



LOS ANGELES COUNTY COMMISSION ON HIV

**POLICY
BRIEF
NO. 3**

SB 1184 (Infectious Disease Reporting)

Questions and answers about SB 1184 (California State legislative session 2007-2008) and CD4 reporting
PUBLIC POLICY COMMITTEE • FEBRUARY 29, 2008

1. What is the purpose of Senate Bill (SB) 1184?

SB 1184 will require laboratories and providers to report CD4 cell counts for HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immunodeficiency Syndrome) to Local Health Departments (LHDs).

2. What are CD4 cell counts?

CD4 cells (CD4s) help mobilize a person's immune system when his or her body has been compromised by an infection. The human body uses the "Cluster of Differentiation 4" (CD4) T-lymphocyte ("white blood") cells to fight off infection by killing foreign bodies, such as cancer, bacteria and fungi. CD4 cell count tests gauge the extent to which HIV/AIDS has impaired the individual's ability to fight infection, measured by the number of CD4 cells found in a microliter of the patient's blood.

3. Why are CD4 cell counts important indicators of HIV/AIDS?

CD4 cell counts measure the integrity of a person's immune system. HIV attacks and kills CD4 cells; without CD4s, the body has a difficult time fighting off other infections. According to the Centers for Disease Control and Prevention (CDC), someone with HIV whose CD4 cell count falls below 200 (cells per microliter), or 14% of total T-lymphocytes, is diagnosed with AIDS, usually a more acute HIV condition. Health care providers use CD4 cell counts to monitor the health of their patients with HIV/AIDS.

4. Why is CD4 reporting necessary?

CD4 reporting is an important tool that facilitates LHD efforts to effectively track the HIV epidemic. Not all HIV-positive people—particularly those who are not on treatment—regularly undergo viral load testing. Although CD4 cell tests are the most routine diagnostic test for people with the disease (regardless of treatment decisions), they are not currently required to be reported in California's HIV surveillance system. Without full CD4 reporting, LHDs cannot fully understand the impact of HIV/AIDS in their communities and they may miss HIV/AIDS case reports. Full CD4 reporting will generate additional HIV service revenues and will improve public health effectiveness and efficiency.

5. How are other states complying with CDC CD4 reporting recommendations?

The Centers for Disease Control and Prevention (CDC) recommend that all CD4 cell counts should be reported. Currently, only California, Montana and American Samoa do not require some form of CD4 reporting. Some states only require CD4 reports under specific cell counts (e.g., 200 or 500)—an acceptable standard in the past, before CDC's new, revised CD4 reporting recommendations. The CDC recommendations have compelled most states that did not previously require full CD4 reporting to modify their surveillance efforts accordingly.

6. How does CD4 reporting impact funding?

The federal Ryan White HIV/AIDS program (the largest non-entitlement form of federal HIV services funding) grants over \$2 billion annually for HIV/AIDS programs and services, from which California receives more than \$250 million. Much of that funding is based on “prevalence”—the number of HIV/AIDS cases reported in each jurisdiction. CD4 reporting will increase the number of HIV/AIDS cases reported in California, and help preserve this important funding stream. CD4 reporting will identify HIV cases not previously reported, which will generate additional federal funds for local HIV services.

7. How does SB 1184 change California’s current HIV reporting (surveillance) system?

Currently, California has a “dual” HIV reporting system: laboratories must report all HIV antibody tests/viral load counts and health care providers are required to report HIV infections (including AIDS) to the LHDs by name. LHD surveillance staff must then match the lab tests with the provider reports to confirm the actual HIV/AIDS case and ensure non-duplication. LHDs, in turn, submit their unduplicated case reports to the State Office of AIDS, which reports aggregate, non-identified case data to the CDC. SB 1184 simply requires laboratories to report the results from CD4 cell count tests (healthcare providers are already required to report HIV infection, regardless of the identifier of the infection).

8. What are the repercussions of not implementing “full” CD4 reporting?

Implementing “partial” (rather than “full”) CD4 reporting (e.g., CD4 cell counts under a certain level) could mean that California and its LHDs do not fully maximize federal funding available for HIV services. Similarly, unmet need cannot be reliably estimated without full CD4 reporting. Also, if AIDS diagnosis standards change in the future, “partial” CD4 reporting would require new legislation corresponding to that change.

9. Why do we need a “full and accurate” picture of the HIV epidemic?

Disease surveillance tracks the progression, impact and reach of the disease that is being reported. Requiring CD4 cell counts to be reported will allow us to identify “unmet need” (people who know they have HIV but are not accessing services) and target service resources to those people/communities.

10. Is there a danger that CD4 cell counts for other conditions will be reported?

Fewer than 5% of all CD4 tests are for conditions other than HIV (primarily transplants and cancer), and there is no danger that CD4 tests from HIV-negative patients will be co-mingled or reported as HIV. California’s HIV surveillance system requires that LHDs investigate all case reports and match them between the labs and health care providers before they are validated as HIV case reports and submitted to the State Office of AIDS.

11. What is the fiscal impact of SB 1184 on various stakeholders?

Full CD4 reporting will generate additional revenues for California’s HIV care/treatment system. Neither the state nor its taxpayers will incur an additional cost burden from SB 1184. Since the test reporting function is largely automatic and batched, the addition of CD4 cell count test results to the laboratories’ reporting responsibilities will not require significant additional resources or costs. Full CD4 reporting will necessitate that LHDs process more lab tests, but it is expected that, once the backlog is cleared, they will eventually be able to routinely accommodate CD4 reporting without additional costs.

12. Why is the language in SB 1184 so technical and prescriptive?

California’s HIV surveillance activities are governed by statute and must be addressed in statutory language. The technical nature of the language in SB 1184 corresponds with other HIV/AIDS surveillance specifics and requirements throughout California’s codes.

13. How is client privacy and confidentiality protected?

Clients will be told that their CD4 tests are reported through the same “informed consent” process that currently accompanies HIV antibody and viral load testing. The strict protections and confidentiality measures taken to secure other forms of HIV reporting data will also apply to CD4 reporting. HIV surveillance data is managed on separate data systems and not accessible through the Internet. In approximately 25 years of HIV/AIDS surveillance in California, there has never been a breach of confidentiality or privacy.

14. Wouldn't it be easier and smarter to make these changes through regulation?

California's Office of AIDS may generate regulations to enact SB 1184 once it becomes law, although, as “urgency” legislation, implementation does not need to wait for those regulations to be promulgated. Since HIV and AIDS reporting/surveillance is chaptered in statute, however, it must first be addressed with statutory amendments.

15. Why is this bill “urgency” legislation?

In 2010, the federal government will enact new Ryan White Program legislation, and it is expected that the formula funding will rely fully on actual (not estimated) names-based HIV surveillance data collected through December 2008. Urgency legislation will allow LHDs to begin collecting CD4 reports immediately—rather than waiting for regulations to be generated in one or two years—and accumulate as many case reports as possible before the projected deadline.

16. How does the bill's “urgency” impact SB 1184 implementation?

As “urgency” legislation, SB 1184 will need a 2/3 vote of the State legislature to pass. Once signed by the Governor, LHDs can begin collecting CD4 counts immediately, without delay due to the development of regulations. Due to the specific nature of the language in the legislation, it is anticipated that SB 1184 will be implemented without any confusion for labs and providers.

The Commission on HIV is chartered in Los Angeles County Code 3.29 to “study, advise and recommend to the board of supervisors and the grantee on matters related to HIV/AIDS” (3.29.090 D), and serves as LA County's Ryan White planning council.