

# Introduction

This statewide profile describes the epidemiology of HIV, AIDS and other sexually transmitted diseases (STD's) in Indiana, mainly through December 2005, the last date of surveillance information available. The report describes the distribution of HIV disease (HIV and AIDS) by geography, age, sex, race, ethnicity and associated risk categories. The purpose of this profile is to assist in the development of a comprehensive HIV/AIDS prevention and care plan by providing the necessary data that can aid in designing and implementing prevention and care services, as well as pointing out the dimensions of unmet needs for infected persons throughout the state of Indiana.

In order to meet those criteria, the profile will address four key questions:

1. What are the socio-demographic characteristics of Indiana's population?
2. What is the scope of the HIV/AIDS epidemic in Indiana?
3. What are the indicators of risk for HIV/AIDS in Indiana
4. What are the patterns of service utilization of HIV-infected people in Indiana?

## Profile Data Sources

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This profile was compiled using a number of different data sources to present as complete as possible a picture of the epidemic. The majority of the information, however, will be derived from the HIV Surveillance Database, which was used heavily throughout the report.

Each data source has strength and limitations. A brief description of each source follows.

- 1. HIV/AIDS Surveillance**

The data for this report was collected through 2005 and includes reports of HIV infections, AIDS Indicator Diseases, HIV related laboratory results submitted by physicians, hospitals, counseling and testing sites, and laboratories.

- 2. Behavioral Surveys**

*Behavioral Risk Factor Surveillance System (BRFSS) 2005*

The BRFSS is a state-based random telephone survey of adults that collects data from Indiana residents on various modifiable health risks, preventive health measures, and demographic variables. The objective of the report is to encourage change in risk-related health behaviors, to discover target populations for programs and resources, and to present the condition of Indiana's health in a way that it can be compared to the health risk behaviors of the rest of the United States.

*Youth Behavioral Risk Factor Surveillance System (YBRFSS) 2005*

The YBRFSS is a national survey developed by the Centers for Disease Control and Prevention (CDC) to survey youth health-risk behaviors in six domains: (1) behaviors which facilitate unintentional injuries and violence, (2) tobacco use, (3) alcohol and drug uses, (4) sexual behaviors related to pregnancy and sexually transmitted diseases, (5) unhealthy dietary behaviors, and (6) physical inactivity and being overweight. The YBRFSS began in 1991 and is conducted every two years.

- 3. Sexually Transmitted Disease Surveillance Database**

The STD Surveillance Database is part of the STD Program at the Indiana State Department of Health (ISDH) that provides technical and financial assistance to local STD Programs for surveillance, case detection through screenings, ensuring treatment of known cases, case follow-up and education. Efforts are coordinated among the groups screening for Syphilis, Gonorrhea, and Chlamydia. The data in this database comes from STD clinics, physicians, and laboratories for STD infections (Syphilis, Gonorrhea, and Chlamydia) diagnosed through 2005.

**4. Counseling, Testing and Referral Data**

This database is compiled from the statewide outreach program that coordinates the efforts of local HIV counseling and testing sites. The web-based database has been created and is being maintained at Luther Consulting. The effort is intended to promote the early detection of HIV infection and the management of HIV-related illnesses, educate people regarding alternative behaviors to those which facilitate HIV

infection and to facilitate access to health care. The data is collected at Counseling, Testing and Referral sites throughout Indiana. Testing is voluntary and either anonymous or confidential. The tests include either blood or oral testing medium. The data presented covers all results entered up to December 31, 2005.

**5. Vital Statistics**

The Vital Statistics source provides excerpts from the Natality report and pregnancy outcomes for 2004.

**6. Population Data**

The main source for all population data in the U.S. is the Census Bureau that conducts a general population survey every ten years. The last decennial census was conducted in 2000. The results of that census, as well as forecasts and estimates for 2003 were issued by the Census Bureau and are used in this Epidemiologic Profile.

**7. HIV Care Data**

The HIV Care Data is collected through the HIV Care Coordination Program that offers a specialized form of case management and is the foundation upon which all other HIV/AIDS services are built. The service is available statewide through twelve (12) regional sites which provide HIV positive residents with an individualized plan of care to address their medical, psychosocial, financial and other supportive services needs.

## **Strengths and Limitations of Profile**

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### *LIMITATIONS AND CAVEATS*

Data collected through the Indiana HIV/AIDS surveillance system is collected through: 1) required reports of persons with HIV infection and AIDS diagnosed or treated by physicians and hospitals, and 2) by laboratories that test for HIV, indicators for HIV, an antigen of the virus, or antibodies to that virus. Indiana reporting is designed such that the surveillance system receives multiple reports on each diagnosed person as the disease progresses and as various health care providers serve the person. AIDS case reports are the only HIV-related data consistently available on a population-wide basis in all states by sex, race/ethnicity, age, and mode of HIV exposure (risk factor). Job Corps entrants and civilian applicants for military service are also tested for HIV and reported to the CDC as an aggregate.

HIV and AIDS case report data represents those persons who: 1) have confidentially tested positive for HIV, 2) received medical care, and 3) have been reported by the health care provider. Deaths are voluntarily reported and gleaned from death certificates with HIV or AIDS identified as a cause of death.

Data from the federally funded and state administered HIV Counseling and Testing Services (CTS) program's counseling and testing sites may assist in assessing the characteristics of newer HIV infections except that CTS clinic data have several limitations. CTS clients are self selected and do not necessarily represent more recent infections in the state. The data represent tests performed, not persons tested, and the tests include unlinked results and repeated tests. Those tests that are performed confidentially and test positive for HIV are reported to the surveillance system by name and thus are linked and unduplicated in the surveillance reporting system. Comparing CTS data based on tests done and surveillance data based on reported cases has some variation in all groups.

Data are also included from the Sexually Transmitted Disease program, Tuberculosis Control program, Risk Factor Surveillance program, and the Vital Statistics Unit at the Indiana State Department of Health. Data were also included from the Center's for Disease Control and Prevention's HIV Surveillance Report.

It is advisable not to over-interpret small changes or differences from year to year or between different groupings within the same year. Given the low numbers of cases in some categories, they may be misleading. Also misleading can be slight differences in exact numbers, depending on which database they were derived. In those cases it is more the general tendency that is relevant and not the exact absolute number. All data sources are not equivalent, and not all databases will add up to the exact same numbers.

## Organization of the Profile

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This profile answers four core questions in two main sections.

### Chapter 1: Core Epidemiologic Questions

This section provides background on the characteristics of the general population of Indiana, distribution of HIV, and a profile of those at risk for HIV infection. Three questions form the core of this section:

1. **What are the socio-demographic characteristics of the general-population in Indiana?** Informs readers about the overall demographic and socioeconomic characteristics of Indiana.
2. **What is the scope of the HIV/AIDS Epidemic in Indiana?** Assesses the impact of HIV/AIDS among a number of groups within Indiana. This allows planners and care givers to target those populations most at risk.
3. **What are the indicators of risk for HIV/AIDS in Indiana?** Provides an in-depth look at populations most at risk. Indirect and direct measures assist in indicating high-risk behaviors.

### Chapter 2: Ryan White HIV/AIDS CARE Act Special Questions and Considerations

This section concentrates on questions pertaining to Health Resources and Services Administration HIV/AIDS care planning. Included is a description of access, utilization, and standards of care among HIV-positive people in Indiana. It is organized around one central question:

- What are the patterns of service utilization of HIV-infected people in Indiana?**  
Examines service utilization by several populations living with HIV/AIDS.

## Core Epidemiologic Questions

- Question 1: What are the socio-demographic characteristics of the general population in Indiana?
- Question 2: What is the scope of the HIV/AIDS Epidemic in Indiana?
- Question 3: What are the indicators of risk for HIV/AIDS in Indiana?