

Data Request Form



Wyoming
Department
of Health

WDH Communicable Disease Data Request Form

HIV, STD, hepatitis, and TB Surveillance Data Request

Wyoming Department of Health

Before requesting data, have you checked the WDH Communicable Disease Unit Surveillance website to see if the listed reports contain the data you need? These reports are located at the following web page:

<https://health.wyo.gov/publichealth/communicable-disease-unit/hiv-aids-surveillance-program/>

1. Briefly describe your data request. What will it contain, why is it needed, and how will these data be used?

Please note that only aggregated and de-identified data will be provided. Any requests requiring identifiable data must be for legal purposes and requires special review on a case-by-case basis.

2. Specify the time frame, demographics, and geographical areas of interest. Please be as specific as possible.

a. What are your time frame and disease(s) of interest?

Please note that current year data and data from the past year may be incomplete due to reporting delays and open case investigations.

- I request data on the # of persons living with **HIV** as of (date) _____
- I request data on the # of persons diagnosed with **HIV** between (dates) _____ and _____
- I request data on the # of persons diagnosed with **syphilis** between (dates) _____ and _____
- I request data on the # of persons diagnosed with **gonorrhea** between (dates) _____ and _____
- I request data on the # of persons diagnosed with **chlamydia** between (dates) _____ and _____
- I request data on the # of persons diagnosed with **hepatitis C** between (dates) _____ and _____
- I request data on the # of persons diagnosed with **hepatitis B** between (dates) _____ and _____
- I request data on the # of persons diagnosed with **TB** between (dates) _____ and _____

*specify active or latent TB or both _____

b. What is your geographic area of interest?

Please note that data are available on the state and county level only. Counties with less than 5 cases will be suppressed.

c. What are your demographic populations of interest?

Data are available by gender, race/ethnicity, age, provider type, and risk factors.

3. What format would you like the data? (i.e. table and/or graph; Word, Excel, Powerpoint, PDF)

4. What is your deadline for this request?

Please note that data requests may take 2 or more weeks to complete depending on the request.

Please fax this form to the Surveillance Program Manager: (307)777-5279