



State of Iowa HIV Disease End-of-Year Surveillance Report
January 1, 2015, through December 31, 2015

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Date: May 1, 2016
To: HIV/AIDS Surveillance Group
From: Jerry Harms, HIV Surveillance Coordinator
Re: State of Iowa End-of-Year HIV Disease Surveillance Report for 2015

Here are a few points drawn from our 2015 HIV data:

- **124 new HIV diagnoses:** Diagnoses returned to previous (2013) levels after dipping significantly in 2014. The reason for the decrease in diagnoses in 2014 is uncertain. However, 2014 was the first year of full implementation of the Affordable Care Act, and it is possible that medical providers were less likely to perform tasks like routine HIV testing because of an influx of new patients. More detailed analyses indicate that the largest decreases in 2014 and increases in 2015 occurred in private physician offices, hospital-based clinics, and community health centers (compared to public test sites, correctional settings, and blood banks).
- **Sex:** Diagnoses among females, which had fallen from a historical peak of 34 in 2013 to 19 in 2014, rebounded to 26 (21% of all diagnoses) in 2015, close to the five-year averages of 23 diagnoses and 20%. Diagnoses among males continued to outnumber females by a ratio of four to one.
- **Age:** Persons ages 25 through 44 years continued to account for the largest proportion (44%) and number (55) of diagnoses. The number of diagnoses among youths 15 through 24 years, which had dropped below 20 in 2013 and 2014, increased to an all-time high of 33 in 2015, 27% of all diagnoses.
- **Racial and ethnic minorities continue to be over-represented:**
 - Non-Hispanic blacks account for 3% of Iowa's general population. Diagnoses in this group doubled from 12 (12% of all diagnoses) in 2014 to 24 (19%) in 2015, but were in line with the recent five-year average of 23 (20%). They were almost 9 times more likely to be diagnosed than were white, non-Hispanic Iowans in 2015. Of the 24 blacks/African Americans diagnosed in 2015, 11 (46%) were foreign born.
 - Hispanics/Latinos account for 6% of Iowa's population, and were 13% of new HIV diagnoses in 2015. Hispanics were about three and one-half times more likely to be diagnosed than white, non-Hispanic persons in Iowa in 2015. Of the 16 diagnoses among Hispanics, 12 (75%) were foreign born.
 - Despite these important disparities, most persons diagnosed with and living with HIV in 2015 were white and non-Hispanic. White, non-Hispanic Iowans accounted for 60% of new HIV diagnoses and 65% of persons living with HIV disease in 2015.
- **Late testers:** The proportion of people diagnosed with AIDS within 12 months of their initial HIV diagnosis remains variable and high: it was 38% in 2012, 46% in 2013, and 34% in 2014. Early projections suggest late testers will be around 40% for 2015, but complete data collection requires a full year for this measure.
- **HIV Prevalence:** The number of persons living with HIV disease (PLWH) in Iowa continues to increase. As of December 31, 2015, there were 2,496 PLWH with current address in Iowa, a prevalence of 79.9 per 100,000 persons. This compares to 2,369 PLWH in 2014, a prevalence of 76.2 per 100,000. As of December 31, 2015, 94 of Iowa's 99 counties had at least PLWH. Prevalence in six counties was greater than 100 per 100,000 population (0.1%). Polk County, with 154 per 100,000 topped the list, followed by Pottawattamie County (146 per 100,000), Scott County (118 per 100,000), Buena Vista County (112 per 100,000), Linn County (110 per 100,000), and Johnson County (106 per 100,000). To add perspective, national and regional prevalence data at the end of 2013, the most recent year available, were as follows: United States, 295.1 per 100,000; Midwest, 165.3 per 100,000; West, 241.2 per 100,000; South, 343.6 per 100,000; and Northeast, 420.5 per 100,000.
- **Continuum of HIV Care:** Established nationally in 2013, the HIV Care Continuum Initiative focuses on linking newly diagnosed individuals to care, retaining them in care, and increasing the proportion of HIV-diagnosed individuals whose viral load (the amount of virus in their blood) is effectively suppressed (less than 200 virus copies per milliliter of blood). Studies have shown viral suppression optimizes individual health outcomes and may reduce the likelihood of transmitting HIV by up to 96%. Of 2,367 persons diagnosed with HIV disease on or before December 31, 2014, and living in Iowa as of December 31, 2015, 1,971 (83%) had been retained in HIV care. Of the 1,971 retained in care, 1,803 (91%) were virally suppressed. Of the 2,367 diagnosed persons (both in and out of care), 1,552 (76%) were virally suppressed. Definitions and data sources vary and national data are not as current as Iowa's, so any comparisons must be made with an abundance of caution. That said, one national estimate was 54% of persons diagnosed with HIV had been retained in HIV care. Of those retained in care, 77% had attained viral suppression. And when all persons with an HIV diagnosis, regardless of care status, were considered, roughly 42% had attained suppression. Iowa does very well by comparison.

Organization of the Surveillance Report

This end-of-year report presents surveillance data on HIV disease in Iowa. It describes HIV infection for the state and certain of its population subgroups. It includes information on the HIV care continuum and partner services offered to persons newly diagnosed with HIV infection while residing in Iowa. There are four sections to the report: Section 1 describes **data sources**; Section 2 is a **narrative summary** with key highlights, Section 3 employs **charts, graphs, and tables** to illustrate trends, and Section 4 outlines the **reporting requirements** for HIV in Iowa.

Definitions

HIV diagnoses reflect all persons diagnosed with HIV infection for the first time, regardless of AIDS status, who were residents of Iowa at diagnosis. Some may also have been counted among AIDS diagnoses if they received an AIDS diagnosis during the same calendar year. Age is the age at time of first diagnosis of HIV.

AIDS diagnoses reflect all persons who first met the criteria for AIDS while living in Iowa during the specified time period, regardless of when the case was reported to the state. Age is age at time of first diagnosis of AIDS.

Persons living with HIV disease reflect persons diagnosed with HIV (regardless of AIDS status) who were alive as of December 31 of a given year.

Pediatric exposures – A person diagnosed at 13 years of age or older (adult/adolescent) may have had a pediatric exposure. In such an instance, the person would be classified as adult/adolescent at time of diagnosis, but would be listed under pediatric exposures in tables that display data by category of exposure. Pediatric exposure categories include mother with HIV infection; hemophilia or coagulation disorder with exposure to contaminated Factor VIII (Hemophilia A), Factor IX (Hemophilia B), or other clotting factors; or receipt of contaminated blood, blood components, or tissue.

Section 1: SOURCES OF DATA

Core HIV Surveillance Data

eHARS

The enhanced HIV and AIDS reporting system (eHARS) stores information on all persons with HIV disease who have been reported to the Iowa Department of Public Health (IDPH) HIV Surveillance Program. All persons with HIV disease who were first diagnosed while living in Iowa, or who have lived in Iowa at some point in time after diagnosis with HIV, or who have accessed care at an Iowa facility and have been reported to IDPH, are included in eHARS. eHARS is the primary source of data for this report.

Surveillance Case Definition of HIV Disease

The surveillance case definition of HIV infection (the cause of AIDS) was originated by CDC in 1982 and has been modified several times to respond to advances in HIV disease diagnosis. The most recent revision occurred in April 2014. For inclusion in eHARS and for purposes of this report, persons are considered to be HIV infected if they meet the current CDC surveillance case definition [Richard M. Selik, Eve D. Mokotoff, Bernard Branson, et al., *Revised Surveillance Case Definition for HIV Infection – United States, 2014*. MMWR 2014; 63(No. RR-3):1-10.]

Diagnosis Date and Completeness of Surveillance Data

Only persons reported in Iowa and for whom last name, date of birth, race and ethnicity, sex, date of HIV diagnosis, and vital status (living or deceased at time of report) are known are included in this report.

Evaluations of the IDPH surveillance system indicate that at least 99% of newly diagnosed HIV has been reported. While the data represent diagnosed HIV well, they do not include persons who have been infected but who have not been diagnosed. Nationally, CDC estimates that 12.8% of persons infected with HIV remain undiagnosed. At the same time, CDC cautions that the national estimate may not apply to individual states.

CDC-developed computer programs run on IDPH data suggest that a delay in reporting diagnoses among Iowa residents is extremely unlikely. Nonetheless, to eliminate possible reporting delays, case reports received through March 2016, have been used. This report includes only those diagnoses made through December 31, 2015. Data are presented by the year of HIV or AIDS diagnosis regardless of when the diagnosis was reported. All data are provisional and are subject to change as further information becomes available.

Surveillance HIV Exposure Categories

Persons diagnosed with HIV infection can claim multiple factors for their exposure to HIV but are counted only once in a hierarchy of exposure categories. Persons with more than one reported mode of exposure to HIV are classified in the exposure category listed first in the hierarchy, except for men with both a history of sexual contact with other men and a history of injection drug use. They make up a separate category (Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 2001). The modes of exposure are categorized in this report according to the following hierarchy:

- “Men who have sex with men and inject drugs” (MSM/IDU) includes men who inject nonprescription drugs and report sexual contact with other men or who report sexual contact with both men and women.
- “Men who have sex with men” (MSM) includes men who report sexual contact with other men, and men who report sexual contact with both men and women.
- “Injection drug use” (IDU) includes persons who inject nonprescription drugs.
- “Hemophilia/Coagulation disorder” includes persons who received Factor VIII (Hemophilia A), Factor IX (Hemophilia B), or other clotting factors.
- “Heterosexual contact” includes persons who report specific heterosexual contact with a person with documented HIV infection, or heterosexual contact with a person at increased risk for HIV infection, such as an injection drug user, person with hemophilia, transfusion recipient with documented HIV infection, or bisexual male. A person who reports heterosexual contact with partners whose specific HIV exposures and HIV status are unknown is considered to have “no risk reported or identified” (NIR). Adults and adolescents born, or who had sex with someone born, in a country where heterosexual transmission was believed to be the predominant mode of HIV transmission (formerly classified as Pattern-II countries by the World Health Organization) are no longer classified as having heterosexually acquired HIV. Similar to case reports for other persons who are reported without behavioral or transfusion exposures for HIV, these reports are now

classified (in the absence of other information that would classify them in another exposure category) as “NIR” (MMWR 1994:43:155-60).

- “Transfusion” includes persons who received blood or blood components (other than clotting factor).
- “Received transplant” includes persons who received tissues, organs, or artificial insemination. The “received transplant” category has been combined with “transfusion” in this report because of the low number of diagnoses in Iowa in each category alone.
- “No risk reported or identified (NIR)/other” includes persons with no identified history of exposure to HIV through any of the routes listed in the hierarchy of exposure categories. Further investigation over time can help to clarify exposure history. In addition, the category includes persons whose exposure history is incomplete because they died, declined to be interviewed, or were lost to follow-up. It also includes persons who had no exposure other than working in a health care or clinical laboratory setting. There has been one confirmed case of transmission in a health care or clinical setting in Iowa.

Population Data

The surveillance program has used the 2015 population estimates from the U.S. Census Bureau (<http://www.census.gov>) to calculate state and county prevalence rates. Since the 2015 estimates for race/ethnicity populations are not yet available, the program has used 2014 estimates to calculate rates of diagnosis for these groups.

Section 2: NARRATIVE SUMMARY

HIV Diagnoses

There were 124 HIV diagnoses in 2015, up 26 (27%) from the 98 in 2014, and 10 (9%) over the average of 114 for the previous five years (2010 through 2014). This fits the 10-year pattern of variability seen since 2006 (Figure 3.1), but tempers the optimism from the decrease in diagnoses in 2014. With an estimate of more than 500 Iowans yet to be diagnosed, decreases in diagnoses are more likely to indicate a change in testing patterns rather than a decrease in new infections. Diagnoses decreased at private clinics, community health centers, and hospital-based clinics in 2014, but recovered in 2015, perhaps related to implementation of the Affordable Care Act.

In 2015 there were 4.0 HIV diagnoses per 100,000 population, compared to 3.2 HIV diagnoses per 100,000 population in 2014 and 4.0 HIV diagnoses per 100,000 population in 2013.

A total of 69 persons were diagnosed with AIDS (also termed stage 3 HIV disease) in 2015, up from 60 in 2014 but less than 91 (the highest number since 1996) in 2009. The 69 AIDS diagnoses in 2015 are lower than the average of 72 for the five years 2010 through 2014.

HIV Diagnoses by Sex

Males have accounted for 82% of total HIV diagnoses among Iowans since the first diagnosis in 1982. In the short term, 80% of HIV diagnoses during the five years from 2010 through 2014 have been among males. Diagnoses among males for those years ranged from 79 to 98 with an average of 91 and a median of 95. Males accounted for 79% (98) of the 124 persons diagnosed in 2015. Diagnoses among females, which had fallen from a historical peak of 34 in 2013 to 19 in 2014, rebounded to 26 in 2015, accounting for 21% of diagnoses in that year, close to the

average of 20% for the previous five years. For the five years, 2010 through 2014, diagnoses among females ranged from 19 to 34 with an average of 22.6 and median of 21. *Year-to-year variations notwithstanding, there continue to be about four diagnoses among males for every one diagnosis among females.*

HIV Diagnoses by Birth Country

Diagnoses of HIV among the foreign born reached a new high in 2015, when 29 (23%) of the 124 persons diagnosed with HIV were foreign born. Foreign-born persons accounted for 17% of total HIV diagnoses in the previous ten years (2006 through 2014), with a range from 14 to 28 persons, a mean of 19.6, and median of 19. Diagnoses among foreign-born persons in Iowa may not necessarily indicate new diagnoses. By CDC rules, foreign-born persons with HIV disease who initially immigrated to Iowa (refugees, spouses, or other types of immigrants) are counted as Iowa diagnoses even if they had an initial diagnosis in their country of origin. While IDPH does not monitor the immigration status of persons diagnosed with HIV, resettlement of refugees in Iowa and secondary migration of immigrants from areas of the world with higher prevalence of HIV may be contributing to diagnoses among the population of foreign born. U.S.-born persons have accounted for 88% of total HIV diagnoses in Iowa since the beginning of the epidemic.

HIV Diagnoses by Age at Diagnosis

Diagnoses among persons ages 15 through 24 years, which had dropped to less than 20 in 2013 and 2014, increased to an all-time high of 33 in 2015 (an increase of 83% from 2014), accounting for 27% of all diagnoses. For the five years 2010 through 2014, diagnoses in this group averaged 21 and made up only 18% of total HIV diagnoses. Diagnoses also increased by 25% among those 25 through 44 years of age after having decreased for several years in a row. The 55 diagnoses in this group accounted for the largest proportion (44%) of diagnoses in 2015. HIV diagnoses among persons ages 45 years and older remained fairly level from 2014 to 2015. There were no pediatric HIV diagnoses in 2015.

For persons 13 years of age and older (adults and adolescents), mean and median ages at diagnosis in 2015 were 36.4 and 35.0 years respectively, slightly lower than the five-year (2010-2014) mean of 37.8 years and median of 37.2 years. In 2015, the ages for adult/adolescent males, 36.5 (mean) and 35.0 years (median), were almost the same as those for adult/adolescent females, 36.2 (mean) and 35.0 years (median).

HIV Diagnoses by Ethnicity and Race

HIV diagnoses among non-Hispanic black/African-American persons which had decreased from a peak of 27 (24% of total diagnoses) in 2010 to a low of 12 diagnoses (12%) in 2014, rose again to 24 diagnoses (19%) in 2015. The 24 diagnoses in 2015 were in line with the average of 23 diagnoses (20%) for the previous five years. Of the 24 black/African-American persons diagnosed in 2015, 11 (46%) were foreign born, compared to 3 (25%) of the 12 black/African-American persons diagnosed in 2014. Black/African-American persons make up almost 3% percent of Iowa's general population but have accounted for 20% of HIV diagnoses over the five years 2010 through 2014 and 15% of HIV diagnoses in Iowa, on average, since 1982. The 24 non-Hispanic black/African-American diagnoses in 2015 equate to 23.7 diagnoses per 100,000 non-Hispanic black/African-American persons.

HIV diagnoses among Hispanic persons increased from 10 (10% of total diagnoses) in 2014 to 16 (13%) in 2015. Of the 16 Hispanic persons diagnosed in 2015, 12 (75%) were foreign-born, compared to 6 (60%) of the 10 Hispanic persons diagnosed in 2014. Hispanic persons make up about 6% of Iowa's population, but have accounted for 9% of total HIV diagnoses over the five years 2010 through 2014 and 8% of all HIV diagnoses in Iowa, on average, since the beginning of the epidemic (1982). The 16 diagnoses among Hispanics in 2015 equate to 9.2 per 100,000 Hispanic persons.

Numbers of HIV diagnoses among non-Hispanic Asians in Iowa are small and primarily influenced by immigration. All non-Hispanic Asian HIV diagnoses since 2006 have been among foreign-born people, except in 2009 when two of the seven diagnoses were among U.S.-born Asian people. Diagnoses among non-Hispanic Asians reached a peak in 2013 at eight (7%) of the 121 diagnoses. Of the 124 total diagnoses in 2015, six (5%) were among non-Hispanic Asians compared to one non-Hispanic Asian diagnosed with HIV in 2014. Non-Hispanic Asian persons make up about 2% of Iowa's population, but have accounted for 4% of HIV diagnoses in the previous five years (2010-2014) and 2% of all HIV diagnoses in Iowa, on average, since the beginning of the epidemic. The six non-Hispanic Asian diagnoses in 2015 equate to 8.9 diagnoses per 100,000 non-Hispanic Asian persons.

Despite the important racial and ethnic disparities noted above, the largest proportion of HIV diagnoses in Iowa continues to be among non-Hispanic, white persons. Of the 124 HIV diagnoses in 2015, 74 (60%) were among non-Hispanic, white persons compared to the five-year (2010 through 2014) average of 71 (63%). Since the beginning of the epidemic in 1982, non-Hispanic, white persons have accounted for 73% of all new HIV diagnoses in Iowa. The 74 non-Hispanic, white persons diagnosed in 2015 equate to 2.7 per 100,000 non-Hispanic, white persons.

When the numbers of persons diagnosed per 100,000 population are compared, non-Hispanic blacks/African Americans were almost nine (8.8) times more likely to have been diagnosed with HIV in 2015 than non-Hispanic whites. Hispanic persons were about three and one-half (3.4) times more likely to have been diagnosed with HIV in 2015 than non-Hispanic, white persons.

HIV Diagnoses by HIV Exposure Category

Men who have sex with men (MSM) remained the leading exposure category for HIV infection in Iowa, and experienced the largest increase in diagnoses (24%) in 2015 among those with a known route of exposure. Of the 124 HIV diagnoses in 2015, 77 (62%) were among MSM, more than the five-year (2010 through 2014) average of 66 (58%). MSM have accounted for 56% of all HIV diagnoses since the beginning of the epidemic.

Numbers (and proportions) of other HIV exposure categories in 2015 were as follows: injection drug use (IDU), 10 (8%); men who have sex with men and inject drugs (MSM/IDU), 4 (3%); heterosexual contact, 23 (19%); and no identified risk (NIR), 10 (8%). Experience has shown that while newly diagnosed persons may initially be reluctant to disclose their mode of HIV exposure to their health care provider or to health department staff, they become less reticent as time progresses. Some exposures will be ascertained over time through follow-up calls to care providers. By the end of 2015, exposure category will have been ascertained for most of the

remaining persons diagnosed in 2015. As noted above, there were no pediatric HIV diagnoses in 2015.

Late Diagnosis of HIV Disease

A person who is diagnosed with AIDS within 12 months of initial HIV diagnosis is termed a “late tester.” Given this definition (i.e., it takes a year to determine), 2014 is the most recent year for which complete “late tester” analysis is available. After peaking at 63% in 1999, late testers as a proportion of all HIV diagnoses for a given year declined over time to 36% in 2014. However, during the last 10 years (2006 through 2014) the annual percentage of late testers as a proportion of all HIV diagnoses peaked at 49% in 2013. For “concurrent diagnoses,” defined as persons who are diagnosed with AIDS within 3 months of initial HIV diagnosis, preliminary values for 2015 are available. After peaking at 59% in 1999, concurrent diagnoses as a proportion of all HIV diagnoses for a given year declined to 38% in 2015. Concurrent diagnoses account for over 90% of all late testers among newly diagnosed HIV-infected persons.

Persons Living with Diagnosed HIV or AIDS (HIV Disease Prevalence)

Iowa as place of residence at time of diagnosis: The number of Iowans living with diagnosed HIV disease continues to grow. As of December 31, 2015, there were 2,254 persons living with HIV or AIDS who were Iowa residents *at the time of their diagnoses* with HIV or AIDS, a prevalence of 72 per 100,000 persons. This compares to 2,169 persons on the same date in 2014, a prevalence of 70 per 100,000. It is important to note that these persons were diagnosed with HIV or AIDS *while residing in Iowa*, but some of them may have moved to another state and were not residing in Iowa at the end of 2015. When the number of 2,254 is adjusted for our estimated percentage of undiagnosed persons in Iowa (19%), there may have been as many as 2,783 Iowans living with HIV or AIDS at the end of 2015, with an estimated 529 persons undiagnosed.

Current residence in Iowa regardless of where diagnosis occurred: More importantly, the actual number of persons living with diagnosed HIV disease in Iowa at the end of 2015 was 2,496, a prevalence of 79.9 per 100,000 persons compared to 2,369 persons in 2014, a prevalence of 76.2 per 100,000. This number includes all persons whose current address was in Iowa at the end of 2015. It may include persons initially diagnosed in Iowa plus people who were initially diagnosed while living in another state but who now reside in Iowa. As of December 31, 2015, 94 of Iowa’s 99 counties had at least one person living with diagnosed HIV disease. Prevalence in six counties was greater than 100 per 100,000 population (0.1%). Polk County, with 154 per 100,000 topped the list, followed by Pottawattamie County with 146 per 100,000, Scott County with 118 per 100,000, Buena Vista County with 112 per 100,000, Linn County with 110 per 100,000, and Johnson County with 106 per 100,000. To add perspective, national and regional prevalence data at the end of 2013, the most recent year available, are as follows: United States, 295.1 per 100,000; Midwest, 165.3 per 100,000; West, 241.2 per 100,000; South, 343.6 per 100,000; and Northeast, 420.5 per 100,000. (Centers for Disease Control and Prevention. *HIV Surveillance Report, 2014*; vol. 26. <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2015. Accessed April 23, 2016.)

Deaths of Persons with HIV or AIDS

The number of deaths among HIV-infected persons diagnosed in Iowa continues to decrease since peaking at 103 deaths in 1995. Since the year 2000 the number of deaths has fluctuated from a low of 20 to a high of 44. As of December 31, 2015, a total of 1,224 deaths had been reported among persons diagnosed with HIV or AIDS in Iowa. Of those deaths, 47% were caused in some part by the underlying HIV disease, 18% of deaths were not HIV related, and for 35%, the cause was unknown. Death data for 2015 are incomplete. The underlying cause for the 20 deaths already reported for 2015 has yet to be officially certified. Matching eHARS to the State Death Registry and the National Death Index later this year will provide more complete data.

HIV Continuum of Care and Partner Services

Continuum of HIV Care

HIV care continuum analysis (based upon people living with diagnosed HIV with current residence in Iowa) found that 2,367 persons were diagnosed with HIV disease on or before December 31, 2014, and living in Iowa as of December 31, 2015 (PLWH). Of the 2,367 PLWH, 1,971 (83%) had been retained in HIV care, and 1,803 (76%) had an HIV viral load less than 200 copies per milliliter of blood (viral suppression) at the end of 2015. This means that over 91% of persons retained in HIV care were virally suppressed. There is strong evidence to support retention in care and viral suppression as a strategy to limit disease transmission and optimize clinical outcomes.

HIV Partner Services

All of the 124 persons newly diagnosed with HIV disease in 2015 were assigned for partner services. The goal of partner services is to have a disease intervention specialist (DIS) contact the patient to provide education about HIV care and services, link the patient to care, and offer assistance in notifying sex and needle-sharing partners. The 124 persons named 181 partners. Of these, 111 were located in Iowa and were of unknown HIV status. Of the remaining 70, 39 were out of state contacts and 31 were already known to be HIV positive. Of the 111 contacts with unknown HIV status, 89 (80%) were subsequently tested, and 23 were found to be HIV positive (21% positivity).

Section 3: TABLES AND FIGURES

Table 3.1 Iowans Diagnosed with HIV or AIDS or Dying with HIV in 2015 Compared to Iowans Living with HIV Disease as of December 31, 2015

Characteristics	HIV Disease Diagnoses ¹		AIDS Diagnoses ²		Deaths ³		Persons Living with HIV Disease ⁴	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Sex at Birth								
Male	98	(79)	58	(84)	17	(85)	1,977	(79)
Female	26	(21)	11	(16)	3	(15)	519	(21)
Age at Diagnosis								
Under 13	0	--	0	--	0	--	33	(1)
13-14	0	--	0	--	0	--	1	--
15-24	33	(27)	10	(14)	0	--	401	(16)
25-34	28	(23)	18	(26)	4	(20)	910	(36)
35-44	27	(22)	19	(28)	7	(35)	683	(27)
45-54	22	(18)	15	(22)	7	(35)	338	(14)
55-64	13	(10)	7	(10)	2	(10)	112	(4)
65 or older	1	(1)	0	--	0	--	18	(1)
Ethnicity/Race								
Hispanic, All Races	16	(13)	11	(16)	0	--	216	(8)
Not Hispanic, White	74	(60)	43	(62)	17	(85)	1,611	(65)
Not Hispanic, Black/African American	24	(19)	9	(13)	3	(15)	498	(20)
Not Hispanic, Asian	6	(5)	4	(6)	0	--	61	(2)
Not Hispanic, Native Hawaiian/Pacific Islander	0	--	0	--	0	--	1	--
Not Hispanic, American Indian/Alaska Native	0	--	0	--	0	--	5	--
Not Hispanic, Multi-race	4	(3)	2	(3)	0	--	104	(4)
Country of Birth								
United States or Dependency	95	(77)	53	(77)	18	(90)	2,064	(83)
Other Countries	29	(23)	16	(23)	2	(10)	432	(17)
Mode of Exposure – Adult/Adolescent⁵								
Men who have sex with men (MSM)	77	(62)	43	(62)	13	(65)	1,339	(54)
Injection Drug Use (IDU)	10	(8)	6	(9)	1	(5)	201	(8)
MSM and Injection Drug Use (MSM/IDU)	4	(3)	4	(6)	0	--	186	(7)
Heterosexual Contact	23	(19)	11	(16)	5	(25)	458	(18)
Hemophilia/Coagulation disorder	0	--	0	--	0	--	6	--
Receipt of blood or tissue	0	--	1	1	0	--	3	--
Risk not reported/Other (NIR)	10	(8)	4	(6)	1	(5)	270	(11)
<i>Adult/Adolescent Totals</i>	<i>124</i>	<i>(100)</i>	<i>69</i>	<i>(100)</i>	<i>20</i>	<i>(100)</i>	<i>2,463</i>	<i>(100)</i>
Mode of Exposure – Pediatric								
Mother with/at risk of HIV infection	0	(100)	0	--	0	--	23	(72)
Hemophilia/coagulation disorder	0	--	0	--	0	--	2	(6)
Receipt of blood or tissue	0	--	0	--	0	--	1	(3)
Risk not reported/other (NIR)	0	--	0	--	0	--	7	(19)
<i>Pediatric Totals</i>	<i>0</i>	<i>--</i>	<i>0</i>	<i>--</i>	<i>0</i>	<i>--</i>	<i>33</i>	<i>(100)</i>
TOTALS	124	(100)	69	(100)	20	(100)	2,496	(100)

¹ **HIV disease diagnoses** reflect all persons diagnosed with HIV disease for the first time, regardless of AIDS status, who were residing in Iowa at time of diagnosis. Some may also be counted in the AIDS diagnoses column if they received an AIDS diagnosis during the same period of time. Age is the age at time of first diagnosis of HIV.

² **AIDS diagnoses** reflect all persons who first met the criteria for AIDS while residing in Iowa, regardless of where they were residing when first diagnosed with HIV disease or when the diagnosis was reported to IDPH. Age is age at time of first diagnosis of AIDS.

³ **Deaths** reflect deaths in 2015 of persons with HIV disease. Includes both HIV- and non-HIV-related causes of death. All deaths may not have been reported.

⁴ **Persons living with HIV disease** reflect HIV-diagnosed persons (HIV or AIDS) living in the state of Iowa and alive as of December 31, 2015. All deaths may not have been reported.

⁵ **Exposure:** A person diagnosed at 13 years of age or older (adult/adolescent) may have had a pediatric exposure. In such an instance, the person would be classified as adult/adolescent at time of diagnosis, but would be listed under pediatric exposures.

**Table 3.2 Iowa HIV Diagnoses¹ by Sex, Age, Ethnicity and Race,
Country of Birth and Mode of Exposure to HIV: 2005 through 2015**

Characteristics	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Sex at Birth											
Male	85	88	104	82	105	95	98	96	87	79	98
Female	27	20	20	19	21	19	20	21	34	19	26
Age in Years at Diagnosis											
Under 13	1	0	0	1	3	1	1	2	0	2	0
13-14	0	0	0	0	0	0	0	0	0	0	0
15-24	19	13	12	14	23	21	27	21	17	18	33
25-34	30	27	36	30	37	30	33	33	28	27	28
35-44	32	36	37	22	35	28	27	27	26	17	27
45-54	24	24	24	24	15	27	21	23	28	18	22
55-64	5	7	12	10	10	7	7	9	17	14	13
65 or older	1	1	3	0	3	0	2	2	5	2	1
Ethnicity/Race											
Hispanic, All Races	7	11	11	11	7	8	15	8	10	10	16
Not Hispanic, White	77	75	90	72	85	71	71	74	73	68	74
Not Hispanic, Black/African American	24	17	20	12	17	27	22	26	26	12	24
Not Hispanic, Asian	1	3	1	1	7	4	6	4	8	1	6
Not Hispanic, Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
Not Hispanic, American Indian/Alaska Native	1	0	0	0	1	0	0	0	0	0	0
Not Hispanic, Multi-race	2	2	2	5	9	4	4	5	4	7	4
Country of Birth											
United States or Dependency	92	93	105	86	107	95	90	97	94	84	95
Other Countries	20	15	19	15	19	19	28	20	27	14	29
Mode of Exposure – Adult/Adolescent²											
Men who have sex with men (MSM)	39	56	70	65	66	62	69	66	71	62	77
Injection Drug Use (IDU)	10	11	9	9	12	6	3	11	7	8	10
MSM and Injection Drug Use (MSM/IDU)	14	2	6	1	4	10	8	10	3	3	4
Heterosexual Contact	28	21	22	16	27	25	29	22	35	20	23
Hemophilia/Coagulation disorder	0	0	0	0	0	0	0	0	0	0	0
Receipt of blood or tissue	1	0	0	0	0	0	0	0	0	0	0
Risk not reported/Other (NIR)	19	18	17	9	14	10	8	6	5	3	10
<i>Adult/Adolescent Totals</i>	111	108	124	100	123	113	117	115	121	96	124
Mode of Exposure – Pediatric											
Mother with/at risk of HIV infection	1	0	0	1	3	1	1	2	0	1	0
Hemophilia/coagulation disorder	0	0	0	0	0	0	0	0	0	0	0
Receipt of blood or tissue	0	0	0	0	0	0	0	0	0	0	0
Risk not reported/other (NIR)	0	0	0	0	0	0	0	0	0	1	0
<i>Pediatric Totals</i>	1	0	0	1	3	1	1	2	0	2	0
TOTALS	112	108	124	101	126	114	118	117	121	98	124

¹ HIV diagnoses reflect all persons diagnosed with HIV disease for the first time, regardless of AIDS status, who were residing in Iowa at the time of diagnosis.

² Persons diagnosed as adolescents or adults may have had pediatric exposures. These persons will be classified as adult/adolescent at time of diagnosis, but are listed under pediatric exposures.

**Table 3.3 HIV Diagnoses among Iowa Males 13 Years of Age and Older:
2001 through 2015**

Characteristics	Year of HIV Diagnosis ¹													
	2015 ²		2014		2013		2012		2011		2001 through- 2010 ⁴		2006 through 2010 ⁵	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
Age at Diagnosis³														
13-14	0	--	0	--	0	--	0	--	0	--	0	--	0	--
15-24	26	(27)	15	(19)	13	(15)	19	(20)	20	(21)	106	(13)	67	(14)
25-34	22	(22)	22	(28)	21	(24)	23	(24)	27	(28)	222	(27)	124	(26)
35-44	22	(22)	14	(18)	17	(20)	25	(26)	23	(24)	275	(33)	136	(29)
45-54	17	(17)	15	(19)	20	(23)	18	(19)	19	(20)	160	(19)	96	(20)
55-64	10	(10)	12	(15)	12	(14)	8	(8)	7	(7)	64	(8)	41	(9)
65 or older	1	(1)	1	(1)	4	(5)	2	(2)	1	(1)	8	(1)	5	(1)
Ethnicity/Race														
Hispanic, All Races	13	(13)	9	(11)	8	(9)	6	(6)	12	(12)	88	(11)	41	(9)
Not Hispanic, White	61	(62)	59	(75)	63	(72)	67	(71)	60	(62)	585	(70)	347	(74)
Not Hispanic, Black/African American	17	(17)	6	(8)	11	(13)	15	(16)	16	(16)	123	(15)	57	(12)
Not Hispanic, Asian	4	(4)	1	(1)	2	(2)	3	(3)	6	(6)	15	(2)	8	(2)
Not Hispanic, Multi-race	3	(3)	4	(5)	3	(3)	4	(4)	3	(3)	22	(3)	15	(3)
Other	0	--	0	--	0	--	0	--	0	--	2	--	1	--
Country of Birth														
United States or Dependency	79	(81)	69	(87)	76	(87)	85	(89)	75	(77)	708	(85)	413	(88)
Other Countries	19	(19)	10	(13)	11	(13)	10	(11)	22	(23)	127	(15)	56	(12)
Mode of Exposure														
Men who have sex with men (MSM)	77	(79)	62	(78)	71	(82)	66	(69)	69	(71)	538	(64)	319	(68)
Injection Drug Use (IDU)	6	(6)	6	(8)	5	(6)	6	(6)	1	(1)	61	(7)	36	(8)
MSM and IDU	4	(4)	3	(4)	3	(3)	10	(11)	8	(8)	65	(8)	23	(5)
Any MSM (MSM + MSM/IDU)	81	(83)	65	(82)	74	(85)	76	(80)	77	(79)	603	(72)	342	(73)
Any IDU (IDU + MSM/IDU)	10	(10)	9	(11)	8	(9)	16	(17)	9	(9)	126	(15)	59	(13)
Heterosexual Contact	7	(7)	5	(6)	5	(6)	8	(8)	11	(11)	72	(9)	40	(9)
Blood, blood products, tissue	0	--	0	--	0	--	0	--	0	--	3	--	0	--
Risk not reported/Other (NIR)	4	(4)	3	(4)	3	(3)	5	(5)	8	(8)	96	(11)	51	(11)
TOTALS	98	(100)	79	(100)	87	(100)	95	(100)	97	(100)	835	(100)	469	(100)

¹ After decreasing consistently from 2011 to 2014, diagnoses among males increased by 24% from 2014 to 2015.

² HIV exposure category for four males in 2015 has yet to be ascertained. More than 70% of annual diagnoses are among males who have sex with other males.

³ Males age 25 to 44 years have constituted more than half (55%) of all adult/adolescent (≥ 13 years of age at time of diagnosis) male diagnoses from 2001 through 2015.

⁴ 835 males age 13 years or older were diagnosed from 2001 through 2010.

⁵ 469 males age 13 years or older were diagnosed from 2006 through 2010.

**Table 3.4 HIV Diagnoses among Iowa Females 13 Years of Age and Older:
2001 through 2015**

Characteristics	Year of HIV Diagnosis ¹													
	2015		2014		2013		2012		2011		2001 through 2010 ³		2006 through 2010 ⁴	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
Age at Diagnosis²														
13-14	0	(0)	0	--	0	--	0	--	0	--	0	--	0	--
15-24	7	(27)	3	(18)	4	(12)	2	(10)	7	(35)	41	(18)	16	(16)
25-34	6	(23)	5	(29)	7	(21)	10	(50)	6	(30)	85	(36)	36	(36)
35-44	5	(19)	3	(18)	9	(26)	2	(10)	4	(20)	59	(25)	22	(22)
45-54	5	(19)	3	(18)	8	(24)	5	(25)	2	(10)	37	(16)	18	(18)
55-64	3	(12)	2	(12)	5	(15)	1	(5)	0	--	9	(4)	5	(5)
65 or older	0	--	1	(6)	1	(3)	0	--	1	(5)	3	(1)	2	(2)
Ethnicity/Race														
Hispanic, All Races	3	(12)	1	(6)	2	(6)	2	(10)	3	(15)	23	(10)	7	(7)
Not Hispanic, White	13	(50)	8	(47)	10	(29)	5	(25)	11	(55)	104	(44)	46	(46)
Not Hispanic, Black/African American	7	(27)	6	(35)	15	(44)	11	(55)	5	(25)	92	(39)	35	(35)
Not Hispanic, Asian	2	(8)	0	--	6	(18)	1	(5)	0	--	7	(3)	7	(7)
Not Hispanic, Multi-race	1	(4)	2	(12)	1	(3)	1	(5)	1	(5)	8	(3)	4	(4)
other	0	--	0	--	0	--	0	--	0	--	0	--	0	--
Country of Birth⁵														
United States or Dependency	16	(62)	14	(82)	18	(53)	12	(60)	15	(75)	157	(67)	70	(71)
Other Countries	10	(38)	3	(18)	16	(47)	8	(40)	5	(25)	77	(33)	29	(29)
Mode of Exposure														
Injection Drug Use (IDU)	4	(15)	2	(12)	2	(6)	5	(25)	2	(10)	25	(11)	11	(11)
Heterosexual Contact	16	(62)	15	(88)	30	(88)	14	(70)	18	(90)	146	(62)	71	(72)
other	0	--	0	--	0	--	0	--	0	--	0	--	0	--
Risk not reported/Other (NIR)	6	(23)	0	--	2	(6)	1	(5)	0	--	63	(27)	17	(17)
TOTALS	26	(100)	17	(100)	34	(100)	20	(100)	20	(100)	234	(100)	99	(100)

¹ After peaking at 34 in 2013 and declining to 17 in 2014, diagnoses among females increased to 26 (21%) in 2015, right in line with the average of 20 from 2006 through 2010.

² Females age 25 to 44 years have constituted more than half (57%) of all adult/adolescent (≥ 13 years of age at time of diagnosis) female diagnoses from 2001 through 2015.

³ 234 females age 13 years or older were diagnosed from 2001 through 2010

⁴ 99 females age 13 years or older were diagnosed from 2006 through 2010

⁵ Foreign-born females are a higher proportion of female diagnoses than foreign-born males are of male diagnoses.

Table 3.5 Iowa HIV Diagnoses, Diagnostic Status at Death, and Underlying Cause of Death: 1982 through 2015

Year	HIV ¹ Diagnoses	HIV (not- AIDS) Deaths ²	AIDS Deaths ³	Total Deaths	UCD ⁴ (HIV)	UCD (Other)	UCD (Unk)
1982	1		1	1	0	0	1
1983	1		1	1	0	1	0
1984	27		3	3	0	2	1
1985	57		8	8	0	6	2
1986	66		16	16	0	14	2
1987	85		24	24	16	5	3
1988	105		22	22	16	3	3
1989	117		35	35	30	4	1
1990	111		40	40	26	13	1
1991	134		77	77	58	13	6
1992	128		70	70	56	13	1
1993	100	1	80	81	63	13	5
1994	104	1	85	86	62	17	7
1995	88	2	101	103	77	22	4
1996	102	2	65	67	51	7	9
1997	109	1	29	30	18	8	4
1998 ⁵	97	2	17	19	7	5	7
1999	83	3	23	26	7	4	15
2000	91	2	28	30	15	2	13
2001	95	4	32	36	8	10	18
2002	104	3	33	36	8	6	22
2003	88	4	32	36	8	6	22
2004	105	3	30	33	8	3	22
2005	112	6	22	28	1	3	24
2006	108	2	23	25	3	5	17
2007	124	7	29	36	7	3	26
2008	101	5	19	24	2	1	21
2009	126	6	27	33	2	5	26
2010	114	5	22	27	2	2	23
2011	118	7	25	32	4	2	26
2012	117	7	30	37	5	3	29
2013	121	10	28	38	2	2	34
2014	98	5	39	44	17	18	9
2015 ⁶	124	5	15	20	0	0	20
Total	3,261	93	1,131	1,224	579	221	424

¹ Diagnoses reflect all persons diagnosed with HIV disease for the first time, regardless of AIDS status, who were residents of Iowa at time of diagnosis.

² Data include persons whose diagnosis status at time of death was HIV (not-AIDS). Less than 10% of deaths occur in persons whose diagnostic status at the time of death is HIV (not-AIDS). Decedents may have been diagnosed in any year up to and including the year of death.

³ Data include persons whose diagnosis at time of death was AIDS. More than 90% of deaths occur in persons whose diagnostic status at the time of death is AIDS. Decedents may have been diagnosed in any year up to and including the year of death.

⁴ The underlying HIV infection is listed on the death certificate as a cause of 47% of all deaths of HIV-infected persons diagnosed in Iowa.

⁵ HIV infection became reportable by name in 1998.

⁶ Death data for 2015 are incomplete. Matching in August 2016 to death databases will provide updated death data.

Terms: UCD (HIV) – underlying HIV infection was listed on the death certificate as contributing to the death of the individual
 UCD (Other) – underlying HIV infection was not listed as contributing to death of the individual
 UCD (Unk) – cause of death is unknown

Trends in Diagnoses of HIV Disease among Iowans

Figure 3.1

- While the 124 HIV diagnoses in 2015 were 9% more than the 5-year average of 114 (2010 through 2014), they fit a 10-year pattern of variability seen since 2006 but temper the optimism generated by the decrease seen in 2014.

Fig. 3.1 Diagnoses of HIV Disease in Iowans: 2006 through 2015

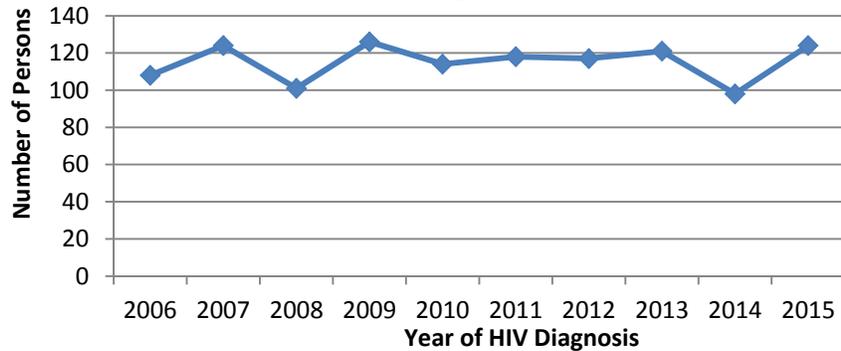


Figure 3.2

- Over 90% of “late testers” were diagnosed with AIDS concurrently, i.e., within 3 months of HIV diagnosis.
- With 8 months yet to go, late diagnoses for 2015 are 40%.

Fig. 3.2 Percentage of Iowa Late HIV Diagnoses ("Late Testers"): 2006 through 2015

(AIDS diagnosed within 12 months of initial HIV diagnosis)

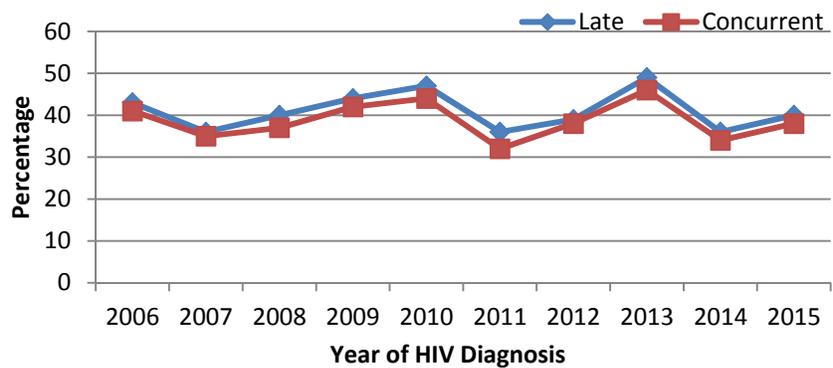


Figure 3.3

- At about 80% annually, males have always accounted for the majority of HIV diagnoses.
- From 2006 through 2015, there were about four male diagnoses for every one female diagnosis.

Figure 3.3 Iowa Diagnoses of HIV Disease by Sex: 2006 through 2015

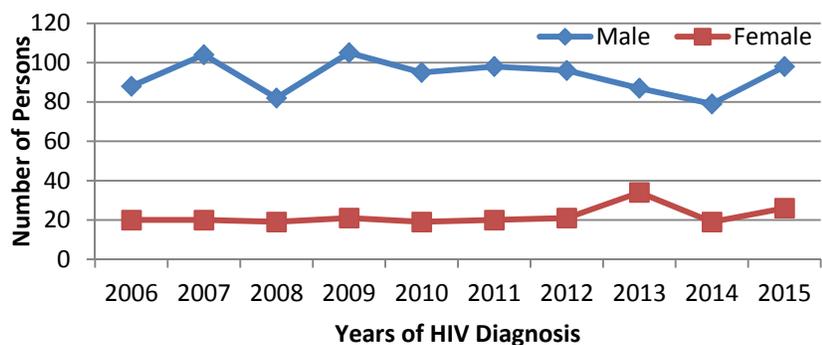


Figure 3.4 Age in Years at Diagnosis of Iowa HIV Disease: 2006 through 2015

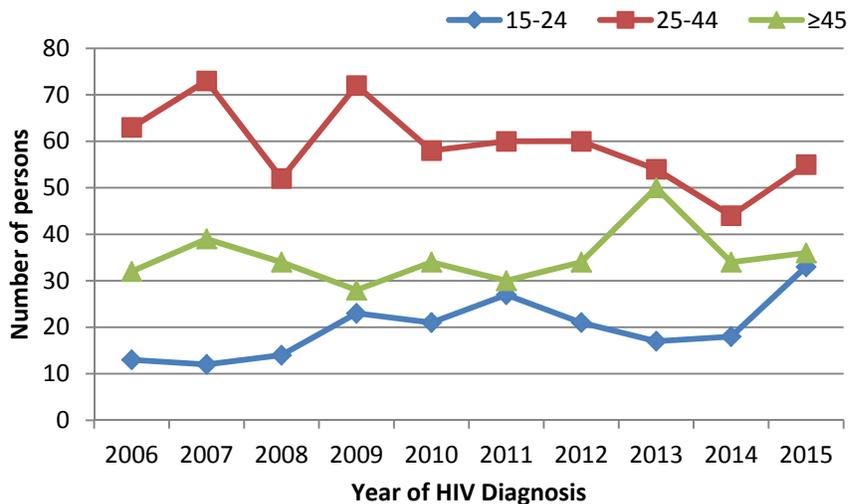


Figure 3.4

- Diagnoses among persons 15 through 24 years, which had dropped below 20 in 2013 and 2014, increased to an all-time high of 33 in 2015, 27% of all diagnoses.
- Over half of all HIV diagnoses annually were among persons 25 through 44 years of age until 2013 when diagnoses in this group fell to 45%. They have remained there annually through 2015.

Figure 3.5 Iowa Diagnoses of HIV Disease by Ethnicity and Race: 2006 through 2015

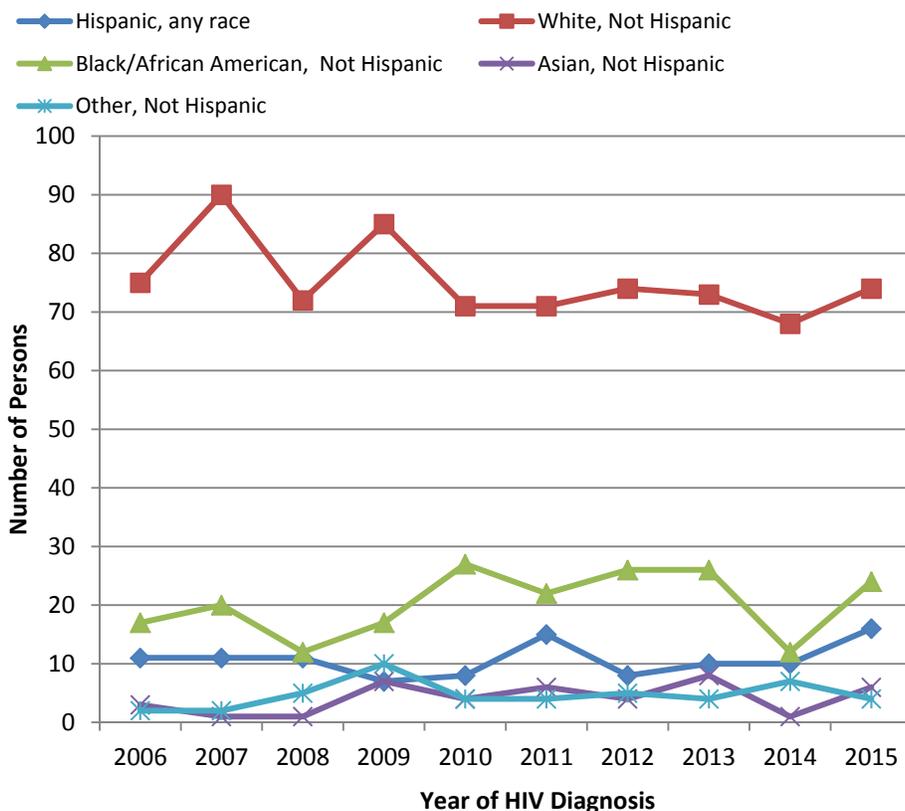


Figure 3.5

- HIV diagnoses among non-Hispanic black/African American persons, which had decreased from a peak of 27 (24%) in 2010 to a low of 12 (12%) in 2014, rose to 24 (19%) in 2015, very much in line with the five-year (2010 through 2014) average of 23 (20%). 11(46%) were foreign born.
- 75% of Hispanics diagnosed in 2015 were foreign born. Asians diagnosed with HIV in Iowa have almost always been foreign born.
- Non-Hispanic white persons still make up the largest proportion of diagnoses, accounting for 73%, on average, of diagnoses since the beginning of Iowa’s HIV epidemic in 1982.

Figure 3.6 Disparities in the Racial Composition of the General Population of Iowa and that of Iowans Diagnosed with HIV Disease in 2015

Population of Iowa by Ethnicity and Race: 2015

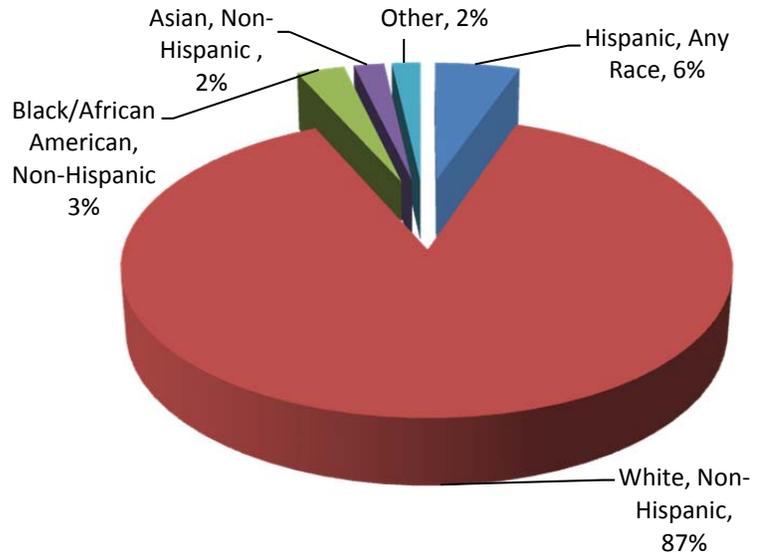


Figure 3.6

- Non-Hispanic blacks/African Americans, non-Hispanic Asians, and Hispanics are over-represented among persons with HIV diagnoses in comparison to the sizes of their respective populations in Iowa.
- Non-Hispanic black/African American persons were nearly nine times more likely, and Hispanic persons almost three and one-half times more likely, to be diagnosed with HIV than non-Hispanic white persons.
- Of 124 diagnoses in 2015, 11 (46%) of 24 non-Hispanic blacks/African Americans, 12 (75%) of 16 Hispanics and all 6 Asians were foreign born persons.

HIV Diagnoses by Race and Ethnicity: 2015

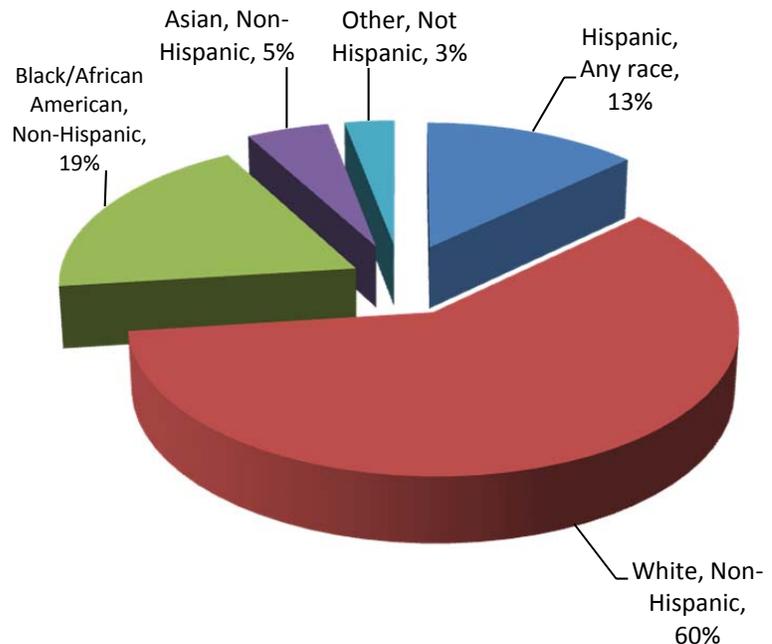


Figure 3.7 Iowa Diagnoses of Adult/Adolescent (≥ 13 years of age) HIV Disease by Exposure Category: 2006 through 2015

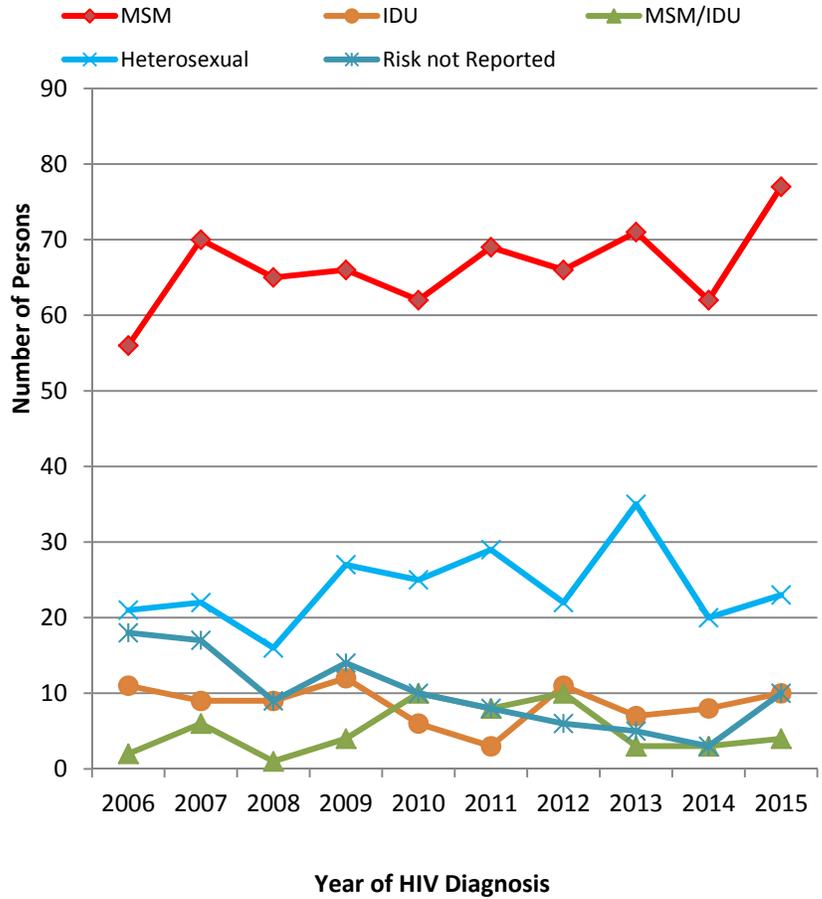
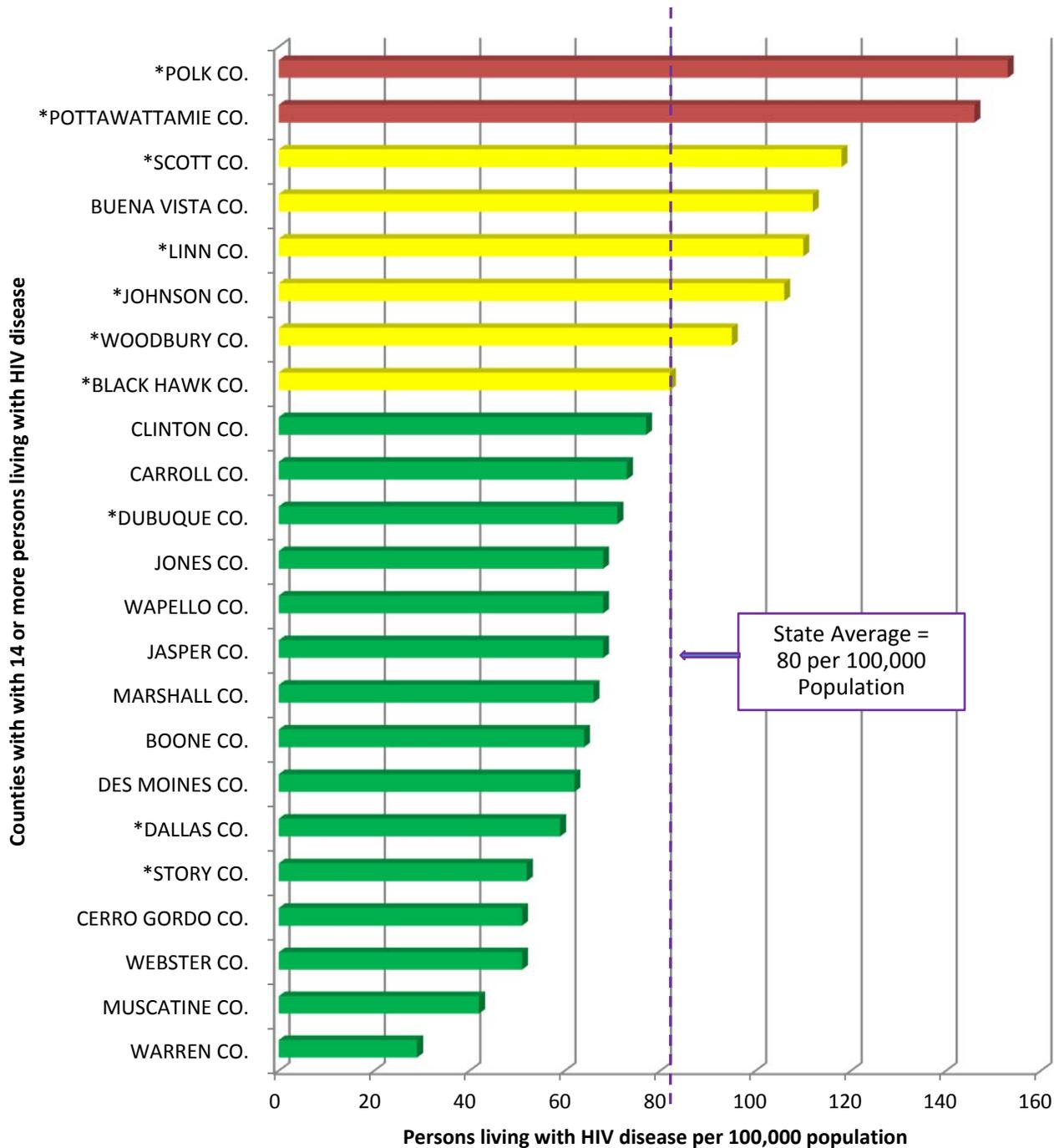


Figure 3.7

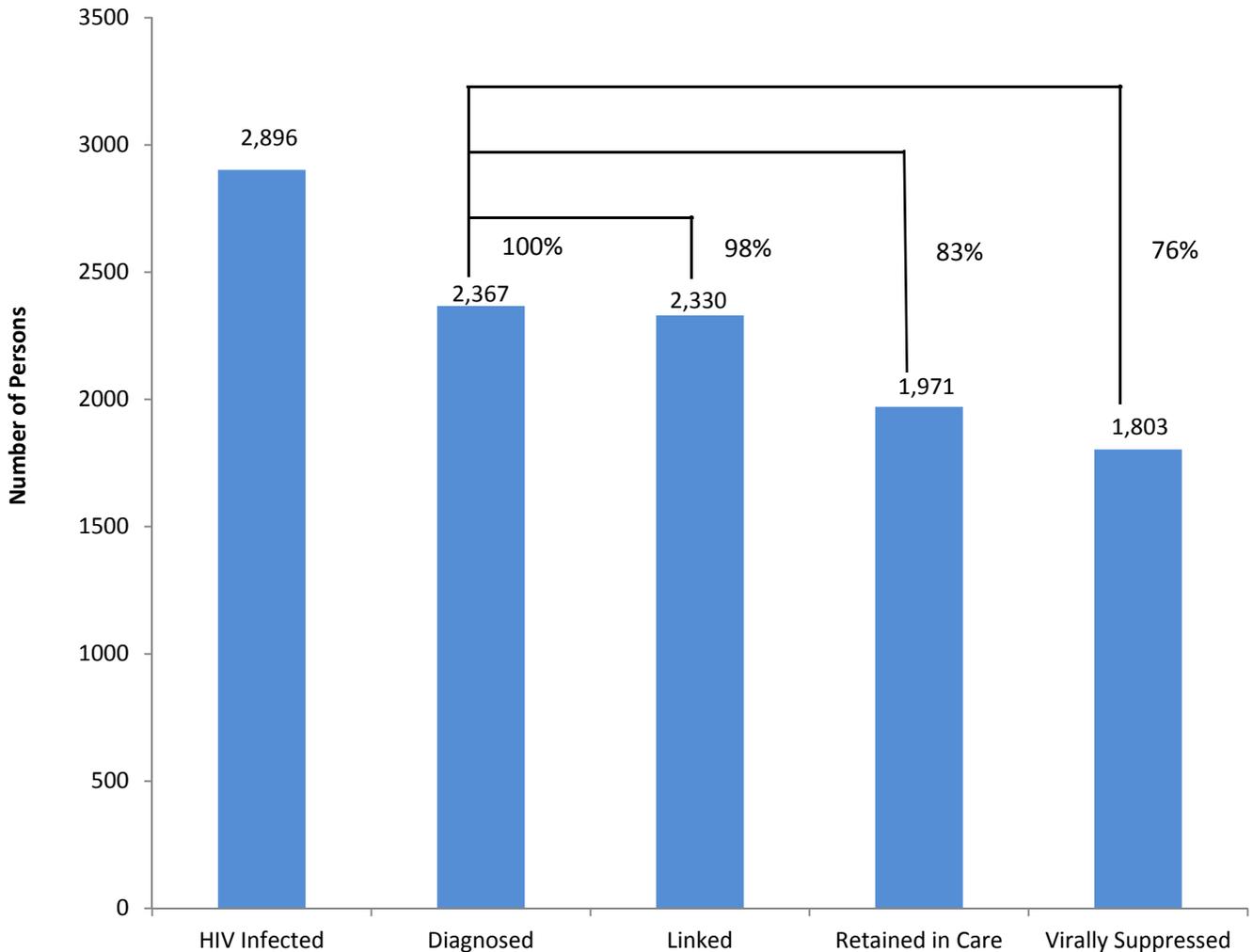
- Diagnoses among MSM increased by 24% in 2015, the largest increase among those persons with a known mode of exposure.
- Consistent with the overall increase in diagnoses, the numbers in all exposure categories rose in 2015.

Figure 3.9 Prevalence of HIV Disease by County of Current Residence: Iowans Living with Diagnosed HIV Disease (HIV or AIDS) per 100,000 Population as of December 31, 2015



- * Indicates one of the 10 most populous counties
- County rates do not include persons diagnosed in the Iowa Department of Corrections system
- County populations are based on the 2015 U.S. Census estimates

Figure 3.10 Iowa Continuum of HIV Care for 2015



HIV Infected: Estimated total number of lowans with HIV, of which 529 are undiagnosed.

Diagnosed: People *diagnosed with HIV disease as of December 31, 2014, and living in Iowa as of December 31, 2015.*

- An estimated 2,896 lowans were living with HIV disease as of December 31, 2014. Of these, 2,367 had been diagnosed as of December 31, 2014, and were alive as of December 31, 2015.

Linked to Care: Diagnosed people who ever had a viral load or CD4 result reported.

Retained in Care: Diagnosed people who had *two or more CD4 or viral load lab results at least three months apart in 2015* **or** who had *only one viral load lab result but it demonstrated viral suppression during 2015.*

Viral Suppression: People retained in care and whose most recent viral load in 2015 was less than 200 copies/mL.

- 1,971 (83%) of the 2,367 diagnosed lowans had been retained in care at the end at the end of 2015. Of those retained in care, 1,803 (91%) were virally suppressed.
- Viral suppression for all HIV-diagnosed people living in Iowa (in care and out of care) was 76%.

Section 4: REPORTING HIV AND AIDS IN IOWA

What's reportable AIDS has been a reportable disease in Iowa since February 1983. HIV became reportable by name in Iowa on July 1, 1998. **Iowa Administrative Code 641—11.6**, below, establishes rules for reporting.

641—11.6(141A) Reporting of diagnoses and HIV-related tests, events, and conditions to the department.

11.6(1) The following constitute reportable events related to HIV infection:

a. A test result indicating HIV infection, including:

(1) Confirmed positive results on any HIV-related test or combination of tests, including antibody tests, antigen tests, cultures, and nucleic acid amplification tests.

(2) A positive result or report of a detectable quantity on any other HIV detection (non-antibody) tests, and results of all viral loads, including nondetectable levels.

b. AIDS and AIDS-related conditions, including all levels of CD4+ T-lymphocyte counts.

c. Birth of an infant to an HIV-infected mother (perinatal exposure) or any (positive, negative, or undetectable) non-antibody detection test (antigen test, viral culture, viral load, or qualitative nucleic acid amplification test) on an infant 18 months of age or younger.

d. Death resulting from an AIDS-related condition, or death of a person with HIV infection.

11.6(2) Within seven days of the receipt of a person's confirmed positive test result indicating HIV infection, the director of a plasma center, blood bank, clinical laboratory or public health laboratory that performed the test or that requested the confirmatory test shall make a report to the department on a form provided by the department.

11.6(3) Within seven days of the receipt of a test result indicating HIV infection, which has been confirmed as positive according to prevailing medical technology, or immediately after the initial examination or treatment of a person infected with HIV, the physician or other health care provider at whose request the test was performed or who performed the initial examination or treatment shall make a report to the department on a form provided by the department.

11.6(4) Within seven days of diagnosing a person as having AIDS or an AIDS-related condition, the diagnosing physician shall make a report to the department on a form provided by the department.

11.6(5) Within seven days of the death of a person with HIV infection, the attending physician shall make a report to the department on a form provided by the department.

11.6(6) Within seven days of the birth of an infant to an HIV-infected mother or a receipt of a laboratory result (positive, negative, or undetectable) of a non-antibody detection test (antigen test, viral culture, viral load, or qualitative nucleic acid amplification test) on an infant 18 months of age or younger, the attending physician shall make a report to the department on a form provided by the department.

11.6(7) The report shall include:

a. The person's name, address, date of birth, gender, race and ethnicity, marital status, and telephone number.

b. The name, address and telephone number of the plasma center, blood bank, clinical laboratory or public health laboratory that performed or requested the test, if a test was performed.

c. The address of the physician or other health care provider who requested the test.

d. If the person is female, whether the person is pregnant.

11.6(8) All persons who experience a reportable event while receiving services in the state, regardless of state of residence, shall be reported.

Need reporting forms? Want to call in a report? Have questions? Need surveillance data?

Jerry Harms, HIV Surveillance Coordinator: 515-242-5141; Jerry.Harms@idph.iowa.gov

Alagie "Al" Jatta, HIV Surveillance Epidemiologist: 515-281-6918; Alagie.Jatta@idph.iowa.gov

For free postpaid "03 CONFIDENTIAL" envelopes, call Jerry Harms at 515-242-5141.

See <http://idph.iowa.gov/hivstdhep/hiv/data> for this report.