

Strengths: Given the size of the population tested, new or emerging patterns of HIV transmission (e.g., heterosexual transmission) may be reflected by an increase in seroprevalence rates among applicants for military service.

Limitations: As illicit drug use and homosexual behaviors have been grounds for exclusion from military service, seroprevalence rates among applicants for military service underestimate the actual seroprevalence in the general population.

4.2.1.7 Surveillance of Occupationally Acquired HIV Infection. Occupationally-acquired HIV infections are rare. However, concerns of health care workers regarding the risk of HIV infection must be addressed.

Stated Objectives and Overview. The primary objectives are to determine the number of persons infected with HIV resulting from occupational exposure and to characterize the incidents resulting in transmission. State and local health departments voluntarily participate. Potential cases are identified from possible occupationally related HIV infections reported to state and local health departments. Data collection includes 1) circumstances of exposure; 2) occupation of worker; 3) status of source patients; 4) other risk factors; 5) prophylaxis after exposure; 6) worker demographics; and 7) documentation of sero-conversion.

Targeted Population: HIV-infected persons, primarily health care workers (HCWs), who may have acquired HIV through occupational exposure.

Strengths: This surveillance system establishes a standardized reporting system for HIV-infected HCWs who fulfill neither surveillance criteria for AIDS nor the enrollment criteria for prospective needlestick studies. This reporting system provides a unique opportunity to address the concerns of HCWs. Data collected from this reporting system will continue to be useful in evaluating transmission of HIV in health care and public-safety settings and in formulating more effective control and prevention strategies.

Limitations: Completeness of reporting is limited for several reasons. HIV infection (in the absence of AIDS) is not reportable in all states, and some states may not have an established system for detecting persons with occupationally-acquired HIV infection. Participation is voluntary on the part of the HCW and on the part of the health departments. Not all persons with occupationally-acquired HIV infection are reported because not all HCWs are evaluated for HIV infection following exposures. Lastly, some HIV-infected workers choose not to participate.

4.2.1.8 Behavioral Risk Factor Surveillance System. Forty-nine state health departments conduct general population telephone surveys that address a range of health topics. These surveys can be used to obtain state level data on HIV-related knowledge, attitudes, and behaviors.

Stated Objectives and Overview. The goal of the Behavioral Risk Factor Surveillance System (BRFSS) is to provide uniform chronic-disease-related behavioral data to guide health promotion and disease prevention programs. The system has been in operation for a decade. The BRFSS is a large-scale telephone-based survey that is now carried out in 49 states and Washington DC. The sampling method selects one randomly chosen person within a household for interview. The BRFSS collects data on the major behavioral risk factors for the leading causes of morbidity and premature mortality; HIV-related issues have been incorporated in the survey and make up about one fifth of the core questions. These include questions regarding attitudes about persons with HIV infection, knowledge about the effectiveness of condoms in preventing HIV infection, knowledge about the availability of treatments for HIV infection, self-perception of risk of HIV exposure, and use of HIV testing.

Target Population: All adults, ages 18 years and older, residing in households with telephones. Sample size is roughly 2,000 interviews per year per state.

Strengths: The BRFSS is a state-based survey and provides data for state-by-state comparisons. Time trend analyses are possible. The questionnaire can be modified annually to meet state needs. Data turnaround time is relatively rapid for a large survey. States and local areas may add their own HIV-related modules and questions. State BRFSS capacity allows for point-in-time topical surveys.

Limitations: BRFSS does not represent households without telephones. The telephone questionnaire is limited to a shorter time than conventional face-to-face surveys. Because BRFSS addresses a variety of health problems, limited time is available for questions about HIV. At present, specific questions about HIV-related behaviors are not included