

 **STATE OF NEW YORK
DEPARTMENT OF HEALTH**

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

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Dear Colleague:

This letter and the enclosed resource materials have been prepared to help medical providers report newly diagnosed cases of HIV infection and AIDS to the New York State Department of Health (NYSDOH) using the DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF). Completion of the PRF is required by Public Health Law, Article 21, Title III, Section 2130.

The confidential PRF is an important source of data required by Centers for Disease Control and Prevention (CDC) to confirm the eligibility of cases for HIV incidence and case surveillance.

- The PRF also serves as a mechanism for you to notify the NYSDOH that your patient needs linkage to partner notification services.
- The information submitted by you on the PRF is crucial in allocating federal and state funds, identifying trends in HIV transmission, facilitating access to health, social and prevention services, and targeting and evaluating prevention interventions.
- Lastly, the important testing history variables (Section II) are used in the new CDC methodology to estimate HIV incidence.

Detailed instructions regarding completion of the form are listed on the back of the PRF. As directed on the bottom of the form, only the yellow copy of the completed form should be mailed to the NYSDOH. Resource materials and links to additional information are included in this packet.

For copies of the form or if you have any questions, please call 518-474-4284. Thank you for your attention to this matter.

Sincerely,



Lou Smith, M.D., M.P.H.
Director
Bureau of HIV/AIDS Epidemiology

HIV/AIDS Reporting at a Glance

Five Things to Know About HIV/AIDS Reporting in New York State

One. What is Reportable?

In 1998 New York State (NYS) expanded existing AIDS case reporting regulations, PHL Article 21 (**Chapter 163 of the Laws of 1998**). The new law took effect on June 1, 2000 and requires the reporting of persons with HIV as well as AIDS to the New York State Department of Health (NYSDOH). The law also requires that reports contain the names of sexual or needle-sharing partners known to the medical provider or whom the infected person wishes to have notified. A NYS reporting form, the Medical Provider Report Form (PRF) (**DOH-4189 revised 8/05**), must be completed for persons with the following diagnoses:

1. **Initial/New HIV diagnosis** – First report of HIV antibody positive test results.
2. **Previously diagnosed HIV infection (non-AIDS)** – Infection previously diagnosed (including repeat/confirmatory test) but patient has not met criteria for AIDS. (Applies to a medical provider who is seeing the patient for the first time.)
3. **Initial/New diagnosis of AIDS** – Including <200 CD4 cells/ μ or opportunistic infection (AIDS-defining illness).
4. **Previously diagnosed AIDS** – (Applies to a medical provider who is seeing the patient for the first time.)

Two. How Do Laboratories Report?

In addition to positive HIV antibody results, laboratories are required to report electronically to the NYSDOH all viral load test results, all CD4 count and percent results, and all genetic resistance profiles of HIV-positive persons. These results must include patient name, address, date of birth, sex, race/ethnicity, and the ordering provider name and address. Since laboratory reports do not include partner/contact, risk factor and testing history information, medical providers are required to submit a Medical Provider Report Form (PRF) (**DOH-4189 revised 8/05**) for all reportable cases.

Three. How Do Providers Report?

Medical providers must complete the **NYS Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF) (DOH-4189 revised 8/05)** for all reportable cases and submit to the NYSDOH as instructed on the form. Blank forms are available from the NYSDOH (**518**) **474-4284**. *In order to protect patient confidentiality, faxing of reports is not permitted.*

Four. What Guidance is Available for Notifying Partners of HIV-infected Persons?

NYS Public Health Law Article 21 (Chapter 163 of the Laws of 1998) requires that medical providers talk with HIV-infected individuals about their options for informing sexual and needle-sharing partners that they may have been exposed to HIV. **The NYSDOH Partner Services program (formerly known as PNAP)** provides assistance to HIV-positive individuals and to medical providers who would like help notifying partners. **Call your local Partner Services office or the New York State HIV/AIDS Hotline at 1-800-541-2437 for assistance.**

Five. What About HIPAA and Confidentiality?

Under the federal HIPAA Privacy Rule, public health authorities have the right to collect or receive information "for the purpose of preventing or controlling disease" and in the "conduct of public health surveillance..." without further authorization. *This exception to HIPAA regulations authorizes medical providers to report HIV/AIDS cases to the NYSDOH Bureau of HIV/AIDS Epidemiology without obtaining patient permission.*

Partner Services at a Glance

'Partner Services' is a free Health Department program that helps patients diagnosed with certain sexually transmitted diseases (STDs). These STDs include *Chlamydia*, gonorrhea, syphilis and HIV. Partner Services gives patients options about how their sex or needle-sharing partners learn of their exposure to STDs, including HIV. Partner Services is voluntary and confidential.

Partner Services is for patients newly diagnosed with STDs or HIV; the program can also be used by individuals who have been aware of their HIV status (previously known positives).

Basic Steps

One. You have a patient who tests positive for an STD/HIV, and will be returning for test results (or confirmatory results if an HIV rapid test was used).

Two. You contact Partner Services to see when they can meet with the patient, preferably at the time of the scheduled visit, or a time convenient to the patient soon thereafter.

Three. You inform your patient of the importance and benefits of meeting with a Partner Services Specialist. Studies have shown that 18% of partners found through Partner Services (in 10 states) were identified as new HIV cases.

Four. The patient meets with a Partner Services Specialist, who explains the program and assists your patient in making a notification plan for each partner, including assessment of domestic violence risk.

Five. The patient provides information about their partners to help the Partner Services Specialist to locate and notify individuals of their exposure to STD/HIV.

Six. A Partner Services Specialist contacts partners to set up a meeting to let them know that they have been exposed to an STD/HIV. The patient's anonymity is always maintained. No names, dates or information about the encounters, or the index patient is ever revealed.

Seven. Partners are offered free confidential STD and/or confidential/anonymous HIV testing. Referrals for other prevention services are also offered.

Eight. Partners receive test results. Treatment and referral for medical care, additional STD/HIV screening or other services are provided, if needed.

Internet-based Partner Services

As the use of technology evolves and is increasingly used by people for (often anonymous) sexual encounters, the NYS Department of Health has adapted to address these challenges. Specially trained Internet Partner Services Specialists can investigate and contact individuals by e-mail, website profiles or screen names. These staff can use many different types of partner identifiers to locate these anonymous contacts.

Providers are the key to Patients

Patients are the key to Partners

Partners are the key to Prevention

The Partner Services Program provides an immediate link between health care providers, persons diagnosed with HIV, *Chlamydia*, gonorrhea and/or syphilis and their sexual and/or needle-sharing partners. The Partner Services Program can facilitate partner notification and early testing while maintaining confidentiality of all individuals involved. Partner Services staff work with patients to develop a plan to notify their partners. Based on the patient's needs, staff can notify potentially exposed partners anonymously, as well as help patients who want to tell their partners on their own.

Local Health Department and NYSDOH Regional Contacts for *Partner Services for HIV*

County Contacts	Contact	Phone Number	E-mail address
Albany County	Valerie Flanders	518-447-4609	valerie.flanders@albanycounty.com
Chautauqua County	Pat Johnson	716-661-8111	pji03@health.state.ny.us
Dutchess County	Andrew Rotans	845-486-3452	arotans@co.dutchess.ny.us
Monroe County	Kim Smith	585-753-5375	ksmith@monroecounty.gov
Nassau County	Carolyn McCummings	516-227-9590	Carolyn.mccummings@hhsnassaucountyny.us
Onondaga County	Sheila Newport-Jenkins	315-435-8550	hlsnewp@ongov.net
Orange County	Marilyn Ejercito	845-568-5333	mejercito@co.orange.ny.us
Rockland County	Charles Serunkuuma	845-364-2992	serunkuc@co.rockland.ny.us
Schenectady County	Glynnis Hunt	518-386-2824	glynnis.hunt@schenectadycounty.gov
Suffolk County	Jessica Cusano	631-853-2255	jessica.cusano@suffolkcountyny.us
Westchester County	Evonne Nemes	914-813-5220	emn3@westchestergov.com

Regional Office Contacts	Contact	Phone Number	E-mail address
Buffalo Regional Office (Allegany, Cattaraugus, Erie, Genesee, Niagara, Orleans, Wyoming)	Paul LaDouceur	716-855-7066	pal14@health.state.ny.us
Capital District Regional Office (Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Green, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schoharie, Warren, Washington)	Kim Mosteller	518-402-7411	kcm02@health.state.ny.us
Central New York Regional Office (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, St. Lawrence, Tioga, Tompkins)	Dana Rinaldo	315-477-8116 or 1-800-878-3827	djro9@health.state.ny.us
Metropolitan Area Regional Office (Putnam, Sullivan, Ulster)	Cheryl Gugliotta	845-794-2045 or 845-794-5924	spm02@health.state.ny.us
New York City CNAP (Bronx, Kings, New York, Richmond, Queens)		212-693-1419	
Rochester Regional Office (Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates)	Lorraine Urbanski	585-423-8103 or 1-800-757-5803	lurv01@health.state.ny.us

Partner Services can serve as your proxy in identifying partners, conducting domestic violence screening and the notification plan, and will assist in completing the Partner/Contact Information on the DOH-4189 (Medical Provider HIV/AIDS and Partner/Contact Form (PRF)).

Providers are the key to Patients

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Summary and Selected Tables from
Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged <18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to <13 Years — United States, 2008

MMWR Recommendations and Reports December 5, 2008 / Vol. 57 / No. RR-10

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Summary

For adults and adolescents (i.e., persons aged ≥13 years), the human immunodeficiency virus (HIV) infection classification system and the surveillance case definitions for HIV infection and acquired immunodeficiency syndrome (AIDS) have been revised and combined into a single case definition for HIV infection (1–3). In addition, the HIV infection case definition for children aged <13 years and the AIDS case definition for children aged 18 months to <13 years have been revised (1,3,4). No changes have been made to the HIV infection classification system (4), the 24 AIDS-defining conditions (1,4) for children aged <13 years, or the AIDS case definition for children aged <18 months. These case definitions are intended for public health surveillance only and not as a guide for clinical diagnosis. Public health surveillance data are used primarily for monitoring the HIV epidemic and for planning on a population level, not for making clinical decisions for individual patients. CDC and the Council of State and Territorial Epidemiologists recommend that all states and territories conduct case surveillance of HIV infection and AIDS using the 2008 surveillance case definitions, effective immediately.

TABLE. Surveillance case definition for human immunodeficiency virus (HIV) infection among adults and adolescents (aged ≥13 years) — United States, 2008

Stage	Laboratory evidence*	Clinical evidence
Stage 1	Laboratory confirmation of HIV infection and CD4+ T-lymphocyte count of ≥500 cells/μL or CD4+ T-lymphocyte percentage of ≥29	None required (but no AIDS-defining condition)
Stage 2	Laboratory confirmation of HIV infection and CD4+ T-lymphocyte count of 200–499 cells/μL or CD4+ T-lymphocyte percentage of 14–28	None required (but no AIDS-defining condition)
Stage 3 (AIDS)	Laboratory confirmation of HIV infection and CD4+ T-lymphocyte count of <200 cells/μL or CD4+ T-lymphocyte percentage of <14†	or documentation of an AIDS-defining condition (with laboratory confirmation of HIV infection)†
Stage unknown§	Laboratory confirmation of HIV infection and no information on CD4+ T-lymphocyte count or percentage	and no information on presence of AIDS-defining conditions

* The CD4+ T-lymphocyte percentage is the percentage of total lymphocytes. If the CD4+ T-lymphocyte count and percentage do not correspond to the same HIV infection stage, select the more severe stage.

† Documentation of an AIDS-defining condition (Appendix A) supersedes a CD4+ T-lymphocyte count of ≥200 cells/μL and a CD4+ T-lymphocyte percentage of total lymphocytes of ≥14. Definitive diagnostic methods for these conditions are available in Appendix C of the 1993 revised HIV classification system and the expanded AIDS case definition (CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41[No. RR-17]) and from the National Notifiable Diseases Surveillance System (available at http://www.cdc.gov/epo/dphsi/casedef/case_definitions.htm).

§ Although cases with no information on CD4+ T-lymphocyte count or percentage or on the presence of AIDS-defining conditions can be classified as stage unknown, every effort should be made to report CD4+ T-lymphocyte counts or percentages and the presence of AIDS-defining conditions at the time of diagnosis. Additional CD4+ T-lymphocyte counts or percentages and any identified AIDS-defining conditions can be reported as recommended. (Council of State and Territorial Epidemiologists. Laboratory reporting of clinical test results indicative of HIV infection: new standards for a new era of surveillance and prevention [Position Statement 04-ID-07]; 2004. Available at <http://www.cste.org/ps/2004pdf/04-ID-07-final.pdf>.)

AIDS-Defining Conditions

Bacterial infections, multiple or recurrent*	Lymphoid interstitial pneumonia or pulmonary lymphoid hyperplasia complex*†
Candidiasis of bronchi, trachea, or lungs	Lymphoma, Burkitt (or equivalent term)
Candidiasis of esophagus †	Lymphoma, immunoblastic (or equivalent term)
Cervical cancer, invasive §	Lymphoma, primary, of brain
Coccidioidomycosis, disseminated or extrapulmonary	<i>Mycobacterium avium</i> complex or <i>Mycobacterium kansasii</i> , disseminated or extrapulmonary†
Cryptococcosis, extrapulmonary	<i>Mycobacterium tuberculosis</i> of any site, pulmonary,†§ disseminated,† or extrapulmonary†
Cryptosporidiosis, chronic intestinal (>1 month's duration)	<i>Mycobacterium</i> , other species or unidentified species, disseminated† or extrapulmonary†
Cytomegalovirus disease (other than liver, spleen, or nodes), onset at age >1 month	<i>Pneumocystis jirovecii</i> pneumonia†
Cytomegalovirus retinitis (with loss of vision) †	Pneumonia, recurrent †§
Encephalopathy, HIV related	Progressive multifocal leukoencephalopathy
Herpes simplex: chronic ulcers (>1 month's duration) or bronchitis, pneumonitis, or esophagitis (onset at age >1 month)	<i>Salmonella</i> septicemia, recurrent
Histoplasmosis, disseminated or extrapulmonary	Toxoplasmosis of brain, onset at age >1 month †
Isosporiasis, chronic intestinal (>1 month's duration)	Wasting syndrome attributed to HIV
Kaposi sarcoma †	

* Only among children aged <13 years. (CDC. 1994 Revised classification system for human immunodeficiency virus infection in children less than 13 years of age. MMWR 1994;43[No. RR-12].)

† Condition that might be diagnosed presumptively.

§ Only among adults and adolescents aged ≥13 years. (CDC. 1993 Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR 1992;41[No. RR-17])

Additional Resources

HIV Clinical Resource:

<http://www.hivguidelines.org/Content.aspx>

New York State Department of Health HIV/AIDS Hotline and Website:

1-800-541-AIDS (2437) (English)

<http://www.nyhealth.gov/diseases/aids/index.htm>

HIV/AIDS Training for Providers:

<http://www.nyhealth.gov/diseases/aids/training/index.htm>

NYS HIV/AIDS Laws and Regulations:

<http://www.nyhealth.gov/diseases/aids/regulations/>

HIV/AIDS Statistics in New York State:

<http://www.nyhealth.gov/diseases/aids/statistics/index.htm>

Required HIV Related Consent and Authorization Forms:

<http://www.nyhealth.gov/diseases/aids/forms/informedconsent.htm>

CDC Medical Monitoring Project (MMP):

<http://www.cdc.gov/hiv/topics/treatment/mmp/index.htm>

CDC HIV Incidence Surveillance:

<http://www.cdc.gov/hiv/topics/surveillance/incidence.htm>