CCLHO Interim Recommendations Regarding the
Implementation of HIV Names Reporting in California,
August 11, 2006

In the absence of any response from the Office of AIDS to CCLHO's recommendations sent on June 8, 2006, a subcommittee of CCLHO met on July 13, 2006 to provide guidance to CCLHO membership on how to proceed with HIV names reporting until the issues raised by the change in the law are resolved. We hope that these recommendations will help you to work with the medical and laboratory community in your jurisdiction to implement this very important surveillance tool for HIV.

In making decisions on procedure, Health Officers should keep in mind the following principles:

- **Principle #1 - HIV is an STD and a blood-borne pathogen.**
- **Principle #2 - There should be no barriers placed on the reporting of HIV by name from local providers to the local health department.**
- **Principle #3 - Confidentiality around HIV is not an unusual challenge for local health departments.**
- **Principle #4 - It is incumbent upon us to accurately describe the changing epidemiology of the HIV epidemic in California.**
- **Principle #5 - Large amounts of funding come into our state for HIV services. Funding coming into California is dependent upon good data.**

Reporting

The initial communication from provider to local health department should be on the CMR form or another appropriate means of providing the data to the local health department the information we need to complete the case report. Labs should report HIV results in the same fashion that they report all other communicable diseases. Local Health Departments (LHD) should continue using confidential disease reporting methodologies such as fax, mail, phone, and web-based reporting.

Local surveillance staff should be responsible for filling out the case report on each HIV positive test.[1] The law is silent about what data, other than name, should be reported to ensure nonduplication. Therefore it is reasonable to use the same data elements that are used to report AIDS, which has been reportable by name for years. Once the Office of AIDS gives clearer guidance on data elements reportable to them, your staff can change their practices accordingly.

Consent forms

[1] An HIV test includes: Positive confirmatory HIV antibody test and/or an HIV RNA viral load.

It would be prudent for all providers to review the consent forms used in their office when a patient receives an HIV test. If the consent form is silent on reporting, nothing needs to be changed. If the consent form talks about non-names reporting, it should be changed to reflect current law.

Informing patients about the change in the law

Patients should be informed of the change in the law. This can be done verbally or in writing.

1. Patients tested after April 17, 2006 These patients should be informed about the change in the law and reported to the local health department.

2. Patients tested before April 17, 2006 If the patient is receiving medical care, s/he can be informed about the change in the law during their routine visit. Document in the chart that the information has been given.

a. If the patient has an HIV test such as a viral load, done after April 17, 2006, they should be reported to the local health department.

b. If the patient does not have a new HIV lab test since April 17, 2006, the provider should let the patient know that they will report the case by name to the LHD, document that the patient was informed (either verbal or in writing), in the chart, and send the report to the local health Department based on the test prior to April 17, 2006.

c. Patients who were tested prior to April 17, 2006, who cannot be reached to inform them about the change in the law, and who do not have any new HIV tests after that date, should not be reported by name to the local health department.