

Guidance to Facilitate the Public Health Reporting of HIV-related Laboratory Tests to New York State Department of Health (NYSDOH)

New York State Reportable HIV Related Tests:

As of September 1, 2010, laboratories, blood and tissue banks conducting HIV-related testing on New York residents and/or for New York State clinicians (regardless of patient residence) are required by regulation to electronically report to the NYSDOH any laboratory test, tests or series of tests approved for the diagnosis of HIV or for the periodic monitoring of HIV infection with complete patient identifiers and address.

The following results or combination of results are to be reported to the NYSDOH via the Electronic Clinical Laboratory Reporting System (ECLRS):

- (1) All initial and supplemental test results of the multi-test algorithm (sensitive HIV-1/2 immunoassay followed by HIV-1/HIV-2 antibody differentiation immunoassay) for HIV detection, unless the multi-test algorithm resolves to negative¹;
- (2) positive or indeterminate HIV Western Blot (WB) or Immunofluorescent Assay (IFA) tests¹;
- (3) positive HIV detection tests (culture, P24 antigen);
- (4) all HIV nucleic acid tests (NAT) for RNA or DNA detection (qualitative and quantitative), including tests on individual specimens for confirmation of NAT screening;
- (5) all CD4 lymphocyte counts and percentages, unless known to be ordered for a condition other than HIV illness;
- (6) HIV subtype and antiviral resistance. This reporting requirement can be met with the electronic submission of the protease, reverse transcriptase and integrase nucleotide sequence determined through genotypic resistance testing.

All HIV related reporting, including New York City, is directly to the New York State Department of Health. For questions regarding HIV reporting please call (518) 474-4284.

¹ Residuals from the original HIV-1 antibody positive diagnostic test specimen should be submitted for HIV incidence surveillance testing. Please contact the HIV Incidence Coordinator at (518) 474-4284 in the Bureau of HIV/AIDS Epidemiology to arrange for specimen transfer to the appropriate laboratory.

New York State HIV/AIDS Data Elements:

The federal funding available for care and monitoring of persons with HIV/AIDS is directly impacted by the surveillance case counts created by laboratory reports. CDC case confirmation and eligibility are dependent on the complete and accurate submission of the following variables in addition to the laboratory test result and ordering physician information that you submit.

For case confirmation, surveillance records must contain a known value for the following:

- Patient name
- Date of birth
- Sex
- Race and ethnicity²
- Patient residence at time of test

We appreciate your attention to the submission of these crucial identifying and demographic variables. If you are aware of specific providers or clients who are delinquent in providing you these critical variables for NYS reporting, please contact us for assistance. The ECLRS manual is a resource outlining a complete listing of all required, critical and preferred data elements and the appropriate formatting of each data element.

² NB: Race and ethnicity are distinct concepts and should be ascertained separately at intake and reported as distinct variables via ECLRS.