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:


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 13-2) 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 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).
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.

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**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).

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 Healthy 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:


- 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](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](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 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.

### Comprehensive Summary of Objectives: HIV

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

### Percent of targeted change achieved

<table>
<thead>
<tr>
<th>Objective</th>
<th>2010 Target</th>
<th>Baseline (Year)</th>
<th>Final (Year)</th>
<th>Difference</th>
<th>Statistically Significant</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-1. New AIDS cases (per 100,000 population, 13+ years)</td>
<td>21.7%</td>
<td>0.9</td>
<td>18.4 (1998)</td>
<td>14.6 (2007)</td>
<td>-3.8</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-2. AIDS among men who have sex with men (number of new cases, 13+ years)</td>
<td>Red</td>
<td>12,661</td>
<td>16,882 (1998)</td>
<td>16,992 (2007)</td>
<td>110</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-3. AIDS among persons who inject drugs (number of new cases, 13+ years)</td>
<td>188.4%</td>
<td>8,636</td>
<td>11,514 (1998)</td>
<td>6,093 (2007)</td>
<td>-5,421</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-4. AIDS among men who have sex with men and who inject drugs (number of new cases, 13+ years)</td>
<td>144.4%</td>
<td>2,064</td>
<td>2,751 (1998)</td>
<td>1,759 (2007)</td>
<td>-992</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-6. Condom use among sexually active unmarried persons (18–44 years)</td>
<td>a. Females</td>
<td>37.0%</td>
<td>50%</td>
<td>23% (1995)</td>
<td>33% (2006–08)</td>
<td>10</td>
</tr>
<tr>
<td>b. Males</td>
<td>16.7%</td>
<td>54%</td>
<td>42% (2002)</td>
<td>44% (2006–08)</td>
<td>2</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-8. HIV counseling and education for persons in substance abuse treatment</td>
<td>Red</td>
<td>70%</td>
<td>58% (1997)</td>
<td>54% (2008)</td>
<td>-4</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-11. HIV testing in TB patients (25–44 years)</td>
<td>42.9%</td>
<td>89%</td>
<td>61% (1998)</td>
<td>73% (2008)</td>
<td>12</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-13c. Any antiretroviral therapy among HIV-infected persons (13+ years)</td>
<td>Red</td>
<td>95%</td>
<td>85% (1997)</td>
<td>84% (2003)</td>
<td>-1</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-13d. Highly active antiretroviral therapy (HAART) among HIV-infected persons (13+ years)</td>
<td>26.5%</td>
<td>95%</td>
<td>61% (1997)</td>
<td>70% (2003)</td>
<td>9</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-13e. Pneumocystis carinii pneumonia (PCP) prophylaxis among HIV-infected persons (13+ years)</td>
<td>Red</td>
<td>95%</td>
<td>81% (1997)</td>
<td>68% (2003)</td>
<td>-13</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-13f. Mycobacterium avium complex (MAC) prophylaxis among HIV-infected persons (13+ years)</td>
<td>9.5%</td>
<td>95%</td>
<td>53% (1997)</td>
<td>57% (2003)</td>
<td>4</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-14. HIV-infection deaths (age adjusted, per 100,000 population)</td>
<td>34.8%</td>
<td>0.7</td>
<td>5.3 (1999)</td>
<td>3.7 (2007)</td>
<td>-1.6</td>
<td>Yes</td>
</tr>
<tr>
<td>13-16. HIV-infected persons surviving 3+ years after a diagnosis of AIDS</td>
<td>125.0%</td>
<td>86%</td>
<td>78% (1998)</td>
<td>88% (2006)</td>
<td>10</td>
<td>Not tested</td>
</tr>
<tr>
<td>13-17b. Perinatally acquired AIDS (number of new cases)</td>
<td>128.0%</td>
<td>75</td>
<td>243 (1998)</td>
<td>28 (2007)</td>
<td>-215</td>
<td>Not tested</td>
</tr>
</tbody>
</table>
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 = \text{Final value} - \text{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.
13-11. National TB Surveillance System, CDC, NCHHSTP.
13-13c–f. Adult and Adolescent Spectrum of HIV Disease (ASD) Surveillance Project, CDC, NCHHSTP.
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.

<table>
<thead>
<tr>
<th>Population-based objective</th>
<th>Race and Ethnicity</th>
<th>Sex</th>
<th>Education</th>
<th>Income</th>
<th>Location</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-1. New AIDS cases (per 100,000 population, 13+ years) (1998, 2007)†</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-13d. Highly active antiretroviral therapy (HAART) among HIV-infected persons (13+ years) (1997, 2003)†</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-13e. Pneumocystis carinii pneumonia (PCP) prophylaxis among HIV-infected persons (13+ years) (1997, 2003)†</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13-14. HIV-infection deaths (age adjusted, per 100,000 population) (1999, 2007)‡</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTES**


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](http://wonder.cdc.gov/data2010) for more information.
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 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.

Increase in disparity (percentage points)

10–49 points

50–99 points

100 points or more

Decrease in disparity (percentage points)

10–49 points

50–99 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.

1 Data are for Asian or Pacific Islander.

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.

4 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.
13-16. 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.

No states met the target.
Figure 13-4. HIV Infection Deaths, 2005–07

Healthy People 2010 objective 13-14 • Target = 0.7 per 100,000

NOTES: Data are for ICD-10 codes B20–B24 reported as underlying cause. Rates are age adjusted to the 2000 standard population and are displayed by a modified Jenks classification for U.S. states.

SOURCE: National Vital Statistics System—Mortality (NVSS-M), CDC, NCHS.

Lowest category (green) shows states that met target.

District of Columbia rate = 34.9 per 100,000

Rate per 100,000
- 0.5–0.7
- 0.8–2.7
- 2.8–4.5
- 4.6–9.3
- Rates are unreliable.