NEVADA STATE HEALTH DIVISION

Acquired Immuno-Deficiency Syndrome (AIDS)

And

Human Immuno-Deficiency Virus (HIV)

In Nevada

Annual Surveillance Report (1999)

Bureau of Community Health

and

Bureau of Health Planning and Statistics

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Building and Strengthening Public Health through Communication and Partnerships

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http://health2k.state.nv.us/hiv/survey/index.htm

TABLE OF CONTENTS

FIGURES and TABLES

BACKGROUND

Acquired Immuno-Deficiency Syndrome (AIDS) is the most severe manifestation of Human Immunodeficiency Virus (HIV) infection. AIDS was first reported in the world 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 reported in Nevada. (First case documented in medical records in 1982; actual diagnosis may have been retrospective.)
1984	**Human Immunodeficiency Virus found to be cause of AIDS.**
1985	HIV antibody test became available. HIV antibody screening of all donated blood started.
1992	**Nevada's 1000th 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). The Nevada HIV Prevention Community Planning Group was established as a sub-committee of the Nevada AIDS Task Force.
1994	**Nevada's 2000th AIDS case reported.**
1995	Laboratory reporting of T-Lymphocyte (CD4) counts of less than 500 became mandatory in Nevada. Multi-drug treatment regimens or "cocktails" recommended for treatment of HIV infection.
1996	**Nevada's 3000th 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.
1999	**Nevada's 4000th AIDS case reported.** HIV surveillance case definition 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.

NEVADA FAST FACTS ABOUT AIDS and HIV

Table 1. Fast Facts on AIDS and HIV Cases in Nevada.

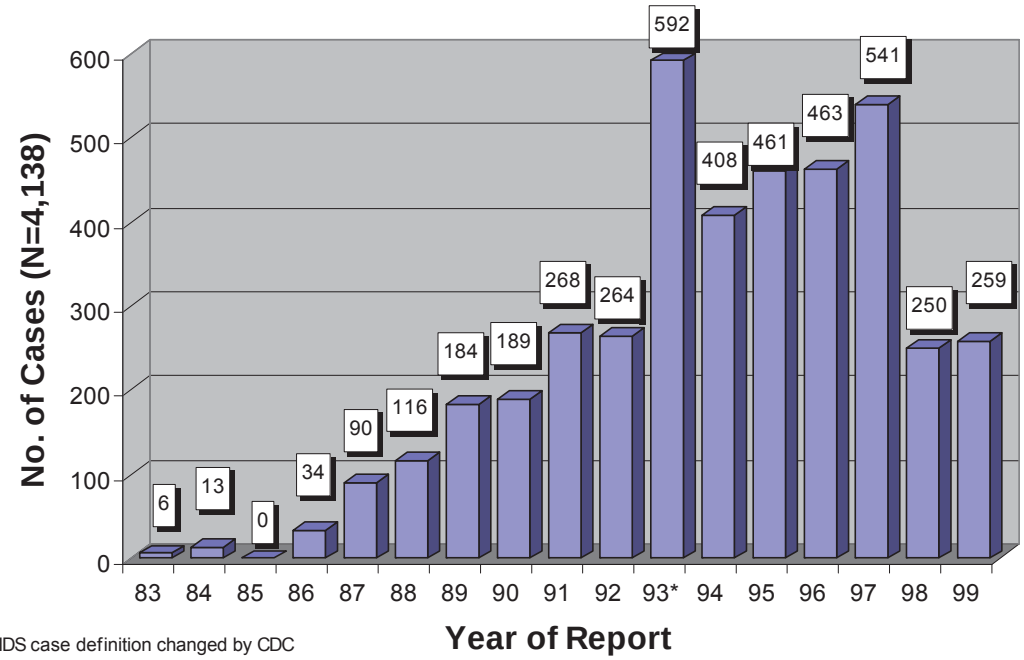
FAST FACT	AIDS Cases, 1999	% of 1999 AIDS Cases	HIV Cases, 1999	% of 1999 HIV Cases	Total AIDS and HIV Cases, 1999	% of Total AIDS and HIV Cases, 1999	AIDS Cases, 1983-1999	% of Total AIDS Cases, 1983-1999	HIV Cases, 1991-1999	% of Total HIV Cases, 1991-1999	Total AIDS and HIV Cases, 1983-1999	% of Total AIDS and HIV Cases, 1983-1999
Total Cases of AIDS and HIV	259	100.0	220	100.0	479	100.0	4,138	100.0	2,752	100.0	6,890	100.0
AIDS Case Deaths	48	18.5	-	-	-	-	2,253	54.4	-	-	-	-
AIDS and HIV in Asians	5	1.9	7	3.2	12	2.5	50	1.2	33	1.2	83	1.2
AIDS and HIV in Blacks	59	22.8	59	26.8	118	24.6	803	19.4	629	22.9	1,432	20.8
AIDS and HIV in Hispanics	51	19.7	37	16.8	88	18.4	487	11.8	301	10.9	788	11.4
AIDS and HIV in Native Americans	1	0.4	3	1.4	4	0.8	25	0.6	23	0.8	48	0.7
AIDS and HIV in Whites	143	55.2	114	51.8	257	53.7	2,772	67.0	1,723	62.6	4,495	65.2
AIDS and HIV in Women	33	12.7	39	17.7	72	15.0	484	11.7	504	18.3	988	14.3
AIDS and HIV in 30-39 year olds	106	40.9	93	42.3	199	41.5	1,825	44.1	1,133	41.2	2,958	42.9
"Men who have sex with men" (MSM)	156	60.2	112	50.9	268	55.9	2,570	62.1	1,218	44.3	3,788	55.0
AIDS and HIV in "Injection Drug Users" (IDU)	34	13.1	26	11.8	60	12.5	732	17.7	379	13.8	1,111	16.1

The "-" convention is used to indicate that mortality in HIV cases was not considered in this analysis.

OVERALL TRENDS IN SURVEILLANCE of AIDS and HIV

Acquired Immuno-Deficiency Syndrome (AIDS)

Figure 1. AIDS Cases by Year of Report, Nevada, 1983-1999

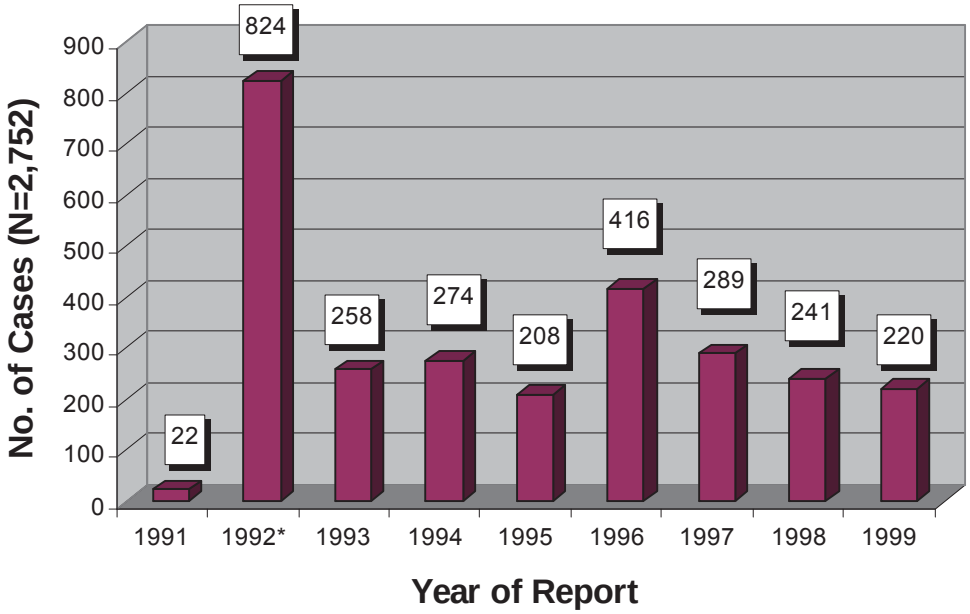


*AIDS case definition changed by CDC

- Since the epidemic was recognized in 1981, 4,138 persons have been reported with AIDS in Nevada as of December 31, 1999.
- The first two cases documented in Nevada were in 1982, but were reported in 1983.
- Two peaks in AIDS cases reported occurred in 1993 and in 1997. The first peak in 1993 was influenced by an expansion of the AIDS case definition by the Centers for Disease Control and Prevention (CDC). The 1997 numbers were high due to an intensive surveillance effort in Clark County during that year to identify previously diagnosed AIDS cases that had not been reported.

Human Immuno-Deficiency Virus (HIV)

Figure 2. HIV Cases by Year of Report, Nevada, 1991-1999.



*HIV reporting became mandatory in NV. This year has inflated numbers due to most HIV cases from prior years put into this year

- Since HIV reporting began in 1991, 2,752 persons currently have been reported with HIV in Nevada as of the end of the year, 1999. *
- A major peak in HIV cases reported occurred in 1992 and in 1996. The first peak in 1992 was influenced this year since it was the first full year of HIV reporting. A backlog of cases from previous years was reported. The 1996 numbers were high because of a special project aimed at capturing unreported and/or missing HIV infection data from past years.
- Between 1996 and 1999, there was a 47% decrease (from 416 to 220) in the number of people in Nevada reported with HIV. This may be a true decrease in HIV cases but may also reflect decreased testing of those persons at highest risk for infection.

AIDS and HIV in Nevada

Table 2. AIDS and HIV cases (Adult/Adolescent and Children Less than 13 years old) by Year of Report, Nevada

	Adult/Adolescent AIDS Cases		Adult/Adolescent HIV Cases*		Adult/Adolescent Total AIDS and HIV Cases		Children < 13 years old AIDS Cases		Children < 13 years old HIV Cases*		Children < 13 years old Total AiDS and HIV Cases		Total AIDS and HIV Cases	
Year	No.	% of Total	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	0	0.0	-	-	0	0.0	2	0.0
1984	4	0.1	-	-	4	0.1	0	0.0	-	-	0	0.0	4	0.1
1985	13	0.3	-	-	13	0.2	0	0.0	-	-	0	0.0	13	0.2
1986	34	0.8	-	-	34	0.5	0	0.0	-	-	0	0.0	34	0.5
1987	90	2.2	-	-	90	1.3	0	0.0	-	-	0	0.0	90	1.3
1988	114	2.8	-	-	114	1.7	2	8.0	-	-	2	4.2	116	1.7
1989	183	4.4	-	-	183	2.7	1	4.0	-	-	1	2.1	184	2.7
1990	184	4.5	-	-	184	2.7	5	20.0	-	-	5	10.4	189	2.7
1991	266	6.5	22	0.8	288.0	4.2	2	8.0	-	-	2	4.2	290	4.2
1992	261	6.3	823	30.2	1084.0	15.8	3	12.0	1	4.3	4	8.3	1088	15.8
1993	589	14.3	245	9.0	834.0	12.2	3	12.0	13	56.5	16	33.3	850	12.3
1994	407	9.9	271	9.9	678.0	9.9	1	4.0	3	13.0	4	8.3	682	9.9
1995	458	11.1	207	7.6	665.0	9.7	3	12.0	1	4.3	4	8.3	669	9.7
1996	461	11.2	415	15.2	876.0	12.8	2	8.0	1	4.3	3	6.3	879	12.8
1997	540	13.1	288	10.6	828.0	12.1	1	4.0	1	4.3	2	4.2	830	12.0
1998	249	6.1	239	8.8	488.0	7.1	1	4.0	2	8.7	3	6.3	491	7.1
1999	258	6.3	219	8.0	477.0	7.0	1	4.0	1	4.3	2	4.2	479	7.0
Total	4113	100.0	2729	100.0	6842.0	100.0	25	100.0	23	100.0	48	100.0	6890	100.0

* HIV reporting became mandatory in 1992. Some HIV cases were reported in 1991 and were indicated as such.
Note: The "-" convention indicates that reporting during that time was not in place.

AIDS SURVEILLANCE IN NEVADA

AIDS Cases, 1983-1999

Figure 3. Adult/Adolescent AIDS Cases by Year of Report, Nevada, 1983 - 1999.

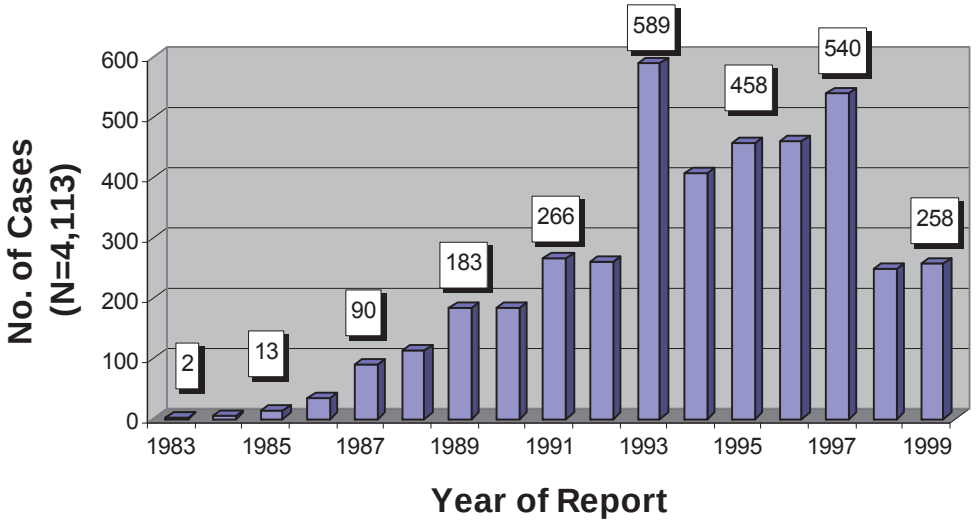
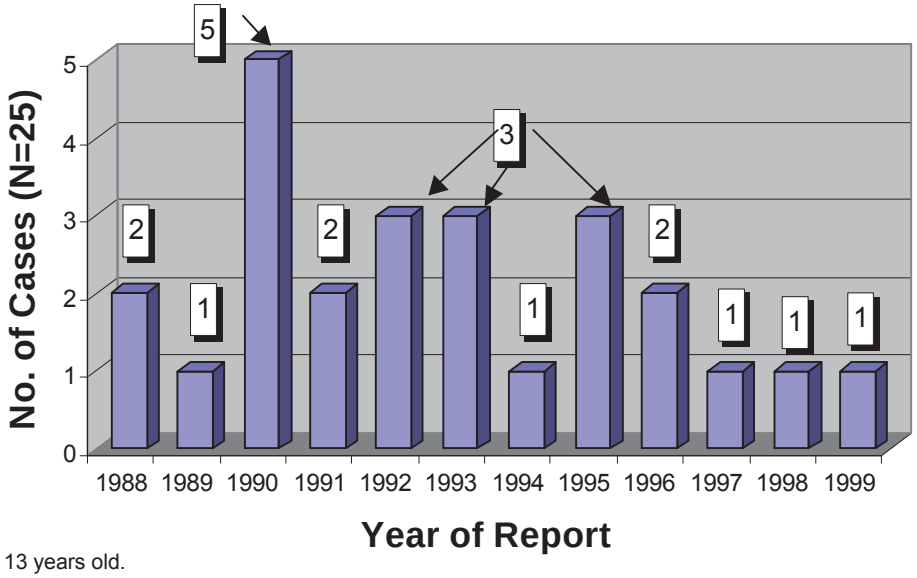


Figure 4. Children Less than 13 Years Old AIDS Cases by Year of Report, Nevada, 1988-1999.**



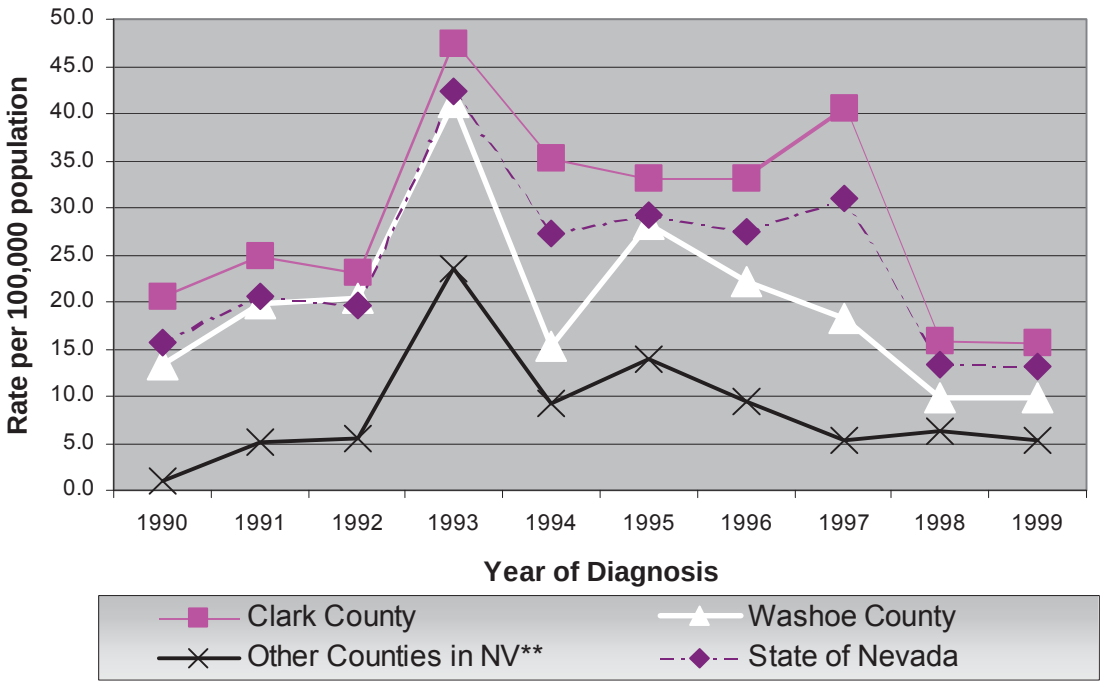
* Less than 13 years old.
** No cases reported before 1988.

AIDS Rates, 1990-1999

Table 3. AIDS Rates Per 100,000 Population* by Year of Report and County of Residence, Nevada.

Year	Clark			Washoe			Other**			Total		
	No.	Population	Rate	No.	Population	Rate	No.	Population	Rate	No.	Population	Rate
1990	153	741,459	20.6	34	254,667	13.4	2	205,707	1.0	189	1,201,833	15.7
1991	205	820,804	25.0	52	262,260	19.8	11	214,846	5.1	268	1,297,910	20.6
1992	198	856,339	23.1	54	265,660	20.3	12	221,941	5.4	264	1,343,940	19.6
1993	426	898,008	47.4	112	271,770	41.2	54	228,982	23.6	592	1,398,760	42.3
1994	343	971,658	35.3	43	282,630	15.2	22	239,942	9.2	408	1,494,230	27.3
1995	343	1,036,290	33.1	83	294,290	28.2	35	251,809	13.9	461	1,582,389	29.1
1996	370	1,115,940	33.2	68	306,810	22.2	25	265,390	9.4	463	1,688,140	27.4
1997	471	1,163,207	40.5	56	308,579	18.1	14	269,111	5.2	541	1,740,897	31.1
1998	201	1,265,590	15.9	31	318,050	9.7	18	291,120	6.2	250	1,874,760	13.3
1999	211	1,343,540	15.7	32	323,670	9.9	16	300,440	5.3	259	1,967,650	13.2

Figure 5. AIDS Rates Per 100,000 population* by Year of Report and County of Residence, Nevada.



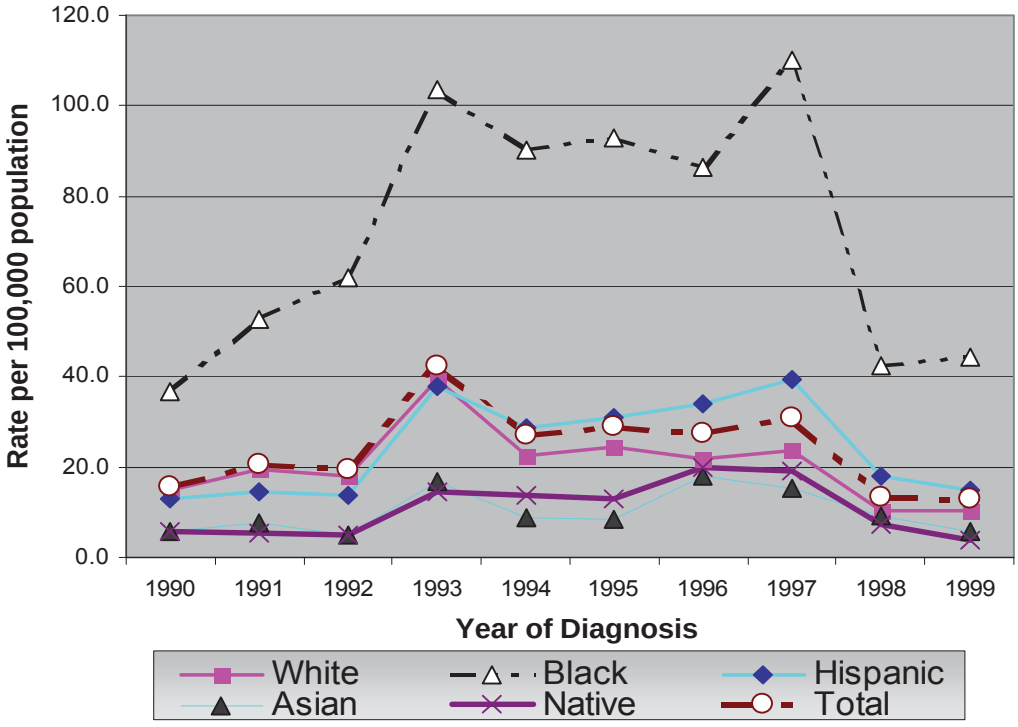
*Population Estimates taken from the 1999 Nevada Vital Statistics Report, Bureau of Health Planning and Statistics, Nevada State Health Division.

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

Table 4. Reported AIDS Rates per 100,000 population* by Race/Ethnicity** and Year of Report (1990-1999), Nevada.

Year	White		Black		Hispanic		Asian		Native		Total	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1990	142	15.0	28	36.5	16	12.9	2	5.6	1	5.7	189	15.7
1991	200	19.6	44	52.7	20	14.6	3	7.7	1	5.3	268	20.6
1992	187	17.8	54	61.9	20	13.8	2	5.0	1	5.1	264	19.6
1993	429	39.3	95	103.7	58	37.7	7	16.7	3	14.6	592	42.3
1994	264	22.7	89	90.2	48	28.7	4	9.0	3	13.6	408	27.3
1995	299	24.4	98	92.9	56	31.0	4	8.5	3	12.8	460	29.1
1996	284	21.8	98	86.3	67	34.1	9	17.9	5	19.9	463	27.4
1997	317	23.7	130	110.1	81	39.2	8	15.5	5	19.3	541	31.1
1998	145	10.2	54	42.3	43	17.9	5	9.0	2	7.2	250	13.3
1999	143	10.3	59	44.5	51	15.0	5	5.9	1	3.8	259	13.2

Figure 6. Reported AIDS Rates per 100,000 population* by Race/Ethnicity** and Year of Report (1990-1999), Nevada.



*Population Estimates taken from the 1999 Nevada Vital Statistics Report, Bureau of Health Planning and Statistics, Nevada State Health Division.

**"Unknown" race/ethnicities not shown (n=1)

Demographics of AIDS Cases

Table 5. Nevada AIDS Cases by Gender, Race/Ethnicity, and Exposure Category.

	1999 AIDS Cases		Cumulative AIDS Cases*	
GENDER	No.	%	No.	%
Male	226	87.3	3654	88.3
Female	33	12.7	484	11.7
RACE	No.	%	No.	%
White	143	55.2	2772	67.0
Black	59	22.8	803	19.4
Hispanic	51	19.7	487	11.8
Asian	5	1.9	50	1.2
Native	1	0.4	25	0.6
Unknown	0	0.0	1	0.0
EXPOSURE RISK	No.	%	No.	%
MSM	156	60.2	2570	62.1
IDU	34	13.1	732	17.7
MSM & IDU	17	6.6	364	8.8
Hemophiliac	0	0.0	12	0.3
Hetsx w/ IDU	15	5.8	146	3.5
Hetsx w/ Bisx Male	0	0.0	31	0.7
Sx w/ Transfusion	1	0.4	5	0.1
Sx w/ HIV/AIDS	10	3.9	111	2.7
Transfusion/Transplant	1	0.4	37	0.9
Risk not Specified	24	9.3	104	2.5
Mother is IDU	1	0.4	11	0.3
Mother sx w/ IDU	0	0.0	5	0.1
Mother sx w/ Bisx Male	0	0.0	1	0.0
Mother sx w/ HIV/AIDS	0	0.0	5	0.1
Mother has HIV/AIDS	0	0.0	1	0.0
Pediatric Transfusion	0	0.0	2	0.0
Other	0	0.0	1	0.0
TOTAL	259	100.0	4138	100.0

* Total AIDS cases from 1983-1999.

Table 6. AIDS Cases by Age Group, Race/Ethnicity, and Gender, Nevada, 1983-1999.

		RACE/ETHNICITY						
	AGE GROUP	**White**	**Black**	**Hispanic**	**Asian**	**Native**	**Unknown**	**Total**
Male	<5	4	5	2	0	0	0	11
	5-12	0	0	0	0	0	0	0
	13-19	2	1	2	0	0	0	5
	20-29	395	79	107	11	5	0	597
	30-39	1,135	266	189	21	9	0	1,620
	40-49	666	202	103	9	4	1	985
	50-59	239	36	30	2	2	0	309
	60+	95	22	8	2	0	0	127
	Male Total	2,536	611	441	45	20	1	3,654
	AGE GROUP	**White**	**Black**	**Hispanic**	**Asian**	**Native**	**Unknown**	**Total**
Female	<5	5	4	2	0	0	0	11
	5-12	2	1	0	0	0	0	3
	13-19	0	4	0	0	0	0	4
	20-29	60	27	13	1	0	0	101
	30-39	102	82	15	2	4	0	205
	40-49	42	48	8	1	1	0	100
	50-59	20	22	5	0	0	0	47
	60+	5	4	3	1	0	0	13
	Female Total	236	192	46	5	5	0	484
	Total	2,772	803	487	50	25	1	4,138

Table 7. AIDS cases by Exposure Category and Race/Ethnicity, Nevada, 1983-1999.

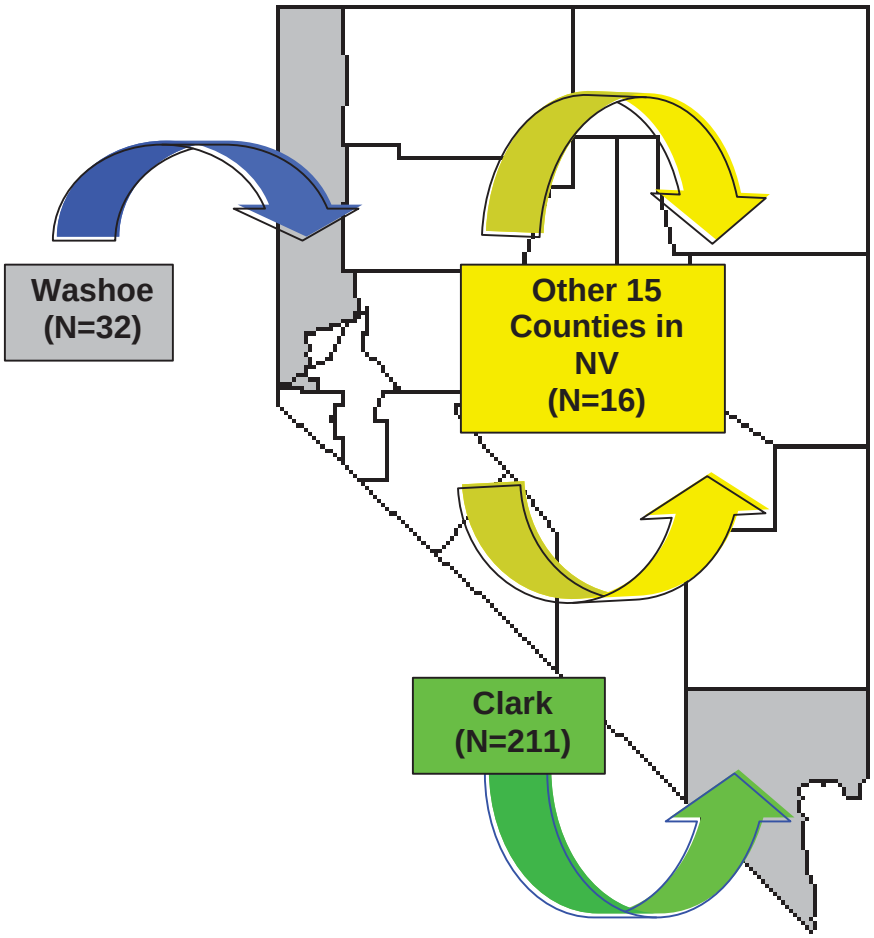
		RACE/ETHNICITY						
	Exposure Risk	**White**	**Black**	**Hispanic**	**Asian**	**Native**	**Unknown**	**Total**
Adult/Adolescent Males	MSM	1,896	292	336	33	13	0	2,570
	IDU	258	199	48	3	2	0	510
	MSM & IDU	261	73	24	3	3	0	364
	Hemophiliac	12	0	0	0	0	0	12
	Hetsx w/ IDU	22	13	3	0	0	0	38
	Sx w/ Transfusion	1	0	1	0	0	0	2
	Sx w/ HIV/AIDS	19	11	10	0	1	0	41
	Transfusion/Transplant	17	0	3	3	0	0	23
	Risk not Specified	46	18	14	3	1	1	83
	Male Total	2,536	611	441	45	20	1	3,643

	Exposure Risk	**White**	**Black**	**Hispanic**	**Asian**	**Native**	**Unknown**	**Total**
Adult/Adolescent Females	IDU	109	99	12	0	2	0	222
	Hetsx w/ IDU	46	49	11	0	2	0	108
	Hetsx w/ Bisx Male	17	7	5	1	1	0	31
	Sx w/ Transfusion	2	0	1	0	0	0	3
	Sx w/ HIV/AIDS	34	21	13	2	0	0	70
	Transfusion/Transplant	9	2	2	1	0	0	14
	Risk not Specified	11	9	0	1	0	0	21
	Other	1	0	0	0	0	0	1
	Female Total	236	192	46	5	5	0	470

	Exposure Risk	**White**	**Black**	**Hispanic**	**Asian**	**Native**	**Unknown**	**Total**
Children less than 13 years old	Mother is IDU	5	6	0	0	0	0	11
	Mother sx w/ IDU	1	3	1	0	0	0	5
	Mother sx w/ Bisx Male	1	0	0	0	0	0	1
	Mother sx w/ HIV/AIDS	1	1	3	0	0	0	5
	Mother has HIV/AIDS	1	0	0	0	0	0	1
	Pediatric Transfusion	2	0	0	0	0	0	2
	Pediatric Total	11	10	4	0	0	0	25

	Total	2,783	813	491	50	25	1	4,138

Figure 7. Geographic Depiction of AIDS Cases in Nevada, 1999.



- Nevada's population growth is ranked number one among all the other states (66.3% increase in population from 1990-2000, U.S. Census Bureau 2000). Two large metropolitan areas of Nevada reported the majority of AIDS cases in 1999, Clark and Washoe counties.

- Clark County, which includes Las Vegas, accounted for 68% of the population of Nevada, but 82% (n=211) of 1999 reported AIDS cases.

- Washoe County, which includes Reno, accounted for 16% of the population of Nevada, but 12% of 1999 reported AIDS cases.

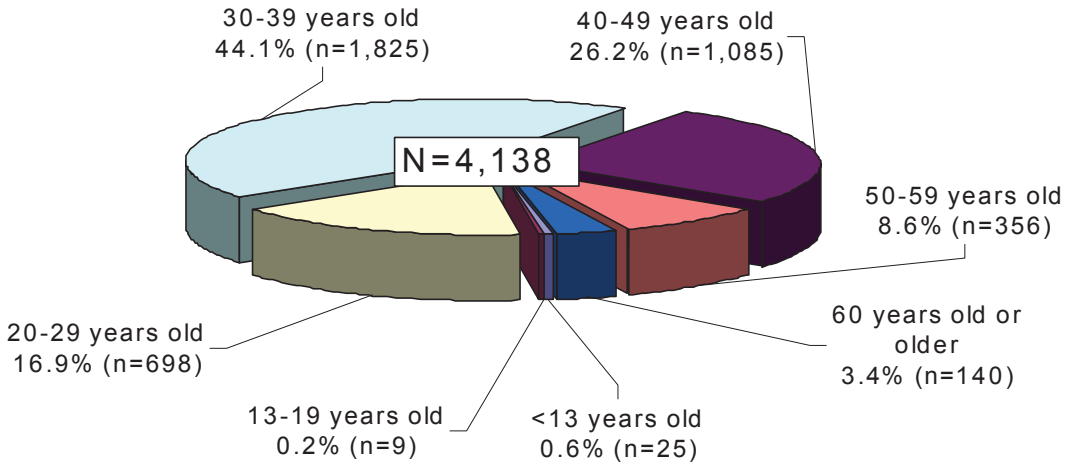
- Other counties in Nevada (i.e., Carson City and Douglas among the largest), accounted for the remaining 16% of the population, yet only 6% of 1999 reported AIDS cases.

Table 8. Geographic Distribution of AIDS Cases by Year of Report, Nevada, 1983-1999.

Year	Clark		Washoe		Other*		Total	
	No.	%	No.	%	No.	%	No.	%
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	131	71.2	37	20.1	16	8.7	184	100.0
1990	153	81.0	34	18.0	2	1.1	189	100.0
1991	205	76.5	52	19.4	11	4.1	268	100.0
1992	198	75.0	54	20.5	12	4.5	264	100.0
1993	426	72.0	112	18.9	54	9.1	592	100.0
1994	343	84.1	43	10.5	22	5.4	408	100.0
1995	343	74.4	83	18.0	35	7.6	461	100.0
1996	370	79.9	68	14.7	25	5.4	463	100.0
1997	471	87.1	56	10.4	14	2.6	541	100.0
1998	201	80.4	31	12.4	18	7.2	250	100.0
1999	211	81.5	32	12.4	16	6.2	259	100.0
Total	3240	78.3	651	15.7	247	6.0	4138	100.0

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

Figure 8. Percentage of AIDS Cases by Age Group, Nevada, 1983-1999.



Mortality of Nevada AIDS Cases

Table 9. AIDS Mortality in Nevada and the United States (reported as of December 31, 1999).

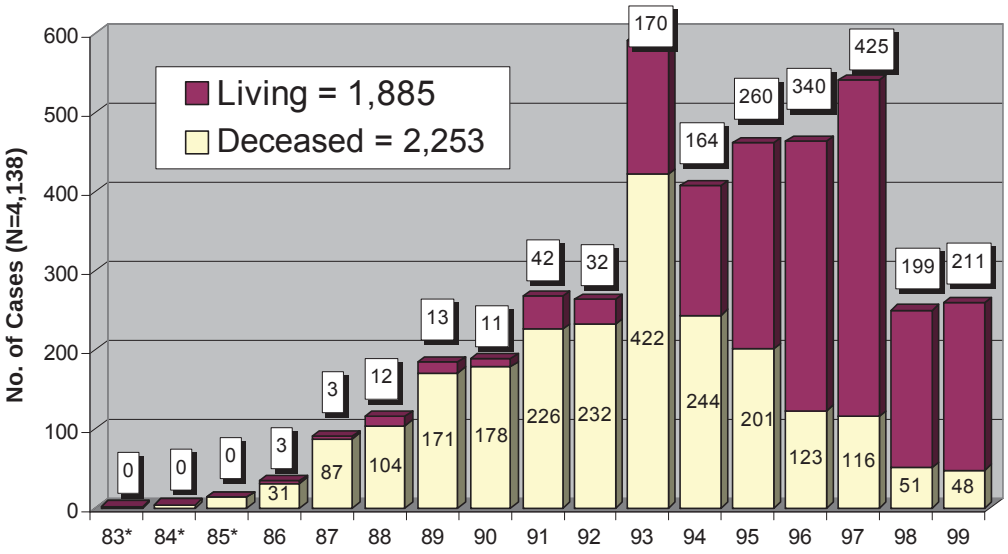
	Nevada Cumulative	U.S. Cumulative
AIDS Cases	4,138	733,374
Deaths*	2,253	430,441
Case Fatality Rate**	54.4%	58.7%

* Deaths in the AIDS surveillance system may not befrom AIDS related causes.
** See technical notes for further information.

Table 10. AIDS Mortality in Nevada by Gender, Race, and Exposure Category (reported as of December 31, 1999).

	Deaths Among AIDS Cases		AIDS Cases	Case Fatality Rate**
GENDER	No.	% of Total	No.	%
Male	2,026	89.9	3,654	55.4
Female	227	10.1	484	46.9
RACE	No.	% of Total	No.	%
White	1,598	70.9	2,772	57.6
Black	417	18.5	803	51.9
Hispanic	207	9.2	487	42.5
Asian	21	1.0	50	42.0
Native	10	0.4	25	40.0
Unknown	0	0.0	1	0.0
EXPOSURE RISK	No.	% of Total	No.	%
MSM	1,416	62.8	2,570	55.1
IDU	423	18.8	732	57.8
MSM & IDU	209	9.3	364	57.4
Hemophilia	8	0.4	12	66.7
Hetsx w/ IDU	66	2.9	146	45.2
Hetsx w/ Bisx Male	12	0.5	31	38.7
Sx w/ Transfusion	3	0.1	5	60.0
Sx w/ HIV/AIDS	39	1.7	111	35.1
Transfusion/Transplant	27	1.2	37	73.0
Risk not Specified	34	1.5	104	32.7
Mother is IDU	5	0.2	11	45.5
Mother sx w/ IDU	5	0.2	5	100.0
Mother sx w/ Bisx Male	1	0.0	1	100.0
Mother sx w/ HIV/AIDS	2	0.1	5	40.0
Mother has HIV/AIDS	0	0.0	1	0.0
Pediatric Transfusion	2	0.1	2	100.0
Other	1	0.0	1	100.0
TOTAL	2,253	100.0	4,138	54.4

Figure 9. AIDS Case Mortality Status by Year of Report, Nevada, 1983-1999.



* See Table below for numbers of deceased for these years.

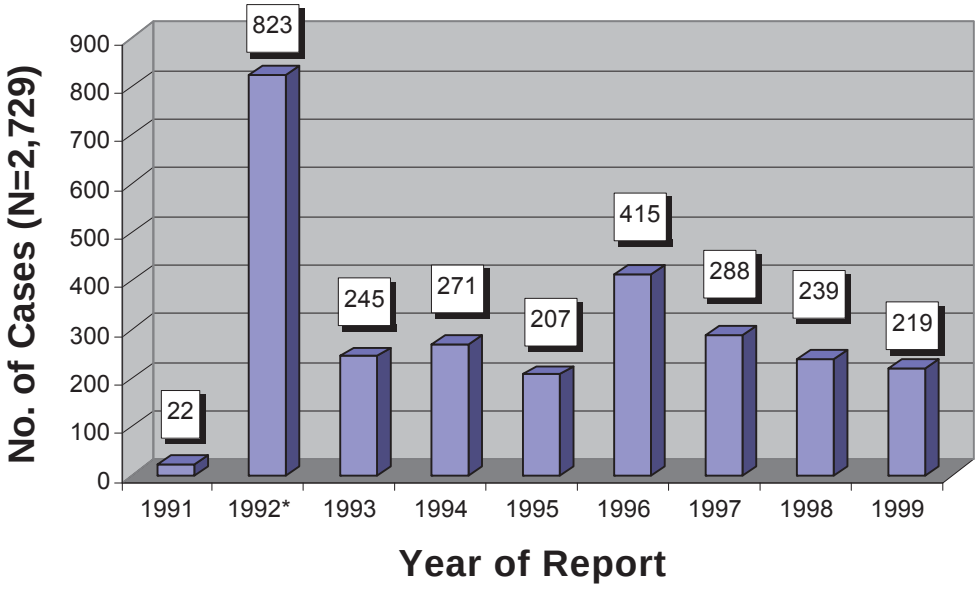
Table 11. AIDS Case Mortality Status by Year of Report, 1983-1999.

Year	Living		Dead		Total	
	No.	% Alive	No.	% Dead	No.	%
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	3	8.8	31	91.2	34	100.0
1987	3	3.3	87	96.7	90	100.0
1988	12	10.3	104	89.7	116	100.0
1989	13	7.1	171	92.9	184	100.0
1990	11	5.8	178	94.2	189	100.0
1991	42	15.7	226	84.3	268	100.0
1992	32	12.1	232	87.9	264	100.0
1993	170	28.7	422	71.3	592	100.0
1994	164	40.2	244	59.8	408	100.0
1995	260	56.4	201	43.6	461	100.0
1996	340	73.4	123	26.6	463	100.0
1997	425	78.6	116	21.4	541	100.0
1998	199	79.6	51	20.4	250	100.0
1999	211	81.5	48	18.5	259	100.0
Total	1885	45.6	2253	54.4	4138	100.0

* Deaths of AIDS patients have dropped dramatically from 1994 to 1999 due to possibly effective antiretroviral regimens.

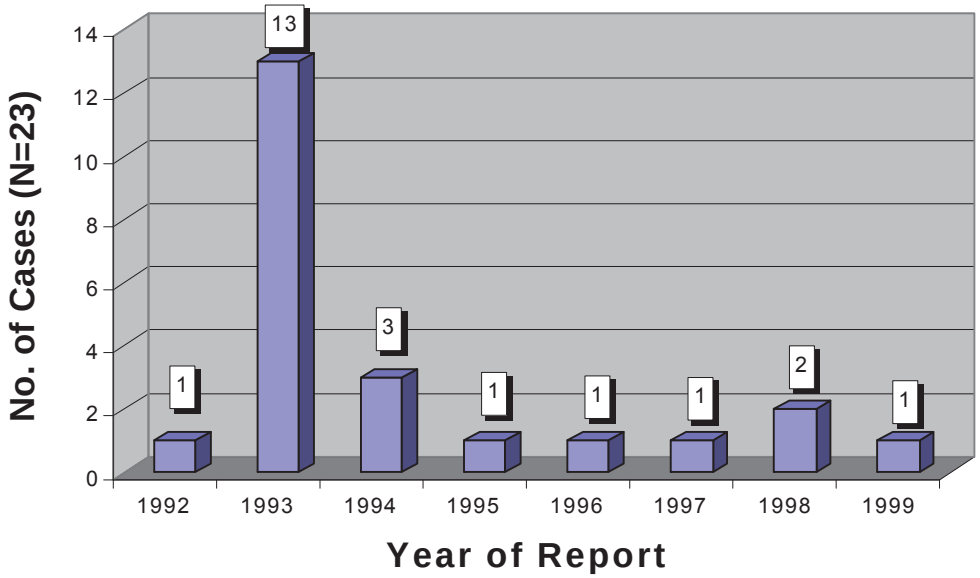
HIV Cases, 1991-1999

Figure 10. Adult/Adolescent HIV Cases by Year of Report, Nevada, 1991-1999



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

Figure 11. Children Less than 13 Years Old HIV Cases by Year of Report, Nevada, 1992-1999.



HIV Rates, 1991-1999

Figure 12. HIV Rates per 100,000 population* by Race/Ethnicity** and Year of Report, Nevada, 1991-1999.

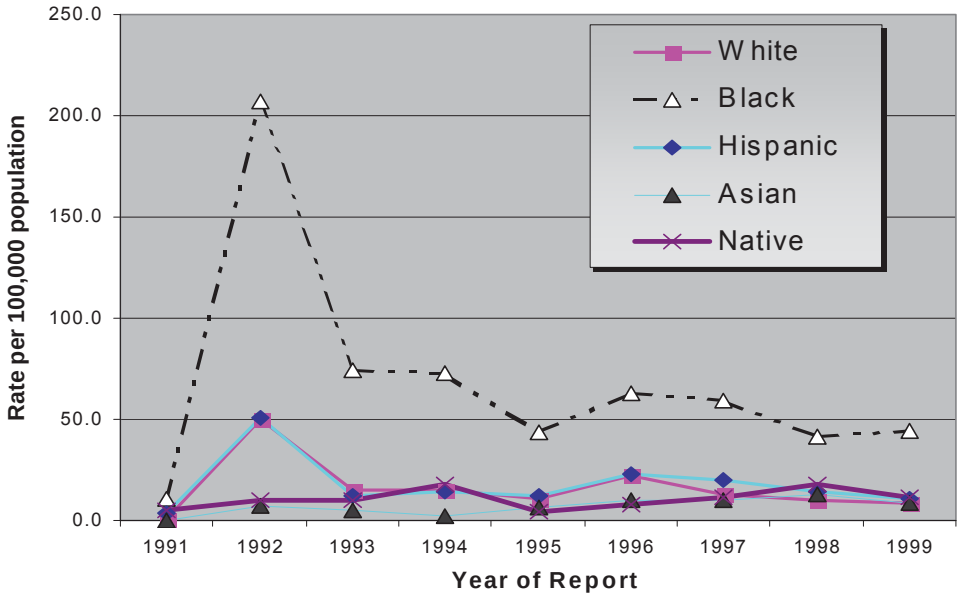


Table 12. HIV Rates per 100,000 population* by Race/Ethnicity** and Year of Report, Nevada, 1991-1999.

Year	White		Black		Hispanic		Asian		Native		Total	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1991	7	0.7	9	10.8	5	3.6	0	0.0	1	5.3	22	1.7
1992	523	49.7	181	207.5	73	50.4	3	7.5	2	10.2	824	61.3
1993	167	15.3	68	74.2	19	12.4	2	4.8	2	9.7	258	18.4
1994	173	14.9	72	72.9	24	14.3	1	2.2	4	18.2	274	18.3
1995	135	11.0	46	43.6	22	12.2	3	6.4	1	4.3	208	13.1
1996	293	22.5	71	62.5	45	22.9	5	9.9	2	8.0	416	24.6
1997	170	12.7	70	59.3	41	19.8	5	9.7	3	11.6	289	16.6
1998	141	9.9	53	41.5	35	14.5	7	12.6	5	18.0	241	12.9
1999	114	8.2	59	44.5	37	10.9	7	8.2	3	11.3	220	11.2

*Population Estimates taken from the 1999 Nevada Vital Statistics Report, Bureau of Health Planning and Statistics, Nevada State Health Division.
**"Unknown" race/ethnicities not shown (n=43)

Figure 13. HIV Rates per 100,000 population* by Race/Ethnicity** and Year of Diagnosis, Nevada, 1991-1999.

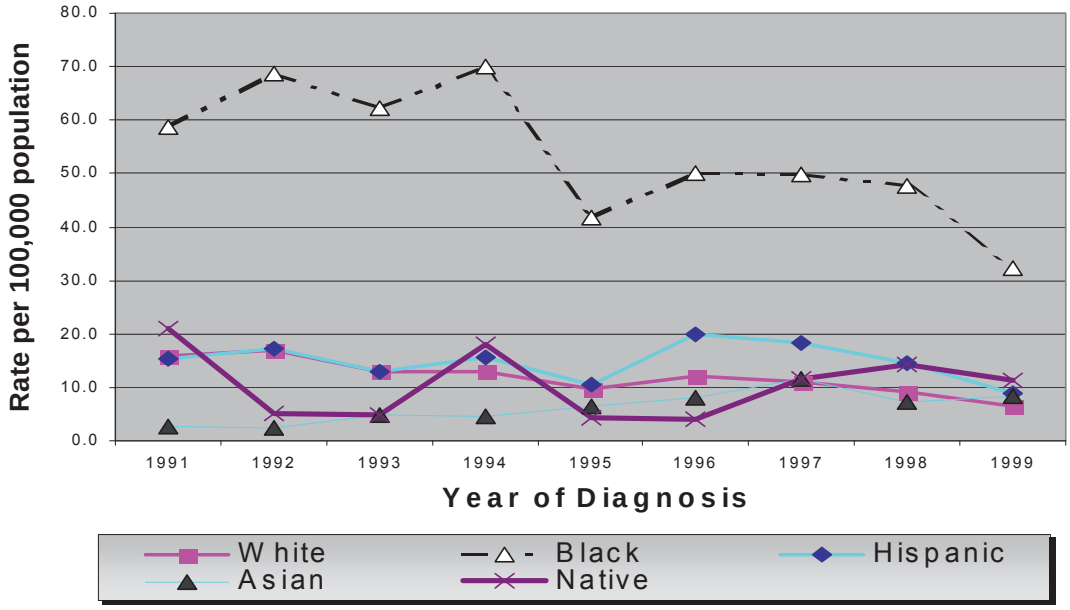


Table 13. HIV Rates per 100,000 population* by Race/Ethnicity** and Year of Diagnosis, Nevada, 1991-1999.

Year	White		Black		Hispanic		Asian		Native		Total	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1991	162	15.9	49	58.7	21	15.3	1	2.6	4	21.1	256	19.7
1992	178	16.9	60	68.8	25	17.3	1	2.5	1	5.1	269	20.0
1993	141	12.9	57	62.2	20	13.0	2	4.8	1	4.9	221	15.8
1994	149	12.8	69	69.9	26	15.5	2	4.5	4	18.2	250	16.7
1995	119	9.7	44	41.7	19	10.5	3	6.4	1	4.3	187	11.8
1996	158	12.1	57	50.2	39	19.8	4	8.0	1	4.0	259	15.3
1997	149	11.1	59	50.0	38	18.4	6	11.6	3	11.6	255	14.6
1998	130	9.1	61	47.8	35	14.5	4	7.2	4	14.4	234	12.5
1999	91	6.6	43	32.4	30	8.8	7	8.2	3	11.3	174	8.8

*Population Estimates taken from the 1999 Nevada Vital Statistics Report, Bureau of Health Planning and Statistics, Nevada State Health Division.

**"Unknown" race/ethnicities not shown (n=43)

Demographics of HIV Cases in Nevada

Table 14. Nevada HIV Cases by Gender, Race/Ethnicity, Age Group, and Exposure Category.

	1999 HIV Cases		Cumulative HIV Cases	
GENDER	No.	%	No.	% of Total Cases
Male	181	82.3	2248	81.7
Female	39	17.7	504	18.3
RACE	No.	%	No.	% of Total Cases
White	114	51.8	1723	62.6
Black	59	26.8	629	22.9
Hispanic	37	16.8	301	10.9
Asian	7	3.2	33	1.2
Native	3	1.4	23	0.8
Unknown	0	0.0	43	1.6
AGE GROUP	No.	%	No.	% of Total Cases
Less than 5	1	0.5	23	0.8
5-12	0	0.0	0	0.0
13-19	1	0.5	43	1.6
20-29	57	25.9	950	34.5
30-39	93	42.3	1133	41.2
40-49	52	23.6	420	15.3
50-59	13	5.9	109	4.0
60+	3	1.4	34	1.2
Unknown	0	0.0	40	1.5
EXPOSURE RISK	No.	%	No.	% of Total Cases
MSM	112	50.9	1218	44.3
IDU	26	11.8	379	13.8
MSM & IDU	15	6.8	201	7.3
Heterosexual	28	12.7	261	9.5
Transfusion/Hemophilia	2	0.9	13	0.5
Unknown	36	16.4	657	23.9
Mother w/ HIV or HIV Risk	1	0.5	23	0.8
Other	0	0.0	0	0.0
TOTAL	220	100.0	2752	100

Figure 14. HIV Cases by Gender and Year of Report, Nevada, 1991-1999.

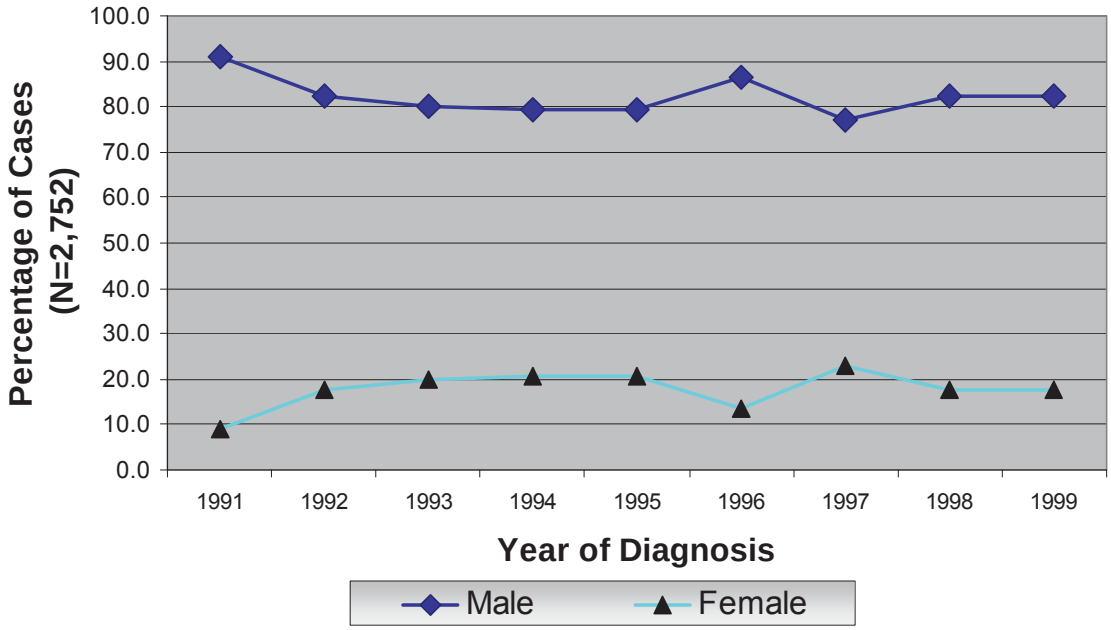


Table 15. HIV Cases by Gender and Year of Report, Nevada, 1991-1999.

Year	Male		Female		Total	
	No.	%	No.	%	No.	%
1991	20	90.9	2	9.1	22	100.0
1992	677	82.2	147	17.8	824	100.0
1993	207	80.2	51	19.8	258	100.0
1994	217	79.2	57	20.8	274	100.0
1995	165	79.3	43	20.7	208	100.0
1996	360	86.5	56	13.5	416	100.0
1997	223	77.2	66	22.8	289	100.0
1998	198	82.2	43	17.8	241	100.0
1999	181	82.3	39	17.7	220	100.0
Total	2248	81.7	504	18.3	2752	100.0

Table 16. HIV Cases by Gender, Race/Ethnicity, and Age Group, Nevada, 1983-1999.

	AGEGROUP	RACE/ETHNICITY						Total
		White	Black	Hispanic	Asian	Native	Unknown	
Male	<5	4	4	2	0	0	0	10
	13-19	17	5	3	0	0	0	25
	20-29	519	130	107	9	4	0	769
	30-39	612	194	111	12	12	2	943
	40-49	236	79	29	3	1	0	348
	50-59	62	22	8	1	0	0	93
	60+	23	2	2	0	0	0	27
	Unknown	0	0	0	0	0	33	33
	Male Total	1,473	436	262	25	17	35	2,248

	AGEGROUP	White	Black	Hispanic	Asian	Native	Unknown	Total
Female	<5	5	8	0	0	0	0	13
	5-12	0	0	0	0	0	0	0
	13-19	7	11	0	0	0	0	18
	20-29	87	74	15	3	1	1	181
	30-39	102	67	14	5	2	0	190
	40-49	36	27	6	0	3	0	72
	50-59	9	5	2	0	0	0	16
	60+	4	1	2	0	0	0	7
	Unknown	0	0	0	0	0	7	7
	Female Total	250	193	39	8	6	8	504

Total	1,723	629	301	33	23	43	2,752

Table 17. HIV cases by Gender, Exposure Category, and Race/Ethnicity, Nevada, 1983-1999.

	Exposure Risk	RACE/ETHNICITY						Total
		White	Black	Hispanic	Asian	Native	Unknown	
Adult/Adolescent Males	MSM	858	168	160	18	13	1	1218
	IDU	135	89	24	0	2	1	251
	MSM & IDU	158	28	15	0	0	0	201
	Hemophiliac	4	0	0	0	0	0	4
	Hetsx w/ IDU	10	9	4	2	0	0	25
	Sx w/ Transfusion	1	0	0	0	0	0	1
	Sx w/ HIV/AIDS	10	14	5	0	0	0	29
	Transfusion/Transplant	3	1	0	0	0	0	4
	Risk not Specified	290	123	52	5	2	33	505
	Male Total	1,469	432	260	25	17	35	2,238

	Exposure Risk	White	Black	Hispanic	Asian	Native	Unknown	Total
Adult/Adolescent Females	IDU	68	52	6	1	1	0	128
	Hetsx w/ IDU	52	33	8	1	2	0	96
	Hetsx w/ Bisx Male	13	4	4	0	0	0	21
	Sx w/ Transfusion	1	1	0	0	0	0	2
	Sx w/ HIV/AIDS	37	34	11	3	2	0	87
	Transfusion/Transplant	1	3	1	0	0	0	5
	Risk not Specified	73	58	9	3	1	8	152
	Other	0	0	0	0	0	0	0
	Female Total	245	185	39	8	6	8	491

	Exposure Risk	White	Black	Hispanic	Asian	Native	Unknown	Total
Children Less Than 13	Mother is IDU	2	2	1	0	0	0	5
	Mother sx w/ IDU	2	5	1	0	0	0	8
	Mother sx w/ HIV/AIDS	1	1	0	0	0	0	2
	Mother had Transfusion	1	0	0	0	0	0	1
	Mother has HIV/AIDS	3	4	0	0	0	0	7
	Pediatric Total	9	12	2	0	0	0	23

Total	1,723	629	301	33	23	43	2,752

SPECIAL POPULATIONS WITH AIDS AND/OR HIV

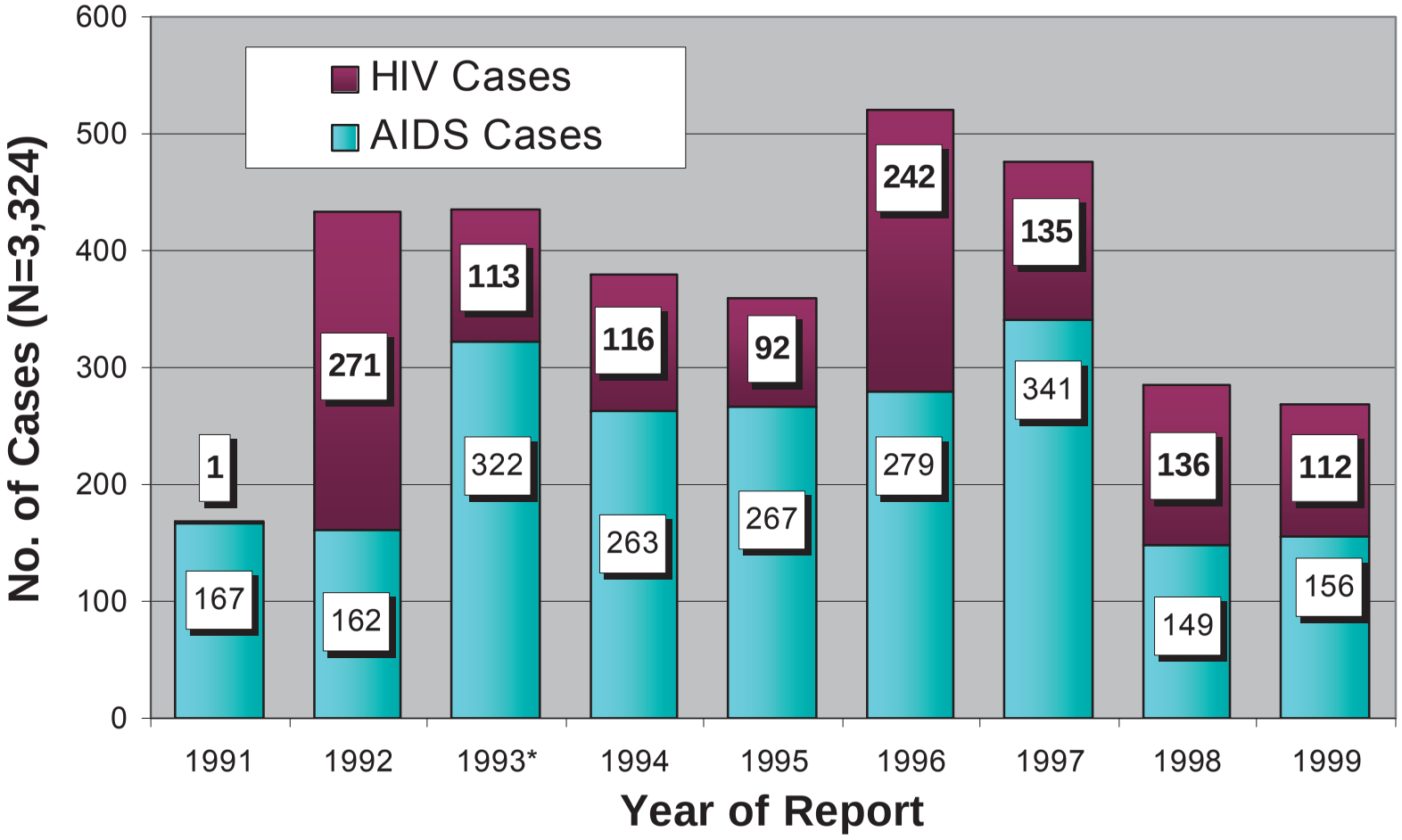
Men who have sex with men (MSM)

Table 18. Men who have sex with men (MSM) AIDS and HIV Cases by Race/Ethnicity, Age Group, County (AIDS Cases only), and Mortality (AIDS Cases only), Nevada.

	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
RACE	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
White	97	62.2	1,896	73.8	1,125	79.4	59.3	70	62.5	858	70.4	167	62.3	2,754	72.7
Black	19	12.2	292	11.4	133	9.4	45.5	15	13.4	168	13.8	34	12.7	460	12.1
Hispanic	38	24.4	336	13.1	138	9.7	41.1	24	21.4	160	13.1	62	23.1	496	13.1
Asian	2	1.3	33	1.3	15	1.1	45.5	2	1.8	18	1.5	4	1.5	51	1.3
Native	0	0.0	13	0.5	5	0.4	38.5	1	0.9	13	1.1	1	0.4	26	0.7
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	1	0.0	0	0.0	1	0.0
AGE	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No.	% of Total	Case Fatality	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
<5	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
5-12	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
13-19	0	0.0	3	0.1	1	0.1	33.3	0	0.0	19	1.6	0	0.0	22	0.6
20-29	20	12.8	461	17.9	255	18.0	55.3	35	31.3	475	39.0	55	20.5	936	24.7
30-39	72	46.2	1,150	44.7	601	42.4	52.3	48	42.9	490	40.2	120	44.8	1640	43.3
40-49	40	25.6	627	24.4	347	24.5	55.3	21	18.8	165	13.5	61	22.8	792	20.9
50-59	19	12.2	244	9.5	152	10.7	62.3	6	5.4	53	4.4	25	9.3	297	7.8
60+	5	3.2	85	3.3	60	4.2	70.6	2	1.8	16	1.3	7	2.6	101	2.7
COUNTY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No.	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
Clark	130	83.3	2,020	78.6	1,087	76.8	53.8	-	-	-	-	-	-	-	-
Washoe	17	10.9	462	18.0	280	19.8	60.6	-	-	-	-	-	-	-	-
Other	9	5.8	88	3.4	49	3.5	55.7	-	-	-	-	-	-	-	-
TOTAL	156	100.0	2,570	100.0	1,416	100.0	55.1	112	100.0	1,218	100.0	268	100.0	3,788	100.0

The "-" convention is used to indicate that HIV cases by county information was not available for analysis.

Figure 15. MSM Trends in AIDS and HIV Cases, Nevada, 1991-1999.



*AIDS Case Definition changed by CDC in this year.

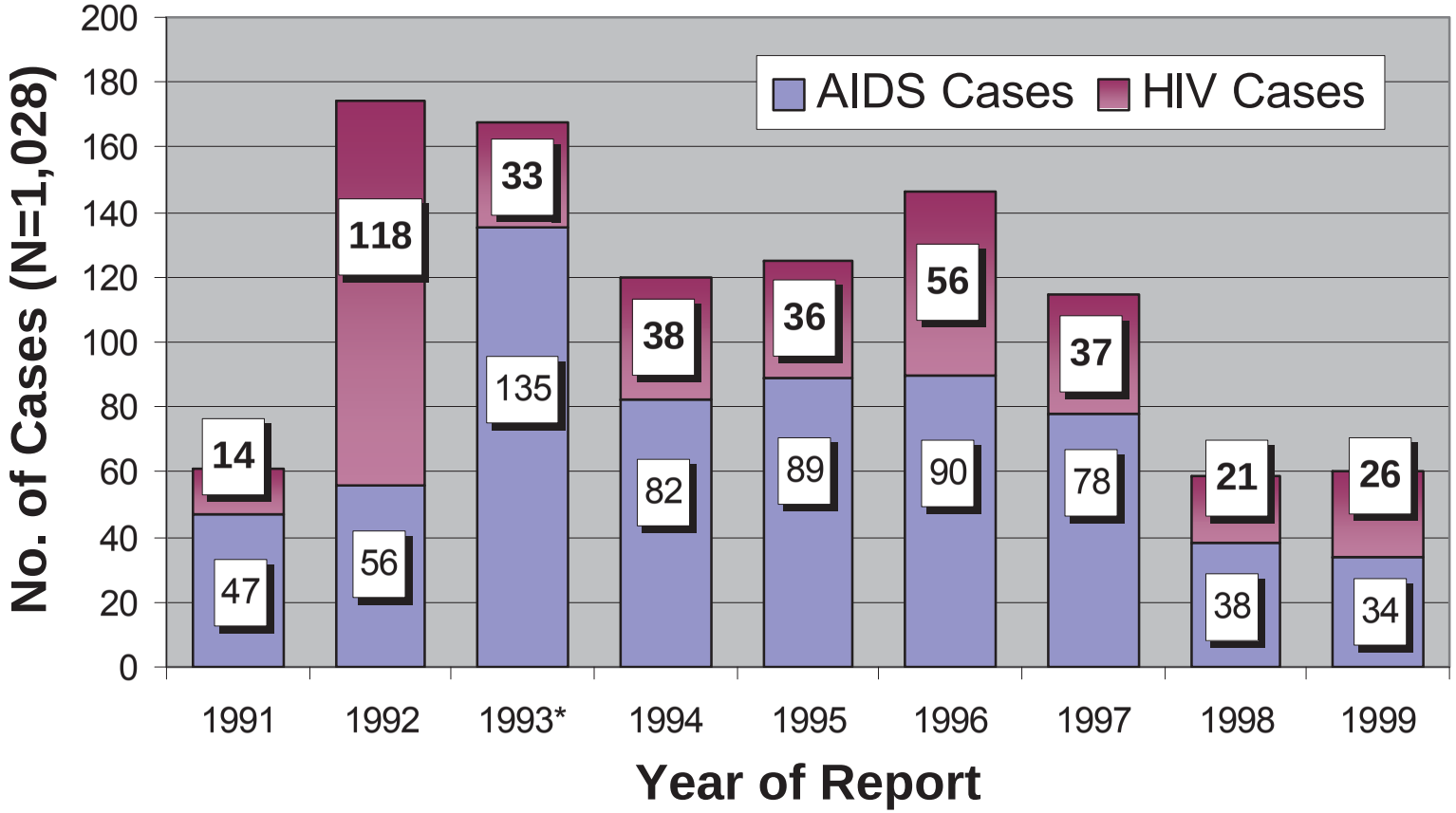
Injecting Drug Users (IDU)

Table 19. IDU AIDS and HIV Cases by Race/Ethnicity, Age Group, County (AIDS Cases only), and Mortality (AIDS Cases Only), Nevada.

	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
RACE	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
White	18	52.9	367	50.1	198	46.8	54.0	13	50.0	203	53.6	31	51.7	570	51.3
Black	10	29.4	298	40.7	185	43.7	62.1	10	38.5	141	37.2	20	33.3	439	39.5
Hispanic	6	17.6	60	8.2	36	8.5	60.0	2	7.7	30	7.9	8	13.3	90	8.1
Asian	0	0.0	3	0.4	1	0.2	33.3	0	0.0	1	0.3	0	0.0	4	0.4
Native	0	0.0	4	0.5	3	0.7	75.0	1	3.8	3	0.8	1	1.7	7	0.6
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	1	0.3	0	0.0	1	0.1
AGE	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No.	% of Total	Case Fatality	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
<5	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
5-12	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
13-19	0	0.0	1	0.1	1	0.2	100.0	0	0.0	4	1.1	0	0.0	5	0.5
20-29	3	8.8	74	10.1	34	8.0	45.9	2	7.7	84	22.2	5	8.3	158	14.2
30-39	8	23.5	330	45.1	179	42.3	54.2	11	42.3	199	52.5	19	31.7	529	47.6
40-49	17	50.0	262	35.8	160	37.8	61.1	9	34.6	79	20.8	26	43.3	341	30.7
50-59	4	11.8	46	6.3	34	8.0	73.9	3	11.5	11	2.9	7	11.7	57	5.1
60+	2	5.9	19	2.6	15	3.5	78.9	1	3.8	2	0.5	3	5.0	21	1.9
COUNTY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No.	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
Clark	28	82.4	591	80.7	356	84.2	60.2	-	-	-	-	-	-	-	-
Washoe	4	11.8	56	7.7	30	7.1	53.6	-	-	-	-	-	-	-	-
Other	2	6.0	85	11.6	37	8.7	43.5	-	-	-	-	-	-	-	-
TOTAL	34	100.0	732	100.0	423	100.0	57.8	26	100.0	379	100.0	60	100.0	3,788	100.0

The "-" convention is used to indicate that HIV cases by county information was not available for analysis.

Figure 16. IDU Trends in AIDS and HIV Cases, Nevada, 1991-1999.



*AIDS Case Definition changed by CDC in this year.

Racial/Ethnic Groups

Table 20. AIDS and HIV Cases in Blacks by Gender, Age Group, County (AIDS Cases Only), and Mortality (AIDS Cases Only), Nevada.

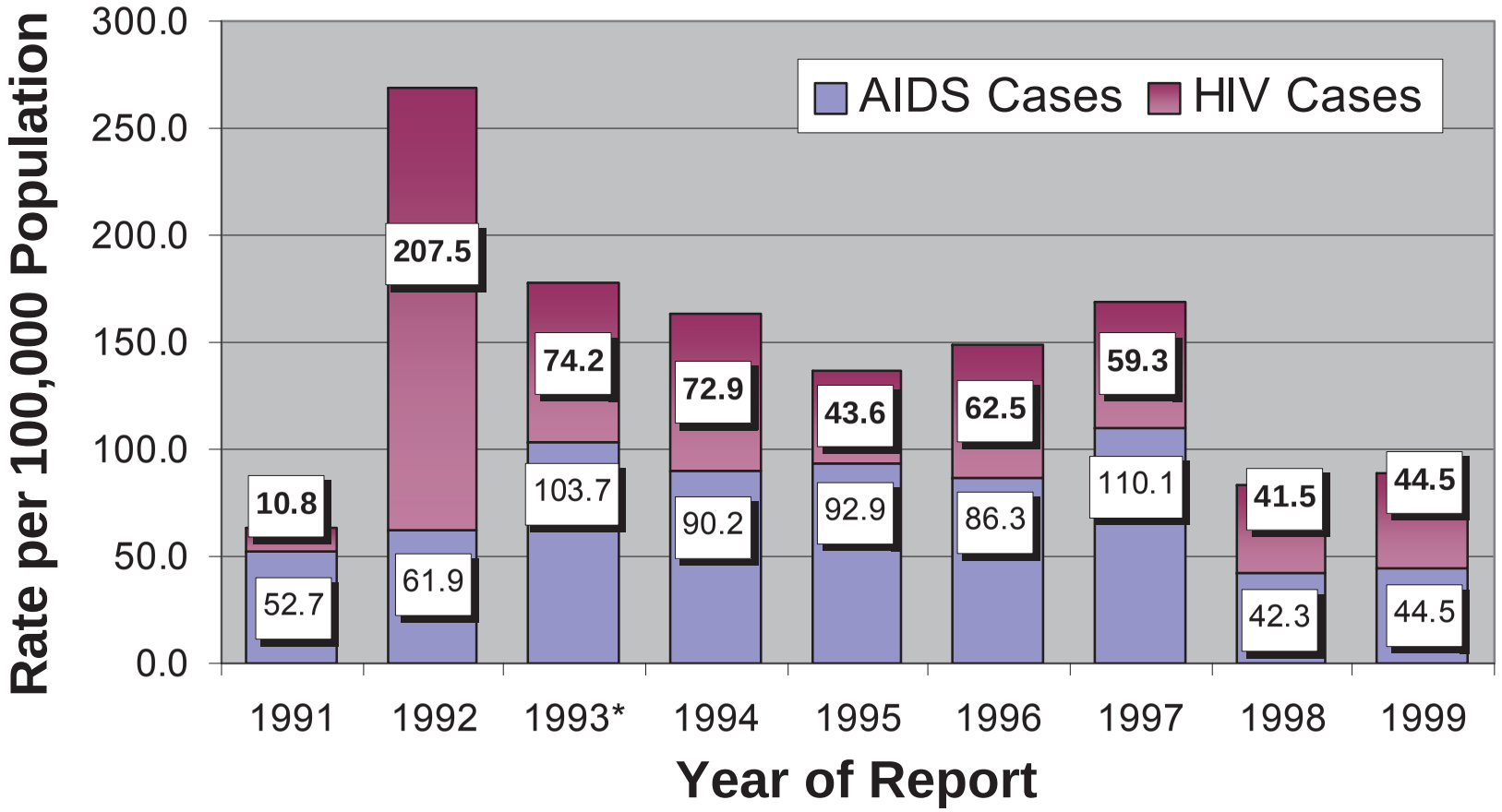
	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
GENDER	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
Male	43	72.9	611	76.1	328	78.7	53.7	45	76.3	436	69.3	88	74.6	1,047	73.1
Female	16	27.1	192	23.9	89	21.3	46.4	14	23.7	193	30.7	30	25.4	385	26.9
AGE	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
<5	1	1.7	9	1.1	5	1.2	N/A	0	0.0	12	1.9	1	1.9	21	1.5
5-12	0	0.0	1	0.1	0	0.0	N/A	0	0.0	0	0.0	0	0.0	1	0.1
13-19	0	0.0	5	0.6	2	0.5	40.0	1	1.7	16	2.5	1	2.5	21	1.5
20-29	7	11.9	106	13.2	43	10.3	40.6	15	25.4	204	32.4	22	32.4	310	21.6
30-39	22	37.3	348	43.3	179	42.9	51.4	19	32.2	261	41.5	41	41.5	609	42.5
40-49	19	32.2	250	31.1	136	32.6	54.4	19	32.2	106	16.9	38	16.9	356	24.9
50-59	9	15.3	58	7.2	33	7.9	56.9	5	8.5	27	4.3	14	4.3	85	5.9
60+	1	1.7	26	3.2	19	4.6	73.1	0	0.0	3	0.5	1	0.5	29	2.0
COUNTY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
Clark	56	94.9	719	89.5	379	90.9	52.7	-	-	-	-	-	-	-	-
Washoe	2	3.4	45	5.6	22	5.3	48.9	-	-	-	-	-	-	-	-
Other	1	1.7	39	4.9	16	3.8	41.0	-	-	-	-	-	-	-	-
TOTAL	59	100.0	803	100.0	417	100.0	51.9	59	100.0	629	100.0	118	100.0	1,432	100.0

The "-" convention is used to indicate that HIV cases by county information was not available for analysis.

Table 21. AIDS and HIV Cases in Blacks by Exposure Category and Mortality (AIDS Cases only), Nevada.

	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
EXPOSURE CATEGORY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
MSM	19	32.2	292	36.4	133	31.9	N/A	15	25.4	168	26.7	34	28.8	460	32.1
IDU	10	16.9	298	37.1	185	44.4	N/A	10	16.9	141	22.4	20	16.9	439	30.7
MSM & IDU	6	10.2	73	9.1	51	12.2	69.9	4	6.8	28	4.5	10	8.5	101	7.1
Hemophiliac	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
Hetsx w/ IDU	9	15.3	62	7.7	19	4.6	30.6	4	6.8	42	6.7	13	11.0	104	7.3
Hetsx w/ Bisx Male	0	0.0	7	0.9	4	1.0	57.1	1	1.7	4	0.6	1	0.8	11	0.8
Sx w/ Transfusion	0	0.0	0	0.0	0	0.0	N/A	1	1.7	1	0.2	1	0.8	1	0.1
Sx w/ HIV/AIDS	6	10.2	32	4.0	10	2.4	31.3	7	11.9	48	7.6	13	11.0	80	5.6
Transfusion/ Transplant	0	0.0	2	0.2	2	0.5	100.0	2	3.4	4	0.6	2	1.7	6	0.4
Risk not Specified	8	13.6	27	3.4	8	1.9	29.6	15	25.4	181	28.8	23	19.5	208	14.5
Mother is IDU	1	1.7	6	0.7	2	0.5	33.3	0	0.0	2	0.3	1	0.8	8	0.6
Mother sx w/ IDU	0	0.0	3	0.4	3	0.7	100.0	0	0.0	5	0.8	0	0.0	8	0.6
Mother sx w/ Bisx Male	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
Mother sx w/ HIV/AIDS	0	0.0	1	0.1	0	0.0	0.0	0	0.0	1	0.2	0	0.0	2	0.1
Mother has HIV/AIDS	0	0.0	0	0.0	0	0.0	N/A	0	0.0	4	0.6	0	0.0	4	0.3
Pediatric Transfusion	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
TOTAL	59	100.0	803	100.0	417	100.0	51.9	59	100.0	629	100.0	118	100.0	1,432	100.0

Figure 17. AIDS and HIV Case Trends among Blacks, Nevada, 1991-1999.



*AIDS Case Definition changed by CDC in this year.

Table 22. AIDS and HIV Cases in Hispanics by Gender, Age Group, County (AIDS Cases Only), and Mortality (AIDS Cases Only), Nevada.

	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
GENDER	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
Male	49	96.1	441	90.6	187	90.3	42.4	34	91.9	262	87.0	83	94.3	703	89.2
Female	2	3.9	46	9.4	20	9.7	43.5	3	8.1	39	13.0	5	5.7	85	10.8
AGE	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
<5	0	0.0	4	0.8	2	1.2	N/A	1	2.7	2	0.7	1	1.9	6	0.8
5-12	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
13-19	0	0.0	2	0.4	0	0.5	0.0	0	0.0	3	1.0	0	2.5	5	0.6
20-29	13	25.5	120	24.6	53	10.3	44.2	14	37.8	122	40.5	27	32.4	242	30.7
30-39	21	41.2	204	41.9	76	42.9	37.3	13	35.1	125	41.5	34	41.5	329	41.8
40-49	12	23.5	111	22.8	49	32.6	44.1	6	16.2	35	11.6	18	16.9	146	18.5
50-59	3	5.9	35	7.2	20	7.9	57.1	3	8.1	10	3.3	6	4.3	45	5.7
60+	2	3.9	11	2.3	7	4.6	63.6	0	0.0	4	1.3	2	0.5	15	1.9
COUNTY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
Clark	43	84.3	413	84.8	174	84.1	42.1	-	-	-	-	-	-	-	-
Washoe	7	13.7	64	13.1	30	14.5	46.9	-	-	-	-	-	-	-	-
Other	1	2.0	10	2.1	3	1.4	30.0	-	-	-	-	-	-	-	-
TOTAL	51	100.0	487	100.0	207	100.0	42.5	37	100.0	301	100.0	88	100.0	788	100.0

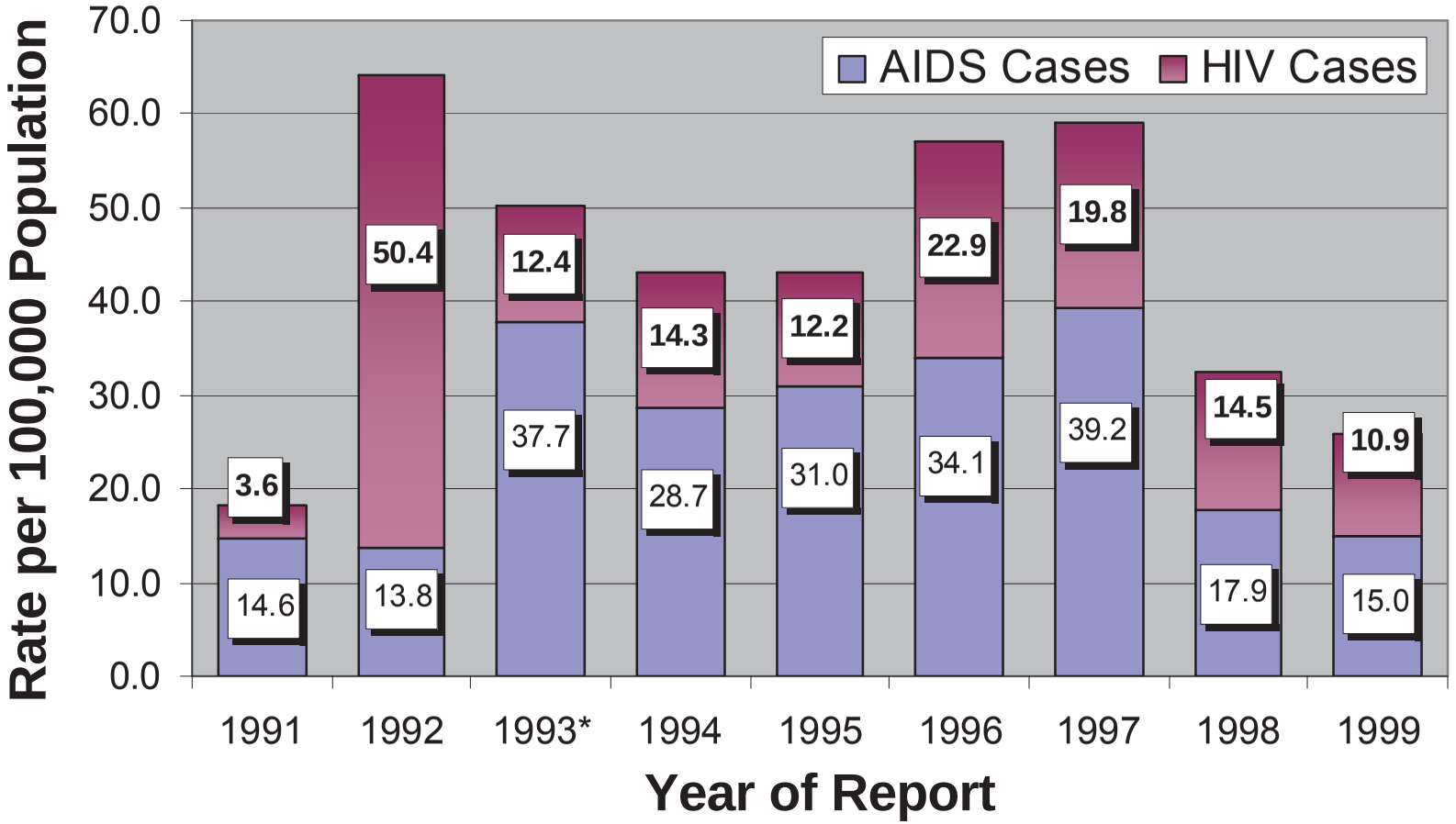
The "-" convention is used to indicate that HIV cases by county information was not available for analysis.

Note: Due to rounding, some percent totals may not agree.

Table 23. AIDS and HIV Cases in Hispanics by Exposure Category and Mortality (AIDS Cases only), Nevada.

	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
EXPOSURE CATEGORY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
MSM	38	74.5	336	69.0	138	66.7	N/A	24	64.9	160	53.2	62	70.5	496	62.9
IDU	6	11.8	60	12.3	36	17.4	N/A	2	5.4	30	10.0	8	9.1	90	11.4
MSM & IDU	1	2.0	24	4.9	12	5.8	50.0	0	0.0	15	5.0	1	1.1	39	4.9
Hemophiliac	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
Hetsx w/ IDU	1	2.0	14	2.9	9	4.3	64.3	1	2.7	12	4.0	2	2.3	26	3.3
Hetsx w/ Bisx Male	0	0.0	5	1.0	0	0.0	0.0	0	0.0	4	1.3	0	0.0	9	1.1
Sx w/ Transfusion	1	2.0	2	0.4	0	0.0	N/A	0	0.0	0	0.0	1	1.1	2	0.3
Sx w/ HIV/AIDS	0	0.0	23	4.7	5	2.4	21.7	1	2.7	16	5.3	1	1.1	39	4.9
Transfusion/ Transplant	0	0.0	5	1.0	3	1.4	60.0	0	0.0	1	0.3	0	0.0	6	0.8
Risk not Specified	4	7.8	14	2.9	2	1.0	14.3	8	21.6	61	20.3	12	13.6	75	9.5
Mother is IDU	0	0.0	0	0.0	0	0.0	N/A	0	0.0	1	0.3	0	0.0	1	0.1
Mother sx w/ IDU	0	0.0	1	0.2	1	0.5	100.0	1	2.7	1	0.3	1	1.1	2	0.3
Mother sx w/ Bisx Male	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
Mother sx w/ HIV/AIDS	0	0.0	3	0.6	1	0.5	33.3	0	0.0	0	0.0	0	0.0	3	0.4
Mother has HIV/AIDS	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
Pediatric Transfusion	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
Other	0	0.0	0	0.0	0	0.0	N/A	0	0.0	0	0.0	0	0.0	0	0.0
TOTAL	51	100.1	487	100.0	207	100.0	42.5	37	100.0	301	100.0	88	100.0	788	100.0

Figure 18. AIDS and HIV Case Trends among Hispanics, Nevada, 1991-1999.



*AIDS Case Definition changed by CDC in this year.

Women

Table 24. AIDS and HIV Cases in Women by Race/Ethnicity, Age Group, County (AIDS Cases only), and Mortality (AIDS Cases only), Nevada.

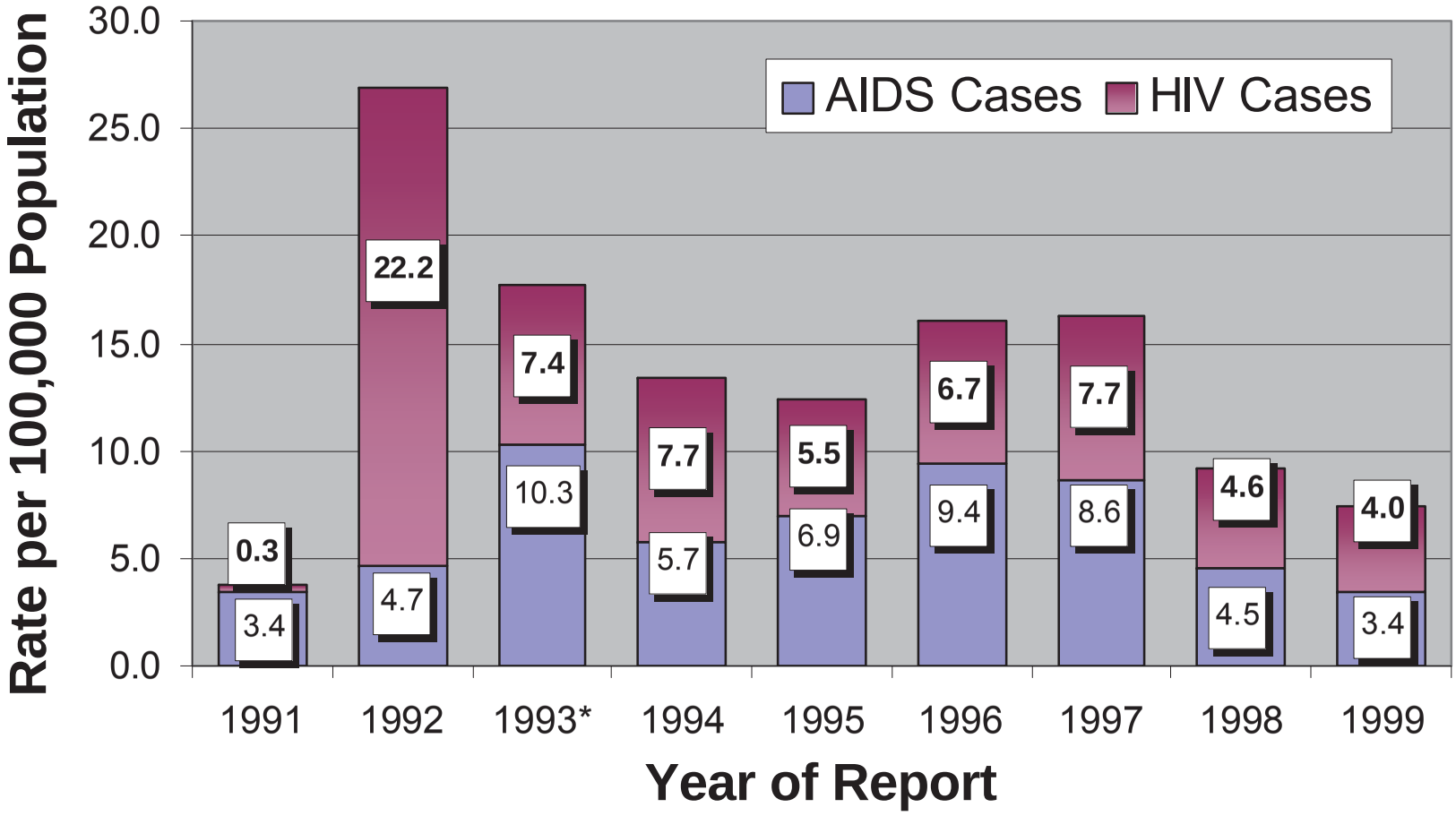
	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
RACE	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
White	14	42.4	236	48.8	114	50.2	48.3	18	46.2	250	49.6	32	44.4	486	49.5
Black	16	48.5	192	39.7	89	39.2	46.4	14	35.9	193	38.3	30	41.7	385	39.2
Hispanic	2	6.1	46	9.5	20	8.8	43.5	3	7.7	39	7.7	5	6.9	85	8.7
Asian	1	3.0	5	1.0	1	0.4	20.0	3	7.7	8	1.6	4	5.6	13	1.3
Native	0	0.0	5	1.0	3	1.3	60.0	1	2.6	6	1.2	1	1.4	11	1.1
Unknown	0	0.0	0	0.0	0	0.0	0.0	0	0.0	8	1.6	0	0.0	1	0.1
AGE GROUP	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No.	% of Total	Case Fatality	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
<5	1	3.0	11	2.3	7	3.1	N/A	0	0.0	13	2.6	1	1.4	24	2.4
5-12	0	0.0	3	0.6	2	0.9	N/A	0	0.0	0	0.0	0	0.0	3	0.3
13-19	0	0.0	4	0.8	1	0.4	25.0	1	2.6	19	3.8	1	1.4	23	2.3
20-29	8	24.2	101	20.9	42	18.5	41.6	11	28.2	183	36.3	19	26.4	284	28.7
30-39	7	21.2	205	42.4	94	41.4	45.9	17	43.6	192	38.1	24	33.3	397	40.2
40-49	12	36.4	100	20.7	51	22.5	51.0	7	17.9	73	14.5	19	26.4	173	17.5
50-59	5	15.2	47	9.7	24	10.6	51.1	3	7.7	17	3.4	8	11.1	64	6.5
60+	0	0.0	13	2.7	6	2.6	46.2	0	0.0	7	1.4	0	0.0	20	2.0
COUNTY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No.	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
Clark	30	90.9	403	83.3	194	85.5	48.1	-	-	-	-	-	-	-	-
Washoe	3	9.1	34	7.0	14	6.2	41.2	-	-	-	-	-	-	-	-
Other	0	0.0	47	9.7	19	8.4	40.4	-	-	-	-	-	-	-	-
TOTAL	33	100.0	484	100.0	227	100.0	46.9	39	100.0	504	100.0	72	100.0	988	100.0

The "-" convention is used to indicate that HIV cases by county information was not available for analysis.

Table 25. AIDS and HIV Cases in Women by Exposure Category and Mortality (AIDS Cases only), Nevada.

	1999 AIDS Cases		Cumulative AIDS Cases and Mortality					1999 HIV Cases		Cumulative HIV Cases		Total AIDS and HIV Cases, 1999		Total AIDS and HIV Cases, 1983-1999	
EXPOSURE CATEGORY	No.	% of Total	AIDS Cases, 1983-1999	% of Total	No. of Deaths	% of Total	Case Fatality Rate	No.	% of Total	HIV Cases, 1991-1999	% of Total	No.	% of Total	No.	% of Total
IDU	6	18.2	222	45.9	116	51.1	N/A	5	12.8	128	25.4	11	15.3	350	35.4
Hetsx w/ IDU	12	36.4	108	22.3	45	19.8	N/A	10	25.6	96	19.0	22	30.6	204	20.6
Hetsx w/ Bisx Male	0	0.0	31	6.4	12	5.3	38.7	2	5.1	21	4.2	2	2.8	52	5.3
Sx w/ Transfusion	1	3.0	3	0.6	2	0.9	N/A	1	2.6	2	0.4	2	2.8	5	0.5
Sx w/ HIV/AIDS	7	21.2	70	14.5	26	11.5	37.1	7	17.9	87	17.3	14	19.4	157	15.9
Transfusion/ Transplant	0	0.0	14	2.9	10	4.4	71.4	1	2.6	5	1.0	1	1.4	19	1.9
Risk not Specified	6	18.2	21	4.3	6	2.6	N/A	13	33.3	152	30.2	19	26.4	173	17.5
Mother is IDU	1	3.0	6	1.2	2	0.9	33.3	0	0.0	2	0.4	1	1.4	8	0.8
Mother sx w/ IDU	0	0.0	2	0.4	2	0.9	100.0	0	0.0	4	0.8	0	0.0	6	0.6
Mother sx w/ Bisx Male	0	0.0	1	0.2	1	0.4	100.0	0	0.0	0	0.0	0	0.0	1	0.1
Mother sx w/ HIV/AIDS	0	0.0	3	0.6	2	0.9	N/A	0	0.0	2	0.4	0	0.0	5	0.5
Pediatric Transfusion	0	0.0	2	0.4	2	0.9	100.0	0	0.0	0	0.0	0	0.0	2	0.2
Mother Transfusion	0	0.0	0	0.0	0	0.0	0.0	0	0.0	1	0.2	0	0.0	1	0.1
Mother has HIV/AIDS	0	0.0	0	0.0	0	0.0	0.0	0	0.0	4	0.8	0	0.0	4	0.4
Unknown	0	0.0	1	0.2	1	0.4	N/A	0	0.0	0	0.0	0	0.0	1	0.1
TOTAL	33	100.0	484	100.0	227	100.0	46.9	39	100.0	504	100.0	72	100.0	988	100.0

Figure 19. AIDS and HIV Case Trends among Women, Nevada.



*AIDS Case Definition changed by CDC in this year.

HIV TESTING IN NEVADA

Between 1992 and 1999 the Counseling and Testing Services Program in Nevada performed 184,705 HIV antibody tests of which 1.1% (n=2,031) 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 an 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

Table 25. HIV Tests by Gender, Race/Ethnicity, Age Group, and Resident County, Nevada, 1992-1999.*

	1999 HIV Tests		Cumulative HIV Tests, 1992-1999	
GENDER	No.	%	No.	%
Male	15,735	57.3	99,918	54.1
Female	11,711	42.7	84,787	45.9
RACE	No.	%	No.	%
White	15,817	57.6	118,322	64.1
Black	5,877	21.4	36,137	19.6
Hispanic	4,481	16.3	22,427	12.1
Asian	785	2.9	4,533	2.5
Native	249	0.9	1,576	0.9
Other	213	0.8	1,204	0.7
Unknown	24	0.1	506	0.3
AGE GROUP	No.	%	No.	%
<5	9	0.0	105	0.1
5-12	32	0.1	266	0.1
13-19	4,334	15.8	26,531	14.4
20-29	9,635	35.1	65,429	35.4
30-39	7,274	26.5	52,297	28.3
40-49	4,383	16.0	27,722	15.0
50-59	1,244	4.5	8,435	4.6
60+	535	1.9	3,920	2.1
RESIDENT COUNTY	No.	%	No.	%
Clark	21,564	78.6	154,002	83.4
Washoe	4,540	16.5	21,232	11.5
Other	1,342	4.9	9,471	5.1
TOTAL	27,446	100.0	184,705	100.0

*HIV Testing Data may contain duplicates, see note previous page.

Table 26. HIV Tests by Reason, Result, and Testing History, Nevada.

	1999 HIV Tests		Cumulative HIV Tests, 1992-1999	
REASON FOR TEST	No.	%	No.	%
Symptomatic for HIV/AIDS	7	0.0	59	0.0
Client Referral	24	0.1	454	0.2
Provider Referral	17	0.1	274	0.1
STD Related	8,720	31.8	62,269	33.7
Drug Treatment Related	3,224	11.7	24,746	13.4
Family Planning Related	454	1.7	1,979	1.1
Unknown	15,000	54.7	89,781	48.6
RESULT	No.	%	No.	%
Negative	25,291	92.1	170,517	92.3
Positive	196	0.7	2,031	1.1
Inconclusive	21	0.1	202	0.1
No Result	41	0.1	140	0.1
Unknown	1,897	6.9	11,815	6.4
PREVIOUSLY TESTED?	No.	%	No.	%
No	10,575	38.5	82,824	44.8
Yes, Negative	16,270	59.3	94,009	50.9
Yes, Positive	131	0.5	1,363	0.7
Yes, Inconclusive	36	0.1	299	0.2
Yes, Unknown	340	1.2	1,402	0.8
Unknown	94	0.3	4,808	2.6
TOTAL	27,446	100.0	184,705	100.0

Table 27. HIV Tests by Exposure Category, Nevada.

	1999 HIV Tests		Cumulative HIV Tests, 1992-1999	
EXPOSURE CATEGORY	No.	%	No.	%
MSM IDU	159	0.6	1,076	0.6
MSM	1,676	6.1	12,078	6.5
Heterosexual IDU	2,674	9.7	14,830	8.0
Sex Partner at Risk	4,261	15.5	33,473	18.1
Child of Woman with HIV/AIDS	7	0.0	92	0.0
STD Diagnosis	2,721	9.9	14,152	7.7
Sex for Drugs/Money	1,452	5.3	9,890	5.4
Sex while using Non-Injecting Drugs	3,488	12.7	14,819	8.0
Hemophilia/blood recipient	148	0.5	1,073	0.6
Victim of Sexual Assault	277	1.0	1,647	0.9
Health Care Exposure	164	0.6	1,336	0.7
No Acknowledged Risk	4,382	16.0	52,070	28.2
Heterosexual, no other risk	4,476	16.3	17,563	9.5
Other	135	0.5	672	0.4
Unknown	1,426	5.2	9,934	5.4
TOTAL	27,446	100.0	184,705	100.0

First-Time HIV Tests

Table 28. First-Time HIV Test by Gender, Race/Ethnicity, Age Group, and Resident County, Nevada.

	1999 First-Time HIV Tests		Cumulative First-Time HIV Tests, 1992-1999	
GENDER	No.	%	No.	%
Male	6,338	59.9	45,819	55.3
Female	4,237	40.1	37,005	44.7
RACE	No.	%	No.	%
White	5,602	53.0	49,517	59.8
Black	2,169	20.5	16,553	20.0
Hispanic	2,279	21.6	12,832	15.5
Asian	360	3.4	2,360	2.8
Native	78	0.7	596	0.7
Other	77	0.7	552	0.7
Unknown	10	0.1	414	0.5
AGE GROUP	No.	%	No.	%
<5	7	0.1	80	0.1
5-12	22	0.2	217	0.3
13-19	2,638	24.9	17,905	21.6
20-29	3,806	36.0	30,273	36.6
30-39	2,142	20.3	19,028	23.0
40-49	1,286	12.2	9,937	12.0
50-59	429	4.1	3,467	4.2
60+	245	2.3	1,917	2.3
RESIDENT COUNTY	No.	%	No.	%
Clark	8,459	80.0	69,462	83.9
Washoe	1,538	14.5	8,414	10.2
Other	578	5.5	4,948	6.0
TOTAL	10,575	100.0	82,824	100.0

Table 29. First-Time HIV Tests by Reason and Result, Nevada.

	1999 First-Time HIV Tests		Cumulative First-Time HIV Tests, 1992-1999	
REASON FOR TEST	No.	%	No.	%
Symptomatic for HIV/AIDS	2	0.0	15	0.0
Client Referral	11	0.1	263	0.3
Provider Referral	11	0.1	165	0.2
STD Related	4,618	43.7	36,592	44.2
Drug Treatment Related	651	6.2	5,085	6.1
Family Planning Related	238	2.3	1,219	1.5
Unknown	5,044	47.7	39,485	47.7
RESULT	No.	%	No.	%
Negative	10,201	96.5	80,554	97.3
Positive	51	0.5	510	0.6
Inconclusive	3	0.0	58	0.1
No Result	17	0.2	59	0.1
Unknown	303	2.9	1,643	2.0
TOTAL	10,575	100	82,824	100

Table 30. First-Time HIV Tests by Exposure Category, Nevada.

	1999 First Time HIV Tests		Cumulative First Time HIV Tests, 1992-1999	
RISK CATEGORY	No.	%	No.	%
MSM IDU	18	0.2	196	0.2
MSM	421	4.0	3,072	3.7
Heterosexual IDU	552	5.2	3,688	4.5
Sex Partner at Risk	1,380	13.0	13,099	15.8
Child of Woman with HIV/AIDS	4	0.0	69	0.1
STD Diagnosis	1,318	12.5	6,949	8.4
Sex for Drugs/Money	195	1.8	1,813	2.2
Sex while using Non-Injecting Drugs	1,382	13.1	7,061	8.5
Hemophilia/blood recipient	58	0.5	488	0.6
Victim of Sexual Assault	143	1.4	857	1.0
Health Care Exposure	43	0.4	444	0.5
No Acknowledged Risk	2,744	25.9	34,727	41.9
Heterosexual, no other risk	2,061	19.5	8,911	10.8
Other	37	0.3	245	0.3
Unknown	219	2.1	1,205	1.5
TOTAL	10,575	100.00	82,824	100.00

HIV Positive Tests

Table 31. HIV Positive Tests by Gender, Race/Ethnicity, Age Group, and Resident County, Nevada.

	1999 HIV Positives		Cumulative HIV Positives, 1992-1999	
GENDER	No.	%	No.	%
Male	46	90.2	418	82.0
Female	5	9.8	92	18.0
RACE	No.	%	No.	%
White	24	47.1	244	47.8
Black	13	25.5	158	31.0
Hispanic	14	27.5	94	18.4
Asian	0	0.0	7	1.4
Native	0	0.0	1	0.2
Other	0	0.0	3	0.6
Unknown	0	0.0	3	0.6
AGE GROUP	No.	%	No.	%
<5	0	0.0	1	0.2
5-12	0	0.0	0	0.0
13-19	4	7.8	18	3.5
20-29	13	25.5	154	30.2
30-39	18	35.3	200	39.2
40-49	14	27.5	104	20.4
50-59	2	3.9	23	4.5
60+	0	0.0	10	2.0
RESIDENT COUNTY	No.	%	No.	%
Clark	40	78.4	460	90.2
Washoe	6	11.8	35	6.9
Other	5	9.8	15	2.9
TOTAL	51	100.0	510	100.0

Table 32. HIV Positive Tests by Reason, Nevada.

	1999 HIV Positives		Cumulative HIV Positives, 1992-1999	
REASON FOR TEST	No.	%	No.	%
Symptomatic for HIV/AIDS	0	0.0	0	0.0
Client Referral	0	0.0	5	1.0
Provider Referral	0	0.0	4	0.8
STD Related	9	17.6	129	25.3
Drug Treatment Related	0	0.0	18	3.5
Family Planning Related	0	0.0	2	0.4
Unknown	42	82.4	352	69.0
TOTAL	51	100	510	100

Table 33. HIV Positive Tests by Exposure Category, Nevada.

	1999 HIV Positives		Cumulative HIV Positives, 1992-1999	
EXPOSURE CATEGORY	No.	%	No.	%
MSM IDU	0	0.0	11	2.2
MSM	17	33.3	196	38.4
Heterosexual IDU	1	2.0	42	8.2
Sex Partner at Risk	7	13.7	67	13.1
Child of Woman with HIV/AIDS	0	0.0	1	0.2
STD Diagnosis	4	7.8	29	5.7
Sex for Drugs/Money	0	0.0	5	1.0
Sex while using Non-Injecting Drugs	4	7.8	15	2.9
Hemophilia/blood recipient	0	0.0	0	0.0
Victim of Sexual Assault	0	0.0	0	0.0
Health Care Exposure	0	0.0	0	0.0
No Acknowledged Risk	10	19.6	120	23.5
Heterosexual, no other risk	8	15.7	23	4.5
Other	0	0.0	1	0.2
Unknown	0	0.0	0	0.0
TOTAL	51	100.00	510	100.00

TECHNICAL NOTES

Surveillance of AIDS*

The State of Nevada reports AIDS cases to the Centers for Disease Control and Intervention (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 defnition, 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 Recurrent (more than one episode in a 1-year period), acute (new x-ray 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 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 1993[a]; 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]

II. **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

**** 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.***

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

- 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

*** 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.**

or

- 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

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

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 name-based 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 are provisional.

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 as of 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.

The use of rates rather than raw numbers is essential for comparing populations at different times, places, or categories. For example, in terms of raw numbers, AIDS has affected more Whites than Blacks in Nevada (1598 and 417, respectively). But that is due mainly to the fact that there are more White people in Nevada than Blacks. When rates for Whites are compared to Blacks, the rates are much higher for Blacks. It should be noted that when the case numbers are few, rates can distort the actual impact of disease due to the variability in small numbers.

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 risk reported or identified" (NIR) cases are persons with no reported history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. NIR 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.

Rates

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 State of Nevada's Vital Statistics Report for 1999.

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 1999.

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:

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

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

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Other comments you may have:

_____
_____
_____

Please mail to:

Nevada State Health Division
Bureau of Community Health, Attn: Bill Hill
505 E. King Street
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).