

D. AIDS/HIV INFECTION

D: HIV/AIDS THE NATURE AND EPIDEMIOLOGY OF HIV/AIDS

Human immunodeficiency virus (HIV) is transmitted by the exchange of infected body fluids, primarily blood, semen, and vaginal fluids. These exchanges take place during sexual activity and the sharing of needles and other injection drug equipment. Information regarding the trends in risk behaviors of the local HIV infected population can help to indicate the direction for prevention efforts. Behaviors that may place individuals at increased risk of HIV and other STDs include: male to male sex; being a female partner of bisexual men; risky sexual behavior, including multiple partners and lack of condom use; injection drug use; and cocaine use.

Estimates for male gay sex can be found from the National Health and Social Life Survey. Of men surveyed:

- 7.3% in urban areas and 4.8% in suburban areas reported at least one same-sex experience since age 18.
- Among men who reported any same-gender sex, 81.6% reported bisexual activity.

There are few population estimates of specific risky sexual behaviors. Two national surveys, The National Health Interview Survey¹⁹ and Behavioral Risk Factor Surveillance Survey²⁰ asked composite questions to which participants could indicate that they had done at least one of a list of risky behaviors.

- 2.5% of males and 1.6% of females answered “yes” that they had done at least one of the following risky behaviors:
 - received clotting factor concentrates, had male to male sex since 1980, taken street drugs by needle, traded sex for money or drugs, or been the sex partner of anyone who could answer “yes” to any of these activities.

Prevalence of injection drug use is difficult to estimate since there are few population based surveys addressing this exposure, and the truth is difficult to elicit. The National Institute on Drug Abuse estimates from the 1998 National Household Survey on Drug Abuse²¹ that there are:

- 2.4 million heroin users (0.9% of the population), the majority of whom inject heroin.

The 2000 Texas Survey of Substance Use Among Adults²², found that:

- 1.2% of the Texas population surveyed reported any lifetime use of heroin and 0.1% report heroin use in the past year.
- Adults 18-24 had higher prevalence of heroine use (2.2%).
- Males had higher rates than females (1.8% compared to 0.7%).

In 1997, the National Institute on Drug Abuse (NIDA) reported that an estimated 1.5 million Americans were current cocaine users. Augmenting this estimate with additional data sources, the number of chronic cocaine users in the U.S. is estimated to be:

- 1.3% of the population (approximately 3.6 million people) were chronic cocaine users.
 - Adults 18-25 had the highest rates of use;
 - Men had higher rates of use than women.

By race/ethnicity:

- 1.4 percent of African Americans,
- 0.8% of Hispanics, and
- 0.6% of Whites were current cocaine users.

In the Third National Health and Nutrition Examination Survey¹, 13.2% of the population admitted having used cocaine or crack in their lifetime (17% of males and 10% of females).

These estimates are similar to those reported by the Texas Commission on Alcohol and Drug Abuse which identified:

- 11.7% of the surveyed population as having used cocaine in their lifetime and
- 1.1% in the past year (1.6% among males and 0.6% among females).

The nature of HIV/AIDS

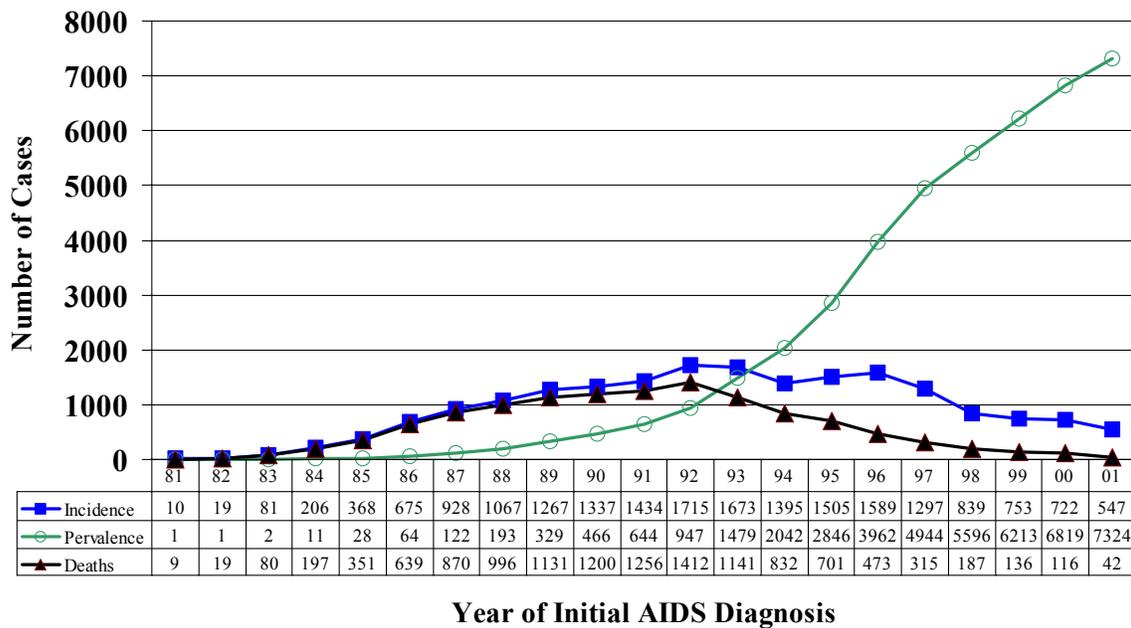
Unlike the treatable STDs described in this epidemiologic profile, once infected with HIV, a person remains infected. Infection with HIV may eventually lead to a diagnosis of acquired immunodeficiency (AIDS). Prior to new therapies for HIV, infected individuals progressed rather steadily to AIDS; with new therapies introduced in 1996, AIDS may be delayed for many years. Both AIDS and HIV are reportable; however, with the advent of these new therapies and enhanced prophylactic regimens, the pattern of AIDS has been altered making comparisons of AIDS prevalence across years difficult to interpret.

¹ National Center for Health Statistics. Third National Health and Nutrition Examination Survey. 1988-1994. US Department of Health and Human Services.

D: AIDS: INCIDENCE, PREVALENCE, MORTALITY

Figure D.1. The prevalence of AIDS (proportion of the population living with AIDS) has increased, not due to increased numbers of persons progressing to AIDS, but rather due to increased survival (decreasing deaths) among persons with AIDS. Similarly, the incidence of AIDS, or the numbers of persons progressing to AIDS is decreasing. However, at this time, the number of persons living with HIV, prior to progression to AIDS, is not known because HIV has only been a reportable disease since 1999.

**Figure D.1. AIDS, Incident Cases (by year of diagnosis),
Prevalent Cases (number living with AIDS), and
Number of Deaths per year.
Houston/Harris County, Texas. 1981-2001,**



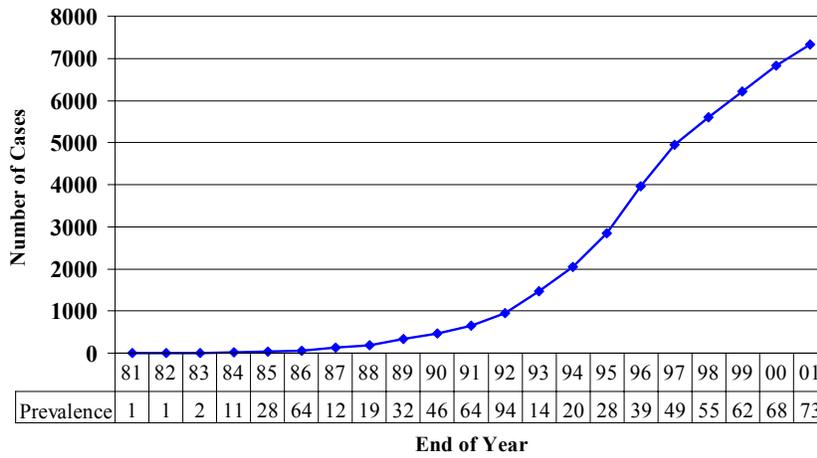
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D. AIDS: PREVALENE OF AIDS (PERSONS LIVING WITH AIDS)

Although the number of persons progressing to AIDS is decreasing, the number of persons living with AIDS is increasing, primarily due to new therapeutic regiments. There are now similar numbers of Blacks and Whites living with AIDS, and the number of Hispanics living with AIDS is increasing.

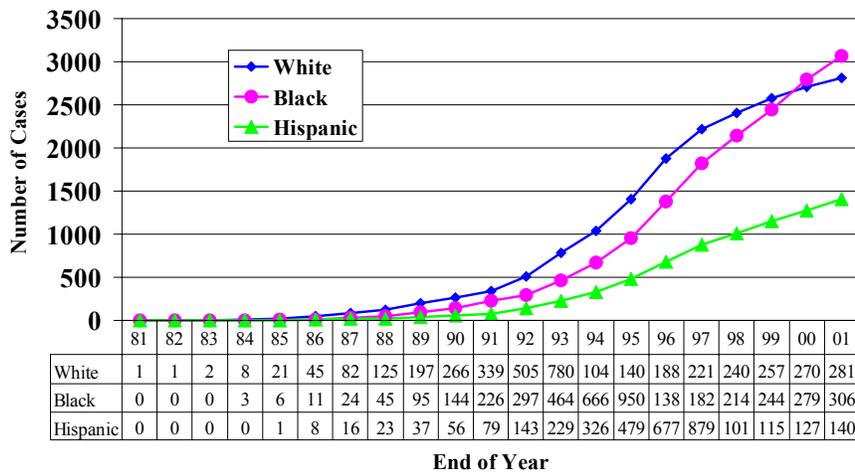
Figure D.2.
Prevalence of AIDS. Number of persons living with AIDS
at the End of Each Year.
Houston/Harris County, Texas. 1981-2001.



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Figure D.3.
Prevalence of AIDS. Number of persons living with AIDS
at the End of Each Year, by Race.
Houston/Harris County, Texas. 1981-2001.



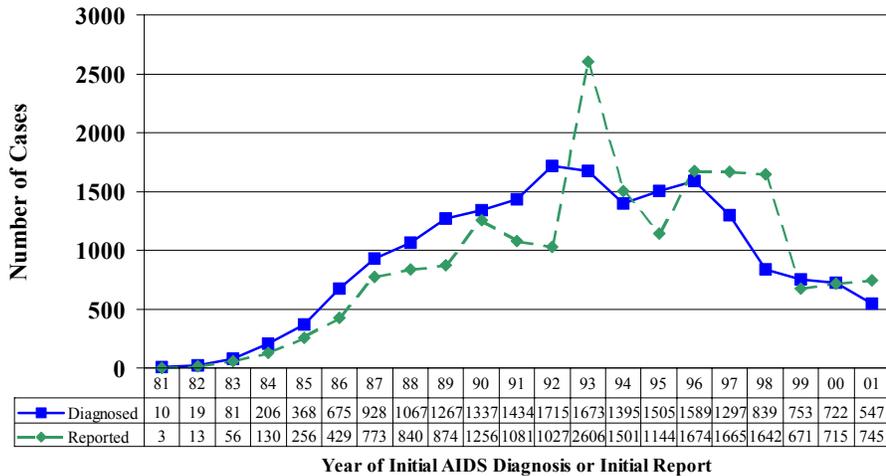
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D: AIDS: CRUDE INCIDENCE AND INCIDENCE BY SEX

Because AIDS cases may not be reported in the year in which they were diagnosed, information about cases may be compared by year of report, or by year of diagnosis. This report will include data on cases occurring through December 31, 2001 and reported through June 30, 2002. Due to the considerable lag time in the reporting of data, all data is subject to update as new reports are submitted.

Figure D.4.
AIDS Cases By Date of Diagnosis & Date of Report.
Houston/Harris County, Texas. 1981 – 2001.

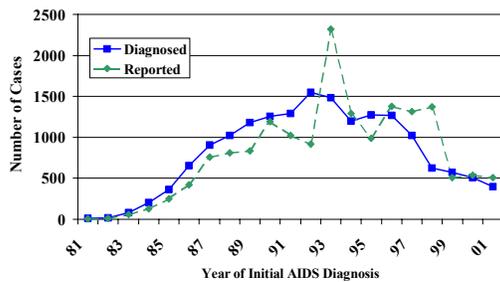


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The number of diagnosed and reported AIDS cases has decreased steadily among males since the peak in 1992 and among women since 1996. In 2001, there were 396 males reported with AIDS and 151 females.

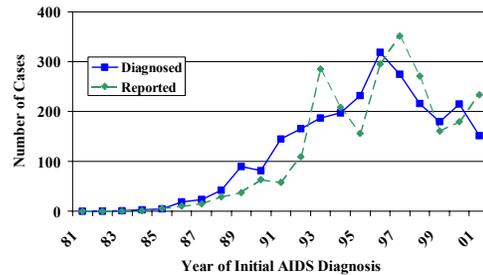
Figure D.5.
AIDS Cases By Date of Diagnosis & Date of Report – MALES.
Houston/Harris County, Texas. 1981-2001.



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Figure D.6.
AIDS Cases By Date of Diagnosis & Date of Report – FEMALES.
Houston/Harris County, Texas. 1981-2001.



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D. AIDS: CASES AND RATES BY SEX

In the last 6 years, the number of cases of AIDS has been declining among both males and females (see Figure D.7.).

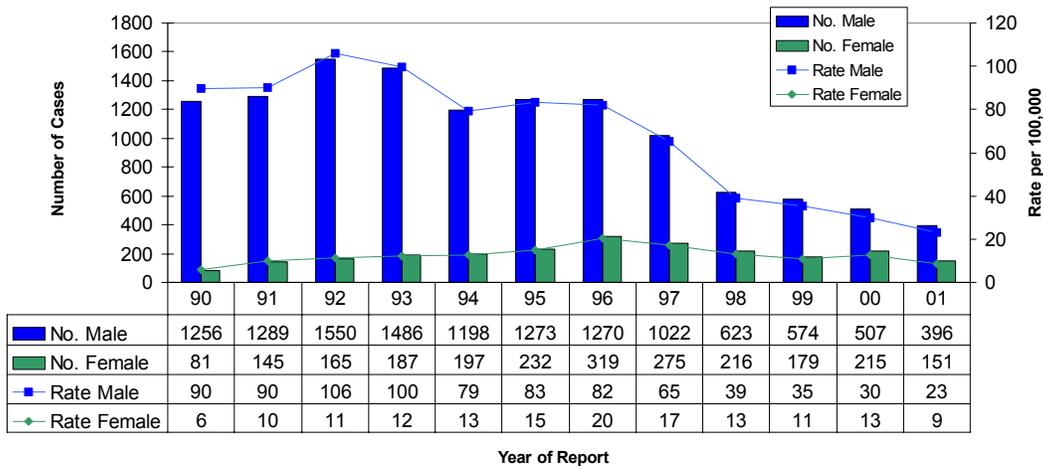
From the peak in 1992, males cases have declined 75%, dropping from 1550 cases to just 396 cases. This represents an average decline of more than 8% per year for the last 9 years.

For females, the highest case number was in 1996, with 319 cases reported; since then, there has been a 50% reduction – down to 151 cases. This represents an average reduction of 10% per year for the last five years.

The numbers of HIV infected individuals progressing to an AIDS diagnosis has decreased in the last 4 years, primarily due to new therapies.

The reduction in rate of AIDS cases is not directly related to a reduction in rates of HIV infection; these changes can be more appropriately attributed to new therapies. Since 1996, rates for AIDS have declined 50% among Blacks, 40% among Hispanics, and 26% among non-Hispanic Whites. Part of the differences may represent when the epidemic peaked among the different race/ethnicity groups. Rates peaked among non-Hispanic Whites in 1992; rates peaked for Hispanics in 1995; rates did not peak for Blacks until 1997.

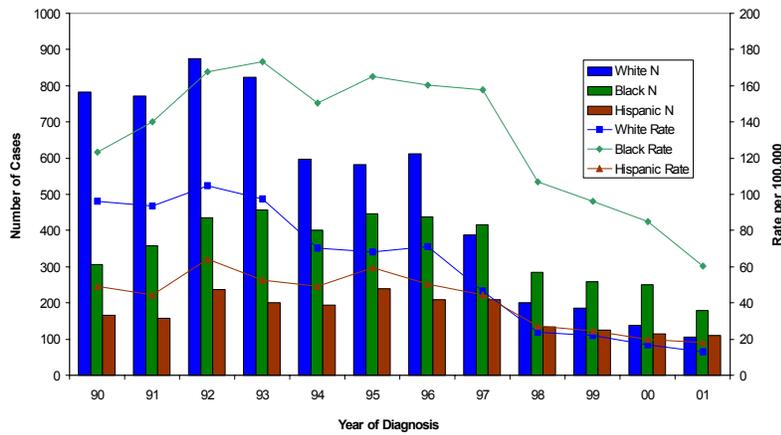
Figure D.7.
AIDS Cases and Rates per 100,000 persons, by SEX.
Houston/Harris County, Texas. 1990-2001.



D. AIDS: CASES AND RATES BY SEX AND RACE/ETHNICITY

The number of AIDS cases and the rate of AIDS development are declining among all race/ethnicity groups in both sexes (see Figure D.8 and D.9.).

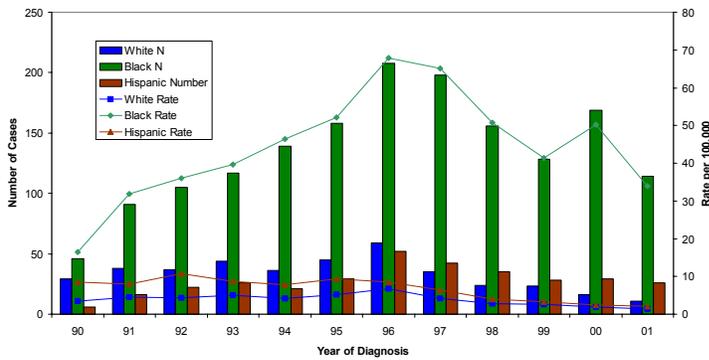
Figure D.8.
AIDS Cases and Rates per 100,000 persons – Male.
Houston/Harris County, Texas. 1990-2001.



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Figure D.9.
AIDS Cases and Rates per 100,000 persons – Female.
Houston/Harris County, Texas. 1990-2001.



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In males, the rate of decline among Whites has exceeded the rate of decline among Black and Hispanic groups (see Figure D.8.).

Rates among Black females far exceed the expected, compared to Whites and Hispanics. The rate per 100,000 of AIDS among Black females is 30 times greater than among Whites (33.9 compared to 1.3) and 15 times greater than among Hispanics (33.9 compared to 2.1). Black males have the highest rates in 2001 (60.5/100,000 or nearly 1 per 2,000).

Rates for Black females steadily increased from 1990 through 1996, and have since declined, however, in 2001, Black females have the second highest rates of AIDS (33.9/100,000).

These data show the disproportionate impact of HIV/AIDS on the minority community and in particular Blacks. There was also a slight increase for Hispanic males and females through 1996, but an overall decrease in the rates for White males and females.

For all the population categories, a decrease in the rate of AIDS cases is expected as the impact of improved therapies delays or eliminates the progression to AIDS. At this point in the epidemic, a case of AIDS represents a series of real failures:

- First, a failure to prevent infection.
- Failure to ensure all infected individuals get appropriate care.
- Failure, unfortunately, of current treatment to delay progression of disease in all situations.

D. AIDS: PERCENT OF CASES BY RACE/ETHNICITY

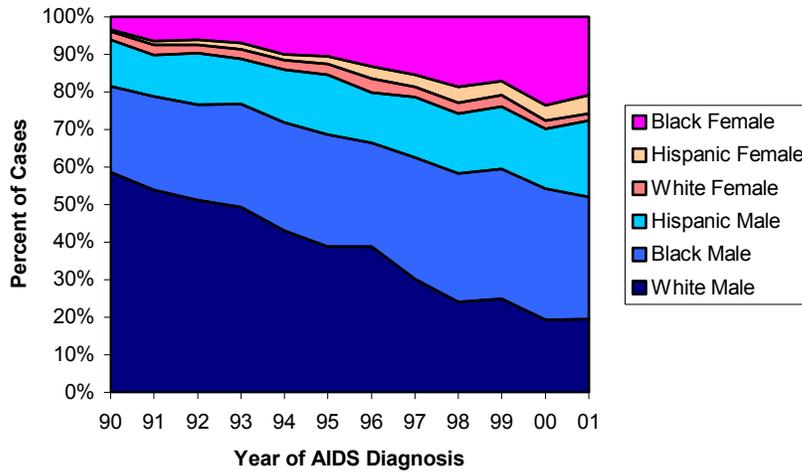


Figure D.10. The distribution of AIDS cases diagnosed each year, by sex and race/ethnicity, Houston/Harris County, Texas. 1990-2001. This figure shows that the proportion of all AIDS cases that are White Males has decreased while the proportion that are Black Males and Black Females has increased. The proportion that are Hispanic Males and Hispanic Females have also increased.

The following table lists the distribution of race/ethnicity and sex in the population and among AIDS cases. If AIDS cases were randomly distributed among the race/ethnic groups the proportion of AIDS cases would be the same as the population distribution. However, Black males represent almost 4 times more AIDS cases than expected; Black females represent twice expected; and White females have only one tenth the proportion of AIDS cases as expected.

Table D.1. Comparison of the distribution of the population by race/ethnicity and sex and the distribution of AIDS cases diagnosed in 2001 by race/ethnicity and sex. Houston/Harris County, Texas. 2001.

Table D.1.	Distribution in the Population – 2001	Distribution of AIDS cases – 2001	Ratio*
Black Male	9%	33%	3.7
Black Female	10%	21%	2.1
Hispanic Male	18%	20%	1.1
Hispanic Female	16%	5%	0.3
White Male	24%	19%	0.8
White Female	24%	2%	0.1
TOTAL	100%	100%	

* indicates if distribution of AIDS cases is more or less than expected given the distribution of the population. Greater than 1 indicates greater proportion of AIDS cases than expected; less than 1 indicates smaller proportion of AIDS cases than expected.

Table D.2. provides a comparison of AIDS cases and rates for the years 1990-2001. Also provided are the distribution of cases among sex-race/ethnic groups. Note that, although the proportion of cases attributed to Black females is increasing, the rate of AIDS among Black females is decreasing. The rate of AIDS development is a better indication of the burden of disease in a population. In 2001, Black males were 4.6 times more likely to be diagnosed with AIDS and Hispanic Males were 1.4 times more likely to be diagnosed with AIDS than White males. Black females were 30 times more likely to be diagnosed with AIDS and Hispanic females were 15 times more likely to be diagnosed with AIDS compared to White females.

Table D.2. For each year of diagnosis, AIDS cases and Rates per 100,000, by race/ethnicity. Rates are calculated with Harris County population estimates. For 1990 and 2000, census data is used. For 1991-1999 and 2001, intercensal estimates. Houston/Harris County, Texas, 1991-2001.

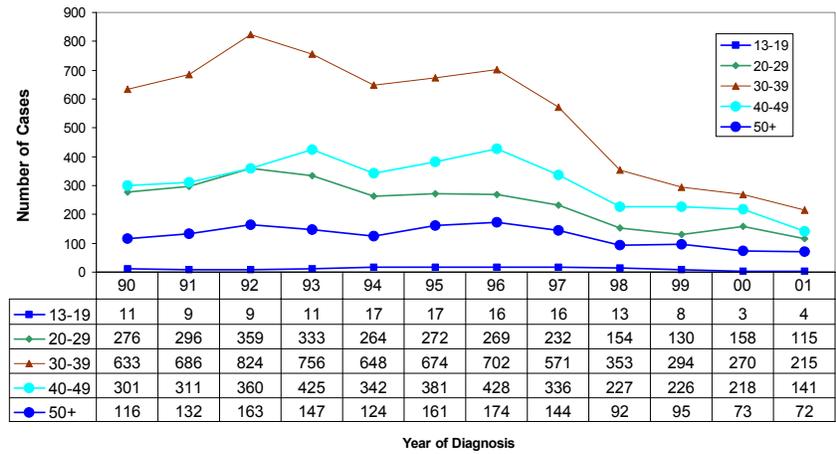
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Number of AIDS cases diagnosed per year												
White Male	783	772	875	824	596	582	612	389	200	186	139	106
Black Male	307	357	435	456	401	446	438	417	285	258	250	178
Hispanic Male	165	157	236	201	194	239	210	208	133	124	115	110
White Female	29	38	37	44	36	45	59	35	24	23	16	11
Black Female	46	91	105	117	139	158	208	198	156	128	169	114
Hispanic Female	6	16	22	26	21	29	52	42	35	28	29	26
Rates per 100,000 persons of AIDS cases diagnosed per year												
White Male	96.2	93.5	104.7	97.5	70.1	68.2	71.1	46.5	23.9	22.1	17.0	13.1
Black Male	123.1	140.1	167.8	173.1	150.3	165.2	160.3	157.9	106.9	96.1	85.1	60.5
Hispanic Male	49.0	44.5	64.1	52.4	49.3	59.6	50.6	44.6	27.3	24.4	19.7	18.3
White Female	3.5	4.5	4.3	5.1	4.2	5.2	6.7	4.1	2.8	2.6	1.9	1.3
Black Female	16.4	31.8	36.1	39.6	46.4	52.2	67.9	65.1	50.8	41.3	50.2	33.9
Hispanic Female	8.5	7.9	10.7	8.7	7.8	9.3	8.5	6.4	4.0	3.3	2.4	2.1
Percent of AIDS Cases diagnosed per year, by race/ethnicity and gender												
White Male	59%	54%	51%	49%	43%	39%	39%	30%	24%	25%	19%	19%
Black Male	23%	25%	25%	28%	29%	30%	28%	32%	34%	35%	35%	34%
Hispanic Male	12%	11%	14%	12%	14%	16%	13%	16%	16%	17%	16%	20%
White Female	2%	3%	2%	3%	3%	3%	4%	3%	3%	3%	2%	2%
Black Female	3%	6%	6%	7%	10%	11%	13%	15%	19%	17%	24%	23%
Hispanic Female	1%	1%	1%	2%	2%	2%	3%	3%	4%	4%	4%	5%

D. AIDS: AIDS CASES BY AGE CATEGORY

Over this time period (1990-2001), nearly 50% of the AIDS cases diagnosed were 30-39 years of age at diagnosis. Another 40% were between the ages of 20-29 and 40-49. Therefore, 90% of the AIDS cases diagnosed each year were between the ages of 20 and 49. This age distribution is different than seen for chlamydia and gonorrhea, where younger individuals are more likely to be infected, and probably illustrates the lag between HIV infection and AIDS diagnosis.

Total number of cases, by age group, has decreased since 1990. The most pronounced decrease is in the 30-39 age group.

Figure D.11.
AIDS Cases (number of cases) by Age Groups
Houston/Harris County, Texas. 1990-2001.



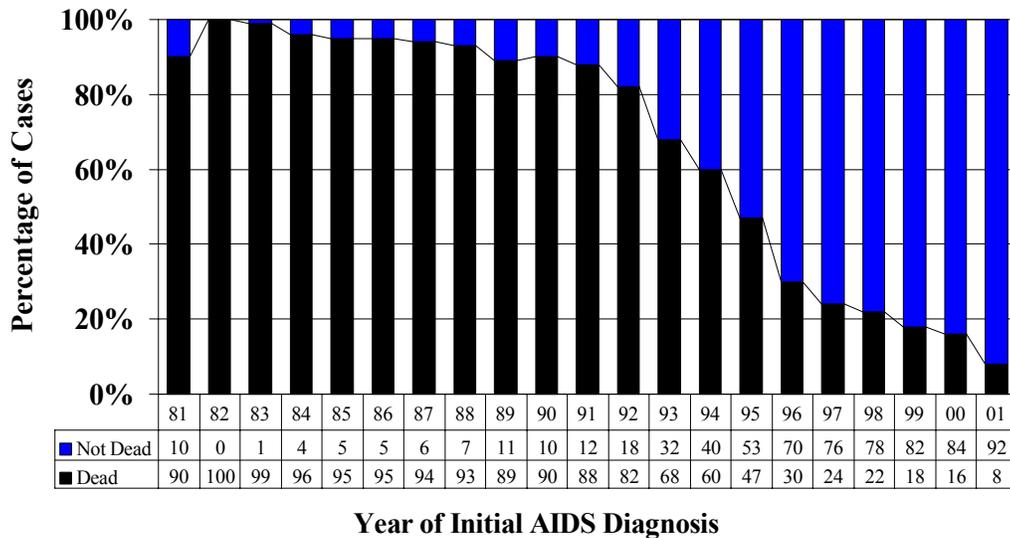
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D. AIDS: MORTALITY BY SEX

In Houston/Harris County, there were 19,427 cases of AIDS diagnosed through December, 2001 and reported through June 30, 2002. Of the reported AIDS cases, 62% are known to have died. With each succeeding year, there has been a decrease in the proportion of AIDS cases who have subsequently died (see Figure D.12.). The proportion of individuals who have died has been similar for males and females during the last five years (see Figures D.13. and D.14.).

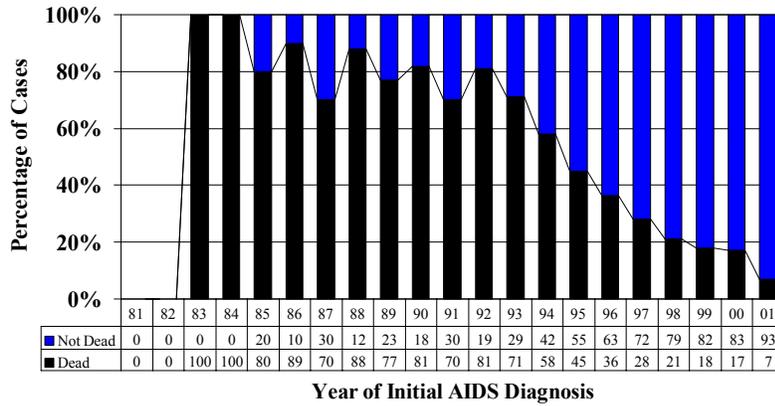
Figure D.12.
AIDS Cases Percent By Mortality Status.
Houston/Harris County, Texas. 1981-2001.



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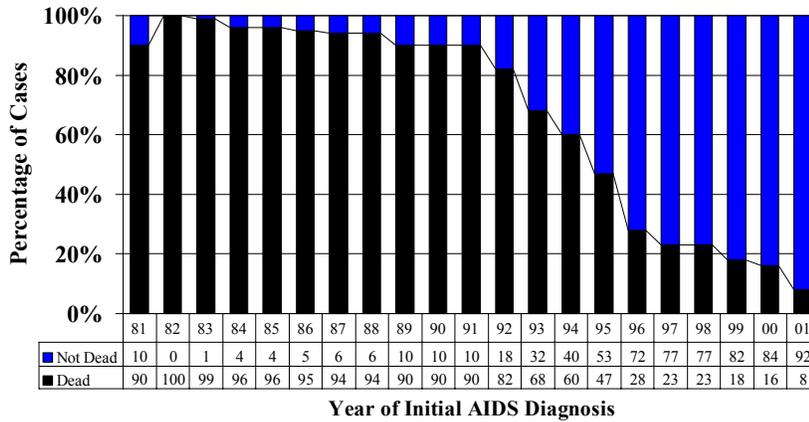
Figure D.13.
AIDS Cases Percent By Mortality Status. Females.
Houston/Harris County, Texas. 1981-2001.



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Figure D.14.
AIDS Cases Percent By Mortality Status. Males.
Houston/Harris County, Texas. 1981-2001.



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D. AIDS: MORTALITY BY GENDER AND RACE/ETHNICITY

Since 1992, 65% of males with AIDS and 44% of females with AIDS have died.

The percent of AIDS cases dying, by year of diagnosis, is similar across race/ethnicity groups (see Figure D.8). Since the epidemic began:

- 71% of non-Hispanic White,
- 54% of non-Hispanic Black, and
- 52% of Hispanic HIV infected individuals have died.

Similar patterns are seen by race/ethnicity.

Among males:

72% of Whites,
58% of Blacks, and
54% of Hispanics with HIV have died

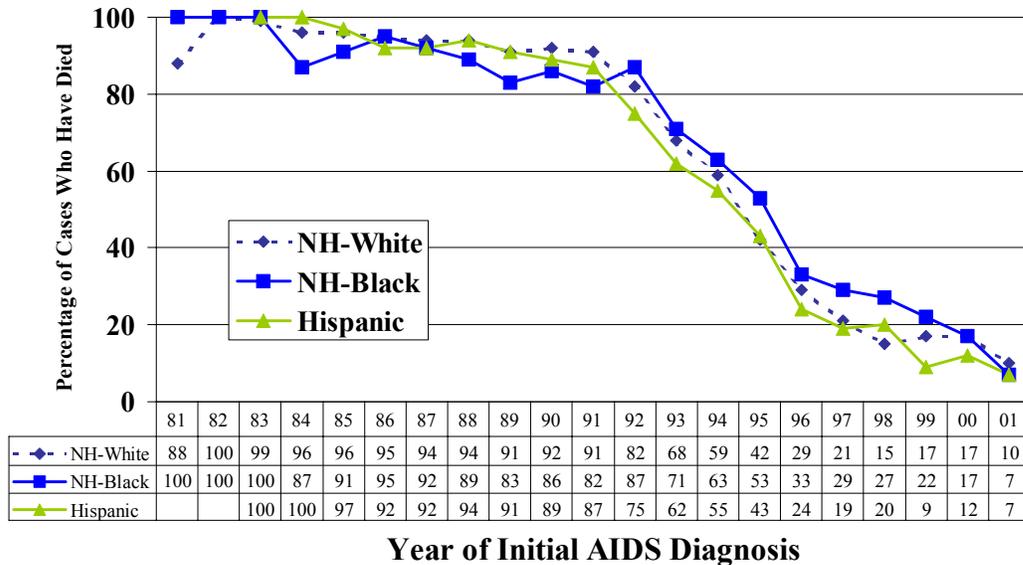
Among females;

53% of Whites,
43% of Blacks, and
35% of Hispanics have died.

D. AIDS: MODE OF TRANSMISSION

Risk factors for infection with HIV and the subsequent development of AIDS are collected

Figure D.15.
AIDS Percent of Cases who have Died, By Race/Ethnicity.
Houston/Harris County, Texas. 1981-2001.



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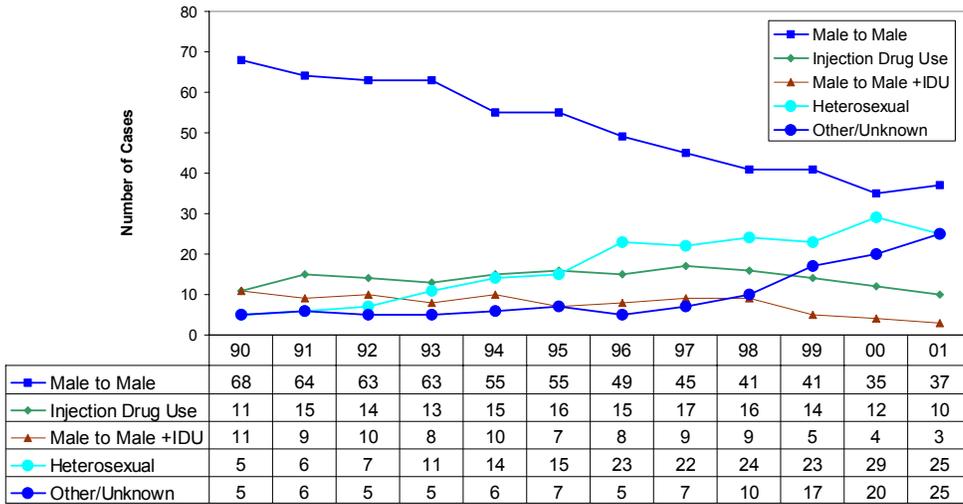
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with the basic surveillance information for AIDS cases. The Centers of Disease Control and Prevention has determined a hierarchy of risk factors intended to attribute the “riskiest” of behaviors participated in to each AIDS case. This rating of risk factors designates male to male sexual contact as the highest risk for infection followed by injection drug use and then heterosexual contact with a person who has HIV infection or who participates in one of the higher risk behaviors.

People with an AIDS diagnosis who cannot be interviewed, or who do not divulge their behaviors, or who do not know either the HIV status or the risk behavior of their heterosexual partners are assigned to a *No Reported Risk* category.

The increasing numbers of females with AIDS has led to an increase in the number of *No Reported Risk* cases because the heterosexual contact definition imposed by the CDC requires more knowledge of the behavior of the sex partner than is readily available. For a majority of the women diagnosed with AIDS who have *No Reported Risk*, the admitted risk is heterosexual sex but without the details regarding the partner that are necessary to meet the CDC definition of *Heterosexual Contact*.

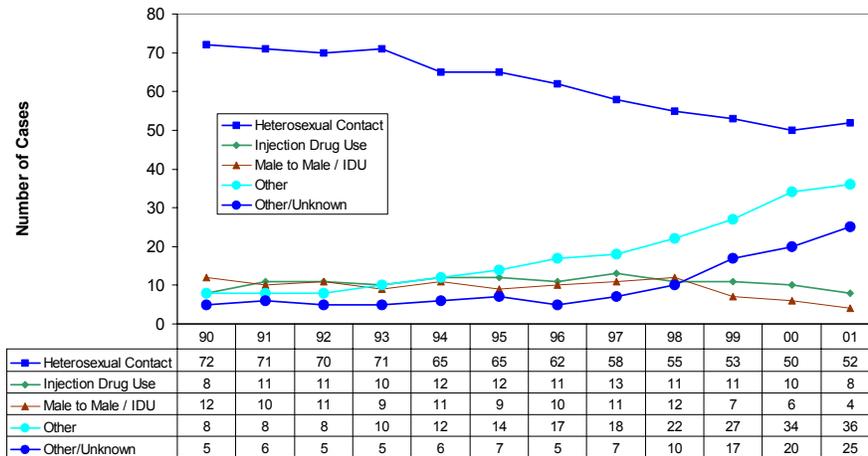
Figure D.16.
Distribution of AIDS Cases by Year of Diagnosis and
by Mode of Transmission.
Houston/Harris County, Texas. 1990-2001.



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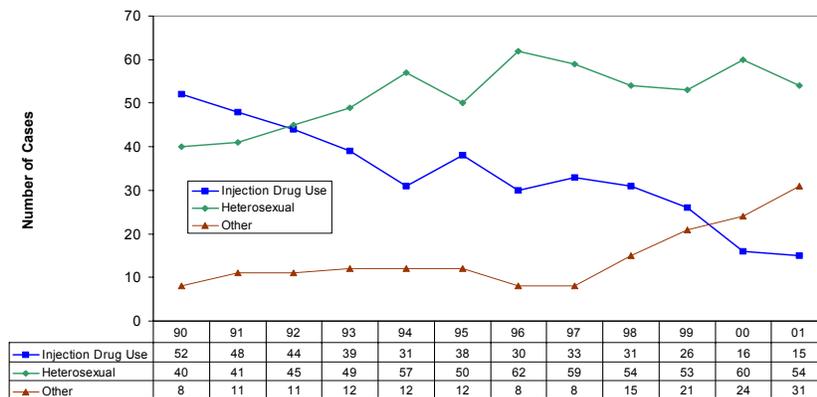
Figure D.17.
Distribution of AIDS by date of diagnosis and by Mode of Transmission – Male.
Houston/Harris County, Texas. 1990-2001.



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Figure D.18.
AIDS Distribution by date of diagnosis and by Mode of Transmission – Female.
Houston/Harris County, 1990-2001.



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For males with AIDS, the most common risk behavior remains male to male sexual contact, although as a proportion of all risk behaviors, this continues to decrease.

For both males and females there has been an increase in the proportion of AIDS cases with heterosexual contact as the risk behavior as well as an increase in no reported risk cases.

For women with AIDS, the proportion with injection drug use as a risk factor was 52% in 1990 and fell to 15% in 2001.

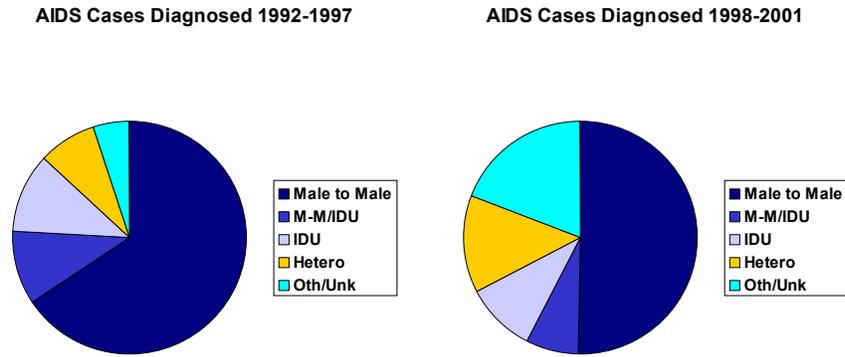
Among males, the proportion reporting injection drug use has remained between 11 and 13%.

Men who have sex with men remain the primary reservoir of infection even though the proportion of cases attributed to male to male sexual contact is decreasing.

A comparison of the risk behaviors of male AIDS cases in the last 10 year of the epidemic shows a decrease in the percentage of cases attributed to male to male sexual contact and to the dual risk category of male to male sexual contact and injection drug use.

There has been an increase in the proportion of male AIDS cases attributed to heterosexual contact – the result of a substantial decrease in the proportion attributed to male to male sex.

Figure D.19.
AIDS Distribution by Mode of Transmission MALES.
Houston/Harris County, Texas. 1992-2001.

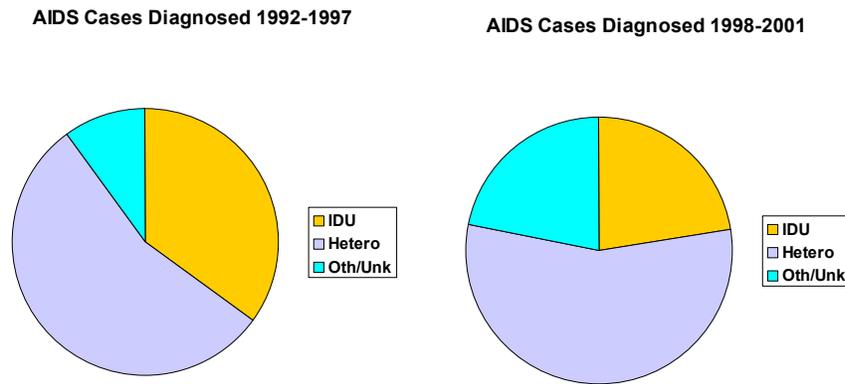


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A comparison of the risk behaviors of female AIDS cases in the last 10 years of the epidemic, shows a decrease in the percentage of cases attributed to injection drug use and a substantial increase in the proportion of female AIDS cases attributed to heterosexual contact.

Figure D.20.
AIDS Distribution by Mode of Transmission. FEMALES.
Houston/Harris County, Texas. 1982-2001.



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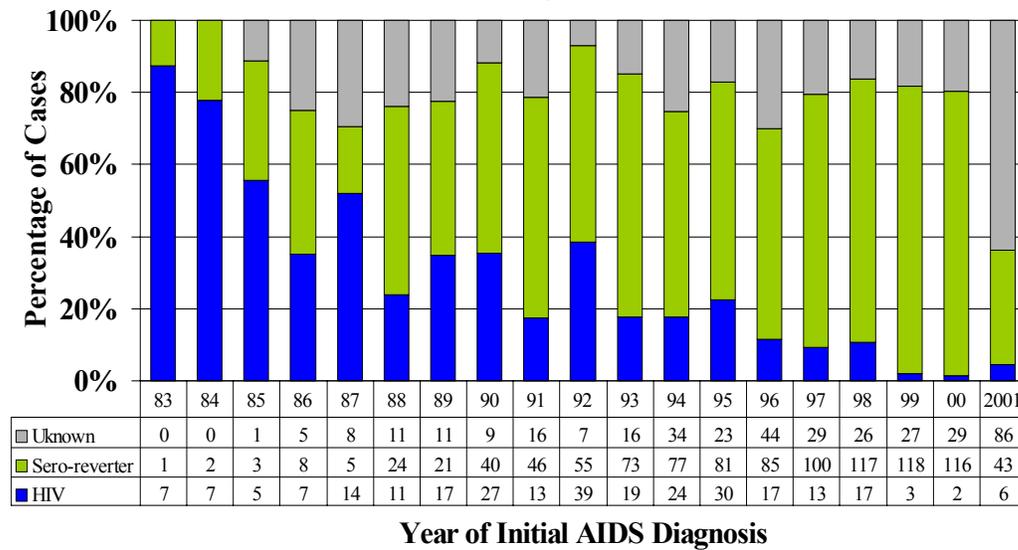
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D. AIDS: PEDIATRIC AIDS

Since 1983, there have been 1,684 children exposed to HIV at birth. Of these, 17% have gone on to develop HIV infection and 60% have sero-reverted to normal. Almost 20% have an unknown infection status; the majority of these are unknown because the child, as of June 30, 2002, is less than 18 months or age.

There have been 287 children that developed HIV infection; 152 of these have progressed to AIDS. There has been a substantial decrease in the number of HIV cases due to perinatal transmission. The decrease attributed to the implementation of zidovudine and/or other retroviral therapies therapy to pregnant HIV infected women both during pregnancy and delivery and to the child at birth and for six weeks to prevent perinatal transmission of HIV.

Figure D.21.
Pediatric HIV Infection - Percent of Children With Perinatal HIV Exposure who Sero-Revert or Develop HIV
Houston/Harris County, Texas. 1983-2001.



Houston HIV/AIDS Surveillance

Reported Through 6/30/02

Figure D.22. 74% of children born with perinatal exposure to HIV were Black. This points out the disproportionate racial demographics of the children who were exposed to perinatal transmission of HIV. This data is consistent with the AIDS epidemic seen among women: that is, the predominant proportion cases are among Blacks.

Figure 22.
Distribution of Perinatal HIV Exposure By Race/Ethnicity. Houston/Harris County, Texas. 1983-2001.

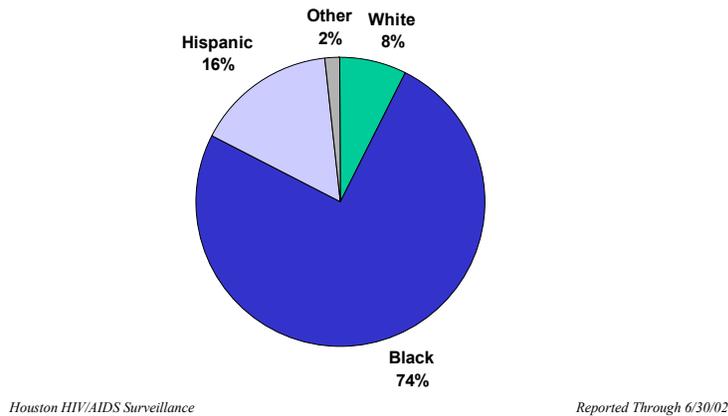


Figure D.24. Of children with perinatal exposure to HIV, 18% of Whites, 16% of Blacks, and 22% of Hispanics progress to HIV infection.

Figure D.24.
Number of Cases and Percent of Children With Perinatal HIV Exposure who Develop HIV (1983-2001), by Race/Ethnicity Houston/Harris County, Texas.

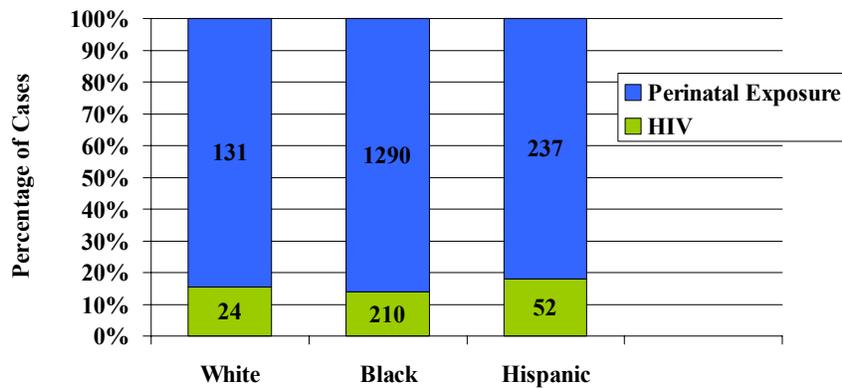
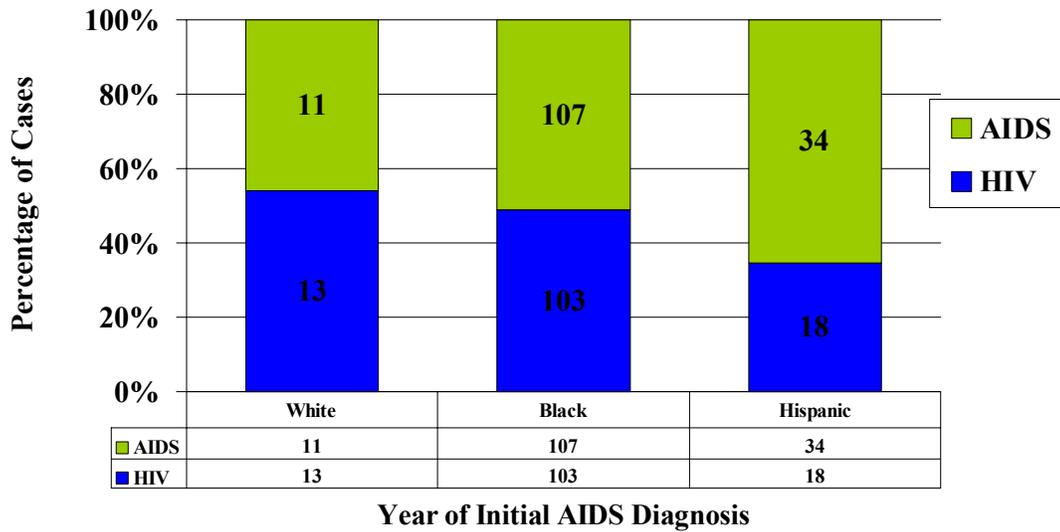


Figure D.25. Of children who were perinatally exposed to HIV and went on to develop acquired HIV infection, 46% of Whites, 51% of Blacks, and 65% of Hispanic children have progressed to AIDS.

Figure D.25.
Number of Cases and Percent of Children With Acquired HIV Exposure who
Develop HIV and then Progress to AIDS
By Race/Ethnicity Houston/Harris County, Texas. 1993-2001.

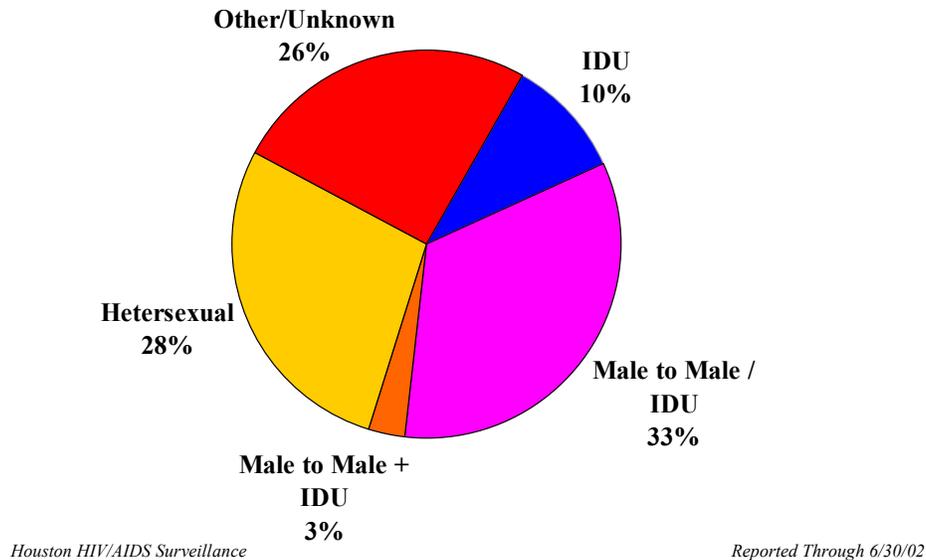


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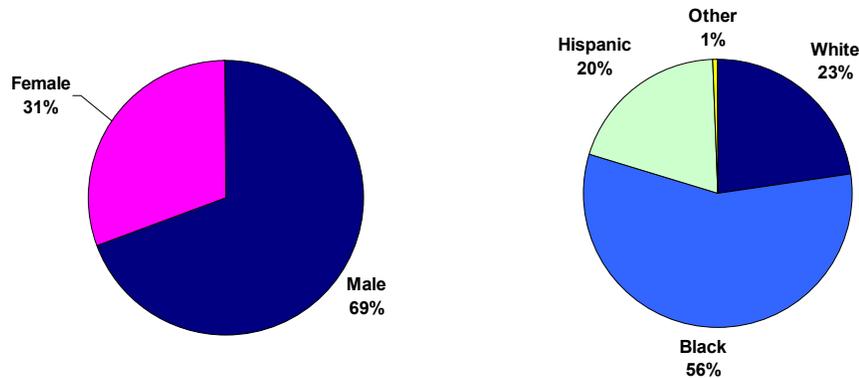
D. HIV: DISTRIBUTION BY SEX

Figure D.26.
Distribution of HIV Infection Diagnosed January 1999
through December 2001.
Houston/Harris County



HIV infection became reportable by name in the State of Texas on January 1, 1999. We have now had two complete years of named HIV infection data collection. The data is still preliminary, primarily because we are still getting data on previously reported infections.

Figure D.27.
HIV Infection Distribution by Sex and by Race/Ethnicity
Diagnosed January 1999 through December 2001.
Houston/Harris County, Texas.



Houston HIV/AIDS Surveillance

Reported Through 6/30/02

The proportion of new HIV infections is increasing from women with a corresponding decrease for men.

The majority of those newly infected with HIV are males. Among new infections, 58 % were Blacks, 16% were Hispanic, and 25% were non-Hispanic Whites.

This data represents the newest diagnosed infections, not necessarily the newest infections, and therefore the most current information as to who is becoming infected with HIV. The trend seen in cumulative AIDS cases and living AIDS cases is continued in this data with an increasing proportion of minorities and a decrease in the proportion of white cases.

D. AIDS INFECTION: SEROSURVEILLANCE DATA

During 1992 through 1999, blinded seroprevalence studies were conducted in various STD clinics in Houston. The following chart reflects the results of those studies through December 1999. This table focuses on adolescents (less than 20 years of age) receiving care at the STD clinics.

Table 4.2 HIV Seroprevalence Survey in Adolescent Clinics.
Houston, Texas. 1992-1999.

	Tests	# Positive	% Positive
Total	17,287	63	0.36
Gender			
Male	678	2	0.29
Female	16,477	61	0.37
Ethnicity			
Black	9,896	61	0.62
White	1,658	0	0.00
Hispanic	5,431	2	0.04
Other	171	0	0.00
Risk Behavior			
Gay/Bisexual Male	3	0	0.00
Reported IDU	17	0	0.00
Hetero Partner at Risk*	31	2	6.45
Blood Recipient	28	0	0.00
Sexual Contact	16,593	57	0.34
Unknown	486	4	0.82

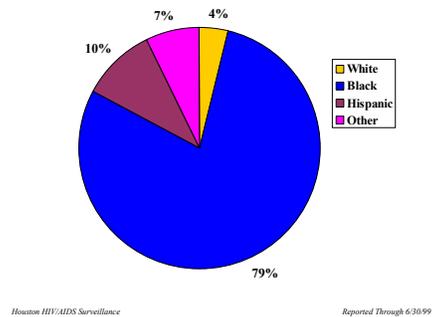
* Risk defined as HIV infected, gay/bisexual male, injection drug user, etc.

D. AIDS INFECTION: SURVEY OF CHILDBEARING WOMEN

The 1997 Survey of Childbearing Women in Texas included 93,992 women giving birth during the three month study period. TDH Region 6 tested 20,143 women with the following rates per 1000 live births in Harris County. The 1997 survey was smaller than in previous years but showed an increase in HIV infection from 1995 (1.05 compared to 0.93)

Table 4.3 Survey of Child Bearing Women, 1997.

Race	Rate per 1,000 live births
White	0.62
Black	12.61
Hispanic	1.60
Other	1.14
All Races	3.06



These rates correspond to the racial breakdown of pediatric AIDS cases reported in Houston. More than 60% of the pediatric AIDS cases are Black, 15% are White and 23% Hispanic.

As the table below indicates, Houston/Harris County continues to have the highest rate of HIV infection among child-bearing women in the state. The rate is increasing significantly in the black community and Houston has currently over twice the rate of other cities among this minority group. In Harris County, the HIV positive rate among Black women giving birth is twenty times than for White women (12.61 vs 0.62) and eight times higher than for Hispanic women (12.61 vs 1.60).

Table 4.4 1997 Texas Survey of Childbearing Women Seroprevalence of HIV per 1000 live births, by Race/ethnicity and county.

County	White	Black	Hispanic	Other	Total
Bexar	0.00	3.64	0.36	0.93	0.52
Dallas	0.53	4.84	0.27	0.00	1.18
El Paso	0.00	0.00	0.36	0.00	0.28
Harris	0.62	12.61	1.60	1.14	3.06
Tarrant	0.00	0.00	0.00	2.90	0.34
Travis	0.00	0.00	0.92	0.00	0.31
All Others	0.16	4.72	0.13	0.45	0.55
Statewide	0.23	6.37	0.48	0.84	1.05

D. AIDS INFECTION: SUMMARY

All data presented in this profile of the HIV/AIDS epidemic in Houston/Harris County show consistency in trends in both numbers and proportions of people infected with the human immunodeficiency virus.

Although the number of new AIDS cases each year is decreasing, the number of people living with HIV and AIDS is increasing. The total number of people needing services as well as the number needing prevention education has risen dramatically over the last several years.

At the same time as the numbers of people living with HIV infection and AIDS is increasing, the demographic mix of those people has changed. Whether examining:

- diagnosed AIDS cases, or
- AIDS population rates, or
- living AIDS cases only, or
- HIV test results,

the data show an epidemic that is increasingly minority, increasingly female, and increasingly heterosexually transmitted.

There remains a large number of white males and men who have sex with men in the new AIDS cases each year, and in those living with AIDS. Without a good number for the denominator, AIDS case rates are not possible for the at risk populations, but seroprevalence rates in the STD clinic population show a 20 percent infection rate in the clients who report male to male sexual contact as a risk behavior for HIV infection.

Pediatric AIDS has decreased considerably in Harris County, but the children who are exposed are disproportionately Black, consistent with the observed trends. The Texas Department of Health's Survey of child-bearing women also shows a high and disproportionate number of black females giving birth who are HIV positive.

The challenge for prevention and service oriented programs in the Houston area will be in maintaining the high quality of activities in the populations who were initially and remain affected by this epidemic, while increasing the focus on, and changing the methodologies to match, the developing epidemic in the minority female and heterosexual communities.

