

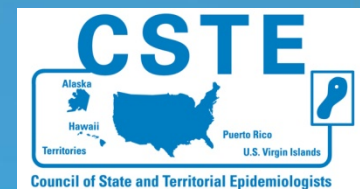
Basics of Case Reporting in HIV/AIDS Surveillance

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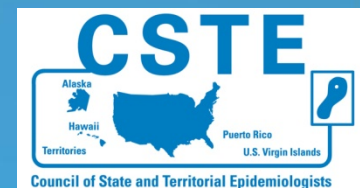
HIV/AIDS Workgroup

Council of State and Territorial Epidemiologists (CSTE)



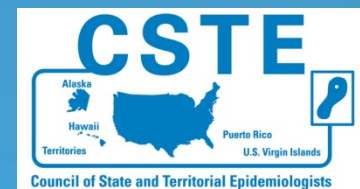
CSTE – Council for State and Territorial Epidemiologists

- Professional association of state and territorial epidemiologists
- Members have surveillance and epidemiology expertise in a broad range of areas such as occupational health, infectious diseases, and environmental health
- CSTE works to establish more effective relationships among state and other health agencies
- CSTE members promote the effective use of epidemiologic data to guide public health practice and improve health



Purpose of CSTE HIV/AIDS Workgroup

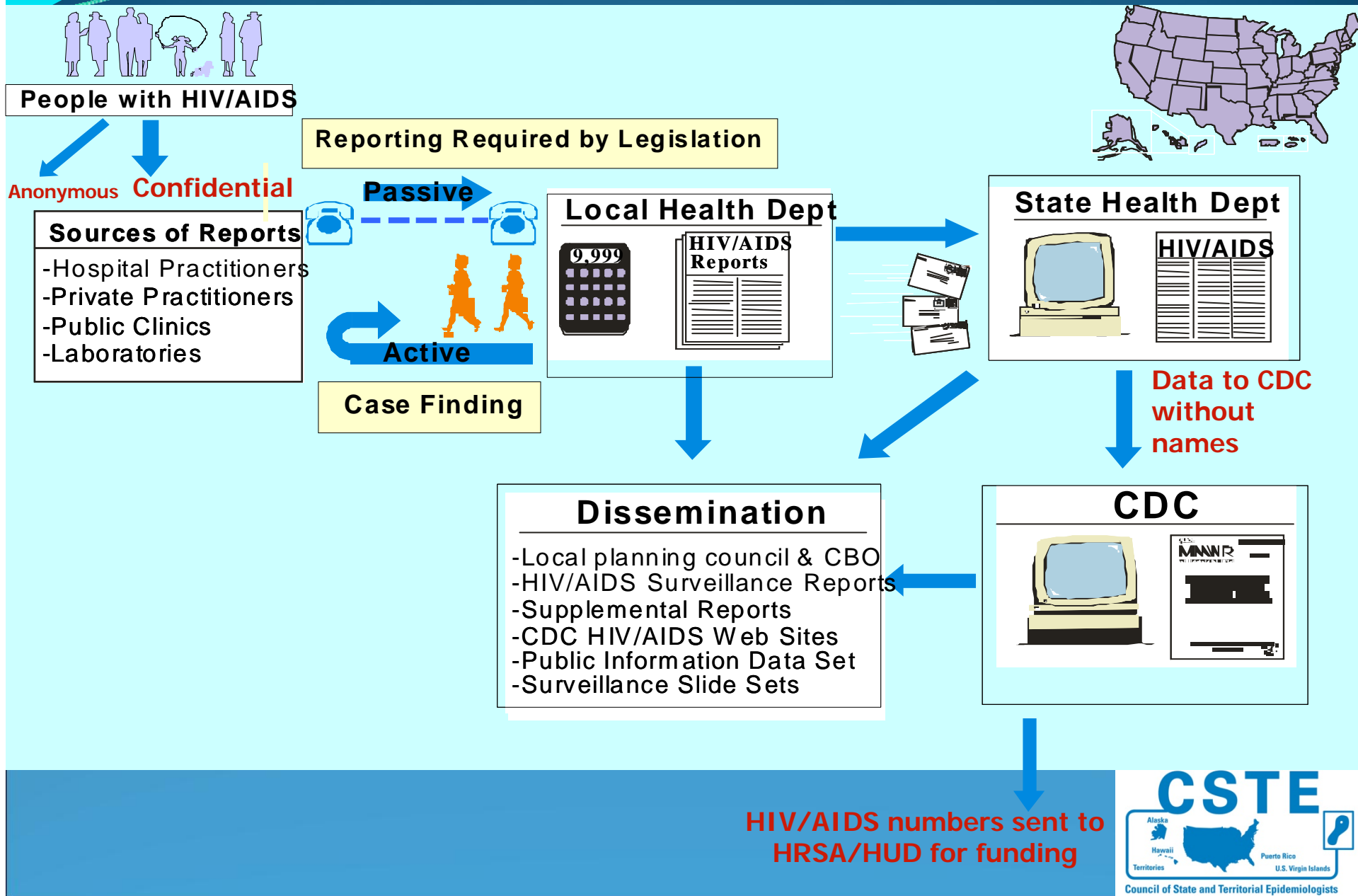
- The **HIV/AIDS Workgroup** within CSTE is comprised of all HIV/AIDS Surveillance Coordinators in the states, cities, and territories directly funded by CDC to conduct HIV/AIDS surveillance
- To consult, advise and provide technical assistance on topics related to HIV/AIDS surveillance to other national health organizations, including CDC, the National Alliance of State and Territorial AIDS Directors (NASTAD), the Health Resources and Services Administration (HRSA), and ASTHO



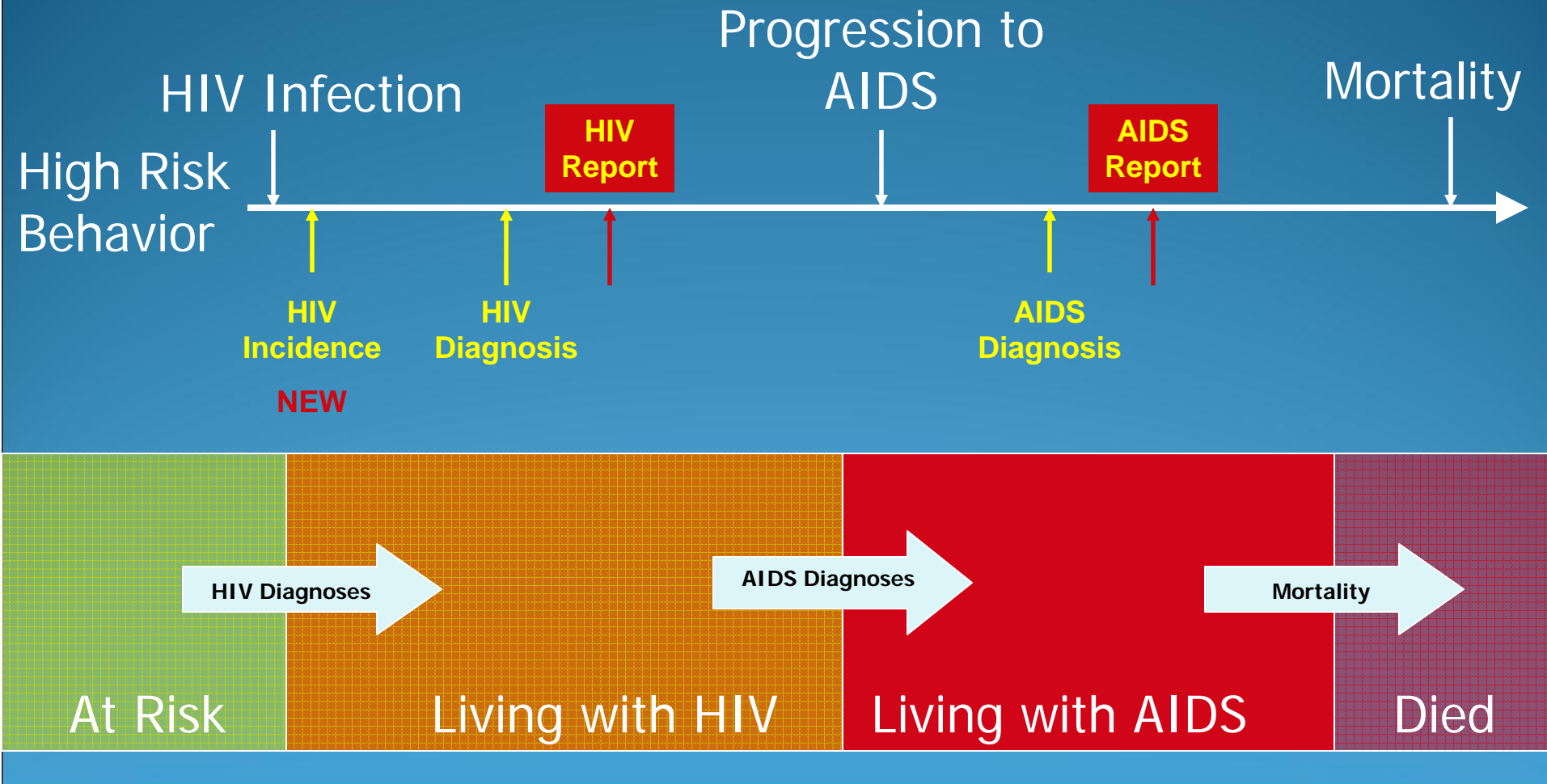
Purpose of CSTE HIV/AIDS Workgroup, continued

- To promote the effective use of epidemiologic HIV/AIDS data to guide public health practice and to improve the public's health
- To ensure that best practices in HIV/AIDS surveillance are identified, implemented and shared nationally with decision makers

How Surveillance Works



HIV/AIDS Surveillance Along the HIV Continuum



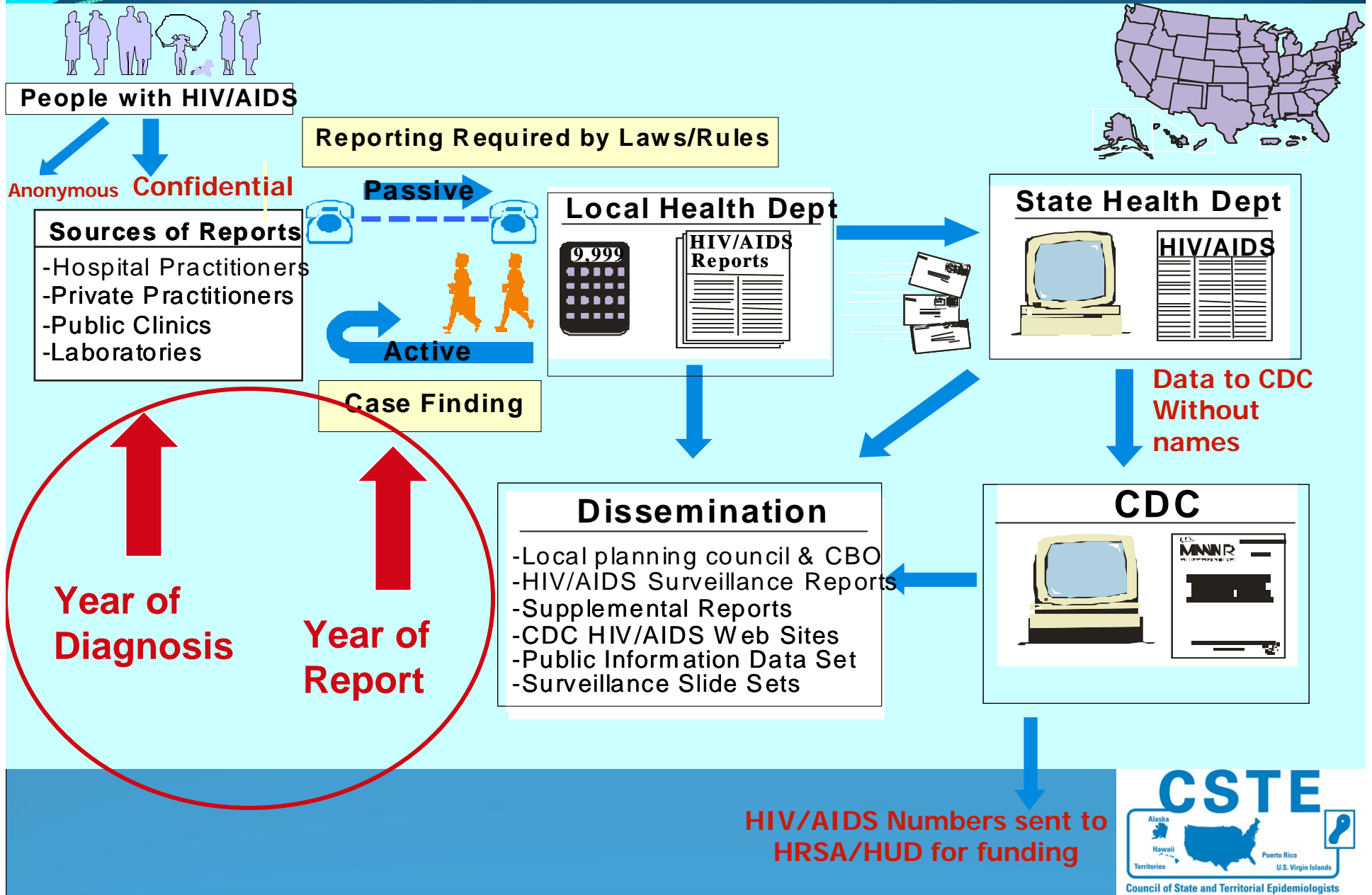
Year of Infection vs. Diagnosis

- Year of infection is the year an individual became infected with HIV (relatively new measure collected by surveillance programs)
- Year of diagnosis is the year a provider diagnosed HIV in a patient
- The year of HIV *diagnosis* does not always represent the year a person was first *infected* because a test and subsequent HIV diagnosis may take place months or years after infection

Year of Report vs. Diagnosis

- Year of report is the year a provider or laboratory reported an HIV case to the health department
- Year of diagnosis is a more accurate measure for analyzing changes in the epidemic over time
- Year of report is a measure of reporting practices and helps identify how soon diagnosed cases are reported to the health department

How Surveillance Works



Why HIV reporting?

- Limitations of AIDS Surveillance Data
 - Effective drug therapies delay the time between HIV infection and development of AIDS
 - AIDS data alone are not sufficient to accurately describe **recent** trends in HIV transmission
 - AIDS data do not provide **current** profile of the epidemic needed to inform, guide and evaluate HIV prevention and care programs

HIV Reporting

- “The implementation of HIV reporting has differed from state to state. Before 1991, surveillance of HIV infection (not AIDS) was not standardized, and the reporting of HIV infections (not AIDS) was based primarily on passive surveillance.” CDC Surveillance Report
- As of December 2003, all states and dependent areas had either name, name-to-code or code-based HIV reporting
- As of April 1, 2008 all states and the District of Columbia have implemented confidential name-based HIV infection reporting

HIV Reporting, continued

- New formula allocations to determine RWCA funding strongly influenced a movement towards name-based HIV reporting for states/dependencies that had some other form of HIV reporting
- As of December 2006, name-based HIV infection reporting was being conducted by 45 states and 5 U.S. dependent areas

Requirements for State Data to be Included in the National Report

- Have a CDC-approved transition plan that describes:
 - Mechanism for retrieving names of previously reported HIV cases using a code
 - Description of steps to ensure that newly reported HIV cases are investigated to determine the correct HIV diagnosis date (date of first positive HIV test)
- Proof of rigorous case de-duplication of HIV cases

Changes in 2005 and 2006 HIV Surveillance Report

- The HIV surveillance report includes data from case reports from states/dependencies (shown in Table 16) that had laws or regulations requiring confidential reporting by name for adults, adolescents, and children with confirmed HIV infection (not AIDS) in addition to the reporting of persons with AIDS as of December 31
- 2005 CDC Report – 38 states & 5 dependencies
 → 35,537 HIV reports
- 2006 CDC Report – 45 states & 5 dependencies
 → 52,878 HIV reports

Initial Code or Name-to-Code Based States/Dependencies/Cities

Transition to Name

California	April-06
District of Columbia	November-06
Delaware	February-06
Hawaii	March-08
Illinois	January-06
Maine	January-06
Maryland	April-07
Massachusetts	January-07
Montana	September-06
Oregon	April-06
Philadelphia	October-05
Puerto Rico	January-03
Rhode Island	July-06
Vermont	April-08
Washington	March-06

Changes in 2005 and 2006 CDC HIV Surveillance Report, continued

- All Figures and Tables 1-13 represent data from 33 states and 5 U.S. dependencies that had confidential name-based HIV reporting since at least 2003
- Data from the 7 states with recent name-based HIV reporting are **ONLY** included in Tables 16, 18, 20 and 22

EXAMPLE: Illinois' Transition to Name-Based Reporting

- On October 19, 2005 the Director of the Illinois Department of Public Health (IDPH) announced that beginning on January 1, 2006 Illinois was moving to name-based HIV reporting. That is, as of 1/1/06:
 - all persons newly diagnosed with HIV **or**
 - anyone receiving HIV primary care must reported to the health department by name
- A transition plan was written by IDPH and was approved by CDC on 12/05

EXAMPLE: Illinois' Transition to Name-Based Reporting, continued

- A total of 6,241 HIV cases were reported to CDC in 2006

Of these:

- 4,677 were HIV cases reported among Chicago residents
 - 1,019 (21%) were diagnosed before 2000
 - 2,802 (61%) were diagnosed between 2000-2005
 - 856 (18%) were diagnosed in 2006

EXAMPLE: Illinois' Transition to Name-Based Reporting, continued

- As illustrated in the previous slide, reported cases are **NOT** an indicator of recent diagnoses (21% had been diagnosed more than 6 years before) and even less reflective of recent infection
- The number of reported cases help measure progress towards moving from code-based reporting to name-based reporting – Surveillance Process Measure

Summary

- In the last few years many areas have transitioned to confidential name-based HIV reporting and, as of April 2008, all states are using a name-based HIV surveillance system
- Some tables in CDC's recent HIV/AIDS surveillance report include data from areas that recently transitioned to name
- The large increase in the number of HIV cases in some tables reflects increased reports to CDC and NOT increases in new diagnoses
 - Increases will continue to occur in the next 3-4 annual reports as more areas submit their HIV data to CDC and their surveillance systems mature