

Office of AIDS, Center for Infectious Diseases
California Department of Public Health
Inter-jurisdictional Public Health Department HIV and STD Data Sharing
Fact Sheet
Revised 06-15-2015

California law allows state or local public health department staff or agent to share HIV public health data with other local, state or federal public health departments when the data is necessary for disease investigation, control or surveillance.ⁱ California regulations allow local public health departments to share STD data with other local, state or federal public health departments in order to control disease.

FAQs

Question 1: If local health jurisdiction (LHJ) “A” receives a HIV lab report for patient who lives in LHJ “B”, can LHJ “A” share the lab report with LHJ “B”?

Answer 1: Yes. California law allows inter-jurisdictional HIV data sharing between local public health departments for disease investigation, control and surveillance activities.

Question 2: Can LHJ “B”, (patient county residence), share HIV data with LHJ “A”, (received lab report), to confirm the patient is receiving care or is being linked to care, (i.e., follow up)?

Answer 2: Yes, same as above.

Question 3: LHJ “A” has an index client contact residing in LHJ “B”. The index client contact is investigated by LHJ “B”. Can LHJ “B” share HIV testing and /or linkage to care information, (e.g., new positive or previous positive, person ever tested or never tested,) about the contact with LHJ “A”?

Answer 3: Yes, same as above.

Question 4: Can STD data be shared between LHJs, in the same way as described in the three situations above?

Answer 4: Yes, California regulations allow LHJs to share STD data to determine the existence of disease, likely cause and the measures necessary to stop its spread.ⁱⁱ

California Health and Safety Code (HSC) Requirements

1. The HIV information shared should include only the information necessary for the purpose of that disclosure;
2. Recipient public health department staff/contractors must have a signed California Department of Public Health [HIV confidentiality agreement](#) in place ([HSC section 121022\(f\)](#)) before they receive the HIV information; and

3. Per HSC section [121025\(b\)](#) authority, it will be up to the issuing local public health agency to determine whether the release of HIV information is “necessary” for purposes of carrying out their duties in the investigation, control, or surveillance of HIV/AIDS.

ⁱ HSC Section [121025](#), subdivision (b) states:

“(a) Public health records relating to human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), containing personally identifying information, that were developed or acquired by a state or local public health agency, or an agent of that agency, shall be confidential and shall not be disclosed, except as otherwise provided by law for public health purposes or pursuant to a written authorization by the person who is the subject of the record or by his or her guardian or conservator.”

(b) In accordance with subdivision (g) of Section 121022, a state or local public health agency, or an agent of that agency, may disclose personally identifying information in public health records, as described in subdivision (a), to other local, state, or federal public health agencies or to corroborating medical researchers, when the confidential information is necessary to carry out the duties of the agency or researcher in the investigation, control, or surveillance of disease, as determined by the state or local public health agency.

ⁱⁱ California Code of Regulations Title 17, Section 2502, paragraph (f) Confidentiality. Information reported pursuant to this section is acquired in confidence and shall not be disclosed by the local health officer except as authorized by these regulations, as required by state or federal law, or with the written consent of the individual to whom the information pertains or to the legal representative of that individual.

(1) A health officer shall disclose any information, including personal information, contained in an individual case report to state, federal or local public health officials in order to determine the existence of a disease, its likely cause or the measures necessary to stop its spread.

(2) A health officer may for purposes of his or her investigation disclose any information contained in an individual case report, including personal information, as may be necessary to prevent the spread of disease or occurrence of additional cases.

(3) A health officer may disclose any information contained in an individual case report to any person or entity if the disclosure may occur without linking the information disclosed to the individual to whom it pertains, and the purpose of the disclosure is to increase understanding of disease patterns, to develop prevention and control programs, to communicate new knowledge about a disease to the community, or for research.

(4) Notwithstanding subsections (1), (2), and (3) above, no information that would directly or indirectly identify an individual as one who has applied for or been given services for alcohol or other drug abuse by a federally assisted drug or alcohol abuse treatment program (as defined in 42 C.F.R. § 2.11) shall be included in an individual case report or otherwise disclosed absent the individual's written consent.