Technical Notes

In December 2006, Congress enacted the Ryan White HIV/AIDS Treatment Modernization Act of 2006. The Act specifies the use of living HIV and AIDS case surveillance data in funding formulae for HIV care and services programs. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 authorizes CDC to provide AIDS data to HRSA for use in their funding formulae for all jurisdictions and provide HIV non-AIDS case data for areas with accurate and reliable name-based reporting as specified in the Act. These areas include Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming, Guam, and the U.S. Virgin Islands. Areas not specified in the Act could report those data directly to HRSA until such time that the areas—in consultation with the State Epidemiologist and CDC—determine that their system has become operational and that their name-based HIV data are sufficiently accurate and reliable for CDC to provide those data to HRSA. The Act further specifies that the numbers submitted directly to HRSA from these areas be modified to adjust for duplicative reporting by reducing the numbers by 5 percent. It was determined that areas with name-based HIV reporting systems in place prior to December 31, 2006 that are not specified in the Act as an eligible area meeting the standard, but were reporting HIV non-AIDS cases to CDC, could choose to submit their own numbers to HRSA or have CDC provide their reported data to HRSA and not have the 5 percent reduction applied. Areas that were exempt from the requirement to provide name-based HIV non-AIDS data, were considered "code-based reporting areas" under the Ryan White HIV/AIDS Treatment Modernization Act of 2006, and were determined by CDC to not be fully operational by December 31, 2007 were: Hawaii, Maryland, Vermont, the Marshall Islands, Palau, and the Federated States of Micronesia. Note: the Marshall Islands, Palau, and the Federated States of Micronesia had not yet implemented name-based or code-based reporting systems but were given the option of reporting case counts to HRSA. These areas continued to submit their own HIV non-AIDS case data directly to HRSA in FY 2009, where the data were subjected to the 5 percent reduction and were used for funding calculation. The following areas had operational name-based HIV reporting systems in place by December 31, 2007 and were given the choice to submit their own numbers to HRSA or have CDC provide their reported HIV data to HRSA for FY2009 funding allocations: California, Delaware, District of Columbia, Illinois, Massachusetts, Montana, Oregon, Pennsylvania (Philadelphia cases only), and Rhode Island. Of those, Delaware, Montana, and Pennsylvania (Philadelphia cases only) chose to have CDC report their HIV data to HRSA for FY2009 funding allocation purposes and the remaining areas continued to report their HIV non-AIDS data directly to HRSA in FY2009. The EMAs and TGAs in states continuing to submit data directly to HRSA for FY2009 funding include the following: Los Angeles–Long Beach, CA; Oakland, CA; Orange County, CA; Riverside–San Bernardino, CA; Sacramento, CA; San Diego, CA; San Francisco, CA; San Jose, CA; Santa Rosa, CA; Washington, DC; Baltimore, MD; Boston, MA; and Portland, OR. The following areas continued to have CDC submit their HIV non-AIDS data to HRSA in FY2009: Connecticut, Georgia, Kentucky, Maine, New Hampshire, Pennsylvania (excluding Philadelphia), Washington, Puerto Rico, American Samoa, and the Northern Mariana Islands.

The assessment of whether HIV non-AIDS data may be provided by CDC for use by HRSA for funding purposes is based on whether the system is determined to be operational. The determination is made in consultation with state HIV surveillance programs and the State Epidemiologist. CDC considers a variety of factors to determine if an area is operational, including:

- the extent of integrated HIV/AIDS case reporting
- the extent of reporting by multiple sources (including laboratories and providers)
- the use of a standard reporting system to report cases to CDC (HARS, eHARS, or other CDC-approved system)
- participation in standard de-duplication activities

When all these factors are in place the ship flags are officially changed and HIV cases are then reported to CDC. The date CDC enables areas to report HIV cases to CDC will be used as the date a reporting system becomes operational for the purposes of this guidance. By April 2008, all surveillance areas (excluding the Marshall Islands, Palau, and the Federated States of Micronesia) had operational name-based HIV surveillance systems and were reporting HIV data to CDC; however, some of the areas (now name-based and previously code-based) continued to report their HIV non-AIDS data directly to HRSA for the FY2009 Ryan White funding calculation.

Data Requirements and Definitions

Case counts in all tables are presented by residence at earliest HIV diagnosis for HIV non-AIDS cases and residence at earliest AIDS diagnosis for AIDS cases. Data are presented by date of report rather than date of diagnosis (e.g., cases reported as alive as of December 31, 2007). Boundaries for MSAs are based on 1994 U.S. Census MSA definitions for EMAs and TGAs that became eligible prior to FY2007. Boundaries for newly eligible EMAs, TGAs, and ECs are determined using applicable definitions based on the 2000 U.S. Census.

Reported persons living with HIV or AIDS and five-year AIDS case counts are not adjusted for delays in reporting of cases or deaths. Reported persons living with HIV or AIDS are defined as persons reported as "alive" at last update.

HIV (non-AIDS) cases for code-based data submitted to HRSA and CDC data met the CDC surveillance case definition for definitive or presumptive HIV infection published in the CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance [1].

References

1. CDC. Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. *MMWR* 1999;48(RR-13). Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4813a1.htm. Accessed August 27, 2010.