

### HIV/AIDS Update

Over the past several years, major advances have been made in the medical treatment of persons with HIV infection and AIDS. The Federal Drug Administration (FDA) approved the use of four protease inhibitors, a class of medications with potent activity against HIV. A national panel of experts published guidelines on the medical management of persons with HIV infection, including recommendations on the use of antiretroviral agents and the monitoring of viral load levels and CD4+ T-lymphocyte counts. These guidelines recommend aggressive treatment of HIV infection using combination antiretroviral therapy initiated early in the course of infection with the objective of maximally suppressing viral replication. The recommendations are based on a number of studies demonstrating delayed disease progression and improved survival associated with viral suppression as measured by viral load.

Corresponding to these advances in HIV treatment, the Centers for Disease Control and Prevention (CDC) reported in 1997 a decline in the number of new AIDS cases and HIV/AIDS-related deaths for the first time since the beginning of the epidemic. In Los Angeles County, similar encouraging trends were observed. The number of reported AIDS cases in the county in 1997 decreased 31% compared to 1996 (Table 1). The number of HIV/AIDS-related deaths decreased 53% (Table 2). The decline in reported AIDS cases was 32% in men, 20% in women, 44% in whites, 19% in blacks, and 18% in Latinos. The decline in deaths was 53% in men, 46% in women, 55% in whites, 52% in blacks, and 50% in Latinos.

While the recent trends in AIDS incidence and mortality are cause for hope, these trends must be placed in perspective. The new treatments have prolonged survival and improved the quality of life of many persons with HIV infection. However, a number of challenges remain. Unfortunately, not all persons respond to or can tolerate these medications. The medications are expensive and will require increased funding for treatment. The potential for HIV to develop resistance to the medications raises the concern that these treatments will lose their effectiveness over time. Lastly, many persons remain unaware of their HIV infection until they develop AIDS and therefore are unable to receive the full benefits of the new treatments. The availability of effective medical treatment must therefore be accompanied by expanded and/or more efficient HIV counseling and testing services to promote early HIV diagnosis.

Table 1

Trends in Reported AIDS Cases in Los Angeles County, by Selected Sociodemographic Characteristics, 1996-97			
Characteristic	Number of cases		% change
	1996	1997	
<b>Sex</b>			
male	3,206	2,189	-32%
female	344	274	-20%
<b>Race/ethnicity</b>			
white	1,690	952	-44%
black	687	556	-19%
Latino	1,082	885	-18%
other/unknown	91	70	-23%
<b>HIV exposure category</b>			
MSM <sup>1</sup>	2,455	1,458	-41%
IDU <sup>2</sup>	290	203	-30%
MSM/IDU	176	93	-47%
Heterosexual contact	211	136	-36%
Other/unknown <sup>3</sup>	418	573	37%
<b>Total</b>	<b>3,550</b>	<b>2,463</b>	<b>-31%</b>

1 Men who have sex with men  
2 Injection-drug use  
3 Includes cases still under investigation

---

County of Los Angeles • Department of Health Services  
Acute Communicable Disease Control  
Special Studies Report 1997

---

It is also imperative that we not lose sight of the critical need for ongoing HIV education and prevention efforts. The recent decline in AIDS cases and deaths obscures the fact that the number of persons living with all stages of HIV infection continues to rise. As estimated 40,000 county residents are currently living with HIV infection and an estimated 2,000 new infections are occurring each year. Data from a recent study in the county suggest a second wave of new infections among young gay and bisexual men and other young men who have sex with men. In addition, among both men and women, recent trends in AIDS statistics suggest that the epidemic is becoming more heavily concentrated in non-white populations. These trends highlight the need for continued surveillance and the importance of targeting prevention services to those communities most heavily impacted by the epidemic.

Table 2

Trends in Reported Deaths among Persons with AIDS  
in Los Angeles County, by Selected  
Sociodemographic Characteristics, 1996-97

Characteristic	Number of deaths		% change
	1996	1997	
Sex			
male	2,054	961	-53%
female	178	96	-46%
Race/ethnicity			
white	1,058	479	-55%
black	487	232	-52%
Latino	630	314	-50%
other/unknown			
HIV exposure category			
MSM <sup>1</sup>	1,574	686	-56%
IDU <sup>2</sup>	197	104	-47%
MSM/IDU	151	70	-54%
heterosexual contact	118	55	-53%
other/unknown <sup>3</sup>	192	142	-26%
<b>Total</b>	<b>2,232</b>	<b>1,057</b>	<b>-3%</b>

1 Men who have sex with men

2 Injection-drug use

3 Includes cases still under investigation.