



# West Virginia EPI-LOG

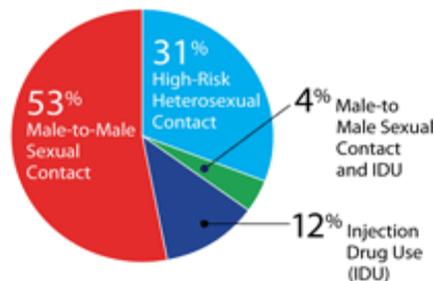
## New surveillance techniques show HIV infection rates went underestimated, says CDC

New technology and methodology developed by CDC show that the incidence of HIV in the United States is higher than was previously known. However, the incidence has been stable at that higher level for most of this decade. HIV incidence is the number of new HIV infections occurring during a certain time period, in this case, the year 2006.

These findings, published in a special HIV/AIDS issue of the *Journal of the American Medical Association (JAMA)* that was released August 3, 2008, show that in 2006, an estimated 56,300 new HIV infections occurred - a number that is substantially higher than the previous estimate of 40,000 annual new infections. It should be noted that the new incidence estimate does not represent an actual increase in the numbers of HIV infections. Rather, a separate CDC historical trend analysis published as part of this study suggests that the annual number of new infections was never as low as 40,000 and that it has been roughly stable since the late 1990s (with estimates ranging between 55,000 and 58,500 during the three most recent time periods analyzed).

See mid-year 2008 HIV/AIDS surveillance for West Virginia, pages 2-3

ESTIMATED NEW HIV INFECTIONS, BY TRANSMISSION CATEGORY, 2006



The new estimates show that gay and bisexual men of all races and ethnicities and African American men and women are the groups most affected by HIV. Fifty three

(See *HIV*, page 4)

## Statewide Disease Facts & Comparisons

A quarterly publication of the West Virginia Division of Surveillance and Disease Control

### IN THIS ISSUE:

- Revised surveillance shows increase in national HIV rate
- Mid-year 2008 West Virginia HIV/AIDS data
- State Cancer Registry award Gold Standard disease incidence
- West Virginia disease incidents in 2007

### Division of Surveillance & Disease Control

AIDS Surveillance	(304) 558-2987
AIDS Prevention	(304) 558-2195
Cancer Registry	(304) 558-6421
Epidemiology	(304) 558-5358
Immunization	(304) 558-2188
STD Program	(304) 558-2950
TB Control	(304) 558-3669



Joe Manchin III, Governor  
Martha Walker, Secretary (DHHR)

**West Virginia AIDS and HIV Infection Cases  
by Age Group, Gender, Race and Risk Behavior  
Cumulative through June 30, 2008**

Characteristic	AIDS		HIV		Total	
	#	%	#	%	#	%
<b>Age Group~</b>						
Under 5	9	1	4	1	13	1
5-12	3	<1	0	0	3	<1
13-19	16	1	45	6	61	3
20-29	245	16	263	36	508	22
30-39	645	42	254	35	899	39
40-49	453	29	121	16	574	25
50 and Over	181	12	49	7	230	10
<b>Total</b>	<b>1552</b>	<b>100</b>	<b>736</b>	<b>100</b>	<b>2288</b>	<b>100</b>
<b>Gender</b>						
Male	1292	83	516	70	1808	79
Female	260	17	220	30	480	21
<b>Total</b>	<b>1552</b>	<b>100</b>	<b>736</b>	<b>100</b>	<b>2288</b>	<b>100</b>
<b>Race</b>						
White	1221	79	453	62	1674	73
Black	310	20	263	36	573	25
Other/Unknown	21	1	20	3	41	2
<b>Total</b>	<b>1552</b>	<b>100</b>	<b>736</b>	<b>100</b>	<b>2288</b>	<b>100</b>
<b>Risk Behavior</b>						
<b>Adult</b>						
MSM	840	55	322	44	1162	51
IDU	233	15	135	18	368	16
MSM/IDU	81	5	16	2	97	4
Coagulation Disorder	41	3	4	1	45	2
Heterosexual Contact with Known Risk	189	12	128	17	317	14
Heterosexual Contact with Unknown Risk	33	2	26	4	59	3
Transfusion/Transplant	32	2	4	1	36	2
No Identified Risk/Other**	90	6	97	13	187	8
<b>Subtotal</b>	<b>1539</b>	<b>100</b>	<b>732</b>	<b>100</b>	<b>2271</b>	<b>100</b>
<b>Pediatric</b>						
Coagulation Disorder	1	8	0	0	1	6
Mother HIV Positive	12	92	4	100	16	94
<b>Subtotal</b>	<b>13</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>17</b>	<b>100</b>
<b>Total Adults &amp; Pediatrics</b>	<b>1552</b>	<b>100</b>	<b>736</b>	<b>100</b>	<b>2288</b>	<b>100</b>

MSM = Men having Sex With Men; IDU = Injecting Drug User

\* AIDS data includes April 1984 through June 30, 2008;

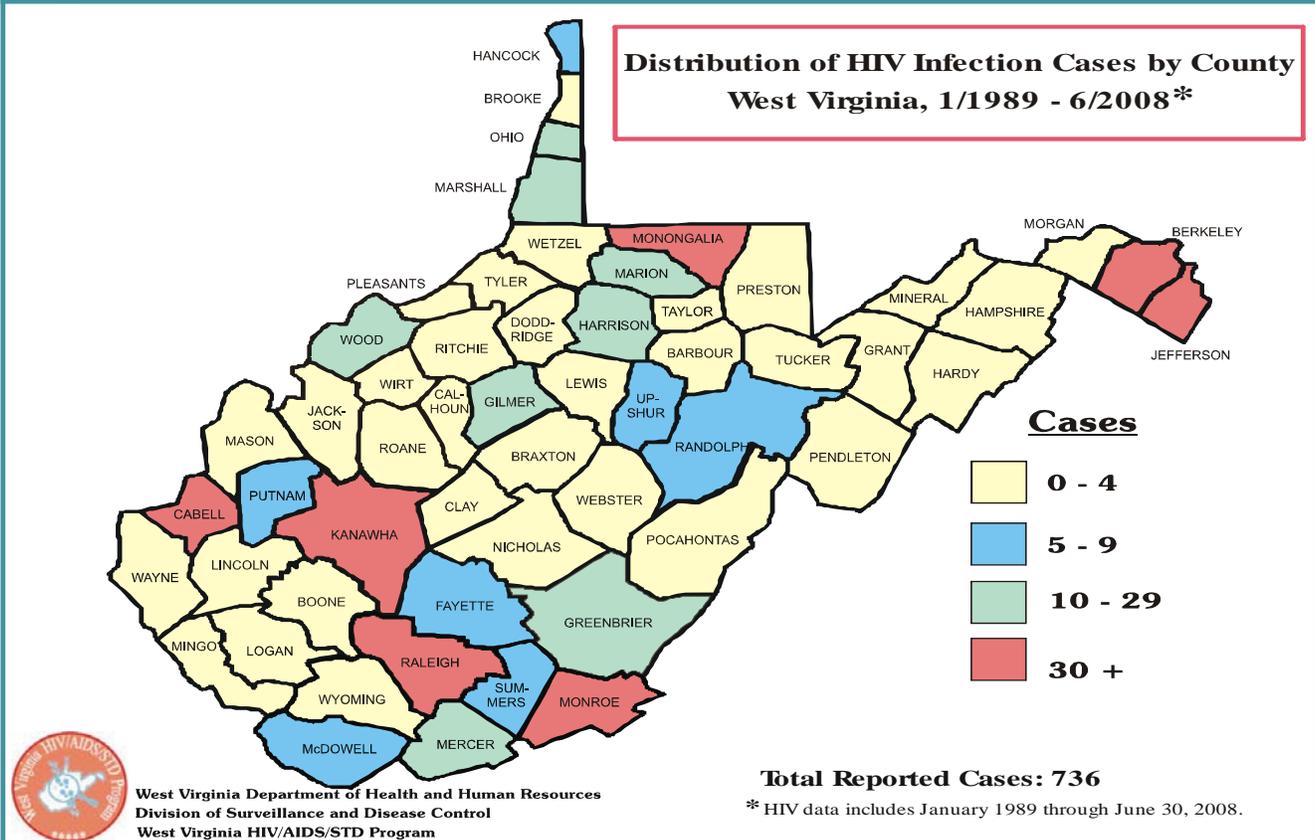
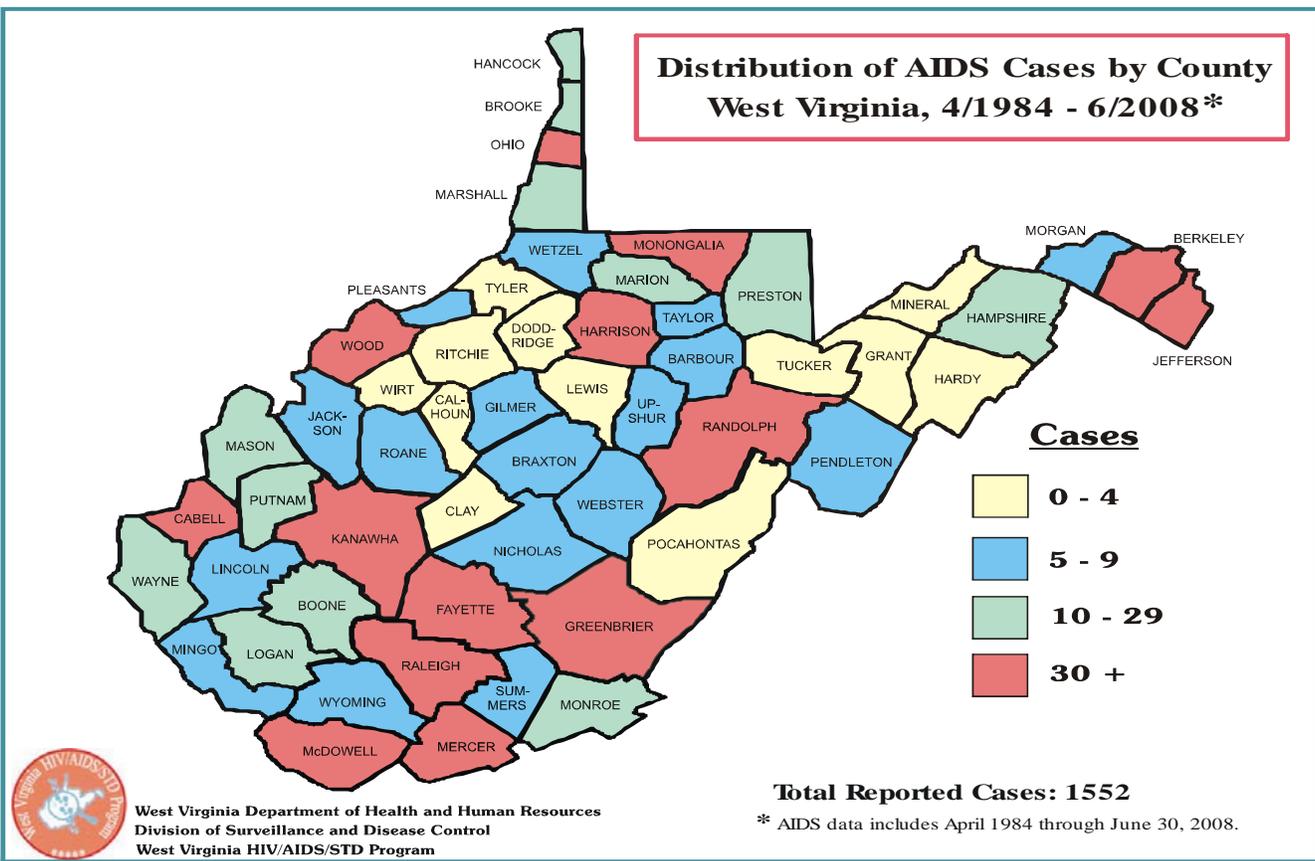
HIV data includes January 1989 through June 30, 2008.

\*\* Other risk behavior includes cases reported with no risk identified due to death or person moving away. These cases are closed due to inability to follow-up.

~ Age group intervals depicted in the table above may not be uniform due to:

- a) Small number of cases in the under 13 age groups.
- b) Cases twelve years of age and under are pediatric cases.
- c) 13-19 being the adolescent age group.

**Note:** Percent in columns may not add up to 100% due to rounding.



## West Virginia Cancer Registry receives highest possible certification for ninth consecutive year

The West Virginia Department of Health and Human Resources is pleased to announce that the West Virginia Cancer Registry (WVCR) has been certified by the North American Association of Central Cancer Registries (NAACCR) at the highest possible (Gold) level for quality, completeness and timeliness of data.

In 1997, the North American Association of Central Cancer Registries instituted the program to independently and annually review the data from member registries for their completeness, quality, and timeliness. The registry certification standards are pre-determined and established by NAACCR. WVCR was certified in 1997 and 1998 at the second highest level (Silver) but has subsequently consistently been certified at the Gold level.

The West Virginia Cancer Registry began collecting data in 1993 on all cancers except basal and squamous cell

skin cancer (melanoma skin cancers are collected) and extremely early (in situ) cervical cancer. In 2002, two years prior to federal mandate, WVCR began collecting data on non-malignant brain tumors. WVCR data are used to document the burden of cancer in West Virginia, to plan, implement and evaluate cancer control activities, to investigate community concerns about cancer rates and by researchers. WVCR is funded by the State of West Virginia and by the

Centers for Disease Control and Prevention's National Program of Cancer Registries.

WVCR Director and Epidemiologist Patricia Colsher, PhD stated "It is a tribute to hospital-based registrars and the West Virginia

Cancer Registry surveillance and data quality staff that WVCR has achieved this high level of certification. Without their efforts, the immense burden of cancer in West Virginia would not be documented and planning, implementation and evaluation of cancer control efforts would not be possible." ❖

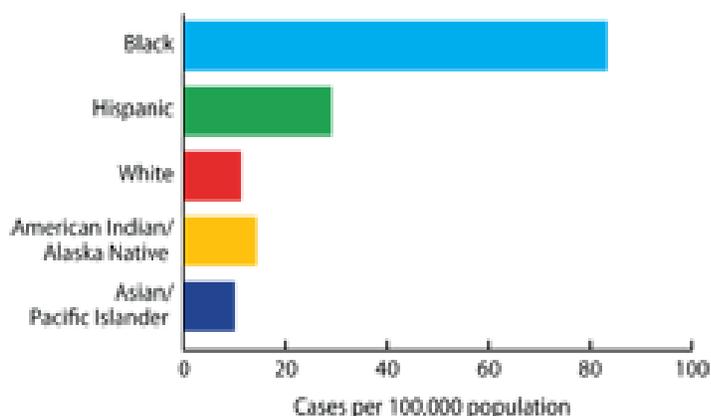


*(HIV, continued from page 1)*

percent of all new infections in 2006 occurred in gay and bisexual men. African Americans, while comprising 13% of the US population, accounted for 45% of the new HIV infections in 2006.

The analysis revealed some encouraging signs of progress as well as significant challenges. Findings documented reductions in new infections among both injecting drug users and heterosexuals over time. Yet, the findings also indicate that HIV incidence has been steadily increasing among gay and bisexual men since the early 1990s, confirming a trend suggested by prior data showing increases in risk behavior, sexually transmitted diseases, and HIV diagnoses in this population throughout the past decade. The analysis also found that new infections among blacks are at a higher level than any other racial or ethnic group, though they have been roughly stable, with some fluctuations, since the early 1990s. The new estimates highlight the need for expanded HIV prevention services and should serve as a wake-up call that the US HIV/AIDS epidemic is far from over. ❖

**ESTIMATED RATES OF NEW HIV INFECTIONS, BY RACE/ETHNICITY, 2006**



## West Virginia Infectious Disease Incidence, 2007

Condition	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Amebiasis	0	0	0	0	0	0	0	0	0	0	0	0	0
Animal Bites	50	79	141	162	184	219	218	170	203	177	132	178	1913
Botulism - Infant	0	0	0	0	0	0	0	0	0	1	0	0	1
Campylobacteriosis	6	9	4	7	9	14	8	10	10	10	8	4	99
Cryptosporidiosis	1	0	0	2	1	1	1	4	0	1	1	0	12
Encephalitis, LaCrosse (California Group)	0	0	0	0	1	1	2	5	0	2	0	0	11
Enterohemorrhagic E. coli (EHEC)	1	0	0	1	0	4	7	3	2	1	0	0	19
Ehrlichiosis	0	0	0	1	0	0	0	0	0	0	0	0	1
Giardiasis	6	4	7	5	0	7	4	10	6	1	0	2	52
Haemophilus influenzae, Invasive Disease	2	2	3	4	5	2	2	4	2	1	3	0	30
Hemolytic Uremic Syndrome, Postdiarrheal	0	0	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A, Acute	0	0	1	1	2	1	1	1	2	0	1	1	11
Hepatitis C, Acute	1	2	2	3	1	3	0	3	2	1	0	0	18
Legionellosis	2	1	0	0	0	0	0	6	3	5	3	1	21
Leptospirosis	0	0	0	0	0	0	1	0	0	0	0	0	1
Listeriosis	0	0	0	0	1	0	0	1	0	1	0	0	3
Lyme Disease	0	4	3	4	9	27	20	6	4	4	3	0	84
Malaria	0	0	0	0	0	0	1	0	0	0	0	0	1
Measles	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningococcal Disease, Invasive	0	0	0	0	0	1	1	1	0	0	0	0	3
Mumps	0	0	0	1	0	0	0	0	0	1	0	1	3
Pertussis	3	3	3	0	3	2	0	12	3	1	2	0	32
Q Fever	0	0	0	0	1	0	0	0	0	0	0	0	1
Rocky Mountain Spotted Fever	0	0	1	0	1	1	2	1	0	0	0	0	6
Salmonellosis	16	17	11	13	20	24	30	29	21	31	11	8	231
Shigellosis	1	0	1	0	0	6	0	10	119	26	9	0	172
Streptococcal Disease, Group A Invasive	4	5	5	5	2	2	2	0	0	1	0	1	27
Streptococcal Disease, Group B Invasive	7	6	6	2	9	10	12	5	8	8	5	4	82
Streptococcal Toxic Shock Syndrome	0	1	0	2	1	0	0	0	0	0	1	0	5
Streptococcus pneumoniae, Invasive - (>=5 years old) drug resistant	14	9	10	15	6	1	2	0	4	9	7	3	80
Streptococcus pneumoniae, (Age < 5 yrs)	0	1	2	0	3	1	1	0	0	0	0	0	8
Tularemia	0	0	0	0	0	0	0	0	0	0	0	0	0
Typhoid Fever	1	0	0	0	0	0	0	0	0	0	0	0	1
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0	0	0
Yersinia Enterocolitica	0	0	0	1	0	1	1	1	0	0	0	0	4
<b>TOTAL</b>	<b>151</b>	<b>161</b>	<b>184</b>	<b>208</b>	<b>226</b>	<b>214</b>	<b>205</b>	<b>254</b>	<b>263</b>	<b>219</b>	<b>181</b>	<b>137</b>	<b>2932</b>

# Mark Your Calendar

Thursday, Nov. 20  
and Friday, Nov. 21, 2008

Charleston Marriott-Town Center  
200 Lee St. E  
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## The 2008 WV Public Health Symposium:

# A Focus on Collaboration and Partnerships



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