

National HIV Surveillance System (NHSS)

Attachment 4(c)

Technical Guidance for HIV Surveillance Programs: Duplicate Review



Accurate, Complete, Timely HIV Surveillance Data
for Public Health Action

Technical Guidance for HIV Surveillance Programs

Duplicate Review

HIV Surveillance Branch
Division of HIV Prevention
National Center for HIV, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention
Atlanta, Georgia

Acknowledgments

The *Technical Guidance for HIV Surveillance Programs* is a series of Technical Guidance files that are part of a portfolio of resources to guide HIV surveillance programs at health departments in U.S. states, cities, and territories on the implementation of HIV surveillance systems in accordance with state, local, and territorial laws, regulations, and practices.

These files are living documents and the updates include adaptations and adjustments from previous iterations. We acknowledge previous contributors from the Centers for Disease Control and Prevention (CDC), other federal agencies, academic partners, and state, local, and territorial health departments.

The updates to these files were prepared by CDC in collaboration with the Council of State and Territorial Epidemiologists (CSTE), with contributions from state, local, and territorial HIV surveillance programs.

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Introduction

The goals of HIV surveillance are to describe the burden and epidemiology of HIV, monitor HIV trends, identify HIV clusters and outbreaks, and guide public health action at the federal, state, local, and territorial levels.

The *Technical Guidance for HIV Surveillance Programs* is a series of Technical Guidance files that are part of a portfolio of resources to guide HIV surveillance programs at health departments on the implementation of HIV surveillance systems in accordance with state, local, and territorial laws, regulations, and practices. These files are prepared by the Centers for Disease Control and Prevention (CDC) in collaboration with the Council of State and Territorial Epidemiologists (CSTE), with contributions from state, local, and territorial HIV surveillance programs. These files are living documents and the updates include adaptations and adjustments from previous iterations.

State, local, and territorial HIV surveillance programs at health departments are responsible for their HIV surveillance system, which encompasses surveillance activities, reporting sources, surveillance information systems (including the enhanced HIV/AIDS Reporting System [eHARS]), and other supporting tools (like ATra Blackbox, Secure HIV-TRACE). All HIV surveillance systems together contribute to the National HIV Surveillance System (NHSS).

CDC provides technical assistance and support to HIV surveillance programs to ensure that HIV surveillance systems have complete, accurate, and timely data for public health action. The HIV Surveillance Branch (HSB) of the Division of HIV Prevention (DHP), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is responsible for NHSS.

The Technical Guidance files, periodically, will include examples of how eHARS can be used for collecting and managing HIV surveillance data. Note that the same demonstrated concepts should also apply if another surveillance information system is used by the HIV surveillance program.

Technical Guidance file *Duplicate Review* describes requirements, standards, policies, and procedures for HIV surveillance programs to conduct activities to identify and correct duplicate case reports within a state (intrastate) or between states (interstate). HIV surveillance encourages ongoing and redundant reporting from a variety of sources. HIV surveillance systems must provide a reliable measure of the number of persons in need of HIV prevention and care services at the national, state, local, and territorial levels. An accurate HIV surveillance system is one that minimizes the degree to which it overcounts or undercounts reported cases of HIV infection and maximizes the reliability with which data for a given person are linked over time. Failing to properly link an incoming surveillance report to an existing case leads to overcounting and incomplete case information, or incorrectly linking an incoming surveillance report to an existing case may lead to undercounting and data contamination.

Considerations when reviewing this file:

- Because health care providers, hospitals, laboratories, and other reporting entities are required to report all diagnoses of HIV infection, duplicate case reports within a state (intrastate) or between states (interstate) may not be identified during routine case entry in the surveillance information system. To prevent overcounting and undercounting of cases, identification of potential intrastate and interstate duplicate case reports, merging case reports that have been deemed to be duplicates at all levels, and providing duplicate review resolution to CDC (i.e., **Same as** or **Different than**) must be carried out on a regular basis.

- Routine surveillance practices are used to identify and eliminate duplicate case reports. These processes can use personally identifiable information (PII) and other useful information maintained at a state, local, or territorial level. At the national level, CDC does not receive direct PII (e.g., name, Social Security Number), so duplicate case reports cannot be identified with the same degree of accuracy. Thus, CDC requires all HIV surveillance programs to perform both intrastate and interstate review and deduplication on a routine basis and ensure that each person in the surveillance information system is given one unique state-assigned case number (stateno).

HIV surveillance programs should ensure that their policies and procedures include the activities described in this Technical Guidance file and relevant public health actions; policies and procedures should be reviewed at least annually and updated as needed. Ensure that staff are trained on the policies and procedures with a focus on changes to procedures or areas needing improvement. Contact the CDC HIV Surveillance Branch surveillance epidemiologist assigned to the state, local, or territorial HIV surveillance program with any questions or feedback about this Technical Guidance file. If needed, call the HSB main phone number at 404-639-2050 for assistance with identifying the CDC HIV Surveillance Branch surveillance epidemiologist assigned to the state, local, or territorial HIV surveillance program.

Intrastate Duplicate Review

The structural requirements, procedures, and outcome standards for intrastate duplicate review are described next, followed by more in-depth guidance on specific topics.

Structural Requirements

1. Case, laboratory, and other reports received on a person
2. eHARS
3. eHARS User Guide¹
4. eHARS Technical Reference Guide²
5. Data processing policies, procedures, and tools for record linkage (see Technical Guidance file *Record Linkage*)
6. Variables to ascertain potential intrastate duplicate case reports:
 - The eHARS report “Identify Intrastate Duplicate Cases Based on CDC Matching String” is available under Operational in the eHARS REPORT module index. The report identifies and generates a list of potential duplicate case reports within an HIV

¹ eHARS User Guide is available at the HIV Surveillance Branch (HSB) SharePoint site at <https://cdcpartners.sharepoint.com/sites/NCHHSTP/HICSB/default.aspx>. All HIV surveillance program staff who are U.S. citizens are eligible to access the HSB SharePoint site. If you have questions or problems with access, please contact your CDC HIV Surveillance Branch surveillance epidemiologist assigned to the state, local, or territorial HIV surveillance program or the HSB main number at (404) 639-2050.

² See footnote 1, immediately above. eHARS Technical Reference Guide and other documentation is available at the HSB SharePoint site.

surveillance program’s installation of eHARS by using CDC matching strings. Cases are first matched by using the following Person View variables: last name soundex (last_name_sndx), date of birth (dob), sex at birth (birth_sex), and state of residence at HIV diagnosis (rsh_state_cd). Country of residence at HIV diagnosis (rsh_country_cd) is used if rsh_state_cd is ‘FC – Foreign Country.’ If no match is found, then cases are matched on last name soundex, date of birth, sex at birth, and state or country of residence at stage 3 (AIDS) diagnosis (rsa_state_cd / rsa_country_cd). Cases that match on the CDC string but have previously been confirmed by the HIV surveillance program as different persons are excluded from the list.

- In addition to running the above eHARS report, HIV surveillance programs are encouraged to perform more in-depth duplicate reviews by using information that is readily available at the state level; e.g., first name (first_name), last name (last_name), middle name (middle_name), first and last name soundex (first_name_sndx, last_name_sndx), date of birth (dob), sex at birth (birth_sex), race/ethnicity (race), full Social Security Number (ssn), and death date (dod). When these values are identical, other variables may be used to determine if the cases are duplicates. Examples of such variables include: medical record number (medrecno); inmate identification number (prisno); date of diagnosis of HIV infection (hiv_dx_dt); and date of diagnosis of stage 3 (AIDS) (aids_dx_dt).

Procedures

1. Frequency of Procedure

- Monthly, run eHARS canned report *Identify Intrastate Duplicate Cases Based on CDC Matching String*, and either merge duplicate case reports that represent the same person or update the duplicate status in eHARS to “2-Different than” if the case reports represent two different persons.
- HIV surveillance programs should also perform more in-depth intrastate duplicate review by using exact and fuzzy (i.e., inexact) matching methods.

2. Records that Represent the Same Person

- Case reports that have been confirmed to be duplicates should be merged. When merging, retain the STATENO belonging to the case that was first entered in eHARS (the case with the earlier Person View enter_dt).
- eHARS contains a Transfer Document feature that can be found under Document and Case Maintenance in the ADMIN module index. Transfer Document allows the user to merge duplicate case reports by entering the appropriate state and state-assigned case number (stateno), eHARS unique identifier (ehars_uid) or document unique identifier (document_uid) of the source case (i.e., the case with the later Person View enter_dt), and the appropriate state and state-assigned case number (stateno) or eHARS unique identifier (ehars_uid) of the target case (i.e., the case with the earlier Person View enter_dt).
- The Adult Case Report Form (ACRF) and the Pediatric Case Report Form (PCRF) documents in eHARS contain a Duplicate Review tab that allows the user to enter duplicate status information regarding two reported cases of HIV infection. An example is when a person was a pediatric “Seroreverter” and was later infected with HIV (see

Technical Guidance file *Pediatric HIV Confidential Case Report Form*). This person would be given 2 different state (or city/county) numbers; one associated with the “Seroreverter” and another associated with the HIV infection diagnosis.

- HIV surveillance programs may use the Duplicate Review tab to maintain a log of cases (e.g., STATENOs) that have been merged with another case within the jurisdiction’s eHARS. To do this, the surveillance staff will need to enter an ACRF or PCRf document for the target case and, under the Duplicate Review tab, select duplicate status as ‘1 – Same as,’ select the jurisdiction’s name for the site, and enter the STATENO of the source case as the state ID number.

3. Records that Represent Different Persons

- When a pair of case reports in the “Identify Intrastate Duplicate Cases Based on CDC Matching String” report has been determined to represent 2 different persons, the HIV surveillance program should notify CDC by entering an ACRF or PCRf document in eHARS for at least one of the cases, updating the duplicate status under the Duplicate Review tab to “2 – Different than,” and entering the jurisdiction’s name for site and the STATENO of the other case in the pair as the state ID number.

Interstate Duplicate Review

The same HIV-infected person may be reported multiple times to health departments in different states. Interstate duplicate case reports can result from persons moving, receiving care in different states over time, and being reported to multiple health departments in accordance with local reporting requirements. The following is an example of how a duplicate HIV case may occur:

A person lives in rural South Carolina and decides to travel across state lines to receive health care from a specialist in Georgia. The person’s CD4 and viral load laboratory results are reported to the Georgia Department of Public Health. After further investigation by the HIV surveillance program, the individual is found to be a resident of South Carolina. The Georgia and South Carolina HIV surveillance programs exchange key information about the individual so that each surveillance program’s surveillance information system reflects the correct HIV diagnosis date, residence, and other relevant information.

Through routine duplicate review, HIV surveillance programs may determine that a potential case may have been previously diagnosed in another jurisdiction rather than a new or late diagnosis reported to their surveillance program. Further, interstate duplicate review is a critical component of Data-to-Care and other routine surveillance activities (e.g., updating current address, HIV medical care status, viral suppression, and vital status) to ensure persons with HIV infection are tested, diagnosed, linked to and retained in care, and virally suppressed.

Interstate duplicate review is also designed to ensure that a case of HIV infection is counted only once in NHSS. The potential for duplicate reporting in NHSS may increase as persons with HIV infection remain healthier longer due to advances in the clinical treatment of HIV infection and increased laboratory-driven surveillance. Therefore, routine interstate case deduplication activities are critical to ensure accurate case counts at the national level. In 1986 and 2001, respectively, the Council of State and Territorial Epidemiologists (CSTE) passed resolutions for state-to-state reciprocal notification processes for AIDS and HIV case reporting to encourage resolution of

duplicate case counting (see <https://cdn.ymaws.com/www.cste.org/resource/resmgr/PS1/2001-ID-04.pdf>). HIV surveillance program staff should communicate with other HIV surveillance programs to resolve potential duplicates by using guidance outlined below in accordance with CSTE position statements and detailed procedural guidance disseminated by CDC.

Potential interstate duplicate case reports should be identified in 3 ways and HIV surveillance programs are highly encouraged to use all 3 methods:

Secure Online Soundex Match Application

Before entering a new case in eHARS, surveillance staff should use the Secure Online Soundex Match Application (accessible 24/7 through CDC's Secure Access Management Services [SAMS] Secure Data eXchange [SDX]) to determine if the case has been reported by another HIV surveillance program. In addition to using the Secure Online Soundex Match Application for newly reported cases, HIV surveillance programs should use the Secure Online Soundex Application on an ongoing or regular basis (e.g., monthly) for other cases to identify potential duplicates that have been reported by another HIV surveillance program (e.g., re-search cases diagnosed in the previous year, search the Secure Online Soundex Match Application for potential duplicates from a Not in Care list). For access to the Secure Online Soundex Match Application, HIV surveillance programs should contact the CDC HIV Surveillance Branch surveillance epidemiologist assigned to the state, local, or territorial HIV surveillance program or the CDC Division of HIV Prevention (DHP) Helpdesk at 1-877-659-7725 to complete the Secure Online Soundex Match Application form.

If potential matches are identified by the Secure Online Soundex Match Application, the jurisdiction should contact the other reporting jurisdiction(s) to determine if the case report represents the same person or different persons. Before initiating contact with another jurisdiction, a STATENO must be assigned or the HIV surveillance program must be prepared to assign a STATENO during the call, so that the Duplicate Review tab in eHARS can be completed without additional follow up. There are 3 potential outcomes:

1. The case has been reported by another HIV surveillance program. In this situation, surveillance staff should still enter the case in eHARS and ensure that the data elements in the Duplicate Review tab are appropriately populated (i.e., if the same person, select '1 – Same as' for 'duplicate status,' the name of the other jurisdiction for 'site,' and the other jurisdiction's STATENO for the case for 'state ID number').
2. The case has not been reported by another HIV surveillance program, but the person's last name soundex, date of birth, and sex at birth match those of a case reported by another program. In this situation, when entering the case in eHARS, surveillance staff should also ensure that data elements in the Duplicate Review tab are populated (i.e., if different persons, select '2 – Different than' for 'duplicate status,' the name of the other jurisdiction for 'site,' and the other jurisdiction's STATENO for the case for 'state ID number').
3. The case has not been reported by another jurisdiction and no match on the last name soundex, date of birth, and sex at birth are found by the Secure Online Soundex Match Application. In this situation, data elements in the Duplicate Review tab should be left blank when entering the case in eHARS.

Routine and Cumulative Interstate Duplicate Review (RIDR and CIDR) Reports

The second way that potential interstate duplicate case reports are identified is through duplicate review reports that CDC distributes to HIV surveillance programs; the semiannual Routine Interstate Duplicate Review (RIDR) reports and the annual Cumulative Interstate Duplicate Review (CIDR) report. RIDR/CIDR reports are generated after data transmitted to CDC by HIV surveillance programs have been consolidated. It is highly encouraged that surveillance programs proactively use the Secure Online Soundex Match Application for more timely identification of potential duplicates to help reduce the number of potential interstate duplicate pairs in their semiannual RIDR reports. When an HIV surveillance program contacts the other reporting HIV surveillance program(s) to determine if a case report represents the same person or different persons, the programs should share any relevant information (e.g., STATENO) to update their case records in eHARS so that the reports are properly merged later for deduplication.

ATra Blackbox Data Sharing Tool

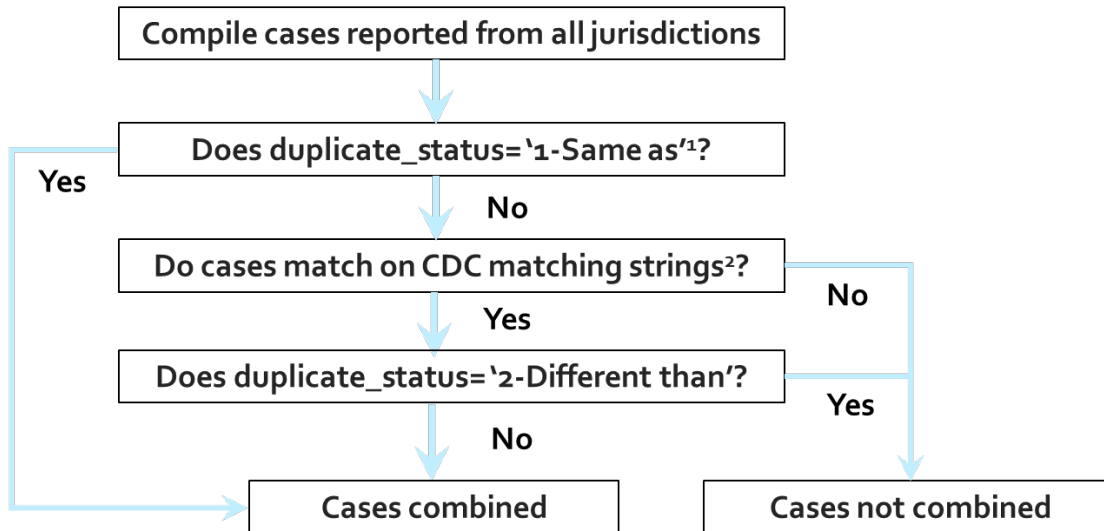
The third way that potential interstate duplicate case reports should be identified is by using a secure data-sharing tool. Through the Secure Deduplication Tool for HIV Surveillance grant (see <https://www.cdc.gov/nchhstp/budget-funding/hiv-secure-deduplication-tool.html> for more information), CDC supports Georgetown University to provide a secure data-sharing tool, ATra Blackbox, with matching algorithm to 59 health departments. The ATra Blackbox secure data-sharing tool will assess case pairs by using information available at the local level that is not available at the national level (e.g., Social Security Number, last name, etc.), and will generate a report indicating the matching level for each potential duplicate (e.g., exact, extremely high, etc.). If state and local regulations permit, HIV programs should use this tool, which can more efficiently identify “exact” matches compared to standard RIDR/CIDR methods and may also find matches not detected through RIDR/CIDR. However, accuracy of the matches must be determined before entering the information in eHARS. Accuracy can be determined by selecting a subset of matches at various matching levels and discussing them further with the other jurisdictions to determine if they are true matches. This will establish a threshold where matches can be assumed to be true matches. For details on the ATra Blackbox secure data-sharing tool and requirements for participation, please contact Georgetown University at Atra@georgetown.edu.

National Data Processing and RIDR/CIDR Report Generation

To prevent overcounting of cases at the national level, CDC deduplicates the national HIV surveillance database on a quarterly basis as part of National Data Processing. The deduplication process involves (1) identifying duplicate case reports and (2) combining duplicate case reports as appropriate for the case (see [Figure 1](#)). Duplicate case reports are identified by using the CDC match strings as well as the eHARS duplicate review data. Cases are first linked by last name soundex (last_name_sndx), date of birth (dob), sex at birth (birth_sex), and state of residence at HIV diagnosis (rsh_state_cd). Country of residence at HIV diagnosis (rsh_country_cd) is used if rsh_state_cd is ‘FC – Foreign Country.’ If no match is found, the process substitutes state and country of residence at stage 3 (AIDS) diagnosis (rsa_state_cd / rsa_country_cd) for state and country of residence at HIV diagnosis. Moreover, case reports are regarded as duplicates if they do not agree on the CDC match strings but one or more jurisdiction’s duplicate review data indicate that the cases are the ‘1 – Same

as’; case reports are regarded as for different persons if they match on the CDC match string, but one or more jurisdiction’s duplicate review data indicate that the cases are ‘2 – Different than.’

Figure 1. National duplicate processing



¹Conflicting duplicate status are ignored during duplicate processing (i.e., Case A says '1 - Same as' Case B, Case B says '2 - Different than' Case A)
² Cases are considered as matched on CDC match-strings if they match on last name soundex, date of birth, sex at birth, state and country of residence at HIV diagnosis (i.e., rsh) or state and country of residence at AIDS diagnosis (i.e., rsa)

RIDR reports are generated on a semiannual basis by using HIV surveillance data reported to CDC. The list is generated by identifying cases reported by different jurisdictions but match on last name soundex (last_name_sndx), date of birth (dob), and sex at birth (birth_sex) but have not been confirmed as the same or different persons by the local and state health departments. These potential interstate duplicate case reports are distributed to health departments for resolution. In RIDR reports, at least one case in the potential interstate duplicate pair had to be reported during the 6 months prior to the generation of the report. To ensure identification and resolution of all potential interstate duplicates in the national dataset, including those that were left unresolved on previous RIDR and CIDR lists and those that were never included on a previous list, an annual CIDR report will be generated. CIDR reports contain all unresolved potential interstate duplicates older than 6 months prior to the generation of the report. Each year, CDC will plan to re-evaluate the need for separate RIDR and CIDR duplicate lists versus moving to a single list of all duplicates.

The structural requirements, procedures, and outcome standard for interstate duplicate review are described next.

Structural Requirements

1. Link to CSTE 2001-ID-04 Reciprocal (Interstate) Notification of HIV Cases (<https://cdn.ymaws.com/www.cste.org/resource/resmgr/PS1/2001-ID-04.pdf>)
2. eHARS
3. Variables used for CDC matching string: last name soundex (last_name_sndx), date of birth (dob), sex at birth (birth_sex), and state of residence at diagnosis (rsh_state_cd or

rsa_state_cd), or if a non-U.S. resident at time of diagnosis, country of residence at diagnosis (rsh_country_cd / rsa_country_cd)

4. Standard procedure for processing of CDC’s Cumulative and Routine Interstate Duplicate Review reports (see the file Instructions for Processing CDC’s Duplicate Review Report_YYYYMM available at the HSB SharePoint site: <https://cdcpartners.sharepoint.com/sites/NCHHSTP/HSB/default.aspx> under Case Surveillance then Routine Interstate Duplicate Review [RIDR])
5. Case residency assignment policies and procedures (see Technical Guidance file *Date and Place of Residence*)
6. Access to Secure Access Management Services (SAMS) Secure Data eXchange (SDX)
7. Access to encryption software that meets federal Advanced Encryption Standard
8. Access to, and maintenance of, up-to-date CSTE HIV Contact Board contacts (available at <https://www.cste.org/page/HIVContact>)

Procedures

1. Frequency of Procedure

Potential interstate duplicates should be identified by using the 3 ways mentioned in the [Interstate Duplicate Review](#) section and should be done as a part of regular, ongoing surveillance activities.

- Surveillance staff should use the Secure Online Soundex Match Application before entering a new case in eHARS to determine if the case has been reported by another HIV surveillance program.
- Surveillance staff, in jurisdictions where participation is allowed, should use the ATra Blackbox secure data sharing tool offered by Georgetown University to conduct quarterly matches. All participating programs are highly encouraged to participate in the November match each year.
- Routine Interstate Duplicate Review must be completed semiannually. Cumulative Interstate Duplicate Review must be completed annually. Potential interstate duplicate pairs in the RIDR/CIDR reports should be resolved and duplicate status updated in eHARS in the following timeframes:

Duplicate Report	Release Date	Completion Date
January RIDR Report	First or second week of January each year	By the end of month June eHARS data transfer
July RIDR Report	First or second week of July each year	By the end of month December eHARS data transfer
Annual CIDR Report	First or second week of January each year	By the end of month December eHARS data transfer

2. Duplicate Review of Out-of-Jurisdiction Cases

HIV surveillance programs should maintain information on out-of-jurisdiction cases in eHARS. To determine if a pair in the RIDR/CIDR report represents the same person or different persons, contact the other HIV surveillance program coordinator (or his or her designees) to compare and collect additional information. HIV surveillance programs should determine if potential duplicate cases are the same or different persons by using similar matching criteria that the surveillance program uses for other HIV surveillance linkage activities, such as death ascertainment.

Questions to ask to determine if pairs are the same or different persons might include:

- Do the cases share the same name, including considerations of other available name types (e.g., alias)?
- Does the Social Security Number prefix come from the other state?
- Are there any comments that reference the other state?
- Is there a death date match?
- Is there a current residence match?
- Is there an unusual mode of exposure?

If, after discussion between the surveillance coordinators (or their designees) at the 2 HIV surveillance programs with a potential duplicate case pair, a consensus cannot be reached that the cases represent the same person, the cases should be designated as different persons by both surveillance programs by updating the data elements in the Duplicate Review tab of the ACRF or PCRF document (i.e., select “2 – Different than” for duplicate status, etc.).

3. Records that Represent the Same Person

If, after discussion with the other state’s surveillance coordinator (or his or her designees), the cases are deemed to represent the same person, case residency at diagnosis must be established for the pair. Use policies and procedures for state of residence at diagnosis to ensure that cases are counted appropriately (see Technical Guidance file *Date and Place of Residence*). Once state of residence is established, jurisdictions should inform CDC of the duplicate review resolution by updating the data elements in the Duplicate Review tab of the ACRF or PCRF document (i.e., select “1-same as” for duplicate status, etc.) as well as the residency at diagnosis information (i.e., rsh_state_cd / rsh_country_cd or rsa_state_cd / rsa_country_cd if the person has received a stage 3 [AIDS] diagnosis]).

In addition to updating the residence at diagnosis and information on the Duplicate Review tab, jurisdictions are encouraged to share with each other additional information about the case in accordance with their respective reporting and data sharing laws and regulations. Such information may include:

- Risk factor information
- Current address information
- Race, ethnicity, or gender identity
- Facility information
- Stage 3 (AIDS)-defining conditions

- Vital status
- Recent CD4 or viral load lab test results
- Previous negative test result
- Date of death
- HIV nucleotide sequence data, if available
- HIV care status information

In particular, surveillance staff from each jurisdiction should help each other determine in which jurisdiction the person currently resides and enter the address information in the Identification tab of the ACRF or PCRf document in eHARS.

4. Records that Represent Different Persons

If, after discussion with the other state’s surveillance coordinator (or his or her designees), the cases are deemed to represent different persons, jurisdictions should inform CDC of the duplicate review resolution by updating the data elements in the Duplicate Review tab of the ACRF or PCRf document (i.e., select “2 – Different than” for duplicate status, etc.).

5. Contacts for Interstate Duplicate Review

Staff approved to release information about HIV cases to other jurisdictions can be found on the CSTE HIV Contact Board Web site (<https://www.cste.org/page/HIVContact>). Please ensure that your jurisdiction’s CSTE HIV Contact Board contacts are up-to-date and reflect your program’s current surveillance contacts. If your program has preferences for how you like to be contacted for record searches and duplicate review (e.g., setting up standing calls vs. ad hoc), please also add that information to the CSTE HIV Contact Board. Please contact the HIV surveillance support staff at CSTE for information on obtaining sign-on identifications and passwords to access the web site and to update HIV Contact Board contacts for your jurisdiction as necessary. The CSTE point of contact can be reached at 770-458-3811.

Contact the CDC’s designated subject matter expert (SME) for RIDR/CIDR for any questions related to the RIDR/CIDR process. The RIDR/CIDR SME may be reached through the CDC HIV Surveillance Branch’s main number (404-639-2050) or through CDC HIV Surveillance Branch surveillance epidemiologist assigned to the state, local, or territorial HIV surveillance program assigned to your jurisdiction for technical assistance support.

Surveillance Standards

Outcome Standards

Intrastate

- Of all persons with diagnosed HIV infection who were entered in eHARS through the end of the evaluation year (cumulative), less than or equal to (\leq) 1% have duplicate case reports, assessed at the end of the evaluation year.

Interstate

- Of all pairs on the Routine Interstate Duplicate Review (RIDR) list, at least (\geq) 98% were resolved, assessed at the end of each RIDR cycle.
- Of all pairs on the Cumulative Interstate Duplicate Review (CIDR) list, at least (\geq) 98% were resolved annually, assessed at the end of each CIDR cycle.