ATLAS OF HIV/AIDS IN SAN FRANCISCO 1981-2000

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CONTENTS

INTRODUCTION 1

EXECUTIVE SUMMARY 5

GUIDE TO THE ATLAS 9
  > Sources of Data 10
  > Definitions of Risk Populations 11
  > Level of Geographic Detail 12
  > Neighborhood Boundaries 13
  > Map Types 14
  > Data Scales, Confidentiality, Small Numbers 15

SAN FRANCISCO AND ITS NEIGHBORHOODS 17
  > Overview of San Francisco 18
    - Location 18
    - Landmarks 19
    - Neighborhoods 20
      - Population density 21
      - Median household income 22
      - Race/ethnicity 23
  > Bayview Neighborhoods 28
    - Bayview, Bayshore, Candlestick Point, Hunter’s Point, Silver Terrace 28
  > Bernal Heights Neighborhoods 29
    - Bernal Heights, St. Mary’s Park, Holly Park 29
  > Castro Neighborhoods 30
    - Castro, Diamond Heights, Duboce Triangle, Glen Park, Eureka Valley, Mission Dolores, Noe Valley 30
  > Downtown Neighborhoods 31
    - China Basin, Chinatown, Financial District, Fisherman’s Wharf, North Beach, Russian Hill, South Beach 31
  > Excelsior Neighborhoods 32
    - Excelsior, Crocker Amazon, Outer Mission, Portola, Sunnydale, Visitacion Valley 32
  > Haight-Ashbury Neighborhoods 33
    - Haight-Ashbury, Buena Vista, Parnassus Heights 33
  > Ingleside Neighborhoods 34
    - Ingleside, Merced Heights 34
  > Mission Neighborhood 35
    - Mission 35
<Pacific Heights Neighborhoods> 36
  - Pacific Heights, Cow Hollow, Japantown, Marina 36
<Potrero Hill Neighborhoods> 37
  - Potrero Hill, Dogpatch 37
<Sunset/Richmond Neighborhoods> 38
  - Sunset, Richmond, Lake Merced, Laurel Heights, Park Merced, Presidio Heights, Sea Cliff 38
>Tenderloin Neighborhoods> 39
  - Tenderloin, Civic Center, Nob Hill, Polk Gulch, South of Market (SOMA) 39
<Twin Peaks Neighborhoods> 40
  - Twin Peaks, Balboa Terrace, Forest Hill, Monterey Heights, St. Francis Wood, West Portal 40
>Western Addition Neighborhoods> 41
  - Western Addition, Fillmore, Hayes Valley, Lower Haight 41

**HISTORICAL PROGRESSION OF THE HIV/AIDS EPIDEMIC IN SAN FRANCISCO, 1981-2000** 43
  > Overall AIDS case density 44
  > AIDS case density among men who have sex with men (MSM) 46
  > AIDS case density among men who have sex with men and are injection drug users (MSM-IDU) 48
  > AIDS case density among injection drug users (IDU) 50
  > AIDS case density among heterosexuals 52
  > AIDS case density among male to female transgendered persons 54

**HIV/AIDS CASES IN SAN FRANCISCO** 57
  > Overall HIV/AIDS and STD Cases 58
    - Cumulative AIDS cases, 1981 - 2000 58
    - Persons living with AIDS, 2000 59
    - Persons living with AIDS by gender, 2000 60
    - Persons living with AIDS by race/ethnicity, 2000 62
    - Recent AIDS cases, 1997 - 2000 67
    - AIDS incidence per 100,000 population, 1997 - 2000 68
    - Recent AIDS cases by gender, 1997 - 2000 69
    - Recent AIDS cases by race/ethnicity, 1997 - 2000 71
    - Survival among persons diagnosed with AIDS since 1996 75
    - Gonorrhea incidence per 100,000 population, 1997 - 2000 76
    - Rectal Gonorrhea incidence per 100,000 population, 1997 - 2000 77
    - Early syphilis incidence per 100,000 population, 1997 - 2000 78
    - Estimates of size of population at risk, HIV prevalence, and HIV incidence, 2001 79
    - Estimated racial/ethnic distribution of persons living with HIV infection, 2001 80
> MSM AIDS and STD Cases  81
  - Cumulative AIDS cases among men who have sex with men (MSM), 1981 - 2000  81
  - Men who have sex with men (MSM) living with AIDS, 2000  82
  - Men who have sex with men (MSM) living with AIDS by race/ethnicity, 2000  83
  - Recent AIDS cases among men who have sex with men (MSM), 1997 - 2000  87
  - AIDS incidence among men who have sex with men (MSM) per 100,000 population, 1997 - 2000  88
  - Recent AIDS cases among men who have sex with men (MSM) by race/ethnicity, 2000  89
  - Rectal gonorrhea incidence among men who have sex with men (MSM) per 100,000 men, 1997 - 2000  93
  - Early syphilis incidence among men who have sex with men (MSM) per 100,000 men, 1997 - 2000  94

> MSM-IDU AIDS Cases  95
  - Cumulative AIDS cases among men who have sex with men and are injection drug users (MSM-IDU), 1981 - 2000  95
  - Men who have sex with men and are injection drug users (MSM-IDU) living with AIDS, 2000  96
  - Men who have sex with men and are injection drug users (MSM-IDU) living with AIDS by race/ethnicity, 2000  97
  - Recent AIDS cases among men who have sex with men and are injection drug users (MSM-IDU), 1997 - 2000  101
  - AIDS incidence among men who have sex with men and are injection drug users (MSM-IDU) per 100,000 population, 1997 - 2000  102
  - Recent AIDS cases among men who have sex with men and are injection drug users (MSM-IDU) by race/ethnicity, 2000  103

> IDU AIDS Cases  107
  - Cumulative AIDS cases among injection drug users (IDU), 1981 - 2000  107
  - Injection drug users (IDU) living with AIDS, 2000  108
  - Injection drug users (IDU) living with AIDS by gender, 2000  109
  - Injection drug users (IDU) living with AIDS by race/ethnicity, 2000  111
  - Recent AIDS cases among injection drug users (IDU), 1997 - 2000  115
  - AIDS incidence among injection drug users (IDU) per 100,000 population, 1997 - 2000  116
  - Recent AIDS cases among injection drug users (IDU) by gender, 2000  117
  - Recent AIDS cases among injection drug users (IDU) by race/ethnicity, 2000  119
  - Three year survival among injection drug users (IDU) diagnosed with AIDS after 1996  123

> Heterosexual AIDS Cases  124
  - Cumulative AIDS cases among heterosexuals, 1981 - 2000  124
  - Heterosexuals living with AIDS, 2000  125
  - Heterosexuals living with AIDS by gender, 2000  126
  - Heterosexuals living with AIDS by race/ethnicity, 2000  128
> Male to Female Transgender AIDS Cases 132
  - Cumulative AIDS cases among male to female transgendered persons (MTF), 1981-2000 132
  - Male to female transgendered persons (MTF) living with AIDS, 2000 133
  - Male to female transgendered persons (MTF) living with AIDS by race/ethnicity, 2000 134

> AIDS Cases among Youth (13 to 24 years old), Children (under 13 years old), and Transfusion/Blood Products Recipients 138
  - Cumulative AIDS cases among youth, 1981-2000 138
  - Youth living with AIDS, 2000 139
  - Cumulative pediatrics AIDS cases, 1981-2000 140
  - Cumulative transfusion/blood product AIDS cases, 1981-2000 141

HIV CARE AND PREVENTION SERVICES 143
> Hospital and Ryan White Care Sites 144
> AIDS Drug Assistance Program Sites 145
> Needle Exchange Program Sites 146
INTRODUCTION
To assert that San Francisco’s tiny, compact neighborhoods have distinctive characteristics is a waste of words for those of us lucky enough to live here. Even the short-term tourist to our city quickly labels the Haight, Tenderloin, Castro, or Noe Valley as “funky”, “seedy”, “gay”, or “yuppy”. It is local “fact” that San Francisco is the most culturally diverse city in the world. No ethnic group forms a majority, yet whites, Latinos, African Americans, Asian Americans, and Native Americans are not homogeneously distributed across the city. Examine, for example, the predominant ethnic make up of the Mission (Latino), Hunters Point (African American), Noe Valley (white), or Chinatown (Asian). Consider also the wealth of Pacific Heights, Marina, or Seacliff to that of the Western Addition, Excelsior, or Bayview. The conventional wisdom of these observations forms the central hypothesis of this Atlas of HIV/AIDS in San Francisco: that people who choose or are constrained to live within certain geographic boundaries often share attitudes, behavior, and social and sexual networks.

An epidemiological consequence of the variation in neighborhood characteristics is that HIV/AIDS is not equally distributed across San Francisco. Our policies, surveillance reports, and scientific publications generally define populations first by risk behavior and second by demographic characteristics. Partly because San Francisco is geographically compact, less attention has been paid to defining populations affected by HIV/AIDS by geography. Yet, geography has important implications for delivering care to persons living with HIV/AIDS and intervening to prevent HIV infection among persons at risk.

How? We feel that translation of more precise knowledge of the geography of the HIV/AIDS epidemic into effective public health action should be an area for active research. Our experience with mapping the distribution of HIV/AIDS cases to date and sharing these data with the public have alerted us to several possible uses of this Atlas:

- The public’s response to the HIV/AIDS epidemic has historically been mobilized at the neighborhood level. Maps can serve as powerful motivators for activists, politicians, and community-based service providers.

- Maps illustrating the relative burden of disease and survival outcomes by neighborhood can be used to advocate for more equitable distribution of prevention programs and care services.

- Maps highlighting the intersection of risk behavior (e.g., sex and drug use), other infectious diseases (e.g., hepatitis and sexually transmitted diseases), and HIV seroconversion can be used to more precisely target outreach efforts.

- Historical trends in the distribution of HIV/AIDS cases can assist in the evaluation of the community-level impact of prevention efforts over time.

- The geographic distribution of HIV/AIDS cases can generate new hypotheses on why certain populations are affected and others are not, guiding future research on the epidemiology of HIV.

- Maps can enhance the interpretation of surveillance and epidemiological data by validating which communities are or are not represented in studies.
The last hypothesis is suggested by research on the relation between gonorrhea incidence and neighborhood deterioration and the density of alcohol outlets\(^1\). Physical, structural interventions in neighborhoods may result in reduced HIV transmission.

However, we do not want to over-state the case. Maps may also result in many incorrect assumptions and biases. People do not limit their sexual partner selection to their immediate vicinity. Sexual mixing and drug injection is very likely to be initiated or occur in many venues outside one’s place of residence. Today, the Internet affords much wider diffusion of sexual networks. A common fallacy is the assumption that the population-level data describes the risk for particular individuals within a geographic area. Moreover, our maps carry forward any biases present in the original source of the data, including the inclusiveness of the study populations, self-selective participation, and errors in measurement. Finally, this first edition of the Atlas uses AIDS surveillance data as its focus. AIDS cases, especially in the era of more effective treatment, do not necessarily reflect the patterns of current transmission but rather trends in access to care, treatment failure, or the epidemic that evolved more than a decade ago. The reader should therefore view these maps as suggestive of patterns of risk behavior. We anticipate future editions of this Atlas, and broader future public health research will include more information on the geographic distribution of recent HIV infection and more precise definition on where prevention programs can intervene. In the meantime, we offer the practical use of this first edition Atlas to HIV researchers, prevention and care providers, policy makers, and the public.

Willi McFarland, MD, Ph.D.
San Francisco, 15 November 2002

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EXECUTIVE SUMMARY

The epidemiology of HIV/AIDS in San Francisco
San Francisco was an early center of the HIV/AIDS epidemic in the US and for many years had the highest per capita rate of AIDS cases. HIV transmission accelerated in the late 1970s and early 1980s, peaking as early as 1982-1983 with several thousand cases occurring in those years. The rate of new HIV infection declined in the mid- to late-1980s, reaching a nadir of around 500 new infections each year by the early 1990s. Thereafter, the number of San Franciscans infected each year remained relatively stable for several years. The peak of new HIV infections in 1982-1983 produced a peak in full-blown AIDS cases in 1992-1993, and a peak in AIDS mortality a few years later. The advent of highly active antiretroviral therapy (HAART), widely used from 1996 onward, accelerated the decline in the rate of new AIDS cases and AIDS-related deaths by slowing the progression of disease. While new AIDS cases and AIDS-related deaths have continued to decline in recent years, the rate of decline has slowed.

As of 31 December 2000, a cumulative total of 27,422 San Franciscans have had AIDS and 18,549 have died from AIDS. In 2001, an estimated 17,838 San Franciscans were living with HIV (AIDS and non-AIDS). Men who have sex with men (MSM) constitute the vast majority (77%) of past and current HIV/AIDS cases, followed by MSM who inject drugs (MSM-IDU, 13%), and other IDUs (7%). Male to female transgendered persons have only recently been recognized as a population severely affected by HIV/AIDS in San Francisco and data remain incomplete. heterosexuals and other risk populations constitute only a small fraction of San Francisco’s HIV/AIDS epidemic. By race/ethnicity, whites, Native Americans, and African Americans are disproportionately affected by the epidemic with respect to their make up in the population as a whole, although a relative shift away from whites and towards African Americans and Latinos has occurred in recent years. Among IDU and heterosexuals with HIV/AIDS, African Americans predominate. Asian/Pacific Islanders are relatively under-represented in the HIV/AIDS epidemic with respect to the population as a whole.

Recent trends in sexual risk behavior, sexually transmitted disease incidence, and HIV seroconversion provide evidence of recent resurgence in HIV transmission in San Francisco. A projected 1,084 new HIV infections occurred among San Franciscans in 2001, more than doubling from an estimated 500 new infections in 1997. Data further indicate that the increase has occurred among MSM and MSM-IDU. HIV incidence among other injection drug users and heterosexuals remains stable or slightly declining. Further, improved survival with AIDS and delayed progression of HIV disease has resulted in an increasing number of persons living with HIV/AIDS, thus expanding the epidemic independently of any increases in new infections.

Geographically, the primary HIV/AIDS epi-center in San Francisco is the Castro neighborhood, home to a large gay community for many decades. HIV/AIDS cases in the Castro tend to be among relatively well-educated, affluent, white gay men. However, the epidemic has expanded to areas adjoining the Castro which include somewhat lower-income, more ethnically diverse neighborhoods, such as Duboce Triangle, Mission Dolores, and Diamond Heights.

A second HIV/AIDS epicenter emerged in the Tenderloin somewhat later than the Castro. The character of the Tenderloin is radically different from the Castro. The Tenderloin is very low-income, very ethnically diverse, has a thriving sex industry, and is geographically the intersection of all HIV/AIDS sub-epidemics in San Francisco. HIV/AIDS cases in the Tenderloin are predominantly among gay men, but also include large numbers of MSM-IDU, other IDU, heterosexuals, and male to female transgendered persons. Extending from the Tenderloin, adjoining parts of SOMA, Nob Hill, and Civic Center show similar epidemiological patterns.
Smaller, distinct epi-centers or “hot-spots” for HIV/AIDS are evident in diverse neighborhoods of San Francisco. Potrero Hill has a high concentration of AIDS cases among MSM on its relatively higher-income north slope and a concentration of AIDS cases among IDU on its poorer south slope. Other foci of HIV/AIDS are found in low-income sections of Bayview-Hunters Point and Excelsior in the south, and Mission, Bernal Heights, and Western Addition in the center. Vast areas in the west, north, and south of San Francisco, which include both rich and poor neighborhoods, have been relatively spared the HIV/AIDS epidemic - so far. Close attention to emerging geographic patterns in HIV/AIDS surveillance data can assist in preventing expansion of the epidemic to vulnerable, but as yet relatively unaffected populations.
GUIDE TO THE ATLAS

- Sources of Data
- Definitions of Risk Populations
- Level of Geographic Detail
- Neighborhood Boundaries
- Map Types
- Data Scales, Confidentiality, Small Numbers
Sources of Data

The majority of maps in this first addition Atlas illustrate the distribution of persons diagnosed with AIDS reported to the San Francisco Department of Public Health (SFDPH). The SFDPH AIDS surveillance system comprises a combination of active and passive reporting of persons meeting the 1993 case definition. An evaluation of the system in 1994 found that 89% of AIDS cases receiving care in a hospital setting were reported within 12 months and 96% were reported within 24 months. Among persons receiving care in non-hospital-based clinics or private physicians’ offices, 85% were reported within 12 months and 90% within 24 months. Additionally, from 1981 to 1996, 4% of AIDS cases were identified through review of San Francisco death certificates. The AIDS case registry tracks new diagnoses, deaths, and other health outcomes among persons with AIDS. AIDS surveillance data are reported quarterly on our website at [www.dph.sf.ca.us/Reports/HlthAssess.htm](http://www.dph.sf.ca.us/Reports/HlthAssess.htm). This Atlas portrays the residence of persons at the time of their AIDS diagnosis to the block group level. Depending on the theme discussed, maps show cumulative cases, numbers of new cases from 1997 to 2000 per 100,000 population, and number of cases known or presumed alive as of 31 December 2000. We also include maps showing survival after AIDS diagnosis by neighborhood.

Several maps depict other sexually transmitted diseases (STD), gonorrhea and syphilis in particular. STDs are biological markers for engaging in unprotected sex and may act as facilitators of HIV transmission. STDs therefore serve as sentinels for populations at potentially increased risk for HIV. STD surveillance data originate from cases reported by public and private clinics and laboratories diagnosing new infections among San Franciscan residents. Monthly reports of STD surveillance data are also available on the SFDPH website.

A third type of data used in this Atlas is the location of HIV/AIDS prevention and care services. Several maps show the location of services in relation to the residence of persons living with AIDS. These include hospitals and clinics specializing in HIV-related care, pharmacies participating in the AIDS Drug Assistance Program, and needle exchange programs.

Finally, background information on the demographics of San Franciscan residents are provided. Maps include San Francisco’s location, landmarks, neighborhood boundaries, population density, household income, and race/ethnicity. Demographic data originate from commercially available projections and estimates (GeoLytics, Inc.). We use projections for 1999 that are based on extrapolation methods to reflect changes in the population that have occurred in San Francisco from the 1990 US Census. Future editions of the Atlas will use similar sources updated from the 2000 US Census.

There is a conspicuous absence of maps in this first edition of the Atlas showing the distribution of persons with HIV infection who have not achieved an AIDS diagnosis (HIV-non-AIDS). As of writing, California was in the process of implementing a non-names HIV-non-AIDS reporting system. However, addresses of cases will not be collected. Therefore, we do not anticipate the ability to map HIV-non-AIDS cases from this source in the near future. We do anticipate the availability of specifically targeted epidemiological studies that will enable portrayal of the geographic distribution of HIV-non-AIDS. Of particular interest will be the geographic distribution of recent HIV infection in order to visualize the leading edge of the epidemic. Future editions of the Atlas will attempt to
provide other data relevant to HIV/AIDS prevention efforts, including the geographic distribution of populations at risk, the distribution of HIV-related risk behavior, and venues for high risk behavior.

Definitions of Risk Populations

In order to be locally relevant, risk populations illustrated in the Atlas correspond to those used by San Francisco HIV/AIDS community planning groups. While it is recognized that persons may engage in multiple risks, we have categorized cases into mutually exclusive groupings. Equally important, not all members of a “risk population” are necessarily at risk for acquiring HIV. The following defines the behavioral risk populations illustrated in this Atlas:

- **Men who have sex with men (MSM):** Men who report having sex with men regardless of sexual identity (gay, bisexual, straight, etc.)

- **Men who have sex with men and who inject drugs (MSM-IDU):** MSM who also report ever having injected drugs

- **Injection drug users:** Women who report injecting drugs regardless of sexual orientation or behavior (also abbreviated FSM/F-IDU) and men who report injecting drugs but not male-male sex (MSF-IDU)

- **Heterosexuals:** Presumptive heterosexual transmission among women who do not inject drugs (FSM) and men who do not inject drugs and do not report male-male sex (MSF)

- **Male to female transgendered persons:** Male to female transgendered persons regardless of gender reassignment surgery status and gender of their sex partners. In this Atlas, we include MTF who do and do not inject drugs together.

We further sub-divide the risk populations by our most commonly requested categories: sex and race/ethnicity. The distribution of AIDS among youth, children, and blood product recipients are presented separately.
Level of Geographic Detail

Maps in this Atlas display data to the US census block group level in order to provide a high level of precision. In San Francisco, block groups usually comprise several city blocks and are bounded by streets or physical features, such as bodies of water. During each decennial census, the number of block groups and their boundaries may change, depending on the population size. For this Atlas, we use the 651 San Francisco block groups that were formed during the 1990 census.

Census tracts are larger census units than block groups. There are 151 census tracts in San Francisco. The impact of using census tracts on the precision AIDS distribution is illustrated below. The census tract and block group maps below use the same data set and mapping scale; however, the definition around the areas truly affected by AIDS is much clearer using block group level data. Of note, mapping to the zipcode level (39 in San Francisco) provides even less precision than census tracts. Moreover, zipcode boundaries often overlap several geographically and culturally distinct neighborhoods in San Francisco. Zipcode units are not used in this Atlas.
Neighborhood Boundaries

Description of the geography of HIV/AIDS is most meaningful when related to specific neighborhoods as identified by residents. However, the boundaries between neighborhoods are often subjective and fluid. We have chosen to aggregate US census block groups into 15 major neighborhoods guided by history, real estate maps, tourist guide books, and local convention. We attempted to capture boundaries that approximate demographic and cultural similarities. To the 15 major neighborhoods we attached varying numbers of sub-neighborhoods with particular focus on those that feature strongly in the HIV/AIDS epidemic. We anticipate that interpretations of San Francisco neighborhood boundaries may differ and change over time.
Map Types

Several methods are used to map the data in this Atlas. The historic progression of AIDS are portrayed using GRID-surface thematic mapping. A GRID surface thematic map displays AIDS case density using a yellow-orange-red-blue color scale. The color range is more or less continuous from light yellow (the lowest AIDS case density) to dark blue (highest AIDS case density). This technique is useful for showing patterns of clusters that cross boundaries. The GRID approach uses data associated with the midpoint of the block group but also takes into account the number of cases in surrounding block groups. Other maps in this Atlas use shaded block groups to represent AIDS case density. The scaled color scheme is applied to the entire block group with no interpolation across boundaries. A comparison of the two approaches is shown below. Finally, maps illustrating the relation between the HIV/AIDS epidemic and available services plot the coordinates’ map or the exact position of the prevention and care sites.
Data Scales, Confidentiality, Small Numbers

In comparing maps for two populations with very different numbers of AIDS cases, we are faced with trade-offs in the selection of scales. On the one hand, showing data using the same scale provides a gauge of the relative magnitude of the epidemic between the two populations. On the other hand, reducing or expanding the scale more effectively shows where cases are concentrated for each population ignoring differences in absolute numbers of cases. We have elected to adapt different scales for each population and sub-population in accordance with this Atlas’ primary aim to illustrate commonalities and differences in the geographic distribution of HIV/AIDS. We caution the reader to carefully examine the data scale provided on each map when comparing across populations. The reader is also referred to the tables in section “Overall HIV/AIDS cases” to gauge the relative magnitude of the epidemic in diverse populations. Nonetheless, we have attempted to use the same scale when feasible, particularly within the same risk population. When necessary, we have changed the scale of certain maps to highlight case clustering that would otherwise not have been observed. Most maps present data using three to five levels.

Several steps have been taken to reduce the likelihood that persons may be correctly or mistakenly identified. First, maps for populations with few cases are collapsed into only two levels (0 and 1-5 cases). Second, when the denominator of persons in a geographic area is small according to the US Census, we display maps at the larger Census Track level rather than the Block Group level. Other measures taken to further safeguard confidentiality include aggregating cases over several years, omitting cases that are homeless at the time of diagnosis, omitting cases that do not provide a residence, not including cases which were delayed in being reported as of 31 December 2000, and not presenting the year of AIDS diagnosis. Furthermore, living AIDS cases are mapped to their residence at the year of AIDS diagnosis, not as of 31 December 2000.

### Data Scales

![Data Scales Diagram](image)

Natural features and sparsely inhabited areas create artifacts in some maps. For example, block groups with few persons may appear to have wildly high or low incidence estimates based on only a few cases. For maps showing incidence per 100,000 population, we omit block groups with less than 500 residents. Other block groups contain large parks within their boundaries resulting in the appearance that a large area has an unusually high or low concentration of cases. This is particularly true of Golden Gate Park and McLaren Park which have pockets of high AIDS case density on their margins. When feasible, we depict major parks in green in contrast to the color presentation of the AIDS case data.
SAN FRANCISCO AND ITS NEIGHBORHOODS

- Overview of San Francisco
- Bayview Neighborhoods
- Bernal Heights Neighborhoods
- Castro Neighborhoods
- Downtown Neighborhoods
- Excelsior Neighborhoods
- Haight-Ashbury Neighborhoods
- Ingleside Neighborhoods
- Mission Neighborhood
- Pacific Heights Neighborhoods
- Potrero Hill Neighborhoods
- Sunset/Richmond Neighborhoods
- Tenderloin Neighborhoods
- Twin Peaks Neighborhoods
- Western Addition Neighborhoods
Overview of San Francisco

Location

San Francisco, California, USA is located at 37° 46′ north latitude, 122° 27′ west longitude. The city forms the tip of a peninsula bounded by the Pacific Ocean to the west, the Golden Gate to the north, the San Francisco Bay to the east, and San Mateo county to the south. The boundaries of the city and county of San Francisco are one and the same, comprising 47 square miles roughly fitting within a 7 by 7 mile square.
Landmarks

This map shows San Francisco’s major geographic features, historical landmarks, and places of interest to orientate the reader to subsequent maps in this Atlas. In addition to an indicator of north, we selected 10 features: Golden Gate Bridge, Presidio, San Francisco-Oakland Bay Bridge, San Francisco Bay, Candlestick Point, McLaren Park, Lake Merced, the Pacific Ocean, Golden Gate Park, and Lincoln Park. San Francisco is hilly, the highest point being Mt. Davidson at 938 feet. Slightly lower is the more notable landmark of Twin Peaks, located near the geographic center of the city.
Neighborhoods

The boundaries between neighborhoods are often subjective and fluid. We have chosen to aggregate US Census block groups into 15 major neighborhoods guided by history, real estate maps, tourist guide books, and local convention. We attempted to capture boundaries that approximate demographic and cultural similarities. To the 15 major neighborhoods we attached varying numbers of sub-neighborhoods with particular focus on those that feature strongly in the HIV/AIDS epidemic. We anticipate that interpretations of San Francisco neighborhood boundaries may differ and change over time.
As of the 2000 US Census, there were 776,733 residents of San Francisco making the 47 square mile city one of the most densely inhabited places in North America. The nine county San Francisco Bay Area (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma) has roughly 6.8 million people. The most densely inhabited neighborhoods within San Francisco include Tenderloin, Western Addition, Mission, and parts of Downtown. More sparsely inhabited areas include the residential southwest quadrant and the eastern margin of the city with warehouses and light industry.
Median household income

This map illustrates median household income by block group. Block groups in red portray areas below the overall median household income for San Francisco of $45,000. The poorest neighborhoods are located in an inner-city band extending from Tenderloin, and parts of Downtown in the northeast, through Mission, to Bayview and parts of Excelsior in the southeast. The wealthiest neighborhoods, shown in blue, include residential areas in the western side of the city, including Pacific Heights in the north, through areas of Sunset/Richmond in the west, to Twin Peaks in the southwest. Potrero Hill, Bernal Heights, Ingleside, and parts of Sunset/Richmond show sharp disparities in household income by block group.
Whites

The 2000 US Census records 385,728 whites in San Francisco, 49.7% of the total population. Whites comprise the largest racial/ethnic group but do not form a majority. Whites are concentrated in a relatively upper-income residential zone extending from Pacific Heights in the northeast, through Castro, Haight Ashbury, and Twin Peaks in the center, to the southwest corner of the city.
African Americans

The 2000 US Census records 60,515 African Americans in San Francisco, 7.8% of the total population. Neighborhoods with large African American communities tend to be lower-income, inner-city areas, including Bayview, Excelsior, Ingleside, and Potrero Hill in the southeast, and Western Addition and Tenderloin in the northeast.
Latinos

Latinos (or “Hispanics”) can be of any race and are included in the other maps in this section. The 2000 US Census records 109,504 Latinos in San Francisco, 14.1% of the total population. Undocumented immigrants are likely to be undercounted. The largest ethnic group by national origin is Mexican, 44.9% of the Latino population, followed by persons from Central American countries. Latino communities are concentrated in an inner-city, lower-income band extending from Tenderloin in the north, through Mission and Bernal Heights, to Excelsior in the south.
Asian/Pacific Islanders

Asian/Pacific Islanders constitute the second largest racial/ethnic group in San Francisco, 243,409 or 31.3% of the total population according to the 2000 US Census. Undocumented immigrants are likely to be undercounted. The grouping is heterogeneous by ethnicity and national origin. Chinese constitute the largest ethnic group (62.7%), followed by Filipino (16.5%), and Vietnamese (4.4%). Of 3,844 Pacific Islanders in San Francisco, Samoans make up the largest ethnicity (60.1%), followed by Native Hawaiians (12.3%). Socio-economic status of Asian/Pacific Islanders is also heterogeneous. Asian/Pacific Islanders are concentrated in the lower-income neighborhoods of the Tenderloin in the northeast and Excelsior and Bayview in the south. There are also large numbers of Asian/Pacific Islander residing in middle- to upper- income areas of Sunset/Richmond.
Other and Unknown Race/Ethnicity

The 2000 census records 3,458 persons of Native American or other race/ethnicity in San Francisco, 0.4% of the total population. The geographic distribution of person of other race/ethnicities follows an inner-city, lower-income band extending from Tenderloin in the north, through Mission and Bernal Heights, to Excelsior in the south.
Bayview Neighborhoods

Bayview, Bayshore, Candlestick Point, Hunter’s Point, Silver Terrace

Bayview occupies the sunny southeastern corner of the city extending into the San Francisco Bay at Hunter’s Point. The area, among the poorest in the city, includes light industry, warehouses, and a port. The majority of residents are African American.

Demographics

Population 29,183

Gender
  Male 13,786
  Female 15,397

Ethnicity
  White 3,354
  African American 17,167
  Latino 2,911
  Asian/Pacific Islander 8,363
  Other 299

Median Age 32.2
Median Income $34,341
Median Household Size 2.9
Bernal Heights Neighborhoods

Bernal Heights, St. Mary’s Park, Holly Park

Bernal Heights is a largely residential neighborhood situated on a hill to the south of Mission. Household income in Bernal Heights is slightly above average for the city as a whole and the neighborhood is gentrifying. Large disparities in income, however, persist between particular block groups. Whites are the majority in Bernal Heights; however, there is a strong Latino influence extending from the Mission.

Demographics

Population 24,101

Gender
Male 11,995
Female 12,106

Ethnicity
White 13,893
African American 2,415
Latino 10,466
Asian/Pacific Islander 7,054
Other 739

Median Age 37.2
Median Income $48,649
Median Household Size 2.7
### Castro Neighborhoods

**Castro, Diamond Heights, Duboce Triangle, Glen Park, Eureka Valley, Mission Dolores, Noe Valley**

Castro is internationally known for its gay community, but is also unfortunately the primary epicenter of HIV/AIDS in San Francisco. Residents of Castro and the surrounding neighborhoods of Diamond Heights, Eureka Valley, Glen Park, and Noe Valley tend to be affluent and white. Duboce Triangle and Mission Dolores are more urban, transitional areas between Castro and lower-income Western Addition and Mission.

#### Demographics

- **Population**: 54,188
- **Gender**
  - Male: 31,064
  - Female: 23,124
- **Ethnicity**
  - White: 44,529
  - African American: 2,579
  - Latino: 9,210
  - Asian/Pacific Islander: 6,435
  - Other: 645
- **Median Age**: 39.1
- **Median Income**: $61,931
- **Median Household Size**: 2.2
Downtown Neighborhoods

China Basin, Chinatown, Financial District, Fisherman’s Wharf, North Beach, Russian Hill, South Beach

The Downtown northeast corner of the city contains some of the oldest and most scenic neighborhoods in San Francisco including Chinatown, the Financial District, Fisherman’s Wharf, North Beach, Russian Hill, and Telegraph Hill. Recent rapid growth and development has occurred in the south, including China Basin, and South Beach. The area is very heterogeneous with respect to household income, containing some of the richest and poorest neighborhoods. Asian/Pacific Islanders, particularly in Chinatown, constitute the largest racial/ethnic group.

Population 52,184

Gender
Male 26,001
Female 26,183

Ethnicity
White 21,557
African American 1,287
Latino 2,033
Asian/Pacific Islander 29,235
Other 105

Median Age 44.2
Median Income $43,690
Median Household Size 2.0
Excelsior Neighborhoods

Excelsior, Crocker Amazon, Outer Mission, Portola, Sunnydale, Visitacion Valley

The south-central part of San Francisco including Excelsior, Crocker Amazon, Outer Mission, Portola, Sunnydale, and Visitacion Valley is largely working class. Although Asian/Pacific Islanders are the largest group, there is no racial/ethnic majority. Incomes tend to be near the median for the city. There are nonetheless some very poor areas in Portola, Sunnydale, and Visitacion Valley near McLaren Park.

Demographics

Population 89,986

Gender
Male 43,168
Female 46,818

Ethnicity
White 35,095
African American 7,968
Latino 29,708
Asian/Pacific Islander 44,638
Other 2,285

Median Age 38.1
Median Income $54,078
Median Household Size 3.2
Haight-Ashbury Neighborhoods
Haight-Ashbury, Buena Vista, Parnassus Heights

The Haight-Ashbury neighborhood is historically known for its youth culture stemming from the 1960s and remains a hang out for many homeless and runaway youth today. Nonetheless, the area has gentrified. Household income tends to be above the median. The majority of residents are white. Parnassus Heights is dominated by the University of California San Francisco campus.
Ingleside and Merecd Heights, like neighboring Excelsior, are working class neighborhoods with household incomes near the median for the city. There are also areas of very low household income. The area is ethnically diverse with no majority group.

**Demographics**

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Mission Neighborhood

As one of the oldest neighborhoods dating from the Spanish Mission period, Mission is for many the heart of the city. The neighborhood is characterized by Latin American culture, with Mexican and Central Americans constituting the majority ethnic group. A significant proportion of San Francisco’s Native American population also resides here. Mission is urban, working class, and among San Francisco’s poorest neighborhoods. But Mission is also hip and sunny, with many restaurants, clubs, and young high tech companies. The margins, particularly adjacent to Noe Valley, Bernal Heights, and Potrero Hill are gentrifying.

Demographics

- Population: 56,657
- Gender:
  - Male: 30,219
  - Female: 26,438
- Ethnicity:
  - White: 35,595
  - African American: 3,577
  - Latino: 37,218
  - Asian/Pacific Islander: 12,654
  - Other: 4,831
- Median Age: 34.1
- Median Income: $33,741
- Median Household Size: 2.7
Pacific Heights Neighborhoods

Pacific Heights, Cow Hollow, Japantown, Marina

In San Francisco, Pacific Heights is synonymous with wealth. Median household incomes for residents of Pacific Heights, and Marina are well above average for the city. Japantown tends to be poorer. Whites constitute the racial majority of the area.

Demographics

- Population: 50,050
- Gender:
  - Male: 22,796
  - Female: 27,254
- Ethnicity:
  - White: 39,645
  - African American: 2,746
  - Latino: 2,537
  - Asian/Pacific Islander: 7,513
  - Other: 146
- Median Age: 42.5
- Median Income: $67,080
- Median Household Size: 1.9
Potrero Hill Neighborhoods

Potrero Hill, Dogpatch

Sunny Potrero Hill stands apart on a hill by the Bay. After Castro and Tenderloin, it represents a third HIV/AIDS epi-center. The neighborhood is primarily white and has been gentrifying for several years. Recent rapid growth has been both residential and commercial. Although median household income is above average, the neighborhood is heterogeneous with respect to socio-economic status.

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Demographics

Population 10,065

Gender
- Male 5,849
- Female 4,216

Ethnicity
- White 8,501
- African American 390
- Latino 2,437
- Asian/Pacific Islander 1,019
- Other 155

Median Age 37.6
Median Income $51,197
Median Household Size 2.1
Sunset/Richmond Neighborhoods

Sunset, Richmond, Lake Merced, Laurel Heights, Park Merced, Presidio Heights, Sea Cliff

The western margin bordering the Pacific Ocean is foggy, residential, and middle class. Sunset/Richmond is however diverse and includes pockets of low-income households, the very wealthy Sea Cliff neighborhood, and large Asian/Pacific Islander communities. There are a number of recreational areas including Golden Gate Park, Lake Merced, and excellent surfing at Ocean Beach.

Population 188,322

Gender
Male 88,759
Female 99,563

Ethnicity
White 91,727
African American 6,685
Latino 12,264
Asian/Pacific Islander 89,103
Other 807

Median Age 39.9
Median Income $54,854
Median Household Size 2.5
Tenderloin Neighborhoods

Tenderloin, Civic Center, Nob Hill, Polk Gulch, South of Market (SOMA)

The Tenderloin is San Francisco’s red light district with a highly visible sex industry. It is urban, inner-city, densely inhabited, low income with many single resident occupancy (SRO) hotels and homeless persons. The Tenderloin is ethnically diverse. The second largest HIV/AIDS epi-center is in the Tenderloin, particularly among injection drug users (IDU) and male to female transgendered persons. However, all HIV/AIDS sub-epidemics intersect in the Tenderloin. The character of the Tenderloin extends to adjacent areas of Nob Hill to the north, South of Market (SOMA) to the north, and Civic Center to the west.

Demographics

Population 61,036

Gender
Male 35,960
Female 25,076

Ethnicity
White 27,581
African American 5,571
Latino 6,536
Asian/Pacific Islander 27,392
Other 489

Median Age 41.8
Median Income $26,706
Median Household Size 1.8
Twin Peaks Neighborhoods

Twin Peaks, Balboa Terrace, Forest Hill, Monterey Heights, St. Francis Wood, West Portal

On the westward slopes of Mt. Davidson and Mt. Sutro, the Twin Peaks area includes the affluent, quiet, green, residential neighborhoods of Forest Hill, St. Francis Woods, and West Portal. The majority of residents are white, with a sizable Asian/Pacific Islander population.

Demographics

Population 42,482
Gender
Male 20,310
Female 22,172
Ethnicity
White 23,861
African American 4,516
Latino 4,511
Asian/Pacific Islander 13,786
Other 319
Median Age 43.4
Median Income $84,070
Median Household Size 2.8
Western Addition has historically been home to one of the largest African American communities in San Francisco, along with Bayview/Hunters Point. The neighborhood is actually diverse with no racial/ethnic majority. Western Addition is densely inhabited and low-income, but also contains some of San Francisco’s most picturesque neighborhoods. Lower Haight is a hip, trendy area with a thriving youth culture extending from Haight-Ashbury. Some sub-neighborhoods, such as Hayes Valley, are gentrifying.

Western Addition Neighborhoods
Western Addition, Fillmore, Hayes Valley, Lower Haight

Population 37,239
Gender
Male 19,936
Female 17,303
Ethnicity
White 16,145
African American 15,456
Latino 3,791
Asian/Pacific Islander 5,322
Other 316
Median Age 36.5
Median Income $33,355
Median Household Size 2.1

- Overall AIDS cases density
- AIDS case density among men who have sex with men (MSM)
- AIDS case density among men who have sex with men who are injection drug users (MSM-IDU)
- AIDS case density among injection drug users (IDU)
- AIDS case density among heterosexuals
- AIDS case density among male to female transgendered persons
Overall AIDS case density

The maps on the following pages illustrate the growing concentration of AIDS cases in San Francisco over time. Increasing intensity of orange portrays increasing density of AIDS cases, culminating in blue for geographically distinct “epi-centers”. The first AIDS cases, reported in May 1981, were primarily among men who have sex with men (MSM) residing in relatively upper-income Castro. By 1984, the epidemic affected neighborhoods surrounding the Castro including Mission Dolores, Diamond Heights, Duboce Triangle, and into relatively lower-income Western Addition. A second epi-center emerged in low-income Tenderloin by 1984, particularly among injection drug users (IDU) and MSM-IDU. By 1988, a third, smaller epi-center was evident around Potrero Hill. From 1988 through 2000, the epidemic continued to expand primarily in the Castro, secondarily in the
Tenderloin, and to some extent in Potrero Hill. Additional “hot spots” have emerged in later years, including lower-income areas of Bayview, Mission, Bernal Heights, and sections of the southern tier of the city. Relatively less affected by HIV/AIDS are the more affluent neighborhoods in the western and northern parts of the city and working class areas of the Mission, Excelsior, and Ingleside.
AIDS case density among men who have sex with men (MSM)

The geographic progression of AIDS cases among MSM from 1981 to 2000 is similar to the overall epidemic portrayed on the preceding pages due to the fact that the vast majority of all AIDS cases in San Francisco are MSM. The HIV/AIDS epidemic among MSM has historically grown most intensely in the Castro and adjacent neighborhoods of Diamond Heights, Duboce Triangle, Glen Park, Eureka Valley, Western Addition, and Noe Valley. From 1988 through 1992, the epidemic also progressed rapidly among MSM residing in the Tenderloin and bordering areas of SOMA, as well as in geographically distinct Potrero Hill.
Historical Progression of the HIV/AIDS Epidemic in San Francisco

1988
N=5,303

1992
N=12,028

2000
N=17,977
AIDS case density among injection drug users (IDU)

The AIDS epidemic among IDU in San Francisco progressed somewhat later than among MSM. AIDS cases among IDU began and remain concentrated in relatively poorer neighborhoods with the primary epi-center in the Tenderloin. By 1992, a second epi-center was evident in the Bayview area, a predominantly African American neighborhood. From 1992 to 2000, other “hot spots” of AIDS cases among IDU appeared in Western Addition, the south side of Potrero Hill, and Excelsior near McLaren Park.
AIDS case density among heterosexuals

The AIDS epidemic has progressed much more slowly among heterosexuals than other populations in San Francisco. It was not until 1996 that any substantial concentration of heterosexual AIDS cases was evident. The primary heterosexual AIDS epicenter in San Francisco is in Bayview, a predominantly low-income African American neighborhood. The epicenter in Bayview reflects the fact that African Americans predominate among heterosexual AIDS cases. As of 2000, other “hot spots” are evident in low-income neighborhoods where there are concentrations of IDU, including Excelsior near McLaren Park, the southern part of Potrero Hill, Tenderloin, and limited areas of Western Addition.
Historical Progression of the HIV/AIDS Epidemic in San Francisco

1988
N=26

1992
N=106

2000
N=237
The AIDS epidemic among male to female transgendered persons either started later or was severely under-appreciated until recently. Data suggest that HIV is spreading rapidly among transgendered persons at the present moment. Through 2000, most AIDS cases among transgendered persons have been among residents of low-income Tenderloin. Potential emerging “hot spots” are in areas of SOMA and Mission.
HIV/AIDS Cases in San Francisco

- Overall HIV/AIDS and STD Cases
- MSM AIDS and STD Cases
- MSM-IDU AIDS Cases
- IDU AIDS Cases
- Heterosexual AIDS Cases
- Male to female transgender AIDS Cases
- AIDS Cases among Youth, Children, and Transfusion/Blood Products Recipients
Overall HIV/AIDS and STD Cases

Cumulative AIDS cases, 1981 - 2000

This map shows the geographic distribution of AIDS cases diagnosed from 1981 through 2000 by US Census Block Groups in San Francisco City and County. The Castro, home to many of the city’s men who have sex with men (MSM), is the major AIDS epicenter in San Francisco. A second epicenter is the Tenderloin, where many homeless and low-income persons live. All major HIV/AIDS sub-epidemics converge on the Tenderloin. Areas adjacent to these epicenters also have high number of cases, particularly in Duboce Triangle, Mission Dolores, Mission, SOMA, Diamond Heights, and Western Addition. Potrero Hill represents a third, distinct epicenter.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
This map shows the geographic distribution of persons living with AIDS as of 31 December 2000 by US Census Block Groups in San Francisco City and County. The most severely affected neighborhoods are the Castro, the Tenderloin, and adjacent areas of Mission, SOMA, Diamond Heights, and Western Addition. Potrero Hill and Bayview also have large numbers of persons living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Persons living with AIDS by gender, 2000

Male living with AIDS, 2000

This map shows the geographic distribution of men living with AIDS as of 31 December 2000 by US Census Block Groups in San Francisco City and County. Because the vast majority of cases among men are MSM, the Castro accounts for the largest number of men living with AIDS. The Tenderloin, SOMA, Potrero Hill, Mission, Diamond Heights, and Western Addition are also home to large numbers of men living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Female living with AIDS, 2000

This map shows the geographic distribution of women living with AIDS as of 31 December 2000 by US Census Block Groups in San Francisco City and County. Women living with AIDS tend to reside in the inner-city, low income areas in the eastern half of San Francisco, including the Tenderloin, SOMA, Potrero Hill, Bayview, Hunters Point, Excelsior, Bernal Heights, Mission, Diamond Heights and Western Addition.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Persons living with AIDS by race/ethnicity, 2000

Whites living with AIDS, 2000

This map shows the geographic distribution of whites living with AIDS as of 31 December 2000 by US Census Tracts in San Francisco City and County. The largest numbers of whites living with AIDS reside in the Castro, the Tenderloin, Potrero Hill, and adjacent areas of Mission, and Western Addition.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
African Americans living with AIDS, 2000

This map shows the geographic distribution of African Americans living with AIDS as of 31 December 2000 by US Census Tracts in San Francisco City and County. Cases are concentrated in neighborhoods with high proportions of African Americans overall – Bayview, Western Addition, the Tenderloin, SOMA, and Potrero Hill. Low income neighborhoods in the southern tier of the city also have high numbers of African Americans living with AIDS, including Excelsior, and Bernal Heights. In contrast to whites, there are relatively fewer African Americans living with AIDS in Castro.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Latinos living with AIDS, 2000

This map shows the geographic distribution of Latinos living with AIDS as of 31 December 2000 by US Census Tracts in San Francisco City and County. The distribution of Latinos living with AIDS mirrors the large Latino community of Mission, particularly areas next to the Castro. The Tenderloin, SOMA, Potrero Hill, Western Addition, and parts of the Castro itself are also home to a large number of Latinos living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Asian/Pacific Islanders living with AIDS, 2000

This map shows the geographic distribution of Asian/Pacific Islanders living with AIDS as of 31 December 2000 by US Census Tracts in San Francisco City and County. The distribution of Asian/Pacific Islanders living with AIDS is diffuse. The pattern may reflect the diversity within San Francisco’s Asian populations, which includes distinct communities by language, country or culture of origin, period of time in San Francisco, and socio-economic status. Somewhat higher concentrations of Asian/Pacific Islanders living with AIDS are found in Castro, Western Addition, and Tenderloin.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Persons of other or unknown race/ethnicity living with AIDS, 2000

This map shows the geographic distribution of persons of other or unknown race/ethnicities living with AIDS as of 31 December 2000 by US Census Tracts in San Francisco City and County. Persons of other race/ethnicities living with AIDS tend to reside in scattered low-income, inner-city areas of the eastern half of San Francisco.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases, 1997 – 2000

This map shows the geographic distribution of AIDS cases diagnosed from 1997 through 2000 by US Census Block Groups in San Francisco City and County. Recent AIDS cases remain concentrated in the Castro, the Tenderloin, and adjoining areas of SOMA, Western Addition, Mission, and Diamond Heights. Secondary concentrations are apparent in Potrero Hill and Bayview.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
AIDS incidence per 100,000 population, 1997 - 2000

This map shows the incidence of AIDS cases per 100,000 persons from 1997 through 2000 by US Census Block Groups in San Francisco City and County. High incidence of AIDS continues in the Castro, the Tenderloin, and neighboring areas of SOMA, Diamond Heights, Western Addition, and Mission. Potrero Hill and Bayview are separate areas with recent high AIDS incidence.

Incidence rates are calculated as the number of AIDS cases diagnosed from 1997 through 2000 divided by the estimated Block Group population in 1999 (GeoLytics, Inc., Update). Data from Block Groups with population less than 500 residents are not shown in order to avoid low precision due to small sample sizes. Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases by gender, 1997 - 2000

This map shows the geographic distribution of AIDS cases diagnosed among men from 1997 through 2000 by US Census Block Groups in San Francisco City and County. Recent male AIDS cases are concentrated in the Castro, the Tenderloin, and adjoining areas of Mission, SOMA, Western Addition, and Diamond Heights. Potrero Hill is also home to many recent AIDS cases among men.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent female AIDS, 1997 - 2000

This map shows the geographic distribution of AIDS cases diagnosed among women from 1997 through 2000 by US Census Block Groups in San Francisco City and County. Recent AIDS cases among women tend to occur in the low-income eastern and southern parts of the city, extending from the Tenderloin and SOMA through Western Addition and from Bayview through Bernal Heights, Mission, Diamond Heights, and Excelsior.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among whites, 1997 - 2000

This map shows the geographic distribution of AIDS cases diagnosed among whites from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent AIDS cases among whites are concentrated in the Castro, the Tenderloin, and adjacent areas of SOMA, Mission, and Western Addition. Potrero Hill represents a distinct epicenter.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among African Americans, 1997 - 2000

This map shows the geographic distribution of AIDS cases diagnosed among African Americans from 1997 through 2000 by US Census Tracts in San Francisco City and County. African Americans recently diagnosed with AIDS are concentrated in the Tenderloin, Western Addition, SOMA, Potrero Hill, and Bayview.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Latinos, 1997 - 2000

This map shows the geographic distribution of AIDS cases diagnosed among Latinos from 1997 through 2000 by US Census Tracts in San Francisco City and County. The highest concentrations of recent Latino AIDS cases are in the Tenderloin, Mission, Excelsior, and in the Mission Dolores area near Castro.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Asian/Pacific Islanders, 1997 - 2000

This map shows the geographic distribution of AIDS cases diagnosed among Asian/Pacific Islander from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent AIDS cases among Asians/Pacific Islanders are scattered throughout the city, with a concentration in the Tenderloin.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Survival among persons diagnosed with AIDS since 1996

This map shows the proportion of persons projected to survive at least 5 years after their AIDS diagnosis by neighborhood based on data from persons diagnosed with AIDS after 1996. In the upper-income neighborhoods surrounding Downtown, Pacific Heights, Richmond, St. Francis Woods, and Lake Merced, greater than 85% of persons with AIDS are projected to survive at least 5 years after diagnosis. In the poor neighborhoods of the southeast part of the city from Bayview through Ingleside and in the Tenderloin and SOMA, fewer than 70% are projected to survive 5 years. The relationship between lower-income neighborhoods and poorer survival outcomes held in statistical analysis that controlled for differences in age, CD4 count at diagnosis, and IDU status. Fewer persons with AIDS residing in low-income neighborhoods were on highly active anti-retroviral therapy (HAART) compared to persons living in upper-income neighborhoods. Moreover, neighborhood differences in survival were not evident in the era prior to wider use of HAART (before 1996). Findings suggest that survival differences resulted from access to or use of HAART.

The survival time is estimated using data on the period from AIDS diagnosis to death or to the last date a person was documented to be living. Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Gonorrhea incidence per 100,000 population, 1997 - 2000

This map shows the incidence of gonorrhea cases per 100,000 persons from 1997 through 2000 by US Census Block groups in San Francisco City and County. Gonorrhea infection is a marker for engaging in unprotected sex and can facilitate HIV transmission, therefore serving as a sentinel for populations at imminent risk for HIV. The highest rates of gonorrhea are among residents of low-income areas of Bayview, Excelsior, Ingleside in the south and SOMA and Civic Center in the north. The confluence of Castro, Duboce Triangle, and Mission Dolores is an area of high gonorrhea incidence among MSM.

Incidence rates are calculated as the number of gonorrhea cases diagnosed from 1997 through 2000 divided by the estimated Block Group population in 1999 (GeoLytics, Inc., Update). Data from Block Groups with population less than 500 residents are not shown in order to avoid low precision due to small sample sizes. Data include persons who were residents of San Francisco at the time of their diagnosis.
This map shows the incidence of rectal gonorrhea cases per 100,000 men from 1997 through 2000 by US Census Block groups in San Francisco City and County. Rectal gonorrhea infection is a marker for engaging in unprotected anal sex and can facilitate HIV transmission, therefore serving as a sentinel for populations at imminent risk for HIV. The highest rates of rectal gonorrhea are among residents living in the Castro, Duboce Triangle, and the Western Addition near Civic Center. The SOMA district and Potrero Hill are also areas with high rates of rectal gonorrhea.

Incidence rates are calculated as the number of rectal gonorrhea cases diagnosed from 1997 through 2000 divided by the estimated Block Group population in 1999 (GeoLytics, Inc., Update). Data from Block Groups with population less than 500 residents are not shown in order to avoid low precision due to small sample sizes. Data include persons who were residents of San Francisco at the time of their diagnosis.
Early syphilis incidence per 100,000 population, 1997 - 2000

This map shows the incidence of early syphilis cases per 100,000 persons from 1997 through 2000 by US Census Block groups in San Francisco City and County. Syphilis infection is a marker for engaging in unprotected sex and can facilitate HIV transmission, therefore serving as a sentinel for populations at imminent risk for HIV. High syphilis incidence centers around Castro, extending north to Duboce Triangle, Western Addition, Haight-Ashbury and east to Mission Dolores and Mission. Other areas of high syphilis incidence include low-income SOMA, Tenderloin, and Bayview. As of 2002, syphilis continued to increase among MSM in San Francisco.

Incidence rates are calculated as the number of syphilis cases diagnosed from 1997 through 2000 divided by the estimated Block Group population in 1999 (GeoLytics, Inc., Update). Data from Block Groups with population less than 500 residents are not shown in order to avoid low precision due to small sample sizes. Data include persons who were residents of San Francisco at the time of their diagnosis.
Estimates of size of population at risk, HIV prevalence, and HIV incidence, 2001

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* Populations are based on definitions of the HIV Prevention Planning Council Behavioral Risk Populations (HPPC BRP):

- **MSM**: Men who report having sex with men regardless of sexual identity (gay, bisexual, straight).
- **MSM-IDU**: MSM who also report injecting drugs.
- **MSF-IDU**: Men who report injecting drugs but not male-male sex.
- **FSM/F-IDU**: Women who report injecting drugs.
- **MSF**: Presumptive heterosexual transmission to men who do not report male-male sex or injection drug use.
- **FSM**: Presumptive heterosexual transmission to women who do not report injection drug use.
- **MTF**: Male-to-female transgendered persons regardless of gender reassignment surgery or gender of their sex partners.
- **MTF-IDU**: MTF who report injection drug use, not including hormonal injection.
- **Children**: Persons infected through perinatal HIV transmission, may now be adolescents or young adults.
- **Blood products**: Men, women, and children infected with HIV through transfusion of blood products or occupational exposure.

In May 2000, January 2001, and February 2001 local experts in epidemiology, prevention, public health, health education, behavioral science, and public policy reviewed recent data in order to arrive at summary estimates of HIV prevalence and HIV incidence in San Francisco (“The 2001 HIV Consensus Meeting”). The panel estimated 17,838 San Franciscans were living with HIV as of 1 January 2001 and a projected 1,084 San Franciscans will acquire HIV in the year 2001. The largest numbers of existing and new infections are among men who have sex with men (MSM). The highest rates of new infections are projected for male to female transgendered persons (MTF), MTF who are injection drug users (MTF-IDU), and MSM who inject drugs (MSM-IDU). Since 1997, the rate of new HIV infection among MSM has remained high or is rising; while among non-MSM IDU and heterosexuals the rate of new infection has remained low or is decreasing.
Estimated racial/ethnic distribution of persons living with HIV infection*, 2001

<table>
<thead>
<tr>
<th>Risk population</th>
<th>White</th>
<th>African American</th>
<th>Latino</th>
<th>Asian/ Pacific Islander</th>
<th>Native American</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>9,642</td>
<td>1,034</td>
<td>1,615</td>
<td>452</td>
<td>43</td>
</tr>
<tr>
<td>MSM-IDU</td>
<td>1,409</td>
<td>382</td>
<td>227</td>
<td>37</td>
<td>25</td>
</tr>
<tr>
<td>MSF-IDU</td>
<td>330</td>
<td>430</td>
<td>112</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>FSM/F-IDU</td>
<td>153</td>
<td>254</td>
<td>51</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>MSF</td>
<td>29</td>
<td>30</td>
<td>21</td>
<td>2</td>
<td>—</td>
</tr>
<tr>
<td>FSM</td>
<td>107</td>
<td>123</td>
<td>64</td>
<td>38</td>
<td>2</td>
</tr>
<tr>
<td>MTF</td>
<td>127</td>
<td>174</td>
<td>136</td>
<td>68</td>
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<td>196</td>
<td>131</td>
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<td>11</td>
<td>23</td>
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<td>4</td>
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<tr>
<td>Blood products</td>
<td>30</td>
<td>7</td>
<td>12</td>
<td>12</td>
<td>—</td>
</tr>
<tr>
<td>Total</td>
<td>12,005</td>
<td>2,653</td>
<td>2,389</td>
<td>686</td>
<td>105</td>
</tr>
</tbody>
</table>

*Apportioned according to living AIDS cases, 2001.

This table shows the number of persons living with HIV infection by race/ethnicity estimated by apportioning the estimated total persons living with HIV according to living AIDS cases. Compared to the adult population of San Francisco as a whole, African Americans, Native Americans, and whites are over-represented among HIV/AIDS cases; Latinos are near their population representation; Asian/Pacific Islanders are under-represented. In recent years, there has been a relative increase in the proportion of AIDS cases among African Americans and Latinos compared to whites.
This map shows the geographic distribution of AIDS cases among MSM from 1981 through 2000 by US Census Block Groups in San Francisco City and County. Three AIDS epicenters are apparent: the Castro, the Tenderloin, and Potrero Hill. Castro is a relatively upper-income, residential neighborhood with a highly visible gay community. Tenderloin is a lower-income, inner city area with intersecting sub-epidemics that include injection drug users and women. Areas adjoining these two districts have been home to large numbers of MSM AIDS cases, particularly Diamond Heights, Mission, Duboce Triangle, Western Addition, and SOMA. Potrero Hill is a gentrifying neighborhood with a relatively affluent northern slope and low-income southern slope.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Men who have sex with men (MSM) living with AIDS, 2000

This map shows the geographic distribution of MSM living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. MSM living with AIDS tend to reside in the Castro (and adjacent areas of Duboce Triangle, Western Addition, Mission, and Diamond Heights), the Tenderloin (and adjacent areas of SOMA and Civic Center), and Potrero Hill.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Men who have sex with men (MSM) living with AIDS by race/ethnicity, 2000

This map shows the geographic distribution of white MSM living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. White MSM with AIDS tend to live in the Castro and adjacent areas of Western Addition, Duboce Triangle, Noe Valley, and Diamond Heights. A large number of white MSM living with AIDS also reside in the Tenderloin and adjacent areas of Nob Hill, Civic Center, and SOMA. Potrero Hill is also home to many white MSM living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
African American men who have sex with men (MSM) living with AIDS, 2000

This map shows the geographic distribution of African American MSM living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. African American MSM with AIDS are concentrated in the Tenderloin, and Western Addition. Inner-city, low-income areas in the eastern and southern parts of the city are also home to many African American MSM living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Latino men who have sex with men (MSM) living with AIDS, 2000

This map shows the geographic distribution of Latino MSM living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. The highest concentration of Latino MSM living with AIDS is in Mission - home to a large part of the general Latino community - and neighboring parts of the Castro and Duboce Triangle. A separate epicenter of Latino MSM living with AIDS is in the Tenderloin. Many Latino MSM with AIDS also reside in the inner-city areas in and around these epicenters.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Asian/Pacific Islander men who have sex with men (MSM) living with AIDS, 2000

This map shows the geographic distribution of Asian/Pacific Islander MSM living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. The distribution of Asian/Pacific Islander MSM living with AIDS is diffuse, with some concentration in the Tenderloin and the Castro.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among men who have sex with men (MSM), 1997 - 2000

This map shows the geographic distribution of MSM AIDS cases diagnosed between 1997 and 2000 by US Census Block Groups in San Francisco City and County. MSM recently diagnosed with AIDS tend to reside in the Castro and adjoining areas of Western Addition, Duboce Triangle, Mission, and Diamond Heights. The Tenderloin and Potrero Hill are also neighborhoods with high concentrations of MSM recently diagnosed with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
AIDS incidence among men who have sex with men (MSM) per 100,000 population, 1997 - 2000

This map shows incidence of AIDS cases among MSM cases per 100,000 persons between 1997 and 2000 by US Census Block Groups in San Francisco City and County. AIDS incidence among MSM is highest in an axis around Market Street in the neighborhoods of Castro, Mission, Duboce Triangle, Lower Haight, Civic Center, Tenderloin, and SOMA.

Incidence rates are calculated as the number of AIDS cases diagnosed from 1997 through 2000 divided by the estimated Block Group population in 1999 (GeoLytics, Inc., Update). Data from Block Groups with population less than 500 residents are not shown in order to avoid low precision due to small sample sizes. Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among men who have sex with men (MSM) by race/ethnicity, 2000

This map shows the geographic distribution of AIDS cases diagnosed among white MSM from 1997 through 2000 by US Census Tracts in San Francisco City and County. White MSM recently diagnosed with AIDS tend to live in the Castro and adjoining areas of Western Addition, Duboce Triangle, and Mission. Many recently diagnosed AIDS cases among white MSM have also occurred in the Tenderloin and SOMA.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among African American men who have sex with men (MSM), 2000

This map shows the geographic distribution of AIDS cases diagnosed among African American MSM from 1997 through 2000 by US Census Tracts in San Francisco City and County. Low-income, inner-city neighborhoods in the northeast of the city are home to many African American MSM recently diagnosed with AIDS, extending from Downtown and the Tenderloin through SOMA, Civic Center, Mission, and Western Addition. Other neighborhoods with recent African American AIDS cases are in poor southern parts of the city, including Bayview, Excelsior, Diamond Heights, and Ingleside.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Latino men who have sex with men (MSM), 2000

This map shows the geographic distribution of AIDS cases diagnosed among Latino MSM from 1997 through 2000 by US Census Tracts in San Francisco City and County. The large Latino area of Mission is home to many Latino MSM recently diagnosed with AIDS. Many Latino MSM recently diagnosed with AIDS also reside in the Tenderloin and Nob Hill. Other areas with recent Latino MSM AIDS cases are scattered through poor areas of the southern part of the city, particularly Outer Mission, Ingleside, and Bayview.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Asian/Pacific Islander men who have sex with men (MSM), 2000

This map shows the geographic distribution of AIDS cases diagnosed among Asian/Pacific Islander MSM from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent AIDS cases among Asian MSM are diffusely scattered across the city, with some concentration in the Tenderloin, the Castro, and Mission.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Rectal gonorrhea incidence among men who have sex with men (MSM) per 100,000 men, 1997 - 2000

This map shows male rectal gonorrhea cases from 1997 through 2000 by US Census Block groups in San Francisco City and County. Male rectal gonorrhea infection is a marker for engaging in unprotected receptive anal sex and can facilitate HIV transmission, therefore serving as a sentinel marker for MSM at imminent risk for HIV. Male rectal gonorrhea cases are concentrated in the Castro, particularly to the north in Duboce Triangle, Mission Dolores, and parts of Western Addition. Cases are also concentrated in SOMA and Tenderloin.

Data include persons who were residents of San Francisco at the time of their diagnosis.
Early syphilis incidence among men who have sex with men (MSM) per 100,000 men, 1997 - 2000

This map shows early syphilis cases among MSM from 1997 through 2000 by US Census Block groups in San Francisco City and County. Syphilis infection is a marker for engaging in unprotected sex and acts as a facilitator of HIV transmission, therefore serving as a sentinel for MSM at imminent risk for HIV. Early syphilis cases are concentrated in the Castro, extending north to Duboce Triangle, Western Addition, and Haight, and east to Mission Dolores. Scattered cases are detected in SOMA, the Tenderloin, and Excelsior. As of 2002, early syphilis cases continued to rise among MSM in San Francisco.

Data include persons who were residents of San Francisco at the time of their diagnosis.
MSM-IDU AIDS Cases

Cumulative AIDS cases among men who have sex with men and are injection drug users (MSM-IDU), 1981 - 2000

This map shows the geographic distribution of AIDS cases among MSM-IDU from 1981 through 2000 by US Census Block Groups in San Francisco City and County. MSM-IDU AIDS cases have been concentrated in a low-income, inner-city zone that includes the Tenderloin, SOMA, Western Addition, Duboce Triangle, Mission Dolores, and Mission in areas near the Castro. There are relatively few MSM-IDU in the Castro in comparison to MSM (non-IDU).

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Men who have sex with men and are injection drug users (MSM-IDU) living with AIDS, 2000

This map shows the geographic distribution of MSM-IDU living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. The highest concentration of MSM-IDU living with AIDS is in the Tenderloin, a low-income, inner-city neighborhood. Other inner-city areas of Western Addition, Duboce Triangle, and Mission near the Castro also have concentrations of MSM-IDU living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Men who have sex with men and are injection drug users (MSM-IDU) living with AIDS by race/ethnicity, 2000

This map shows the geographic distribution of white MSM-IDU persons living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Two concentrations of white MSM-IDU living with AIDS are apparent: one centered in low-income areas around the Tenderloin extending from lower Nob Hill though SOMA and a second centered on the transitional area between Mission and the Castro including Duboce Triangle, Mission Dolores, and parts of Western Addition.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
African American MSM-IDU living with AIDS, 2000

This map shows the geographic distribution of African American MSM-IDU living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. African American MSM-IDU living with AIDS are concentrated in low-income, inner-city Tenderloin extending through SOMA. Dispersed areas with high numbers of African Americans in general are also home to many African American MSM-IDU living with AIDS, including Bayview, Western Addition, Mission, Ingleside, and Excelsior.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Latino MSM-IDU living with AIDS, 2000

This map shows the geographic distribution of Latino MSM-IDU living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Latino MSM-IDU living with AIDS tend to live in low-income, inner-city areas of Mission (home to a large Latino community), the Tenderloin, SOMA, Western Addition, and Duboce Triangle.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Asian/Pacific Islander MSM-IDU living with AIDS, 2000

This map shows the geographic distribution of Asian/Pacific Islander MSM-IDU living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Asian/Pacific Islander MSM-IDU living with AIDS reside in a few scattered areas of the Tenderloin, Western Addition, Mission, and other low-income neighborhoods.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among men who have sex with men and are injection drug users (MSM-IDU), 1997 - 2000

This map shows the geographic distribution of MSM-IDU AIDS cases diagnosed between 1997 and 2000 by US Census Block Groups in San Francisco City and County. MSM-IDU recently diagnosed with AIDS are concentrated in the Tenderloin and diffusely scattered in other low-income, inner city areas including SOMA, Western Addition, Diamond Heights, Potrero Hill, and Mission.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
AIDS incidence among men who have sex with men and are injection drug users (MSM-IDU) per 100,000 population, 1997 - 2000

This map shows incidence of AIDS cases MSM-IDU per 100,000 persons between 1997 and 2000 by US Census Block Groups in San Francisco City and County. High incidence AIDS among MSM-IDU is most apparent in low-income Tenderloin and nearby areas of SOMA and Mission. A high incidence is also observed in Potrero Hill.

Incidence rates are calculated as the number of AIDS cases diagnosed from 1997 through 2000 divided by the estimated Block Group population in 1999 (GeoLytics, Inc., Update). Data from Block Groups with population less than 500 residents are not shown in order to avoid low precision due to small sample sizes. Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among men who have sex with men and are injection drug users (MSM-IDU) by race/ethnicity, 2000

This map shows the geographic distribution of AIDS cases diagnosed among white MSM-IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. White MSM-IDU recently diagnosed with AIDS tend to live in Tenderloin and Duboce Triangle.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among African American MSM-IDU, 2000

This map shows the geographic distribution of AIDS cases diagnosed among African American MSM-IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. African American MSM-IDU recently diagnosed with AIDS live a low-income, inner-city zone of the northeast extending from SOMA through Western Addition. A few areas of Bayview, Diamond Heights, and Ingleside are also home to recent African American MSM-IDU AIDS cases.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Latino MSM-IDU, 2000

This map shows the geographic distribution of AIDS cases diagnosed among Latino MSM-IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. The low-income, inner-city areas of the Tenderloin, SOMA, Mission, Duboce Triangle, Western Addition, and Diamond Heights account for most recent MSM-IDU AIDS cases among Latinos.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Asian/Pacific Islander MSM-IDU, 2000

This map shows the geographic distribution of AIDS cases diagnosed among Asian/Pacific Islander MSM-IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent Asian/Pacific MSM-IDU cases have been observed in only two low-income areas: one in the Tenderloin, the other in the Mission.

Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
IDU AIDS Cases
Cumulative AIDS cases among injection drug users (IDU), 1981 - 2000

This map shows the geographic distribution of cumulative AIDS cases among IDU from 1981 through 2000 by US Census Block Groups in San Francisco City and County. IDU AIDS cases are concentrated in the Tenderloin, SOMA, Western Addition, Bayview, and Excelsior neighborhoods. Parts of Haight-Ashbury, Mission, Bernal Heights, and Potrero Hill are also home to many IDU with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Injection drug users (IDU) living with AIDS, 2000

This map shows the geographic distribution of IDU living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. IDU living with AIDS tend to reside in low-income, inner-city areas of the Tenderloin (including part of Nob Hill), SOMA, Western Addition, Potrero Hill, Bayview, and Hunters Point.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Injection drug users (IDU) living with AIDS by gender, 2000

This map shows the geographic distribution of male IDU (non-MSM) living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. The highest concentrations of male IDU living with AIDS are found in the low-income, inner-city neighborhoods of Tenderloin and Bayview. Many male IDU living with AIDS also reside in low-income areas of Western Addition, SOMA, the Mission, Potrero Hill, Bernal Heights, Excelsior, and Ingleside. Haight-Ashbury and scattered parts of Richmond and Sunset are also home to many male IDU living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Female injection drug users (IDU) living with AIDS, 2000

This map shows the geographic distribution of female IDU living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. Female IDU living with AIDS are concentrated in the low-income, inner-city Tenderloin and SOMA neighborhoods with large numbers in low-income areas of Bayview, Hunters Point, the Mission, Bernal Heights, Diamond Heights, and Excelsior. The large, shaded parks (Golden Gate, Lake Merced, McLaren) reflect female IDU living with AIDS in adjoining areas.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Injection drug users (IDU) living with AIDS by race/ethnicity, 2000

This map shows the geographic distribution of white IDU living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. White IDU living with AIDS are concentrated in the low-income, inner-city neighborhoods of the Tenderloin and SOMA. White IDU living with AIDS also reside in lower-income Census Tracts scattered across the city.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
African American injection drug users (IDU) living with AIDS, 2000

This map shows the geographic distribution of African American IDU living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. African American IDU living with AIDS reside in two low-income, inner-city zones: one in the northeast extending from Potrero Hill through the Tenderloin, SOMA, Civic Center, and Western Addition; the second from Bayview and Hunters Point, through Excelsior and Ingleside.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Latino injection drug users (IDU) living with AIDS, 2000

This map shows the geographic distribution of Latino IDU living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Latino IDU living with AIDS tend to reside in a low-income, inner city band extending from the Tenderloin and SOMA in the northeast through Mission, Portola, and Excelsior in the Southeast.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Asian/Pacific Islander injection drug users (IDU) living with AIDS, 2000

This map shows the geographic distribution of Asian/Pacific Islander IDU living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Asian/Pacific Islander IDU living with AIDS can be found in low-income, inner-city neighborhoods of the Tenderloin and SOMA and a few other scattered areas.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among injection drug users (IDU), 1997 - 2000

This map shows the geographic distribution of IDU AIDS cases diagnosed between 1997 and 2000 by US Census Block Groups in San Francisco City and County. IDU recently diagnosed with AIDS tend to reside in low-income, inner city areas of the Tenderloin, SOMA, Western Addition, China Basin, Potrero Hill, Bayview, Bernal Heights, and Excelsior.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
AIDS incidence among injection drug users (IDU) per 100,000 population, 1997 - 2000

This map shows incidence of AIDS cases among IDU per 100,000 persons between 1997 and 2000 by US Census Block Groups in San Francisco City and County. The highest incidence of recent AIDS case among IDU occurs in a low-income, inner-city band extending from the Tenderloin, SOMA, Civic Center, Western Addition, through Potrero Hill, Mission, Bayview, and Hunters Point.

Incidence rates are calculated as the number of AIDS cases diagnosed from 1997 through 2000 divided by the estimated Block Group population in 1999 (GeoLytics, Inc., Update). Data from Block Groups with population less than 500 residents are not shown in order to avoid low precision due to small sample sizes. Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among male injection drug users, 2000

This map shows the geographic distribution of AIDS cases diagnosed among male IDU (non-MSM) from 1997 through 2000 by US Census Block Groups in San Francisco City and County. Recent AIDS cases among male IDU tend to be among residents of low-income, inner-city areas of the Tenderloin, SOMA, Western Addition, Potrero Hill, Bayview, Excelsior and scattered areas of Mission and Ingleside.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among female injection drug users, 2000

This map shows the geographic distribution of AIDS cases diagnosed among female IDU from 1997 through 2000 by US Census Block Groups in San Francisco City and County. Recent AIDS cases among female IDU tend to be among residents of low-income, inner-city areas of the Tenderloin, SOMA, Western Addition, China Basin, Bayview, Bernal Heights, and Diamond Heights.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among white injection drug users (IDU), 2000

This map shows the geographic distribution of AIDS cases diagnosed among white IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent AIDS cases among white IDU were among residents of low-income, inner-city neighborhoods of the Tenderloin (including parts of Nob Hill), SOMA, Western Addition, Potrero Hill, Diamond Heights, and scattered areas of Mission.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among African American injection drug users (IDU), 2000

This map shows the geographic distribution of AIDS cases diagnosed among African American IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent AIDS cases among African American IDU have been among residents of the Tenderloin, SOMA, Western Addition, Potrero Hill, Bernal Heights, Bayview, Excelsior, and Ingleside.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Latino injection drug users (IDU), 2000

This map shows the geographic distribution of AIDS cases diagnosed among Latino IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent AIDS cases among Latino IDU have occurred in an inner-city band extending from Tenderloin in the north through Mission, Portola, and Excelsior in the south.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Recent AIDS cases among Asian/Pacific Islander injection drug users (IDU), 2000

This map shows the geographic distribution of AIDS cases diagnosed among Asian/Pacific Islander IDU from 1997 through 2000 by US Census Tracts in San Francisco City and County. Recent AIDS cases among the Asian/Pacific Islander IDU are found only in small areas of Tenderloin and Potrero Hill.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Three year survival among injection drug users (IDU) diagnosed with AIDS after 1996

This map shows the proportion of IDU projected to survive at least 3 years after their AIDS diagnosis by neighborhood based on data from persons diagnosed with AIDS after 1996. Survival is best in middle to upper socio-economic status (SES) sections of Glen Park, Haight-Ashbury, Inner Sunset and Potrero Hill. Survival is worse in the poorest areas of the Tenderloin, Bayview, Hunters Point, Bernal Heights, Excelsior, and Ingleside. The relationship between lower-income neighborhoods and poorer survival outcomes held in statistical analysis that controlled for differences in age, CD4 count, and IDU status. Fewer persons with AIDS residing in low-income neighborhoods were on highly active anti-retroviral therapy (HAART) compared to persons living in upper-income neighborhoods. Moreover, neighborhood differences in survival were not evident in the era prior to wider use of HAART (before 1996). Findings suggest that survival differences resulted from access to or use of HAART.

The survival time is estimated using data on the period from AIDS diagnosis to death or to the last date a person was documented to be living. Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
This map shows the geographic distribution of cumulative AIDS cases among heterosexuals from 1981 through 2000 by US Census Block Groups in San Francisco City and County. Three low-income, inner-city neighborhoods have the highest concentration of AIDS cases among heterosexuals: Tenderloin, Bayview, and Excelsior. The remaining cases are scattered diffusely throughout all areas of the city.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Heterosexuals living with AIDS, 2000

This map shows the geographic distribution of heterosexuals living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. Heterosexuals living with AIDS are diffusely scattered across the more urban eastern half of the city, including areas of the Tenderloin, SOMA, Western Addition, China Basin, Mission, Diamond Heights, Potrero Hill, Bayview, and Excelsior.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Heterosexuals living with AIDS by gender, 2000

This map shows the geographic distribution of heterosexual men living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. Heterosexual men living with AIDS are found in a few inner-city areas extending from lower Nob Hill in the northeast, through Mission, Diamond Heights, Bayview, and to Ingleside in the south.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Heterosexuals living with AIDS by sex, 2000 - female

This map shows the geographic distribution of heterosexual women living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. Heterosexual women living with AIDS tend to reside in the inner-city, low-income areas of the Tenderloin, SOMA, Western Addition, Mission, Diamond Heights, Bayview, and Excelsior.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Heterosexuals living with AIDS by race/ethnicity, 2000

This map shows the geographic distribution of white heterosexuals living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. White heterosexuals living with AIDS are in isolated areas scattered throughout the city.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
African American heterosexuals living with AIDS, 2000

This map shows the geographic distribution of African Americans heterosexuals living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. African American heterosexuals living with AIDS are distributed in low-income, inner-city areas in Western Addition in the north, through the Tenderloin, SOMA, Potrero Hill, Diamond Heights, Bernal Height, Bayview, Excelsior, to Ingleside in the south.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Latino heterosexuals Living with AIDS, 2000

This map shows the geographic distribution of Latino heterosexuals living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Latino heterosexuals living with AIDS tend to reside in a low-income, inner-city band extending from Tenderloin in the northeast, through the large Latino neighborhood of Mission, south to Bayview, Excelsior, and Crocker Amazon.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Asian/Pacific Islanders heterosexuals Living with AIDS, 2000

This map shows the geographic distribution of Asian/Pacific Islander heterosexuals living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Heterosexual Asian/Pacific Islanders living with AIDS are found in a few areas of Nob Hill, Tenderloin, SOMA, Mission, and Richmond.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
This map shows the geographic distribution of cumulative AIDS cases among MTF from 1981 through 2000 by US Census Block Groups in San Francisco City and County. The highest concentration of MTF AIDS cases have been in the low-income, inner-city Tenderloin neighborhood and adjacent areas of Nob Hill and SOMA. Scattered cases have occurred among residents of Mission, Western Addition, Duboce Triangle, Mission Dolores, Bayview, and Ingleside.

Data include persons who were residents of San Francisco at the time of their diagnosis. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis. MTF may be under-reported in surveillance data if their sex is recorded as female or male without indication of their gender reassignment.
This map shows the geographic distribution of MTF living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. MTF living with AIDS tend to reside in the low-income, inner-city Tenderloin neighborhood and adjacent areas of Nob Hill and SOMA. Mission, Mission Dolores, Western Addition, Bayview and low-income areas in the south of the city are also home to many MTF living with AIDS.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis. MTF may be under-reported in surveillance data if their sex is recorded as female or male without indication of their gender reassignment.
Male to female transgendered persons (MTF) living with AIDS by race/ethnicity, 2000

This map shows the geographic distribution of white MTF living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. White MTF living with AIDS reside in the Tenderloin, Western Addition, Mission, and Potrero Hill.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis. MTF may be under-reported in surveillance data if their sex is recorded as female or male without indication of their gender reassignment.
African Americans male to female transgendered persons (MTF) living with AIDS, 2000

This map shows the geographic distribution of African American MTF living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. African American MTF living with AIDS reside in low-income, inner-city area of the Tenderloin, SOMA, Western Addition, Mission, and Bayview.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis. MTF may be under-reported in surveillance data if their sex is recorded as female or male without indication of their gender reassignment.
Latino male to female transgendered persons (MTF) living with AIDS, 2000

This map shows the geographic distribution of Latino MTF living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Latino Transgendered persons living with AIDS reside in an inner-city band extending from Nob Hill in the northeast through Mission to Bernal Heights in the south.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis. MTF may be under-reported in surveillance data if their sex is recorded as female or male without indication of their gender reassignment.
Asian/Pacific Islander male to female transgendered persons (MTF) living with AIDS, 2000

This map shows the geographic distribution of Asian/Pacific Islander MTF living with AIDS as of 2000 by US Census Tracts in San Francisco City and County. Asian/Pacific Islander MTF living with AIDS reside in a few areas of Tenderloin, SOMA, Mission, Haight-Ashbury, and Outer Mission.

Data include persons who were residents of San Francisco at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis. MTF may be under-reported in surveillance data if their sex is recorded as female or male without indication of their gender reassignment.
AIDS Cases among Youth (13 to 24 years old), Children (under 13 years old), and Transfusion/Blood Products Recipients
Cumulative AIDS cases among youth, 1981-2000

This map shows the geographic distribution of cumulative AIDS cases among youth age 13 to 24 years from 1981 through 2000 by US Census Block Groups in San Francisco City and County. The highest concentration of AIDS cases among youth have been in the low-income, inner-city neighborhoods of the Tenderloin, Mission, and Western Addition. A concentration of youth with AIDS also reside in Duboce Triangle and Mission Dolores, a transitional area between the more affluent Castro and lower-income Haight, Mission, and Western Addition.

Data include persons who were residents of San Francisco and age 13 to 24 years at the time of their diagnosis. In some cases, HIV transmission may have occurred prior to or around the time of delivery. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
Youth living with AIDS, 2000

This map shows the geographic distribution of youth age 13 to 24 years living with AIDS as of 2000 by US Census Block Groups in San Francisco City and County. Youth living with AIDS tend to reside in the low-income, inner-city neighborhoods of Tenderloin, Mission, and Western Addition. A concentration of youth with AIDS also reside in Duboce Triangle and Mission Dolores, a transitional area between the more affluent Castro and lower-income Haight, Mission, and Western Addition.

Data include persons who were residents of San Francisco and age 13 to 24 years at the time of their diagnosis and who were known to be alive on 31 December, 2000. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis. MTF may be under-reported in surveillance data if their sex is recorded as female or male without indication of their gender reassignment.
This map shows the geographic distribution of cumulative AIDS cases among children under the age of 13 years diagnosed from 1981 through 2000 by US Census Block Groups in San Francisco City and County. Only a few scattered neighborhoods record pediatric cases. These tend to be in low-income Block Groups in Bayview, Potrero Hill, Mission, Tenderloin, SOMA, and Western Addition. Pediatric cases are also found in the scattered blocks in Sunset and southern tier of the city.

Data include persons who were residents of San Francisco and under 13 years old at the time of their diagnosis. We assume that most cases resulted from infection prior to or at the time of delivery. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
This map shows the geographic distribution of cumulative AIDS cases resulting from transfusion of blood and blood products from 1981 through 2000 by US Census Block Groups in San Francisco City and County. No concentration of transfusion-associated HIV/AIDS is evident – cases are scattered throughout the city. The lack of pattern likely results from the diversity of conditions that necessitate transfusion unrelated to sexual or drug use behavior, including hemophilia, major surgery, severe anemia.

Data include persons who were residents of San Francisco at the time of their diagnosis. In some cases, HIV transmission may have occurred prior to or around the time of delivery. Data do not include persons with HIV infection who have not progressed to an AIDS diagnosis.
HIV CARE AND PREVENTION SERVICES

- Hospital and Ryan White Care Sites AIDS and STD Cases
- AIDS Drug Assistance Program (ADAP) Sites
- Needle Exchange Program Sites
This map shows the location of sites providing HIV-specific care in relation to the number of persons living with AIDS in San Francisco. The majority of HIV care sites are located near the highest concentrations of persons living with AIDS in the Castro and the Tenderloin, as well as parts of Western Addition and Potrero Hill. Poorer areas in the southern part of the city are relatively further from HIV care providers, including Bayview, Visitacion Valley, and Diamond Heights.
This map shows the location of pharmacies participating in the AIDS Drug Assistance Program (ADAP) in relation to the number of persons living with AIDS in San Francisco. The majority of ADAP sites is located in the northern tier of the city, with relatively few in the primary Castro HIV/AIDS epi-center and affected areas to the south.
This map shows the location of needle exchange program (NEP) sites in relation to the number of injection drug users (IDU) living with AIDS. Several NEP are located in the primary IDU HIV/AIDS epi-center of Tenderloin. Other NEP are located in Mission, Haight-Ashbury, and Bayview. Of note, concentrations of IDU living with AIDS are relatively far from NEP, especially Western Addition, Potrero Hill, Diamond Heights, and Visitacion Valley.