

# **HIV Case Based Surveillance in Jamaica**

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# Outline

- What is surveillance
- Importance of HIV surveillance
- HIV Surveillance methods
- Information obtained from HIV surveillance data
- Data Use
- Data dissemination routes
- Challenges
- HIV Case-Based Surveillance Evaluation and Mapping Exercise

# What is **SURVEILLANCE**?

**Systematic ongoing**

- **Collection**
  - **Analysis**
  - **Interpretation**
  - **Dissemination**
- ↓
- **Public Health Action**

# WHY DO WE DO SURVEILLANCE FOR HIV?

- ❖ **To gain understanding about how HIV is spreading within country**
  - Who is infected with HIV and where?
  - Who is being exposed to HIV and where?
  - What is the source of new infections and how is it changing over time?
- ❖ **To provide information to guide the National Response**

# **CASE BASED SURVEILLANCE-**

## **Methods**

- **Passive surveillance**
- **Active surveillance**

# PASSIVE SURVEILLANCE

- ***Passive Surveillance (name based- case based)***  
Reporting of new cases by private doctors, BCC team
- ***Passive surveillance (usually aggregated data showing # of cases)***
- Monthly: National Public Health Lab.; private labs; Blood Bank;
- Quarterly: Life Insurance Company Association, Jamaica Defence Force; Jamaica Constabulary Force; Migrant workers (Ministry of Labour)

# ACTIVE SURVEILLANCE

**Active surveillance** (*name-based reporting*)  
( *initiated by MoH and public health team*)

- Regular visits to major hospitals/hospices/health care facilities by the Surveillance Officer

*Data collected from medical records, death registers and the HIV/AIDS confidential reporting form is completed*

- Hospital Active Surveillance

*Data collected from hospital ward admission & discharge registers and emergency department. Report can be made on suspicion using the Class I notification form*

# ACTIVE SURVEILLANCE

- ARV treatment site updates

*Data from the treatment site database collected for new clients and updates done for all clients with changing in HIV status(i.e advanced HIV, AIDS and AIDS death)*

- Contact tracing and reporting of cases from Contact Investigators

*Patients are interviewed ( with pre and post test counselling given), and positives reported on the HIV/AIDS confidential reporting form*

# **FORMS FOR REPORTING HIV POSITIVE CASES**

**Class I Communicable Diseases  
individual notification form**

**HIV/AIDS confidential reporting  
form**

# HIV NOTIFICATION

HIV and AIDS are Class I notifiable diseases

- **Class I diseases must be reported on suspicion**
- Notification should be submitted on a Class I notification form *and/or* HIV/AIDS confidential reporting form and sent in envelope with confidential inscribed

Envelope should be addressed to:

**Senior Medical Officer (H)**  
**Surveillance Unit**  
**Ministry of Health**



**All positives must be  
reported to the  
Surveillance Unit  
Ministry of Health.**

# CLASS I REPORTING FORM - INDIVIDUAL NOTIFICATION (ON SUSPICION)

Date of Report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YY)

NEW CASE / PREVIOUSLY REPORTED CASE (Circle One)

Diagnosis: \_\_\_\_\_

## Case Demographic Information

Name  
(including pet name): \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

Address: Lot #: \_\_\_\_\_ Street: \_\_\_\_\_ Street Type: \_\_\_\_\_  
(Include Landmark) (Name) (Drive, Road, Close etc )

Community: \_\_\_\_\_ Neighbouring Community/District: \_\_\_\_\_ Parish: \_\_\_\_\_

Workplace/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

(H) Phone #: \_\_\_\_\_ (Wk) Phone #: \_\_\_\_\_ History of overseas travel in past 4-6 weeks? Y / N

Specify area/country: \_\_\_\_\_

Name of NOK/Parent: \_\_\_\_\_ Relationship to case: \_\_\_\_\_

Address of NOK/Parent: \_\_\_\_\_ Phone No.: \_\_\_\_\_

## Clinical information:

Symptoms: \_\_\_\_\_ Hosp./Facility Name: \_\_\_\_\_

\_\_\_\_\_ Medical Record # \_\_\_\_\_

Date of onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy) Date seen: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy) Case admitted to Hosp?: Y / N (Circle one)

Specimen Taken Y / N Type: \_\_\_\_\_ Date of Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

Specimen Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy) Laboratory: \_\_\_\_\_ Ward: \_\_\_\_\_

Result (s): \_\_\_\_\_ If dead, Date of Death: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

## Notifier Information

Name of notifier: \_\_\_\_\_ Phone #: \_\_\_\_\_ Received by MO(H) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Parish MO(H) Signature \_\_\_\_\_

Comments: \_\_\_\_\_ Forwarded to R.S.O \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

Forwarded to Surveillance Unit \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yy)

**HIV/AIDS CONFIDENTIAL REPORTING FORM**

Send all reports to S.M.O, Surveillance Unit  
 2 King Street, Kingston  
 Ministry of Health,  
 Telephone: 967-1100/1/3/5, Fax # 967-1280  
 AIDS/STD Helpline Tel: 967-3830

FOR THE EPI – UNIT ONLY: ACCESS #

TRN: \_\_\_\_\_ Clinic Site \_\_\_\_\_ MEDICAL RECORD \_\_\_\_\_

Trace ( ), Do not contact trace ( ), Contact partners only ( ), Update ( ), Copy sent to CI ( )

1. NAME: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Pet name \_\_\_\_\_ Sex: M( ), F( )

2. ADDRESS: \_\_\_\_\_ PARISH: \_\_\_\_\_ Tel: \_\_\_\_\_

3. D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ yrs. OCCUPATION: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_  
 dd mm yy weeks if infant employed  unemployed

4. NEXT OF KIN: \_\_\_\_\_ Name \_\_\_\_\_ Relation \_\_\_\_\_ Address \_\_\_\_\_

4a. MOTHER'S NAME \_\_\_\_\_

5. Sexual contacts (Surname)	First Name	Relation	Address	Parish
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. SEXUAL PRACTICE of Patient: Heterosexual ( ) Homosexual ( ) Bisexual ( ) Not known ( )

7. Risk History	8. Clinical Status	DATE: ____/____/____
Blood transfusion ..... Y( ) N( )	Weight loss (>10%).....Y( ) N( )	Candidiasis ..... Y( ) N( )
Crack/Cocaine use ..... Y( ) N( )	Cough (>4 weeks).....Y( ) N( )	If Yes: Oral/ Oesophageal/ Vaginal
Intravenous drug use .... Y( ) N( )	Fever (> 1 month) .....Y( ) N( )	Gen. Lymphadenopathy...Y( ) N( )
Current STD.....Y( ) N( )	PCP .....Y( ) N( )	Diarrhoea (> 1 month) .... Y( ) N( )
History of STD ..... Y( ) N( )	Recurrent Pneumonia.....Y( ) N( )	Chronic Herpes simplex . .Y( ) N( )
Genital Ulcers/sores ..... Y( ) N( )	Tuberculosis.....Y( ) N( )	(> 1 month)
Sex with CSW..... Y( ) N( )	If Yes: Pulmonary/ Extra Pulmonary/ Disseminated	Shingles.....Y( ) N( )
CSW.....Y( ) N( )	CNS involvement .....Y( ) N( )	Gen. Dermatitis.....Y( ) N( )
Multiple Partners..... Y( ) N( )	Severe Bacterial Infection..Y( ) N( )	Invasive cervical cancer...Y( ) N( )
Ever in Prison.....Y( ) N( )	(specify) _____	Kaposi's Sarcoma..... Y( ) N( )
	<b>If pregnant, please complete box on reverse of this form</b>	Other _____

10. TRANSMISSION CATEGORY: Sexual ( ) Vertical ( ) IV Drug Use ( ) Haemophiliac ( ) Blood Transfusion ( )

11. CD4 COUNT \_\_\_\_\_ CD4/CD8 ratio \_\_\_\_\_ Date of CD4 count \_\_\_\_/\_\_\_\_/\_\_\_\_ Viral Load \_\_\_\_\_ Date of Viral load \_\_\_\_/\_\_\_\_/\_\_\_\_

12. IS PT ON ANTIRETROVIRAL TREATMENT (ARV)? Y( ) N( ) START DATE OF ARV: \_\_\_\_/\_\_\_\_/\_\_\_\_

13. CURRENT STATUS OF PT: HIV (no symptoms) ( ) HIV (minimal symptoms) ( ) Advanced HIV (CD4 count 201 – 350) ( )  
 AIDS ( ) AIDS Death ( )

14. DATE OF ONSET OF SYMPTOMS: \_\_\_\_/\_\_\_\_/\_\_\_\_

15. Date diagnosed as Advanced HIV/AIDS \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

16. CONFIRMATORY HIV TEST DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rapid Test: Date: ____/____/____	Result: Pos <input type="checkbox"/>
Test Type: _____	Neg <input type="checkbox"/>

CONFIRMATORY Lab: \_\_\_\_\_ Result: Pos  Neg

Where tested? Antenatal Clinic  Private Antenatal  STI Clinic  Blood Bank  Hospital  Private doctor   
 Other  Specify \_\_\_\_\_

6. Number of children under 15 years of age: \_\_\_\_\_

7.1 Blood transfusion: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospital transfused: \_\_\_\_\_ 7.2 Deportee? Y ( ) N ( ) \_\_\_\_\_  
Country \_\_\_\_\_

<b>FOR PREGNANT PATIENTS ONLY, PLEASE ENTER THE FOLLOWING INFORMATION:</b>					
Estimated gestational Age: _____ weeks		Estimated date of delivery: ____/____/____			
Clinic site: _____		Parish _____		Clinic MRN #: _____	
Patient referred to: VJH clinic ( ) UHWI ( ) Spanish Town ( ) CRH ( ) Mandeville ( ) St Ann's Bay ( )					
Other: _____ Date of referral appointment: ____/____/____ Pt. Not referred ( ) Pt. Refused referral: ( )					
Post test counseling done by: _____ (Enter name) Date of Post test counseling: ____/____/____					
<b>PREGNANCY OUTCOME:</b>					
<b>Mother</b> Delivery date: ____/____/____		Received ART during pregnancy? Yes ( ) No ( ) Don't Know ( ) AZT ( ) NVP ( ) HAART ( ) Other _____ ART adherence (Y/N): _____		Pregnancy outcome: ( ) Live birth ( ) Still birth Other _____	
<b>Baby #1</b> Last name: _____ First name: _____		Received ART at delivery? Yes ( ) No ( ) Don't Know ( ) AZT ( ) NVP ( ) HAART ( ) Other _____		PCR result: 6 weeks	PCR result: 3 months
<b>Baby #2</b> Last name: _____ First name: _____		Received ART at delivery? Yes ( ) No ( ) Don't Know ( ) AZT ( ) NVP ( ) HAART ( ) Other _____		PCR: 6 weeks	PCR result: 3 months
				ELISA: 18 months	ELISA: 18 months

**Definitions:**

- ◆ Multiple partners --- Persons who report having sex with more than one person in the last 12 months.
- ◆ CSW --- Commercial sex worker
- ◆ PCP --- Pneumocystis Jiroveci Pneumonia
- ◆ CNS involvement --- Unexplained recent onset of seizures, dementia, toxoplasmosis, CMV, Cryptococcus, encephalopathy
- ◆ Recurrent pneumonia --- Two or more episodes within a 1-year period
- ◆ Gen. lymphadenopathy --- Two or more sites with enlarged lymph nodes

**PLEASE NOTE:**

- Enter all dates in the format dd/mm/yy.
- Reporting physicians are advised to initiate interview of index case to identify sexual contacts and encourage partner notification.
- If all sexual partners have been investigated, please tick "Do not contact trace" on front of form.
- DO NOT SEND PATIENTS to the Ministry of Health, 2-4 King Street with confidential reporting forms.**
- If you have an "update" on the clinical condition or death of a patient please complete and send new reporting form.
- Send report under confidential cover to the MO(H) at the Parish Health Department or S.M.O. at top of form.

PATIENT'S DOCTOR: \_\_\_\_\_ Address/hospital: \_\_\_\_\_ Tel: \_\_\_\_\_ - \_\_\_\_\_  
SOURCE OF INFORMATION: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_ Date reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Confidential patient counseling, information for providers, and automated information are available from AIDS/STD Helpline  
Tel: 967-3830, 967-3764, 1-888-991-4444 Hours: 10:00 a.m. – 10:00 p.m. Monday through Friday

Web Page: [www.jamaica-nap.org](http://www.jamaica-nap.org)

# REFERRAL

- All HIV positive cases should be referred To a Contact Investigator.

## **WHY?**

Counselling

Partner/contact notification

Contact tracing

Contact investigation

Reporting of HIV positive contacts

# DATA ENTRY & ANALYSIS

- HIV data from confidential reporting form and class I reporting form are entered into secure electronic database called HIV/AIDS Tracking System (HATS)

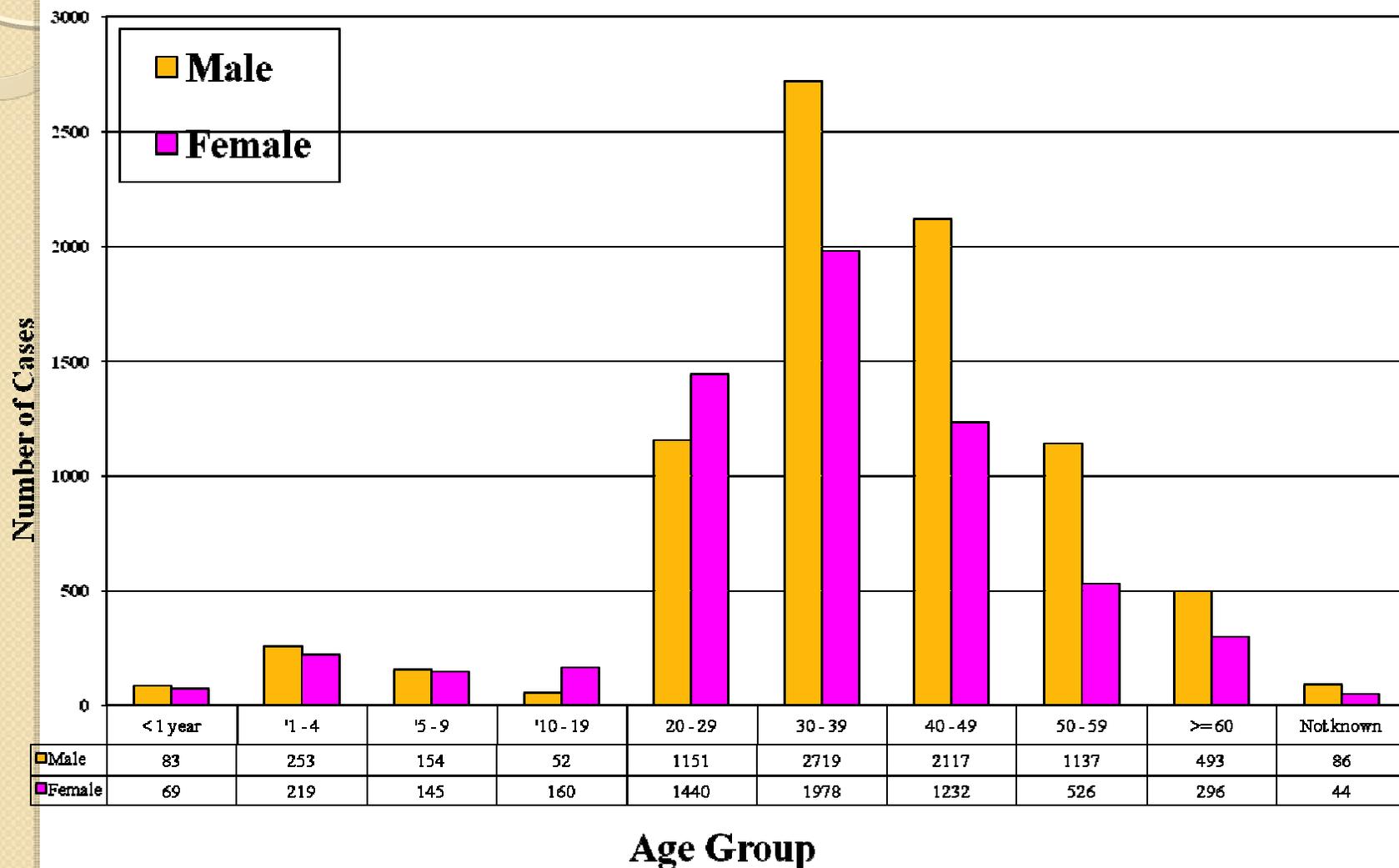
# Data Use

- Provide national statistics.
- Identify populations for intervention
- Identify factors driving the epidemic
- Inform indicators and targets
- Identify priority areas for allocation of resources
- Informs procurement estimates for HIV testing reagents
- Evaluation of Programmes
- Research

# JAMAICA

## AIDS Cases by Age and Gender

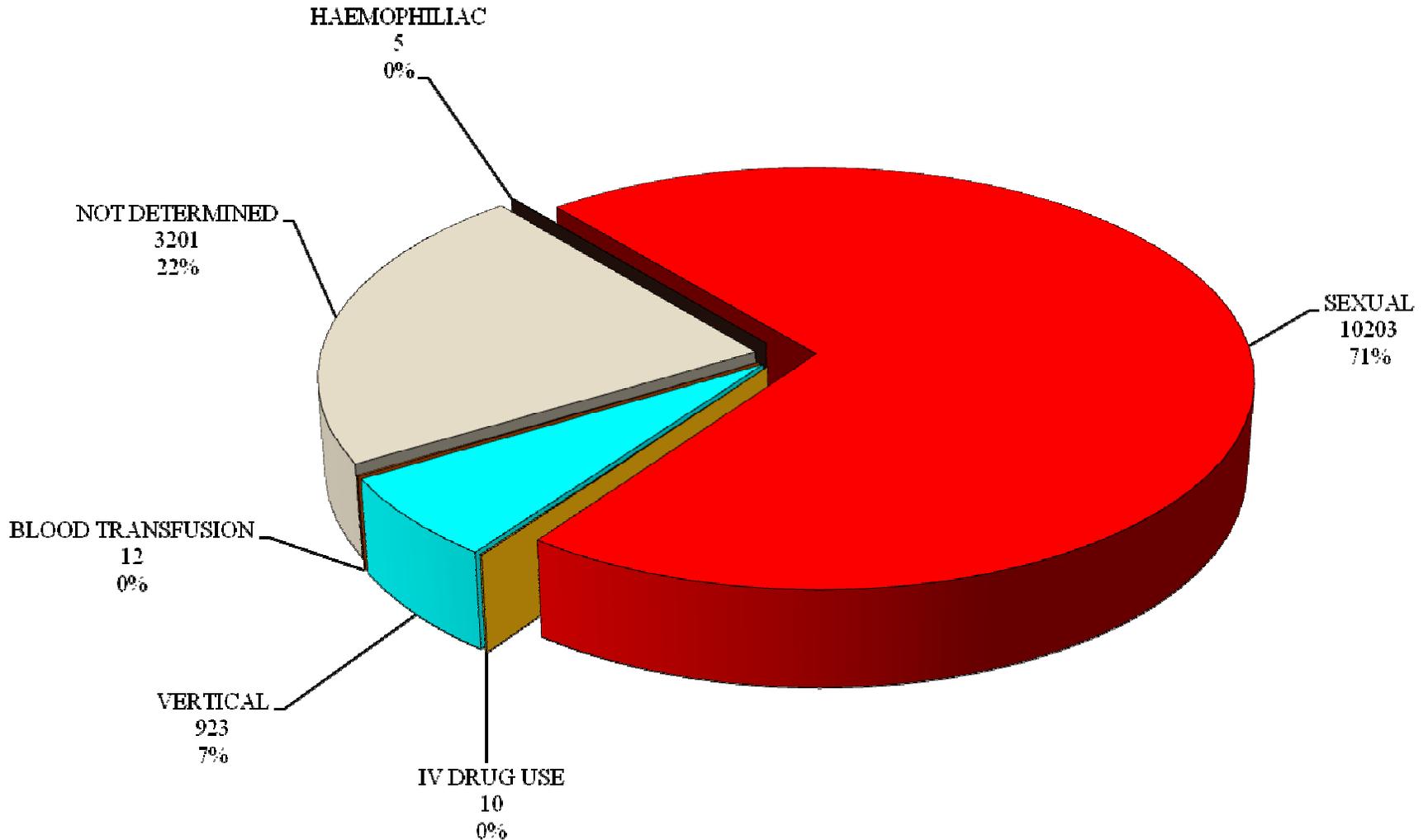
1982 - 2009



# JAMAICA

## AIDS CASES BY TRANSMISSION CATEGORY

1982 – 2009



# DATA DISSEMINATION ROUTES

- AIDS quarterly/annual reports

Quarterly reports for selected groups

- International Reports

UNGASS    USAID    UNICEF

Global Fund    PAHO                    CAREC

World Bank

- Newsletter “ Facts & Figures”– Epi Update
- Print and electronic media releases
- Workshops
- Posters
- Website

# CHALLENGES

- Under-reporting of HIV positive cases
  - Many doctors do not report cases
  - Reports not submitted in a timely manner or submitted at all
  - Not enough Contact Investigators in some parishes to do adequate contact tracing
  - Routing delays- long delays at parish before submission to Ministry of Health
  - Difficulty getting Treatment site data
  - Violence preventing or making difficult contact tracing

# CHALLENGES

- Inadequate completion of reporting forms
  - No age or date of birth
  - Sex not indicated
  - Inadequate address or no address
  - No HIV test result – rapid or confirmed positive
  - No clinical symptoms recorded-
  - Writing not legible

# Ways to improve the collection of surveillance data

## **Sensitize key personnel re their roles and responsibilities in HIV case-based surveillance**

- Proper completion of Class I notification form and HIV/AIDS confidential reporting form
- Appropriate referral/linkage into health system (e.g. contact investigator, treatment site etc.)

# **HIV Case-Based Surveillance Evaluation and Mapping Exercise**

- Visit was made by team from PAHO/CAREC in April 2011 re the evaluation of the HIV response in Jamaica
- HIV/AIDS Confidential Reporting Form was reviewed in relation to the mapping of the recommended minimum data elements for HIV case-based surveillance

# Results of Mapping Exercise- Gaps

- Form does not include certain demographic data such as race/ethnicity, country of origin, educational level
- Timelines for the risk factors not clearly defined (i.e. recommendation is to explore risk factors over the past 12 months)
- Some risk factors are not mentioned on the form (e.g. occupational exposure, organ transplant, artificial insemination)

# HIV Case- Based Surveillance

- A team from the NHP along with a PAHO advisor will review the HIV/AIDS Confidential Reporting Form with a view to possibly making some adjustments based on the recommendations from the mapping/evaluation exercise.

# Acknowledgement

- Mrs. Minnette Robertson
- Dr. J Duncan
- Jamaica NHP



**Thank**

**You**