



**Allegheny County Health Department
STD/HIV Program
2010 Annual STD Summary**

**CHLAMYDIA
GONORRHEA
SYPHILIS
HIV/AIDS**

March 2011

**SEXUALLY TRANSMITTED DISEASES, HIV/AIDS PROGRAM
ALLEGHENY COUNTY HEALTH DEPARTMENT
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INTRODUCTION

This report presents summary statistics of reportable sexually-transmitted diseases occurring in Allegheny County. The data represented in this report include all confirmed and reported cases at the time this report was generated. That is, all cases reported in 2010, some of which may have been 2009 cases reported in 2010, are included in the analysis. This report focuses on cases reported to Allegheny County Health Department (ACHD) regarding Chlamydia, gonorrhea, syphilis, and HIV/AIDS.

- The *CDC Year 2010 Goal* is to reduce primary and secondary syphilis cases to 0.2 cases per 100,000 people in the community. Allegheny County had 32 primary or secondary cases reported in 2010 producing an incidence rate of 2.6 cases per 100,000. This is an increase of 5 cases from 2009 when 27 cases were reported.
- In 2010, Allegheny County, with an estimated population of 1,218,494, noted that gonorrhea increased 9.7% with 1,653 cases reported in 2010 compared to 1,534 in 2009. The *CDC Year 2010 Goal* for gonorrhea is 19 cases per 100,000. Allegheny County's incidence rate for 2010 is 125 cases per 100,000.
- Chlamydia is the most commonly reported STD in Allegheny County, the state and the nation. In 2010 the reported number of Allegheny County Chlamydia cases increased 9.7% (5,060 cases) compared to the cases reported in 2009 (4,906). The *CDC Year 2010 Goal* is not to exceed a 3% positive infection rate in females aged 15-24 tested in family planning and other STD clinics. The Allegheny County Chlamydia infection rate is currently 3.58% positive for infection in that target group.
- The number of AIDS cases reported to ACHD at the time of this report was cases for 2010. However, because AIDS cases are reported by date of diagnosis and not by date reported as are other diseases, the case numbers continually change for current and previous years. Allegheny County's AIDS incidence rate for 2009 (latest most complete year for data) is 5.0 cases per 100,000 populations. African-Americans continue to be disproportionately infected with HIV. While they comprise 13.4% of the population in Allegheny County (2009 estimated black population 168,050), blacks comprised 50.6% of the reported 2009 AIDS cases.
- HIV is now reportable, by name, across the state of Pennsylvania. The ACHD has been conducting HIV case surveillance beginning with year 2001.
- Educators and medical professionals should work to increase public awareness of STDs. Due to the risk of serious consequences for female adolescents and young women, this population should be targeted for expanded screening opportunities and prevention education. Having any sexually transmitted disease increases the risk of acquiring HIV if exposed.

A COMPARISON OF REPORTABLE SEXUALLY TRANSMITTED DISEASES

The term sexually transmitted disease refers to more than 25 infectious organisms that are transmitted primarily through sexual contact, however not all of these infections are reportable. All cases of the four diseases (gonorrhea, chlamydia, early syphilis, HIV/AIDS) in this summary are reported to the ACHD STD/AIDS Program. The graph below summarizes the trends in gonorrhea, chlamydia and early syphilis for the past ten years.

Herpes, genital warts, non-gonococcal urethritis, and trichomoniasis are some of the non-reportable STDs for which incidence rates are not known. HIV has only been reportable in Allegheny County since June 2001. In October 2002, HIV became reportable by name in the Commonwealth of Pennsylvania.

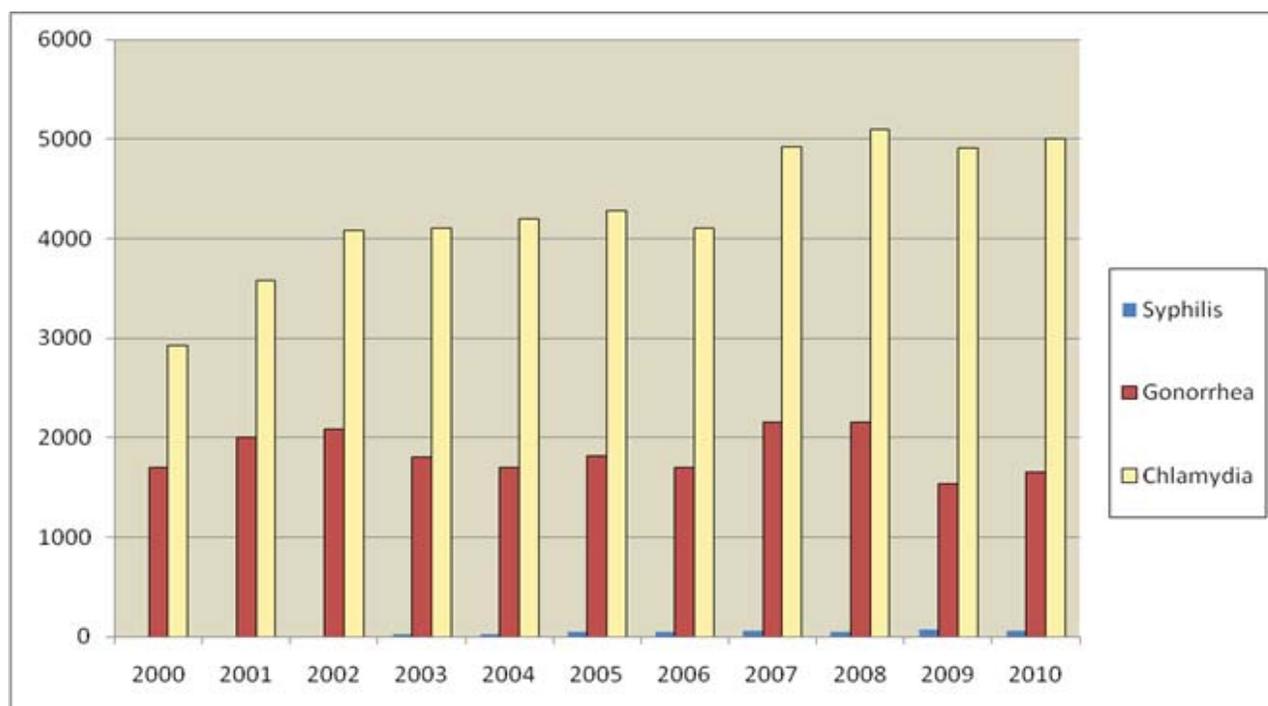
There were 32 cases of primary and secondary syphilis reported in Allegheny County in 2010. There were an additional 22 early latent cases and 8 cases of syphilis reported for 2010 including late latent, neurosyphilis, and unknown duration.

Gonorrhea morbidity increase to 1,653 cases in Allegheny County during 2010 compared to 1,534 reported in 2009. Chlamydia remains the highest reported STD in Allegheny County, the state, and the nation. Chlamydia cases increased to 5,060 in 2010 from 4,905 in 2009, an increase of 155 cases.

The number of AIDS cases (60) reported in 2009 is a decrease from the year 2008 cases (84), however, 2009 data may still be incomplete. AIDS cases are reported differently than all other reportable diseases as they are reported by date of diagnosis, not by date reported. Therefore, the AIDS case numbers continually change for current and previous years.

FIGURE 1. REPORTABLE STD CASES IN ALLEGHENY COUNTY, 2000-2010

Early Syphilis only includes primary, secondary, and early latent cases



TOTAL SYPHILIS CASES

For the year 2010, there were 62 total cases of syphilis reported in Allegheny County. There were 56 cases reported in males in comparison to 6 cases in females. Males were nine times as likely to be infected compared to women. In males, all the 5654 cases were between the ages of 20 and 49. There were 26 Black males infected representing 42% of all syphilis and 46% of all male cases.

Early reporting, intensive investigation and getting sex partners treated have been a key to keeping early syphilis infections under control in Allegheny County. Syphilis is particularly dangerous for pregnant females who can transmit the disease to their newborns (congenital syphilis). Syphilis infections can cause stillbirths, deformities, retardation, blindness and other permanent damage to a fetus. Females who are pregnant should be screened for syphilis at the first prenatal visit and, if indicated, in the third trimester. Prenatal care is extremely important to prevent congenital syphilis. During 2010 there were no congenital syphilis cases identified in Allegheny County.

TABLE 1. 2010 SYPHILIS CASES BY RACE AND SEX

Race	2010 Syphilis Cases BY SEX & RACE		
	Male	Female	Total
White	30	0	30
Black	26	6	32
Other/Unknown	0	0	0
Total	56	6	62

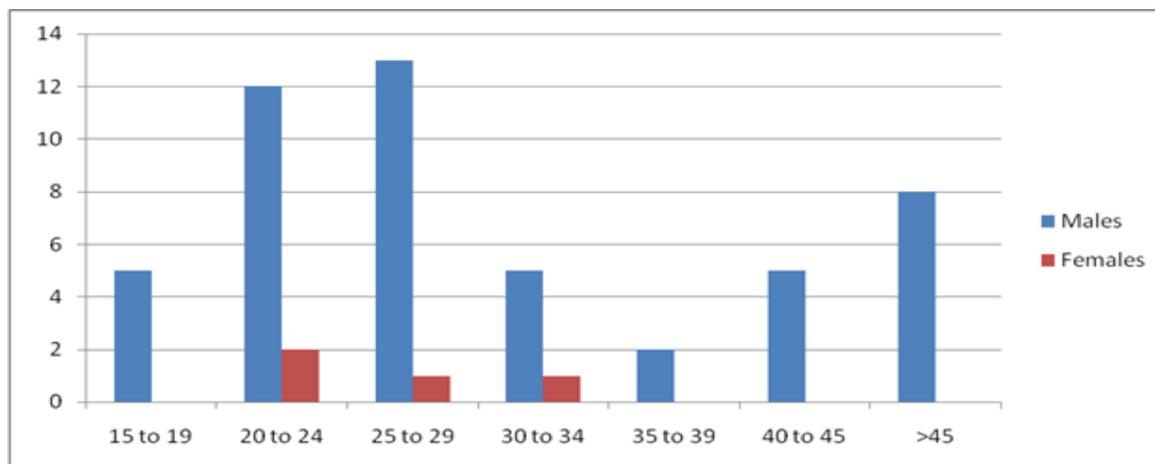
The incidence rate for total syphilis cases in blacks is 33.9 per 100,000 population. Thirty two cases (51.6%) were in the black population, even though blacks make up only 12.9% of Allegheny County's population. The incidence rate for whites was 2.7 per 100,000 population. The rate for all races and all syphilis cases reported in Allegheny County was 5.1 per 100,000 for 2009.

INCIDENCE RATES OF PRIMARY AND SECONDARY SYPHILIS

Although the rate of P&S syphilis in the United States declined by 89.2% from 1990 – 2000, in Allegheny County the rate of P&S syphilis declined by 96.8% during 1991-2000. The rate of P&S syphilis remained unchanged in Allegheny County between 1999 and 2000, and began to increase in 2001 continuing to increase through 2007. In 2008 and 2009, the rates have started to decline in the general population.

In Allegheny County, early syphilis cases peaked in 1991 (149 cases). Following this peak the rate of primary and secondary (P&S) syphilis reported in Allegheny County decreased during the 1990s; specifically in 1998, the rate was the lowest since reporting began in 1941. The low rate of infectious syphilis and the concentration of the majority of syphilis cases in a small number of geographic areas in the United States led to the development of the CDC's National Plan to Eliminate Syphilis, which was announced by Surgeon General David Satcher in October 1999.

FIGURE 2. 2010 PRIMARY AND SECONDARY SYPHILIS CASES IN ALLEGHENY COUNTY BY SEX AND AGE (N=54)



The number of cases of early syphilis (primary, secondary, and early latent) has increased significantly since 2001. However, since 2006, early syphilis has been decreasing. In 2010, Fifty four cases of early syphilis were reported, an increase of 7 cases reported in 2009. Of the 54 early syphilis cases in 2010, there were 32 primary/secondary cases and 22 early latent cases (syphilis of less than one year's duration but with no current signs or symptoms).

The overall rate for primary and secondary syphilis in Allegheny County was 4.4 per 100,000 population for 2010 compared to 2.2 in 2009. The CDC goal is 0.2 per 100,000 for primary and secondary cases.

**TABLE 2.
SYPHILIS CASES BY DISEASE CATEGORY AND
BY YEAR OF DIAGNOSIS**

	<i>Primary</i>	<i>Secondary</i>	<i>Early Latent</i>	<i>Totals</i>
2001	0	7	5	12
2002	3	4	6	13
2003	8	8	5	21
2004	8	13	6	27
2005	22	33	20	75
2006	21	50	34	105
2007	21	33	34	88
2008	6	30	36	72
2009	8	19	20	47
2010	7	25	22	54

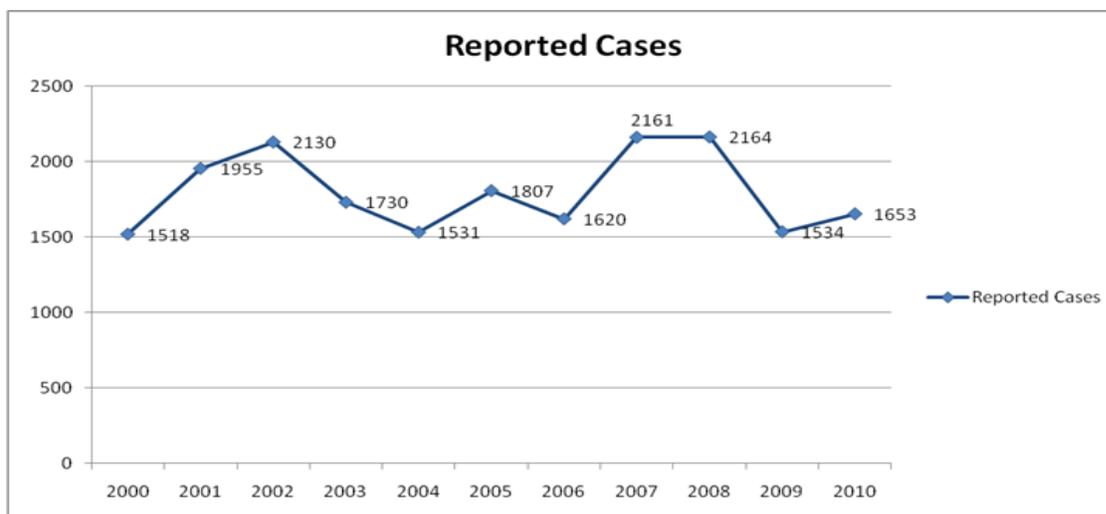
**TABLE 3.
EARLY SYPHILIS CASES BY SEX AND
YEAR OF DIAGNOSIS**

	<i>Male</i>	<i>Female</i>	<i>Totals</i>
2001	8	4	12
2002	9	4	13
2003	15	6	21
2004	17	10	27
2005	43	32	75
2006	79	42	105
2007	53	35	88
2008	55	17	72
2009	38	9	47
2010	50	4	54

GONORRHEA CASES

Allegheny County gonorrhea cases increased 9.7% reporting 1,653 cases in 2010 compared to 1,534 in 2009. Nationwide, gonorrhea is the second most commonly reported notifiable disease reporting 301,174 cases in 2009.

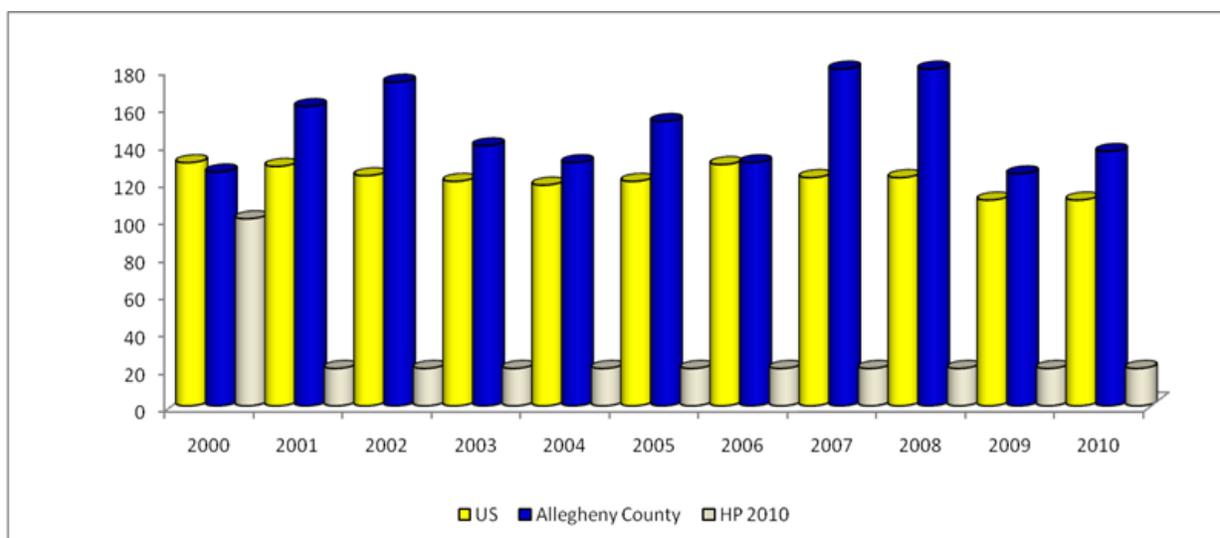
FIGURE 3. REPORTED GONORRHEA CASES IN ALLEGHENY COUNTY, 2000-2010



INCIDENCE OF GONORRHEA

The Allegheny County incidence rate of gonorrhea for 2010 was 135.7 cases per 100,000 which increased from 124 per 100,000 in 2009. The incidence rate for gonorrhea is well above the revised *CDC Year 2010 Goal* of 19 cases per 100,000. The national average gonorrhea incidence rate was 110.7 cases per 100,000 in 2009.

FIGURE 4: INCIDENCE RATES OF GONORRHEA IN ALLEGHENY COUNTY, US, AND CDC GOAL, 2000-2010 (CASES PER 100,000 POPULATION)



Since 1993, fluoroquinolones (i.e., ciprofloxacin, ofloxacin, or levofloxacin) have been used frequently in the treatment of gonorrhea because of their high efficacy, ready availability, and convenience as a single-dose, oral therapy. However, prevalence of fluoroquinolone resistance in *Neisseria gonorrhoeae* has been increasing and is becoming widespread in the United States, necessitating changes in treatment regimens.

Beginning in 2000, fluoroquinolones were no longer recommended for gonorrhea treatment in persons who acquired their infections in Asia or the Pacific Islands (including Hawaii); in 2002, this recommendation was extended to California. In 2004, the CDC recommended that fluoroquinolones not be used in the United States to treat gonorrhea in men who have sex with men (MSM). On the basis of the most recent evidence, MMWR April 13, 2007, Update to CDC's Sexually Transmitted Diseases Treatment Guidelines, 2006: Fluoroquinolones are Longer Recommended for Treatment of Gonococcal Infections, the CDC no longer recommends the use of fluoroquinolones for the treatment of gonococcal infections and associated conditions such as pelvic inflammatory disease (PID). Consequently, only one class of drugs, the cephalosporins, is still recommended and available for the treatment of gonorrhea.

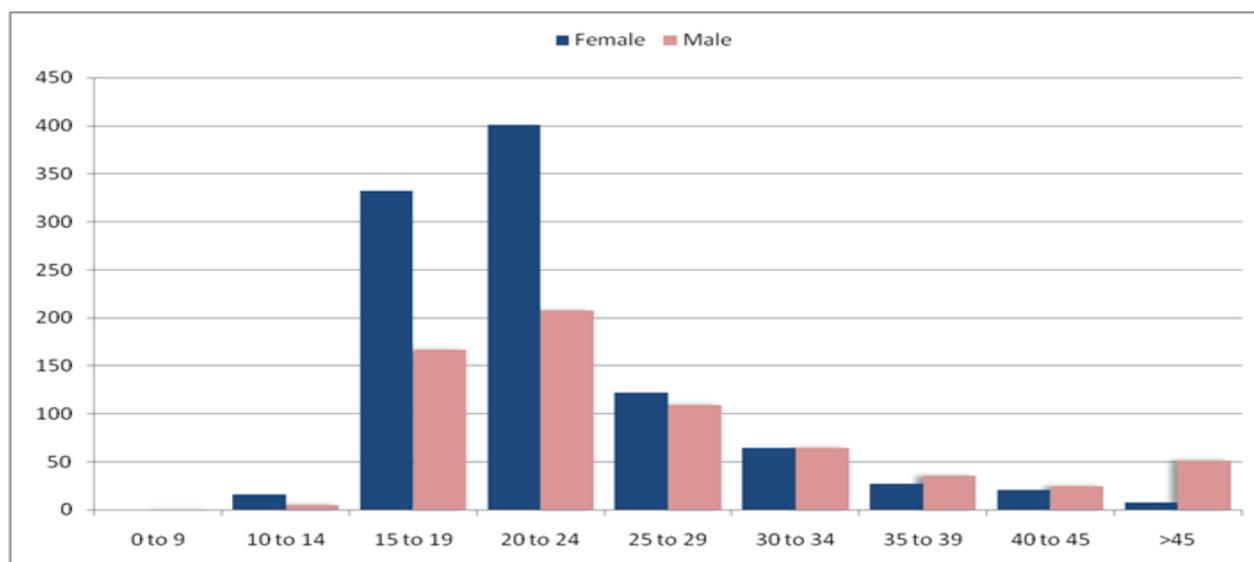
GONORRHEA CASES BY SEX AND AGE

TABLE 4, 2010 GONORRHEA CASES AND RATES BY SEX

Gonorrhea Morbidity by Gender, Allegheny County (per 100,000) Year 2010 n=1,653		
	Male	Female
Cases	662	991
Rate	113.7	155.8

Of the gonorrhea cases reported in 2010, 60% were in women, with the largest risk group for both genders being age 15-24. For all reported female cases, there were 1,106 (67%) in the age group 15-24.

FIGURE 5. REPORTED GONORRHEA CASES BY SEX & AGE GROUP IN ALLEGHENY COUNTY, 2010



The consequences of gonorrhea infection can occur more frequently and be more severe in younger

females. Pelvic Inflammatory Disease (PID) may develop as a complication of undiagnosed gonorrhea. Ectopic (tubal) pregnancy, infertility, and permanent sterility are also possible outcomes of this serious infection.

To reduce the incidence rates and complications in females, the Allegheny County Health Department manages the Infertility Prevention Project (IPP). The Project is part of the Centers for Disease Control and Prevention (CDC) National Infertility Prevention Project. The national program is broken down into regions and Pennsylvania, along with four other states and Washington DC, are known as Region III. The STD and Family Planning programs in Region III serve over 560,000 individual women each year. The Region III IPP is dedicated to the prevention of infertility caused by sexually transmitted diseases, particularly chlamydia and gonorrhea. The first full year of service began in 1994.

This program provides testing materials and medication to 25 sites and the STD clinic located in Oakland. In Allegheny County, the program screened 25,890 individual at screening sites in 2010, including the STD clinic. In 2010, 337 (34%) of the 991 female gonorrhea cases reported were identified through the IPP screening program. This is a significant decrease from 2009 when over 35,000 women were tested and 84% of cases were identified due to insurance program covering the cost of this test in many screening sites in Allegheny County. The STD program is controlling cost through targeted screening in communities where infections rates are high and health insurance is not available. The overall positivity rate is 3.2% (818/25,890) among those tested through the screening program.

While case detection and treatment are critical control components, a permanent solution is needed to preventing infection, especially in the adolescent and young adult populations to reduce the morbidity in the county.

GONORRHEA CASES BY RACE

During 2010, 80.4% of the reported gonorrhea cases were in the black population, 14.6% were in the white population, and 5% in the other or unknown populations. While Blacks comprise 12.9% of the County's population, they represent over 80% of the cases.

TABLE 5. 2010, GONORRHEA CASES AND RATES BY RACE

Gonorrhea Morbidity by Race, Allegheny County (per 100,000) Year 2010 n=1,653		
	Black	White
Cases	1,328	242
Rate	641.1	23.9

TABLE 6. GONORRHEA CASES BY YEAR AND RACE

RACE	2006 Morbidity	2007 Morbidity	2008 Morbidity	2009 Morbidity	2010 Morbidity
Black	1184 (73.1%)	1609 (74.5%)	1585 (73.3%)	1113 (72.6%)	1328 (80.4%)
White	260 (16.0%)	324 (15.0%)	325 (15.1%)	263 (17.1%)	242 (14.6%)
Unknown/Other	176 (10.9%)	228 (10.5%)	254 (11.7%)	158(10.3%)	83 (5.0%)
Totals	1620 (100%)	2161 (100%)	2164 (100.0%)	1534 (100%)	1653 (100%)

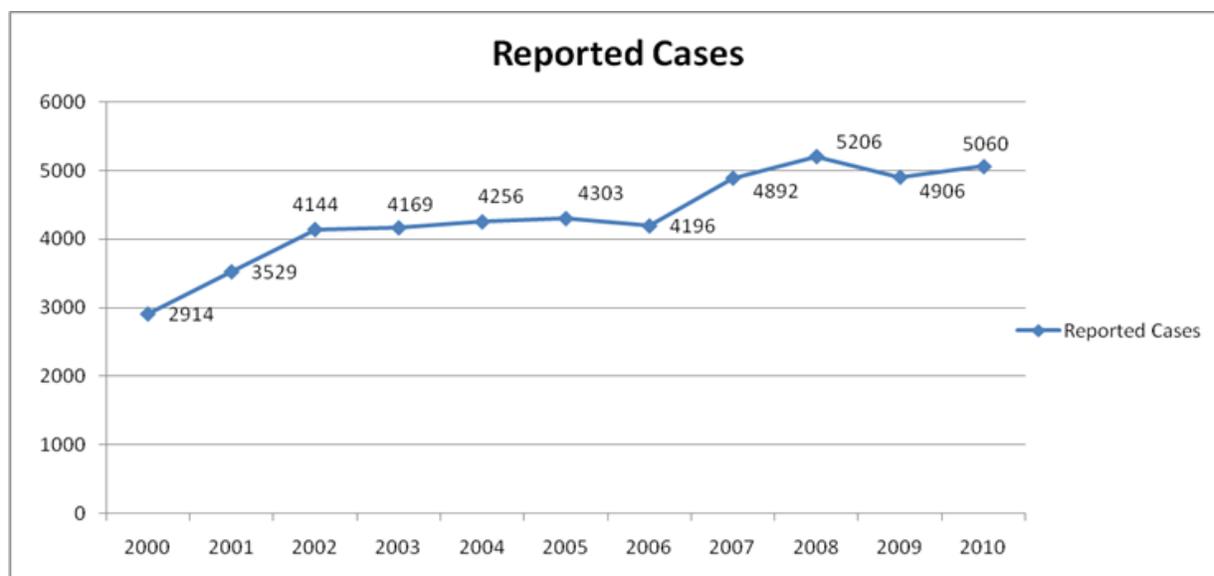
CHLAMYDIA CASES

Chlamydia trachomatis infections are the most commonly reported STD in Allegheny County and across the United States. Chlamydia infection is among the most prevalent of all STDs and, since 1994, has comprised the largest proportion of all STDs reported. Nationally, there were 1,244,180 Chlamydia cases reported in 2010.

During 2010, there were 5,060 cases of Chlamydia reported to the Allegheny County Health Department. This is a 9.7% increase over the number of cases reported in 2009 (4,906). In 2010, Allegheny County had 3,560 cases (70.4%) Chlamydia infection diagnosed in females and 1,496 cases (29.6%) in males. Considering that as many as 85% of female cases and up to 50% of male cases may be asymptomatic, the number of cases reported each year is believed to be an underestimate of the actual number of infections.

Since Chlamydia is mostly asymptomatic, it is usually diagnosed through screening methods. For this reason, screening programs have been established to detect infection particularly in asymptomatic females, as the consequences of untreated infection are much worse. The Allegheny County Health Department provided screening services to 25,890 patients in the screening sites and the ACHD clinic in 2010. Since screening programs are targeted towards females, females represent the majority of disease (over 70%) in Allegheny County.

FIGURE 6. REPORTED CHLAMYDIA CASES IN ALLEGHENY COUNTY, 2000-2010



INCIDENCE RATES OF CHLAMYDIA

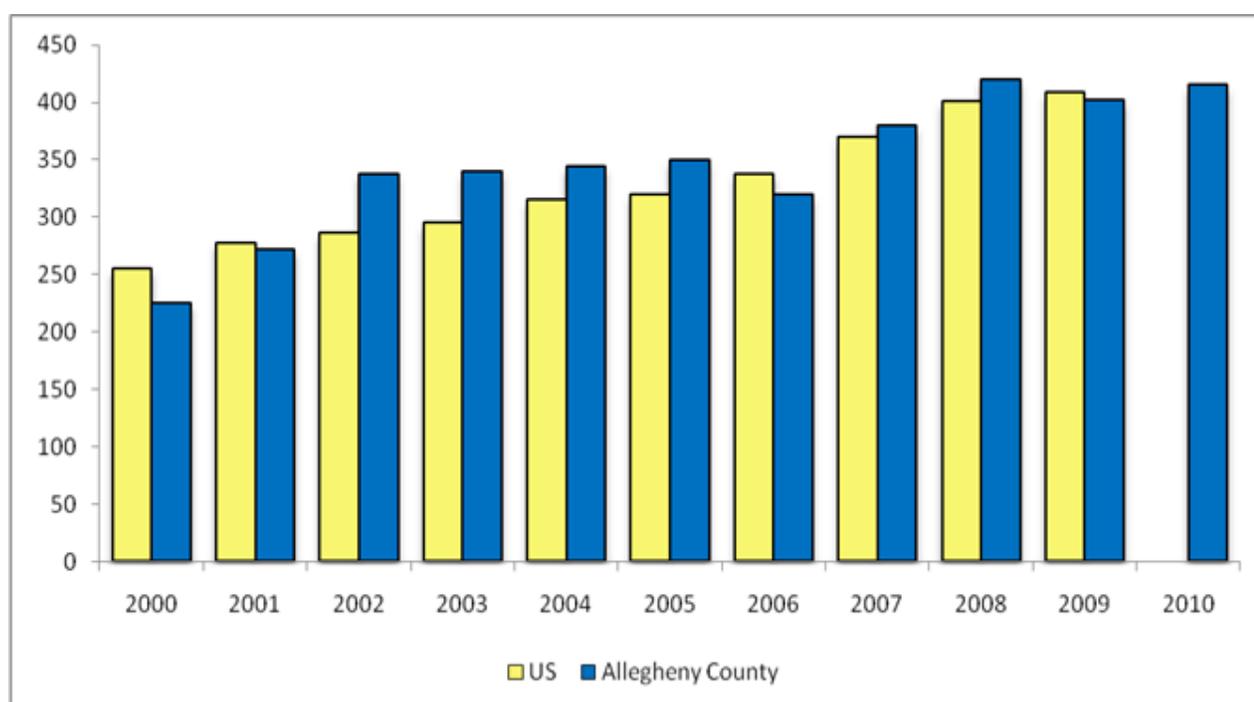
Chlamydia is especially dangerous to young females of childbearing age because of the possible permanent damage to the reproductive system. Left undetected, Chlamydia and gonorrhea can cause Pelvic Inflammatory Disease (PID), infertility, and other complications.

The CDC *Healthy People 2010 Goal* applies to females aged 15-24 years of age. The goal is to have no more than 3% of females in this population testing positive for infection in family planning or other STD clinics. The Allegheny County infection rate in this population for 2010 is 8.2%, (2009 Bridged Estimate: 15-24 female population 79,108) which is above the CDC *Healthy People 2010 Goal*.

For the United States, the incidence rate was 409.2 cases per 100,000 in 2009. The incidence rate for Allegheny County was 415.4 cases per 100,000 for 2010.

FIGURE 7. INCIDENCE RATES OF CHLAMYDIA IN ALLEGHENY COUNTY, US 2000-2010 (CASES PER 100,000 POPULATION)

NO TARGET INCIDENCE RATE ESTABLISHED BY CDC
US DATA NOT AVAILABLE FOR 2010 AT TIME OF REPORT



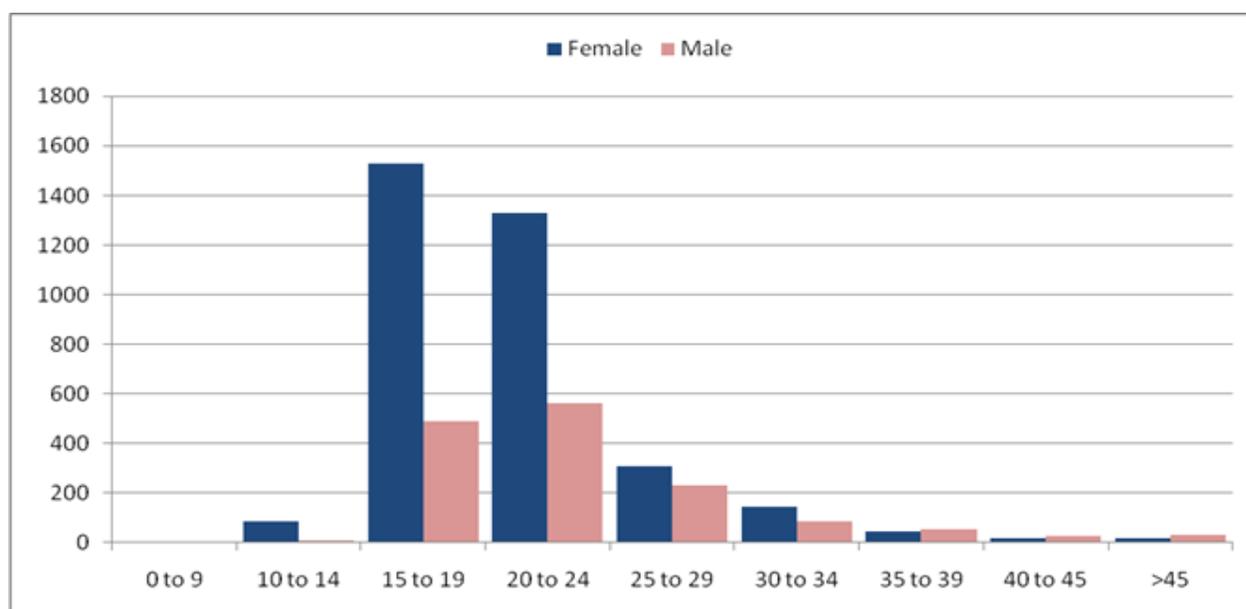
CHLAMYDIA CASES BY SEX AND AGE

Adolescents and young adults are at highest risk for acquiring Chlamydia infections (Figure 8). While women account for over 70% of the infections, 15-24 years olds account for 77.3% (3,909) of all cases. In 2010, 2,016 cases (39.8%) occurred in the age group fifteen to nineteen years of age, making the risk for infection in this group at least 8 times higher compared to the rest of the population. The next highest percentage was those aged twenty to twenty-four with 1,893 cases (37.4%).

TABE 7. 2010 CHLAMYDIA CASES AND RATES BY SEX

Chlamydia Morbidity by Sex, Allegheny County (per 100,000) Year 2010 n=5,060		
Cases	Male 1496	Female 3590
Rate	256.8	564.4

Female adolescents aged 15-19 years old represent 30.2% of the total female chlamydia infections in Allegheny County. The disproportionate female infection rates shown in this graph (Figure 8) are due to the fact that screening program are targeted testing young women of childbearing age at several sites in Allegheny County.

FIGURE 8. REPORTED CHLAMYDIA CASES BY SEX AND AGE GROUP IN ALLEGHENY COUNTY, 2010

To eliminate all risk of infection and the complications previously mentioned, young adolescent females should abstain from sex. However, if a young woman is going to be sexually active, she should be in a monogamous relationship, use condoms or require her partner to use condoms, and get routine check-ups.

Per the recommendations of the Centers for Disease Control and Prevention, all sexually active women under the age of 24 should be screened annually for Chlamydia. Since Chlamydia continues to infect thousands of persons in Allegheny County and since adolescents and young females have the highest rate of infection, it is imperative that intervention programs continue to target the 15-24 year-old population.

Males are also at high risk for asymptomatic Chlamydia and may be unaware they are passing the infection on to others; as such they are also encouraged to participate in regular screening as well. Individuals who are treated for Chlamydia should assure that their partners are examined and treated to avoid re-infection and complications.

CHLAMYDIA CASES BY RACE

As with other STDs, Chlamydia infections tend to disproportionately affect the black population. In 2010, 67% of the cases were in the black population (Table 8). The rate of infection among the black population was 36 times higher than the white population, not only due to the increased number of cases but also the relatively small black population in Allegheny County.

Black females in the fifteen to nineteen year age group were the highest affected with 1087 cases of Chlamydia (21.5%) in 2010. Although black females in this age group make up only 6,958 (0.5%) of the total population in Allegheny County, they account for the highest percentage of infection. Black females in the fifteen to nineteen year age group also had 3.0 times as many cases as their white counterparts (1,087 cases to 296 cases). The second highest group of cases occurred among the 20-24 years old with 780 (15.4%) cases in Blacks compared to 419 (8.3%) infections in whites.

TABLE 8. CHLAMYDIA CASES BY YEAR AND RACE

RACE	2006 Morbidity	2007 Morbidity	2008 Morbidity	2009 Morbidity	2010 Morbidity
Black	2908 (59.4%)	3070 (59.0%)	3070 (59.0%)	3011 (61.4%)	3387 (67.0%)
White	963 (23.0%)	1071 (21.9%)	1071 (22.4%)	1105 (22.5%)	1163 (23.0%)
Unknown/Other	615 (14.6%)	917 (18.7%)	984 (17.6%)	790 (16.1%)	510 (10%)
Totals	4196 (100%)	4896 (100%)	5206 (100%)	4906 (100%)	5060 (100%)

TABLE 9. 2009, CHLAMYDIA CASES AND RATES BY RACE

Chlamydia Morbidity by Race, Allegheny County (per 100,000) Year 2010 n=5060		
	Black	White
Cases	3387	1163
Rate	1635.1	115.0

AIDS MORBIDITY AND MORTALITY

The graph below illustrates AIDS cases reported to the Allegheny County Health Department from 2000 through 2010. Cumulative AIDS cases reported to date is 2,861 (with known gender) in Allegheny County. There have been a total of 19 AIDS cases reported in children under the age of 13.

Note that AIDS cases are reported differently than all other reportable diseases. AIDS cases are reported by date of diagnosis, not by date reported, as are other diseases. Therefore, the case numbers continually change for current and previous years.

At the time of this report, there were 41 new cases diagnosed during 2010. Sixty cases (60) were diagnosed in 2009; which was a decrease from 2008 (84 cases). There were no AIDS cases reported in children under age 13 during 2009. AIDS case reporting for 2010 is considered incomplete as cases may take 6 months or longer to be reported.

In the U.S. as of 2009, the cumulative estimated number of diagnoses of AIDS cases reported to the Centers for Disease Control and Prevention, through 2009 in the United States is 1,099,161 (the 50 United States and District of Columbia). Adult and adolescent AIDS cases total 1,089,713 with 878,366 cases in males and 220,795 cases in females. Through the same time period, 9,448 AIDS cases were estimated in children under age 13. In 2009, the estimated number of diagnoses of AIDS in the United States was 40,608 (50 United States and District of Columbia). Adult and adolescent AIDS cases totaled 40,540 with 29,766 cases in males and 10,774 cases in females. Also in 2009, there were 13 AIDS cases estimated in children under age 13.

The level of the CD4 T-cells found in blood remains the highest reported condition constituting an AIDS diagnosis.

FIGURE 9. AIDS CASES REPORTED BY YEAR, 2000-2010 (INCLUDES LIVING AND DECEASED)

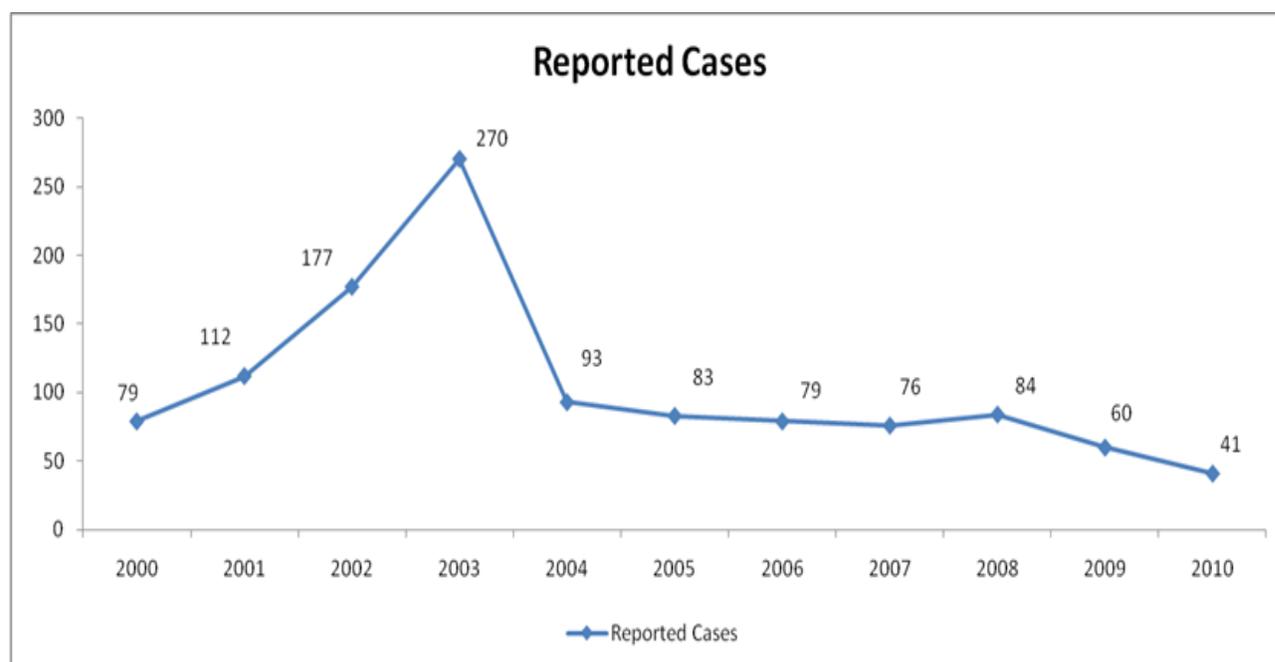
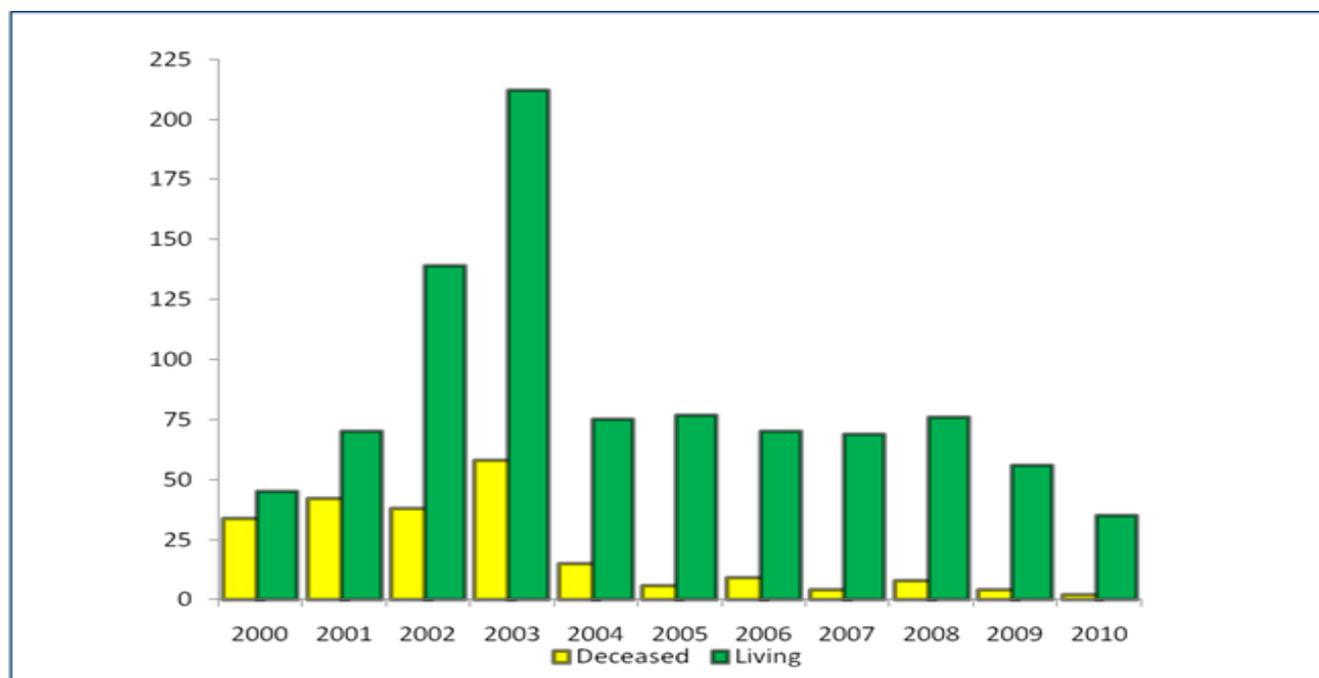


Figure 10, below depicts the number of AIDS cases from 2000 through 2010 by live cases (morbidity) and deceased cases (mortality). The number of deaths continues to decline due to the improved treatment options available to persons living with Human Immunodeficiency Virus (HIV). In 2009, the number of deaths of persons with AIDS was 4. The cumulative number of deaths of persons with AIDS through 2009 is 1,539.

FIGURE 10. AIDS CASES LIVING AND DECEASED BY YEAR, ALLEGHENY COUNTY, 2000-2010

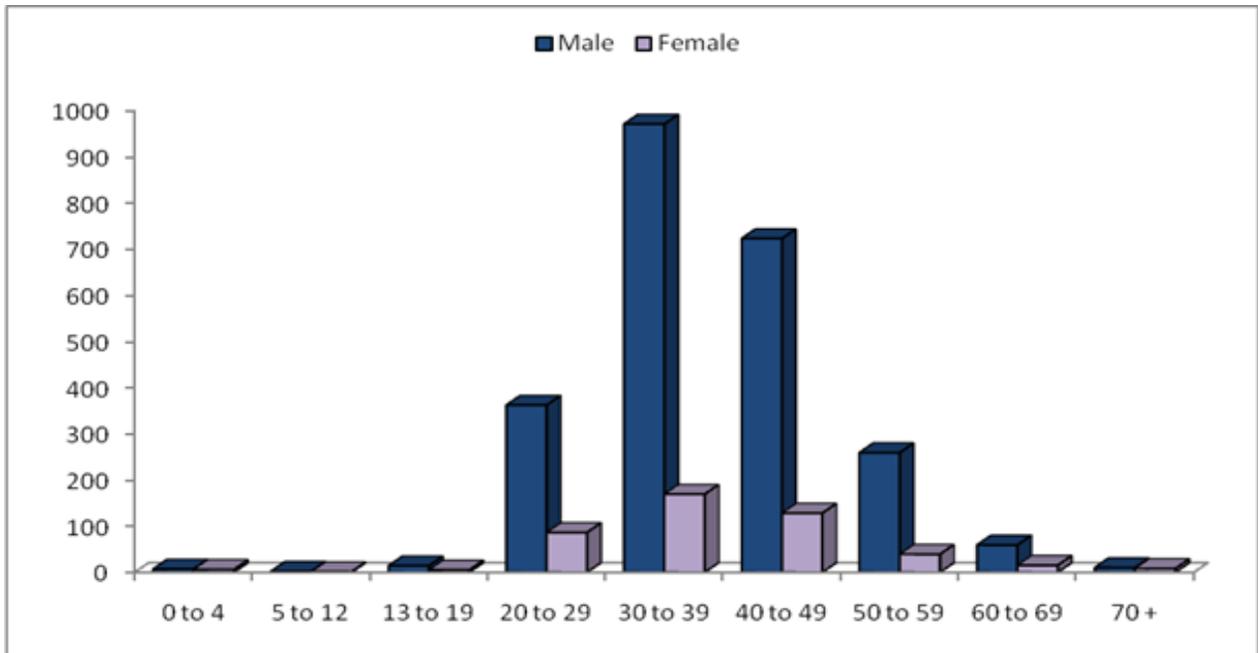


AIDS CASES AT AGE OF DIAGNOSIS BY SEX & RACE

According to Figure 11 below, the highest number of AIDS cases in both sexes is in the 30-39 year old age group with 1140 cases for the 2000 to 2010 timeframe. Since HIV can be asymptomatic for 10 years or more, many of these people may have been infected during their twenties, and similarly, many of those diagnosed in their twenties may have been infected during their teens.

To reduce exposure to HIV infection, prevention education and risk/harm reduction messages should be intensified for teens and young adults and targeted to specific risky behaviors.

FIGURE 11. CUMULATIVE AIDS CASES BY AGE GROUP AND SEX 2000-2010, INCLUDES LIVING AND DECEASED



The table below (Table 10) reveals that white males comprised the majority of male AIDS cases, 1,370 cases or 52% of the total cases. The table below (Table 10) also shows that black females comprised the majority of female AIDS cases 268 cases or 68% of the total female cases although this population comprised only 7.3% of the female population in Allegheny County.

TABLE 10. CUMULATIVE AIDS CASES BY SEX AND RACE

Race	Cumulative AIDS Cases Through 2010		
	Male	Female	Total
White	1506	128	1634
Black	930	323	1253
Other/Unknown	33	7	40
Total	2469	458	2927

TABLE 11. 2010 AIDS CASES BY SEX AND RACE

Race	2010 AIDS Cases BY SEX & RACE		
	Male	Female	Total
White	21	2	23
Black	16	2	18
Other/Unknown	0	0	0
Total	37	4	41

AIDS CASES BY RACE

The table above (Table 10) represents the racial breakdown of AIDS cases reported through 2010 in Allegheny County. This table reveals that whites constituted 55.8% (1,634) of the AIDS cases; blacks 42.8% (1,253 cases) and Other/Unknown 1.4% (40 cases). Table 11 reviews cases from 2010 only, while Table 10 represents cumulative cases through 2010. The percentage breakdown during 2010 was Whites 56.1% (23 cases), Blacks 43.9% (18 cases) and Other/Unknown 0% (0 cases).

CUMULATIVE AIDS CASES

Tables 10 and 11 compare cumulative AIDS cases with cases reported in 2010. To date, there have been 2864 adult AIDS cases reported in Allegheny County since 1981. The majority of male AIDS cases (1,917) 74% have been in men who have sex with men (MSM). Intravenous drug use is a risk factor with 12% (306) of the cases for both males and females.

Since 1981, there have been 19 pediatric cases reported in Allegheny County. The risk factor in all of the pediatric cases is a mother with, or at risk for HIV infection.

Following is the distribution of the number of diagnoses of AIDS among adults and adolescents by exposure category. A breakdown by sex is provided where appropriate.

TABLE 12. CERTAIN IDENTIFIED RISK FACTORS, CUMULATIVE REPORTED AIDS CASES, THROUGH 2010

Exposure Category	Cumulative Reported AIDS Cases, Through 2010		
	Male	Female	Total
Male-to-male sexual contact	1917	-	1854
Injection Drug Use	306	129	435
Male-to-male sexual contact and injection drug use	143	-	143
Heterosexual contact	80	189	269
Blood	62	21	83
Risk not reported	58	22	80
Total	2566	364	2864

AIDS CASES BY SELECTED OPPORTUNISTIC INFECTIONS BY YEAR

According to CDC, the estimated number of persons diagnosed with an AIDS related opportunistic infection decreased for the first time in 1996. The use of antiretroviral treatments and other advances in treating infections as well as prophylactic treatments resulted in a decrease in the number of diagnosed opportunistic infections in HIV positive persons.

As of 2008 Candidiasis infection of the esophagus is the highest reported opportunistic infection in reported AIDS cases.

TABLE 13. CUMULATIVE SELECTED OPPORTUNISTIC INFECTIONS IN PERSONS WITH AIDS

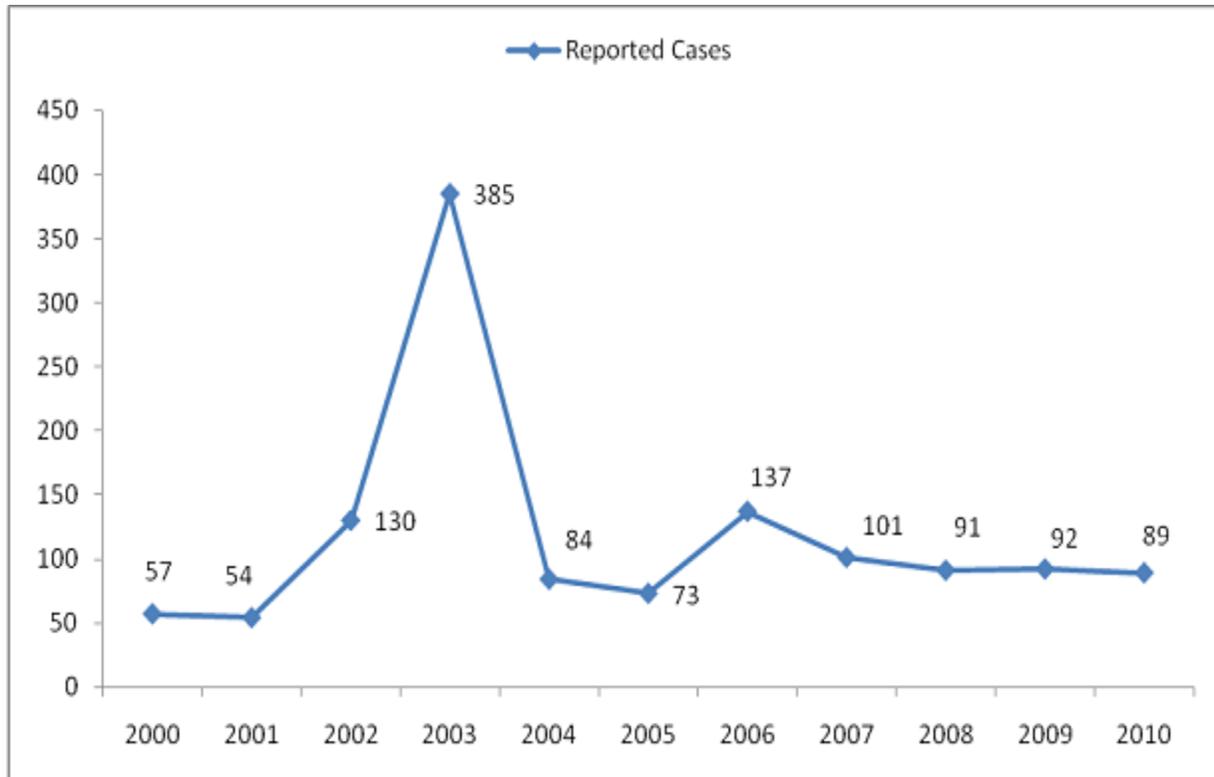
Yearly Percentage Of Definitive And Presumptive AIDS Diagnoses By The Most Common Opportunistic Infections Allegheny County, Pa 2000-2010*											
	Candidiasis (Lung)	Candidiasis (Esoph.)	Crypto- coccosis	Cytomegalo- virus	HIV Encephal- opathy	Kaposi Sarcoma	Mycobact- erium	Pneumo- cystis	Toxoplas- mosis	Wasting	CD4 Im. Def.**
2000	1.49%	10.40%	1.98%	3.47%	2.48%	2.48%	3.47%	23.27%	2.97%	10.89%	56.93%
2001	2.12%	8.47%	4.23%	3.70%	1.59%	4.76%	3.70%	16.93%	0.53%	7.94%	60.85%
2002	1.04%	8.29%	0.52%	0.52%	0.52%	0.52%	2.59%	14.51%	0.00%	3.11%	78.24%
2003	2.93%	10.24%	2.44%	1.46%	0.00%	2.44%	2.93%	10.73%	1.46%	2.93%	72.20%
2004	0.83%	9.13%	0.41%	0.83%	0.41%	1.66%	2.49%	11.62%	0.00%	4.56%	75.10%
2005	0.51%	5.13%	1.03%	1.54%	0.51%	0.51%	2.05%	2.05%	1.03%	3.08%	86.15%
2006	0.87%	3.04%	0.43%	0.87%	0.00%	1.30%	0.87%	4.78%	0.87%	2.17%	87.39%
2007	1.38%	4.15%	0.92%	0.92%	0.92%	1.38%	0.92%	4.61%	0.46%	1.38%	88.02%
2008	0.87%	2.16%	0.87%	0.87%	0.87%	0.43%	0.43%	4.76%	0.43%	1.30%	96.10%
2009	0.36%	1.08%	0.36%	0.00%	0.36%	0.00%	0.00%	2.87%	0.72%	0.00%	97.85%
2010	0.72%	1.09%	0.72%	0.72%	0.36%	0.72%	0.36%	3.26%	0.72%	0.36%	99.64%

* 2010 AIDS data is incomplete.

HIV MORBIDTY

On June 1, 2001, the Allegheny County Board of Health authorized the ACHD to implement the reporting of HIV in Allegheny County. Article V, Reporting of HIV Regulation, allowed testing facilities to report positive HIV by the patients name or by a unique identifier.

FIGURE 12. HIV CASES BY YEAR OF DIAGNOSIS, 2000-2010

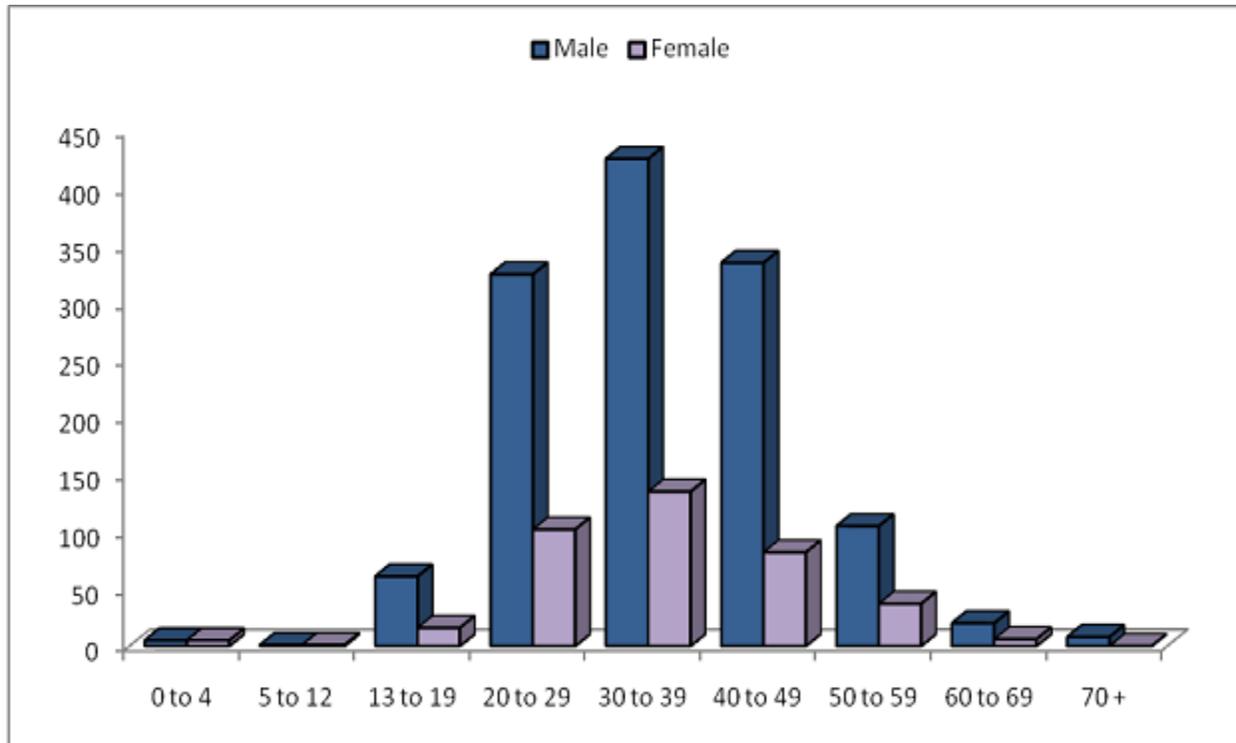


On October 18, 2002, the Pennsylvania State Department of Health approved a regulation that required HIV be reported by name. In October 2002, the ACHD began working with HIV testing sites to “unmask” or convert the unique identifiers back to a names. This process was completed in 2003.

The following graphs depict Allegheny County residents receiving care for HIV in Allegheny County. This data shows cases reported by age group, race, sex and risk factor.

HIV CASES BY AGE OF DIAGNOSIS AND SEX

FIGURE 13. CUMULATIVE HIV CASES BY AGE GROUP AND SEX THROUGH 2010



HIV CASES BY SEX AND RACE

TABLE 14. CUMULATIVE HIV CASES BY SEX AND RACE

Race	Cumulative HIV Cases Through 2010		
	Male	Female	Total
White	823	94	917
Black	489	232	721
Other/Unknown	21	3	24
Total	1333	329	1662

TABLE 15. 2010 HIV CASES BY SEX AND RACE

Race	2010 HIV Cases BY SEX & RACE		
	Male	Female	Total
White	41	3	44
Black	35	9	44
Other/Unknown	0	0	0
Total	76	12	88

CUMULATIVE HIV CASES

TABLE 16. CERTAIN IDENTIFIED RISK FACTORS, CUMULATIVE REPORTED HIV CASES, THROUGH 2010

Exposure Category	Cumulative HIV Cases Reported Through 2010		
	Male	Female	Total
Male-to-male sexual contact	485	-	485
Injection Drug Use	71	32	103
Male-to-male sexual contact and injection drug use	19	-	19
Heterosexual contact	60	142	202
Blood	2	1	3
Risk not reported	18	13	31
Mother to child	3	2	5
Total	658	190	848

RISK REDUCTION GUIDE

- To decrease your risk for STD infection follow the ABC method:
 - **A – ABSTAIN** from sex until married or in a long term committed relationship
 - **B – BE FAITHFUL** in marriage and long term committed relationships
 - **C – USE A CONDOM** consistently and correctly if neither A nor B is followed
- Avoid getting drunk or high in situations where sex may be a possibility. When people are under the influence of alcohol or other drugs, they are less likely to abstain or to use condoms.
- Sexually active individuals should take responsibility for their own sexual health. Since you cannot tell whether an individual has an STD or HIV, take the initiative for your own protection and always use condoms.
- Remember, you can't tell by a person's appearance whether he/she has an STD. Anyone can have an infection without having symptoms so it is best to always get tested prior to any sexual activity.
- If you decide to have sex, use a new LATEX condom for each act of intercourse. The condom forms a barrier between you and your partners' sexual fluids that may transmit STD or HIV. According to recent studies, consistent and correct use of condoms provides a high level of protection.
- Do not share needles for any reason. Clean needles are available through the Prevention Point needle exchange program at the county health department and another site in the Hill District. (<http://www.pppgh.org/>). If you do share needles, learn how to disinfect them with bleach and water. Disinfection with bleach only reduces the risk of getting HIV, it doesn't eliminate the risk.
- Remember that any form of unprotected sexual activity carries risk. A study at the University of California found that almost 10% of gay and bisexual men contracted AIDS through oral sex. There is no such thing as risk free sexual contact.

GLOSSARY

AIDS Acquired Immunodeficiency Syndrome. The disease caused by the Human Immunodeficiency Virus (HIV). AIDS and HIV are both reportable conditions in Pennsylvania. The definition for AIDS was expanded for 1993 to include invasive cervical cancer, pulmonary tuberculosis, recurrent pneumonia, and a T-cell count of less than 200.

ASYMPTOMATIC Having no signs or symptoms of a disease. All STDs are asymptomatic at some time during the phase of the disease process. This makes it necessary for high-risk individuals and exposed sex partners to be tested.

CDC Centers for Disease Control and Prevention, Atlanta, GA

CHLAMYDIA A bacterial infection transmitted through sexual contact which may cause a discharge and/or a burning upon urination, particularly in males. The majority of female chlamydia infections are asymptomatic and can lead to Pelvic Inflammatory Disease (PID), a serious condition in females.

GONORRHEA A bacterial infection transmitted through sexual contact which may cause a discharge and/or a burning upon urination, especially in males. The majority of female gonorrhea infections are asymptomatic and can lead to PID. PID is the number one cause of involuntary sterility in females.

HIV Human Immunodeficiency Virus, is the virus which causes AIDS. A person can be infected with HIV for many years before they become ill with AIDS. Allegheny County Health Department provides free and confidential HIV counseling and testing. Call 578-8332 for an appointment.

INCIDENCE The proportion of new cases of a disease occurring in a population during a specified time period, usually one year. Incidence is usually described as the number of cases per 100,000 individuals.

MORBIDITY The number of people in a community who have a specified disease.

MORTALITY The number of deaths caused by a disease.

NGU Non-gonococcal urethritis. A type of infection identified in males which do not come from gonorrhea but the symptoms can often be the same as gonorrhea. Often the agent causing this infection is chlamydia trachomatis. Symptoms are a discharge from the penis and often burning upon urination.

PID Pelvic Inflammatory Disease. Inflammation of the female pelvic organs; usually the result of gonococcal or chlamydia infection. Treatment of PID usually requires several days of hospitalization. PID is the major cause of involuntary sterilization in females.

POPULATION The population statistics used in this booklet for the United States are from the U.S. Census Bureau for the year 2000. The population statistics for Allegheny County are based upon bridged estimates from the year 2010.

PREVALENCE The number of existing cases of a disease in a given population at a specific time.

SYPHILIS Syphilis is caused by a corkscrew shaped bacteria called Treponema Pallidum. It is transmitted through sexual contact with an infectious lesion. The bacteria are then carried by the blood stream to every organ in the body. A pregnant woman can pass the infection on to her unborn child. Untreated syphilis can result in death.

PRIMARY SYPHILIS Primary syphilis is the most infectious stage of the disease. The first clinical sign is the chancre, or lesion, usually on the genitals. Primary syphilis is defined by the presence of the initial syphilitic lesion. The lesion will disappear without treatment within a matter of weeks.

SECONDARY SYPHILIS Symptoms of secondary syphilis usually occur two to four months after infection, and about a month after the lesions have disappeared. Secondary syphilis can cause a broad spectrum of skin conditions including various rashes, mucous patches, and loss of hair. These symptoms will also disappear. Secondary syphilis is also an infectious stage of the disease.

EARLY LATENT SYPHILIS An asymptomatic stage within one year of the initial infection. These cases are important because they have been infectious recently. A total of 40% of all syphilis cases less than one year fall in this category. Since so many cases have no symptoms, people who are sexual risk-takers should get tested regularly.

LATE LATENT SYPHILIS Late latent syphilis is the stage in which no clinical signs or symptoms are present. This stage is defined as being over one year and can extend beyond 20 years.

CONGENITAL SYPHILIS Syphilis in the newborn. Infants are infected by their mothers during pregnancy. This is a preventable condition, which is extremely serious and results in syphilitic stillbirth approximately 40% of the time. Pregnant females in Pennsylvania are required to have a syphilis blood test performed on their first prenatal visit. If detected early enough, the mother's infection can be easily treated, resulting in a healthy pregnancy and baby.

POPULATION DATA USED IN THIS REPORT

**ALL NUMBERS ARE ESTIMATES FROM THE ACHD BIostatISTICS OFFICE OR
THE BUREAU OF CENSUS**

**DATA USED IN THIS REPORT CAME FROM ACHD REPORTING SYSTEM AND
THE CENTERS FOR DISEASE CONTROL AND PREVENTION**

UNITED STATES FOR 2000 - 281,421,906 (Census Bureau)

ALLEGHENY COUNTY FOR 2010 – 1,218,494 (2010 bridged population estimate)

ALLEGHENY COUNTY HEALTH DEPARTMENT

Sexually Transmitted Disease, HIV/AIDS Clinic

3441 Forbes Avenue (Oakland)
Pittsburgh, PA 15213
412-578-8081

Walk-In, Free, Confidential Testing and Treatment

Clinic Hours

Monday	9:00 AM to 4:00 PM
Tuesday	9:00 AM to 4:00 PM
Wednesday	1:00 PM to 8:00 PM
Thursday	9:00 AM to 4:00 PM
Friday	9:00 AM to 4:00 PM

Clinic registered patient ½ hour before the start of each clinic and will stop registering patient ½ hours before the end of the clinic. While clinic staff make every effort to see every patients registered, clinics are on a walk-in basis and may ask patients to return the following day if the number of patients seen exceeds the availability of staff.

**Free and Confidential HIV Counseling and
Testing, Call 412-578-8332**



**ALLEGHENY COUNTY HEALTH
DEPARTMENT
SEXUALLY TRANSMITTED DISEASES, HIV/AIDS
PROGRAM**

FOR INFORMATION, CALL 412-578-8081

**THE INFORMATION CONTAINED IN THIS STATISTICAL SUMMARY
IS AVAILABLE**

**ON THE ALLEGHENY COUNTY WEBSITE AT:
www.county.allegheny.pa.us/achd/std**

**ALLEGHENY COUNTY HEALTH DEPARTMENT
BRUCE W. DIXON, MD, DIRECTOR**