



Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

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Date: December 11, 2009
To: HIV/AIDS Surveillance Group
From: Jerry Harms, HIV/AIDS Surveillance Coordinator
Re: 2009 Mid-Year HIV/AIDS Surveillance Report

New Member of the Surveillance Team

Srinivasa Madhavan joined the surveillance team on September 21. A native of India, Srinivasa says to call him Srimi (pronounced Shree'-nee, with emphasis on the first syllable.) Srimi earned his MD from Russian State University and an MSPH in epidemiology from the University of South Carolina. He formerly worked for the Arizona Department of Health Services where he managed the databases for the Hepatitis C and Ryan White programs. Srimi has assumed the surveillance officer duties formerly handled by Rob Walker, who took another position with IDPH in late May.

Epidemiological Profile

Katie Pease is nearing completion of the first draft of an updated epidemiological profile for HIV/AIDS, STD, and Hepatitis C. The profile will include data through 2008. Katie very capably served as interim surveillance officer from June 6 through September 20.

Observations and Caveats: Comparing 2008 vs. Mid-Year 2009

With numbers as small as Iowa's, predictions based on a comparison of a full year's data with a half year's data are generally not very reliable, i.e., small changes in numbers can make for large percentage swings in various categories. Those caveats notwithstanding, it can be safely said that the 70 HIV diagnoses during the first half of 2009 are 17 more than the average for the first halves of the years from 2004 through 2008. Similarly, the 46 AIDS diagnoses in the first half of 2009 are seven more than the average of 39 for the first halves of those same five years.

Two children were diagnosed with perinatally acquired HIV in the first half of 2009. One child, an infant whose mother was diagnosed with HIV prior to the pregnancy, was infected due to an apparent failure of prenatal care. Little is known of the factors affecting perinatal transmission in the other child, who was born outside of Iowa.

What will the full year 2009 look like? Look for the 2009 Year-End Report to be released on or about March 1, 2010.

Annual Death Registry and Social Security Death Master File Matches

To identify persons with HIV who have died in Iowa, the surveillance team reviews more than 500 death certificates each week. The weekly review is supplemented annually, usually in July or August, with an electronic match of eHARS (the HIV/AIDS database) to the state death registry for the previous year.

Of the 26 in-state deaths of HIV-infected persons recorded in 2008, the weekly death certificate review captured 22 (85%), and the death registry match identified four more.

Once the match to the state registry has been completed and the database has been updated, eHARS is electronically matched to the Social Security Death Master File (SSDMF). The match to SSDMF identifies deaths that may have occurred outside of Iowa. These would have been reported to the Social Security Administration, but not to IDPH. The match identified 15 HIV-infected persons who were listed as alive in eHARS but had died outside of Iowa. Four more out-of-state deaths were reported by other sources to bring the total of out-of-state deaths to 19. The total deaths in 2008, both in and out of state, were 45.

Please note that, in most instances, HIV/AIDS is not the primary cause of death. Look for a chart of death data by year of death in the 2009 Year-End Report.

Reporting HIV and AIDS in Iowa

What's reportable AIDS has been a reportable disease in Iowa since February 1983. HIV became reportable by name in Iowa on July 1, 1998. On that same date, laboratory reporting was initiated, infants born to HIV-infected women (i.e., perinatal exposures) became reportable, and anonymous testing, except for those tests performed through home-collection kits, ceased in Iowa. **Reportable events in Iowa include:**

- Confirmed positive results on any HIV diagnostic test, including antibody tests, antigen tests, cultures, and qualitative polymerase chain reaction (PCR) tests.
- A positive result or report of a detectable quantity on any other HIV detection (non-antibody) tests, and results of all viral loads, including non-detectable levels.
- Acquired Immune Deficiency Syndrome (AIDS) and AIDS-defining conditions, including all levels of CD4+ T-lymphocyte counts.
- Birth of an infant to an HIV-infected mother (perinatal exposure) or any (positive, negative, or undetectable) non-antibody detection test (antigen test, viral culture, viral load, or qualitative PCR detection test) on an infant less than or equal to 18 months of age. These are tests indicative of perinatal exposures. Negative antibody tests (EIA, immunofluorescence, or Western blot) are not reportable.
- Death resulting from an AIDS-related condition, or death of a person with HIV/AIDS.

Who shall report and how – reports must be made within seven days of the reportable event

- Hospitals – by mail or phone, report cases and births to HIV-infected women
- Laboratories – by mail, report results of positive HIV detection tests, cultures, and all levels of viral loads and CD4+ cell counts
- Physicians, report by mail or by telephone
 - all new HIV diagnoses
 - all new AIDS diagnoses
 - all new patients with HIV disease, regardless of whether they are newly diagnosed
 - all deaths of HIV infected persons

For forms and other questions about reporting, call Jerry Harms at 515-242-5141 or Srimi Madhavan at 515-281-6918.

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State of Iowa Mid-Year 2009 HIV/AIDS Surveillance Report

Iowa HIV and AIDS by Gender, Age at Diagnosis, Race/Ethnicity, Country of Birth and Mode of Exposure for Persons Diagnosed in 2008 and January through June 2009 and for Persons Living with HIV/AIDS as of June 30, 2009

Characteristics	HIV Diagnoses ¹				AIDS Diagnoses ²				Persons Living with HIV/AIDS ³ as of 06/30/09	
	2009 Jan-Jun		2008		2009 Jan-Jun		2008		Number	(%)
	Number	(%) ⁴	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Gender										
Male	58	(83)	88	(82)	39	(85)	50	(76)	1,314	(79)
Female	12	(17)	19	(18)	7	(15)	16	(24)	353	(21)
Age at Diagnosis										
Under 13	2	(3)	1	(1)	0	--	0	--	19	(1)
13-14	0	--	0	--	0	--	0	--	1	--
15-24	10	(14)	15	(14)	1	(2)	2	(3)	237	(14)
25-34	22	(31)	31	(29)	10	(22)	20	(30)	606	(36)
35-44	21	(30)	25	(23)	16	(35)	19	(29)	510	(31)
45-54	9	(13)	26	(24)	13	(28)	21	(32)	223	(13)
55-64	3	(4)	9	(8)	2	(4)	4	(6)	61	(4)
65 and older	3	(4)	0	--	4	(9)	0	--	10	--
Current Age ⁵										
Under 13	2	(3)	1	(1)	0	--	0	--	11	(1)
13-14	0	--	0	--	0	--	0	--	0	--
15-24	10	(14)	15	(14)	1	(2)	2	(3)	53	(3)
25-34	22	(31)	31	(29)	10	(22)	20	(30)	269	(16)
35-44	21	(30)	25	(23)	16	(35)	19	(29)	497	(30)
45-54	9	(13)	26	(24)	13	(28)	21	(32)	565	(34)
55-64	3	(4)	9	(8)	2	(4)	4	(6)	222	(13)
65 and older	3	(4)	0	--	4	(9)	0	--	50	(3)
Race/Ethnicity										
Hispanic/Latino-All Races	4	(6)	10	(9)	4	(9)	6	(9)	142	(9)
White	47	(67)	76	(71)	34	(74)	47	(71)	1,153	(69)
Black	13	(19)	17	(16)	6	(13)	12	(18)	326	(20)
Asian	3	(4)	1	(1)	1	(2)	1	(2)	23	(1)
Native Hawaiian/Pacific Islander	0	--	0	--	0	--	0	--	1	--
American Indian/Alaskan Native	1	(1)	0	--	0	--	0	--	3	--
Multi Race	2	(3)	3	(3)	1	(2)	0	--	19	(1)
Country of Birth										
United States or Dependency	62	(89)	92	(86)	41	(89)	57	(86)	1,438	(86)
Other Countries	8	(11)	15	(14)	5	(11)	9	(14)	229	(14)
TOTAL CASES	70		107		46		66		1,667	

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Characteristics	HIV Diagnoses				AIDS Diagnoses				Persons Living with HIV/AIDS as of 06/30/09	
	2009 Jan-Jun		2008		2009 Jan-Jun		2008			
	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Mode Of Exposure - Adult ⁶										
Men who have sex with men (MSM)	38	(56)	64	(60)	26	(57)	36	(55)	838	(51)
Injecting drug use (IDU)	4	(6)	10	(9)	3	(7)	4	(6)	162	(10)
Men who have sex with men and inject drugs (MSM/IDU)	2	(3)	2	(2)	3	(7)	4	(6)	117	(7)
Heterosexual contact	9	(13)	16	(15)	5	(11)	12	(18)	297	(18)
Hemophilia/coagulation disorder	0	--	0	--	0	--	0	--	9	--
Receipt of blood or tissue	0	--	0	--	0	--	0	--	9	--
Risk not reported/other (NIR)	15	(22)	14	(13)	9	(19)	10	(15)	216	(13)
Total Adult Cases	68		106		46		66		1,648	
Mode of Exposure – Pediatric										
Mother with /at risk for HIV	2	(100)	1	(100)	0	--	0	--	14	(74)
Hemophilia/coagulation disorder	0	--	0	--	0	--	0	--	4	(21)
Receipt of blood or tissue	0	--	0	--	0	--	0	--	1	(5)
Risk not reported/other (NIR)	0	--	0	--	0	--	0	--	0	--
Total Pediatric Cases	2		1		0		0		19	
TOTAL CASES	70		107		46		66		1,667	

¹ HIV Diagnoses reflect all cases of HIV infection diagnosed for the first time, regardless of AIDS status. Some may also be counted as AIDS cases, if they received an AIDS diagnosis during the same period of time. Age is the age at time of first diagnosis of HIV.

² AIDS Diagnoses reflect all residents of Iowa who first met the criteria for AIDS in that time period, regardless of when the case was reported to the state. Age is age at time of first diagnosis of AIDS.

³ Reflects persons diagnosed with HIV or AIDS as a resident of Iowa and who were living on June 30, 2009. All deaths may not have been reported.

⁴ Percentages are approximated to the nearest whole number.

⁵ Current age is age on June 30, 2009, and is reported only for persons alive as of that date.

⁶ Patients reported as adolescents or adults (13 years of age and older) may have had pediatric exposures. These persons will be classified as adult/adolescent at time of diagnosis, but are listed under pediatric exposures.

**Source of Data: Iowa Department of Public Health
Bureau of HIV, STD, and Hepatitis**

