

The Process of HIV/STD Surveillance at DSHS

HIV/STD surveillance is an ongoing process of data collection and reporting.

DSHS freezes the HIV/STD data once a year in July. These numbers are used to create year-end datasets for the previous calendar years. For example, the year-end dataset for 2018 was created in July 2019.

HIV/STD numbers from previous calendar years may fluctuate slightly for a few reasons:

1. **Ongoing quality assurance processes.** This involves working with local health departments across Texas to improve data collection, quality, and completeness.
2. **Ongoing deduplication activities with other states or funded jurisdictions.** Every 6 months, the CDC provides Texas with a list of possible duplicates with other states or funded jurisdictions for duplicate pair resolution. Texas works with the other states and jurisdictions to determine if the case is a true duplicate or not. True duplicates will have their data updated with information from other state if applicable. This allows us to learn if patients in our surveillance registry have moved out of state and are no longer Texas residents. For example, if someone was diagnosed with HIV in Texas, but moved to Louisiana, we would no longer include them as a Texas case.
3. **Routine matches to vital statistics that are collected at the DSHS Center for Health Statistics (CHS).** This involves matching the HIV/STD surveillance registry data to the birth and death records collected through CHS. This process allows us to look for possible cases perinatal HIV or possible cases of congenital syphilis. Furthermore, it allows us to determine if patients in our surveillance registry have died.
4. **Routine matches to the National Death Index (NDI) and the Social Security Death Index (SSDI).** Matching our HIV surveillance records to these two indexes allows us to determine if patients in our surveillance registry have died.
5. **Routine matches to a Texas Department of Criminal Justice (TDCJ) database.** This match would not alter the number of people with HIV statewide. It might change the location of where the person lives and therefore, prevalence by jurisdictions within Texas.
6. **Intrastate deduplication.** Sometimes DSHS finds duplicates in our data. For example, one person is reported under both a maiden name and a married name. When we discover that they are the same person, we fix the duplicate.

7. **Enhanced surveillance activities.** Within the past two years, surveillance sites across Texas are more thoroughly investigating their congenital syphilis cases. This allows DSHS to update our surveillance data with important information, such as if a woman diagnosed with syphilis had a child.
8. **Discontinuance of STD*MIS.** Discontinuing the use of STD*MIS (Sexually Transmitted Disease Management Information System) and starting use of THISIS (TB/HIV/STD Integrated System) has allowed us to better address duplicate cases in the data system and will likely continue to assist us in resolving duplicate cases.

These processes and activities are a normal part of the surveillance process. Surveillance is always a moving target. As a result, previously published “official” numbers may sometimes fluctuate.

Resources

Introduction to Public Health Surveillance (CDC):

www.cdc.gov/publichealth101/surveillance.html

Public Health Surveillance Systems (CDC):

www.cdc.gov/chronicdisease/data/surveillance.htm

CDC’s STD and HIV Surveillance Reports (CDC):

www.cdc.gov/nchstp/newsroom/2018/2017-STD-surveillance-report.html

www.cdc.gov/hiv/guidelines/reporting.html