



# KANSAS HIV/STD SURVEILLANCE UPDATE

Kansas Department of Health and Environment, Bureau of Epidemiology and Disease Prevention

The Kansas AIDS Ribbon was designed by the Kansas Capitol Chapter of the American Red Cross to raise hope and awareness in the state of Kansas and support the fight against HIV/AIDS.

**VOL. 2 #2**

**July, 2001**

***“HIV negative injection drug users had a 45% positive rate for hepatitis C in a blinded study by the State Laboratory.”***

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### **Our Mission:**

The HIV/STD section works to promote public health and enhance the quality of life for Kansas residents by the prevention, intervention, and treatment of HIV and other STDs. The mission will be accomplished through policy and resource development, clinical data collection and analysis, research, education, prevention programs, disease detection, and the provision of treatment and clinical care services.



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**Move to the Signature Building**

The Bureau of Epidemiology and Disease moved into their offices in the new Signature Building on July 31, 2001. Although our telephone numbers will remain the same, the new address will change to:

1000 SW Jackson  
 Suite 210  
 Topeka, KS 66612-1274

**NEW HIV/STD Staff**

The HIV/STD Section has hired 9 new staff members since 6-30-2000.

They are:

1. Laurie Sheerin is the new state DIS based out of the Wichita/Sedgwick County Health Department. Laurie comes with disease prevention experience from Florida.
2. Marcie Pell is the new state DIS based out of Kansas City/Wyandotte County Health Department. Marcie has experience as a private investigator.
3. Stacy Gonzales is the new county DIS based in the Finney County Health Department. Stacey comes with juvenile justice experience.
4. Lisa Ward is the new county DIS based out of the Crawford County Health Department. Lisa has parole and probation experience.
5. Shelley Arnold is the new county DIS based out of the Shawnee County Health Agency. Shelley comes with experience in health management.
6. Jeni Trimble is the new SHAS Project Manager. Jeni has 1.5 years of previous DIS experience for Shawnee County.
7. Damon Bennett is the new HIV Prevention Grants Manager for Eastern Kansas. Damon will be working out of the State Office in Topeka.
8. Ella Williams is the new HIV Prevention Grants Manager for Wichita and the Western Region. Ella will be working out of the State Office Building in Wichita
9. Pam Barnum is the new Infertility Prevention Project Coordinator. Pam has 10 years of previous DIS experience in Western Kansas.

Announcement To all Infertility Prevention Project  
Participating Facilities

**Changing of the assay method used to analyze the urogenital specimens submitted to the State Laboratory for chlamydia and gonorrhea detection**

Dr Patrick Hays, Chief Virology Laboratory, DHEL  
Pamela S. Barnum, Infertility Prevention Project  
Coordinator, HIV/STD Section

The State Laboratory is now completing a series of evaluations comparing nucleic acid amplified test (NAAT) procedures with our current Gen-Probe Pace 2 assay. Initial determinations have produced up to a 20% increase in detection of *Chlamydia trachomatis* among FP, PN and STD female clients. This data as well as other national studies and CDC guidelines has given us no choice but to change to a NAAT method as soon as possible. We are now initiating the required bid process with anticipation that implementation should occur during October 2001.

The new Amplified test has increased sensitivity (90.4%) over the DNA probe test (74%) which means we anticipate an increase from the current positivity rate which is 4.5%.

You will be required to purchase a new collection kit (both for females and males) since none of the NAAT methods can be used with the current PACE Gen-Probe collection system. We would suggest that you minimize your purchases of the current collection kits, because **we will be initiating this procedural change by the end of October at latest.**

There will be an increased cost to the laboratory associated with this change in methodology. With the new laboratory methodology, adherence to the screening criteria will be critical. Under the Region VII Infertility Prevention Project guidelines, the following individuals should be screened:

**STD Clinics**

**Screen All Women**

**Prenatal Clinics**

**Screen All at First Visit**

**Re-Screen All Women Who Tested Positive at First Screen (must wait at least 3 weeks after completion of treatment)**

**Family Planning and All Other Clinics**

**All Women #24 years of age**

**All Women 25 and Older with at least one of the following:**

**Recent Contact to a Male with Urethritis, Known Chlamydia or Other STD Signs or Symptoms Suggesting Chlamydia Infection: Cervicitis, Urethritis, or Pelvic Inflammatory Disease (PID)**

At a future date we will also validate urine based testing which will be available with the NAAT formats. If you

have any questions concerning this procedural change please contact me at DHEL (785-296-1644).

**SUPPLEMENT TO HIV/AIDS SURVEILLANCE**

In December 2000, the Kansas Department of Health and Environment was awarded supplemental funds to participate in the behavior study known as the Supplement to HIV/AIDS Surveillance (SHAS) project. The SHAS Project is an interview study designed to obtain supplemental descriptive information on persons with the human immunodeficiency virus (HIV) infection or the acquired immunodeficiency syndrome (AIDS), who have been reported through routine surveillance to state or local health departments. The study began in 1990 and is conducted by state/local health departments funded by the Centers for Disease Control and Prevention (CDC) through competitive cooperative agreements. The information from this study supplements the information that is routinely collected through national HIV and AIDS surveillance activities. The information collected includes sexual and drug-using behaviors, health care access, HIV testing patterns, minority health issues, utilization of and adherence to therapies for HIV and HIV-related opportunistic illnesses, geographic differences (e.g., urban/rural comparisons), and disability related to HIV infection. Results from the project are used at the state/local level to inform health department policymakers, HIV community planning groups, and others involved in the development and evaluation of interventions to prevent HIV transmission and to provide services for persons with HIV disease.

The SHAS questionnaire is developed in consultation with the state/local SHAS project officers, CDC epidemiologists and subject area consultants (e.g. substance use, medical therapy, sexual behavior). The questionnaire is routinely revised to meet the changing needs for information. For the Year 2000 revision of the SHAS questionnaire, the following modules are included:

- Demographic/socioeconomic characteristics
- Drug use including injecting and non-injecting substance use
- Sexual behavior and sexually transmitted diseases
- Reproductive/gynecological history (for women only)
- HIV testing and medical therapy

The basic study design of the SHAS project is a cross-sectional interview study. HIV-infected persons  $\geq 18$  years of age and reported through surveillance to state/local health departments are eligible for the SHAS interview. Trained interviewers administer a standardized questionnaire developed in consultation with participating sites. SHAS participants in Kansas will receive \$20 in cash for study participation.

## HIV Testing Survey (HITS)

During 2000, the Kansas HIV/STD Surveillance Program conducted a survey in conjunction with the Centers for Disease Control and Kansas State University. The Principal Investigator was Farrell Webb, PhD and the Project Manager was Todd A. Wells, M.S. IRB approval was obtained. Preliminary results are now available and the complete report will soon be published. HITS was conducted to assess concerns regarding the impact of HIV confidential reporting on individual beliefs and behaviors surrounding HIV testing. The survey has been performed in many other states prior to Kansas.

The survey asked a series of questions regarding information on alcohol and drug use patterns and sexual behavior and practices. The study population consisted of three groups of individuals from populations behaviorally at risk for contracting HIV. These were Men who have sex with men (MSM), Injection Drug Users (IDU) and high-risk heterosexuals (HET)--defined for the purpose of this investigation--as those individuals who are seeking treatment for a possible sexually transmitted disease. The primary locations involved bars, street locations and sexually transmitted disease clinics. There were 306 interviews, including 226 people who had previously been tested and those who had never been tested (80). Out of this group, 9 people indicated they had tested positive. HIV testing was not offered as part of this survey. The following data is from the preliminary report.

- 85.9% had been tested for HIV
- 73.5% of those tested knew their results
- The most important reason for testing was because the respondent "wanted to know where they stood (56.4%.)"
- 40.2% believed that the state of Kansas reported their name to the federal government. **(This is NOT the case and NO identifying information is sent to the Federal Government)**
- 35% did not think their information was sent to the Federal Government and 24.2% did not know.
- Fear of having one's name reported to the government did not show up as a major deterrent to getting HIV tested for the previously tested group or the previously untested group.

- Most people were unaware of the HIV test reporting procedures used in Kansas
- At least one-half (53.6%) of respondents felt they were still as concerned about HIV as they were five years ago.
- 41.3% of all respondents have ever received literature about HIV Prevention
- Over one-half of all respondents reported having received free condoms as a prevention method.

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## Hepatitis C Testing

*Effective October 1, 2001, HIV prevention counseling and testing sites that test injection drug users (risk code 12 and the 20 series of codes and risk code 42) will be able to request a hepatitis C test from the Division of Health and Environment Laboratory.*

The hepatitis C test is available for any person who identifies as one of these selected codes. An additional tube of blood is not necessary as long as there is a full test tube of blood (10 cc) in the HIV test sample.

HIV negative injection drug users had a 45% positive rate for hepatitis C in a blinded study by the state laboratory.

Hepatitis C testing through the state lab is available at this time only for persons who do identify as injection drug users. The hepatitis C test is optional, but recommended for all clients who test for HIV that are injection drug users. The lab will reject the request for hepatitis C testing on persons not identifying with the above risk codes. At the present time the hepatitis C tests will be run about twice a week. HIV tests are run three times a week. The testing will probably not occur on the same days and the results will be sent separately.

You might want to consider an addition to your informed consent form for the HIV test to indicate that the client also requests the hepatitis C test. Referrals of hepatitis C positives to the medical community is appropriate.

If you have any questions about hepatitis C testing, please call Art Turner at (785) 296-5588.

### Kansas Incidence, Prevalence and Cumulative AIDS Cases as of June 2001

Cases	Kansas Incident* AIDS Cases Jan 2001 - June 2001		Kansas Prevalent*** AIDS Cases as of June 2001		Kansas Cumulative*** AIDS Cases as of June 2001		U.S. Cumulative*** AIDS Cases as of June 2000	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Adult/Adolescent	44	100.00	959	99.28	2331	99.28	745,103	98.83
Pediatrics (<13 Years)	0	0.00	7	0.72	17	0.72	8,804	1.17
Total	44	100.00	966	100.00	2348	100.00	753,907	100.00
<b>Age</b>								
<13	0	0.00	7	0.72	15	0.64	8,804	1.17
13-19	0	0.00	7	0.72	14	0.60	3,865	0.51
20-29	5	11.36	211	21.84	506	21.55	126,105	16.73
30-39	21	47.73	448	46.38	1071	45.61	337,501	44.77
40-49	14	31.82	225	23.29	528	22.49	196,526	26.07
50+	4	9.09	68	7.04	214	9.11	81,103	10.76
Unknown	0	0.00	0	0.00	0	0.00	3	0.00
Total	44	100.00	966	100.00	2348	100.00	753,907	100.00
<b>Race/Ethnicity</b>								
White, Non-Hispanic	25	56.82	658	68.12	1761	75.00	324,822	43.09
Black, Non-Hispanic	13	29.55	205	21.22	409	17.42	282,720	37.50
Hispanic, Non-White	4	9.09	85	8.80	143	6.09	137,575	18.25
Asian/Pacific Islander	0	0.00	5	0.52	10	0.43	5,546	0.74
American Native/Alaska Native	1	2.27	12	1.24	23	0.98	381	4.33
Unknown	1	2.27	1	0.10	2	0.09	1,010	0.13
Total	44	100.00	966	100.00	2348	100.00	753,907	100.00
<b>Gender</b>								
Male	39	88.64	834	86.34	2112	89.95	624,714	82.86
Female	5	11.36	132	13.66	236	10.05	129,190	17.14
Unknown	0	0.00	0	0.00	0	0.00	3	0.00
Total	44	100.00	966	100.00	2348	100.00	753,907	100.00
<b>Adult/Adolescent Exposure Category</b>								
Men who have sex with men (MSM)	23	52.27	564	58.63	1506	64.47	348,657	46.79
Injection Drug User (IDU)	9	20.45	107	11.12	223	9.55	189,242	25.40
MSM and IDU	3	6.82	93	9.67	214	9.16	47,820	6.42
Hemophilia and/or Coagulation Disorder	0	0.00	9	0.94	41	1.76	5,121	0.69
High Risk Heterosexual Contact	5	11.36	134	13.93	213	9.12	78,210	10.50
Transfusion/Transplant	0	0.00	10	1.04	47	2.01	8,666	1.16
Risk Not Known	4	9.09	42	4.37	87	3.72	67,387	9.04
Total	44	100.00	959	100.00	2331	100.00	745,103	100.00
<b>Pediatric (&lt;13 years) Category</b>								
Hemophilia and/or Coagulation Disorder	0	0.00	2	28.57	5	29.41	236	2.68
Mother with HIV infection	0	0.00	3	42.86	10	58.82	8,027	91.17
Transfusion/Transplant	0	0.00	1	14.29	1	5.88	381	4.33
Risk Not Known	0	0.00	1	14.29	1	5.88	160	1.82
Total	0	0.00	7	100.00	17	100.00	8,804	100.00

\* Incidence is the number of new cases in a specific time.

\*\* Prevalent cases are those people presumed living with HIV and AIDS.

\*\*\* Cumulative cases are those people ever reported with HIV and AIDS.

Percentages to not add up to 100 due to rounding.

**Kansas Incidence, Prevalence and Cumulative HIV Cases as of June 2001**

Cases	Kansas Incident* HIV Cases Jan 2001 - June 2001		Kansas Prevalent*** HIV Cases as of June 2001		Kansas Cumulative*** HIV Cases as of June 2001		U.S. Cumulative*** HIV Cases as of June 2000	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Adult/Adolescent	61	100.00	291	97.98	298	98.03	128,289	98.42
Pediatrics (<13 Years)	0	0.00	6	2.02	6	1.97	2,063	1.58
Total	61	100.00	100	100.00	304	100.00	130,352	100.00
<b>Age</b>								
<13	0	0.00	6	2.02	6	1.97	2,063	1.58
13-19	3	4.92	14	4.71	14	4.61	5,262	4.04
20-29	16	26.23	83	27.95	83	27.30	43,451	33.33
30-39	20	32.79	128	43.10	129	42.43	50,379	38.65
40-49	17	27.87	48	16.16	51	16.78	21,835	16.75
50+	5	8.20	18	6.06	21	6.91	7,351	5.64
Unknown	0	1.00	0	0.00	0	0.00	11	0.01
Total	61	100.00	297	100.00	100	100.00	130,352	100.00
<b>Race/Ethnicity</b>								
White, Non-Hispanic	35	57.38	175	58.92	179	58.88	48,878	37.50
Black, Non-Hispanic	13	21.31	72	24.24	72	23.68	68,183	52.31
Hispanic, Non-White	6	9.84	29	9.76	31	10.20	10,281	7.89
Asian/Pacific Islander	1	1.64	1	0.34	2	0.66	506	0.39
American Native/Alaska Native	0	0.00	0	6.73	0	0.00	824	0.63
Unknown	6	9.84	20	0.00	20	6.58	1,680	1.29
Total	61	100.00	297	100.00	304	100.00	130,352	100.00
<b>Gender</b>								
Male	48	78.69	238	80.13	244	80.26	93,527	71.75
Female	13	21.31	59	19.87	60	19.74	36,814	28.24
Unknown	0	0.00	0	0.00	0	0.00	11	0.01
Total	61	100.00	297	100.00	304	100.00	130,352	100.00
<b>Adult/Adolescent Exposure Category</b>								
Men who have sex with men (MSM)	31	50.82	136	46.74	137	45.97	41,818	32.60
Injection Drug User (IDU)	1	1.64	33	11.34	34	11.41	19,720	15.37
MSM and IDU	6	9.84	25	8.59	25	8.39	5,752	4.48
Hemophilia and/or Coagulation Disorder	0	0.00	0	0.00	0	0.00	462	0.36
High Risk Heterosexual Contact	6	9.84	44	15.12	44	14.77	21,143	16.48
Transfusion/Transplant	0	0.00	3	1.03	3	1.01	791	0.62
Risk Not Known	17	27.87	50	17.18	55	18.46	38,603	30.09
Total	61	100.00	291	100.00	298	100.00	128,289	100.00
<b>Pediatric (&lt;13 years) Category</b>								
Hemophilia and/or Coagulation Disorder	0	0.00	1	16.67	1	16.67	98	4.75
Mother with HIV infection	0	0.00	5	83.33	5	83.33	1,782	86.38
Transfusion/Transplant	0	0.00	0	0.00	0	0.00	37	1.79
Risk Not Known	0	0.00	0	0.00	0	0.00	146	7.08
Total	0	0.00	6	100.00	6	100.00	2,063	100.00

\* Incidence is the number of new cases in a specific time.

\*\* Prevalent cases are those people presumed living with HIV and AIDS.

\*\*\* Cumulative cases are those people ever reported with HIV and AIDS.

Percentages to not add up to 100 due to rounding.

### AIDS cases by exposure category and gender reported through June 2001

Adult/Adolescent Exposure Category	Male		Female		Total	
	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)
Men who have sex with men (MSM)	564 (68)	1506 (57)	-	-	564 (59)	1506 (46)
Injecting Drug Use (IDU)	76 (9)	162 (9)	31 (24)	61 (27)	107 (11)	223 (11)
MSM and IDU	93 (11)	214 (10)	-	-	93 (9)	214 (8)
Hemophilia/Coagulation disorder	9 (1)	41 (0)	0 (0)	0 (0)	9 (1)	41 (0)
High Risk Heterosexual contact	47 (6)	78 (7)	87 (68)	135 (59)	134 (14)	213 (15)
<i>Sex with IDU</i>	5	11	18	36	23	47
<i>Sex with other high risk partner</i>	1	4	15	29	16	33
<i>Sex w/HIV infected person risk unknown*</i>	41	63	54	70	95	133
Transfusion/Transplant	7	30 (1)	3 (2)	17 (7)	10 (1)	47 (1)
Risk Not Known	35	72 (16)	7 (5)	15 (7)	42 (4)	87 (18)
Adult/adolescent Total	831 (100)	2103 (100)	128 (100)	228 (100)	959 (100)	2331 (100)
<b>Pediatric (&lt;13 years old)</b>					7	17
percentages do not add up to 100 due to rounding				<b>Total Cases</b>	966	2348

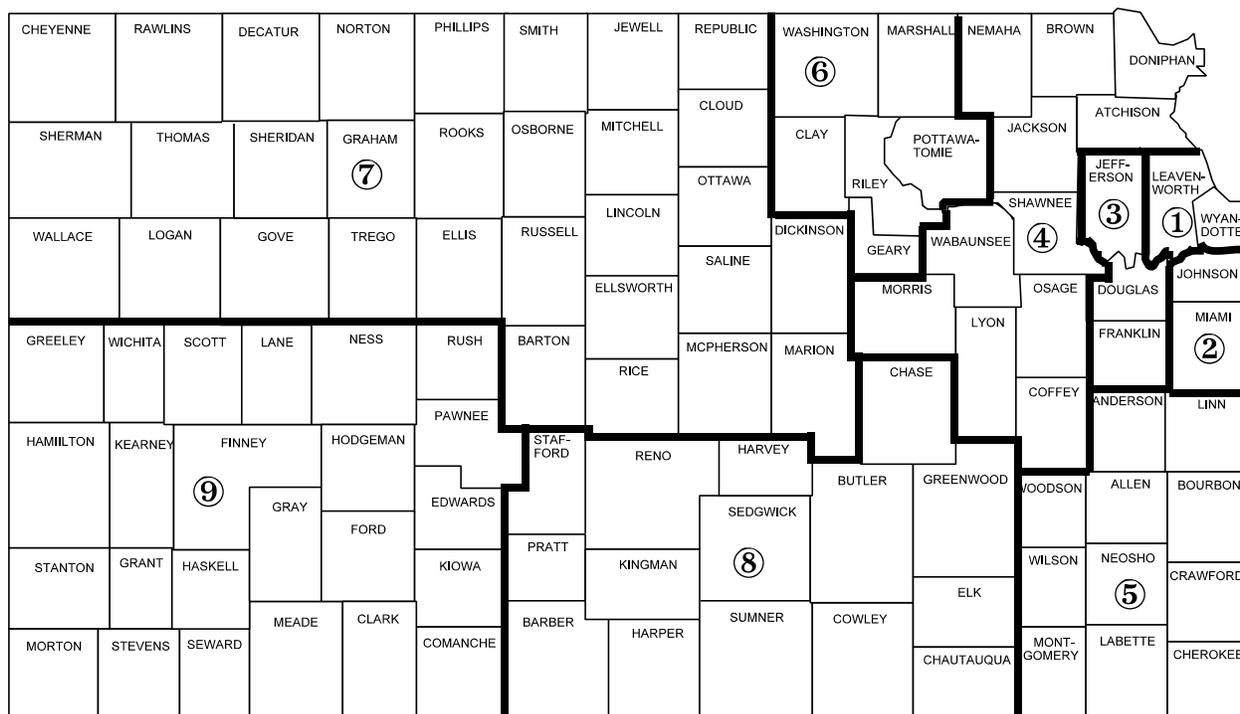
\* Sex with HIV infected person who is no known to be an IDU or other high risk category.

### HIV cases by exposure category and gender reported between July 1999 - June 2001

Adult/Adolescent Exposure Category	Male		Female		Total	
	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)	Prevalence Total No. (%)	Cumulative Total No. (%)
Men who have sex with men (MSM)	136 (58)	137 (57)	-	-	136 (47)	137 (46)
Injecting Drug Use (IDU)	20 (9)	21 (9)	13 (23)	13 (23)	33 (11)	34 (11)
MSM and IDU	25 (11)	25 (10)	-	-	25 (9)	25 (8)
Hemophilia/Coagulation disorder	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
High Risk Heterosexual contact	16 (7)	16 (7)	28 (50)	28 (49)	44 (15)	44 (15)
<i>Sex with IDU</i>	1	1	6	6	7	7
<i>Sex with other high risk partner</i>	0	0	2	2	2	2
<i>Sex w/HIV infected person risk unknown*</i>	15	15	20	20	35	35
Transfusion/Transplant	3 (1)	3 (1)	9 (0)	0 (0)	3 (1)	3 (1)
Risk Not Known	35 (15)	39 (16)	16 (28)	16 (28)	50 (17)	55 (18)
Adult/adolescent Total	235 (100)	241 (100)	56 (100)	57 (100)	291 (100)	298 (100)
<b>Pediatric (&lt;13 years old)</b>					6	6
percentages do not add up to 100 due to rounding				<b>Total Cases</b>	297	304

\* Sex with HIV infected person who is no known to be an IDU or other high risk category.

## Kansas Community Planning Regions

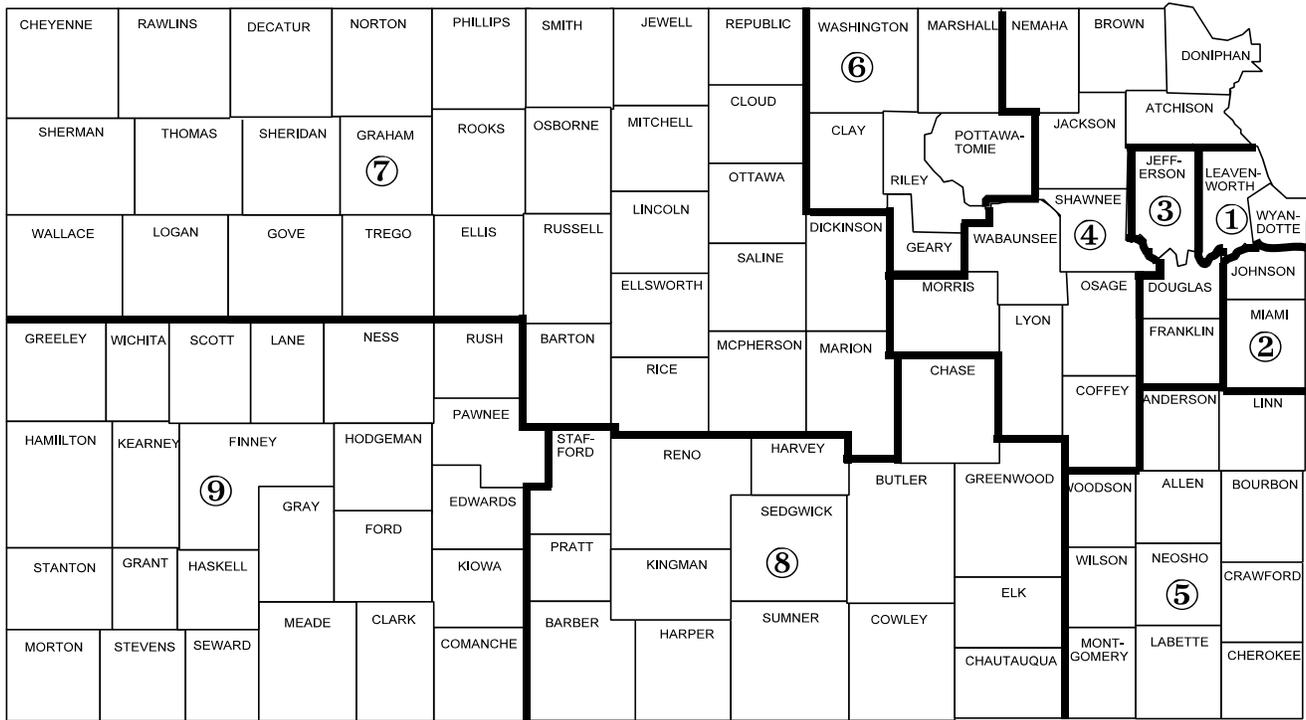


Region	Prevalent* HIV Cases as of June 2001	Cumulative** HIV Cases as of June 2001	Prevalent* AIDS Cases as of June 2001	Cumulative** AIDS Cases as of June 2001
1	56	57	222	463
2	37	37	160	410
3	7	7	42	98
4	34	37	84	232
5	16	16	20	109
6	5	5	27	82
7	7	11	37	86
8	120	121	350	803
9	10	12	24	65
Unknown	1	1	0	0
<b>Total</b>	<b>297</b>	<b>304</b>	<b>966</b>	<b>2348</b>

\* Prevalent cases are those people presumed living with HIV or AIDS.

\*\* Cumulative cases are those people ever reported with HIV or AIDS.

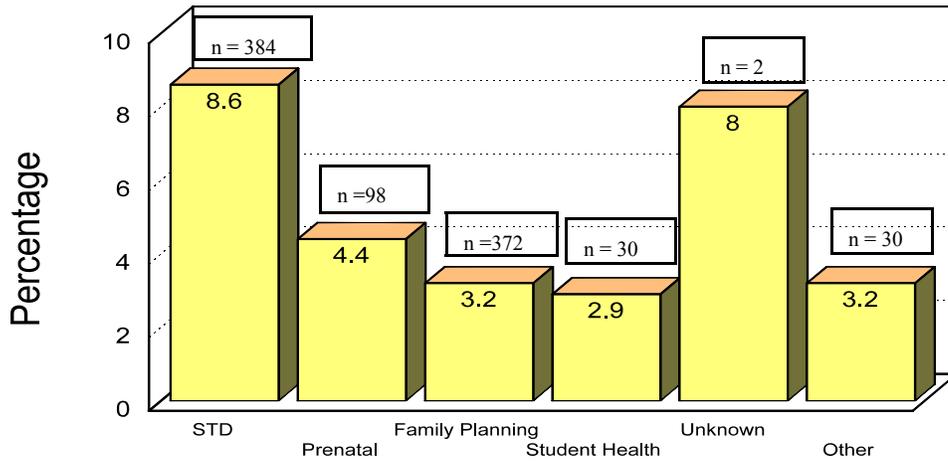
## Kansas Community Planning Regions



Region	Reported Chlamydia Cases January - June 2001	Reported Gonorrhea Cases January - June 2001	Reported Syphilis Cases January - June 2001
1	567	442	1
2	273	65	0
3	149	29	0
4	373	156	8
5	157	38	0
6	245	68	0
7	144	39	0
8	1045	471	1
9	148	23	3
<b>Total</b>	3101	1331	13

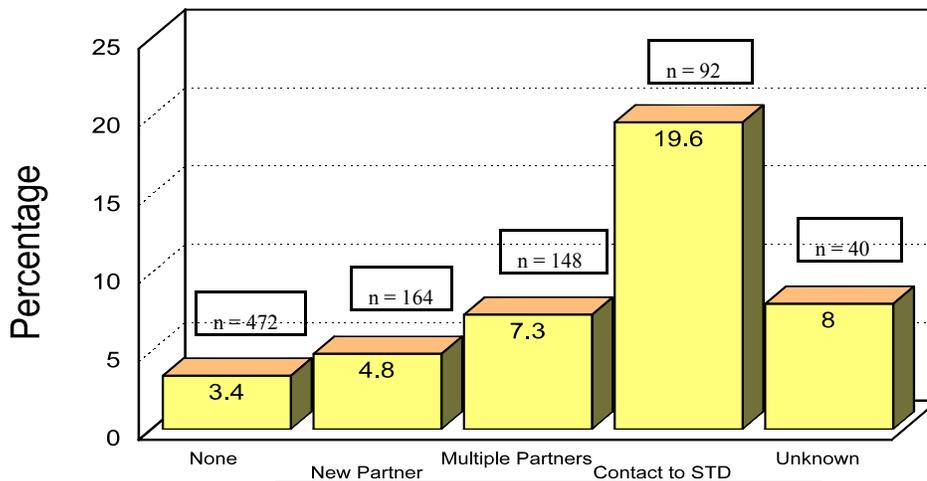
## Kansas Infertility Prevention Project (KIPP) Jan - June, 2001

### Percentage Chlamydia Positive by Clinic



20,396 Screens: 916 Positives

### Percentage Chlamydia Positive by Risk Factor



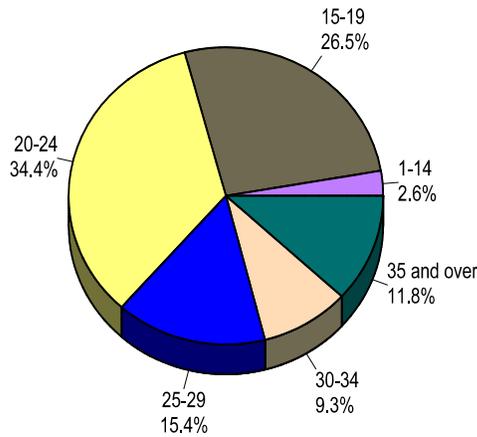
20,396 Screens: 916 Positives

**Positivity is highest in STD clinics and contacts to STDs.**  
This was consistent with screenings across Region VII (Kansas, Missouri, Nebraska, and

**KIPP Sites Screened 20,396 Patients for Chlamydia:  
916 or 4.5% Were Positive**

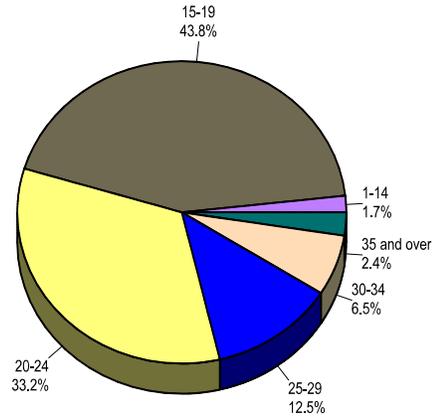
**Total Tests by Age Group**

n=20,396

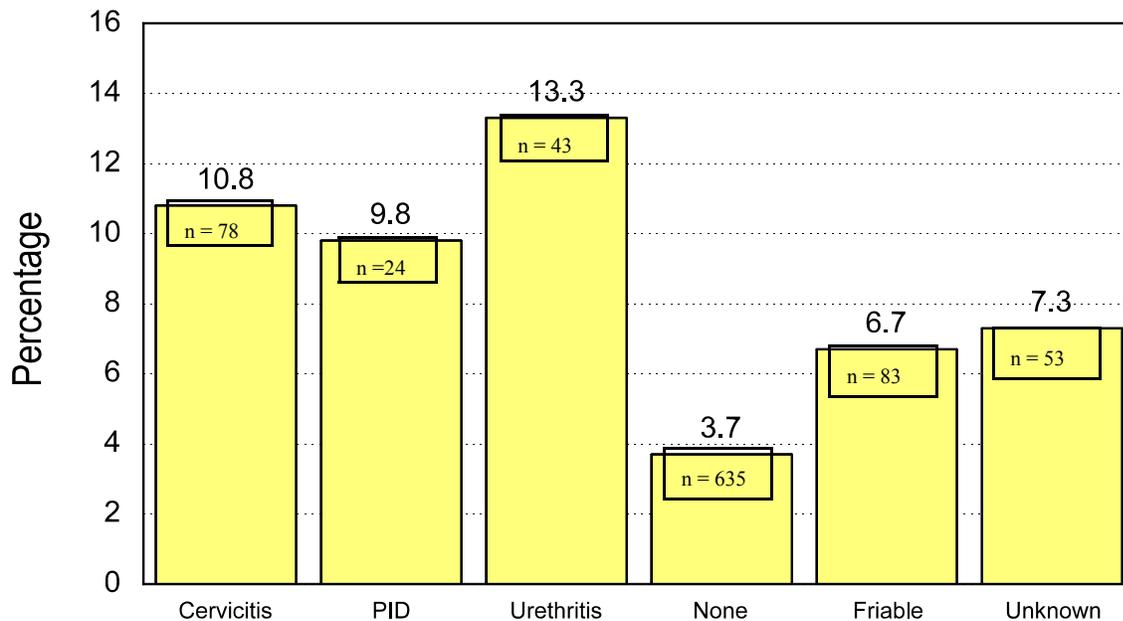


**Percent Positive by Age Group**

n= 916



**Chlamydia Test Results by Clinical Signs**



**Chlamydia screenings are directed at the age groups most at risk in Kansas.**