



HIV/AIDS reporting in Iowa:

Who should be reported?

1. Newly diagnosed HIV-positive persons,
2. Persons previously diagnosed, but new to the provider, and
3. Children born to HIV-positive women.

For newly diagnosed adult persons (>13 years of age):

- Fill out the Iowa Adult HIV/AIDS Case Report Form.
- In addition to the information on the form, we want to know:
 - Client's past testing history and why they tested this time;
 - How the client responded to notification of a positive confirmatory test result;
 - Client's living situation (living with parents? By himself? etc);
 - Best way to contact the client; and
 - Details of any referrals for care and treatment.

The comment section of the case report form is a good place to report additional information.

For persons previously diagnosed, but new to the provider (>13 years of age):

- Fill out the Iowa Adult HIV/AIDS Case Report Form.

The comment section of the case report form is a good place to report additional information.

For children born to HIV-positive women (or newly diagnosed children ≤13 years age):

- Fill out the Iowa Pediatric HIV/AIDS Case Report Form. All essential information on pediatric reporting are contained in the form. The more the form is complete, the better the reporting.
- Use the comment section of the form to report any additional information.

We assign all persons with a new diagnosis of HIV to a Disease Intervention Specialist (DIS) for delivery of Partner Services.

In this regard:

- It is important to gather patient phone numbers and addresses.
- It is important to find out as much as possible about the client's living situation, marital status, employment, and other relevant information.
- The above details help the DIS to do a proper job of contacting the client and protecting confidentiality.
- DIS are skilled at providing HIV education and information about available resources and services. They are also glad to offer their assistance in confidentially notifying the client's sex and/or needle-sharing partners.
- It is very useful if HIV testing sites and physicians tell the client to expect a call from a DIS. We assign to a DIS after clients are notified of their diagnosis.

Completed HIV reporting forms may be sent by U.S. Mail, or we are happy to receive the information via the telephone. Mailing address and telephone numbers are on the form. **Please do not fax the completed form.**

Please feel free to contact the HIV surveillance staff with any questions or comments.

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HIV Surveillance Epidemiologist: 515-242-5141



STD reporting in Iowa:

The following infections are reportable in Iowa:

- Chlamydia (for all anatomic sites)
- Gonorrhea (for all anatomic sites)
- Syphilis

Medical providers who make these diagnoses and laboratories who find positive results for these infections are required to report. Many laboratories now have automated processes (e.g., Electronic Laboratory Reporting) to report their results. The technology for automated reporting from medical providers is not fully developed at this time.

The most common method of reporting by medical providers is by completing the form titled, "Iowa Confidential Report of Sexually Transmitted Disease – Chlamydia, Gonorrhea, and Syphilis". The form may be faxed in to the number located at the bottom of the form.

Other methods of reporting must be arranged with the Disease Intervention Specialist (DIS) assigned to your area. There are 7 DIS at IDPH who cover regions in Iowa (exception – providers in Polk, Linn, Scott, and Black Hawk counties may work directly with their county health department).

DIS perform treatment verification on all reported cases of the above infections. Treatment is an important part of the medical provider's report to IDPH. DIS work to ensure that persons diagnosed with the above infections are treated according to the Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines.

DIS offer partner services to persons diagnosed with gonorrhea or infectious syphilis.

DIS are available to assist you in contacting patients that are difficult to reach to ensure they are aware of their diagnosis and have received adequate treatment.

For questions related to reporting, please contact any of the following individuals: **the DIS assigned to your region; Amanda Casson, STD Data Coordinator at (515) 281-3031; or George Walton, STD Program Manager at (515) 281-4936.**



Hepatitis C Virus (HCV) reporting in Iowa:

Patients with the following laboratory results should be reported:

1. Screening tests:
 - a. Anti-HCV: Positive or reactive
2. Confirmatory tests:
 - a. HCV RNA, NAT, or PCR: Positive or reactive test results
 - b. HCV RNA, NAT, or PCR: Negative or not detected test results
 - c. Genotyping: Detected or not detected results

Medical providers who diagnose patients with HCV and laboratories who find positive results are required to report. Many laboratories now have automated processes (e.g., Electronic Laboratory Reporting) to report their results. The technology for automated reporting directly from medical providers is not fully developed at this time.

All identified forms of viral hepatitis are reportable to the Iowa Department of Public Health (IDPH), as mandated by [Iowa Code section 139A.3](#). Due to the infectious nature of each form of viral hepatitis, it is necessary that each case be reported so that prevention and control efforts may be initiated by IDPH.

The most common method of reporting by medical providers is by completing the form titled, "[Iowa Disease Reporting Card](#)". The form may be faxed in to the number located at the top of the form.

For questions related to reporting of HCV, please contact: **Shane Scharer, Hepatitis Data Coordinator at (515) 281-5027.**