



PHYSICIANS' BULLETIN

HIV Reporting Regulations: What Healthcare Providers Need to Know

Introduction

The State of California will implement HIV reporting regulations by July, 2002 in addition to current AIDS reporting. Unlike AIDS, no patient name or address is reported. Instead, the regulations require health care providers and laboratories to report using a non-name code. The non-name code is composed of the Soundex (an alphanumeric representation of the last name generated by the laboratory), gender, date of birth and last 4 digits of the social security number. As with other communicable diseases, this is a dual reporting process in which both health care providers and laboratories report.

**For a copy of the regulations and more information on HIV reporting go to:
<http://www.dhs.ca.gov/AIDS/>**

When to Report

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

- Confirmed positive HIV antibody test
- Any viral load test
- P24 antigen test
- Viral isolation test

Providers report a patient at the first receipt of a test result indicative of HIV infection and once again if the individual meets the AIDS case definition (see back). Always report a case even if you think the patient may have been reported by another provider. This helps ensure complete case capture, which is critical for local prevention and treatment funding. Un-duplication of cases will be done by the local health department (LHD). Health care providers are required to keep a log of patients that they have reported. The log provides a means for providers to record which patients have been reported and assists the LHD in follow-up for missing information.

Who Reports

Health care providers and laboratory directors or their designees are required to report all patients with a test indicative of HIV to the LHD. When a laboratory has a

test indicative of HIV infection, they report a limited amount of information to the LHD and send the results along with the Soundex to the provider. The provider then forwards a completed case report form to the LHD.

How to Report

The regulations require providers to use the California Department of Health Services Adult or Pediatric HIV/AIDS Confidential Report form. The forms ask for the elements that are used to construct the non-name code as well as information on other demographics, patient history and treatment. 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) or FAX (619) 515-6765.

Training is Available

Community Epidemiology staff are currently available to provide an orientation of the pending HIV reporting regulations. The orientation includes a 15-minute slide presentation as well as time to answer your questions.

Training staff to achieve timely and accurate HIV reporting can be accomplished by scheduling an on-site in-service for your facility. Training session length, format and tools were designed in response to survey findings conducted with laboratories and health care providers.

Community Epidemiology staff has developed two types of training sessions designed to familiarize designated reporters with the process of reporting cases of HIV infection. Specialized training is available for laboratory staff lasting one hour. Another session is available specifically for health care providers and their designated staff lasting 1.5 hours. All trainees will be provided a Reference Guide and reporting tools.

**To schedule an orientation, training or request copies of the case report form, call:
(619) 515-6675**

HIV Reporting

AIDS remains reportable by name in California. Even after reporting a person with HIV by non-name code, once that person develops an AIDS defining condition or has one of the 2 laboratory markers, which define an AIDS case, then that person 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

For more information on HIV or AIDS case reporting or if you need a copy of the HIV/AIDS Case Report form call (619) 515-6675. To download the new California HIV Reporting Regulations go to <http://www.dhs.ca.gov/AIDS>.

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