



Maryland HIV Testing Update

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Prevention, and Access to Care
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**Heather L. Hauck, MSW, Director
Maryland AIDS Administration
Department of Health and Mental Hygiene**

Maryland AIDS Administration

MISSION



To reduce the transmission of HIV and help Marylanders with HIV/AIDS live longer and healthier lives.

We work with public and private partners to promote and develop comprehensive, compassionate and quality HIV prevention and care services. The AIDS Administration provides leadership, encourages input from affected communities, and uses scientific knowledge to guide the development of responsible and effective policies and programs.



Maryland HIV/AIDS Testing Legislation

Workgroup



- General Assembly passed HB781/SB746:
 - The AIDS Administration shall convene a workgroup that includes HIV infected individuals, HIV/AIDS advocacy organizations, HIV service providers, and other stakeholders to review and make recommendations regarding the Centers for Disease Control and Prevention guidelines regarding HIV/AIDS, including the guidelines relating to pre– and post–test counseling and written informed consent. The workgroup shall review and consider best practices and research and data regarding treatment for HIV/AIDS. The workgroup shall report to the Governor and the General Assembly on or before January 1, 2008.

HIV Counseling and Consent



- Effective July 1, 2008 (HB991/SB826):
 - Informed consent must be provided before a test for the presence of HIV can be conducted.
 - Informed consent must include information that the individual can refuse the HIV test without penalty.
 - In health care settings, informed consent must be documented in the medical record, however, a separate written form is not required.

HIV Counseling and Consent (2)



- Pre-test counseling can be provided in writing, verbally, or by video based on the needs and testing history of the person to be tested.
- Health care provider must notify an individual of the test result regardless of the result.

HIV Counseling and Consent (3)



- If the test result is positive:
 - the individual must be referred for treatment and supportive services including case management.
 - the physician or physician's designee must counsel the individual to notify all sexual and needle-sharing partners that they may have been exposed to HIV and offer to assist in notifying sexual and needle-sharing partners or refer the individual to the appropriate local health department for assistance.

HIV Counseling and Consent – Pregnant Women



- Notify the pregnant woman that an HIV test will be administered as a component of her prenatal health care.
- Informed consent and Pre-test counseling – same requirements as previous.
- If the pregnant women declines the HIV test, the declination must be documented in the medical record.

HIV Counseling and Consent – Pregnant Women (3)



- An HIV test must be offered in the third trimester to a pregnant woman who was not tested earlier in her pregnancy, who live in areas of high HIV incidence, or who is at high risk for contracting HIV.
- In labor and delivery settings, the health care provider or facility must offer:
 - A rapid test to a pregnant woman with unknown or undocumented HIV status; and
 - Antiretroviral prophylaxis prior to receiving the results of a confirmatory test if the rapid HIV test during labor and delivery is positive.

HIV Counseling and Consent – Pregnant Women (4)



- The health care provider must notify a pregnant woman of the test result regardless of the result.
- If the test result is positive, the pregnant woman must be:
 - referred for treatment and supportive services including case management;
 - counseled to notify all sexual and needle-sharing partners that they may have been exposed to HIV; and
 - offered assistance in notifying sexual and needle-sharing partners or refer the individual to the appropriate local health department for assistance.

Next Steps



- Regulations
- Education Efforts
- Technical Assistance
- For more information, please visit <http://dhmh.state.md.us/AIDS/Law/HB991.htm>



Maryland AIDS Administration CDC Funded HIV Testing Program: Challenges and Successes

Program M&E: CDC Program Indicators



- State Health Departments are required by CDC Cooperative Agreement funding to report on specific program indicators for all core components
- In 2004, health departments provided baseline data and 5-year targets (since extended)
 - Revisions to baseline data and targets were finalized in year 2
 - Determining targets proved challenging given difficulty in measuring dynamic program factors (resources available, changes in the epidemic, etc.)
- Progress is reported each year with submission of an Interim Progress Report and an Annual Progress Report

Program M&E: CDC Program Indicators



- Counseling, Testing, and Referral (CTR) and Expanded Testing program indicators are:
 - Types of funded providers
 - Total number of tests by setting
 - Number of new confirmed, positive test results
 - Overall new seropositivity rate% for each setting
 - Number of new infections receiving test results
 - Number of new infections who accessed care
 - Number of new infections referred to partner services
- Additional qualitative information regarding each indicator provides context for understanding numeric indicator

State Health Department Data Utilization



- In addition to the required CDC program indicators, State Health Departments review data to consider:
 - Access
 - Settings
 - Routine and Targeted
 - Testing technology
 - Reach to impacted populations, subpopulations, zip codes, etc.
 - Yield
 - Organizational capacity development
 - Linkages to care
 - Partnership development

Success Defined (MD)



- For all HIV testing programs, the desired outcomes are:
 - Identification of individuals with previously undiagnosed HIV infection and delivery of test results to these clients to increase knowledge of serostatus;
 - Active referral and linkage to HIV medical care and support services to improve the health of persons living with HIV; and
 - Provision of risk-reduction counseling and linkage to HIV prevention services to decrease the transmission of HIV to sex and needle sharing partners.

Considerations for “Success” Definition (1)



- For targeted testing programs that include risk-reduction counseling for high-risk negative clients, success measures may be:
 - CDC Program Indicators for CTR
 - To decrease future HIV infections through assisting clients with decreasing their sexual and needle-sharing risk behaviors; and
 - To value the prevention interventions with prevalent positives not engaged in care and high-risk negatives equally with new seropositivity.

Considerations for “Success” Definition (2)



- For routine screening programs, additional success measures may be:
 - Building infrastructure and capacity to provide new opportunities for HIV testing, e.g. expansion into EDs, primary care providers, correctional health centers
 - Engaging primary care providers, EDs, etc., resulting in increased knowledge about and practice of HIV testing and linkage to care
 - Testing individuals who would not have been tested by targeted CTR programs
 - Successfully delivering confirmatory results to newly-diagnosed clients and linking them to care

Challenges



- Expanding HIV testing programs to emphasize the continuum of comprehensive prevention services and linkages to HIV care and support services has caused a shift in expectations of program deliverables and allocation of program resources that extend past traditional post-test counseling.

Challenges



- Limited resources for implementation and M&E
- Capacity of State Health Departments and funded organizations vary in ability to measure and evaluate program
- Definitions of Success vary by funder and by grant agreement



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