



MARK B HORTON, MD, MSPH
Director

State of California—Health and Human Services Agency
California Department of Public Health



ARNOLD SCHWARZENEGGER
Governor

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TO: CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS
CALIFORNIA CONFERENCE OF LOCAL AIDS DIRECTORS
HIV/AIDS SURVEILLANCE COORDINATORS

SUBJECT: UPDATE REGARDING HIV (NON-AIDS) CASE COUNTS REPORTED
TO HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR
RYAN WHITE FUNDING ALLOCATIONS

The California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) is writing to update you regarding the following issues: 1) living HIV and AIDS case count numbers used by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for federal fiscal year (FFY) 2007; and 2) living HIV case count methods and numbers submitted by California to HRSA for FFY 2009.

The Centers for Disease Control and Prevention (CDC) and HRSA joint supplemental surveillance report released in December 2008, published all counts of living AIDS and HIV cases used to allocate the Ryan White HIV/AIDS Treatment Modernization Act (RWMA) of 2006 funding for FFY 2007.¹ The totals for California were 35,916 living HIV cases and 54,667 living AIDS cases, which reflect cases reported through December 31, 2005.

RWMA stipulates that both living AIDS and HIV cases are to be used by HRSA in determining formula awards. Separate provisions are made for reporting of HIV and AIDS cases. The living AIDS case count for all states and cities therein is reported by CDC to HRSA. For living HIV cases, states and the cities therein are divided into two groups: names-based HIV reporting states and (previous) code-based HIV reporting states. Living HIV case counts for names-based states are reported by CDC to HRSA

¹ www.cdc.gov/hiv/topics/surveillance/resources/reports.

as with living AIDS cases. Living HIV case counts for code-based states are reported by the states to HRSA directly. HRSA then deducts 5 percent from the HIV (non-AIDS) total from each code-based state as required by the RWMA legislation. In the current authorization California is a code-based state, and thus OA has been reporting the living HIV case count for the state and all local health jurisdictions therein to HRSA directly. Thus, the total living HIV cases published by CDC/HRSA (35,916) was calculated from the total cases from the California code-based system (41,155) by subtracting cases filtered out by CDC due to missing information (particularly vital status or race-ethnicity) and the mandated 5 percent deduction.

Data quality in the names-based HIV reporting system exceeds that in the code-based HIV system, which should lead to fewer deducted cases when allocating Ryan White funds. A primary example can be seen on OA's Web site with respect to race/ethnicity. While 1,115 of 41,155 HIV cases reported by code were recorded with unknown race/ethnicity (all were excluded from the count used for Ryan White allocation), only 216 of 35,012 HIV cases reported by name have been recorded with unknown race/ethnicity. The quality increase is due to reporting with name, which makes following up to attain missing information much easier.

During a joint teleconference in January 2009 with staff from both HRSA and CDC, OA was notified that the living HIV case count reported to HRSA for the FFY 2009 award could combine code-based HIV cases and names-based HIV cases reported through December 31, 2007, with certain restrictions to prevent double reporting. The final living HIV case count OA submitted to HRSA to be used in FFY 2009 RWMA allocation was 41,730 (including the 5 percent deduction), or about 5,800 more cases than would have been reported using only code-based data. OA also submitted living HIV case counts for all Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) within California. Local health officers representing EMAs or TGAs within California can request this count for their area from OA using the contact information at the end of this letter. The living AIDS counts for California and its cities to be used for FFY 2009 RWMA allocations will be provided directly to HRSA by CDC. Based on recent CDC surveillance reports, OA anticipates this number to be 8 percent to 9 percent higher than the 54,667 reported for FFY 2007, though proportionate increases will vary among cities within California.

OA anticipates that this shift in living HIV case accounting will produce minimal change in FFY 2009 RWMA formula awards but could produce more significant changes in other awards. The current RWMA legislates that formula awards for FFY 2009 are to be no less than awards for FFY 2007, unless there are changes in overall federal funding. As this applies to all states (and EMAs and TGAs therein), formula funding shifts between states, EMAs, and TGAs for FFY 2009 compared with FFY 2007 are expected to be minimal regardless of how case counts change.

However, this increase in the living HIV case count for California could produce funding increases in FFY 2009 RWMA awards not determined by formula and thus not tied to FFY 2007 award levels (such as supplemental and Minority AIDS Initiative awards).

OA will continue to monitor events related to extending or reauthorizing RWMA and inform all stakeholders of any impact such events may have on future HIV-related awards.

If you have any questions regarding this letter, please contact Mark Damesyn, Dr.P.H., Acting Chief, HIV/AIDS Case Registry Section, OA, at (916) 449-5827 or e-mail: Mark.Damesyn@cdph.ca.gov; or Teresa Lauchaire, Chief, Surveillance and Processing Unit, OA, at (916) 449-5954 or e-mail: Teresa.Lauchaire@cdph.ca.gov.

Sincerely,



Mark Damesyn, Dr.P.H.
Acting Chief
HIV/AIDS Case Registry Section
Office of AIDS



Teresa Lauchaire, Chief
Surveillance and Processing Unit
Office of AIDS