



## **Is Partner Notification an Intrude Patients' Privacy? An Analysis of HIV/AIDS Contact Tracing and Public Health Workers' Duty of Confidentiality**

Shin-Rou Lin

Department of Health Care Management, Chang Gung University

### **Abstract**

Partner services offer substantial benefits to three main groups: persons infected with a HIV/STD, their partners and the community. But how should public health workers conduct contact tracing without intruding privacy or breaching the duty of confidentiality? What if a patient who says s/he will notify a partner and does not follow through? To articulate how to balance the need to inform partners while preserve confidentiality of patients' information, this paper analyzed the duty of confidentiality public health workers owed to patients and the limits of this duty. This article argues that HIV-related information obtained by public health workers through reporting and interviewing with patients is confidential. Public health workers are prohibited from disclosing the information to third parties without patients' consent. But the duty of confidentiality is not absolute; public health workers may disclose confidential information according to the minimal disclosure principle if is a legitimate justification. Public health workers may disclose HIV-related confidential when they reasonably believe a significant risk of infection exists to the contact, the patient has been counseled to notify his/her contacts and public health workers reasonably believe the patient will not inform the contacts, and the patients has been informed of public health workers' intent to disclose. However, since the purpose of contact tracing is to reach people who have been exposed to disease, and then providing an appropriate intervention, the identity of the patient shall not be disclosed to the contact.

**Keywords:** HIV, AIDS, Partner Notification, Contact Tracing, Confidentiality

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## Outbreak Investigation Express

### Influenza Outbreak in a Psychiatric Institution in Hualien, 2014

Ya-Wen Teng, Angela Song-En Huang, Jen-Hsin Wang, Yuan-Lih Yeh, Mei-Chu Lee

Eastern Regional Center, Centers for Disease Control,  
Ministry of Health and Welfare, Taiwan

#### Abstract

A psychiatric institution in Hualien reported 8 upper respiratory tract infection outbreaks during April 17 to August 28, 2014. There were 323 residents and 8 healthcare workers in 8 different wards with symptoms of cough, fever, stuffy nose and rhinorrhea. Average attack rate was 20.1% (331/1644). Of the 33 pharyngeal swabs tested, 15 were positive for influenza A/swH1 and 18 were negative for influenza. Six patients were reported to have severe complicated influenza, among whom, four required care in the intensive unit, and two patients died. The patients at this institution have decreased immunity against diseases, poor self-care capabilities, and live in crowded conditions. The healthcare workers on wards were unfamiliar with respiratory symptom surveillance and reporting and did not report and implement disease control measures timely. Therefore, the outbreak in April spread quickly from one ward to multiple wards in the institution. Public health officials should continue to oversee the implementation of disease surveillance and reporting, implement outbreak control measures timely to prevent the spread of diseases.

**Keywords:** upper respiratory tract infection, influenza outbreak, disease surveillance and reporting

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