

Santa Cruz and San Benito County HIV / AIDS Reporting Requirements

California law ([California Code of Regulations, Title 17, Section 2641.5-2653.2](#)) requires medical providers, laboratories, hospitals and others to report cases indicative of HIV or AIDS to the local health department within **7 calendar days**. As with many other communicable diseases, this is a dual reporting process in which both health care providers and laboratories report.

Reporting Procedures:

<p>What cases must be reported?</p>	<p>Cases must be reported for all persons testing positive for HIV and all persons with a condition or test results meeting AIDS case diagnosis criteria.</p> <p>Please see the most recent HIV/AIDS case definitions and revisions published in the CDC's publication entitled 'Morbidity and Mortality Weekly Report' (MMWR) from 2014.</p>
<p>Who reports?</p>	<p>Health care providers and laboratories are required to report all patients with a test indicative of HIV to the local health department within 7 calendar days.</p> <p>In Santa Cruz and San Benito County, all HIV disease reports are processed by the HIV Surveillance Coordinator, a part of the Communicable Disease Unit.</p> <p>When a laboratory has a test indicative of HIV infection, the lab reports a limited amount of information to the HIV Surveillance Coordinator and sends the results to the ordering provider. The provider then forwards a completed Case Report Form to the HIV Surveillance Coordinator.</p>
<p>How to report</p> <p><i>Do not send any information by fax or email.</i></p>	<p>For laboratory-specific California HIV reporting regulations, click here.</p> <p>For healthcare provider reporting instructions, you may submit the required information in the following ways:</p> <p>Option 1: Report by Mail</p> <p>a) For patients older or equal to 13 years of age at time of diagnosis Please download and complete the Adult HIV/AIDS Confidential Case Report. <i>Instructions can be found here.</i></p> <p>b) For patients under 13 years old at time of diagnosis please download and complete the Pediatric HIV/AIDS Confidential Case Report</p> <p>c) Mail case reports by using double envelopes to:</p> <p style="padding-left: 40px;">Santa Cruz County Health Services Agency ATTN: Troy Tournat, HIV Surveillance Coordinator 1060 Emeline Ave, Santa Cruz, CA 95060</p> <p>Option 2: Report by Phone</p> <p>Complete the report over the telephone, by calling (831) 291-7031. The HIV Surveillance Program Coordinator will assist either a physician or a designated staff member in gathering the required information and completing the form with you.</p>
<p>Why prompt reporting is critical</p>	<p>To ensure linkage of care for any newly infected patients or continuation of care for previously diagnosed patients. To monitor current trends in the epidemic and to ensure proper funding for local HIV treatment and prevention services.</p>
<p>Connect with CARE</p>	<p>Our HIV Partner Services Program provides opportunities for intervention to prevent onward transmission. With different options for disclosure, a trained staff will help notify partners of exposure to HIV and/or STDs and provide linkages to testing and medical care.</p> <p>For more information about connecting your patient to our Community Advocacy Resource/Education (CARE) Team please click here.</p>

For more information about HIV / AIDS reporting please visit [Office of AIDS, HIV Reporting Laws](#).

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Additional information:

Tests indicative of HIV infection include:	AIDS defining conditions:
<ul style="list-style-type: none"> • Confirmed positive HIV antibody test (for more information click here) • Any viral load test • Positive P24 antigen test • Positive viral isolation test • Positive Nucleic Acid Testing (NAT) • CD4+T-cell test (clinical laboratories may withhold report if they can demonstrate that the CD4+T-cell test is unrelated to a diagnosed case of HIV infection) 	<ul style="list-style-type: none"> • CD4+ T-lymphocyte count <200 mL/mm³ • Candidiasis of the bronchi, trachea, or lungs • Candidiasis, esophageal • Cervical cancer, invasive • Coccidioidomycosis, disseminated or extrapulmonary • Cryptococcosis, extra-pulmonary • Cryptosporidiosis, chronic intestinal • Cytomegalovirus disease • Cytomegalovirus retinitis • Encephalopathy, HIV-related • Herpes simplex: chronic ulcers; or bronchitis, pneumonitis or esophagitis • Histoplasmosis, disseminated or extrapulmonary • Isosporiasis, chronic intestinal • Kaposi's Sarcoma • Lymphoma, Burkitt's • Lymphoma, immunoblastic • Lymphoma, primary in the brain • <i>Mycobacterium avium</i> complex or <i>M. kansasii</i>, disseminated or extrapulmonary • <i>Mycobacterium tuberculosis</i>, any site • <i>Pneumocystis carinii</i> pneumonia • Pneumonia, recurrent • Progressive multifocal Leukoencephalopathy • Salmonella septicemia, recurrent • Toxoplasmosis of the brain • Wasting syndrome due to HIV