

*Target Population:* Clients who receive confidential or anonymous HIV counseling and testing services in 9,960 publicly-funded sites. Some private sites (i.e., that do not receive public funds to provide counseling and testing services) are also included at the discretion of the state, territory, or local jurisdiction. In participating sites, all clients receiving these services are included by means of a client-specific abstract or inclusion in a site's aggregate summary data.

*Funded Sites:* All state health departments, the U.S. territories, and 6 local health departments (New York City, Philadelphia, Chicago, Houston, San Francisco, Los Angeles).

*Strengths:* Between these two approaches, there is a standardized system for collecting and analyzing data about HIV counseling and testing services funded with HIV prevention cooperative agreement funds. All areas receiving federal HIV prevention funds use one of the two systems and have at least summary data by type of site, about the number of persons receiving counseling and testing services and the proportion of persons seropositive by testing site. Areas using the client-specific abstract have very detailed data, by site, on the number and characteristics of persons tested and their test results. In these areas site data can be obtained for local jurisdictions that have publicly-funded HIV counseling and testing sites.

*Limitations:* This system is distinct from the blinded, clinic-based HIV seroprevalence survey conducted in selected areas. While the former survey generates an estimate of HIV seroprevalence that is unbiased by client self-selection, the CTS system only includes clients who seek out counseling and testing services or agree to be tested after consultation with a counselor at a clinic site. However, for those clinic sites in which clients can obtain services other than counseling and testing for HIV, and in which all or nearly all clients actually receive HIV counseling and testing, data from the HIV CTS for those sites (using the standardized client abstract) approximates the reliability of the blinded surveys, and these data are available to local areas. The HIV CTS includes patients who are tested multiple times. It is not possible to distinguish individuals who have been tested multiple times, except by the "previous HIV test" variable in the standardized client abstract.

#### **4.2.2 HIV/AIDS Data Available to Many States**

**4.2.2.1 HIV Infection Surveillance.** Currently, 25 states require reporting of diagnosed HIV infections. This provides information on persons with earlier states of HIV infection (compared with AIDS reporting) but is more dependent on patterns of HIV testing.

*Stated Objectives and Overview:* The objectives of HIV infection reporting are to: 1) provide a minimum estimate of the number of HIV-infected persons and the extent of HIV-related morbidity and mortality, 2) provide a means to identify and characterize persons with more recent HIV infection than persons with AIDS; 3) identify changing patterns in the modes of HIV transmission; 4) guide the development, implementation, and evaluation of public health intervention and prevention programs; and 5) provide linkages for referring HIV-infected persons to prevention, medical, and social support services. Standardized case report forms and software are used for local data tabulations and to report HIV cases (without names) monthly to CDC.

*Target Populations:* Persons found to be HIV-infected in states with named HIV infection reporting.

*Strengths:* HIV infection reporting provides a minimum estimate of the number of known HIV-infected persons and can be used to anticipate trends in HIV infections among particular populations (e.g., children, adolescents, women), which may not be apparent from AIDS surveillance. It also provides a basis for establishing and evaluating linkages to the provision of prevention and early intervention services. In states that have evaluated HIV infection reporting, completeness of reporting of HIV cases is estimated to be 80%-90% of those persons who tested positive for HIV. Health departments have a well established record of protecting the confidentiality of HIV case reports from unauthorized or inappropriate disclosure or use.

*Limitations:* Data on HIV infection reporting is limited to those states that require HIV infection reporting by name. The 25 states that require named HIV reporting now report about 23% of total U.S. AIDS cases. Of the 10 states with the highest rates of AIDS, only New Jersey has named HIV reporting. HIV reporting laws and regulations are not uniform, and surveillance practices vary widely. As a result, information provided with HIV reports varies. For example, approximately one-third of HIV reports do not include information on the mode of HIV transmission. HIV reporting is incomplete because many persons who are infected have not been tested. Funding for active surveillance