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Commissioner

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Dear Colleague,

In New York State, many people with HIV still do not know their HIV status and many people are still receiving their HIV diagnosis when they have already advanced to AIDS. More needs to be done to encourage HIV testing, to remove or reduce barriers to testing and to improve access of persons with HIV to health care and supportive services. In addition, greater efforts are needed to ensure quality health care for persons living with HIV, including better surveillance for resistance to HIV antiviral medications.

This letter announces important changes in New York State Department of Health (NYSDOH) guidance for "streamlined" HIV counseling and testing and HIV reporting requirements for laboratories. Together, these changes reduce barriers to HIV counseling and testing and entry into care, as well as provide important information to better monitor the effectiveness of HIV treatment and the development of HIV antiviral resistance in persons with HIV.

NYSDOH "2005 Guidance for HIV Counseling and Testing and New Laboratory Reporting Requirements," a copy of which is attached, includes the following steps to implement this HIV testing and surveillance initiative:

1. **Streamline HIV test counseling in all settings using a simplified written *Informed Consent* form.** Current counseling practices in all settings need to be streamlined to encourage HIV testing more routinely. The NYS Public Health Law and regulations already provide the latitude for tailoring counseling to individuals' needs, including streamlined counseling in many cases (see attached "Guidance"). NYSDOH is providing a simplified written *Informed Consent* form which covers all of the required counseling elements of Article 27F in more simplified language and in an easy-to-read format that maintains important confidentiality protections. The Department's new counseling guidance and revised HIV testing *Informed Consent* form should be implemented immediately in both clinical and non-clinical settings. For those who test positive, the revised *Informed Consent* form now also includes authorization for resistance testing and viral load testing.

2. Integrate routine HIV testing in medical care settings. In addition to maintaining targeted HIV testing programs, testing should be more routinely offered in medical settings to reach those who might otherwise be missed by targeted approaches. Recent publications in "The New England Journal of Medicine" suggest that HIV testing may be cost-effective even in populations with an HIV prevalence rate of less than the 1% which CDC currently recommends as the cut-off for routine testing. Making HIV testing a normal part of medical care in NYS is crucial to assure individuals have access to care and treatment and to halt the spread of the HIV epidemic.

3. Adopt rapid test technology. Today's test technologies afford individuals the ability to receive an HIV test result in a single visit. If your office or organization offers HIV counseling and testing and has not yet adopted rapid testing, you should consider doing so. Detailed guidance for implementing rapid testing for HIV is available at: http://www.health.state.ny.us/nysdoh/hivaids/rapid/index.htm

4. Ensure entry into care. Every effort needs to be made to link persons who receive positive test results to care, prevention and supportive services. Timely access to care can prevent disease progression and save lives. NYS has an extensive infrastructure of HIV primary care, prevention and supportive services. To expedite access to care the Department has improved the HIV medical information *Release* form to allow for release of both HIV-related and general medical information to more than one provider at a time and to authorize providers to exchange information between and among themselves.

5. Better monitor quality of HIV care by improving HIV surveillance to include results of all resistance, viral load and CD4 tests. The HIV/AIDS epidemic has continued to evolve and new test technologies now provide information that can help better monitor the epidemic. Laboratory reporting of the results of resistance, viral load tests and CD4 is essential for improved monitoring of the quality of HIV care. In addition, HIV incidence testing, recommended by CDC and conducted by the NYSDOH Wadsworth Laboratory, will provide a more comprehensive HIV public health surveillance system. Improved laboratory surveillance is being required effective June 1, 2005 with the publication of emergency regulatory amendments to Part 63 of the State Health Regulations (available at: http://www.health.state.ny.us/nysdoh/phforum/nycrr10.htm).

These issues are discussed further in the "Guidance" document. The AIDS Institute will be providing additional guidance, materials and training opportunities in the months to come to assist all providers in conforming with the new recommendations.

Efforts to combat HIV-related stigma and discrimination remain a high priority and will receive continued emphasis by the Department. Provider sensitivity to patient needs and to potential breaches of confidentiality is crucial. Individual provider behavior as well as policies and procedures can unknowingly breach confidentiality. The NYSDOH AIDS Institute will continue to vigorously enforce existing statutory provisions against discrimination, HIV testing without consent and breaches of confidentiality.

The "2005 Guidance for HIV Counseling and Testing and New Laboratory Reporting Requirements" will enable better monitoring of the HIV epidemic, better diagnose and treat new infections, and better guide prevention. Your active participation in implementing these measures is crucial to stemming the tide of HIV/AIDS in New York State. Thank you for your continued efforts in support of HIV prevention and on behalf of persons with HIV/AIDS.

Sincerely,

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Commissioner
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