



National HIV Prevention Program Monitoring and Evaluation (NHME)

Data Collection and Reporting Guidance

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



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Suggested Citation

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1.0	June 18, 2018	Initial Release
2.0	February 20, 2019	Added: <ul style="list-style-type: none">• PS18-1802 Budget Allocation and Expenditure Guidance• Appendix B: New Variables - Rationale and Intended Use• PS17-1704-specific requirements

Guidance Overview

Purpose

The Guidance was developed to support the implementation of HIV Testing and Partner Services programs in CDC-funded health departments (HDs) and community-based organizations (CBOs) under the Notices of Funding Opportunities (NOFOs) PS18-1802 and PS17-1704.

- **PS18-1802** - Integrated HIV Surveillance and Prevention Programs for Health Departments
- **PS17-1704** - Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

The Guidance includes definitions for all NHM&E required variables and instructions on how to collect and record these data. This document will aid funding recipients in collecting and submitting high-quality program data that are reflective of the services they provide.

Intended Audience

The intended audience for this guidance includes HIV testing providers, data managers, and Partner Services staff who are responsible for collecting and reporting NHM&E data to CDC, as well as those who train or manage staff in NHM&E data collection and reporting activities. HIV prevention program directors, implementation coordinators, and other program staff may also find this material useful.

Development of Requirements

CDC's approach to monitoring and evaluating CDC-funded HIV prevention programs includes the assessment of the following:

- Progress toward achieving the intended performance objectives of the NOFO
- Jurisdictions' contribution to overall project performance
- Effectiveness of key prevention strategies
- Continuous program and system improvement
- Quality of data
- Accountability of funds

The NHM&E reporting requirements were developed to minimize funding recipient data burden and address national goals and the DHAP Strategic Plan 2017-2020, specifically:

- Reduce new infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities and health inequities

Data Collection

Data Collection Templates

HIV Testing, Partner Services, and Budget Allocation variables may be collected using the templates available on the EvaluationWeb Help page (<https://help.lutherconsulting.com/>) or other locally-developed templates. Note that locally-developed templates must capture all NHM&E requirements as they are described in this document.

Data Entry & Upload System

EvaluationWeb is the web-based data entry systems used by funding recipients for submitting all NHM&E required data to CDC. Once data have been entered or uploaded, agencies have complete, real-time access to help improve program processes and track progress in reaching NOFO goals. CDC strongly recommends that NHM&E data are entered or uploaded into EvaluationWeb frequently to avoid any data entry backlog or delays in data submission.

Requirements Tables

The NHM&E requirements table indicates which variables are required for Partner Services and which variables are required for HIV Testing. The HIV Testing requirements are further divided by setting. Within each setting, the requirements are further subdivided by test result (i.e., HIV-positive or HIV-negative).

The Budget Allocation and Expenditure requirements table indicates which variables are required for Prevention and which variables are required for Surveillance.

Tips for NHM&E Data Collection

Some response options may vary depending on the type of data collected (i.e., HIV Testing, Partner Services). However, response formats will fall into the following 4 categories:

i) **Select All That Apply**

This format is for multiple choice questions where more than one response choice can be selected.

- **Example:**

- Client Race
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American

- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Not Specified
- ☐ Don't know
- ☐ Declined to answer

ii) Select One

This format is used for multiple choice questions where only one response choice can be selected.

- **Example:**
 - Client Current Gender Identity
 - Male
 - Female
 - Transgender—Male to Female
 - Transgender—Female to Male
 - Transgender—Unspecified
 - Another Gender
 - Declined to answer

iii) Enter Date

This format is for questions that ask for a specific date. The date format is calendar month, day, and, year (MMDDYYYY).

- **Example:**
 - Session Date: 01012018

Date of Birth

Only the year of birth (YYYY) is required for Date of Birth.

iv) Enter Number or Text

For this format, enter the number or text response in the space provided.

- **Example:**
 - Local Client ID: ABC123

Note: CDC is prohibited from receiving entire date of birth information.

Personally identifiable information (PII), Client identifiers, and Text responses

PII is any information that can be used to distinguish or trace an individual's identity such as name, social security number, date and place of birth, mother's maiden name or any other information that is linked or linkable to an individual such as medical, educational, financial, and employment information.



DO NOT ENTER PII IN ANY CLIENT IDENTIFIERS OR TEXT RESPONSES

How to Record Missing Data

Several variables include response options that allow you to indicate why data were not collected or are otherwise missing. When appropriate, use the following options:

- **“Declined to answer”** – Client declines or is unwilling to provide the requested information.
- **“Don’t know”** – Client is unaware of the answer to a specific question.
- **“Not asked”** – Client is not asked a question.

Training & Technical Assistance

NHM&E Service Center

The NHM&E Service Center provides technical assistance to CDC-funded health departments and community-based organizations on topics such as understanding NHM&E requirements, data collection, management, analysis, and quality assurance. Funding recipients may contact the NHM&E Service Center by phone or e-mail at:

nhmeservice@cdc.gov
1-855-374-7310
Monday-Friday, 8:30 a.m. to 5:00 p.m. ET

EvaluationWeb®

EvaluationWeb is the web-based data entry system through which CDC-funded health departments and community-based organizations report their NHM&E data to CDC.

PartnerServicesWeb®

PartnerServicesWeb is the web-based HIV Partner Services System for Case Management that can be used to upload your NHM&E Partner Services data to EvaluationWeb. PartnerServicesWeb is provided to CDC-funding recipients at no cost.

A number of online trainings, videos, user guides and other resources related to NHM&E data entry and upload for EvaluationWeb and PartnerServicesWeb may be accessed on the EvaluationWeb website at:

<https://help.lutherconsulting.com>

Luther Consulting, LLC.

Luther Consulting, LLC. provides technical assistance related to the NHM&E data reporting systems EvaluationWeb and PartnerServicesWeb. Funding recipients may contact the Luther Consulting help desk by phone or e-mail at:

help@lutherconsulting.com
1-866-517-6570 (select Option 1)

CDCTrain

CDCTrain provides access to more than 1,000 courses developed by CDC programs, grantees, and other funded partners. This portal serves as the repository for all NHM&E related trainings and education materials. These resources can be accessed on demand for self-paced learning to improve program planning, management, and delivery of services. Trainings pertaining to the current HIV Testing, Partner Services, and Budget Allocation and Expenditure requirements will be uploaded to CDCTrain in 2019.

Funding recipients may explore the course offerings at:

<https://www.train.org/cdctrain/welcome>

NHM&E Requirements Table

✓	DVS Number Variable Category and Label		Partner Services	Testing			
				Non-Healthcare		Healthcare	
				HIV +	HIV -	HIV +	HIV -
Agency and Site Information							
General Agency Information							
<input type="checkbox"/>	A01	Agency Name		●	●	●	●
<input type="checkbox"/>	A01a	Agency ID	●	●	●	●	●
<input type="checkbox"/>	A02	Jurisdiction		●	●	●	●
<input type="checkbox"/>	A28	CBO Agency ID		⦿	⦿	⦿	⦿
Site Information							
<input type="checkbox"/>	S01	Site ID	●	●	●	●	●
<input type="checkbox"/>	S03	Service Delivery Site Name		●	●	●	●
<input type="checkbox"/>	S04	Site Type	●	●	●	●	●
<input type="checkbox"/>	S08	Site County		●	●	●	●
<input type="checkbox"/>	S10	Site Zip Code		●	●	●	●
Client Information							
Client Identification Numbers							
<input type="checkbox"/>	G103	Local Client ID	●				
<input type="checkbox"/>	H04c	eHARS State Number				Optional	
<input type="checkbox"/>	H04d	eHARS City/County Number				Optional	
Client Demographics							
<input type="checkbox"/>	G101	Date Client Demographic Data Collected	●				
<input type="checkbox"/>	G112	Date of Birth - Year	●	●	●	●	●
<input type="checkbox"/>	G114	Ethnicity	●	●	●	●	●
<input type="checkbox"/>	G116	Race	●	●	●	●	●
<input type="checkbox"/>	G120	State/Territory of Residence		●	●	●	●
<input type="checkbox"/>	G123	Assigned Sex at Birth	●	●	●	●	●
<input type="checkbox"/>	G124	Current Gender Identity	●	●	●	●	●
<input type="checkbox"/>	G132	Client County		●	●	●	●
Priority Populations							
<input type="checkbox"/>	G400	Sex with a Male		●	●	●	
<input type="checkbox"/>	G401	Sex with a Female		●	●	●	
<input type="checkbox"/>	G402	Injection Drug Use		●	●	●	
<input type="checkbox"/>	G403	Sex with a Transgender		●	●	●	

✓	DVS Number Variable Category and Label		Partner Services	Testing			
				Non-Healthcare		Healthcare	
				HIV +	HIV -	HIV +	HIV -
Risk							
<input type="checkbox"/>	G224	At Risk for HIV Infection		⊙	⊙	⊙	⊙
<input type="checkbox"/>	G200	Date Client Risk Collected	●				
<input type="checkbox"/>	G211_01	Injection Drug Use	●				
<input type="checkbox"/>	G216a	Vaginal or Anal Sex with a Male	●				
<input type="checkbox"/>	G216b	Vaginal or Anal Sex with a Female	●				
<input type="checkbox"/>	G216c	Vaginal or Anal Sex with a Transgender Person	●				
<input type="checkbox"/>	G222	Vaginal or Anal Sex without a Condom	●				
Familiarity with PrEP							
<input type="checkbox"/>	H800	Ever Heard of PrEP		●	●		
<input type="checkbox"/>	H802	Used PrEP Anytime in the Last 12 months		●	●		
<input type="checkbox"/>	X731	Currently Taking Daily PrEP Medicine	●	●	●		
HIV Test and Related Information							
<input type="checkbox"/>	H04a	Form ID	●	●	●	●	●
<input type="checkbox"/>	H06	Session Date	●	●	●	●	●
<input type="checkbox"/>	X137	Program Announcement	Optional	●	●	●	●
Co-Infection Testing							
<input type="checkbox"/>	X127	Tests for Co-infections		●	●	●	
<input type="checkbox"/>	X127a	Syphilis Test		●	●	●	
<input type="checkbox"/>	X128a	Result of Syphilis Test			Optional		
<input type="checkbox"/>	X127b	Gonorrhea		●	●	●	
<input type="checkbox"/>	X128b	Result of Gonorrhea Test			Optional		
<input type="checkbox"/>	X127c	Chlamydial Infection		●	●	●	
<input type="checkbox"/>	X128c	Chlamydial Infection Test Result			Optional		
<input type="checkbox"/>	X127d	Hepatitis C		●	●	●	
<input type="checkbox"/>	X128d	Hepatitis C Test Result			Optional		
<input type="checkbox"/>	X712a	Coinfection Screen	●				
<input type="checkbox"/>	X712b	Coinfection Screen Result	●				
HIV Testing							
<input type="checkbox"/>	X712	HIV Test Performed	●				
<input type="checkbox"/>	G204	Previous HIV Test	●	●	●	●	●
<input type="checkbox"/>	G205a	Previous HIV Test Result	●				
<input type="checkbox"/>	X104a	HIV Test Election		●	●	●	●
<input type="checkbox"/>	X111	Result Provided	●	●	●	●	●
<input type="checkbox"/>	X124	Test Type		●	●	●	●
<input type="checkbox"/>	X125	HIV Test Result - Final Determination	●	●	●	●	●
<input type="checkbox"/>	X138	New or Previous HIV-positive Diagnosis	●	●		●	

✓	DVS Number	Variable Category and Label	Partner Services	Testing			
				Non-Healthcare		Healthcare	
				HIV +	HIV -	HIV +	HIV -
<input type="checkbox"/>	X150	Has the Client/Patient Ever Had a Positive HIV Test		●		●	
<input type="checkbox"/>	X150a	Date of First Positive HIV Test		●		●	
Linkage to Medical Care							
<input type="checkbox"/>	X706c	HIV Medical Care Linkage	●				
<input type="checkbox"/>	X706d	Date of 1 st HIV Medical Care Appointment	●				
<input type="checkbox"/>	X740	Seen a Medical Care Provider in Past 6 Months for HIV Treatment		●		●	
<input type="checkbox"/>	X741	Attended HIV Medical Care Appointment		●		●	
<input type="checkbox"/>	X741a	Appointment Date		●		●	
Behavioral Risk-Reduction, Partner Services, Housing Status							
<input type="checkbox"/>	X742	Individualized Behavioral Risk-Reduction Counseling		●		●	
<input type="checkbox"/>	X743	Contact Information Provided for Partner Services		●		●	
<input type="checkbox"/>	X744	Interviewed for Partner Services		⊙		⊙	
<input type="checkbox"/>	X744a	Date of Partner Services Interview		⊙		⊙	
<input type="checkbox"/>	X730a	Housing Status in Past 12 Months		●		●	
Pregnancy and Screening							
<input type="checkbox"/>	G209	Pregnant (Only if female)		●		●	
<input type="checkbox"/>	G210	In Prenatal Care (Only if pregnant)		●		●	
<input type="checkbox"/>	X745	Screened for Perinatal HIV Service Coordination Needs (Only if pregnant)		●		●	
<input type="checkbox"/>	X746	Perinatal HIV Service Coordination Needs Identified		●		●	
<input type="checkbox"/>	X747	Referred for HIV Perinatal Service Coordination		●		●	
PrEP Eligibility Screening							
<input type="checkbox"/>	X748	Screened for PrEP Eligibility			●		
<input type="checkbox"/>	X749	Eligible for PrEP Referral			●		
<input type="checkbox"/>	X750	Referred to a PrEP Provider			●		
<input type="checkbox"/>	X751	Assistance with Linkage to a PrEP Provider			●		
<input type="checkbox"/>	X731a	Referred to a PrEP Provider	●				
Essential Support Services							
<input type="checkbox"/>	X752a	Navigation Services for Linkage to HIV Medical Care – Screened for Need		●		●	
<input type="checkbox"/>	X752b	Navigation Services for Linkage to HIV Medical Care – Need Identified		●		●	
<input type="checkbox"/>	X752c	Navigation Services for Linkage to HIV Medical Care – Provided or Referred		●		●	

✓	DVS Number	Variable Category and Label	Partner Services	Testing			
				Non-Healthcare		Healthcare	
				HIV +	HIV -	HIV +	HIV -
<input type="checkbox"/>	X752e	Linkage Services to HIV Medical Care – Screened for Need		●		●	
<input type="checkbox"/>	X752f	Linkage Services to HIV Medical Care – Need Identified		●		●	
<input type="checkbox"/>	X752g	Linkage Services to HIV Medical Care – Provided or Referred		●		●	
<input type="checkbox"/>	X753a	Health Benefits Navigation and Enrollment – Screened for Need		●	●	●	
<input type="checkbox"/>	X753b	Health Benefits Navigation and Enrollment – Need Identified		●	●	●	
<input type="checkbox"/>	X753c	Health Benefits Navigation and Enrollment – Provided or Referred		●	●	●	
<input type="checkbox"/>	X754a	Medication Adherence Support – Screened for Need		●		●	
<input type="checkbox"/>	X754b	Medication Adherence Support – Need Identified		●		●	
<input type="checkbox"/>	X754c	Medication Adherence Support – Provided or Referred		●		●	
<input type="checkbox"/>	X755a	Evidence-based Risk Reduction Intervention – Screened for Need		●	●	●	
<input type="checkbox"/>	X755b	Evidence-based Risk Reduction Intervention – Need Identified		●	●	●	
<input type="checkbox"/>	X755c	Evidence-based Risk Reduction Intervention – Provided or Referred		●	●	●	
Behavioral Health Services							
<input type="checkbox"/>	X756a	Behavioral Health Services – Screened for Need		●	●	●	
<input type="checkbox"/>	X756b	Behavioral Health Services – Need Identified		●	●	●	
<input type="checkbox"/>	X756c	Behavioral Health Services – Provided or Referred		●	●	●	
Social Services							
<input type="checkbox"/>	X758a	Social Services – Screened for Need		●	●	●	
<input type="checkbox"/>	X758b	Social Services – Need Identified		●	●	●	
<input type="checkbox"/>	X758c	Social Services – Provided or Referred		●	●	●	
Partner Services							
<input type="checkbox"/>	PCR101	Case Number	●	⊙		⊙	
<input type="checkbox"/>	PCR103	Case Open Date	●				
<input type="checkbox"/>	X224	HIV Stage	●				
<input type="checkbox"/>	X725b	Care Status at Time of PS Interview	●				
<input type="checkbox"/>	PCR104	Case Close Date	●				
<input type="checkbox"/>	PCR104a	Care Status At Case Close Date	●				

✓	DVS Number Variable Category and Label		Partner Services	Testing			
				Non-Healthcare		Healthcare	
				HIV +	HIV -	HIV +	HIV -
<input type="checkbox"/>	PCR207	Partner Type	●				
<input type="checkbox"/>	X302	Attempt To Locate Outcome	●				
<input type="checkbox"/>	X303	Reason For Unsuccessful Attempt	●				
<input type="checkbox"/>	X306	Enrollment Status	●				
<input type="checkbox"/>	X503	Total Number Of Partners Claimed	●				
<input type="checkbox"/>	X511	Total Number Of Named Partners	●				
<input type="checkbox"/>	X600	Partner Notifiability	●				
<input type="checkbox"/>	X601	Actual Notification Method	●				

Note: Variables with modified dots (©) have NOFO-specific requirements (i.e., required under PS17-1704, but optional under PS18-1802; or vice versa). Refer to the variable definitions for further guidance on these variables.

Partner Services Data Collection and Reporting Guidance

Health Departments Only

Partner Services Variable List

Partner Services (PS) data are not a subset of the testing data as CDC receives information on all PS cases/activities, regardless of the funding source for the HIV test or the location where it was performed. Index patients as reported in the PS report could come from surveillance (laboratory and/or provider reports), screening events, adolescent health services, collaborations with community-based organizations, as well as out of state health departments. **CDC directly funded CBOs are not required to collect PS variables.**

INDEX PATIENT/PARTNER DEMOGRAPHICS

- G101 Date Client Demographic Data Collected
- G103 Local Client ID
- G112 Date of Birth Year
- G114 Ethnicity
- G116 Race
- G123 Assigned Sex at Birth
- G124 Current Gender Identity
- H04c eHARS State Number (Optional)
- H04d eHARS City/County Number (Optional)
- H06 Session Date
- PCR101 Case Number
- PCR103 Case Open Date

MEDICAL HISTORY: INDEX PATIENT HIV TEST

- H04a Form ID
- X137 Program Announcement (Optional)
- X138 New or Previous HIV-positive Diagnosis
- X224 HIV Stage

ATTEMPT TO LOCATE INDEX PATIENT/PARTNER

- X302 Attempt to Locate Outcome
- X303 Reason for Unsuccessful Attempt

- X306 Enrollment Status

INDEX PATIENT/PARTNER SESSION ACTIVITIES

- A01a Agency ID
- S01 Site ID
- S04 Site Type
- X725b Care Status at Time of PS Interview

INDEX PATIENT/PARTNER RISK

- G200 Date Client Risk Collected
- G211_01 Injection Drug Use
- G216a Vaginal or Anal Sex with a Male
- G216b Vaginal or Anal Sex with a Female
- G216c Vaginal or Anal Sex with a Transgender Person
- G222 Vaginal or Anal Sex without a Condom

PARTNER ELICITATION

- X503 Total Number of Partners Claimed
- X511 Total Number of Named Partners

INDEX PATIENT CASE OUTCOME

- PCR104 Case Close Date
- PCR104a Care Status at Case Close Date

MEDICAL HISTORY: PARTNER HIV TEST

- G204 Previous HIV Test
- G205a Previous HIV Test Result

CASE ENROLLMENT

- PCR207 Partner Type
- X600 Partner Notifiability
- X601 Actual Notification Method

PARTNER TEST & REFERRAL TO CARE

- PCR101 Case Number
- X105 Specimen Collection Date
- X111 Result Provided
- X125 HIV Test Result – Final Determination
- X706c HIV Medical Care Linkage
- X706d Date of 1st HIV Medical Care Appointment
- X712 HIV Test Performed
- X712a Coinfection Screen
- X712b Coinfection Screen Result
- X731 Currently Taking Daily PrEP Medicine
- X731a Referred to a PrEP Provider

INDEX PATIENT/PARTNER DEMOGRAPHICS

G101 Date Client Demographic Data Collected

Definition: The date on which client demographic data or other information are collected. For reporting to CDC, this should be the intake date or the date of the first session before the intervention begins.

Response format: Enter Date as MMDDYYYY

G103 Local Client ID

Definition: A locally developed, alpha-numeric unique client identification code used to distinguish an individual client receiving multiple services within an agency.

Note: The Local Client ID should remain the same for a client throughout their services within an agency. This code should not contain personal information that is organized in a way that can be easily deciphered (e.g., birth date, month and year).

Response format: Enter Number or Text

G112 Date of Birth - Year

Definition: The calendar year in which the client was born.

Note: If birth year is unknown, enter 1800.

Response format: Enter Number as YYYY

G114 Ethnicity

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Declined to answer
- ☐ Don't know

Definition: The client's self-report of whether they are of Hispanic or Latino origin. Standard OMB ethnicity codes are applied.

Response format: Select One

G116 Race

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Not specified
- ☐ Declined to answer
- ☐ Don't know

Definition: A client's self-reported classification or classifications of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Note: Record the client's Race as "Not specified" if the client reports Ethnicity as Hispanic, but does not report a Race category.

Response format: Select All That Apply

G123 Assigned Sex at Birth

- ☐ Male
- ☐ Female
- ☐ Declined to answer

Definition: The biological sex assigned to the client at birth, (i.e., the sex noted on the client's birth certificate).

Response format: Select One

G124 Current Gender Identity

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Transgender Unspecified
- ☐ Another Gender
- ☐ Declined to answer

Definition: The client's current self-reported gender identity. This may include one's social status, self-identification, legal status, and biology.

Transgender (FTM): A person whose physical or birth sex is female but whose gender expression and/or gender identity is male.

Transgender (MTF): A person whose physical or birth sex is male but whose gender expression and/or gender identity is female.

Note: Cisgender male or cismale is recorded as “Male” and cisgender female or cisfemale is recorded as “Female.”.

“Another Gender” refers to individuals whose assigned sex at birth is male or female but whose gender expression or gender identity is other than male or female or transgender

Response format: Select One

H04c eHARS State Number (Optional)

Definition: A unique state number assigned to each patient throughout the course of HIV infection assigned by the state in which they are reported.

Note: Only administrators will have access to this number.

Response format: Enter Number or Text

H04d eHARS City/County Number (Optional)

Definition: A unique city/county number assigned to each patient throughout the course of HIV infection assigned by the separately funded city in which they are reported.

Note: You must be logged in as a System Administrator in order to see the eHARS city/county number. Only administrators will have access to this number.

Response format: Enter Number or Text

H06 Session Date

Definition: The calendar date (month, day, and year) on which the session was delivered to the client.

Note: This date is to be reported/updated whenever a PS activity is performed including PS interviews, subsequent HIV testing and STD screening; multiple entries can be accepted.

Response format: Enter Date as MMDDYYYY

PCR101 Case Number

Definition: A number to uniquely identify a PS case within an agency. It can also be an assigned number that is key-entered by the provider. Only one PS case may have a status of open for any given index client at any given time. A PS case may be associated with 1 or more of the following types: 1) not associated with an index client or partner; 2) associated with an index client only; 3) associated with one or more partners only; 4) associated with both an index client and one or more partners.

Note: A case number should not contain any PII, which is information that can be used to identify, contact, or locate a unique individual or can be used with other sources to identify a unique individual. Examples of PII include full name, date of birth, social security number, driver's license number.

Response format: Enter Number or Text

PCR103 Case Open Date

Definition: The calendar date on which the PS case was opened at the agency.

Note: Date Client Demographics Data Collected may occur before Case Open Date.

Response format: Enter date as MMDDYYYY

MEDICAL HISTORY: INDEX PATIENT HIV TEST

H04a Form ID

Definition: A unique alpha-numeric code or identification number used to identify and connect data collected on a standardized form for a given intervention.

Note: For PS, this field should be populated by using the CDC HIV test Form ID.

Response format: Enter Number or Text

X137 Program Announcement (Optional)

Definition: The CDC program announcement and the category, if applicable, from which the HIV prevention service was funded.

Response format: Select One

- ☐ PS15-1506 PRIDE
- ☐ PS15-1509 THRIVE
- ☐ PS17-1704
- ☐ PS17-1711
- ☐ PS18-1802
- ☐ PS18-1802 Demonstration Projects
- ☐ PS19-1901 CDC STD
- ☐ Other – CDC Funding
- ☐ Other – Non CDC Funding

X138 New or Previous HIV-positive Diagnosis

- ☐ New Diagnosis (Verified)
- ☐ New Diagnosis (Not Verified)
- ☐ Previous Diagnosis
- ☐ Unable to Determine

Definition: The indication of if the client/patient's HIV infection is a new diagnosis or if their infection was previously diagnosed.

Newly diagnosed HIV infection: HIV infection in a person who: (1) does not self-report having previously tested positive for HIV; (2) has not been previously reported to the surveillance system as being infected with HIV; and 3) has no previous evidence of HIV infection in other records or databases.

Previously diagnosed HIV infection: HIV infection in a person who 1) self-reports having previously tested positive for HIV or 2) has been previously reported to the health department surveillance system as being infected with HIV, or 3) has previous evidence of HIV infection in medical or other records or other databases.

Note: Enter the HIV status of the client. This should be noted at intake or before the intervention begins.

Note: Select **New Diagnosis (Verified)** if the HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report or review of other data sources. Select **New Diagnosis (Not Verified)** if the HIV surveillance system was not checked and the diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.

Response format: Select One

X224 HIV Stage

- ☐ HIV Stage 0
- ☐ HIV Stage 1
- ☐ HIV Stage 2
- ☐ HIV Stage 3
- ☐ HIV Unknown

Definition: The stage of the HIV infection of the client. If a stage-3-defining opportunistic illness (AIDS) has ever been diagnosed, the stage is 3.

Note: The surveillance case definition revises and combines the surveillance case definitions for human immunodeficiency virus (HIV) infection into a single case definition for persons of all ages. HIV Stage should be the stage when the intervention with the patient was conducted. The question should be asked at the time of interview because the patient may be previously positive or the HIV stage is different since diagnosis.

HIV Stage 0: if there was a negative HIV test within 6 months of the first HIV infection diagnosis, the stage is 0, and remains 0 until 6 months after diagnosis.

HIV Stage: 1 ≥ 500 Cells/ μ L or $\geq 26\%$

HIV Stage 2: 200-499 Cells/ μ L or 14-25%

HIV Stage 3: < 200 Cells/ μ L or $< 14\%$

HIV Unknown: if CD4 test result is missing, the stage is Unknown

Response format: Select One

ATTEMPT TO LOCATE INDEX PATIENT/PARTNER

X302 Attempt to Locate Outcome

- ☐ Unable to locate
- ☐ Located

Definition: The result of a PS provider's attempt to locate the index client or the index client's partner(s).

Response format: Select One

X303 Reason for Unsuccessful Attempt

- ☐ Deceased
- ☐ Out of jurisdiction
- ☐ Other

Definition: The explanation for why the location attempt was not achieved.

Note: This variable is only completed if client is not located.

Response format: Select One

X306 Enrollment Status

- ☐ Accepted
- ☐ Declined
- ☐ Client not located

Definition: The decision made by the index client or the index client's partner to enroll in PS.

Response format: Select One

INDEX PATIENT/PARTNER SESSION ACTIVITIES

A01a Agency ID

Definition: An alpha-numeric identification used to uniquely identify an agency.

Response format: Enter Number or Text

S01 Site ID

Definition: A unique alpha-numeric identification code used to distinguish the locations where an agency delivers the HIV prevention service. A site ID is unique to an agency. The Site ID distinguishes between the agency site locations and should identify the locality where the PS case is assigned (i.e., the county health department).

Response format: Enter Number or Text

S04 Site Type

- ☐ F01.01 Clinical - Inpatient hospital
- ☐ F02.12 Clinical - TB clinic
- ☐ F02.19 Clinical - Substance abuse treatment facility
- ☐ F02.51 Clinical - Community health center
- ☐ F03 Clinical - Emergency department
- ☐ F04.05 Non-clinical - HIV testing site
- ☐ F06.02 Non-clinical - Community setting - School/educational facility
- ☐ F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple
- ☐ F06.04 Non-clinical - Community Setting - Shelter/transitional housing
- ☐ F06.05 Non-clinical - Community setting - Commercial facility
- ☐ F06.07 Non-clinical - Community setting - Bar/club/adult entertainment
- ☐ F06.08 Non-clinical - Community setting - Public area
- ☐ F06.12 Non-clinical - Community setting – Individual residence
- ☐ F06.88 Non-clinical - Community setting - Other
- ☐ F07 Non-clinical - Correctional facility - Non-healthcare
- ☐ F08 Clinical - Primary care clinic (other than CHC)
- ☐ F09 Clinical - Pharmacy or other retail-based clinic
- ☐ F10 Clinical - STD clinic
- ☐ F11 Clinical - Dental clinic
- ☐ F12 Clinical - Correctional facility clinic
- ☐ F13 Clinical – Other
- ☐ F14 Non-clinical - Health department - field visit
- ☐ F15 Non-clinical - Community Setting - Syringe exchange program
- ☐ F40 Mobile Unit
- ☐ F88 Non-clinical - Other

Definition: The setting of the location in which HIV prevention services are provided. For PS, this is the type of local agency to which the PS case is assigned.

Response format: Select One

X725b Care Status at Time of PS Interview

- ☐ In Care
- ☐ Not In Care
- ☐ Pending
- ☐ Declined to Answer
- ☐ Don't Know

Definition: If a client was interviewed for Partner Services, this is an indication of whether or not the client was in medical care at the time of the Partner Services interview.

Note:

In Care: client has seen an HIV medical care provider at least once in the past 6 months for HIV treatment.

Not In Care: includes HIV-positive persons who were never-in-care for their HIV diagnoses as well as those who were previously in HIV medical care, but are currently out-of-care. The length of time used to determine whether a client is not in care may vary among jurisdictions.

Pending: there is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.

Declined to Answer: the client declines or is unwilling to report his or her HIV medical care status.

Don't Know: the client reports that he or she is unaware of his or her HIV medical care status.

Response format: Select One

Interviewed for Partner Services: Indicates whether or not a client was interviewed for the purpose of HIV Partner Services by health department specialists or non-health department providers trained and authorized to conduct Partner Services interviews on behalf of the health department. Non-health department providers include public health providers who are 1) collecting data on behalf of the health department and 2) provide information to the health department for Partner Services follow-up. Interviews conducted by providers other than health department specialists are counted only if they can be verified (i.e., interview results are documented in writing and reported to the health department).

INDEX PATIENT/PARTNER RISK

Risk Behaviors are behaviors that can directly expose persons to HIV or transmit HIV, if the virus is present (e.g., sex without a condom, sharing unclean needles). Risk behaviors are actual behaviors by which HIV can be transmitted and a single instance of the behavior can result in transmission.

G200 Date Client Risk Collected

Definition: The calendar date (month, day, year) client risk profile data are collected.

Note: If resources allow, please collect risks for every client. However, risks are only REQUIRED for Index cases and HIV-positive partners.

Response format: Enter date as MMDDYYYY

G211_01 Injection Drug Use

- ☐ Yes
- ☐ No
- ☐ Not Asked
- ☐ Declined to Answer

Definition: The client self-reported use in the past 12 months of any injection drugs/substances (including narcotics, hormones, silicon, etc.).

Response format: Select One

G216a Vaginal or Anal Sex with a Male

- ☐ Yes
- ☐ No
- ☐ Not Asked
- ☐ Declined to Answer

Definition: The client self-reported having vaginal or anal sex with a male in the past 12 months.

Response format: Select One

G216b Vaginal or Anal Sex with a Female

- ☐ Yes
- ☐ No
- ☐ Not Asked
- ☐ Declined to Answer

Definition: The client self-reported having vaginal or anal sex with a female in the past 12 months.

Response format: Select One

G216c Vaginal or Anal Sex with a Transgender Person

- ☐ Yes
- ☐ No
- ☐ Not Asked
- ☐ Declined to Answer

Definition: The client self-reported having vaginal or anal sex with a transgender person in the past 12 months.

Response format: Select One

G222 Vaginal or Anal Sex without a Condom

- ☐ Yes
- ☐ No
- ☐ Not Asked
- ☐ Declined to Answer

Definition: The client self-reported having unprotected vaginal or anal sex with a partner during the past 12 months.

Response format: Select One

PARTNER ELECTION

X503 Total Number of Partners Claimed

Definition: The total number of sex or needle-sharing partners reported by the client over a 12-month recall period. This would include anonymous partners and partners for which there is not sufficient information to locate and notify.

Response format: Enter Number

X511 Total Number of Named Partners

Definition: The total number of sex or needle-sharing partners reported by the client over a 12-month recall period for which there is sufficient identifying and locating information.

Named Partners are sexual and/or needle-sharing partners the index patient has had during the interview period, for which the index patient can provide identifying information (e.g., an actual name, an alias, or enough descriptive information that the person can reasonably be considered identifiable) and sufficient information that the person can reasonably be considered locatable.

Response format: Enter Number

INDEX PATIENT CASE OUTCOME

PCR104 Case Close Date

Definition: The calendar date on which the PS case was closed at the agency.

Response format: Enter date as MMDDYYYY

PCR104a Care Status at Case Close Date

- ☐ In Care
- ☐ Not In Care
- ☐ Pending
- ☐ Declined to Answer
- ☐ Don't Know

Definition: This is an indication of whether or not the client was in medical care at the time of the case close date.

Note:

In Care: client has seen an HIV medical care provider at least once in the past 6 months for HIV treatment.

Not In Care: includes HIV-positive persons who were never-in-care for their HIV diagnoses as well as those who were previously in HIV medical care, but are currently out-of-care. The length of time used to determine whether a client is not in care may vary among jurisdictions.

Pending: there is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.

Declined to Answer: the client declines or is unwilling to report his or her HIV medical care status.

Don't Know: the client reports that he or she is unaware of his or her HIV medical care status.

Response format: Select One

MEDICAL HISTORY: PARTNER HIV TEST

G204 Previous HIV Test

- ☐ Yes
- ☐ No
- ☐ Don't Know

Definition: The client's self-report of having had at least one prior HIV test.

Note: This variable was previously collected using X602.

Response format: Select One

G205a Previous HIV Test Result

- ☐ Record Found - Positive
- ☐ Record Found - Negative
- ☐ Record Found – Preliminary Positive
- ☐ Record Found – Indeterminate
- ☐ No Record Found – Self Report Negative
- ☐ No Record Found – Self Report Positive
- ☐ No Record Found – No Self Report

Definition: The result from client's most recent HIV test confirmed through record review or surveillance. If a record review is performed and no record is located, self-report is acceptable. This should only be used after a record review has been attempted and is unsuccessful.

Response format: Select One

CASE ENROLLMENT

PCR207 Partner Type

- ☐ Sex partner
- ☐ Needle-sharing partner
- ☐ Both sex and needle-sharing partner

Definition: The partner's sex and needle-sharing relationship with the index client. This relationship could involve sexual relations between the client and the partner, needle-sharing between the client and partner or both sex and needle-sharing partners.

Response format: Select One

X600 Partner Notifiability

- ☐ No – Partner is deceased
- ☐ No – Partner is out of jurisdiction
- ☐ No – Partner has a risk of domestic violence
- ☐ No – Partner is known to be previously positive
- ☐ Yes – Partner is notifiable
- ☐ Yes – Partner is notifiable and known to be previously positive
- ☐ No – Other

Definition: An indication of whether or not a named partner is determined to be eligible for notification of exposure.

Response format: Select One

X601 Actual Notification Method

- ☐ Client notification
- ☐ Provider notification
- ☐ Dual notification
- ☐ Third-party notification
- ☐ Refused notification
- ☐ Partner not notified

Definition: The actual method used to notify each identified partner that they may have been exposed to HIV.

Note: Partners that are found to be deceased or for which there is a risk of domestic violence are not considered to be notifiable.

Partner notification can be provided using passive or assisted approaches. Clients may inform partners themselves (patient referral) or supply details for a healthcare worker to notify the partner (provider referral). These approaches may be combined whereby a time frame is agreed for patients to inform partners before the healthcare worker notifies those who have not sought care (contract referral).

Response format: Select One

PARTNER TEST & REFERRAL TO CARE

X105 Specimen Collection Date

Definition: The calendar date (month, day, year) that the specimen for the HIV test was collected.

Response format: Enter date as MMDDYYYY

X111 Result Provided

- ☐ Yes
- ☐ Yes, client obtained the result from another agency
- ☐ No

Definition: The act of informing the client of the HIV test result.

Note: This variable was previously collected using X714a.

Response format: Select One

X125 HIV Test Result – Final Determination

For CLIA-Waived Point of Care Rapid Tests

- ☐ Preliminary positive
- ☐ Positive
- ☐ Negative
- ☐ Discordant
- ☐ Invalid

For Laboratory-Based Tests

- ☐ HIV-1 Positive
- ☐ HIV-1 Positive, possible acute
- ☐ HIV-2 Positive
- ☐ HIV Positive, undifferentiated
- ☐ HIV-1 Negative, HIV-2 inconclusive
- ☐ HIV-1 Negative
- ☐ HIV Negative
- ☐ Inconclusive, further testing needed

Definition: The determined outcome of the current HIV test or the final test in a sequence or series of tests.

CLIA-Waived Point-of-care Rapid Test Results

Preliminary positive: One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency.

Positive: Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done.

Negative: One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done.

Discordant: One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done.

Invalid: A CLIA-waived POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.

Laboratory-based Test Results

HIV-1 Positive: Positive for HIV type 1 infection.

HIV-1 Positive, possible acute: Positive for HIV type 1 infection and is possibly an acute HIV infection. The term “acute” refers to the interval between the appearance of detectable HIV RNA and the first detection of anti-HIV antibodies.

HIV-2 Positive: Positive for HIV type 2 infection.

HIV Positive, undifferentiated: Positive for HIV infection. HIV antibodies could not be differentiated

HIV-1 Negative, HIV-2 inconclusive: Negative for HIV type 1 infection and HIV type 2 antibodies were not confirmed.

HIV-1 Negative: Negative for HIV type 1 infection.

HIV Negative: Negative for HIV infection.

Inconclusive, further testing needed: HIV antibodies were not confirmed; further testing is needed.

Note: This variable was previously collected using X713.

Response format: Select One

X706c HIV Medical Care Linkage

- ☐ Appointment Pending
- ☐ Confirmed—Partner Accessed Service Within 14 Days of Positive Test
- ☐ Confirmed—Partner Accessed Service Within 30 Days of Positive Test
- ☐ Confirmed—Partner Accessed Service After 30 Days of Positive Test
- ☐ Confirmed—Partner Did Not Access Service
- ☐ Partner Lost to Follow-Up
- ☐ No Appointment Necessary- Negative Test Result
- ☐ No Appointment Necessary- Partner Previously Positive and Engaged in HIV Medical Care

Definition: The current status of the client's HIV medical care after HIV diagnosis, current HIV test, or report to Partner Services. This occurs when a patient is seen by a healthcare provider (e.g., physician, a physician's assistant, or nurse practitioner) to receive medical care for their HIV infection, usually within any timeframe. Linkage to medical care can include specific referral to care service immediately after diagnosis and follow-up until the person is linked to long-term case management. Determination of linkage status may be based on report from a healthcare provider, medical record review, review of other records or databases, reported HIV-related laboratory tests, filling of a prescription for anti-retroviral medication, or client/patient self-report. For definitions of linkage and linked, consult: <https://effectiveinterventions.cdc.gov>

Note: **Confirmed** refers to checking surveillance or medical care provider.

Response format: Select One

X706d Date of 1st HIV Medical Care Appointment

Definition: Date a client attended their HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services.

Enter 01/01/1800 if date is unknown. If the month and year are known, but the day is unknown, enter the 15th of the month.

Response format: Enter date as MMDDYYYY

X712 HIV Test Performed

- ☐ Yes
- ☐ No
- ☐ No, Client is known to be HIV-positive

Definition: A client received an HIV test while enrolled in Partner Services.

Response format: Select One

X712a Coinfection Screen

- ☐ Yes
- ☐ No

Definition: A client received a syphilis test in conjunction with an HIV test during PS activities.

Response format: Select One

X712b Coinfection Screen Result

- ☐ Newly Identified Infection
- ☐ Not Infected
- ☐ Not Known

Definition: The outcome of the current syphilis test in conjunction with an HIV test while enrolled in Partner Services.

Note: Select “Not Infected if the client has either never been infected or was previously infected and successfully treated. Results for coinfection screens are optional.

Response format: Select One

X731 Currently Taking Daily PrEP Medicine

- ☐ Yes
- ☐ No

Definition: An indication if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.

Note: Currently taking daily PrEP medicine should be asked for all partners, regardless of whether they agree to test or not.

Response format: Select One

X731a Referred to a PrEP Provider

- ☐ Yes
- ☐ No
- ☐ Partner Declined
- ☐ Partner on PrEP

Definition: An indication if the client was referred to a provider for Pre-exposure prophylaxis (PrEP).

Note: Referral to PrEP providers is a process involving the provision of information on who the providers are, what documents referred person should take with them, how to get to the providers' agency, and what to expect from the referral process. It is important that the agency that provides PrEP screening services tracks the referral and provides the necessary follow-up to verify the person attended the first appointment with the PrEP provider. A person can be referred to a PrEP provider internally (to another unit or person within the same agency) or externally (e.g. a CBO may screen and identify eligible persons, and then refer them to a healthcare provider that offers PrEP services).

Response format: Select One

HIV Testing Data Collection and Reporting Guidance

Health Departments and Community-Based Organizations Directly Funded by CDC

HIV Testing Variable List

All CDC-funded HIV Tests

GENERAL AGENCY INFORMATION

- A01 Agency Name
- A01a Agency ID
- A02 Jurisdiction
- A28 CBO Agency ID

SITE INFORMATION

- S01 Site ID
- S03 Service Delivery Site Name
- S04 Site Type
- S08 Site County
- S10 Site Zip Code

CLIENT DEMOGRAPHICS

- G112 Date of Birth - Year
- G114 Ethnicity
- G116 Race
- G120 State/Territory of Residence
- G123 Assigned Sex at Birth
- G124 Current Gender Identity
- G132 Client County

PRIORITY POPULATIONS

- G400 Sex with a Male
- G401 Sex with a Female
- G402 Injection Drug Use
- G403 Sex with a Transgender Person

FAMILIARITY WITH PREP

- H800 Ever Heard of PrEP
- H802 Used PrEP Anytime in the Last 12 Months
- X731 Currently Taking Daily PrEP Medicine

HIV TEST AND RELATED INFORMATION

- H04a Form ID
- H06 Session Date
- X137 Program Announcement

HIV TESTING

- G204 Previous HIV Test
- X104a HIV Test Election
- X111 Result Provided
- X124 Test Type
- X125 HIV Test Result – Final Determination

CO-INFECTION TESTING

- X127 Tests for Co-infections
- X127a Syphilis Test
- X128a Result of Syphilis Test (Optional)
- X127b Gonorrhea
- X128b Result of Gonorrhea Test (Optional)
- X127c Chlamydial Infection
- X128c Chlamydial Infection Test Result (Optional)
- X127d Hepatitis C
- X128d Hepatitis C Test Result (Optional)

Additional Variables for Persons Testing HIV-positive

CLIENT IDENTIFICATION NUMBERS

- H04c eHARS State Number (Optional)
- H04d eHARS City/County Number (Optional)
- PCR101 Partner Services Case Number

TESTING

- X138 New or Previous HIV-positive Diagnosis
- X740 Seen a Medical Care Provider in Past 6 Months for HIV Treatment
- X150 Has the Client/Patient Ever Had a Positive HIV test
- X150a Date of first positive HIV test
- X741 Attended HIV Medical Care Appointment
- X741a Appointment Date

BEHAVIORAL RISK-REDUCTION, PARTNER SERVICES, HOUSING STATUS

- X742 Individualized Behavioral Risk-reduction Counseling
- X743 Contact Information Provided for Partner Services
- X744 Interviewed for Partner Services
- X744a Date of Partner Services Interview
- X730a Housing Status in Past 12 Months

PREGNANCY AND SCREENING

- G209 Pregnant (Only if female)
- G210 In Prenatal Care (Only if pregnant)
- X745 Screened for Perinatal HIV Service Coordination Needs (Only if pregnant)
- X746 Perinatal HIV Service Coordination Needs Identified
- X747 Referred for HIV Perinatal Service Coordination

ESSENTIAL SUPPORT SERVICES

- X752a Navigation Services for Linkage to HIV Medical Care – Screened for Need
- X752b Navigation Services for Linkage to HIV Medical Care – Need Identified
- X752c Navigation Services for Linkage to HIV Medical Care – Provided or Referred
- X752e Linkage Services to HIV Medical Care – Screened for Need
- X752f Linkage Services to HIV Medical Care – Need Identified
- X752g Linkage Services to HIV Medical Care – Provided or Referred for Service
- X753a Health Benefits Navigation and Enrollment – Screened for Need
- X753b Health Benefits Navigation and Enrollment – Need Identified
- X753c Health Benefits Navigation and Enrollment Services - Provided or Referred
- X754a Medication Adherence Support - Client Screened for Need
- X754b Medication Adherence Support Service - Need Identified
- X754c Medication Adherence Support Service - Provided or Referred
- X755a Evidence-based Risk Reduction Intervention - Client Screened for Need
- X755b Evidence-based Risk Reduction Intervention - Need Identified
- X755c Evidence-based Risk Reduction Intervention Services - Provided or Referred

BEHAVIORAL HEALTH SERVICES

- X756a Behavioral Health Services - Client Screened for Need
- X756b Behavioral Health Services - Need Identified
- X756c Behavioral Health Services - Provided or Referred

SOCIAL SERVICES

- X758a Social Services - Client Screened for Need
- X758b Social Services - Need Identified
- X758c Social Services - Provided or Referred

Additional Variables for Persons Testing HIV-negative

RISK

- G224 At Risk for HIV Infection

PREP ELIGIBILITY SCREENING

- X748 Screened for PrEP Eligibility
- X749 Eligible for PrEP Referral
- X750 Referred to a PrEP Provider
- X751 Assistance with Linkage to a PrEP Provider

ESSENTIAL SUPPORT SERVICES

- X753a Health Benefits Navigation and Enrollment – Screened for Need
- X753b Health Benefits Navigation and Enrollment – Need Identified
- X753c Health Benefits Navigation and Enrollment Services - Provided or Referred
- X755a Evidence-based Risk Reduction Intervention - Client Screened for Need
- X755b Evidence-based Risk Reduction Intervention Service - Need Identified
- X755c Evidence-based Risk Reduction Intervention Service - Provided or Referred

BEHAVIORAL HEALTH SERVICES

- X756a Behavioral Health Services - Client Screened for Need
- X756b Behavioral Health Services - Need Identified
- X756c Behavioral Health Services- Provided or Referred

SOCIAL SERVICES

- X758a Social Services - Client Screened for Need
- X758b Social Services - Need Identified
- X758c Social Services - Provided or Referred

HIV Testing Variable Definitions

All CDC-funded HIV Tests

GENERAL AGENCY INFORMATION

A01 Agency Name

Definition: The official legal name of the agency or organization.

Response format: Enter Name

A01a Agency ID

Definition: An alpha-numeric identification used to uniquely identify an agency.

Response format: Enter Number

A02 Jurisdiction

Definition: The CDC-directly funded state, territory, city area, or region where a state or local health department receives funding to monitor HIV prevention activities. Each jurisdiction has a corresponding Federal Information Processing Standards (FIPS) code.

Note: Submit the two-digit FIPS code for your state, territory, or city area (e.g. For Georgia, submit “13”).

Response format: Enter number

- | | |
|---|---|
| <input type="radio"/> 01 Alabama | <input type="radio"/> 24 Maryland |
| <input type="radio"/> 02 Alaska | <input type="radio"/> 25 Massachusetts |
| <input type="radio"/> 04 Arizona | <input type="radio"/> 26 Michigan |
| <input type="radio"/> 05 Arkansas | <input type="radio"/> 27 Minnesota |
| <input type="radio"/> 06 California | <input type="radio"/> 28 Mississippi |
| <input type="radio"/> 08 Colorado | <input type="radio"/> 29 Missouri |
| <input type="radio"/> 09 Connecticut | <input type="radio"/> 30 Montana |
| <input type="radio"/> 10 Delaware | <input type="radio"/> 31 Nebraska |
| <input type="radio"/> 11 District of Columbia | <input type="radio"/> 32 Nevada |
| <input type="radio"/> 12 Florida | <input type="radio"/> 33 New Hampshire |
| <input type="radio"/> 13 Georgia | <input type="radio"/> 34 New Jersey |
| <input type="radio"/> 15 Hawaii | <input type="radio"/> 35 New Mexico |
| <input type="radio"/> 16 Idaho | <input type="radio"/> 36 New York |
| <input type="radio"/> 17 Illinois | <input type="radio"/> 37 North Carolina |
| <input type="radio"/> 18 Indiana | <input type="radio"/> 38 North Dakota |
| <input type="radio"/> 19 Iowa | <input type="radio"/> 39 Ohio |
| <input type="radio"/> 20 Kansas | <input type="radio"/> 40 Oklahoma |
| <input type="radio"/> 21 Kentucky | <input type="radio"/> 41 Oregon |
| <input type="radio"/> 22 Louisiana | <input type="radio"/> 42 Pennsylvania |
| <input type="radio"/> 23 Maine | <input type="radio"/> 44 Rhode Island |

- ☐ 45 South Carolina
- ☐ 46 South Dakota
- ☐ 47 Tennessee
- ☐ 48 Texas
- ☐ 49 Utah
- ☐ 50 Vermont
- ☐ 51 Virginia
- ☐ 53 Washington
- ☐ 54 West Virginia
- ☐ 55 Wisconsin
- ☐ 56 Wyoming
- ☐ 60 American Samoa
- ☐ 64 Federated States of Micronesia
- ☐ 66 Guam
- ☐ 68 Marshall Islands
- ☐ 69 Northern Mariana Islands
- ☐ 70 Palau
- ☐ 72 PR Puerto Rico
- ☐ 78 VI Virgin Islands of the U.S.
- ☐ 80 San Francisco, CA
- ☐ 81 Los Angeles, CA
- ☐ 82 New York City, NY
- ☐ 83 Houston, TX
- ☐ 84 Chicago, IL
- ☐ 85 Philadelphia, PA
- ☐ 87 Baltimore, MD

A28 CBO Agency ID (Required for CDC directly-funded CBOs only)

Definition: An alpha-numeric identification assigned by CDC to CDC-funded community-based organizations.

Note: Required for CDC-directly funded CBOs only.

Response format: Enter Number or Text

SITE INFORMATION

S01 Site ID

Definition: A unique alpha-numeric identification code used to distinguish the locations where an agency delivers the HIV prevention service.

Note: A site ID is unique to an agency.

Response format: Enter Number or Text

S03 Service Delivery Site Name

Definition: The official name of the agency's HIV prevention site of service delivery.

Please provide the official name for your agency's HIV prevention site, even though some staff and community residents may refer to it as something other than its official name.

Examples are "Fulton County Health Department" and "Grady Health Center."

Response format: Enter Name

S04 Site Type

Definition: The setting of the location in which HIV prevention services are provided. Site Types can be grouped into 3 broad settings: Clinical (Healthcare), Non-clinical (Non-healthcare), and Mobile

Response format: Select One

- ☐ F01.01 Clinical - Inpatient hospital
- ☐ F02.12 Clinical - TB clinic
- ☐ F02.19 Clinical - Substance abuse treatment facility
- ☐ F02.51 Clinical - Community health center
- ☐ F03 Clinical - Emergency department
- ☐ F04.05 Non-clinical - HIV testing site
- ☐ F06.02 Non-clinical - Community setting - School/educational facility
- ☐ F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple
- ☐ F06.04 Non-clinical - Community Setting - Shelter/transitional housing
- ☐ F06.05 Non-clinical - Community setting - Commercial facility
- ☐ F06.07 Non-clinical - Community setting - Bar/club/adult entertainment
- ☐ F06.08 Non-clinical - Community setting - Public area
- ☐ F06.12 Non-clinical – Community setting – Individual residence
- ☐ F06.88 Non-clinical - Community setting - Other
- ☐ F07 Non-clinical - Correctional facility - Non-healthcare
- ☐ F08 Clinical - Primary care clinic (other than CHC)
- ☐ F09 Clinical - Pharmacy or other retail-based clinic
- ☐ F10 Clinical - STD clinic
- ☐ F11 Clinical - Dental clinic
- ☐ F12 Clinical - Correctional facility clinic
- ☐ F13 Clinical – Other
- ☐ F14 Non-clinical - Health department - field visit
- ☐ F15 Non-clinical - Community Setting - Syringe exchange program
- ☐ F40 Mobile Unit
- ☐ F88 Non-clinical - Other

S08 Site County

Definition: The county, parish, or municipality where the agency's site of service delivery is physically located.

Note: Indicate the FIPS code of the county where the site of service delivery is physically located. For example, the FIPS code for Georgia's Fulton County is "121".

Response format: Enter Number

S10 Site Zip Code

Definition: The postal zip code associated with the site where services are provided. The site's postal zip code is linked to the unique Site ID and Site Type.

Response format: Enter Number

CLIENT DEMOGRAPHICS

G112 Date of Birth - Year

Definition: The calendar year in which the client was born.

Note: If birth year is unknown, enter 1800.

Response format: Enter Number (YYYY)

G114 Ethnicity

Definition: The client's self-report of whether they are of Hispanic or Latino origin. Standard OMB ethnicity codes are applied.

Response format: Select One

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Declined to answer
- ☐ Don't know

G116 Race

Definition: A client's self-reported classification or classifications of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Note: Record the client's Race as "Not specified" if the client reports Ethnicity as Hispanic, but does not report a Race category

Response format: Select All That Apply

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Not specified
- ☐ Declined to answer
- ☐ Don't know

G120 State/Territory of Residence

Definition: The state, territory or district where the client resides at the time of service delivery.

Note: Select the FIPS code for the state, territory or district where the client resides at the time services are delivered. In some cases, the client's state/territory of residence may not be the same as the jurisdiction where the client receives HIV prevention services. For example, a person could reside in one state but drive to another state to receive HIV testing.

Response format: Enter Number

G123 Assigned Sex at Birth

Definition: The biological sex assigned to the client at birth, (i.e., the sex noted on the client's birth certificate).

Response format: Select One

- ☐ Male
- ☐ Female
- ☐ Declined to answer

G124 Current Gender Identity

Definition: The client's current self-reported gender identity. This may include one's social status, self-identification, legal status, and/or biology.

Note: Cisgender male or cismale is recorded as “Male” and cisgender female or cisfemale is recorded as “Female.”. “Another Gender” refers to individuals whose assigned sex at birth is male or female but whose gender expression or gender identity is other than male or female or transgender.

Response format: Select One

- ☐ Male
- ☐ Female
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Transgender Unspecified
- ☐ Another Gender
- ☐ Declined to answer

G132 Client County

Definition: The county, parish, or municipality of the client's locating address.

Note: Enter the three-digit FIPS code of the county where the client's address is located. For example, the FIPS code for Georgia's Fulton County is “121”.

Response format: Enter number

PRIORITY POPULATIONS

G400 Sex with a Male

Definition: The client/patient self-reported having had oral, anal, or vaginal sex with a male in the past 5 years.

Response format: Select One

- ☐ Yes
- ☐ No

G401 Sex with a Female

Definition: The client/patient self-reported having oral, anal, or vaginal sex in the past 5 years with a female.

Response format: Select One

- ☐ Yes
- ☐ No

G402 Injection Drug Use

Definition: The client/patient self-reported having injected drugs in the past 5 years that were not prescribed to him/her by a medical care provider.

Response format: Select One

- ☐ Yes
- ☐ No

G403 Sex with a Transgender Person

Definition: The client/patient self-reported having oral, anal, or vaginal sex in the past 5 years with a transgender person.

Response format: Select One

- ☐ Yes
- ☐ No

FAMILIARITY WITH PREP

Pre-exposure prophylaxis (PrEP) is the antiretroviral medication taken by persons who are not infected with HIV but are at substantial risk for infection, to reduce their risk for becoming infected. PrEP is a highly effective intervention that can reduce the number of new HIV infections when supported by behavioral and structural strategies. Collection of these variables allows CDC to better monitor new program activities and outcomes related to PrEP awareness and use.

H800 Ever Heard of PrEP

Definition: The client/patient's awareness of HIV Pre-exposure prophylaxis (PrEP), the medication taken daily to reduce the risk for acquiring HIV infection.

Response format: Select One

- ☐ Yes
- ☐ No

H802 Used PrEP Anytime in the Last 12 Months

Definition: An indication of whether the client/patient has used PrEP anytime in the last 12 months.

Response format: Select One

- ☐ Yes
- ☐ No

X731 Currently Taking Daily PrEP Medicine

Definition: An indication if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.

Response format: Select One

- ☐ Yes
- ☐ No

HIV TEST AND RELATED INFORMATION

H04a Form ID

Definition: A unique alpha-numeric code or identification number used to identify and connect data collected on a standardized form for a given intervention.

Note: Form ID must be unique within an agency and will be associated with only one client.

Response format: Enter Number or Text

H06 Session Date

Definition: The calendar date (month, day, and year) on which the session was delivered to the client.

Note: Session Date is used to calculate time to linkage to care.

Response format: Enter date as MMDDYYYY

X137 Program Announcement

Definition: The CDC program announcement (i.e., NOFO) and the category, if applicable, from which the HIV prevention service was funded.

Response format: Select One

- ☐ PS15-1506 PRIDE
- ☐ PS15-1509 THRIVE
- ☐ PS17-1704
- ☐ PS17-1711
- ☐ PS18-1802
- ☐ PS18-1802 Demonstration Projects
- ☐ PS19-1901 CDC STD
- ☐ Other – CDC Funding
- ☐ Other – Non-CDC Funding

HIV TESTING

G204 Previous HIV Test

Definition: The client's self-report of having had at least one prior HIV test.

Note: Response option “Don’t Know” is intended to document the client’s response, not that of the data collector.

Response format: Select One

- ☐ Yes
- ☐ No
- ☐ Don’t Know

X104a HIV Test Election

Definition: An indication of whether the test is linked to a name or is anonymous.

Response format: Select One

- ☐ Anonymous
- ☐ Confidential
- ☐ Test Not Done

X111 Result Provided

Definition: An indication of whether the client was informed of the HIV test result.

Response format: Select One

- ☐ Yes
- ☐ Yes, client obtained the result from another agency
- ☐ No

X124 Test Type

Definition: The type of test used to determine the outcome of the current HIV test.

Response format: Select One

- ☐ CLIA-waived point-of-care (POC) Rapid Test(s)
- ☐ Laboratory-based Test(s)

X125 HIV Test Result – Final Determination

Definition: The determined outcome of the current HIV test or the final test in a sequence or series of tests.

Note: The *HIV Testing Quick Reference Guide, January 2018 Update* at (<https://stacks.cdc.gov/view/cdc/50872>) contains CDC-recommended laboratory HIV testing algorithm for serum or plasma specimens.

Response format: Select One

CLIA-Waived Point-of-care Rapid Test Results

- ☐ **Preliminary positive:** One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency.
- ☐ **Positive:** Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done.
- ☐ **Negative:** One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done.
- ☐ **Discordant:** One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done.
- ☐ **Invalid:** A CLIA-waived POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.

Laboratory-based Test Results

- ☐ **HIV-1 Positive:** Positive for HIV type 1 infection.
- ☐ **HIV-1 Positive, possible acute:** Positive for HIV type 1 infection and is possibly an acute HIV infection. The term “acute” refers to the interval between the appearance of detectable HIV RNA and the first detection of anti-HIV antibodies.
- ☐ **HIV-2 Positive:** Positive for HIV type 2 infection.
- ☐ **HIV Positive, undifferentiated:** Positive for HIV infection. HIV antibodies could not be differentiated
- ☐ **HIV-1 Negative, HIV-2 inconclusive:** Negative for HIV type 1 infection and HIV type 2 antibodies were not confirmed.
- ☐ **HIV-1 Negative:** Negative for HIV type 1 infection.
- ☐ **HIV Negative:** Negative for HIV infection.
- ☐ **Inconclusive, further testing needed:** HIV antibodies were not confirmed; further testing is needed.

CO-INFECTION TESTING

Complete the co-infection testing questions only if an HIV test was conducted. If a client presents for STD testing only and no HIV test was administered, do not provide responses to this set of questions.

X127 Tests for Co-infections

Definition: The client/patient was tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.

Note: If the response to X127 is no, questions X127a-X127d, X128a-X128d are skipped.

Response format: Select One

- ☐ Yes
- ☐ No

X127a Syphilis Test

Definition: The client/patient was tested for syphilis in conjunction with this HIV test.

Note: Syphilis testing is not limited to the type of test technology used.

Response format: Select One

- ☐ Yes
- ☐ No

X128a Result of Syphilis Test (Optional)

Definition: The outcome of the current syphilis test done in conjunction with this HIV test.

Response format: Select One

- ☐ Newly Identified Infection
- ☐ Not Infected
- ☐ Not Known

X127b Gonorrhea

Definition: The client/patient was tested for gonorrhea in conjunction with this HIV test.

Response format: Select One

- ☐ Yes
- ☐ No

X128b Result of Gonorrhea Test (Optional)

Definition: The outcome of the current gonorrhea test done in conjunction with this HIV test.

Response format: Select One

- ☐ Positive
- ☐ Negative
- ☐ Not Known

X127c Chlamydial Infection

Definition: The client/patient was tested for chlamydial infection in conjunction with this HIV test.

Response format: Select One

- ☐ Yes
- ☐ No

X128c Chlamydial Infection Test Result (Optional)

Definition: The outcome of the current test for chlamydial infection done in conjunction with this HIV test.

Response format: Select One

- ☐ Positive
- ☐ Negative
- ☐ Not Known

X127d Hepatitis C

Definition: The client/patient was tested for Hepatitis C in conjunction with this HIV test.

Response format: Select One

- ☐ Yes
- ☐ No

X128d Hepatitis C Test Result (Optional)

Definition: The outcome of the current test for Hepatitis C done in conjunction with this HIV test.

Response format: Select One

- ☐ Positive
- ☐ Negative
- ☐ Not Known

Additional Variables for Persons Testing HIV-positive

HIV-positive refers to preliminary and confirmed HIV-positive test results.

CLIENT IDENTIFICATION NUMBERS

H04c eHARS State Number (Optional)

Definition: A unique state number assigned to each patient throughout the course of HIV infection assigned by the state in which they are reported.

Note: Only administrators will have access to this number.

Response format: Enter Number or Text

H04d eHARS City/County Number (Optional)

Definition: A unique city/county number assigned to each patient throughout the course of HIV infection assigned by the separately funded city in which they are reported.

Note: You must be logged in as a System Administrator in order to see the eHARS city/county number.

Response format: Enter Number or Text

PCR101 Case Number

Definition: A number to uniquely identify a PS case within an agency. It can be an assigned number that is key-entered by the provider. Only one PS case may have a status of open for any given index client at any given time. A PS case may be associated with 1 or more of the following types: 1) not associated with an index client or partner; 2) associated with an index client only; 3) associated with one or more partners only; 4) associated with both an index client and one or more partners.

Note: You must be logged in as a System Administrator in order to see the partner services case number. A case number should not contain any PII, which is information that can be used to identify, contact, or locate a unique individual or can be used with other sources to identify a unique individual. Examples of PII include: full name, date of birth, social security number, driver's license number.

Note: This variable is required for HDs only

Response format: Enter Number or Text

HIV TESTING

X150 Has the Client/Patient Ever Had a Positive HIV test

Definition: X150 and X150a are used to determine whether a positive HIV test occurred earlier than the current HIV diagnosis date.

Response format: Select One

- ☐ Yes
- ☐ No
- ☐ Don't Know

X150a Date of First Positive HIV Test

Definition: The calendar date (month, day, year) of the earliest known positive HIV test. This data must be prior to the current HIV test date. If day is unknown, use the 15th of the month.

Response format: Enter date as MMDDYYYY

X138 New or Previous HIV-positive Diagnosis

Definition: The indication of whether the client/patient's HIV infection is a new diagnosis or was previously diagnosed.

Response format: Select One

- ☐ **New Diagnosis (Verified):** The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report or review of other data sources.
- ☐ **New Diagnosis (Not Verified):** The HIV surveillance system was not checked and the diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.
- ☐ **Previous Diagnosis:** Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.
- ☐ **Unable to Determine:** The HIV surveillance system was not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.

LINKAGE TO MEDICAL CARE

X740 Seen a Medical Care Provider in Past 6 Months for HIV Treatment

Definition: If the client/patient's HIV infection is a previous diagnosis or it is unknown if the diagnosis is a new or previous diagnosis, indicate if the client/patient has seen a medical care provider in the past six months for HIV treatment.

Response format: Select One

- ☐ Yes
- ☐ No
- ☐ Declined
- ☐ Don't Know

X741 Attended HIV Medical Care Appointment

Definition: Indicate if the client/patient attended a medical care appointment after this positive HIV test.

Response format: Select One

- ☐ Yes, confirmed
- ☐ Yes, client/patient self-report
- ☐ No
- ☐ Don't Know

X741a Appointment Date

Definition: The calendar month, day, and year on which a client attended their HIV medical care appointment after this positive test.

Note: Enter 01/01/1800 if date is unknown. If the month and year are known, but the day is unknown, enter the 15th of the month.

Response format: Enter date as MMDDYYYY

BEHAVIORAL RISK-REDUCTION, PARTNER SERVICES, HOUSING STATUS

Behavioral health services help clients enroll in public or private programs promoting emotional health and prevention of mental illnesses and substance abuse disorders. Services may include, but are not limited to, outreach and education on available behavioral health benefit options (e.g., health maintenance organizations, medication assistance programs), eligibility assessment, and assistance with enrollment.

X742 Individualized Behavioral Risk-reduction Counseling

Definition: Refers to an HIV prevention service directly aimed at reducing risk for transmitting or acquiring HIV infection.

Response format: Select One

- ☐ Yes
- ☐ No

X743 Contact Information Provided for Partner Services

Definition: An indication of if the client/patient's contact information was provided to the health department for partner services.

Note: Contact information refers to a client's private or personal information by which Partner Service providers can reach the individual. This includes the client's name, address, phone number, and email address, as well as social media account names and handles.

Response format: Select One

- ☐ Yes
- ☐ No

X744 Interviewed for Partner Services (Required for HDs only)

Definition: Indicates whether or not a client was interviewed for the purpose of HIV Partner Services by health department specialists or by non-health department providers trained and authorized to conduct Partner Services interviews on behalf of the health department. Non-health department providers include public health providers who are 1) collecting data on behalf of the health department and 2) provide information to the health department for Partner Services follow-up. Interviews conducted by providers other than health department specialists are counted only if they can be verified (i.e., interview results are documented in writing and reported to the health department).

Note: Required for HDs only.

Response format: Select One

- ☐ Yes, by a health department staff
- ☐ Yes, by a non-health department staff trained by the health department to conduct Partner Services
- ☐ No
- ☐ Don't Know

X744a Date of Partner Services Interview (Required for HDs only)

Definition: The calendar month, day, and year on which the client/patient was interviewed for partner services.

Note: Enter 01/01/1800 if date is unknown. If the month and year are known, but the day is unknown, enter the 15th of the month. Required for HDs only.

Response format: Enter date as MMDDYYYY

X730a Housing Status in Past 12 Months

Definition: The client's self-report of the most unstable housing status in the past 12 months.

Note: Please refer to the McKinney-Vento Homeless Assistance Act: <https://nche.ed.gov/legis/mv-def.php> for additional guidance on defining homelessness.

Response format: Select One

- ☐ Literally homeless
- ☐ Unstably housed or at risk of losing housing
- ☐ Stably housed
- ☐ Not Asked
- ☐ Declined to answer
- ☐ Don't Know

PREGNANCY AND SCREENING

Perinatal Services works alongside multiple partners to ensure that HIV-infected mothers receive adequate perinatal care to reduce the risk of perinatal transmission of HIV.

G209 Pregnant (Only if female)

Definition: The self-reported pregnancy status of a female client with a preliminary or confirmed positive HIV test.

Response format: Select One

- ☐ Yes
- ☐ No
- ☐ Not Asked
- ☐ Declined to answer
- ☐ Don't Know

G210 In Prenatal Care (Only if pregnant)

Definition: The self-reported status of the HIV-positive pregnant client's receipt of regular healthcare during pregnancy.

Response format: Select One

- ☐ Yes
- ☐ No
- ☐ Not Asked
- ☐ Declined to answer
- ☐ Don't Know

X745 Screened for Perinatal HIV Service Coordination Needs (Only if pregnant)

Definition: The client/patient was screened for perinatal HIV service coordination needs among pregnant women living with diagnosed HIV infection.

Response format: Select One

- ☐ Yes
- ☐ No

X746 Perinatal HIV Service Coordination Needs Identified

Definition: An indication if perinatal HIV service coordination needs were identified for the client/patient.

Response format: Select One

- ☐ Yes
- ☐ No

X747 Referred for HIV Perinatal Service Coordination

Definition: An indication of whether the client/patient was referred for HIV perinatal service coordination.

Note: Obstetric healthcare providers and primary care physicians should promote universal HIV screening for all of their pregnant patients early in prenatal care, as well as repeat HIV testing during third trimester. Coordination of HIV services for pregnant females includes detecting and reviewing perinatal cases on an individual level, assuring linkage to comprehensive care, and tracking health outcomes.

Response format: Select One

- ☐ Yes
- ☐ No

ESSENTIAL SUPPORT SERVICES

Essential Support Services are those intended to aid in the reduction of HIV infections and improve linkages to and retention in care. This information will be used to indicate the percentage of testers screened for and referred to one or more essential support services.

Navigation services refer to assisting clients with locating the right resources so they can be linked to HIV medical care. Linkage services are those provided by an agency that actually linked the client to HIV medical care.

X752a Navigation Services for Linkage to HIV Medical Care – Screened for Need

Definition: An indication of whether the client/patient was screened for the need of navigation for linkage to HIV medical care.

Note: Navigation services assist clients with locating resources and programs to be linked to HIV medical care.

Response format: Select One

- ☐ Yes
- ☐ No

X752b Navigation Services for Linkage to HIV Medical Care – Need Identified

Definition: An indication of whether the client/patient was identified as needing navigation services for linkage to HIV medical care.

Response format: Select One

- ☐ Yes
- ☐ No

X752c Navigation Services for Linkage to HIV Medical Care – Provided or Referred for Service

Definition: An indication of whether the client/patient was provided or referred to navigation services for linkage to HIV medical care.

Response format: Select One

- ☐ Yes
- ☐ No

X752e Linkage Services to HIV Medical Care – Screened for Need

Definition: An indication of whether the client/patient was screened for the need of linkage services to HIV medical care.

Note: Linkage services actually link the client to HIV medical care and may or may not be a service provided by your agency.

Response format: Select One

- ☐ Yes
- ☐ No

X752f Linkage Services to HIV Medical Care – Need Identified

Definition: An indication of whether the client/patient was identified as needing linkage services to HIV medical care.

Response format: Select One

- ☐ Yes
- ☐ No

X752g Linkage Services to HIV Medical Care – Provided or Referred for Service

- ☐ Yes
- ☐ No

Definition: An indication of whether the client/patient was provided or referred for linkage services to HIV medical care.

Response format: Select One

X753a Health Benefits Navigation and Enrollment – Screened for Need

Definition: An indication of whether client/patients are assessed for health benefits navigation and enrollment needs. “Health benefits navigation and enrollment” is a broader term that includes such things as health insurance, medication assistance programs (i.e. ADAP), etc.

Response format: Select One

- ☐ Yes
- ☐ No

X753b Health Benefits Navigation and Enrollment – Need Identified

Definition: An indication of whether the client/patient was identified as needing health benefits navigation and enrollment services.

Response format: Select One

- ☐ Yes
- ☐ No

X753c Health Benefits Navigation and Enrollment Services – Provided or Referred for Service

Definition: An indication of whether the client/patient was provided or referred to services for health benefits navigation and enrollment.

Response format: Select One

- ☐ Yes
- ☐ No

X754a Medication Adherence Support – Screened for Need

Definition: An indication of whether an assessment was done to determine if the client/patient needed medication adherence support services.

Response format: Select One

- ☐ Yes
- ☐ No

X754b Medication Adherence Support - Need Identified

Definition: An indication of whether the client/patient was identified as needing medication adherence support services.

Response format: Select One

- ☐ Yes
- ☐ No

X754c Medication Adherence Support Service – Provided or Referred to Service

Definition: An indication of whether the client/patient was provided or referred to medication adherence support services.

Note: Medication Adherence Support Services are CDC-supported interventions that improve medication adherence and/or viral load among HIV patients who have been prescribed antiretroviral treatment. Services may include evaluation of immune system function and screening, treatment, and prevention of opportunistic infections.

Response format: Select One

- ☐ Yes
- ☐ No

X755a Evidence-based Risk Reduction Intervention – Screened for Need

Definition: An indication of whether the client/patient was assessed for evidence-based risk reduction intervention needs.

Response format: Select One

- ☐ Yes
- ☐ No

X755b Evidence-based Risk Reduction Intervention – Need Identified

Definition: An indication of whether the client/patient was identified as needing evidence-based risk reduction intervention services.

Response format: Select One

- ☐ Yes
- ☐ No

X755c Evidence-based Risk Reduction Intervention – Provided or Referred to Service

Definition: An indication of whether the client/patient was provided or referred to evidence-based risk reduction intervention services.

Response format: Select One

- ☐ Yes
- ☐ No

BEHAVIORAL HEALTH SERVICES

Behavioral health services are programs that help clients enroll in public or private programs promoting emotional health and prevention of mental illnesses and substance abuse disorders. Services may include, but are not limited to outreach and education on available behavioral health benefit options (e.g., health maintenance organizations, medication assistance programs), eligibility assessment, and assistance with enrollment.

X756a Behavioral Health Services – Screened for Need

Definition: An indication of whether the client/patient was assessed for behavioral health services need. Examples of behavioral health services include mental health treatment, and substance use treatment.

Response format: Select One

- ☐ Yes
- ☐ No

X756b Behavioral Health Services – Need Identified

Definition: An indication of whether the client/patient was identified as needing behavioral health services. Examples of behavioral health services include mental health treatment, and substance use treatment.

Response format: Select One

- ☐ Yes
- ☐ No

X756c Behavioral Health Services – Provided or Referred to Service

Definition: An indication of whether the client/patient was provided or referred to behavioral health services. Examples of behavioral health services include mental health treatment, and substance use treatment.

Response format: Select One

- ☐ Yes
- ☐ No

SOCIAL SERVICES

Social Services are essential programs that enable and empower people living with HIV to get appropriate treatment and needed care, including food, shelter, medical support and medication adherence.

X758a Social Services – Screened for Need

Definition: An indication of whether the client/patient was assessed for need of social services. Examples of social services include housing, transportation, domestic violence intervention, and employment.

Response format: Select One

- ☐ Yes
- ☐ No

X758b Social Services – Need Identified

Definition: An indication of whether the client/patient was identified as needing social services. Examples of social services include housing, transportation, domestic violence intervention, and employment.

Response format: Select One

- ☐ Yes
- ☐ No

X758c Social Services – Provided or Referred to Service

Definition: An indication of whether the client/patient was provided or referred to social services. Examples of social services include housing, transportation, domestic violence intervention, and employment.

Response format: Select One

- ☐ Yes
- ☐ No

Additional Variables for Persons Testing HIV-negative

RISK

G224 At Risk for HIV Infection (Required for CDC directly-funded CBOs only)

Definition: An indication of whether the client/patient is at risk for HIV infection based on an agency or jurisdiction's risk assessment.

Note: This variable is optional for HDs. This variable is required for CDC-directly funded community-based organizations (CBOs).

Response format: Select One

- ☐ Yes
- ☐ No
- ☐ Risk Not Known
- ☐ Not Assessed

PrEP ELIGIBILITY SCREENING

Pre-exposure prophylaxis (PrEP) is the antiretroviral medication taken by persons who are not infected with HIV, but are at substantial risk for infection, to reduce their risk for becoming infected.

X748 Screened for PrEP Eligibility

Definition: Refers to whether an assessment was conducted to determine if the client meets the appropriate criteria for using pre-exposure prophylaxis (PrEP).

Response format: Select One

- ☐ Yes
- ☐ No

X749 Eligible for PrEP Referral

Definition: An indication of whether the client/patient met the appropriate criteria for receiving a referral for PrEP.

Note: PrEP Eligibility refers to a person's status with regard to whether or not the person meets appropriate criteria for using PrEP; specifically, whether or not the person is HIV-negative and at substantial risk for HIV, as defined by CDC guidelines for PrEP (<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>).

Response format: Select One

- ☐ Yes, by CDC criteria
- ☐ Yes, by local criteria or protocol
- ☐ No

X750 Referred to a PrEP Provider

Definition: An indication of whether the client/patient was given a referral to a PrEP provider.

Note: Referral to PrEP providers is a process involving the provision of information on who the providers are, what documents the referred person should take with them, how to get to the providers' agency, and what to expect from the referral process. It is important that the agency that provides PrEP screening services tracks the referral and provides the necessary follow-up to verify the person attended the first appointment with the PrEP provider. A person can be referred to a PrEP provider internally (to another unit or person within the same agency) or externally (e.g. a CBO may screen and identify eligible persons, and then refer them to a healthcare provider that offers PrEP services).

Response format: Select One

- ☐ Yes
- ☐ No

X751 Assistance with Linkage to a PrEP Provider

Definition: An indication of whether the client/patient was provided navigation or linkage services to assist with linkage to a PrEP provider.

Response format: Select One

- ☐ Yes
- ☐ No

ESSENTIAL SUPPORT SERVICES

Essential Support Services screenings and referrals are required under the NOFOs PS18-1802 and PS17-1704. These services are intended to aid in the reduction of HIV infections and improve linkages to and retention in care.

X753a Health Benefits Navigation and Enrollment – Screened for Need

Definition: An indication of whether client/patients are assessed for health benefits navigation and enrollment needs.

Response format: Select One

- ☐ Yes
- ☐ No

X753b Health Benefits Navigation and Enrollment – Need Identified

Definition: An indication of whether the client/patient was identified as needing health benefits navigation and enrollment services.

Response format: Select One

- ☐ Yes
- ☐ No

X753c Health Benefits Navigation and Enrollment Services – Provided or Referred for service

Definition: An indication of whether the client/patient was provided or referred to services for health benefits navigation and enrollment.

Response format: Select One

- ☐ Yes
- ☐ No

Evidence-based risk reduction interventions are information-based programs designed to decrease the risk of contracting or transmitting HIV by providing information related to HIV and sexually transmitted disease (STD) risk reduction via culturally- and developmentally-appropriate individual or group sessions. Examples of risk reduction interventions may be found at <https://effectiveinterventions.cdc.gov>.

X755a Evidence-based Risk Reduction Intervention – Screened for Need

Definition: An indication of whether the client/patient was assessed for evidence-based risk reduction intervention needs.

Response format: Select One

- ☐ Yes
- ☐ No

X755b Evidence-based Risk Reduction Intervention – Need Identified

Definition: An indication of whether the client/patient was identified as needing evidence-based risk reduction intervention services.

Response format: Select One

- ☐ Yes
- ☐ No

X755c Evidence-based Risk Reduction Intervention – Provided or Referred to Service

Definition: An indication of whether the client/patient was provided or referred to evidence-based risk reduction intervention services.

Response format: Select One

- ☐ Yes
- ☐ No

BEHAVIORAL HEALTH SERVICES

Behavioral health services are programs that help clients enroll in public or private programs promoting emotional health and prevention of mental illnesses and substance abuse disorders. Services may include, but are not limited to, outreach and education on available behavioral health benefit options (e.g., health maintenance organizations, medication assistance programs), eligibility assessment, and assistance with enrollment.

X756a Behavioral Health Services – Screened for Need

Definition: An indication of whether the client/patient was assessed for behavioral health services need.

Response format: Select One

- ☐ Yes
- ☐ No

X756b Behavioral Health Services – Need Identified

Definition: An indication of whether the client/patient was identified as needing behavioral health services.

Response format: Select One

- ☐ Yes
- ☐ No

X756c Behavioral Health Services – Provided or Referred to Service

Definition: An indication of whether the client/patient was provided or referred to behavioral health services.

Response format: Select One

- ☐ Yes
- ☐ No

SOCIAL SERVICES

Social Services are essential programs that enable and empower people living with HIV to get appropriate treatment and needed care, including food, shelter, medical support and medication adherence. Examples of social services include housing, transportation, domestic violence intervention, and employment.

X758a Social Services – Screened for Need

Definition: An indication of whether the client/patient was assessed for social services needs.

Response format: Select One

- ☐ Yes
- ☐ No

X758b Social Services – Need Identified

Definition: An indication of whether the client/patient was identified as needing social services.

Response format: Select One

- ☐ Yes
- ☐ No

X758c Social Services – Provided or Referred to Service

Definition: An indication of whether the client/patient was provided or referred to social services.

Response format: Select One

- ☐ Yes
- ☐ No

Budget Allocation and Expenditure Requirements Table

✓	Variable Name	Allocated		Expended	
		Prevention	Surveillance	Prevention	Surveillance
Strategy 1: Data collection, analysis, and dissemination of HIV data					
<input type="checkbox"/>	HIV Surveillance		●		●
<input type="checkbox"/>	HIV Prevention Program Monitoring and Evaluation	●		●	
Strategy 2: Identify persons with HIV infection and uninfected persons at risk for HIV infection					
<input type="checkbox"/>	Routine opt-out HIV testing in healthcare settings	●		●	
<input type="checkbox"/>	Targeted HIV testing in non-healthcare settings	●		●	
<input type="checkbox"/>	HIV Partner Services	●		●	
<input type="checkbox"/>	Data-to-Care (D2C) Activities	●	●	●	●
Strategy 3: Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks					
<input type="checkbox"/>	Rapidly respond to and intervene in HIV transmission clusters and outbreaks	●	●	●	●
Strategy 4: Comprehensive prevention with HIV-positive persons (CPP)					
<input type="checkbox"/>	Continuum of care (linkage to HIV medical care, re-engagement, and retention in care)	●		●	
<input type="checkbox"/>	Risk-reduction interventions for HIV-positive persons	●		●	
<input type="checkbox"/>	Other CPP activities (e.g., health benefits navigation and enrollment, referrals to behavioral health services, and social services)	●		●	
Strategy 5: Comprehensive prevention with HIV-negative persons at risk for HIV infection					
<input type="checkbox"/>	HIV testing and risk screenings, conduct risk-reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, and social services	●		●	
<input type="checkbox"/>	PrEP access and support	●		●	
<input type="checkbox"/>	PEP access and support	●		●	

✓	Variable Name	Allocated		Expended	
		Prevention	Surveillance	Prevention	Surveillance
Strategy 6: Perinatal HIV Prevention and Surveillance					
<input type="checkbox"/>	Perinatal HIV exposure reporting (<i>if conducted</i>)	●	●	●	●
<input type="checkbox"/>	Perinatal HIV service coordination (i.e., fetal and infant mortality review)	●	●	●	●
Strategy 7: Community-level HIV prevention activities					
<input type="checkbox"/>	Social marketing campaigns, social media strategies, and community mobilization (<i>if conducted</i>)	●		●	
<input type="checkbox"/>	Syringe services programs (<i>if conducted</i>)	●		●	
<input type="checkbox"/>	Condom distribution	●		●	
Strategy 8: Integrated HIV Prevention and Care Planning					
<input type="checkbox"/>	HIV Prevention and Care Planning	●	●	●	●
Strategy 9: Structural Strategies to support and facilitate HIV surveillance and prevention					
<input type="checkbox"/>	Health information systems infrastructure	●	●	●	●
<input type="checkbox"/>	Data security and confidentiality	●	●	●	●
<input type="checkbox"/>	Strengthen policies and protocols to support HIV surveillance and prevention at the state and local level	●	●	●	●
Strategy 10: Monitoring and Evaluation to improve HIV surveillance, prevention, and care activities					
<input type="checkbox"/>	Developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles	●	●	●	●
Strategy 11: Capacity Building and Technical Assistance (TA)					
<input type="checkbox"/>	Support capacity building and TA, implement capacity building assistance plans, build capacity of CBOs and community partners, and analytic capacity to support epidemiological science	●	●	●	●
<input type="checkbox"/>	Geocoding	●	●	●	●
Approach to Budget Calculations					
<input type="checkbox"/>	Approach to budget calculations	●	●	●	●

PS18-1802 Budget Allocation and Expenditure Reporting Guidance

Budget Allocation and Expenditure Variable List

The purpose of these requirements is to support implementation of the prevention and surveillance strategies and activities of PS18-1802. These data are used by CDC in the Annual Funding Report, DHAP Annual Report, reports to Congress, data requests from the Policy Office, and to monitor the NOFO requirement that at least 75% of funding should be expended on core strategies

STRATEGY 1: DATA COLLECTION, ANALYSIS, AND DISSEMINATION OF HIV DATA

- HIV Surveillance
BASTRAT1A1S
BESTRAT1A1S
- CSTRATEGY1
- HIV Prevention Program Monitoring and Evaluation
BASTRAT1A2P
BESTRAT1A2P

STRATEGY 2: IDENTIFY PERSONS WITH HIV INFECTION AND UNINFECTED PERSONS AT RISK FOR HIV INFECTION

- Routine Opt-Out HIV Testing in Healthcare Settings
BASTRAT2A1P
BESTRAT2A1P
- Targeted HIV Testing in Non-Healthcare Settings
BASTRAT2A2P
BESTRAT2A2P
- CSTRATEGY2
- HIV Partner Services
BASTRAT2A3P
BESTRAT2A3P
- Data-to-Care (D2C) Activities
BASTRAT2A4P
BESTRAT2A4P
BASTRAT2A4S
BESTRAT2A4S

STRATEGY 3: DEVELOP, MAINTAIN, AND IMPLEMENT PLAN TO RESPOND TO HIV TRANSMISSION CLUSTERS AND OUTBREAKS

- Rapidly Respond To and Intervene in HIV Transmission Clusters and Outbreaks
BASTRAT3A1P
BESTRAT3A1P
BASTRAT3A1S
BESTRAT3A1S
- CSTRATEGY3

STRATEGY 4: COMPREHENSIVE PREVENTION WITH HIV-POSITIVES (CPP)

- Continuum of Care
BASTRAT4A1P
BESTRAT4A1P
- Risk Reduction Interventions for HIV-Positive Persons
BASTRAT4A2P
BESTRAT4A2P
- Other CPP Activities
BASTRAT4A3P
BESTRAT4A3P
- CSTRATEGY4

STRATEGY 5: COMPREHENSIVE PREVENTION WITH HIV-NEGATIVE PERSONS AT RISK FOR HIV INFECTION

- HIV Testing and Risk Screenings, Conduct Risk Reduction Interventions for HIV-Negative Persons, Health Benefits Navigation and Enrollment, Referrals to Behavioral Health Services, and Social Services
BASTRAT5A1P
BESTRAT5A1P
- PrEP
BASTRAT5A2P
BESTRAT5A2P
- PEP
BASTRAT5A3P
BESTRAT5A3P
- CSTRATEGY5

STRATEGY 6: PERINATAL HIV PREVENTION AND SURVEILLANCE

- Perinatal HIV Exposure Reporting
BASTRAT6A1P
BESTRAT6A1P
BASTRAT6A1S
BESTRAT6A1S
- CSTRATEGY6
- Perinatal HIV Service Coordination
BASTRAT6A2P
BESTRAT6A2P
BASTRAT6A2S
BESTRAT6A2S

STRATEGY 7: COMMUNITY-LEVEL HIV PREVENTION ACTIVITIES

- Social Marketing Campaigns, Social Media Strategies, and Community Mobilization
BASTRAT7A1P
BESTRAT7A1P
- CSTRATEGY7
- Syringe Services
BASTRAT7A2P
BESTRAT7A2P
- Condom Distribution
BASTRAT7A3P
BESTRAT7A3P

STRATEGY 8: INTEGRATED HIV PREVENTION AND CARE PLANNING

- HIV Planning
BASTRAT8A1P
BESTRAT8A1P
BASTRAT8A1S
BESTRAT8A1S
- CSTRATEGY8

STRATEGY 9: STRUCTURAL STRATEGIES TO SUPPORT AND FACILITATE HIV SURVEILLANCE AND PREVENTION

- Health Information Infrastructure
 - BASTRAT9A1P
 - BESTRAT9A1P
 - BASTRAT9A1S
 - BESTRAT9A1S
- Data Security and Confidentiality
 - BASTRAT9A2P
 - BESTRAT9A2P
 - BASTRAT9A2S
 - BESTRAT9A2S
- Strengthen Policies and Protocols to Support HIV Surveillance and Prevention at the State and Local Level
 - BASTRAT9A3P
 - BESTRAT9A3P
 - BASTRAT9A3S
 - BESTRAT9A3S
- CSTRATEGY9

STRATEGY 10: MONITORING AND EVALUATION TO IMPROVE HIV SURVEILLANCE, PREVENTION, AND CARE ACTIVITIES

- Develop Work Plans, Ensure Data Quality, Monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles
 - BASTRAT10A1P
 - BESTRAT10A1P
 - BASTRAT10A1S
 - BESTRAT10A1S
- CSTRATEGY10

STRATEGY 11: CAPACITY BUILDING AND TECHNICAL ASSISTANCE

- Support Capacity Building and TA, Implement Capacity Building Assistance Plans, Build Capacity of CBOs and Community Partners, and Analytic Capacity to Support Epidemiological Science
 - BASTRAT11A1P
 - BESTRAT11A1P
 - BASTRAT11A1S
 - BESTRAT11A1S
- Geocoding
 - BASTRAT11A2P
 - BESTRAT11A2P
 - BASTRAT11A2S
 - BESTRAT11A2S
- CSTRATEGY11

APPROACH TO BUDGET CALCULATIONS BCAPPROACH

Budget Allocation and Expenditure Variable Definitions

Required core program strategies and activities are described in 1-7.

At least 75% of funding should be used to support strategies 1-7.

STRATEGY 1: DATA COLLECTION, ANALYSIS, AND DISSEMINATION OF HIV DATA

BASTRAT1A1S **BESTRAT1A1S** HIV Surveillance

Definition: Budget Allocation/Budget Expenditure, Strategy 1 Activity 1 - **Surveillance**.

Percent of PS18-1802 funds allocated (BASTRAT1A1S) and expended (BESTRAT1A1S) for HIV Surveillance data collection, analysis, and dissemination activities.

Response format: Enter Percent

BASTRAT1A2P **BESTRAT1A2P** HIV Prevention Program Monitoring and Evaluation

Definition: Budget Allocation/Expenditure, Strategy 1 Activity 2 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT1A2P) and expended (BESTRAT1A2P) for HIV Prevention data collection, analysis, and dissemination activities.

Response format: Enter Percent

CSTRATEGY1 Comments

Definition: Jurisdiction comments for Strategy 1, Data collection, analysis, and dissemination of HIV data.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 1, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 2: IDENTIFY PERSONS WITH HIV INFECTION AND UNINFECTED PERSONS AT RISK FOR HIV INFECTION

BASTRAT2A1P **BESTRAT2A1P** Routine Opt-Out HIV Testing in Healthcare Settings

Definition: Budget Allocation/Expenditure, Strategy 2 Activity 1 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT2A1P) and expended (BESTRAT2A1P) for routine opt-out HIV testing in healthcare settings.

Response format: Enter Percent

BASTRAT2A2P BESTRAT2A2P Targeted HIV Testing in Non-Healthcare Settings

Definition: Budget Allocation/Expenditure, Strategy 2 Activity 2 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT2A2P) and expended (BESTRAT2A2P) for targeted HIV testing in non-healthcare settings.

Response format: Enter Percent

BASTRAT2A3P BESTRAT2A3P HIV Partner Services

Definition: Budget Allocation/Expenditure, Strategy 2 Activity 3 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT2A3P) and expended (BESTRAT2A3P) for HIV Partner Services.

Response format: Enter Percent

BASTRAT2A4P BESTRAT2A4P Data-to-Care (D2C) Activities

Definition: Budget Allocation/Expenditure, Strategy 2 Activity 4 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT2A4P) and expended (BESTRAT2A4P) for HIV Prevention Data-to-Care (D2C) Activities.

Response format: Enter Percent

BASTRAT2A4S BESTRAT2A4S Data-to-Care (D2C) Activities

Definition: Budget Allocation/Expenditure, Strategy 2 Activity 4 – **Surveillance.**

Percent of PS18-1802 funds allocated (BASTRAT2A4S) and expended (BESTRAT2A4S) for HIV Surveillance Data-to-Care (D2C) Activities.

Response format: Enter Percent

CSTRATEGY2 Comments

Definition: Jurisdiction comments for Strategy 2, Identify persons with HIV infection and uninfected persons at risk for HIV infection.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 2, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 3: DEVELOP, MAINTAIN, AND IMPLEMENT PLAN TO RESPOND TO HIV TRANSMISSION CLUSTERS AND OUTBREAKS

BASTRAT3A1P BESTRAT3A1P Rapidly Respond To and Intervene in HIV Transmission Clusters and Outbreaks

Definition: Budget Allocation/Expenditure, Strategy 3 Activity 1 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT3A1P) and expended (BESTRAT3A1P) under HIV Prevention to rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Response format: Enter Percent

BASTRAT3A1S BESTRAT3A1S Rapidly Respond To and Intervene in HIV Transmission Clusters and Outbreaks

Definition: Budget Allocation/Expenditure, Strategy 3 Activity 1 – **Surveillance**.

Percent of PS18-1802 funds allocated (BASTRAT3A1S) and expended (BESTRAT3A1S) under HIV Surveillance to rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Response format: Enter Percent

CSTRATEGY3 Comments

Definition: Jurisdiction comments for Strategy 3, Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 3, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 4: COMPREHENSIVE PREVENTION WITH HIV-POSITIVE PERSONS (CPP)

BASTRAT4A1P BESTRAT4A1P Continuum of Care

Definition: Budget Allocation/Expenditure, Strategy 4 Activity 1 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT4A1P) and expended (BESTRAT4A1P) for HIV Prevention Continuum of care (linkage to HIV medical care, re-engagement and retention in care).

Response format: Enter Percent

BASTRAT4A2P BESTRAT4A2P Risk-Reduction Interventions for HIV-Positive Persons

Definition: Budget Allocation/Expenditure, Strategy 4 Activity 2 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT4A2P) and expended (BESTRAT4A2P) for risk-reduction interventions for HIV-positive persons.

Response format: Enter Percent

BASTRAT4A3P BESTRAT4A3P Other CPP Activities

Definition: Budget Allocation/Expenditure, Strategy 4 Activity 3 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT4A3P) and expended (BESTRAT4A3P) for other CPP activities (e.g., health benefits navigation and enrollment, referrals to behavioral health services, and social services).

Response format: Enter Percent

CSTRATEGY4 Comments

Definition: Jurisdiction comments for Strategy 4, Comprehensive prevention with HIV-positive persons (CPP).

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 4, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 5: COMPREHENSIVE PREVENTION WITH HIV-NEGATIVE PERSONS AT RISK FOR HIV INFECTION

BASTRAT5A1P **BESTRAT5A1P** HIV Testing and Risk Screenings, Conduct Risk-Reduction Interventions for HIV-Negative Persons, Health Benefits Navigation and Enrollment, Referrals to Behavioral Health Services, and Social Services

Definition: Budget Allocation/Expenditure, Strategy 5 Activity 1 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT5A1P) and expended (BESTRAT5A1P) for HIV-related prevention services for HIV-negative persons at risk for HIV infection (e.g., HIV testing and risk screenings, risk-reduction interventions, health benefits navigation and enrollment, and referrals to behavioral health services, and social services).

Response format: Enter Percent

BASTRAT5A2P **BESTRAT5A2P** PrEP Access and Support

Definition: Budget Allocation/Expenditure, Strategy 5 Activity 2 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT5A2P) and expended (BESTRAT5A2P) for HIV Prevention Pre-exposure Prophylaxis (PrEP) access and support.

Response format: Enter Percent

BASTRAT5A3P **BESTRAT5A3P** PEP Access and Support

Definition: Budget Allocation/Expenditure, Strategy 5 Activity 3 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT5A3P) and expended (BESTRAT5A3P) for HIV Prevention Post-exposure Prophylaxis (PEP) access and support.

Response format: Enter Percent

CSTRATEGY5 Comments

Definition: Jurisdiction comments for Strategy 5, Comprehensive prevention with HIV-negative persons at risk for HIV infection.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 5, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 6: PERINATAL HIV PREVENTION AND SURVEILLANCE

BASTRAT6A1P **BESTRAT6A1P** Perinatal HIV Exposure Reporting (PHER), *if conducted*

Definition: Budget Allocation/Expenditure, Strategy 6 Activity 1 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT6A1P) and expended (BESTRAT6A1P) under HIV Prevention for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants.

Response format: Enter Percent

BASTRAT6A1S BESTRAT6A1S Perinatal HIV Exposure Reporting (PHER), if conducted

Definition: Budget Allocation/Expenditure, Strategy 6 Activity 1 – **Surveillance**.

Percent of PS18-1802 funds allocated (BASTRAT6A1S) and expended (BESTRAT6A1S) under HIV Surveillance for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants.

Response format: Enter Percent

BASTRAT6A2P BESTRAT6A2P Perinatal HIV Service Coordination

Definition: Budget Allocation/Expenditure, Strategy 6 Activity 2 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT6A2P) and expended (BESTRAT6A2P) for HIV Prevention perinatal HIV service coordination (i.e., fetal and infant mortality review).

Response format: Enter Percent

BASTRAT6A2S BESTRAT6A2S Perinatal HIV Service Coordination

Definition: Budget Allocation/Expenditure, Strategy 6 Activity 2 – **Surveillance**.

Percent of PS18-1802 funds allocated (BASTRAT6A2S) and expended (BESTRAT6A2S) for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).

Response format: Enter Percent

CSTRATEGY6 Comments

Definition: Jurisdiction comments for Strategy 6, Perinatal HIV Prevention and Surveillance.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 6, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 7: COMMUNITY-LEVEL HIV PREVENTION ACTIVITIES

BASTRAT7A1P BESTRAT7A1P Social Marketing Campaigns, Social Media Strategies, and Community Mobilization, if conducted

Definition: Budget Allocation/Expenditure, Strategy 7 Activity 1 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT7A1P) and expended (BESTRAT7A1P) for HIV Prevention social marketing campaigns, social media strategies, and community mobilization.

Response format: Enter Percent

BASTRAT7A2P BESTRAT7A2P Syringe Services Programs (SSP), if conducted

Definition: Budget Allocation/Expenditure, Strategy 7 Activity 2 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT7A2P) and expended (BESTRAT7A2P) for HIV Prevention syringe services programs.

Response format: Enter Percent

BASTRAT7A3P BESTRAT7A3P Condom Distribution

Definition: Budget Allocation/Expenditure, Strategy 7 Activity 3 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT7A3P) and expended (BESTRAT7A3P) for condom distribution.

Response format: Enter Percent

CSTRATEGY7 Comments

Definition: Jurisdiction comments for Strategy 7, Community-level HIV prevention activities.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 7, if applicable.

Response format: Enter Text (100 characters maximum)

Strategies and activities described in 8-11 are operational and aim to support prioritized activities.

Adequate funding should be allocated to support the operational strategies and activities.

STRATEGY 8: INTEGRATED HIV PREVENTION AND CARE PLANNING

BASTRAT8A1P BESTRAT8A1P HIV Prevention and Care Planning

Definition: Budget Allocation/Expenditure, Strategy 8 Activity 1 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT8A1P) and expended (BESTRAT8A1P) under HIV Prevention to develop partnerships to conduct integrated HIV prevention and care planning.

Response format: Enter Percent

BASTRAT8A1S BESTRAT8A1S HIV Prevention and Care Planning

Definition: Budget Allocation/Expenditure, Strategy 8 Activity 1 – **Surveillance.**

Percent of PS18-1802 funds allocated (BASTRAT8A1S) and expended (BESTRAT8A1S) under HIV Surveillance to develop partnerships to conduct integrated HIV prevention and care planning.

Response format: Enter Percent

CSTRATEGY8 Comments

Definition: Jurisdiction comments for Strategy 8, Integrated HIV Prevention and Care Planning.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 8, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 9: STRUCTURAL STRATEGIES TO SUPPORT AND FACILITATE HIV SURVEILLANCE AND PREVENTION

BASTRAT9A1P **BESTRAT9A1P** Health Information Infrastructure

Definition: Budget Allocation/Expenditure, Strategy 9 Activity 1 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT9A1P) and expended (BESTRAT9A1P) to strengthen HIV Prevention health information systems infrastructure.

Response format: Enter Percent

BASTRAT9A1S **BESTRAT9A1S** Health Information Infrastructure

Definition: Budget Allocation/Expenditure, Strategy 9 Activity 1 – **Surveillance**.

Percent of PS18-1802 funds allocated (BASTRAT9A1S) and expended (BESTRAT9A1S) to strengthen HIV Surveillance health information systems infrastructure.

Response format: Enter Percent

BASTRAT9A2P **BESTRAT9A2P** Data Security and Confidentiality

Definition: Budget Allocation/Expenditure, Strategy 9 Activity 2 – **Prevention**.

Percent of PS18-1802 funds allocated (BASTRAT9A2P) and expended (BESTRAT9A2P) on data security and confidentiality for HIV Prevention program data.

Response format: Enter Percent

BASTRAT9A2S **BESTRAT9A2S** Data Security and Confidentiality

Definition: Budget Allocation/Expenditure, Strategy 9 Activity 2 – **Surveillance**.

Percent of PS18-1802 funds allocated (BASTRAT9A2S) and expended (BESTRAT9A2S) on data security and confidentiality for HIV Surveillance data.

Response format: Enter Percent

Data Security and Confidentiality

Ensure all data security and confidentiality procedures and policies comply with the standards described in the NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action, 2011.

<https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>

BASTRAT9A3P BESTRAT9A3P Strengthen Policies and Protocols to Support HIV Surveillance and Prevention at the State and Local Level

Definition: Budget Allocation/Expenditure, Strategy 9 Activity 3 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT9A3P) and expended (BESTRAT9A3P) for strengthening HIV Prevention policies and protocols to support HIV surveillance and prevention at the state and local level.

Response format: Enter Percent

BASTRAT9A3S BESTRAT9A3S Strengthen Policies and Protocols to Support HIV Surveillance and Prevention at the State and Local Level

Definition: Budget Allocation/Expenditure, Strategy 9 Activity 3 – **Surveillance.**

Percent of PS18-1802 funds allocated (BASTRAT9A3S) and expended (BESTRAT9A3S) for strengthening HIV Surveillance policies and protocols to support HIV surveillance and prevention at the state and local level.

Response format: Enter Percent

CSTRATEGY9 Comments

Definition: Jurisdiction comments for Strategy 9, Strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 9, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 10: MONITORING AND EVALUATION TO IMPROVE HIV SURVEILLANCE, PREVENTION, AND CARE ACTIVITIES

BASTRAT10A1P BESTRAT10A1P Develop Work Plans, Ensure Data Quality, Monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles

Definition: Budget Allocation/Expenditure, Strategy 10 Activity 1 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT10A1P) and expended (BESTRAT10A1P) under HIV Prevention to develop work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

Response format: Enter Percent

BASTRAT10A1S BESTRAT10A1S Develop Work Plans, Ensure Data Quality, Monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles

Definition: Budget Allocation/Expenditure, Strategy 10 Activity 1 – **Surveillance.**

Percent of PS18-1802 funds allocated (BASTRAT10A1S) and expended (BESTRAT10A1S) under HIV Surveillance to develop work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

Response format: Enter Percent

CSTRATEGY10 Comments

Definition: Jurisdiction comments for Strategy 10, Monitoring and Evaluation to improve HIV surveillance, prevention, and care activities.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 10, if applicable.

Response format: Enter Text (100 characters maximum)

STRATEGY 11: CAPACITY BUILDING AND TECHNICAL ASSISTANCE (TA)

BASTRAT11A1P BESTRAT11A1P Support Capacity Building and TA, Implement Capacity Building Assistance Plans, Build Capacity of CBOs and Community Partners, and Analytic Capacity to Support Epidemiological Science

Definition: Budget Allocation/Expenditure, Strategy 11 Activity 1 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT11A1P) and expended (BESTRAT11A1P) to support capacity building and technical assistance (TA), implement capacity building assistance plans, build capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.

Response format: Enter Percent

BASTRAT11A1S BESTRAT11A1S Support Capacity Building and TA, Implement Capacity Building Assistance Plans, Build Capacity of CBOs and Community Partners, and Analytic Capacity to Support Epidemiological Science

Definition: Budget Allocation/Expenditure, Strategy 11 Activity 1 – **Surveillance.**

Percent of PS18-1802 funds allocated (BASTRAT11A1S) and expended (BESTRAT11A1S) to support capacity building and technical assistance (TA), implement capacity building assistance plans, build capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Surveillance activities.

Response format: Enter Percent

BASTRAT11A2P BESTRAT11A2P Geocoding

Definition: Budget Allocation/Expenditure, Strategy 11 Activity 2 – **Prevention.**

Percent of PS18-1802 funds allocated (BASTRAT11A2P) and expended (BESTRAT11A2P) under HIV Prevention for geocoding.

Response format: Enter Percent

BASTRAT11A2S BESTRAT11A2S Geocoding

Definition: Budget Allocation/Expenditure, Strategy 11 Activity 2 – **Surveillance.**

Percent of PS18-1802 funds allocated (BASTRAT11A2S) and expended (BESTRAT11A2S) under HIV Surveillance for geocoding.

Response format: Enter Percent

CSTRATEGY11 Comments

Definition: Jurisdiction comments for Strategy 11, Capacity Building and Technical Assistance.

Note: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 11, if applicable.

Response format: Enter Text (100 characters maximum)

APPROACH TO BUDGET CALCULATIONS

BCAPPROACH

Definition: Approach to budget calculations.

Describe the approach used to calculate the distribution of estimated percentages within the strategy by each activity (e.g., estimated percentages of cost for continuum of care activities)

Response format: Enter Text (200 characters maximum)

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BA	Budget Allocation
BE	Budget Expenditure
CBO	Community-Based Organization
CDC	U.S. Centers for Disease Control and Prevention
CHC	Community Health Center
CLIA	Clinical Laboratory Improvement Amendments
CPP	Comprehensive Prevention for HIV-positive Persons
DHAP	Division of HIV/AIDS Prevention
eHARS	Enhanced HIV/AIDS Reporting System
FIPS	Federal Information Processing Standards
HD	Health Department
HIV	Human Immunodeficiency Virus
ID	Identification
M&E	Monitoring and Evaluation
NCHHSTP	National Center for HIV, Viral Hepatitis, STD, and TB Prevention
NHM&E	National HIV Prevention Program Monitoring and Evaluation
NOFO	Notice of Funding Opportunity
OMB	Office of Management and Budget
PEP	Post-exposure Prophylaxis
PII	Personally Identifiable Information
PLWH	Persons Living with HIV
PrEP	Pre-exposure Prophylaxis
PS	Partner Services
PWID	Persons Who Inject Drugs
STD	Sexually Transmitted Disease
TB	Tuberculosis

Appendix B

New Variables

PrEP Awareness and Use			
Variable	Question	Status	Rationale and Intended Use
H800	Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?	New	For those at very high risk for HIV, PrEP can significantly reduce the risk of infection if taken daily. HIV testing is an excellent opportunity to help eligible persons access PrEP. These three variables are intended to monitor PrEP awareness and use in populations served by CDC-funded HIV testing programs.
X731	Is the client currently taking daily PrEP medication?	New	
H802	Has the client used PrEP anytime in the past 12 months?	New	

Priority Populations			
Variable	Question	Status	Rationale and Intended Use
G400	In the past five years, has the client had sex with a male?	New	To evaluate CDC-funded HIV testing programs, it is critical to assess whether programs are reaching the highest-priority populations. However, a comprehensive and accurate assessment of client risk can be time consuming. In an effort to minimize time spent collecting data and detach the assessment of risk from the HIV testing process, CDC replaced variables collecting individual risk behavior information* with new variables classifying clients into priority populations. The definition of sex and reporting period were broadened to match the intended use of these new variables (i.e., reporting period expanded from 12 months to 5 years; definition of sex includes oral as well as vaginal and anal sex). Recipients can still collect individual risk behavior information at the local level for client-level counseling and referral. *Replacing 2017 testing template variables G216a-c, G217a-c, G218a-c, G219a-c, G220, G211_01, G211_08.
G401	In the past five years, has the client had sex with a female?	New	
G403	In the past five years, has the client had sex with a transgender person?	New	
G402	In the past five years, has the client injected drugs or substances?	New	

Final Test Information			
Variable	Question	Status	Rationale and Intended Use
X124	Test Type	New	Previously, CDC collected detailed information on 3 separate tests* and used an algorithm to calculate HIV status. The new requirements simplify this process by collecting 2 new variables: Test Type and HIV Test Result- Final Determination based on the recipient report. *Replacing 2017 testing template variables X103, X110, X105.
X125	HIV Test Result – Final Determination	New	

Additional Tests			
Variable	Question	Status	Rationale and Intended Use
X127	Was the client tested for co-infections?	New	Co-infection with sexually transmitted infections has important epidemiologic and prevention implications. CDC-funded HIV testing programs are required to support testing for co-infection with these agents in conjunction with HIV testing. These variables were added to monitor the extent to which this is being done.
X127a	[If yes] Tested for Syphilis?	New	
X127b	[If yes] Tested for Gonorrhea?	New	
X127c	[If yes] Tested for Chlamydial infection?	New	
X127d	[If yes] Tested for Hepatitis C?	New	

PrEP Eligibility and Referral			
Variable	Question	Status	Rationale and Intended Use
X748	Was the client screened for PrEP eligibility?	New	For those at very high risk for HIV, PrEP can significantly reduce the risk of infection if taken daily. The variables in this section are intended to monitor the extent to which CDC-funded HIV testing programs are screening clients for PrEP eligibility, referring them to PrEP providers, and assisting them in completing the referrals.
X749	Is the client eligible for PrEP referral?	New	
X750	Was the client given a referral to a PrEP provider?	New	
X751	Was the client provided navigation or linkage services to assist with linkage to a PrEP provider?	New	

Positive Test Result			
Variable	Question	Status	Rationale and Intended Use
X741	Did the client attend an HIV medical care appointment after this positive test?	New	To assess the impact of CDC-funded HIV testing programs, it is important to know if persons testing positive were linked to HIV medical care in a timely manner. The 2017 HIV testing template used four cascading questions and an algorithm to calculate linkage to care within 90 days.* The new template uses a more direct approach by using a single variable to assess whether or not the client was linked to HIV medical care and the date of the appointment to calculate the time interval between testing and linkage to care. *Replacing 2017 testing template variables X703_10, X702a, X706, X706b.
X741a	Date Attended	New	
X743	Was the client's contact information provided to the health department for Partner Services	New	The 2017 HIV testing template asked "Was the client referred to/contacted by Partner Services?" [X703_14], which did not provide useful information. The new template asks directly if the client's contact information was given to the health department.
Health Department Use Only			
H04c	eHARS State Number	New	To assess the impact of CDC-funded HIV testing programs, it is important to track longer term outcomes of persons tested by these programs: Were they retained in care? Did they achieve HIV viral suppression? These questions can be more easily answered if records of persons with positive test results in EvaluationWeb can be linked to their eHARS records.
H04d	eHARS City/County Number	New	
X138	New or previous diagnosis?	New	HIV testing programs are valuable for identifying both persons with newly diagnosed HIV infection and persons with previously diagnosed infection who are not in care. To assess the impact of CDC-funded HIV testing programs, it is important to accurately distinguish between these two groups. The 2017 HIV testing template used 3 variables and an algorithm to classify the diagnoses as new

			<p>or previous.* The new template leaves this determination up to health departments and asks HDs to report the final classification.</p> <p>*Replacing 2017 testing template variables G204, G205, X136.</p>
X740	Has the client seen a medical care provider in the past six months for HIV treatment?	New	HIV testing programs are valuable for identifying persons with previously diagnosed infection who are not currently in care and then linking them to care. The questions in the 2017 HIV testing template did not assess this directly. The new template does assess engagement in care directly with this new question. [Note: For evaluation purposes, a person is considered to be out of care if they have not seen a medical care provider for HIV treatment within the past six months.]
PCR101	Partner Services Case Number	Revised	HIV testing programs have an impact on HIV prevention not only by identifying persons living with HIV (PLWH) directly through testing, but also by identifying additional PLWH or persons at increased risk for HIV through partner services. Linking records of persons with positive test results in EvaluationWeb to their PS records could help assess the full impact of CDC-funded HIV testing programs.
X744	Was the client interviewed for Partner Services?	New	The 2017 template asked “Was the client referred to/contacted by Partner Services?” [X703_14] and, if the response was “Yes,” there was a follow-up question: “Was the client interviewed for Partner Services?” [X725]. The new template still asks if clients were interviewed, but it is now a stand-alone question.
X744a	Date of Partner Services Interview	New	To assess the impact of CDC-funded HIV testing programs, it is important to know not just if clients testing HIV-positive were interviewed for partner services, but if they were interviewed in a timely manner, so the likelihood of further HIV transmission within the clients’ sex or drug-injection networks is reduced. The 2017 HIV testing template asked “Was the client interviewed within 30 days of receiving their

			result?" [X725a]. The new template asks instead for the date of the interview, which allows flexibility in analysis of the interval between testing and interview.
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Essential Support Services			
Variable	Question	Status	Rationale and Intended Use
			Essential Support Services are intended to aid in the reduction of HIV infections and improve linkages to and retention in HIV medical care. These new variables will be used to monitor the percentage of clients tested through CDC-funded programs who are screened for and/or referred to one or more essential support services.
X752a-c	Navigation services for linkage to HIV medical care	New	Linking PLWH to HIV medical care is a critical function of HIV testing programs. For many PLWH, linkage is more likely to occur if clients are provided assistance with scheduling and attending medical care appointments.
X752e-g	Linkage services to HIV medical care	New	
X754a-c	Medication adherence support	New	Suppression of HIV viral load is critical to improving the personal health of PLWH and preventing further HIV transmission. Viral suppression, in turn, is dependent on adherence to antiretroviral therapy. For many PLWH, receiving medication adherence support services can improve viral suppression.
X753a-c	Health benefits navigation and enrollment	New	Receipt of and retention in HIV medical care is critical to suppressing HIV viral load, which, in turn, is critical to improving the personal health of PLWH and preventing further HIV transmission. Receipt of continuous medical care depends on having adequate health benefits.
X755a-c	Evidence-based risk reduction intervention	New	For some PLWH, evidence-based risk reduction interventions can help reduce risk for further HIV transmission.
X756a-c	Behavioral health services	New	Promoting emotional health, treating mental illness, and preventing substance misuse can help improve linkage to or retention in HIV medical care,

			adherence to medication, and reduction in HIV risk behaviors.
X758a-c	Social services	New	Unstable housing, inadequate financial resources, inadequate social support, lack of transportation to medical care and other appointments, and other social service needs can interfere with linkage to or retention in HIV medical care, adherence to medication, and reduction in HIV risk behaviors.