



HIV Incidence Surveillance Information for Providers

Why HIV Incidence Surveillance?

National HIV/AIDS surveillance has been limited to monitoring HIV prevalence and does not allow us to calculate or track the number of new *infections* (incidence).

With more HIV tests being performed each year, an observed increase in HIV diagnoses may no longer indicate an increase in new HIV infections over the same period.

It has become important to discriminate between recent and long-standing HIV infections on the population level and to expand the HIV surveillance system to include both incidence and prevalence.

How?

A major advance has been the development of the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS). STARHS can distinguish between recent and long-standing HIV infection on a population level.

The STARHS method works by comparing two HIV enzyme-linked immunosorbent assays (EIA).

The first EIA is the test used for routine diagnosis, which detects very low levels of antibodies. The second step of STARHS is conducted only on HIV positive sera. This test measures the proportion of HIV-specific IgG in a given specimen with respect to total IgG.

The assay currently used is the Calypte HIV-1 BED Capture EIA, which is approved only for surveillance use and is not for diagnostic or clinical purposes. STARHS results in combination with case reports and HIV testing and treatment history data are used to make population-based HIV incidence estimates.

What is your role?

As a healthcare provider, you have been contributing to HIV/AIDS data collection since the early stages of the epidemic. You play a role in HIV incidence estimation by collecting and providing information on patient's history of HIV testing and antiretroviral (ARV) use.

What information is needed?

HIV Testing History

First Positive HIV test

- Date
- Number of HIV tests in the 2 years before first HIV positive test

Last Negative HIV test

- Ever tested negative
- Date of last negative HIV test

Treatment History

- Any ARV in the six months before first positive test

You have a crucial role in HIV incidence surveillance; obtaining HIV testing and ARV history from each newly diagnosed case.

You will contribute to the understanding of the HIV epidemic in your region, in California and in the United States.

The Health Insurance Portability and Accountability Act (HIPAA) permits protected health information to be shared for the purpose of public health surveillance.

When to collect patients' information?

- Before the HIV test
- When patient returns for HIV test results
- At any point during HIV care
- Other follow up visits
- Ideally within 3 months of the HIV diagnosis
- If necessary, after 3 months of the diagnosis

HIV incidence data will be useful to:

- Estimate and monitor the number of new HIV infections
- Identify trends in HIV transmission
- Allocate resources for HIV prevention and care services
- Plan, program and evaluate HIV prevention and care services

For more information, please visit the California Department of Public Health, Office of AIDS website:

www.cdph.ca.gov/programs/aids

Contact information:

California Department of
Public Health
Office of AIDS

Ann Nakamura, MPH
HIV Incidence Surveillance
Coordinator
Ann.Nakamura@cdph.ca.gov
916-650-6903

Mark Damesyn, DrPH
Principal Investigator
Mark.Damesyn@cdph.ca.gov
916-449-5827