HIV/AIDS Surveillance Data Base

User’s Guide
The December 2017 Data Base Update represents the latest major update to the *HIV/AIDS Surveillance Data Base* compiled and maintained by the International Programs, Population Division, U.S. Census Bureau. The current update incorporates additional epidemiological information for developing countries presented at the following conferences:

- 2011 International Meeting on Emerging Diseases and Surveillance, Vienna, Austria;
- 21st Conference on Retroviruses and Opportunistic Infections, Seattle, Washington, USA;
- 35th Annual Meeting of the European Society for Pediatric Infectious Diseases, Madrid, Spain;
- 9th International AIDS Conference on HIV Science, Paris, France;
- 25th Harm Reduction International Conference, Montreal, Canada;
- 2016 International Meeting on Emerging Diseases and Surveillance, Vienna, Austria;
- and other reports and literatures.

The *HIV/AIDS Surveillance Data Base* includes information from incidence studies. Incidence studies are difficult and expensive to conduct, so there are not many of them. Thus, there may not be any studies conducted in the specific country in which you are interested.

For all users experiencing difficulty in using the Data Base, please contact the Health Studies Branch, Population Division, for assistance please email: hiv-ipc@census.gov

We welcome comments and suggestions from users of the Data Base. Also, we welcome copies of articles or references to information that may have been overlooked.
New Feature

In the past, the public-facing database dissimilation tool for the HIV dataset displayed only tabular results. However, the user can now view several mapping options. The enhancement to the HIV application has added functionality to display several thematic map layers such as the number of records reporting prevalence, incidence, and AIDS cases reported by country. The purpose of this feature is to provide users with a quick reference to the number of records associated with each country on an interactive world map.
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HIV/AIDS Surveillance Data Base

Population Division
U.S. Census Bureau

Developed with support from the U.S. Agency for International Development.

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HIV/AIDS Surveillance Data Base Overview

Concept

The concept of the *HIV/AIDS Surveillance Data Base* was developed at the Center for International Research, (now the International Programs) U.S. Bureau of the Census, in 1987 based on an assessment of the situation with regard to publication and dissemination of the results of the multitude of seroprevalence surveys that were being undertaken. Several facts were clear at that time:

- The data being collected typically were not based on general population samples.
- The samples were not typically geographically representative.
- Relatively little in the way of comparative or trend analysis was conducted.
- Much of the information from HIV seroprevalence surveys was not available in published form. A large quantity of data was being presented at regional and international conferences in oral sessions or in poster form. Much of this information did not appear in the scientific literature.

The above facts argued for the establishment of a database that would compile in a single location the summary results from all available surveys being conducted in developing countries. This database would allow several activities to be accomplished. First, by making all data available in a single location, users are presented with the entire range of information for the area of interest. Since the data are not generally representative, a single study or number from a study will not adequately portray the situation. Frequently, results from studies of various population groups or disparate geographic areas must be combined to form a composite whole. Secondly, by making previously unattainable information accessible to a wider audience, information that would otherwise be lost can be preserved and can be used in the analysis of data and in the design and decision process for funding intervention projects.

Since its inception, the *HIV/AIDS Surveillance Data Base* has been a valuable tool for the many government agencies involved in HIV/AIDS work. The database is used for gathering information for the U.S. Agency for International Development (USAID).

Products that have been produced at the Census Bureau from the database include numerous reviews and presentations of current HIV infection levels among various population groups in selected developing countries. Additionally, information on HIV seroprevalence was published in a chapter in *AIDS in the World* (Mann, Tarantola, and Netters, eds., 1992)\(^1\) and in another chapter in *AIDS in the World II* (Mann and Tarantola, eds., 1996).\(^2\)

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Funding support was obtained from USAID in mid-1987 for the development of an initial database and the supporting software providing users access to the data. In addition, support from the Joint United Nations Programme on HIV/AIDS (UNAIDS) was obtained in mid-1996. Funding from USAID, under the President’s Emergency Plan for AIDS Relief (PEPFAR), has continued to the present time.

**Purpose and Use**

The primary purpose of the **HIV/AIDS Surveillance Data Base** is to collect and disseminate information on HIV prevalence and incidence rates from available studies from developing countries. So, users would have at their fingertips the full range of data, including both official sentinel surveillance data and data available from other studies.

The information within the **HIV/AIDS Surveillance Data Base** is then used to:

- Provide program managers, researchers, policy makers, donor agencies, and the international assistance community within country with the most complete, up-to-date information on the status and trends of HIV seroprevalence in these countries
- Produce and disseminate reports on the status and trends of these HIV/AIDS epidemics,
- Assist in the development of improved tools and models to determine HIV/AIDS/STI levels, trends, and program impacts, and
- Estimate AIDS mortality levels and incorporate them into the population projections for the countries most seriously affected by HIV/AIDS.

**Methodology**

One of the unique characteristics of the database involves the data collection method. Staff from the International Programs attend International AIDS Conferences and selected regional conferences to obtain the most up-to-date information. Early in the data collection process, it became clear that scientific meetings and conferences represented a valuable source of information from HIV seroprevalence data. Initial attempts to collect information by handwritten notes proved frustrating, and the sheer volume of information argued for another approach. Consequently, we began to record information from both poster sessions and from slides presented in oral presentations using a 35mm camera and black and white film, now updated to digital cameras. This method has proven to be quite reliable and allows for the collection of large volumes of data. The Census Bureau has estimated that 80 percent of the data presented at conferences is never published in scientific journal articles. Furthermore, the small proportion that is published is generally delayed by one or more years.

We also regularly review the medical and scientific journals, professional papers, official statistics, newspapers, magazines, materials from the World Health Organization, and the Internet for relevant information. These photos, abstracts, and articles are coded and added to
the previous database. The **HIV/AIDS Surveillance Data Base** is updated at least annually, incorporating all available epidemiological information for developing countries. It is our goal to incorporate all available data from seroprevalence studies conducted in developing countries.

The **HIV/AIDS Surveillance Data Base** also includes information from incidence studies. Incidence studies are difficult and expensive to conduct, so there are not that many of them. What results have been found are included in the database. At present, the database covers the compilation of information for countries and areas of the world with at least 5,000 population, with the exception of Northern America (including the United States) and U.S. territories.

**Data Quality and Qualifications**

With rare exception, surveys of HIV seroprevalence are not based on national samples. Therefore, every seroprevalence estimate has a bias if generalized beyond its sample population. The amount of bias is determined by how different the sampled population group or geographic area is from the generalized description placed on the estimate. For instance, an estimate of the HIV seroprevalence of pregnant women in Kinshasa, the Democratic Republic of Congo, may be generalized to “urban, low-risk group.” Yet, Kinshasa is not representative of all areas in the Democratic Republic of Congo, and pregnant women are not representative of all low-risk adults (since by definition they may be more sexually active than many low-risk groups, such as the aged).

Several factors contribute to biases or confusion surrounding HIV seroprevalence estimates:

- **Sample-Size Bias:** The sample sizes of seroprevalence studies are very small. Small samples of nonrandom populations may tend to overestimate the seroprevalence.
- **Non-representative Samples:** Many surveys are taken of populations convenient for the medical team drawing blood for testing. Therefore, many are “samples of convenience,” taken in clinics or hospitals where the available sample of people may be more symptomatic than those who do not attend the clinic.
- **Geographic Bias:** As in the case of samples of convenience, samples may also be taken in more-accessible rather than less-accessible geographic areas. Given what is known regarding the spread of HIV infections, we would expect that this would tend to bias upward the estimate of HIV seroprevalence, if the available sources are taken to represent the country as a whole. Note, however, that this particular factor may not bias estimates of seroprevalence in the geographic areas that were, in fact, surveyed.
- **Testing Bias:** In the first several years of the HIV epidemic, the Thaliacea test was the predominant test used to determine seropositivity. The ELISA test, however, gives a number of false positives and, therefore, the test results must be confirmed by a second test, generally the Western Blot. Current practices now include two ELISA and/or RAPID tests using alternative methodologies or various combinations of different antibody assays and ELISA. However, not all studies report confirmatory testing, although they increasingly do so.
• HIV-1 and HIV-2 Overlap: In countries where both HIV-1 and HIV-2 are present, tests are done for both viruses and often find people who test positive for both. To report the people, who are only infected with HIV-1, will understate the total infected population because it does not take into account the joint infections. Thus, care must be used in discussions of data from these areas to avoid either double counting or omitting various categories of infected population.

Since the HIV/AIDS Surveillance Data Base is a compilation of available seroprevalence information, there are multiple opportunities for analysis of trends over time in a particular population group and area or comparative analysis of similar sampled population groups in different countries or regions.

Countries Covered

The HIV/AIDS Surveillance Data Base contains information for all countries and areas of the world with at least 5,000 population, with the exception of Northern America (including the United States) and U.S. territories.

Data Base Sources

The Health Studies Branch (HSB) compiles data for the HIV/AIDS Surveillance Data Base. Data included in the HIV/AIDS Surveillance Data Base are drawn from medical and scientific journals, professional papers, official statistics, State Department cables, newspapers, magazines, materials from the World Health Organization, conference abstracts, and the Internet. Sources are scanned and reviewed for data. The sources from which the data are accumulated can be categorized as the following:

• Articles requested through the library system,
• Journals subscribed to by HSB from which articles can be copied directly,
• Reports by statistical offices or governments,
• Reports and articles from the Internet, and
• Conference abstracts, posters, and oral presentations from meetings or the Internet.

Summary

The HIV/AIDS Surveillance Data Base represents a valuable resource that can be used for a variety of purposes. Among the applications of the data are policy awareness efforts, surveillance, program (intervention) planning, research and modeling exercises, global or regional assessments, and analysis of the pandemic. This resource has continued to grow and serve multiple needs of the AIDS community.
Introduction

Introduction to the HIV/AIDS Surveillance Data Base

Information on the AIDS pandemic and the HIV seroprevalence (infection) in population groups in developing countries is mostly available in widely scattered small-scale surveys. The HIV/AIDS Surveillance Data Base, developed by the U.S. Census Bureau, is a compilation of information from those studies appearing in the medical and scientific literature, presented at international conferences, and appearing in the press. This application was developed using JavaScript and is web based with a user-friendly interface. Available information for population groups in a selected country based on selected criteria can be easily retrieved and displayed on the computer screen, printed in tabular format, or saved. In addition, the user has the option to download all of the data in a zip file. This will allow users to manipulate the data as they see fit.

General Information

The following comments and defaults apply throughout the program:

- Clicking on an option by using the mouse button toggles a selection on and off when more than two options are available under RECORDS BY TYPE, except for the DATA TYPE selection.
- The Default settings are:
  o Data Type selection - “Prevalence”; and
  o All other selections – “All.”
  This will subset the data and allow the user to see all Prevalence data upon entry without specifying search criteria.
- The labels on the filter buttons reflect the selections made by the user. If no selection is made in a category, “All” will remain in the label.
- Data column widths within the data display area can be adjusted to allow the user to view more information.
- Use filter check boxes to select more than one criterion. To remove selected criteria uncheck the selected criteria.
- The ‘Download a zipped file of the entire database’ link is present no matter which selection button you choose from the toolbar at the bottom left of the application.
- The print and save (CSV or PDF) icons on the top toolbar of selected data become active after a selection is made in Records by Type or Sources.
Printing

All print jobs are sent to the default printer selected within Windows. The print mode needs to be modified by the user. No default orientation is defined.

Printing Data Limitation Rule:

If either the Print or PDF icon is clicked and the number of records is greater than 10,000 and will print more than approximately 800 pages, the user has an option to save the records as a CSV or ZIP file.
Chapter 1: Initial Application Screen

Initial Application Screen

The initial application screen (Figure 1) contains the HIV/AIDS Surveillance Data Base Toolbar, the Search area, and the Data Display area. The Search area allows one to select criteria, while the Data Display area shows the selected results. The Search options are different for each area in the application. Details are in each Chapter of the areas. The HIV/AIDS Surveillance Data Base Toolbar at the top of the application provides navigation to other areas in the application and the tools that are available to the user.

Figure 1
Components on the Toolbar (Figure 2)

Buttons:

**Map**
Produce a map for total number of records within the country selected. See Chapter 2 for details.

**Records by Type**
Produce a report for user specified countries and selection criteria. See Chapter 3 for details.

**Sources**
Produce a report for a specific source. See Chapter 4 for details.

Download Icons:

**JPEG**
The JPEG icon is found under the first icon after the buttons. This icon is only available within the “Map” tab. When the icon is enabled, this will allow the user to download the selected map.

**CSV**
The CSV icon allows the user to save the selected records as a .csv file. This icon is only available after a query has been performed on either the ‘Records by Type’ or ‘Sources’ option screen. Once the Search button is pressed this icon will become enabled in order to save the selected records. If the number of records is over 1,000, the user will be forced to save the file as a zip file.
PDF

The PDF icon allows the user to save the selected map or records as a .pdf file. This icon is only available for the Records by Type and Source Searches option screens after a selection has been made. If the number of records is over 1,000, the user will be forced to save the file as a zip file.

Zip

The ZIP icon is found under the first icon after the buttons. When the icon is enabled, this will allow the user to download Filtered HIV data from the Records by Type and Source Search options as a zip file. The file(s) inside the zip folder are saved as .csv format.

General Icons:

Print

This icon allows the user to print the selected records as a .pdf file. If the number of records is greater than 10,000 and will print more than approximately 800 pages, the user will be forced to save the file as a CSV or ZIP file.

Share This Page

This icon will allow the user to share the HIV/AIDS Surveillance Data Base link with others through social media worldwide.

Feedback

This icon will allow you to provide feedback on both the application and the data by sending an email to one of two addresses.

Help

This icon will give the user basic help and some general terms as well as a link to this User’s Guide.
Chapter 2: Map

Background/Context

The MAP option (Figure 3) is the new tool default view upon opening the HIV/AIDS Surveillance Data Base tool, which displays thematic maps to provide a visual overview of the database metadata. Maps can be used as a COUNTRIES data filter tool as well, allowing for interactivity between the web maps and data-grid databases.

The Map option defaults to a global view displaying the Prevalence Data Type thematic maps.

![Figure 3](image-url)
Interactive Map Controls: Data Filtering Tools

The intended use of these tools are to allow a user to specify a subset of data for rendering in the map display area. Once the data are rendered, a user will typically use the pan and zoom tools to explore the map.

Hide Menu Button

The Hide Menu Button (Figure 4) allows a user to toggle back and forth the visibility of the data filtering tools. When the menu is hidden, the map display area increases to the full width of the web page’s frame. (Figure 5)
Notes Box

The Notes Box (Figure 6) provides a description of the map thematic layers and map pop-up functionality. It also provides a description of the countries symbolized with hatching.

Figure 6
Data Type Selection

The Data Type Selection allows a user to select one of the following data types: Prevalence (Figure 7), Incidence (Figure 8), or AIDS Cases Reported (Figure 9). The map displays the selected thematic maps which have unique color schemes. Additionally, class breaks and legends are updated.

The default is PREVALENCE.
Figure 8

Figure 9
Filter By: Countries

The Countries selection (Figure 10) acts as a filter, allowing users to select any single Country, or multiple Countries. When the Countries filter is selected, a pop-up window opens prompting the user to select any Country(s). Once the desired filtering options are selected, the OK button is used to update the data rendered in the map display area. (Figure 11)

The default is All. If no selection is made, all available countries will be displayed at the default global view.

Figure 10

Figure 11
Reset Button

The Reset Button sets all selected criteria (Figure 12) back to the defaults (Figure 13), which are:

- Data Type: Prevalence
- Countries: All
- Map display area at the default global extent.

![Figure 12](image1.jpg)

![Figure 13](image2.jpg)
Interactive Map Controls: Map Display Area

The map display area is an interactive map that allows the user control over the extent and scale of the data displayed. (Figure 14)

The map Navigation Tool Buttons (letters a - e) are listed in detail below.

**Navigation Button**

a. **Zoom-In Button**
   When clicked, the Zoom-In button causes the current display scale to increase by a single increment on the center of the current map display extent.

b. **Zoom-Out Button**
   When clicked, the Zoom-Out button causes the current display scale to decrease by a single increment on the center of the current map display extent.

c. **Default Extent (Home) Button**
   The Home Button zooms the map display to the default extent of the global view. If the current map display scale and extent is already at the default global view, then there is no perceptible system response.

d. **Zoom to Selection Button**
   When a user selects a specific area using the Countries Filter or the “Select from Geography” tool, the system response is for the map display to automatically zoom to
the selected area. Once at that zoomed-in extent, a user may further zoom in / out or pan around to another area outside of the selection criteria. The Zoom to Selection tool allows the user to return to the selected area at a zoomed-in extent.

e. Select from Geography Button

The Select from Geography button allows a user to interactively select a single country or cluster of countries. When a user clicks this button, the cursor becomes cross-hair styled which is used to draw a box around the area of interest. (Figure 15). Countries located completely within and partially within the drawn box will be outlined (selected) with a red border. The COUNTRIES data filter automatically updates with this selection (Figure 16).

After a few seconds, the map display will zoom to the selection. Once the tool is used, the mouse cursor functionality returns to the default arrow (e.g. in order to select countries again, the tool must be reselected).

Note: A user can select a maximum of 100 Countries at a time. If the user-drawn box contains more than 100 counties, the tool does not respond.
Legend Button

When clicked, the tool response is to display the map legend in the bottom right corner of the map display area (Figure 17). The appropriate map legend is displayed for each Data Type. (Figures 17 - 19) The legend displays classes and categories, and is updated per data filter selection. The legend box can be resized and moved to any area in the map display.

Figure 17

Figure 18

Figure 19
Pop-Up/ Information Window

Click a country to display the Pop-up / Information Window (Figure 20) displaying the Country name, Country code, and the Number of records for the selected Data Type. The selected Country polygon is outlined with a turquoise boundary. The appropriate information is displayed for each Data Type (Figures 20 - 22)
Chapter 3: Records by Type

Custom Reports

The RECORDS BY TYPE option (Figure 23) allows the user to filter data for viewing or printing. The *HIV/AIDS Surveillance Data Base* contains information for each country on a wide range of population subgroups. The default is to show all records for all COUNTRIES for the Data Type Prevalence. Data may be filtered by either going through the filter control and specifying characteristics for the data to meet, or clicking on the Source Searches option to search by source information (see Chapter 4).

Figure 23
Data Type Selection

This option (Figure 24) allows the choice of looking at HIV prevalence, HIV incidence, or AIDS cases. The default is PREVALENCE. The AIDS CASES REPORTED option includes mostly AIDS cases reported by the World Health Organization (WHO). Only one selection may be used. General term definitions are found in Appendix A.
Country Selection

The COUNTRIES option (Figure 25) is used to specify countries. The default is All. The scroll bar may be used to move around in the table of countries. In addition, typing the first letter of a country’s name after clicking on the drop down arrow in the box under country will cause the list to scroll to the appropriate area of the table. Click on the desired country to select it. More than one country may be selected at a time by selecting the check boxes next to the countries. The list of countries selected will appear on the button control label. Hovering over the list will display all countries selected. Click on Clear link below the list to de-select all previous country selections.

Figure 25
Geographic Coverage Selection

This option (Figure 26) allows different geographic criteria to be selected. The default is All. To select specific geographic criteria, click on the button control that says Geographic Area. More than one criterion can be selected. (Note: If ALL OTHER URBAN DATA is selected, CAPITAL CITY DATA will not be automatically included.) The option of ADMINISTRATIVE AREAS includes areas such as districts, states, and provinces.

Figure 26
Reference Date Selection

This option (Figure 27) allows specific years or all available years to be chosen. The default is All. If no selection is made, all available years will be used. The list allows for multiple selections. Any value selected will be searched, whether as a part of a range or as a specific value. Click on Clear link below the list to de-select all previous selected years.

A reference date with a (?) indicates that the data source did not provide a date for data collection. The year provided is the source year of publication.

Figure 27
Population Subgroup Selection

This option (Figure 28) allows one or more subgroups to be selected. The default is All. More than one selection may be made.

The option of TWO KNOWN MIXED GROUPS includes those who fall into two different subpopulations but are reported as one. An example is pregnant women and STD clinic patients who are reported as one group. The option of OTHER NON-REPRESENTATIVE includes those such as high-risk individuals and clients of sex workers, who do not fall into any of the other subpopulations.

The option CHILDREN includes all children except for those who are TB patients or transfusion recipients. HOMOSEXUALS include people with known homosexual contacts. IV DRUG/NEEDLE USERS include drug users. MILITARY/ARMED FORCES include police forces. SEX WORKERS include sex workers of either sex and other highly sexually active women such as bar workers. TRANSFUSION RECIPIENTS include recipients of blood and hemophiliacs. Further information on the sub-populations is found in Appendix A.

Figure 28
Sex Selection

The SEX option (Figure 29) includes the selection of male samples, female samples, or both sexes samples. Once the criteria have been selected, you can view the data by clicking on the OK button. The default for this option is All.

Figure 29
Age Selection

The AGE option (Figure 30) allows the data to be broken down by age or the totals with no age breakdown. Once the criteria have been selected, you can view the data by clicking on the OK button. The default option is All, which means all available age data are shown. The “Sample Totals Only – All” displays the totals without any age breakdown; while Age Detail Only shows the available age detail. Age is not always available for some populations and for some countries.

Figure 30
Data Quality Selection

The DATA QUALITY option (Figure 31) allows selection of different qualities of data or the selection of all available data. Once the criteria have been selected, you can view the data by clicking on the OK button.

The default is All, which means all available data of all qualities will be displayed.

Categories of data quality:

- Data meeting high scientific standards with full description of methodology, sample selection, etc., (e.g., peer-reviewed journals or books).

- Apparently good data, with some information incomplete or unknown (e.g., WHO statistics, poster sessions, abstracts, draft manuscripts, self-published books, and sentinel surveillance reports).

- Data of unknown quality, often with missing details of methodology, sample selections, etc. (e.g., newspapers articles, unpublished non-government reports).

Figure 31
Sorting

After viewing the data, the user can sort the data on one or more of the following fields:

- Country Code
- Geographic Area
- Prevalence Rate

Figure 32 illustrates sorting on one field.

To sort by one field, click on the desired field label and the data will automatically sort in ascending order. In order to change or reverse the data order, click on the arrow (▲) next to the field label number. An arrow pointing up indicates that the data in the field are arranged in ascending order, while an arrow pointing down (▼) indicates descending order.
Reset Button

The Reset button will refresh all of the filters and return to the default selections. (Figure 33). The reset button should be used between different searches.

Figure 33

Hide/Show Search Form Buttons

The Left Arrows (Figure 33) allows the user to expand the data display area to fit the whole screen. The Right Arrows (Figure 34) will allow the user to toggle back to the original view and change selection criteria in order to search again.

Figure 34
Chapter 4: Source Searches

Source Searches Option

The Source Searches option (Figure 35) allows the user to select and enter the criteria to perform the search data sources view. The user can search sources by text and category, only one search at a time. The user is able to locate all information available from a particular source, author, etc. The Search For box will allow for a case insensitive search for all the records for the criteria selected in the Search By categories.

**Figure 35**

The Format of the Search For box for each Search By category:

- Author, Title & Publication Information – letters or numbers
- Source ID – one letter and/or up to four numbers only
- Year – the 4-digit publication year (numbers only)

After search criteria are selected, click the Search button. This will populate the grid on the right hand side of the screen with all sources that met the criteria. (Figure 36)
For each source that met the search criteria, there will be a link with “source ID number.” A source ID number is a unique number assigned to every source in the database. To display the data from a source, click on the relevant source ID number.

Figure 36

The following screen appears after clicking the source ID number (Figure 37).

Click Print button to print and save as PDF.
Click Download button to open or save as CSV.
Click OK or X in order to go back to the form.

Figure 37
Appendix A: General Terms

Geographic Coverage (Geo. Area) Standard

- National data
- Capital city
- Other urban areas
- Rural areas
- Other (e.g., mixed non-national)
- Administrative areas: States, provinces, regions, districts, territories, parishes, departments, prefectures

Subpopulation Standard (Subpop)

- Blood donors
- Children, pediatric patients
- Truck drivers and their assistants
- Pregnant women
- Homosexuals/persons with known homosexual contacts
- IV drug users/needle sharers and drug users
- Prisoners
- Other patients
- Military/Armed and police forces
- Normally-healthy adults
- Other nonrepresentative groups (e.g., testing center attendees, contacts of HIV+ individuals, etc.)
- Sex Workers and other highly sexually mobile individuals
- Sexually-transmitted infection (STI) clinic patients
- Transfusion recipients/hemophiliacs
- TB patients
- Two known mixed groups with only one sample size

Sex Code

- B Both sexes
- F Females
- M Males
**Date Type**

- **HIV** Human Immunodeficiency Virus (HIV) -- non-specified probably HIV1
- **HIV1** HIV1 (or HTLV III) - - so specified
- **HIV2** HIV2 (or HTLV IV) - - so specified
- **HIV1&2** CO-infection of HIV1 and HIV2
- **HIV1,2** Overall combined of HIV1 and HIV2
- **AIDS** Acquired Immune Deficiency Syndrome

**Specimen Type**

The specimen type refers to what fluid was collected and how it was collected from the donor.

- **BW** Whole blood
- **BS** Blood spots
- **B** Blood (unspecific)
- **O** Oral/Saliva
- **U** Urine

**Test Type**

- **ELISA** Enzyme-linked immunosorbent assay or EIA
- **ELISA*2, 3, ...** More than one ELISA test
- **IFA** Indirect immunofluorescent assay or IF
- **LIA** Line immunoassay
- **PCR** Polymerase chain reaction
- **RAPID** Rapid and simple assay
- **RAPID *2, 3, ...** More than one Rapid assay
- **RIA** Radioimmuno assay
- **RIPA** Radioimmunoprecipitation assay
- **UNK** Unknown
- **WB** Western blot assay or IB

The test types are based on an article from *AIDS* Volume 7, Number 1, January 1993 by Neil T. Constantine.
Data Quality

Data meeting high scientific standards. Results of peer-reviewed journals, etc. Full description of methodology, sample selection, etc., generally available.

Apparently good data, with some information incomplete or unknown (e.g., WHO statistics, conference poster sessions, abstracts, draft manuscripts and sentinel surveillance reports, etc.)

Data of unknown quality, often with missing details of methodology, sample selection, etc. (e.g., newspaper articles, non-peer reviewed reports or articles, etc.)

Comments

Common acronyms used in the “Comments for selected record” section

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Appendix B: Alphabetic – Data Base Country Codes

Country code has been updated to the Geopolitical, Entities, Names, and Codes (GENC) standard. Only Countries currently included in the *HIV/AIDS Surveillance Data Base* are listed.

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