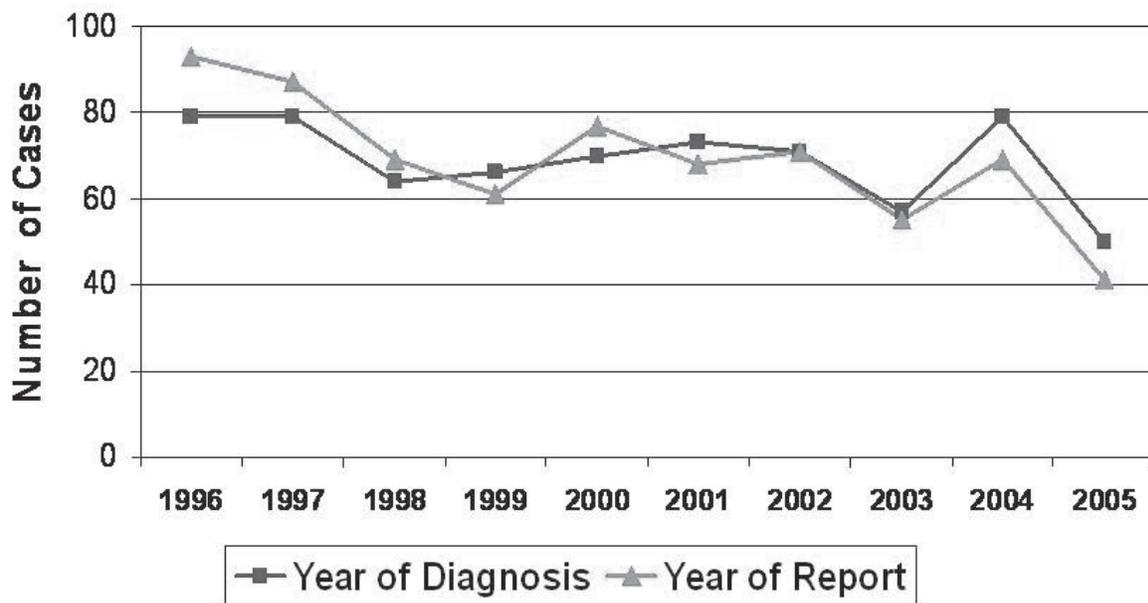


HIV/AIDS Surveillance Report

END OF YEAR REPORT - Revised November 7, 2006

Number of Newly Diagnosed AIDS Cases Nebraska, 1996 to 2005



The data used in this edition of the HIV/AIDS Surveillance Report has been modified to reflect data by date of diagnosis instead of date of report, which has been used in the past

The chart above illustrates the variation in the numbers, depending on which method is chosen. Date of diagnosis is used to look at trends over time. Date of report is useful to look at the numbers actually reported in a given year. Numbers by date of report are static - they do not change from year to year compared to the numbers by year of diagnosis, which change whenever a new case is added.

The decision to switch to presenting the numbers by date of diagnosis was made to allow researchers to use the numbers to look at trends over time.

For any questions about this information, you may contact Nebraska's HIV Surveillance program at 402-471-0360.

HIV Disease Cases (not AIDS)^b

DEMOGRAPHIC CATEGORIES		YEAR OF DIAGNOSIS					CUMULATIVE TOTAL	
		Pre-2002	2002	2003	2004	2005	Number	%
S E X	Male	340	27	28	26	30	451	76
	Female	103	14	9	16	20	162	24
A G E	under 5 yrs.	*	*	*	*	*	7	1
	5 to 12 yrs.	*	*	*	*	*	3	1
	13 to 19 yrs.	14	*	*	4	*	22	4
	20 to 29 yrs.	155	15	9	14	23	216	34
	30 to 39 yrs.	177	17	13	13	17	237	39
	40 to 49 yrs.	72	7	7	8	5	99	16
	50 yrs. and older	20	*	*	*	*	29	5
R A C E	White	281	15	19	17	23	355	60
	Black	102	14	11	18	19	164	25
	Hispanic	45	10	4	4	5	68	11
	Asian	*	*	*	*	*	10	1
	Native American	11	*	*	*	*	16	3
	Other/Unknown	*	*	*	*	*	0	0
R I S K	Men who have sex with men (MSM)	203	14	16	10	15	258	43
	Injecting drug use (IDU)	43	4	*	5	*	54	9
	MSM/IDU	25	4	*	4	*	37	6
	Adult treatment for hemophilia	4	*	*	*	*	4	1
	Transfusion	4	*	*	*	*	8	1
	Heterosexual Contact	82	4	4	6	4	100	17
	Pediatric	5	*	*	*	*	10	1
	Risk Not Identified	77	15	12	16	22	142	21
	TOTAL HIV CASES BY YEAR	443	41	37	42	50	613	100

*Total number of reported HIV or AIDS cases are three or less. Number of cases less than 4 are not entered to protect the privacy of individuals with HIV disease.

^aCases reported during any given year may have been diagnosed in previous years, therefore these data are not suitable for trend analysis.

^bThe total for each demographic category equals the total shown at the bottom of each column.

^cThe effective date for HIV reporting in Nebraska was July 10, 1995; implementation of active HIV surveillance was September, 1995.

Technical Notes:

This table represents unduplicated counts of persons reported with HIV infection (not yet AIDS) from hospitals, physicians and laboratories. It may not include all persons living in Nebraska who have HIV infection. CDC estimates that 25% of all persons with HIV infection have not sought testing and are unaware of their status.

These numbers do not include those persons who have chosen to be tested anonymously at State-funded counseling and testing sites.

Some HIV cases diagnosed prior to 1995 are included in this table. They represent persons who sought testing and/or treatment in Nebraska prior to the implementation of HIV reporting in 1995. These numbers may not represent all such persons, since retroactive reporting is voluntary on the part of hospitals, physicians and laboratories.

If the initial report by a physician indicated that the patient at that time had AIDS, that person is included in the AIDS Morbidity table on the next page.

When a person is initially reported with HIV infection, then later diagnosed with AIDS, that person is deleted from this table and added to the AIDS table on the next page.

In the Risk Categories

Heterosexual Contact includes heterosexual persons who know that one or more of their sex partners:

- used injection drugs,
- is a man who had sex with men,
- is a person with hemophilia,
- received blood transfusion or transplant and is diagnosed with HIV or AIDS,
- or is a person diagnosed with HIV or AIDS, risk not specified

Pediatric includes persons less than 13 years of age.

Risk not identified includes:

- persons whose risk was not identified at time of initial report,
- persons who died before risk could be determined,
- persons who were lost to follow-up,
- persons who declined interview, and
- persons who do not report one of the other exposures after interview

Sometimes two or more exposures are reported for one case. This table is consistent with the CDC hierarchy of exposures.

How to Report HIV/AIDS/CD4+ Counts

Physicians, hospitals and labs in Douglas County:

send reports to:

Epidemiologist
Douglas County Health Department
1819 Farnam Street, Room 401
Omaha, Nebraska 68183

To be opened by addressee only

For information call: 402-444-7214

Physicians, hospitals and labs in Lancaster County:

send reports to:

Communicable Disease Coordinator
Lincoln-Lancaster County Health Department
3140 N Street
Lincoln, Nebraska 68510-1514

To be opened by addressee only

For information call: 402-441-8053

Physicians, hospitals and labs in all other counties:

send reports to:

Nebraska Department of Health & Human Services
Tina Brubaker, Surveillance Coordinator
Department of Regulation & Licensure
Communicable Disease
P.O. Box 95007
Lincoln, Nebraska 68509-5007

To be opened by addressee only

For information call: 402-471-0360

To obtain HIV reporting forms, for general surveillance information, for assistance in determining HIV/AIDS case criteria, or to initiate a report, call: Tina Brubaker at 402-471-0360

AIDS Morbidity^{a,b}

DEMOGRAPHIC CATEGORIES		YEAR OF DIAGNOSIS								CUMULATIVE TOTAL	
		Pre-1999	1999	2000	2001	2002	2003	2004	2005	Number	%
SEX	Male	814	53	50	62	53	47	59	33	1171	85
	Female	114	13	20	11	18	10	20	17	223	15
AGE	under 5 yrs.	8	*	*	*	*	*	*	*	10	1
	5 to 12 yrs.	*	*	*	*	*	*	*	*	1	0
	13 to 19 yrs.	7	*	*	*	*	*	*	*	10	1
	20 to 29 yrs.	211	8	11	18	6	8	17	6	285	21
	30 to 39 yrs.	429	35	35	26	35	29	28	24	641	46
	40 to 49 yrs.	201	14	19	18	20	15	25	11	323	22
	50 yrs. and older	71	8	5	10	10	5	7	8	124	9
RACE	White	687	43	35	32	34	24	32	27	914	66
	Black	161	11	18	25	29	16	24	14	298	21
	Hispanic	66	10	15	14	5	13	17	9	149	10
	Asian	*	*	*	*	*	*	*	*	12	1
	Native American	11	*	*	*	*	*	*	*	19	1
	Other/Unknown/Multi-Not Hispanic	*	*	*	*	*	*	*	*	2	0
RISK	Men who have sex with men (MSM)	530	30	30	28	27	21	30	11	707	52
	Injecting drug use (IDU)	91	4	13	9	10	7	7	6	147	11
	MSM/IDU	93	7	*	7	6	4	*	*	124	9
	Adult treatment for hemophilia	31	*	*	*	*	*	*	*	32	2
	Transfusion	20	*	*	*	*	*	*	*	26	2
	Heterosexual Contact	78	15	12	7	8	10	9	5	144	10
	Pediatric	14	*	*	*	*	*	*	*	18	1
	Risk Not Identified	71	6	13	20	19	15	27	25	196	13
TOTAL AIDS CASES BY YEAR		928	66	70	73	71	57	79	50	1394	100

^aTotal number of reported HIV or AIDS cases are three or less. Number of cases less than 4 are not entered to protect the privacy of individuals with HIV disease.

^bCases reported during any given year may have been diagnosed in previous years, therefore these data are not suitable for trend analysis.

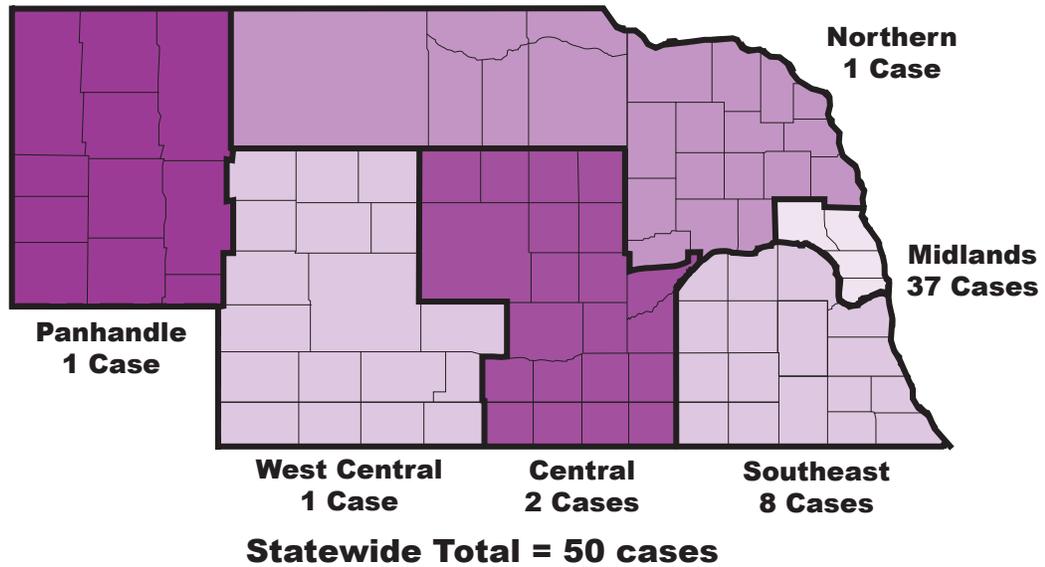
^cThe total for each demographic category equals the total for each column.

Data collection and publication are made possible through funding from The Centers for Disease Control and Prevention,
U.S. Department of Health & Human Services, under Cooperative Agreement U62/CCU706242

Patient Status

STATUS	Pre-1999	1999	2000	2001	2002	2003	2004	2005	CUMULATIVE TOTAL
Known to be Dead	649	14	16	14	10	7	4	8	722
Alive/Status Unknown	279	52	54	59	61	50	75	42	672
TOTAL AIDS CASES BY YEAR	928	66	70	73	71	57	79	50	1394

Number of HIV Cases Reported in Nebraska in 2005 by Health Planning Region



The number of cases per region represents Nebraska residents newly diagnosed with HIV infection who were reported in 2005. There may be other previously diagnosed HIV cases living in a region.

HIV/AIDS Surveillance Program
Nebraska Department of Health and Human Services
- Regulation & Licensure

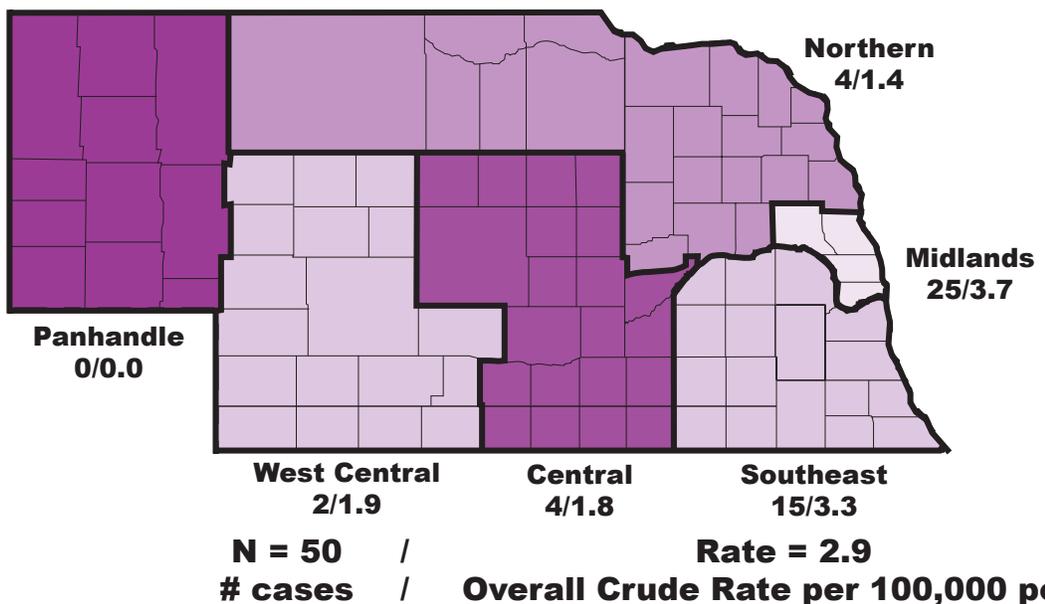
Rates are calculated by dividing the total number of HIV infections or reported AIDS cases which occurred in the population during a specified period of time (*i.e.*, the numerator) by the total population (*i.e.*, the denominator) and then multiplied by 100,000.

Rates *cannot* be calculated for HIV because the number of HIV cases reported is incomplete and represents only the number of persons found to be HIV-infected by confidential HIV-antibody testing. These numbers do not include HIV-infected persons who have tested anonymously or who have not sought testing.

Rates *can* be calculated for AIDS incidence because most persons with AIDS seek medical care and are then reported as cases by their health professionals. Therefore, because of the completeness of reporting, the number of reported AIDS cases is considered representative of all persons *with AIDS* in Nebraska.

In order to provide a *minimum* estimate of the number of persons in Nebraska known to be HIV infected as of a certain date, HIV reporting data and AIDS data (including mortality data), as of that date, can be added together.

Number and Crude Rates of AIDS Cases Reported in Nebraska in 2005 by Health Planning Region



The number of cases per region represents Nebraska residents newly diagnosed with AIDS who were reported in 2005. There may be other previously diagnosed AIDS cases living in a region.

HIV/AIDS Surveillance Program
Nebraska Department of Health and Human Services
- Regulation & Licensure

Confidential and Anonymous HIV Testing Options:

“A person seeking a human immunodeficiency virus test shall have the right to remain anonymous. A health care provider shall confidentially refer such person to a site which provides anonymous testing.” (Nebraska Revised Statute 71-531, Section 3 - note exceptions)

Both confidential (with name) and anonymous testing (without name) are allowed **at** state-funded **Counseling, Testing, Referral and Partner Counseling (CTR/PCRS) sites**. Physicians ordering HIV testing in all other settings may offer confidential testing only but can refer patients to CTRPN sites for anonymous testing at the patient’s request.

Anonymous test results are not included in Nebraska’s HIV/AIDS *Morbidity/Mortality Report*. CDC does not accept anonymous test results as cases.

Locations of CTRPN Sites in Nebraska

Alliance	Western Community Health Resources	308-762-3696
Chadron	Western Community Health Resources	308-432-2747
Chadron	Western Community Health Resources*	308-432-8979
Columbus	East Central District County Health Department	402-562-9000
Crawford	Western Community Health Resources	308-665-1770
Gering	Panhandle Community Health Services*	308-632-2540
Gordon	Western Community Health Resources	308-282-6128
Grand Island	Central Health Center *	308-384-7625
Hastings	Hastings Family Planning*	402-463-5687
Kearney	Central Health Center *	308-234-9140
Kearney	Nebraska AIDS Project	308-338-8308
Lexington	Central Health Center	308-324-6944
Lincoln	University Health Center	402-472-7447
Lincoln	Lincoln-Lancaster County Health Department*	402-441-8065
Macy	Carl T. Curtis Health Center (Tribal Members)	402-837-5381
McCook	Peoples Family Health Services	308-345-3626
Norfolk	Nebraska AIDS Project	402-370-4238
North Platte	Region II Drug and Alcohol (Great Plains Reg. Medical Ctr.)	308-535-7290
North Platte	People’s Family Health Services*	308-534-3075
North Platte	West Central District Health Department	308-696-1201
Omaha	Charles Drew Health Clinic*	402-453-1433
Omaha	Douglas County Health Department*	402-444-7750
Omaha	Nebraska AIDS Project	402-552-9260
Omaha	UNO Student Health* (STD Services)	402-554-2743
Ogalalla	People’s Family Health*	308-284-6141

*STD Services Available

List of Most Current Sites are Available at:

http://www.hhss.ne.gov/dpc/HIV_Testing_Sites.htm



Department of Regulation and Licensure
 Communicable Disease
 HIV/AIDS Surveillance
 301 Centennial Mall South
 P.O. Box 95007
 Lincoln, NE 68509-5007

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This Report is available on the web at www.hhss.ne.gov/dpc/hiv.htm

For information about preventing HIV disease, contact the Nebraska Department of Health & Human Services HIV/AIDS Prevention Program at 402-471-9098.

Nebraska Department of Health and Human Services - Regulation & Licensure
 HIV/AIDS Surveillance Program

*Based on 2004 estimate of U.S. Population

