

Reexamining Mandatory HIV Partner Notification in Florida

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Abstract

This article argues for reexamination of Florida's practices where partner notification of individuals diagnosed as HIV+ are concerned. Historical and contemporary perspectives are presented. The author concludes that lack of mandatory partner notification will endanger Floridians in years to come by increasing the opportunity for unknowing spread of HIV infection.

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In the United States, partner notification is a traditional public health intervention to control the spread of sexually transmitted infections, including syphilis, gonorrhea, and HIV. Interestingly, whereas partner notification is mandatory for people diagnosed with syphilis or gonorrhea, it is not mandatory for HIV. As a condition to receive certain federal funding, all states are required to have some type of partner notification program, but such programs vary in procedure and frequency of use (Centers for Disease Control & Prevention [CDC], 1988).

In Florida, a person with a positive HIV test has three options for partner notification (sex, needle-sharing) regarding their HIV status. An HIV+ person can: (1) notify partners themselves (patient referral); (2) have the Department of Health partner notification service contact partners (provider referral); or (3) because partner notification is not mandatory in Florida, choose to do nothing at all (Florida Department of Health [FDOH], n.d.). According to the HIV/AIDS Partner Notification Protocol for Practitioners (FDOH, n.d.), when an HIV-positive patient refuses to disclose positive test result with partners, there is not much that medical or other health professionals can do. Medical practitioners can only reveal a patient's positive test result to sex and needle-sharing partners when HIV+ patients indicate that they will not inform partners themselves, and when the patient voluntarily discloses a partner's identity. Without voluntary disclosure, the practitioner cannot act unilaterally on any information (FDOH, n.d.).

Lack of mandatory partner notification is at least partially responsible for the fact that approximately 95,000 people are currently living with HIV in Florida, 20-25% of whom are unaware of their serostatus (FDOH, 2002). When people are aware of their HIV status, they can take appropriate steps to reduce the risk of transmission to partners. However, in the absence of this knowledge, they can unknowingly infect others (CDC, 2003a). In fact, compared with persons who know that they are HIV+, persons who are unaware of their infection are

2-3 times more likely to engage in risky behaviors, resulting in increased exposure of others to the virus (CDC, 2003a). It has been over two decades since HIV was first discovered, and where traditional prevention programs may be responsible for keeping the HIV epidemic under control, more still needs to be done to reduce the number of new infections each year (CDC, 2003a).

Making HIV partner notification mandatory is one way Florida can reduce new HIV infections. By confidentially contacting sex and needle-sharing partners of HIV+ persons, more people will be aware of testing and of their actual HIV status. The public health community has debated the pros and cons associated with mandatory HIV partner notification, and the time has come for Florida to stop disregarding this important disease control issue of life threatening consequence and to do something about the 19,000-24,000 people that are unaware of their HIV infection.

HIV partner notification has been debated as a private versus public health issue for over 20 years. When little was known about the virus, and when it was primarily stigmatized as a "gay disease," it was reasonable for public health officials to be concerned with unforeseen ramifications of partner notification. However, well into the third decade of the disease, these concerns need to be reexamined and traditional public health measures engaged.

Historically, there have been two categories of opposition to mandatory HIV partner notification: medical and ethical. In former times, those in the medical camp opposed mandatory partner notification on the grounds that there was no test available to detect new infections. Then, after HIV antibody tests became available, opponents contested HIV partner notification on the grounds that because there were few treatment options for people infected with the virus, partner notification would cause unnecessary anguish on partners of HIV+ persons. Today, neither of these medically based arguments are valid – reliable tests to detect HIV antibodies exist, as do a number of medical regimens that help

HIV+ people maintain a more or less normal lifestyle for extensive periods of time.

On the ethical side of the question, issues such as duty to warn, the right to know, the mandate to protect the public's health, and the right of confidentiality and privacy get debated. Whereas the right to know, the duty to warn, and the mandate to protect the public's health are all still pertinent arguments in favor of HIV partner notification, the right to confidentiality and privacy is less defensible. From their inception, in Florida, all State-sponsored partner notification programs are conducted with confidentiality and privacy as their primary concern. When people take advantage of the provider referral service available to them, trained employees at county health departments contact patients' sex and needle-sharing partners and inform them that they may have been exposed to HIV and that testing is recommended. No personal or identifying information is shared with the partners; thus, confidentiality and privacy are both preserved and voided as valid concerns.

As for duty to warn, the right to know, and the mandate to protect the public's health, all are still salient arguments that support mandatory partner notification. The responsibility of public health professionals is to protect the health of Floridians, including the unborn. By not requiring partner notification of HIV+ individuals, thousands of people are at risk of possible future exposures. Florida ranks third in the nation for adult and adolescent AIDS cases, and second in the nation for pediatric AIDS cases (CDC, 2003b), both of which could be reduced if partners of HIV+ individuals were informed of their possible exposure and recipients of testing and treatment. Furthermore, partners that are tested and uninfected also benefit from knowing their HIV status. In addition, they benefit from the information concerning methods to protect themselves from future infection.

Whereas traditional prevention efforts seem to work with some populations, the fact that Florida has consistently reported 10-11% of the national AIDS morbidity (FDOH, 2002), shows that among some populations, prevention efforts in Florida fall short of a more optimal level. Several studies have examined the feasibility and benefits of HIV partner notification and found that it is a valuable tool in HIV prevention. Moreover, it has been successful for demographic segments that may be challenging to reach through other interventions, especially women and minorities (Hoxworth, Spencer, Peterman, Craig, Johnson, & Maher, 2003; Kissinger, Niccolai, Magnus, Farley, Maher, Richardson-Alston, Dorst, Myers, & Peterman, 2002; Pavia, Benyo, Niler, & Risk, 1993; Rutherford, Woo, Neal, Rauch,

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