Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, & TB Prevention
Division of HIV/AIDS Prevention

National HIV Testing Data Reporting Requirements
Required beginning January 1, 2012

The purpose of this document is to outline the January 2012 HIV testing data reporting requirements.

Data Submission
Data are reported **biannually**. The first data based on the new reporting requirements should be submitted to CDC no later than September 15th, 2012, for the period January 1 – June 30, 2012.

CBOs, regardless of the funding relationship with the jurisdictional health department, should report HIV testing data directly to the HD that will then report all jurisdictional HIV testing data to CDC (for the HD and CBOs).

Table 1. Summary of data reporting requirements for healthcare settings

HIV Negative Clients Variable, DVS number	HIV Positive Clients Variable, DVS number
Agency-level Program announcement number (X137) Community plan jurisdiction (A02) Form ID (H04a) Session date (H06) Agency ID (A01a) Intervention ID (H01) Site ID (S01) Site type (S04) Site zip code (S10) Site county (S08) **Client-level** Year of birth (G112) State of residence (G120) Client county of residence (G132) Ethnicity (G114) Race (G116) Current Gender (G124) Assigned sex at birth (G123) Previous HIV test (G204) Self-reported result (G205) **HIV Test Information** Sample date (X105) Test election (X104) Test technology (X103) Test result (X110) Result provided (X111) If result not provided, why? (X115)	**Agency-level** Program announcement number (X137) Community plan jurisdiction (A02) Form ID (H04a) Session date (H06) Agency ID (A01a) Intervention ID (H01) Site ID (S01) Site type (S04) Site zip code (S10) Site county (S08) **Client-level** Year of birth (G112) State of residence (G120) Client county of residence (G132) Ethnicity (G114) Race (G116) Current Gender (G124) Assigned sex at birth (G123) Previous HIV test (G204) Self-reported result (G205) Behavioral risk factors (G211, G212, G216, G217, G218, G219, G220, G221) **HIV Test Information** Sample date (X105) Test election (X104) Test technology (X103) Test result (X110) Result provided (X111) If result not provided, why? (X115) **Referrals – For preliminary and confirmed positives** Was client referred to medical care? (X703) Reason client not referred to medical care (X702a) Did client attend first appointment? (X706) Was the first appointment within 90 days of the test date? (X706b) Was client referred to or contacted by partner services? (X703) Was the client interviewed for partner services? (X725) Was the interview within 30 days of receiving result? (X725a) Was client referred to prevention services? (X703) Did client receive prevention services? (X724) Is female client pregnant? (G209) Is female client in prenatal care? (G210) **'For HD use only' section – For preliminary and confirmed positives** Is the client in surveillance systems/records? (X136)

** **Any service provider that currently collects all variables should continue to do so; e.g. (some STD or substance abuse treatment clinics that are funded for HIV testing.**

Table 2. Summary of data reporting requirements for non-healthcare settings

HIV Negative Clients Variable, DVS number	HIV Positive Clients Variable, DVS number
Agency-level Program announcement number (X137) Community plan jurisdiction (A02) Form ID (H04a) Session date (H06) Agency ID (A01a) Intervention ID (H01) Site ID (S01) Site type (S04) Site zip code (S10) Site county (S08) **Client-level** Year of birth (G112) State of residence (G120) Client county of residence (G132) Ethnicity (G114) Race (G116) Current Gender (G124) Assigned sex at birth (G123) Previous HIV test (G204) Self-reported result (G205) Behavioral risk factors (G211, G212, G216, G217, G218, G219, G220, G221) **HIV Test Information** Sample date (X105) Test election (X104) Test technology (X103) Test result (X110) Result provided (X111) If result not provided, why? (X115)	**Agency-level** Program announcement number (X137) Community plan jurisdiction (A02) Form ID (H04a) Session date (H06) Agency ID (A01a) Intervention ID (H01) Site ID (S01) Site type (S04) Site zip code (S10) Site county (S08) **Client-level** Year of birth (G112) State of residence (G120) Client county of residence (G132) Ethnicity (G114) Race (G116) Current Gender (G124) Assigned sex at birth (G123) Previous HIV test (G204) Self-reported result (G205) Behavioral risk factors (G211, G212, G216, G217, G218, G219, G220, G221) **HIV Test Information** Sample date (X105) Test election (X104) Test technology (X103) Test result (X110) Result provided (X111) If result not provided, why? (X115) **Referrals – For preliminary and confirmed positives** Was client referred to medical care? (X703) Reason client not referred to medical care (X702a) Did client attend first appointment? (X706) Was the first appointment within 90 days of the test date? (X706b) Was client referred to or contacted by partner services? (X703) Was the client interviewed for partner services? (X725) Was the interview within 30 days of receiving result? (X725a) Was client referred to prevention services? (X703) Did client receive prevention services? (X724) Is female client pregnant? (G209) Is female client in prenatal care? (G210) **'For HD use only' section – For preliminary and confirmed positives** Is the client in surveillance systems/records? (X136)