AIDS Public Information Data Set

Data through December 2002

U.S. Department of Health and Human Services

Public Health Service
Centers for Disease Control and Prevention
National Center of HIV, STD, and TB Prevention
Division of HIV/AIDS Prevention

About this Data Set

The *AIDS Public Information Data Set* is computer software designed to run on a Microsoft Windows microcomputer, and contains information abstracted from acquired immunodeficiency syndrome (AIDS) cases reported in the United States. The data set is created each year by the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC) and contains information extracted from CDC's national AIDS surveillance data base. Suggested citation: *Centers for Disease Control and Prevention. AIDS Public Information Data Set, December, 2002.*

In December 1995, the software was modified to add data from all metropolitan areas with 500,000 or more population, for metropolitan areas with 100,000 or more population from selected states, and for individual counties or health districts from selected states. To protect the confidentiality of the data, a number of variables were removed from the data set: month of death, survival time, central versus outlying portion of metropolitan areas, reporting delay adjustments for death dates, and information on individual AIDS-indicator conditions. The December 1996 edition added information on patient vital status. The December 1998 edition added percentage calculation to each tabulation. Additional information is contained in the on-line help files.

The *AIDS Public Information Data Set* contains data in two formats. The first format consists of a rectangular data file of 16 variables extracted from CDC's national AIDS data base. One-way and two-way cross tabulations of any of these variables can be displayed on your computer screen. The second format consists of a series of state, metropolitan statistical area (MSA), and county/health district tables, containing information on eight variables included in the rectangular data file plus a location variable. There is one set of tables for the entire United States, one set for each state, one set for each MSA, and one set for each county/health district. The rectangular data file, without the state or MSA tables, is also available as an ASCII data file.

To request a copy of this data set, contact the Statistics and Data Management Branch, Division of HIV/AIDS Prevention, Mailstop E-48, Centers for Disease Control and Prevention, Atlanta, GA, 30333, telephone (877) 659-7725. You can also download the software from the Internet by linking to *http://www.cdc.gov/hiv/software.htm*.

This manual describes the data set. It is divided into three sections and three appendices. On-line help screens provide additional information.

Section 1, *AIDS Surveillance in the United States*, describes the data collection process and the effect changes in this process may have on data analysis and interpretation. This section reviews the source of AIDS surveillance data and describes which patients are included in the CDC definition. It also discusses reporting delays and reporting completeness.

Section 2, *Data File Variables and Coding Schemes*, lists the variables included on the rectangular data file and describes each variable's coding scheme.

Section 3, *State, MSA, and County Tables*, describes the variables included on the state, MSA, and county/health district tables.

Appendix A: Installation, describes how to load and run this program on your computer. It also suggests computer hardware and software you can use to analyze the data.

Appendix B: Metropolitan Statistical Areas, lists the MSAs included in the data set.

Appendix C: Health Districts, lists the counties which comprise each health district included in the data set.

Assurance of Confidentiality

The data files on the enclosed CD contain information abstracted from acquired immunodeficiency syndrome (AIDS) case reports received from state and local health departments, who voluntarily report cases of AIDS to CDC. Case reports do not include patient or physician names or other personal identifiers. The data are protected under an Assurance of Confidentiality (Sections 306 and 308(d) of the Public Health Service Act, 42 U.S.C. 242k and 242m(d)), which prohibits disclosure of any information that could be used to directly or indirectly identify patients. The statistical data contained in the *AIDS Public Information Data Set* are being released for public use in accordance with this assurance and do not identify patients directly, nor do they contain information that can identify patients indirectly.

AIDS Surveillance in the United States

Background

In 1981, after early reports of *Pneumocystis carinii* pneumonia, Kaposi's sarcoma, and other opportunistic infections in young homosexual men in Los Angeles, New York, and San Francisco, the Centers for Disease Control and Prevention (CDC) began surveillance for a newly recognized constellation of diseases, now termed the acquired immunodeficiency syndrome (AIDS). CDC developed a surveillance case definition for this syndrome and initially received case reports directly from health care providers and state and local health departments. As the epidemic spread, state and local health departments assumed responsibility for AIDS surveillance, and by 1985 all states had regulations requiring physicians and other health care providers to report AIDS cases directly to the state or local health department. These health departments then share the reports with CDC, which produces the national AIDS surveillance data set.

The goals of AIDS surveillance have been to monitor both trends in AIDS cases and the scope of severe morbidity due to infection with the human immunodeficiency virus (HIV). AIDS surveillance data are used to allocate resources for patient care, target HIV prevention programs, and evaluate the impact of public health recommendations. Advances in the understanding of the epidemiology and manifestations of HIV infection and changing diagnostic practices, however, present multiple challenges to those analyzing and interpreting the AIDS surveillance data. The following are a few examples:

! A wide variety of persons are at risk for HIV, including men who have sex with men, injecting drug users, persons who received a transfusion or who were tissue transplant recipients before March 1985, heterosexual partners of infected persons, children born to infected mothers, and persons with mucous membrane or percutaneous exposure to blood or body fluids of infected persons (e.g., health care workers). Because men who have sex with men comprise such a large proportion of the total number of AIDS cases, trends in this subgroup will overshadow those in other groups unless the data are examined separately. Analysis of data, without regard to specific subgroups, may conceal information or lead to misinterpretation of the data.

! The etiologic agent of AIDS, HIV, has been identified, and diagnostic tests for infection with this virus have been developed. As a result, the surveillance of AIDS, initially dependent on the presence of certain indicator diseases specific for the infection, was expanded in 1985, 1987, and 1993 to include additional conditions (some conditions may be less specific for HIV infection) in the presence of laboratory evidence for infection, and in 1993 to include HIV-infected persons with laboratory evidence of severe immunosuppression. The addition of these conditions to the AIDS case definition affected trends in reported AIDS cases, as well as trends in reporting AIDS-defining opportunistic conditions.

!   Diagnostic practices have changed over time and vary geographically. AIDS is now a common diagnosis in many hospitals and clinics, and definitive diagnostic tests for manifestations of HIV infection (e.g., *Pneumocystis carinii* pneumonia or esophageal candidiasis) may not be done. HIV testing is not available for all patients and some patients choose not to be tested. Geographic variations in diagnostic practices and surveillance procedures, and changes over time could markedly affect trends in AIDS surveillance.

Source of AIDS Surveillance Data

CDC maintains national AIDS surveillance through receipt of AIDS case reports submitted by individual state and local health departments. Health departments report cases electronically through a CDC-developed microcomputer system. All 50 states, the District of Columbia, U.S. dependencies and possessions, and independent nations in free association with the United States (Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, the Republic of the Marshall Islands, the Commonwealth of the Northern Mariana Islands, and the Federated States of Micronesia) report AIDS cases to CDC.

Although state and local health departments share AIDS surveillance data with CDC, the responsibility and authority for AIDS surveillance rests with the individual health departments. Like any reportable disease, the completeness of AIDS reporting reflects how actively health departments solicit case reports. Historically, disease surveillance systems have been categorized as passive or active; i.e., health departments may passively receive case reports from health care providers, depending on health care providers to know and comply with reporting requirements; or they may actively contact and interact with health care facilities or individual providers to stimulate disease reporting, sometimes directly assuming the primary responsibility of reporting cases from large or high-volume institutions.

CDC provides funding and technical assistance to health departments to actively stimulate AIDS case reporting and has encouraged them to take an active rather than passive approach to AIDS surveillance. Through surveillance cooperative agreements supported by CDC, health departments are encouraged to identify health care facilities that serve AIDS patients and work closely with these facilities to encourage reporting. They are also encouraged to send newsletters to health care providers and attend professional organization meetings, and to use other data sources to identify AIDS cases, including death certificates, laboratory reports, and tuberculosis and tumor registries. States vary in the structure and organization of their surveillance systems and, therefore, in the completeness of their case reporting (see below).

Case Definition

Before HIV was identified as the etiologic agent for AIDS, CDC defined a case of AIDS (for surveillance purposes) as a disease, at least moderately indicative of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to the disease. Such diseases included *Pneumocystis carinii* pneumonia, Kaposi's sarcoma, and many other serious opportunistic infections (see *American Journal of Medicine,* March 1984, pages 493-500). With identification of HIV as the causative agent for AIDS and the availability of laboratory tests to detect HIV antibody, the case definition was expanded to reflect an increased understanding of HIV infection in 1985 (see CDC's *Morbidity and Mortality Weekly Report,* June 28, 1985, pages 373-375) and in 1987 (see *Morbidity and Mortality Weekly Report,* August 14, 1987, supplement, pages 3S-15S). These revisions applied to persons with laboratory evidence for HIV infection. Among diseases added in 1985 were disseminated histoplasmosis, chronic isosporiasis, and certain non-Hodgkin's lymphomas. Among those added in 1987 were extrapulmonary tuberculosis, HIV encephalopathy, and HIV wasting syndrome. In children, recurrent, serious bacterial infections were also added. In addition, the 1987 revision allowed certain indicator diseases to be diagnosed presumptively based on clinical presentation rather than "confirmed" by laboratory or diagnostic methods.

To be consistent with standards of medical care for HIV-infected persons and to more accurately reflect the number of persons with severe HIV-related immunosuppression who are at highest risk for HIV-related morbidity and most in need of close medical follow-up, the surveillance definition was expanded on January 1, 1993 (see CDC's *Morbidity and Mortality Weekly Report, Recommendations and Reports*, December 18, 1992). This expansion includes all HIV-infected adults and adolescents who have less that 200 CD4$^+$ T-lymphocytes/ΦL or a CD4$^+$ T-lymphocyte percent of total lymphocytes less than 14, or who have been diagnosed with pulmonary tuberculosis, invasive cervical cancer, or recurrent pneumonia. The addition of pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer in HIV-infected adults and adolescents to the 23 clinical conditions listed in the 1987 surveillance definition reflects their documented or potential importance in the HIV epidemic.

While the reported incidence of AIDS increased only 3%–4% as a result of the 1985 revision, the 1987 revision greatly increased the numbers of reported cases. Roughly one fourth of all adults/adolescents who were both diagnosed and reported in the year following the 1987 revision were reported based only on the additional criteria included in the 1987 revision. Furthermore, the proportion of cases meeting only the revised criteria was higher in Hispanics and non-Hispanic blacks than in non-Hispanic whites, higher in heterosexual injecting drug users, and lower in men who have sex with men. The 1993 revision had a substantial impact on the number of reported cases. The immediate increase in case reporting was largely attributed to the addition of severe immunosuppression to the definition; a smaller impact was due to the addition of pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer, since many persons with these diseases also have a CD4$^+$ T-lymphocyte count of less than 200 cells/ΦL. The early effects of expanded surveillance were greater than long-term effects because prevalent as well as incident cases of immunosuppression were reported after implementation of the expanded surveillance case

definition. In recent years, the effect on the number of reported cases has been smaller. Due to the large number of cases reported based on criteria in only the revised case definitions and to the inconsistent use of the revised case definitions in different populations, analyses of trends in AIDS cases must take these revisions into account.

Case report form

Separate case report forms are used for pediatric patients (patients less than 13 years of age at the time of diagnosis) and adult/adolescent patients (patients 13 years of age or older at the time of diagnosis). Although the forms are similar, the pediatric form includes behavioral risk factor information on the child's mother. These forms are completed by the health care provider or by the AIDS surveillance staff in the local or state health department. Increasingly, a laboratory report of an AIDS-defining condition sent to health departments may initiate a case report. In these cases, follow-up with the health care provider is required to obtain complete information.

Names are retained by the state or local health department and are converted to an alpha-numeric code called "soundex" for use by CDC. CDC does not receive names of persons with AIDS. Because more than one state may report an individual case, CDC screens reported cases by soundex code, date of birth, sex, and state of residence to cull presumed duplicate reports. States also cooperate in this process by reporting out-of-jurisdiction cases to the patient's state of residence.

The variables available on the AIDS data set are listed in the next section. However, a few deserve special comment.

! *Vital status.* Patients survive for a variable amount of time following the diagnosis of AIDS. Because death usually occurs after the initial report to CDC, case reports may not be updated to reflect the change in vital status. As a result, reporting of deaths among AIDS patients may be delayed or incomplete. However, states are required to perform periodic reviews of death certificates and state death registries to identify unreported cases, and to update the vital status of known cases.

! *Transmission category.* Some patients may have more than one HIV risk factor. For surveillance purposes, AIDS cases are counted only once in a hierarchy of transmission categories. Persons with more than one reported HIV risk factor are listed in the category that appears first in the transmission category hierarchy, except for men with both a history of sexual contact with other men and injecting drug use. They make up a separate category.

! *AIDS definition category.* Patients may develop additional conditions indicative of AIDS after their initial AIDS diagnosis. The case report form may not be updated to reflect additional conditions. Some persons reported as meeting only the immunologic criteria may have concurrent or prior opportunistic infections or conditions that are not included in the case report. Therefore, cases reported as meeting only the criteria added to the case definition in 1993 may include persons who meet the criteria in the 1987 definition.

! *Date of diagnosis.* CDC collects dates of diagnosis for each AIDS-indicator disease, and, for patients with severe immunosuppression, the date of the $CD4^+$ T-lymphocyte test. From this information, a single date of diagnosis is calculated for each patient; it is the earliest of these dates.

Delay in Reporting

The timeliness of AIDS case reporting to CDC is dependent on a number of factors, including the volume of cases reported from a state or locality, the cooperation of health care providers and medical institutions, the availability of staff to complete case report forms, and changes in the case definition. In many instances initial case reports are incomplete and require additional follow-up by state and local health department staff, including reviews of other record systems and contact with health care providers.

Based on estimates calculated using AIDS surveillance data reported between 1995 and 2000, about 50% of all cases were reported to CDC within 4 months of the date of diagnosis, but about 20% were reported more than 1 year after diagnosis. Delays vary widely among geographic, age, transmission, sex, and racial/ethnic categories. They are substantially longer for pediatric cases and shorter for AIDS cases previously reported with HIV infection, for example. Due to the reporting delay, the number of cases diagnosed during any period often exceeds the number reported during that period. This is particularly important in examining trends over time, since many cases diagnosed in recent periods of time will not yet be reported.

To account for delays in the reporting of cases, the variable *adjwgt* is included in the data set. This variable may be used to weight each case on the data set and obtain adjusted case counts. For example, summing *adjwgt* for cases would estimate the number of cases diagnosed through the time period covered by the data set that will eventually be reported to CDC. To use this variable, select the adjustment weight option from the *Tools* menu. Once you turn the option on, all subsequent tabulations will be adjusted for reporting delay. The adjustment weight and resulting tabulations are not reliable for cases diagnosed during the most recent 6 months.

Effect of CD4 Reporting on AIDS Case Trends

As a result of the case definition change in 1993, trends in AIDS case counts showed an artifactual peak early in 1993, even after adjustment for reporting delay. To examine trends over time using

a constant case definition, i.e., diagnoses of opportunistic illnesses that were included in the 1987 or the 1993 case definition, CDC developed methods that estimated incidence of 1987 or 1993 definition opportunistic infections for cases that met only the 1993 immunologic (CD4$^+$) criteria. These estimates showed that the number of diagnoses of AIDS-defining opportunistic infections increased during 1992 and 1993 by approximately 2% and 3%, respectively (see *Morbidity and Mortality Weekly Report*, November 18, 1994). The temporary distortion of the AIDS incidence curve caused by the 1993 expansion of the AIDS case definition had almost entirely waned by 1996.

Effect of Therapy on AIDS Incidence

Continuing the pattern first observed from 1995 to 1996, AIDS incidence decreased again from 1996 to 1997 and from 1997 to 1998. These decreases are mostly due to the effect of therapies for HIV infection and AIDS, which have altered the natural history of HIV infection and slowed progression to AIDS. AIDS incidence increasingly represents persons who were not diagnosed with HIV infection until they developed AIDS, persons who did not access treatment, or persons for whom treatment failed; thus, caution should be used when interpreting trends in AIDS incidence.

Early Reporting Dates

Before 1990, CDC occasionally received reports on patients before they met the CDC AIDS case definition. If such patients were later diagnosed with AIDS, the diagnosis date on their record (when they first met the CDC definition) would be after the report date (when CDC first received information about the patient). Such records should be excluded from certain analyses, such as survival analysis and analysis of reporting delay. CDC's AIDS surveillance data base no longer receives reports on patients who do not meet the AIDS case definition.

Follow-up of Reported AIDS Cases

AIDS case records maintained at CDC contain all information reported to date from state and local health departments. As patients progress through their illness, additional conditions may be reported, or the patient's vital status may change. However, not all health departments have the resources to routinely follow up patients for additional information. For this reason and because many patients move out of the reporting health department's jurisdiction, CDC records do not always contain all current information for each patient.

Historically, AIDS case reports that did not have a reported HIV risk factor were routinely followed up by state and local health departments. Because the proportion of AIDS cases without an identified risk factor has continued to increase (1994, 8%; 2003, 28%), CDC has refocused efforts to improve the ascertainment of risk factors. In 2004, the HIV/AIDS surveillance guidelines for HIV risk factor ascertainment are being revised to recommend that surveillance areas conduct more

extensive training of providers, prioritize resources with facilities where the number of cases reported without an HIV risk factor is large as a proportion of all cases reported to that surveillance area, and to consider sampling cases to follow up to obtain HIV risk factor information.

Evaluation of AIDS Surveillance

Cases of AIDS may not be reported to CDC for a variety of reasons. The diagnostic tests needed to confirm the diagnosis of certain AIDS-indicator conditions may not be performed, or physicians and hospital personnel may fail to report cases to the health department. Further, some patients with HIV disease may be ill or die from diseases or conditions not included in the current AIDS surveillance definition or from causes unrelated to their HIV infection.

Both CDC and state and local health departments have commissioned a variety of studies to evaluate the completeness of AIDS surveillance. Most evaluation projects have used alternate data resources if they are independent of routine case finding, such as death certificates, hospital discharge records, and laboratory records. Individual records from these alternate sources have then been matched against records in AIDS surveillance data bases. If an alternative source is found to be a productive source of case reports, it may be added to routine case finding methods. Evaluation projects have varied in size and scope (e.g., varying numbers of ICD-9 or ICD-10 codes from death certificates or computerized discharge records), geographic area covered, detection of both inpatient and outpatient cases, and time frames. In general, evaluation studies suggest that reporting of AIDS cases is fairly complete; but, depending on the setting and evaluation method used, the level of reporting completeness may vary. High prevalence areas for AIDS appear to have more complete reporting than low prevalence areas. Following implementation of active case finding under the 1987 case definition, with funding support from CDC, completeness of case reporting increased in most areas and was estimated to be more than 85% complete (see *Journal of Acquired Immunodeficiency Syndrome*, 1992;5:257-64 and *American Journal of Public Health* 1992;82:1495-99).

Summary

Public health surveillance represents an ongoing and regular collection, analysis, interpretation, and application of health data for disease prevention and control. AIDS surveillance, like other national surveillance efforts, depends on health care providers and the state and local health departments and, thus, requires a balance between information needs and practical limitations. AIDS surveillance in the United States represents an unprecedented public health enterprise and has achieved an unusually high degree of completeness. In addition, surveillance has changed as understanding of AIDS and HIV infection has grown. Users of the public information data set should be familiar with the characteristics of public health surveillance in general as well as with the evolution of AIDS surveillance.

Data File Variables and Coding Schemes

The rectangular data file included in the *AIDS Public Information Data Set* contains one line of data for each AIDS case reported to CDC. Each line contains 35 columns. The columns contain 16 variables extracted from CDC's national AIDS data set.

Column	Variable	Description
1	*age*	Age group at diagnosis of the first AIDS-indicator opportunistic condition
2	*sexclass*	Sexual classification of patient
3	*race*	Race of patient
4	*categ*	Indicates which of the CDC AIDS case definition revisions the patient meets
5-10	*dxdate*	Month of diagnosis of first AIDS-indicator opportunistic condition
11-16	*repdate*	Date when CDC first received information about the case
17	*death*	Vital status of patient
18-19	*transcat*	HIV transmission category
20	*multrisk*	Indicates if patient had more than one HIV risk factor
21	*birth*	Country of birth
22	*sexbi*	Sex with a bisexual man (women only)
23	*sexiv*	Sex with an injecting drug user
24	*sexother*	Sex with a person with hemophilia or with a transfusion recipient
25	*sexhiv*	Sex with a person known to be infected with HIV or to have AIDS, but whose HIV risk factor is unknown
26-31	*adjwgt*	Reporting delay adjustment weight
32-35	*msa*	Region of residence at diagnosis of AIDS

Each of these variables is coded alpha-numerically. The codes used in the *AIDS Public Information Data Set* are described below.

Age (column 1)

This variable contains the patient's age when he or she was first diagnosed with an AIDS-indicator disease.

0 = Less than 1 year old
1 = 1 to 12 years old
2 = 13 to 19 years old
3 = 20 to 24 years old
4 = 25 to 29 years old
5 = 30 to 34 years old

6 = 35 to 39 years old
    or age is missing
7 = 40 to 44 years old
8 = 45 to 49 years old
9 = 50 to 54 years old
A= 55 to 59 years old
B = 60 to 64 years old
C = 65 years old or older

Sexclass (column 2)

Adult/adolescent males are classified according to their sexual orientation.

1 = Adult/adolescent male who has sex only with other men, or sex is missing, or sexual
    orientation is missing
2 = Adult/adolescent male who has sex with both men and women
3 = Adult/adolescent heterosexual male or pediatric male
4 = Female (both adult/adolescent and pediatric)

Race (column 3)

1 = White (not Hispanic)
2 = Black (not Hispanic)
3 = Hispanic
4 = Asian/Pacific Islander
5 = American Indian/Alaska Native
9 = Unknown

Categ (column 4)

This variable reflects changes made over time to the CDC surveillance definition for AIDS. Only cases meeting the current (1993) surveillance definition are included in this data set. *Categ* indicates whether the patient also met the pre-1985, 1985, or 1987 surveillance definition, and whether the diagnosis, if it meets the 1987 or 1993 definition, was definitive or presumptive. Cases that meet more than one of these surveillance definitions are classified into the category listed first. For more information about the 1993 definition, see *Morbidity and Mortality Weekly Report*, *Recommendations and Reports*, December 18, 1992.

1 = Case meets the pre-1985 surveillance definition

2 = Case meets the 1985 surveillance definition
3 = Case meets the 1987 surveillance definition and was diagnosed definitively
4 = Case meets the 1987 surveillance definition and was diagnosed presumptively
5 = Case meets the 1993 surveillance definition: pulmonary tuberculosis, recurrent pneumonia, and/or cervical cancer (definitive diagnosis)
6 = Case meets the 1993 surveillance definition: pulmonary tuberculosis and/or recurrent pneumonia (presumptive diagnosis)
7 = Case meets the 1993 surveillance definition: severe HIV-related immunosuppression

Dxdate (columns 5 through 10)

This variable contains the year and month in which the first AIDS-indicator condition was diagnosed. Columns 5 through 8 contain the year; columns 9 and 10 contain the month. Cases diagnosed before 1982 are coded as "198199." Cases whose month of diagnosis is unknown are coded as "99" in the month portion of this variable.

Repdate (columns 11 through 16)

This variable contains the year and month in which CDC received the case report. Columns 11 through 14 contain the year; columns 15 and 16 contain the month. Cases reported during 1981 are coded as "198199."

Death (column 17)

0 = CDC has not received a death notification for this case
1 = CDC has been notified that this patient died

Patients diagnosed during the two most recent years are coded as "0" regardless of the patient's vital status. AIDS prevalence rates calculated for the most recent two-year period should be interpreted with caution. The rates calculated will be artificially high because all persons diagnosed in this period are coded with a vital status of "0" (alive), even if a death has been reported to CDC for that person. This is to prevent inadvertent indirect identification of any record by linking a death date inferred from this data set to other publicly available data sets which contain death dates on individuals.

Transcat (columns 18 and 19)

For surveillance purposes, AIDS cases are counted only once in a hierarchy of transmission categories. Persons with more than one reported HIV risk factor are classified in the category listed first in the transmission category hierarchy, except for men with both a history of sexual contact with other men and injecting drug use. They make up a separate category. Persons with multiple reported HIV risk factors are indicated in the variable *multrisk*.

"Men who have sex with men" cases 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). "Heterosexual contact" cases are in persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injecting drug user).

Adults/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 AIDS 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, these cases are now classified (in the absence of other risk factor information that would classify them in another transmission category) as "no risk factor reported or identified" (see *Morbidity and Mortality Weekly Report,* March 11, 1994). Children whose mother was born in, or whose mother had sex with someone born in, a Pattern II country are now classified (in the absence of other risk factor information that would classify them in another transmission category) as "Mother with/at risk for HIV infection: has HIV infection, risk factor not specified."

"Risk factor not reported or identified" cases are in persons with no reported history of exposure to HIV through any of the routes listed in the hierarchy of transmission categories. Risk not reported or identified cases include persons who are currently under investigation by local health department officials; persons whose HIV risk factor history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and persons who were interviewed or for whom other follow-up information was available and no HIV risk factor was identified. Persons who have an HIV risk factor identified at the time of follow-up are reclassified into the appropriate transmission category.

Adult/adolescent transmission categories

1 = Men who have sex with men
2 = Injecting drug use
3 = Men who have sex with men and inject drugs
4 = Hemophilia/coagulation disorder
5 = Heterosexual contact with a person with, or at increased risk for, HIV infection
7 = Receipt of blood transfusion, blood components, or tissue
8 = Risk factor not reported or identified

Pediatric transmission categories

 9 = Hemophilia/coagulation disorder
10 = Mother with, or at risk for, HIV infection
11 = Receipt of blood transfusion, blood components, or tissue
12 = Risk factor not reported or identified

Multrisk (column 20)

Multrisk is coded only for adult/adolescent patients (13 years old or older) and indicates if the patient has HIV risk factors other than the one indicated by *transcat*.

0 = Patient's only HIV risk factor is that indicated by *transcat*
1 = Patient has additional HIV risk factor(s)
2 = Patient's HIV risk factor is not reported or identified

Birth (column 21)

1 = Patient was born in the United States or its dependencies and possessions, or place of birth was not specified
2 = Patient was born outside the United States

Heterosexual risk factor information (columns 22 through 25)

These variables *(sexbi*, *sexiv*, *sexother*, and *sexhiv)* contain additional HIV risk factor information for patients infected heterosexually. All four variables are coded as follows:

0 = no
1 = yes
9 = missing/unknown

The variable *sexbi* is coded only for women (for men, the variable contains a blank). All four variables contain "9" (missing/unknown) for patients with hemophilia, regardless of whether the HIV risk factor information is in fact unknown. This restriction is necessary in order to comply with the Assurance of Confidentiality on page 5. Of the 4,596 AIDS cases reported through December 1995 among adults/adolescents with hemophilia, less than 4% also reported heterosexual contact with a person with, or at increased risk for, HIV infection.

Adjwgt (columns 26 through 31)

This variable contains an adjustment weight which, when used as a weighting variable in a frequency tabulation, produces tabulations of AIDS cases that are adjusted for delays in case reporting (see page 11 for a discussion of delays in reporting). The weights are based on estimated reporting delay distributions that take into account transmission, geographic, and demographic variations in case reporting. The adjustment weights and the resulting tabulations are not reliable for cases diagnosed during the most recent 6 months. The *Tools* menu contains an adjusted weight option. If you select this option, all subsequent tabulations you request will be weighted accordingly.

MSA (columns 32 through 35)

Metropolitan area of residence at diagnosis of AIDS is identified for adult/adolescent patients residing in MSAs with 500,000 or more population, according to the latest available official U.S. Bureau of Census estimates. Each MSA is identified by a 4-digit code listed in Appendix B. For adult/adolescent patients residing in an MSA with less than 500,000 population, in a non-metropolitan area, or whose metropolitan area of residence is unknown, and for all pediatric patients, region of residence is identified. The regional codes are:

1 = Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey,
    New York, Pennsylvania, Rhode Island, and Vermont
2 = Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska,
    North Dakota, Ohio, South Dakota, and Wisconsin
3 = South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia,
    Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South
    Carolina, Tennessee, Texas, Virginia, and West Virginia
4 = West: Alaska, Arizona, California, Colorado, Idaho, Hawaii, Montana, Nevada, New
    Mexico, Oregon, Utah, Washington, and Wyoming
5 = U.S. dependencies, possessions, and independent nations in free association
    with the United States: Guam, Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific
    Islands listed on page 8.

State, MSA, and County Tables

In addition to the rectangular data file discussed in section 2, the *AIDS Public Information Data Set* contains tabular data by state, metropolitan area, and county or health district. These tables consist of frequency tables and two-way cross tabulations of eight variables extracted from CDC's national AIDS surveillance data set. (For counties or health districts, the data set contains only one-way tables of three variables: *age, race/ethnicity*, and *sex*). The data set contains one set of tables for the entire United States, one set for each state and for the District of Columbia, one set for each MSA, and one set for each county or health district. All MSAs with 500,000 or more population are included in the data set. Selected MSAs with populations between 100,000 and 500,000, and selected counties or health districts are included in the data set, based on the data release policies of the individual states.

Data from MSAs with populations between 100,000 and 500,000 are included for Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, West Virginia, and Wyoming.

Data from individual counties are included for Arkansas, Delaware, Georgia, Hawaii, Indiana, Louisiana, Minnesota, Missouri, Nevada, New Hampshire, New Jersey, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, and Washington.

Data from health districts are included for Florida, Idaho, Kentucky, Mississippi, Montana, Nebraska, New Mexico, South Carolina, Tennessee, Virginia, and West Virginia.

See Appendix B for a list of MSAs. See Appendix C for a list of counties which comprise each health district.

The variables included in the state and MSA tables are:

Variable	Description
age	Age group at diagnosis of the first AIDS-indicator condition
categ	Indicates which of the CDC AIDS case definition revisions the patient meets
dth_hyr	Half-year of death for patients reported dead
dx_hyr	Half-year of diagnosis of first AIDS-indicator condition
ent_hyr	Half-year in which CDC first received information about the case
transcat	HIV transmission category
race/ethnicity	Race/ethnicity of patient
sex	Sex of patient

For counties and health districts, one-way tables are available for the variables *age, race/ethnicity,* and *sex.* The values used for the variables are printed below.

Age

This variable contains the patient's age when he or she was first diagnosed with an AIDS-indicator condition. Ages printed in the documentation file are grouped as follows:

      0 – 1 year old
       1 – 12 years old
   13 – 19 years old
   20 – 29 years old
   30 – 39 years old
   40 – 49 years old
   50 – 59 years old
   60 + years old

Categ

This variable reflects revisions made to the CDC surveillance definition for AIDS. Only cases meeting the current (1993) surveillance definition are included in the data set. *Categ* indicates whether the patient also meets the pre-1985, 1985, or 1987 surveillance definition, and whether the diagnosis, if it meets the 1987 or 1993 definition, was definitive or presumptive. Cases that meet more than one of these surveillance definitions are classified into the definition category listed first. For more information about the 1993 definition, see *Morbidity and Mortality Weekly Report*, *Recommendations and Reports,* December 18, 1992.

1 = Case meets the pre-1985 surveillance definition
2 = Case meets the 1985 surveillance definition
3 = Case meets the 1987 surveillance definition and was diagnosed definitively
4 = Case meets the 1987 surveillance definition and was diagnosed presumptively
5 = Case meets the 1993 surveillance definition: pulmonary tuberculosis, recurrent pneumonia,
    and/or cervical cancer (definitive diagnosis)
6 = Case meets the 1993 surveillance definition: pulmonary tuberculosis and/or recurrent
   pneumonia (presumptive diagnosis)
7 = Case meets the 1993 surveillance definition: severe HIV-related immunosuppression

Dth_hyr

For patients whose death has been reported to CDC, this variable contains the half-year of death. The first four numbers indicate the year; the last two indicate the first or second half of that year. For example, the value "198802" indicates that the patient died in the second half of 1988. Patients whose death has been reported to CDC but whose date of death is unknown are coded as "999999."

Dx_hyr

This variable contains the half-year in which the first AIDS-indicator condition was diagnosed. The first four numbers indicate the year; the last two indicate the first or second half of that year.

Ent_hyr

This variable contains the half-year in which CDC received the case report. The first four numbers indicate the year; the last two indicate the first or second half of that year.

Transcat

For surveillance purposes, AIDS cases are counted only once in a hierarchy of transmission categories. Persons with more than one reported HIV risk factor are classified in the category listed first in the transmission category hierarchy, except for men with both a history of sexual contact with other men and injecting drug use. They make up a separate category.

"Men who have sex with men" cases 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). "Heterosexual contact" cases are in persons who report specific heterosexual contact with a person with, or at increased risk for, HIV infection (e.g., an injecting drug user).

Adults/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 AIDS 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, these cases are now classified (in the absence of other risk factor information that would classify them in another transmission category) as "no risk factor reported or identified" (see *Morbidity and Mortality Weekly Report,* March 11, 1994). Children whose mother was born in, or whose mother had sex with someone born in, a Pattern II country are now classified (in the absence of other risk factor information that would classify them in another transmission category) as "Mother with/at risk for HIV infection: has HIV infection, risk factor not specified."

"Risk factor not reported or identified" cases are in persons with no reported history of exposure to HIV through any of the routes listed in the hierarchy of transmission categories. Risk factor not reported or identified cases include persons who are currently under investigation by local health department officials; persons whose HIV risk factor history is incomplete because they died, declined to be interviewed, or were lost to follow-up; and persons who were interviewed or for whom other follow-up information was available and no HIV risk factor was identified. Persons who have an HIV risk factor identified at the time of follow-up are reclassified into the appropriate transmission category.

01 = Men who have sex with men
02 = Injecting drug use
03 = Men who have sex with men and inject drugs
04 = Adult/adolescent hemophilia/coagulation disorder
05 = Heterosexual contact with a person with, or at increased risk for, HIV infection
07 = Adult/adolescent receipt of blood transfusion, blood components, or tissue
08 = Adult/adolescent risk factor not reported or identified
09 = Pediatric hemophilia/coagulation disorder
10 = Mother with, or at risk for, HIV infection
11 = Pediatric receipt of blood transfusion, blood components, or tissue
12 = Pediatric risk factor not reported or identified

Race/ethnicity

1 = White (not Hispanic)
2 = Black (not Hispanic)
3 = Hispanic
4 = Asian/Pacific Islander
5 = American Indian/Alaska Native
9 = Unknown

Sex

1 = Male
2 = Female

Small Cell Restriction

In accordance with CDC guidelines on protecting confidentiality and with an agreement made with state and local health departments for release of these data, entries whose value is three or less are not included in the tables. In addition, the *AIDS Public Information Data Set* software allows you to combine data from more than one state, MSA, or county/health district in either separate or aggregate form. If you select the aggregate option, each count may be off by an amount equal to three times the number of states/MSAs/counties aggregated. For example, if you select data from California, Washington State, and Oregon, each count may be off by as many as nine cases (three times the number of states—in this case, three).

Appendix A: Installation

In 1997, The *AIDS Public Information Data Set* was rewritten to be fully Windows compatible. While much of the original program design remained unchanged, many features were added, cursor and mouse controls were enhanced, and the installation procedure changed to reflect Windows conventions. Changes to the software are more fully described in the on-line help screens. The December 2002 edition contains the changes made in 1997. As with previous releases, the software allows you to display simple statistics without additional software such SAS, SPSS, BMDP, or PRODAS. More complex analyses, however, require statistical software.

To transfer the data to another software package for analysis, you may wish to download only the ASCII version. You may also load the software and use the export option (under *File)* to extract the records and variables you wish to analyze. The export option will create an ASCII data file, which can then be processed by other software.

Loading the Software

The *AIDS Public Information Data Set* is available on CD, as part of the *CDC HIV/AIDS Information Guide*, or can be downloaded from CDC's web site. Installation instructions vary, depending on the medium you are using.

Minimum requirements for installation are:

     * Windows 95 or greater
     * 80486 CPU
     * 32 MB RAM
     * 50 Mb of free disk space

To install the software from CDC's web site

1)   Download the self-extracting file (APIDS02.EXE) to desired directory (e.g., C:\AIDSPIDS).

2)   Click on Start and Run. Using the Browse feature, locate and run APIDS02.EXE.

     You may change the drive and directory to which the *AIDS Public Information Data Set* will be extracted.

     If you want to be able to run the program from the Start Menu, be sure "Create program group(s): AIDS Public Information Data Set" is checked.

3)   Click on Extract.

4)   After the program has been extracted, double click on the *AIDS Public Information Data Set* icon to run it. You may also locate and run the program in the Programs group of the Start Menu The first time it is run, it will perform a setup/indexing process that will take up to a few minutes to complete.

5)   In order to save disk space, the file APIDS02.EXE can be deleted.

To load the software from the CD, insert the disk into the reader. The software will automatically display the initial screen for the *CDC HIV/AIDS Information Guide*. To access the *AIDS Public Information Data Set*, first select menu item 7, "Software." Then select *AIDS Public Information Data Set*. Finally, select "Download APIDS02.EXE." This selection will initiate the software installation procedure described above. Simply proceed with steps 1 through 5, above.

Getting Help

The *AIDS Public Information Data Set* uses standard Windows interfaces, and can be mastered with minimum effort. On-line help screens describe how to use the program to display information. You can access help by pressing the *<F1>* key, by clicking the right (secondary) mouse button, or by selecting the *Help* menu. The information displayed will vary depending upon the last option you accessed. If you need additional information, contact the Statistics and Data Management Branch, Division of HIV/AIDS Prevention, telephone (877) 659-7725.

Displaying the Menus

Once you complete the installation procedure and run the program, you will see a screen with four options displayed on the upper-left corner: *File*, *Tools*, *Window*, and *Help*. Select *File* to display data from either the main data file or from the state, MSA, or county tables. A second screen will display so that you may select the variables you wish to tabulate. Select *Tools* to create indexes or set various options that control the display of data. Select *Window* to scroll through the tables you have created. Select *Help* to see further information on how to use this program.

Cursor Control

Cursor control uses a standard Windows interface. Select variables by double-clicking the left (primary) mouse button or by pressing the *Enter* key. An asterisk will display next to the fields you have selected. Menus and other options can also be selected by pressing the *<Alt>* key and typing the highlighted letter of that option.

Appendix B: Metropolitan Statistical Areas

Definitions for MSAs are issued by the Office of Management and Budget (OMB) to be used in presentation of statistics by agencies of the federal government. The metropolitan areas used on the *AIDS Public Information Data Set* are the MSAs for all areas except the six New England states. For these states, the New England County Metropolitan Areas (NECMA, also defined by OMB) are used. Metropolitan areas are named for a central city in the MSA or NECMA and may include several counties and cross state boundaries.

The *AIDS Public Information Data Set* contains data from all MSAs with 500,000 or more population, and from MSAs with 100,000 to 500,000 population in Arkansas, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Iowa, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, West Virginia, and Wyoming.

Code	Metropolitan areas with 500,000 or more population
80	Akron, OH
160	Albany-Schenectady, NY
200	Albuquerque, NM
240	Allentown, PA
440	Ann Arbor, MI
520	Atlanta, GA
640	Austin, TX
680	Bakersfield, CA
720	Baltimore, MD
760	Baton Rouge, LA
875	Bergen-Passaic, NJ
1000	Birmingham, AL
1123	Boston, MA
1280	Buffalo, NY
1520	Charlotte, NC
1600	Chicago, IL
1640	Cincinnati, OH
1680	Cleveland, OH
1720	Colorado Springs, CO
1840	Columbus, OH
1920	Dallas, TX
2000	Dayton, OH
2020	Daytona Beach, FL

Code	Metropolitan areas with 500,000 or more population
2080	Denver, CO
2160	Detroit, MI
2320	El Paso, TX
2680	Fort Lauderdale, FL
2760	Fort Wayne, IN
2800	Fort Worth, TX
2840	Fresno, CA
2960	Gary, IN
3000	Grand Rapids, MI
3120	Greensboro, NC
3160	Greenville, SC
3240	Harrisburg, PA
3283	Hartford, CT
3320	Honolulu, HI
3360	Houston, TX
3480	Indianapolis, IN
3600	Jacksonville, FL
3640	Jersey City, NJ
3760	Kansas City, MO
3840	Knoxville, TN
4120	Las Vegas, NV
4400	Little Rock, AR
4480	Los Angeles, CA
4520	Louisville, KY
4880	McAllen, TX
4920	Memphis, TN
5000	Miami, FL
5015	Middlesex, NJ
5080	Milwaukee, WI
5120	Minneapolis-Saint Paul, MN
5160	Mobile, AL
5190	Monmouth-Ocean City, NJ
5360	Nashville, TN
5380	Nassau-Suffolk, NY
5483	New Haven, CT
5560	New Orleans, LA
5600	New York, NY
5640	Newark, NJ
5720	Norfolk, VA
5775	Oakland, CA
5880	Oklahoma City, OK

Code	Metropolitan areas with 500,000 or more population
5920	Omaha, NE
5945	Orange County, CA
5960	Orlando, FL
6160	Philadelphia, PA
6200	Phoenix, AZ
6280	Pittsburgh, PA
6440	Portland, OR
6483	Providence, RI
6640	Raleigh-Durham, NC
6760	Richmond, VA
6780	Riverside-San Bernardino, CA
6840	Rochester, NY
6920	Sacramento, CA
7040	Saint Louis, MO
7160	Salt Lake City, UT
7240	San Antonio, TX
7320	San Diego, CA
7360	San Francisco, CA
7400	San Jose, CA
7440	San Juan, PR
7510	Sarasota, FL
7560	Scranton, PA
7600	Seattle, WA
8003	Springfield, MA
8120	Stockton, CA
8160	Syracuse, NY
8200	Tacoma, WA
8280	Tampa-Saint Petersburg, FL
8400	Toledo, OH
8520	Tucson, AZ
8560	Tulsa, OK
8735	Ventura, CA
8840	Washington, DC
8960	West Palm Beach, FL
9040	Wichita, KS
9160	Wilmington, DE
9243	Worcester, MA
9320	Youngstown, OH

Code	Metropolitan areas with 100,000 to 500,000 population
40	Abilene, TX
120	Albany, GA
220	Alexandria, LA
280	Altoona, PA
320	Amarillo, TX
480	Asheville, NC
500	Athens, GA
560	Atlantic-Cape May, NJ
600	Augusta, GA
733	Bangor, ME
840	Beaumont, TX
860	Bellingham, WA
870	Benton Harbor, MI
880	Billings, MT
920	Biloxi, MS
1020	Bloomington, IN
1040	Bloomington, IL
1080	Boise, ID
1125	Boulder, CO
1145	Brazoria, TX
1150	Bremerton, WA
1240	Brownsville, TX
1260	Bryan, TX
1320	Canton, OH
1360	Cedar Rapids, IA
1400	Champaign-Urbana, IL
1440	Charleston, SC
1480	Charleston, WV
1540	Charlottesville, VA
1560	Chattanooga, TN
1660	Clarksville, TN
1740	Columbia, MO
1760	Columbia, SC
1800	Columbus, GA
1880	Corpus Christi, TX
1900	Cumberland, MD
1950	Danville, VA
1960	Davenport, IA
2040	Decatur, IL
2120	Des Moines, IA
2190	Dover, DE

Code	Metropolitan areas with 100,000 to 500,000 population
2240	Duluth, MN
2330	Elkhart, IN
2360	Erie, PA
2400	Eugene, OR
2440	Evansville, IN
2520	Fargo, ND
2560	Fayetteville, NC
2580	Fayetteville, AR
2640	Flint, MI
2655	Florence, SC
2670	Fort Collins, CO
2700	Fort Myers, FL
2710	Fort Pierce, FL
2720	Fort Smith, AR
2750	Fort Walton Beach, FL
2900	Gainesville, FL
2920	Galveston, TX
2980	Goldsboro, NC
2995	Grand Junction, CO
3060	Greeley, CO
3150	Greenville, NC
3180	Hagerstown, MD
3200	Hamilton, OH
3285	Hattiesburg, MS
3290	Hickory, NC
3350	Houma, LA
3400	Huntington, WV
3500	Iowa City, IA
3520	Jackson, MI
3560	Jackson, MS
3580	Jackson, TN
3605	Jacksonville, NC
3660	Johnson City, TN
3680	Johnstown, PA
3710	Joplin, MO
3720	Kalamazoo, MI
3740	Kankakee, IL
3810	Killeen, TX
3850	Kokomo, IN
3880	Lafayette, LA

Code	Metropolitan areas with 100,000 to 500,000 population
3920	Lafayette, IN
3960	Lake Charles, LA
3980	Lakeland, FL
4000	Lancaster, PA
4040	Lansing, MI
4080	Laredo, TX
4100	Las Cruces, NM
4150	Lawrence, KS
4200	Lawton, OK
4243	Lewiston, ME
4280	Lexington, KY
4320	Lima, OH
4360	Lincoln, NE
4420	Longview, TX
4600	Lubbock, TX
4640	Lynchburg, VA
4680	Macon, GA
4800	Mansfield, OH
4890	Medford, OR
4900	Melbourne, FL
5200	Monroe, LA
5280	Muncie, IN
5330	Myrtle Beach, SC
5345	Naples, FL
5523	New London, CT
5660	Newburgh, NY
5790	Ocala, FL
5800	Odessa, TX
5910	Olympia, WA
6015	Panama City, FL
6020	Parkersburg, WV
6080	Pensacola, FL
6120	Peoria, IL
6403	Portland, ME
6560	Pueblo, CO
6580	Punta Gorda, FL
6680	Reading, PA
6720	Reno, NV
6740	Richland, WA
6800	Roanoke, VA
6820	Rochester, MN

Code	Metropolitan areas with 100,000 to 500,000 population
6880	Rockford, IL
6895	Rocky Mount, NC
6960	Saginaw, MI
6980	Saint Cloud, MN
7080	Salem, OR
7200	San Angelo, TX
7490	Santa Fe, NM
7520	Savannah, GA
7610	Sharon, PA
7640	Sherman, TX
7680	Shreveport, LA
7720	Sioux City, IA
7800	South Bend, IN
7840	Spokane, WA
7880	Springfield, IL
7920	Springfield, MO
8050	State College, PA
8080	Steubenville, OH
8140	Sumter, SC
8240	Tallahassee, FL
8320	Terre Haute, IN
8360	Texarkana, TX
8440	Topeka, KS
8480	Trenton, NJ
8640	Tyler, TX
8720	Vallejo, CA
8760	Vineland, NJ
8800	Waco, TX
8920	Waterloo, IA
9000	Wheeling, WV
9080	Wichita Falls, TX
9140	Williamsport, PA
9200	Wilmington, NC
9260	Yakima, WA
9280	York, PA

Appendix C: Health Districts

Listed below are the counties which comprise each health district included in the data set. The county name is preceded by its Federal Information Processing Standards (FIPS) code (see *Worldwide Geographic Location Codes*, available from the General Services Administration, telephone 202-219-0077).

Florida

Health District 1

33	Escambia
91	Okalossa
113	Santa Rosa
131	Walton

Health District 2

5	Bay
13	Calhoun
37	Franklin
39	Gadsden
45	Gulf
59	Holmes
63	Jackson
65	Jefferson
73	Leon
77	Liberty
79	Madison
123	Taylor
129	Wakulla
133	Washington

Health District 3

1	Alachua
7	Bradford
23	Columbia
29	Dixie
41	Gilchrist
47	Hamilton
67	Lafayette
75	Levy
107	Putnam
121	Suwannee
125	Union

Health District 4

3	Baker
19	Clay
31	Duval
89	Nassau
109	Saint Johns

Health District 5

101	Pasco
103	Pinellas

Health District 6

57	Hillsborough
81	Manatee

Health District 7

9	Brevard
95	Orange
97	Osceola
117	Seminole

Health District 8

15	Charlotte
21	Collier
27	De Soto
43	Glades
51	Hendry
71	Lee
115	Sarasota

Health District 9

99	Palm Beach

Health District 10

11	Broward

Health District 11

25	Dade
87	Monroe

Health District 12

35	Flagler
127	Volusia

Florida

Health District 13

17	Citrus
53	Hernando
69	Lake
83	Marion
119	Sumter

Health District 14

49	Hardee
55	Highlands
105	Polk

Health District 15

61	Indian River
85	Martin
93	Okeechobee
111	Saint Lucie

Idaho

Health District 1

9	Benewah
17	Bonner
21	Boundary
55	Kootenai
79	Shoshone

Health District 2

35	Clearwater
49	Idaho
57	Latah
61	Lewis
69	Nez Perce

Health District 3

3	Adams
27	Canyon
45	Gem
73	Owyhee
75	Payette
87	Washington

Health District 4

1	Ada
15	Boise
39	Elmore
85	Valley

Health District 5

13	Blaine
25	Camas
31	Cassia
47	Gooding
53	Jerome
63	Lincoln
67	Minidoka
83	Twin Falls

Health District 6

5	Bannock
7	Bear Lake
11	Bingham
23	Butte
29	Caribou
41	Franklin
71	Oneida
77	Power

Health District 7

19	Bonneville
33	Clark
37	Custer
43	Fremont
51	Jefferson
59	Lemhi
65	Madison
81	Teton

Kentucky

Health District 1

7	Ballard
35	Calloway
39	Carlisle
75	Fulton
83	Graves
105	Hickman
145	McCracken
157	Marshall

Health District 2

33	Caldwell
47	Christian
55	Crittenden
107	Hopkins
139	Livingston
143	Lyon
177	Muhlenberg
219	Todd
221	Trigg

Health District 3

59	Daviess
91	Hancock
101	Henderson
149	McLean
183	Ohio
225	Union
233	Webster

Health District 4

3	Allen
9	Barren
31	Butler
61	Edmonson
99	Hart
141	Logan
169	Metcalfe
171	Monroe
213	Simpson
227	Warren

Health District 5

27	Breckinridge
85	Grayson
93	Hardin
123	Larue
155	Marion
163	Meade
179	Nelson
229	Washington

Health District 6

29	Bullitt
103	Henry
111	Jefferson
185	Oldham
211	Shelby
215	Spencer
223	Trimble

Health District 7

15	Boone
37	Campbell
41	Carroll
77	Gallatin
81	Grant
117	Kenton
187	Owen
191	Pendleton

Health District 8

23	Bracken
69	Fleming
135	Lewis
161	Mason
201	Robertson

Health District 9

11	Bath
165	Menifee
173	Montgomery
175	Morgan
205	Rowan

Health District 10

19	Boyd
43	Carter
63	Elliott
89	Greenup
127	Lawrence

Health District 11

71	Floyd
115	Johnson
153	Magoffin
159	Martin
195	Pike

Kentucky

Health District 12

25	Breathitt
119	Knott
129	Lee
131	Leslie
133	Letcher
189	Owsley
193	Perry
237	Wolfe

Health District 13

13	Bell
51	Clay
95	Harlan
109	Jackson
121	Knox
125	Laurel
203	Rockcastle
235	Whitley

Health District 14

1	Adair
45	Casey
53	Clinton
57	Cumberland
87	Green
147	McCreary
199	Pulaski
207	Russell
217	Taylor
231	Wayne

Health District 15

5	Anderson
17	Bourbon
21	Boyle
49	Clark
65	Estill
67	Fayette
73	Franklin
79	Garrard
97	Harrison
113	Jessamine
137	Lincoln
151	Madison
167	Mercer
181	Nicholas
197	Powell
209	Scott
239	Woodford

Mississippi

Health District 1

27	Coahoma
33	De Soto
43	Grenada
107	Panola
119	Quitman
135	Tallahatchie
137	Tate
143	Tunica
161	Yalobusha

Health District 2

3	Alcorn
9	Benton
57	Itawamba
71	Lafayette
81	Lee
93	Marshall
115	Pontotoc
117	Prentiss
139	Tippah
141	Tishomingo
145	Union

Health District 3

7	Attala
11	Bolivar
15	Carroll
51	Holmes
53	Humphreys
83	Leflore
97	Montgomery
133	Sunflower
151	Washington

Health District 4

13	Calhoun
17	Chickasaw
19	Choctaw
25	Clay
87	Loundes
95	Monroe
103	Noxubee
105	Oktibbeha
155	Webster
159	Winston

Health District 5

21	Claiborne
29	Copiah
49	Hinds
55	Issaquena
89	Madison
121	Rankin
125	Sharkey
127	Simpson
149	Warren
163	Yazoo

Health District 6

23	Clarke
61	Jasper
69	Kemper
75	Lauderdale
79	Leake
99	Neshoba
101	Newton
123	Scott
129	Smith

Health District 7

1	Adams
5	Amite
37	Franklin
63	Jefferson
77	Lawrence
85	Lincoln
113	Pike
147	Walthall
157	Wilkinson

Health District 8

31	Covington
35	Forrest
41	Greene
65	Jefferson Davis
67	Jones
73	Lamar
91	Marion
111	Perry
153	Wayne

Health District 9

39	George
45	Hancock
47	Harrison
59	Jackson
109	Pearl River
131	Stone

Montana

Health District 1

11	Carter
17	Custer
19	Daniels
21	Dawson
25	Fallon
33	Garfield
55	McCone
71	Phillips
75	Powder River
79	Prairie
83	Richland
85	Roosevelt
87	Rosebud
91	Sheridan
103	Treasure
105	Valley
109	Wibaux

Health District 2

5	Blaine
13	Cascade
15	Chouteau
35	Glacier
41	Hill
51	Liberty
73	Pondera
99	Teton
101	Toole

Health District 3

3	Big Horn
9	Carbon
27	Fergus
37	Golden Valley
45	Judith Basin
65	Musselshell
69	Petroleum
95	Stillwater
97	Sweet Grass
107	Wheatland
111	Yellowstone

Health District 4

1	Beaverhead
7	Broadwater
23	Deer Lodge
31	Gallatin
39	Granite
43	Jefferson
49	Lewis and Clark
57	Madison
59	Meagher
67	Park
77	Powell
93	Silver Bow

Health District 5

29	Flathead
47	Lake
53	Lincoln

Health District 6

61	Mineral
63	Missoula
81	Ravalli
89	Sanders

Nebraska

Health District 1

3	Antelope
11	Boone
15	Boyd
17	Brown
21	Burt
27	Cedar
31	Cherry
37	Colfac
39	Cuming
43	Dakota
51	Dixon
89	Holt
103	Keya Paha
107	Knox
119	Madison
125	Nance
139	Pierce
141	Platte
149	Rock
167	Stanton
173	Thurston
179	Wayne

Health District 2

53	Dodge
55	Douglas
153	Sarpy
177	Washington

Health District 3

23	Butler
25	Cass
59	Fillmore
67	Gage
95	Jefferson
97	Johnson
109	Lancaster
127	Nemaha
131	Otoe
133	Pawnee
143	Polk
147	Richardson
151	Saline
155	Saunders
159	Seward
169	Thayer
185	York

Health District 4

1	Adams
9	Blaine
19	Buffalo
35	Clay
41	Custer
61	Franklin
71	Garfield
77	Greeley
79	Hall
81	Hamilton
83	Harlan
93	Howard
99	Kearney
115	Loup
121	Merrick
129	Nuckolls
137	Phelps
163	Sherman
175	Valley
181	Webster
183	Wheeler

Health District 5

5	Arthur
29	Chase
47	Dawson
57	Dundy
63	Frontier
65	Furnas
73	Gosper
75	Grant
85	Hayes
87	Hitchcock
91	Hooker
101	Keith
111	Lincoln
113	Logan
117	McPherson
135	Perkins
145	Red Willow
171	Thomas

Health District 6

7	Banner
13	Box Butte
33	Cheyenne
45	Dawes
49	Deuel
69	Garden
105	Kimball
123	Morrill
137	Scotts Bluff
161	Sheridan
165	Sioux

New Mexico

Health District 1

1	Bernalillo
6	Cibola
31	McKinley
43	Sandoval
45	San Juan
57	Torrance
61	Valencia

Health District 2

7	Colfax
21	Harding
28	Los Alamos
33	Mora
39	Rio Arriba
47	San Miguel
49	Santa Fe
55	Taos
59	Union

Health District 3

3	Catron
13	Dona Ana
17	Grant
23	Hidalgo
29	Luna
35	Otero
51	Sierra
53	Socorro

Health District 4

5	Chaves
9	Curry
11	De Baca
15	Eddy
19	Guadalupe
25	Lea
27	Lincoln
37	Quay
41	Roosevelt

South Carolina

Health District 1

| 7 | Anderson |
| 73 | Oconee |

Health District 2

| 45 | Greenville |
| 77 | Pickens |

Health District 3

21	Cherokee
83	Spartanburg
87	Union

Health District 4

23	Chester
57	Lancaster
91	York

Health District 5

1	Abbeville
37	Edgefield
47	Greenwood
59	Laurens
65	McCormick
81	Saluda

Health District 6

| 63 | Lexington |
| 71 | Newberry |

Health District 7

| 39 | Fairfield |
| 79 | Richland |

Health District 8

27	Clarendon
55	Kershaw
61	Lee
85	Sumter

Health District 9

25	Chesterfield
31	Darlington
69	Marlboro

Health District 10

3	Aiken
5	Allendale
11	Barnwell

Health District 11

9	Bamberg
17	Calhoun
75	Orangeburg

Health District 12

33	Dillon
41	Florence
67	Marion

Health District 13

43	Georgetown
51	Horry
89	Williamsburg

Health District 14

13	Beaufort
29	Colleton
49	Hampton
53	Jasper

Health District 15

15	Berkley
19	Charleston
35	Dorchester

Tennessee

Health District 1

5	Benton
17	Carroll
23	Chester
33	Crockett
39	Decatur
45	Dyer
47	Fayette
53	Gibson
69	Hardeman
71	Hardin
75	Haywood
77	Henderson
79	Henry
95	Lake
97	Lauderdale
109	McNairy
131	Obion
167	Tipton
183	Weakley

Health District 2

21	Cheatham
43	Dickson
83	Houston
85	Humphreys
125	Montgomery
147	Robertson
149	Rutherford
161	Stewart
165	Sumner
169	Trousdale
187	Williamson
189	Wilson

Health District 3

3	Bedford
31	Coffee
55	Giles
81	Hickman
99	Lawrence
101	Lewis
103	Lincoln
117	Marshall
119	Maury
127	Moore
135	Perry
181	Wayne

Health District 4

15	Cannon
27	Clay
35	Cumberland
41	DeKalb
49	Fentress
87	Jackson
111	Macon
133	Overton
137	Pickett
141	Putnam
159	Smith
175	Van Buren
177	Warren
185	White

Health District 5

7	Bledsoe
11	Bradley
51	Franklin
61	Grundy
107	McMinn
115	Marion
121	Meigs
139	Polk
143	Rhea
153	Sequatchie

Health District 6

1	Anderson
9	Blount
13	Campbell
25	Claiborne
29	Cocke
57	Grainger
63	Hamblen
89	Jefferson
105	Loudon
123	Monroe
129	Morgan
145	Roane
151	Scott
155	Seiver
173	Union

Tennessee

Health District 7

19	Carter
59	Greene
67	Hancock
73	Hawkins
91	Johnson
171	Unicoi
179	Washington

Health District 8

157	Shelby

Health District 9

113	Madison

Health District 10

37	Davidson

Health District 11

65	Hamilton

Health District 12

93	Knox

Health District 13

163	Sullivan

Virginia

Health District 1

3	Albemarle
15	Augusta
17	Bath
33	Caroline
43	Clarke
47	Culpeper
61	Fauquier
65	Fluvanna
69	Frederick
79	Greene
91	Highland
99	King George
109	Louisa
113	Madison
125	Nelson
137	Orange
139	Page
157	Rappahannock
163	Rockbridge
165	Rockingham
171	Shenandoah
177	Spotsylvania
179	Stafford
187	Warren
530	Buena Vista City
540	Charlottesville City
630	Fredericksburg City
660	Harrisonburg City
678	Lexington City
790	Staunton City
820	Waynesboro City
840	Winchester City

Health District 2

13	Arlington
59	Fairfax
107	Loudoun
153	Prince William
510	Alexandria City
600	Fairfax City
610	Falls Church City
683	Manassas City
685	Manassas Park City

Health District 3

5	Alleghany
9	Amherst
11	Appomattox
19	Bedford
21	Bland
23	Botetourt
27	Buchanan
31	Campbell
35	Carroll
45	Craig
51	Dickenson
63	Floyd
67	Franklin
71	Giles
77	Grayson
89	Henry
105	Lee
121	Montgomery
141	Patrick
143	Pittsylvania
155	Pulaski
161	Roanoke
167	Russell
169	Scott
173	Smyth
185	Tazewell
191	Washington
195	Wise
197	Wythe
515	Bedford City
520	Bristol City
560	Clifton Forge City
580	Covington City
590	Danville City
640	Galax City
680	Lynchburg City
690	Martinsville City
720	Norton City
750	Radford City
770	Roanoke City
775	Salem City

Health District 4

7	Amelia
25	Brunswick
29	Buckingham
36	Charles City
37	Charlotte
41	Chesterfield
49	Cumberland
53	Dinwiddie
75	Goochland
81	Greensville
83	Halifax
85	Hanover
87	Henrico
111	Lunenburg
117	Mecklenburg
127	New Kent
135	Nottoway
145	Powhatan
147	Prince Edward
149	Prince George
181	Surry
183	Sussex
570	Colonial Heights City
595	Emporia City
670	Hopewell City
730	Petersburg City
760	Richmond City

Virginia

Health District 5

1	Accomack
57	Essex
73	Gloucester
93	Isle of Wight
95	James City
97	King and Queen
101	King William
103	Lancaster
115	Mathews
119	Middlesex
131	Northampton
133	Northumberland
159	Richmond
175	Southampton
193	Westmoreland
199	York
550	Chesapeake City
620	Franklin City
650	Hampton City
700	Newport News City
710	Norfolk City
735	Poquoson City
740	Portsmouth City
800	Suffolk City
810	Virginia Beach City
830	Williamsburg City

West Virginia

Health District 1

47	McDowell
55	Mercer
63	Monroe
81	Raleigh
89	Summers
109	Wyoming

Health District 2

11	Cabell
43	Lincoln
45	Logan
53	Mason
59	Mingo
99	Wayne

Health District 3

5	Boone
15	Clay
39	Kanawha
79	Putnam

Health District 4

7	Braxton
19	Fayette
25	Greenbrier
67	Nicholas
75	Pocahontas
101	Webster

Health District 5

13	Calhoun
35	Jackson
73	Pleasants
85	Ritchie
87	Roane
95	Tyler
105	Wirt
107	Wood

Health District 6

9	Brooke
29	Hancock
51	Marshall
69	Ohio
103	Wetzel

Health District 7

1	Barbour
17	Doddridge
21	Gilmer
33	Harrison
41	Lewis
49	Marion
61	Monongalia
77	Preston
83	Randolph
91	Taylor
93	Tucker
97	Upshur

Health District 8

3	Berkeley
23	Grant
27	Hampshire
31	Hardy
37	Jefferson
57	Mineral
65	Morgan
71	Pendleton