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Preceptor: Mr. Colin Flynn, Chief of HIV/AIDS Epidemiology and Surveillance
Background: HIV/AIDS Reporting in Maryland

- Since 1985: AIDS reported by name
- Since 1994: HIV reported by Unique Identifier (UI)
- Maryland’s 14-digit UI included:
  - the last 4 digits of SSN,
  - 8 digits for DOB
  - 1 digit for racial/ethnic group
  - 1 digit for gender

Reference: Code of Maryland (COMAR) 10.18.02.05
Current Statistics

- Maryland has the 3rd highest annual case report rate of any state (28.5 cases per 100,000 population).

- Baltimore-Towson has the 2nd highest rate of any major metropolitan area (40.5 cases per 100,000).

- Through June 2006: 29,687 recorded AIDS cases, 16,012 deaths among AIDS cases and 18,821 HIV cases that have not developed AIDS.

- 56% of HIV cases reported from heterosexual sexual contact, 23% from IDU, 18% among MSM, 1% among IDU/MSM and 2 percent reporting other.

Ref: CDC (2005), Maryland HIV/AIDS Epidemiological Profile 2006.
HIV/AIDS Trends in Maryland

Incident (Newly Diagnosed) HIV and AIDS Cases and Deaths among HIV and AIDS Cases by Quarter-Year through Second Quarter 2005 as Reported through 6/30/06 (Maryland HIV/AIDS Epidemiologic Profile 2006)
Ryan White Comprehensive AIDS Resource Emergency (CARE) Act

- Enacted in 1990 by the federal government
- To improve the “quality and availability of care for low-income, uninsured and underinsured individuals and families affected by HIV disease.” (HRSA 2007)
- Maryland receives over $65 million of federal funding for HIV/AIDS services through the RWCA
  - 60% of the AIDS Administration’s budget
- The Modernization Act of 2006: funding calculations will be based on name-based reporting.

Timeline
- By April 1, 2008 a new reporting system must be enacted. States given until fiscal year 2010 to transition fully.
Pre-Legislative Process

- DHMH drafting of the legislative proposal
- Meeting with local health officers
- Stakeholders Meeting
- Community Open Forums
- AIDS Legislative Committee (ALC) Open Forum
- Discussions with Governor Martin O’Malley’s Office and the Attorney-Generals Office
- Revisions of the proposal
Legislative Process

- AIDS Administration (AA) Budgetary Hearing
- Senate Bill 987
- House Bill 1270
- Fiscal Note attached
- Testimony by the AA leaders and by DHMH Secretary Colmers (3/5/07)
- Two amendments added
The Maryland HIV/AIDS Reporting Act of 2007: Key points

- Physicians must report both HIV and AIDS cases by name.
- Institutions (hospitals, nursing homes, hospice facilities and medical clinics in correctional facilities, inpatient psychiatric facilities and inpatient drug rehabilitation facilities) must report both HIV and AIDS cases by name.
- Laboratory reporting expanded from HIV positive tests and CD4+ lymphocyte counts <200 cells to include all CD4+ lymphocyte tests. Reporting is by name.
Maryland HIV/AIDS Reporting Act: Key Points (continued)

- Physicians must report newborn HIV exposures by name. Identifying information will be removed after 18 months if the infant is found to no longer be HIV positive.

- Increased restrictions on access to HIV/AIDS data and heightened penalties for intentional release of confidential HIV/AIDS data are added.
The Maryland HIV/AIDS Reporting Act of 2007

☑ Passed nearly unanimously by the Maryland General Assembly on April 6, 2007.

☑ Signed by Governor Martin O’Malley on April 24, 2007.

☑ Emergency legislation, therefore, the law went into effect on April 24, 2007.
Implementation Process

- AA changes to surveillance
- New consent and reporting forms
- Physician education
- Institution education
- Laboratory education
- Community education
Thank you

- Colin Flynn
- Heather Hauck, Michelle Burke-Rollins, William Honablew and Ora Dawedeit
- AIDS Administration
- Dr. Robert Lawrence
- PHASE Internship Coordinators: Dipti Shah and Dr. Ibrahim