

CASES OF AIDS
IN YOUR NEIGHBORHOOD

STATEN ISLAND

Cumulative Adult AIDS Cases By
Race, Gender, Age and Risk Factor
in New York City

AUGUST 1990

AIDS Program Services
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I. INTRODUCTION

The Division of AIDS Program Services of the New York City Department of Health produces semi-annual "Borough Packets," which provide statistical information about the impact of the HIV/AIDS epidemic on New York City neighborhoods. Neighborhoods, as used in these Borough Packets, are based on United Hospital Fund (UHF) zip code clusters. The UHF developed this system of adjoining zip code areas with similar characteristics in order to enable individuals and service providers to analyze data for small geographic areas.

A total of 41 neighborhoods have been defined for New York City: four (4) in Staten Island, seven (7) in the Bronx, and ten (10) each in Brooklyn, Manhattan and Queens. In addition to neighborhood profiles, summary data are presented for each borough and for New York City as a whole. These summaries provide benchmarks against which neighborhood (zip code area) data can be compared.

The Borough Packets are designed to facilitate community-based analysis of the HIV/AIDS epidemic. For each neighborhood, data on reported adult AIDS cases is presented by race, gender, risk behavior and age group. Also included are trend data which illustrate changes in the epidemic over time, as well as zip code maps of the boroughs and New York City, and a glossary of HIV/AIDS-related terms.

We hope this approach to describing the impact of the HIV/AIDS epidemic on New York City neighborhoods will be helpful to you.

II. OVERVIEW OF HIV/AIDS EPIDEMIC

Nowhere else in the nation are the challenges of the epidemic of AIDS and HIV-related illness making themselves felt more strongly than in New York City. The cumulative number of AIDS cases here — more than 27,000 as of August 1990 — exceeds the combined total reported from the next four U.S. cities: Los Angeles, San Francisco, Houston, and Washington D.C. More than 20% of all individuals diagnosed with AIDS in the U.S. reside in NYC. Similarly, NYC accounts for the vast majority (84%) of all cases reported in New York State.

As of June 1, 1990, more than 16,100 New Yorkers have died from AIDS. It is now the leading cause of death among New York City men aged 30–44 years, women aged 25–39 years, and children aged 1–4 years. Almost 4,000 cases of AIDS in women and over 600 cases in children have been reported in New York City.

We estimate that between 125,000 and 235,000 people living in New York City are infected with HIV. This includes up to 60% of the city's estimated 200,000 intravenous (IV) drug users; 50,000 men who have sex with men; and thousands of others, primarily women, infected through heterosexual contact with an IV drug user. About 1,800 infants are born to HIV-infected mothers in New York City each year. Approximately one-third of these children will develop HIV illness by 15 months.

It is now clearly recognized that the burden of the epidemic on our hospitals and in our communities extends far beyond the services needed by the number of people with AIDS, as defined by the Centers for Disease Control (CDC). Many people with HIV infection develop HIV-related illnesses and conditions that do not fit the CDC definition of AIDS. As many as 4,000–6,000 men, women and children have had severe or fatal HIV disease which did not meet criteria for reportable cases of AIDS. This full spectrum of HIV illness requires a wide range of medical and support services. NYCDOH has worked to shift the focus of health service planning and delivery away from CDC-defined AIDS to the broader, more appropriate concept of HIV illness.

III. HIV/AIDS SURVEILLANCE PROCESS

A. AIDS Surveillance

AIDS surveillance counts the total number of AIDS cases, as defined by the Federal Centers for Disease Control. This method was first initiated in 1981, soon after AIDS became recognized as a disease. A staff of medical specialists, epidemiologists, public health advisors, and statisticians working at the NYCDOH collects and maintains information about AIDS cases diagnosed and reported by physicians and hospitals in New York City. Data collected on cases include demographic information, type of opportunistic disease, and behavioral risk to which HIV transmission is attributed. The staff conducts in-depth investigations of selected cases, in which the cause of transmission is not initially established. Data on CDC-defined AIDS are collected in all cities and states in the U.S. The data are useful because they can be compared across geographic regions, and over time.

B. HIV Surveillance

It is important to remember that AIDS case surveillance alone cannot describe the full impact of HIV in New York City. NYCDOH works to monitor the prevalence (number of existing cases) of HIV infection through blinded anonymous surveys of HIV seroprevalence in selected populations.

NYCDOH also carries out special surveys in NYC to measure the extent of HIV-related illness that is not currently counted as AIDS, according to the CDC case definition. These special evaluation surveys may be carried out in hospital-based clinics and physicians' offices, and also through autopsy studies based at the Medical Examiners Office.

Finally, NYCDOH annually projects the number of future AIDS cases, as well as other HIV-related diseases. These future projections are used in planning for service development.

IV. UNITED HOSPITAL FUND DESIGNATED NEIGHBORHOODS

Counting cases of AIDS alone cannot adequately describe the impact of the HIV/AIDS epidemic on particular neighborhoods. The epidemic affects many aspects of community life that cannot be easily measured. Examining the total number of AIDS cases does not describe how many people have HIV-related conditions that do not fit the Centers for Disease Control (CDC) definition of AIDS. The following documents thus present AIDS case data which give communities a piece of the picture, and provide a profile of how hard the epidemic has already hit a particular community.

The smallest geographic area for which data are collected on persons with AIDS is zip code residence. Exact addresses of people with AIDS are deliberately not collected in order to protect the confidentiality and privacy of people with AIDS. In many places, zip codes cut across neighborhoods. To help avoid confusion in describing communities, the United Hospital Fund (UHF) defined neighborhoods broadly, each covered by a specific set of zip codes. The attached neighborhood profiles present total AIDS cases by sex, race, age and risk for each of these broader "neighborhoods."

If you are interested in a detailed picture of AIDS cases reported to date in a particular neighborhood, find the zip code(s) in which you are interested. It, along with other zip codes, will be designated as a neighborhood. The name and/or boundaries may differ from other interpretations of that neighborhood — this is only one way of looking at the City geographically. The UHF definitions of neighborhoods are also helpful because they are commonly used in planning for health services.

We present the following data by neighborhood to provide a clearer picture of the impact of AIDS geographically. None of the data or presentations are meant to point to high-risk neighborhoods. Neighborhoods, groups of people, and populations are not high-risk — people's behaviors are high-risk. A neighborhood can be analyzed by looking at the degree to which certain high-risk behaviors account for cases of AIDS in the neighborhood. We hope that such information and awareness can help community-based and citywide service providers develop effective HIV/AIDS education and prevention programs.

V. HOW TO USE THIS PACKET

A. Description of Neighborhood Profiles

Neighborhoods are identified both by name and by zip codes. Each neighborhood profile is comprised of one page with four tables of AIDS case statistics:

1. Number and Percent of Adult AIDS Cases by RACE
2. Number and Percent of Adult AIDS Cases by GENDER
3. Number and Percent of Adult AIDS Cases by RISK BEHAVIOR
4. Number and Percent of Adult AIDS Cases by AGE

Each of the four tables represents the total adult AIDS cases for that neighborhood, distributed across each particular category. For example, in the Bedford Stuyvesant Brooklyn neighborhood profile, the first two tables would look like this:

Number (#) and Percent (%) AIDS Cases by RACE			Number (#) and Percent (%) of AIDS Cases by GENDER		
	#	%		#	%
White	97	(6%)	Males	1,157	(76%)
Hispanic	218	(14%)	Females	<u>359</u>	(24%)
Black	1,188	(78%)	TOTAL:	1,516	(100%)
Other	<u>13</u>	(1%)			
TOTAL:	1,516	(100%)			

Sample epidemiologic statements based on the above data may include:

- Women represent 24% of reported adult AIDS cases in Bedford Stuyvesant.
- Over 90% of reported adult AIDS cases are among Black (78%) and Hispanic (14%) residents of Brooklyn's Bedford Stuyvesant neighborhood.

There are over 2,000 adult AIDS cases citywide that are not included in the UHF zip code area data for two main reasons: (1) some zip codes simply are not included in the UHF designated neighborhoods, and (2) cases of AIDS are reported but zip code of residence is not identified. Therefore, the data included in this Borough Packet represent fewer AIDS cases than reported in the NYCDOH monthly AIDS Surveillance Updates.

B. Definitions/Abbreviations Used in Data

Listed below are definitions of the abbreviations used in the neighborhood statistical profiles:

IVDU:

Intravenous drug user

MSM:

Men who have sex with men; these men may or may not identify themselves as homosexual.

MSM/IVDU:

Men who have sex with men and who also use drugs intravenously (with needles).

HETEROSEXUAL TRANSMISSION:

Persons whose only risk for HIV transmission is having engaged in unprotected heterosexual activity with a partner at risk for HIV infection. The vast majority of these cases are women.*

* Data are not routinely collected on the number of IVDU men and women who also report heterosexual contact with a person at risk for HIV infection.

OTHER RISK:

Includes persons who died before interview; those who refused to be interviewed, or whose doctor refused to be interviewed; cases under investigation to confirm exposure through blood transfusion and/or other risks; or persons who originated in a country outside the US.

OTHER RACE:

Includes Asians/Pacific Islanders, Native Americans/Alaskans, and others for whom racial background is not known. To date, cases of AIDS have been reported among Asians, Pacific Islanders, Native Americans and Alaskans in New York City. The numbers of reported AIDS cases are growing, but are not clustered in any particular neighborhood. Therefore, none of these groups are represented in the neighborhood data in order to protect their confidentiality.

UNKNOWN AGE:

Age of person diagnosed with AIDS is not identified.

In addition to the individual neighborhood profiles, the Borough Packet includes summary data for each borough and for New York City as a whole. United Hospital Fund neighborhood data can be compared to these summaries. Also included are borough and New York City maps that illustrate UHF neighborhoods, and a glossary of HIV/AIDS-related terms.

New York City Summary Profile

Boroughs



Bronx



Brooklyn



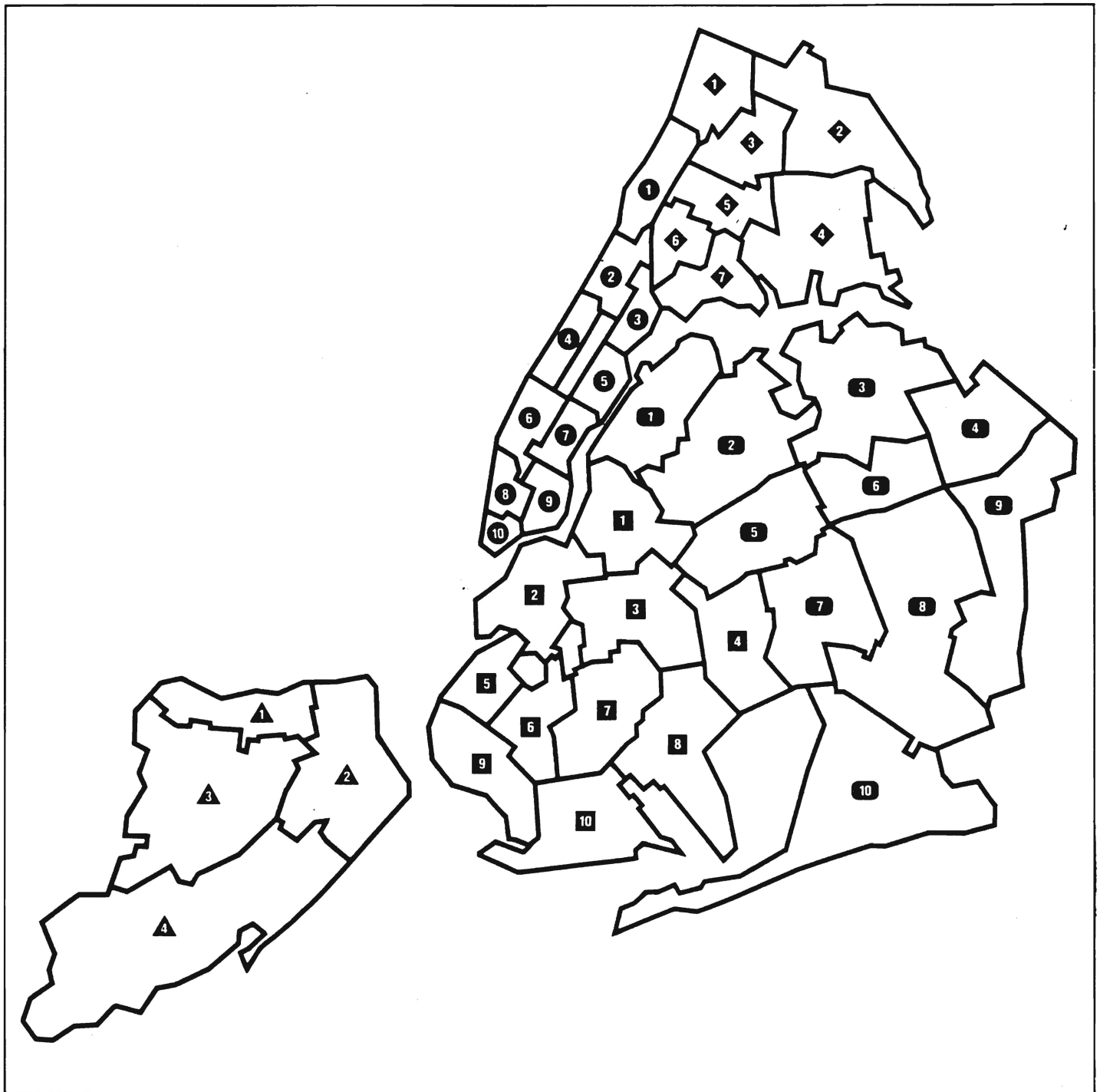
Manhattan



Queens



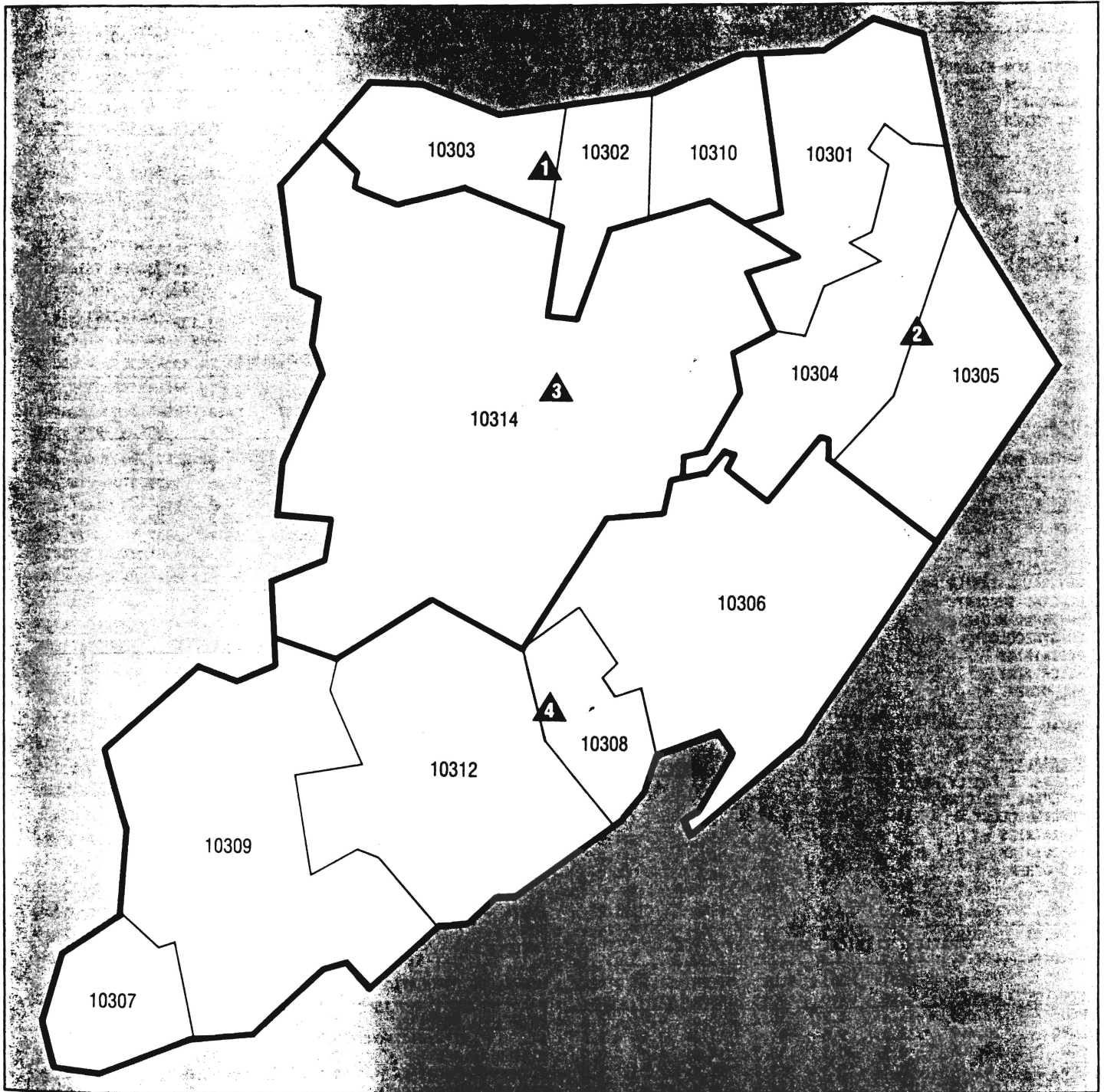
Staten Island



Staten Island

Neighborhoods

- 1** Port Richmond
- 2** Stapleton • St. George
- 3** Willowbrook
- 4** South Beach • Tottenville



NEW YORK CITY DEPARTMENT OF HEALTH
OFFICE OF AIDS AND HIV SURVEILLANCE

Total Number of AIDS Cases in Your Neighborhood
From 1981 to June 1990

PORT RICHMOND
(10302,10303,10310)

# and % of AIDS Cases by RACE			# and % of AIDS Cases by GENDER		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
White	40	(57%)	Males	53	(76%)
Hispanic	8	(11%)	Females	17	(24%)
Black	22	(31%)	TOTAL:	<u>70</u>	(100%)
Other	0	(0%)			
TOTAL:	<u>70</u>	(100%)			

# and % of AIDS Cases by RISK BEHAVIOR			# and % of AIDS Cases by AGE		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
MSM	16	(23%)	13 - 24	1	(0%)
MSM/IVDU	2	(3%)	25 - 29	7	(10%)
IVDU	40	(57%)	30 - 39	34	(49%)
Heterosexual Transmission	6	(9%)	40 - 49	17	(24%)
			50 +	11	(16%)
Transfusion/ Blood Products	2	(3%)	Unknown	0	(0%)
Other	4	(6%)	TOTAL:	<u>70</u>	(100%)
TOTAL:	<u>70</u>	(100%)			

Neighborhood % of all Staten Island AIDS Cases: 20%

NEW YORK CITY DEPARTMENT OF HEALTH
OFFICE OF AIDS AND HIV SURVEILLANCE

Total Number of AIDS Cases in Your Neighborhood
From 1981 to March 1990

STAPLETON, ST. GEORGE
(10301,10304,10305)

# and % of AIDS Cases by RACE			# and % of AIDS Cases by GENDER		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
White	106	(56%)	Males	153	(81%)
Hispanic	35	(19%)	Females	35	(19%)
Black	46	(24%)	TOTAL:	<u>188</u>	(100%)
Other	1	(1%)			
TOTAL:	<u>188</u>	(100%)			

# and % of AIDS Cases by RISK BEHAVIOR			# and % of AIDS Cases by AGE		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
MSM	75	(40%)	13 - 24	6	(3%)
MSM/IVDU	7	(4%)	25 - 29	21	(11%)
IVDU	78	(41%)	30 - 39	95	(51%)
Heterosexual Transmission	10	(5%)	40 - 49	51	(27%)
			50 +	15	(8%)
Transfusion/ Blood Products	5	(3%)	Unknown	0	(0%)
Other	13	(7%)	TOTAL:	<u>188</u>	(100%)
TOTAL:	<u>188</u>	(100%)			

Neighborhood % of all Staten Island Cases: 53%

NEW YORK CITY DEPARTMENT OF HEALTH
OFFICE OF AIDS AND HIV SURVEILLANCE

Total Number of AIDS Cases in Your Neighborhood
From 1981 to June 1990

WILLOWBROOK
(10314)

# and % of AIDS Cases by RACE			# and % of AIDS Cases by GENDER		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
White	31	(82%)	Males	35	(92%)
Hispanic	5	(13%)	Females	3	(8%)
Black	1	(3%)	TOTAL:	<u>38</u>	(100%)
Other	1	(3%)			
TOTAL:	<u>38</u>	(100%)			

# and % of AIDS Cases by RISK BEHAVIOR			# and % of AIDS Cases by AGE		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
MSM	15	(39%)	13 - 24	3	(8%)
MSM/IVDU	5	(13%)	25 - 29	3	(8%)
IVDU	12	(32%)	30 - 39	21	(55%)
Heterosexual Transmission	2	(5%)	40 - 49	9	(24%)
			50 +	2	(5%)
Transfusion/ Blood Products	0	(0%)	Unknown	0	(0%)
Other	4	(11%)	TOTAL:	<u>38</u>	(100%)
TOTAL:	<u>38</u>	(100%)			

Neighborhood % of all Staten Island Cases: 11%

NEW YORK CITY DEPARTMENT OF HEALTH
OFFICE OF AIDS AND HIV SURVEILLANCE

Total Number of AIDS Cases in Your Neighborhood
From 1981 to June 1990

SOUTH BEACH, TOTTEVILLE
(10306,10307,10308,10309,10312)

# and % of AIDS Cases by RACE			# and % of AIDS Cases by GENDER		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
White	40	(66%)	Males	56	(92%)
Hispanic	9	(15%)	Females	5	(8%)
Black	11	(18%)	TOTAL:	<u>61</u>	(100%)
Other	1	(2%)			
TOTAL:	<u>61</u>	(100%)			

# and % of AIDS Cases by RISK BEHAVIOR			# and % of AIDS Cases by AGE		
	<u>#</u>	<u>%</u>		<u>#</u>	<u>%</u>
MSM	11	(18%)	13 - 24	3	(5%)
MSM/IVDU	1	(2%)	25 - 29	4	(7%)
IVDU	42	(69%)	30 - 39	38	(62%)
Heterosexual Transmission	0	(0%)	40 - 49	11	(18%)
Transfusion/ Blood Products	4	(7%)	50 +	5	(8%)
Other	3	(5%)	Unknown	0	(0%)
TOTAL:	<u>61</u>	(100%)	TOTAL:	<u>61</u>	(100%)

Neighborhood % of all Staten Island Cases: 17%

STATEN ISLAND

Total Number of AIDS Cases in Staten Island Neighborhoods
From 1981 to June 1990

# and % of AIDS Cases by RACE			# and % of AIDS Cases by GENDER		
	#	%		#	%
White	217	(61%)	Males	297	(83%)
Hispanic	57	(16%)	Females	60	(17%)
Black	80	(22%)	TOTAL:	<u>357</u>	(100%)
Other	3	(1%)			
TOTAL:	<u>357</u>	(100%)			

# and % of AIDS Cases by RISK BEHAVIOR			# and % of AIDS Cases by AGE		
	#	%		#	%
MSM	117	(33%)	13 - 24	13	(4%)
MSM/IVDU	15	(4%)			
IVDU	172	(48%)	25 - 29	35	(10%)
Heterosexual Transmission	18	(5%)	30 - 39	188	(53%)
			40 - 49	88	(25%)
Transfusion/ Blood Products	11	(3%)	50 +	33	(9%)
Other	24	(7%)	Unknown	0	(0%)
TOTAL:	<u>357</u>	(100%)	TOTAL:	<u>357</u>	(100%)

Staten Island represents 2% of all NYC AIDS cases.*

* 61 adult AIDS cases in Staten Island are not included in this borough summary data and the following neighborhood statistical profiles because accurate zip code information was unavailable on these cases.

**TOTAL NUMBER AND PERCENT OF ADULT AIDS CASES
BY BOROUGH
From 1981 to June 1, 1990**

<u>BOROUGH</u>	<u># and % of AIDS Cases</u>	
	#	%
BRONX	4,070	(16%)
BROOKLYN	5,563	(22%)
MANHATTAN	11,838	(48%)
QUEENS	3,185	(13%)
STATEN ISLAND	418	(2%)
OTHER/UNKNOWN	186	(1%)
TOTAL NYC:	24,805	(100%)

(NOTE: This table reflects the number of AIDS cases for which the NYCDOH has information on the borough of residence. The neighborhood profiles reflect 2,126 fewer adult AIDS cases because accurate zip code information is unavailable on those cases.)

CUMULATIVE NYC ADULT AIDS CASES:
 BOROUGH BY SEX
 (NYC Dept. of Health, HIV/AIDS Surveillance, 6/90)

SEX	BRONX		BROOKLYN		MANHATTAN		QUEENS		STATEN ISLAND		ZIP NYC UNKNOWN	
	#	%	#	%	#	%	#	%	#	%	#	%
MALE	2,999	78%	4,228	80%	9,594	91%	2,482	85%	297	83%	1,964	89%
FEMALE	856	22%	1,069	20%	929	9%	434	15%	60	17%	240	11%
TOTAL	3,855	15%	5,297	21%	10,523	42%	2,916	12%	357	1%	2,204	9%

CUMULATIVE NYC ADULT AIDS CASES:
 BOROUGH BY RISK BEHAVIOR
 (NYC Dept. of Health, HIV/AIDS Surveillance, 6/90)

RISK BEHAVIOR	BRONX		BROOKLYN		MANHATTAN		QUEENS		STATEN ISLAND		ZIP NYC UNKNOWN	
	#	%	#	%	#	%	#	%	#	%	#	%
MSM	876	23%	1,640	31%	7,057	67%	1,195	41%	117	33%	1,069	49%
MSM/IVDU	185	5%	158	3%	933	9%	120	4%	15	4%	129	6%
IVDU	2,257	59%	2,549	48%	2,065	20%	1,209	41%	172	48%	809	37%
HETEROSEXUAL TRANS.	273	7%	251	5%	177	2%	111	4%	18	5%	50	2%
BLOOD PRODUCTS/TRANS.	28	1%	55	1%	29	0%	36	1%	11	3%	18	1%
OTHER	236	6%	644	12%	262	2%	245	8%	24	7%	129	6%
TOTAL	3,855	15%	5,297	21%	10,523	42%	2,916	12%	357	1%	2,204	9%

CUMULATIVE NYC ADULT AIDS CASES:
 BOROUGH BY RACE/ETHNICITY
 (NYC Dept. of Health, HIV/AIDS Surveillance, 6/90)

RACE/ETHNICITY	BRONX		BROOKLYN		MANHATTAN		QUEENS		STATEN ISLAND		ZIP NYC UNKNOWN	
	#	%	#	%	#	%	#	%	#	%	#	%
WHITE	361	9%	1,217	23%	5,543	53%	973	33%	217	61%	909	41%
HISPANIC	2,030	53%	1,381	26%	2,170	21%	759	26%	57	16%	523	24%
BLACK	1,436	37%	2,653	50%	2,669	25%	1,140	39%	80	22%	757	34%
OTHER	28	1%	46	1%	141	1%	44	2%	3	1%	15	1%
TOTAL	3,855	15%	5,297	21%	10,523	42%	2,916	12%	357	1%	2,204	9%

CUMULATIVE NYC ADULT AIDS CASES:
 BOROUGH BY AGE
 (NYC Dept. of Health, HIV/AIDS Surveillance, 6/90)

AGE	BRONX		BROOKLYN		MANHATTAN		QUEENS		STATEN ISLAND		ZIP NYC UNKNOWN	
	#	%	#	%	#	%	#	%	#	%	#	%
13-24	144	4%	199	4%	198	2%	83	3%	13	4%	67	3%
25-29	498	13%	800	15%	1,058	10%	383	13%	35	10%	296	13%
30-39	1,961	51%	2,624	50%	4,887	46%	1,463	50%	188	53%	1,057	48%
40-49	916	24%	1,215	23%	2,963	28%	668	23%	88	25%	488	22%
50+	330	9%	455	9%	1,401	13%	316	11%	33	9%	186	8%
UNKNOWN	6	0%	4	0%	16	0%	3	0%	0	0%	110	5%
TOTAL	3,855	15%	5,297	21%	10,523	42%	2,916	12%	357	1%	2,204	9%

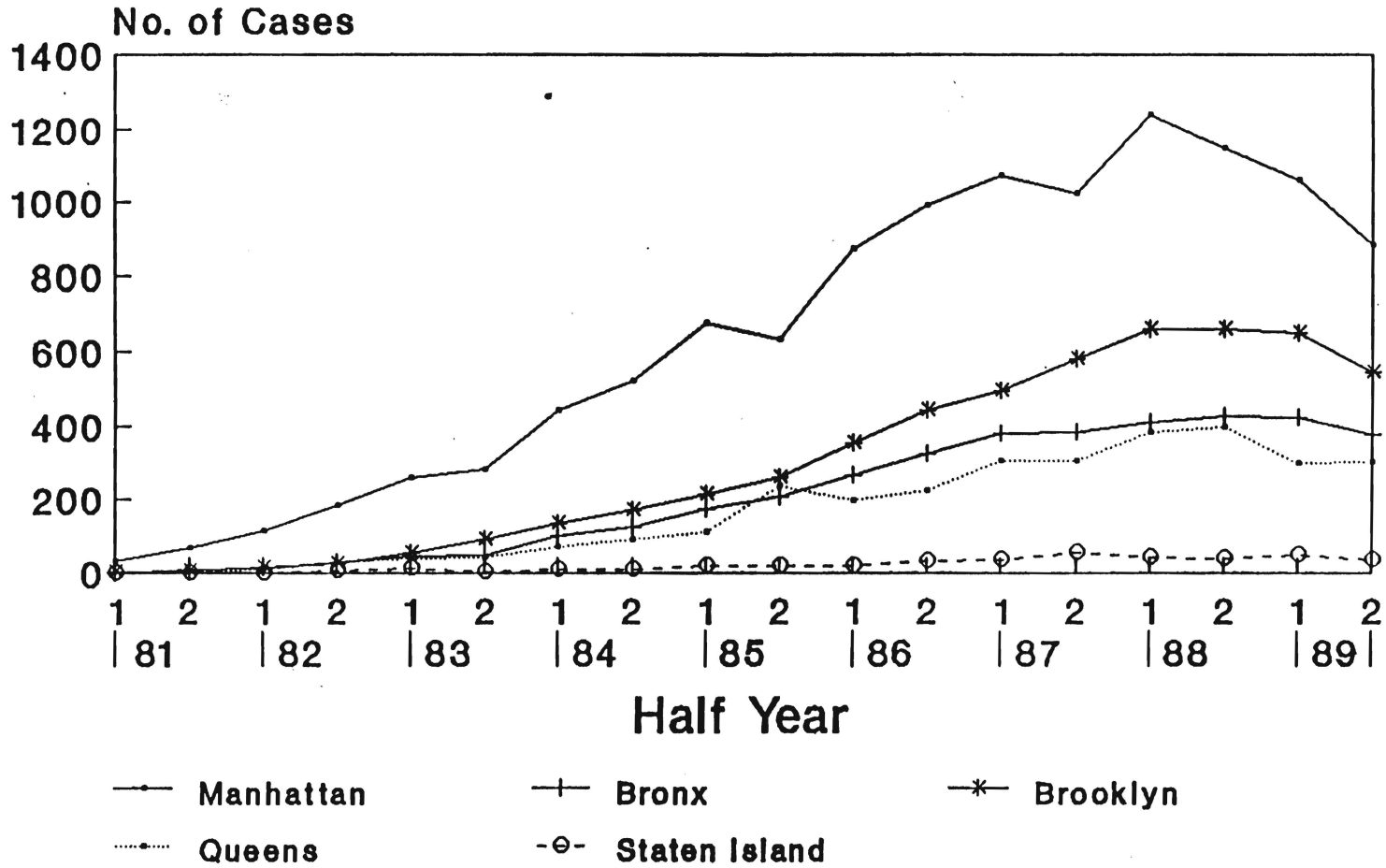
**TOTAL NUMBER AND PERCENT OF PEDIATRIC AIDS CASES
BY BOROUGH
From 1981 to June 1990**

<u>BOROUGH</u>	<u># and % of Pediatric AIDS Cases</u>	
	#	%
BRONX	<u>189</u>	(30%)
BROOKLYN	<u>206</u>	(32%)
MANHATTAN	<u>132</u>	(21%)
QUEENS	<u>69</u>	(11%)
STATEN ISLAND	<u>14</u>	(2%)
NYC BOROUGH UNKNOWN	<u>1</u>	(<1%)
NYS (Hosp'd in NYC)	<u>17</u>	(3%)
OUT-OF-STATE (Hosp'd in NYC)	<u>9</u>	(1%)
TOTAL:	<u>637</u>	(100%)

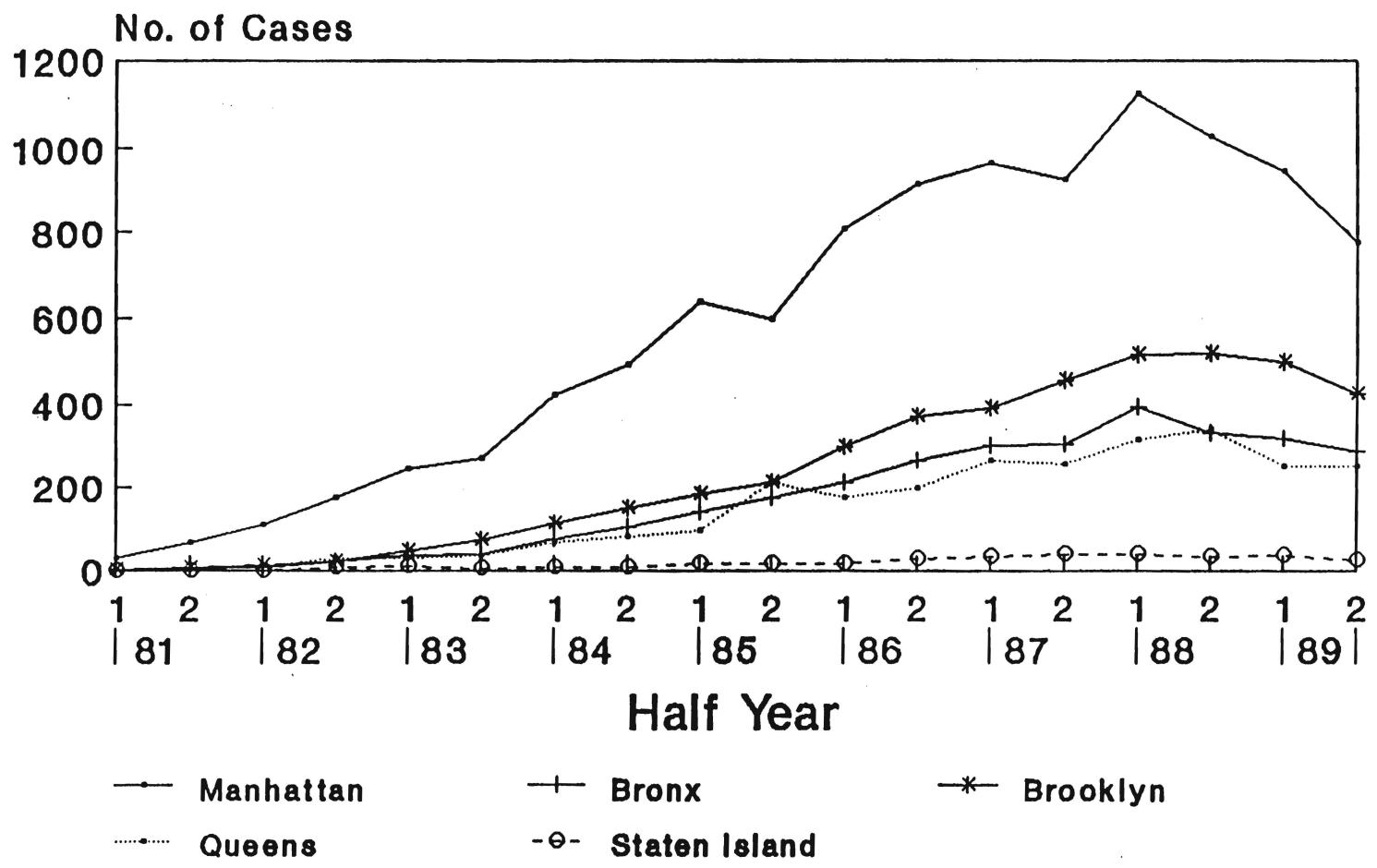
**TOTAL NUMBER AND PERCENT OF PEDIATRIC AIDS CASES
BY RACE OF MOTHER
From 1981 to June 1990**

<u>BOROUGH</u>	<u># and % of Pediatric AIDS Cases</u>	
	#	%
BLACK	<u>341</u>	(54%)
HISPANIC	<u>235</u>	(37%)
WHITE	<u>59</u>	(9%)
OTHER	<u>2</u>	(<1%)
TOTAL:	<u>637</u>	(100%)

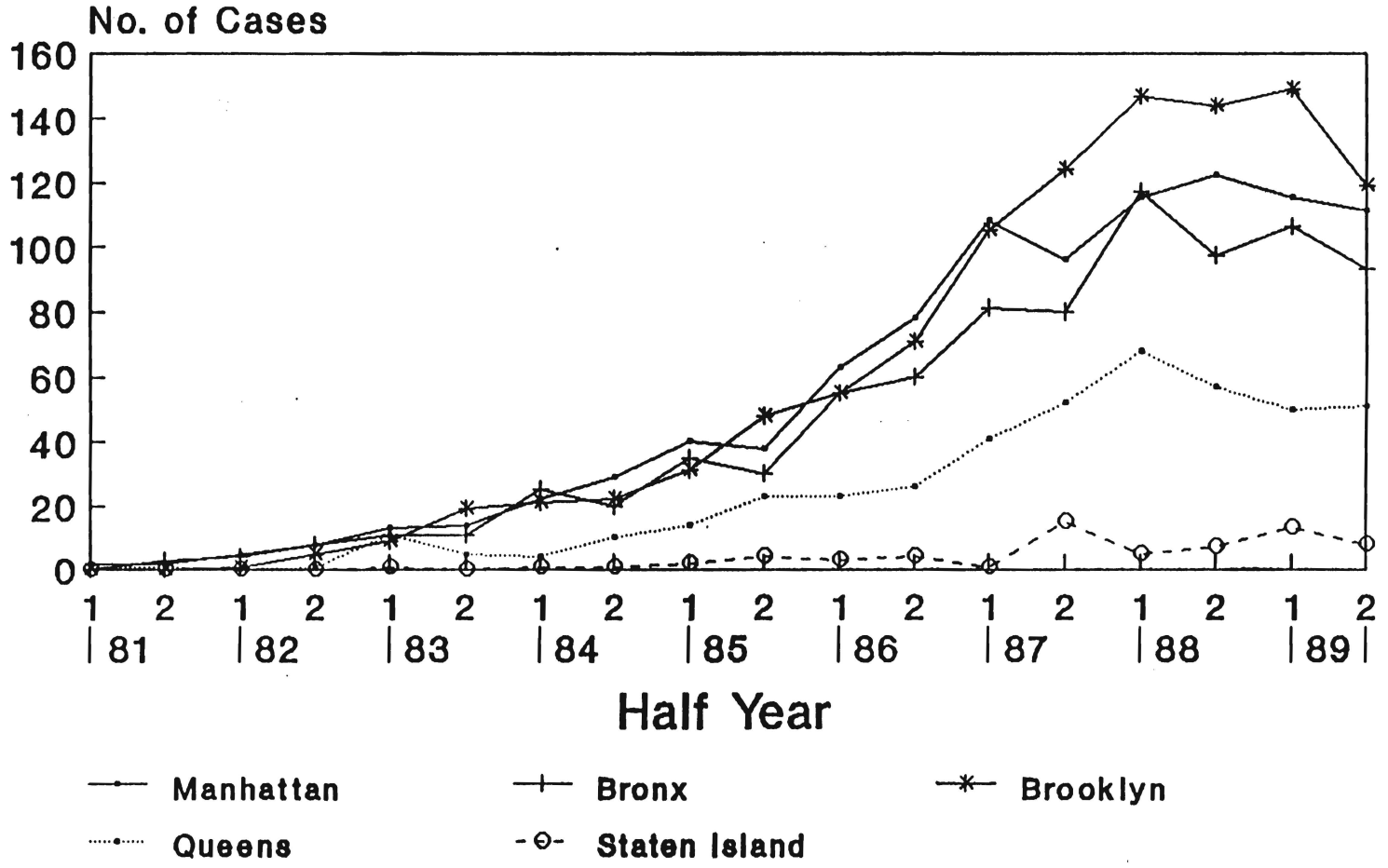
AIDS Cases by Borough by half year of diagnosis



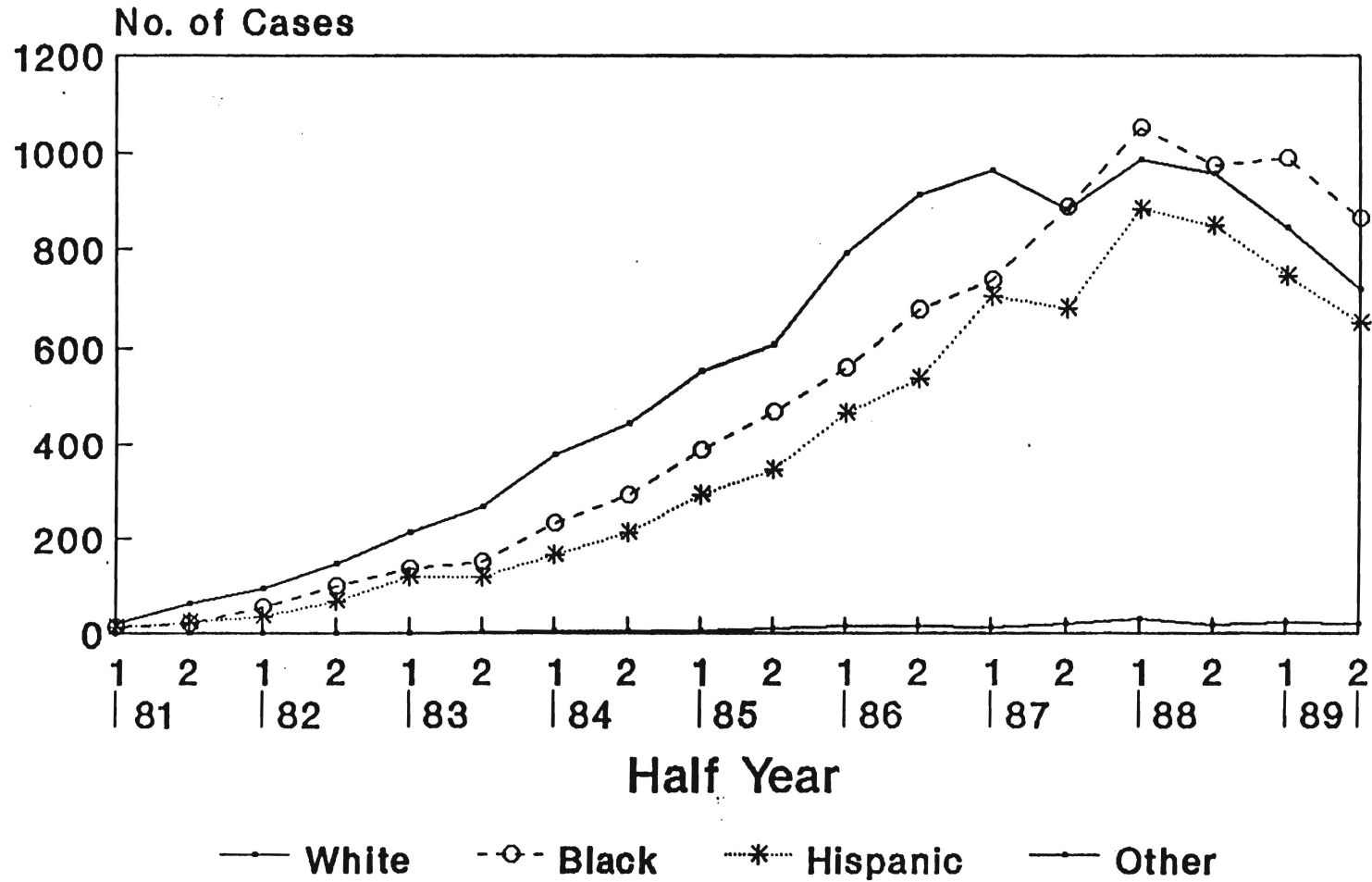
AIDS Cases by Borough among Men by half year of diagnosis



AIDS Cases by Borough among Women by half year of diagnosis

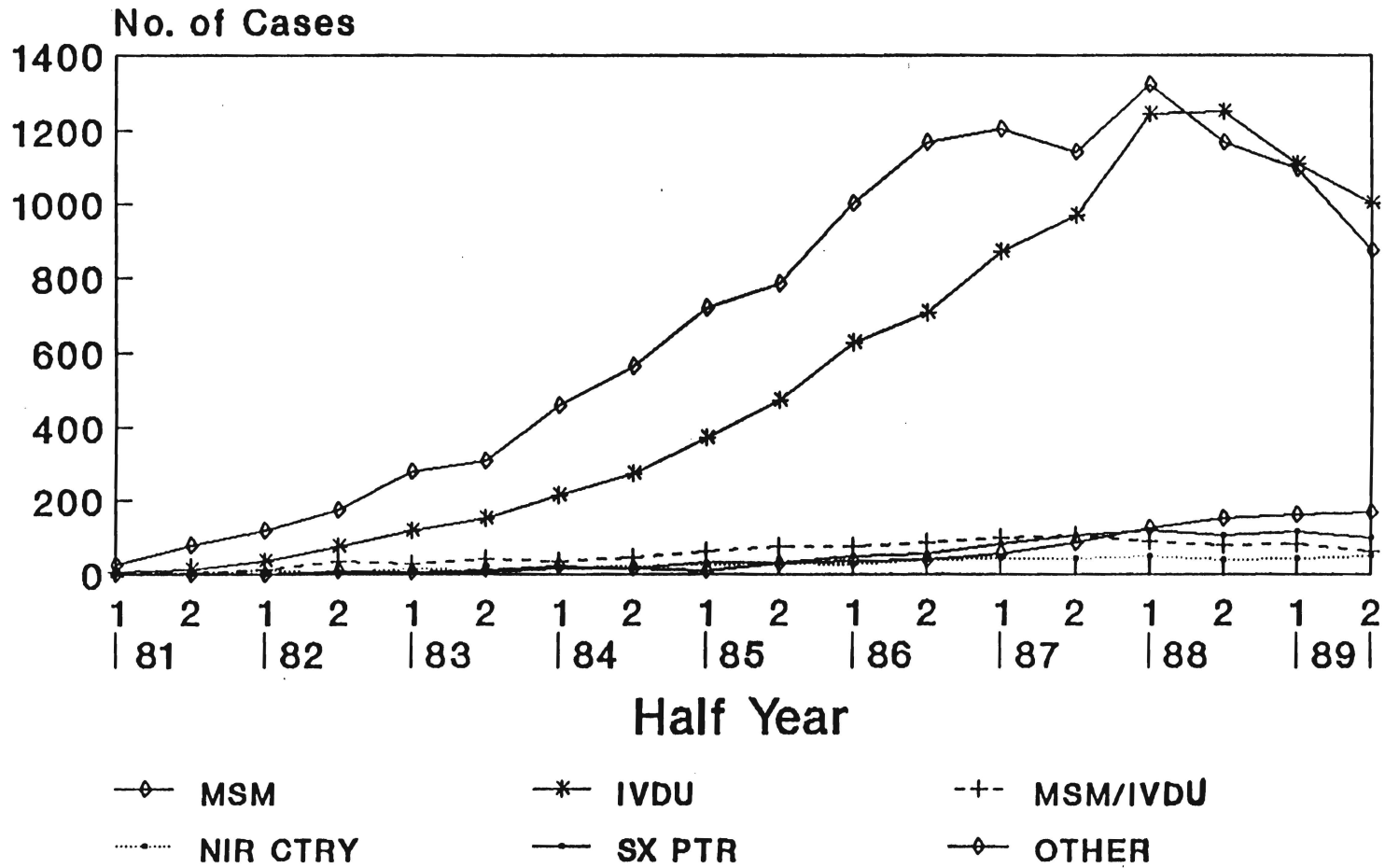


AIDS Cases by Race/Ethnicity by half year of diagnosis

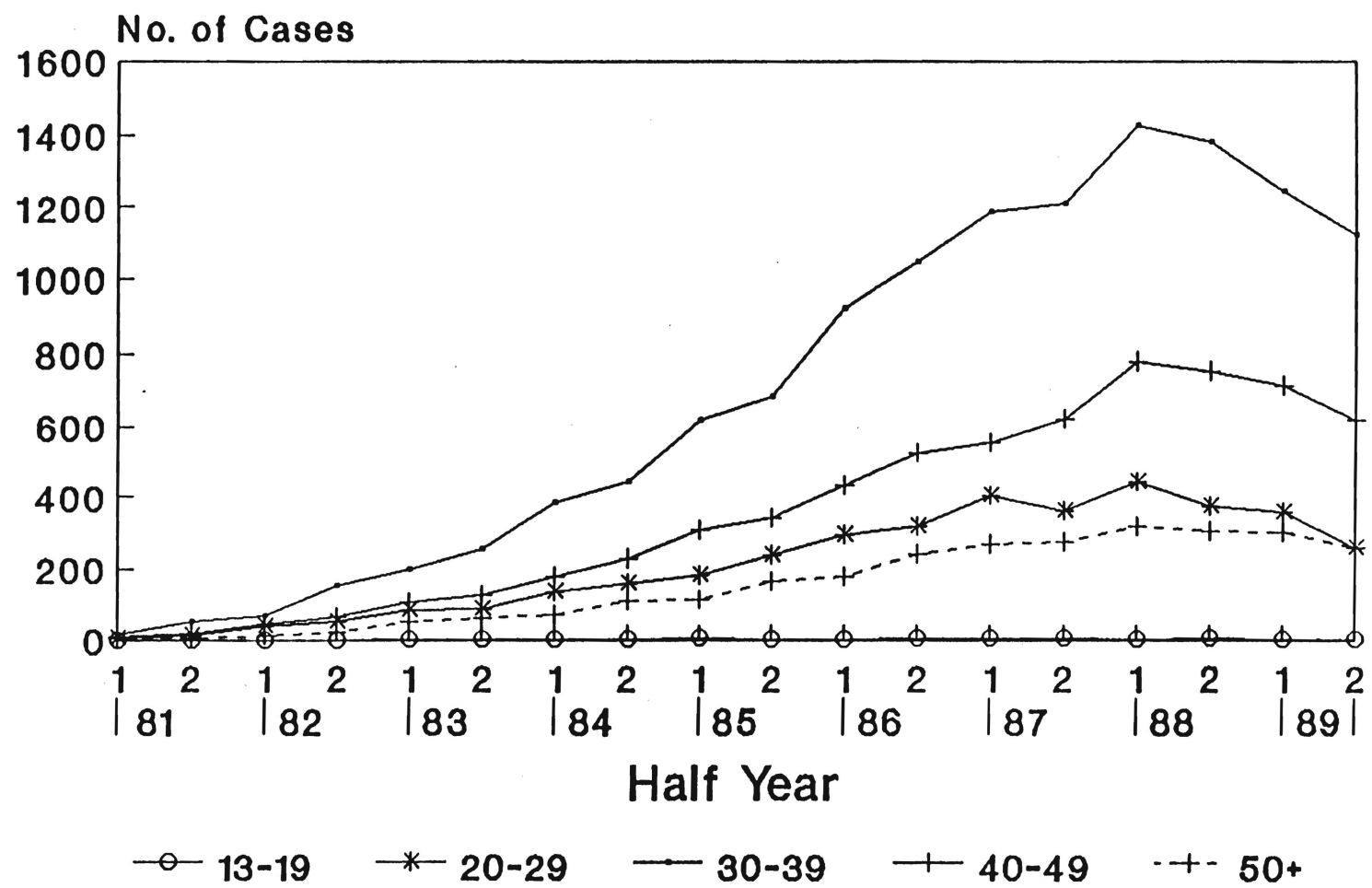


NYC DOH AIDS Surveillance Unit, 7/90

AIDS Cases by Risk by half year of diagnosis

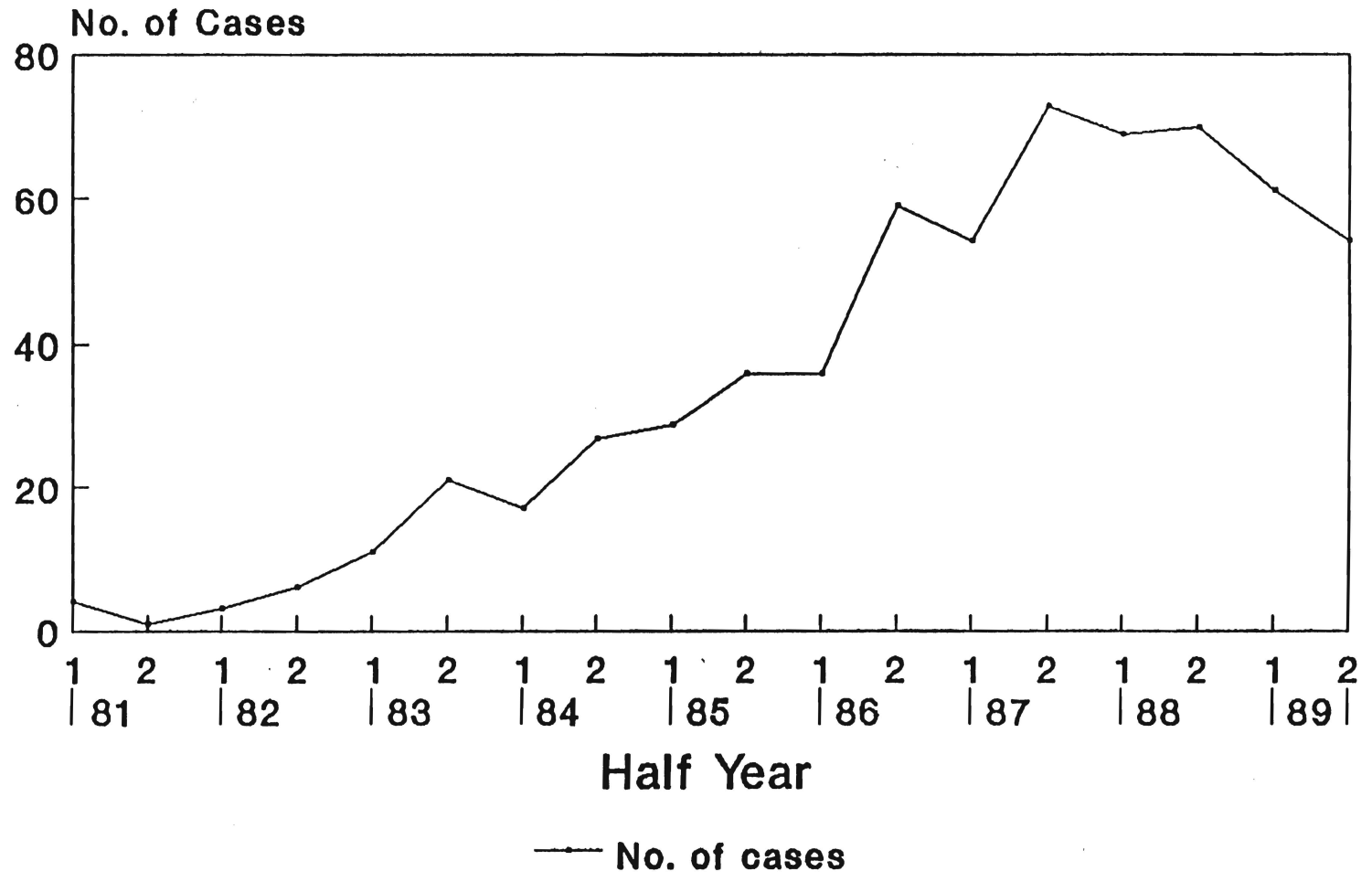


AIDS Cases by Age Group by half year of diagnosis



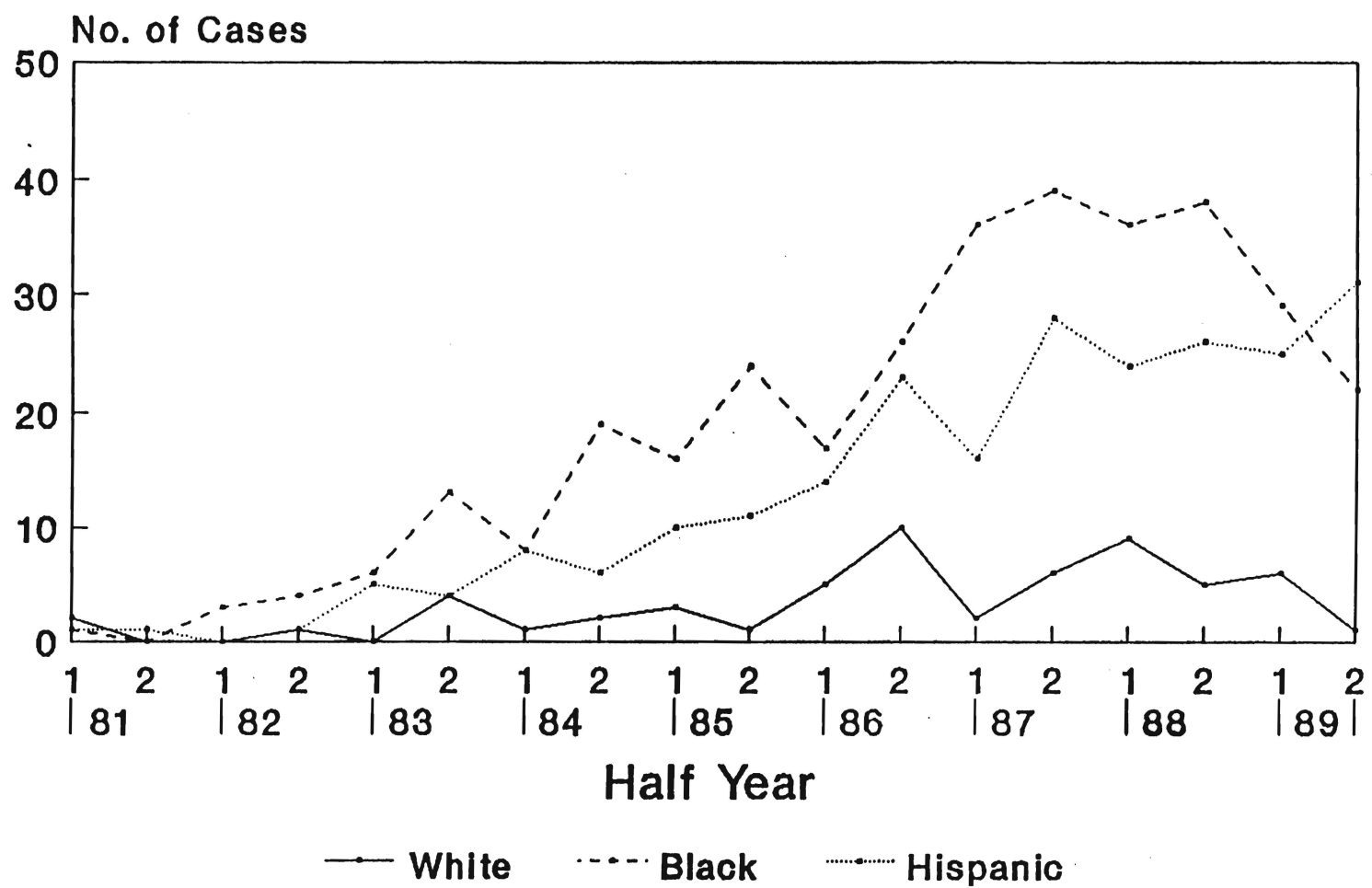
NYC DOH AIDS Surveillance Unit, 7/90

Total Pediatric AIDS Cases by half year of diagnosis



NYC DOH AIDS Surveillance Unit, 7/90

Cases of Pediatric AIDS by Race by half year of diagnosis



NYC DOH AIDS Surveillance Unit, 7/90

X. GLOSSARY OF HIV/AIDS-RELATED TERMS

AIDS:

Acquired Immune Deficiency Syndrome, a condition defined by the Centers for Disease Control (CDC) that is characterized by one or more illnesses which occur in persons whose immune system cannot fight, due to damage from HIV infection.

ANTIBODY:

A substance formed by the body as a reaction to a foreign substance or antigen. In an adult, the presence of HIV antibodies is considered a sign that the adult is HIV-infected or HIV-positive.

ANTIVIRAL:

Literally this means "against virus," and is any drug that can destroy or weaken a virus.

ASYMPTOMATIC:

A person who has an infectious organism within the body, but does not feel ill or show any outward symptoms.

BOOTING:

Drawing blood back into a syringe after injecting.

CDC:

Centers for Disease Control, a federal health agency that is a branch of the United States Department of Health and Human Services. The CDC funds more than half of the NYCDOH AIDS activities.

COOKER:

A metal cup/lid used to heat and dissolve a drug prior to injecting.

CUMULATIVE:

As used by the NYCDOH, "cumulative AIDS cases" represents the total number of cases from 1981, when reporting began, to the present.

ELISA:

A blood test that detects antibodies to HIV. This is the first test conducted when a person chooses to take the HIV antibody test. The results are confirmed by a second blood test, the **Western Blot**. There is **no** test for AIDS, only for HIV antibodies.

ENDEMIC:

The **constant** presence of a disease in a certain area, **at a particular point in time**.

EPIDEMIC:

A higher number of cases of illness, disease or injury than you would expect under normal circumstances, based on history.

EPIDEMIOLOGY:

The study of the distribution and causes of diseases and injuries in populations.

HIV:

Human Immunodeficiency Virus, the virus that causes AIDS.

HIV/AIDS RISK ASSESSMENT:

An individualized evaluation of a client's behavior and health/sexual history, focused on raising the client's awareness of her/his potential for infection.

HIV DISEASE:

It is commonly recognized that CDC-defined AIDS describes only a portion of the illnesses related to HIV infection. HIV-disease represents a continuum of illness which HIV-positive persons face at different rates and to different degrees.

IMMUNE SYSTEM:

A system within the body that helps the body resist disease-causing agents.

INCIDENCE:

The number of new cases occurring in a given population over a certain period of time.

INCUBATION PERIOD:

The period of time between when a person is infected with a virus and when that person first develops symptoms. In AIDS, the incubation period has been up to ten years between infection and symptomatic HIV illness.

IVDU:

Intravenous drug user.

MORTALITY:

A death rate, which is the frequency of number of deaths in proportion to a population. Can be calculated as the number of deaths in a population divided by the total population.

MSM:

Men who have sex with men; these men may or may not identify themselves as homosexual.

MSM/IVDU:

Men who have sex with men who also report that they use drugs intravenously.

OPPORTUNISTIC INFECTION:

Diseases caused by agents that are commonly present in our bodies or environment but cause disease only under unusual conditions—such as when the immune system is depressed. Examples of opportunistic infections include Kaposi's Sarcoma (tumor of the walls of blood vessels), and Pneumocystis Carinii Pneumonia (PCP, severe pneumonia).

PRE-TEST COUNSELING:

Individual or group education enabling a client to understand the benefits and possible consequences of an HIV antibody test, in order to make an informed decision about the test.

POST-TEST COUNSELING:

The disclosure of HIV antibody test results to a client in an individual encounter which includes assessment of the client's reaction and coping responses to the results, the review of risk-reduction strategies, and the provision of appropriate referrals.

PREVALENCE:

As used by the NYCDOH, prevalence is the number of persons alive with CDC-defined AIDS. This proportion is usually expressed as cases per 1,000 or 10,000.

RATE:

The number of events, diseases or conditions occurring in a certain population over time. A "rate" can measure the speed at which something is occurring.

REPORTED AIDS CASES:

The number of cases reported, through hospital-based surveillance systems to the NYCDOH during a given time period.

RISK FACTOR:

A term used to describe certain activities that increase a person's chances of becoming infected or infecting others with HIV. Risk factors are based on what a person reports as his/her behavioral source of risk for HIV infection.

SEROCONVERSION:

The point at which antibodies become detectable in the blood.

SEROPOSITIVITY RATE:

Represents the proportion of the total number of HIV-positive test results during a specific time period, divided by the total number of HIV antibody tests during the same time period.

T-CELLS:

One type of white blood cell, which is the main target for HIV. Also called CD4 cells. Doctors monitor the number of T-cells in HIV infected individuals, so that appropriate referrals for treatment can be made.

TRANSMISSION:

The way an illness or infection is passed from one person to another. HIV infection is passed through blood, semen and vaginal secretions. A person can be exposed to HIV by engaging in unprotected vaginal, oral or anal sex with an infected partner, and by sharing IV drug works, including needles, cottons and cookers with an HIV infected person.

WESTERN BLOT:

A blood test to detect antibodies to HIV, the virus that causes AIDS. This test is used to confirm the results of the ELISA test.

WINDOW PERIOD:

The period of time between when a person is first infected with HIV, and when antibodies to the virus are formed and detectable by blood tests. This period can be up to 12 months.

