

clients over time. Residual blood collected for routine diagnostic purposes is tested for HIV antibodies after all identifying information has been removed, and HIV risk information corresponding to the specimen is recorded. CDC and state and local health departments also bank residual sera for possible future study.

Target Population: Persons with varying levels of HIV risk seeking treatment at selected clinics in 20 major metropolitan areas of the United States.

Strengths: These surveys obtain HIV seroprevalence estimates that are unbiased by client self-selection. These data have been useful locally in documenting both the presence and extent of HIV infection in a variety of population groups, motivating communities to respond.

Limitations: It is often difficult to interpret trends in HIV seroprevalence rates from these annual surveys due to possible changes within clinic populations. Prevalence trends may not accurately reflect incidence trends, particularly when the prevalence is relatively high compared to incidence.

Note: CDC has proposed implementing a rapid assessment protocol that would enable communities to quickly assess HIV prevalence in targeted groups. Health departments could use this protocol to implement one-time or intermittent serosurveys in sites of local priority.

In addition, CDC in collaboration with selected areas, is assessing the feasibility of combining the use of a serologic marker of the duration of infection with standard seroprevalence methods. This may enable the use of cross-sectional surveys of HIV prevalence to also estimate HIV incidence in the surveyed populations. New technologies for measuring CD+ T-lymphocyte counts will allow for such assessments, combined with the development of statistical methods to interpret these data.

4.2.3.3 The National Death Index (NDI) Project

Stated Objectives and Overview. The primary objectives of the NDI project are to: 1) evaluate the completeness of death ascertainment by AIDS surveillance; 2) obtain information on the causes of death of persons with AIDS; and 3) estimate the extent to which persons change residence from time of diagnosis to death.

The National Death Index (NDI) is a computerized index of death records submitted to the National Center for Health Statistics (NCHS) by the state vital statistics offices. The NDI was established to assist health investigators in determining whether persons in their studies have died, and, if so, in which state. NDI provides death certificate numbers, and investigators may then purchase copies of death certificates from the appropriate state offices. Data are currently available for deaths occurring up to 1990; the lag time is related to collection, preparation, and computerization of death certificate data by all state vital registrars.

In this project, state health departments submit to the NDI names of persons reported with AIDS (or in some states with HIV infection) to identify unreported deaths. *This project does not seek to identify new AIDS cases or evaluate the completeness of AIDS case reporting.* Rather, it will evaluate the completeness of death reporting among persons who have already been reported as having AIDS (or HIV). Because CDC does not collect names of persons reported with AIDS (or HIV), the linkage with the NDI must be done by local/state health departments that have primary responsibility for AIDS surveillance. The project is, thus, an extension of routine efforts of health departments to ascertain the vital status of persons with AIDS. Because of concerns with security and confidentiality, a staff member of each participating health department hand-carries the AIDS surveillance data file to the NDI computer at Research Triangle Park, North Carolina once a year and ensures that no AIDS surveillance data remain at the NDI facility upon departure.

In addition to ascertaining vital status, other information from death certificates (e.g., causes of death, place of death, marital status) is obtained for all persons who have been identified through the AIDS case report system and who have died. Data are entered into a supplemental section of the HIV/AIDS Reporting System.

Target Population: All persons reported with AIDS in funded areas (or with HIV infection in states that conduct named HIV reporting).

Funded Sites: Arizona, California, Colorado, Florida, Maine, Maryland, Massachusetts, Missouri, New Jersey, New Mexico, Rhode Island, and Washington, Los Angeles County, San Francisco, New York City.