



**Methods and Timeline for Reporting HIV Data:
Overview of Legal Requirements for Providers, Labs, and Local Health Officers¹
Office of AIDS Fact Sheet 2017**

California Health and Safety Code (HSC) Section 121022(b)(1) requires health care providers and local health officers (LHO) to report cases of HIV infection, to the Local Health Officer and to the California Department of Public Health, respectively, by courier service, United States Postal Service express mail or registered mail, other traceable mail, person-to-person transfer, facsimile, or electronically by a secure and confidential electronic reporting system established by the department.²

The California Code of Regulations (CCR) provides requirements for reporting HIV in Title 17 CCR sections 2500, 2505, and 2643.5 through 2643.15 as outlined below.³

Sections 2500 and 2505 govern reporting for all reportable diseases:

2500	Health care provider reporting for all reportable diseases
2505	Lab reporting for all reportable diseases

Sections 2643.5 through 2643.15 require reporting for confirmed HIV:

2643.5	Health Care Provider reporting of confirmed HIV to the Local Health Officer
2643.10	Lab reporting of confirmed HIV to the Local Health Officer
2643.15	Local Health Officer reporting of confirmed HIV to the State

For sections 2643.5 to 2643.15, 17 CCR §2641.30 defines “confirmed HIV test” as:

- (a) a procedure which verifies the presence of HIV infection as determined by any clinical laboratory test or HIV Test Algorithm or examination used to detect the presence of HIV, a component of HIV, or antibodies to or antigens of HIV, including the HIV antibody (HIV-Ab), HIV p-24 antigen, Western blot (Wb), and immunofluorescence antibody tests; or
- (b) for the purpose of this Article, all tests used to monitor HIV infection, including HIV nucleic acid detection.

¹ This fact sheet is a generalized view of CA HIV/AIDS surveillance reporting laws and is not intended to address all aspects of HIV/AIDS law or to offer legal interpretation or advice. Although the statutes and regulations referenced are current as of 11/2017, these laws may be amended at any time. Consult your own legal counsel, accordingly.

² http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=121022.&lawCode=HSC

³ <https://govt.westlaw.com/calregs>

Health Care Provider Reporting of HIV to the Local Health Officer:

METHODS FOR REPORTING CONFIRMED HIV: 17 CCR 2643.5(c)

Health care providers shall report HIV to the *LHO in the health provider's jurisdiction* within seven calendar days of receipt from a laboratory of a patient's confirmed HIV test or determination by the health care provider of a patient's confirmed HIV. The report shall consist of a completed copy of the HIV/AIDS Case Report form.

(1) All reports containing personal information, including HIV/AIDS Case Reports, shall be sent to the LHO or his or her designee by:

- (A) Courier service, U.S. Postal Service Express or Registered mail, or other traceable mail, facsimile,⁴ or electronically by a secure and confidential electronic reporting system established by the Department; or
- (B) Person-to-person transfer with the LHO or his or her designee.

(2) The health care provider shall not submit reports containing personal information to the LHO or his or her designee by electronic mail or by non-traceable mail.

TIMELINE: 17 CCR 2500(b), (h), (j), and (k)

- **HIV infection, stage 3 (AIDS):** health care providers shall report to the *LHO for the jurisdiction where the patient resides* by mailing a written report, telephoning, or electronically transmitting a report *within seven (7) calendar days* of the time of identification. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from HIV may make such a report to the LHO for the jurisdiction where the patient resides. 17 CCR 2500(b), (h), and (j).
- **HIV, acute infection:** (k) In addition to routine reporting requirements set forth in section 2643.5, for acute HIV infection reporting, health care providers shall report all cases *within one (1) working day to the LHO of the jurisdiction in which the patient resides by telephone*. If evidence of acute HIV infection is based on presence of HIV p24 antigen, providers shall not wait until HIV-1 RNA is detected before reporting to the LHO. 17 CCR 2500(h) and (k).

Lab Reporting of HIV to the Local Health Officer:

METHODS AND TIMELINE FOR REPORTING CONFIRMED HIV: 17 CCR 2643.10

(a) Labs shall, within seven calendar days of determining a confirmed HIV test, report the confirmed HIV test to the *LHO for the local health jurisdiction where the health care provider is located*.

(b)(1) All reports containing personal information, including laboratory reports, shall be sent to the LHO or his or her designee by:

- (A) Courier service, U.S. Postal Service Express or Registered mail, or other traceable mail; or
- (B) Person-to-person transfer with the LHO or his or her designee; or

⁴ To avoid delivering confidential information into unauthorized hands, Office of AIDS does not fax documents containing directly or indirectly identifying information regarding HIV. [Guidance](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/GuideToHIV%20Surveillance.pdf) on p. 23:
<https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/GuideToHIV%20Surveillance.pdf>

(C) Provided that, commencing July 1, 2009, or within one year of the establishment of a state electronic laboratory reporting system, whichever is later, a report generated pursuant to Section 120130, or Section 121022, by a laboratory shall be submitted electronically in a manner specified by the department.

(2) The laboratory shall not submit reports containing personal information to the LHO or his or her designee by electronic facsimile transmission or by electronic mail or by non-traceable mail.

METHODS AND TIMELINE FOR REPORTING HIV, ACUTE INFECTION: 17 CCR 2505(a), (e)(2), and (j)

(a) Labs shall report acute HIV infection *within one working day to the local health jurisdiction in which the patient resides by telephone (see (j) for specific acute HIV infection reporting requirements)*. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. 17 CCR 2505(a) and (a)(2).

(e)(2) Acute HIV shall be reported both by telephone and *to the state electronic reporting system within one working day of identification*.

[Office of AIDS plans to include HIV reporting in CalREDIE in 2018.]

(j) In addition to routine reporting requirements set forth in section 2643.10, for acute HIV infection reporting, laboratories shall report all cases *within one business day to the LHO of the jurisdiction in which the patient resides by telephone*. If the patient residence is unknown, the laboratory shall notify the health officer of the jurisdiction in which the health care provider is located. If evidence of acute HIV infection is based on presence of HIV p24 antigen, laboratories shall not wait until HIV-1 RNA is detected before reporting to the LHO. 17 CCR 2505(j).

SPECIMEN REPORTING FROM LABS: 17 CCR 2505(m)

This incidence program has been discontinued by the CDC.

Local Health Officer Reporting of HIV to the State:

METHODS AND TIMELINE FOR REPORTING ALL STAGES OF HIV: 17 CCR 2643.15

(a) The local Health Officer or his or her authorized designee shall match and unduplicate laboratory reports of confirmed HIV tests with the local health department HIV/AIDS registry database and with HIV/AIDS Case Reports received from health care providers and not entered into the database.

(b) The Health Officer or his or her authorized designee shall, within 45 calendar days of receipt of a laboratory report of a confirmed HIV test, submit unduplicated HIV/AIDS Case Reports to the Department.

(1) HIV/AIDS Case Reports shall be sent by Courier service, U.S. Postal Service Express or Registered mail, or other traceable mail, person to person transfer, facsimile, or electronically by a secure and confidential electronic reporting system established by the department to the California Department of Public Health, Office of AIDS, Surveillance Section.

(2) The local Health Officer or his or her authorized designee shall not report confirmed HIV tests for patients of an Alternative Testing Site or other anonymous counseling and

testing program, a blood bank, a plasma center, or for participants of a blinded and/or unlinked HIV seroprevalence study.*

[*If patients are subsequently tested elsewhere, that test should be reported to the local health officer, and that test result must be reported to the state. See Health and Safety Code section 1603.1(c).]

Public Health Reporting of HIV is an Authorized Disclosure under HIPAA & CMIA:

Federal law authorizes a HIPAA covered entity, such as healthcare providers, to "disclose protected health information without written authorization from the individual" to "A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease...including, but not limited to...public health interventions..." (HIPAA, 45 CFR §164.512(b)(1)(i): Uses and disclosures for which an authorization or opportunity to agree or object is not required.)

The California Confidentiality of Medical Information Act (CMIA) authorizes a provider of health care to disclose medical information without first obtaining authorization to a local health department for the purpose of preventing or controlling disease including for the purpose of public health interventions. (CA Civil Code §56.10(c)(18))

CDC and Office of AIDS Guidance on HIV Reporting:

CDC guidance from 2011 on HIV reporting is located here.⁵

Office of AIDS 2014 "Guide on HIV Surveillance in California" (based on 2011 CDC guidance and California Law) is located here.⁶ Office of AIDS guidance differs from the statute and regulations because current guidance discourages the use of facsimile (fax) when transmitting HIV results. Office of AIDS has suspended the use of fax in transmitting documents containing HIV data, see page 23 in the Office of AIDS guidance. Faxing is discouraged due to the high risk of error in typing a fax number and the possibility of received faxes remaining in an area that may not be secure.

⁵ <https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf>

⁶ <https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/GuideToHIV%20Surveillance.pdf>