NEW JERSEY HIV PLANNING GROUP

Index of Terms

NJ Health
New Jersey Department of Health

NJ HPG
NEW JERSEY HIV PLANNING GROUP

HCSDI
NJ HIV COMMUNITY SUPPORT & DEVELOPMENT INITIATIVE

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Table of Contents

Goal of the Index of Terms

The Index of Terms will serve as a central location for commonly used terms and acronyms related to HIV prevention, care, and treatment. This will be a resource used by NJHPG Members, Committee Members, and Community Members.

The goal of creating an Index of Terms for HIV-related terminology is multifaceted. Here are some key aims:

- **Empowerment Through Understanding:** Many people affected by HIV, healthcare providers, and even researchers might be unfamiliar with specific terminology. A glossary provides clear and consistent definitions, allowing everyone to understand the impact of HIV.
- **Improved Communication Around HIV:** Consistent use of accurate terms avoids confusion and stigma. This is especially important when discussing HIV with patients, raising public awareness, or collaborating among healthcare professionals.
- **Enhanced HIV Care and Prevention:** Clear communication is vital for effective HIV treatment and prevention strategies. A glossary ensures everyone involved understands terms like viral load, antiretroviral therapy, and transmission risks, leading to better patient outcomes.
- **Promoting Knowledge About HIV:** A glossary serves as a valuable resource for anyone seeking to learn more about HIV. By providing clear explanations, it fosters a learning environment and empowers individuals to make informed decisions about their health.
- **Combating Stigma:** Outdated or insensitive terminology can perpetuate stigma around HIV. A glossary can promote the use of respectful and accurate language, fostering a more supportive environment for people living with HIV.

In essence, a glossary of HIV terms is a key tool for promoting understanding, improving communication, and ultimately, achieving better health outcomes for those affected by HIV.

The Index of Terms is divided into four subsections: 1) Glossary of Integrated Planning Terms, 2) Glossary of Data and Research Terms, 3) Glossary of HIV Prevention, Care, and Treatment Terms, and 4) Glossary of Commonly Used STD Acronyms, Names, and Abbreviations in Clinical Settings. Below are brief descriptions of what can be found in each subsection.

Glossary of Integrated Planning Terms- This section contains words and phrases included in Integrated Planning for HIV Prevention.

Glossary of Data and Research Terms- This section contains definitions and explanations for a wide range or terms you might encounter when working with data or conducting research.

Glossary of HIV Prevention, Care, and Treatment Terms- This section contains words and phrases commonly used in discussions pertaining to HIV Prevention, Care, and Treatment.

Glossary of STD Acronyms, Names, and Abbreviations Used in Clinical Settings- This section contains words and phrases specifically used in healthcare settings such as medical conditions, medical procedures, medical abbreviations and acronyms, or Latin terms.

The Index of Terms will be updated annually by the Data and Research Committee. This Committee will be accepting submissions for Terms to be added via an online submission form.

Glossary of Integrated Planning Terms

Source: Target HIV (July 2023)

Community and Other Stakeholder Engagement

Required section of the Integrated HIV Prevention and Care Plan for CY 2022-2026. This section should describe how the jurisdiction approached the planning process, engaged community members and stakeholders, and fulfilled legislative and programmatic requirements, including a) the statewide coordinated statement of need (SCSN) b) RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV; and c) CDC planning requirements.

This section incorporates information from the "Collaborations, Partnerships, and Stakeholder Involvement" and the "People Living with HIV and Community Engagement" sections of the CY 2017-2021 Integrated Plan Guidance.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026.

Contributing Data Sets

A section of the Integrated Plan that provides an analysis of the qualitative and quantitative data used by the jurisdiction to describe how HIV impacts the jurisdiction. This process is used to determine the services needed by clients to access and maintain HIV prevention, care and treatment services as well as to identify barriers for clients accessing those services; and to assess gaps in the service delivery system. This section fulfills several legislative requirements including the SCSN, the RWHAP Part A and B planning requirements including those requiring feedback from key stakeholders and people with HIV, and CDC planning requirements.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022- 2026.

Ending the HIV Epidemic in the U.S. (EHE)

Ending the HIV Epidemic in the U.S. (EHE) is a federal initiative that aims to end the HIV epidemic in the United States by 2030. The plan seeks to reduce the number of new HIV

infections in the United States by 75 percent within five years, and then by at least 90 percent within 10 years, for an estimated 250,000 total HIV infections averted.

Source: What Is Ending the HIV Epidemic in the U.S.?

Epidemiologic Snapshot
Also known as: *Epi overview, known as the Epidemiologic profile in the Integrated HIV Prevention and Care Plan Guidance, Including the SCSN, CY 2021-2026*

A snapshot summary of the most current epidemiologic profile for the jurisdiction which uses the most current available data (trends for most recent 5 years). The snapshot should highlight key descriptors of people diagnosed with HIV and at-risk for exposure to HIV in the jurisdiction using both narrative and graphic depictions. Provide specifics related to the number of individuals with HIV who do not know their HIV status, as well as the demographic, geographic, socioeconomic, behavioral, and clinical characteristics of persons with newly diagnosed HIV, all people with diagnosed HIV, and persons at-risk for exposure to HIV. This snapshot should also describe any HIV clusters identified and outline key characteristics of clusters and cases linked to these clusters. Priority populations for prevention and care should be highlighted and align with those of the NHAS.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Executive Summary of Integrated Plan and SCSN

Provides an overall description of a jurisdiction's Integrated Plan, including the SCSN, and the extent to which other plans and/or SCSNs informed the Integrated Plan. This is a new requirement for the 2022-2026 Integrated Plan submission.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Fast Track Cities

The Fast-Track Cities Initiative is a global partnership between cities and four core partners – the International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Human Settlements Programme (UN-Habitat), and the City of Paris.

City officials appoint their cities as Fast-Track Cities, committing to getting to zero new HIV infections and zero AIDS-related deaths.

Source: About Fast-Track Cities

Goals and Objectives

Also known as: *2022-2026 Goals and Objectives*

A detailed description of HIV prevention and care goals and objectives for the years 2022-2026. Each should describe how the jurisdiction will diagnose, treat, prevent and respond to HIV, and should be directly in response to the needs identified throughout the planning process.

This section is similar to the CY 2015-2021 Guidance, with one significant change - the inclusion of the four EHE strategies (Diagnose, Treat, Prevent, and Respond). Jurisdictions may align their goals with the four EHE strategies, or use another organizing structure for this section. At a minimum, jurisdictional goals should include strategies to accomplish the aims of Diagnosis, Treat, Prevent, and Respond, and plans should include at least three goals for each strategy. This is different from the 2017-2021 Guidance, which only encouraged jurisdictions to align their goals and objectives with the National HIV/AIDS Strategy goals, as the EHE initiative did not exist at the time.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

HIV Care Continuum

1) The HIV care continuum depicts the stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication to reach viral suppression. Supporting people with HIV to reach viral suppression not only increases

their own quality of life and lifespan, it also prevents sexual transmission to an HIV-negative partner, thus providing an additional strategy to prevent new HIV infections.

The HIV care continuum allow recipients and planning groups to measure progress and to direct HIV resources most effectively. The 2022-2026 Integrated Plan Guidance uses the HIV care continuum model. HRSA and CDC encourage jurisdictions to use the HIV care continuum to identify populations for whom the service system may not adequately prevent exposure to HIV or may not support improved HIV health outcomes.

2) A model that is used by federal, state, and local agencies to identify issues and opportunities related to improving the delivery of services to people with HIV across the entire HIV care continuum. HIV care continuum has five main "steps" or stages including: HIV diagnosis, linkage to care, retention in care, antiretroviral use, and viral suppression.

3) There are two different approaches to monitor the HIV care continuum. The two approaches are used for different purposes, and both are essential to monitor the nation's progress and identify key HIV prevention and care needs.

The **prevalence-based** HIV care continuum describes the number of people who are at each step of the continuum as a percentage of the total number of people with HIV (known as HIV prevalence). Prevalence includes both people whose infection has been diagnosed and those who are infected but don't know it.

The **diagnosis-based** HIV care continuum shows each step as a percentage of the number of people with diagnosed HIV.

The diagnosis-based HIV Care Continuum shows each step of the continuum as a percentage of the number of people with HIV who were only diagnosed. The diagnosed-based continuum informs steps that can be taken to get individuals with HIV into care and get them to viral suppression.

Sources:

1) Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

2) What is the HIV Care Continuum?

3) Understanding the HIV Care Continuum

HIV Planning Body

Also known as: *Advisory committee/group, community advisory group, planning council, planning body*

All CDC DHAP and HRSA HAB funded jurisdictions (the 50 states, RWHAP Part A-funded Eligible Metropolitan Areas and Transitional Grant Areas, directly-funded CDC HIV prevention cities, Puerto Rico, the United States Virgin Islands, and the United States Affiliated Pacific Island jurisdictions) are required to have a planning process that includes the development of a system-wide plan for the delivery of HIV prevention and care services and the establishment of an HIV planning group, planning council, or advisory group, also known as a planning body. By design, the HIV planning body must engage people with different interests, responsibilities, and involvement with HIV to inform and support the development and implementation of an Integrated Plan submission that guides the delivery of HIV prevention and care services. [1]

RWHAP Part A recipients are legislatively required to have a Planning Council or Planning Body that sets HIV-related service priorities and the resource allocation of Part A funds on the basis of the size, demographics, and needs of people with HIV. [2]

Similarly, RWHAP Part B programs must ensure community and stakeholder involvement in the planning process as a way to bring diverse experience and input into such tasks as needs assessment, developing a comprehensive plan, setting priorities, and recommending the allocation of funds to service categories. Unlike the RWHAP Part A Planning Councils, RWHAP Part B planning bodies are not charged legislatively with responsibility for service dollar allocation. [3]

Directly-funded CDC Prevention jurisdictions are also required to convene an HIV Planning Group which is responsible for developing specific strategies to enhance coordinated, collaborative, and seamless access to HIV prevention, care, and treatment services (including mental health, substance abuse, and coinfections of viral hepatitis, STDs, and TB) for the highest-risk populations.[4]

Many Part A, Part B, and CDC HIV Prevention Planning Bodies and recipients now have integrated HIV planning bodies that address both prevention and care/treatment concerns. There are varying types and levels of integration that jurisdictions have implemented.

Sources: 1. Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026, 2. HRSA website, 3. RWHAP Part B manual, 4. CDC HIV Planning Guidance

HIV Prevention, Care, and Treatment Resource Inventory

Also known as: *was previously known as the financial and human resources inventory in the 2015 Integrated Plan Guidance for 2017-2021*

Requirement of the Integrated HIV Prevention and Care Plan for 2022-2026. A description of the organizations and agencies providing HIV care and prevention services in the jurisdiction, all HRSA (must include all RWHAP Parts) and CDC funding sources, and public and private funding sources, such as those through HRSA's Community Health Center Program, HUD's HOPWA program, Indian Health Service (IHS) HIV/AIDS Program, Substance Abuse and Mental Health Services Administration programs, and foundation funding.

The inventory must describe: a) the jurisdiction's strategy for coordinating the provision of substance use prevention and treatment services (including programs that provide these services) with HIV prevention and care services; b) services and activities provided by these organizations in the jurisdiction and if applicable, which priority population the agency serves; and c) describe how services will maximize the quality of health and support services available to people at-risk for or with HIV.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

HIV Status Neutral

A status-neutral approach to HIV care means that all people, regardless of HIV status, are treated in the same way. It all starts with an HIV test. Any result, positive or negative, kicks off further engagement with the healthcare and prevention system, leading to a common final goal, where HIV is neither acquired nor transmitted. The 2021 Integrated HIV Prevention and Care Plan Guidance for 2022-2026 promotes a status neutral approach, where testing serves as an entry point to services regardless of a positive or negative results, to improve HIV prevention and care outcomes. Jurisdictions are encouraged to implement innovate program models that integrate HIV prevention and

care with other services as a means to address comorbid conditions and to promote a status neutral approach to care.

Sources: Redefining Prevention and Care: A Status-Neutral Approach to HIV and Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Program Planning

CDC and HRSA have updated the epidemiologic profile guidance to reflect new data sources and new core questions that align with the National HIV/AIDS Strategy (2022–2025) (NHAS) and the Ending the HIV Epidemic in the U.S. (EHE) initiative. The document provides one set of guidance to help profile writers produce integrated epidemiologic profiles and advise them on how to interpret epidemiologic data in ways that are consistent and useful in meeting the planning and evaluation needs of both HIV prevention and care programs.

Source: CDC and HRSA. Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Programs Planning. Atlanta, Georgia: Centers for Disease Control and Prevention; 2022.

Integrated HIV Prevention and Care Plan including the Statewide Coordinated Statement of Need, CY 2022-2026
Also known as: *Integrated HIV Prevention and Care Plan, including the SCSN, Integrated Plan*

Integrated HIV Prevention and Care Plan including the Statewide Coordinated Statement of Need is a vehicle to identify HIV prevention and care needs, existing resources, barriers, and gaps within jurisdictions, and outlines the strategies to address them.

Each HRSA and CDC-funded jurisdiction is required to participate in the completion and submission of an Integrated HIV Prevention and Care Plan. As part of that document, it should include an Integrated HIV Prevention and Care Plan section that outlines the

Goals, Objectives, Strategies, Activities and Resources needed to achieve HIV prevention, care, and treatment goals set forth by jurisdictions and planning bodies. The Integrated HIV Prevention and Care Plan should respond to the needs identified in the SCSN/needs assessment and is intended to support and align with the National HIV/AIDS Strategy.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026
Also known as: *Integrated Plan Guidance, 2021 Integrated Plan Guidance*

Guidance set forth for health departments and HIV planning groups funded by the CDC and HRSA HAB for the development of an Integrated HIV Prevention and Care Plan, which is intended to allow each jurisdiction to develop new goals and objectives that align public and private sectors to leverage strengths from the last five years and to add or revise services to address local health inequities that may remain. The Integrated Plan Guidance speaks to the need for aggressive actions necessary to achieve the National HIV/AIDS Strategy goals and targeted efforts to end the HIV epidemic by the year 2030.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026

Integrated Planning Implementation, Monitoring, and Jurisdictional Follow Up
Also known as: *monitoring and improvement, monitoring and reporting*

Required section of the Integrated Plan CY 2022-2026. This section describes how jurisdictions will undertake the key phases of integrated planning: implementation, monitoring, evaluation, improvement, reporting, and dissemination. This section is similar to the Monitoring and Improvement section of the CY 2017-2021 Guidance.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Jurisdictional Plans
Also known as: *Local Getting to Zero or Ending the HIV Epidemic Plans, Local HIV planning efforts, City/county funded treatment and prevention programs*

Local or state-level developed plans aimed towards ending the HIV epidemic. These plans are often community-led, address a number of domains for action, and continue to be updated as progress continues.

Source: Ending the HIV Epidemic Plans

Jurisdictional Planning Process

A description of how a jurisdiction approached the integrated planning process, including the steps used in the planning process, the groups involved in implementing the needs assessment and/or developing planning goals and how the jurisdiction incorporated data sources in the process. This is a required part of Section II: Community Engagement and description of Jurisdictional Planning Process.

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026.

Letters of Concurrence
Letter(s) submitted on behalf of planning bodies which specifies how the planning body(ies) was involved in the Integrated Plan development and expresses concurrence or concurrence with reservations of the jurisdiction's Integrated Plan. Letters of Concurrence should be provided from the following (as applicable):

- CDC Prevention Program Planning Body Chair(s) or Representative(s)
- RWHAP Part A Planning Council/Planning Body(s) Chair(s) or Representative(s)
- RWHAP Part B Planning Body Chair or Representative
- Integrated Planning Body
- EHE Planning Body

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026, Section VII.

National HIV/AIDS Strategy (2022-2025)
Also known as: *NHAS*

The National HIV/AIDS Strategy (2022–2025) provides stakeholders across the nation with a roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030. The Strategy reflects President Biden's commitment to re-energize and strengthen a whole-of-society response to the epidemic while supporting people with HIV and reducing HIV-associated morbidity and mortality.

Source: National HIV/AIDS Strategy (2022-2025)

Priority Populations

Refers to the populations identified in the National HIV/AIDS Strategy (2022-2025) as being disproportionately impacted by HIV. This includes the following:

- gay, bisexual, and other men who have sex with men, in particular Black, Latino, and American Indian/ Alaska Native men
- Black women
- transgender women
- youth aged 13–24 years
- people who inject drugs.

The 2022-2026 Integrated Plan guidance requires that jurisdictions describe how their Integrated Plan's goals and objectives address the needs of the priority populations within a jurisdiction.

Source: National HIV/AIDS Strategy (2022-2025)

Situational Analysis

An overview of strengths, challenges, and identified needs with respect to HIV prevention and care in each of the following areas:

- Diagnosing all people with HIV as early as possible
- Treating people with HIV rapidly and effectively to reach sustained viral suppression

- Preventing new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)
- Responding quickly to potential HIV outbreaks.

A required section of the Integrated Plan for 2022-2026. The Situational Analysis synthesizes information from Sections II and III of the Integrated Plan and is expected to lay the foundation for the goals, objectives, and strategies detailed in Section V

Source: Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2022-2026, Section IV.

Stakeholder

A stakeholder in HIV Prevention refers to any individual or group with an interest in or who can be impacted by the efforts to prevent the spread of HIV. Key stakeholders in HIV Prevention include:

- Persons Living with HIV (PLWH)
- Persons at Risk for HIV
- Healthcare Providers
- Community-Based Organizations (CBOs)
- Government Agencies
- Advocacy Groups
- Education Institutions

Statewide Coordinated Statement of Need (SCSN)
Also known as: *Needs assessment*

The Statewide Coordinated Statement of Need (SCSN) is a written statement of need developed through a collaborative process with other Parts of the RWHAP. The SCSN must reflect, without replicating, a discussion of existing needs assessments and should include a brief overview of epidemiologic data, existing quantitative and qualitative information, and emerging trends/issues affecting HIV/AIDS care and service delivery in the State. Important elements in assessing need include a determination of the population with HIV are aware of their status but not in care (unmet need), individuals who are unaware of their HIV positive status, a comprehensive

understanding of primary care and treatment in the State, and a consideration of all available resources.

Source: RWHAP Part B Manual, 2015.

Glossary of Data and Research Terms

Incidence

The number of new cases of a disease that occur during a specified time period.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Incidence Rate

The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Prevalence

The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Prevalence Rate

The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Ryan White HIV/AIDS Program Services Report (RSR)

Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Seroprevalence

The number of persons in a defined population who test HIV-positive based on HIV testing of blood specimens. (Seroprevalence is often presented either as a percent of the total specimens tested or as a rate per 100,000 persons tested.)

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Surveillance

An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for HIV/AIDS cases).

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Glossary of HIV Prevention, Care, and Treatment Terms

AIDS Education and Training Center (AETC)

Regional centers that provide education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

AIDS Drug Assistance Program (ADAP)

The AIDS Drug Assistance Program, under RWHAP Part B, provides FDA-approved medications to low-income people with HIV. Funds can also be used to buy health insurance for eligible clients and provide services that improve access to, adherence to, and monitoring of, drug treatments.

Source: Part B: AIDS Drug Assistance Program (ADAP) | Ryan White HIV/AIDS Program (hrsa.gov)

Antiretroviral Therapy (ART)

A combination of drugs with activity against HIV that reduce viral load to undetectable levels.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Community-Based Organization (CBO)

An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Eligible Metropolitan Area (EMA)

Eligible Metropolitan Areas are geographic areas highly-impacted by HIV/ADS that are eligible to receive Ryan White HIV/AIDS Program Part A funds. To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Housing Opportunities for People With AIDS (HOPWA)

A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for people with HIV and their families.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Medicare

Medicare is the United State's health insurance program for people age 65 or older. Individuals may also qualify if they have permanent kidney failure or receive Disability benefits. There are 4 types of Medicare coverage, known as "parts."

- **Part A –** This helps pay for inpatient care at hospitals, skilling nursing facilities, and hospice. It also covers some outpatient home health. Part A is free if you worked and paid Medicare taxes for at least 10 years. You may also be eligible because of your current or former spouse's work.
- **Part B –** This helps cover services from doctors/other health care providers, outpatient care, home health care, durable medical equipment, and some preventative services. Most individuals pay a monthly premium for Part B. The exact premium depends on your income level.

**Individuals can sign up for Medicare through Social Security. They can sign up for Parts A and B or Part A only.*

- **Part C –** This is also known as **Medicare Advantage**. It is an alternative to Parts A and B that bundles several coverage types, including Parts A, B, and usually D. It may also include vision, hearing, and dental insurance. You must sign up for Part A or Part B before enrolling in a Medicare Advantage plan.
- **Part D –** This helps cover prescription drug costs. You must sign up for Part A or Part B before enrolling in Part D.

**Private companies run Parts C and D. The federal government approves each plan. Costs and coverage types vary by provider.'*

Source: Plan for Medicare | SSA

Medicaid

Medicaid provides health coverage to individuals living in the United States, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

Source: Medicaid | Medicaid

PrEP (Pre-Exposure Prophylaxis)

PrEP is a medication that reduces a person's chance of getting HIV from sex or injection drug use.

Source: About PrEP | PrEP | HIV Basics | HIV/AIDS | CDC

PEP (Post-Exposure Prophylaxis)

PEP means taking medicine to prevent HIV after a possible exposure. It should be used only in emergency situations and must be started within 72 hours after a recent possible exposure to HIV.

Source: PEP | HIV Basics | HIV/AIDS | CDC

Ryan White HIV/AIDS Program (RWHAP)

The Ryan White HIV/AIDS Program helps low-income people with HIV receive medical care, medications, and essential support services to help them stay in care. This program provides grants to cities, states, counties, and community-based groups which help improve HIV-related outcomes and reduce HIV transmission. There are 5 parts of RWHAP, each with a different funding purpose:

- **Part A –** Grants are given to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) to provide medical and support services to cities and counties most severely affected by HIV.

- **Part B –** Grants are given to all 50 states, District of Columbia, Puerto Rico, U.S. Virgin Islands, and six U.S. territories. The purpose is to improve the quality of and access to HIV health care and support in the U.S. and provide medications to low-income people with HIV through AIDS Drug Assistance Program.
- **Part C –** Grants given to local community-based groups to provide outpatient ambulatory health services and support for people with HIV and help community-based groups strengthen their capacity to deliver high-quality HIV care.
- **Part D –** Grants given to local community-based organizations to provide medical care for low-income women, infants, children, and youth with HIV. Also to provide support services for people with HIV and their family members.
- **Part F –** Grants given to:
    - AIDS Education and Training Center Programs (AETCs) to provide training and technical assistance to providers treating patients with or at risk for HIV.
    - Special Projects of National Significance (SPNS) to develop innovative models of HIV care and treatment to respond to RWHAP client needs.
    - Dental Programs to provide oral health care for people with HIV and education about HIV for dental providers.
    - Minority AIDS Initiative to help RWHAP recipients improve access to HIV care and health outcomes for minorities.

Source:Program Parts & Initiatives | Ryan White HIV/AIDS Program (hrsa.gov)

Transitional Grant Area (TGA)

Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible TGA, an area must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years and a population of at least 50,000. See also Eligible Metropolitan Area, EMA.

Source: Glossary of Ryan White HIV/AIDS Program-Related Terms | TargetHIV

Glossary of Commonly Used STD Acronyms, Names, and Abbreviations in Clinical Settings

CT – Chlamydia

FTA – Fluorescent Treponemal Antibody Test (Confirmatory Test)

GC – Gonorrhea

HSV – Herpes Simplex Virus

Causes intermittent outbreaks of painful sores around the genitals or mouth. There is no cure, only medications that decrease the amount of time that the sores are present.

IgG Test -

Rapid Plasma Reagin (RPR) Test

A rapid plasma reagin (RPR) test is a blood test that looks for antibodies to syphilis, a sexually transmitted infection (STI).

Source: Rapid Plasma Reagin - Health Encyclopedia - University of Rochester Medical Center

Syphilis IgG – Immunoglobulin G

TPPA – Treponemal Pallidum Particle Agglutination Test (Confirmatory Test)

Trich – Trichomoniasis

A common STD characterized by a bad-smelling discharge, blood found in vaginal discharge, or itching/irritation around the vagina. Men are often asymptomatic.

710 Case

A primary syphilis case, usually indicated by the presence of a single lesion/chancre.

720 Case

A secondary syphilis case, usually indicated by the presence of a body rash, bilateral rash on palms of hands and soles of feet, or alopecia (thinning of hair on the head).

730 Case

An early latent case that was acquired within the last year and there are no signs or symptoms at the time of testing. To confirm infection within the last year, the patient would need:

1. A negative RPR result within the last year
2. If previous case, an RPR less than two dilutions than current RPR
3. History of syphilitic symptoms within the last year on patient OR their sex partner(s)
4. Sexual debut was within the last year

755 Case

A latent case, indicated by no signs or symptoms at the time of testing, and one of the following:

1. No sexual activity within the last year
2. Signs or symptoms on self or sex partner that was observed over a year ago
3. No testing for syphilis within the last year

Additional Terms

If you would like to add any terms or acronyms to this document, please use the link below:

Index of Terms Submission Form