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Colorado's HIV Partner Notification Program

Ron Bayer and Kathleen Toomey's August Health Law and Ethics article on partner notification is terrific.¹ It provides a long overdue, thoughtful, and balanced discussion of an honored preventive pub-

lic health measure that the nation has been sadly tardy in applying to the human immunodeficiency virus (HIV) epidemic. Any doubt about the lag in applying partner notification and other constructive public health measures to the epidemic has been bluntly addressed by Dr. Steve Joseph in his recently published *Dragon Within Our Gates*,² a highly recommended account of his controversial but far-sighted leadership, as New York City health commissioner, to institute partner notification and other measures.

Bayer and Toomey write about the serious misunderstanding that partner notification is or should be mandatory and coercive. They courageously target such figures as Sen. Jesse Helms and Rep. William Dannenmeyer who, with their colleagues, would undermine the pragmatic lessons of 4 decades in sexually transmitted disease control. Bayer and Toomey also emphasize another extremely important point: the essential role of public health departments in the full partner notification process, including assistance to reluctant and untrained physicians in the task of notification. "Such an approach has the advantage of utilizing the skills of those who have been trained in partner notification and who are aware of how crucial confidentiality is in the process of informing contacts."^{1(p1163)}

Colorado's early and ongoing successful utilization of partner notification as one component of a broad-based HIV prevention program has depended on the confidence gained from 3 decades of successful partner notification in sexually transmitted disease control. The confidentiality of HIV test results was further buttressed in 1987 by the state legislature. As noted by Bayer and Toomey and many others, partner notification is labor intensive and costly, but the intravenous-drug and unsafe-sex partners of HIV-infected persons are at the very highest risk of further HIV transmission. Rarely do disease control officials have such high-payoff opportunities to work with specifically identified and accessible persons in slowing an epidemic's spread.

From 1986 through June 1992 in Colorado, 4773 partners of 2837 index persons were identified, and 4185 notified.³ Among the 2550 persons tested, 272 have been HIV positive, all learning of the fact for the first time. All partners identified and located—whether agreeing to testing or whether found to be negative—were counseled by skilled personnel.

Colorado's partner notification program has operated exactly as prescribed

for good public policy by Bayer and Toomey: as one component of a broad HIV prevention program; fundamentally voluntary; and optimally protective of confidentiality and individual privacy. Your publication of their article advances the nation's ability to use partner notification more widely and effectively as a prevention tool to stem the tide of this epidemic. □

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Non-Hodgkin's Lymphoma and Occupational Exposure to Hair Dyes among People with AIDS

We were intrigued by the finding by Zahm et al.¹ that women who used hair coloring products are at increased risk for non-Hodgkin's lymphoma. Because the risk for non-Hodgkin's lymphoma among people with acquired immunodeficiency syndrome (AIDS) is 50 to 100 times higher than the general population,² because previous studies have shown increased risks of non-Hodgkin's lymphoma for persons occupationally exposed to hair dyes,^{3,4} and because beauticians and cosmetologists are greatly overrepresented among people with AIDS,⁵ we wondered if beauticians and cosmetologists with AIDS have increased risk for non-Hodgkin's lymphoma compared with other persons with AIDS. If documented, such a risk might be reduced by changes in safety practices. We conducted a case-control study to test this hypothesis.