

The Challenges Facing EPS in Los Angeles County

Azita Naghdi, MPH

Los Angeles County Department of Public Health

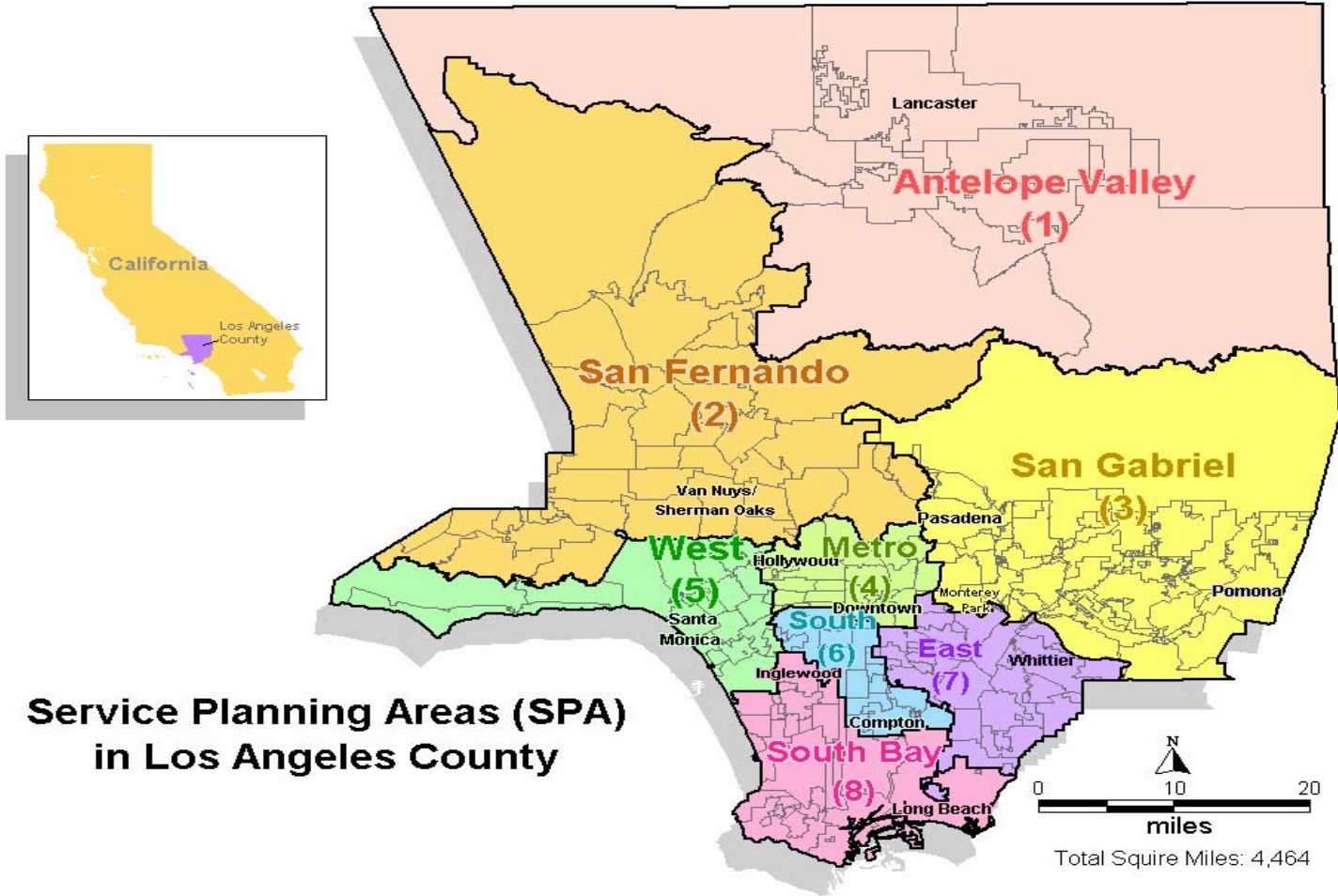
HIV Epidemiology Program

EPS Grantees' Meeting

May 1, 2007



Geographical Challenges



Demographic Challenges

- **Population of Los Angeles County**
 - **Most populous county in the U.S.**
 - **>10 million residents**
- **119 licensed hospitals**
 - **80 delivery hospitals**
 - **~157,000 live births annually**
 - **30% of all births in CA occur in LAC**



More Challenges

- **Size of Los Angeles County**
- **Limited Staff due to limited funding**
- **Lag-time in chart review data**
- **No pediatric HIV-exposure reporting in CA**
- **Facility based, EPS site**
- **IRB approvals to conduct EPS **Mandatory****
 - **Incomplete or missing records at non-IRB approved sites**



Challenges - cont.

- **Confidentiality issues**
- **Lost to follow-up**
 - **Move to non-IRB approved providers**
 - **Foster care/adoption**
 - **“Indeterminate Status”**
- **Name Changes**
- **Need current HIV seroprevalence data**
- **No PRAMS data**
- **Move towards “paperless charts”**



Los Angeles County's HIV/AIDS Burden*

- **52,123 AIDS cases have been reported in LAC.**
- **15,275 HIV (non-AIDS) cases have been reported by non-name code, as of April 2006**.**
- **There are currently 37,747 people living with HIV/AIDS.**
- **As of December 2006, a total of 250 children <13 years of age have been reported with pediatric AIDS in LAC.**

*As of 3/31/2007

**Named HIV reporting went into effect on April 17, 2006.



LAC's HIV/AIDS Burden*-cont.

- **There are currently 4,704 women living with HIV/AIDS in Los Angeles County**
 - **2,812 or 60%** are of childbearing age (15-44 years old)
- **Between 2002-2006, there were 512 infants reported born to HIV+ mothers in LAC; representing an average of 102 HIV exposures per year.**

*As of 3/31/2007



Problems getting IRB Approval

- **HIPPA Compliance**
 - **MLK (e.g. Grandfather Clause, Limited Data Sets, Consent Form issues....)**
 - **Getting approval at other sites (foot in the door)**
- **Paperless System for IRB Submissions**
 - **Authorization/Data Security**
 - **Creating Progress Reports/Amendments & responding to correspondence**



Number of Children Reported by Birth Hospital, Los Angeles County, 2005-2006

<u>Hospital</u>	<u>Birth year</u>	
	<u>2005</u>	<u>2006</u>
Cedars-Sinai	<5	<5
Harbor-UCLA	<5	<5
Kaiser Hospitals	<5	<5
LAC+USC	32	51
MLK	6	<5
LB Memorial	6	12
UCLA	12	14
Other Hospitals* (n=19)	21	19



Multi-tasking

- **Active case surveillance**
- **Passive case surveillance**
- **Laboratory surveillance**
- **Duplicate case resolution**
- **Ensure confidentiality of information**
- **Use secondary data sources**
- **Review case report forms**



Multi-tasking, cont.

- Investigate cases with “No Identified Risk” (NIR)
- Conduct special investigations
- Perform evaluation activities
- Member of the LAC Chapter of the AIDS Perinatal Prevention Council
- Provide surveillance presentations
- Provide guidance to health care providers about referrals to LAC HIV specialty clinics



Methods

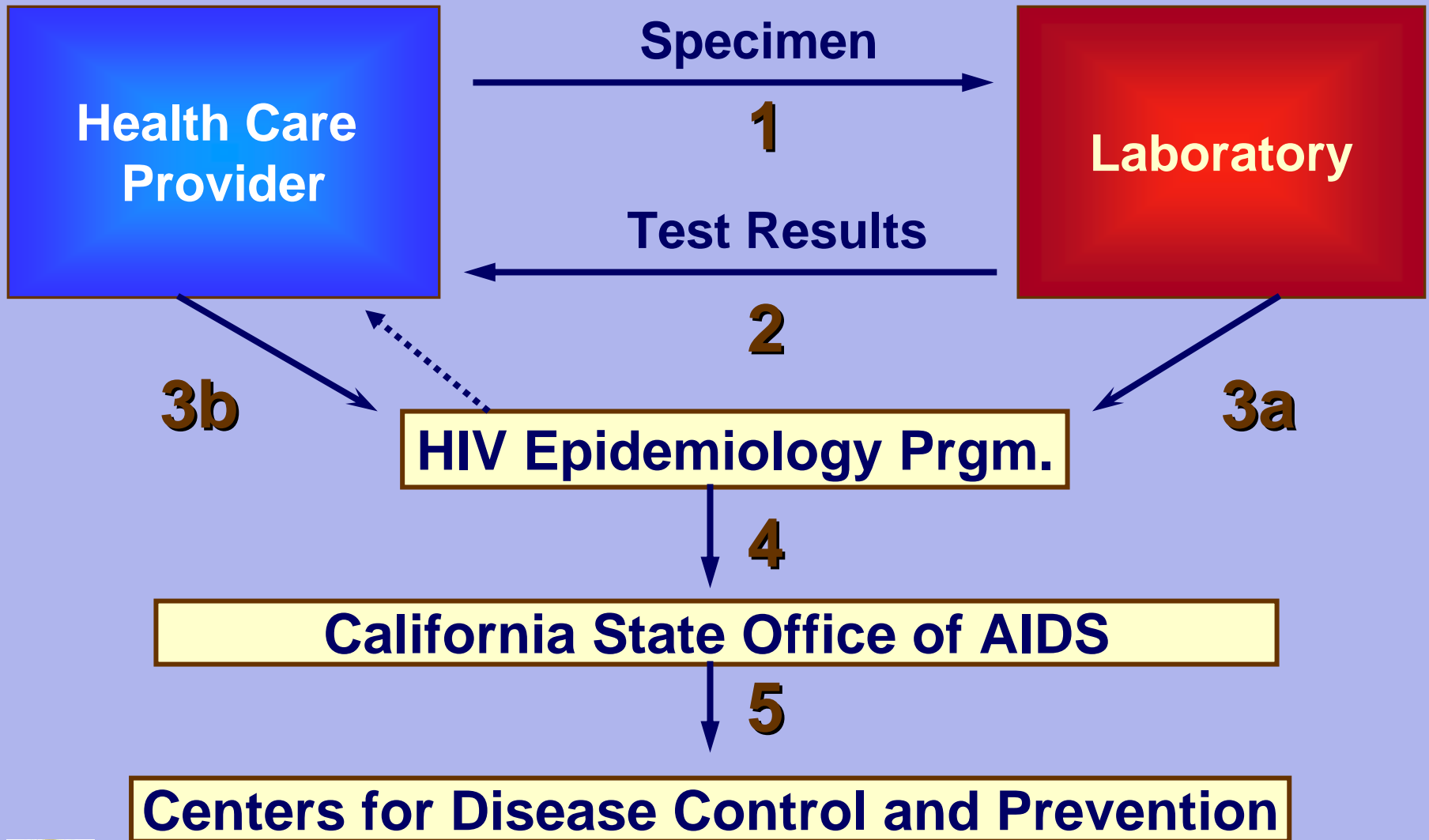
- **Data collected from all 8 pediatric HIV-specialty sites in LAC**
 - Cedars, Children's Hospital, Harbor-UCLA, Kaiser, LAC+USC, MLK, UCLA, Long Beach Mem.
- **Facility-based IRB approval**
- **Trained nurses/abstractors review medical records for demographics, risks, AIDS-defining diseases, other infections, treatments, and laboratory data**
- **EPS follows infants every 6 months until HIV status is determined**



Legislative Issues Facing California



Reporting Schematic



Source: California DHS, Office of AIDS (modified).

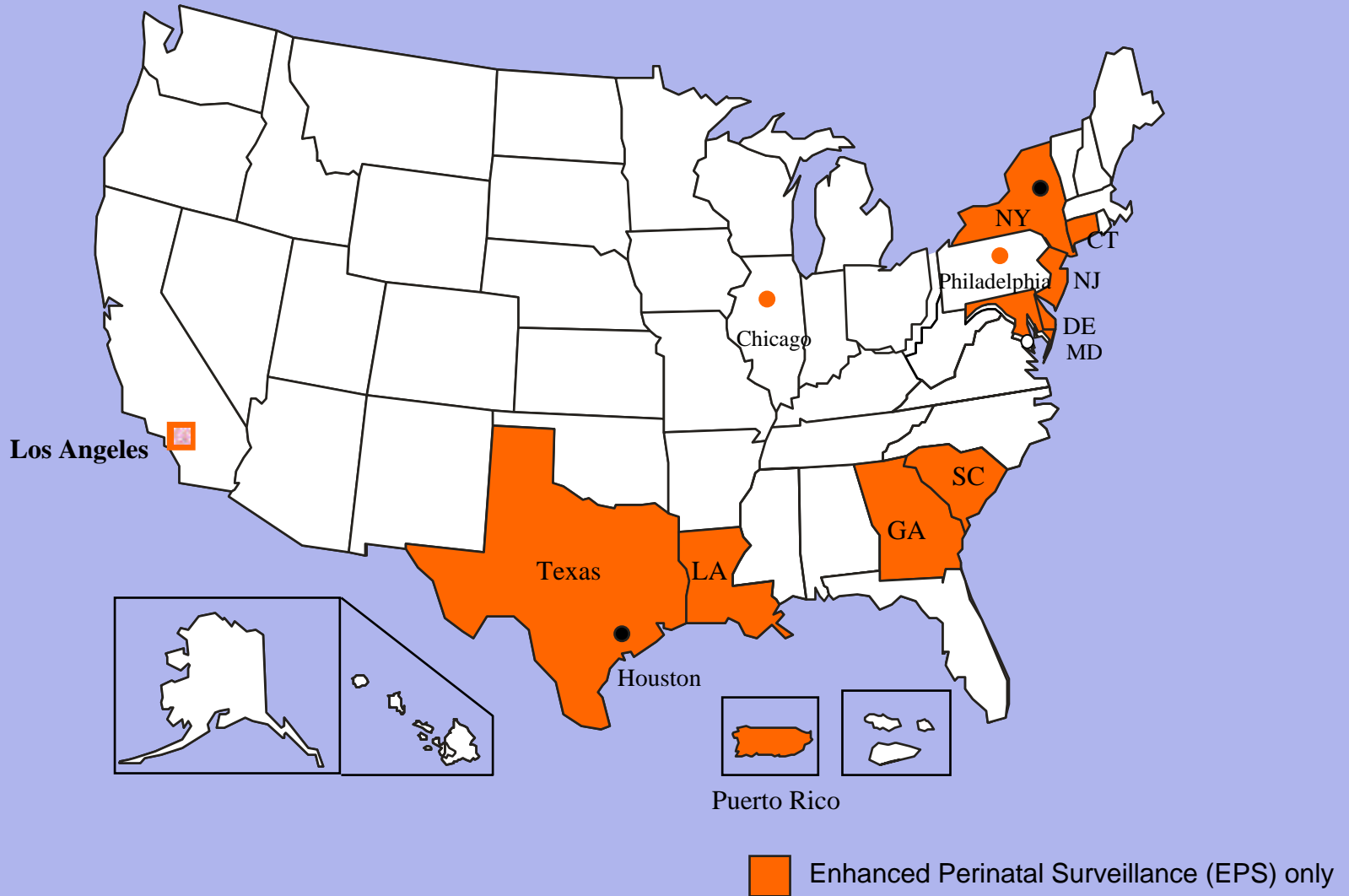
Reporting HIV Exposure to State *not allowed* by regulation in CA

Section 2643.15 HIV Reporting by Local Health Officer.

“The local health officer or his or her authorized designee shall not submit an HIV/AIDS Case Report to the Department for an infant under the age of 18 months, unless the infant’s HIV infection is confirmed”.



Project Sites: Enhanced Perinatal HIV Surveillance (EPS), 2006

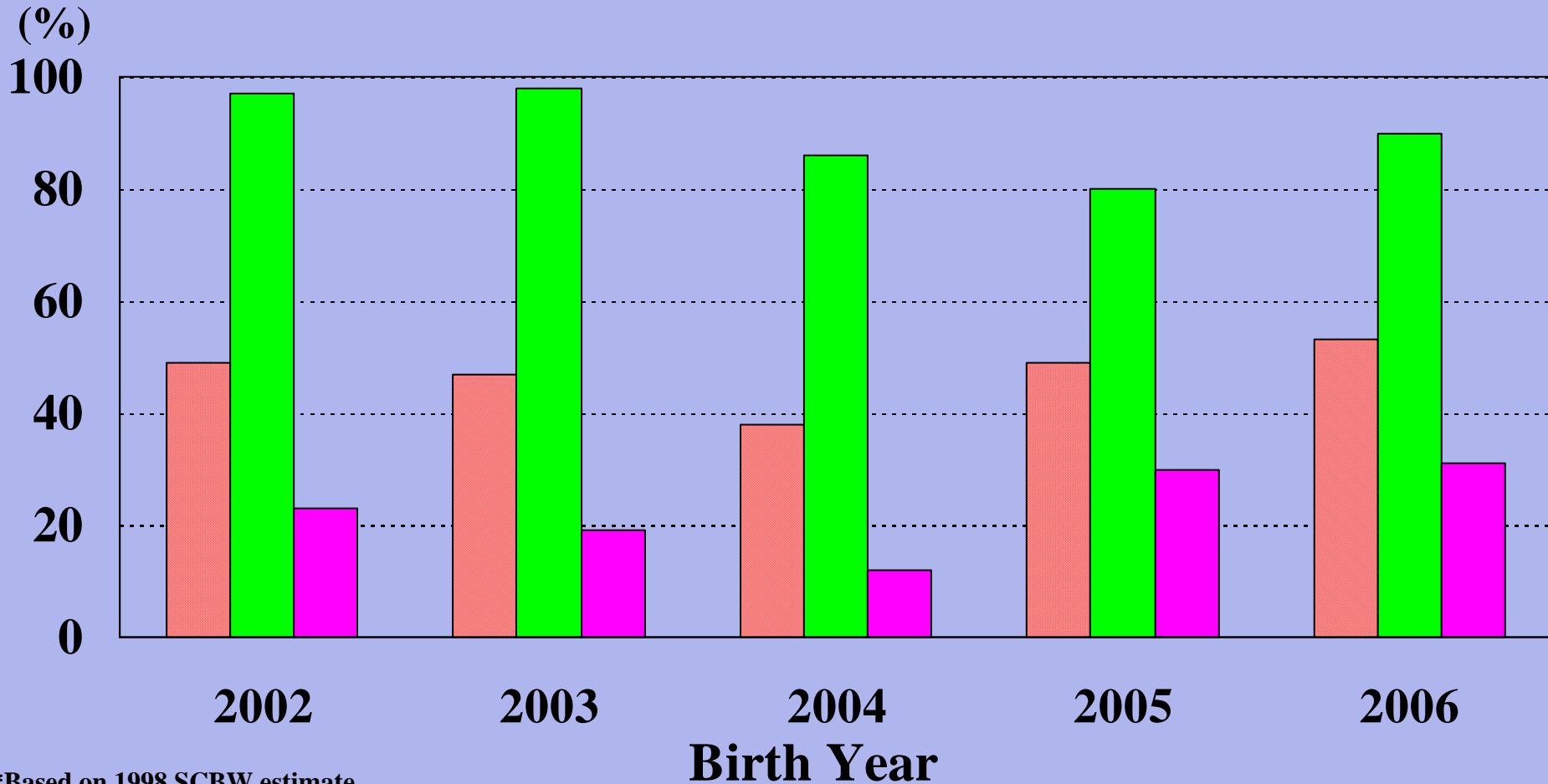


Major gaps with the CA data

- **No funding for Statewide Surveillance**
 - ✓ ~545,000 live births annually
 - ✓ CA Pediatric HIV Exposure data **Not Comprehensive**
 - ✓ Currently no surveillance data in high prevalence areas:
 - ❖ Kern County (1.4 in 1,000)
 - ❖ San Bernardino County (1.1 in 1,000)
 - ❖ San Diego County (0.6 in 1,000)
 - ✓ Stanford only tracks exposures in 12 Northern California Counties with highest prevalence (done with non-CDC funding)



Estimated Completeness of # of Reported HIV-Infected Women Delivering in California*, 2002 – 2006



*Based on 1998 SCBW estimate



CA LAC rest of CA

Named HIV Reporting in CA

- **Senate Bill 699 signed into law by Governor Schwarzenegger on April 17th, 2006**
 - **Writing Regulations can take up to 12 months**
- **Implementing new law is slow and confusing**
 - **Limited guidance from SOA, LHD must consult local counsel**
 - **Questions regarding what can and cannot be reported**
 - **No retroactive reporting of HIV cases unless there is a lab test indicative of HIV dated after April 17th**
 - **Consent form issues**
 - **Enhances civil and criminal penalties for negligent disclosure of confidential HIV-related information**



CA's New HIV Reporting Law and its Impact on EPS

- **Efficiency in initial case finding activities**
 - ✓ **HEP Core surveillance**
 - ✓ **HIV related laboratory tests**
- **Review of secondary data sources to ensure completeness and accuracy will be made easier**
 - ✓ **Matching of HIV/AIDS registries to birth registries**
 - ✓ **LAC death certificates**
- **Resolving De-duplication issues**
- **Follow-up with providers/referrals made easier**
- **Overall impact on EPS activities will be limited**



California Prenatal Testing Legislation

- **1996, SB889** mandated universal offering of HIV testing and counseling during prenatal care and at L&D with documentation of the offering in the medical chart
- **2003, AB1676** signed making HIV testing a part of routine prenatal care

Link for DHS approved Perinatal HIV Testing Consent form:

http://www.dhs.ca.gov/aids/resources/PDF/DHS8682_PerinatalInformationAndConsentForm.pdf



California Health and Safety Code Sections 125085, 125090, 125105, 125107

- Prenatal HIV test is a routine part of the battery of screening tests required by all pregnant women
 - woman has the right to refuse
 - informed consent to test must be signed and maintained in medical chart
- At labor and delivery, if there is no documentation of a prenatal HIV test, provider must obtain a blood specimen for HIV screening
 - with informed consent
 - woman has the right to refuse
 - **The blood shall be tested by a method that will ensure the earliest possible confirmed results**

After L&D, no legislation for the newborn



Conclusion:

We need change: without perinatal exposure reporting in CA, the surveillance of babies born to HIV+ moms is inadequate!!

