

=Number 16 ----

Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection

Medical Monitoring Project, United States 2013 Cycle (June 2013–May 2014)



This HIV Surveillance Special Report is published by the Behavioral and Clinical Surveillance Branch of the Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, Georgia.

The HIV Surveillance Special Report is not copyrighted and may be used and copied without permission. Citation of the source is, however, appreciated.

Suggested citation

Centers for Disease Control and Prevention. *Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2013 Cycle (June 2013–May 2014)*. HIV Surveillance Special Report 16. http://www.cdc.gov/hiv/library/reports/surveillance/#panel2. Published January 2016. Accessed [date].

On the Web: http://www.cdc.gov/hiv/library/reports/surveillance/#panel2

Confidential information, referrals, and educational material on HIV infection

CDC-INFO

1-800-232-4636 (in English, en Español)

1-888-232-6348 (TTY)

http://www.cdc.gov/cdc-info/requestform.html

This report was prepared by the following staff and contractors of the Division of HIV/AIDS Prevention, CDC: Heather Bradley, Emma L. Frazier, Ping Huang, Jennifer L. Fagan, Christine L. Mattson, Mark S. Freedman, Linda Beer, Christopher H. Johnson, Roshni Patel, Yunfeng Tie, Tamara Carree, Nicholas DeGroote, Michael Friend (desktop publishing), and Luke Shouse.

Acknowledgments

This report is based, in part, on contributions by Medical Monitoring Project (MMP) participants, facilities, community and provider advisory boards, interviewers, and abstractors; the Data Coordinating Center for HIV Supplemental Surveillance at ICF International; and members of the Clinical Outcomes Team, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, Atlanta, Georgia.

MMP study group members

http://www.cdc.gov/hiv/pdf/mmp resources-2013-study-group-membersacc.pdf

Contents

Cor	nmentary	4
Тес	hnical Notes	7
Ref	erences	8
Tab	les	
1	Participants, by project area—Medical Monitoring Project, United States, 2013	9
2	Characteristics of patients—Medical Monitoring Project, United States, 2013	10
3	Stage of disease, CD4 counts, and viral suppression during the 12 months before the interview— Medical Monitoring Project, United States, 2013	13
4	CD4 and viral load monitoring and prescription of antiretroviral therapy, Pneumocystis pneumonia prophylaxis (PCP), and Mycobacterium avium complex (MAC) prophylaxis during the 12 months before the interview—Medical Monitoring Project, United States, 2013	14
5	Clinical services during the 12 months before the interview—Medical Monitoring Project, United States, 2013	15
6	Sexually transmitted disease testing during the 12 months before the interview, by sexual activity— Medical Monitoring Project, United States, 2013	16
7	Emergency department or urgent care clinic use and hospital admission during the 12 months before the interview—Medical Monitoring Project, United States, 2013	17
8	Antiretroviral therapy use, payment source, and adherence—Medical Monitoring Project, United States, 2013	18
9	Beliefs among patients currently taking antiretroviral medications—Medical Monitoring Project, United States, 2013	21
10	Reasons for missed antiretroviral therapy dose, among those ever missing a dose—Medical Monitoring Project, United States, 2013	22
11	Depression during the 12 months before the interview—Medical Monitoring Project, United States, 2013	23
12	Cigarette smoking—Medical Monitoring Project, United States, 2013	24
13	Alcohol use during the 12 months before the interview—Medical Monitoring Project, United States, 2013	25
14	Noninjection drug use during the 12 months before the interview—Medical Monitoring Project, United States, 2013	26
15	Injection drug use during the 12 months before the interview—Medical Monitoring Project, United States, 2013	28
16	Gynecological care and reproductive health among women—Medical Monitoring Project, United States, 2013	29
17	Sexual activity during the 12 months before the interview—Medical Monitoring Project, United States, 2013	30
18	Sexual risk behaviors during the 12 months before the interview among men who have sex with men, by type of partner—Medical Monitoring Project, United States, 2013	32
19	Sexual risk behaviors during the 12 months before the interview among men who have sex with women, by type of partner—Medical Monitoring Project, United States, 2013	34
20	Sexual risk behaviors during the 12 months before the interview among women who have sex with men, by type of partner—Medical Monitoring Project, United States, 2013	35
21	Met and unmet needs for ancillary services during the 12 months before the interview—Medical Monitoring Project, United States, 2013	36
22	Prevention services received during the 12 months before the interview—Medical Monitoring Project, United States, 2013	38
App	pendix: Methods and Definitions	39

Commentary

As of December 31, 2013, an estimated 949,931 persons in the United States and 6 dependent areas were living with diagnosed HIV infection [1]. In 2014, the estimated number of new HIV diagnoses was 40,493 [1]. Although the National HIV Surveillance System collects information about persons with diagnosed HIV infection [2], other surveillance systems provide detailed information about care seeking, health care use, use of ancillary services, and other behaviors [3]. In 2005, in response to an Institute of Medicine report outlining the need for representative data on persons living with HIV [4], the Centers for Disease Control and Prevention (CDC) implemented the Medical Monitoring Project (MMP).

MMP is a cross-sectional, nationally representative, complex sample survey that assesses the clinical and behavioral characteristics of HIV-infected adults who are receiving outpatient medical care in the United States and Puerto Rico [3, 5, 6]. The 2013 MMP sample was selected in 3 consecutive stages: (1) United States and dependent areas, (2) outpatient facilities providing HIV care, and (3) HIV-infected adults aged ≥18 years who made at least 1 medical care visit to a participating facility during January–April, 2013. A total of 23 areas were funded to conduct data collection for the 2013 cycle (Table 1).

This report presents unweighted sample sizes and weighted prevalence estimates with 95% confidence intervals for selected characteristics. The term *patients* refers to HIV-infected adults who are living in the United States or Puerto Rico and who are receiving outpatient medical care. The period referenced is the 12 months before the patient interview unless otherwise noted. Statistical software (SAS, version 9.3) was used for analysis of weighted data [7]. Data are not reported for estimates with a coefficient of variation of ≥30%. No statistical tests were performed. Additional information on MMP is available at http://www.cdc.gov/hiv/statistics/systems/mmp/.

HIGHLIGHTS OF ANALYSES

Facility and Patient Response Rates

Of 565 sampled eligible facilities in 23 project areas, 480 participated in MMP; the facility response rate, adjusted for eligibility, was 85%. In total, 9,371

patients were sampled from the 480 participating facilities. Of these, 5,030 patients completed the standard questionnaire, and their medical records were abstracted (Table 1). Adjusted for eligibility, the patient response rate was 55%.

Sociodemographic Characteristics

An estimated 72% of patients were male, 27% were female, and 2% were transgender (Table 2). Half (50%) of the patients identified themselves as heterosexual, or straight; 42% as homosexual, gay, or lesbian; and 8% as bisexual. An estimated 43% were black or African American, 32% were white, and 21% were Hispanic or Latino. More than three-quarters (77%) were aged at least 40 years, and 60% had received an HIV diagnosis at least 10 years earlier. More than half (52%) had more than a high school education, and 80% were born in the United States. The estimated prevalence of homelessness was 8%. An estimated 98% had health insurance or coverage for antiretroviral therapy (ART) medications: 47% had coverage through the Ryan White HIV/AIDS Program, 42% had Medicaid, 29% had Medicare, and 28% had private health insurance. An estimated 47% had household incomes at or below the federal poverty threshold.

Clinical Characteristics

According to the CDC stage of disease classification for HIV infection [8], an estimated 67% of patients had stage 3 (AIDS) disease (Table 3). An estimated 10% of patients had a geometric mean CD4 T-lymphocyte (CD4) count of 0–199 cells/ μ L. The estimated geometric mean CD4 count among all patients was 574 cells/ μ L, and the median CD4 count was 543 cells/ μ L (range, 2–4,540) (data not shown in table). An estimated 80% of patients had an undetectable (<200 copies/ml) viral load at the most recent measurement, while 68% had undetectable viral loads at all measurements during the past 12 months.

Use of Health Care Services

An estimated 61% of patients had at least 3 CD4 or HIV viral load tests documented in the medical record (Table 4). As recommended by guidelines, most

patients had at least 1 viral load test in each 6-month period (72%) and at least 1 CD4 test annually (96%). Overall, an estimated 94% of patients had an ART prescription documented in the medical record. Of patients who met the clinical criteria for *Pneumocystis* pneumonia (PCP) prophylaxis, 58% had a prescription for PCP prophylaxis documented in the medical record. Of patients who met the clinical criteria for *Mycobacterium avium* complex (MAC) prophylaxis, 57% had a prescription for MAC prophylaxis documented in the medical record.

Nearly 100% of patients had a usual place for HIV medical care (e.g., a physician's office or a clinic) (Table 5). Patients' estimated travel time to their usual HIV care provider averaged 34 minutes. In total, 4% of patients participated in an HIV clinical trial. Among sexually active patients, an estimated 43% were tested for gonorrhea, 43% for chlamydia, 65% for syphilis, and 36% for all 3 sexually transmitted diseases (STDs) (Table 6).

An estimated 8% of patients were seen in an emergency department or an urgent care center at least 1 time, and 1% were seen at least 5 times (Table 7). An estimated 5% of patients were admitted to a hospital for an HIV-related illness at least 1 time.

Self-reported Antiretroviral Medication Use and Adherence

An estimated 96% of patients were currently taking ART based on self-report (Table 8). Among the estimated 2% of patients without a history of ART use, 71% had never taken ART because a physician advised a delay in treatment; 7% had never taken ART due to money or insurance issues. Patients' ART medications were most commonly paid for by the AIDS Drug Assistance Program (40%), Medicaid (35%), private health insurance (22%), or Medicare (20%).

Estimated adherence to dose, schedule, and special instructions for taking ART during the past 3 days was 89%, 77%, and 74%, respectively. Among patients currently taking ART, 75% had never been troubled by ART side effects during the past 30 days; 12% had rarely been troubled.

Among patients currently taking ART, an estimated 95% were "very" or "extremely" sure that they could take all of their medication as directed, and 90% were "very" or "extremely" sure that their medication would have a positive effect on their health (Table 9). Among patients who were currently taking ART, an

estimated 54% had ever missed a dose (Table 8); 40% of patients who missed a dose did so most recently because they forgot to take it, and 24% most recently missed a dose because of a change in daily routine (Table 10).

Depression and Substance Use

The estimated prevalence of major or other depression based on the Patient Health Questionnaire (PHQ-8) algorithm [9] was 20%, including 10% with major depression (Table 11). Based on the total PHQ-8 symptom score (see the appendix), an estimated 20% of patients had current moderate or severe depression.

The estimated prevalence of smoking was 38%: 31% of patients smoked daily, 4% weekly, 1% monthly, and 2% less than monthly (Table 12). The estimated prevalence of alcohol use was 61%: 6% of patients drank alcohol daily, 18% weekly, 12% monthly, and 25% less than monthly (Table 13). Nearly 22% of patients drank alcohol before or during sex. An estimated 47% of patients drank alcohol during the past 30 days. Among patients who drank alcohol during the past 30 days, the estimated typical average daily consumption was 2.8 drinks. An estimated 15% of patients engaged in binge drinking during the past 30 days, the estimated mean number of binge-drinking days was 1.4.

An estimated 24% of patients used noninjection drugs for nonmedical purposes, and 10% used noninjection drugs before or during sex (Table 14). In total, an estimated 20% used marijuana, 4% used poppers (amyl nitrite), 3% used methamphetamine, and 4% used cocaine. An estimated 2% of patients used injection drugs for nonmedical purposes (Table 15). Of patients who injected drugs, 80% did so before or during sex.

Gynecologic and Reproductive Health

An estimated 26% of female patients received HIV care at an obstetrics and gynecology clinic, and 78% received a Papanicolaou (Pap) test (Table 16). An estimated 24% of female patients had been pregnant at least once since testing positive for HIV infection.

Sexual Behavior

An estimated 47% of patients were gay, bisexual, and other men who have sex with men (collectively referred to as MSM); 24% were men who exclusively

have sex with women; 26% were women who have sex with men; and fewer than 1% were women who exclusively have sex with women (Table 17). An estimated 60% of patients were sexually active, including 69% of MSM, 56% of men who have sex with women, 49% of women who have sex with men, 68% of women who have sex with women, and 51% of transgender persons. Among all patients, 22% had engaged in condomless sex (sex without a condom), and 11% had engaged in condomless sex with a partner of negative or unknown HIV status.

Among MSM, 31% had engaged in condomless anal intercourse, and 12% had engaged in condomless anal intercourse with a partner of negative or unknown HIV status (Table 18). Among men who have sex with women, 12% had engaged in condomless vaginal intercourse, and 7% had engaged in condomless vaginal intercourse with a partner of negative or unknown HIV status (Table 19). Among women who have sex with men, 17% had engaged in condomless vaginal intercourse, and 12% had engaged in condomless vaginal intercourse with a partner of negative or unknown HIV status (Table 20).

Met and Unmet Need for Ancillary Services

An estimated 59% of patients received HIV case management services; 58% received dental care; 47% received counseling about how to prevent the transmission of HIV; and 46% received public benefits, such as Social Security Income or Social Security Disability Insurance (Table 21). An estimated 25% of patients had unmet needs for dental care; 21% for eye or vision services; 10% for public benefits, such as Social Security Income or Social Security Disability Insurance; 10% for transportation assistance; 8% for meal or food services; 8% for shelter or housing services; 7% for HIV peer group support; 5% for case management services; 5% for mental health services; and 5% for lawyer or legal services.

Prevention Activities

An estimated 52% of patients received counseling from a physician, nurse, or other health care worker about HIV and STD prevention; 35% had a one-on-one conversation with an outreach worker, a counselor, or a prevention program worker about prevention; and 16% participated in a small-group session (excluding discussions with friends) to discuss the prevention of HIV and other STDs (Table 22). An estimated 58% of

patients received free condoms from various organizations; of these, 69% received free condoms from a general health clinic, 22% from an HIV/AIDS-focused community-based organization, 13% from a social venue (e.g., bar, club, bathhouse, gym, bookstore), 7% from an STD clinic, 6% from a special event, 1% from a family planning clinic, and 1% from an outreach organization focused on injection drug use (excluding needle exchange programs).

Technical Notes

For further technical details, please see the appendix.

POPULATION OF INFERENCE

For each MMP data collection cycle, the population of inference is HIV-infected adults (aged 18 years and older) who received care from known providers of outpatient HIV medical care in the United States during the population definition period (PDP). The PDP is a predefined period during which HIV-infected persons must have received care in a sampled facility in order to be sampled for participation in MMP. The PDP for the 2013 data collection cycle was January 1 through April 30, 2013.

A total of 23 areas were funded to conduct data collection for the 2013 cycle: California (including the separately funded jurisdictions of Los Angeles County and San Francisco), Delaware, Florida, Georgia, Illinois (including the separately funded jurisdiction of Chicago), Indiana, Michigan, Mississippi, New Jersey, New York (including the separately funded jurisdiction of New York City), North Carolina, Oregon, Pennsylvania (including the separately funded jurisdiction of Philadelphia), Puerto Rico, Texas (including the separately funded jurisdiction of Houston), Virginia, and Washington.

DATA COLLECTION

Patients were enrolled by either MMP staff or health facility staff. The enrollment strategy depended on clinic needs, project area needs, local institutional review board requirements, and the number of patients sampled from a given facility. For enrollment by MMP staff, facilities provided local MMP staff with contact information for patients. For enrollment by HIV medical care providers, selected patients were initially contacted by their health care providers—in person, by telephone, or by mail—and then were contacted by MMP staff. The participant eligibility criteria were the same in all participating project areas: diagnosis of HIV infection, age of >18 years at the beginning of the 4-month period (PDP) when patients were eligible for selection, no previous participation in MMP during the current data collection cycle, and receipt of medical care at the sampled facility during the PDP.

A trained interviewer conducted either a computer-assisted in-person interview or a telephone interview. English and Spanish versions of the questionnaire were used in 2013. Persons who agreed to participate were interviewed in a private location (e.g., at home or in a clinic) or over the telephone. The interview (approximately 45 minutes) included questions about demographics, health care utilization, met and unmet needs for ancillary services, sexual behavior, depression, gynecologic and reproductive history (women only), drug and alcohol use, and use of prevention services. Participants were given a token of appreciation of approximately \$25 in cash or the equivalent for participation; reimbursement amounts differed by project area according to local considerations.

After the interview, medical records were abstracted by MMP staff, using an electronic application provided by CDC. Abstracted information included diagnoses of AIDS-defining conditions, prescription of ART, laboratory results, and health care utilization in the 24 months before the interview.

References

- CDC. HIV Surveillance Report, 2014; vol. 26. http://www.cdc.gov/hiv/library/reports/surveillance/. Published November 2015. Accessed January 5, 2016.
- 2. Nakashima AK, Fleming PL. HIV/AIDS surveillance in the United States, 1981–2001. *J Acquir Immune Defic Syndr* 2003;32(suppl 1):S68–S85.
- 3. McNaghten AD, Wolfe MI, Onorato I, et al. Improving the representativeness of behavioral and clinical surveillance for persons with HIV in the United States: the rationale for developing a population-based approach. *PLoS One* 2007;2(6):e550.
- 4. Institute of Medicine. *Measuring What Matters: Allocation, Planning and Quality Assessment for the Ryan White CARE Act.* Washington, DC: National Academies Press; 2004. http://books.nap.edu/openbook.php?record_id=10855&page=RI. Published November 7, 2003. Accessed January 5, 2016.
- Blair JM, McNaghten AD, Frazier EL, et al. Clinical and behavioral characteristics of adults receiving medical care for HIV infection—Medical Monitoring Project, United States, 2007. MMWR 2011;60(SS-11):1–20.
- 6. Frankel MR, McNaghten A, Shapiro MF, et al. A probability sample for monitoring the HIV-infected population in care in the U.S. and in selected states. *Open AIDS J* 2012;6(suppl 1):67–76.
- 7. SAS Institute Inc. SAS version 9.3. Cary, NC: SAS Institute; 2011.
- 8. CDC. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States, 2008. MMWR 2008;57(RR-10):1–12.
- 9. Kroenke K, Strine TW, Spitzer RL, et al. The PHQ-8 as a measure of current depression in the general population. *J Affect Disord* 2009;114(1–3):163–173.

Table 1. Participants, by project area—Medical Monitoring Project, United States, 2013

Project area	No.	%
California (excluding Los Angeles County and San Francisco)	235	4.7
Chicago, IL	216	4.3
Delaware	206	4.1
Florida	499	9.9
Georgia	187	3.7
Houston, TX	218	4.3
Illinois (excluding Chicago)	52	1.0
Indiana	202	4.0
Los Angeles County, CA	245	4.9
Michigan	163	3.2
Mississippi	172	3.4
New Jersey	213	4.2
New York (excluding New York City)	114	2.3
New York City, NY	431	8.6
North Carolina	221	4.4
Oregon	274	5.4
Pennsylvania (excluding Philadelphia)	29	0.6
Philadelphia, PA	189	3.8
Puerto Rico	233	4.6
San Francisco, CA	232	4.6
Texas (excluding Houston)	260	5.2
Virginia	207	4.1
Washington	232	4.6
Total	5,030	100.0

Note. Percentages might not sum to 100 because of rounding.

Table 2. Characteristics of patients—Medical Monitoring Project, United States, 2013

	No. ^a	% b	95% CI ^c
Gender			
Male	3,540	71.5	68.9–74.2
Female	1,406	26.9	24.2–29.6
Transgender ^d	79	1.5	1.2–1.8
Sexual orientation			
Heterosexual or straight	2,506	50.1	45.8–54.4
Homosexual or gay	2,058	41.7	37.8-45.6
Bisexual	400	8.2	7.2–9.2
Race/ethnicity			
American Indian/Alaska Native	27	0.6	0.3-0.8
Asian	44	0.9	0.6-1.2
Black/African American	2,143	42.9	34.1–51.8
Hispanic/Latino ^e	1,131	21.1	14.6–27.6
Native Hawaiian/Other Pacific Islander	_	_	_
White	1,547	31.7	25.3–38.2
Multiple races	131	2.7	2.0-3.5
Age at time of interview (yr)			
18–24	133	2.9	2.4-3.5
25–29	239	5.0	4.2-5.9
30–34	327	6.7	5.9-7.4
35–39	423	8.7	7.6–9.8
10–44	596	11.5	10.5–12.5
45–49	925	18.4	17.2–19.6
50–54	943	18.2	16.8–19.6
55–59	716	14.4	13.3–15.5
60–64	440	8.6	7.9–9.3
≥65	288	5.6	4.8–6.4
Education			
ess than high school	1,072	21.3	18.3–24.4
High school diploma or GED	1,327	26.2	24.6–27.9
More than high school	2,627	52.4	48.5–56.4
Country or territory of birth			
United States	3,928	79.6	73.5–85.8
Puerto Rico	_	_	_
Mexico	237	4.0	3.2-4.8
Cuba	30	0.6	0.3–1.0
Other	525	10.6	8.6–12.7
Time since HIV diagnosis (yr)			
<5	939	19.9	18.1–21.6
5–9	1,011	20.0	18.4–21.6
≥10	3,080	60.1	57.3-62.9

Table 2. Characteristics of patients—Medical Monitoring Project, United States, 2013 (cont)

	No. ^a	% ^b	95% CI ^c
Homeless ^f at any time			
Yes	415	7.9	6.8–9.1
No	4,615	92.1	90.9–93.2
Incarcerated >24 hours			
Yes	248	4.9	4.2–5.5
No	4,781	95.1	94.5–95.8
Health insurance or coverage for antiretroviral medications	g		
Yes	4,943	98.4	97.8–99.0
No	81	1.6	1.0–2.2
Type of health insurance or coverage for antiretroviral medic	cations		
Ryan White			
Yes	2,406	46.6	44.1–49.1
No	2,557	53.4	50.9–55.9
Medicaid			
Yes	2,064	42.4	38.7–46.2
No	2,942	57.6	53.8–61.3
Private health insurance			
Yes	1,333	28.0	24.7–31.3
No	3,686	72.0	68.7–75.3
Medicare			
Yes	1,470	28.8	27.4–30.3
No	3,540	71.2	69.7–72.6
Other public insurance			
Yes	930	16.2	9.5–22.8
No	4,082	83.8	77.2–90.5
Tricare/CHAMPUS or Veterans Administration			
Yes	108	2.0	1.2–2.7
No	4,903	98.0	97.3–98.8
Insurance type unknown ^h			
Yes	161	3.5	2.6–4.4
No	4,863	96.5	95.6–97.4

Table 2. Characteristics of patients—Medical Monitoring Project, United States, 2013 (cont)

	No. ^a	% ^b	95% CI ^c
Primary source of most financial support			
SSI or SSDI	2,075	41.2	39.4-42.9
Salary or wages	1,836	37.3	35.3–39.3
Family, partner, or friends	493	9.8	8.7-10.9
Illegal or possibly illegal activities	_	_	_
No income or financial support	63	1.2	0.8–1.5
Other	538	10.4	8.1–12.8
Combined yearly household income ⁱ (US\$)			
0–19,999	3,216	66.3	62.9–69.8
20,000–39,999	850	18.1	16.5–19.7
40,000–74,999	418	9.1	7.5–10.8
≥75,000	293	6.4	5.3–7.5
Poverty guidelines ^j			
Above poverty threshold	2,515	53.2	49.0-57.3
At or below poverty threshold	2,258	46.8	42.7–51.0
Total	5,030	100	

Abbreviations: CI, confidence interval; GED, general educational development; CHAMPUS, Civilian Health and Medical Program of the Uniformed Services; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Patients were classified as transgender if sex at birth and gender reported by the patient were different, or if the patient chose transgender in response to the question about self-identified gender.

^e Hispanics or Latinos might be of any race. Patients are classified in only one race/ethnicity category.

f Living on the street, in a shelter, in a single-room-occupancy hotel, or in a car.

⁹ Patients could select more than one response for health insurance or coverage for antiretroviral medications.

^h Unknown insurance type means that the patient had insurance or coverage for antiretroviral medications, but the type of insurance or coverage could not be determined.

ⁱ Income from all sources, before taxes, in the last calendar year.

Poverty guidelines as defined by the Department of Health and Human Services (HHS); the 2012 guidelines were used for patients interviewed in 2013 and the 2013 guidelines were used for patients interviewed in 2014. More information regarding the HHS poverty guidelines can be found at http://aspe.hhs.gov/poverty/faq.cfm.

Table 3. Stage of disease, CD4 counts, and viral suppression during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Most advanced stage of disease (ever)			
Stage 1 ^d	413	8.5	7.4–9.6
Stage 2 ^e	1,195	24.1	22.0-26.1
Stage 3 (AIDS) ^f	3,415	67.4	64.8–70.0
Geometric mean CD4 count (cells/µL)			
0–199	458	9.8	8.9–10.7
200–349	697	14.2	13.1–15.4
350–499	934	19.5	18.3–20.7
≥500	2,689	56.5	54.6–58.3
Lowest CD4 count (cells/µL)			
0–49	148	3.1	2.4-3.8
50–199	507	10.7	9.7–11.6
200–349	863	17.7	16.5–18.9
350–499	1,068	22.1	20.9–23.3
≥500	2,207	46.4	44.2–48.6
Viral suppression			
Most recent viral load documented undetectable or <200 copies/mL	4,041	80.1	77.7–82.5
Most recent viral load documented detectable, ≥200 copies/mL, or missing/unknown	989	19.9	17.5–22.3
Durable viral suppression			
All viral load measurements documented undetectable or <200 copies/mL	3,446	68.0	65.6–70.4
Any viral load ≥200 copies/mL or missing/unknown	1,584	32.0	29.6–34.4
Total	5,030	100	

Abbreviations: CI, confidence interval; CD4, CD4 T-lymphocyte count (cells/µL).

Source of stages: CDC. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States, 2008. *MMWR* 2008;57(RR-10):1–12.

Note. CD4 counts and viral load measurements are from medical record abstraction.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d HIV infection, stage 1: No AIDS-defining condition and either CD4 count of ≥500 cells/μL or CD4 percentage of total lymphocytes of ≥29.

e HIV infection, stage 2: No AIDS-defining condition and either CD4 count of 200–499 cells/μL or CD4 percentage of total lymphocytes of 14–28.

f HIV infection, stage 3 (AIDS): Documentation of an AIDS-defining condition or either a CD4 count of <200 cells/ μL or a CD4 percentage of total lymphocytes of <14. Documentation of an AIDS-defining condition supersedes a CD4 count or percentage that would not, by itself, be the basis for a stage 3 (AIDS) classification.

Table 4. CD4 and viral load monitoring and prescription of antiretroviral therapy, *Pneumocystis* pneumonia prophylaxis (PCP), and *Mycobacterium avium* complex (MAC) prophylaxis during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% b	95% CI ^c
Number of outpatient laboratory tests ^d			
CD4 or HIV viral load			
0	199	4.0	3.4-4.7
1	531	10.5	8.9-12.2
2	1,193	24.4	22.4-26.4
≥3	3,077	61.1	57.7-64.4
CD4			
0	226	4.5	3.9-5.2
1	637	12.6	10.6–14.5
2	1,291	26.4	24.5–28.4
≥3	2,846	56.4	53.0-59.9
HIV viral load			
0	308	6.6	5.2-7.9
1	633	12.8	11.3–14.3
2	1,292	26.1	24.3-28.0
≥3	2,767	54.5	51.3–57.7
HIV viral load measurement at least once every 6 months			
⁄es	3,646	72.0	69.5-74.6
No	1,354	28.0	25.4–30.5
CD4 measured at least once annually			
Yes	4,774	95.5	94.8-96.1
No	226	4.5	3.9–5.2
Prescribed ART			
⁄es	4,722	94.1	93.3-95.0
No	308	5.9	5.0-6.7
Prescribed PCP prophylaxis ^e			
res	340	58.0	52.3-63.8
No	262	42.0	36.2–47.7
Prescribed MAC prophylaxis ^f			
Yes	72	57.1	48.8-65.3
No	58	42.9	34.7–51.2
Total	5,030	100	

Abbreviations: CI, confidence interval; CD4, CD4 T-lymphocyte count (cells/µL) or percentage; ART, antiretroviral therapy; PCP, *Pneumocystis* pneumonia; MAC, *Mycobacterium avium* complex.

Note. CD4 counts and viral load measurements are from medical record abstraction.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Only includes those tests with a documented result.

^e Among patients with CD4 cell count <200 cells/µL.

f Among patients with CD4 cell count <50 cells/μL.

Table 5. Clinical services during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% b	95% CI ^c
Had usual place for primary HIV care			
Yes	5,018	99.8	99.7-99.9
No	12	0.2	0.1–0.3
Received influenza vaccination			
Yes	4,163	83.7	81.6-85.8
No	820	16.3	14.2–18.4
Participated in HIV clinical trial			
Yes	198	4.1	3.2-5.1
No	4,814	95.9	94.9–96.8
Travel time to primary HIV care (estimated in minutes)			
Mean	33.5		
Median	28.1		
Range	0–480		
Total	5,030	100	

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

Table 6. Sexually transmitted disease testing during the 12 months before the interview, by sexual activity—Medical Monitoring Project, United States, 2013

		otal populati	on	Sexually	Sexually active ^a persons or	
	No.b	% ^c	95% CI ^d	No. ^b	% ^c	95% CI ^d
Gonorrhea ^e						
Yes, received test	2,092	39.3	35.0–43.5	1,381	43.3	39.2–47.3
No test documented	2,908	60.7	56.5–65.0	1,636	56.7	52.7–60.8
Chlamydia ^f						
Yes, received test	2,079	39.0	34.7–43.2	1,375	43.1	39.0–47.2
No test documented	2,921	61.0	56.8–65.3	1,642	56.9	52.8–61.0
Syphilis ^g						
Yes, received test	3,233	62.1	59.8-64.4	2,036	64.9	62.3–67.5
No test documented	1,767	37.9	35.6–40.2	981	35.1	32.5–37.7
Gonorrhea, chlamydia, and syphilis						
Yes, received all three tests	1,768	32.6	28.9–36.4	1,178	36.4	32.6–40.2
All three tests not documented	3,232	67.4	63.6–71.1	1,839	63.6	59.8–67.4
Total	5,030	100		3,033	100	

Note. Information on laboratory testing for sexually transmitted diseases was based on documentation in medical records.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Sexual activity was reported in the patient interview component of the Medical Monitoring Project and was defined as oral sex or anal or vaginal intercourse.

^b Numbers are unweighted.

^c Percentages are weighted percentages.

^d CIs incorporate weighted percentages.

^e Testing for *Neisseria gonorrhoeae* was defined as documentation of a result from culture, gram stain, enzyme immunoassay (EIA), the nucleic acid amplification test (NAAT), or the nucleic acid probe.

f Chlamydia trachomatis testing was defined as a result from culture, direct fluorescent antibody (DFA), EIA or enzyme-linked immunoassay (ELISA), NAAT, or nucleic acid probe.

⁹ Syphilis testing was defined as a result from nontreponemal syphilis tests (rapid plasma reagin [RPR], Venereal Disease Research Laboratory [VDRL]), treponemal syphilis tests (*Treponema pallidum* hemagglutination assay [TPHA], *T. pallidum* particle agglutination [TP-PA], microhemagglutination assay for antibody to *T. pallidum* [MHA-TP], fluorescent treponemal antibody absorbed [FTA-ABS] tests), or dark-field microscopy.

Table 7. Emergency department or urgent care clinic use and hospital admission during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c				
Number of visits to emergency department or urgent care clinic							
0	4,586	91.5	90.0–93.0				
1	211	4.2	2.9–5.4				
2–4	175	3.4	2.9–3.9				
≥5	47	0.9	0.7–1.2				
Number of hospital admissions							
0	4,742	94.7	94.0–95.4				
1	185	3.5	2.9-4.0				
2–4	75	1.5	1.2–1.8				
≥5	_	_	_				
Total	5,030	100					

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

Table 8. Antiretroviral therapy use, payment source, and adherence—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Ever taken ART			
⁄es	4,914	97.8	97.3-98.3
No	109	2.2	1.7–2.7
Currently taking ART			
⁄es	4,800	95.5	94.7-96.4
No	216	4.5	3.6-5.3
Main reason for never taking ART			
Doctor advised to delay treatment	76	71.2	63.3–79.1
Participant believed he or she didn't need medications because felt healthy or believed HIV laboratory results were good	_	_	_
Due to side effects of medication	0	0.0	_
Felt depressed or overwhelmed	0	0.0	_
Didn't want to think about being HIV positive	0	0.0	_
Norried about ability to adhere	0	0.0	_
Orinking or using drugs	0	0.0	_
Money or insurance issues	7	6.8	3.2-10.4
Homeless	_	_	_
Taking alternative or complementary medicines	_	_	_
Other	_	_	_
Main reason for not currently taking ART, among those persons with a history of ART use			
Doctor advised to delay treatment	22	18.2	10.5–26.0
Participant believed he or she didn't need medications because felt healthy or believed HIV laboratory results were good	_	_	_
Due to side effects of medication	_	_	_
Felt depressed or overwhelmed	_	_	_
Didn't want to think about being HIV positive	0	0.0	_
Norried about ability to adhere	_	_	_
Orinking or using drugs	_	_	_
Money or insurance issues	21	21.9	10.6–33.2
Homeless	_	_	_
Taking alternative or complementary medicines	_	_	_
Other	21	22.2	12.0-32.5

No. 16

Table 8. Antiretroviral therapy use, payment source, and adherence—Medical Monitoring Project, United States, 2013 *(cont)*

	No. ^a	% b	95% CI ^c
ART medications paid for by ^d			
AIDS Drug Assistance Program (ADAP)			
Yes	1,967	40.0	37.0-42.9
No	2,758	60.0	57.1–63.0
Medicaid			
Yes	1,587	35.1	31.6–38.6
No	3,138	64.9	61.4–68.4
Private health insurance			
Yes	982	22.1	18.7–25.4
No	3,743	77.9	74.6–81.3
Medicare			
Yes	940	19.5	18.4–20.6
No	3,785	80.5	79.4–81.6
Out of pocket			
Yes	550	10.7	6.5–15.0
No	4,175	89.3	85.0-93.5
Other public insurance			
Yes	_	_	_
No	_	_	_
Other unspecified insurance			
Yes	128	3.0	2.3–3.7
No	4,670	97.0	96.3–97.7
AIDS service organizations			
Yes	36	0.7	0.3–1.2
No	4,689	99.3	98.8–99.7
Clinical trial or drug study			
Yes	23	0.5	0.3–0.8
No	4,702	99.5	99.2–99.7
Public clinic			
Yes	46	0.9	0.6–1.2
No	4,679	99.1	98.8–99.4
Veterans Administration			
Yes	65	1.2	0.6–1.9
No	4,733	98.8	98.1–99.4
Tricare or CHAMPUS			
Yes	_	_	
No	_		

Table 8. Antiretroviral therapy use, payment source, and adherence—Medical Monitoring Project, United States, 2013 (cont)

	No. ^a	% b	95% CI ^c
100% ART medication adherence (during preceding 72 hours) ^d			
By dose			
Yes	4,146	89.0	87.5–90.4
No	519	11.0	9.6–12.5
By schedule			
Yes	3,636	77.1	74.0-80.2
No	1,154	22.9	19.8–26.0
By special instructions (among those with special instructions for taking ART)	or		
Yes	2,302	73.5	71.1–76.0
No	854	26.5	24.0–28.9
roubled by ART side effects (during past 30 days) ^d			
Never	3,595	75.3	73.5–77.1
Rarely	590	12.0	10.0-13.9
About half the time	226	5.0	4.1–5.8
Most of the time	185	3.9	3.2-4.6
Always	162	3.4	2.5-4.4
Been on medications less than 30 days	22	0.4	0.2-0.6
roubled by ART side effects half of the time or more (during past	30 days) ^d		
Yes	573	12.4	10.5–14.2
No	4,185	87.6	85.8–89.5
Any drug holiday ^{d,e}			
⁄es	359	6.7	5.2-8.2
lo	4,433	93.3	91.8–94.8
ever missed a dose of ART medications ^d			
⁄es	2,322	54.4	51.8–56.9
lo	1,931	45.6	43.1–48.2
- Total	5,030	100	

Abbreviations: CI, confidence interval; ART, antiretroviral therapy; CHAMPUS, Civilian Health and Medical Program of the Uniformed Services.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Among patients currently taking ART.

^e Did not take any ART medications for at least 2 consecutive days.

Table 9. Beliefs among patients currently taking antiretroviral medications—Medical Monitoring Project, United States, 2013

Belief	No. ^a	% ^b	95% CI ^c
Will be able to take all or most of medication as di	rected		
Not at all sure	43	0.9	0.6–1.3
Somewhat sure	198	4.0	3.3–4.7
Very sure	1,457	28.7	25.7–31.6
Extremely sure	3,100	66.3	63.2–69.5
Medication will have a positive effect on health			
Not at all sure	107	2.4	1.9–2.9
Somewhat sure	350	7.3	6.3–8.2
Very sure	1,587	31.5	28.4–34.5
Extremely sure	2,734	58.9	55.9–61.8
HIV will become resistant to HIV medications if medication is not taken exactly as instructed			
Not at all sure	300	6.3	5.3–7.3
Somewhat sure	529	10.8	9.4–12.2
Very sure	1,580	31.8	29.2–34.3
Extremely sure	2,320	51.1	48.5–53.7
Total	4,800	100	

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

Table 10. Reasons for missed antiretroviral therapy dose, among those ever missing a dose—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Forgot to take them			
Yes	926	40.0	37.4–42.7
No	1,379	60.0	57.3–62.6
Change in daily routine, including travel			
Yes	555	23.9	21.1–26.7
No	1,750	76.1	73.3–78.9
Problem with prescription or refill			
Yes	327	14.6	12.7–16.4
No	1,978	85.4	83.6–87.3
Felt sick or tired			
Yes	292	12.9	11.0–14.8
No	2,013	87.1	85.2–89.0
Drinking or using drugs			
Yes	69	3.0	2.3-3.6
No	2,236	97.0	96.4–97.7
Money or insurance issues			
Yes	61	2.8	2.0-3.6
No	2,244	97.2	96.4–98.0
Felt depressed or overwhelmed			
Yes	61	2.6	2.0-3.2
No	2,244	97.4	96.8–98.0
Due to side effects of medication			
Yes	31	1.3	0.7–1.9
No	2,274	98.7	98.1–99.3
Had too many pills to take			
Yes	16	0.7	0.3–1.1
No	2,289	99.3	98.9–99.7
Homeless ^d			
Yes	_	_	_
No	_	_	_
Total	2,322	100	

Note. Patients could report more than 1 reason.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Living on the street, in a shelter, in a single-room–occupancy hotel, or in a car.

Table 11. Depression during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Depression based on DSM-IV criteria ^d			
No depression	3,984	80.4	78.3–82.6
Other depression	482	9.4	8.6–10.1
Major depression	505	10.2	8.3–12.0
Moderate or severe depression (PHQ-8 score >10)			
Yes	1,010	19.5	16.8–22.2
No	3,961	80.5	77.8–83.2
Total	5,030	100	

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

d Responses to the 8 items on the Patient Health Questionnaire (PHQ-8) were used to define "major depression" and "other depression," according to criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (DSM-IV-TR). "Major depression" was defined as having at least 5 symptoms of depression; "other depression" was defined as having 2–4 symptoms of depression.

Table 12. Cigarette smoking—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Smoked ≥100 cigarettes (lifetime)			
Yes	2,970	59.7	57.5–62.0
No	2,043	40.3	38.0–42.5
Smoking status			
Never smoked	2,043	40.3	38.0–42.5
Former smoker	1,087	21.5	19.3–23.7
Current smoker	1,881	38.2	36.4–40.0
Frequency of current cigarette smoking			
Never	3,130	61.8	60.0–63.6
Daily	1,526	30.9	29.2–32.7
Weekly	189	3.9	3.2–4.6
Monthly	53	1.1	0.7–1.4
Less than monthly	113	2.3	1.8–2.8
Total	5,030	100	

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

Table 13. Alcohol use during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Any alcohol use ^d			
Yes	3,081	61.0	57.1-64.9
No	1,930	39.0	35.1–42.9
Frequency of alcohol use			
Daily	282	5.8	4.9-6.6
Weekly	919	17.8	15.8-19.8
Monthly	618	12.3	11.1–13.5
Less than monthly	1,262	25.1	23.0-27.3
Never	1,930	39.0	35.1–42.9
Alcohol use before or during sex			
Yes	1,110	21.8	19.5–24.1
No	3,852	78.2	75.9–80.5
Alcohol use (during past 30 days)			
Yes	2,374	46.9	44.0-49.9
No	2,622	53.1	50.1-56.0
Binge drinking ^e (during past 30 days)			
Yes	749	14.6	13.1–16.0
No	4,241	85.4	84.0–86.9
Heavy drinking ^f (during past 30 days)			
Yes	200	4.0	3.2-4.8
No	4,785	96.0	95.2–96.8
D >4 dail	-4 00 days)		
Days ≥1 drink consumed ^g (estimated numbers during pa Mean	st 30 days) 7.1		
Median	3.1		
Range	1–30		
Drinks consumed per day ^g (estimated numbers during pa			
Mean 	2.8		
Median -	1.7		
Range	1–30		
Binge drinking days ^g (estimated numbers during past 30	days)		
Mean	1.4		
Median	0.0		
Range	0–30		
Total	5,030	100	

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Patients who drank at least 1 alcoholic beverage during the 12 months preceding the interview. Alcoholic beverage was defined as a 12-ounce beer, 5-ounce glass of wine, or 1.5-ounce shot of liquor.

e Patients who drank ≥5 alcoholic beverages at one sitting (≥4 for women) during the 30 days preceding the interview.

f Patients who drank, on average, >2 alcoholic beverages (>1 for women) per day during the 30 days preceding the interview.

^g Among patients who drank alcohol in the past 30 days.

Table 14. Noninjection drug use during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Use of any noninjection drugs ^d			
Yes	1,230	24.0	22.5–25.5
No	3,785	76.0	74.5–77.5
Use of any noninjection drugs ^d before or during sex			
Yes	549	10.3	8.9–11.7
No	4,431	89.7	88.3–91.1
Noninjection drugs ^d used by patients			
Marijuana			
Yes	1,023	20.1	18.8–21.4
No	3,992	79.9	78.6–81.2
Poppers (amyl nitrite)			
Yes	212	4.0	2.9–5.0
No	4,803	96.0	95.0–97.1
Methamphetamine (crystal meth, tina, crank, ice)			
Yes	189	3.4	2.2–4.6
No	4,825	96.6	95.4–97.8
Cocaine that is smoked or snorted			
Yes	217	4.0	3.3–4.7
No	4,796	96.0	95.3–96.7
Crack			
Yes	157	2.7	2.1–3.3
No	4,858	97.3	96.7–97.9
Painkiller (e.g., Oxycontin, Vicodin, or Percocet)			
Yes	96	1.7	1.3–2.1
No	4,917	98.3	97.9–98.7
X or Ecstasy			
Yes	72	1.4	1.0–1.8
No	4,943	98.6	98.2–99.0
GHB			
Yes	77	1.4	0.8–2.0
No	4,938	98.6	98.0–99.2

Table 14. Noninjection drug use during the 12 months before the interview—Medical Monitoring Project, United States, 2013 (cont)

	No. ^a	% b	95% CI ^c
Downer (e.g., Valium, Ativan, or Xanax)			
Yes	67	1.2	0.7–1.6
No	4,948	98.8	98.4–99.3
Amphetamine (speed)			
Yes	47	0.8	0.5–1.1
No	4,966	99.2	98.9–99.5
Hallucinogen (e.g., LSD or mushrooms)			
Yes	37	0.6	0.4–0.9
No	4,978	99.4	99.1–99.6
Special K (ketamine)			
Yes	28	0.5	0.3-0.7
No	4,987	99.5	99.3–99.7
Heroin or opium that is smoked or snorted			
Yes	34	0.5	0.3-0.7
No	4,981	99.5	99.3–99.7
Steroid			
Yes	_	_	_
No	_	_	_
Total	5,030	100	

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Department of Health and Human Services or the Centers for Disease Control and Prevention.

Abbreviations: CI, confidence interval; GHB, gamma hydroxybutyrate; LSD, lysergic acid diethylamide.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Includes all drugs that were not injected (i.e., administered by any route other than injection), including legal drugs that were not used for medical purposes.

Table 15. Injection drug use during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% b	95% CI ^c
Use of any injection drugs			
Yes	101	1.7	0.8–2.7
No	4,913	98.3	97.3–99.2
Use of any injection drugs before or during sex ^d			
Yes	68	80.3	72.1–88.5
No	16	19.7	11.5–27.9
Injection drugs used by patients			
Methamphetamine (crystal meth, tina, crank, ice)			
Yes	_	_	_
No	_	_	_
Heroin			
Yes	_	_	_
No	_	_	_
Cocaine			
Yes	10	0.2	0.1–0.3
No	5,020	99.8	99.7–99.9
Heroin and cocaine (speedball)			
Yes	_	_	_
No	_	_	_
Crack			
Yes	_	_	_
No	_	_	_
Amphetamine (speed)			
Yes	_	_	_
No	_	_	_
Oxycontin			
Yes	0	0.0	_
No	5,030	100.0	_
Total	5,030	100	

Disclaimer: The use of trade names is for identification only and does not imply endorsement by the Department of Health and Human Services or the Centers for Disease Control and Prevention.

Abbreviation: CI, confidence interval.

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Among patients who used any injection drugs.

Table 16. Gynecological care and reproductive health among women—Medical Monitoring Project, United States, 2013

	3	a, h	2-21 210
	No. ^a	% ^b	95% CI ^c
Received HIV care at a gynecological clinic			
Yes	356	25.6	19.5–31.7
No	1,045	74.4	68.3–80.5
Papanicolaou (Pap) test			
Yes	1,099	78.1	75.5–80.7
No	298	21.9	19.3–24.5
Pregnant since HIV diagnosis			
Yes	333	23.6	20.9–26.3
No	1,073	76.4	73.7–79.1
Total	1,406	100	

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding. Excluded are values with a coefficient of variation ≥30%, "don't know" responses, and skipped (missing) responses.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

Table 17. Sexual activity during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
Classification of sexual behavior and sexual orientation ^d			
Any MSM (MSM only, and men who have sex with men and women)	2,334	47.2	42.9–51.4
Men who have sex with women only	1,171	24.3	22.2–26.3
Any women who have sex with men (women who have sex with men only, and women who have sex with men and women)	1,372	26.4	23.8–29.1
Vomen who have sex with women only	28	0.6	0.4–0.8
Any sexual activity			
⁄es	3,033	60.0	58.1–61.8
No	1,955	40.0	38.2–41.9
Any sexual activity among			
MSM			
Yes	1,637	69.3	65.7–72.9
No	682	30.7	27.1–34.3
Men who have sex with women only			
Yes	658	55.9	52.9–58.9
No	504	44.1	41.1–47.1
Women who have sex with men			
Yes	676	49.1	45.9–52.4
No	685	50.9	47.6–54.1
Women who have sex with women only			
Yes	19	67.5	51.2-83.9
No	9	32.5	16.1–48.8
Transgender			
Yes	40	50.7	38.0–63.3
No	39	49.3	36.7–62.0
Engaged in any condomless sex with			
Any partner			
Yes	1,109	22.1	19.5–24.6
No	3,753	77.9	75.4–80.5
Any partner whose HIV status was negative or unknown	, -		
Yes	537	10.7	9.4–12.1
No	501	10.1	J.7 12.1

Table 17. Sexual activity during the 12 months before the interview—Medical Monitoring Project, United States, 2013 *(cont)*

	No. ^a	% ^b	95% CI ^c
Estimated number of sex partners ^e among			
MSM			
Mean	5.8		
Median	1.4		
Range	1–300		
Men who have sex with women only			
Mean	1.7		
Median	1.0		
Range	1–100		
Women who have sex with men			
Mean	1.2		
Median	1.0		
Range	1–50		
Women who have sex with women only			
Mean	1.3		
Median	1.0		
Range	1–3		
Transgender			
Mean	5.1		
Median	1.0		
Range	1–80		
Total	5,030	100	

 $\label{eq:local_local_local} Abbreviations: \ CI, \ confidence \ interval; \ MSM, \ men \ who \ have \ sex \ with \ men.$

Note. Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

^d Seventy-nine transgender persons not included in any of these categories.

^e Among sexually active patients.

Table 18. Sexual risk behaviors during the 12 months before the interview among men who have sex with men, by type of partner—Medical Monitoring Project, United States, 2013

		Any partner	a		Main partner	.b		Casual partne	er ^c
Behavior	No. ^d	% ^e	95% CI ^f	No. ^d	% ^e	95% CI ^f	No. ^d	% ^e	95% Cl ^f
Any anal sex									
Yes	1,364	59.0	55.6–62.4	900	39.7	36.7–42.6	805	34.3	31.2–37.4
No	909	41.0	37.6–44.4	1,377	60.3	57.4–63.3	1,471	65.7	62.6–68.8
Any condomless anal sex									
Yes	700	30.6	26.7–34.5	455	20.0	17.2–22.7	397	17.0	14.4–19.7
No	1,518	69.4	65.5–73.3	1,802	80.0	77.3–82.8	1,838	83.0	80.3–85.6
Condomless anal sex with partner whose HI	IV status was negative o	or unknown							
Yes	270	12.1	10.3–13.9	142	6.4	5.3–7.5	160	7.0	5.5-8.4
No	1,938	87.9	86.1–89.7	2,114	93.6	92.5–94.7	2,070	93.0	91.6–94.5
Insertive anal sex									
Yes	1,110	47.8	44.3–51.4	721	31.4	28.3–34.5	639	27.3	24.8–29.9
No	1,162	52.2	48.6–55.7	1,556	68.6	65.5–71.7	1,637	72.7	70.1–75.2
Condomless insertive anal sex									
Yes	538	22.8	20.2–25.5	338	14.7	12.7–16.7	306	12.7	10.7–14.8
No	1,732	77.2	74.5–79.8	1,938	85.3	83.3–87.3	1,969	87.3	85.2–89.3
Condomless insertive anal sex with partner	whose HIV status was i	negative or un	known						
Yes	157	7.0	5.8-8.2	77	3.5	2.5–4.4	95	4.1	3.1–5.0
No	2,112	93.0	91.8–94.2	2,199	96.5	95.6–97.5	2,180	95.9	95.0–96.9

Table 18. Sexual risk behaviors during the 12 months before the interview among men who have sex with men, by type of partner—Medical Monitoring Project, United States, 2013 (cont)

	Any partner ^a			Main partner ^b			Casual partner ^c		
Behavior	No. ^d	% e	95% CI ^f	No. ^d	% ^e	95% CI ^f	No. ^d	% ^e	95% CI ^f
Receptive anal sex									
Yes	1,050	46.2	43.2–49.1	673	30.2	27.4–32.9	625	27.0	24.3–29.7
No	1,197	53.8	50.9–56.8	1,593	69.8	67.1–72.6	1,631	73.0	70.3–75.7
Condomless receptive anal sex									
Yes	549	24.1	20.5–27.7	351	15.6	13.1–18.2	305	13.1	10.8–15.4
No	1,667	75.9	72.3–79.5	1,906	84.4	81.8–86.9	1,929	86.9	84.6–89.2
Condomless receptive anal sex with partner wh	ose HIV status was	negative or ur	nknown						
Yes	213	9.5	8.0–11.0	109	4.9	4.0–5.8	127	5.5	4.3–6.8
No	1,994	90.5	89.0–92.0	2,148	95.1	94.2–96.0	2,102	94.5	93.2–95.7
Total	2,334	100		2,334	100		2,334	100	

Note. Men who have sex with men were defined as men who reported sex with men during the 12 months preceding the interview, regardless of whether they also reported sex with women, or if no sexual activity was reported, men who identified as homosexual, gay, or bisexual.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Indicates whether the behavior was reported with any sexual partner.

^b A partner with whom the patient had sex and to whom he felt most committed (e.g., boyfriend, spouse, significant other, or life partner).

^c A partner with whom the patient had sex but to whom he did not feel committed or whom he did not know very well.

^d Numbers are unweighted.

e Percentages are weighted percentages.

^f Cls incorporate weighted percentages.

g A condom was not used.

Table 19. Sexual risk behaviors during the 12 months before the interview among men who have sex with women, by type of partner—Medical Monitoring Project, United States, 2013

<u></u>		<u> </u>								
		Any partner	a	Main partner ^b				Casual partner ^c		
Behavior	No. ^d	% ^e	95% CI ^f	No.d	% ^e	95% CI ^f	No. ^d	% ^e	95% CI ^f	
Any vaginal sex										
Yes	624	52.9	50.0-55.7	483	40.9	38.0-43.9	185	15.0	12.8-17.1	
No	535	47.1	44.3–50.0	676	59.1	56.1–62.0	975	85.0	82.9–87.2	
Any condomless vaginal sex										
Yes	144	12.1	10.0–14.1	116	10.1	8.3–11.8	37	2.6	1.6-3.5	
No	1,014	87.9	85.9–90.0	1,042	89.9	88.2–91.7	1,122	97.4	96.5–98.4	
Condomless vaginal sex with partner whose	HIV status was negati	ve or unknowi	1							
Yes	86	6.9	5.5-8.3	67	5.5	4.3-6.6	22	1.6	0.9-2.4	
No	1,072	93.1	91.7–94.5	1,091	94.5	93.4–95.7	1,137	98.4	97.6–99.1	
Any anal sex										
Yes	62	4.5	2.8-6.3	41	3.0	1.6–4.4	25	1.8	0.9-2.8	
No	1,092	95.5	93.7–97.2	1,114	97.0	95.6–98.4	1,134	98.2	97.2–99.1	
Condomless anal sex										
Yes	15	1.0	0.4–1.7	_	_	_	_	_	_	
No	1,138	99.0	98.3–99.6	_	_	_	_	_	_	
Condomless anal sex with partner whose HI	V status was negative	or unknown								
Yes	_	_	_	_	_	_	_	_	_	
No	_	_	_	_	_	_	_	_	_	
Total	1,171	100		1,171	100		1,171	100		

Note. Men who exclusively have sex with women were defined as men who reported sex only with women during the 12 months preceding the interview, or if no sexual activity was reported, men who identified as heterosexual or straight.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Indicates whether the behavior was reported with any sexual partner.

^b A partner with whom the patient had sex and to whom he felt most committed (e.g., girlfriend, spouse, significant other, or life partner).

^c A partner with whom the patient had sex but to whom he did not feel committed or whom he did not know very well.

^d Numbers are unweighted.

^e Percentages are weighted percentages.

f Cls incorporate weighted percentages.

Table 20. Sexual risk behaviors during the 12 months before the interview among women who have sex with men, by type of partner—Medical Monitoring Project, United States, 2013

·										
		Any partner	a		Main partner	b	Casual partner ^c			
Behavior	No. ^d	% ^e	95% CI ^f	No.d	% ^e	95% CI ^f	No. ^d	% ^e	95% CI ^f	
Any vaginal sex										
Yes	661	48.2	45.0–51.5	592	43.3	40.3–46.3	99	6.9	5.7-8.2	
No	697	51.8	48.5–55.0	766	56.7	53.7–59.7	1,258	93.1	91.8–94.3	
Any condomless vaginal sex										
Yes	238	16.9	14.9–18.9	223	15.8	13.8–17.8	22	1.4	0.8-2.1	
No	1,118	83.1	81.1–85.1	1,133	84.2	82.2–86.2	1,335	98.6	97.9–99.2	
Condomless vaginal sex with partner whose	e HIV status was negati	ve or unknowi	า							
Yes	162	11.5	9.6–13.5	151	10.7	8.8–12.7	16	1.1	0.5-1.6	
No	1,193	88.5	86.5–90.4	1,204	89.3	87.3–91.2	1,341	98.9	98.4–99.5	
Any anal sex										
Yes	54	3.8	2.6–5.1	50	3.6	2.5-4.7	_	_	_	
No	1299	96.2	94.9–97.4	1304	96.4	95.3–97.5	_	_	_	
Condomless anal sex										
Yes	29	2.1	1.2–2.9	26	1.8	1.1–2.5	_	_	_	
No	1,324	97.9	97.1–98.8	1,328	98.2	97.5–98.9	_	_	_	
Condomless anal sex with partner whose H	IV status was negative	or unknown								
Yes	21	1.5	0.8–2.2	19	1.4	0.8-2.0	_	_	_	
No	1,332	98.5	97.8–99.2	1,335	98.6	98.0–99.2	_	_	_	
Total	1,372	100		1,372	100		1,372	100		

Note. Women who have sex with men were defined as women who reported sex with men during the 12 months preceding the interview, regardless of whether they also reported sex with women, or if no sexual activity was reported, women who identified as heterosexual, straight, or bisexual.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Indicates whether the behavior was reported with any sexual partner.

^b A partner with whom the patient had sex and to whom she felt most committed (e.g., boyfriend, spouse, significant other, or life partner).

^c A partner with whom the patient had sex but to whom she did not feel committed or whom she did not know very well.

^d Numbers are unweighted.

^e Percentages are weighted percentages.

^f Cls incorporate weighted percentages.

No. 16

Table 21. Met and unmet needs for ancillary services during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	Persons who received services				o needed but es by time of	did not receive interview	Persons who did not need or receive service		
	No. ^a	% ^b	95% CI ^c	No.a	% ^b	95% CI ^c	No. ^a	% ^b	95% CI ^c
HIV case management services									
Yes	3,025	59.1	54.3-63.8	233	4.6	3.8-5.4	1,749	36.2	31.8-40.6
No	1,988	40.9	36.2–45.7	4,777	95.4	94.6–96.2	3,261	63.8	59.4-68.2
Dental care									
Yes	2,934	58.2	54.5-61.8	1,236	24.6	21.9–27.3	854	17.1	14.8-19.5
No	2,093	41.8	38.2–45.5	3,788	75.4	72.7–78.1	4,170	82.9	80.5–85.2
Counseling about how to prevent spread of H	IV								
Yes	2,314	46.6	41.6–51.7	37	0.7	0.4-0.9	2,673	52.7	47.7–57.7
No	2,711	53.4	48.3–58.4	4,989	99.3	99.1–99.6	2,351	47.3	42.3–52.3
Public benefits (e.g., SSI or SSDI)									
Yes	2,327	45.8	43.4–48.3	487	9.9	8.6–11.2	2,205	44.2	41.9–46.6
No	2,698	54.2	51.7–56.6	4,532	90.1	88.8–91.4	2,814	55.8	53.4–58.1
Eye or vision service									
Yes	2,198	43.1	39.8–46.4	1,056	20.7	18.8–22.6	1,763	36.1	32.8–39.5
No	2,821	56.9	53.6–60.2	3,964	79.3	77.4–81.2	3,255	63.9	60.5–67.2
Medicine through ADAP									
Yes	2,126	41.7	38.9–44.6	113	2.5	1.8–3.1	2,641	55.6	52.5-58.7
No	2,758	58.3	55.4–61.1	4,834	97.5	96.9–98.2	2,250	44.4	41.3–47.5
Mental health services									
Yes	1,474	28.7	25.7–31.8	268	5.4	4.6–6.2	3,276	65.8	62.5-69.2
No	3,549	71.3	68.2–74.3	4,752	94.6	93.8–95.4	1,743	34.2	30.8–37.5
Meal or food services									
Yes	1,419	27.5	24.5–30.4	385	7.5	6.3–8.7	3,221	65.0	61.9–68.1
No	3,607	72.5	69.6–75.5	4,640	92.5	91.3–93.7	1,804	35.0	31.9–38.1
Transportation assistance									
Yes	1,277	24.5	22.5–26.5	474	9.5	8.2-10.9	3,273	66.0	63.4–68.5
No	3,748	75.5	73.5–77.5	4,551	90.5	89.1–91.8	1,751	34.0	31.5–36.6
Professional help remembering to take HIV me	edicines on time or co	orrectly (adher	ence support servic	es)					
Yes	1,142	22.5	19.0–25.9	88	1.7	1.3–2.1	3,796	75.8	72.5–79.2
No	3,885	77.5	74.1-81.0	4,938	98.3	97.9-98.7	1,231	24.2	20.8-27.5

Table 21. Met and unmet needs for ancillary services during the 12 months before the interview—Medical Monitoring Project, United States, 2013 (cont)

	Person	d services		Persons who needed but did not receive services by time of interview			Persons who did not need or receive services			
	No.a	% ^b	95% CI ^c	No. ^a	% b	95% CI ^c	No.a	% b	95% CI ^c	
HIV peer group support										
Yes	811	15.9	13.3–18.5	357	7.1	6.1–8.1	3,845	77.0	74.5-79.4	
No	4,214	84.1	81.5–86.7	4,658	92.9	91.9–93.9	1,168	23.0	20.6–25.5	
Shelter or housing services										
Yes	824	15.8	13.7-17.9	400	7.9	6.4-9.3	3,802	76.3	73.5–79.2	
No	4,202	84.2	82.1–86.3	4,626	92.1	90.7–93.6	1,224	23.7	20.8–26.5	
Lawyer or legal services										
Yes	627	12.3	10.8–13.8	270	5.2	4.2-6.2	4,122	82.5	80.5-84.4	
No	4,397	87.7	86.2–89.2	4,750	94.8	93.8–95.8	897	17.5	15.6–19.5	
Drug or alcohol counseling or treatment										
Yes	422	8.2	6.6–9.9	70	1.3	1.0–1.7	4,534	90.4	88.7–92.1	
No	4,605	91.8	90.1–93.4	4,956	98.7	98.3–99.0	492	9.6	7.9–11.3	
Home health services										
Yes	324	6.5	5.7–7.3	135	2.7	2.0-3.4	4,567	90.8	89.5–92.2	
No	4,702	93.5	92.7–94.3	4,891	97.3	96.6–98.0	459	9.2	7.8–10.5	
Interpreter services										
Yes	270	5.3	4.0-6.5	12	0.2	0.0-0.4	4,742	94.5	93.2-95.8	
No	4,755	94.7	93.5–96.0	5,012	99.8	99.6–100.0	282	5.5	4.2–6.8	
Domestic violence services										
Yes	77	1.5	1.1–1.9	38	8.0	0.5–1.0	4,912	97.8	97.3-98.3	
No	4,950	98.5	98.1–98.9	4,989	99.2	99.0–99.5	115	2.2	1.7–2.7	
Childcare services										
Yes	68	1.3	0.9–1.6	58	1.2	0.9–1.5	4,900	97.6	97.1–98.0	
No	4,958	98.7	98.4–99.1	4,968	98.8	98.5–99.1	126	2.4	2.0-2.9	
Total	5,030	100		5,030	100		5,030	100		

Abbreviations: CI, confidence interval; SSI, Supplemental Security Income; SSDI, Social Security Disability Insurance; ADAP, AIDS Drug Assistance Program.

Note. Patients could report receiving or needing more than one service.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c Cls incorporate weighted percentages.

Table 22. Prevention services received during the 12 months before the interview—Medical Monitoring Project, United States, 2013

	No. ^a	% ^b	95% CI ^c
One-on-one conversation with physician, nurse, or other health care worker			
Yes	2,635	52.2	45.9–58.5
No	2,369	47.8	41.5–54.1
One-on-one conversation with outreach worker, counselor, or prevention program worker			
Yes	1,787	35.0	30.0–39.9
No	3,221	65.0	60.1–70.0
Organized session involving a small group of people			
Yes	828	15.5	11.9–19.2
No	4,182	84.5	80.8–88.1
Free condoms			
Yes	2,963	58.2	55.0-61.4
No	2,050	41.8	38.6–45.0
Source of free condoms ^d General health clinic			
Yes	1,994	68.7	63.5–73.9
No	968	31.3	26.1–36.5
Community-based organization		0.1.0	20 00.0
Yes	691	22.3	17.8–26.8
No		77.7	73.2–82.2
Social venue	2,271	11.1	13.2-02.2
Yes	204	40.0	0.0.40.0
	381	12.6	8.9–16.3
No	2,581	87.4	83.7–91.1
Sexually transmitted disease clinic			
Yes	213	6.8	2.8–10.8
No	2,749	93.2	89.2–97.2
Special event			
Yes	177	5.6	4.2-7.0
No	2,785	94.4	93.0-95.8
Family planning clinic			
Yes	35	1.3	0.8–1.7
No	2,927	98.7	98.3–99.2
Outreach organization for persons who inject drugs	•		
Yes	31	0.9	0.5–1.3
No	2,931	99.1	98.7–99.5
	۱ ۵۵,	JJ. I	au.₁—aa.J
Total	5,030	100	

Note. Patients could report receiving more than one prevention service.

Numbers might not add to total because of missing data. Percentages might not sum to 100 because of rounding.

^a Numbers are unweighted.

^b Percentages are weighted percentages.

^c CIs incorporate weighted percentages.

^d Among patients who received free condoms.

METHODS

Sampling and nonresponse analyses were conducted, and weighting methods were applied, as described previously [1]. There were 2 updates to sampling and weighting procedures used for 2013 data, neither of which substantially changed prevalence estimates from previous years. First, the second-stage sampling units in 2013 were facilities rather than pairs of facilities. In previous cycles, large and small facilities were linked for sampling purposes to ensure representation of both types of facilities in the sample. However, this required an additional adjustment to account for underestimation of ineligible facilities. Linking facilities in this way also largely removed efficiency gained by sampling facilities proportional to size. For these reasons, facilities were not linked on the 2013 sampling frame. Second, the multiplicity adjustment previously applied during the weighting process was discontinued. The purpose of this adjustment was to account for the possibility that patients who received care in multiple facilities during the population definition period (PDP) may have had a higher probability of selection compared to patients receiving care in only one facility. The question assessing whether care was received in multiple facilities changed in 2013, and examination of responses suggested the revised question was misinterpreted by respondents. The number of patients receiving care at multiple facilities during the PDP has steadily declined since 2009, and the previous multiplicity adjustment had a negligible effect on the estimates.

There were also three changes in 2013 data collection procedures. First, the "short" interview instrument, designed for use with persons unable to participate in the 45-minute interview because of illness and persons who speak a language other than English or Spanish, was discontinued. The short interview was used with fewer than 5% of respondents and lacked key data elements, precluding the inclusion of these data in most national estimates. Second, a Webbased platform was introduced for collection of medical record abstraction (MRA) data. Data elements were similar to those collected previously, but the surveillance period increased from 1 year to 2 years.

Medical record data used for estimates in this report were limited to data recorded in the 12 months preceding the interview (except where otherwise noted) to facilitate comparability with previously published estimates. Lastly, the interview questionnaire was slightly updated to more precisely measure patient ethnicity, health insurance type(s), and income.

DEFINITIONS

Sociodemographic Characteristics

- Gender: Categories were male, female, and transgender. Participants were classified as transgender if reported sex at birth and current gender as reported by the participant were not the same or if the participant answered "transgender" to the interview question regarding self-identified gender.
- Health insurance or other coverage for antiretroviral therapy (ART) medications: Participants were asked whether they had health insurance and whether they had other coverage for ART medications during the 12 months before interview. Responses to these questions were combined and categorized as private health insurance, Medicaid, Medicare, Ryan White HIV/AIDS Program, Tricare/CHAMPUS and Veterans Administration coverage, insurance classified as other public health insurance, and unknown insurance. Participants could select more than 1 response for health insurance or other coverage for ART medications.
- Federal poverty guidelines: Participants were asked about their combined monthly or yearly household income (in US\$) from all sources during the 12 months before interview. The number of persons meeting the current federal poverty threshold was determined by using the U.S. Department of Health and Human Services poverty guidelines that corresponded to the calendar year for which income was asked. These guidelines are issued yearly for the 48 contiguous U.S. states and Washington, D.C., and are one indicator used for determining eligibility for many federal and state programs. The 2012 guidelines [2] were used for participants interviewed in 2013,

and the 2013 guidelines [3] were used for persons interviewed in 2014. Because the poverty guidelines are not defined for the territory of Puerto Rico, the guidelines for the contiguous states and Washington, D.C., were used for this jurisdiction. Participants were asked to specify the range of their income, and household income was assumed to be the midpoint of the income range.

Clinical Characteristics

• CDC stage of disease classification for HIV infection: Defined according to CDC's 2008 revised surveillance case definition for HIV infection [4]. Medical record data from the 24 months before interview were used to determine HIV disease stage.

Use of Health Care Services

- HIV medical care: Participants were asked whether, during the 12 months before the interview, they had a usual source of primary HIV medical care. HIV medical care was defined as CD4 T-lymphocyte (CD4) count or viral load testing and prescribing ART in the context of treating and managing a patient's HIV disease on an outpatient basis.
- ART prescription: Defined as a prescription in the medical record, during the 12 months before the interview, of any of the following medications: abacavir, amprenavir, atazanavir, cobicistat, darunavir, delavirdine, didanosine, dolutegravir, efavirenz, elvitagravir, emtricitabine, enfuvirtide, etravirine, fosamprenavir, indinavir, lamivudine, lopinavir/ritonavir, maraviroc, nelfinavir, nevirapine, raltegravir, rilpivarine, ritonavir, saquinavir, stavudine, tenofovir, tipranavir, zalcitabine, or zidovudine.
- *Pneumocystis* pneumonia (PCP) prophylaxis: Defined as documentation in the medical record, during the 12 months before the interview, that prophylaxis for PCP was prescribed among persons with a CD4 count of <200 cells/µL in the 12 months before the interview [5]. Notably, patients prescribed regimens typically given as PCP prophylaxis (trimethoprim-sulfamethoxazole, dapsone with or without pyrimethamine and leucovorin, aerosolized pentamidine, and atovaquone) were previously presumptively cate-

- gorized as having received PCP prophylaxis; this was discontinued in 2013.
- Mycobacterium avium complex (MAC) prophylaxis: Defined as documentation in the medical record, during the 12 months before the interview, that prophylaxis for MAC disease was prescribed among persons with a CD4 count of <50 cells/µL in the 12 months before the interview [5]. Patients prescribed regimens typically given as MAC prophylaxis (azithromycin with or without ethambutol and/or rifabutin, clarithromycin with or without ethambutol and/or rifabutin, and rifabutin with or without azithromycin or azithromycin along with ethambutol) were previously presumptively categorized as having received MAC prophylaxis; this was discontinued in 2013.
- *Neisseria gonorrhoeae* testing: Defined as documentation in the medical record, during the 12 months before the interview, of a result from culture, gram stain, enzyme immunoassay (EIA), nucleic acid amplification test (NAAT), or nucleic acid probe.
- Chlamydia trachomatis testing: Defined as documentation in the medical record, during the 12 months before the interview, of a result from culture, direct fluorescent antibody (DFA), EIA or enzyme-linked immunoassay (ELISA), NAAT, or nucleic acid probe.
- Syphilis testing: Defined as documentation in the medical record, during the 12 months before the interview, of a result from nontreponemal syphilis tests (rapid plasma reagin [RPR], Venereal Disease Research Laboratory [VDRL]), treponemal syphilis tests (*Treponema pallidum* hemagglutination assay [TPHA], *T. pallidum* particle agglutination [TP-PA], microhemagglutination for antibody to *T. pallidum* [MHA-TP], fluorescent treponemal antibody absorption [FTA-ABS] tests), or dark-field microscopy.
- **Influenza vaccination:** Participants were asked whether they had received seasonal influenza vaccine during the 12 months before the interview.

Self-reported Antiretroviral Medication Use and Adherence

• **ART adherence:** Participants were asked about adherence, over the past 3 days, to ART doses, schedules, and special instructions for taking

ART. *Dose adherence* referred to taking a dose or set of pills/spoonfuls/injections of ART medications. *Schedule adherence* referred to following a specific schedule for ART medication timing, such as "2 times a day" or "every 8 hours." *Special instruction adherence* referred to following special instructions for ART medication, such as "take with food" or "on an empty stomach."

Depression and Substance Use

• Depression: Participants were asked questions from the Patient Health Questionnaire (PHQ-8), an 8-item scale used to measure frequency of depressed mood in the preceding 2 weeks [6]. The PHQ-8 has the following question: "Over the last 2 weeks, how often have you been bothered by any of the following problems?" The respondent is then asked about the following problems: (1) little interest or pleasure in doing things (anhedonia); (2) feeling down, depressed, or hopeless; (3) trouble falling/staying asleep, or sleeping too much; (4) feeling tired or having little energy; (5) poor appetite or overeating; (6) feeling bad about yourself or that you are a failure or have let yourself or your family down; (7) trouble concentrating on things, such as reading the newspaper or watching television; (8) moving or speaking so slowly that other people could have noticed, or being fidgety or restless or moving around a lot more than usual. Response categories were "not at all," "several days," "more than half the days," and "nearly every day." The PHQ-8 responses were scored by using 2 methods. Method 1: an algorithm involving criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th ed (DSM-IV-TR) [7], for diagnosing major depression was used to classify adults receiving medical care for HIV infection as having major depression, other depression, or no depression. To meet the criteria for any type of depression, a participant must have experienced a number of symptoms, at least 1 of which was anhedonia or feelings of hopelessness (at least 5 symptoms for major depression, 2 to 4 symptoms for other types of depression) for half the days or nearly every day. Method 2: a score-based method, calculated as the sum of scores from the responses in the scale, was used to determine the presence of current depres-

- sion of moderate or severe intensity, which was defined as a sum score of ≥ 10 .
- Alcohol use: Participants were asked about alcohol use during the 12 months and 30 days before the interview. A drink was defined as 12 ounces of beer, a 5-ounce glass of wine, or a 1.5-ounce shot of liquor.
- **Heavy drinking:** Defined as an average of >2 drinks per day, or >14 drinks per week, for men and an average of >1 drink per day, or >7 drinks per week, for women.
- Binge drinking: Defined as ≥5 drinks in one sitting for men and ≥4 drinks in one sitting for women.

Sexual Behavior

- Sexual behavior: Defined as anal intercourse, vaginal intercourse, or oral sex for men who have sex with men, men who have sex with women, and women who have sex with men. Defined as anal intercourse or vaginal intercourse for transgender persons. Defined as any sexual activity for women who have sex with women.
- Gender of sex partners and sexual orientation: Men who have sex with men (MSM) were defined as men who reported sex with 1 or more men in the 12 months before interview, regardless of whether they also reported sex with women, or if no sexual activity was reported, men who self-identified as homosexual, gay, or bisexual. Men who exclusively have sex with women were defined as men who reported sex only with women in the 12 months before interview, or if no sexual activity was reported, men who self-identified as heterosexual/straight. Women who have sex with men were defined as women who reported sex with 1 or more men in the 12 months before interview, regardless of whether they also reported sex with women, or if no sexual activity was reported, women who self-identified as heterosexual/straight or bisexual. Women who exclusively have sex with women were defined as women who reported sex with women only in the 12 months before interview, or if no sexual activity was reported, women who self-identified as homosexual, gay, or lesbian. Participants who did not fit into any of the categories above (i.e., were unclassified because they had not engaged in sexual activity during the past year

and did not report their sexual orientation) were categorized as other/unclassified. Note that these categories are based primarily on reported sexual behavior and only on self-identified sexual orientation when no sexual behavior was reported; for this reason, estimates will not be the same as those for self-identified sexual orientation in Table 2.

- Main and casual sex partners: Participants reporting sexual activity in the 12 months before the interview were asked about the number of sex partners and whether they considered the partners to be main or casual. A main partner was defined as a person to whom the respondent felt most committed. A casual partner was defined as a person to whom the respondent did not feel committed or whom he or she did not know very well.
- Condomless sex: Defined as vaginal or anal intercourse without a condom or condom use for part of the time during a sexual act during the 12 months before the interview.
- Condomless sex with partners of negative or unknown status: The number of HIV-positive partners reported by a participant during the 12 months before the interview was subtracted from the total number of partners with whom the participant reported condomless sex. If the numbers were not equal (i.e., not all partners were HIV-positive), the participant was considered to have had condomless sex with a partner of negative or unknown HIV status.

Met and Unmet Needs for Ancillary Services

- **Met need:** Defined as an ancillary service (e.g., HIV case management services, dental care, mental health services) received during the 12 months before the interview.
- **Unmet need:** Defined as an ancillary service that the participant reported as needed but not received during the 12 months before the interview.

ETHICS STATEMENT

In accordance with the federal human subjects protection regulations at 45 Code of Federal Regulations 46.101c and 46.102d [8] and with the Guidelines for Defining Public Health Research and Public Health Non-Research [9], the Medical Monitoring Project (MMP) was determined by CDC to be a nonresearch, public health surveillance activity used for disease

control program or policy purposes. As such, MMP is not subject to human subjects regulations, including federal institutional review board (IRB) review and approval. Participating states or territories and facilities obtained local IRB approval to conduct MMP if required locally. Informed consent was obtained from all interviewed participants.

REFERENCES

- 1. CDC. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection—Medical Monitoring Project, United States, 2010. HIV Surveillance Special Report 9. http://www.cdc.gov/hiv/pdf/MMP_2010_surveillancesummary.pdf. Published October 2014. Accessed January 6, 2016.
- 2. U.S. Department of Health and Human Services. 2012 HHS poverty guidelines. http://aspe.hhs.gov/poverty/12poverty.shtml. Published 2012. Accessed January 6, 2016.
- 3. U.S. Department of Health and Human Services. The 2013 HHS poverty guidelines. http://aspe.hhs.gov/2013-poverty-guidelines. Published 2013. Accessed January 6, 2016.
- 4. CDC. Revised surveillance case definitions for HIV infection among adults, adolescents, and children aged <18 months and for HIV infection and AIDS among children aged 18 months to <13 years—United States, 2008. MMWR 2008;57(RR-10):1–12.
- 5. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1–infected adults and adolescents. http://go.usa.gov/vdGA. Updated April 8, 2015. Accessed January 6, 2016.
- 6. Kroenke K, Strine TW, Spitzer RL, et al. The PHQ-8 as a measure of current depression in the general population. *J Affect Disord* 2009;114(1–3):163–173.
- 7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR*. 4th ed. Washington, DC: American Psychiatric Association; 2000.
- 8. Protection of Human Subjects, CFR 45, Part 46. http://www.hhs.gov/ohrp/humansubjects/guidance/ 45cfr46.html. Revised January 2009. Accessed January 6, 2016.
- 9. CDC. Distinguishing public health research and public health nonresearch. http://go.usa.gov/vdwz. Published 2010. Accessed January 6, 2016.