



# CHANGES IN HIV/AIDS REPORTING REQUIREMENTS

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A TOOLKIT FOR PHYSICIANS

2007



STATE OF MARYLAND

**DHMH**

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Maryland Department of  
Health and Mental Hygiene

Center for a  
**HealthyMaryland**

**MedChi**  
*The Maryland State Medical Society*



## CHANGES IN HIV/AIDS REPORTING REQUIREMENTS

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2. Summary of New HIV/AIDS Reporting Law
3. HIV/AIDS Testing, Counseling and Reporting—Procedures at a Glance
4. Frequently Asked Questions—HIV/AIDS Reporting Changes
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7. Maryland DHMH Confidential Morbidity Reports (Instructions)
8. Maryland Confidential Morbidity Report (DHMH 1140)
9. Informed Consent and Agreement to HIV Testing (English and Spanish)
10. Perinatal HIV Authorization Form
11. Patient Brochure “HIV/AIDS Reporting”
12. Patient Brochure “Partner Counseling and Referral Services”

To access additional HIV/AIDS materials, including

- Patient Education Poster “Maryland’s HIV/AIDS Reporting Law Recently Changed”
- Maryland Epidemiological Profile
- CDC HIV/AIDS Fact Sheet
- HHS Fact Sheet: Testing HIV Positive - Do I have AIDS?

please visit [www.dhmh.state.md.us/AIDS](http://www.dhmh.state.md.us/AIDS).

To obtain additional printed copies of the brochures, please call 410.799.1940.

*The HIV/AIDS Reporting Requirements Physician Toolkit was produced by the Maryland AIDS Administration in close collaboration with the Center for a Healthy Maryland and MedChi, The Maryland State Medical Society. The Physician Toolkit materials are available at [dhmh.state.md.us/AIDS](http://dhmh.state.md.us/AIDS) or [www.healthymaryland.org/hiv-aids](http://www.healthymaryland.org/hiv-aids).*



STATE OF MARYLAND  
**DHMH**

Maryland Department of  
Health and Mental Hygiene



June 2007

Dear Physician:

The Maryland Department of Health and Mental Hygiene (DHMH) and The Maryland State Medical Society (MedChi), would like to inform you about an important change in Maryland's communicable disease reporting law. Each year, Maryland receives federal funding for HIV/AIDS services through the Ryan White CARE Act. Beginning this year, funding will only be distributed to states that either report HIV/AIDS cases by name, or are in the process of transitioning to this system. In order to continue this funding, the Maryland HIV/AIDS Reporting Act (House Bill 1270/Senate Bill 987) was passed by the Maryland legislature, and signed into law by Governor O'Malley on April 24, 2007. This law went into effect immediately.

The new law contains two significant changes for physicians. The first change expands to the already existing requirement for physicians to report to the health department any patients diagnosed with Acquired Immunodeficiency Syndrome (AIDS) to now also include patients diagnosed with Human Immunodeficiency Virus (HIV) infection. The second change requires physicians to report to the health department newborn infants who are born to HIV-infected mothers, and therefore have been exposed to HIV.

Included with this letter is a packet of materials regarding these changes, along with forms and other information to aid physicians in complying with the new requirements. The Maryland AIDS Administration worked in close collaboration with MedChi to develop the enclosed toolkit of materials for your practice, as well as educational materials for your patients. The packet includes physician reporting requirements, revised consent and reporting forms, a set of Frequently Asked Questions, a patient brochure, and information about partner notification services.

If you require additional information, please feel free to contact Mr. Colin Flynn, Chief of Surveillance and Epidemiology, at DHMH, AIDS Administration at (800) 358-9001. For more information regarding MedChi's HIV/AIDS education or other public health activities, please contact Dr. Meena Abraham at [mabraham@medchi.org](mailto:mabraham@medchi.org) or 800-492-1056.

Thank you for your cooperation in this important public health activity.

John M. Colmers  
Secretary  
Maryland Department of Health and Mental Hygiene

Scott Hagaman, MD  
President  
The Maryland State Medical Society



## SUMMARY OF NEW HIV/AIDS REPORTING LAW

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**The Maryland HIV/AIDS Reporting Act of 2007, Health General Article 18-201.1 went into effect on April 24, 2007. The new law:**

- Requires physicians to **report HIV cases, by name**, to the health department. This is in addition to the previous requirement for physicians to report AIDS cases by name.
- Requires physicians to submit a report **within 48 hours** of the birth of an infant whose mother has tested positive for the human immunodeficiency virus.
- Requires clinical and infection control practitioners at hospitals, nursing homes, hospices, clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug treatment facilities **to report patients in those institutions with diagnoses of HIV or AIDS.**
- Changes the requirements for reporting by laboratory directors to the health department from reporting HIV positive and CD4<200 test results by unique identifier **to reporting HIV positive and all CD4 test results by name.**
- Increases the restrictions on access to the health department's information on HIV and AIDS cases.
- Establishes penalties against disclosure of HIV and AIDS surveillance information.

**Reporting of HIV and AIDS cases and HIV exposed infants by physicians and clinical and infection control practitioners is done using the Maryland Confidential Morbidity Report form (DHMH-1140).**

- **Physicians should either call or mail the form to their local health officer within 48 hours. HIV and AIDS case reports must NOT be sent by fax or e-mail.**

**Reporting of HIV and CD4 test results by laboratory directors is done using the State of Maryland HIV/CD4 Laboratory Report Form (DHMH-4492).**

The passage of the Maryland HIV/AIDS Reporting Act will facilitate the transition from code to name-based HIV reporting in compliance with a new federal mandate based on recommendations from the Centers for Disease Control. Compliance with the Maryland HIV/AIDS Reporting Act will allow the Department of Health and Mental Hygiene's AIDS Administration to develop complete and accurate statistics on HIV/AIDS disease, and will ensure that Maryland will continue to be eligible to receive federal funds for HIV/AIDS services through the Ryan White Treatment Modernization Act of 2006.

*For up to date information about the new reporting law, requirements, and forms, please visit: <http://dhmh.state.md.us/AIDS> or [www.healthymaryland.org/hiv-aids](http://www.healthymaryland.org/hiv-aids).*



## HIV/AIDS TESTING, COUNSELING AND REPORTING

### PROCEDURES AT A GLANCE

#### HIV Testing and Counseling

- Separate written informed consent is required before ordering an HIV test. The Informed Consent and Agreement to HIV Testing form (DHMH 4667), or the Perinatal HIV Authorization Form (DHMH 4666), or local forms that have incorporated this language should be used to document consent.
- Patients must be counseled about HIV testing and the meaning of an HIV positive test result in order to give informed consent.
- HIV positive patients must be notified of their result, and counseled about preventing HIV transmission and the importance of receiving medical care.
- It is the responsibility of the physician to ensure that partner notification occurs, either by the patient or by the physician. *Assistance can be requested from the health department.*

#### HIV/AIDS Reporting

- Any patient in your care with a diagnosis of HIV or AIDS is reportable, unless you have previously reported that patient.
- HIV and AIDS are separately reportable events. Therefore, a patient with HIV, who later develops AIDS, must be reported again as an AIDS case.
- Newborn infants whose mothers are HIV positive are to be reported as perinatal HIV exposures.
- Reports are to be made to the local health officer where your practice is located. A list of contact information for health officers is available in the instructions for the reporting form. The Maryland Confidential Morbidity Report form (DHMH 1140) should be used to report. Complete all relevant sections for which information is available.
  - **Fill in “HIV infection” or “AIDS” or “perinatal HIV exposure” in the box labeled “Disease or Condition.”**
  - **Fill in information about the possible HIV transmission risk factors (such as “injection drug use” or “sex with an injection drug user”) in the box labeled “Suspected Source of Infection.”**
- For the line labeled “Physician Requests Local Health Department to Assist with:” please indicate, by checking the appropriate “yes” or “no” box, if you would like assistance with either notifying your patient of their HIV test results (because they have not returned for their results and you have been unsuccessful in locating them), or in providing HIV partner services (because you do not believe that the patient has or will notify their partners and you are either unable to or have been unsuccessful in notifying their partners). The health department will work with you to identify the patient and/or their partner(s), and to confidentially deliver their test results and/or provide partner services.
- Reports should be phoned in or mailed to the local health officer **within 48 hours. They should NOT be sent by e-mail or fax.**



## FREQUENTLY ASKED QUESTIONS

### HIV/AIDS REPORTING CHANGES

**1. When does the new HIV reporting law take effect?**

*The new law went into effect on April 24, 2007.*

**2. How is HIV reporting different now from AIDS reporting?**

*Under the new legislation, both will now be the same. HIV reporting will be brought in line with AIDS reporting, which has been name-based since 1985.*

**3. How are HIV and AIDS reporting different from other communicable diseases' reporting?**

*HIV and AIDS reporting will now be the same as for other communicable diseases, which have always been name-based.*

**4. How will the forms change?**

*The morbidity reporting form has been changed to add HIV as a reportable disease or condition.*

**5. How and when must I report each case?**

*Physicians should either call or mail the Maryland Confidential Morbidity Report (DHMH-1140) to their local health officer **within 48 hours**. HIV and AIDS case reports **must NOT be sent by fax or e-mail**. Copies of the revised reporting form, instructions, and contact information for local health officers are available at [www.dhmh.state.md.us/AIDS/ProviderResources/surveillance.htm](http://www.dhmh.state.md.us/AIDS/ProviderResources/surveillance.htm).*

**6. Do I need to go back and report all of my HIV-positive patients since 1981?**

*Active patients with an HIV infection should be reported to the Health Department **within 48 hours of a patient encounter**. A patient with a new HIV or AIDS diagnosis should be reported **within 48 hours of this diagnosis**. In addition, the Health Department may contact you in order to follow up on previously diagnosed cases of HIV.*

**7. Does the health department have access to all of my patients' records?**

*Just as with other communicable diseases, the health department may ask to see the records for a patient reported as HIV positive to confirm the information and to collect additional information.*

**8. How do the new institutional reporting requirements affect me?**

*All clinical and infection control practitioners in hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities and inpatient drug rehabilitation facilities are required to report, by name, all HIV and AIDS cases under their care. Just as with other communicable diseases, you must report all HIV and AIDS patients under your care, even if an institution reported the same case. Some institutions will report cases on behalf of physicians practicing at their facilities—check with the infectious disease reporting officer at your institution.*

**9. If laboratories are required to report all HIV cases, do I still have to report once I receive my patient's test result?**

*Yes. Under this law, physicians, inpatient institutions, and laboratories are all required to report all HIV and AIDS cases, just as with other communicable diseases. The health department will verify reports and ensure that reported cases are documented appropriately.*

**10. Does the new law affect reporting of research participants?**

*No changes have been made to the current regulations regarding reporting HIV in research participants.*

**11. What are the current laws regarding Informed Consent and Pre/Post Test Counseling for HIV testing?**

*In Maryland, Informed Consent means that the patient must be explicitly told that they are being tested for HIV, and a separate form consenting to an HIV test must be signed by the patient and placed in their chart. Pre and post-test counseling is designed to inform clients about the mechanisms of HIV transmission, general knowledge about the virus, high-risk behaviors, risk-reduction strategies, and most importantly, emotional preparation and support.*

**12. Do I need to complete a new consent for all of my patients who were previously reported to the health department by code, in order to report them by name?**

*No. Patients do not need to sign a new consent form. However, if a patient continues in care, and there is a new treatment encounter, you must report the patient by name to the health department **within 48 hours**. A brochure is available for patients which explains the changes to the reporting law.*

**13. Am I obligated to inform my patient on name-based reporting prior to testing?**

*Yes. Counseling is an essential component of HIV testing, especially now with new name-based reporting.*

**14. How do these changes fit with new CDC recommendations for elimination of mandatory informed consent and pre/post test counseling?**

*This legislation only addresses the CDC recommendation for HIV name-based reporting. Maryland's informed consent and pre/post test counseling requirements remain unchanged under this legislation. Maryland law continues to require a separate consent for HIV testing. The Maryland AIDS Administration and other stakeholders are reviewing current legislation to see how Maryland can further comply with the CDC recommendations to make testing for HIV similar to testing for other communicable diseases.*

**15. What if my patient refuses to be tested because of the new name-reporting requirements?**

*Patients are free to refuse any diagnostic test. Pre and post-test counseling are required in Maryland for all patients undergoing HIV testing, and should include an explanation of confidentiality assurances and the need for name-based reporting. If the patient still refuses to be tested, they should be referred to an anonymous testing site. To find testing facilities and resources in your area, refer to the Maryland AIDS Administration's website below.*

**16. Where can I find out more information about the new legislation?**

*The Maryland DHMH AIDS Administration posts all information relating to the legislation, including the bill, on its website: <http://www.dhmh.state.md.us/AIDS>. Information is also available on the Center for a Healthy Maryland website at [www.healthymaryland.org/hiv-aids](http://www.healthymaryland.org/hiv-aids).*





## PHYSICIAN HIV/AIDS REPORTING LAW

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### Article – Health – General§ 18-201.1.

- (a) A physician who has diagnosed a patient under the physician's care with human immunodeficiency virus or acquired immunodeficiency syndrome according to the current definition published in the morbidity and mortality weekly report by the Centers for Disease Control and Prevention of the Department of Health and Human Services shall submit immediately a report to the health officer for the county where the physician cares for that patient.
- (b) The report shall:
  - (1) Be on the form that the Secretary provides;
  - (2) Identify the disease;
  - (3) State the name, age, race, sex, and residence address of the patient; and
  - (4) Be signed by the physician.
- (c)
  - (1) A physician shall submit a report as described in subsection (b) of this section to the Secretary within 48 hours of the birth of an infant whose mother has tested positive for the human immunodeficiency virus.
  - (2) If a newborn infant does not become HIV positive after 18 months from the date that the report required in paragraph (1) of this subsection was submitted, the Secretary shall have the newborn infant's name removed from the HIV registry.
- (d)
  - (1) All physician reports required under this section are:
    - (i) Confidential and subject to Title 4, Subtitle 1 of this article; and
    - (ii) Not medical records under Title 4, Subtitle 3 of this article, but are subject to the confidentiality requirements of Title 4, Subtitle 1 of this article.
  - (2) The reports and any proceedings, records, or files relating to the reports required under this section are not discoverable and are not admissible in evidence in any civil action.
  - (3) This subsection does not apply to a disclosure by the Secretary to another governmental agency performing its lawful duties pursuant to State or federal law where the Secretary determines the agency to whom the information is disclosed will maintain the confidentiality of the disclosure.





## CHANGES IN HIV REPORTING REQUIREMENTS

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### HIPAA INFORMATION

The AIDS Administration is an agency of the Maryland Department of Health and Mental Hygiene and conducts HIV/AIDS surveillance in its capacity as a public health authority as defined by the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information; Final Rule (Privacy Rule) [45 CFR §164.501]. Pursuant to 45 CFR §164.512 (b) of the Privacy Rule, covered entities such as your organization may disclose, without individual authorization, protected health information to public health authorities "...authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions..."

*If you have any questions about HIPAA and HIV/AIDS surveillance, please contact William Honablew, Policy Analyst, Maryland AIDS Administration at 410.767.5064.*



## MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### CONFIDENTIAL MORBIDITY REPORTS

Maryland statute, specifically Maryland Code Annotated, Health-General ("Health-General") §§18-201 and 18-202, and Maryland regulation, specifically Code of Maryland Regulations ("COMAR") 10.06.01 Communicable Diseases, require that health care providers, hospitals, and certain others specified below submit a report in writing of diagnosed or suspected cases of specified diseases to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person.

Maryland statute Health-General §§18-201.1 and 18-202.1, and Maryland regulations COMAR 10.18.03, HIV and AIDS Investigations and Case Reporting, require that physicians, hospitals, and certain others specified below submit a report in writing of diagnosed cases of HIV and AIDS to the Commissioner of Health in Baltimore City or the health officer in the county where the provider cares for that person.

#### REPORTING INSTRUCTIONS

**What to Report** - Reportable diseases & conditions are listed below. (Effective date: April 24, 2007)

☎ Report immediately by telephone. (📠 Voluntary reporting would be greatly appreciated.)

Acquired immunodeficiency syndrome (AIDS) (see <b>Who Should Report</b> - page 2)	☎ <i>Haemophilus influenzae</i> , invasive disease	☎ Q fever
Amebiasis	☎ Hantavirus infection	☎ Rabies
☎ Animal bites	Harmful algal bloom related illness	☎ Ricin toxin
☎ Anthrax	Hepatitis, viral (A 📠, B, C, all other types and undetermined)	Rocky Mountain spotted fever
Arboviral including, but not limited to:	Human immunodeficiency virus (HIV) (see <b>Who Should Report</b> - page 2)	☎ Rubella (German measles) and congenital rubella syndrome
Eastern equine encephalitis	Isosporiasis	Salmonellosis (nontyphoidal)
LaCross virus	Kawasaki syndrome	Septicemia in newborns
St. Louis encephalitis	☎ Legionellosis	☎ Severe acute respiratory syndrome (SARS)
Yellow fever	Leprosy	Shiga-like toxin producing enteric bacterial infections
Western equine encephalitis	Leptospirosis	Shigellosis
West Nile virus infection	Listeriosis	☎ Smallpox and other orthopoxvirus infections
☎ Botulism	Lyme disease	☎ Staphylococcal enterotoxin B
☎ Brucellosis	Malaria	Streptococcal invasive disease, Group A and Group B
<i>Campylobacter</i> infection	☎ Measles (rubeola)	<i>Streptococcus pneumoniae</i> , invasive disease
Chancroid	Meningitis, infectious	Syphilis
<i>Chlamydia</i> infection	☎ Meningococcal, invasive disease	Tetanus
☎ Cholera	Microsporidiosis	Trichinosis
Coccidioidomycosis	Mumps (infectious parotitis)	☎ Tuberculosis and suspected tuberculosis
Creutzfeldt-Jakob disease	Mycobacteriosis, other than tuberculosis and leprosy	☎ Tularemia
Cryptosporidiosis	☎ Pertussis	☎ Typhoid fever (case, carrier, or both, of <i>Salmonella typhi</i> )
Cyclosporiasis	Pertussis vaccine adverse reactions	Varicella (chickenpox), fatal cases only
☎ Dengue fever	Pesticide related illness	Vibriosis, non-cholera types
☎ Diphtheria	☎ Plague	☎ Viral hemorrhagic fevers (all types)
Ehrlichiosis	Pneumonia in a health care worker resulting in hospitalization	☎ Yellow fever
Encephalitis	☎ Poliomyelitis	Yersiniosis
☎ Epsilon toxin of <i>Clostridium perfringens</i>	Psittacosis	
<i>Escherichia coli</i> O157:H7 infection		
Giardiasis		
☎ Glanders		
Gonococcal infection		

#### OTHER REPORTABLE DISEASES AND CONDITIONS

- Any condition made reportable by department orders or new regulations (e.g., SARS). 📠
- A single case of a disease of known or unknown etiology that may be a danger to the public health.
- Unusual manifestation(s) of a communicable disease in an individual. 📠
- Outbreaks (defined on page 2) of known or unknown etiology that may be a danger to the public health. 📠

## OUTBREAK REPORTING

Outbreak means:

- A **foodborne** disease outbreak, defined as two or more epidemiologically related cases of illness following consumption of a common food item or items, or **one case** of the following:
  - Botulism
  - Cholera
  - Mushroom poisoning
  - Trichinosis
  - Fish poisoning such as Ciguatera poisoning
  - Scombroid poisoning
  - Paralytic shellfish poisoning
  - Any other neurotoxic shellfish poisoning
- Three or more cases of a disease or illness that is not a foodborne outbreak and that occurs in individuals who are not living in the same household, but who are epidemiologically linked;
- An increase in the number of infections in a facility, such as a hospital, long-term care facility, assisted living facility, school, or child care center, over the baseline rate usually found in that facility;
- A situation designated by the Secretary as an outbreak; or
- **One case** of:
  - Anthrax
  - Rabies (human)
  - Plague
  - Smallpox
  - Any of the single cases defined as a foodborne disease outbreak above

An outbreak of a disease of known or unknown etiology that may be a danger to the public health should be reported to your local health department immediately. ☎

**Who Should Report** - The following persons and establishments shall report:

1. Health care providers (physician, physician's assistant, dentist, chiropractor, nurse practitioner, nurse, medical examiner, administrator of a hospital, clinic, nursing home, or any other licensed health care provider).  
**Only** physicians shall report newborn infants exposed to HIV infection.  
**Only** physicians and clinical or infection control practitioners in certain institutions (hospitals, nursing homes, hospice facilities, medical clinics in correctional facilities, inpatient psychiatric facilities, and inpatient drug rehabilitation facilities) shall report diagnosed cases of HIV and AIDS.
2. Public, private, or parochial school and child care facility personnel (teacher, principal, school nurse, superintendent, assistant superintendent or designee).
3. Masters of vessels or aircraft within the territory of Maryland.
4. Food establishments.
5. Any individual having knowledge of an animal bite.

**A NOTE ABOUT LABORATORIES:** Reporting rules and procedures for laboratories are different than for health care providers. Directors of a medical laboratory shall report evidence of diseases under a separate statute (Health-General §18-205), using the list of diseases and formats specified there. Laboratories should not report using the DHMH 1140 form. Laboratory directors may consult Maryland law or regulation, or visit our Internet site for additional reporting information specific to laboratories.

**When to Report** - Reporting shall be done **within 48 hours of diagnosis or suspected diagnosis, or immediately** by telephone for outbreaks and diseases or conditions noted with a telephone icon (☎) on the list above. (Reports may be faxed for all conditions EXCEPT HIV and CD4 which MUST NOT BE FAXED.)

**Where to Report** - Report to the local health department in the jurisdiction where the provider cares for that person.

Local Health Department - Telephone: \_\_\_\_\_

(See attached list of telephone and fax numbers, page 5, or our Internet site at <http://www.edcp.org>.)

**How to Report** – Complete the DHMH 1140 form. Mailed reports should be placed in a sealed envelope marked “confidential.” Reports may be faxed for all conditions EXCEPT HIV and CD4 which MUST NOT BE FAXED. Reports may also be given over the telephone.

**Additional information** - Should the health department need to contact the patient, the advice and assistance of the reporting health care provider will ordinarily be sought first. Health departments offer medical and epidemiological consultation and laboratory assistance to physicians and other health care providers.

**HIPAA:** The HIPAA Privacy Rule permits physicians and other covered entities to disclose protected health information, without a patient's written authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease. This includes conducting public health surveillance, investigations, or interventions. (For more about the privacy rule and public health see: <http://www.dhmf.state.md.us/hipaa/pdf/dhmf1.pdf> and <http://www.cdc.gov/mmwr/preview/mmwrhtml/su5201a1.htm>.)

## HIV AND AIDS: REPORTABLE CONDITIONS ACCORDING TO THE 1999 SURVEILLANCE DEFINITION (ALL AGES)

All persons who are HIV infected should be reported. Persons who are HIV infected **and** exhibit any of the following AIDS-defining clinical conditions should be reported as presumptive AIDS cases. Reporting is by physicians and clinical and infection control practitioners at certain institutions (see **Who Should Report**, page 2).

Candidiasis of bronchi, trachea, or lungs	Mycobacterium tuberculosis, extrapulmonary or disseminated
Candidiasis, esophageal	
* Cervical cancer, invasive	* Mycobacterium tuberculosis, pulmonary
Coccidioidomycosis, disseminated or extra pulmonary	Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
Cryptococcosis, extra pulmonary	Pneumocystis carinii pneumonia
Cryptosporidiosis, chronic intestinal (>1 month's duration)	* Pneumonia, recurrent in a 12 month period
Cytomegalovirus disease (other than liver, spleen, or nodes)	Progressive multifocal leukoencephalopathy
Cytomegalovirus retinitis (with loss of vision)	Salmonella septicemia, recurrent
Encephalopathy, HIV-related	Toxoplasmosis of brain
Herpes simplex: chronic ulcer(s) (>1 month's duration); or bronchitis, pneumonitis, or esophagitis	Wasting syndrome due to HIV
Histoplasmosis, disseminated or extra pulmonary	* * Lymphoid interstitial pneumonitis and/or pulmonary lymphoid hyperplasia
Isosporiasis, chronic intestinal (>1 month's duration)	* * Bacterial infections, multiple or recurrent
Kaposi's sarcoma	
Lymphoma, Burkitt's (or equivalent term)	
Lymphoma, immunoblastic (or equivalent term)	* HIV infection and CD4+ T-lymphocyte count of < 200 cells/ $\mu$ L in a person without one of the above listed AIDS-indicator conditions
Lymphoma, primary, of brain	
Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary	

\* These conditions are only included in the adult/adolescent AIDS case definition and not in the pediatric AIDS definition.

\* \* These conditions are only included in the pediatric AIDS case definition and not in the adult AIDS definition.

## REPORTING OF SEXUALLY TRANSMITTED DISEASES (STDs) - NOT INCLUDING HIV

For reports of STDs, please complete both the general section of the DHMH 1140 morbidity report and the STD specific section below it. Maryland law and regulation require reporting of syphilis, gonorrhea, and chlamydia by both laboratories and health care providers. The dual reporting system is intentional - the clinical and demographic information you provide (which is normally unavailable from laboratories) enables the health department to better monitor disease trends.

### PREVENTING CONGENITAL SYPHILIS

In accordance with Health-General §18-307 and COMAR 10.06.01.17(D), all pregnant women shall be screened serologically for syphilis a minimum of two times during their prenatal visits:

- 1) at the first prenatal visit, **and**
- 2) in the third trimester at 28 weeks of gestation or as soon as possible thereafter.

CDC also recommends the following:

- No infant should leave the hospital without the maternal serologic status having been determined at least once during pregnancy,
- Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis, and
- Serologic testing should be performed at delivery in areas where the prevalence of syphilis is high or for patients at high risk.

### STD SERVICES AND TREATMENT SCHEDULES

The Maryland Department of Health and Mental Hygiene (DHMH) and each county's local health department have professional personnel to provide a full range of services to individuals testing positive for sexually transmitted infections, including HIV. Services include counseling, education, partner notification, and routine screening and medical evaluation of partners, while always adhering to the strictest measures of confidentiality. If you have a patient who recently tested positive for syphilis, gonorrhea, or chlamydia, the state or local program may contact your office for additional information, such as confirmatory test results or treatment type and date, as part of assuring comprehensive prevention and case management for your clients and their respective partners. If you want to refer your patient to the local health department for HIV test results notification or partner services, use the appropriate check box on the morbidity report form.

Current recommended treatment schedules for syphilis, HIV, and other sexually transmitted diseases are available from your local health department. For more information see the U. S. Centers for Disease Control and Prevention's "*Sexually Transmitted Diseases Treatment Guidelines, 2006*," MMWR Recommendations and Reports Aug 4, 2006, Vol. 55, No. RR-11, available at <http://www.cdc.gov/std/treatment/>.

## REPORTING OF TUBERCULOSIS - CONFIRMED OR SUSPECT

All cases as described below are to be reported\*:

1. All persons for whom at least two anti-tuberculosis drugs are prescribed.
2. All newly diagnosed tuberculosis disease regardless of the number of drugs prescribed. This includes all cases found at the time of death or after death, and all cases previously classified as "primary" tuberculosis.
3. All persons with tuberculosis disease who have been previously treated for tuberculosis should be reported if more than a year has elapsed since treatment was discontinued.
4. All suspected tuberculosis disease awaiting bacteriological confirmation. Amendments to a "suspect" report should be submitted when bacteriological results become available.

When reporting tuberculosis, please complete both the general section of the DHMH 1140 morbidity report and the TB specific section below it.

\* Voluntary reporting of positive tuberculin skin tests in children less than one year of age enables local health department investigators to identify a source case.

## TREATMENT OF TUBERCULOSIS

The recommended treatment regimen for uncomplicated tuberculosis is a two month induction phase of four drugs consisting of **isoniazid (INH)**, **rifampin (RIF)**, **pyrazinamide (PZA)**, and either **ethambutol (EMB)** or **streptomycin (SM)**, followed by a four month continuation phase with INH and RIF. For more complicated cases, i.e., co-existing HIV infection or drug resistance, treatment regimens vary. Consultation on such cases is available from the Division of Tuberculosis Control at (410) 767-6698. The Centers for Disease Control and Prevention recommend that a health care provider observe each dose as it is taken (i.e., **directly observed therapy – DOT**). DOT is the standard of care for all active TB cases in Maryland and can be arranged by calling the local health department in the jurisdiction where the case resides. Other tuberculosis-related services available from all local health departments include medical consultation, laboratory studies, chest radiographs, and medications.

If the initial specimens submitted for mycobacterial culture are sent to a private laboratory, please request that drug susceptibility testing is also done.

## ABBREVIATIONS USED

AIDS .....	acquired immunodeficiency syndrome	KS.....	Kaposi's sarcoma
EMB.....	ethambutol	PCP .....	Pneumocystis carinii pneumonia
FTA-ABS.....	fluorescent treponemal antibody-absorption	PID.....	pelvic inflammatory disease
FTA-IgM .....	fluorescent treponemal antibody-immunoglobulin M	PPD .....	purified protein derivative
HAV IgM .....	hepatitis A virus immunoglobulin M antibody	PPNG .....	penicillinase-producing Neisseria gonorrhoeae
HBsAg.....	hepatitis B virus surface antigen	PZA.....	pyrazinamide
HBcAB .....	hepatitis B virus core antibody (total or IgM + IgG)	RIF.....	rifampin
HBcIgM.....	hepatitis B virus core immunoglobulin M antibody	RPR .....	rapid plasma reagin
HBsAB .....	hepatitis B virus surface antibody	SM .....	streptomycin
HCV AB .....	hepatitis C virus antibody	STD .....	sexually transmitted disease(s)
HIV.....	human immunodeficiency virus	TB .....	tuberculosis
INH.....	isoniazid	VDRL .....	venereal disease research laboratory

## GETTING UP-TO-DATE INFORMATION

Reporting requirements and other important information change with time. Please call your local health department or the Maryland Department of Health and Mental Hygiene - Division of Communicable Disease Surveillance (410-767-6712), or visit one of the following Internet sites to obtain the most current information.

<b>Maryland Department of Health and Mental Hygiene (DHMH)</b>	<a href="http://www.dhmh.state.md.us">www.dhmh.state.md.us</a>
<b>Office of Epidemiology and Disease Control Programs</b> - general communicable disease information; reporting requirements, etc. - local health department telephone numbers and addresses	<a href="http://www.edcp.org">www.edcp.org</a>
<b>Maryland HIPAA Information</b>	<a href="http://www.dhmh.state.md.us/hipaa/">www.dhmh.state.md.us/hipaa/</a>
<b>Maryland Division of State Documents</b> - Code of Maryland Regulations: 10.06.01.03, 10.18.02, 10.18.03, and others ("COMAR Online" Link)	<a href="http://www.dsd.state.md.us">www.dsd.state.md.us</a>
<b>Maryland General Assembly Home Page</b> - state laws covering lab reporting: §18-205 and others ("Maryland Statutes" Link)	<a href="http://www.mlis.state.md.us">www.mlis.state.md.us</a>

## Maryland DHMH - Office of Epidemiology and Disease Control Programs

### MARYLAND LOCAL HEALTH DEPARTMENTS: Addresses & Telephone Numbers for Communicable Disease Reporting

\* Telephone (T) or Pager (P) Number for After Hours and Weekend Reporting

JURISDICTION	ADDRESS	JURISDICTION	ADDRESS
<b>ALLEGANY</b> Ph. 301-759-5112 Fax 301-777-5669 *T 301-759-5000	PO Box 12501 Willowbrook Road SE Cumberland MD 21501-1745	<b>HARFORD</b> Ph. 410-638-8464 Fax 410-638-8488 *P 410-405-6448	PO Box 797 119 Hays Street Bel Air MD 21014-0797
<b>ANNE ARUNDEL</b> Ph. 410-222-7256 Fax 410-222-7490 *T 443-481-3140	Communicable Disease & Epi. 1 Harry S. Truman Parkway Room 231 Annapolis MD 21401	<b>HOWARD</b> Ph. 410-313-6110 Fax 410-313-6108 *T 410-313-2929	7180 Columbia Gateway Drive Columbia MD 21046
<b>BALTIMORE CITY</b> Ph. 410-396-4436 Fax 410-625-0688 *T 410-396-3100	210 Guilford Avenue 3rd Floor Baltimore MD 21202	<b>KENT</b> Ph. 410-778-1350 Fax 410-778-7913 *T 410-778-1241	125 S. Lynchburg Street Chestertown MD 21620
<b>BALTIMORE CO.</b> Ph. 410-887-2724 Fax 410-377-5397 *T 410-832-7179	Communicable Disease, 3rd Floor 6401 York Road Baltimore MD 21212	<b>MONTGOMERY</b> Ph. 240-777-1755 Fax 240-777-1754 *T 240-777-4000	2000 Dennis Avenue Suite 238 Silver Spring MD 20902
<b>CALVERT</b> Ph. 410-535-5400 Fax 410-414-2057 *P 410-586-4051	PO Box 980 Prince Frederick MD 20678	<b>PR. GEORGE'S</b> Ph. 301-583-3750 Fax 301-583-3794 *T 301-499-8400	3003 Hospital Drive Suite 1066 Cheverly MD 20785-1194
<b>CAROLINE</b> Ph. 410-479-8000 Fax 410-479-4864 *P 410-819-9795	PO Box 10 403 South 7th Street Denton MD 21629	<b>QUEEN ANNE'S</b> Ph. 410-758-0720 Fax 410-758-8151 *T 410-758-3476	206 N. Commerce Street Centreville MD 21617
<b>CARROLL</b> Ph. 410-876-4926 Fax 410-876-4959 *T 410-876-4900	PO Box 845 290 S. Center Street Westminster MD 21158-0845	<b>ST. MARY'S</b> Ph. 301-475-4330 Fax 301-475-4350 *T 301-475-8016	PO Box 316 21580 Peabody Street Leonardtown MD 20650
<b>CECIL</b> Ph. 410-996-5100 Fax 410-996-1019 *T 410-996-5350	401 Bow Street Elkton MD 21921	<b>SOMERSET</b> Ph. 443-523-1740 Fax 410-651-5699 *P 410-334-9090	Attn: Communicable Disease 7920 Crisfield Highway Westover MD 21871
<b>CHARLES</b> Ph. 301-609-6810 Fax 301-934-7048 *T 301-932-2222	PO Box 1050 White Plains MD 20695	<b>TALBOT</b> Ph. 410-819-5600 Fax 410-819-5693 *T 410-819-5600	100 S. Hanson Street Easton MD 21601
<b>DORCHESTER</b> Ph. 410-228-3223 Fax 410-901-8180 *P 410-221-3362	3 Cedar Street Cambridge MD 21613	<b>WASHINGTON</b> Ph. 240-313-3210 Fax 240-313-3334 *T 240-313-3200	1302 Pennsylvania Avenue Hagerstown MD 21742
<b>FREDERICK</b> Ph. 301-600-3342 Fax 301-600-3111 *P 301-360-7386	350 Montevue Lane Frederick MD 21702	<b>WICOMICO</b> Ph. 410-543-6943 Fax 410-548-5151 *T 410-543-6996	Attn: Communicable Disease 108 E. Main Street Salisbury MD 21801-4921
<b>GARRETT</b> Ph. 301-334-7777 Fax 301-334-7771 Fax 301-334-7717 ← *T 301-334-1930	Garrett Co. Community Health Ctr. 1025 Memorial Drive Oakland MD 21550-4343 (Fax for use during emergencies)	<b>WORCESTER</b> Ph. 410-632-1100 Fax 410-632-0906 *T 410-632-1311	PO Box 249 Snow Hill MD 21863
<b>STATE</b> Ph. 410-767-6712 Fax 410-669-4215 Fax 410-333-5529 (Sexually Transmitted Diseases Only) *T 410-767-6700 (use if Local Health Dept. is unavailable)	<b>Maryland Department of Health &amp; Mental Hygiene</b> 201 West Preston Street Unit# 26 Baltimore MD 21201-2301 ATTN: EDCP - Communicable Disease Surveillance		

# MARYLAND CONFIDENTIAL MORBIDITY REPORT (DHMH 1140)

(For use by physicians and other health care providers, but not laboratories. Laboratories should use forms DHMH 1281 & DHMH 4492.)

STATE DATA BASE NUMBER  
(Completed by Health Department)

## SEND TO YOUR LOCAL HEALTH DEPARTMENT

NAME OF PATIENT - LAST		FIRST	M	DATE OF BIRTH MONTH   DAY   YEAR		AGE	SEX M <input type="checkbox"/> F <input type="checkbox"/>	ETHNICITY (Select independently of RACE) HISPANIC or LATINO: YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
TELEPHONE NUMBERS Home:		Workplace:		RACE (Select one or more. If multiracial, select all that apply) American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify):					
ADDRESS		UNIT#	CITY OR TOWN		STATE	ZIP CODE	COUNTY		
OCCUPATION OR CONTACT WITH VULNERABLE PERSONS (Check all that apply - include volunteers) <input type="checkbox"/> HEALTH CARE WORKER (Include any PATIENT CARE, ELDER CARE, "AIDES," etc.) <input type="checkbox"/> DAYCARE (Attendee or Worker) <input type="checkbox"/> PARENT of a child in DAYCARE <input type="checkbox"/> FOOD SERVICE WORKER <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> OTHER (SPECIFY):				WORKPLACE, SCHOOL, CHILD CARE FACILITY, ETC. (Include Name, Address, ZIP Code)					
DISEASE OR CONDITION				DATE OF ONSET MONTH   DAY   YEAR		ADMITTED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE ADMITTED MONTH   DAY   YEAR		HOSPITAL
PATIENT HAS BEEN NOTIFIED OF THIS CONDITION YES <input type="checkbox"/> NO <input type="checkbox"/>									
CONDITION ACQUIRED IN MARYLAND YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> (IF NO, INTERSTATE <input type="checkbox"/> or INTERNATIONAL <input type="checkbox"/> )		SUSPECTED SOURCE OF INFECTION				DIED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE DIED MONTH   DAY   YEAR		PREGNANT YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> WEEKS PREGNANT _____ DUE DATE _____
LABORATORY TESTS - VIRAL HEPATITIS POS NEG DATE HAV Antibody Total <input type="checkbox"/> <input type="checkbox"/> _____ HAV Antibody IgM <input type="checkbox"/> <input type="checkbox"/> _____ HBV surface Antigen <input type="checkbox"/> <input type="checkbox"/> _____ HBV e Antigen <input type="checkbox"/> <input type="checkbox"/> _____ HBV core Antibody Total <input type="checkbox"/> <input type="checkbox"/> _____ HBV core Antibody IgM <input type="checkbox"/> <input type="checkbox"/> _____		LABORATORY TESTS - VIRAL HEPATITIS POS NEG DATE HBV surface Antibody <input type="checkbox"/> <input type="checkbox"/> _____ HBV Viral DNA <input type="checkbox"/> <input type="checkbox"/> _____ HCV Antibody ELISA <input type="checkbox"/> <input type="checkbox"/> _____ HCV ELISA Signal/Cut Off Ratio _____ HCV Antibody RIBA <input type="checkbox"/> <input type="checkbox"/> _____ HCV RNA (eg., by PCR) <input type="checkbox"/> <input type="checkbox"/> _____		LABORATORY TESTS - VIRAL HEPATITIS HCV Viral Genotyping _____ DATE _____ ALT (SGPT) Level _____ DATE _____ ALT - Lab Normal Range: _____ to _____ AST (SGOT) Level _____ DATE _____ AST - Lab Normal Range: _____ to _____ NAME of LAB: _____		ADDITIONAL LAB RESULTS (SPECIMEN - TEST - RESULT - DATE - NAME of LAB) (Please attach copies of lab reports whenever possible)			
PERTINENT CLINICAL INFORMATION + OTHER COMMENTS									

## HUMAN IMMUNODEFICIENCY VIRUS (HIV) and ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS) - ADDITIONAL CASE INFORMATION

CONDITIONS	HIV LAB TESTS	DATE	RESULT
WEIGHT LOSS OR DIARRHEA ..... <input type="checkbox"/>	CD4+ T-cells < 200 per microliter or < 14%		
SECONDARY INFECTIONS (PCP, TB, etc.) ..... <input type="checkbox"/>	ELISA		
PERINATAL EXPOSURE OF NEWBORN ..... <input type="checkbox"/>	WESTERN BLOT		
OTHER CONDITIONS ATTRIBUTED TO HIV INFECTION <input type="checkbox"/> (SPECIFY):	OTHER (SPECIFY):		
PHYSICIAN REQUESTS LOCAL HEALTH DEPARTMENT TO ASSIST WITH: NOTIFICATION TO PATIENT YES <input type="checkbox"/> NO <input type="checkbox"/> PARTNER SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/>			

## SEXUALLY TRANSMITTED DISEASE (STD) - ADDITIONAL CASE INFORMATION

SYPHILIS: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> EARLY LATENT (LESS THAN 1 YR) <input type="checkbox"/> CONGENITAL <input type="checkbox"/> OTHER STAGE <input type="checkbox"/> (SPECIFY):			
GONORRHEA: CERVICAL <input type="checkbox"/> URETHRAL <input type="checkbox"/> RECTAL <input type="checkbox"/> PHARYNGEAL <input type="checkbox"/> OPHTHALMIA NEONATORUM <input type="checkbox"/> PID <input type="checkbox"/> OTHER <input type="checkbox"/> (SPECIFY):			
CHLAMYDIA: CERVICAL <input type="checkbox"/> URETHRAL <input type="checkbox"/> RECTAL <input type="checkbox"/> PHARYNGEAL <input type="checkbox"/> PID <input type="checkbox"/> OTHER <input type="checkbox"/> (SPECIFY):			
OTHER STD (Specify):			
STD LABORATORY CONFIRMATION AND TREATMENT			
Specify STD Lab Test (e.g., RPR Titer, FTA - TPPA, Darkfield, Smear, Culture, NAAT, EIA, VDRL - CSF)		STD Treatment Given <input type="checkbox"/> (Specify date - drug - dosage below)	
No Treatment Given <input type="checkbox"/>			
DATE	TEST	RESULT	DOSAGE

## TUBERCULOSIS (Suspect or Confirmed) - ADDITIONAL CASE INFORMATION

MAJOR SITE: PULMONARY <input type="checkbox"/> EXTRAPULMONARY <input type="checkbox"/> ATYPICAL <input type="checkbox"/> (SPECIFY)	ABNORMAL CHEST X-RAY: <input type="checkbox"/>
COMMENTS:	

REPORTED BY	ADDRESS	TELEPHONE NUMBER	DATE OF REPORT MONTH   DAY   YEAR
<input type="checkbox"/> Check here if completed by the Health Department			

NOTES: Your local health department may contact you following this initial report to request additional disease-specific information.  
For more Confidential Morbidity Report forms or information about reporting, go to <http://www.edcp.org/html/reprtabl.html>.





## Consentimiento y autorización para la prueba del VIH

### Comprendo la siguiente información que he leído o que me han leído:

- La prueba para detectar la infección por VIH se puede hacer usando una muestra de sangre u otro liquido o tejido corporal;
- El consentimiento para la prueba del VIH, el virus que causa el SIDA, debe darse libremente;
- Como todos los registros de salud, los resultados de esta prueba son confidenciales, pero la confidencialidad no se puede garantizar; y
- Si los resultados positivos de la prueba se divulgaran, la persona pudiera ser objeto de discriminación por parte de su familia o amigos y en la escuela o en el trabajo.

### Lo que significa un resultado **NEGATIVO**:

- Un resultado negativo significa que no se ha encontrado la infección por VIH en el momento de la prueba.

### Lo que significa un resultado **POSITIVO**:

- Un resultado positivo quiere decir que la persona esta infectada con el VIH y puede transmitir el virus por medio de relaciones sexuales, compartiendo agujas, por un embarazo (transmisión de la madre al niño), alimentándolo con leche materna, o donando órganos, sangre, plasma o leche materna.
- Una prueba positiva **NO SIGNIFICA** un diagnóstico de SIDA – se requieren otras pruebas.

### Qué sucederá si la prueba es positiva:

- Se le dará una copia de la publicación del Departamento de Salud e Higiene Mental titulada “Información para las personas infectadas con VIH”;
- El Departamento de Salud o mi doctor me informarán acerca de los servicios disponibles;
- A las mujeres que están embarazadas o que pueden llegar a estar embarazadas se les informará sobre las opciones de tratamiento que pueden disminuir el riesgo de transmitir la infección al niño que va a nacer;
- Se le dará información sobre cómo evitar la transmisión de la infección;
- Su nombre será reportado al Departamento de Salud junto con los resultados de las pruebas que indican infección con VIH. Estas incluyen pero no están limitadas a: Anticuerpos VIH (Western blot), Carga Viral de VIH (cuantificación de RNA o DNA), secuencia viral de VIH o pruebas de antígeno VIH p24;
- Su nombre será reportado al Departamento de Salud si su doctor encuentra que tiene SIDA;
- El Departamento de Salud o su doctor le ofrecerán ayuda para notificar y referir a sus parejas a servicios médicos. Si rehusa notificar a sus parejas, su doctor puede notificarles directamente o pedir a un representante del Departamento de Salud local que lo haga. Si el personal del Departamento de Salud local notifica a sus parejas, será de forma anónima y no utilizarán su nombre. La ley de Maryland exige que cuando el Departamento de Salud sabe quiénes son sus parejas, los debe referir para cuidado médico, apoyo y tratamiento.

Me han dado la oportunidad de hacer preguntas y obtener respuestas sobre la prueba.

### Por la presente autorizo que se me haga la prueba para la infección del VIH.

Escribir el nombre de la persona que se va hacer la prueba con letra de molde:

--	--

Primer Nombre

Inicial del  
Segundo Nombre

--	--

Apellido

\_\_\_\_\_  
Firma del cliente (o de la persona autorizada)

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Consejero o del Proveedor de Servicios Médicos  
*State of Maryland - DHMH AIDS Administration*

\_\_\_\_\_  
Fecha  
*Form 4667 (revised 5/2007)*

