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Public Act 514
New HIV-reporting law in
Michigan

MHAC
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Background

- 1988 law mandated HIV reporting in MI.
- Clinical laboratories were not required to report.
- Led to an HIV reporting system that, like the AIDS reporting system, was clinically-based.

Clinically-based HIV and AIDS Surveillance

- This type of surveillance depends on clinicians for reporting new cases of HIV and AIDS.
- The MDCH surveillance staff are in contact with reporting clinicians to stimulate reporting.
- Obtaining updates to AIDS on persons previously reported as HIV-infected only is labor-intensive and has been incomplete.

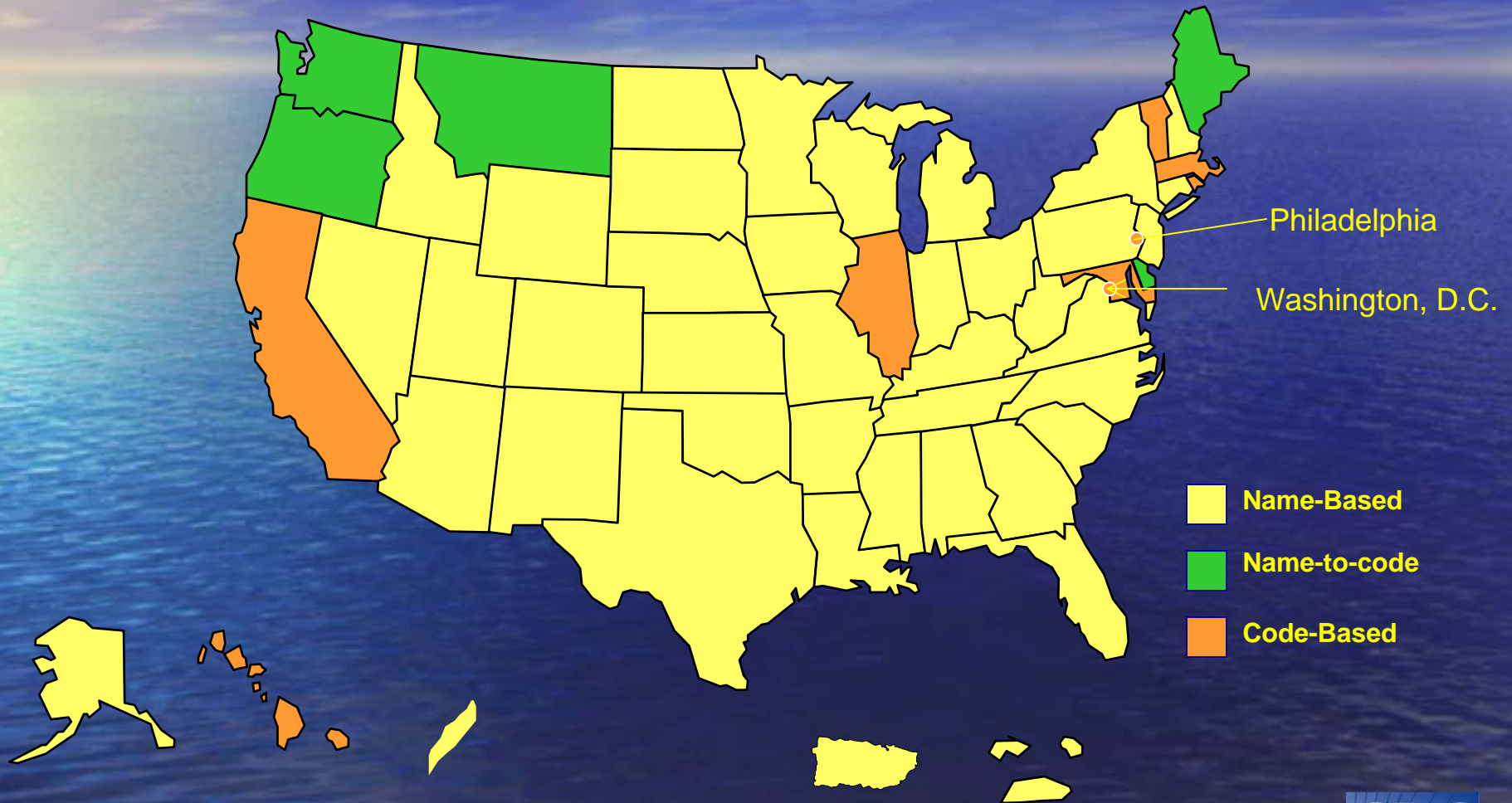
Background, continued

- An integrated, clinically-based HIV/AIDS surveillance system worked well in the late 1980's and early 1990's.
- As medical care became more decentralized, the system's dependence on conducting surveillance with a manageable number of key physicians became less reliable.

Background, continued

- The course of HIV disease has changed.
- The surveillance system needs to change to better measure the current course of disease.

Current Status of HIV Infection Surveillance January 2005



Michigan and Other States' HIV Reporting Systems

- Prior to the passage of SB 1129 (PA 514), Michigan was the only named HIV reporting state that did not require the clinical laboratory to report HIV.
- Since the diagnosis of HIV is made by a laboratory result, it followed that the lab report would become the basis of HIV reporting systems.

Importance of Newly Diagnosed HIV Data

- Forms the basis of prevention priorities and identifies prevention and intervention weaknesses and needs.
- In the future HIV cases will become the basis of the formula for Ryan White CARE Act (RWCA) funding.

Completeness of Reporting

- In 2001 we conducted an evaluation using laboratory reports from a representative sample of labs that agreed to voluntarily send us results.
- We found that only 58% of cases were reported by the clinically-based reporting system within three months of diagnosis.

Michigan's Anonymous Reporting Option

- 1988 law provided options for anonymous reporting of HIV (not AIDS).
- Many other named HIV reporting states allow anonymous testing and reporting.

Michigan's Anonymous Reporting Option

- However, in virtually all other states this option is only available in an anonymous setting, like the counseling and testing sites.
- Michigan is unique in allowing anonymous reporting from the non-anonymous care setting (i.e., physician's offices).

Michigan's Anonymous Reporting Option, continued

- In practice, there is a small number of specific physicians who report anonymously.
- As we implement PA 514, we are notifying those physicians who report without patient name that they will need to submit the specimen for HIV antibody testing to the laboratory without patient name.

Public Act 514

- This new law removes the exemption the clinical laboratory has had from the requirement to report HIV.
- It, therefore, adds HIV to the list of 42 other infectious diseases that labs already report to public health.
- It goes into effect April 1, 2005.

Public Act 514, continued

- This law also broadens the types of HIV tests that will be required to be reported.
- The other two lab results we are focusing on are CD4 counts/percents and all HIV viral load (VL) results.
- MDCH will obtain these results from the laboratories and not from clinicians.

Why is CD4 and Viral Load Reporting Important? Measuring Unmet Need

- Unmet need is defined by the RWCA as the proportion of persons who know they are HIV infected but are not in HIV primary care.
- Being in HIV primary care is defined as having a viral load, a CD4 count, or prescription of antiretroviral therapy during a one year period of time.

Why is CD4 and Viral Load Reporting Important? Measuring Unmet Need

- In the near future HRSA will require all Ryan White CARE Act Title I recipients to report an estimate of unmet need in their respective eligible metropolitan area (EMA).
- We currently have only an approximate measure of unmet need.
- Having CD4 counts and viral loads would be more direct, accurate and simpler.

Why is CD4 Reporting Important? Updating HIV to AIDS

- CD4 reporting will allow us to more reliably update persons reported as HIV infected/not AIDS to AIDS.

Why do we need to count AIDS cases now?

- About half of persons* reported with HIV also have AIDS at initial diagnosis. We are trying to test people earlier in the course of their infection.
- Tracking progression to AIDS allows MDCH to monitor our success at early testing.
- Measures how successful we are at preventing HIV-infected persons from developing AIDS.

*Among those for whom we had a CD4 count within 6 months of their first positive test during 1992-2002.

Why do we need to count AIDS cases now? continued

- Ryan White CARE Act dollars are currently based on the number of AIDS cases.
- We believe we are not reliably updating people who meet the AIDS case definition.
- This results in Michigan receiving less \$\$ than we are really eligible for.

Why is CD4 and Viral Load Reporting Important?

- Measuring, on a population basis, the proportion of people eligible to receive antiretroviral therapy (ART).
- Measuring the range of immune suppression and viral replication in the diagnosed HIV-infected population.

Why is CD4 and Viral Load Reporting Important?

- What level of immune suppression do people have at entry into care?
- Measure gaps in care.

Role of the Local Health Departments

- Local health departments generally receive reports directly from providers.
- With the electronic reporting we are expecting from PA 514, electronic information will be sent to MDCH first for unduplication.

Role of the Local Health Departments

- After unduplicating MDCH will either:
 - Contact the provider and obtain the case report form OR
 - Forward the information about the provider and patient to the local health department for case report form completion.

How to Contact the the Electronic Reporting Coordinator

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