

Title: HIV Case Reporting: Reciprocal Notification**Statement of the Problem:**

All states and territories conduct AIDS case reporting. CSTE and CDC have recommended that all states also require reporting of HIV cases as an extension of AIDS surveillance activities. States have been encouraged to communicate with other state surveillance programs regarding out-of-jurisdiction cases that may have been previously reported in another state to resolve duplicates. In 1986, CSTE adopted a resolution calling for reciprocal notification for AIDS cases. As more states adopt HIV reporting requirements and begin evaluating the performance of HIV reporting systems, state surveillance programs need to work together to resolve potential duplicate reports of persons with HIV infection. This includes persons who have been tested multiple times in different jurisdictions and those who have tested HIV positive in one state, moved to another state, and been diagnosed and reported with AIDS. Although CDC currently estimates that duplication in the national surveillance database is low, it is anticipated that duplication will likely increase as more states adopt HIV reporting policies and more prevalent HIV cases are reported.

Desired Action(s) to be Taken:

CSTE recommends that states should follow the same reciprocal notification process for cases of perinatal exposure, HIV infection, and deaths among persons with HIV infection as that used for AIDS and other reportable diseases including providing appropriate identifying information (e.g., name or other identifier). States should ensure that communications are done by appropriate staff in a confidential manner consistent with local security and confidentiality policies and reporting requirements. CDC should provide lists of potential duplicate reports based on soundex and birth date matching in the national database to assist in the identification and removal of duplicate cases. In addition, CDC should provide software tools to facilitate interstate communication regardless of whether name, code, or name to code reporting is in effect.

Fiscal and Impact Statement:

Since most of the communications will be done by phone, financial burden to most state HIV surveillance programs will be minimal. In some areas, where the number of potential duplicate cases is large, there may be a need for additional staff. Increased communication regarding HIV cases will assist states in unduplicating case reports and result in more accurate case counts. Ultimately, improving the accuracy of HIV reporting systems may impact allocation of HIV care and treatment resources within states when funding formulas incorporate HIV data.

Probable Impact of Public Health:

This recommendation will help states maintain and improve the quality of local and national HIV and AIDS surveillance data. In an effort to achieve minimum performance standards set forth in CDC guidelines for national HIV case surveillance, all states will be evaluating the performance of their HIV reporting systems, including the accuracy of case counts. Therefore, this resolution will support states efforts to unduplicate HIV/AIDS case registries. In addition, because federal funding for care programs will be based on HIV as well as AIDS case counts in the future, improving data accuracy will result in more equitable distribution of care dollars.

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