



## Fact sheet

# Integrated Case Management Program

The Department of Health *Guidelines for Managing HIV Transmission Risk Behaviours in Western Australia* (2020) (the Guidelines) provides a consistent approach to HIV integrated case management in Western Australia (WA).

The Guidelines are supported by the *WA Public Health Act 2016* which form the legal basis for the integrated case management approach to managing HIV transmission risks among people with HIV who have been identified as placing others at risk of HIV transmission. The main aim of integrated case management is to enable people with HIV to achieve a sustained undetectable viral load to prevent HIV transmission. This can be achieved via adherence to treatment and regular viral load testing.

Under this approach, the Integrated Case Management Program, uses measures to address all aspects of a person's life to reduce the transmission of HIV. The measures include counselling, education, medical treatment, providing social support and linkages with relevant organisations and if required, Test Orders or Public Health Orders, which may include detention and/or isolation conditions.

A detectable viral load does not warrant management under the Guidelines. However, where there is concern that a person with HIV may not be able to maintain sustained viral suppression without close support and case management, and is engaging in transmission risk behaviours, management under these Guidelines may be appropriate.

## Guiding principles of the Integrated Case Management Program

- A HIV-positive status is not itself a marker of risk behaviour
- There is a mutual obligation for both a person with HIV and a person who is at risk of contracting HIV to take all [reasonable precautions](#) to avoid disease transmission

People with HIV who are placing others at risk of HIV transmission often have complex psychosocial issues, are using drug and alcohol, or have other illnesses that may affect their ability to manage transmission risk behaviours. These factors should be identified, and a multidisciplinary management approach should be adopted to provide adequate support to these people whilst being managed under these Guidelines.

## **Level one: Counselling, education and support**

Where a person has been identified as putting others at risk of HIV infection, the first step is to implement Level One management by providing counselling, education, and support.

A whole-of-person approach should be used during interventions under Level One. The person's medical and social history is taken to identify any potential services and assistance that the person could benefit from with the aim of supporting the person to adhere to HIV treatment and care. Interventions should be adopted in agreement with the person and individualised to address their needs.

## **Level two: Counselling, education and support, and case review by the Case Management Advisory Panel**

In addition to the on-going counselling, education, and support, Level Two includes a case review by the Integrated Case Management Panel (the Panel), who then provide advice to the Chief Health Officer.

The Panel may consider advising that Chief Health Officer to issue a formal letter of warning to the person, advising them of the following:

- i. a person's responsibilities under the Public Health Act and that the person's behaviour has come to the attention of and is being monitored by public health authorities;
- ii. any expected changes in behaviour;
- iii. the role of the Integrated Case Management Program and the Panel;
- iv. the availability of counselling, education, testing, treatment, and support services;
- v. that a letter of warning notifies people that actions may be taken if they do not change their behaviours.

The decision to issue a letter of warning needs to be supported by evidence that a person has not responded to repeated efforts by the teams involved (for example, the ICMP team or the Public Health Unit) to reduce their risk of transmitting HIV and that the next step may include a Test Order or Public Health Order under the Public Health Act.

## **Level three: Management under a public health order or test order**

Where all other measures under levels One and Two have failed, management of a person under Level Three may be required.

If a Public Health Order is decided as necessary, it may include:

- i. the person undergo counselling;
- ii. the person undergo specified medical examination, testing, or treatment;
- iii. the movements of the person be restricted (e.g. the person may be required to stay at a particular address or in a particular town or region); and/or
- iv. the person must be supervised

## Level four: Detention and/or isolation

In very rare cases that the Panel and Chief Health Officer believes a person is behaving in a way that is placing others at risk of HIV transmission, despite all other interventions being implemented, the Chief Health Officer may make a Public Health Order to confine a person in the interests of public health.

Making a Public Health Order that includes conditions for detention or isolation for the purposes of managing HIV public health risks is an option of last resort.

## Referral to the Program

A community member can contact the Integrated Case Management Program if they want to make an allegation of HIV transmission. Additionally, a community sector service provider, doctor, nurse or allied health professional can refer a client to the Program for support, education and counselling, or more intensive case management.

A [referral form](#) must be completed and emailed to the Program.

## Discharge from the Program

A person managed at Level Two or higher, can be discharged from the Program with approval from the Chief Health Officer on advice from the Case Management Advisory Panel.

Evidence to support a person being discharged include:

- able to sustain antiretroviral HIV treatment adherence and have a non-detectable viral load for 6–12 months
- no further material public health risk or allegations
- engagement with a treatment provider and attend appointments
- psychosocial issues have been discussed and/or addressed.

## Confidentiality

All health professionals, including doctors, nurses and social workers, must keep a client's health and medical information, including HIV status, confidential. This is a requirement of the *Health Service Act 2016*. Confidentiality of a client must be protected, especially in small or rural communities if a person is being supported to remain living in a community.

## Appeals

If a person has been subject to a Test Order or Public Health Order while being managed by the Integrated Case Management Program, they have the right to apply to the State Administration Tribunal for a review of the decision to make the order.

The person has the right to obtain legal advice and communicate with a lawyer. If a person cannot arrange this for themselves, the case management officers will assist the person by providing information to obtain advocacy and legal representation during a review by the State Administration Tribunal.

## Further information

For a full copy of the guidelines: [www.health.wa.gov.au](http://www.health.wa.gov.au)

For a copy of the *WA Public Health Act 2016*: [www.legislation.wa.gov.au](http://www.legislation.wa.gov.au)

For a copy of the National Guidelines: [www.health.gov.au](http://www.health.gov.au)

## Counselling, support and information services for people with HIV

### WA AIDS Council (WAAC)

664 Murry Street, West Perth

Ph: 9482 0000

<https://waaid.com>

### Sexual Health Helpline

Metro callers: 9227 6178

Country callers: 1800 198 205

### Positive Organisation Western Australia (POWA)

[www.positivewa.org](http://www.positivewa.org)

### WA Department of Health

#### Communicable Disease Control Directorate

189 Royal Street

East Perth WA 6005

Ph: 9222 9222

[www.health.wa.gov.au](http://www.health.wa.gov.au)

**This document can be made available in alternative formats on request for a person with disability.**

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