

**\*\*An Important Note on Reporting Changes and Their Effect on HIV/AIDS Trends During 2007-2010\*\***

HIV/AIDS data help monitor the epidemic, if they are collected and reported the same way each year. In 2007, 2008, 2009, and 2010, HIV and AIDS case data were collected in somewhat different ways, which complicated interpretation of trends that fluctuated erratically. In addition, the influence of these data collection and reporting changes created artificial increases or decreases in cases that occurred across the board in virtually all counties and in all racial/ethnic, gender, age and HIV risk factor categories. Sometimes these increases or decreases were quite large. Whenever there is a high degree of consistency in across-the-board trends, it tends to indicate the artificial influence of reporting factors. (By contrast, HIV/AIDS death data were collected and reported the same way throughout this period, so trends in such deaths can be reliably monitored and interpreted over this time period.)

In 2007, viral load reporting and CD4 reporting (first implemented in November 2006) resulted in marked increases in HIV cases. However, this apparent change did not necessarily mean a real change in HIV trend in 2007. The reporting changes could have masked an actual decrease or exaggerated an increase in HIV cases.

Also in 2007, expansion of electronic lab reporting would have resulted in increases in AIDS cases across the board, but data entry of many lab-based AIDS cases for 2007 did not occur till early 2008. This had the effect of increasing AIDS cases in 2008. Again, this apparent trend did not necessarily mean true changes in the annual occurrence AIDS cases

In 2009, a new HIV/AIDS reporting system was implemented, called "eHARS", which resulted in unavoidable data entry delays in the early part of the year. This produced the false impression that HIV and AIDS cases were decreasing in the early months of 2009. Thus, the early months of 2010 will have much higher numbers of cases, compared with the same months of 2009. Again, this could mask an actual decrease in HIV and AIDS trends or exaggerate an increase in trend.

Since no further changes in HIV/AIDS reporting are expected in 2010 and beyond, reliable interpretation of trends may resume.

For more information on changes in reporting and changes in trends, please contact the Bureau of HIV/AIDS.