

INVESTIGATION AND COMMUNITY RESPONSE TO CLUSTER OF HIV CASES IN FOX VALLEY, WISCONSIN

Wisconsin Division of Public Health, AIDS/HIV Program
in Collaboration with Local Partner Organizations
February 2010

ABSTRACT

BACKGROUND

In May 2009, the Wisconsin Division of Public Health (DPH) AIDS/HIV Program and staff at the northeastern regional office of AIDS Resource Center of Wisconsin (ARCW), the local AIDS service organization (ASO), noticed an increase in newly reported cases of HIV in and around Appleton, a city of 77,000 in northeastern Wisconsin.

State and local health officials and ARCW staff worked collaboratively to conduct an investigation to understand the epidemiology of the outbreak, particularly sexual behaviors and social networks. Health officials and community organizations mounted a community response to alert the gay community to the increase in cases, expand testing opportunities, and strengthen prevention messages and community partnerships.

METHODS

Surveillance data

DPH AIDS/HIV Program staff reviewed surveillance data to determine the demographics and numbers of cases.

Enhanced Partner Services survey (EPSS)

In conjunction with local health department (LHD) and ARCW, AIDS/HIV Program staff developed an Enhanced Partner Services Survey (EPSS) instrument that LHD and ASO staff used to interview cases and partners. The EPSS collected information on demographics, education, employment, social behavior, health perceptions, knowledge about HIV, and sexual behaviors.

HIV testing data

AIDS/HIV Program staff reviewed data regarding HIV tests conducted in the region.

HIV care data

DPH AIDS/HIV Program staff reviewed Wisconsin AIDS Drug Reimbursement Program (ADAP) claims, Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program claims, and laboratory results submitted through the AIDS/HIV Surveillance Unit or the Wisconsin AIDS/HIV Laboratory Reimbursement Program to determine whether individuals had been engaged in HIV-related medical care in the six months prior to data review (February 2010). A “yes” response when asked by HIV Partner Services (PS) staff whether they were in medical care was also included.

RESULTS

Surveillance

During the period December 1, 2008 through September 30, 2009, 28 cases of HIV were identified in a three-county area compared to 11 cases identified during the previous ten-month period. For the purposes of the investigation, 26 cases during the recent period were included. Twenty-two of 26 cases occurred among men who have sex with men (MSM), 18 were White, and the median age was 27 years old.

Enhanced Partner Services Survey

Sixty EPSS surveys were sent to LHDs and ARCW for interviews with index clients (HIV positive) and sex or needle-sharing partners of index clients. Eighteen of 26 (69%) index client surveys and 19 of 34 (56%) surveys with sex or needle-sharing partners of index cases were completed.

Demographics

Respondents to the EPSS (index clients and partners combined) were primarily gay- or bisexual-identified (75%), had lived in the region for more than five years (68%), and were educated (64% had attended some or completed college).

Social Behavior

The majority of the respondents reported spending time with gay friends (68%) and straight friends (52%). Nearly two-thirds (65%) identified one particular bar at which they spent time; other bars were also mentioned.

Sexual Behavior

More than half of respondents reported engaging in insertive anal sex (65%), receptive anal sex (58%), and oral sex (65%). Nearly half (48%) reported meeting partners on the Internet, followed by bars/clubs (45%) and through friends (45%). A majority (59%) reported that they sometimes, most of the time, or always were under the influence of alcohol or drugs during sex. Half (52%) reported that they always used condoms during sex. Of those who reported using condoms consistently, half were index clients and half were HIV-negative partners. The data set does not allow us to determine whether index clients were referring to sexual behaviors prior to or after their HIV diagnosis.

Health beliefs and health care access

More than half (53%) of respondents had been tested for HIV at a doctor's office; smaller numbers reported testing at a public site (12%) or an AIDS service organization (18%). Reasons for being tested for HIV included being notified of exposure (35%), routine testing (35%), and unusual health concerns (29%). A majority (69%) reported that they definitely knew who had exposed them to HIV. Prior to learning that they were HIV-positive, a majority (73%) of index clients thought that it was unlikely or very unlikely that they would become infected with HIV during their lifetime. Only 13% thought it was likely and 13% were unsure.

HIV Testing Data

During the period December 2008 through September 2009, ARCW-Northeast and the one LHD in the region conducted 655 HIV tests and identified 12 positives. This represents an 81% increase (from 362) in tests and a 200% increase (from four) in positives from the previous ten-month period.

HIV Care Data

A review of several databases determined that 22 (79%) of the 28 persons reported with HIV in the three counties during the period December 2008 through September 2009 were in medical care as of February 2010 and one individual had died (of non-HIV related causes).

CONCLUSION

Active monitoring of surveillance and partner services data by DPH AIDS/HIV Program staff, as well as diligence on the part of the local ASO, led to detection of the cluster. Collaborative efforts between state and local public health and community organizations enabled a rapid investigative and community response.

Members of the collaboration have learned lessons regarding design of the survey instrument for maximum utility, methods of contacting clients and partners, and effective ways of informing the community about an increase in HIV cases. Responses to future outbreaks, should they occur, will build upon the lessons learned from this cluster investigation.

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BACKGROUND

In May 2009, the Wisconsin AIDS/HIV Program Partner Services (PS) and HIV Surveillance Unit staff noticed an increase in the number of cases of HIV assigned to the City of Appleton Health Department. Simultaneously, the northeastern regional office of the AIDS Resource Center of Wisconsin (ARCW), the AIDS service organization in the area, contacted the AIDS/HIV Program to inform staff about a possible cluster of new cases. ARCW indicated that a new case named several partners, and that some of the partners had also tested positive.

Staff from the AIDS/HIV Program, the Appleton City Health Department, and ARCW communicated regularly by phone during May through July. In late July, AIDS/HIV Program staff met with local health officers (City of Appleton, Calumet County and Outagamie County Health Departments), and ARCW staff to plan the investigation. The investigation began in August 2009.

The investigation “cluster” was defined as the HIV/AIDS cases (index clients) in a three-county region that were reported to the Wisconsin AIDS/HIV Program between December 1, 2008 and September 30, 2009 and index clients’ sex- or needle-sharing partners. The region included Outagamie, Winnebago, and Calumet counties. One related case from Brown County was later added to the investigation. Deceased and out-of-jurisdiction cases were excluded. A total of 26 clients and 34 partners were included in the investigation.

The primary objectives of the investigation were to understand the epidemiology of the outbreak and to assist prevention staff develop more effective prevention strategies to reduce HIV transmission. A key element of the investigation was to better understand the sexual behaviors and social networks of both index clients and their partners.

METHODS

The Enhanced Partner Services Survey (EPSS) was the primary data collection tool for the investigation. In conjunction with local health department (LHD) and ASO staff, DPH staff developed the EPSS instruments that LHD and ASO staff used to interview cases and partners. The EPSS were designed to give comprehensive information about the demographics, education, and employment, social behavior, health perceptions, knowledge of AIDS/HIV and sexual behaviors. For persons living with HIV, the EPSS contained questions about linkage to medical care. Three versions of the EPSS were developed to survey the following groups:

1. Index clients previously interviewed for PS were re-interviewed using the EPSS;
2. Index clients not previously interviewed for PS; and

- Partners, named by index clients through early August, both those not tested and those who tested negative previously.

LHD and ARCW staff conducted interviews using the EPSS during August and September 2009. PS staff from the City of Milwaukee Health Department assisted in conducting interviews. PS staff attempted to meet for in-person interviews with index clients and partners who had identifiable addresses. However, the majority of surveys were completed through telephone interviews. Respondents completing the interview received an incentive coupon worth \$25.

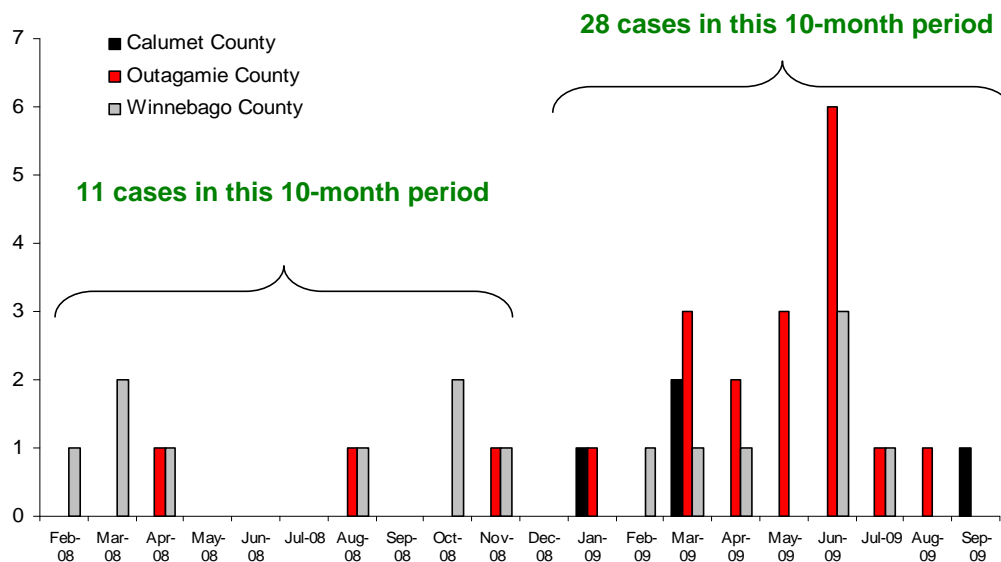
- In addition to the EPSS, a comprehensive data analysis was performed on AIDS/HIV surveillance data regarding cases of HIV reported to the AIDS/HIV Program from the four counties between December 1, 2008 and September 30, 2009.
- AIDS/HIV Program PS data.
- Counseling Testing and Referral (CTR) data from *Evaluation Web* (data reporting system) for ARCW-Northeast, the primary DPH-supported HIV testing site, and Winnebago County health department.

RESULTS

Surveillance data

During the period December 1, 2008 through September 30, 2009, 28 cases of HIV were identified in the three-county area of Outagamie, Calumet, and Winnebago counties compared to 11 cases identified during the previous ten-month period. The increases occurred entirely in Outagamie and Calumet counties. Demographic characteristics of the cases for the two periods are shown in Table 1.

Figure 1: Reported cases of HIV infection in three counties in northeastern Wisconsin by month and year of report from February 2008 to September 2009



Demographic characteristics: After eliminating deceased and out-of-jurisdiction cases, the investigation included 26 cases. The 26 cases in the investigation included 23 males and three females. The median age was 27 years old, with a range from age 18 to 57. Individuals were predominantly White (18), four were African American, three were Hispanic/Latino, and one American Indian.

Geographic area: More than half (15) of the cases were reported from Outagamie County, followed by the counties of Winnebago (7), Calumet (3) and Brown (1). Ten of the 26 cases were reported in the city of Appleton, parts of which are under the jurisdiction of Outagamie, Calumet, and Winnebago counties. Four of the cases were originally diagnosed out-of-state.

Risk: The 26 cases included 22 MSM, two heterosexuals, and two injection drug users.

Enhanced PS Survey

The data from the EPSS were entered into a Microsoft Access database for analyses. Sixty surveys for the index clients (26) and the partners (34) were assigned to LHDs and ARCW. There was an overall 62% response rate, 69% for index clients (18 of 26), and 56% for partner surveys (19 of 34). Two-thirds (12 of 18) of index clients who were interviewed via EPSS provided information on new partners; however there was insufficient locating information to conduct further interviews on these partners. The reported results incorporate combined responses of index clients and partners, unless listed separately. The data on 37 completed EPSS are summarized below.

The number of respondents answering any given question varied, as shown in Tables 2 - 6. To avoid misinterpretation, the percentages reported below are calculated with the actual number of respondents as the denominator for each question.

Demographic characteristics

The age range of the respondents in the cluster was 18-57 years. Twenty-six percent (n=8) of the respondents spoke a language other than English at home, mostly Spanish (n=6). Sixty-eight percent (n=21) of the respondents were long-time residents of northeastern Wisconsin and only 16% (n=5) had lived in the area for less than one year. Seventy percent (n=23) were currently working and 65% (n=20) had completed college or had some college education. Twenty-one percent (n=7) neither worked nor attended school; only one respondent had not finished high school. Three-quarters (n=24) of the respondents described themselves as gay/homosexual, while 16% (n=5) identified as straight/heterosexual and three respondents as bisexual.

Although 58% (n=18) of the respondents were partnered (in a monogamous relationship), only 26% (n=8) lived with a partner. Thirty-nine percent (n=12) of the respondents identified their relationship status as 'single,' with half (n=6) living alone and half living with roommates. One-third (n=10) of the respondents lived with their parents or other family members. Details of these results are presented in Table 2.

Social Behavior

Respondents stated that they were most likely to spend time with gay friends (n=21), straight friends (n=16), partner/spouse (n=14), and family (n=12). Respondents also reported spending

spare time primarily in gay bars followed by concerts and other community events. Details of these results are presented in Table 3.

Sexual Behavior

Thirty-one of the 37 respondents (84%) answered questions about sexual behavior. Of those responding, 58% (n=18) reported engaging in receptive anal sex, 65% (n=20) in insertive anal sex, and 65% (n=20) in oral sex.

Among the index clients (HIV positive, n=16) that completed this section, the average number of partners in twelve months before testing positive was 5 (S.D.=5) with a range from 1 to 15. However, after testing positive (n=12), the average dropped to one partner (range 1 to 5) in the twelve-month (or shorter) period since testing positive. It is important to note that many index cases learned their HIV status only a few months before the survey and therefore the two time periods are not equivalent. For partners testing negative/not yet tested, the average number of partners was 10 (S.D.=15) with a range from 1 to 50. Nearly two-thirds (62%, n=19) of the respondents engaged in sex with a new male partner in the preceding twelve months.

The most common venues identified by respondents for finding new partners were the Internet (n=15), bars/clubs (n=14) and friends (n=14). Nine of 31 respondents sought partners both on the Internet and in bars/clubs. Respondents reported traveling most frequently to meet partners in Appleton (n=10) and Green Bay (n=8) as well as Chicago, Milwaukee, and Fond du Lac. The most commonly accessed websites were Gay.com, Manhunt.com, Craigslist and Adam4Adam. Details of the results are shown in Table 4.

Risky Sexual Behavior

Half of the respondents (52%; n=16) reported always using condoms; 36% (n=11) reported condom use, either most of the time or sometimes.

Fifty-five percent of the index clients (n=8) and their partners (n=7) stated being under the influence of alcohol (sometimes or most of the time) before sex. Only two index clients and two partners reported drug use before sex.

The EPSS questioned the index clients and their partners on use of Viagra, nitrates and cocaine use before sex. Details of the results are presented in Table 5.

Health Beliefs and Perceptions

Eighty-five percent (n=12) of responding partners (n=14) who tested negative or were not yet tested believed that they were “very unlikely” or “somewhat unlikely” to be infected with HIV in their lifetime. When index clients were asked how likely they thought it was to become infected before testing positive, only 60% (n=9) believed that they were “very unlikely” or “somewhat unlikely” to become infected with HIV. One-third (n=5) of the index clients were tested because of unusual experience/health concerns and one-third (n=5) as part of their routine yearly testing. Among the partners, one fifth (20%; n=3) were tested for HIV as part of their routine testing and more than half (57%; n=8) were tested through PS. When questioned about the possible mode of infection, two-thirds (69%; n=20) of respondents stated that they ‘definitely knew’ who may have exposed them to HIV. Respondents most frequently identified probable exposure ‘through

known positive' (45%; n=13) or 'partner not using condoms' (31%; n=9). Details of these results are presented in Table 6.

Healthcare Access

Questions on health care access were limited to index clients, with 18 clients responding. Only 50% (n=9) of index clients were connected to a medical provider before testing positive. Fifty percent of index clients (n=9) tested positive at their private provider. This points to a need to ensure that gay men are linked to regular healthcare and take part in routine annual HIV and STD testing¹ and the need for collaboration with providers to implement effective prevention messages and strategies.

Prevention Messages

In response to an open-ended question regarding prevention messages, respondents suggested:

- expanding prevention messages in both gay and non-gay bars;
- holding more community events to increase the involvement of gay men and reduce the stigma and segregation; and
- the need for greater visibility of prevention messages, as stated by a recently-infected MSM:

“When I lived in [large city out of state], there was much heavier focus on HIV prevention messages everywhere. When I moved to Appleton, I felt safe here with less messages”

3) Counseling, Testing and Referral (CTR) data

Results from CTR data (Evaluation Web) reflected an 81% increase in testing during the period December 1, 2008 through September 1, 2009 compared to the previous ten-month period. Twelve people were reported as HIV positive compared to four in the previous time period, resulting in a 200% increase in positive test results.

Among the 12 persons testing positive December 2008 to September 2009, the majority (8) were young men who have sex with men (YMSM) in age range 20-29 years, three in age range 30-39 years and one in age range 40-49 years. Additional information on testing and demographics are provided in Table 7.

4) HIV Care data

Review of several databases determined that 22 (79%) of the 28 persons reported with HIV in the three counties from December 2008 through September 2009 were in medical care as of February 2010 and one individual had died of non-HIV related causes. In order to be identified “in medical care,” a client had to have one or more of the following:

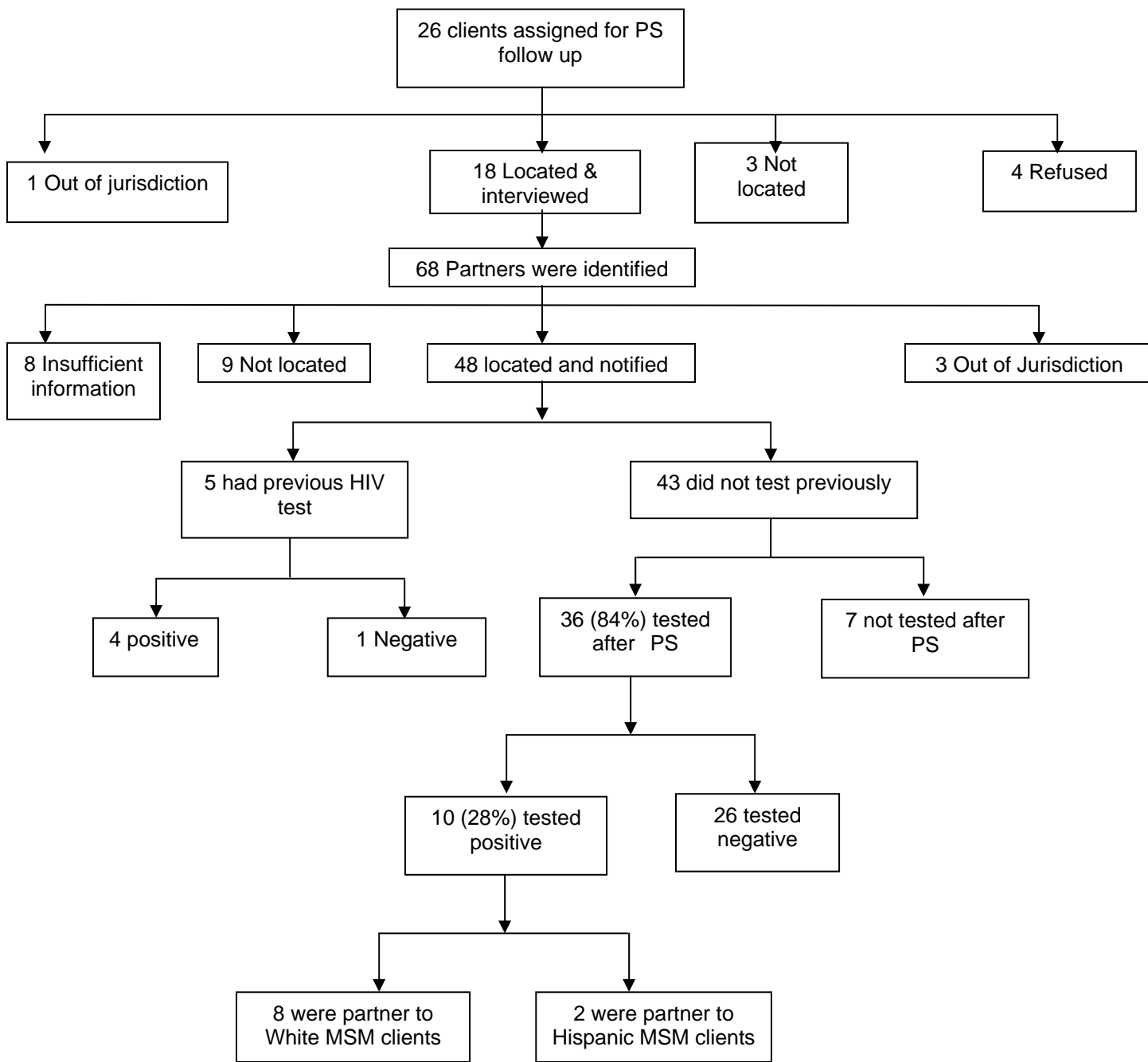
- an HIV-related laboratory specimen,
- a claim with the Wisconsin AIDS/HIV Health Insurance Premium Subsidy Program in the previous 6 months,
- a claim with the AIDS/HIV Drug Assistance Program in the previous 6 months, or
- informed PS staff that they were receiving medical care for their HIV infection.

¹Centers for Disease Control and Prevention. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR Morb MortalWklyRep. 2006; 55(RR14);1-17. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>.

5) PS overview

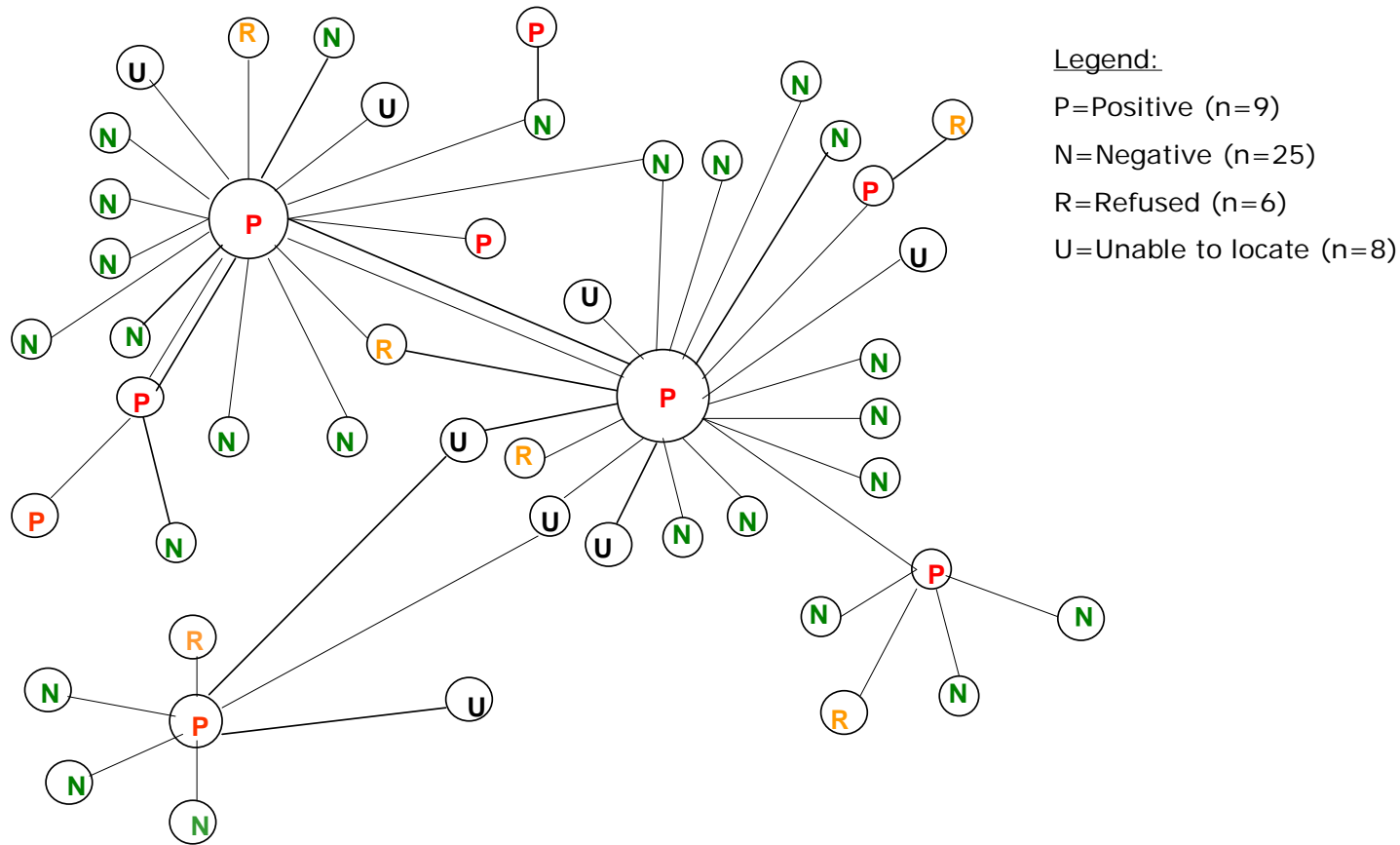
The outcomes of the PS investigation for the cluster are illustrated in the following flow chart and cluster diagram.

Figure 2: Fox Valley Enhanced Partner Services Survey (EPSS) outcomes for 26 index clients and partners, Wisconsin AIDS/HIV Program, 2009



Source: Wisconsin Department of Public Health, AIDS/HIV Program, Partner Services database.

Figure 3: Cluster Diagram of Cases tested at ARCW Appleton



PUBLIC HEALTH AND LOCAL COMMUNITY RESPONSE

The public health response occurred primarily through partner elicitation and PS coordinated by the Wisconsin AIDS/HIV Program and implemented by LHDs and ARCW.

At the request of one of the LHDs, the director of the AIDS/HIV Program conducted a conference call early in the investigation with local infectious disease physicians to alert them to the cluster and encourage them to talk with patients who are at risk or infected with HIV about the HIV PS Program.

Local community partners responded in a variety of ways to the increase in HIV infections among MSM in the Fox Valley, including enhanced and new partnerships with providers and community groups. Through these efforts, awareness of the increase in cases of HIV grew quickly on a community level.

Increased testing

HIV testing increased in the area, including testing at ARCW onsite and mobile locations, local gay bars, the local LGBT youth and adult groups hosted at a local café, and the local university. The Wisconsin HIV, STD, and Hepatitis C Information and Referral Center (IRC) compiled lists of local testing locations and created links on the IRC website homepage. ARCW staff reported that testing opportunities increased by three or four times those typically offered during summer.

Information dissemination

Prevention partners took several approaches to informing local groups, particularly gay and bisexual male communities, about the local increase in HIV infections. Communication venues and methods included use of Facebook to reach young LGBT communities with information about testing events, mass emails promoting testing, articles in the local gay newspaper, public notices in gay bar restrooms, in-person educational sessions for LGBT groups and students, training of statewide hotline volunteers, and educational posters and bulletin boards. Community messages focused on:

- 1) the increase in infections among young gay men in the Fox Valley;
- 2) opportunities for HIV testing and referral; and
- 3) promoting recommendations by Centers for Disease Control and Prevention (CDC) that sexually active gay men should undergo annual HIV testing.

HIV prevention messages

Public health and community partners stressed that, while HIV testing is important, testing alone is not a prevention intervention. They also noted the need for additional prevention messages and communication strategies that are tailored to a younger population and one that utilizes Internet social networking sites. Public health and community partners also noted that prevention work needs to balance messages that affirm persons living with HIV and HIV infection as a manageable disease with messages that convey the serious individual and social impact of HIV infection.

CONCLUSION

Collaboration among state, LHD, and community organizations enabled a rapid investigative and community response which focused on averting further transmission.

The outbreak and investigation highlighted the need for:

- developing strategies to increase routine testing through social networks and venue-based testing,
- providing messages that continue to inform testing site staff and educating the community about CDC's recommendations of annual testing for MSM,
- expanding prevention messages in universities and colleges by strengthening collaborations with student health care services and LGBT student organizations, and
- educating people about the HIV prevention function that local health departments perform, particularly via PS.

Examples of lessons learned and to be considered in future investigations include:

- Involvement of local providers in each step of the investigation is critical.
- The impact and risk of client burnout resulting from repeated long interviews with staff involved in the investigation needs to be weighed against the value of the information gained.
- Monetary incentives are important in recruiting some clients to participate in the survey.
- Additional time and resources are needed to improve survey response rates and investigation completion.
- PS providers need access to communication technologies such as email, phone, and text messaging to contact clients and partners.

This investigation resulted in increased knowledge about social networks, sexual behaviors, health perceptions, and awareness of HIV risk among MSM in the study population. Investigation partners are committed to use the knowledge gained and lessons learned by incorporating these findings into future prevention messages and interventions. The AIDS/HIV Program is committed to coordinating a statewide public health response to the ongoing HIV epidemic among MSM, including collaborating with local agencies, community groups, and universities in disseminating prevention messages and promoting routine testing among MSM in Wisconsin. Prevention and testing efforts in the region are ongoing.

TABLES

Table 1: HIV Surveillance data for Outagamie, Winnebago, and Calumet Counties			
Characteristics	10- month period preceding December 2008 (2/08-11/08).	December 1, 2008 through September 30, 2009	Percent change
TOTAL HIV CASES	11	28	155%
COUNTY			
Outagamie	3	17	467%
Winnebago	8	7	-13%
Calumet	0	4	
SEX			
Male	11	25	127%
Female	3	3	0%
RACE/ETHNICITY			
White	8	19	138%
Hispanic	2	4	100%
African American	1	4	300%
American Indian	0	1	
TRANSMISSION RISK			
Men who have sex with men (MSM)	4	16	300%
MSM and injection drug use	1	0	-100%
Injection drug use	0	4	
Heterosexual risk	1	3	200%
Unknown	5	5	0%

Measures	Number	Respondents	Percent
Gay/Homosexual/Lesbian	24	32	75%
Bisexual	3	32	9%
Straight/Heterosexual	5	32	16%
Language other than English	8	31	26%
Lived more than 5 yrs in NE WI	21	31	68%
Lived less than a year in NE WI	5	31	16%
Currently working	23	33	70%
Neither working nor attending school	7	33	21%
Currently attending school	5	31	16%
Completed college	9	31	29%
Attended some college	11	31	35%
Finished high school or earned GED	8	31	26%
Lived alone	6	31	19%
Lived with partner	8	31	26%
Live with one or more roommates	6	31	19%
Live with parents/family members	10	31	32%

Measures	Number	Respondents	Percent
Spending spare time		31	
Gay friends	21		68%
Straight friends	16		52%
Partner/spouse	14		45%
Family	12		39%
Common hang out places		31	
Gay bars	20		65%
Other places	15		48%

Table 4: Enhanced Partner Services Survey Results: Sexual Behavior			
Measures	Number	Respondents	Percent
Kinds of sex		31	
Anal receptive	18		58%
Anal insertive	20		65%
Oral	20		65%
Vaginal	5		16%
Partners		30	
Number of partners in the past 12months (Avg. and S.D.)			
Index	5 (5)		
Partners	10 (15)		
Venues to find partners		31	
Internet	15		48%
Bars/Clubs	14		45%
Through friends	14		45%
Parties	4		13%
Others	5		16%
Locations		29	
Appleton	10		34%
Green Bay	8		28%
Milwaukee	5		17%
Others	5		17%

Table 5: Enhanced Partner Services Survey Results: Risky Sexual Behavior			
Measures	Number	Respondents	Percent
Influence of alcohol or drugs before or during sex		27	
Always	1		4%
Most of the time	3		11%
Sometimes	12		44%
Rarely	8		30%
Never	4		15%
Drug use before or during sex		6	22%
Viagra	1		
Nitrates	4		
Cocaine	1		
Use of condoms		31	
Always	16		52%
Most of the time	3		10%
Sometimes	8		26%
Never	3		10%

Table 6: Enhanced Partner Services Survey Results: Health Beliefs & Health Care Access			
Measures	Number	Respondents	Percent
Had a primary provider before testing positive	9	17	53%
Testing site		17	
Private doctor	9		53%
Public HIV site	2		12%
AIDS Service Organization	3		18%
Another state	1		6%
Other	2		12%
Reasons for testing		17	
Routine testing	6		35%
Unusual health concerns	5		29%
Someone notified	6		35%
Likelihood to think they would get infected (index clients only)		15	
Very likely	2		13%
Somewhat unlikely	6		40%
Very unlikely	5		33%
Not sure	2		13%
Who they think that might have exposed them to the infection		29	
Yes, definitely	20		69%
Maybe	5		17%
No	4		14%
How they think they were exposed to HIV		29	
Known positive	13		45%
Multiple partners	7		24%
No condom use	9		31%

Table 7: Counseling and Testing at ARCW–Northeastern Region and Winnebago County Health Department (Source: *EvaluationWeb*)

	Apr - Dec 2008	Dec - Sep 2009	Percent change: 2008 to 2009
TOTAL TESTED	362	655	81%
TOTAL POSITIVES	4	12	200%
Percent positivity	1.1%	1.8%	
Gender			
Male	258	459	78%
Female	102	192	88%
Transgender - MTF	2	4	
Transgender - FTM	0	0	
Age Group			
13 or less	0	1	
13-19	31	55	77%
20-29	133	273	105%
30-39	77	148	92%
40-49	77	125	62%
50-59	37	41	11%
>60	7	12	71%
Race			
American Indian or Alaskan Native	11	76	591%
Asian	6	4	-33%
White	298	494	66%
Black or African American	19	36	89%
More than one Race	1	8	700%
Native Hawaiian or Other Pacific Islander	1	1	
Race not Targeted/Other	26	36	38%
Ethnicity			
Hispanic	30	45	50%
Non Hispanic	298	574	93%
Not Targeted	34	36	6%
Risks			
High Risk - MSM	162	260	60%
High Risk - IDU	32	114	256%
MSM & IDU	11	16	45%
Testing Program			
CTR	362	606	67%
PCRS	0	4	
Partner elicitation	0	2	
Social Networks	0	43	