AIDSVu Q&A

June 2014

1. **Why was AIDSVu developed?**

   AIDSVu was developed with the goal of making HIV data widely available and locally relevant. AIDSVu's community-level data can help inform decisions about the best use of HIV prevention, testing and treatment resources. These data also underscore the importance of all adults aged 13 to 64r being tested for HIV, as recommended by the U.S. Centers for Disease Control and Prevention (CDC), and, if the test is positive, being linked to care.

2. **Who is AIDSVu intended for?**

   AIDSVu is intended to be used by public health officials, health care providers, researchers, policymakers, advocates and the general public. The detailed, yet easily accessible, information on AIDSVu can help communities plan where HIV prevention, testing and treatment services are needed most; provide important visuals and data for grants, policy reports, and advocacy efforts; and give health care providers and the general public a tool for better understanding how HIV impacts their communities.

3. **Who created AIDSVu?**

   AIDSVu was developed by Emory University's Rollins School of Public Health in partnership with Gilead Sciences, Inc. It is led by Dr. Patrick Sullivan, Professor of Epidemiology.

4. **Who helps to advise the AIDSVu project?**

   AIDSVu receives ongoing support and guidance from three groups consisting of key stakeholders and experts: the AIDSVu Advisory Committee, the AIDSVu Technical Advisory Group, and the AIDSVu Prevention and Treatment Advisory Committee. The individuals who participate in these groups are representatives of organizations such as the U.S. Department of Health and Human Services, the U.S. Centers for Disease Control and Prevention, the U.S. National Institutes of Health, the Kaiser Family Foundation, the National Association of State and Territorial AIDS Directors, national advocates, representatives from state and local health departments, and private industry.

5. **Who provided the data for AIDSVu?**

   State- and county-level AIDSVu data are obtained from CDC's national HIV surveillance programs in accordance with each state's HIV/AIDS data re-release agreement and compiled by researchers at the Rollins School of Public Health at Emory University. ZIP code and census tract data are obtained directly from state and local health departments. All data received by Emory are anonymous, meaning that no names or other personally identifying information are provided. Strict rules are applied to the mapping process to protect the privacy of those living with HIV.

6. **What does AIDSVu show?**

   AIDSVu visualizes the rates and numbers of persons living with an HIV diagnosis across the United States in 2011. Data are available at the state- and county-level, and for 33 cities, by ZIP code or census tract. AIDSVu data can also be visualized by race/ethnicity, sex and age. AIDSVu displays HIV prevalence data alongside various social determinants of health – such as poverty, high school

education, median household income, income inequality and people without health insurance. AIDSVu allows people to locate a place for HIV testing or treatment, and also includes NIH-funded HIV prevention, vaccine and treatment trial locations.

City, Zip Code and Census Tract Data
On June 27, 2014, AIDSVu will release its annual update of the city maps and will add 11 new cities – Baton Rouge, LA; Boston, MA; Bridgeport-Stamford-Norwalk, CT; Columbia, SC; Jackson, MS; Jacksonville, FL; Milwaukee-Waukesha-West Allis, WI; Newark, New Haven-Milford, NJ; Oakland, CA; and Richmond, VA – bringing the total number of cities with ZIP code-level data to 33. Updated city maps will be available for: Atlanta, GA; Charlotte, NC; Chicago, IL; Dallas, TX; Denver, CO; Detroit, MI; Ft. Lauderdale, FL; Hampton Roads, VA; Houston, TX; Los Angeles County; Memphis, TN; Miami, FL; New Orleans, LA; New York City; Orlando, FL; Palm Beach, FL; Philadelphia, PA; San Diego, CA; San Francisco, CA; San Juan, PR; Tampa, FL; and Washington, D.C. Census tract maps will be added for Chicago, and will be updated for Philadelphia and Washington D.C.

Side-by-side social determinants of health are part of the functionality for city mapping. Users are able to view HIV prevalence alongside poverty, median household income, income inequality and education.

AIDSVu also has city profile pages for 27 U.S. cities, including 10 new cities, updated to reflect 2011 data. City profile pages use graphics and text to summarize the impact of HIV and other sexually transmitted diseases on the city as a whole.

State- and County-Level Data
The state- and county-level maps will be updated this fall when CDC releases their new data. Currently, the state and county maps have the most current data provided by CDC on persons living with an HIV diagnosis in 2010. The county-level new HIV diagnosis data will also be released later this fall. Currently, the state and county maps have the most recent data provided by CDC on persons newly diagnosed with HIV infection from 2008 to 2011.

7. What does AIDSVu demonstrate about HIV/AIDS in America?

AIDSVu provides a visualization of the HIV epidemic across the United States. The interactive maps illustrate geographic variations in the HIV epidemic, and how the epidemic affects communities differently. This information is important for individuals to understand HIV in their communities, and for health officials and policymakers to see where prevention and care programs are needed most.

- The AIDSVu maps illustrate the considerable geographic variations in HIV prevalence across the United States.
    - The national map shows significantly higher HIV prevalence in the Northeast and the South than in the rest of the country.
    - AIDSVu's city maps demonstrate a pattern of heavily impacted urban cores with relatively lower impact in areas further from city centers.
- The data on AIDSVu's maps can be viewed by race/ethnicity. AIDSVu shows that HIV disproportionately affects black and Hispanic Americans, and these disparities exist in both major metropolitan areas and rural areas.
- AIDSVu visitors can see how HIV prevalence overlaps with social factors through side-by-side maps of poverty, high school education, median household income, lack of health insurance,

and income inequality. For example, high HIV rates have been associated with areas that have high rates of poverty.

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

The scales in the legends for prevalence rate and number of cases for individual states, counties, ZIP codes and census tracts differ 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, county, ZIP code or census tract) living with an HIV diagnosis. This differs from the *number* of cases, which is the actual number of people living with an HIV 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 identify areas where the greatest or fewest number of individuals living with an HIV diagnosis reside.

For example, in a county with fewer people but with a relatively 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.

9. Why aren't some data shown?

For all geographic areas, AIDSVu does not display HIV data if the area has less than five persons living with an HIV diagnosis. Additionally, AIDSVu does not display HIV data for areas with a population less than 100 persons for state and counties, less than 1,000 persons for ZIP codes and less than 500 persons for census tracts. These suppression rules help 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 or because estimated data could not be calculated for a state.

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

Both AIDSVu and the CDC maps are built using the same data from CDC surveillance programs. However, AIDSVu also displays ZIP-code-level data on HIV prevalence and county-level data on HIV diagnoses, which the CDC does not currently publish. CDC maps also offer some content that AIDSVu does not, including HIV diagnoses among demographic subgroups at the state-level (e.g., black men), and also displays data on other infections, such as acute viral hepatitis and other sexually transmitted infections.

11. 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. Data released from the CDC may differ from data released by individual states because the data 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 or local level.

How do the numbers on AIDSVu compare to national statistics?

CDC estimates that more than 1.1 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 one in six 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 the infection progressing to AIDS. People with late HIV diagnoses miss opportunities to start treatment earlier, when it can be more effective.

Each individual city and state profile on AIDSVu provides additional information such as racial disparity in HIV diagnosis, late HIV diagnosis, mode of HIV transmission, federal grant funding for HIV/AIDS, ADAP waiting lists and other sexually transmitted disease rates.

12. How did AIDSVu select the cities displaying ZIP code and census tract data?

AIDSVu invited cities with highest rates of HIV diagnoses, according to CDC's recent HIV surveillance report, to provide data. AIDSVu's resources and capacity determine the number of new cities invited each year.

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

Counties that appear dark red on AIDSVu have the highest rates of people living with an HIV diagnosis. Because AIDSVu does not display county-level data for all states, it is not possible to rank counties on a national level.

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

Although the first HIV cases were mostly in large urban areas, AIDSVu shows that nearly every area in the country is affected, underscoring the importance of all adults ages 13 to 64 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 where to get tested for HIV, the AIDSVu site can help link users to that information.

15. What do the white and gray areas represent on the map?

AIDSVu does not display data when the numerator (number of people living with an HIV diagnosis) is less than 5 and/or the denominator (number of people in the area) is less than 100 for states/counties, less than 1000 for ZIP codes, and less than 500 for census tracts. Areas appear white when one or both of these conditions are met. The light shade of gray indicates an area where data are not shown

because the data are either not available for the area or were not released to AIDSVu.

16. How does AIDSVu account for prison and jail data and what do the correctional disclaimers on the map mean?

Some counties have state or federal correctional facilities where inmates may have been diagnosed with HIV. Because the data displayed on AIDSVu count these inmates, and because the "persons living with an HIV diagnosis" data on AIDSVu are analyzed by "residence at HIV diagnosis," inmates diagnosed at correctional facilities are counted as cases in the county where the facility is located. This may inflate the rate and case count of persons living with an HIV diagnosis in the county and may not represent HIV infection in the county's community as a whole. In cases where this inflation may occur, a note is included in the pop-up window for the relevant geographic area. See the Data Methods page on www.aidsvu.org for additional information about how the inclusion of these correctional notes was determined.

17. Is AIDSVu based on where people lived at the time of HIV diagnosis or where they live now?

AIDSVu's data are based on reported residence at earliest HIV diagnosis.

18. Do you intend to update AIDSVu? Are you planning to add new features to AIDSVu?

AIDSVu is updated on an ongoing basis with new data and additional information as it becomes available. The national and state-level maps will be updated fall 2014, and will be followed by the release of county-level new diagnosis data. For details about how often different figures will be updated, see the Data Methods page on www.aidsvu.org. You can also sign up on the AIDSVu website to receive email notifications when new features or data are added to the site.

19. What is Powered by AIDSVu?

Powered by AIDSVu projects use the existing AIDSVu infrastructure to expand to other projects that visualize complex information to inform public health goals. Powered by AIDSVu incorporates collaborative content and programs from additional data sources and partners.

20. What does HIVContinuum show?

The first phase of HIVContinuum.org displays data and maps illustrating the HIV care continuum in three large cities in the U.S. – Atlanta, Philadelphia, and Washington, D.C. The site includes data for persons newly diagnosed between 2006 and 2010 and depicts:

- New HIV Diagnosis
- Late HIV Diagnosis
- Linked to HIV Care
- Engaged in HIV Care
- Suppressed HIV Virus