



Ontario

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MEMORANDUM TO: Members, Non-Nominal Testing
and Reporting Committee

FROM: J. A. Browne
AIDS Coordinator

RE: Meeting to discuss proposed
regulation change

Thanks to AIDS Action Now, especially Glen Brown, and the Legal Branch, Ministry of Health, especially, Christine Henderson, we are ready to resume our task of attempting to legalize non-nominal testing and reporting in Ontario. They have submitted to us a draft copy of a proposed regulation change. Legislative Counsel has advised Christine that there is legal authority for such a regulation.

It has been some time since we have worked together, but I am sure that we will start again with this draft where we left off with our last drafts, with constructive, collaborative, consistent communication of the highest order.

A meeting has been scheduled for Friday, March 4th, 9:30 a.m. - 11:30 a.m., Room 17A, 17th Floor, 56 College Street (Suncor Bldg.).

Looking forward to this experience. It may be our last. Or should I say, may it be our last.

Jay

P.S. We still have to finalize guidelines after we agree on a proposed reg.

DRAFT

Proposed Regulation to Amend Regulation 569 of the Health Protection and Promotion Act.

(Section 5.1 ... is hereby amended by adding the following subsections:)

(1.1) A physician who forms an opinion that a patient is or may be infected with an agent of AIDS shall only report the patient's name and address under Section 26 of the Act to a medical officer of health in the following circumstances:

- a) the patient explicitly refuses to receive counselling about reducing the risk of HIV transmission from all of the following agents: the physician, a community-based AIDS Service Organization, a counsellor at a designated anonymous HIV testing site, or a public health nurse.
- b) the patient states that he or she has not assisted and is unwilling to assist in notifying each identifiable person who was unknowingly exposed to an agent of AIDS by the patient through unprotected sexual intercourse or the sharing of uncleaned needles used for injections, through one of the following methods:
 - i) the patient agrees to inform, or has informed, such partner(s) at risk him/herself of the risk of infection and the availability of counselling;
 - ii) the patient agrees to disclose, or has disclosed, the name(s) of such partner(s) at risk to a public health nurse;
 - iii) the patient agrees to disclose, or has disclosed, the name(s) of such partner(s) at risk to the physician, in those circumstances where the physician agrees to accept notification responsibilities.
- c) the patient states that he/she is unwilling or unable to reduce the risk of transmission of an agent of AIDS to other persons, specifically by:
 - i) using latex condoms for anal or vaginal intercourse;
 - ii) cleaning injection needles with bleach whenever sharing them, or refraining from sharing injection needles;
 - iii) neither of the above behaviours shall cause the physician to report a patient to the medical officer of health if the person(s) at risk are aware of the patient's HIV status and of the risk of infection.

(1.2) In the event that one of the circumstances described in 1.1 arises, a physician shall take the following steps:

- a) the physician shall alert the patient of the potential for a nominal report to be filed.
- b) the physician shall contact the medical officer of health to discuss the case non-nominally and to seek advice on resolving the outstanding issues.

- c) if necessary, the physician shall report the name, address and outstanding issues of the case to the medical officer of health.
- d) the physician shall alert the patient that his/her name has been thus reported.

(1.3) A physician is exempt from reporting the name and address of a patient to the medical officer of health in the event that one of the circumstances described in 1.1 arises if the physician forms the opinion that compliance with partner notification or disclosure to partners would place the patient in danger.

(1.4) The physician shall report the patient's initials, sex and date of birth, including year of birth, to the medical officer of health.

- a) The medical officer of health or his/her designate may contact the physician, or the physician may contact the medical officer of health, to ensure that the physician is aware of counselling and treatment options.