

## HIV Surveillance System

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**State Website:** <https://www.chfs.ky.gov/agencies/dph/dehp/hab/Pages/default.aspx>

### Why is it used?

- Provides population level information about Kentucky's HIV/AIDS cases reported to KDPH.
- Provides data to create and evaluate prevention efforts and service initiatives for HIV/AIDS prevention specialists and community planning groups.
- Provides data for the evaluation of existing HIV/AIDS care and supportive services and the creation of new services to address unmet needs and service gaps.
- Provides data for grant applications for HIV/AIDS prevention and care services.
- To identify target populations that are disproportionately affected by HIV/AIDS.
- To assess Kentucky's progress regarding the National HIV/AIDS Strategy (NHAS), including information on the continuum of care, from diagnosis to viral suppression.

### What data is collected?

Collected on standardized forms and includes:

- Demographics such as race and ethnicity, age groups and sex assigned at birth.
- Mode of exposure.
- Year of diagnosis.
- Year of report.
- Area Development District.
- County of residence.
- Laboratory and clinical information.

### How is data collected?

There are several statutes that mandate HIV/AIDS related lab results go to the Cabinet for Health and Family Services (CHFS) and KDPH HIV/AIDS Branch and surveillance programs:

- [KRS 211.180](#) calls for the creation of regulations specifying the information required and a minimum timeframe for reporting a sexually transmitted disease and establishes that the Cabinet requires cases of HIV to be reported by name and other relevant data.

- [KRS 311.282](#) states that licensed physicians will not be held civilly or criminally liable for disclosure of information to the Cabinet for HIV/AIDS reporting purposes.
- [KRS 214.625](#) mandates that no person who has obtained or has knowledge of a test result shall disclose or be compelled to disclose the identity of any person upon whom a test is performed, or results of the test that permit the identification of the subject of the test, except to those with a legitimate need to know including the Cabinet in accordance with rules for reporting and controlling the spread of disease as required by law.
- [902 KAR 2:020](#), Section 16 states that physicians, hospitals, laboratories, counseling and testing sites and health professions licensed under KRS chapters 311-314 are required to report HIV and AIDS cases to KDPH. As of 7/15/2004, HIV cases are to be reported by name and no longer by a unique identifier.

**Data Strengths:**

- Data is collected from standardized forms.
- Data is managed using a series of standardized algorithms to decipher incoming data on previously existing cases or on new cases that need to be investigated.
- Surveillance performance standards and data quality are monitored at least monthly and laboratory data are imported into the registry routinely.

**Data Limitations:**

- HIV data is not always reported in a timely manner, which can lead to incomplete case numbers and may not be reliable in trend analyses.
- There are large percentages of infections without known modes of transmission that pose a barrier to provision of effective responses to the epidemic within the groups in question.

**How is the system evaluated?**

- HIV registry is evaluated annually utilizing quality control standards developed by the CDC.
- HIV data is not monitored monthly to evaluate the progress of these performance standards.

**Data Set Availability:**

- Raw data is not available for public use due to security and confidentiality restrictions.
- Aggregate data can be filled at the public's request with identified restrictions at no cost.

**Data Release Policy:**

- The data release policy is based on three main factors: the recipient of the data, population size of the data region and the timeframe.
- Under no circumstances will data be released if it is determined the data may compromise surveillance activities or affect public perception of the confidentiality of the surveillance system.
- A strict data release policy is necessary because release of certain types of data, even without names, could identify a case.
- You can request data by completing the request form: [HIV Data Request Form](#)

**Data Publications:**

- Annual surveillance report, continuum of care report and various category-based fact sheets.
- Integrated epidemiologic profile produced every five years with annual updates to epidemiologic data.
- Publications can be accessed on the HIV/AIDS website listed above.
- Additional resources including HIV prevention and care services data and external links to national HIV data are also available on our website.
- Interactive maps for national and state-level HIV data is also available at <https://aidsvu.org/> and [AtlasPlus](#)

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