



HIV Medical Alert

for primary health care providers and health professionals
in Chenango, Delaware, Otsego, and Schoharie counties
the North Country and Central New York

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HIV Medical Alert

provides clinicians with comprehensive and up-to-date information about diagnosis, treatment, and prevention of HIV.

HIV Medical Alert

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HIV Medical Alert is also available on-line at the Bassett Healthcare website <www.bassetthealthcare.org>.



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WELCOME to the *HIV Medical Alert* Newsletter Continuing Medical Education (CME) format. This activity has been planned and implemented in accordance with the Essentials and Standards of the Medical Society of the State of New York through the joint sponsorship of Glens Falls Hospital and Upper Hudson Primary Care Consortium. The Glens Falls Hospital is accredited by the Medical Society of the State of New York (MSSNY) to sponsor continuing medical education for physicians. The Glens Falls Hospital designates this continuing medical education activity for a maximum of 1 hour of Category I credit towards the American Medical Association Physician's Recognition Award (AMA-PRA). Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

HIV Reporting and Partner Notification 2000

Recent changes in the New York State HIV reporting law are now in effect with numerous consequences: these have engendered confusion regarding the specific responsibilities of providers, witnessed a flurry of new laboratory policies and procedures written to comply with the reporting regulations, and caused fear of loss confidentiality for those who are HIV-infected. This newsletter will summarize the regulations as they apply to each of these groups.

Background

Prior to June 2000 individuals with a diagnosis of AIDS were to be reported to the New York State Department of Health (NYSDOH). In an attempt to more accurately quantitate the burden of HIV disease and limit the transmission of disease through identification and testing of individuals at risk, legislation was passed requiring that names of individuals with the following be reported: a new positive confidential HIV test, positive viral load tests, and CD4 counts of <math><500\text{ cells/mm}^3</math>. Linked with this mandated reporting is an intensified Partner Notification Assistance Program/ Contact Notification Assistance Program (PNAP/ CNAP) and a pre-partner-notification domestic violence screening. Anonymous testing—without the reporting requirements—will still be an available testing option at specified testing sites.

Responsibilities of Medical Providers

The new law impacts providers at several points in the testing process:

Pre-test Counseling

- Individuals who are tested must be informed—as part of the pre-test counseling—that their name, address and telephone number will be reported to NYS if the test results are positive. Individuals should also be counseled that if the test is positive, the testing provider is required to report the names of contacts known to the testing provider; positive individuals will also be asked to voluntarily name all possible contacts although there is no legal obligation to do so.

Post-Test Counseling and Reporting Procedures

- Healthcare providers are required to report the names of individuals with either a new positive HIV serology or a new diagnosis of AIDS (within 21 days of receipt of positive test results). A specific reporting form (DOH-4189, appended) is to be utilized. This regulation applies only to those individuals newly diagnosed after June 1, 2000. Providers **are not** to report individuals with positive viral loads or a CD4 between 200 and 500 cells/mm³—this is the responsibility of the testing laboratory.
- A physician, nurse practitioner, physician's assistant or nurse midwife must sign the DOH-4189 report form and take responsibility assuring complete and timely reporting, although the actual completion of the form may be delegated to other healthcare or office personnel.
- Pathologists, medical examiners and coroners must complete a DOH-4189 if post-mortem HIV testing is positive.
- If the testing provider **knows** the name(s) of sexual (i.e., a spouse) or needle-sharing partners, these **must be** reported; providers are not obligated to solicit from the individual the names of any contacts, although further inquiry is the prerogative of the tester/counselor.
- Options for partner notification **must be** discussed—these include self-notification, assisted notification (coaching and assistance given by the provider or PNAP staff) or PNAP program notification. Notification by the provider or the PNAP program is anonymous and does not divulge the name of the tested individual.
- The provider must state on form DOH-4189 the status of the partner notification process for named contacts, choosing from 8 possible listed responses which range from requesting assistance to deferred due to risk of domestic violence (see attached form).
- A domestic violence screen must be performed prior to any partner notification. Completion of this screen is required as part of the reporting process.

The HIV Reporting Form DOH-4189 consists of a single page with an attached carbon copy. The **carbon copy** is to be either mailed (to Albany for upstate providers) or sent to NYSDOH via a courier (in New York City). The carbon copy sent to the DOH is devoid of descriptors for the entered data; therefore if this information is inadvertently diverted, the recorded data should be uninterpretable.

Domestic Violence (DV) Screening

Because of the risk for DV which could follow partner notification, a DV screen which addresses each partner to be notified is mandated. This should be a component of the post-test counseling and practically, for providers, questions will be limited to known sexual contacts and needle-sharing partners who the testing provider is obligated to report. Although women are traditionally considered at risk for DV, male contacts and children of newly HIV sero-positive individuals are also at risk and should not be excluded from the risk assessment. Providers must realize that DV is not limited to physical abuse or injury; sexual assault, verbal threats including intimidation, withholding of financial support, and even stalking should be considered DV.

Domestic Violence Screening Tool

The following are questions suggested by NYS to screen for domestic violence:

- What response would you expect from this partner or contact if they were notified of possible exposure to HIV?
- Have you ever been afraid of this partner?

If the answer to either of these is suggestive of a risk for violence or injury, Partner Notification (PN) might not be immediately indicated. The new NYS guidelines regarding DV screening attempt to quantitate the severity of the risk to the individual stating that the counselor “consider deferring PN if there is risk of physical violence or severe negative effect on physical health and safety of the patient or someone close to him/her.” For practical purposes, if there is any risk of violence or a negative impact on the health of the individual or their dependents, a referral to a licensed DV provider can be justified and PN delayed. A release form **must** be obtained from the patient before referral to DV counseling services is made.

Responsibilities of Laboratories

The new legislation states that HIV-related illness is to be reported in addition to new diagnoses of HIV infection. HIV-related illness is a vague term which is generally understood to mean the following: a positive HIV viral load or CD4 count < 500 cells/mm³. Laboratories performing HIV-related tests will now report positive HIV serologies, positive HIV viral loads and CD4 counts <500 cells/mm³. Previously laboratories had reported CD4 counts of <200 cells/mm³. From a practical standpoint, laboratory requisitions can no longer be submitted with an anonymous code number, but rather with the patient's name, medical record number, and demographic information. Obviously this reporting requirement could tremendously increase the workloads of clinical laboratories that perform diagnostic testing and clinical monitoring.

Mothers and infants who test positive as part of the expedited antibody testing newborn screening program (NSP) are not reported. Mothers of NSP positive infants are advised to seek confidential testing with a subsequent positive result triggering formal reporting. Newborns and infants who test DNA PCR positive however, are to be reported to the State. A positive Murex single Use Diagnostic System (SUDS[®]) test obtained for any reason (i.e., a source patient in the settling of occupational exposure) should not be the basis for reporting, rather the individual should be subsequently referred to formal confidential testing by EIA/Western Blot.

Implications for Tested Individuals

The key questions of the tested individual are "Who will have access to my test results?" and "How does partner/contact notification occur without specific disclosure of my name?" The answer to the first question is relatively simple. Names and demographic data have been collected for individuals with a diagnosis of AIDS since the 1980s without (according to the State) a single breach of confidentiality. The names reported after June 1, 2000 will not be shared with other agencies either local, state or federal, although aggregate anonymous data may be generated. Several measures exist to ensure the safety of the system:

- the DOH-4189 form sent from the provider to central reporting sites does not include the cover sheet which lists the template for interpretation of the data;
- access to the information is limited even for public health officials;
- 6 laws (federal and state) protect the confidentiality of the information. Disclosure of confidential information results in loss of employment, substantial fines and possible imprisonment;
- the names and demographic data are ultimately encrypted in a system similar to the CDC AIDS registry.

Confidential partner/contact notification is somewhat more complicated; however names and identifying information of the source individual are never disclosed if the process occurs through an intermediary, rather than directly through the patient. Individuals who test HIV positive can expect the following:

- they will be contacted by PNAP staff to discuss naming and notification of contacts;
- participation in this process is voluntary and there are no consequences for refusal to participate;
- no notification will occur if there is the potential for severe negative effect on the health of the individual (unfortunately "severe" is not defined in the current version of the screening protocol);
- the names of named contacts will be deleted from central records after one year.

Conclusion

Approximately two-thirds of all states already require reporting of HIV sero-positive individuals by name. With enactment of this new legislation New York State enters the mainstream. The rationale is clear, providing a more accurate accounting of infected individuals and their needs, limiting transmission through the identification of infected individuals (via contact notification and testing), and improving the quality of life for infected individuals through earlier access to medical care. The full impact of these new regulations will undoubtedly become evident with the passage of time and will require patience and flexibility for providers of HIV testing and care.

NYSDOH form on this page

Continuing Education Test

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To earn continuing medical education credit, follow these instructions.

1. Review the objectives
2. Read the topic presented
3. Complete the post-test
4. Complete the evaluation form
5. **Submit the post-test and evaluation form by December 1, 2000 to: Barbara Leo, RN, Bassett Healthcare, One Atwell Road, Cooperstown, NY 13326 or fax to: 607-547-6906.**

OBJECTIVES

1. Describe the new regulations concerning HIV Reporting and Partner Notification.
2. Identify the responsibilities of Medical providers regarding HIV Reporting and Partner Notification.
3. Describe the ways partner notification can be carried out.

Test Questions

1. **Which of the following are to be reported following the enactment of new State reporting regulations? (Circle all that apply.)**
 - a. CD4 <200 cells
 - b. CD4 <500 cells
 - c. A positive viral RNA by PCR
 - d. An indeterminate Western Blot
 - e. A positive SUDS® test
2. **Counselors are required to solicit and report all contacts named by a source patient. True False**
3. **Domestic violence refers to potential for physical injury only. True False**
4. **Which of the following are listed in the DOH-4189 responses for partner notification status? (Circle all that apply.)**
 - a. Deferred notification due to domestic violence risk.
 - b. Notification in process.
 - c. Provider or patient request PNAP/CNAP assistance.
 - d. Patient reports partner knows his/her own HIV positive status (not confirmed by provider).
 - e. Notification unnecessary at the discretion of the counselor.
5. **Which of the following statements are FALSE?**
 - a. There are 3 federal and state laws which protect the confidentiality of reported names.
 - b. Providers must report all possible contacts with a HIV positive individual.
 - c. Named contacts will be deleted from state records after one year.
 - d. Few states require reporting of HIV-infection.
 - e. Failure to name contacts will result in misdemeanor charges for the tested individual.

Evaluation of CME Activity

Title: HIV Medical Alert October 2000 Vol. 4, No. 2

CME Test: HIV REPORTING AND PARTNER NOTIFICATION 2000

Please comment on the following: (circle the appropriate number)

Overall Program

	Excellent		Average		Poor
1) Was the subject matter well-balanced between fact and theory?	1	2	3	4	5
2) Was the format clear and easy to read?	1	2	3	4	5
3) Did subject matter have sufficient detail?	1	2	3	4	5
4) Was subject matter valuable for practical application?	1	2	3	4	5
5) Were objectives met?	1	2	3	4	5

Writer

Was the writer clear, with effective delivery and style?

1 2 3 4 5

Personal Objectives:

Mark the personal objectives you had for completing this newsletter in the left-hand column; indicate whether these objectives were fulfilled in the right-hand columns.

	Yes	Partly	No
_____ Improve knowledge and acquire new information, approaches, or skills.	_____	_____	_____
_____ Select new concepts or procedures for subsequent implementation.	_____	_____	_____
_____ Improve existing patient care activities.	_____	_____	_____
_____ Acquire printed and audiovisual materials.	_____	_____	_____

Comments/Topic Suggestions:

Circle your profession: Physician PA NP CNM RN LPN _____

Name (print) _____ County _____

Address _____

Signature (please sign legibly for CME records) _____