South Carolina Cases of HIV and AIDS
September 30, 2008

	AIDS Cases						HIV Cases				
County/	Cumulative Through September 30, 2008				Jan.1-Dec.31,2007		Cumulative Through September 30, 2008			Jan.1-Dec.31,2007	
District	Cases	Rate	Rank	Deaths	Cases	Rate	Cases	Rate	Rank	Cases	Rate
Total*	**18,055**	**417.8**	**.**	**8574**	**745**	**17.2**	**23,073**	**533.9**	**.**	**783**	**18.1**
Abbeville	36	138.8	44	13	.	.	60	231.3	43	.	.
Aiken	320	210.8	35	192	10	6.6	564	371.5	28	15	9.9
Allendale	52	483.8	12	25	.	.	86	800.1	9	.	.
Anderson	283	159.0	42	142	15	8.4	425	238.8	42	13	7.3
Bamberg	114	727.1	2	59	.	.	191	1218.0	2	6	38.3
Barnwell	126	541.6	6	56	9	38.7	181	778.0	11	7	30.1
Beaufort	297	209.1	36	131	23	16.2	486	342.1	32	22	15.5
Berkeley	288	189.1	40	133	21	13.8	392	257.4	41	22	14.4
Calhoun	48	319.4	21	23	.	.	47	312.8	36	.	.
Charleston	1,668	502.5	9	886	61	18.4	2,727	821.6	7	69	20.8
Cherokee	81	150.3	43	45	.	.	114	211.6	44	.	.
Chester	68	206.8	37	27	.	.	116	352.9	30	9	27.4
Chesterfield	89	206.1	38	46	.	.	136	314.9	35	6	13.9
Clarendon	177	530.9	7	81	7	21.0	245	734.9	13	.	.
Colleton	165	418.1	15	87	6	15.2	247	625.8	18	7	17.7
Darlington	256	379.0	17	127	17	25.2	376	556.6	20	16	23.7
Dillon	113	364.7	18	55	9	29.0	190	613.2	19	8	25.8
Dorchester	269	226.1	32	123	13	10.9	365	306.8	39	9	7.6
Edgefield	70	277.1	23	36	.	.	203	803.6	8	.	.
Fairfield	80	336.0	20	35	.	.	116	487.2	22	.	.
Florence	573	436.4	14	288	23	17.5	1019	776.1	12	40	30.5
Georgetown	216	354.9	19	112	12	19.7	331	543.9	21	14	23.0
Greenville	1,105	264.9	25	577	47	11.3	1,709	409.7	26	59	14.1
Greenwood	165	241.9	28	72	9	13.2	298	436.9	25	8	11.7
Hampton	85	399.7	16	41	.	.	153	719.4	14	6	28.2
Horry	630	264.2	26	294	52	21.8	1,106	463.7	23	43	18.0
Jasper	108	495.2	10	55	.	.	154	706.1	15	.	.
Kershaw	169	294.0	22	77	6	10.4	255	443.6	24	8	13.9
Lancaster	135	212.2	33	63	6	9.4	197	309.6	38	11	17.3
Laurens	140	198.9	39	73	.	.	225	319.7	34	6	8.5
Lee	99	481.5	13	43	10	48.6	143	695.6	16	9	43.8
Lexington	554	230.7	31	233	30	12.5	791	329.4	33	28	11.7
Marion	181	521.9	8	97	10	28.8	274	790.0	10	11	31.7
Marlboro	142	487.1	11	74	7	24.0	188	644.9	17	.	.
McCormick	28	273.8	24	11	.	.	91	889.9	5	.	.
Newberry	94	248.9	27	42	.	.	145	384.0	27	7	18.5
Oconee	71	100.6	46	42	.	.	90	127.5	46	.	.
Orangeburg	548	603.2	5	309	16	17.6	909	1001.0	3	21	23.1
Pickens	137	119.7	45	65	.	.	152	132.8	45	.	.
Richland	2,733	784.8	1	1178	145	41.6	4,435	1274.0	1	177	50.8
Saluda	44	230.9	30	18	.	.	59	309.6	38	.	.
Spartanburg	632	233.1	29	312	25	9.2	931	343.4	31	27	10.0
Sumter	643	615.7	3	317	29	27.8	978	936.5	4	33	31.6
Union	60	212.0	34	31	.	.	102	360.3	29	8	28.3
Williamsburg	219	606.6	4	103	8	22.2	311	861.4	6	.	.
York	357	179.4	41	172	22	11.1	599	301.0	40	19	9.5
Unknown	28	.	.	12	.	.	161	.	.	.	.
App I	354	142.4	13	184	18	7.2	515	207.2	13	16	6.4
App II	1,242	233.6	9	642	49	9.2	1,861	350.1	10	63	11.9
App III	773	218.8	11	388	32	9.1	1,147	324.7	11	38	10.8
Catawba	560	189.5	12	262	31	10.5	912	308.6	12	39	13.2
Edisto	710	584.1	1	391	21	17.3	1,147	943.7	1	29	23.9
Low Country	655	291.6	7	314	36	16.0	1040	463.1	7	40	17.8
Lower Sav	498	268.0	8	273	22	11.8	831	447.2	8	24	12.9
Palmetto	3,461	532.5	2	1488	181	27.8	5,487	844.2	2	214	32.9
Pee Dee	1,354	401.9	4	687	70	20.8	2,183	648.0	4	86	25.5
Trident	2,225	368.9	5	1142	95	15.7	3,484	577.6	5	100	16.6
Upper Sav	483	220.5	10	223	17	7.8	936	427.3	9	17	7.8
Waccamaw	1065	317.5	6	509	72	21.5	1,748	521.1	6	62	18.5
Wateree	1,088	504.1	3	518	52	24.1	1,621	751.1	3	53	24.6
Out of State	3,559	N/A	N/A	1,541	48	N/A					

Notes:

Data in this quarterly report are provisional. Case rate per 100,000 population based on 2000 census estimates.

Cells with 3 or fewer cases or deaths are set to missing (.).

AIDS cases are included in counts of HIV cases. HIV and AIDS data are categorized by year of diagnosis.

*Out of State AIDS cases are included in "Total" Category.

** Refer to the technical notes for information about the effect of the IDEP (Interstate Duplication Evaluation Project) on AIDS and HIV case counts.

South Carolina Cases of Total Syphilis, Infectious Syphilis, Gonorrhea, and Chlamydia
September 30, 2008

	Total Syphilis			Infectious Syphilis			Gonorrhea			Chlamydia		
County/	**Jan-Sep 2008**	**Jan-Dec 2007**		**Jan-Sep 2008**	**Jan-Dec 2007**		**Jan-Sep 2008**	**Jan-Dec 2007**		**Jan-Sep 2008**	**Jan-Dec 2007**	
District	**Cases**	**Cases**	**Rate**	**Cases**	**Cases**	**Rate**	**Cases**	**Cases**	**Rate**	**Cases**	**Cases**	**Rate**
Total*	**279**	**399**	**9.2**	**60**	**95**	**2.2**	**6,888**	**9,938**	**230.0**	**20,421**	**26,051**	**602.9**
Abbeville	0	2	7.7	0	0	0.0	32	37	142.7	90	109	420.3
Aiken	7	3	2.0	0	2	1.3	167	272	179.2	511	609	401.2
Allendale	2	3	27.9	0	1	9.3	14	37	344.3	92	145	1349.0
Anderson	10	12	6.7	0	0	0.0	254	334	187.7	661	832	467.5
Bamberg	0	1	6.4	0	0	0.0	25	56	357.2	177	229	1461.0
Barnwell	0	0	0.0	0	0	0.0	27	53	227.8	156	173	743.6
Beaufort	11	6	4.2	6	1	0.7	131	240	169.0	459	777	547.0
Berkeley	8	6	3.9	1	0	0.0	175	218	143.2	549	602	395.3
Calhoun	1	1	6.7	0	1	6.7	18	15	99.8	70	58	386.0
Charleston	25	34	10.2	4	10	3.0	919	1,252	377.2	2,180	2,619	789.1
Cherokee	1	5	9.3	0	1	1.9	115	145	269.1	234	233	432.4
Chester	9	4	12.2	6	1	3.0	133	126	383.3	267	266	809.1
Chesterfield	2	1	2.3	0	0	0.0	47	64	148.2	204	244	564.9
Clarendon	4	5	15.0	0	0	0.0	56	87	261.0	183	262	785.9
Colleton	3	2	5.1	0	0	0.0	113	103	261.0	216	237	600.5
Darlington	5	16	23.7	1	3	4.4	176	158	233.9	334	429	635.1
Dillon	1	0	0.0	1	0	0.0	66	83	267.9	163	228	735.9
Dorchester	5	4	3.4	0	1	0.8	168	230	193.3	585	705	592.5
Edgefield	1	2	7.9	1	0	0.0	32	22	87.1	76	101	399.8
Fairfield	3	1	4.2	1	0	0.0	60	47	197.4	121	126	529.2
Florence	18	17	12.9	4	7	5.3	266	445	338.9	673	1,052	801.2
Georgetown	3	5	8.2	0	1	1.6	104	136	223.5	222	241	396.0
Greenville	16	33	7.9	3	5	1.2	612	903	216.5	1,262	1,848	443.0
Greenwood	8	14	20.5	0	0	0.0	142	120	175.9	378	453	664.1
Hampton	0	2	9.4	0	1	4.7	28	41	192.8	106	156	733.5
Horry	14	8	3.4	2	3	1.3	314	384	161.0	979	1,117	468.4
Jasper	1	2	9.2	1	0	0.0	44	57	261.4	96	144	660.3
Kershaw	0	5	8.7	0	1	1.7	59	80	139.2	261	303	527.0
Lancaster	1	3	4.7	0	1	1.6	60	88	138.3	281	300	471.5
Laurens	4	5	7.1	0	1	1.4	93	134	190.4	255	359	510.1
Lee	2	12	58.4	0	2	9.7	37	100	486.4	103	175	851.2
Lexington	3	20	8.3	2	8	3.3	84	238	99.1	482	785	326.9
Marion	2	4	11.5	0	0	0.0	66	87	250.8	212	303	873.6
Marlboro	4	6	20.6	2	1	3.4	47	88	301.9	162	215	737.5
McCormick	1	0	0.0	1	0	0.0	12	24	234.7	34	62	606.3
Newberry	2	6	15.9	0	0	0.0	60	97	256.9	190	237	627.6
Oconee	2	2	2.8	0	1	1.4	29	32	45.3	141	156	221.1
Orangeburg	12	10	11.0	1	0	0.0	346	371	408.4	849	1,024	1127.0
Pickens	1	1	0.9	0	0	0.0	54	61	53.3	205	237	207.1
Richland	45	67	19.2	18	32	9.2	764	1,340	384.8	3,127	4,158	1194.0
Saluda	1	1	5.2	0	0	0.0	18	15	78.7	58	80	419.7
Spartanburg	16	19	7.0	3	2	0.7	468	718	264.9	1,266	1,517	559.6
Sumter	6	23	22.0	2	5	4.8	193	313	299.7	718	829	793.8
Union	0	4	14.1	0	0	0.0	51	49	173.1	159	175	618.2
Williamsburg	5	6	16.6	0	0	0.0	52	114	315.7	175	273	756.1
York	14	16	8.0	0	3	1.5	150	301	151.2	666	812	408.0
Unknown	0	0	.	0	0	.	7	23	.	33	56	.
App I	12	14	5.6	0	1	0.4	283	366	147.3	802	988	397.5
App II	17	34	6.4	3	5	0.9	666	964	181.3	1,467	2,085	392.2
App III	17	28	7.9	3	3	0.8	634	912	258.2	1,659	1,925	544.9
Catawba	24	23	7.8	6	5	1.7	343	515	174.3	1,214	1,378	466.3
Edisto	13	12	9.9	1	1	0.8	389	442	363.6	1,096	1,311	1079.0
Low Country	15	12	5.3	7	2	0.9	316	441	196.4	877	1,314	585.1
Lower Sav	9	6	3.2	0	3	1.6	208	362	194.8	759	927	498.9
Palmetto	53	94	14.5	21	40	6.2	968	1,722	264.9	3,920	5,306	816.4
Pee Dee	32	44	13.1	8	11	3.3	668	925	274.6	1,748	2,471	733.5
Trident	38	44	7.3	5	11	1.8	1,262	1,700	281.8	3,314	3,926	650.9
Upper Sav	15	24	11.0	2	1	0.5	329	352	160.7	891	1,164	531.3
Waccamaw	22	19	5.7	2	4	1.2	470	634	189.0	1,376	1,631	486.2
Wateree	12	45	20.9	2	8	3.7	345	580	268.7	1,265	1,569	727.0

* Case rate per 100,000 population based on census estimates.
** Totals may include individuals for whom county is unknown.
***Note: Please see the Technical Notes for an explanation of the increase in Chlamydia and Gonorrhea cases diagnosed.
Note: STD data may not match previously released data due to a change in the reporting system.
Note: Data in this table are tabulated by date of diagnosis, not date of report. This is a change from earlier reports.
Note: Data are provisional

Number of cases per 100,000 population.

Table 1
AIDS Cases and Annual Rates per 100,000 Population By County
Cumulative Totals, Prevalence Rate, Ranked by Rate and Cumulative Deaths*

	Cases	Rate**	Rank	Deaths	Cases	Rate	Cases	Rate
Abbeville	19	72.6	46	10	4	16.2	#	#
Aiken	253	177.5	29	143	15	11.1	11	7.7
Allendale	37	330.0	11	19	5	44.2	#	#
Anderson	189	114.0	42	96	17	10.4	16	9.7
Bamberg	86	516.3	2	42	6	36.8	5	30.0
Barnwell	67	285.4	15	35	5	23.0	10	42.6
Beaufort	185	153.0	34	91	15	13.3	16	13.2
Berkeley	189	132.5	37	96	13	9.1	16	11.2
Calhoun	30	197.6	26	18	#	#	#	#

Cumulative number of cases.

County ranking by rate since 1982.

Note if AIDS/HIV/STD case.

Table 8
South Carolina HIV Cases* by Age Group, Exposure Category, and Sex
Cases Diagnosed January - December 1999 and 2000
Cumulative Totals by Age Group and Exposure Category
Cumulative Through June 2001

	Males				Females			
Adult/adolescent exposure category* **	Jan. 1 - Dec. 31, 1999		Jan. 1 - Dec. 31, 2000		Jan. 1 - Dec. 31, 1999		Jan. 1 - Dec. 31, 2000	
	Cases	%	Cases	%	Cases	%	Cases	%
Men who have sex with men	226	34%	193	32%	N/A		N/A	
Injecting drug use	67	10%	53	9%	26	8%	29	9%
Men who have sex with men & inject drugs	13	2%	9	1%	N/A		N/A	
Hemophilia/coagulation disorder	-	0%	-	0%	-	0%	2	1%
Heterosexual contact:	149	23%	116	19%	192	62%	149	48%
Sx w/ injecting drug user	19		5		26		15	
Sx w/ bisexual male	N/A		N/A		7		6	
Sx w/ person with hemophilia	2		-		1		1	
Sx w/ transfusion recipient w/HIV	1		-		1		-	
Sx w/HIV+ person, risk not specified	127		111		157		127	
Receipt of blood transfusion/components	4	1%	-	0%	2	1%	2	1%
Undetermined	199	30%	236	39%	121	39%	130	42%
Confirmed Other	-	0%	-	0%	-	0%	-	0%
Adult/adolescent subtotal	**658**	**100%**	**607**	**100%**	**341**	**100%**	**312**	**100%**

These figures are a breakdown of the heterosexual contacts. They are included in the total.

TECHNICAL NOTES – September 30, 2008

Legal Reporting Requirements in South Carolina

HIV infection and AIDS cases are reportable in South Carolina by law. All physicians, hospitals, laboratories, administrators of health care facilities, charitable or penal institutions, etc., are required to report HIV infections and AIDS cases to DHEC with identifiers (See S.C. Code Ann. Sections 44-29-10, 70, and 80 (Supp. 1989); 24A S.C. Code Ann. Reg. 61-20 (Supp. 1989) and 24A S.C. Code Ann. Reg 61-21 (as amended). All information regarding sexually transmitted diseases including HIV and AIDS, reported to DHEC must be kept strictly confidential (See S.C. Code Ann. Section 44-29-135 (Supp. 1989).

Surveillance and Reporting in South Carolina

Data in this report are provisional. The data are constantly updated to reflect the most accurate statistics. Reporting delays (time between diagnosis and report to DHEC) are as follows: approximately 84% of all AIDS cases are reported within 3 months of diagnosis; approximately 93% are reported within 6 months of diagnosis; about 95% are reported within 9 months diagnosis; approximately 96% are reported within 12 months of diagnosis; and 4% are reported more than 1 year after diagnosis.

Age group tabulations are based on person's age at diagnosis of HIV or AIDS; adult/adolescent cases include persons 13 years and older; pediatric AIDS cases include children under 13 years of age. Pediatric HIV positive children are not included in the HIV data until they are confirmed HIV positive at 18 months of age.

County tabulations are based on person's country of residence in South Carolina at the time of initial diagnosis of AIDS or HIV infection. For statistical purposes, the county data are never updated to reflect the migratory patterns that may occur. AIDS cases that are diagnosed outside of South Carolina are reflected in the out-of-state category. These cases are deemed out-of-state according to the jurisdiction policies set by the National Centers for Disease Control and Prevention (CDC).

Completeness of AIDS case reporting has been assessed in South Carolina. Findings from a validation study of 1999 hospital discharge data indicated that 97% of the inpatient AIDS-related discharges (cases) had been reported to the DHEC HIV/AIDS Surveillance Program ("Improvements in AIDS Case Reporting, South Carolina" JAMA 1991; 265(3):356).

In July of 2001, the CDC sent states an evaluation program to conduct in HARS on the timeliness of HIV and AIDS reports. The results from the project indicated that the South Carolina HIV/AIDS program was well above the standard of 66% of cases reported within six months of diagnosis. The result from the evaluation determined that the timeliness for HIV reporting was 92.7% and AIDS reporting was 87.2% within 6 months. Several factors contribute to these higher percentages:

1) HIV surveillance has been conducted since February 1986;

2) Both physicians and laboratories are required to report positive EIA/WB, CD4 T-Lymphocyte counts of <200 or <14%, and detected HIV RNA and positive DNA viral load results, and
3) Active surveillance activities are conducted by regional surveillance coordinators assigned to 4 areas throughout the state.

CDC's AIDS Case Definition

As of January 1, 1993, the National Centers for Disease Control and Prevention (CDC) AIDS case definition has been expanded to include the following AIDS - defining conditions in people with HIV infection:

CD4T-lymphocyte count less than 200/ *u*L or CD4 T-lymphocyte percent of total lymphocytes less than 14%
Pulmonary tuberculosis (TB disease)
Invasive cervical cancer
Recurrent pneumonia, within a 12 month period

According to the Centers for Disease Control and Prevention (CDCP), the expanded HIV classification system and AIDS surveillance case definition is expected to increase the number of reported cases in 1993 by approximately 75%. The immediate increase in case reporting will largely be attributed to the addition of the severe immunosuppression to the definition.

The number of AIDS cases reported in South Carolina during January - March 1993 compared to January - March 1992 increased by 228%. This large increase was mainly attributable to the implementation of the CDC's Expanded HIV Classification system and AIDS surveillance case definition. This increase is also due to the expansion of surveillance efforts throughout South Carolina by the addition of staff referred to as regional surveillance coordinators. These regional surveillance coordinators are located in the 4 largest cities of the state (Charleston, Columbia, Florence, and Greenville) and are responsible for surveillance in the immediate areas surrounding them.

Exposure Categories

A hierarchy of exposure categories designed by the Centers for Disease Control has always been used for surveillance purposes. Persons with more than one reported mode of exposure are classified in the category listed first in the hierarchy, except for men who have sex with other men and inject drugs. They comprise a separate category. In addition, "undetermined" refers to persons whose mode of exposure to HIV is unknown. This includes persons who are currently under investigation, persons who died before exposure history was obtained, persons who are lost to follow-up, or persons who refused to be interviewed. The large numbers of "undetermined" mode of exposure in the HIV data is attributed to the fact that exposure category information is presently only available on persons reported from DHEC clinics. Consequently, this caveat should be taken into consideration when using the HIV exposure category data. In the future, DHEC will be using a combined HIV/AIDS report form designed by the Centers for Disease Control that will allow us to collect mode of exposure for HIV infection in both DHEC clinics and non-DHEC settings.

Rates

Some rates in this report are cumulative rates; they are on a cumulative basis per 100,000 population. The numerators for computing the cumulative rate are based on the cumulative number of AIDS cases or HIV infection by county of residence. The denominators for computing rates are based on estimates of the 2000 census data (Division of Research and Statistical Services, State Data Center, South Carolina Budget and Control Board). Each rate is computed as the cumulative number of cases divided by the current year estimated population, multiplied by 100,000. Incidence rates are also included. The numerators for incidence rates are based on the number of AIDS cases or HIV infection during the year of report. Incidence rates are computed as the number of cases in the report year divided by the current year estimated population, multiplied by 100,000.

AIDS CASE RESIDENCY AND DEDUPLICATION EFFORTS

AIDS and HIV Case Reporting

All states and U.S. territories have some form of HIV/AIDS reporting that incorporates reporting by individual medical care providers and/or laboratories conducting HIV related tests. This national effort enables public health surveillance staff to track the scope of the AIDS epidemic. It also allows the federal government to allocate funds equitably to the states for the care of people with HIV and AIDS who cannot pay for all or part of their treatment.

All states and areas have been reporting AIDS cases since 1986. Because of advances in treatment that have extended the time between HIV infection and a diagnosis of AIDS, states began instituting HIV reporting in 1985 as a way of understanding how the epidemic has changed and the progress of HIV disease. However, HIV case reporting is currently less standardized than AIDS case reporting. Some areas or states have only recently implemented HIV reporting and this reporting is not consistent across all areas. Therefore, AIDS case reports (also called surveillance data) are considered the only nationally representative data source for the epidemic.

Potential for Duplication

The potential for duplication has become more of an issue because of the mobility of our society and also because of the success of treatment for HIV and AIDS. Persons with HIV or AIDS may move for reasons related to their infection, for example, to be near family or friends, to seek social support services, to seek more knowledgeable physicians, to seek experimental drug programs, or because of inability to work due to HIV disease. With the advent and success of highly active antiretroviral therapy (HAART), those persons living relatively healthy lives may move for reasons unrelated to HIV or AIDS – to seek out new job opportunities or simply to fulfill a dream of living in a different place. This mobility increases the challenge of avoiding duplication in counting persons with AIDS across different jurisdictions throughout the US.

To counter the potential problem of duplication, CDC initiated the Interstate Duplication Evaluation Project (IDEP) in 2002. This considerable effort compared patient

records in the national database across states in order to identify potential duplicate cases. The following process was used.

1. CDC reviewed the national case reports sent to CDC through December 2001 for duplications. Because CDC does not receive names of patients, a match of information consisting of soundex (which is a code for the last name), date of birth, and gender identified potential duplications.
2. CDC provided states with a listing of all cases that were potential duplicates from other states. CDC also included additional supporting information such as diagnosis and death dates to assist states in their attempts to determine whether persons were the same or different individuals.
3. States contacted each other to compare their patient profiles along with additional information available at the state level that is not reported to CDC.
4. Based on their discussions, the states decided whether the cases represented the same person. If they did, the states determined the state of residency at the date of diagnosis.
5. The states forwarded these decisions to CDC, which returned them, after processing and quality control, to the states for updating their surveillance databases.

After de-duplication, the numbers of cumulative diagnosed AIDS cases in individual states will most likely decrease, as will the overall national numbers. CDC estimates that the decreases on the national level will be less than 5% of the AIDS cases reported over the entire history of the HIV epidemic.

How has this de-duplication effort affected the states' numbers of AIDS cases? Preliminary data suggest that there are, on average about 300 duplicate cumulative AIDS cases per state, although that ranged from 0 to over 3000 for individual states. This means that, again on average, there were about 5% duplicate AIDS cases per state, although that ranged from 0 to 10%.

INCREASE IN CASES OF DIAGNOSED CHLAMYDIA

There is a noticeable increase in the number of diagnosed cases of Chlamydia starting in 2004. This is due in part to a new test assay being used that is more sensitive. The new test being used this year (Aptima) has enabled better detection of Chlamydia, and, therefore more cases are being diagnosed that would have been previously undetected. There is also an increase in the number of providers reporting Chlamydia cases in 2004.

In May 2007, DHEC began name-based reporting of Chlamydia and Gonorrhea tests from DHEC clinics, implementing a system in which positive Chlamydia and Gonorrhea tests were electronically imported from the state lab. In August 2007, name-based reporting was initiated for private providers. The move to name-based reporting and changes in the way case morbidity is captured resulted in an increase in incidence in both diseases, with markedly large increases in Chlamydia cases. Please interpret trend data with caution.