Form Approved
OMB No. 0920-0573
Expiration Date: XX/XX/XXXX

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

A. **PS13-1302 - Current Budget Period Progress (July 1, 20XX to June 30, 20xx):**

Please provide a narrative report of progress for Case Surveillance, Incidence Surveillance, and Optional Activities from July 1, 20XX to 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 4 award.
b. Be attached in the "Mandatory Documents" box under "Project Narrative Attachment Form." The document needs to be in PDF format.
c. 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.
d. For each Component use this format:
    - Recipient activity.
    - Program objective(s).
    - Discussion of progress towards accomplishing the objective.
    - Corrective action plans if "not expecting to meet."

Progress narrative for Case Surveillance (25 page limit) – For each of the "Recipient Activities" below, please provide a narrative description of progress towards achieving 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. 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. Review state or local HIV laws and regulations regarding the reporting of HIV nucleotide sequence data.
3. Collaborate with laboratories performing HIV genotypic drug resistance testing.
4. Obtain all HIV nucleotide sequence data for persons diagnosed with HIV infection.
5. Validate HIV nucleotide sequence data.
6. Import all nucleotide sequence data into eHARS.
7. Collect antiretroviral use history data for all persons newly diagnosed with HIV infection.
8. Report all 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.

Progress narrative for Incidence Surveillance (10 pages) – 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. Annually calculate and disseminate 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 FY 20XX (Proposed Objectives and Activities)

For Case Surveillance, Incidence Surveillance, and Optional Activities for which you applied under FOA PS13-1302, please provide an Implementation Plan and Timeline for Budget Year 5. 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:

- SMART Objective
- Activities
- Evaluation plan

Special Note: If the program plans to add, remove, or revise a program objective from previously proposed objectives, please clearly identify the changes as a "Proposed New Objective," "Proposed Revised Objective," or "Proposed Removed Objective."

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 duplicate 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 (as listed in F1, F2, and F3 below).

E. Implementation Plan for Incidence Surveillance (No page limits) - 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. Expand methods of collecting negative HIV test results for persons with diagnosed HIV infection.
3. Collect results from tests for recent HIV infection. This includes 1) collecting and shipping remnant samples for persons with HIV diagnosed through 20XX for

recency testing at the STARHS laboratory, 2) investigating incomplete laboratory reporting of potential acute HIV infection, and 3) reporting results of recent HIV infection as they become available.

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. Annually calculate and disseminate 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.

In addition, CDC requires that additional objectives and activities being conducted by the individual program also be listed in the IPR (e.g., revisions of state reporting regulations, participation in meetings and conference calls as stated in the cooperative agreement, data cleaning, and pilot testing of CDC programs).

F. 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.

1. Implementation Plan for Molecular HIV Surveillance (No page limits):

To be completed by Alabama, Arizona, California, Colorado, Connecticut, Washington DC, Florida, Houston, Idaho, Illinois, Los Angeles, Louisiana, Maryland, Michigan, Montana, New York, New York City, Oregon, Philadelphia, Puerto Rico, San Francisco, Texas, Utah, Virginia, Washington, and Wisconsin.

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).

MHS Activities:

You must address the following:

1. Secure and confidential reporting of HIV surveillance data.
2. Review state or local HIV laws and regulations regarding the reporting of HIV nucleotide sequence data.
3. Collaborate with laboratories performing HIV genotypic drug resistance testing.
4. Obtain all HIV nucleotide sequence data for persons diagnosed with HIV infection.
5. Validate HIV nucleotide sequence data.
6. Import all nucleotide sequence data into eHARS.
7. Collect antiretroviral use history data for all persons newly diagnosed with HIV infection.
8. Report all 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.
12. Attend CDC sponsored meetings.

2. Implementation Plan for Perinatal HIV Exposure Surveillance (No page limits):

To be completed by Alabama, Chicago, Delaware, Washington DC, Georgia, Houston, Illinois, Iowa, Kansas, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New York, New York City, Oklahoma, Pennsylvania, Philadelphia, Puerto Rico, Rhode Island, Texas, Utah, Virgin Islands, Virginia, Washington, and Wisconsin.

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).

PHERS Activities:

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

3. Implementation Plan for Geocoding and Data linkage (No page limits):

To be completed by Alabama, Arizona, California, Chicago, Colorado, Connecticut, Washington DC, Florida, Georgia, Hawaii, Houston, Illinois, Iowa, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New York, New York City, North Carolina, Oklahoma, Oregon, Pennsylvania, Philadelphia, Puerto Rico, San Francisco, Texas, Utah, Virgin Islands, Virginia, Washington, and Wisconsin.

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).

Geocoding Activities:

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.
5. Report data to CDC.

Additional Program Requirements

A. Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and effective January 1, 20XX, it must be submitted hardcopy (previously through eRA Commons) to your Grants Management Specialist and Grants Management Officer no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this

budget period is due to the GMS/GMO by March 31, 20XX. Reporting time frame is January 1, 20XX through December 31, 20XX.

B. Overall Responsible Party (ORP): Each grantee must submit their annual Certification of Compliance with the NCHHSTP Data Security and Confidentiality Standards, Designation of Overall Responsible Party.

C. Standards Evaluation Report (SER): Each grantee must submit their SER and SAS tables to your Epidemiologist and Public Health Advisor only (no need to submit to the Office of Grants Services (OGS; formerly PGO) by January 31, 20XX.