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HIV Treatment Updates Seminar 2016

Notification and Management of STIs under recent Amendments to the Health Act 1956

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Introductory: New Legislation Impacting sexual health

This session covers:

- Current situation regarding infectious disease notifications
- Recent legislative changes to disease notifications and management of the public health risk
- What identifying information about the infected person is protected in the case of HIV, AIDS, syphilis and gonorrhoea
- Outlines of future STI surveillance
- Other STIs/diseases where identity is not protected
- Formal contact tracing under the new legislation

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New legislation impacting sexual health

- Health (Protection) Amendment Act enacted 30 June 2016
- These disease notification and management measures, amending the Health Act, and new Regulations, will be in force on 4 January 2017
- Replacing outdated VD Regulations 1982
- Finally legislatively recognising chlamydia & HIV as "infectious diseases" and legislating public health action in response to them
- Replacing TB Act 1947 & Regulations, mainstreaming TB with other notifiable infectious diseases
- Providing a firm statutory footing for formal contact tracing

The new public health measures

- Moving from relying on either co-operation or detention & isolation to an incremental continuum of measures geared to the Public Health Risk
    - Contact tracing, directions, court orders, urgent administrative orders for detention for 72 hours, and prosecution for non-compliance or obstruction
- Medical Officer of Health directions – range of options, including counselling, diagnostic tests, refraining from travel or employment, and directions to contacts as well. No treatment option allowed
- Court order applied for by Medical Officer of Health, can order treatment, detention, medical tests (etc)
- Measures triggered by the significant risk of serious harm to others & informed by overarching principles, statutory conditions, helping to prevent abuse of power

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Overarching principles & safeguards in the Act

- Safeguards, include time limits geared to duration of Public Health Risk, mandatory regular review of measures imposed & rights of appeal
- Restrictions on use of force (not for directions; not to require treatment)
- Overarching principles:
  - Respect for dignity of individual, taking account of known special circumstances & vulnerabilities
  - Give opportunity to voluntarily comply, & individual & community participation encouraged in decision-making
  - Give information about nature of measures, planned steps, implications, clinical information, rights
  - Take proportionate measures & least restrictive alternative
  - Apply measures for no longer than is necessary to minimise that risk
- Paramount consideration: **protecting public health**

Confidentiality safeguards

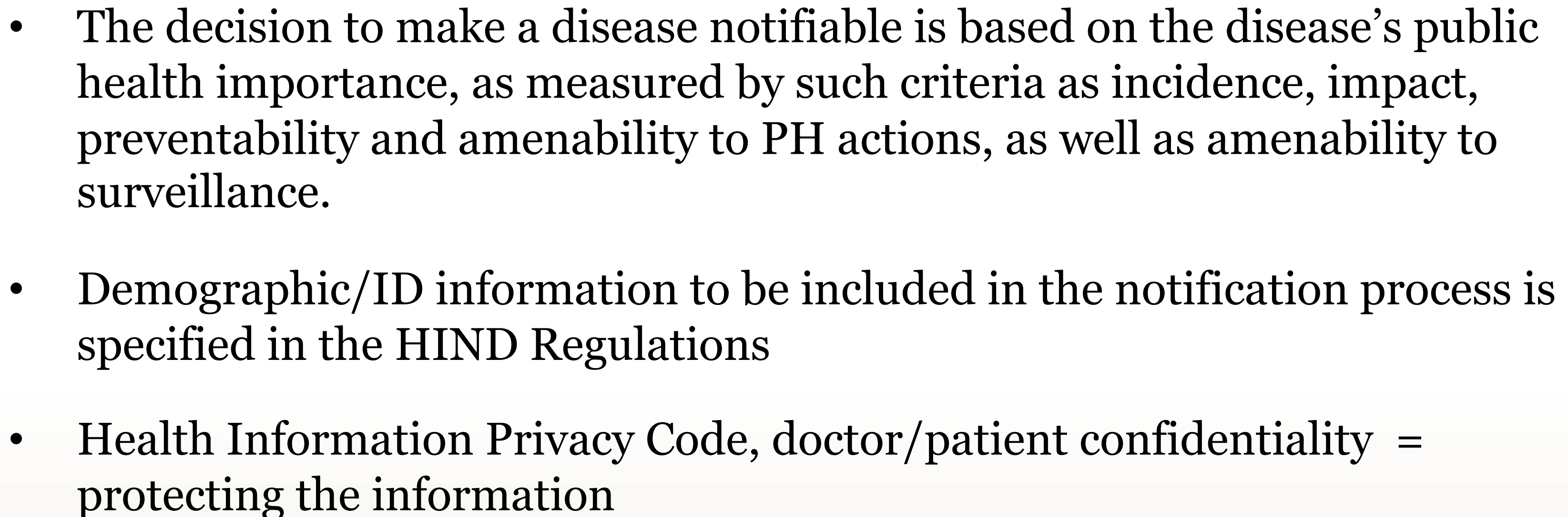
- The new legislation contains at least 5 provisions on protecting the Case's or Contact's confidentiality
- Information provided or obtained by the measures may not be used or disclosed by anyone except as specifically provided under the Act or another Act
- Information obtained or provided under a direction, order, contact tracing may not be used or disclosed by anyone except for the **effective management of infectious diseases.**
- Individual can access, use, disclose their own information.
- There are also confidentiality safeguards on **notifying** infectious diseases

Current situation: notification of diseases

- Most of the significant diseases are notifiable in NZ
- Purposes of notifying are:
  (i) Disease surveillance (local and national level)
  (ii) Public health action
- Public health surveillance

'Public Health surveillance is the ongoing systematic collection, analysis and interpretation of health data, closely integrated with the timely dissemination of these data both to those providing the data and to those who can apply the data to control and prevention programs' [Thacker et al]

Current situation: notification of diseases (2)



- The decision to make a disease notifiable is based on the disease’s public health importance, as measured by such criteria as incidence, impact, preventability and amenability to PH actions, as well as amenability to surveillance.
- Demographic/ID information to be included in the notification process is specified in the HIND Regulations
- Health Information Privacy Code, doctor/patient confidentiality = protecting the information

Current situation: Notification of diseases (3)

- Usual notification process:
  - (i) GP notifies on reasonable suspicion to local Medical Officer of Health
  - (ii) Laboratory notifies on confirmation (positive test results)
    e- notification to local Medical Officer of Health
- Notification data is entered at each PHU via secure web-based portal into the national notifiable disease database – EpiSurv

Current situation: STI surveillance

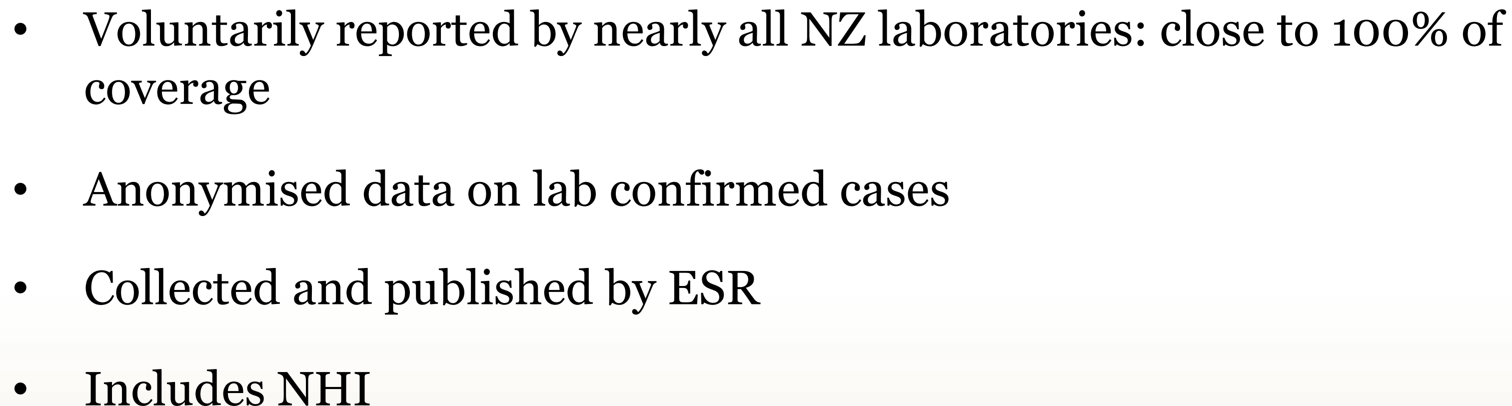
Only AIDS is notifiable

HIV:

- The AIDS Epidemiology Group collects and publishes information
  - ✓ about newly diagnosed HIV infections, based on confirmatory testing carried out by 2 NZ labs
  - ✓ about HIV infected people in NZ not diagnosed in NZ based on first viral load tests carried out by 4 NZ laboratories
- Coding ensures the identity of the case is known only to the reporting practitioner. This is not changing.

Current situation: STI surveillance (2)

Gonorrhoea and chlamydia:



- Voluntarily reported by nearly all NZ laboratories: close to 100% of coverage
- Anonymised data on lab confirmed cases
- Collected and published by ESR
- Includes NHI

Current situation: STI surveillance (3)

Gonorrhoea, chlamydia, syphilis, warts (1st attack), herpes (1st attack) and other STIs (NSU, chancroid, lymphogranuloma venereum and granuloma inguinale):

- Voluntarily reported by Sexual Health Clinics and Family Planning Clinics
- Anonymised data on cases meeting one or more STI case definition(s)
  - ✓ Includes demographic information
  - ✓ Questionnaire for enhanced infectious syphilis surveillance
- Collected and published by ESR

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Notification under the new legislation

- By health practitioners rather than only medical practitioners, and laboratories, to Medical Officer of Health
- Protected category of notifications: HIV, AIDS, syphilis, gonorrhoea
- Aim to prevent people being put off from seeking diagnosis or treatment due to fear of stigma, discrimination
- "Identifying information" that cannot be disclosed = name, address, place of work or education & any further details added by Regulations
- Exception when Medical Officer of Health considers the information is "necessary to respond effectively to the Public Health Risk"
- "Public Health Risk" = a substantial risk of serious harm to one or more people.... having regard to the nature of the disease and relevant circumstances of the particular case

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NHI reported & protected

- The Select Committee recommended taking the Case's NHI number, sex and DOB out of the category of protected "identifying information" in Bill as introduced to House
- Submissions largely in favour. Benefits include:
  - Enabling highly accurate monitoring of those co-infections which increase the risk of HIV transmission eg, TB
  - Enabling removal of duplicate test results
  - NHI enables information missing from notifications to be added (eg, Ethnicity, DOB)
- Strict rules around the NHI : restricted and monitored access, encryption in statistical databases, practitioner/patient confidentiality, Privacy Act & HIP Code

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STI surveillance - In practice where are we at?

- Work in progress
- Formal consultation with surveillance stakeholders planned (e.g. SH/FP clinics, GPs, Medical Officers of Health)
- **Continuity with the current STI surveillance**
- In general
  - ✓ Anonymised positive lab result will be e-notified to the local Medical Officer of Health, and include and information about the ordering health care provider
  - ✓ Local PHU will create the case (in EpiSurv)
  - ✓ The health care provider will be sent a link to a questionnaire to collect all additional surveillance information (in REDCap).
  - ✓ REDCap and EpiSurv will have their data synchronised.
  - ✓ PHUs will have access the information in EpiSurv.
  - ✓ ESR will manage the tools.

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STI surveillance - In practice where are we at? (2)

Additional steps for syphilis

- Message about who to contact to discuss the case will be send to ordering provider with positive lab results.
- Once the case is confirmed as an infectious syphilis case, it will be e-notified to the local Medical Officer—then same flow as above.

Additional steps for HIV infections

- Before creating the case, the local Medical Officer of Health will check with the AIDS Epidemiology Group if the case is new.
- If yes, the AIDS Epidemiology Group will follow up with the questionnaire and make sure that data are entered (REDCap)
- The AIDS Epidemiology Group will be the data manager and main user

Note: HIV rapid test results will not triggering notification

Other diseases

- Chlamydia as well as other STIs will not be formally notifiable under the new legislation but they will be formally recognised as an "other infectious disease" on Health Act Schedule 1, Part 2, enabling use of the new public health powers

  Because of its high incidence, the Ministry of Health is considering the implications of making chlamydia formally notifiable

- Notifying window for Hep B & C infections to change in case definitions from 12 to 24 months

- Notifying co-infections when only 1 notifiable disease is in the protected identity category

  Eg, TB and HIV: current practice will continue, ie, separate reporting and anonymised data matching using HIV coding information or NHI

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Statutory contact tracing

- Formal contact tracing regime re: a person with or suspected of having an infectious disease, when CTer believes CT is appropriate considering the purposes of it (ie, id source, apprise contacts of risk, limit transmission risk)
- CT must 1st consider whether case can do their own CT. If not, formal CT done by Medical Officer of Health , HPOs, or people "suitably qualified in health or community work" nominated by the Medical Officer of Health or DHB
- Statutory duty to answer contact tracing questions, although CTer must 1st tell person the reasons for requiring the information
- Identity of case protected as far as reasonable practicable, but paramount consideration is **protecting public health**
- Impact on sexual health clinics/NGOs: BAU except when they are nominated by Medical Officer of Health or DHB to contact trace under the Act – then must follow the statutory regime

Thank you for listening!