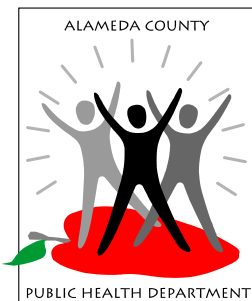


**Real Talk** about **Real Time** STD/HIV  
Data Matching & Service Integration:  
The **Real Deal** from a  
Local Health Jurisdiction

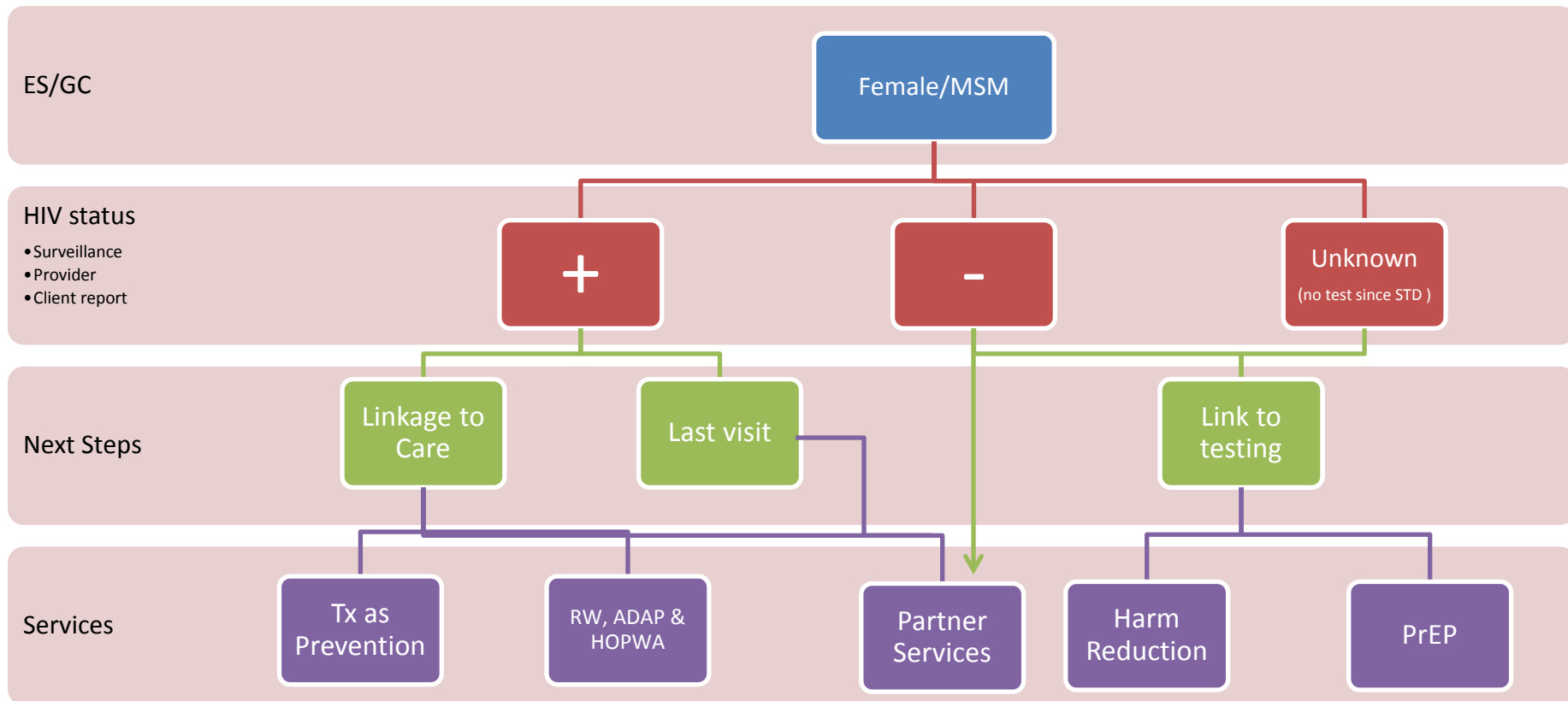
Gay L. Calhoun MPH

Director, STD Control and Prevention Unit

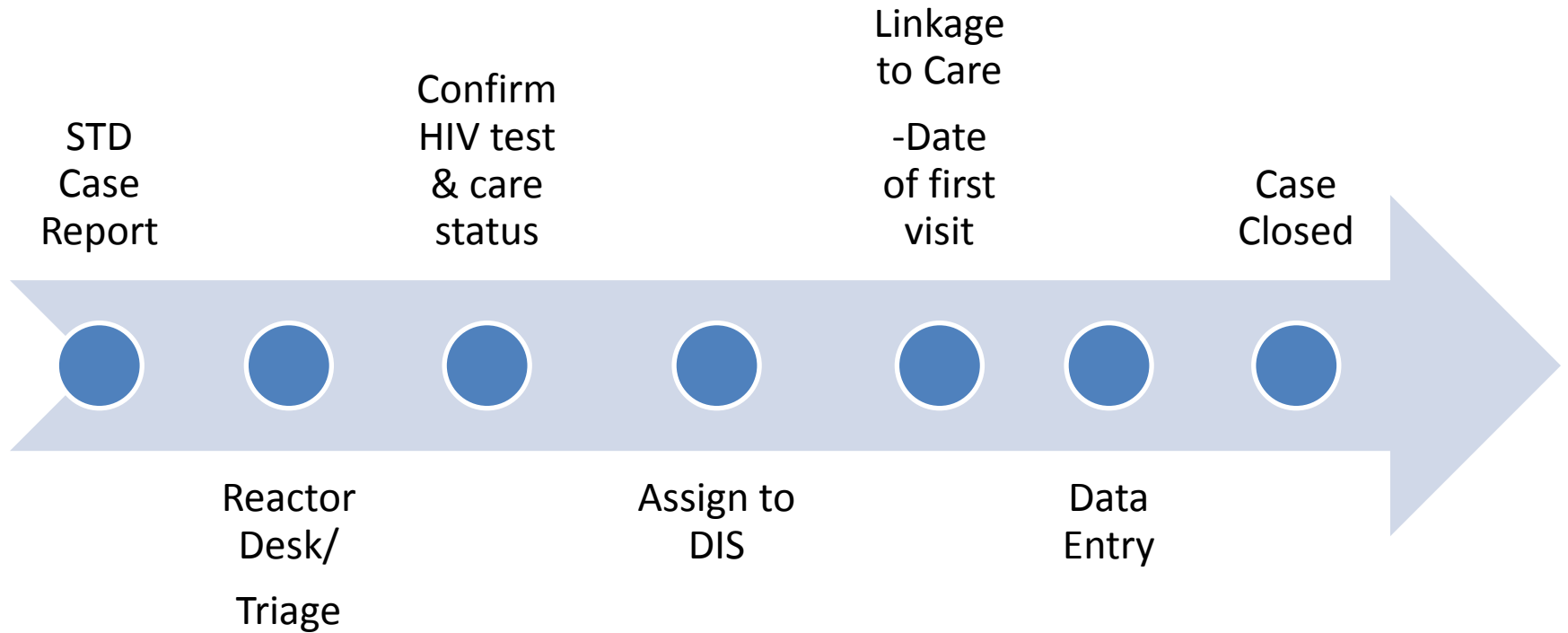
Alameda County Department of Public Health



# Improve HIV Screening & Linkage to Care with STD Cases



# Case Progression Version 1



# Case Progression Version 2



**Confirmation** – Name, HIV Diagnosis Date; DOB; Sex

- STD Report → Reactor Desk/Triage = Case Status
- Confirm HIV Test – “Current” or “Most Recent”
- Confirm HIV Care Status - Last Test or Is there More?



**Linkage to Care** – Where the Data Really Counts

- Syphilis Case
- Out of Care - Re-Engagement Date of First Visit
- Newly Diagnosed – Date of First Visit



**Case Closed** – Says Who?

- Whose Case is This Anyway? What Case – Syphilis or HIV?
- Coordination to Reduce Duplication
- It's Still All About the Data

# Capture of HIV status, testing and care data

## HIV TEST & LINKAGE TO CARE

### HIV TEST HISTORY

Did patient know their HIV status prior to this STD diagnosis?  Never Tested

If positive, month of diagnosis  Year of diagnosis (yyyy); enter 9999 if unknown


*"Most recent HIV test" is defined as testing more than 30 days prior to STD specimen collection.*

If not positive, month of most recent test  Year of most recent test (yyyy); enter 9999 if unknown

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### CURRENT HIV TEST:

*"Current HIV test" is defined as testing from 30 days prior to STD specimen collection to the current date.*

Date of current HIV test   Result

No current test done

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Is this patient receiving pre-exposure prophylaxis to reduce HIV risk?

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### LINKAGE TO CARE


Status of HIV care

If not already in care, was the patient linked to care?

Facility where patient is receiving HIV care  

Complete at least one of the following dates as confirmation for patient's link to care:

First HIV care visit following STD diagnosis  

First lab test for CD4/viral load  

Receiving ART medicines to treat HIV infection?

# Takeaways 1

- Treat STD as a risk factor for HIV Infection
- Verify HIV status
  1. Surveillance data
  2. Provider
  3. Client
- Coordinate Investigation/Services among STD/HIV
- Use Early Syphilis infection as an opportunity for re-engagement with HIV care

# Takeaways 2

- ~~Treat STD as~~ **is** a risk factor for HIV Infection
- Verify HIV status – **Know what to do once you get verification and who will do it. Be ready. Be prepared**
  1. Surveillance data – **Determine what is needed. SHARE it with NO encumbrances.**
  2. Provider – **STD and HIV services may not overlap; Share your contacts. Avoid duplication of effort.**
  3. Client – **Know how to broach the topic of HIV status.**
  4. **Laboratory Report – Devil in the details.**
- Coordinate Investigation/Services among STD/HIV/**Epi**
- Use Early Syphilis infection as an opportunity for re-engagement with **or entry to** HIV care.

# Takeaways 3

## The **STD Fork in the Road**



**A Fork In The Road**

1. Coordinated *integration* of HIV and STD patient services at the Local level, State and Federal levels.
2. Better, quicker HIV data accessibility to facilitate client contact; reduce duplication of work;
3. STD staff taking on more HIV related case work – partner notification; linkage to care; PrEP referral and follow-up; initial HIV test verification; more intensive provider contact; etc.
4. Changes in patient interview techniques – getting what you need in the time you have to get it.
5. New staffing patterns and related funding needed to facilitate these changes.



# Thank you!!

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