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California Department of Public Health



EDMUND G. BROWN JR.
Governor

April 24, 2012

TO: CALIFORNIA CONFERENCE OF LOCAL AIDS DIRECTORS
CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS
PROVIDERS OF HIV TESTING OR TREATMENT SERVICES
LABORATORIES PERFORMING CONFIRMATORY HIV TESTING

SUBJECT: FOLLOW UP: ENHANCING HIV INCIDENCE SURVEILLANCE TO
ENABLE INCIDENCE ESTIMATES FOR CALIFORNIA

We are writing to call your attention to the recent Centers for Disease Control and Prevention (CDC) publication reporting HIV incidence and encourage your continued participation in HIV incidence surveillance activities in California. As you may be aware, CDC published national HIV incidence estimates for the years 2006-2009 in August 2011 (see link below). Although California is a critical state for HIV surveillance due to the high number of living cases and has collaborated with CDC on HIV incidence for some years, California's data was not included in this publication due to our more recent introduction of name-based reporting. However, thanks to your contribution in HIV incidence efforts, California is currently completing in-state incidence estimates and our data will contribute to future national estimates as well.

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0017502>

Incidence estimation is not possible without the voluntary participation of health care providers and those laboratories that complete confirmatory HIV testing. Health care providers have the unique ability to capture testing and treatment history (TTH), which is essential for the statistical procedures necessary for incidence estimation. As evident in the current TTH form, enclosed, the essential elements of TTH are: 1) date of first positive and last negative test results; 2) number of HIV tests within two years before first positive; and 3) any antiretroviral therapy use. Once TTH is in the patient's chart, it is abstracted by a local health officer during routine surveillance activities. Thus, by continuing to faithfully document TTH information in each recently diagnosed HIV-positive patient's medical record, health care providers are helping to generate accurate incidence estimates for our state.

California Conference of Local AIDS Directors
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Laboratories voluntarily contribute remnant diagnostic sera from confirmed HIV-positive specimens without which incidence estimation is not possible. These specimens are tested using the serologic testing algorithm for recent HIV seroconversion, which is able to determine the proportion recent versus long-standing infections at a population level. We are grateful that most HIV confirmatory laboratories are currently collaborating in this activity.

We wish to encourage your continued partnership in this vital public health activity which allows us to measure our progress toward reducing HIV incidence, a key strategy target in the National HIV/AIDS Strategy developed by President Barack Obama's Administration. If you have any questions, I invite you to contact your region's HIV Incidence Surveillance Coordinator (see enclosed list) or visit their respective Web pages.



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Enclosures

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Testing and Treatment History Form (TTH) Revised as of August

2011. Can be retrieved at:

<http://www.cdph.ca.gov/pub/forms/forms/CtrfdForms/cdph8681.pdf>

State of California - Health and Human Services Agency

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HIV Testing and Antiretroviral Use History

(record all dates as mm/dd/yyyy)

Stateno: _____

Main Source of Testing and Treatment History Information (select one)		<input type="checkbox"/> Patient Interview	<input type="checkbox"/> Medical Record Review	Date Patient Reported Information	___/___/_____
		<input type="checkbox"/> Provider Report	<input type="checkbox"/> PEMS	<input type="checkbox"/> Other	
Ever had previous positive HIV test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	Date of First Positive HIV test
		<input type="checkbox"/> Don't Know/Unknown			___/___/_____
Ever had a negative HIV test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	Date of Last Negative HIV test (if date is from a lab test with test type, enter in lab data section)
		<input type="checkbox"/> Don't Know/Unknown			___/___/_____
Number of negative HIV tests within 24 months before first positive test		# _____	Or	<input type="checkbox"/> Refused	<input type="checkbox"/> Don't Know/Unknown
Ever taken any antiretrovirals (ARVs)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused	If Yes, ARV Medications:
		<input type="checkbox"/> Don't Know/Unknown			
Dates ARVs Taken	Date First Began:	___/___/_____	Date of Last Use:	___/___/_____	

ACRF Lab Tab information

Date of Last Documented negative HIV test: ___/___/_____
Specify type of Test: _____

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