

COMMONLY USED HIV/AIDS DEFINITIONS/ABBREVIATIONS

Abbreviations

ADAP: AIDS Drug Assistance Program

AIDS: Acquired immunodeficiency syndrome

CPG: Community Planning Group

HIV: Human immunodeficiency virus

IDU: Injection drug use or injection drug user

MSM: Men who have sex with men

PLWHA: Person living with HIV or AIDS

PWHA: Person with HIV or AIDS (includes persons who have died)

Definitions

Adult AIDS: An adult AIDS classification is given to a person greater than or equal to 13 years of age at the time of diagnosis who has a confirmed HIV infection and an AIDS-defining opportunistic infection or a CD4+ cell count of less than 200 cells/ μ L or 14%.

Adult HIV Infection: Adult HIV infection is classified as a confirmed HIV infection among a person greater than or equal to 13 years of age at the time of diagnosis.

Age: Age is classified as the age of the individual at the time they are diagnosed with either HIV or AIDS.

AIDS diagnosis: Persons who are classified as having HIV and either one or more AIDS-defining opportunistic infection or a laboratory test indicating suppressed CD4+ cell counts of less than 200 cells/ μ L or 14%.

Antibody: A substance produced by the body to counteract infectious agents.

Antigen: A foreign substance that is capable of stimulating immune response.

Antiretroviral drugs: Refers to drugs or agents that affect the capability of retroviruses such as HIV to reproduce; prescribed for treatment of retroviral infections such as HIV infection. The three common groups of antiretroviral agents for the treatment of HIV are: protease inhibitors, nucleoside analogs, and non-nucleoside reverse transcriptase inhibitors.

Baby born to an HIV-infected mother: Babies born to HIV positive mothers are tested for HIV differently than adults. Adults are tested by looking at antibodies to HIV in their blood. A baby keeps antibodies from its mother, including antibodies to HIV, for many months after birth. Therefore, an antibody test given before the baby is 1 year of age may be positive even if the baby does not have HIV infection. For the first year, babies are tested for HIV directly, and not by looking for antibodies to HIV. When babies are more than 1 year of age, they no longer have their mother's antibodies and can be tested for HIV using an antibody test. Preliminary HIV tests for babies are usually performed at three points: within 48 hours of birth, at 1 to 2 months of age, and at 3 to 6 months of age. At 12 months of age, babies who test positive to preliminary tests should have an HIV antibody test to confirm infection. Babies who test negative for HIV antibodies at this time are not HIV infected. Babies who test positive for HIV antibodies will need to be retested at 15 to 18 month of age. A positive HIV antibody test given after 18 months of age confirms HIV infection in children (NIH, 2007).

CD4 T-lymphocytes: A specialized type of cell that coordinates the immune system and is the main target of HIV (also called 'helper' T-cells).

Clinical status: Clinical status is determined as of the end of the calendar year or at date of death.

Co-morbidity: The occurrence of more than one illness, disease, or infection at the same time.

Concurrent HIV/AIDS: An AIDS diagnosis within 31 days of an HIV diagnosis is considered concurrent. Person concurrently diagnosed with HIV and AIDS are included in the totals of both HIV diagnoses and AIDS diagnoses.

Confidential information: Any information about an identifiable person or establishment, when the person or establishment providing the data or described in it has not given consent to make that information public and was assured confidentiality when the information was provided.

Counseling and Testing: In the content of HIV/AIDS Surveillance, 'Testing' refers to testing of an individual for HIV infection. This service is generally accompanied by patient 'Counseling' before and after the test regarding the test, test results, interpretation of the test, and other related issues.

ELISA (enzyme-linked immunoabsorbent assay) test or EIA (enzyme immunosorbent assay): A blood test that detects antibodies to HIV. The ELISA is commonly used as the initial screening test for the presence of antibodies to HIV. The ELISA test does not detect the disease AIDS but only indicates if viral infection has occurred. A positive HIV ELISA test is confirmed by a second, more specific test, such as the Western blot test.

Exposure: Contact with or possession of a characteristic that is suspected to influence the risk of developing a particular disease.

HIV diagnosis: A diagnosis of HIV infection is generally based on a positive Western blot test in adults and a positive PCR (polymerase chain reaction) test in infants less than 18 months of age.

Immunosuppression or immune deficiency: A state of the body where the immune system defenses do not function normally, thus making a person susceptible to diseases that they would not ordinarily develop; this can be the result of illness or the administration of certain drugs.

Incidence: The frequency of a disease occurrence during a given time period in a specified population.

Incubation period: The time interval between contact with a risk factor and the first clinical evidence of the resulting illness.

Initial Case Reports: The first report, whatever the source, which alerts the surveillance program to a case or possible case of HIV or AIDS. The initial report may be relatively complete and require little or no follow-up, or it may contain only minimal information and serve as a trigger for a complete investigation. Laboratory reports often fall into the latter category.

Morbidity: The occurrence of an illness, disease, or injury.

Opportunistic infection: Those diseases, which are caused by agents, that are commonly present in our bodies or environment but cause disease only when there is a change from normal, healthy conditions – such as when the immune system becomes suppressed.

Out-of-care: an HIV-infected person that has not received an HIV Detection/Antigen/Viral Load or CD4 (T-helper) laboratory test within one year is considered to be out-of-care.

Partner notification: Refers to the process of informing the partners of HIV or STD infected individuals about their possible exposure to infection.

PCR (polymerase chain reaction): A laboratory technique used to measure viral load.

Pediatric AIDS: A pediatric AIDS classification is given to a child less than 13 years of age at the time of diagnosis who has a confirmed HIV infection and an AIDS-defining opportunistic infection or a CD4+ cell count of less than 200 cells/ μ L or 14%.

Pediatric HIV infection: A pediatric HIV infection is classified as a confirmed HIV infection among a child less than 13 years of age at the time of diagnosis.

Prevalence: The proportion of persons in a given population who have a particular disease or condition at a particular time. Prevalence can be thought of as a snapshot of all existing cases at a specified time.

Provider: Any source of HIV/AIDS surveillance information, such as a physician, nurse, dentist, pharmacist, or other professional provider of health care or hospital, health maintenance organization, pharmacy, laboratory, STD clinic, TB clinic, or other health care facility that forwards data into the surveillance system.

Rate: The rapidity at which a health event occurs as indicated by the number of cases per number of people. The rate of AIDS infection refers to the number of AIDS cases diagnosed in a defined population (population size) per 100,000.

Sentinel Health Event: Any event which has the potential to affect health, or result in death, disease, physical, or psychological injury.

Seroconversion: The development of antibodies to a particular antigen. When people develop antibodies to HIV, they “seroconvert” from HIV anti-body negative to antibody-positive.

Serostatus: Positive or negative results of a diagnostic test, such as an ELISA, for a specific antibody.

Surveillance: Ongoing observation of a population for rapid and accurate detection of changes in the occurrence of a disease or condition.

Surveillance information: Details collected on an individual or individuals for completing routine or special surveillance investigations. Examples of HIV/AIDS surveillance information are the HIV/AIDS report forms, ancillary notes about risk investigations and related questionnaires, notes about suspect cases, laboratory reports, ICD9/10 line lists, discharge summaries, death certification, and drug data stores.

Transmission risk: HIV/AIDS surveillance determines the risk factors associated with HIV transmission. The primary risk factors that have been identified are:

- **Men who have sex with men:** includes males with reported sexual contact with another male, and males with no definitive risk and with history of a rectal STD or proctitis.
- **Injection drug user:** includes persons who took non-prescribed drugs by injection, intravenously, intramuscularly or subcutaneously.
- **Heterosexual contact:** includes persons who had heterosexual sex with an HIV-infected person, an injection drug user, or a person who has received blood products; for females only, history of heterosexual prostitution, multiple sex partners of the opposite sex, sexually transmitted disease, crack/cocaine use, heterosexual sex with a bisexual male, or unspecified probable heterosexual transmission.

- **Perinatal transmission:** a risk factor for infants who were infected during gestation, birth or postpartum through breastfeeding to an HIV-infected mother.
- **Other transmission risks:** include hemophilia, receipt of transfusions or transplants, and non-perinatal risk in pediatric cases (<13 years of age).
- **Unknown or Under Investigation:** persons who have no risk information reported by the provider or an expanded investigation have not been complete for them.

Viral Load: Refers to the number or amount of virus in an infected individual. For HIV, it is expressed as the number of HIV RNA copies/ml.

Western Blot: A blood test used to detect HIV antibody. The Western blot is used to “confirm” the results of the ELISA test.