

What's New in AIDS/HIV?

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Guest Speakers

Dr. Amneris Luque
Director, AIDS Center at Strong Memorial Hospital

Alma Candelas
Director, Division of HIV Prevention, AIDS Institute

Dan O'Connell
Deputy Director for HIV, Hepatitis and STD
Prevention and Epidemiology, AIDS Institute

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Evaluations

Please visit
www.phlive.org
to fill out your evaluation and post test.
Nursing Contact Hours, CME, CHES
are available.

Thank you!

**Amended HIV Testing Public Health Law
Chapter 308 of the Laws 2010**

**Public Health Live:
December 16, 2010**

Rationale for Amended Law

- Approximately 20% of HIV-positive New Yorkers are unaware of their status
- Late HIV diagnosis in NYS:
 - 33% of newly diagnosed HIV cases already have or will have an AIDS diagnosis within one year
- Advances HIV testing technology and medical treatment for HIV/AIDS

Background

- Since 2005, DOH has recommended HIV testing be a routine part of healthcare
- In 2006, CDC recommended offering HIV testing in all health care settings

Requirement to offer HIV testing

- Effective September 1, 2010
- HIV related test offered to individuals between the ages of 13 and 64 years of age; and younger or older if there is evidence or indication of risk activity
- The offer is mandated for certain settings and by certain Providers

Settings Impacted by the Law

HOSPITALS
• In-patient
• Emergency Department
• Outpatient Primary Care
DIAGNOSTIC AND TREATMENT CENTERS
• Outpatient Primary Care
PRIVATE PHYSICIAN OFFICES

Providers required to make the offer regardless of setting

Primary Care Providers	
Physicians	Physician assistants
Nurse Practitioner	Midwives
Primary Care Fields of Medicine	
Family Medicine	General Practice
Internal Medicine	OB/GYN primary care

Simplified Informed Consent

What's Different? <ul style="list-style-type: none"> ▪ May be included in signed general consent ▪ Oral consent is acceptable for a rapid HIV test, except in correctional settings 	What's the Same? <ul style="list-style-type: none"> • Pre-test education and information • Must provide oral notification of testing • Must provide opportunity to decline HIV testing
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Consent Forms

- NYSDOH will develop “standardized model” informed consent forms.
- Providers may use alternate forms, without specific approval from NYSDOH
- An updated Part B form is available in English and Spanish
- Model forms are available at www.health.ny.gov

HIV testing messages

- Streamlining testing messages
- Key messages prior to consent or testing:
 - An explanation of the cause of HIV/AIDS
 - Information about available treatments
 - Prevention strategies
 - HIV testing is voluntary
 - HIV confidentiality protections and the prohibition of discrimination


HIV Post Test Negative

- HIV post test messages are tailored to status.
- Negative post test messages must emphasize identified risk behaviors.


HIV Post Test Positive

- Positive post test counseling messages will remain the same; however, the person ordering the HIV test must provide or arrange an appointment for follow-up medical care if the patient consents.

Anonymous HIV Testing in Certain Cases of Occupational Exposure



Source Patient
Deceased, comatose, unable to consent, not expected to recover in time
• Family Health Care Decision Act



Health Care Worker
• At significant risk
• Medical benefit
• Result used to make appropriate decisions

1. HIV test result, but not source patient's identity, provided to exposed person's attending provider
2. Medical benefit documented in exposed person's chart
3. Result not disclosed to source patient or recorded in his/her chart

HIV testing remains voluntary

- The law mandates the offer of HIV testing only
- HIV testing is voluntary and requires the consent of the person being tested or someone authorized to consent for the individual
- No change in exceptions

How often does the offer of HIV testing need to be repeated?

- At least once to every person between the ages of 13 and 64 (or younger or older, if indicated)
- Additional offers of testing need to be made for persons whose risk behaviors indicate testing

CDC Recommendations on Frequency of Testing

- At least once
- Re-tested once a year or more if person:
 - Injects drugs or steroids with shared equipment
 - Has unprotected anal, vaginal, or oral sex
 - Exchanges sex or drugs for money
 - Has unprotected sex with anyone at risk or whose HIV status is not known

Resources

Available on the DOH website:

<http://www.health.ny.gov>

- click on HIV/AIDS on left side
- click on Testing

Provider Training Resources

- HIV/AIDS Regional Training Centers also on DOH website - <http://www.health.ny.gov>
click on HIV/AIDS on left side
click on Training
- Clinical Education Initiative:
www.ceitraining.org
Or call 1-800-233-5075
Includes archive of September 22 webcast

New York State Opioid Overdose Prevention Program

Alma R. Candelas, Director
Division of HIV/STD/Hepatitis C Prevention
NYS Department of Health

Email: arc03@health.state.ny.us
Phone: 212-417-4692

Objectives

Participants will be able to:

- Discuss epidemiology of opioid overdose
- Recall the efficacy of naloxone in reversing opioid overdose
- Describe steps for implementing an overdose prevention program

What's an Opioid?

- Heroin
- Oxycodone
 - ✓ Oxyontin
 - ✓ Percodan
 - ✓ Percocet
- Hydrocodone
 - ✓ Vicodin
- Hydromorphone
 - ✓ Dilaudid
- Morphine
- Codeine
- Fentanyl
- Methadone

NYS Overdose Fatalities (2007)

Total = 969 (approximate)

Location: NYC (45%); ROS (55%)

Gender: Men (62%); Women (38%)

Age: <20 (1%); 20-34 (19%); 35-44 (26%); 45-64 (49%); 65+ (4%)

Race/Ethnicity: White (66%); Black (17%); Hispanic (15%); Other/Unk (2%)

Naloxone

- Opioid antagonist: naloxone (aka Narcan)
 - Reverses opioid overdose, often in minutes, if administered in time
 - Knocks opioid off of opioid receptors in brain
 - Breathing returns to normal
 - Withdrawal symptoms begin in someone who is opioid dependent
 - Prescribed, but not a controlled substance
 - Low potential for abuse
 - Routinely use by EMS and ER personnel
 - Administration: Intramuscular; Intravenous; Intranasal

Components of Rescue Kit

- Naloxone vials
- Syringes
- Mask
- Alcohol pad
- Gloves
- Instructions



What does this mean for us?

- There are strategies to reverse the overdose so death does not result:
 - Calling EMS
 - Performing rescue breathing
 - Administering an opioid antagonist (naloxone)



Rationale for Overdose Prevention

- Opioid overdoses are rarely instant
- Overdoses are often witnessed by bystanders
- Opioid overdose may be reversed
- Take-home naloxone with appropriate training has proven effective in saving lives (Sporer 2006)

NYS Public Health Law §3309

- The purchase, acquisition, possession or use of an opioid antagonist shall not constitute unlawful practice of a profession
- Use of an opioid antagonist is considered first aid or emergency treatment for purposes of liability

NYS Public Health Law §3309

- Authorizes NYS Commissioner of Health to set standards and regulations for approving opioid overdose prevention programs pertaining to:
 - Program staffing
 - Clinical oversight
 - Training
 - Record keeping and reporting

Key Legal Considerations

- PHL §3309 protects the prescriber/dispenser
 - Prescribing naloxone in the context of these programs “shall not constitute the unlawful practice of a profession.”
 - Naloxone may be prescribed for someone other than the person for whom it is ultimately intended.
 - Although naloxone is NOT a controlled substance, like other prescribed drugs it must be prescribed by a physician, physician assistant or nurse practitioner, consistent with federal regulation.

Who is Eligible to Be an Overdose Prevention Program?

- Health care facilities
- Drug treatment programs
- Health care practitioners
- Not-for-profit CBOs with the services of a clinical director
- Local health departments

What Program Staff are Required?

- Program Director
- Clinical Director
- Affiliated Prescribers
- Training Staff
- Overdose responders

Who are Overdose Responders?

- Any person who may be in a position to respond to an overdose or is at risk of an overdose
 - Examples:
 - Drug users
 - Their friends and family
 - Other social network members
 - Staff at agencies serving drug users
 - Family/ caretakers of patients

Trained Overdose Responders

- Complete initial training.
- Complete refresher at least every 2 years.
- Contact EMS if suspected drug overdose and advise if naloxone was used.
- Report all opioid overdose responses/ naloxone administration to overdose program and obtain naloxone refill.

Registration Requirement

- Registration with the NYS Department of Health using a simple form
- Provide attestation signed and dated by the Program Director and Clinical Director
- Program may operate only after the Department issues a Certificate of Approval

NYS Preliminary Data - 65 sites

- Of 353 reversals reported to the Health Department:
- Emergency services contacted in at least 55%
 - At least 55% needed only one dose
 - At least 46% were under 35 years old
 - 3 were reported as not surviving

Take Home Messages

Overdose death is frequently preventable

- Process of overdose often takes 1-3 hours
- Most overdoses are witnessed
- There are strategies to reverse the overdose
 1. Calling EMS
 2. Performing rescue breathing
 3. Administer an opioid antagonist

Consider applying to become an Opioid Overdose Program

For More Information

- Opioid Overdose Prevention Programs
 - http://www.health.ny.gov/diseases/aids/harm_reduction/opioidprevention/programdirectory.htm

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