

Resolution 128-12 **TITLE:** EARLY TREATMENT AND PARTNER SERVICES FOR HIV

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Introduced by: California Academy of Preventive Medicine

Reference Committee **A**

October 11-15, 2012

This resolution constitutes a proposal presented to the California Medical Association
House of Delegates and passed 10/15/12; only the "Resolved" clauses constitute policy)

WHEREAS, CMA was the first medical organization to call for research into whether medications could reduce transmission of HIV, in Resolution 702-96; and

WHEREAS, studies published 2009-2011 finally confirmed that effective antiretroviral therapy can reduce HIV transmission by up to 96% (<http://www.avert.org/hiv-treatment-as-prevention.htm>); and "treatment as prevention" was hailed by Science Magazine as the science "breakthrough of the year," and was an important topic at the XIX International AIDS Conference in Washington, D.C., July 2012; and

WHEREAS, antiretroviral therapy for infected persons was formerly delayed for years, until CD4 cell counts had dropped to levels of 350-500/ml and much transmission had already occurred; but NIH guidelines posted on March 29, 2012 have identified clinical benefits of treatment for all HIV patients regardless of CD4 count, permitting immediate treatment before further transmission (http://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi_041009.pdf); and

WHEREAS, the guideline changes, and the benefits of earlier treatment both to patients and for public health, have not been widely publicized to physicians, and many who either treat HIV/AIDS or refer patients to HIV/AIDS providers are unaware of them; and CDC estimates that only 28% of HIV-infected persons in the U.S. are currently receiving treatment; and

WHEREAS, many persons who obtain newly positive HIV tests are not under the care of a physician, or do not promptly see their physicians, and there is currently no routine public health outreach in most jurisdiction to newly reported patients or providers to encourage linkages to care and treatment; and

WHEREAS, CMA supported SB 380 and Resolution 108-11, to promote voluntary physician referrals of HIV-infected patients to public health staff for confidential contact interviews and partner notification, with the aim of prevention or of detection and treatment of new infections among the most recently exposed persons, but such partner services are not yet routinely provided for newly identified HIV-positive persons in most parts of California or of other states; therefore be it

RESOLVED: That CMA work with the California Medical Board, to assure that California physicians are informed that new federal HIV treatment guidelines identify clinical

benefits from antiretroviral treatment for all HIV-infected persons, regardless of the level of CD4 counts; and that treatment that suppresses viral load can also significantly reduce infectiousness; and be it further

RESOLVED: That CMA support efforts by the California Department of Public Health to promote voluntary linkage of all persons reported with new HIV infections to clinical care and to confidential partner notification services; and be it further

RESOLVED: That the need for physician awareness of the benefits of early treatment and of “treatment as prevention,” and the need for linkage of newly positive persons to clinical care and partner services, be referred for national action.