DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control and Prevention

November 21, 2013

Dear Colleague:

Measuring progress towards goals of the National HIV/AIDS Strategy (NHAS) relies on laboratory reporting of HIV-related tests to the local and national HIV surveillance systems. The Centers for Disease Control and Prevention (CDC) recommends reporting of all HIV-related test results, including CD4+ T-lymphocyte (CD4) results and all viral load test results. This comprehensive laboratory reporting recommendation is in alignment with the Council of State and Territorial Epidemiologists' (CSTE) position (ID: 2001-ID-03 Committee: Infectious Disease Title: The impact of new technologies and therapies on HIV/AIDS surveillance: routine nationwide reporting of CD4, STAHRS, antiretroviral resistance, and viral load test results).

Laboratory data, including CD4 and viral load test results, are an essential component of the national HIV surveillance system. CD4 and viral load data can be used to identify cases, classify stage of disease at diagnosis, and monitor disease progression. These data can also be used to evaluate HIV testing and prevention efforts, determine entry into care and retention in care, measure viral load suppression, and assess unmet health care needs. Analyses at the national level to monitor progress against HIV can only occur if all HIV-related CD4 and viral load test results are reported by all jurisdictions.

States with laws, regulations, or policies that support the reporting of all CD4 and viral load test results to HIV surveillance programs have increased reporting and improved completeness and timeliness of HIV surveillance data. Although all states have reporting laws, regulations, or policies, the level at which results must be reported varies. A state, for example, may require only data for CD4 counts above 500 or detectable viral load results be reported. CDC recommends the reporting of all HIV-related CD4 results (counts and percentages) and all viral load results (undetectable and specific values). Where laws, regulations, or policies are not aligned with these recommendations, states might consider strategies to best implement these recommendations within current parameters or consider steps to resolve conflicts with these recommendations. In addition, reporting of HIV-1 nucleotide sequences from genotypic resistance testing might also be considered to monitor prevalence of antiretroviral drug resistance, and HIV genetic diversity subtypes and transmission patterns.

Consistent with the terms of CDC's HIV surveillance cooperative agreement with state and local health departments, CDC requires entry of all HIV-related laboratory test results for persons diagnosed with HIV into the state or local eHARS database for submission to CDC for inclusion in national analyses. To achieve maximal efficiency and accuracy of reporting, laboratories, health care providers, and other facilities are encouraged to report HIV-related laboratory test results electronically to the state/local health department when possible. Laboratories are encouraged to follow the HL7 Version 2.5.1 Implementation Guide: Electronic Lab Reporting to Public Health, Release 1 (US Realm) with Errata. HIV reports should be encrypted using

methods that meet Federal Information Processing Standards (FIPS) Publication 197, ADVANCED ENCRYPTION STANDARD (AES) (See http://csrc.nist.gov/publications/fips/fips197/fips-197.pdf.) and sent securely to the state/local health department along with results from all other reportable conditions. If reported to a central location within the health department, the data would then be parsed by the health department and HIV-related results shared with the HIV program.

The Epidemiology and Laboratory Capacity for Infectious Disease Cooperative Agreement (ELC) is a CDC cooperative agreement that includes support for implementing electronic laboratory reporting (ELR) solutions. The ELC has assisted many jurisdictions with developing an infrastructure for ELR. All jurisdictions receive ELC funds in some capacity, and most have taken advantage of these funds by implementing tools for receiving laboratory reports electronically. HIV programs are encouraged to leverage existing ELC-funded resources when implementing ELR.

Enhancements in electronic death reporting systems can also improve quality and timeliness of death ascertainment for persons with HIV and can be achieved through implementation of electronic death registration. Mortality surveillance is a core public health function and critical to HIV surveillance to ensure accurate estimates of prevalence and other related measures used to monitor the NHAS. HIV surveillance programs are encouraged to work with their Vital Records offices to support adoption of electronic death registration where possible.

CDC is committed to providing the technical assistance necessary to improve laboratory reporting so that it enhances, rather than disrupts, ongoing HIV surveillance. For further information, or to request technical assistance, you may contact Irene Hall, Ph.D., HIV Incidence and Case Surveillance Branch; Division of HIV/AIDS Prevention; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; telephone (404) 639-2050 or e-mail (IHall@cdc.gov).

Thank you for your continued, dedicated efforts to prevent HIV infection in the United States.

Sincerely,

/Kenneth Castro/
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References

Link to National HIV/AIDS Strategy:
http://www.whitehouse.gov/administration/eop/onap/nhas

Link to CSTE position statement:
http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/03-ID-09revised.pdf