

The Contribution of Field Services Unit Interview Data to the New York City HIV/AIDS Surveillance Registry, 2006-2011

Abstract #1330938

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Background

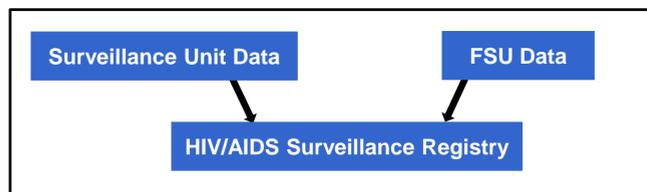
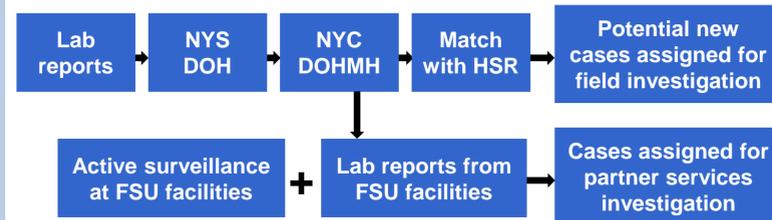
- The New York City (NYC) HIV/AIDS Surveillance Registry (HSR) includes all cases of HIV/AIDS diagnosed and reported in NYC.
- Two units that ascertain cases and contribute data to the HSR are:

NYC HIV Surveillance Unit

- Medical record abstraction during field investigation
- Investigations done for all potential new cases

NYC HIV Field Services Unit (FSU)

- Medical record abstraction and case interviews during partner services investigations
- Investigations done for a subset of new HIV cases at designated high prevalence facilities



- The contribution of FSU to HSR has not yet been evaluated.

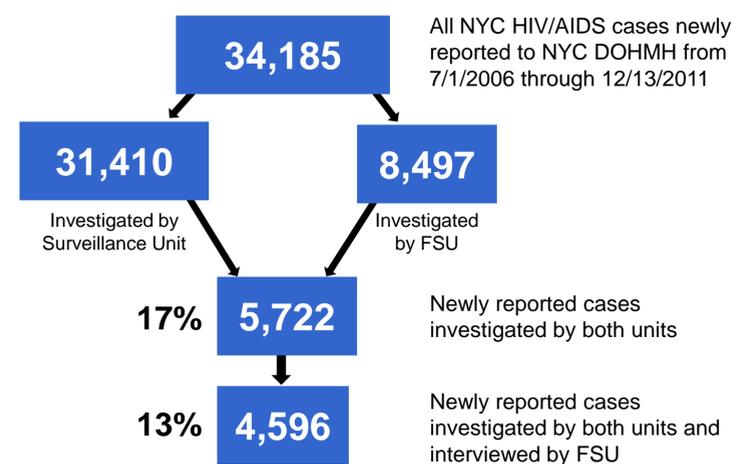
Objective: To evaluate the contribution of HIV Field Services Unit data to HIV Surveillance data with respect to timing of case ascertainment and completeness of demographic and transmission risk variables.

Methods

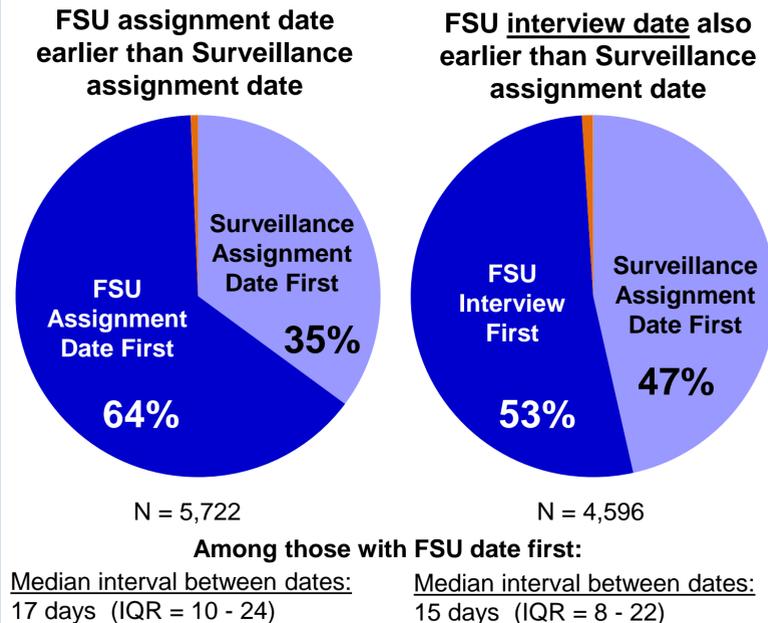
- We merged data from Surveillance Unit field investigations with data from FSU partner services investigations.
- We evaluated **timeliness** by:
 - Comparing assignment dates among cases investigated by both units from 7/1/2006 (FSU establishment) through 12/13/2011
 - Comparing Surveillance Unit assignment date with FSU interview date among cases investigated by both units and interviewed by FSU
- We evaluated **data quality** by:
 - Comparing completeness of transmission risk information in HSR prior to and after FSU establishment
 - Comparing completeness of demographic variables in Surveillance Unit data versus FSU data among cases investigated by both units

Results

Analysis Flow Chart

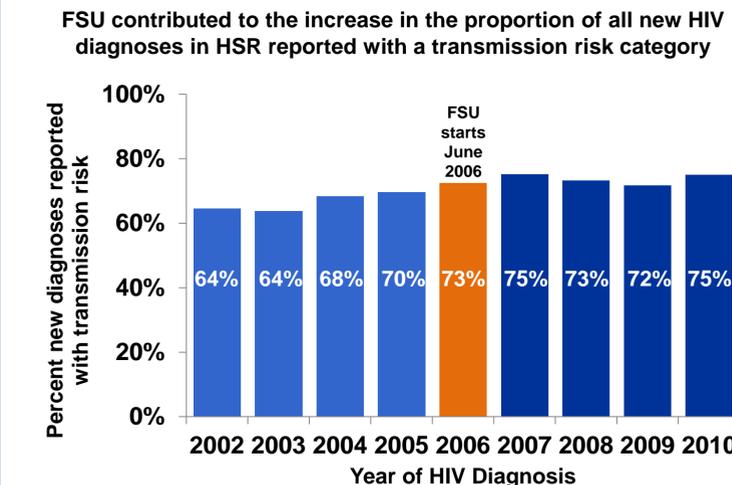


Timeliness

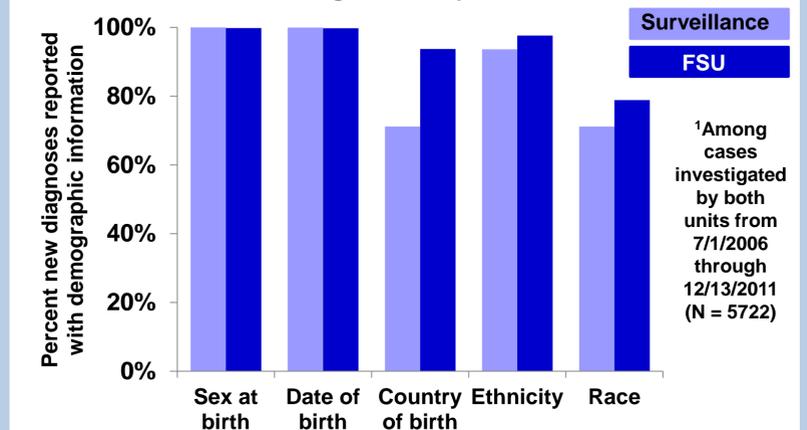


*Orange portion of the pie charts include dates that fell on the same day.

Data Quality



The completeness of demographic variables was similar between Surveillance and FSU data, with some variables being more complete for FSU¹



*Similar results were seen when comparing completeness of demographic variables among cases investigated by both units and interviewed by FSU (N=4596).

Conclusions

- HIV data collected by FSU were shown to be timely and complete.
- The FSU investigation occurred prior to the Surveillance investigation for a majority of the cases investigated by both units.
- Recommendation:** Newly-reported HIV cases assigned for FSU investigation may not need an additional medical record review by Surveillance staff. More rapid integration of FSU data into the HSR could lead to efficiency gains for the portion of HIV cases investigated by FSU and reduce duplication of work.
- Limitations:** Completeness was used to reflect data quality because we are limited in our ability to assess the validity of the data. Additionally, only a portion of total cases in the HSR are investigated by FSU.

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