

SURVEY TITLE: HIV/AIDS Surveillance System and Supplement

ACRONYMN: HASS and SHAS

SPONSOR: National Center for HIV, STD and TB Prevention, Divisions of HIV/AIDS Prevention, Centers for Disease Control and Prevention, United States Department of Health and Human Services.

SURVEY PURPOSE: Surveillance data on HIV infection in the United States.

LOCATION SAMPLED: not a sample, but reports to the CDC on HIV infection in the United States

YEARS SEXUAL ORIENTATION DATA COLLECTED: HASS: 1981+, SHAS: 1990+

SAMPLE SIZE: Intended to be a census, not a sample.

METHOD OF SEXUAL ORIENTATION DATA COLLECTION: Varies from state to state, however there is a "uniform surveillance case definition and case report form."

SEXUAL ORIENTATION QUESTIONS:

HASS: Presented here is the description provided by the CDC in technical notes to the HIV/AIDS Report describing how transmission categories are determined.

Transmission Categories

Transmission category is the term for the classification of cases that summarizes a person's possible HIV transmission risk factors; the summary classification results from selecting, from the presumed hierarchical order of probability, the 1 risk factor most likely to have been responsible for transmission. For surveillance purposes, cases of HIV/AIDS, HIV infection (not AIDS), and AIDS are counted only once in the hierarchy of transmission categories. Persons with more than one reported risk factor for HIV are classified in the transmission category listed first in the hierarchy. The exception is men who report sexual contact with other men and injection drug use; this group makes up a separate transmission category.

Persons whose transmission category is classified as male-to-male sexual contact include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact). Persons whose transmission category is classified as heterosexual contact are persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injection drug user).

Adults and adolescents born in, 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 infection unless they meet the criteria stated in the preceding paragraph. Similar to other cases in persons who were reported without information about a behavioral or a transfusion risk factor for HIV infection, these cases are classified (in the absence of other risk factor information that would classify them in another transmission category) as “no risk factor reported or identified” [16]. Cases in children whose mother was born in, or whose mother had sex with someone born in, Pattern II countries are now classified (in the absence of other risk factor information that would classify them in another transmission category) as “Mother with documented HIV infection, a risk factor for HIV infection, or HIV infection without a specified risk factor.”

Cases in persons with no reported risk factor for HIV through any of the routes listed in the hierarchy of transmission categories are classified as “no risk factor reported or identified.” These cases include persons that are being followed up by local health department officials; cases in persons whose risk factor history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and cases in persons who were interviewed or for whom other follow-up information was available and no mode of transmission was identified.

As of September 2000, the procedures for investigating cases reported without risk factor information changed from ascertaining a risk factor for all reported cases to estimating risk factor distributions from statistical models and population-based samples. States continue to investigate any report of an unusual exposure to HIV and report these cases to CDC. CDC will continue to tabulate the number of documented unusual exposures to HIV reported by the states.

Because recently reported cases of HIV infection or AIDS are more likely to be reported without sufficient risk factor information, recent AIDS incidence in some transmission categories will be underestimated unless an adjustment is made. For tables and figures showing the estimated cases of HIV infection (not AIDS) and AIDS, the adjustment of cases without risk factor information among adults and adolescents is based on the redistributions of transmission category, by specific sex, race, and region, of cases that were diagnosed during 1992–1999 and initially assigned to the “no identified risk factor” category but that were later reclassified. Similar adjustments of such cases among children are based on transmission-category redistribution of all cases diagnosed during that period and later reclassified.

SHAS:

The CDC also conducts the Supplement to HIV/AIDS Surveillance (SHAS) -It is a continuous clinic-based or population-based survey providing information to supplement case report. Beginning in 1990 it started to ask:

1) In the last 5 years have you had sex with a man? How many men have you had sex with in the last five years? (Question pertaining to female sex partners is similar in wording.)

2) Do you think of yourself as: Heterosexual/straight; Homosexual/gay/lesbian; Other/specify;
Refuse; Not sure/ don't know