PART 1: OVERVIEW AND HIV IN BALTIMORE CITY

1 in 5 HIV positive persons in Baltimore City do not know they are infected.

HIV screening is part of routine preventative care.

HIV screening is easy and quick.

Primary care providers are central to reducing HIV transmission.
EXECUTIVE SUMMARY

As a primary care provider, YOU can make a difference in the HIV epidemic in Baltimore—in helping an individual to treatment and preventing future transmission by conducting routine HIV screening for everyone ages 13 to 65.

- Routine HIV screening is the standard of care. In April 2013, the US Preventive Services Task Force upgraded its findings regarding the benefit of routine HIV screening to the highest level, a grade A.

- This rating positively impacts insurance coverage. Under the Affordable Care Act, all Marketplace plans and many others must cover routine HIV screening for everyone.

- HIV is treatable and earlier treatment leads to healthier, longer lives. Routine screening can lead to earlier treatment.

- Routine HIV screening is easy and quick

- Together let’s PROTECT BALTIMORE.
HIV IN BALTIMORE CITY: KEY ISSUES

High Rates of Undiagnosed HIV Cases
Baltimore has one of the most severe HIV epidemics in the United States. More than 12,000 people are known to be living with HIV. Because of the scale of the epidemic, there are many more who have HIV who don’t know they are infected. Twenty percent of people infected with HIV (1 out of every 5) don’t know they are HIV positive. They may be unknowingly transmitting the infection to their partners.\(^1\,^2\)

Because they don’t know their HIV status, these individuals do not receive treatment. Without treatment, they suffer worse health outcomes and can increase transmission of HIV.

CDC Recommendation is to Routinely Screen EVERYONE for HIV
The Centers for Disease Control and Prevention (CDC) has made the following national public health priorities clear:
1) Routine screening for HIV—which means everyone from 13-64 gets screened
2) that people infected with HIV get treatment
3) and that those with HIV do not transmit the disease to others.

The Affordable Care Act and HIV
With the advent of the Affordable Care Act, it may be that primary care providers (PCPs) will see new patients, some of whom may not have been previously insured. The ACA will cover routine HIV screening for anyone ages 15-64 and for older and younger high risk patients. With an influx of new patients and increased coverage for preventive services such as HIV screening, PCPs have a major role in screening for HIV and in preventing transmission of the virus. PCPs with experience and expertise in HIV treatment are also central to treating HIV–infected patients.

Note: For this Provider Resource Guide, the age guidance from the CDC and USPSTF have been combined to recommend screening for those between the ages of 13 and 65 as well as older or younger high-risk patients.

Screening is a Lifesaver, Even if Most of the Results are Negative
It is expected that routine screening will most often return HIV negative screens. This result is similar to what providers expect in screenings for breast, cervical or colon cancer. HIV is rare, but serious. For those positives whom you do identify, this information can be a lifesaver.

Screening is Quick
It takes less than a minute. Extensive pretest counseling is no longer required. This resource guide includes sample scripts to start the conversation about screening.

Let this resource guide help you and help us together to PROTECT BALTIMORE.
QUICK GUIDE TO MARYLAND LAW AND HIV SCREENING:

Providing Pre-Test Information
Individuals must be provided with pre-test information before an HIV screen. This information can be written (e.g., a handout or signage), verbal, or video-based. This information must include an explanation of HIV infection, the meaning of positive and negative test results, and their ability to ask questions and to decline HIV testing. If the individual refuses HIV testing, document the individual’s decision in the medical record.

Obtaining Informed Consent
When HIV testing is performed, consent for HIV testing is by law in Maryland (effective 7/1/2015) a part of the patient’s general informed consent for medical care as is done for other screening and diagnostic tests (i.e., Opt Out). This means that HIV testing does not need to be singled out in the general consent form but rather it is covered under the broader general consent language for services provided at the facility. A health care provider may not be required to obtain consent using a separate form. Providers must also inform the individual either verbally or in writing that the test will be performed unless they decline.

Adolescent Consent for HIV Screening
Patients under 18 can consent to an HIV test and treatment.

Providing Screen Results and Referrals (Post-Test Session)
The individual must be:
- Notified of the result of the HIV test by the provider, regardless of the result.
- If HIV positive, referred to HIV medical care and support services (partner services, case management) by a physician or physician’s designee, such as the Baltimore City Health Department.

Notifying Sexual and Needle Sharing Partners
A physician or physician’s designee must:
- Advise individuals with a positive HIV test to notify all sexual and needle-sharing partners of their possible exposure to HIV.
- Refer the individual to the local health department for assistance.

HIV Screening Process for Pregnant Individuals
An HIV test must be offered in:
- The first trimester of pregnancy or the first prenatal visit.
- The third trimester of pregnancy.
Providers must explain the risk of fetal transmission and the effect of pharmaceuticals during pregnancy.

In labor and delivery,
- A provider must offer a rapid test to a pregnant individual with unknown or undocumented HIV status.
- Antiretroviral prophylaxis should be offered if the rapid test was preliminarily positive and the confirmatory HIV test is pending.

A pregnant individual must be notified of the results of the HIV test, regardless of the result.

HIV Reporting
A physician must report an HIV-positive individual or infant exposed to HIV within 48 hours of diagnosis (or birth).

Use the Confidential Morbidity Report (DHMH 1140) from the Maryland Department of Health and Mental Hygiene.

Send this form to the Baltimore City Health Department:
Baltimore City Health Department
Attn: STD/HIV Prevention Program
1001 E Fayette St
Baltimore, MD 21202

*Google "Practice Advisory for HIV Testing Process in Maryland" for full description*
The following Epidemiologic (Epi) Profiles provide an overview of the population and key features related to HIV for every Community Statistical Area (CSA) in Baltimore City. CSAs roughly align with neighborhoods and include several census tracts.

These Epi Profiles can help you understand the extent of HIV transmission in the area you practice or the neighborhood in which your patients live.

From 2015 to 2016, the average annual HIV Diagnosis rate for Baltimore City was 4.95 per 10,000. For Maryland, it was 1.8 (per 10,000 in 2016). For the US, it was 1.23 (per 10,000 in 2016).

In the following pages, the 25% of all CSAs with the highest annual HIV diagnosis rate will be marked with an alert symbol.

Source: Baltimore City Health Department analysis of data from the Maryland Department of Health and Mental Hygiene's Vital Statistics Administration; CDC HIV Surveillance Report, 2016 Vol 28, Table 24
HIV BY CSA: ALLENDALE, IRVINGTON, S. HILTON

- Total Population: 16,726
- Average Annual All-Cause Mortality Rate* 2011-2015: 113
- Average Annual HIV Mortality Rate* 2011-2015: 1.9
- Average Annual HIV Diagnosis Rate* 2015-2016: 5.1

* PER 10,000 POPULATION

HIV BY CSA: BELAIR-EDISON

- Total Population: 17,380
- Average Annual All-Cause Mortality Rate* 2011-2015: 112.3
- Average Annual HIV Mortality Rate* 2011-2015: 2.0
- Average Annual HIV Diagnosis Rate* 2015-2016: 2.3

* PER 10,000 POPULATION

HIV BY CSA: BEECHFIELD, TEN HILLS, WEST HILLS

- Total Population: 13,391
- Average Annual All-Cause Mortality Rate* 2011-2015: 92.7
- Average Annual HIV Mortality Rate* 2011-2015: 1.3
- Average Annual HIV Diagnosis Rate* 2015-2016: 3.0

* PER 10,000 POPULATION

HIV BY CSA: BROOKLYN, CURTIS BAY, HAWKINS POINT

- Total Population: 12,900
- Average Annual All-Cause Mortality Rate* 2011-2015: 125.1
- Average Annual HIV Mortality Rate* 2011-2015: 1.7
- Average Annual HIV Diagnosis Rate* 2015-2016: 4.7

* PER 10,000 POPULATION
HIV BY CSA: CLAREMONT, ARMISTEAD

TOTAL POPULATION
9,319

AVERAGE ANNUAL ALL-CAUSE MORTALITY RATE* 2011-2015
132.2

AVERAGE ANNUAL HIV MORTALITY RATE* 2011-2015
0.6

AVERAGE ANNUAL HIV DIAGNOSIS RATE* 2015-2016
2.7

* PER 10,000 POPULATION

HIV BY CSA: CROSS-COUNTRY, CHESWOLDE

TOTAL POPULATION
12,928

AVERAGE ANNUAL ALL-CAUSE MORTALITY RATE* 2011-2015
44.9

AVERAGE ANNUAL HIV MORTALITY RATE* 2011-2015
0.4

AVERAGE ANNUAL HIV DIAGNOSIS RATE* 2015-2016
1.5

* PER 10,000 POPULATION
† EXCLUDES CENSUS TRACTS WITH MISSING MORTALITY DATA

HIV BY CSA: CLIFTON, BEREA

TOTAL POPULATION
9,091

AVERAGE ANNUAL ALL-CAUSE MORTALITY RATE* 2011-2015
134.9

AVERAGE ANNUAL HIV MORTALITY RATE* 2011-2015
2.7

AVERAGE ANNUAL HIV DIAGNOSIS RATE* 2015-2016
9.3

* PER 10,000 POPULATION

HIV BY CSA: DICKEYVILLE, FRANKLINTOWN

TOTAL POPULATION
3,731

AVERAGE ANNUAL ALL-CAUSE MORTALITY RATE* 2011-2015
105.2

AVERAGE ANNUAL HIV MORTALITY RATE* 2011-2015
2.1

AVERAGE ANNUAL HIV DIAGNOSIS RATE* 2015-2016
6.7

* PER 10,000 POPULATION