Dear Local Health Jurisdiction Colleague;

The purpose of this correspondence is to tell you how DOH HIV program staff (surveillance and PCRS) will collect data for evaluation of 5930 Performance Measure #2, Parts A and B. In some LHJs, the staff members who perform HIV surveillance activities are different than the staff who conduct PCRS activities. It will be imperative for these different staff members to get together to review these procedures.

**Performance Measure #2** – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

**Reporting Measure A** (for HIV) – Percent of HIV cases reported to the LHJ within the required time frame (per WAC).

For HIV, the time frame specified for reporting measure A will be the time between “the date of diagnosis” and “the date reported to the LHJ (or to DOH if an LHJ does not have the capacity to conduct surveillance investigations)”. The number of days to report a case will be calculated by subtracting “the date of diagnosis” from “the date reported to the LHJ (or DOH)”.

In Washington State, there are legal requirements in place for health care providers, facilities and laboratories to report cases of HIV and AIDS. The majority of HIV/AIDS cases are identified via laboratory reporting; this does not remove reporting responsibility from providers and facilities. Because health care providers and facilities are required to report HIV and AIDS cases to the local health jurisdiction within 3 working days, Measure A will primarily measure their compliance with reporting laws and LHJs are encouraged to work with their health care providers and facilities to improve their reporting performance.

For the purpose of this analysis, the maximum time frame for a provider or facility to report to an LHJ is within **three (3) working days** of identifying a patient with HIV or AIDS. A patient identified with HIV or AIDS on a Friday, Saturday or Sunday will be considered reported to the LHJ within one work day if the report is received by the following Monday. A patient identified with HIV or AIDS on a Tuesday will be considered reported to the LHJ within one work day if the report is received by Wednesday.

**Performance Measure #2** – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

**Reporting Measure B** (for HIV) – Percent of HIV cases reported to the LHJ where investigation was initiated within the time frame specified in the HIV Procedure (this document).

For HIV, the time frame specified for reporting measure B will be the time between “the date the LHJ receives a report indicative of a new HIV infection” to “the date investigation of
Procedure for Collecting and Reporting HIV Information for 5930

The index patient was initiated.” The number of days to initiate an investigation will be calculated by subtracting the “the date the LHJ receives a report indicative of a new HIV infection” from the “the date investigation of the index patient was initiated”.

For the purpose of this analysis, the maximum time frame for initiating an HIV investigation is within three (3) working days of receiving a report indicative of a new HIV infection. LHJs should use their judgment to determine whether an investigation needs to be initiated sooner. A report received on a Friday, Saturday or Sunday will be considered initiated within one work day if the investigation is started by the following Monday. A report received on a Tuesday will be considered initiated within one work day if the investigation is started by Wednesday.

**ACTIONS YOU NEED TO TAKE TO SUPPORT DATA COLLECTION**

In order to collect the information needed to evaluate reporting measure A, each LHJ will need to add to the HIV case report form (see attached example), until the form is revised, one piece of new information in the ‘Comments’ section on the back of the form. The information that needs to be added to the case report form is:

- ✓ Date LHJ received a report indicative of a new HIV infection

There are a number of different scenarios under which an LHJ can receive a report indicative of a new HIV infection. These scenarios are reviewed in the following pages.

In order to collect the information needed to evaluate reporting measure B, each LHJ will need to add two fields to your existing supply of “Washington State AIDSNET HIV Prevention Program PARTNER COUNSELING RECORD” forms (see attached example), which are used to collect information related to HIV PCRS activities conducted by LHJs. The two fields that need to be added to the Partner Counseling Record forms are:

- ✓ Date LHJ received a report indicative of a new HIV infection
- ✓ Date of 1st attempt to contact index patient

In order for DOH staff to communicate reports indicative of new HIV infection to LHJ staff in the most timely, efficient way, each LHJ needs to assign one individual to receive these reports and provide his/her contact information to DOH.
Procedure for Collecting and Reporting HIV Information for 5930

The following websites provide additional information regarding 5930 and the Performance Measures:

http://www.doh.wa.gov/phip/5930PM/overview.htm

http://www.doh.wa.gov/phip/5930PM/product.htm

http://www.doh.wa.gov/phip/5930PM/resource/resource.htm


Please speak with your supervisor regarding this DOH communication, to ensure that the actions your agency takes regarding this specific data collection process related to 5930 is understood by your agency’s management as well as operations staff.

Thanks,

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HIV Prevention and Education  IDRH Assessment Unit
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Procedure for Collecting and Reporting HIV Information for 5930

Scenarios for recording “date LHJ receives a report indicative of a new HIV infection”

A. An individual tests positive for HIV at the LHJ

The date that the lab produces a positive confirmatory Western Blot result will function as the "date of diagnosis." The date that this information is received by the LHJ will function as the “date LHJ receives a report indicative of a new HIV infection.” If the specimen is tested at the State Public Health Lab, the date that the DOH PCRS staff person calls the result in to the designated LHJ contact person will be the “date LHJ receives a report indicative of a new HIV infection.” This LHJ contact person will be responsible for communicating the information to the appropriate HIV C&T, PCRS, and/or surveillance staff at the LHJ. If the confirmatory Western Blot result is produced by another lab, the date that the lab communicates the result to the LHJ will be the “date LHJ receives a report indicative of a new HIV infection.”

B. A provider reports an HIV case directly to the LHJ

The date that the LHJ receives the name of an individual and diagnostic information indicative of a new HIV infection from the provider is the date that should be recorded on the case report form, even if follow-up is needed to complete other information for a full case report. This date should be communicated immediately to the PCRS staff person to record on the PCRS form.

C. A provider reports an HIV case to DOH (with DOH acting on behalf of the LHJ)

The date that DOH receives the name of an individual and diagnostic information indicative of a new HIV infection from the provider is the date that will be recorded on the case report form. This date will be communicated immediately to the designated LHJ contact person by DOH staff.

D. A laboratory reports directly to DOH (this is the most common situation)

i. DOH surveillance staff report positive Western Blot test results to the DOH PCRS staff person, who calls the information to the designated LHJ contact person. The date of this notification will be the “date LHJ receives a report indicative of a new HIV infection.” The LHJ contact person is responsible for communicating this information to appropriate LHJ HIV C&T, PCRS, and/or surveillance staff.

ii. Every two weeks, DOH takes lab reports (CD4 results, viral loads) and matches them to case reports already in the HIV surveillance system to separate out cases that have already been reported. For those individuals who have not already been reported, Field Investigation Reports, or FIRs, are generated and sent to the LHJs. The date that these reports are sent to the LHJ, and the methods by which they are sent, will contribute to determination of the “date LHJ receives a report indicative of new HIV infection.”

✓ For a county that may have only one or two FIRs, DOH staff will call the information to the LHJ. This will be the date recorded.
Procedure for Collecting and Reporting HIV Information for 5930

- For a county that receives information from DOH via the Secure File Transfer, or SFT system, that means of communication will be used. Date of receipt via the SFT will be the date recorded.
- For counties that receive FIRs via mail, a date of LHJ receipt for reports other than Western blots will be calculated based on whether date the mail is sent from DOH plus and additional four business days to allow time for the LHJ to receive the mail.

E. An out-of-state HIV surveillance program reports a new case of an individual living in Washington State.

DOH surveillance staff will notify the designated LHJ contact person. The date the LHJ received notification will be the date of contact between the DOH staff person and the LHJ contact person.