



Guidance on Community Viral Load
October 13, 2011

The Centers for Disease Control and Prevention (CDC) recently released to HIV surveillance coordinators (August 2011) "*Guidance on Community Viral Load: A Family of Measures, Definitions and Method for Calculation*". The *Guidance* was developed in response to the National HIV/ AIDS Strategy (NHAS) with input from over 25 jurisdictions. The NHAS and CDC's "High Impact HIV Prevention" approach (<http://www.cdc.gov/hiv/strategy/>) emphasize the need to target resources in an effort to maximize the impact of HIV prevention activities to ultimately reduce HIV incidence, increase access to care for people living with HIV and promote health equity. Given that measuring community viral load has been highlighted as a potentially useful tool in this effort, it is important to more precisely frame the discussion around its definition, estimation and use.

The *Guidance* proposes common language around a "family of viral load measurements". The family includes four Measures of viral load (VL) for a given HIV-infected population, defined by up to five component measures. These five component measures are the attributes of the HIV-infected population for which information is available, around level of care, viral load, and diagnosis. The following table shows the four VL Measures and their corresponding component measures:

	Component measures:				
<i>Population Viral Load</i>	In care and with undetectable VL	In care with detectable VL	In care no VL*	Diagnosed but not in care	Un-diagnosed
<i>Community Viral Load</i>	In care and with undetectable VL	In care with detectable VL	In care no VL	Diagnosed but not in care	
<i>In-Care Viral Load</i>	In care and with undetectable VL	In care with detectable VL	In care no VL		
<i>Monitored Viral Load</i>	In care and with undetectable VL	In care with detectable VL			

*No VL = missing/unknown, for a variety of reasons (e.g. incomplete reporting)

Estimating Measures of Viral Load:

- *Population Viral Load:* This is the most comprehensive measure; however, it is a conceptual measure, unable to be directly calculated.
- *Community Viral Load:* Calculation is not feasible for most jurisdictions at this time. For jurisdictions to be able to estimate this, they would need to address missing VL data among diagnosed resident persons with HIV or obtain data by increasing testing and maximizing linkage to/retention in care.
- *In-Care Viral Load:* Calculation is not feasible for most jurisdictions at this time. For jurisdictions to be able to estimate this, they would need to address missing VL data to maximize the proportion of persons in care who have VL data in the HIV surveillance system.
- *Monitored Viral Load:* Most jurisdictions can calculate this for diagnosed cases.

Additionally, standardized categorical measures have been defined and can be used to assess the quality of HIV care or the possible transmission potential for the HIV-infected population that is receiving care:

- Suppressed/not suppressed (where ≤ 200 copies/mL is suppressed and > 200 copies/mL is not suppressed)
- Undetectable (≤ 50 copies/mL)
- High VL ($> 100,000$ copies/mL)

What Increases a Health Department's Ability to Estimate Viral Load?

- Adopting policies to require reporting of all VL test values to the HIV surveillance program
- Having access to a well-defined population
- Using common definitions of Viral Load measures
- Complete and accurate surveillance/health data
- High HIV testing rates
- High linkage to and retention in care rates
- High level of collaboration across and functional effectiveness of policy, care and treatment and surveillance systems
- Strong relationship with laboratories, particularly around the inflow of data and promoting policies for reporting viral loads to surveillance systems

For more detailed information, or if you would like to receive a copy of the guidance document, contact your state/local HIV surveillance coordinator.