



New HIV Reporting Law: What Providers Need to Know

Introduction

As of April 17, 2006, the State of California changed HIV reporting from a non-name coded system to a name-based system when Governor Schwarzenegger signed SB 699 into law. A name-based system is in use for all other reportable conditions, including AIDS. Health care providers are now required to report HIV by name to Community Epidemiology. Community Epidemiology reports unduplicated cases of HIV to the State Office of AIDS. Patient-identifier information is not transmitted by the State to the Centers for Disease Control and Prevention. Laboratories are also required to report cases of HIV by name.

How will this change affect the health care provider?

The health care provider is no longer responsible for creating the non-name code for newly diagnosed HIV cases. Instead, these cases will be reported by name. Only complete cases, reported to Community Epidemiology by name, will be counted for Federal funding of local HIV prevention and care and treatment programs.

Health care providers are encouraged to inform their patients about the change in law and to document notification in the medical record. Also, consent forms should be reviewed for compliance with the change in law.

When to Report

Report a case when a patient has a test result indicative of HIV infection. This includes:

- Confirmed positive HIV antibody test
- A viral load test for a confirmed HIV positive individual (including undetectable viral load results)
- P24 antigen test
- Viral isolation test

Providers report a patient by name upon receipt of a test result (specimen collected on or after April 17, 2006) indicative of HIV infection and again when the individual meets the AIDS case definition (see back). Always report

a case even if you think another provider may have reported the patient. This helps ensure complete case capture, which is critical for local prevention and treatment funding.

Who Reports

Health care providers and laboratory directors or their designees are required to report all patients by name with a test result indicative of HIV to Community Epidemiology. When a laboratory has a test result indicative of HIV infection, they report a limited amount of information to Community Epidemiology and send the results to the provider. The provider then forwards a completed case report form to Community Epidemiology. Community Epidemiology staff are available to assist providers in reporting HIV and AIDS cases.

How to Report

The regulations require providers to use the California Department of Health Services Adult or Pediatric HIV/AIDS Confidential Case Report form. The forms include name, gender, date of birth, as well as other demographic, patient history and treatment information. HIV case reports for San Diego County residents should be sent to the County of San Diego, HHSA, Community Epidemiology unit by mail (1700 Pacific Hwy, P511C-A, San Diego, CA 92101).

Assistance and Training is Available

Community Epidemiology staff are available to assist in reporting cases, to provide an orientation for HIV reporting and to answer your questions. Please call (619) 515-6675.

For more information about HIV reporting go to:

<http://www.dhs.ca.gov/AIDS/>

For local HIV/AIDS statistics, or to access the Health Care Provider Toolkit, including case report forms, and sample SB 699 patient disclosure notices go to:

<http://www.sdhivaid.org>
click on Reports and Statistics
or Health Care Provider Toolkit

AIDS reporting remains unchanged in California. If a previously reported HIV case develops an AIDS defining condition or has one of the 2 laboratory markers, which define an AIDS case, the case should be reported again. When reporting a case of AIDS, include the full name, address, phone number and social security number of the patient as you would for reporting all of the diseases found in California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 1, Section 2500.

List of conditions in the AIDS surveillance case definition (Assumes HIV positivity)

- Candidiasis of bronchi, trachea, or lungs
- Candidiasis, esophageal
- CD4+ lymphocyte counts below 200, or a CD4+ percent of total lymphocytes less than 14 if the absolute count is not available
- Cervical cancer, invasive
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal (>1 month duration)
- Cytomegalovirus disease (other than liver, spleen, or nodes)
- Cytomegalovirus retinitis (with loss of vision)
- HIV encephalopathy
- Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal (>1 month duration) Kaposi's sarcoma
- Lymphoma, Burkitt's (or equivalent term)
- Lymphoma, immunoblastic (or equivalent term) Lymphoma, primary in brain
- *Mycobacterium avium complex* or *M. kansasii*, disseminated or extrapulmonary
- *Mycobacterium tuberculosis*, any site (pulmonary or extrapulmonary)
- *Mycobacterium*, other species or unidentified species, disseminated or extrapulmonary
- *Pneumocystis carinii* pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia, recurrent
- Toxoplasmosis of brain
- Wasting syndrome due to HIV

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For more information about HIV/AIDS case reporting or for a copy of the HIV/AIDS Case Report form, please call (619) 515-6675.

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