

PROFILE PREPARATION

This profile was prepared by the Louisiana Office of Public Health HIV/AIDS Surveillance Program in close collaboration with the Louisiana Ryan White CARE Act and Prevention Programs and the Centers for Disease Control and Prevention (CDC). The Louisiana STD

10 Introduction

Control Program provided direct guidance on the use and interpretation of STD (non-HIV) data, and BRFSS data were provided by the Louisiana BRFSS program. The World Wide Web was used as much as possible to obtain needed data. All the sociodemographic data, vital statistics, substance abuse data, and YRBSS information were downloaded from Web sites. Several of the Web sources compile their data from other organizations and agencies, such as the Kaiser Family Foundation (for insurance information) and the Health Resources and Services Administration (HRSA) (for the CARE Act Data Report [CADR]).

Throughout this report, the following statistical methods were used to measure the effect of the epidemic upon specific populations, adjust for delays in reporting, and account for cases with missing risk information:

- HIV prevalence estimates were calculated using a method recommended by the CDC. This method takes into account the reporting delay for HIV (non-AIDS) and AIDS cases and divides the number of persons diagnosed with HIV/AIDS by the estimated range of persons diagnosed with HIV infection (71%–79%).
- Case rates were calculated for the 12-month period per 100,000 population. For these rates, denominators were derived from the 2000 census. The numerator is the number of reported cases that were diagnosed during the 12-month period.
- When HIV/AIDS data are presented as trends, the data are adjusted to account for reporting delay for recently diagnosed cases. Reporting delay refers to the time between the diagnosis of a case and receipt of the report by the health department. Cases recently diagnosed may not yet have been reported; therefore, for recent periods, the number of cases diagnosed, but not yet reported, is estimated and presented as expected cases. (For the methods used to estimate the numbers of these cases, see reporting delay in the Glossary.)
- Regarding "missing risk information," the cases that have been diagnosed recently are more likely to be reported without a specified risk (exposure). To provide data on the reclassification of risk over time, the cases with missing risk information must be assigned to one of the risk categories. Cases with missing risk information are distributed to a risk category based on regional sex- and race-specific risk probabilities provided by the CDC. Consequently, data adjusted for risk redistribution represent the expected number of cases in each risk category. For example, the adjusted number of cases attributed to injection drug use in 2001 would be the sum of (1) the number of cases diagnosed in 2001 in which injection drug use was the risk factor and (2) the number of cases diagnosed in 2001 without risk information, but in which injection drug use was assigned as the likely risk factor.
- The Bureau of the Census, in compliance with the Office of Management and Budget Directive 15 (OMB 15), expanded race/ethnicity reporting in 2000. The expanded questionnaire allowed respondents to select 1 or more races to indicate their racial identity. However, for comparisons with HIV/AIDS data for which information on only 1 race and Hispanic ethnicity is collected, the race/ethnicity data obtained from the Bureau of the Census were combined into 5 categories: white, not Hispanic; black, not Hispanic; Hispanic; American Indian; and Asian. For analyses involving small numbers of cases in some racial/ethnic groups, those cases have been grouped in a category called other.