

13

HIV

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13-1. Reduce AIDS among adolescents and adults.

National Data Source	HIV/AIDS Surveillance System, CDC, NCHSTP.
State Data Source	State HIV/AIDS Surveillance Programs.
Healthy People 2000 Objective	18.2 (HIV infection).
Measure	Rate per 100,000 population.
Baseline	19.5 (1998).
Numerator	Number of reported AIDS cases among adolescents and adults aged 13 years and older.
Denominator	Number of adolescents and adults aged 13 years and older.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	CDC Adult HIV/AIDS Confidential Case Report, Form 50.42A, Rev. 7/93.
Expected Periodicity	Annual.
Comments	<p>The AIDS case definition used by the HIV/AIDS Surveillance system for an AIDS case is provided by the CDC.^{1, 2, 3, 4, 5, 6, 7} Data are adjusted for reporting delay.¹</p> <p>See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.</p>



13-2. Reduce the number of new AIDS cases among adolescent and adult men who have sex with men.

National Data Source	HIV/AIDS Surveillance System, CDC, NCHSTP.
State Data Source	State HIV/AIDS Surveillance Programs.
Healthy People 2000 Objective	18.2a (HIV infection).
Measure	Number of cases.
Baseline	17,847 (1998).

Numerator	Number of AIDS cases among males 13 years and older who report having sex with males after 1977 and preceding the first positive HIV antibody test or AIDS diagnosis.
Denominator	Not applicable.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	CDC Adult HIV/AIDS Confidential Case Report, Form 50.42A, Rev. 7/93.
Expected Periodicity	Annual.
Comments	<p>The AIDS case definition used by the HIV/AIDS Surveillance System for an AIDS case is provided by the CDC.^{1, 2, 3, 4, 5, 6, 7} Data are adjusted for reporting delay.¹</p> <p>Case counts by date of diagnosis by exposure category have not been redistributed to adjust for cases with risk not reported or identified.</p> <p>See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.</p>



13-3. Reduce the number of new AIDS cases among females and males who inject drugs.

National Data Source	HIV/AIDS Surveillance System, CDC, NCHSTP.
State Data Source	State HIV/AIDS Surveillance Programs.
Healthy People 2000 Objective	18.2b (HIV infection).
Measure	Number of cases.
Baseline	12,099 (1998).
Numerator	Number of AIDS cases among persons aged 13 years and older who inject drugs.
Denominator	Not applicable.
Population Targeted	U.S. resident population.

Questions Used To Obtain the National Data	CDC Adult HIV/AIDS Confidential Case Report, Form 50.42A, Rev. 7/93.
Expected Periodicity	Annual.
Comments	See Comments provided in objective 13-2 for more information.



13-4. Reduce the number of new AIDS cases among adolescent and adult men who have sex with men and inject drugs.

National Data Source	HIV/AIDS Surveillance System, CDC, NCHSTP.
State Data Source	State HIV/AIDS Surveillance Programs.
Healthy People 2000 Objective	Adapted from 18.2 (HIV Infection).
Measure	Number of cases.
Baseline	2,122 (1998).
Numerator	Number of AIDS cases among males aged 13 years and older who inject drugs and report having sex with males after 1977, preceding the first HIV antibody test or AIDS diagnosis.
Denominator	Not applicable.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	CDC Adult HIV/AIDS Confidential Case Report, Form 50.42A, Rev. 7/93.
Expected Periodicity	Annual.
Comments	The AIDS case definition used by the HIV/AIDS Surveillance system for an AIDS case is provided by the CDC. ^{1, 2, 3, 4, 5, 6, 7} Data are adjusted for reporting delay. ¹ Case counts by date of diagnosis by exposure category have not been redistributed to adjust for cases with risk not reported or identified.

This measure is a modification of Healthy People 2000 objective 18.2, which tracked HIV prevalence among men who have sex with men and injecting drug users separately. This measure tracks HIV prevalence among men who have sex with men and inject drugs.

See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.



13-5. (Developmental) Reduce the number of cases of HIV infection among adolescents and adults.

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.

As of November 1, 1999, a total of 34 States and the U.S. Virgin Islands participate in HIV case surveillance with CDC. Combined, these areas represent approximately 42 percent of AIDS cases reported. It is expected that additional States will move to HIV case surveillance and release the data to CDC.

This objective is a modification of Healthy People 2000 objective 18.2, which tracked HIV prevalence using estimates based on data from a number of sources to derive estimates on HIV prevalence, including data from the National Health and Nutrition Examination Survey (NHANES), CDC, NCHS (for the total population), anonymous surveys conducted in STD clinics (for men who have sex with men), seroprevalence studies (for injecting drug users), and the Survey on Childbearing Women (for females giving birth).^{8,9} This measure will provide data based on HIV case surveillance reports from the HIV/AIDS Surveillance System.

See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.

13-6. Increase the proportion of sexually active persons who use condoms.

13-6a. Females aged 18 to 44 years.

National Data Source	National Survey of Family Growth (NSFG), CDC, NCHS.
State Data Source	Not identified.
Healthy People 2000 Objective	Adapted from 19.10 (Sexually Transmitted Diseases) (also 18.4).
Leading Health Indicator	Responsible Sexual Behavior.
Measure	Percent.
Baseline	23 (1995).
Numerator	Number of sexually active, unmarried females aged 18 to 44 years who reported using a condom at last sexual intercourse.
Denominator	Number of sexually active, unmarried females aged 18 to 44 years.
Population Targeted	U.S. civilian, noninstitutionalized population.
Questions Used To Obtain the National Data	From the 1995 National Survey of Family Growth: <ul style="list-style-type: none">➤ <i>What is your current marital status? Are you...</i><ol style="list-style-type: none">1) <i>Married</i>2) <i>Widowed</i>3) <i>Divorced</i>4) <i>Separated, because you and your husband are not getting along</i>5) <i>Have you never been married?</i>➤ <i>The last time you had intercourse, did you or your partner use any method?</i>

[If yes:]

o Which methods?

- 1) Birth control pills
- 2) Condom
- 3) Partner's vasectomy
- 4) Diaphragm
- 5) Foam
- 6) Jelly or cream
- 7) Cervical cap
- 8) Suppository, insert
- 9) Today sponge
- 10) Female condom, vaginal pouch
- 11) IUD, Coil, Loop
- 12) Norplant
- 13) Depo-provera, Injectables
- 14) Morning after pill
- 15) Rhythm or safe period by calendar
- 16) Safe period by temperature, or cervical mucus test, natural family planning
- 17) Withdrawal, pulling out
- 18) Respondent sterile
- 19) Partner sterile
- 20) Other method (specify)

Expected Periodicity

Periodic.

Comments

Unmarried females are considered to have used a condom at last intercourse if they reported they had never been married, were sexually active, and either used a female condom (vaginal pouch) or partner used a condom (rubber) at their last intercourse.

Sexually active refers to females who have had intercourse in the 3 months prior to interview.

This objective is adapted from a measure in Healthy People 2000 objective 19.10, which tracked the proportion of sexually active, unmarried people aged 15 to 44 years who report their partner used a condom at last intercourse. This measure tracks the proportion of females aged 18 to 44 years who used a condom (male or female) at last intercourse.

This objective is one of the measures used to track the Responsible Sexual Behavior Leading Health Indicator. See Appendix H for a complete list.

See Part C for a description of NSFG and Appendix A for focus area contact information.

13-6b. (Developmental) Males aged 18 to 49 years.

Comments An operational definition could not be specified at the time of publication.

The proposed national data source is the National Survey of Family Growth (NSFG), CDC, NCHS.

The current NSFG does not collect data on males. Starting in 2001, data for males aged 18 to 49 years will be collected and can track this objective.

See Part C for a description of NSFG and Appendix A for focus area contact information.



13-7. (Developmental) Increase the number of HIV-positive persons who know their serostatus.

Comments An operational definition could not be specified at the time of publication.

The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.

This measure is a modification of Healthy People 2000 objective 18.8, which tracked the percent of positive HIV tests for which people returned for counseling. This measure will track the number of HIV positive persons who know their serostatus.

See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.



13-8. Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support.

National Data Source Uniform Facility Data Set (UFDS), SAMHSA.

State Data Source Uniform Facility Data Set (UFDS), SAMHSA.

Healthy People 2000 Objective Adapted from 18.5 (HIV Infection).

Measure	Percent.
Baseline	58 (1997).
Numerator	Number of publicly and privately funded treatment facilities known to SAMHSA that report that they offer HIV testing; HIV/AIDS education, counseling, and support; or have special substance abuse treatment programs for persons with HIV/AIDS.
Denominator	Number of publicly and privately funded treatment facilities known to SAMHSA.
Questions Used To Obtain the National Data	<p>From the 1997 Uniform Facility Data Set:</p> <p>➤ <i>As of October 1, 1997, which of these services were being provided at this substance abuse facility?</i></p> <p>[List of options provided in three categories. Relevant responses for objective are listed below:]</p> <p><i>A) Testing [option 24: HIV/AIDS]</i> <i>B) Health Services [option: education/counseling/support]</i> <i>C) Programs for special groups [option 32: persons with AIDS]</i></p>
Expected Periodicity	Annual.
Comments	<p>A treatment facility is considered to offer HIV/STD education, counseling, and support if the facility reports it provides <u>either</u> HIV/AIDS testing, education/counseling/support health services, or programs for persons with AIDS.</p> <p>Data collection years 1998, 2000, and subsequent years will include questions that ask about HIV testing; HIV/AIDS education, counseling, and support; or special substance abuse treatment programs for persons with HIV/AIDS. The 1999 UFDS only included questions on special programs for persons with HIV.</p> <p>This objective is a modification of Healthy People 2000 objective 18.5, which tracked the proportion of injecting drug users enrolled in substance abuse treatment programs. This measure tracks the number of substance abuse treatment facilities that report offering HIV testing; HIV/AIDS education, counseling, and support; or have special substance abuse treatment programs for persons with HIV/AIDS.</p>

See Appendix A for focus area contact information.



13-9. (Developmental) Increase the number of State prison systems that provide comprehensive HIV/AIDS, sexually transmitted diseases, and tuberculosis (TB) education.

Comments

An operational definition could not be specified at time of publication.

The proposed national data source is the Biennial Survey of HIV, STD, and TB Prevention in Correctional Facilities, CDC, and NIJ.

See Appendix A for focus area contact information.



13-10. (Developmental) Increase the proportion of inmates in State prison systems who receive voluntary HIV counseling and testing during incarceration.

Comments

See Comments provided with objective 13-9 for more information.



13-11. Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV.

National Data Source

National TB Surveillance System, CDC, NCHSTP.

State Data Source

State TB Surveillance Systems.

Healthy People 2000 Objective

Not applicable.

Measure

Percent.

Baseline

55 (1998).

Numerator

Number of reported TB cases among adults aged 25 to 44 years with a negative, positive or indeterminate HIV test result.

Denominator

Number of reported TB cases (based on TB case report forms) among adults aged 25 to 44 years.

Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	CDC Report of Verified Case of Tuberculosis, Form 72.9A, Rev. 5/93.
Expected Periodicity	Annual.
Comments	Numerator includes only those cases with negative, positive, and indeterminate HIV test results. See Appendix A for focus area contact information.



13-12. (Developmental) Increase the proportion of adults in publicly funded HIV counseling and testing sites who are screened for common bacterial sexually transmitted diseases (STDs) (chlamydia, gonorrhea, and syphilis) and are immunized against hepatitis B virus.

Comments	An operational definition could not be specified at the time of publication. A proposed national and State data source is the HIV Counseling and Testing System (CTS), CDC, NCHSTP. For STD screening, the proposed numerator is the number of HIV tests among persons aged 18 years and older visiting an STD, family planning, or prenatal/obstetric HIV counseling and testing site who also receive screening for common bacterial STDs. For hepatitis B immunization, the proposed numerator is the number of HIV tests among persons aged 18 years and older visiting an STD, family planning, or prenatal/obstetric HIV counseling and testing site who receive a hepatitis B vaccination, according to Advisory Committee on Immunization Practices (ACIP) recommendations.
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Screening for common bacterial STDs and immunizations against hepatitis B is not feasible in all publicly funded CTS sites, which may include sites without a primary care provider on the premises. HIV counseling and testing sites providing STD, family planning, or prenatal/obstetric care will be able to offer appropriate services to populations at risk.

CTS data are from publicly funded HIV counseling and testing sites provided in a variety of settings, including freestanding HIV counseling and testing sites (which offer anonymous tests, confidential tests, or both), STD clinics, family planning clinics, prenatal clinics, drug treatment centers, and correctional facilities (including long-term and short-term detention facilities).

Data are collected and analyzed at the level of an individual test encounter, without the identity of the client. A single client can have multiple tests recorded during 1 year. Sites that only report test encounters in summary records and not individual test encounters will not be included in the analysis.

See Appendix A for focus area contact information.



13-13. Increase the proportion of HIV-infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health Service treatment guidelines.

Testing

13-13a. (Developmental) Viral load testing.

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP. ASD data represent more than 100 sites in 11 U.S. cities. ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older. Data currently are being analyzed to measure this objective.

The proposed numerator is the number who ever received a viral load test in the past year. The proposed denominator is the number of persons who had at least one visit to a clinic participating in the ASD surveillance project.

Viral load testing is defined as the methods used to monitor HIV replication in a given sample of body fluid (usually blood). Measurements are necessary to determine risk for disease progression in an HIV-infected person and to determine when to initiate or modify antiretroviral treatment regimens.

ASD data were standardized to national AIDS surveillance data by age, race, sex, country of birth, year of AIDS diagnosis, and HIV exposure mode. Exposure modes in AIDS surveillance were redistributed to adjust for cases with risk that were not reported or identified.

ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older.

See Appendix A for focus area contact information.



13-13b. (Developmental) Tuberculin skin testing (TST).

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP. ASD data represent more than 100 sites in 11 U.S. cities. ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older. Data currently are being analyzed to measure this objective.

The proposed numerator is the number of persons who ever received a tuberculin skin test. The proposed denominator is the number of persons with no history of tuberculosis who had at least one visit to a clinic participating in the ASD surveillance project.

TST is defined as the standard method for screening asymptomatic populations for infection with *M. tuberculosis*.

ASD data were standardized to national AIDS surveillance data by age, race, sex, country of birth, year of AIDS diagnosis, and HIV exposure mode. Exposure modes in AIDS surveillance were redistributed to adjust for cases with risk that were not reported or identified.

ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older.

Data from ASD represent only persons with HIV who are in care at participating ASD facilities. Treatment interventions include viral load testing, TB skin testing, highly active antiretroviral therapy (HAART), *Pneumocystis carinii* pneumonia (PCP) prophylaxis, *Mycobacterium avium* complex (MAC) prophylaxis, and pneumococcal vaccination.

See Appendix A for focus area contact information.



Treatment

13-13c. Any antiretroviral therapy.

National Data Source	Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP (11 U.S. cities—see Comments).
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	80 (1997) (selected sites—Comments).
Numerator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit, had a minimum cd4 cell count of less than 500, and received any antiretroviral therapy, all in the past year.

Denominator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit and had a minimum cd4 cell count of less than 500 in the past year.
Population Targeted	Residents of selected sites—see Comments.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>Any antiretroviral therapy is defined as any drug that inhibits the replication of HIV or destroys or brings about the destruction of a retrovirus.</p> <p>ASD data were standardized to national AIDS surveillance data by age, race, sex, country of birth, year of AIDS diagnosis, and HIV exposure mode. Exposure modes in AIDS surveillance were redistributed to adjust for cases with risk that were not reported or identified.</p> <p>ASD data represent more than 100 sites in 11 U.S. cities. ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older.</p> <p>Data from ASD represent only persons with HIV who are in care at participating ASD facilities. Treatment interventions include viral load testing, TB skin testing, HAART, PCP prophylaxis, MAC prophylaxis, and pneumococcal vaccination.</p> <p>See Appendix A for focus area contact information.</p>



13-13d. Highly active antiretroviral therapy (HAART).

National Data Source	Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP (11 U.S. cities—see Comments).
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.

Baseline	40 (1997) (selected sites—see Comments).
Numerator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit, had a minimum cd4 cell count of less than 500, and received any highly active antiretroviral therapy, all in the past year.
Denominator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit and had a minimum cd4 cell count of less than 500 in the past year.
Population Targeted	Residents of selected sites—see Comments.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>HAART is defined as a treatment regimen for HIV infection that consists of three drugs, including two nucleoside analogue reverse transcriptase inhibitors combined with either a nonnucleoside reverse transcriptase inhibitor or a protease inhibitor.</p> <p>ASD data were standardized to national AIDS surveillance data by age, race, sex, country of birth, year of AIDS diagnosis, and HIV exposure mode. Exposure modes in AIDS surveillance were redistributed to adjust for cases with risk that were not reported or identified.</p> <p>ASD data represent more than 100 sites in 11 U.S. cities. ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older.</p> <p>Data from ASD represent only persons with HIV who are in care at participating ASD facilities. Treatment interventions include viral load testing, TB skin testing, HAART, PCP prophylaxis, MAC prophylaxis, and pneumococcal vaccination.</p> <p>See Appendix A for focus area contact information.</p>



Prophylaxis

13-13e. *Pneumocystis carinii* pneumonia (PCP) prophylaxis.

National Data Source	Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP (11 U.S. cities—see Comments).
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	80 (1997) (selected sites—see Comments).
Numerator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit, had no history of PCP, had a minimum cd4 cell count of less than 200, and received any appropriate PCP prophylaxis, all in the past year.
Denominator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit, had no history of PCP, and had a minimum cd4 cell count of less than 200 in the past year.
Population Targeted	Residents of selected sites—see Comments.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	<p>PCP prophylaxis is defined as medications (trimethoprim-sulfamethoxazole, dapsone, or aerosolized pentamidine) given to prevent the occurrence of PCP. The case definition of PCP is provided by CDC.⁴</p> <p>ASD data were standardized to national AIDS surveillance data for 1997 by age, race, sex, country of birth, year of AIDS diagnosis, and HIV exposure mode. Exposure modes in AIDS surveillance were redistributed to adjust for cases with risk that were not reported or identified.</p> <p>ASD data represent more than 100 sites in 11 U.S. cities. ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older.</p>

Data from ASD represent only persons with HIV who are in care at participating ASD facilities. Treatment interventions include viral load testing, TB skin testing, HAART, PCP prophylaxis, MAC prophylaxis, and pneumococcal vaccination.

See Appendix A for focus area contact information.



13-13f. Mycobacterium avium complex (MAC) prophylaxis

National Data Source	Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP (11 U.S. cities—see Comments).
State Data Source	Not identified.
Healthy People 2000 Objective	Not applicable.
Measure	Percent.
Baseline	44 (1997) (selected sites—see Comments).
Numerator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit, had a minimum cd4 cell count of less than 50, had no history of MAC, and received any appropriate MAC prophylaxis, all in the past year.
Denominator	Number of persons enrolled in the ASD surveillance project with at least one clinic visit, who had a minimum cd4 cell count of less than 50, and no history of MAC in the past year.
Population Targeted	Residents of selected sites—see Comments.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.
Comments	MAC prophylaxis is defined as medications (rifabutin, clarithromycin, or azithromycin) given to prevent the occurrence of MAC. The case definition of MAC is provided by CDC. ⁴

ASD data were standardized to national AIDS surveillance data by age, race, sex, country of birth, year of AIDS diagnosis, and HIV exposure mode. Exposure modes in AIDS surveillance were redistributed to adjust for cases with risk that were not reported or identified.

ASD data represent more than 100 sites in 11 U.S. cities. ASD collects demographic, clinical, laboratory, surveillance, and other related data on HIV-infected persons aged 13 years and older.

Data from ASD represent only persons with HIV who are in care at participating ASD facilities. Treatment interventions include viral load testing, TB skin testing, HAART, PCP prophylaxis, MAC prophylaxis, and pneumococcal vaccination.

See Appendix A for focus area contact information.



13-14. Reduce deaths from HIV infection.

National Data Source	National Vital Statistics System (NVSS), CDC, NCHS.
State Data Source	State Vital Statistics.
Healthy People 2000 Objective	Not applicable.
Measure	Rate per 100,000 (age adjusted—see Comments).
Baseline	4.9 (1998).
Numerator	Number of deaths due to HIV infection (ICD-9 codes *042-*044).
Denominator	Number of persons.
Population Targeted	U.S. resident population.
Questions Used To Obtain the National Data	Not applicable.
Expected Periodicity	Annual.

Comments

Data are age adjusted to the 2000 standard population. Age-adjusted rates are weighted sums of age-specific rates. For a discussion on age adjustment, see Part A, section 5.

Resident death data are based on information from death certificates filed in the 50 States and the District of Columbia.

See Part C for a description of NVSS and Appendix A for focus area contact information.



13-15. (Developmental) Extend the interval of time between an initial diagnosis of HIV infection and AIDS diagnosis in order to increase years of life of an individual infected with HIV.

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.

See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.



13-16. (Developmental) Increase years of life of an HIV-infected person by extending the interval of time between an AIDS diagnosis and death.

Comments

An operational definition could not be specified at the time of publication.

The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.

See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.



13-17. (Developmental) Reduce new cases of perinatally acquired HIV infection.

Comments An operational definition could not be specified at the time of publication.

 The proposed national data source is the HIV/AIDS Surveillance System, CDC, NCHSTP.

 See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.



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