13 HIV

13-1 New AIDS cases
13-2 AIDS among men who have sex with men
13-3 AIDS among persons who inject drugs
13-4 AIDS among men who have sex with men and who inject drugs
13-5 New HIV cases
13-6 Condom use
13-6a Females aged 18 to 44 years
13-6b Males aged 18 to 49 years
13-7 Knowledge of serostatus
13-8 HIV/AIDS counseling and education for persons in substance abuse treatment
13-9 HIV/AIDS, STD, and TB education in State prisons
13-10 HIV counseling and testing in State prisons
13-11 HIV testing in TB patients
13-12 Screening for STDs and immunization for hepatitis B
13-13 Treatment according to guidelines
   Testing
   13-13a Viral load testing
   13-13b Tuberculin skin testing
   Treatment
   13-13c Any antiretroviral therapy
   13-13d Highly active antiretroviral therapy
   Prophylaxis
   13-13e Pneumocystis carinii pneumonia prophylaxis
   13-13f Mycobacterium avium complex prophylaxis
13-14 HIV-infection deaths
13-15 Interval between HIV infection and AIDS diagnosis
13-16 Interval between AIDS diagnosis and death from AIDS
13-17 Perinatally acquired HIV infection
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**  

**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**  
The AIDS case definition used by the HIV/AIDS Surveillance system for an AIDS case is provided by the CDC. Data are adjusted for reporting delay. Data are adjusted for reporting delay. See Part C for a description of the HIV/AIDS Surveillance System and Appendix A for focus area contact information.

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**  
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
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.

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

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.
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.


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.


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. 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**

**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:

- What is your current marital status? Are you…
  1) Married
  2) Widowed
  3) Divorced
  4) Separated, because you and your husband are not getting along
  5) Have you never been married?

- The last time you had intercourse, did you or your partner use any method?
[If yes:]

- 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.

<table>
<thead>
<tr>
<th>National Data Source</th>
<th>Uniform Facility Data Set (UFDS), SAMHSA.</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Data Source</td>
<td>Uniform Facility Data Set (UFDS), SAMHSA.</td>
</tr>
<tr>
<td>Healthy People 2000 Objective</td>
<td>Adapted from 18.5 (HIV Infection).</td>
</tr>
</tbody>
</table>
Measure: Percent.


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:

- As of October 1, 1997, which of these services were being provided at this substance abuse facility?
  
  [List of options provided in three categories. Relevant responses for objective are listed below:]
  
  A) Testing [option 24: HIV/AIDS]
  B) Health Services [option: education/counseling/support]
  C) Programs for special groups [option 32: persons with AIDS]

Expected Periodicity: Annual.

Comments: A treatment facility is considered to offer HIV/STD education, counseling, and support if the facility reports it provides either HIV/AIDS testing, education/counseling/support health services, or programs for persons with AIDS.

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.

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.
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.

<table>
<thead>
<tr>
<th>National Data Source</th>
<th>National TB Surveillance System, CDC, NCHSTP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Data Source</td>
<td>State TB Surveillance Systems.</td>
</tr>
<tr>
<td>Healthy People 2000</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>Objective</td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Percent.</td>
</tr>
<tr>
<td>Numerator</td>
<td>Number of reported TB cases among adults aged 25 to 44 years with a negative, positive or indeterminate HIV test result.</td>
</tr>
<tr>
<td>Denominator</td>
<td>Number of reported TB cases (based on TB case report forms) among adults aged 25 to 44 years.</td>
</tr>
</tbody>
</table>

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.
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.

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**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.
<table>
<thead>
<tr>
<th><strong>Denominator</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population Targeted</strong></td>
<td>Residents of selected sites—see Comments.</td>
</tr>
<tr>
<td><strong>Questions Used To</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Obtain the National</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Data</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Expected Periodicity</strong></td>
<td>Annual.</td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td>Any antiretroviral therapy is defined as any drug that inhibits the replication of HIV or destroys or brings about the destruction of a retrovirus.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>See Appendix A for focus area contact information.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>National Data Source</strong></th>
<th>Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP (11 U.S. cities—see Comments).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Data Source</strong></td>
<td>Not identified.</td>
</tr>
<tr>
<td><strong>Healthy People 2000</strong></td>
<td><strong>Measure</strong></td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td>percent.</td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Measure</strong></td>
</tr>
<tr>
<td><strong>Objective</strong></td>
<td><strong>Measure</strong></td>
</tr>
</tbody>
</table>
### 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
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.

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.
### Prophylaxis

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

<table>
<thead>
<tr>
<th><strong>National Data Source</strong></th>
<th>Adult Spectrum of Disease (ASD) surveillance project, CDC, NCHSTP (11 U.S. cities—see Comments).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Data Source</strong></td>
<td>Not identified.</td>
</tr>
<tr>
<td><strong>Healthy People 2000 Objective</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Measure</strong></td>
<td>Percent.</td>
</tr>
<tr>
<td><strong>Baseline</strong></td>
<td>80 (1997) (selected sites—see Comments).</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Population Targeted</strong></td>
<td>Residents of selected sites—see Comments.</td>
</tr>
<tr>
<td><strong>Questions Used To Obtain the National Data</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>Expected Periodicity</strong></td>
<td>Annual.</td>
</tr>
</tbody>
</table>
| **Comments**             | 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.\(^4\)  
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.  
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.

13-13f. 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.
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.

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

References