



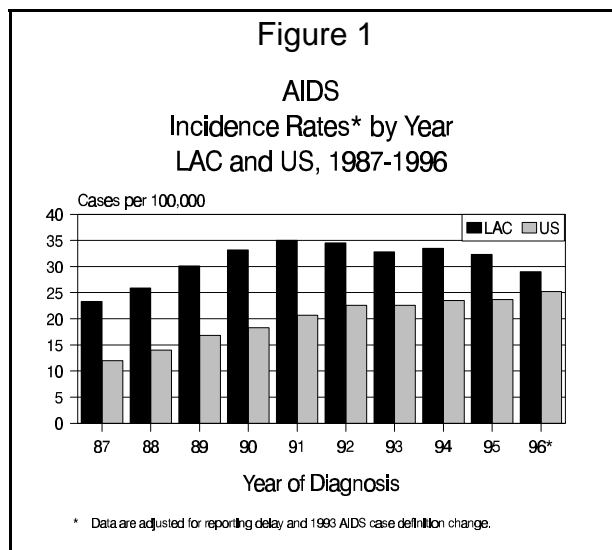
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

CRUDE DATA	
Number of Cases	2,536
Annual Incidence ^a	
LA County	29.0
California	19.0
United States	N/A
Age at Onset	
Mean	37.9
Median	36.0
Range	1 mo-89 yrs
Case Fatality	
LA County ^{b,c}	66.8
United States ^c	62.3

^a Cases per 100,000 population.

^b Case-fatality rate increases with duration of illness; for persons diagnosed with AIDS in 1996, 13.5% have died.

^c Case-fatality rate for recent LAC & US data is prone to underestimation due to delayed mortality reporting.

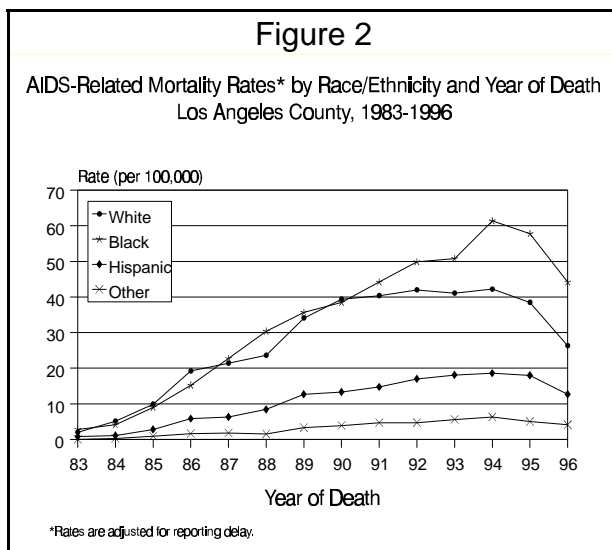


ETIOLOGY

Human immunodeficiency virus, type 1 (HIV-1).

DISEASE ABSTRACT

Overall, AIDS rates in Los Angeles County (LAC) started to decline slightly in 1992. The epidemic continues to be concentrated most heavily among men who have sex with men. In the last several years, AIDS rates increased most quickly among Black women; however, the AIDS rate increased in 1996 only among Black men and Hispanic women. The highest AIDS rates continue to occur in Hollywood- Wilshire and Central Health





Districts. AIDS-related mortality declined among all racial groups during 1996.

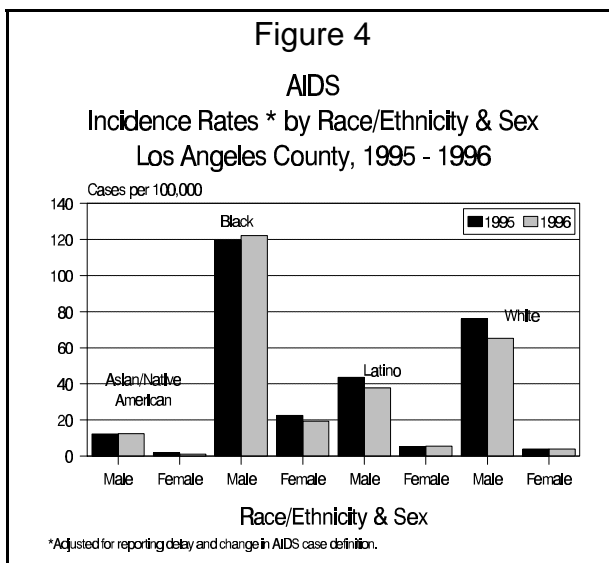
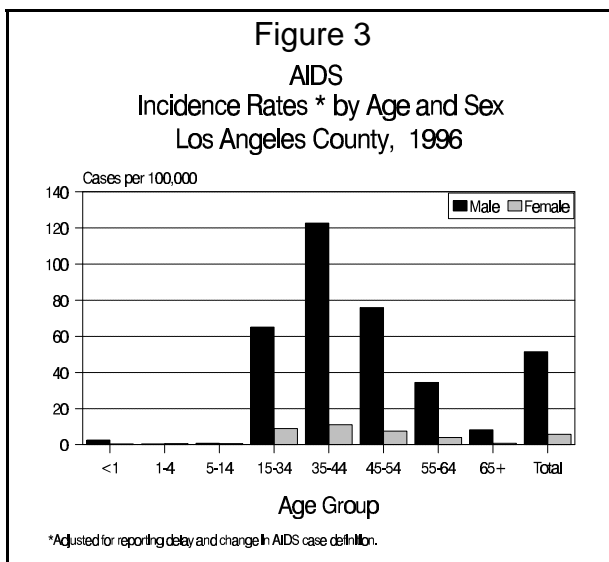
STRATIFIED DATA

Trends: The reported annual incidence rate of AIDS in LAC increased from 23 per 100,000 in 1987, to 35 per 100,000 population in 1991, and fell to 29 per 100,000 in 1996 (Figure 1). AIDS-related mortality also declined, from 28 per 100,000 in 1995 to 20 per 100,000 in 1996, a decrease of 29%. The decrease in mortality occurred among all racial/ethnic groups (Figure 2). This decline also occurred among men; however, among women, the number of AIDS-related deaths increased about 10% during the same period. All the rates in this report have been adjusted to account for reporting delay and the 1993 AIDS case definition change.

Seasonality: None noted.

Age: In 1996, age-specific rates were higher among males than females for all age categories except ages one to four (Figure 3). Among males, the highest rates were reported in the 35- to 44-year-old age group (122 per 100,000) followed by the 45- to 54-year-old age group (76 per 100,000). Among females, the highest rate (11 per 100,000) was among the 35- to 44-year-old age group.

Sex: Of the 2,536 AIDS cases diagnosed in 1996, 90% were males and 10% were females. The incidence rate was 51 per 100,000 among males and 6 per 100,000 among females. The male-to-female rate ratio was 9:1. Compared to the previous year, the incidence rate of AIDS overall decreased among males and females, but the rate increased slightly among Asian/Native American males and among Hispanic females (Figure 4).





Race/Ethnicity: Among males, Blacks had the highest AIDS rate in 1996 (122 cases per 100,000), followed by Whites (65 per 100,000), Hispanics (38 per 100,000) and Asians/Native Americans, including Asians, Pacific Islanders, American Indians, Native Alaskans and Aleuts, (12 per 100,000) (Figure 4). Among females, Blacks had the highest AIDS rates (19 per 100,000), followed by Hispanics (5 per 100,000), Whites (4 per 100,000) and Asians/Native Americans (1 per 100,000). The largest proportion of AIDS cases (38%) occurred among Whites; 36% occurred among Hispanics and 22% occurred among Blacks.

Location: The highest AIDS rate continues to be in the Hollywood-Wilshire Health District (100 per 100,000), followed by the Central Health District (60 per 100,000)(Map 1).

Transmission: Among adult males diagnosed with AIDS in 1996, 70% reported having sex with men; 7% reported injection drug use; 5% reported both sex with men and injection drug use; and 16% had no identified risk.

Heterosexual contact was the predominant mode of transmission among adult women diagnosed in 1996 : 42% were heterosexual contacts of a person with HIV infection or AIDS. In addition, 25% were injection drug users, 3% were transfusion recipients and 30% had no identified risk. Among pediatric AIDS cases (age < 13), 100% were infected by perinatal exposure to an HIV-infected mother.

COMMENTS

The interpretation of recent trends is complicated by two factors. First, the decline in rates over the last several years in part reflects delays in the reporting of many AIDS cases to the DHS. While half of AIDS cases are reported within two months of diagnosis, report delay can be as long as 15 months. As a result, reporting is more complete for cases diagnosed in 1995 than for cases diagnosed in 1996. Second, more AIDS cases were reported in 1993-1994 than in prior years due to expansion of the AIDS case definition in 1993. The data in Figure 1 prior to 1993 are adjusted for both of these factors.