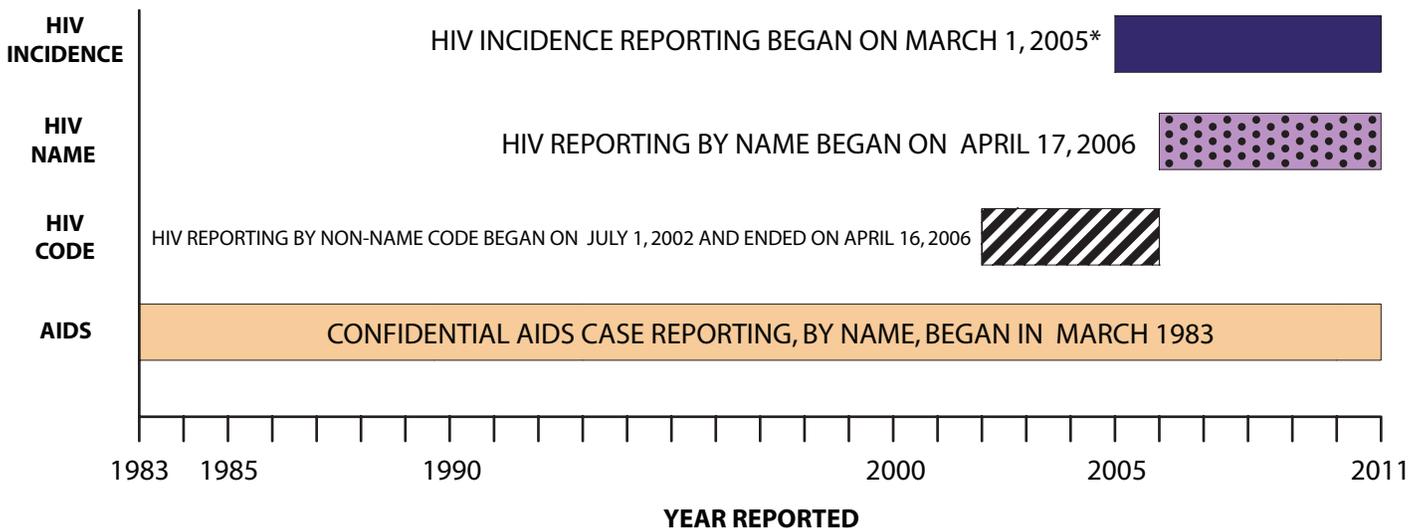


## HIV/AIDS SURVEILLANCE IN CALIFORNIA

Over the years, surveillance of HIV/AIDS has evolved to adapt to changes in the HIV/AIDS epidemic and advances in diagnosis and treatment. In the beginning of the epidemic, surveillance systems across the country only reported AIDS cases. California surveillance later expanded due to increased understanding of the etiology and transmission of AIDS to include HIV reporting (see Figure 1 and 2).

- Confidential AIDS case reporting, by name, began in March 1983
- HIV Reporting was first implemented on July 1, 2002, by non-name code
- HIV reporting by name began on April 17, 2006
- HIV Incidence Surveillance reporting began on March 1, 2005

**FIGURE 1. TIMELINE OF CALIFORNIA HIV/AIDS SURVEILLANCE SYSTEMS**



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

In California and the rest of the United States, HIV infections and AIDS diagnoses are reported through a combination of passive and active surveillance. Passive surveillance is conducted through state required reporting of HIV and AIDS cases by health care providers and reporting of HIV-positive test results from laboratories to Local Health Departments (LHDs). Active surveillance is accomplished through routine visits by LHD staff to hospitals, physician offices, laboratories, counseling and testing (C&T) clinics, and outpatient clinics to ensure completeness, timeliness, and accuracy of reported data. In California and other states, HIV/AIDS surveillance has historically relied heavily upon local health department staff who perform:

- active case surveillance
- on-site chart reviews
- case report completion

To improve timeliness and completeness of reporting and ensure prompt identification and response to emerging problems in the field, California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) supports a decentralized reporting system where HIV and AIDS case reports are identified through passive and active surveillance efforts coordinated by California's 61 LHDs. HIV/AIDS surveillance case data, reported to local jurisdictions by health care providers and laboratories, is then sent to OA's HIV/AIDS Surveillance Section. Surveillance Section then submits electronic HIV/AIDS case reports, without personal identifiers, to CDC.