

Santa Cruz County HIV / AIDS Reporting Requirements

Under California law ([California Code of Regulations, Title 17, Sections 2641.5–2643.2](#)), medical providers, laboratories, hospitals, and other entities must report suspected or confirmed cases of HIV or AIDS to the local health department within **7 calendar days**. Like many other communicable diseases, HIV/AIDS reporting follows a dual process, requiring both healthcare providers and laboratories to submit reports.

Reporting Procedures:

<p>What cases must be reported?</p>	<p>Cases must be reported for all individuals who test positive for HIV and those whose condition or test results meet the diagnostic criteria for AIDS.</p> <p>For the most up-to-date HIV/AIDS case definitions and revisions, refer to the CDC's 2014 publication Morbidity and Mortality Weekly Report (MMWR).</p>
<p>Who reports?</p>	<p>Healthcare providers and laboratories must report all patients with a test indicative of HIV to the local health department within 7 calendar days.</p> <p>In Santa Cruz County, HIV disease reports are managed by the HIV Surveillance Coordinator within the Communicable Disease Unit.</p> <p>When a laboratory identifies a test result indicative of HIV infection, it reports limited patient information to the HIV Surveillance Coordinator and sends the results to the ordering provider. The provider is then responsible for completing and submitting a Case Report Form to the HIV Surveillance Coordinator.</p>
<p>How to report</p> <p>Do not submit any information via email.</p>	<p>For laboratory-specific HIV reporting regulations in California, click here.</p> <p>Healthcare providers can submit the required reporting information through the following methods:</p> <p>Option 1: Report by Fax or Mail</p> <p>A) For patients aged 13 years or older at the time of diagnosis:</p> <ul style="list-style-type: none"> • Download and complete the Adult HIV/AIDS Confidential Case Report. • Instructions for completing the form. <p>B) For patients under 13 years old at the time of diagnosis:</p> <ul style="list-style-type: none"> • Download and complete the Pediatric HIV/AIDS Confidential Case Report. <p>C) Submit case reports via fax: (831) 454-5220.</p> <p>D) Or mail case reports using double envelopes to:</p> <p style="padding-left: 40px;"><i>Santa Cruz County Health Services Agency ATTN: HIV Surveillance Coordinator 1060 Emeline Ave, Santa Cruz, CA 95060</i></p> <p>Option 2: Report by Phone</p> <p>Call (831) 454-4730 to complete the report over the phone. Our team will assist physicians or designated staff members in gathering the necessary information and completing the form.</p>
<p>Why prompt reporting is critical</p>	<p>To ensure newly diagnosed patients are linked to care and previously diagnosed patients receive continued support, while also monitoring epidemic trends and securing adequate funding for local HIV treatment and prevention services.</p>
<p>Connect with CARE</p>	<p>Our HIV Partner Services Program offers interventions to help prevent onward transmission. With multiple disclosure options, our trained staff assist in notifying partners about potential exposure to HIV and other STDs while providing connections to testing and medical care.</p> <p>For more information on referring your patient to our Community Advocacy Resource/Education (CARE) Team, please click here.</p>

For more information on HIV / AIDS reporting, visit the [Office of AIDS – HIV Reporting Laws](#)
Review [CDPH HIV Reporting & CDC Algorithm Update \(2015\)](#)

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Additional Information:

Tests indicative of HIV infection include:	AIDS defining conditions:
<ul style="list-style-type: none"> • Confirmed positive HIV antibody test (for more information click here) • Any viral load test • Positive P24 antigen test • Positive viral isolation test • Positive Nucleic Acid Testing (NAT) • CD4+T-cell test (clinical laboratories may withhold report if they can demonstrate that the CD4+T-cell test is unrelated to a diagnosed case of HIV infection) 	<ul style="list-style-type: none"> • CD4+ T-lymphocyte count <200 mL/mm³ • Candidiasis of the bronchi, trachea, or lungs • Candidiasis, esophageal • Cervical cancer, invasive • Coccidioidomycosis, disseminated or extrapulmonary • Cryptococcosis, extra-pulmonary • Cryptosporidiosis, chronic intestinal • Cytomegalovirus disease • Cytomegalovirus retinitis • Encephalopathy, HIV-related • Herpes simplex: chronic ulcers; or bronchitis, pneumonitis or esophagitis • Histoplasmosis, disseminated or extrapulmonary • Isosporiasis, chronic intestinal • Kaposi's Sarcoma • Lymphoma, Burkitt's • Lymphoma, immunoblastic • Lymphoma, primary in the brain • Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary • Mycobacterium tuberculosis, any site • Pneumocystis carinii pneumonia • Pneumonia, recurrent • Progressive multifocal Leukoencephalopathy • Salmonella septicemia, recurrent • Toxoplasmosis of the brain • Wasting syndrome due to HIV