



TERRITORY OF GUAM
OFFICE OF THE GOVERNOR
AGAÑA, GUAM 96910
U. S. A.

EXECUTIVE ORDER NO. 90-04

IMPLEMENTING THE DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES GUIDELINES FOR AIDS
DRUG ASSISTANCE PROGRAM

- WHEREAS, AIDS is a serious disease which affects the immune system and eventually results in the death of the infected individual; and
- WHEREAS, AZT is a drug that extends the life of individuals who have contracted AIDS, or are infected with the AIDS virus (HIV); and
- WHEREAS, the Department of Public Health and Social Services has received a quantity of AZT medication valued at \$15,000 from the AIDS Drug Assistance Program, a Federally funded program enacted by Congress under Public Law 100-471; and
- WHEREAS, there are a number of individuals in Guam who have contracted AIDS or are infected with the AIDS virus, and are in immediate and urgent need of AZT medication, and who would qualify for receipt of AZT under The Low Income Eligibility Requirements stated in the program guidelines; and
- WHEREAS, authority to promulgate these regulations has been vested in the Department of Health and Social Services by P.L. 7-101, Sec. 46, 47, 48; specifically, sections 9925 and 9925.2(b), of Chapter 10, Title X, Government Code; and
- WHEREAS, a public hearing was held January 5, 1990 at the Central Public Health Facility in Mangilao and notice of this hearing was properly given on December 23, 1989; and
- WHEREAS, the Director of Public Health and Social Services has adopted such guidelines/regulations relative to the AIDS Drug Assistance Program; and
- WHEREAS, the Attorney General's Office has approved said program guidelines on January 29, 1990; and
- WHEREAS, the Low Income Eligibility Requirements are subject to the Administrative Adjudication Law, also known as P.L. 13-40 that requires the filing of rules with the Legislative Secretary; and
- WHEREAS, Public Health and Social Services cannot distribute the AZT medication it has received under P.L. 100 - 471 until the rules take effect.



EXECUTIVE ORDER NO. 90-04
PAGE TWO

NOW, THEREFORE, I, FRANK F. BLAS, Acting Governor of the Territory of Guam, by virtue of the authority vested in me by the Organic Act of Guam, as amended, do hereby order that:

The AIDS Drug Assistance Program Guidelines duly adopted by the Director of Public Health and Social Services, and approved by the Attorney General's Office, a copy of which are attached and unincorporated herein by reference shall take effect as interim regulations until the Legislature acts on the rules filed with the Legislative Secretary.

SIGNED AND PROMULGATED at Agana, Guam, this 21st day of FEBRUARY, in the Year of Our Lord, Nineteen Hundred and Ninety.


FRANK F. BLAS
Governor of Guam,
Acting

COUNTERSIGNED:


JOE T. SAN AGUSTIN
Lieutenant Governor of Guam,
Acting



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

GOVERNMENT OF GUAM
P. O. BOX 2816
AGANA, GUAM 96910



TERRITORY OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES AIDS DRUG ASSISTANCE PROGRAM

CHAPTER 1

INTRODUCTION

The AIDS Drug Assistance Program, was recently enacted by Congress and signed by the Reagan Administration as Public Law 100-471, on October 4, 1988. The purpose of this program is to cover the cost of Azidothymidine (AZT)/Retrovir and any specific drug which has been determined by the U.S. Food and Drug Administration (FDA) to prolong the life of persons with Acquired Immune Deficiency Syndrome (AIDS). Other specific drugs approved by the FDA under this program are Alpha Interferon and Aerosolized Pentamidine.

The Territory of Guam received a grant award of \$15,000 for the program. This Drug Assistance Program provides coverage for FDA approved experimental AIDS drug(s) excluded in existing medical coverage.

The conditions of the federal grant provide that the Territory of Guam must do the following:

- (1) Define "low income" for the purposes of this program, which may include establishing provisions for co-payment by patients.
- (2) Pay for the costs of AZT/Retrovir or other eligible drugs provided to low-income individuals with AIDS not covered under the State Medicaid Program or another third-party payor, or to individuals covered by the Medicaid Program if the Medicaid Program does not provide this drug coverage.
- (3) Give priority to qualified individuals who meet the low-income definition and who received AZT under the FDA treatment investigational new drug program.
- (4) Maintain the confidentiality of patients who apply for low-income eligibility under this program.
- (5) Provide a status report of funds expended, and a projection of needs.

- (6) Ensure that funds are only used for the payment of AZT and other eligible drugs. Funds may not be used to cover administrative costs associated with this program, but may be used to cover the costs of reasonable dispensing fees.

CHAPTER 2

PURPOSE

The Department of Public Health and Social Services, through the Division of Public Health, shall administer federal funds awarded to the Territory of Guam to assist eligible persons in need of AZT (Retrovir) or other life prolonging AIDS treatment drugs that may become available and are approved by the U.S. Public Health Services (federal grantor agency) for use under the program. In accordance with federal regulations, no person shall on the basis of age, sex, race, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under a program or activity receiving federal financial assistance.

CHAPTER 3

DEFINITIONS

- A. "AIDS" - Acquired Immune Deficiency Syndrome, please see "Appendix A" for definition.
- B. Aerosolized Pentamidine - FDA approved treatment investigational new drug for prophylaxis against pneumocystis carinii pneumonia.
- C. Alpha Interferon - FDA approved treatment of Kaposi Sarcoma Cancer.
- D. AZT - FDA approved treatment against pneumocystis carinii pneumonia.
- E. Division - The Department's Division of Public Health which represents the division in the development and implementation of AIDS Drug Assistance Program.
- F. "Family" - A family is a group of two or more persons related by birth, marriage, or adoption who reside together. All such related persons are considered as members of one family.

Continuation of AIDS Drug Assistance
Program Guidelines
Page 3

- G. "Family Unit Size of One" - In conjunction with the poverty income guidelines, a family unit of size one is an unrelated individual (as defined by the U.S. Census Bureau) - that is a person 15 years old or over (other than an inmate of an institution) who is not living with any relatives. An unrelated individual may be the sole occupant of a housing unit, or may be residing in a housing unit (or in group quarters such as a rooming house) in which one or more persons also reside who are not related to the individual in question by birth, marriage, or adoption, examples of unrelated individuals residing with others include a lodger, a foster child, a ward, or an employee.)
- H. "HIV" - Human Immunodeficiency Virus is the virus that causes the disease AIDS.
- I. "Income" - means gross income before deductions for income taxes, employee's social security taxes, insurance premiums, medical benefits, etc. (TOTAL INCOME BEFORE DEDUCTIONS).

Income includes:

- 1. Cash from salary, wages, fees;
 - 2. Net income from farm and non-farm self-employment;
 - 3. Social Security;
 - 4. Public assistance or welfare payments;
 - 5. Dividends or interest on savings or bonds, estates, trusts, or net rental income;
 - 6. Public assistance or welfare payments;
 - 7. Unemployment compensation;
 - 8. Government civilian employee or military retirement payments of veteran's payments;
 - 9. Private pensions or annuities;
 - 10. Alimony or child support payments;
 - 11. Regular contributions from persons not living in the household;
 - 12. Net royalties;
 - 13. Other cash income or allowances from any resources which are readily available to the family.
- J. Low Income - Annual earnings less than or equal to 235% of Federal poverty income level according to family size. (Please see Chapter 7.)
 - K. Medicaid Program - Program that provides medical care for persons receiving welfare. This is a federal/local program.

CHAPTER 4

SERVICES

The Division of Public Health shall provide the AZT drug through the Division's pharmacy. The Pharmacy shall make available the drug supply (a maximum of one year supply per patient) subject to availability of federal funding, to the attending physician of eligible patients who will be responsible for administering the prescription to the patient. The cost of the drug shall be covered 100 percent with no co-payment fees to be charged to the patient.

CHAPTER 5

ELIGIBILITY

A. Medical Eligibility

To be medically eligible for this assistance, the Division of Public Health must receive a certificate (Form DPH-003) from the applicant's attending physician that the applicant is a patient with symptomatic infection (AIDS or advanced AIDS Related Complex [ARC]); who

- (1) Has a history of cytologically-confirmed *Pneumocystis carinii* pneumonia (PCP); or
- (2) An absolute T4 (helper/inducer) lymphocyte count of less than 200 cubic millimeters in the peripheral blood prior to therapy.

B. Financial Eligibility

To be financially eligible, the person must:

- (1) Meet the definition of low-income according to family size; and
- (2) Must not have full third-party coverage; and
- (3) Must not be eligible for Medicaid coverage under Title XIX of the Social Security Act. If the person is covered by Medicaid but the Medicaid Program does not provide this drug coverage, the person applying has met the requirement of B (3).

C. Residency Requirements

To be eligible, the person must be a U.S. citizen or lawfully admitted alien residing in Guam.

CHAPTER 6

APPLICATION AND CERTIFICATION

A. Application and Certification

The application for the AIDS Drug Assistance Program consists of financial assessment forms (to be completed by the patient) and a medical form (to be completed by the patient's physician). The financial assessment includes a declaration of financial status, residency, and family size in form #DPH-001 (9-89); and employment verification in form #DPH-002 (9-89). The medical certification form #DPH-003 (9-89) is to serve as a medical certificate that includes the patient's identification number, documented HIV or AIDS infection, and treatment needed. With the review and approval by the Division, the Pharmacy will forward the AZT drug supply to the physician who will be responsible for administering the prescription to the patient.

B. Limitations

Individuals found to be eligible for this assistance will be assured that the Division will provide for up to a maximum of one year drug supply of AZT treatment subject to availability of federal funds and AZT. Subject to the availability of federal funds, other eligible AIDS drugs, which includes Alpha Interferon and aerosolized Pentamidine, can be prescribed (only if one-third of the total program money has already been used to pay for AZT).

C. Order of Acceptance

Qualified applicants will receive assistance in the order applications are received by the Division. If applications are received from more applicants than can be funded, the remainder will be placed on a waiting list in the order received pending availability of funds under this program.

CHAPTER 7

LOW INCOME ELIGIBILITY

The low-income eligibility for the Drug Assistance Program shall be according to the most current Federal Poverty Income Guideline and 235 Percent of the Federal Poverty Level. The sample Table below prescribes the low-income requirements according to family size for 1989.

<u>SIZE OF FAMILY UNIT</u>	<u>LOW-INCOME LEVEL</u>
1	\$ 14,053
2	18,847
3	23,641
4	28,435

For families of more than four, \$2,040 should be added for each additional member X 235 percent of Federal Poverty Level. The low-income eligibility level will be adjusted in correspondence to any adjustments that are made to the Federal Poverty Level/Index.

CHAPTER 8

SEVERABILITY

If any part or section of these regulations is declared to be invalid by a court of law or administrative tribunal for any reason, the rest of these regulations shall not be affected thereby and shall remain valid and enforceable.


KAREN A. CRUZ
Chief Public Health Officer

APPROVAL:


LETICIA V. ESPALDON, M.D.
Director of Public Health and
Social Services

Date: JAN 23 1990

A P P E N D I C E S

A P P E N D I C E S

- A. "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," MMWR Supplement, August 14, 1987, Vol. 36, No. 1S, (22 pages)
- B. DPH Form DPH-001, Guam AIDS/HIV Drug Assistance Program, Part A: Financial Need Statement (3 pages)
- C. DPH Form DPH-002, Employment Verification (1 page)
- D. DPH Form DPH-003, Guam AIDS/HIV Drug Assistance Program, Part.B: Patient Medical Information (1 page back-to-back)

CENTERS FOR DISEASE CONTROL

August 14, 1987 / Vol. 36 / No. 15

M M W R

Supplement

MORBIDITY AND MORTALITY WEEKLY REPORT

**Revision
of the
CDC Surveillance
Case Definition
for
Acquired Immunodeficiency
Syndrome**

**AIDS Program
Center for Infectious Diseases
Centers for Disease Control
Atlanta, Georgia 30333**

Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome

*Reported by
Council of State and Territorial Epidemiologists;
AIDS Program, Center for Infectious Diseases, CDC*

INTRODUCTION

The following revised case definition for surveillance of acquired immunodeficiency syndrome (AIDS) was developed by CDC in collaboration with public health and clinical specialists. The Council of State and Territorial Epidemiologists (CSTE) has officially recommended adoption of the revised definition for national reporting of AIDS. The objectives of the revision are a) to track more effectively the severe disabling morbidity associated with infection with human immunodeficiency virus (HIV) (including HIV-1 and HIV-2); b) to simplify reporting of AIDS cases; c) to increase the sensitivity and specificity of the definition through greater diagnostic application of laboratory evidence for HIV infection; and d) to be consistent with current diagnostic practice, which in some cases includes presumptive, i.e., without confirmatory laboratory evidence, diagnosis of AIDS-indicative diseases (e.g., *Pneumocystis carinii* pneumonia, Kaposi's sarcoma).

The definition is organized into three sections that depend on the status of laboratory evidence of HIV infection (e.g., HIV antibody) (Figure 1). The major proposed changes apply to patients with laboratory evidence for HIV infection: a) inclusion of HIV encephalopathy, HIV wasting syndrome, and a broader range of specific AIDS-indicative diseases (Section II.A); b) inclusion of AIDS patients whose indicator diseases are diagnosed presumptively (Section II.B); and c) elimination of exclusions due to other causes of immunodeficiency (Section I.A).

Application of the definition for children differs from that for adults in two ways. First, multiple or recurrent serious bacterial infections and lymphoid interstitial pneumonia/pulmonary lymphoid hyperplasia are accepted as indicative of AIDS among children but not among adults. Second, for children < 15 months of age whose mothers are thought to have had HIV infection during the child's perinatal period, the laboratory criteria for HIV infection are more stringent, since the presence of HIV antibody in the child is, by itself, insufficient evidence for HIV infection because of the persistence of passively acquired maternal antibodies < 15 months after birth.

The new definition is effective immediately. State and local health departments are requested to apply the new definition henceforth to patients reported to them. The initiation of the actual reporting of cases that meet the new definition is targeted for September 1, 1987, when modified computer software and report forms should be in place to accommodate the changes. CSTE has recommended retrospective application of the revised definition to patients already reported to health departments. The new definition follows:

A. Indicator diseases diagnosed definitively (See Appendix II)

1. bacterial infections, multiple or recurrent (any combination of at least two within a 2-year period), of the following types affecting a child < 13 years of age:
 - septicemia, pneumonia, meningitis, bone or joint infection, or abscess of an internal organ or body cavity (excluding otitis media or superficial skin or mucosal abscesses), caused by *Haemophilus*, *Streptococcus* (including pneumococcus), or other pyogenic bacteria
2. coccidioidomycosis, disseminated (at a site other than or in addition to lungs or cervical or hilar lymph nodes)
3. HIV encephalopathy (also called "HIV dementia," "AIDS dementia," or "subacute encephalitis due to HIV") (See Appendix II for description)
4. histoplasmosis, disseminated (at a site other than or in addition to lungs or cervical or hilar lymph nodes)
5. isosporiasis with diarrhea persisting >1 month
6. Kaposi's sarcoma at any age
7. lymphoma of the brain (primary) at any age
8. other non-Hodgkin's lymphoma of B-cell or unknown immunologic phenotype and the following histologic types:
 - a. small noncleaved lymphoma (either Burkitt or non-Burkitt type) (See Appendix IV for equivalent terms and numeric codes used in the *International Classification of Diseases*, Ninth Revision, Clinical Modification)
 - b. immunoblastic sarcoma (equivalent to any of the following, although not necessarily all in combination: immunoblastic lymphoma, large-cell lymphoma, diffuse histiocytic lymphoma, diffuse undifferentiated lymphoma, or high-grade lymphoma) (See Appendix IV for equivalent terms and numeric codes used in the *International Classification of Diseases*, Ninth Revision, Clinical Modification)

Note: Lymphomas are not included here if they are of T-cell immunologic phenotype or their histologic type is not described or is described as "lymphocytic," "lymphoblastic," "small cleaved," or "plasmacytoid lymphocytic"
9. any mycobacterial disease caused by mycobacteria other than *M. tuberculosis*, disseminated (at a site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
10. disease caused by *M. tuberculosis*, extrapulmonary (involving at least one site outside the lungs, regardless of whether there is concurrent pulmonary involvement)
11. *Salmonella* (nontyphoid) septicemia, recurrent
12. HIV wasting syndrome (emaciation, "slim disease") (See Appendix II for description)

B. Indicator diseases diagnosed presumptively (by a method other than those in Appendix II)

Note: Given the seriousness of diseases indicative of AIDS, it is generally important to diagnose them definitively, especially when therapy that would be used may have serious side effects or when definitive diagnosis is needed

case definition. For reporting purposes, the revision adds to the definition most of those severe non-infectious, non-cancerous HIV-associated conditions that are categorized in the CDC clinical classification systems for HIV infection among adults and children (4,5).

Another limitation of the old definition was that AIDS-indicative diseases are diagnosed presumptively (i.e., without confirmation by methods required by the old definition) in 10%-15% of patients diagnosed with such diseases; thus, an appreciable proportion of AIDS cases were missed for reporting purposes (6,7). This proportion may be increasing, which would compromise the old case definition's usefulness as a tool for monitoring trends. The revised case definition permits the reporting of these clinically diagnosed cases as long as there is laboratory evidence of HIV infection.

The effectiveness of the revision will depend on how extensively HIV-antibody tests are used. Approximately one third of AIDS patients in the United States have been from New York City and San Francisco, where, since 1985, < 7% have been reported with HIV-antibody test results, compared with > 60% in other areas. The impact of the revision on the reported numbers of AIDS cases will also depend on the proportion of AIDS patients in whom indicator diseases are diagnosed presumptively rather than definitively. The use of presumptive diagnostic criteria varies geographically, being more common in certain rural areas and in urban areas with many indigent AIDS patients.

To avoid confusion about what should be reported to health departments, the term "AIDS" should refer only to conditions meeting the surveillance definition. This definition is intended only to provide consistent statistical data for public health purposes. Clinicians will not rely on this definition alone to diagnose serious disease caused by HIV infection in individual patients because there may be additional information that would lead to a more accurate diagnosis. For example, patients who are not reportable under the definition because they have either a negative HIV-antibody test or, in the presence of HIV antibody, an opportunistic disease not listed in the definition as an indicator of AIDS nonetheless may be diagnosed as having serious HIV disease on consideration of other clinical or laboratory characteristics of HIV infection or a history of exposure to HIV.

Conversely, the AIDS surveillance definition may rarely misclassify other patients as having serious HIV disease if they have no HIV-antibody test but have an AIDS-indicative disease with a background incidence unrelated to HIV infection, such as cryptococcal meningitis.

The diagnostic criteria accepted by the AIDS surveillance case definition should not be interpreted as the standard of good medical practice. Presumptive diagnoses are accepted in the definition because not to count them would be to ignore substantial morbidity resulting from HIV infection. Likewise, the definition accepts a reactive screening test for HIV antibody without confirmation by a supplemental test because a repeatedly reactive screening test result, in combination with an indicator disease, is highly indicative of true HIV disease. For national surveillance purposes, the tiny proportion of possibly false-positive screening tests in persons with AIDS-indicative diseases is of little consequence. For the individual patient, however, a correct diagnosis is critically important. The use of supplemental tests is, therefore, strongly endorsed. An increase in the diagnostic use of HIV-antibody tests could improve both the quality of medical care and the function of the new case definition, as well as assist in providing counselling to prevent transmission of HIV.

References

1. World Health Organization. Acquired immunodeficiency syndrome (AIDS): WHO/CDC case definition for AIDS. WHO Wkly Epidemiol Rec 1986;61:69-72.
2. Haverkos HW, Gottlieb MS, Killen JY, Edelman R. Classification of HTLV-III/LAV-related diseases [Letter]. J Infect Dis 1985;152:1095.
3. Redfield RR, Wright DC, Tramont EC. The Walter Reed staging classification of HTLV-III infection. N Engl J Med 1986;314:131-2.
4. CDC. Classification system for human T-lymphotropic virus type III/lymphadenopathy-associated virus infections. MMWR 1986;35:334-9.
5. CDC. Classification system for human immunodeficiency virus (HIV) infection in children under 13 years of age. MMWR 1987;36:225-30,235.
6. Hardy AM, Starcher ET, Morgan WM, et al. Review of death certificates to assess completeness of AIDS case reporting. Pub Hlth Rep 1987;102(4):386-91.
7. Starcher ET, Biel JK, Rivers-Castano R, Day JM, Hopkins SG, Miller JW. The impact of presumptively diagnosed opportunistic infections and cancers on national reporting of AIDS [Abstract]. Washington, DC : III International Conference on AIDS, June 1-5, 1987.

APPENDIX II

Definitive Diagnostic Methods for Diseases Indicative of AIDS

Diseases	Definitive Diagnostic Methods
cryptosporidiosis cytomegalovirus isosporiasis Kaposi's sarcoma lymphoma lymphoid pneumonia or hyperplasia <i>Pneumocystis carinii</i> pneumonia progressive multifocal leukoencephalopathy toxoplasmosis	microscopy (histology or cytology).
candidiasis	gross inspection by endoscopy or autopsy or by microscopy (histology or cytology) on a specimen obtained directly from the tissues affected (in- cluding scrapings from the mucosal surface), not from a culture.
coccidioidomycosis cryptococcosis herpes simplex virus histoplasmosis	microscopy (histology or cytology), culture, or detection of antigen in a specimen obtained directly from the tissues affected or a fluid from those tissues.
tuberculosis other mycobacteriosis salmonellosis other bacterial infection	culture.

APPENDIX III ^{*}

Suggested Guidelines for Presumptive Diagnosis of Diseases Indicative of AIDS

Diseases	Presumptive Diagnostic Criteria
candidiasis of esophagus	<ul style="list-style-type: none"> a. recent onset of retrosternal pain on swallowing; AND b. oral candidiasis diagnosed by the gross appearance of white patches or plaques on an erythematous base or by the microscopic appearance of fungal mycelial filaments in an uncultured specimen scraped from the oral mucosa.
cytomegalovirus retinitis	a characteristic appearance on serial ophthalmoscopic examinations (e.g., discrete patches of retinal whitening with distinct borders, spreading in a centrifugal manner, following blood vessels, progressing over several months, frequently associated with retinal vasculitis, hemorrhage, and necrosis). Resolution of active disease leaves retinal scarring and atrophy with retinal pigment epithelial mottling.
mycobacteriosis	microscopy of a specimen from stool or normally sterile body fluids or tissue from a site other than lungs, skin, or cervical or hilar lymph nodes, showing acid-fast bacilli of a species not identified by culture.
Kaposi's sarcoma	<p>a characteristic gross appearance of an erythematous or violaceous plaque-like lesion on skin or mucous membrane.</p> <p>(Note: Presumptive diagnosis of Kaposi's sarcoma should not be made by clinicians who have seen few cases of it.)</p>
lymphoid interstitial pneumonia	bilateral reticulonodular interstitial pulmonary infiltrates present on chest X ray for ≥ 2 months with no pathogen identified and no response to antibiotic treatment.
<i>Pneumocystis</i> <i>carinii</i> pneumonia	<ul style="list-style-type: none"> a. a history of dyspnea on exertion or nonproductive cough of recent onset (within the past 3 months); AND b. chest X-ray evidence of diffuse bilateral interstitial infiltrates or gallium scan evidence of diffuse bilateral pulmonary disease; AND c. arterial blood gas analysis showing an arterial pO₂ of <70 mm Hg or a low respiratory diffusing capacity (<80% of predicted values) or an increase in the alveolar-arterial oxygen tension gradient; AND d. no evidence of a bacterial pneumonia.

** Intended for physicians*

**toxoplasmosis
of the brain**

- a. recent onset of a focal neurologic abnormality consistent with intracranial disease or a reduced level of consciousness; **AND**
- b. brain imaging evidence of a lesion having a mass effect (on computed tomography or nuclear magnetic resonance) or the radiographic appearance of which is enhanced by injection of contrast medium; **AND**
- c. serum antibody to toxoplasmosis or successful response to therapy for toxoplasmosis.

CRITERIA FOR AIDS IN ADULTS

Method of Diagnosis	Definitive	Presumptive	Definitive
HIV Status (Serology or serum antigen or lymphocyte culture)	Negative or Unknown	Must be positive	Must be Positive
Immunosuppressive disease or treatment	Must be absent	NA	NA
T-cell studies	T-4 Lymphocyte Count <400	NA	NA
Primary lymphoma of the brain	<60 years old.		Any age.
<u>Mycobacterium avium</u> complex or <u>M. kansasi</u> , disseminated (other than lungs, skin, cervical or hilar lymph nodes)	Diagnosed by culture.		
<u>neumocystis carinii</u> pneumonia	Diagnosed by microscopy of appropriately collected specimen (e.g. bronchoscopy)	History of dyspnea on exertion or non-productive cough (within the past 3 months) <u>and</u> positive chest x-ray or gallium scan, <u>and</u> abnormal blood gasses, <u>and</u> no evidence of bacterial pneumonia.	
Progressive multifocal leukoencephalopathy	Diagnosed by microscopy (histology or cytology)		
Cryptosporidiosis of the small intestine	Diagnosed by microscopy		

Criteria for diagnosis	Definitive	Presumptive	Definitive
HIV Status (Serology or serum antigen or lymphocyte culture)	Negative or Unknown	Must be positive	Must be Positive
Immunosuppressive disease or treatment	Must be absent	NA	NA
T-cell studies	T-4 Lymphocyte Count <400	NA	NA
Recurrent Salmonella septicemia (non-typhoidal)			Recurrent positive blood cultures for Salmonella
HIV Wasting Syndrome ("AIDS")			See attached criteria
IV Encephalopathy			See attached criteria
Persistent Generalized Lymphadenopathy (PGL)			See attached criteria

B. There may be a short-term sudden increase in the numbers of AIDS cases, because:

1. Some health departments have backlogs of previously diagnosed cases fitting the new definition;
2. Some newly added AIDS-indicative diseases (e.g., wasting syndrome) may occur earlier in the course of HIV disease than the diseases in the old definition.

C. In the long-term, our ability to monitor trends may be compromised. Some patients with AIDS-indicative diseases under the new definition will be reported before they acquire AIDS-indicative diseases under the old definition, and the latter may not be reported. The reported incidence of cases meeting the old definition may, as a result, become much lower than the true incidence, while the incidence of cases apparently meeting only the new definition might soar. It would be impractical to avoid this situation by having all health departments provide complete follow-up information on all AIDS cases. As an alternative, special studies could be done to follow-up a sample of AIDS cases meeting only the new definition, to determine what proportion of them eventually meet the old definition.

III. How to ascertain method of diagnosis of diseases under the new definition

A. the easy way: receive the case report form already completed with the method of diagnosis checked off;

B. the hard way: complete the case report form yourself, based on information in the medical record or obtained orally from the physician:

1. HIV encephalopathy:

a. cognitive or motor dysfunction interfering with occupation or activities of daily living (i.e., disabling), or loss of behavioral developmental milestones in a child,

b. progressing over ≥ 2 weeks, and (*infective*)

c. absence of other conditions that could explain the findings evaluated by:

- i) cerebrospinal fluid (CSF) examination and
- ii) brain imaging (CT or NMR) or autopsy.

VI. A few cases under the old definition have become non-cases under the new definition

Because of their rarity, we deleted the following as AIDS-indicative diseases:

- A. Strongyloidiasis (extraintestinal)
- B. Toxoplasmosis outside the brain

Because of their nonspecificity and low predictive value for underlying immunodeficiency, we deleted the following as AIDS-indicative diseases in the absence of laboratory evidence for HIV infection:

- C. Primary lymphoma of the brain in a patient ≥ 60 years of age
- D. Disseminated non-tuberculous mycobacterial disease other than M. avium complex and M. kansasii.

VII. Important simplification of the reporting process:

If laboratory evidence for HIV infection (e.g., HIV antibody test) is positive (see Appendix I of revised definition), it is unnecessary to rule out other causes of immunodeficiency (section I.A. of revised definition).

A P P E N D I X B

Return in the enclosed envelope marked "CONFIDENTIAL" to:
Josephine O'Mallan
Department of Public Health and
Social Services
Division of Public Health
P. O. Box 2816
Agana, Guam 96910

GUAM AIDS/HIV DRUG ASSISTANCE PROGRAM

PART A: Financial Need Statement

A. Patient Information:

_____ / /
 Last Name First Name M.I. Date of Birth

_____ / /
 Social Security Number Name of Primary Physician

_____ / / / /
 Street Address City State Zip Code Phone Number

Are you a resident of Guam? Yes / / No / /

B. Medical Assistance Information

Have you applied for Medical Assistance (i.e. Medically Indigent Program, Medicaid, Medicare, Catastrophic Illness Program) Yes / / No / /

If YES, date of application: _____ Have you been denied? Yes / / No / /

If YES, indicate reason for denial and include copy of denial: _____

I certify that the applicant has applied for Medical Assistance and is awaiting notification of approval/denial. (Do not complete if patient has been denied.)

_____ / / / /
 Signature of Case Worker Date

_____ / / / /
 Affiliation Phone Number

I agree to notify the Guam AIDS/HIV Drug Assistance Program as soon as I receive approval/denial of my application for Medical Assistance.

_____ / / / /
 Signature of Patient (or patient's representative if patient is a minor) Date

C. Insurance Information

WITHIN THE LAST TWO YEARS have you had or do you currently have private, group or other health insurance coverage or any type of coverage for medical expenses or do you have coverage under the insurance policy or coverage of you parents, spouse, or others? DO NOT include Medicare or Medical Assistance coverage.

YES / / NO / /

If you answered "YES" to the above question, complete the following section indicating ALL requested information. If you have had more than one insurance company, add a page indicating ALL requested information.

Name of insurance company or agency through which you have coverage for medical expenses: _____

Telephone number of insurance company or agency (or number of your insurance agency or insurance representative at your workplace): (____)_____

Effective Date: _____ and Termination Date: _____ of Coverage

Name of Policy Holder: _____

Relationship of Policy Holder: _____

If the Policy holder is not the patient, please complete the following:

_____/_____/_____(____)_____
Name of Policyholder (Last, First, MI) Social Security No. Phone Number

_____/_____/_____/_____
Address City State Zip Code

Check (X) types of services covered by insurance, if they are through Major Medical and indicate amount of deductible.

/ / Take Home Medications / / Major Med. \$ _____ Deductible

Policy Number _____ Group Number _____

D. Income Information

Indicate the gross total family income. This means total income BEFORE deductions such as income tax and Social Security, etc. Include the wages of ALL working family members and such benefits as Social Security payments, pensions, Unemployment Insurance and other types of income. Fill in gross wages or salary for whichever time period is most appropriate.

	Gross Salary/ Wage	Net Salary/ Wage	Unemployment Insurance alimony, pensions, Social Security, etc.
Weekly	\$ _____	\$ _____	\$ _____
Monthly	\$ _____	\$ _____	\$ _____
Yearly	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____

Employer's Name and Address: _____

Attach copies of most recent month's paystubs or copies of benefit checks, etc., and a copy of most recent Federal income tax return (Form 1040).

Family Size (no. of dependents disclosed on income tax return of the patient, spouse or parent(s) whose income was used to complete this application).

E. Physician and Pharmacy Information

_____	_____	_____
Name of Physician	Clinic	Phone Number
_____	_____	
Name of Pharmacy	Name of Pharmacist	
_____	() _____	_____
Address		Phone Number

F. Agreement and Signature

I certify, to the best of my knowledge, all information provided on this form is true, correct, and complete. I understand that I will be denied assistance if I withhold information, provide inaccurate information, or refuse to provide all of the necessary information. I agree to notify the Division of Health within 30 days of any change in name, address, eligibility, financial status or family size, and to provide a copy of my income tax forms and insurance policy if requested to do so by the Guam AIDS/HIV Drug Assistance Program. I have read and consent in full to the above and agree to comply with the conditions stated above.

Signature of Patient (or patient's representative if patient is a minor) _____ Date _____

Completion of this form is voluntary. If you choose not to complete this form, you will not be eligible for benefits of the Guam AIDS/HIV DRUG ASSISTANCE PROGRAM. Please enclose this form in the envelope provided to ensure confidentiality is maintained.

Return in the enclosed envelope marked "CONFIDENTIAL" to:
Josephine O'Mallan
Department of Public Health and
Social Services
Division of Public Health
P. O. Box 2816
Agana, Guam 96910

GUAM AIDS/HIV DRUG ASSISTANCE PROGRAM

PART B: Patient Medical Information
(To Be Completed By Physician)

The information to be completed on this form is necessary to determine your patient's eligibility for assistance for therapeutic drugs prescribed by you for AIDS and related conditions. All information on this form will be kept confidential by the Guam AIDS/HIV DRUG ASSISTANCE PROGRAM.

A. Patient Information:

_____	_____	_____	____/____/____
Last Name	First Name	M.I.	Date of Birth
_____	_____	_____	_____
Social Security Number	Drugs To Be Prescribed (check all that apply)	_____ AZT	_____ Alpha Interferon
		_____ Aerosolized Pentamidine	

B. Laboratory Values Available:

Test	Result	Test	Result
Hemoglobin _____	gm/dl	Serum globulins IgA _____	mg/dl
Total White Blood Count _____	/mm ³	IgM _____	mg/dl
Percent Lymphocytes _____	%	IgG _____	mg/dl
T4 Count _____	/mm ³	Intradermal tests: Anergic / / Normal / /	
Platelet Count _____	/mm ³		

Complete sections C or D, depending on Patient's Diagnosis

C. For patients with AIDS, which AIDS-related cancer or opportunistic disease have been diagnosed?

- | | |
|---|--|
| / / Candidiasis: bronchi, trachea, lungs, | / / Kaposi's sarcoma |
| / / Candida esophagitis | / / Lymphoma (specify): |
| / / Coccidiomycosis | / / Mycobacterium avium-intracellulare |
| / / Cryptococcosis | / / Mycobacterium tuberculosis |
| / / Cryptosporidiosis | / / Mycobacterium of other species |
| / / Cytomegalovirus (CMV) disease | / / Pneumocystis carinii pneumonia |
| / / CMV retinitis | / / Progressive multifocal leukoencephalopathy |
| / / Herpes simplex virus infection | / / Salmonella septicemia |
| / / Histoplasmosis | / / Toxoplasmosis |
| / / HIV encephalopathy | / / Wasting Syndrome due to HIV |
| / / isosporiasis: | |

When was patient's condition diagnosed? Date: ____/____/____

Complete Reverse Side Also

A P P E N D I X D