

Form Approved  
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## **National HIV Surveillance System (NHSS)**

### Attachment 3f.

#### Instructions for Preparing an Annual Performance Report

Public reporting burden of this collection of information is estimated to average 42 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0573).

**Instructions for Preparing an Annual Performance Report (APR)**

Funding Opportunity Announcement (FOA) Number:

**CDC-RFA-PS13-130203CONTXX\***

**National HIV Surveillance System (NHSS)**

*NOTE TO OMB REVIEWERS: The following content will be provided to each health department grantee previously funded under HIV CDC-RFA-PS13-1302: National HIV Surveillance System (NHSS). Each grantee will be required to report on each funded activity and report on their implementation plan and performance toward objectives in narrative form as described below. Year indicators of “XX”\* will be updated annually to reflect the new measurement year.*

**Project Narrative**

For Case Surveillance, Incidence Surveillance, and Optional Activities, please provide a narrative report of progress for the twelve months beginning July 1, 20XX\* and ending June 30, 20XX\*. This report should:

- A. Cover activities that took place during the period of July 1, 20XX\* through June 30, 20XX\*, as stated in the terms and conditions of your Year X\* award.
- B. Provide a corrective action plan for each objective you are “not expecting to meet” that describes concise specific actions to assess the cause of the problem, correct the problem, and follow the outcomes of the prescribed actions over time to assure that the desired outcomes are sustained over time. Also, include a discussion of technical assistance needed to assist in resolving the situation.
- C. For each Component use this format:
  1. Recipient activity.
  2. Program objective(s).
  3. Discussion of progress towards accomplishing the objective.
  4. Corrective action plans if “not expecting to meet.”
- D. Performance progress narrative for Case Surveillance (20 page limit) – For each of the “Recipient Activities” below, please provide a narrative description of progress towards achieving the program’s objectives and activities as provided in the FOA 13-1302 application. Please be specific in describing the accomplishment of activities which will lead to the attainment of the related objective. Please use quantitative terms whenever possible to assist us in understanding the quality of your performance.

Public reporting burden of this collection of information is estimated to average 42 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0573).

You must address the following:

1. Identify and report persons with HIV infection.
2. Conduct death ascertainment.
3. Conduct intrastate de-duplication of HIV cases.
4. Participate in routine interstate de-duplication review (RIDR) of HIV cases.
5. Conduct risk factor ascertainment.
6. Collect HIV laboratory reports.
7. Assess data quality.
8. Investigate cases of public health importance (COPHI).
9. Conduct evaluation of the HIV surveillance system.
10. Conduct analysis of HIV surveillance data and disseminate findings.
11. Report data to CDC.
12. Integrate case and incidence surveillance.
13. Integrate program activities to enhance efficiency and improve outcomes.
14. Attend CDC sponsored meetings.
15. Implement and adhere to data security and confidentiality guidelines.
16. Implement National HIV Surveillance System software requirements.
17. Other Case Surveillance Activities (MHS, PHERS, Geocoding): If the jurisdiction conducted any of these activities as part of case surveillance, please provide a narrative description of the activities conducted (as listed below) and progress:

MHS Activities (3 pages):

You must address the following:

1. Secure and confidential reporting of HIV surveillance data.
2. Collect antiretroviral use history data for all persons newly diagnosed with HIV infection.
3. Review state or local HIV laws and regulations regarding the reporting of HIV nucleotide sequence data.
4. Collaborate with laboratories performing HIV genotypic drug resistance testing.
5. Obtain all HIV nucleotide sequence data for persons diagnosed with HIV infection.
6. Validate HIV nucleotide sequence data.
7. Import nucleotide sequence data into eHARS.
8. Report data to CDC.
9. Conduct ongoing monitoring of data quality and evaluation of local activities.
10. Analyze data, including transmitted drug resistance.
11. Develop and disseminate data reports and presentations.

PHERS Activities (3 pages):

You must address the following:

1. Conduct active and passive surveillance for perinatal HIV exposure.
2. Conduct longitudinal follow-up of all HIV exposed children.
3. Conduct medical record review to assess for opportunistic infections.
4. Assess potential adverse outcomes of AVR exposure.
5. Conduct linkage of HIV and birth registries.
6. Conduct active and passive surveillance for HIV-infected pregnant women.
7. Conduct activities to improve the quality, efficiency, and productivity of perinatal exposure surveillance.
8. Conduct an evaluation of the perinatal HIV surveillance program as defined in the Technical Guidance for HIV Surveillance Programs Volume I: Policies and Procedures document.
9. Report data to CDC.
10. Analyze and disseminate perinatal HIV surveillance data and promote their use for prevention and health services planning and evaluation.
11. Implement and adhere to Data Security and Confidentiality Guidelines.
12. Attend CDC sponsored meetings.

Geocoding Activities (3 pages):

You must address the following:

1. Collect HIV surveillance information according to routine surveillance procedures (Required data elements include local street address, city, and state of residence at diagnosis for each newly diagnosed HIV case).
2. Have a Memorandum of Agreement (MOA) for the 5-year funding period in place.
3. Apply geocoding standards provided by CDC, including cleaning and standardizing the data and the collection of variables derived from the geocoding process.
4. Geocode, to the census tract level, residence at HIV disease diagnosis information for cases diagnosed in 20XX\* per CDC guidance.

E. Performance progress narrative for Incidence Surveillance – For each of the “Recipient Activities” below, please provide a narrative description of progress towards achieving the program’s objectives and activities as provided in the FOA 13-1302 application. Please be specific in describing the accomplishment of activities which will lead to the attainment of the related objective. Please use quantitative terms whenever possible to assist us in understanding the quality of your performance.

You must address the following:

1. Collaborate with CDC, laboratories, providers, and affected communities.
2. Obtain HIV testing and treatment information on all newly diagnosed individuals.
3. Collect results from tests for recent HIV infection.
4. Collect all CD4 and viral load results as applicable by local laws and regulations and enter into eHARS.
5. Integrate HIV incidence surveillance activities with case surveillance activities.
6. Report data to CDC.
7. Conduct systematic evaluation of HIV incidence using outcome and process standards.
8. Calculate and disseminate annual population-based estimates of HIV incidence and promote the use of incidence data for prevention and health planning.
9. Collaborate with CDC to revise program design, implementation, and evaluation.
10. Attend CDC-sponsored mandated conferences and workshops consistent with the funded activities.
11. Adherence to security and confidentiality policies and procedures.

### **Implementation Plan and Timeline**

For Case Surveillance, Incidence Surveillance, and Optional Activities please provide an Implementation Plan and Timeline for Budget Year X\*. This plan should:

- A. Address all programmatic objectives and activities to be performed during the period January 1, 20XX\* to December 31, 20XX\*.
- B. Be attached in the “Mandatory Documents” box in PDF format under “Other Attachments.”
- C. Provide objectives that are designed to successfully achieve all standards for the “Recipient Activity” as established in the *Technical Guidance for HIV Surveillance Programs Volume I: Policies and Procedures*. Each Objective is to have time-phased activities which are designed to successfully accomplish the related objective. For each objective, indicate the program’s evaluation plan.

For each component, use this format:

Required Activity:

1. Objective
2. Activities
3. Evaluation plan

- D. Implementation Plan for Case Surveillance (No page Limit) - To prepare for the next budget period for HIV Case surveillance, programs should describe their plan to address defined programmatic objectives and activities in accordance to the technical guidance. Please establish each objective/activity as Specific, Measureable, Action-oriented, Realistic, and Time-phased (SMART). At a minimum your program should address each requirement listed below with an objective and associated activities.

You must address the following:

1. Identify and report persons with HIV infection.
2. Conduct death ascertainment.
3. Conduct intrastate de-duplication of HIV cases.
4. Participate in routine interstate de-duplication review (RIDR) of HIV cases.
5. Conduct risk factor ascertainment.
6. Collect HIV laboratory results.
7. Assess data quality.
8. Investigate cases of public health importance (COPHI).
9. Conduct evaluation of the HIV surveillance system.
10. Conduct analysis of HIV surveillance data and disseminate findings.
11. Report data to CDC.
12. Integrate case and incidence surveillance.
13. Integrate program activities to enhance efficiency and improve outcomes.
14. Attend CDC sponsored meetings.
15. Implement and adhere to data security and confidentiality guidelines.
16. Implement National HIV Surveillance System software requirements.
17. Other Case Surveillance Activities (MHS, PHERS, Geocoding): If the jurisdiction plans on conducting any of these activities as part of Case Surveillance, please describe your plan to address defined programmatic objectives and activities below).

Implementation Plan for Optional Activities (No page limits) - This section applies only to those awardees that were notified that their original FOA PS 13-1302 Notice of Award that their application for MHS, PHERS or Geocoding was “Approved, but not funded.” Please see the list of grantees (below) that are required to submit an implementation plan for each category. All other grantees should not submit this implementation plan requirement since they will not be reviewed or considered.

MHS Activities (No page limit):

To be completed by [ENTER LIST OF ELIGIBLE STATES].
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To prepare for the next budget period for MHS, programs should describe their plan to address defined programmatic objectives and activities in accordance to the technical guidance. Your program should address all the requirements listed below with objectives and associated activities. Please establish each objective as Specific, Measurable, Action-oriented, Realistic and Time-phased (SMART).

You must address the following:

1. Obtain HIV nucleotide sequence data for persons diagnosed with HIV infection.
2. Validate and import into eHARS HIV nucleotide sequence data.
3. Collect and enter into eHARS antiretroviral use history data for all persons newly diagnosed with HIV infection.
4. Report data to CDC.
5. Conduct ongoing monitoring of data quality.
6. Analyze data and disseminate data reports and presentations.

PHERS Activities (No page limit):

To be completed by [ENTER LIST OF ELIGIBLE STATES].
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To prepare for the next budget period for PHERS, programs should describe their plan to address defined programmatic objectives and activities in accordance to the technical guidance. Your program should address all the requirements listed below with objectives and associated activities. Please establish each objective as Specific, Measurable, Action-oriented, Realistic and Time-phased (SMART).

You must address the following:

1. Conduct active and passive surveillance for perinatal HIV exposure.
2. Conduct longitudinal follow-up of all HIV exposed children.
3. Conduct medical record review to assess for opportunistic infections.
4. Assess potential adverse outcomes of AVR exposure.
5. Conduct linkage of HIV and birth registries.
6. Conduct active and passive surveillance for HIV-infected pregnant women.
7. Conduct activities to improve the quality efficiency and productivity of perinatal exposure surveillance.
8. Conduct an evaluation of the perinatal HIV surveillance program as defined in the Technical Guidance for HIV Surveillance Programs Volume I: Policies and Procedures document.
9. Report data to CDC.
10. Analyze and disseminate perinatal HIV surveillance data and promote their use for prevention and health services planning and evaluation.
11. Implement and adhere to Data Security and Confidentiality Guidelines.
12. Attend CDC sponsored meetings.

Geocoding Activities (No page limit):

To be completed by [ENTER LIST OF ELIGIBLE STATES].

To prepare for the next budget period for geocoding and data linkage, programs should describe their plan to address defined programmatic objectives and activities in accordance to the technical guidance. Your program should address all the requirements listed below with objectives and associated activities. Please establish each objective as Specific, Measurable, Action-oriented, Realistic and Time-phased (SMART).

You must address the following:

1. Collect HIV surveillance information according to routine surveillance procedures (Required data elements include local street address, city, and state of residence at diagnosis for each newly diagnosed HIV case).
2. Have a Memorandum of Agreement (MOA) for the 5-year funding period in place.
3. Apply geocoding standards provided by CDC, including cleaning and standardizing the data and the collection of variables derived from the geocoding process.
4. Geocode, to the census tract level, residence at HIV disease diagnosis information for cases diagnosed in 2014 per CDC guidance.
5. Report data to CDC.

- E. Implementation Plan for Incidence Surveillance (No page limit) - To prepare for the next budget period for HIV incidence surveillance, programs should describe their plan to address defined programmatic objectives and activities in accordance to the technical guidance. Your program should address all the requirements listed below with objectives and associated activities. Please establish each objective as Specific, Measurable, Action-oriented, Realistic and Time-phased (SMART).

You must address the following:

1. Collaborate with CDC, laboratories, providers, and affected communities.
2. Obtain HIV testing and treatment information on all newly diagnosed individuals.
3. Collect results from tests for recent HIV infection by submitting to the CDC STARHS laboratory remnant samples of HIV diagnostic tests from public/private laboratories, identifying and informing the STARHS laboratory of samples eligible for recency testing.
4. Collect all CD4 and viral load results as applicable by local laws and regulations and enter into eHARS.
5. Integrate HIV incidence surveillance activities with case surveillance activities
6. Report data to CDC.
7. Conduct systematic evaluation of HIV incidence using the outcome and process standards.
8. Annually calculate and disseminate population-based estimates of HIV incidence and promote the use of incidence data for prevention and health planning.



9. As requested, collaborate with CDC to revise program design, implementation, and evaluation (includes pilot testing of program, participation in CDC workgroups, presenting the jurisdiction's experience on HIS specific topics, coordinating sample collections, and etc.).
10. Attend CDC-sponsored mandated conferences, and workshops consistent with the funded activities.
11. Adherence to security and confidentiality policies and procedures.

*\*Year indicators of "XX" will be updated annually to reflect the new measurement year.*