CSTE POSITION STATEMENT: # 01-ID-044

TITLE: Reciprocal (Inter-state) Notification of HIV Cases

Statement of desired action(s) to be taken:

CSTE recommends that states should follow the same reciprocal notification process for cases of HIV infection as has been used for many years for AIDS. The same systems should be used for reciprocal notification of perinatal HIV exposure and deaths among persons with HIV infection, including providing appropriate identifying information (e.g., name or other identifier). States should ensure that reciprocal notification is carried out by appropriately trained and authorized surveillance staff, in a confidential manner consistent with local security, confidentiality and reporting policies and procedures. CDC should provide states with 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 and technical assistance to facilitate interstate communication regardless of whether name, code, or name-to-code reporting is in effect.

Public Health Impact

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.

CDC Comments:

CDC is in full support of this position statement, which recommends that states follow a reciprocal notification process for HIV cases, perinatal HIV exposures, and deaths among HIV-infected persons. Reciprocal notification of AIDS cases has occurred effectively for many years and a similar process should be used for HIV cases, perinatal exposures, and deaths. Implementation of this recommendation will help improve the quality of local and national HIV data by providing an unduplicated count of HIV/AIDS cases, which is used as the basis for allocating federal funding for HIV care programs.