

Exhibit A
Scope of Work

A. ACTIVE SURVEILLANCE ACTIVITIES – CORE*

Goal: Establish and enhance active and passive HIV/AIDS case surveillance in health and social service settings, including laboratories and confidential test sites. Improve the timeliness, accuracy, and reliability of the local HIV/AIDS case data. Investigate reported HIV/AIDS cases in order to establish an accurate mode of HIV transmission, and in conjunction with California Department of Public Health (CDPH), Office of AIDS (OA) staff, conduct investigations of cases of public health importance.

Objective 1

Program activities include regular surveillance visits to previously classified reporting facilities and to identify new reporting sources.

Objective 2

Evaluate HIV/AIDS name-based case reporting protocols in the facilities identified in Objective 1 above. Establish reporting protocols and revise as needed.

Objective 3

Identify, incorporate, and educate all laboratories of their reporting responsibilities, as specified in the Surveillance Handbook, LHJ Reporting Lab Test Results, at: <http://www.cdph.ca.gov/programs/aids/Pages/SurvProcedures.aspx>. Laboratories are required to report confirmed HIV/AIDS test results to the submitting health care provider and to the local health jurisdiction (LHJ) using the requirements as stated in § 2643.10 HIV Reporting by Laboratories, "The report shall consist of a completed copy of the HIV/AIDS Case Report form".

Objective 4

Assess and use secondary data sources to improve the accuracy of HIV/AIDS case reporting as appropriate, including: vital statistics, tuberculosis registries, sexually transmitted diseases (STD), and community based organizations.

Objective 5

Evaluate and monitor that the laboratories who process HIV/AIDS laboratory tests are submitting all the tests to their office as required by law.

B. HIV/AIDS CASE SURVEILLANCE OPERATIONS – CORE*

Goal: To improve the timeliness, accuracy and reliability of the local HIV/AIDS case data.

Objective 1

Match, or have matched via CalREDIE, HIV positive test results from laboratories to case reports received from health care providers. Ensure that there is no duplication of reports electronically or by checking local county surveillance records and contacting CDPH OA Surveillance Section for case checks.

*Core is an activity required by all counties.

Exhibit A

Scope of Work

Objective 2

Any laboratory update to a case that doesn't result in the client transitioning from HIV to AIDS should be recorded in the Lab Data Entry Tool (LDET) and transmitted to OA on a monthly basis at minimum. All other updates to a case (laboratory tests that cause a case to transition from HIV to AIDS, address changes, status change, diagnosis status, etc.) should immediately be recorded on the Adult HIV/AIDS Case Report Form (ACRF) and forwarded to CDPH, OA per the established CDC Security and Confidentiality Guidelines or via eHARS or via CalREDIE as appropriate.

Objective 3

LHJs with an active CDPH OA Data Use Agreement (DUA) should use this data to execute analysis for Community Viral Load, Geocoding, Linkage to Care, Retention in Care and Quality Assurance. DUAs are active for a twelve month period, so timely renewal is important to avoid a lapse in receiving quarterly data.

Objective 4

The LHJ Surveillance Coordinator and appropriate LHJ staff should attend the monthly CDPH OA Surveillance conference calls in order to ensure clear communication and dissemination of information.

Objective 5

The LHJ Surveillance Coordinator, and identified surveillance/LHJ staff at the discretion of each LHJ, should attend the CDPH OA Surveillance Section Regional Conference in their area in order to ensure clear communication and dissemination of information. Attendance by all LHJ Surveillance Coordinators is mandatory.

C. EPIDEMIOLOGIC HIV/AIDS CASE INVESTIGATIONS – CORE*

Goal: To investigate reported HIV/AIDS cases in order to identify the mode of HIV transmission and, in conjunction with OA staff, to conduct investigations of Cases of Public Health Importance (COPHI).

Objective 1

Investigate all Priority No Reported Risk (NRR) HIV/AIDS cases (i.e., children, healthcare workers, organ transplants/artificial insemination), within two months of reporting using the most recent Centers for Disease Control and Prevention (CDC) no reported risk (NRR) investigation protocols. Investigate all cases of public health importance (COPHI) NRR HIV/AIDS cases (i.e., HIV2, tattoos, bites) within two months of reporting using the most recent CDC NRR investigation protocols. Investigate all other NRR cases within six months of diagnosis.

In conjunction with OA staff, investigate COPHI including, but not limited to: health care worker(s) whose only reported exposure is job related; blood transfusion; organ transplant; artificial insemination; or unique cases such as tattoos. See Surveillance

*Core is an activity required by all counties.

Exhibit A

Scope of Work

Handbook, XIV. COPHI Cases Overview
at <http://www.cdph.ca.gov/programs/aids/Pages/SurvProcedures.aspx>.

Objective 2

Educate healthcare providers about the need to obtain and report risk information from their HIV diagnosed patients.

Objective 3

Participate in Medical Monitoring Project (MMP) and HIV Incidence Surveillance (HIS) data gathering requirements.

D. PROCEDURES FOR ENSURING CONFIDENTIALITY OF ALL INFORMATION - CORE*

Goal: To protect the rights of individuals infected with HIV/AIDS by assuring that identifying information is safeguarded both in original case reports and in disseminated data.

Objective 1

Develop and maintain a secure registry. All physical locations containing HIV/AIDS surveillance data in electronic or paper format, as well as workstations for surveillance personnel, must be enclosed inside a locked, secured area with access limited to authorized personnel in accordance with CDC program requirements. See Surveillance Handbook, V. Security and Confidentiality
at <http://www.cdph.ca.gov/programs/aids/Pages/SurvProcedures.aspx>

Paper copies of surveillance information containing identifying information must be stored inside a locked file cabinet located inside a locked room. Shredding of confidential HIV/AIDS-related information should be performed by authorized surveillance personnel (LHJ employees who have signed the Individual Security and Confidentiality Agreement form) using a commercial quality shredder with cross-cutting capability before disposal. Shredding should be used to destroy paper records containing confidential HIV/AIDS-related information. These records include, but are not limited to:

- a. Line listings identifying individuals as having HIV or AIDS
- b. Medical record review notes
- c. Laboratory reports of HIV infection or CD4+ counts
- d. Computer data runs and analyses
- e. Program specific internal reports
- f. Other working papers

Objective 2

Submit all case report forms, HIV/AIDS related material, and/or encrypted electronic data in double envelopes and the outer envelope (e.g., sender or recipient address or label) must have no reference to HIV/AIDS or include any terms easily associated with HIV/AIDS. The inner envelope must be marked 'Confidential', sealed, and

*Core is an activity required by all counties.

Exhibit A

Scope of Work

addressed to their assigned Surveillance Coordinator at OA and should also identify the agency that originated the package mailing. All mail must be sent by traceable courier services only (i.e., United Parcel Service, Federal Express [FedEx] or U.S. Post Office). The overnight mailing address is Steven Starr, California Department of Public Health, Surveillance Section, MS 7700, 1616 Capitol Avenue, Suite 74.616, Sacramento, CA, 95814. Only LHJ personnel who have signed the OA Individual Confidentiality Agreement are permitted to handle confidential mail.

Also, California Health and Safety Code 121022, Section (b)(1) states the following: "Health care providers and local health officers shall submit cases of HIV infection pursuant to subdivision (a) by courier service, United States Postal Service express mail or registered mail, other traceable mail, person-to-person transfer, facsimile, or electronically by a secure and confidential electronic reporting system established by the department." OA has implemented a Secure File Transfer Protocol (SFTP) site for the transmission of HIV surveillance information and LHJs may submit their data with OA via this method as appropriate; please see the SFTP SOP for details. The OA Surveillance Section will also start releasing CalREDIE for HIV/AIDS reporting in 2013. OA and the CDC strongly suggest that HIV related information is never transmitted via fax due to the lack of confidentiality.

Objective 3

HIV/AIDS case information is transferred from the LHJ to the OA Surveillance Section via paper reports and, for San Francisco and Los Angeles, via direct input into eHARS. LHJs do not report HIV/AIDS cases directly to CDC. When receiving or initiating phone conversations to complete or un-duplicate HIV/AIDS case reports, verify that the caller is authorized to exchange confidential HIV/AIDS case information. All telephone conversations must be conducted using phones that are connected to land-lines. Cell phones and wireless communication (except for headsets with land phones) are not permitted.

Objective 4

Laptop computers and other portable electronic devices are vulnerable to theft. These devices warrant the most stringent security protocols. Employing strict security measures ensures that the confidentiality of patients is protected in the event that a device is lost or stolen. OA does not provide laptop computers or funding for portable electronic devices.

Objective 5

According to California law, only authorized personnel who have signed an Individual Confidentiality Agreement are permitted to handle confidential public health records. Individual Confidentiality Agreements must be signed at time of employment and annually thereafter after reviewing the OA provided Security and Confidentiality training. Individuals are not authorized to access confidential surveillance information until their signed Individual Confidentiality Agreements have been reviewed and signed by the supervisor of these individuals, and those agreements have been received by OA.

*Core is an activity required by all counties.

Exhibit A

Scope of Work

E. ANALYSIS, DISSEMINATION, AND USES OF SURVEILLANCE DATA

Goal: In collaboration with OA, plan, conduct, and disseminate studies of HIV/AIDS morbidity and mortality. All studies should adhere to confidentiality guidelines. See Surveillance Handbook at VI. National HIV/AIDS Program Standards: <http://www.cdph.ca.gov/programs/aids/Pages/SurvProcedures.aspx>).

Objective 1

Assess ability to analyze HIV/AIDS surveillance data, disseminate the results, and use the information to detect local patterns and trends of the disease.

Objective 2

Prepare epidemiological summaries synthesizing HIV/AIDS case data for populations of local interest.

Objective 3

Disseminate HIV/AIDS surveillance information through: responses to data requests; direct contact with HIV/AIDS name based case reporting sources; presentations at conferences and meetings; publications, scientific journals, newsletters and bulletins of community and medical organizations.

Objective 4

Encourage the appropriate use of HIV/AIDS name based surveillance information for funding decisions, establishing public health priorities and making policy decisions. As part of the process, incorporate program awareness and knowledge to medical policy makers, health care providers, persons at risk for HIV infection, and the general population. Conduct further epidemiological investigations as needed and evaluate findings.

F. EVALUATION OF HIV/AIDS SURVEILLANCE SYSTEM

Goal: Monitor the timeliness and completeness of HIV/AIDS name based case reporting and direct HIV/AIDS case finding activities to ensure optimal use of surveillance resources.

Objective 1

Conduct validation studies of providers who treat HIV infected individuals to monitor HIV/AIDS name based case reporting and continue to encourage major providers to regularly monitor their records in the same way.

Objective 2

Develop, implement, and evaluate the effectiveness of surveillance activities and use evaluation outcomes to allocate appropriate resources.

*Core is an activity required by all counties.