Why SSuN includes this strategy

Registry matching to monitor HIV co-infection and to fully assess HIV preventive services offered and received by persons presenting for care in STD specialty clinical settings or those diagnosed and reported with acute STDs in the community is a core component of SSuN. Patient self-report of HIV infection and HIV testing history is often missing or misreported by patients; matching with the jurisdiction’s HIV registry provides objective confirmation of HIV status for HIV-positive individuals and can provide evidence of ongoing HIV care and HIV viral suppression status using laboratory data reported to HIV surveillance units.

SSuN Cycle 4 requires routine, periodic HIV registry matching for all patients seeking care in collaborating STD clinics and for all persons diagnosed and reported with adult syphilis and/or gonorrhea and recommends matching for all reported STDs. Earliest documented date of HIV infection and laboratory data (limited to history of Viral Load and CD4+ Lymphocyte tests, specimen collection date and results) will be abstracted and included in SSuN dataset for all matching patients. Periodicity of data matches is determined based on local capacity, but must be conducted at least twice annually, with one match timed to allow results to be included in SSuN annual, cumulative data transmissions in March of each project year for data collected in the previous calendar year.

Key definitions

**HIV Case Registry:** For the purposes of SSuN, the jurisdiction’s “HIV case registry” is a term expressly defined to mean eHARS, the CDC-provided surveillance data management system for HIV case surveillance that constitutes the universe of HIV case data officially reported to CDC. However, some jurisdictions may maintain supplemental case reporting or registry databases in synchrony with the jurisdictions official eHARS repository; these may provide similar functionality and validity for fulfilling SSuN’s HIV matching requirements as long as these data are comprehensive, reflect the full geographic extent of SSuN activities within the funded jurisdiction and allow for extraction of required SSuN data elements, including HIV-related laboratory information.

Considerations for implementation

**What data are being required?**

- For matched patients (with a unique record in both the SSuN data and in the HIV Registry) local SSuN recipients should request the following data from their HIV surveillance unit:
  - Date of earliest documented evidence of HIV infection
  - Specimen collection date and result for all quantitative Viral Load tests performed on or after 10/1/2018
  - Specimen collection date and result for all CD4+ Lymphocyte tests performed on or after 10/1/2018
  - HIV transmission category

- For matched patients (with a unique record in both the SSuN data and in the HIV Registry) local SSuN recipients should provide back to their HIV surveillance unit:
- Date of patient visit or date of diagnosis with GC or syphilis
- Information on the STD clinic visited or diagnosing provider for STD cases
- Gender of sex partners from SSuN records if known
- HIV testing history from SSuN records if known
- Any patient or provider reported use of PrEP/PEP

**Key considerations:**

- As both HIV registries and SSuN patients are dynamic, with new patients being added continuously:
  - All persons not previously matched should be re-matched throughout the project period
  - A separate person-index (often called a master patient-index) is a best practice for managing the input and output from matching activities – this would house the person-level identifiers and associated unique IDs from all sources for SSuN records as well as maintain matching IDs from the HIV registry
  - SSuN patient and STD case lists used to match with the HIV registry MUST be de-duplicated prior to matching to the HIV registry
  - All processes involving HIV-related data must be approved by the jurisdiction’s overall responsible party (ORP) to ensure data security and confidentiality

**Evaluation Activities Using best practices...**

- All SSuN recipients should monitor match activities and meet regularly with their local/state HIV surveillance colleagues to assure that all requirements for data stewardship are maintained.
- Match sensitivity/specificity should be assessed in collaboration with the HIV surveillance staff.

Creating and maintaining a ‘master person index’, which is a comprehensive file of unique person-based records from all SSuN activities, is a good way to assure that the results of registry matches are preserved. This master list should be de-duplicated when new records are added and results of matching runs documented here. This master list also can help assure that previously non-matched records are re-submitted to each new matching run.

**Other resources**

- SSuN Cycle 4 Protocols: [https://www.cdc.gov/std/funding/ssun/default.htm](https://www.cdc.gov/std/funding/ssun/default.htm)
- NCHHSTP Data Security and Confidentiality Guidelines: [https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf](https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf)

CDC’s Division of STD Prevention, Surveillance and Special Studies Team created this series of documents for CDC staff working on PS19-1907 STD Surveillance Network (SSuN) and for applicants and recipients of that NOFO, to help clarify strategies outlined there and to support project implementation.