Caleb,

Below are our responses to your follow up questions.

Thank you.

The main issue: I've spoken to people in smaller counties which report zero HIV cases in recent years, but where health directors said they know they DO have cases – people came up HIV+ on rapid tests, but the health dept didn't report it because they could not do confirmatory testing. Either patients could not be found again, or refused followup testing.

HIV rapid tests are reportable to the state, not the county. The West Virginia Department of Health would need specifics on the situation in order to accurately respond. West Virginia does have disease intervention sta@ positioned statewide who track down positive HIV cases in order to obtain confirmatory testing and connect them in care. Even so, there are instances where individuals are not found. This is common amongst certain at-risk populations where unstable housing or drug misuse may be a factor.

In another case, Lincoln County reports zero cases, but I've come across more than one resident who tested positive recently (they receive care in Charleston).

Just because a resident in Lincoln County has recently tested positive for HIV, doesn't mean they would necessarily be counted as a Lincoln County case. This can be due to a variety of reasons: cases may have already been known to us in another county or another state; the case is unstably housed, in which the county where the case is diagnosed is where the case counts; or there may be delays in confirming permanent addresses (we may be using a last known address in our disease surveillance system, etc).

My questions:

1. Is the state DHHR aware of these kind of issues? How concerning are they? Is this just the normal challenge of epidemiology, or is is possible that there is a lot more HIV than is being reported?

West Virginia utilizes disease surveillance protocols that establish standards for classifying and counting cases. The data referenced in the above question is preliminary, bi-weekly data that is subject to change as additional data comes in and is analyzed. The West Virginia Department of Health does not have evidence that cases are not being reported per the reportable disease rule, and the process for classifying and counting cases described above is part of the routine epidemiological work done

daily at Bureau for Public Health (BPH).

The West Virginia Department of Health cannot comment on any speculation that there may be more HIV in the state than what is being reported. HIV testing is essential for improving the health of people living with HIV and reducing new HIV infections. Increased screening for HIV and opt out policies in multiple healthcare settings (mental health facilities, urgent care, pharmacies, emergency departments, substance use disorder treatment settings, primary and specialty care clinics, community health centers) is essential for identifying new cases especially amongst high-risk populations, such as individuals who inject drugs.

2. For the data in “HIV Diagnoses by County, West Virginia, 2015-2024” (attached), are cases counted in the county where a person lives? Or where they were initially diagnosed?

The data is based on the county of residence at the time they were initially diagnosed. If they were unstably housed, the address would reflect where they were diagnosed.

3. What is required to make a case “official” or reportable, in the count? • Does it require a confirmatory test? Does it matter what kind?
   - Does it need to be a test that shows the presence of virus, as opposed to an antibody test?
   - Is there a list of specific tests that pass muster?

West Virginia follows the national surveillance case definition for case classification: [https://ndc.services.cdc.gov/conditions/hiv-infection-aids-has-been reclassified-as-hiv-stage-iii/](https://ndc.services.cdc.gov/conditions/hiv-infection-aids-has-been-reclassified-as-hiv-stage-iii/).