



# City Health Information

November 2004

The New York City Department of Health and Mental Hygiene

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## HIV/AIDS REPORTING AND PARTNER NOTIFICATION

All HIV/AIDS Provider Report Forms are collected at the provider site by New York City DOHMH staff. The forms are never mailed or faxed. Providers can arrange to have completed forms picked up by calling (212) 442-3388.

One in 4 persons living with the human immunodeficiency virus (HIV) in New York City does not know he/she is infected.<sup>1</sup> To contain the spread of the virus and enable early care, it is critical for providers to routinely test for HIV and identify HIV-positive persons and their sexual and needle-sharing contacts.

In June 2000, New York State (NYS) implemented the HIV Reporting and Partner Notification Law to better monitor the HIV epidemic.<sup>2</sup> The law mandates that physicians and laboratories report by name all persons newly diagnosed with the HIV infection, HIV-related illness, and AIDS.

### Provider Reporting Obligations

For each patient with a new diagnosis of HIV, providers (or their designees) must complete an HIV/AIDS Provider Report Form (PRF). The New York City Department of Health and Mental Hygiene (NYC DOHMH) HIV Epidemiology Program collects the completed reports. The law also requires health care providers to discuss and document conversations with their patients about partner counseling and referral services and domestic violence (DV) issues.

### Partner Notification Detects New Infections and is Currently Underutilized

In 2003, NYC providers submitted 5,213 PRFs; of those, 75% did not list a single partner. Partners

are defined as spouses, sex partners, and needle-sharing contacts.

Partner Notification is an important intervention that can help curb the spread of HIV/AIDS by detecting new infections earlier.<sup>3,4</sup> Notification should begin with each HIV diagnosis and continue throughout an infected person's life. A delicate process that requires both sensitivity and persistence, Partner Notification aims to alert sex and needle-sharing partners of HIV-positive individuals about possible exposure to the virus, providing the opportunity for at-risk partners to receive information, testing for HIV, and treatment for HIV/AIDS.

### Explaining Partner Notification

Providers should tell patients that there are several options for Partner Notification (**Table 1**) and that the process helps at-risk partners to:

- Become aware of their possible exposure to HIV
- Learn of their access to free confidential or anonymous HIV testing
- Access the latest HIV/AIDS treatment if they are infected
- Receive prevention information to help stop the spread of HIV/AIDS
- Provide appropriate referrals and other supportive services to at-risk partners

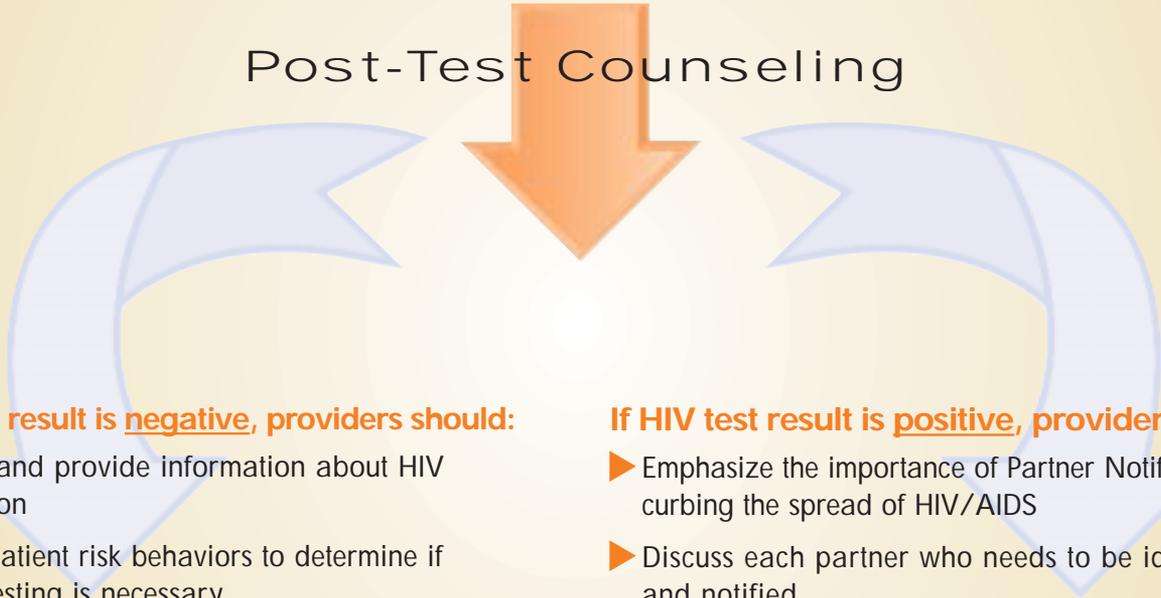
## THE STEPS TO PARTNER NOTIFICATION

### Pre-Test Counseling

#### Before testing for HIV status, health care providers should:

- ▶ Inform the patient about HIV reporting
- ▶ Explain the purpose of Partner Notification and its importance, emphasizing the confidential nature of the practice
- ▶ Explore the existence of, or potential for, domestic violence (DV)
- ▶ Discuss the option of anonymous HIV testing

### Post-Test Counseling



#### If HIV test result is negative, providers should:

- ▶ Discuss and provide information about HIV prevention
- ▶ Assess patient risk behaviors to determine if repeat testing is necessary

#### If HIV test result is positive, providers should:

- ▶ Emphasize the importance of Partner Notification in curbing the spread of HIV/AIDS
- ▶ Discuss each partner who needs to be identified and notified
- ▶ Determine and review a Partner Notification strategy for each known/named partner. Strategies should be tailored to each partner notified (see **Table 1**)
- ▶ Complete DV screening and discuss the potential for DV for each partner who needs to be notified (see **Table 2**)
  - Explain Partner Notification options and the need to defer the process if there is a risk for DV
  - Provide referral to a DV service provider if partner(s) pose a DV threat to the patient. The provider defers notification until there is no longer a risk for DV
- ▶ Complete the HIV/AIDS Provider Report Form and call the NYC DOHMH liaison to collect it

## Contact Notification Assistance Program

The Contact Notification Assistance Program (CNAP) is a free but under-utilized service provided by the NYC DOHMH. The program is available to HIV-positive individuals and to providers who request assistance in notifying partners. CNAP will notify partners about potential HIV exposure at the request of the HIV-positive patient or his/her medical provider (or representative, such as social worker or case manager). Counselors at CNAP will never ask a caller for his/her legal name or other identifying information. Individuals seeking assistance to notify a partner may identify themselves with a number or code name of their choice.

### Other CNAP Services:

- Technical assistance to community-based medical and social service providers in discussing Partner Notification with their patients
- Counseling to HIV-infected individuals on Partner Notification and related issues
- Workshops to orient HIV service providers to Partner Notification principles and practices

## Confidentiality

By NYS law, providers must maintain strict confidentiality with regard to Partner Notification. Information about an HIV-positive individual should never be shared. Information regarding each partner must always be separate from that of the infected person.

## Common Misconceptions About Partner Notification

### Can patients sue physicians over the Partner Notification process?

**NO.** NYS law allows physicians to notify a spouse or partner of an HIV-infected individual with or without his/her consent, but only after informing the patient that notification is imminent. All other health care providers must have the patient's consent before proceeding with notification, including CNAP counselors.

### When providers refer patients to the CNAP Program at NYC DOHMH, are patients forced to divulge partner information?

**NO.** The Partner Notification process is entirely voluntary.

### Does the NYC DOHMH retain notification records of uninfected partners?

**NO.** The agency destroys such records after a maximum of 3 months.

**HIV-positive individuals are not required by law to participate in Partner Notification or to accept a referral to a domestic violence service provider. If they choose to do so, the information is strictly confidential and can only be shared with their signed permission. If there is risk of domestic violence, it is important to consult with the patient and the domestic violence referral agency to determine when it is safe to proceed with Partner Notification.**

### Providers should explain the following personal safety protections to patients:

- When the CNAP assists in Partner Notification, the NYC DOHMH will notify partners without identifying the HIV-infected individual.
- Results of HIV tests carried out at NYC DOHMH testing sites are given only to the individual tested.
- The NYC DOHMH destroys the names of partners, either after 3 months or upon completion of the Partner Notification process, whichever occurs sooner.
- Partner Notification is deferred for any partner who poses any risk of violence to the infected individual, or the infected individual's loved ones.

## TABLE 1. PATIENT OPTIONS FOR PARTNER NOTIFICATION

The NYC DOHMH Contact Notification Assistance Program (CNAP, see page 35) can provide information, support, and guidance to both patients and providers before, during, or after Partner Notification. Providers or patients can carry out any of the following options for Partner Notification, either independently or with CNAP assistance.

- **Provider Referral** – With the consent of the HIV-infected patient, the provider takes responsibility for confidentially notifying partners of their possible exposure to HIV. Information about the original patient is never revealed to the partner. Physicians may notify ‘known’ partners without patient consent but must inform him/her of their intention before doing so. In notifying partners, providers must not refer to HIV-positive individuals by name, gender, physical description, type of exposure, dates of exposure, or location.
- **Self (Patient) Referral** – The HIV-infected individual takes responsibility for informing partners of their possible exposure to HIV and for referring them to appropriate services. Patients may need coaching on the best place, time, and manner in which to notify partners. Because such counseling can be time-intensive, we encourage providers to have their HIV-positive patients talk to CNAP representatives directly from the providers’ offices (CNAP does not need to know the patient’s identity).
- **Contract Referral** – The provider negotiates a time frame (usually 24–48 hours) for the patient to notify partners of their possible exposure to HIV. If the patient is unable to achieve notification within the allotted time period, providers may then notify partner(s) directly, or ask CNAP to do so.

### From a public health perspective, priority notifications include:

- All pregnant women, who should be offered HIV counseling and testing according to NYS DOH regulations. Early diagnosis of HIV infection during pregnancy provides an opportunity for early treatment and minimizes the risk of perinatal HIV transmission
- Partners of HIV-infected individuals who are in an on-going sexual relationship, or are sharing IV drug paraphernalia
- Recent exposures or other special circumstances such as rape

## Specific Reporting Information

Health care providers must complete an HIV/AIDS Provider Report Form for the following provider-reportable HIV-related conditions:

- All patients with a new HIV diagnosis defined as a newly positive HIV antibody test
- HIV illness defined as detectable HIV viral load or CD4+ lymphocyte count of 200-400/mL blood level
- AIDS, using the Centers for Disease Control and Prevention 1993 AIDS Case Definition<sup>5</sup>

### The PRF includes requests for:

- Risk factor information regarding the case or index patient

- Locating information about sex and/or needle-sharing partners—the forms should list names, addresses, and telephone numbers of all known partners (including spouses)
- The Partner Notification status of each identified partner, including the result of DV screening; providers must also review the potential for DV as a result of notification
- Assistance from the NYC DOHMH in notifying partners (strict confidentiality is mandated by law and maintained at all times)

## TABLE 2. SUGGESTED QUESTIONS FOR DOMESTIC VIOLENCE (DV) SCREENING<sup>6</sup>

- Do you ever feel unsafe at home?
- Are you in a relationship in which you have been physically hurt or have felt threatened?
- Have you ever felt afraid of your partner?

### Has this partner ever:

- Pushed, grabbed, slapped, choked, or kicked you?
- Forced you to have sex or made you do sexual things you didn't want to do?
- Threatened to hurt you, your children, or someone close to you?
- Stalked, followed, or monitored you?
- Based on what you have told me, do you think notifying your partner will have a severe negative effect on your physical health and safety, or that of your children or someone close to you?

### For the patient who might seek revenge on a partner he/she believes may have infected him or her:

- Have you ever been, or are you currently, concerned about harming your partner?

## Laboratory Reporting Obligations

In parallel with provider reporting, laboratories are required to report positive HIV-related tests, including all initial positive HIV Western Blot

(WB) antibody tests, detectable viral load tests, CD4+ lymphocyte counts 500, and CD4/CD8 ratios > 29%.

**PROVIDERS** — Register for NYC MED now! NYC MED is the one-stop portal for providers to access all New York City Department of Health and Mental Hygiene online applications. These applications include the Health Alert Network, Citywide Immunization Registry, Medical Reserve Corps, Universal Reporting Form, and City Health Information Continuing Medical Education. To register, visit [www.nyc.gov/health/nycmed](http://www.nyc.gov/health/nycmed). (To register and view the information posted on NYC MED, you must have an email address, Windows 2000 or XP, and Internet Explorer 5.5 or higher.)

## RESOURCES

- For more on the HIV Reporting and Partner Notification Law visit: [www.health.state.ny.us/nysdoh/hiv aids/hivpartner/intro.htm](http://www.health.state.ny.us/nysdoh/hiv aids/hivpartner/intro.htm)
- Providers may request HIV/AIDS Provider Report Forms by calling the NYC DOHMH HIV Epidemiology Program (HEP) at (212) 442-3443
- Contact CNAP, Monday-Friday between 9 a.m. and 5 p.m. by calling (212) 693-1419 or calling 311, or visit: [www.nyc.gov/html/doh/html/std/std3.html](http://www.nyc.gov/html/doh/html/std/std3.html)
- Health Care Provider Responsibilities Regarding HIV Reporting and Partner Notification: A Question and Answer Sheet. Available at: [www.health.state.ny.us/nysdoh/hiv aids/hivpartner/provresp.htm](http://www.health.state.ny.us/nysdoh/hiv aids/hivpartner/provresp.htm)
- Interrupting the Spread of HIV: A Guide for Working With HIV+ Persons To Notify Their Partners. Available at: [www.nyc.gov/html/doh/pdf/std/guide-notify-partners.pdf](http://www.nyc.gov/html/doh/pdf/std/guide-notify-partners.pdf)
- Information about domestic violence is available at: NYC Domestic Violence Hotline at 1-800-621-4673 (24 hours) or visit: [www.safehorizon.org](http://www.safehorizon.org)

## REFERENCES

1. New York City Department of Health and Mental Hygiene. HIV Epidemiology Program: 1st Quarter Report. January 2004. Available at: <http://www.nyc.gov/html/doh/pdf/dires/dires-2004-report-qr1.pdf>. Accessed October 27, 2004.
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4. Centers for Disease Control and Prevention. Partner counseling and referral services to identify persons with undiagnosed HIV — North Carolina, 2001. *MMWR.* 2003;52:1181-1184.
5. Impact of the Expanded AIDS Surveillance Case Definition on AIDS Case Reporting—United States, First Quarter. *MMWR.* 1993;42:308-310.
6. NYS DOH Guidelines for Integrating Domestic Violence Screening into HIV Counseling, Testing, Referral & Partner Notification. Available at: [www.health.state.ny.us/nysdoh/rfa/hiv/guide.htm](http://www.health.state.ny.us/nysdoh/rfa/hiv/guide.htm). Accessed October 27, 2004.

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## CME/CNE Activity Partner Notification

### 1. The HIV Reporting and Partner Notification law mandates the reporting of all EXCEPT:

- A. Initial positive HIV antibody test result
- B. CD4+ lymphocyte count of between 200 and 400
- C. Pelvic inflammatory disease
- D. AIDS using the 1993 CDC definition

### 2. Provider Report Forms (PRFs) must include all the following EXCEPT:

- A. Name and address of HIV-infected individual
- B. Name and address of known spouse or other sex partners
- C. Name and address of known needle-sharing partners
- D. Physical descriptions of the above individuals

### 3. Domestic violence screening helps to determine all the following EXCEPT:

- A. Risk of harm to the HIV-infected individual as a result of notifying a partner
- B. Need for referral to a domestic violence service provider
- C. HIV status of the known partners
- D. Possible severe negative effect on physical health and safety of the children or someone close to the HIV-infected individual

### 4. The benefits of partner notification include all the following EXCEPT:

- A. Interruption of the spread of HIV/AIDS
- B. Providing at-risk individuals with information to make an informed decision about HIV testing and risk behaviors
- C. Determining changing patterns of the spread of HIV/AIDS
- D. Sharing personal information about HIV-infected individuals

### 5. The options for partner notification include all EXCEPT:

- A. Patient Delivered
- B. Provider Assisted
- C. Contracted
- D. Mailed letter

### 6. NYC DOHMH Contact Notification Assistance Program (CNAP) services include all EXCEPT:

- A. Technical Assistance
- B. Workshops
- C. Receiving Provider Report Forms
- D. Notifying at-risk partners

### 7. How well did this Continuing Education activity achieve its educational objective?:

- A. Very Well
- B. Adequately
- C. Poorly

PLEASE PRINT LEGIBLY, and include your complete address, with city, state and zip code.

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## CME/CNE Activity

This issue of *City Health Information*, including the continuing education activity, can be downloaded from the publications section at [nyc.gov/health](http://nyc.gov/health). To access *City Health Information* and Continuing Medical/Nursing Education online, visit [www.nyc.gov/html/doh/html/chi/chi.html](http://www.nyc.gov/html/doh/html/chi/chi.html)

### Instructions

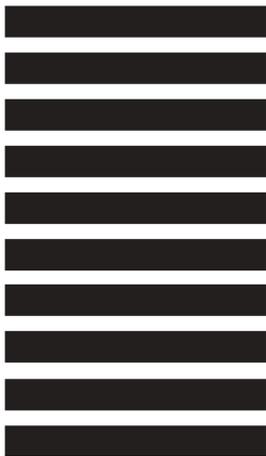
Read this issue of *City Health Information*, including the information on the reference guide to find the correct answers to the questions. To receive continuing education credit you must answer 5 of the first 6 questions correctly. If you would like to participate in this activity by submitting the response card:

1. Complete all information on the response card, including your name, degree, mailing address, telephone number and e-mail address.  
PLEASE WRITE CLEARLY
2. Select your answers to the questions, and check the corresponding boxes on the response card.
3. Return the response card (or a photocopy) postmarked no later than May 15, 2005. Mail to CME/CNE Administrator, NYC Dept. of Health and Mental Hygiene, 125 Worth Street, CN-29C, New York, NY 10013.

To participate in this activity online, visit [www.nyc.gov/html/doh/html/chi/chi.html](http://www.nyc.gov/html/doh/html/chi/chi.html). Online participants will have their responses graded and will be able to generate a certificate immediately.



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**Continuing Medical Education/  
Continuing Nursing Education  
HIV/AIDS Reporting and Partner  
Notification**

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OF HEALTH AND MENTAL HYGIENE  
CITY HEALTH INFORMATION VOL. 23 No. 7  
NOVEMBER 2004

**Objectives:**

At the conclusion of the course, participants should be able to

1. Inform patients about HIV Reporting and Partner Notification
2. Inform HIV-infected patients of the options for notifying at-risk partners
3. Conduct domestic violence screening as it relates to each known partner and make appropriate referrals
4. Complete the HIV Provider Report Form and submit it to the NYC DOHMH as required by law.

**Accreditation:**

The continuing medical education (CME/CNE) activity is open to nurses, physicians (MDs, DOs), and physician assistants. The New York City Department of Health and Mental Hygiene (NYC DOHMH) is accredited by the Medical Society of the State of New York to sponsor continuing medical education for physicians. The NYC DOHMH designates this continuing medical education activity for a maximum of 1.0 hours in Category One credit toward the AMA/PRA (Physician's Recognition Award). Each physician should claim only those hours of credit that he/she actually spent on the educational activity.

Participants in CME activities sponsored by the NYC

DOHMH are required to submit their name, address, and professional degree. Such information will be maintained in the Department's CME program database. If participants in CME activities so request, the information will be used by the CME Program to verify whether a professional participated in an activity and, if the activity was associated with an exam, passed the exam.

The Department will not share information in the CME database with other organizations without permission from persons included in the database, except in certain emergencies or disasters where public health agencies deem communication with all health care providers to be essential or where required by law. Participants who provide e-mail addresses upon registration for an activity may receive electronic announcements from the Department about future CME activities as well as other public health information.

The Continuing Nursing Education (CNE) activity is open to nurses. The NYC DOHMH is an approved provider of continuing education by the New York State Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. A total of 1.2 contact hours will be awarded to nurses for participation in this activity.

Participants must submit the accompanying exam by May 15, 2005.

CME/CNE Activity Faculty: S Blank and S Gambler.

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