

## Guidance for Users of Ohio HIV/AIDS Surveillance Data

**\*\*Please note the HIV/AIDS surveillance data presented herein is the most currently available from the Ohio Department of Health (ODH) HIV/AIDS Surveillance Program. Please consider the following in your use of Ohio's HIV/AIDS surveillance data.\*\***

### *Explanation of Terms*

Ohio's HIV/AIDS surveillance data tables provide useful information on new diagnoses of HIV infection, persons living with an HIV infection, and deaths among person with an HIV infection reported to the ODH from physicians, hospitals, outpatient facilities and labs. A *diagnosis of HIV infection* refers to persons newly diagnosed and reported with an HIV infection in a particular year, regardless of the stage of disease at initial diagnosis. This includes persons newly diagnosed with HIV (not AIDS), persons previously diagnosed with HIV who are now newly diagnosed with AIDS, and persons concurrently diagnosed with HIV and AIDS at initial diagnosis. *Persons living with an HIV infection* represent all persons ever diagnosed and reported with an HIV infection since the beginning of the epidemic living in Ohio who have not been reported as having died. *Deaths* among persons with an HIV infection represent deaths attributed to any cause among persons reported with a diagnosis of HIV infection.

### *Reporting Delays/Lags*

A key consideration for the analysis of HIV/AIDS surveillance data requires the factoring in of reporting delays. A reporting delay – the time between diagnosis of HIV and/or AIDS and report of the case to the public health authority – can differ among exposure, geographic, racial/ethnic, age, sex and vital status categories. In some instances, reporting delays for mode of exposure (i.e. risk factor) can be several years, even with active follow-up to obtain this key information.

All population-based disease surveillance systems experience reporting lags and incomplete reporting. The reporting lags for Ohio's HIV/AIDS surveillance data range from 9-18 months. This is an acceptable range and is recognized as meeting the CDC national quality standards for HIV/AIDS reporting. This allows states time to collect more complete and accurate information so that the data can be used to accurately identify trends in HIV transmission and populations at risk.

### *Representativeness and Limitations of Data*

HIV infection surveillance data represents confidential reports of HIV infection and AIDS diagnoses; not all persons with an HIV infection. The distinction here is that HIV diagnosis data represent the earliest date of diagnosis reported to the ODH HIV/AIDS Surveillance Program. The earliest date reported may not be the earliest date an individual became aware of their HIV infection. Individuals may have previously tested anonymously or were diagnosed out-of-state prior to being confidentially tested and reported to Ohio. HIV infection surveillance data may underestimate the level of recently infected persons because some infected persons do not know they are infected as they have not sought testing or have sought testing but did not respond to learn their test results. Reporting of behavioral risk information may not be complete as some persons diagnosed with an HIV infection may be reluctant to disclose their sexual and drug use history.

Due to the long and variable period from initial HIV infection to the development of AIDS; trends in AIDS surveillance do not represent recent HIV infections. Asymptomatic HIV-infected persons are not represented by AIDS case data. In addition, incomplete HIV or CD4+ t-cell testing may interfere with the representativeness of reporting. Widespread use of HAART complicates the interpretation of AIDS case surveillance data and estimation of the HIV/AIDS epidemic in an area. Newly reported AIDS cases may reflect treatment failures or the failure of the health care system to halt progression of HIV infection to AIDS. AIDS cases represent late-stage HIV infection.