



State of Iowa HIV Disease End-of-Year Surveillance Report
January 1, 2014, through December 31, 2014

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Date: April 15, 2015
To: HIV/AIDS Surveillance Group
From: Jerry Harms, HIV Surveillance Coordinator
Re: State of Iowa End-of-Year HIV Disease Surveillance Report for 2014

Here are a few points drawn from our 2014 HIV data:

- **99 new HIV diagnoses:** This is down 19% from 122 diagnoses in 2013, and represents the fewest diagnoses since 88 in 2003. However, this is still consistent with variability in the number of diagnoses since 2005. We'll need more data to tell if this is a temporary decrease or the start of sustained downtrend.
- **Females:** The proportion of diagnoses among females decreased from a peak of 28% of diagnoses in 2013 to the long-term average of 20% of diagnoses.
- **Age:** Persons aged 25-44 years continue to account for the largest proportion (45%) and number (45) of diagnoses. Diagnoses among youths 15 to 24 years of age remained at 18 diagnoses, the same as in 2013.
- **Racial and ethnic minorities continue to be over-represented**
 - Blacks/African-Americans: They account for 3% of Iowa's population; diagnoses dropped by more than half, from 26 (21%) in 2013 to 12 (12%) in 2014. African-Americans and black, non-Hispanic Iowans were 5 times more likely to be diagnosed than white, non-Hispanic Iowans in 2014 (compared to 11 times more likely in 2013).
 - Hispanics/Latinos: They account for 5% of Iowa's population, and represented 11% of new HIV diagnoses. This makes Hispanics 2.6 times more likely to be diagnosed than white, non-Hispanic people in Iowa. Of the 11 diagnoses among Hispanics, 9 (82%) were among foreign-born people.
 - Keep in mind: Most people diagnosed with and living with HIV in 2014 were white and non-Hispanic. White, non-Hispanic Iowans accounted for over 65% of new HIV diagnoses and persons living with HIV disease in 2014.
- **Late testers:** The proportion of people diagnosed with AIDS within 12 months of their initial HIV diagnosis continued on an upward trend; it was 35% in 2011, 39% in 2012, 48% in 2013. Early projections suggest late testers will be around 39% for 2014.
- **New in 2014 – a better measure of HIV disease (HIV or AIDS) prevalence:** In previous prevalence calculations, IDPH included only persons who were residents of Iowa at first diagnosis of HIV or AIDS regardless of where they currently lived. Although consistent with CDC methodology, this did not take into account the fact some of the cohort had moved from the state or the fact some persons diagnosed in other states had moved to Iowa. Based on outcomes of two special projects, IDPH has decided to use "current address" rather than "Iowa residence at diagnosis" to calculate HIV prevalence for 2014. Using current address, there were 2,369 persons living with HIV disease (PLWH) in Iowa as of December 31, 2014, a prevalence of 77 per 100,000 persons. By comparison, there were 2,169 PLWH who were residents of Iowa at time of first diagnosis, a prevalence of 70 per 100,000 persons as of December 31, 2014. Both are lower than the Midwest prevalence of 162 per 100,000 and the U.S. prevalence of 291.5 per 100,000.
- **New in 2014 – 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 2,295 persons diagnosed with HIV disease on or before December 31, 2013, and living in Iowa as of December 31, 2014, 1,655 (72%) had been retained in HIV care. Of the 1,655 retained in care, 1,552 (94%) were virally suppressed. Of the 2,295 persons (both in and out of care), 1,552 (68%) 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, the highest estimates nationally are 51% of persons diagnosed with HIV had been retained in HIV care. Of those retained in care, 69% had attained viral suppression. And when all persons with an HIV diagnosis, regardless of care status, were considered, roughly 40% 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 HIV surveillance data system (eHARS) stores information on all HIV infected persons who have been reported to the Iowa Department of Public Health (IDPH) HIV Surveillance Program. All HIV-infected persons who were first diagnosed while living in Iowa, or who have lived in Iowa at some point in time while infected 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 15.8% 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 2015, have been used. This report includes only those diagnoses made through December 31, 2014. 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 2013 population estimates from the U.S. Census Bureau (<http://www.census.gov>) to calculate rates. Census data include demographic characteristics such as age, race, and sex. Future plans include maps linking HIV diagnosis data with data on social determinants of health, e.g. education, family income and poverty.

Section 2: NARRATIVE SUMMARY

HIV Diagnoses

There were 99 HIV diagnoses in 2014, down 23 (19%) from 122 diagnoses in 2013, and 21 (18%) below the average of 120 for the previous five years (2009-2013). Nonetheless, this fits the 10-year pattern of variability seen since 2005 (Figure 3.1). During that 10-year period, annual diagnoses ranged from a low of 99 to a high of 126, with an average and median, respectively, of 114.2.

In 2014 there were 3.2 HIV diagnoses per 100,000 population, compared to 4.0 HIV diagnoses per 100,000 population in 2013 and 3.8 HIV diagnoses per 100,000 population in 2012.

A total of 60 persons were diagnosed with AIDS in 2014, down from 82 in 2013 and 91 (the highest number since 1996) in 2009. The 60 AIDS diagnoses in 2014 are lower than the average of 78 for the five years 2009 through 2013.

HIV Diagnoses by Sex

Males have accounted for 82% of total HIV diagnoses among Iowans since the beginning of the epidemic. That disproportionation has remained constant in the short term with 81% of HIV diagnoses among males during the five years from 2009 through 2013 and 80% (79 diagnoses) in 2014. Diagnoses among females, after spiking at 34 and accounting for 28% of diagnoses in 2013, fell to 20 in 2014, right in line with the average of 20 from 2006 through 2012. Thus, 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 10-year high in 2010, when 28 (24%) of the 119 persons diagnosed with HIV were foreign born. Foreign-born persons accounted for 19% of total HIV diagnoses in the last five years (2009-2013) and 18% in 2014. Diagnoses among foreign-born persons in Iowa may not necessarily indicate new diagnoses. By CDC rules, foreign-born HIV-infected persons 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, on average, since the beginning of the epidemic.

HIV Diagnoses by Age at Diagnosis

Over half of all HIV diagnoses annually were among persons 25 to 44 years of age, except in 2013 and 2014, when diagnoses in this age group fell to 44% and 45% of diagnoses, respectively. Persons 25 to 44 years of age have accounted for 64% of all HIV diagnoses in Iowa, on average, since the beginning of the epidemic. However, they accounted for only 51% of diagnoses in the last 5 years (2009-2013). HIV diagnoses among persons aged 45 years and older reached a peak of 50 (41%) of the 122 total diagnoses in 2013, but fell to 34 (34%) of 99 diagnoses in 2014. While persons aged 45 years and older have accounted for 22% of total HIV diagnoses, on average, since the beginning of the epidemic, they accounted for 29% of diagnoses in the last 5 years (2009-2013). Diagnoses among persons aged 15 to 24 years peaked at 27 (23%) in 2011, averaged 22 (18%) for the five years 2009 through 2013, and numbered 18 (18%) in 2014. There were two pediatric HIV diagnoses in 2014. One was a foreign-born child initially diagnosed and treated outside the U.S.

For persons 13 years of age and older (adults and adolescents), mean and median ages at diagnosis in 2014 were 38.6 and 37.0 years respectively, slightly higher than the five-year (2009-2013) mean of 37.5 years and median of 36.7 years. In 2014, the ages for adult/adolescent males, 38.7 (mean) and 37.0 years (median), were almost the same as those for adult/adolescent females, 38.4 (mean) and 37.5 years (median).

HIV Diagnoses by Ethnicity and Race

HIV diagnoses among non-Hispanic black/African-American persons decreased from 26 (21%) in 2013 to 12 (12%) in 2014, half the five-year (2009-2013) average of 24. Of the 12 black/African-American persons diagnosed in 2014, 3 (25%) were foreign born, compared to 12 (46%) of the 26 black/African-American persons diagnosed in 2013. Black/African-American persons make up almost 3% percent of Iowa's population but have accounted for 20% of HIV diagnoses over the last five years (2009-2013) and 15% of HIV diagnoses in Iowa, on average, since the beginning of the epidemic. The 12 non-Hispanic black/African-American diagnoses in 2014 equate to 12.4 diagnoses per 100,000 non-Hispanic black/African-American persons.

HIV diagnoses among Hispanic persons increased from 9 (7%) in 2013 to 11 (11%) in 2014. Of the 11 Hispanic persons diagnosed in 2014, 9 (82%) were foreign-born, compared to 6 (67%) of the 9 Hispanic persons diagnosed in 2013. Hispanic persons make up about 5% of Iowa's population, but have accounted for 8% of total HIV diagnoses over the five years 2009 through

2013 and 7% of all HIV diagnoses in Iowa, on average, since the beginning of the epidemic. The 11 Hispanic diagnoses in 2014 equates to 6.5 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 2005 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 8 (7%) of the 122 diagnoses. Only one non-Hispanic Asian was diagnosed with HIV in 2014, equating to 1.6 diagnoses per 100,000 non-Hispanic Asian persons. Non-Hispanic Asian persons make up 2% of Iowa's population, but have accounted for 5% of HIV diagnoses in the last five years (2009-2013) and 2% of all HIV diagnoses in Iowa, on average, since the beginning of the epidemic.

Despite the racial and ethnic disparities noted above, the largest proportion of HIV diagnoses in Iowa continued to be among non-Hispanic, white persons. Of the 99 HIV diagnoses in 2014, 68 (69%) were among non-Hispanic, white persons compared to a five-year (2009-2013) average of 63%. Since the beginning of the epidemic, non-Hispanic, white persons have accounted for 74% of all new HIV diagnoses in Iowa, on average. The 68 non-Hispanic, white persons diagnosed in 2014 equate to 2.5 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 five times more likely to have been diagnosed with HIV in 2014 than non-Hispanic whites. Hispanic persons were 2.6 times more likely to have been diagnosed with HIV in 2014 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. Of the 99 HIV diagnoses in 2014, 55 (56%) were among MSM, less than the five-year (2009-2013) average of 67. MSM accounted for 56% of five-year (2009-2013) HIV diagnoses and 56% of all HIV diagnoses, on average, since the beginning of the epidemic.

Numbers (and proportions) of other HIV exposure categories in 2014 were as follows: injection drug use (IDU), 6 (6%); men who have sex with men and inject drugs (MSM/IDU), 2 (2%); heterosexual contact, 20 (20%); and no identified risk (NIR), 14 (14%). 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 they come to trust their providers. 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 2014. As noted above, there were two pediatric HIV diagnoses in 2014. One of these was born and first diagnosed and treated in a foreign country.

Late Diagnosis of HIV

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), 2013 is the most recent year for which complete late tester analysis is available. After peaking at 61% in 2001, late testers as a proportion of all HIV diagnoses for a given year declined over time to 35% in 2011, only to climb again to 39% in 2012 and 48% in 2013. For "concurrent late testers," defined as persons who are diagnosed with AIDS within 3 months of initial HIV diagnosis, values for 2014 are

available. After peaking at 59% in 1999, concurrent late testers as a proportion of all HIV diagnoses for a given year declined over time to 32% in 2014. Concurrent late testers account for over 90% of all late testers among newly diagnosed HIV-infected persons.

Persons Living with HIV or AIDS (HIV Disease Prevalence)

The number of persons living with HIV disease in Iowa continues to grow. As of December 31, 2014, there were 2,169 persons living with HIV or AIDS who were Iowa residents at the time of their diagnoses with HIV or AIDS, a prevalence of 70 per 100,000 persons. This compares to 2,100 persons on the same date in 2013, a prevalence of 68 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 2014. When the number of 2,169 is adjusted for underreporting (1%) of diagnosed HIV and AIDS cases and for CDC's estimated percentage of undiagnosed people (15.8%), there may have been as many as 2,602 Iowa-diagnosed persons living with HIV or AIDS at the end of 2014.

However, the actual number of HIV-infected persons residing in Iowa at the end of 2014 was 2,369, a prevalence of 77 per 100,000 people. This number includes 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, 2014, 96 of Iowa's 99 counties had at least one person living with HIV disease. Prevalence in four counties was greater than 100 per 100,000 population. Polk County, with 149 per 100,000 topped the list, followed by Pottawattamie County with 146 per 100,000, Scott County with 113 per 100,000, and Johnson County with 109 per 100,000. To add perspective, national and regional prevalence data at the end of 2012, the most recent year available, are as follows: United States, 291.5 per 100,000; Midwest, 162.0 per 100,000; West, 239.0 per 100,000; South, 338.3 per 100,000; and Northeast, 418.6 per 100,000. (Centers for Disease Control and Prevention. *HIV Surveillance Report, 2013*; vol. 25. <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published February 2015. Accessed March 31, 2015.) When placed in that context, Iowa is a low-prevalence state.

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. Death numbers have fluctuated from a low of 23 to a high of 37 since 2000. As of December 31, 2014, a total of 1,177 deaths have been reported among HIV-infected persons in Iowa. Of those deaths, 67% were caused in some part by the underlying HIV disease, 29% of deaths were not HIV related, and the cause of 4% is unknown. Death data for 2014 are incomplete. The underlying cause for the 23 deaths already reported for 2014 has yet to be officially certified. Matching eHARS to the State Death Registry and the National Death Index in late summer of 2015 will provide more complete data.

HIV Continuum of Care and Partner Services

Continuum of HIV Care

HIV care continuum analysis found that of the 2,295 persons diagnosed with HIV disease on or before December 31, 2013, and living in Iowa as of December 31, 2014, 1,655 (72%) had been retained in HIV care. Of the 1,655 retained in care, 1,552 (94%) had an HIV viral load less than 200 copies per milliliter of blood (viral suppression). Of the 2,295 persons (both in and out of care), 1,552 (68%) 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

Of the 99 persons diagnosed with HIV infection in 2014, only two were not assigned for partner services. The goal of partner services is to have a disease prevention specialist (DPS) contact the patient in order to provide education about HIV care and services, link the patient to care, and offer assistance in notifying sex and needle-sharing partners. All 97 diagnosed persons assigned for delivery of partner services were interviewed.

Section 3: TABLES AND FIGURES

Table 3.1 Iowans Diagnosed with HIV or AIDS or Dying with HIV in 2014 Compared to Iowans Living with HIV Disease as of December 31, 2014

Characteristics	HIV Disease Diagnoses ¹		AIDS Diagnoses ²		Deaths ³		Persons Living with HIV Disease ⁴	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Sex at Birth								
Male	79	(80)	51	(85)	23	(100)	1,873	(79)
Female	20	(20)	9	(15)	0	--	496	(21)
Age at Diagnosis								
Under 13	2	(2)	0	--	0	--	32	(1)
13-14	0	--	0	--	0	--	2	--
15-24	18	(18)	5	(8)	1	(4)	373	(16)
25-34	28	(28)	16	(27)	6	(26)	869	(37)
35-44	17	(17)	10	(17)	6	(26)	644	(27)
45-54	18	(18)	18	(30)	4	(17)	327	(14)
55-64	14	(14)	9	(15)	6	(26)	103	(4)
65 or older	2	(2)	2	(3)	0	--	19	(1)
Ethnicity/Race								
Hispanic, All Races	11	(11)	2	(3)	1	(4)	197	(8)
Not Hispanic, White	68	(69)	43	(72)	21	(91)	1,539	(65)
Not Hispanic, Black/African American	12	(12)	11	(18)	1	(4)	486	(21)
Not Hispanic, Asian	1	(1)	0	--	0	--	53	(2)
Not Hispanic, Native Hawaiian/Pacific Islander	0	--	0	--	0	--	1	--
Not Hispanic, American Indian/Alaska Native	0	--	0	--	0	--	6	--
Not Hispanic, Multi-race	7	(7)	4	(7)	0	--	87	(4)
Country of Birth								
United States or Dependency	81	(82)	53	(88)	23	(100)	1,980	(84)
Other Countries	18	(18)	7	(12)	0	--	389	(16)
Mode of Exposure – Adult/Adolescent⁵								
Men who have sex with men (MSM)	55	(57)	31	(52)	15	(65)	1,253	(54)
Injection Drug Use (IDU)	6	(6)	4	(7)	3	(13)	203	(9)
MSM and Injection Drug Use (MSM/IDU)	2	(2)	2	(3)	2	(9)	169	(7)
Heterosexual Contact	20	(21)	11	(18)	1	(4)	447	(19)
Hemophilia/Coagulation disorder	0	--	0	--	0	--	6	--
Receipt of blood or tissue	0	--	0	--	0	--	4	--
Risk not reported/Other (NIR)	14	(14)	12	(20)	2	(9)	255	(11)
<i>Adult/Adolescent Totals</i>	<i>97</i>	<i>(100)</i>	<i>60</i>	<i>(100)</i>	<i>23</i>	<i>(100)</i>	<i>2,337</i>	<i>(100)</i>
Mode of Exposure – Pediatric								
Mother with/at risk of HIV infection	2	(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	--	6	(19)
<i>Pediatric Totals</i>	<i>2</i>	<i>--</i>	<i>0</i>	<i>--</i>	<i>0</i>	<i>--</i>	<i>32</i>	<i>(100)</i>
TOTALS	99	(100)	60	(100)	23	(100)	2,369	(100)

¹ **HIV disease diagnoses** reflect all persons diagnosed with HIV infection 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 diagnoses² 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 infection or when the case was reported to IDPH. Age is age at time of first diagnosis of AIDS.

³ **Deaths** reflect deaths in 2014 of HIV-infected persons. Includes both HIV- and non-HIV-related causes of death.

⁴ **Persons living with HIV disease** reflect HIV-infected persons (HIV or AIDS) living in the state of Iowa and alive as of December 31, 2014. 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 2014**

Characteristics	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Sex at Birth										
Male	85	88	104	82	105	95	99	96	88	79
Female	27	20	20	19	21	19	20	21	34	20
Age in Years at Diagnosis										
Under 13	1	0	0	1	3	1	1	2	0	2
13-14	0	0	0	0	0	0	0	0	0	0
15-24	19	13	12	14	23	21	27	21	18	18
25-34	30	27	36	30	37	30	33	33	28	28
35-44	32	36	37	22	35	28	28	27	26	17
45-54	24	24	24	24	15	27	21	23	28	18
55-64	5	7	12	10	10	7	7	9	17	14
65 or older	1	1	3	0	3	0	2	2	5	2
Ethnicity/Race										
Hispanic, All Races	7	11	11	10	7	8	15	8	9	11
Not Hispanic, White	77	75	90	73	85	70	71	74	75	68
Not Hispanic, Black/African American	24	17	20	14	17	29	23	26	26	12
Not Hispanic, Asian	1	3	2	1	7	4	6	4	8	1
Not Hispanic, Native Hawaiian/Pacific Islander	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
Not Hispanic, Multi-race	2	2	1	3	9	3	4	5	4	7
Country of Birth										
United States or Dependency	92	93	106	86	107	95	91	97	95	81
Other Countries	20	15	18	15	19	19	28	20	27	18
Mode of Exposure – Adult/Adolescent²										
Men who have sex with men (MSM)	39	56	70	64	66	62	69	67	72	55
Injection Drug Use (IDU)	10	11	9	9	13	5	3	10	7	6
MSM and Injection Drug Use (MSM/IDU)	14	2	6	1	3	10	8	8	3	2
Heterosexual Contact	28	21	22	16	27	26	29	23	35	20
Hemophilia/Coagulation disorder	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
Risk not reported/Other (NIR)	19	18	17	10	14	10	9	7	5	14
<i>Adult/Adolescent Totals</i>	110	108	124	100	123	113	118	115	122	97
Mode of Exposure – Pediatric										
Mother with/at risk of HIV infection	1	0	0	1	3	1	1	2	0	0
Hemophilia/coagulation disorder	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
Risk not reported/other (NIR)	0	0	0	0	0	0	0	0	0	2
<i>Pediatric Totals</i>	1	0	0	1	3	1	1	2	0	2
TOTALS	112	108	124	101	126	114	119	117	122	99

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

² Patients reported 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:
2000 through 2014**

Characteristics	Year of HIV Diagnosis ¹												2005 - 2009 ⁵		
	2014 ²		2013		2012		2011		2010		2000 - 2009 ⁴		#	%	
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)			
Age at Diagnosis³															
13-14	0	--	0	--	0	--	0	--	0	--	0	--	0	--	
15-24	15	(19)	14	(16)	19	(20)	20	(20)	19	(20)	95	(12)	60	(13)	
25-34	22	(28)	21	(24)	23	(24)	27	(28)	24	(26)	218	(27)	118	(26)	
35-44	14	(18)	17	(19)	25	(26)	24	(24)	24	(26)	278	(34)	141	(31)	
45-54	15	(19)	20	(23)	18	(19)	19	(19)	22	(23)	152	(19)	94	(20)	
55-64	12	(15)	12	(14)	8	(8)	7	(7)	5	(5)	62	(8)	41	(9)	
65 or older	1	(1)	4	(5)	2	(2)	1	(1)	0	--	9	(1)	5	(1)	
Ethnicity/Race															
Hispanic, All Races	9	(11)	7	(8)	6	(6)	12	(12)	6	(6)	89	(11)	40	(9)	
Not Hispanic, White	59	(75)	65	(74)	67	(71)	60	(61)	66	(70)	570	(70)	341	(74)	
Not Hispanic, Black/African American	6	(8)	11	(13)	15	(16)	17	(17)	16	(17)	120	(15)	57	(12)	
Not Hispanic, Asian	1	(1)	2	(2)	3	(3)	6	(6)	3	(3)	13	(2)	7	(2)	
Not Hispanic, Multi-race	4	(5)	3	(3)	4	(4)	3	(3)	3	(3)	20	(2)	12	(3)	
Other	0	--	0	--	0	--	0	--	0	--	2	--	2	--	
Country of Birth															
United States or Dependency	66	(84)	77	(88)	85	(89)	76	(78)	84	(89)	686	(84)	401	(87)	
Other Countries	13	(16)	11	(13)	10	(11)	22	(22)	10	(11)	128	(16)	58	(13)	
Mode of Exposure															
Men who have sex with men (MSM)	55	(70)	72	(82)	66	(66)	69	(70)	62	(66)	520	(64)	295	(64)	
Injection Drug Use (IDU)	4	(5)	5	(6)	5	(5)	1	(1)	5	(5)	64	(8)	41	(9)	
MSM and IDU	2	(3)	3	(3)	9	(9)	8	(8)	10	(11)	61	(7)	26	(6)	
Any MSM (MSM + MSM/IDU)	57	(72)	75	(85)	75	(79)	77	(79)	72	(77)	581	(71)	321	(70)	
Any IDU (IDU + MSM/IDU)	6	(8)	8	(9)	14	(15)	9	(9)	15	(16)	125	(15)	67	(15)	
Heterosexual Contact	5	(6)	5	(6)	9	(9)	11	(11)	9	(10)	69	(8)	39	(8)	
Blood, blood products, tissue	0	--	0	--	0	--	0	--	0	--	4	--	1	--	
Risk not reported/Other (NIR)	13	(16)	3	(3)	6	(6)	9	(9)	8	(9)	96	(12)	57	(12)	
TOTALS	79	(100)	88	(100)	95	(100)	98	(100)	94	(100)	814	(100)	459	(100)	

¹ Diagnoses among males have been declining; decreased by 10% from 2013 to 2014, and by 19% from 2011 to 2014.

² HIV exposure category for 13 males in 2014 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 constitute more than a third of all diagnoses annually.

⁴ 814 males age 13 years or older were diagnosed from 2000 through 2009.

⁵ 459 males age 13 years or older were diagnosed from 2005 through 2009.

**Table 3.4 HIV Diagnoses among Iowa Females 13 Years of Age and Older:
2000 through 2014**

Characteristics	Year of HIV Diagnosis ¹												2005 2009 ⁴	
	2014		2013		2012		2011		2010		2000 to 2009 ³		#	%
	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)	#	(%)		
Age at Diagnosis²														
13-14	0	(0)	0	--	0	--	0	--	0	--	0	--	0	--
15-24	3	(17)	4	(12)	2	(10)	7	(35)	2	(11)	41	(18)	21	(20)
25-34	6	(33)	7	(21)	10	(50)	6	(30)	6	(32)	86	(37)	42	(39)
35-44	3	(17)	9	(26)	2	(10)	4	(20)	4	(21)	61	(26)	21	(20)
45-54	3	(17)	8	(24)	5	(25)	2	(10)	5	(26)	34	(15)	17	(16)
55-64	2	(11)	5	(15)	1	(5)	0	--	2	(11)	7	(3)	3	(3)
65 or older	1	(6)	1	(3)	0	--	1	(5)	0	--	3	(1)	3	(3)
Ethnicity/Race														
Hispanic, All Races	2	(11)	2	(6)	2	(10)	3	(15)	2	(11)	21	(9)	7	(7)
Not Hispanic, White	8	(44)	10	(29)	5	(25)	11	(35)	4	(21)	112	(48)	58	(54)
Not Hispanic, Black/African American	6	(33)	15	(44)	11	(55)	5	(25)	12	(63)	87	(38)	34	(32)
Not Hispanic, Asian	0	--	6	(18)	1	(5)	0	--	1	(5)	6	(3)	6	(6)
Not Hispanic, Multi-race	2	(11)	1	(3)	1	(5)	1	(5)	0	--	6	(3)	2	(2)
other	0	--	0	--	0	--	0	--	0	--	0	--	0	--
Country of Birth⁵														
United States or Dependency	14	(78)	18	(53)	12	(60)	15	(75)	10	(53)	163	(70)	80	(75)
Other Countries	4	(22)	16	(47)	8	(40)	5	(25)	9	(47)	69	(30)	27	(25)
Mode of Exposure														
Injection Drug Use (IDU)	2	(11)	2	(6)	5	(25)	2	(10)	0	--	26	(11)	11	(10)
Heterosexual Contact	15	(83)	30	(88)	14	(70)	18	(90)	17	(89)	141	(61)	75	(70)
other	0	--	0	--	0	--	0	--	0	--	0	--	0	--
Risk not reported/Other (NIR)	1	(6)	2	(6)	1	(5)	0	--	2	(11)	65	(28)	21	(20)
TOTALS	18	(100)	34	(100)	20	(100)	20	(100)	19	(100)	232	(100)	107	(100)

¹ Spiking at a new peak (34) and accounting for 28% of diagnoses in 2013, diagnoses among females fell to 20 in 2014, right in line with the average of 20 from 2006 through 2012.

² Females age 25 to 44 years constitute more than half of all diagnoses annually

³ 232 females age 13 years or older were diagnosed from 2000 through 2009

⁴ 107 females age 13 years or older were diagnosed from 2005 through 2009

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 2014

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	117		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	104	0	86	86	64	18	4
1995	88	1	102	103	78	23	2
1996	102	1	66	67	53	9	5
1997	109	0	30	30	19	9	2
1998 ⁵	97	1	18	19	10	8	1
1999	83	2	24	26	15	9	2
2000	91	2	28	30	20	8	2
2001	95	3	33	36	20	14	2
2002	104	2	34	36	28	8	0
2003	88	4	32	36	17	18	1
2004	105	1	32	33	26	6	1
2005	112	4	24	28	18	10	0
2006	108	2	22	24	11	13	0
2007	124	5	31	36	20	14	2
2008	101	4	20	24	16	8	0
2009	126	4	29	33	16	15	2
2010	114	4	23	27	16	8	3
2011	119	6	26	32	18	14	0
2012	117	7	30	37	20	15	2
2013	122	4	29	33	16	15	2
2014 ⁶	99	3	20	23	0	0	23
Total	3,140	61	1,116	1,177	771	332	74

¹ Diagnoses reflect all persons diagnosed with HIV infection 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 66% of all deaths of HIV-infected persons diagnosed in Iowa.

⁵ HIV infection became reportable by name in 1998.

⁶ Death data for 2014 are incomplete. Matching in August 2014 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 Infection among Iowans

Figure 3.1

- While the 99 HIV diagnoses in 2014 were 18% less than the 5-year average of 120 (2009 through 2013), they fit a 10-year pattern of variability seen since 2005.
- It's too soon to tell if this is only a transient fluctuation or the start of a true downward trend.

Fig. 3.1 Diagnoses of HIV Infection in Iowans: 2005 through 2014

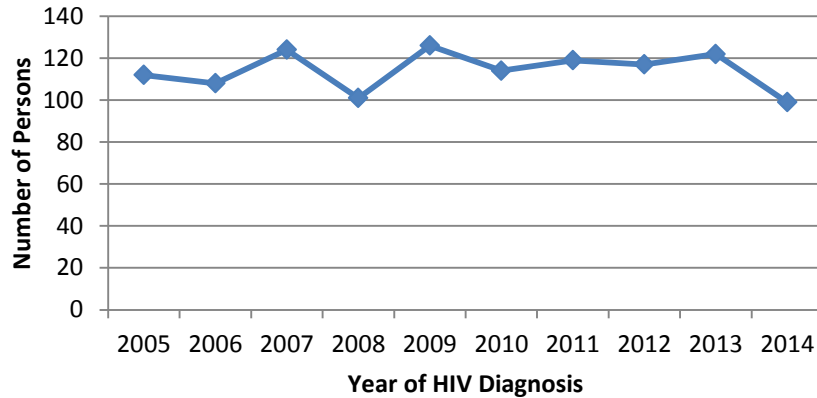


Figure 3.2

- Over 90% of “Late Testers” were diagnosed within 3 months of their HIV diagnosis.
- With 8 months yet to go, late diagnoses for 2014 are 35%.

Fig. 3.2 Percentage of Iowa Late HIV Diagnoses ("Late Testers"): 2005 through 2014
(AIDS diagnosed within 12 months of initial HIV diagnosis)

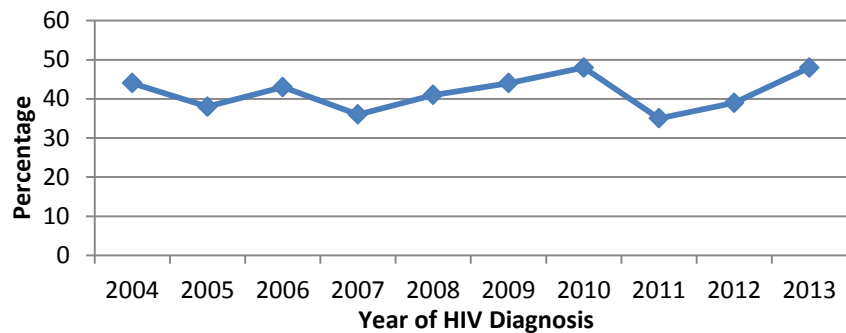


Figure 3.3

- At about 80% annually, males have always accounted for the majority of HIV diagnoses.
- From 2005 through 2014, there were about 4 male diagnoses for every one female diagnosed.

Figure 3.3 Iowa Diagnoses of HIV Infection by Sex: 2005 through 2014

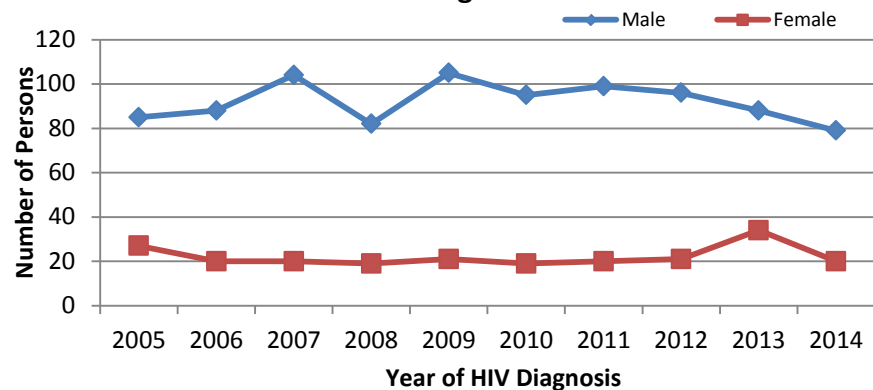


Figure 3.4 Age in Years at Diagnosis of Iowa HIV Infection: 2005 through 2014

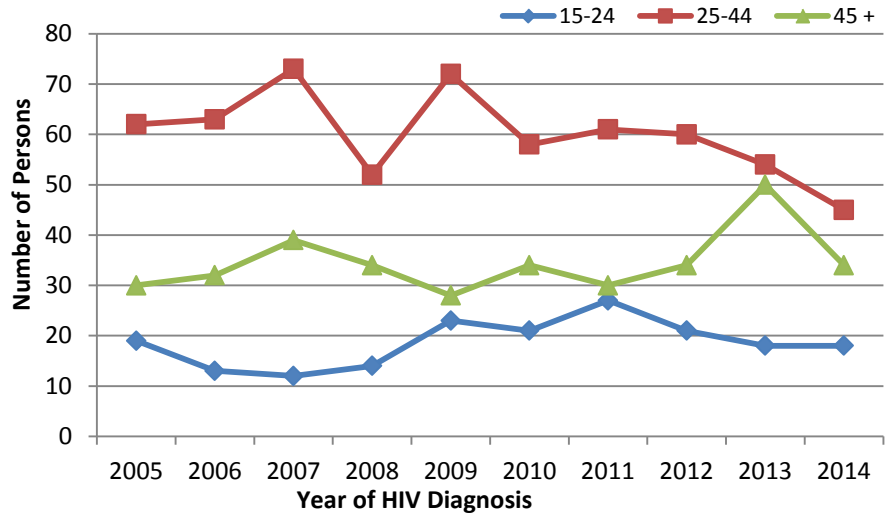


Figure 3.4

- Over half of all HIV diagnoses annually have been among persons 25 to 44 years of age except in 2013 and 2014 when diagnoses in this age group fell to 44% and 45% of diagnoses respectively.
- While still a concern, diagnoses among youths 15 to 24 years of age numbered less than 20 for the second year in a row.

Figure 3.5 Iowa Diagnoses of HIV Infection by Ethnicity and Race: 2005 through 2014

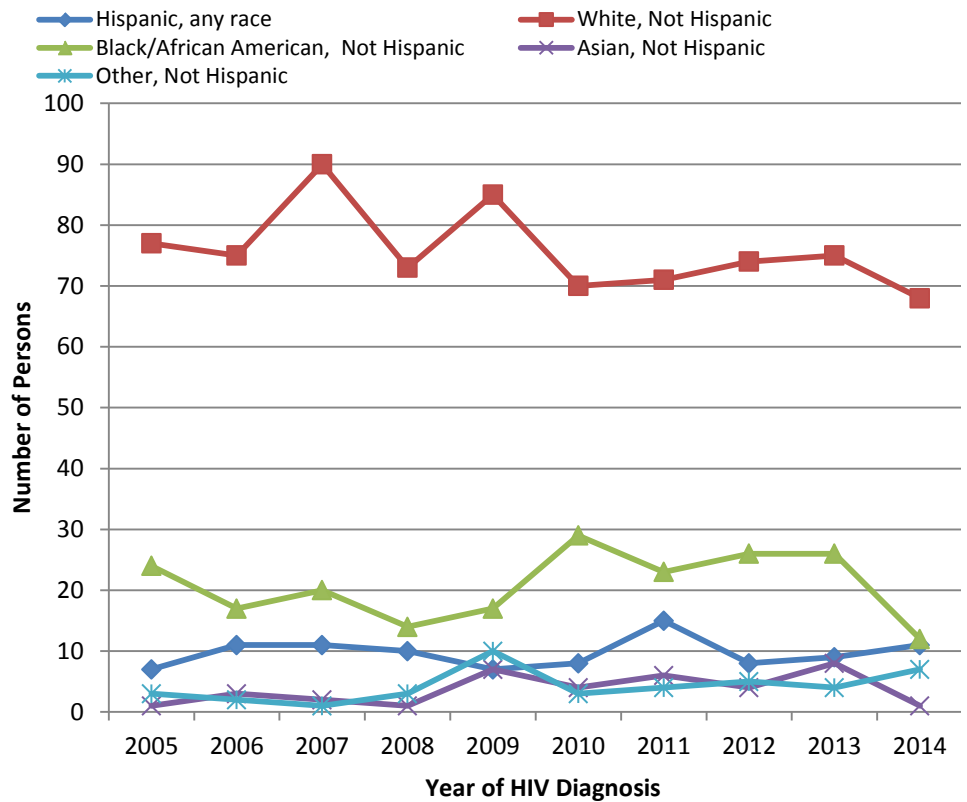


Figure 3.5

- HIV diagnoses among non-Hispanic black/African American persons dropped sharply from 26 (21%) in 2013 to 12 (12%) in 2014, half the five-year (2009-2013) average of 24.
- 82% of Hispanics diagnosed in 2014 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 74%, on average, of diagnoses since the beginning of the epidemic.

Figure 3.6 Disparities in the Racial Composition of the General Population of Iowa and that of Iowans Diagnosed with HIV Infection in 2014

Population of Iowa by Ethnicity and Race: 2014

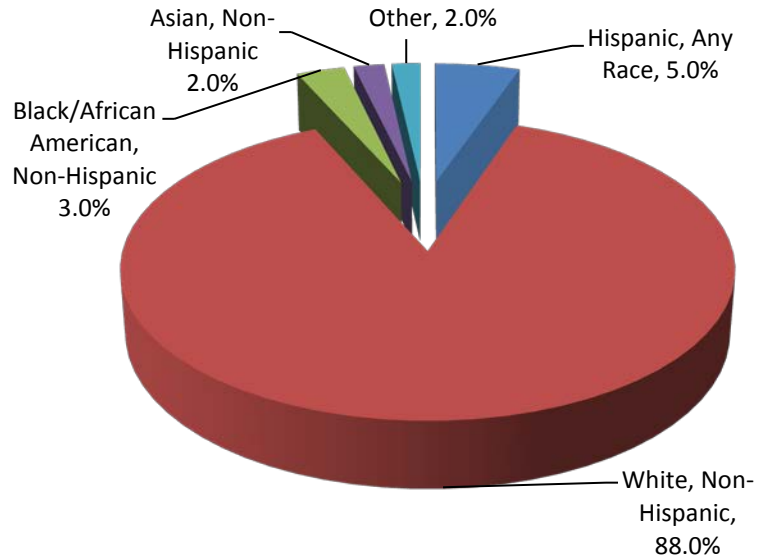


Figure 3.6

- 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.
- Compared to non-Hispanic White persons, non-Hispanic blacks/African Americans were 5 times more likely to be diagnosed while Hispanic persons were 2.6 times more likely to be diagnosed.
- Of 99 diagnoses in 2014, 3 of 12 Non-Hispanic blacks/African Americans, 9 of 11 Hispanics and the 1 Asian are foreign born persons.

Iowa HIV Diagnoses by Ethnicity and Race: 2014

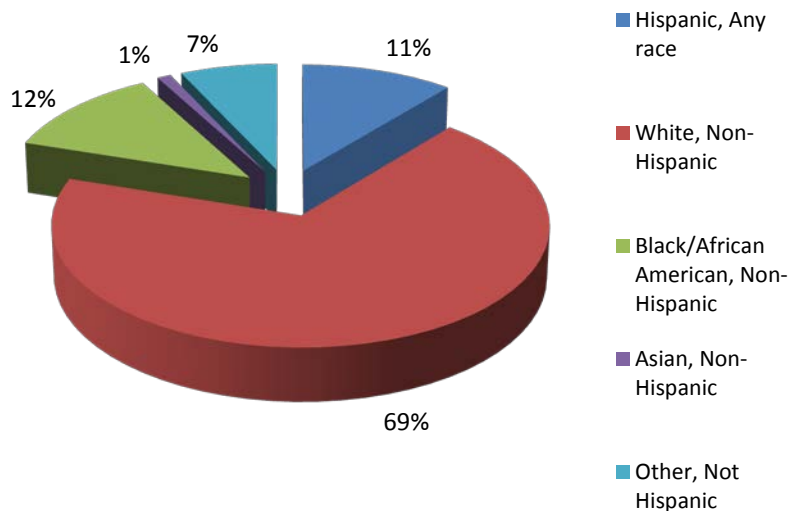


Figure 3.7 Iowa Diagnoses of Adult HIV Infection by Exposure Category: 2005 through 2014

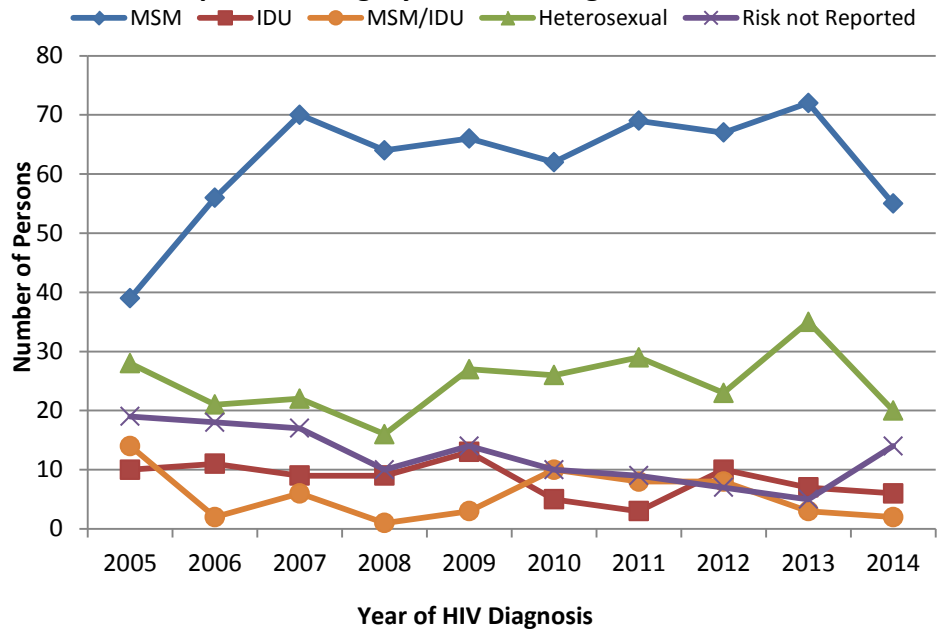


Figure 3.7

- Diagnoses among MSM continue to account for over 50% of newly diagnosed HIV each year.
- Consistent with the overall decline in diagnoses, the numbers in all exposure categories dropped in 2014.

Figure 3.8 Estimated Number of Persons Living with HIV Disease (HIV or AIDS)* in Iowa as of December 31 of each Year: 1988 through 2014

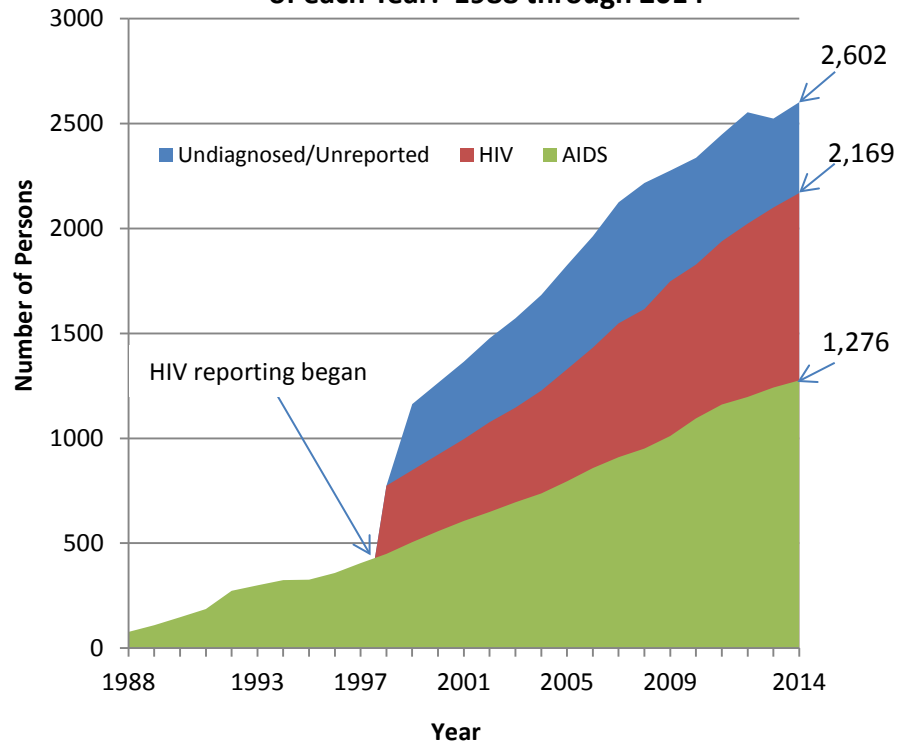
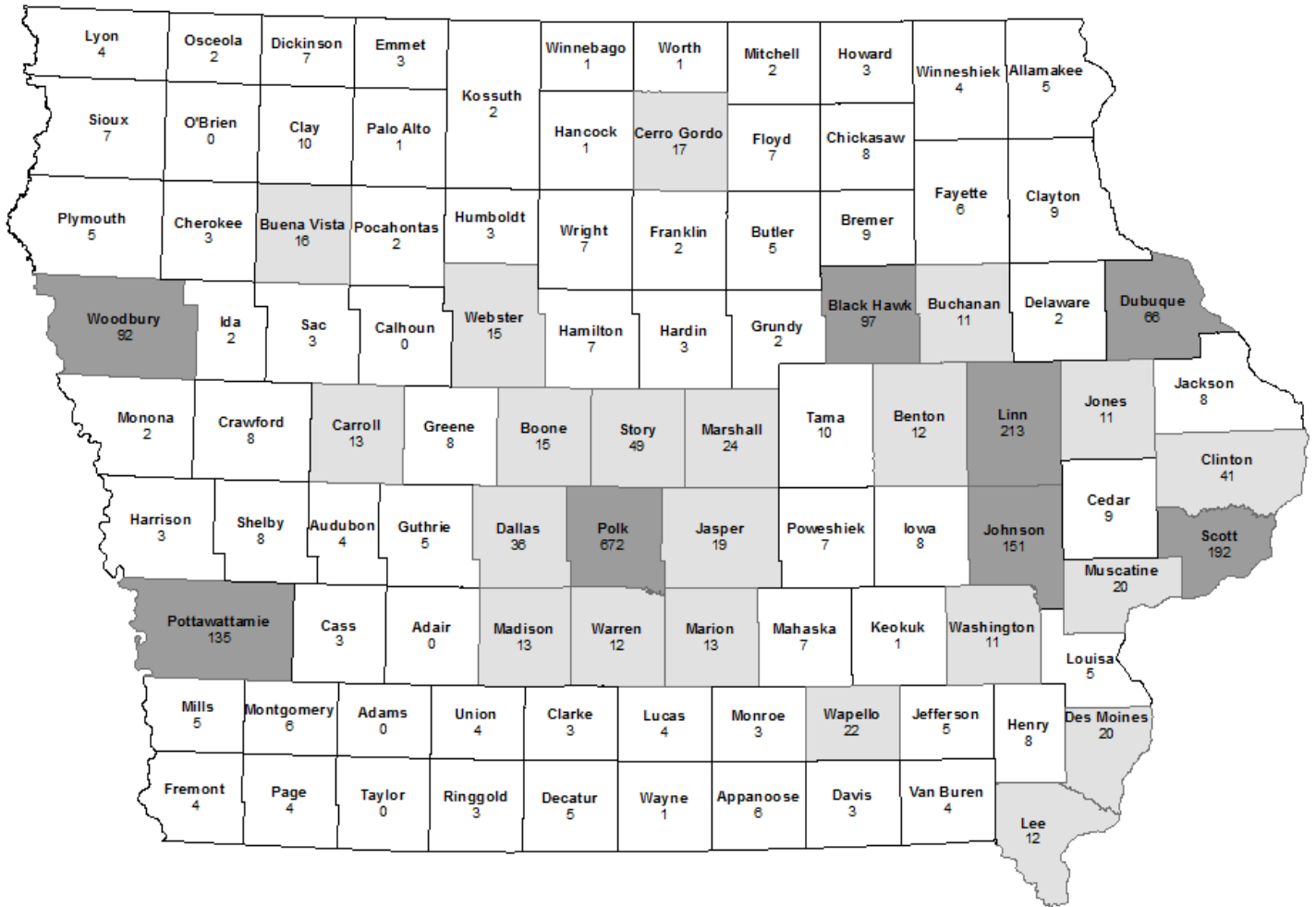


Figure 3.8

- On December 31, 2014, 2,169 persons initially diagnosed in Iowa were living with HIV/AIDS, a prevalence of 70.0 per 100,000 population.
- When estimates of unreported diagnoses (1%) and undiagnosed persons (15.8%) are included, there may have been as many as 2,602 persons living with HIV/AIDS as of December 31, 2014.

* Because this graph includes an historical accounting of people living with HIV or AIDS, it does NOT reflect all people currently living with HIV or AIDS in Iowa. It only represents people living in Iowa at the time of their diagnosis.

Figure 3.9 Number of Iowans Living with HIV Disease (HIV or AIDS) as of December 31, 2014, by County of Residence



Total: 2,369

ALL NINE
IOWA
PRISONS**
47

This map shows the number of persons living with HIV or AIDS as of December 31, 2014. It indicates counties where persons were living at the end of 2014. All deaths may not have been reported. Prisoners were being held in Iowa Department of Corrections facilities in the following counties: Jasper (16), Webster (8), Page (7), Johnson (5), Lee (4), Jones (3), Henry (2), and Calhoun (2).

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


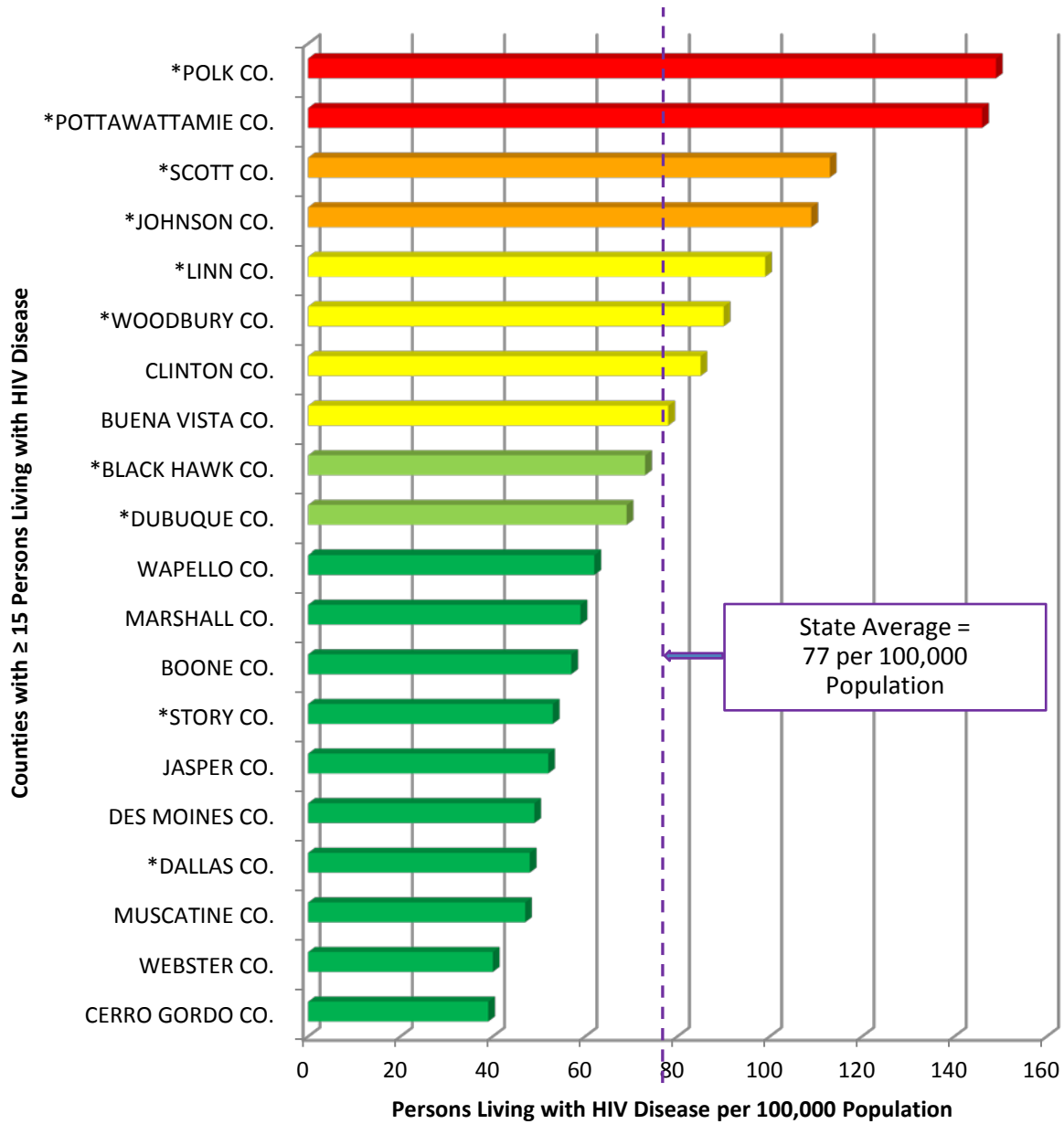
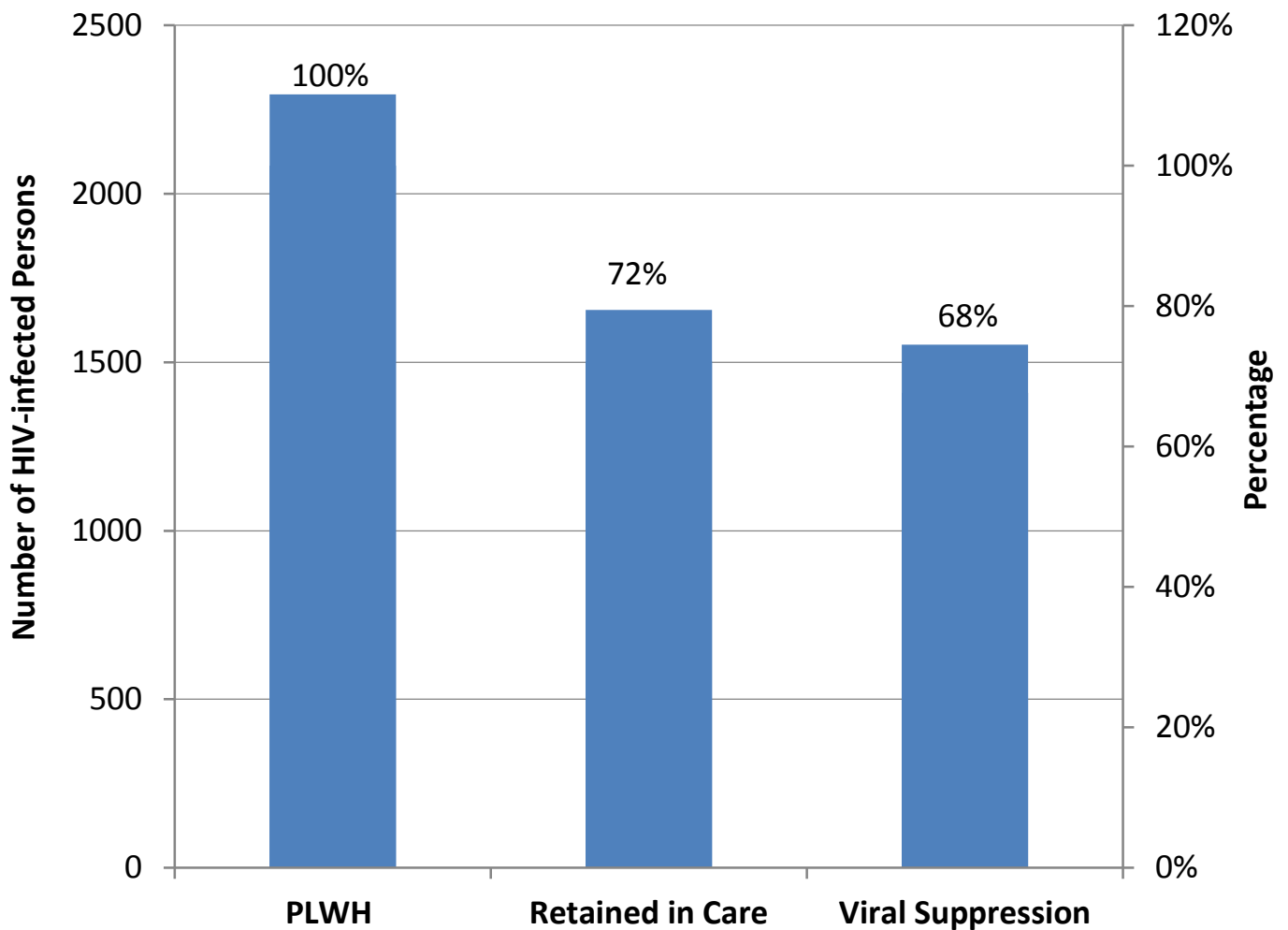
 Ten Most Populous Counties

Figure 3.10 Prevalence of HIV Disease by County of Residence: Iowans Living with HIV Disease (HIV or AIDS) per 100,000 Population as of December 31, 2014



- * Indicates one of the 10 most populous counties
- County rates do not include persons diagnosed in prison
- County populations are based on the 2013 U.S. Census estimates

Fig. 3.11 Iowa Continuum of HIV Care for 2014



PLWH: defined as persons diagnosed with HIV disease as of December 31, 2013, and living in Iowa at the end of 2014

Retained in Care: defined as PLWH having *two or more CD4 or viral load lab results at least three months apart* or *having one CD4 or viral load lab result and virally suppressed during 2014*

Viral Suppression: defined as persons retained in care and virally suppressed (viral load < 200 copies/mL) at the end of 2014

- 1,655 (72%) of the 2,295 PLWH in Iowa at the end of 2014 were retained in care, and 1,552 (94%) of them were virally suppressed
- Viral suppression for all PLWH (in care and out of care) was 68%.

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 the Clearinghouse at 1-888-398-9696

See <http://www.idph.state.ia.us/HivStdHep/HIV-AIDS.aspx?prog=Hiv&pg=HivSurv> for this report and a 2014 slide set.