

Glossary

adherence to therapy—Taking medications as prescribed.

AIDS (acquired immunodeficiency syndrome)—A specific group of diseases or conditions that indicate severe suppression of the immune system related to infection with the human immunodeficiency virus (HIV).

AIDS case definition—A standard definition of the physical and laboratory findings that make up an AIDS case. In 1993, the AIDS case definition was expanded to include a broader range of diseases and conditions and the results of immunologic testing, such as CD4+ T-cell counts. Consequently, the number of AIDS cases in 1993 was transiently elevated by the rapid reporting of cases not previously reported using the old definition.

antibody—An infection-fighting protein molecule in blood that attaches to and neutralizes viruses.

clinical trials—Studies conducted among volunteer participants; clinical trials test the safety and efficacy of new drugs. *Controlled* means that some participants actually receive the drug being tested while others receive placebo (an inactive substance). *Randomized* means that assignment to a group is random. *Double-blind* means that neither participants nor researchers know until after the study is completed who was assigned to which group; that is, who received the drug being tested and who received placebo.

All new vaccines must pass 3 phases of clinical trials before they can be considered for regulatory licensure.

Phase I—Tests for safety and dosage.

Phase II—Tests for efficacy and further tests for safety.

Phase III—Large-scale studies for efficacy. For HIV vaccines, these tests must be performed in thousands of individuals who are HIV-negative but at high risk for HIV.

Where Is Information Available?

efficacy—Ability of a drug or product to produce the desired outcome under ideal (experimental) conditions, as opposed to under average (real-world) conditions.

epidemic—The occurrence in a community or region of cases of an illness, specific health-related behavior, or other health-related events clearly in excess of normal expectancy.

HAART (highly active antiretroviral therapy)—HIV treatment regimens, consisting of combinations of drugs that have been shown to reduce the amount of HIV virus in a patient's blood.

HIV (human immunodeficiency virus)—The virus that causes AIDS. Not all people infected with HIV have AIDS, but all people with AIDS are infected with HIV.

HIV counseling, testing, and referral

counseling—An HIV-prevention intervention. The counseling approach used is critical to the success of HIV prevention efforts. A client-centered HIV prevention counseling model has been shown to be especially effective. This model focuses on helping clients identify HIV risk behaviors and commit to personalized steps to reduce their HIV-related risks.

testing—Laboratory determination of HIV status. Voluntary testing can be obtained in medical care settings such as doctors' offices, hospitals, managed care organizations, and public health clinics or can be performed using home-collection kits. HIV testing may be required as part of screening programs for military personnel, blood donors, correctional facility inmates, and insurance applicants.

anonymous testing—People who choose anonymous HIV testing are not required to provide their names; therefore, test results are not linked to any records with an identifying name (including the request for tests or test results).

confidential testing—People who choose confidential testing provide their names, and testing information is documented in their record.

referral—The process by which immediate client needs for medical, prevention, and social support services are assessed, prioritized, and addressed (in the context of HIV prevention counseling and testing).

incidence—The number of new events, such as HIV infections, over time (usually a year).

intervention—An action intended to modify an outcome. Examples of HIV prevention interventions include counseling, educational messages, and discussion groups intended to help reduce HIV transmission.

outreach—Extending services to a wider section of the population than are currently receiving the services.

preclinical trials—Laboratory and animal studies designed to test the mechanisms, safety, and efficacy of a drug or medical device before, if ever, testing it in people.

prevalence—The number of people affected by a condition, such as HIV infection, at a given point in time.

surveillance—An ongoing, systematic process of collecting, analyzing, interpreting, disseminating, and evaluating data. Surveillance data are used to track disease and provide information for action to protect the public health.

AIDS surveillance—AIDS diagnoses are reported to CDC from all US states and territories.

HIV surveillance—All states have some form of HIV infection reporting. As of January 2005, 42 states and territories have confidential, name-based HIV reporting systems and forward this information to CDC. However, it is not possible to examine trends in HIV diagnoses in all 42 states because many have just recently begun HIV reporting. Therefore, most of the HIV trends reported in this document come from data from 25 states that have required HIV reporting since 1993 (longstanding HIV reporting).

vaccine—A preparation that stimulates the body's immune system to protect itself from an invading virus.

virus—A microorganism made of either DNA or RNA with a protein coat. Viruses invade healthy cells and then use those host cells to replicate, spreading disease or infection. HIV, the virus that causes AIDS, is particularly dangerous because it attacks the body's immune system cells.

zidovudine—One of the drugs used to treat AIDS. May be abbreviated as ZDV or AZT.

Resources

The CDC National Prevention Information Network (NPIN)
Phone 1-800-458-5231 or 1-800-243-7012 (TTY) or go to
www.cdcnpin.org

The following CDC publications can be obtained through NPIN:

2002 National Center for HIV, STD & TB Prevention Program Review
Also available at www.cdc.gov/nchstp/od/program%20review/2002%20prog%20rev%20book%20FINAL.htm

Compendium of HIV Prevention Interventions with Evidence of Effectiveness
Also available at www.cdc.gov/hiv/pubs/hivcompendium/hivcompendium.htm

HIV Counseling and Testing in Publicly Funded Sites: Annual Report (all years)
Also available at www.nchstp.cdc.gov/dhap/pubs.htm

HIV Prevention Strategic Plan Through 2005
Also available at www.cdc.gov/nchstp/od/hiv_plan/default.htm

HIV/AIDS Surveillance Report (all issues)
Also available at www.cdc.gov/hiv/stats/hasrlink.htm

Additional websites

www.cdc.gov/hiv
(CDC's HIV/AIDS home page)

www.cdc.gov/nchstp/od/nchstp.html
(CDC's National Center for HIV, STD, & TB Prevention)

www.cdc.gov/hiv/dhap.htm
(CDC's Divisions of HIV/AIDS Prevention)

www.cdc.gov/mmwr

(listing of all *Morbidity and Mortality Weekly Reports* [MMWRs])

www.cdc.gov/hiv/pubs/mmwr.htm

(compilation of all MMWR issues on HIV and AIDS since 1981)

www.effectiveinterventions.org

(list of science-based HIV prevention interventions that work)

Guidelines

CDC. Revised guidelines for HIV counseling, testing, and referral. MMWR 2001;50(RR-19):1–58.

Also available at www.cdc.gov/MMWR/preview/MMWRhtml/rr5019a1.htm

CDC. Revised recommendations for HIV screening of pregnant women. MMWR 2001;50(RR-19):59–86.

Also available at www.cdc.gov/MMWR/preview/MMWRhtml/rr5019a2.htm

CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immune deficiency syndrome. MMWR 1999;48(RR-13):1–31.

Also available at www.cdc.gov/MMWR/preview/MMWRhtml/rr4813a1.htm

CDC. HIV Partner Counseling and Referral Services. Guidance. Atlanta, Georgia: US Department of Health and Human Services, CDC. December 1998.

Also available at www.cdc.gov/HIV/pubs/pcrs.htm

CDC, Health Resources and Services Administration, National Institutes of Health, HIV Medicine Association of the Infectious Diseases Society of America, and the HIV Prevention in Clinical Care Working Group. Incorporating HIV prevention into the

medical care of persons living with HIV. *MMWR* 2003;52(RR-12):1–24.

Also available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm

Related articles

Anderson JE, Ebrahim S, Sansom S. Women's knowledge about treatment to prevent mother-to-child human immunodeficiency virus transmission. *Obstetrics and Gynecology* 2004;103:165–168.

Blair JM. Trends in AIDS incidence and survival among racial/ethnic minority men who have sex with men, United States, 1990–1999. *Journal of Acquired Immune Deficiency Syndromes* 2002;31:339–347.

Blair JM, et al. Trends in pregnancy rates among women with human immunodeficiency virus. *Obstetrics & Gynecology* 2004; 103:663–668.

Bureau of Justice. *HIV in Prisons and Jails, 2002*. Washington, DC: US Department of Justice, Office of Justice Programs. December 2004.
Also available at www.ojp.usdoj.gov/bjs/pubalp2.htm#hivpj

CDC. *Enhanced Perinatal Surveillance—United States, 1999–2001*. Atlanta: US Department of Health and Human Services, CDC; 2004:5–6. *Special Surveillance Report 4*.
Also available at www.cdc.gov/hiv/stats/special-reportNumber4.htm

Crepaz N, Hart TA, Marks G. Highly active antiretroviral therapy and sexual risk behavior: a meta-analytic review. *Journal of the American Medical Association* 2004;292:224–236.

Dezzutti CS, et al. In vitro comparison of topical microbicides for prevention of human immunodeficiency virus type 1 transmission. *Antimicrobial Agents and Chemotherapy* 2004;48:3834–3844.

- Ebrahim SH, Anderson JE, Weidle P, Purcell DW. Race/ethnic disparities in HIV testing and knowledge about treatment for HIV/AIDS: United States, 2001. *AIDS Patient Care and STDs* 2004;18:27–33.
- Fleming PL, et al. Estimated number of perinatal infections, US, 2000. Abstract presented at the XIV International AIDS Conference; Jul 7–12, 2002; Barcelona, Spain.
- Fleming PL, et al. HIV prevalence in the United States, 2000. Abstract presented at the 9th Conference on Retroviruses and Opportunistic Infections; Feb 24–28, 2002; Seattle, Washington.
- Garfein RS, et al. Comparison of HIV infection risk behaviors among injection drug users from East and West Coast US cities. *Journal of Urban Health* 2004;81:260–267.
- Garfein RS, et al. HIV and hepatitis C (HCV) prevention for new injection drug users (IDUs): an assessment of opportunities for intervention. National HIV Prevention Conference; Jul 27–30, 2003; Atlanta, Georgia. T3-A0703.
- Granade TC, Parekh BS, Phillips SK, McDougal JS. Performance of the OraQuick® and Hema-Strip® rapid HIV antibody detection assays by non-laboratorians. *Journal of Clinical Virology* 2004; 30:229–232.
- Hammett TM, et al. The burden of infectious disease among inmates of and releasees from US correctional facilities, 1997. *American Journal of Public Health* 2002;92:1789–1794.
- Janssen RS, et al. New testing strategy to detect early HIV-1 infection for use in incidence estimates and for clinical and prevention purposes. *Journal of the American Medical Association* 1998;280:42–48.
- Janssen RS, et al. The Serostatus Approach to Fighting the HIV Epidemic: prevention strategies for infected individuals. *American Journal of Public Health* 2001;91:1019–1024.

- Jenkins RA, Kim B. Cultural norms and risk: lessons learned from HIV in Thailand. *Journal of Primary Prevention* 2004;25:17–40.
- Jones TS, et al. Preventing blood-borne infections through pharmacy syringe sales and safe community syringe disposal. *Journal of the American Pharmaceutical Association* 2002;42(suppl 2).
- Karon JM, et al. HIV in the United States at the turn of the century: an epidemic in transition. *American Journal of Public Health* 2001;91:1060–1068.
- Lindegren ML, et al. Trends in perinatal transmission of HIV/AIDS in the United States. *Journal of the American Medical Association* 1999;282:531–538.
- Nakashima AK, et al. History of incarceration in HIV/AIDS patients recently reported to state/local health departments in the United States. Abstract presented at the XIV International AIDS Conference; Jul 7–12, 2002; Barcelona, Spain.
- Nakashima AK, et al. HIV/AIDS surveillance in the United States, 1981–2001. *Journal of Acquired Immune Deficiency Syndromes* 2003;32(suppl 1):S68–S85.
- Marks G, Crepaz N, Senterfitt W, Janssen R. Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States: implications for HIV prevention programs. *Journal of Acquired Immune Deficiency Syndromes* 2005;39:446–453.
- Peters V, et al. Missed opportunities for perinatal HIV prevention among HIV-exposed infants born 1996–2000, Pediatric Spectrum of HIV Disease Cohort. *Pediatrics* 2003;111:1186–1191.
- Purcell DW, et al. Intervention for seropositive injectors—research and evaluation: an integrated behavioral intervention with HIV-positive injection drug users to address medical care, adherence, and risk reduction. *Journal of Acquired Immune Deficiency Syndromes* 2004;37:S110–S118.

Quan VM, et al. HIV incidence in the United States, 1978–1999. *Journal of Acquired Immune Deficiency Syndromes* 2002;31:188–201.

Sharpe TT, Lee LM, Nakashima AK, Elam-Evans LD, Fleming PL. Crack cocaine use and adherence to antiretroviral treatment among HIV-infected black women. *Journal of Community Health* 2004;29:117–127.

Sullivan PS, Lansky A, Drake A. Failure to return for HIV test results among persons at high risk for HIV infection. *Journal of Acquired Immune Deficiency Syndromes* 2004;35:511–518.

UNAIDS. AIDS epidemic update—December 2004. Available at www.unaids.org/wad2004/EPI_1204_pdf_en/Chapter11_maps_en.pdf.

Wolitski RJ, Janssen RS, Onorato IM, Purcell DW, Crepaz N. A comprehensive approach to prevention with people living with HIV. Characterization of human immunodeficiency virus type-1 from HIV-1 seropositive cases with undetectable viremia. *Journal of Clinical Virology* 2004;30:224–228.
Also available at www.cdc.gov/mmwr/preview/mmwrhtml/mm5127a2.htm