



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

AIDS Administration

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To: Health Officers

From: The Maryland AIDS Administration

Date: April 24, 2007

Subject: Important Changes in HIV/AIDS Reporting

The Maryland HIV/AIDS Reporting Act of 2007 was signed into law and became effectively immediately on April 24, 2007. The new law requires the following:

Physicians are required to report by name to the local health officer all patients with diagnoses of HIV or AIDS and all newborn infants exposed to HIV infection. (Health General Article 18-201.1)

Clinical or infection control practitioners in certain institutions are required to report by name to the local health officer of the county where the institution is located all patients under their care with diagnoses of HIV or AIDS. The institutions include: hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities. (Health General Article 18-202.1)

Laboratory directors are required to report by name to the local health officer of the county where the laboratory is located all patients with specimens indicating HIV infection or with tests for CD4+ lymphocyte counts. (Health General Article 18-205)

Details about these changes are described below.

Physician Reporting

Physicians are to report by phone or by mailing form DHMH-1140, the Maryland Confidential Morbidity Report form used for communicable disease reporting. HIV and AIDS case reports **MUST NOT BE SENT BY FAX**. For HIV cases, the health officer should follow the same procedures already established in their county for completing AIDS case reports using the CDC's Confidential HIV/AIDS Case Report form. The county's HIV/AIDS surveillance designee should submit the case report to the Maryland AIDS Administration following the established procedure for secure data handling.

Institution Reporting

Clinical and infection control practitioners from institutions are to report by phone or by mailing form DHMH-1140, the Maryland Confidential Morbidity Report form used for communicable disease reporting. HIV and AIDS case reports **MUST NOT BE SENT BY FAX**. Institutions should be encouraged to designate a single person such as the infection control coordinator or a small number of clinical staff to be responsible for all the HIV and AIDS reporting for the institution. Institutions should also be encouraged to develop a mechanism to routinely report in bulk, preferably in an electronic format, all patients with diagnoses of HIV or AIDS. The Maryland AIDS Administration has already set up voluntary routine reporting mechanisms for AIDS cases with many of the state's hospitals and will work with counties and institutions to extend this practice. For institutions with large numbers of HIV and AIDS cases this should be established as the preferable method of reporting rather than individual paper reports. For HIV cases, the health officer should follow the same procedures already established in their county for completing AIDS case reports using the CDC's Confidential HIV/AIDS Case Report form. The county's HIV/AIDS surveillance designee should submit the case report to the Maryland AIDS Administration following the established procedure for secure data handling.

Laboratory Reporting

Laboratory directors are to report by mailing form DHMH-4492, the Maryland HIV and CD4 Report Form. HIV and CD4 laboratory reports **MUST NOT BE SENT BY FAX**. For HIV cases, the health officer should follow the same procedures already established in their county for completing AIDS case reports using the CDC's Confidential HIV/AIDS Case Report form. The county's HIV/AIDS surveillance designee should submit the case report to the Maryland AIDS Administration following the established procedure for secure data handling.

Currently, most HIV and CD4 laboratory tests are reported directly to DHMH. This is because laboratory testing has become very centralized, a number of major laboratories are located out of state, most laboratories prefer electronic reporting to paper reporting, and because the volume of laboratory reporting calls for electronic de-duplication of cases before assigning reports for

investigation. The Maryland AIDS Administration strongly encourages health officers to permit laboratories to report directly to DHMH. Maryland law (Health General Article 18-205(g)) requires health officers to forward all laboratory reports to DHMH and for DHMH to send laboratory reports to the appropriate county. Direct reporting will streamline this process and permit the best identification of reports needing investigation, thereby minimizing duplicative work.

Reporting of the Same Case by Physicians, Institutions, and Laboratories

Physicians who work in institutions that establish a mechanism to report all of their HIV and AIDS diagnoses on behalf of their clinical staff should not be required to separately report the same patient for the same diagnosis.

Laboratory reports for HIV and CD4 tests are required irrespective of any other reporting. The submission of a laboratory report does not relieve physicians or institutions of their obligation to report HIV and AIDS diagnoses. (Health General Article 18-205(f)).

Persons required to report (physicians, clinical or infection control practitioners in certain institutions, and laboratory directors) must report individuals under their care diagnosed with HIV or AIDS unless they have previously reported by name that diagnosis of HIV or AIDS. They must report even if they believe that someone else has previously reported the case. If asked whether a case has been previously reported, the health department may neither confirm nor deny that an individual is a case. Duplicate reports will be resolved by the health department.

HIV and AIDS are separately reportable events, therefore, persons required to report must report a diagnosis of AIDS even if they have previously reported a diagnosis of HIV in the same individual.

Reporting of Prevalent Cases

Under the new law, all HIV and AIDS cases are reportable by name, irrespective of when they were diagnosed or whether they were previously reported under the unique identifier reporting system. The expectation is that persons required to report (physicians, clinical or infection control practitioners in certain institutions, and laboratory directors) will report all new events as they occur. Some persons required to report may also choose to report all current patients or even to report all patients ever treated. The Maryland AIDS Administration will contact all major HIV care providers in the state and request that they directly report to DHMH any and all of the HIV and AIDS cases that can be provided in an electronic format. This information will be used to convert the existing 17,000 prevalent HIV cases that were reported using unique identifiers. These cases need to be converted using a process approved by the CDC before they

will be accepted as cases in the national reporting system. Given the large volume of cases and the need to follow certain procedures to convert these cases, the Maryland AIDS Administration encourages health officers to transmit any prevalent HIV case reports to DHMH prior to investigating for centralized processing. Counties that are experiencing unusual HIV/AIDS surveillance workloads should contact the Maryland AIDS Administration for assistance.

Partner Notification

HIV and AIDS case reporting is not to be used to initiate HIV Partner Counseling and Referral Services (PCRS). It is the responsibility of the diagnosing physician to deliver HIV test results to the patient and to counsel the patient to notify his/her partners. If the physician is unable to deliver the HIV test results, the assistance of the health officer may be requested to locate the patient and deliver the results. If the physician does not believe that the patient will notify their partners, it is the physician's responsibility to notify the patient's partners. If the physician does not believe that the patient has notified his/her partners and the physician is either unwilling or unable to notify the patient's partners, then the physician may request the assistance of the health officer. If the physician requests assistance then the health department must attempt to locate the patient, deliver the test results, and offer partner notification services to the patient. A surveillance report of an HIV diagnosis is not the same as a physician request to contact a patient. To facilitate this process, the reporting form is being updated to include check boxes to request assistance from the health department in delivering test results or notifying partners. Surveillance reports may be used to notify a physician of his/her responsibilities and of the availability of the health department's services.

Reporting Forms and Additional Information

Copies of the updated physician and institution reporting form and its instructions, including the contact information for the local health officers, and the updated laboratory reporting form will be available shortly at: www.dhmh.state.md.us/AIDS/ProviderResources/surveillance.htm.

For up to date information on HIV and AIDS reporting please visit:
www.dhmh.state.md.us/AIDS/HivReporting/HivReport.html

In addition, the Maryland AIDS Administration's Center for Surveillance and Epidemiology will host a conference call for health officers and county HIV/AIDS surveillance designees to discuss these changes.

For additional questions about HIV and AIDS case reporting please contact the Maryland AIDS Administration.