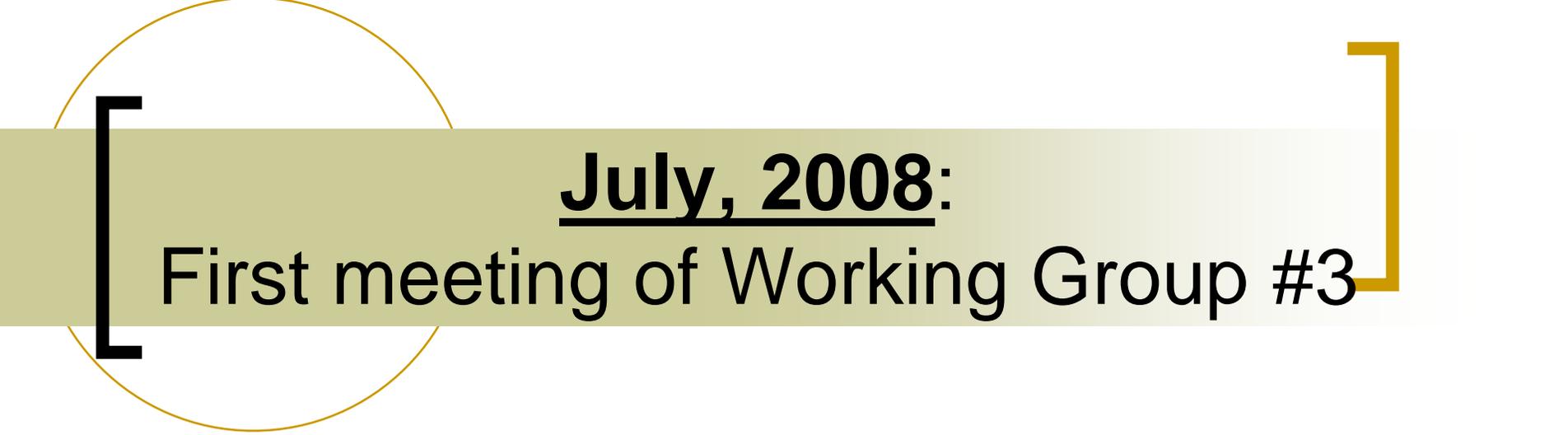


Using Surveillance Data for Public Health Purposes

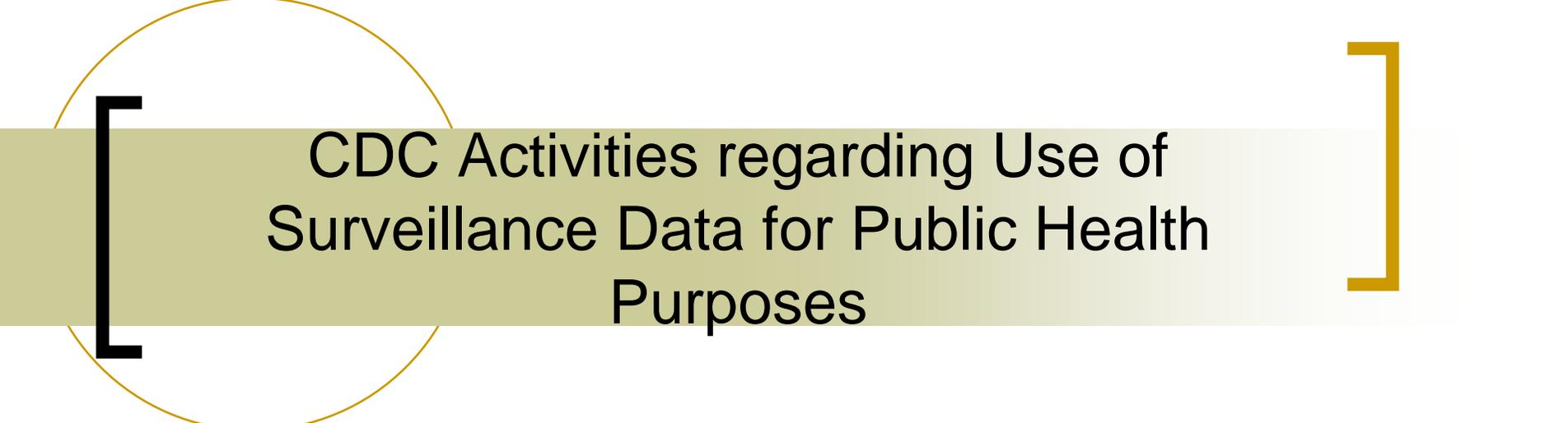
- **April, 2008**: First Surveillance Stakeholders Meeting establishes 'Use of Surveillance Data for Public Health Purposes' as a critical area to explore with the following observations:
 - Acceptability of using case-level surveillance reports for partner service varies from one jurisdiction to another
 - This issue should not be considered only from a public health perspective. Dialogue must engage the community
 - Information on effective programs, for example those that embed public health workers in high-volume HIV service sites, could be used to guide discussion
 - Working Group Established



July, 2008:

First meeting of Working Group #3

- Consideration #1: Timeline and process to obtain stakeholder & provider input
- Consideration #2: Process of building community support



CDC Activities regarding Use of Surveillance Data for Public Health Purposes

- **August, 2008**: CDC site visit to California
 - Discuss considerations around using individual level surveillance data for partner services
- **October, 2008**: CDC Publishes partner services guidelines
 - Recommends use of surveillance data to assist in identifying newly diagnosed persons who are candidates for partner service

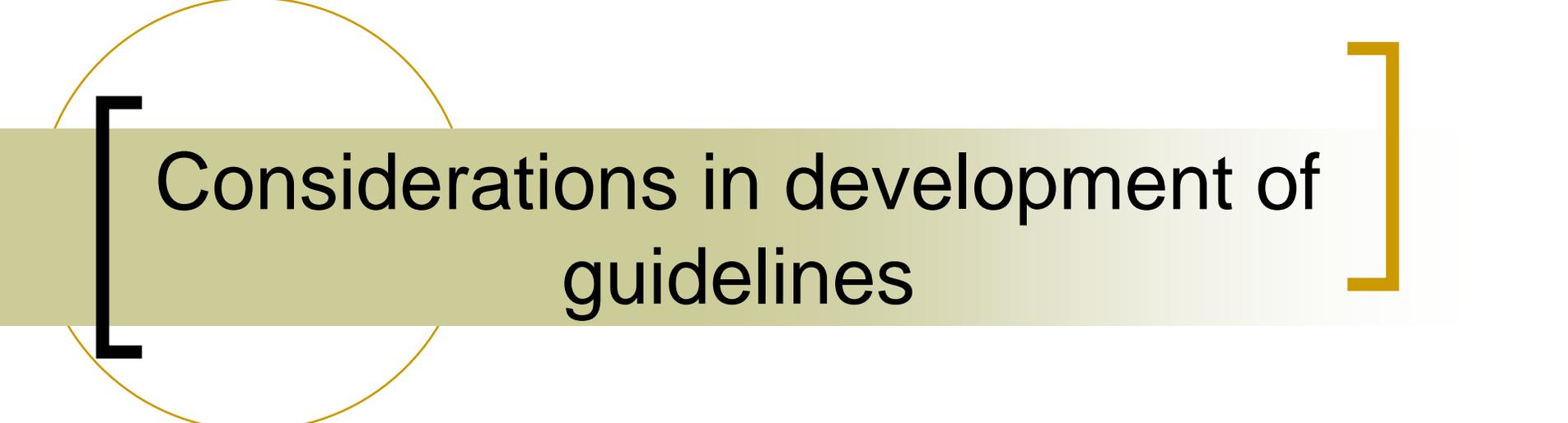
November, 2008: Second meeting of Working Group #3: Recommendations

1. Goal: Use of surveillance data to contact positive clients and their partners:
 - a. Ensure clients receive their results (using positive results from labs as well as providers)
 - b. Ensure partner services are initiated and followed through such that messages are delivered on a regular basis



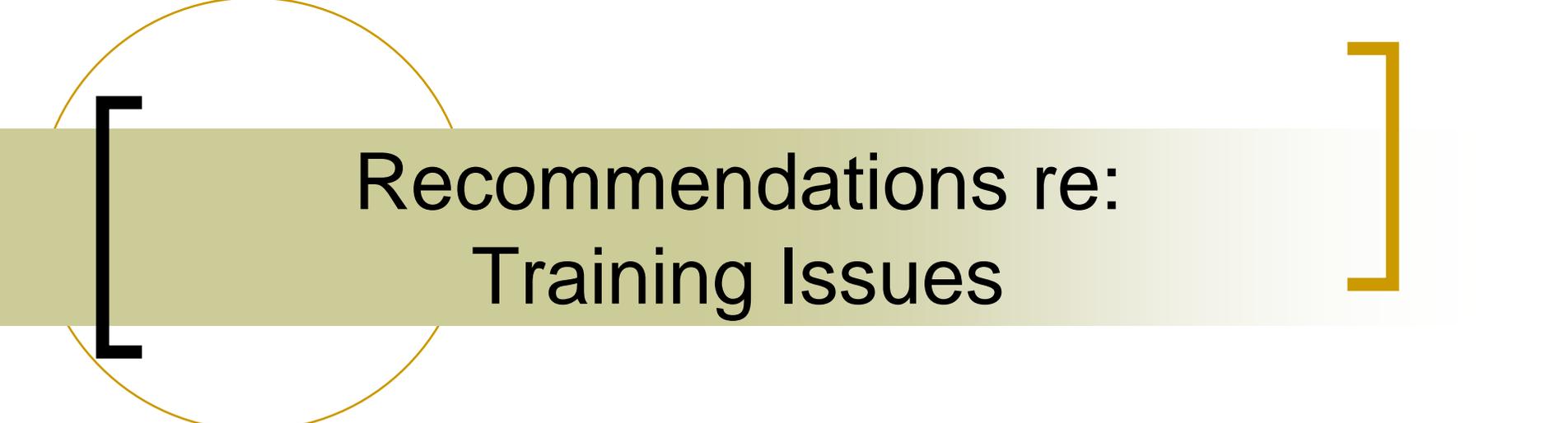
Recommended Methodological Approach

1. Assign task force to develop California guidelines for using surveillance data for, Partner Services (PS)
2. From these guidelines, model PS MOU should be created by OA and shared with LHJ for guidance purposes



Considerations in development of guidelines

1. Review findings from California pilot programs using surveillance for partner services
2. Review implications of 10/2008 CDC Partner Services Guidelines
3. Consider role of community based organizations in PS
4. Routinely work with private providers



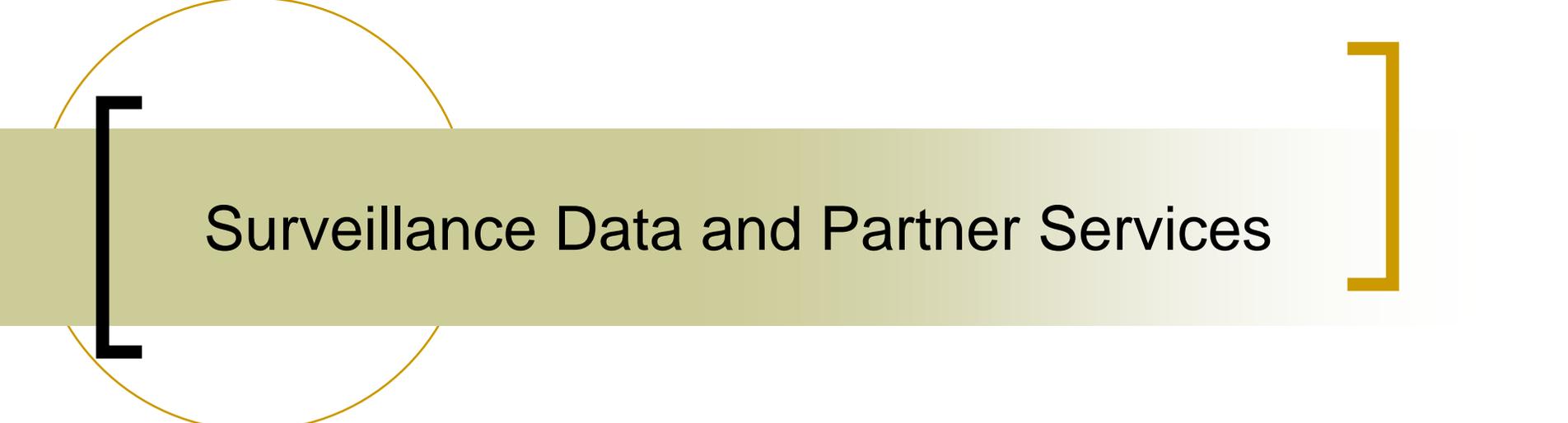
Recommendations re: Training Issues

1. Design outreach materials to train appropriate local health department employees (e.g., surveillance personnel and Communicable Disease Investigators) & social workers
2. Identify appropriate field staff to implement training

August, 2008:

OA hosted meeting of CDC HIV Prevention, HIV Surveillance and STD Project Officers and CDPH STD Branch

- Agreed to develop a pilot proposal to focus on:
 - Local stakeholder input process
 - Policies and procedures for meeting HIV surveillance security and confidentiality requirements
- Proposal is developed and being considered by OA relative to other funding priorities for carry forward funds



Surveillance Data and Partner Services

Background:

- CDC's new Partner Services Recommendations (MMWR, 2008) recommend that all persons with newly diagnosed or reported HIV infection receive partner services (PS) *with active health department involvement*.
- Highlight the importance of program collaboration and service integration in the provision of PS.



Challenges

- California HIV Partner Services pilot projects found 18% new positives of 90 tested.
- Challenges: indirect recruitment processes, data systems without adequate PS emphasis, and confusion at the state and local levels.



Opportunities

- Use of HIV/AIDS surveillance information to enhance PS is consistent with national and state level integration
- Some participants in prior stakeholder meetings are very supportive.
- Public Health leadership at many levels (CDC, NASTAD, NCSD, CCLAD, and CSTDCA) indicate support for this approach.
- SF and LA are moving forward with success

Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health



November 14, 2008

RE: HIV case contact information, interviews and partner notification

Dear Provider:

In accordance with California State Law and the new recommendations for HIV partner services from the Centers for Disease Prevention and Control (CDCMMWR, *Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydia Infection*, November 7, 2008 / Vol. 57 / No. RR-9), the San Francisco Department of Public Health will continue collaborating with medical providers and conduct voluntary interviews with newly diagnosed cases of HIV infection.

In January 2006 we began interviewing new cases diagnosed in city medical settings and have found those interviews and partner notification to be a valuable and effective public health activity. Specifically, since that time 27 people who did not know they were infected with HIV learned of their infection and were able to receive treatment.

Given the continued high frequency of new HIV infections in San Francisco, we believe new case interviews and partner notification provide an important adjunct to existing community-level prevention efforts. Please help support these efforts by:

- Reminding patients that HIV infection is a reportable condition and that they may be contacted by the health department.
- In addition, we will be requesting from you patient contact information to help us reach patients.

Thank you in advance for your cooperation.

Sincerely,

Mitchell H. Katz, MD
Director of Health

cc: Susan Scheer, PhD, Director of HIV/AIDS Surveillance
Grant Colfax, MD, Director of HIV Prevention
Jed Klausner, MD, MPH, STD Controller

Pilot Project Proposal

- Active involvement of stakeholders during all stages of pilot through ongoing community advisory board.
- With support of consultant, LHJs develop policies and procedures to ensure adherence to HIV surveillance security and confidentiality standards and ensure adherence to “PS Guiding Principles and Standards for Record-Keeping, Data Collection, Management and Security” from October 30, 2008 MMWR.
- Propose 4 LHJs with mix of size, prevalence and readiness characteristics and ask CDC to select 2.
- Needs to be doable with one-time funding and minimal OA staff time.



Using Surveillance Data for Public Health
Purposes

OPEN DISCUSSION