 5.3 4.3 19.6	No. 9 575 482 113 21 19	6 of Total 47.5% 39.8% 9.3% 1.7% 1.6% 0.1%
GE* GE* 1012 01029 01029 01029 01029 01029 01059	No. 00 15 16 22 22	% of Total 0.0% 0.0% 11.1% 33.3% 35.6% 15.6% 4.4%	Rate per 100,000 0.0 0.0 3.3 9.2 9.2 9.2 9.3	No. 12 6 124 249 134 64 21	% of Total 2.0% 0.5% 1.0% 20.2% 20.2% 21.9% 10.4% 3.4%	No. of Deaths 7 1 1 104 59 31 31	% Dead 2.7% 0.4% 0.4% 39.8% 22.6% 11.9%	Case Fatality Rate - 16.7% 37.1% 41.8% 44.0% 48.4% 52.4%	N 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	% of Total 0.0% 0.0% 6.7% 20.0% 22.2% 35.6% 8.9% 6.7%	Rate per 100,000 0.0 2.9 6.0 6.2 9.9 3.0	No. 13 0 26 203 218 218 218 218 218 218 218	% of Total 2.2% 4.3% 33.9% 36.5% 17.4% 1.7%	No. 0 14 25 32 32 11 5	% of T otal 0.0% 3.3% 15.6% 27.8% 35.6% 12.2% 5.6%	Rate per 100,000 0.0 0.0 2.9 9.3 15.4 15.4 15.4 2.8 2.8 2.8	No. % 25 32 327 467 238 88 88 31	6 of Total 2.1% 0.2% 27.0% 38.6% 19.7% 7.3% 2.6%
XPOSURE ATEGORY ATEGORY UU tercosxual Contact ransfusion/Transplant ther is Not Specified lom w/ HIV or HIV Risk ediatric Transfusion OTAL	No. 12 26 0 0 0 0	% of Total 26.7% 57.8% 0.0% 15.6% 0.0% 0.0%	Rate per 100,000 - - - - - - -	No. 245 293 15 44 13 23 2 813 613	% of Total 40.0% 47.8% 2.4% 0.2% 2.1% 0.3% 0.3%	No. of Deaths 129 11 11 11 22 2 261	% Dead 49.4% 38.3% 0.4.2% 0.4.4% 2.7% 0.8%	Case Fatality Rate 52.7% 34.1% 73.3% 100.0% 53.8% 100.0%	No. 6 9 9 0 1 45	% of Total 13.3% 64.4% 2.2% 0.0% 0.0% 0.0%	Rate per 100,000 - - - - - -	No. 149 259 5 0 172 13 0 598	% of Total 24.9% 43.3% 0.8% 0.0% 2.2.8% 0.0%	No. 16 0 0 0 0 0 0 0 0	% of T otal 20.0% 61.1% 1.1% 0.0% 0.0%	Rate per 100,000 - 8.3	No. 9 394 552 20 216 26 26 26 26 216 211	6 of Total 32.5% 45.6% 0.1% 0.1% 2.1% 0.2%

^A HIV cases are HIV, not yet AIDS cases "The "AII Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine. "*Age is defined as the Age at Diagnosis

37

Figure 25. AIDS and HIV Case Trends among Women by Year of Report, Nevada, 1985-2002



^{*}AIDS case definition changed by CDC

Figure 26. Exposure Category Distribution of AIDS and HIV Cases Among Women Nevada 1985-2002



HIV TESTING IN NEVADA

Between 1992 and 1999 the Counseling and Testing Services Program in Nevada performed 272,015 HIV antibody tests of which 1.0% (n=2,736) were positive. The program currently consists of agencies providing counseling and testing services in locations throughout the state. All designated AIDS service organizations provide counseling and testing services onsite through outreach to individuals at highest risk for infection.

Clients either make appointments or access counseling and testing services (CTS) at agencies that provide walk in services. Upon arrival, most clients complete a questionnaire on demographic and risk information. The questionnaire has a unique identifier (not the client's name) that eventually links information with the client's test result.

HIV testing is performed throughout Nevada in public and private health care settings. Providers are legally required to give clients taking the test information on preventing the spread of HIV. In Nevada, all HIV testing is confidential, meaning that names are attached to records but are kept confidential.

Nevada statute requires that health care providers submit a state form to the testing laboratory for all patients who undergo anonymous and confidential HIV testing. The form does not include the patient's name, but does provide data for epidemiologic tracking, test result, patient's age, sex, race/ethnicity, county of residence and in the public sector, risk behaviors.

In 1999, the Nevada State Board of Health approved new HIV reporting regulations requiring life insurance companies outside of Nevada that screen Nevadans for HIV infection to report positive laboratory findings to the State Health Division. This new regulation enhances HIV testing data in Nevada and helps state health authorities insure that infected individuals have the opportunity to receive appropriate care and support services.

HIV Tests

		Nevada I	HV Tests	
	2002	? Tests	Cum	ulative
COUNTY/REGION	No.	% of Total	No.	% of Total
Clark	24,501	77.6%	219,616	80.7%
Washoe	6,012	19.0%	38,169	14.0%
All Other Counties*	1,008	3.2%	13,295	4.9%
Out of State/Unknown	62	0.2%	935	0.3%
	No	% of Total	No	% of Total
	10.570		147.440	% 01 10tai
	16,570	52.5%	147,413	54.2%
Female	15,012	47.5%	124,601	45.8%
UTKHOWH	I I	0.0%	I	0.0%
RACE/ETHNICITY	No.	% of Total	No.	% of Total
White	15,939	50.5%	164,972	60.6%
Black	7,238	22.9%	55,332	20.3%
Hispanic	6,744	21.4%	39,336	14.5%
Asian	1,030	3.3%	7,379	2.7%
Native	348	1.1%	2,447	0.9%
Other/Unknown	284	0.9%	2,549	0.9%
AGE**	No.	% of Total	No.	% of Total
<5	8	0.0%	127	0.0%
5 to 12	69	0.2%	445	0.2%
13 to 19	4,805	15.2%	40,239	14.8%
20 to 29	11,909	37.7%	97,099	35.7%
30 to 39	7,778	24.6%	74,220	27.3%
40 to 49	4,824	15.3%	41,463	15.2%
50 to 59	1,623	5.1%	12,837	4.7%
60+	486	1.5%	4,808	1.8%
Unknown	81	0.3%	777	0.3%
TOTAL	31,583	100.0%	272,015	100.0%

Table 26. HIV Tests by County/Region, Gender, Race/Ethnicity, and Age Group, Nevada, 1992-2002

Note: The numbers represented in this table contain duplicates, and is only a reflection of the number of HIV tests given in the state of Nevada.

*The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

**Age is defined as the Age at Diagnosis

Table 27. HIV Tests by Reason, Result, and Testing History,
Nevada, 1992-2002

		Nevada ł	HIV Tests	
	2002	Tests	Cum	ulative
REASON FOR TEST	No.	% of Total	No.	% of Total
Symptomatic for HIV/AIDS	3	0.0%	28	0.0%
Client Referral	13	0.0%	237	0.1%
Provider Referral	8	0.0%	149	0.1%
STD Related	4,773	15.1%	47,424	17.4%
Drug Treatment Related	2,561	8.1%	29,675	10.9%
Family Planning Related	1,280	4.1%	2,686	1.0%
Prenatal/OB Related	342	1.1%	2,989	1.1%
TB Related	382	1.2%	2,310	0.8%
Court Ordered	153	0.5%	607	0.2%
Immigration/Travel Requirement	2	0.0%	54	0.0%
Occupational Exposure	6	0.0%	103	0.0%
Retest	83	0.3%	732	0.3%
Requesting HIV Test	15,077	47.7%	130,055	47.8%
Other	218	0.7%	4,503	1.7%
Multiple Response	6,570	20.8%	49,521	18.2%
Unknown	112	0.4%	942	0.3%
RESULT	No.	% of Total	No.	% of Total
Negative	28,888	91.5%	250,117	91.9%
Positive	263	0.8%	2,736	1.0%
Inconclusive	16	0.1%	265	0.1%
No Result	27	0.1%	297	0.1%
Unknown/Not Tested	2,389	7.6%	18,600	6.8%
PREVIOUSLY TESTED?	No.	% of Total	No.	% of Total
No	11,371	36.0%	114,051	41.9%
Yes, Negative	19,404	61.4%	148,149	54.5%
Yes, Positive	209	0.7%	1,911	0.7%
Yes, Inconclusive	60	0.2%	455	0.2%
Yes, Unknown	515	1.6%	2,551	0.9%
Unknown	24	0.1%	4,898	1.8%
TOTAL	31,583	100.0%	272,015	100.0%

Note: The numbers represented in this table contain duplicates, and is only a reflection of the number of HIV tests given in the state of Nevada.

Table 28. HIV Tests by Exposure Category Nevada, 1992-2002

		Nevada I	HIV Tests	
	2002	? Tests	Cum	ulative
EXPOSURE CATEGORY	No.	% of Total	No.	% of Total
MSM	2,221	7.0%	18,101	6.7%
IDU	2,742	8.7%	22,433	8.2%
MSM & IDU	225	0.7%	1,629	0.6%
Heterosexual Contact	8,191	25.9%	38,111	14.0%
Hemophilia/blood recipient	210	0.7%	1,569	0.6%
Risk Not Specified	5,219	16.5%	77,412	28.5%
Mom w/ HIV or HIV Risk	16	0.1%	132	0.0%
Sex partner at risk	3,694	11.7%	44,749	16.5%
STD Diagnosis	2,993	9.5%	21,806	8.0%
Exchanged sex for drug/money	1,616	5.1%	14,213	5.2%
Sex while using non-injecting drugs	3,628	11.5%	25,758	9.5%
Victim of sexual assault	389	1.2%	2,792	1.0%
Health Care exposure	202	0.6%	2,031	0.7%
Other	237	0.8%	1,279	0.5%
TOTAL	31,583	100.0%	272,015	100.0%

Note: The numbers represented in this table contain duplicates, and is only a reflection of the number of HIV tests given in the state of Nevada.



Figure 27. HIV Tests by Exposure Category Nevada 1992-2002

First-Time HIV Tests

Table 29. First-Time HIV Tests by County/Region, Gender, Race/Ethnicity, and Age Group, Nevada, 1992-2002

		First-Time	HIV Tests	IIV Tests	
	2002	2 Tests	Cum	ulative	
COUNTY/REGION	No.	% of Total	No.	% of Total	
Clark	8,919	78.4%	92,778	81.3%	
Washoe	1,988	17.5%	14,179	12.4%	
All Other Counties*	449	3.9%	6,715	5.9%	
Out of State/Unknown	15	0.1%	379	0.3%	
GENDER	No.	% of Total	No.	% of Total	
Male	6,115	53.8%	63,169	55.4%	
Female	5,256	46.2%	50,882	44.6%	
RACE/ETHNICITY	No.	% of Total	No.	% of Total	
White	5,104	44.9%	64,638	56.7%	
Black	2,263	19.9%	22,449	19.7%	
Hispanic	3,345	29.4%	21,161	18.6%	
Asian	437	3.8%	3,628	3.2%	
Native	121	1.1%	904	0.8%	
Other/Unknown	101	0.9%	1,271	1.1%	
AGE**	No.	% of Total	No.	% of Total	
<5	7	0.1%	97	0.1%	
5 to 12	63	0.6%	377	0.3%	
13 to 19	2,870	25.2%	26,160	22.9%	
20 to 29	4,351	38.3%	41,769	36.6%	
30 to 39	2,036	17.9%	24,685	21.6%	
40 to 49	1,313	11.5%	13,600	11.9%	
50 to 59	494	4.3%	4,807	4.2%	
60+	187	1.6%	2,156	1.9%	
Unknown	50	0.4%	400	0.4%	
TOTAL	11,371	100.0%	114,051	100.0%	

Note: The numbers represented in this table contain duplicates, and is only a reflection of the number of HIV tests given in the state of Nevada.

"The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

**Age is defined as the Age at Diagnosis

Table 30. First-Time HIV Tests by Reason, Result, and Exposure Category, Nevada, 1992-2002

	First-Time HIV Tests				
	2002	2 Tests	Cum	ulative	
REASON FOR TEST	No.	% of Total	No.	% of Total	
Symptomatic for HIV/AIDS	2	0.0%	9	0.0%	
Client Referral	8	0.1%	150	0.1%	
Provider Referral	3	0.0%	105	0.1%	
STD Related	1,279	11.2%	20,792	18.2%	
Drug Treatment Related	536	4.7%	5,760	5.1%	
Family Planning Related	528	4.6%	1,250	1.1%	
Prenatal/OB Related	233	2.0%	2,386	2.1%	
TB Related	188	1.7%	1,169	1.0%	
Court Ordered	149	1.3%	577	0.5%	
Immigration/Travel Requirement	2	0.0%	31	0.0%	
Occupational Exposure	2	0.0%	39	0.0%	
Retest	3	0.0%	58	0.1%	
Requesting HIV Test	4,623	40.7%	48,487	42.5%	
Other	113	1.0%	3,092	2.7%	
Multiple Response	3,657	32.2%	29,809	26.1%	
Unknown	45	0.4%	337	0.3%	
	No	% of Total	No	% of Total	
Negative	10.724	04.3%	110 287	96.7%	
Positive	10,724	0.4%	620	0.6%	
Inconclusive	2	0.0%	70	0.0%	
No Result	8	0.0%	115	0.1%	
Unknown/Not Tested	591	5.2%	2 950	2.6%	
			_,	,	
EXPOSURE CATEGORY	No.	% of Total	No.	% of Total	
MSM	502	4.4%	4,405	3.9%	
IDU	448	3.9%	5,078	4.5%	
MSM & IDU	31	0.3%	267	0.2%	
Heterosexual Contact	3,462	30.4%	17,485	15.3%	
Hemophilia/blood recipient	78	0.7%	679	0.6%	
Risk Not Specified	3,000	26.4%	44,140	38.7%	
Mom w/ HIV or HIV Risk	14	0.1%	100	0.1%	
Sex partner at risk	1,190	10.5%	16,589	14.5%	
STD Diagnosis	578	5.1%	8,608	7.5%	
Exchanged sex for drug/money	338	3.0%	2,657	2.3%	
Sex while using non-injecting drugs	1,406	12.4%	11,472	10.1%	
Victim of sexual assault	175	1.5%	1,451	1.3%	
Health Care exposure	54	0.5%	641	0.6%	
Other	95	0.8%	479	0.4%	
TOTAL	11,371	100.0%	114,051	100.0%	

Note: The numbers represented in this table contain duplicates, and is only a reflection of the number of HIV tests given in the state of Nevada.

Table 31. HIV Positive Tests by County/Region, Gender, Race/Ethnicity, and Age Group, Nevada, 1992-2002

		HIV Posit	ive Tests	
	200	2 Tests	Cum	ulative
COUNTY/REGION	No.	% of Total	No.	% of Total
Clark	230	87.5%	2,459	89.9%
Washoe	31	11.8%	221	8.1%
All Other Counties*	1	0.4%	53	1.9%
Out of State/Unknown	1	0.4%	3	0.1%
CENDER	No	% of Total	No	% of Total
Molo	216	92 19/	2 105	20 20/
Female	47	17.9%	2,195	10.8%
		17.570		10.070
RACE/ETHNICITY	No.	% of Total	No.	% of Total
White	137	52.1%	1,430	52.3%
Black	62	23.6%	790	28.9%
Hispanic	55	20.9%	424	15.5%
Asian	4	1.5%	44	1.6%
Native	2	0.8%	20	0.7%
Other/Unknown	3	1.1%	28	1.0%
AGE**	No.	% of Total	No.	% of Total
<5	0	0.0%	1	0.0%
5 to 12	0	0.0%	3	0.1%
13 to 19	4	1.5%	56	2.0%
20 to 29	66	25.1%	757	27.7%
30 to 39	112	42.6%	1,180	43.1%
40 to 49	64	24.3%	569	20.8%
50 to 59	16	6.1%	139	5.1%
60+	1	0.4%	26	1.0%
Unknown	0	0.0%	5	0.2%
TOTAL	263	100.0%	2,736	100.0%

Note: The numbers represented in this table contain duplicates, and is only a reflection of the number of HIV tests given in the state of Nevada.

*The "All Other Counties" category includes the counties of Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

**Age is defined as the Age at Diagnosis

Table 32. HIV Positive Tests by Reason and Exposure CategoryNevada, 1992-2002

		HIV Posit	ive Tests	
	200	2 Tests	Cum	ulative
REASON FOR TEST	No.	% of Total	No.	% of Total
Symptomatic for HIV/AIDS	0	0.0%	7	0.3%
Client Referral	0	0.0%	2	0.1%
Provider Referral	0	0.0%	1	0.0%
STD Related	6	2.3%	114	4.2%
Drug Treatment Related	3	1.1%	104	3.8%
Family Planning Related	0	0.0%	1	0.0%
Prenatal/OB Related	0	0.0%	2	0.1%
TB Related	0	0.0%	6	0.2%
Court Ordered	0	0.0%	2	0.1%
Immigration/Travel Requirement	0	0.0%	2	0.1%
Occupational Exposure	0	0.0%	0	0.0%
Retest	11	4.2%	91	3.3%
Requesting HIV Test	211	80.2%	1,998	73.0%
Other	2	0.8%	65	2.4%
Multiple Response	29	11.0%	330	12.1%
Unknown	1	0.4%	11	0.4%

EXPOSURE CATEGORY	No.	% of Total	No.	% of Total
мѕм	133	50.6%	1,249	45.7%
IDU	33	12.5%	369	13.5%
MSM & IDU	18	6.8%	157	5.7%
Heterosexual Contact	23	8.7%	140	5.1%
Hemophilia/blood recipient	1	0.4%	8	0.3%
Risk Not Specified	8	3.0%	203	7.4%
Mom w/ HIV or HIV Risk	0	0.0%	4	0.1%
Sex partner at risk	26	9.9%	407	14.9%
STD Diagnosis	7	2.7%	98	3.6%
Exchanged sex for drug/money	4	1.5%	19	0.7%
Sex while using non-injecting drugs	9	3.4%	69	2.5%
Victim of sexual assault	1	0.4%	6	0.2%
Health Care exposure	0	0.0%	4	0.1%
Other	0	0.0%	3	0.1%
TOTAL	263	100.0%	2,736	100.0%

Note: The numbers represented in this table contain duplicates, and is only a reflection of the number of HIV tests given in the state of Nevada.

Note: This table contains only those tests that are classified as First Time HIV Tests.

TECHNICAL NOTES

Surveillance of AIDS*

The State of Nevada reports AIDS cases to the Centers for Disease Control and Prevention (CDC) using a uniform surveillance case definition and case report form. The original definition was modified in 1985 (Morbidity and Mortality Weekly Report (MMWR) 1985;34:373-75) and 1987 (MMWR 1987;36[suppl. no. 1S]:1S-15S). The case definition for adults and adolescents was modified again in 1993 (MMWR 1992;41[no. RR-17]:1-19; see also MMWR 1995;44:64-67). The revisions incorporated a broader range of AIDS-indicator diseases and conditions and used HIV diagnostic tests to improve the sensitivity and specificity of the definition. The laboratory and diagnostic criteria for the 1987 pediatric case definition (MMWR 1987;36:225-30, 235) were updated in 1994 (MMWR 1994;43[no. RR-12]:1-19).

Effective January 1, 2000, the surveillance case definition for HIV infection was revised to reflect advances in laboratory HIV virologic tests. The definition incorporates the reporting criteria for HIV infection and AIDS into a single case definition for adults and children (MMWR 1999;48[no.RR-13]:29-31).

For persons with laboratory-confirmed HIV infection, the 1987 revision incorporated HIV encephalopathy, wasting syndrome, and other indicator diseases that are diagnosed presumptively (i.e., without confirmatory laboratory evidence of opportunistic disease). In addition to the 23 clinical conditions in the 1987 definition, the 1993 case definition for adults and adolescents includes HIV infected persons with CD4 + T-lymphocyte counts of less than 200/µL or a CD4 + percentage of less than 14, and persons diagnosed with pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer. For adults, adolescents and children >=18 months of age, the 2000 revised HIV surveillance case definition incorporates positive results or reports of a detectable quantity of HIV nucleic acid or plasma HIV RNA.

The pediatric case definition incorporates the revised 1994 pediatric classification system for evidence results on Western blot or HIV detection tests before October 1994 were categorized based on the 1987 classification system. Those tested during or after October 1994 are categorized under the revised 1994 pediatric classification system. For children of any age with an AIDS-defining condition that requires evidence of HIV infection, a single positive HIV virologic test (i.e., HIV nucleic acid (DNA or RNA), HIV viral culture, HIV p24 antigen) is sufficient for a reportable AIDS diagnosis if the diagnosis is documented by a physician.

^{*} The following notes on AIDS Case Surveillance have been taken and adapted from the CDC 1999 Year-End Edition HIV/AIDS Surveillance Report Volume 11, Number 2.

For children <18 months of age, the pediatric HIV reporting criteria reflect diagnostic advances that permit the diagnosis of HIV infection during the first months of life. With HIV nucleic acid detection tests, HIV infection can be detected in nearly all infants aged one month and older. The timing of the HIV serologic and HIV nucleic acid detection tests and the number of HIV nucleic acid detection tests in the definitive and presumptive criteria for HIV infection are based on the recommended practices for diagnosing infection in children aged <18 months and on evaluations of the performance of these tests for children in this age group (MMWR 1999;48[no. RR-13]:29-31) (MMWR 1998;47[no. RR-4]).

Although completeness of reporting of diagnosed AIDS cases to state and local health departments varies by geographic region and patient population, studies conducted by state and local health departments indicate that reporting of AIDS cases in most areas of the United States is more than 85% complete (J Acquir Immune Def Syndr, 1992;5:257-64, Am J Public Health 1992;82:1495-99, and AIDS 1999; 13:1109- 14.). In addition, multiple routes of exposure, opportunistic diseases diagnosed after the initial AIDS case report was submitted to CDC, and vital status may not be determined or reported for all cases. However, among persons reported with AIDS, reporting of deaths is estimated to be more than 90% complete (JAMA 1996;276:126-31). CDC estimates approximately 3% of AIDS cases are duplicates based on matching of the national coded surveillance database.

AIDS case surveillance definition*:

In 1991, CDC, in collaboration with the Council of State and Territorial Epidemiologists (CSTE), proposed an expansion of the AIDS surveillance case definition. This proposal was made available for public comment in November 1991 and was discussed at an open meeting on September 2, 1992. Based on information presented and reviewed during the public comment period and at the open meeting, CDC, in collaboration with CSTE, has expanded the AIDS surveillance case definition to include all HIV-infected persons with CD4+ T- lymphocyte counts of less than 200 cells/uL or a CD4+ percentage of less than 14. In addition to retaining the 23 clinical conditions in the previous AIDS surveillance definition, the expanded definition includes pulmonary tuberculosis (TB), recurrent pneumonia, and invasive cervical cancer. This expanded definition requires laboratory confirmation of HIV infection in persons with a CD4+ T-lymphocyte count of less than 200 cells/uL or with one of the added clinical conditions. This expanded definition for reporting cases to CDC became effective January 1, 1993.

^{*}Taken from the Morbidity and Mortality Weekly Report (MMWR), "1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults", 41(RR-17), December 18, 1992.

The diagnostic criteria for AIDS-defining conditions included in the expanded surveillance case definition are presented below in two parts:

A. Definitive diagnostic methods for diseases indicative of AIDS Cryptosporidiosis, Isosporiasis, Kaposi's sarcoma, Lymphoma, Pneumocystis carinii pneumonia, Progressive multifocal leukoencephalopathy, Toxoplasmosis, Cervical cancer Microscopy (histology or cytology)

Candidiasis Gross inspection by endoscopy or autopsy or by microscopy (histology or cytology) on a specimen obtained directly from the tissues affected (including scrapings from the mucosal surface), not from a culture

Coccidioidomycosis, Cryptococcosis, Cytomegalovirus, Herpes simplex virus, Histoplasmosis Microscopy (histology or cytology), culture, or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues

Tuberculosis, Other mycobacteriosis, Salmonellosis Culture

HIV encephalopathy (dementia) Clinical findings of disabling cognitive or motor dysfunction interfering with occupation or activities of daily living, progressing over weeks to months, in the absence of a concurrent illness or condition other than HIV infection that could explain the findings. Methods to rule out such concurrent illness and conditions must include cerebrospinal fluid examination and either brain imaging (computed tomography or magnetic resonance) or autopsy.

HIV wasting syndrome Findings of profound involuntary weight loss of greater than 10% of baseline body weight plus either chronic diarrhea (at least two loose stools per day for greater than or equal to 30 days), or chronic weakness and documented fever (for greater than or equal to 30 days, intermittent or constant) in the absence of a concurrent illness or condition other than HIV infection that could explain the findings (e.g., cancer, tuberculosis, cryptosporidiosis, or other specific enteritis).

Pneumonia, recurrent (more than one episode in a 1-year period), acute (new xray evidence not present earlier) pneumonia diagnosed by both: a) culture (or other organism-specific diagnostic method) obtained from a clinically reliable specimen of a pathogen that typically causes pneumonia (other than Pneumocystis carinii or Mycobacterium tuberculosis), and b) radiologic evidence of pneumonia; cases that do not have laboratory confirmation of a causative organism for one of the episodes of pneumonia will be considered to be presumptively diagnosed. B. Suggested guidelines for presumptive diagnosis of diseases indicative of AIDS:

Candidiasis of esophagus

Recent onset of retrosternal pain on swallowing; AND

Oral candidiasis diagnosed by the gross appearance of white patches or plaques on an erythematous base or by the microscopic appearance of fungal mycelial filaments from a noncultured specimen scraped from the oral mucosa.

Cytomegalovirus retinitis A characteristic appearance on serial ophthalmo-scopic examinations (e.g., discrete patches of retinal whitening with distinct borders, spreading in a centrifugal manner along the paths of blood vessels, progressing over several months, and frequently associated with retinal vasculitis, hemorrhage, and necrosis). Resolution of active disease leaves retinal scarring and atrophy with retinal pigment epithelial mottling.

Mycobacteriosis Microscopy of a specimen from stool or normally sterile body fluids or tissue from a site other than lungs, skin, or cervical or hilar lymph nodes that shows acid-fast bacilli of a species not identified by culture.

Kaposi's sarcoma A characteristic gross appearance of an erythematous or violaceous plaque-like lesion on skin or mucous membrane. (Note: Presumptive diagnosis of Kaposi's sarcoma should not be made by clinicians who have seen few cases of it.)

Pneumocystis carinii pneumonia

A history of dyspnea on exertion or nonproductive cough of recent onset (within the past 3 months); AND

Chest x-ray evidence of diffuse bilateral interstitial infiltrates or evidence by gallium scan of diffuse bilateral pulmonary disease; AND

Arterial blood gas analysis showing an arterial pO((2)) of less than 70 mm Hg or a low respiratory diffusing capacity (less than 80% of predicted values) or an increase in the alveolar-arterial oxygen tension gradient; AND

No evidence of a bacterial pneumonia.

Pneumonia, recurrent (more than one episode in a 1-year period), acute (new symptoms, signs, or x-ray evidence not present earlier) pneumonia diagnosed on clinical or radiologic grounds by the patient's physician.

Toxoplasmosis of brain

Recent onset of a focal neurologic abnormality consistent with intracranial disease or a reduced level of consciousness; AND

Evidence by brain imaging (computed tomography or nuclear magnetic resonance) of a lesion having a mass effect or the radiographic appearance of which is enhanced by injection of contrast medium; AND

Serum antibody to toxoplasmosis or successful response to therapy for toxoplasmosis.

Tuberculosis, pulmonary

When bacteriologic confirmation is not available, other reports may be considered to be verified cases of pulmonary tuberculosis if the criteria of the Division of Tuberculosis Elimination, National Center for Prevention Services, CDC, are used. The criteria in use as of January 1, 1993, are available in MMWR 1990;39(No. RR-13):39- 40.

HIV case surveillance definition*

This revised definition of HIV infection, which applies to any HIV (e.g., HIV-1 or HIV-2), is intended for public health surveillance only. It incorporates the reporting criteria for HIV infection and AIDS into a single case definition. The revised criteria for HIV infection update the definition of HIV infection implemented in 1993a; the revised HIV criteria apply to AIDS-defining conditions for adults b,c and children a, which require laboratory evidence of HIV. This definition is not presented as a guide to clinical diagnosis or for other uses.

I. In adults, adolescents, or children aged greater than or equal to 18 months**, a reportable case of HIV infection must meet at least one of the following criteria:

Laboratory Criteria

 Positive result on a screening test for HIV antibody (e.g., repeatedly reactive enzyme immunoassay), followed by a positive result on a confirmatory (sensitive and more specific) test for HIV antibody (e.g., Western blot or immunofluorescence antibody test)

or

^{*} Draft revised surveillance criteria for HIV infection were approved and recommended by the membership of the Council of State and Territorial Epidemiologists (CSTE) at the 1998 annual meeting (11). Draft versions of these criteria were previously reviewed by state HIV/AIDS surveillance staffs, CDC, CSTE, and laboratory experts. In addition, the pediatric criteria were reviewed by an expert panel of consultants. [External Pediatric Consultants: C. Hanson, M. Kaiser, S. Paul, G. Scott, and P. Thomas. CDC staff: J. Bertolli, K. Dominguez, M. Kalish, M.L. Lindegren, M. Rogers, C. Schable, R.J. Simonds, and J. Ward]

^{**} Children aged greater than or equal to 18 months but less than 13 years are categorized as "not infected with HIV" if they meet the criteria in III.

- Positive result or report of a detectable quantity on any of the following HIV virologic (nonantibody) tests:
 - HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA)*
 - HIV p24 antigen test, including neutralization assay HIV isolation (viral culture)

OR

Clinical or Other Criteria (if the above laboratory criteria are not met)

• Diagnosis of HIV infection, based on the laboratory criteria above, that is documented in a medical record by a physician

or

 Conditions that meet criteria included in the case definition for AIDS a,b,c

In a child aged less than 18 months, a reportable case of HIV infection must meet at least one of the following criteria: Laboratory Criteria

Definitive

- Positive results on two separate specimens (excluding cord blood) using one or more of the following HIV virologic (nonantibody) tests:
 - HIV nucleic acid (DNA or RNA) detection
 - HIV p24 antigen test, including neutralization assay, in a child greater than or equal to 1 month of age
 - HIV isolation (viral culture)

or

Presumptive

A child who does not meet the criteria for definitive HIV infection but who has:

 Positive results on only one specimen (excluding cord blood) using the above HIV virologic tests and no subsequent negative HIV virologic or negative HIV antibody tests

OR

Clinical or Other Criteria (if the above definitive or presumptive laboratory criteria are not met)

• Diagnosis of HIV infection, based on the laboratory criteria above, that is documented in a medical record by a physician

or

^{*} In adults, adolescents, and children infected by other than perinatal exposure, plasma viral RNA nucleic acid tests should NOT be used in lieu of licensed HIV screening tests (e.g., repeatedly reactive enzyme immunoassay). In addition, a negative (i.e., undetectable) plasma HIV-1 RNA test result does not rule out the diagnosis of HIV infection.

Conditions that meet criteria included in the 1987 pediatric surveillance case definition for AIDS a,c

III. A child aged less than 18 months born to an HIV-infected mother will be categorized for surveillance purposes as "not infected with HIV" if the child does not meet the criteria for HIV infection but meets the following criteria:

Laboratory Criteria

Definitive

• At least two negative HIV antibody tests from separate specimens obtained at greater than or equal to 6 months of age

or

• At least two negative HIV virologic tests* from separate specimens, both of which were performed at greater than or equal to 1 month of age and one of which was performed at greater than or equal to 4 months of age

AND

No other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS defining condition)

or

Presumptive

A child who does not meet the above criteria for definitive "not infected" status but who has:

 One negative EIA HIV antibody test performed at greater than or equal to 6 months of age and NO positive HIV virologic tests, if performed

or

^{*} HIV nucleic acid (DNA or RNA) detection tests are the virologic methods of choice to exclude infection in children aged less than 18 months. Although HIV culture can be used for this purpose, it is more complex and expensive to perform and is less well standardized than nucleic acid detection tests. The use of p24 antigen testing to exclude infection in children aged less than 18 months is not recommended because of its lack of sensitivity.

• One negative HIV virologic test* performed at greater than or equal to 4 months of age and NO positive HIV virologic tests, if performed

or

• One positive HIV virologic test with at least two subsequent negative virologic tests*, at least one of which is at greater than or equal to 4 months of age; or negative HIV antibody test results, at least one of which is at greater than or equal to 6 months of age

No other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS defining condition).

OR

Clinical or Other Criteria (if the above definitive or presumptive laboratory criteria are not met)

 Determined by a physician to be "not infected," and a physician has noted the results of the preceding HIV diagnostic tests in the medical record

AND

NO other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS defining condition)

IV. A child aged less than 18 months born to an HIV-infected mother will be categorized as having perinatal exposure to HIV infection if the child does not meet the criteria for HIV infection (II) or the criteria for "not infected with HIV" (III).

^{*} HIV nucleic acid (DNA or RNA) detection tests are the virologic methods of choice to exclude infection in children aged less than 18 months. Although HIV culture can be used for this purpose, it is more complex and expensive to perform and is less well standardized than nucleic acid detection tests. The use of p24 antigen testing to exclude infection in children aged less than 18 months is not recommended because of its lack of sensitivity.

Surveillance of HIV infection

Through December 31, 1999, Nevada had confidential reporting by name of all persons with confirmed HIV infection, in addition to reporting of persons with AIDS.

Before 1991, surveillance of HIV infection was not standardized and reporting of HIV infections was based primarily on passive surveillance. Many cases reported before 1991 do not have complete information. Since then, CDC has assisted states in conducting active surveillance of HIV infections using standardized report forms and software. However, collection of demographic and risk information still varies among states.

HIV infection data should be interpreted with caution. HIV surveillance reports may not be representative of all persons infected with HIV, since not all infected persons have been tested. Many HIV-reporting states offer anonymous HIV testing and home collection HIV test kits are widely available in the United States. Anonymous test results are not reported to state and local health departments' confidential namebased HIV registries. Therefore, confidential HIV infection reports may not represent all persons testing positive for HIV infection. Furthermore, many factors may influence testing patterns, including the extent that testing is targeted or routinely offered to specific groups and the availability of and access to medical care and testing services. These data provide a minimum estimate of the number of persons known to be HIV infected in Nevada with confidential HIV reporting.

For this report, persons greater than 18 months of age were considered HIV infected if they had at least one positive Western blot or positive detection test (culture, antigen, or other detection test) or had a diagnosis of HIV infection documented by a physician. Before October 1994, children less than 15 months of age were considered HIV infected if they met the definition stated in the 1987 pediatric classification system for HIV infection (MMWR 1987;36:225-30, 235).

Beginning October 1994, children less than 18 months of age are considered HIV infected if they meet the definition stated in the 1994 pediatric classification system for HIV infection (MMWR 1994;43[no. RR-12]:1-10). This report also includes children who were diagnosed by a physician as HIV infected. Although many states monitor reports of children born to infected mothers, only those with documented diagnosis of HIV infection are included in this report.

Over time, persons with HIV infection will be diagnosed and reported with AIDS. HIV infection cases later reported with AIDS are deleted from the HIV infection tables and added to the AIDS tables. Persons with HIV infection may be tested at any point in the clinical spectrum of disease; therefore, the time between diagnosis of HIV infection and AIDS will vary. In addition, because surveillance practices differ, the reporting and updating of clinical and vital status of cases will vary among states. Completeness of reporting for HIV is estimated to be more than 85% complete (MMWR 1998;47:309-14). CDC estimates approximately 2% of HIV cases are duplicates based on matching of the national coded surveillance database.

Tabulation and presentation of data

All data in this report is provisional and subject to change.

Age group tabulations are based on the person's age at first documented positive HIV-antibody test for HIV infection cases, and age at diagnosis of AIDS for AIDS cases. Adult/adolescent cases include persons 13 years of age and older; pediatric cases include children under 13 years of age.

Tabulations of persons living with HIV infection and AIDS include persons whose vital status was reported "alive" as of last update.

Tabulations of deaths in persons with AIDS include persons whose vital status was reported "dead" as of last update.

Caution should be used in interpreting these data because Nevada counties vary in the frequency with which they review the vital status of persons reported with HIV infection and AIDS. In addition, some persons may be lost to follow-up due to moving outside of the state.

There are many different ways to measure disease. In this report, various numbers are presented in a variety of ways. Definitions and examples of each follow (taken and adapted from the Maryland 2000 HIV/AIDS Annual Report):

- Count The number of things or events (e.g., there were 4,138 AIDS cases in Nevada at the end of the year 1999. This tells the actual cumulative quantity of things or events. Counts can also be used to express the number of cases diagnosed within a certain year (e.g., In 1999, there were 219 Adult/Adolescent HIV infections reported in Nevada).
- Ratio The amount of things or events relative to other things or events (e.g., there were nearly 7 times as many male AIDS cases as female AIDS cases reported in Nevada in 1999 (226 male AIDS cases divided by 33 female AIDS cases equals 6.8)). Ratios are useful when discussing the relative amounts of things or events.
- Proportion The amount of things or events relative to the total number of things or events (e.g., Blacks represented over 2 tenths of all AIDS cases reported in Nevada in 1999 (59 Black AIDS cases divided by 259 equals .2)). This number can also be expressed as 22 hundredths or 22% of 1999 AIDS cases. Proportions are useful when discussing the composition of a population.
- Rate The amount of things or events relative to a standard quantity (e.g., there were 59 new AIDS cases reported in Nevada in 1999 that were Black and there were 132,674 Blacks in the general population of Nevada in the same year. Therefore, the 1999 rate for new AIDS cases that were Black in Nevada was 44.5 per 100,000 population (59 Black AIDS cases divided by 132,674 Blacks in the Nevada population for 1999, all multiplied by 100,000)).

- **Case Fatality Rate** A special rate expressed as a percentage where the number of deaths that occurred in a particular category is divided by the total number of cases occurring in that particular category and multiplied by 100. For example, the case fatality rate for "Men who have sex with men" (MSM) with AIDS from 1983-1999 is determined by taking the total number of deaths occurring in this category over that time frame (n=1,416), dividing by the total number of MSM AIDS cases occurring from 1983-1999 (n=2,570), and finally multiplying by 100 to get the percentage of 55.1.
- **Incidence** The number of new events (i.e. diagnosed or reported cases) in a period of time. Incidence is often expressed as an annual measure (the number of new cases occurring during a year). Incidence rate is the number of newly diagnosed cases per standard population size, usually expressed as cases per 100,000 population.

In addition, HIV and AIDS cases can be described with respect to their year of report or their year of diagnosis. Choosing the latter, the most recent year is suspected of being artificially low because of reporting delays. Choosing the former minimizes the effects of reporting delay, but increases the effects of case definition changes or surveillance efforts. Both methods of reporting (year of report and year of diagnosis) will be employed for this report and indicated above each table and graph which description is being used at the time. The data in this report come from multiple sources (e.g., local health departments and clinics, physicians offices, and laboratories) and are put into the HIV/AIDS database called HARS (HIV/AIDS Reporting System). Analysis of this data is then carried out using statistical and spreadsheet computer programs.

Exposure categories

For surveillance purposes, HIV infection cases and AIDS cases are counted only once in a hierarchy of exposure categories. Persons with more than one reported mode of exposure to HIV are classified in the exposure category listed first in the hierarchy, except for men with both a history of sexual contact with other men and injecting drug use. They make up a separate exposure category.

"Men who have sex with men" cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact). "Heterosexual contact" cases are in persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injecting drug user).

"No Acknowledged Risk" (NAR) cases are persons with no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. NAR cases include persons who are currently under investigation by local health department officials; persons whose exposure history is incomplete because they died, declined to be interviewed, or were lost to follow up; and persons who were interviewed or for whom other follow-up information was available and no exposure mode was identified. Persons who have an exposure mode identified at the

time of follow-up are reclassified into the appropriate exposure category. Historically, investigations and follow up for modes of exposure by state health departments were conducted routinely for persons reported with AIDS and, as resources allowed, for persons reported with HIV infection. Therefore, the percentage of HIV infected persons with risk not reported or identified is substantially higher than those reported with AIDS.

Trends in AIDS incidence

A temporary distortion was caused by the 1993 expansion of the case definition, causing an increase in the number of cases in that year.

However, by the end of 1996, the temporary distortion caused by reporting incident cases that met criteria added in 1993 had almost entirely waned.

AIDS incidence remains an important measure of the impact and need for resources for the severely ill.

<u>Rates</u>

Rates are calculated for the calendar year per 100,000 population for AIDS cases. Population denominators for computing AIDS rates for Nevada are based on official post census estimates from the U.S. Bureau of Census and the State Demographer for Nevada, and are taken from the *Nevada Vital Statistics 2000* Report, which is prepared by the Nevada State Health Division, Bureau of Health Planning and Statistics.

Each 12-month rate is the number of cases reported during the 12- month period, divided by the population for the given year, multiplied by 100,000. The denominators used for computing the tables of race and gender-specific rates were taken from the *Nevada Vital Statistics Report 2000.*

Gender-specific rates are the number of cases reported for each gender during the 12-month period divided by the projected population for that gender, multiplied by 100,000.

Race-specific rates are the number of cases reported for a particular racial/ethnic group during the preceding 12-month period divided by the projected population for that race/ethnicity, multiplied by 100,000.

FEEDBACK AND SUGGESTIONS

In an effort to provide an annual surveillance report that is useful to those persons and agencies providing AIDS and HIV services to the communities of Nevada, feedback and suggestions on the information contained in this report is welcome.

The information in this report that was the most helpful was:

The information in this report that was the least helpful and/or the most difficult to understand was:

Additional information that would be useful for the next AIDS and HIV Nevada Annual Surveillance Report would be:

Other comments you may have:

Please mail to:

Nevada State Health Division Bureau of Community Health, Attn: Sherry Torgerson 505 E. King Street, Room 504 Carson City, NV 89701-4749

THANK YOU.

REFERENCES

a CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41(No. RR-17).

b CDC. Revision of the CDC surveillance case definition for acquired immunodeficiency syndrome. MMWR 1987;36(suppl 1):1-15.

c CDC. 1994 Revised classification system for human immunodeficiency virus infection in children less than 13 years of age. MMWR 1994;43(No. RR-12).