10 – 10:45 AM
Highlights of April 2008 Meeting and Updates on:

1. Data Transmission
2. Centralized Lab Reporting
3. Use of Surveillance Data for Public Health Purposes

1st Surveillance Stakeholder Meetings

April 9-10, 2008

- **Purpose:** Provide opportunity for consensus-building discussion regarding current and future HIV reporting policies and regulations

- **Attendees:**
  - LHDs (incl. CCLAD, CCLHO)
  - Surveillance coordinators
  - Laboratory directors
  - Health care providers
  - Service organizations
  - Advocates

1. ENCRYPTION

- Participants urged OA to explore the maximum flexibility allowed in statute, regulations and policy to enable the use of encryption technologies while preserving the highest standards of protection of confidentiality.

  - ***HIV/AIDS Surveillance Guidelines — Security and Confidentiality (*January 2006)**

    If secure fax or encrypted e-mail transmissions are used at all (although CDC strongly discourages their use), care must be taken to avoid linking HIV or risk factor status with identifiable information about a person.

2. DATA TRANSMISSION ISSUES

- The level of comfort with transmission technologies (fax, email, secure data network) differs at each stage of the reporting process.

- Participants urged OA to explore the maximum flexibility allowed in statute, regulations and policy to enable the use of electronic data transfer technologies (especially secure web-based systems and encrypted email) while preserving the highest standards of protection of confidentiality.

3. HIV DISEASE REPORTING CONSISTENCY

- It would be ideal for HIV and AIDS reporting regulations to be merged, however
  - Critical for each issue to be evaluated carefully and the least restrictive (but secure) option be adopted.
  - Thus, AIDS could not be “dropped in” to the HIV regs or visa versa.
- The time and resources required to make such changes need to be weighed against the potential benefits.
- If other issues are identified that will require (non-emergency) regulatory amendments, then this issue should be seriously considered.

4. CENTRALIZED LAB REPORTING

- Participants urged OA to explore centralized lab reporting, taking into consideration the need for OA to provide appropriate reports back to LHJs in a timely manner for both surveillance and other local health department purposes.

5. USE OF HIV/AIDS SURVEILLANCE DATA FOR PUBLIC HEALTH PURPOSES

- OA is committed to moving slowly, thoughtfully, consistently, and deliberately with further exploration in this area.

Meeting Outcomes

- **Workgroup #1:** Data Transmission Issues
- **Workgroup #2:** Centralized Laboratory Reporting
- **Workgroup #3:** Considerations Regarding Possible Uses of HIV/AIDS Data for Public Health Purposes
  - eg Partner Services, case management

Status - Workgroup #1:
Data Transmission Issues

- Workgroup met once (lead, Ann N.)
  - Preparatory documents and minutes in packet
- OA chief discussion with CDC Project Officer
- Current OA focus is on Web-CMR implications in the context of
  - EHARS implementation
  - Current regulations and need for staged amendments
    - EHARS will require emergency regulations, with further delay for non-emergency issues

Status - Workgroup #2:
Centralized Lab Reporting

- Workgroup was not convened
  - Limitations in OA staff availability
- Related issue has arisen within context of HIV Incidence Surveillance

Status - Workgroup #3: Considerations Regarding Possible Uses of HIV/AIDS Data for Public Health Purposes

- Workgroup met twice (lead, Juan I.)
  - Minutes in packet
- OA/STD branch meeting with CDC
- Pilot proposal development
  - Competing priorities for potentially available funds

Second Surveillance Stakeholder Meeting… evolution

1. EHARS & Web-CMR
2. HIV Incidence Surveillance
3. Partner Services

OA Focus:
CDC EHARS/web-CMR visit

Implementing now: EHARS

Planning for the future: web-CMR

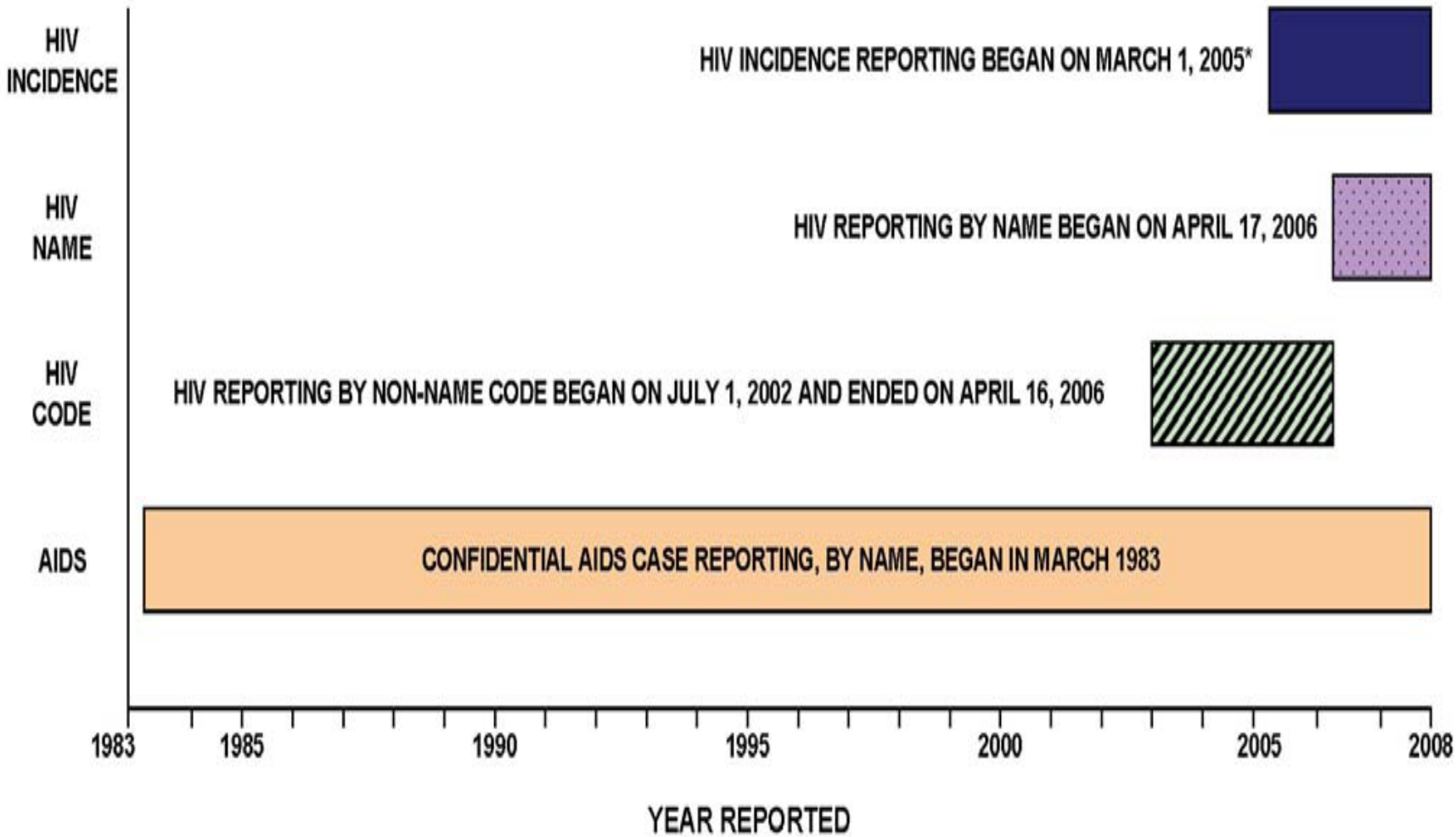
OA Focus:
Enhancing HIV/AIDS Surveillance

Core Surveillance

Incidence Surveillance

Figure 1.

TIMELINE OF CALIFORNIA HIV/AIDS SURVEILLANCE SYSTEMS



* Date reflects approval of the California area protocol and the beginning of data collection.

Comparing Core & HIV Incidence Surveillance (HIS)

	Core Surveillance	HIS
Measures	New *diagnoses* HIV Prevalence ▪ Existing cases	New *infections* HIV Incidence ▪ New cases
Data collected	▪ Demographic information ▪ HIV risk ▪ HIV test result ▪ AIDS Indicators	Also: ▪ Past HIV testing history ▪ Medications to treat or prevent HIV (ART) ▪ STARHS test result from remnant blood specimen
Uses of data	Both important to guiding prevention and care; resource allocation.	
	Changes in burden of disease.	Where infection is spreading

CDC Publications and OA Talking Points - Prevalence

1) CDPH/OA - Talking Points - MMWR, October 3, 2008 - HIV Prevalence Estimates (PDF, New Window)

   CDC released estimates of HIV prevalence in the U.S. through 2006, including estimates of the numbers of individuals who are unaware of their HIV infection.

2) CDPH/OA Talking Points - HIV Prevalence Estimates of California, 2008 (PDF, New Window)

   Describes CDPH/OA's recent estimates of current and projected HIV prevalence in California.

3) Estimated Persons Living with HIV (not AIDS) and Persons Living with AIDS in California, 2006-2020 (PDF, New Window)
   Table showing CDPH/OA's recent estimates of current and projected HIV prevalence in California.

Key CA Estimates - Prevalence

- 2006 Estimate: 129,400–159,300
- 2008 Estimate: 132,072- 170,066

http://www.cdph.ca.gov/programs/aids/Documents/News2006-2020CAHIVPrevRoughEstTable.pdf

Key CA Estimates – Unknown HIV Status

- The revised estimate of persons in CA HIV-infected but unaware, is between **27,369** and **33,513** as of the end of 2008.

CDC Publications and OA Talking Points - Incidence

1) CDPH/OA - Talking Points - Journal of the American Medical Association Article on National HIV Incidence Estimates (August 3, 2008) (PDF, New Window)

   Describes revised estimates of HIV incidence nationally based upon new testing and statistical methods.

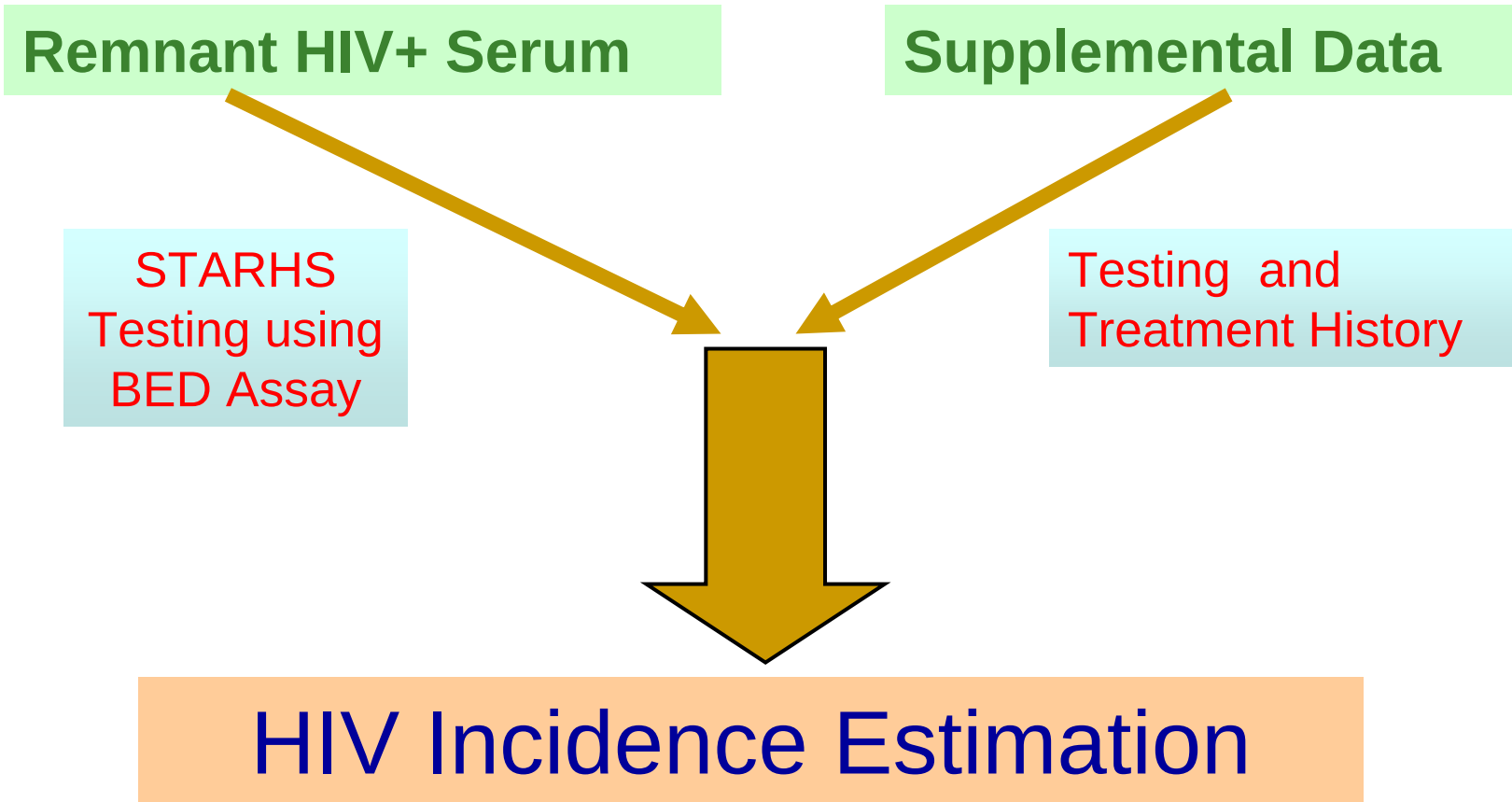
2) CDPH/OA - Talking Points - Morbidity and Mortality Weekly Report - September 12, 2008 - Subpopulation Estimates from the HIV Incidence Surveillance System, United States, 2006 (PDF, New Window)

   Report from the Centers for Disease Control and Prevention in its recent series on revised HIV incidence estimates and HIV testing patterns.

Key CA Estimates - Incidence

- The estimated number of new infections occurring each year in CA is between **5,000** and **7,000**

Requirements for HIV Incidence Surveillance



What Is STARHS?

- Antibody-based laboratory testing method that allows CDC to identify, with reasonable probability, how many newly reported HIV infections in any given population are recent
  - i.e., within the previous 6 -12 months

Key Non-Health Department Partners

- **Providers:**
  - Ensure new patient records include testing and treatment history (TTH)
    - First positive HIV Test
    - Last negative HIV test
    - Exposure to antiretroviral medication
  - Facilitate completion of HIV/AIDS case report form when new case is ascertained
- **Labs:**
  - Ship remnant serum samples to central facility for STARHS testing

Key Health Department Partners

- **Local Health Departments**
  - Collect core surveillance variables and TTH data through receipt from providers and active surveillance
- **Office of AIDS**
  - Raise awareness and interest
  - Guidance, technical support and monitoring
  - Data management and transfer to CDC
  - Complete California incidence estimation

Draft Guidance Letter and Supplemental Data Collection Instrument

In packets for your review and input to OA. Please do not distribute.

Status of considerations re: surveillance data and Partner Services

- August, 2008: OA invited STD Branch and CDC HIV Prevention, Surveillance & STD Project Officers & Sam Dooley to Sacramento
- Agreed to pilot proposal to focus on:
  - Local stakeholder input process
  - Policies and procedures for meeting HIV surveillance security requirements
- Proposal prepared and awaiting assessment of competing funding priorities

11 – 11:15 AM
Overview of Discussion Topics & Process for Small Groups & Afternoon Sessions

1. EHARS and Web-CMR
2. HIV Incidence Surveillance
3. Surveillance Data and Partner Services