

## 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 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:

The **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      Lab Report Date: 06/01/2008  
mm/dd/yyyy      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**

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Resulted Test	Result(s)
<a href="#">Edit</a>   <a href="#">Delete</a> HIV 1 Antibody, by Western Blot	positive

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

Resulted Test: (Required for Add/Update Lab Report)      

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Specimen Information

Coded Result:

Numeric Result:

Text Result:

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Result Comments:

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Resulted Test	Result(s)
<a href="#">Edit</a>   <a href="#">Delete</a> HIV 1 Antibody, by Western Blot	positive
<a href="#">Edit</a>   <a href="#">Delete</a> HIV 1 RNA	within reference range 38000 Copies/ml

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

Resulted Test: (Required for Add/Update Lab Report)      

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Specimen Information:

Coded Result:

Numeric Result:

Text Result:

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Result Comments:

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

## 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 and Lab 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.

- 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		<a href="#">Back to Top</a>
Resulted Test	Result(s)	
★ Collection Date: <input type="text" value="07/29/2009"/> <small>mm/dd/yyyy</small>	Lab Report Date <small>mm/dd/yyyy</small>	
★ 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"/>	
Numeric Result: <input type="text"/>	Text Result: <input type="text"/>	
Result Comments: <input type="text"/>	<input type="button" value="Add Lab Report"/>	

## Gonorrhea Lab Report Information (on Morbidity report)

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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><b>Specimen Information</b></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.

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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>	

## Sexually Transmitted Disease (STD) Reporting:

### Syphilis

Syphilis reporting must be done in a very specific manner. Similar to HIV/AIDS reporting, and reporting for Chlamydia and Gonorrhea, both Morbidity Reports and Lab Reports will be used.

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, if applicable** (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. If using a Lab Report, this information can be entered in any of the following fields
  - Text Result
  - Result Comments
  - Administrative (section) Comments

Be sure to click the “Add Test Result”

## Syphilis Lab Example (on Morbidity Report)

### Lab Report Information

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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

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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"/>	