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Director

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



ARNOLD SCHWARZENEGGER
Governor

January 6, 2009

TO: CALIFORNIA CONFERENCE OF LOCAL AIDS DIRECTORS
CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS
PROVIDERS OF HIV TESTING OR TREATMENT SERVICES
LABORATORIES PERFORMING CONFIRMATORY HIV TESTING
CALIFORNIA CHAPTER, AMERICAN ACADEMY OF HIV MEDICINE
OTHER CALIFORNIA HIV/AIDS STAKEHOLDERS

SUBJECT: ENHANCING HIV INCIDENCE SURVEILLANCE TO ENABLE INCIDENCE ESTIMATES FOR CALIFORNIA

I am writing to share with you recent developments in the identification of new (incident) HIV infections and how you can support full implementation of these activities in California.

On August 4, 2008, the Journal of the American Medical Association published, "Estimation of HIV Incidence in the United States." This landmark paper provides the first national estimate of new HIV infections in the United States providing much needed information to guide HIV prevention, care, and support activities.

California is pleased to be one of the states collaborating with the Centers for Disease Control and Prevention (CDC) on HIV incidence surveillance (HIS). Although California data are key to national estimates, California data were not sufficiently complete for use in calculating the 2006 estimate referenced in the enclosed article. This is due in large part to California's recent switch (April 2006) from code-based to names-based HIV reporting and lack of complete integration of HIS into core HIV/AIDS surveillance activities to date (see appended figure and explanation of core and incidence surveillance).

The goal of HIS is to provide national and area specific population-based estimates of the number of new HIV infections per year. The estimation of HIV incidence requires two basic elements: remnant diagnostic sera from confirmed HIV-positive specimens and information about the patient's HIV testing and treatment history (TTH).

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TTH is critical to incidence estimation as it is needed to apply appropriate statistical weights for estimation in the general population. TTH information needed from patients includes the following: 1) date of first positive and last negative test results; 2) number of HIV tests within two years of first positive; and 3) any antiretroviral therapy use during six months before first positive.

The California Department of Public Health, Center for Infectious Diseases, Office of AIDS is actively exploring integration of TTH elements into the existing core HIV and AIDS surveillance case report forms. In the meantime, we have enclosed a new TTH form that we encourage surveillance coordinators to complete for all new cases. To ensure data collection is integrated into routine HIV case reporting, HIV incidence program staff will be providing training and technical assistance to state and local HIV/AIDS registry staff.

Also, in order to obtain an unbiased national estimate, it is extremely important to test remnant diagnostic sera from *all* individuals tested in both public and private health care settings. Remnant diagnostic sera are tested using newly available biotechnology, the serologic testing algorithm for recent HIV seroconversion, which is able to differentiate between recent and long standing infections on a population level. Both public and private laboratories are currently collaborating in this activity.

I wish to encourage your continued partnership in this crucial public health activity. If you have any questions, I invite you to contact your region's HIS coordinator. For the California Project Area, please contact the HIS coordinator for all non-lab related issues and the lab coordinator for lab-related issues. Contact information for Los Angeles County, San Francisco County, and the California Project Area is provided on the next page.

A handwritten signature in black ink, appearing to read "Michelle Roland".

Michelle Roland, MD, Chief
Office of AIDS

cc: See Next Page

Enclosures

California Conference of Local AIDS Directors
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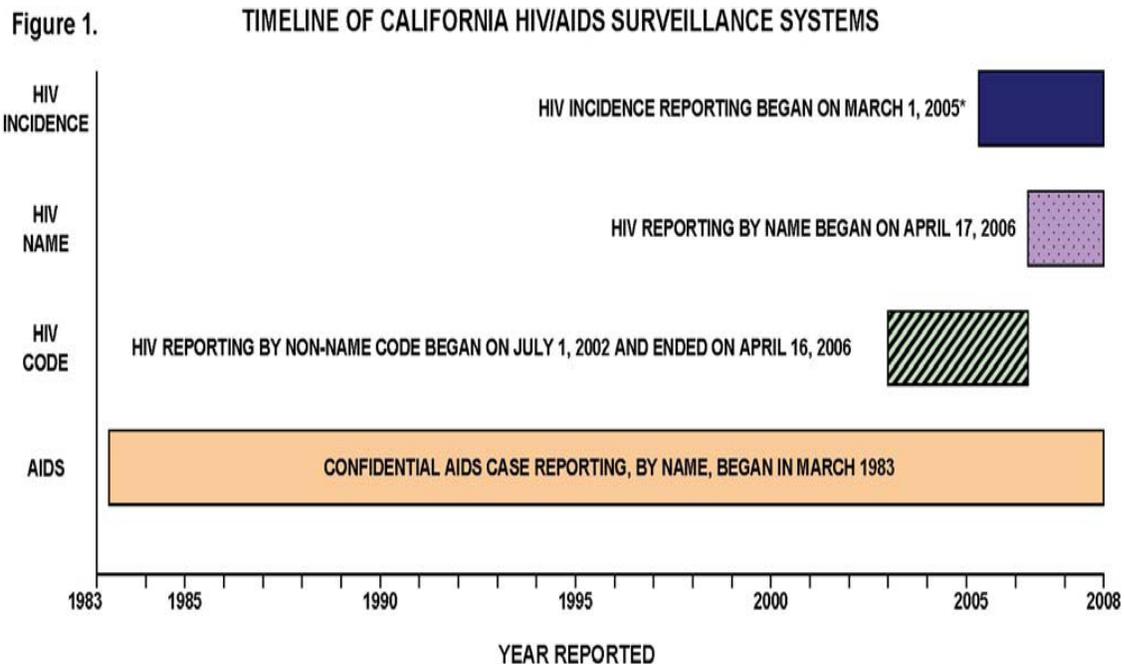
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HIV/AIDS SURVEILLANCE IN CALIFORNIA

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

- 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; and
- HIV Incidence Surveillance reporting began on March 1, 2005.



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

Source: Office of AIDS

California now conducts both core HIV and AIDS surveillance to track new and cumulative diagnoses of prevalent cases and HIV incidence surveillance to track newly identified incident infections.