

## Unique Identifier Systems Across the United States

	Implementation Date	Code Elements	Provider required to have system to match code to patient file*	Progress to date
<b>California</b>	Pending	Pending	Pending	Governor Davis agreed to establish a Unique Identifier system in 2000, and approved a FY01 state budget that includes a \$2.8 million allocated for this purpose. The health department is currently deliberating on the system's design and elements.

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<b>Connecticut</b>	1/1/1999	<ul style="list-style-type: none"> <li>• Age</li> <li>• Ethnicity</li> <li>• Gender</li> <li>• Zip code of current residence</li> </ul>	NO	Laboratories report HIV-positive test results, without names, to the state health department. State officials are reviewing how to facilitate better follow-up because laboratories frequently report cases with incomplete information.

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<b>District of Columbia</b>	Pending	Pending	Pending	In late 1999, Mayor Anthony Williams directed the health department to establish a Unique Identifier system. The health department has convened an advisory committee to help develop the system. Implementation may begin as soon as 2001.

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<b>Hawaii</b>	1/1/2001	<ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Elements of first and last name</li> </ul>	YES	Hawaii Department of Health is preparing to implement an Unnamed Test Code (UTC) system after an advisory group of physicians, people living with HIV, epidemiologists, civil rights attorneys, and laboratories recommended the non-name-based system as the best system to provide critical data, while safeguarding patient confidentiality.

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<b>Illinois</b>	7/1/1999	<ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Elements of last name</li> <li>• Gender</li> </ul>	YES	Initial evaluation (after just six months) revealed code elements complete in 99% of reports.

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<b>Kentucky</b>	Legislation passed 7/14/2000	<ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Elements of last name</li> <li>• Last four digits of Social Security number</li> </ul>	YES	The Kentucky legislature convened a task force before the 2000 session to consider methods for conducting HIV surveillance. The task force initially supported a name-based system, but the legislature, concerned about medical record privacy, passed a bill with bipartisan support to establish a Unique Identifier system.

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<b>Maryland</b>	6/1/1994	<ul style="list-style-type: none"> <li>• Date of birth</li> <li>• Gender</li> <li>• Last four digits of Social Security Number</li> <li>• Race/ethnicity</li> </ul>	YES	87.2% of reports had complete Unique Identifier (UI) numbers. 99.8% unduplicated rate when compared to existing AIDS registry. Last four digits of the Social Security number was the element most likely to be incomplete on reports.

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<b>Massachusetts</b>	1/1/1999	<ul style="list-style-type: none"> <li>• Elements of last name</li> <li>• Last four digits of Social Security Number</li> <li>• Zip code of current residence</li> </ul>	YES	Code has been complete in 99% of case report forms received. Social Security number is missing on 9% of forms (most incomplete element). State-funded comprehensive evaluation of the system is underway; results anticipated in early 2001.

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<b>Rhode Island</b>	4/1/2000	<ul style="list-style-type: none"> <li>• Age</li> <li>• Date of Birth</li> <li>• Gender</li> <li>• Social Security Number</li> </ul>	YES	Cases are reported retroactively to 1/1/00. Community Planning Council pushed for Unique Identifier system after strong opposition to name-based system from racial and ethnic minority groups. Evaluation process is under construction at this point.

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<b>Texas</b>	3/1/1994	<ul style="list-style-type: none"> <li>• Date of Birth</li> <li>• Ethnicity</li> <li>• Gender</li> <li>• Last four digits of Social Security Number</li> </ul>	NO	Texas switched from a Unique Identifier (UI) system to a name-based reporting system in 1998 after initial studies showed a low completeness rate (62%). Only 60% of UIs could be matched to a patient record in the same study; however, Texas did not require providers or labs to maintain registries linking UIs to patient records.

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<b>Vermont</b>	2/1/2000	<ul style="list-style-type: none"> <li>• Elements of first and last name</li> <li>• Last four digits of Social Security Number</li> </ul>	YES	Vermont has yet to embark on a process to evaluate the HIV surveillance system.

Information compiled by the Chicago Department of Public Health from interviews with health department officials in each jurisdiction.

**\* Effective HIV surveillance systems include a mechanism for follow-up activities with the health care provider who first administered the HIV test. Most non-name-based systems require providers to maintain a log by which they can provide follow-up information when necessary.**