FOIA Number: 2018-0756-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member: Kristine Gebbie

Subseries:

OA/ID Number: 3773

FolderID:

Folder Title:
Meeting on Gay Youth 2/28/94

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	4	2

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO • SANTA BARBARA • SANTA CRUZ

SCHOOL OF MEDICINE
Division of
General Internal Medicine

400 PARNASSUS AVENUE, A-405
SAN FRANCISCO, CALIFORNIA 94143-0320
(415) 476-4362
(415) 476-2906 FAX

RECEIVED -B

Hedrick Health Institute —

February 15, 1994

Patsy Fleming
Special Assistant to the Secretary
Department of Health and Human Resources
200 Independence Ave SW, Rm 605F
Washington, DC 20201

Dear Patsy:

I am following up our recent conversation about young gay men with this letter, as you requested. Behavioral and HIV seroprevalence and seroincidence data all point to the fact that younger gay men are engaging in unacceptably high levels of risk behavior, and are experiencing unacceptably high levels of seroconversion. Moreover, it has been well documented in the literature that younger gay men have a very difficult time adjusting and adapting in this society, given the stigmatization associated with homosexuality or a gay identity. Moreover, many young individuals may engage in prostitution, or other high-risk activities, as a means of survival.

It would seem highly appropriate that the Public Health Service, or the Department of Health and Human Services, sponsor a series of demonstration projects aimed at developing and field testing model programs for addressing the needs of gay and bi-sexual youth and young adults. Such a program might be mandated for an agency already involved in the concerns of young adults (Agency for Youth and the Family), or to an agency mandated to conduct HIV prevention (e.g., the Centers for Disease Control and Prevention), or to an agency mandated to investigate preventive strategies (the Nationai Institute of Mental Health), for both HiV as well as the psychological and social consequences of homosexuality.

We would propose that $2 to $3 million be set aside from funds already appropriated to the agency to field test approaches to HIV prevention, and means for addressing the social and psychological needs of younger gay and bi-sexual men. It might be interesting to develop two to three year projects which would focus on different segments of the gay and bi-sexual population (e.g., men in larger cities, men of color, men in rural areas, men on the streets in prostitution), or different approaches to these populations (e.g., programs focus directly on HIV prevention versus programs focused more broadly on the social and psychological needs of gay and bi-sexual youth). An evaluation component should be added, perhaps to done in collaboration with the National Institute of Mental Health, to collect solid data on the impact of these programs, and to draw together "lessons learned," so that policies about programs that might promulgated could be developed.

You are well aware of the needs of this population. This is a modest proposal to address a significant portion of the U.S population whose needs and problems are not being addressed.

I would be happy to talk to you further about this to discuss the proposal in more detail.

Sincerely,

Thomas Coates (ms)

Thomas J. Coates, Ph.D.
Professor of Medicine
Director, Center for AIDS Prevention Studies

cc: Bill Bailey

young men
gay ~~adolescents~~ / HIV -

what are they doing & how can we help ?

doing an inventory
what can we do better

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

FEB 25 1994

TO: Assistant Secretary for Health

FROM: Acting Director, NAPO

SUBJECT: Your Meeting on Health Issues for Young Gay Men in Follow-up to the Letter from Dr. Tom Coates, Monday, February 28, 1994, 4:00 P.M. -- BRIEFING

PARTICIPANTS

Outside the Department

Kristine Gebbie

HHS Officials

Jo Boufford
Patsy Fleming
Marty Davis

BACKGROUND

At Tab A is a copy of the letter to you from Dr. Coates suggesting a summit meeting on health issues for young gay men and a copy of your response.

Recent statistical information from San Francisco indicates that there is a meaningful reduction in HIV seroprevalence and AIDS case incidence among gay white men. At Tab B is a copy of the Report on Projections of the AIDS Epidemic in San Francisco: 1994-1997, released by the San Francisco Department of Public Health on February 15.

The decrease in projections of future AIDS cases applies to all age groups of gay men, except for young gay men. At Tab C is information on the Study of Seroprevalence and Risk Behaviors Among Young Gay Men Who Have Sex With Men.

ISSUES OF CONCERN

* The initial letter from Dr. Coats suggested the holding of a summit meeting sponsored by HHS to address issues related to young gay men. His letter includes a list of individuals, both federal staff and community representatives, that he believes should be involved.

* Dr. Coates and the staff at University of California, San Francisco, Center for AIDS Prevention Studies (CAPS), is currently involved in various research projects, including

one sponsored by the Henry J. Kaiser Foundation on directions of HIV-related behavioral research. The planning for any meeting on young gay men should include the need for increased behavioral research on this population.

* The recent study released by the San Francisco Department of Public Health shows trends in infection for young gay men. The data presented in this study goes to support conclusions that prevention works and that continued primary prevention campaigns should be supported. Concerns have been raised about the methodology used that may affect the validity of the findings.

* There is little information available on teenage suicides related to gay and lesbian youth. The effect of discrimination on this susceptible population, including increased propensity for substance abuse and other risky behavior needs to be researched.

* Programs for substance abuse prevention and treatment are often aimed at heterosexual teenagers without taking into account the specific needs of gay and lesbian youth. Programs for teenagers must deliver effective prevention messages to this population.

DISCUSSION

The information released about projections of new AIDS cases and AIDS case prevalence in San Francisco tends to show that among gay white men in the Bay Area the AIDS epidemic may have peaked in 1992, with an annual decrease in incidence projected into 1997. Among young gay white men and gay men of color, the number of new infections continues to rise.

Although the methodology used for the findings has caused some controversy, the study of young gay men indicated that individuals are engaging in risky behavior. The study of young gay men analyzed some of the factors and co-factors and found increased substance use to be a predictor of unsafe sex. The study also found that among the factors that will encourage safer sexual practices, positive peer norms are a common denominator among those interviewed who reported safer sexual practices (23.2% of the total).

The conclusion of the studies conducted in San Francisco is that targeted prevention programs work in changing behavior. Young gay men, however, have not been impacted by the programs that were effective over the last decade for older gay men. In order to address the HIV prevention needs of young gay men, future prevention programs must concentrate on issues related to self-esteem, substance use and risk-taking.

If you have any questions, feel free to contact me at 690-6248.

Arthur J. Lawrence, Ph.D.

3 Attachments:

Tab A - Letter to you from Dr. Coates suggesting a summit meeting on health issues for young gay men and a copy of your response

Tab B - Report on Projections of the AIDS Epidemic in San Francisco: 1994-1997, released by the San Francisco Department of Public Health on February 15.

Tab C - Information on the Study of Seroprevalence and Risk Behaviors Among Young Gay Men Who Have Sex With Men

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

CENTER FOR AIDS PREVENTION STUDIES (CAPS)
University of California, San Francisco (UCSF Box 0886)

Collaborating Institutions:
San Francisco Department of Public Health
Bayview-Hunter's Point Foundation
Communication Technologies, Inc.
San Francisco AIDS Foundation

THOMAS J. COATES, PhD, DIRECTOR

74 New Montgomery, Suite 600
San Francisco, CA 94105

Tel: (415) 597-9157
Fax: (415) 597-9213

December 21, 1993

Philip R. Lee, M.D.
Assistant Secretary for Health
Department of Health & Human Resources
200 Independence Avenue, SW
Room 716G
Washington, DC 20201

Dear Phil:

Thanks very much for your phone call, and for Secretary Shalala's strong support for a meeting to address the issues of younger gay men. I would suggest the following persons should most certainly be included in a meeting that would speak to the problems of young gay men and strategies to address them:

1. Dennis Osmond, Ph.D. - Dennis is an epidemiologist working with Warren Winkelstein. They completed the first and only population-based study that provides data, both on the prevalence and incidence, of HIV infection among younger gay men. They're are a must.

2. Ron Stall, Ph.D., M.P.H. - As you know, Ron works with us here at CAPS. He was one of the first to recognize that there might be a problem with this population and to discuss ways of addressing the problems of younger gay men.

3. Susan Kegeles, Ph.D. - Susan is also a scientist at CAPS. She is currently conducting a community-level diffusion of innovation intervention in three Western cities to reduce unsafe sex practices among younger gay men. Preliminary data suggests that it will be very successful.

4. Dan Bross, Executive Director, AIDS Action Council - The AIDS Action Council is one of the pre-eminent organizations representing the various CBOs around the country. They are clearly in a position to activate CBOs to address the problem of younger gay men.

T64287
TRACER

5. Mike Shriver - Mike is the Executive Director of the Community Mobilization Against AIDS. He is energetic and important in the advocacy for prevention. He also is a young gay man who is HIV-infected, and he can be quite eloquent in speaking about these issues.

6. Moises Agosto, National Minority AIDS Council - Moises is another eloquent voice on the issues of prevention affecting gay men, especially Hispanic gay men, but also young men.

7. Ernesto Hinojos - Ernesto is the Director of Education at the Gay Men's Health Crisis. Certainly, they are dealing with a large population of younger gay men, especially men in New York who might be prostitutes. They also deal with a large population of younger gay men of color.

8. Mary Jane Rotherum-Borus, Ph.D., Department of Psychiatry, UCLA - Mary Jane has probably done the most innovative research on ways of reaching runaways and other younger gay men. Her work is beautiful, and she understands the needs of this population extremely well.

9. Bill Bailey, American Psychological Association - Bill has been in the forefront of prevention efforts and in talking about issues of younger gay men. He would be a must at a meeting such as this.

10. Gary Remafedi, M.D., University of Minnesota - Gary, more than anyone, has talked about social, psychological, and prevention needs of younger gay and bisexual men. He has written on this topic perhaps more extensively than anyone.

11. Jeff Kelly, Ph[illegible]., Medical College of Wisconsin, Milwaukee, WI - Jeff has been in the forefront in developing innovative preventive interventions strategies, and would have lots of ideas about how to work with younger gay men using these models.

12. Cornelius Baker, National Association of Persons with AIDS - Cornelius is a young, African American, gay man with HIV. He is eloquent and thoughtful, and would be an important addition to any such meeting.

13. Rafael Diaz, Ph.D. - Raphael is an Associate Professor of Education at Stanford, and a Latino gay man. He recently has completed innovative and important work on understanding reasons for high risk behavior among younger gay men.

14. Ron Valdeserri, M.D. - Ron, at the CDC, has been very instrumental in developing their AIDS prevention programs, and would be a natural addition to this group.

15. Steve Rabin, Porter/Novelli, Washington, DC - Steve is a creative thinker. He has been involved with the CDC in many AIDS prevention projects, and he could be a good resource on how the media might aid in such a prevention effort.

16. Ron Bayer, Ph.D., Columbia University - Ron has thought long and hard about various policies which effect AIDS prevention efforts for various sectors of the population. I would strongly recommend him.

17. Karen Hein, M.D. - Karen is one of the leaders in adolescent AIDS prevention and care. She is currently in Washington on an AAAS policy fellowship. I think she would have a lot to say about the needs of adolescents and how best to reach them.

18. Larry Bye, M.A.; President, Communication Technologies, Inc. - Larry understands the gay community very well, originated Stop AIDS Project, and continues to devote his thoughts to the area of AIDS prevention needs. He is bright, energetic, and creative.

19. Kurt Pickett, Region Four, HIV Consortium of Louisiana, Shreveport, LA - I recently heard Kurt speak eloquently on the advantages and disadvantages of Title II Ryan White Funding, and what it has done to younger gay men in Louisiana. I recommend him strongly as someone who is out in the field dealing with these issues day to day.

I hope these names are helpful. Again, I would strongly encourage a summit meeting to discuss the prevention needs of younger gay men. We would glad to aid you in any way in your efforts to make this happen.

I am leaving on holiday on December 22nd, and can be reached at 508-432-3916. I will be spending one day in Washington on January 3rd, meeting with Ellen Stover; but I could arrange more time in DC if that would be helpful. Please let me know if there is anything to be done now. Thank you for your interest in this very important issue.

Have a happy holiday.

Sincerely,

Thomas J. Coates, Ph.D.
Professor of Medicine
Director, Center for AIDS Prevention Studies

cc: Patsy Fleming
Ron Stall

TJC:jc

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Office of the Assistant Secretary
for Health
Washington DC 20201

JAN 28 1994

Thomas J. Coates, Ph.D.
Professor of Medicine
Director, Center for AIDS
Prevention Studies (CAPS)
UCSF Box 0886
74 New Montgomery, Suite 600
San Francisco, California 94105

Dear Tom:

Thank you for your letter on the summit on the health needs of young gay men. I am sorry that, due to a scheduling conflict, I was not able to meet with you while you were in Washington on January 3.

As you know, on January 4 the administration launched a Prevention Marketing Initiative to encourage young adults (18-25 year olds) to refrain from sexual activity and, for those who are sexually active, to use latex condoms consistently and correctly for every sexual act. The ads produced as part of this initiative are aimed at all young people at risk for HIV infection. These television and radio ads were tested with gay men with very favorable results.

We are very aware of the needs of young gay men, from risk of exposure to HIV and STDs, to high incidence of suicide, to susceptibility for substance use. I agree with you that we must begin to address these issues in a concerted fashion. I also think that most of the work must be done in local communities, where parents, relatives and teachers can be involved in the development of programs that will impact young people directly.

I am very grateful for the list of names that you provided me in your letter. I would also be interested in hearing from young gay men on their own perspectives on growing up gay and how we can make that process easier.

I hope to continue to communicate with you in the future to explore how we can work together on this issue.

Sincerely yours,

/s/ Phil

Philip R. Lee, M.D.
Assistant Secretary for Health

cc: Patsy Fleming

Prepared by: CVelez:OASH/NAPO:1/7/94:64287

Projections of the AIDS Epidemic in San Francisco: 1994-1997

Seroepidemiology and Surveillance Branch, AIDS Office

San Francisco Department of Public Health

February 15, 1994

A. EXECUTIVE SUMMARY

This report summarizes projections of AIDS incidence and prevalence in San Francisco, California, through 1997. The report includes projections of the number of AIDS cases and the number of persons living with AIDS in San Francisco from 1994 through 1997. In addition, the report includes projections by gender, risk group and race/ethnicity.

The annual number of new AIDS cases is estimated to have peaked at 3,326 in 1992 and is expected to decline to 1,204 annually by 1997. The number of persons living with AIDS has also peaked according to these projections, and is expected to decline gradually from a high of 9,109 persons living with AIDS in 1992 to 6,460 living with AIDS by the end of 1997.

These trends reflect the dramatic reductions in new HIV infections which occurred a decade ago and which were achieved as a result of successful prevention campaigns waged in San Francisco during the past 10 years. The number of new AIDS cases are only now reflecting this change, because of the average 10-year incubation period between infection with HIV and development of AIDS. The trends are also affected by the recent expansion of the definition of AIDS, which resulted in AIDS being defined earlier in the course of HIV infection for many people. The inclusion of persons with HIV infection and a CD4+ T-lymphocyte count below 200 resulted, on average, in the diagnosis of AIDS approximately 1.5 years earlier in the course of infection. This has caused the epidemic curve to shift, resulting in an earlier and sharper peak than what would have been expected under the old case definition.

Cumulative numbers of AIDS cases, including those already deceased, are expected to increase from 18,684 currently to more than 26,700 by the end of 1997. The cumulative number of AIDS-related deaths are expected to rise to 20,273 by the end of 1997.

The projections show that there will be a decrease in the proportion of AIDS cases among gay and bisexual men and an increase in the proportion of cases among injection drug users. However, the majority of persons living with AIDS will continue to be gay and bisexual men. The number of gay and bisexual men living with AIDS is expected to decline gradually from a peak of 8,264 persons at the end of 1992 to 5,553 by the end of 1997. However, the number of heterosexual injection drug users living with AIDS is expected to increase from 571 in 1992 to 660 by the end of 1997. The number of persons in other risk groups living with AIDS is projected to decline slightly from a peak of 274 in 1992 to 247 by the end of 1997.

The number of men living with AIDS is expected to decline gradually from a peak of 8,851 at the end of 1992 to 6,183 by the end of 1997. However, the number of women living with AIDS is expected to increase from 230 in 1992 to 249 by the end of 1997.

Among those currently living with AIDS in San Francisco, 74% are white, 12% are African American, 10% are Latino, 3% Asian/Pacific Islander, and 1% are Native American. By the end of 1997, it is projected that 72% of persons living with AIDS will be white, 13% will be African American, 11% Latino, 3% Asian/Pacific Islander, and 1% Native American.

It is estimated that 28,000 men, women and children are currently living with HIV infection in San Francisco, representing almost 4% of the City's population. San Francisco has the highest number of HIV-infected persons per capita of any major city within the United States.

It is estimated that more than 1,000 San Franciscans will become newly-infected with HIV each year between 1994 and 1997. This number is down considerably from the estimated 8,000 persons who were infected during 1982, when new HIV infections were at their peak. Because of the latency period of the HIV virus, new infections in the next four years will have little impact on AIDS projections through 1997 but will impact the scope of the epidemic beyond the year 2000.

The magnitude of the HIV/AIDS epidemic in San Francisco underscores the need for effective, on-going prevention efforts within those populations at highest risk. Previous studies have indicated that comprehensive community-based prevention efforts among gay and bisexual men were primarily responsible for the dramatic reductions in the incidence of HIV infection among gay and bisexual men in the early to mid-1980s. Likewise, previous studies have suggested that comprehensive street- and community-based programs designed for injection drug users have been successful in slowing the epidemic among injection drug users in San Francisco in recent years. These and other studies suggest that prevention programs must continue to be supported in order to maintain changes in behavior and to reach new generations at risk.

These figures demonstrate the benefits of comprehensive, targeted prevention efforts, which have dramatically reduced the number of new infections with HIV and have altered the course of the AIDS epidemic in San Francisco. Despite the decline in the number of AIDS cases in San Francisco, the epidemic is expected to continue well beyond the year 2000. However, because of high rates of new infections among some populations, particularly among young gay and bisexual men and other high-risk youth, there could be a resurgence of the epidemic at some point in the future.

B. METHODS

We obtained estimates of annual HIV seroconversions for gay and bisexual men and for injection drug users by applying annual HIV seroincidence rates to estimates of population size for these groups. To project the number of persons diagnosed with AIDS under the 1987 case definition through December 31, 1992, annual HIV seroconversion estimates were combined with a log-logistic extrapolation of Kaplan-Meier estimates of progression to AIDS. Kaplan-Meier estimates were based on data from the San Francisco City Clinic Cohort study. Separate models were developed for gay and bisexual men and for injection drug users.

For persons with HIV who had not yet progressed to AIDS by December 31, 1992, we applied Markov model estimates of progression to CD4 count below 200 in order to project the theoretical number of patients who would be diagnosed under the 1993 AIDS case definition. This theoretical number was then modified, based on the assumption that only 42% of these patients would be receiving medical care and have CD4 counts available when they met the new case definition. The remaining 58% would be diagnosed later under the 1987 definition. Markov model distributions of time from CD4 count below 200 to 1987 definition AIDS were utilized to estimate this temporal lag in diagnosis.

The number of persons living with AIDS was projected using Markov model estimates of survival time following a diagnosis with either an opportunistic infection meeting the 1987 case definition or following a CD4 count below 200.

Trends in previously reported AIDS cases were used to calculate ratios of gay and bisexual men and injection drug users to other risk groups. Based on these ratios, we estimated the number of AIDS cases among other risk groups. The numbers of persons projected by risk group were then summed to obtain projections of the total number of persons with AIDS. The number of persons living with AIDS by race and ethnicity was calculated by using weighted linear extrapolations of trends in previously reported AIDS cases by race and ethnicity.

C. OVERALL PROJECTIONS FOR SAN FRANCISCO

The annual number of new AIDS cases is estimated to have peaked at 3,326 in 1992 and is expected to decline to 1,204 annually by 1997 (Table 1, Figure 1). The number of persons living with AIDS has also peaked according to these projections, and is expected to decline gradually from a high of 9,109 persons living with AIDS in 1992 to 6,460 living with AIDS by the end of 1997 (Table 1, Figure 2).

Cumulative numbers of AIDS cases, including those already deceased, are expected to increase from 18,684 currently to more than 26,700 by the end of 1997 (Table 1, Figure 3). The cumulative number of AIDS-related deaths are expected to rise to 20,273 by the end of 1997 (Table 1, Figure 4).

Table 2 and Figures 1 to 4 compare the observed and projected numbers of persons with AIDS in San Francisco from 1980 to 1993. In general, the observed and projected epidemic curves show similar trends. More uncertainty exists, however, with regard to the trends in the numbers of persons living with AIDS (Table 2, Figure 2). The observed number of persons living with AIDS may underestimate the true number of persons eligible for an AIDS diagnosis since many persons with low CD4 counts (below 200) may not access CD4 monitoring and therefore would not be included in counts of persons with AIDS. Differences between observed and projected numbers of persons with AIDS also reflects uncertainties in the projections with regard to the size of the populations at risk, the incidence of HIV infection, the proportion of persons with access to care and CD4 monitoring, the proportion of persons on therapy, and the impact of therapy on the incubation period and on survival following diagnosis.

D. PROJECTIONS BY RISK GROUP

The number of gay and bisexual men newly diagnosed with AIDS each year is projected to decline from a peak of 2,960 in 1992 to 946 in 1997 (Table 5). However, the number of injection drug users diagnosed with AIDS each year is expected to peak at 254 cases in 1992, to decline in 1993, and then to increase gradually to a level of 195 cases in 1997 (Table 8). The number of cases diagnosed among adults/adolescents in other risk groups is predicted to decline from a peak of 98 in 1992 to 54 in 1997 (Table 11). The number of infants and children diagnosed with AIDS annually is expected to peak at 14 cases in 1992 and decline to 9 cases in 1997 (Table 12).

The number of gay and bisexual men living with AIDS is expected to decline gradually from a peak of 8,264 persons at the end of 1992 to 5,553 by the end of 1997 (Table 18, Figure 5). However, the number of heterosexual injection drug users living with AIDS is expected to increase from 571 in 1992 to 660 by the end of 1997 (Table 21, Figure 5). The number of persons in other risk groups living with AIDS is projected to decline slightly from a peak of 274 in 1992 to 247 by the end of 1997 (Tables 24 and 25, Figure 5). These trends suggest that there will be a decrease in the proportion of AIDS cases among gay and bisexual men and an increase in the proportion of cases among injection drug users. However, the majority of persons living with AIDS will continue to be gay and bisexual men.

Among the 6,460 persons who are expected to be living with AIDS by the end of 1997, it is estimated that 86% will be gay and bisexual men (including gay and bisexual injection drug users), 10% will be heterosexual injection drug users, and 4% will be from other risk groups.

E. PROJECTIONS BY GENDER

The number of men diagnosed with AIDS each year is projected to decline from a peak of 3,212 in 1992 to 1,123 in 1997 (Tables 14 and 15). The number of women diagnosed with AIDS each year is expected to decline from a peak of 100 cases in 1992 to 72 in 1997 (Tables 14 and 15).

The number of men living with AIDS is expected to decline gradually from a peak of 8,851 persons at the end of 1992 to 6,183 by the end of 1997 (Table 27, Figure 6). However, the number of women living with AIDS is expected to increase from 230 in 1992 to 249 by the end of 1997 (Table 27, Figure 6).

F. PROJECTIONS BY RACE/ETHNICITY

The number of AIDS cases diagnosed each year among whites is projected to decline from a peak of 2,517 in 1992 to 847 in 1997 (Table 13). The number of people of color diagnosed with AIDS each year is also expected to decline, from a peak of 809 cases in 1992 to 357 in 1997 (Table 13).

The number of whites living with AIDS is expected to decline gradually from a peak of 6,939 at the end of 1992 to 4,632 by the end of 1997 (Table 26, Figure 7). The number of people of color living with AIDS is also projected to decline gradually, from a peak of 2,170 in 1992 to 1,828 by the end of 1997 (Table 26, Figure 7).

Among those currently living with AIDS in San Francisco, 74% are white, 12% are African American, 10% are Latino, 3% Asian/Pacific Islander, and 1% are Native American. By the end of 1997, it is projected that 72% of persons living with AIDS will be white, 13% will be African American, 11% Latino, 3% Asian/Pacific Islander, and 1% Native American.

G. ACKNOWLEDGMENTS

The figures in this report are based on mathematical models developed by Anne Hirozawa, Lowell Barnhart and George Lamp of the Seroepidemiology and Surveillance Branch, AIDS Office, San Francisco Department of Public Health. The models were based on data provided by the San Francisco City Clinic Cohort Study (Nancy Hessol, Mitch Katz, AIDS Office, San Francisco Department of Public Health), researchers from the University of California (Warren Winkelstein, Andrew Moss, John Watters, Michael Samuel) and Emory University (Ira Longini). We would also like to acknowledge the contributions of David Makofsky and Susan Black.

gfl0207c

FIGURE 1

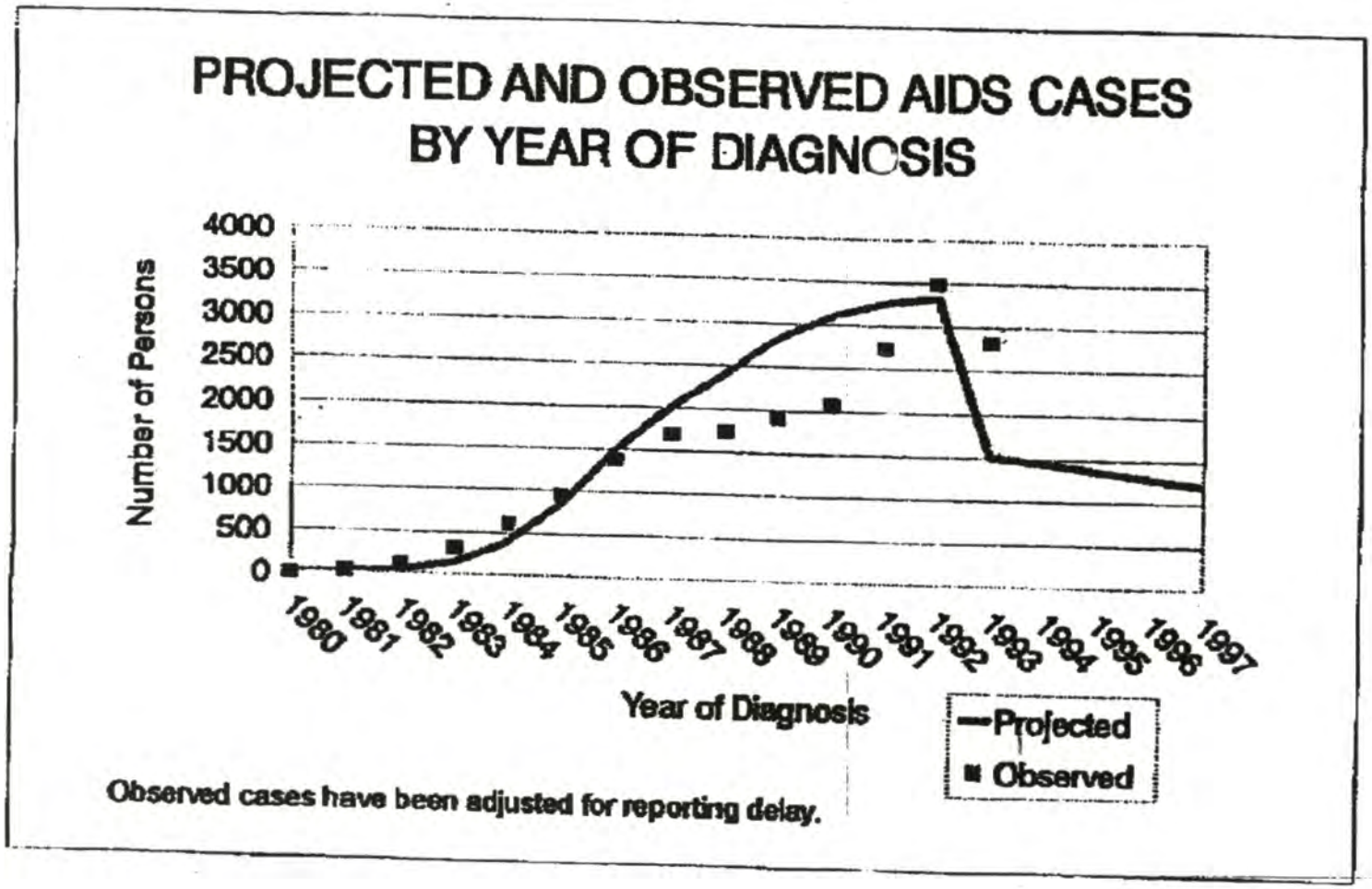


FIGURE 2

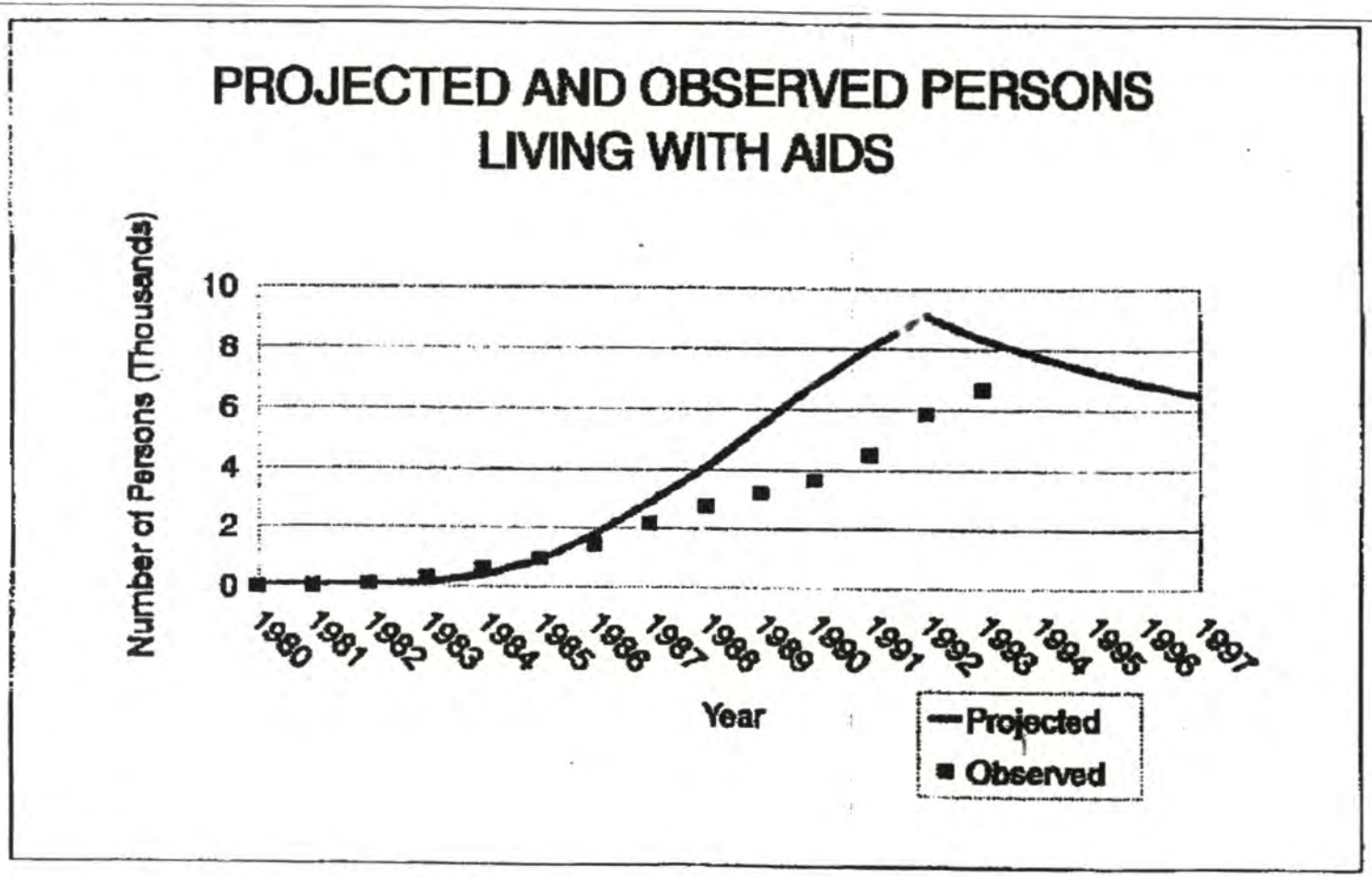


FIGURE 3

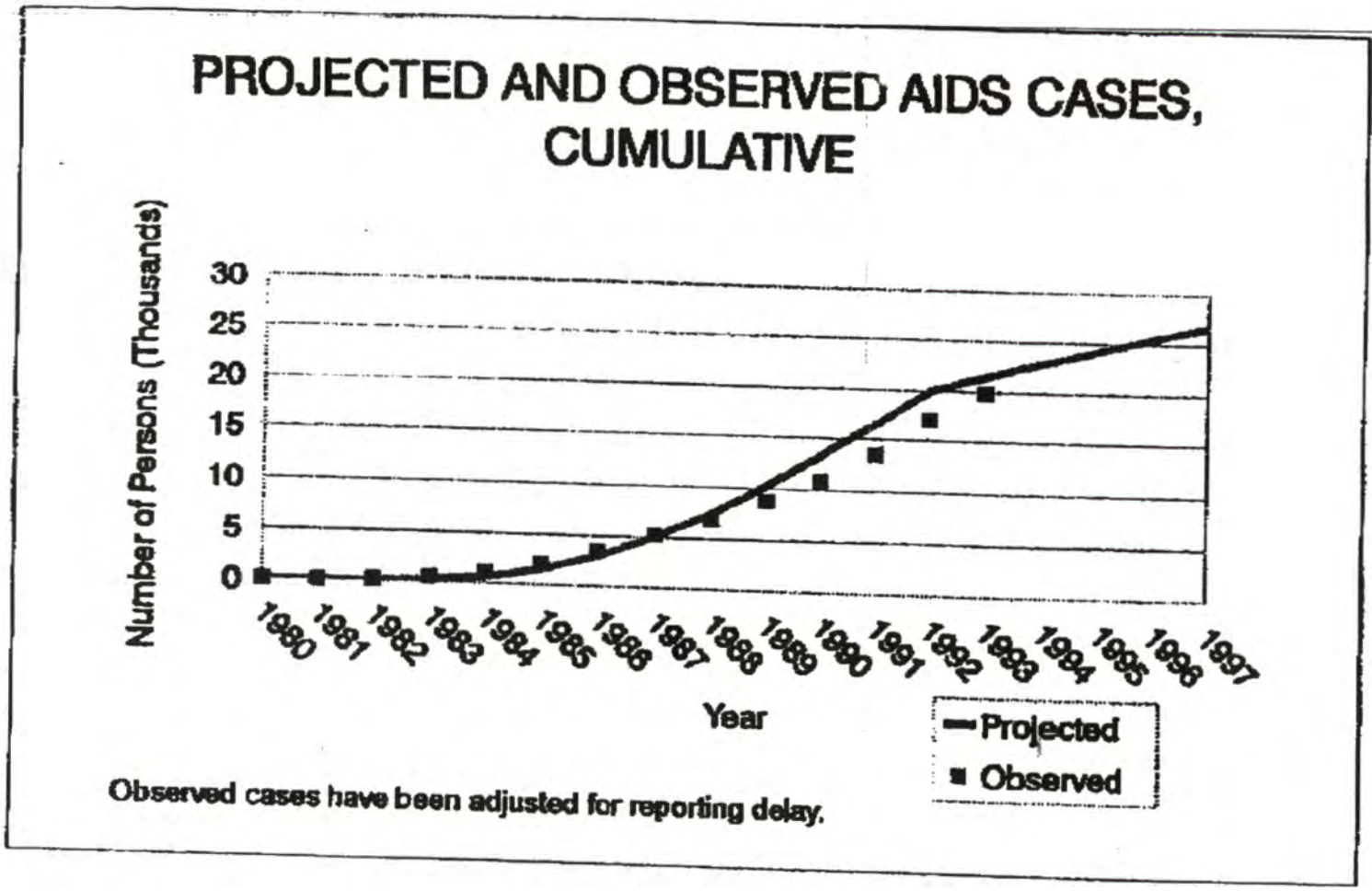


FIGURE 5

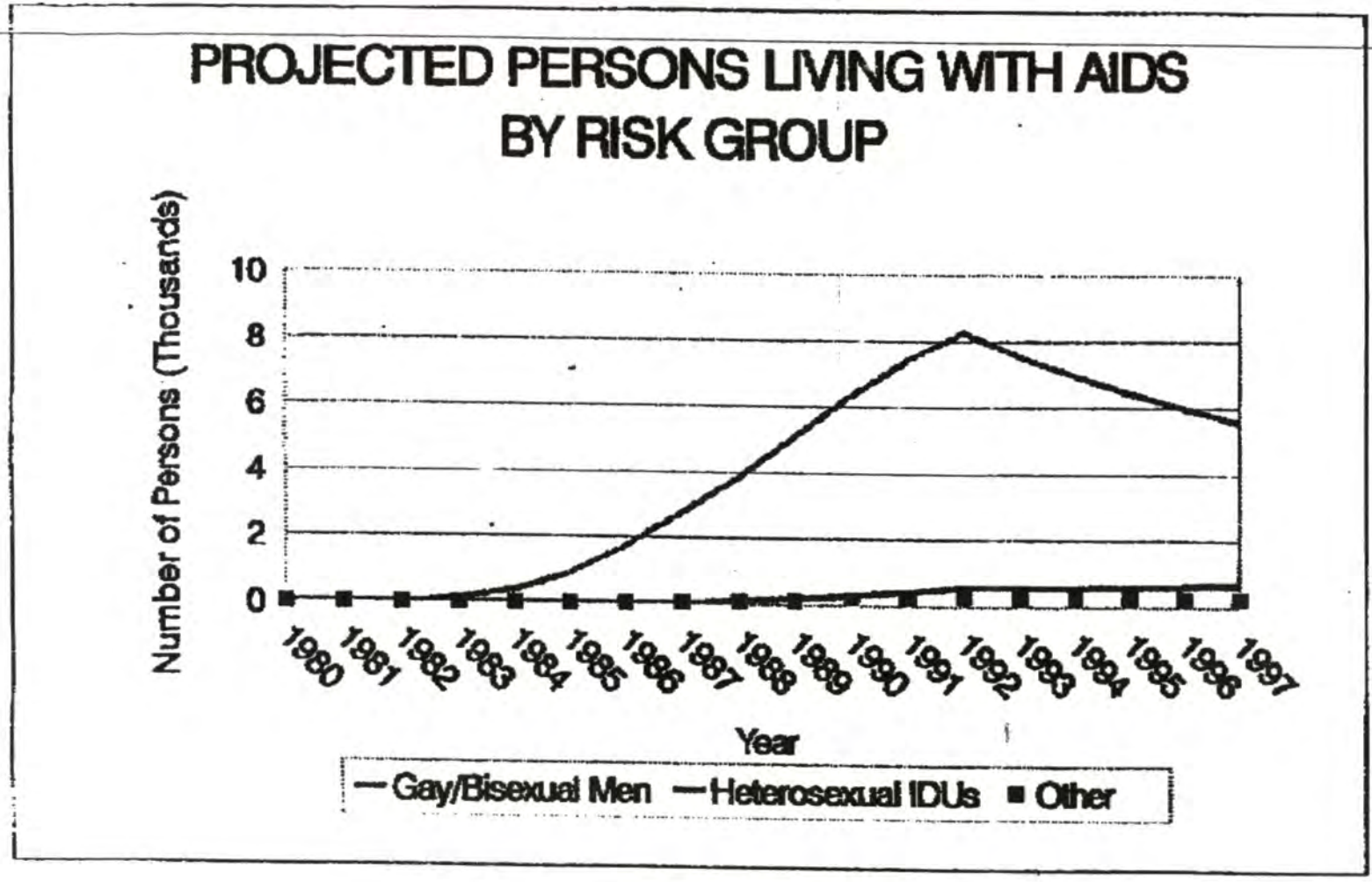

PROJECTED PERSONS LIVING WITH AIDS
BY RISK GROUP
Number of Persons (Thousands)
10
8
6
4
2
0
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
Year
Gay/Bisexual Men
Heterosexual IDUs
Other

FIGURE 6

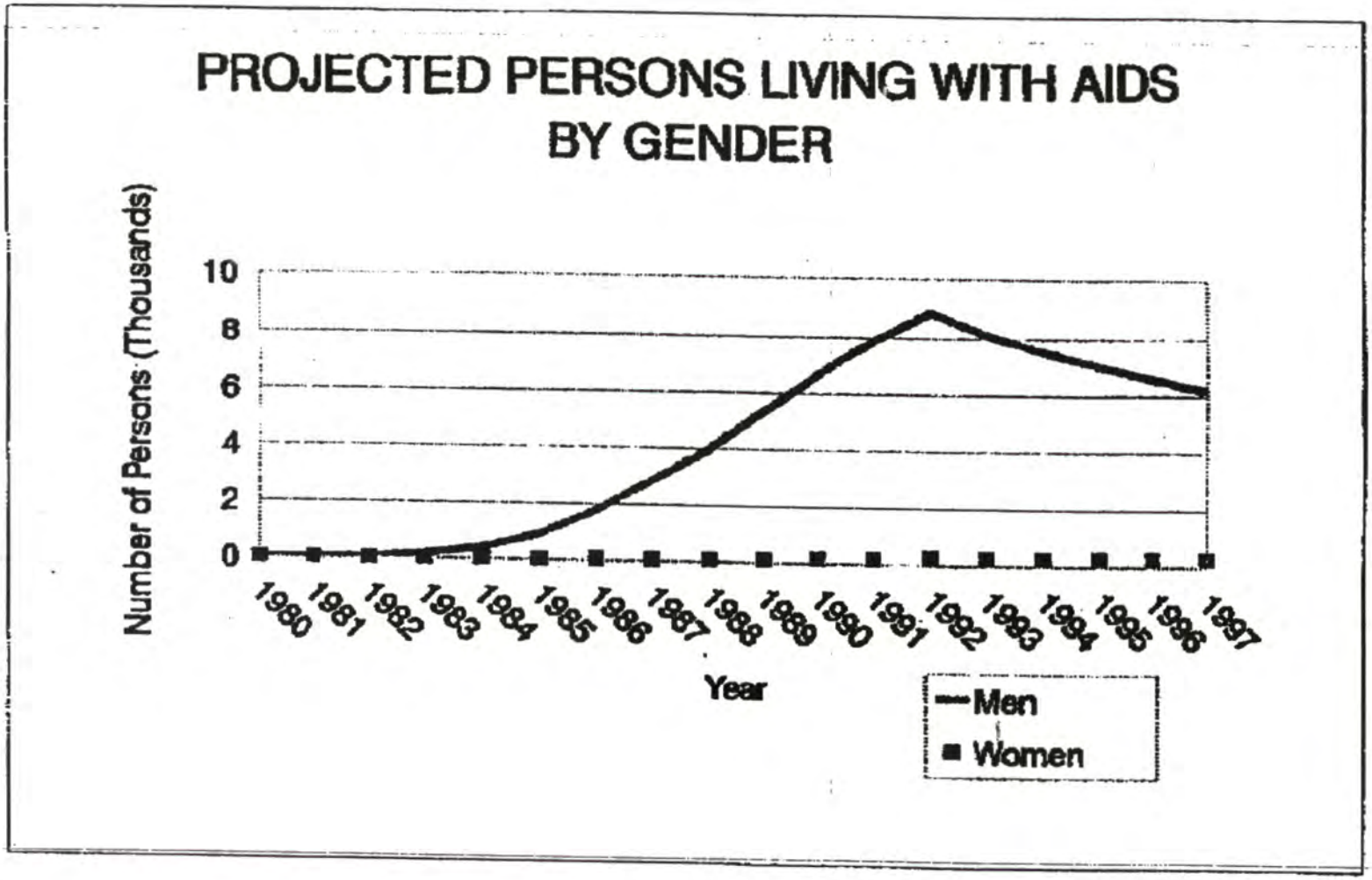


FIGURE 7

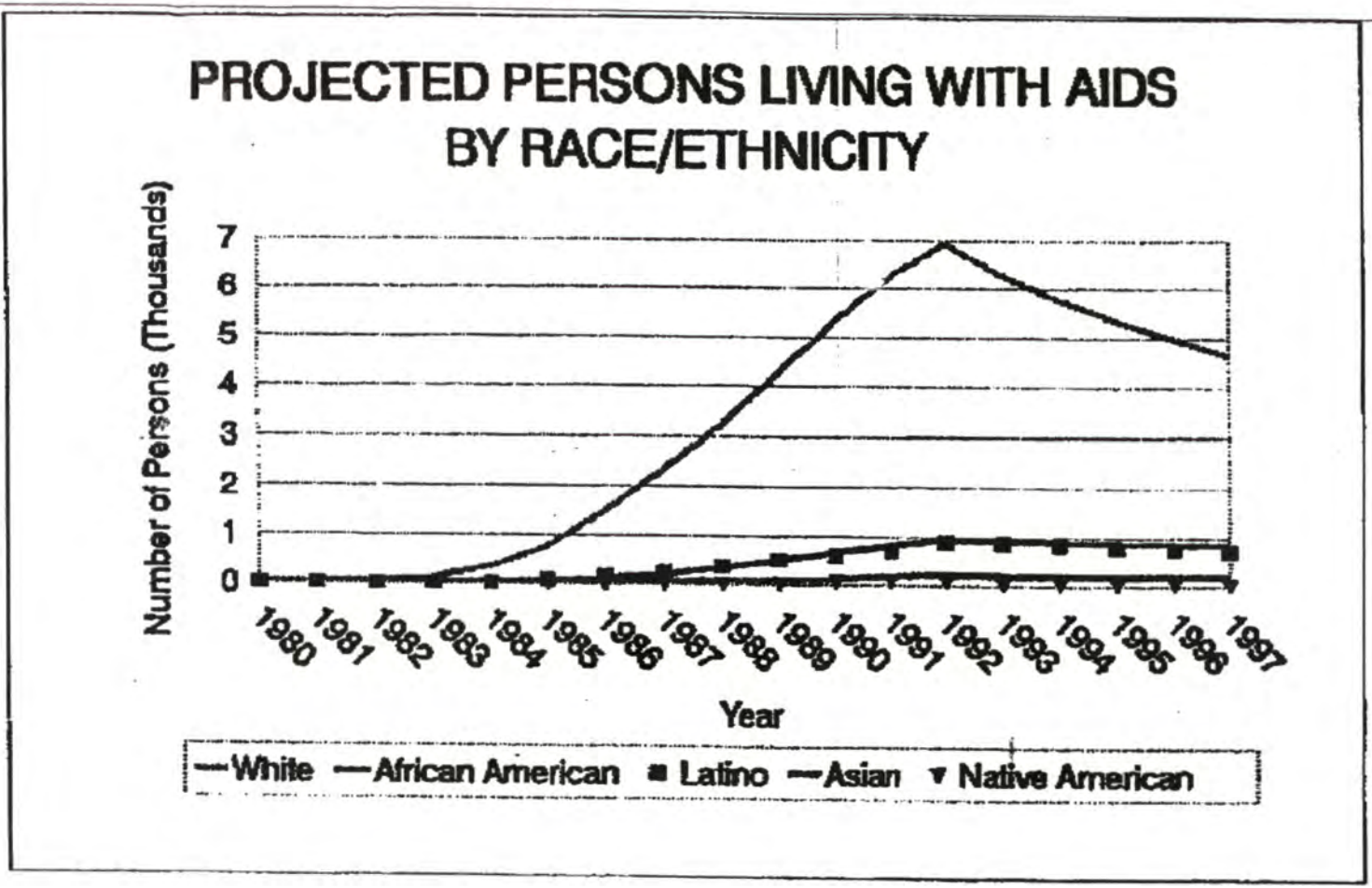

PROJECTED PERSONS LIVING WITH AIDS
BY RACE/ETHNICITY
Number of Persons (Thousands)
7
6
5
4
3
2
1
0
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
Year
White
African American
Latino
Asian
Native American

TABLE 1:

PROJECTED AIDS CASES IN SAN FRANCISCO*

YEAR	CASES BY YEAR OF DIAGNOSIS	CUMULATIVE NUMBER OF CASES	PERSONS LIVING WITH AIDS	CUMULATIVE NUMBER OF DEATHS
1980	2	2	2	0
1981	9	11	11	0
1982	51	62	43	19
1983	155	217	145	72
1984	401	618	398	220
1985	854	1,472	904	568
1986	1,509	2,981	1,771	1,210
1987	2,019	5,000	2,849	2,151
1988	2,412	7,412	4,068	3,344
1989	2,834	10,246	5,440	4,806
1990	3,104	13,350	6,806	6,544
1991	3,256	16,606	8,040	8,566
1992	3,326	19,932	9,109	10,823
1993	1,507	21,439	8,338	13,101
1994	1,441	22,880	7,752	15,128
1995	1,365	24,245	7,271	16,974
1996	1,284	25,529	6,849	18,680
1997	1,204	26,733	6,460	20,273

* Projected figures represent diagnosed patients only. Living patients as of December 31 of each year.

TABLE 2:

PROJECTED AND OBSERVED NUMBERS OF AIDS PATIENTS IN SAN FRANCISCO

YEAR	CASES BY YEAR OF DIAGNOSIS		CUMULATIVE NUMBER OF CASES		PERSONS LIVING WITH AIDS		CUMULATIVE NUMBER OF DEATHS	
	PROJECTED	OBSERVED	PROJECTED	OBSERVED	PROJECTED	OBSERVED	PROJECTED	OBSERVED
1980	2	2	2	2	2	0	0	2
1981	9	34	11	36	11	27	0	9
1982	51	115	62	151	43	105	19	46
1983	155	317	217	468	145	286	72	182
1984	401	613	618	1,081	398	590	220	491
1985	854	946	1,472	2,027	904	944	568	1,083
1986	1,509	1,384	2,981	3,411	1,771	1,426	1,210	1,985
1987	2,019	1,692	5,000	5,103	2,849	2,145	2,151	2,958
1988	2,412	1,735	7,412	6,838	4,068	2,723	3,344	4,115
1989	2,834	1,906	10,246	8,744	5,440	3,168	4,806	5,576
1990	3,104	2,069	13,350	10,813	6,806	3,625	6,544	7,188
1991	3,256	2,729	16,606	13,542	8,040	4,486	8,566	9,056
1992	3,326	3,488	19,932	17,030	9,109	5,826	10,823	11,204
1993	1,507	2,819	21,439	19,849	8,33	6,675	13,101	13,174
1994	1,441		22,880		7,752		15,128	
1995	1,365		24,245		7,271		16,974	
1996	1,284		25,529		6,849		18,680	
1997	1,204		26,733		6,460		20,273	

* Projected figures represent diagnosed patients only. Observed cases have been adjusted for reporting delay. Living persons as of December 31 of each year.

HIV-1 Seroprevalence and Risk Behaviors Among Young Men Who Have Sex With Men

San Francisco/Berkeley, California, 1992-1993

George Lemp, Anne Hirozawa, Daniel Givertz,
Giuliano Nieri, Jason Bishop, Vincent Fuqua,
Mario Hernandez, Luiz Goni, Welmin Militante,
Elliot Ramos, Sean Nguyen, Melisssa Jones,
Laura Anderson, Robert Janssen,
Mary Lou Lindegren, and Mitchell Katz

San Francisco Dept. of Public Health, San Francisco, CA,
Berkeley Dept. of Health and Human Services, Berkeley, CA,
Division of HIV/AIDS, Centers for Disease Control, Atlanta, GA

CDC

NCID/DHA

Methods

- We surveyed 474 young men 17 to 22 years of age at 26 locations in San Francisco and Berkeley, CA during 1992 and 1993.
- Survey locations included street sites, dance clubs, bars, sex clubs, and parks identified in focus groups as sites frequented by young men who have sex with men.
- The number of persons randomly selected from each site was based on sampling with probability proportional to the volume of persons frequenting that setting in a given week.

Methods
(Continued-1)

- During field visits to each of the 26 venues, young men were randomly sampled as they walked down a preselected stretch of sidewalk or as they entered a venue or waited in line.
- Bay Area residents 17 to 22 years of age were eligible for inclusion in the survey.
- We recorded the number of persons approached, their age, race/ethnicity, county of residence, and whether they accepted or declined enrollment.
- Sixty-one percent of 778 eligible persons approached agreed to participate in the survey.

CDC

Methods
(Continued-2)

- Informed consent, interview, blood draw and prevention counseling were provided in a 21-foot recreational vehicle parked near the sampling venue.
- A trained interviewer conducted a structured face-to-face interview using a standardized 87-item questionnaire.
- Interview questions included demographics, sexual and drug use histories, history of STDs, history of HIV testing, access to medical care, and beliefs and attitudes.

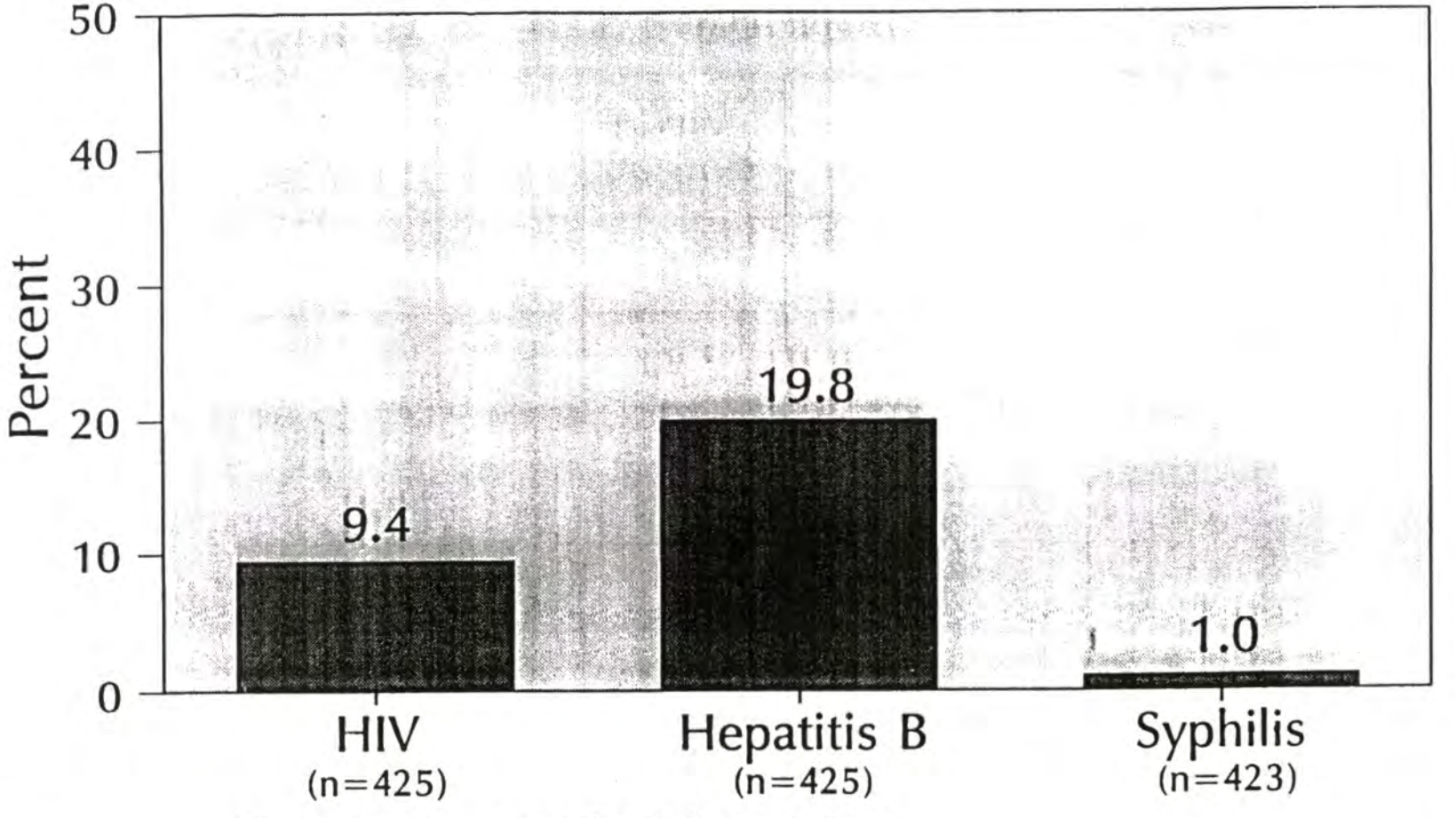
Methods
(Continued-3)

- Specimens were tested for HIV-1, present and past syphilis infection (VDRL & MHA-TP), and markers of hepatitis B (HBsAg & HBcAb).
- A complete blood count (CBC), and tests for levels of T-lymphocytes and beta-2 microglobulin were performed for each specimen.
- Post-test results and counseling were offered two weeks after interview and blood draw.
- The analyses were limited to 425 men who reported sex with men or who self-identified as gay or bisexual.

CDC

NCID/DHA

Prevalence of HIV and Markers for Hepatitis B and Syphilis among Young Men who have Sex with Men



YMS: San Fransisco/Berkeley, 1992-93

NCID/DHA

CDC

Seroprevalence of HIV by Age Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Age, (yrs)	No.	% HIV-Positive	95% CI	Adjusted OR	95% CI
17-19	122	4.1	1.3, 9.3	1.0	...
20-22	303	11.6	8.2, 15.7	2.7	1.0, 7.7
Total	425	9.4	6.8, 12.6		

CDC

NCID/DHA

Seroprevalence of HIV by Race/Ethnicity Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Race/Ethnicity	No.	% HIV-Positive	95% CI	Adjusted OR	95% CI
White	210	8.1	4.8, 12.6	1.0	...
African American	52	21.2	11.1, 34.7	2.5	1.1, 6.1
Latino	95	9.5	4.4, 17.2	...	...
Asian/ Pacific Islander	48	4.2	0.5, 14.3	...	...
Other	20	5.0	0.1, 24.9	...	...

CDC

NCID/DHA

Seroprevalence of HIV by Lifetime Number of Male Partners, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Lifetime number of male partners	No.	% HIV-Positive	95% CI	Adjusted OR	95% CI
0-9	161	1.9	0.4, 5.3	1.0	...
10-49	145	8.3	4.3, 14.0	2.1	1.2, 3.6
50 or more	116	21.6	14.5, 30.1	4.5	1.5, 13.3

CDC

NCID/DHA

Seroprevalence of HIV by History of Anal Sex with Men, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

History of Anal Sex with Men Lifetime	No.	% HIV-Positive	95% CI	Adjusted OR	95% CI
No	67	0.0	0.0, 4.4	...	...
Yes	358	11.2	8.1, 14.9	...	...
Age at Initiation of Anal Sex with Men, (yes)					
20-22	53	3.8	0.5, 13.0	...	...
15-19	224	11.6	7.7, 16.5	...	...
3-14	79	15.2	8.1, 25.0	...	...

CDC

NCID/DHA

Seroprevalence of HIV by Participant Characteristics, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

History of Injection Drug Use, Lifetime	No.	% HIV-Positive	95% CI	Adjusted OR	95% CI
No	353	7.4	4.9, 10.6	1.0	...
Yes	70	20.0	11.4, 31.3	2.1	0.9, 5.0
Lifetime History of STDs					
No	288	2.8	1.2, 5.4	1.0	...
Yes	137	23.4	16.6, 31.3	6.4	2.8, 15.0

CDC

NCID/DHA

LEMP 11 A

Prevalence of Unprotected Anal Intercourse in the Previous Six Months by Age, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Age, (yes)	No.	Percent Reporting Unprotected Anal Sex		Adjusted OR	95% CI
		Percent	95% CI		
17-19	122	28.7	20.9, 37.6	...	...
20-22	303	34.3	29.0, 40.0	...	...

Prevalence of Unprotected Anal Intercourse in the Previous Six months by Race/Ethnicity, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Race/Ethnicity	No.	Percent Reporting Unprotected Anal Sex		Adjusted OR	95% CI
		Percent	95% CI		
White	210	28.1	22.1, 34.7	1.0	...
African American	52	38.5	25.3, 53.0	...	...
Latino	95	40.0	30.1, 50.6	1.6	0.9, 2.6
Asian/ Pacific Islander	48	27.1	15.3, 41.8	...	...
Other	20	45.0	23.1, 68.5	...	...

CDC

NCID/DHA

Prevalence of Unprotected Anal Intercourse in the Previous Sex Months, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

High on Popper during Sex in last 6 months	No.	Percent Reporting Unprotected Anal Sex		Adjusted OR	95% CI
		Percent	95% CI		
No	371	31.8	27.1, 36.8	1.0	...
Yes	35	60.0	42.1, 76.1	3.0	1.4, 6.8
High on Alcohol during Sex in last 6 months					
No	180	27.8	21.4, 34.9	1.0	...
Yes	226	39.4	33.0, 46.1	1.7	1.1, 2.8

CDC

NCID/DHA

Prevalence of Unprotected Anal Intercourse in the Previous Six Months by History of Forced Sex, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Lifetime History of Forced Sex	No.	Percent Reporting Unprotected Anal Sex		Adjusted OR	95% CI
		Percent	95% CI		
No	251	26.7	21.3, 32.6	1.0	...
Yes	174	41.4	34.0, 49.0	1.9	1.2, 3.0

NCID/DHA

CDC

Prevalence of Unprotected Anal Intercourse in the Previous Six Months, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Knowledge of HIV Status	No.	Percent Reporting Unprotected Anal Sex		Adjusted OR	95% CI
		Percent	95% CI		
HIV+, know results	12	33.3	9.9, 65.1	...	...
HIV+, do not know	28	35.7	18.6, 55.9	...	...
HIV-, know results	106	30.2	21.6, 39.9	...	...
HIV-, do not know	279	33.3	27.8, 39.2	...	...

CDC

NCID/DHA

Prevalence of Unprotected Anal Intercourse in the Previous Six Months, Young Gay and Bisexual Men, San Francisco/Berkeley, 1992-93

Peer Norms Regarding Safe Sex	No.	Percent Reporting Unprotected Anal Sex		Adjusted OR	95% CI
		Percent	95% CI		
Positive Peer Norms	233	23.2	17.9, 29.1	1.0	...
Negative Peer Norms	173	45.7	38.1, 53.4	3.0	1.9, 4.8
Know Someone with HIV/AIDS					
Yes	324	32.1	27.0, 37.5	...	...
No	96	35.4	25.9, 45.8	...	...

CDC

NCID/DHA

LEMP 17 A

Characteristics of HIV-Infected Young Gay and Bisexual Male Participants, San Francisco/Berkeley, 1992-93

HIV Antibody Testing History	No.	%
Ever Tested	36	90.0
Never Tested	4	10.0
Aware of HIV-infected Status at Time of Interview		
Aware	12	30.0
Unaware	28	70.0
Current in Primary HIV Care		
HIV Care	9	22.5
No HIV Care	31	77.5

NCID/DHA

CDC

LEMP 18 A

Characteristics of HIV-Infected Young Gay and Bisexual Male Participants, San Francisco/Berkeley, 1992-93

Year Initiation of High Risk Behavior (Anal Sex or Injection Drug Use)	No.	%
≤1984	5	12.5
1985 - 1988	18	45.0
1989 - 1991	17	42.5
CD4+ Lymphocyte Counts		
<200	4	10.8
200 - 499	16	43.2
≥500	17	46.0

CDC

NCID/DHA

LEMP 19 A

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

CENTER FOR AIDS PREVENTION STUDIES (CAPS)
University of California, San Francisco (UCSF Box 0886)

Collaborating Institutions:
San Francisco Department of Public Health
Bayview-Hunter's Point Foundation
Communication Technologies, Inc.
San Francisco AIDS Foundation

THOMAS J. COATES, PhD, DIRECTOR

74 New Montgomery, Suite 600
San Francisco, CA 94105

Tel: (415) 597-9157
Fax: (415) 597-9213

December 21, 1993

Philip R. Lee, M.D.
Assistant Secretary for Health
Department of Health & Human Resources
200 Independence Avenue, SW
Room 716G
Washington, DC 20201

Dear Phil:

Thanks very much for your phone call, and for Secretary Shalala's strong support for a meeting to address the issues of younger gay men. I would suggest the following persons should most certainly be included in a meeting that would speak to the problems of young gay men and strategies to address them:

1. Dennis Osmond, Ph.D. - Dennis is an epidemiologist working with Warren Winkelstein. They completed the first and only population-based study that provides data, both on the prevalence and incidence, of HIV infection among younger gay men. They're are a must.

2. Ron Stall, Ph.D., M.P.H. - As you know, Ron works with us here at CAPS. He was one of the first to recognize that there might be a problem with this population and to discuss ways of addressing the problems of younger gay men.

3. Susan Kegeles, Ph.D. - Susan is also a scientist at CAPS. She is currently conducting a community-level diffusion of innovation intervention in three Western cities to reduce unsafe sex practices among younger gay men. Preliminary data suggests that it will be very successful.

4. Dan Bross, Executive Director, AIDS Action Council - The AIDS Action Council is one of the pre-eminent organizations representing the various CBOs around the country. They are clearly in a position to activate CBOs to address the problem of younger gay men.

T64287
TRACER

5. Mike Shriver - Mike is the Executive Director of the Community Mobilization Against AIDS. He is energetic and important in the advocacy for prevention. He also is a young gay man who is HIV-infected, and he can be quite eloquent in speaking about these issues.

6. Moises Agosto, National Minority AIDS Council - Moises is another eloquent voice on the issues of prevention affecting gay men, especially Hispanic gay men, but also young men.

7. Ernesto Hinojos - Ernesto is the Director of Education at the Gay Men's Health Crisis. Certainly, they are dealing with a large population of younger gay men, especially men in New York who might be prostitutes. They also deal with a large population of younger gay men of color.

8. Mary Jane Rotherum-Borus, Ph.D., Department of Psychiatry, UCLA - Mary Jane has probably done the most innovative research on ways of reaching runaways and other younger gay men. Her work is beautiful, and she understands the needs of this population extremely well.

9. Bill Bailey, American Psychological Association - Bill has been in the forefront of prevention efforts and in talking about issues of younger gay men. He would be a must at a meeting such as this.

10. Gary Remafedi, M.D., University of Minnesota - Gary, more than anyone, has talked about social, psychological, and prevention needs of younger gay and bisexual men. He has written on this topic perhaps more extensively than anyone.

11. Jeff Kelly, Ph.D., Medical College of Wisconsin, Milwaukee, WI - Jeff has been in the forefront in developing innovative preventive interventions strategies, and would have lots of ideas about how to work with younger gay men using these models.

12. Cornelius Baker, National Association of Persons with AIDS - Cornelius is a young, African American, gay man with HIV. He is eloquent and thoughtful, and would be an important addition to any such meeting.

13. Rafael Diaz, Ph.D. - Raphael is an Associate Professor of Education at Stanford, and a Latino gay man. He recently has completed innovative and important work on understanding reasons for high risk behavior among younger gay men.

14. Ron Valdeserri, M.D. - Ron, at the CDC, has been very instrumental in developing their AIDS prevention programs, and would be a natural addition to this group.

15. Steve Rabin, Porter/Novelli, Washington, DC - Steve is a creative thinker. He has been involved with the CDC in many AIDS prevention projects, and he could be a good resource on how the media might aid in such a prevention effort.

16. Ron Bayer, Ph.D., Columbia University - Ron has thought long and hard about various policies which effect AIDS prevention efforts for various sectors of the population. I would strongly recommend him.

17. Karen Hein, M.D. - Karen is one of the leaders in adolescent AIDS prevention and care. She is currently in Washington on an AAAS policy fellowship. I think she would have a lot to say about the needs of adolescents and how best to reach them.

18. Larry Bye, M.A.; President, Communication Technologies, Inc. - Larry understands the gay community very well, originated Stop AIDS Project, and continues to devote his thoughts to the area of AIDS prevention needs. He is bright, energetic, and creative.

19. Kurt Pickett, Region Four, HIV Consortium of Louisiana, Shreveport, LA - I recently heard Kurt speak eloquently on the advantages and disadvantages of Title II Ryan White Funding, and what it has done to younger gay men in Louisiana. I recommend him strongly as someone who is out in the field dealing with these issues day to day.

I hope these names are helpful. Again, I would strongly encourage a summit meeting to discuss the prevention needs of younger gay men. We would glad to aid you in any way in your efforts to make this happen.

I am leaving on holiday on December 22nd, and can be reached at 508-432-3916. I will be spending one day in Washington on January 3rd, meeting with Ellen Stover; but I could arrange more time in DC if that would be helpful. Please let me know if there is anything to be done now. Thank you for your interest in this very important issue.

Have a happy holiday.

Sincerely,

Thomas J. Coates, Ph.D.
Professor of Medicine
Director, Center for AIDS Prevention Studies

cc: Patsy Fleming
Ron Stall

TJC:jc