

local news

The Oregon Health Division is proposing that the names of people who test positive for HIV be reported to the state as well as county health departments.

OHD says it plans to use the information to track statistical data about the HIV epidemic; counties will theoretically use the information to contact providers and those with HIV to offer assistance in obtaining medical and social support.

State health officials speculate that if the proposal were implemented it could, among other things, paint a more accurate portrait of the disease's reach, as well as help make sure that more people who test positive get the care they need.

"Until recently, there wasn't much we could offer in the way of treatments, but that has shifted remarkably," says Steve Modesitt, manager of OHD's HIV surveillance section. "Now there is a lot of hope for people, particularly if they get care early on."

Each state must report AIDS cases. Until now, however, many states, including Oregon, have refrained from widespread reporting efforts for people with HIV.

For a decade, those in Oregon who have tested positive for HIV have been reported anonymously to OHD, and Modesitt stresses that under the new proposal anonymous testing will continue to be available to those who want it. However, he says, under the proposal if a person were to test positive and then seek medical care, their name would be reported automatically by health professionals.

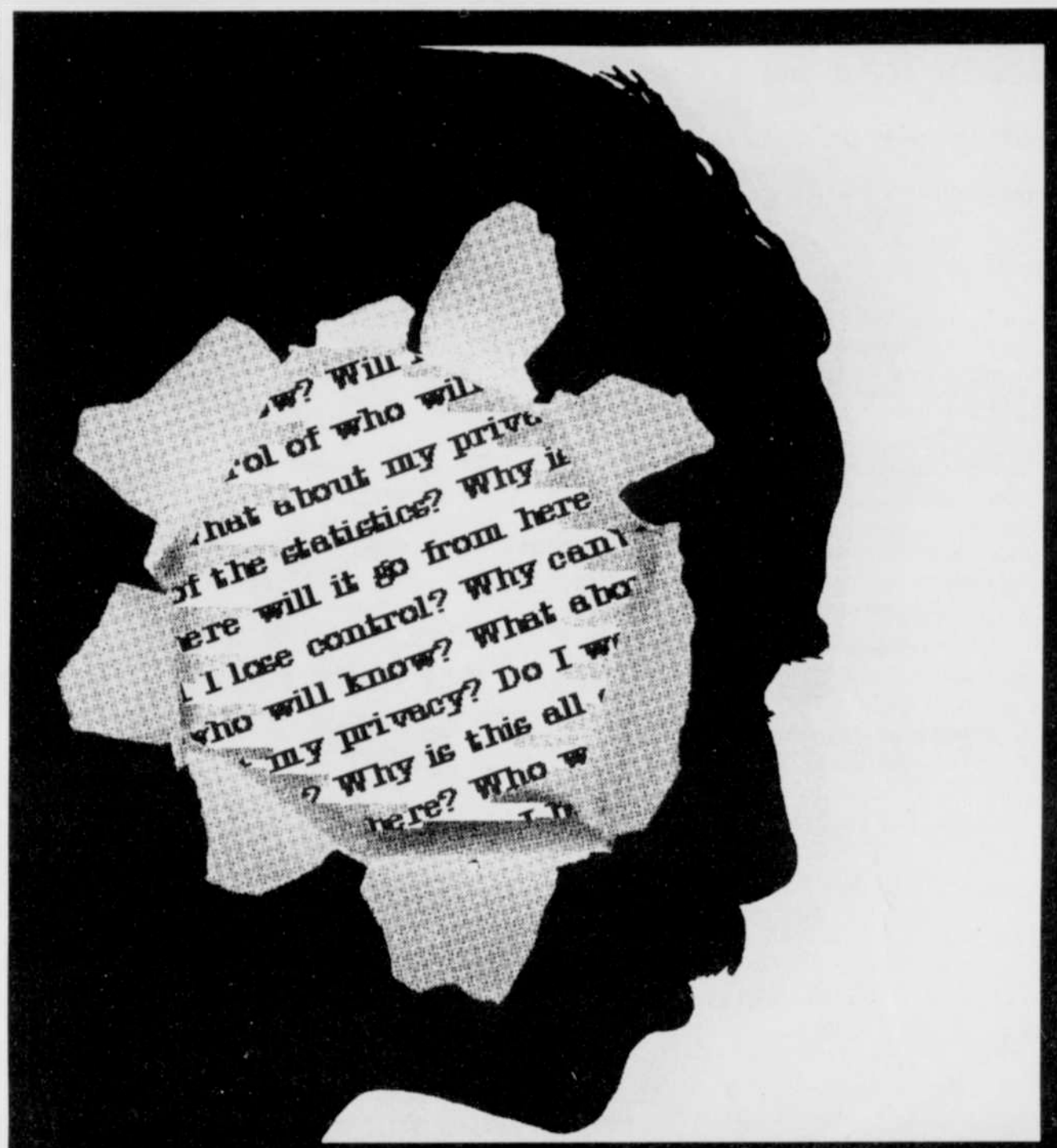
Currently, people's names are reported to OHD and local health departments when they meet the criteria for an AIDS diagnosis. Cases where the names of people who merely test HIV-positive are reported include children younger than age 6, and people who fall into certain "special circumstances" categories, such as convicted sex offenders, and blood and tissue donors.

Not surprisingly, the state's proposal is generating concerns from some who fear that names reporting will deter people from getting tested, as well as lead to an increase in discrimination.

And dialogue over the politically charged issue isn't limited to Oregon.

According to an Oct. 21 *New York Times* report, the federal Centers for Disease Control and Prevention is floating the idea of recommending that states require people with HIV be reported by name to state health departments, following the same practice used for infectious diseases like tuberculosis and syphilis. (Twenty-eight states currently have HIV names reporting to some extent.)

The trial balloon is evoking response nationwide, as is the publication of an article in the Oct.



Naming names

If OHD has its way, people who test positive for HIV will be reported by name to state and county health authorities

by Inga Sorensen

16 issue of the *New England Journal of Medicine*.

The piece, authored by Dr. John W. Ward, chief of the CDC's HIV/AIDS surveillance branch, along with Lawrence O. Gostin, a director of the Georgetown University-Johns Hopkins University Program on Law and Public Health, and A. Cornelius Baker, executive director of the National Association for People with AIDS, a leading constituency group based in Washington, D.C., calls for a national system of mandatory HIV reporting.

The article says the advent of more promising treatments for HIV disease makes it imperative to better track HIV infections and link people with HIV to care.

And because fewer people are progressing to AIDS, proponents argue that AIDS data is no longer an accurate gauge of HIV prevalence.

"Unless we revise our surveillance system, health authorities will not have reliable information about the prevalence, incidence and future directions of HIV infection, the kinds of behavior

that currently increase the risk of HIV transmission or the heightened impact on specific subpopulations, such as racial and ethnic minorities and women. To correct these deficits, we propose all states require HIV case reporting," the trio wrote.

The CDC plans to release recommendations early next year about whether the names of people with HIV should be reported to health departments.

The CDC can't force states and cities to comply with its recommendations because it is not a regulatory agency. However, it provides funding for most AIDS surveillance efforts, and could include such a requirement as a condition of receiving federal funds. It is not known whether the CDC plans to incorporate a reporting requirement in its funding contracts set to begin in January.

Ward told the *Times* there were no "immediate plans" to tie federal funding to a willingness to conduct mandatory HIV reporting. "But Ward did not rule out a change of the terms under which states and cities receive federal surveillance funds," the paper reports. "That's something we have to decide on," he said.

Before issuing its recommendations, the CDC is planning to study the effectiveness of coded identification (also called unique identifier) systems in two states, as well as examine public attitudes toward HIV testing in nine other states.

Many advocacy groups favor coded identification over names reporting. The former would assign a random and unique alphanumeric code to each person who gets tested for HIV. Proponents say such a system would preserve confidentiality and provide better epidemiological data by encouraging testing and minimizing duplicate names. (Among others, the Gay and Lesbian Medical Association has announced its strong opposition to names reporting, and has urged the CDC to more aggressively study ways to protect patient confidentiality.)

According to the *Times*, "Baker characterized the journal article as neutral on whether to use names or coded identification. But the article said coded identification did not provide reliable data at a reasonable cost, citing two states, Maryland and Texas, which use coded identifiers that consist of the last four digits of the Social Security number, as well as birth date, sex and race."

Modesitt also believes a coded identification system may prove administratively cumbersome and expensive.

"Plus we're not only doing this for the numbers," he says. "We want to make sure people are getting care."

As for privacy concerns, the journal authors argue that the names of people with HIV have already been entered into other databases, "like those of Medicaid and drug-assistance registries, in addition to being widely used by insurers, managed care organizations and researchers."

*You'll
take
Pride
in our
Home Team*



Putting our professional Power to work for you is our passion.

Let our Home Team of Portland natives show you the inside moves. With an area-wide computer search plus our intimate knowledge of Portland's metro region, our realtors can show you property listed by any agent. Whether you're buying or selling, our team personally provides the facts and support you need to get you from home selection or marketing to closing. Call now for a **free** consultation.

HOME & INVESTMENT PROPERTY PURCHASE & SALES
PROPERTY MANAGEMENT
LICENSED TAX CONSULTATION & PREPARATION

Serving the entire Portland metro area with pride since 1979.

**bender
properties**

(503) 653-8378
fax (503) 786-1227

9981 SE 32nd Avenue

Milwaukie, Oregon 97222

~Corporate supporter of 1997/98 Portland Power Women's Basketball, ABL~