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Council of State and Territorial Epidemiologists
(CSTE)

HIV Surveillance in the U.S.A.

What is CSTE?

- CSTE is a professional organization of 875 epidemiologists (up from 450 in 2002)
- Began in 1950 as an organization of State Communicable Disease Epidemiologists
- Based in Atlanta with a budget of > $3 million (from CDC and member dues)

Membership

- Membership is open to epidemiologists working in state and local health departments
- $30 dues; can join from web site:

  www.cste.org

CSTE Influence

- Executive Director and Executive Committee are in regular contact with CDC
- Maintains the National Notifiable Disease List
- Establishes and endorses, along with CDC, national surveillance case definitions
- Position statements are circulated to national agencies for response

CSTE Influence, cont'd

- Official participant with CDC in development of national public health policy
  - Co-authored surveillance evaluation guidelines
  - National HIV surveillance guidelines
  - HIV counseling and testing guidelines
- Promote federal funding for epi through CSTE Washington Consultant
  - Provides Office of Management and Budget with budget suggestions

HIV Activities

- HIV/AIDS Surveillance Coordinators have a Workgroup within the Infectious Disease Committee/HIV/AIDS Team
- Communication with CDC HIV surveillance on issues of joint interest
- Pressed for inclusion of HIV funding needs in CSTE's overall budget message
- HIV session at the annual meeting
- Position statements
- Forum for CSTE members interested in HIV issues

HIV Position Statements

2001	Infectious Disease	Birkhead, Gus MD, MPH	Reciprocal (Inter-state) Notification of HIV cases
2001	Infectious Disease	Birkhead, Guthrie MPH, MD	Improved laboratory surveillance for HIV
1999	Infectious Disease	Birkhead, Guthrie S.	Revised Surveillance Case Definition of HIV Infection
1999	Infectious Disease	Mokotoff, Eve	Funding for HIV/AIDS Surveillance
1999	Maternal and Child Health	Danila, Richard	Prevention of Perinatal Transmission of HIV
1998	Infectious Disease	(MacDonald) Moore, Kristine	Definition for Case Surveillance of HIV Infection (including AIDS)
1997	Infectious Disease	MacDonald, Kristine	National HIV Surveillance: Addition to the National Public Health Surveillance System

1994	Infectious Disease	Fleming David W.	HIV Home Collection Kits
1993	Infectious Disease	MacDonald, Kristine	Pediatric HIV Infection Reporting
1992	Infectious Disease	Davis, Jeffrey P.	Support for Continued Eval. of HIV/STD Prevention Program
1991	Infectious Disease	Foster, Laurence	Surveillance of HIV Infection and Disease
1990	Infectious Disease	Hadler, Jim	TB-HIV Surveillance and Control
1989	Infectious Disease	Foster, Larry/ Davis, Jeff	HIV infection reporting
1988	Infectious Disease	Thompson, Ed	Terminology for HIV infection versus HIV exposure
1986	Infectious Disease	Chin	National reporting of HIV infections other than AIDS

HIV ARV Resistance Position Statement

03-ID-09

The impact of new technologies and therapies on HIV/AIDS surveillance: surveillance of antiretroviral resistance

HIV ARV Resistance Position Statement

Statement of the desired action(s) to be taken:

CSTE Recommends:

1) States that are already incorporating surveillance of HIV incidence into routine surveillance by means of the serologic testing algorithm for recent HIV infection should consider incorporating surveillance of antiretroviral drug resistance among recently infected individuals.

HIV ARV Resistance Position Statement, cont'd

2) States should consider laboratory reporting of tests of antiretroviral drug resistance for persons reported with HIV infection or AIDS. In addition, states in the process of revising HIV reporting requirements should consider the use of broad language that will allow reporting of additional tests that may become important in the management of HIV infection in the future.

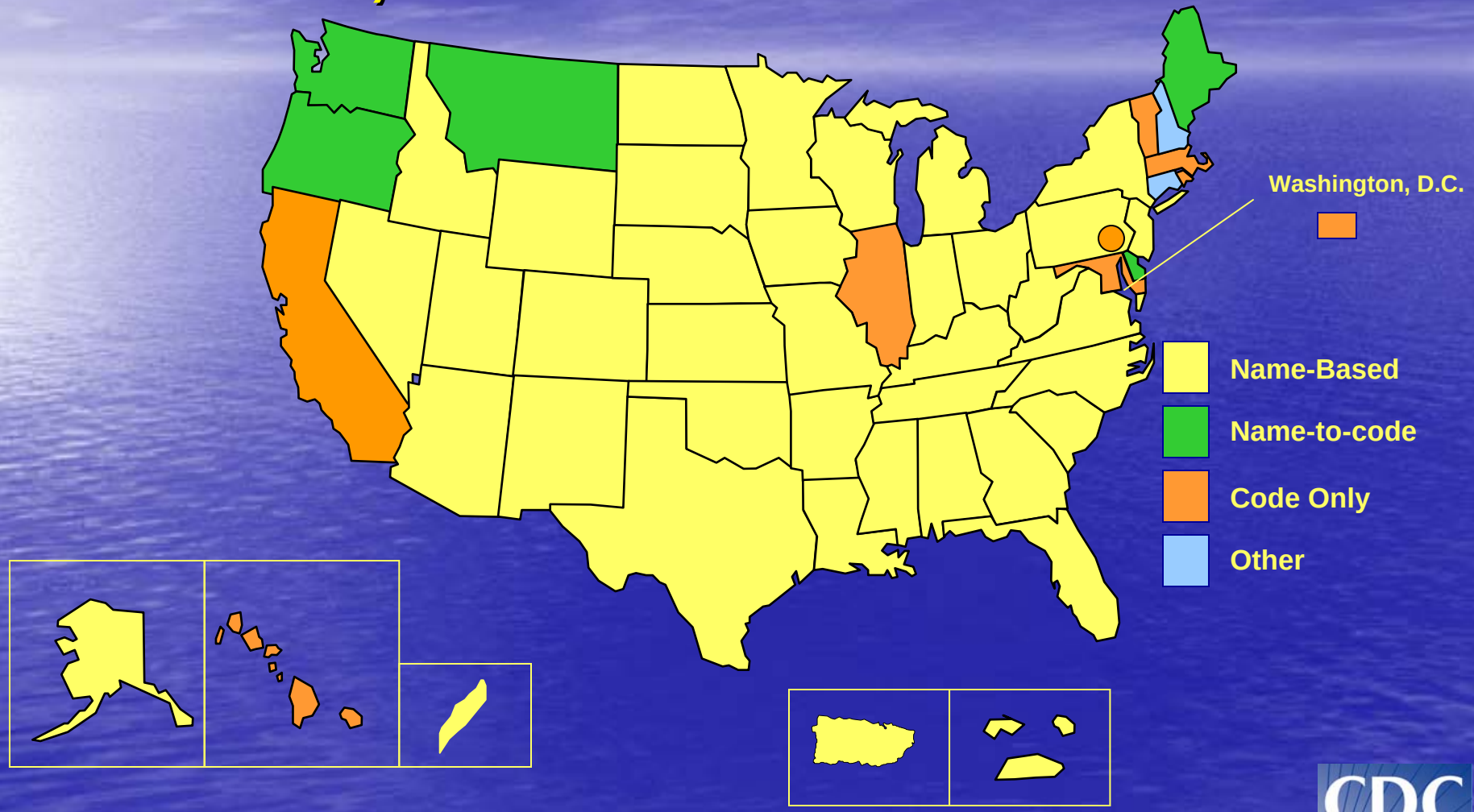
HIV ARV Resistance Position Statement, cont'd

3) CDC should provide assistance with testing, technical assistance, and funding to states to standardize data elements for drug resistance. In addition, CDC should provide guidance on implementing electronic reporting procedures and enhance the capacity of state surveillance programs to manage electronic laboratory data.

AIDS and HIV reporting

- Reporting requirements are set by the states, not CDC nor CSTE
- AIDS is reported by name in all states and territories
- HIV reporting is less standardized

Current Status of Implementation of HIV Infection Surveillance October, 2004



CD4 and Viral Load Reporting

- Requirements for CD4 and VL reporting vary by state
- Some states require CD4 reporting for results below a particular level; e.g. <300 or <200
- Some states require VL reporting only when results are detectable

CDC Priorities for Surveillance

- Nationwide system of integrated HIV/AIDS surveillance
- Implementing a nationwide system for monitoring HIV incidence
- Evaluating performance,
  - Using standard protocols
  - Improved, document based, data management (eHARS)

CDC Priorities cont'd

- Electronic laboratory reporting
- Risk Factor Ascertainment
- Identifying emerging trends in epidemic

CDC Priorities cont'd

- Disseminating integrated Epidemiologic Profiles and guidelines for analysis and interpretation
- Public health planning and evaluation: collecting data on indicators of prevention/treatment effectiveness
- Responding to needs for data and information

CDC Incidence and Resistance Surveillance Objective

- Integrate laboratory technologies with ongoing HIV/AIDS case surveillance to monitor the incidence of HIV transmission, as well as variant, atypical, and drug resistant strains of HIV in the US.

CDC Incidence and Resistance Surveillance Goal

- The goal is to guide and evaluate programs that reduce transmission of HIV and prevent the emergence of HIV strains that lead to greater morbidity and mortality among those who become HIV infected.

Reporting of Recently Infected Persons

- The emphasis, as presented here, has been on measuring resistance in recently infected persons
- However, how early in the course of their infection people are tested will influence our ability to measure resistance at time of infection

Reporting of Recently Infected Persons

- Among the 25 states who have had named HIV reporting since 1994, 26% of those diagnosed with HIV between 1994-2000 had AIDS at the time of initial diagnosis
- 28% of males and 19% of females

- These data suggest that until HIV testing becomes routinized into the care of sexually active people, we will continue to have a large proportion testing late in the course of their infection.

- With current testing patterns, resistance results will be a mix of early and late testers.
- Our ability to monitor resistance among the population of recently infected persons will improve when people present for testing and care earlier in the course of infection.