California HIV/AIDS Surveillance Stakeholders: Workgroup #3
Other Uses of HIV/AIDS Surveillance Data for Public Health Purposes
2nd Teleconference:
11 am-12 pm, Friday, November 14, 2008

Participants:

Juan Ibarra & Mark Damesyn (Office of AIDS)
Ronald Hattis, Beyond AIDS
Peter Kerndt, LA PHD
Maree Kay Parisee, SF PHD
Tamara Jones, Orange County Healthcare Services
Barbara Green-Ajufo, Alameda County PHD
Deborah Gallagher, Marin County PHD

Salient Discussion Points:

1) The new CDC guidelines are a breakthrough in that they specifically link surveillance (reporting) to prevention (specifically including partner services), and state that the health department should be directly involved.

2) We noted that in addition to partner services, outreach to persons who had been reported as positive could also accomplish referrals to care and various HIV/AIDS services, and in some cases could provide results to people who had not made it back to get their results. These should all be considered in designing a program. People whose positive tests were obtained directly from a lab or testing program may not have skilled providers who can care for HIV/AIDS, and may need referrals to such providers. Others with high risk behavior histories may be candidates for voluntary referrals to "Prevention with Positives" and/or prevention case management services, which they might not otherwise hear about. Some people may need referrals to AIDS projects for social services, housing, or ADAP assistance to pay for antiretroviral drugs. All of these things could be discussed in a single phone or visit outreach.

3) HIV positive people should be screened for transmission risk on an ongoing basis, not just once, and that should include questioning about new partners. Peter Kerndt noted that "minimum performance standards" of HRSA for HIV require at least annual screening for STDs, which should include risk/sexual history. Discussion of sexual and other risks should be done at every visit. So people with HIV should be followed by providers who can do this, or by specialists from health departments to supplement the medical care that their providers can give. This may require referrals if such services are not already available.

4) There is a precedent for outreach including partner services to HIV positives. It is provided to reported syphilis cases, and in L.A. County, 60% of these individuals also

have HIV, and the services are provided for the HIV as well as the syphilis.

5) There was a discussion on whether Ryan White case managers could be cross-trained to provide prevention case management including partner services, but no consensus. Advantages would include the fact that clients are already seeing them regularly and trust them. Since PCRS is often delegated to patients themselves, social workers could at least add professional skills. But some call participants from public health departments commented that contact interviews require specialized skills, and if health departments had the money to contract out, they would prefer to use those funds to provide the services themselves.

Recommendations

To be presented during December 3, 2008 Surveillance Stakeholder Meeting:

1. Goal: Use of surveillance data to contact positive clients and their partners:
    a. Ensure clients receive their results (using positive results from labs as well as providers)
    b. Ensure partner services are initiated and followed through such that messages are delivered on a regular basis
2. Methodological Approach:
    a. Assign task force to develop California guidelines for using surveillance data for, Partner Services (PS).
    b. From these guidelines, model PS MOU should be created by OA and shared with LHJ for guidance purposes
3. Considerations in development of guidelines:
    a. Review findings from California pilot programs using surveillance for partner services
    b. Review implications of 11/2008 CDC Partner Services Guidelines
    c. Consider role of community based organizations in PS
    d. Routinely work with private providers
4. Address PS training issues
    a. Design outreach materials to train appropriate local health department employees (e.g., surveillance personnel and Communicable Disease Investigators) & social workers.
    b. Identify appropriate field staff to implement training