



HIV Watch

by Lee Klosinski

Nation outpaces L.A. County in HIV-antibody testing rates

Utilization of a life-living program -HIV antibody testing in L.A. County severely lags behind the national and state averages, according to the L.A. County Department of Health Services.

"HIV Testing and Sexual Risk Behavior Among Adults in Los Angeles County," published in L.A. Health, describes analysis of HIV testing data from the L.A. County Health Survey, a population-based telephone survey of 8,004 households in L.A. County.

Approximately 2.4 million people, about 36 percent of the adult population, received HIV-antibody tests during the past year. Only 23 percent of adults sampled in a 1989 survey were tested.

The Centers for Disease Control and Prevention recently released independent data about adult testing patterns in the United States. Los Angeles County falls behind the national and state average. Overall, about 42 percent of Americans and 52 percent of Californians have been tested for HIV.

In Los Angeles, more African-Americans (47 percent) and Latinos (43 percent) than whites (30 percent) or Asians (26 percent) were tested. Women and men tested at about 36 percent.

Latinos born outside of the United States were more likely to have been tested (45 percent) than those born in the country. More naturalized citizens (48 percent) than

non-citizens (44 percent) were tested.

Testing was inversely related to family income and educational level. People with lower incomes and education levels were more likely to be tested. Those with Medi-Cal also were more likely to have been tested than those with no health insurance.

There was also an association between age and testing. A greater percentage of young people 18-24 years old (42 percent) and 25-29 years old (45 percent) were tested than those 40 years and older (30 percent).

The number of injection drug users was too small to analyze risk.

Estimates of the number of county residents tested were determined by projecting the percentage of responders on the entire county census.

About 6 percent of adults (372,000) were at increased risk for HIV, which was defined as having more than one sexual partner in the past 12 months and not using a condom. Overall, barely half (52 percent) of these people had been tested in the past 24 months.

Approximately 5 percent of adult males (149,000) in the County reported having sex with a male partner in the last 12 months. Of these men, 62 percent had antibody tests. About one-third of men (34 percent) who had sex with men had more than one partner and did not use a condom. Almost three-quarters of these men (74 percent) were tested.

Approximately 7 percent of adult males (237,000) had sex with a woman in the past 12 months and did not use a condom. Only 45 percent of these have been tested in the past 2 years.

Among women, approximately 3 percent (86,000) reported having more than one male partner in the past 12 months and not using a condom. Testing was performed on 56 percent of these women.

Finally, 2 percent of women (57,000) had sex with a female partner in the past 12 months. Less than half (46 percent) of these women were tested.

Although some modest gains have been made in testing men who have sex with men youth, people of color, those with lower income and Medi-Cal recipients, 14 years after the HIV-antibody test became available, the urban center with the second-highest concentration of people with HIV disease falls behind the national and state testing averages.

The report concludes that its findings "underscore the need for more effective strategies to ensure that counseling and testing services are received by hard-to-reach populations known to be at increased risk for infection." However, no new programs or initiatives by the Office of AIDS Programs and Policy to facilitate this are described.

What's going on at POZ?

In March, the New York Times reported that subscribers to Poz, a magazine for people with HIV, received a mailing from Community Prescription Services about a new treatment for HIV. Although it's not unusual for mailing lists to be sold or rented, many Poz subscribers had explicitly stated that they did not want their names released to anyone.

Sean Strub is the owner and publisher of Poz Publishing L.L.C. Community Prescription Services is a national prescription service and "sister" company to Poz. The direct-marketing company Metamorphics Media is also one of Strub's holdings. The Times reports that it controls several important mailing lists.

Strub apologized to subscribers whose confidentiality had been compromised.

The case is important for several reasons: The Poz empire, headed by a very uncloseted PWA, used confidential information about subscribers' health for its own financial gain. Apart from canceling their subscriptions, the victims of this disclosure apparently have little recourse. That's sad.

Certain laws protect individuals from involuntary disclosure of private information about their health. In California, for example, the law provides civil and criminal

recourse for an individual violated by any such disclosure of a confidential public health record. The California Health and Safety Code [120980 (c)] states: "Any person who willfully or negligently discloses the results of an HIV test . . . to a third party, in a manner that identifies or provides identifying characteristics of the person to whom the test results apply . . . that results in economic, bodily, or psychological harm to the subject of the test, is guilty of a misdemeanor, punishable by imprisonment in the county jail for a period not to exceed one year or a fine not to exceed ten thousand dollars (\$10,000) or both."

It's curious. In a political environment where so much attention has been devoted to discussions of medical privacy and a handful of activists have so vigorously bashed the ability of public health officials to maintain the confidentiality of medical records, there seems so little outrage when an entrepreneur tries to make a buck off of other people with HIV.

Public health records should be used to control the spread of epidemics and prevent needless new infections. Confidential information should not be used to make Sean Strub rich.

'Commercial' prostitutes and their clients

The pages of the L.A. Weekly, Frontiers and other publications contain pages of ads for models, escorts and other personal services. What is known about the people who access these services for the purposes of commercial sex?

In the early days of the epidemic, male and female commercial sex workers (CSW) were often cited as significant vectors for new HIV infections. Several studies examined HIV risk factors of the CSW. Their clients received little attention. A new article in the Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology helps correct the imbalance.

No reliable data on the number of CSW or their clients exist.

HIV risk factors of CSW include unprotected sex and drug use. CSW will use

condoms with some clients and are less likely to use them with their steady sexual partners.

In the present study, 69 clients of male CSW and 82 clients of female CSW were recruited in Atlanta. The clients of the CSW, all men, differed in their self-described sexual orientation. Of those who employed male CSW, 56.6 percent self-identified as homosexual, 33.7 percent as bisexual and 9.7 percent as heterosexual. During the 10 years prior to their study interview, 65.4 percent of them had had sex with a woman.

Clients of female CSW identified as heterosexual (85.7 percent) or bisexual (14.3 percent). Of these clients, 25.7 percent had had sex with other men during the previous 10 years.

The patrons of the male CSW were much more likely to be infected with HIV (36.6 percent) or hepatitis B (58.0 percent) than their counterparts, whose rates of infection for the two viruses were 2.9 percent and 24.6 percent, respectively.

Men who self-identified as heterosexual did not report any sexual relations with men apart from CSW encounters. None were HIV-infected.

Studies of male and female CSW in Atlanta reveal that the rates of HIV stand at 12 percent and 29.4 percent, respectively. Thus, more clients of male CSW are infected than CSW themselves.

This study suggests that sexual behavior and identity are fluid over time. It also implies that the clients of CSW, especially the clients of male CSW, could benefit from targeted HIV risk reduction interventions.

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