**Author response to Agency Response to the 2004 position statement 04-ID-05**
**"Development of population-based HIV/AIDS clinical surveillance"**
**March 22, 2005**

The CDC response to the above referenced 2004 CSTE Position Statement satisfactorily addresses the action items listed in the Position Statement.

As of March 22, 2005 there was no response from Dr. Elizabeth Duke at HRSA, the second agency listed for response. I recommend that the CSTE National Office send a follow up letter asking for a response. Any response submitted by HRSA after publication of this progress report will be posted on the CSTE website under responses for this Position Statement.

The specific issues we would like HRSA to address are action items 2 and 5:

2. CDC and HRSA should ensure that selected states have annual funding at levels sufficient to maintain collection of data that can be used for meaningful analysis at the local level. Funding levels should be high enough that the number of patients enrolled will allow both estimates of key parameters for the entire population in the state, as well as estimates of key parameters for important sub-populations, e.g., RWCA Title I eligible metropolitan areas.

> Funding for this project comes entirely from CDC even though HRSA requirements are an integral part of the project's design. The sample size of 400 is not adequate for higher morbidity and larger states to do sufficient analyses at the Title I EMA level or other geographic areas of the states. HRSA spends about two billion dollars a year on the RWCA program but does not contribute to the surveillance efforts that help inform the decision making on how to best direct these dollars. We will continue to call on HRSA to provide adequate funding to increase the sample size for this project to make the surveillance information useful to all the partners in this effort.

5. States who are not selected for the Morbidity Monitoring Project but who wish to participate in the project to obtain clinical outcomes data for their state may consider using RWCA evaluation or administrative funds to support local activities.

> This is a second tier alternative to fund surveillance activities to which HRSA needs to respond.