



HIV >

CHAPTER 13

Co-Lead Agencies

Centers for Disease Control and Prevention
Health Resources and Services Administration

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GOAL:

Prevent human immunodeficiency virus (HIV) infection and its related illness and death.



The objectives in this chapter track cases of HIV infection and acquired immunodeficiency syndrome (AIDS), HIV/AIDS deaths, HIV/AIDS prevention, and HIV/AIDS testing.

All Healthy People 2010 tracking data quoted in this chapter, along with technical information and Operational Definitions for each objective, can be found in the Healthy People 2010 database, DATA2010, available from <http://wonder.cdc.gov/data2010/>.

More information about this Focus Area can be found in the following publications:

› *Healthy People 2010: Understanding and Improving Health*, available from <http://www.healthypeople.gov/2010/Document/tableofcontents.htm#under>.

› *Healthy People 2010 Midcourse Review*, available from <http://www.healthypeople.gov/2010/data/midcourse/html/default.htm#FocusAreas>.

Highlights

- › Substantial progress was achieved in objectives for this Focus Area during the past decade [1]. Over 70% of the HIV objectives with data to measure progress moved toward or achieved their Healthy People 2010 targets (Figure 13-1). However, health disparities were observed among racial and ethnic population groups, as well as by sex, education level, income, and disability status (Figure 13-2), as discussed below [2].
- › A statistically significant downward trend was observed in the rate of new AIDS diagnoses among persons aged 13 and over (objective 13-1) [3]. The rate decreased 20.7% between 1998 and 2007, from 18.4 to 14.6 new cases per 100,000 population, moving toward the Healthy People 2010 target of 0.9 per 100,000 population.

- Among racial and ethnic groups, the combined Asian or Pacific Islander population had the lowest (best) rate of AIDS diagnoses, 4.7 new cases per 100,000 population in 2007. The rate for the Hispanic or Latino population, 20.9 new cases per 100,000, was almost four and a half times the best rate; the rate for the non-Hispanic black population, 58.6 per 100,000, was over 12 times the best rate [2].

- Females had a lower (better) rate of annual AIDS diagnoses than males, 7.6 per 100,000 population in 2007. Males had a rate of 21.9 per 100,000, almost three times the rate for females [2].

› The rate of annual AIDS diagnoses varied by state. In 2007, Alaska, the Central and Midwest states, Maine, New Hampshire, Vermont, and West Virginia, had the lowest rates. The District of Columbia, with 154.6 new cases per 100,000 population, had the highest rate (Figure 13-3).

› The annual number of new AIDS diagnoses attributed to male-to-male sexual contact among adults and adolescents aged 13 and over (objective 13-2) increased 0.7% between 1998 and 2007, from 16,882 to 16,992, moving away from the 2010 target of 12,661.

› The number of new AIDS cases among persons aged 13 and over who injected drugs (objective 13-3) decreased 47.1% between 1998 and 2007, from 11,514 to 6,093, exceeding the 2010 target of 8,636.

› The number of new AIDS cases among adult and adolescent males aged 13 and over who had sex with men and who injected drugs (objective 13-4) declined 36.1% between 1998 and 2007, from 2,751 to 1,759, exceeding the 2010 target of 2,064.

› HIV-infection deaths (objective 13-14) declined 30.2% between 1999 and 2007, from 5.3 to 3.7 deaths per 100,000 population (age adjusted), moving toward the 2010 target of 0.7 deaths per 100,000 population.

- Among racial and ethnic groups, the non-Hispanic white population had the lowest (best) rates of HIV-infection deaths, 2.3 per 100,000 population (age adjusted) in 1999 and 1.5 in 2007. The Hispanic or Latino population had rates of 6.9 in 1999 and 4.1 in 2007, whereas the non-Hispanic black population had rates of 24.0 in 1999 and 17.8 in 2007.
 - In 2007, the HIV-infection death rate for the Hispanic or Latino population was more than two and a half times the best rate (that for the non-Hispanic white population), whereas the rate for the non-Hispanic black population was almost 12 times the best rate [2].
 - Between 1999 and 2007, the disparity between the non-Hispanic black and non-Hispanic white populations increased 143 percentage points [4].
 - Females had lower (better) HIV-infection death rates than males, 2.5 deaths per 100,000 population (age adjusted) in 1999 and 2.1 in 2007. Males had rates of 8.2 in 1999 and 5.4 in 2007. In 2007, the rate for males was more than two and a half times that for females. Between 1999 and 2007, the disparity between males and females declined 71 percentage points [4].
- › HIV-infection death rates varied by state. Among those states with reliable data for the period 2005–07, the HIV-infection death rates for Delaware, Florida, Georgia, Louisiana, Maryland, Mississippi, New York, and South Carolina ranged from 4.6 to 9.3 deaths per 100,000 population (age adjusted). The District of Columbia, with an HIV-infection death rate of 34.9 per 100,000 (age adjusted), had the highest rate (Figure 13-4).
- › A statistically significant upward trend was observed in the proportion of HIV-infected persons surviving 3 or more years after an AIDS diagnosis (objective 13-16) [3]. The proportion increased 12.8% between 1998 and 2006, from 78% to 88%, exceeding the 2010 target of 86%.
- › A statistically significant downward trend was observed in the number of perinatally acquired AIDS diagnoses (objective 13-17b) [3]. The number declined 88.5% between 1998 and 2007, from 243 to 28 new cases, exceeding the 2010 target of 75 new cases.
- › HIV testing of tuberculosis patients aged 25–44 years (objective 13-11) increased 19.7% between 1998 and 2008, from 61% to 73%, moving toward the 2010 target of 89%.
- Among racial and ethnic groups, the non-Hispanic black population had the highest (best) rate of HIV testing among tuberculosis patients aged 25–44, 88% in 2008, whereas the Asian, the Native Hawaiian or Other Pacific Islander, and

the Hispanic or Latino populations had rates of 61%, 61%, and 69%, respectively. When expressed in terms of patients who were *not tested* for HIV, the rates for the Asian and the Native Hawaiian or Other Pacific Islander populations were almost three and a half times the rate for the non-Hispanic black population, whereas the rate for the Hispanic or Latino population was more than two and a half times the non-Hispanic black rate [2].

Summary of Progress

- › Figure 13-1 presents a quantitative assessment of progress in achieving the Healthy People 2010 objectives for HIV [1]. Data to measure progress toward target attainment were available for 15 objectives. Of these:
- Four objectives exceeded their Healthy People 2010 targets (objectives 13-3, 13-4, 13-16, and 13-17b).
 - Seven objectives moved toward their targets. A statistically significant difference between the baseline and the final data points was observed for one of these objectives (13-14). Data were unavailable to test the significance of the difference for the remaining six objectives (13-1, 13-6a and b, 13-11, and 13-13d and f).
 - Four objectives moved away from their targets (objectives 13-2, 13-8, and 13-13c and e). Data were unavailable to test the significance of the difference between the baseline and the final data points for all of these objectives.
- › Six objectives (13-5, 13-13a and b, 13-15, 13-17a, and 13-18) remained developmental, and four objectives (13-7, 13-9, 13-10, and 13-12) were deleted at the Midcourse Review [5].
- › Figure 13-2 displays health disparities from the best group rate for each characteristic at the most recent data point [2]. It also displays changes in disparities from baseline to the most recent data point [4].
- Statistically significant health disparities of 10% or more by race and ethnicity were observed for three objectives. Health disparities of 10% or more by race and ethnicity were observed for seven additional objectives, although their significance could not be tested. Of these 10 objectives, the non-Hispanic black population had the best rate for four objectives (13-6a and b, 13-11, and 13-13f). The Asian or Pacific Islander (objective 13-1), the Hispanic or Latino (objective 13-13d), the American Indian or Alaska Native (objective 13-13e), and the non-Hispanic white (objective 13-14) populations had the unique best rate for

one objective each. The Asian or Pacific Islander and Hispanic or Latino populations were tied for the best rate for one objective (13-13c), whereas the Asian or Pacific Islander and non-Hispanic white populations were tied for the best rate for another (objective 13-16).

- One objective had statistically significant health disparities of 10% or more by sex, and three objectives had health disparities of 10% or more by sex but no data to assess significance. Of these four objectives, females had better rates than males for two (objectives 13-1 and 13-14), and males had better rates than females for the other two (objectives 13-11 and 13-13c).
- Persons with at least some college education had the best rates for all three of the objectives with statistically significant health disparities of 10% or more by education level (objectives 13-6a and b, and 13-14).
- Persons with middle/high incomes had the best rate for the one objective (13-6a) with statistically significant health disparities of 10% or more by income.
- Persons without disabilities had a better rate than persons with disabilities for the one objective (13-6a) with statistically significant health disparities of 10% or more by disability status.
- Several objectives exhibited health disparities of 100% or more, and some had changes in disparities of 50 percentage points or more over time. Many of these were discussed in the Highlights, above.

Transition to Healthy People 2020

For Healthy People 2020, the focus of the HIV objectives has expanded to focus more on HIV testing among populations at increased risk of HIV infection. The general terminology has transitioned from the term HIV/AIDS to HIV. The term HIV focuses on persons diagnosed with HIV infection, regardless of their stage of disease. Nevertheless, AIDS diagnoses are still tracked for selected objectives. See HealthyPeople.gov for a complete list of Healthy People 2020 topics and objectives.

The Healthy People 2020 HIV Topic Area objectives can be grouped into several sections:

- Diagnosis of HIV infection and AIDS
- Medical healthcare, survival, and death after diagnosis of HIV infection and AIDS

- HIV testing
- HIV prevention.
- The differences between the Healthy People 2010 objectives and those included in Healthy People 2020 are summarized below:
 - The Healthy People 2020 HIV Topic Area has a total of 23 objectives, 7 of which are developmental, whereas the Healthy People 2010 HIV Focus Area had 25 objectives of which 6 were developmental and 4 were deleted at the Midcourse Review [5].
 - Ten Healthy People 2010 objectives were retained “as is” [6]. These include:
 - Eight measurable objectives: new AIDS cases (objective 13-1), AIDS among men who have sex with men (objective 13-2), AIDS among persons who inject drugs (objective 13-3), HIV counseling and education for persons in substance abuse treatment (objective 13-8), HIV testing in tuberculosis patients (objective 13-11), HIV-infection deaths (objective 13-14), HIV infected persons surviving 3 or more years after a diagnosis of AIDS (objective 13-16), and perinatally acquired AIDS (objective 13-17b).
 - Two developmental objectives: new HIV/AIDS cases (objective 13-5) and new HIV infections diagnosed before progression to AIDS (objective 13-15).
 - Ten Healthy People 2010 objectives were modified to create five Healthy People 2020 objectives [7]:
 - Two developmental and four measurable objectives addressing treatment according to guidelines among HIV-infected persons (objectives 13-13a through f) were combined to create one developmental objective in Healthy People 2020.
 - Objective 13-7, measuring the number of HIV-positive persons who know their serostatus, was deleted at the Midcourse Review. It was reinstated in Healthy People 2020 as a measurable objective.
 - Condom use among females and males (objectives 13-6a and b, respectively) was modified to expand the age group of the target population from 18–44 to 15–44.
 - Perinatally acquired HIV/AIDS diagnosed each year (objective 13-17a) was modified to monitor HIV only. This objective is still developmental.
 - One Healthy People 2010 objective, AIDS among men who have sex with men and who inject drugs (objective 13-4), was archived [8].
 - Three Healthy People 2010 objectives that were deleted at the Midcourse Review were not carried forward into Healthy People 2020. These include:

HIV/AIDS, STD, and TB education in state prisons (objective 13-9), HIV counseling and testing in state prisons (objective 13-10), and screening for STDs and immunization for hepatitis B (objective 13-12). One developmental objective, HIV/AIDS diagnosed in adolescent and young females aged 13–24 (objective 13-18), was removed during the Healthy People 2020 planning process due to lack of a data source.

- › Eight new objectives were added to the Healthy People 2020 HIV Topic Area:
 - Five new objectives, including HIV transmission among adolescents and adults, new AIDS cases among adolescent and adult heterosexuals, HIV testing among adolescents and adults, HIV testing among pregnant women, and HIV testing among adolescents and young adults, were added as measurable objectives.
 - Three new objectives, including new (incident) HIV infections among adolescents and adults, HIV testing among men who have sex with men, and the proportion of men who have sex with men who reported unprotected anal sex in the past 12 months, were added as developmental objectives.

[Appendix D](#), “A Crosswalk Between Objectives From Healthy People 2010 to Healthy People 2020,” summarizes the changes between the two decades of objectives, reflecting new knowledge and direction for this area.

Data Considerations

The HIV/AIDS Surveillance System—the data source for many Health People 2010 HIV objectives—was renamed the HIV Surveillance System in 2008, highlighting the focus on diagnosis of HIV infection regardless of the person’s stage of disease. Data in the HIV Surveillance System are continually updated, and new records are added as they are reported. For this reason, data for any given year may change over time. All data points for HIV objectives monitored through the HIV Surveillance System are updated annually, often resulting in revisions of baselines and targets.

Education and income are the primary measures of socioeconomic status in Healthy People 2010. Most data systems used in Healthy People 2010 define income as a family’s income before taxes. To facilitate comparisons among groups and over time, while adjusting for family size and for inflation, Healthy People 2010 categorizes income using the poverty thresholds developed by the Census Bureau. Thus, the three categories of family income that are primarily used are:

- › Poor—below the Federal poverty level

- › Near poor—100% to 199% of the Federal poverty level
- › Middle/high income—200% or more of the Federal poverty level.
- › These categories may be overridden by considerations specific to the data system, in which case they are modified as appropriate. See *Healthy People 2010: General Data Issues*, referenced below.

Beginning in 2003, education data for the mortality objective 13-14 (HIV-infection deaths) from the National Vital Statistics System have been suppressed. The educational attainment item was changed in the new U.S. Standard Certificate of Death in 2003 to be consistent with the Census Bureau data and to improve the ability to identify specific types of educational degrees. However, many states are still using the 1989 version of the U.S. Standard Certificate of Death, which focuses on highest school grade completed. As a result, educational attainment data collected using the 2003 version are not comparable with data collected using the 1989 version [9].

In general, data on educational attainment are presented for persons aged 25 and over, consistent with guidance given by the Census Bureau. However, because of the requirements of the different data systems, the age groups used to calculate educational attainment for any specific objective may differ from the age groups used to report the data for other Healthy People 2010 objectives, as well as from select populations within the same objective. Therefore, the reader is urged to exercise caution in interpreting the data by educational attainment shown in the Health Disparities Table. See *Healthy People 2010: General Data Issues*, referenced below.

Additional information on data issues is available from the following sources:

- › All Healthy People 2010 tracking data can be found in the Healthy People 2010 database, DATA2010, available from <http://wonder.cdc.gov/data2010/>.
- › Detailed information about the data and data sources used to support these objectives can be found in the Operational Definitions on the DATA 2010 website, available from <http://wonder.cdc.gov/data2010/focusod.htm>.
- › More information on statistical issues related to Healthy People tracking and measurement can be found in the [Technical Appendix](#) and in *Healthy People 2010: General Data Issues*, which is available in the General Data Issues section of the NCHS Healthy People website under Healthy People 2010; see http://www.cdc.gov/nchs/healthy_people/hp2010/hp2010_data_issues.htm.

References and Notes

1. Displayed in the Progress Chart (Figure 13-1), the percent of targeted change achieved expresses the difference between the baseline and the final value relative to the initial difference between the baseline and the Healthy People 2010 target. As such, it is a relative measure of progress toward attaining the Healthy People 2010 target. See the [Reader's Guide](#) for more information. When standard errors were available, the difference between the baseline and the final value was tested at the 0.05 level of significance. See the Figure 13-1 footnotes, as well as the [Technical Appendix](#), for more detail.
2. Information about disparities among select populations is shown in the Health Disparities Table (Figure 13-2). Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic. For example, racial and ethnic health disparities are measured as the percent difference between the best racial and ethnic group rate and each of the other racial and ethnic group rates. Similarly, disparities by sex are measured as the percent difference between the better group rate (e.g. female) and the rate for the other group (e.g. male). Some objectives are expressed in terms of favorable events or conditions that are to be increased, while others are expressed in terms of adverse events or conditions that are to be reduced. To facilitate comparison of health disparities across different objectives, disparity is measured only in terms of adverse events or conditions. For comparability across objectives, objectives that are expressed in terms of favorable events or conditions are re-expressed using the adverse event or condition for the purpose of computing disparity, but they are not otherwise restated or changed. For example, objective 1-1, to increase the proportion of persons with health insurance (e.g., 72% of the American Indian or Alaska Native population under age 65 had some form of health insurance in 2008), is expressed in terms of the percentage of persons without health insurance (e.g., $100\% - 72\% = 28\%$ of the American Indian or Alaska Native population under age 65 did not have any form of health insurance in 2008) when the disparity from the best group rate is calculated. See the [Reader's Guide](#) for more information. When standard errors were available, the difference between the best group rate and each of the other group rates was tested at the 0.05 level of significance. See the Figure 13-2 footnotes, as well as the [Technical Appendix](#), for more detail.
3. The presence of a monotonic increasing or decreasing trend in the underlying measure was tested with the nonparametric Mann-Kendall test; then the slope of a linear trend was estimated with the nonparametric Sen's method. See [Technical Appendix](#) for more information.
4. The change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point and, therefore, is expressed in percentage points. See the [Reader's Guide](#) for more information. When standard errors were available, the change in disparity was tested at the 0.05 level of significance. See the Figure 13-2 footnotes, as well as the [Technical Appendix](#), for more detail.
5. To be included in Healthy People 2010, an objective must have a national data source that provides a baseline and at least one additional data point for tracking progress. Some objectives lacked baseline data at the time of their development but had a potential data source and were considered of sufficient national importance to be included in Healthy People. These are called "developmental" objectives. When data become available, a developmental objective is moved to measurable status and a Healthy People target can be set.
6. As of the Healthy People 2020 launch, Healthy People 2020 objectives that were retained "as is" from Healthy People 2010 had no change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that were developmental in Healthy People 2010 and are developmental in Healthy People 2020, and for which no numerator information is available.
7. As of the Healthy People 2020 launch, objectives that were modified from Healthy People 2010 had some change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that went from developmental in Healthy People 2010 to measurable in Healthy People 2020, or vice versa.
8. Archived objectives had at least one data point in Healthy People 2010 but were not carried forward into Healthy People 2020.
9. Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, MD: National Center for Health Statistics. 2010. Available from http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf

Comprehensive Summary of Objectives: HIV

Objective	Description	Data Source or Objective Status
13-1	New AIDS cases (per 100,000 population, 13+ years)	HIV Surveillance System, CDC, NCHHSTP.
13-2	AIDS among men who have sex with men (no. new cases, 13+ years)	HIV Surveillance System, CDC, NCHHSTP.
13-3	AIDS among persons who inject drugs (no. new cases, 13+ years)	HIV Surveillance System, CDC, NCHHSTP.
13-4	AIDS among men who have sex with men and who inject drugs (no. new cases, 13+ years)	HIV Surveillance System, CDC, NCHHSTP.
13-5	New HIV/AIDS cases diagnosed among adolescents and adults	Developmental.
13-6a	Condom use among sexually active unmarried persons (18–44 years)—Females	National Survey of Family Growth (NSFG), CDC, NCHS.
13-6b	Condom use among sexually active unmarried persons (18–44 years)—Males	National Survey of Family Growth (NSFG), CDC, NCHS.
13-7	Knowledge of serostatus—Among HIV-positive persons	Deleted at the Midcourse Review.
13-8	HIV counseling and education for persons in substance abuse treatment	Baseline data: Uniform Facility Data Set (UFDS), SAMHSA. Final data: National Survey of Substance Abuse Treatment Services (N-SSATS), SAMHSA.
13-9	HIV/AIDS, STD, and TB education in State prisons	Deleted at the Midcourse Review.
13-10	HIV counseling and testing in State prisons	Deleted at the Midcourse Review.
13-11	HIV testing in TB patients (25–44 years)	National TB Surveillance System, CDC, NCHHSTP.
13-12	Screening for STDs and immunization for hepatitis B—Among HIV counselees (18+ years)	Deleted at the Midcourse Review.
13-13a	Treatment according to guidelines—Viral load testing among HIV-infected persons (13+ years)	Developmental.
13-13b	Treatment according to guidelines—Tuberculin skin testing (TST) among HIV-infected persons (13+ years)	Developmental.
13-13c	Any antiretroviral therapy among HIV-infected persons (13+ years)	Adult and Adolescent Spectrum of HIV Disease (ASD) Surveillance Project, CDC, NCHHSTP.
13-13d	Highly active antiretroviral therapy (HAART) among HIV-infected persons (13+ years)	Adult and Adolescent Spectrum of HIV Disease (ASD) Surveillance Project, CDC, NCHHSTP.
13-13e	<i>Pneumocystis carinii</i> pneumonia (PCP) prophylaxis among HIV-infected persons (13+ years)	Adult and Adolescent Spectrum of HIV Disease (ASD) Surveillance Project, CDC, NCHHSTP.
13-13f	<i>Mycobacterium avium</i> complex (MAC) prophylaxis among HIV-infected persons (13+ years)	Adult and Adolescent Spectrum of HIV Disease (ASD) Surveillance Project, CDC, NCHHSTP.
13-14	HIV-infection deaths (age adjusted, per 100,000 population)	National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.
13-15	New HIV infection diagnosed before progression to AIDS	Developmental.
13-16	HIV-infected persons surviving 3+ years after diagnosis of AIDS	HIV Surveillance System, CDC, NCHHSTP.
13-17a	Perinatally acquired HIV/AIDS diagnosed each year (no. new cases)	Developmental.
13-17b	Perinatally acquired AIDS (no. new cases)	HIV Surveillance System, CDC, NCHHSTP.
13-18	HIV/AIDS diagnosed in adolescent and young females (13–24 years)	Developmental.

Figure 13-1. Progress Toward Target Attainment for Focus Area 13: HIV

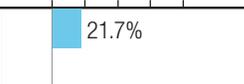
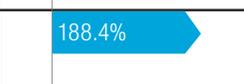
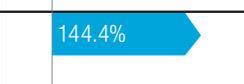
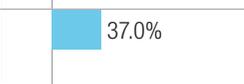
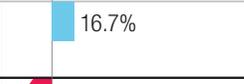
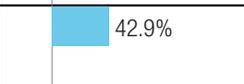
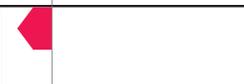
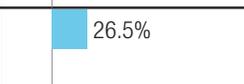
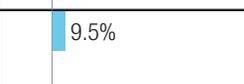
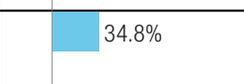
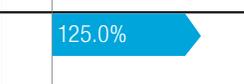
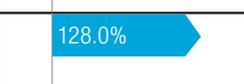
Objective	Percent of targeted change achieved ²					2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final		
	0	25	50	75	100				Difference ³	Statistically Significant ⁴	Percent Change ⁵
13-1. New AIDS cases (per 100,000 population, 13+ years)						0.9	18.4 (1998)	14.6 (2007)	-3.8	Not tested	-20.7%
13-2. AIDS among men who have sex with men (number of new cases, 13+ years)						12,661	16,882 (1998)	16,992 (2007)	110	Not tested	0.7%
13-3. AIDS among persons who inject drugs (number of new cases, 13+ years)						8,636	11,514 (1998)	6,093 (2007)	-5,421	Not tested	-47.1%
13-4. AIDS among men who have sex with men and who inject drugs (number of new cases, 13+ years)						2,064	2,751 (1998)	1,759 (2007)	-992	Not tested	-36.1%
13-6. Condom use among sexually active unmarried persons (18–44 years)											
a. Females						50%	23% (1995)	33% (2006–08)	10	Not tested	43.5%
b. Males						54%	42% (2002)	44% (2006–08)	2	Not tested	4.8%
13-8. HIV counseling and education for persons in substance abuse treatment						70%	58% (1997)	54% (2008)	-4	Not tested	-6.9%
13-11. HIV testing in TB patients (25–44 years)						89%	61% (1998)	73% (2008)	12	Not tested	19.7%
13-13c. Any antiretroviral therapy among HIV-infected persons (13+ years)						95%	85% (1997)	84% (2003)	-1	Not tested	-1.2%
13-13d. Highly active antiretroviral therapy (HAART) among HIV-infected persons (13+ years)						95%	61% (1997)	70% (2003)	9	Not tested	14.8%
13-13e. <i>Pneumocystis carinii</i> pneumonia (PCP) prophylaxis among HIV-infected persons (13+ years)						95%	81% (1997)	68% (2003)	-13	Not tested	-16.0%
13-13f. <i>Mycobacterium avium</i> complex (MAC) prophylaxis among HIV-infected persons (13+ years)						95%	53% (1997)	57% (2003)	4	Not tested	7.5%
13-14. HIV-infection deaths (age adjusted, per 100,000 population)						0.7	5.3 (1999)	3.7 (2007)	-1.6	Yes	-30.2%
13-16. HIV-infected persons surviving 3+ years after a diagnosis of AIDS						86%	78% (1998)	88% (2006)	10	Not tested	12.8%
13-17b. Perinatally acquired AIDS (number of new cases)						75	243 (1998)	28 (2007)	-215	Not tested	-88.5%

Figure 13-1. Progress Toward Target Attainment for Focus Area 13: HIV (continued)

NOTES

See the [Reader's Guide](#) for more information on how to read this figure. See DATA2010 at <http://wonder.cdc.gov/data2010> for all HealthyPeople 2010 tracking data. Tracking data are not available for objective 13-5, 13-13a, 13-13b, 13-15, 13-17a, and 13-18. Objectives 13-7, 13-9, 13-10, and 13-12 were deleted at the Midcourse Review.

FOOTNOTES

¹ Movement away from target is not quantified using the percent of targeted change achieved. See [Technical Appendix](#) for more information.

² Percent of targeted change achieved = $\frac{\text{Final value} - \text{Baseline value}}{\text{Healthy People 2010 target} - \text{Baseline value}} \times 100$.

³ Difference = Final value – Baseline value. Differences between percents (%) are measured in percentage points.

⁴ When estimates of variability are available, the statistical significance of the difference between the final value and the baseline value is assessed at the 0.05 level. See [Technical Appendix](#) for more information.

⁵ Percent change = $\frac{\text{Final value} - \text{Baseline value}}{\text{Baseline value}} \times 100$.

DATA SOURCES

- 13-1–13-4. HIV Surveillance System, CDC, NCHHSTP.
- 13-6a–b. National Survey of Family Growth (NSFG), CDC, NCHS.
- 13-8. Baseline data: Uniform Facility Data Set (UFDS), SAMHSA.
Final data: National Survey of Substance Abuse Treatment Services (N-SSATS), SAMHSA.
- 13-11. National TB Surveillance System, CDC, NCHHSTP.
- 13-13c–f. Adult and Adolescent Spectrum of HIV Disease (ASD) Surveillance Project, CDC, NCHHSTP.
- 13-14. National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.
- 13-16. HIV Surveillance System, CDC, NCHHSTP.
- 13-17b. HIV Surveillance System, CDC, NCHHSTP.

Figure 13-2. Health Disparities Table for Focus Area 13: HIV

Disparities from the best group rate for each characteristic at the most recent data point and changes in disparity from the baseline to the most recent data point.

Population-based objective	Race and Ethnicity							Summary index	Sex		Education				Income				Location		Disability	
	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic		Female	Male	Less than high school	High school graduate	At least some college	Summary index	Poor	Near poor	Middle/high income	Summary index	Urban or metropolitan	Rural or nonmetropolitan	Persons with disabilities	Persons without disabilities
13-1. New AIDS cases (per 100,000 population, 13+ years) (1998, 2007) [†]	↓	B ⁱ			↓	↓	↓	B	↓													
13-6a. Condom use among sexually active unmarried persons—females (18–44 years) (1995, 2006–08) ^{1*}					↑	B ⁱⁱ		↑			↑	B				B		B	B ⁱⁱ	iii	B	
b. Condom use among sexually active unmarried persons—males (18–44 years) (2002, 2006–08) ^{1*}					↓	B	↓				↓	B		↓		B			B ⁱⁱ		B	
13-11. HIV testing in TB patients (25–44 years) (1998, 2008) [†]	↓	↓	↓		↑	B	↑		B													
13-13c. Any antiretroviral therapy among HIV-infected persons (13+ years) (1997, 2003) [†]	↓	B ⁱ			B ⁱⁱ	↓	↓	↑	B													
13-13d. Highly active antiretroviral therapy (HAART) among HIV-infected persons (13+ years) (1997, 2003) [†]	↓	i			B ⁱⁱ	↓	↓	↓	B													
13-13e. <i>Pneumocystis carini</i> pneumonia (PCP) prophylaxis among HIV-infected persons (13+ years) (1997, 2003) [†]	B ⁱⁱ	i			↓	↓	↓	B ⁱⁱ														
13-13f. <i>Mycobacterium avium</i> complex (MAC) prophylaxis among HIV-infected persons (13+ years) (1997, 2003) [†]					↓	B	↑	B ⁱⁱ														
13-14. HIV-infection deaths (age adjusted, per 100,000 population) (1999, 2007) ^{2,3*}	↑	b ⁱ			↓	↑	↑	B			↑	↑	B									
13-16. HIV-infected persons surviving 3+ years after a diagnosis of AIDS (1998, 2006) [†]	↓	B ⁱ			↓	↓	B ⁱⁱ	↓	B ⁱⁱ	B												

NOTES

See DATA2010 at <http://wonder.cdc.gov/data2010> for all Healthy People 2010 tracking data. Disparity data are either unavailable or not applicable for objectives 13-2 through 13-5, 13-8, 13-13a and b, 13-15, 13-17a and b, and 13-18. Objectives 13-7, 13-9, 13-10, and 13-12 were deleted at Midcourse Review.

Years in parentheses represent the baseline and most recent data years (if available).

Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic (e.g., race and ethnicity). The summary index is the average of these percent differences for a characteristic. Change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point. Change in the summary index is estimated by subtracting the summary index at baseline from the summary index at the most recent data point. See [Technical Appendix](#) for more information.

Figure 13-2. Health Disparities Table for Focus Area 13: HIV (continued)

LEGEND			
The “best” group rate at the most recent data point.		The group with the best rate for specified characteristic.	
		Most favorable group rate for specified characteristic, but reliability criterion not met.	
		Reliability criterion for best group rate not met, or data available for only one group.	
Percent difference from the best group rate			
Disparity from the best group rate at the most recent data point.		Less than 10%, or difference not statistically significant (when estimates of variability are available).	
		10%–49%	
		50%–99%	
		100% or more	
Changes in disparity over time are shown when: (a) disparities data are available at both baseline and most recent time points; (b) data are not for the group(s) indicated by “B” or “b” at either time point; and (c) the change is greater than or equal to 10 percentage points and statistically significant, or when the change is greater than or equal to 10 percentage points and estimates of variability were not available. See Technical Appendix .	Increase in disparity (percentage points)		
		10–49 points	
			
			100 points or more
	Decrease in disparity (percentage points)		
		10–49 points	
			
		100 points or more	
Availability of Data			
		Data not available.	
		Characteristic not selected for this objective.	

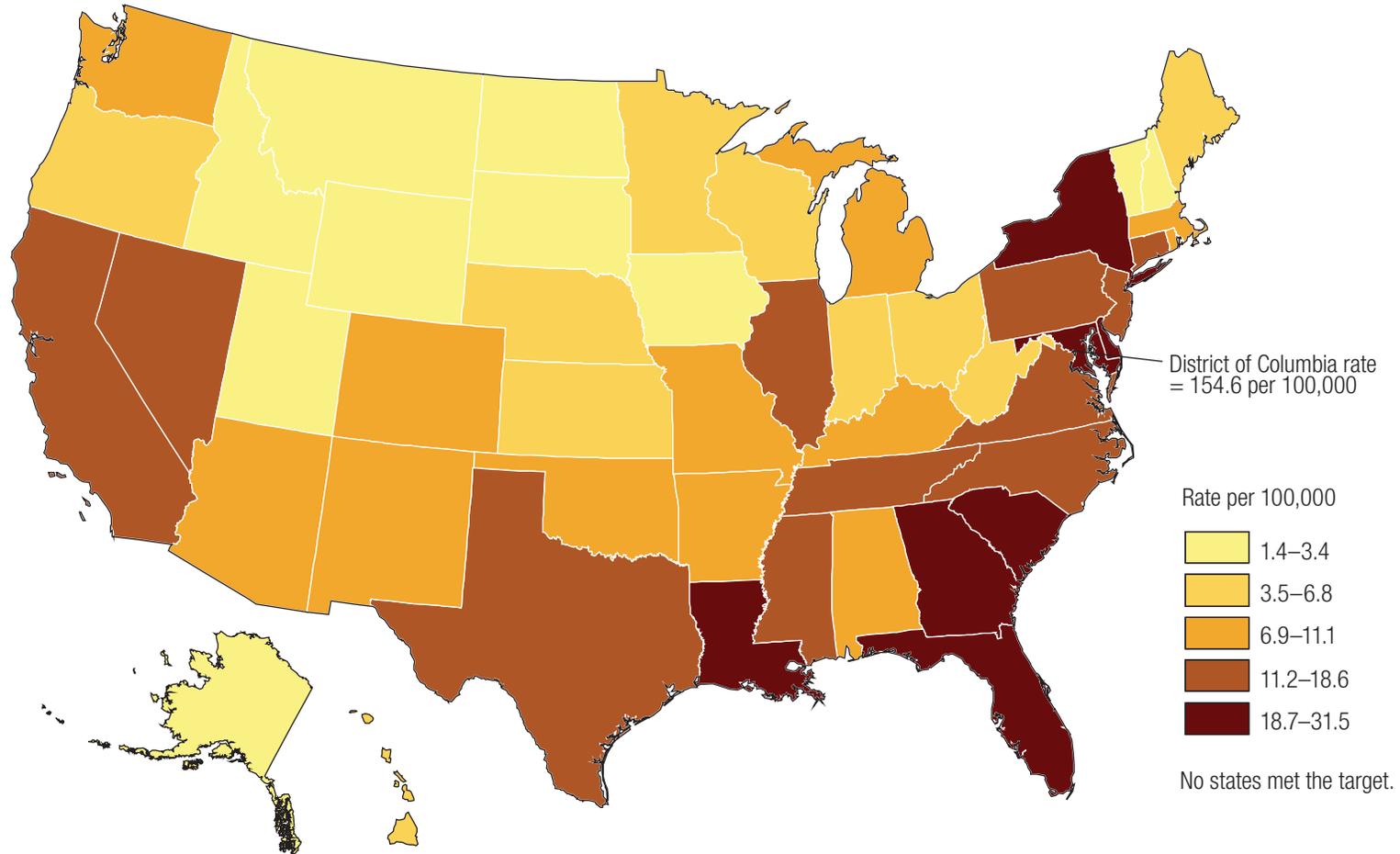
FOOTNOTES

- * Measures of variability were available. Thus, the variability of best group rates was assessed, and statistical significance was tested. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are indicated by arrows when the changes are greater than or equal to 10 percentage points and are statistically significant at the 0.05 level. See [Technical Appendix](#).
- † Measures of variability were not available. Thus, the variability of best group rates was not assessed, and statistical significance could not be tested. Nonetheless, disparities and changes in disparities over time are displayed according to their magnitude. See [Technical Appendix](#).
- ‡ Measures of variability were available only for the most recent data. Thus, the variability of best group rates was assessed only for the most recent data, and statistical significance was tested only for the most recent data. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are displayed according to their magnitude, since measures of variability were not available at baseline and therefore statistical significance of changes in disparity could not be tested. See [Technical Appendix](#).
- ¹ Data by education level are for persons aged 25–44.
- ² Data by education level are for persons aged 25–64.
- ³ Most recent data by education level is for 2002.
- ⁴ Data are for Asian or Pacific Islander.
- ⁱⁱ The group with the best rate at the most recent data point is different from the group with the best rate at baseline. Both rates met the reliability criterion. See [Technical Appendix](#).
- ⁱⁱⁱ Reliability criterion for best group rate not met, or data available for only one group, at baseline. Change in disparity cannot be assessed. See [Technical Appendix](#).

DATA SOURCES

- 13-1. HIV Surveillance System, CDC, NCHHSTP.
- 13-6a–b. National Survey of Family Growth (NSFG), CDC, NCHS.
- 13-11. National TB Surveillance System, CDC, NCHHSTP.
- 13-13c–f. Adult and Adolescent Spectrum of HIV Disease (ASD) Surveillance Project, CDC, NCHHSTP.
- 13-14. National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.
- 13-16. HIV Surveillance System, CDC, NCHHSTP.

Figure 13-3. New AIDS Cases (Age 13+), 2007
 Healthy People 2010 objective 13-1 • Target = 0.9 per 100,000



NOTES: Rates are displayed by a Jenks classification for U.S. states.

SOURCE: HIV Surveillance System, CDC, NCHHSTP.

