



Epidemiologic Notes & Reports

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**National HIV Testing Day,
Wednesday, June 27**

HIV Testing in Kentucky

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The Kentucky Department for Public Health is promoting a campaign during June to encourage all persons at risk for Human Immunodeficiency Virus (HIV) infection to take an HIV antibody test. This campaign is associated with National HIV Testing Day, Wednesday, June 27. The theme for HIV Testing Day is "Take the Test, Take Control." Physicians and other health care professionals can participate in this effort by encouraging HIV testing to those patients at high risk and providing proper counseling during the testing process.

According to the Centers for Disease Control and Prevention, approximately 800,000 to 900,000 persons are infected with HIV nationwide, and of these approximately 200,000 do not know that they are infected. Early detection of HIV is extremely important. Treatments are available to help those infected live longer and healthier lives. These treatments are most effective when administered before HIV infection progresses to Acquired Immunodeficiency Syndrome (AIDS). Also, individuals who find out that they are infected can take precautions to prevent transmitting infection to others.

Who should be tested?

- **Anyone who had sex with a person who has HIV, any sexually transmitted disease, or injects drugs. One should also be tested if he or she had multiple sex partners or had sex with someone who had multiple sex partners.**

In Kentucky as of December 31, 1999, 59% of cumulative AIDS cases contracted HIV as a result of men having sex with men (MSM). Eleven percent of AIDS cases were a result of heterosexual contact.

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- **A person who has shared needles or syringes.**
Of cumulative Kentucky AIDS cases, 13% contracted HIV from injecting drug use (IDU), and 6% have both of the risk factors MSM and IDU.
- **A person who had a blood transfusion between 1978 and 1985.**
- **A woman who is pregnant or desires to be pregnant.**
The Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the Kentucky Medical Association currently support HIV testing for pregnant women. Early detection among pregnant women is important because administering treatment to the mother during pregnancy and delivery and to the child through six weeks after birth, reduces the risk of HIV transmission from the mother to the infant by two-thirds.

Antibody Testing Procedures

A procedure using a combination of both screening and confirmatory tests is performed in order to establish the presence or absence of HIV infection through the detection of HIV antibodies.

- Screening tests, such as the most commonly used Enzyme Linked Immunosorbant Assay (ELISA), have a high degree of sensitivity and produce few false-negative results. During testing procedures, the patient first takes the ELISA test. If the test is negative, the patient is told that he or she is negative for HIV antibodies. If this test is positive, then the ELISA is repeated on the same testing sample. If the second ELISA is negative, the patient is considered negative for HIV antibodies. If the second ELISA is positive then a confirmatory test is also conducted on the same testing sample.

HIV Testing in Kentucky (continued)

- Confirmatory tests have a high specificity and produce very few false-positive results. Confirmatory tests, such as the Western blot and Indirect Fluorescent Antibody Assay, are designed to determine which test samples that test reactive to screening methods actually contain HIV antibodies. When a patient has two positive screening tests and a positive confirmatory test, that person is told that he or she has tested positive for HIV.

HIV Testing Options

Various options for HIV testing are available in Kentucky, whether at a physician's office, counseling and testing site or with a home test. Most options involve a blood test, but now "saliva" tests are available.

- **Testing Sites**

Many places throughout the state offer HIV testing, such as a physician's office or a hospital. Also, there are currently 181 state sponsored HIV counseling and testing sites (CTSs) in Kentucky. Most are operated by local health departments, but there are some at university student health centers. No clients of CTSs will be turned away from testing due to inability to pay. In 2000, approximately 20,000 persons were tested at CTSs in Kentucky.

- **Home Tests**

Home tests use the same previously mentioned screening and confirmatory tests to determine the presence of HIV antibodies. These tests, however, are not conducted at a doctor's office or counseling and testing site. Home or self-tests can be purchased at many pharmacies and can be conducted in the privacy of one's own home. The tests are anonymous. Each kit arrives with an identifying number that is mailed back to the company with each blood sample. Each person must retain a copy of this number in order to receive his or her results.

- **"Saliva" Tests**

"Saliva" tests actually determine if HIV antibodies are present in oral mucosal transudate (OMT) that has been collected from the lower cheek and gum. OMT contains four more times the main class of HIV antibodies (IgG) than saliva. True saliva is difficult to test because it degrades IgG. In order to collect a sample, a nylon stick is placed between the lower gum and cheek for two to five minutes. The

sample is then stored with preservatives until testing is performed. Testing consists of screening with an OMT- ELISA and a confirmatory OMT-Western blot. Results are generally available in three to five days. "Saliva" tests are not home tests. They are administered by health care professionals.

Anonymous vs. Confidential Testing

Persons being tested in local health departments and state sponsored CTSs can choose to receive either an anonymous or confidential test. The difference between the two is the personal identifier used to link the test results to the patient. For a confidential test, the personal identifier is the client's name. In anonymous testing, no name is given to the testing site. The client is assigned a number, which is his or her personal identifier. The client must retain this number to receive his or her results.

Only confidential test results are required to be reported to the Department for Public Health under 902 KAR 2:020 Section 7 (see insert). Names are not reported, only a unique identifier as well as other demographic information, such as race, gender, age and mode of exposure. Case reporting is extremely important for tracking the HIV/AIDS epidemic as well as targeting prevention efforts and services for those persons living with HIV/AIDS. Requirements for reporting HIV and AIDS cases are included in the insert.

Concluding Comments

Early detection of HIV infection is very important as it can lead to behaviors that prolong life and prevent transmission to non-infected individuals. The variety of testing options now available has made HIV testing accessible and convenient to persons wishing to be tested. The Department for Public Health invites all health-care professionals to participate in the statewide HIV testing campaign during the month of June and encourages all at-risk persons to receive an HIV test.

*Citations are available upon request.

**HIV Testing Data from the
1999 Behavioral Risk Factor Surveillance System**

Sara Robeson, MA, MSPH, Melissa McCracken, MPH

In 1999, various questions about HIV (Human Immunodeficiency Virus) testing were asked on the Kentucky Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an adult telephone health survey co-sponsored by the Centers for Disease Control and Prevention (CDC) and the Kentucky Department for Public Health. Questions about HIV testing were only asked of those respondents aged 18 to 64.

According to the BRFSS, 40.8% of Kentuckians have ever been tested for HIV and 15.7% have been tested in the past year. These tests were not related to blood donations. Approximately the same percentages of men and women have been tested in the past year, 15.8% and 15.6%, respectively. However, there was a significant racial difference ($p < .05$) with 32.7% of African Americans testing in the past year compared to only 14.4% of Whites. The age group with the highest testing percentage, 21.8% was 25-34, while the lowest testing percentage, 6.2% belonged to the 55-64 age group. See Table 1.

Respondents were also asked, "What are your chances of getting infected with HIV, the virus that causes AIDS?" With refusals excluded, the responses were as follows: 2.3% "high", 4.2% "medium", 23.8% "low", 68.2% "none", and 1.4% "don't know". Of those who reported a high to medium chance of getting infected with HIV, 25.2% had been tested in the past year. This compares to 15.0% among those who reported their chance of being infected as low or none.

Respondents who said that they had tested in the past year were also asked "Did you receive the results of your last test?" and "Did you receive counseling or talk with a health care professional about the results of your test?" With refusals excluded, 79.5% reported receiving their results, however only 31.8% received counseling about their results. Compared to the state average, a higher percentage of those reporting a high or medium risk received their results (85.6%) and received counseling (52.5%). See Table 2.

The low percentage of persons not receiving their results and not receiving counseling is cause for concern. Determining one's HIV status and receiving proper counseling are important goals of the testing process. Correct testing procedure would involve both pre-test and post-test counseling. The CDC's *HIV Counseling, Testing, and Referral Standards and Guidelines* can be found at <http://www.cdc.gov/hiv/pubs/hivctsrq.pdf>.

Concluding Comments

The BRFSS serves as a tool to identify health behaviors and characteristics of populations across Kentucky. Certain interesting observations can be made from the data collected from the HIV section of the 1999 survey. Persons identifying themselves with a higher HIV risk reported a higher percentage of testing. African Americans, which are disproportionately affected by the HIV/AIDS epidemic compared to Whites, report a significantly higher testing percentage. In addition, room for improvement exists in the percentage of persons tested who have received their HIV test results and counseling about those results.

Table 1

1999 BRFSS, Kentucky Adults 18-64 Data from HIV Section Refused and Unknown Responses Excluded				
Demographics	Ever Had HIV Test		Had HIV Test in Past Year	
	Percentage	95% Confidence	Percentage	95% Confidence
Total	40.8	38.9, 42.7	15.7	14.3, 17.1
Gender				
Male	40.5	37.4, 41.2	15.8	13.1, 15.8
Female	41.2	38.8, 43.5	15.6	13.8, 17.4
Race				
White/Not Hispanic	39.3	37.3, 41.2	14.4	13.1, 15.8
African American/Not Hispanic	61.7	53.1, 70.2	32.7	24.2, 41.1
Age				
18-24	39.4	33.7, 45.1	20.4	16.1, 24.7
25-34	59.5	55.6, 63.3	21.8	18.6, 25.0
35-44	42.7	39.2, 46.1	16.8	13.9, 19.7
45-54	32.6	29.1, 36.1	10.6	8.3, 12.8
55-64	21.9	17.2, 26.6	6.2	4.4, 8.0

Table 2

1999 BRFSS, Kentucky Adults 18-64 Data from HIV Section Refused and Unknown Responses Excluded				
Chance of becoming Infected with HIV	Percent Receiving HIV Test Results	95% Confidence Interval	Percent Receiving Counseling about HIV Test Results	95% Confidence Interval
High to Medium	85.6	77.9, 93.4	52.5	36.2, 68.9
Low to None	79.1	74.7, 83.5	27.8	22.4, 33.2

Kentucky's Early Childhood Initiative

Governor Paul Patton believes that Kentucky's young people should be healthy and safe, possess the foundation for school and personal success, and live in strong families that are supported and strengthened within their communities. To create this solid foundation for our young children, Governor Patton and the legislature directed 25 percent of Kentucky's Phase I Tobacco Settlement dollars to fund a major early childhood initiative.

Assuring Maternal and Child Health

Folic Acid Campaign: To overcome the increased incidence of Neural Tube Defects in Kentucky by providing access to the vitamin Folic Acid.

FACT: Kentucky's rate of Neural Tube Defects is 1 ½ times the national average. An estimated 70 percent of such birth defects can be prevented through the administration of folic acid in the early prenatal period. Based on Kentucky's incidence of Neural Tube Defects and the average lifetime cost associated with the condition, the annual cost to Kentuckians is estimated to be \$55 million dollars annually. Contact: Dr. Steve Davis – 502-564-4830 or Linda Lancaster – 502-564-2154.

Healthy Babies Workgroup: To plan and implement a public awareness and education campaign to educate the public about fetal alcohol syndrome, the impact of substance abuse on pregnancy and childrearing, the importance of smoking cessation, and healthy lifestyle choices that help babies to be born healthy. Contact: Dr. Kim Townley - 502-564-2611 ext. 457.

Substance Abuse Treatment Program for Pregnant and Post-partum Women: To assist Medicaid eligible women with current or prior substance abuse problems to bear healthy babies and to remain free of substance abuse behaviors in the future. Contact: Mike Townsend - 502-564-2880.

Universal Newborn Hearing Screening: To screen all newborns prior to hospital discharge. The state will assist hospitals in implementing universal hearing screening and will provide additional state staff to coordinate a universal hearing screening program.

FACT: 32 states currently have universal newborn hearing screening laws. At the rate of 3 per 1000 births, hearing difficulties are the most common sensory birth defect. Early detection and appropriate tracking and follow-up are vital to the development of the child. The cost of educating a deaf child in a residential program is approximately \$27,000 compared to \$6,000 annually for the child who is diagnosed early and served in a typical classroom. Contact: Michelle King – 502-595-4459 ext. 323 and 877-757-4237 or Eric Friedlander – 502-595-4459 ext. 271.

Immunization Program for Underinsured Children: To achieve 100 percent immunization coverage by age three.

FACT: Currently 17 percent of children ages birth to three

years old are underinsured. The purchase of vaccines to cover this population of children who are non-Medicaid and non-KCHIP eligible will increase access to immunizations. Contact: Dr. Barry Wainscott – 502-564-4478.

Eye Examinations For Children: To require all children to submit evidence of an eye examination no later than Jan. 1 of the first year of public school entry. The current requirement for a physical examination does not include an eye examination. Funds are available to assist children who are neither Medicaid nor KCHIP eligible and who do not have sufficient resources to pay for the cost of an eye examination.

FACT: Screening alone often misses visual difficulties such as amblyopia which are the potentially reversible if diagnosed and treated before the age of five. Contact: Dr. Kim Townley – 502-564-2611 ext. 457 or Terry Vance – 502-564-3678.

Supporting Families

Voluntary Home Visiting Program: Provide voluntary home visitation program for first-time parents who are at-risk.

FACT: The highest number of reported child abuse cases (43 percent) involve children four years old and younger. In evaluations of multiple home visiting programs, participating children exhibited enhanced levels of health and development. Contact: Dr. Steve Davis – 502-564-4830 or Curt Rowe – 502-564-2154.

Enhancing Early Care and Education

Access to Child Care Subsidy: To increase the reimbursement to childcare centers and licensed family daycare homes who provide care to low-income families by increasing the percentage of eligible children.

FACT: By increasing the eligibility guidelines from 160 percent of the federal poverty level to 170 percent, an estimated 12,000 *additional* children will be covered, thereby increasing access to care for low-income families. Contact: Dana Jackson – 502-564-2524.

Quality Rating System for Childcare: To improve the quality of childcare by offering incentives and rewards based on criteria associated with positive outcomes for children and families.

FACT: Children cared for in high quality settings performed significantly better in math, language, and social skills at school entrance than their peers in programs of lesser quality, according to a study published by the University of North Carolina. Contact: Dr. Kim Townley – 502-564-2611 ext. 457.

Scholarship Fund for Childcare Providers: A scholarship fund administered through the Kentucky Higher Education Assistance Authority for those who work in childcare at least 20 hours weekly and for trainers seeking a specialty trainer's credential. The funds assist childcare personnel in moving

Kentucky's Early Childhood Initiative (continued)

through a credentialing system that begins at entry level and proceeds through post-secondary education.

FACT: The quality of childcare is closely associated with the education and training levels of the childcare providers. Childcare workers are among the most poorly paid individuals in the workforce and therefore need assistance and incentive to increase their educational achievement and to permit workers to move up the career ladder in early childhood. Contact: Dr. Kim Townley – 502-564-2611 ext. 457.

Increase Licensed Personnel: Additional licensed personnel dedicated specifically to childcare will provide expertise to upgrade childcare quality by having smaller caseloads in childcare facilities. Hire and train additional licensing personnel dedicated to inspecting childcare facilities which will upgrade childcare facilities and childcare quality.

FACT: Present caseloads average 100 facilities per worker (far exceeding the national standard of 50 facilities) and include facilities other than childcare. High case numbers preclude anything but monitoring for compliance with minimal standards and leave no time for assessing quality. Few workers have backgrounds in early childhood. Contact: Dana Jackson – 502-564-2524 or Pam Murphy – 502-564-2888.

Healthy Start in Childcare: To provide personnel to train and educate childcare providers and parents about the benefits of health, safety, nutrition, and early intervention. Emphasis is also placed on the prevention of communicable diseases in group settings.

FACT: There are approximately 2,040 licensed childcare facilities in Kentucky, and 814 certified family day care homes that will benefit from assistance to upgrade health and safety conditions and staff and parent training. In a random sampling of 330 licensed centers by the Louisville *Courier-Journal*, 39 percent of sampled centers had health and safety violations and 73 percent of centers had violations of state regulations at least once in the past two years. Contact: Dr. Steve Davis – 502-564-4830 or Sue Bell – 502-564-3527.

Local Early Childhood Council Funding: Agencies and individuals, identified in legislation, will form local councils to improve the lives of children and families. First biennium funding will be devoted to improving the quality and availability of childcare in low resource-high need areas.

FACT: Approximately 103,000 of Kentucky's young children are in childcare. According to national standards, much of Kentucky's childcare is judged to be of poor quality and yet providers often cannot afford the expense associated with increasing quality. Funding through councils will offer seed money to make needed improvements through the use of non-recurring dollars. Contact: Dr. Kim Townley – 502-564-2611 ext. 45.7

Early Childhood Development Authority: To receive and disburse funds and to coordinate the development of programs supported by the funds. The Early Childhood Development Authority will merge four existing councils for efficient coordination of issues related to early childhood. Contact: Dr. Kim Townley – 502-564-2611 ext. 457.

Business Council: To involve the corporate community and local governments in supporting issues of importance to working families in Kentucky. The Business Council will be composed of business and community leaders who have demonstrated an interest in early childhood and families in the workplace. Contact: Dr. Kim Townley – 502-564-2611 ext. 457.

Professional Development Council: To work with existing entities to create a seamless system of education and training for early childhood providers, beginning with an entry level credential and proceeding through a master's degree. Contact: Nancy Newberry – 502-564-8099.

Evaluation of Initiative: To ensure effective use of funds in achieving targeted outcomes across settings statewide. Contact: Dr. Kim Townley – 502-564-2611 ext. 457.

Program Improvements

Training: Requires the Cabinet for Families and Children to set training requirements for all providers of childcare who receive a state childcare subsidy. Contact: Dana Jackson-502-564-2524.

Child Safety in Childcare: Allows the Cabinet for Families and Children (through Cabinet for Health Services Office of Inspector General) to assess penalties to facilities when an inspector finds a situation that poses an immediate threat to the health, safety, or welfare of children. In addition to a hearing, an informal dispute resolution process is established prior to an action that could result in the closure of a childcare facility. Contact: Dana Jackson-502-564-2524.

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RETURN SERVICE REQUESTED

Kentucky's HANDS Program

Health Access Nurturing Development Services (HANDS) is a new voluntary home health visiting program for Kentucky's new parents and their babies. The goal of HANDS is to build upon parents' strengths to improve child health and development.

HANDS is part of Governor Paul Patton's Early Childhood Initiative, KIDS NOW, passed by the 2000 General Assembly. The Kentucky tobacco settlement and Medicaid funds are underwriting it.

As many as 10,000 babies are born in Kentucky every year to first-time parents. Many of these parents will be ready to accept the new responsibilities of their roles. Others, however, may face burdens of everyday life that will affect how they are able to care for their new baby. HANDS offers new families a place to turn for help to become the best parents possible.

The burdens often associated with staying in school, finding employment, caring for the baby, assuring well-child visits in the first years of life, and making sure the child is immunized on time--all are activities for which the new parent may need a helping hand.

Background:

Issues of poor health behaviors, high teen pregnancy rates, substance abuse (including tobacco use), lack of preparation for child rearing, and lack of knowledge of the health care system and how to access it appear to be common in many communities across the country. Kentucky's HANDS is a voluntary home visiting program that seeks to address these challenges.

HANDS Home Visitors:

Kentucky's HANDS home visitors may be registered nurses, social workers, or child development specialists, as well as trained paraprofessionals. Following weeklong training with follow-up training throughout the year, the professional staff home-visit pregnant women and their babies in first-time families.

HANDS Strategies:

- Families are the primary decision-makers for their children
- All families have strengths
- Families are responsible for their children
- Promote positive pregnancy outcomes
- Prevention and early intervention improve a child's well being
- Nurture children for growth and development
- All children can succeed
- Children live in healthy safe homes

Any first-time parent is eligible for home visitation services. There are no income guidelines and no charge for the service. For more information about HANDS, contact your health care provider or local health department.

H A N D S , Department for Public Health, 275 East Main Street,
Mail Stop HS2GW-B, Frankfort, Kentucky 40621, 502-564-2154

Kentucky HIV/AIDS Reporting Requirements
Adopted December 15, 2000

902 KAR 2:020 (7). Disease Surveillance (HIV/AIDS).

Section 7. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) Surveillance.

- (1) Health professionals licensed under KRS Chapters 311 through 314, health facilities licensed under KRS Chapter 216B, and laboratories licensed under KRS Chapter 333, shall report:
 - (a) A positive test result for HIV infection including a result from:
 1. ELISA;
 2. Western blot;
 3. PCR;
 4. HIV antigen; or
 5. HIV culture;
 - (b) CD4+ assay including absolute CD4+ cell counts and CD4+%;
 - (c) HIV detectable Viral Load Assay; and
 - (d) A positive serologic test result for HIV infection; or
 - (b) A diagnosis of AIDS that meets the definitions of AIDS established in:
 1. "Adult HIV/AIDS Confidential Case Report Form"; or
 2. "Pediatric HIV/AIDS Confidential Case Report Form";
- (2) An HIV infection or AIDS diagnosis shall be reported with five (5) business days and, if possible, on the "Adult HIV/AIDS Confidential Case Report form" or the "Pediatric HIV/AIDS Confidential Case Report form".
 - (a) A report for a resident of Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties shall be submitted to the HIV/AIDS Surveillance Program of the Jefferson County Health Department.
 - (b) A report for a resident of another Kentucky county shall be submitted to the HIV/AIDS Surveillance Program of the Kentucky Department for Public Health, or as directed by the HIV/AIDS project coordinator.
- (3) A report for a person with HIV infection without a diagnosis of AIDS shall be identified in the following order by a Unique Identifier (UI) consisting of the person's;
 - (a) Initials of last and first name;
 - (b) Date of birth, using the format MMDDYY; and
 - (c) Last four (4) digits of the Social Security number.
- (4) The following additional information shall be included with each report for a person with HIV infection without a diagnosis of AIDS:
 - (a) Gender;
 - (b) Race;
 - (c) Risk factor, as identified by CDC;
 - (d) County of residence;
 - (e) Name of facility submitting report;
 - (f) Date and type of HIV test performed;
 - (g) Results of CD4+ cell counts and CD4+%;
 - (h) Results of viral load testing;
 - (i) PCR, HIV culture, HIV antigen, if performed;
 - (j) Results of TB testing, if available; and
 - (k) HIV status of the person's partner, spouse or children.
- (5) Reports of AIDS cases shall include the patient's full name and the information in subsections (1) through (4) of this section; and
 - (a) The patient's complete address;
 - (b) Opportunistic infections diagnosed; and
 - (c) Date of onset of illness.
- (6) (a) Reports of AIDS shall be made whether or not the patient has been previously reported as having HIV infection.
 - (b) If the patient has not been previously reported as having HIV infection, the AIDS report shall also serve as the report of HIV infection.
- (7) A physician or medical laboratory that makes a report under this section shall maintain a log with the name of the patient who tested positive and the unique identifier assigned.

Where and How to Report an HIV or AIDS Case

HIV and AIDS cases may be reported by phone or mail. Cases are not to be reported to either surveillance office by fax or e-mail. Also, case information should not be left on an answering machine. Case information is not to be given to anyone but one of the two surveillance staff listed below. If cases are mailed, patient-identifying information must be mailed separately from HIV/AIDS-related case data. The information must be mailed using double envelope packages, with both envelopes stamped "Confidential, To be Opened by Addressee Only." All incoming confidential surveillance mail is opened by HIV/AIDS surveillance staff only.

HIV and AIDS cases are reported to only two sites throughout Kentucky.

- HIV/AIDS cases who reside in **Jefferson, Henry, Oldham, Bullitt, Shelby, Spencer, and Trimble Counties** should be submitted to the HIV/AIDS Surveillance Program of the Jefferson County Health Department. The contact person at this site is Nikki White, RN, Surveillance Nurse Consultant (502) 574-6574.

Address: **Nikki White, RN**
 HIV/AIDS Surveillance Services
 Jefferson County Health Department
 850 Barret Avenue – Suite #302
 Louisville, KY 40204

- Cases from all other Kentucky counties of residence should be reported to the Kentucky HIV/AIDS Program in Frankfort. Contact person is Mollie Adkins, Surveillance Coordinator (502)-564-6539 or (800) 420-7431.

Address: **Mollie Adkins**
 Department for Public Health
 HIV/AIDS Branch
 275 East Main Street
 Mail Stop HS2C-A
 Frankfort, KY 40621-0001

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