



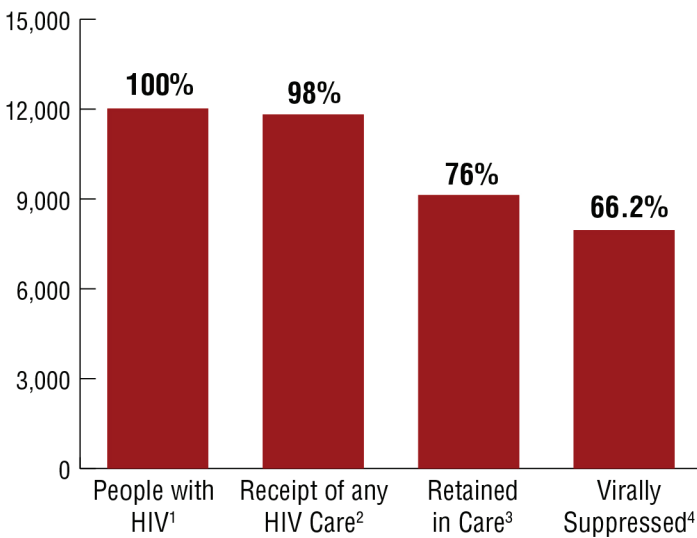
Washington D.C. Profile from the HRSA 19-039 SPNS Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP)

HIV and STI Epidemiological Context in DC

Within the Washington D.C. Department of Public Health (DC DOH), the HIV/AIDS and STD Programs are housed in HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA). The HAHSTA receives Ryan White Part A and B money and distributes it across the District to non-profit organizations.

Washington D.C.'s 2020 HIV Care Continuum shows 12,161 people were living with HIV. Of those people with HIV, 98% (11,821) were ever linked to care, 76% (9,130) were retained in care, and 66% (7,958) were virally suppressed.

2020 HIV Care Continuum for Washington D.C.



¹ People with HIV in D.C. in 2020.
² People with HIV who received any care in the past. This includes a medical visit, viral load test, or CD4 test.
³ People with HIV who attended at least two medical visits or labs, at least 3 months apart in 2020.
⁴ People with HIV who achieved viral suppression in 2020. Their viral load test value was <= 200 copies/mL.

As seen in the table below, D.C.'s rates of new HIV, chlamydia, gonorrhea, and primary & secondary syphilis cases are elevated compared to the national rate.

New HIV and STI Cases and Rates for Washington D.C., 2020			
	Cases	Rate ¹	National Rate ¹
HIV	283 ²	31.5 ³	11.1
Chlamydia	6413	908.7	481.3
Gonorrhea	3879	549.6	206.5
P & S Syphilis	245	35.0	12.7

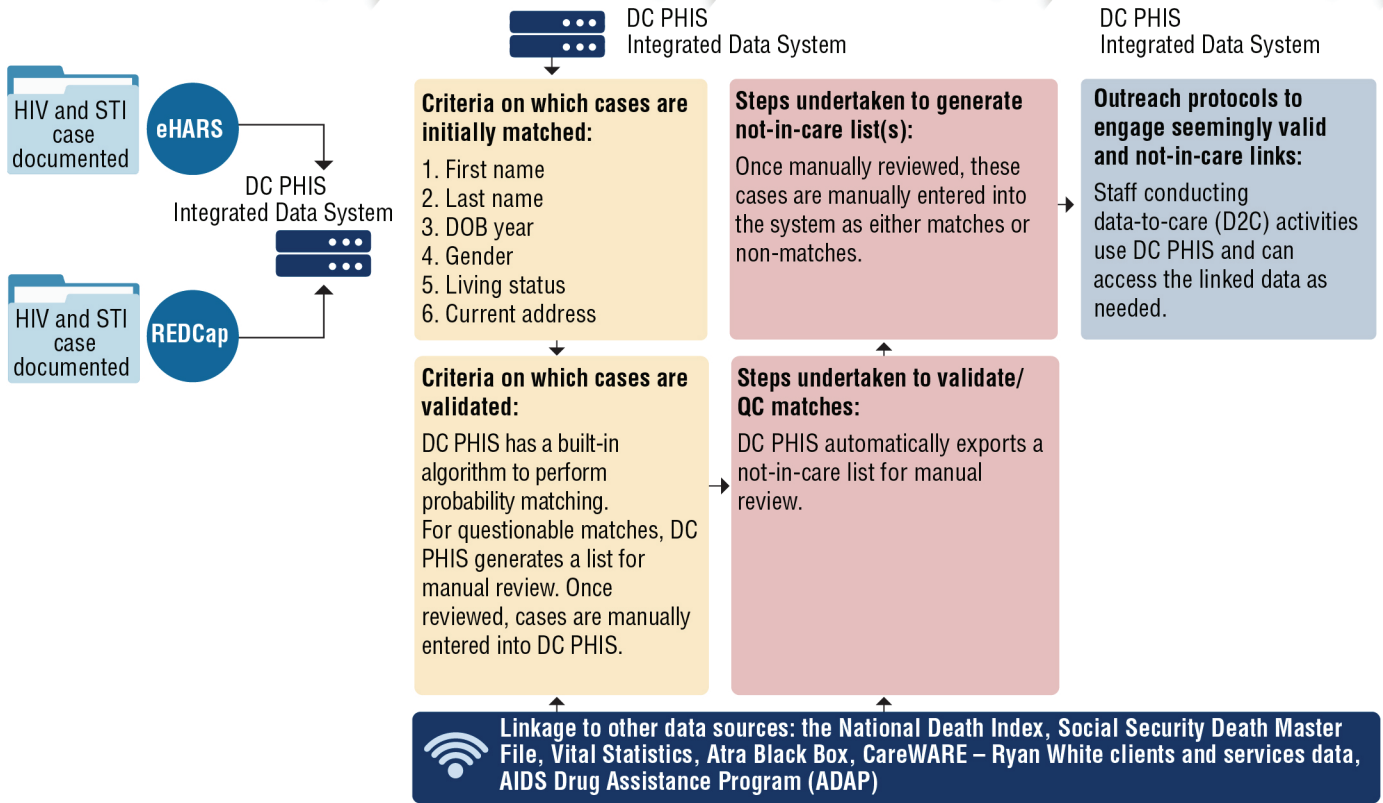
¹ Cases per 100,000 people
² From Washington D.C. Annual Epidemiology and Surveillance Report Appendices, 2019
³ From HIV Surveillance Supplemental Report, Vol. 26, No. 1, 2020

This evaluation summary was produced for the U.S. Department of Health and Human Services, Health Resources and Services Administration, under contract number HSH2502013000051.

This summary lists evaluation data in order to provide additional information to recipients participating in cooperative agreement HRSA-19-039. The evaluation data in this summary have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA) and is not an endorsement by HHS or HRSA.

HIV/STI Data Linking Process in DC

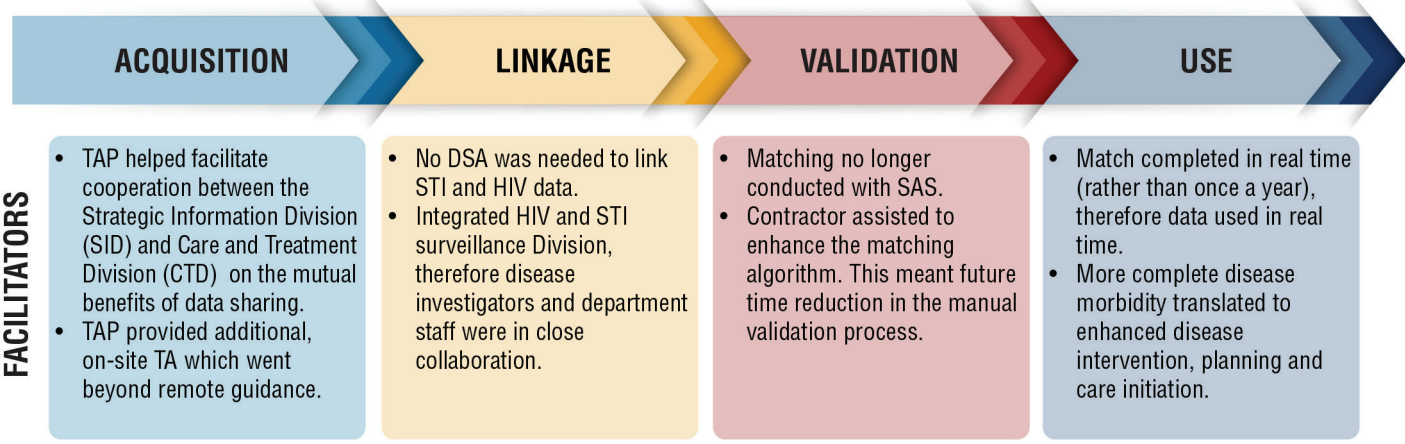
The following graphic shows the process of HIV and STI surveillance data acquisition, linkage, and validation in Washington D.C. It also describes the process by which linked HIV-STI data are intended to be used. HIV case documentation is housed in the Enhanced HIV/AIDS Reporting System (eHARS). STI case reports arrive through REDCap or through the DC DOH through other pathways. The Technical Assistance Provider (TAP) worked with IT staff to enhance DC Public Health Information System (DC PHIS), a system that houses both HIV and STI cases.



BARRIERS

- Data lag and quality was a challenge. Data from labs determine reliability of transmission risk information.
- Occasional delays in data receipt from labs. Missing data was a major issue for STD information. Race data was largely missing.
- Staff time and the perceived usefulness of linking data are limiting factors.
- Data collection fields were collected differently in the HIV and STI surveillance systems.
- The data validation process required manual intervention which is time-consuming.
- DC is required to collect and report data to HRSA and the CDC. When patient information was in several different program databases, staff went into each one separately to find patient information.

FACILITATORS



Data Linking Goals, Progress, and Tailored Technical Assistance to Support those Goals in D.C.

Jurisdiction-specific Goals and Progress at the End of Each Project Year

Goals	Progress at end of Year 2	Progress at end of Year 3
Enhance data linkage processes by working with the TAP to assess current STI and HIV systems and existing methods and explore feasibility of developing mechanisms to automate the linkage process.	With assistance from the TAP, DC DOH staff completed an HIV/STI and RWHAP data match, reviewed the findings, and performed a data quality assessment.	Working with TAP staff, DC DOH staff has a plan to merge data from several systems into one central system so that DC DOH staff will have access to several databases where information is kept. An integrated system will make it much easier to conduct public health follow up and link patients to care. Variables have been pilot tested and the HIV module has been completed in full. With those completed, the DC team has been able to enter the data into DCPHIS for newly diagnosed cases and successfully transitioned that data to the CDC.
Enhance data sharing between existing jurisdiction data systems by working with the TAP to improve coordination among STI/HIV surveillance departments and RWHAP data teams, assess current systems' capacity and gaps, and develop standard operating procedures (SOPs).	TAP helped to expand collaboration and communication between HIV, STI and RWHAP staff by establishing working groups and discussing data-mapping, linkage specifications, and data reconciliation among the stakeholders.	TAP and DC DOH staff worked together to clean HIV data in preparation for the full incorporation into the DC PHIS integrated system. Regarding data migration, manual data cleaning identifies discrepancies and additional effort will resolve discrepancies with the matching process. Routinizing a SAS code or algorithm assists with these activities, however manual review is required to finalize a SAS code or algorithm to ensure that all processes are thorough.
Enhance data to care (D2C) activities for people with HIV who are out of care by working with the TAP to strengthen collaboration between HIV-STI team and RWHAP team and develop standard operating procedures (SOPs) for data sharing and feedback mechanisms between D2C outreach staff and HIV/STI and RWHAP teams.	DC DOH staff worked with the TAP to assess current and ideal data flow pathways for D2C outreach staff and HIV/STI and RWHAP teams. This resulted in enhancing the current standard operation procedures (SOP) with the integrated CTD match and provider activities once it is finalized.	DC DOH and TAP staff worked together to continue working on getting provider participation in D2C activities. This requires the HIV/STI team and the RWHAP team to continue working on and completing SOPs. The SID and CTD groups continued collaboration to improve D2C activities (i.e., engaging with providers and timely reporting which creates a lag time for outreach). CTD has a greater role in the client outreach process by DIS to assess if the DIS engagement with RW is aligned with the CTD interventions.

Technical Assistance Focus Areas and Activities by Theme

Technical Assistance (TA) Theme	Focus Areas for DC	Activities in Year 2	Activities in Year 3
Business Process Development	Enhance the Strategic Information Division (SID) Data Linkage Process	<ul style="list-style-type: none"> DC DOH and TAP staff identified and addressed issues surrounding processes that prevented full integration of HIV and STI surveillance data. 	<ul style="list-style-type: none"> Data cleaning activities require technically proficient staff to complete. Therefore, the DC team will hire additional support for the data cleaning activities. The TAP worked with DC DOH staff to further enhance HIV data import into DC PHIS. DC DOH created quarterly report cards highlighting major requirements of the grant with a D2C section.
Data Transfer Enhancement	Enhance Data Sharing between Surveillance (SID) and RW (CTD) data systems	<ul style="list-style-type: none"> Prepared data to be shared and linked, pending staff availability to run the linkage match. 	<ul style="list-style-type: none"> The TAP assisted DC DOH in incorporating care and treatment data with the HIV-STI linked data on a routine basis. DC DOH worked with RW providers regarding their coordination needs which will in turn help with the intervention efforts.
Collaboration Building Business Process Development Data Utilization for Outreach Efforts	Enhance data-to-care (D2C) activities for people with HIV in specific regions.	<ul style="list-style-type: none"> The TAP facilitated discussions regarding the need for data coordination between CTD and SID for care engagement for patients. 	<ul style="list-style-type: none"> The TAP worked with all parties to set goals and identify gaps in service regarding patient outreach. The DC DOH has joined the RW Part A and B routine meetings to facilitate communication and ongoing collaboration.