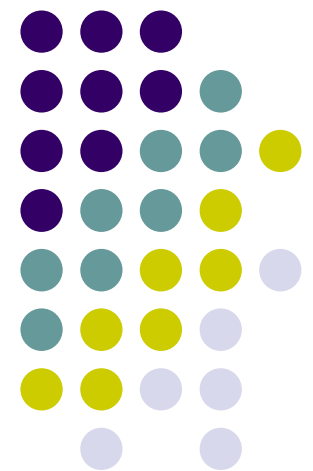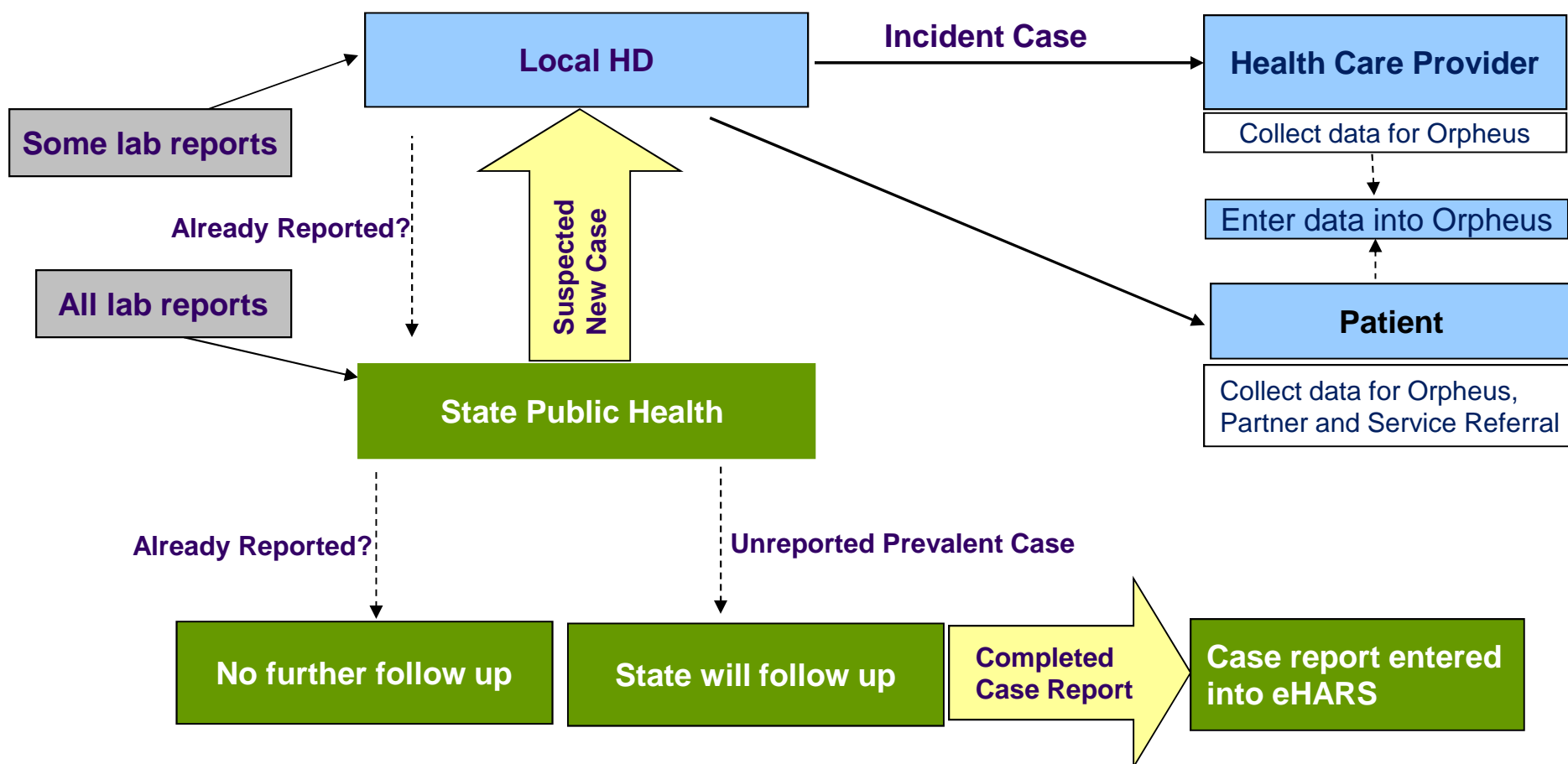# HIV/AIDS Case Reporting

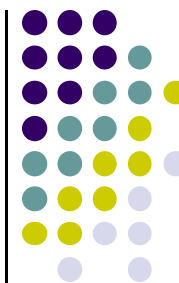2016

Surveillance Reporting Procedure

State Public Health HIV Case Reporting Responsibilities: HIV Screening Tests

Positive Screening Tests reported to State Public Health HIV Program by lab or provider.

+ Daily —Positive screening tests entered into laboratory database (Orpheus) and checked against previously reported cases (eHARS) to determine if patient has already been reported.
+ If patient has previously been reported, lab is linked to existing case in Orpheus and no further follow up necessary.

If patient has not previously been reported, State Public Health HIV staff will:

+ Assign case to County through Orpheus "To Do" list or
+ Telephone case to respective County

State Public Health HIV Case Reporting Responsibilities: Viral loads, CD4s, etc.

All Viral load and/or CD4 results are reported to State Public Health HIV Program:

- Daily — labs are entered into laboratory database (Orpheus) and checked against previously reported cases (eHARS) to determine if patient has already been reported.
- If patient is not previously reported as HIV case and has:*
  - Detectable virus on viral load test, or
  - >1 negative viral load report, or
  - ≥ 1 CD4 count from known HIV provider
  - Any combination of ≥1 viral load and ≥1 CD4 count

- State Public Health HIV staff:
  - Follow up with provider via telephone or medical record review
  - Fill out CDC Case Report Form and enter all case data into Orpheus.
  - If patient is a new HIV diagnosis, will refer patient for PS and inform respective County of new case via Orpheus "To Do" list or telephone case to respective County

*Unless ordered by a known HIV provider, singular CD4 counts and non-detectable viral loads will not be investigated

Orpheus

Test cases:
   Faith Ainslie
   Todd Jackson
   Michael Masterson

LHD Reporting Responsibilities:
Referral from State Public Health HIV Program

- Orpheus case information collected from health care provider by LHD after referral from State Public Health

- Advise provider that patient will receive call and attempt to initiate patient contact

- During case interview, confirms patient's risk, race/ethnicity and country of origin and offer partner referral services and referral to health care

- (Within 5 working days) Patient contact will be initiated for PS

Goals:

- Within 1 month of HIV diagnosis, the case report is complete and entered into Orpheus/eHARS

- For all new cases - patients have a conversation with a public health staff person regarding partner notification and services available in their county.

State Public Health HIV Surveillance Procedure for Recording New HIV Cases

Upon LHD completion of (or before) case follow up, State staff will:

- ❖ Log outstanding data and completion of the case into Orpheus
- ❖ Assign State case number
- ❖ Enter the case into CDC database (eHARS)
- ❖ Fill out and file a case report form

HIV/AIDS Case Reporting

DIS Referral/Partner Notification

Procedure for Patient Contact and Partner Notification/Service Referral

✓ Orpheus case information collected from health care provider by LHD after referral from State Public Health

✓ (Within 5 working days) LHD staff advises provider that patient will receive call and attempts to initiate patient contact

✓ During case interview, LHD staff confirms patient's risk, race/ethnicity and country of origin and offers partner referral services and referral to health care

Goal:

❖ Within 1 month of HIV diagnosis, the case report is complete and data is entered into Orpheus/eHARS

❖ Each newly reported case-patient has a discussion with a public health staff person regarding partner notification and services available in their county.

HIV/AIDS Case Reporting
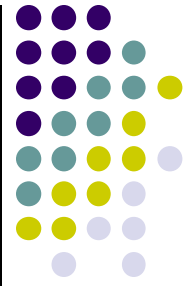
Data Collection

Contacting the Provider

- What's worked for us:

    - Ask to speak to provider's nurse or assistant.

    - Reason you are calling – 'following up on some lab results for patient…'

    - If HIPAA is a concern, assure them that under Oregon law (ORS 433) providers are required to report specified diseases (HIV being one) and health conditions to the local health authority for disease report purposes.

    - Fax them a copy of the case report form so they can look it over.
    Case Report Form:
    https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Pages/newreporting.aspx

    - Set a timeline for yourself and for the provider's office to complete the paperwork.

Required Information

On Basics Tab:

- Verify spelling of name and correct DOB
- Verify or update Case address on the Case Entry screen
  - This will automatically update the address on the Person Entry screen
- Collect and enter race, ethnicity and country of birth (Born field)

On the Clinical Tab

- If available, collect and enter any AIDS Indicator Diseases
  - Add the of diagnosis in the associated Notes field
- Any hospitalization information associated with diagnosis.

On the Risks Tab

- Whatever information you can collect from either the provider or patient interview.
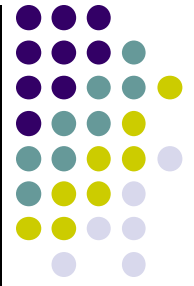
Additional Information

- Please record any aliases, alternative spellings of the patient's name and alternative dates of birth.
  - ➲ Record information on the Person Entry page in AKA and DOBs fields.

- If you find and earlier HIV diagnosis date then the current test date, please obtain the earliest HIV diagnostic tests, including the dates and results of these tests.
  - ➲ Record information in a 'Note' on the Case Entry page.

- Dates and results of most recent negative HIV screening test.
  - ➲ Record information in the Risk Tab under 'Prior HIV Test History'

- Has the case ever used PrEP/PEP?
  - ➲ Record information in the Risk Tab under 'Ever taken PrEP' and 'PEP Frequency'

- Follow Up Tab
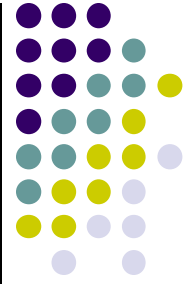
Shared Quality Goals

- Completeness - >= 85% of case reports contain:
    - Patient name
    - Earliest date of diagnosis of HIV infection
    - Earliest date of an AIDS-defining condition
    - Demographic information (e.g., date of birth, race/ethnicity, and sex) and residence (i.e., city and state) at diagnosis of HIV infection and of AIDS
    - HIV risk exposure
    - Facility of diagnosis
    - Date of death and state of residence at death

- Timeliness
    - >= 66% of cases reported within 6 months of diagnosis

- Accuracy
    - <= 5% duplicate case reports
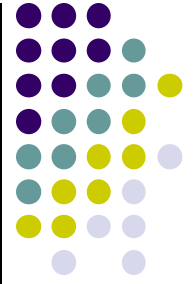
- Risk
    - >= 85% of reported cases should contain risk information at completion of epidemiologic follow up
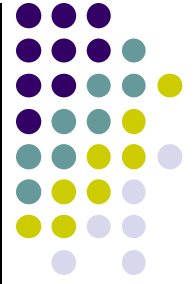
HIV/AIDS Case Reporting

Security and Confidentiality

Security and Confidentiality Standards

Consistent with CDC standards for the security of HIV/AIDS surveillance data.

⇨ All Orpheus security requirements should be followed.

⇨ Access to HIV/AIDS electronic or paper records should be restricted to a minimum number of authorized staff who have been trained in confidentiality procedures, and are aware of penalties of unauthorized disclosure of surveillance information.

⇨ Annual certification and training recommended.

⇨ Create a written policy/procedure for handling confidential HIV data.

Security and Confidentiality Standards (cont'd)

Consistent with CDC standards for the security of HIV/AIDS surveillance data.

- ⇨ HIV/AIDS data release policies should ensure that the release of data for statistical purposes does not result in the direct of indirect identification of persons reported with HIV infection and AIDS (names or other identifying information).

- ⇨ HST has a data release policy to share with County Health Departments.

Security Suggestions

❖ Require all persons authorized to access case-specific information be knowledgeable about security policies and procedures and abide by them.

❖ Ask staff members to sign an HIV specific Confidentiality Statement each year. New staff should sign the Confidentiality Statement before access to any surveillance data is authorized.

❖ Require every individual with access to surveillance data to attend security training upon commencement of employment, before access to surveillance data is authorized, and annually thereafter.

❖ Document training in the employee's personnel file. Information technology staff and others granted access to data should undergo the same training as surveillance staff and sign the same agreements.

❖ Require all staff authorized to access surveillance data to assume individual responsibility for reporting suspected security breaches to their supervisor. Training of non-surveillance staff must also include this directive.

# Additional Considerations in Implementing HIV Case Surveillance
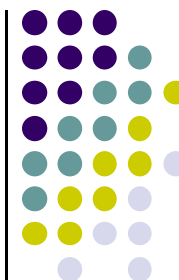
? Does your office have a secure fax line?

? Does your office have a secure area to store case information?

? Is there a locking file cabinet in the secure area to store case information?

Breaches of Confidentiality

We recommend:

❖ Investigate breaches of security or confidentiality immediately to assess causes and implement remedies.

❖ Keep a log of confidentiality breaches, including:
  ➢ Date of Breach
  ➢ Date Breach was Reported
  ➢ Description of Breach
  ➢ Severity
  ➢ Person(s) investigating
  ➢ Conclusions

❖ The Section Manager should review the breach log twice annually looking for recurring patterns and individual incidents that may require corrective action.
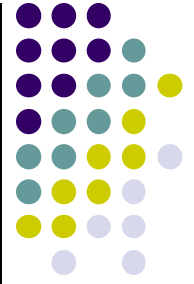
Breaches of Confidentiality cont.

- ❖ Low level breaches:
  - ❖ Do not result in known disclosure or personally identified HIV or AIDS information (ex; door left open, file cabinet not locked, fax received outside secure are
  - ❖ Address these locally by program manager

- ❖ Medium level breaches:
  - ❖ Personal information not specific to HIV is improperly disclosed (e-mail sent with personal identifiers, disk or computer lost with identifiable data but not identified as HIV)
  - ❖ Address locally – notify State HIV/AIDS Surveillance Coordinator

- ❖ High level breaches:
  - ❖ Personally identifiable information including HIV specific information disclosed improperly
  - ❖ Investigate – Report immediately to State HIV/AIDS Surveillance Coordinator.
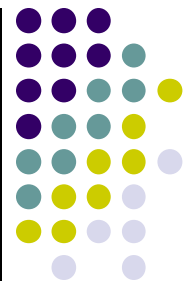
Example Breach Log

Log for Breaches of Confidentiality: HIV/AIDS Surveillance

Date of Breach	
Date Reported	
Description of Breach	
Severity (Level 1, 2, or 3)*	
Person Investigating	
Follow Up Plan	
Outcome	
Date Case Closed	

*Level 1 – Least Severe
 Level 2 – Moderately Severe
 Level 3 – Most Severe

All Level 3 breaches must be reported immediately to the Chief of Reporting and Analysis Section, Surveillance Branch, DHAP-SE, NCHSTP, CDC.

Revised July 20, 2005
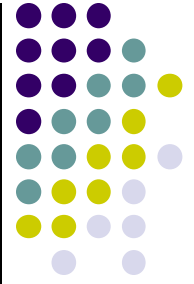
HIV/AIDS Case Reporting

Questions?

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HIV Confidential Fax #   **971-673-0179**

Case Report Form:
https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/
DiseaseSurveillanceData/HIVData/Pages/newreporting.aspx