

December 12, 2007

Dr. Jim Hyde, Director
Public Health Branch
Victoria Department of Human Services
Melbourne, Victoria
Australia

Dear Dr. Hyde,

Re: Review of Victoria Department of Human Services guidelines and protocol for management of persons with HIV who may be placing others at risk

As requested, I have undertaken a review of the “Guidelines for the management in Victoria of people living with HIV who put others at risk 2006-2009” and the “Protocol for management of HIV positive persons who appear to be placing others at risk”. The guidelines and protocol were reviewed in the context of similar guidelines in use in other jurisdictions internationally, in particular those in Canada and the province of British Columbia, with which I am most familiar. As background documents, I have also been provided with the following previously completed external reviews:

- Victoria Department of Human Services “Review of *Guidelines for the management in Victoria of people living with HIV who put others and risk* and (draft) *Protocol for management of HIV positive person who appear to be placing others at risk*” Submitted by Robert Griew (September 2007)
- “Review of Department of Human Services Management of a Specified Group of HIV Cases” Conducted by R (Bob) Falconer and Associate Professor John Scott for the Department of Human Services Victoria (3 September 2007)

Additionally I was provided with a national “Review of Policies for the Management of People with HIV who Risk Infecting Others”, submitted by Robert Griew to the Blood Borne Viruses and STI Subcommittee of the Australian Population Health Development Principal Committee in June 2007.

My Background and Experience:

I am a Fellow of the Royal College of Physicians and Surgeons of Canada, with a specialty in Community Medicine, and I am a Clinical Associate Professor in the Department of Healthcare and Epidemiology in the Faculty of Medicine at the University of British Columbia. I am currently the Chief Medical Health Officer for Vancouver Coastal Health (VCH) in Vancouver, British Columbia (BC), a region of 1.2 million people. Prior to my appointment to this position, I was for 11 years the Medical Director of Communicable Disease Control for the region of Vancouver and subsequently VCH. My responsibilities included the management of those infected with HIV who may pose a risk to others, and I have dealt with many such cases over the years. I have participated in the development of

provincial guidelines for management of HIV cases who may pose a risk to others, and I have considerable experience in use of the powers of Medical Health Officers under the BC Health Act to manage communicable disease cases that may pose a risk to others.

BC has a population of almost 4.3 million people, with a rate of newly identified HIV cases of 8.4/100,000 in 2006. Vancouver has the highest rate of newly identified HIV cases in BC with a rate of over 30/100,000 in 2006. These rates, fairly steady since 2000, have translated to approximately 400 new HIV cases identified in BC annually, including approximately 200 in Vancouver. HIV was added to the list of reportable communicable diseases in BC in 2003, and all newly identified cases since that time have been followed up by public health nurses under the authority of Medical Health Officers.

1. *Guidelines for the management in Victoria of people living with HIV who put others at risk 2006-2009*

These guidelines, based on the Health Act 1958, outline the process for notification to the Department of Human Services in Victoria, Australia of persons with HIV who may be putting others at risk of infection, and include a 5-stage approach to case management. The guiding principles of the guidelines are appropriate, and strike the right balance between protection of individual rights and the protection of the community. The 5-stage approach parallels similar approaches developed in other jurisdictions internationally, including the 4-level approach developed here in BC and outlined in our most recent provincial draft (attached) and the 5-step approach developed by Calgary Health Authority in Calgary, Alberta (attached). I found the measures as outlined in the Victoria DHS 5-stage approach to be clearly delineated and supported by best practices.

The guidelines are a sensible interpretation of the public health powers and duties under the Victoria Health Act 1958 and will provide clear and appropriate direction to public health staff involved with those HIV positive persons who may be placing others at risk.

2. *Protocol for management of HIV positive persons who appear to be placing others at risk*

This companion document provides more detailed protocols for staff involved in assessment and management of those HIV positive persons who may be placing others at risk. I found this document to be helpful and clear, particularly the outlines of the case management conferences (“Handover Meetings”) and the role and conduct of the HIV Case Advisory Panel. Included are helpful tools such as a draft letter of warning and a draft Public Health Order.

Also included in the protocol are guidelines for referral of cases to the Victoria Police, including factors to consider in making referrals and the legal process for referral.

Together, the “Guidelines” and “Protocol” provide an appropriate approach to the management of difficult HIV cases who may be placing others at risk. They are in keeping with best practices internationally and are superior in many areas, including their rigour and their clarity for staff in understanding how to determine the appropriate transition between steps e.g. clearly delineated criteria for referral to police.

3. External Reviews

The Robert Griew review commented on the potentially incompatible role of Partner Notification Officers (PNOs) in providing support to individual HIV cases while at the same time ensuring protection of the community at large. However, this dual role is common for public health practitioners in most other jurisdictions, including here in BC. In most jurisdictions, public health practitioners are involved in case management, which requires providing ethically appropriate support, but are also governed by public health legislation that is designed to protect the community. Public health nurses and physicians will always provide support and care to cases they manage, but are also governed in their practice by legislation that may on occasion result in the need for coercive, legal measures. Therefore in my assessment the current roles of the PNOs are in keeping with standard public health practice.

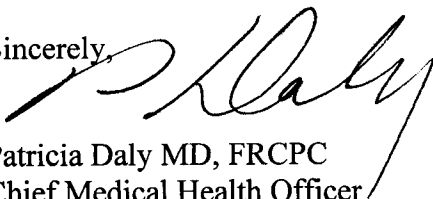
I agree with the external reviewers who comment that the management of the small number of HIV cases who pose a risk to others is not likely to have impact on the overall HIV epidemic, and attention and resources focused in this area should not detract from evidence-based activities to reduce the impact of the epidemic on the population of Victoria and Australia. I also agree with the reviewers that the appropriate management of most of these cases is within the realm of public health, with few instances where the most restrictive Orders may be required, and then only as a last resort. We follow an identical approach to management of difficult HIV cases here in BC.

Summary

In summary, the Victoria Department of Human Services has developed appropriate and sensible guidelines and protocols for the management of persons with HIV who may be placing others at risk, in keeping with similar guidelines in other jurisdictions internationally, including our guidelines here in British Columbia, Canada. Placed within the larger context of public health programs to prevent the spread of HIV, implementation of the guidelines and protocol will provide an appropriate balance between protecting the rights of individuals and the community at large.

I thank you for the opportunity to undertake this review.

Sincerely,



Patricia Daly MD, FRCPC
Chief Medical Health Officer
Vancouver Coastal Health