

State of Iowa HIV Disease End-of-Year 2016 Surveillance Report



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Date: May 8, 2017
To: HIV/AIDS Surveillance Group
From: Alagie Jatta, HIV Surveillance Coordinator
Re: State of Iowa End-of-Year HIV Disease Surveillance Report for 2016

Here are a few points drawn from our 2016 HIV data:

- **136 Iowans Diagnosed with HIV:** In 2016, Iowa experienced the largest number of people diagnosed with HIV since reporting began in 1998. A number of things contributed to this increase; in general, it should be seen as a positive sign that people who are at risk for HIV are being reached. Most importantly, there was a marked increase in black/African American Iowans diagnosed with HIV in 2016. U.S.-born blacks/African Americans diagnosed with HIV in Iowa increased by 75% since 2015, while foreign-born blacks/African Americans diagnosed with HIV increased by 110%. The increase in the number of people diagnosed among these populations is likely a sign of improved access to health care and concerted efforts to reach those at most risk of HIV in Iowa. No other racial or ethnic group experienced an increase in HIV diagnoses in 2016.
- **Sex:** Overall, males and females equally experienced increases in diagnoses, but the increases were among males who were U.S. born and among females who were foreign born. The number of females diagnosed with HIV increased from 26 in 2015 to 30 in 2016, but remained at just above 20% of all people diagnosed. Males diagnosed with HIV continued to outnumber females by a ratio of about four to one.
- **Age:** People aged 25 through 44 years continued to make up the largest proportion (54%) and number (73) of people diagnosed with HIV. The number of youth and young adults 15 through 24 years of age who were diagnosed with HIV dropped from an all-time high of 33 in 2015 (27% of all people diagnosed with HIV) to 28 (21% of all people diagnosed) in 2016.
- **Racial and ethnic minorities are over-represented:**
 - Non-Hispanic blacks/African Americans represent 3% of Iowa's general population. The number of people diagnosed with HIV in this group almost doubled from 23 (19% of all people diagnosed) in 2015 to 44 (32%) in 2016. Of the 44 black/African American, non-Hispanic persons diagnosed in 2016, 23 (52%) were foreign born, the second time since the beginning of the HIV epidemic that foreign-born, non-Hispanic black persons diagnosed with HIV outnumbered U.S.-born, non-Hispanic black persons. Among U.S.-born blacks/African Americans diagnosed in 2016, 81% were male, and among these, 76% were gay or bisexual. Conversely, 65% of foreign-born blacks/African Americans who were diagnosed were females.
 - Hispanics/Latinos represent 6% of Iowa's population, and were 8% of people diagnosed with HIV in 2016. Of the 11 Hispanic persons diagnosed, 8 (73%) were foreign born.
- **Late testers:** The proportion of people diagnosed with AIDS within three months of their initial HIV diagnosis ("late testers") decreased significantly in 2016, continuing a trend that began in 2013. At that time, 46% of people diagnosed were considered to be late. In 2016, only 24% of people diagnosed were late. This is further confirmation that people at risk for HIV are getting timelier access to testing.
- **HIV prevalence:** As of December 31, 2016, there were 2,647 people with a current address in Iowa diagnosed HIV, a prevalence of 84.7 per 100,000 persons. As of December 31, 2016, 98 of Iowa's 99 counties had at least one resident living with HIV. Prevalence in six counties was greater than 100 per 100,000 population (0.1%). Polk County, with 165 per 100,000, has the highest prevalence, followed by Pottawattamie County (133 per 100,000), Scott County (128 per 100,000), and Linn County (122 per 100,000).
- **Continuum of HIV Care:** Of 2,510 persons diagnosed with HIV disease on or before December 31, 2015, and living in Iowa as of December 31, 2016, 2,115 (84%) were retained in HIV care and 1,965 (78%) were virally suppressed. This is significantly higher than many parts of the country. National estimates vary with around 60% of people with suppressed virus. When Iowans are retained in care (i.e., have two or more visits to an HIV primary care provider during a year), viral suppression rises to 93%.

Organization of the Surveillance Report

This end-of-year report presents surveillance data on HIV disease in Iowa. It describes HIV disease for the state and of its population subgroups. It includes information on the HIV care continuum and partner services offered to persons newly diagnosed with HIV 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 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.

People living with HIV disease reflect people 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 to HIV. 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; 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 contracted the virus but who have not been diagnosed. Nationally, CDC estimates that 12.8% of persons living 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 February 2017, have been used. This report includes only those people diagnosed through December 31, 2016. 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 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. 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, or heterosexual contact with a person at increased risk for HIV, such as someone who reports injection drug use, a person with hemophilia, a transfusion recipient with documented HIV, or a 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 people diagnosed 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 prevalence rates.

Section 2: NARRATIVE SUMMARY

Iowans Diagnosed with HIV

There were 136 people diagnosed with HIV in 2016, up 13 (11%) from 123 in 2015, and 20 (17%) over the average of 116 for the previous five years (2011 through 2015). As seen in Figure 3.1, the annual number of people diagnosed with HIV has remained relatively steady since 2006, but increased sharply in the last two years after a significant drop in 2014. The 136 people diagnosed with HIV in 2016 is the largest number ever recorded in a single year in Iowa since HIV reporting began in 1998. With an estimate of more than 400 Iowans yet to be diagnosed, Iowa may experience several more years of increases in people diagnosed with HIV before the state sees declines in diagnoses. The decrease in people diagnosed late with HIV combined with the increase in people diagnosed at private clinics suggests that the increase from 2015 to 2016 was attributed to expanded testing or increased access to health care at private providers in the state. U.S.-born black/African American males and foreign-born black/African American females experienced substantial increases in diagnoses. However, the increase in the number of people diagnosed from these populations is likely a positive sign of increased access to health care and concerted efforts to reach those at most risk for HIV in Iowa. Research indicates that racial disparities in people diagnosed with HIV involve complex social factors, such as stigma, poverty, discrimination, inequitable treatment in the health care system, and disproportionate incarceration rates. These social circumstances may limit a person's access to health care and the opportunity to routinely engage in a healthy lifestyle. The increase in HIV diagnoses experienced by black/African American Iowans deserves further investigation, and will be the focus of a mid-year surveillance report.

In 2016, there were 4.4 HIV diagnoses per 100,000 population, compared to 4.0 HIV diagnoses per 100,000 population in 2015 and 3.2 HIV diagnoses per 100,000 population in 2014.

A total of 62 persons were diagnosed with AIDS (also termed stage 3 HIV disease) in 2016, down from 69 in 2015. The 62 persons diagnosed with AIDS in 2016 are lower than the average of 71 for the five years 2011 through 2015.

Sex

Males were 78% (106) of the 136 people diagnosed in 2016, just below the average of 82%. The number of females diagnosed with HIV, which had fallen from a historic peak of 34 in 2013 to 26 in 2015, rebounded to 30 in 2016, or 22% of people diagnosed, close to the average of 21% for the previous five years. Year-to-year variations notwithstanding, there continue to be about four males diagnosed with HIV for every one female diagnosed.

Ethnicity and Race

The number of non-Hispanic black/African American persons diagnosed with HIV almost doubled from 23 (19% of all people diagnosed) in 2015 to 44 (32%) in 2016. The 44 persons diagnosed in 2016 are twice the average of 22 people diagnosed (19%) for the previous five years. Of the 44 black/African American persons diagnosed in 2016, 23 (52%) were foreign born. Black/African American persons make up almost 3% of Iowa's general population, but have experienced 19% of people diagnosed with HIV, on average, over the previous five years. The 44 non-Hispanic black/African American persons diagnosed with HIV in 2016 equates to 41.9 diagnoses per 100,000 non-Hispanic black/African American persons. When the numbers of persons diagnosed per 100,000 population are compared, non-Hispanic blacks/African Americans were almost 16 times more likely to have been diagnosed with HIV in 2015 than non-Hispanic whites.

Among U.S.-born blacks/African Americans diagnosed in 2016, 81% were male, and among these, 76% were gay or bisexual. Nationally, black gay and bisexual men are one of the few populations that have yet to see decreases in new diagnoses. In Iowa, there continue to be concerted efforts to reach

this and other populations at risk for HIV. There were no late diagnoses among black men who have sex with men, indicating that preventive messages are likely reaching the intended audience.

The number of Hispanic persons diagnosed with HIV decreased from 16 (13% of all people diagnosed) in 2015 to 11 (8%) in 2016. Of the 11 Hispanic persons diagnosed in 2016, 8 (73%) were foreign-born. Hispanic people make up about 6% of Iowa's population, but have experienced 10% of total HIV diagnoses over the last five years. The 11 Hispanics diagnosed with HIV in 2016 equate to 6.2 per 100,000 Hispanic persons, which means that Hispanic people were about two times more likely to have been diagnosed with HIV in 2016 than those who are white and non-Hispanic.

The numbers of non-Hispanic Asians in Iowa who are diagnosed with HIV are low and primarily influenced by immigration. Nearly all non-Hispanic Asians diagnosed with HIV since 2006 have been foreign-born people. The number of non-Hispanic Asians diagnosed reached a peak in 2013 at 7% of people diagnosed. There were five (4%) non-Hispanic Asians diagnosed with HIV in 2016. Non-Hispanic Asian people make up about 2% of Iowa's population, but have made up 4% of people diagnosed with HIV in the previous five years. The five non-Hispanic Asians diagnosed with HIV in 2016 equates to 6.9 diagnoses per 100,000 non-Hispanic Asian persons, about 2.5 times higher than for white, non-Hispanic Iowans.

While the largest proportion of people diagnosed with HIV in Iowa is non-Hispanic, white Iowans, the proportion experienced among this population continues to fall. Of the 136 people diagnosed with HIV in 2016, 73 (54%) were among non-Hispanic, white persons compared to the five-year (2011 through 2015) average of 72 (62%). Since the beginning of the epidemic in 1982, non-Hispanic, white persons have made up 73% of people diagnosed with HIV in Iowa. The 73 non-Hispanic, white persons diagnosed in 2016 equate to 2.7 diagnoses per 100,000 non-Hispanic, white persons.

Birth Country

The number of foreign-born persons diagnosed with HIV reached an historic high in 2016 at 38 (28%) of the 136 people diagnosed with HIV in Iowa. On average, approximately 18% of HIV diagnoses are experienced by foreign-born Iowans. Foreign-born people who are diagnosed in Iowa may not necessarily indicate new diagnoses or even transmissions that occurred in the U.S. By convention, foreign-born persons with HIV disease who initially immigrated to Iowa (refugees, spouses, or other immigrants), especially those with no clear documentation of previous diagnoses, are considered new diagnoses in Iowa even if they may have been aware of their HIV-positive status previously. Linkage to and retention in care are the primary goals for recent immigrants in Iowa who may have HIV.

Age at Diagnosis

The number of persons ages 15 through 24 years diagnosed with HIV decreased from an all-time high of 32 (26%) in 2015 to 28 (21%) in 2016. Over the previous five years, this group averaged 20% of all people diagnosed with HIV. The number of persons aged 24 through 44 years of age diagnosed with HIV increased by 33% from 2015 to 2016. The 73 people diagnosed in this group made up more than half (54%) of people diagnosed in 2016. The number of persons ages 45 years and older experiencing HIV diagnoses have remained fairly level since 2006. There were two pediatric HIV diagnoses in 2016, but both were in infants who were adopted by people in Iowa; neither was a lapse in screening or treatment among pregnant women with HIV in Iowa.

For people 13 years of age and older (adults and adolescents), median age at diagnosis in 2016 was 33.0 years, lower than the previous five-year median of 36.8 years. In 2016, the median age of diagnosis for adult/adolescent males, 33.0 years, was almost the same as that for adult/adolescent females, 33.5 years.

HIV Exposure Category

Men who have sex with men (MSM) remained the leading exposure category for HIV in Iowa. Of the 136 people diagnosed with HIV in 2016, 79 (58%) were among MSM, less than the previous five-year average of 69 (60%). Overall, MSM have experienced 56% of HIV diagnoses since the beginning of the epidemic in Iowa.

Numbers (and proportions) of other HIV exposure categories in 2016 were as follows: injection drug use (IDU), 4 (3%); men who have sex with men and inject drugs (MSM/IDU), 6 (4%); heterosexual contact, 33 (24%); and no identified risk (NIR), 12 (9%). Experience has shown that while newly diagnosed people 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 2017, exposure category will be ascertained for most of the remaining people diagnosed in 2016. As noted above, there were two pediatric HIV diagnoses in 2016.

Late Diagnosis of HIV Disease

Here is some very good news. After peaking at 58% in 1999, late testers as a proportion of all people diagnosed with HIV for a given year declined over time to 38% in 2015, and to a new low of 24% in 2016. A person who is diagnosed with AIDS within three months of initial HIV diagnosis is termed a “late tester.” Without treatment, a person will generally progress to AIDS approximately 8 to 10 years after initial infection. This means that having an AIDS diagnosis within three months is an indication of long-standing infection, which affects health outcomes and opportunities to transmit to others.

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, 2016, there were 2,371 persons living with HIV or AIDS who were Iowa residents *at the time of their diagnoses* with HIV or AIDS, a prevalence of 76 per 100,000 persons. 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 2016.

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 2016 was 2,647, a prevalence of 84.7 per 100,000 persons. This number includes all persons whose current address was in Iowa at the end of 2016. 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. When the number of 2,647 is adjusted for our estimated percentage of undiagnosed persons in Iowa (14%), there may have been as many as 3,078 Iowans living with HIV or AIDS at the end of 2016, with an estimated 431 persons undiagnosed.

As of December 31, 2016, 98 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 165 per 100,000 topped the list, followed by Pottawattamie County with 133 per 100,000, Scott County with 128 per 100,000, Buena Vista County with 112 per 100,000, Linn County with 122 per 100,000, and Johnson County with 112 per 100,000. To add perspective, national and regional prevalence data at the end of 2014, the most recent year available, are as follows: United States, 299.5 per 100,000; Midwest, 167.6 per 100,000; West, 244.2 per 100,000; South, 352.5 per 100,000; and Northeast, 419.5 per 100,000. (Centers for Disease Control and Prevention. *HIV Surveillance Report, 2015*; vol. 27. <https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published November 2016. Accessed February 20, 2017.)

Deaths of Persons with HIV or AIDS

The number of deaths among people living with HIV who were diagnosed in Iowa continues to decrease since peaking at 103 deaths in 1995. As of December 31, 2016, a total of 1,256 deaths had been reported in Iowa among persons diagnosed with HIV or AIDS. Of those deaths, 64% were caused in some part by the underlying HIV disease, 30% of deaths were not HIV related, and for 6%, the cause was unknown. Since death data for 2016 are incomplete, the underlying cause for the 15 deaths already reported has yet to be officially certified.

HIV Continuum of Care and Partner Services

Continuum of HIV Care

HIV care continuum analysis is based upon people with diagnosed HIV disease by the end of 2015 and currently residing in Iowa at the end of 2016. A total of 2,510 persons were diagnosed with HIV disease on or before December 31, 2015, and living in Iowa as of December 31, 2016 (PLWH). Of the 2,510 PLWH, 2,115 (84%) had been retained in HIV care, and 1,965 (78%) had an HIV viral load less than 200 copies per milliliter of blood (viral suppression) at the end of 2016. This means that more than 92% 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 virus transmission and optimize clinical outcomes.

HIV Partner Services

Of the 136 persons newly diagnosed with HIV disease in 2016, 134 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 134 persons assigned for partner services named 249 partners. Of these, 161 were located in Iowa and were of unknown HIV status. Of the remaining 88, 40 were out-of-state contacts and 48 were already known to be HIV positive. Of the 161 contacts with unknown HIV status, 121 (75%) were subsequently tested, and 14 were found to be HIV positive (12% positivity).

Section 3: TABLES AND FIGURES

**Table 3.1 Iowans Diagnosed with HIV or AIDS or Dying with HIV in 2016
Compared to Iowans Living with HIV Disease as of December 31, 2016**

Characteristics	HIV Disease Diagnoses ¹		AIDS Diagnoses ²		Deaths ³		Persons Living with HIV Disease ⁴	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Sex at Birth								
Male	106	(78)	46	(74)	13	(87)	2,081	(79)
Female	30	(22)	16	(26)	2	(13)	566	(21)
Age at Diagnosis								
Under 13	2	(1)	1	(2)	0	--	41	(2)
13-14	0	--	0	--	0	--	1	--
15-24	28	(21)	8	(13)	1	(7)	441	(17)
25-34	44	(32)	24	(39)	7	(47)	944	(36)
35-44	29	(21)	15	(24)	2	(13)	722	(27)
45-54	20	(15)	9	(15)	2	(13)	358	(14)
55-64	12	(9)	5	(8)	2	(13)	123	(5)
65 or older	1	(1)	0	--	1	(7)	17	(1)
Ethnicity/Race								
Hispanic, All Races	11	(8)	4	(6)	1	(7)	233	(9)
Not Hispanic, White	73	(54)	35	(56)	10	(67)	1,666	(63)
Not Hispanic, Black/African American	44	(32)	18	(29)	3	(20)	572	(22)
Not Hispanic, Asian	5	(4)	2	(3)	1	(7)	62	(2)
Not Hispanic, Native Hawaiian/Pacific Islander	0	--	0	--	0	--	1	--
Not Hispanic, American Indian/Alaska Native	0	--	0	--	0	--	4	--
Not Hispanic, Multi-race	3	(2)	3	(5)	0	--	109	(4)
Country of Birth								
United States or Dependency	98	(72)	43	(69)	12	(80)	2,166	(82)
Other Countries	38	(28)	19	(31)	3	(20)	481	(18)
Mode of Exposure⁵								
Men who have sex with men (MSM)	79	(58)	32	(52)	9	(60)	1,424	(54)
Injection Drug Use (IDU)	4	(3)	4	(6)	1	(7)	203	(8)
MSM and Injection Drug Use (MSM/IDU)	6	(4)	2	(3)	1	(7)	184	(7)
Heterosexual Contact	33	(24)	17	(27)	4	(27)	500	(19)
Hemophilia/Coagulation disorder	0	--	0	--	0	--	6	--
Receipt of blood or tissue	0	--	0	--	0	--	3	--
Risk not reported/Other (NIR)	12	(9)	6	(10)	0	--	286	(11)
<i>Pediatric/Other</i>	2	(1)	1	--	0	--	41	(2)
TOTALS	136	(100)	62	(100)	15	(100)	2,647	(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, 2016. 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 Iowans Diagnosed with HIV¹ by Sex, Age, Ethnicity and Race,
Country of Birth and Mode of Exposure to HIV: 2006 through 2016**

Characteristics	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Sex at Birth											
Male	88	105	81	105	95	98	98	87	78	97	106
Female	20	20	19	20	19	20	21	34	20	26	30
Age in Years at Diagnosis											
Under 13	0	0	1	3	1	1	3	0	2	0	2
13-14	0	0	0	0	0	0	0	0	0	0	0
15-24	13	13	14	23	21	27	21	16	18	32	28
25-34	27	36	30	36	30	33	33	29	27	28	44
35-44	36	37	22	35	28	27	27	26	17	27	29
45-54	24	24	23	15	27	21	24	28	18	22	20
55-64	7	12	10	10	7	7	9	17	14	13	12
65 or older	1	3	0	3	0	2	2	5	2	1	1
Ethnicity/Race											
Hispanic, All Races	11	11	11	7	8	15	8	10	10	16	11
Not Hispanic, White	75	91	71	85	71	71	75	73	68	74	73
Not Hispanic, Black/African American	17	20	12	17	26	22	27	26	12	23	44
Not Hispanic, Asian	3	1	1	6	4	6	4	8	1	6	5
Not Hispanic, Native Hawaiian/Pacific Islander	0	0	0	0	0	0	0	0	0	0	0
Not Hispanic, American Indian/Alaska Native	0	0	0	1	0	0	0	0	0	0	0
Not Hispanic, Multi-race	2	2	5	9	5	4	5	4	7	4	3
Country of Birth											
United States or Dependency	93	106	86	107	95	90	98	94	84	94	98
Other Countries	15	19	15	18	19	28	21	27	14	29	38
Mode of Exposure – Adult/Adolescent²											
Men who have sex with men (MSM)	56	70	64	67	63	69	66	71	62	77	79
Injection Drug Use (IDU)	11	9	9	12	6	3	11	7	8	10	4
MSM and Injection Drug Use (MSM/IDU)	2	6	1	4	10	9	11	3	3	4	6
Heterosexual Contact	21	22	16	26	25	29	22	35	20	23	33
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)	18	18	9	13	9	7	6	5	3	9	12
<i>Pediatric/other</i>	0	0	1	3	1	1	3	0	2	0	2
TOTALS	108	125	100	125	114	118	119	121	98	123	136

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 Iowa Males 13 Years of Age and Older Diagnosed with HIV:
2002 through 2016**

Characteristics	Year of HIV Diagnosis ¹													
	2016 ²		2015		2014		2013		2012		2002 through-2011 ⁴		2007 through 2011 ⁵	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
Age at Diagnosis³														
13-14	0	--	0	--	0	--	0	--	0	--	0	--	0	--
15-24	22	(21)	25	(26)	15	(19)	12	(14)	19	(20)	119	(14)	77	(16)
25-34	34	(32)	22	(23)	21	(27)	22	(25)	23	(24)	233	(27)	132	(28)
35-44	24	(23)	22	(23)	14	(18)	17	(20)	25	(26)	270	(31)	127	(27)
45-54	17	(16)	17	(18)	15	(19)	20	(23)	19	(20)	167	(19)	95	(20)
55-64	8	(8)	10	(10)	12	(15)	12	(14)	8	(8)	64	(7)	42	(9)
65 or older	1	(1)	1	(1)	1	(1)	4	(5)	2	(2)	9	(1)	5	(1)
Ethnicity/Race														
Hispanic, All Races	11	(10)	13	(13)	9	(12)	8	(9)	6	(6)	92	(11)	44	(9)
Not Hispanic, White	65	(61)	61	(63)	59	(76)	63	(72)	68	(71)	598	(69)	343	(72)
Not Hispanic, Black/African American	25	(24)	16	(16)	5	(6)	11	(13)	15	(16)	126	(15)	59	(12)
Not Hispanic, Asian	2	(2)	4	(4)	1	(1)	2	(2)	3	(3)	19	(2)	13	(3)
Not Hispanic, Multi-race	3	(3)	3	(3)	4	(5)	3	(3)	4	(4)	25	(3)	18	(4)
Other	0	--	0	--	0	--	0	--	0	--	2	--	1	--
Country of Birth														
United States or Dependency	86	(81)	78	(80)	69	(88)	76	(87)	86	(90)	724	(84)	410	(86)
Other Countries	20	(19)	19	(20)	9	(12)	11	(13)	10	(10)	138	(16)	68	(14)
Mode of Exposure														
Men who have sex with men (MSM)	79	(75)	77	(79)	62	(79)	71	(82)	66	(69)	560	(65)	333	(70)
Injection Drug Use (IDU)	4	(4)	6	(6)	6	(8)	5	(6)	6	(6)	60	(7)	29	(6)
MSM and IDU	6	(6)	4	(4)	3	(4)	3	(3)	11	(11)	67	(8)	30	(6)
Heterosexual Contact	10	(9)	7	(7)	5	(6)	5	(6)	8	(8)	77	(9)	43	(9)
Blood, blood products, tissue	0	--	0	--	0	--	0	--	0	--	3	--	0	--
Risk not reported/Other (NIR)	7	(7)	3	(3)	2	(3)	3	(3)	5	(5)	95	(11)	43	(9)
Any MSM (MSM + MSM/IDU)	85	(80)	81	(84)	65	(83)	74	(85)	77	(80)	627	(73)	363	(76)
Any IDU (IDU + MSM/IDU)	10	(9)	10	(10)	9	(12)	8	(9)	17	(18)	127	(15)	59	(12)
TOTALS	106	(100)	97	(100)	78	(100)	87	(100)	96	(100)	862	(100)	478	(100)

¹ After decreasing consistently from 2012 to 2014, diagnoses among males increased by 24% from 2014 to 2015 and again increased by 9% from 2015 to 2016.

² HIV exposure category for seven males in 2016 has yet to be ascertained. More than 80% of annual diagnoses since 2012 are among males who have sex with other males.

³ Males age 25 to 44 years have experienced more than half (55%) of all adult/adolescent (≥ 13 years of age at time of diagnosis) male diagnoses from 2002 through 2016.

⁴ 862 males age 13 years or older were diagnosed from 2002 through 2011.

⁵ 478 males age 13 years or older were diagnosed from 2007 through 2011.

**Table 3.4 Iowa Females 13 Years of Age and Older Diagnosed with HIV:
2002 through 2016**

Characteristics	Year of HIV Diagnosis ¹													
	2016		2015		2014		2013		2012		2002 through 2011 ³		2007 through 2011 ⁴	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)
Age at Diagnosis²														
13-14	0	(0)	0	(0)	0	--	0	--	0	--	0	--	0	--
15-24	6	(21)	7	(27)	3	(17)	4	(12)	2	(10)	44	(19)	21	(21)
25-34	10	(36)	6	(23)	6	(33)	7	(21)	10	(48)	84	(37)	33	(34)
35-44	5	(18)	5	(19)	3	(17)	9	(26)	2	(10)	53	(23)	22	(22)
45-54	3	(11)	5	(19)	3	(17)	8	(24)	5	(24)	35	(15)	15	(15)
55-64	4	(14)	3	(12)	2	(11)	5	(15)	1	(5)	8	(3)	4	(4)
65 or older	0	--	0	--	1	(6)	1	(3)	0	--	4	(2)	3	(3)
Ethnicity/Race														
Hispanic, All Races	0	--	3	(12)	1	(6)	2	(6)	2	(10)	22	(10)	8	(8)
Not Hispanic, White	8	(29)	13	(50)	8	(44)	10	(29)	5	(25)	104	(46)	46	(47)
Not Hispanic, Black/African American	18	(64)	7	(27)	7	(39)	15	(44)	11	(55)	87	(38)	36	(37)
Not Hispanic, Asian	2	(7)	2	(8)	0	--	6	(18)	1	(5)	6	(3)	4	(4)
Not Hispanic, Multi-race	0	--	1	(4)	2	(11)	1	(3)	1	(5)	9	(4)	4	(4)
other	0	--	0	--	0	--	0	--	0	--	0	--	0	--
Country of Birth⁵														
United States or Dependency	12	(43)	16	(62)	14	(78)	18	(53)	12	(60)	157	(69)	70	(71)
Other Countries	16	(57)	10	(38)	4	(22)	16	(47)	8	(40)	71	(31)	28	(29)
Mode of Exposure														
Injection Drug Use (IDU)	0	--	4	(15)	2	(11)	2	(6)	5	(25)	24	(11)	10	(10)
Heterosexual Contact	23	(82)	16	(62)	15	(83)	30	(88)	14	(70)	147	(64)	75	(77)
other	0	--	0	--	0	--	0	--	0	--	0	--	0	--
Risk not reported/Other (NIR)	5	(18)	6	(23)	1	(6)	2	(6)	1	(5)	57	(25)	13	(13)
TOTALS	28	(100)	26	(100)	18	(100)	34	(100)	20	(100)	228	(100)	98	(100)

¹ After peaking at 34 in 2013, diagnoses among females decreased to 28 (21%) in 2016, still higher than the average of 20 from 2007 through 2011.

² Females age 25 to 44 years have constituted more than half (60%) of all adult/adolescent (≥ 13 years of age at time of diagnosis) female diagnoses from 2002 through 2016.

³ 228 females age 13 years or older were diagnosed from 2002 through 2011.

⁴ 98 females age 13 years or older were diagnosed from 2007 through 2011.

⁵ Foreign-born females are a higher proportion of female diagnoses than foreign-born males are of male diagnoses. Foreign-born females in 2016 were more than half (57%) of diagnoses.

Table 3.5 Iowans Diagnosed with HIV, Diagnostic Status at Death, and Underlying Cause of Death (UCD): 1982 through 2016

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	1	0
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	15	1
1987	85		24	24	17	5	2
1988	105		22	22	17	4	1
1989	118		35	35	30	4	1
1990	111		40	40	26	13	1
1991	134		77	77	60	12	5
1992	128		70	70	56	13	1
1993	100	1	80	81	64	14	3
1994	105	1	85	86	64	18	4
1995	88	2	101	103	78	23	2
1996	103	2	65	67	53	9	5
1997	107	1	29	30	19	9	2
1998 ⁵	97	2	17	19	10	8	1
1999	83	3	23	26	15	9	2
2000	91	2	28	30	20	8	2
2001	95	4	32	36	20	14	2
2002	104	3	33	36	28	8	0
2003	88	4	32	36	17	18	1
2004	105	3	30	33	26	6	1
2005	112	6	22	28	18	10	0
2006	108	2	23	25	11	13	1
2007	125	7	29	36	20	14	2
2008	100	5	19	24	16	8	0
2009	125	6	28	34	16	15	3
2010	114	5	22	27	16	8	3
2011	118	8	25	33	18	14	1
2012	119	7	30	37	20	15	2
2013	121	11	35	46	20	24	2
2014	98	5	41	46	22	20	4
2015	123	5	20	25	11	14	0
2016 ⁶	136	0	15	15	0	0	15

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 64% of all deaths of HIV-infected persons diagnosed in Iowa.

⁵ HIV infection became reportable by name in 1998.

⁶ Death data for 2016 are incomplete. Matching in 2017 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

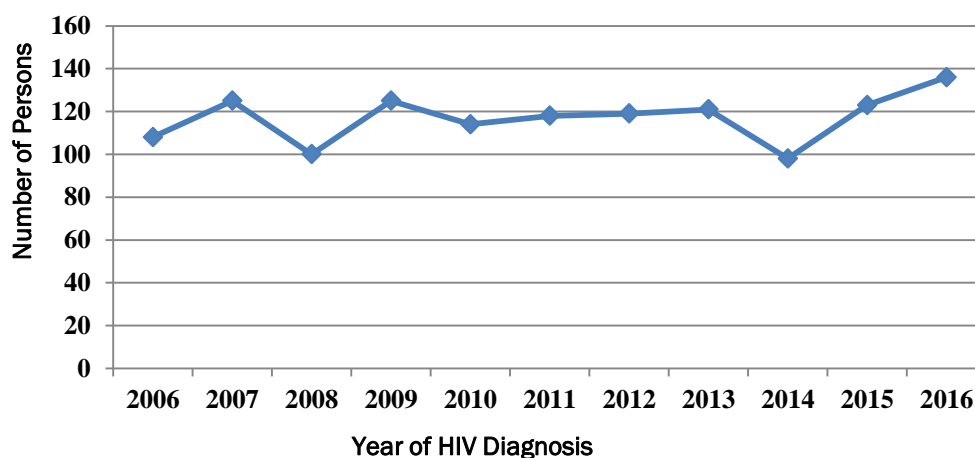
UCD (Other) – underlying HIV infection was not listed as contributing to death of the individual

UCD (Unk) – cause of death is unknown

Trends in Iowans Diagnosed with HIV Disease

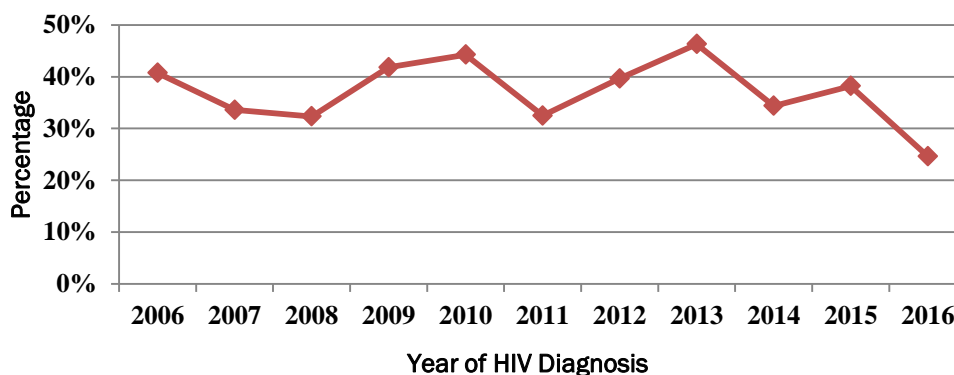
The number of people diagnosed with HIV in 2016, 136, is 17% more than the 5-year average of 116 (2011 through 2015), and a continuation of yearly increases in diagnoses seen since a decrease in 2014.

Figure 3.1
Iowans Diagnosed with HIV: 2006 through 2016



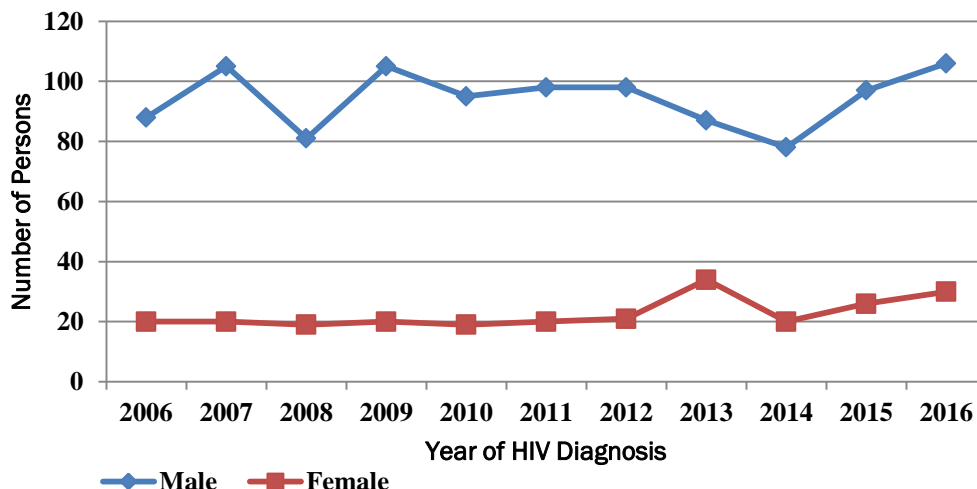
“Late testers” are people who receive AIDS diagnoses within three months of their HIV diagnoses. Over 90% of “late testers” in Iowa were diagnosed with AIDS concurrently, meaning within one month of HIV diagnosis. The proportion of late testers has been decreasing recently, a positive trend.

Figure 3.2
Percentage of Iowans Diagnosed Late with HIV (“Late Testers”):
2006 through 2016



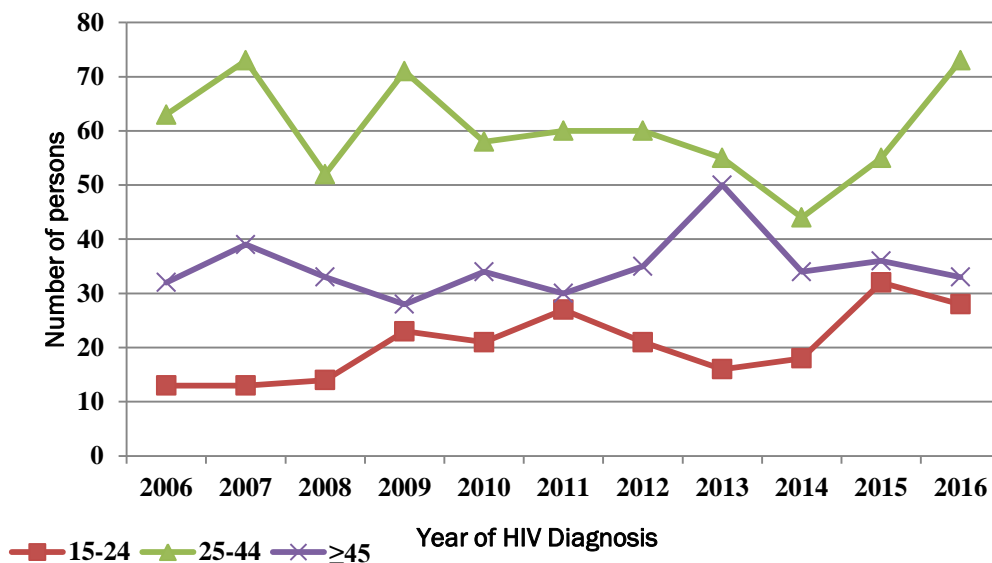
From 2006 through 2016, there were about four males diagnosed for every female diagnosed. The increase in females diagnosed with HIV in 2016 was among foreign-born women only; in 2013, the increase was among U.S.-born women and foreign-born women. The increase among males in 2016 was among U.S.-born black males, a population that has experienced increased diagnoses nationally, as well.

Figure 3.3
Iowans Diagnosed with HIV by Sex:
2006 through 2016



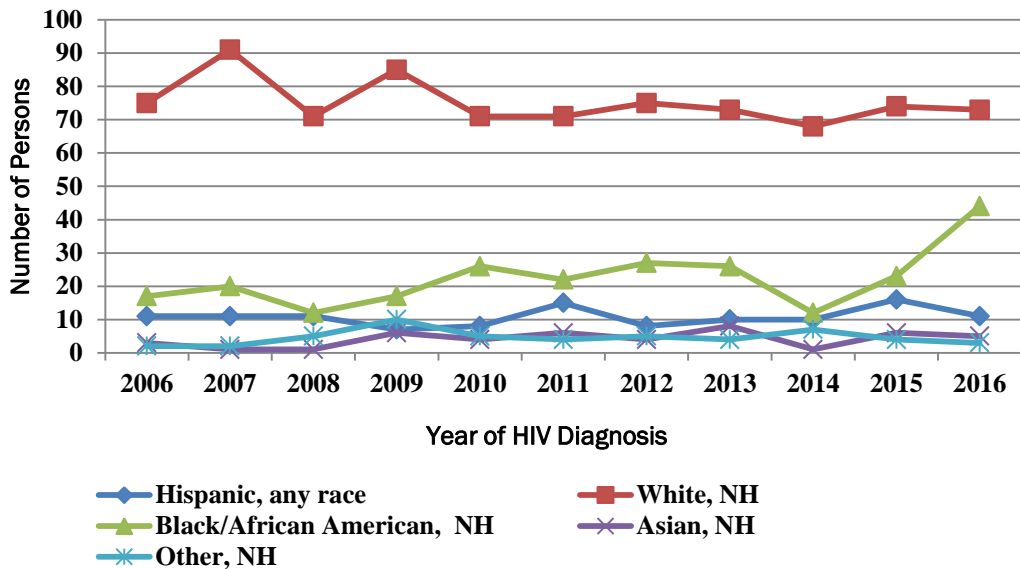
Persons who were diagnosed with HIV who were 15 through 24 years decreased from an all-time high of 32 in 2015 (27% of people diagnosed) to 28 in 2016 (21%). Over half of all people diagnosed with HIV annually, on average, are among persons 25 through 44 years of age. In 2016, 54% of the people diagnosed with HIV were among those 25 to 44 years of age.

Figure 3.4
Age in Years at Diagnosis of Iowa HIV: 2006 through 2016



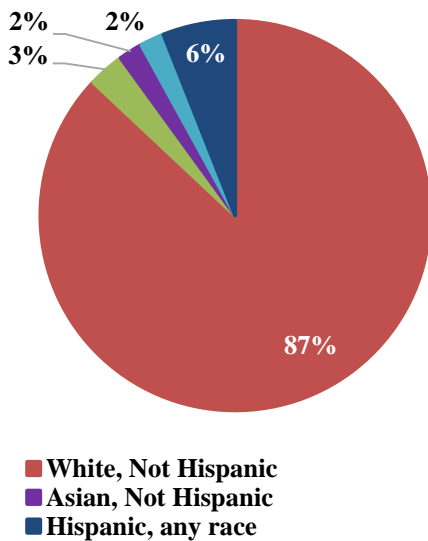
Non-Hispanic black/African Americans persons diagnosed with HIV increased from a low of 12 (12%) in 2014 to a record high of 44 (32%) in 2016, more than the five-year average of 22 (19%). Twenty-three (52%) of the 44 non-Hispanic black/African American persons diagnosed in 2016 were foreign born. Eight (73%) Hispanic persons diagnosed in 2016 were foreign born. Non-Hispanic white persons make up the largest proportion of people diagnosed with HIV, 73%, on average, but this proportion has been decreasing recently.

Figure 3.5
Iowans Diagnosed with HIV by Ethnicity and Race: 2006 through 2016

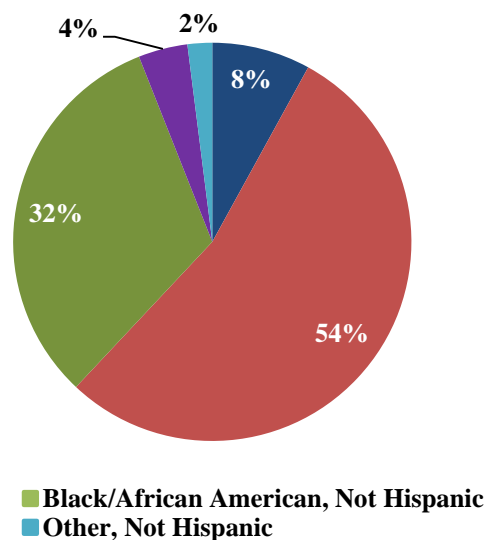


About 87% of Iowa’s population is white and non-Hispanic. Non-Hispanic blacks/African Americans, non-Hispanic Asians, and Hispanics are over-represented among persons diagnosed with HIV in comparison to the sizes of their respective populations in Iowa. Non-Hispanic black/African American persons comprise 3% of Iowa’s population, but were 32% of people diagnosed with HIV in 2016. Non-Hispanic black/African American persons were nearly 16 times more likely to be diagnosed than non-Hispanic white persons, and Hispanic persons almost twice as likely to be diagnosed with HIV in Iowa than non-Hispanic white persons in 2016.

Figure 3.6
Population of Iowa by Ethnicity and Race: 2016



Iowans Diagnosed with HIV by Race: 2016



Men who have sex with men (MSM) experienced a 3% increase in HIV diagnoses in 2016. Aside from a decrease in diagnoses among those who were exposed through injecting drugs (IDU), the numbers in all other exposure categories increased in 2016.

Figure 3.7
Iowa Adults Diagnosed with HIV by Exposure Category:
2006 through 2016

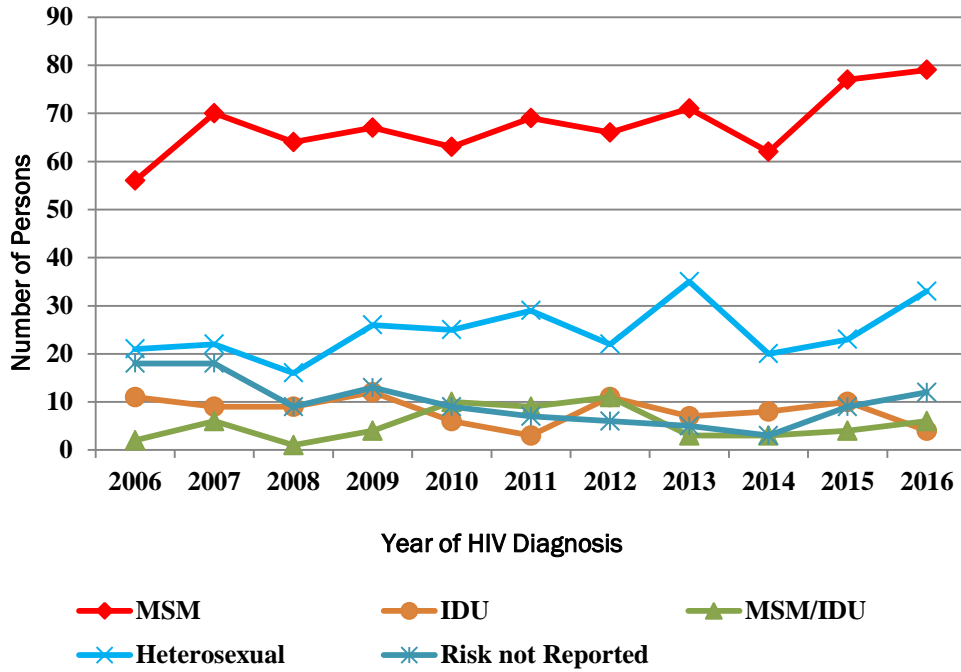
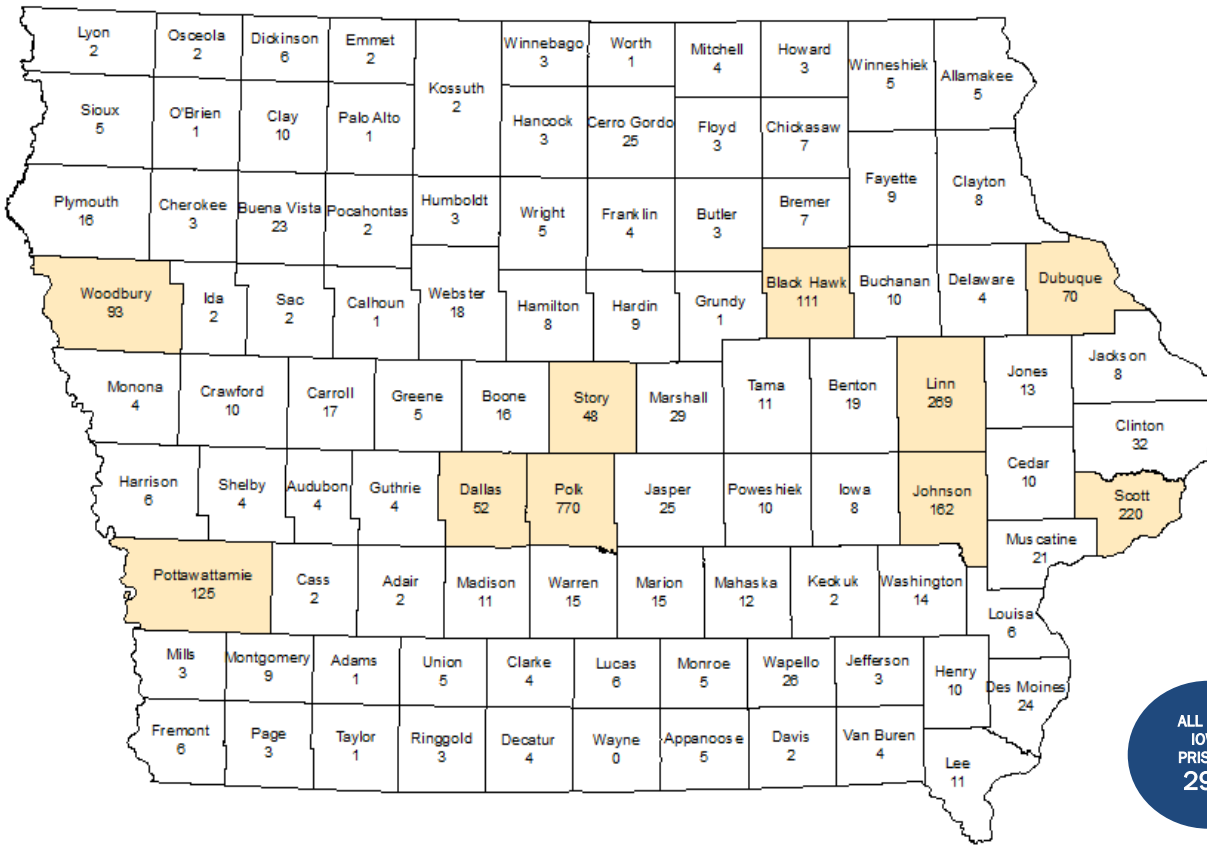



Figure 3.8
Number of lowans Living with Diagnosed HIV Disease as of December 31, 2016,
by County of Current Residence



Total: 2,647

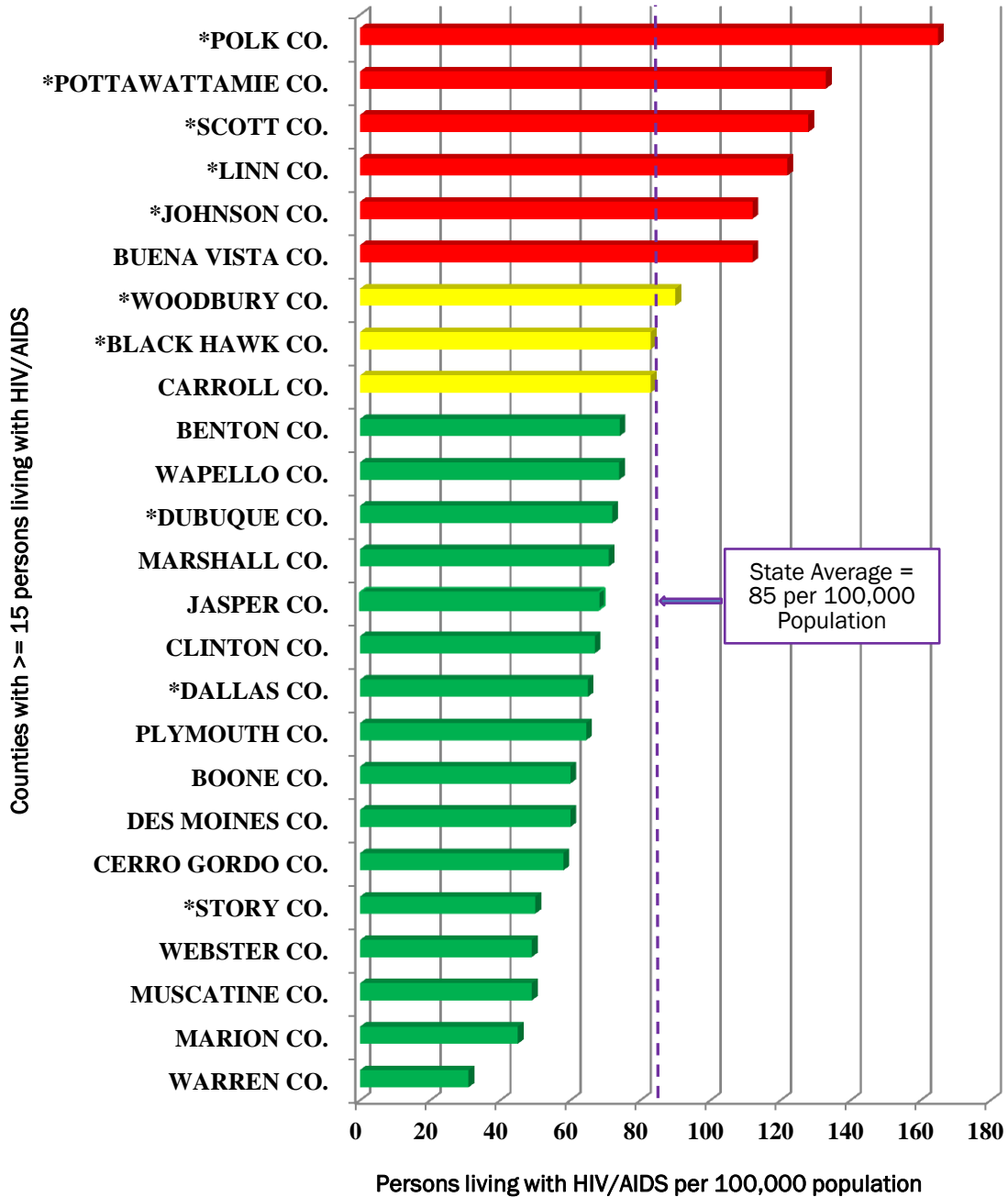
This map shows the number of persons living with HIV disease as of December 31, 2016. It indicates counties where persons were living at the end of 2016. All deaths may not have been reported. Prisoners were being held in Iowa Department of Corrections facilities in the following counties: Calhoun (1), Henry (2), Jasper (5), Johnson (8), Jones (4), Lee (1), Page (3), Polk (3), and Webster (2).

** Indicates persons in Iowa Department of Corrections facilities. These persons are excluded from county totals shown on the map.

 Ten most populous counties are home to 73% of lowans with diagnosed HIV.

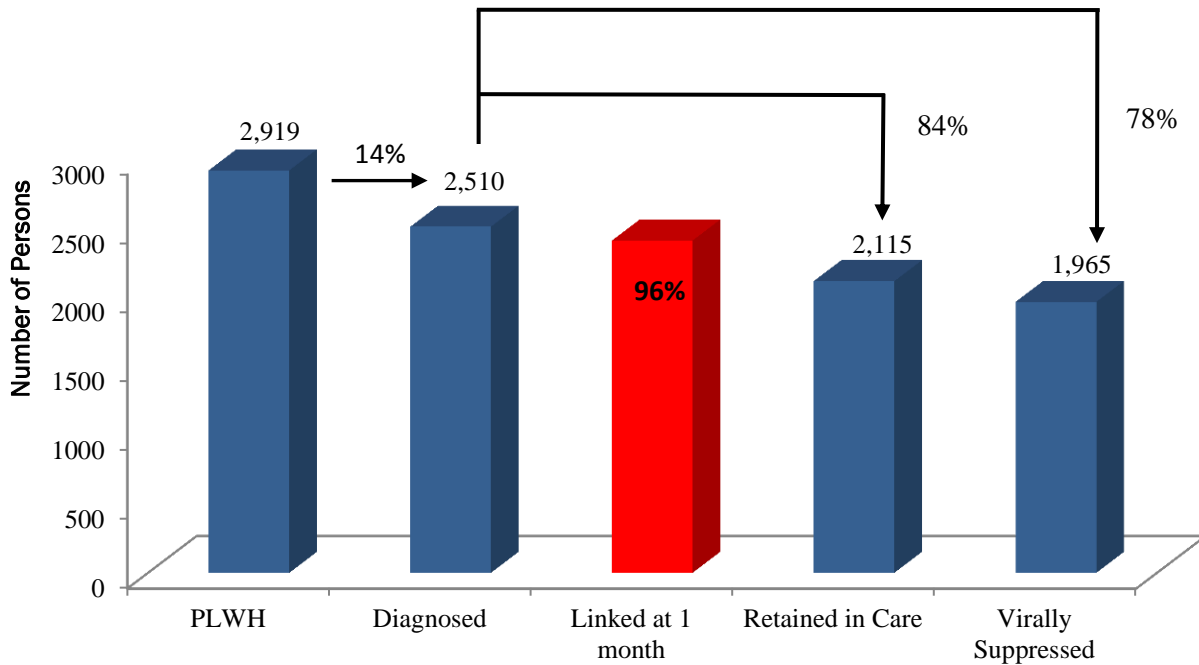
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Figure 3.9
Prevalence of HIV Disease by County of Current Residence:
Iowans Living with Diagnosed HIV Disease (HIV or AIDS) per 100,000 Population
as of December 31, 2016



- * 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

Fig 3.10 Iowa HIV Care Continuum for 2016



People Living with HIV (PLWH): Estimated total number of lowans with HIV, of which 409 are undiagnosed.

Diagnosed: People *diagnosed with HIV disease as of December 31, 2015, and living in Iowa as of December 31, 2016.*

- An estimated 2,919 lowans were living with HIV disease as of December 31, 2016. Of these, 2,510 had been diagnosed as of December 31, 2015, and were alive in Iowa as of December 31, 2016.

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 2016 or who had only one viral load lab result but it demonstrated viral suppression during 2016.*

Viral Suppression: People retained in care and whose most recent viral load in 2016 was less than 200 copies/mL.

- 2,115 (84%) of the 2,510 diagnosed lowans had been retained in care at the end of 2016. Of those retained in care, 1,965 (93%) were virally suppressed.
- Viral suppression for all diagnosed people living in Iowa (in care and out of care) was 78%.

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.

For free postpaid "03 CONFIDENTIAL" envelopes, call Alagie Jatta at 515-281-6918.

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

January 1, 2016, through
December 31, 2016



Iowa Department of Public Health

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