



Changes to HIV Reporting

Revisions to 17 CCR 2500 and 17 CCR 2505, effective October 1, 2019

Frequently Asked Questions

Recent changes to disease reporting requirements delineated in Chapter 17 of the California Code of Regulations (CCR) sections 2500 and 2505 have resulted in a number of questions regarding how those changes affect HIV reporting specifically. This document is intended to respond to those questions. Please note this is a living document and may be updated periodically as we identify additional points of confusion and/or additional clarifying information.

How do the changes to 17 CCR 2500 and 2505 affect reporting requirements for HIV?

General disease reporting requirements are in 17 CCR 2500 and 2505, and HIV-specific reporting requirements are found in 17 CCR 2643.5 and 2643.10. HIV reporting activities must comply with both sets of regulations.

When two regulations relate to the same subject, a specific provision will govern that subject over a general one. This means when reporting requirements are in conflict those specified in a specific provision would take precedence. When there is no direct conflict, effect should be given to both general and specific provisions.

For Providers:

Have HIV/AIDS reporting timeframes changed for health care providers?

No, HIV reporting timeframes have not changed. Health care providers must report Human Immunodeficiency Virus (HIV) infection at any stage, including HIV infection, progression to stage 3 (AIDS) within seven (7) calendar days. HIV, acute infection must be reported within one (1) working day.

Is acute HIV infection still reportable by health care providers within one (1) working day?

Yes, HIV reporting timeframes have not changed. Health care providers must report Human Immunodeficiency Virus (HIV), acute infection within one (1) working day to the local health officer of the jurisdiction in which the patient resides by telephone.

Are new AIDS cases still required to be reported by health care providers?

Yes, health care providers must report Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) within seven (7) calendar days.

17 CCR 2500 renamed Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS) to Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS) to match the case definition which was revised in 2014.

Are there any new HIV/AIDS reporting requirements for health care providers?

Yes, pregnancy status is now required to be reported by health care providers. Although this has been reported routinely in practice, it is now specified as a requirement.

17 CCR 2500 was modified to require gender to be reported instead of sex, but for HIV this is not a new requirement as this was already specified in 17 CCR 2643.5.

For Labs:

Are labs still required to submit sera or plasma for HIV specimens?

Routine submissions of sera/plasma for HIV specimens have been discontinued due to the CDC's discontinuation of the incidence program. Sera/plasma specimens for HIV are now only required to be submitted upon request from CDPH.

Are labs now required to report HIV results to the local health jurisdiction where the patient resides instead of where the health care provider is located?

No, labs will continue reporting HIV results to the local health jurisdiction where the health care provider is located as specified in 17 CCR 2643.10.

Reporting requirements in HIV-specific 17 CCR 2643.10 take precedence over the general disease reporting requirement in 17 CCR 2505 because there is a direct conflict.

Are there any new HIV/AIDS reporting requirements for labs?

Yes, patient address, pregnancy status, and molecular results are now required to be reported by labs.

17 CCR 2505 modified reporting requirements by adding patient address, pregnancy status, and molecular results. Age is no longer required; instead laboratory reports must contain Date of Birth. (Reporting Date of Birth is already required as specified in 17 CCR 2643.10). Molecular testing for HIV was previously required to be reported under the language that requires reporting any tests used for monitoring HIV, but this language specifically codifies the requirement, which was not in place for some other diseases.

Can labs fax HIV results?

No, labs may not fax HIV results for purposes of HIV disease reporting. Labs must report HIV results to the state electronic reporting system (CalREDIE) or a local electronic reporting system that is linked to the state electronic reporting system.

Although the revised 17 CCR 2505 indicates that reporting by fax or electronic mail may temporarily substitute for reporting to the state or local electronic reporting

system, 17 CCR 2643.10 indicates that laboratory shall not submit reports containing personal information to the local health officer or his or her designee by electronic facsimile transmission or by electronic mail or by non-traceable mail. Therefore, laboratories may NOT use fax to transmit HIV results to the local health officer.

Other Changes

- Laboratories must report initial findings, as well as any subsequent findings as a result of additional laboratory examination.
- Negative laboratory test results must be reported when requested by CDPH or the local health officer.