



Pinellas & Pasco County HIV/AIDS Reporting Guidelines For Providers



- ✓ These rules apply to the practitioner who first authorizes, orders, requests or submits a specimen to a licensed laboratory for testing for any agent listed in [Rule 64D-3.029, F.A.C.](#) They are responsible for obtaining and providing the information required by subparagraph 64D-3.031 (3)(a)(1-9), F.A.C., at the time the specimen is sent to or received by the laboratory.
- ✓ The above practitioner who makes a diagnosis of or treats an HIV positive patient, AIDS patient, or HIV exposed infant is responsible for completing a CDC adult or pediatric HIV/AIDS case report form/s available through their local county health department: Please call [727-824-6903](tel:727-824-6903) or visit <http://pinellas.floridahealth.gov/programs-and-services/infectious-disease-services/hiv-aids/index.html>
- ✓ Each practitioner who makes a diagnosis of or treats any notifiable disease or condition shall make their patient medical records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives (Rule 64D-3.030 (6), F.A.C.)

HIV

Reportable within 2 weeks if:

- ✓ Patient has repeatedly reactive HIV enzyme immunoassay (EIA), followed by a positive confirmatory test (Western Blot, IFA, IB) done on or after 7/01/1997.
- ✓ Pediatric or Adult patient has HIV detectable viral load test or undetectable viral load test (or history of HIV) and has been on verified HIV Antiretroviral (ARV/HAART) treatment medications.
- ✓ Pediatric patient < 18 months has either detectable or undetectable viral load test result on or after 11/20/2006.
- ✓ Patient has positive result on any HIV virologic DNA/RNA test (p24 AG, Nucleic Acid Test (NAT/NAAT), or viral culture) collected on or after 11/20/2006.
- ✓ Note: Patient is reportable within next business day on any HIV exposed newborn – infant <18 months of age born to an HIV infected woman.

AIDS

Reportable within 2 weeks if:

- ✓ Patient has any one of the 26 documented AIDS defining Opportunistic Infections at any time

AND/OR

- ✓ Patient has a documented CD4 <200 at any time

Information Required on Forms:

- ✓ Patient's first and last name & middle initial
- ✓ Patient's full address
- ✓ Patient's phone number
- ✓ Patient's date of birth
- ✓ Patient's sex at birth
- ✓ Patient's race
- ✓ Patient's ethnicity (Hispanic or non-Hispanic)
- ✓ Patient's pregnancy status (if applicable)
- ✓ Patient's social security number
- ✓ Patient's diagnosis: type of diagnostic test/s (WB/IA/NAAT), type of specimen, date of collection, site of test, test results, date of report, treatment given
- ✓ Patient's type & date of HIV/AIDS diagnosis (if applicable)
- ✓ Name, address, & phone # of attending physician

It is only through the assistance of health care providers like yourself, who *report* these cases in a timely manner, that we are better able to understand the demographic trends of HIV. **In addition, we use this information to justify the need for continued funding of HIV/AIDS prevention programs and patient care services for our local areas.**



How to Report

- ✓ **HIV/AIDS cases may be reported ONLY by MAIL or by TELEPHONE. Please DO NOT FAX!!!!**
 - By telephone call **(727) 824-6903**
 - By mail send to: please double envelope and mark inside envelope "CONFIDENTIAL"

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