



State of California—Health and Human Services  
Agency

## California Department of Public Health



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TO: SURVEILLANCE COORDINATORS

SUBJECT: MD DIAGNOSIS REPORTED ON ADULT HIV/AIDS CONFIDENTIAL  
CASE REPORT FORMS

I am writing to clarify requirements for the completion of the “MD Diagnosis” field on the Adult HIV/AIDS Confidential Case Report Forms (ACR).

### Background and Rationale

Per the Morbidity and Mortality Weekly Report (MMWR) dated December 5, 2008, page 3, Other Criterion,

*“HIV infection diagnosed by a physician or qualified medical-care provider based on the laboratory criteria and documented in a medical record. Oral reports of prior laboratory test results are not acceptable.”*

*“An original or copy of the laboratory report is preferred; however, in the rare instance the laboratory report is not available, a description of the laboratory report results by a physician or qualified medical-care provider documented in the medical record is acceptable for surveillance purposes. Every effort should be made to obtain a copy of the laboratory report for documentation in the medical record.”*

Thus, while this option is not preferred, the MD Diagnosis can be based on a non-laboratory result as described above – a description of the laboratory report results by a physician or qualified medical-care provider.

Per the Centers for Disease Control and Prevention (CDC), the following principles should always be considered:

- If a physician or qualified medical care provider makes a diagnosis and no lab result is available, the date of the diagnosis should be the date the doctor wrote the note.

Example: A doctor’s note written on April 18, 2010, states the patient tested positive for HIV in December 2008. The date of diagnosis is April 18, 2010. The only way a December 2008 date may be entered as the diagnosis date is if the lab test result is available.

- When new cases are being reported, the current case definition should be applied at the time the report is being made – even if the person was diagnosed many years before. For example, if reviewing a chart in May 2010, with information that was documented in 1999, the current case definition should be applied, not the one that was active in 1999.
- A doctor's diagnosis may occur earlier than a positive lab value. For example, you might have an MD Diagnosis of December 2006 and then a detectable viral load or even a Western blot on January 2010. The diagnosis date would remain the date the doctor wrote the note documenting the patient's diagnosis.
- A doctor can not retrospectively diagnosis a patient. So a doctor seeing a patient for the first time today can not diagnosis a patient in the past (i.e., March 2006).

### Summary

In summary, based on the guidance of the MMWR and CDC, the MD Diagnosis report on the ACR must be backed up with a lab test or a non-laboratory result as described above – a description of the laboratory report results by a physician or qualified medical care provider given the above considerations. Patient self reporting may not be used as MD Diagnosis.

If you have any question or concerns regarding this guidance, please let contact me at (916) 449-5954 or by e-mail at [Steven.Starr@cdph.ca.gov](mailto:Steven.Starr@cdph.ca.gov).

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### Updated Contact Information (March 2018):

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