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2022 Standards Evaluation Report (SER)

Process and Outcome Standards for Surveillance

Jurisdiction name: _____

Primary Surveillance Contact: _____ Overall Responsible Party: _____
Secondary Surveillance Contact: _____

Process Standards

A. Death Ascertainment

☐ We are a separately funded city AND all death ascertainment is done at the state level. (*Skip to section B: Laboratory).*

☐ We are a state, territory, or separately funded city and perform our own death ascertainment. (*Respond to the questions below and complete the table*).

	Ascertain dates of deaths	**Linked with deaths occurring through**
1	Vital statistics file loaded for deaths **OR** NDI-Plus early release file loaded for deaths	☐Prohibited
2	SSDMF loaded for deaths	
	Ascertain causes of deaths	**Linked with deaths occurring through**
3	NDI Plus final file with cause-of-death information loaded for deaths	☐Prohibited
4	Vital statistics final file with cause-of-death information loaded for deaths	
	Search for potentially unreported HIV cases	**Linked with deaths occurring through**
5	Searched all vital records deaths mentioning HIV infection and loaded previously unreported cases	

If you did not load all of the required files in 1-5 above in accordance with the process standards outlined in the Death Ascertainment Technical Guidance for HIV Surveillance Programs file, please discuss:

a. Why you did not load each file in accordance with the process standards.
b. Your plan to ensure your program loads each file in the next evaluation period in accordance with the process standards.

B. Laboratory

1. **In 2021, did your surveillance program develop and/or update the list of all laboratories (in jurisdiction and out of jurisdiction) that conducted HIV-related testing for persons who reside in your jurisdiction using a method such as Centers for Medicare and Medicaid Services (CMS) search, or evaluation of your electronic laboratory report (ELR) program baseline spreadsheet?**
   - ☐ Yes
     - Did you identify new laboratories that conduct HIV testing for persons who reside in your jurisdiction?
       - ☐ Yes
       - ☐ No
     - What is the total number of laboratories that report HIV-related test results for persons who reside in your jurisdiction? Click here to enter text.
       - Please describe how your program obtained this number. Click here to enter text.
   - ☐ No

2. **Since 2018, did your surveillance program conduct an assessment on laboratories that conduct HIV-related testing for persons who reside in your jurisdiction? This assessment is to maintain documentation, such as types of tests performed and LOINC usage, by all laboratories that report to your jurisdiction.**
   - ☐ Yes
     - What year(s)? Click here to enter text.
   - ☐ No

3. **Are you aware of any laboratory reporting lapses of HIV-related test results for persons who reside within your jurisdiction that resulted in missing laboratory data in your December 2021 data transfer? Please include lapses attributed to either the laboratory not reporting test results or because the HL7 reader/transmitter in the health department did not send the results to HIV surveillance.**
   - ☐ Yes
     - Approximately what percentage of your total jurisdiction's laboratory volume is missing because of this? Click here to enter text.
     - Approximately what percentage of all CD4 results (< 200 and ≥ 200), or all viral load results (detectable and undetectable) are missing because of this? Click here to enter text.
   - ☐ No
     - In 2021, did your program monitor the quality of incoming reports of laboratory test results (including test result volumes) on a quarterly basis or more frequently? ☐ Yes ☐ No

4. **By December 2021, did your surveillance program transfer to CDC via eHARS all CD4 (<200 and ≥200) and viral load (detectable and undetectable) test results from laboratory reports received from 2019-2021?**

Year reports	CD4 (<200 and ≥200)	Viral load tests (detectable and undetectable)

were received	Yes	No	Describe type of CD4 results received	Yes	No	Describe type of viral load results received
2019	☐	☐	Click here to enter text.	☐	☐	Click here to enter text.
2020	☐	☐	Click here to enter text.	☐	☐	Click here to enter text.
2021*	☐	☐	Click here to enter text.	☐	☐	Click here to enter text.

*At a minimum, reports received from January 2021 through September 2021

C. Pediatric/Perinatal

Birth Ascertainment	1A. In 2021, did you link women with diagnosed HIV infection reported to the surveillance system to state/local/territory birth certificate data for all 2020 births to identify all perinatally exposed infants with a residence of birth in your jurisdiction? ☐ Yes ☐ No 1B. If no to 1A, please describe why you did not link with all state/local/territory birth certificate data. [Free text] 1C. If yes to 1A, did you enter all information identified from the linkage to state/local/territory birth certificate data into eHARS before your final December 2021 data transfer to CDC? ☐ Yes ☐ No ID. If no to 1C, please describe why you did not enter all information identified from the link to state/local/territory birth certificate data into eHARS. [Free text]
Number of perinatally HIV exposed infants for birth year 2020	Number of perinatally HIV exposed infants born in 2020 that were identified through the match to birth certificates. *This should include exposed infants previously known to the HIV surveillance program. Does this match with the number of perinatally exposed infants reported to CDC through your final December 2021 data transfer? ☐ Yes ☐ No

	If this does not match, please describe the reasons the numbers do not match (e.g., X perinatally exposed infants reported to health department that were not in the state/local birth certificate data because the infant was a resident of another jurisdiction).

D. Geocoding and Data Linkage

Submission of Geocoded Data	In 2021, did you submit your geocoded data to CDC, per the Geocoding and Data Linkage Technical Guidance for HIV Surveillance Programs file and the joint MOU?	☐ Yes	☐ No

E. Cluster Detection and Response

	Yes	No
1. Did your program submit a final written plan for establishing and maintaining capacity for cluster and outbreak detection and response according to the guidance in Detecting and Responding to HIV Transmission Clusters: A Guide for Health Departments by July 15, 2021?	☐	☐
2. In 2021, did your program analyze molecular data using CDC-recommended approaches at least monthly to identify HIV transmission clusters and outbreaks?	☐	☐
3. In 2021, did your program conduct time-space analysis using CDC-recommended approaches at least monthly to identify HIV transmission clusters and outbreaks?	☐	☐

If you did not meet the standards in 1 - 3 above, please discuss each unmet standard:
a. Why you did not meet the minimum standard for cluster detection and response in 2021.
b. Your plan to ensure your program meets this standard in 2022.

Outcome Standards for Surveillance

NOTE: *All areas* ***MUST*** *run the CDC-supplied SAS program against the December 2021 frozen eHARS SAS datasets to evaluate and report on your program's outcome standards.* ***In addition, all SAS table output MUST be included with your SER submission.***

F. Submission of Required Outcome Standards with SAS Tables

Please confirm that you have attached the following SAS outcome tables to your SER submission.
I have attached:

Completeness and timeliness tables:	☐ Yes	☐ No
Intrajurisdiction case duplication rate tables:	☐ Yes	☐ No
RIDR progress summary tables:	☐ Yes	☐ No
CIDR progress summary table:	☐ Yes	☐ No
Risk factor ascertainment tables:	☐ Yes	☐ No

Lab reporting tables: ☐ Yes ☐ No
Data quality tables: ☐ Yes ☐ No
Death ascertainment tables: ☐ Yes ☐ No
GDL eval outcome tables: ☐ Yes ☐ No

Required only for Ending the HIV Epidemic in the US (EHE) priority jurisdictions[1]:
PS20_2010 HIV case report timeliness tables ☐ Yes ☐ No
PS20_2010 Laboratory results report timeliness tables ☐ Yes ☐ No

[1] EHE jurisdictions and jurisdictions with EHE counties: Alabama, Arizona, Arkansas, California, Chicago, District of Columbia, Florida, Georgia, Houston, Illinois, Indiana, Kentucky, Los Angeles, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Jersey, New York, New York City, North Carolina, Ohio, Oklahoma, Pennsylvania, Philadelphia, Puerto Rico, San Francisco, South Carolina, Tennessee, Texas, Washington

Measure	Standard	Result
Completeness and Timeliness of Case Ascertainment	Did your surveillance program ascertain at least (≥) 95% of the expected number of cases diagnosed with HIV infection in 2020 by the end of December 2021?	%
	Did your surveillance program ascertain at least (≥) 90% of the expected number of cases diagnosed with HIV infection in 2020 within 6 months of date of diagnosis, assessed at the end of December 2021?	%
Intrastate Duplicate Review	Were there less than or equal to (≤) 1% duplicate case reports among all (cumulative) cases reported to your surveillance program through December 31, 2020 by the end of December 2021?	%
Routine Interstate Duplicate Review (RIDR)	Were at least (≥) 98% of the pairs on your RIDR list received in January 2021 resolved by June 30, 2021? ☐ *N/A Done by state*	%
	Were at least (≥) 98% of the pairs on your RIDR list received in July 2021 resolved by December 31, 2021? ☐ *N/A Done by state*	%
Cumulative Interstate Duplicate Review (CIDR)	Were at least (≥) 80% of the pairs on your CIDR list received in 2018 resolved by December 31, 2021? ☐ *N/A Done by state*	%
Risk Factor Ascertainment	Did at least (≥) 80% of HIV cases newly reported to your surveillance program in 2020 have sufficient risk factor information to be classified into a known HIV transmission category by the end of December 2021?	%
Completeness of Initial CD4	Did at least (≥) 85% of cases among those 13+ years diagnosed with HIV infection in 2020 have a CD4 count or percent based on a specimen collected within one month following their initial diagnosis, by the end of December 2021?	%
Completeness of Initial Viral Load	Did at least (≥) 85% of cases among those 13+ years diagnosed with HIV infection in 2020 have a viral load based on a specimen collected within one month following their initial diagnosis by the end of December 2021?	%
Timeliness of Laboratory Reporting	Were at least (≥) 85% of all labs with a specimen collection date in 2020 among cases diagnosed in 2020, loaded in the surveillance system within 60 days of the specimen collection date, assessed at the end of December 2021?	%

Nucleotide Sequence	Did at least (≥) 60% of cases diagnosed in 2020 have an analyzable nucleotide sequence by the end of December 2021?	%
Antiretroviral History	Did at least (≥) 70% of cases diagnosed in 2020 have prior antiretroviral use history by the end of December 2021?	%
Data Quality	In 2020, did 97% of case records that meet the surveillance case definition for HIV infection have no required fields missing and pass all selected data edits by the end of December 2021?	%
Cause of Death	Did at least (≥) 85% of the deaths that occurred in 2019 have an underlying cause of death by the end of December 2021 (24 months after the death year)?	%
Geocoding	Were at least (≥) 90% of HIV cases diagnosed in 2020 geocoded to the census tract level by the end of December 2021?	%
Previous Negative HIV Test*	Did at least (≥) 70% of cases diagnosed in 2020 have a known value for previous negative HIV test by the end of December 2021?	%
	Did at least (≥) 50% of cases diagnosed in 2020 with a previous negative test have a valid date of documented negative test result, assessed by the end of December 2021?	%
Viral suppression for cluster members*	Did at least (≥) 60% of HIV cases that were not virally suppressed at identification as part of a cluster, achieve viral suppression within 6 months (for cases identified as part of a transmission cluster in 2020)?	%
Perinatal HIV Exposure Reporting	Did ≥ 85% of perinatally exposed infants born in 2019 have HIV infection status determined by 18 months of age?	%
Required only for Ending the HIV Epidemic in the US (EHE) priority jurisdictions[1]:		
Enhanced case reporting timeliness	Did ≥75% of all HIV cases whose diagnoses were first entered into eHARS during 2021, get first entered within 30 days after the date of diagnosis?[+]	
	Priority EHE area 1:_____	%
	Priority EHE area 2:_____	%
	Priority EHE area 3:_____	%
	Priority EHE area 4:_____	%
	Priority EHE area 5:_____	%
	Priority EHE area 6:_____	%
	Priority EHE area 7:_____	%
	Priority EHE area 8:_____	%
Enhanced laboratory reporting timeliness	Did ≥75% of all laboratory test results entered into eHARS during 2021, get entered within 14 days after the date of specimen collection? (assessed at state level and Puerto Rico and DC) [+]	%

[1] EHE jurisdictions and jurisdictions with EHE counties: Alabama, Arizona, Arkansas, California, Chicago, District of Columbia, Florida, Georgia, Houston, Illinois, Indiana, Kentucky, Los Angeles, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Jersey, New York, New York City, North Carolina, Ohio, Oklahoma, Pennsylvania, Philadelphia, Puerto Rico, San Francisco, South Carolina, Tennessee, Texas, Washington

[+]Among cases with person view status = 'A' or 'W'**.**

*If you did not meet the Previous Negative HIV Test or Viral Suppression for Cluster Members standard above, please discuss: a. Why you did not meet the minimum standard in 2021. b. Your plan to ensure your program meets the standard in 2022.

G. Submission of Required Outcome Standards without SAS Tables

Measure	Standard	Result		
		%	Numerator	Denominator
Testing/re-testing of HIV-negatives and persons with unknown HIV status	For partners of transmission cluster members who were not known to be HIV positive at the time of cluster identification, what percentage were tested or re-tested within 6 months of identification as part of the risk network (for persons identified as part of a risk network in 2020)?			
	Persons with unknown HIV status:	%	n	n
	Persons with negative HIV status:	%	n	n
	Total:	%	n	n
PrEP Referral	For HIV-negative partners of transmission clusters not on PrEP, what percentage were referred for PrEP within 6 months of identification as part of the risk network (for persons identified as part of a risk network in 2020)?	%	n	n

For the two Testing/re-testing and PrEP Referral standards above, please briefly discuss what you plan to do in the coming year to improve testing/re-testing and PrEP referral outcomes for persons in clusters and risk networks.

H. Data Reporting and Dissemination

In 2021 did you develop and disseminate:	Yes	No
A comprehensive revision of your integrated HIV Epidemiologic Profile?	☐	☐
Updates to the HIV Epidemiologic Profile in the form of updates to core epidemiologic tables and figures, fact sheets, supplemental reports, slide sets, or other publications (but not a comprehensive revision)?	☐	☐
An annual HIV surveillance report?	☐	☐

I. Security and Confidentiality

In 2021:	Yes	No
1. Did your program provide a statement signed by the Overall Responsible Party (ORP) certifying that your program was in full compliance with the *Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action (2011);* hereafter referred to as the NCHHSTP guidelines?	☐	☐
2. Did your program ensure all persons with access to HIV data (including IT personnel) complete an annual security and confidentiality training that is consistent with the NCHHSTP guidelines, sign a confidentiality statement, and store it in the personnel file?	☐	☐
3. Did your program conduct the required annual review of your written security and confidentiality policies and procedures to assess whether changes in legislation or regulations, technology, priorities, personnel, or other situations require updates in policies and procedures?	☐	☐
4. Did your program apply the NCHHSTP guidelines to all sub-contractors and sub-recipients funded through PS18-1802 that have access to or maintain confidential HIV data?	☐	☐
5. Did your program implement secure procedures for data sharing, including Data to Care (D2C) activities, within the context of existing laws, including within your public health program and with external partners (such as sub-recipients)?	☐	☐
6. Did your program implement practices that support secure sharing and use of HIV data across necessary programs within the health department, including the Medical Monitoring Project (MMP) (if applicable)?	☐	☐
7. Did any data security breach occur, whether it was of personally identifiable information (PII) or a policy breach? (If yes, please answer a and b below)	☐	☐
a. Did your program ensure documentation and reporting of the data security breach with immediate investigation (regardless whether there was the release of personal information)?	☐	☐
b. Did your program implement corrective actions to avoid breaches of data security protocol?	☐	☐
8. Did any breach occur that resulted in the release of PII to unauthorized persons? (If yes, please answer a and b below)	☐	☐
a. Did your program ensure that the breach that resulted in the release of PII to unauthorized persons was reported to the ORP, to CDC, and, if warranted to law enforcement agencies?	☐	☐
b. Did your program implement corrective actions to avoid breaches that result in the release of PII to unauthorized persons?	☐	☐