NCHS Dataline

New estimates of human immunodeficiency virus (HIV) prevalence are published by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). An analysis of the rising rate of methadone deaths is released, and a new Web-based service offers users easy access to published data from the National Survey of Family Growth (NSFG). NCHS also published a detailed profile of hospitalization patterns for 2005.

NEW HIV PREVALENCE ESTIMATES

An estimated 0.47% of the U.S. household population between the ages of 18 and 49 are living with HIV, according to estimates based on surveys conducted between 1999 and 2006 and published in "HIV Infection in the United States Household Population Aged 18–49 Years: Results from 1999–2006."[1] The findings are from the National Health and Nutrition Examination Surveys (NHANES), a series of standardized health examination surveys of a nationally representative sample of the U.S. civilian, non-institutionalized population conducted by NCHS.

In contrast with other HIV surveys, NHANES does not focus exclusively on populations that may be at high risk for HIV, such as men who have sex with men, injection drug users, and homeless or incarcerated individuals. Rather, it provides a measurement of the extent of the infection in the general population. These data are roughly equivalent to previous prevalence estimates for this population from a 1988–1994 NHANES. The NHANES program collects data through laboratory testing and health interviews as well as examinations. In 1999, the survey began operating on a continuous basis.

Key findings on HIV prevalence in 1999–2006 include:

- Men aged 18 to 49 are more likely to be infected (0.7%) than women (0.2%).
- Two percent of non-Hispanic black adults aged 18 to 49 were infected with HIV compared with 0.23% of white adults and 0.30% of Mexican-American adults.
- Adults aged 18 to 49 who are infected with the herpes simplex type-2 virus (HSV-2) are more than 15 times likely to also be infected with HIV. An estimated 2% of HSV-2 positive adults aged 18 to 49 also have HIV.

METHADONE DEATHS IN THE U.S. RISE SHARPLY

A new analysis of methadone deaths shows a steady increase over the past few years. From 1999 to 2005, poisoning deaths increased 66%, from 19,741 to 32,691 deaths, whereas the number of poisoning deaths mentioning methadone increased 468% to 4,462. Poisoning deaths mentioning methadone increased from 4% to 14% of all poisoning deaths. Most recently, all poisoning deaths increased 8% from 2004 to 2005, whereas those mentioning methadone increased 16%.

Of all narcotic drugs mentioned in poisoning deaths, methadone had the largest relative increases. The absolute number of poisoning deaths mentioning methadone was less, however, than the number of deaths mentioning cocaine or other opioids. Other opioids include pain-relief drugs such as oxycodone, hydrocodone, and fentanyl. Since 1999, 73% to 80% of poisoning deaths mentioning methadone have been classified as unintentional (3,701 such deaths in 2005), with an additional 11% to 13% being of undetermined intent, 5% to 7% as suicides, less than 1% as homicides, and about 1% were injuries other than poisoning. During this same period, 3% to 6% of deaths where methadone was mentioned were not coded as injury deaths

In 2005, poisoning remained the second-leading cause of injury death in the U.S., after surpassing firearms for the first time in 2004. The vast majority of poisoning deaths are due to unintentional drug overdoses. Narcotic-related deaths have played the largest role in the increase in all poisoning deaths from 1999 to 2005 (the years for which data are available). They accounted for 56% of all poisoning deaths in 2005, up from 50% in 1999. Their absolute numbers increased 84% during the seven years. Methadone-related deaths have increased more than other narcotic-related deaths. Data on the latest methadone deaths are analyzed in "Increases in Poisoning and Methadone-Related Deaths, United States, 1999–2005."[2]

NEW DATA ACCESS TOOL FOR NSFG

NSFG has been conducted periodically since the 1970s to produce information on marriage, cohabitation, fertility, family planning, and sexual activity among other topics related to reproductive health. Cycle 6 of the NSFG was conducted by NCHS in 2002. "Key

Statistics from the National Survey of Family Growth"[3] presents the most important findings from the 2002 survey. Findings are indexed by topic from A to Z and include adoption, breast-feeding, child-care arrangements, pelvic inflammatory disease, sexually transmitted diseases, and wanted and unwanted childbearing. All of the results are from published reports, and a hyperlink to a report is provided for each topic. Readers are referred to the reports for details that may be helpful in interpreting the findings—such as the demographic or public health importance of the data, definitions of technical terms, results for subgroups (e.g., by age, Hispanic origin and race, and education), and estimates of sampling errors.

The sample for the survey represents the household population of the U.S. aged 15 to 44 years. The survey sample is designed to produce national data, not estimates for individual states. In-person interviews were completed with 12,571 respondents aged 15 to 44 years and included 7,643 females and 4,928 males. The interviews were voluntary and confidential, with an overall response rate of 79%. In late June 2006, the NSFG began continuous operations, and data from the later survey will be added to the Key Statistics access system when available in 2009.

NCHS PROFILES HOSPITALIZATION IN 2005

A new report from NCHS presents national estimates for 2005 and selected trend data on the use of nonfederal short-stay hospitals in the U.S.[4] The estimates are based on data collected through the National Hospital Discharge Survey, which has been conducted by NCHS on an annual basis since the mid-1960s. The latest report profiles the more than 34 million hospital discharges in 2005, providing data on diagnoses and surgical and nonsurgical procedures performed by patient characteristics (e.g., age and gender) and facility characteristics (e.g., size, ownership, and regional location).

The 34.7 million discharges resulted in an estimated 165.9 million days of care, with an average length of stay of 4.8 days per patient. Nonprofit hospitals treated 76% of discharges from short-stay hospitals in the U.S. and the proportion varied from 58% in the South to 95% in the northeastern U.S. Hospitalization varied significantly by age, with children younger than 15 years of age accounting for only 7% of hospital discharges and days of care in contrast with people aged 65 years and older, who accounted for 38% of discharges and 44% of days of care.

Tracking hospitalizations by diagnoses showed about 6.2 million hospitalizations for diseases of the circulatory system. Childbirth was the first listed diagnosis for 4 million hospitalizations. Diseases of the respiratory system accounted for 3.7 million, and diseases of the digestive system for 3.4 million. There was a decline in hospitalization for malignant neoplasms from 1990 to 2005. No surgery was performed for about 38% of hospitalizations, but in 12% of hospitalizations four or more procedures were performed. Female patients had almost 9 million obstetrical procedures. Other leading procedures included 7 million procedures on the cardiovascular system, including 1.2 million cardiac catheterizations.

NCHS Dataline was prepared by Sandra S. Smith, MPH, Communications Consultant at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, and Jeffrey H. Lancashire, Acting Associate Director for Health Communications at NCHS.

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