

## WORLD AIDS DAY – DECEMBER 1<sup>ST</sup>: Updates from the HIV/AIDS program

December 1<sup>st</sup> is World AIDS Day. In commemoration of this day, this volume of the Washoe County Health District's Epi-News focuses on updates from the Health District's HIV Prevention Program.

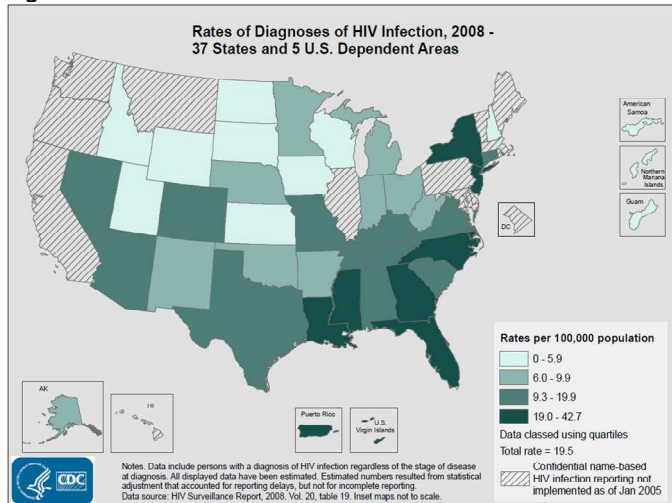
For more information about the topics presented below, please contact the Program at (775) 328-2671 or [sexualhealth@washoecounty.us](mailto:sexualhealth@washoecounty.us)

### PREVALENCE OF HIV/AIDS

The Centers for Disease Control and Prevention (CDC) estimates that more than one million people are living with HIV in the U.S. and that, of those, one in five (21%) is unaware of their infection. Though the annual number of new HIV infections has remained stable, an estimated 56,300 Americans become newly infected with HIV each year, and over 18,000 people with AIDS die annually in the U.S.

According to the Henry J. Kaiser Family Foundation (2010), Nevada ranks 24th in the nation for the number of new AIDS cases and, according to the CDC (2008), 33rd for the number of new HIV cases (1=High, 51=Low). Overall, Nevada is considered a moderate-prevalence state (see Figure 1).

Figure 1



According to the Nevada HIV/AIDS Epidemiological Profile (Nevada State Health Division, 2010), 805 persons were living with HIV or AIDS in Washoe County as of 2008. Of those, 45% are HIV (not AIDS) while 55% were confirmed AIDS. The number of persons living with HIV/AIDS identified has increased in Washoe

County, from 604 persons in 2004 to 805 persons in 2008. The prevalence rate of persons living with HIV or AIDS in Washoe County is 193 per 100,000 population (Washoe County Health District, 2008).

Year-end data reported in the 2008 Annual Sexual Health Report for Washoe County (Washoe County Health District, 2009) describes all new HIV/AIDS infections reported in Washoe County cumulatively:

- 85% are males and 15% are females
- 75% are white, 12% are black, 10% are Hispanic, and 2% are all other races combined
- 50% are among 25-39 year-olds, 25% are 40 years and over, and 15% are among 19-24 year-olds. However, in the most recent year of data (2009), the 19-24 year-old group accounted for 28% of all new cases.
- Male to male sexual contact (MSM) is the most prevalent primary risk factor, accounting for 53% of new cases, followed by IV-drug use (11%), a combination of MSM and IV-drug use (9%), and heterosexual contact (12%). 18% of cases have no reported risk (NRR) or unknown risk.

### HIV/AIDS REPORTING

Physicians, laboratories, and other health care providers are required to report suspected and confirmed diagnoses of certain diseases and conditions to their local health jurisdiction, pursuant to Nevada Administrative Code (NAC) Chapter 441A. This includes any abnormal laboratory test for HIV/AIDS such as a positive antibody test for HIV, a detectable viral load test for HIV, or CD4 T-Lymphocyte count less than 500/ $\mu$ L.

Per NAC 441A, reporting is also required for Coccidioidomycosis, Cryptosporidiosis, Salmonellosis, and Tuberculosis. In addition to being reportable conditions, these diseases are opportunistic infections that could be indicative of an AIDS diagnosis. Other infections that are considered opportunistic infections in an AIDS diagnosis, but are **not** reportable, include:

- Candidiasis of bronchi, esophagus, trachea, or lungs
- Cervical cancer, invasive
- Encephalopathy
- Herpes simplex: chronic ulcer(s) (greater than 1 month's duration); bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary

**Please share this information with all physicians/staff in your facility/office.**

- Isosporiasis, chronic intestinal (greater than 1 month's duration)
- Kaposi's sarcoma
- Lymphoma: Burkitt's (or equivalent term), immunoblastic (or equivalent term), or primary, of brain
- Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary
- Pneumocystis carinii pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Toxoplasmosis of brain
- Wasting syndrome

The presence of one or more of these opportunistic infections could indicate the need for further evaluation for HIV. Knowing these infections are occurring in conjunction with a positive HIV/AIDS test is also helpful in evaluating a patient with HIV infection.

The **Confidential Case Report (CCR) form** for all reportable diseases and conditions can be found on the Health District's website at: [www.washoecounty.us/health/cdpp/reporting.html](http://www.washoecounty.us/health/cdpp/reporting.html).

The form should be filled out as completely as possible and faxed to the Washoe County Health District at (775) 328-3764. This FAX is a dedicated line for all communicable disease reporting and is confidential.

**A positive HIV/AIDS test or opportunistic infection can also be reported via telephone.** Please contact Bill Mullen at (775) 328-2504 or Cory Sobrio at (775) 328-6107. Staff are available to provide technical assistance on testing, counseling, and education to clients regarding their HIV status.

## RAPID HIV TESTING

Rapid HIV Testing (RHT) is a quick and easy way to conduct HIV testing in both clinical and non-clinical settings. In Nevada's 2009 Legislative Session, NRS 652.123, Section 2 was amended to exempt RHT from the more stringent regulations required by the State Board of Health that are required for other laboratory tests (Nevada State Health Division Technical Bulletin). This means that most clinics, physician's offices, community-based organizations, and HIV/AIDS service organizations are now able to conduct RHT. The availability of widespread RHT in the community could result in more HIV-positive persons being identified and linked into care.

RHT is a screening test that uses oral fluid or whole blood serum to detect HIV antibodies. The advantage of a rapid test is that results are usually available within 20 minutes, thereby eliminating the need for a follow-up visit for test results. RHT can be done in both clinical and non-clinical settings and can be administered by licensed or non-licensed staff. One limitation of RHT is

that this test is a screening test only. A follow-up, confirmatory blood specimen or oral fluid standard test must be administered following a positive result. Additionally, RHT does have the potential to provide false positives (3 - 4 of every 1000 tests). The advantages and limitations should be discussed with every patient prior to testing.

*Current RHT Locations in Washoe County:*

**Washoe County Health District**  
1001 East 9<sup>th</sup> St., Building B  
775-328-2470  
Sliding fee scale

**Planned Parenthood Mar Monte**  
455 West 5<sup>th</sup> St.  
775-688-5555  
Sliding fee scale

**Northern Nevada HOPES**  
580 West 5<sup>th</sup> St.  
775-786-4673  
FREE

## HEALTH DISTRICT LAUNCHES NEW "ONE STOP SHOP" CAMPAIGN

The Washoe County Health District has launched the "One Stop Shop" campaign to encourage clients to obtain Hepatitis A & B vaccination, HIV testing, and testing for other STDs (e.g., Chlamydia, gonorrhea, and syphilis) in a single clinic visit. Research shows that reducing the occurrence of non-HIV STD infections reduces HIV transmission risk. Providers are encouraged to offer the "One Stop Shop" option in their practices and/or to refer patients to the Health District. Interested patients can call the confidential HIV/STD Testing and Results Line at (775) 328-2671 for a "One Stop Shop" appointment.