CD Summary

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Telephone 503/731-4024
Emergencies 503/731-4030
Fax 503/731-4798

cd.summary@state.or.us
www.dhs.state.or.us/publichealth/cdsummary/

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HIV REPORTING AND REFERRAL SERVICES

As of October 1, 2001, HIV infection (i.e., even in the absence of AIDS) has been reportable in Oregon.* This issue of the *CD Summary* reviews the data since then and provides answers to questions that have been frequently posed to investigators regarding reporting. This summary also describes services available to providers who care for HIV-infected patients.

Here's a quick overview of the mechanics of HIV reporting. Labs are required to report results indicative of HIV infection to Oregon Health Services (OHS). Oregon has a "names-to-code" reporting system, meaning that all names are converted into a unique identifier (UI). This UI is generated by an algorithm based on the name and date of birth. Reporting is conducted as follows:

- The lab reports to the OHS all positive HIV results (Western Blots, detectable viral loads, PCR-DNA tests run to determine HIV resistance, CD4s below 200, genotypes, HIV antigens and nucleic acid probes.
- Investigators enter the data into the database.
- New reports are checked against a database that contains individuals (either by name if previously reported with AIDS or by UI if HIV reported) who have previously been reported.
- Records on newly reported cases are generated.
- OHS investigators contact the physician to collect data needed to complete the CDC case report.
- Data are entered into the system.
- The name is deleted.

* See *http://www.dhs.state.or.us/publichealth/cdsummary/2001/ohd5019.pdf* for a more detailed description.

The database also has a back-up program that automatically erases after 90 days any names that for some reason had not already been erased.

THE DATA

Figure 1 depicts HIV infections reported, by age, since reporting was required.

**Number of HIV cases reported by age
Oregon, Oct. 1, 2001 – June 30, 2004**

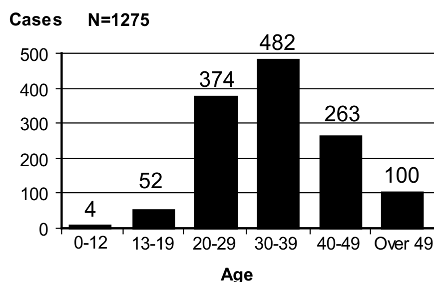
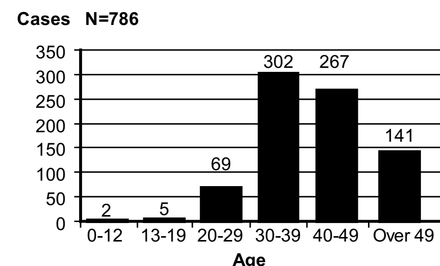


Figure 2 shows AIDS cases by age during October 2001–June 2004. Proportionally, the number did increase more rapidly than during years past, because some AIDS cases were picked up during the investigation of reported HIV infections.

**Number of AIDS cases diagnosed by age
Oregon, Oct. 1, 2001 – June 30, 2004**



The number of reported cases of HIV infection that progressed to AIDS during this time frame was 191 or 24%.

FREQUENTLY ASKED QUESTIONS

My patient has been positive for years. Why am I being asked to report him now? Don't you already have him in the database?

HIV reporting has only been in place since October of 2001; so if all of your patient's viral loads after October 2001 have been "undetectable," and his CD4 counts were not indicative of AIDS, then the lab would have had nothing to report. Once his tests become "detectable," the lab reports the case and we will contact you to collect the necessary information.

I have only seen this patient once. Why do I need to report him?

Any provider, including psychiatrists and dentists, who initiates blood work on patients is responsible for assisting public health officials in the investigation—which in this case means helping to complete the CDC case reporting form—to the best of their ability. If you are aware that your patient has an ongoing relationship with an infectious disease specialist, we can follow up with this provider.

Is partner notification available for those who may be at risk?

Yes! Any provider may contact the state HIV/STD/TB program regarding partner notification, and we will work with you and your patient to ensure partner notification and confidentiality. Generally, partner notification is not initiated unless there are special circumstances or the provider has asked the health department for involvement.

Have there been any breaches of confidentiality since HIV reporting was instituted?

As far as we are aware, there have not been any violations of confidentiality associated with HIV reporting.

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Now that HIPAA is law, don't I need permission from my patient before I can release this information?

While many providers worry that HIPAA doesn't allow for reporting, HIPAA addresses public health functions as follows:

Nothing in this part shall be construed to invalidate or limit the authority or power, or procedures established under any law providing for the *reporting of disease or injury*, child abuse, birth, or death, *public health surveillance, or public health investigation or intervention* (emphasis added).

The short answer is that HIPAA doesn't pose any restrictions to reporting. You still need to report.

I have a patient who can't afford her HIV care. Are any services available to her?

Yes! The *CARE*Assist Program is for people living with HIV or AIDS who need help paying for medical care. The programs can help qualified Oregon residents buy health insurance and prescription drugs. We can also let HIV-positive Oregonians know about other programs that may assist in paying for medical expenses.

CAREAssist can pay a patient's health insurance premium in part or whole. Coverage can include, but is not limited to:

- an individual or group policy
- a COBRA continuation policy
- an Oregon Medical Insurance Pool (OMIP) policy
- an Oregon Health Plan (OHP) policy
- some Medicare supplements with prescription drug benefits.

CASE MANAGEMENT SERVICES

HIV Case Management is available throughout the State of Oregon and to persons living with HIV and their families.

If clients qualify, HIV case managers may be able to assist clients with a variety of support services including transportation to medical visits, food, housing and other important needs. In addition, case managers can help with information and referrals, adherence to HIV medications, and coordination between healthcare systems.

Case management is a comprehensive service that assesses client needs for assistance in managing their HIV disease. HIV case managers work with medical providers to overcome obstacles that patients might face which, if not addressed, may result in a patient's falling out of care. Case managers are advocates for patients to become more self-reliant and independent whenever possible.

Persons residing in Multnomah, Clackamas, Washington, Columbia or Yamhill counties can receive assistance to help them apply for insurance or other medical benefits programs or to get referrals to mental health, substance abuse treatment, housing or other social services. People living in Multnomah, Clackamas or Washington counties should be referred to the Joint-Intake Team, a joint program of the Cascade AIDS Project and the Partnership Project. Patients can call 503/517-3590 for more information or to schedule an intake appointment. Patients in Columbia (503/397-4651) and Yamhill (503/434-7525) counties should call their local health department. Patients in all of these counties can get further information about HIV services and how to access them at *http://www. mchealth.org/cd/hivhcv/index.shtml #HIVcare.*

In all other areas of the state, HIV case management is available through local health departments or from selected community-based organizations located in their county. Patients are required to participate in a case-management assessment and intake, through which their needs are identified and a care plan developed. Services available to persons residing in these counties include assistance in securing health insurance, application to pharmaceutical company drug-assistance programs, referral and payment for drug and alcohol treatment, assistance with housing, nutritional needs, and transportation assistance for HIV service-related appointments. Information about services in these areas of Oregon is available at *http://www. healthoregon.org/hiv*. Patients or providers may also call the HIV/STD/TB program offices at 503/731-4029.

ERRATUM

In the August 10 issue, *Botulinum Toxin: From Botox to Bioterrorism* (#5316), we mistakenly reported that 0.5 mL of serum should be collected for testing. The actual figure is 5mL. Obviously the editor was suffering from descending brain paralysis at the time. We regret the error.