



## AIDS Vu Questions & Answers

### 1. Why was AIDS Vu developed?

AIDS Vu was developed to provide a high-resolution view of the geography of HIV 30 years into the epidemic, and to make HIV data freely accessible and easily understandable to anyone with an Internet connection. AIDS Vu's community-level data can also inform decisions about the best use of limited HIV prevention, testing and treatment resources, and underscores the importance of all adults aged 13 and older being tested for HIV, as the U.S. Centers for Disease Control and Prevention (CDC) recommends, and if positive, being linked to care.

### 2. Who created AIDS Vu?

AIDS Vu is a project housed at the Rollins School of Public Health at Emory University, led by Dr. Patrick Sullivan, an Associate Professor of Epidemiology.

### 3. Who helps advise the AIDS Vu project?

An advisory committee and technical advisory group comprising major stakeholders provide oversight and guidance for AIDS Vu. These stakeholders include representatives from the CDC, the Kaiser Family Foundation (KFF), the National Association of State and Territorial AIDS Directors (NASTAD) and state and local health department HIV Surveillance Coordinators.

### 4. What does AIDS Vu show?

AIDS Vu shows the county-level prevalence rate (per 100,000 population) and total number of adults/adolescents living with an HIV diagnosis in the United States in 2008. AIDS Vu also shows these data broken down by race/ethnicity, sex and age, where available. In addition, AIDS Vu displays HIV/STD testing center locations, NIH-funded HIV prevention and vaccine trials locations, and news coverage of HIV/AIDS. Moreover, AIDS Vu promotes HIV testing and awareness by providing guidance and talking points for individuals who want to get tested as well as a search option to find volunteer opportunities in their community.

AIDS Vu also shows zip code-level HIV prevalence data for both Washington, D.C. and New York City.

## 5. What does AIDSvu demonstrate about HIV/AIDS in America?

Key features and findings of AIDSvu include:

1. AIDSvu shows that the HIV epidemic in the United States varies considerably by geography. Some of the most heavily impacted areas include the Northeast and the South.
2. The data on AIDSvu maps can be viewed by race/ethnicity at both the state and county-levels. AIDSvu shows that HIV disproportionately affects black and Hispanic Americans, and that these disparities exist in both major metropolitan and rural areas.
3. The state-level information on the estimated number of people with HIV who are diagnosed late stresses the need for increased availability of earlier HIV testing. Nationally, an estimated one-third of HIV diagnoses are made late, when treatment may be less effective and people are at greater risk of unknowingly infecting others.

## 6. Why does the map differ between the rate and number of cases?

The colors for prevalence rate and number of cases for individual states and counties may be shown differently because the *rate* (usually expressed as the number of cases per 100,000 people in the population) is an expression of the relative concentration of people in an area (state or county) living with an HIV infection diagnosis. This differs from the *number* of cases, which is the actual number of people living with an HIV infection diagnosis. The rate can be useful for comparing the severity of the HIV epidemic in areas with different population sizes – for example, in a densely populated area and in a more sparsely populated one. The number of cases can be useful for identifying areas where the greatest or fewest number of individuals living with an HIV infection diagnosis reside. This can help inform decisions about how and where to provide services, such as HIV education, testing, prevention and linkage to care programs.

For example, in a county with fewer people but with a large number of people living with an HIV diagnosis, the county may be shaded a dark red when viewing the prevalence rate. However, the same county may not appear dark red when viewing the map by the total number of cases because the county has a smaller number of cases compared with other counties. The scale intervals for the rates and case counts were derived from all state and county data presented on AIDSvu and were not generated separately for each individual state.



**7. Why aren't some data on AIDS shown?**

AIDSVu does not display HIV data for areas with a very small number of persons living with an HIV infection diagnosis and/or a total population less than 1,000 persons. This helps protect the privacy of individuals with HIV who live in these areas. In addition, data are not available for some areas because the state health department chose not to have them displayed.

**8. How does AIDSVu differ from maps provided by the CDC?**

Although the data on AIDSVu came from the CDC, with permission from state health department officials, CDC does not currently publish county-level maps of HIV prevalence data.

**9. How does AIDSVu differ from other maps produced from some states?**

All state and county-level HIV surveillance data for AIDSVu were obtained from CDC's national HIV surveillance database housed in the Division of HIV Prevention's HIV Incidence and Case Surveillance Branch. Sometimes data released from the CDC differ from data released by individual states because they were analyzed differently, or because they are from different time periods. For example, AIDSVu data are analyzed by "residence at earliest HIV infection diagnosis," and some states analyze data by "current address." These differences can produce slightly different numbers that are released at the national vs. state level.

**10. How do the numbers on AIDSVu compare to national statistics?**

CDC estimates that more than 1 million people in the United States are living with HIV. These national statistics count both people who have been diagnosed with HIV (i.e., who have had a positive test for HIV), and an estimate of other people who are living with HIV, but who have not been tested and diagnosed. The CDC estimates that 21 percent of people in the United States who are living with HIV don't know it. The state and county-level data on AIDSVu only count people who have been diagnosed with HIV.

Nationally, CDC estimates that one-third of HIV infections are diagnosed late, that is, within one year of infection progressing to AIDS. People with late HIV diagnoses miss opportunities to start treatment earlier, when it can be more effective, and thus may have a shortened life expectancy. State information on late diagnoses can be found on many of the state profile pages on AIDSVu.

Each individual state profile on AIDSvu provides additional information on late diagnosis rates, poverty levels, racial make-up, ADAP waiting lists and other STD rates. Each state may be above or below the national averages for each of these measures.

### **11. Who provided the data for AIDSvu?**

All state and county-level HIV surveillance data for AIDSvu were obtained from CDC's national HIV surveillance database housed in the Division of HIV Prevention's HIV Incidence and Case Surveillance Branch. The AIDSvu Project obtained data release agreements from all 50 states, the District of Columbia and Puerto Rico for the display of state and county-level HIV surveillance data that are not otherwise publicly released in a CDC national HIV surveillance publication. The data release agreement permitted states to make decisions about the levels of HIV surveillance data they wished to have displayed on the AIDSvu website. Additionally, AIDSvu also obtained data release agreements from Washington, D.C., and New York City to display zip code-level HIV prevalence data. Data from these two cities were provided by the city health departments' HIV Surveillance Programs and not from CDC.

### **12. Did all states provide data for AIDSvu? What do the grey areas represent on the map?**

All states provided some level of data for AIDSvu.

The lighter grey shading indicates a location where data are not shown to protect privacy of persons living with an HIV diagnosis because of a small number of cases and/or a small population size. AIDSvu does not display rates and case counts when the numerator (number of people living with an HIV diagnosis) is less than 5 and/or the denominator (number of people in the state or county in that population group) is less than 1,000. States and counties appear in a shade of light gray when one or both of these conditions are met.

The darker grey shading indicates a location where data are not shown because state health department requested not to release data. Counties in Georgia, although currently shaded dark grey at the county breakdown levels, will soon have their HIV prevalence rates and case counts displayed at these levels.

### **13. How does AIDSvu account for prison and jail data and what do the correctional disclaimers on the map mean?**



Some counties have correctional facilities (i.e., prisons or jails) where a significant number of HIV-positive inmates have been diagnosed with HIV. Because the data displayed on AIDS Vu count these inmates, and because the “persons living with an HIV diagnosis” data on AIDS Vu are analyzed by “residence at HIV diagnosis,” inmates diagnosed at correctional facilities are counted as cases in the county where the facility is. This may artificially inflate the rate and case count of persons living with an HIV diagnosis in the county. It is “artificial” in the sense that the rate and case count would not be that high in the county if the incarcerated cases were removed from the figures.

**14. Is AIDS Vu based on where people lived at the time of HIV diagnosis or where they live now?**

AIDS Vu’s data is based on reported residence at earliest HIV diagnosis.

**15. Do you intend to update AIDS Vu? Are you planning to add new features to AIDS Vu?**

AIDS Vu will be updated on an ongoing basis with new data and additional information as it becomes available. For details about how often different figures will be updated, see the data methods included in the resource kit.

**16. Who funded the creation of AIDS Vu?**

Funding for AIDS Vu is provided by Gilead Sciences, Inc.

**17. Can you provide a list of counties with the highest HIV rates in the U.S.?**

Counties that appear dark red on AIDS Vu have the highest rates and numbers of people living with an HIV infection diagnosis in their respective state. Because AIDS Vu does not display county-level data for all states, it is not possible to rank counties on a national level in terms of their HIV morbidity based on the AIDS Vu data.

**18. What should people living in darkly and lightly red shaded counties learn from AIDS Vu, and what actions can they take to prevent the spread of HIV?**

Although the first HIV cases were mostly in large urban areas, AIDS Vu shows that nearly every area in the country is affected, underscoring the importance of all adults ages 13 and older being tested for HIV. People in darkly shaded areas need to be reminded that HIV is not transmitted by casual contact. By knowing their HIV status as part of their overall health and well-being and taking steps like

condom use to reduce their risks, they can protect themselves – even in heavily impacted parts of the country. People who live in lightly shaded areas should be reminded that HIV knows no geographic boundaries – living in an area less impacted doesn't mean you are protected from HIV. It's still important to be tested for HIV, and to take steps to protect yourself. If users don't know about things they can do to reduce your risk of HIV, the AIDSvu site can help link users to that information.