CDC HIV/AIDS PREVENTION

CENTERS FOR DISEASE CONTROL AND PREVENTION

Facts About...

1996 Mid-Year HIV/AIDS Surveillance Report

Background

Each year CDC publishes two reports on the number of HIV and AIDS cases reported to CDC, the mid-year and end-of-the-year *HIV/AIDS Surveillance Report* (*HASR*). The mid-year report provides state health departments an updated analysis of their reported cases and deaths through the first 6 months of the year. This information assists them with service and prevention planning, as well as allowing for any necessary modifications to their reporting systems. However, the "mid-year report" cannot be used to draw conclusions about trends for the current calendar year.

There is a period of time--sometimes as much as several months or longer--between the time an individual is diagnosed with or dies from AIDS and the time health departments are notified of that case and report it to CDC. These reporting delays may vary across different demographic, geographic, and exposure groups. Consequently, the number of cases or deaths reported to CDC through June 1996 do not provide a reliable indication of what has happened with AIDS trends during the past year. For example, one cannot conclude that AIDS deaths will decline in 1996 by comparing the Jan-June total from 1996 to the Jan-June total from 1995. CDC has simply not yet received reports of the majority of deaths occurring during this period.

To more accurately analyze trends, CDC uses estimates based on when people will develop opportunistic infections. Most HIV-infected people become severely immunosuppressed *before* the onset of one of the numerous illnesses indicative of AIDS (opportunistic infections, which are listed in the *HASR*). The estimates of when these AIDS-opportunistic illnesses will occur are used to estimate the annual AIDS incidence (or the number of people diagnosed each year with AIDS.) The use of these estimates adjusts for reporting delays and changes in the reporting system over time. (See Tables 13-15 in the *HASR*.)

HIV and AIDS cases through June 1996

AIDS reports provide an indication of the magnitude of the epidemic and help characterize the distribution of AIDS cases. Through June 1996, CDC had received reports of 548,102 men, women, and children with AIDS, and 343,000 deaths among these persons.

The 548,102 *cumulative reported AIDS cases* included:

- 540,806 adolescents and adults
- 462,152 men
- 78,654 women
- 7,296 children less than 13 years of age

Exposure groups: Among men and women who have been reported with AIDS, three HIV exposure groups continue to account for nearly all cases of AIDS:

- men who have sex with men = 51%
- injecting drug use = 25%
- heterosexual contact (primarily through sexual contact with injecting drug users) = 8%

Pediatric cases: 90% of the cumulatively reported and virtually all of the recently reported pediatric AIDS cases have resulted from perinatal transmission.

HIV cases: Over 80,000 people have been reported with HIV (not AIDS) from the 28 states that report cases of HIV infection from confidential HIV testing.

HIV prevalence estimates: The Public Health Service has estimated that in 1992 between 650,000-950,000 persons were infected with HIV.

Estimated annual AIDS incidence continued to increase at a rate of less than 5%

In 1995, estimated AIDS-opportunistic illness incidence in 1995 was 62,600, increasing from 61,500 in 1994. From 1992 to 1995, the estimates of newly diagnosed AIDS opportunistic illnesses suggest that AIDS cases were increasing from 1% to 5% per year. This rate is much lower than earlier years in the epidemic. As recently as 1991, the annual increase was 15%. The epidemic appears to be slowing overall, and hopefully, with sustained prevention efforts, AIDS incidence will continue to stabilize and eventually decline.

Estimated AIDS incidence continues to increase among minorities and women

Recent trends in the number of estimated AIDS-opportunistic illnesses indicate an overall slowing in the growth of the epidemic. But the trends vary by region, race, and exposure category. Declines in certain groups likely reflect successful prevention efforts targeting these groups.

From 1992 to 1995, estimated AIDS-opportunistic illnesses showed the following trends for AIDS incidence:

- AIDS incidence stabilized in the West, but continued to increase in other regions.
- AIDS incidence stabilized among whites, but continued to increase among blacks and Hispanics.
- AIDS incidence increased among women, reflecting increasing numbers of women who were infected through sexual contact, principally with partners who inject drugs
- AIDS incidence stabilized among men, largely reflected a stabilization among white men who have sex with men.

- Despite the large number of women with HIV infection or AIDS, AIDS incidence has gradually decreased among children, reflecting--at least in part--perinatal prevention efforts.

Source: Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report*, 1996;8(no.1):[inclusive page numbers].

Single copies of the *HIV/AIDS Surveillance Report* are available free from the CDC National AIDS Clearinghouse. Internet users may view an electronic copy of the *Report* by visiting CDC's home page (http://www.cdc.gov) and selecting the topic "Publications & Products."