

Reporting HIV and AIDS in Iowa

What's reportable AIDS has been a reportable disease in Iowa since February 1983. HIV became reportable by name in Iowa on July 1, 1998. **Iowa Administrative Code 641.11.6.**, below, details reporting.

641—11.6(141A) Reporting of diagnoses and HIV-related tests, events, and conditions to the department.

11.6(1) The following constitute reportable events related to HIV infection:

- a. A test result indicating HIV infection, including:
 - (1) Confirmed positive results on any HIV-related test or combination of tests, including antibody tests, antigen tests, cultures, and nucleic acid amplification tests.
 - (2) A positive result or report of a detectable quantity on any other HIV detection (non-antibody) tests, and results of all viral loads, including nondetectable levels.
- b. AIDS and AIDS-related conditions, including all levels of CD4+ T-lymphocyte counts.
- c. Birth of an infant to an HIV-infected mother (perinatal exposure) or any (positive, negative, or undetectable) non-antibody detection test (antigen test, viral culture, viral load, or qualitative nucleic acid amplification test) on an infant 18 months of age or younger.
- d. Death resulting from an AIDS-related condition, or death of a person with HIV infection.

11.6(2) Within seven days of the receipt of a person's confirmed positive test result indicating HIV infection, the director of a plasma center, blood bank, clinical laboratory or public health laboratory that performed the test or that requested the confirmatory test shall make a report to the department on a form provided by the department.

11.6(3) Within seven days of the receipt of a test result indicating HIV infection, which has been confirmed as positive according to prevailing medical technology, or immediately after the initial examination or treatment of a person infected with HIV, the physician or other health care provider at whose request the test was performed or who performed the initial examination or treatment shall make a report to the department on a form provided by the department.

11.6(4) Within seven days of diagnosing a person as having AIDS or an AIDS-related condition, the diagnosing physician shall make a report to the department on a form provided by the department.

11.6(5) Within seven days of the death of a person with HIV infection, the attending physician shall make a report to the department on a form provided by the department.

11.6(6) Within seven days of the birth of an infant to an HIV-infected mother or a receipt of a laboratory result (positive, negative, or undetectable) of a non-antibody detection test (antigen test, viral culture, viral load, or qualitative nucleic acid amplification test) on an infant 18 months of age or younger, the attending physician shall make a report to the department on a form provided by the department.

11.6(7) The report shall include:

- a. The person's name, address, date of birth, gender, race and ethnicity, marital status, and telephone number.
- b. The name, address and telephone number of the plasma center, blood bank, clinical laboratory or public health laboratory that performed or requested the test, if a test was performed.
- c. The address of the physician or other health care provider who requested the test.
- d. If the person is female, whether the person is pregnant.

11.6(8) All people who experience a reportable event while receiving services in the state, regardless of state of residence, shall be reported.

Need reporting forms? Want to call in a report? Have questions? Need surveillance data?

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IOWA CONFIDENTIAL BLOOD AND PLASMA CENTER REPORT OF CONFIRMED HIV INFECTION

««« IOWA CODE REQUIRES YOU TO REPORT WITHIN 7 DAYS OF RECEIPT OF CONFIRMATORY RESULTS »»»

(Please print) Last Name		First Name		Middle Name/Initial		Date of Birth ____/____/____ (mm) (dd) (yyyy)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ no. of weeks	
Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> Sep <input type="checkbox"/> Unk <input type="checkbox"/> Widow <input type="checkbox"/> Cohabitation			Race: <input type="checkbox"/> Am Ind <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unk <input type="checkbox"/> Hawaiian/Pac Islander <input type="checkbox"/> Refused			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unk <input type="checkbox"/> Refused					
Address			City		State	Zip Code		Telephone (Include Area Code)			
Name of Blood or Plasma Center			Person Completing Form Printed Name _____ Signature _____				Date of Report ____/____/____ (mm) (dd) (yyyy)				
Address			City		State	Zip Code		Telephone (Include Area Code)			
Specimen type _____ Date Drawn ____/____/____ (mm) (dd) (yyyy)						Positive HIV Confirmatory Test					
Positive Screening Test <input type="checkbox"/> HIV 1/2 EIA <input type="checkbox"/> HIV 1/2 Ag/Ab <input type="checkbox"/> HIV 1/2 Multispot <input type="checkbox"/> Other (please specify) _____						<input type="checkbox"/> HIV 1/2 Differentiation test <input type="checkbox"/> HIV-1 Western Blot <input type="checkbox"/> HIV-1 Pos <input type="checkbox"/> HIV-2 Pos <input type="checkbox"/> HIV-2 Western Blot <input type="checkbox"/> non-combo NAT (PCR) test for HIV only <input type="checkbox"/> Other HIV Confirmatory Test (please specify below) _____					
Name of Laboratory Performing Confirmatory Test			City		State	Zip Code		Telephone (Include Area Code)			
»» YOU MUST ATTACH A COPY OF THE CONFIRMATORY TEST REPORT RECEIVED FROM THE ABOVE LABORATORY ««											
Please describe steps taken to inform donor of positive <u>confirmatory</u> test results.								Donation History			
<input type="checkbox"/> Letter -- donor has not responded <input type="checkbox"/> Letter -- donor has responded <input type="checkbox"/> Telephone message -- no response <input type="checkbox"/> Telephone -- spoke with donor <input type="checkbox"/> Met with donor face-to-face				If successful in notifying donor, how did donor respond to the news? _____ _____ _____				How often? _____ Date of last donation before positive test: ____/____/____ (mm) (dd) (yyyy)			
COMPLETED FORM MAY BE FAXED OR MAILED											
Mark envelope "CONFIDENTIAL 03" and mail to: Iowa Department of Public Health 321 East 12th Street Des Moines, IA 50319			FAX COMPLETED FORM WITH A COPY OF THE LAB TEST REPORT TO 515-725-1278				Questions? Al Jatta: (515) 322-8819 Nabila: (515) 721-8486 <small>H:\Surveillance\Forms\B&P\Ctr RF 09.14.2020</small>				