


Continuum of Surveillance

Updates from Epidemiological Services

New Jersey Department of Health
Division of HIV, STD and TB Services (DHSTS)

Annual HIV Testing Site Coordinators' Meeting
May 16, 2017

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Coordinator, Epidemiological Services



Public Health Surveillance

- ▶ Public health surveillance is the **ongoing**, systematic collection, analysis, interpretation, and dissemination of health data to help guide public health decision making and action.
- ▶ Surveillance is equivalent to monitoring the pulse of the community. The purpose of public health surveillance, which is sometimes called “information for action,” is to portray the ongoing patterns of disease occurrence and disease potential so that investigation, control, and prevention measures can be applied efficiently and effectively.



Epidemiological Services -Goals

- ▶ To comply with linkage to care expectations
- ▶ Identify missed opportunities and gaps in services and data collection
- ▶ To identify missed link to treatment opportunities
- ▶ To identify gaps in ART reporting to surveillance
- ▶ To comply with reporting requirements
- ▶ To identify avenues to improve retention in care data



Continuum of Care

Center for Disease Control and Prevention (CDC) definition of the HIV Care Continuum consists of several steps to achieve viral suppression. “Specifically CDC tracks the proportion of people with HIV who are:

- ▶ **Diagnosed** with HIV infection
- ▶ **Linked to care.** “ meaning they visited a health care provider within three months after learning they were HIV positive.
- ▶ **Engaged or retained in care,** meaning they receive medical care for HIV infection
- ▶ **Prescribed antiretroviral therapy** to control their HIV infection
- ▶ **Virally suppressed,** meaning that their HIV viral load- the amount of HIV in the blood – is at a very low level”



CDC Development of Continuum of Care

- ▶ **Linked to care**
 - ▶ Measures the number of people who have been diagnosed and are living with HIV infection
- ▶ **Engaged or Retained in Care**
 - ▶ *Measured as the percentage of people living with HIV who had at least one HIV medical care visit during the surveys sampling period in the observed year.*
- ▶ **Prescribed ART**
 - ▶ ...the number and percentage of people receiving medical care and who have a documented ART prescription in their medical records in the observed year
- ▶ **Viral Suppression**
 - ▶ ..complete laboratory reporting, used to estimate the percentage of individuals whose most recent HIV viral load within the observed year is less the 200 copies/mL



Continuum of Care & HIV Surveillance Data Source

The National HIV Surveillance System (NHSS) provides a range of information on people who are diagnosed or have died with HIV from every state and territory and the District of Columbia, including race/ethnicity, route of transmission and age.

The data are reported to CDC by state and local health departments. This is the source of data for both the prevalence and diagnosis denominators.

Data from the states and D.C that have complete laboratory reporting can also be used to calculate some measures of the continuum.



Continuum of Care & HIV Surveillance Data Source

- ▶ **The Medical Monitoring Project(MMP)** provides a range of information on the experiences of people receiving care, the number prescribed ART and the number who achieve viral suppression.
- ▶ The data are reported to CDC by a sample of states, cities and Puerto Rico. MMP data are weighed to be nationally representative. *
- ▶ NJ MMP project is in the process of closing out the 2016 cycle



Continuum of HIV Surveillance:

- ▶ EvaluationWeb Forms is the HIV **reporting form** for counseling, testing and treatment centers
- ▶ CTR/CTRS funded programs deliver:
 - ▶ HIV testing
 - ▶ Counseling and education
 - ▶ Risk evaluation and risk reduction
 - ▶ Treatment services
 - ▶ Additional services
- ▶ EvaluationWeb Form collects a wealth of information that is then forward to Epidemiological Services



Continuum of HIV Surveillance:

- ▶ Evaluation Web Forms 2017 Updates

EvaluationWeb forms 2017

▶ PART ONE

Facility information

Client ID: NJDOH#

Core surveillance

▶ HIV TEST, HIV TEST 2, HIV TEST 3

▶ EHTNICITY

▶ RACE

▶ GENDER

▶ RISK, Additional Risk

▶ Previous HIV Test

▶ Local Use Fields ; L3

▶ Partner's NJDOH#

EVALUATIONWEB® 2017 HIV TEST TEMPLATE												PART ONE									
Enter or adhere Form ID																					
Session Date			M	M	D	D	Y	Y	Y	Y	Sample Date			M	M	D	D	Y	Y	Y	Y
Program Announcement (select only one)												HIV Test 1			HIV Test 2			HIV Test 3			
<input type="checkbox"/> PS12-1201 Category A <input type="checkbox"/> PS12-1201 Category B <input type="checkbox"/> PS15-1502 Category A <input type="checkbox"/> PS15-1502 Category B <input type="checkbox"/> PS15-1506 PRIDE			<input type="checkbox"/> PS15-1509 <input type="checkbox"/> PS17-1704 Category A—YMSM <input type="checkbox"/> PS17-1704 Category B—YTG <input type="checkbox"/> OTHER: _____																		
All CDC-directly funded CBOs must to complete the required additional HIV test questions.																					
Agency Name/ID Number												Worker ID									
Directly Funded CBO Agency ID (For CDC-directly funded CBOs only)												Test Election			<input type="checkbox"/> Anonymously Confidentially Test Not Offered <input type="checkbox"/> Declined Testing						
Site Name/ID Number												Test Technology			<input type="checkbox"/> Conventional Rapid NAAT/RNA Testing <input type="checkbox"/> Other						
Site Type (enter type code from page 3)												Test Result			<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result						
Site ZIP Code												Result Provided			<input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency						
Site County (enter 3-digit FIPS code)												If Results NOT provided, why?			<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did Not Return/ <input type="checkbox"/> Could Not Locate <input type="checkbox"/> Other						
Client ID												Choose status of collection of behavioral risk profile			<input type="checkbox"/> Client completed a behavioral risk profile <input type="checkbox"/> Client was not asked about behavioral risk factors						
Client Record Number (Required for CDC-directly funded CBOs. Numeric only)												For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)			<input type="checkbox"/> Client was asked, but no behavioral risks identified <input type="checkbox"/> Client declined to discuss behavioral risk factors						
Date of Birth (enter 01/01/1800 if unknown)			M	M	D	D	Y	Y	Y	Y	Client State (use USPS abbreviation)										
Client County												Client ZIP Code									
Client Ethnicity												Client Ethnicity									
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			Client Race (check all that apply)			<input type="checkbox"/> American IN/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander			<input type="checkbox"/> White <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			Vaginal or Anal Sex with a male <input type="radio"/> With a male without using a condom <input type="radio"/> With a male who is IDU <input type="radio"/> With a male who is HIV +						
Client Assigned Sex at Birth												Client Assigned Sex at Birth			<input type="radio"/> Male <input type="radio"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			Vaginal or Anal Sex with a female <input type="radio"/> With a female without using a condom <input type="radio"/> With a female who is IDU <input type="radio"/> With a female who is HIV +			
Client Current Gender Identity												Client Current Gender Identity			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			Vaginal or Anal Sex with a transgender person <input type="radio"/> With a transgender without using a condom <input type="radio"/> With a transgender who is IDU <input type="radio"/> With a transgender who is HIV +			
<input type="checkbox"/> Additional (specify): _____			<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified			Client Assigned Sex at Birth			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			Injection drug use <input type="radio"/> Share drug injection equipment? <input type="radio"/> Vaginal or Anal Sex with MSM (female only)						
Previous HIV Test?												Additional Risk Factors (enter two-digit code from page 3)			1 # # # 2 # # # 3 # # # 4 # # #						
<input type="checkbox"/> No <input type="checkbox"/> Yes → If Yes, what is the client's self-reported result?			<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate			<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked			Session Activities (enter codes from page 3) 1 # # # . # # # 3 # # # . # # # 2 # # # . # # # 4 # # # . # # #									
Local Use Fields												Local Use Fields			L1 # # # # # L3 # # # # # L2 # # # # # L4 # # # # #						

EvaluationWeb forms 2017

➤ PART TWO

➤ **Medical care referral**

- First appointment confirmed
- Date Client attended HIV medical care appointment

➤ Referral for Partner Services

- Notification
- Contact Elicitation
- Partner Notification

➤ HIV Prevention Services

➤ Housing Status

➤ **Previous reporting to the Surveillance department as being HIV positive**

Enter or adhere Form ID		
CDC requires the following information on all preliminary and confirmed HIV-positive clients:		
Was the client referred to HIV medical care?		
<input type="checkbox"/> No → <input type="checkbox"/> Yes → <input type="checkbox"/> Don't know	Reason the client not referred to HIV Medical Care? <input type="checkbox"/> Client Already in Care <input type="checkbox"/> Client Declined Care	Local Use Fields L5 # # # # # L6 # # # # # L7 # # # # # L8 # # # # # L9 # # # # # L10 # # # # # L11 # # # # # L12 # # # # # L13 # # # # # L14 # # # # # L15 # # # # # L16 # # # # # L17 # # # # #
	Did the client attend the first appointment? <input type="checkbox"/> Pending <input type="checkbox"/> Confirmed: Accessed Service → <input type="checkbox"/> Confirmed: Did Not Access Service <input type="checkbox"/> Lost to Follow-Up <input type="checkbox"/> No Follow-Up <input type="checkbox"/> Don't know	
Was the client referred to/contacted by Partner Services?		
<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't know	Was the client interviewed for Partner Services? <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't know	CDC Use Fields C3 # # # # # C4 # # # # # C5 # # # # # C6 # # # # # C7 # # # # # C8 # # # # # C9 # # # # #
	Was the client interview within 30 days of receiving their result? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	
Was the client referred to HIV Prevention Services?		
<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't know	Did the client receive HIV Prevention Services? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	Notes: _____ _____ _____ _____ _____ _____ _____ _____ _____
	What was the client's <u>most severe</u> housing status in the past 12 months (check only one)? <input type="checkbox"/> Literally Homeless <input type="checkbox"/> Unstably Housed or At Risk of Losing Housing <input type="checkbox"/> Stably Housed <input type="checkbox"/> Not Asked <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Don't know	
if female, is the client pregnant?		
<input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Don't know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked	Is the client in prenatal care? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	<input type="checkbox"/> Declined <input type="checkbox"/> Not Asked
	Prior to the client testing positive during this testing event, was she/he previously reported to the jurisdiction's surveillance department as being HIV-positive? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Checked	

EvaluationWeb forms 2017

- PART THREE

- TESTING

- Previous HIV test history

- Date of first positive HIV test

- Date of negative HIV test history

- TREATMENT

- Has the client used or is currently on ART using antiretroviral medication

- Date ARV began

 - Enter medication number

- Date of last ARV use

The form is divided into several sections. At the top left, there is a field for 'Enter or adhere Form ID'. Below this, a section for 'HIV incidence (if required by health department)' includes a date field for 'Date the client reported information'. A subsequent section asks 'Has the client ever had a previous positive HIV test?' with radio button options for No, Yes, Don't know, and Declined. This is followed by a date field for 'Date of first positive HIV test'. Another section asks 'Has the client ever had a negative HIV test?' with similar radio button options, and a date field for 'Date of last negative HIV test'. A section for 'Number of negative HIV tests within 24 months before the current (or first positive) HIV test' includes a numeric field and radio button options for 'Don't know' and 'Declined'. The 'Has the client used or is client currently using antiretroviral medication (ARV)?' section has radio button options for No, Yes, Don't know, and Declined. Below 'Yes', there is a table 'Specify antiretroviral medication' with columns for medication numbers (1-4) and a note '(see codes from right-hand column)'. At the bottom of this section are date fields for 'Date ARV began' and 'Date of last ARV use'. A 'Notes:' section with multiple lines is provided at the bottom left. On the right side of the form is a large table listing medication codes and names, with an arrow pointing from the medication table to this list.

Code	Medication Name
22	Agenerase (amprenavir)
30	Aptivus (tipranavir, TPV)
32	Atripla (efavirenz/emtricitabine/tenofovir DF)
24	Combivir (lamivudine/zidovudine, 3TC/AZT)
36	Complera (emtricitabine, rilpivirine/tenofovir DF, PTC/BPV/TDF)
06	Crixivan (indinavir, IDV)
37	Edurant (rilpivirine, RPV)
11	Emtriva (emtricitabine, FTC)
03	Epivir (lamivudine, 3TC)
28	Epizone (abacavir/lamivudine, ABC/3TC)
25	Fortovase (saquinavir, SQV)
10	Fuzon (tenofovir DF, TDF)
19	Hegiana (adefovir)
02	Hydrosyria
23	Hydroxyurea
16	InVira (saquinavir, SQV)
34	Intelence (etravirine)
36	Istradene (raltegravir)
16	Kaletra (lopinavir, ritonavir)
31	Lexiva (fosamprenavir, FOF)
07	Norvir (ritonavir, RTV)
33	Prezista (darunavir, DRV)
09	Rexicriptar (delamanvir, DLV)
26	Retrovir (zidovudine, ZDV, AZT)
15	Reyatac (atazanavir, ATV)
08	Saquinavir (Fortovase, InVira)
35	Selzentry (maraviroc)
39	Stribild (elvitegravir/cobicistat/tenofovir/emtricitabine)
21	Sustiva (efavirenz, EFV)
40	Tivicay (dolutegravir)
13	Triplivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT)
27	Truvada (tenofovir DF/emtricitabine, TDF/FTC)
01	Videx (didanosine, ddI)
14	Videx EC (didanosine, ddI)
17	Vitacept (neftravir, NFV)
05	Viramune (zalcitabine, ZDV)
12	Viread (tenofovir DF, TDF)
04	Zerit (zalcitabine, d4T)
20	Zilagen (abacavir, ABC)
00	Other
99	Unspecified

CTS/CTRS Linkage to Care Coordinators ---STD Partner Services Field OP---Epidemiological Services

- Field follow-up of contacts of HIV positive individuals referred to the program by Counseling and Testing Sites (CTS) and Health care providers (HCP) for the purpose of notifying them of their HIV status and/or testing, disease education, partner elicitation, partner notification
- **Link to Care**
- **Update Surveillance:**
 - Document ART start date and medication name
 - Obtain additional testing and treatment information of HIV+ clients and their partners
- **RE-Engage in Care**
- **Update Surveillance**
 - Document ART start date and medication name
- **CD4 Count and Viral Suppression**
- **Update Surveillance**
 - Report updated CD4 and Viral Load test results to HIV Surveillance

STD Program: HIV Partner Services Field Operations--- Epidemiological Services

- ▶ Unit collaboration STD Program oversee the HIV Partner Services operations
- ▶ Improved IT process to share EvaluationWeb data with Partner Services Database system and HIV Surveillance EHARS
- ▶ Procedures to link index patients to their partners in the EvaluationWeb LOCAL data field. L3 is ongoing and improving.



HIV Partner Services

- ▶ **“Partner Services** are a broad array of services that should be offered to persons with HIV or other sexually transmitted diseases (STDs) and their sexual or needle-sharing partners.
- ▶ By identifying infected persons, confidentially notifying their partners of their possible exposure, and providing infected persons and their partners a range of medical, prevention, and psychosocial services, partner services can improve the health not only of individuals, but of communities as well.”
- ▶ **STD Program: Partner Services Program**
- ▶ Northern Regional Office: Partner Services Program
 - ▶ Stephanie Moore -Hastings, Supervisor
 - ▶ Glenda Simmons
 - ▶ 973-648-7474

EvaluationWeb Forms and Surveillance Request

- Local Use Fields
- L3 Local option field
- NJDH # of partner tested

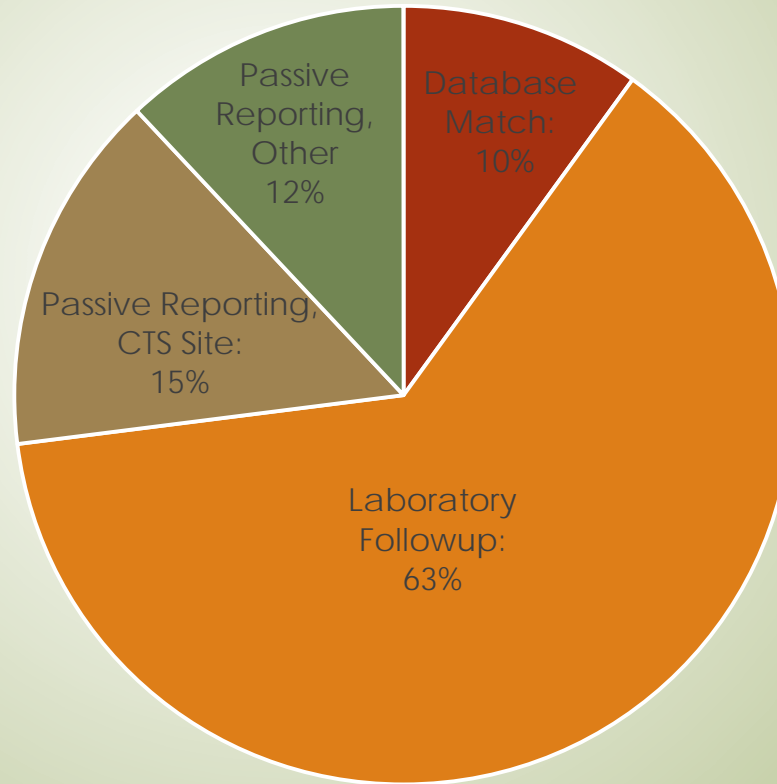
Enter or adhere Form ID		Sample Date																																																																											
Session Date		M M D D Y Y Y Y				M M D D Y Y Y Y				M M D D Y Y Y Y																																																																			
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Site Name/ID Number						<input type="checkbox"/> Positive/Reactive Negative Indeterminate Invalid No Result <input type="checkbox"/> Positive/Reactive Negative Indeterminate Invalid No Result <input type="checkbox"/> Positive/Reactive Negative Indeterminate Invalid No Result				<input type="checkbox"/> No Yes Yes, client obtained results from another agency <input type="checkbox"/> No Yes Yes, client obtained results from another agency <input type="checkbox"/> No Yes Yes, client obtained results from another agency																																																																			
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Client ID		# # # # #				Client State (use USPS abbreviation)				<table border="1"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> <th>Don't Know</th> </tr> </thead> <tbody> <tr> <td>Vaginal or Anal Sex with a male</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a male without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a male who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a male who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with a female</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a female without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a female who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a female who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with a transgender person</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a transgender without using a condom</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a transgender who is IDU</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>With a transgender who is HIV +</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Injection drug use</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Share drug injection equipment?</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>Vaginal or Anal Sex with MSM (female only)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>					No	Yes	Don't Know	Vaginal or Anal Sex with a male	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a male who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with a female	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a female who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with a transgender person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender without using a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender who is IDU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	With a transgender who is HIV +	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Injection drug use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Share drug injection equipment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vaginal or Anal Sex with MSM (female only)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	1	2	3	4																																																																									
Session Activities (enter codes from page 3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																									
Local Use Fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																									
Client State (use USPS abbreviation)		# # # # #				Client Ethnicity				Session Activities (enter codes from page 3)																																																																			
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Don't know <input type="checkbox"/> Declined <input type="checkbox"/> Not.				<input type="checkbox"/> American IN/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native HI/Pac. Islander				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4																																																																			
Client Race (check all that apply)		<input type="checkbox"/> White <input type="checkbox"/> Don't know <input type="checkbox"/> Declined <input type="checkbox"/> Not.				Client Assigned Sex at Birth				Local Use Fields																																																																			
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Declined <input type="checkbox"/> Not.				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked				<input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> L4																																																																			
Client Current Gender Identity		<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified				Previous HIV Test?				If Yes, what is the client's result?																																																																			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked		<input type="checkbox"/> Transgender MTF <input type="checkbox"/> Transgender FTM <input type="checkbox"/> Transgender Unspecified				<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> Don't Know <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Declined <input type="checkbox"/> Not Asked																																																																			

Surveillance Data 2016

REPORTED CASES OF HIV/AIDS AMONG NJ RESIDENTS IN 2016 BY SOURCE OF REPORT (N=1,365 Cases)

Source of Final Verification Report				
SOURCE REP1	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
(1) Public Health Rep. Initiating Agency	7	0.51	7	0.051
(2A) Database Match: UB92	111	8.13	118	8.64
(2C) Database Match: EIP	3	0.22	121	8.86
(2E) Database Match: ARV	9	0.66	130	9.52
(2G) Database Match: PRIS	2	0.15	132	9.67
(2K) Other Database	11	0.81	143	10.48
(3A) Laboratory Followup	856	62.71	999	73.19
(3B) Other Followup	4	0.29	1003	73.48
(4A) Passive Reporting: CTS/STD/DTC/FP Site	200	14.65	1203	88.13
(4C) Passive Reporting: Other Non- CTS/STD/DTC/FP/Pris Providers	159	11.65	1362	99.78
(%) UNDERTRERMINED	3	0.22	1365	100

REPORTED CASES OF HIV/AIDS AMONG NJ RESIDENTS IN 2016
BY SOURCE OF REPORT (N=1,365 Cases)
Based on NJ EHARS Data as of December 31, 2016



- Database Match: UB92/Other DB
- Laboratory Follow-up
- Passive Reporting: CTS Site
- Passive Reporting: Other

Provider Report Cards



Epidemiological Services -Provider Report Cards

- ▶ 55 Top HIV/AIDS reporting facilities in the state of New Jersey
- ▶ Illustrates your facility's 5 year performance against the calculated NJ State Average
- ▶ Summarizes the number of HIV/AIDS Case Reports we have on record
- ▶ Calculate
 - ▶ Percentage Reported directly by your facility vs NJDH HIV Surveillance Staff follow-up.
 - ▶ Percentage of reports with identified HIV Risk Exposure
 - ▶ Percentage of reports with Testing and Treatment History Information
- ▶ Provides Percentage comparison
 - ▶ Your facility's % compared to the state average



Epidemiological Services -Provider Report Cards

- ▶ Continuum of Care Study Data Gap
- ▶ Illustrates your facility's 5 year performance against the calculated NJ State Average
- ▶ Summarizes the number of HIV/AIDS Case Reports we have on record
- ▶ Calculate
 - ▶ Percentage reported directly by your facility vs NJDH HIV Surveillance Staff follow-up.
 - ▶ Percentage of reports with identified HIV risk exposure
 - ▶ Percentage of reports with testing and treatment history information
- ▶ Provides Percentage comparison
 - ▶ Your facility's % compared to the state average
 - ▶ Above or Below ranking

Epidemiological Services -Provider Report Cards (#1)

NEW JERSEY HOSPITAL EXAMPLE									
NEW DIAGNOSES OF HIV/AIDS CASES AT YOUR FACILITY*									
FIRST REPORTED IN 2012-2016									
Year of Report	All Reports Meeting HIV/AIDS Case Reporting Requirements	Reported Directly by Your Facility	Reported After Follow-up by NJ HIV/AIDS Surveillance Staff	Percentage Reported Directly by Your Facility (Goal=100%)	Identified HIV Exposure Risk Reported for case as of 12/31/2016	Percentage with Identified HIV Exposure Risk (Goal=70%)	Any Testing and Treatment History information available for case as	Percentage of cases with Any Testing and Treatment History Information available (Goal=85%)	
2012	80	52	28	65%	37	46%	64	80%	
2013	59	36	23	61%	24	41%	50	85%	
2014	65	26	39	40%	33	51%	59	91%	
2015	70	41	29	59%	41	59%	69	99%	
2016	67	34	33	51%	39	58%	61	91%	
Five-year total reports	341	189	152	55%	174	51%	303	89%	
State Average for Top 54 Reporting Facilities				33%		62%		82%	
Your Facility's Percentage Compared to State				ABOVE		BELOW		ABOVE	
Subdivision/type of facility that first diagnosed cases over 5-year period:					Continuum of Care Study Data Gaps: # of Cases Newly Diagnosed in 2014 at Your Facility, but lacking data in NJ EHARS on:				
Inpatient unit (acute care hospital or long term rehab/residential)					56	# cases lacking data			
HIV or Infectious Disease Outpatient Clinic					51	Linkage to first HIV care			
Emergency Room/Dept (including ER-CTS)					127	Retention in HIV care in			
HIV Counseling and Testing Site (CTS/PEMS, not ER)					68				
Other Outpatient Clinic or Community Health Center					31				
Private physician office/medical practice					4				
Other/unspecified/unknown facility subdivision/type					4				
Five-year total reports					341				



* New Jersey residents only

Continuum of Care Study Data Gap

- ▶ Newly diagnosed cases lacking information in the eHARS database
- ▶ Summarizes the # of cases lacking data
 - ▶ Linkage to first HIV Care
 - ▶ Retention in HIV Care
- ▶ Correction sheets are provided for follow-up reporting

Continuum of Care Study Data Gaps: # of Cases Newly Diagnosed in 2014 at Your Facility, but lacking data in NJ EHARS on:	
	# cases lacking data
Linkage to first HIV care:	4
Retention in HIV care in 2016:	23

Continuum of Care Study Data Gap

- ▶ Correction sheets will be sent to the reporting facilities for updates.

Continuum of Care Study Data Gaps: # of Cases Newly Diagnosed in 2014 at Your Facility, but lacking data in NJ EHARS on:	
	# cases lacking data
Linkage to first HIV care:	4
Retention in HIV care in 2016:	23



References

- ▶ <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>
- ▶ Center for Diseases Control and Prevention and Council of state and Territorial Epidemiologist. Technical Guidance for HIV/AIDS Surveillance Programs, Volume II: Data Collection Resources and Reporting. Atlanta, Georgia: Center for Disease Control and Prevention: 2006.



Thank you for allowing me this opportunity to present.

Questions or Comments?

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THE END

