Welcome!


• We’ll get started in a few minutes

• Please:
  • Complete the survey
  • Mute your phone
  • Enter your name(s)/jurisdiction in the Group Chat

• Having IT issues? Use the Q&A box to submit a question. HealthHIV staff will follow-up with you individually.
CSTE/HealthHIV Learning Series for Prevention-Surveillance Integration

Effectively using data to support programs

August 22, 2019
Welcome!

• This webinar is being recorded

• Please remember to
  • Complete the survey
  • Mute your phone
  • Enter your name(s)/jurisdiction in the Group Chat

• Having IT issues? Use the Q&A box to submit a question. HealthHIV staff will follow-up with you individually.
Representatives from

- Arkansas
- California
- Idaho
- Philadelphia
- Mississippi
- Guam
- Illinois

- New Hampshire
- Washington
- Missouri
- Pennsylvania
- Tennessee
- Nevada
Agenda

• Orientation to On24
• Icebreaker
• HIV Data Privacy & Confidentiality: Laws and Policies That Protect HIV Data: Amy Killelea, JD
  • Q&A and discussion
• Utilizing Enhanced Surveillance Data to Improve Prevention Outcomes: Auntré Hamp, MEd, MPH
  • Q&A and discussion
• Adapting Data Systems to Support Integrated STD/HIV Field Investigations at the Local Level: Will Wheeler, MPH PhD and Ryan Murphy, MPH PhD
  • Q&A and discussion
• Closing
Using On24

• Webinar PPT/Recording
  • Links sent after webinar

• Q&A
  • Technical issues and content/speaker questions

• Group Chat
  • Chat with peers, comments

• Survey
  • Submit before webinar starts
• Only do icebreaker with the prevention/surveillance colleagues from your health department
  • If not there in person, share by email

• Share the funniest or most fun situation you have ever experienced at work.

• 5 min

• You also can share on Group Chat if you’d like!
HIV Data Privacy & Confidentiality: *Laws and Policies That Protect HIV Data*

Amy Killelea, JD  
Senior Director, Health Systems & Policy  
NASTAD  
CSTE/Health HIV Learning Series
Presentation Road Map

- Review of the existing foundation of HIV data privacy laws and regulations, with a focus on HIV surveillance data
- Trends/findings from NASTAD’s legal research project
- Applying existing privacy protections to cluster detection data
Statutory Structure of HIV Data Privacy Protections

Based on NASTAD’s review of laws and regulations in ~20 states...

HIV Confidentiality Statutes: Prohibit Release of HIV Data without Consent

EXCEPT

- To carry out the public health functions of the health department
- To respond to a public health emergency
- For statistical and research purposes (de-identified)
- To enforce control measures
- In response to a court order or subpoena

Some state statutes explicitly prohibit the release of any data for law enforcement purposes, which is the most protective approach. However, most state statutes compel the release for law enforcement in some circumstances.
## Where to Find State Laws on HIV Data Release

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Confidentiality requirements and exceptions governing multiple communicable diseases</td>
<td>• Some public health codes prohibit transmission of or exposure to HIV or other communicable diseases with exceptions to HIV data confidentiality for health departments to share data to enforce control measures</td>
<td>• There are exceptions to HIV confidentiality that compel health department data release found in HIV criminalization statutes themselves</td>
</tr>
</tbody>
</table>
For the past year, NASTAD has been assessing state laws governing health department HIV data release

- Phase one: ten-state analysis of data release laws governing Medicaid data sharing, data-to-care, research data sharing, and law enforcement (completed in 2018)
- Phase two: deeper dive into law enforcement data release and HIV criminalization laws and policies, with a focus on legal counsel practices (ongoing)

Limitations

- Findings are not based on a national sample
- State laws and policies vary as do health department structures, making it difficult to identify replicable policies and procedures
General Findings

- Patient consent/notification provisions with regard to HIV surveillance data are limited
- Most statutes and regulations do not explicitly address emerging data-sharing practices (e.g., data-to-care, Medicaid data sharing, and molecular HIV surveillance use)
- Majority of statutory schemes provide broad discretion to health department and/or legal counsel to make data-sharing decisions
- As a result of statutory/regulatory breadth, health department data-sharing practices varied based on legal counsel and/or health department interpretation
1) Data-to-Care Data Sharing

- Themes and variations
  - Data sharing among HIV programs is almost always possible without a data sharing agreement
  - Most jurisdictions limit the extent to which surveillance data is shared for the purpose of linkage-to-care
    - Only share out-of-care lists
    - Share viral load information with treating provider only
    - Restricted access to HIV data to health department staff or “designees” (could include local health departments and/or contracted agencies)

Only health department may access Care and Surveillance data

Health department may share limited information with specified entities

Health department may share surveillance data, including VL, with providers
2) Medicaid Data Sharing

Themes and variations

- Formal data-sharing agreement required in all cases
- Jurisdiction-specific limitations on what type of data can be shared with Medicaid:
  - Share PII on HIV viral load directly with Medicaid agency who is allowed to re-share with Medicaid MCOs
  - Share aggregate data (viral load and/or diagnosis) as a result of surveillance/Medicaid match with state Medicaid agency
  - Share aggregate data (viral load and/or diagnosis) as a result of surveillance/Medicaid match with individual MCOs

- Health department may not share surveillance data with Medicaid
- Health department may share limited/aggregate information with Medicaid
- Health department may share PII surveillance data, including VL and diagnosis, with Medicaid and MCOs
3) Research Data Sharing

Data request submitted to health department

Data requests are reviewed by health department staff, data governance entity, or IRB

If research is approved, a data-use agreement is executed

Health department staff are typically involved in the research process
4) Law Enforcement Data Sharing

**HIV CRIMINALIZATION IN THE UNITED STATES**

An overview of the variety and prevalence of laws used to prosecute and punish people living with HIV (PLHIV) in the US.

**6 STATES MAY REQUIRE REGISTRATION AS A SEX OFFENDER** as part of the punishment under HIV-specific laws.

**7 STATES HAVE REFORMED OR REPEALED** one or more parts of their HIV-specific criminal laws.

**29 STATES WITH HIV-SPECIFIC CRIMINAL LAWS** including laws targeting sex/non-disclosure, exposure to bodily fluids, needle-sharing, sex work, and blood/organ/semen donation.

**9 STATES WITH SENTENCING ENHANCEMENTS** applicable to PLHIV who commit an underlying sexual assault crime.

**24 STATES THAT HAVE PROSECUTED PLHIV UNDER NON-HIV-SPECIFIC, GENERAL CRIMINAL LAWS** (this number represents known prosecutions within the last 10 years).

Learn more at HIVLawAndPolicy.org

Updated: March 1, 2019. Laws change frequently and this map is only accurate to the best of our knowledge. It is not a substitute for legal advice.
Breaking Down the Statutes

- **In what manner must the data be requested?**
  - Court order (signed by a judge)
  - Subpoena (not signed by a judge)
  - Law enforcement officer request

- **What types of data can be released?**
  - “All records and information”
  - “HIV test”
  - “Medical or epidemiological information”

- **At what point can data be requested?**
  - During an investigation
  - During a prosecution
  - For the purposes of sentence enhancement

- **Are there protections for the data once released?**
  - In camera hearing
  - Notice to subject of data request
  - Limited use to matter at hand
The Role of Public Health Legal Counsel

- Most states route requests for HIV data for law enforcement purposes to legal counsel
  - Could be different process for states where local health departments have access to surveillance data

- Legal counsel review the request to ensure it complies with state law and either reject the request or work with the health department to comply with the request
  - Usually release of requested records; sometimes testimony from health department staff

- Even where statutes are broad as to data that may be released, legal counsel and health departments generally operate under a principle of limited release
Implications for Cluster Detection Data

Limiting Principles of Data Release

**Statutory**
- “HIV test” has been interpreted to include ONLY the HIV diagnosis data and prohibit release of any other data, including viral load, partner services, and genetic sequencing.

**Relevance**
- Current limitations of cluster detection data make it irrelevant for criminal exposure and transmission elements.
- Even if cluster detection data is relevant for exculpatory purposes, the health department is not likely or best source of that data.

**Policy and Procedural**
- Data release can and should be structured in a limited way.
Considerations to Protect HIV Data

- Review statutes and regulations in your jurisdictions to assess how protective they are
- Work with public health legal counsel to encourage narrow interpretation
- Ensure that public health legal counsel understand the changing surveillance technology and the limits of genetic sequencing data
- Communicate existing legal protections to communities impacted by HIV
Resources

- Amy Killelea (akillelea@nastad.org)
Questions/Discussion
Polling question
Utilizing Enhanced Surveillance Data to Improve Prevention Outcomes

Auntré Hamp, MEd, MPH
Director, Health Data Analytics Program
Georgetown University
Office of the Senior Vice President for Research
Overview

ATra Black Box System provides a secure and private mechanism to exchange and link data across data owners (HIV surveillance units).


Over 1.6 million case records across 26 HIV surveillance jurisdictions have been processed in the ATra Black Box.

Public Health jurisdictions use data to de-duplicate case records across jurisdictions but additionally update important care markers that enhance D2C efforts.
Improving Health Outcomes

Improved HIV Surveillance Data Quality --> Improved Capacity for Data to Care

Goals for the use of the ATRA Black Box include:

– Improving our understanding of the overlap of persons living with HIV across jurisdictions
– Facilitate tracking in/out migration across the jurisdictions for services
– Increasing the timeliness of surveillance information sharing across jurisdictions
– Enhancing data quality in support of data-to-care activities

Prevention and Data-to-Care Implications

Benefits of data exchanges include:

– Improving care markers information for PLWH and Treatment as Prevention Strategies
– Reducing the time to re-engage individuals in the care and ultimately reach viral suppression
– Identify persons who may be eligible for PrEP services
– Identify gaps in HIV surveillance data to assist in rapidly responding to new acute HIV infections
Future of the HIV Data Sharing and Linkages

**Expansion of PS18-1805**
We are continuously onboarding new participants to the PS18-1805 project. There are currently 26 jurisdictions participating with 5 additional jurisdictions aiming to participate by the end of the year.

**Increase capacity to assess persons at risk for HIV via STI surveillance data**
Georgetown is in the process of launching a new project with DC, Maryland and Virginia to conduct similar linkages with STI surveillance data. These linkages will assist in identifying candidates for PrEP, persons who have not received STI treatment and persons with repeat STI infections.

**HRSA 19-039**
Georgetown will serve as a Technical Assistance Provider (TAP) to assist in the assessment and implementation of data linkages between STI and HIV databases for the purposes of improving care outcomes especially amongst the Ryan White (RW) population.

**Collective/Collaborative Benefits**
Our Health Data Analytics Program has assisted in creating “Communities of Practice” which serve to promote best practices for data linkages as well as discussions around surveillance, prevention and D2C.
Contact Information

Auntré D. Hamp, MEd, MPH
auntre.hamp@georgetown.edu
(202) 487-3013
Questions/Discussion

HealthHIV

CSTE
Polling question
Polling question
Adapting Data Systems to Support Integrated STD/HIV Field Investigations at the Local Level

Integrating HIV Surveillance & Prevention Learning Series
8/21/2019

Ryan Murphy, PhD MPH (CDPH STD Control Branch)
Will Wheeler, PhD MPH (CDPH Office of AIDS)
Overview

- Background

- CalREDIE STD/HIV Field Investigation Incident (SHFII)

- Local Interventional Surveillance Access (LISA)
Public Health Activities on Reported Cases of HIV/STD

- Linkage/re-engagement in HIV care
- Tx verification or referral (STD)
- HIV/STD/HCV testing
- HIV pre-exposure prophylaxis (PrEP)
- Referral to other services
- Contact tracing (+ above, as appropriate)
Background:
Data Collection – Prior Approach

- **Contact Tracing:**
  1) HIV only → **LEO**
     - HIV Testing Encounter
     - Risk Reduction Activities Encounter
     - Stand Alone Partner Information Form
  2) Ryan White funded → **ARIES**

  1) STD only or STD + HIV → **CalREDIE**

- **Linkage/Re-engagement in care:**
  1) HIV only → **LEO**
     - HIV Counseling Information From (CIF)
     - Health Care HIV Test From (HTF)
     - Risk Reduction Activities (RRA) Form
  2) Ryan White funded → **ARIES**

  3) If co-infected with STD → **CalREDIE** (duplicate data entry)
Variation among LHJs in level of Integration for HIV/STD Field Investigations

Outreach Staff

Client with HIV and STD

Multiple Staff / Outreach Not Coordinated

Multiple Staff / Coordinated Outreach

Single Staff / Appropriate Access and Training
STD/HIV Field Investigation Incident (SHFII)
A recently developed incident in CalREDIE that will be used to document health department follow-up activities for reported cases of STD and HIV
SHFII: Sections in CaIREDIE

6 Sections:

1. Patient (system)
2. Investigation Tracking
3. Linkage to Care (HIV, STD, HCV, PrEP, other services)
4. Client Risk Information
5. Contacts
6. Case Investigation (system)
Proposed Record Flow in CalREDIE
Local Interventional Surveillance Access (LISA)
Local Interventional Surveillance Access (LISA)

• Nimble solution for two-way Local/State data exchange
  – Disseminate client-level and agency level actionable information

• Overcome technical and statutory barriers
  – Provide LHJs access to eHARS
  – Integrated data from relevant OA/STD data systems
  – Cross-jurisdictional data sharing

– Create routine tasks and reports
Local Interventional Surveillance Access (LISA)
# Local Interventional Surveillance Access (LISA)

## Health Department Follow Up

<table>
<thead>
<tr>
<th>LName</th>
<th>FName</th>
<th>DOB</th>
<th>DxDT</th>
<th>COUNTY</th>
<th>PROVIDER</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rodgers</td>
<td>Elizabeth</td>
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<td>2017-08-13</td>
<td>Sacramento</td>
<td>Sutter</td>
<td>Javier Gomez</td>
</tr>
<tr>
<td>Baker</td>
<td>Dakota</td>
<td>1869-12-12</td>
<td>2017-11-22</td>
<td>Sacramento</td>
<td>County PH Clinic</td>
<td>Michael Jones (DHS)</td>
</tr>
<tr>
<td>Price</td>
<td>Christian</td>
<td>1983-04-04</td>
<td>2017-09-10</td>
<td>Sacramento</td>
<td>HIV Specialist Org</td>
<td>Javier Gomez</td>
</tr>
<tr>
<td>Dixon</td>
<td>Aaron</td>
<td>1980-10-28</td>
<td>2017-11-22</td>
<td>Sacramento</td>
<td>Other HIV Specialist Org</td>
<td>Sarah Morton (DHS)</td>
</tr>
<tr>
<td>Chambers</td>
<td>Garrett</td>
<td>1985-01-26</td>
<td>2017-09-25</td>
<td>Sacramento</td>
<td>Kaiser</td>
<td>Javier Gomez</td>
</tr>
<tr>
<td>Vasquez</td>
<td>Alexa</td>
<td>1985-02-04</td>
<td>2017-08-18</td>
<td>Sacramento</td>
<td>Kaiser</td>
<td>Michael Jones (DHS)</td>
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<td>Mustafa</td>
<td>2000-11-30</td>
<td>2017-01-08</td>
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<td>Michael Jones (DHS)</td>
</tr>
<tr>
<td>Armenton</td>
<td>Brendon</td>
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<td>Other HIV Specialist Org</td>
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<tr>
<td>Sanderson</td>
<td>Martin</td>
<td>1983-05-26</td>
<td>2017-11-22</td>
<td>Sacramento</td>
<td>County PH Clinic</td>
<td>Unassigned</td>
</tr>
</tbody>
</table>

Showing 1 to 10 of 210 entries
Proposed Follow-up Process Flow

**Public Health Investigations Data Exchange/Access Utility (PHIDEAU)**

- **eHARS**
  - Complete Dispositions Imported into eHARS
  - People identified as newly in need of follow up

- **ELR**
  - Updated information on Existing Investigations

- **ARIES (HIV Care)**
  - LHJ Staff continue SHFII follow-up/investigation with new information
  - LISA communicates investigation status to LHJ

- **CalREDIE**
  - LHJ Staff Create New SHFII Incident in CalREDIE, and follow up
  - LHJ Staff finish follow-up and close SHFII

- **Imported into eHARS**
  - Updated information on Existing Investigations

- **Updated**
  - Public Health Investigations Data Exchange/Access Utility (PHIDEAU)

- **New**
  - LHJ Staff Create New SHFII Incident in CalREDIE, and follow up

- **Updated**
  - LHJ Staff continue SHFII follow-up/investigation with new information

- **Closed**
  - LHJ Staff finish follow-up and close SHFII
THANK YOU!

Office of AIDS
Lauren Nelson, MPH

CalREDIE
Deniz Dominguez, MHS
Sebastian Chavez
Allison Jacobsen, MPH
Larry Imel
SHFII – Screenshots
SHFII – Screenshots: Patient Tab
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Pigeon</td>
</tr>
<tr>
<td>First Name</td>
<td>Scott</td>
</tr>
<tr>
<td>SSN</td>
<td>D0G (MM/DD/YYYY)</td>
</tr>
<tr>
<td>Address Number &amp; Street</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Census Tract</td>
<td></td>
</tr>
<tr>
<td>County of Residence</td>
<td></td>
</tr>
<tr>
<td>Country of Residence</td>
<td></td>
</tr>
<tr>
<td>Country of Birth</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Home Telephone</td>
<td></td>
</tr>
<tr>
<td>Cellular Phone / Pager</td>
<td></td>
</tr>
<tr>
<td>Work/School Telephone</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Other Electronic Contact Information</td>
<td></td>
</tr>
<tr>
<td>Work/School Location</td>
<td></td>
</tr>
<tr>
<td>Work/School Contact</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Yes</td>
</tr>
<tr>
<td>Estimated Delivery Date</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>Single</td>
</tr>
<tr>
<td>Medical Record Number</td>
<td></td>
</tr>
<tr>
<td>Patient's Parent/Guardian Name</td>
<td></td>
</tr>
<tr>
<td>Occupation Setting</td>
<td>Describe/Specify</td>
</tr>
<tr>
<td>Occupation</td>
<td>Describe/Specify</td>
</tr>
<tr>
<td>Race</td>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Report Race</td>
<td>White</td>
</tr>
<tr>
<td>Reported Race</td>
<td></td>
</tr>
</tbody>
</table>
SHFII – Screenshots: Investigation Tracking Tab
## INSTRUCTIONS FOR THIS TAB

Use this tab to document the primary reason for follow-up, investigation assignment history, communication attempts, and investigation outcomes.

### Primary reason for follow up

- [ ] New report (lab/ACRF/CMR)
- [ ] Contact to HIV/STD
- [ ] Needle/needlework
- [ ] Out of care list (HIV)
- [ ] Viremia (HIV)
- [ ] Follow-up serology (syphilis)
- [ ] Outbreak/Molecular Cluster
- [ ] Neonatal exposure

**Date Initiated**

### INCIDENTS LINKED TO THIS INVESTIGATION

If this individual was initiated as a sexual, needle or network contact to HIV or STD, list the original patient ID below.

**Original patient ID**

If the individual was initiated (or determined to be) a case of HIV, syphilis, or other STD, list the corresponding disease incident ID numbers in the sections below.

<table>
<thead>
<tr>
<th>Syphilis disease incident ID</th>
<th>HIV disease incident ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PRIMARY REASON FOR FOLLOW-UP: SEXUAL, NEEDLE, OR CLUSTER CONTACT

- **Type of contact**
- **First date of exposure to original patient**
- **Initiated as an app/website contact?**
- **Last date of exposure to original patient**
### Investigator Assignment History

<table>
<thead>
<tr>
<th>ID</th>
<th>Investigator name</th>
<th>Date of assignment</th>
<th>Initial vs. Reassignment</th>
<th>Date investigation closed or re:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID-001</td>
<td>Diaz, Carlos - DIS Worker 326</td>
<td>06/14/2019</td>
<td>Initial</td>
<td>06/15/2019</td>
</tr>
</tbody>
</table>

#### Communication Attempts

<table>
<thead>
<tr>
<th>ID</th>
<th>Method of contact</th>
<th>Contact result</th>
<th>Date/Time of contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID-001</td>
<td>Phone Call</td>
<td>No contact, left message</td>
<td>06/14/2019</td>
</tr>
</tbody>
</table>

#### Communication Notes

Communication notes:

#### HIV Investigation Outcomes

- HIV disposition date
- HIV disposition
- HIV-related diagnosis

#### Syphilis Investigation Outcomes

- Syphilis disposition date
- Syphilis disposition
- Syphilis-related diagnosis

#### Other Disease Investigation Outcomes

| ID   | |
|------||
| ID-001 | |

Count: 1

Page 1 of 1
SHFII – Screenshots: Linkage to Care Tab
Disease Incident

Patient: Pilgrim, Scott
DOB: 
Incident ID: 2455666
Disease: STD/HIV Field Investigation Incident
Process Status: Entered
Resolution Status: Suspect

Patient | Investigation Trac | Linkage to Care | Client Risk Inform | STD Contacts | Case Investigation

INSTRUCTIONS FOR THIS TAB

Use this tab to document all linkage to care activities, including: HIV medical care; HIV, STD, and Hepatitis testing; STD treatment; HIV pre-exposure prophylaxis (PrEP); and other services.

HIV AND CARE STATUS AT INITIATION

HIV status at initiation

- Unknown HIV Status

If negative, enter month and year of most recent HIV test below:

- Month
- Year

HIV TESTING AND LINKAGE TO CARE

Did the client receive an HIV test as part of this investigation?

- Yes
- No

Any test done within 30 days before specimen collection date (or original patient interview date for contacts) to the investigation close date should be considered part of the investigation.

HIV linkage to care investigation initiated?

- Yes
- No

Reason investigation not initiated

If yes, date of HIV test

- Month
- Year

HIV test Result

Date returned or linked to care

How was returned to care status determined?

- Not applicable
- Returned to care
- Returned to care not determined

- Unknown
- Other
### STD AND HEPATITIS C TESTING AND LINKAGE TO CARE

<table>
<thead>
<tr>
<th>ID</th>
<th>Disease tested</th>
<th>Test results indicative of current infection</th>
<th>Date of test (specimen collection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID-001</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Count:** 1

### REFERRAL/LINKAGE TO PREP

- **Currently on PrEP:**
- **Screened for PrEP eligibility?:**
- **Referred for PrEP services?:**
- **Client assisted with navigation/linkage to PrEP provider?:**

**How long has the client been on their current course of PrEP?:**

**Eligible for PrEP?:**

**Reason not referred:**

**PrEP referral date:**

### REFERRALS TO OTHER SERVICES

- **Other referrals provided (select all that apply):**
  - None
  - Substance Abuse
  - Transportation
  - Mental Health
  - Domestic Violence
  - Prenatal
  - Family planning
  - Health Insurance Enrollment
  - Housing
  - Other

**If Other, specify:**

[Buttons: Back, Next, Save, Cancel, Print Tab]
SHFII – Screenshots: Client Risk Information Tab
INSTRUCTIONS FOR THIS TAB

In addition to these questions, verify that demographic information (ethnicity, race, gender identity, and sex at birth) on the Patient Tab are complete and accurate.

CLIENT INTERVIEW

Was the client interviewed?

Type of interview

Reason for interview

Date of first interview

METHOD OF CASE DETECTION AND HIV/STD HISTORY

Reason for HIV/STD testing

Other than current diagnosis, has client ever had an STD?

Type of facility where initially tested

PARTNER ELICITATION (details for all NAMED partners should be entered on the contacts tab)

Did you attempt to elicit contacts for follow-up

Total number of CLAIMED SEX AND NEEDLE SHARING partners

Number of sex partners in the past 12 months

Total number of NAMED SEX AND NEEDLE SHARING partners

Total number of NAMED CLUSTER/NETWORK partners
## Sexual Risk Information

Vaginal or anal sex in the past 12 months (select all that apply):
- None reported
- Refused
- Males
- Females
- Transgender/gender
- Questionable

Other sexual risk behaviors in the past 12 months (select all that apply):
- None reported
- Anonymous partners
- Received drugs/money for sex
- Gave drugs/money
- Sex partner used injection drugs
- Vaginal or anal sex without a condom
- Refused
- Sex while high/intoxicated

Had sex with a pregnant partner in past 12 months (males only): 

Had sex with MSM in past 12 months (females only): 

## Substance Use

Substance use past 12 months (select all that apply):
- None reported
- Methamphetamine
- Crack
- Heroin
- Cocaine
- Prescription opioids
- Excessive alcohol
- Erectile dysfunction
- Cannabis
- Nitrates/Poppers
- Other

Injection drug use (12 months):
- No
- Yes, no needle sharing
- Yes, needle sharing

## Housing Status

Did the client experience any of these housing situations in the past 12 months (select all that apply):
- None reported
- Refused
- Homeless
- Transitional/Unstable housing
- Group home/ halfway house
- Drug rehabilitation

## Incarceration

Institutionalized at diagnosis?

Has the client been to any of the following in the past 12 months (select all that apply):
- None reported
- Jail
- Prison
- Refused
- Juvenile Hall
SHFII – Screenshots: Contacts Tab
### Disease Incident

**Patient:** Pilgrim, Scott  
**DOB:**  
**Incident ID:** 2453886  
**Process Status:** Entered  
**Resolution Status:** Suspect

#### Contacts (system)

<table>
<thead>
<tr>
<th>ID</th>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID-001</td>
<td>Yodel</td>
<td>Pete</td>
<td>02/15/2001</td>
<td>Unknown</td>
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</tbody>
</table>

#### Contacts (system)

<table>
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<th>ID-002</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Name Suffix</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>Phone Number</th>
<th>Street Address</th>
<th>Apartment</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Jurisdiction</th>
<th>Investigator</th>
<th>Race</th>
<th>American Indian or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>Other</th>
<th>Unknown</th>
<th>White</th>
</tr>
</thead>
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</tbody>
</table>

**Race:**  
- [ ] American Indian or Alaska Native  
- [ ] Asian  
- [ ] Black or African American  
- [ ] Native Hawaiian or Other Pacific Islander  
- [ ] Other  
- [ ] Unknown  
- [ ] White

**Reported Race:**  
- [ ] None

**Type of Contact:**  
- [ ] Unknown

**Date of Contact:**  
- [ ] 02/15/2001

**Exposure Event:**  
- [ ] Unknown

**Cluster ID:**  
- [ ] Unknown

**Priority:**  
- [ ] Unknown

**Status:**  
- [ ] Unknown

**Medication Used:**  
- [ ] Unknown

**Email Address:**  
- [ ] Unknown

**Other Electronic Contact Information:**  
- [ ] Unknown

**Link Patient:**  
- [ ] Unknown

**Create Incident**  
**Create Investigation**  
**OK**  
**Cancel**  
**Add**  
**Delete**
SHFII – Screenshots: Case Investigation Tab
Questions/Discussion

HealthHIV

CSTE
Polling question
What's next?

- Resource document

- Next webinars
  - HIV clusters: September 17th 12pm PDT/3pm EDT
  - Role of DIS: September 26th 12pm PDT/3pm EDT

- Webinar evaluation
  - [https://cste.co1.qualtrics.com/jfe/form/SV_8JoaCcN2tWXp4MZ](https://cste.co1.qualtrics.com/jfe/form/SV_8JoaCcN2tWXp4MZ)
Thank you!

Evaluation:
https://cste.co1.qualtrics.com/jfe/form/SV_8JoaCcN2tWXp4MZ