ETIOLOGY

AIDS is a defined syndrome requiring two components: human immunodeficiency virus type 1 (HIV-1), plus either (a) at least one AIDS-defining condition or (b) a T-lymphocyte count below 200 cells/µliter.

DISEASE ABSTRACT

AIDS rates in Los Angeles County (LAC) continued to decline between 1996 and 1997. Incidence rates were stable among Black and Asian women, and declined among all other racial/ethnic groups. The epidemic continues to be concentrated most heavily among men who have sex with men. The highest AIDS rates occurred in the Central and Hollywood-Wilshire Health Districts. AIDS-related mortality declined among all racial groups (Figure 2).
STRATIFIED DATA

Trends: The reported annual incidence rate of AIDS in LAC decreased 32% from 25 per 100,000 in 1996 to 17 per 100,000 population in 1997 (Figure 1). AIDS-related mortality declined 50%, from 14 per 100,000 in 1996 to 7 per 100,000 in 1997. This decrease in mortality occurred among both sexes and all racial/ethnic groups (Figure 2).

Seasonality: None noted.

Age: In 1997, age-specific rates were higher among males than females for all age categories except ages 5 to 14 (Figure 3). Among males, the highest rates were reported in the 35- to 44-year-old age group (69 per 100,000) followed by the 15- to 34-year-old age group (40 per 100,000). Among females, the highest rate (8 per 100,000) was among the 35- to 44-year-old age group.

Sex: Of the 1,560 AIDS cases diagnosed in 1997, 87% were males. The incidence rate was 30 per 100,000 among males and 4 per 100,000 among females. The male-to-female rate ratio was 7:1. The incidence rate of AIDS decreased 33% among males and 20% among females from 1996 to 1997 (Figure 4).

Race/Ethnicity: Among males, Blacks had the highest AIDS rate in 1997 (81 cases per 100,000), a 33% decrease since 1996. Other rates among males were: Whites (29 per 100,000), Hispanics (28 per 100,000), Asians (6 per 100,000), and American Indians (including Alaskan Natives) (19 per 100,000) (Figure 4). Among females, Blacks had the highest AIDS rates (19 per 100,000, no change since 1996), followed by Hispanics (4 per 100,000, a 33% decrease); Whites (2 per 100,000, a 33% decrease); and Asians (1 per 100,000, no change). There were no female AIDS cases reported in 1997 among American Indians. The largest proportion of AIDS cases (42%) occurred among Hispanics; 29% occurred among Whites, 26% among Blacks, and 3% among Asians.

Location: The highest AIDS rates were in the Central Health District (68 per 100,000), followed by the Hollywood-Wilshire District (65 per 100,000) (Map 1).
Transmission: Among males diagnosed with AIDS in 1997, 63% reported having sex with men; 6% reported injection drug use; 4% reported both sex with men and injection drug use; 4% reported other risk factors. No risk factors could be identified for 23%.

Heterosexual contact was the predominant mode of transmission among women diagnosed with AIDS in 1997: 38% were heterosexual contacts of a person with HIV infection or AIDS. In addition, 23% were injection drug users, 4% reported other risk factors. No risk factors could be identified for 35%. All six pediatric AIDS cases (age<13) diagnosed in 1997 were infected by perinatal exposure to an HIV-infected mother.

COMMENTS

The decline in AIDS incidence and mortality since 1996 has been attributed to the widespread use and effectiveness of combination antiretroviral therapies, particularly protease inhibitors. However, AIDS incidence rates started to decline in 1992, before protease inhibitors became available.
MAP 1. AIDS
Rates by Health District, Los Angeles County, 1997*

*Excludes Long Beach and Pasadena Data.