HIV/AIDS Surveillance and Reporting Requirements

New Jersey Department of Health & Senior Services
Division of HIV, STD, TB Services

Princeton, NJ
March 21, 2012

Introduction

- ✓ Review HIV Reporting Requirements
- ✓ Highlight sections of Evaluationweb
- ✓ Detail the questions in Part 3 of Evaluationweb, the section on HIV Testing and Treatment History for use with HIV Incidence Surveillance

Reporting of HIV and AIDS Infection

- 8:57-2.4 Reporting HIV Infection for health care providers and responsible parties

  (b) A health care provider or responsible party testing individuals as part of the New Jersey HIV Counseling and Testing System… shall, within 24 hours of receipt of a laboratory indicating such a condition, report in writing such condition directly to the Department using the HIV test form.

Reporting of HIV and AIDS Infection

- All positives, even cases already in eHARS, must be reported via Evaluationweb.
- During 2011, positive HIV tests from the NJ Public Health, Environmental and Agricultural Laboratories (PHEAL) that were not found in eHARS were distributed for follow-up.
- Almost three-quarters (73%) of the tests returned from follow-up resulted in new previously unreported cases.

How and When to Report HIV Cases Using Evaluationweb

- Instructions were provided from Assistant Commissioner Connie Calisti-Meyers by letter dated January 10, 2012:

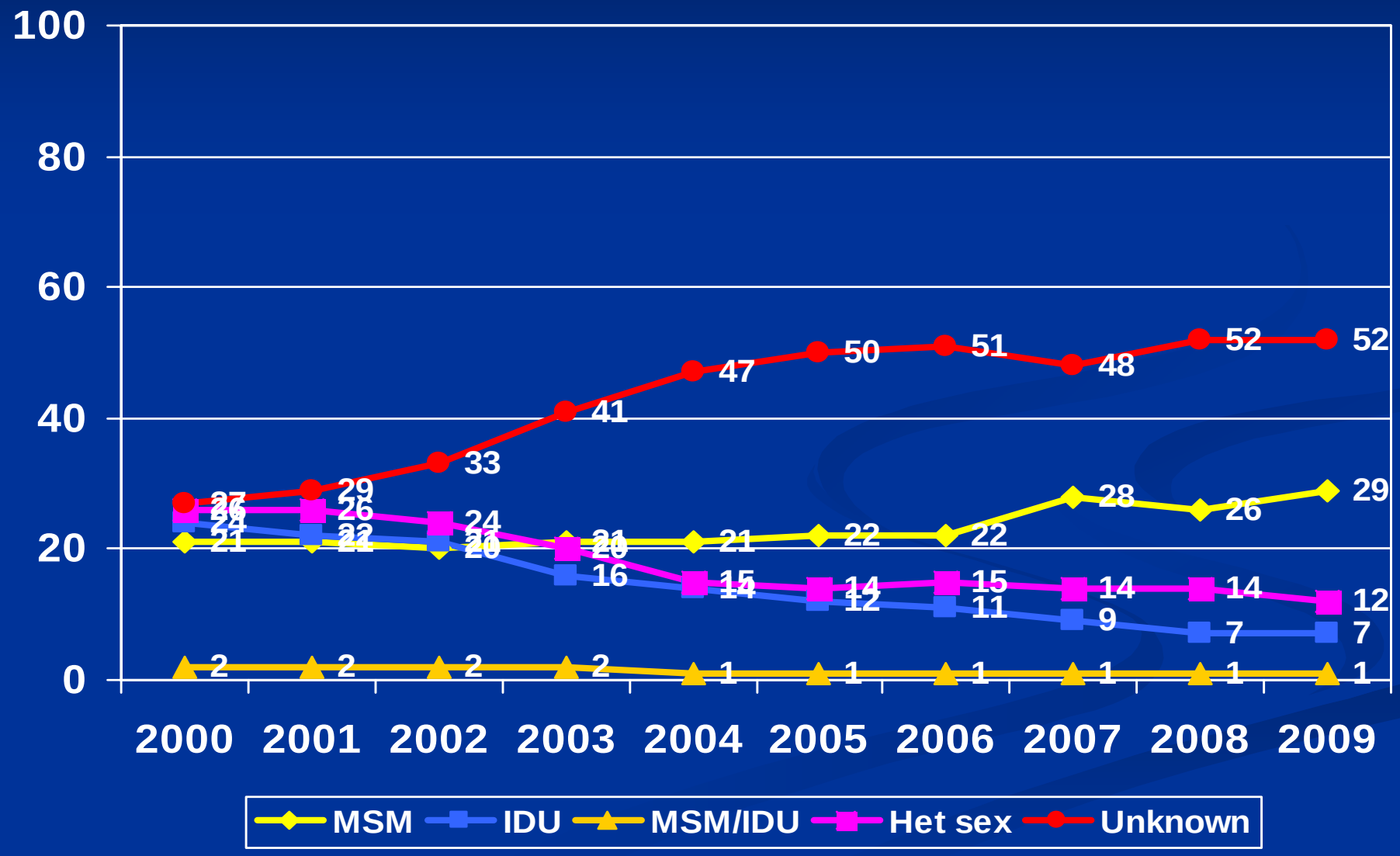
  "Reporting of positive cases to the Surveillance Unit will continue as in the past; all positives should be reported to the New Jersey Department of Health & Senior Services via a hard copy of the data form submitted to Evaluationweb. The name, birth date, address and any other identifying client information should be written on a cover sheet or the back of the report form."

- Even if you don't complete the form with the client present, please document all information necessary to fully complete Evaluationweb for all positives so the information will be available when you do complete the form.

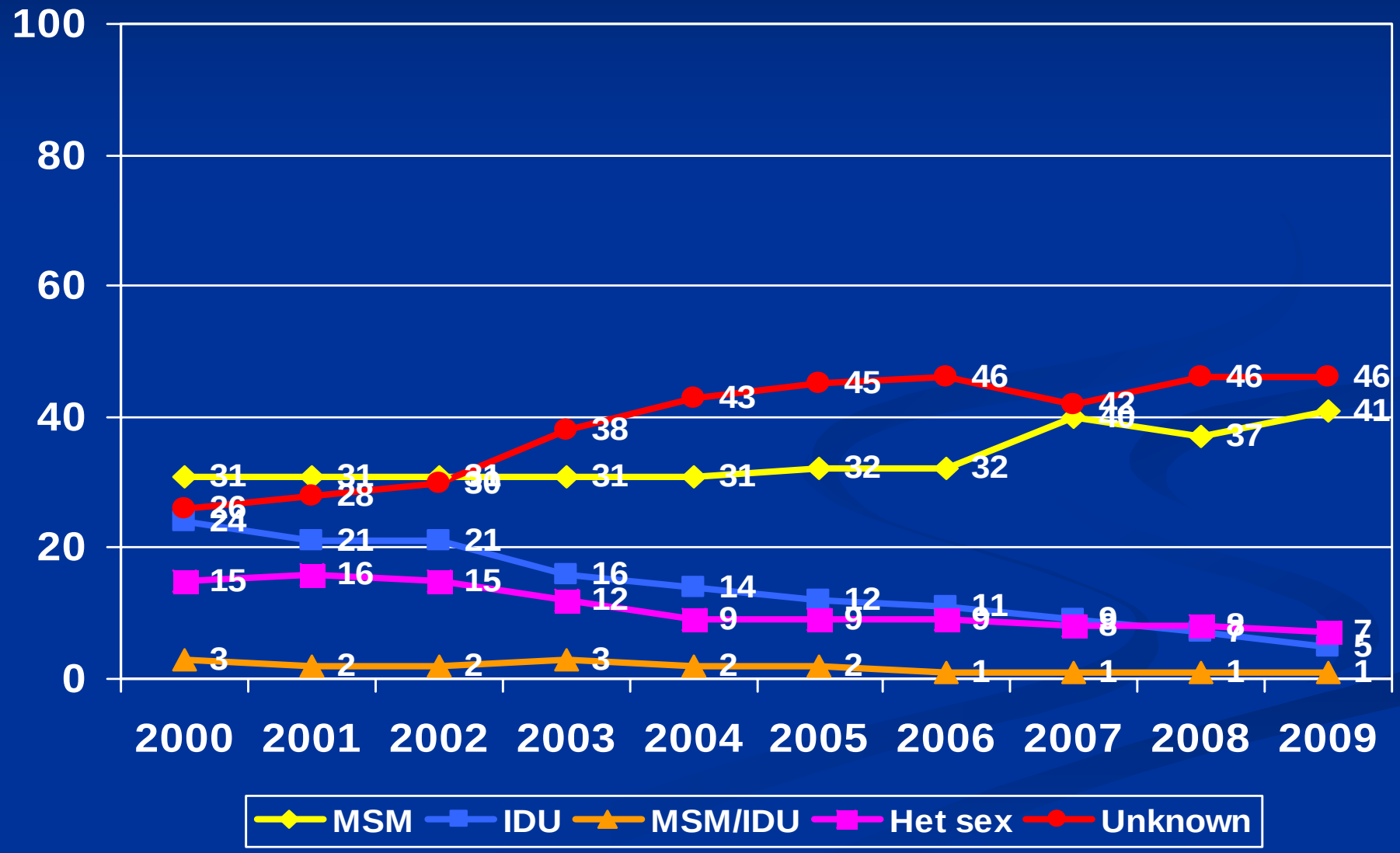
HIV/AIDS and Risk Information

- According to CDC's standard, at least 85% of newly reported HIV cases should have risk factor information one year following the close of the diagnosis year. Risk information should be recorded on Part 1 of Evaluationweb.
- The proportion of cases reported in New Jersey without risk transmission information has been steadily increasing.
  1. More than half (52%) of cases in recent years are reported with no transmission risk
  2. One-third (32%) of all prevalent cases do not have risk information as of the end of 2011.

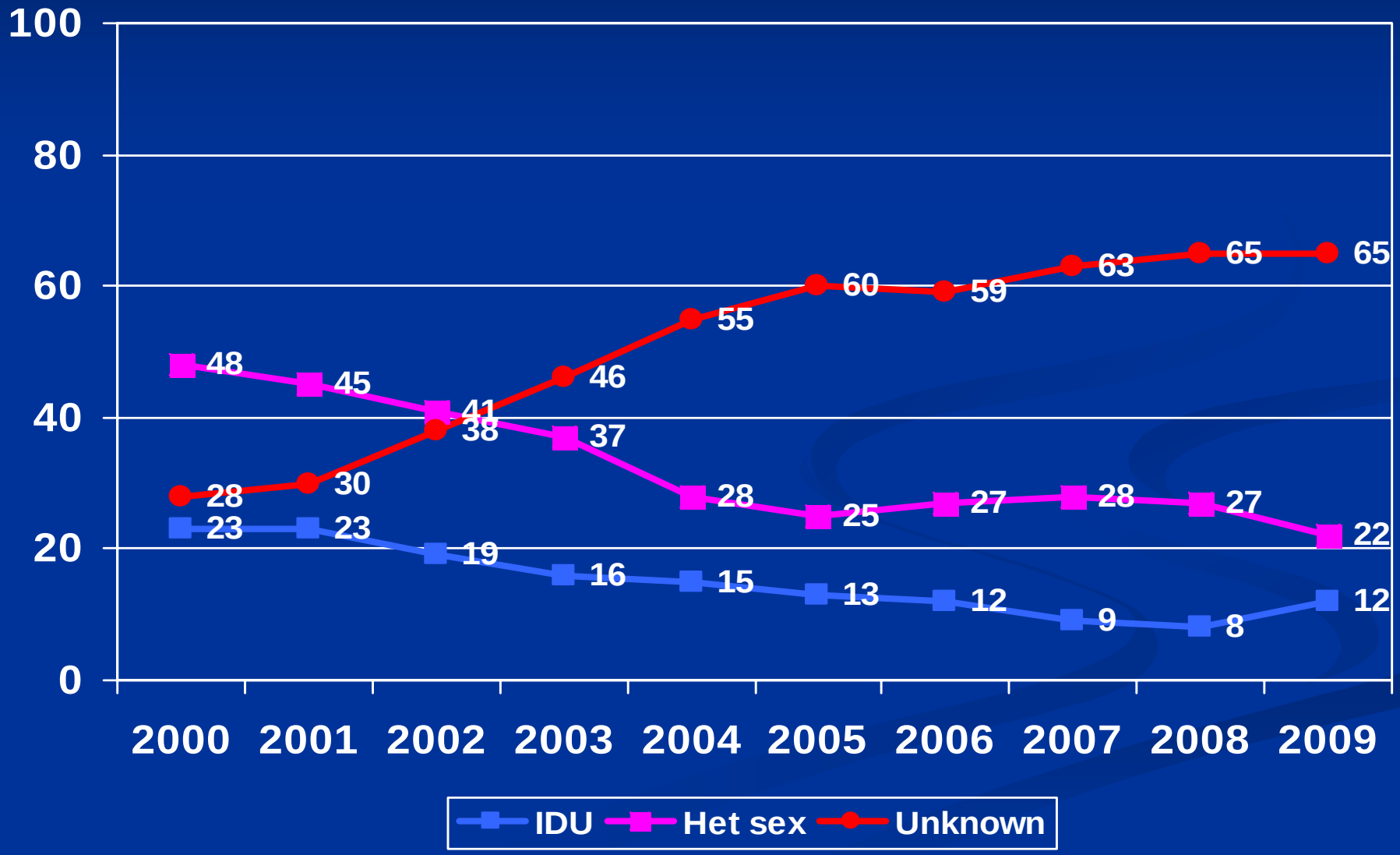
Percent Adult/Adolescent HIV/AIDS Diagnoses by Unmodified Transmission -- New Jersey, 2000 - 2009



Percent Adult/Adolescent Male HIV/AIDS Diagnoses by Unmodified Transmission -- New Jersey, 2000 - 2009



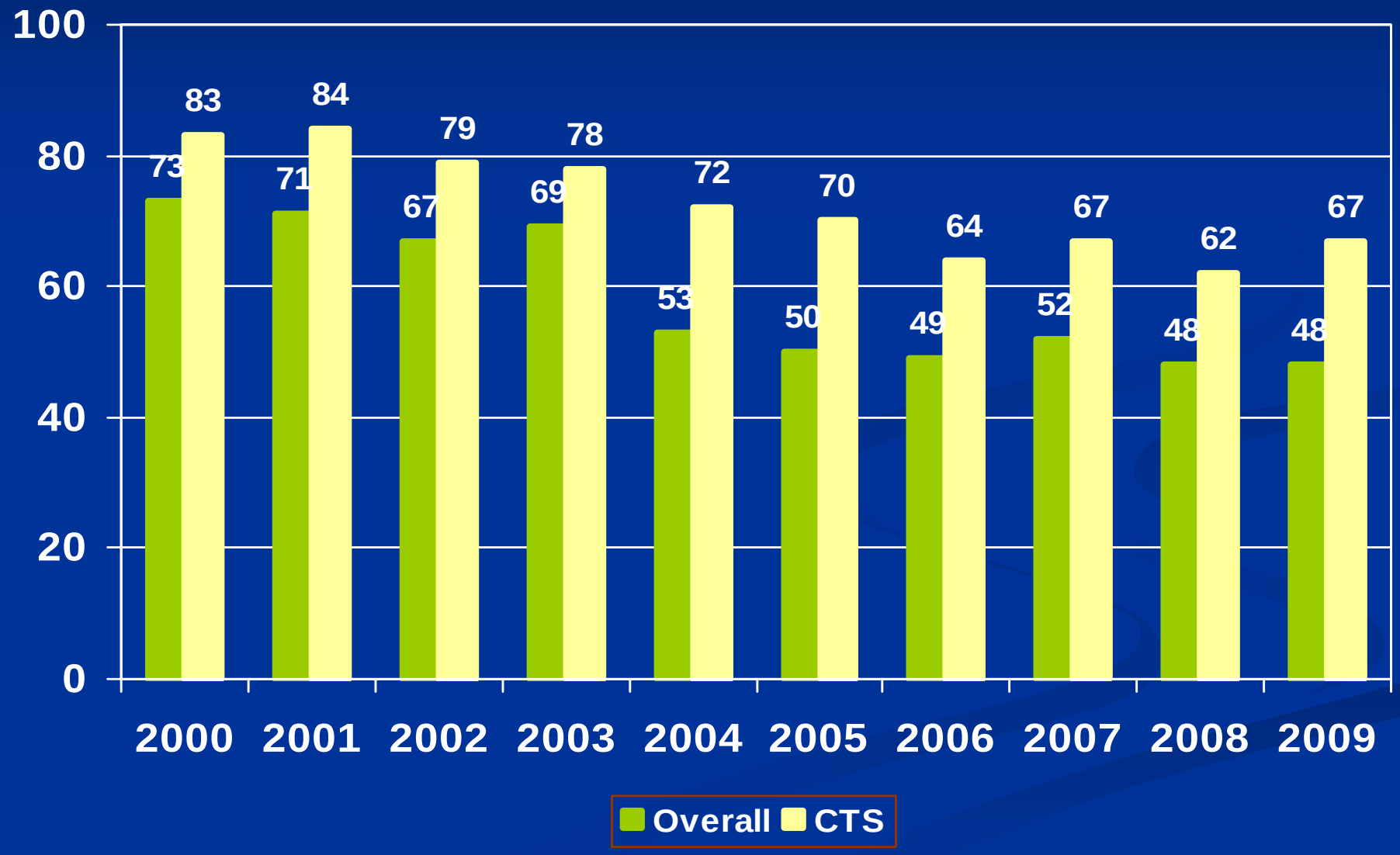
Percent Adult/Adolescent Female HIV/AIDS Diagnoses by Unmodified Transmission -- New Jersey, 2000 - 2009



Credit Where Credit is Due

- Whereas CTR sites did not meet CDC's risk evaluation standard, you were better at obtaining risk compared with diagnoses overall.
- About two-thirds of CTS cases in recent years are reported with risk compared with less than half of cases overall.

Percentage of HIV/AIDS Diagnoses With Risk by Diagnosis Year -- New Jersey, 2000 - 2009



Partner Services Referrals

- Remember to elicit contacts for each positive case.
- The role of CTSs in conducting partner elicitation following implementation of rapid-rapid testing becomes more critical; NAP will have less contact with infected clients as we assume most clients will receive their HIV test result.
- Information should be shared with Glenda Simmons or Stephanie Moore from the Notification Assistance Program in the Newark Office: (973) 648-7474. When referring a client/contact do not send a fax without contacting the office first. No names of clients are to be faxed to NAP under any circumstances.

HIV Incidence Surveillance

- HIV Incidence Surveillance provides the information needed to estimate the number of new HIV infections per year in the United States. The estimate includes persons diagnosed and reported as well as those infected but not yet diagnosed or reported.
- The NJDHSS Division of HIV, STD, TB Services has been funded by CDC to conduct Incidence Surveillance since 2005. We were one of 18 sites to contribute data to the national incidence estimates from 2006 through 2009 published in the August 3, 2011 edition of PLoS ONE.

For additional information:
http://www.cdc.gov/hiv/topics/surveillance/incidence.htm

Why Measure HIV Incidence?

- HIV diagnoses have served as a marker for new HIV infections. However, a new HIV diagnosis is not necessarily a new infection. A person can have HIV for a long time before being diagnosed.
- The CDC estimates nearly 1.2 million people are living with HIV in the United States, but roughly one in five HIV-infected Americans remains undiagnosed and is therefore unaware of his/her illness.[1]
- Less than half of adult New Jerseyans indicate ever having been tested for HIV, and 38% of diagnoses in 2007 occurred late in the disease progression compared with 32% for the Nation as a whole.[2]
- Data about new HIV infections will provide better information about how to allocate resources to better plan, implement and evaluate prevention programs.

1. Centers for Disease Control and Prevention. HIV Surveillance – United States,1981-2008. *MMWR* 2011; 60(21):689-693.
2. Centers for Disease Control and Prevention. Vital Signs: HIV Testing and Diagnosis Among Adults – United States, 2001-2009. *MMWR* 2010; 59(47):1550-1555.

How Is HIV Incidence Surveillance Conducted?

- HIV Incidence Surveillance requires remnant serum from positive HIV diagnostic tests along with patients' HIV testing history and antiretroviral use.
- The current method uses laboratory tests called STARHS (Serologic Testing Algorithm for Recent HIV Seroconversion) that can distinguish between recent (within 5 months of diagnosis) and older infections.
- Using the testing history information, HIV incidence is estimated from a sample of people for whom we have STARHS results who share comparable demographic and risk factors as those tested.

HIV Incidence Reporting Rule

- A rule was added to the NJ HIV/AIDS reporting regulations in April 2009. It requires 1) remnant HIV positive specimens to the NJ PHEAL for further testing that could include STARHS as well as 2) patient HIV testing and treatment history.

NJAC 8:57-2.10 Specimen submissions

(a) A health care provider, responsible party or clinical laboratory director shall, within one week of completion of a confirmatory diagnostic test indicative of HIV infection, send the residual specimen of such test to the State's Public Health and Environmental Laboratories.

8:57-2.11 Access to information

(a) The forms submitted to the Department pursuant to this subchapter [should] contain demographic and medical information related to the Department's investigations and epidemiologic studies of HIV and AIDS… (Information relating to medical... history, diagnosis, treatment, or evaluation).

What Information is Needed? (on Positives Only)

HIV Testing History

FIRST POSITIVE HIV TEST

- Ever had a positive HIV test before (Y/N)
- Date of first positive HIV test (Mo/Yr)

NEGATIVE HIV TESTS

- Ever had a negative HIV test (Y/N)
- Date of last negative HIV test (Mo/Yr)
- Number of negative HIV tests in the 24 months before first positive test (#__)

Treatment History

ANTIRETROVIRAL (ARV) USE

- Ever taken any ARVs (Y/N)
- Earliest date of any ATV use (Mo/Yr)
- Last known date any ARV medication taken (Mo/Yr)
- Name of earliest ARV taken

First HIV Positive HIV Test

Has the client ever had a previous positive HIV test?
Changed from PEMS: Date of first positive HIV test

1. The purpose of this question is to report any positive HIV test that occurred before the known date of HIV diagnosis, i.e., a test from another state or country or an anonymous test.
2. Self-reported information is appropriate.
3. Do not count indeterminate tests.

First HIV Positive HIV Test

Date of first positive HIV test

1. Record the date of the earliest known positive HIV test, including patient self-reported dates. It is acceptable to enter an estimated or incomplete date, as long as it contains a year.
2. If it is known that there were no previous positive HIV tests, enter the date of the first positive HIV test, i.e. the date of today's HIV test, and answer 'no' to the previous question ("Ever had previous positive HIV test").
3. If you do not know the date of HIV diagnosis, enter the earliest known positive HIV test.

Negative HIV Tests

- Ever Had a Negative HIV Test?

  The mere absence of information about previous tests should not be recorded as 'no'. 'No' indicates there is evidence that the person never had a negative HIV test i.e., the person states they never have been tested before.

- Date of Last Negative HIV Test

  Enter the date of the last known negative HIV test, either self-reported or a laboratory test. The person may have had a more recent negative test at another facility, unknown to the provider or chart abstractor, but it is more important to enter any known date than to leave it blank.

Negative HIV Tests

Number of negative HIV tests within 24 months before the current (or first positive) HIV test

Changed from PEMS: Number of tests in the two years before the current (or first positive) test. Include the current (or first positive test.)

1. This is the biggest change to the form. Now you are only recording past negative tests and you no longer have to add '1' for today's positive, i.e., the system will accept zeros.
2. Count the number of negative HIV tests in the 24 months before the first positive HIV test. Do not count indeterminate or positive HIV tests or those with unknown results.
3. Enter '0' if it is known that the patient has never been tested for HIV before or never had a negative test.

Antiretroviral Use

- Has the client used or is client currently using antiretroviral medication (ARV)?

1. This field indicates whether the patient has ever taken any antiretroviral medication to prevent or treat HIV or hepatitis, particularly before HIV diagnosis. Most patients have not taken ARVs before HIV diagnosis, but some have taken them for hepatitis or for HIV pre-exposure prophylaxis (PrEP).
2. If 'Yes', it is important to enter the dates when use began and, if appropriate, ended.

- If yes, specify antiretroviral medications

1. This field is used for verification that the medication taken was actually an antiretroviral medication. Only indicate 'Yes' if the medication is listed.
2. Enter "unspecified" if an ARV was taken but the name is not known.

Antiretroviral Use

- Date ARV began

1. Enter the earliest date that the patient ever took ARV's, even if ARV use was sporadic.
2. If the first ARVs use occurred after HIV diagnosis, it is important to enter a date, even an estimated date, later than the HIV diagnosis date.

- Date of last ARV use

1. Enter the last known date of ARV use.
2. For patients currently on ARVs, record the date of the last prescription or known usage. If the information is collected during a patient interview, the date would be the interview date. If the information was collected as part of a medical record review, record the date of the last prescription or date of the last physician's note.

What is My Role?

- HIV incidence surveillance relies on the patient history you gather.
- As an HIV counselor, YOU are in the best position to obtain an accurate history of past HIV tests and antiretroviral use when the patient is first diagnosed as well as information on HIV behavioral risks.

Summary

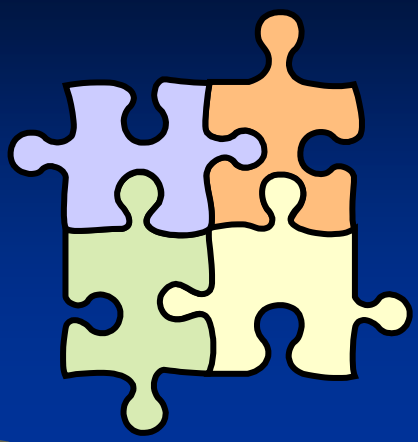
- ✓ All positives, even cases that are already in eHARS, must be reported.
- ✓ Name, birth date, address and any other identifying client information should be written on the back of the report form.
- ✓ Even if you don't complete the form with the client present, please document all information necessary to fully complete reporting forms so it will be available.
- ✓ Behavioral risk factors and client testing and treatment history is information you are required to collect. A report form is not complete without this information.

Thank You

1) **Completeness**.
All required information on each case

2) **Timeliness**.
that is current

3) **Accuracy**.
and may provide accurate epidemiologic data from which to base HIV prevention programs



Charlotte Sadashige
Incidence Surveillance Program
(609) 984-5940
charlotte.sadashige@doh.state.nj.us