

DHMH POLICY

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INFECTIOUS DISEASE BUREAU /
Prevention & Health Promotion Administration / DSPHS

DHMH POLICY 03.02.01
Effective Date: August 13, 2013

DHMH HIV POLICY

I. EXECUTIVE SUMMARY

This policy establishes guidelines regarding prevention, testing, treatment and care of individuals living with or at higher risk for acquiring the human immunodeficiency virus (HIV), the virus which causes acquired immunodeficiency syndrome (AIDS). The guidelines shall be followed by all DHMH employees and facilities operated by DHMH. This policy is based on federal and State laws and regulations that are included by reference.

II. BACKGROUND

The HIV Policy for DHMH Facilities was developed in 1996 by a committee consisting of representatives from the AIDS Administration, Developmental Disabilities Administration, Mental Hygiene Administration, and Local & Family Health Administration in response to the Occupational Safety and Health Administration's (OSHA) Blood-borne Pathogens Standard and CDC's Guidelines for Prevention and Control of HIV.

DHMH Policy 03.02.01 was updated in 2002 to incorporate: the Guidelines for Exposure Management; the January 2001 Final Rule from OSHA regarding safer sharps and needle stick prevention; and the June 29, 2001 U.S. Public Health Services Guidelines for Management of Occupational Blood-borne Pathogens Post-Exposure Prophylaxis.

This version DHMH Policy 03.02.01 supersedes and replaces an earlier version DHMH Policy 03.02.01, dated April 15, 2002. The changes to this version are updates to the most recent definitions, standards, and procedures related to HIV.

III. POLICY STATEMENTS

A. DEFINITIONS –

1. "Body fluids" means:
 - a. Any fluid containing visible blood, semen, or vaginal secretions; or
 - b. Cerebrospinal fluid, synovial, breast milk, or amniotic fluid.

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- c. "Body fluid" does not include saliva, stool, nasal secretions, sputum, tears, urine, or vomitus.
2. "Exposure" means as between a patient and a health care provider:
 - a. Percutaneous contact with blood or body fluids;
 - b. Mucocutaneous contact with blood or body fluids;
 - c. Open wound, including dermatitis, exudative lesions, or chapped skin, contact with blood or body fluids; or
 - d. Intact skin contact with blood or body fluids.
3. "Health care facility" means a facility or office where health or medical care is provided to patients by a health care provider, including:
 - a. A health care facility as defined in Md. HEALTH-GENERAL Code Ann. § 19-114 (d) (1);
 - b. A facility operated by the Department or a health officer;
 - c. The office of a health care provider; or
 - d. A medical laboratory.
4. "Health care provider" means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health or medical care in:
 - a. The ordinary course of business or practice of a profession; or
 - b. In an approved education or training program.
 - (i) "Health care provider" includes any agent or employee of a health care facility.
 - (ii) "Health care provider" does not include any individual who is eligible to receive notification under the provisions of § 18-213 of this title, including any law enforcement officer or any member of any fire department, ambulance company, or rescue squad.
5. "HIV" means the human immunodeficiency virus that causes acquired immune deficiency syndrome.
6. "Standard precautions" means a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status, given that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents.
7. "Universal precautions" means an approach to infection control that treats all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood-borne pathogens.

B. GENERAL POLICY STATEMENTS

1. Non-Discrimination

- a. Individuals who meet admission requirements will be admitted to and provided care and treatment at DHMH operated facilities

without discrimination on the basis of HIV infection or AIDS diagnosis.

- b. Under federal law, the Americans with Disabilities Act (ADA) and State law, the Annotated Code of Maryland, State Government Article Title 20, prohibits discrimination in employment or provision of services to persons with disabilities, including HIV infection and AIDS.

2. Confidentiality and Record Keeping

- a. Under Maryland law, Health-General Article, §4-302, Annotated Code of Maryland (<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=4-302&ext=html&session=2013RS&tab=subject5>) all medical records are confidential documents; the law outlines permissible disclosures of information from medical records as well as for non-permissible disclosure.
- b. Information pertaining to a patient's HIV test as well as other HIV related information shall be made part of the patient's medical record.
- c. In certain circumstances, as described under provisions of Health-General Article, §18-338.1, Annotated Code of Maryland (<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=18-338.1&ext=html&session=2013RS&tab=subject5>) HIV test information shall be kept separate from the patient's medical records when the test is performed due to the exposure of a health care provider to a patient's blood or body fluids.

3. Universal Precautions

- a. The Maryland Department of Health and Mental Hygiene require the use of *universal precautions* for infection control in all State facilities. Universal precautions, as defined by the Centers for Disease Control and Prevention (CDC) (<http://www.cdc.gov/niosh/topics/bbp/universal.html>), shall be the standard.
- b. Maryland law and implementing regulations require use of universal precautions in all patient care settings, and Maryland Occupational Safety and Health (MOSH) regulations require use of universal precautions to protect workers from blood-borne pathogens, including HIV.
- c. Alternative concepts in infection control are called Body Substance Isolation (BSI) and Standard Precautions. These methods define all body fluids and substances as infectious.

These methods incorporate not only the fluids and materials covered by this standard but expands coverage to include all body fluids and substances. According to OSHA (https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2570), these concepts are acceptable alternatives to universal precautions, provided that facilities utilizing them adhere to all other provisions of this standard.

4. Prevention And Management Of Occupational Exposures

- a. Exposure prevention remains the primary strategy for reducing occupational blood-borne pathogen infections. DHMH facilities are required to establish exposure-control plans that include post-exposure follow-up for their employees and to comply with incident reporting requirements mandated by the 1992 OSHA blood-borne pathogen standard.
- b. In accordance with COMAR 10.18.08.12: <http://www.dsd.state.md.us/comar/getfile.aspx?file=10.18.08.12.htm>, a DHMH facility where an exposure occurred shall maintain a confidential record or an incident report for an HIV test and adopt procedures for the confidential HIV testing of blood samples or other bodily fluids used or collected for purposes of Regulation .11 of COMAR 10.18.08: <http://www.dsd.state.md.us/comar/getfile.aspx?file=10.18.08.11.htm>.
- c. The Maryland Department of Health and Mental Hygiene requires that all hospitals maintain a record of an exposure as defined by Health-General Article, §18-338.3(a), Annotated Code of Maryland; a refusal to consent by a patient as described in the Health-General Article, §18-338.3(b)(2)(ii), and provide records as specified in §A(3) of this regulation or information from the records to the Department when and as requested by the Secretary.
- d. Guidelines set forth by OSHA - Blood-borne Pathogens Standard 29 CFR 1910.1030 shall also be the standard to prevent and manage occupational exposures. [http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030\(b\)](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030(b))
- e. The OSHA Blood-borne Pathogens Standard was adopted by MOSH in COMAR 09.12.31. <http://www.dsd.state.md.us/comar/getfile.aspx?file=09.12.31.00.htm>
- f. DHMH employees shall follow guidelines established in COMAR 10.18.08.11 and 10.18.08.12 and by the CDC to

prevent and respond to employee exposures to blood-borne infectious diseases HIV/AIDS, Hepatitis B, and Hepatitis C in the workplace.

<http://www.dsd.state.md.us/comar/getfile.aspx?file=10.18.08.11.htm> ;

<http://www.dsd.state.md.us/comar/getfile.aspx?file=10.18.08.12.htm> ; <http://www.cdc.gov/niosh/topics/bbp/>

5. HIV Testing

- a. When a health care provider orders an HIV test and the specimen is obtained at the facility, the facility shall ensure that the HIV testing is performed in compliance with Maryland law and regulations. Maryland law requires informed consent prior to HIV testing, in accordance with, Health-General Article, §18-336, Annotated Code of Maryland.
<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=18-336&ext=html&session=2013RS&tab=subject5>.
- b. A voluntary HIV test may also be recommended when a patient was the source of a significant exposure to an employee at a facility in accordance with Health-General Article, §8-338.3, Annotated Code of Maryland,
<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=18-338.3&ext=html&session=2013RS&tab=subject5>.
- c. For additional guidance on HIV testing please refer to Addendum A- Memorandum Practice Advisory for the HIV Testing Process in Maryland, August 15, 2008.

6. Partner Services

- a. Known sexual or needle-sharing partners of patients who test positive for HIV shall be notified of their possible exposure to HIV and counseled about HIV testing, without identifying the patient.
- b. A patient who tests HIV positive shall be instructed that he/she should inform all sexual and needle-sharing partners of his/her positive HIV status or make arrangements for them to be informed by a third party.
- c. The patient shall be offered assistance in notifying his/her partners. If the patient requests assistance, the counselor may forward requests to the Partner Services staff at the local health department.
- d. If the patient is informed about his/her positive test result and his/her responsibility to inform his/her sexual and needle-sharing partners and refuses to do so, the counselor

shall notify the physician responsible for ordering the HIV test about the patient's refusal to notify his/her sexual and needle-sharing partners in accordance with Code of Maryland Regulations, COMAR 10.18.04.03
<http://www.dsd.state.md.us/comar/getfile.aspx?file=10.18.04.03.htm>

7. Staff Education

All employees at DHMH facilities will be provided with HIV education that will include transmission, prevention, and universal precautions for infection control. HIV education will be inclusive of MOSH Blood-borne Pathogen Rule requirements with appropriate documentation of all HIV training. Employees with direct patient contact will be educated regarding care of HIV-infected patients and counseling of patients about HIV prevention.

8. Inpatient and Outpatient Education

All Patients within DHMH facilities will receive HIV prevention education within seven working days of admission to a program, at least annually thereafter, or more frequently as necessary. As appropriate, patients will be offered a supply of condoms on discharge from the facility. Patients who are assessed for education, and found unable to benefit from it due to their mental or physical condition, may be exempted from this policy. Results from this assessment shall be documented in the patient record.

IV. REFERENCES

- 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Centers for Disease Control and Prevention (CDC), (2007). <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
- American Disabilities Act (ADA) – www.ada.gov
The Americans with Disabilities Act (ADA) is federal legislation that ensures certain protections to individuals with disabilities. People living with HIV are protected under the ADA because they are considered to have a "disability", defined as a physical impairment (s) that substantially limit one or more major life activities.
- Blood-borne Infectious Diseases HIV/AIDS, Hepatitis B, and Hepatitis C. National Institute for Occupational Safety and Health (NIOSH) Workplace Safety and Health Topic. <http://www.cdc.gov/niosh/topics/bbp/>
- Code of Maryland Regulations, COMAR 09.12.31
<http://www.dsd.state.md.us/comar/getfile.aspx?file=09.12.31.00.htm>
Maryland regulation reference for Maryland Occupational Safety and Health regulations.

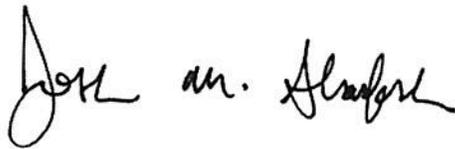
- Code of Maryland Regulations, COMAR 10.18.04.03
<http://www.dsd.state.md.us/comar/getfile.aspx?file=10.18.04.03.htm>
Maryland regulation reference regarding partner services for potentially infected individuals.
- Guideline for Infection Control in Health Care Personnel, 1998. Centers for Disease Control and Prevention (CDC), (1998).
<http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>
- Health-General Article, §4-302, Annotated Code of Maryland
<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=4-302&ext=html&session=2013RS&tab=subject5>
Maryland law reference regarding the confidentiality of medical records.
- Health-General Article, §18-336, Annotated Code of Maryland
<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=18-336&ext=html&session=2013RS&tab=subject5>
Maryland law reference regarding HIV testing requirements.
- Health-General Article, §18-338.1, Annotated Code of Maryland
<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=18-338.1&ext=html&session=2013RS&tab=subject5>
Maryland law reference regarding relevant definitions.
- Health-General Article, §18-338.3, Annotated Code of Maryland
<http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg§ion=18-338.3&ext=html&session=2013RS&tab=subject5>
Maryland law reference regarding HIV testing of health care providers and first responders when exposed to a patient's blood or body fluid.
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
<http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf>
- United States Department of Labor Occupational Safety and Health Administration, Occupational Safety and Health Standards: Blood Borne Pathogens Standard 29 CFR 1910.1030
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARD&p_id=10051
Federal standard guidelines for occupational safety and health of employees exposed to blood borne pathogens in the work place.
- United States Department of Labor Occupational Safety and Health Administration, 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens OSHA Instruction CPL 2.103, Field Inspection Reference Manual
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=2570, Section XIII, D, 1.

This federal guidance establishes enforcement procedures for the Occupational Exposure to Bloodborne Pathogens.

IV. ADDENDA / EXHIBITS / APPENDIX / ETC.

- Addendum-A. Memorandum, Practice Advisory for the HIV Testing Process in Maryland, August 15, 2008.

APPROVED:



**Joshua M. Sharfstein, M.D.
Secretary, DHMH**

August 13, 2013

Effective Date



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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

AIDS Administration

Heather L. Hauck, MSW, Director

Angela M. Wakhweya, MD, MSc. Deputy Director

Date: August 15, 2008

To: Counseling, Testing, and Referral Sites
Health Care Providers and Facilities

From: Heather L. Hauck, MSW, LICSW
Director, AIDS Administration

Subject: Practice Advisory for the HIV Testing Process in Maryland

The Department of Health and Mental Hygiene – AIDS Administration (AIDS Administration) has developed this Practice Advisory to present best practices for the HIV testing process in the areas of:

- Obtaining Informed Consent for an HIV test;
- Providing Pre-Test Counseling;
- Providing Test Results and Referrals (Post-Test Session);
- Notifying Sexual and Needle Sharing Partners; and
- Working with Pregnant Women.

The Maryland AIDS Administration recommends that practitioners in all health care settings (e.g. hospitals, urgent care or emergency departments, inpatient services, community health centers and clinics, correctional healthcare facilities, and primary care settings) offer diagnostic HIV testing and HIV screening as part of routine clinical care for individuals ages 13 – 64.

Effective July 1, 2008, Maryland law has modified the documentation of informed consent in healthcare settings, modified the pre-test counseling process requirements, modified the referral requirements, and modified the offering of HIV testing for pregnant women. Maryland law maintains the individual's right to provide informed consent without impacting the provision of health care.

In non health care settings (e.g. community-based organizations, outreach settings, or mobile vans) Maryland will continue targeted HIV testing and Maryland law continues current practices for documentation of informed consent.

- **Diagnostic testing:** Performing an HIV test for persons with clinical signs or symptoms consistent with HIV infection.
 - Should be conducted when an individual exhibits symptoms commonly associated with HIV infection or one of the opportunistic infections associated with HIV.

- **Screening:** Performing an HIV test for all persons in a defined population.
 - Screening should be performed routinely for all individuals aged 13 - 64 years at least one time in his or her lifetime unless prevalence of undiagnosed HIV infection in the patient population has been documented to be <0.1%.
 - If an individual is known to be at high risk for HIV he or she should be tested at least annually. Examples of individuals who may be at high risk include: injection-drug users, persons who exchange sex for money/drugs, men who have sex with men, persons who themselves or whose partners have had more than one sex partner since their most recent HIV test, sex/needle sharing partners of HIV-infected persons.
- **Targeted testing:** Performing an HIV test for subpopulations of persons based on risk, typically defined on the basis of behavior, clinical, or demographic characteristics.
 - Targeted testing should be conducted in settings where risk-based HIV testing is more cost effective and where individuals with positive results are more likely to be identified (e.g., non-clinical settings like community-based organizations, outreach settings, or mobile vans).

PROVIDING PRE-TEST COUNSELING

The purpose of the pre-test counseling session is to provide the individual with adequate information so that an informed decision can be made about having an HIV test.

Maryland State law specifies:

- Pre-test counseling can be provided in writing, verbally, or by video based on the information needs and testing history of the person to be tested.

Pre-test counseling should include:

- Information that the individual will be tested for human immunodeficiency virus (HIV) infection.
- An explanation that the results of this test, like all medical records, are confidential, which means an individual's information will only be available to those authorized to have access.
- A description of how HIV is transmitted, including the following:
 - Unprotected sexual contact with an infected partner, if body fluids are exchanged (e.g., vaginal, oral or anal sex);
 - Blood to blood contact with infected blood (e.g., sharing needles or other injection drug equipment, transplant recipients, blood transfusions, etc.), and
 - From an infected mother to her baby during pregnancy, delivery or breastfeeding.
- A brief explanation of the potential results for the test being provided, including the following:
 - Possible Results for Conventional Blood Drawn Tests:
 - A negative test result means that HIV infection has not been found at the time of the test.
 - A positive HIV test result means that a person is infected with HIV, but DOES NOT mean a diagnosis of AIDS. Other tests will be needed to make that determination.
 - An indeterminate test result means that the test is inconclusive and further testing will need to be conducted.
 - Possible Results for Rapid Tests:
 - A negative test result means that HIV infection has not been found at the time of the test.
 - A preliminary positive result means that in all probability the individual is infected with HIV. Further tests will be needed to confirm this test result.
 - An invalid test result means that the test device has failed and another test should be conducted.
- A description of what will happen if the test result is positive, including the following information:
 - Services or referrals for appropriate treatment and support will be provided, including services for pregnant women to reduce the risk of transmission to the fetus or newborn;
 - The individual will be offered assistance in notifying and referring partners for services.

OBTAINING INFORMED CONSENT

Informed consent is a legal condition whereby a person can be said to have given consent based upon an understanding of the facts and implications of an action. The individual needs to be in possession of relevant facts and also be capable of providing informed consent, e.g. without an impairment of judgment at the time of consenting.

Maryland State law specifies:

- A person must provide informed consent 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.
- Informed consent must be documented in the medical record, however, in health care settings, a separate written form is not required.

All providers should:

- Provide pre-test counseling (see above for details) to the individual prior to obtaining informed consent.
- Determine whether or not the individual is capable of consenting to the test.
- Tell the individual that they have the right to refuse this test without jeopardizing their medical care.

In health care settings, healthcare providers should:

- Document in the individual's medical record (i.e. medical chart) that the individual received pretest counseling and provided informed consent. Individuals do not need to sign a separate written form.
- Document consent on the provider's or facility's General Consent to health care, on a separate written form, or in the medical record progress notes.

In non-health care settings, HIV counselors/providers should:

- Continue using the uniform HIV informed consent form developed and provided by the Department.
- Ensure the uniform HIV informed consent form is distinct and separate from all other consent forms.

PROVIDING TEST RESULTS AND REFERRALS (POST-TEST SESSION)

The purpose of the post-test session is to provide the individual with test results and, when appropriate, connect the individual to treatment and supportive services.

Maryland State law specifies:

- The health care provider must notify an individual of the test result regardless of the result.
- When an individual receives a positive test result, a physician or physician's designee must refer the individual to treatment (i.e., HIV medical care) and supportive services (i.e., partner services and case management).
- Local Health Departments will make information available to health care providers on referral resources, including counseling, treatment, and support services for HIV positive individuals.

The provider should:

- Ensure that their facility has updated referral resources from the Local Health Department, including counseling, treatment, and support services for HIV positive individuals.
- Ensure the post-test session is conducted in a manner that protects the individual's confidentiality, including the verification of the individual's identity, either by telephone (for negative test results ONLY) or in person.

- Tell the individual the result and meaning of his or her HIV test and answer any questions the individual may have about the testing event.
 - Possible Results for Conventional Blood Drawn Tests:
 - A negative test result means that HIV infection has not been found at the time of the test.
 - A positive HIV test result means that a person is infected with HIV, but DOES NOT mean a diagnosis of AIDS. Other tests will be needed to make that determination.
 - An indeterminate test result means that the test is inconclusive and further testing will need to be conducted.
 - Possible Results for Rapid Tests :
 - A negative test result means that HIV infection has not been found at the time of the test.
 - A preliminary positive result means that in all probability the individual is infected with HIV. Further tests will be needed to confirm this test result.
 - An invalid test result means that the test device has failed and another test should be taken.

- For individuals who receive a positive HIV test result, healthcare providers should refer the individual to:
 - A specialized HIV/infectious disease practitioner;
 - HIV case management,
 - Partner services, and
 - Other supportive services as appropriate (i.e., substance abuse treatment, mental health services, STD screening, etc.).

NOTE: If the HIV positive individual is pregnant, refer to the section entitled, “The HIV Testing Process for Pregnant Women.”

- The provider should discuss precautions that may be taken to prevent infection, re-infection or transmission to others, including the following:
 - Abstinence or safer sex techniques and the use of condoms for all sexual encounters.
 - Never sharing needles or other injection equipment.
 - Never donate blood, plasma, tissue, organs or sperm.
 - Do not share items that could become contaminated with blood.
 - Pregnancy planning and prenatal care to reduce mother-to-child HIV transmission if the individual is of childbearing age.

NOTIFYING SEXUAL AND NEEDLE SHARING PARTNERS

Maryland State law specifies:

- If an individual’s test result is positive, the physician or physician's designee must counsel the individual to inform all sexual and needle-sharing partners that they may have been exposed to HIV.
- The physician or physician’s designee must offer to assist in notifying sexual and needle-sharing partners or refer the individual to the appropriate local health department for assistance.
- If acting in good faith, a provider will not be held liable for damages resulting from the notification of or failure to notify the sexual or needle-sharing partners of an HIV positive individual.

Providers should:

- Discuss the importance of partner notification with every HIV positive individual, and
 - Offer to assist the HIV positive individual in notifying and referring partners for services, or
 - Refer the individual to the local health officer to assist with partner notification by:
 - Contacting the local health department directly, or
 - Utilizing the Maryland Confidential Morbidity Report (DHMH 1140) form to indicate that the physician requests local health department assistance with partner services.
- Determine if the HIV positive individual is at risk for domestic violence and make appropriate referrals.
- Cooperate with the local health officer's designee if partner notification assistance is requested.
- Inform the local health officer if the individual refuses to notify his or her partners.

HIV TESTING PROCESS FOR PREGNANT INDIVIDUALS

Maryland State law specifies that providers:

- Notify the pregnant individual that an HIV test will be administered.
- Include information that the pregnant individual can refuse the HIV test without penalty.
- Deliver pre-test counseling in writing, verbally, or by video based on the needs and testing history of the pregnant individual.
- Obtain informed consent before a test for the presence of HIV is conducted.
- Document in the medical record the declination of an HIV test by the pregnant individual.
- Offer an HIV test in the third trimester to the pregnant individual.
- Explain the risk of fetal transmission and the effect of pharmaceuticals during pregnancy.
- In labor and delivery, offer:
 - A rapid test to a pregnant individual with unknown or undocumented HIV status, and
 - Antiretroviral prophylaxis prior to receiving the results of a confirmatory test if the rapid HIV test is preliminary positive.
- Notify a pregnant individual of the test result regardless of the result.
- Refer HIV positive pregnant individuals for treatment and supportive services, including case management.
- Counsel the HIV positive pregnant individual to notify all sexual and needle-sharing partners that they may have been exposed to HIV.
- Offer to assist in notifying sexual and needle-sharing partners or refer the individual to the appropriate local health department for assistance.

Providers should:

- Follow Maryland law as outlined above.
- Consult with an infectious disease specialist and/or an OB experienced in prenatal HIV management.
- Discuss actions recommended to prevent transmission to the fetus, including antiretroviral medication and delivery methods, and the risks of breast-feeding once the infant is born.

HIV REPORTING

Maryland State law specifies that:

- A physician caring for a patient that the physician knows is infected with HIV or is AIDS defined must report the individual to the to the health officer of the county where the physician provides care to the patient within 48 hours of diagnosis or of entry into their care.
- A physician shall report an infant born to a woman who tested positive for HIV to the Secretary of the Department of Health and Mental Hygiene within 48 hours of the infant's birth.

- The physician report must be on a form approved by the Secretary of the Department of Health and Mental Hygiene.
- The report shall identify the disease, state the name, race, sex, and residence address of the patient and be signed by the physician.
- A physician and healthcare facility reporting HIV/AIDS cases shall cooperate with staff of the Department of Health and Mental Hygiene in completing the case report.

Providers should:

- Not use electronic means (e.g., fax, e-mail, etc.) to submit HIV/AIDS reports.
- Complete all information on the Maryland Confidential Morbidity Report (DHMH 1140 at <http://edcp.org/html/reprtabl.html>) including the request for Partner Services.
- Maintain a policy that provides for records access by Department of Health and Mental Hygiene staff.

Questions and/or Technical Assistance

Contact the Maryland Department of Health and Mental Hygiene AIDS Administration with any questions or for technical assistance at 410-767-5227 or 1-800-358-9001.