Health Dept., Schools Agree to Unite Their AIDS Education Efforts

by Jay Newquist

The San Francisco Health Department and Unified School District have buried the hatchet after a year-long squabble that jeopardized receipt of a $700,000 grant for AIDS education in the public schools.

Both sides had co-jurisdiction over the AIDS Education for Youth program that is funded by the Center for Disease Control (CDC) in Atlanta, but health officials felt the program should be AIDS intensive while school officials felt AIDS education should be part of the general curriculum.

A memorandum of understanding was recently signed that is designed to have both encampments march to the same drummer and resolve the confusion that has stymied implementation of emergency AIDS instruction.

Chris Nunez, chair of the advisory committee to AIDS Education for Youth, said no one knew who was in the driver's seat since the program had co-chairmen from the health department and school district. She felt the advisory committee had been ignored, especially by school officials.

"There was a clear difference in philosophical approach. The committee thought the AIDS program was for a medical emergency, telling children how AIDS is caught and how to avoid getting it," she said.

"We found out, however, that AIDS education was part of a pretty comprehensive health education program for substance abuse, sex education and health in general."

Nunez said these ancillary topics were important, but that AIDS education was crucial at this time and deserved its own special niche in public schools. She added that confusion was par for the course when two bureaucracies were working together, but the advisory committee urged a truce or else it would not support renewal of the AIDS education grant from the CDC.

The memorandum of understanding details program goals, management procedures and fiscal policies. It hopes to avoid snafus like the purchase of materials in English only without the knowledge of the advisory committee.

Nunez said these materials were also insensitive to a diverse school population and were aimed at a "white middle-class student." Nunez felt the health department co-chair was frozen out of the picture by the school district and the advisory committee had had enough.

Joan Haskin, health program administrator for S.F. Unified School District, said there were obvious territorial problems that threatened to kill the AIDS education program.

"If we don't stop carping, we'll never move ahead," Haskin said. "There has been a lack of clarity."

The AIDS education program got off to a slow start because staff were hired by lengthy civil service procedures. The CDC imposed the matrix of two co-directors, clouding the goals of AIDS education and blurring its focus.

The first two $300,000 grants were for teacher training of AIDS content in classrooms and regular training in San Francisco for other school districts. These goals were accomplished. The AIDS Education for Youth has a staff of seven.

Nunez said the advisory committee was especially worried over a lack of responsiveness thus far to two groups: students whose command of English is limited and students with special needs. ●

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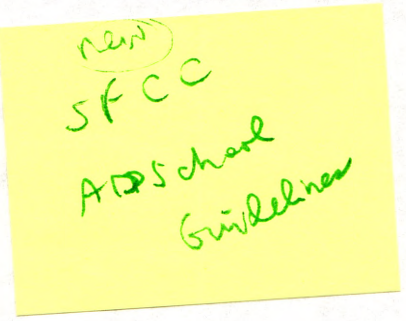

TO: Dr. Mish Grossman
Flo Stroud
George Rutherford
Gerry Oliva

FROM: Dr. David Werdegar DW2

RE: Policy on AIDS in the Schools.

As you know, at Mayor Feinstein's suggestion I asked Dr. James Curran of the federal Centers for Disease Control to review our AIDS Perinatal Guidelines. Attached is the results of this request.

I would appreciate your review and incorporation of the suggestions made, as appropriate. Perhaps these could be incorporated as an addendum to the guidelines.

DW/kri

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
Atlanta GA 30333

404 329-3162
FTS 236-3162

July 15, 1986

David Werdegar, M.D., M.P.H.
Director of Health
Department of Public Health
City and County of San Francisco
101 Grove Street
San Francisco, California 94102

Dear Dave:

Enclosed are Dr. Roger's comments on the excellent San Francisco Health Department policy statement. Please contact her directly if you have any questions or if we can be of further assistance.

I enjoyed our discussions in West Virginia and hope to see you during a trip to San Francisco in October.

Best personal wishes.

Sincerely yours,

James W. Curran, M.D., M.P.H.
Director
AIDS Program
Center for Infectious Diseases

Enclosure

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

Date July 14, 1986

From Martha F. Rogers, M.D.
AIDS Program, CID

Subject San Francisco Health Department Policy Statement

To Director, AIDS Program
CID

The general concepts in the San Francisco policy document are certainly in agreement with findings and publications from CDC. I have a few comments for consideration.

Background--At final publication, updated surveillance figures for pediatric AIDS cases may be obtained by calling Ms. Kathy Rauch (404) 329-1346, Surveillance Branch, AIDS Program, CDC, if desired.

The document cites five studies of family members of AIDS patients. There are 5 published studies and 3 more that have been presented at scientific meetings that could be cited as well. The references are enclosed. In addition, there are 2 cases, one from a child to his mother in the U.S. and one from an AIDS patient to a friend providing home nursing care in the United Kingdom, in which transmission seems to have occurred through close contact with blood and body fluids. Both these cases involved unusual circumstances and both were in a nursing care setting involving bedridden patients and, therefore, probably do not apply to the school situation. These cases were recently published in the MMWR (February 7, 1986, vol. 35, p. 76).

Confidentiality and education--Much of the success in handling this volatile situation hinges on two issues: 1) student-teacher-parent education prior to and with the attendance of an infected student and 2) careful attention to confidentiality issues. This document is a general one serving as guidance to the school districts and should stress the need to provide education to these various groups through in-service training for teachers and other school personnel, school curriculum, and PTA meetings and other parent organizations. Although the document addresses both these issues, the health department may want to place greater emphasis on these 2 issues and provide more detail on who in the school system needs to know about the child's condition. Recommendation #4 states that the superintendent will be told, but the document does not give him/her any guidance as to who he/she needs to inform in order to assure the safety of the infected child. Some superintendents may feel the need to inform the entire school staff which may not be necessary and provides a greater opportunity for breach of confidentiality.

Recommendation 3a--I suggest that the document stress that the behavior of the child is the most important determinant for daycare or school attendance and not necessarily the age. I would certainly agree with you that all children under 3 normally exhibit behaviors that would be expected to theoretically promote disease transmission such as drooling and incontinence, and therefore should be placed in a different setting for care. Between age 3 and 6, the behavior varies depending on the speed of social and mental development and health status of the child. It might be helpful to the schools if more detail were given as to what type of behavior might promote disease transmission. Further background information regarding virus isolation from various body fluids and their relative importance in transmission of the virus might also be helpful.

Recommendation 3b--I suggest that the health department advise the schools that all infected children need to be re-evaluated on a periodic basis, as neurologic and physical status may change over time. HIV encephalopathy is a chronic, brain-damaging disease and has been reported in as high as 30% of cases in some series. A child who may initially be neurologically intact may develop personality changes such as aggressive behavior that might theoretically promote disease transmission.

Recommendation 5--I suggest that the document stress the need to apply this recommendation to all children, not just those that are known to be HIV infected.

Screening Issue--The issue of whether children entering school or daycare should be screened for HIV will probably come up. The health department may want to address this issue in this document.

Hopefully, these comments have been of some help. If I can be of further assistance please do not hesitate to ask.

Martha F. Rogers, M.D.

REFERENCES FOR FAMILY STUDIES OF HIV INFECTION

1. Thomas PA, Lubin K, Enlow RW, Getchell J. Comparison of HTLV-III serology, T-cell levels, and general health status of children whose mothers have AIDS with children of healthy inner city mothers in New York. Atlanta, Georgia: International conference on acquired immunodeficiency syndrome, April 14-17, 1985

2 Friedland GH, Saltzman BR, Rogers MF, et al: Lack of household transmission of HTLV-III infection. N Engl J Med 314:344, 1986

3. Jason JM, McDougal JS, Lawrence DN, Kennedy MS, Hilgartner M, Evatt BL. Lymphadenopathy-associated virus (LAV) antibody and immune status of household contacts and sexual partners of persons with hemophilia. JAMA 255:212, 1986

4. Kaplan JE, Oleske JM, Getchell JP, et al: Evidence against transmission of HTLV-III/LAV in families of children with AIDS. Ped Infect Dis 4:468, 1985

5. Lawrence DN, Jason JM, Bouhasin JD, et al: HTLV-III/LAV antibody status of spouses and household contacts assisting in home infusion of hemophilia patients. Blood 66:703, 1985

6. Redfield RR, Markham PD, Salahuddin SZ, et al: Frequent transmission of HTLV-III among spouses of patients with AIDS-related complex and AIDS. JAMA 253:1571, 1985

7. Rogers MF, White CR, Sanders R, et al: Can children transmit human T-lymphotropic virus type III/lymphadenopathy-associated virus (HTLV-III/LAV) infection: Paris: International Conference on AIDS, June 1986

8. Fischl MA, Dickinson G, Scott G, Klimas N, Fletcher M, Parks W. Evaluation of household contacts of adult patients with the acquired immunodeficiency syndrome. International Conference on Acquired Immunodeficiency Syndrome, Paris, June 1986.