
OA Focus:

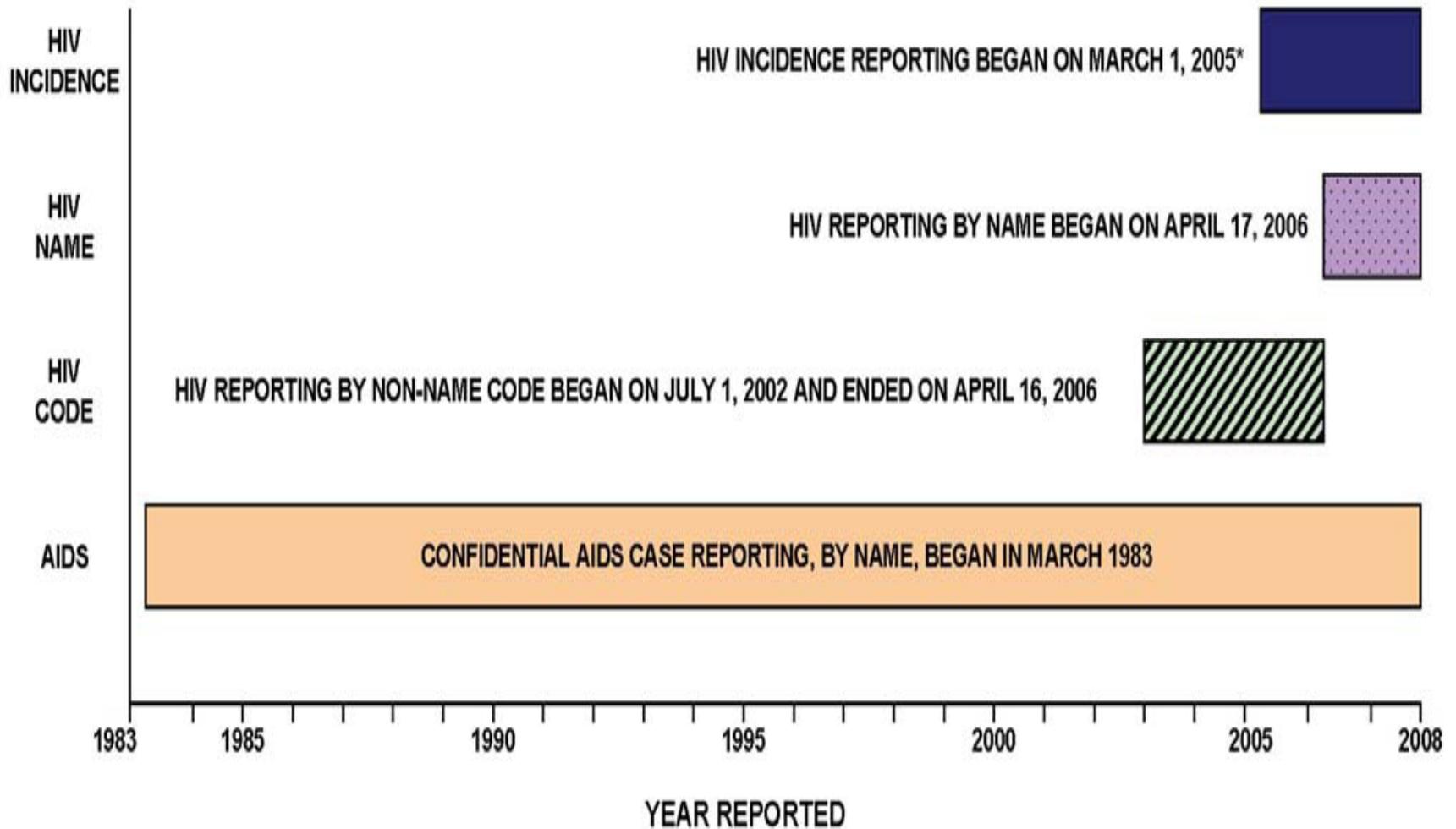
Enhancing HIV/AIDS Surveillance

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	<p>New <i>diagnoses</i></p> <p>HIV Prevalence</p> <ul style="list-style-type: none"> ■ Existing cases 	<p>New <i>infections</i></p> <p>HIV Incidence</p> <ul style="list-style-type: none"> ■ New cases
Data collected	<ul style="list-style-type: none"> ■ Demographic information ■ HIV risk ■ HIV test result ■ AIDS Indicators 	<p>Also:</p> <ul style="list-style-type: none"> ■ 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 - 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**
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Requirements for HIV Incidence Surveillance

Remnant HIV+ Serum

Supplemental Data

STARHS
Testing using
BED Assay

Testing and
Treatment History

HIV Incidence Estimation

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
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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
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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**
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HIV Incidence Surveillance Information

This short form can be attached to the HIV/AIDS Case Report Form used for routine HIV reporting. You may enter patient-reported answers to past testing behaviors and the dates of these tests as reported by the patient. If the patient received medication to treat or prevent HIV or Hepatitis B, please enter medication names and start/end dates as applicable. Answers to these questions will help the California Department of Public Health, Office of AIDS (OA) with HIV Incidence Surveillance (HIS).

Date question answered by patient ___/___/___	Antiretroviral & Prophylaxis Treatment History
Date of <u>first Positive</u> HIV Test reported by patient (mo/dd/yr) ___/___/___	Used ARV (e.g., to prevent/treat HIV or HepB) in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of <u>last negative</u> HIV test reported by patient (mo/dd/yr) ___/___/___	First date of ARV use: (mo/dd/yr) ___/___/___ Last date of ARV use: (mo/dd/yr) ___/___/___
Prior Tests (2 years before 1 st positive) Number of HIV tests in 2 years before first positive: 1 (first positive) + ___ (# prior negative tests) = ___ Total	If yes, list medications: _____ _____ _____

HIV Incidence Surveillance Questionnaire

This chart form can be attached to the patient's medical record and used for routine HIV testing. Date information is extracted either from the client by interview or the medical chart by abstraction. Self-reported dates (if applicable) for previous HIV tests. Answers to these questions help us identify STARHS results that may be false "recents".

Answers to these questions will help the California Department of Public Health, Office of AIDS (OAH) with the HIV Incidence Surveillance (HIS) program.

Date question answered by patient: ___/___/___	Antiretroviral & Prophylaxis Treatment History
Date of <u>first Positive</u> HIV Test reported by patient (mo/dd/yr) ___/___/___	Used ARV (e.g., to prevent/treat HIV or HepB) in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of <u>last negative</u> HIV test reported by patient (mo/dd/yr) ___/___/___	First date of ARV use: (mo/dd/yr) ___/___/___ Last date of ARV use: (mo/dd/yr) ___/___/___
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Testing frequency helps us identify frequent testers, who would be more likely to test shortly after infection.