

Blood and Urine Collection

Venipuncture

Public Health Objectives:

Venipuncture is performed to obtain laboratory results that provide prevalence estimates of disease, risk factors for exam components, and baseline information on health and nutritional status of the population.

Staff:

Certified Phlebotomist

Protocol:

Methods:

Blood is drawn from the examinee's arm. In the laboratory the blood is processed, stored and shipped to various laboratories for analysis. The complete blood count (CBC) results are reported in the MEC and all other results are reported from NCHS to the participant.

The volume of blood drawn by age follows.

- 1-2 years, 9 ml (0.3 ounces), 0.6 tablespoons
- 3-5 years, 20 ml (0.7 ounces), 1.3 tablespoons
- 6-11 years, 35 ml (1.1 ounces), 2.3 tablespoons
- 12+ 104 ml (3.4 ounces), 7.0 tablespoons

Time Allotment:

Depending on age of participant. Range 5-10 minutes.

Health Measures:

Laboratory test results.

Eligibility:

Sample persons aged 1 year and older who do not meet any of the exclusion criteria.

Exclusion Criteria:

- Hemophiliacs
- Participants who received chemotherapy within last 4 weeks
- The presence of the following on both arms: rashes, gauze dressings, casts, edema, paralysis, tubes, open sores or wounds, withered arms

or limbs missing, damaged, sclerosed or occluded veins, allergies to cleansing reagents, burned or scarred tissue, shunt or IV.

Justification for using vulnerable populations:

- Minors are included in this component because they are an important target population group. Laboratory data are linked to other household interview and health component data and are used to track changes that occur in health over time.
- There is no reason to exclude mentally impaired or handicapped individuals because there is no contraindication.

Risks:

The following are known risks associated with venipuncture:

- Hematoma
- Swelling, tenderness and inflammation at the site
- Persistent bleeding
- Vasovagal response - dizziness, sweating, coldness of skin, numbness and tingling of hands and feet, nausea, vomiting, possible visual disturbance, syncope and injury fall from fainting.

Rare adverse effects:

- Thrombosis of the vein due to trauma.
- Infection which results in thrombophlebitis.

Special precautions:

- Sterile equipment issued with all sample persons.
- Physician on call in case an adverse affect occurs.

Report of Findings:

Reported in the MEC:

Complete Blood Count (CBC)

Reported from NCHS:

Other laboratory results

Urine Collection

Public Health Objectives:

Urine is collected to obtain laboratory results that provide prevalence estimates of disease, risk factors for exam components, and baseline information on health and nutritional status of the population.

Staff:

MEC Coordinator

Protocol:

Methods:

Urine is collected from individuals aged 6 years and above.

Time Allotment:

2 minutes

Health Measures:

Laboratory test results.

Eligibility:

Sample persons aged 6 years and above.

Exclusion Criteria:

None

Justification for using vulnerable populations:

- Minors are included in this component because they are an important target population group. Laboratory data are linked to other household interview and health component data and are used to track changes that occur in health over time.
- There is no reason to exclude mentally impaired or handicapped individuals because there is no contraindication.

Risks:

None

Special precautions:

None

Report of Findings:

Reported in the MEC: Pregnancy Test

Reported from NCHS: Other laboratory results

Bone Mineral Status Markers

Laboratory Measures:

Vitamin D and serum parathyroid hormone

Public Health Objectives:

Evaluation of bone mineral status will utilize an evaluation of vitamin D status based on two analytes: serum 25-hydroxyvitamin D and parathyroid hormone. Vitamin D is essential for active intestinal calcium absorption and plays a central role in maintaining calcium homeostasis and skeletal integrity. In addition, vitamin D has recently been linked to other non-skeletal conditions of public health significance, such as hypertension, and cancer. Vitamin D is derived mainly from cutaneous synthesis in the presence of ultraviolet sunlight while dietary intake constitutes a minor fraction. Serum 25(OH) D is the best indicator of vitamin D status. It is converted in the kidney, stimulated by parathyroid hormone (PTH), to the hormonally active metabolite 1,25-dihydroxyvitamin D (1,25 (OH)2D). Serum parathyroid hormone concentration is a very sensitive indicator of calcium homeostasis and vitamin D deficiency. The inclusion of this measure to the NHANES laboratory protocol will increase the usefulness of the vitamins D measurement in evaluating vitamin D status particularly as it relates to skeletal status. The inclusion of both these markers in the NHANES survey will provide a more complete picture of vitamin D status.

Inclusion of serum 25(OH)D in NHANES will allow us to continue to assess vitamin D status in the population, while inclusion of PTH will help us better interpret the meaning of low 25(OH)D values in various groups. Interest in vitamin D status in the US has increased significantly in recent year. For example, questions have been raised recently about the extent of vitamin D deficiency and insufficiency in the U.S. population. Furthermore, the adequacy of the 1997 Dietary Reference Intake recommendations for vitamin D in the U.S. are now being questioned, especially since new data suggests that optimal serum 25(OH)D levels may be noticeably higher than previously thought. Finally, recent studies have clarified that rickets still occurs in the U.S. Thus, it is important to include these two measures of vitamin D status in the NHANES survey. In addition, these measures can be linked with other measures included in the survey, such as blood pressure and bone mineral density, in order to evaluate its role in both skeletal and nonskeletal conditions.

It has been estimated that the annual cost of osteoporosis is about \$10 billion. The magnitude of this problem is likely to increase dramatically over the next few decades as the population ages. The

risk of hip fractures (the most costly fractures in terms of morbidity, mortality and health care costs) begins to increase exponentially after age 65.

Important pieces of data are not currently available about the changes in bone mass in the population, especially in minority populations. There are no data on total body bone measures from a nationally representative sample. Measures of total body bone mineral content or density will allow researchers to gain insights into age, sex, and racial/ethnic differences in the skeleton relative to other measures of body composition such as total muscle and fat mass, as well as behavioral factors such as diet and activity.

Childhood and adolescence are the periods to target for intervention strategies in osteoporosis. Measurement in younger individuals will provide insight into early racial/ethnic differences in the rate of bone accretion. Furthermore, correlation of DXA measures with bone markers over age can provide information about the utility of these markers as surrogates for bone density or content when seeking age of peak bone mass or indicators of high or low bone turnover. This information is crucial to understanding when the best and most effective dietary intervention can be implemented to maximize peak bone mass.

NHANES is the only nationally representative survey that can shed light on when peak bone mass is attained and the degree of total body bone loss with age. This information is vital to all aspects of treatment and prevention of this disease and is particularly critical to government funding of related research, medical screening, treatment, and reimbursement programs.

Data on bone status and its relationship to age among racial ethnic groups can be used to target osteoporosis prevention programs to the most important age groups. The data from the DXA scans and the bone marker studies will also provide important reference distributions and allow studies of the association between bone status, diet, activity, and other body composition measures.

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings Level		
			1	2	3
Vitamin D	1 and older	300-500 uL			
Parathyroid hormone	6 and older	1 mL		Yes	Yes

Vitamin D deficiency leads to a decrease in calcium absorption in the gastrointestinal tract and overproduction of parathyroid hormone.

Increased PTH may also be found with other conditions such as hyperthyroidism, malabsorption and some cancers. PTH levels outside the normal range will be reported to NHANES participants.

Normal ranges: age <45 years: 10-45 pg/ml [intact immunoradiometric assay (IRMA)]

Age 45+: 10-65 pg/ml references ranges.

Diabetes Profile

Laboratory Measures:

Fasting Glucose, Insulin, and Glycohemoglobin

Public Health Objectives:

Diabetes mellitus will be assessed by fasting measures of plasma glucose, insulin, c-peptide and glycohemoglobin in 12 years and over.

Diabetes is a large, growing, and costly public health problem in the United States and disproportionately affects racial and ethnic minorities. About 17 million Americans have diabetes and over 1 million new cases of diabetes are diagnosed each year. Diabetes is the leading cause of kidney failure, non-traumatic lower extremity amputation, and blindness in working-age adults, and an estimated \$135 billion were spent on direct and indirect medical costs for diabetes in 2002. Alarming, type 2 diabetes (formerly considered an adult disease) is now being diagnosed in children and adolescents and there has been a large increase in diagnosed diabetes among adults <40 years of age.

Information on the prevalence of diabetes disease, especially in its early stages, and associated risk factors will be used to help develop early intervention and prevention programs for the disabling consequences of this condition.

Specifically, the diabetes disease examination will provide population data to:

1. determine a national estimate of diabetes disease prevalence (diagnosed and undiagnosed), including those at high risk for the late complications of the disease;
2. identify the risk factors of diabetes disease;
3. permit a national cohort to be established for follow-up studies of this condition; and
4. provide critical information to clinicians and public health officials for the development of preventive care and community-based interventions.

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings Level		
			1	2	3
Glucose	12 and older	500 uL		Yes	Yes
Insulin	12 and older	1 mL			
Glycohemoglobin	12 and older	400uL		Yes	Yes

Infectious Disease Profile

Laboratory Measures:

Hepatitis virus

Public Health Objectives:

Hepatitis viruses

Viruses that primarily infect the liver constitute a major public health problem because of the morbidity and mortality associated with the acute and chronic consequences of these infections. New immunization strategies have been developed to eliminate transmission of hepatitis B and hepatitis A viruses in the United States. Because of the high rate of asymptomatic infection with both viruses, NHANES will provide the best means for determining the age-specific effectiveness of immunization strategies to prevent these infections. In addition, NHANES provides the means to better define the epidemiology of hepatitis viruses that were recently characterized, such as hepatitis C and G virus along with D and possibly F. In NHANES testing for markers of infection with the hepatitis viruses will be used to determine secular trends in infection rates across most age and racial/ethnic groups, and will provide a national picture of the epidemiologic determinants of these infections.

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings Level		
			1	2	3
Hepatitis virus	6+	200 ml, 1.5 ml		Yes	

Miscellaneous Laboratory Assays

Laboratory Measures:

C-reactive protein, Standard Biochemical Profile includes Alanine Aminotransferase (ALT), Albumin, Alkaline Phosphatase (ALP), Aspartate Aminotransferase (AST), Bicarbonate (HCO_3), Blood Urea Nitrogen (BUN), Calcium, Cholesterol, Creatinine, Gamma Glutamyltransaminase (γ -GT), Glucose, Iron, Lactate Dehydrogenase (LDH), Phosphorus, Sodium, Potassium, and Chloride, Total Bilirubin, Total Protein, Triglycerides, and Uric Acid.

Public Health Objectives:

C-reactive protein

C-reactive protein is considered to be one of the best measures of the acute phase response to an infectious disease or other cause of tissue damage and inflammation. It is used to correct the iron status measures which are affected by inflammation. It can also be used to measure the body's response to inflammation from chronic conditions, such as arthritis, and environmental exposures to agents such as tobacco smoke.

Standard biochemical profile

This battery of measurements are used in the diagnosis and treatment of certain liver, heart, and kidney diseases, acid-base imbalance in the respiratory and metabolic systems, other diseases involving lipid metabolism and various endocrine disorders as well as other metabolic or nutritional disorders.

A. Alanine Aminotransferase (ALT)

Alanine aminotransferase measurements are used in the diagnosis and treatment of certain liver diseases (e.g., viral hepatitis and cirrhosis) and heart diseases. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy, or organ damage. Serum elevations of ALT activity are rarely observed except in parenchymal liver disease, since ALT is a more liver-specific enzyme than aspartate aminotransferase (AST).

B. Albumin

Albumin measurements are used in the diagnosis and treatment of numerous diseases primarily involving the liver or kidneys.

C. Alkaline Phosphatase (ALP)

Increased ALP activity is associated with two groups of diseases: those affecting liver function and those involving osteoblastic activity in the bones. In hepatic disease, an increase in ALP activity is generally accepted as an indication of biliary obstruction. An increase in serum phosphatase activity is associated with primary hyperparathyroidism, secondary hyperparathyroidism owing to chronic renal disease, rickets, and osteitis deformans juvenilia due to vitamin D deficiency and malabsorption or renal tubular dystrophies. Increased levels of ALP are also associated with Von Recklinghausen's disease with bone involvement and malignant infiltrations of bone. Low levels are associated with hyperthyroidism, and with the rare condition of idiopathic hypophosphatasia associated with rickets and the excretion of excess phosphatidyl ethanolamine in the urine.

D. Aspartate Aminotransferase (AST)

AST measurements are used in the diagnosis and treatment of certain types of liver and heart disease. Elevated levels of the transaminases can signal myocardial infarction, hepatic disease, muscular dystrophy, or organ damage.

E. Bicarbonate (HCO_3)

Together with pH determination, bicarbonate measurements are used in the diagnosis and treatment of numerous potentially serious disorders associated with acid-base imbalance in the respiratory and metabolic systems.

F. Blood Urea Nitrogen (BUN)

BUN measurements are used in the diagnosis of certain renal and metabolic diseases. The determination of serum urea nitrogen is the most widely used test for the evaluation of kidney function. The test is frequently requested in conjunction with the serum creatinine test for the differential diagnosis of prerenal, renal, and postrenal uremia. High BUN levels are associated with impaired renal function, increased protein catabolism, nephritis, intestinal obstruction, urinary obstruction, metallic poisoning, cardiac failure, peritonitis, dehydration, malignancy, pneumonia, surgical shock, Addison's disease, and uremia. Low BUN levels are associated with amyloidosis, acute liver disease, pregnancy, and nephrosis. Normal variations are observed according to a person's age and sex, the time of day, and diet, particularly protein intake.

G. Calcium

Elevated total serum calcium levels are associated with idiopathic hypercalcemia, vitamin D intoxication, hyperparathyroidism, sarcoidosis, pneumocystic carinii pneumonia and blue diaper syndrome. Low calcium levels are associated with hypoparathyroidism, pseudohypoparathyroidism, chronic renal failure, rickets, infantile tetany, and steroid therapy.

H. Cholesterol

An elevated cholesterol level is associated with diabetes, nephrosis, hypothyroidism, biliary obstruction, and those rare cases of idiopathic hypercholesterolemia and hyperlipidemia; low levels are associated with hyperthyroidism, hepatitis, and sometimes severe anemia or infection.

I. Creatinine

Creatinine measurement serves as a test for normal glomerular filtration. Elevated levels are associated with acute and chronic renal insufficiency and urinary tract obstruction. Levels below 0.6 mg/dL are of no significance.

J. Gamma Glutamyltransaminase (γ -GT)

γ -GT measurement is principally used to diagnose and monitor hepatobiliary disease. It is currently the most sensitive enzymatic indicator of liver disease, with normal values rarely found in the presence of hepatic disease. It is also used as a sensitive screening test for occult alcoholism. Elevated levels are found in patients who chronically take drugs such as phenobarbital and phenytoin.

K. Glucose

Glucose measurements are used in the diagnosis and treatment of pancreatic islet cell carcinoma and of carbohydrate metabolism disorders, including diabetes mellitus, neonatal hypoglycemia, and idiopathic hypoglycemia.

L. Iron

Iron (non-heme) measurements are used in the diagnosis and treatment of diseases such as iron deficiency anemia, chronic renal disease, and hemochromatosis (a disease associated with widespread deposit in the tissues of two iron-containing pigments, hemosiderin and hemofuscin, and characterized by pigmentation of the skin).

M. Lactate Dehydrogenase (LDH)

LDH measurements are used in the diagnosis and treatment of liver diseases such as acute viral hepatitis, cirrhosis, and metastatic carcinoma of the liver; cardiac diseases such as myocardial infarction; and tumors of the lungs or kidneys.

N. Phosphorus

There is a reciprocal relationship between serum calcium and inorganic phosphorus. Any increase in the level of inorganic phosphorus causes a decrease in the calcium level by a mechanism not clearly understood. Hyperphosphatemia is associated with vitamin D hypervitaminosis, hypoparathyroidism, and renal failure. Hypophosphatemia is associated with rickets, hyperparathyroidism, and Fanconi syndrome. Measurements of inorganic phosphorus are used in the diagnosis and treatment of various disorders, including parathyroid gland and kidney diseases and vitamin D imbalance.

O. Sodium, Potassium, and Chloride

Hyponatremia (low serum sodium level) is associated with a variety of conditions, including severe polyuria, metabolic acidosis, Addison's disease, diarrhea, and renal tubular disease. Hypernatremia (increased serum sodium level) is associated with Cushing's syndrome, severe dehydration due to primary water loss, certain types of brain injury, diabetic coma after therapy with insulin, and excess treatment with sodium salts.

Hypokalemia (low serum potassium level) is associated with body potassium deficiency, excessive potassium loss caused by prolonged diarrhea or prolonged periods of vomiting and increased secretion of mineralocorticosteroids. Hyperkalemia (increased serum potassium level) is associated with oliguria, anuria, and urinary obstruction.

Low serum chloride values are associated with salt-losing nephritis, Addisonian crisis, prolonged vomiting, and metabolic acidosis caused by excessive production or diminished excretion of acids. High serum chloride values are associated with dehydration and conditions causing decreased renal blood flow, such as congestive heart failure.

P. Total Bilirubin

Elevated levels are associated with hemolytic jaundice, paroxysmal hemoglobinuria, pernicious anemia, polycythemia, icterus neonatorum, internal hemorrhage, acute hemolytic anemia, malaria, and septicemia. Low bilirubin levels are associated with aplastic anemia, and certain types of secondary anemia resulting from toxic therapy for carcinoma and chronic nephritis.

Q. Total Protein

Total protein measurements are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney, or bone marrow, as well as other metabolic or nutritional disorders.

R. Triglycerides

Triglyceride measurements are used in the diagnosis of diabetes mellitus, nephrosis, liver obstruction, and other diseases involving lipid metabolism and various endocrine disorders and in the treatment of patients with these diseases.

S. Uric Acid

Uric acid measurements are used in the diagnosis and treatment of numerous renal and metabolic disorders, including renal failure, gout, leukemia, psoriasis, starvation or other wasting conditions and in the treatment of patients receiving cytotoxic drugs.

Health Measures, Eligibility, Report of Findings:

Health Measure		Eligibility	Volume Required	Report of Findings Level		
				1	2	3
C-reactive protein		1 and older	500 uL			
Biochemistry profile		12+	800 uL			
	ALT				Yes	Yes
	AST				Yes	Yes
	Albumin				Yes	Yes
	Alkaline Phosphatase					Yes
	Bicarbonate (HCO ₃)				Yes	Yes
	BUN				Yes	Yes
	Calcium				Yes	Yes
	Cholesterol					
	Creatinine				Yes	Yes
	GGT					Yes
	Glucose				Yes*	Yes*
	Iron					Yes*
	LDH					Yes
	Phosphorus				Yes	Yes
	Sodium				Yes	Yes
	Potassium Chloride				Yes	Yes
	Total Bilirubin				Yes	Yes
	Total Protein				Yes	Yes
	Triglycerides				Yes*	Yes*
	Uric Acid				Yes	Yes

* Value may be reported from different assay

Kidney Disease Profile

Laboratory Measures:

Serum creatinine, blood urea nitrogen, urinary albumin and creatinine

Public Health Objectives:

The purpose of the kidney and urologic diseases portion of the NHANES is to determine prevalence of specific nephrologic and urologic conditions in the population; to determine the association between health conditions such as diabetes and hypertension and the development of kidney and urologic diseases; to monitor trends in the prevalence of these diseases and their risk factors over time. These data will be used to assist in planning for initiatives and other programs for the prevention and treatment of nephrologic and urologic diseases.

Blood specimens will be used to obtain measures of serum creatinine, blood urea nitrogen, urinary albumin and creatinine will be measured. Self-reported information on chronic analgesic use and incontinence will be collected.

The incidence of end stage kidney failure is increasing rapidly in the U.S. in adults of all age groups which implies that the prevalence of progressive renal impairment is also increasing. However, little information is known about the prevalence of chronic renal impairment on a national level. Urologic disease, including urinary incontinence affects a large proportion of the population. Little nationally representative data on the prevalence and risk factors associated with these conditions are available.

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings level		
			1	2	3
Serum Creatinine/blood urea nitrogen	12 and older	1 mL		Yes	Yes
Urinary albumin and creatinine	6 and older	3 mL			

Pregnancy Test and Prostate Specific Antigen (PSA)

Laboratory Measures:

Pregnancy test, PSA

Public Health Objectives:

Pregnancy test

Information on current pregnancy status will be used to exclude participants from the DXA examination and for interpretation of current nutritional status and body measures.

PSA test

Prostate cancer is the most common non-skin malignancy among men with approximately 180,000 new cases diagnosed and 37,000 deaths in 1999. The total and free PSA tests have been recognized as tumor markers for the screening, diagnosis and management of prostate cancer. The total PSA is not specific for prostate cancer. Mildly elevated total PSA (above the cutoff of 4 ng/mL) can be seen in benign prostatic hypertrophy and prostatitis. Falsely low PSA may be seen in men treated with finasteride or taking herbals such as Saw Palmetto. The more recent free PSA assay is recommended to increase the specificity when the total PSA is between 4-10 ng/mL. A percent free PSA ($\text{free/total PSA} \times 100\%$) of less than 25% suggests prostate cancer

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings level		
			1	2	3
Urine: Pregnancy Test	8-59 females	1 mL			Yes
PSA Test	Males 40+	1 ml		Yes	Yes

Report of Findings:

PSA:

Male survey participants tested for PSA will receive test results in their Final Report of Findings. If the result is greater than 4 ng/mL, an early reporting letter will be sent.

Nutritional Biochemistries and Hematologies

Laboratory Measures:

- Complete blood count
- Erythrocyte protoporphyrin
- Serum folate
- RBC folate
- Serum iron & TIBC
- Serum ferritin
- Transferrin receptor (TfR)
- Transferrin saturation (TS) (calculated from iron and TIBC)
- Serum vitamin C
- Serum vitamin A/E/carotenoids
- Plasma homocysteine
- Serum vitamin B₁₂
- Serum vitamin B₆

Public Health Objectives:

The objectives of this component are to:

- 1) Provide data for monitoring secular trends in measures of nutritional status in the U.S. population;
- 2) Evaluate the effect of people's habits and behaviors such as physical activity and the use of alcohol, tobacco, and dietary supplements on people's nutritional status; and
- 3) Evaluate the effect of changes in nutrition and public health policies including welfare reform legislation, food fortification policy, and child nutrition programs on the nutritional status of the U.S. population.

These data will be used to estimate deficiencies and toxicities of specific nutrients in the population and subgroups, to provide population reference data, and to estimate the contribution of diet, supplements, and other factors to serum levels of nutrients. Data will be used for research to further define nutrient requirements as well as optimal levels for disease prevention and health promotion.

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings level		
			1	2	3
Complete blood count	1 and older	1.5 mL		Yes	Yes
Erythrocyte protoporphyrin	3-5 yrs, 12-	400 uL			Yes

	49F				
Serum folate/Vitamin B ₁₂	1 and older	700 uL-1 mL		Yes	Yes
Serum iron & TIBC	1 and older	100 uL		Yes	Yes
Serum ferritin/TfR	3-5 yrs, 12-59F	300-500 uL			Yes
Serum vitamin A, E, carotenoids, & retinyl esters	6 and older	400-500 uL		Yes	Yes
Vitamin C	6 and older	100 uL			
Plasma homocysteine	20 and older	1 mL			
Serum vitamin B ₆	6 and older	200-500 uL			

Sexually Transmitted Disease Profile

Laboratory Measures:

Chlamydia trachomatis, Neisseria gonorrhoeae, Herpes simplex 1 and 2, HIV, Human papillomavirus virus (HPV) (antigen from vaginal swabs, females age 14- 59 years and HPV 16 antibody, all, age 14-59 years).

Public Health Objectives:

***Chlamydia trachomatis* and *Neisseria gonorrhoeae* (Urine Test)**

Sexually transmitted infections caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae* may lead to pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain in women. They may also increase the risk of HIV transmission in women. Pregnant women may transmit infection to their newborn causing serious medical complications. At the present the prevalence of chlamydial and gonococcal infection in the general population of the United States is unknown. NHANES offers an opportunity to assess the prevalence of chlamydial and gonococcal infection in the general population and to monitor trends in prevalence as prevention programs are established and expanded.

Herpes simplex 1 and 2 (Blood Test)

Sera from NHANES subjects ages 14-49 will be tested for antibody to Herpes simplex 1 and 2 (HSV-1/2) to continue to monitor the prevalence of HSV-1/2 infection in the U.S. HSV-1 is a common chronic infection that is associated with lower socioeconomic status. HSV-2 is an index of sexually transmitted infections. In addition, questions about those sexual behaviors that are risk factors for sexually transmitted infections and that are the focus of major national HIV and sexually transmitted diseases risk reduction efforts will be included. The joint availability of sexually transmitted infection and risk factor data in a national sample on a periodic basis is a unique and invaluable resource for evaluation of national HIV/STD risk reduction efforts and for risk-based modeling of the frequency and trends of sexually transmitted infections.

HSV-2 infections are rarely life threatening, but morbidity due to recurrent genital ulcerations is substantial. Just as important, HSV-2 infection is the best current marker of sexual behavior risk factors leading to sexually transmitted infections, generally, because: (a) HSV-2 infections are common and, thus, HSV-2 rates are a sensitive measure of sexually transmitted infection risk factors; (b) HSV-2 infection is almost always a result of sexual transmission and, thus, a specific measure of sexually transmitted infection; (c) HSV-2 infections are not curable and, thus, HSV-2 risk is not influenced by health care seeking factors; and (d) sensitive, specific, and relatively inexpensive tests for HSV-2 antibody are available. HSV-2 is a very important index of the success of large national efforts, motivated by the acquired immunodeficiency epidemic, to reduce risky sexual behaviors.

HIV antibody (Blood or Urine Test)

The estimated prevalence of human immunodeficiency virus (HIV) infection in the United States population is an important measure of the extent of the medical and financial burden the nation faces due to this virus. NHANES III data on HIV infection during 1988-94 will serve as a baseline for monitoring the changes in the epidemic over time in the general population of the United States. In addition to HIV testing in NHANES, whole blood samples will be collected and stored for future CD4 testing once the HIV status of the sample is known. This will allow CDC to determine the distribution of CD4 cells in a random sample of HIV positive individuals. NHANES is now the only national survey collecting blood on a population based sample, therefore it will be a key element in future estimates. If the participant refuses phlebotomy but does not refuse the HIV test urine will be tested for HIV antibody.

Human papillomavirus (HPV) (Vaginal swab – DNA test; Blood test for antibody HPV)

Genital human papillomavirus (HPV) infection is likely the most common sexually transmitted infection in the U.S., and cervical infection with certain types of HPV, especially HPV-16, is the single strongest risk factor for cervical cancer. No surveillance systems exist for HPV infections, the majority of which are subclinical. Serum from participants age 14-59 years will be tested for antibody to HPV-16, the antigenic type most linked with cervical cancer to estimate the percentage of individuals of both genders who have ever been infected with this virus. Testing of HPV DNA from vaginal swabs from women 14-59 will provide an estimate of current infection. Vaginal swabs will be tested for HPV DNA by the FDA approved Hybrid Capture II method (Digene) and by consensus PCR with type specific analysis. The Hybrid Capture assay will detect overall high risk HPV types, but cannot identify specific types. The PCR will allow identification of specific HPV type. Participants will be notified of their Hybrid Capture results and specific messages will be developed to explain the implications of the findings based on their age group.

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings Level		
			1	2	3
Chlamydia trachomatis Neisseria gonorrhoeae	14-39	10 ml		Yes	Yes
Herpes 1 and 2 antibody	14-49	200 ul		Yes	Yes
HIV antibody	18-49	500 ul		Yes	Yes
HPV	14-59	500 µL			

* Persons with positive STD or HIV findings will be referred for counseling and treatment.

Justification for using vulnerable populations:

- Teenagers are included because they are at increasing risk for STD's. A pilot study in NHANES III demonstrated an increased prevalence chlamydial infection starting at age 14 years (whites 4%, blacks 12% Mexican Americans 6%).
- Mentally impaired persons will be excluded from the STD profile due to NCHS' inability to provide adequate support and counseling to this group with the test result.

Blood Lipids

Laboratory Measures:

Total Cholesterol, HDL- Cholesterol, LDL-Cholesterol, Triglycerides

Public Health Objectives:

The goals of this component are to:

1. Monitor the prevalence and trends in major cardiovascular conditions and risk factors in the U.S.;
2. Evaluate prevention and treatment programs targeting cardiovascular disease in the U.S.

The main element of the cardiovascular disease laboratory component in NHANES is blood lipid levels. Cardiovascular disease is the leading cause of death in the United States. An estimated 4.8 million Americans have congestive heart failure. Increasing prevalence, hospitalizations, and deaths have made congestive heart failure a major chronic condition in the United States.

The data will be used to:

1. Monitor the status of hypertension prevalence, awareness, treatment and control and the success of the National HBP Education Program;
2. monitor the status of hyperlipidemia and the success of the National Cholesterol Education Program;
3. Estimate the prevalence of congestive heart failure and compare to the baseline data from the NHANES I.

Health Measures, Eligibility, Report of Findings:

Health Measure	Eligibility	Volume Required	Report of Findings Level		
			1	2	3
Total Cholesterol	3 and older	+++		Yes	Yes
HDL- Cholesterol	3 and older	+++			Yes
LDL- Cholesterol	3 and older	calculated			Yes
Triglycerides*	3 and older	+++		Yes	Yes

+++ For all four assays and 1 ml used for persons 6 years and older