
NHME Variables and Values

Aggregate Level Requirements

Table: ME Aggregate Level Variables

This table should be reported at jurisdiction level for only the 12-1201 FOA

ME 201a Category A Total PS12-1201-funded aggregate test events

Value Option: N/A Format Type: Number Min Length:1 Max Length: 8

Definition: PS12-1201-funded aggregate test events are test events supported in any way by PS12-1201-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable.

Instructions: Enter the total number of Category A PS12-1201-funded aggregate HIV test events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 201b Category A Total Reimbursed aggregate test events

Value Option: N/A Format Type: Number Min Length:1 Max Length: 8

Definition: Reimbursed aggregate test events are test events that are done in PS12-1201-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS12-1201, because they would likely not be done in the absence of the PS12-1201-supported program, but they are not directly paid for by PS12-1201 funds.

Instructions: Enter the total number of Category A reimbursed aggregate HIV testing events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 202a **Category A PS12-1201-funded aggregate newly diagnosed HIV-positive test events**

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: PS12-1201-funded aggregate test events are test events supported in any way by PS12-1201-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.

Instructions: Enter the total number of Category A PS12-1201-funded aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 202b **Category A Reimbursed aggregate newly diagnosed HIV-positive testing events**

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: Reimbursed aggregate test events are test events that are done in PS12-1201-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS12-1201 because they would likely not be done in the absence of the PS12-1201-supported program, but they are not directly paid for by PS12-1201 funds. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.

Instructions: Enter the total number of Category A reimbursed aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 203a **Category B Total PS12-1201-funded aggregate test events**

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: PS12-1201-funded aggregate test events are test events supported in any way by PS12-1201-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable.

Instructions: Enter the total number of Category B PS12-1201-funded aggregate HIV test events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 203b **Category B Total Reimbursed aggregate test events**

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: Reimbursed aggregate test events are test events that are done in PS12-1201-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS12-1201 because they would likely not be done in the absence of the PS12-1201-supported program, but they are not directly paid for by PS12-1201 funds.

Instructions: Enter the total number of Category B reimbursed aggregate HIV testing events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 204a **Category B PS12-1201-funded aggregate newly diagnosed HIV-positive test events**

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: PS12-1201-funded aggregate test events are test events supported in any way by PS12-1201-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.

Instructions: Enter the total number of Category B PS12-1201-funded aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 204b **Category B Reimbursed aggregate newly diagnosed HIV-positive testing events**

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: Reimbursed aggregate test events are test events that are done in PS12-1201-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS12-1201 because they would likely not be done in the absence of the PS12-1201-supported program, but they are not directly paid for by PS12-1201 funds. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.

Instructions: Enter the total number of Category B reimbursed aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 207a Number of syphilis tests conducted as part of service integration in healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of syphilis tests conducted under service integration for PS 12-1201 Category B in healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of syphilis tests conducted in healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 207b Number of syphilis tests conducted under service integration in non-healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of syphilis tests conducted under service integration for PS 12-1201 Category B in non-healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of syphilis tests conducted in non-healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME208a Number of gonorrhea tests conducted under service integration in healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of gonorrhea tests conducted under service integration for PS 12-1201 Category B in healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of gonorrhea tests conducted in healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 208b Number of gonorrhea tests conducted under service integration in non-healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of gonorrhea tests conducted under service integration for PS 12-1201 Category B in non-healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of gonorrhea tests conducted in non-healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 209a Number of chlamydia tests conducted under service integration in healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of tests for chlamydial infection conducted under service integration for PS 12-1201 Category B in healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of chlamydia tests conducted in healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 209b Number of chlamydia tests conducted under service integration in non-healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of tests for chlamydial infection conducted under service integration for PS 12-1201 Category B in non-healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of chlamydia tests conducted in non-healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 210a Number of tests for hepatitis B virus conducted under service integration in healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of tests for hepatitis B virus (HBV) conducted under service integration for PS 12-1201 Category B in healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of HBV tests conducted in healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 210b Number of tests for hepatitis B virus conducted under service integration in non-healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of tests for hepatitis B virus (HBV) conducted under service integration for PS 12-1201 Category B in non-healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of HBV tests conducted in non-healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 211a Number of tests for hepatitis C virus conducted under service integration in healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of tests for hepatitis C virus (HCV) conducted under service integration for Category B in healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of HCV tests conducted in healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 211b Number of tests for hepatitis C virus conducted under service integration in non-healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of tests for hepatitis C virus (HCV) conducted as part of service integration for Category B in non-healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of HCV tests conducted in non-healthcare settings for the program delivery period specified.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 212a Number of tuberculosis tests conducted under service integration in healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number tuberculosis tests conducted as part of service integration for Category B in healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of tuberculosis tests conducted in healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 212b Number of tuberculosis tests conducted under service integration in non-healthcare settings

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The number of tuberculosis tests conducted as part of service integration for Category B in non-healthcare settings. Service integration is a situation in which a person is offered and can receive two or more CDC-recommended prevention, treatment, or care services for HIV/AIDS, sexually transmitted diseases (STDs), viral hepatitis, or tuberculosis (TB) in the course of a single visit within one facility.

Instructions: If funded to conduct integrated screening activities for other infections in conjunction with HIV testing (i.e., service integration), enter the number of tuberculosis tests conducted in non-healthcare settings for the reporting period.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable
Detailed business rule:
Required if funded to conduct service integration under Program Announcement 12-1201 Category B.
Not expected otherwise.

ME 213a-z Target population of HIV-positive individuals

Value Option: N/A Format Type: Text Min Length: 1 Max Length: 100

Definition: Targeted HIV-positive populations (e.g., MSM, IDU, transgender) for prevention interventions.

Instructions: Specify the target population of HIV-positive individuals. Enter up to 26 target populations. Label the first target population as ME213a and label the service/intervention variables associated with this target population as ME214a, ME215a, ME216a, ME217a, respectively. Label the second target population as ME213b and its associated service/intervention variables as ME214b, ME215b, ME216b, and ME217b. Continue to apply this labeling convention to subsequent target populations, up to ME213z.

Business rule: HIV Testing: Not applicable
 Partner Services: Not applicable
 HD Risk Reduction Activities: Not applicable
 CBO Risk Reduction Activities: Not applicable
 HD Aggregate: Required
 CBO Aggregate: Not applicable

ME 214a-z Total number of HIV-positive persons enrolled in behavioral risk screening

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: A behavioral risk screen is a brief evaluation of behavioral HIV risk factors used to decide who should be recommended for HIV testing, interventions, or other services.

Instructions: Specify the total number of HIV-positive persons from the specified Target Population (ME213a...z) enrolled in behavioral risk screening. Follow labeling instructions outlined in ME213a-z.

Business rule: HIV Testing: Not applicable
 Partner Services: Not applicable
 HD Risk Reduction Activities: Not applicable
 CBO Risk Reduction Activities: Not applicable
 HD Aggregate: Required
 CBO Aggregate: Not applicable

ME 215a-z Total number of HIV-positive persons enrolled in individual- and group-level evidence-based interventions

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The total number of HIV-positive persons from the specified Target Population enrolled in individual- and group-level evidence-based interventions.

Instructions: Specify the total number of HIV-positive persons from the specified Target Population (ME213a...z) enrolled in individual- and group-level evidence-based interventions. Follow labeling instructions outlined in ME213a-z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 216a-z Total number of HIV-positive persons enrolled in community-level evidence-based interventions

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The total number of HIV-positive persons from the specified Target Population enrolled in community-level evidence-based interventions. A community-level evidence-based intervention (EBI) is defined as an EBI that seeks to improve the risk conditions through a focus on the community as a whole, rather than by interviewing only with individuals or small groups.

Instructions: Specify the total number of HIV-positive persons from the specified Target Population (ME213a...z) enrolled in community-level evidence-based interventions. Follow labeling instructions outlined in ME213a-z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 217a-z Total number of HIV-positive persons enrolled in other locally developed programs

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The total number of HIV-positive persons from the specified Target Population enrolled in other locally developed programs.

Instructions: Specify the total number of HIV-positive persons from the specified Target Population (ME213a...z) enrolled in other locally developed programs. Follow labeling instructions outlined in ME213a-z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 218a-z Target population of high-risk HIV-negative individuals

Value Option: N/A Format Type: Text Min Length: 1 Max Length: 100

Definition: Targeted high-risk HIV-negative populations for prevention interventions (e.g., MSM, IDU, high-risk heterosexuals, transgender).

Instructions: Specify the target population of high-risk HIV-negative individuals. Enter up to 26 target populations. Label the first target population as ME218a and label the service/intervention variables associated with this target population as ME219a, ME220a, ME221a, ME222a, respectively. Label the second target population as ME218b and its associated service/intervention variables as ME219b, ME220b, ME221b, and ME222b. Continue to apply this labeling convention to subsequent target populations, up to ME218z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 219a-z Total number of high-risk HIV-negative persons enrolled in behavioral risk screening

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: A behavioral risk screen is a brief evaluation of behavioral HIV risk factors used to decide who should be recommended for HIV testing, interventions, or other services.

Instructions: Specify the total number of high-risk HIV-negative persons from the specified Target Population (ME218a...z) enrolled in behavioral risk screening. Follow labeling instructions outlined in ME218a-z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 220a-z Total number of high-risk HIV-negative persons enrolled in individual- and group-level evidence-based interventions

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The total number of high-risk HIV-negative persons from the specified Target Population enrolled in individual- and group-level evidence-based interventions.

Instructions: Specify the total number of high-risk HIV-negative persons from the specified Target Population (ME218a...z) enrolled in individual- and group-level evidence-based interventions. Follow labeling instructions outlined in ME218a-z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 221a-z Total number of high-risk HIV-negative persons enrolled in community-level evidence-based interventions

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: A community-level evidence-based interventions (EBI) is defined as an EBI that seeks to improve the risk conditions through a focus on the community as a whole, rather than by interviewing only with individuals or small groups.

Instructions: Specify the total number of high-risk HIV-negative persons from the specified Target Population (ME218a...z) enrolled in community-level evidence-based interventions. Follow labeling instructions outlined in ME218a-z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable

ME 222a-z Total number of high-risk HIV-negative persons enrolled in other locally developed programs

Value Option: N/A Format Type: Number Min Length: 1 Max Length: 8

Definition: The total number of high-risk HIV-negative persons from the specified Target Population enrolled in other locally developed programs.

Instructions: Specify the total number of high-risk HIV-negative persons from the specified Target Population (ME218a...z) enrolled in other locally developed programs. Follow labeling instructions outlined in ME218a-z.

Business rule: HIV Testing: Not applicable
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Required
CBO Aggregate: Not applicable