

HIV/AIDS and STD Surveillance

The HIV/AIDS and STD Surveillance Program at the South Carolina Department of Health and Environmental Control (DHEC) is excited to begin working with the CHES system for HIV/AIDS and STD case and lab record reporting. As we venture into this new era of electronic reporting, there are several important aspects to address, to ensure *accuracy, appropriateness and completeness* of disease reporting.

Reporting of HIV/AIDS and STDs through CHES should be considered *identical to the paper reporting method*. The key aspect to remember is:

YOU ARE REQUIRED TO REPORT THE SAME INFORMATION AS PAPER REPORTING

Although many fields in the CHES system are not **marked as** “required” fields, providers are still *required* to report certain pieces of information about a case. CHES was designed with the intention that a myriad of conditions could be reported using the same system – unfortunately, each condition has different reporting requirements, so only a few fields can be marked as “required” in CHES.

Without accurate and complete reporting of HIV/AIDS and STDs, the Surveillance Program is required to send field staff to the various facilities to extract additional information from medical records. Therefore, accuracy and completeness in reporting benefits CHES providers because it eliminates the need for Health Department staff to visit facilities for follow-up. We understand your time is valuable; for that reason, it is our goal to maximize efficiency in reporting while increasing the quality of the data submitted.

HIV/AIDS and STD Surveillance

HIV/AIDS Reporting:

New or Updated Cases

New HIV Cases and New or Newly Diagnosed AIDS Cases should be reported using a **Morbidity Report** in CHES. The first tab of the Morbidity Report captures Patient Information, and the second tab captures Report Information.

Patient tab: The following **Patient Information** fields are *extremely important* and must be completed for **every** new HIV and AIDS case:

- Date of Report (As of Date)
- Last Name
- First Name
- Middle Name, if available
- Suffix, if applicable
- Address, including street number and street name
- City and State
- Zip Code
- Date of Birth, including month, day and year.
- Patient Sex, male or female
- Patient Social Security Number (SSN), if available
- Ethnicity (Hispanic or Not Hispanic)
- Race – **Very Important!**

Patient | Report Information

Search | Clear

Patient

* Indicates a required field
* As of Date: 06/03/2008
mm/dd/yyyy

The name entered here will be stored as a legal name and the address entered will be stored as a home address.

Last: Doe | Suffix: Joseph

First: John

Middle:

Address: 123 Street

City: Columbia | State: South Carolina

Zip: 29201 | County:

Phone:

Date of Birth: 01/01/1971 | Age: 37 Years
mm/dd/yyyy

Date Of Death: | mm/dd/yyyy

Sex: Male

SSN: 123-45-6789

Ethnicity: Not Hispanic or Latino

Unknown | American Indian or Alaska Native
 Asian | Black or African American
 Native Hawaiian or Other Pacific Islander | White

Marital Status:

Patient Comments:

HIV/AIDS and STD Surveillance

Report Information tab of the Morbidity Report has several sections:

- The first section is **General Report Information**, and most of these fields are marked “required.”
 - Please be sure to select the correct **Condition** from the drop down box (HIV Infection Adult or HIV Infection Child, AIDS).
 - Select the appropriate **Jurisdiction**
- Section 2 is **Facility and Provider Information**.
 - Please provide the reporting facility Name, Address and Telephone Number
 - Please provide the Provider Name and Telephone number, if available.
- Section 3 is **Clinical Information**.
 - Please provide the date of HIV or AIDS diagnosis
- Section 4 is **Epidemiological Information**.
 - Please answer each question, yes or no. Is the patient:
 - Pregnant
 - A food handler
 - Associated with a day care facility
 - Affiliated with a nursing home
 - Affiliated with a health care organization
- Section 5 is **Lab Report Information**.
 - Please provide **all available** information, including
 - Specimen Collection Date – **Must be included!**
 - Lab Report Date
 - Test Performed (HIV1 RNA, Western Blot, etc.) – **Must be included!**
 - **All** results, both *qualitative* and *quantitative* (if applicable) – **Must be included!**
 - Be sure to click the “Add Lab Report” button for *each lab*.

Lab Report Information [Back to Top](#)

Resulted Test	Result(s)
Collection Date: 06/01/2008 mm/dd/yyyy	Lab Report Date: 06/01/2008 mm/dd/yyyy
Resulted Test: (Required for Add/Update Lab Report) HIV 1 Antibody, by Western Blot	Search Clear
Specimen Information:	
Coded Result: positive	
Numeric Result:	
Text Result:	
Result Comments:	
	Add Lab Report

For multiple labs performed at the same visit (such as Western Blot, HIV1 RNA Viral Load, and CD4 count) be sure to add **all information** from **all labs**

HIV/AIDS and STD Surveillance

Lab Report Information [Back to Top](#)

Resulted Test	Result(s)
Edit Delete HIV 1 Antibody, by Western Blot	positive

Collection Date: 06/01/2008 mm/dd/yyyy Lab Report Date: 06/01/2008 mm/dd/yyyy

(Required for Add/Update Lab Report)

Resulted Test: HIV 1 RNA

Specimen Information

Coded Result: within reference range

Numeric Result: 38,000 Copies/ml

Text Result:

Result Comments:

Lab Report Information [Back to Top](#)

Resulted Test	Result(s)
Edit Delete HIV 1 Antibody, by Western Blot	positive
Edit Delete HIV 1 RNA	within reference range 38000 Copies/ml

Collection Date: mm/dd/yyyy Lab Report Date: mm/dd/yyyy

(Required for Add/Update Lab Report)

Resulted Test:

Specimen Information:

Coded Result:

Numeric Result:

Text Result:

Result Comments:

- Section 6 is **Treatment Information**. Please enter *any available information* including treatment date and type.

HIV/AIDS and STD Surveillance

Sexually Transmitted Disease (STD) Reporting:

Chlamydia ♦ Gonorrhea

Which form do I use??

For all cases of Chlamydia and Gonorrhea, please complete a **Morbidity Report**, no matter if it is a new or updated case

Filling out Morbidity Reports:

Similar to HIV/AIDS, the following **Patient Information** fields are *extremely important* and must be completed for **every** STD report (Morbidity and Lab):

- Date of Report (As of Date)
- Last Name
- First Name
- Middle Name, if available
- Suffix, if applicable
- Address, including street number and street name
- City and State
- Zip Code
- Date of Birth, including month, day and year.
- Patient Sex, male or female
- Patient Social Security Number (SSN), if available
- Ethnicity (Hispanic or Not Hispanic)
- Race

Morbidity Report – Report Information Tab

- Section 1 of the Report Information Tab on the Morbidity Report captures **general report information**. Most of these fields are required. Please be sure to select the correct:
 - **Condition** being reported
 - **Jurisdiction**
 - **Type of Report** (Initial or Updated)
 - **Date of Morbidity Report**
- Section 2 captures the **Facility and Provider Information**
 - **Reporting Facility** must be complete
 - **Ordering Facility** must be complete, *if different than the Reporting Facility*
 - **Ordering Provider** *is not necessary*
- Section 3 is the **Clinical** information section.
 - For Chlamydia and Gonorrhea, *no information is needed* in this section.
- Section 4 captures **Epidemiological Information**
 - Please choose “yes” in the first field *if the patient is pregnant*
 - No other information is needed in this section.

HIV/AIDS and STD Surveillance

- Section 5 captures the **Lab Report Information**. Be sure to enter each lab separately.
 - Please provide **all available** information, including:
 - Specimen Collection Date – **Very Important! Must be reported!**
 - Resulted Test – **Please be as specific as you can** (but, if you don't know the exact name of the test performed, that's okay – put in a general Resulted Test, as in the example below)
 - All Results
 - **For Chlamydia and Gonorrhea:** a Drop-Down Menu will allow you to select a result (abnormal, positive, etc.)
 - Also, be sure to click the “Add Lab Report” button for *each lab*.

Chlamydia Lab Report Information (on Morbidity Report)

Lab Report Information		Back to Top
Resulted Test	Result(s)	
★ Collection Date:	<input type="text" value="07/29/2009"/>	Lab Report Date:
	mm/dd/yyyy	mm/dd/yyyy
★ Resulted Test:	Chlamydia - Result	<input type="button" value="Search"/> <input type="button" value="Clear"/>
Specimen Information:	<input type="text"/>	
★ Coded Result:	<input type="text" value="positive"/>	<input type="button" value="v"/>
Numeric Result:	<input type="text"/>	
Text Result:	<input type="text"/>	
Result Comments:	<input type="text"/>	
		<input type="button" value="Add Lab Report"/>

HIV/AIDS and STD Surveillance

Gonorrhea Lab Report Information (on Morbidity report)

Lab Report Information [Back to Top](#)

Resulted Test	Result(s)
<p>★ Collection Date: 06/10/2008 mm/dd/yyyy</p> <p>(Required for Add/Update Lab Report)</p> <p>★ Resulted Test: Neisseria gonorrhoeae - Result</p>	<p>Lab Report Date: <input type="text"/> mm/dd/yyyy</p> <p><input type="button" value="Search"/> <input type="button" value="Clear"/></p>
<p>Specimen Information</p> <p>★ Coded Result: abnormal</p> <p>Numeric Result: <input type="text"/></p> <p>Text Result: <input type="text"/></p>	
<p>Result Comments: <input type="text"/></p> <p><input type="button" value="Add Lab Report"/></p>	

- Section 6 is **Treatment Information**. All available information must be entered in this section. Please include all treatments that are prescribed to the patient.
 - Treatment information *must be included* if the patient is pregnant or under 12 years of age.

Treatment Information [Back to Top](#)

Date	Treatment
<p>(Required for Add/Update Treatment)</p> <p>Treatment Date: 06/10/2008 mm/dd/yyyy</p>	<p>(Required for Add/Update Treatment)</p> <p>Treatment: Doxycycline, 100 mg, PO, BID x 7 days</p>
<p>Treatment Comments: <input type="text"/></p> <p><input type="button" value="Add Treatment"/></p>	

HIV/AIDS and STD Surveillance

Sexually Transmitted Disease (STD) Reporting:

Syphilis

Syphilis reporting must be done in a very specific manner. For **all** Syphilis cases, please complete a Morbidity Report because this report enables you to report treatment.

Morbidity Report – Syphilis

All information on the **Patient Information Tab** must be completed in the same manner as it would for HIV/AIDS or Chlamydia and Gonorrhea.

Report Information Tab

The information reported on this tab should be similar to Chlamydia and Gonorrhea. Some key items additional items to remember are:

- Be very specific about the **Condition** being reported (e.g., Syphilis early latent, syphilis primary, etc.)
- Fill in **all Epidemiological Information**, the same way you would for an HIV/AIDS Morbidity Report

For **both** Morbidity and Lab Reports, the following **Lab Report Information must include the following for each test:**

- **Collection Date**
- **Resulted Test** (e.g., RPR Quantitative or Qualitative, FTA-ABS)
- **Specimen Information** (e.g., blood)
- **Coded Result** (e.g. reactive)
- **Numeric Result** (e.g., 1:16)
 - The titer information is **extremely important** and *must* be included!
- Treatment information must also be provided for those needing further treatment. Please include specific treatment information.

Be sure to click the “Add Test Result”

HIV/AIDS and STD Surveillance

Syphilis Lab Example (on Morbidity Report)

Lab Report Information [Back to Top](#)

Resulted Test	Result(s)
Collection Date: 06/10/2008 mm/dd/yyyy	Lab Report Date: <input type="text"/> mm/dd/yyyy
Resulted Test: Rapid Plasma Reagin (RPR), Quantitative	<input type="button" value="Search"/> <input type="button" value="Clear"/>
Specimen Information: blood	
Coded Result: reactive	
Numeric Result: 1:16	
Text Result:	
Result Comments:	
<input type="button" value="Add Lab Report"/>	

Treatment Information [Back to Top](#)

Date	Treatment
<i>(Required for Add/Update Treatment)</i>	
Treatment Date: 06/10/2008 mm/dd/yyyy	
<i>(Required for Add/Update Treatment)</i>	
Treatment: Bicillin, 2.4 mu, IM, QW x 3 Weeks	
Treatment Comments:	
<input type="button" value="Add Treatment"/>	