Chapter 1 HIV Surveillance Overview

1-1 Overview of HIV Surveillance

Public Health Surveillance is the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. The goal of the HIV surveillance program is to collect, analyze and disseminate information essential for monitoring the HIV epidemic, planning interventions, and evaluating public health programs. To achieve this goal, DSHS strives for complete, timely and accurate collection of HIV case information. Initially, HIV and AIDS surveillance focused on collecting information at the time of a person's diagnosis. However, the HIV epidemic has changed, and consequently the scope and purpose of surveillance has also changed. With the widespread availability of antiretroviral therapy, HIV infection has transformed from a fatal disease to a treatable chronic condition. As the HIV disease trajectory has changed, there has been an increased focus on monitoring individuals through the entirety of their disease. HIV Surveillance programs are now expected to conduct activities such as identifying individuals who are out of care; monitoring population level CD4 counts and viral loads; and understanding the volume of HIV care that we provide in Texas.

1-2 History of HIV Surveillance

National AIDS reporting began in 1981, following the publication of the June 5, 1981 MMWR detailing *Pneumocystis* Pneumonia in 5 young, homosexual men. In 1983, the Texas Board of Health added AIDS to the list of reportable conditions. The first HIV antibody test was approved by the FDA in 1985, thus allowing for reporting of both AIDS as a condition and the underlying HIV infection. HIV became reportable in Texas in 1987; however only aggregate totals were reported. As the volume of HIV cases in Texas grew, the importance of capturing individual level case information increased. At the same time, stakeholders expressed concerns about privacy issues surrounding collection of identifying information. To allay these concerns, Texas implemented a unique identifier system. However, the unique identifier system presented its own challenges and diminished the Texas Department of Health's ability to accurately identify new HIV cases. In 1999, Texas moved to name based reporting of HIV infections. Several reporting rule changes have occurred since that time. In 2000, the Texas HIV/STD reporting rules were amended to require the reporting of detectable viral loads. In 2010, the DSHS reporting rules were amended again to require the reporting of genotypes, non-detectable viral loads and all CD4's regardless of level. Figure 1 shows a graphic of Texas HIV Surveillance history.

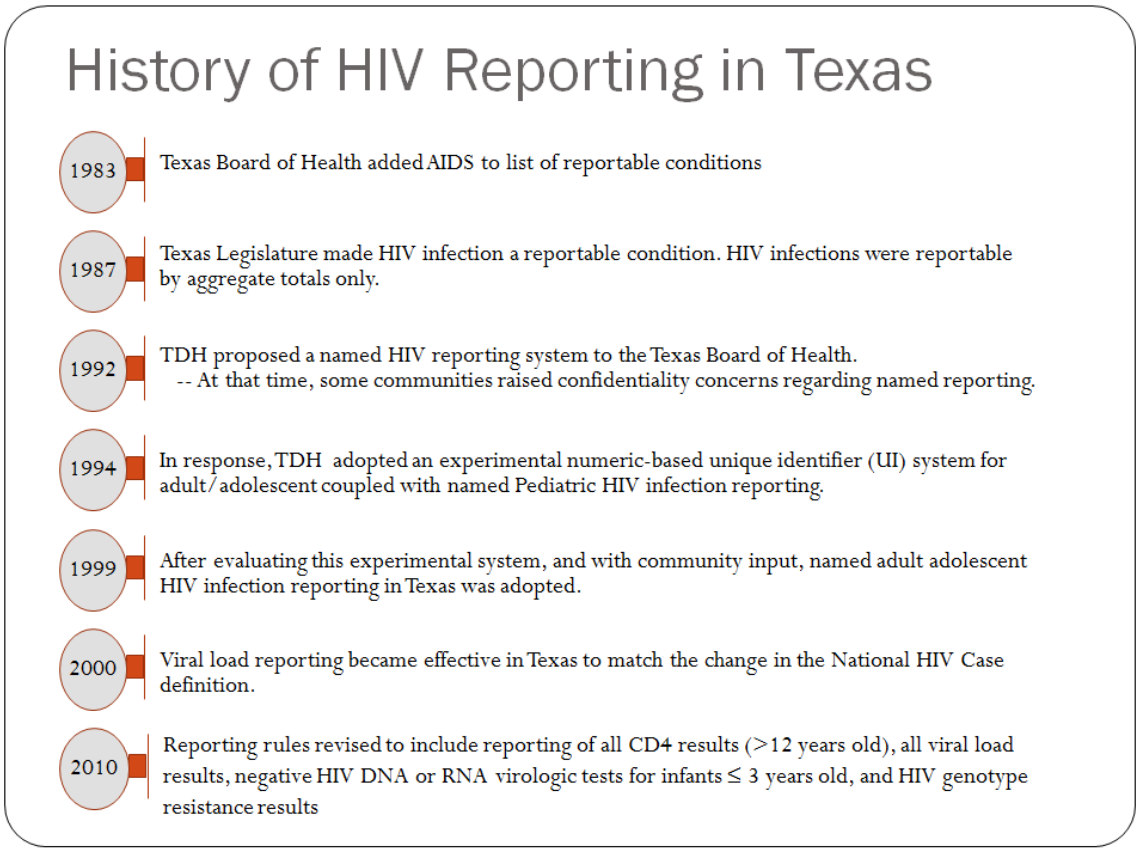


Figure_1

1-3 Legal Authority to Report and Collect HIV Case Information

The authority for DSHS and local/regional health departments to collect and report HIV case information comes from the Texas Statute and the Texas Administrative Code. The Statute is the law that outlines and provides authority for reporting HIV/AIDS cases and laboratory results. The Administrative Code supports the Texas Statute and provides information on how to administer the statute.

Texas has a disseminated model of managing HIV Surveillance activities. Texas Statute and Administrative code require the reporting of all HIV and AIDS cases to the local health authority. Additionally, it is required that all laboratory tests that yield evidence of HIV infection, including viral load test results, and CD4 test results, are to be reported to the ordering physician and testing laboratory's respective local health authority. It is important to note that both case reporting and reporting of test results are required in Texas; therefore, local health departments should receive laboratory results and case reports from providers independently for the same case. To enhance data completeness and ensure uniformity in data collection, local and regional health departments have established relationships with providers that allow local/regional health department staff to collect case information and complete case report forms from providers' medical records. Thus, local and regional health departments are responsible for conducting all case investigations and collecting information from providers in their jurisdiction instead of receiving case reports from providers. Central office participates in case investigations when there is no local or regional HIV surveillance staff person in that jurisdiction. These jurisdictions are commonly referred to as a "Cactus" area.

The Texas Statute, Health and Safety Code, Chapter 81, Subchapter C establishes the reporting of HIV and AIDS to local health authority. This subchapter outlines general reporting requirements for required entities in the state. A copy of the Texas Health and Safety Code can be found at: statutes.legis.state.tx.us/Docs/HS/pdf/HS.81.pdf
The Texas Administrative Code supports the Texas Statute and provides details on the reporting process. TAC Title 25, Part 1, Chapter 97, Subchapter F outlines who, what, when, where and how to report HIV and STDs. A copy of the Texas Administrative Code can be found at: texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=F&rl=Y.
Communicable disease reporting is exempt from HIPAA (Health Insurance Portability and Accountability Act of 1996). Additional information on HIV reporting requirements can be found online at dshs.texas.gov/hivstd/healthcare/reporting.shtm

1-4 Responsibility of Central Office

The Centers for Disease Control and Prevention (CDC) administers the National HIV Surveillance System Cooperative Agreement to fund states, territories and large cities to conduct HIV surveillance activities. Texas uses a combination of federal CDC funding and Texas general revenue to support central office and regional health department staff. These funding streams also support contracts with local health departments to conduct HIV surveillance activities.
Central office staff is responsible for conducting a variety of activities, including but not limited to:

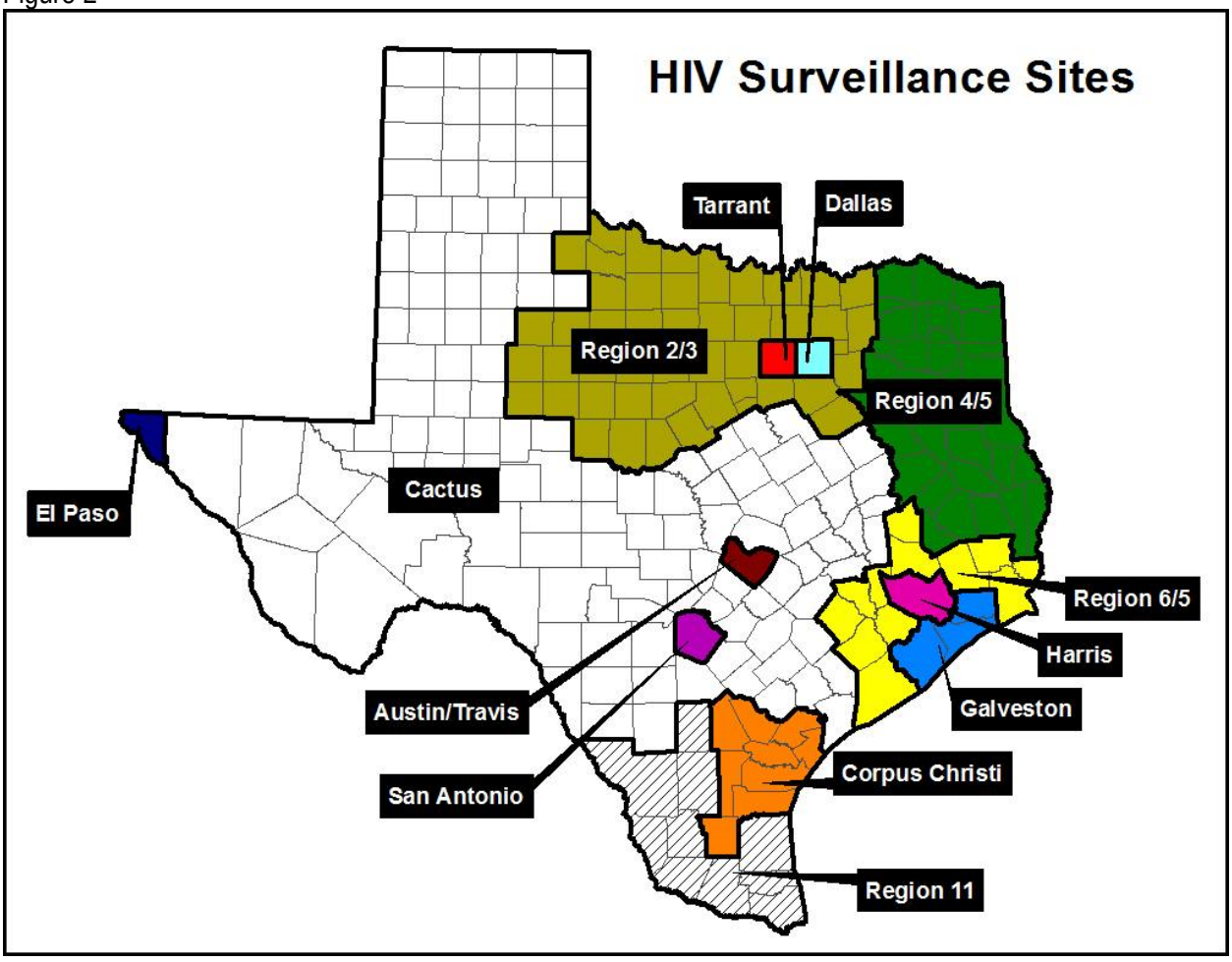
- Reporting HIV surveillance information to the CDC
- Developing epidemiological reports and specialized analysis on HIV
- Providing HIV related information to the DSHS policy makers and external entities such as other governmental entities, legislatures, universities and community based organizations
- Reviewing HIV surveillance data to ensure accuracy and completeness
- Developing policy and procedures around HIV surveillance activities
- Providing technical assistance and training on policy, procedures and new initiatives
- Developing tools to assist sites in conducting HIV surveillance activities
- Monitoring contracts with local health departments
- Processing incoming electronic and paper laboratory reports and distributing laboratory information to local and regional health departments
- Administering supplemental projects (see Chapter 6, Supplemental Projects for more information)
- Conducting Interstate deduplication activities (RIDR)
- Maintaining eHARS and other related data systems

A DSHS organizational chart for the TB/HIV/STD Epidemiology and Surveillance Branch can be found in Appendix 1.

1-5 Responsibility of Contracted Local and Regional Health Departments

There are eleven local and regional health departments that are contracted or have dedicated staff responsible for HIV surveillance activities. Figure 2 shows the counties that comprise each jurisdiction. Regional and local health departments are responsible for investigating and reporting cases of HIV, managing information collection on cases of HIV over the spectrum of disease and ensuring that all information is reported timely, accurately and completely. Regional and local health departments are also responsible for conducting other surveillance related activities, outlined in Chapter 4.

Figure 2



1-6 Case Definition

The HIV case definition is a set of uniform criteria used to define HIV for public health surveillance that was developed and is maintained by the CDC. It creates a standardized classification system for health departments to analyze and evaluate prevention and care efforts. It is intended primarily for public health surveillance of HIV infection on a population level and should not be used by healthcare providers to determine how to meet an individual patient's health needs or make clinical determinations. (CDC website, March 2015). The case definition is routinely updated and revised as new clinical and laboratory testing technologies become available. More information on the case definition can be found in Chapter 7. A copy of the most recent revision of CDC case definition can be found at:
cdc.gov/mmwr/preview/mmwrhtml/rr6303a1.htm?s_cid=rr6303a1_e