DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

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Dear Colleague:

In order to achieve the goal of nationwide, high-quality HIV data, the Centers for Disease Control and Prevention (CDC) *recommends* that all states and territories adopt confidential name-based surveillance systems to report HIV infections. CDC is strengthening its official guidance and encouraging all states to use a single, accurate system that can provide national data to monitor the scope of the HIV/AIDS epidemic, plan for and evaluate prevention and care programs, and focus our efforts on the people most at risk.

While most areas (currently 43 state and local health departments) use confidential name-based reporting of HIV infection, some (currently 14 state and local health departments) use code-based or name-to-code methods. Regardless of the method used, personal identifiers are removed before data is provided to CDC. Stringent standards are in place to protect the confidentiality of this data.

Rapid implementation of a scientifically accurate and reliable system of national HIV reporting can only occur with the adoption of a standard system of patient identification that will be used by all states. CDC's policy is to report HIV infection and AIDS case surveillance data only from areas conducting confidential name-based reporting because this reporting has been shown to routinely achieve high levels of accuracy and reliability. HIV surveillance that is conducted using coded patient identifiers has not been shown to routinely produce equally accurate, timely, or complete data to that conducted using confidential name-based surveillance methods. Code-based and name-to-code systems are also more expensive to implement than name-based systems. Currently, only confidential name-based HIV reporting, integrated with AIDS surveillance data, can be used by states to identify and remove cases that are counted in more than one state (a process called de-duplication) before they are reported to CDC's national surveillance database. Furthermore, use of confidential name-based reporting for HIV is consistent with all other infectious diseases reporting, including AIDS.

CDC *recommends* that all states conduct HIV reporting using the same name-based approach currently used for AIDS surveillance nationwide. It is critical that all areas move as quickly as possibly to an integrated, confidential name-based HIV/AIDS reporting system. CDC is committed to providing the technical assistance necessary to make this method of reporting occur rapidly and with minimal disruption to ongoing HIV/AIDS surveillance. For states currently using code or name-to-code systems, CDC will provide technical assistance in transitioning to confidential name-based reporting upon request. For further information, or to request technical assistance, you may contact Dr. Matthew McKenna, Acting Deputy Director for Science, Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, CDC, telephone (404) 639-2050.

As always, thank you for your continued, dedicated efforts to prevent HIV infection in the United States and around the world.

Sincerely,

Julie Louise Gerberding, M.D., M.P.H.
Director