

**HIV Counseling and Testing at CDC-Funded Sites,
United States, Puerto Rico, and the U.S. Virgin Islands,
2005**



**U.S. Department of Health and Human Services
Public Health Service
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INTRODUCTION

Of the estimated 1.1 million adults and adolescents living with human immunodeficiency virus (HIV) in the United States at the end of 2006, an estimated 21% are unaware of their infection.¹ Among all persons diagnosed with HIV in 2006, 36% received a late diagnosis (i.e., within one year of their first HIV-positive test) of acquired immunodeficiency syndrome (AIDS).² Most of these persons were likely infected with HIV for years before they were diagnosed. Early diagnosis of HIV, which is based on HIV testing, allows infected persons to benefit from medical care that helps reduce disease progression and from interventions (e.g., counseling) that help prevent further HIV transmission. Nonetheless, approximately 60% of adults in the United States have never been HIV tested.³

The Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention (CDC) funds health departments to provide HIV counseling, testing, and referral (CTR) services. The 59 health departments included in this report and funded by CDC to provide HIV CTR services are 50 state health departments, six large cities (Chicago, Houston, Los Angeles, New York City, Philadelphia, and San Francisco), the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. The goals of HIV CTR are to make available for at-risk persons a range of services, including counseling, testing, partner notification, and referrals to social and medical services. To support these goals and increase the number of persons who are aware of their HIV status, CDC issued recommendations in 2006 to implement HIV screening as part of routine medical care for all persons aged 13-64 years in health-care settings⁴ and is currently updating guidelines from 2001 for persons seeking HIV CTR services in non-health-care settings (i.e., HIV testing sites, outreach).⁵

Monitoring and evaluation, which includes data quality assurance, is critical to the success of local HIV prevention and clinical care programs. Health departments are encouraged to develop and use data quality assurance protocols and procedures to improve and maintain high-quality data.⁶ As required in the HIV Prevention Projects Program Announcement 04012, all CDC grantees must conduct quality assurance activities (e.g., ensure the provision of HIV test results, particularly to clients testing positive).⁷ Furthermore, newly diagnosed HIV-infected persons should promptly receive or be referred to clinical care, and HIV screening programs should monitor the yield of newly diagnosed HIV infections and the linkage of clients to clinical care.⁴ Program monitoring data can indicate whether these program goals are being achieved.

CDC began funding health departments to provide HIV counseling and testing (CT) services in 1985.⁸ Since 1989, the national HIV Counseling and Testing System (CTS) has been used to monitor CDC-supported HIV CT services.⁹ These services are provided at sexually transmitted disease (STD) clinics, family planning clinics, prenatal clinics, hospitals, community health centers, correctional facilities, drug treatment centers, tuberculosis (TB) clinics, HIV CT centers, and field (including street outreach) settings. Staff at these sites collect information about the persons tested (e.g., demographic information, behavioral risk factors), test type (i.e., anonymous or confidential), current and prior test results, and receipt of test results and posttest counseling. Information about clients is collected by a service provider for each HIV testing episode, sent to an appropriate health department, and then assessed for completeness and accuracy. This information is then reported by the appropriate health department to CDC. HIV CTS data are used at the national and local levels for HIV prevention policy, program decision-making, program monitoring, evaluation activities, and research.

On a quarterly basis, health departments submit to CDC either test-level data (i.e., data files with data on individual tests) or aggregate data (i.e., tables of summary counts of information). Health departments providing test-level data submit standardized variables, using the CDC HIV CT form or a health department-specific form. Health departments providing aggregate-level data submit a minimal number of variables (e.g., overall number of tests and HIV positivity).

PURPOSE OF REPORT

The purpose of this report is to provide a summary of HIV CT data that can be used to facilitate program monitoring and evaluation at the local, state, and national levels. For example, HIV CT data are routinely analyzed and used to describe HIV testing patterns and changes over time. The report presents CDC-supported HIV CT data from 59 health departments, but primarily focuses on 43 health departments that sent test-level data for all four quarters of 2005. Illinois sent test-level data for only one quarter, so is considered a health department with aggregate-level data for this report. Mississippi did send test-level data for all four quarters of 2005, but is considered a health department with aggregate-level data for this report because of high percentages of missing values for variables used in this report. This report is intended to be used by HIV program managers and policy makers, HIV CT service providers, evaluators, researchers, and others who are interested in the public health implications of HIV prevention program data.

Compared to similar previously published CDC reports of HIV CTS data,⁹⁻¹³ this report has one main new feature: results for tests that represent persons with newly identified HIV infection (as opposed to persons who are already aware of their HIV infection). Making this distinction is important to help programs reach persons with undiagnosed HIV infection who were previously unaware of their status.

RESULTS

Number of HIV Tests and HIV Positivity

In 2005, 59 health departments reported to CDC 2,142,242 HIV tests, of which 1,617,154 (75%) are from 43 health departments providing test-level data and 525,088 (25%) are from 16 health departments providing aggregate data (Table 1). The overall HIV positivity of tests reported by the 59 health departments was 1.3% (1.4% from health departments providing test-level data and 0.8% from health departments providing aggregate data). The newly identified HIV positivity of tests reported by the 43 health departments providing test-level data was 0.9%.

Of the 43 health departments providing test-level data, the highest newly identified HIV positivity was Puerto Rico (2.4%), followed by San Francisco (1.9%) and Houston (1.8%); the lowest newly identified HIV positivity was in North Dakota (0.1%), Vermont (0.1%), and Wyoming (0.1%), followed by Montana (0.2%) and Idaho (0.3%) (Table 1).

Of the 16 health departments providing aggregate-level data, the highest HIV positivity was in Arizona (2.4%), followed by New York City (1.5%) and Los Angeles (1.4%); the lowest HIV positivity was in Alaska (0.1%), followed by Arkansas (0.3%) and Hawaii (0.3%) (Table 1).

Number of HIV Tests by Select Characteristics

Age group

In 2005, the highest percentage of all HIV tests conducted was among persons aged 20-29 years (41%), followed by persons aged 30-39 years (21%); the lowest percentage of all HIV tests conducted was among persons less than 13 years old (0.2%) (Table 2).

Sex

In 2005, a similar percentage of all HIV tests conducted was among females and males (50%) (Table 2).

Age group and sex

Among females, the highest percentage of all HIV tests conducted was among those aged 20-29 years (44%), followed by those aged 30-39 years (20%); the lowest percentage of all HIV tests conducted was among females less than 13 years old (0.2%) (Table 2).

Among males, the highest percentage of all HIV tests conducted was among those aged 20-29 years (39%), followed by those aged 30-39 years (22%); the lowest percentage of all HIV tests conducted was among males less than 13 years old (0.2%) (Table 2).

Race/Ethnicity

In 2005, the highest percentage of all HIV tests conducted was among blacks (40%), followed by whites (36%) and Hispanics (20%); the lowest percentage of all HIV tests conducted was among American Indians and Alaska Natives (0.5%), followed by Asians and Pacific Islanders (1.7%) (Table 2).

Race/Ethnicity and sex

Among females, the highest percentage of all HIV tests conducted was among blacks (40%), followed by whites (34%) and Hispanics (22%); the lowest percentage of all HIV tests conducted was among American Indians and Alaska Natives (0.5%), followed by Asians and Pacific Islanders (1.7%) (Table 2).

Among males, the highest percentage of all HIV tests conducted was among blacks (39%), followed by whites (38%) and Hispanics (19%); the lowest percentage of all HIV tests conducted was among American Indians and Alaska Natives (0.5%), followed by Asians and Pacific Islanders (1.8%) (Table 2).

Risk category

In 2005, the highest percentage of all HIV tests conducted was among persons reporting high-risk heterosexual contact (37%), followed by persons reporting low-risk heterosexual contact (35%); the lowest percentage of all HIV tests conducted was among persons reporting both male-to-male sexual contact and injection drug use (IDU) (0.6%), followed by persons reporting IDU (6.3%) and male-to-male sexual contact (9.2%) (Table 2).

Risk category and sex

Among females, the highest percentage of all HIV tests conducted was among those reporting low-risk heterosexual contact (43%), followed by those reporting high-risk heterosexual contact (38%); the lowest percentage of all HIV tests conducted was among females reporting IDU (5.1%) (Table 2).

Among males, the highest percentage of all HIV tests conducted was among those reporting high-risk heterosexual contact (36%), followed by those reporting low-risk heterosexual contact (29%) and male-to-male sexual contact (19%); the lowest percentage of all HIV tests conducted was among males reporting both male-to-male sexual contact and IDU (1.2%), followed by males reporting IDU (7.6%) (Table 2).

Testing site types

In 2005, the highest percentage of all HIV tests conducted was at STD clinics (29%), followed by HIV CT centers (20%); the lowest percentage of all HIV tests conducted was at TB clinics (0.6%), followed by hospitals/private medical doctors' offices (1.1%) (Table 2).

Test type

In 2005, more HIV tests were conducted confidentially (87%) than anonymously (12%) (Table 2).

HIV Positivity by Select Characteristics

Age group

In 2005, the highest newly identified HIV positivity was among persons aged 40-49 years (1.6%), followed by persons greater than or equal to 50 years old (1.4%); the lowest newly identified HIV positivity was among persons aged 13-19 years (0.3%), followed by persons aged 20-29 years (0.6%) (Table 3). Persons aged 20-39 years accounted for the highest percentage of all HIV tests conducted (62%) and the highest percentage of all newly identified HIV-positive tests (58%) (Figure 1).

Sex

In 2005, the newly identified HIV positivity was higher among males (1.3%) than females (0.5%) (Table 3). A similar percentage of all HIV tests conducted was among females and males (50%); however, males accounted for 71% of all newly identified HIV-positive tests (Figure 2).

Age group and sex

Among females, the highest newly identified HIV positivity was among those less than 13 years old (1.4%), followed by those aged 40-49 years (1.1%) and greater than or equal to 50 years old (1.1%); the lowest newly identified HIV positivity was among females aged 13-19 years (0.2%), followed by females aged 20-29 years (0.3%) (Table 3). Females aged 20-39 years accounted for the highest percentage of all HIV tests conducted among females (64%) and the highest percentage of all newly identified HIV-positive tests among females (55%) (Figure 3).

Among males, the highest newly identified HIV positivity was among those aged 40-49 years (1.9%), followed by those aged 30-39 years (1.7%); the lowest newly identified HIV positivity was among

males aged 13-19 years (0.5%), followed by males aged 20-29 years (1.0%) (Table 3). Males aged 20-39 years accounted for the highest percentage of all HIV tests conducted among males (61%) and the highest percentage of all newly identified HIV-positive tests among males (59%) (Figure 3).

Race/Ethnicity

In 2005, the highest newly identified HIV positivity was among blacks (1.2%), followed by Hispanics (0.9%), and American Indians and Alaska Natives (0.8%); the lowest newly identified HIV positivity was among Asians and Pacific Islanders (0.6%) and whites (0.6%) (Table 3). Blacks accounted for the highest percentage of all HIV tests conducted (39%) and the highest percentage of all newly identified HIV-positive tests (52%) (Figure 4). Whites accounted for 36% of all HIV tests conducted but only 23% of all newly identified HIV-positive tests. Hispanics, Asians and Pacific Islanders, and American Indians and Alaska Natives each had similar percentages of all HIV tests conducted and all newly identified HIV-positive tests.

Race/Ethnicity and sex

Among females, the highest newly identified HIV positivity was among blacks (0.8%), followed by Hispanics (0.5%) and American Indians and Alaska Natives (0.4%); the lowest newly identified HIV positivity was among Asians and Pacific Islanders (0.1%), followed by whites (0.2%) (Table 3). Black females accounted for the highest percentage of all HIV tests conducted among females (40%) and the highest percentage of all newly identified HIV-positive tests among females (64%) (Figure 5). White females accounted for 34% of all HIV tests conducted among females but only 14% of all newly identified HIV-positive tests among females. Hispanic females had similar percentages of all HIV tests conducted among females and all newly identified HIV-positive tests among females.

Among males, the highest newly identified HIV positivity was among blacks (1.6%), followed by Hispanics (1.5%); the lowest newly identified HIV positivity was among whites (0.9%), followed by Asians and Pacific Islanders (1.0%) and American Indians and Alaska Natives (1.1%) (Table 3). Black males accounted for the highest percentage of all HIV tests conducted among males (39%) and the highest percentage of all newly identified HIV-positive tests among males (48%) (Figure 5). White males accounted for 38% of all HIV tests conducted among males but only 27% of all newly identified HIV-positive tests among males. Hispanic males had similar percentages of all HIV tests conducted among males and all newly identified HIV-positive tests among males.

Risk category

In 2005, the highest newly identified HIV positivity was among persons reporting both male-to-male sexual contact and IDU (3.9%), followed by persons reporting male-to-male sexual contact (3.7%); the lowest newly identified HIV positivity was among persons reporting low-risk heterosexual contact (0.5%), followed by persons reporting high-risk heterosexual contact (0.7%) and IDU (1.1%) (Table 3). Persons reporting male-to-male sexual contact accounted for 9% of all HIV tests conducted but 37% of all newly identified HIV-positive tests (Figure 6). Persons reporting high-risk or low-risk heterosexual contact accounted for 72% of all HIV tests conducted but only 44% of all newly identified HIV-positive tests.

Risk category and sex

Among females, the highest newly identified HIV positivity was among those reporting IDU (1.0%), followed by those reporting high-risk heterosexual contact (0.7%); the lowest newly identified HIV

positivity was among females reporting low-risk heterosexual contact (0.4%) (Table 3). Females reporting high-risk heterosexual contact accounted for 38% of all HIV tests conducted among females but 48% of all newly identified HIV-positive tests among females (Figure 7). Females reporting IDU accounted for 5% of all HIV tests conducted among females but 10% of all newly identified HIV-positive tests among females. Females reporting low-risk heterosexual contact accounted for 43% of all HIV tests conducted among females but only 29% of all newly identified HIV-positive tests among females.

Among males, the highest newly identified HIV positivity was among those reporting both male-to-male sexual contact and IDU (3.9%), followed by those reporting male-to-male sexual contact (3.7%); the lowest newly identified HIV positivity was among males reporting low-risk heterosexual contact (0.6%), followed by males reporting high-risk heterosexual contact (0.7%) (Table 3). Males reporting male-to-male sexual contact accounted for 19% of all HIV tests conducted among males but 52% of all newly identified HIV-positive tests among males (Figure 7). Males reporting high-risk or low-risk heterosexual contact accounted for 65% of all HIV tests conducted among males but only 31% of all newly identified HIV-positive tests among males. Males reporting IDU had similar percentages of all HIV tests conducted among males and all newly identified HIV-positive tests among males.

Testing site types

In 2005, the highest newly identified HIV positivity was at hospitals/private medical doctors' offices (1.8%), followed by field visit testing (1.4%), HIV CT centers (1.3%), and community health centers/public health clinics (1.3%); the lowest newly identified HIV positivity was at family planning clinics (0.2%) and prenatal/Obstetrics-Gynecology clinics (0.2%) (Table 3). HIV CT centers accounted for 20% of all HIV tests conducted but 29% of all newly identified HIV-positive tests (Figure 8). STD clinics accounted for 29% of all HIV tests conducted but only 22% of all newly identified HIV-positive tests.

Test type

In 2005, the newly identified HIV positivity was higher among persons tested anonymously (1.1%) than confidentially (0.9%) (Table 3).

Receipt of HIV Test Results and Posttest Counseling

In 2005, the percentage of tests that were followed up with receipt of HIV test results and posttest counseling was 78% among all HIV tests and 84% among tests of persons with newly identified HIV (Table 4).

Age group

In 2005, the percentage of all tests that were followed up with receipt of HIV test results and posttest counseling was higher among older age groups (i.e., greater than or equal to 30 years) (80%-83%) than among younger age groups (i.e., less than 30 years) (72%-77%) (Table 4). For persons with newly identified HIV, the percentage of tests that were followed up with receipt of HIV test results and posttest counseling was 96% among persons less than 13 years old and 83%-84% among all other age groups.

Sex

In 2005, the percentages of tests that were followed up with receipt of HIV test results and posttest counseling were similar among males and females for both all HIV tests (79% vs. 77%) and tests of persons with newly identified HIV (84% vs. 82%) (Table 4).

Race/Ethnicity

In 2005, the percentage of all tests that were followed up with receipt of HIV test results and posttest counseling was highest among Asians and Pacific Islanders (85%), followed by Hispanics (83%), American Indians and Alaska Natives (82%), and whites (81%), and lowest among blacks (73%) (Table 4). For persons with newly identified HIV, the percentage of tests that were followed up with receipt of HIV test results and posttest counseling was highest among whites (87%), Asians and Pacific Islanders (87%), blacks (82%), and Hispanics (82%), and lowest among American Indians and Alaska Natives (74%).

Risk category

In 2005, the percentage of all tests that were followed up with receipt of HIV test results and posttest counseling was highest for persons reporting male-to-male sexual contact (86%), followed by persons reporting both male-to-male sexual contact and IDU (84%) and IDU (83%), and lowest for persons reporting low-risk heterosexual contact (75%), followed by persons reporting high-risk heterosexual contact (78%) (Table 4). For persons with newly identified HIV, the percentage of tests that were followed up with receipt of HIV test results and posttest counseling was highest among persons reporting male-to-male sexual contact (86%), followed by persons reporting both male-to-male sexual contact and IDU (83%) and persons reporting high-risk heterosexual contact (83%), and lowest among persons reporting low-risk heterosexual contact (80%).

Testing site types

In 2005, the percentage of all tests that were followed up with receipt of HIV test results and posttest counseling was highest at hospitals/private medical doctors' offices (92%), followed by prisons/jails (90%), drug treatment centers (88%), and prenatal/Obstetrics-Gynecology clinics (88%), and lowest at STD clinics (65%) (Table 4). For persons with newly identified HIV, the percentage of tests that were followed up with receipt of HIV test results and posttest counseling was highest at TB clinics (97%), followed by prisons/jails (94%), and lowest in field visits (72%), followed by STD clinics (76%) (Table 4).

Test type

In 2005, the percentage of tests that were followed up with receipt of HIV test results and posttest counseling was higher among persons with anonymous tests (89%) than confidential tests (77%). For persons with newly identified HIV, the percentage of tests that were followed up with receipt of HIV test results and posttest counseling was similar among persons with anonymous (84%) and confidential tests (83%) (Table 4).

TABLES AND FIGURES

Table 1. Number of HIV tests and HIV positivity by type of HIV counseling and testing data and health department, United States, Puerto Rico, and the U.S. Virgin Islands, 2005

	Total No. of HIV tests	HIV-positive tests (all)	(%)	Newly identified HIV-positive tests ^a	(%)
Health departments providing aggregate-level data^b					
Alabama ^c	70,114	419	(0.6)	.	.
Alaska	3,838	3	(0.1)	.	.
Arizona ^d	21,768	527	(2.4)	.	.
Arkansas	56,327	176	(0.3)	.	.
Hawaii	8,346	29	(0.3)	.	.
Illinois (excluding Chicago) ^e	11,795	88	(0.7)	.	.
Indiana	37,437	249	(0.7)	.	.
Iowa ^f	7,044	35	(0.5)	.	.
Kansas	15,800	68	(0.4)	.	.
Los Angeles	34,853	473	(1.4)	.	.
Mississippi	79,937	780	(1.0)	.	.
New Hampshire	3,245	14	(0.4)	.	.
New York City	38,136	554	(1.5)	.	.
North Carolina	131,265	813	(0.6)	.	.
South Dakota	1,206	6	(0.5)	.	.
West Virginia	3,977	31	(0.8)	.	.
Aggregate-level total	525,088	4,265	(0.8)	.	.
Health departments providing test-level data					
California (excluding Los Angeles)	110,602	1,535	(1.4)	1,135	(1.0)
San Francisco	20,635	587	(2.8)	387	(1.9)
California (excluding San Francisco)	89,967	948	(1.1)	748	(0.8)
Colorado	14,072	111	(0.8)	101	(0.7)
Connecticut	17,547	166	(0.9)	132	(0.8)
Chicago	24,773	243	(1.0)	222	(0.9)
Delaware	12,310	108	(0.9)	78	(0.6)
District of Columbia	26,888	567	(2.1)	415	(1.5)
Florida	286,705	5,028	(1.8)	2,722	(0.9)
Georgia	111,549	1,860	(1.7)	1,179	(1.1)
Idaho	2,610	14	(0.5)	9	(0.3)
Kentucky	16,361	85	(0.5)	71	(0.4)
Louisiana	51,508	469	(0.9)	385	(0.7)
Maine	2,065	18	(0.9)	14	(0.7)
Maryland	71,383	951	(1.3)	411	(0.6)
Massachusetts	44,939	430	(1.0)	361	(0.8)
Michigan	42,214	401	(0.9)	287	(0.7)
Minnesota	10,576	181	(1.7)	156	(1.5)
Missouri	22,376	217	(1.0)	168	(0.8)
Montana	3,855	9	(0.2)	7	(0.2)
Nebraska	8,153	56	(0.7)	47	(0.6)
Nevada	21,080	273	(1.3)	171	(0.8)
New Jersey	71,161	1,029	(1.4)	779	(1.1)
New Mexico	5,086	33	(0.6)	27	(0.5)
New York (excluding New York City)	134,565	2,224	(1.7)	1,286	(1.0)
North Dakota	2,365	3	(0.1)	3	(0.1)
Ohio	48,685	492	(1.0)	393	(0.8)
Oklahoma	6,536	143	(2.2)	110	(1.7)
Oregon	21,282	242	(1.1)	124	(0.6)
Pennsylvania	81,531	1,194	(1.5)	771	(0.9)
Philadelphia	31,165	803	(2.6)	506	(1.6)
Pennsylvania (excluding Philadelphia)	50,366	391	(0.8)	265	(0.5)

	Total No. of HIV tests	HIV-positive tests (all)	(%)	Newly identified HIV-positive tests ^a	(%)
Rhode Island	3,586	31	(0.9)	31	(0.9)
South Carolina	53,661	649	(1.2)	649	(1.2)
Tennessee	49,998	527	(1.1)	342	(0.7)
Texas	65,520	1,121	(1.7)	829	(1.3)
Houston	21,652	472	(2.2)	381	(1.8)
Texas (excluding Houston)	43,868	649	(1.5)	448	(1.0)
Utah	7,869	66	(0.8)	48	(0.6)
Vermont	3,048	5	(0.2)	3	(0.1)
Virginia	74,219	585	(0.8)	389	(0.5)
Washington	24,199	295	(1.2)	174	(0.7)
Wisconsin	23,043	135	(0.6)	105	(0.5)
Wyoming	5,531	17	(0.3)	8	(0.1)
Puerto Rico	31,578	1,069	(3.4)	757	(2.4)
U.S. Virgin Islands	2,125	13	(0.6)	11	(0.5)
Test-level total	1,617,154	22,595	(1.4)	14,910	(0.9)
Overall Total	2,142,242	26,860	(1.3)	.	.

^a Newly identified HIV-positive test is defined as a record for which there is a current HIV-positive test result and no history of a previous HIV-positive test.

^b Newly identified HIV-positive test results are not available from aggregate-level data.

^c Alabama submitted data representing three quarters of 2005.

^d Arizona submitted data representing three quarters of 2005.

^e Illinois submitted data representing one quarter of 2005.

^f Iowa submitted data representing three quarters of 2005.

Table 2. Number and percentage of HIV tests by characteristics of persons tested and sex, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005

Characteristics	Total No. of HIV tests ^a	(Column %)	Female		Male	
			No. of HIV tests	(Column %)	No. of HIV tests	(Column %)
Age at test (years)						
					1,333	(0.2)
13-19	232,315	(14.4)	145,402	(18.0)	85,973	(10.7)
20-29	668,562	(41.3)	356,213	(44.1)	309,306	(38.6)
30-39	341,445	(21.1)	160,493	(19.9)	179,454	(22.4)
40-49	240,975	(14.9)	98,766	(12.2)	141,281	(17.6)
≥ 50	117,323	(7.3)	39,997	(4.9)	76,876	(9.6)
Missing	13,659	(0.8)	5,820	(0.7)	6,687	(0.8)
Race/Ethnicity						
					301,356	(37.6)
Black, not Hispanic	638,245	(39.5)	325,913	(40.3)	310,572	(38.8)
Hispanic	325,404	(20.1)	173,663	(21.5)	150,678	(18.8)
Asian/Pacific Islander	28,267	(1.7)	13,841	(1.7)	14,282	(1.8)
American Indian/Alaska Native	8,201	(0.5)	3,796	(0.5)	4,356	(0.5)
Other	23,790	(1.5)	11,068	(1.4)	12,518	(1.6)
Missing/Undetermined	17,909	(1.1)	7,563	(0.9)	7,148	(0.9)
Risk category						
			----	----	9,740	(1.2)
Male-to-male sexual contact	149,008	(9.2)	----	----	149,008	(18.6)
Injection drug use	102,616	(6.3)	41,202	(5.1)	61,023	(7.6)
High-risk heterosexual contact	591,637	(36.6)	304,322	(37.7)	284,731	(35.6)
Low-risk heterosexual contact	572,520	(35.4)	344,106	(42.6)	228,414	(28.5)
No acknowledged risk	135,896	(8.4)	80,968	(10.0)	52,258	(6.5)
Other ^b	32,779	(2.0)	26,073	(3.2)	4,758	(0.6)
Missing	22,958	(1.4)	11,537	(1.4)	10,978	(1.4)
Testing site type						
					251,563	(31.4)
Drug treatment center	89,523	(5.5)	34,868	(4.3)	54,438	(6.8)
Family planning clinic	124,428	(7.7)	113,598	(14.1)	10,341	(1.3)
Prenatal/Obstetrics-Gynecology clinic	81,383	(5.0)	78,165	(9.7)	2,903	(0.4)
Tuberculosis clinic	8,976	(0.6)	4,005	(0.5)	4,853	(0.6)
Community health center/public health clinic	170,801	(10.6)	94,882	(11.7)	75,303	(9.4)
Prison/jail	123,353	(7.6)	29,883	(3.7)	93,074	(11.6)
Hospital/private medical doctor's office	18,475	(1.1)	9,797	(1.2)	8,602	(1.1)
HIV counseling and testing center	324,572	(20.1)	133,662	(16.5)	189,543	(23.7)
Field visit	100,446	(6.2)	41,214	(5.1)	58,953	(7.4)
Other (not specified)	93,062	(5.8)	46,949	(5.8)	45,026	(5.6)
Missing	12,788	(0.8)	6,471	(0.8)	6,311	(0.8)
Test type						
					126,212	(15.8)
Confidential	1,409,188	(87.1)	733,204	(90.7)	669,086	(83.5)
Missing	10,322	(0.6)	4,535	(0.6)	5,612	(0.7)
Total	1,617,154	(100.0)	808,208	(100.0)	800,910	(100.0)

^a Includes 8,036 records with a missing value for sex.

^b Persons with other risk factors (i.e., perinatal exposure, hemophilia, receipt of blood transfusion, or health care exposure).

Table 3. HIV positivity by characteristics of persons tested and sex, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005

Characteristics	HIV-positive tests (all)		Newly identified HIV-positive tests ^a		HIV-positive tests ^b				Newly identified HIV-positive tests ^{a,c}			
					Female		Male		Female ^e		Male ^f	
	No.	(% positive) ^d	No.	(% positive) ^d	No.	(% positive) ^d	No.	(% positive) ^d	No.	(% positive) ^d	No.	(% positive) ^d
Age at test (years)												
< 13	45	(1.6)	38	(1.3)	22	(1.5)	22	(1.7)	21	(1.4)	17	(1.3)
13-19	821	(0.4)	646	(0.3)	323	(0.2)	495	(0.6)	244	(0.2)	400	(0.5)
20-29	5,640	(0.8)	4,284	(0.6)	1,574	(0.4)	4,035	(1.3)	1,134	(0.3)	3,128	(1.0)
30-39	6,642	(1.9)	4,314	(1.3)	1,881	(1.2)	4,709	(2.6)	1,180	(0.7)	3,093	(1.7)
40-49	6,605	(2.7)	3,905	(1.6)	1,903	(1.9)	4,647	(3.3)	1,127	(1.1)	2,742	(1.9)
≥ 50	2,664	(2.3)	1,603	(1.4)	755	(1.9)	1,893	(2.5)	453	(1.1)	1,137	(1.5)
Missing	178	(1.3)	120	(0.9)	40	(0.7)	123	(1.8)	25	(0.4)	83	(1.2)
Race/Ethnicity												
White, not Hispanic	5,049	(0.9)	3,443	(0.6)	915	(0.3)	4,117	(1.4)	582	(0.2)	2,847	(0.9)
Black, not Hispanic	11,860	(1.9)	7,776	(1.2)	4,122	(1.3)	7,692	(2.5)	2,662	(0.8)	5,087	(1.6)
Hispanic	4,732	(1.5)	3,065	(0.9)	1,260	(0.7)	3,444	(2.3)	821	(0.5)	2,222	(1.5)
Asian/Pacific Islander	211	(0.7)	158	(0.6)	27	(0.2)	179	(1.3)	12	(0.1)	142	(1.0)
American Indian/Alaska Native	92	(1.1)	63	(0.8)	20	(0.5)	72	(1.7)	14	(0.4)	49	(1.1)
Other	293	(1.2)	207	(0.9)	77	(0.7)	211	(1.7)	50	(0.5)	154	(1.2)
Missing/Undetermined	358	(2.0)	198	(1.1)	77	(1.0)	209	(2.9)	43	(0.6)	99	(1.4)
Risk category												
Male-to-male sexual contact and injection drug use	661	(6.8)	376	(3.9)	----	----	661	(6.8)	----	----	376	(3.9)
Male-to-male sexual contact	7,844	(5.3)	5,481	(3.7)	----	----	7,844	(5.3)	----	----	5,481	(3.7)
Injection drug use	2,296	(2.2)	1,141	(1.1)	793	(1.9)	1,482	(2.4)	407	(1.0)	720	(1.2)
High-risk heterosexual contact	6,319	(1.1)	3,979	(0.7)	3,237	(1.1)	3,009	(1.1)	1,990	(0.7)	1,933	(0.7)
Low-risk heterosexual contact	3,736	(0.7)	2,595	(0.5)	1,745	(0.5)	1,991	(0.9)	1,217	(0.4)	1,378	(0.6)
No acknowledged risk	1,172	(0.9)	947	(0.7)	446	(0.6)	674	(1.3)	367	(0.5)	539	(1.0)
Other ^g	291	(0.9)	203	(0.6)	201	(0.8)	70	(1.5)	148	(0.6)	44	(0.9)
Missing	276	(1.2)	188	(0.8)	76	(0.7)	193	(1.8)	55	(0.5)	129	(1.2)
Testing site type												
STD clinic	4,792	(1.0)	3,296	(0.7)	1,320	(0.6)	3,440	(1.4)	845	(0.4)	2,424	(1.0)
Drug treatment center	1,421	(1.6)	745	(0.8)	527	(1.5)	892	(1.6)	282	(0.8)	462	(0.8)
Family planning clinic	265	(0.2)	225	(0.2)	184	(0.2)	80	(0.8)	161	(0.1)	64	(0.6)
Prenatal/Obstetrics-Gynecology clinic	245	(0.3)	180	(0.2)	185	(0.2)	59	(2.0)	130	(0.2)	49	(1.7)
Tuberculosis clinic	127	(1.4)	69	(0.8)	47	(1.2)	78	(1.6)	26	(0.6)	41	(0.8)
Community health center/public health clinic	4,091	(2.4)	2,211	(1.3)	1,291	(1.4)	2,752	(3.7)	671	(0.7)	1,506	(2.0)
Prison/jail	1,504	(1.2)	961	(0.8)	471	(1.6)	1,022	(1.1)	354	(1.2)	603	(0.6)
Hospital/private medical doctor's office	435	(2.4)	327	(1.8)	129	(1.3)	305	(3.5)	91	(0.9)	235	(2.7)
HIV counseling and testing center	6,041	(1.9)	4,275	(1.3)	1,335	(1.0)	4,649	(2.5)	888	(0.7)	3,341	(1.8)
Field visit	1,855	(1.8)	1,407	(1.4)	503	(1.2)	1,343	(2.3)	371	(0.9)	1,031	(1.7)
Other (not specified)	1,494	(1.6)	1,082	(1.2)	404	(0.9)	1,081	(2.4)	320	(0.7)	757	(1.7)
Missing	325	(2.5)	132	(1.0)	102	(1.6)	223	(3.5)	45	(0.7)	87	(1.4)
Test type												
Anonymous	2,861	(1.4)	2,172	(1.1)	417	(0.6)	2,422	(1.9)	300	(0.4)	1,855	(1.5)
Confidential	19,590	(1.4)	12,661	(0.9)	6,039	(0.8)	13,403	(2.0)	3,861	(0.5)	8,694	(1.3)
Missing	144	(1.4)	77	(0.7)	42	(0.9)	99	(1.8)	23	(0.5)	51	(0.9)
Total	22,595	(1.4)	14,910	(0.9)	6,498	(0.8)	15,924	(2.0)	4,184	(0.5)	10,600	(1.3)

^a Newly identified HIV-positive test is defined as a record for which there is a current HIV-positive test result and no history of a previous HIV-positive test.

^b Excludes 173 test records missing data on sex.

^c Excludes 126 test records missing data on sex.

^d Denominators for calculating "% positive" are from Table 2.

^e Excludes 2,314 test records with a history of a previous HIV-positive test.

^f Excludes 5,324 test records with a history of a previous HIV-positive test.

^g Persons with other risk factors (i.e., perinatal exposure, hemophilia, receipt of blood transfusion, or health care exposure).

Table 4. Receipt of HIV test results and posttest counseling by test results and characteristics of persons tested, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005

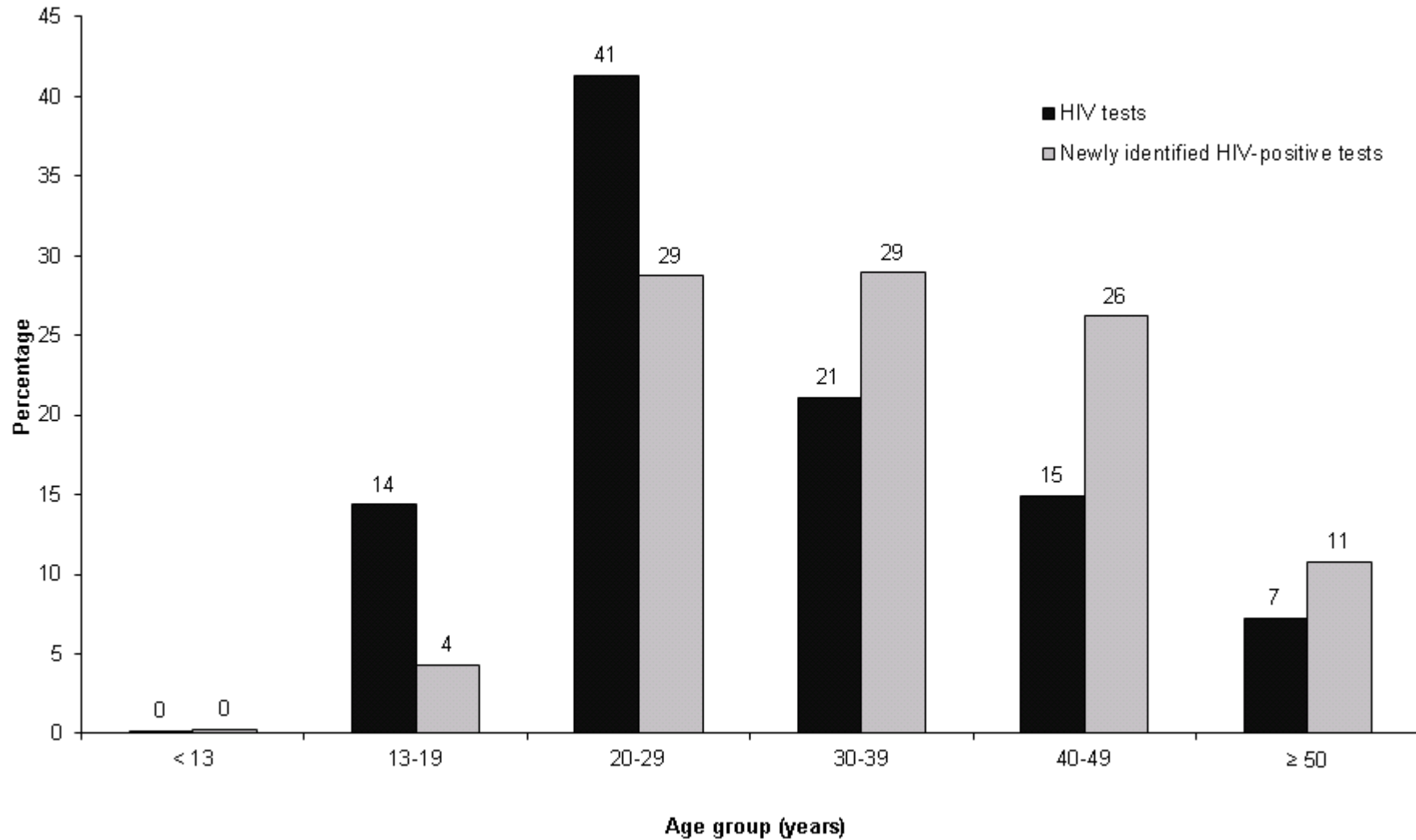
Characteristics	HIV tests			HIV-negative tests			HIV-positive tests			Newly identified HIV-positive tests ^a		
	No.	Results received	(%)	No.	Results received	(%)	No.	Results received	(%)	No.	Results received	(%)
Age at test (years)												
< 13	2,199	1,654	(75.2)	2,121	1,593	(75.1)	29	28	(96.6)	24	23	(95.8)
13-19	173,659	125,235	(72.1)	170,313	123,209	(72.3)	708	582	(82.2)	565	467	(82.7)
20-29	523,170	404,179	(77.3)	509,097	394,426	(77.5)	4,702	3,925	(83.5)	3,623	3,038	(83.9)
30-39	278,885	224,233	(80.4)	268,164	216,241	(80.6)	5,589	4,668	(83.5)	3,658	3,063	(83.7)
40-49	201,882	164,417	(81.4)	192,448	157,128	(81.6)	5,569	4,639	(83.3)	3,314	2,742	(82.7)
≥ 50	99,096	81,901	(82.6)	94,841	78,519	(82.8)	2,227	1,872	(84.1)	1,353	1,139	(84.2)
Missing	10,325	8,171	(79.1)	10,121	8,031	(79.3)	130	105	(80.8)	95	78	(82.1)
Sex												
Male	670,774	531,867	(79.3)	644,516	512,410	(79.5)	13,480	11,278	(83.7)	9,060	7,618	(84.1)
Female	613,720	473,959	(77.2)	598,061	462,922	(77.4)	5,348	4,436	(82.9)	3,484	2,861	(82.1)
Missing	4,722	3,964	(83.9)	4,528	3,815	(84.3)	126	105	(83.3)	88	71	(80.7)
Race/Ethnicity												
White, not Hispanic	461,486	371,679	(80.5)	451,767	363,730	(80.5)	4,242	3,680	(86.8)	2,976	2,600	(87.4)
Black, not Hispanic	493,441	362,061	(73.4)	471,947	348,325	(73.8)	9,658	7,945	(82.3)	6,330	5,217	(82.4)
Hispanic	268,022	221,206	(82.5)	259,374	214,139	(82.6)	4,224	3,500	(82.9)	2,777	2,262	(81.5)
Asian/Pacific Islander	25,128	21,290	(84.7)	24,609	20,853	(84.7)	194	168	(86.6)	148	129	(87.2)
American Indian/Alaska Native	7,419	6,066	(81.8)	7,018	5,706	(81.3)	82	62	(75.6)	57	42	(73.7)
Other	22,255	18,444	(82.9)	21,391	17,677	(82.6)	284	244	(85.9)	202	178	(88.1)
Missing/Undetermined	11,465	9,044	(78.9)	10,999	8,717	(79.3)	270	220	(81.5)	142	122	(85.9)
Risk category												
Male-to-male sexual contact and injection drug use	8,619	7,208	(83.6)	7,825	6,565	(83.9)	601	486	(80.9)	351	291	(82.9)
Male-to-male sexual contact	131,993	113,996	(86.4)	122,661	106,031	(86.4)	6,776	5,785	(85.4)	4,839	4,182	(86.4)
Injection drug use	88,819	73,556	(82.8)	84,796	70,332	(82.9)	2,040	1,675	(82.1)	1,026	838	(81.7)
High-risk heterosexual contact	528,179	413,702	(78.3)	513,156	403,793	(78.7)	5,362	4,486	(83.7)	3,476	2,891	(83.2)
Low-risk heterosexual contact	411,118	307,966	(74.9)	403,246	301,659	(74.8)	3,036	2,466	(81.2)	2,106	1,688	(80.2)
No acknowledged risk	77,627	63,153	(81.4)	75,876	61,802	(81.5)	696	566	(81.3)	511	403	(78.9)
Other ^b	24,194	19,290	(79.7)	23,596	18,783	(79.6)	233	202	(86.7)	162	138	(85.2)
Missing	18,667	10,919	(58.5)	15,949	10,182	(63.8)	210	153	(72.9)	161	119	(73.9)
Testing site type												
STD clinic	356,240	232,206	(65.2)	342,600	225,136	(65.7)	3,788	2,856	(75.4)	2,687	2,052	(76.4)
Drug treatment center	79,480	69,843	(87.9)	77,514	68,304	(88.1)	1,329	1,151	(86.6)	685	591	(86.3)
Family planning clinic	67,687	52,698	(77.9)	66,947	52,290	(78.1)	216	180	(83.3)	183	154	(84.2)
Prenatal/Obstetrics-Gynecology clinic	58,689	51,722	(88.1)	58,389	51,490	(88.2)	224	188	(83.9)	167	149	(89.2)
Tuberculosis clinic	4,381	3,594	(82.0)	4,300	3,520	(81.9)	73	70	(95.9)	36	35	(97.2)
Community health center/public health clinic	131,841	104,498	(79.3)	128,050	101,277	(79.1)	3,152	2,836	(90.0)	1,727	1,567	(90.7)
Prison/jail	95,748	85,761	(89.6)	93,960	84,254	(89.7)	1,151	1,074	(93.3)	686	645	(94.0)
Hospital/private medical doctor's office	17,181	15,736	(91.6)	16,706	15,346	(91.9)	399	351	(88.0)	309	269	(87.1)
HIV counseling and testing center	301,285	248,010	(82.3)	292,546	240,730	(82.3)	5,425	4,649	(85.7)	3,806	3,329	(87.5)
Field visit	85,377	66,729	(78.2)	82,489	64,570	(78.3)	1,628	1,229	(75.5)	1,252	906	(72.4)
Other (not specified)	79,990	69,513	(86.9)	73,104	63,431	(86.8)	1,277	1,048	(82.1)	972	760	(78.2)
Missing	11,317	9,480	(83.8)	10,500	8,799	(83.8)	292	187	(64.0)	122	93	(76.2)
Test type												
Anonymous	183,177	163,848	(89.4)	175,030	156,560	(89.4)	2,582	2,134	(82.6)	1,985	1,674	(84.3)
Confidential	1,097,359	839,576	(76.5)	1,063,887	816,524	(76.7)	16,241	13,599	(83.7)	10,577	8,822	(83.4)
Missing	8,680	6,366	(73.3)	8,188	6,063	(74.0)	131	86	(65.6)	70	54	(77.1)
Total^c	1,289,216	1,009,790	(78.3)	1,247,105	979,147	(78.5)	18,954	15,819	(83.5)	12,632	10,550	(83.5)

^a Newly identified HIV-positive test is defined as a record for which there is a current HIV-positive test result and no history of a previous HIV-positive test.

^b Persons with other risk factors (i.e., perinatal exposure, hemophilia, receipt of blood transfusion, or health care exposure).

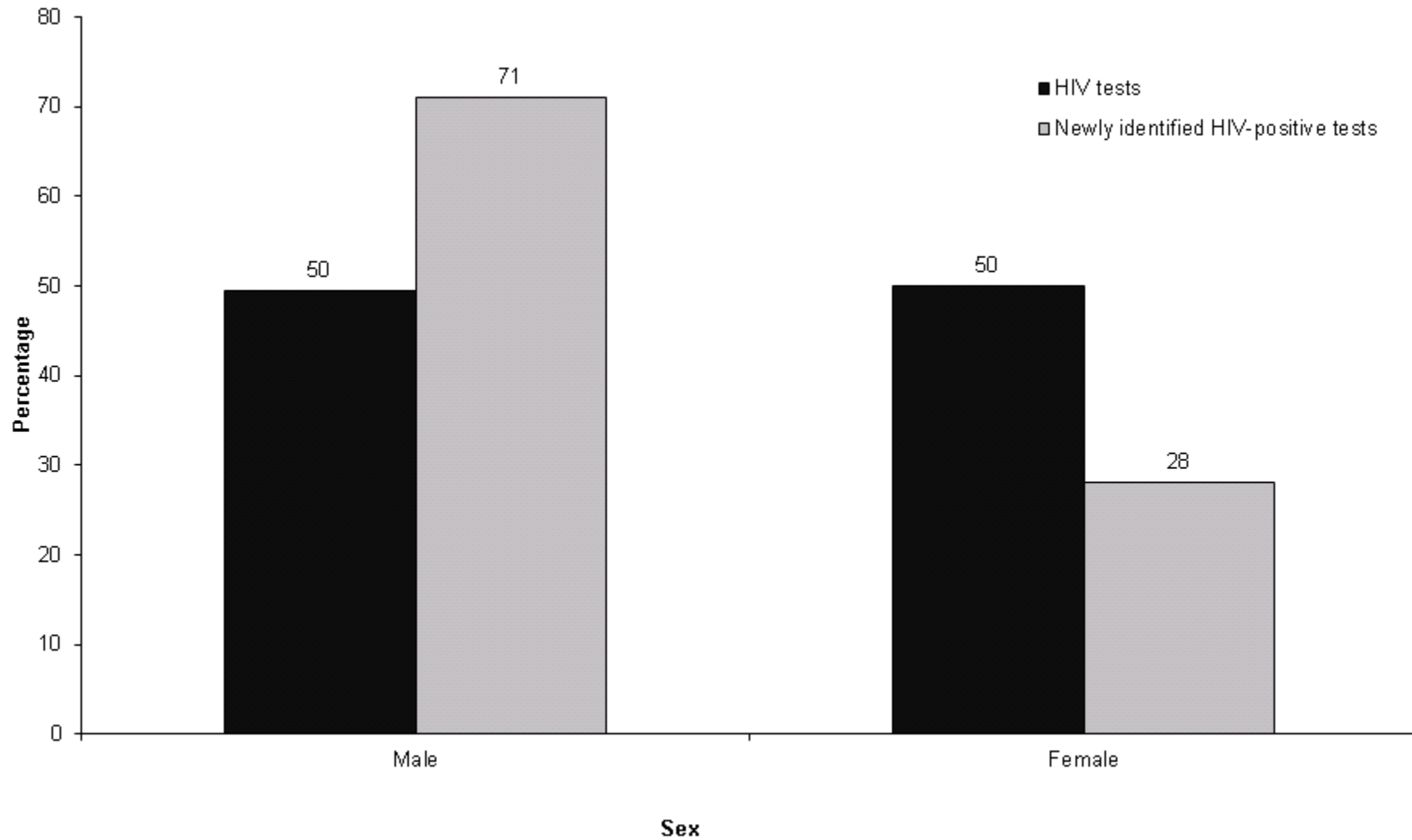
^c Excludes 327,938 test records missing data for receipt of HIV test results and posttest counseling.

Figure 1. Distributions of all HIV tests and all newly identified HIV-positive tests by age group, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



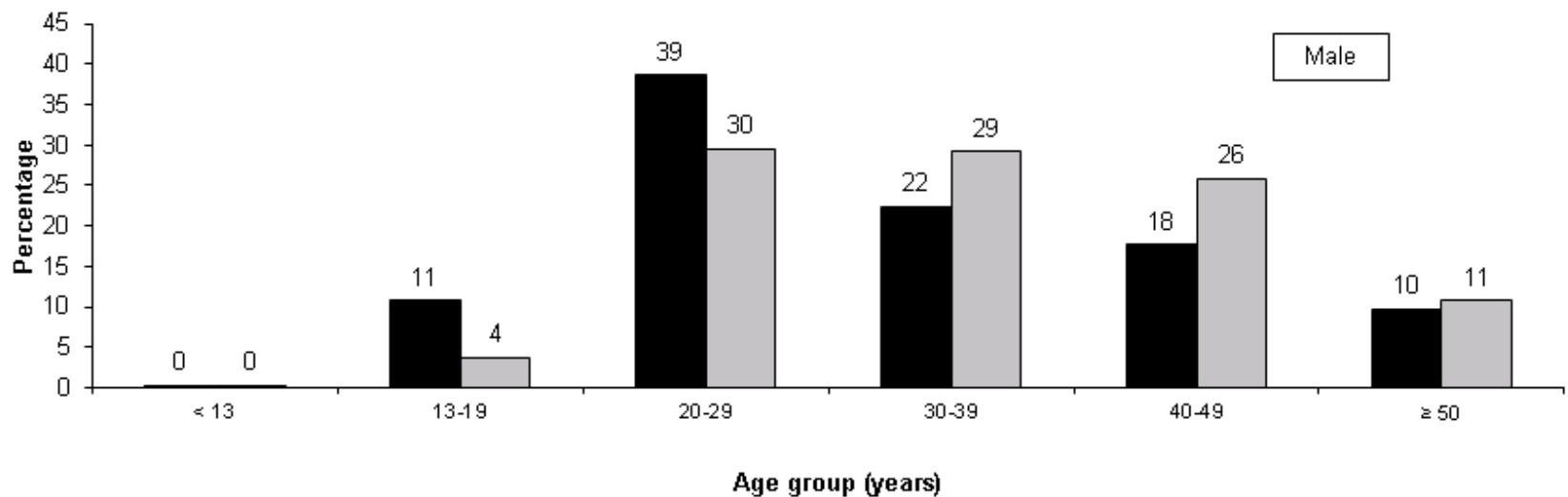
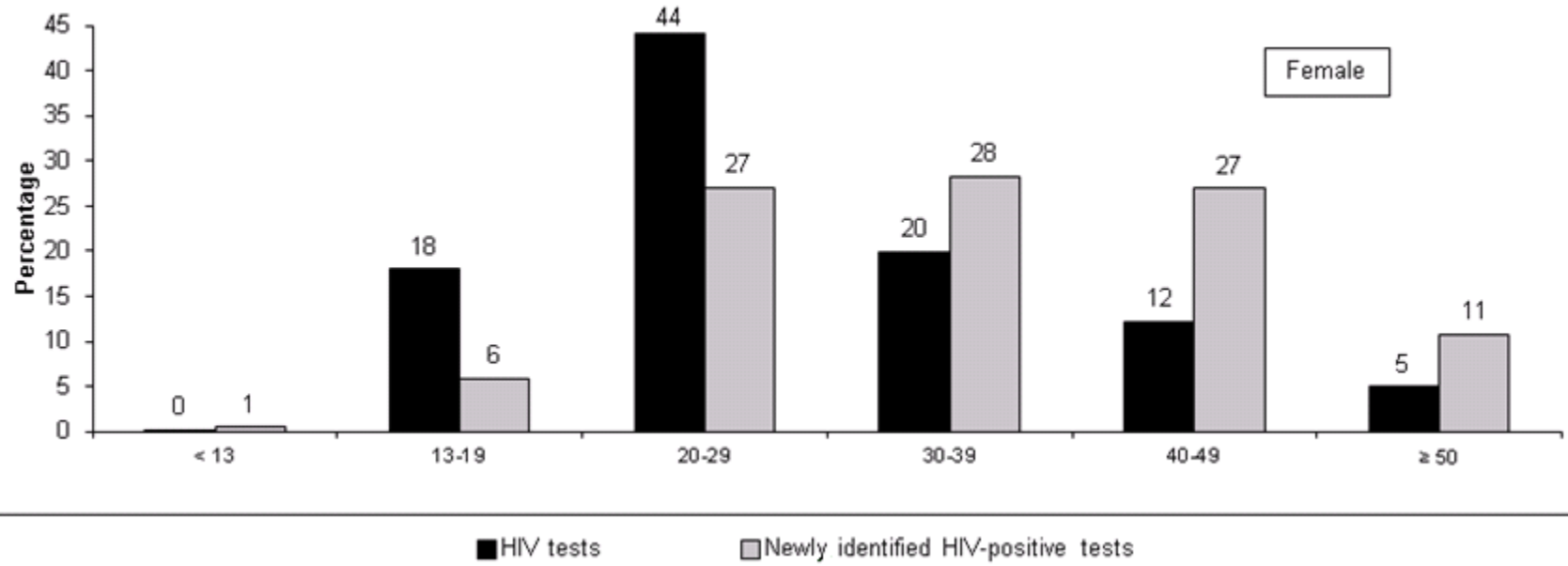
Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.

Figure 2. Distributions of all HIV tests and all newly identified HIV-positive tests by sex, 43 health departments providing test level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



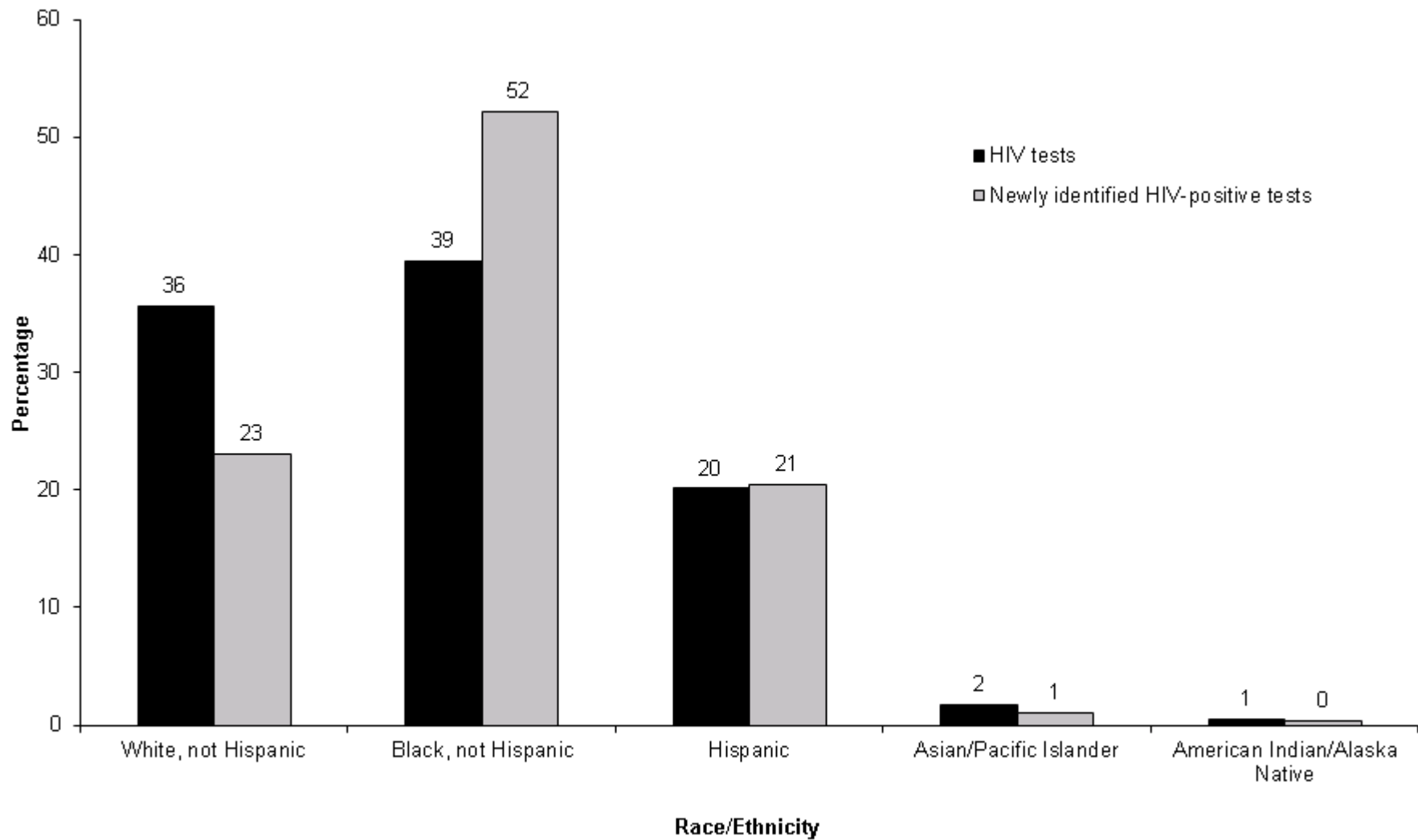
Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.

Figure 3. Distributions of all HIV tests and all newly identified HIV-positive tests by age group and sex, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



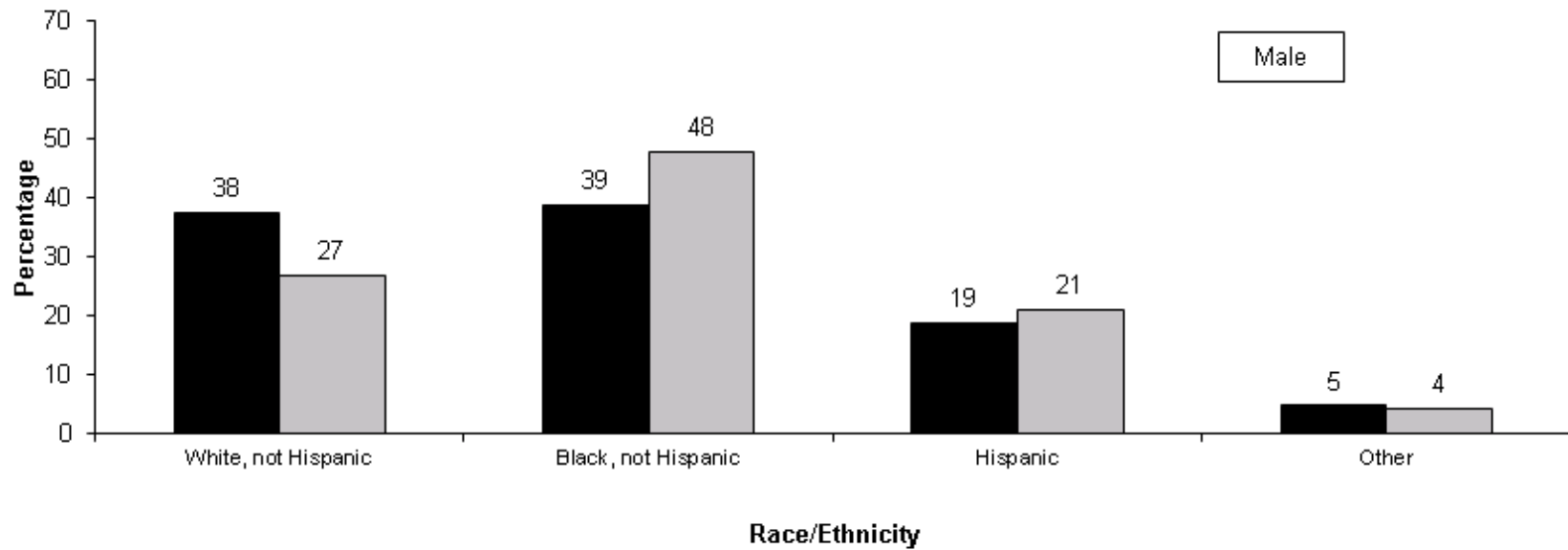
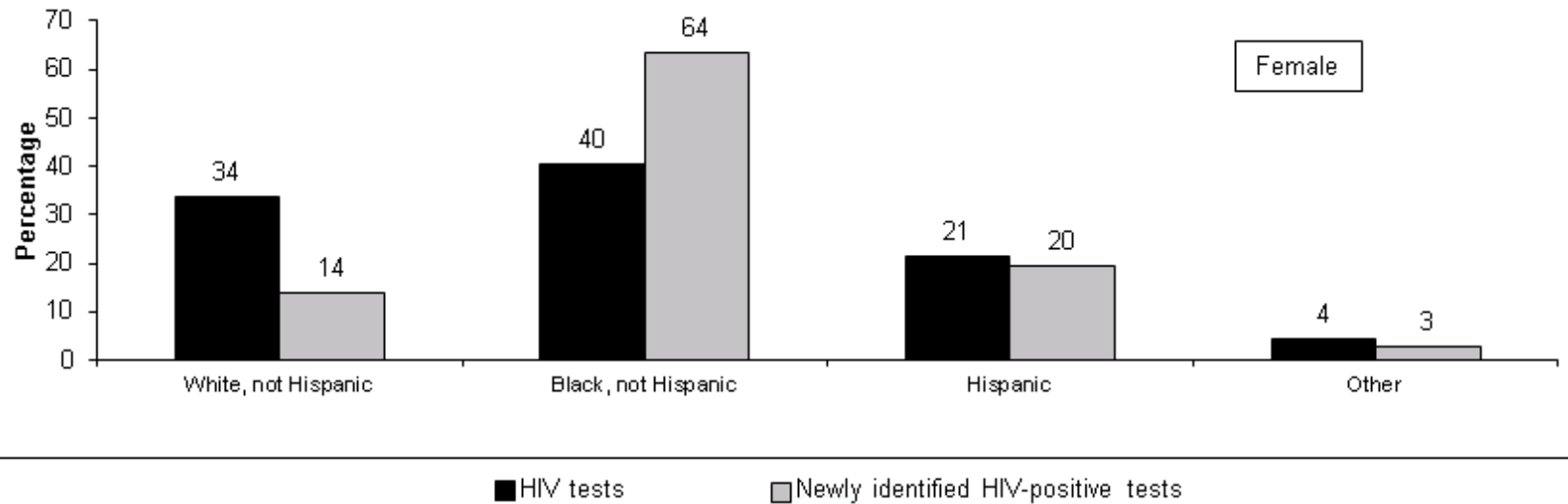
Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.

Figure 4. Distributions of all HIV tests and all newly identified HIV-positive tests by race/ethnicity, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



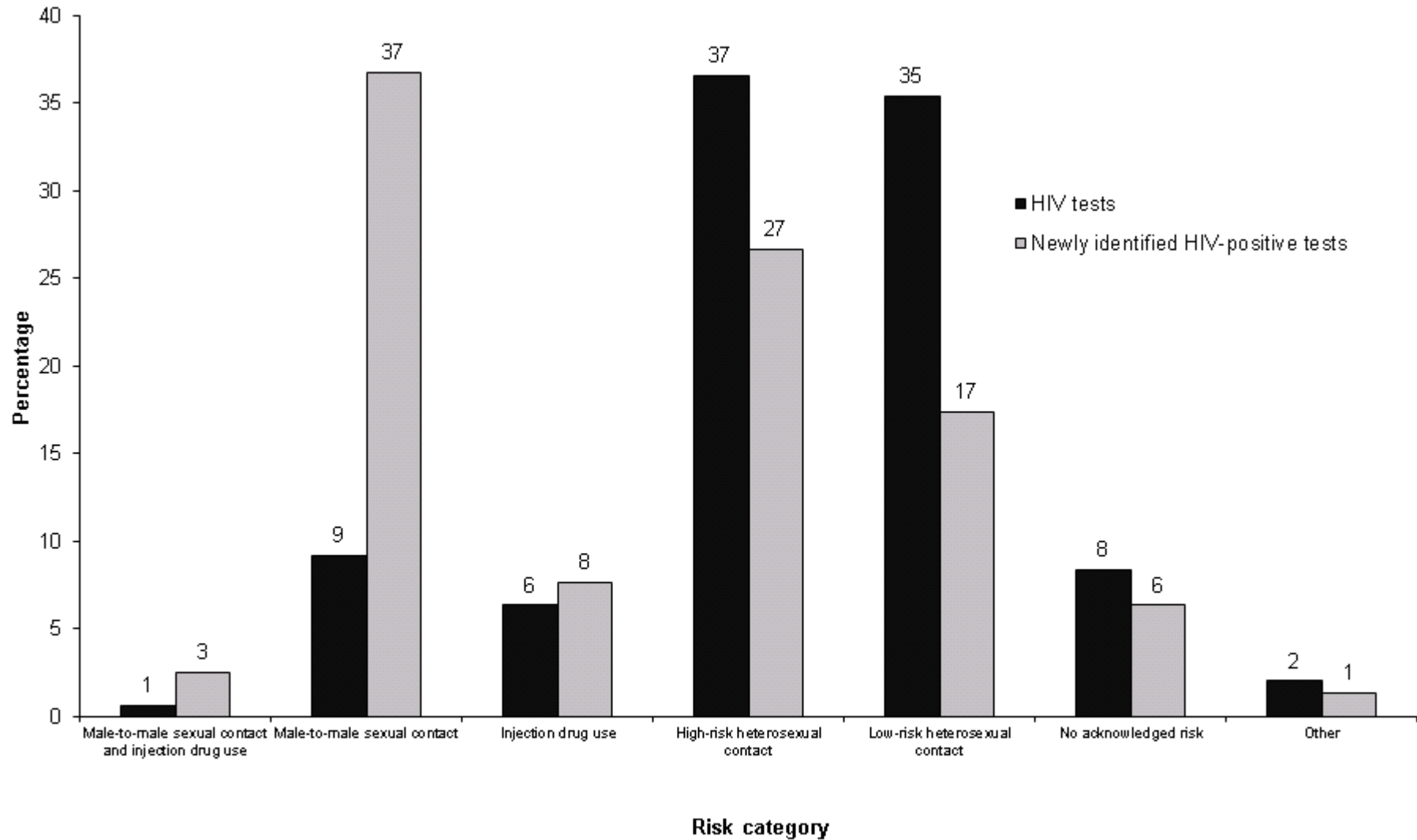
Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.

Figure 5. Distributions of all HIV tests and all newly identified HIV-positive tests by race/ethnicity and sex, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



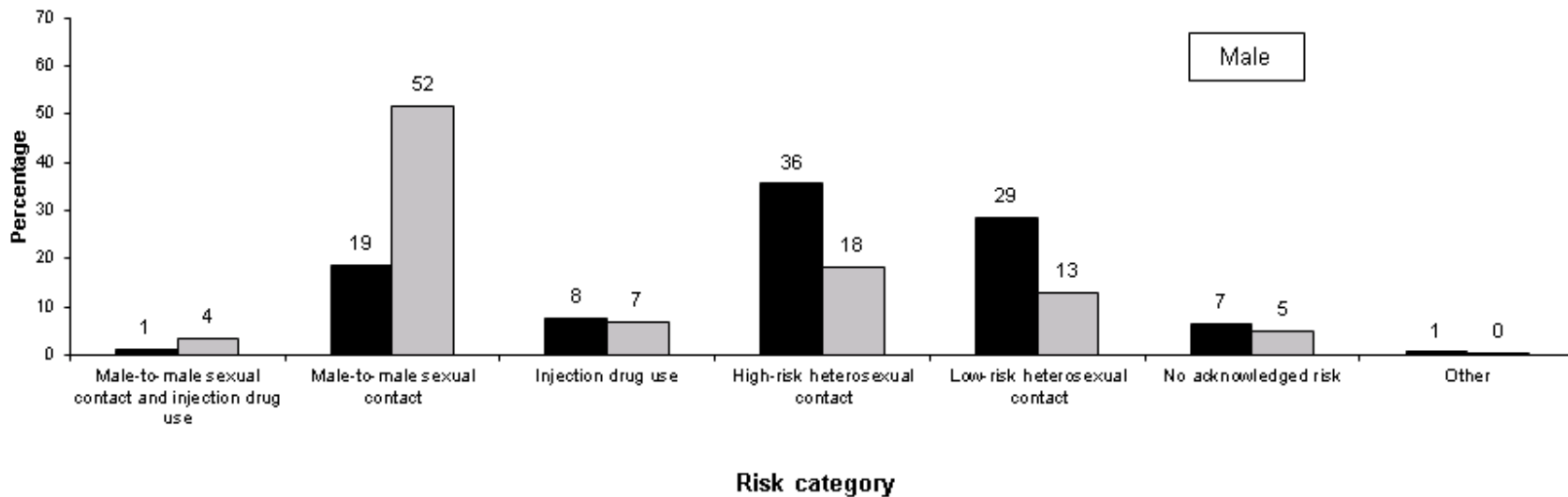
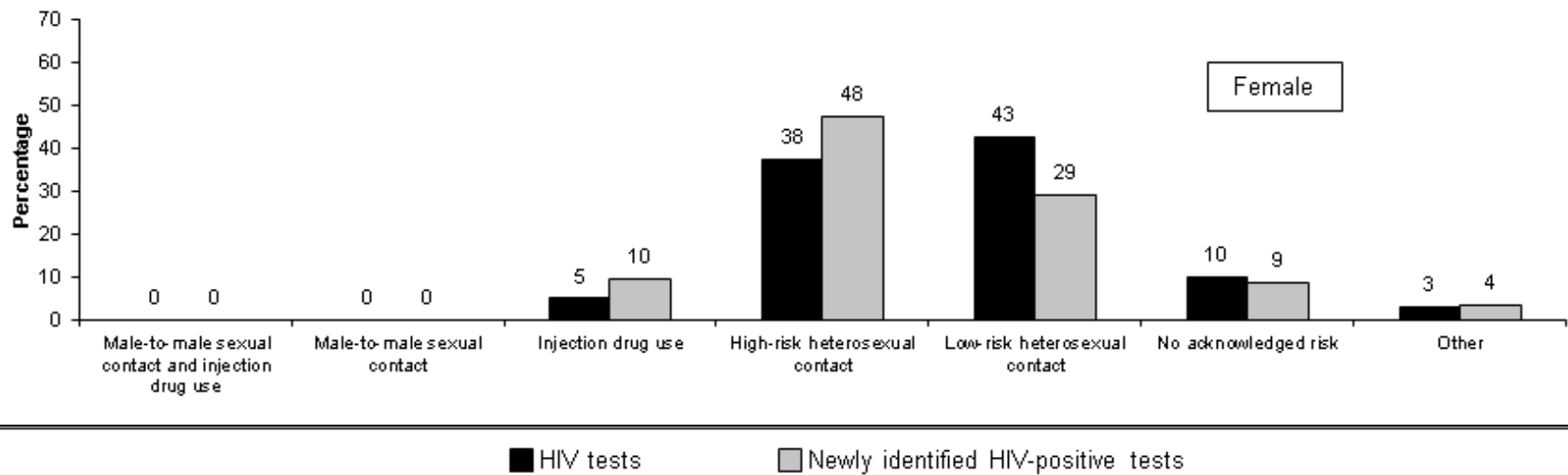
[Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.]

Figure 6. Distributions of all HIV tests and all newly identified HIV-positive tests by risk category, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



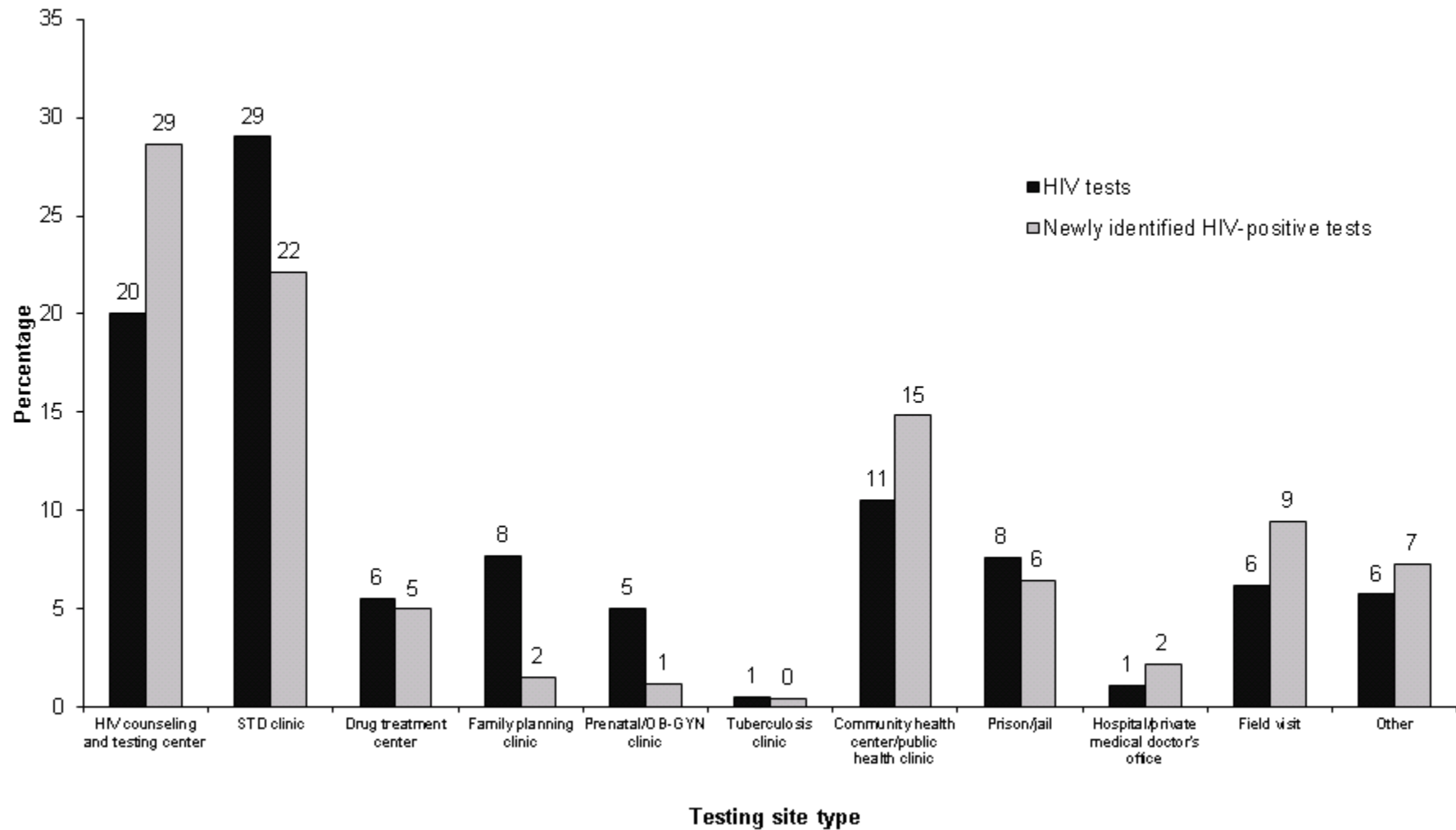
Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.

Figure 7. Distributions of all HIV tests and all newly identified HIV-positive tests by risk category and sex, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.

Figure 8. Distributions of all HIV tests and all newly identified HIV-positive tests by testing site type, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005



Note: Percentages may not add to 100 because of rounding and/or missing data. Bar height reflects unrounded values.

TECHNICAL NOTES

Interpretation of HIV Counseling and Testing Data

When interpreting data output in this report, several points should be considered. First, the records are initially selected for year of HIV test (i.e., 2005). Test-level records are then selected based on health department and having a valid value for the HIV test result variable (i.e., negative, positive, inconclusive, and “no result”); 1,617,154 such records had a valid test result in 2005. Second, some data findings may be influenced by whether testing sites promoted and followed policies of routine or targeted HIV testing in 2005. For example, the number of tests may be lower in geographic locations or sites with targeted testing; and correspondingly, the HIV positivity in these locations or sites may be higher. Third, the population of persons using CDC-funded sites for HIV CTR is not representative of all persons who are tested in the United States. For example, this report does not include information about HIV CT services that were not supported with CDC funds, such as HIV tests funded by the Departments of Defense, Justice, Labor, and Veterans Affairs; Health Care Finance Administration; Health Resources and Services Administration; Substance Abuse and Mental Health Services Administration; agencies of the U.S. Public Health Service other than CDC; state and local health departments; and the private sector. Fourth, with these test-level data, it is not possible to link the results of repeat tests for the same person if, for example, a person has more than one test that is represented in these 2005 HIV CTS data. However, the definition of newly identified HIV positivity used in this report minimizes this limitation for persons who are newly identified, because records for which there is a current HIV-positive test result and a history of a previous HIV-positive test are excluded. Fifth, The HIV CT data result from a program activity and are collected in conjunction with a health service delivery, which means the information collected by service providers is not routinely validated through research or epidemiologic investigation. Sixth, because records with missing data for the variable “receipt of HIV test results and posttest counseling” are excluded in Table 4, the percentages in this table may not be representative of the true percentages of persons who received HIV test results and posttest counseling. In some health departments, for example, it is standard practice to equate a missing value with a client not returning for follow-up. Finally, the comparability of HIV CT data across health departments may be limited due to differences in data collection, quality assurance, and quality improvement activities that occur at the state or local levels.

Completeness of Data

For variables used in this report, eight could be assessed for completeness (i.e., number and percentage of values for each variable that were not missing) (Appendix). Six variables were greater than or equal to 98.5% complete (i.e., age, sex, race/ethnicity, HIV risk category, testing site type, and current test type). The variable for previous testing result was 92% complete, and the variable for receipt of HIV test results and posttest counseling was 80% complete.

Definitions

Newly identified HIV positivity

For this report, newly identified HIV positivity is defined as a record for which there is a current HIV-positive test result and no history of a previous HIV-positive test.

HIV risk categories

Collected information on client risk factors is based on whether any of the following apply since 1978:

Sex with male

Sex with female
Injection drug use
Sex while under the influence of non-injection drugs or alcohol
Exchange of sex for drugs/money
STD diagnosis
Sex with injection drug user
Sex with man who had sex with a man
Sex with person with HIV/AIDS
Sex with person with other HIV/AIDS risk factor
Child of woman with HIV/AIDS
Hemophiliac/recipient of blood or blood products
Health care exposure
Victim of sexual assault

HIV counselors may document more than one risk factor for a client. Using the risk factors and sex of the client, CDC then categorizes the risk factor in a hierarchal order, which is based on what is believed to be the most likely risk for exposure to HIV.⁹ For example, if a man has had sex with men and women and received an STD diagnosis since 1978, then the mode of exposure for this report is “male-to-male sexual contact.” If no risk factors are determined, then the form is documented with “no acknowledged risk.”

High-risk heterosexual contact is defined as persons reporting heterosexual contact who also reported any of the following: sex with partner at risk (i.e., partner who is an injection drug user, a man who had sex with a man, a person with HIV/AIDS, or a person with another HIV/AIDS risk factor), an STD diagnosis, exchange of sex for drugs/money, sex while under the influence of non-injection drugs or alcohol, and victim of sexual assault. Low-risk heterosexual contact is defined as persons reporting heterosexual contact and no other risk factor.

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Appendix. Number and percentage of missing data for select variables, 43 health departments providing test-level data in the United States, Puerto Rico, and the U.S. Virgin Islands, 2005

Variables^a	Number missing	Percent missing^b
Age at test (years)	13,659	(0.8)
Sex	8,036	(0.5)
Race/Ethnicity	3,986	(0.2)
HIV risk category	22,958	(1.4)
Previous testing result	136,271	(8.4)
Testing site type	12,788	(0.8)
Current test type	10,322	(0.6)
Receipt of HIV test results and posttest counseling	327,938	(20.3)

^a Variable for current test result not included, because dataset selected for valid test results (i.e., negative, positive, inconclusive, and “no result”).

^b Based on 1,617,154 records used for the denominator.