SELECTED HIV COUNSELING & TESTING, SEXUALLY TRANSMITTED DISEASE, & TURBURCULOSIS DATA (1996)

prepared for:

Delaware Department of Health and Social Services
Division of Public Health

by:

Anne M. Gurchik

Center for Applied Demography & Survey Research
College of Urban Affairs & Public Policy
University of Delaware
Newark, Delaware 19716

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INTRODUCTION:

The purpose of this report is two-fold. It is first designed to, at least in part, assess unmet HIV programming and service needs. It is also designed to evaluate: (a) if at-risk populations have been accurately targeted for HIV-related programs and services, (b) if programming and services has effectively impacted target populations and (c) if demand for services accurately reflects ***need*** for services.

This report will be divided into several sections. Using national and state data, it is hoped that the first section of this report will provide the reader with a better understanding of not only how Delaware compares with the rest of the nation, but also of any shifts in morbidity and mortality trends. The second section of this report will provide the reader with results of the 1996 Counseling and Testing Reporting System (C&T). Where possible, this section will examine service demand v. service need throughout the state. 1996 STD and TB reporting results will be reviewed in the third and fourth sections of this report. A summary of findings will be provided in the final section of this report.

AIDS-RELATED MORBIDITY AND MORTALITY TRENDS:

In Delaware, HIV infection and AIDS-related deaths continue to rise at alarming rates. There was roughly a 30 percent increase in the number of AIDS deaths in 1994 (138), when compared with the previous year (106). *(Bureau of Health Planning & Resource Management, 1994)*[1]

TABLE 1-1

Delaware AIDS-Related Mortality Rates (Five-Year Averages)

AREA	FIVE-YEAR AVERAGE			
	1987-1991	1988-1992	1989-1993	1990-1994
Delaware	5.1	5.8	7.4	9.2
New Castle	5.3	5.9	7.9	9.8
Kent	4.0	5.1	6.4	7.6
Sussex	5.4	6.3	6.8	8.7

Source: Delaware Division of Public Health's Vital Statistics Annual Report, 1994.

As of 1994, AIDS became the ninth leading cause of death in Delaware. Among 25-44 year-olds, AIDS-related deaths tied with cancer as the second leading cause of death. It is a leading cause of death among white men and African American females. *(Bureau of Health Planning & Resource Management, 1994)*

Although AIDS is regarded as a disease which primarily affects men, it should be pointed out that an increasing number of women are dying from it each year. In 1994, 17 percent of AIDS-related Delaware deaths represent women (23).

TABLE 1-2

U.S. & Mid-Atlantic AIDS Case Rates (1993-1995)

State/Region	AIDS Case Rate (per 100,000)		
	1993	1994	1995
U.S.	40.0	29.8	27.2
Delaware	53.5	38.0	44.1
Pennsylvania	26.5	20.8	19.7
Maryland	50.8	53.7	51.1
New Jersey	68.4	61.7	55.5

Source: Center for Disease Control, 1996.

Although Delaware's AIDS case rate is nearly twice that of the U.S. average, it is comparable with most other states in the Mid-Atlantic region. With the exception of Pennsylvania, roughly 50 of every 100,000 persons was believed to have AIDS, in 1995. (See Table 1-2, above)

It should also be noted that when reviewing the AIDS case rates of U.S. metropolitan areas, the City of Wilmington has a case rate which is over twice that of the average metropolitan area with a population size of 50,000-500,000. In fact, according to Table 1-3, below, Wilmington's AIDS case rate is considerably higher than the case rate of the average metropolitan area of 500,000 or more people.

TABLE 1-3

AIDS Case Rate for the City of Wilmington & Other Mid-Atlantic Metro Areas

City	AIDS Cases Rate (per 100,00)		
	1993	1994	1995
Wilmington, DE	53.9	41.9	48.5
Philadelphia, PA	53.5	39.4	36.6
Baltimore, MD	72.6	76.8	69.4
U.S. Metro Areas (50,000-500,000pop.)	23.6	16.5	16.6
U.S. Metro Areas (500,000+ population)	55.3	41.4	37.1

Source: Center for Disease Control, 1996.

1996 HIV COUNSELING AND TESTING SURVEY REPORTING:

As part of Delaware's HIV counseling and testing procedures, clients are asked to answer questions regarding their reasons for seeking counseling and, in some cases, testing. The responses to these questions, along with test results (if applicable) and other site and demographic data is logged, by HIV counselors, onto CDC scan sheets. Anyone receiving state or federal funding to provide HIV counseling and testing is required to complete C&T scan sheets.

In 1996, C & T data was collected from a number of sites. They are as follows:

- Family Planning
- Prenatal Clinics
- TB Clinics
- STD Clinics
- State HIV Counseling and Testing Sites
- University of Delaware
- Drug Treatment Facilities
- Prison Sites
- Delaware State Hospital
- Field Visits

SEEKING COUNSELING SERVICES

In 1996, 11,970 people received HIV counseling services. Of them, nearly half were African American. Forty-six percent were Caucasian. Another five percent reported being Hispanic[1]. It should be noted that while these results are ***not*** representative of the general population (only about 18% of the state's population is African American; 80% is Caucasian; and 2% is Hispanic), they do tend to reflect the racial demographics of groups generally considered to be at highest HIV infection risk.

With regard to age, it is interesting to note that nearly 70 percent of those receiving pre-test counseling were ages 18-34 years. Another 17 percent were 35-44 years-old. Nearly 10 percent of those receiving HIV counseling were between the ages of 10 and 17. These results tend to reflect the wide-held belief that HIV

[1] NOTE: Hispanic is classified as a separate RACE. Thus, it is not possible to differentiate between white Hispanics and black Hispanics.

and AIDS primarily affects the young. Unfortunately, and possibly as a result of this belief, incidence rates among older Americans have been increasing in recent years.

Roughly 55 percent of those pre-test counseled were women. Again, this is not surprising, given that infection rates among women has increased dramatically since the mid-1980s.

TABLE 2-1

High HIV Pre-Test Counseling Demand Zip Codes

Zip Code	City	Number of Clients	Percent of Total 1996 Pre-Test Counseling
19901	Dover	1,100	9.2%
19802	Wilmington	978	8.2%
19801	Wilmington	892	7.4%
19720	New Castle	750	6.3%
19805	Elsemere	704	5.9%
19711	Newark	587	4.9%
19904	Dover	484	4.0%
19947	Georgetown	456	3.8%
		5,951/11,970	49.7%

Source: Center for Applied Demography & Survey Research, University of Delaware

Last, it should be noted that half (n=5,951) of all clients receiving counseling services came from just eight Delaware zip codes (see Table 2-1, above)[2].

SEEKING HIV TESTING SERVICES (Jan-Dec 1996)[3]:

Of the nearly 12,000 individuals counseled in 1996, 9,814 (82%) were screened for the AIDS virus. The numbers of clients tested across C&T Sites are as follows:

[2] Please see APPENDIX for supplemental demographic information regarding identified high-demand and high-risk zip codes.

[3] NOTE: Because of the form in which C&T testing data was received, it was not possible to analyze information with regard to age, race, gender or location.

TABLE 2-2

Number of Persons Tested by Site Type (1996 C&T Data)

Site Type	Number of Clients Tested	% of Total Tested in 1996
Family Planning	1376	14.0%
Prenatal Clinic	476	4.9%
TB Clinic	133	1.4%
STD Clinic	3987	40.6%
HIV Counseling & Testing Site	2394	24.4%
University of Delaware	467	4.8%
Drug Treatment Facility	130	1.3%
Correctional Facility	674	6.9%
Hospital/Private Physician	12	0.1%
Other	5	0.0%
Field Visit	160	1.6%
TOTAL	**9814**	**100.0%**

Source: HIV Counseling &Testing Reporting, Delaware Division of Public Health

REPORTED HIV POSITIVE INCIDENCE (1996)

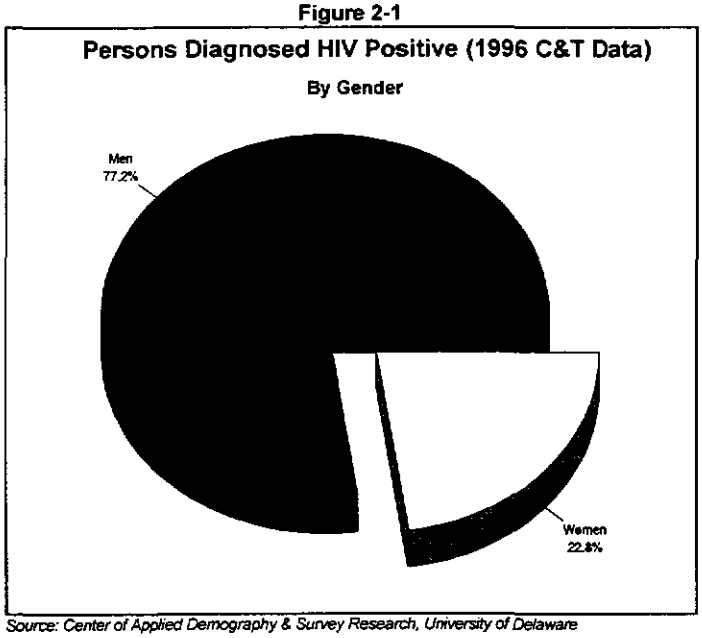
Of the 9,814 tested for HIV, 127 (1.3%) tested positive for the disease. Of them, nearly one-quarter (n=29) were women (see Figure 2-1, below).

African Americans make up the vast majority of HIV positive cases. As highlighted in Figure 2-2 (below), two of every three persons diagnosed HIV positive were African American. It is also interesting to note that 80 percent (n=22) of the women who tested positive were black (see Figure 2-3, below).

Over 60 percent of Delaware's 1996 HIV positive cases were identified as living in New Castle County. Eighteen percent were represent Kent County residents. Another 15 percent live in Sussex County. Six percent of those who tested positive represent either those who live out-of-state or those whose residence is unknown (see Figure 2-4, below).

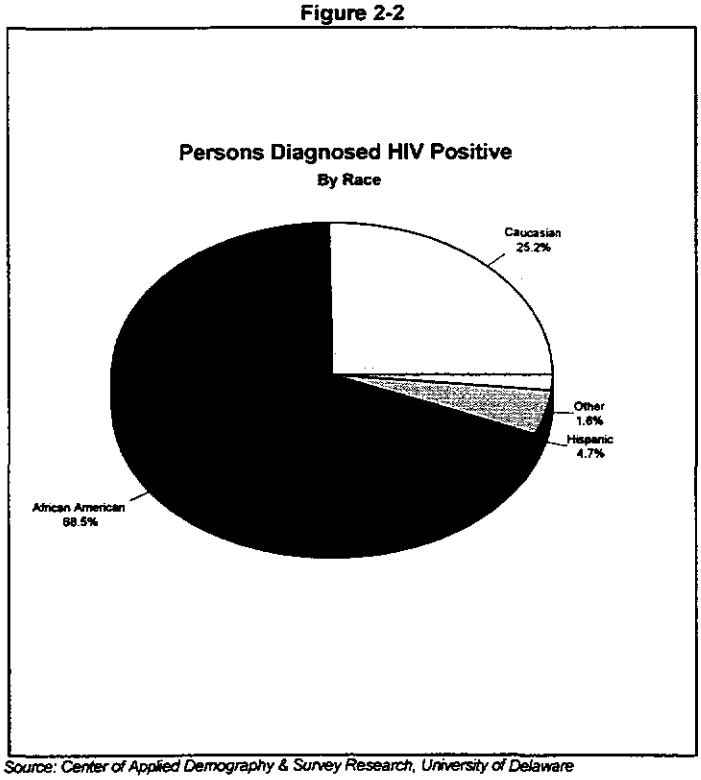
As expected, with regard to age, young adults make up the majority of Delaware's reported 1996 HIV+ incidence. As highlighted in Figure 2-5 (below), nearly half of those who tested positive were between the ages of 25 and 34 years. Another 35 percent were 35-44. And while no one under 17 years appears to have been diagnosed HIV positive, 11 percent of the cases reported in 1996 involved someone between the ages of 17 and 24 years.

Figure 2-1



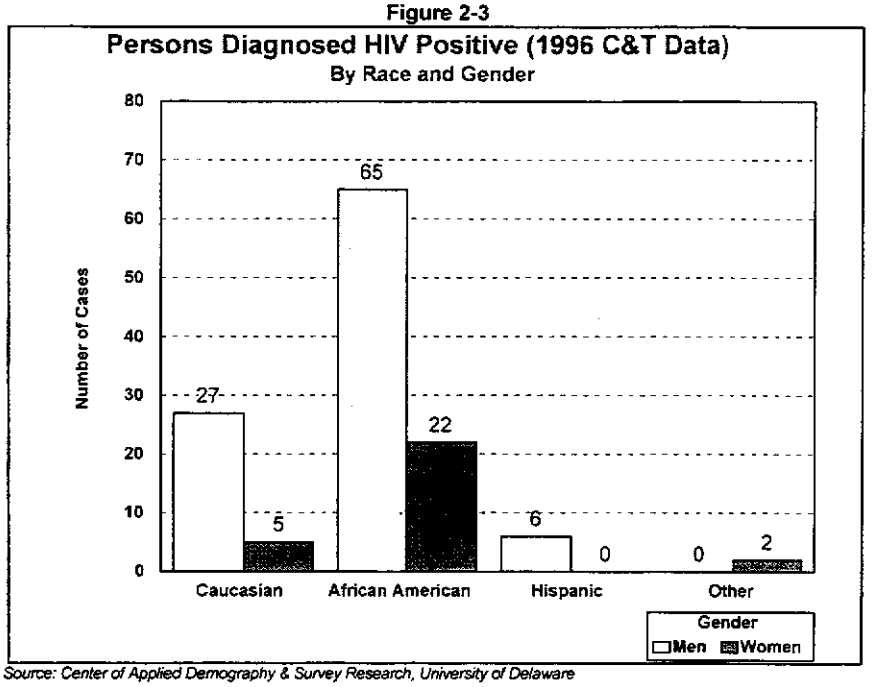
Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 2-2



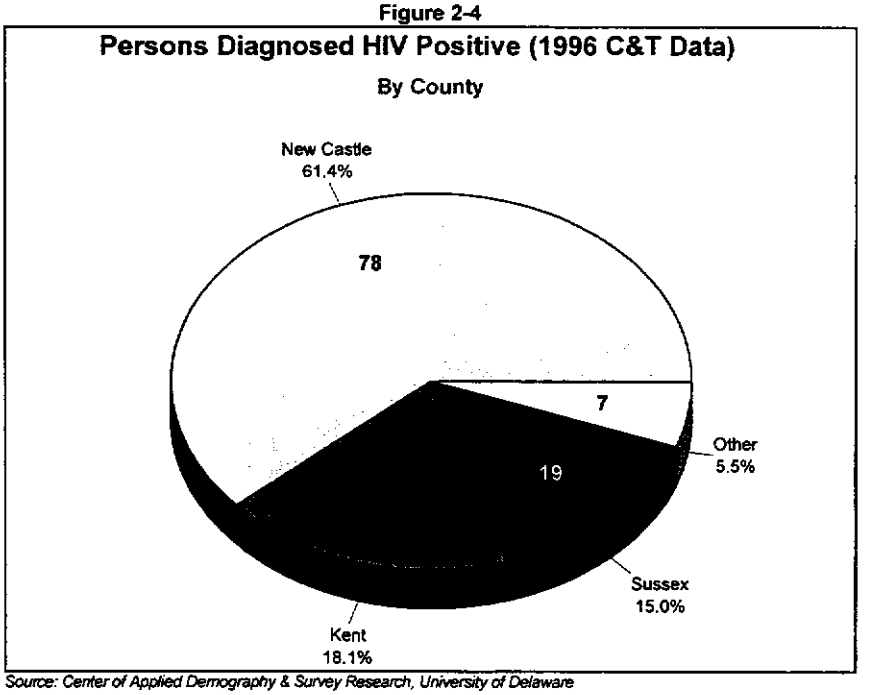
Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 2-3



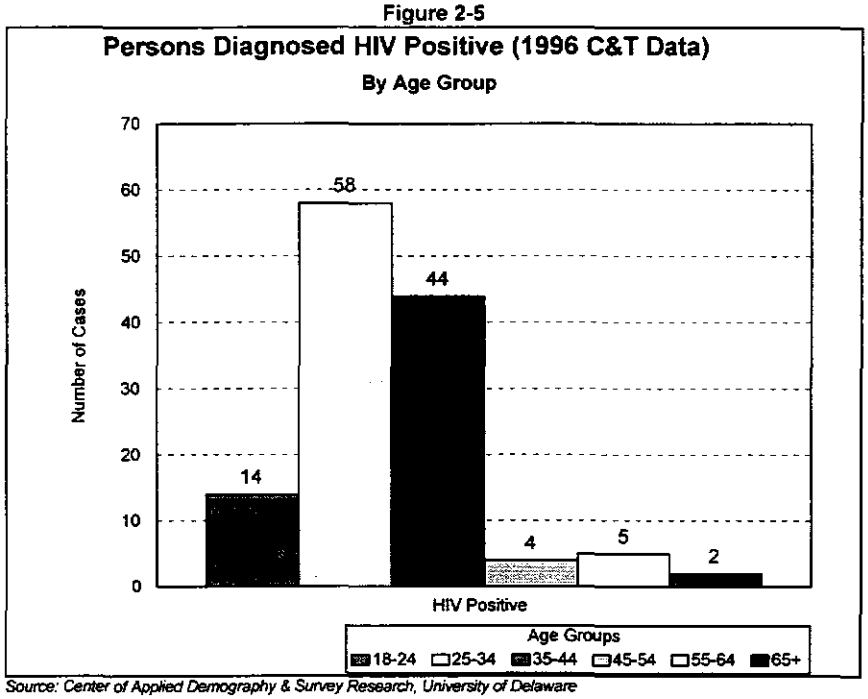
Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 2-4



Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 2-5



Source: Center of Applied Demography & Survey Research, University of Delaware

Interestingly, the communities which earlier expressed high demand for HIV counseling and testing are not necessarily those with high numbers who also tested positive. For instance, the City of Wilmington appears to have a higher need for services than it does demand. While, only 20 percent of the demand for counseling services came from the City, 26 percent of Delaware's 1996 HIV positive cases were identified as Wilmington residents. In contrast, while 15 percent of the HIV counseling demand represents Dover residents, they represent little more than seven percent of those identified as being HIV positive.

TABLE 2-3

Zip Codes with High Numbers of HIV Positive Cases (1996)

Zip Code	City	Number of Cases	Percent of Total 1996 HIV Positive Cases
19801	Wilmington	18	14.2
19805	Elsemere	16	12.6
19720	New Castle	15	11.8
19802	Wilmington	14	11.0
19901	Dover	7	5.5
19703	Claymont	6	4.7
19956	Laurel	5	3.9
19977	Smyrna	5	3.9
		86/127	**67.6%**

Source: Center of Applied Demography & Survey Research, University of Delaware

It should be noted that nearly 70 percent of the total number of HIV positive cases reported represent residents of just eight Delaware zipcodes. Each, as illustrated in Table 2-3 (above), is residence to five or more new HIV positive cases (NOTE: Fewer than four new HIV positive cases were identified in any of Delaware's other 60 zipcodes).

TABLE 2-4

HIV Positive Cases by Site Where Tested (1996 C&T Data)

Site Tested	# HIV+ Cases	Percent of HIV+ Cases
HIV C&T Sites	60	47.2
STD Clinics	49	38.6
Drug Treatment Facility	4	3.1
TB Clinic	2	1.6
Prison Facility	8	6.3
Hospital/Private Physician	1	0.8
Field Visit	2	1.6
Other	1	0.8
TOTAL	**127**	**100.0%**

Source: Center of Applied Demography & Survey Research, University of Delaware

Although the sample size is too small to be considered statistically significant, it is worth noting that while the majority of Sussex County HIV positive cases were identified at an HIV Counseling and Testing Site, half of all New Castle County HIV positive cases were identified at an STD Clinic. In Kent County, on the other hand, nearly one-quarter of all new HIV positive cases were identified in correctional facilities. Nearly another 20 percent of Kent County cases were identified in drug treatment facilities. (See Table 2-5, below)

TABLE 2-5

HIV Positive Cases By County and Testing Site (1996 C&T Data)

Site Tested	COUNTY					
	New Castle		Kent		Sussex	
	cases	%	cases	%	cases	%
HIV C&T Sites	33	42.3	10	43.5	12	63.2
STD Clinics	39	50.0	2	8.7	7	36.8
Drug Treatment Facility	0	0.0	4	17.4	0	0.0
TB Clinic	2	2.6	0	0.0	0	0.0
Prison Facility	3	3.8	5	21.7	0	0.0
Hospital/Private Physician	1	1.3	0	0.0	0	0.0
Field Visit	0	0.0	2	8.7	0	0.0
TOTAL (N=127)	**78**	**65.0**	**23**	**19.2**	**19**	**15.8**

Source: Center of Applied Demography & Survey Research, University of Delaware

TABLE 2-6

HIV Positive Cases by Mode of Transmission (1996 C&T Data)

Mode of Transmission	# HIV+ Cases	Percent of HIV+ Cases
Same-Sex Contact (men only)	35	27.6
Intravenous Drug Use	28	22.0
Sex Partner Risk	29	22.8
STD Diagnosis	17	13.4
Blood Recipient	1	0.8
Sexual Assault	3	2.4
No Acknowledged Risk	14	11.0
TOTAL	**127**	**100.0%**

Source: Center of Applied Demography & Survey Research, University of Delaware

As illustrated in Table 2-6 (above), same-sex (male) contact accounts for only 28 percent of the cases. Intravenous drug use (IDU) represents 22 percent, and "sex partner at risk" accounts for an additional 23 percent of new HIV positive cases reported in Delaware. Thirteen percent of new cases represent those who were also diagnosed with another sexually transmitted disease. Interestingly, it should also be noted that 11 percent of the cases reported indicated having no acknowledged AIDS risk. This suggests that many may still fear the stigmatization or stereotyping associated with an HIV positive diagnosis.

It is also worth noting that of the 120 Delawareans who tested positive, nearly as many reported tested positive as a result of IDUs as did because of male, same sex contact. Respectively, IDUs and gay men each account for roughly one-quarter of the Delawareans who tested positive, in 1996. Delawareans with sex partners who are at-risk accept for another 24 percent. STDs account for 13 percent of the 120 Delawareans who tested positive. Eleven percent indicated having no acknowledged risk.

TABLE 2-7

HIV Positive Diagnoses by Mode of Transmission & County (1996)

Mode of Transmission	COUNTY					
	New Castle		Kent		Sussex	
	cases	%	cases	%	cases	%
man-man sex	21	26.9	4	17.4	5	26.3
IDU (heterosexual)	20	25.6	7	30.4	1	5.3
partner at-risk	20	25.6	7	30.4	2	10.5
STD diagnosis	12	15.4	1	4.3	3	15.8
blood recipient	0	0.0	0	0.0	1	5.3
sexual assault	2	2.6	1	4.3	0	0.0
no acknowledged risk	3	3.8	3	13.0	7	36.8
TOTAL (N=120)	**78**	—	**23**	—	**19**	—

Source: Center of Applied Demography & Survey Research, University of Delaware

It should also be noted that mode of transmission rates varied across Delaware's three counties. As highlighted in Table 2-7 (above), although sample sizes are small, Kent County residents appear less likely to have become infected as a result of male, same-sex contact. Only 17 percent were infected via homosexual contact. Nearly one-quarter of Delaware's 1996 HIV positive cases were the result of male, same-sex

contact. Interestingly, however, Kent County residents were more likely to have become infected as the result of (1) heterosexual intravenous drug use or (2) involvement with an at-risk sex partner.

Sussex County residents, on the other hand, were more likely than the average newly infected Delawarean to identify no acknowledged risk when trying to determine how he/she became infected. In fact, nearly 40 percent have no identified risk factors accounting for their HIV positive status.

SUMMARY

In 1996, nearly 12,000 people sought out HIV counseling. Of them, according to data provided by the Delaware Division of Public Health, 9,814 (82%) also received an AIDS test. One-hundred twenty-seven people were identified as being HIV positive. Of them, 120 (94%) are known Delawareans.

Of the 11,970 who sought out HIV counseling services:

- Nearly half were African American
- 46% were Caucasian
- 5% were Hispanic
- 70% were between ages of 18-34 years
- 10% were between the ages of 10-17 years
- 55% of those pretest counseled were women
- 13% (n=1,584) of those seeking pre-test counseling were from Dover

Of the 9814 who also requested to be tested:

- 1.3% (n=127) tested positive for the AIDS virus
- 41% (n=3987) were counseled and tested at an STD Clinic
- 24% (n=2394) were counseled and tested at an HIV Counseling & Testing Site
- 14% (n=1376) were counseled and tested at a Family Planning Clinic
- 7% (n=674) were counseled and tested in a Correctional Facility

And of the 127 people who tested positive:

- 94% (n=120) were known Delawareans
- 77% were men
- 69% were African American
- 25% were Caucasian
- 5% were Hispanic
- 80% of the women who tested positive were African American
- 20% of the women who tested positive were Caucasian
- 66% of the men who tested positive were African American
- 28% of the men who tested positive were Caucasian
- 25% of the African Americans who tested positive were women
- 16% of the Caucasians who tested positive were women

With regard to their age, it can be said that:

- 50% - 25-34 years
- 35% - 35-44 years
- 11% - 17-24 years
- 0% - under age 17

As to where they were identified as being HIV positive, it should be noted that:

- 47% - HIV Counseling & Testing Sites
- 39% - STD Clinics
- 6% - Correctional Facilities
- 3% - Drug Treatment Facility

With regard to where they live, it is also worth noting that of the 120 Delawareans who tested positive:

- 66% - New Castle County (including City of Wilmington)
- 19% - Kent County
- 16% - Sussex County
- 26% - City of Wilmington

And last, with regard to how the 120 Delawareans became infected, it should be noted that:

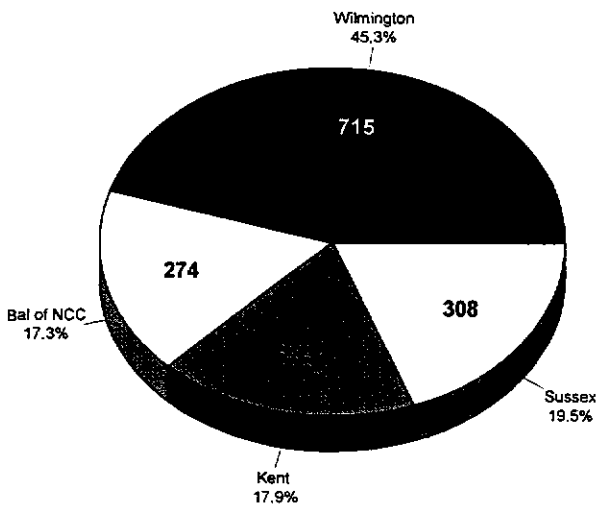
- 23% - Intravenous Drug Use (IDU)
- 25% - Male, Same-Sex Contact
- 24% - Sex Partner At-Risk
- 13% - STD Diagnosis
- 11% - No Acknowledged Risk

SEXUALLY TRANSMITTED DISEASES (GONORRHEA & SYPHILIS):

According to a recent report released by CDC, gonorrhea and syphilis (primary and secondary) are two of the top five most reported STDs. The study also indicated that young Americans were most at risk.[2]

Figure 3-1

Gonorrhea & Syphilis Incidence by Location (1996 STD Data)



Source: Center of Applied Demography & Survey Research, University of Delaware

In 1996, a total of 1,580 cases of gonorrhea and/or syphilis were reported in Delaware. Forty-five percent (n=715) of those cases were identified as living in the City of Wilmington. Another 20 percent involve Sussex County residents. Respectively, 17 percent of 1996 gonorrhea/syphiliscases were identified in Kent and the balance of New Castle counties.

Interestingly, nearly two-thirds of STD incidence reported in 1996 represent residents of just six of Delaware's 68 residential (i.e.: non-special, non-P.O. Box) zip codes. (See Table 3-1, below)

TABLE 3-1

Zip Codes with High STD Incidence (1996)

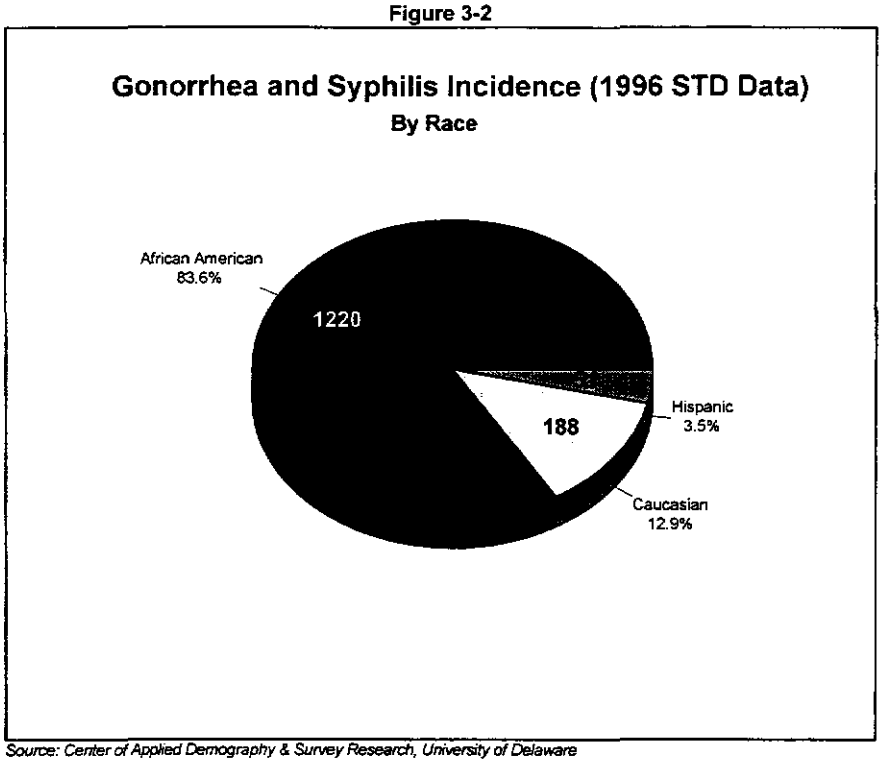
Zip Code	Community Affected	Number of Cases	% of Total Number of 1996 STD Cases (N=1580)
19802	Wilmington	271	17.1%
19801	Wilmington	204	12.9%
19805	Elsemere	174	11.0%
19901	Dover	129	8.2%
19720	New Castle	126	8.0%
19973	Seaford	77	4.9%

Source: Center for Applied Demography & Survey Research, University of Delaware

African Americans are considerably more likely to be diagnosed with an STD than their white or Hispanic counterparts. As highlighted in Figure 3-2 (below), although blacks make up less than 20 percent of Delaware's total population, they account for 84 percent of the total number of gonorrhea and/or syphilis cases reported in 1996. Caucasians account for only 13 percent.

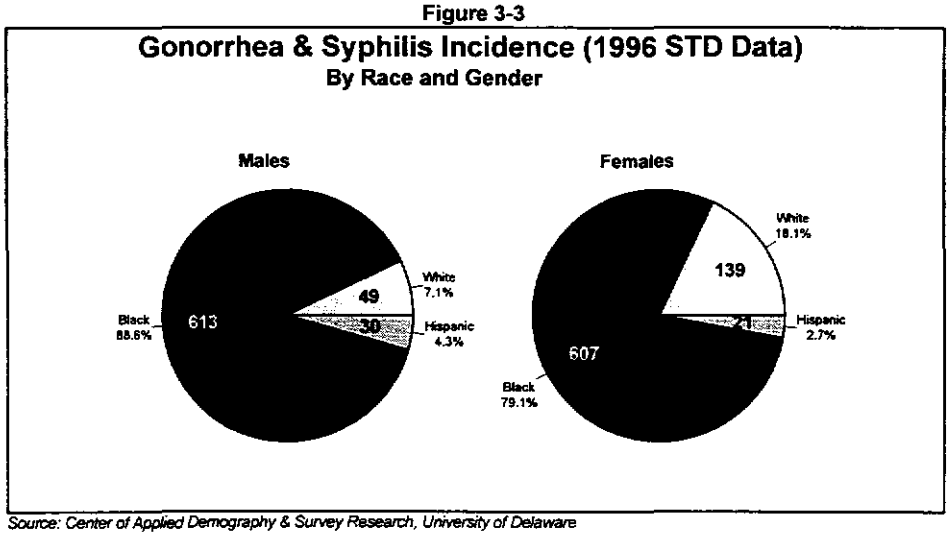
Although, overall, the number of women diagnosed with an STD is nearly equal to the number of men diagnosed in 1996, it should be noted that white women are considerably more likely than their male counterparts to be diagnosed with an STD. The number of black and Hispanic women diagnosed with an STD was nearly equal to the number of African American or Hispanics men diagnosed in 1996. As noted in Figure 3-3 (below), of the African Americans diagnosed with an STD, 50.2 percent were men and 49.8 percent were women. In the case of Hispanics, 58.8 percent were men and 41.2 percent were women. However, among the white Delawareans who were diagnosed, only 26.1 percent of the STD cases identified represent infected men; 73.9 percent represent STD infected women.

Figure 3-2



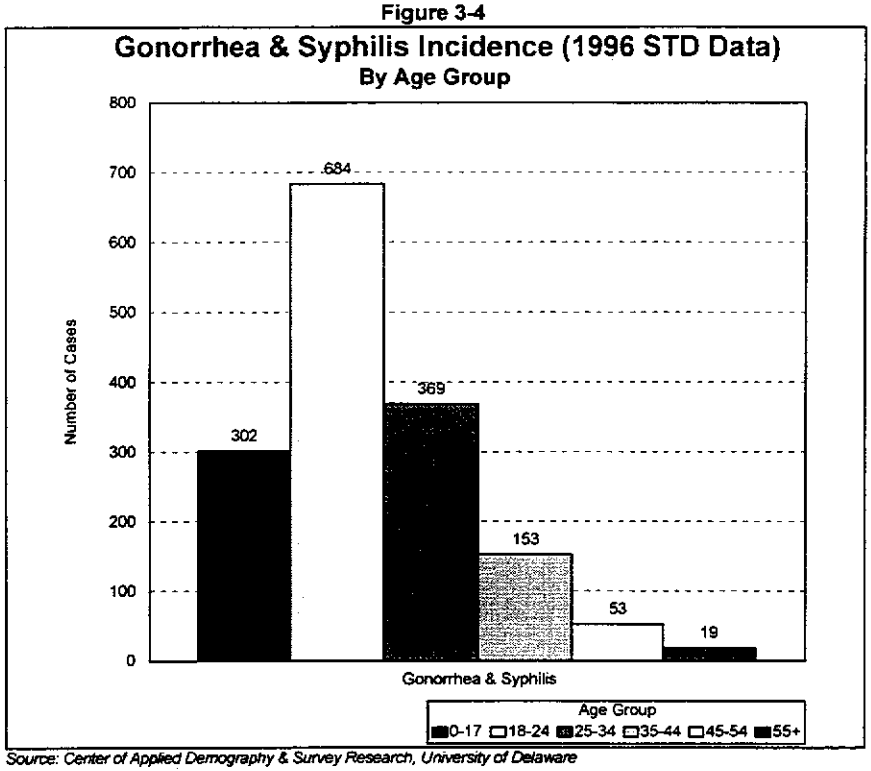
Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 3-3



Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 3-4



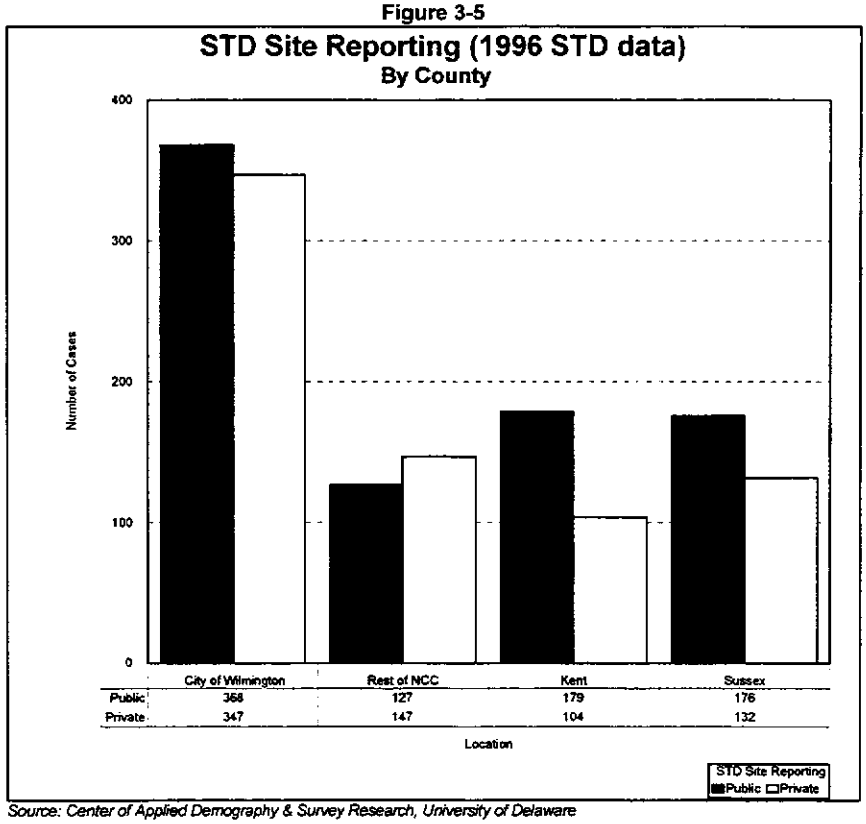
Source: Center of Applied Demography & Survey Research, University of Delaware

Older adolescents and young adults appear to be significantly more likely to be diagnosed with an STD than any other age group. In fact, 80 percent of all gonorrhea and syphilis cases reported involved clients ages 16 to 34 years. Eighteen to 24 year-olds, alone, account for more than 43 percent of the STD cases reported in 1996!

PUBLIC V. PRIVATE STD REPORTING SITES

All of 1996 STD data came from one of two STD reporting site types: (1) a private facility (e.g.: physician's office, HMO, etc.) or (2) a public (non-military) facility (e.g.: public health clinic, STD clinic, state hospital, etc.).

Figure 3-5



Source: Center of Applied Demography & Survey Research, University of Delaware

Interestingly, residents of certain Delaware counties were more likely than others to rely on public sites for STD testing. As indicated in Figure 3-5 (above), those living in Kent and Sussex counties appear to be more likely to use public STD testing sites than their northern Delaware counterparts *(p=0.00)*[4]. Roughly two-third were diagnosed at a public facility. Only about half of New Castle County (including City of Wilmington) residents appear to have learned they had an STD from a public facility.

Nine communities seemed particularly reliant on public facilities. In fact, they account for nearly three-quarters of the total number of STD cases reported by public facilities (see Table 3-2, below).

[4] Chi Sq = 19.24 w/3df

TABLE 3-2

Zip Codes with High STD Incidence (From Public Testing Facilities - 1996)

Zip Code	Community Affected	Number of Cases	% of Total Number of 1996 STD Cases - FROM PUBLIC SITES ONLY (n=850)
19802	Wilmington	136	16.0%
19801	Wilmington	123	14.5%
19901	Dover	86	10.1%
19805	Elsemere	84	9.9%
19720	New Castle	61	7.2%
19973	Seaford	47	5.5%
19904	Dover	34	4.0%
19947	Georgetown	30	3.5%
19966	Millsboro	20	2.4%
Total (n=850) **PUBLIC ONLY**	—	621	73.1%

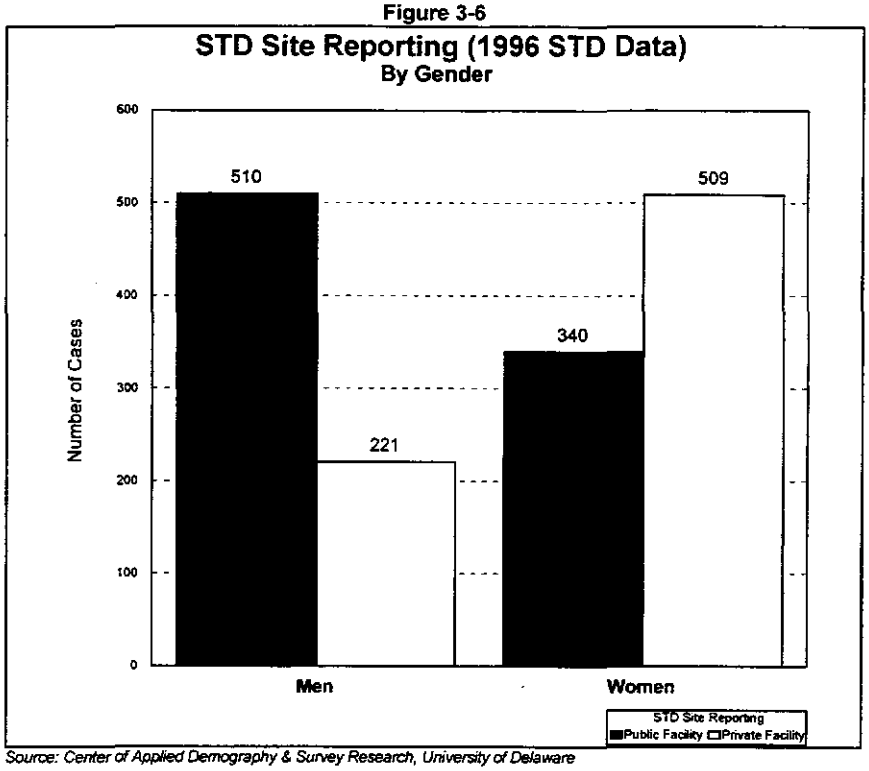
Source: Center for Applied Demography & Survey Research, University of Delaware

It is worth noting that no more than 17 STD diagnosis were identified, by public reporting sites, in any of the remaining 59 Delaware zip codes.

Men appear to be 1.5 times more likely than women to be diagnosed at a public STD reporting site *(p=0.00)*[5]. Whereas nearly 70 percent of the men diagnosed with either gonorrhea or syphilis were identified by a public facility, only 40 percent of women diagnosed were identified by one.

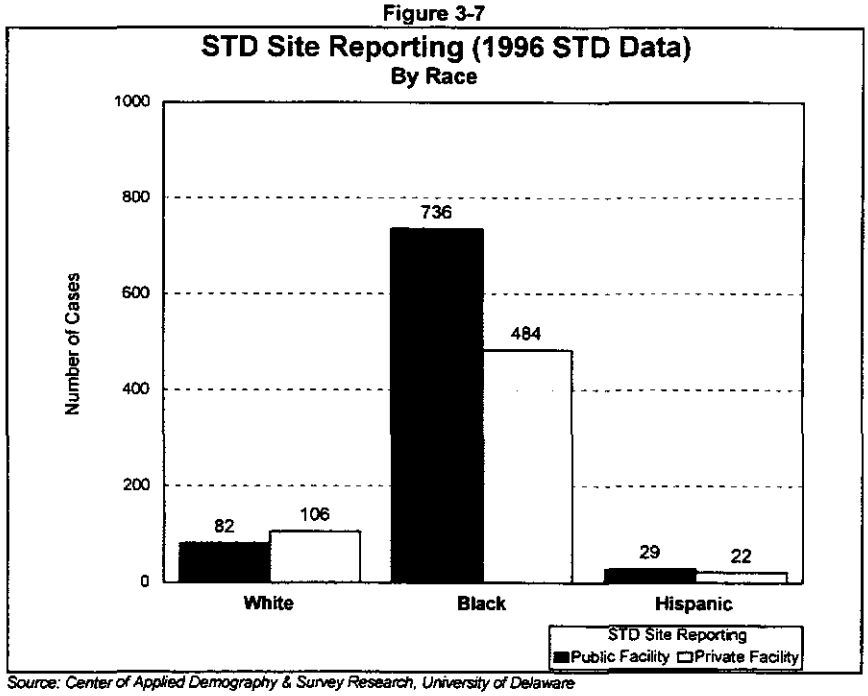
Chi Sq = 139.59 w/1df

Figure 3-6



Source: Center of Applied Demography & Survey Research, University of Delaware

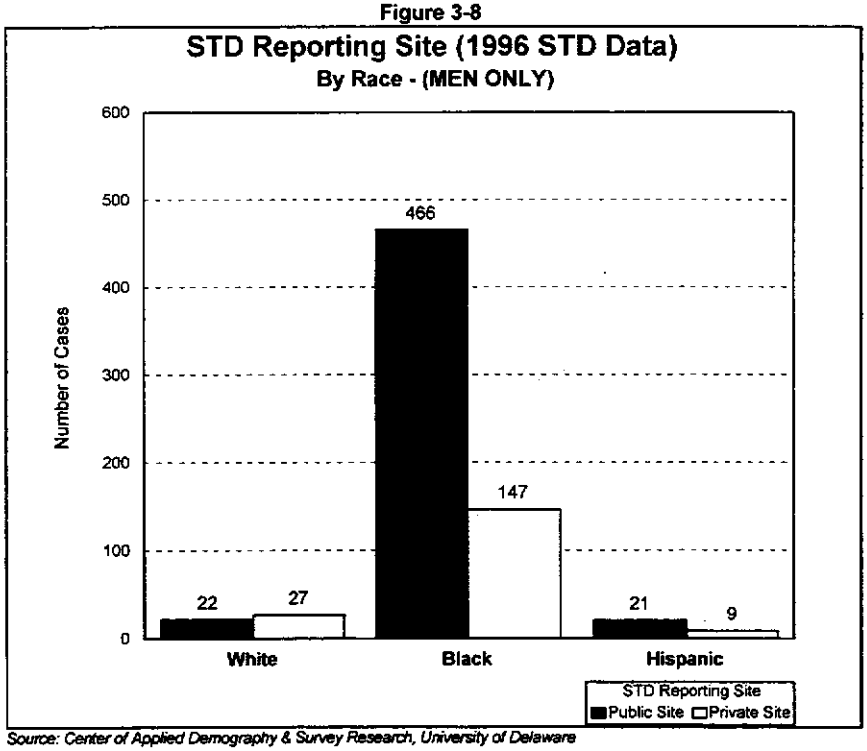
Figure 3-7



Source: Center of Applied Demography & Survey Research, University of Delaware

With regard to race, as expected, minorities are most likely to rely on public facilities for their STD testing *(p=0.00)*[6]. As indicated in Figure 3-7 (above), while fewer than half of white Delawareans who were diagnosed with an STD were identified by a public facility , nearly two-thirds of both African Americans and Hispanics appear to have been diagnosed at a public STD testing facility.

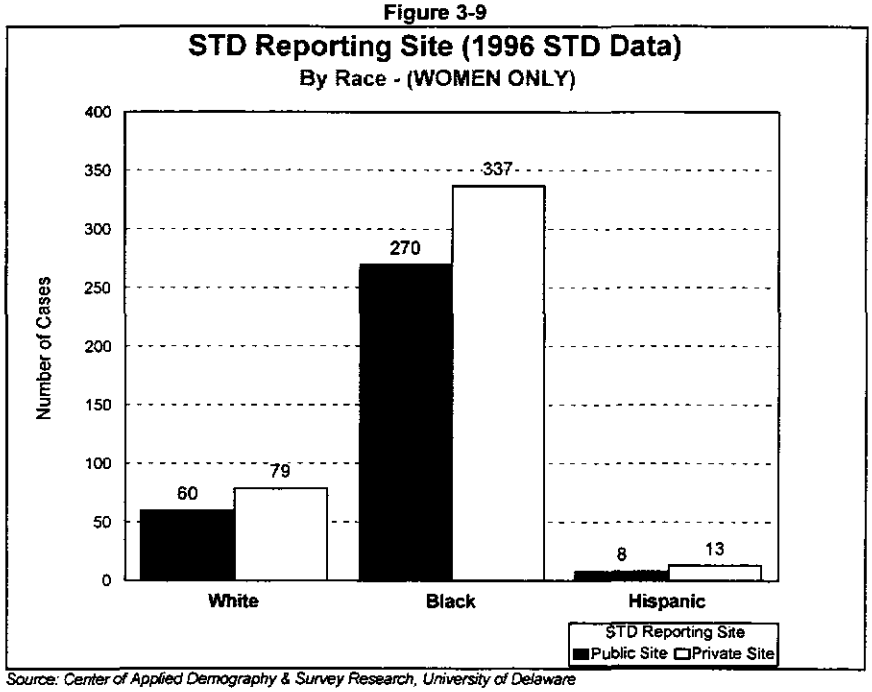
Figure 3-8



Source: Center of Applied Demography & Survey Research, University of Delaware

[6] Ch Sq = 18.71 w/2df

Figure 3-9



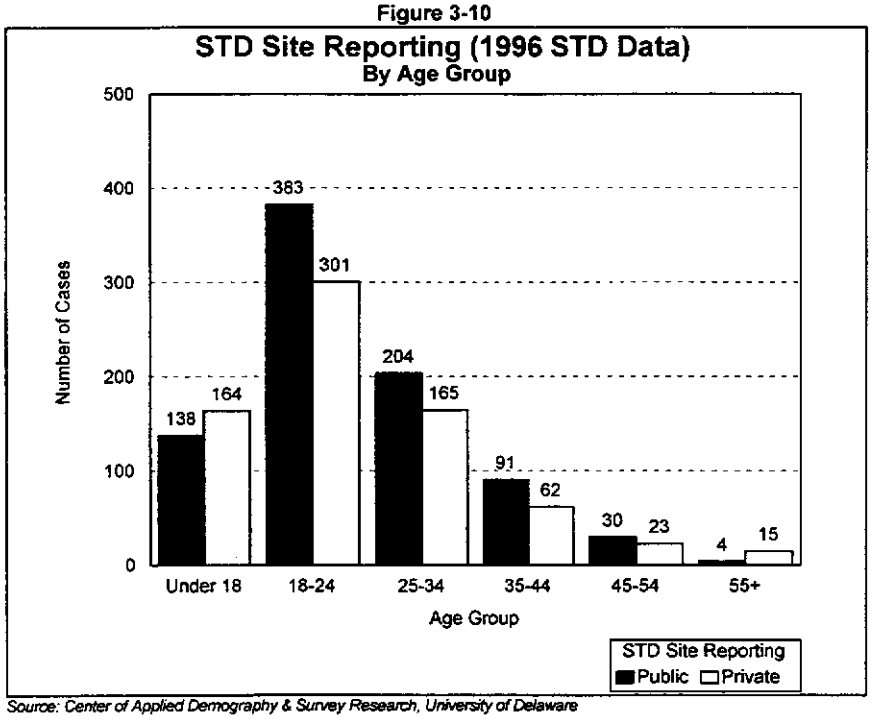
Source: Center of Applied Demography & Survey Research, University of Delaware

Interestingly, when controlled for gender, African American and Hispanic women are **no more or less** likely than their Caucasian counterparts of have been diagnosed at either a public or private STD testing site. As illustrated in Figure 3-9 (above), roughly 60 percent of all women -- regardless of race -- were diagnosed at private testing facilities.

African American and Hispanic men, on the other hand, are considerable more likely to have been diagnosed at a public STD testing site. As highlighted in Figure 3-8 (above) three-quarter of black and Hispanic males appear to have been diagnosed at a public testing site. Only 45 percent of white men were.

It is interesting to note that while the young are, by far, to be diagnosed with an STD, young and middle-aged adults are most likely to rely on public facilities for STD diagnosis. As illustrated in Figure 3-10 (below), well over 55 percent of those ages 18 to 54 years were identified by a public reporting site. This is not surprising when one remembers that this also represents the age group which is most likely to be uninsured.

Figure 3-10



Source: Center of Applied Demography & Survey Research, University of Delaware

GONORRHEA

Gonorrhea is the most often reported STD. It, unlike most other STDs, is more prevalent among women than men. In fact, incidence rates among African American women are three times higher than those among American men.

The young are especially at-risk. In 1994, the nationally reported gonorrhea incidence rate, among teen girls, was 79.3 (per 100,000). Among teen boys, it was 19.4.

According to Delaware's Notifiable Disease Surveillance System, 1,456 gonorrhea cases were reported in 1996. Of them:

- 1,385 = Uncomplicated Gonorrhea
- 38 = Gonorrhea PID
- 33 = Antibiotic Resistant Gonorrhea

Interestingly, nearly half (n = 668) of all 1996 gonorrhea cases reported involved City of Wilmington residents[7]. The remaining half, as noted in Table 3-3 (below), is evenly split between the remainder of New Castle, Kent and Sussex counties.

TABLE 3-3

Gonorrhea Diagnoses by Type & Location (1996)

Gonorrhea Diagnosis	Number of Cases by Location				Percent of Cases
	Wilmington	Balance of NCC	Kent Cnty	Sussex Cnty	
Uncomplicated Gonorrhea	634	237	256	258	**95.1%**
Gonorrhea PID	15	9	8	6	**2.6**
Antibiotics Resistant	19	9	4	1	**2.3**
Total Number of 1996 Gonorrhea Cases	668	255	268	265	—
% of Total Number of 1996 Gonorrhea Cases	45.9%	17.5%	18.4%	18.2%	**100.0%**

Source: Center for Applied Demography & Survey Research, University of Delaware

It is also worth noting that the number of gonorrhea incidences reported represent residents of a relatively low number of Delaware communities. In fact, when reviewing 1996 gonorrhea incidence by zip code it was noted that 906 gonorrhea cases (62%) represent Delawareans from just six of 68 zip codes! (See Table 3-4, below)

TABLE 3-4

Zip Codes with High Gonorrhea Incidence (1996)

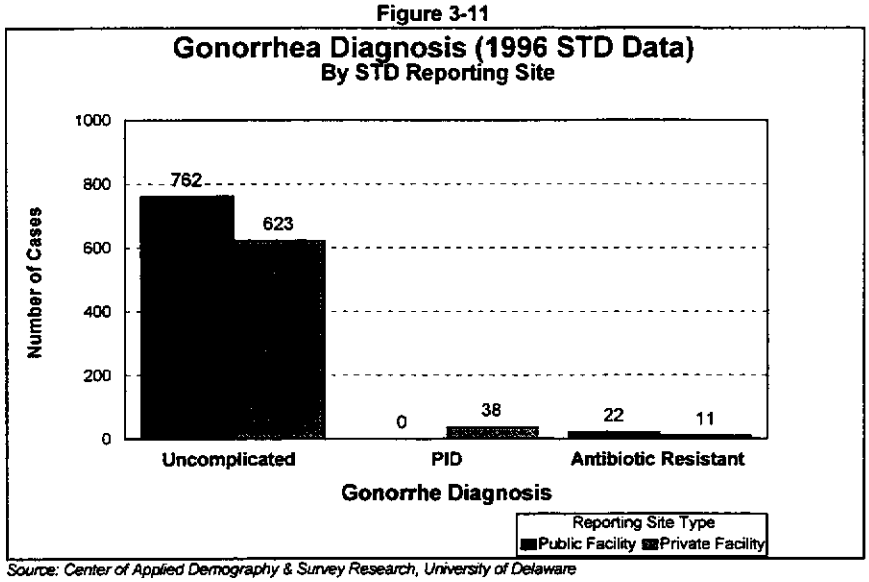
Zip Code	Community Affected	Number of Cases	% of Total Number of 1996 Gonorrhea Cases
19802	Wilmington	256	17.6%
19801	Wilmington	192	13.2%
19805	Wilmington	158	10.8%
19901	Dover	123	8.4%
19720	New Castle	116	8.0%
19973	Seaford	61	4.2%

Source: Center for Applied Demography & Survey Research, University of Delaware

[7] Because of the way that data was collected – by COUNTY – the City of Wilmington appears to include communities like Elsemere and Claymont. These communities were treated as separate entities when data was reviewed according to ZIP CODE.

Fewer then 50 gonorrhea cases were reported in any of the other 62 Delaware zip codes . In fact, fewer than 15 gonorrhea cases were identified in most Delaware communities.

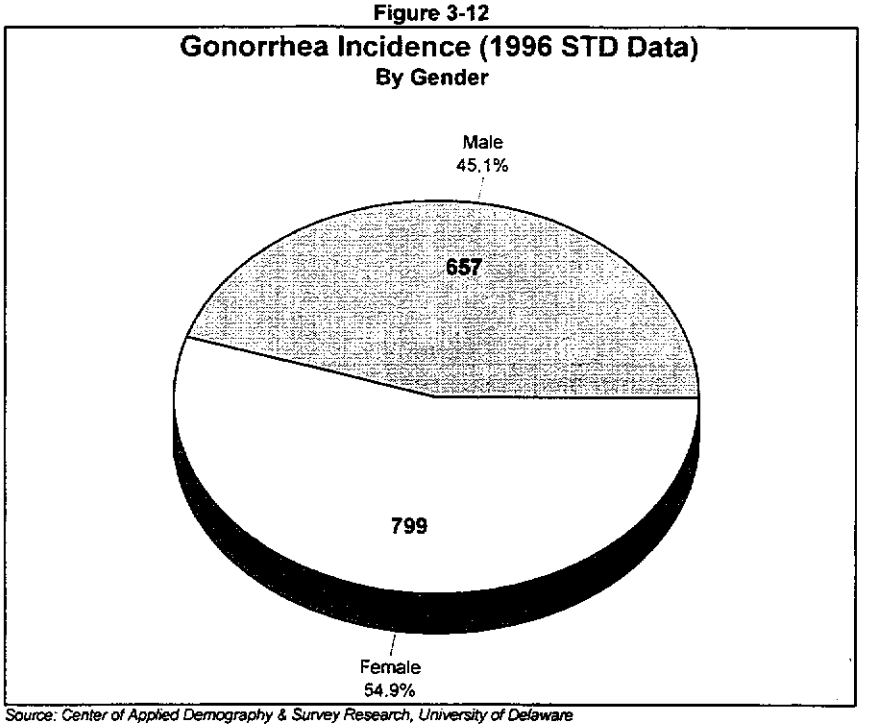
Figure 3-11



Source: Center of Applied Demography & Survey Research, University of Delaware

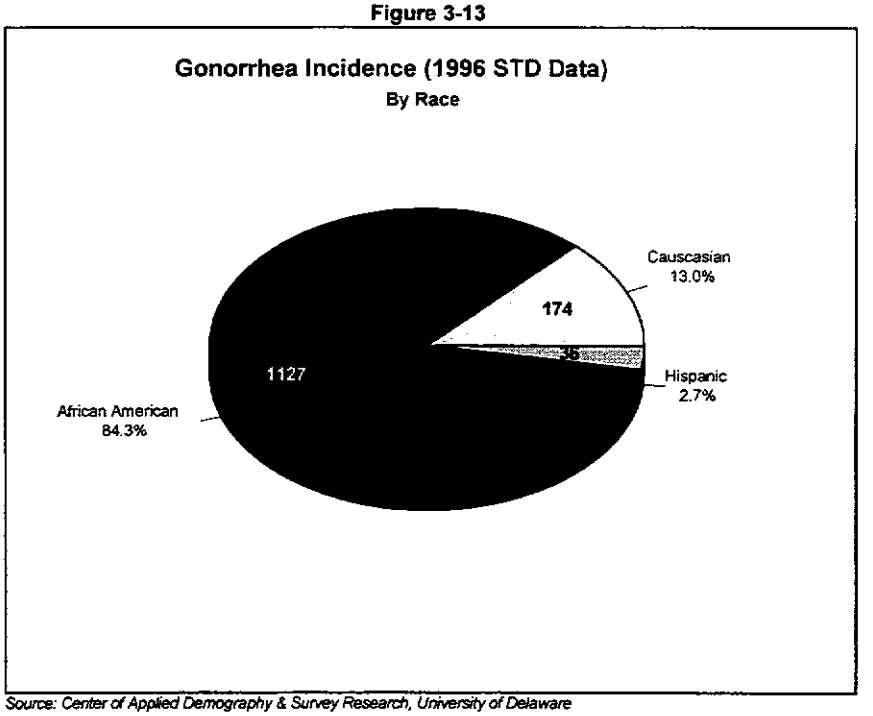
It is interesting to note that while all 38 gonorrhea PID cases were identified by private reporting sites, uncomplicated and antibiotic resistant gonorrhea cases were more likely to be identified by a public reporting site. As noted above, 55 percent of Delaware's uncomplicated gonorrhea cases and 67 percent of its antibiotic resistant cases were identified by public facilities.

Figure 3-12



Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 3-13



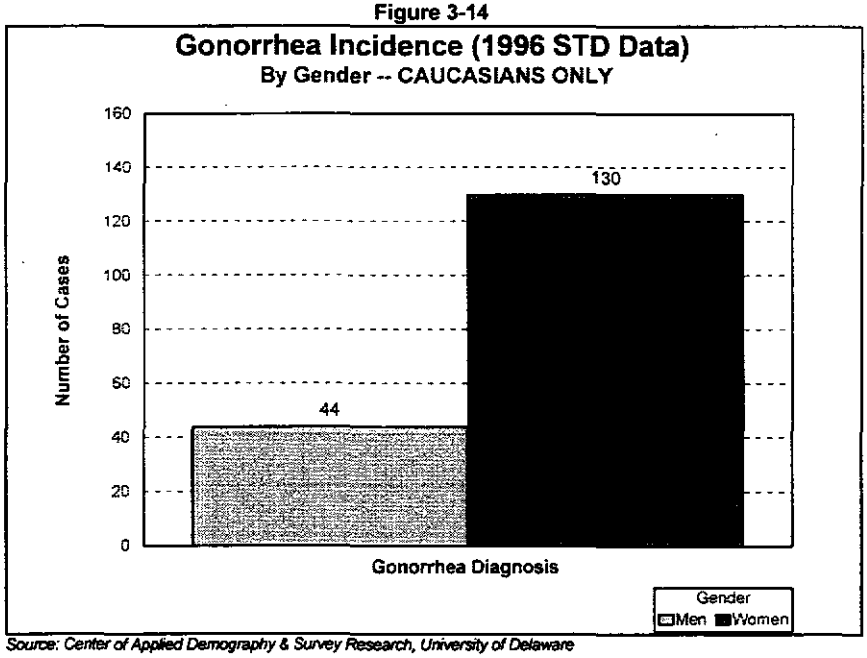
Source: Center of Applied Demography & Survey Research, University of Delaware

As with national incidence and prevalence rates, female Delawareans are more likely to have gonorrhea than their male counterparts. As illustrated in Figure 3-12 (above), 55 percent of gonorrhea cases reported in 1996 involved women.

As expected, African Americans account for the vast majority of gonorrhea cases identified in 1996. According to Figure 3-13 (above), more than eight of every ten Delawareans diagnosed with gonorrhea were black. In contrast, only 13 percent of those diagnosed with gonorrhea were white; another 2.7 percent were Hispanic.

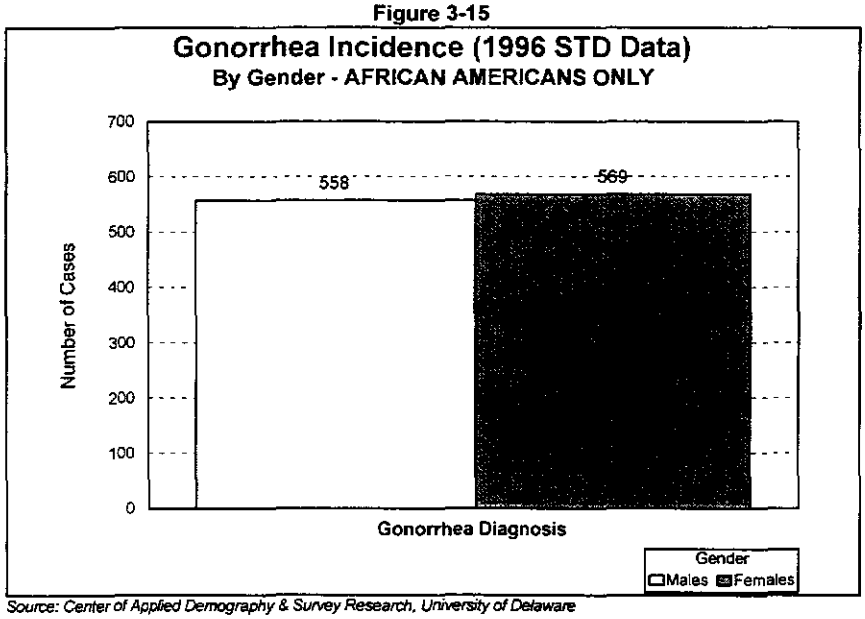
Surprisingly, while Caucasian women are three times more likely than their male counterparts to be diagnosed with gonorrhea, African American and Hispanic women appear to be no more likely than their male counterparts to be diagnosed. This contradicts recent national data which suggests that African American women are three times more likely to be diagnosed with gonorrhea than American men. (See Figures 3-14 & 3-15, below)

Figure 3-14



Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 3-15



Source: Center of Applied Demography & Survey Research, University of Delaware

Young Delawareans are, by far, most likely to have been diagnosed with gonorrhea in 1996. As highlighted in Table 3-5 (below), 13 to 34 year-olds account for nearly 90 percent of the number of gonorrhea cases identified. In fact, 18-24 year-olds, alone, account for almost half of Delaware's identified gonorrhea cases!

TABLE 3-5

Gonorrhea Incidence by Age Group (1996)

Age Group	Number of Gonorrhea Cases	Percent of Gonorrhea Cases
0-12	8	0.5%
13-15	91	6.3%
16-17	200	13.7%
18-24	677	46.5%
25-34	330	22.7%
35-44	111	7.6%
45-54	30	2.1%
55-64	6	0.4%
65+	3	0.2%
TOTAL	1456	100.0%

Source: Center for Applied Demography & Survey Research, University of Delaware

SYPHILIS

In 1996, 124 syphilis cases were reported in Delaware. Of them, nearly 40 percent were identified in the City of Wilmington. Another 35 percent were reported in Sussex County. Of the remainder, 15 percent were identified as living in New Castle County (excluding Wilmington); 12 percent live in Kent County.

TABLE 3-6

Syphilis Diagnoses by Type and Location (1996)

Syphilis Diagnosis	Number of Cases by Location				Percent of Cases (N=124)
	Wilmington	Balance of NCC	Kent Cnty	Sussex Cnty	
Primary Syphilis	4	0	3	10	**13.7%**
Secondary Syphilis	6	2	3	7	**14.5%**
Early Latent Syphilis	15	3	9	13	**32.3%**
Late Latent Syphilis	22	14	0	13	**39.5%**
Total Number of 1996 Syphilis Cases	47	19	15	43	**---**
% of Total Number of 1996 Syphilis Cases	37.9%	15.3%	12.1%	34.7%	**100.0%**

Source: Center for Applied Demography & Survey Research, University of Delaware

It should be noted that nearly 60 percent of Delaware's 124 reported syphilis cases can be found in just five zip codes. (See Table 3-7, below)

TABLE 3-7

Zip Codes with High Syphilis Incidence (1996)

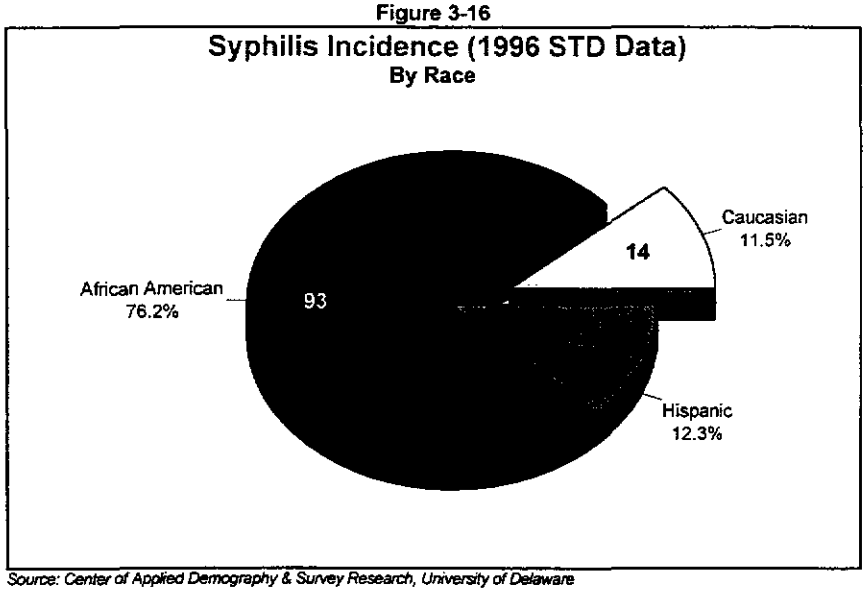
Zip Code	Community Affected	Number of Cases	% of Total Number of 1996 Syphilis Cases (N=124)
19805	Wilmington	16	12.9%
19973	Seaford	16	12.9%
19802	Wilmington	15	12.1%
19801	Wilmington	12	9.7%
19720	New Castle	10	8.1%

Source: Center for Applied Demography & Survey Research, University of Delaware

Fewer than eight syphilis cases were reported in each of the remaining 64 Delaware zip codes. Most reported having fewer than two cases.

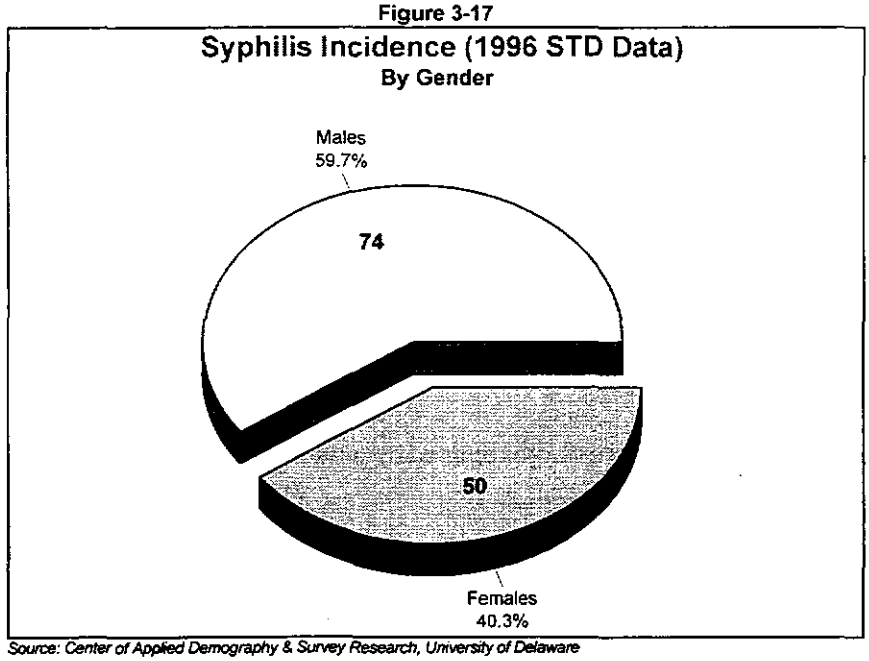
One reason why a disproportionate number of syphilis cases were reported in Sussex County may be related to the fact that Hispanics appear to be disproportionately more likely to be affected. As highlighted in Figure 3-16 (below), in 1996, Hispanics were as likely as whites to be identified as having syphilis. Respectively, 12 percent of those identified were either white or Hispanic. Seventy-six percent of all syphilis cases involve African Americans.

Figure 3-16



Source: Center of Applied Demography & Survey Research, University of Delaware

Figure 3-17

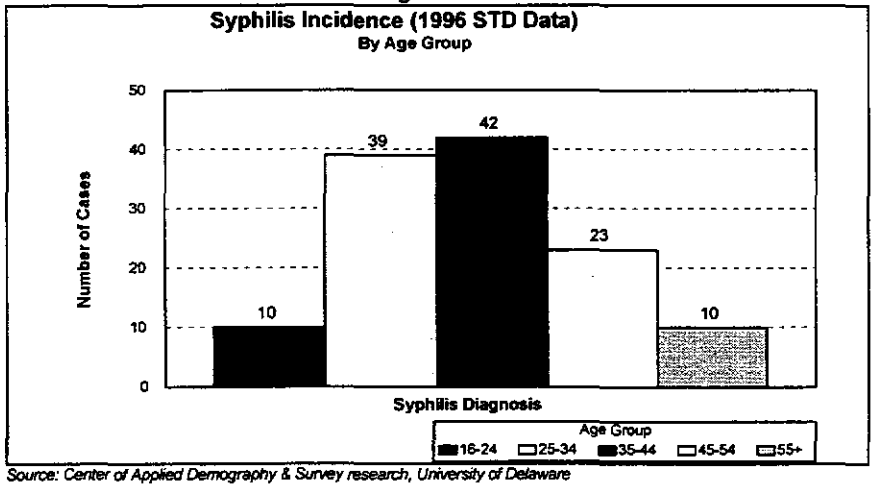


Source: Center of Applied Demography & Survey Research, University of Delaware

Men appear to be slightly more likely than women to be diagnosed with syphilis. According to Figure 3-17 (above), nearly 60 percent of all identified cases involved men.

While gonorrhea is more likely to affect adolescents and young adults, syphilis appears to be more likely to affect middle-aged adults. As illustrated in Figure 3-18 (below), 84 percent of those diagnosed with syphilis were between the ages of 24 and 54. Two-thirds were 25-44 years-old. Only eight percent of 16-24 year-olds were identified as having syphilis.

Figure 3-18



Source: Center of Applied Demography & Survey research, University of Delaware

SUMMARY

Gonorrhea

In 1996, 1,456 gonorrhea cases were diagnosed. Of them, most were identified in northern Delaware. Nearly half of the state's cases were reported in the City of Wilmington. Another 18 percent were identified in the remainder of New Castle County. Respectively, 18 percent were reported in both Kent and Sussex counties.

Most of the state's 1996 gonorrhea cases were reported by public testing facilities. As highlighted below:

- Uncomplicated Gonorrhea - 55% diagnosed at public facilities
- Antibiotic Resistant Gonorrhea - 67% diagnosed at public testing facilities

In contrast, however, all 38 gonorrhea PID cases were reported by private testing facilities.

Other data worth noting includes:

- 55% - women
- 80% - African Americans
- 13% - Caucasians
- 3% - Hispanics

In addition, it should be noted that white women were three times more likely to be diagnosed with gonorrhea than white men. In contrast, minority men are ***as likely*** as their female counterparts to be diagnosed.

The young overwhelmingly make up the majority of gonorrhea cases reported in 1996. In fact, more than eight of every ten gonorrhea cases involved someone 17-34 years of age. Age breakdowns are as follows:

- 47% - 18-24 year-olds
- 23% - 25-34 year-olds
- 14% - 16-17 year-olds

Syphilis

In addition to the 1,456 gonorrhea cases reported, 124 syphilis cases were identified in 1996. Of them, half were identified in northern Delaware. Forty percent were identified in the City of Wilmington. Another 15 percent were involved other New Castle County residents. Of the remainder, 35 percent were identified as Sussex County residents. Another 12 percent live in Kent County.

One reason why syphilis incidence is so high in Sussex County may be related to the fact that Hispanics appear to be disproportionately more likely to be affected. As highlighted below:

- 12% - Hispanics
- 12% - Caucasians
- 76% - African Americans

Other data worth noting includes:

- 60% - Men
- 66% - 25-44 year-olds

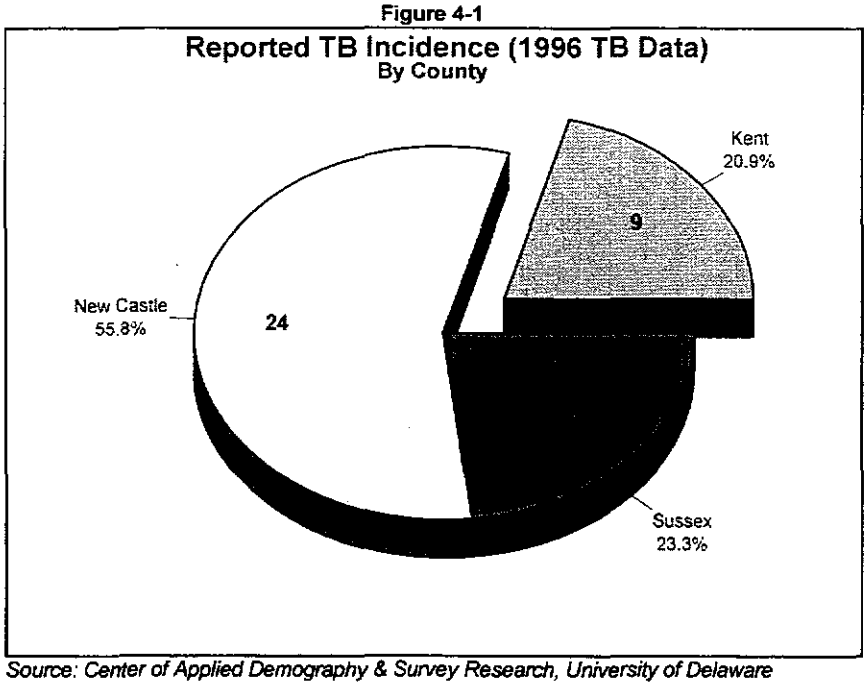
TUBERCULOSIS:

Because it is believed that persons with tuberculosis (TB) are at increased risk of being HIV-positive, it is important to gain some understanding about the those who have been diagnosed with TB.

In 1996, 43 TB cases were identified. Of them, 56 percent were identified in New Castle County. Another 23 percent were identified in Sussex County; 21 percent of Delaware's TB cases were identified in Kent County.

Interestingly, as highlighted in Table 4-1 (below), one-fifth of the state's TB cases were reported during the second quarter of 1996 (April-June). Another quarter were reported during the fourth quarter (October-December).

Figure 4-1



Source: Center of Applied Demography & Survey Research, University of Delaware

TABLE 4-1

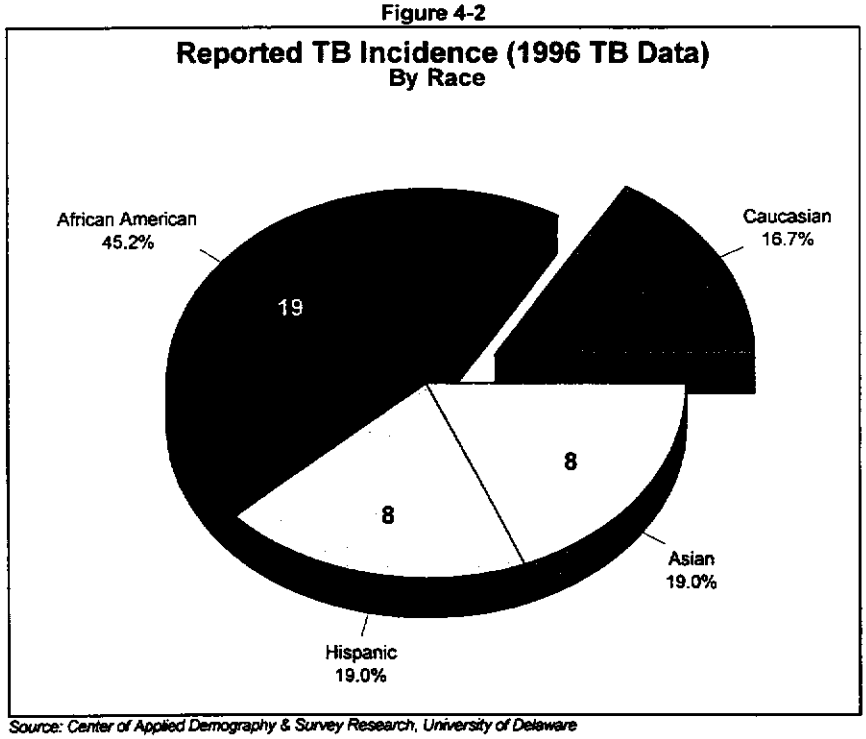
TB Cases by Quarter (1996)

Quarter	Number of Cases	Percent
First (Jan-Mar)	9	21%
Second (Apr-June)	17	40%
Third (Jul-Sept)	6	14%
Fourth (Oct-Dec)	11	25%
TOTAL 1996 CASES	43	100%

Source: Center for Applied Demography & Survey Research, University of Delaware

With regard to race, it should be pointed out that the majority of people diagnosed with TB are minorities. Two of every five is African American/Caribbean (non-Hispanic). Respectively, one of every five is either Hispanic or Asian/Pacific Islander. (See Figure 4-2, below)

Figure 4-2

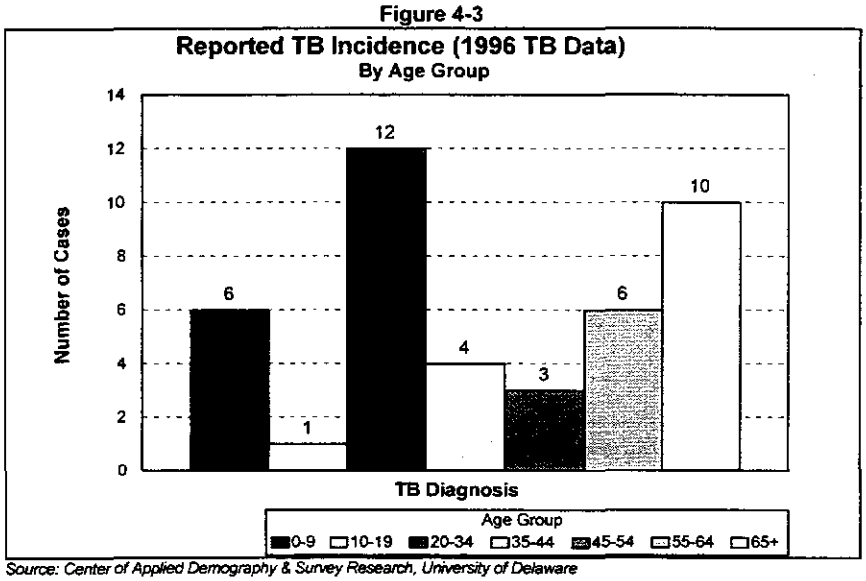


Source: Center of Applied Demography & Survey Research, University of Delaware

Interestingly, almost 40 percent (n=16) of Delaware's reported TB cases involved individuals who were not born in the United States. The other 60 percent (n=27), however, represent native U.S. citizens.

Almost two-thirds (n=27) of the tuberculosis cases reported in 1996 involved men.

Figure 4-3



Source: Center of Applied Demography & Survey Research, University of Delaware

As illustrated in Figure 4-3 (above), young adults and the elderly appear to account for the bulk of TB cases reported in 1996. Of the 43 cases identified, 28 percent involved individuals ages 20-34. Another 23 percent involved persons 65+ years. Of the remainder, 16 percent of TB cases involve children and adolescents; 14 percent represent 55-64 year-olds.

Because certain lifestyle behaviors are believed to increase one's risk of contracting tuberculosis, those identified as having the disease appear to have been asked a series of questions designed to determine what risks they may have taken which increased their infection risks. They appear to have been asked, for instance, if they were homeless at any point during the previous year. Additional questions looked at such factors as: (a) correctional facility residency, (b) long-term care facility residency, (c) injected drug use (IDU),

(d) other drug use (non-IDU), (e) "excessive alcohol" intake patterns and (f) occupation. Several clients also appear to have been screened for the AIDS-virus. Results are highlighted in Table 4-2 (below).

TABLE 4-2

TB Cases by Identified Risk Factor (1996)

Identified Risk Factor	Number of Cases	Percent of Cases (N=43)
HIV-positive[8]	3	7%
Homeless	3	7%
Resident of Correctional Facility	1	2%
Reside in Long-Term Care Facility	3	7%
IDU	1	2%
Drugs (Non-IDU)	1	2%
Excessive Alcohol Intake	4	9%
Health Care Worker	0	0%
Correctional Facility Employee	1	2%
Migrant Worker (agriculture)	0	0%
Other Occupation	12	28%
Multiple Occupations	0	0%
Unemployed Past 24 Months	25	58%

Source: Center for Applied Demography & Survey Research, University of Delaware

SUMMARY

In 1996, 43 TB cases were reported in Delaware. Of them, nearly 60 percent were identified in New Castle County. Of the remainder, 23 percent were identified as Sussex County residents; 21 percent were identified as Kent County residents.

[8] It should be noted that only 37% (n=16) of those identified with TB appear to have ALSO been screened for HIV. Thus the number of people with TB who are also HIV-positive could be higher than reported.

Other data worth noting includes:

- 40% - reported between the months April and June (2nd Quarter)
- 40% - African Americans
- 20% - Hispanics
- 40% - Caucasians
- 60% - foreign-born/immigrantresidents
- 58% - unemployed for last 24 months
- 7% - HIV positive (only 1/3 were screened for HIV)
- 7% - Homeless

With regard to age:

- 28% - 20-34 year-olds
- 23% - 65 years or older
- 16% - 0-19 year-olds
- 14% - 55-64 year-olds

SUMMARY:

As expected, with the possible exception of syphilis -- which seems to disproportionately affect Hispanics -- the majority of reported STD and HIV positive incidence seems to have been concentrated in neighborhoods with higher proportions of minorities -- particularly African Americans. In addition, incidence appears to be higher in poorer communities. This is not surprising, since national data often suggests that urban (though this trend is shifting), low-income minorities are at higher risk.

HIV COUNSELING & TESTING-RELATED

As mentioned earlier, 11,970 received pre-HIV test counseling (they did not necessarily receive an HIV test) at one of the following sites:

- Family Planning Facility
- Prenatal Clinic
- TB Clinic
- STD Clinic
- HIV Counseling & Testing Site
- University of Delaware
- Drug Treatment Facility
- Correctional Facility
- Delaware State Hospital
- Field Visit

Of those receiving HIV counseling, nearly half were African American. Another five percent were Hispanic. Forty-six percent were Caucasian. Fifty-five percent of those receiving pre-test counseling were women.

Nearly three of every four individuals counseled was 18-34 years. Nearly 10 percent were between the ages of 10-17.

Interestingly, as one notes in Map 4-1 (below), the majority of those counseled are concentrated into a relative few Delaware communities. Breakdowns of the communities with the highest concentrations receiving pre-test counseling are as follows:

- Wilmington - 20% (n=2093)
- Dover - 15% (n=1614)
- Newark - 10% (n=1118)
- New Castle - 7% (n=750)
- Elsemere - 7% (n=704)
- Georgetown - 4% (n=456)
- Seaford - 3% (n=320)
- Edgewood-Holly Oak - 3% (n=319)
- Marshallton - 2% (n=236)
- Smyrna - 2% (n=225)
- Milford - 2% (n=200)

It should also be pointed out that 11 percent (n=1297) of those receiving counseling were either non-Delawareans or their residence was unknown.

Of the 11,970 who received HIV counseling, in 1996, 82 percent also received an AIDS test. Most clients were tested at one of the following testing sites:

- 41% - STD Clinics
- 24% - HIV Counseling & Testing Sites
- 14% - Family Planning Clinics
- 7% - Correctional Facilities
- 5% - Prenatal Clinics
- 5% - University of Delaware

And of the 9814 who were tested for the AIDS virus, 127 (1.3%) tested positive. Of them, 120 (94%) are known Delawareans. Two-thirds of those identified as being HIV positive live in New Castle County. Eighteen percent represent Kent County residents. Another 15 percent are from Sussex County.

As expected, African Americans account for the majority of newly reported HIV positive cases. In fact, as noted earlier, two of every three people diagnosed HIV positive were black. It should also be noted that 80 percent of the women who tested positive were African American.

Young adults make up the majority of newly reported HIV positive cases. Age breakdowns are as follows:

- Under 18 years - 0%
- 18-24 year-olds - 11%
- 25-34 year-olds - 46%
- 35-44 year-olds - 35%
- 45-54 year-olds - 3%
- 55-64 year-olds - 4%
- 65+ years - 1%

Interestingly, as noted in Map 4-2 (above), the communities which expressed a high *demand* for HIV-related services were not necessarily those in high *need* of them. As mentioned earlier, the City of Wilmington appears to have a higher need for services than it does demand. While only 20 percent of the demand for counseling services came from the City, 26 percent of the newly reported HIV+ cases involved Wilmington residents. In contrast, while Dover residents represent 14 percent of the demand for HIV counseling, they were involved in only about seven percent of the HIV positive cases reported in 1996.

It should be pointed out, however, that the variation between demand for HIV counseling and the number of people who tested positive could be misleading. As of the time that this report was being prepared, data regarding the people who were tested for AIDS was unavailable. Thus, it is not known if the demographic breakdown of those who submitted to an AIDS test were different than the demographics of those who received HIV counseling.

Regardless, Delaware communities with high concentrations of newly reported HIV positive cases are as follows:

- 26% - Wilmington
- 13% - Elsemere
- 12% - New Castle
- 7% - Dover
- 5% - Claymont
- 4% - Smyrna
- 4% - Laurel
- 3% - Newark

Again, it should be remembered that six percent of those who tested positive were either non-Delawareans or their residence was unknown.

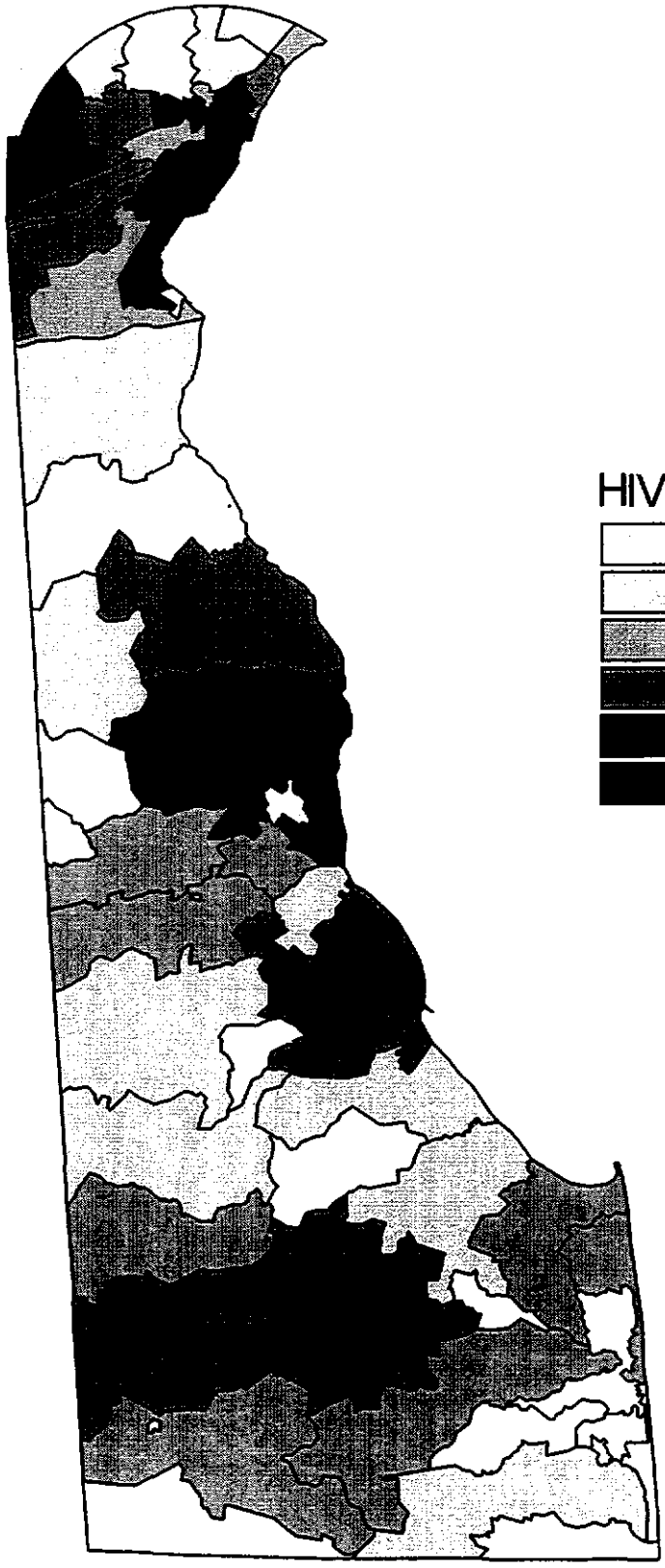
It is interesting to note that 86 percent of the newly reported HIV positive cases were identified at just one of two HIV testing site. They were:

- 47% - HIV Counseling & Testing Sites
- 39% - STD Clinics

And, of the 120 known Delawareans who tested positive, it should be pointed out that most cited one of the following as the reason why they became infected:

- 25% - Male, Same-Sex Contact
- 24% - Sex Partner At-Risk
- 23% - IDU (heterosexual)
- 13% - STD Diagnosis
- 11% - No Acknowledged Risk

Delawareans Seeking HIV Counseling Services 1996 (C&T Data)

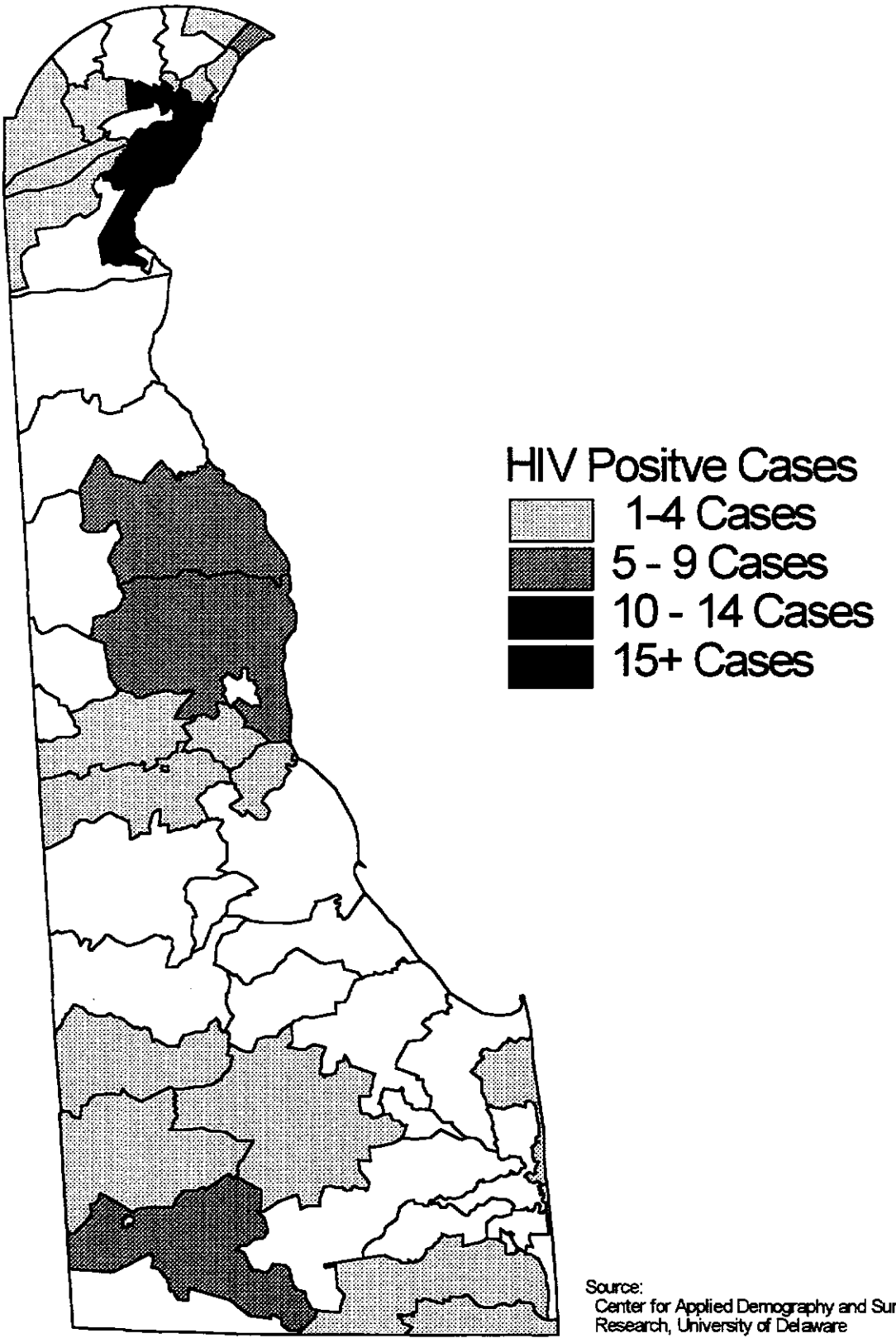


HIV Counseling Cases

- 1 - 49Cases
- 50-99 Cases
- 100 - 199 Cases
- 200 - 499 Cases
- 500 - 999 Cases
- 1000+ Cases

Source:
Center for Applied Demography and Survey Research, University of Delaware

Delawareans Who Tested HIV Positive
1996 (C&T Data)



Source:
Center for Applied Demography and Survey Research, University of Delaware

SEXUALLY TRANSMITTED DISEASE (GONORRHEA & SYPHILIS) INCIDENCE

In 1996, a total of 1580 cases of gonorrhea and/or syphilis were reported in Delaware. Of them, 45 percent represent City of Wilmington[9] residents. Another 12 percent reside in Dover. Another 8.0 percent live in the City of New Castle; five percent live in Seaford.

Interestingly, nearly two-thirds of the STD incidence represent residents of just six of Delaware's 68 residential zip codes. They are as follows:

- 17% - 19802 (Wilmington)
- 13% - 19801 (Wilmington)
- 11% - 19805 (Elsemere)
- 8% - 19901 (Dover)
- 8% - 19270 (New Castle)
- 5% - 19973 (Seaford)

African Americans account for 84 percent of the STD cases reported in 1996. Caucasians account for only 13 percent. Men were as likely as women to be diagnosed as their female counterparts.

Eighty percent of all reported STD cases involve clients ages 16-34 years. Alone, 18-24 year-olds account for 43 percent of those cases reported in 1996!

It is also worth noting that those living in Kent and Sussex County are more likely than their northern counterparts to rely on ***public facilities*** for STD testing. Roughly 66 percent were tested at one. In contrast, only about 50 percent of New Castle County (including City of Wilmington) residents relied on a public testing facility.

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[9] City of Wilmington, the way data was collected by County, appears to include communities like Elsemere and Claymont. These communities have been treated as separ entities when data was reviewed by Zip Code.

Delaware communities which seemed particularly reliant on public testing facilities include:

- 19802 (Wilmington)
- 19801 (Wilmington)
- 19901 (Dover)
- 19805 (Elsemere)
- 19720 (New Castle)
- 19973 (Seaford)
- 19904 (Dover)
- 19947 (Georgetown)
- 19966 (Millsboro)

In fact, it should be noted that these nine communities account for three of every four STD cases reported in 1996!

Gonorrhea Incidence Only:

According to Delaware's Notifiable Disease Surveillance System, 1456 gonorrhea cases were reported in 1996. Of them:

- Uncomplicated gonorrhea - 1385 cases
- Gonorrhea PID - 38 cases
- Antibiotic resistant gonorrhea - 33 cases

African Americans account for four of every five gonorrhea cases reported in 1996. Of the remainder, Caucasians make up 13 percent of the gonorrhea incidence; Hispanics account for three percent of it.

Fifty-five percent of the new gonorrhea cases reported involved women. In the case of whites, however, it should be pointed out that women account for 75 percent of the total cases reported. Black men are as likely as their female counterparts to be diagnosed.

Older adolescents and young adults account for the vast majority of newly reported gonorrhea cases. Age breakdowns are as follows:

- 12 years & under - 1%
- 13-15 year-olds - 7%
- 16-17 year-olds - 14%
- 18-24 year-olds - 46%
- 25-34 year-olds - 23%
- 35-44 year-olds - 8%
- 45-54 year-olds - 2%
- 55+ years - 0%

As indicated in Map 4-3 (below), 1996 reported gonorrhea incidence was concentrated in a relative few Delaware communities. They are as follows:

- 32% - Wilmington
- 12% - Dover
- 11% - Elsemere
- 8% - New Castle
- 6% - Newark
- 4% - Seaford
- 3% - Georgetown
- 2% - Millsboro

Syphilis Incidence Only:

According to Delaware's Notifiable Disease Surveillance System, 124 syphilis cases were reported in 1996. Of them:

- Primary syphilis - 17 cases
- Secondary syphilis - 18 cases
- Early latent syphilis - 40 cases
- Late latent syphilis - 49 cases

African Americans account for three of every four syphilis cases reported in Delaware. Respectively, Hispanics and Caucasians each account for roughly 12 percent of the remaining 24 percent of syphilis cases reported in 1996.

Sixty percent of those diagnosed with syphilis were men.

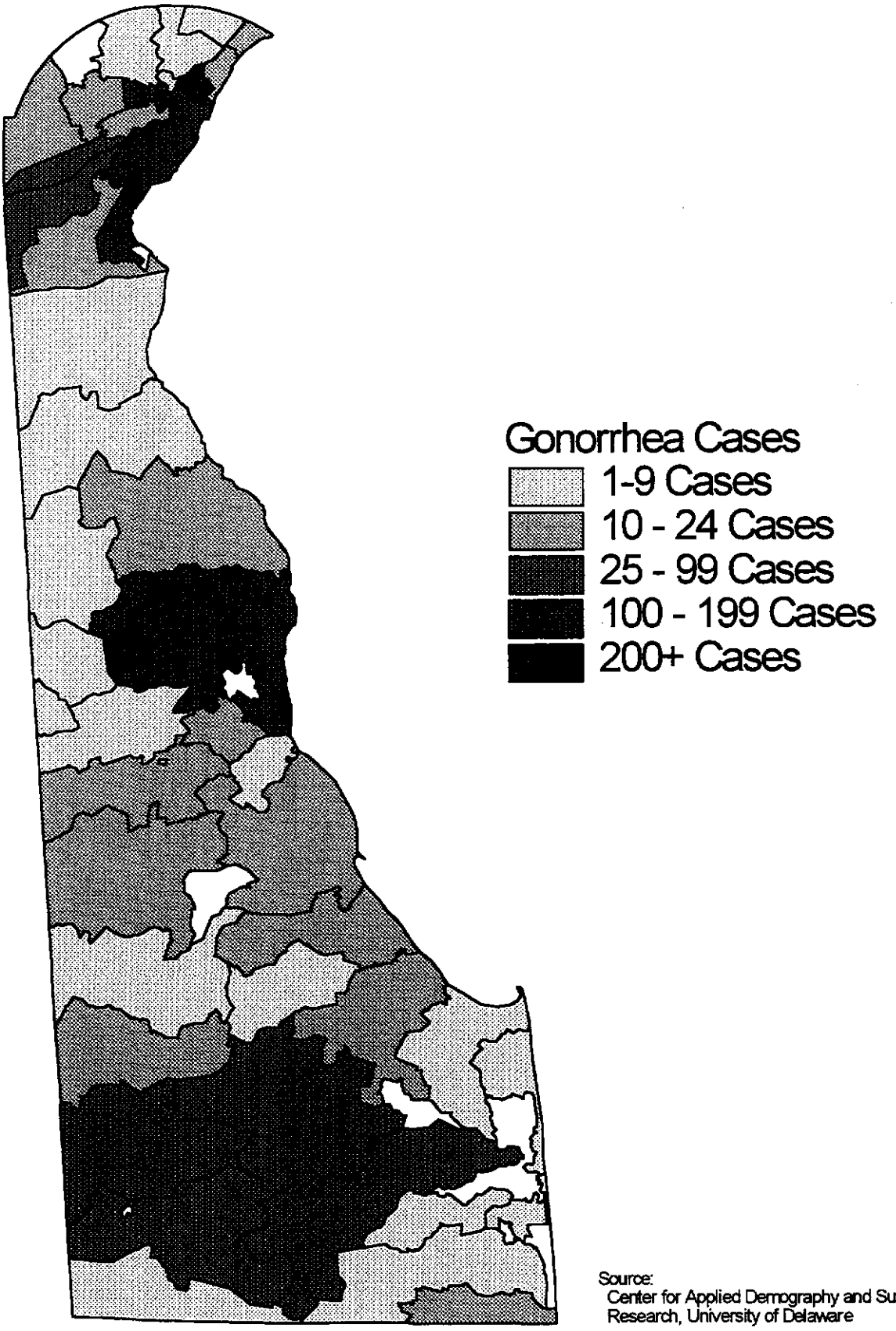
Like gonorrhea, syphilis is most likely to affect older adolescents and young adults. Age breakdowns are as follows:

- Under 16 years - 8%
- 16-24 year-olds - 31%
- 25-34 year-olds - 34%
- 35-44 year-olds - 19%
- 45-54 year-olds - 8%

As indicated in Map 4-4 (below), the majority of 1996 reported syphilis incidence was concentrated into a relative few Delaware communities. They are:

- 22% - Wilmington
- 13% - Elsemere
- 13% - Seaford
- 9% - Dover
- 8% - New Castle
- 6% - Millsboro
- 3% - Georgetown

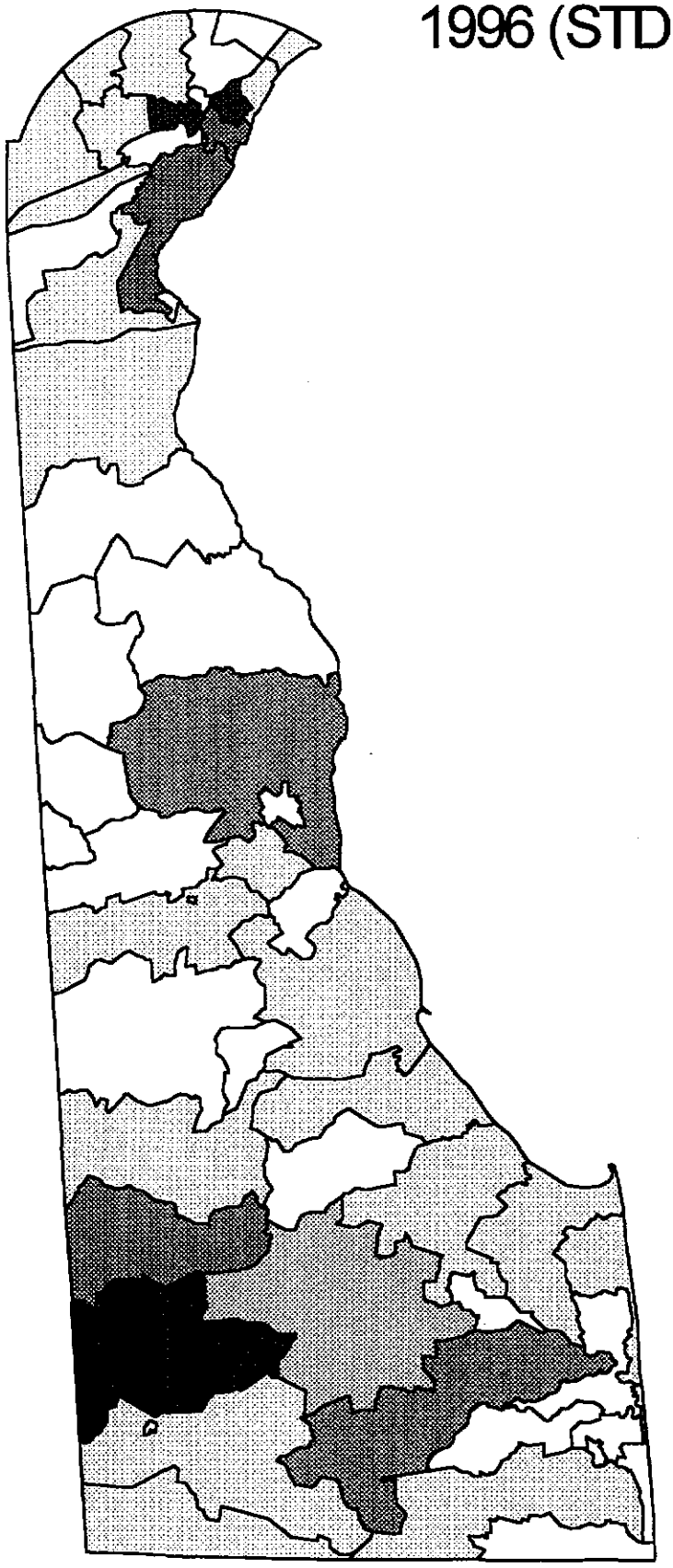
Reported Gonorrhea Incidence
1996 (STD Data)



Source:
Center for Applied Demography and Survey Research, University of Delaware

Reported Syphilis Incidence

1996 (STD Data)



Syphilis Cases

- 1-2 Cases
- 3-4 Cases
- 5-9 Cases
- 10-14 Cases
- 15+ Cases

Source:
Center for Applied Demography and Survey Research, University of Delaware

APPENDIX

Supplemental Demographic Information by Zip Code

Zip Code	Average Household Income (1990)	% of Households w/Annual Income Below $15,000(1990)	Gender (1990)		Race (1990)		Median Age	High Incidence	High Demand[1]
			% Male	% Female	% White	% Black			
DE	$39,884	20	49	51	80	17	---	---	
19702	41,409	12	49	51	85	12	28		C
19711	46,029	18	48	52	90	6	26		C
19720	38,881	16	49	51	78	20	32	STD,HIV+	C
19801	21,464	51	46	54	13	82	30	STD,HIV+	C
19802	30,251	31	47	53	31	67	32	STD,HIV+	C
19805	32,955	25	48	53	71	22	33	STD, HIV+	C
19806	36,552	30	43	57	86	12	41		C
19901	36,511	23	48	52	71	25	31	STD, HIV+	C
19904	---	---	---	---	---	---	---		C
19947	34,368	23	50	50	78	20	34		C
19973	36,711	23	47	53	77	22	35	STD	
19703	38,290	18	48	52	87	11	32	HIV+	
19956	33,927	26	48	52	85	15	34	HIV+	
19977	35,233	23	53	47	83	16	34	HIV+	
19971	31,523	24	47	53	90	8	48		C

1. "C" = HIV counseling "T" = HIV testing