



in
Tarrant
County

2000 - 2005

HIV & AIDS in Tarrant County: Epidemiological Trends 2000 - 2005

A Report to the Community



Tarrant County Public Health

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EXECUTIVE SUMMARY

The *Tarrant County HIV/AIDS Epidemiological Summary and Annual Report* provides a detailed look at HIV/AIDS trends in Tarrant County, Texas from 2000 to 2005. Specifically, this report provides 1) detailed information regarding demographic and risk characteristics of HIV/AIDS infected individuals, 2) trends in the epidemic over time, and 3) cases diagnosed from Jan. 1, 2000 and reported by Dec. 31, 2005. The following provides a brief overview of the findings.

- The rate of new AIDS cases per 100,000 population in Tarrant County was comparable to that of Texas and the United States.
- From 2000 to 2005, there was a gradual increase in the number of persons living with HIV/AIDS in Tarrant County. By the end of 2005, there were 5,479 persons living with HIV/AIDS and 3,962 with AIDS in Tarrant County.
- A higher number of new HIV cases was reported for males each year.
- For each year except 2004, a higher number of new HIV cases was reported for Whites. The highest rates of new HIV diagnoses, however were observed for Blacks. This held true for males, but not for females. Among females, the highest number of new HIV cases and rates were observed for Black females.
- The highest rates of new HIV diagnoses were observed for the 25-34 and 35-44 age groups.
- Among all race/ethnic groups, the predominant mode of exposure for new HIV cases was men having sex with men.
- A higher number of AIDS cases was reported for males each year.
- Overall, the number of reported AIDS cases was similar for Whites and Blacks; however, the rate of new AIDS cases per 100,000 population was highest for Blacks each year. This trend was observed for males, but among females, a higher number of new AIDS cases and rates were observed for Black females.
- The highest rates of new AIDS diagnoses were observed for the 35-44 age group.
- Among all race/ethnic groups, the predominant mode of exposure for new AIDS cases was men having sex with men, except for in 2001 and 2002. For 2001-2002, the highest number of cases was attributed to intravenous drug use.
- The overall number of persons with HIV in Tarrant County not receiving medical care increased from 2000-2005.

INTRODUCTION

Major advances in prevention and treatment have prolonged and improved the lives of many individuals infected with HIV/AIDS, yet it continues to remain a potentially deadly, chronic disease worldwide. According to the most recent HIV/AIDS surveillance report by the Centers for Disease Control and Prevention (CDC), in 2004, there were 33,563 reported cases of HIV infection which had not yet progressed to AIDS and 44,737 reported cases of AIDS in the United States. Texas (4,143 cases) ranked third behind New York and Florida for reported cases of HIV infection not AIDS and fourth (3,298 cases) behind New York, Florida and California for reported cases of AIDS. As of Dec. 31, 2005, a cumulative total of 4,041 persons were diagnosed with AIDS and 1,676 persons with HIV in Tarrant County, including 24 AIDS and 34 HIV cases in children under the age of 13.

Using the HIV/AIDS Reporting System (HARS), this report provides 1) detailed information regarding demographic and risk characteristics of HIV/AIDS-infected individuals, 2) trends in the epidemic over time, and 3) cases diagnosed from Jan. 1, 2000 and reported by Dec. 31, 2005.

OVERVIEW OF HIV/AIDS SURVEILLANCE IN TARRANT COUNTY

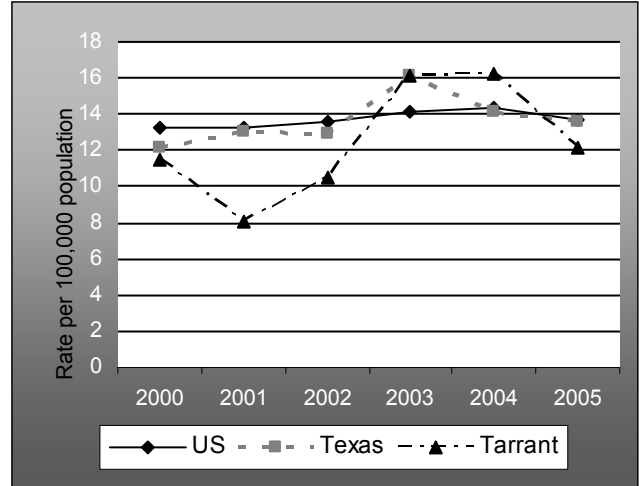
The principal function and responsibility of the HIV/AIDS surveillance program at Tarrant County Public Health is to monitor the incidence and prevalence of HIV infection and AIDS-related morbidity and mortality. The secondary function is to disseminate accurate epidemiological data to assist in public health planning and policy.

The methods used to achieve these objectives include receiving, soliciting, reviewing and filing case report forms in a timely manner. An additional function of the program is to determine if case reports meet the HIV infection and AIDS case definitions set by the CDC. After ensuring the collection of all required information, the surveillance program is accountable for maintaining a complete and accurate HIV/AIDS surveillance database.

HIV/AIDS TRENDS IN TARRANT COUNTY

Since AIDS has been reportable in the United States (1982), the trend of the epidemic is better defined with AIDS rates. Not all states began reporting HIV-only infections until 2005. As a result, the AIDS epidemiological data provides a baseline to understand the course of the epidemic in Tarrant County and to compare it with other areas. Figure 1 illustrates the annual rates of new AIDS cases (per 100,000 population). The overall trend in Tarrant County has been proportionally comparable to Texas and the United States since 2003.

Figure 1: AIDS Trends in US, Texas, and Tarrant County, 2000- 2005



Data Source: Centers for Diseases Control and Prevention

Overall HIV/AIDS Trends

The number of new HIV cases diagnosed in adults each year since 2000 has varied. In 2005, 386 new HIV cases were diagnosed in adults in Tarrant County, which is approximately 2.1 percent higher than that in 2004.

Of the newly diagnosed HIV cases in adults in 2005, 132 (34.2%) also had AIDS at the time of their new HIV diagnosis (Figure 2).

It is critical to reduce the number of AIDS cases at the time of new HIV diagnosis to prevent the unintentional spread of HIV infection by individuals who are unaware of their HIV status.

Figure 2: New HIV Cases in Tarrant County, 2000-2005

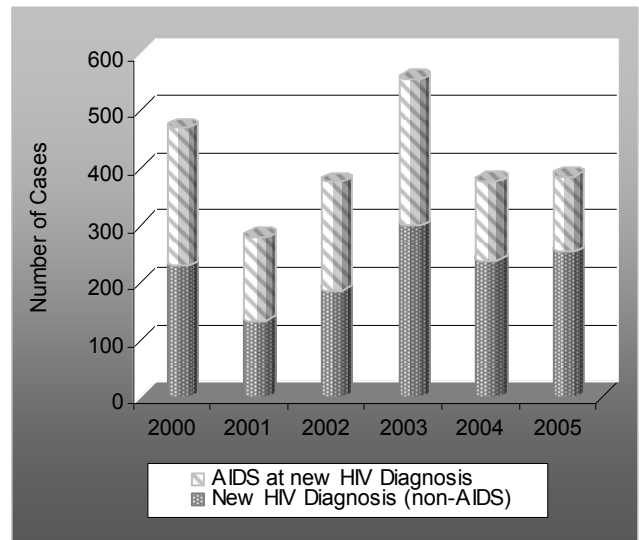
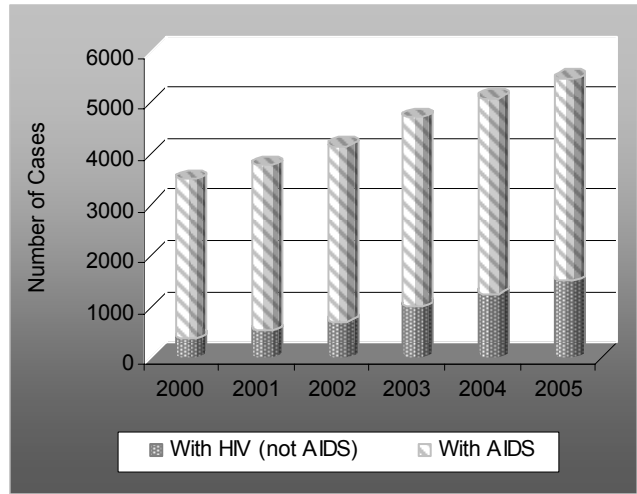


Figure 3: Persons Living with HIV/AIDS in Tarrant County, 2000-2005

There has been a gradual increase in the number and life expectancy of persons living with HIV/AIDS each year in Tarrant County, primarily due to recent advances in medical treatment that use potent drug therapies.

By the end of 2005, 5,479 persons were known to be living with HIV/AIDS, of whom 3,962 (72.3%) were known to have progressed to AIDS (Figure 3).



HIV TRENDS IN TARRANT COUNTY

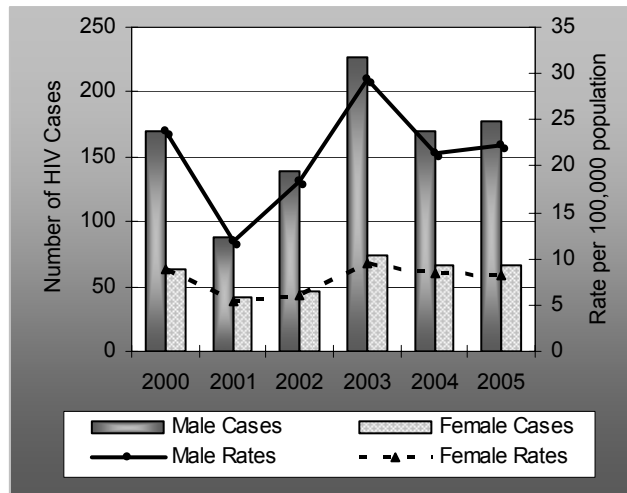
HIV Diagnosis by Gender and Race/Ethnicity

Trends in HIV Rate by Gender

The highest number of new HIV cases was reported in 2003 for both males and females. The number and the rate of HIV cases were higher among men for 2000-2005. A slight decline in the number of new HIV cases was noted for women from 2003 to 2005.

In 2005, the rate of new HIV cases in men (22.2 per 100,000) was almost three times that observed in women (8.2 per 100,000) (Figure 4).

Figure 4: Reported HIV Cases and Rates by Gender in Tarrant County, 2000-2005



Trends in HIV Rate by Race/Ethnicity

The highest number of new HIV cases was observed in Whites for each year except 2004. The highest rates for new HIV cases were observed in Blacks for 2000-2005.

Since 2003, there has been a steady decline in HIV cases among Blacks (Figure 5).

Figure 5: Reported HIV Cases and Rates by Race/Ethnicity in Tarrant County, 2000-2005

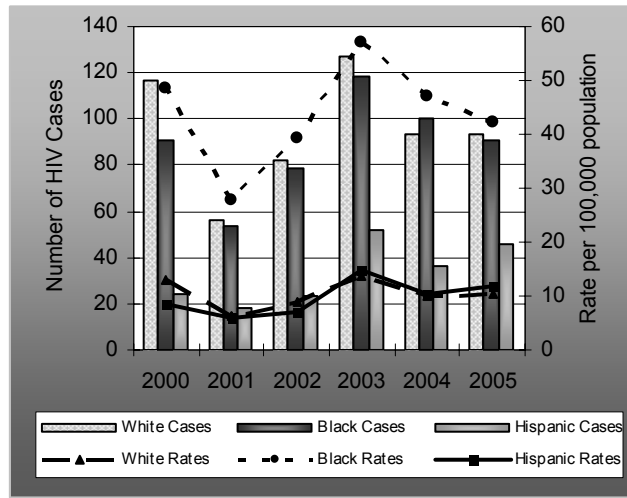


Figure 6: Reported HIV Cases and Rates by Race/Ethnicity among Men in Tarrant County, 2000-2005

Trends in HIV Rate by Gender and Race/Ethnicity

Among men, the number of new HIV cases decreased for Whites and Blacks from 2003 to 2005, while the number of cases among Hispanics remained relatively stable. Rates of new HIV cases were highest among Black men for each year.

In 2005, Black men had the highest reported HIV rate (57.1 per 100,000) followed by White men (19.1) and then Hispanic men (17.9) (Figure 6).

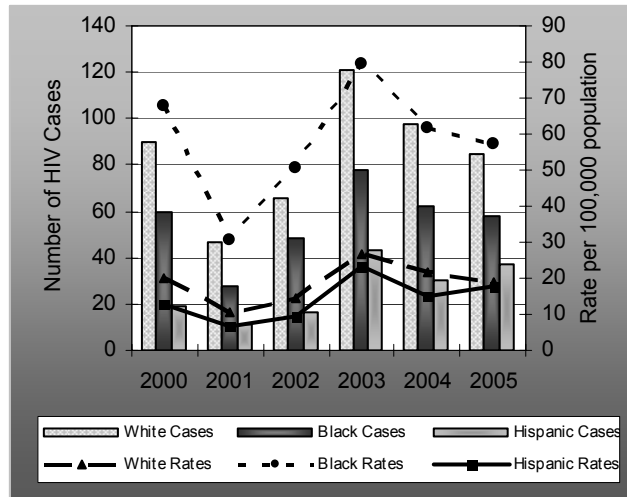
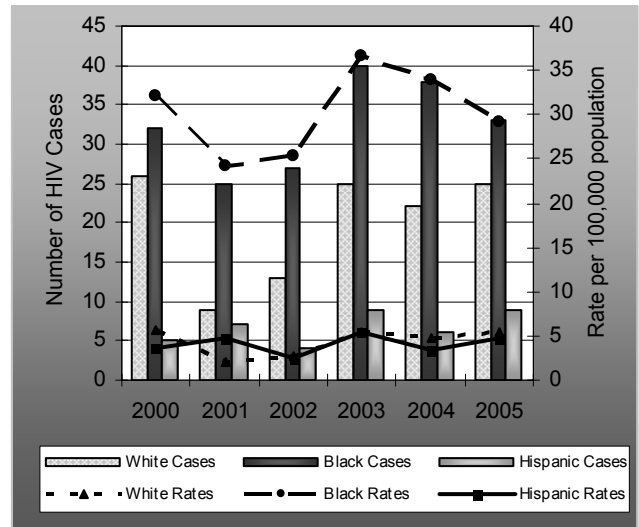


Figure 7: Reported HIV Cases and Rates by Race/Ethnicity among Women in Tarrant County, 2000-2005

Among women, the number and the rate of new HIV cases were highest for Blacks for 2000-2005. The rates for Whites and Hispanics remained relatively stable from 2000 to 2005.

In 2005, Black women had the highest reported rate of new HIV cases (29.1 per 100,000) followed by White women (5.4) and then Hispanic women (4.9) (Figure 7).



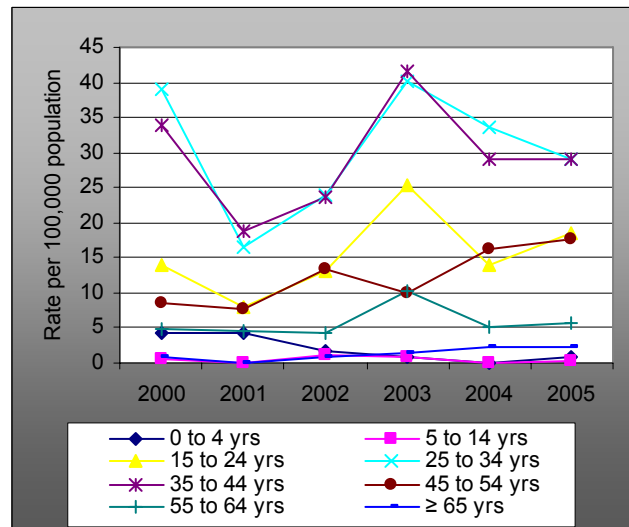
HIV Diagnosis by Age

Trends in HIV Rates by Age

The rate of new HIV cases was highest for the 25-34 and 35-44 age groups each year. The only steady increase in rates was observed for persons age 45-54 from 2003 to 2005.

A steady decline in the rate of new HIV cases was observed in persons age 25 to 34 from 2003 to 2005 (Figure 8).

Figure 8: Reported HIV Rates by Age Group in Tarrant County, 2000-2005

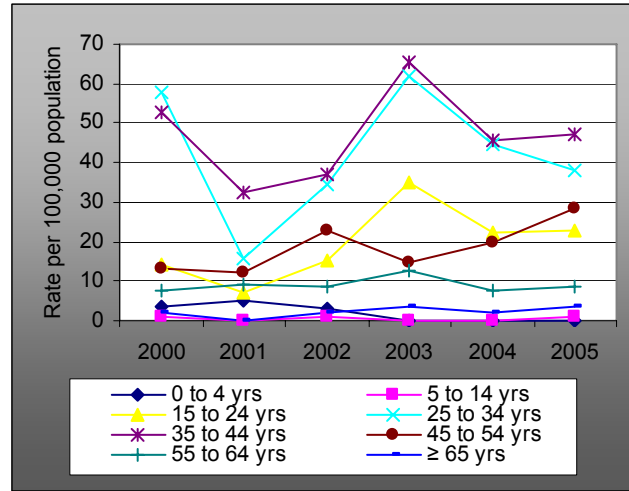


Trends in HIV Rate by Gender and Age

Among men, the rate of new HIV cases was highest for the 25-34 and 35-44 age groups for 2000-2005. A steady increase was observed from 2003-2005 for persons age 45-54.

A steady decline in the HIV rate was observed in persons age 25-34 from 2003 to 2005 (Figure 9).

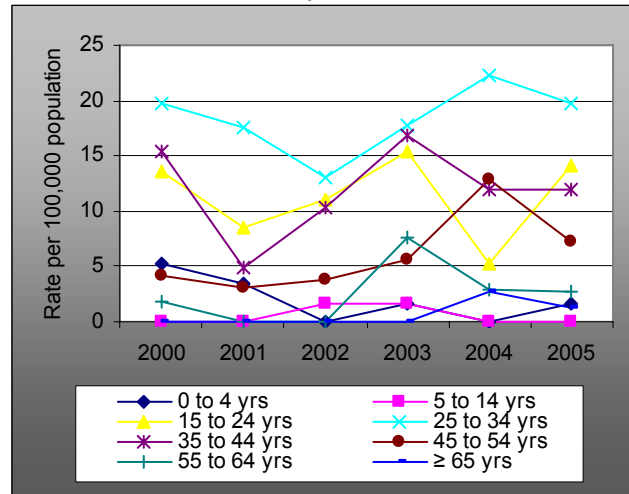
Figure 9: Reported HIV Rates by Age Group among Men in Tarrant County, 2000-2005



Among women, the rate of new HIV cases was highest for persons age 25-34 for 2000-2005. The rate did, however, decrease from 2004-2005 for those age 25-34.

A steady decline in the rate of new HIV cases was observed in the 35-44 and 55-64 age groups from 2003 to 2005. An increase in the HIV rate for persons 15-24 was observed from 2004 to 2005 (Figure 10).

Figure 10: Reported HIV Rates by Age Group among Women in Tarrant County, 2000-2005



HIV Diagnosis by Modes of Exposure

Trends in Overall Modes of Exposure

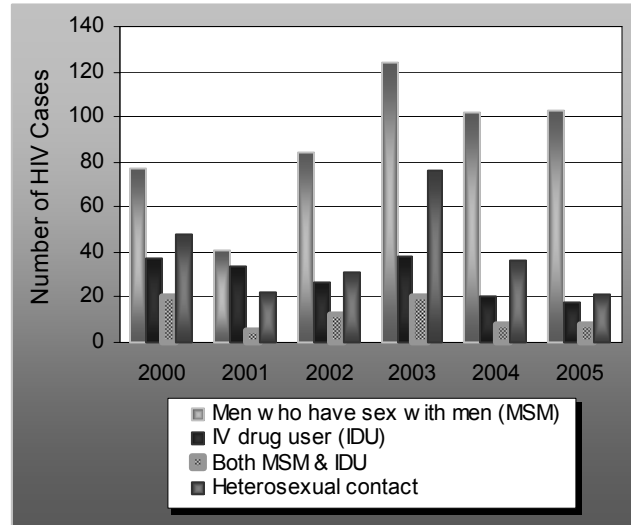
For 2000-2005, the highest number of new HIV cases was attributed to men having sex with men (MSM).

Infections attributed to intravenous drug use (IDU) accounted for the second highest number of cases in 2001. In all other years, heterosexual contacts accounted for the second highest number of cases.

In 2005, there were 103 (43%) new HIV cases attributed to MSM, 18 (7%) attributed to IDU, and 21 (9%) attributed to heterosexual contact (Figure 11).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

Figure 11: Reported HIV Cases by Modes of Exposure in Tarrant County, 2000-2005



Note: Cases not adjusted for risk redistribution

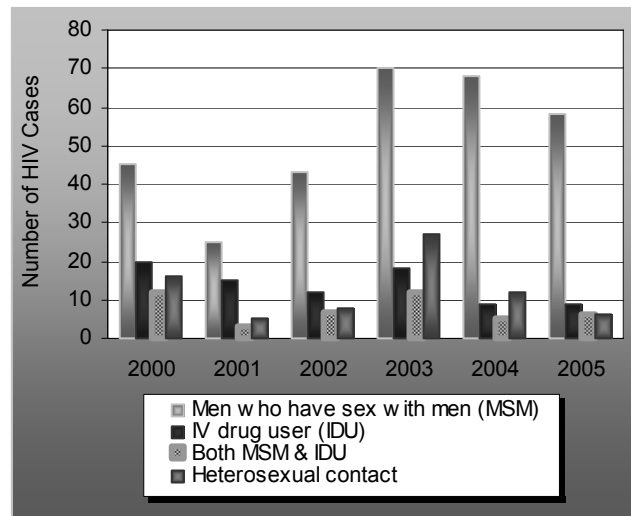
Trends in Modes of Exposure by Race and Ethnicity

Among Whites, the predominant mode of exposure for new HIV cases was MSM. Since 2003, there has been a steady decline in the number of cases attributed to MSM. IDU has accounted for the second highest number of new HIV cases for 2000, 2001, 2002 and 2005 (Figure 12).

In 2005, 58 (73.4%) newly diagnosed cases were attributed to MSM, 9 (11.3%) cases attributed to IDU, and 6 (7.5%) cases attributed to heterosexual contact (Figure 12).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

Figure 12: Reported HIV Cases by Modes of Exposure among Whites in Tarrant County, 2000-2005



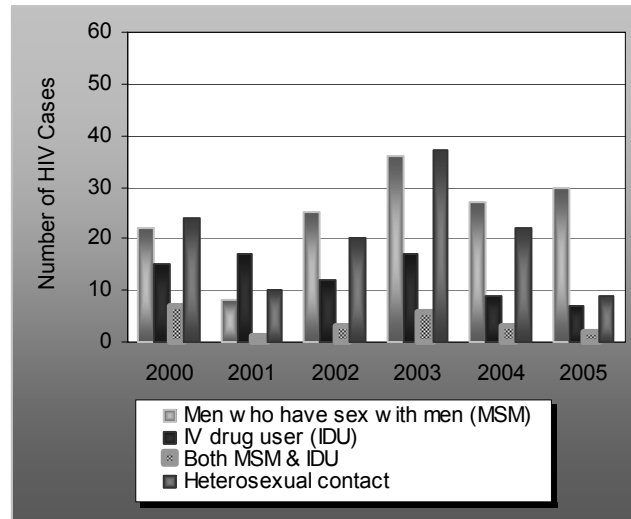
Note: Cases not adjusted for risk redistribution

Figure 13: Reported HIV Cases by Modes of Exposure among Blacks in Tarrant County, 2000-2005

Among Blacks, the number of new HIV cases attributed to IDU and heterosexual contact has steadily declined since 2003. In 2002, 2004, and 2005, the highest number of cases was attributed to MSM.

In 2005, 30 (62.5%) new HIV cases were attributed to MSM, 7 (14.5%) cases attributed to IDU, and 9 (18.7%) cases attributed to heterosexual contact (Figure 13).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.



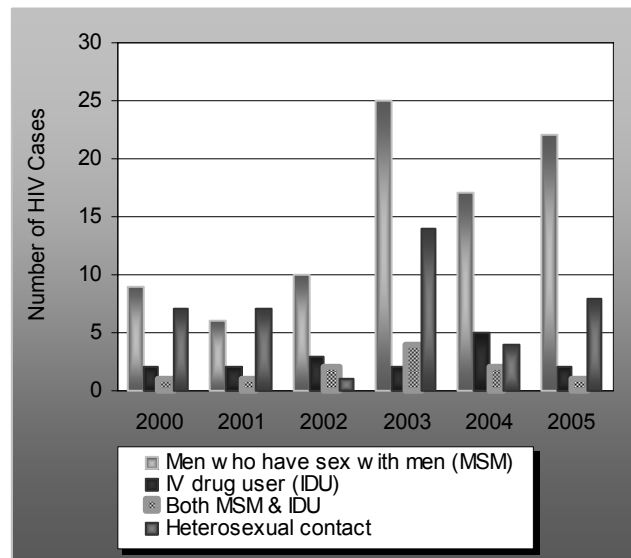
Note: Cases not adjusted for risk redistribution

Figure 14: Reported HIV Cases by Modes of Exposure among Hispanics in Tarrant County, 2000-2005

Among Hispanics, MSM was the predominant mode of exposure for new HIV cases, except in 2001. The number of cases attributed to MSM was higher in 2003-2004 than in 2000-2002.

In 2005, 22 (66.6%) new HIV cases were attributed to MSM, 2 (6%) cases to IDU, and 8 (24.2%) cases to heterosexual contact (Figure 14).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.



Note: Cases not adjusted for risk redistribution

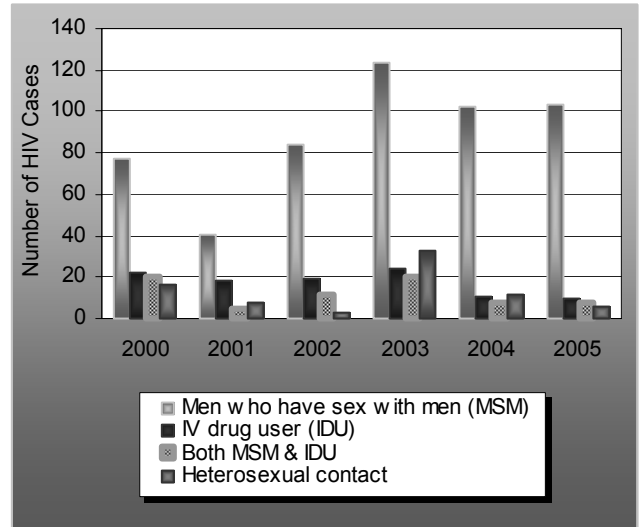
Trends in Modes of Exposure by Gender

Among men, MSM was the predominant mode of exposure for new HIV cases from 2000-2005. In 2003, there was an increase in the number of new HIV cases attributed to heterosexual contact. However, since 2003, there has been a steady decline in the number of cases attributed to heterosexual contact, IDU, and both MSM and IDU.

In 2005, 103 (81%) new HIV cases were attributed to MSM, 10 (7.8%) cases attributed to IDU, and 6 (4.7%) cases attributed to heterosexual contact (Figure 15).

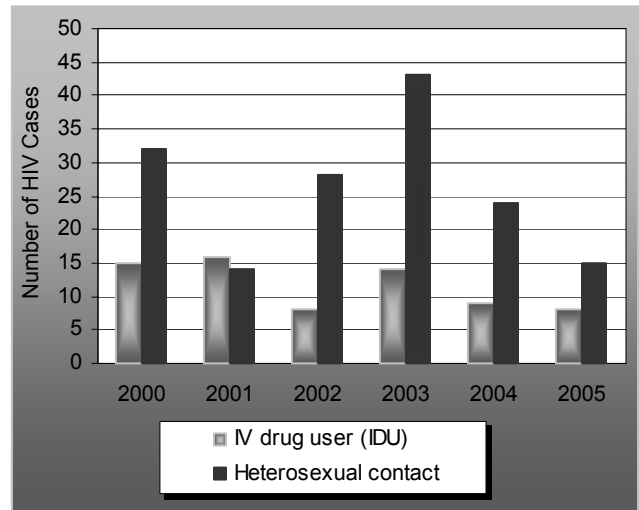
The reported data are not adjusted for reported risks that constitute a significant proportion of newly diagnosed cases each year.

Figure 15: Reported HIV Cases by Modes of Exposure among Men in Tarrant County, 2000-2005



Note: Cases not adjusted for risk redistribution

Figure 16: Reported HIV Cases by Modes of Exposure among Women in Tarrant County, 2000-2005



Note: Cases not adjusted for risk redistribution

Among women, heterosexual contact was the predominant mode of exposure, except for 2001. Since 2003, there has been a steady decline in the number of new HIV cases attributed to heterosexual contact and IDU.

In 2005, 8 (6.5%) new HIV cases were attributed to IDU, and 15 (65.2%) cases were attributed to heterosexual contact (Figure 16).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

AIDS TRENDS IN TARRANT COUNTY

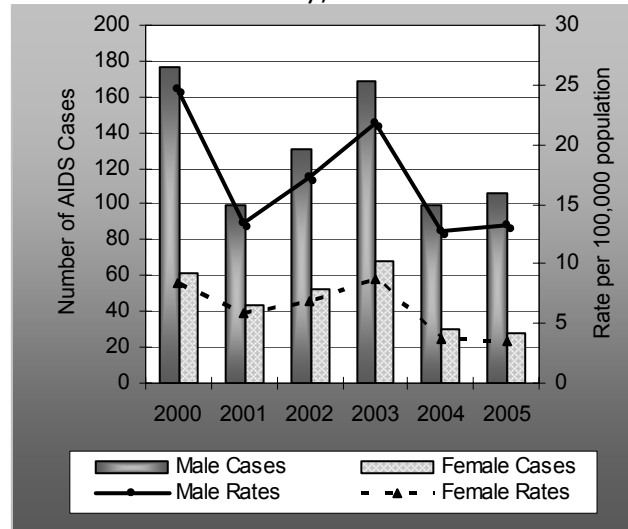
AIDS Diagnosis by Gender and Race/Ethnicity

Trends in AIDS Rate by Gender

From 2000-2005, both the number and rate of new AIDS cases were higher in men than women. No consistent trend in the number or rate of newly reported AIDS cases was seen with regard to gender from 2000 to 2005.

In 2005, the reported rate of new AIDS cases in men (13.3 per 100,000) was almost four times that observed in women (3.5 per 100,000) (Figure 17).

Figure 17: Reported AIDS Cases and Rates by Gender in Tarrant County, 2000-2005

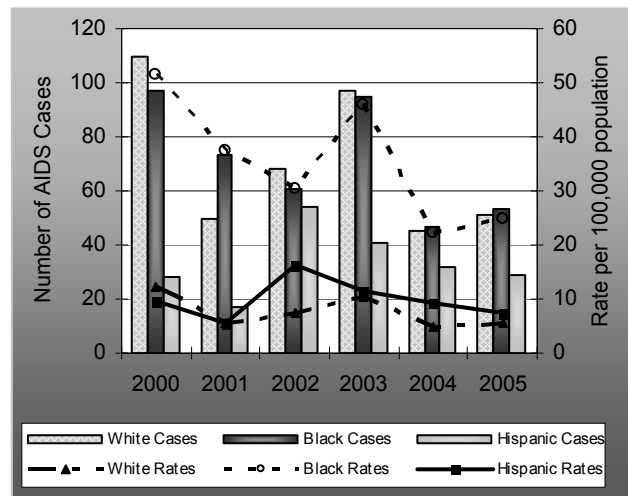


Trends in AIDS Rate by Race/Ethnicity

From 2000-2005, the highest number of new AIDS cases varied between Whites and Blacks, while the highest rates were observed in Blacks. The number and rate of new AIDS cases decreased among Hispanics from 2002 to 2005.

In 2005, the rates of new AIDS cases in Whites and Blacks were 5.6 and 24.6 per 100,000 population, respectively (Figure 18).

Figure 18: Reported AIDS Cases and Rates by Race/Ethnicity in Tarrant County, 2000-2005



Trends in AIDS Rate by Gender and Race/Ethnicity

Among men, the highest number of new AIDS cases was observed for Whites in each year except 2001. The rate of new AIDS cases, however, was highest among Black men for each year. The rate of new AIDS cases decreased among Hispanic men from 2002 to 2005 and for White men from 2003 to 2005.

In 2005, Black men had the highest rate of new AIDS cases (37.4) followed by White men (11.3) and Hispanic men (11.1) (Figure 19).

Figure 19: Reported AIDS Cases and Rates by Race/Ethnicity among Men in Tarrant County, 2000-2005

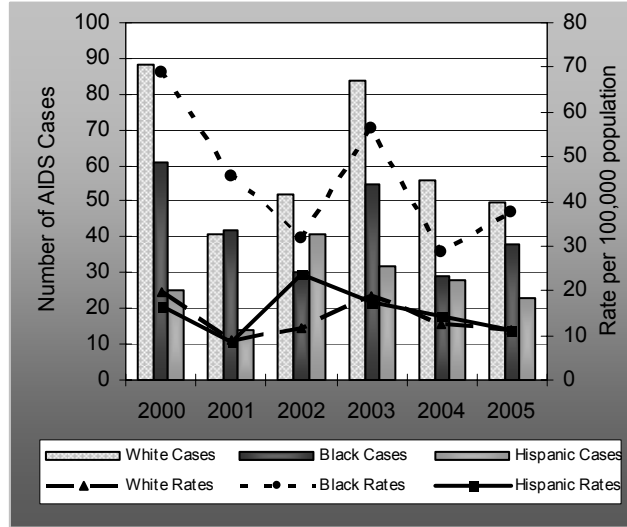
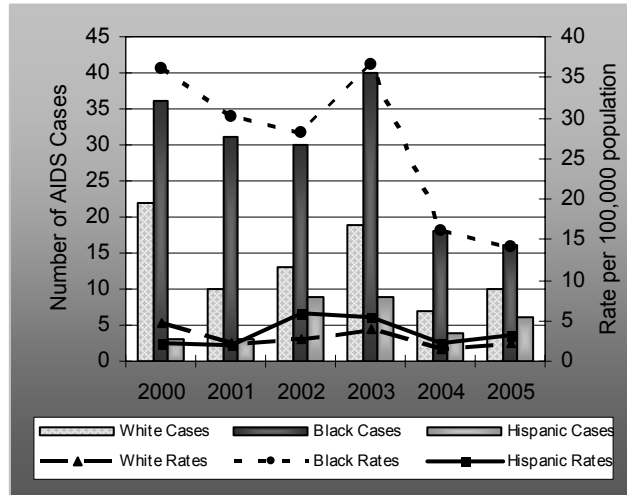


Figure 20: Reported AIDS Cases and Rates by Race/Ethnicity among Women in Tarrant County, 2000-2005

Among women, the highest number of new AIDS cases and AIDS rate were highest among Black women for 2000 to 2005. Rates for White and Hispanic women followed a similar pattern for each year.

In 2005, Black women had the highest rate of new AIDS cases (14.1) followed by Hispanic women (3.2) then by White women (2.2) (Figure 20).



AIDS Diagnoses by Age

Figure 21: Reported AIDS Rates by Age Group in Tarrant County, 2000-2005

Trends in AIDS Rate by Age

From 2000-2004, higher rates of new AIDS cases were observed in persons 25-34 and 35-44 years of age. In 2005, higher rates were observed for persons 35-44 and 45-54 years.

A steady decline in the HIV rate has been observed in persons 25-34 years from 2003 to 2005. There has also been a slight increase in the AIDS rate in all age groups from 2004 to 2005 (Figure 21) except persons 25-34 years old.

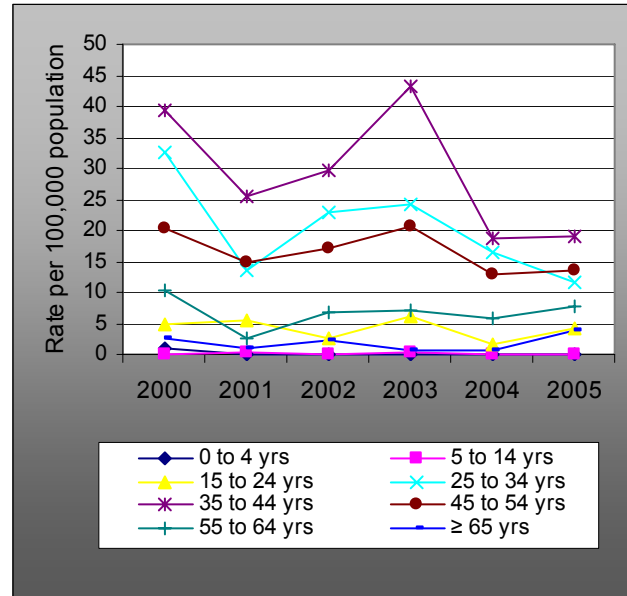


Figure 22: Reported AIDS Rates by Age Group among Men in Tarrant County, 2000-2005

Trends in AIDS Rate by Gender and Age

Among men, higher rates of new AIDS cases were observed in persons 35-44 years of age from 2000 to 2005. A steady decline in the rate of new AIDS cases was observed in the 25-34 year age group from 2003-2005.

In 2005, an increase in the rate of new AIDS cases was observed for persons 45-54, 55-64 and ≥65 age groups (Figure 22).

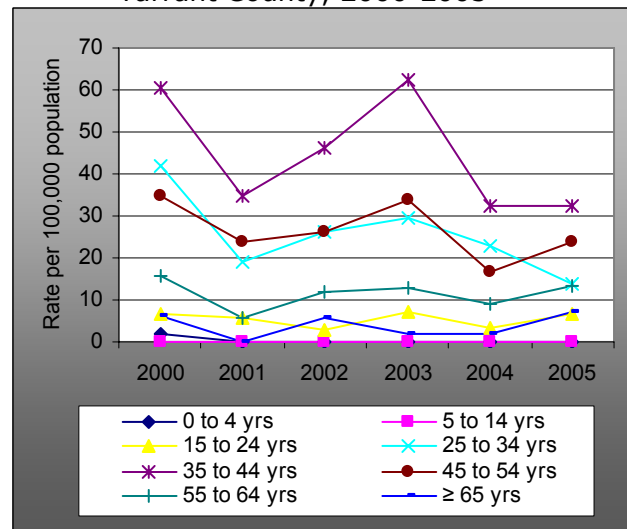
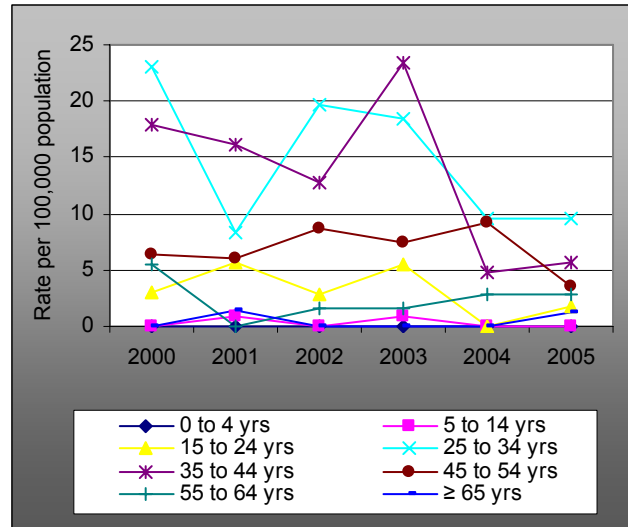


Figure 23: Reported AIDS Rates by Age Group among Women in Tarrant County, 2000-2005

Among women, no consistent trends were observed in the rate of new AIDS cases from 2000 to 2005. From 2000 to 2003, higher rates of new AIDS cases were observed in the 25-34 and 35-44 age groups. A steady decline in the rate of new AIDS cases was observed in the 25-35 and 35-44 age groups from 2003 to 2004 (Figure 23).



AIDS Diagnosis by Modes of Exposure

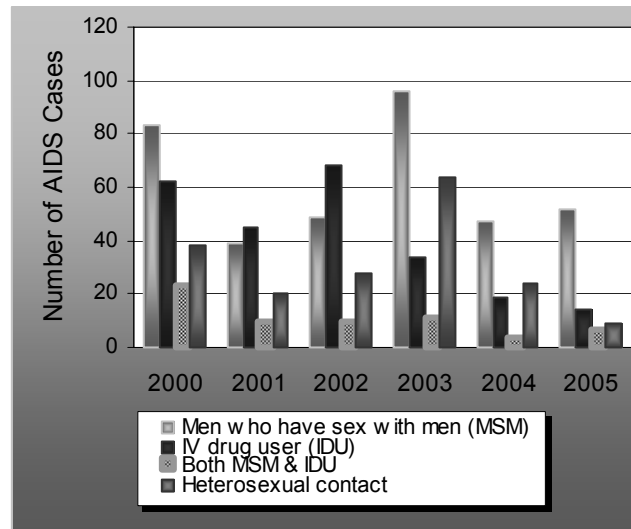
Trends in AIDS Diagnosis by Modes of Exposure

The highest number of new AIDS cases was attributed to men having sex with men (MSM), except in years 2001 and 2002, where intravenous drug use (IDU) accounted for the highest number.

In 2005, there were 52 (39%) new AIDS cases attributed to MSM, 14 (10%) cases attributed to IDU, and 9 (7%) cases attributed to heterosexual contact (Figure 24).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

Figure 24: Reported AIDS Cases by Modes of Exposure in Tarrant County, 2000-2005



Note: Cases not adjusted for risk redistribution

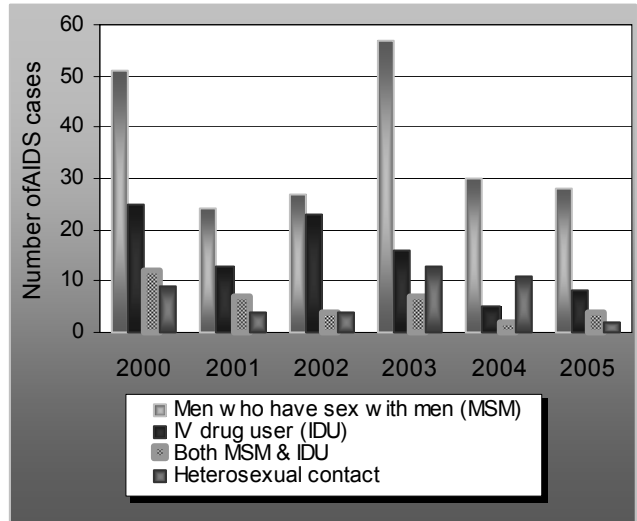
Trends in AIDS Modes of Exposure by Race and Ethnicity

Among Whites, the predominant mode of exposure for new AIDS cases was MSM for each year. Since 2003, there has been a steady decline in the number of new AIDS cases attributed to MSM and heterosexual contact.

In 2005, 28 (50.1%) new AIDS cases were attributed to MSM, 8 (9.7%) cases attributed to IDU, and 2 (4.6%) cases attributed to heterosexual contact (Figure 25).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

Figure 25: Reported AIDS Cases by Modes of Exposure among Whites in Tarrant County, 2000-2005



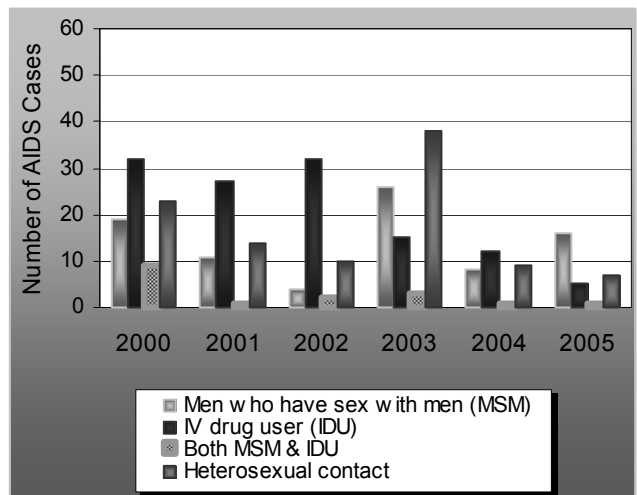
Note: Cases not adjusted for risk redistribution

Among Blacks, IDU was the predominant mode of exposure for new AIDS cases from 2000 to 2002 and 2004. Since 2002, however, the number of AIDS cases attributed to IDU has steadily declined. In 2003 and 2005, the majority of cases were attributed to MSM.

In 2005, 16 (28.7%) new AIDS cases were attributed to MSM, 5 (7.3%) cases attributed to IDU, and 7 (9.1%) cases attributed to heterosexual contact (Figure 26).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

Figure 26: Reported AIDS Cases by Modes of Exposure among Blacks in Tarrant County, 2000-2005



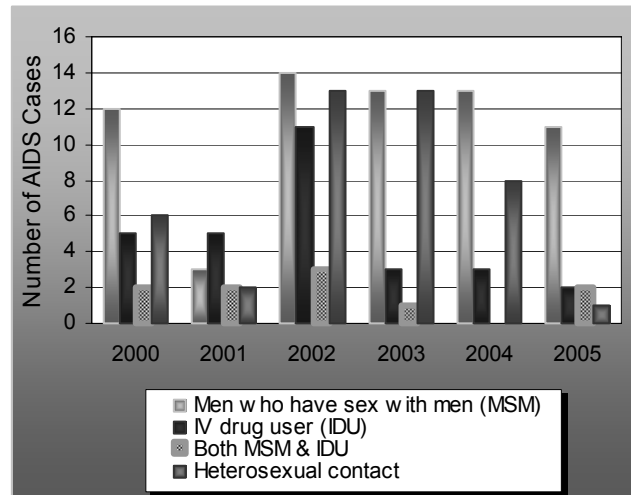
Note: Cases not adjusted for risk redistribution

Figure 27: Reported AIDS Cases by Modes of Exposure among Hispanics in Tarrant County, 2000-2005

Among Hispanics, MSM has been the predominant mode of exposure for new AIDS cases, except for 2001. IDU was the most common mode of exposure in 2001. A decline in the number of AIDS cases from heterosexual contact was observed for 2003 to 2005.

In 2005, 11 (43.4%) new AIDS cases were attributed to MSM (Figure 27).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.



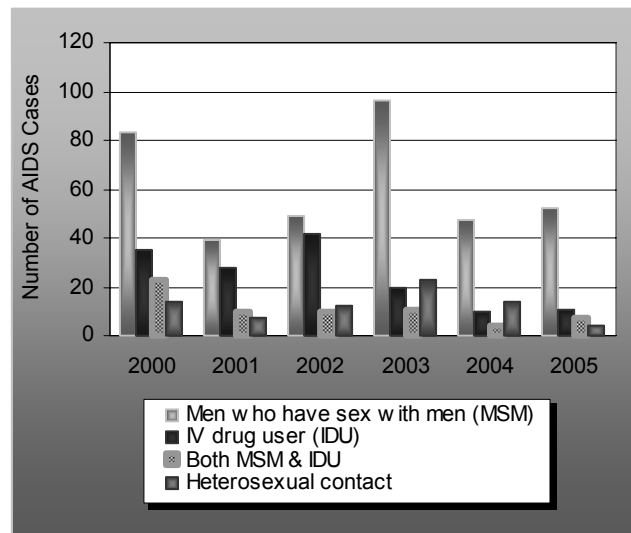
Note: Cases not adjusted for risk redistribution

Figure 28: Reported AIDS Cases by Modes of Exposure among Men in Tarrant County, 2000-2005

Trends in AIDS Modes of Exposure by Gender

From 2000 to 2005, MSM was the predominant mode of exposure for new AIDS cases among men. In 2003, there was an increase in the number of new AIDS cases attributed to heterosexual contacts. Since 2003, however, there has been a steady decline in the number of AIDS cases attributed to heterosexual contacts (Figure 28).

In 2005, 52 (53.2%) new AIDS cases were attributed to MSM, 11 (7.1%) cases attributed to IDU, and 4 (3.0%) cases attributed to heterosexual contact (Figure 28).



Note: Cases not adjusted for risk redistribution

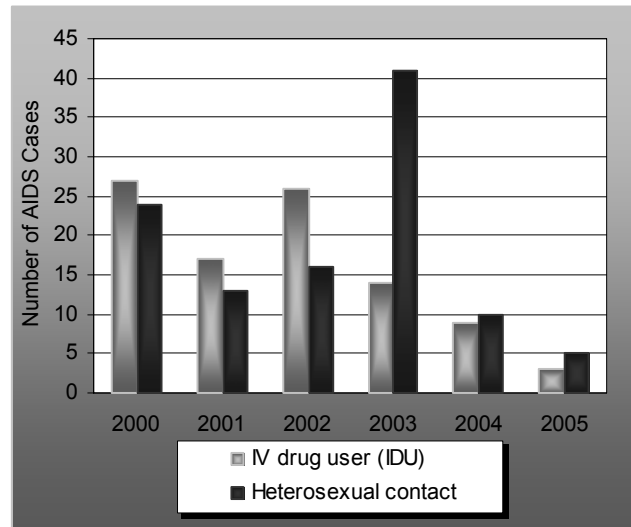
The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

Among women, IDU was the predominant mode of exposure for new AIDS cases from 2000 to 2002. From 2003 to 2005, heterosexual contact was the predominant mode of exposure. A steady decline in the number of new AIDS cases attributed to heterosexual contact as well as IDU was observed from 2003 to 2005.

In 2005, 3 (10%) new AIDS cases were attributed to IDU, and 5 (18.2%) cases were attributed to heterosexual contact (Figure 29).

The reported data are not adjusted for unreported risks that constitute a significant proportion of newly diagnosed cases each year.

Figure 29: Reported AIDS Cases by Modes of Exposure among Women in Tarrant County, 2000-2005



Note: Cases not adjusted for risk redistribution

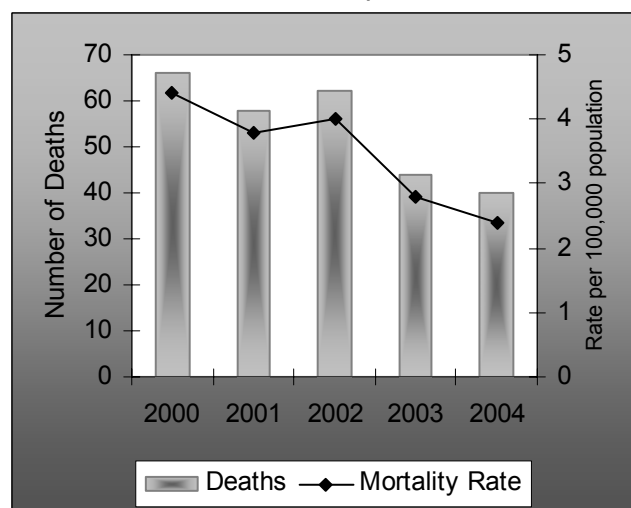
DEATHS AMONG PERSONS DIAGNOSED WITH AIDS

Overall AIDS Mortality

A steady decline in the AIDS mortality rate was observed from 2002 to 2004. A slight increase in the AIDS mortality rate was noted from 2001 to 2002 (Figure 31).

The final number of AIDS-related deaths in 2005 is not available.

Figure 30: Reported AIDS Deaths and Rates in Tarrant County, 2000-2005



Rates are age adjusted using 2000 standard population

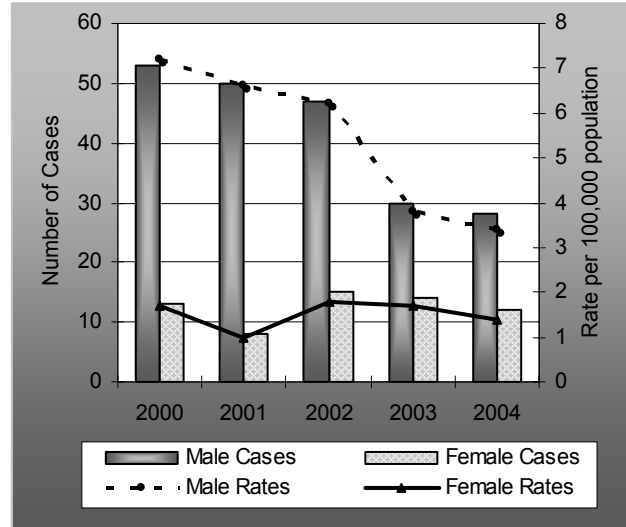
AIDS Deaths by Gender and Race/Ethnicity

Trends in AIDS Death Rates by Gender

The number of deaths and the mortality rate from AIDS were higher for men than women from 2000 to 2005. An increase in AIDS deaths and mortality rates was observed for women in 2002, and a decline was noted for men from 2002 to 2004 (Figure 31).

The final number of AIDS-related deaths in 2005 is not available.

Figure 31: Reported AIDS Deaths and Rates by Gender in Tarrant County, 2000-2005



Rates are age adjusted using 2000 standard population

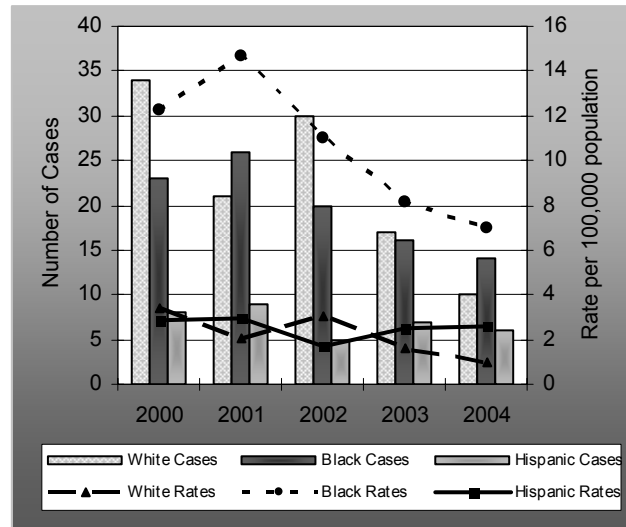
Figure 32: Reported AIDS Deaths and Rates by Race/Ethnicity in Tarrant County, 2000-2005

Trends in AIDS Death Rate by Race/Ethnicity

From 2000 to 2005, the highest number of AIDS deaths varied between Whites and Blacks. The highest AIDS mortality rates were observed in Blacks for each year.

A steady decline was observed in AIDS mortality rates among Blacks and from 2001 to 2004 and among Whites from 2002 to 2004 (Figure 32).

The final number of AIDS-related deaths in 2005 is not available.



Rates are age adjusted using 2000 standard population

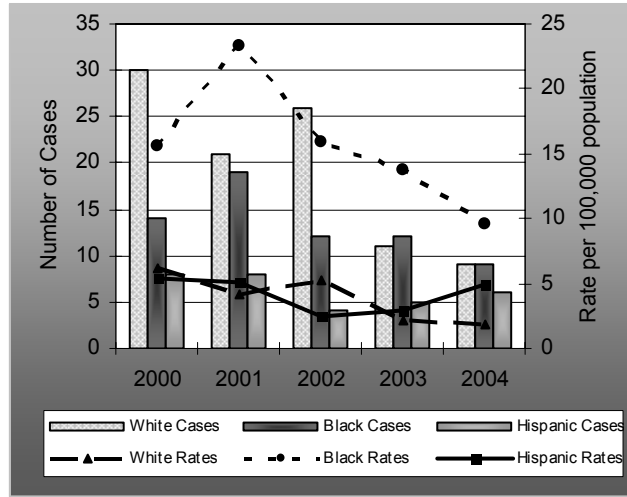
Trends in AIDS Death Rate by Gender and Race/Ethnicity

Among men, the highest number of AIDS deaths was observed in Whites each year except in 2003. The AIDS mortality rate, however, was highest for Black men for each year.

The AIDS mortality rate has declined for Black men from 2001 to 2004 and for White men from 2002 to 2004 (Figure 33).

The final number of AIDS-related deaths in 2005 is not available.

Figure 33: Reported AIDS Deaths and Rates by Race/Ethnicity among Men in Tarrant County, 2000-2005



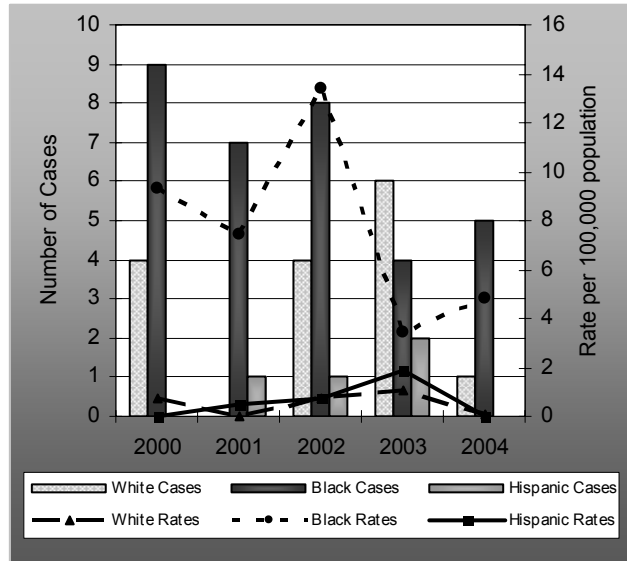
Rates are age adjusted using 2000 standard population

Among women, the highest number of AIDS deaths was observed in Blacks each year except in 2003. The AIDS mortality rate was highest in Black women for 2000 to 2004.

From 2000 to 2004, no consistent trends were observed for AIDS deaths and mortality among women with regards to race/ethnicity (Figure 34).

The final number of AIDS-related deaths in 2005 is not available.

Figure 34: Reported AIDS Deaths and Rates by Race/Ethnicity among Women in Tarrant County, 2000-2005



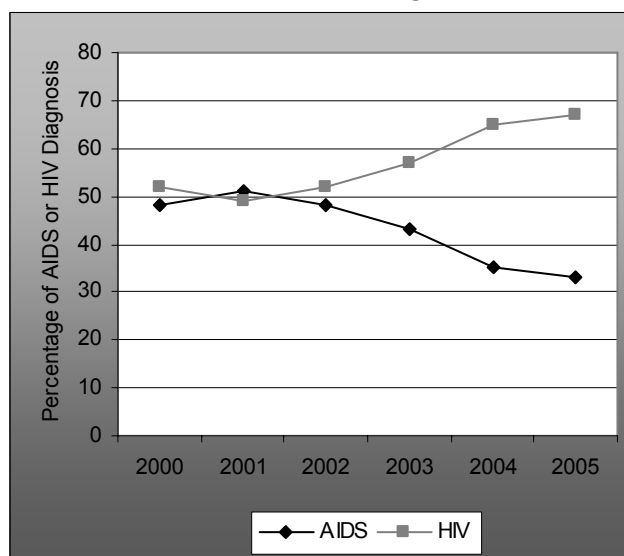
Rates are age adjusted using 2000 standard population

UNMET NEED FOR MEDICAL CARE

Percentage of Persons Diagnosed with AIDS at the Time of HIV Diagnosis

Earlier diagnosis of HIV coupled with earlier treatment or intervention can lead to improved quality of life and prognosis of infected persons. The nature of HIV therapy is dependent on several factors. One major factor is the course of the disease as measured through an immunological study and/or clinical diagnosis of opportunistic infections. From 2000 through 2002, 49% of newly diagnosed persons were diagnosed with HIV and AIDS at the same time. These were diagnoses of HIV combined with an immunological reading of <200 CD4 and/or an opportunistic infection. From 2003 through 2005, 37% were diagnosed with HIV and AIDS simultaneously.

Figure 35: Percentage of Persons Diagnosed With AIDS at the Time of HIV Diagnosis



Percentage of Persons Diagnosed with HIV and Not Receiving Medical Care

The overall number of persons with HIV in Tarrant County not receiving medical care increased from 2000 to 2005. The highest percent of HIV infected individuals not receiving medical care occurred in 2002. It is essential to reverse this trend and decrease the number of individuals not receiving medical care.

Figure 36: Percentage of Persons Diagnosed with HIV and not Receiving Medical Care

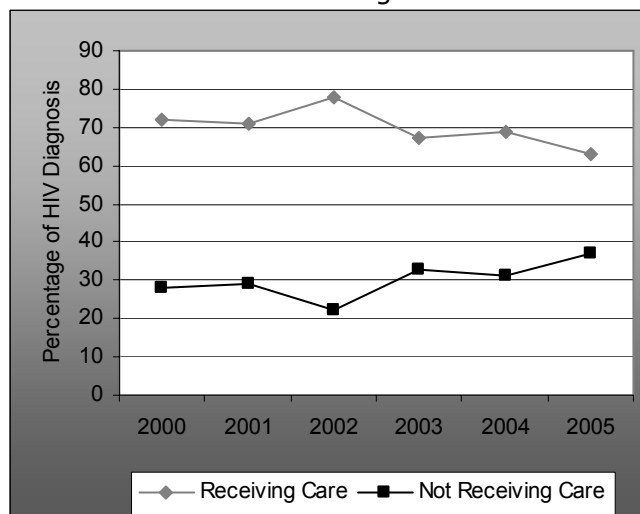


Table 1: HIV/AIDS Cases in Tarrant County, 2005

	HIV		AIDS	
	Cases	Rate*	Cases	Rate*
Total	243	15.1	134	8.3
Gender				
Men	177	22.2	106	13.3
Women	66	8.2	28	3.5
Race/Ethnicity				
White	93	10.3	51	5.6
Black	91	42.3	53	24.6
Hispanic	46	11.7	29	7.4
Other	13	14.5	---	***
Age of Diagnosis (in years)				
0 to 4	---	***	---	***
5 to 14	---	***	---	***
15 to 24	43	18.6	10	4.3
25 to 34	75	29.1	30	11.6
35 to 44	73	29	48	19
45 to 54	39	17.8	30	13.7
55 to 64	8	5.7	11	7.9
≥ 65	3	***	5	3.8

* Rate per 100,000 population

--- Case numbers less than 3 not reported to protect patient confidentiality

*** Rate when number of cases is less than 5

Table 2: Modes of Exposure for HIV/AIDS Cases in Tarrant County, 2005

	HIV		AIDS	
	Cases	Percent	Cases	Percent
Male/Male Sex (MSM)	103	42.7	52	39.4
Intravenous Drug Use (IDU)	18	7.5	14	10.6
MSM and IDU	8	3.3	7	5.3
Heterosexual contact	21	8.7	9	6.8
No risk reported	91	37.8	50	37.9
Hemophilia	---	***	---	***
Transfusion recipient	---	***	---	***
Mother with/at risk for HIV infection	---	***	---	***

RESOURCES

Aids Outreach Center

801 West Cannon Street
Fort Worth, Texas 76104
Tel: (817) 335-1994
Toll Free Tel: (888) 836-0066
Fax: (817) 335-3617
Web: www.aoc.org

Clientele: General public
Counties Served: Tarrant, Erath, Hood,
Johnson, Navarro, Palo Pinto, Parker,
Somervell, Wise

Catholic Charities and Diocese of Fort Worth

Pediatric and Family HIV/AIDS Project
Mailing: 2701 Burchill Road North
Physical: 2641 Avenue L
Fort Worth, Texas 76105
Tel: (817) 534-3923
Fax: (817) 536-4671
Web: www.ccdofw.org

Clientele: General Public
Counties Served: Tarrant, Hood, Erath,
Palo Pinto, Parker, Johnson, Wise

Cook Children's Pediatric Disease Clinic

800 7th Avenue
Fort Worth, Texas 76104
Tel: (682) 885-1485
Fax: (817) 338-1841
Web: www.cookchildrens.org

Clientele: Pediatric population

Fort Worth Public Health Department - Outreach Division

1800 University Drive, Room 208
Fort Worth, Texas 76107
Tel: (817) 871-6200
Fax: (817) 871-6257

Web: www.fortworthgov.org/health

Clientele: General public
Counties Served: Only City of Fort
Worth

Health Education Learning Project

909 West Magnolia, Suite 2
Fort Worth, Texas 76104
Tel: (817) 332-7722
Fax: (817) 923-4444
Web: www.helpfw.org

Clientele: Youth, gay men, HIV-
positive, women, African Americans
Counties Served: Tarrant

MHMR of Tarrant County - Addiction Services Division

Mailing: 3840 Hulen Street (76107)
Physical: 1501 East El Paso
Fort Worth, Texas 76102
Tel: (817) 569-4600
Fax: (817) 569-4698
Web: www.mhmrtc.org

Clientele: General public
Counties Served: Tarrant and
surrounding counties

Planned Parenthood of North Texas

3863 Miller Avenue
Fort Worth, Texas 76119
Tel: (817) 536-4942
Fax: (817) 536-3205
Web: www.ppnt.org

Clientele: General public

Rural Health Outreach Program at the
UT Arlington School of Nursing

Post Office Box 19407
Arlington, Texas 76019-0407
Tel: (817) 272-2776
Fax: (817) 272-5006
Web: www.uta.edu/nursing/rhop.htm

Clientele: Health agencies, health
professionals

Tarrant County AIDS Interfaith
Network

801 West Magnolia
Fort Worth, Texas 76104
Tel: (817) 923-2800
Fax: (817) 923-2807
Web: www.tcain.org

Clientele: General public
Counties Served: Tarrant, Erath, Hood,
Johnson, Palo Pinto, Parker,
Somerville, Wise

Tarrant County Public Health - Adult
Health Services

1101 South Main Street, Suite 1500
Fort Worth, Texas 76104
Tel: (817) 321-4800
Fax: (817) 321-4818
Web: <http://health.tarrantcounty.com>

Clientele: General public
Counties Served: Tarrant and
surrounding counties

Tarrant County Hospital District - JPS
Health Network

1500 South Main Street
Fort Worth, Texas 76104
Tel: (817) 921-3431
Fax: (817) 534-2410
Web: www.jpshealthnet.org

Clientele: Residents of Tarrant County
Counties Served: Tarrant

Tarrant County Public Health –
Preventive Medicine Clinic

1101 South Main Street, Suite 1500 C
Fort Worth, Texas 76104
Tel: (817) 321-4808
Fax: (817) 321-4809
Web: <http://health.tarrantcounty.com>

Clientele: General public
Counties Served: Tarrant

The Villages at Samaritan House

929 Hemphill Street
Fort Worth, Texas 76104
Tel: (817) 332-6410
Fax: (817) 332-6409
Web: www.samaritanhouse.org

Clientele: Homeless and low-income
individuals, couples and families with
children. One person in family must be
HIV-positive
Counties Served: Tarrant and
surrounding counties

Volunteers of America

4700 South Riverside Drive
Fort Worth, Texas 76119
Tel: (817) 534-3432
Fax: (817) 534-3616
Web: www.voatx.org

Clientele: Substance abuse treatment
clients
Counties Served: Tarrant and
surrounding counties



Tarrant County Public Health
1101 S. Main Street, Fort Worth, Texas 76104
817-321-4700
<http://health.tarrantcounty.com>