

Welcome!



Learning Series for HIV Prevention-Surveillance Integration – Effectively Using Data to Support Programs (August 22, 2019)

- 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

The logo for HealthHIV, featuring the word "Health" in blue and "HIV" in green, both in a sans-serif font, enclosed within a white rounded square with a subtle drop shadow.

Health
HIV



Council of State and Territorial Epidemiologists

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

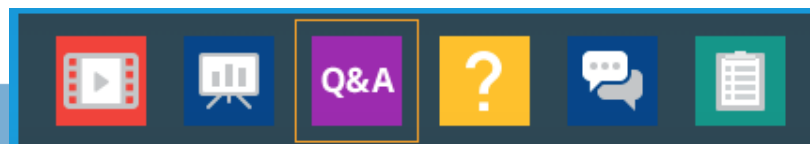
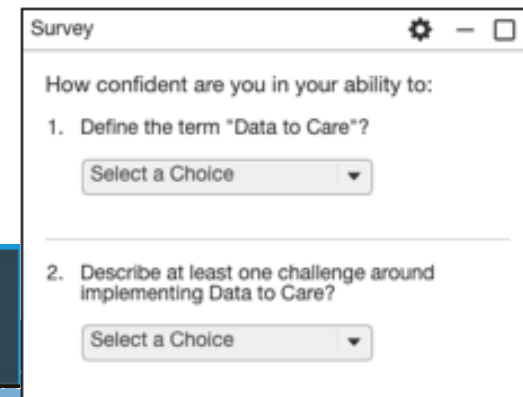
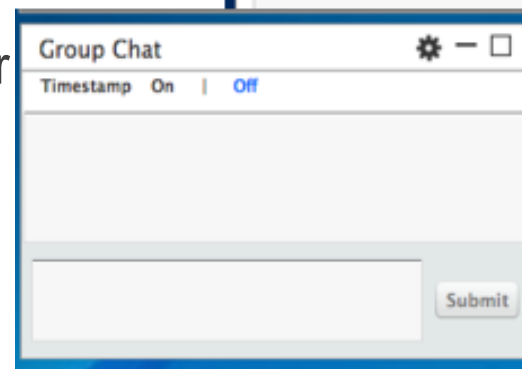


- Orientation to On24
- Icebreaker
- HIV Data Privacy & Confidentiality: Laws and Policies That Protect HIV Data:
Amy Killelea, JD
 - Q&A and discussion
- Utilizing Enhanced Surveillance Data to Improve Prevention Outcomes:
Auntré Hamp, MEd, MPH
 - Q&A and discussion
- Adapting Data Systems to Support 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

Communicable Disease Code

- Confidentiality requirements and exceptions governing multiple communicable diseases
- Confidentiality requirements and exceptions that are HIV specific (and more specific)

Public Health Code Enforcement

- 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

Criminal Code

- There are exceptions to HIV confidentiality that compel health department data release found in HIV criminalization statutes themselves

NASTAD Legal Research Project

- 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

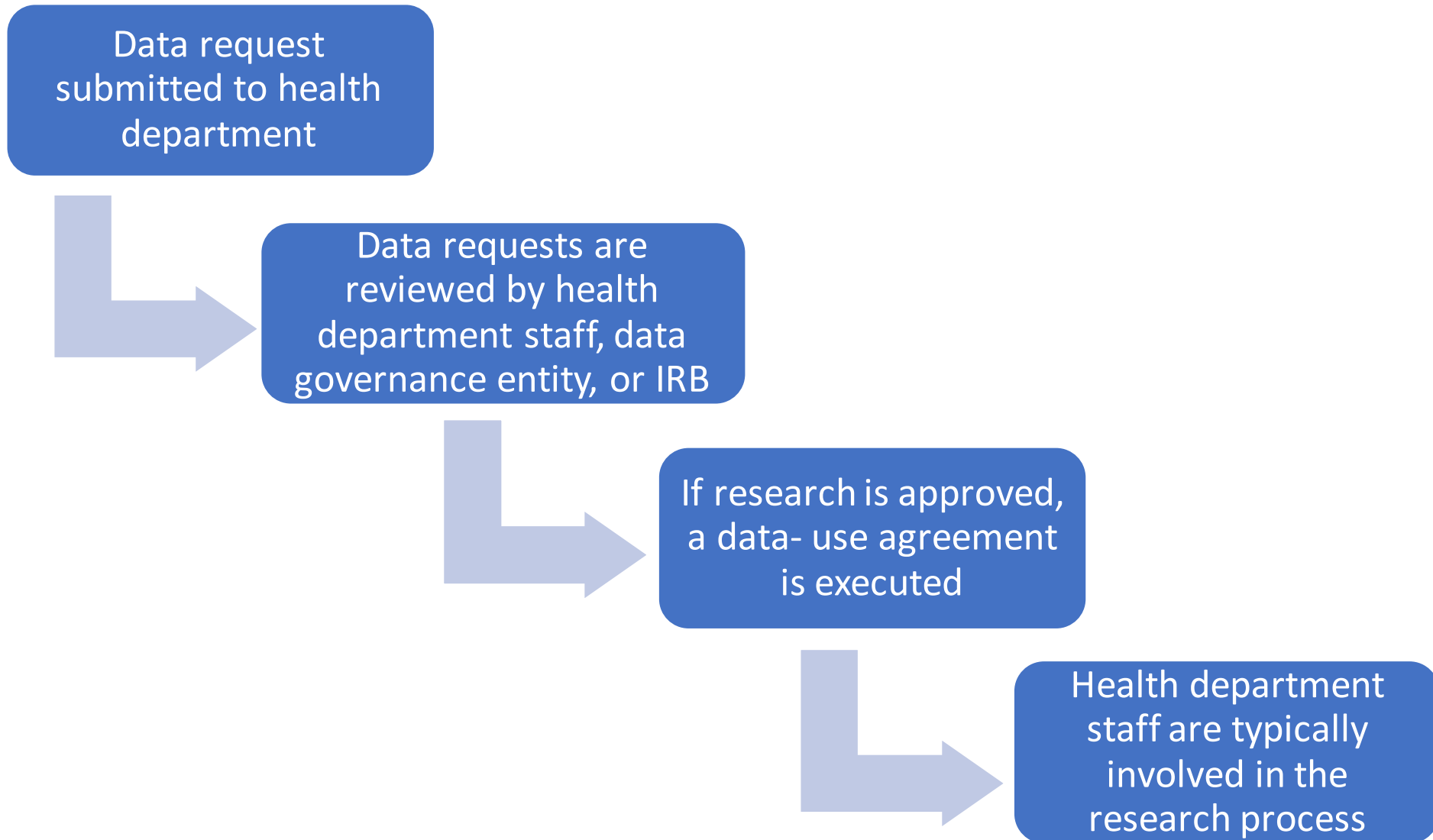


Health department may
not share surveillance
data with Medicaid

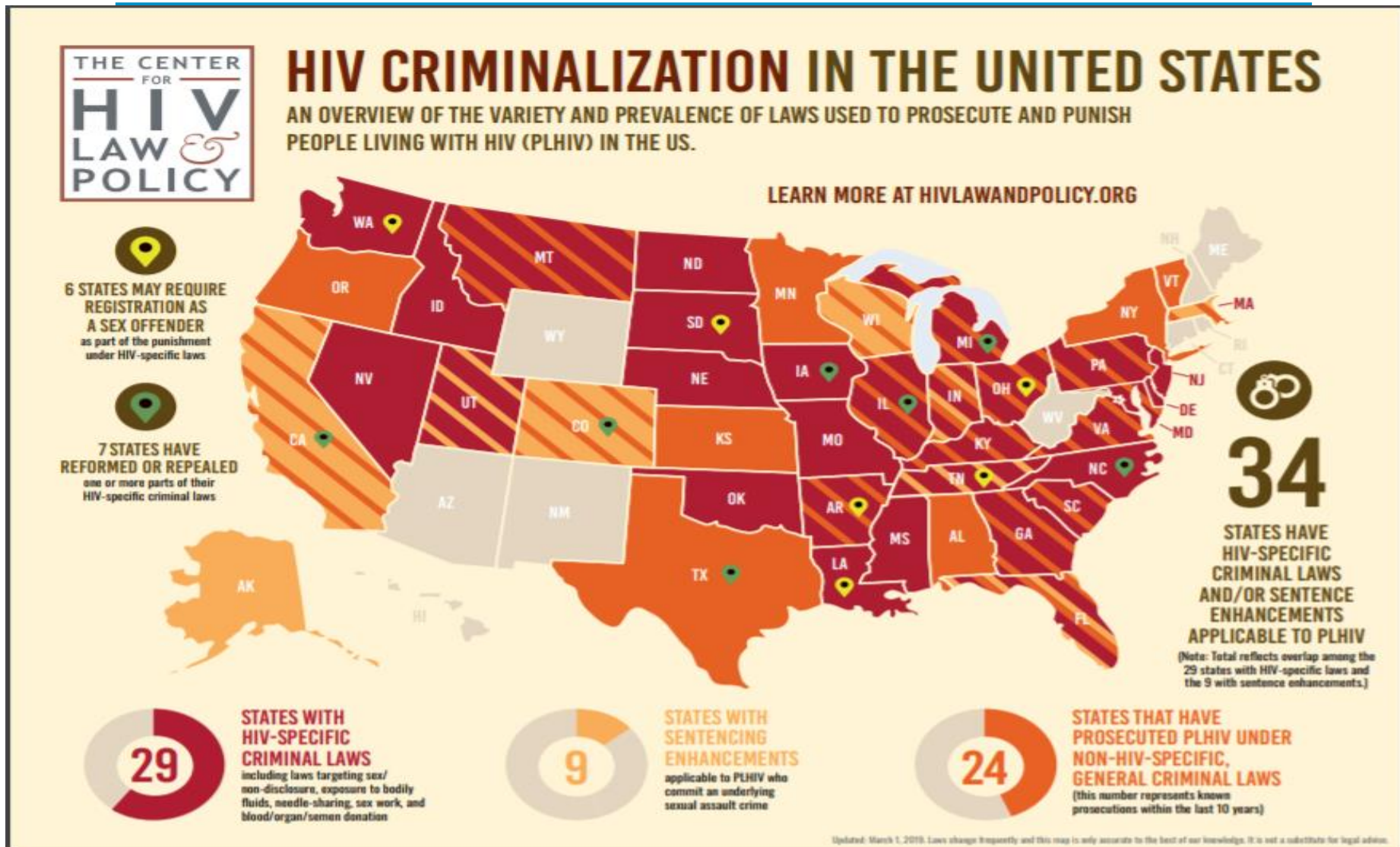
Health department may
share limited/aggregate
information with
Medicaid

Health department may share
PII surveillance data, including
VL and diagnosis, with
Medicaid and MCOs

3) Research Data Sharing



4) Law Enforcement Data Sharing



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)
- NASTAD HIV Data Privacy and Confidentiality Paper, <https://www.nastad.org/sites/default/files/Uploads/2018/nastad-hiv-data-privacy-06062018.pdf>.
- NASTAD Health Systems Integration Data Sharing Resources, <https://www.nastad.org/domestic/health-systems-data>.

Questions/Discussion

HealthHIV



Polling question



Utilizing Enhanced Surveillance Data to Improve Prevention Outcomes



GEORGETOWN UNIVERSITY

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

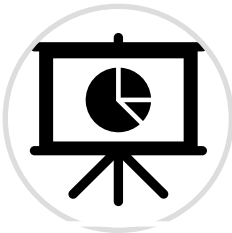
Overview



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



Current/previous projects include: NIH ATra Black Box Pilot (2015), CDC ATra Black Box Contract Project (2017), ORNL 5J (2017), CDC PS18-1808 (2018)



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



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)



Background:

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

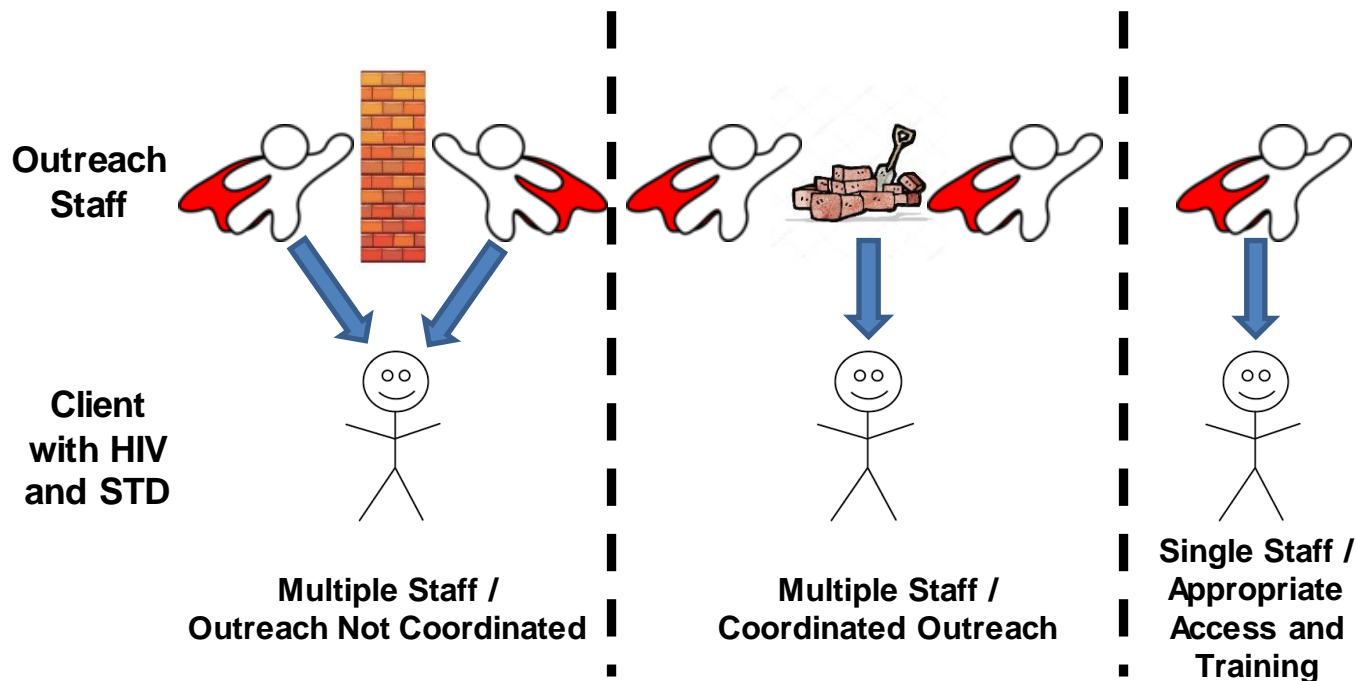
■ Contact Tracing:

- 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





STD/HIV Field Investigation Incident (SHFII)



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

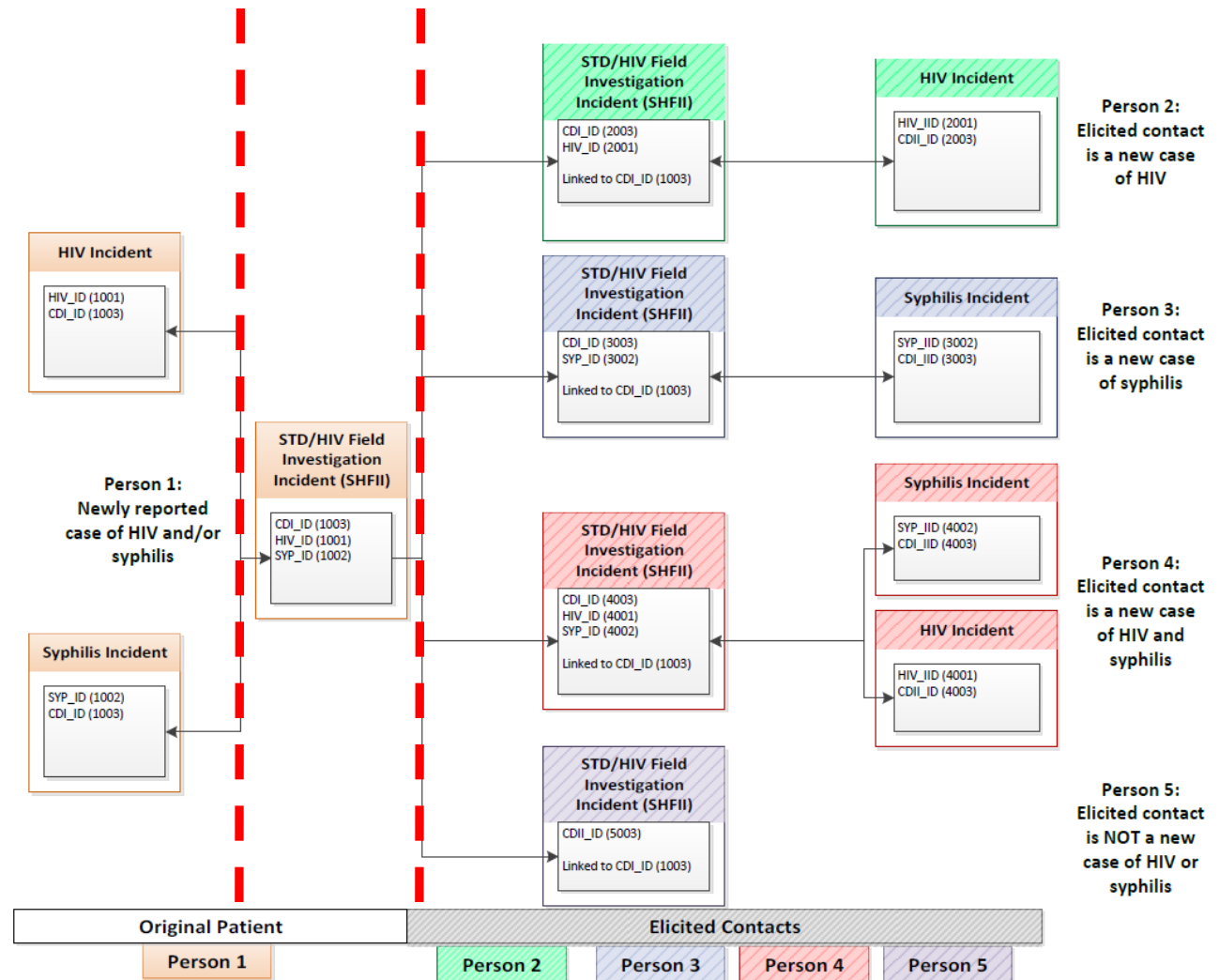


SHFI: Sections in CaIREDIE

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





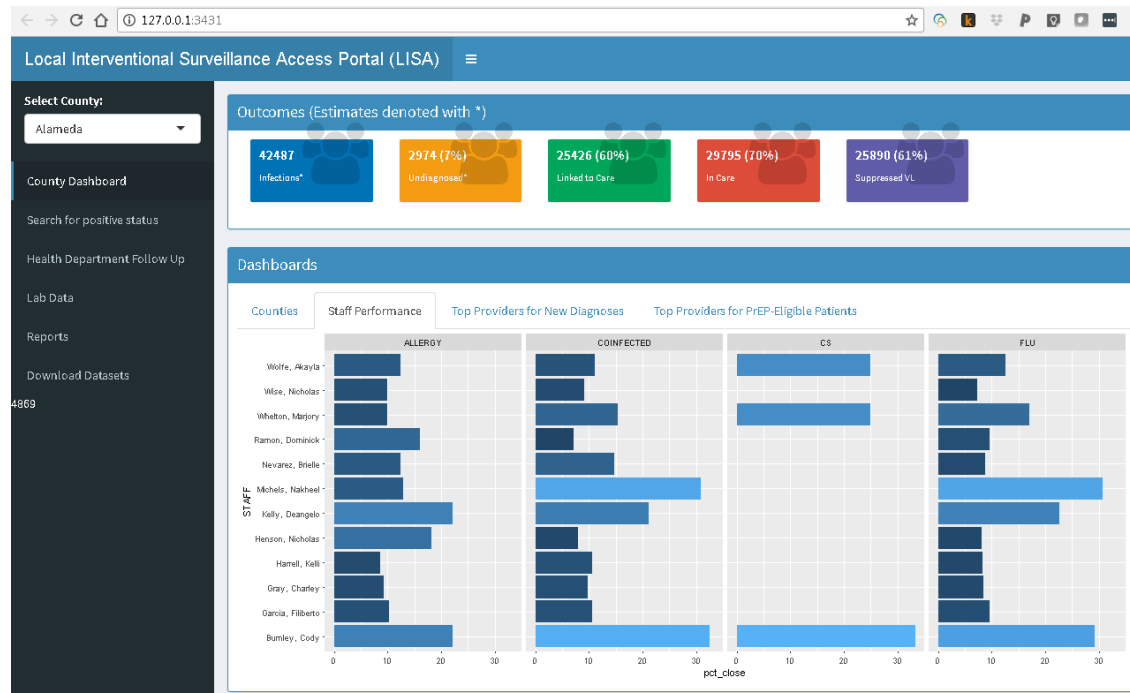
Local Interventional Surveillance Access (LISA)



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

New Diagnoses Not Linked to Care

Prevalent Cases Out of Care

Lost to Follow Up

Recent Detectable Viral Load

PrEP Eligible

Show10▼entries

Search:

	LName	FName	DOB	DxDT	COUNTY	PROVIDER	STAFF
1	Rodgers	Elisabeth	2000-01-21	2017-08-13	Sacramento	Sutter	Javier Gomez
2	Baker	Dakota	1968-12-12	2017-11-22	Sacramento	County PH Clinic	Michael Jones (DIS)
3	Price	Christian	1983-04-04	2017-09-10	Sacramento	HIV Specialist Org	Javier Gomez
4	Dixon	Aaron	1960-10-28	2017-11-22	Sacramento	Other HIV Specialist Org	Sarah Morton (DIS)
5	Chambers	Garrett	1995-01-20	2017-08-25	Sacramento	Kaiser	Javier Gomez
6	Vasquez	Alexia	1986-02-04	2017-03-18	Sacramento	Kaiser	Michael Jones (DIS)
7	Gardner	Mustaba	2000-11-30	2017-01-09	Sacramento	Other	Michael Jones (DIS)
8	Arneson	Brendon	1994-02-14	2017-09-17	Sacramento	Other HIV Specialist Org	Michael Jones (DIS)
9	Taylor	Eric	1988-11-04	2017-04-27	Sacramento	Small PMD	Sarah Morton (DIS)
10	Sandoval	Martin	1988-05-28	2017-11-22	Sacramento	County PH Clinic	Unassigned

Showing 1 to 10 of 210 entries

Previous

1

2

3

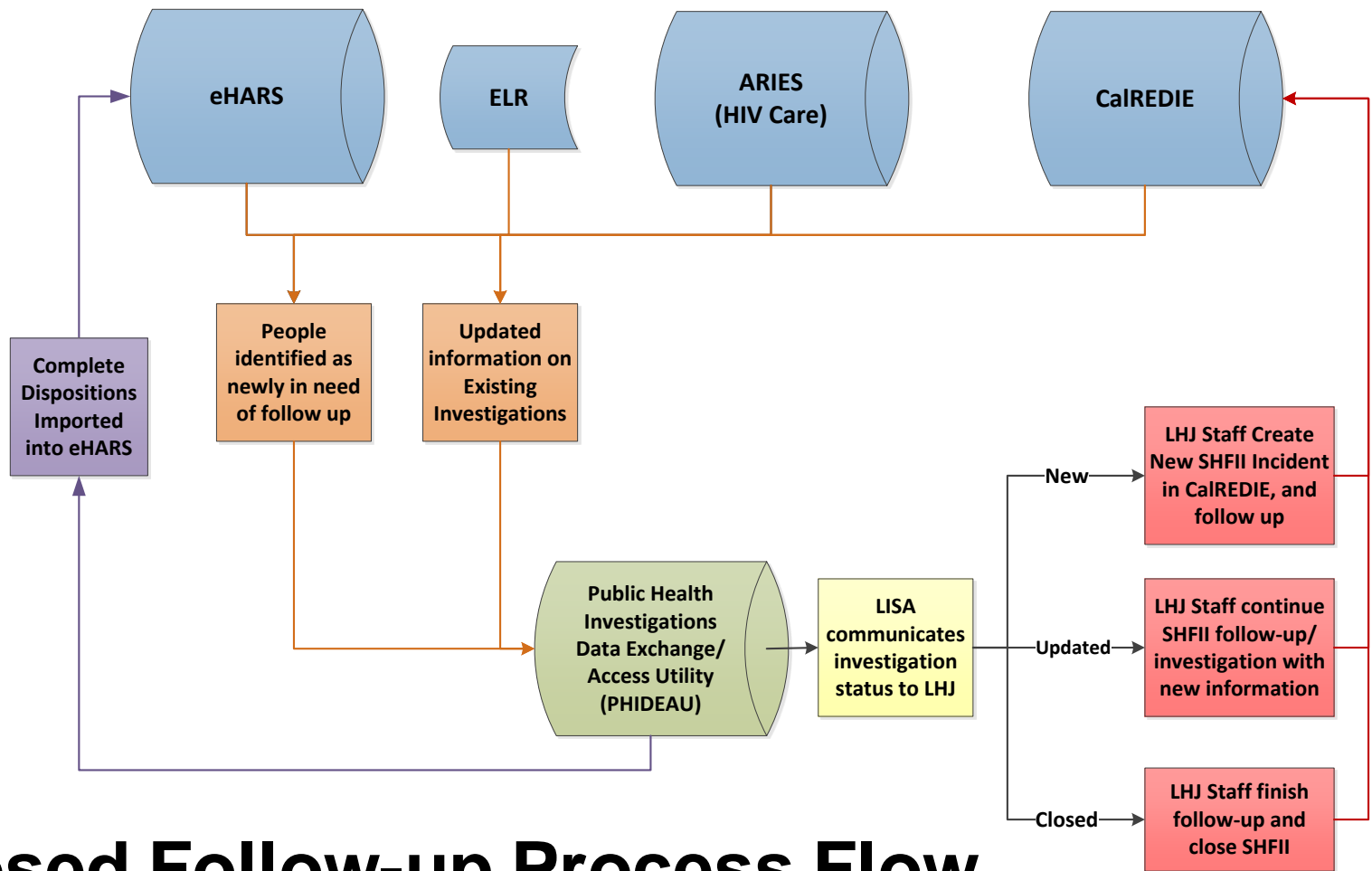
4

5

...

21

Next



Proposed Follow-up Process Flow



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

Disease Incident			
Patient: Pilgrim, Scott		Incident ID: 2453666	
DOB:		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	
* Disease Being Reported STD/HIV Field Investigation Incident			
* Last Name	* First Name	Middle Name	Name Suffix
Pilgrim	Scott		
SSN	DOB (MM/DD/YYYY)	Age	Months
		Days	
Address Number & Street		Apartment/Unit Number	
City	State	Zip	
	CA		
Census Tract	County of Residence	Country of Residence	
N/A			
Country of Birth	Date of Arrival (MM/DD/YYYY)	Work/School Telephone	
Home Telephone	Cellular Phone / Pager	Other Electronic Contact Information	
E-mail Address	Work/School Location	Work/School Contact	
* Gender	Pregnant?	Estimated Delivery Date	
Male	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Marital Status	Medical Record Number	Patient's Parent/Guardian Name	
	View...		
Occupation Setting	Describe/Specify	Occupation Location	
Occupation	Describe/Specify		
Alerts			
		<div> <div>Primary Language</div> <div></div> </div> <div> <div>* Ethnicity</div> <div>Not Hispanic or Latino</div> </div> <div> <div>* Race</div> <div> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> White </div> </div> <div> <div>Reported Race</div> <div>White</div> </div>	
		<div> <div>Next</div> <div>Cancel</div> <div>Save</div> </div>	

SHFII – Screenshots: Investigation Tracking Tab

Disease Incident



Patient: Pilgrim, Scott

Incident ID: 2453666

Process Status: Entered

DOB:

Disease: STD/HIV Field Investigation Incident

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 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 (sex/needle/network) ☐ Out of care list (HIV) ☐ Virally unsuppressed (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.

Syphilis disease incident ID

HIV disease incident ID

Other disease incident ID

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

ID	Investigator name	Date of assignment	Initial vs. Reassignment	Date investigation closed or re:
ID-001	01Diaz, Carlos - DIS Worker 326	05/14/2019	Initial	05/15/2019

Count : 1

Page 1 of 1

10

Add

COMMUNICATION ATTEMPTS

ID	Method of contact	Contact result	Date/Time of contact
ID-001	Phone Call	No contact, left message	05/14/2019

Count : 1

Page 1 of 1

10

Add

COMMUNICATION NOTES

Communication notes:

Add

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

10

Add

Back

Next

Save

Cancel

Print Tab

SHFII – Screenshots: Linkage to Care Tab

Disease Incident



Patient: Pilgrim, Scott

Incident ID: 2453666

Process Status: Entered

DOB:

Disease: STD/HIV Field Investigation Incident

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?

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?

Reason investigation not initiated

If yes, date of HIV test

HIV test Result

Date returned or linked to care

How was returned to care status determined?

STD AND HEPATITIS C TESTING AND LINKAGE TO CARE

ID	Disease tested	Test results indicative of current infection	Date of test (specimen collection)
ID-001			
Count : 1		Page 1 of 1	10
			Add

REFERRAL/LINKAGE TO PrEP

Currently on PrEP	How long has the client been on their current course of PrEP?
Screened for PrEP eligibility?	Eligible for PrEP?
	Reason not referred
Referred for PrEP services?	PrEP referral date
Client assisted with navigation/linkage to PrEP provider?	

REFERRALS TO OTHER SERVICES

Other referrals provided (select all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Transportation	<input type="checkbox"/> Family planning	<input type="checkbox"/> Health Insurance Enrollment	<input type="checkbox"/> Housing
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Prenatal	<input checked="" type="checkbox"/> Other		
If Other, specify					

Back Next Save Cancel Print Tab

SHFI – Screenshots: Client Risk Information Tab

Disease Incident



Patient: Pilgrim, Scott

Incident ID: 2453666

Process Status: Entered

DOB:

Disease: STD/HIV Field Investigation Incident

Resolution Status: Suspect

Patient

Investigation Trac

Linkage to Care

Client Risk Inform

STD Contacts

Case Investigation

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 queer/non-binary

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 for sex ☐ 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 ☐ Prescription opioids ☐ Excessive alcohol ☐ Erectile dysfunction
☐ Refused ☐ Heroin ☐ Cocaine ☐ Cannabis ☐ Nitrates/Poppers ☐ Other

If other, specify

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

VENUES REPORTED

Did the client report any venues for meeting partners?

VENUES REPORTED - DETAILS

ID	Venue type	Name of venue(s) – enter nearest cross street if name not available
ID-001		
Count : 1		
Page 1 of 1		
10		
Add		

PATIENT DESCRIBED SYMPTOMS (SYPHILIS ONLY)

Did the client report any symptoms?

If yes, previously sought care for symptoms?

PATIENT DESCRIBED SYMPTOMS - DETAILS (SYPHILIS ONLY)

ID	Symptom	Anatomic site	Onset date
ID-001			
Count : 1			
Page 1 of 1			
10			
Add			

BASIS FOR EARLY STAGE (SYPHILIS ONLY)

If history in the past 12 months (select all that apply)

- ☐ Negative STS ☐ 4-fold titer increase ☐ Exposure to confirmed infection
☐ P&S symptoms ☐ Sexual debut

Basis

- ☐ Lesion (710) ☐ Secondary symptoms (720) ☐ History, past 12 months (730)
☐ No basis (late)

Back

Next

Save

Cancel

Print Tab

SHFII – Screenshots: Contacts Tab

Disease Incident

Patient: Pilgrim, Scott
DOB:

Incident ID: 2453666
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

Contacts (system)

ID	Last Name	First Name	DOB	Jurisdiction
ID-001	Yodel	Pete	02/15/2001	Unknown

Count : 1
Page 1 of 1
10
Add

Contacts (system)

ID-002

Last Name

First Name

Middle Name

Name Suffix

DOB

Age

Gender

Phone Number

Street Address

Apartment

City

State

Zip

Jurisdiction

Investigator

Race

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ Other
☐ Unknown
☐ White

Reported Race

Type of Contact

Date of Contact

Exposure Event

Cluster ID

Priority

Status

Medication Used

E-mail Address

Other Electronic Contact Information

Link Patient

Create Incident

Create Investigation

Delete

OK

Cancel

Add

SHFII – Screenshots: Case Investigation Tab

Disease Incident



Patient: Pilgrim, Scott
DOB:

Incident ID: 2453666
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

Case Information

* Jurisdiction

Sacramento

Secondary Jurisdiction

Investigator

Reporting Source

Provider

Provider Name

Submitter Name

Wheeler, William

Lab

Additional Provider

Additional Lab

Index Case Cluster ID

☐

Patient Died of This Illness ☐ Yes

☐ No

Dates

Date of Onset

Lab Specimen
Collection Date

Lab Specimen
Result Date

Date of Diagnosis

Date of Death

Date Received

03/25/2019

* Date Created

03/25/2019

Episode Date

03/25/2019

Date Closed

Statuses

* Process Status

Entered

Set to the Next Status

Set to: Not a Case

Reported by:

☐ Web Report

☐ Lab Report

Imported Status

Resolution Status

Suspect

Final Disposition

Transmission Status

Date Sent

Last CDC Update

Linked Outbreaks

Outbreak ID	Outbreak #	Location	Date Created	Jurisdiction	Process / Resolution Status
◀ PREV NEXT ▶					

Unlink

Add

Notes/Remarks

Add

Delete Incident

Back

Cancel

Submit

Print Preview

Questions/Discussion

HealthHIV



Polling question



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

Thank you!

Evaluation:

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

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